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**COLORADO**  
Office of Health Equity  
Department of Public Health & Environment

**Health equity** is when all people, regardless of who they are or what they believe, have the opportunity to attain their full health potential. Achieving health equity requires valuing all people equally with focused and ongoing efforts to address inequalities.

**Environmental justice** is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

**Health potential** - the capacity that each individual has to have positive, holistic health.



Thanks to the hundreds of people who are devoted to creating equity and justice for all Coloradans and who provided their valuable time and perspectives that informed this document.

# Executive summary

The Office of Health Equity met with over 100 internal and external partners, including community members, to identify a strategic direction for the office. While acknowledging a number of strengths and challenges, the direction for the office is clear. It must convene, lead and implement strategies that will enable all Coloradans to reach their full health potential. Specific key strategies are identified, but the broader recommendations are as follows:

1. Provide leadership and garner multi-sectoral support for a unified vision and alignment of priorities and resources to achieve equity and inclusion for all Coloradans.
2. Increase community engagement and take action to strengthen communities across Colorado to build their power and “public will” to create their own healthy futures.
3. Enhance knowledge within the office regarding environmental justice through the formation and maintenance of partnerships with environmental leaders.
4. Coordinate and provide training, education and advocacy to effectively address health equity and environmental justice at the state and community levels.
5. Coordinate and provide consultation and technical assistance to internal and external partners on health equity matters and partner with environmental leaders on environmental justice matters.
6. Increase awareness of the Office of Health Equity, its role and the concepts of health equity and environmental justice.
7. Coordinate health equity and environmental justice data collection, analysis and reporting- in partnership with communities and the Center for Health and Environmental Data
8. Implement and support external and internal policy changes related to health equity and environmental justice.

This scan demonstrated the strong commitment and support from department leadership and employees at all levels; other state agency partners; and communities across the state for *the office to serve as a leader, convener and implementer of bold strategies* that challenge the status quo. Colorado’s Office of Health Equity is poised to be a catalyst for overhauling unjust systems and policies so that all Coloradans can reach their full health potential.

# What really creates health?

Depending upon where Coloradans live, learn, work, play and pray, they experience different opportunities for safety, education, recreation, employment and health.<sup>1</sup> “Growing evidence shows that unequal distribution of wealth and power across race, class, and gender produces these differences in living conditions” that create health inequities. In fact, genetics and medical care only partially contribute to a person’s health. In order to be healthy, people need peace, shelter, education, food, income and social justice.<sup>2</sup> Therefore, achieving health equity and environmental justice for all Coloradans requires a multi-sectoral approach that includes, and goes beyond, targeted grants and access to health care. Colorado must address health disparities and environmental injustices as part of a broad spectrum of investments in housing, transportation, education, economic opportunity and criminal justice.<sup>3</sup>

Figure 1. Estimates of how each of the five major determinants influence population health<sup>4</sup>

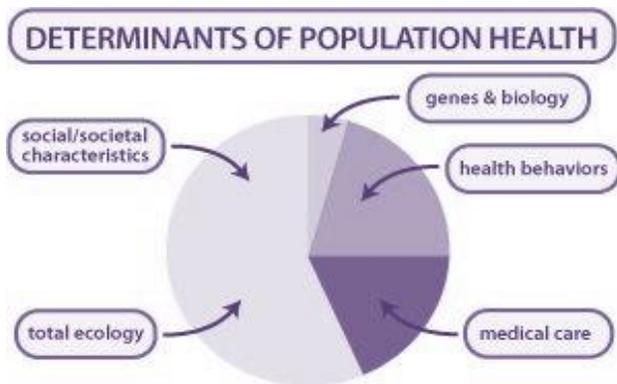


Figure 1 represents rough estimates of how much each of the five determinants contributes to the health of a population. Scientists do not know the precise contributions of each determinant at this time.

The figure shows that in theory, genes, biology, and health behaviors together account for about 25% of population health. Social determinants of health represent the remaining three categories of social environment, physical environment/total ecology, and health services/medical care. These social determinants of health also interact with and influence individual behaviors. More specifically, social determinants of health refer to the set of factors that contribute to the social patterning of health, disease and illness.

<sup>1</sup> [www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en) Commission on Social Determinants of Health (CSDH), *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. 2008, World Health Organization: Geneva.

