



City and County of Broomfield  
Public Health and Environment

2023 - 2027

# Health Equity Plan



## A Message From the Director

The team at Broomfield Public Health and Environment and I are excited to share with you our five year Health Equity Plan.

Being healthy means much more than not being sick. We know that complex social factors and deeply engrained systemic barriers are such powerful influences that people in some communities will have worse health outcomes than others through no fault of their own. We also know that good health begins where we live, learn, work and play. Stable housing, quality schools, access to good jobs, and neighborhood safety are all important influences for health.

While we have long understood the impact of these determinants on health, we as a nation and community continue to see significant health inequities. Therefore, it is imperative that we move beyond awareness of health inequities to take action and do much more to correct this injustice. Every person, no matter their race, ethnicity, gender identity, sexual orientation, socio-economic status, religion or ability, has the right to attain their highest level of health.

In order to create meaningful change, we must honor and work with our impacted communities. They are the experts in their health needs. As you will see in the plan that we have developed with stakeholder involvement, community engagement and trust will be the core of our work moving forward. We also know that anti-racist and anti-discriminatory approaches, policies, and systems are required to achieve health equity. We will hold ourselves accountable to our impacted communities, our residents and our Board of Health. Let's embark on this important journey together working collaboratively to improve health in Broomfield for all.



**Jason Vahling, MPH**

Director

Broomfield Public Health and Environment



# Table of Contents

INTRODUCTION.....	1
THE ROLE AND IMPORTANCE OF COMMUNITY.....	3
DETERMINANTS OF HEALTH.....	4
THE ROLE OF DATA IN UNDERSTANDING EQUITY.....	6
WHAT CAN WE DO?.....	8
ACCOUNTABILITY.....	13
CONCLUSION.....	13



# Introduction

The purpose of this health equity plan is to outline the goals and strategies that Broomfield Public Health and Environment (BPHE) will use to address health equity areas that will be identified in partnership with our community.

As we implement this plan, we will need and support active, mutually-beneficial community engagement. There will be many opportunities for further involvement from our community and there are additional planned community engagement events such as our Community Health Needs Assessment that will occur in late 2023. We will refine and amend our plan based on ongoing feedback, monitoring, and assessment of outcomes.

## *What is Health Equity?*

**Health equity** is the ability for everyone to reach their full health potential, regardless of any socially determined status (e.g. economic class, race, ethnicity, age, gender, sexual orientation, disability status). Health equity in action involves removing barriers and providing resources for communities that are most impacted by a health issue. Watch the American Public Health Association [video on Health Equity](#).

## *Health Equity Statement, Approach, and Framework*

### **City & County of Broomfield Title IV, Equity, Anti-Discrimination Statement and Policy**

The City and County of Broomfield operates without regard to race, color, national origin, ethnicity, citizenship, immigration status, gender, age, sex, sexual orientation, gender identity, gender expression, marital status, level of income, military status, or disability in all programs and activities. This statement is in accordance with Title VI of the Civil Rights Act of 1964, the Restoration Act of 1987, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and related statutes and regulations. The City and County of Broomfield is committed to facilitating an equitable community and workplace. Through coordinated strategic efforts and departmental alignment, CCOB advocates for making services accessible to all, especially those that have been historically excluded and under-resourced, including but not limited to Black, Indigenous and Persons of Color, Women, those who are Differently-abled and members of LGBTQIA+ communities. The City and County of Broomfield ensures that every effort will be made to prevent discrimination through the impacts of its programs, policies, and activities on minority and low-income populations. Furthermore, the City and County of Broomfield will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

### **Broomfield Public Health and Environment's Approaches to Advance Equity**

BPHE is dedicated to promoting health equity through all of its programs, services, and interactions by:

- Prioritizing community voice and using data to identify opportunities for health improvement in the community.



