

HEALTH DISPARITIES  
GRANT PROGRAM

**DOCUMENTARY**  
SCREENING & GUEST PANELIST  
**PRESENTATION**

MONDAY,  
FEBRUARY 7TH, 2022

2:00PM-4:00PM

Register at the  
link below:

[https://us02web.zoom.us/webinar/register/WN\\_50sN3bGLRl2eXCzuRlr7gA](https://us02web.zoom.us/webinar/register/WN_50sN3bGLRl2eXCzuRlr7gA)

PROGRAMA DE  
SUBVENCIONES PARA  
DISPARIDADES DE SAULD

**DOCUMENTAL**  
PROYECCIÓN DE DOCUMENTALES  
Y PANELISTA PRESENTACIÓN

LUNES,  
7 DE FEBRERO DE

2022

2:00PM-4:00PM

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# Evaluating Complex Community Challenges Impacting Social Determinants of Health

Colorado Health Disparities Grant Program

**FY19-21 Evaluation Findings**

**Grantee Presentation**

**25 Jan. 2022**



Partners in Evaluation & Research





*Vision: Leading collaborative evaluation and research to improve the health of communities.*

## Evaluation Team

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ALLISON MAYTAG

# HDGP FY19-21 Evaluation

## Presentation Outline



Health Disparities Grant  
Program (HDGP) & Evaluation  
Approach



Evaluation Findings

(Community Engagement, Partnership, Capacity  
Building, Progress Towards Change, and Impact)



Summary of Findings  
& Key Take-Aways

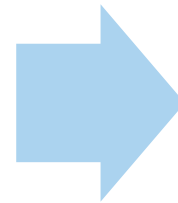
# HDGP FY19-21 Overview:

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Multi-sectoral partnerships funded to work on systems and policy changes that address upstream determinants of health.

## Upstream determinants of health:

Social and economic factors such as education, employment, social support, community safety, housing, transportation and environmental conditions

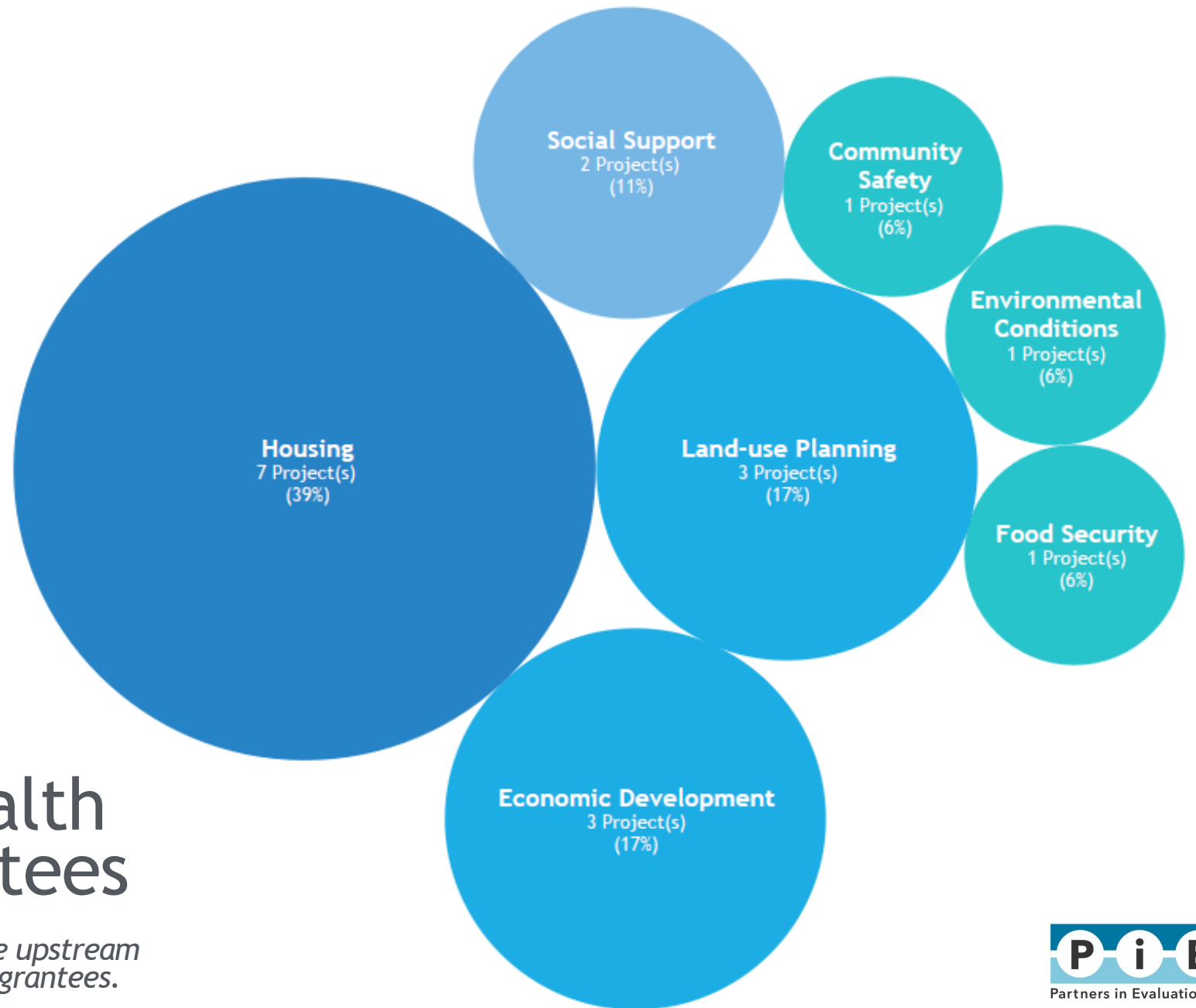


## Reduce Health Disparities:

Cancer, cardiovascular, pulmonary disease prevention

PiER Center contracted to conduct a cross-site evaluation

# HDGP FY19-21 Overview:



***Housing***  
was the most  
focused on social  
determinant of health  
among the 14 grantees

*\*Note: Grantees could work on more than one upstream focus area, resulting in 18 projects across 14 grantees.*

