

**City and County of Broomfield**  
**Public Health Improvement Plan 2014-2019**  
**Evaluation Plan**

**Executive Summary**

Broomfield's Public Health Improvement Plan (PHIP) is designed to help reduce diseases, disabilities, and deaths related to obesity. To determine the effectiveness in achieving this goal, the Broomfield Public Health and Environment Division (PHE) will document and measure both the implementation process and the effect of program efforts. More specifically, evaluation will be used to assess the implementation and outcomes of the [PHIP Action Plan](#) (Appendix A) to increase efficiency and impact over time and to ultimately demonstrate accountability to decision makers and funders.

The primary target audience of the evaluation plan is the City and County of Broomfield Board of Health (BOH); the City and County of Broomfield Health and Human Services Advisory Committee (HHSAC); PHE; community partners on the Healthy Broomfield Coalition (HBC), who will engage in the implementation of the PHIP; and the Broomfield community and residents.

**Program Background**

Broomfield PHE, located within the Health and Human Services Department, developed a comprehensive PHIP, which was adopted by the BOH on April 8, 2014. The planning process included gathering input from community leaders, community service organizations, elected officials, and residents. The PHIP serves as the guide for PHE to enhance core public health services, focus its efforts, track progress, and facilitate meaningful change in the health of its residents.

Starting in 2010, PHE engaged in a planning process to create the PHIP. The process involved: (1) conducting a community health assessment; (2) evaluating the current capacity of its public health system; and (3) identifying public health priorities for action. This plan was developed utilizing the Colorado Health Assessment and Planning System, a structured and evidence-based planning system created by the Colorado Department of Public Health and Environment (CDPHE).

Out of this process, obesity prevention was ranked as the highest public health priority to address in Broomfield over the next five years. PHE identified the key factors contributing to people becoming overweight and obese, such as physical inactivity, poor nutrition, and the built environment. The staff also identified evidence-based strategies and promising practices to address obesity prevention, in addition to examining strategies that are already working in Broomfield. As a result of this effort, PHE developed an action plan that includes its goals, objectives, and action steps. The four goals for the PHIP are:

- Increase community outreach and public awareness related to obesity prevention;
- Improve nutrition and physical activity among Broomfield residents;
- Enhance the City and County of Broomfield's Employee Wellness Program; and
- Enhance Health and Human Services clients' knowledge and awareness of wellness.

## Stakeholders and Primary Intended Users

The network of stakeholders includes those who participate in the implementation and evaluation of the PHIP Action Plan. Internal partners, such as City and County of Broomfield (CCOB) staff and the BOH, were involved in the planning process and the approval of the PHIP. These stakeholders will use the Evaluation Plan to assess outcomes and reassess community needs related to public health priorities and future plans. PHE staff will lead the majority of the implementation of the Action Plan and will use this Evaluation Plan for ongoing evaluation of activities and progress. Community members, including the HBC, will collaborate with PHE staff to identify existing resources and programs, engage in action steps, and evaluate progress toward the long-term outcomes of decreasing the prevalence of Broomfield residents who are overweight or obese and reducing the trend of childhood obesity.

*Table 1: Stakeholder interests and anticipated evaluation uses*

Stakeholder	Interest	Timeline	How to Engage	Findings to Communicate	Communication Plan
PHE staff	Implementers of the Action Plan	Ongoing	PHIP action steps and team meetings	Annual updates; final results and data; results specific to internal programs	Deliverables; internal reports during staff meetings; evaluation tool; annual reports; final evaluation report
BOH and HHSAC members	Oversight and funding	Biannually	Presentation of progress, results, and data	Annual updates; final results and data	Annual reports; final evaluation report
HBC members	External partners; collaborators; implementers of the Action Plan	Bimonthly	Team meetings	Annual updates; final results and data	Deliverables; annual reports; final evaluation report; meeting minutes and summaries
Broomfield community and residents	Target audience	Annually	Various media and marketing channels	Annual updates; final results and data	Annual reports

## Evaluation Background

PHE will utilize resources and best practices in evaluation to monitor the PHIP, improve implementation, and share evaluation findings with the key stakeholders. These resources include the Centers for Disease Control and Prevention’s Developing an Effective Evaluation Plan and Developing an Effective Evaluation Report and CDPHE’s Designing an Effective Evaluation Plan Online Module. Specifically, PHE will conduct the following six steps:

- Engage Stakeholders. PHE will convene and facilitate an evaluation subcommittee biannually with 4-5 representatives from the HBC and PHE staff.

