



# City of Boulder Housing & Human Services

## Health Equity Framework for COVID-19 Response and Recovery

The City of Boulder Health Equity Fund provides funding for non-profit programs primarily serving city community members, to reduce health disparities and promote health equity in alignment with the city's Sugar-Sweetened Product Distribution Beverage Tax (SSB Tax). In 2018-19 the city and its consultants created a Health Equity Fund (HEF) evaluation framework, including a Theory of Change and Logic Model, to help measure the short-, intermediate- and long-term impacts of Health Equity Fund investments.

Per the SSB Tax legislative intent, the long-term outcomes are focused on reducing chronic diseases among people experiencing health disparities. Given the COVID-19 pandemic, the HEF evaluation framework could also be used to help guide and evaluate agency planning for COVID-19 response and recovery investments and other processes and activities.

**Health Equity and Social Determinants of Health.** The city defines health equity as the absence of systematic health disparities based on socio-economic factors, and the ability of all residents to reach their full health potential, regardless of their life circumstances.

The HEF defines people experiencing health disparities as those who:

- are disproportionately impacted by diseases linked to sugar-sweetened beverage (SSB) consumption or disproportionately targeted by SSB marketing;
- lack access to healthy food, safe water, quality health care, wellness information and health care services and systems; and
- are systemically disenfranchised due to race, ethnicity, income, age, ability, sexual orientation or gender identification.

For COVID-19 purposes, the SSB issue is not as relevant. However, additional social determinants of health to relevant to COVID-19 response and recovery may include:

- Country of origin
- Immigration status
- Education
- Employment
- Access to affordable housing, childcare, transportation and other basic needs

**Individual, Community and Systems Change.** The HEF logic model illustrates the connections between HEF activities (investments and other support) and desired health equity outcomes. The model asserts that change must occur on individual, community and systems levels in order for equitable decreases in chronic disease rates to occur. While this logic model is focused on grantee outcomes, the same

agency-level activities, outputs and outcomes can apply to all government and non-governmental agencies and institutions.

In our COVID-19 response and recovery investments and planning, we must ensure that all people have the health care, food, housing payments and other assistance they need. Also important are that agency processes, budgets, services and activities are all increasingly inclusive and welcoming; and that we increasingly implement robust equity policies and practices that lead to better health and greater resilience for all community members.

**Indicators of Change.** The HEF output indicators are in final draft form. While some of the indicators focus on individual self-efficacy measures -- such as increased level of knowledge, follow-up on service referrals, sense of opportunity and interest in program participation and leadership; sense of inclusion and trust in programs and services – they also relate to community and systems change. For example, we can measure our health equity advancement by the degree to which the city and our grantee and partner agencies:

- Understand and apply a health equity lens to agency staffing, policies and processes;
- Collect meaningful participant (client, community) demographic data to understand community needs and agency impacts;
- Ensure services are provided with reduced or avoided cost or accessibility barriers (e.g. language, cultural, physical ability) and by people who are culturally competent; and
- Expand and deepen equitable, collaborative community partnerships.

**Health Equity and Racial Equity.** To be truly effective, health equity indicators and outcomes must include racial equity indicators and outcomes. COVID-19 has already disproportionately impacted people of color through stigma and discrimination. While the city’s population may be too small to gather meaningful racial demographic data for COVID-19, we know anecdotally and based on our understanding of systemic and institutional racism, that people of color will be more likely to experience poor health outcomes due to their “essential worker” status, lack of access to the health care system, etc.

The city’s Racial Equity Plan and its Racial Equity Instrument add value to, and could be complemented by the HEF evaluation framework. For COVID-19 planning and decision making, the city is considering use of the following truncated Instrument assessment to help reduce or avoid disproportionate COVID-19 impacts on people of color, and other underrepresented community members:

1. What is the policy, activity or budget decision that could impact racial equity?
2. Who is or will experience racial burden based on the decision?
3. Who is or will experience benefits?
4. What strategies might mitigate or avoid unintended consequences for people of color?

# City of Boulder – Health Equity Fund Logic Model