# Evaluation Purpose:

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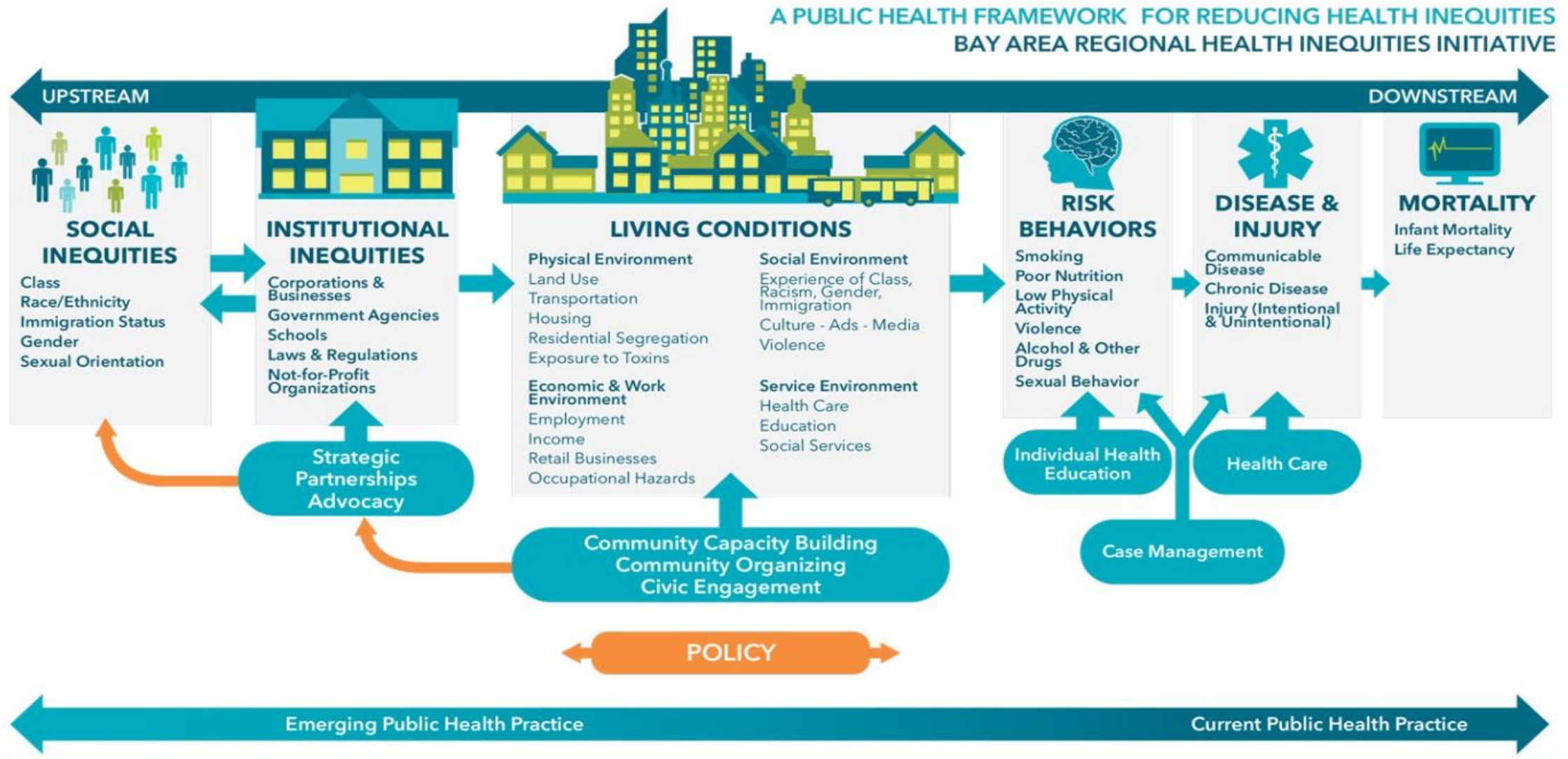


Evaluate 14 agencies funded to transform communities through social, economic, political, & physical changes to reduce health disparities.



Assess if the policy, system, and environmental (PSE) changes increased availability, accessibility, and acceptability of social and economic resources.

# Equity-Oriented Framework Guiding the Evaluation





# Evaluating Policy, System, and Environmental Change

Increased Capacity:  
Evaluation Q3

To what extent has the capacity of the community changed?

Improved Conditions:  
Evaluation Q1 & Q2

To what extent are conditions created for a policy change?

Policy Change:  
Evaluation Q4

To what extent is the initiative evolving through the policy change continuum?

Behavior Change:  
Evaluation Q5

To what extent is the policy change changing actions, behaviors, & practices in a system?

PSE Impact:  
Evaluation Q5

To what extent are the policy-induced changes in behaviors, actions, & practices contributing to desired impact?

