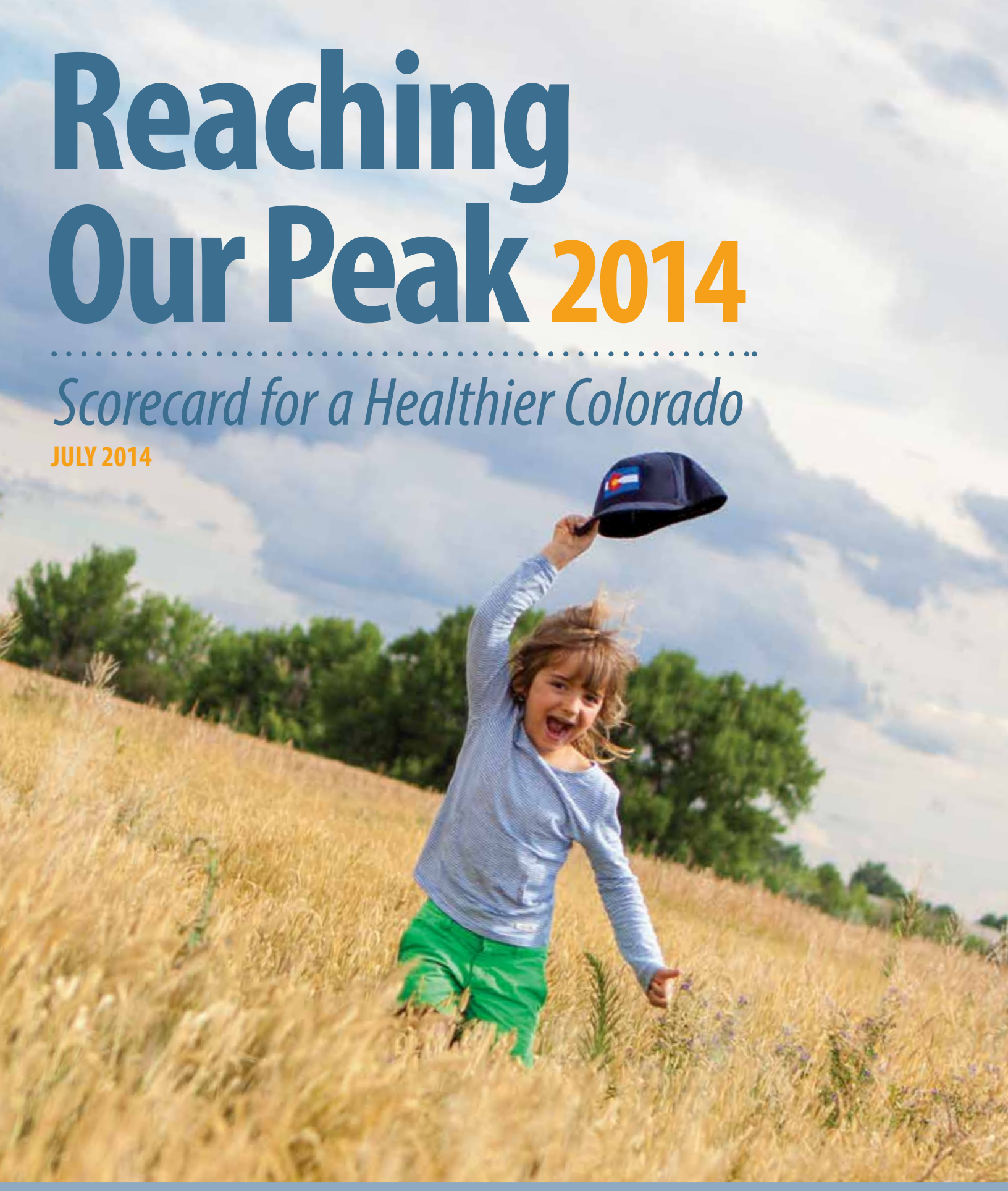
Reaching Our Peak 2014

Scorecard for a Healthier Colorado

JULY 2014



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Reaching Our Peak 2014

Scorecard for a Healthier Colorado

Table of Contents

It takes time to build a healthier Colorado.

That is clear in *Reaching Our Peak 2014: Scorecard for a Healthier Colorado*, which measures the impact of policies, programs and politics on the goal of better health for all Coloradans.

Colorado saw movement in its efforts to improve health between 2013 and 2014, but the pace was slow and the progress uneven, in part because of the sheer size of the challenges, the reality of red tape, and the difficulty of getting everyone on the same page.

The private sector drove much of the innovation over the past year. Alternatives to traditional nursing home care became more available thanks to philanthropic funding and collaboration among community partners. More Coloradans gained access to healthier food through the efforts of advocates and entrepreneurs. New forms of private health insurance encouraged people to use preventive and cost-effective care. Employers increasingly promoted wellness in the workplace.

Government at all levels continued investing in new health care models and initiatives, though the public sector often moves cautiously. State and local leaders are beginning to make health impact assessments part of the equation in public projects. Care coordination is center stage in Medicaid reform. Food prepared or sold at school is more nutritious because of state and federal guidelines. And Colorado is spending millions of federal dollars to create a stronger early childhood education system.

Still, there are disagreements over the best way to nudge systems and communities toward health and prevention. Questions arise about the long-term sustainability of private investments, the proper role of government and individual responsibility. These dynamics are in play in all of the initiatives included in Reaching our Peak.

In this year's report, the Colorado Health Institute summarizes policy changes and program developments in the five key areas where work is under way throughout the state—schools, the workplace, communities, the health care delivery system and the places where we age—and highlights what is on the horizon for the year ahead.

The bottom line for Colorado: communities and schools improved, aging and the workplace stayed the same, and health care moved lower.

Our analysis of where Colorado stands in its journey to better health uses a familiar image: A hiker heading toward the top of a mountain. Indeed, building a healthier Colorado is not unlike climbing a peak. Success depends on patience, experience and enough support to get the job done.

Climbing The Mountain

We graded Colorado's progress based on research into:

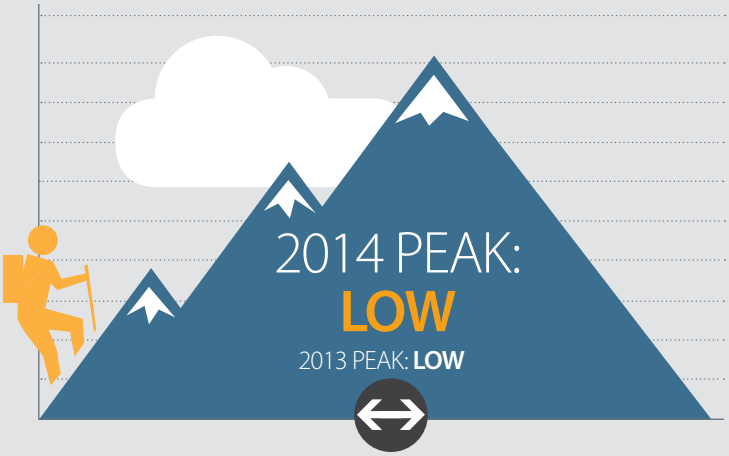
- *State and federal legislative actions;*
- *Policy and program implementation and expansion;*
- *Government support;*
- *Private investment and engagement.*

The Colorado Health Institute conducted a thorough review of the literature and interviewed key informants for insights. In addition, we have visited promising programs across the state to highlight their work.

