Boulder County Public Health

Strategic Plan
2024 - 2029

BOULDER COUNTY
PUBLIC HEALTH
Opportunity for a Healthy Life

Table of Contents

Letter from the Public Health Director

Dear Colleagues,

As Boulder County embarks on the next five years of its public health journey, we stand at a transformative juncture characterized by unprecedented challenges and profound opportunities. The landscape of public health is evolving rapidly, influenced by shifting demographics, emerging health threats, and a heightened awareness of systemic inequities. Our strategic plan for 2024-2029 is designed to navigate these changes with a commitment to health and racial equity, community engagement, mental and behavioral health, emergency management, climate action, and stewardship. This comprehensive approach reflects our dedication to fostering a healthier, more resilient Boulder County, and it embraces innovation as a catalyst for meaningful change.

Health and Racial Equity

At the heart of our strategic plan is a commitment to health and racial equity. We recognize that health disparities are not only a matter of public concern but a reflection of deeply entrenched systemic injustices. In Boulder County, despite strong averaged health indicators in many areas, marginalized communities face disproportionate health challenges when data is disaggregated. Our goal is to address these inequities through targeted interventions, equitable policy-making, and community partnerships. By focusing on health equity, we aim to dismantle the barriers that prevent equitable health outcomes and ensure that every individual, regardless of their background, has the opportunity to lead a healthy life.

Community Engagement

The strength of our public health efforts lies in our ability to engage and collaborate with the community. The changing public health landscape demands that we move beyond traditional top-down approaches and foster meaningful dialogue with the people we serve. Community engagement is not just a component of our strategy; it is a fundamental principle guiding our work. We will prioritize building relationships with diverse community groups, understanding their unique needs and perspectives, and co-creating solutions that are both effective and culturally relevant. Through active engagement, we seek to empower residents, enhance trust in public health initiatives, and ensure that our strategies are grounded in the lived experiences of our community members.

Mental and Behavioral Health

Mental and behavioral health (MBH) is an increasingly urgent priority as we address the rising prevalence of mental health conditions and the complex interplay between mental health and overall well-being. The COVID-19 pandemic has underscored the critical need for robust mental health support systems, and Boulder County is committed to advancing initiatives that address these needs comprehensively. Our strategic plan includes scaling positive mental health supports and increasing social connectedness in our community and supporting policies that support mental and behavioral health, and reducing stigma through public education and outreach. This work builds on and contributes to a broader county-wide Behavioral Health Roadmap, focusing on public health contributions to MBH. By focusing on mental health, we aim to build a supportive environment that promotes resilience and well-being for all residents.

Emergency Management

The ability to effectively manage emergencies is fundamental to safeguarding public health, and with climate change, emergencies and disasters are increasing. Boulder County faces a range of potential emergencies, from natural disasters to public health crises. Our strategic plan emphasizes strengthening our emergency management capabilities to ensure a swift and coordinated response to any situation. This includes enhancing preparedness and response, improving communication and coordination among agencies, and investing in infrastructure and resources that support rapid response. By prioritizing emergency management, we aim to protect the health and safety of our community, minimize disruptions, and build resilience against future challenges.

Climate Action

Climate change poses a significant threat to public health, affecting air quality, water resources, communicable disease, and the frequency and severity of extreme weather events. Our strategic plan integrates climate action as a core component, recognizing the interconnection between environmental sustainability and health outcomes. We will focus on initiatives that mitigate the impact of climate change, promote sustainable practices, and address environmental health risks. By advancing climate action, we aim to create a healthier environment that supports both current and future generations.

Stewardship

Effective stewardship is essential to the success of our strategic plan. This involves not only responsible management of resources but also a commitment to transparency, accountability, and continuous improvement. We will ensure that our initiatives are evidence-based, data-driven, and aligned with best practices. Regular evaluation and feedback mechanisms will be integral to our approach, enabling us to adapt and refine our strategies in response to emerging needs and opportunities.

In conclusion, Boulder County's public health strategic plan for 2024-2029 is a forward-looking blueprint designed to address the evolving needs of our community with a focus on equity, engagement, and resilience. Through a comprehensive approach that integrates health equity, community involvement, mental health support, emergency preparedness, climate action, and responsible stewardship, we are poised to make a meaningful difference in the lives of our residents. Together, we will navigate the complexities of the public health landscape and build a healthier, more equitable Boulder County for all.

Sincerely,

Lexi (Alexandra) Nolen, PhD, MPH

Executive Director

Acknowledgements

Creating a thoughtful, visionary plan is only achieved through the collaboration and dedication of many. Boulder County Public Health (BCPH) would like to thank the following individuals for their contributions to the development of this strategic plan:

- BCPH staff for their expertise, vision, and time in developing this plan. Additionally, we would like to thank BCPH staff who developed and implemented previous agency strategic plans, as they created the foundation upon which this strategic plan was built.
- Boulder County Public Health Board of Health for their leadership and support throughout this planning process.
- Boulder County sister agencies, community organizations, and community members who provided invaluable input leading to the development of BCPH's 2024 -2029 strategic priorities, goals, and objectives.

Executive Summary

Boulder County Public Health's (BCPH) 2024 – 2029 Strategic Plan provides strategic guidance and direction for the agency and stakeholders over the next five years. Developed through a comprehensive planning process, this plan identifies BCPH's priorities, what we aim to accomplish within each priority, how the work will be implemented, and outlines the methods by which we will monitor and evaluate progress.

The 2024 – 2029 Strategic Plan focuses on six strategic priorities that highlight the impact the agency hopes to achieve, and the internal infrastructure needed to support this work. These priorities were selected based on a variety of factors, including the current needs of the agency and community, the desire to build on progress from previous strategic plans, and to align with other county initiatives.

The six strategic priorities are:
- **Mental and Behavioral Health**: Improve mental and behavioral health in Boulder County by strengthening protective factors and building capacity to support well-being.
- **Climate Action and Sustainability**: Enhance Boulder County communities' resilience to effectively cope with the impacts of climate change by improving public health programs, prioritizing disproportionately impacted populations, and ensuring better preparedness and protection for local environments.
- **Emergency Preparedness, Response, and Recovery**: Ensure Boulder County residents and community partners are equitably supported in emergency preparedness, response, and recovery.
- **Health and Racial Equity**: BCPH institutionalizes the infrastructure, knowledge, culture, and resources for staff to effectively plan and implement HRE improvements in the community.
- **Community Engagement**: BCPH effectively engages with the public and community partners to create trust and to incorporate community and partner priorities into planning, policies, and agency activities.
- **Sustainability, Transparency, and Stewardship**: BCPH has infrastructure, culture, and practices to support good governance through sustainability, transparency, and stewardship of resources.

Through this strategic plan, BCPH will elevate and expand on work previously initiated, moving towards increased efficiency and coordination to achieve greater impact. In doing so, BCPH will position itself to better serve Boulder County communities. Additionally, this plan outlines how the agency will ground this work in health equity and support priority populations.

To support accountability and transparency in this work, BCPH is committed to sharing progress and lessons learned throughout the implementation of this plan, with updates provided to stakeholders at regular intervals over the next five years. Together with the dedication of staff and engagement with partners, BCPH is excited to move this work forward and realize positive change in the community.

Who We Are and How We Work
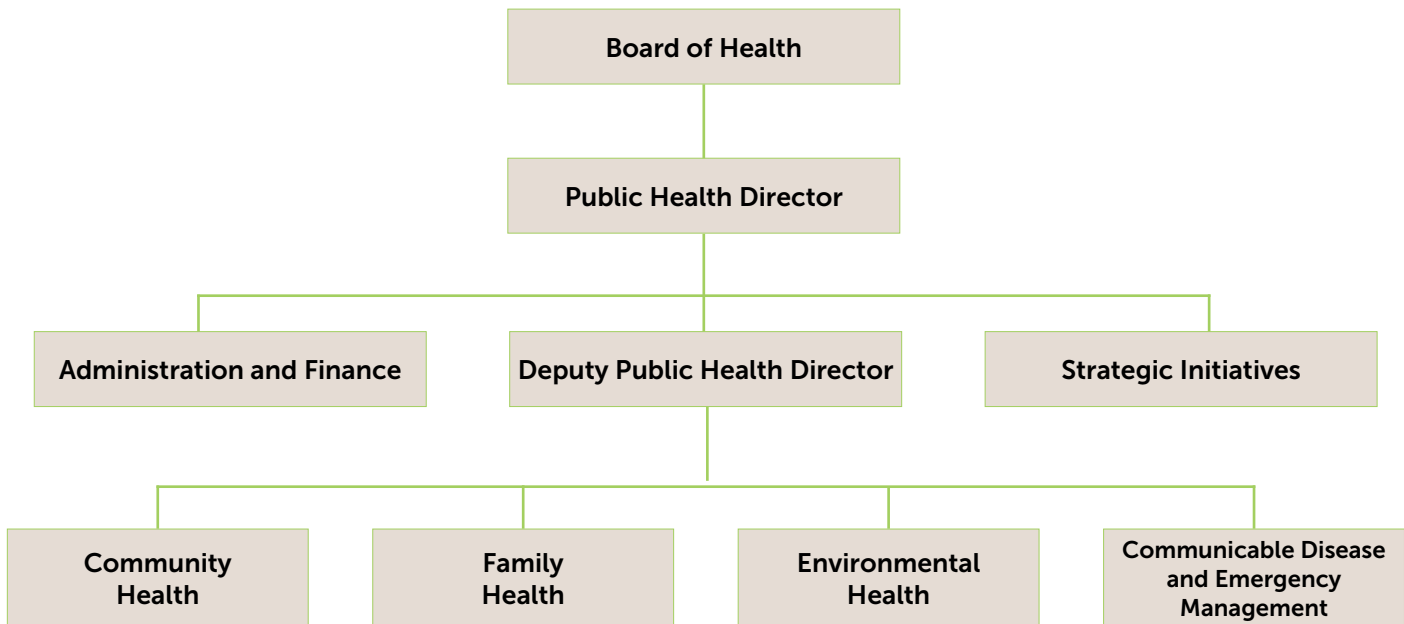
How Did We Arrive Here?

This plan represents Boulder County Public Health's third strategic planning effort since 2013 and builds on the work outlined in the agency's previous two plans. BCPH's 2013 – 2017 Strategic Plan focused on enhancing the agency's ability to provide core public health services, with an emphasis on data-driven decisions and health equity, both of which are principles that have carried forward into the current strategic plan. Implementation of the 2018 – 2022 Strategic Plan was significantly impacted by the COVID-19 pandemic response beginning in 2020. As the majority of BCPH's resources were shifted to respond to the global public health emergency, much of the work outlined in the 2018 – 2022 Strategic Plan was placed on hold. As a result, the four priorities within the previous strategic plan serve as the foundation for the current plan.

Our Agency

As a local public health agency, BCPH is part of the broader Boulder County government-serving communities within the county. As an integral part of the government system, the health department collaborates with numerous county departments and programs, as well as external partners, to support the health of the county. BCPH is governed by a five-member Board of Health (BOH), who are appointed by the Boulder County Board of County Commissioners. The BOH is responsible for assuring appropriate policy for BCPH, hiring and supervising the Boulder County Public Health Director, approving the department's budget, and providing oversight of agency operations.

The Public Health Director serves as the administrative and executive head of BCPH. BCPH is comprised of six divisions that house numerous programs serving the community and supporting the success of the agency. Learn more about [BCPH's programs and services](#).

Below is a high-level overview of the organizational structure of Boulder County Public Health:

```
                        ┌──────────────────────┐
                        │    Board of Health    │
                        └──────────────────────┘
                                   │
                        ┌──────────────────────┐
                        │ Public Health Director │
                        └──────────────────────┘
                                   │
       ┌───────────────────────────┼───────────────────────────┐
┌──────────────────┐   ┌──────────────────────────┐   ┌──────────────────┐
│ Administration   │   │ Deputy Public Health      │   │ Strategic        │
│ and Finance      │   │ Director                  │   │ Initiatives      │
└──────────────────┘   └──────────────────────────┘   └──────────────────┘
                                   │
     ┌──────────────┬─────────────┴──────────────┬──────────────────────┐
┌──────────┐  ┌──────────┐           ┌──────────────┐   ┌──────────────────────┐
│ Community │  │ Family   │           │ Environmental│   │ Communicable Disease  │
│ Health    │  │ Health   │           │ Health       │   │ and Emergency         │
└──────────┘  └──────────┘           └──────────────┘   │ Management             │
                                                         └──────────────────────┘
```

Administration and Finance Section: The Administration and Finance Division is responsible for managing BCPH's business operations, including budgeting and accounting, contract management, purchasing, payroll and personnel, and vital records.

Community Health Division: The Community Health Division works with the community to provide specialized support in areas that affect health equity, including youth advocacy and empowerment, assistance for young parents, LGBTQIA+ youth rights, reproductive justice and tobacco/substance reduction among young people.

Communicable Disease and Emergency Management Division: The Communicable Disease and Emergency Management Division contributes to improved health outcomes for our community through foundational services including access to immunizations, harm reduction interventions, and communicable disease prevention, investigation, and control. The division leads agency efforts to ensure the foundational public health capability of emergency preparedness, response, and recovery.

Environmental Health Division: The Environmental Health Division focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities. The division works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil and food to protect people and provide communities with healthier environments.

Family Health Division: The Family Health Division recognizes that healthy children are key to the future of our communities and works to promote the healthy development of children within stable and nurturing families. The team works actively with local health care providers and human service agencies to ensure that children and families have access to health care and social support.

Strategic Initiatives Branch: The mission of the Strategic Initiatives Branch is to ensure that Boulder County Public Health has a profound public health impact by providing strategic expertise, leadership, and technical assistance to BCPH staff, partners, and community.

Our Mission, Vision, and Values

BCPH is committed to achieving our mission, realizing our vision, and leading by our organizational values.

Mission

BCPH's mission captures the enduring purpose of our agency – why we exist as an agency.

At BCPH, our mission is to address social, economic, and environmental conditions to ensure that all people in Boulder County have the opportunity for a healthy life.

Vision

BCPH's vision describes the desired future state that our agency is working to create – what we are working to accomplish.

At BCPH, we envision a Boulder County that is a socially just and inclusive community where physical and mental health, social well-being, and the environment are valued, supported, and accessible to all.

Values

BCPH's values are the enduring beliefs for how we as an agency expect to operate and carry out our work – how we act.

At BCPH, we understand that we work for and are accountable to the public, we will model the following values in our interactions with the public, our partners, and one another. We believe that we as an agency must:

- **Foster Trust**: We are honest and build trust through our interactions with one another, our partners, and the public. We share information necessary in a timely fashion, provide opportunities for others to be involved in or help inform decision making, and clearly communicate expectations. We follow through on our commitments and are accountable to our values.
- **Demonstrate Respect and Compassion**: We demonstrate compassion, patience, and acceptance, and we honor confidentiality. We are non-judgmental, and we preserve dignity. We actively listen to and honor the perspectives of others with the intent to understand and to promote a positive environment in our work with the community, our partners, and each other.
- **Collaborate and Build Strong Teams**: We engage a wide spectrum of contributors to think and create together, and we combine our strengths to find the best solutions for complex problems. We are intentional about fostering strong relationships with our colleagues and partners to promote health.

- **Be Flexible, Creative, and Innovative**: We are flexible in our approach, and we embrace the changes necessary to meet the changing needs of our community and organization. We learn from our mistakes and encourage creative and progressive problem-solving and service provision. We use innovation to meet community need and improve the effectiveness of our strategies.
- **Pursue and Support Personal and Professional Development**: We support personal and professional growth through opportunities to learn and experience, delegation of responsibility, and recognition of individual and team accomplishments.
- **Recognize Leadership in Everyone**: We recognize that leadership lies within all of us; it is not based on position or title. We strive to inspire a shared vision, encourage and support one another, enable others to act, and challenge ourselves.
- **Promote Inclusion and Honor the Life Experiences of Others**: We maintain a diverse culture that is inclusive of our individual differences, our life experiences, and our voices. We will foster a culture where each individual feels a sense of belonging and is comfortable to be themselves. We work to understand our differences and will be respectful, even when our opinions differ.

Community Overview

Boulder County, located at the base of the foothills of the Colorado Rockies, is comprised of 10 municipalities as well as unincorporated areas that include both rural and mountain communities. Municipal residents account for 87% of the county's population, with 13% of residents living in unincorporated areas of the county[1]. Incorporated municipalities include:

- City of Boulder
- Town of Erie
- Town of Jamestown
- City of Lafayette
- City of Longmont

- City of Louisville
- Town of Lyons
- Town of Nederland
- Town of Superior
- Town of Ward

Based on 2022 data, Boulder County is the ninth largest county within Colorado based on population size, with a total population of 327,422 individuals[2]. Boulder County's total population has seen a slight increase in the past decade. By 2030, Boulder County is projected to have a 28% increase in the 65-and-older population, while the under 18 age group is projected to decrease by just over 10%. The majority of Boulder County residents identify as non-Hispanic white (76%), with 14% of the population identifying as Hispanic or Latino[3]. The proportion of individuals identifying as Hispanic or Latino has doubled in the past 30 years and contributed to the increasing diversity within the county[4]. Table 1 depicts the age distribution of Boulder County's population, as well as the racial and ethnic composition of the county.

---

1   Metro Denver Economic Development Corporation. (2021). Boulder County, Colorado – 2021 economic profile. https://www.metrodenver.org/sites/default/files/data_central/DB_comm_boulder%20county%20profile_Nov21.pdf
2   Colorado Department of Local Affairs State Demography Office. (n.d.). https://demography.dola.colorado.gov/
3   U.S. Census Bureau. (2022). 2022 American Community Survey 5-year estimates. https://data.census.gov/table/ACSD-P5Y2022.DP05?q=Boulder%20County,%20Colorado
4   U.S. Census Bureau. (1990). 1990 Census of Population. https://www2.census.gov/library/publications/decennial/1990/cp-2/cp-2-7.pdf

Table 1: Boulder County Demographics

Indicators	Year & Value	Comparison Year & Trend
Age	**2022**	**2017**
Total Population	327,422	+0.6%
0 to 17	58,056 (17.7%)	-2.1%
18 to 24	45,507 (14.5%)	+0.4%
25 to 44	87,299 (26.7%)	+0.2%
45 to 64	80,788 (24.7%)	-1.3%
65 and older	53,772 (16.4%)	+2.8%
Race/Ethnicity	**2022**	**2020**
American Indian and Alaska Native alone Non-Hispanic (NH)	1,308 (0.4%)	No change
Asian alone NH	16,456 (5.0%)	+0.2%
Black or African American alone NH	3,456 (1.1%)	+0.1%
Hispanic	46,136 (14.1%)	+0.3%
Native Hawaiian or Other Pacific Islander alone NH	182 (0.1%)	No change
White alone NH	251,732 (76.9%)	-0.7%
Two or more NH	8,155 (2.5%)	+0.1%

Note: Trend percentage and direction representative of change in the proportion (percentage) of demographic group out of the total population. Colorado Department of Local Affairs. State Demography Office, 2022.