*Policy Change Continuum*

Stage 1:  
Development

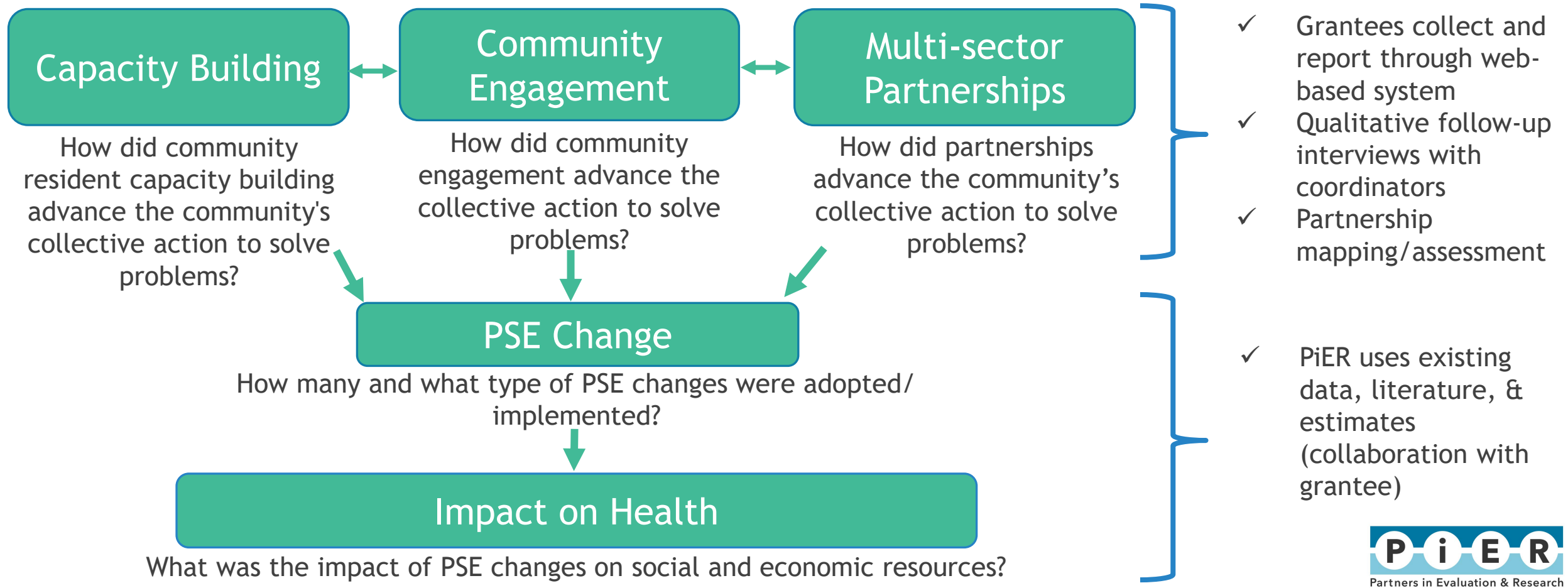
Stage 2:  
Placement on  
Agenda

Stage 3:  
Adoption

Stage 4:  
Implementation

Stage 5:  
Maintenance

# Cross-Site Evaluation Methods



# HDGP FY19-21 Evaluation Results

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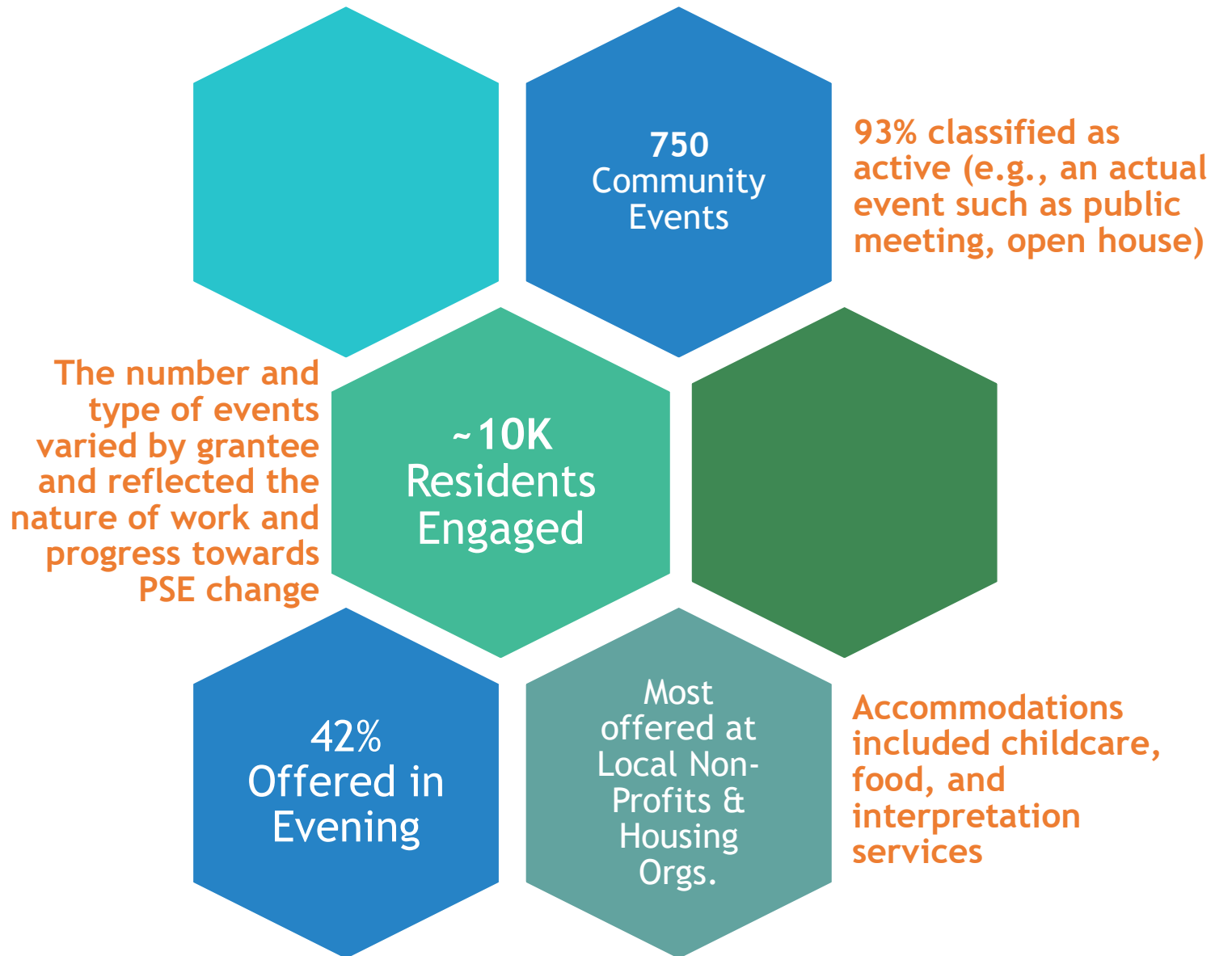
PRESENTED BY EVALUATION QUESTION

# Authentic Community Engagement

How did the grantee & their partners engage community members?



Authentic community engagement that is inclusive, equitable, and accessible leads to more equitable outcomes.\*



