



Evaluation of *Salud America!*

Final Report, 2018

About Us

The Gretchen Swanson Center for Nutrition

The Center is an Omaha-based, independent non-profit research organization providing expertise in measurement and evaluation of childhood obesity prevention, food insecurity, and local food systems.

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Executive Summary

Introduction

In 2007, *Salud America!* (SA) was launched by the University of Texas San Antonio's Institute for Health Promotion Research and the Robert Wood Johnson Foundation (RWJF) to generate research to better understand and address the health challenges facing Latino Americans. SA is led by renowned researcher, Dr. Amelie Ramirez, and supported by 8 internal staff and additional external partners, consultants and advisors. The early years of SA were focused on creating a network of researchers, practitioners, community organizers, and supporters for Latino health concerns and building the research evidence related to childhood obesity among Latino children and adolescents. Since 2012, SA strategies and approaches have evolved to focus specifically on providing science translation and developing digital communications for public health advocates working on Latino health issues, however, the overarching goal of SA to advance Latino health in the United States (U.S.) remains steadfast.

SA's reaches a large network of people interested in Latino health. Their network is comprised of organizations and individuals across the U.S. residing or working in Latino communities and totaled nearly 260,000 contacts in 2016. The majority are based in large urban centers with sizable Latino populations. Within this network, there is a core group of around three thousand members who SA has identified as being especially active in health advocacy efforts. This designation was given based on their engagement in SA online activities and platforms, and also include those who have been featured in SA-developed success stories, and have requested and received technical assistance.

This core group of advocacy-active network members (referred to as "core network members" throughout the rest of this report) was the primary focus of this evaluation. Specifically, these core network members have familiarity with SA and therefore were able to comment on SA's impact on their advocacy work and on the broader Latino health movement. Beyond the core network, the evaluation included feedback from several of SA's peer organizations that are prominent in the field of public health and/or health policy advocacy. This group shared successful approaches that are part of their own work, as well as some feedback on some of SA's general approach.

The Gretchen Swanson Center for Nutrition (GSCN) sought to understand three key aspects of SA's efforts: 1) the role and scope of SA in advancing Latino health; 2) the assistance and support SA provides its core members; and 3) the perspectives of SA's peer organizations who are successfully working in public health advocacy. This report represents findings based on perceptions of SA's core network members and peer organizations, as well as recommendations developed from these findings.

Methods

This evaluation used a convergent parallel mixed-methods design. Data collection occurred from July 2017 to January 2018. Qualitative and quantitative methods included a site visit to SA; semi-structured interviews with SA leadership and staff (n=10), core network members (n=20), and representatives from



peer organizations (n=9); as well as an online survey completed by core network members (n=303). Interviews ranged from 30 to 60 minutes in length, and the survey required at least 20 min to complete.

Results

Salud America's Activities, Role, and Strengths

SA's role as an expert in science translation and digital communications development and dissemination, sets them apart from others working in Latino childhood health. Within the RWJF Culture of Health Action Framework, SA primarily works in the *Making Health a Shared Value* domain. SA's role as the link between the science and the field is complementary and necessary to support others in this space. Complementary organizations, such as Unidos US (formerly National Council of La Raza) work more on the programmatic and applied end of the Latino health spectrum, while academics and groups such as Pew's Hispanic Research Center work on the research end. SA, therefore, operates in a middle ground between these ends. Also, in addition to "top-down" dissemination within the field, SA actively spotlights success stories from the community level and describes action steps and best practices for others attempting similar change.

SA's focus is on connecting groups and organizations around specific issues that impact Latino health, sharing what others have done to create positive change to serve as models to follow, and developing freely available resources and engagement opportunities that allow their network to convey the importance of issues to stakeholders and policymakers with easy-to-understand content. SA has developed a robust digital content curation process to gather and share research, current events, and stories for their network that demonstrate successes and further action needed to improve the health of Latino American populations.

Their work is grounded in social cognitive theory, and aims to stimulate advocacy action among their network, through behavioral journalism focusing on advocacy self-efficacy and culturally competent messaging. SA supports their network to raise awareness of, and push for, needed policy, systems, and environmental changes that are evidence-based and intended to positively impact Latino health, especially among children and their families. Interviewees (both core network members and peer organizations) often described SA as the "go-to" source for health-focused data and resources when working with Latino populations, and as the primary group doing this "ground softening" work supporting Latino health policy advocacy.

Key strengths of SA as noted by interviewees (both core members and peer organizations) included*:

- Strong scientific rigor and credibility
- Large reach of a national network of those interested in Latino health issues
- High quality of curated resources
- Expertise in digital media advocacy and dissemination
- Nuanced and culturally sensitive understanding of Latino audiences
- Willing and capable partners to collaborate on initiatives and working groups

*Note, further discussion is provided in the *Roles and Strengths* Section of the report

Survey of Core Network Members

The survey was intended to allow GSCN to better understand the core network members' public health and advocacy activities, and how they viewed and utilized SA's support and assistance. A total of 303 participants among SA's core network members who worked in public health or health advocacy were included in these analyses. Most of the respondents either worked for a public health non-profit/coalition/community group (34%), were public health researchers (20%), or worked for a governmental public health organization/policymakers (15%). The majority (53%) were Hispanic or Latino, and 37% were non-Hispanic white. Also, this group was highly educated, with nearly 95% possessing at least a bachelor's degree, and 73% with graduate degrees.

Impressions of Salud America's Impact: Nearly all respondents reported that SA's impact on advancing Latino childhood health was "somewhat" to "extremely" impactful, with 56% reporting SA was "very" or "extremely" impactful. Among those who reported being "very knowledgeable" about SA (n=59; 20% of the sample), the proportion characterizing SA to be "very" or "extremely" impactful increased to 80%. When asked how SA was most impactful, respondents cited *increasing awareness* of the importance of Latino childhood health-related issues among the *public* and *policymakers*.

Core Network uses of Salud America's Resources and Engagement Opportunities: Respondents identified SA's social-media content, issue briefs, infographics, videos, and stories/blogs about Latino health issues as the most commonly used SA resources, and the ones that they most utilized.

Core Network's Advocacy Activities and Perceived Importance of Salud America: Survey respondents most frequently reported engaging in spreading awareness about public health issues, working for or regularly volunteering at a public health organization, or working on grassroots advocacy activities (e.g., letter campaigns, petition drives, demonstrations/marches, etc.). Among the advocacy activities that the core network members participated in, they perceived SA's resources and engagement opportunities as being most important in their work when engaging in *spreading awareness of the importance of Latino health issues*. Also, radar plots in results section of the report demonstrated that participants varied across professions in the types of advocacy activities they pursued.

Core Network Member's Policy Impact: Approximately 61% of the whole survey sample reported that they had led or played a major role in a policy campaign in the last 12 months. Among those participants, 51% had at least one policy win, and the sample reported 275 total policy wins in the past 12 months ('policy wins' were defined as those that were passed by a relevant voting body and/or enacted by a relevant body). Thirty-eight percent of the participants indicated that SA's resources and engagement opportunities were of "moderate" to "high" importance to their most recent policy campaign. Over 90% indicated that their campaign's policy objective intended to address health disparities, health equity, or disadvantaged groups; and 64% intended to address Latino childhood health. In terms of policy level, 75% targeting the local level, 16% targeted the state level, and 4% targeted the federal level in their most recent policy campaigns.

Interview Feedback from Salud America's Core Network Members

In addition to surveying the core network members, GSCN also interviewed several in order provide more context to their work and how they utilize SA's support, and also to allow the core network members to provide recommendations for how SA might better assist them going forward.

Several themes emerged from interviews with SA's core network members (n=20). Interviewees were split between the desire for SA to have a more physical presence versus focusing on digital efforts. Interviewees conveyed that SA could expand local reach by more intentionally engaging local stakeholders such as local business, industry, and the faith community. Also, it was suggested that SA could utilize geospatial technology and political landscape monitoring to target efforts based on needs and momentum around issues in particular locales. In terms of topic areas, interviewees conveyed that SA may benefit from expanding into additional areas to meet emerging needs of Latinos and enhance their network to include those that currently work outside of SA's topic areas. To provide more direct promotion of advocacy, SA might consider expanding some of their existing activities, such as promoting grassroots advocacy and technical assistance provision. Lastly, interviewees recommended SA to expand its role as a connector by convening working groups and holding summits around Latino health issues.

Peer Organizations' Approaches to Health Advocacy

While the evaluation focused primarily on understanding the work of SA and their role in supporting their core network's activities, GSCN also interviewed SA's peers from nine organizations who were experts in the field of health advocacy, science and research translation, and/or assisting local groups in making changes in their communities to promote health. Some of these groups participated in lobbying abilities, which of course SA does not, so this should be kept in mind when considering the findings below. Also, SA and these peer organizations often had very different approaches, objectives, and overall missions. Therefore, the findings described below were not necessarily meant to highlight things SA should be doing or to compare or contrast SA's work to other organizations. The purpose of these interviews was to understand what approaches SA's peers have found to be successful in health advocacy and assisting local groups, highlight lessons the peer interviewees have learned from their own work, and gather some specific advice interviewees may have for SA to help inform our recommendations.

Interviewees shared that working with community groups requires a "ground up" approach when determining topic areas, which SA may need to consider if they decide to expand their portfolio of topics to align with community-driven issues. Many peer organizations track emerging policy developments at the local, state and federal levels and use this information to regionally target their own efforts. To acquire local knowledge and influence, many interviewees reported their organizations had a semi-decentralized structure with regional representation either via their own staffing or local affiliates.

Interviewees discussed methods they employed for building capacity in local groups they support. One example included serving as a funder to community-based groups, which allows peer organizations to directly build capacity and position themselves as technical assistance providers to the communities. With regard to technical assistance provided to local advocacy groups, interviewees described two main types they provide, 1) assisting/guiding in the actual campaign management/tactics and 2) providing the

content expertise and guiding groups in how to translate that into action. The latter was cited as a key need SA could fill. Of course, care must be taken by SA to keep efforts appropriately in the realm of allowable advocacy activities. When providing materials to their own networks, interviewees discussed the importance of bi-directional communication with users to facilitate effective implementation and to refine tools based on users' needs. When assisting groups working in policy advocacy, interviewees stressed that policy cycles move quickly and technical assistance providers must be able to react equally as quickly to needs.

Peer organization representatives offered feedback to SA on their network reach. Interviewees suggested that SA intentionally seek to build an audience of decisionmakers, such as emerging political leaders, specifically young and/or Latino lawmakers, and also expand their influence and reach with those who are active in policy advocacy. Interviewees also cited the importance of bringing stakeholders and decisionmakers together in peer-to-peer environments such as summits, and conveyed that SA would be well positioned to take on this task within the Latino childhood health community. In terms of RWJF serving as a connector, interviewees felt there was a missed opportunity for RWJF to be more intentional in facilitating mutually beneficial partnerships among their interrelated grantees. For other promotional and outreach activities, interviewees suggested that SA increase their traditional media footprint and partnership efforts with peer organizations, as a means to promote their work more broadly.

Conclusions and Recommendations

The overall purpose of this evaluation was to determine the role and scope of SA in advancing Latino health, the resources and engagement opportunities SA provides its core members, and the perspectives of SA's peer organizations in public health advocacy. Results were gathered from surveys and interviews with SA's core network members, as well as interviews with SA's peers.

SA's primary role in the public health landscape was described as a key link between the emerging science and the field. SA translates scientific evidence, best practices, and success stories into high quality and easily understood digital content that is disseminated to a large national network of Latino health advocates. The messaging of their content is educational and behavioral theory-based, and focuses on awareness raising, communicating potential actions to take, and increasing the self-efficacy of their network to advocate for Latino health issues. Within the RWJF Culture of Health Action Framework, SA primarily works in the *Making Health a Shared Value* domain.

Participants noted many strengths of SA's, chiefly among them were their scientific rigor, large network, quality materials, digital content curation and dissemination, cultural sensitivity, and willingness to serve as partners in initiatives and workgroups. In addition to strengths, some areas for growth were noted by interviewees (both core network members and/or peer organizations) and also emerged after synthesis of the data by GSCN. These potential areas for growth are the focus of the recommendations below.

Findings of this study should be considered within the context of several limitations. First, the survey sample was relatively small and the response rate was low, and therefore selection bias may have



influenced survey results (speculatively skewing positively). Secondly, it was not possible to know from these data the full breadth of advocacy activities that the core network members were engaged in. Thirdly, the specific policy levers or types (e.g., taxation) targeted by core network members were not assessed, and so conclusions related to particular policy levers and types cannot be drawn. Fourthly, assessing activities and perceptions of non-core network members was outside of the scope of this study. Lastly, the data were cross-sectional, and therefore analyses cannot be made to assess the development of the network's advocacy skills or increases in advocacy activity over time.

Based on the findings from this study, GSCN has outlined three broad categories of recommendations for SA moving forward: 1) increase intensity of support provided to network; 2) expand support for those doing grassroots advocacy work; and 3) further advance and promote SA's role as the leader in the field of Latino health advocacy. Each of the three broad categories of recommendations includes four more specific recommendations; these are listed below and discussed in greater detail in the *Conclusions and Recommendations* section of this report. GSCN recognizes that many of the recommendations may require increased funding and/or capacity building within SA. Therefore, RWJF must consider the potential benefits and tradeoffs of offering additional support.

Potential Recommendations for Salud America Moving Forward:

1. Increase Intensity of Support Provided to Network

- Expand topic area portfolio based on needs of the field
- As resources permit, expand role as technical assistance provider
- If funding allows, add role as a grantmaker to expand their ability to support community groups
- Form strategic partnerships with complementary organizations to pursue capacity building and initiatives with local advocacy groups

2. Expand Support for Those Doing Grassroots Advocacy Work

- Increase proportion of network that is *active* in advocacy, public health, and policy, including policymakers and other decisionmakers
- Ensure resources promote policy advocacy action, such as expanding the suite of tools to include more "how to" guides with support for implementation
- Use data and monitoring of the policy landscape to help target grassroots policy advocacy efforts
- Add regional representation through formal local affiliate partnerships and/or working through organizations that already have this structure

3. Further Advance and Promote SA's Role as the Leader in the Field of Latino Health

- Hold Latino health summits and other convenings to bring together stakeholders and decisionmakers, and increase SA's role and visibility as a leader in Latino childhood health
- Expand traditional media footprint by having processes in place to enable quick reaction to emerging news trends
- Increase partnerships with national organizations in intentional cross-promotional efforts
- Increase promotional efforts and particularly awareness of the services and materials provided

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Introduction

Latino Americans are the fastest growing racial/ethnic minority group in the United States (U.S.).^{1, 2} Latino Americans are diverse, descending from various Latin American, South American, or other Spanish-speaking countries. The U.S. Census estimates that 64% of Latino Americans are from Mexico, 10% from Puerto Rico, and 4% from Cuba.³ Subpopulations under the broader Latino umbrella experience different environmental/behavioral risk factors leading to differences in chronic disease risk and health outcomes.⁴⁻⁷ In general, Latino Americans are at increased risk for obesity and associated chronic diseases compared to non-Hispanic whites and Asian Americans in the U.S.⁸ Therefore, policies, programs and practices aimed at addressing the health concerns of this population must address health equity and requires a nuanced understanding of Latino Americans.

In 2007, *Salud America!* (SA) was launched by the University of Texas San Antonio's Institute for Health Promotion Research and the Robert Wood Johnson Foundation (RWJF) to generate much needed Latino-specific research to understand and address the health challenges facing Latino Americans. The early years of SA focused on creating a network of researchers, practitioners, community organizers to build research evidence related to childhood obesity among Latino children and adolescents. In the last decade, SA strategies and approaches have evolved, but the overarching goal to advance Latino health in the U.S. remains. SA uses a culturally sensitive approach, grounded in social cognitive theory, to develop resources and engagement opportunities to address health issues that impact Latino American populations by stimulating and supporting advocacy action among the network of people they reach.