Boulder County ranks in the top five of 59 counties scored in Colorado in terms of health outcomes and health factors according to the University of Wisconsin - County Health Rankings[5]. Social and economic factors contributing to Boulder County's high ranking include access to open spaces and recreation opportunities, access to healthy foods, high graduation rates and low unemployment rates.

However, when examining social, environmental, and economic conditions impacting health outcomes in Boulder County (also known as the Social Determinants of Health), disparities are apparent. This includes disparities resulting from income inequality, educational attainment, and access to and affordability of healthcare. For example, Boulder County has the sixth highest median household income in the state at $99,770[2], yet 11% of the Boulder County population falls under the federal poverty level[6].

---

5   University of Wisconsin Population Health Institute, School of Medicine and Public Health. (2024). County health rankings and roadmap. https://www.countyhealthrankings.org/explore-health-rankings/colorado/boulder?year=2024
6   U.S. Census Bureau. (2022). 2022 American Community Survey 5-year Estimates. https://data.census.gov/table/ACSST5Y2022.S1701?g=050XX00US08013

Table 2: Boulder County Social and Economic Factors

Indicators	Year	Value	Trend (Year comparison)
Median Household Income	2022	$99,770[7,8]	+9.0% (2017)[9]
Income Ratio (Household Income Between the 80th & 20th Percentile)[5]	2024	2.0%	+5.3% (2019)[10]
Poverty Rate	2022	11.3%[6]	-13.7% (2017)[11]
High School Graduation Rate[5]	2024	95.7%	N/A*
Uninsured	2024	7.1%[5]	-0.1% (2019)[10]

*Data could not be compared across years due to changes in the methods for calculating High School graduation rates.'

Community Health

Despite Boulder County's overall ranking as one of the healthiest counties in the state, there are still areas of community health that have emerged or remain of major concern for the community, notably in the areas of mental and behavioral health, climate change, and emergency response. Regarding the mental and behavioral health of residents, the age-adjusted suicide rate has increased by 10% since 2013[12] and drug-related overdose emergency department visits have increased by 14% since 2016[13]. The impacts of climate change continue to be experienced by residents of Boulder County, as witnessed by the increasing number and intensity of natural disasters such as wildfires[14], an increasing number of poor air quality days[15], and increased number of medical visits for heat-related illness[16]. As the impacts of these climate-related factors intensify, almost half of residents in the region report that their community is not ready for the next climate disaster[17].

As a result of these trends, Mental and Behavioral Health; Climate Action and Sustainability; and Emergency Preparedness, Response, and Recovery have been identified as priorities for this strategic plan. Table 3 highlights a subset of indicators for each of these priority areas.

7   U.S. Census Bureau. (2022). 2022 American Community Survey 5-year Estimates. https://data.census.gov/table/ACSST5Y2022.S1903?g=050XX00US08013

8   Data converted to 2022 inflation-adjusted dollars using the U.S. Bureau of Labor Statistics CPO Inflation Calculator. https://www.bls.gov/data/inflation_calculator.htm

9   U.S. Census Bureau. (2017). 2017 American Community Survey 5-year Estimates. https://data.census.gov/table/ACSST5Y2017.S1903?g=050XX00US08013

10   University of Wisconsin Population Health Institute School of Medicine and Public Health. (2019). County Health Rankings and Roadmaps, 2019. https://www.countyhealthrankings.org/health-data/colorado/boulder?year=2019

11   U.S. Census Bureau. (2017). 2017 American Community Survey 5-year Estimates. https://data.census.gov/table/ACSST5Y2017.S1701?g=050XX00US08013

12   Colorado Department of Public Health & Environment. (2023). Colorado Suicide Statistics. https://cdphe.colorado.gov/colorado-suicide-statistics

13   Colorado Department of Public Health & Environment. (2023). Overdose Prevention. https://cdphe.colorado.gov/overdose-prevention

14   Colorado Division of Fire Prevention & Control. (2020). https://dfpc.colorado.gov/sections/wildfire-information-center/historical-wildfire-information

15   Centers for Disease Control and Prevention - National Environmental Public Health Tracking Network. (2022). Data Explorer Tool. https://ephtracking.cdc.gov/DataExplorer/

16   Colorado Department of Public Health & Environment. (2023). Heat-Related Illness Data. https://coepht.colorado.gov/heat-data

17   Colorado Health Institute. (2023). 2023 Colorado Health Access Survey: Climate and Health. https://www.coloradohealthinstitute.org/research/2023-chas-climate-and-health

Table 3: Mental & Behavioral Health; Climate Action & Sustainability; Emergency Preparedness, Response, & Recovery Indicators

	Indicators	Year	Value	Trend (Year comparison)
Mental & Behavioral Health	Suicide Death Rate (age-adjusted per 100,000)[12]	2023	18.26	+10% (2013)
	Emergency Department Visits for All Drug Overdoses (age-adjusted per 100,000)[13]	2023	153.9	+14% (2016)
Climate Action & Sustainability	Number of Ozone Days over Air Quality Standard[15]	2022	7.0	-63% (2012)
	Medical Facility Visits for Heat-related Illness (per 10,000 of total visits)[16]	2023	6.7	+20% (2019)
Emergency Preparedness, Response, & Recovery	Percentage of Boulder and Broomfield County adult residents that say their community is NOT prepared for climate disasters.[17]	2022	43.7%	N/A
	Among the 5 largest wildfires by acreage in Colorado, the number that have occurred in the past 5 years.[14]	2020	4	N/A

Organizational Performance

For BCPH to achieve its mission and realize its vision, specific areas of organizational performance must be addressed and/or enhanced, particularly around Health and Racial Equity; Community Engagement; and Sustainability, Transparency, and Stewardship. Table 4 highlights a subset of indicators for each of these priority areas.

Health equity has been a priority in the previous two strategic plans and continues to be a top priority for this agency. BCPH has made strides in advancing health and racial equity practices - approximately 80% of BCPH survey respondents agree or strongly agree with the statement that the department is committed to racial equity[18]. However, only 32.7% of BCPH survey respondents agree or strongly agree with the statement that the department seeks input from communities of color. BCPH aims to more robustly embed health and racial equity and community engagement policy and practices across the agency in order to better address inequities in the communities served.

Sustainability, transparency and stewardship was introduced as a strategic priority with BCPH's previous strategic plan. However, current indicators pertaining to transparency highlight opportunities for growth – for example, only 30% of BCPH survey respondents agree or strongly agree with the statement that the Department Head communicates effectively with employees[19]. BCPH recognizes the need to improve efficiencies, ensure policies support transparency with staff and the community, strategically budget for programs and priorities, and build a resilient workforce.

---

18   Government Alliance on Race and Equity (GARE). (2022). Boulder County Public Health Survey Results. Internal report, un-published.
19   DecisionWise (2022). Engaging People Manager Report for Boulder County Public Health. Internal report: unpublished.

Table 4: Health & Racial Equity; Community Engagement; Sustainability, Transparency, & Stewardship Indicators

	Indicators	Year	Value	Trend (Year comparison)
Health & Racial Equity[18]	My department is committed to racial equity.	2022	80.3%	N/A
	My department has taken steps to reduce racial inequities, including but not limited to workforce issues.	2022	49.3%	N/A
Community Engagement[18]	My department seeks input and assistance on decision-making from communities of color.	2022	32.7%	N/A
	My department partners with other institutions and organizations to advance racial equity.	2022	40.4%	N/A
Sustainability, Transparency, & Stewardship[19]	My Elected Official/Department Head communicates effectively with all employees about what is going on.	2022	30.0%	-20% (2019)
	There are opportunities for my own advancement at Boulder County.	2022	45.0%	N/A

*The values for each of these indicators reflects the percentage of BCPH survey respondents who reported that they agreed or strongly agreed with the statement.

Health Justice: Our Foundational Approach to a Healthier Community

Health justice is the foundational and cross cutting approach that frames the work outlined in our strategic plan. For BCPH and our strategic plan, health justice means dismantling systemic barriers and promoting policies and practices that foster equity and inclusions and maximize opportunities for everyone in our community to achieve their optimal health, regardless of their background, life experience, race/ethnicity, or socio-economic status. Health justice principles focus on achieving a fair and equitable distribution of resources, opportunities, and responsibilities around key social determinants of health that drive health disparities in our community. By centering health justice throughout our strategic plan, we will ensure that all community members benefit from our programs.

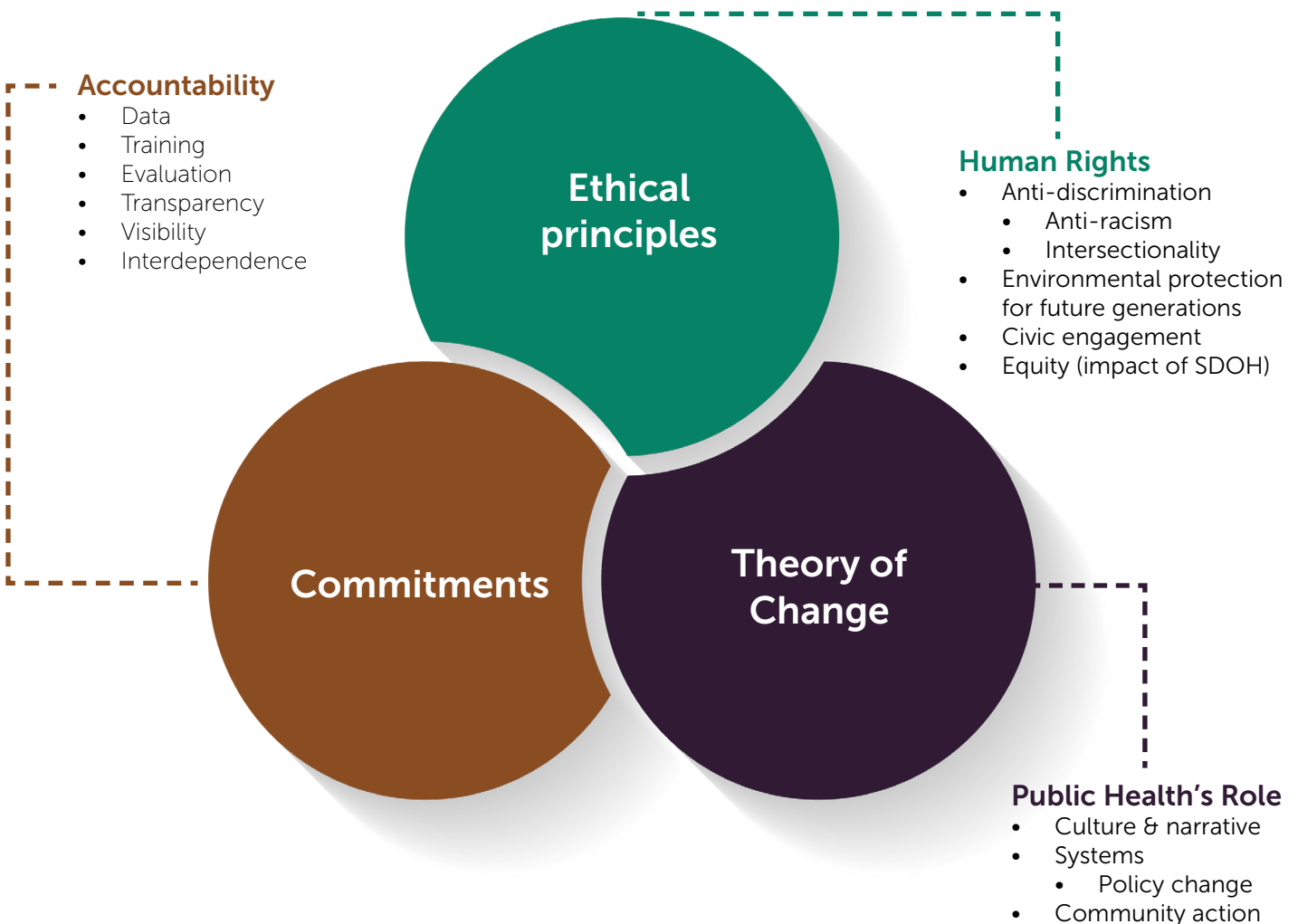## Historic & Modern Inequities in Boulder County

Boulder County, as other communities across the world, has a history marked by significant inequities in physical and mental health. Marginalized groups in Boulder County, including Black, Indigenous, Hispanic/Latine, unhoused, low-income, and immigrant communities, have faced systemic barriers to accessing quality healthcare, educational attainment, environmental risks and climate resilience, and meaningful economic opportunities, among many other influencers of health. These systemic barriers are important contributors that persistently drive inequities related to health risks, exposures, and outcomes, as well as the social and economic consequences of adverse health outcomes reflected in county health data.

The Case for Health Justice

Disparities in Boulder County have roots in systemic racism and social injustices that impact equitable access to preventive health services, erode climate resilience, and accelerate poor mental health outcomes. Health justice must be central to BCPH's strategic plan and champion principles of anti-racism, equity, and robust community engagement. By working to dismantle systemic barriers and promoting inclusive policies, BCPH will foster environments where all residents can thrive and communities with unique needs are meaningfully engaged in ways that are culturally relevant and effective. Our strategic plan's foundational commitment to health justice will not only address immediate health disparities but also build stronger, more resilient communities capable of withstanding future challenges to a healthy and just society for all.

BCPH's Health Justice Framework

As part of our commitment to health and racial equity, we developed a unique Health Justice Framework that will be the lens we use to focus and frame health justice across our strategic priorities. This framework will guide the implementation of our strategic plan and strengthen our work and commitments to creating equitable health outcomes for all residents in Boulder County. This comprehensive framework encompasses our ethical principles, theory of change, and key commitments to appropriately address systemic inequities and foster a healthier community.

Accountability
- Data
- Training
- Evaluation
- Transparency
- Visibility
- Interdependence

Ethical principles

Human Rights
- Anti-discrimination
  - Anti-racism
  - Intersectionality
- Environmental protection for future generations
- Civic engagement
- Equity (impact of SDOH)

Commitments

Theory of Change

Public Health's Role
- Culture & narrative
- Systems
  - Policy change
- Community action

Ethical Principles

Our commitment to health justice is deeply rooted in our ethical principles of:

- **Anti-racism** - Actively addressing perspectives, policies, and behaviors that perpetuate racism.
- **Civic Engagement** - Centering community voice in processes to promote quality of life.
- **Environmental Protection -** Preventing, mitigating and repairing harm to our environment.
- **Human Rights** - Upholding the value of individuals and communities, regardless of background.
- **Intersectionality -** Recognizing the interdependent and overlapping systems of oppression.
- **Solidarity -** Supporting efforts in our community that share our goals of health equity.

Integrating these ethical principals in our work is essential to creating equitable health outcomes. These ethical principles often intersect, and only by acknowledging and addressing these overlapping and compounding forms of discrimination will we be able to positively impact health of disproportionately impacted communities. By committing to illuminate the basic human rights connected to these ethical principles we will ensure that every individual has access to the resources and opportunities needed for a healthy life.

Theory of Change

Our theory of change outlines a comprehensive approach to achieving health justice through three main components. First, we aim to cultivate an internal culture and an external narrative centered on equity and health justice. This involves reshaping public discourse to highlight the importance of these values and embedding them into our organizational practices. Second, we focus on influencing and building systems and infrastructure that promote equity and health justice. This includes developing policies, practices, and frameworks that dismantle systemic barriers and create equitable opportunities for all. Third, we emphasize community engagement and action, promoting equity and health justice through genuine partnership and community ownership.
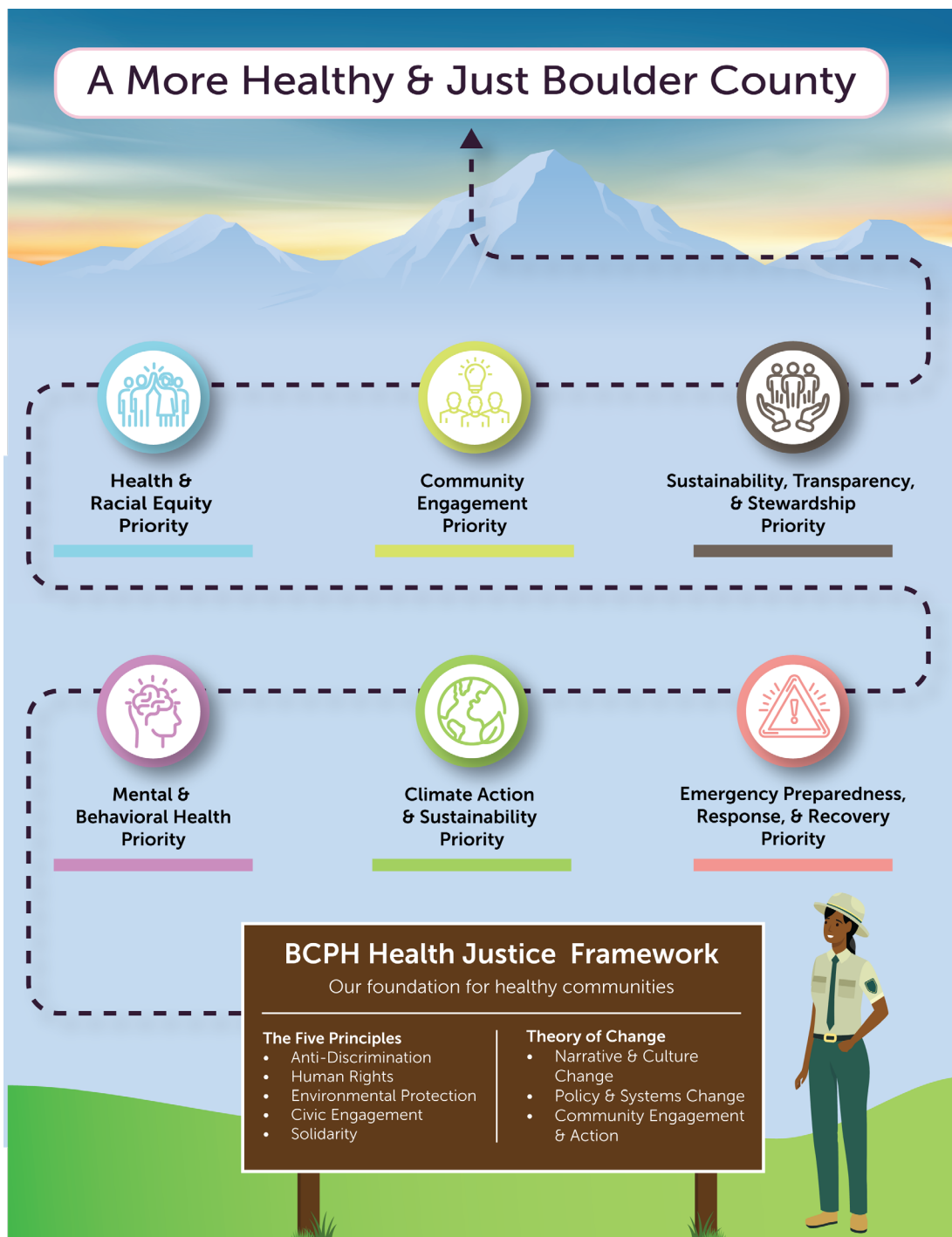
Commitments

To realize our vision of health justice we will focus on the following areas in which we will need to commit and invest additional resources.