<sup>2</sup> [https://gallery.mailchimp.com/282001ed120323cd6bf06398a/files/Health\\_Educ\\_Behav\\_2015\\_Freudenberg\\_46S\\_56S.pdf](https://gallery.mailchimp.com/282001ed120323cd6bf06398a/files/Health_Educ_Behav_2015_Freudenberg_46S_56S.pdf)

<sup>3</sup> [https://gallery.mailchimp.com/282001ed120323cd6bf06398a/files/Health\\_Educ\\_Behav\\_2015\\_Freudenberg\\_46S\\_56S.pdf](https://gallery.mailchimp.com/282001ed120323cd6bf06398a/files/Health_Educ_Behav_2015_Freudenberg_46S_56S.pdf)

<sup>4</sup> [www.cdc.gov/nchstp/socialdeterminants/faq.html](http://www.cdc.gov/nchstp/socialdeterminants/faq.html)

# What is the Office of Health Equity?

In the early 2000s, the Office of Health Disparities and the Minority Health Advisory Commission evolved out of a six-year Turning Point grant provided by the Robert Wood Johnson Foundation and a start-up grant from Kaiser Permanente. In May 2007, the office and commission were codified in statute through Senate Bill 07-242. Most recently, in 2013, House Bill 13-1088 changed the name to the Office of Health Equity and expanded it to serve not only communities of color, but also lesbian, gay, bisexual and transgender (LGBT), aging, disabled, low-socioeconomic and geographic populations. At this time, the Minority Health Advisory Commission transformed into the Health Equity Commission.

The current mission of the Office of Health Equity is to ensure all Coloradans have an equal opportunity to achieve their full health potential. Traditional office functions have been:

- Administering more than \$3 million to support Colorado communities through the Health Disparities Grant Program.
- Coordinating interpretation and translation services within the department and offering technical assistance to other state and local agencies.
- Publishing [data reports](#) documenting health disparities.
- Providing education on health equity, health disparities and the social determinants of health.
- Coordinating the [Health Equity Commission](#).
- Building collaborative partnerships with communities to identify and promote health equity strategies.



# Why an environmental scan?

In June of 2015, the department began a systematic assessment of the strengths, challenges and opportunities for the office. As part of that assessment, the interim director performed an environmental scan of the work of the office. The four main questions to be answered were:

1. What are the strengths of the Office of Health Equity?
2. What have been the challenges or weaknesses of the Office of Health Equity?
3. What opportunities can the new director of the office advance?
4. Where within the department should the Office of Health Equity be housed?



An environmental scan is a systematic way to gather information and identify opportunities for making decisions to move a program in the right direction.

# How was information collected?

Three methods were used to gather information:

1. One-hour interviews with internal and external partners, including community members.
2. A six-question survey sent to internal and external partners, including community members.
3. Three one-hour Health Equity and Environmental Justice forums for interested department employees.

A wide array of people were interviewed and/or invited to complete the survey. They provided diverse perspectives from their variety of experiences including race/ethnicity, gender identity and expression, geographic location and representation, ability, age, experience in the field, sexual orientation, socioeconomic class, level within the organization and sociological spheres of influence (individual community members, families, community organizations, policies and systems personnel). Examples of organizations who were interviewed include:

- State agencies: Human Services, Education, Public Safety, Health Care Policy and Financing
- Local public health agencies: Boulder, Tri-County, Denver, Northwest Colorado Visiting Nursing Association
- Other state offices of minority health: California, Minnesota, Maryland
- Other organizations: One Colorado, Colorado Rural Health Center, Children's Hospital Colorado, Denver Indian Health and Family Services, The Colorado Trust, Latino Age Wave, Colorado Black Health Collaborative, Project PAVE, the Boys and Girls Club of Colorado.

