



HEALTH EQUITY FUND
ANNUAL REPORT 2020



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Cover photo credit: Women's
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MESSAGE FROM THE HOUSING AND HUMAN SERVICES DIRECTOR

2020 marked the year in which our local and global community faced the most severe health equity challenge of our time. Many people who experienced health disparities before COVID-19 – due to lack of adequate income, discrimination based on race, gender, age or ability – also experienced more extreme impacts from the pandemic. In Boulder County, Latino community members experienced higher COVID-19 infection rates than white community members. For low-income community members, people of color, LGBTQ community members, older adults, people experiencing disabilities or unsheltered community members, the too-common challenges in accessing health services, including mental and behavioral health services, were even greater.

Though the pandemic has widened the health disparity gap, the City of Boulder’s Health Equity Fund (HEF) investments are resulting in more community members getting and staying healthy. From 2017-2020, the city invested roughly \$14 million in HEF funding for programs providing healthy food, nutrition education, physical fitness, direct health care services and a wide range of wellness education and engagement activities. Already, thousands of Boulder community members have directly benefitted from health equity program activities and are reporting increased food security, increased physical activity, reduced consumption of sugary drinks, greater access to holistic health care and much more.

And yet, the HEF is not just about sugar-sweetened beverages or even the annual results from funded programs. It is about understanding why health disparities exist in the first place, and then changing systems wherever necessary to address the root causes. For example, the root causes of why people of color have experienced higher COVID-19 infection rates can be traced to a long history of racial discrimination in health systems and limited access to quality preventative medical care. Lack of adequate income and access to affordable healthy foods can contribute to increased rates of obesity and diabetes, which researchers believe are linked to more severe COVID-19 symptoms.

While it will be difficult to understand all the impacts of COVID on our community, we do know that the HEF has had a positive impact on addressing many community needs this past year. Going forward, however, the HEF will continue to support grantee agencies’ work to reduce institutional barriers and biases, to help make a more inclusive environment and to streamline access to critical services. We may never be able to fully quantify a connection between HEF investments and COVID-19 outcomes, but I am confident that the work of our nonprofit partners in 2020, supported by HEF funds, has helped meet urgent needs and sown the seeds for long-term health equity impacts.

It will take the city, our grantees and other partners working together to ensure all people can achieve their full health potential, in COVID-19 recovery and beyond. I hope that by reading this Annual Report you will feel as inspired as I am each day, by the HEF vision

KURT FIRNHABER

Housing and Human Services Director

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HEALTH EQUITY FUND AT A GLANCE

In November 2016, City of Boulder voters approved a ballot measure that authorized the city to tax the distribution of sugar-sweetened beverages. The measure was promoted and advocated by Healthy Boulder Kids, a community-based campaign comprised of diverse local groups and public health advocates concerned about health inequities among youth in our community. The Sugar-Sweetened Beverage Product Distribution Tax (SSB Tax) went into effect in July 2017. This legislation requires that SSB Tax revenues be used for health promotion, wellness programs and disease prevention among people experiencing health disparities.

The city established the Health Equity Fund (HEF) to ensure that SSB Tax revenue is used for those purposes. 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.” Boulder community members experiencing health disparities may include people who are:

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

The city invests the vast majority of HEF funding through an annual competitive grant process, in which community non-profit organizations submit applications for program support. City staff screen applications for basic HEF eligibility and facilitate a process in which the Health Equity Advisory Committee reviews applications and makes funding recommendations. Since 2018 the city has prioritized funding for these types of programs:

- Chronic disease prevention through physical fitness, food and water security, health and wellness education, or key social determinants of health;

- Physical, dental or behavioral health services;
- Research or educational campaigns designed to identify, understand and address health disparities;
- Systems integration or collaborative approaches that provide more coordinated, efficient and effective health services; or
- Innovative programs to advance health equity.

In 2020, in addition to the annual grant process investments, the city funded two special initiatives: 1) water infrastructure at the Ponderosa and Mapleton mobile home parks, where water quality had been a long-standing concern of local residents; and 2) staffing capacity for the Meals On Wheels’ Café Classico, to address the need for increased nutrition and social connection for lower-income older adults.