\*Healthy Places by Design, 2021

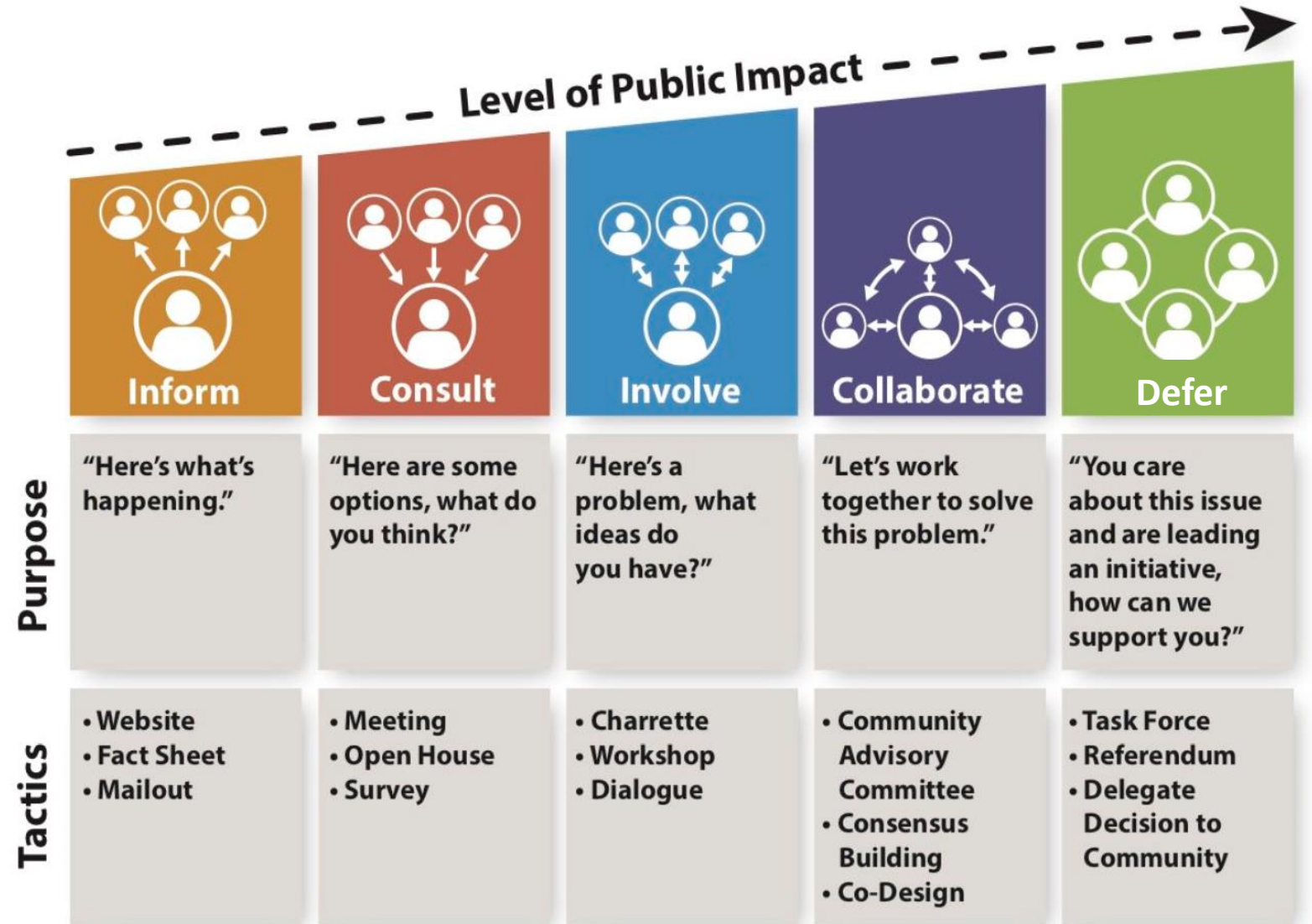
# Authentic Community Engagement

What was the purpose of community engagement?

## Spectrum of Community Engagement



Authentic community engagement is not just about involving more people; it needs to elevate underrepresented voices and incorporate them into the decision-making process.\*



\*Seattle King County, Strategies for Equitable Engagement

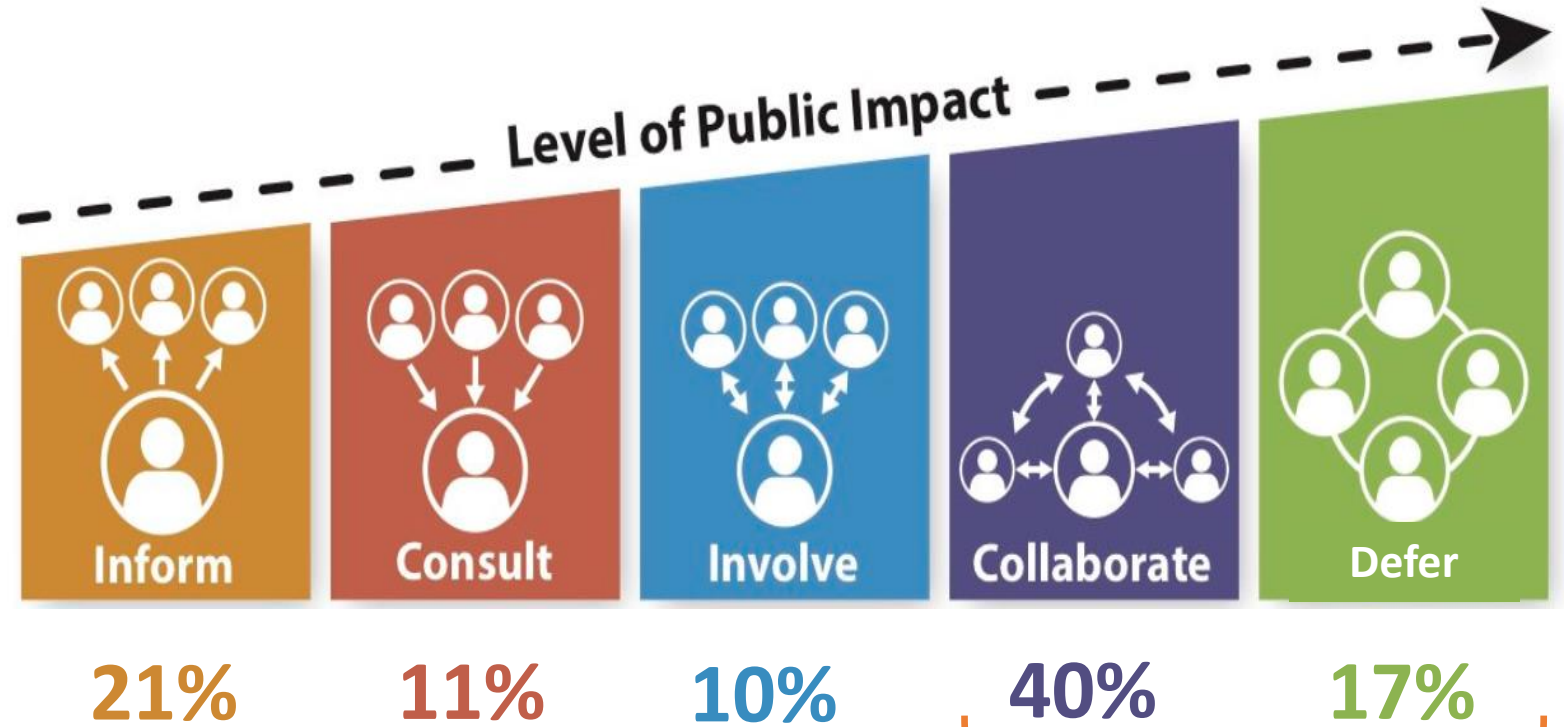
# Authentic Community Engagement

What was the purpose of community engagement?

Level of Authentic Engagement (equitable)



A majority of community engagement activities included community members in making the decisions. This is incredible considering COVID-19 drastically impacted grantees' ability to meet in-person with community members.



40% + 17% = 57%

57% of community engagement events included residents in decision making

# Multi-Sectoral Partnerships

What was the role of partners?

Number of Partners, Partnership Roles



Multi-sectoral partnerships have the capacity to solve systemic problems because they draw on the resources of all the sectors: business, government, and nonprofit. They can wield more power than one organization or even a group of similar organizations.\*



\*The Community Toolbox, FSG Water of Systems Change

# Multi-Sectoral Partnerships

What were the types and structure of partnerships? How was community engaged in the partnership?