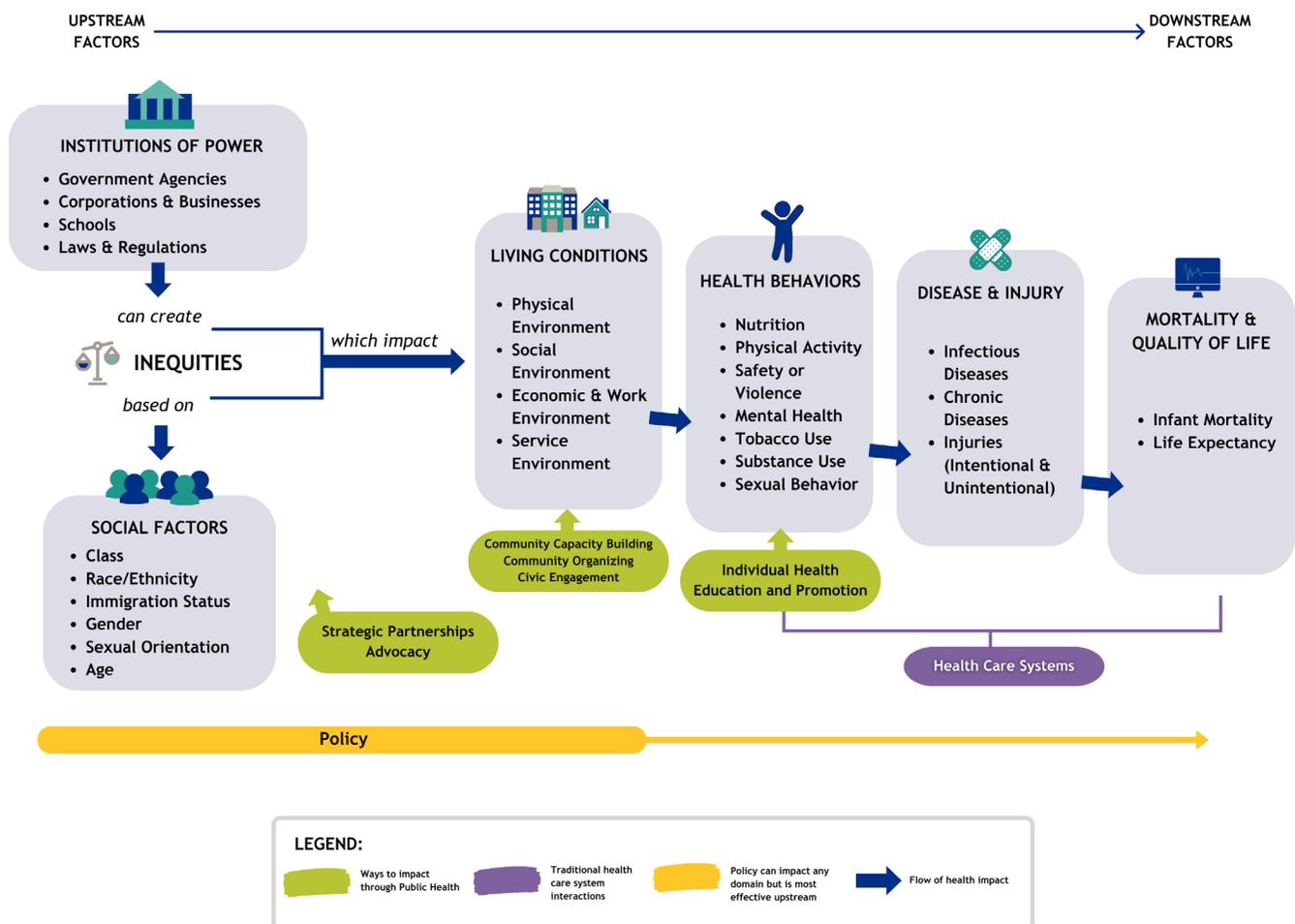
# Introduction (cont.)

- Developing collaborative approaches to combat health inequities in disproportionately impacted communities.
- Working across sectors and strengthening community partnerships that foster health equity and antiracism.
- Asking critical questions about the upstream factors (socio-economic factors, discrimination, and structural inequalities) that affect the health of our community, and collaborating on innovative solutions with the community.
- Recognizing that there is always more to learn, and that our approaches can and should continuously improve.

