

CASE STUDY REPORT

February 2019

Sustaining Equitable Outcomes via Partnerships, Policy, and Practice

Colorado Department of Public Health and Environment, Office of Health Equity (OHE)

INNOVATION CHARACTERISTICS

New or creative | Transformational | Collaborative | Co-produced | Replicable



The Colorado Office of Health Equity (COHE), housed within the Colorado Department of Public Health and Environment (CDPHE), is implementing a Health in All Policies (HiAP) approach to develop multi-disciplinary networks to advance health equity. HiAP is an innovative framework that emphasizes cross-sector collaboration to ensure that health is considered in policy decisions made across sectors in local, state, and federal governments.ⁱ COHE’s implementation of HiAP is unique because it was initiated by COHE staff, rather than being established by the state governor or cabinet, which is common in other states that have implemented HiAP. Another distinction of COHE’s approach is its focus on an *equity* lens rather than a *health* lens.

Through the HiAP approach, which includes implementation of specific activities and intersecting strategies, and collaboration with non-traditional partners, COHE seeks to ultimately improve the social and environmental determinants of health in Colorado. This project was implemented with funding and support from the Robert Wood Johnson Foundation (RWJF) through the Public Health National Center for Innovations (PHNCI) Public Health Innovations Implementation Grant Program.

Background

COHE’s mission is to “build partnerships to mobilize community power and transform systems to advance health equity and environmental justice.”ⁱⁱ With the Office’s work being focused on addressing the upstream determinants of health, COHE is uniquely positioned to work with other sectors to address health disparities and the social determinants of

health by leading transformational change in order to achieve meaningful, widespread improvements in population health.

Identifying the HiAP Approach. COHE knew that policy, structural, and systems change would be most likely to result in large, sustained improvements to advance health equity in Colorado, so they set out to identify a partnership approach that would ensure that equity was reflected in other sectors' planning and decision-making processes. COHE identified HiAP as an approach that could facilitate collaboration with other sectors and implementation of "win-win" policies and plans that would help other sectors align their goals with those of health equity.

To learn more about HiAP, COHE staff reviewed HiAP-related literature and held discussions with other state agencies working on HiAP initiatives. COHE found that other states implementing HiAP projects typically do so under a directive from high-level leadership, such as a gubernatorial or cabinet-level mandate; however, no such mandate exists for HiAP in Colorado. As such, they recognized the importance of developing a bottom-up approach to implementing HiAP that involved deliberate coordination across government agencies, various stakeholders representing multiple sectors, and community members, in order to overcome barriers to advancing health equity, such as language and communication barriers between government and community partners, siloed state government, and a lack of understanding of how to advance equity, among other factors.

INNOVATION FOCUS

Topic Areas

Health Equity; Incorporating Equity and Health in Decisions Made in Other Sectors; and Health in All Policies

Summary

Sustain improvements in the social determinants of health by using a Health in All Policies (HiAP) approach to advance health equity.

Location Served

Colorado

Partners

- Denver Indian Family Resource Center
- Asian Pacific Development Center
- Colorado Community Action Association
- Enterprise Community Partners
- One Colorado
- Colorado Cross-Disability Coalition
- Colorado Division of Housing
- Colorado Department of Higher Education
- Colorado Department of Natural Resources
- Colorado Department of Transportation
- Colorado Department of Public Safety

Target Audience

Residents of Colorado

Sustaining Equitable Outcomes via Partnerships, Policy, and Practice

COHE's "Sustaining Equitable Outcomes via Partnerships, Policy, and Practice" project engages community stakeholders and partners outside of the health sector to identify and enact policy, structural, and systems changes that focus on addressing existing barriers to effective collaboration and coordination to address health inequities. By building trust and relationships with other state agencies and community partners, COHE is identifying best practices for HiAP implementation and seeks to transform decision-making processes within government to formally incorporate health equity. To achieve this goal, COHE has implemented the following activities to develop and strengthen cross-sectoral partnerships: convened an Equity Alliance, held an Equity Summit, and provided training and workshops. COHE has also hired a social epidemiologist to identify root causes of inequities and support their HiAP-related work, and participated in other state agencies' planning efforts. These activities are described below.