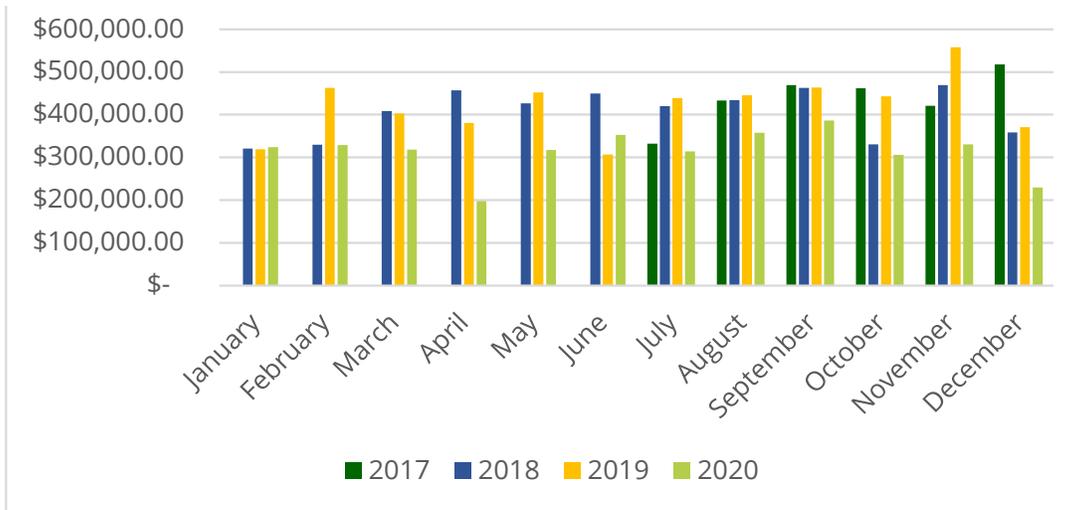
The city defines health equity as the absence of systematic health disparities based on socio-economic factors, and the ability of all residents to reach their full health potential, regardless of their life

Since 2017, the city has allocated approximately \$14M total in HEF funding. In 2020 alone, the city originally allocated \$5M though the fund round. However due to COVID-related reduced SSB Tax revenue and other impacts, the city was only able to allocate \$4.2M to fund round grantees.

HEF funding recommendations for the annual competitive fund round, are made by the Health Equity Advisory Committee (HEAC). The HEAC is a nine-member committee comprised of community members with diverse perspectives in health disparity and health equity issues through lived experience; research expertise; nonprofit organizing, health system or grantmaking background; or other community knowledge. Committee members review funding applications and make funding recommendations to staff and the city manager based on the HEF criteria.