SA's staff and many SA network members reside in Texas, but SA has a national reach. SA's network members primarily reside in large urban centers that have sizable Latino populations. About one-quarter of network members were from the metropolitan areas of San Antonio, New York City, Los Angeles, Washington D.C., Boston, or Chicago. In 2016, SA had nearly 260,000 contacts with their network, including website visitors, email subscribers, and social media followers. SA's network members are a diverse group of community leaders, parents, healthcare workers, researchers, school personnel, and other interested parties in public health and Latino populations. Additionally, SA has the ability to reach several million people directly and indirectly through their regular #SaludTues TweetChat feature that brings together researchers, practitioners, and advocates to discuss important health issues in a virtual format. However, of the larger network of people SA reaches, there is a core group of several thousand who SA has identified as being especially active in health advocacy efforts.

The core advocacy-active network members of SA, referred to as "core network members" throughout the rest of this report were the primary focus of this evaluation. Additionally, the evaluation includes expert feedback from several of SA's peer-organizations. The Gretchen Swanson Center for Nutrition (GSCN) sought to understand three key aspects of SA's efforts: 1) the role and scope of SA in advancing Latino health; 2) the assistance/support SA provides its core members; and 3) the perspectives of SA's public health advocacy peers. This report presents the findings from this study, as well as recommendations for potential future directions.

Methods

Evaluation Overview

This evaluation used a convergent parallel mixed-methods design to determine the public health activities of the core network, determine how members engage with SA, and obtain feedback from SA's peers in the field of policy advocacy. Data collection occurred from July 2017 to January 2018. Qualitative and quantitative methods included a site visit to SA; semi-structured interviews with SA staff (n=10), core network members (n=20), and representatives from peer organizations (n=9); as well as a web-based survey completed by core network members (n=303).

The site visit allowed GSCN to get a detailed understanding of SA's activities and their desired future directions. The survey was intended to allow GSCN to better understand the core network members' public health and advocacy activities, and how they viewed and utilized SA's resources and engagement opportunities. GSCN also interviewed several core network members in order to provide qualitative context to their work and how they utilize SA's support, and also to allow the core network members to provide recommendations for how SA might better assist them going forward. Lastly, GSCN wanted to interview representatives from SA's peers who were experts in the field of health advocacy, science and research translation, and/or assisting local groups to make changes in their communities to promote health. The purpose of these peer interviews was to understand what approaches have worked well and gather any specific advice they may have for SA.

Semi-Structured Interviews

SA leaders and staff (n=10) were interviewed in person using a semi-structured interview guide during a site visit to SA's office in San Antonio, Texas. Notes from the site visit interviews and a presentation SA delivered regarding their program were used to help describe SA's approach to health advocacy, to identify the resources and engagement opportunities SA provides to their network, and to understand SA's ideas for potential future directions.

SA staff identified members from their core network, and provided a list to GSCN staff, who followed up with these members via email to invite them to participate in an interview for this evaluation. From 36 contacted, 20 completed interviews. GSCN developed a semi-structured interview guide that focused on core network members': 1) public health and advocacy activities; 2) how they utilize SA's resources and engagement opportunities in their work; 3) perceptions of SA reach and impact; 4) perceptions of SA strengths and specific niche filled; and 5) recommendations for SA moving forward.

For the interviews with representatives from SA's peer organizations, GSCN developed a list of potential interviewees, with input from RWJF. GSCN completed nine of these interviews with representatives from Active Living by Design, African American Collaborative Obesity Research Network, Alliance for a Healthier Generation, American Heart Association, Burness, County Health Rankings & Roadmaps, M+R, Public Health Law Center, and Unidos US (formerly the National Council of La Raza). The peer organization interviews focused on strategies and approaches the organizations found to be successful,

lessons they learned from their work, and specific feedback on aspects of SA's approach to health advocacy.

All interviews were conducted by phone (other than the site visit interviews) and took approximately 30 to 60 minutes each to complete. Each interview was recorded, and the audio was transcribed verbatim. Researchers independently coded for initial themes and sub-themes. Initial themes were then discussed among the GSCN evaluation team and codes were revised, combined, or deleted to reach consensus. A coding guide was developed and used for all interviews. Thematic analysis was conducted using NVivo 11. The qualitative results were synthesized and described in the following sections, along with relevant quotes from the transcripts.

Survey for the Core Network Members

Following the site visit, a web-based survey was developed and administered to SA's core network members. GSCN researchers worked with SA to identify this core group of the network that was both highly engaged with SA and active in advocating for public health issues. The survey was intended to examine how these core network members engaged in public health and policy advocacy, what SA resources and engagement opportunities they utilized in their work, and gauge perceptions of SA's importance to their work.

The core network identified by SA and GSCN was comprised of approximately 3,100 people, and GSCN aimed to survey approximately 10% of that sample. Descriptive statistics were used to describe characteristics of the core network, SA's resources and engagement opportunities used in their public health work, the type of advocacy activities they have taken part in, and perceptions of SA. Participants responded to a single item to assess SA's impact on Latino health and also items that allowed them to rank the ways in which SA impacted Latino health from six options. The use and awareness of SA's resources and engagement opportunities was measured by a 13-item scale assessing the frequency of use and awareness of 13 separate materials, resources, or engagement actions (e.g., technical assistance) offered by SA.

Policy advocacy was measured using a previously developed tool from the GSCN research team. This tool assessed frequency in which the participants engaged in 10 separate advocacy actions in the past 12 months (5-point Likert scale, from *never* to *very often*) and how important SA was to those activities (4-point Likert scale, from *not used* to *very important*). These 10 items were developed from past research GSCN has conducted to identify common and important policy advocacy activities that a policy campaign may engage in.¹⁰ These included activities, such as spreading awareness of public health issues, meeting with policymakers about a health issue, and leading a policy campaign. The advocacy-activity scale was scored using the mean of responses (possible range 0-4), with low scores indicating infrequent advocacy and high scores indicating frequent advocacy. Finally, participants who indicated they had led or played a major role in a policy-advocacy campaign in the past 12 months were asked additional questions, such as 1) the number of policy wins they have had in the past 12 months, and 2) the number of those wins that were focused on Latino child health.

Results

Salud America’s Organization, Activities, and Approach

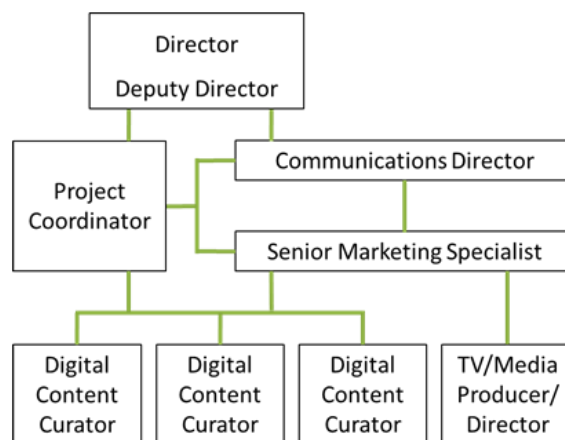
SA used science-based social marketing and behavioral journalism to build momentum around Latino health issues and support others’ grassroots efforts. SA’s focus is on connecting groups and organizations around specific issues that impact Latino health, sharing what others have done to create positive change to serve as models to follow, and developing freely available resources and engagement opportunities that allow their network of advocates to convey the importance of issues to stakeholders and policymakers with easy-to-understand data. SA was described as the primary group helping to facilitate this “ground softening” work to support Latino health policy advocacy.

Organizational Chart

SA is housed within the University of Texas Institute for Health Promotion Research in San Antonio. SA has ten staff, nine primary staff members and a strategic consultant from the University of Texas School of Public Health (see **Figure 1**). All ten of these individuals were interviewed for this evaluation. Below is a brief role description for each primary staff position.

- **Director and Deputy Director:** Responsible for the overall management and strategic vision.
- **Project Coordinator:** Responsible for day-to-day operations, website management, developing and reviewing materials, partner/funder relations, and reporting.
- **Communications Director:** Lead editor, communications team guidance, external and internal media relations, and contributing writer.
- **Senior Marketing Specialist:** Strategic digital-marketing guidance, developing marketing campaigns, analytic evaluation of marketing efforts, and partner relations.
- **Digital Content Curators:** Collect information and data from primary and secondary sources to write content and develop materials for dissemination.
- **TV and Media Producer/Director:** Responsible for pre- and post-production for all of the videos SA produces, including informational videos and Salud Hero pieces.

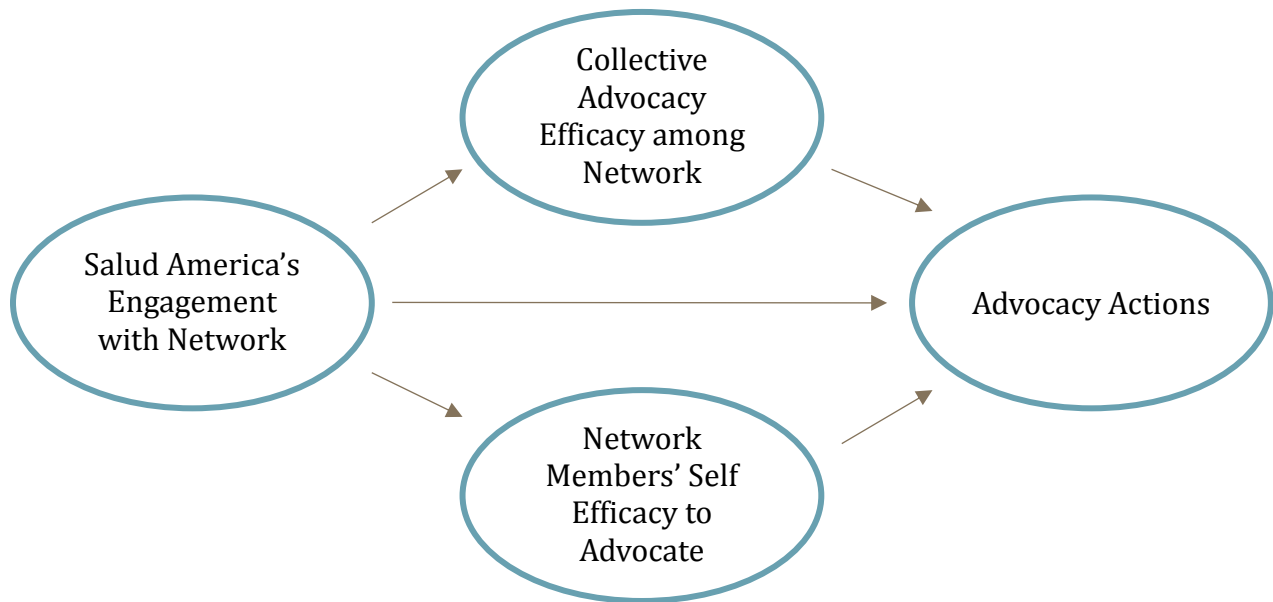
Figure 1. Salud America organizational chart



Salud America's Approach

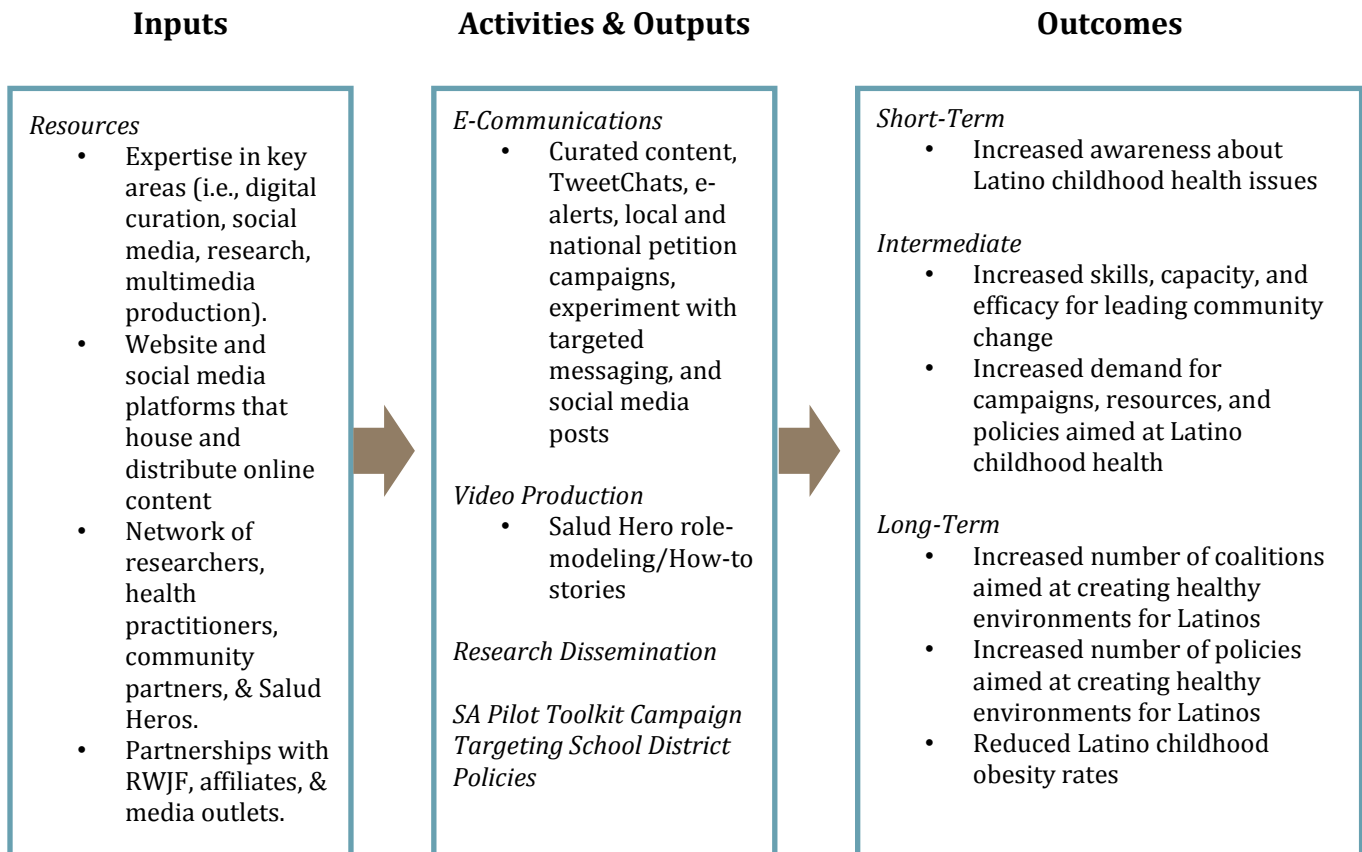
The Social Cognitive Theory (SCT) serves as the theoretical underpinning of SA's approach (Figure 2). SCT posits that an underlying factor influencing a person's behavior is their belief in their own self-efficacy to perform the behavior.⁹ Perceived efficacy is theorized to act directly on behaviors, and also indirectly by influencing a person's outcome expectations, resiliency in the face of impediments, and goal setting/intentions.⁹ Approaches such as *mastery experiences* (i.e., first-hand experiences of success in conducting the behavior), *vicarious mastery experiences* (i.e., seeing those you identify with have success at conducting the behavior), and *social persuasion* (i.e., being told by those whose opinion you value that you are capable of successfully performing the behavior) influence efficacy.⁹ SA primarily utilizes *vicarious mastery experiences* (e.g., Salud Hero role modeling stories) to influence their network's efficacy for advocacy, as well as providing them with educational tools and targeted prompts to influence advocacy action on Latino health issues.