The hiker moved up the mountain when strong momentum was demonstrated between 2013 and 2014. Small improvements yielded no change in the hiker's placement, while minimal and uneven progress in the last year moved the hiker lower on the mountain.

Aging

The number of older Coloradans is growing by the day. Colorado will be home to nearly 1.3 million people aged 65 and over by 2030, three times more than in 2000. Seniors will make up more than 18 percent of the state's population. In response, Colorado is shoring up its long-term services and supports programs, and the private sector is backing new models of care. The pace of change, however, may not be fast enough to meet the need.



Although Colorado has made progress, the slow pace in developing alternatives to traditional nursing or assisted living facilities keeps the climber near the bottom of the peak again in 2014. Interventions and alternatives take time to develop, but the demand is here and will continue to grow.

Colorado Choice Transitions, a program to move people from long-term care facilities to home- and community-based settings, got off to a late start, and progress has been below expectations. Engaging additional community partners will be key.

Alternatives to traditional long-term care, like Green House homes, are slowly gaining momentum. One Green House home is under construction in Colorado and at least six others are planned. Residents in these home-like skilled nursing facilities enjoy more personal care and generally have fewer and shorter hospital stays than peers in traditional nursing homes, reducing their health care costs. Private money is the primary source of funding. Medicaid does not fully cover this new model.

Many Baby Boomers will prefer to age "in place," living at home or receiving services in organized and supportive communities. Colorado has two designated Naturally Occurring Retirement Communities (NORCs). They provide services such as free wellness clinics along with social supports such as music classes and community outings. Like Green House homes, NORCS in Colorado are largely supported with private dollars.

POLICIES AND PROGRAMS

Colorado Choice Transitions

At a Glance

- Colorado Choice Transitions (CCT) shifts some funding for Medicaid enrollees from nursing facilities to home- and community-based settings. This transition is expected to lower Medicaid costs while improving enrollees' quality of life.

What's Changed

- The $22 million Money Follows the Person federal grant was awarded to Colorado in 2011, but the program didn't begin transitioning enrollees until March 2013. In its first 10 months, 35 Coloradans moved from nursing facilities to the community.[1] This program is far from its goal of moving 500 Medicaid enrollees to community-based housing by the end of the five-year grant in 2016. Experience over time and emerging partnerships may accelerate the process, though meeting the goal will be difficult.

Brian Clark/CHI

Zita Dressel, left, and Pat Marshall stand in what will eventually be one of six Green House homes at Loveland's Mirasol retirement facility. Dressel and Marshall will serve as sages at the homes, where they will help manage the day-to-day affairs, including decorating, meal planning and food budgeting. See story on Page 9.

What's Next

- CCT has a pipeline of Medicaid enrollees that it is working with, but the lack of affordable housing is slowing progress. The Department of Health Care Policy and Financing (HCPF), the agency that administers CCT, is partnering with other organizations and state agencies to speed transitions. State funds will support needed home modifications and housing assistance payments for CCT applicants in fiscal year (FY) 2014-15. Three Aging and Disability Resources for Colorado agencies (ADRCs) – organizations that help Coloradans access services such as transportation and meal delivery – are providing counseling to help people who want to take part in CCT understand their options. In FY 2014-15, all 16 ADRCs will be eligible to receive Medicaid funding for providing these services.

Green House Homes

At a Glance

- Typically licensed as a skilled nursing facility, a Green House home may be a single house with several residents or a neighborhood of up to 24 homes. Each home has private bedrooms, a central living area and an open kitchen and dining room where residents share meals with family, staff members and each other. The homes are much smaller than traditional nursing facilities, so residents generally receive more personal attention.

What's Changed

- Nationally, 153 Green House homes are operating, with 160 projects in development. Colorado's first Green House home broke ground on November 15,

2013, in Loveland's Mirasol Senior Living campus, an independent living community for adults 55 and older overseen by the Housing Authority of the City of Loveland. Residents will begin moving in during September 2014. Five more homes are scheduled to be completed on the campus by mid-2015. Each Green House home will accommodate 10 seniors and feature private rooms and baths, an open kitchen and a spacious living area with a fireplace. Approximately 20 percent of the slots will be reserved for Medicaid enrollees. The Washington County Nursing Home in northeast Colorado is hoping to break ground this year on a Green House home.

What's Next

- Early research points to cost savings and lower-than-average hospitalization rates among residents compared with peers of similar acuity in nursing homes. Deeper evaluations of Green House homes and other models of long-term care have been funded by the Robert Wood Johnson Foundation. One study suggested that a fully integrated team of nurses and direct-care workers collaboratively managing care in a Green House home offers the greatest potential for improving quality.[2] Additional findings and research are to be published quarterly through The Green House Project website, the journal Health Services Research and other outlets. [3] The findings could bolster efforts to expand Green House homes.

- Green House homes are licensed and receive funding as nursing facilities by Colorado Medicaid. The home's unique services, like collaborative staffing models, may have potential to lower medical costs to Medicaid. However, traditional Medicaid reimbursement does not adequately compensate Green House homes for their care. New payment strategies for these homes could speed their development.

Naturally Occurring Retirement Communities

At a Glance

- Naturally occurring retirement communities (NORCs) can be apartment buildings, condominium complexes or neighborhoods of single-family homes. The common denominator? A significant number of older residents already live there. Health and social workers provide health care management and prevention programs, education and recreational activities, volunteer opportunities and links to nearby resources.[4] NORC programs emphasize preventive care.[5]

What's Changed

- JFS Colorado Senior Connections administers a NORC in the Denver suburb of Edgewater. The agency (led by Jewish Family Services) and its partners, Jefferson Center for Mental Health, HealthSET and Senior Resource Center, developed a second NORC in April 2014 in Wheat Ridge, also near Denver. Services in both communities include wellness clinics, care management, classes and workshops, often provided by community organizations. Approximately 500 seniors participate in Edgewater NORC activities annually. JFS Colorado Senior Connections anticipates 250 seniors will participate in the Wheat Ridge NORC during its first year, but it is already more than halfway to its goal in its first three months.

What's Next

- JFS Colorado Senior Connections is developing two NORC toolkits in the next year. One toolkit will be for cities and communities interested in developing a NORC. The other is being developed in partnership with Latino Age Wave and will focus on cultural competency in working with the senior community.[6]

- Payment for NORC staff and services is supported primarily by private grants. Medicare does not pay for care management and coordination services. The sustainability of NORCs will depend, in part, on showing whether the model results in cost savings. If so, the case for public funding of services would be strengthened.