- Building staff capacity to effectively engage in health justice and health equity work.
- Collecting, evaluating, and learning from a more robust data, monitoring, and evaluation system to effectively measure progress, learn and identify areas for improvement, and ensure accountability.
- Increasing public transparency to foster trust and accountability within the community and create space for partnerships, conversation, and community action.
- Identifying and maximizing collaborative efforts with community which support community autonomy and participation; enhance quality, cultural appropriateness, and effectiveness of programs; and create more lasting change.

Conclusion

BCPH is steadfast in its mission to advance health justice and equity for everyone in our community. The core elements of our Health Justice framework - ethical principles, the theory of change, and commitments - are reflected and foundational throughout our strategic plan and will inform the investments into our strategic plan work. By upholding these principles, we will build a healthier more equitable Boulder County where all residents have the opportunity to thrive.

The following graphic visually depicts how our six strategic priorities are supported by the Health Justice Framework.

A More Healthy & Just Boulder County

Health & Racial Equity Priority

Community Engagement Priority

Sustainability, Transparency, & Stewardship Priority

Mental & Behavioral Health Priority

Climate Action & Sustainability Priority

Emergency Preparedness, Response, & Recovery Priority

BCPH Health Justice Framework
Our foundation for healthy communities

The Five Principles
- Anti-Discrimination
- Human Rights
- Environmental Protection
- Civic Engagement
- Solidarity

Theory of Change
- Narrative & Culture Change
- Policy & Systems Change
- Community Engagement & Action

Our 2024 - 2029 Strategic Plan

Planning Process Overview

The development of BCPH's 2024 – 2029 Strategic Plan began by identifying six strategic priorities for the agency to focus on over the next five years. The priorities were selected based on a variety of factors, including the desire to build on progress from the previous strategic plan, current needs of the agency and community, and alignment with other initiatives occurring within Boulder County.

After priorities were identified, the agency initiated a comprehensive planning process to develop strategic goals, objectives, and activities. Workgroups were established for each strategic priority, comprised of BCPH staff with subject matter expertise in the priority areas. The workgroups developed goals, objectives, and activities for each priority, using existing plans and initiatives as a foundation when appropriate. BCPH staff provided input on the goals and objectives, specifically on how current programmatic efforts aligned with the priorities, considerations for implementation, and resources needed to successfully implement the strategic plan.

Finally, workgroups were tasked with developing the subsequent narratives for the final strategic plan, finalizing logic models with measures of success, and creating Detailed Implementation Plans for Year 1, mapping out strategic priority efforts planned for 2024. For more information on the planning process overall, please see Appendix A.

The six strategic priorities identified aim to address significant public health challenges within the community and the organizational changes necessary to support this work within the agency. These strategic priorities include:

Figure 1: BCPH's 2024-2029 Strategic Priorities
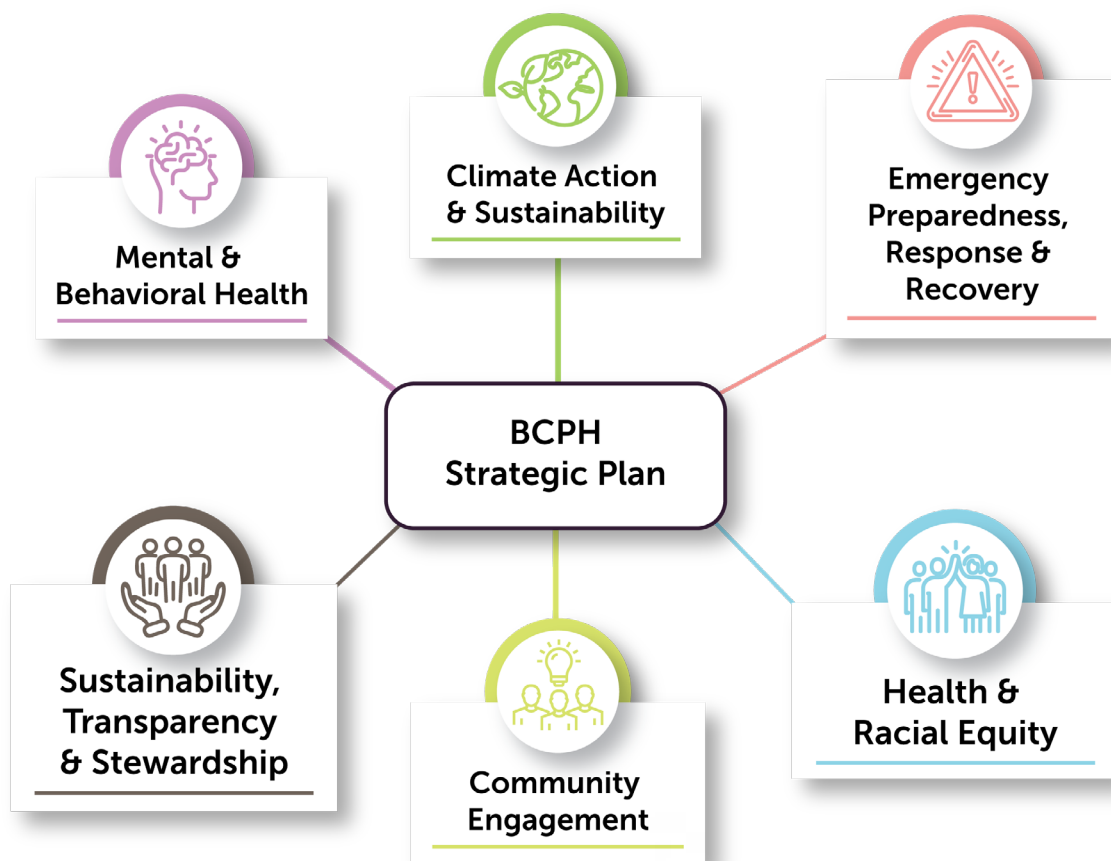
The first three priorities are externally focused and aim to support the Boulder County community by addressing mental and behavioral health needs; mitigating the impacts of climate change; and increasing the capacity of the agency and partners to prepare for, respond to, and recover from emergencies.

The final three priorities are internally focused and aim to address the practices and infrastructure needed to best serve Boulder County. This includes centering health and racial equity in all our work; establishing practices to authentically engage with community to build trust, work together, and share power; and ensuring good governance of the agency through sustainability, transparency, and stewardship. It is expected that these internally focused priorities will be an on-going and evolving effort throughout the life of the strategic plan. Enhancing our internal infrastructure and policies in these areas will increase the impact of our external-facing priorities. As we strengthen internal capacity in these three critical priority areas, we will explore and expand opportunities to embed and operationalize this work in our external facing programs and with the community.

Monitoring, Evaluation, & Learning

To evaluate progress on the strategic goals, objectives and activities, BCPH will follow a monitoring, evaluation, and learning (MEL) plan. This plan outlines the process of collecting regular progress updates on the objectives and activities; identifying successes, challenges, and opportunities for improvement; and sharing progress with stakeholders. Understanding that there are many external factors that may influence the strategic plan over the next five years, following this MEL plan will be an important component to allow us to adapt and use data to drive decision-making.

Progress updates will be reported to BCPH Management Team and the Board of Health (BOH) on a quarterly basis and will include the status of each objective and brief narratives highlighting accomplishments, challenges, and next steps. Mid-year presentations will be shared with BCPH staff to highlight progress and lessons learned for each priority. Finally, an annual report will be developed to summarize the progress made over the course of the year, including successes and challenges and quantitative metrics on objectives and activities completed during the year. The report will be reviewed at an annual meeting and used to guide decision-making around adjustments moving forward, and it will be shared with BCPH staff, the BOH, and the greater Boulder community.

For more details, please refer to Appendix B for the detailed MEL plan.

Mental & Behavioral Health

Goal 1: Improve mental and behavioral health (MBH) in Boulder County by strengthening protective factors and building capacity to support well-being.

Objectives

1.1   Increase community understanding and capacity to improve MBH through technical assistance, training, and community education.

1.2   Develop and advocate for public health policy that improves MBH at the organizational, local, and state levels.

1.3   Increase social connectedness and strengthen social support systems for the Boulder County community to improve MBH.

1.4   Obtain sustainable and sufficient funding for prevention, early intervention, and harm reduction focused MBH activities.

What do we mean by 'Mental and Behavioral Health'?

Behavioral health refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms[20]. Mental health refers to a state of well-being in which every individual realizes their potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community[21]. A public health approach to improving mental and behavioral health (MBH) focuses on promoting mental wellness and preventing MBH disorders before they occur (prevention); early detection and prompt referral to interventions for MBH disorders (early intervention); and minimizing harm for those who experience mental and behavioral health disorders (harm reduction). This approach emphasizes the importance of addressing the social determinants of health, including poverty, education, stigma, discrimination, and racism.

---

20   American Medical Association. (2022, August 22). What is behavioral health? American Medical Association. https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health

21   World Health Organization. (2023). Mental health: strengthening our response. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Additionally, it focuses on promoting MBH protective factors, such as strong social connections, positive coping skills, community resilience, and access to care, and reducing mental and behavioral health risk factors, such as adverse childhood experiences (ACEs) and substance use. Importantly, significant research has demonstrated that a public health approach in MBH can effectively reduce the incidence and impact of mental health and substance use disorders and reduce subsequent morbidity, mortality, and economic burden.[22,23,24]

BCPH MBH Framework

In 2020, BCPH developed an MBH framework (Figure 2) to guide the agency's public health approach to improving MBH in Boulder County. The framework outlines an evidence-based and community-informed approach that was developed through a collaborative process with BCPH staff and content experts. The framework focuses on primary prevention, early intervention, and harm reduction[25] and utilizes socio-ecological[26], targeted universalism[27], community engagement and power-sharing approaches[28]. Furthermore, it establishes shared goals and coordinated strategies and objectives that have facilitated the alignment of current efforts and the identification of gaps and future opportunities.

---

22   Fusar-Poli, P., Bauer, M., Borgwardt, S., Bechdolf, A., Correll, C. U., Do, K. Q., Domschke, K., Galderisi, S., Kessing, L. V., Koutsouleris, N., Krebs, M.-O., Lennox, B., McGuire, P., Meyer-Lindenberg, A., Millan, M. J., Nieman, D., Pfennig, A., Sand, M., Whenert, A., … Arango, C. (2019b). European College of Neuropsychopharmacology Network on the prevention of mental disorders and mental health promotion (ECNP PMD-MHP). European Neuropsychopharmacology, 29(12), 1301–1311. https://doi.org/10.1016/j.euroneuro.2019.09.006

23   Fusar-Poli, P., Correll, C. U., Arango, C., Berk, M., Patel, V., & Ioannidis, J. P. A. (2021). Preventive psychiatry: A blueprint for improving the mental health of young people. World Psychiatry, 20(2), 200–221. https://doi.org/10.1002/wps.20869

24   Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., … UnÜtzer, Jü. (2018). The Lancet Commission on Global Mental Health and Sustainable Development. The Lancet, 392(10157), 1553–1598. https://doi.org/10.1016/s0140-6736(18)31612-x
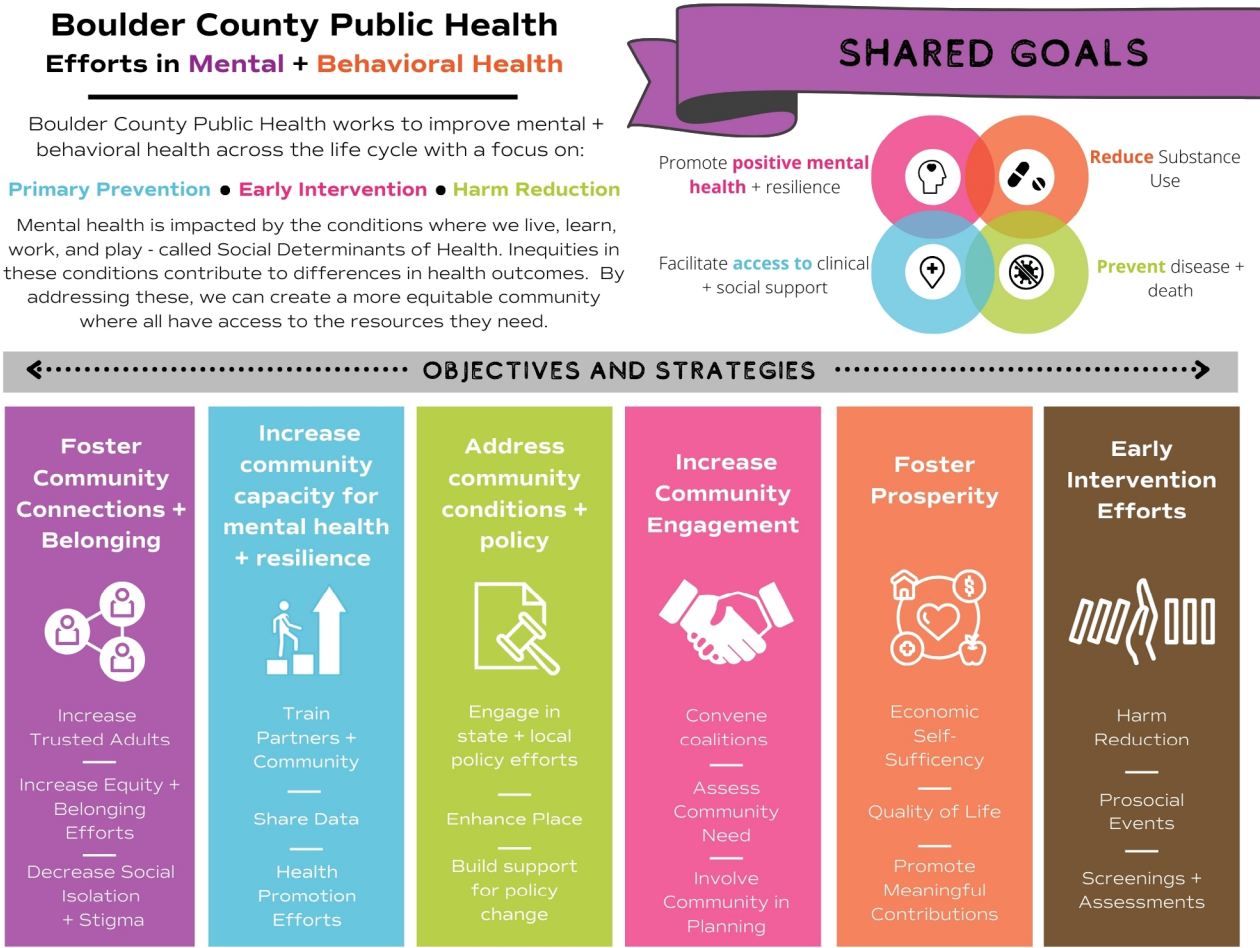
25   National Academies of Sciences, Engineering, and Medicine. (2019). Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda. Washington, DC: The National Academies Press. doi: https://doi.org/10.17226/25201.

26   Centers for Disease Control and Prevention. (2021). The Social-Ecological Model: A Framework for Violence Prevention. https://www.cdc.gov/violence-prevention/about/

27   Powell, J., Menendian, S., Ake, W. (2019). Targeted Universalism: Policy & Practice. Othering & Belonging Institute at UC Berkeley. https://belonging.berkeley.edu/sites/default/files/2022-12/Targeted%20Universalism%20Primer.pdf

28   Gonzalez R. (2019). The Spectrum of Community Engagement to Ownership. https://movementstrategy.org/resources/the-spectrum-of-community-engagement-to-ownership/

Figure 2: BCPH Mental and Behavioral Health (MBH) Framework

Boulder County Public Health

Efforts in Mental + Behavioral Health

Boulder County Public Health works to improve mental + behavioral health across the life cycle with a focus on:

Primary Prevention ● Early Intervention ● Harm Reduction

Mental health is impacted by the conditions where we live, learn, work, and play - called Social Determinants of Health. Inequities in these conditions contribute to differences in health outcomes. By addressing these, we can create a more equitable community where all have access to the resources they need.

SHARED GOALS

Promote **positive mental health** + resilience

Reduce Substance Use

Facilitate **access to** clinical + social support

Prevent disease + death

OBJECTIVES AND STRATEGIES

Foster Community Connections + Belonging	Increase community capacity for mental health + resilience	Address community conditions + policy	Increase Community Engagement	Foster Prosperity	Early Intervention Efforts
Increase Trusted Adults — Increase Equity + Belonging Efforts — Decrease Social Isolation + Stigma	Train Partners + Community — Share Data — Health Promotion Efforts	Engage in state + local policy efforts — Enhance Place — Build support for policy change	Convene coalitions — Assess Community Need — Involve Community in Planning	Economic Self-Sufficiency — Quality of Life — Promote Meaningful Contributions	Harm Reduction — Prosocial Events — Screenings + Assessments

Why are we focusing on 'Mental and Behavioral Health'?

The COVID-19 pandemic and other factors have recently pushed MBH support needs to critical levels around the United States, especially for children and adolescents[6] and Black, Indigenous, and People of Color (BIPOC) populations[29,30,31].

As such, through a rigorous community feedback initiative spearheaded by Boulder County in 2021, Mental Health and Social Resilience emerged as a key priority for the allocation of Boulder County's American Rescue Plan Act (ARPA) funds[32]. Based on Boulder County's community engagement as well as secondary data analyses, community outreach, and partner conversations conducted by BCPH, MBH was also chosen as a strategic priority and the focus area for BCPH's 2023-2028 Public Health Improvement Plan[33].

29   Substance Abuse and Mental Health Services Administration. (2020). Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf

30   Taylor, I. (2022). Covid-19 and mental health disparities in the black American population. HCA Healthcare Journal of Medicine, 3(3). https://doi.org/10.36518/2689-0216.1402

31   Brooks, J. M., Patton, C., Maroukel, S., Perez, A. M., & Levanda, L. (2022). The differential impact of COVID-19 on mental health: Implications of ethnicity, sexual orientation, and disability status in the United States. Frontiers in Psychology, 13. https://doi.org/10.3389/fpsyg.2022.902094

32   Boulder County. (2020). A Community-Driven Path Towards an Equitable Recovery. https://assets.bouldercounty.gov/wp-content/uploads/2022/07/Boulder-County-ARPA-Final-Report.pdf

33   Boulder County Public Health. (2023). Boulder County Public Health: 2023-2028 Public Health Improvement Plan. https://assets.bouldercounty.gov/wp-content/uploads/2024/03/bcph-phip-2022-2028.pdf

How does 'Mental and Behavioral Health' impact our community?