## Health Equity Framework

BPHE utilizes a tailored health equity framework based on the [BARHII Framework](#) that informs our approach.

Figure 1: Broomfield Public Health and Environment's Health Equity Framework



## Introduction (cont.)

Institutions of power have historically created and can create inequities based social factors, usually through discrimination. These institutional inequities impact living conditions. These living conditions impact health behaviors, which both can lead to disease and injury that ultimately impact quality of life and life expectancy.

Policies that address inequities at the source (institutions of power) are most effective, but policy can improve health outcomes in any domain. Public health can impact these domains of health through strategic partnerships with schools, businesses, and community organizations to create and advocate for equitable access and services. Public health can improve living conditions through community capacity building, community organizing, and civic engagement. Public health can also improve health behaviors through individual health education and promotion. All of these factors impact quality of life and life expectancy for our community.

## The Role and Importance of Community

The strategies and activities included in this plan represent an initial strategic framework for how BPHE, in collaboration with the City and County of Broomfield, is working to improve equity. To date, BPHE has established community partners who we work closely with to reach individuals disproportionately impacted by health issues. We want to thank those partners who reviewed the draft strategies and activities of this plan and provided feedback. We are working to expand on our existing partnerships and build new ones in the coming months and years in alignment with the City and County of Broomfield's Diversity Development Equity and Inclusion (DDEI) efforts and cross-department collaboration.

The next and [deeper phase of engagement](#) will develop during plan implementation in late 2023. This implementation phase will include the community actively identifying the issues most important to them for achieving health equity and will include a process of deep engagement with groups that reflect Broomfield's rich diversity.

The goals, strategies, and activities (pages 8-13) represent the strategic approach BPHE will take to improve health equity. We know from best practice that meaningful and action-oriented solutions to equity come when those most impacted are part of the decision-making process. Through our community engagement strategy (page 9), our intent is to make sure that the communities most impacted by health inequities are engaged in this process.

**It is important to note that community members participating in this process do not need to be experts in these areas. Your voices and perspectives are what matter most.**



# Determinants of Health

While genetics play a role in health, there are many other factors within our systems that influence health, including access to health care and other critical supports that are collectively called the “social determinants of health.” Examples of these important stability factors that impact health and well-being include economic and educational opportunities, worker protections and benefits, affordable housing, reliable transportation, access to health-promoting goods and services, clean air and safe drinking water, and safe and healthy neighborhoods. When we evaluate these determinants by race and ethnicity we see disparities that lead to poor health outcomes on a population level. The underlying root causes of these inequities are historical and still present today. Structural and interpersonal racism and discrimination unequally distribute opportunity and wealth, impose risk, create ongoing stress, and disrupt the stability factors necessary for individuals, families and communities to live a healthy life.

## *Environmental Justice*

The physical environment, where people live, work, learn and play, is also a determinant of health. An individual’s environment can facilitate positive health and well-being, or it can produce an unhealthy level of exposure to pollution, contaminants and/or disease. The U.S. Environmental Protection Agency writes that environmental justice will be achieved when “everyone enjoys the same degree of protection from environmental and health hazards and equal access to the decision-making process” to have a healthy environment. Environmental justice requires the recognition that residential segregation and exclusionary practices such as redlining have concentrated polluting industries in communities of color and low-income communities. As a result, even environmental policies that are seemingly neutral can contribute to the concentration of polluting industries in disproportionately impacted communities.



On July 2, 2021, Governor Polis signed [HB 21-1266](#), Environmental Justice Act, into law. A core component of the law is the requirement to systematically identify and reduce the health risks that result from land use patterns in disproportionately impacted communities.