Equity Alliance. COHE's project hinges on cultivating and sustaining mutually beneficial partnerships with other sectors, including state agencies and community partners. COHE created and convened an Equity Alliance consisting of multidisciplinary, nontraditional partners that could serve as "equity champions" to develop and implement strategies

to achieve policy, structural, and systems changes to address health equity. The majority of state agencies are included in the Equity Alliance, which has buy-in from the governor. Examples of project partners include:

- Denver Indian Family Resource Center
- Asian Pacific Development Center
- Colorado Community Action Association
- Enterprise Community Partners
- One Colorado
- Colorado Cross-Disability Coalition
- Colorado Division of Housing
- Colorado Department of Higher Education
- Colorado Department of Natural Resources
- Colorado Department of Transportation
- Colorado Department of Public Safety

The Equity Alliance's first task was to develop the Equity Action Guide, which provided a strong foundation for future Equity Alliance activities. The Equity Action Guide presents information specific to Colorado, including community characteristics, stories, and other data, focusing on the upstream determinants of health (e.g., the intersection of housing, transportation, and health). It creates a linkage between the data and actionable recommendations for improving health equity. The recommendations and next steps are connected to the state's context but may be broadly applicable in other states. The Equity Action Guide was integral to providing the foundation for strong partnerships and building momentum for the project.

Equity Forum. To support HiAP implementation, COHE held an Equity Forum that included participants from different sectors – public health, state and local agencies, and community-based organizations – and allowed them to network with nontraditional partners. “Power, People, Purpose: Partnering for Equity” was a statewide meeting that served as the first cross-sectoral event focused on equity and relationship-building. This forum had representation from the transportation, housing, health, parks and recreation, urban planning, and criminal justice sectors, among others. The intent was for local and state leaders to meet to discuss equity-related topics, network and strengthen existing relationships, and align and prioritize their work. To prepare for the forum, COHE marketed the event and monitored registration to ensure diverse representation.

Workshops. To further support the HiAP initiative, COHE offered workshops for other governmental agencies and community partners on topics such as the dimensions of power, equitable decision-making, meaningful community engagement, translating data into action, and HiAP. These workshops included:

- **Power Matters Workshop:** The “Power Matters” workshop was developed and conducted by COHE for state government leadership, highlighting the manifestations of power and the implications of power dynamics in the community and in state government. The workshop also covers strategies for sharing power with community partners.
- **Data Workshops:** Data workshops were convened to build the data-related capacity of community groups, and focus on topics such as data literacy and available tools to support data collection and analysis.

Other informal partners that COHE communicates with about HiAP and health equity include various state agencies such as the Colorado Department of Natural Resources, the Colorado Department of Transportation, the Colorado Department of Public Safety, and various community partner organizations. The “Power, People, Purpose” statewide meeting had representation from the transportation, housing, health, parks and recreation, urban planning, and criminal justice sectors, among others. The governor’s office and lieutenant governor’s office have also offered to help “open doors” and support the HiAP project as needed.

State Agency Planning Efforts. COHE is also serving on the steering committees for planning efforts for various state agencies—including the 2040 Department of Transportation Plan and the 2023 Parks and Recreation Plan—in order to support the plans’ inclusion of health and equity considerations. COHE has also worked with other state agencies to submit joint grant applications, and continuously searches for new ways to support state agencies and community partners and opportunities for collaboration to advance equity.

Implementation Experiences

Lessons learned regarding the implementation of a HiAP approach to advance health equity in Colorado included:

Having agency-level support is important for innovation. Agency-level support for innovative approaches to advance health equity were key in the conceptualization and implementation of COHE’s approach for using HiAP to advance health equity. The health department has a culture of continuous quality improvement and innovation that permeates from the executive level down through the agency; key program staff described that “innovation is embraced and encouraged.” This culture manifests in different ways, such as an annual innovation awards program and mini grants that fund innovative approaches and initiatives. Various individuals within the agency are supportive of Lean methodology, including a Lean Liaison that supports continuous quality improvement, performance measurement, and innovation. Leadership focuses on identifying long-term and policy solutions to address complex issues, provides buy-in for innovative projects, and participates in initial innovation implementation activities, which supports innovation and quality improvement within the agency in general and the HiAP project in particular. The executive leadership team is very supportive of the project and shares contextual information (e.g., politics at the agency level) to facilitate conceptualization and implementation of the innovation.