- Describe the Program. PHE developed the Broomfield [PHIP Logic Model](#) (Appendix B) which summarizes the inputs, outputs, and short-term, intermediate, and long-term outcomes. Indicators include but are not limited to: obesity and overweight prevalence; fruits and vegetable consumption; participation in moderate to vigorous physical activity; and breastfeeding rates.
- Focus the Evaluation Design. On an annual basis, PHE will review the evaluation questions, methods of data collection, and indicators to effectively assess reach, implementation, and effectiveness.
- Gather Credible Evidence. To measure the impact of activities, objectives, and outcomes, PHE will monitor the process evaluation methods along with population changes in key indicators, using established surveillance systems such as the Colorado Behavioral Risk Factor Surveillance System (BRFSS); the Colorado Child Health Survey (CHS); the Colorado Youth Risk Behavior Surveillance System (YRBS Healthy Kids Colorado Survey); and the Colorado Pregnancy Risk Assessment Monitoring System (PRAMS).
- Justify Conclusions. PHE will document and report progress on activities, objectives, and goals to the evaluation subcommittee and HBC. In addition, PHE will develop progress reports to present to the HHSAC and BOH on a biannual basis.
- Ensure Use and Share Lessons Learned. To keep local stakeholders and the community engaged, PHE will publicize reports summarizing its evaluation findings through CCOB's traditional media and marketing channels (such as the website, B in the Loop email distribution list, etc).

## Methodology

To guide evaluation efforts and help measure progress, PHE developed the framework for the PHIP evaluation using the PHIP Logic Model which summarizes the inputs, outputs, and short-term, intermediate and long-term outcomes. The PHIP outputs and short-term indicators will be monitored using process evaluation methods to assess for areas of success and areas of potential improvements. PHE will determine adjustments and modifications for each goal area and reallocate efforts and future levels of investment as needed. Intermediate and long-term indicators will be assessed by analyzing data from the BRFSS; CHS; YRBS Healthy Kids Colorado Survey; and PRAMS. Evaluation of short, intermediate, and long-term outcomes will be reported on Broomfield's website annually. The methods are summarized in the [Evaluation Indicators and Data Collection](#) table (Appendix C).

### *Indicators:*

#### *Short-Term*

- Increase partnerships with communities and organizations
- Increase policy and/or environmental changes in various settings that promote physical activity and healthy nutrition choices

#### *Intermediate*

- Increase consumption of fruits and vegetables in adults, teens, and children

- Increase physical activity in adults, teens, and children
- Increase breastfeeding initiation, duration, and exclusivity
- Decrease screen time
- Improve built environment

#### *Long-Term*

- Reduce the prevalence of overweight and obese Broomfield residents

#### **Appendices**

- A. PHIP Action and Process Evaluation Plans
- B. PHIP Logic Model
- C. Evaluation Indicators and Data Collection

## Appendix A: PHIP Action and Process Evaluation Plans

Goal 1: Increase community outreach and public awareness related to obesity prevention.