Green House Homes

'Places of Growth'

Zita Dressel spent 30 years as a "knife and gun club" nurse in the St. Anthony Central emergency room in Denver. Now she's ready for a different sort of challenge — one that could help change the way Coloradans think about nursing home care.

This fall, Dressel will be a volunteer "sage" in Loveland's new Green House home, the first nursing facility of its kind to be built in Colorado and one of the few in the western United States. She can't wait for September, when the first of the six homes opens.

"Boredom is one of the biggest things we fight when we get older," Dressel said.

She will have plenty to do at the Green House home, and so will each of the house's 10 residents. As a group, they will manage the day-to-day affairs of the house, from decorating to meal planning to working within a weekly food budget.

Meals will be served at a long communal table next to the kitchen, which is open to the rest of the home and not hidden away. Each resident will have a private room with a full bathroom. A shared patio, a fireplace room and a den with a TV complete the homey feel.

Despite the appearance, Green House homes are skilled nursing care facilities. A WanderGuard system will send a silent alarm to the on-site staff if someone with dementia leaves the yard.

"The idea is that as we age we don't stop growing, and the places we make for elders to live should be places of development and growth," said Nancy Fox of Vivage, the nursing home operator that will run Loveland's Green House homes.

The Loveland Housing Authority turned to Fox and Vivage when residents in the Mirasol retirement neighborhood asked for a skilled nursing facility. Loveland already had plenty of assisted living centers, so the housing authority decided the time was right to try a new idea.

Brian Clark/CHI

Pat Marshall, left, and Zita Dressel will act as volunteer sages at Loveland's new Green House home when it opens in fall 2014.

At $285 a day, Green House homes at Mirasol match the average cost for Loveland nursing homes, according to Vivage, and residents get private rooms and a higher staffing ratio. Medicaid payments will not cover the full cost, but thanks to grant funding, Medicaid patients will be welcome at the Green House homes.

Green House homes began in Virginia, and the model has expanded to 153 sites across the country. Washington County, on Colorado's Eastern Plains, is also planning a Green House facility.

The Green House homes idea uses a different philosophy to imagine older age and a different language to describe it. The on-site nurse is called a "shabbaz," Persian for "king's falcon." Shared meals create "convivium," the sharing of good food with good friends. Sages like Dressel will help the residents and the shabbaz run the daily affairs of the home and look after its people.

Dressel is in good health and living independently, but she's happy to know that if it ever comes time to move into a skilled nursing home, she can simply move across the street, into a place that already feels like home.

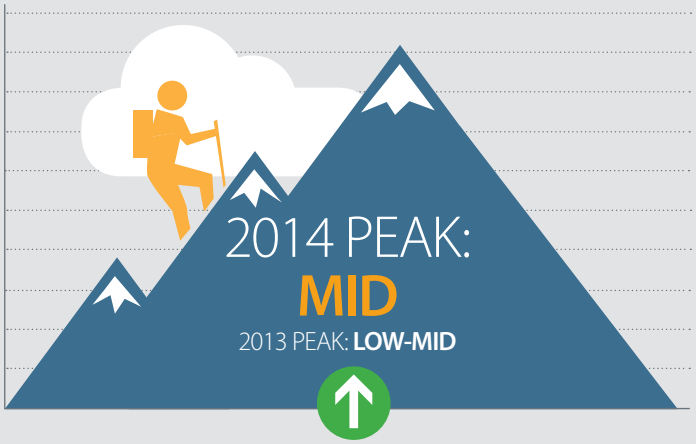
Communities

It's easier for people to make healthy choices when there are healthy options. Policies and programs to expand the number of healthy options are gaining momentum.

Initiatives launched in Colorado this year are meant to promote healthy food options in neighborhoods or communities where fruits, vegetables and other wholesome groceries are in short supply. The state health department is looking into improving distribution of wholesome food in rural communities. Colorado lawmakers have given tax breaks to promote donations to food banks and pantries.

Healthy living is more than eating right. From town halls to the state capitol, planners and politicians are considering the health impacts of some public projects and initiatives. In Colorado, health has been part of decisions ranging from transportation planning and agricultural-tourism to marijuana packaging.

In some places across the nation, government has tried to legislate healthy behavior. Imposing a tax on sugary drinks may make a money-conscious buyer think twice before purchasing a soda or other beverage. Efforts to impose additional taxes on certain foods and beverages, however, have failed in Colorado. Tackling the issue through multiple interventions, instead of a single approach like taxation, may create more lasting results and be more politically palatable in Colorado.



New efforts are under way to transform food deserts into fertile ground for healthy eating. Colorado has seen a few more health impact assessments over the past year, perhaps signaling greater interest in including health in decisions. If creating healthy communities can be shown to contribute to economic growth and lower health care costs, these efforts may gain additional momentum.

POLICIES AND PROGRAMS

Addressing Food Deserts

At a Glance

- Roughly 25 percent of Coloradans, or nearly 1.3 million people, live in food deserts – neighborhoods or communities, often low-income, with limited access to stores that sell healthy, fresh foods.[7] Research shows that providing nutritious alternatives to fast food can improve eating habits.

What's Changed

- The Colorado Fresh Food Financing Fund (CO4F), a public-private partnership to increase the availability of healthy, fresh foods in underserved communities, launched in 2013 with $7.1 million in seed money from the Colorado Health Foundation. Support for CO4F grew in 2014, with more than $2 million in additional funding from Kaiser Permanente Colorado, The Piton Foundation, and The Colorado Trust.[8] CO4F had received more than 125 inquiries and 35 applications as of June 2014. Applicants vary geographically - 40 percent are outside of the metro Denver area - and in their approaches, with such

Brian Clark/CHI

Rick Hartman of Community Care Corps helps students at Greeley's Jackson Elementary spin a wheel of soft drinks to learn about the amounts of sugar in many popular beverages. The goal of the North Colorado Health Alliance is to educate children about the impact of sugar and value of exercise. **See story on Page 13.**

varying proposals as mobile farm stands, refrigeration equipment to keep food fresh and fresh food delivery to homebound families.[9]

- The Colorado Department of Public Health and Environment (CDPHE) is promoting access to healthy foods in rural communities. This year, CDPHE launched a "healthy corner store" pilot project with Weld County. Its first activities are looking into the availability of fresh fruits and vegetables in corner stores as well as asking customers about their preferences and shopping habits. The results will inform next steps on how to expand access to healthy foods. CDPHE has also joined with rural regions to analyze food distribution systems, such as trucking routes and warehouses, to help communities identify strategies to improve the availability of fresh, healthy foods.

