A Roadmap to Number One

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Supplement to the 2013 Colorado Health Report Card

The Colorado Health Report Card supplement

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A Roadmap to Number One

Kindergartners through high school students in Illinois work up a sweat in daily PE classes. Young adults in Massachusetts buy health insurance at unprecedented rates. And California boasts a broad range of innovative mental health programs, all created with extra funding okayed by voters.

These states are successfully tackling some of the toughest issues affecting the health of their residents. This supplement to the 2013 Colorado Health Report Card, "A Roadmap to Number One," focuses on lessons that Colorado — which has been struggling to improve its health-related grade point average — can take away from their efforts.

Colorado, working to become the healthiest state, is clearly setting the pace in some areas. Adults here are the leanest in the nation. Seniors are more physically active than their counterparts elsewhere. Few Colorado mothers smoke during pregnancy.

Colorado lags behind, however, on other crucial health measures. We're in the middle of the pack for physical activity by our youth. We're barely average when it comes to health insurance coverage for adults. And we're far below average for timely prenatal care and the percentage of our children who have health insurance.

The states highlighted in this supplement differ in size, geographic location and political leanings. Some have passed sweeping policies. Others are taking action in response to concerning statistics and trends. But all have turned ideas into action to advance health and health care.

This year's Report Card offers several new features, including a "Behind the Numbers" section with more information about some indicators. You can also view detailed data and information in downloadable workbooks for each of the Report Card's 38 indicators. Visit www.ColoradoHealth.org/report_card.aspx.

Taken together, this information is meant to help guide Colorado on its path to becoming Number One — the healthiest state in the nation.

For elementary students, the recommended PE class time supervised by qualified teachers is 150 minutes per week, increasing to 225 minutes per week for middle and high school students.

Healthy Living: Getting Youth Active

Why It's Important

Regular physical activity helps children stay healthy, reducing their risks for obesity, diabetes and other chronic diseases. Physical activity also promotes cognitive development, behavioral well-being and learning and academic achievement.[1,2,3] Yet not all Colorado children are getting the activity needed to yield these benefits, especially those from families with lower incomes. In 2012, nearly 75 percent of children from families with incomes above 400 percent of the federal poverty level (FPL) met the standard for vigorous physical activity compared with 58 percent of children from families with incomes below 99 percent of FPL.

Families and communities play important roles in getting children active. School-based efforts, including physical education (PE) and physical activity requirements, can provide opportunities for students to be active while passing on the skills and knowledge to sustain an active lifestyle throughout their lives.[4]

PE should be more than recess and pick-up games. An effective PE program is based on structured learning of physical activities, appropriate instruction, meaningful and challenging content and student and program assessment.[5] For elementary students,

the recommended PE class time supervised by qualified teachers is 150 minutes per week, increasing to 225 minutes per week for middle and high school students.[6,7]

As school districts attempt to improve standards-based test scores, they often shorten PE instruction to spend more time on academics. But this shift does not need to be an either-or situation. An investment in physical education is an investment in better student health, better behavior and better grades.

Lessons from the Leaders

ILLINOIS

Illinois was the first state to require daily PE for all students from kindergarten through high school. PE teachers must complete professional development and continuing education classes to ensure that students receive appropriate instruction and meaningful content. Student progress in PE is assessed and evaluated, and PE grades are factored into grade point averages.

The Illinois legislature created the Enhance Physical Education Task Force in 2012. Enhanced PE programs require at least 50 percent of PE class time be devoted to moderate to vigorous physical activity — an increase from the typical 30 percent that U.S. students currently spend.[8] The task force's goal was to move schools toward providing daily physical education taught by a trained and qualified PE teacher.

The task force delivered a report to the governor in 2013 with recommendations and action items to integrate enhanced PE programs into the state's broader wellness strategy and school health curriculum. The report urged the Illinois State Board of Education to revise its model wellness policy to incorporate enhanced PE programming and determine what training and professional development teachers need to implement

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Reviewing the Stats

67.6 percent of Colorado children ages 6–17 participated in at least 20 minutes of vigorous physical activity four or more days per week.