Figure 2. Salud America's model for network engagement to promote advocacy action



Below is a simplified logic model for Salud America (Figure 3). SA utilizes their expertise in digital content curation, social media, and science translation to engage with their network. They disseminate a wide array of digital communications and activities, video production, disseminating research findings to the scientific community, and they have piloted an interactive toolkit/technical assistance approach called an “Action Pack.” The resources and engagement opportunities are described in more detail in the following section. The measurable outcomes that SA seeks to examine include raising awareness of Latino childhood health issues, increasing advocacy skills and capacity of their network, increasing demand for campaigns/resources/policies aimed at Latino childhood health, increasing the number of coalitions and campaigns pushing for environmental and/or policy change, and ultimately reducing Latino childhood obesity rates. Also, while assessing process and implementation fidelity was beyond the scope of this evaluation, the inputs and activities described by SA’s staff during the site visit aligned well with those depicted in their logic model.

Figure 3. Simplified Salud America logic model



Activities and Outputs Related to Engagement with their Network

To prepare resources for their network, SA curates digital content from the scientific literature, secondary sources, and first-person experiences from the field. In addition to content curation, SA also connects with their network by providing technical assistance and they are a member of local and national groups working on Latino health issues. They collaborate with several RWJF-funded partners and serve as the communications outlet to reach Latino audiences for special reports produced by the Rudd Center and others. Below are brief descriptions of SA's resources or engagement opportunities they provide to network members. *Resources* refers to static materials and tools, while *engagement opportunities* refers to activities in which SA interacts with their network and facilitates interaction among their network. Some of the following can be both, depending on how they are implemented.

- **SA's website** (<https://www.salud-america.org>): houses all stories, data, and information on how to take action. SaludToday.org was formerly the social-media arm of the website, and Salud America (through Community Commons) was an additional site, which housed other resources such as the Salud Report Card. These were combined and rebranded into a single website in 2017.
- **Social media:** Instagram, Twitter/TweetChats (#SaludTues), YouTube, and Facebook provide regular outreach and information sharing to the SA network.
- **Letter campaigns and public comment:** Facilitate the public's ability to support issues and communicate directly to policy-making agencies (e.g., to FDA regarding menu labeling).
- **Traditional media:** Partnerships with local TV, radio, and newspapers provide outreach within local Latino communities.
- **Issue briefs, fact sheets, infographics, and informational videos:** Current research and data to inform grassroots action and policy advocacy.
- **Blogs:** Stories and news on Latino health topics shared through SA's website.
- **Salud Heroes:** Stories and videos featuring individuals who successfully worked to advance Latino health in a particular area.
- **Technical assistance:** Network members are able to reach out to SA, mostly via email and through social media, with questions on specific content areas, data and information requests, clarification on action-item details, etc. Therefore, SA's technical assistance is largely reactive to requests for assistance. They logged 65 requests from 2016-2017, and they do not currently have processes in place to do follow-up with recipients of technical assistance. Content curators largely handle technical assistance requests based on their content area or refer out to partner groups if necessary (e.g., Safe Routes to Schools). Additionally, SA recently piloted a more intensive approach to support the advocacy efforts of local groups in the school setting (e.g., interactive toolkits called "Action Packs"). The Action Pack provides a bundled suite of tools including pre-made click-to-send emails, geo-fencing social media ads, broader promotional pieces, and one-on-one communications technical assistance that aim to help local groups push for change.
- **Salud report card:** Online tool that allows individuals/organizations to search for and map data on health issues within a specific geographic area of interest.
- **Scientific research findings:** SA-authored journal articles or conference presentations.
- **Partnerships:** SA staff participates in health-advocacy coalitions, committees, projects, or initiatives to promote and stay current on Latino health issues.

Core Network Members' Survey Findings

A survey was developed to understand the public health and policy-related work of SA's core network members over the past 12 months, along with the perceptions and use of SA by core network members. The results of this survey allowed GSCN to quantify the importance placed on the various forms of SA's support and to assess the reach and potential impact of SA's work through the core network on local, state, and federal policies. Our primary findings were categorized into the following four topic areas:

- ✦ **Impressions of Salud America's Impact:** Nearly all respondents reported that SA's impact on Latino childhood health was "somewhat" to "extremely" impactful, with 56% reporting SA was "very" or "extremely" impactful. For those who reported being "very knowledgeable" about SA (n=59), the proportion characterizing SA to be "very" or "extremely" impactful increased to 80%. When asked how SA was most impactful, respondents cited *increasing awareness* of the importance of Latino childhood health-related issues among the *public* and *policymakers*.
- ✦ **Core Network uses of Salud America's Resources and Engagement Opportunities:** Respondents identified SA's social-media content, issue briefs/infographics/videos, and stories/blogs about Latino health issues as the most commonly used.
- ✦ **Core Network's Advocacy Activities and Perceived Importance of Salud America:** Survey respondents most frequently engaged in spreading awareness about public health issues, working for or regularly volunteering at a public health organization, or working on grassroots advocacy activities (e.g., letter campaigns, petition drives, demonstrations/marches, etc.). Among the advocacy activities that the core network members participated in, they perceived SA's assistance and materials as being most important in their work when engaging in *spreading awareness of the importance of Latino health issues*. Also, radar plots demonstrated that participants varied across professions in the types of advocacy activities they pursued.
- ✦ **Core Network Member's Policy Impact:** Approximately 61% of the whole survey sample reported leading or playing a major role in a policy campaign in the last 12 months. Among those participants, 51% had at least one policy win, and the sample reported 275 total policy wins in the past 12 months ('policy wins' were defined as those that were passed by a relevant voting body and/or enacted by a relevant body). Thirty-eight percent of the participants indicated that SA resources and engagement opportunities were of "moderate" to "high" importance to their most recent policy campaign. Over 90% indicated that their campaign's policy objective intended to address health disparities, health equity, or disadvantaged groups; and 64% intended to address Latino childhood health. In terms of policy level, 75% targeting the local level, 16% targeted the state level, and 4% targeted the federal level in their most recent policy campaigns.

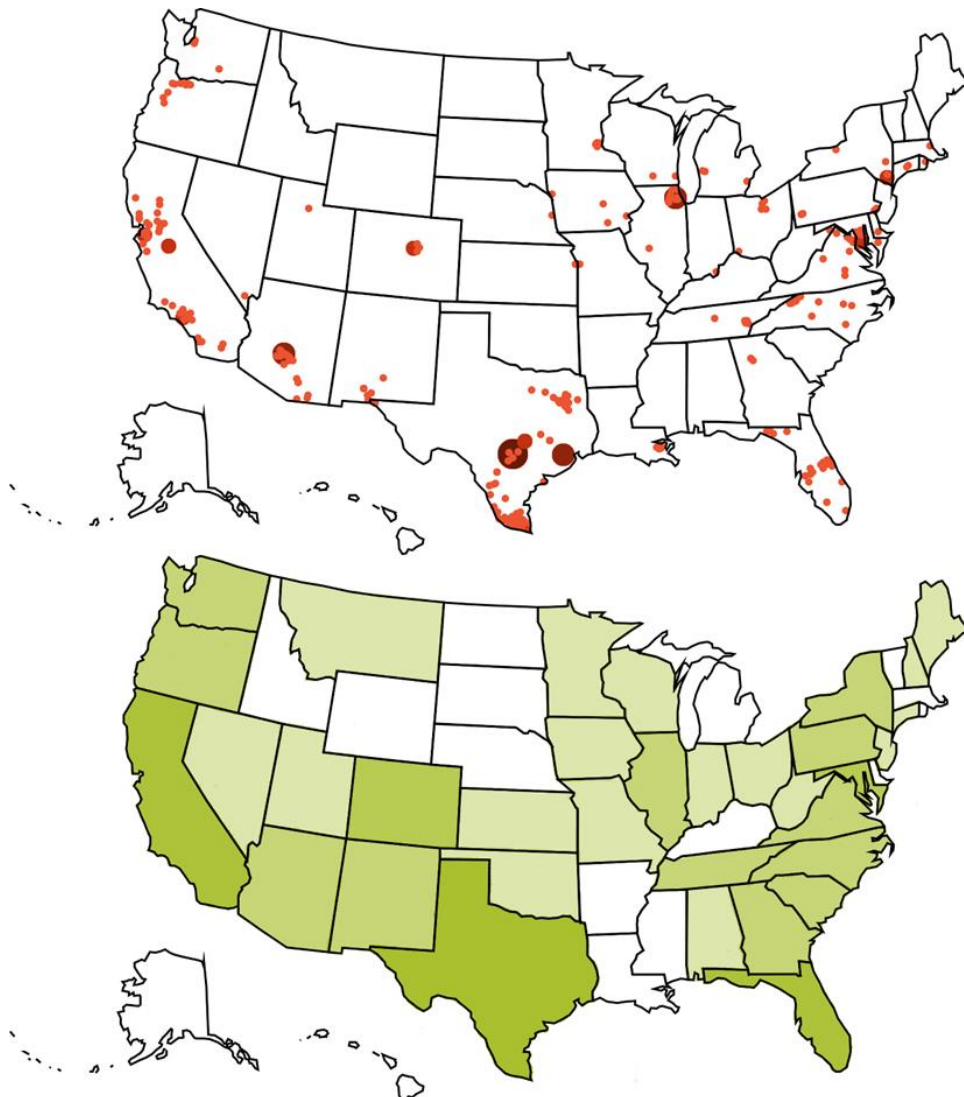
Characteristics of the Core Network Members

A total of 303 participants among SA's core network members who worked in public health and/or health advocacy were included in these analyses (13% survey-response rate). Due to missing data, sample size varied somewhat across analyses. Additional characteristics of survey respondents can be found in **Appendix A**. Survey participants answered several demographic questions. Three-fourths of the participants were female, and approximately half were either between the ages of 35-54 (51%). The

majority (53%) were Hispanic or Latino, and 37% were non-Hispanic white. The sample was highly educated, 73% had a master's, doctorate, or another graduate-school degree, and 22% had a four-year degree or bachelor's degree.

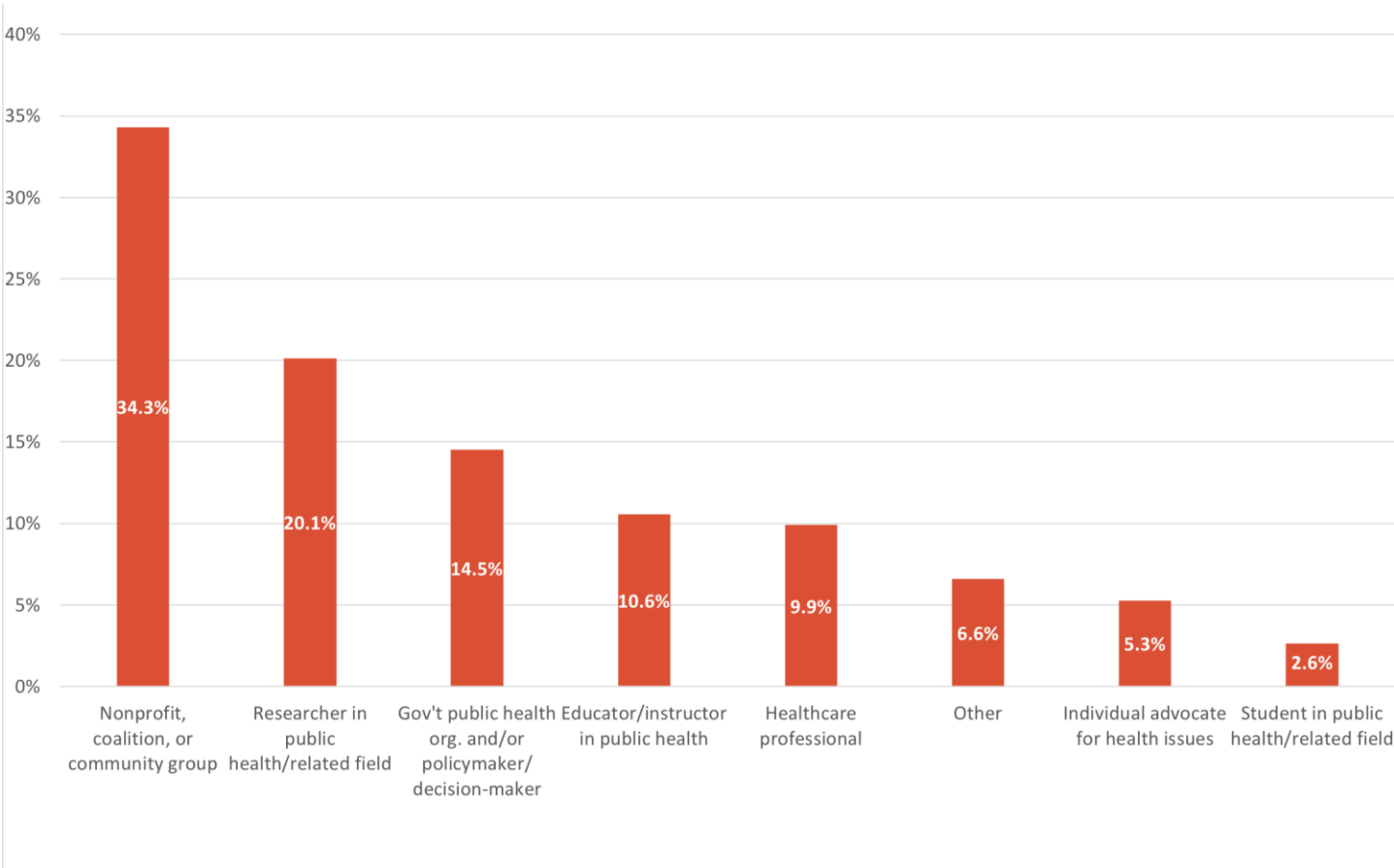
Figure 4 below shows the geographic distribution of survey respondents who reported working on local-level issues (e.g., school, city, county, etc.) or state-level issues. The maps demonstrate that SA's network spans the country, with highest concentrations in urban centers and states that typically have large Latino populations. Respondents worked primarily at the local/community level (79%), and relatively few (19%) worked at the federal/national level, while approximately 35% of the participants worked at the state level. Note, that many reported working across multiple levels. In the figures below, darker and larger red circles indicated higher concentrations of participants who reported working at the local level in that locale, while the states shaded a darker green indicated a higher concentration of participants working on state-level issues in those states. All participants represented in Figure 4 worked on state- and/or local-level public health issues, but not all necessarily were working in public health policy.

Figure 4. Geographic distribution and density of survey respondents, by those who reported working on local (top) and state (bottom) issues



Survey respondents were asked to select their occupation or role related to public health, topic areas they worked within, and populations they served. A total of nearly 70% of the survey respondents worked for a nonprofit organization, coalition, or community group (34%), as a public health researcher (20%), or worked for governmental public health organizations or were a policymaker (15%) (Figure 5). Many participants worked in areas of *healthy home and family environments and behaviors* (50%), *active spaces and health-promoting built environment* (44%), and *healthy school environments and policies* (36%). Most participants served Latino populations (77%) and/or low-income populations (76%). Half of the participants reported serving rural populations (50%) and 28% served urban populations (note, they could serve both as well), with the remaining participants not specifying. For organizations serving children, the 6- to 12-year-old age range was most commonly reported group among participants (40%), followed by children and adolescents aged 13 to 17 years (37%).