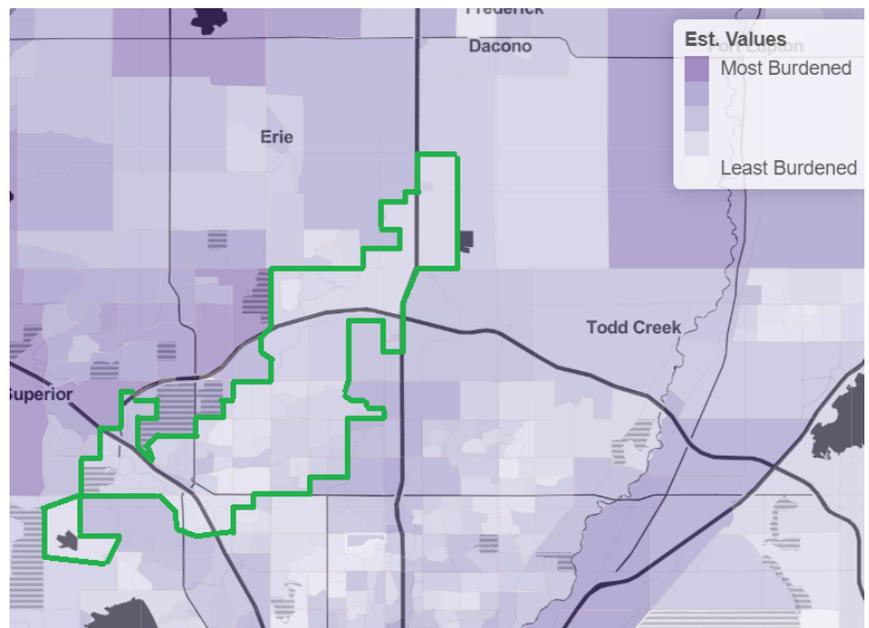
## Determinants of Health (cont.)

The Colorado Department of Public Health and Environment (CDPHE) has also developed the [Colorado EnviroScreen tool](#), which provides a state-of-the-art dataset for identifying communities experiencing disproportionate environmental health risks.

Although Broomfield generally has a lower Pollution and Climate Burden score than surrounding areas, certain geographic areas within Broomfield have a disproportionately higher Pollution and Climate Burden Score compared to others (Figure 2).

BPHE is committed to being a leader of environmental justice as it has a direct effect on health equity and therefore overall health of our community.

Figure 2: Colorado EnviroScreen Tool with Broomfield Outlined



### *Racism as a Determinant of Health*

The public health field has long been aware of the role that racism plays in the differences in health outcomes. CDPHE, with the Governor's support, is taking an active role at the state level.

- On July 6, 2021, Governor Polis signed [SB 21-181](#), Equity Strategic Plan to Address Health Disparities across all state agencies. The bill directs CDPHE to document health disparities and their root causes, and for state agencies to participate in strategic planning to impact the determinants of health through their unique policies, programs and services.
- The bill also directs CDPHE to support local jurisdictions in support of their equity goals. This is an important time to engage in the development of strategies to reduce racism and improve health equity.
- Finally, on August 27, 2020, Governor Polis signed [Executive Order D 2020175](#) recognizing the importance of creating equitable and inclusive work environments where diversity is considered an asset and prioritized.

Identifying and addressing the systems of institutional inequality and oppression is critical to making progress for public health improvement across the country and this is no different for Broomfield. This statewide work directly ties to and supports Broomfield's priorities of improving equity.



# The Role of Data in Understanding Equity

BPHE regularly evaluates the health of the communities within our city and county by monitoring indicators such as leading causes of disease, injury, disability, and death, as well as indicators like social and community support and socio-economic factors. This type of analysis helps us to better understand differences in health outcomes between demographic groups and allows us to investigate the root causes of those differences and design strategies to reduce them. Societal systems create unequal advantages, and specifically disadvantage certain groups, so BPHE uses data and mapping tools to identify priority populations and areas.