Specific Individuals that support innovation within the agency include:

- CDPHE’s Executive Director
- The COHE Director
- The Director of the Office of Planning, Partnerships, and Improvements

At the state level, the governor also promotes process improvement and a Lean approach in state government, and focuses on “the three Es” of elegance, effectiveness, and efficiency.

Building relationships by exhibiting persistence, patience, and diplomacy. COHE’s initial efforts to build relationships with other sectors were challenging and time intensive, according to COHE staff, and it was difficult to operationalize initial discussions even when partners were excited to work together. The time spent on initial relationship-building, however, paved the way for collaboration. When building new partnerships and alliances, it was helpful to focus on one project initially in order to build momentum among the group. Once the relationships were built, the momentum sustained itself. COHE noted that it is important to be patient, persistent, and understand the complex nature of relationships between state agencies and community partners; some community partners have strained relationships with certain state agencies that have required the health department to serve as a liaison. They also emphasized that it is essential to be diplomatic when discussing with other agencies the potentially inequitable practices they are

implementing. Similarly, systems-level changes are slow, which can result in challenges in sustaining buy-in from leadership.

Using a common language to increase buy-in. When working with partners outside of the health sector, COHE has had to take the time to “combat existing narratives” and explain that “health is more than just health care,” and it was not always clear how other agency staff would react to discussions about health and health equity. To ensure a common language, they have centered discussions by using the term “equity,” rather than “health equity,” in order to highlight the mutually beneficial nature of relationships and increase the appeal of working across sectors.

Ensuring broad community engagement and cross-sectoral participation. COHE staff noted that it is difficult to engage all community residents in the project, as it is occurring at the state level rather than the local level. Having a project that spans multiple levels and a large geographic area is challenging. Further, to ensure broad cross-sectoral representation in the Equity Summit, COHE needed to limit the number of attendees from the public health sector. They noted that it was challenging to explain the cap to individuals from public health and to recruit non-health participants, but that it enabled them to ultimately meet their goal of diverse participation. The Summit was successful and participants were highly engaged and eager to participate in future equity-focused, cross-sectoral endeavors. They also noted challenges garnering participation from the non-health sector for the “Power, People, Purpose” meeting.

Maintaining flexibility and adapting to address challenges. Based on their experiences implementing an HiAP approach, COHE staff that it may not be necessary and, in some cases, may be preferable to not finalize the details and plans for an innovative public health project from the outset. Maintaining flexibility and co-creating projects and products with partners can help cement relationships for the long-term and increase their support for the project. This is particularly true for initiatives that seek to achieve long-term, systems change. This is also true for addressing unanticipated complexities and challenges. For example, some of the workshops provided by COHE took longer than anticipated to plan and implement, due to unanticipated complexities and personnel changes. To address this challenge, COHE has sought to maintain their flexibility and has shifted priorities as needed.

Considerations for Replication, Adaption, and Adoption

COHE has documented their processes and lessons learned in implementing a state-level HiAP approach to advance health equity, which will facilitate replication of this approach within other jurisdictions. They have created the [Equity Action Guide](#), [Sweet Tools to Advance Equity](#), and materials describing [the Power, People, Purpose meeting](#), all of which are publicly available and can assist other entities in implementing similar activities—an Equity Alliance, Equity Summit, and workshops—to facilitate cross-sectoral partnerships and approaches for addressing health inequities. Factors that may affect replication, adaption, and adoption of this innovation in other communities included:

- Unique community context and needs;
- Leadership buy-in at the agency and gubernatorial level;
- Agency-level health equity and community engagement policies;
- Funding to support HiAP;
- Understanding among staff of equity, capacity building, adult learning, and related concepts;
- Appropriate staff, such as a social epidemiologist that can help explore the root causes of health inequities;
- Having multiple staff at the health department and partner agencies being responsible for relationship-building;
- Partner and cross-sector interest in participating in workshops and other project activities; and

- Public will.

Additionally, COHE staff recommended that that other entities interested in implementing a similar project consider the following:

- Pursuing long-term, mutually beneficial relationships with partners;
- Keeping long-term goals at the forefront;
- Focusing conversations on equity and systemic injustice from the outset; and
- Considering at the start of the project how actions will lead to policy or systems changes.