Figure 5. Participants' professions or roles in public health (n=303)

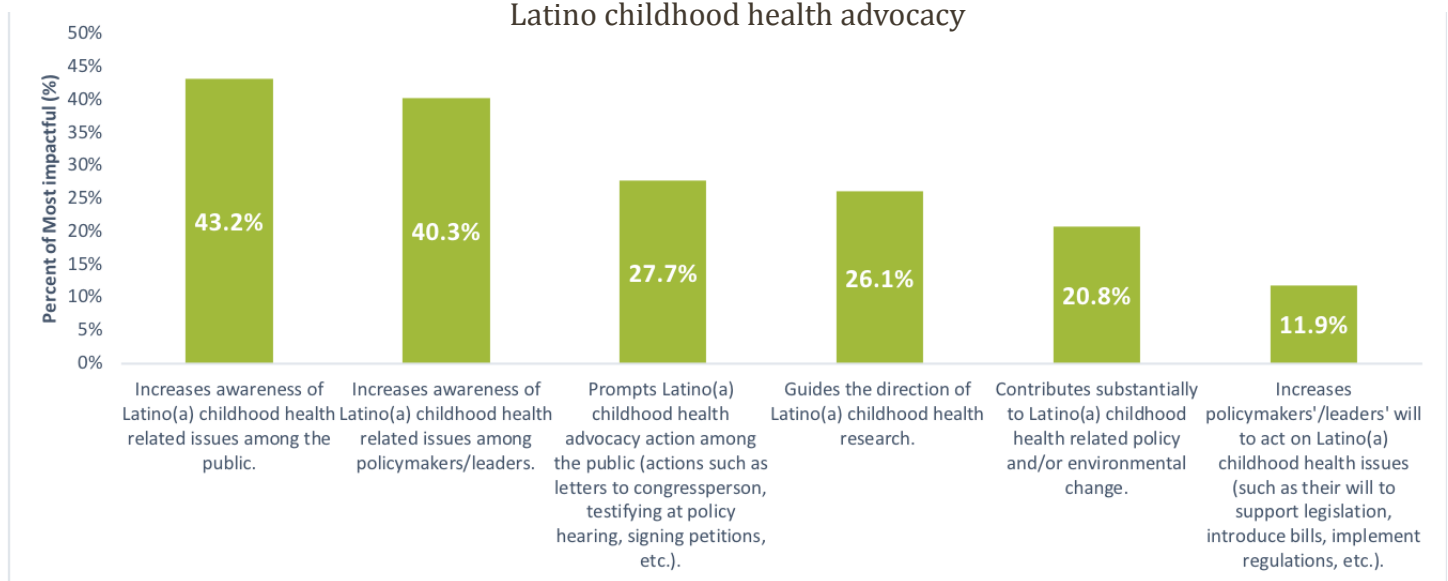


Impressions of Salud America’s Impact

Participants were asked to characterize SA’s impact on advancing Latino childhood health. Nearly all (92%) participants reported that SA was at least “somewhat” impactful, and 56% indicated that SA was “very” or “extremely” impactful. Among those who reported being “very knowledgeable” about SA (n=59; 20% of the sample), the share characterizing SA to be “very” or “extremely” impactful increased to 80%.

Respondents were asked to select ways in which SA had the “most” impact (participants could select multiple choices). The top two items selected were *increasing awareness* of Latino childhood health-related issues among the *public* (43%) and *policy*makers (40%). Of the options given, increasing *policy*makers’ will to act on Latino childhood health issues (12%) and *directly contributing to Latino childhood health policy and/or environmental change* (21%) were selected least frequently (**Figure 6**).

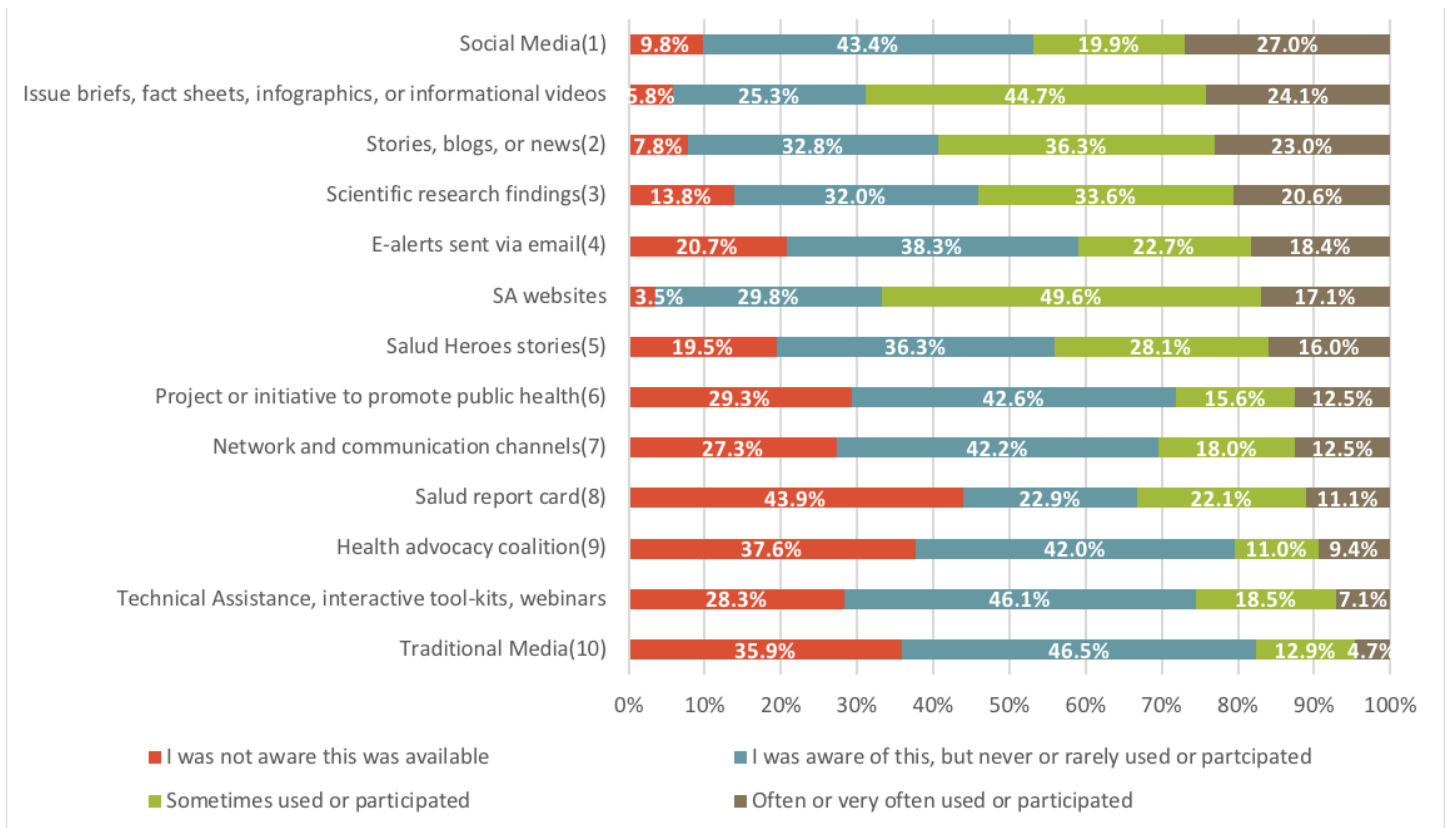
Figure 6. Areas where participants viewed Salud America as most impactful for Latino childhood health advocacy



Network uses of Salud America’s Resources and Engagement Opportunities

SA provides many resources and engagement opportunities to their network. Participants were asked to identify how often they used these various resources and participated in activities (**Figure 7, on next page**). SA’s resources and engagement opportunities including social media content, issue briefs/infographics/videos, and the stories and blogs about Latino health issues were used most often. The least used, and less well-known, were traditional media content and technical assistance, interactive toolkits, and webinars produced by SA. Also, in supplementary analyses, to determine who within the network may use resources differently, the responses for resources used or participated in “often” or “very often” were stratified by profession (**Appendix B**).

Figure 7. Utilization or participation in Salud America’s resources or engagement opportunities among the whole sample



1. SA’s dissemination channels including Instagram, Twitter/Tweet chats (#SauldTues), YouTube, and Facebook.
2. Stories and blogs that highlight Latino health topics (e.g., SaludToday).
3. SA scientific research findings (such as research articles and reviews, or scientific conference presentations).
4. SA E-alerts for actions such as letter campaigns, petitions, and/or comment-drives.
5. Stories and videos that feature individuals who successfully worked to advance Latino health in a particular area.
6. Collaborated with SA on a project or initiative to promote public health.
7. Used SA network and communication channels to disseminate information or connect with a Latino health-focused audience.
8. Online tools to highlight health issues within your county.
9. Participated with SA as part of a community-level or national-level health advocacy coalition.
10. Typically local TV, radio, and newspaper stories/features highlighting Latino health issues.

Core Network’s Advocacy Activities and Perceived Importance of Salud America

The survey included a 10-item four-point scale to assess the frequency of engagement in various public health advocacy activities, and the perceived importance of SA’s support for the policy advocacy activities, during the past 12 months. The mean score for the frequency of engaging in these activities was 1.66 (SD=0.85, range 0-4, Cronbach's alpha=0.87).

Figure 8 (on next page) shows a radar plot to indicate core network members’ engagement in ten different advocacy activities, and also their perceptions of SA’s support for those activities. In these plots, the red line indicated the percentage of core network members that engaged the advocacy activity at least “sometimes”; whereas, the green line indicated the percentage of participants who reported SA’s

support was of “moderate” to “high” importance for that activity (only among those who reported taking part in the activity). Therefore, by comparing how well the green line matches the red line, one can get a sense of whether or not SA’s support was seen as relatively more important for the advocacy activities that the participants frequently take part in, and gauge the magnitude of the perceived importance among those participants. For example, Figure 8 shows SA’s core network most frequently engaged in spreading awareness about public health issues (94%). This activity was also an area in which SA was seen as most important to their work (60%) compared to other activities. Overall, there was moderate variation across activities in the perceived importance of SA’s support, with between approximately 40% to 60% of respondents who participated in a given activity rating SA’s support as at least somewhat important to them. This indicates that for a given activity, about half (plus or minus 10 percentage points) saw SA’s support as important to their policy advocacy work. Survey respondents most frequently engaged in spreading awareness about public health issues, working for or regularly volunteering at a public health organization, or various grassroots advocacy activities (e.g., writing a letter to a congressperson, starting a petition drive, or demonstrations/marches, etc.). The least frequent activities included testifying at a policy hearing and writing or helping to write a policy.

Figure 8. Core network’s frequent advocacy activities and their perception of the importance of Salud America to their work

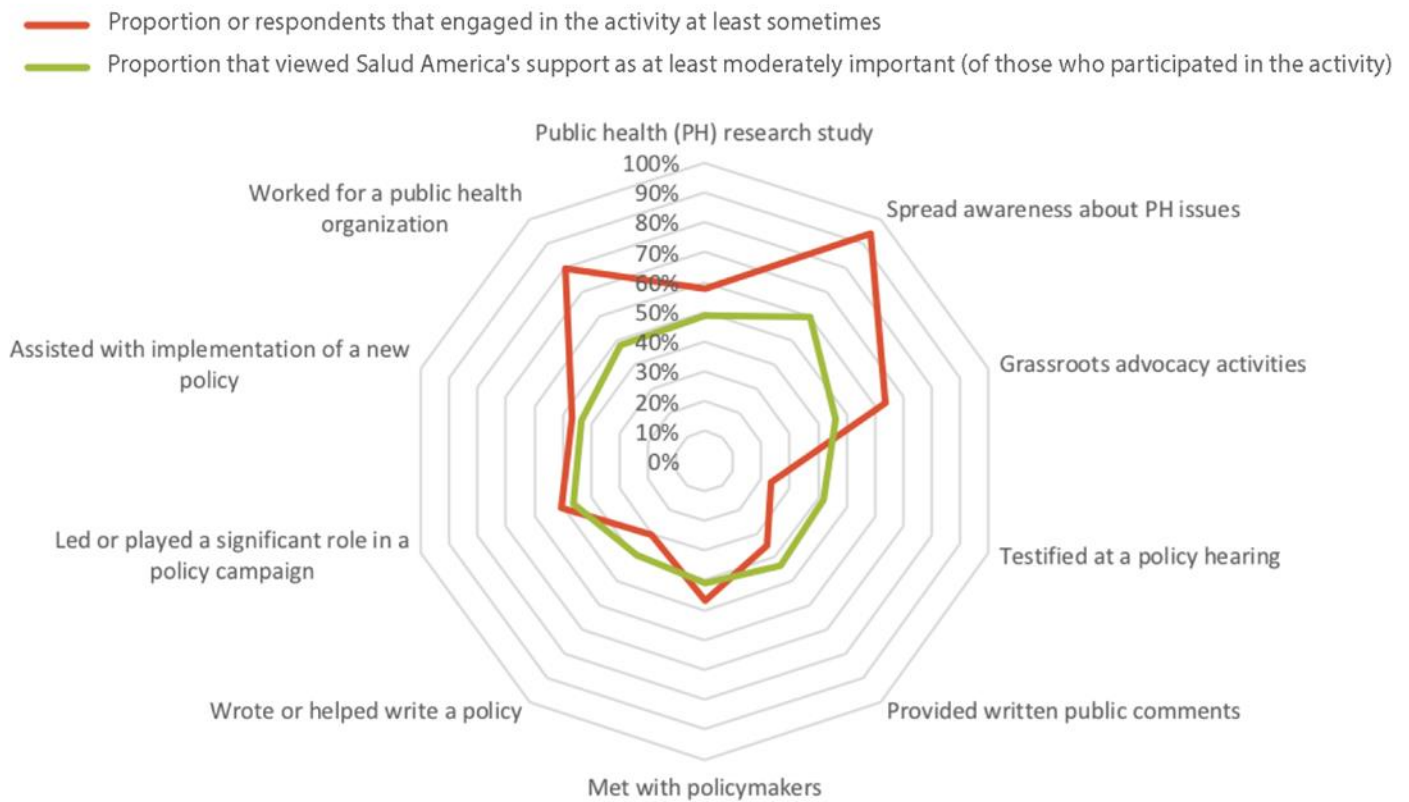


Table 1. Heat map showing the percentage that at least "sometimes" engaged in the advocacy activity on the x-axis during the past 12 months, among survey participants that at least "sometimes" used the resource/activity on the y-axis, (n=303)

	Public health (PH) research study	Spread awareness about PH issues	Grassroots advocacy activities	Testified at a policy hearing	Provided written public comments	Met with policy-makers	Wrote or helped write a policy	Led or played a significant role in a policy campaign	Assisted with implementation of a new policy	Worked for a public health org.
Social Media	46%	48%	52%	47%	49%	51%	46%	56%	52%	49%
Issue briefs, fact sheets, etc.	73%	71%	75%	73%	75%	72%	72%	76%	75%	71%
Stories, blogs, or news	60%	61%	62%	65%	63%	62%	61%	63%	67%	62%
Scientific research findings	65%	55%	59%	57%	65%	57%	57%	56%	62%	54%
E-alerts sent via email	46%	41%	42%	40%	42%	37%	43%	40%	43%	41%
SA websites	66%	68%	71%	63%	63%	66%	63%	68%	71%	69%
Salud Heroes stories	49%	46%	47%	52%	52%	51%	46%	50%	52%	44%
Partner on project or initiative	33%	29%	35%	45%	38%	34%	40%	36%	38%	28%
Network and comm. channels	34%	32%	38%	41%	38%	33%	35%	37%	36%	31%
Salud report card	40%	36%	39%	43%	44%	35%	39%	38%	36%	34%
Partner on advocacy coalition	27%	21%	26%	31%	30%	24%	28%	23%	28%	21%
TA, tool-kits, webinars	27%	27%	31%	34%	32%	31%	35%	32%	34%	27%
Traditional Media	20%	18%	20%	22%	19%	21%	20%	22%	23%	20%