Partnership Clusters\*



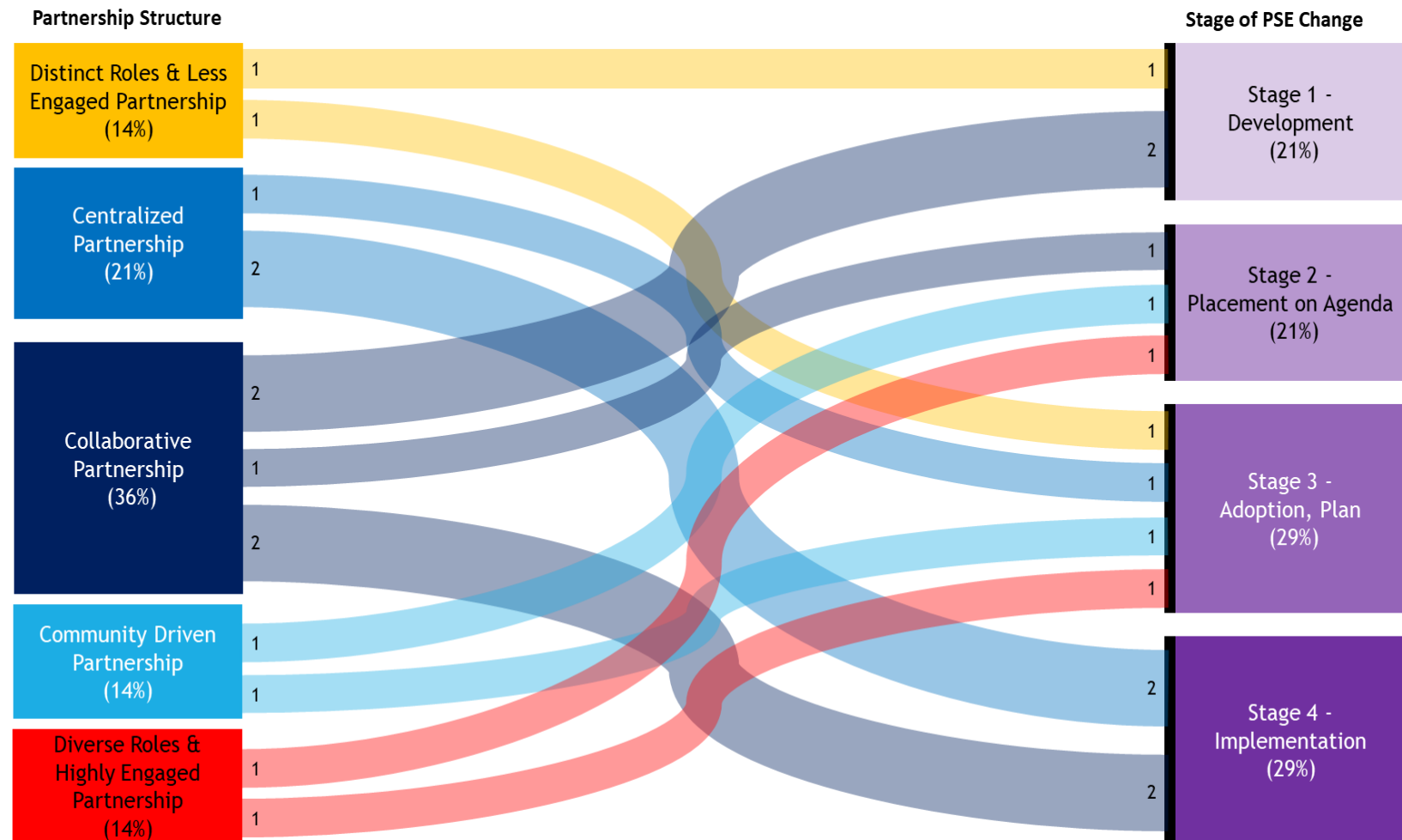
\*FSG Water of Systems Change



# Progress Towards PSE Changes

How did grantee's progress towards PSE change vary across partnership structure?

## Relationship between Partnership Structure & Progress Towards Policy/PSE Change



No patterns between partnership structures & PSE progress.

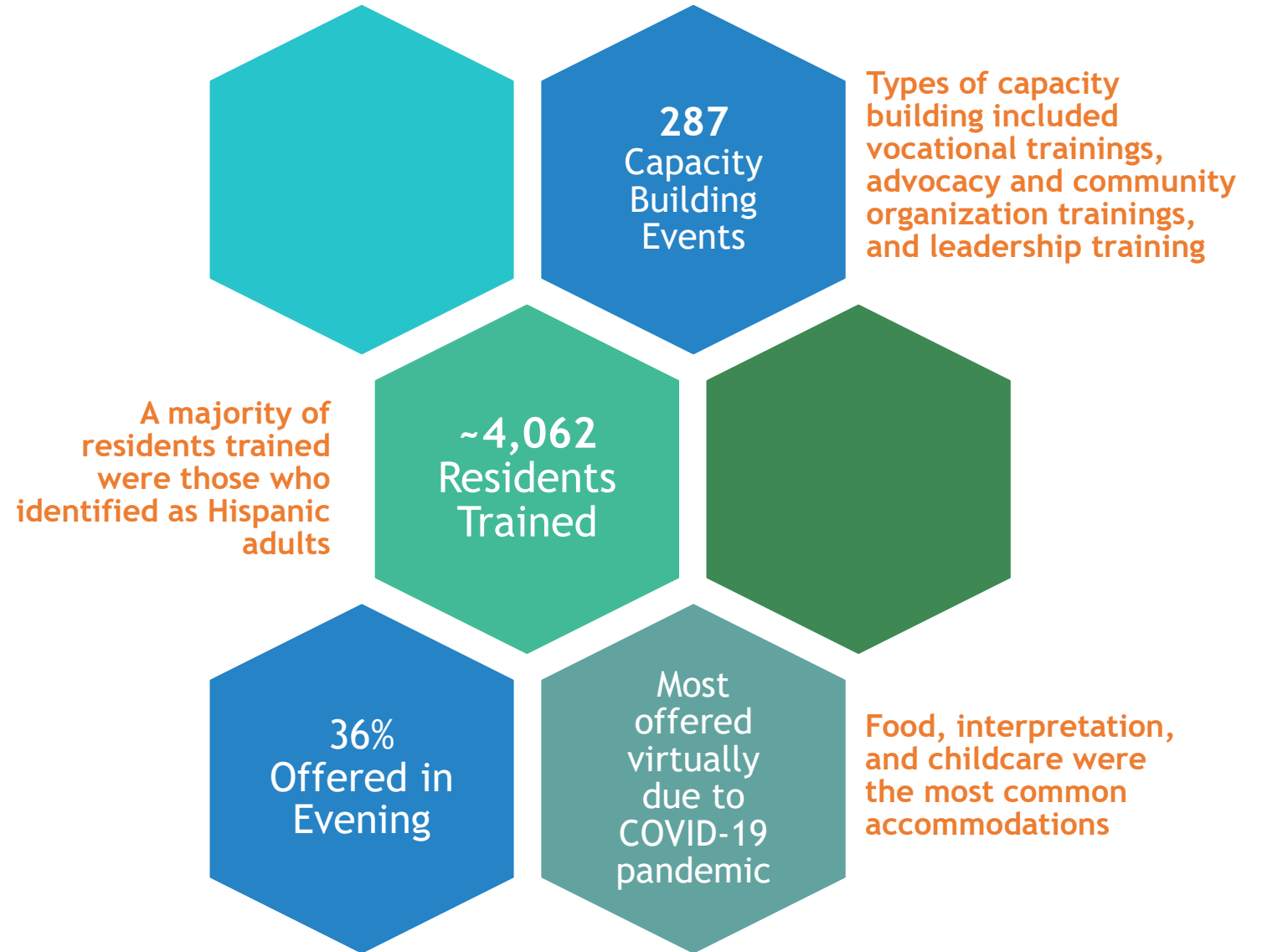
# Capacity Building

How did each community build resident capacity?