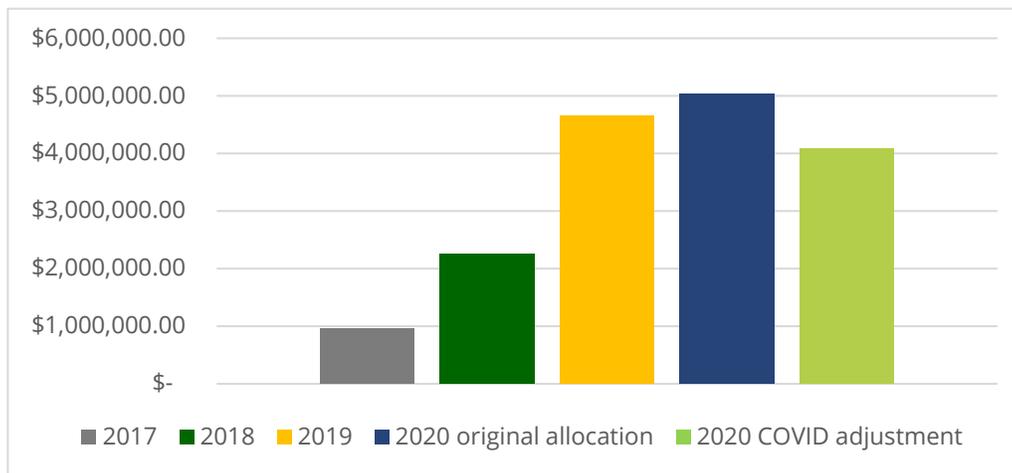
SUGAR - SWEETENED BEVERAGE PRODUCT DISTRIBUTION TAX REVENUE

Fig. 1



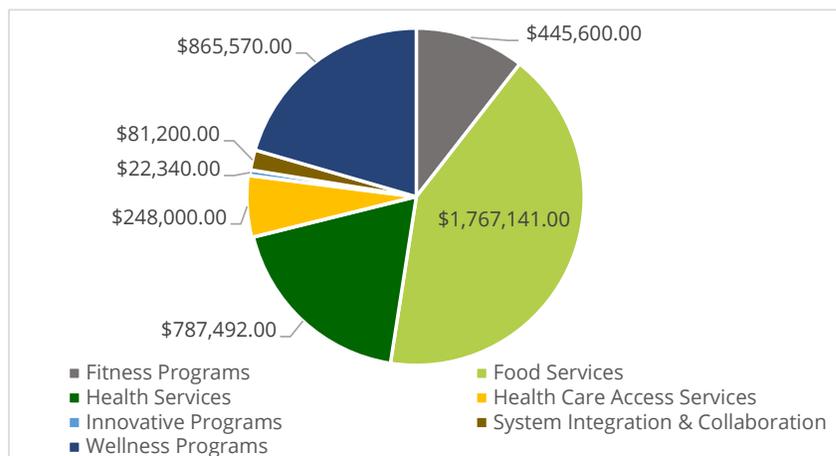
2017 - 2020 HEF FUND ROUND ALLOCATIONS

Fig. 2



2020 HEF FUND ROUND ALLOCATIONS WITH COVID ADJUSTMENTS

Fig. 3



HEALTH EQUITY FUND STRATEGIC FRAMEWORK

In 2018 the city contracted with Health Management Associates to create a “theory of change” for the HEF to describe its purpose, goals, desired outcomes, and provide a framework for evaluating progress toward those outcomes. In other words, it describes the change we want to see in our community as a result of the HEF, and how we will measure success.

The HEF theory states that if the city provides health equity funding, educational resources and training, and partnership support to grantee partners; and if the city and grantees work together to apply health equity policies and practices in our own institutions; then over time we believe we can reduce the rate of diseases among people experiencing health disparities.

This theory was developed based on research, lived experiences of people in the Boulder community, and input from grantee partners and other local groups. It is rooted in equity, acknowledging that achieving health equity requires our grantees and the city to address not only the symptoms of health inequities but also the root causes of the health disparities (racism, income inequality, bias and discrimination).

Changing public health trends – like community-level reduction in obesity or diabetes -- can take many years to achieve, and requires many organizations working together towards that common outcome. HEF grantees contribute to this long-term change through the activities they conduct each year. A “logic model” (see p.7) shows the connection between those annual funded activities and the long-term HEF outcomes. In 2020, with input from HEF grantees, the Health Equity Advisory Committee and regional health equity and social justice investment groups, we finalized a set of common indicators of success. The HEF indicators are grouped into the following categories, on which HEF grantees will report progress where applicable:

- **Understanding and 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 diverse range of health and wellness 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.

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If the city provides health equity funding, educational resources, training and partnership support to grantees, and if the city and grantees work together to apply health equity principles and practices in our own institutions, we believe we can help reduce the rate of chronic disease for people experiencing health disparities.

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HEALTH EQUITY FUND LOGIC MODEL

Fig. 4



HEALTH EQUITY FUND COMMUNITY IMPACTS



Eating healthy foods can reduce hunger and help reduce chronic disease.

Photo by Boulder County Public Health

FOOD SECURITY AND NUTRITION

- Collectively, more than 90% of community members who received and utilized food vouchers to purchase fruits, vegetables and healthy proteins report increasing their consumption of fruits and vegetables. More than 3,000 low-income individuals received vouchers for use at the farmers market and retail grocers.
- More than 1,500,000 pounds of healthy food, including fresh produce, were distributed to roughly 5,000 families through direct food delivery, food pantries and through childcare and educational agencies. Food recipients also received nutrition information, recipes, and healthy eating guidance. Across programs, more than 98% of food recipients reported greater food security and application of nutrition information.
- Thousands of healthy fresh and frozen prepared meals, and meal ingredients provided to more than 2,000 families and older adults resulted in between 75-83% increased consumption of healthy meals.
- Healthy food gardening and nutrition education through daycare and school programs increased knowledge about, and interest in eating fruits and vegetables among hundreds of pre-K and elementary school age children; this fosters lifelong healthy eating habits.
- 75 families served by domestic violence shelters received healthy meals and integrated nutrition services.