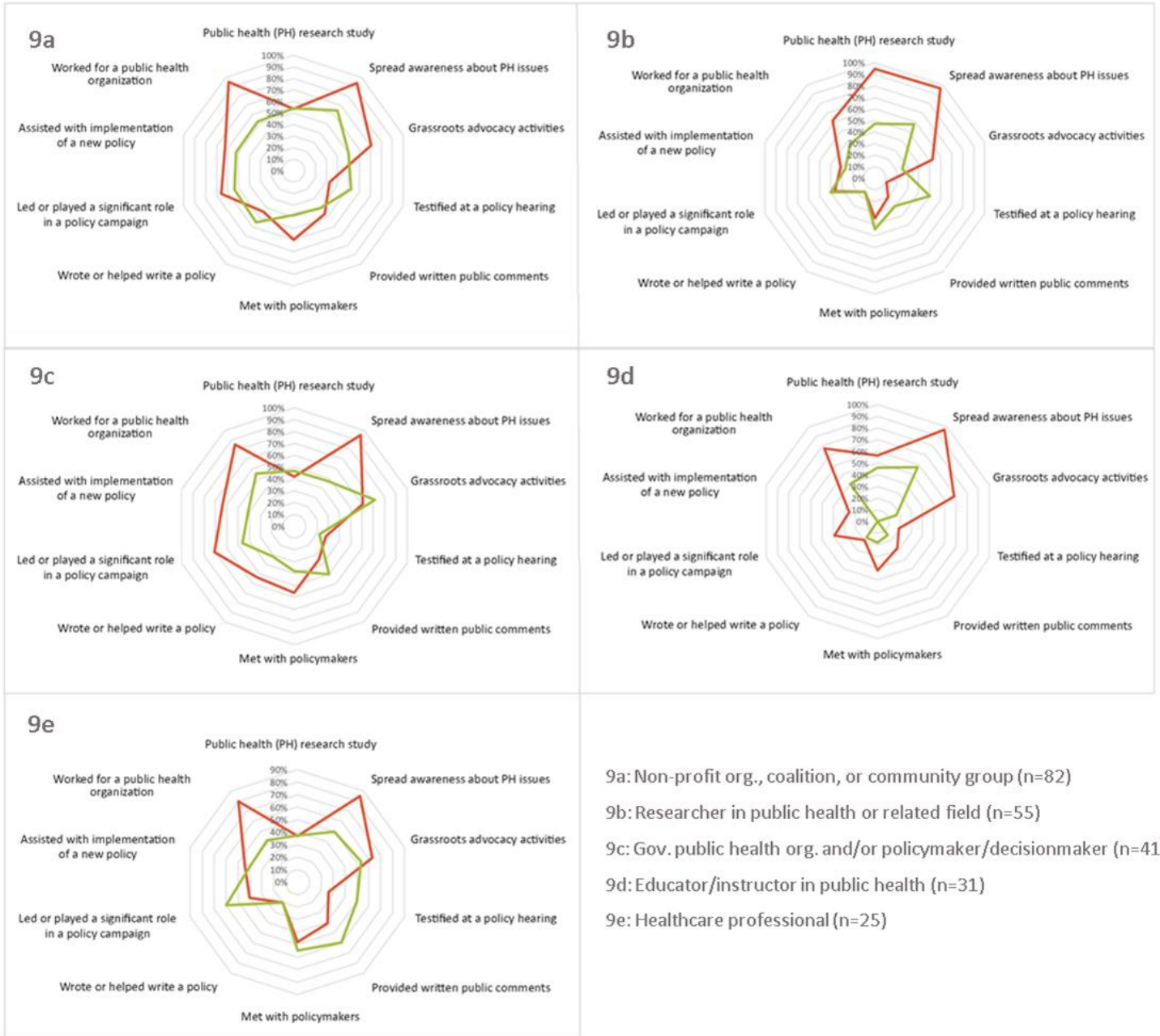
Table 1 shows the percentage of survey participants that frequently (“sometimes,” “often,” or “very often”) engaged in the advocacy activities assessed in this study, among only the subset of those who used each of SA’s resources and engagement opportunities frequently (“sometimes,” “often,” or “very often”), during the past 12 months. For example, for those who frequently use SA’s issue briefs or fact sheets, 72% met with policymakers frequently in the past 12 months. The SA resources and engagement opportunities in the left column of the table are in descending order by usage, mirroring Figure 7. A key takeaway from this table is that SA’s issue briefs, fact sheets, and similar materials, their stories/blogs/news, their website, and their research findings were the most used among those engaging in advocacy. The table also shows, for each advocacy activity, what SA resources and engagement opportunities the core network was using frequently. There was not a great deal of variation, but for advocacy activities such as assisting with the implementation of new policies, testifying at policy hearings, leading policy campaigns, and grassroots advocacy activities, there seems to be more frequent use across the breadth of SA’s resources and engagement opportunities compared to others.

To examine differences in advocacy activities and perceived importance among sub-groups of SA's core network members, GSCN stratified by professions based on adequate sample for that profession ($n \geq 30$) (**Figures 9a-9e, on next page**). Similar to the whole sample, the most frequently engaged activities for those who worked for a nonprofit organization, coalition, or community group, or who were educators or healthcare professionals (Figures 9a, 9d, & 9e) were spreading awareness about public health issues, working for or regularly volunteering at an advocacy organization, or participating in grassroots advocacy activities. For those who worked as researchers, public health research studies and spreading awareness were among the most frequently engaged activity (Figure 9b). Lastly, among respondents who worked for a governmental public health organization or were policymakers, leading or playing a significant role in a policy campaign (71%) was one of the most frequently engaged in activities, along with spreading awareness about public health issues, and working or volunteering at a public health organization (Figure 9c). Among all professions, the least frequent activities included testifying at a policy hearing, writing or helping to write a policy, and providing written public comments. Although some professions participated in similar advocacy activities, there was variation across professions; therefore, network-characterization of professions may inform SA's targeting of opportunities, resources, and advocacy action requests.

SA's perceived support for advocacy activities (i.e., the proportion of those who participated in those activities who rated SA's support as "moderate" to "high" importance) is indicated in green (**Figure 9**). Overall, researchers and educators (Figures 9b & 9d) had a lower proportion of respondents who viewed SA's support as important to their advocacy activities, compared to the other three groups. These two groups may need more or different support from SA than the others. For those working for a non-profit organization, coalition, or community groups, they saw SA's support as being most important for spreading awareness of issues, testifying at policy hearings, and helping to write a policy (although they did not frequently participate in the latter two tasks) (Figure 9a). For participants from governmental public health organizations or policymakers, they saw SA's support as being most important when doing grassroots policy advocacy activities and when providing written comment on policies (Figure 9c). For healthcare professionals, they saw SA's support as being most important for leading policy campaigns, meeting with policymakers, and providing written comment on policies (Figure 9e). Clearly, some professions perceived SA's support a less important than others. Depending on the desire of SA to support certain advocacy activities and/or assist particular professions, there may be a need to better serve certain groups of their network.

Figure 9. Core network's frequent advocacy activities and their perception of the importance of Salud America to their work, **stratified by profession-group**

— Proportion of respondents that engaged in the activity at least sometimes
 — Proportion that viewed Salud America's support as at least moderately important (of those who participated in the activity)



Core Network Member's Policy Impact

Another aim of the survey was to understand how *active* current core network members were in policy advocacy and the number of 'wins' they may have had. 'Policy wins' were defined as those that were passed by a relevant voting body and/or enacted by a relevant body. Respondents were asked about general public health policy wins, as well as Latino-child specific policies and policy wins.

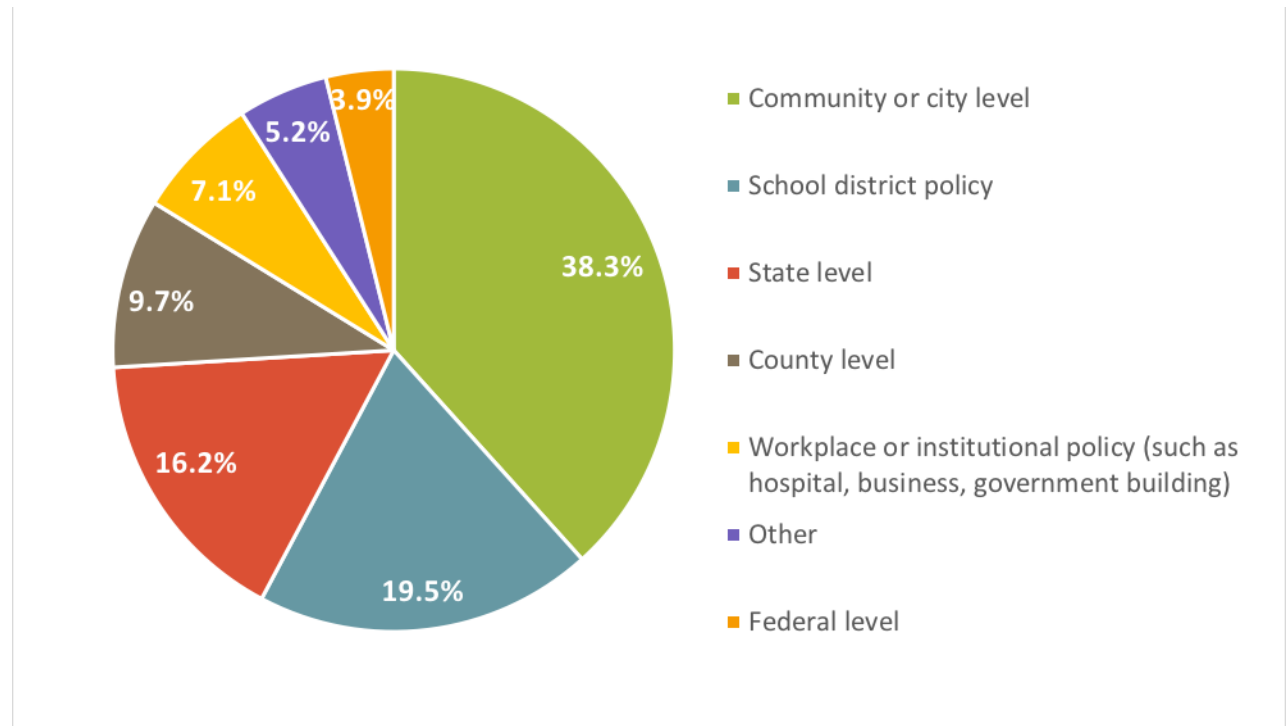
There were 182 participants (61% of the whole sample) who indicated they had led or played a significant role in a policy campaign in the past 12 months. These participants were asked to indicate the number of policy wins they had during that timeframe. Over half (n=92) had at least one policy win in the past 12 months, and 39% indicated they had a policy win from their most recent public health policy campaign. In total, respondents reported 275 policy wins in the past 12 months, with 179 (65%) of those addressing Latino childhood health.

Participants were also asked to describe the importance of SA's resources and engagement opportunities for their most recent policy campaign and identify the policy objectives they targeted. For their most recent policy campaigns, 38% of the participants indicated that SA was of "moderate" to "high" importance. Over 90% indicated that their campaign's policy objective intended to address health disparities, and 64% intended to address Latino childhood health. When looking just among the subset of campaigns that focused on health disparities and/or Latino childhood health, 43% and 50%, respectively, indicated that SA was of "moderate" to "high" importance to their campaigns.

Again, survey results were broken down further to reveal the policy impact among different professions. As mentioned above in Figure 9c, those who worked in governmental public health organizations/policymakers had the highest proportion of participants who led or played a significant role in a policy campaign, followed by those who worked for a non-profit organization/coalition/community group. These two professions also drove most of SA's policy wins in terms of numbers of wins (188 policy wins, 68% of all reported policy wins, 1.86 wins reported per participant in the past 12 months). For the other major professions (n > 30), researchers, public health educators, and health professionals, they reported 58 policy wins (21% of all reported wins, 1.01 win reported per participant in the past 12 months). The remaining professions secured 29 wins in the past 12 months.

Survey respondents were asked what policy level their most recent public health policy campaign targeted (**Figure 10, on next page**). Three-fourths of participants (75%) reported targeting the local level, including community or city level, school district policy, county level, or workplace/institutional policy. Approximately 16% targeted the state level, and 4% targeted the federal level.

Figure 10. Policy levels targeted by the core network's most recent policy advocacy campaigns



Interview Feedback from Salud America's Core Network

SA's core network interviewees (n=20) were a subset of those surveyed above. They were prompted to identify new or emerging topics areas or approaches relevant to the Latino community and to indicate where and how SA could contribute. The following section synthesizes this information and identifies emerging content areas and opportunities for SA to consider for future efforts. These recommendations are grouped into categories of digital and physical reach, perceived opportunities for growth, and open-ended survey responses. The following summarizes key findings from the core network interviews and also an open-ended item from the survey.

Digital and Physical Reach

The digital media activities, especially the evolution into social-media arenas such as the SA TweetChat, were highly valued by core network members. Embracing social media has allowed SA to broaden their reach and to have a national footprint in digital or virtual space. Yet some partners expressed the desire for SA to increase their physical presence, particularly in areas with high concentrations of Latinos. This preference for a *'boots on the ground'* approach was grounded in the belief that reach, and engagement of, Latino populations could be enhanced and sustained through in-person relationships. There was a strong belief among some of the interviewees that Latinos, in general, respond best to in-person efforts. However, other interviewees expressed the opposite view. These interviewees felt that SA's digital or social media presence was better than a people-intensive approach. They conveyed that there was not a need for SA to have a larger physical presence, and SA's impact comes from providing resources and engagement opportunities to the local and grassroots organizations who already work in these communities. Looking ahead, clarifying SA's primary role and further defining the scope and scale of their role in both physical and digital spaces could be helpful. Feedback was clear that the evolution of SA into social media is appropriate and useful for SA partners.

Another place-based theme emerged from the interviews regarded geography and SAs geographic reach. SA is physically based in San Antonio, Texas, and was perceived by some to be a primarily Texas-based organization (even though they work nationally, this was the perception of some). Partners identified the key states of California, Florida, and New York; the District of Columbia; as well as cities such as New York and Chicago as places where having a SA office/team or affiliate partner in place could be helpful to expand SA's reach. A related suggestion was to engage in asset mapping in key geographic areas with high numbers of Latinos. Asset mapping involves examining the needs, strengths, and resources of a community to understand potential solutions. This asset mapping could inform strategic efforts, further support local organizations, and advance opportunities for collective action around key topic areas for Latino health. Thus, another opportunity to strategically increase SA's geographic reach would be to leverage geospatial technology. This might include overlaying maps of SA's initiatives with available geocoded data about local needs (e.g., health disparities) and policy progress to identify geographic areas that may benefit from SA's work. The addition of GIS data could align well with and enhance SA's digital curation efforts.

Additional Topic Areas and Audiences

The health concerns and needs of Latino populations are not static; thus, looking ahead, there are several areas where partners indicated a need for new or additional information on Latinos. These emerging content areas represent an opportunity for SA to create new resources that may be important to their partners and local organizations working with Latinos or in the area of Latino health. The interviewees indicated that SA is the group that could and should provide this information, further demonstrating the trust SA has built over time by conducting rigorous, thoughtful, and relevant research for the Latino community.