Colorado ranks 24th in the country for the percentage of children who participate in at least 20 minutes of vigorous physical activity four or more days per week.

66,600 more youth would be physically active if Colorado ranked Number One, which is equivalent to **more than the entire population of Grand Junction.**

enhanced PE. The task force also recommended that the state board provide technical assistance, tools and support for schools and develop a recognition and reward system for schools and districts that adopt enhanced PE programs. Developing and utilizing specific metrics, including the Presidential Youth Fitness Program and School Report Cards, were recommended to assess progress and impact. The task force also proposed revising the state's PE standards, known as the Illinois Learning Standards for Physical Development and Health, in order to assess the relationship between physical activity, fitness and learning.[9]

NORTH CAROLINA

All elementary, middle and high school students in North Carolina are required to attend PE classes, which must have teacher-to-student ratios similar to academic classes.[10] All students in kindergarten through eighth grade must engage in a minimum of 30 minutes of moderate to vigorous physical activity each day.[11]

The North Carolina State Board of Education has provided each school district with a coordinated school health program that addresses safe environment, physical education, health education, mental and social health, nutrition services and parental/family involvement.[12] A local School Health Advisory Council, made up of community and school representatives, staff from the local health department and school administrators, helps the district plan, implement and monitor PE and physical activity policies and other health issues.

Policies and regulations reinforce PE and physical activity requirements, but engaged parents play an important role. Motivated by increasing child obesity rates, the North Carolina Parent Teacher Association and some local parent-teacher associations work with school districts to support and encourage efforts to meet the state's PE and physical activity requirements.

Go "Behind the Numbers" to read more about physical activity in Colorado. Visit www.ColoradoHealth.org/report_card.aspx to read more.

Getting to Number One

Colorado Opportunities

Colorado's Comprehensive Health and Physical Education (CHPE) standards provide grade-level guidelines for districts. PE standards are organized in four categories: Movement Competence and Understanding, Physical and Personal Wellness, Emotional and Social Wellness, and Prevention and Risk Management. Specific competencies include understanding basic principles of training to improve physical fitness such as taking one's pulse and recording daily food consumption.[13]

Colorado's enactment of the CHPE standards reinforces the state's commitment to quality physical education. School districts are charged with ensuring that CHPE standards are being met and that all students are getting closer to meeting these standards.

The CHPE standards lay a strong foundation for PE, but Colorado is still one of the few states that does not mandate structured PE for elementary, middle or high school students. Colorado also does not require a student assessment in PE nor do PE teachers need to be certified or licensed in physical education.[14] Colorado could model state-level policies after those in Illinois and North Carolina by mandating PE for all grades and developing standards for licensure and certification of PE teachers.[15]

While the state does not require PE, a 2011 state law requires physical activity for some Colorado youth. Unlike North Carolina's vigorous activity requirements from kindergarten to eighth grade, Colorado requires elementary schools to offer at least 150 minutes of physical activity per week to all students. Oversight for physical activity is limited, and this requirement may not result in youth getting moderate to vigorous physical activity. Still, schools can use enhanced PE classes, organized recess or classroom activity and breaks to meet the requirement and to give children opportunities to be active.[16]

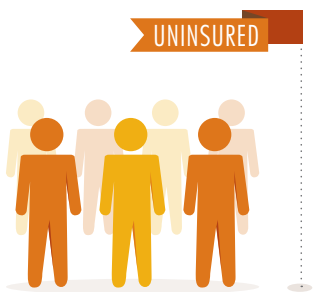
Colorado Spotlight

In the Longmont-based St. Vrain Valley School District, physical activity for students involves much more than recess or gym class.

The district is taking a lead role in making physical activity a high priority. Colorado requires 150 minutes of physical activity, fulfilled through PE, recess or classroom activity but only for elementary students. Although there is no state mandate for PE, St. Vrain students are participating in PE at promising rates. In 2012, almost all St. Vrain elementary students (96 percent) engaged in PE, averaging 71 minutes per week; 71 percent of middle school students who participated in PE averaged 79 minutes per week, and 76 percent of high schoolers who engaged in PE averaged 114 minutes per week. The district keeps track of what its students are doing thanks to a three-year Physical Education Quality Improvement Grant it received in 2011 from the Colorado Health Foundation.