Physical activity is linked to improved physical and mental health, and reduced risk of chronic disease.

Photo by City of Boulder

PHYSICAL ACTIVITY AND FITNESS

HEF-funded programs all experienced setbacks due to COVID and many were not able to fully evaluate program impacts. Even with those challenges, impacts for low-income youth, including Latino and youth of color, included:

- More than 175 youth participated in fitness programs based in mobile home parks and at Boulder Housing Partner communities and reported increased level of physical activity.
- More than 3,500 youth community members enrolled in city and non-profit subsidized recreation center membership.
- Nearly 500 youth enrolled for subsidized physical fitness programs including through sport teams, at gyms and through other service providers. Many were able to continue engagement at a modified level during COVID.
- Nearly 100 youth participated in subsidized soccer team activities. Many of these youth were returning players but roughly 30% were newly enrolled.
- Youth and their families served with free bicycles, bilingual bicycle repair sessions and other bicycling resources report increasing their frequency of physical activity.
- More than 30 girls participated in outdoor adventure camp activities. Of the participants, more than 80% showed improved attitudes about physical activities and 98% reported positive feelings about their own bodies.



Connecting community members to essential health and social services increases many positive health outcomes.

Photo by Focus Reentry

HEALTH CARE ACCESS

- Financial assistance for dental, vision and other medical appointments provided to 225 households. 92% reported having their health needs met, and 71% reported increased knowledge of health care options in the community.
- More than 350 community members, including people experiencing homelessness, or who were released from the jail system, were assisted with enrollment in federal medical and food assistance benefits. More than 70% of participants surveyed about this service reported sustained, improved health as a result of this assistance.



Removing barriers to health services, and providing those health services in an inclusive and welcoming environment, increases health outcomes and empowers people to advocate for their own well-being.

Photo by Dental Aid

HEALTH SERVICES

- 2,355 community members including children, youth, adults and older adults received dental check-ups, preventative services, oral disease risk assessments and referrals. 98% of patients have a dental care home. 82% of adults and 94% of children completed the dental treatment plan.
- More than 500 community members with, or at risk of diabetes received healthy living and/or licensed dietician services. 64% experienced controlled diabetes and 74% controlled blood pressure.
- Of the 2,000+ residents who received clinic mental health services; 76% were screened for depression and received follow-up care.
- More than 200 community members experiencing substance use disorder connected with health professional staff for direct services and referrals. At least 28% successfully connected to ongoing care.
- 38 students and 22 parents engaged in school-based mental health support trainings and workshops. Participants reported increased ability to identify stress and anxiety and engage in anxiety relief and prevention activities.
- Equine therapy scholarships for youth experiencing socio-emotional health challenges resulted in an 80% decrease in depressive symptoms for participants.



New or unique health equity programs can help broaden and add value for community health and well-being.

Photo by CU-Boulder FLOWS

INNOVATIVE PROGRAMS

Design and implementation began on a program to measure indoor air pollutants in low-income housing neighborhoods, provide educational materials, conduct in-home visits to engage families about how to reduce contaminants in air and water that may be linked to illness and chronic diseases. Services will be provided in alignment with environmental justice and health principles and practices.



Greater process efficiencies in agency health systems can result in a more equitable, efficient health service experience for individuals and families.

Photo by Engaged Latino Parents Advancing Student Outcomes

SYSTEM INTEGRATION & COLLABORATION

- Public health staff, health care and social service agencies collaborated to continue implementation of a more efficient and effective home-visit, needs assessment screening, and care referral system for pregnant women and their families who may be at increased risk of health problems. 74 community members received referrals and services. Health and service agency staff reported greater efficiency and communication among care providers and between providers and patients.
- Academic support and health care agency staff collaborated to provide 100 Latino families, including young children, virtual “doctor visits” with stuffed animals as props, to help families become more familiar and comfortable engaging with health care providers. Participants reported an increased number of families who felt their concerns about medical check-up processes and medical treatments were heard and an increased knowledge about medical appointment and treatment processes.