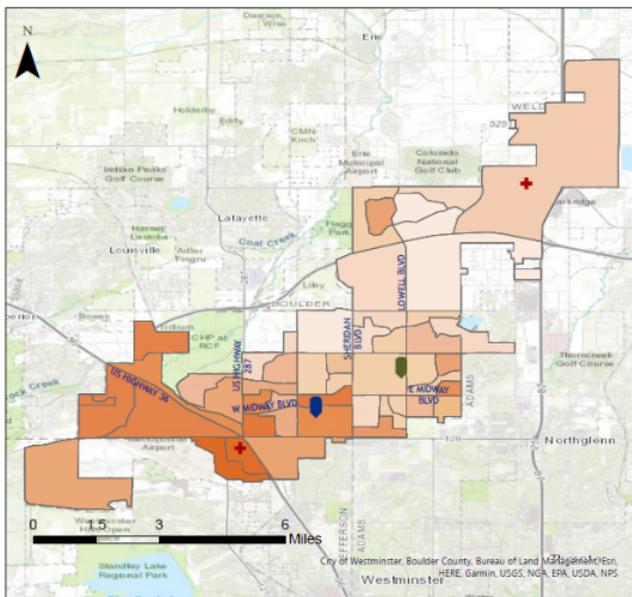
While the City and County of Broomfield continues to be ranked as one of the healthiest counties in Colorado, a deeper analysis of socio-economic factors provides a very different picture.

Figure 3 illustrates the variation of socio-economic status by census tracts across the City and County, with the southwest portion of the county experiencing a lower socio-economic status. These same census tracts as a whole have lower life expectancies (Figure 4) and worse health outcomes. Some census tracts do not have data available for life expectancy.

**Figure 3**

**City and County of Broomfield**

This map represents socioeconomic status by census tract. The lighter the area, the higher the socioeconomic status.



**Socioeconomic Status 2020**  
Equal Interval Classification

- SES 1 lowest
- SES 2
- SES 3 middle
- SES 4
- SES 5 highest

**Landmarks**

- Community center
- Recreation center
- Hospitals

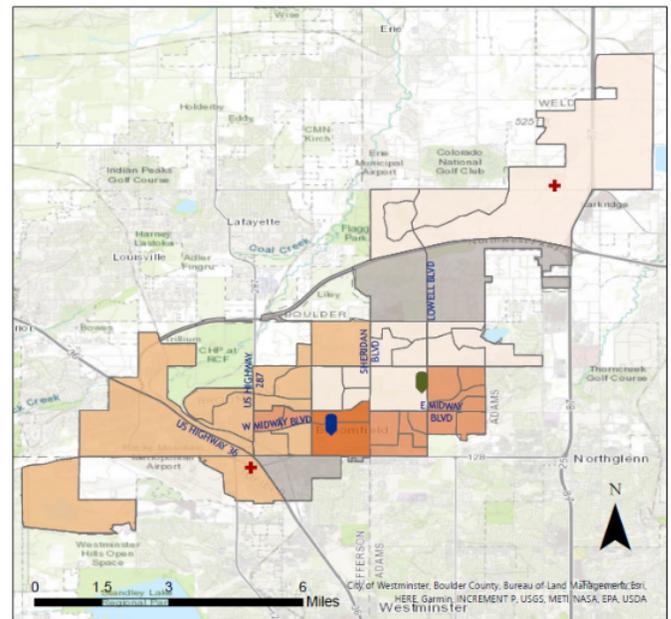
**Variables selected:**

- Median household income
- Percent homeownership
- Percent renter
- Percent 150% below federal poverty line
- Percent unemployed
- Percent with bachelor's degree or higher
- Percent without high school diploma

**Figure 4**

**City and County of Broomfield**

This map displays life expectancy range (2010-2015) by census tract



**Life Expectancy Range**

- 75.2-77.5
- 77.6-79.5
- 79.6-81.6
- 81.7-97.5
- No Data

**Landmarks**

- Community center
- Recreation center
- Hospitals

Data: Tejada-Vera B, Bartian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020



## The Role of Data in Understanding Equity (cont.)

**As illustrated, an individual’s zip code is a key determinant of their overall health when looking at socio-economic status and health outcomes.**

When considering the “why” of social conditions, we must explore policies, practices, and laws that have been discriminatory based on social factors, and have consequently had generational impacts on the social determinants of health. While some of these policies, practices and laws have long been prohibited or revoked, disproportionate impacts on the health and well-being of certain individuals and families continue to be observed.

For example, Broomfield has disparities in life expectancy based on race and ethnicity (Table 1).