What's Next

- Legislators from both sides of the aisle passed House Bill 14-1119, the Colorado Charitable Crop Donation Act, during the 2014 session. Beginning in January 2015, food producers such as farmers and ranchers will receive a 25 percent tax credit for the wholesale value of food they donate to Colorado food banks and pantries.

- Beginning in FY 2016-18, Colorado's Cancer, Cardiovascular and Chronic Pulmonary Disease grant program, which is funded by tobacco tax dollars and administered by CDPHE, may direct funding to initiatives that support access to healthy food retail sales in underserved areas. In his 2014 State of the City address, Denver Mayor Michael Hancock signaled support for developing a "food hub" in the city's Westwood neighborhood that would include a community-owned grocery store.

Health Impact Assessments

At a Glance

- Health Impact Assessments (HIAs) evaluate how the

public's health might be affected by policies, plans and programs.[10] HIAs are typically conducted by departments of public health, nonprofit organizations, universities or private contractors through a structured assessment that incorporates scientific data with health expertise and public input. Recent results from the first national study of HIAs demonstrates that they often directly influence decision-making and policy outcomes in ways that better public health.[11]

What's Changed

- Seven more HIAs in Colorado had been completed by the end of May, bringing the total to 13. Almost half of the assessments studied capital projects, including canal system renovations in Denver's Westerly Creek, a new regional recreation center in north Aurora and the Central Park Boulevard commuter rail station in Denver. An HIA will inform a proposed agricultural-tourism plan to attract visitors to farms and other destinations located in a food production district in Adams County. A 2014 state law that set packaging standards for edible marijuana products incorporated the findings and recommendations from an HIA conducted by the University of Colorado's School of Public Health and Children's Hospital Colorado.[12]

What's Next

- The Tri-County Health Department received a two-year, $250,000 grant from a funding partnership that included Kaiser Permanente Colorado, the Health Impact Project and Pew Charitable Trusts, to conduct two HIAs and to promote HIA use in Colorado. The health department, which serves Adams, Arapahoe and Douglas counties, is developing the curriculum for a University of Colorado Denver class that will educate future land use and transportation planners about conducting HIAs. The health department is also creating a report framework of the HIA process for local governments and community organizations in the Denver metro area to use in transportation planning.

Taxing Sugar-Sweetened Beverages

At a Glance

- Sugar-sweetened beverages are typically high in calories but provide minimal nutrition, accounting for 36 percent of all added sugar consumption in the average American diet.[13] Since these beverages raise the risk of obesity, diabetes and other health problems, some states and cities have imposed an added sales tax on sugar-sweetened beverages to discourage purchases.

What's Changed

- Most sugar-sweetened beverage tax proposals are based on volume. A recent study looked at the impact of a beverage tax based on calories rather than ounces. The study estimated that a four cent per-calorie tax would reduce annual per capita beverage consumption by 5,800 calories.[14]

- Little progress has been made on taxing sugary drinks. In 2014, eight states considered adding or increasing taxes on sugar sweetened beverages, but none of the proposals were successful. Telluride voters rejected a penny per-ounce tax in November 2013.[15]

What's Next

- No beverage taxing measures are on the horizon in Colorado, and recent results elsewhere are mixed. In California, a bill to require sugar-sweetened beverages to carry a safety warning label passed the state's senate in late May but was rejected by a committee in the other chamber. In Berkeley, California, voters will decide in November whether to levy a penny-per-ounce tax on sugar-sweetened beverages. Last year, New York's Suffolk County passed a law prohibiting the sale of energy drinks to minors in county parks. However, the Illinois legislature rejected a statewide version of that kind of approach this year.

- The American Beverage Association, which has aggressively campaigned against sugar-sweetened beverage taxes in Colorado and elsewhere, made a $150,000 grant to the city of Denver to reduce childhood obesity. The pilot program, Healthy Childcare Makes a Healthy Start, will offer training and materials for integrating healthy eating and physical activity in child care centers with high obesity rates.

North Colorado Health Alliance

'Health is both an individual and a community responsibility'

The fourth graders in Christopher Farrell's summer school class at Greeley's Jackson Elementary School are taking a short quiz: How many sugary drinks should you have in one day, and how much physical activity should you do every day?

Some of the students are doing very well, because they have seen the answers before. But instead of punishing them for cheating, Farrell and two visitors from the North Colorado Health Alliance just smile at the evidence that their plan is working.

During the summer of 2014, people all across Weld County — in T-ball leagues, summer schools, police departments and food banks — cooperated in a community health program with a common message for kids: Zero sugary drinks and one hour of physical activity a day. The quiz is given before and after the kids get a lesson on the impacts of sugar and the value of exercise to see if the message took hold.

"It's 40-some-odd organizations that may have contact with as many as 30,000 kids who are saying, 'Yes, we'll do this one simple thing,' " said Vincent Atchity, chief operating officer of Weld County's North Colorado Health Alliance.

The Weld County Department of Public Health and Environment will analyze all the quiz results to see how well the campaign worked.

Public health campaigns are nothing new, but the North Colorado Health Alliance stands out for its efforts to make sure all local institutions are pursuing the same goal. Dr. Mark Wallace founded the alliance and remains its director. It's because of his group's work that some of the kids in Farrell's class remembered the quiz from the Boys & Girls Club.

The summer "zero-one" campaign is just one initiative of the 14-year-old group that includes the Weld County government, Sunrise Community Health, Banner Health, the University of Northern Colorado, Kaiser Permanente, United Way and most of the county's major employers.

Brian Clark/CHI

Carlee Rosen of North Colorado Health Alliance shows a student what one pound of fat looks like during a visit to Jackson Elementary in Greeley. Rosen was at the school to help educate students about the impact of sugar.

Alliance partners have driven changes big and small, from creating integrated behavioral and primary care clinics to expanding bicycle lanes on Greeley's streets.

"The main message is that the county is increasingly embracing the idea that health is both an individual and a community responsibility, and that health does not begin at the doctor's office," Atchity said.

This summer, the Weld County Commissioners and the alliance's public campaign arm, Make TODAY Count!, debuted an online data dashboard that states shared goals, such as increasing bicycle commuting by adults to 3.2 percent of workers, and tracks Weld County's progress toward the goals.

"I think what makes our work in the community unique is our philosophical departure point, recovering the word 'health,' which means 'whole,' " Atchity said.