Among other things, the grant led to a grade-specific PE curriculum with standards, assessment tools and instruction.[17] To measure whether the standards are being met, the district implemented WELLNET, a fitness-data evaluation system used by students and teachers. WELLNET keeps fitness-testing data, even if students change schools. It also records cognitive assessments and allows teachers to assign behavior logs that students fill out about their eating habits, exercise regimen and more. From the first to second year of the grant, the amount of time students spent engaged in moderate to vigorous physical activity increased by nine percent district-wide — an indication that aspects of the district's PE quality are improving. During this third year of the grant, the curriculum is under review, and the district will create a plan to sustain the PE program's structure of communication and collaboration, curriculum work, professional development and funding.[18]

About 741,000 Coloradans, approximately 14.3 percent, are uninsured, and young adults between the ages of 19 and 34 are the largest group in this category.



Health Coverage: Insuring the Young Invincibles

Why It's Important

Health insurance is key to good health. People without coverage tend to experience worse health outcomes and limited access to care. Hispanics and non-Hispanic blacks in Colorado are more likely to be uninsured than non-Hispanic whites. About 741,000 Coloradans, approximately 14.3 percent, are uninsured, and young adults between the ages of 19 and 34 are the largest group in this category.[19]

It is often reported that young adults pass up insurance because of their self-perceived invincibility, thus the moniker "young invincibles." However, data suggest that the high cost of coverage, not feelings of invincibility, is the major reason young adults don't buy insurance. Roughly three of four uninsured young adults in Colorado say health insurance is too expensive while only about one of three says they do not need health insurance.[20] The Affordable Care Act (ACA) aims to lower uninsured rates by making health insurance more accessible and affordable.

Cost, however, is not the only issue. Many young adults have limited awareness and understanding of their health insurance options — important predictors of enrollment. For example, a survey during the early rollout of the ACA found that few young adults knew they were eligible to stay on their parents' health insurance plans until they turned 26. Enrollment rose after state and federal education efforts increased awareness of the provision.[21] Similarly, a 2013 survey found that only 27 percent of 19- to 29-year-olds knew about the ACA's online insurance markets. Awareness was lowest among uninsured and low-income young adults eligible for subsidized coverage or Medicaid.[22] Such evidence suggests a challenge for Connect for Health Colorado, the state's health insurance marketplace, as it tries to attract young adults.

Lessons from the Leaders

MASSACHUSETTS

The 2006 health reform law in Massachusetts was a model for many provisions in the ACA, including the health insurance marketplace. The state's experience offers lessons for Colorado. Prior to 2006, almost 27 percent of Bay State residents between the ages of 19 and 25 did not have health insurance. The uninsured rate has plummeted to five percent.[23] That dramatic drop followed marketing and advertising aimed at educating young adults about the health insurance marketplace, known as the Connector.

Surprisingly, research showed that young adults responded poorly to pitches by sports stars and celebrities, revealing a disconnect between those just starting out in their careers and high earners who had no problem affording health insurance. Young people did respond positively to messages from their peers, indicating they could relate to the financial situations of people like them.[24] Certain messages proved to be particularly successful, including portraying insurance as a hedge against financial ruin because of an injury or unexpected illness.[25]

Massachusetts built a culture that valued coverage. Its sustained, targeted marketing

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Reviewing the Stats

19.4 percent of working-age adults are not covered by private or public health insurance in the state of Colorado.

Colorado ranks 25th in the country for the percentage of working-age adults not covered by private or public health insurance.