Objectives	Action Steps	Timeline	Measurement
1.1. By 12/31/2014, form the Healthy Broomfield Coalition with a minimum of five community organizations, government agencies, and City and County Boards and Commissions representatives to develop a community movement to address obesity prevention.	Reach out to community organizations and individuals to create a Healthy Broomfield Coalition.	Y1: Q2	Number of community organizations, dates of contact, meeting minutes.
	Define roles and responsibilities of the Healthy Broomfield Coalition members.	Y1: Q2	List of roles and responsibilities.
	Redesign and update the Healthy Broomfield webpage.	Y1: Q4	Number of published pages, up-to-date content within webpages, webpage visits: unique visits to Healthy Broomfield webpage.
	Explore grant options to maintain and improve Healthy Broomfield.	Y1: Q4	Number of grant opportunities available, number of grant opportunities to pursue.
1.2. By 12/31/2014, increase the health and nutrition-related information in the Broomfield Enterprise newspaper and CCOB B in the Loop email marketing service on a quarterly basis.	Write/publish health and nutrition-related articles for various local publications.	Y1: Q1, Q2, Q3, Q4	Number of health and nutrition-related articles, local publications used, topics of articles.
	Partner with Broomfield's Communications and Governmental Affairs Department to publish articles within the Broomfield Enterprise newspaper and B in the Loop emails.	Y1: Q2	Documentation of meetings, local publications used, number of articles published.
1.3. By 12/31/2014, collaborate with the Broomfield Communications and Government Affairs Department to establish a social media presence addressing obesity prevention.	Review best practices for social media via the Center for Disease Control and Prevention (CDC), the United States Department of Health and Human Services, and the Academy of Nutrition and Dietetics.	Y1: Q2	List of best practices and social media procedures.

Objectives	Action Steps	Timeline	Measurement
	Assess the appropriate avenues to promote obesity prevention messages through social media in-line with the CCOB policies.	Y1: Q3	Social media sites used and statistics.
	Launch and maintain PHE social media presence.	Y1: Q3	Up-to-date content on sites.
1.4. By 12/31/2015, implement consistent branding and advertising for obesity prevention and health promotion messages throughout Broomfield.	Utilize existing public health messaging from the CDPHE and nationwide initiatives.	Y2: Q1, Q2, Q3, Q4	Documentation of current messaging from various initiatives.
	Use the American Public Health Association's toolkits and daily themes focusing on obesity to promote National Public Health Week (every April).	Y2: Q1	Documentation of promotion of public health week and use of the American Public Health Association's toolkit.
	Identify community's needs for healthy eating and active living messages.	Y2: Q1, Q2, Q3, Q4	Number of publications used and total number of marketing mediums, frequency and duration of marketing sessions conducted.
	Develop advertisements based on community needs.	Y2: Q2	Number of advertisements.
	Test community-based healthy eating and active living messages for public advertising.	Y2: Q3	Test messages at two organizations/agencies via survey.
	Advertise messages in bus shelters, banners on ball fields, the Broomfield Enterprise newspaper, the Broomfield's Recreation Brochure, Broomfielder magazine, and various newsletters.	Y2: Q4	Number and location of advertisements, number of advertising mediums.
	Review CCOB guidelines and work with CCOB Public Works Department to determine feasibility of updating current America on the Move signage and provide additional signage throughout the community and within parking lots.	Y2: Q1	List of CCOB guidelines, communication with Public Works, number of signs updated/added.
	Explore other potential advertising mediums.	Y2: Q3	List of potential advertising mediums.

Goal 2: Improve nutrition and physical activity among the Broomfield residents.