Data related to self-reported mental health status, suicide, and substance use provide important indicators of the current state of MBH in Boulder County. First, based on combined 2019 and 2021 data, nearly 1 in 5 (18%) of Boulder County residents report experiencing eight or more days of poor mental health over the past 30 days[33]. Regarding suicide, the age-adjusted rate of suicide deaths per 100,000 people in Boulder County increased from 17.7 in 2020 to 20.1 in 2021[33]. Finally, combined data from 2019 and 2021 indicates that 22% of Boulder County residents used cannabis and 18% binge drank over the past 30 days[31].

What work are we currently doing in 'Mental and Behavioral Health'?

BCPH currently has significant experience and investment in MBH programming. For example, BCPH has robust programming that fosters community connections and belonging. The Open and Affirming Sexual Orientation and gender identity Support (OASOS) program, one of the nation's first public health LGTBQ+ youth groups, works with youth to build safer, healthier, and more affirming schools and communities for youth in Boulder County by supporting Gender and Sexuality Alliance clubs and professional development for school counselors, teachers, interventionists, and youth-serving professionals. Similarly, the Inspire Youth Connections program partners with youth, youth-serving professionals, policymakers, and community members with the vision of creating a community of resilient youth who are valued, respected, and supported by the communities in which they live, learn, work, and play.

BCPH also has a long history of early intervention and harm reduction efforts. The Works Program, for example, was established in 1989 (making it one of the oldest harm reduction programs in the nation) and helps people who use drugs to reduce their risk of disease and overdose death through education, needle exchanges, fentanyl strips, naloxone, and increased access to referrals and supportive services.

In addition to these programs, BCPH facilitates coalitions and initiatives that work to reduce substance use (e.g., the Healthy Futures Coalition, the Substance Use Advisory Group, Communities that Care, the Tobacco Education and Prevention Partnership, and the To the Root/A la Raíz project) and offers family health programs that support infant, early childhood, and maternal mental health (e.g., GENESIS, GENERATIONS, Family Connects, Infant and Early Childhood Mental Health Consultants, and Child Health Promotion).

How are we considering health equity in 'Mental and Behavioral Health'?

BCPH's 2023 Community Health Assessment[34] reported that priority populations in Boulder County, including youth, older adults, new parents, LGBTQIA+, Hispanic/Latine, people experiencing homelessness, and people who use drugs, have disproportionately higher rates of mental health challenges.

For example, a higher percentage of Hispanic/Latine residents reported 14 or more days where their mental health was not good in the past 30 days compared to White only, non-Hispanic/non-Latine residents (16% versus 13%, respectively).

Additionally, a larger percentage of Hispanic/Latine (20%) and low-income (12%) residents experienced post-partum depression compared to non-Hispanic/non-Latine (10%) and higher-income (5%) counterparts.

Across racial and ethnic groups, mental health issues (including depressive sym ptoms, self-harm, and suicidal ideation) were most common among multi-racial youth, and a larger percentage of lesbian, gay, or bisexual (LGB) youth reported experiencing mental health issues compared to heterosexual youth.

BCPH is committed to health equity, and as such, MBH strategic priority work will center these priority populations by continuing to partner and deepen relationships with the most impacted communities.

---

34   Boulder County Public Health. (2023). Boulder County Public Health Community Health Assessment. https://assets.bouldercounty.gov/wp-content/uploads/2024/03/bcph-cha-2023.pdf

Climate Action & Sustainability

Goal 2: Enhance Boulder County communities' resilience to effectively cope with the impacts of climate change by improving public health programs, prioritizing disproportionately impacted populations, and ensuring better preparedness and protection for local environments.

Objectives

2.1 Advance intersectional collaboration with Boulder County agencies and community organization to clarify BCPH's role in climate change.

2.2 Develop and implement BCPH's Climate Action Plan.

2.3 Ensure that those impacted the most by climate change in Boulder County are given the equitable resources to lead in the decision-making process for defining and implementing solutions.

What do we mean by 'Climate Action and Sustainability'?

Climate change refers to long-term trends in temperatures and weather patterns. While these changes in climate can occur naturally, human activities, particularly the burning of fossil fuels, is causing greenhouse gasses to be trapped in the atmosphere and have become the main driver of climate change today. Climate change science is continually evolving alongside the rapid changes in the environment due to climate change. BCPH needs to evolve its programs and work in the community to better adapt to the climate change challenge.

Within this strategic priority, BCPH plays a crucial role by focusing on the intersection of public health and climate change. The scope of work for BCPH in this priority is agency wide and includes:

- Identifying disproportionately impacted communities (DIC) and developing ways to power-share in decision-making related to climate change initiatives
- Raising awareness and understanding how climate change is being perceived by DIC
- Collaborating with local departments and community organizations to advocate and develop climate change interventions and enhance the efforts of climate change initiatives
- Supporting policies that that protect public health from climate change risks
- Understanding how climate change will impact BCPH's divisions and how programs can be enhanced to best support local communities

The approach for this priority will be to first review internal capacity, strengths, and expertise around climate action. BCPH will then work closely with community partners to clearly define what roles BCPH can support and even lead in the climate change and climate justice work of the county. This will allow BCPH to identify gaps, appropriately allocate resources, scale-up work that we may already be doing in climate justice, and collaborate with key community partners for defining and implementing effective solutions and maximizing the sharing of limited resources that garner the most impact. Additionally, it is important to note that the Climate Action and Sustainability strategic priority is not a siloed program; this priority overlaps with our Emergency Preparedness, Response, and Recovery and Community Engagement strategic priorities. These priority workgroups will work closely with each other to leverage efforts, partnerships, and resources to maximize sustainable impact.

Why are we focusing on 'Climate Action and Sustainability'?

The impacts of climate change are increasingly visible, severe, and occurring at a faster pace than predicted. In the Intergovernmental Panel on Climate Change 2023 Sixth Assessment Report, it was stated that:

"There is a rapidly closing window of opportunity to secure a livable and sustainable future for all. The choices and actions implemented in this decade will have impacts now and for thousands of years."[35]

This urgency demands adaptable action and sustainable development to address the current and impending health impacts that climate change has on communities and the emerging nature of climate change.

Climate change has a large effect on human health and disease in many ways. These include increased respiratory and cardiovascular disease; physical injuries and premature deaths related to extreme weather events; changes in the prevalence and geographical distribution of food- and water-borne illnesses and other infectious diseases to include vector-borne diseases (such as mosquitoes and ticks); and threats to mental health. Many of these impacts are already underway, are intensifying, and require short term adaptation responses and increased resilience to keep the community healthy today. Figure 3 below highlights specific impacts that climate change has on human health. Public health's focus in this work is largely focused on adaptation by improving the immediate local environment to support healthy communities, while also strengthening the community's ability to effectively cope with the impacts.

---

35   IPCC, 2023: Summary for Policymakers. In: Climate Change 2023: Synthesis Report. Contribution of Working Groups I, II and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change [Core Writing Team, H. Lee and J. Romero (eds.)]. IPCC, Geneva, Switzerland, pp. 1-34, doi: 10.59327/IPCC/AR6-9789291691647.001

Figure 3. Impact of Climate Change on Human Health[36]
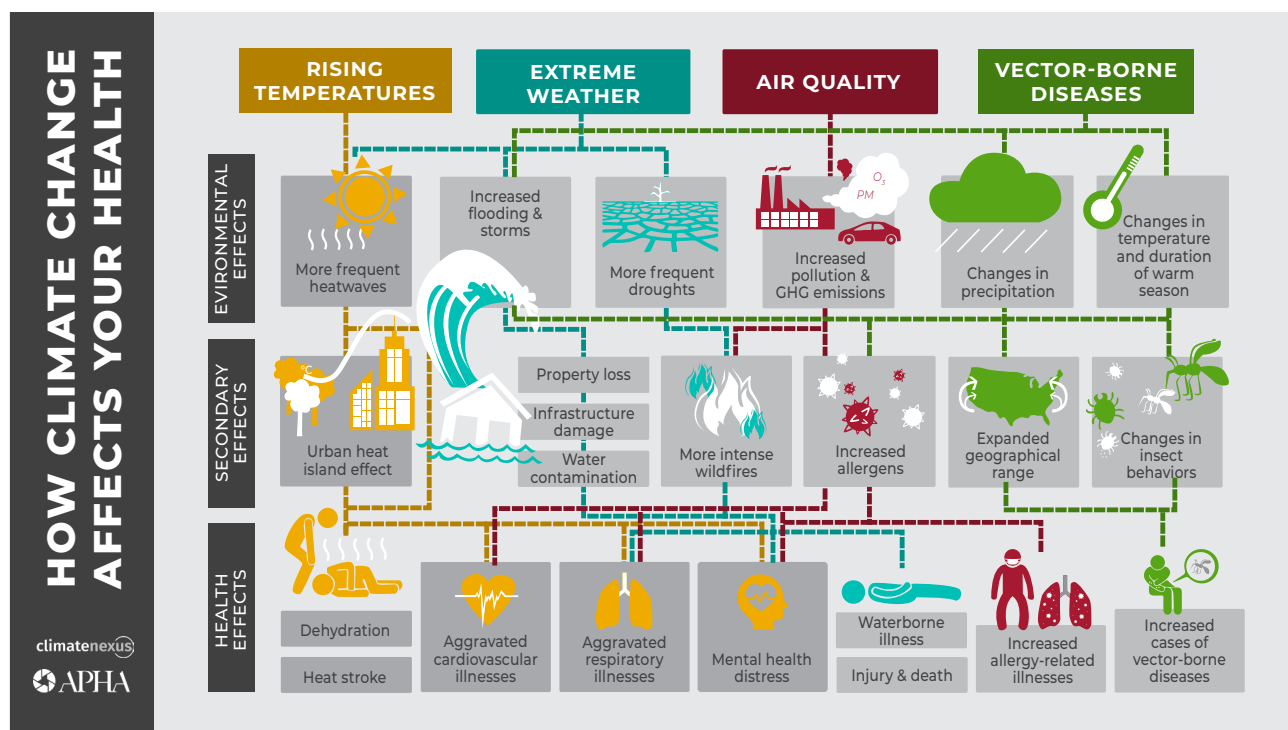
In particular, Boulder County has experienced more frequent intense wildfires, heatwaves, and drought conditions due to rising temperatures. This in turn has an impact on local air quality, high levels of ground-level ozone, and water quality and availability. Rising temperatures also lead to changing precipitation patterns that create more favorable conditions for mosquitoes and affect agriculture production and impact food security and quality. The health impact that rising temperatures have on Boulder County include heatstroke, respiratory problems, impact on sanitation, access to food, increases in diseases, and increases in psychological stress and anxiety. The Fifth National Climate Assessment states that the Southwest region will be affected in four key areas: drought and aridity threatening water resources, increasing challenges in food and fiber production, compromised human health and reshaping demographics, and high severity fires affecting the ecosystem[37].

As is well documented, these events disproportionately impact priority populations in the United States[38]. It is imperative that BCPH invests in communities to mitigate the effects of climate change on residents. Addressing climate change requires widespread community engagement, planning and preparing with the community and specifically priority populations, and responding to a growing number of climate-driven emergencies and disasters. This overlap of priorities reflects their interconnected nature of protecting public health and the necessity of a comprehensive approach to enhance the health of Boulder communities in the face of climate change.

36   American Public Health Association. (2023, December 7). How climate change affects your health. https://apha.org/news-and-media/multimedia/infographics/how-climate-change-affects-your-health

37   White, D.D., E.H. Elias, K.A. Thomas, C.E. Bradatan, M.W. Brunson, A.M. Chischilly, C.A.F. Enquist, L.R. Fisher, H.E. Froehlich, E.A. Koebele, M. Méndez, S.M. Ostoja, C. Steele, and J.K. Vanos, 2023: Ch. 28. Southwest. In: Fifth National Climate Assessment. Crimmins, A.R., C.W. Avery, D.R. Easterling, K.E. Kunkel, B.C. Stewart, and T.K. Maycock, Eds. U.S. Global Change Research Program, Washington, DC, USA. https://doi.org/10.7930/NCA5.2023.CH28

38   United States Environmental Protection Agency. (2021, September 21). EPA Report Shows Disproportionate Impacts of Climate Change on Socially Vulnerable Populations in the United States. https://www.epa.gov/newsreleases/epa-report-shows-disproportionate-impacts-climate-change-socially-vulnerable

How does 'Climate Action and Sustainability' impact our community?

Climate change impacts the health of the community in many ways, as indicated by the following data.

- Colorado's average temperatures have risen more than 2°F since 1983 and are forecasted to continue to rise[39].
- Boulder County has experienced more frequent intense wildfires, heatwaves, cold weather events, a 500-year flood (2013), and drought conditions due to rising temperatures.[40]
- Warmer temperatures and changing precipitation patterns create favorable conditions for mosquitoes, increasing the risk of West Nile virus transmission and extending the mosquito season. Boulder County has already seen cases of this disease, and climate change is expected to heighten this risk. Colorado had the highest number of West Nile virus cases (626) in the country in 2023, more than states with significantly higher population. In 2022 Boulder County had the most cases in Colorado (38 of the 207 total), another year that Colorado had high national case counts- the second most total cases and highest case count based on population[41,42].
- The burden of communicable diseases and conditions is impacted by climate hazards. In a review of 3,213 empirical case examples assessing climate hazard impacts associated with 286 unique pathogenic diseases, 277 were aggravated by at least one climactic hazard. Of the 63 diseases that were diminished by some climactic hazard, 54 of them were at times also aggravated by other climactic hazards, or only nine pathogens were exclusively diminished by climactic hazards[43]. Local increasing communicable disease burden has been measured. Excluding animal bites and conditions investigated by state partners, in January through May 2024, BCPH conducted follow up for 368 cases. For comparison, the 5-year average for the same timeframe was 211 cases (2019-2023), or pre-pandemic (2015-2019) was 260 cases, representing increases of 42%-74%. Ongoing epidemiologic surveillance and reporting efforts will seek to enhance understanding of climate-associated impacts.
- Related to food access, 52% of Boulder County Hispanicn residents report food insecurity compared to 32% of Boulder County Whites. These trends reflect Colorado food insecurity trends. Climate change is anticipated to have continued impacts on food supply and distributions globally, nationally, and locally. Most notably, drought heat waves and income inequality are already threatening food security. The more BCPH can bolster the local food systems' resiliency (production, supply chains, and access points) to ensure those already experiencing food insecurity and those most at-risk of food insecurity and climate change impacts, the better prepared the agency will be to ensure stable food access for the most at-risk Boulder County residents[44].

39   Bolinger, R.A., J.J. Lukas, R.S. Schumacher, and P.E. Goble, 2024: Climate Change in Colorado, 3rd edition. Colorado State University, https://doi.org/10.25675/10217/237323

40   Boulder County. (n.d). Climate Change in Boulder County. https://bouldercounty.gov/climate/impacts/

41   Colorado Department of Public Health and Environment. (n.d.). West Nile Virus. https://cdphe.colorado.gov/animal-relat-ed-diseases/west-nile-virus

42   Centers for Disease Control and Prevention. (2024). Data and Maps for West Nile. https://www.cdc.gov/west-nile-virus/da-ta-maps/index.html

43   Mora, C., McKenzie, T., Gaw, I. M., Dean, J. M., von Hammerstein, H., Knudson, T. A., Setter, R. O., Smith, C. Z., Webster, K. M., Patz, J. A., & Franklin, E. C. (2022). Over half of known human pathogenic diseases can be aggravated by climate change. Nature Climate Change, 12(9), 869–875. https://doi.org/10.1038/s41558-022-01426-1.

44   Simpkins, K. (2022, July 15). Amid climate change and conflict, more resilient food systems a must, report shows. https://www.colorado.edu/today/2022/07/15/amid-climate-change-and-conflict-more-resilient-food-systems-must-report-shows

What work are we currently doing in 'Climate Action and Sustainability'?

BCPH has been engaging in climate change action through various programs in the Environmental Health Division, as well as through other agency programs. These include but are not limited to addressing food access through the Healthy Eating and Active Living Program; addressing indoor air quality through the Healthy Homes Program in Air Quality; conducting surveillance and prevention of vector borne diseases; improving water quality in the Water Quality Program; and responding to and recovering from disasters.

- The Healthy Eating Active Living (HEAL) program was selected as a BCPH priority from the 2012 Community Health Assessment. Since then, the team has grown to implement three unique nutrition security programs to increase access to fruits and vegetables (for people with SNAP, people with WIC, and people who can't qualify for SNAP or WIC), healthy beverage policy and systems changes, and built environment work. The HEAL team recognizes the linkages between climate change, sustainability, food and beverages environments and continues to integrate these themes into existing work.
- The BCPH Air Quality Program monitors and works to improve indoor and outdoor air quality in Boulder County and ensures Boulder County businesses are in compliance with state and federal air quality requirements. This program includes the Oil & Gas Program and Radon Program.
- Currently, BCPH oversees the mosquito control district which includes West Nile virus surveillance and prevention work. BCPH also handles all investigations for vector borne diseases, including rabies, plague, tularemia, hantavirus, and other tick- borne diseases as they arise.
- The BCPH Water Quality Program improves water quality, prevents water-related illness, reduces water-borne disease transmission in Boulder County, and evaluates residential water and wastewater systems. The Water Quality program also runs the Environmental Emergency Response Team, Stormwater Quality Program, responds to complaints on pools, and coordinates the Keep It Clean Partnership that addresses stormwater runoff. Finally, the Water Quality Program also coordinates the Lefthand Watershed Task Force to make recommendations on cleanup options for the Lefthand Watershed.
- The Emergency Management Program protects Boulder County residents from adverse consequences of both unintentional (e.g., flood, wildfire) and intentional (e.g., bioterrorism) events.

BCPH recognizes the need to better understand climate change forecasted impacts so that the agency can prepare for and build capacity in divisions and programs that serving disproportionately impacted communities, such as the Family Health and Community Health divisions of BCPH.

How are we considering health equity in 'Climate Action and Sustainability'?

Not everyone is equally at risk or exposed to the impacts of climate change. Communities of color, older adults, children, individuals who are unhoused, and low-income communities are examples of populations that are faced with an unequal burden of climate change impacts with little resources[45]. Additional populations that are disproportionately impacted include people and groups who do not have access to power; people who experience transportation barriers, mountain and rural communities, Latine, LGBTQ+, and individuals who are undocumented.