Approximately **510,000** Coloradans are eligible to move from the ranks of the uninsured to the insured in 2014. If Colorado ranked Number One, **458,200** more adults would have health insurance.

to young invincibles established a norm that everyone, including healthy young adults, needs health insurance.[26] The state also promoted the idea that individuals, employers and government all enjoyed the social benefits that come from near-universal coverage and therefore shared responsibility in paying for coverage.[27]

WEST VIRGINIA

On Jan. 1, 2014, West Virginia, in preparation for the expansion of Medicaid to more low-income residents, smoothed the way for potentially eligible young adults and others to sign up for the insurance program. West Virginia applied for a waiver from the federal government that allowed the Bureau for Medical Services to invite approximately 118,000 West Virginians to enroll without having to complete a full application.[28,29]

West Virginia officials piggybacked on information about people in the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, and about parents with children already enrolled in Medicaid. Instead of relying on Internet portals, the state's fast-track enrollment used old-fashioned phone and mail. Letters were sent to approximately 90,000 SNAP beneficiaries and 28,000 parents with children already enrolled in Medicaid who met the expansion-income limits. Those receiving letters could fill out the streamlined enrollment form and return it by mail. Recipients could also enroll by phone. The state sent follow-up letters or, in some cases, phoned those who did not respond to the initial letter.[30]

This strategy has proved successful. While the federal government struggled to keep its health marketplace website functional, West Virginia had 46 percent of potentially eligible adults and children, or 54,100 people, sign up through fast-track enrollment in its first 90 days. Coverage kicked in for eligible adults on Jan. 1, 2014, while children who were determined to be eligible but not yet enrolled received coverage sooner.[31]

Getting to Number One

Colorado Opportunities

Approximately 510,000 Coloradans are eligible to gain insurance in 2014.[32] Some may qualify for federal subsidies to offset the cost of private insurance purchased through Connect for Health Colorado. Those with incomes up to 138 percent of FPL may be able to enroll in Medicaid.

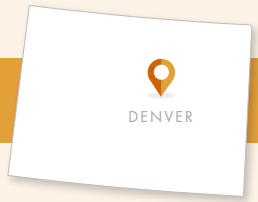
To attract young adults, Connect for Health Colorado developed a marketing plan that relies on traditional and social media. One campaign used the slogan "If you push yourself, protect yourself," with information on financial subsidies to offset the cost of insurance. Another publicized the Colorado Young Adult (CYA) plan that offers lower premiums and higher deductibles.[33,34]

As for Medicaid expansion, the focus is on adults without dependent children and parents with dependent children. Young invincibles make up more than half of the newly eligible in each of these groups.[35] Adults without dependent children who were on a wait list for Medicaid were automatically enrolled in January. The state also made investments in its Program Eligibility and Application Kit (PEAK) website to streamline the application process for Medicaid and to create a smooth hand-off for applicants who qualified for subsidies, but not for Medicaid, to Connect for Health Colorado.

Earlier this year, Colorado sent a letter to more than 45,000 adults receiving SNAP, letting them know they may be eligible for Medicaid. The letters directed SNAP recipients to PEAK to check whether they are eligible. These efforts are important steps in reducing adult uninsured rates in Colorado.

Read more about the Colorado health insurance coverage rates "Behind the Numbers" at www.ColoradoHealth.org/report_card.aspx.

Colorado Spotlight



Center for African American Health

The Center for African American Health is a community-based organization committed to promoting disease prevention and management programs, as well as health care access and quality care primarily for African Americans in the metro Denver area.[37] The Center was launched in 2005 as a result of the Metro Denver Black Church Initiative to address health disparities among African Americans. The Center has provided health education and outreach activities through its long-standing partnerships with roughly 85 black churches in metro Denver.[38]

The Center educates community members about the ACA and helps them enroll in Connect for Health Colorado. In July 2013, the Center received a grant from Connect for Health Colorado to fund eight certified Health Coverage Guides, who provide insurance enrollment assistance and educational sessions through its ACA 101 initiative. The organization worked closely with Regis University and Metro State University of Denver students to reach young adults. It also significantly increased educational efforts in fall 2013 as Center staff recognized the need for basic information to promote enrollment.[39]

Tackling a mental health problem early can head off more serious issues down the road and can achieve long-term cost savings, for the person and for society.