Accessing safe, clean water is key to many health outcomes at the individual, neighborhood and community levels.

Photo by City of Boulder

WATER INFRASTRUCTURE

69 households in Ponderosa mobile home park received new water infrastructure, providing the community with quality water services directly metered by City of Boulder utilities. 43 households in the north end of the Mapleton mobile home park also received new water infrastructure pipes. A pre-infrastructure improvement survey of residents included questions about tap water concerns, costs, and usage. City staff also conducted pre-project water sampling. Post-project surveys and educational activities will be conducted in 2021 to promote increased consumption of water over less healthy beverages and gauge any positive changes for residents.



Integrating health education and engagement opportunities into other programs can result in healthier habits and stronger institutional commitments to health equity.

Photo by Boulder County Aids Project

WELLNESS PROGRAMS

- 77 youth in congregate shelters participated in healthy eating and healthy life-skills activities and other healthy pro-social activities. Participation resulted in increased health, educational and employment outcomes.
- More than 300 people who inject drugs and/or are HIV+ received healthy high-protein foods, hygiene items and other health supporting supplies and materials. 90% were connected to ongoing health case management services.
- Roughly 800 Latino community members participated in health and wellness classes, or received home-based health and wellness guidance on healthy foods and drinks, engagement in physical activities, and referrals to health care providers. 27 Latino youth participated in similar after-school wellness activities. At least 90% of program participants increased consumption of fruits and vegetables and reported less consumption of sugary drinks, and increased physical activity.
- 140 youth and adults living in Boulder Housing Partner properties and engaged in academic support programs participated in neighborhood-based wellness and fitness programming and other activities including group movement exercises and group games. All participants reported feeling encouraged and empowered through the activities.
- 23 housing-insecure pregnant women and their children received prenatal and Doula care, health benefits enrollment, infant care supplies, counseling and other services in a shelter environment. Community members enrolled in bilingual weight-loss programs received health and wellness guidance and support. 96% of participants reported behavior changes toward healthier lifestyle, and 75% reported weight loss.
- Roughly 2,000 young children and their families received healthy meals, nutritious meal preparation information and guidance, physical activity programming and other activities through their childcare provider agency. Children increased their frequency of physical activity and increased ability to identify fruits and vegetables; childcare staff and parents of enrolled children reported increased consumption of fruits and vegetables and decreased consumption of sugary drinks. Parents participating in breastfeeding support activities all reported increased confidence in breastfeeding.

HEALTH EQUITY FUND ALLOCATIONS 2020 INVESTMENT APPROACH

The amount of funds available for HEF investments each year is determined by the rate of SSB Tax revenue. Based on 2019 SSB Tax revenue and projections for 2020 revenue, HEF investments for 2020 started out at \$5 Million. Unfortunately, as COVID-19 impacts worsened, shortfalls in SSB Tax revenue – likely linked to restaurant closures and fewer students, commuters and tourists shopping in Boulder – meant the city had less funding for 2020 health equity programs. Although some 2020 HEF grantees would not have been able to fully expend their grants because they could not fully implement their programs due to COVID, the reduced SSB Tax revenue negatively impacted many HEF grantees.

To address this challenge city staff respond to the most urgent community needs. The city's Housing and Human Services Department, with input from human services funding advisory committees, created COVID-19 Investment Priorities and Criteria. The first priority was to expedite grant payments for agencies responding to essential needs, such as food agencies faced with increased demand due to the COVID-19 pandemic. We also enabled HEF grantees to use their 2020 grant funds as flexibly as necessary: pivoting to virtual rather than in-person services; supporting more immediate client or program participant needs related to health equity; extending reporting deadlines for programs that were unavoidably delayed. Some agencies that received HEF funding for physical fitness or other holistic wellness programs instead were able to support food security and nutrition needs, help address financial needs for their program participants or help with COVID-19 prevention and education.

Throughout 2020 city staff maintained close contact with HEF grantee agencies to assess the use of funds, understand and help address COVID-19 challenges and impacts on community members and the organizations. Although many agencies were not able to conduct program services as planned, or were not able to fully complete program evaluations, the city is confident that HEF allocations were wisely spent and helped to ensure a safe, healthy and more resilient community.