Objectives	Action Steps	Timeline	Measurement
2.1. Increase the Healthy Hearts Program participation rate by 12.5% in year one with a total increase of 25% by 12/31/2015.	Work with CCOB Senior Services Division to increase attendance and recruit additional participants.	Y2: Q2	Documentation of meeting, attendance number, recruitment.
	Explore grant options for marketing, incentives, and expansion of the program.	Y2: Q2	Total number of grants available.
	Conduct evaluation of participation rates quarterly.	Y2: Q1, Q2, Q3, Q4	Total number of participants and graph indicating rate.
	Enhance rapport with Healthy Hearts participants to increase PHE involvement in the walking portion of the program.	Y2: Q1	Number of contacts at Healthy Hearts walking program.
2.2. By 12/31/2018, in-line with Maternal and Child Health priorities, facilitate two training sessions focused on increased physical activity and nutrition within Broomfield child care facilities.	Collaborate with the Broomfield Early Childhood Council to identify training opportunities.	Y5: Q1	Documentation of meeting.
	Research possible venues for training sessions.	Y5: Q1	List of available venues.
	Research and review educational curriculum.	Y5: Q2	Materials reviewed for training.
	Facilitate two training sessions.	Y5: Q2, Q3	Documentation of training agenda and attendance roster.
2.3. By 12/31/2014, improve the health of youth and families by utilizing additional best practices promoted by the Let's Move! initiative as measured by the overall Let's Move! rankings.	Register CCOB to be a MyPlate Community Partner.	Y1: Q1	Certificate of registration.
	Work with environmental health specialists to offer MyPlate signage to local food establishments.	Y1: Q1	Documentation of meeting and list of food establishments.
	Use at least three Let's Move! Child Care approaches to promote Let's Move! among early care and education providers.	Y1: Q3	Documentation of approaches used and Let's Move overall rankings.

Objectives	Action Steps	Timeline	Measurement
2.4. By 12/31/2014, partner with CCOB Mamie Doud Eisenhower Library staff to offer a minimum of two health and wellness educational opportunities through the library's adult and children's services.	Assist CCOB library staff to incorporate nutrition, physical activity, and other health information into the Family Place Library program serving families of children birth to five.	Y1: Q1	Documentation of meeting and list of programs.
	Assist CCOB library staff to incorporate nutrition, physical activity, and other health information into adult services programming.	Y1: Q3	Documentation of meeting and list of programs.
2.5. By 12/31/2015, incorporate the Ways to Enhance Children's Activity & Nutrition (We Can!) curriculum or other evidence-based nutrition education materials in the Special Supplemental Program for Women, Infants, and Children (WIC) program for 12 months.	Research evidence-based nutrition education materials to utilize in the WIC program.	Y2: Q1	Outline of materials.
	Implement curriculum.	Y2: Q2	Outline of timeline and materials used.
	Administer parent curriculum evaluation at the end of the educational program to determine the effectiveness and need for ongoing implementation.	Y2: Q4	Evaluation results.
2.6. By 12/31/2015, implement six nutrition classes within the Broomfield community.	Research and explore possible venues.	Y2: Q1	List of available venues.
	Establish sources for recruitment of participants.	Y2: Q1	List of sources used.
	Explore grant options for marketing, incentives, and/or continuing/expanding the service.	Y2: Q3	Number of grant opportunities available, number of grant opportunities to pursue.
	Conduct nutrition classes.	Y2: Q1, Q2, Q3, Q4	Dates and topics of classes, attendance roster.
	Conduct evaluation/survey after each class.	Y2: Q1, Q2, Q3, Q4	Evaluation results.

Goal 3: Enhance the City and County of Broomfield's employee wellness program.

Objectives	Action Steps	Timeline	Measurement
3.1. By 12/31/2014, increase the health and nutrition-related information in the CCOB Employee Wellness Monthly newsletter on a quarterly basis.	Write health and nutrition-related articles based on employee wellness challenges.	Y1: Q1, Q2, Q3, Q4	Copy of articles and employee wellness challenges.
	Work with CCOB Human Resources Department and the employee Wellness Committee to implement the use of Constant Contact, an email marketing tool, for the Employee Wellness Monthly newsletter.	Y1: Q1, Q2, Q3, Q4	Documentation of meeting and Constant Contact analytics report.
3.2. By 12/31/2014, 100% of CCOB break rooms will prominently display MyPlate signage.	Provide MyPlate posters and other nutrition materials for display throughout CCOB.	Y1: Q1, Q2, Q3, Q4	List of facilities and materials distributed at each facility.
	Selected PHE staff to participate in the Employee Wellness Health Fair.	Y1: Q3	Documentation of meeting, staff participation, and target audience reached.
3.3. By 12/31/2014, PHE staff will collaborate with employee wellness to provide internal support and services for health-related activities.	Provide health and nutrition-related services for employee wellness classes.	Y1: Q1, Q2, Q3, Q4	Documentation of materials given, staff participation, and number of classes conducted.
3.4. By 12/31/2015, increase awareness of physical activity opportunities in the workplace.	Partner with CCOB Public Works Department to assess availability and condition of bike racks at CCOB buildings.	Y2: Q2	Documentation of meeting and analysis of bike racks.
	Work with Employee Wellness Committee to create pamphlets for each CCOB building with ideas for work time physical activity in 15-minute intervals.	Y2: Q2	List of buildings and number of pamphlets distributed.
	Promote employee awareness of existing community and fitness centers and/or classes.	Y2: Q1, Q2, Q3, Q4	Number of employees reached using various materials and mediums; list of posted information, dates, and locations.