Health Care: Supporting Good Mental Health

Why It's Important

Wellness is not just a matter of physical health. Mental well-being is part of the equation. Treating a problem of the mind can produce benefits for the body. A person who is sick or injured turns to a medical professional for care. But someone with mental or behavioral problems may not know where to turn or may simply be too embarrassed or fearful to confide in family, friends or health professionals. Among Coloradans who did not get needed mental health services, nearly one of three (31.0 percent) did not feel comfortable talking about personal problems with a health professional.[40]

Community outreach and education can lessen the stigma and point the way to treatment. Tackling a mental health problem early can head off more serious issues down the road and can achieve long-term cost savings, for the person and for society.[41]

States increasingly are incorporating prevention and early intervention into their behavioral and mental health programs. More health care providers recognize that integrating mental and physical health improves overall wellness. Ninety percent of Coloradans who

report good mental health also report good physical health, while only 55 percent of those who report poor mental health said they were in good physical health.[42]

Lessons from the Leaders

CALIFORNIA

California set the scene for innovation and improvement in mental health services when, in 2004, its voters approved Proposition 63, the Mental Health Services Act (MHSA). The proposition expanded mental health funding, personnel and resources. It provided support for California counties to develop prevention and early intervention programs and promoted development of technology systems to measure progress toward statewide goals for children, adults and seniors.[43]

The California Strategic Plan on Suicide Prevention, funded by Proposition 63, reflects the law's objectives. Provisions address suicide prevention hotlines, peer support models, education to limit access to lethal means and public awareness campaigns. The plan calls for coordinating prevention efforts aimed at communities and high-risk populations through a coalition of organizations that include K-12 and higher education, criminal and juvenile justice systems, veterans' services and the California National Guard.[44]

California's Student Mental Health Initiative is one example. The Initiative funds school-based programs such as peer-to-peer support, promotes systems and policy development to sustain effective programs, supports training and technical assistance to implement best practices and calls for program evaluation.[45]

Another program inspired by the Mental Health Services Act is the Integrated Behavioral Health Project (IBHP). The program was launched in 2006 with funding provided by the law and The California Endowment to accelerate integration of behavioral and primary care and to improve

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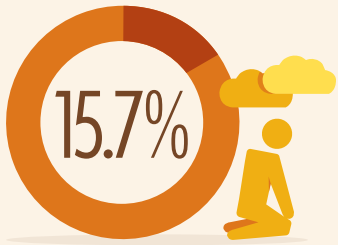
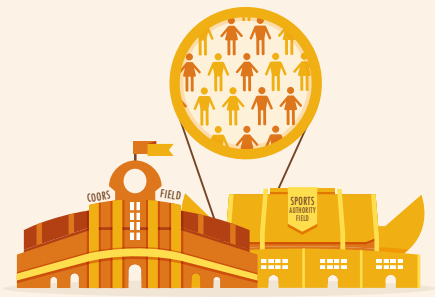
Reviewing the Stats



15.7 percent of Colorado adults reported experiencing poor mental health for eight or more days in the past month.

Colorado Ranks 18th in the country for the percentage of adults who reported experiencing poor mental health for eight or more days in the past month.



137,600 fewer Coloradans would report poor mental health if Colorado were Number One. That number is equivalent to **more than the entire seating capacity of Coors Field and Sports Authority Field at Mile High combined.**

treatment outcomes for underserved populations.[46] IBHP provides resources and information to behavioral health and primary care providers looking to move from "paper to practice" on integration. IBHP grants help clinics build integrated care programs, finance a virtual library of evidence-based practices and tools and support advocacy efforts that advance integrated care.[47] IBHP also surveyed health professionals to understand attitudes toward and interest in integrated care to provide insight on where to focus training and education.