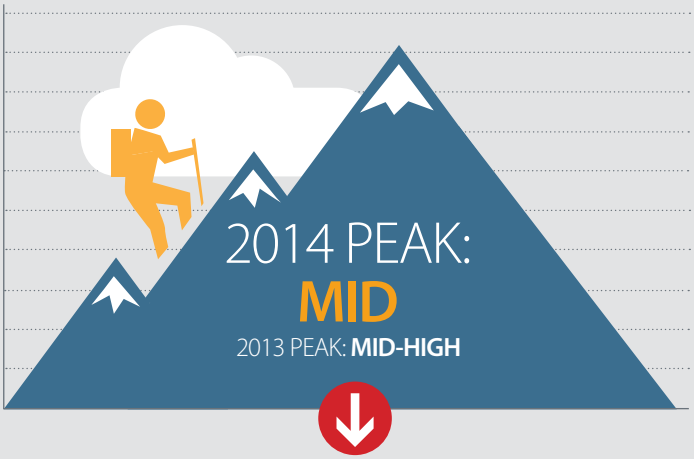
Health Care

A healthy health care system keeps its patients well and its costs in check. Initiatives promoting disease prevention and cost-effective care have had mixed results in Colorado.

For example, coordinated care delivered through medical homes remains a focal point in Colorado. Medicaid's Accountable Care Collaborative (ACC) is designed to produce better care and reduce spending, though results are modest on both fronts.

Community health workers in Colorado spread culturally sensitive messages that promote diabetes prevention, cancer screening, smoking cessation and more to people who otherwise might not know about such programs. But this work lacks sustainable funding sources.

The state has a better record on prenatal care. Colorado continues to fund evidence-based programs to link low-income families with public health nurses early in their pregnancies. The evolving impacts of the Affordable Care Act may also bring services to more lower-income mothers.



Strong public and private support for these programs placed Colorado high on the path in the 2013 Reaching Our Peak. Yet little progress has been made in the past year. The ACC, for example, has promise but it has not made a big dent in costs. Pay for community health workers remains low and is subsidized primarily through private grants. Health insurance that covers prenatal care may be within reach for more lower- to moderate-income women thanks to marketplace subsidies.

POLICIES AND PROGRAMS

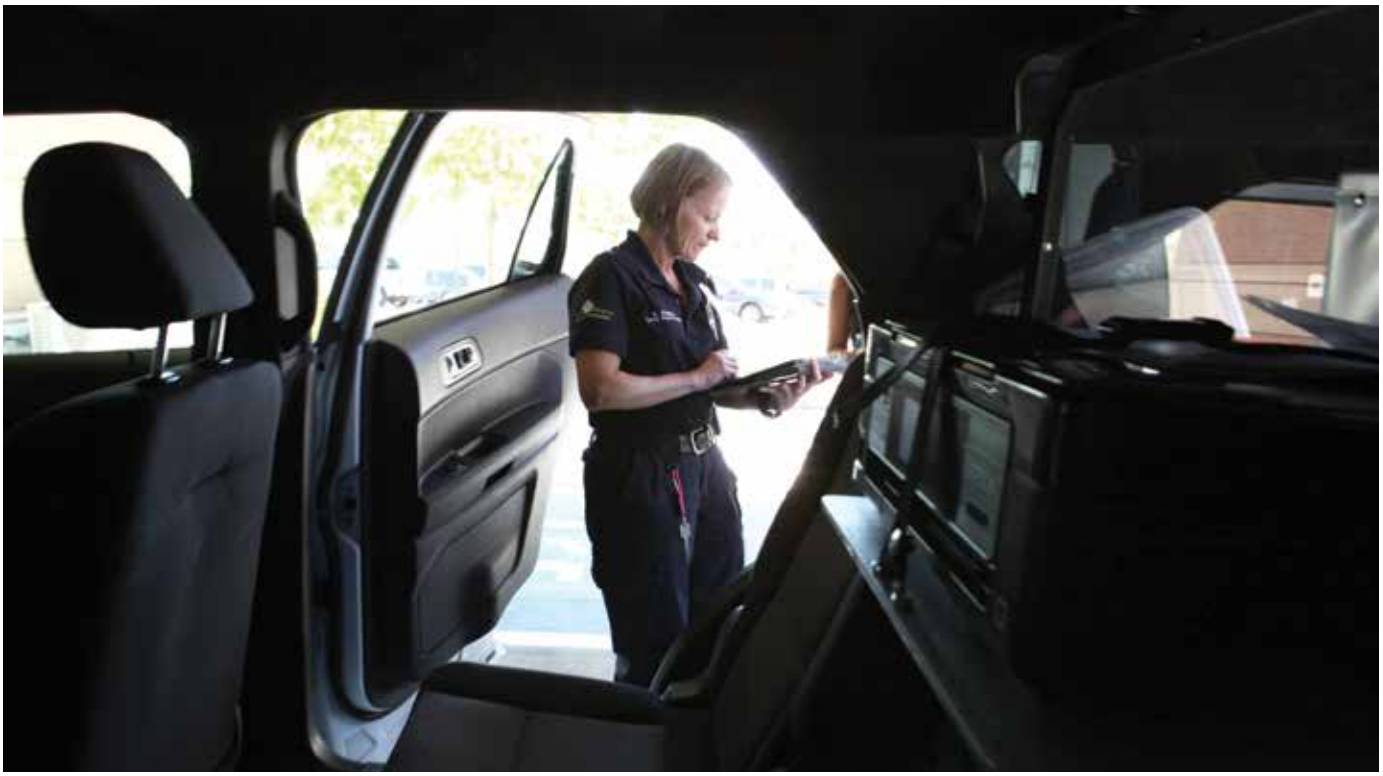
Medical Homes

At a Glance

- Medical homes organize care around a patient's needs. These practices typically offer extended office hours and use information technology like electronic health records and secure email communications to keep track of patients' services and tests. A medical home provider coordinates a patient's care provided by various clinicians. Research suggests the model minimizes errors and improves the patient experience.[16] Colorado has supported medical homes in Medicaid and Child Health Plan *Plus* (CHP+) since 2007.

What's Changed

- The evidence remains mixed on the potential of medical homes to improve quality and reduce costs. A study of an advanced medical home model in Pennsylvania recorded cost savings over time and improved care coordination, access to primary care providers, and disease management.[17] Conversely, other studies have shown few improvements in quality of care and little or no impact on hospitalizations, emergency department visits, or total cost of care.[18] The diversity of services and staffing and how far along a practice is in implementing its medical home activities may explain the different results.
- Colorado's ACC makes extra payments to primary



Joe Hanel/CHI

Katie Romero, a nurse practitioner with True North Health Navigation, is framed by the mobile unit she uses to provide alternative emergency department (ED) treatment in the South Metro area. True North's mobile service, which launched a few months ago, administers the appropriate level of care while giving a patient a lower-cost option than a visit to the ED. **See story on Page 17.**

care medical providers for medical home services. More than half of all Medicaid enrollees, or 612,000 Coloradans, are in the ACC.[19] In FY 2012-13, the state saved $6 million in the total cost of care for enrollees, a modest savings in Colorado Medicaid's $7.5 billion budget. Administrative costs associated with the program, including care coordination payments, totaled more than $36 million. ACC enrollees with chronic conditions like hypertension and diabetes had lower rates of complications than those not in the program. Emergency department use among ACC enrollees increased, but to a lesser extent than for those not in the ACC.[20] Overall, small improvements in cost and outcomes are emerging from the program.