Goal 4: Enhance Health and Human service clients' knowledge and awareness of wellness.

Objectives	Action Steps	Timeline	Measurement
<p>4.1. By 12/31/2015, PHE Reproductive Health staff will discuss and document physical activity and nutrition education at 100% of annual exams.</p>	<p>Review current education packets provided to clients and include physical activity information and enhanced nutrition materials.</p>	<p>Y2: Q1</p>	<p>List of materials and topics.</p>
	<p>Partner with the Broomfield Reproductive Health Information and Education committee to review the appropriateness of the materials for the audience and community.</p>	<p>Y2: Q1</p>	<p>Documentation of meeting and recommended material.</p>
	<p>Document physical activity and nutrition information provided to clients with a check-off point on annual exam sheet.</p>	<p>Y2: Q1, Q2, Q3, Q4</p>	<p>Number of packets provided.</p>
<p>4.2. By 12/31/2015, in-line with CDPHE's Maternal and Child Health priorities, provide informational wellness packets to 50% of Immunization Clinic, Family Care Providers, WIC and HOPE clients with children under six years of age.</p>	<p>Create packets to include oral health, physical activity, breastfeeding, nutrition, etc. for the following age groups: 0-1 year, 1-3 years, and 3-6 years.</p>	<p>Y2: Q1, Q2, Q3, Q4</p>	<p>Number of packets provided to each program.</p>

**Appendix B: PHIP Logic Model**

**Situation:** Obesity, poor nutrition, and lack of physical activity are significant health concerns for many children and adults living in Broomfield. According to BRFSS 2011-2012, Broomfield’s obesity rates are only 2% lower than the state of Colorado’s obesity rates but 10% higher in those identified as overweight. In addition, Colorado’s childhood obesity rate is rising at the second-fastest rate in the nation. Based on input received from the community, in conjunction with the data analysis and capacity assessment, obesity prevention was selected as the top public health priority in Broomfield.

Inputs	Outputs	Outcomes - Impact		
		Short-Term	Intermediate	Long-Term
Collaborators: <ul style="list-style-type: none"> <li>• CCOB staff</li> <li>• Broomfield community members and organizations</li> </ul> Financial resources: <ul style="list-style-type: none"> <li>• Local and state funding</li> </ul> Capacity Needs assessments	Increase community mobilization Form the Healthy Broomfield Team Increase media promotion and education outreach Promote evidence-based nutrition and active programs Enhance the existing Healthy Hearts and WIC programs Implement healthy eating and active living classes within the community and with City and County employees Promote healthy eating and active living strategies and practices Enhance and develop partnerships Provide consistent messaging and evidence-based information Monitor and conduct ongoing surveillance and evaluation	Increase partnerships with communities and organizations Increase policy and/or environmental changes in various settings that promote physical activity and healthy nutrition choices	Increase consumption of fruits and vegetables in adults, teens, and children Increase physical activity in adults, teens, and children Increase breastfeeding initiation, duration, and exclusivity Decrease screen time Improve built environment	Decrease the prevalence of Broomfield residents who are overweight or obese

**Assumptions**  
 Broomfield residents and employees want information about healthy eating and active living; funding will be secure throughout the project’s life; people will be motivated to participate.