VERMONT

Vermont is continuing to overhaul its health care system to stress integration of physical and behavioral services. Since 2003, Vermont's Blueprint for Health has promoted Advanced Primary Care Practices, patient-centered medical homes that coordinate care with a broad range of health and human services.[48] The Collaborative Care Concept furthers integration by providing tools and staff support to primary care providers to address patients' mental health and behavioral problems. This includes offering standardized treatment protocols for conditions such as depression, anxiety and substance abuse.

Community Healthcare Teams (CHTs) are another element of the Blueprint. CHTs coordinate patients' care inside and outside provider practices. A team typically includes one registered nurse who acts as a supervisor and one registered nurse who works with physician practices to keep patients on track with their treatment plans. CHTs can also include behavioral health counselors in primary care settings who identify and address mental distress, as well as social workers who help patients complete paperwork, create treatment plans and adopt healthy lifestyles. CHTs are funded through monthly payments from Vermont's health insurers and Medicaid.[49]

Go "Behind the Numbers" and read more about Colorado's aging population and mental health. Visit www.ColoradoHealth.org/report_card.aspx.

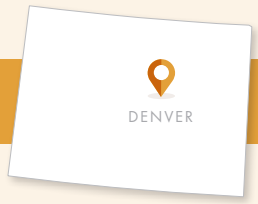
Getting to Number One

Colorado Opportunities

Health partners are working on several fronts to improve Coloradans' mental health and to promote integration. Colorado placed mental health and substance abuse among its 10 Winnable Battles, key public health issues where measurable progress can be made within five years. The state and 18 local public health agencies are setting an agenda to address mental health and substance abuse in their communities.[50] Many primary care practices, safety net providers and behavioral health partners already collaborate to integrate medical and behavioral health care for their patients.[51]

Colorado submitted a State Innovation Model (SIM) plan to the Centers for Medicare & Medicaid Services with a goal of bringing integrated care to 80 percent of Coloradans by 2019. The plan outlines steps for successful integration and identifies state policy and regulatory barriers to integration. It calls for information technology systems for secure exchange of patient information; support to help primary care providers build integrated practices; training for the medical and behavioral health workforce on how to collaborate; and payments that reward integrated care. The state's plan also calls for linking the public health system with clinical care to promote prevention. If the plan is approved, the next step for Colorado could be an application for federal resources to carry out these activities.

Colorado Spotlight



Advancing Care Together

Advancing Care Together (ACT) is a four-year program that tests models for integrating mental health, substance abuse and primary care services. Since 2011, ACT has supported 11 primary care practices and community mental health centers in Colorado that are demonstrating what it takes to provide integrated treatment for physical, emotional and behavioral problems. The funded projects are located in diverse geographic areas and serve a range of Colorado's population. Researchers are filling a gap in existing literature by studying how real-world practices are accomplishing integration without the extensive resources often available in controlled trials.[52]

Conclusion

Lessons can be learned from other states as Colorado works toward becoming Number One in health. Each state provides a useful roadmap with examples of effective policies and programs, how these efforts took hold and the critical factors in their successes.

Getting and keeping children active puts them on the road to healthy living. Colorado has started down this road by requiring physical activity opportunities for elementary school students, but the state could do more by requiring effective physical education for all students.

Health insurance can be a passport to good health, yet coverage is unaffordable for many young adults. Colorado has deployed some effective outreach strategies, but there are additional opportunities to improve before the next round of marketplace enrollment in late 2014.

A healthy body requires a healthy mind; prevention and mental health treatment are public health priorities for Colorado. Stakeholders, in partnership with state leadership, have developed a plan for integrating care that can improve the health and wellness of thousands of Coloradans. Putting the plan into action is an important step.

These efforts will not only improve Colorado's performance on the Colorado Health Report Card and move the state closer to Number One, but it will have lasting impacts on the health and well-being of Coloradans.

Go "Behind the Numbers" for more information about physical activity, health insurance coverage and integrated health as well as other important health indicators. You can find more Report Card data at www.ColoradoHealth.org/report_card.aspx.

Efforts are already underway across the state to get young people active, to link young adults to health insurance coverage and to integrate mental and physical health care ... these efforts will have lasting impacts on the health and well-being of Coloradans.

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