Results

The ultimate goal of the Sustaining Equitable Outcomes via Partnerships, Policy, and Practice project is to achieve systems-wide change by having non-health sectors routinely integrate health equity considerations into their decision making processes, which in turn aims to lead to equitable outcomes. COHE is conducting a real-time evaluation of their project's progress in meeting its objectives, which includes tracking project activities, including workshops, collecting performance measures, and developing quarterly assessments. This enables them to identify course corrections, conduct a continuous evaluation, and document project activities over time.

One of COHE's greatest achievements from this project is strengthened cross-sector relationships, which has resulted from grant activities such as COHE's focus on relationship building, the creation of the Equity Alliance, and convening the Equity Summit and other events and workshops. By expanding their network and building cross-sector relationships, they have experienced meaningful collaboration on projects completed as part of the PHNCI grant and projects outside of formal grant activities. For example, the Equity Action Guide has been well-received and has "opened doors" for continued and new partnerships and joint projects. Similarly, "Power, People, Purpose" secured participation from diverse stakeholders and allowed participants to network across sectors, and partners are enthusiastic and eager to continue the work of the Equity Alliance. COHE has also

collected data to demonstrate that these relationships are high quality and evaluation results have also demonstrated that participants of the community capacity-building and "Power Matters" workshops held positive views of the workshops. COHE will continue to strengthen and build partnerships and participate in multi-sectoral activities and events, such as Undesign the Redline.ⁱⁱⁱ Participating in other agencies' statewide planning efforts will also have long-term impacts on the upstream determinants of health. Additionally, COHE has been approached to publish journal articles about their HiAP-related work.

While there will always be more ways to address the social determinants of health, staff indicated that COHE is increasingly seen as a leader, trusted resource, and thought partner across state agencies on issues of equity, diversity, and inclusion- as well as a trusted resource and liaison for grassroots community partners. Staff believe that this reputation and relationship-building will continue to pave the way for additional opportunities to address the social determinants of health and advance equity.



RESOURCES

- ▶ [Equity Action Guide](#)
- ▶ [Sweet Tools to Advance Equity](#)
- ▶ [Materials describing the Power, People, Purpose meeting](#)
- ▶ [Health Disparities Grant Program](#)

Next Steps

As the innovation focuses on long-term, systems change to advance health equity, staff reported that initial accomplishments will be self-sustaining and will continue to have an impact (e.g., health department participation in other state agencies' planning efforts and the development of the Equity Alliance). Additionally, COHE is implementing the following strategies for sustainability:

- **Leveraging the Equity Alliance.** Led by COHE, the Equity Alliance has prioritized policy and systems initiatives across state agencies related to reducing inequities. Activities include creating a consistent community engagement policy, creating an equitable hiring and retention guide, and designing a pilot project where multiple state agencies concurrently work to reduce barriers and increase investments in one particular community.
- **Promoting the Equity Action Guide.** COHE plans on the continued utilization of the Equity Action Guide to help state agencies develop and strengthen nontraditional partnerships.
- **Demonstrating the return on investment of equity initiatives.** COHE has secured additional short-term funding for the social epidemiologist's position and has been gathering data that will be used to demonstrate the value of this project. The intention is to demonstrate to leadership and decision-makers that using an equity lens can increase efficiencies and yield cost savings.
- **Supporting collaboration through funding.** The Health Disparities Grant Program is a state grant administered by COHE that is funding systems and policy change activities related to housing, employment, food security, and land use. COHE has identified opportunities for this grant to support continued cross-sector collaboration in Colorado.

For More Information about the Sustaining Equitable Outcomes via Partnerships, Policy, and Practice Project:

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ⁱ NACCHO. 2018. Health in All Policies. <https://www.naccho.org/programs/community-health/healthy-community-design/health-in-all-policies>. Accessed October 2, 2018.

ⁱⁱ Colorado Department of Public Health & Environment. Last update 2018. About the Office of Health Equity. <https://www.colorado.gov/pacific/cdphe/about-office-health-equity>. Accessed November 26, 2018.

ⁱⁱⁱ Designing the WE. 2015. Undesign the Redline. <http://www.designingthewe.com/undesign-the-redline/>. Accessed November 26, 2018.