The emerging topics suggested by the interviewees ranged from a focus on sub-populations under the Latino umbrella, to upstream determinants of health, and emerging cultural and political concerns for the Latino community. Some of the emerging areas would be an expansion of SA's current expertise into new age groups or sub-populations but some would require generating new information. For example, adolescence including the transition to young adulthood was mentioned several times. SA has built a strong foundation of research and fact sheets in early childhood and school-age children. However, several partners mentioned working with high school or college-aged youth and indicated there is not Latino-specific information to support efforts among that age group. Another example that crossed domains was research on young Latino males. Young males were mentioned in relation to health and health outcomes, mental health, successful transitions to college and in juvenile justice reform. This example indicates opportunities for SA to address the needs of a subgroup of Latinos across multiple life domains. Finally, a broad set of topics that are within social determinants were identified as important topics for Latinos. Action on social determinants would require SA to expand beyond documenting disparities in outcomes and promoting health equity for Latinos to develop a base of research and partnerships that broadly focus on social determinants impacting Latinos. Across the spectrum of partners, meeting the needs of immigrants and immigration were discussed by many interviewees. Recent events in the federal government potentially amplify the need to focus on immigrants. SAs leadership role and position of trust in the Latino community puts them in a unique position to assist and support frontline organizations who are working with immigrant populations.

The topics below are those that were mentioned by more than one interviewee in the course of the interviews. Important to note, this list is not prioritized and the interviewees were not asked to prioritize or rank these topics. The GSCN team then further grouped these mentions into potential emerging content areas. If SA were to consider expanding into these emerging topics, additional preliminary work would be necessary. SA would need to internally prioritize these topics and determine which best fit the SA mission and vision going forward, along with their desire and capacity to expand into any new area. This internally prioritized list could then be further vetted and prioritized with SA's existing partners. Subsequent formative work with relevant partners, including identification of new research partners and further exploration into specific content areas would be needed to fully develop a research strategy for emerging areas. This could be a timely activity for SA as they consider how to evolve moving forward and how they can continue to best serve the changing needs of the Latino community.

Emerging Latino topics areas identified by SA partners where fact sheets, data or policy briefs, and research are needed:

Age and gender/sex

- Adolescent health; including middle and high school students and young adults as they transition to college
- Latino young boys and adolescent males
- Senior Latinos

Emotional and Mental Health

- Social and emotional health across the lifespan
- Community connections and social capital
- Latino-specific mental-health outcomes
- Bullying
- Cultural identity
- Stress, anxiety and healthy stress management strategies

Social determinants of health

- Poverty
- Access to, and utilization of, health care
- Affordable access to housing and healthful foods
- Juvenile-justice and criminal-justice reforms
- Immigration and undocumented status
- Cultural and multigenerational influences on diet and health behaviors
- Education and graduation rates

Considering fit of the topic list above within SA's current scope, and expertise of SA's leadership, the topics related to emotional and mental health, and health issues among age and gender sub-populations are likely to fit more closely within their current mission. Topics within social determinants of health, particularly those further upstream from health outcomes (e.g., criminal justice reform) are likely to be further outside of SA's current scope.

In addition to these topics, certain sectors within Latino communities—such as local business, industry, and the faith community—were described as not being as well represented in SA's current network. Thus, finding and fostering additional avenues for partnerships in these sectors could expand SA's reach and impact. Identifying additional external research collaboration opportunities would be another way to generate data and advance understanding of these emerging content areas. SA has some capacity to conduct research (e.g., expertise of leadership and affiliation with a university); but with a relatively small staff, partnering with external researchers could expand SA's capacity.

Another possible future activity for SA would be to create a mentoring program for a pipeline of the next generation of Latino health advocates/researchers. Specifically, an interviewee asked who would follow after SA's current leadership retires (referring to the director and deputy director):

“Who will replace Amelie and Kip? How can Salud identify, train, and support those who will become the next set of leaders?”

This is a long-range question but an important for SA leadership to consider as it evolves into its next phase as an organization. A mentoring program could focus on researchers, national or regional advocates, and community organizers. This kind of program could dovetail with leadership training efforts already underway or be developed into the future at RWJF.

While the overwhelming sentiment among interviewees was positive with respect to the work SA does and the support they provide their network, there were also some suggested areas for strengthening. SA's materials and activities were seen as largely focusing on awareness building, rather than action promoting. While both are needed, SA might consider expanding some of their existing activities, such as direct promoting of grassroots advocacy (e.g., letter campaigns) and recent work with interactive toolkits/technical assistance (e.g., SA's "Action Pack"). In addition, while SA is very advanced in their use of social media platforms, they may consider developing strategies to expand their presence in traditional media.

Open-Ended Questions from Core Network Survey

In addition to the structured interviews, GSCN utilized open-ended question on the core network survey to generate additional feedback for how SA can improve or better meet the needs of the Latino community going forward. Fifty-seven respondents provided relevant text comment. Three themes emerged from these comments and support the feedback presented above from the interviews:

- 1) Several respondents identified the need to have SA actively connect like-minded groups. This could be through one-on-one relationship building by the SA team, or by convening small workgroups or meetings of advocacy organizations that are focused broadly on Latinos. Another idea mentioned multiple times was for SA to host a Latino health conference or summit. Opportunities for in-person connection, networking, and peer sharing and learning among organizations working in this space was clearly something these groups report valuing.
- 2) SA could improve their outreach to a broader geographic area and expand the number of communities in which SA has a presence. There was the perception among parts of the core network that SA was only present in Texas, specifically San Antonio. Other methods suggested to expand their reach included targeted outreach through niche media (i.e., Latino-specific radio, print, and local media).
- 3) Several responses called for more support in policy advocacy efforts. SA could increase their internal expertise (or partner with groups that have this expertise) related to grassroots policy advocacy and more specifically address this topic in their resources, as allowed within current funding streams.

Peer Organizations' Approaches to Health Advocacy

While the evaluation focused primarily on understanding the work of SA and their role in supporting their core network's activities, GSCN also interviewed SA's peers from nine organizations who were experts in the field of health advocacy, science and research translation, and/or those assisting local groups make changes in their communities to promote health. Some of these groups had lobbying abilities, which of course SA does not, so this should be kept in mind when considering the findings below. Also, while SA and these peer organizations often had very different approaches, objectives, and overall missions, in some places, there was overlap where interviewees described activities that SA does as well, although with a different audience. **Therefore, the findings described below were not necessarily meant to highlight things SA should be doing or to compare and contrast SA's work to other organizations.** The goal of these interviews was to understand what approaches SA's peers have found to be successful in health advocacy and assisting local groups, highlight lessons the peer interviewees have learned from their own work, and gather some advice interviewees may have for SA.

The purpose of sharing these findings was to highlight what others are doing as context, and, where possible, to show feedback on SA's general approach from neutral parties that are knowledgeable about the area within which SA works, but do not directly benefit from or regularly use SA's resources.

Broad or Narrow Content Focus

Peer interviewees had varying views on SA's current focus areas. Some suggested SA should narrow their focus, while others recommended new and emerging topics that may be a fit for SA in the future. These topic areas included social determinants of health such as immigration reform, and largely mirrored topics suggested by the core network interviewees in the previous section. These peer interviewees discussed the balance to consider with expanding or narrowing of topic areas. With a narrow set of topics, an organization can have in-depth knowledge, but will also have a slimmer group of network members they can serve. With expanded topic areas, there is a wider range of groups an organization can serve, but the organization may have limited capacity to effectively cover those content areas. Interviewees discussed an aspect that may be inherent in working at the local level, and especially when working across heterogeneous sub-populations: addressing topics of need across communities requires an organization to have the ability to address many different issues. Thus, expansion of topic areas may be needed. The ability of an organization to cover many areas can be achieved not only by building their own capacity, but also by having processes in place to make referrals to other appropriate organizations as needed. The general consensus among peer interviewees was that the nature of the work requires a "ground up" approach to determining topic areas, and SA may need to further develop the ability to expand their topic portfolio, while also being mindful of supporting the topic areas that align them with RWJF.

"I think it's even more important to let the community tell you what your agenda needs to be. And be willing to expand to meet theirs, because that relationship of trust on health issues, an immigrant community, the trust is just critical."

Monitoring the Policy Landscape

Tracking policy developments and progress at the local, state, and federal levels informed interviewees' activities. Interviewees indicated that tracking policy progress allowed them to “jump on” the emerging trends. They could, therefore, help shape the direction of trends through their work with media and advocacy groups. At the federal and state levels, peer organizations reported using available policy databases, such as the Rudd Center Legislative Database for tracking. Local-level policy was tracked primarily through manual searches to identify and track policy developments in locales where the interviewees worked or had partnerships. Also, many peer organizations had regional representatives who were well informed on local and regional policy developments, and/or interviewees were part of policy initiatives that had grantees that reported on local-level policy developments as part of their work. The interviewed organizations reported that having a firm understanding of the policy landscape, not only allows them to react quickly to trends, but also to focus efforts, resources, and assistance to locales in which they will likely have the most impact.

Geographic Presence

Many of the peer organizations interviewed described a semi-decentralized national structure in which they had regional representation or affiliates. Interviewees saw the ability to have regional representation as a strength when providing technical assistance and guidance to the groups that they served. This structure allowed these organizations to have an intimate understanding of regional and local issues and build relationships with local groups, organizations, and individuals. One organization also described a mixed approach in which local in-person representation was present for some communities based on need, while other communities were reached through digital channels. Furthermore, this type of representation could be formed via formal partnerships with local groups. An interviewee described their network of local affiliates to whom they provide technical assistance, funding, and/or informational materials based on needs, and in exchange the local affiliates participate in the interviewed organization's initiatives and provide them with local-level knowledge and information.

“I would say that [our programmatic work] would be less successful if we didn't have people on the ground...I think a lot of local coalitions and advocacy groups are going to be more trustworthy, and you're going to be able to build much deeper relationships with people who also live and work in the same community as that group.”

Funding Relationships

In addition to regional representation, interviewees discussed grantmaking as another key aspect of their local support work. Offering grant money to community-based organizations allows for funders to directly build capacity and better enable change in the recipient organization. It also allows the funding organization to increase their reach by potentially enticing previously unfamiliar organizations to come forward in response to calls for proposals. Ultimately, organizations that have funding to give are able to set the topics, drive the direction of initiatives or campaigns, and to “filter” the groups they build relationships with via the funding topic and selected initiatives.

General Provision of Technical Assistance and Training

Many of the peer organizations reported offering technical assistance to other groups. Nearly all of the interviewees stressed the importance of individualized or tailored approaches to supporting organizations through technical assistance. Peer interviewees emphasized the importance of identifying and understanding the needs of trainees and to build trusting relationships over time.

Interviewees that provided technical assistance to local advocacy groups discussed two main aspects of campaigns. The first encompassed the actual management (e.g., operational considerations) and tactics (e.g. media advocacy) that were common among most campaigns. The other was understanding the specific science underlying an issue and how to translate that into action. That is, understanding how to communicate the information with various audiences in a way that they can grasp and that will influence their will to act. Also, a nuanced understanding of issues and how they impact various populations was seen as key to informing campaign decisions such as where to focus efforts, how to craft policy ‘bottom lines,’ and what information may sway decision makers.

General Provision and Refinement of “How-to” Guides and Toolkits

When providing materials to their networks, peer interviewees discussed the importance of bi-directional communication. As part of offering static tools, particularly for tools such “how-to” guides and toolkits, interviewees discussed the importance of providing guidance for implementing practices described in the tools. This, interviewees said, makes the tools more useful and helps ensure fidelity in implementation. Therefore, interviewees had processes in place to know who received their “how-to” guides (e.g., by directly offering the guides as part of their technical assistance, or having online tracking and offering consultation as part of the tool) so that they could provide consultation. Conversely, interviewees also actively sought feedback from users of their tools. Interviewees suggested paying close attention to metrics on who opens online materials, and also to collect feedback about how users were applying the resources, what was helpful, what needs to be improved, and if the recipient shared the resources with others. Interviewees suggested conducting both informal conversations with users and also periodic formal data collection via interviews, focus groups, and/or surveys.

“They should check in as much as possible with their audience and users to see, ultimately, is it worth their effort to push out all these fact sheets and policy briefs.”

Supporting Policy Advocacy Groups

A majority of the peer organizations interviewed reported providing policy advocacy support and technical assistance. This included direct training and also other activities, such as website publications, webinars, conference presentations, and regular policy-specific mass communications. Many of the interviewed groups reported having lobbying capabilities—which SA does not have—though one organization without this capacity spoke to partnering with groups that have the ability to lobby. This allowed these organizations to identify champions and provide them with issue-specific resources while the other partner organization was able to provide the lobby-specific resources. In instances of policymaker education, research and data may be paired with content knowledge and a story in an approach tailored to each policymaker’s interest to make the issue more relevant.

The interviewees relayed several practical considerations they have learned when providing technical assistance to policy advocacy groups. Importantly, policy cycles move quickly and the landscape can change rapidly, therefore community groups must be able to act with little notice. Common examples of urgent tasks were testifying at local and state hearings, providing decisionmakers with data, or organizing community action in a timely manner. Therefore, it is optimal for a technical assistance provider to have processes in place that allow them to be flexible and react quickly.

Educate Decisionmakers

In addition to SA's traditional digital advocacy work, which was perceived as strong and far-reaching, some interviewees suggested that SA intentionally seek to build an audience of decisionmakers, such as emerging political leaders, and take an active role in educating lawmakers directly, specifically young lawmakers that may be Latino or sympathetic to Latino health issues. This would allow groups like SA to establish early influence with these political leaders. This could also serve to proactively build relationships and elevate Latino health issues with those on the forefront of making decisions that impact these communities. Interviewees stated that it would resonate with lawmakers to see that there is a major, national organization out there, such as SA, with strong credibility and the support of a major, highly-respected funder (i.e., RWJF). Potential organizations to make inroads along these lines may include the Congressional Hispanic Caucus Institute, National Association of Latino Elected and Appointed Officials, and the National Institute for Latino Policy.

This suggestion to educate lawmakers could be adapted to fit with SA's current strategy to support advocacy groups, by developing materials and providing related TA that places a focus on strengthening interactions between advocacy groups and lawmakers. For example, SA could create materials for groups to use when meeting with policymakers, help groups to frame messages to influence policymakers, investigate communications channels that reach certain policymakers, and hold convenings of policymakers, stakeholders, and advocacy groups to discuss issues.

Summits and Convenings to Raise Awareness and Facilitate Peer-Learning

Peer interviewees recommended that SA fully utilize their credibility and expertise, by taking an even stronger leadership role within the area of Latino health. A suggestion for elevating their leadership role was to host convenings for their network. Interviewees described their own successful experiences with this type of activity and encouraged SA to consider adding this activity to their overall engagement strategy. In particular, interviewees mentioned the importance of bringing together other organizations, advocates, and political leaders that work in Latino health, and how that can have a "magnifying impact" by raising awareness of each other's work and Latino health issues across networks. Additionally, interviewees described that a meeting structure to consider is one which is interactive and participatory, and fosters peer learning and collaboration during the meeting, but also relationship building that can lead to networking between meetings.

"So if I were an organization with limited resources and we weren't doing a lot of face-to-face stuff, I would think about convenings. Within my larger audience, who are the key players? And are there ways to nurture relationships from there that you can then use to start building out?"

A majority of the interviewees cited the importance of bringing people together in peer-to-peer environments. For example, one interviewee's organization stated that peer-to-peer learning opportunities are as important as or more important than traditional expert-to-community learning experiences. Facilitating an interactive space for peers to connect allows them to share ideas, knowledge, and advice in a multi-directional format that is very different from a unilateral technical assistance provision approach.