Photo by Community Cycles



Photo by City of Boulder



Photo by El Centro AMISTAD

LIST OF GRANTEES

<i>Agency Name, Program Name</i>	<i>Amount</i>	<i>Agency, Program Name</i>	<i>Amount</i>
Attention Homes, Healthy Living Program	\$35,000	Dental Aid, Creating a Lifelong Dental Home for Underserved Populations	\$192,460
Attention Homes, Move to Improve: Positive Health Outcomes for Chase House Youth	\$7,500	Emergency Family Assistance Association (EFAA), Shelter & Basic Needs	\$107,644
Boulder Community Health, Prevention & Intervention for Life Long Alternative Recovery Program (PILLAR)	\$150,000	Emergency Family Assistance Association (EFAA), Economic Supports to Advance Health Equity	\$25,000
Boulder County AIDS Project, Nutrition Assistance for Persons with HIV and Persons who Inject	\$50,000	Engaged Latino Parents Advancing Student Outcomes (ELPASO)	\$25,000
Boulder County Farmers Market, Farm to Early Care Education	\$54,572	Family Learning Center, Move to Learn- Youth Health Disparity Program	\$47,000
Boulder County Farmers Market, Farmers Market Food Assistance Incentives	\$290,000	Family Learning Center, Move to Fitness Health and Wellness Equity Program	\$40,000
Boulder County Public Health, Double Up Food Bucks Retail	\$215,516	FC Boulder, Health Equity Program	\$10,000
Boulder County Public Health, Healthy Eating & Drinking from the Start	\$100,000	FOCUS Reentry, Mentor Program	\$73,000
Boulder County Public Health, Maternal Child Coordinated Services	\$56,200	Grove Foundation, Garden to Table Programs for at-risk Boulder Elementary Students	\$32,475
Boulder County Public Health, SNAP Gap/Fruit & Veg Boulder	\$372,058	Growing Gardens of Boulder County, Healthy Eating for Low-Income Children & Families	\$88,000
Boulder County Soccer Club, GrassRoots & Community Outreach Recreational Youth Soccer Program	\$25,000	Harvest of Hope, Healthy Harvest- Purchased Food Program	\$71,375.75
Boulder Day Nursery, Family Health and Resource Program	\$75,000	I Have A Dream Foundation (IHAD), Healthy Together	\$196,000
Boulder Food Rescue, Food Redistribution	\$90,000	Meals on Wheels of Boulder	\$100,000
Boulder Parks & Rec, Rec on Wheelz- Youth & Family Services Initiative	\$100,000	Medicine Horse, Fresh Start	\$7,262.50
Boulder Parks & Rec, Recquity Pass Program	\$75,000	Mental Health Partners, Boulder Integrated Health Home	\$181,347.89
Boulder Parks & Recreation Foundation, Inc., PLAYPass	\$112,500	Mother House, Mother House Forms	\$72,100
Boulder Valley School District, Adelante! Holistic Wellness Initiative	\$16,800	Safehouse Progressive Alliance for Nonviolence (SPAN), Foodservice Equity Initiative	\$50,000
Boulder Valley School District, Whittier International Elementary School	\$34,050	The School Food Project, No Student Hungry: Weekend Bag Nutrition Program	\$40,000
Bridge to Justice, Healthcare and Food Assistance	\$175,000	Thorne Ecological Institute, Nature Kids/ Jovenes de la Naturaleza Boulder	\$32,500
Centro AMISTAD, Promotoras	\$201,630	University of Colorado- Boulder FLOWS	\$22,340.32
Clinica Campesina Family Health Services, Healthy Behaviours for a Healthy Community	\$174,784.45	Women's Wilderness Institute, Girls Wilderness Adventures	\$26,100.25
Community Cycles, Cycling for Community Health	\$50,000	YMCA of Boulder Valley, YMCA Weight Loss Program	\$19627.20
Community Food Share, Food Procurement & Food Distribution Program	\$155,500	YWCA Boulder County, Perismon Early Learning	\$142,000



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<http://bouldercolorado.gov/services/health-equity-fund>

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