What's Next

- Colorado Medicaid enrollment under the Affordable Care Act has grown 30 percent to 1 million Coloradans, placing increased scrutiny on spending. The ACC's ability to improve quality and control costs through care coordination and medical home models will be tested as even more Medicaid enrollees enter the ACC. Enrollees in both Medicare and Medicaid, often referred to as "full benefit Medicare-Medicaid enrollees," will join the ACC beginning in summer 2014. How the medical home model addresses and coordinates the complex medical, behavioral and long-term services and support needs of these "full benefit" enrollees will be closely watched.

- Private health insurers like Cigna, WellPoint and Humana have developed payment models that support medical home initiatives in Colorado. The state is participating in the Comprehensive Primary Care Initiative, a partnership among seven private insurance companies, Medicare and Medicaid and 73 primary care practices across the state. These medical home practices are receiving monthly care coordination payments from the payers, who will be measuring the impact on cost, quality and patient outcomes. Results from these initiatives are not yet available.

Community Health Workers

At a Glance

- Community health workers connect underserved people with social and health services and information by providing health screenings, staffing health fairs, addressing civic groups and more.[21] Studies have shown community health workers can increase rates of cancer screenings and improve disease management for some chronic conditions such as diabetes and asthma.[22] Patient navigators (PN) are sometimes referred to as community health workers, though their primary role is to guide and support people already moving through the health care system.

What's Changed

- The Colorado Community Health Worker and Patient Navigator Collaborative, a coalition of advocates, local and state agencies, philanthropic organizations and health care providers, is identifying competencies and qualifications for community health workers and patient navigators and creating sustainable funding models. It has partnered with United Way's 2-1-1 Colorado, a phone and online resource site, to include information about programs and services available throughout Colorado.

- The collaborative oversaw a statewide survey of community health workers, patient navigators and their supporters in 2013 to document navigator services, research, training and policy activities in Colorado. According to the survey, high on the agenda is a statewide credentialing system as well as expanding insurance coverage for services provided by these workers. But Colorado has not established a uniform licensure or regulatory process for community health workers or patient navigators, important precursors to insurance coverage and payment.

What's Next

- The collaborative is convening a summit on September 26, 2014, in Denver. Topics for discussion include best and emerging practices for integrating these workers into health systems and developing a framework for training and credentialing. Another important question will be how community health workers and patient navigators can support care coordination and promote prevention efforts that many medical practices are undertaking, especially among disadvantaged populations. Moving forward on these issues will be a critical step in creating sustainable funding.

Prenatal Care

At a Glance

- Prenatal care provides physical exams, counseling and education for women about healthy behaviors during and after pregnancy. It has been shown to improve infant and child health and to reduce infant deaths, low birth weights and maternal complications and mortality.[23]

What's Changed

- Lack of health coverage is a major hurdle in obtaining prenatal care. Pregnant women earning up to 265 percent of the federal poverty level (FPL) may qualify for Medicaid or CHP+. Under the Affordable Care Act, Coloradans who aren't income-qualified may be able to obtain tax credits to offset the cost of private insurance purchased through the state's insurance marketplace. Prenatal care is among the essential health benefits that all policies must cover.

What's Next

- Colorado's Maternal Child Health Program (MCH), federally funded and administered by CDPHE, is tackling pregnancy-related depression on several fronts. CDPHE and local public health agencies are providing material to primary care providers to further educate them about the problem and help them make effective referrals. They are also instructing early childhood educators, home visitation staff and child care providers to recognize signs of depression in mothers and help them find treatment. A key MCH element is a focus on measuring progress in addressing and improving maternal and child health. The program is tracking the proportion of infants born to women who received prenatal care in the first trimester and obtained prenatal care services such as perinatal depression and weight management.

True North Health Navigation

High-tech house calls in the South Metro area

On a hot morning in the middle of June, Eric Bleeker and Katie Romero jumped into a red and white Ford SUV stocked with medical gear and rushed to a 911 patient who had been bitten by a dog.

On the way to the scene, Romero, a nurse practitioner for 15 years, pulled up the patient's medical records on an iPad. They showed that the man would need a tetanus booster shot, which Romero promptly gave him after cleaning and stitching his wound. She told him they would be back to remove his stitches in a few days. He would not need to go to the emergency room.

You could call this a high-tech house call. Bleeker, a paramedic for the South Metro Fire Rescue Authority, works with Romero, who is employed by True North Health Navigation. True North is a medical service that delivers an alternative to emergency department (ED) treatment in the south Denver suburbs, including parts of Centennial, Greenwood Village, Lone Tree, Parker and the Denver Tech Center.

It works like this: When a patient calls 911, a dispatcher for South Metro Fire Rescue asks a series of questions to determine the nature of the emergency. Less severe cases can be treated on site by the True North staff. If the situation warrants a trip to the ED or if the patient wants to go the hospital, South Metro Fire Rescue provides transportation.

The idea behind the service, which launched a few months ago, is to administer the appropriate level of care while giving a patient a lower-cost option than a visit to the ED. The average ambulance ride can run $1,000 and the average emergency room visit may be more the $2,000, according to True North. Most True North visits are approximately one-sixth of that cost, it says.

"What we're really here to do is help the patient and help the system," said Dr. Mark Prather, who founded True North with Dr. John Riccio, who also is an ED physician.

South Metro Fire Rescue decided to contract with True North to give 911 patients more health care choices and to cut down on sending fire companies to routine or non-life threatening calls, which is both expensive and inefficient.

Joe Hanel/CHI

Paramedic Eric Bleeker, left, and nurse practitioner Katie Romero provide an alternative to ED treatment in the South Metro area.

True North says its mobile unit has more advanced laboratory testing capability than most urgent care centers. Responders provide on-site treatment for respiratory infections, urine and skin infections, minor trauma, lacerations, asthma attacks, allergic reactions, dehydration and more. Using an iPad, True North responders can access their patients' full medical history through Colorado Regional Health Information Organization, a secure network of health information from hospitals and providers across the state.

One challenge for True North is the lack of a payer model for pre-hospital care. "I didn't realize what I was biting off when I started this. Basically, you've got to change the payer model," Prather said.

Despite this challenge, True North has contracted with Medicaid, Medicare, Tricare, Humana, Cigna, United, Aetna and Anthem BCBS and it is continuing to negotiate contracts with all other major insurers.

Currently, there is one mobile unit, but Bleeker said the company is already thinking about expanding. A typical 10-hour day sees two to six calls. True North is only dispatched through South Metro Fire Rescue, but officials are thinking about partnering with other agencies and perhaps allowing patients to call directly.

"It's been a learning process," Prather said. "We're now starting to pick up steam and I think we're getting to the right patients.

