



Health Equity Fund

Evaluation Framework Summary

Background. In 2016, City of Boulder voters passed ballot issue 2H authorizing the Sugar Sweetened Beverage Product Distribution Tax (**SSB Tax**). The measure imposes an excise tax of two cents per fluid ounce on the distribution of sugar-sweetened beverages. The tax went into effect on July 1, 2017. SSB Tax revenue details are available from the city's online monthly [Sales/Use Tax Revenue Reports](#).

The city created the Health Equity Fund (**HEF**) program to coordinate allocation of funding collected from the Tax, to community programs that help reduce health disparities and improve health equity throughout the city. Boulder Revised Code Section 3-16-11 states that HEF funds must be used for health promotion, general wellness programs and chronic disease prevention. Currently, 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.”

From July 2017 to December 2020, the HEF has awarded or allocated roughly \$17 million for health equity programs. Each year, non-profit organizations, government agencies and institutions serving Boulder residents can request funding for programs that meet HEF criteria. Funding recommendations are made by the Health Equity Advisory Committee (**HEAC**), a nine-member committee appointed by the city manager. Details about the funding process and allocations are available on the [HEF website](#).

Theory of Change. In 2018, the city began a multi-year evaluation process, to define the goals and desired outcomes for the HEF and determine how we will measure the impacts resulting from HEF funding and activities. The city contracted with Health Management Associates (**HMA**) to assist with this task. The first phase of this strategic planning process was to determine the Theory of Change, which describes the long-term evaluation framework for the HEF:

- who is expected to benefit from the HEF;
- what the city will do to help achieve HEF goals and outcomes; and
- how the city and our partners will determine successful use of HEF funds, and community impacts resulting from the funds.

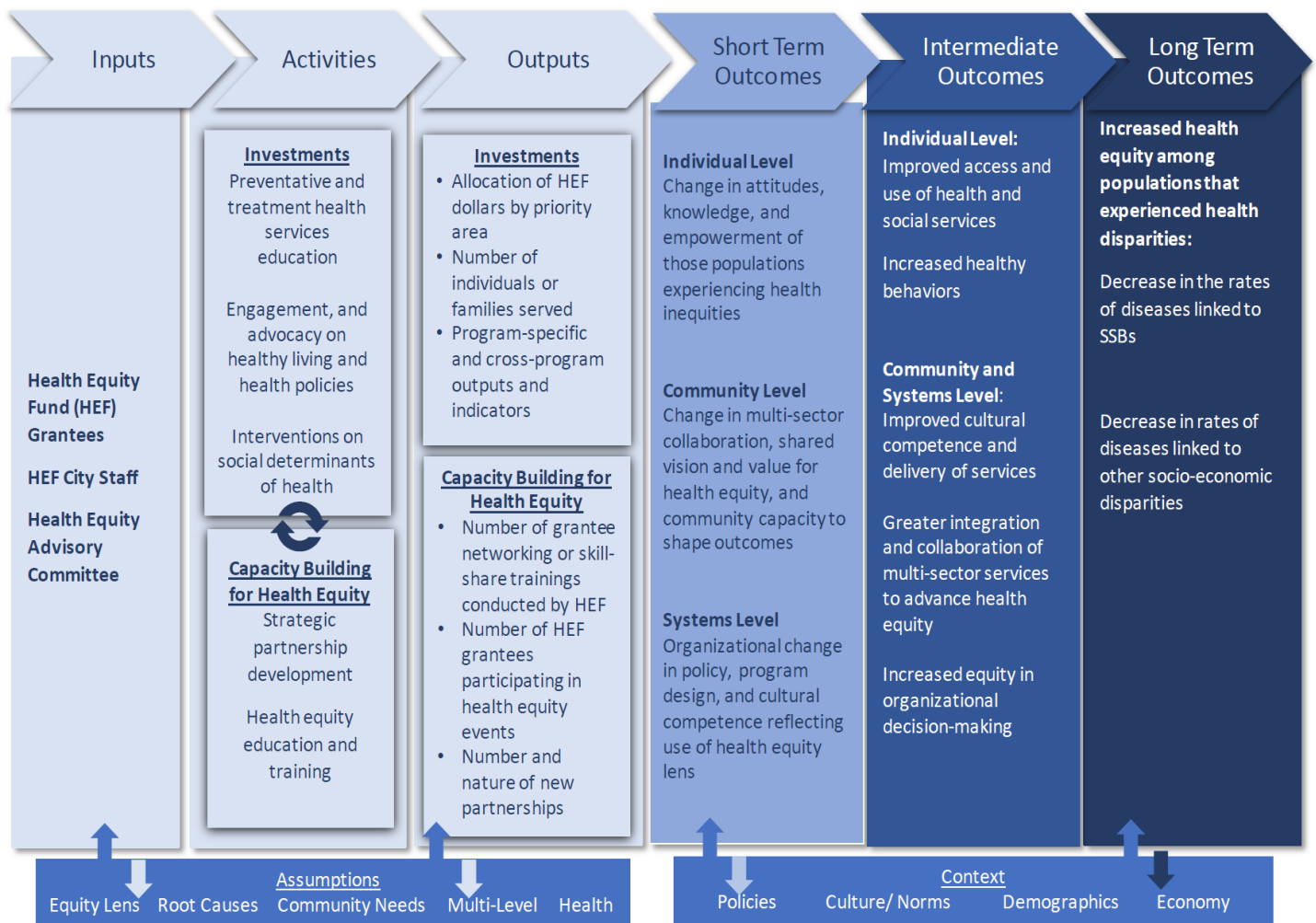


To create the Theory of Change, city staff and HMA interviewed HEAC members, met with HEF grantee groups at a fall 2018 Health Equity Fund Summit, and held in-person focus groups with city residents who are experiencing health disparities and are participating in health equity programs funded through the HEF.

