

Health Equity Fund

Theory of Change Report Summary – February 2019



Background. In 2016, City of Boulder voters passed ballot issue 2H authorizing the Sugar Sweetened Beverage Product Distribution Tax (**SSB Tax**). The measure imposes an excise tax of two cents per fluid ounce on the distribution of sugar-sweetened beverages. The tax went into effect on July 1, 2017.

The city created the Health Equity Fund (**HEF**) program to coordinate allocation of funding collected from the Tax, to community programs that help reduce health disparities and improve health equity throughout the city. Boulder Revised Code Section 3-16-11 states that HEF funds must be used for health promotion, general wellness programs and chronic disease prevention. Currently, the city defines health equity as “**the absence of systematic health disparities based on socio-economic factors, and the ability of all residents to reach their full health potential, regardless of their life circumstances.**”

From July 2017 to December 2018, the HEF has awarded or allocated roughly \$7.3 million for health equity programs. Each year, non-profit organizations, government agencies and institutions serving Boulder residents can request funding for programs that meet HEF criteria. Funding recommendations are made by the Health Equity Advisory Committee (**HEAC**), a nine-member committee appointed by the city manager. Details about the funding process and allocations are available on the [HEF website](#).

Health Equity Fund Theory of Change. In 2018, the city began a multi-year evaluation process, to define the goals and desired outcomes for the HEF and determine how we will measure the impacts resulting from HEF funding and activities. The city contracted with Health Management Associates (**HMA**) to assist with this task.

The first phase of this strategic planning process was to determine the Theory of Change, which describes the long-term evaluation framework for the HEF. The Theory of Change helps answer these questions:

- Who should benefit from the HEF?
- What benefits are to be achieved from the HEF?
- When will the city achieve them using the HEF?
- How will the city make this happen through the HEF?
- Where and under what circumstances will HEF work most effectively to achieve what the city and its residents desire?
- Why will the Theory of Change be reality?

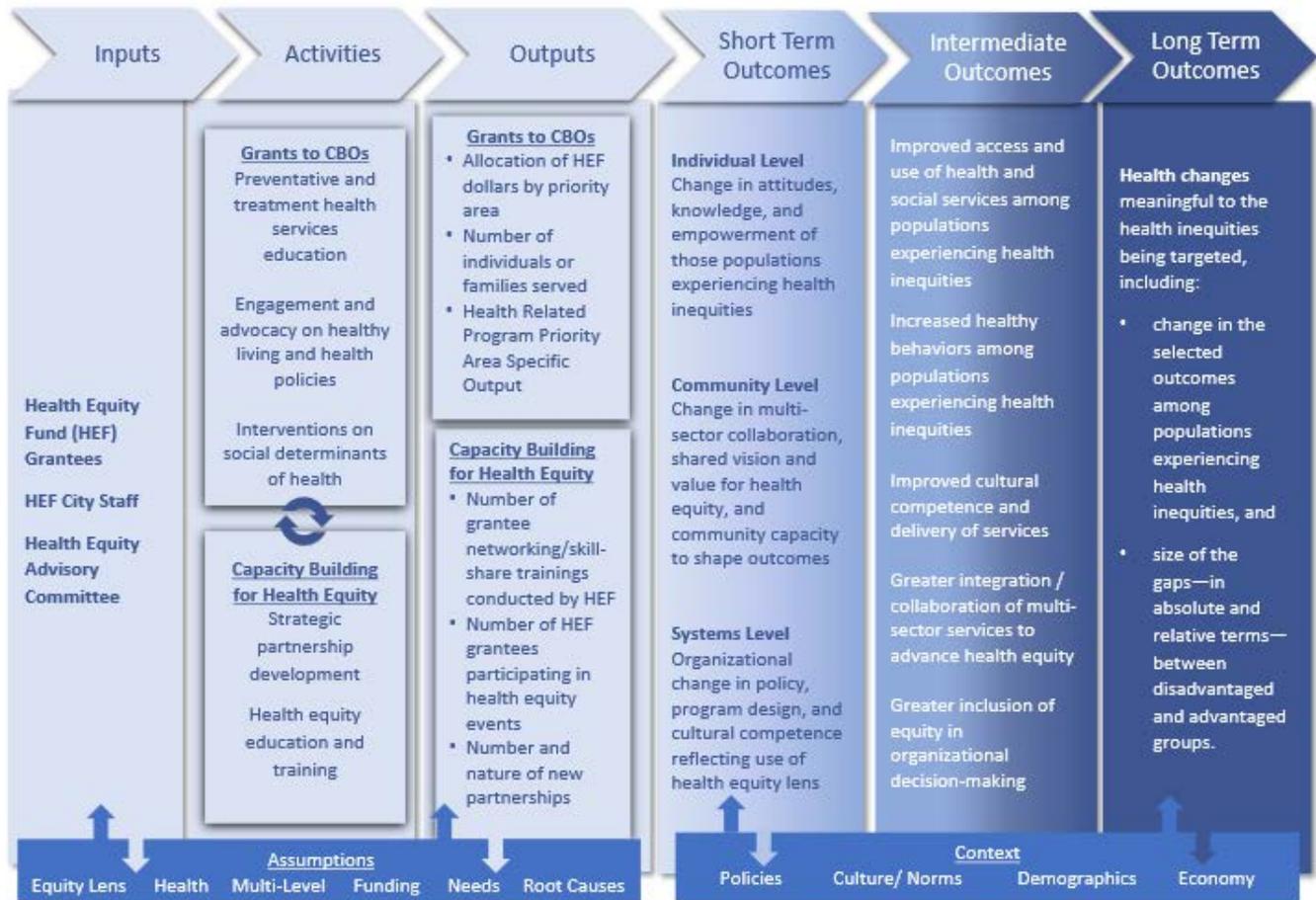
To create the Theory of Change, city staff and HMA interviewed HEAC members, met with HEF grantee groups at a fall 2018 Health Equity Fund Summit, and held in-person focus groups with city residents who are experiencing health disparities and are participating in health equity programs funded through the HEF.