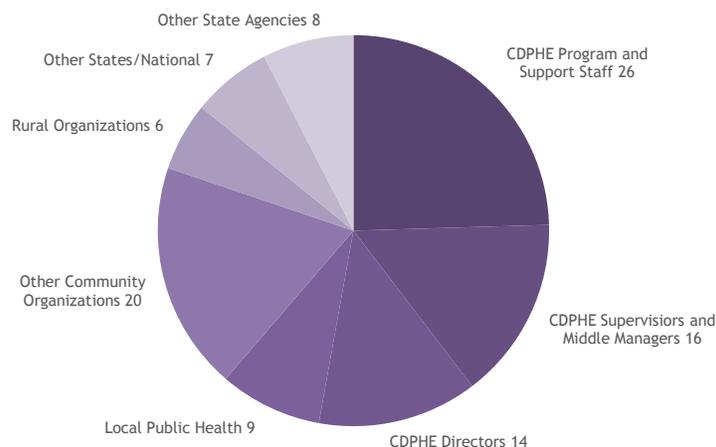
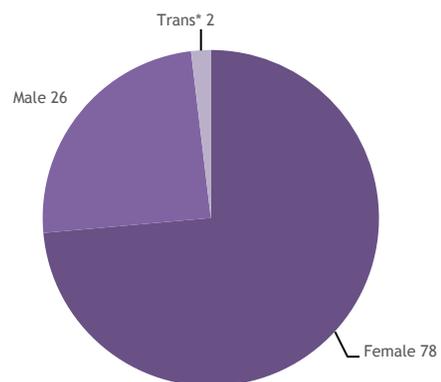
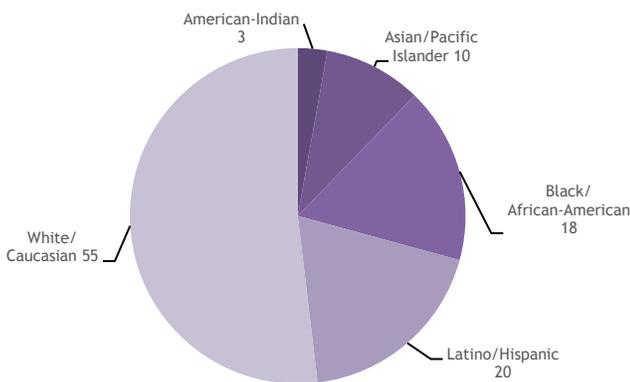
For a complete list, please see Appendix A.

A total of 106 in-person interviews were conducted between July 27 and Oct. 6, 2015. One-hundred and fifty-two internal and external respondents shared their feedback through an online survey, while 30 additional staff members participated in one of the three Health Equity and Environmental Justice forums offered to employees of the department.

# All participants were asked **six questions**

1. What **strengths** does the Office of Health Equity possess?
2. What **weaknesses/challenges** does the Office of Health Equity face?
3. What **opportunities** should be advanced?
4. What **qualities** would you like to see in the next director of the Office of Health Equity?
5. Where should the Office of Health Equity be **housed**?
6. Who **else** would offer valuable input about the functions of the office?

Additionally, if the participant was a member of the **Health Equity Commission** or the **Health Equity and Environmental Justice Collaborative**, the person was asked, “What opportunities exist for [the Commission or the Collaborative] and what would you like to see it do over the next year?”



# Where are we now?

## Strengths

**Legislative Mandate.** Several strengths of the Office of Health Equity were identified. Overwhelmingly, participants said the greatest strength of the office is that it is mandated in statute.

**Funding.** Another identified strength is the more than \$3 million allocated to the office to improve the health and well-being of communities across Colorado. Some participants wanted to see the funding support the social determinants of health more, but all agreed that supporting Colorado communities through grant funding was a strong role for the office that should continue.

**Relationships.** Other partners said a strength of the office is the relationships it has built within some communities in Colorado. Because the office focused solely on minority health in the past, the majority of comments related to positive relationships with community organizations came from employees of organizations that work to improve minority health, such as the American Indian Health and Family Services and the Colorado Black Health Collaborative.

**Passionate Caring People.** Finally, participants reported a positive experience with many of the “passionate,” “caring” people who staff the office.

## Challenges

**Strategic Direction.** Many challenges were identified. The biggest challenge for the Office of Health Equity is that close to 25 percent of all participants interviewed had never heard of the office and almost 50 percent did not know the role or work of the office. Other participants said the office lacked a clear strategic direction and adequate actions to address the issue had not been taken.

**Communication and Outreach.** Another challenge the office faces is improving communication and outreach about the office itself -- and about the concepts of health equity and environmental justice. Many internal and external partners want to see the office take a stand on issues related to health equity and environmental justice and reach out to urban, mountain and rural communities across the state.

**Inadequate Resources.** Finally, while some participants identified resources as a strength, most agreed the office needs more staff and funding.