Schools

Schools teach more than reading, writing and arithmetic. They also educate students about nutrition and healthy living, reinforcing those lessons with opportunities for physical activity and, increasingly, wholesome meals.

During the 2014 legislative session, lawmakers heard from state and national experts about how school-based nutrition can help curb childhood obesity. They also took steps designed to minimize accidents among students who walk or bike to school.

Colorado's elementary students must get 30 minutes of physical activity each day, according to a 2011 law. But data is limited about how well that requirement is carried out. State partners are developing a streamlined system to measure health-related policies and programs, such as physical activity and physical education, in Colorado's schools.

The food and beverages available in school cafeterias are influenced by federal nutritional standards, as well as state laws that call for excluding additives such as trans fats and that set minimum standards for drinks sold in schools. School districts are implementing federal rules that require healthier foods in vending machines, and Colorado legislators passed a law to bring free meals to more students.

Armed with millions of federal dollars, state agencies and local partners are improving and expanding early childhood education programs. Additional state money will be spent this year on preschool. Legislative action on two important fronts also occurred in 2014: More children, especially those with lower incomes, will gain access this fall to better food and Colorado will direct state funds to its safe routes to school program for the first time. However, the legislature's traditional deference to local control can mean uneven implementation of rules and standards among school systems. Better data about Colorado school health and wellness activities will help measure progress, but the system is being developed now and access to this information is still at least one year away.

Early childhood education, a proven winner for establishing long-term academic achievement and health, is garnering renewed attention.

POLICIES AND PROGRAMS

Physical Activity

At a Glance

- Physical activity is linked to improved mental health, physical health, and school performance.[24,25] Children are more likely to maintain an active, healthy lifestyle into adulthood when they learn physical activity skills and the value of exercise at a young age. That said, Colorado's school-based requirements are lower than the national recommendation of 60 minutes or more of physical activity each day, and the requirements that do exist pertain only to elementary school students.[26,27]

What's Changed

- School districts are continuing to implement House Bill 11-1069, which requires a minimum of 30

minutes of physical activity each day for elementary students. In addition, each local school board and charter school must adopt a physical activity policy that ensures laws and requirements are met. However, it's difficult to measure the impact of these regulations in the absence of state oversight or enforcement and with limited data collection tools.

- Federal funding of the Safe Routes to School program ended in July, but the legislature approved $700,000 to keep the initiative going. Advocates had originally requested $3 million to support both education and infrastructure, such as adding or improving sidewalks, crosswalks, bike trails and signage. The $700,000 can be used only for non-infrastructure projects such as bicycle and walking skills training, collaboration with local law enforcement, and teaching traffic safety to students and parents.

What's Next

- Supporters of the Safe Routes to School program are trying to identify funding to augment the $700,000 appropriation. A top priority is bricks and mortar projects to keep kids safe while active.

- The Colorado Healthy Schools Smart Source is led by the Colorado Education Initiative, in partnership with the Colorado Department of Education and CDPHE, to improve and streamline health and wellness-related data collection efforts among schools. The initiative, funded with a $3 million, five-year grant from Kaiser Permanente Colorado, kicked off in 2013 and is finalizing the indicators to be measured and testing its data collection processes this year. The program will scale up in the coming years, with a goal of 75 percent of schools participating by the end of 2017. When Smart Source is up and running, the public will have access to data measuring school health-related policies and programs.

School Breakfast and Lunch

At a Glance

- Between 2010 and 2012 nearly one in five Colorado children under 18 lived in households where parents often could not put sufficient food on the table. School meals are a reliable food source for many of these families. During the 2013-14 school year,

Brian Clark/CHI

Under a 2011 law, Colorado elementary school kids are required to get 30 minutes of physical activity each day.

42 percent of Colorado students in kindergarten through twelfth grade qualified for free or reduced price school meals.[28]

What's Changed

- More lower-income students will have access to free lunch beginning in the 2014-15 school year. Qualified kindergarten through second grade students already are exempt from paying the 40 cent copay. Legislation passed this year (House Bill 14-1156) eliminates the copay for income-qualified students through fifth grade.[29]

- Colorado's student participation in the School Breakfast Program grew at more than twice the national average between 2008 and 2013. It will grow again in the 2014-15 school year when schools implement the Breakfast After the Bell Nutrition Program, which was approved by the state legislature in 2013. Schools where at least 80 percent of students qualify for free or reduced price meals must offer breakfast to all students, giving more than 80,000 additional Colorado students access to this important meal.[30] These numbers will increase in the 2015-16 school year, when the threshold drops to 70 percent.

What's Next

- The federal Healthy, Hunger-Free Kids Act of 2010 established nutrition standards for all foods and beverages sold at any time on school grounds during the school day, including vending machine items and snack bars. Snack food and beverage standards that take effect in fall 2014 limit the amount of sugars, fats, sodium, and calories, as well as the contents and portion sizes. Implementing the new federal standards may be difficult for districts that previously did not monitor nutritional content of their snack foods because the state had few requirements.
- The Healthy, Hunger-Free Kids Act must be reauthorized in 2015, when Congress will have the opportunity to change standards and guidelines. The U.S. Department of Agriculture has already allowed schools to delay implementing some of the 2010 requirements, such as the use of whole-grain rich pastas, due to product availability or other issues. Schools also have had flexibility to phase in standards and alter portion sizes for grains and meats. Early indications are that the act, championed by the Obama administration in its efforts to address child obesity, could become fodder for partisan positioning next year.

Early Childhood Education

At a Glance

- The Colorado Preschool Program (CPP) was created by lawmakers in 1988 to provide high-quality early childhood education for children with language challenges or family risk factors. The Denver Preschool Program (DPP) offers preschool tuition support to all Denver families. Research suggests that children who participate in either program outperform their peers in academic subjects such as reading. Other studies conclude that high-quality early childhood education improves long-term academic achievement and sets the stage for greater earning potential later in life.[31]

What's Changed

- State agencies took steps this year to carry out the four-year federal Race to the Top Early Learning Challenge grant of $29.9 million awarded in December 2012, followed by a supplemental award of $14.9 million in July 2013. Colorado's Departments of Human Services, Higher Education, and Education have collaborated to improve school readiness for all children by focusing on six areas: development of the early childhood workforce, quality improvement, child development and progress assessment, kindergarten readiness, early learning and development guidelines and the expansion of Colorado's PEAK system to streamline the application process for early childhood programs.[32]
- Lawmakers in 2013 approved an additional 5,000 slots in the CPP for half-day or full-day preschool or full-day kindergarten. In the 2013-14 school year, districts served an additional 1,133 half-day preschoolers, 279 full-day preschoolers, and 1,509 full-day kindergarteners, bringing the total number of at-risk children served through the CPP to 23,360.[33] But these gains are not keeping up with need. Slots are not available for an estimated 25,500 eligible three- and four-year-olds.