**External Factors**  
 The capacity of partners and programs to implement obesity prevention efforts varies widely; although significant momentum exists in Colorado and nationally to address this issue, each sector experiences unique barriers in making sustainable and effective systems changes.

**Appendix C: Evaluation Indicators and Data Collection**

Objective	Indicators	Data Collection Sources	Data Collection Method	Data Collection Timing
<b>Short-Term</b>				
Increase partnerships with communities and organizations	The number of organizations participating in the HBC	HBC roster	Review of sign-in sheets	Annually
Increase policy and/or environmental changes in various settings that promote physical activity and healthy nutrition choices	The number of policy and/or environmental changes	Environmental scans and surveys in development with metro Denver Public Health partners through Cancer, Cardiovascular and Chronic Pulmonary Disease (CCPD) Healthy Eating Active Living grant	Scans and surveys	To be determined by CCPD grant timeline
<b>Intermediate</b>				
Increase consumption of fruits and vegetables in adults, teens, and children	Percent of adults who eat fruits and vegetables five or more times per day	BRFSS	Analysis of Colorado Health Information Dataset (CoHID) data	Availability based on CDPHE data collection timing
	Percent of high school students who ate fruits and vegetables 5 or more times per day	YRBS Healthy Kids Colorado Survey	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent of children aged 1-14 years who ate fruit 2 or more times per day and vegetables 3 or more times per day	CHS	Analysis of COHID data	Availability based on CDPHE data collection timing

Objective	Indicators	Data Collection Sources	Data Collection Method	Data Collection Timing
<b>Intermediate</b>				
Increase physical activity in adults, teens, and children	Percent of adults aged 18+ years who get 30+ minutes of moderate activity per day on 5+ days/week or 20+ minutes of vigorous activity per day on 3+ days/week	BRFSS	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent of adults aged 18+ years who are physically inactive			
	Percent of high school students who were physically active for a total of at least 60 minutes/day for the past 7 days	YRBS Healthy Kids Colorado Survey	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent of children aged 5-14 years who were physically active for at least 60 minutes/day for the past 7 days	CHS	Analysis of COHID data	Availability based on CDPHE data collection timing
Increase breastfeeding initiation, duration, and exclusivity	Percent of mothers who ever breastfed or pumped and offered breast milk	PRAMS	Analysis of COHID data	Availability based on CDPHE data collection timing
	Number of weeks or months mothers breastfed or pumped and offered breast milk			

Objective	Indicators	Data Collection Sources	Data Collection Method	Data Collection Timing
<b>Intermediate</b>				
Decrease screen time	Percent of children aged 1-14 years who watch TV or videos, play video games, or play on a computer for 2 hours/day or less on weekdays	CHS	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent of children aged 1-14 years who watch TV or videos, play video games, or play on a computer for 2 hours/day or less on weekends			
Improve built environment	Percent with sidewalks or shoulders of the road in their neighborhood that are sufficient to safely walk, run or bike	BRFSS	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent that have access to public exercise facilities in their neighborhood			
<b>Long Term</b>				
Decrease the prevalence of overweight and obese Broomfield residents	Percent of adults aged 18+ years who are obese	BRFSS	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent of adults aged 18+ years who are overweight or obese			

Source: CDPHE Epidemiology, Planning and Evaluation

Objective	Indicators	Data Collection Sources	Data Collection Method	Data Collection Timing
<b>Long Term</b>				
	Percent of children aged 2-14 years who are obese	CHS	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent of children aged 2-14 years who are overweight or obese			
	Percent of high school students who are obese	YRBS Healthy Kids Colorado Survey	Analysis of COHID data	Availability based on CDPHE data collection timing
	Percent of high school students who are overweight			