“It is important and adds some kind of accountability to the department regarding this important topic.”

“The fact that it exists at all is amazing as it grew from a special project to now being a legislatively mandated program!”

“Senate Bill 07-242 gave it power and structure.”

“The office did a lot of fluttering. It sometimes looked like things were happening, but there wasn’t much forward movement.”

“Over the years, the office has missed multiple opportunities to make a difference.”

“It’s challenging being in charge of the entire state. How do you be responsive to the entire constituency - especially those outside of the Denver metro area? [The office] should strive to be as inclusive as possible.”

“That office doesn’t have enough staff and has to beg, borrow and steal. Seems like with an important topic like health equity, it would be prioritized and receive resources.”

# Where do we need to be?

The data in this scan makes it clear the Office of Health Equity should serve as a leader, convener and implementer of strategies across Colorado to improve health equity and environmental justice in partnership with environmental justice leaders and experts. The office is poised to lead and convene others across sectors to improve systems to address inequities and injustices that exist for Coloradans. It also was clear the office should remain in the Community Relations Division with continued access to the department's executive director.



# How will we get there?

Below are recommendations and strategies for the office to implement to meet its mission of achieving health equity in Colorado. The following recommendations are listed in order of most frequently identified opportunities for action:

## 1. Provide leadership and garner multi-sectoral support for a unified vision and alignment of priorities and resources to achieve equity and inclusion for all Coloradans.

Key strategies:

- Engage and work alongside Colorado communities, foundations (e.g. The Colorado Trust and the Colorado Health Foundation), nontraditional partners and other state agencies who address housing, transportation, poverty, etc., to develop a *Colorado Equity and Inclusion Task Force*.
- Partner with environmental leaders to learn from their subject matter expertise and enhance the understanding of the linkage between health equity and environmental justice
- Create a sense of urgency by developing a compelling “call to action” and hosting a summit to unveil key strategies.
- Present this report to influential stakeholders (e.g. department directors, governor’s office) to raise awareness and discuss alignment and resource allocation.
- Support the Health Equity and Environmental Justice Collaborative and the implementation of its action plan.
- Join the American Public Health Association in its campaign against racism.

## 2. Increase community engagement and take action to strengthen communities across Colorado to build their power and “public will” to create their own healthy futures.

Key strategies:

- Hire a community engagement specialist to assist department programs and increase the department’s ability to engage with communities in an authentic, meaningful and relevant way.
- Conduct a “Rural Listening Tour” to share these results and learn the strengths and challenges of rural communities in Colorado.
- Develop and partner with a network of health equity and environmental justice champions across the state, including local public health and environmental agencies and their partners.
- Strengthen relationships with tribal communities through increased interaction and understanding, internal coordination and collaborative action.
- Develop a digital storytelling project, highlighting the lives and experiences of community members across the state to increase staff understanding of the communities served.

## 3. Enhance knowledge within the office regarding environmental justice through the formation and maintenance of partnerships with environmental leaders.

Key strategies:

- Hire or appoint an environmental justice liaison to increase the capacity of the office to understand, address and support environmental justice.
- Create a shared communication strategy with the Environmental Protection Agency (EPA) liaison and Office of Health Equity staff.



**4. Coordinate and provide training, education and advocacy to effectively address health equity and environmental justice at the state and community levels.**

Key strategies:

- Develop and conduct trainings for state employees and partner organizations on health equity and environmental justice.
- Conduct customized follow up training with specific cohorts (e.g. CDPHE Executive Leadership Team, Senior Management Team, Program Managers, Contracting and Fiscal, Communications Team).
- Host trainings and communities of practice for internal and external partners on equity and inclusion topics.
- Maintain a clearinghouse of health equity and environmental justice trainings.

Communities of practice are groups of people who share a passion for something that they do, and who interact regularly to learn how to do it better.

**5. Coordinate and provide consultation and technical assistance to internal and external partners on health equity matters and partner with environmental leaders on environmental justice matters**

Key strategies:

- Hire a training and technical assistance specialist
- Implement a health equity and environmental justice coaching/liaison system within the department, engaging health and environmental leaders for their subject matter expertise
- Use results of the previously conducted employee health equity and environmental justice assessment to develop and implement a technical assistance plan for department staff

## 6. Increase awareness of the Office of Health Equity, its role and the concepts of health equity and environmental justice.