Number & Type of Training



Like authentic community engagement, capacity building trainings need to be inclusive, equitable, and accessible.



# Capacity Building

What was the outcome of building resident capacity?

## Confidence in Leading



- ✓ Shared their stories on the impact policies, systems and environmental changes have on them
- ✓ Produced resident by-laws and worked towards becoming separate nonprofit organizations
- ✓ Assisted in developing Strategic Plans and Equity Development Plans
- ✓ Hosted and lead meetings with community residents

## Confidence in Advocating for Change



- ✓ Presented at local City council meetings to elected officials on initiatives to support their community
- ✓ Used digital storytelling to share their lived experiences
- ✓ Engaged with property managers at their Mobile Home Parks to express their concerns
- ✓ Wrote letters in support of statewide housing bills

## Confidence to Seek out New Opportunities



- ✓ Worked with local organizations and anchor institutions to hire locally
- ✓ Applied and often received grant funds for their own community initiatives and taught others how to apply for grant opportunities

**Types of capacity building included vocational trainings, advocacy and community organization trainings, and leadership training**

# Overall Recommendations to Consider for Authentic Community Engagement and Capacity Building



\*Accommodations and incentives show respect and help break down barriers to participation.

\*Technology is both a facilitator and a challenge. Communities need time and resources to ensure appropriate use of technology that allows for authentic, culturally appropriate engagement.

\*Policy, Systems, and Environmental change work takes time and is slow moving especially when working with communities that have historically experienced inequities, racism, and distrust among agencies. It takes time to facilitate trust among these communities and to establish a collective group of dedicated members wanting to advocate together.

\*Allowing authentic engagement yet ensuring goals are attainable and reached all while building a trusting relationship with community to tackle addressing issues is a balancing act. This means funders and partners need to be flexible, patient, and adaptable.

\*It is critical when building the foundation of authentic engagement to keep the communities' needs at the forefront and make sure community members have basic needs met while moving the work forward.



# What progress has been made toward the prioritized PSE change?

Increased Capacity:  
Evaluation Q3

To what extent has the capacity of the community changed?

Improved Conditions:  
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*Policy Change Continuum*

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Development

Stage 2:  
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Stage 3:  
Adoption

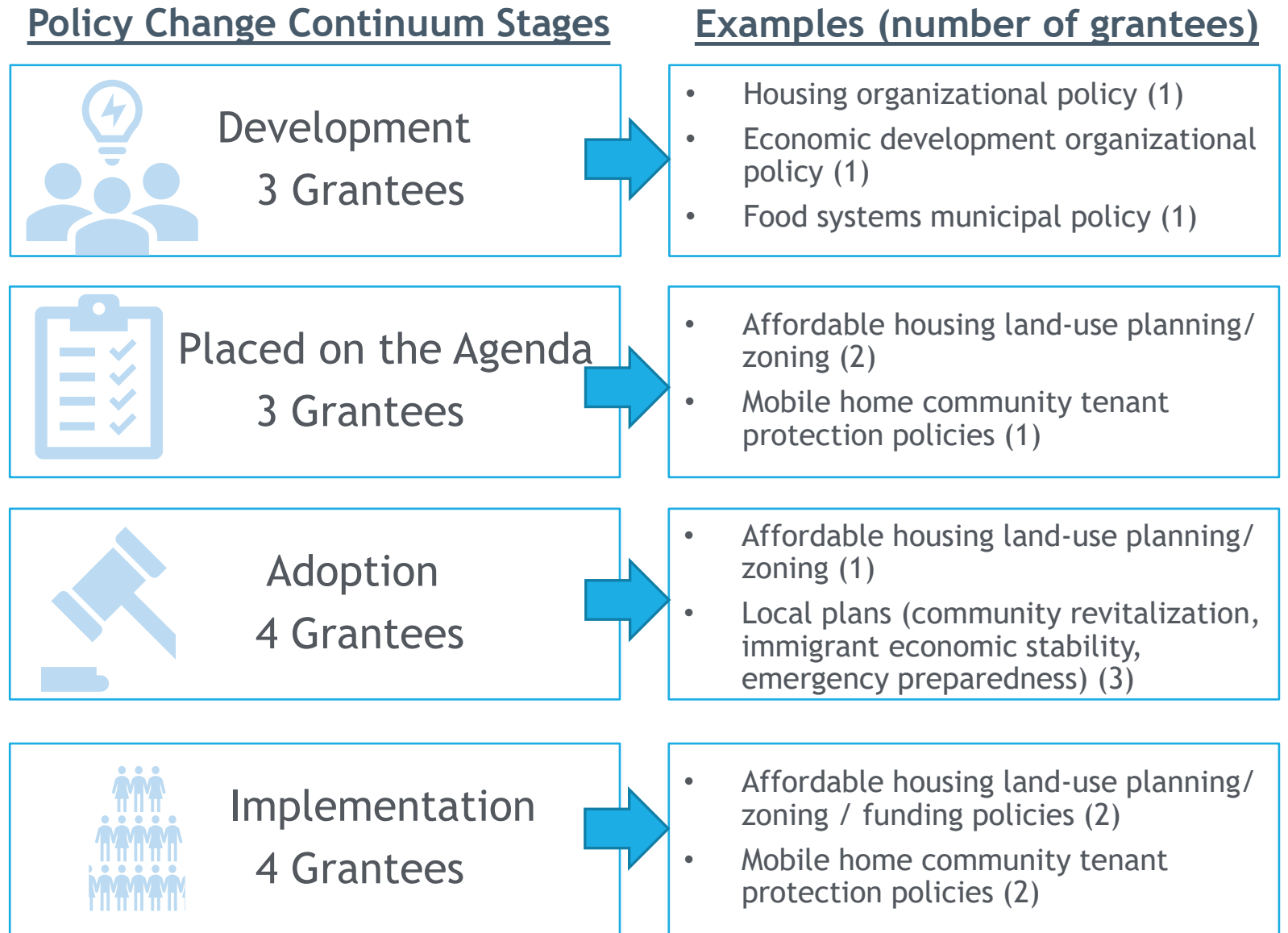
Stage 4:  
Implementation

Stage 5:  
Maintenance

# Progress Towards PSE Changes

What progress did grantees make towards their prioritized PSE change?

## Progress Across the Policy Change Continuum



**Grantees have made substantial progress towards their prioritized PSE changes addressing upstream determinants of health.**

# Impact on Health

How many and what type of PSE changes were adopted/implemented?