Climate justice is a movement and a concept to address the unequal distribution of benefits and burdens by supporting equitable solutions to climate change. Examples of addressing climate justice in Boulder County include ensuring access to safe drinking water in manufactured home parks; addressing air pollution and extreme heat and its associated health impacts; repairing wind damage of manufactured homes; and ensuring greater access to healthy food options and education to low-income communities. Additionally, income inequality is considerable in Boulder County; the county measures 0.48 on the Gini Index, a severe gap that impacts policies, opportunities, and inclusion within a community[46]. Additionally, 10.7% of individuals live below the poverty line in Boulder County[47]. That percentage increases significantly when using the self-sufficiency standard; according to most recent census data, 33.9% of families in the county earn less than what is needed to support a family with all costs of living, including childcare, housing, transportation, and health needs[48].

45   Ebi, K.L., J.M. Balbus, G. Luber, A. Bole, A. Crimmins, G. Glass, S. Saha, M.M. Shimamoto, J. Trtanj, and J.L. White-Newsome, 2018: Human Health. In Impacts, Risks, and Adaptation in the United States: Fourth National Climate Assessment, Volume II [Reidmiller, D.R., C.W. Avery, D.R. Easterling, K.E. Kunkel, K.L.M. Lewis, T.K. Maycock, and B.C. Stewart (eds.)]. U.S. Global Change Research Program, Washington, DC, USA, pp. 539–571. doi: 10.7930/NCA4.2018.CH14
46   Data USA. (2023). Boulder County, Colorado. https://datausa.io/profile/geo/boulder-county-co?redirect=true
47   U.S. Census Bureau. (n.d.) Quick Facts: Boulder County. https://www.census.gov/quickfacts/fact/table/bouldercountycolorado/PST045222
48   Kucklick, A., Manzer, L., & Mast, A. (2022, November). The Self-Sufficiency Standard for Colorado. Center for Women's Welfare, University of Washington School of Social Work. Prepared for Colorado Center on Law and Policy. https://cclponline.org/wp-content/uploads/2022/11/CO22_SSS.pdf.

Emergency Preparedness, Response, & Recovery

Goal 3: Ensure Boulder County residents and community partners are equitably supported in emergency preparedness, response and recovery.

Objectives

3.1 Build the internal infrastructure of BCPH by reconfiguring emergency response plans, policies, agency systems, and procedures to ensure BCPH has the resources and capacity in place to equitably and effectively prepare for, respond to, and recover from the significant public health components of emergencies and disasters.

3.2 Through a power sharing approach centered on health and racial equity, BCPH will strive to provide the resources, funding, and support to enable the capacity building of community partners and the community to recognize and reduce their risk, prepare for, respond to, and recover from the significant public health components of emergencies and disasters. BCPH will take the following actions to seek to achieve community power building: Foster diverse community partnerships, particularly those that work with and represent priority populations, and championing transformative change.

What do we mean by 'Emergency Preparedness, Response, and Recovery'?

BCPH has the statutory authority and is responsible for preparing for, responding to, and recovering from the public health and medical aspects of significant hazards, threats, emergencies, and disasters in Boulder County[49]. Consistent with the National Response Framework, BCPH serves in Emergency Support Function 8 (Public Health and Medical Services) and Emergency Support Function 10 (Hazardous Materials), providing the related emergency planning and response efforts. A key focus of BCPH's emergency management efforts is supporting Boulder County's health care system, including hospitals, long-term care homes, and other providers. Staff lead the planning of medical countermeasures (such as mass prophylaxis) during significant infectious disease outbreaks, coordinates to support community members with access and functional needs (e.g., mobility or translation assistance) and behavioral healthcare supports to impacted community members during and in the immediate aftermath of an incident. Throughout this work, staff use a grassroots, community-centered, health and racial equity approach.

---

49   Boulder County Public Health. (2024). Public Health Emergency Operations Plan. Draft available upon request

Figure 4: Levels of Public Health EPRR Practices [50]

Why are we focusing on 'Emergency Preparedness, Response, and Recovery'?

Emergency preparedness, response, and recovery impact the BCPH agency, the county as an organization, community partners, and the greater community. BCPH needs to invest in agency systems and the community for the best possible outcomes. In the past ten years alone, Boulder County has experienced many hazards, with the 2013 flood; Calwood, Fourmile, NCAR, and Marshall fires; two ricin poisonings; a widespread Hepatitis A outbreak; a Meningococcal Disease outbreak; the Table Mesa mass shooting; the mpox outbreak; and the COVID-19 pandemic, among other incidents. In addition, climate change has not only led to increased extreme weather, but it is also worsening both infectious disease patterns and increasing the risk for future natural disasters in Boulder County[51].

---

50   National Academies of Sciences, Engineering, and Medicine. (2020). Evidence-based practice for public health emergency preparedness and response. Washington, DC: The National Academies Press https://doi.org/10.17226/25650
51   National Institutes of Health. (2023). NIH climate change and health initiative 2023 annual report. https://www.nih.gov/sites/default/files/research-training/initiatives/climate-change/2023-annual-report-nih-cchi.pdf

How does 'Emergency Preparedness, Response, and Recovery' impact our community?

In many emergencies, specific populations are disproportionately impacted, and the COVID-19 pandemic was no exception. The below summary outlines the disparities in COVID-19 deaths and hospitalizations in Boulder County, and how those disparities changed as specific interventions were implemented over the course of the pandemic. In terms of interventions, the pandemic can be divided into three time periods:

- Period 1 [3/14/2020-12/31/2020]: no access to vaccines or therapeutics
- Period 2 [1/1/2021-5/31/2021]: vaccines became more available
- Period 3 [6/1/2021-3/6/2023]: vaccines widely available

During the COVID-19 pandemic, the Boulder County Hispanic population was disproportionately impacted by the virus. Compared to White non-Hispanics, the Hispanic community was 1.5 times more likely to be diagnosed with COVID-19, three times more likely to be hospitalized with COVID-19, and two times more likely to die because of COVID-19. Throughout the pandemic, similar overall trends were not seen among other Black, Indigenous, and people of color (BIPOC) populations (defined as Black/African Americans, American Indian/Alaskan Natives, and Asian Americans).

However, when looking at hospitalizations and deaths among BIPOC populations compared to White non-Hispanics over the course of the three distinct time periods, there were differences. Hospitalizations were high among BIPOC populations in Periods 1 and 2 relative to White non-Hispanics, and deaths were high among BIPOC populations during Period 1. Health outcomes improved substantially for BIPOC populations during Period 3.

The data shown in Figure 5 below uses age-adjusted rate ratios to compare White non-Hispanic to BIPOC and Hispanic populations for all COVID-19 infections (cases), hospitalizations, and deaths. Looking at just the overall numbers (included in Figure 5), as opposed to looking at the data over the three time periods, it tells an incomplete story; it misses how agency efforts to reach a heavily impacted priority population substantially improved health outcomes over time.

When dividing the pandemic in Boulder County into the three time periods described above, there were improvements in health outcomes over time as interventions to reduce disparities were implemented.

- **Period 1 [3/14/2020-12/31/2020]**: With no access to vaccines or therapeutics, the Hispanic population was three times more likely to be diagnosed with COVID-19, almost seven times more likely to be hospitalized, and over three times more likely to die when compared to White non-Hispanics. Similar, but not as drastic, rate ratios were found among the remaining BIPOC members.
- **Period 2 [1/1/2021-5/31/2021]**: Over 70% of the Boulder County population was vaccinated with at least one dose of a highly effective COVID-19 vaccine, and the numbers improved. Hispanics were 1.65 times as likely to become infected with COVID-19, three times as likely to be hospitalized, and 1.68 times as likely to die when compared to White non-Hispanics. BIPOC populations were two times more likely to be hospitalized.
- **Period 3 [6/1/2021-3/6/2023]**: Numbers improved again, with Hispanics 1.2 times as likely to become infected with COVID-19, 1.7 times as likely to be hospitalized, and 1.6 times as likely to die when compared to White non-Hispanics. Outcomes also improved among the BIPOC community during Period 3 with respect to hospitalizations and deaths. It is important to note that case data is incomplete for the latter part of Period 3, so the risk of becoming infected is not an accurate measure; however, the drop in the risk of becoming hospitalized or mortality is accurate and substantial.

Figure 5: Rate ratios of COVID-19 cases, hospitalizations, and deaths by race/ethnic groups compared to White, non-Hispanic Boulder County residents (March 13, 2020, to March 6, 2023)[52]

3/14/2020-12/31/2020 age-adjusted ratios			
Race/Ethnicity Incident rates compared to WNH	Cases n=16,183 (WNH n= 5,897)	Hospitalizations n=790 (WNH n=358)	Deaths n=170 (WNH n=133)
BIPOC	0.82 (n=771)	1.74 (n=42)	2.09 (n=15)
Hispanic any race	3.0 (n=4,424)	6.95 (n=265)	3.10 (n=29)

1/1/2021-5/31/2021 age-adjusted ratios			
Race/Ethnicity Incident rates compared to WNH	Cases n=7,303 (WNH n=4,965)	Hospitalizations n=279 (WNH n=178)	Deaths n=45 (WNH n=38)
BIPOC	0.81 (n=485)	2.06 (n=29)	0.79 (n=*)
Hispanic any race	1.65 (n=1,583)	3.26 (n=72)	1.68 (n=5)

6/1/2021-3/6/2023 age-adjusted ratios			
Race/Ethnicity Incident rates compared to WNH	**Cases n=56,474 (WNH n=43,210)	Hospitalizations n=1400 (WNH n=1,125)	Deaths n=202 (WNH n=175)
BIPOC	**0.85 (n=4,080)	0.65 (n=54)	0.33 (n=3)
Hispanic any race	**1.19 (n=9,184)	1.71 (n=221)	1.64 (n=24)

Overall age-adjusted ratios			
Race/Ethnicity Incident rates compared to WNH	**Cases n = 91,434 (WNH = 56,326)	Hospitalizations n = 2,343 (WNH = 1,660)	Deaths n = 449 (WNH = 346)
BIPOC	**0.84 (n = 5,336)	1.04 (n = 125)	1.05 (n = 20)
Hispanic any race	**1.50 (n = 15,193)	3.0 (n = 558)	2.20 (n = 58)

*Indicates suppression of data due to small number of events for this group.
**Indicates data is incomplete.

52   Colorado Electronic Disease Reporting System (CEDRS), Contexture (formerly Colorado Regional Health Information Organization or CORHIO), and Colorado Immunization Information System (CIIS). (n.d.). Retrieved March 2023.

What work are we currently doing in 'Emergency Preparedness, Response, and Recovery'?

Public health emergency response infrastructure is robust and has been developed over decades. This includes regional and statewide partnerships, agreements, and response structures which are leveraged in disasters and incidents.

Throughout the nearly four years of response to a global pandemic, all-hazards planning, training, and exercising were put on hold. Public health agencies around the world are in a place of rebuilding. With significant turnover in the field, a significant amount of work lies ahead in updating and rewriting plans as well as training and exercising with staff and partners. As the county continues to see an increase in natural disasters, extreme weather events, and emerging pathogens, it is essential that BCPH develop a well-trained and robust workforce to meet these demands.

Internally, BCPH organizes according to an Incident Command System (ICS) structure during emergency responses, with an internal Incident Management Team (IMT) that regularly trains and exercises together. BCPH writes and maintains emergency plans, and its Emergency Operations Plan applies to all hazards. To ensure agency readiness for emergency/disaster response, BCPH periodically develops, implements, and updates as needed a multi-year training and exercise plan.

How are we considering health equity in 'Emergency Preparedness, Response, and Recovery'?

There is much to be done to ensure Boulder County residents and community partners are equitably supported in emergency preparedness, response, and recovery. Community members continue to be disproportionately impacted by emergencies and disasters, in part due to complex systems issues such as the difficulties some populations in the county experience accessing health care.

The EPRR goal, in general, is centered in health and racial equity. The EPRR strategic priority logic model details specific actions, outcomes, and indicators to support our health and racial equity focus during an emergency response and recovery[53].

53   Colorado Health Institute. (2020, June). COVID-19 public health strategies for priority populations. https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Priority%20Populations%20June%202020_1.pdf

Health & Racial Equity

Goal 4: BCPH institutionalizes the infrastructure, knowledge, culture, and resources for staff to effectively plan and implement HRE improvements in the community.

Objectives

4.1   Purposefully advance inclusiveness, support healing spaces for staff, and ensure accountability for behaviors that advance a healthy, anti-oppressive organizational culture.

4.2   Advance a human resource practice that increases diversity and inclusion within our agency, ensures BCPH is a supportive environment, and creates opportunities for career advancement.

4.3   Have ongoing accessible opportunities for staff to learn and grow their health and racial equity knowledge, competency, and skills to be applied in their everyday work.

4.4   Have a process to ensure internal and external policies, procedures, and practices are anti-racist and pro-equity.

What do we mean by 'Health and Racial Equity'?

Health and racial equity are grounded in community-led programming and transformational change within our institutions. This work aims to reframe the relationships between public health, social justice, and community power.

By prioritizing health and racial equity, BCPH aims to ensure that all residents in Boulder County have fair and just pathways to achieve optimal health irrespective of race, gender, economic status, or any other marginalizing identity. The field of public health must work to eliminate systemic barriers and disparities that lead to negative health outcomes. This includes addressing the social determinants of health, building community power, and providing accessible and competent services. Additionally, this involves deep internal work such as educating and training public health professionals and partners, collecting and analyzing data on health disparities, and advocating for policies and conversations that promote equity and justice.

These goals contribute to healing and transforming BCPH to align with both our agency vision and our health and racial equity vision:

- **Boulder County Public Health Vision:**
  Boulder County is a socially just, inclusive community where physical and mental health, social well-being, and the environment are valued, supported, and accessible to all.
- **Health Equity Coordinating Committee (HECC) Vision:**
  BCPH is a fully inclusive, multicultural, anti-racist, and socially just organization that is committed to achieving health equity and community transformation. This is achieved by:
  - Practicing transformational racial equity across all levels of leadership and agency decision making to identify, stop, and repair the harm caused by a wide variety of oppressive laws, policies, practices, and behaviors, and
  - Intentionally sharing leadership and power with communities that have experienced the burden of disproportionate health outcomes to create equitable, healthy lives for all people in Boulder County.

Why are we focusing on 'Health and Racial Equity'?

To effectively address health inequities for Boulder County communities, BCPH must center a deep commitment to racial equity and social justice across the entire agency. To ensure that all people in Boulder County have an opportunity for a healthy life, transformational health and racial equity must be continuously and persistently practiced by everyone as a shared responsibility.

Boulder County Public Health has a duty as public servants to lead by example and work alongside the communities we serve. Communities with increased levels of racial equity demonstrate improved health outcomes, indicating the need for public health institutions to center these efforts in agency operations[54]. Although many strides have been made, health and racial inequities continue to persist in Boulder County. In Boulder County, access to healthcare, poor mental health outcomes, chronic diseases, age-related health outcomes, and income disparities are significant, with people of color, gender and sexually diverse people, people living at or below the Federal Poverty Level (FPL), older adults, unhoused people, people who use substances, and immigrants being most impacted.[34,55,56]

---

54   Williams, D. R., & Cooper, L. A. (2019). Reducing racial inequities in health: Using what we already know to take action. International Journal of Environmental Research and Public Health, 16(4), 606. https://doi: 10.3390/ijerph16040606

55   Thomas, T. (2022, October 13). Racial discrimination and access to care in Colorado. Colorado Health Institute. https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/CHAS%20Brief%20Discrimination.pdf

56   Esposito, C. (2021, April 19). Racial and ethnic health disparities lead to worse health outcomes among Colorado's aging population. Colorado Health Institute. https://www.coloradohealthinstitute.org/research/racial-and-ethnic-health-disparities-lead-worse-health-outcomes-among-colorados-aging#:~:text=A%20lifetime%20of%20systemic%20racism,and%20stable%-20housing%20in%20Colorado

Through assessment of internal efforts to advance health and racial equity, BCPH recognizes that many of our agency's approaches to addressing these disparities align with gaps in community engagement, specifically by limiting our scope to informing and consulting rather than building community power and sharing power in decision-making. A growing body of evidence-based research demonstrates that engaging marginalized communities in health initiatives leads to more efficient and sustainable positive health outcomes[57]. In alignment with the Community Engagement strategic priority, the Health & Racial Equity strategic priority aims to utilize the Spectrum of Community Engagement to Ownership framework to advance our work with the communities BCPH serves and to increase the agency's capacity and competency in working with marginalized groups of people[58].

BCPH participated in the Government Alliance on Race and Equity's (GARE) Racial Equity survey in 2022 to gauge and evaluate staff awareness and perceptions of concepts, resources, and agency efforts to advance race equity. While the majority of staff overwhelmingly agree on the importance of discussing race and racial impacts (94% agree), there is notable decreased confidence and increased lack of awareness of using racial equity tools and implementing strategies to addressing racism inside and outside of the department. This includes a lack of awareness of agency action plans and workforce improvement for race equity (61% don't know). Additionally, more than 39% of staff were not aware of BCPH's internal race equity workgroup, the Health Equity Coordinating Committee (HECC) [18].

The goals established for the current strategic planning period will support creating a stronger foundation for health and racial justice within the agency and for the community by advancing the capacity of public health professionals to challenge the causes of health inequities in the county.

This priority will focus on the following areas:
- Organizational Culture and Accountability
- Talent Acquisition, Retention, Career Advancement
- Learning and Growth
- Policies, Procedures, and Practices
- Community Engagement

Health and racial equity are critical to public health practice, with systemic racism as a public health crisis that worsens health disparities and undermines the wellbeing of marginalized populations[59]. Addressing this requires an organizational commitment to sustainable transformational change from its services to its leadership. As an agency, achieving health and racial equity will require the practice and persistence from all individuals at BCPH, and this commitment will impact future generations and the communities BCPH serves.

---

57   Cacari-Stone, L., Wallerstein, N., Garcia, A. P., & Minkler, M. (2014). The promise of community-based participatory research for health equity: a conceptual model for bridging evidence with policy. American Journal of Public Health, 104(9), 1615-1623. https://doi.org/10.2105/AJPH.2014.301961

58   Davis, R., Cook, D., Cohen, L. (2005). A community resilience approach to reducing ethnic and racial disparities in health. American Journal of Public Health, 95(12), 2168–2173. https://doi.org/10.2105/AJPH.2004.050146.

59   Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. Lancet (London, England), 389(10077), 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X

What work are we currently doing in 'Health and Racial Equity'?

- Expanding training opportunities for staff
- Creating spaces for BCPH staff to engage in conversations relating to health justice.
- Establishing a virtual space for BCPH staff to access, share, and engage with resources related to health justice.
- Restructuring of BCPH's equity group, the Health Equity Coordinating Committee (HECC), to effectively support the health and racial equity goals.
- Actively participating in county-wide discussions on promoting social justice and equity in Boulder County.
- Utilizing and incorporating Racial Equity Impact Assessment Tools in program work.