Key strategies:

- Use clear, simple messages to help others (e.g. the public, policymakers, media, government, people who do not speak English) understand and communicate about health equity and environmental justice to expand the public conversation about what creates health (e.g. develop a compelling video, join APHA in its campaign against racism, work with American Planning Association).
- Revisit the department’s Social Determinants of Health framework and determine if enhancements or adjustments are needed.
- Work with the Health Equity and Environmental Justice Collaborative to host forums and open houses with internal and external partners to increase awareness of these concepts.
- Continue to publish the office director’s bi-weekly newsletter, *Change the Story: Choose Equity and Justice*, to inspire partners to take action and use relevant equity and justice resources.
- Participate in influential groups and initiatives to promote the cause and work of the office (e.g. State Innovation Model, Colorado Opportunity Project).
- Ensure the Executive Leadership and Senior Management Teams understand and communicate the key messages and can help “walk the talk.”



## 7. Coordinate health equity and environmental justice data collection, analysis and reporting in partnership with communities and the Center for Health and Environmental Data.

### Key Strategies:

- Conduct the “State Health Department Organizational Self-Assessment for Achieving Health Equity” with department staff.
- Develop a Health Equity and Environmental Justice scorecard for Colorado with key indicators related to healthcare, housing, transportation, access to healthy food, community connectedness, school connectedness, etc. Be sure to include positive/protective indicators as well. Two resources to support this include PolicyLink’s National Equity Atlas and a sample scorecard.
- Continue to work with the Center for Health and Environmental Data to update and develop data profiles for underrepresented populations (e.g. communities of color, LGBT community, older adults, youth, women). Disaggregate data with populations that are too often grouped together, such as the Asian American/Pacific Islander population.
- Enhance data collection and dissemination at the community level by supporting communities to conduct their own “community intelligence.” This can be done through novel approaches by recruiting and surveying in specific populations (e.g. the transgender survey report).
- Collect population health data on Coloradans’ experience with racism. This can be done by adding the “Reaction to Race” module in Colorado’s Behavioral Risk Factor Surveillance System (BRFSS).
- Conduct a statewide environmental scan of local public health agencies and their partners to identify what programs and efforts exist at the local level and what can be leveraged and coordinated across the state.
- Explore ways to analyze five-year combined race/ethnicity data through the Colorado Health Indicator Dataset (COHID).

## 8. Implement and support external and internal policy changes related to health equity and environmental justice.

Key strategies:

- Adopt a “Health in All Policies” approach to build healthy Colorado communities through legislation, executive order and/or Colorado’s Equity and Inclusion Task Force.
- Support implementation of key policy changes within Human Resources to ensure inclusivity in hiring practices (e.g. include supplemental questions addressing health equity and environmental justice questions as part of the online application; develop and maintain a system that sends job announcements to a diverse list of community partners to improve recruitment diversity; include standard health equity and/or environmental justice language in all relevant position descriptions; consider hiring or appointing a diversity and inclusion officer for the department).
- Assess fiscal and contracting practices through an equity and justice lens to identify processes and procedures that can improve inclusivity and incorporate best practices to serve all Coloradans (e.g. incorporate standard equity language for requests for applications/proposals).
- Support the Health Equity and Environmental Justice Collaborative to develop a department policy and standard operating procedures to support staff members in applying a equity and justice principles in their work.
- Support supervisors and employees to include Individual Performance Goals related to health equity and/or environmental justice.
- Develop and implement a policy requiring community outreach or listening sessions by each employee to the population he/she serves at least twice annually.
- Reassess the funding strategies of the Health Disparities Grant Program.

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

## Strengthening the office's infrastructure

In addition to the above recommendations, the interim director suggests the following changes to strengthen the Office of Health Equity's infrastructure:

### 1. Potential name change:

- In order to be more inclusive of concepts pertaining to the work of both health equity and environmental justice, consider changing the name of the office to the "Office of Equity and Inclusion."

### 2. Environmental justice:

- Hire or appoint an environmental justice liaison to increase the capacity of the office to understand, address and support environmental justice.

### 3. Language services:

- Increase staff support to increase the ability of the office to respond to language services requests.
- Test and purchase language services software to increase the efficiency of managing requests.
- Consider providing services and support to other state agencies.