**Prioritized PSE Changes Adopted/Implemented by SDoH Focus Area**



Affordable Housing

- 9 PSEs adopted



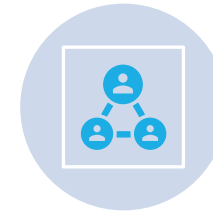
Protective Tenant Rights

- 24 PSEs adopted



Neighborhood Environment

- 3 PSEs adopted



Social Environment

- 1 PSE adopted



Economic Mobility

- 1 PSE adopted

**In total, 38 PSE changes were adopted and/or implemented as a result of grantee efforts.**



# *Impact on Health: Housing*

What was the impact of PSE changes on social and economic resources?

**Housing Affordability & Housing Stability**



## How does housing impact health?

**Housing  
Affordability**

Housing  
Stability



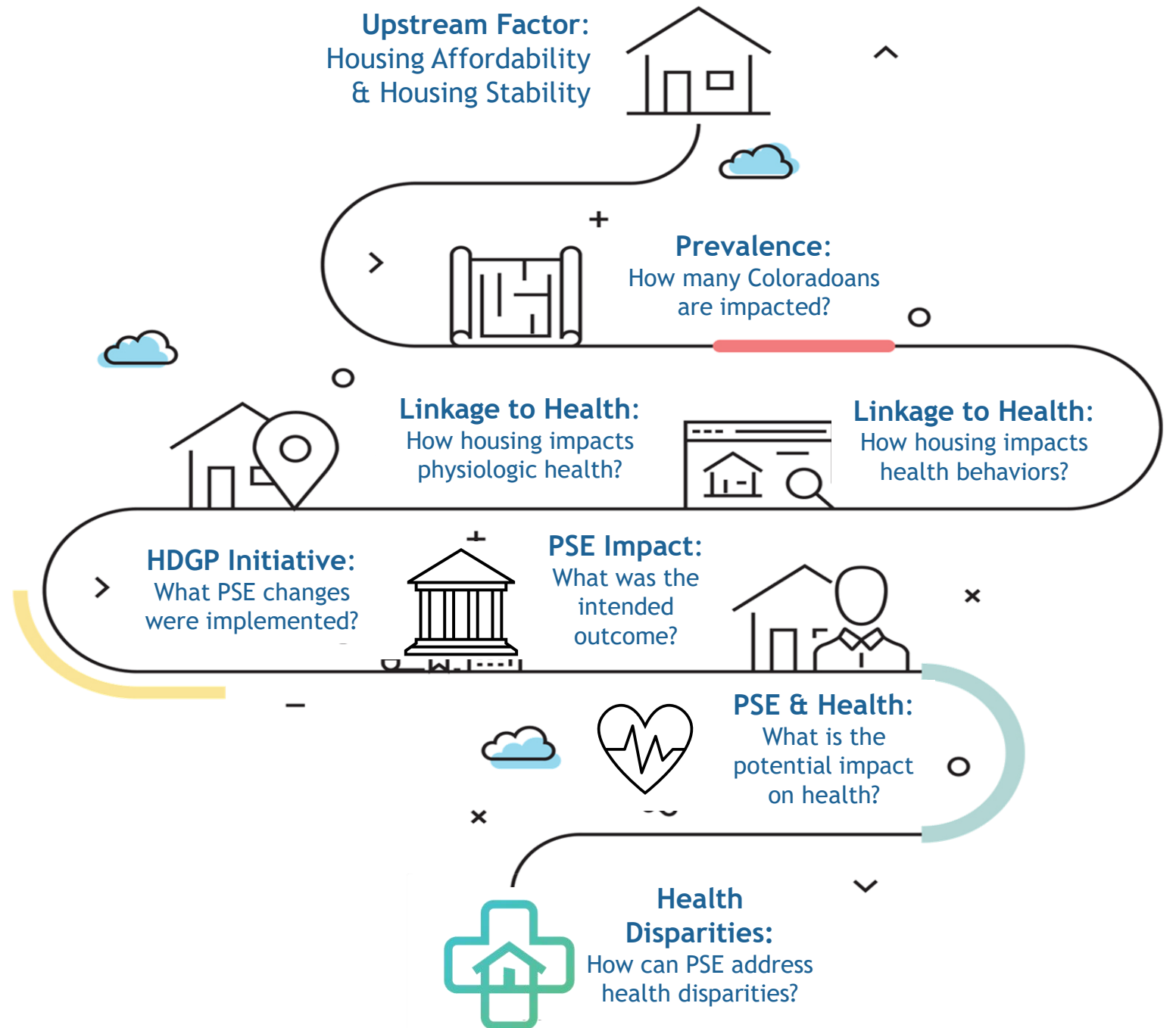
Housing  
Safety & Quality

Neighborhood  
Environment

# Impact on Health

What was the impact of PSE changes on social and economic resources?

Housing & Health Evidence Table



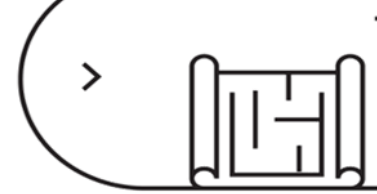
# Impact on Health

What was the impact of PSE changes on social and economic resources?

Housing & Health Evidence Table



Upstream Factor:  
Housing Affordability  
& Housing Stability



Prevalence:  
How many Coloradans  
are impacted?

45%

Colorado renters are housing cost burdened

- 16.8% of households spend 30-50% of income on housing
- 13.4% of households spend >50% of income on housing

21%

renter households are extremely low income

~162,557 households  
~411,270 people



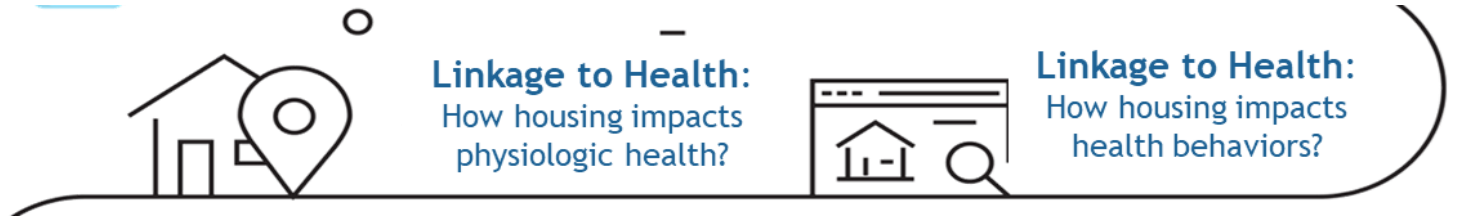
Housing Deficit: ~114,940 units

*There are only enough affordable rental units for 30% of low-income families (<30% AMI).*

# Impact on Health

What was the impact of PSE changes on social and economic resources?