Life expectancy is lowest in the American Indian/Alaska Native and Black communities, which is also true for Colorado and the U.S. as a whole. American Indian/Alaska Native Broomfielders have an almost 16 year difference in life expectancy compared to Asian or Pacific Islander Broomfielders, who have the highest life expectancy in the city and county.

*Table 1*

<b>2019 Life Expectancy by Race / Ethnicity In Broomfield</b>	
American Indian or Alaska Native, non-Hispanic	69.2 years
Black, non Hispanic	76.4 years
Hispanic or Latino, any race	80.1 years
White, non-Hispanic	80.6 years
Asian or Pacific Islander, non-Hispanic	85.1 years
Institute for Health Metrics and Evaluation (IHME). United States Mortality Rates and Life Expectancy by County, Race, and Ethnicity 2019. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2022.	

Additional data from Healthy Kids Colorado show that due to discrimination, certain groups have worse health outcomes. For example, LGBTQIA+ youth in Colorado are more likely to have worse mental health than their cisgender and heterosexual counterparts, and are more likely to report seriously considering attempting suicide.

**By exploring multiple demographic characteristics of our community, including characters such as median household income, unemployment and poverty status, educational attainment, race and ethnicity, age, gender identity, sexual orientation, disability status, among others, we are able to tailor our response to the disparities in health outcomes.**



# What Can We Do?

Historically, the healthcare and public health fields have focused on “downstream” strategies to improve health outcomes. While these strategies can and do improve health on an individual level, a more “upstream” or comprehensive approach to improving health at a community-wide level is needed. These upstream focus areas can be seen on BPHE’s Health Equity Framework (Figure 1).

This is where BPHE will continue to shift focus and health equity efforts. Our work will be in collaboration with our most impacted communities and other Broomfield, regional, and statewide partners to accomplish health equity goals. Broomfield’s key focus areas and anticipated outcomes are listed below.

## *Health Equity Plan Goal, Strategies, Activities, and Principles to Improve Equity*

**Overall goal: Incorporate practices of social and racial equity into the everyday efforts of the Broomfield Public Health and Environment Department, in order to reduce root causes of health inequities.**

### Principles

As we work to identify areas of concern and implement equitable, culturally and linguistically appropriate, and inclusive practices, we commit to:

- Seeking to understand the experiences of communities of color and the social determinants that lead to structural racism, exclusion, and lack of resources.
- Making decisions that are data-driven and informed by community input.
- Using public health resources to promote social and racial justice and health equity across Broomfield.
- Incorporating relevant climate change and sustainability initiatives that work to advance health and climate equity outcomes.
- Collaborating across sectors and strengthening community partnerships which foster health equity and antiracism.
- Leading by example, rather than through words alone.
- Assuring that the impact and effectiveness of the health equity workgroup is evaluated.

### Strategies and Activities to Improve Health Equity

1. **BPHE will ensure that 100% of staff have received training and support for awareness of inequities within the organization and the community, and how they can help to address them.**
  - a. Activities
    - i. 100% of BPHE staff will have completed the required training within 12 months of employment.



## What Can We Do? (cont.)

- ii. By December 2023, BPHE will assess each division's capacity (both time to complete and ability/skill to complete) to address health and racial inequities and make recommendations for improvements utilizing the BARHII Organizational Assessment for Addressing Health Inequities or a similar tool (for example, examine education and awareness of racial inequities, internal capacity for data collection/analysis, community engagement, etc.).
- iii. By December 31, 2023, BPHE will adopt a language guide for a common understanding of equity related terms (including social determinants of health).
- iv. By February 2024, in partnership with the Broomfield Development, Diversity, Equity and Inclusion (DDEI) Department, BPHE will identify tools, trainings, technical assistance and mentorships for staff that help facilitate conversations about race, racism, dominant culture, and gaps identified in the division assessments. Trainings will also focus on enhancing workforce competencies in understanding social, environmental, and structural determinants of health; knowledge of affected communities; leadership; collaboration; community organizing; problem solving, etc.
- v. By May 2024, in partnership with Broomfield DDEI Department, BPHE will assess resources needed to support staff in being culturally and linguistically appropriate.