A few ways that peer learning opportunities can be structured are:

- ✦ Regional meetings with peers around a specific issue
- ✦ Facilitator-led discussions, with questions and answers sessions (virtual or in-person)
- ✦ Holding periodic meetings and summits around certain issues or programs

Strategic Partnerships within the Robert Wood Johnson Foundation Network

Peer interviewees discussed the importance of partnering with complementary organizations aligned toward common goals. Sharing expertise can be mutually beneficial and an efficient use of resources. They discussed SA's key skills related to research translation, communications and messaging, content curation, and reach and understanding of Latino audiences as being important for furthering a culture of health and promoting health equity. Interviewees felt there is an opportunity for RWJF to be more intentional in their role as a connector among their network of grantees. In this role, RWJF could facilitate complementary partnerships between SA and other organizations that could benefit from SA's expertise and connections within their initiatives, and vice versa.

"Just taking our organization as an example, I'm feeling like we could benefit from some training and better understanding about how to communicate more effectively in Latino communities."

Promotion through the News Media and Peers

Interviewees discussed ways in which they used national media not only to raise awareness of issues, but also to promote their work and brand awareness. Interviewed organizations described the constant monitoring of emerging issues within their topic areas. They then reported reacting quickly when issues arise, with press materials (e.g., press releases), easy access to their staff for interviews by the press, and a section on their website dedicated to handling press inquiries. Additionally, one group discussed the importance of using an organization's director or CEO as a figurehead for national media interviews. This "puts a face" on the organization and also builds credibility. Interviewees specifically mentioned utilizing the prominence of Dr. Amelie Ramirez as an apt spokesperson to communicate with national news media, as well as with state legislators and Congress, on behalf of SA.

"She [Amelie Ramirez] should be testifying before Congress, she should be meeting with state legislators, she should be talking to the media on a regular basis because her voice and what she brings to the issue is so authentic that it helps to leverage the Salud brand and everything that they have."

Interviewees also perceived SA not to be as well-known as they felt SA could be among national public health organizations. They suggested SA take the initiative to organize task forces with other national organizations around specific Latino health issues, particularly organizations with which SA has had little

contact. The primary purpose would be to convene multiple groups, with varied expertise, resources, and constituencies, around a given issue in order to determine solutions. Additionally, this would serve as one way to position SA as a leader in the field and cross-promote with other organizations across networks. SA does some of this work with their digital convenings via TweetChats, but interviewees conveyed that more intimate and personal working groups and tasks forces could complement these activities.

Salud America's Role and Strengths

Based on interviews with both SA's core network members and peers, and synthesis of themes that have emerged from these findings, GSCN has described SA's role within the broader public health and Latino health movement, and outlined key strengths that contribute to their proficiency in this area.

SA is an important entity within the overall culture of health movement, and they serve a unique role for the Latino community. Their role can be summed up as an expert in science/best-practices translation and communications development, where they disseminate to a large national Latino audience that they have cultivated over the past decade. Within the RWJF Culture of Health Action Framework, SA works primarily in the *Making Health a Shared Value* domain, and secondarily supports *Fostering Cross-Sector Collaboration* and supports those who are in the field *Creating Healthier, More Equitable Communities*. Interviewees nearly universally expressed the opinion that SA's position in the Latino health movement is one that is highly valued by those that they reach.

SA's role as the link between the science and the field is complementary and necessary to support others in this space. Other groups that work in this area, such as Unidos US (formerly National Council of La Raza) work more on the programmatic and applied end of the spectrum, while Academics and groups such as Pew's Hispanic Research Center work on the research end. SA, therefore, operates in a middle ground between these ends. Also, in addition to "top-down" dissemination within the field, SA actively spotlights success stories from the community level and describes action steps and best practices for others attempting similar change.

SA leadership established a strong team to meet their objectives. This team includes researchers with expertise in key content areas, such as health disparities, health promotion, and communications models, and also staff with applied experience and expertise in behavioral journalism, digital marketing, video production, and content curation.

Scientific Rigor and Credibility

Amelie G. Ramirez, DrPH, the director of SA, is widely recognized as an eminent scholar and researcher in Latino health. She has established herself as a leader in the field, helping to drive the research agenda for Latino health and providing support and mentorship for other Latino health researchers. Under her leadership, the SA team has built a strong reputation for quality and accuracy within the scientific community, among policymakers, health providers, and community organizations that want to learn about Latino health issues. In our interviews, it was clear that when advocates speak with stakeholders and policymakers about Latino issues, information generated by SA and RWJF carries weight. There is a 'brand-recognition' and credibility for the information SA has carefully generated and curated over time.

Reach and Network

SA reaches a large national network of people who are interested in Latino health issues. While this network is heterogeneous with respect to their capacity to advocate for change, they produce tangible impacts. SA utilizes their network in four main ways around Latino health: 1) to raise awareness of, and converge a health-focused audience around, specific issues; 2) to solicit grassroots advocacy actions (e.g.,

letter campaigns); 3) to amplify the work and messages of others who are aligned with their mission, which includes activities, such as disseminating research findings and highlighting community-level work; and 4) to serve as a conduit for their own resources and engagement opportunities.

Content Generation and Curation

Interviewees remarked on the high quality of the materials produced by SA and the readability and adaptability of materials for use with multiple audiences. SA uses a three-step process when curating material for dissemination. First, SA gathers pertinent information about the topic through the scientific literature, partner organizations, preset web-alerts for various topics, and internet keyword searches. SA also collects information by gathering direct feedback from their network via Twitter chats and other communications channels. Next, SA crafts messages based on the collected information. These messages can vary, but were designed to highlight the policy and system changes occurring in Latino communities; present new data, materials, or tools from partnering organizations; and share Salud Hero stories through videos demonstrating the work of individuals and groups who are making an impact on Latino health issues. Finally, SA disseminates the information to their network through a variety of channels, including social media, email, and the SA website.

Media advocacy and Dissemination

The SA team has experience in using multi-modal media strategies to deliver content, with a special emphasis on social media platforms. Their in-house experts have the capacity to craft messages and content for various modes and audiences. This internal expertise has allowed them to expand the technical assistance they provide network members to include media advocacy. An example of this is an interactive toolkit called an “Action Pack.” The “Action Pack” provides a bundled suite of tools including pre-made click-to-send emails, geo-fencing social media ads, broader promotional pieces, and one-on-one communications technical assistance. This form of media technical assistance is highly valued by local and grassroots organizations that may not have the staff or capacity to generate these materials.

Nuanced Understanding of Latino Audience

Latinos are among the fastest growing demographic groups in the country and face many unique challenges. Among these are a diverse set of health issues and risk factors across Latino sub-populations, as well as language and cultural differences and barriers. The leadership and staff at SA have studied and worked with the Latino population extensively and understand their needs well. Also, interviewees commented that SA is seen as credible not only due to their scientific rigor and accuracy, but also as a result of their cultural sensitivity and understanding when working with this population.

Willing Partners

Interviewees who have worked with SA closely described SA program staff as being very helpful partners. These partnerships have included research collaborations, utilization of SA’s communications channels, and SA staff serving on advisory groups/coalitions with interviewees. Additionally, SA leadership has expressed an interest in expanding their partnerships, particularly within the RWJF network of grantees, to find complementary groups with which to partner, in order to advance each organization’s mission, as well as RWJF’s overall mission.

Perceived Areas for Growth for Salud America

Based on respondent (both core network and peer organization) interviews and survey findings, several potential areas for growth have been identified. These are summarized below and specific recommendations are outlined in the *Conclusions and Recommendations* section. These potential areas for growth fall into three main categories, which are SA's intensity of support provided to their network, SA's support for grassroots advocacy work, and awareness of SA and their leadership role within the field of Latino health advocacy.

The purpose of this section is to highlight potential areas in which SA may consider expanding, if RWJF interest in and funding are available. Major caveats in addition to RWJF funding are capacity in terms of staff time, and expertise may be prohibitive, and so carefully weighing benefits, feasibility, and mission-fit should be exercised.

The intensity of support SA provides its network could be increased. For example, SA provides limited technical assistance to their network. This technical assistance was mostly reactive and the varied types of requests were handled largely by the content curators. The volume of requests was low and there were no processes in place currently to conduct follow-up. This TA role of SA could be made more robust, and in fact SA has recently piloted a model to do so. Additionally, expansion into other topic areas may allow SA to have influence on more Latino health issues.

While the bulk of SA's work and perceived impact focuses on translating science and best practices from the field into educational materials and role modeling stories to raise awareness of Latino health issues, SA may consider doing more to directly support and promote their network's grassroots advocacy efforts that target policy and environmental change. Approximately half of survey respondents who engaged in various advocacy activities perceived SA's resources and engagement opportunities as important to their policy advocacy – there is room for improvement in this regard. Also, it was apparent that the types of advocacy activities professional groups in this study participated in varied, and so certain professional groups may require different resources and ways of engagement with regard to promoting advocacy. And generally, SA might want to expand the proportion of their network that works in policy advocacy and even add more policymakers to their network. In addition, finding a way to have a regional presence and geographic targeting of resources and engagement opportunities based on issue importance to the locale or emerging policy trends would be beneficial.

Finally, it became apparent that there may be a low awareness of SA's role in Latino health advocacy, or at least a low awareness of the breadth of resources and services they provide. Therefore, SA might consider expanding promotional activities. Some of the resources and services with particularly low awareness among the respondents was the Salud Report card, their technical assistance services, partnership opportunities, and presence on traditional media. The expansion of the latter, particularly on a national stage (e.g., national news outlets) might help bolster brand recognition. Also, several interviewees conveyed the important role SA could play as a connector of advocates, researchers, and policymakers through mechanisms, such as summits.

Conclusions and Recommendations

The overall purpose of this evaluation was to examine and explain the role and scope of SA in advancing Latino health, assess the resources and engagement opportunities SA provides its core members, and gain the perspectives of SA's peer organizations in public health advocacy. Then from these findings, several future directions to consider are described in the recommendations section below.

SA's role as an expert in science translation and digital communications development and dissemination, sets them apart from others working in Latino childhood health. Their work is grounded in social cognitive theory, and aims to stimulate advocacy action among their network, through behavioral journalism and social marketing focusing on advocacy self and collective efficacy among their network. Within the RWJF Culture of Health Action Framework, SA primarily works in the *Making Health a Shared Value* domain. SA's focus is on connecting groups and organizations around specific issues that impact Latino health, sharing what others have done to create positive change to serve as models to follow, and developing freely available resources that allow their network of advocates to convey the importance of issues to stakeholders and policymakers with easy-to-understand content.

Core network interviewees stressed that SA is one of few organizations with the expertise to do this work and reach a large number of network members within the Latino health-advocacy movement. SA was often described as the "go-to" source for resources when working with Latino populations. SA's core network members surveyed for this evaluation spanned the country, with the highest concentration in California, Florida, and Texas, and largely reported working with low-income populations, communities of color (many with large Latino representation), and mainly with a youth or family focus. Interviewees' primary public health activities included awareness raising, behavioral programming and interventions, and advocating for built-environmental and policy change in their communities.

Based on survey findings with core network members, the majority of SA's core network members worked for nonprofit organizations, were in coalitions or community groups, worked for health departments, or were researchers in public health. Their work was conducted primarily at the local or community level and among low-income populations. The most commonly used SA-provided resources and engagement opportunities were social media, informational materials (e.g., issue briefs, infographics, and fact sheets), Latino health-blog stories, and Salud Heroes feature. Survey respondents indicated that SA's resources were especially helpful for raising awareness of Latino health issues among the public and policymakers. The survey respondents, who represented the core network, were active in leading policy campaigns and 51% reported getting at least one public health policy enacted, and a total of 275 wins were reported, in the past 12 months.

Interviewees from the peer organizations discussed their own activities and gave some specific advice to SA. These interviewees shared that working with community groups requires a "ground up" approach when determining topic areas, which means target issues should be community driven. Many peer organizations reported tracking emerging policy developments at the local, state and federal levels and

use this information to regionally target their own efforts. To acquire local knowledge and influence, many interviewees reported that their organizations had a semi-decentralized structure with regional representation either via their own staffing or local affiliate partners.

Peer interviewees discussed methods they employed for building capacity in local groups they support. One example included serving as a funder to community-based groups, which allows peer organizations to directly build capacity and position themselves as technical assistance providers to the communities. With regard to technical assistance provided to local advocacy groups, interviewees described two main types they provide, 1) assisting and guiding in the actual campaign management and with tactics, and 2) providing the content expertise and guiding groups in how to translate into action. The latter was cited as a key need SA could fill. Of course, care must be taken by SA to keep efforts appropriately in the non-lobbying realm of advocacy. Also, interviewees discussed the importance of bi-directional communication with users of their materials to facilitate effective implementation and to refine tools based on users' needs. When assisting groups working in policy advocacy, interviewees stressed that policy cycles move quickly and technical assistance providers must be able to react equally as quickly to needs.

Also, these peer interviewees offered feedback to SA on their network reach. Interviewees suggested that SA intentionally seek to build an audience of decisionmakers, such as emerging political leaders, and also expand their influence and reach with those who are active in policy advocacy. Interviewees also cited the importance of bringing stakeholders and decisionmakers together in peer-to-peer environments such as summits, and felt SA would be well positioned to take on this task within the Latino childhood health community. In terms of RWJF serving as a connector, interviewees felt there was a missed opportunity for RWJF to be more intentional in facilitating mutually beneficial partnerships among their group of interrelated grantees. For other promotional and outreach activities, interviewees suggested that SA increase their traditional media footprint and partnership efforts with peer organizations as a means to promote their work more broadly.

Study Limitations

Findings of this study should be considered within the context of several limitations. First, the survey sample was relatively small and the response rate was low. While this is often typical of web-based surveys, it means self-selection into the survey may lead to a sample not representative of the population of core network members, and therefore selection bias may have influenced survey results (speculatively skewing positively). Secondly, although ten common advocacy activities were assessed, it was not possible to know from these data the full breadth of advocacy activities that the core network members are engaged in. Therefore, SA's resources and engagement opportunities might have been beneficial for activities not assessed by the study. Thirdly, the specific policy levers or types (e.g., taxation) targeted by core network members were not assessed, and so conclusions related to particular policy levers and types cannot be drawn. Fourthly, there is likely large variation across the whole of SA's network with respect to advocacy activities, but assessing activities and perceptions of non-core network members was outside of the scope of this study. Lastly, the data were cross-sectional, and therefore analyses cannot be made to assess the development of the network's advocacy skills or increases in advocacy activity over time.

Potential Recommendations for Salud America Moving Forward

Participants noted many strengths of SA's, chiefly among them were their scientific rigor, large network, quality materials, digital content curation and dissemination, cultural sensitivity, and willingness to serve as partners in initiatives and workgroups. In addition to strengths, some areas for growth were noted by interviewees (both core network members and/or peer organizations) and also emerged after synthesis of the data by GSCN. These potential areas for growth are the focus of the recommendations below.

SA received universal praise from the participants of this evaluation for their work, and the scope of that work has aligned well and been within the mission and goals of their funder, RWJF. The following are future directions or options to consider, and some might require mission expansion on SA's part, and thus, may or may not be activities SA would like to pursue. Also, GSCN recognizes that **many of these recommendations would require increased funding and/or capacity building within SA, and so should be considered only if resources permitted.** Therefore, RWJF must weigh the potential benefits and tradeoffs of offering additional support. Also, SA is housed within a university and funded by the RWJF, and so it cannot participate in direct lobbying activities. A final note is that the current work SA conducts is perceived as very valuable to the field, and GSCN is not suggesting that current SA work should cease in favor of the recommended activities outlined below.

Based on the findings from this study, GSCN has outlined three broad categories of recommendations for SA moving forward: 1) Increase intensity of support provided to network; 2) Expand support for those doing grassroots advocacy work; and 3) Further advance and solidify SA's role as the leader in the field of Latino health advocacy. Each of these three broad categories of recommendations includes four more specific recommendations (outlined below).