How are we considering health equity in 'Health and Racial Equity'?

In collaboration with the Community Engagement and Climate Action and Sustainability strategic priorities, priority populations within the Health and Racial Equity priority could include:

- People who have less access to power
- People who experience barriers we as BCPH have created (i.e., barriers in receiving gift cards; transportation barriers for people living in rural/mountain communities, etc.)
- Black, Indigenous, Native American communities, Asian Americans and Pacific Islanders, and other persons of color
- Latine communities
- Persons with disabilities
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual (LGBTQIA+) communities
- Youth
- Older adults
- Persons affected by persistent poverty
- People who experience homelessness and housing instability
- Immigrants and refugees without documentation
- People with Limited English Proficiency (LEP)
- People who experience digital barriers
- People who live in rural areas
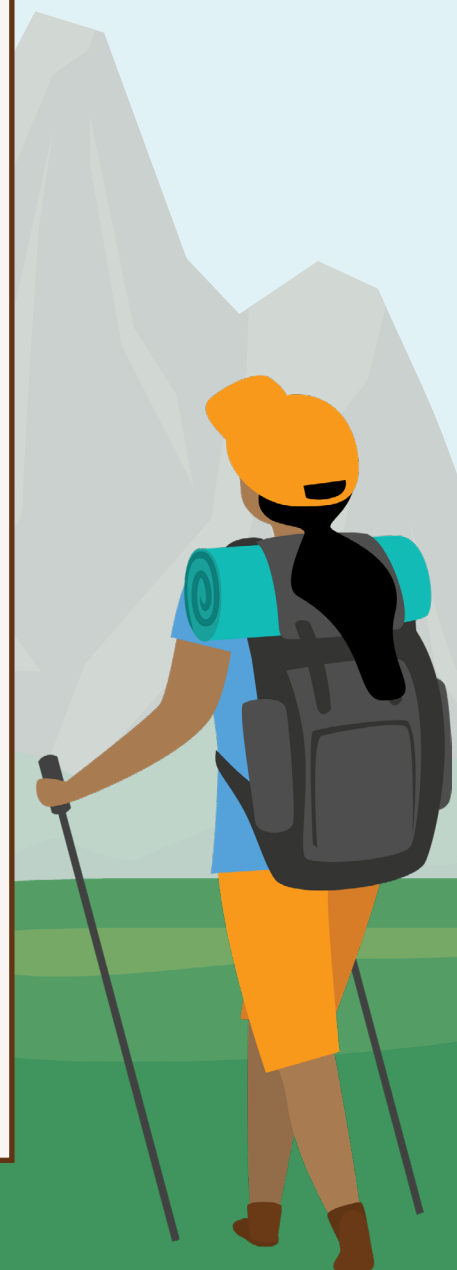
Community Engagement

Goal 5: BCPH effectively engages with the public and community partners to create trust and to incorporate community and partner priorities into planning and interventions.

Objectives

5.1 Improve our policies, structures, and methods to ensure sustainable, ethical, and impactful health initiatives led by the community. This involves working closely with the public and community partners to drive discussions, plans, and policies on key issues, with the goal of aligning our agency's priorities with those of our community to effect positive health changes in Boulder County.

5.2 Reinvigorate public understanding, trust, and support for Public Health values and initiatives.

What do we mean by 'Community Engagement'?

Recognizing the iterative nature of community engagement, both in its definition and operationalization and its moral and conceptual breadth, BCPH will use as a starting point the CDC's definition:

"… the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices[60]."

Community engagement can be seen as a continuum of community involvement to foster community-led and community-driven planning, a perspective well depicted in the 'Spectrum of Community Engagement to Ownership' by Rosa Gonzalez (see Figure 6).
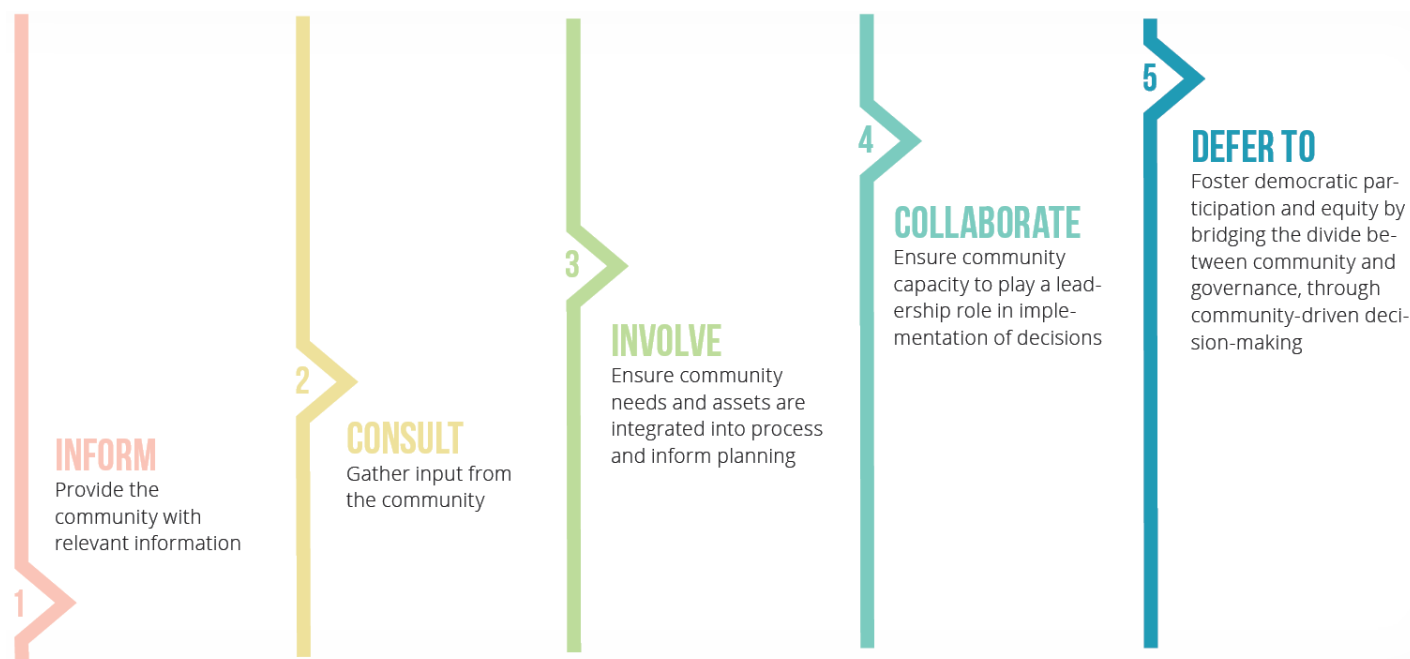
"The key to closing equity gaps and resolving climate vulnerability is direct participation by impacted communities in the development and implementation of solutions and policy

---

60   Office of Public Health and Science, Health and Human Services Department. (2010, December 31). Principles of Communi-

decisions that directly impact them. This level of participation can unleash much needed capacity, but also requires initial capacity investments across multiple sectors to strengthen our local democracies through systems changes and culture shifts."[28]

Community engagement is not a linear process, but rather it requires consistent and continuous involvement of communities in an agency's planning and decision-making process, making use of all levels of the continuum depending on the situation.

Figure 6: The Spectrum of Community Engagement to Ownership

1 INFORM
Provide the community with relevant information

2 CONSULT
Gather input from the community

3 INVOLVE
Ensure community needs and assets are integrated into process and inform planning

4 COLLABORATE
Ensure community capacity to play a leadership role in implementation of decisions

5 DEFER TO
Foster democratic participation and equity by bridging the divide between community and governance, through community-driven decision-making

With health, racial, and climate injustices in Boulder County, BCPH's scope within this priority is broad. Internally, the scope would include all BCPH divisions that work with or serve priority populations creating a community engagement approach or framework, enabling BCPH to have one cohesive approach to community engagement. It would also involve continuing to build trust with community members and organizations.

Why are we focusing on 'Community Engagement'?

For BCPH to effectively address health inequities and foster wellness for everyone in the community, the agency must emphasize a commitment to community engagement as a priority across the entire agency.

---

ty Engagement. [Government]. Health and Human Services Department. https://www.govinfo.gov/app/details/GOVPUB-HE20-PURL-gpo15486

The COVID-19 Pandemic highlighted the weak points in BCPH's community engagement efforts with sectors of the population who are disproportionally impacted by health and healthcare access inequities, those who have been historically (and continue to be) underserved and marginalized by systemic and structural racism, and those who have been excluded from decision-making processes. For instance, Black, Indigenous, Native American communities, Asian Americans and Pacific Islanders, and other persons of color; Latine communities; persons with disabilities; Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual (LGBTQIA+) communities; youth and older adults; persons affected by persistent poverty, people who experience homelessness and housing instability; immigrants and refugees without documentation; people with Limited English Proficiency (LEP); people who experience digital barriers; people who live in rural areas; and people who are homebound were less likely to be reached by BCPH's COVID-19 response efforts.

Throughout and following the COVID-19 pandemic, BCPH has seen an increase in efforts by impacted communities to come together and build movements to respond to health needs and to speak up and address their community's needs. This has included providing emergency response and relief, and addressing other social determinants of health as a response to the lack of supports and access to public health or other publicly available resources.

As BCPH reflects on its community engagement efforts, it has become apparent that many of our approaches to working with community have fallen into informing and consulting, instead of sharing in decision-making or power. Moving forward, BCPH is committed to utilizing the Spectrum of Community Engagement to Ownership framework and adopting practices in the agency that move further along the spectrum and involve deferring to the community. The Spectrum of Community Engagement to Ownership model reflects BCPH's commitment to the values of power-sharing and the importance of formalizing community leadership in addressing health barriers and disparities.

Using this spectrum, Boulder County Public Health will evaluate its current community engagement practices to develop accountable and sustainable objectives aiming to foster community voice and power. Recognizing the amplified impact of community-driven public health, BCPH is dedicated to progressing community engagement initiatives towards greater community ownership, incorporating the diverse voices and experiences of community members, inclusiveness, and striving to make equitable changes to establish a relationship of trust between BCPH and the communities the agency serves.

How does 'Community Engagement' impact our community?

According to the 2022 GARE Employee Survey, only 32.73% of BCPH employees agree or strongly agree that the department seeks input and assistance on decision-making from communities of color and 50.7% of employees agree or strongly agree that the department is taking concrete actions to increase racial equity for Boulder County communities.[18]

BCPH's 2023 Community Health Assessment[34] collected data on mental and behavioral health indicators for populations within Boulder County. A snapshot of these data is included below to highlight the connection between mental and behavioral health and community engagement, specifically with priority populations.

Hispanic/Latinx Community Mental Health Snapshot

In Boulder County, a higher percentage of Hispanic/Latine residents reported 14 or more days where their mental health was not good in the past 30 days compared to White-only, Non-Hispanic/Non-Latine residents (16% versus 13%). In Colorado, percentages were similar across the two groups. Nevertheless, a smaller percentage of Hispanic/Latine residents received treatment for a mental health condition or emotional problem compared to White-only, Non-Hispanic/Non-Latine residents (5% versus 15%). A larger percentage of Hispanic/Latine residents in Colorado overall received treatment than in Boulder County (10% and 5%, respectively). This highlights a need for additional efforts to provide services to this community within the county.

Qualitative data from Boulder County's Hispanic/Latine community engagement efforts were compiled from three reports developed between May 2019 and February 2023. The reports included information from multiple key Hispanic/Latine organizations throughout the county.

The focus of the reports ranged from COVID-19 impacts, cultural brokers or supports in the community, and BCPH's staff identification of needs. Some of the key themes, needs, and potential strategies identified that can be addressed through an effective community engagement approach with true community participation in design and implementation are:
- Concerns about mental health being stigmatized in Latine communities.
- Lack of diverse tools for recognizing mental health symptoms that work across cultures.
- Need for culturally responsive services, including bicultural supports, and increased diversity of behavioral health providers.
- Need for racial equity work to be at the forefront of improving mental and behavioral health.
- Need for increased collaboration with communities of faith to address mental health needs.
- Increase Spanish language support groups and community activities.
- Promote Latine-focused family strengthening interventions or training.

LGBTQ+ Mental & Behavioral Health Snapshot

A higher percentage of Boulder County LGBTQ+ residents have experienced binge drinking in the past 30 days compared to Boulder County heterosexual residents (32% versus 15%); a higher percentage of Boulder County LGBTQ+ residents have experienced binge drinking in the past 30 days compared to Colorado LGBTQ+ residents (32% versus 26%).

Qualitative data from Boulder County's LGBTQ+ community engagement efforts identified key themes, needs, and potential strategies that can be further addressed through a continuous community engagement approach:
- Safety:
  - LGBTQ+ youth feel they can't be themselves without fear of losing safety.
  - Individuals with diverse identities still feel marginalized and are being bullied.
- For LGBTQ+ individuals who are not out, it is challenging to access affirming spaces.
- Suicidal ideation and self-harm are high in LGBTQ+ teens.
- Effects of local and global politics on LGBTQ+ individuals.
- Increase community capacity for mental health and resistance.
- Gender-affirming training offered to all therapists.
- Increase safe and gender-affirming residential treatment.
- Audit for assessment tools, eligibility requirements, etc. to ensure they don't favor heteronormative responses.

In March of 2023, BCPH conducted an internal assessment of current capacity to meet the goals of current community needs that align with the six objectives outlined in the BCPH Mental and Behavioral Health (MBH) Framework (see Figure 2, pg. 24). The internal capacity was determined through a survey with BCPH staff from all programs with MBH components, using a 1-3 scoring system. This assessment allowed the identification of strengths and opportunities for continued exploration and development based on each objective from the MBH Framework. One of those objectives was 'Increase community engagement through collaboration and leadership.' The self-assessment found that the capacity within BCPH to meet current community needs is sufficient (2.4 / 3.0) in two out of three goal areas (i.e., 'Convene community coalitions and partnerships' and 'Meaningfully involve the community in planning and implementation') and moderate (2.3/3.0) in the third (i.e., 'Assess community need and gather community input'). This scoring serves as an initial reference to understand and compare perceived strengths and opportunities within the staff in a future assessment, but also to compare with a baseline of the perceptions among the communities that BCPH identifies as priority populations for Community Engagement.

What work are we currently doing in 'Community Engagement'?

Examples of community engagement can be found across BCPH. Efforts vary greatly across programs and divisions and span the majority of the Spectrum of Community Engagement to Ownership; therefore, it would be impossible to highlight every community engagement effort or practice BCPH engages in here. Below are some examples of the important work that staff engage in with community.

- The Family Connects program within the Family Health Division is dedicated to ensuring every family receives the support they need during the crucial early weeks of a newborn's life. The service supports all families, including immigrants, refugees, foster, adoptive, and kinship families, offering peace of mind and reassurance about their baby's nutrition, growth, and overall health. This program engages with Family Voice Ambassadors who are a team of parents with newborns and/or toddlers that provide staff with community voice input to help improve services and help with outreach to other community members.
- Youth Advocating for Change and GENERATIONS Organizers Leading are two youth advocacy groups within the Community Health Division's OASOS and GENERATIONS programs that are youth led and directed. LGBTQ+ and Latine youth decide what types of issues they would like to address in their communities and design projects and activities that will impact the lives of their peers and community.
- The Works harm reduction program within the Communicable Disease and Emergency Management Division works closely with program participants to ensure they are providing necessary and accessible services such as syringe access for injection drug use; confidential and anonymous HIV and Hepatitis C testing, counseling, and education; overdose prevention education and supplies (Narcan); as well as safer sex supplies. Staff also support participants improve health and wellbeing outcomes through client-centered counselling, education, support, and referral. Engagement happens within clinics, during street outreach and in jails.
- The Climate Justice Program within the Environmental Health Division is a new program that is developing a strategy to build community-led capacity for the impacts of climate change. Currently, the program is engaging with residents of mobile home communities that live near a future coal ash clean-up site.

How are we considering health equity in 'Community Engagement'?

Health and racial equity are key considerations when it comes to community engagement. The community engagement strategic priority is tied closely with the agency's Health Equity Coordinating Committee and the Community Engagement Priority Lead is now a co-facilitator for that group to ensure alignment of decisions and recommendations between health and racial equity and community engagement. Additionally, many of programs within BCPH, and most of the agency's community engagement work, are focused on engaging directly with and listening and learning from community members who are most impacted by health and racial inequities. This includes groups that have been historically marginalized and minoritized by systemic and structural racism. Many programs and staff are utilizing Racial Equity Impact Assessment Tools frequently within their work and staff are expected to engage in ongoing health and racial equity training and professional development. To advance community engagement work within our agency, it is important for BCPH staff to understand the specific needs, concerns, and perspectives of priority populations within the county. To support this, staff and partners are trained to interact authentically and effectively with diverse populations.

Priority populations within the Community Engagement strategic priority could include:
1. People who have less access to power
2. People who experience barriers BCPH have created (i.e., barriers in receiving gift cards; transportation barriers for people living in rural/mountain communities, etc.)
3. Black, Indigenous, Native American communities, Asian Americans and Pacific Islanders, and other persons of color
4. Latine communities
5. Persons with disabilities
6. Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual (LGBTQIA+) communities
7. Youth
8. Older adults
9. Persons affected by persistent poverty
10. People who experience homelessness and housing instability
11. Immigrants and refugees without documentation
12. People with Limited English Proficiency (LEP)
13. People who experience digital barriers
14. People who live in rural areas

Because the identified priority populations within the community engagement priority significantly overlap with the Health and Racial Equity, Climate Action and Sustainability, and Mental and Behavioral Health priority areas, there will be collaboration between these groups to ensure alignment of these strategic priorities.

Sustainability, Transparency, & Stewardship

Goal 6: BCPH has infrastructure, culture, and practices to support good governance through sustainability, transparency, and stewardship of resources.

Objectives

6.1 Optimize and streamline agency administrative systems and processes.

6.2 Establish and strengthen systems and processes to identify, secure, maintain, and effectively allocate resources to support agency needs and strategic priorities.

6.3 Increase transparency around agency operations and governance to support accountability with the Boulder County community, partners, and BCPH staff.

6.4 Strategically support the development of a thriving workforce culture.

What do we mean by 'Sustainability, Transparency, and Stewardship'?

For the purposes of this strategic plan, BCPH has defined the following key terms:

- Stewardship: The responsible use of agency resources to meet the needs of the community and achieve agency priorities while remaining compliant with relevant statutory requirements.
- Transparency: Ensuring BCPH staff, community partners, and residents of Boulder County have easy access to information to promote accountability in agency operations, strategic priorities, and good governance; working to update administrative and financial policies and procedures to modernize systems and improve usability while remaining compliant with relevant statutes; clarifying agency priorities and building systems to ensure those priorities are supported through participatory decision making.
- Sustainability: The establishment and strengthening of systems and processes to identify and secure new funding sources, maintain existing revenue, and effectively allocate resources to support agency needs and meet strategic priorities to serve residents of Boulder County.