In February 2019, HMA provided the city with a [Theory of Change report](#) that includes research and best practices for investments and capacity-building activities that address inequities on individual, community and systemic levels. The Theory of Change considers the ways in which racism, income inequality, discrimination and other factors can affect the health of city community members. It concludes that in order to achieve health equity outcomes, the Health Equity Fund must provide both funding and capacity-building support to grantees; and focus on equitable change in organizational and institutional policies and practices along with changes at the individual and family levels.

Logic Model. The primary component of the Theory of Change is the “logic model,” a picture of how the HEF can advance and achieve health equity through grants to community-based organizations and capacity-building in the Boulder community. Grounded by the SSB Tax legislative intent and evaluation of actual HEF activities, the HEF logic model consists of:

1. **Inputs**, or resources that the City has available to implement the HEF;
2. **Activities** that the HEF invests in to achieve desired outcomes;
3. **Outputs**, or the immediate and measurable products of HEF’s investments and activities. These outputs are part of the process evaluation and help track the degree to which HEF grantees and the City are meeting their implementation goals;
4. **Short term outcomes**, or the goals that the HEF will be working to achieve within any one granting cycle. Meeting these short-term outcomes leads to meeting the intermediate and long-term outcomes;
5. **Intermediate outcomes**, or the goals that the HEF will be working to achieve upon conclusion of a granting cycle and ideally, within one to three years of any one granting cycle. Meeting these intermediate outcomes leads to HEF getting closer to its set of long-term outcomes; and
6. **Long term outcomes**, or the goals established by the HEF with input from its stakeholders that the HEF is working towards regarding reducing health inequities. They will be measured over the course of several years (eight to ten years) and include measurement of health changes meaningful to the health inequities being targeted by the HEF.



Indicators. The final element of the HEF evaluation framework is the indicators: specific, measurable data that helps *indicate* how activities can advance toward or result in the desired outcomes. Having a set of shared indicators among HEF-funded programs can help consistently and strategically measure impact of HEF investments and capacity building, over a longer period of time.

HMA and city staff presented draft HEF indicators to HEF grantees and collected their feedback and suggestions, at the November 2019 Health Equity Fund Grantee Summit. Despite delays due to COVID-19, HEAC members and HEF grantees reviewed and provided input on final draft outcomes in September 2020.

The HEF indicators are grouped into the following categories, on which HEF grantees will report progress where applicable:

- ✓ **Understanding & Application of Health Equity Lens:** how institutional policies and practices can help eliminate disparities and promote equity.
- ✓ **Participant Demographic Data:** how programs are meeting the needs of people experiencing the greatest disparities.
- ✓ **Service Access:** how agencies are reducing barriers, and increasing inclusivity to services.
- ✓ **Community Partnerships:** how agencies are working more collaboratively and equitably with each other.
- ✓ **Self-Efficacy:** how individuals are able to utilize health services and knowledge to determine their own health future.
- ✓ **Food Security and Nutrition:** how investments in healthy foods can reduce hunger and increase food security.
- ✓ **Physical Activity:** how investments in fitness programs can reduce physical and mental health disparities.
- ✓ **Disease Rates:** how total HEF investments can help reduce the disparity in disease rates in our community.

The city will continue to provide capacity-building assistance and maintain collaborative communication with grantees about the indicators to ensure data collection and reporting processes are meaningful, efficient, and effective for grantees and HEF program participants. At the same time, city staff are working to incorporate health equity and racial equity policies and practices; data collection processes; service access; and community partnership indicators and outcomes in our own investment programs and our institution as a whole.

Additional Investment and Service Programs. There are many factors – such as housing, employment, income, education, public safety – that can result in health disparities and inequities. Fortunately, city Housing and Human Services Department (**HHS**) provides numerous investment and service programs to help address these needs. In addition to providing grants and capacity-building support through the Health Equity Fund, the city HHS is increasing affordable housing units; assisting people experiencing homelessness; providing direct services to older adults and low-income families of students in the Boulder Valley School District; funding community programs for childcare, early education, economic mobility, substance use prevention, youth leadership and advancement of human rights; enabling mental health emergency co-response services; supporting community members living in mobile home parks; and much more. These funding and service programs help add value to, and are enriched by the Health Equity Fund investments.

For more information contact Elizabeth Crowe, Human Services Investments Manager at (303) 441-1928 or crowee@bouldercolorado.gov. Visit the HEF website at <http://bouldercolorado.gov/human-services/health-equity-fund>.