In February 2019, HMA provided the city with a Theory of Change report that includes research and best practices for fund investments and capacity-building activities. City staff, HEAC members and grantees can use the Theory of Change to help decide which programs could most effectively advance and achieve health equity.

Health Equity Fund Logic Model. The primary component of the Theory of Change is the “logic model,” a picture of how the HEF can advance and achieve health equity through grants to community-based organizations (**CBO**) and

capacity-building in the Boulder community. Grounded by the SSB Tax legislative intent and evaluation of actual HEF activities, the HEF logic model consists of:

1. **Inputs**, or resources that the City has available to implement the HEF;
2. **Activities** that the HEF invests in to achieve desired outcomes;
3. **Outputs**, or the immediate and measurable products of HEF's investments and activities. These outputs are part of the process evaluation and help track the degree to which HEF grantees and the City are meeting their implementation goals;
4. **Short term outcomes**, or the goals that the HEF will be working to achieve within any one granting cycle. Meeting these short-term outcomes leads to meeting the intermediate and long-term outcomes;
5. **Intermediate outcomes**, or the goals that the HEF will be working to achieve upon conclusion of a granting cycle and ideally, within one to three years of any one granting cycle. Meeting these intermediate outcomes leads to HEF getting closer to its set of long-term outcomes; and
6. **Long term outcomes**, or the goals established by the HEF with input from its stakeholders that the HEF is working towards regarding reducing health inequities. They will be measured over the course of several years (eight to ten years) and include measurement of health changes meaningful to the health inequities being targeted by the HEF.



Next Steps. In 2019, city staff and HMA will work with HEAC members, HEF grantees and other community partners to build on the next element of our strategic planning process: determining an evaluation framework with which to most accurately measure the HEF impacts in Boulder.

For more information on the Health Equity Fund and the HEF evaluation process, contact Elizabeth Crowe, Health Equity Fund Program Manager, at (303) 441-1928 or crowee@bouldercolorado.gov. Or, visit the Health Equity Fund website at <https://bouldercolorado.gov/human-services/health-equity-fund>.