### **2. By December 30, 2025, develop and implement a Community Engagement Framework with specific communities and timelines identified.**

#### a. Activities

- i. By May 31, 2023, assess the status of relationships with the community.
  - 1. By April 2023, BPHE will assess where we have already developed relationships with the community and the strength of those relationships.
  - 2. By April 2023, BPHE will identify where we have gaps in important community relationships that we need to further develop.
- ii. By February 28, 2024, BPHE will identify priority community members/organizations to reach out to, along with BPHE leads, in order to create intentional mutually beneficial relationships with the community.
  - 1. Note: These relationships should include people with lived experience and a willingness of BPHE to help advance objectives that are the priorities of the community, and to build shared power.
- iii. By October 31, 2024, each division/program incorporates the use of the [community engagement tool](#) to assess where they are relative to the community engagement spectrum.



## What Can We Do? (cont.)

- iv. By December 31, 2024, each division, or divisions together, sets goals to increase power sharing with at least one priority community.
  1. Note: Consider piloting community engagement as it can help inform communication strategies.

### **3. By June 30, 2026, BPHE staff will establish a health equity communication framework that involves the community and assures a culturally and linguistically appropriate approach.**

#### a. Activities

- i. By December 31, 2024, BPHE will assess its communication and outreach modalities to identify best practice opportunities to implement strategies that are responsive to community needs and are culturally and linguistically appropriate.

Note: Consider the following: Is our internal workspace inclusive and welcoming? What language do we use to reflect that? Are literacy levels appropriate? Are key resources available in multiple languages?

- ii. By June 30, 2025, BPHE will gather feedback from community partners/members to assure design of communication messages and platforms are inclusive of multiple perspectives, and are designed to improve access to, and relevance of, communications intended for the audiences and disproportionately impacted groups.

- iii. By October 30, 2025, incorporate context into communication materials and presentations that enhances awareness of systems that have created inequities.

Note: some examples include information about root causes such as racism, oppressive policies, inequitable distribution of resources, etc.

- iv. By June 30, 2026, communication is conducted on a variety of platforms, in multiple languages and accessible to a wide range of audiences.

1. By April 2026 BPHE will develop a process for annually validating the above statement with key audiences.

### **4. By December 31, 2025, establish a data collection and analysis system that allows BPHE to collect, analyze and report on data that will help ensure we are meeting our overall health equity plan goal.**

#### a. Activities

- i. By February 28, 2024, BPHE will establish baseline methods/standards for data that will be collected on an annual basis at the program and population level.

1. Note: Do this in partnership with DDEI and CDPHE, continually improve data collection methodologies such as the disaggregation by race/ethnicity, enhanced analysis techniques to remove biases, development of health indicators that



## What Can We Do? (cont.)

reflect cultural strengths and assets of communities, and the facilitation of qualitative information gathering.

ii. By March 31, 2024, BPHE in partnership with DDEI, CCOB departments, and the community, will identify the gaps in the data collected at the population level. It will also identify program activities and strategies (social determinants of health, environmental factors, etc.) that will address gaps.

1. By January 31, 2024, BPHE will inventory currently available data (i.e., community health rankings, Behavioral Risk Factor Surveillance System, Vital Statistics).

iii. By April 2024, BPHE in partnership with the community using qualitative and quantitative data will conduct a Community Health Assessment to determine the priority needs of a variety of populations, based on conversations with the community.

1. Note: An essential part of the analysis will be to identify the root causes of disparities between different populations. Examples of qualitative data collection tools include: community forums (participant observation), key informant interviews, focus groups, etc. Part of this will be identifying any data gaps the community sees as important.

iv. Starting in December 2024, and by December 31st each year thereafter, report on the strategies, actions and outcomes of the Health Equity Plan with the Board of Health and community to assure accountability to the public.

v. By December 31, 2025, develop a framework for reporting on **community health status** that is available to the public.

