# MINUTES CITY OF FORT COLLINS FUTURES COMMITTEE MEETING

**Date:** May 11,2020

Location: CIC Room, City Hall, 300 Laporte Ave.

**Time:** 4:30-6:00pm

### **Committee Members Present:**

Mayor Wade Troxell Julie Pignataro Emily Gorgol Kristen Stephens (alternate)

# **City Staff:**

Jeff Mihelich, Deputy City Manager Jackie Kozak-Thiel, (Staff Liaison)

#### **Presenter:**

Paul Aldretti, Health Equity Advocate, Denver Department of Public Health and Environment

#### **Additional Staff Present:**

Adam Molzer, Sustainability Services Area

Adelle McDaniel, Sustainability Services Area

Alexis Hmielak, Sustainability Services Area

Amy Maxey, Sustainability Services Area

Angela Pena, Parks

Beth Sowder, Sustainability Services Area

Beth Rosen, Sustainability Services Area

Brittany Depew, Sustainability Services Area

Caroline Mitchell, Sustainability Services Area

Carolyn Conant, Sustainability Services Area

Carrie Daggett, City Attorney's Office

Caryn Champine,PDT

Cassie Archuleta, Sustainability Services Area

Christine Macrina, Streets

Clay Frickey, Sustainability Services Area

Colman Keane, Connexion

Dawn Kennedy, City Manager's Office

DeAngelo Bowden, Sustainability Services Area

Dean Klingner, PDT

Delynn Coldiron, Clerk's Office

Dianne Tjalkens, Sustainability Services Area

Erin Zimmerman, Sustainability Services Area

Georgia Fruh, City Manager's Office

Greg Yeager, Police

Hannah Tinklenberg, Sustainability Services Area

Honore Depew, City Manager's Office

Janet Freeman, Sustainability Services Area

Jason Komes, Sustainability Services Area

Jeff Swoboda, Police

Jennifer Shagin, Sustainability Services Area

Jensen Morgan, Sustainability Services Area

Jenny Lopez Filkins, City Attorney's Office

Jill Marx, CPIO

Jillian Fresa, Sustainability Services Area

Josh Birks, Sustainability Services Area

Keen Garbiso, Human Resources

Judy Schmidt, City Attorney's Office

Karen Burke, Human Resources

Katy McLaren, Sustainability Services Area

Kelly DiMartino, City Manager's Office

Linda Hardin, Sustainability Services Area

Lindsay Ex, Sustainability Services Area

Lucinda Smith, Sustainability Services Area

Lynn Sanchez, Human Resources

Maureen McCarthy, Sustainability Services Area

Meaghan Overton, CDNS

Michelle Finchum, Sustainability Services Area

Molly Saylor, Sustainability Services Area

Monita Spradlin, Sustainability Services Area

Nina Bodenhamer, CityGives

Ryan Mounce, CDNS

Sarah Kane, City Manager's Office

Sarah Meline, Sustainability Services Area

Sarah Hite, Sustainability Services Area

Sean Carpenter, Sustainability Services Area

Selina Lujan, Sustainability Services Area

SeonAh Kendall, Sustainability Services Area

Shannon Hein, Sustainability Services Area

Shawn VanZee, CDNS

Sierra Anderson, City Manager's Office

Sue Beck-Ferkiss, Sustainability Services Area

Susie Gordan, Sustainability Services Area

Sylvia Tatman-Burruss, CDNS

Teresa Roche, Human Resources

Theresa Connor, Utilities

Tony Fourcroy, Sustainability Services Area

Travis Storin, Finance

Tyler Marr, City Manager's Office

Victoria Shaw, Sustainability Services Area

Wendy Bricher, Sustainability Services Area

### Yasmine Haldeman, CDNS

# Meeting called to order at 4:05 pm

# **Approval of Minutes:**

Julie moved to approve January 13 minutes. Kristen seconded. Motion passed unanimously. 3-0-0

# **Chairman Comments:** None

# **Summary**

- Considering the relationship between Health Equity and the COVID-19 pandemic it is important that that solutions are helping to move society forward, rather than back
  - This includes both doing things that promote health equity and undoing things that do not
- Health equity is closely tied to social and economic recovery and should be a factor when considering how recovery responses are shaped
- As we consider how to regenerate as a community, there should be a focus on future shocks and how communities that have been disproportionately impacted in the past can be better off because we have put systems and programs in place to make it better
- Data is necessary when looking at issues of equity. In Fort Collins, Council has asked that work be done to establish equity indicators for the community
- Data includes both numbers and the lived experience to ensure that we have a holistic understanding of the indicators and what they actually mean
  - Need to consider how we co-create and make meaning of data together, especially with community members who have lived experiences
- Recognition that as public servants we want to be problem solvers and we may need to take a step back and build a holistic understanding of the issue at hand before diving into problem-solving
- Discussion of how even though Denver's government structure is different, the grassroot approaches to Health Equity are applicable in Fort Collins. There is also value in looking at how staff and Council are aligned on priorities
- Thinking about health as a common experience is especially important right now and we are all learning together
  - o As the equity Vice President of Ebay said, it is about over time not overnight
- Next steps: There will be a work session on Tuesday May 12 focusing on equity and inclusion work

# Think Tank Item 2-2020: The Future of Health Equity Paul Aldretti

- Recognize that COVID-19 has been terrible for so many people and this is a time to take stock in the kind of future we want to have.
  - o COVID-19 shines a light on how equity is lacking in society
  - Equity conversations ofen happen in an echo-chamber and many conversations are theoretical, COVID-19 has ended that
- There are three main questions on how to learn from the COVID-19 experience:

- How do health equity and disparities show up in public health events like COVID-19?
- How can understanding of health events help to reduce inequities and vulnerabilities?
- How can we improve our responses to public health events?
  - How do we ensure that plans implemented do not further burden certain groups?
- Paul discusses what health equity is, beginning with the understanding that there are persistent institutional barriers and biases that create obstacles to health equity
  - Health Equity definition from the Metro Denver Partnership for Health: Health
    Equity means that everyone has a fair and just opportunity to be as healthy as
    possible
  - World Health Organization definition recognizes that health includes mental, physical and social well-being
- Health equity also focuses on health outcomes
- Health outcomes are influenced by many factors including:
  - o Institutional/Systemic factors
  - Socio-economic factors
  - o Environmental factors
  - Personal choices
  - Social factors
  - o Individual attributes
- The goal is to think about interventions that consider each of these areas
- Paul moves on to discuss the link between inequities and health disparities
  - o There is a history of legal and institutional practices that have led to inequities
  - o In order to develop health equity in practice, there needs to be intentional support of policies and delivery of public services that eliminate biases and barriers. This cannot be a side-project, it needs to be embedded throughout
- There are three key questions to consider when building health equity into practices
  - Where do disparities exist
  - Why do disparities exist
  - How can Denver Department of Public Health and Environment (DDPHE) improve its program and services to remedy these disparities
    - How do we work with our partners?
- DDPHE has a three-part approach to health equity:
  - Align approach for entire city of Denver and be strategic and intentional in how they are aligning
  - o Advise
  - Advocate
- DDPHE has a four-part process to doing health equity. This process is iterative and there is recognition that work is never done
  - Identify
  - o Analyze
  - o Plan
  - o Implement
- Paul discusses four key aspects of work:

- Learning—there is need for interactive conversations about health equity to develop a common language
- Collaboration—this is the lego approach to life and there is need to work with partners because health connects us all approach to life. HE connects all of us
- Community—if you aren't working with community, then health equity will not be achieved
  - Voices have to be there in a meaningful way
  - Community needs to be involved, not just engaged
- Data—its not just about numbers because numbers do not reflect lived experiences
  - Combine numbers and information
  - Practice ground-truthing—gather information to ensure numbers reflect what is actually going on
- Paul concludes recognizing that while there are other ways to approach equity, beginning with health equity can be useful because health is an experience that everyone shares
  - Health and Racial equity can be done at the same time, they are not mutually exclusive

# Comments/Q&A:

- There was a question on DDPHE discusses health policies and works with elected officials.
  - o Paul mentions how Denver has a strong-Mayor system and their office is actually part of the Mayor's office and they serve as a resource for council member
- Paul discusses how work with other departments and staff has been organic, even though there is top-down direction to work on health equity, many conversations/actions are happening from the ground up
- There was a question and discussion on if Universal Health Care is the best option to promote health equity.
  - o Paul shares that while they do not specifically advocate for universal healthcare.
  - The important part is identifying what goal is and identify barriers to achieving that goal rather than focusing in on a specific tool
- Question around if policies in Denver were created because of data showing inequities
  - Paul reiterates that the health equity office is only a year old but they work collaboratively with other departments on cross-cutting issues to understand the health equity considerations
- There is recognition that as public servants we may want to dive right in and solve problems, but it may be necessary to take a step back and understand barriers before jumping into action
- COVID-19 has made it so many disparities that have always been there are now at the forefront
- There needs to be a deeper conversation about the social and economic impacts around the steps taken to address COVID-19
  - Examples include thinking about frontline workers who have no choice but to expose themselves or looking at cleaning crews who work in long-term care facilities who do not have sick time
  - o Future recovery plans need to consider these groups of people especially since we know that economics has a direct link to health

- There was a discussion around what important data should be collected. Paul expressed that it is critical to begin with an understanding of the disparity that is trying to be addressed and then determine what data is needed to support that.
- DDPHE has used many data sources for equity indicators including census data and they have done lots of mapping
  - o Colorado Trust is working on state-wide data that overlays different data points
  - o Census data
- A question was asked about what the health equity work looks like for undocumented and frontline community members
  - Paul discusses how important policy is and recognizes that there is distrust and fear in these communities
  - o In approaching these communities, DDPHE works with community champions and partners with them because they are trusted members of the community
  - o There tends to only reach out to communities when government wants something, and this mindset needs to shift.
  - o Community members need to be brought to the table and have the opportunity to help design and drive processes
- A question was asked on how DDPHE identifies existing polices as barriers
  - o DDPHE has a health equity tool that can be used to look at these issues
  - o An important first step is to recognize that there have been decades of policies and programs that have led to these inequities.
- It is important to recognize that just by doing the same things, we perpetuate inequities that have existed for decades without realizing that it is occurring
- Paul concludes by saying that it is important to come at this work with humility and remember:
  - o To admit what we don't know and learn from others
  - Remember that this work takes time—we are undoing things at the same time that we are doing things

## **Additional Discussion:**

- Committee is still interested in having June Futures meeting and to hear from a Youth panel on future issues on their minds.
  - o It is unclear if this meeting will be virtual or in person
- Other topic ideas from committee:
  - o The Future of Work—how COVID-19 has changed this
  - o Pragmatic perspectives on the digital divide—recognition this can be debilitating
  - o Think about no-contact delivery of services
  - Committee would like examples of people who are engaging in community-led processes
  - How to co-create in the midst of COVID-19
    - Messaging and Decision-making as part of this

Meeting adjourned by Emily Gorgol at 5:50pm