Why are we focusing on 'Sustainability, Transparency, and Stewardship'?

As of the summer of 2024, the average age of BCPH's policies is fourteen years. The agency's response to the COVID-19 pandemic and subsequent recovery, along with a shift to hybrid work, have put immense stress on BCPH's aging administrative and financial systems and exposed a need to have more resilient, adaptable, modern, and user-friendly processes and policies that will improve internal services for agency staff and enable BCPH to act as better stewards to the community it serves and the resources it receives. To accomplish this, BCPH will need to re-define agency priorities and build systems to integrate more transparency in agency operations, decision-making, and fundraising. This will require collaboration across the entire agency, especially as it pertains to identifying new revenue streams to sustainably support BCPH programs in alignment with the agency's priorities. Change Champions – representatives from each division – have already played an important role in providing feedback on the Administration and Finance (A&F) Refresh solution sessions. BCPH will be using similar models to engage with staff on future aspects of the Sustainability, Transparency, and Stewardship (STS) portion of the strategic plan to ensure involvement from across the agency and increase transparency in our work, including but not limited to staff surveys, office hours, trainings, and workshops.

How does 'Sustainability, Transparency, and Stewardship' impact our community?

The work on the A&F Refresh – which predates this strategic plan and has been embedded in Objective 6.1, Activity 6.1.1 - was initiated in response to the COVID-19 pandemic and the impact it had on BCPH administrative and financial systems, staff attempting to navigate these systems, and A&F staff responsible for maintaining them. Because of the nature of the pandemic, BCPH was not able to effectively measure the impact that these outdated systems had on work in a quantitative way, but the staff burnout and turnover BCPH experienced during this time demonstrated a clear qualitative need to address organizational systems. Nearly every position on the A&F Leadership team saw turnover during the pandemic, or shortly after.

This instability pre-dates the pandemic, with five individuals holding the Director of Administration and Finance position over the past eight years, and the position currently sitting vacant as of June 21, 2024. Perhaps the most quantitative demonstration of staff burnout following the pandemic is that favorable responses to the prompt "I would recommend this organization as a great place to work" in the 2022 Boulder County Human resources survey decreased 9% between 2019 and 2022. [19]

Additional data from this survey justifying the need for this work is below:

- 30% of survey respondents agree or strongly agree that the Department Head communicates effectively with all employees about what is going on. This is a decrease of 20% from 2021.
- 38% survey respondents agree or strongly agree that the Department Head has a clear understanding of what is going on at Boulder County.
- 42% of survey respondents agree or strongly agree that we work effectively across departments and functions.
- 45% of survey respondents agree or strongly agree that there are opportunities for advancement at Boulder County.
- 77% of survey respondents agree or strongly agree that they have the tools and resources needed to do their job well. This is a 5% decrease from 2019 and is reflected in feedback received throughout the A&F Refresh process, where staff mapped over 200 "pain points" associated with BCPH administrative systems.
- 46% of survey respondents agree or strongly agree that they can share ideas and opinions without fear of negative consequences. This is a decrease of 8% from 2019.

What work are we currently doing in 'Sustainability, Transparency, and Stewardship'?

Work on the A&F Refresh is largely complete after a two-year process of mapping, LEAN process improvement, solution sessions with agency stakeholders, and an expected soft launch of new administrative procedures and related policies in the late summer of 2024. Additionally, the A&F Leadership Team has instituted bi-weekly Priority Meetings with BCPH divisions to increase transparency for staff, streamline processes and improve knowledge sharing, and provide clearer pathways of access to BCPH's A&F team.

Working in parallel to the A&F Refresh, a Grant Intake Form and Grant-writing Support Request form have been developed. It is anticipated that this will help BCPH pursue new and existing revenue streams more strategically and provide a foundation for the work set out in Objective 6.2. In March of 2024, BCPH's Workload Committee distributed a comprehensive guide to managing priorities and workload, setting healthy boundaries, addressing meeting fatigue, and outlining clear expectations for staff at different managerial levels in the agency. The workload document was designed to be a work in progress and will be regularly refined. This resource encourages staff at all levels to maintain a healthy workload to address burnout and employee satisfaction. The agency's current efforts around workload are anticipated to contribute to work outlined in Objective 6.4.

How are we considering health equity in 'Sustainability, Transparency, and Stewardship'?

Many staff at BCPH who hold administrative, technical, and supportive roles represent historically disenfranchised communities and communities of color – and often, the burden of both navigating BCPH's dated infrastructure and upholding it falls on the shoulders of these individuals. The agency will continue to perpetuate this inequity if unable to address areas of work outlined in this strategic priority. If the agency is successful in streamlining and optimizing administrative systems and processes, it is vital that this knowledge is spread equitably across the agency and employees in leadership positions do not continue to be overly reliant on administrative support staff.

Improving the functionality of BCPH's internal systems will make it easier for external facing program staff to support priority populations, including youth, older adults, new parents, LGBTQIA+, Hispanic/Latine, people experiencing homelessness, and people who use drugs. In short, BCPH's commitment to building better, more efficient systems will help the agency further its commitment to health and racial equity in the communities served.

How We Work

Our Approach to Priority Populations

BCPH's mission is that all people in Boulder County have an equitable opportunity to achieve a healthy life. We recognize that not everyone in our community has an equal opportunity to achieve that healthy life, and that all too often historically marginalized populations face unequal disparities and challenges to reaching this goal.

For our strategic plan, priority populations are identified as being at greater risk for or having a higher burden of a particular health issue due to historical, institutional, systemic, and structural inequities such as racism. We recognize that certain populations can have disproportionately impacted health outcomes due to socio-economic status, environmental conditions, race/ethnicity, undocumented status, political or religious beliefs, age, gender, sexual orientation/gender identity, geography, and a host of other social determinants of health. We also recognize that even within a disproportionately impacted population there can be layers of disparities created by intersectionality that can produce different disproportionate impacts within the same priority population.

With our strategic plan we strive to create a positive health impact for everyone in our community. We also understand that Boulder County's population is not a monolith, and that we need to do additional work to clearly identify the most disproportionately impacted populations in our community and ensure that our work also, and in some cases especially, reaches those people. Key strategies we will use to identify and reach priority populations include:

Identification of Priority Populations

Although we have a comprehensive list of priority populations in Boulder County, a first step will be to ensure that priority populations we have identified for each strategic priority are accurate and complete. This could include support from our health planning and evaluation team to analyze population health epidemiological data, review data from existing community assessments, and consulting with stakeholders to understand populations most disproportionately affected. Understanding that there are layers of disparities in a priority population, through our work with community and cultural brokers a goal will be to consistently dive deeper into populations to better understand intersectionality and sub-populations that we may be missing.

Needs Assessment

In coordination with our community engagement efforts, priority work groups and their programs will continually dialogue with community, cultural brokers, and partners to better understand the socio-economic, political, and historical systemic barriers contributing to health disparities. This will help our programs consistently assess specific needs of identified priority populations and help us better focus our programs and outreach to those groups.

Targeted Strategies

Each of our strategic priorities will identify targeted strategies and activities tailored to address the needs of identified priority populations. These strategies may include working with cultural brokers to create linguistically and culturally appropriate outreach and program activities, foment opportunities for community to participate and drive program decisions, and focus on upstream policy changes.

Authentic Partnerships and Collaboration

In our strategic plan we will look to create effective and authentic engagement and partnership with community stakeholders and priority populations. This includes effectively engaging community partners and cultural brokers who are best positioned to help us reach priority populations and create desired positive health impacts throughout our community. Collaborative efforts could include leveraging resources, expertise, and local knowledge to better meet the unique health needs of our priority populations.

Tracking Metrics

Working with the Health Planning and Evaluation (HPE) team, we will identify key metrics that we will use across our strategic plan that will be used to assess if we are reaching our identified priority populations. These metrics will be worked into our regular monitoring and evaluation activities and allow us to better track progress, identify emerging needs and resource allocations, and create opportunities to learn and shift our work with identified priority populations.

Policy

BCPH understands that one of the most effective ways to create positive health impacts in priority populations is to effectively support systemic policy changes that historically have driven inequities and health disparities. BCPH is already actively engaged in the policy space, and we will continue to identify and proactively participate in both local and statewide policy initiatives that will drive positive health impact for everyone in our community.

By focusing resources and attention on priority populations, we are confident that our strategic plan will reduce health inequalities and improve the overall health and well-being of not only those priority populations, but the entire community. For a list of current BCPH identified priority populations in Boulder County see Appendix C.

Our Approach to Communications

Strategic Communications

Effectively communicating our strategic plan will be essential to its success. This includes successfully and transparently communicating our goals, objectives, and activities, providing timely progress updates, highlighting key accomplishments and community partnerships, and communicating performance metrics and data.

Our Strategic Communications Plan (SCP) will include internal communication to BCPH staff that will focus on providing consistent and regular updates on accomplishments, data, and metrics on our strategic plan work, as well as help staff to see their own work reflected in our plan and how they contribute to its success. Our SCP will also include external or community focused communication. External communication will include using a variety of easy to access and linguistically and culturally appropriate communication platforms to share key information on work being done, metrics and data, highlight accomplishments, and spotlight community collaboration and resource sharing.

Our SCP will be a living plan that will be updated on a regular basis throughout the life of our strategic plan, and be flexible enough to adapt to changing environments, challenges, and shifting priorities. Our expectations are that our SCP will be instrumental in:

- Effectively and regularly communicating key information, progress, and data/metrics of our strategic plan to staff and community.
- Will increase transparency with community and identify opportunities for engagement and uptake of activities, leveraging resources, and generating authentic community feedback and participation.
- Strengthen current community partnerships and create new ones that foster sustainability.
- Increase transparency around how and why we spend resources and prioritize activities.
- Stimulate reflection, participation, and engagement of BCPH staff in our strategic plan work.
- Highlight accomplishments and unique and innovative work with local, state, and national level partners, including potential donors and grantors.

Key activities for our strategic communications plan may include:

Internal Stakeholders

- All-Staff/Supervisor meetings: Regular strategic plan updates to build engagement and share information with BCPH staff.
- All-Staff emails: Monthly emails to staff with strategic plan updates that reinforce key messaging and highlight accomplishments.
- rePHresh newsletter: BCPH's monthly newsletter to provide regular updates and news stories to inform staff and drive staff engagement and participation.
- Board of Health Director's Report: Regular updates to the Board of Health to highlight success/challenges, identify areas where the Board of Health can participate and support our strategic plan efforts, and provide context for our work and accomplishments.
- Strategic Priority lunch-and-learns and other staff engagement opportunities: Will provide staff with an opportunity to dive deeper into understanding our strategic plan and our work, and how their work in the agency supports and fits into the plan.
- Internal strategic plan launch and mid-term gathering: In early 2025 we will hold a strategic plan launch event for staff and the Board of Health to celebrate the launch, inform and facilitate staff and Board engagement, garner feedback, and answer questions. At the plan's mid-term evaluation, we will conduct a similar event aimed at sharing and celebrating progress, inform shifts in strategies, goals, and objectives, and re-engage with staff and the Board.

External Stakeholders

- Social media: Our social media channels are some of the most followed government accounts in Boulder County. We will build on our robust social media platforms to share key information and updates and success stories, communicate and recognize community and partners, and share key metrics and data around our strategic priorities' goals, objectives, and activities.
- Programmatic data dashboards: In 2024-2025 we will create easily accessible programmatic data dashboards on our website for each of our priorities – and each of our programs across the agency. The programmatic data dashboards will be built in the OpenGov platform and provide key background and population health data for Boulder County related to the priority or program, a short narrative of programmatic plans and work, and key performance indicators (KPIs) that are updated regularly. The programmatic data dashboard will sync with our monitoring, evaluation, and learning plan, and program coordinators will work with our Monitoring and Evaluation specialist to maintain an up-to-date dashboard that is community facing.
- Annual report: Starting in 2025 we will create a annual report for our strategic plan that will highlight the previous year's key accomplishments, provide programmatic updates, spotlight stories and community and partners, review our finances, and outline future plans.
- Earned media: We expect to share important news and strategic plan milestones with the wider community through earned media opportunities. The BCPH Communications team will engage with members of the media to pitch these news stories when appropriate.
- Community Launch Event: In early 2025 we will invite community, partners, and local government to an official launch of our strategic plan. We will also have a similar mid-term and end of plan community event. Depending on the availability of resources, we will also either do a similar launch event in Spanish for the Hispanic/Latine community, or a series of smaller launches in Spanish with targeted communities and partners.

For both our internal and external strategic communications plan, the Communications Team will design metrics and a process to collect and evaluate feedback from target audiences. This will enable us to adjust key messages and communication and ensure that our key messages are effectively reaching our target audiences.

Engaging with the Community

Communication is a fundamental principle of community engagement because it builds trust, ensures accountability, fosters informed participation, and strengthens relationships. Open communication fosters transparency, which is essential to building and maintaining trust. When people understand what we are doing, why decisions are made, and how these decisions will affect them, they are more likely to trust us. This trust helps lead to better relationships between our agency and the community. Strong relationships are the foundation of effective community engagement and collaboration.

Additionally, regularly communicating about our work ensures accountability. It shows that we are committed to being answerable to the community and are taking responsibility for our actions and decisions. Keeping our community informed and engaged with ongoing programs, projects, plans, and outcomes also ensures that people are aware of what is happening in their community. This knowledge allows them to participate more effectively and make informed decisions or contributions to the work. This continued engagement is invaluable for continuous improvement and ensuring that the agency's work aligns with the community's needs and expectations. Communication is essential for creating a collaborative and supportive environment where the agency and the community can work together towards common goals.

Our Approach to Sustainability

Defining Sustainability for our Strategic Plan

Sustainability refers to the measurable and enduring continuation of our plan's health impacts (outcomes/goals/objectives) and activities (outputs) on our target populations over the life of our strategic plan and beyond. Much like how our strategic priorities are split into internal and external focused work, for our strategic plan we view sustainability through similar internal and external focused lens.

Internally, sustainability includes building resilient, efficient, and well-functioning internal systems, processes, approaches, and resources that support our ability to pivot and evolve to address changing public health needs and community priorities. This includes building our capacity to secure resources, strategies to address both downstream and upstream public health impacts in our community through policy, partnership, and systems/structural changes, and ensuring that our work addresses the social, economic, and environmental inequities and disparities that drive poor health outcomes in our community.

Externally, sustainability for our strategic plan focuses on creating opportunities with partners and community to eventually have them effectively take over key parts of our strategic priority goals, objectives, and activities into the future. By focusing on building community capacity, resiliency, and garnering and leveraging resources with community and partners, we'll be able to step back our leadership in spaces, and pivot to other public health needs in the community.

Why is Sustainability Important

Sustainability is a critical component of our strategic plan because it guides us to create measurable public health interventions that are designed to have lasting positive effects on health outcomes. They facilitate and build our capacity and empower community partners to create not just short-term fixes and health impacts, but lasting health impacts that persist beyond the lifespan of our strategic plan.

Fundamental Sustainability Strategies and Measures for our Strategic Plan

Throughout the life of our strategic plan, we will integrate these fundamental sustainability strategies and measures where applicable. There is an understanding that not all these strategies can nor will be implemented by each priority, and as we move through the life of our strategic plan some of these strategies may shift, or additional strategies may be developed.

Creating Opportunities for Meaningful Community Collaboration

An important sustainability strategy will be to emphasize the importance of creating meaningful partnerships and collective actions in the planning, implementation, and evaluation of our priorities. This includes strategies that foment participation of community in key decisions and empower communities to provide input and leadership in program implementation, evaluation, and resource placement. By building meaningful partnerships, leveraging local resources, and respecting cultural norms and values, we expect to stimulate and foster community ownership and for our priorities to be more likely accepted, adopted, and sustained over time.

Policy

We understand that to create sustainable health impacts, we need to go beyond individual-level interventions and need to address underlying systemic factors that influence health outcomes. Each of our priorities will look to identify related policy opportunities that advocate for policy and legal changes, support systems-level reforms, and foster multisectoral collaborations that create higher impact and more sustainable health outcomes.

Maintaining Stable and Sufficient Resources

Maintaining stable and sufficient resources, both financial and human, will be a critical strategy to efficiently, effectively, and sustainably complete the work laid out in our strategic plan. Resource sustainability strategies will include prioritizing cost-effective interventions, leveraging partnerships and collaborations, and minimizing waste and inefficiencies. In year two of our strategic plan our programs in each priority will work with BCPH's finance team to design a resource development plan that will be part of their sustainability strategy for their priority.

Metrics for Learning and Decisions

Creating measurable sustainability metrics that are regularly monitored and tracked throughout the life of our strategic plan will be a key sustainability strategy. In year two of our strategic plan, once activities have been launched, the HPE team will support each of the six priority work groups to develop sustainability metrics that are unique to their work and priority. These metrics will be rolled into our strategic plan's Monitoring, Evaluation, and Learning work. Metrics will be evaluated on a yearly basis, with a deeper evaluation at mid-term, and rolled into our programmatic data dashboard.

By integrating these principles into our strategic plan, we will ensure that our efforts to improve health outcomes are not only effective in the short term, but also sustainably contribute to the health and well-being of current and future generations.

Our Approach to Resource Mobilization

A key lesson learned from past BCPH strategic plans is the need to create a resource mobilization plan for each of our strategic priorities. A resource mobilization plan will include identifying and mobilizing the necessary resources – financial, human, and structural – to effectively implement the goals, objectives, and activities outlined in our strategic plan. Despite a strategy of pooling resources and work from current programs to generate collective contributions to achieving our goals and objectives, we know that to scale our efforts and achieve the goals set in our strategic plan that we will need to mobilize additional resources and fill resource gaps.

In year two of our strategic plan implementation, individual programs whose work contributes to the strategic priorities will work with BCPH Strategic Initiatives and Administration and Finance staff to develop a resource mobilization plan utilizing the following steps:

- **Priority Work Groups Review Already Identified Resource Needs in the Logic Model**
  As a first step each priority workgroup will review the resource needs identified in their priority's logic model. This review will include determining if the resource needs originally built into the logic model are still relevant or need to change, and then identify and prioritize additional resource needs not outlined in their logic model.

- **Programs Undertake a Resource Assessment and Gap Analysis**
  Working with the Administration and Finance team and with support from the BCPH Grants Manager, each program that supports our strategic priorities will conduct a resource mapping exercise. The mapping exercise will identify current financial and human resources that each program brings to the strategic priority that they support, any stable renewable sources of funding, and recurring opportunities for funding. Each program team will then complete a gaps analysis comparing their program commitments to the strategic plan with available resources. These steps will allow us to identify resource gaps and analyze and prioritize resource allocation and where we need to concentrate resource development.