**5. By December 31, 2026, BPHE will have adopted policies and procedures that reflect health equity and will help to achieve its overall health equity goal.**

a. Activities

i. By December 31, 2025, collaborate with DDEI and CCOB departments to identify policy and program opportunities, and other strategies to address the determinants of health.

ii. By December 31, 2025, and in collaboration with the CCOB Human Resources (HR) and DDEI departments, assess internal public health equity policies and procedures and identify opportunities to remove barriers and promote equity.

iii. By June 2026, in collaboration with CCOB HR and DDEI departments, propose at least three policies, one in each of the three areas below that promote a diverse workforce and demonstrate a commitment to health equity.



## What Can We Do? (cont.)

1. Hiring: establishment of minimum criteria for education and experience, where positions are advertised, a process for how interviews and ratings are conducted to remove bias.
  2. Adopt policies to advance social determinants of health: alignment of funding to priorities, streamlined administrative processes to make it easier to fund Community Based Organizations, CLAS standards, etc.
  3. Create flexibility and expectation to address health equity through our programming: analyze CDPHE contract language to determine what is allowed to shift focus to impacted communities and a gap filling role, increase blending and braiding funding to focus on health equity work, etc.
- iv. By October 2026, work with CCOB departments to streamline the process to contract with community members so they can be compensated as partners that help us advance shared equity priorities.
  - v. By December 2026, embed health equity principles and priorities into funding opportunities and proposals that BPHE is initiating, participating in, or influencing.
  - vi. By December 2026, in partnership with CCOB Finance department, develop a mechanism to incorporate an equity lens in contracting, purchasing and budgeting procedures.
- 6. By December 31, 2027, in collaboration with our partners and the community, provide education and support toward at least two community policies (one of those being environmental) that will help improve health equity within the Broomfield community.**
- a. Activities
    - i. By December 2026, in partnership with the community, DDEI and CCOB departments, identify at least two community policy measures that will help improve racial and social injustices in Broomfield's community.
      1. Use CCOB/DDEI tool (equity questions) to ensure consistent approach to assessing policy options.
      2. By May 2025, identify and review existing tools/guides/best practices.
        - a. For example: [Racial Equity Toolkit: An Opportunity to Operationalize Equity](#) (Government Alliance on Race and Equity).
      3. By May 2026, review frameworks from other organizations that address climate equity and environmental justice from a policy standpoint.
        - a. Identify one existing policy that could help CCOB address environmental justice on a local level.
      4. By June 2026, BPHE staff will begin education in collaboration with others.
      5. By August 2026, BPHE in partnership with the community and existing partners, will identify one additional community health equity issue that would be improved by a policy.
        - a. Review BPHE Community Health Assessment results.



## What Can We Do? (cont.)

6. By December 31, 2026, the community in coordination with BPHE staff will determine what the best course of action is to advance the policies.
7. Between January 2027 and December 2027, the policy will be presented to the decision-making body for approval.

ii. Policies are implemented by December 31, 2027.

## Accountability

With this plan we will be accountable to our staff, partners, disproportionately impacted populations, and community as a whole. Accountability includes but is not limited to:

- Being transparent with staff, partners and the community regarding the equity work we are doing.
- Assuring that our goals and strategies are specific, measurable, achievable, realistic and time bound.
- Authentically engaging our community as defined under goal number two in this plan, with a particular focus on disproportionately impacted populations as indicated by the data and lived experiences.
- Assuring full support from our Board of Health as BPHE's governing body for this plan.
- Using quality assurance measures to assure our strategies are helping us reach our goals.
- Reporting annually on progress via a public meeting to our staff, Board of Health and our community.

## Conclusion

Pursuing health equity is the basis of successful public health work. BPHE looks forward to implementing this plan in collaboration with partners and the community to reduce health disparities and improve health outcomes in Broomfield. Additional information about health equity in Broomfield can be found at [Broomfield.org/HealthEquity](https://Broomfield.org/HealthEquity).

### Broomfield Public Health and Environment

100 Spader Way, Broomfield | 720.887.2220 | [publichealth@broomfield.org](mailto:publichealth@broomfield.org)

[BroomfieldHealth.org](https://BroomfieldHealth.org)