Housing & Health Evidence Table



As the proportion of income families spend on housing increases:

**+22%**

HYPERTENSION

**+37%**

OBESITY

**+15%**

DEPRESSION

Limits discretionary income for resources

(e.g., health insurance, food, education, and/or ability to save for future purchases)

Less likely to seek medical care

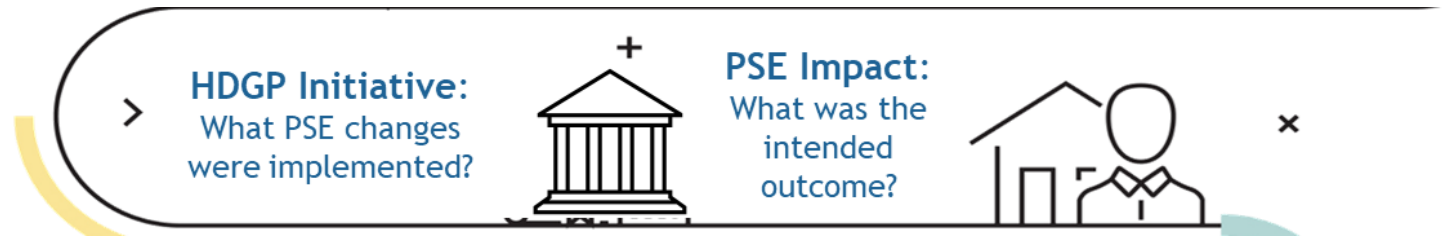
Higher healthcare cost

More likely to report food insecurity (23%)

# Impact on Health

What was the impact of PSE changes on social and economic resources?

Housing & Health Evidence Table



## Local Affordable Housing Policies:

228 Affordable Housing Units  
Acquired/Developed

138 more housing units  
(anticipated 2024)



## Impact on Housing:

Development of affordable housing units for housing cost burden community members

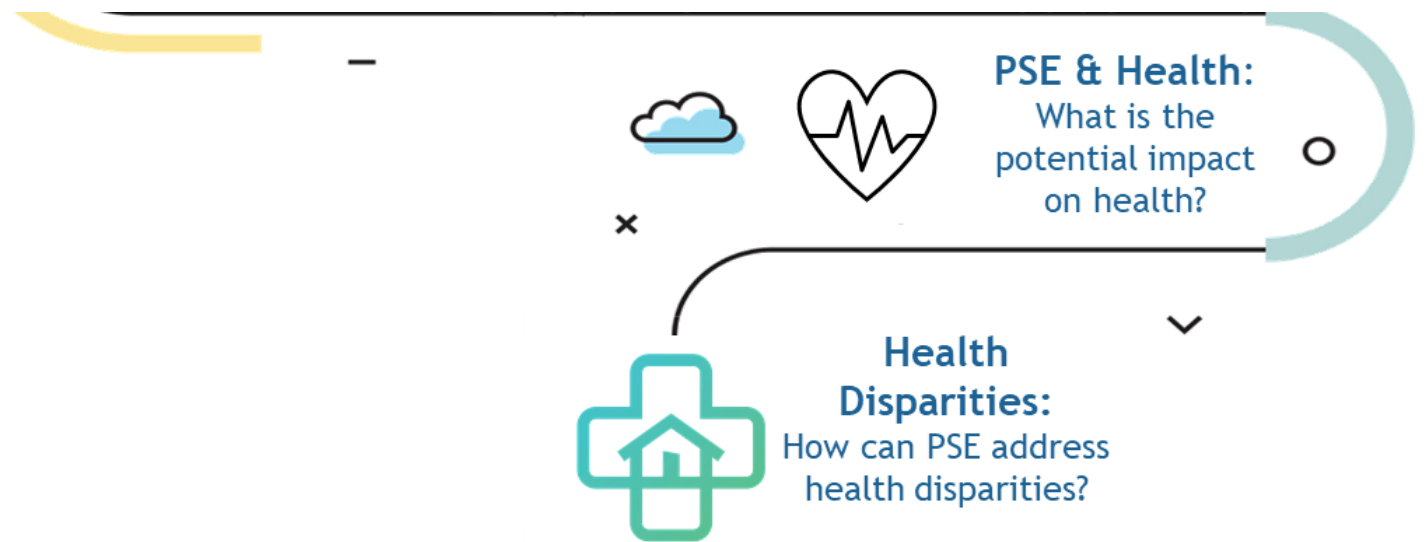
366 housing units developed/anticipated

1464 residents' w/access to affordable housing  
(4 people per unit)

# Impact on Health

What was the impact of PSE changes on social and economic resources?

Housing & Health Evidence Table



Moving to affordable housing is associated with:

**-12%**

MEDICARE  
EXPENDITURES

**+20%**

OUTPATIENT  
UTILIZATION

**-18%**

EMERGENCY  
ROOM VISITS

**77%** ↑

discretionary income  
when residents have  
affordable rent payments  
(e.g., health insurance, food, education,  
and/or ability to save for future purchases)

↓ **\$115**

member/month in health  
services expenditures

(i.e., health care savings associated with  
moving to affordable housing)

# Impact on Health

What was the impact of PSE changes on social and economic resources?

Housing & Health Evidence Table



Upstream Factor:  
Housing Affordability



If we extrapolate:

1,464 individuals that are housing cost burdened gain affordable housing

~\$2.02M savings in health care expenditures annually among Coloradans that move into affordable housing

*(\$115 person/month \* 1,464\* 12 months)*



Health Disparities:  
How can PSE address health disparities?

# Summary of Evaluation Findings & Recommendations

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HEALTH DISPARITIES GRANT PROGRAM FY19-21



# Summary of 14 Grantees' Efforts

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GRANTEES ELEVATED UNDERREPRESENTED VOICES AND INCORPORATED THEM INTO THE DECISION-MAKING PROCESS



GRANTEES SUCCESSFULLY ESTABLISHED COLLABORATIONS WITH PARTNERS ACROSS MULTIPLE SECTORS AND INCLUDED COMMUNITY RESIDENTS IN THESE COLLABORATIONS



CAPACITY BUILDING EFFORTS LED TO INCREASED CONFIDENCE AMONG COMMUNITY RESIDENTS TO LEAD, ADVOCATE FOR CHANGE, AND SEEK NEW OPPORTUNITIES



SIGNIFICANT PROGRESS WAS MADE TOWARDS CREATING POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES WITH 38 CHANGES ADOPTED DURING THE 3-YEAR GRANT CYCLE



ADDRESSING HOUSING AFFORDABILITY AND ECONOMIC MOBILITY AMONG COLORADOANS CAN HELP TO IMPROVE HEALTH EQUITY AND HEALTH ACROSS THE LIFESPAN

# Recommendations

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Authentic community engagement that puts residents at the decision-making table takes time and resources.

Funders should allow time for this engagement and ensure grantees have budgeted for accommodations (e.g., incentives, food, interpretation).



Allowing grantees the flexibility to adapt to their local environment may result in tailored approaches to solve problems that better address inequities, rather than prescribing benchmarks for partnership structures and community engagement.



While grantees made significant progress creating policy, system, and environmental changes, several changes are still in development.

Funders might consider providing funding in two phases.

# CONGRATULATIONS

HDGP FY19-21 GRANTEES ON  
ALL YOUR ACCOMPLISHMENTS!

For more information on this evaluation  
and the findings, please contact

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