### 4. Health Equity Commission:

- Host a retreat to complete a team charter, identifying shared values, purpose and activities for 2016. Consider hosting retreat in conjunction with the Health Equity and Environmental Justice Collaborative to ensure alignment.
- Gather all recommendations made to the Office over the last two years. Either implement recommendations or share with the Commission why they cannot be implemented.

### 5. Develop a student internship program to cultivate young professionals and increase the capacity of the office:

- Work with the Office of Planning, Partnership and Improvement to develop program.
- Consider the CDC's [Public Health Associate Program](#).
- Consider the [Arrupe Jesuit High School Work Study Program](#).

## 6. Processes and procedures:

- Maintain an up-to-date logic model and visual management plan for the office that is aligned with the CDPHE Strategic Plan and Dashboard.
- Ensure every staff member has a measurable work plan aligned with the office’s logic model, CDPHE Strategic Plan and Dashboard.
- Implement monthly reports from each staff member highlighting key accomplishments, challenges and goals for next month.
- Maintain staff role charts for each team member, highlighting job duties and Individual Performance Goals.

## Financing and sustainability options

### OPTION 1

Each division within the department contributes funding to the office in return for support with community engagement, training and consultation on health equity and/or environmental justice and language services.

### OPTION 2

Invite state agencies and foundations to be part of an “Equity and Inclusion Funders Collaborative,” to discuss how to address funding for health equity and environmental justice statewide.

### OPTION 3

Research and apply for federal and private grants that would fund the work of the office.

### OPTION 4

Request an increase for the Office of Health Equity from the General Fund in FY18.

### OPTION 5

Request to have indirect rates include language services and/or other health equity and environmental justice functions.

### OPTION 6

Increase Preventative Block Grant funding to the office.

**OPTION 7** Use a combination of the above options.

# Conclusion

With ample national, state and local efforts addressing health equity and environmental justice, it is time for the Office of Health Equity to take courageous action. This scan demonstrated the strong commitment and support from department leadership and employees at all levels; other state agency partners; and communities across the state for the office to serve as a leader, convener and implementer of bold strategies that challenge the status quo.

**Colorado's Office of Health Equity is poised to be a catalyst for overhauling unjust systems and policies so that all Coloradans can reach their full health potential.**



# Appendix A

## One-on-One Interview Participants

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People from the following organizations were interviewed for one-hour each in order to inform the Office of Health Equity's 2015 Environmental Scan. In some cases, more than one person from each organization was interviewed.

### Colorado Department of Public Health and Environment

Air Pollution Control Division  
Center for Health and Environmental Data  
Community Relations Division

- Office of Communications
- Office of Emergency Preparedness and Response
- Office of Health Equity
- Office of Planning, Partnership and Improvement

Disease Control and Environmental Epidemiology Division  
Environmental Health and Sustainability Division  
Executive Director's Office  
Hazardous Materials and Waste Management Division  
Health Facilities and Emergency Medical Services Division  
Laboratory Services Division  
Operations Division  
Prevention Services Division  
Water Quality Control Division

### External Partners

American Cancer Society  
Asian Pacific Development Center  
Association of State and Territorial Health Officials  
Boulder County Public Health  
Boys and Girls Clubs of Colorado  
California Department of Public Health  
California Dept of Public Health  
Catalysts for Achieving Racial & Ethnic Equity  
Centers for American Indian and Alaska Native Health  
Children's Hospital Colorado  
Colorado Association of Local Public Health Officials  
Colorado Black Health Collaborative  
Colorado Department of Human Services  
Colorado Department of Health Care Policy and Financing  
Colorado Health Foundation  
Colorado Trust  
Colorado Rural Health Center

Community members  
Denver Indian Health and Family Services, Inc  
Denver Public Health  
Diversity Dynamics  
Eagle County Public Health and Environmental Health  
Health Resources and Services Administration (HRSA) Region VIII  
Health Management Associates (HMA) Community Strategies  
La Puente Home, Inc.  
Latino Age Wave  
Maryland Department of Health and Mental Hygiene  
Mile High United Way  
Minnesota Department of Health  
Native American Cancer Initiatives  
Northwest Colorado Visiting Nurse Association  
Project PAVE  
Servicios de la Raza  
Tri-County Public Health  
University of Colorado Denver  
University of Minnesota  
Youth Partnership for Health