



Health Equity Fund

Grantee Program Indicators

The City of Boulder [Health Equity Fund](#) (HEF) established a set of shared indicators, as part of the HEF evaluation framework, to help measure progress toward the HEF short-, interim- and long-term outcomes described in the [HEF Theory of Change](#). The city and our consultants at Health Management Associations developed the indicators with input, review and approval by HEF grantees and the Health Equity Advisory Committee (HEAC), and input from other health equity agency and investment partners.



These indicators will be reflected in HEF requests for proposals, funding applications and grantee reporting. Indicators may change over time, to reflect evolving health equity priorities and emerging issues as they unfold. City staff will continue to collaborate with HEF grantees, HEAC members and other health equity partners to ensure the indicators embody program and investment best practices.

Understanding & Application of Health Equity Lens

- Increased active participation in intra- and inter-agency trainings about racial equity, economic disparity, heterosexism and other root causes of health inequities.
- Agency board, staff and volunteers increasingly meet or exceed the demographic diversity of their clients.
- Increased or maintained number agency policies, programs and services, that acknowledge and address health inequities among the constituents and communities they serve.
- Increased use of inclusivity measures in agency and program measurement tools.

Participant Demographic Data Collection

- Race, ethnicity, disability status, language, sexual orientation, gender and/or health status in alignment with census data categories.

Service Access

- Decreased barriers by cost, accessibility (e.g. language, physical ability, geography).
- Increased perceived cultural competence and trust among agency leaders and program participants.

Community Partnerships

- Increased quantity (number) of partnerships.
- Increased diversity of partnerships, particularly with constituent- and participant-led agencies.
- Increased use of memoranda of understandings (MOU) or other formal agreements toward equitable partner relationships.
- Increased identification and implementation of new strategies or activities to address gaps or duplication of service delivery among HEF grantees.

Self-Efficacy

- Increased level of knowledge about health program topics and issues.
- Increased follow-up on service referrals.
- Increased sense of opportunity to participate in or lead healthy activities and use healthy living skills.
- Increased sense of equitable opportunity and inclusion, as measured by the degree to which program participants feel welcome and trusting.
- Length or frequency of involvement in the program; and the extent to which their needs and expectations are being met.

Food Security and Nutrition

- Percent reduction of individuals/families who went hungry over the past 30 days sometimes, most of the time, or always due to lack of food at home.
- Reduction in cost barriers to healthy foods.
- Increased access to clean, safe, and affordable water service.
- Increased frequency of consumption of fresh fruits, vegetables and water per week.
- Decreased frequency of consumption of SSBs per week.

Physical Activity

- Increased frequency of physical activity at 60 minutes or more per day, per week.
- Increased intensity (moderate or vigorous).
- Decreased average number of hours per day of sedentary behavior (e.g. video or computer screen time not associated with school or work).

Diseases Rates (linked to SSB consumption; other socio-economic factors)

- Decreased disease rates measured by grantees providing direct physical and oral health program services, based on the specific scope of services.
- Decreased disease rate disparity at a community level, measured by the city and partner agencies using data from Boulder County, the State of Colorado, Centers for Disease Control and other public health institutions (e.g. through the CDC/Robert Wood Johnson 500 Cities program).

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>.