1. Increase Intensity of Support Provided to Network

Expand topic area portfolio

If SA begins to assist more intensely with advocacy groups, particularly at local levels where demands and issues can vary dramatically across communities, the need to broaden focus areas may arise naturally. Of course, the overall Latino population in the U.S. is not homogeneous and therefore issues that impact the health of Mexican Americans may not be relevant to Puerto Rican populations, for example. Therefore, SA may need to develop and establish specific strategies to navigate this potential topic expansion or mission drift. Strategies may include designing protocols for referring out to partner groups when requests are outside of SA's scope and expanding capacity into emerging topic areas through consultants, advisors, attending trainings, and/or new staff hires. Of course, SA must also be mindful of the goals of their funder, and so determining topic areas will be a result of a balance between the funder's goals, their own goals, and the needs expressed in communities. If their topic areas expand, SA may want to consider alternative ways to categorize the information on their website. This may include having a landing page where visitors can select topics relevant to them, enhanced tagging and search features, and/or using visitors' geographic information to filter for regionally relevant information such as emerging health issues in their region. SA already utilizes filtering features on their website, but if topic areas expand, considering more and varied filtering approaches may become a need.

Expand role as technical assistance provider

SA possesses valuable expertise and honed skills in key areas that are crucial to effective grassroots policy advocacy. These include digital communications, media advocacy (especially social media), and research translation and content area expertise. SA currently provides TA, but has limited capacity and funding to expand these activities, and there was a relatively low level of awareness of this service among SA's network. If there were funding and interest, ideally SA could add a dedicated technical assistance staff position, increase promotion of this service to their network, and have processes and systems to track, monitor, and conduct follow up with technical assistance recipients. SA has piloted an intensive technical assistance model in school districts that involves ready-made communications, geo-fencing social media advertising, and one-on-one guidance (i.e., "Action Packs"). Building additional capacity within this approach, expanding it to other settings and topic areas, and also adapting their assistance and support model to work within large policy initiatives (e.g., Voices for Healthy Kids) offers another avenue for SA to add tremendous value and contribute to more direct impacts to groups working in the field (e.g., groups doing "boots on the ground" work).

Add role as a grantmaker for SA to expand ability to build capacity among groups they support

This recommendation would, of course, require much more funding and is over and above SA's current scope, but a theme from the peer interviewees' describing their organizations' work included the utility of grantmaking. When SA was first launched, they administered research grants and therefore have experience serving in this role. Pending funding, SA could provide small grants to groups they support. This would not only serve the direct purpose of "building up" grantees or supporting activities (e.g., funds to support convenings with stakeholders), but also could entice prospective grantees to reach out to SA for support, and build in a direct dissemination channel for materials and assistance between SA and those they fund. Therefore, one component of SA's initiatives around certain health issues could be to develop calls for proposals (CFPs) that are issue/locale specific, thus allowing SA to filter support to areas of need. For example, if SA had a national initiative to increase access to drinking water in schools, they could design CFPs specific to locales identified as being most in need, thus enticing local health advocacy groups to come forward. Then, SA could follow up with a small amount of funding, materials, and technical assistance to support local groups to advocate within their region for better access to drinking water.

Form strategic partnerships with complementary advocacy organizations

With regard to providing technical assistance, SA could form mutually beneficial and strategic partnerships with organizations that work in health policy advocacy, specifically organizations that have the ability to lobby. In such a partnership, SA and partner organization(s) could split technical assistance duties based on lobbying and non-lobbying support – similarly to the division of support within Voices for Healthy Kids. Therefore, SA would be assisting local groups with non-lobbying activities such as "ground softening" work, grassroots activities, media advocacy, and curating tailored communications; while the partner organization(s) could support the local groups in the more direct advocacy activities, such as meeting with decisionmakers. In this way, partners could use resources in an efficient and potentially more effective way, while SA remains in the realm of allowable activities (i.e., not lobbying).

2. Expand Support for those doing Grassroots Advocacy Work

Increase proportion of network that is *active* in advocacy, public health, and policy

SA already reaches a large audience that is interested in Latino health and public health in general. However, capacity and willingness to act on policy issues varied greatly across the network. There is a core group within the network that is especially active in advocacy, public health, and policy. Focusing on increasing the proportion of their network that is active in this way, such as being intentional in recruitment efforts to add those identified in survey data as being most active in health policy advocacy (i.e., policymakers/decisionmakers, health department representatives, or those who worked for a non-profit organization/coalition/community group) could make SA's network more potent in terms of capacity for public health policy impact. With regard to policymakers, interviewees cited “pulling in” more emerging political leaders, specifically young lawmakers who were Latino or sympathetic to Latino health issues. These connections might be made through meeting with groups such as the National Association of Latino Elected Officials (NALEO) or Congressional Hispanic Caucus Institute.

Promote and expand resources that prompt or guide advocacy action

SA produces many resources and materials that are highly praised for accuracy and quality, but core network members regarded SA's activities primarily as serving to raise awareness of issues. This was partially due to a lack of awareness, however, on SA's website there is a “Take Action” section in which visitors can find the piloted Action Pack toolkit, the report card feature, and guides and webinars on certain activities (e.g., “How to start a farmers market,” “How to start a baby cafe,” and “How to start local trails”), videos explaining policy solutions, and research and infographics. Perhaps better promotion of these tools and resources, and guidance (though additional static materials and/or coaching) on how to specifically implement the described strategies in a detailed step-by-step manner would be beneficial. Also, as interviewees pointed out, action-oriented tools (e.g., “how to” guides) are best implemented when accompanied by technical assistance to guide and tailor their use, and also tools could be refined over time via feedback from end users on suggested improvements.

Expand and target grassroots advocacy efforts

SA currently targets actions, such as comment drives and letter campaigns, but increasing these efforts in terms of frequency and intentional regional targeting could be more efficient and effective. Further refining their efforts would involve SA surveying the political landscape to identify policy windows and opportunities in which SA can effectively support and “tip” existing efforts to increase the likelihood of policy wins. For example, when a policy opportunity is identified, SA could mobilize their network locally, and utilize their expertise in social media advocacy and communications dissemination to target specific locales in order to raise awareness and advocacy self-efficacy among local residents. Interviewees from peer organizations monitored the policy landscape by tracking media trends, searching legislative databases (e.g., Rudd Center), and through information gathered via partner organizations, policy initiatives (e.g., tapping into the Voices for Healthy Kids network of grantees), and local affiliates providing updates. Also, having advocacy-action opportunities, prompts, tools and resources, that are organized geographically and/or based on profession-group similar to those in this report, could make it easier for website visitors to engage in the political process and civic actions. For instance, the website could incorporate a feature to filter information based on the web visitor's location and display emerging

or urgent advocacy-action opportunities prominently to visitors. An increased understanding of their own network members' characteristics, such as professional-group affiliation and specific advocacy activities in which they engage, might facilitate more effective targeting of resources and engagement opportunities.

Regional representation via partnerships and/or an affiliate structure

SA works nationally, but out of a central location in Texas. Due to their mastery of digital communications, they have been able to amass a large national network and contribute to far-reaching impacts, in spite of their centralized model. However, having regional representation allows an organization to better understand and potentially more effectively address regional issues. This is especially true when working with local advocacy groups and when serving a diverse population (e.g., Latino communities across the country have different cultural backgrounds, issues, and barriers). Those doing the work in the field and residing in that environment are in the best position to understand the issues of need and the local political landscape. However, having personnel embedded regionally tends to be incredibly resource intensive. Therefore, SA could consider partnering closely with groups that have this structure already in place and work through or with those partners' existing regional networks. Also, SA could create their own network of formal local-level affiliate partners who receive extra support and assistance from SA in exchange for participating in SA initiatives and contributing local-level knowledge to SA.

3. Further Advance and Promote SA's Role as the Leader in the Field of Latino Health

Host Latino health summits

SA is an ideal group to convene in-person summits to bring together public health experts, policy advocates, stakeholders, and policymakers to facilitate peer learning, establish multidisciplinary working groups, discuss emerging topics, and galvanize attendees around Latino health issues. SA has in the past held conferences and summits among their network focusing on Latino health research, and currently they convene members of their network digitally via their popular TweetChat feature. Therefore, they have experience in conducting these activities. Summits not only serve to potentially increase the size of SA's network, they could also bring together stakeholders to discuss issues and allow groups to learn from each other about strategies and best practices.

Expand traditional media footprint

While SA has a large footprint in digital space and social media, they are not as well positioned on traditional media platforms (e.g., TV, radio, newspaper, etc.), at least not nationally. Peer interviewees discussed their organizations' strategies with traditional media. Groups typically monitor national trends, media uptake, and emerging topics relevant to their work. When a topic arises that is within their scope, they have protocols in place that allow them to respond quickly with press releases and use their directors/CEOs/content-experts to give interviews across traditional media platforms on the national level. Also, interviewees discussed that over time relationships with members of the media are established and their groups are often among the first called when seeking interviews or input about certain topics. This not only promotes their work, but also allows them to shape the national discussion on relevant issues.

Increase partnerships with national organizations in cross-promotional efforts

SA is a very willing partner and interviewees (both core network members and peer organizations) reported positive reactions in working with SA. In fact, many interviewees became aware of SA's work through serving with SA leaders on a task force or advisory group. Building partnerships with other national organizations while serving as content experts for Latino health issues can help solidify SA's role in the minds of their peers, and can also allow for networking opportunities in which cross-promotion of services and resources between each organizations' networks can occur. This also applies to the larger RWJF grantee network. SA has many strengths that can be leveraged with mutually beneficial partnerships between SA and other RWJF grantees, where RWJF can serve a connecting role.

Increase promotional efforts and awareness of services

Core network interviewees reported that they had little awareness of the full breadth of the resources and services that SA provides. This was also confirmed through the survey findings. Additionally, SA faced brand-confusion issues when they used two brands in the past; however, this has recently been addressed by relaunching one unified brand. SA may benefit from promotional campaigns to raise awareness of the technical assistance, tools, resources, and other support they provide.

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Appendices

Appendix A. Characteristics of the Advocacy-Active Network Members

SA stratified their core network into six informal groups. These groups included:

- Public health researchers (*researchers*);
- People who responded to requests for public comments (*commenters*);
- People who subscribe to SA’s health blog (*subscribers*);
- People who responded to SA’s emailed requests for advocacy action, such as writing letters to policymakers (*email active*);
- People who run/work for small community organizations (*community organizations*); and
- People who were actively involved in SA’s social media activities (*social media active*).

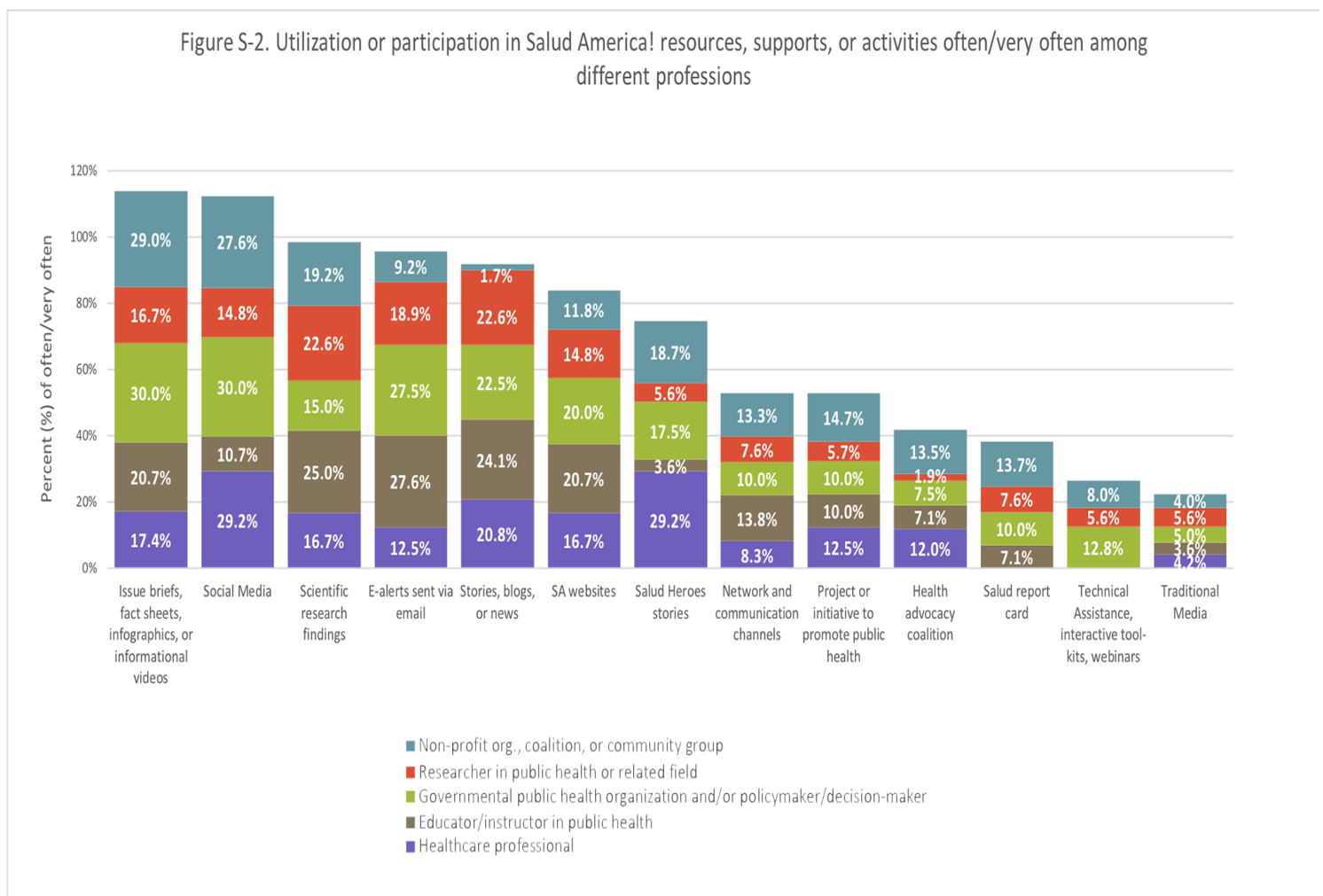
Among these groups, the proportion of survey respondents who work in public health or health advocacy varied, with the lowest proportions for the commenters and email active group (**Table S-1**). This indicates there is a large amount of variation in the public health/advocacy capacity across these informal segments, and therefore the needs of these groups with respect to SA’s support are likely to differ. Note: Only those who worked in public health/health advocacy were enrolled in the evaluation study.

Table S-1. Proportion of Survey Respondents who work in Public Health or Health Advocacy among SA Networks

Salud America Network	(%)
Researchers	93.8%
Commenters	21.4%
Subscribers	86.8%
Email Active	14.3%
Community Organization	87.8%
Social Media Active	96.7%

Appendix B. Network uses of Salud America’s Resources, Support, and Activities among Professions

The responses for resources, support, and activities used or participated in “often” or “very often” were stratified by profession based on adequate sample for that profession (defined as a sample ≥ 30 people) (**Figure S-2**). Among those in nonprofit organizations, issue briefs/infographics/videos resource had the highest utilization proportion along with SA’s social media. Approximately one-fifth of researchers reported using scientific research findings and stories, blogs, or news often/very often. Governmental public health organization or policymakers reported using SA’s social media and issue briefs/infographics/videos and the e-alerts most often. Educators/instructors reported used the e-alerts and scientific research findings most often. Lastly, healthcare professionals most often accessed information conveyed via social media and Salud Heroes stories. Information provided through traditional media (e.g., TV, radio, newspaper) was among the least used of SA resources across all professions.



*Professions were excluded if sample size was <30.