- **Programs Develop a Resource Mobilization Plan**
  Based on their resource assessment and gap analysis, each program team will develop a two-year resource mobilization plan. Programs will be asked to consider a wide range of additional resource opportunities in their mobilization plans, including funding from government sources, grants, partnerships with private sector organizations, philanthropic donations, and leveraging existing assets more efficiently. We will use a common template across all the priorities which will allow us to compare and identify common resource gaps and needs for our strategic plan, and with the support from the Administration and Finance Teams and Grant Manager, identify and prioritize resource mobilization efforts.

- **Programs Identify Opportunities to Leverage with Partners**
  Resource assessments and mobilization plans will also include identifying opportunities to leverage collective strengths and resources with community partners and collaborators that scale up program implementation reach, streamline and fill resource gaps, and maximize coverage and program outcomes.

- **BCPH Engages in Communication and Advocacy**

  The BCPH Communications team will develop a robust communication strategy at the beginning of year two aimed at raising awareness of our strategic plan as well as highlighting successes. Communication efforts will incorporate a wide range of messaging vehicles including social media, proactive outreach to state and local media, multiple program highlight platforms such as one-pagers, graphics, and PowerPoint templates, strategies and materials to approach partners and potential donors, easily digestible platforms that highlight key metrics, data, and achievements related to our work. Effective communication will allow us to connect withthe community about our work, the resources invested, and the positive health impacts that are being created, all of which will be instrumental in helping us garner additional resources and build momentum for implementation.

- **Remaining Nimble and Able to Pivot**

  Because funding environments, priorities, and partners shift over time, a key resource mobilization strategy will be to build or our own internal capacity to be nimble and able to pivot and change with a changing environment. This will include exploring a wider variety of resource mobilization opportunities, exploring ways to maximize leveraging resources with community and partners, and being able to shift strategies and objectives to reflect a changing or challenging funding environment.

By having programs work through these steps and strategies, we will create a more robust and comprehensive resource mobilization plan that will support the successful implementation of our strategic plan.

Appendix A: How We Developed the Plan

Boulder County Public Health completed a comprehensive and in-depth planning process to develop the 2024 – 2029 Strategic Plan. Facilitated by the Health Planning and Evaluation (HPE) Team, the process focused on staff involvement and input, aligning with other assessment and planning efforts across the agency and county, and centering the planning process in health and racial equity.

The planning process began in the fall of 2022 with the identification of four strategic priorities by the BCPH Management Team: Climate Action, Health and Racial Equity, Mental and Behavioral Health, and Sustainability, Transparency, and Stewardship. These priorities were continued from the 2018-2022 Strategic Plan, as implementation of the plan was impacted by the COVID-19 pandemic response. Early in 2023, two more priorities were added, Community Engagement and Emergency Preparedness, Response, and Recovery.

Development of Goals and Objectives

Each strategic priority was supported by a workgroup, some of which were formed out of existing committees, and some were established for the specific purpose of supporting strategic planning. These workgroups were comprised of BCPH staff who are subject matter experts in the priority area, and whose work aligns with the priority; over 40 BCPH staff were involved in these workgroups with representation from each division.

Over the course of six months, workgroups met regularly to review existing plans and resources and develop strategic goals and objectives. When possible and appropriate, strategic goals and objectives were built on existing plans to reduce duplication and allow for the amplification of current initiatives. For example, the Health and Racial Equity strategic priority goals were developed based on the goals of an existing internal group, the Health Equity Coordinating Committee (HECC).

BCPH Staff Feedback

Input on the goals and objectives was obtained from BCPH staff through a survey and in-person group discussions. The survey was administered to BCPH supervisors requesting feedback on alignment between the strategic priority objectives and their programs; perceptions of agency capacity to achieve the strategic priority goals; resources needed to be successful in achieving the goals; and general open-ended feedback. A total of 15 responses were received over a two-week period. The feedback for each strategic priority were shared with the respective workgroups and were used to identify any significant concerns or issues with the goals and objectives. The feedback will also be used when implementing the goals and objectives by identifying connections to BCPH programs and providing ideas and future considerations.

The in-person group discussions were held at an annual All-Staff meeting, in which approximately 140 BCPH staff members attended. Each small group was led by a facilitator, and each group was assigned two strategic priorities to review and discuss. The questions asked for their initial thoughts, questions, and concerns around the priority; to identify opportunities for alignment between their individual work and the priority; and if there was any other information they were curious about regarding the strategic plan overall. Following the meeting, staff also had the opportunity to share feedback electronically if they were unable to participate or wanted to provide thoughts on priorities not discussed with their small groups. This feedback was again used to identify any significant challenges or concerns with the goals and will continue to be used to inform implementation and guide internal communication around the strategic plan.

Input was also received from staff related to other elements of the strategic planning process, including communications, priority populations, health and racial equity, and performance management. Staff participated in one-time brainstorming sessions on these topics, with the feedback guiding development of this plan as well as future considerations for implementation.

Community Partner Feedback

In the initial framework for developing this strategic plan, gathering community partner feedback was a specific step outlined in the process alongside obtaining staff feedback. However, based on multiple factors, it was decided to delay that component and focus on collecting partner feedback during implementation planning. Factors leading to that decision included the timing of collecting partner feedback in the process, wanting to ensure adequate time for partners to provide valuable feedback, consideration for overburdening partners, and staff capacity. Postponing this component will allow BCPH staff to converse with partners about the strategic plan and priorities, and request that feedback in a collaborative manner that will inform implementation of the strategic plan moving forward.

As previously mentioned, strategic goals were developed based on existing plans and initiatives when possible. Some of these existing plans incorporated community input and feedback, which are highlighted below:
- The Emergency Preparedness, Response, and Recovery's strategic priority goals were adopted from BCPH's 5-year Rebuilding Plan, developed after BCPH's response to multiple emergencies over the past three years (e.g., the Marshall Fire, the COVID-19 pandemic, and the mpox outbreak). This 5-year Rebuilding Plan was developed utilizing After Action Reports (AARs) to identify successes, challenges, and opportunities to improve emergency response and recovery efforts. These AARs were completed utilizing feedback collected from BCPH staff, community partners, and community members impacted by the emergencies.
- For the Mental and Behavioral Health strategic priority, input was received from the Boulder County community as part of the development of BCPH's 2023 Community Health Assessment (CHA) and 2023 – 2028 Public Health Improvement Plan (PHIP). As previously mentioned, this strategic priority aligns with BCPH's PHIP and Boulder County's Behavioral Health Roadmap, a county-led initiative aimed at creating a comprehensive strategy to ensure access to the right mental and behavioral health care at the right time. As part of the development of the Behavioral Health Roadmap, extensive input was received from a variety of community partners, local leaders, and community members.

Health and Racial Equity Considerations

As part of BCPH's commitment to advance and operationalize health and racial equity, each goal has been reviewed using a modified subset of questions from the Government Alliance on Race and Equity (GARE) Toolkit[61]. Completing this process allowed for reflection and consideration on how the goals may impact equity within our agency and community, as well as identify potential mitigations of any negative impacts. The intent is to revisit these questions on an annual basis as part of the MEL Plan.

The questions utilized for this process were:
- What are the intended results and outcomes with this goal?
- Are there priority populations this goal would focus on?
- How will this goal increase or decrease equity? Who would benefit from or be burdened by this goal?
- What are potential unintended consequences? Are there ways this goal (or the objectives tied to this goal) could be modified to enhance positive impacts or reduce negative impacts?

---

61   Nelson, J., Brooks, L. (2015). Racial equity toolkit: An opportunity to operationalize equity. The Government Alliance on Race & Equity. https://www.racialequityalliance.org/viewdocument/racial-equity-toolkit-an-opportuni-2

Appendix B: Monitoring, Evaluation, & Learning Plan

Purpose

To support the implementation of the strategic priority goals and objectives, BCPH will implement the following monitoring, evaluation, and learning plan (MEL plan). An MEL plan will assist with ensuring the work of the strategic plan becomes incorporated into BCPH's culture by consistently tracking progress on goals and objectives; reporting out on progress made; identifying opportunities for adaptation and improvement; and supporting decision-making.

The MEL process will consist of three key components:
- Tracking and monitoring of progress on strategic goals, objectives, and activities;
- Ongoing analysis and reporting of progress; and
- Evaluation and decision-making regarding strategic priorities.

Step 1: Track and Monitor Measures

The 2024 – 2029 Strategic Plan consists of 6 strategic goals and 19 strategic objectives. Strategic goals are outcomes the agency aims to achieve in the next five years. Strategic objectives describe how the agency plans to achieve the strategic goals. Each strategic priority has been assigned to a Priority Lead, who is responsible for overseeing the work of the priority.

The status of strategic goals and objectives will be tracked by Priority Leads in an electronic tracking system, which will serve as the primary platform for tracking and monitoring progress on the 2024 – 2029 Strategic Plan. This tracking system will be created and maintained by the Health Planning and Evaluation (HPE) Team. Access to the tracking system will be limited to Priority Leads, the BCPH Management Team (MT), and the HPE Team.

Priority Leads are responsible for providing quarterly updates on the status of the strategic objectives within their priority, as well as narrative updates on the following key questions for the strategic goals:

- What accomplishments have been achieved in the last quarter?
- What challenges have been encountered in the last quarter?
- What activities are planned for the next quarter?

On an annual basis, Priority Leads will be providing updates on quantitative measures of success. For Year 1 (2024), Priority Leads will be reporting on quantitative measures of success for all activities outlined in their Detailed Implementation Plans. The metrics associated with these measures will be incorporated into the 2024 Strategic Plan Annual Report.

Starting in Year 2 (2025), Priority Leads will report the quantitative measures of success for all strategic objectives. Moving forward (2025 – 2029), Priority Leads will be expected to report out metrics for strategic objectives and associated activities on at least an annual basis. Instructions for updating the tracking system will be developed and provided to Priority Leads to support ongoing tracking and monitoring of strategic goals and objectives. The tracking system will utilize data validation and protection to ensure consistency.

Step 2: Analysis and Reporting

The second step in the MEL process is to assess progress towards achieving the strategic goals and objectives through analysis and reporting. Using data provided in the tracking system, reporting will occur quarterly, biannually, and annually. The following schedule outlines the type of reporting that will occur during each timeframe, who is responsible for the reporting, and the audience for the reports.

Quarterly

On a quarterly basis, static reports will be generated to provide progress updates on the objectives.
- Priority Leads will provide status updates on each assigned objective (i.e., Not Started, Behind Schedule, In Progress, Complete, Abandoned), in addition to brief narrative updates based on the guiding questions outlined above.
- The HPE Team will generate static reports to summarize progress for each strategic priority based on the data provided in the tracking system.
- Quarterly reports will be shared with the BCPH MT and BCPH Board of Health (BOH).
- A high-level status update on the strategic priorities will be shared with BCPH staff through existing channels (i.e., newsletter, all-staff meetings).

Mid-Year Review

At the mid-year point, the data will be used to provide presentations on overall progress of the strategic priorities.

- Priority Leads will provide presentations on the status of the priorities based on the data provided in the tracking system, as well as provide additional updates that may include:
  - Reflection on inclusion and equity using the GARE Worksheet
  - Considerations on changes or updates to the goals or objectives
  - Potential funding opportunities or budgetary challenges
  - Alignment or shifts in policy priorities and if that will impact progress
- The presentations will be shared at biannual meetings, open to all BCPH staff.

Annually

Annually, a comprehensive report will be developed to summarize progress over the course of the year.

- In addition to the quarterly status updates for objectives, Priority Leads will provide quantitative data for the objectives and activities that were completed that year.
- The HPE Team will develop an annual report summarizing the strategic priority progress based on the data provided in the tracking system.
- The annual report will be shared with BCPH MT and staff, the BOH, and the community.
- An annual meeting will be held to review the data and discuss adjustments for the following implementation year with BCPH MT, Priority Leads, and the HPE Team.

Documentation

All final reports and documentation will be saved in an accessible location (i.e., SharePoint, Microsoft Teams) and shared with all staff through internal communications. A template for the presentations will be made available to Priority Leads.

Step 3: Data-Driven Decision Making

The third step in the MEL process is to utilize data to make any necessary decisions regarding the strategic priorities moving forward. In addition to the quarterly reports provided by the Priority Leads, BCPH intends to engage with the Boulder County community on an annual basis to obtain feedback on the strategic priorities. The process for community engagement and evaluation will be determined in the first year of implementation.

An annual meeting will be held to review the previous year's accomplishments, challenges, feedback received from partners and the community, and any external influences that may have impacted progress (i.e., policy changes). These data will guide a discussion on any potential adjustments for the following implementation year, which may include adjusting deadlines, adding/removing goals or objectives, or adapting goals or objectives to align with shifting needs and resources. Participants of this meeting will include the BCPH MT, Priority Leads, the HPE Team, and any additional participants identified at the time.

It is recommended that major shifts in the strategic priorities only occur on an annual basis at these meetings; however, if circumstances arise that require shifts throughout the year, the BCPH MT will be responsible for reviewing and approving those changes.

Who is Leading the Work

Implementation of BCPH's 2024 – 2029 Strategic Plan will require involvement from numerous key stakeholders across the agency. Each of the six strategic priorities will have a Priority Lead and a workgroup to support implementation of the goals and objectives outlined in the Strategic Plan. The strategic goals and objectives will be operationalized through annual implementation plans developed for each strategic priority. These plans will include activities to be completed, metrics for evaluating progress, deadlines, and the staff responsible for those activities.

The Priority Leads will be responsible for overseeing the workgroups and completing the associated reporting as outlined above in *Step 2: Analysis and Reporting*. The workgroups, comprised of BCPH staff, will be responsible for developing the annual implementation plans and completing or coordinating the associated work to achieve the strategic goals and objectives. BCPH's HPE Team will facilitate implementation of the MEL plan and will be supported by Priority Leads and workgroups. A summary of key Roles & Responsibilities for implementation is located in Table 5.

Figure 7 outlines the timeline for completion and implementation of the strategic plan in Year 1 (2024), including the reporting schedule.

Figure 7: Year 1 (2024) Strategic Plan Implementation Timeline

Quarter One	Quarter Two	Quarter Three	Quarter Four
• Identify Priority Leads • Establish Priority Workgroups	• Develop Logic Models • Develop 2024 Detailed Implementation Plans	• Finalization & Approval of Strategic Plan • Q3 Reporting	• Q4 Reporting • Develop 2025 Detailed Implementaiton Plans

Roles & Responsibilities

The following table outlines the roles and responsibilities for those participating in the implementation, monitoring, and evaluation of the 2024 – 2029 Strategic Plan.

Table 5: Roles and Responsibilities

Who	Expectations
Management Team	• Review the quarterly and annual reports and participate in decision-making for future implementation • Attend the biannual presentations provided by Priority Leads • Support a balanced workload for the Priority Leads
Priority Leads	• Convene and facilitate a workgroup to coordinate the work associated with the goals and objectives under their assigned strategic priority • Provide quarterly updates via the tracking system • Biannually, provide presentations on the status of the priorities
Workgroups	• Attend and actively participate in regular strategic priority workgroup meetings • Implement and/or coordinate the work associated with the goals and objectives • Support the Priority Lead in completing quarterly reports and biannual presentations

HPE Team	• Facilitate implementation of the MEL plan and process, including:
	  • Develop the tracking system and associated user guide
	  • Provide technical support to Priority Leads in completing the tracking and monitoring activities
	• Generate quarterly reports based on the tracking system
	• Facilitate annual strategic plan meetings
	• Compile annual reports

Appendix C: Priority Populations

To identify priority populations in our communities and strategies to support those priority populations, BCPH follows guidance developed during the COVID-19 pandemic by the Metro Denver Partnership for Health (MDPH)[51]. Based on this guidance, BCPH has identified the following priority populations (see list below). It is important to recognize that this list is not exhaustive, and that each strategic priority workgroup may identify different priority populations specific to their area of work.

- People who are unhoused
- Low-income individuals
- Racial and ethnic minorities
- People who are detained or incarcerated (jails, prisons, and detention facilities)
- People in long-term care, assisted living facilities, and supportive living environments such as group homes
- Young children and families with young children
- Medically vulnerable (people over age 65, isolated seniors, people with intellectual and physical disabilities requiring support with activities of daily living, people with chronic conditions and immunocompromised health status, and people with complex behavioral health needs)
- New Americans (immigrants, refugees, migrant agricultural workers, and people without documentation)
- Lesbian, gay, bisexual, transgender, intersex and asexual people
- Pregnant people
- Colorado Tribes and Tribal Organizations (including Coloradans from all tribes)
- People who work in essential industries who may have dangerous job conditions and low wages and lack adequate protections and supports such as personal protective equipment and sick leave

Appendix D: Strategic Priority Workgroup Members

The BCPH staff listed below in Table 6 contributed to the development of strategic goals and objectives through the Strategic Priority Workgroups.

Table 6: Strategic Priority Workgroup Members

Strategic Priority	BCPH Workgroup Members	
Climate Action & Sustainability	• Rachel Arndt • Chris Campbell • Erin Dodge • Lane Drager • Celeste Gleason • Heather Hauswirth • Bill Hayes • Amelia Hulbert	• Shawna Johnson • Joe Malinowski • Rob Martinez • Lexi Nolen • Kyla Pearlman • Marianne Shiple • Colleen Sinclair • Jane Wilkinson
Community Engagement	• Elia Barraza • Allison Bayley • Heather Crate • Patricia Halleslevens • Bob Jenkins	• Joe Malinowski • Kevalyn Maw • Lexi Nolen • Marianne Shiple
Emergency Preparedness, Response, & Recovery	• Chris Campbell • Erin Dodge • Lane Drager • Jax Gonzalez • Martha Henze	• Shawn Hollister • Lizbeth Mendoza • Kari Middleton • Liza Patrick • Colleen Sinclair
Health & Racial Equity	• Felicia Cain • Heather Crate • Carol Helwig • Kevalyn Maw	• Lexi Nolen • Keith Rawls • Amanda Trinh
Mental & Behavioral Health	• Rachel Arndt • Georgia Babatsikos • Allison Bayley • Seb Fairbanks • Jax Gonzalez • Indira Gujral • Megan Hale	• Bill Hayes • Kelli Hintch • Dave LaRocca • Daphne McCabe • Carol McInnis • Kari Middleton • Lexi Nolen
Sustainability, Transparency, & Stewardship	• Karla Guardado • Dalia Mohamed • Jane Wilkinson • Heather Crate • Indira Gujral • Kelli Hintch • Daphne McCabe • Joe Malinowski • Kevalyn Maw	• Lexi Nolen • Katherine Palmer • Jordan Bullard • Desiree Kazarosian • Amanda Sandoval • Rudy Schloz • Jorden Thomas