What's Next

- Licensed early child care and learning providers in Colorado can participate this fall in a five-level quality rating system developed with the Race to the Top Early Learning Challenge grant. Under the voluntary program, the first level requires meeting licensure requirements; advancement in levels will require demonstrated quality in several areas, including professional development, family partnerships and child health. The state is building a centralized data system to be rolled out in 2015 that will track early childhood professionals' experience and link workers with professional development opportunities and career development resources.
- Early childhood programs will be added into Colorado's PEAK system throughout 2014. The current system allows families to apply for medical, food and cash assistance programs in a single application, which will expand to include 12 early childhood-focused programs, including CPP.
- Denver voters may be asked to increase support for the Denver Preschool Program (DPP) this fall. Voters authorized a 12 cent sales tax on a $100 purchase in 2006 to create the program that now serves nearly three quarters of Denver's four-year-olds and has provided more than $40 million in tuition support. The proposed ballot measure requests a .03 percentage point increase to meet the growing demand and keep up with rising tuition costs. A Denver City Council committee approved the measure. It must still be approved by the full Council to be placed on the November ballot.

I on Health

Eastern Colorado towns aim to be a picture of health

They say the camera adds 10 pounds.

But residents of the Eastern Plains are proving that cameras can be an effective tool in helping children shed pounds. Through a school program called I on Health, fourth-graders are given health lessons taught by high school students and then turned loose in the community with disposable cameras to document healthy and unhealthy living.

Kids have come back with pictures of widely available fast food, a high school sports field, and the sedentary traps of everyday life, like web surfing.

After completing the 10-week program, the number of students who said they were physically active every day increased by 15 percent, and students reported eating less fast food, according to preliminary results from surveys conducted before and after the program.

"I used to go home, go to my room, close my door and read before dinner. Now I have to go out and jump on the trampoline. Maybe I'll try to read and jump!" one student said on the survey.

I on Health is based on a social change concept called PhotoVoice, which allows people who are often marginalized or disadvantaged to tell their stories through photography. PhotoVoice projects have collected stories from children living with HIV/AIDS in South Africa, displaced indigenous people in Paraguay and young people with disabilities in Bangladesh, among many others.

Kathy Winkelman and Maret Felzien came up with the idea to use PhotoVoice in Eastern Colorado a few years ago as they waited in Vancouver, Canada, for a flight home from the North American Primary Care Research Group Conference, where they learned about the technique.

Winkelman, a retired elementary school teacher and wheat farmer from Limon, and Felzien, an associate professor at Limon Junior College and fourth-generation rancher from Sterling, are members of the High Plains Research Network Community Advisory Committee. The committee of farmers, ranchers, teachers, business managers, dental associates and students helps guide researchers interested in rural America.

They helped design a program that, in addition to cameras, draws on another resource to increase what Winkelman calls its "cool factor." I on Health taps high school students to teach younger students, who usually look up to high school students, especially in small towns where the teenagers are well known.

Photos special to CHI

Through the I on Health program, students in eastern Colorado use cameras to document healthy and unhealthy aspects of their daily lives, including food choices and technology use.

In Limon, Winkelman first introduced I on Health to fourth-graders in 2008. Program designers reasoned that 8- and-9-year-olds are impressionable, and habits formed at that age are likely to stick.

Each spring, high school students teach four sessions to the fourth graders on healthy eating and active living. The fourth-graders are given one disposable camera each and sent out into their communities. They work with the high school students to develop poster boards with images ranging from eating burgers to playing soccer, allowing kids to reflect on their health lessons and their daily lives through photos.

Support for I on Health comes from the Patrick and Kathleen Thompson Endowed Chair for Rural Health in the University of Colorado's School of Medicine.

Workplace

Healthy employees generally mean better morale, higher productivity and lower insurance costs for employers. A healthy workforce can be a competitive advantage for attracting businesses to Colorado. But the jury is still out on whether wellness programs, insurance innovations and workplace policies are effective.

Worksite wellness is a growing trend in Colorado and elsewhere, even though these programs have yet to show significant savings to employers' bottom lines. The impacts on absenteeism and retention have not been rigorously measured.

Value-based insurance design, a model of health insurance that provides incentives for preventive care and proven treatments, is being tested by several employer-sponsored private insurance plans. Research suggests the model helps enrollees better understand their health conditions and treatment options. Longer-term evaluations on the models' effectiveness in controlling costs and promoting the use of effective preventive care are needed.

Sick leave is available to many, but not all, Colorado workers. This year, legislators considered, and rejected, a proposal to create an insurance program available for all employees in the state who take unpaid sick leave.

Colorado made some progress toward building healthy workplaces, but the uncertain yield from the efforts keeps it unchanged from 2013. Interest is high for worksite wellness among private employers and state government. But, it remains unknown how effective these programs will be in creating long-term health improvements and controlling costs. Value-based insurance design is garnering positive reviews, yet is still untested on a large scale. There seems to be no appetite for a government mandate requiring employers to offer sick leave.

POLICIES AND PROGRAMS

Workplace Wellness

At a Glance

- Roughly half of U.S. employers offer wellness programs. These initiatives typically include identifying health risks and providing services such as individual or group counseling for tobacco cessation. Due to the relatively new and wide range of wellness initiatives, findings are limited on the evidence of cost savings, health outcomes and other impacts.

What's Changed

- Many employers, particularly large companies, offer workplace wellness programs. But employee participation is spotty. A recent RAND evaluation found that fewer than half (46 percent) of employees who were eligible for a health risk assessment (HRA) completed one. Among those identified for an intervention, such as smoking cessation, fewer than 20 percent opted to

Brian Clark/CHI

Butterfly Pavilion wellness committee members, from left, Kristl Howard, Jackie Giggy, Dorothy Myers, Lisa Mount, Karen Bliss and Sandy Mortenson, show off some of their favorite yoga poses. The Westminster facility was recently certified as a Healthy Business Partner through Health Links. **See story, page 25.**

participate. Still, employees who participated in worksite wellness exercised more, smoked less and lost more weight than their peers who did not participate. Programs produced only marginal savings in health care costs and use.[34]

- Welltok's CaféWell, the health incentive and wellness program for Colorado state employees, launched in July 2013. One third of state employees (about 10,000) signed up in the first six months. Half completed an HRA. Employees receive a credit of up to $20 per month toward their health insurance premium by completing the HRA and participating in CaféWell activities.[35,36]
- Colorado pitched its health and wellness industries in its "Healthy Economy, Healthy Colorado: A Strategic Action Plan for Colorado's Health and Wellness Industry" in December 2013.[37] The plan suggests that Colorado take steps to lead the country in the number of certified workplace wellness programs.

What's Next

- The Equal Employment Opportunity Commission is proposing new rules regarding worksite wellness this year. These rules would address incentives and penalties that can be offered in wellness programs.[38] These new guidelines may provide greater clarity for employers and also have the potential for changing existing programs.

- Efforts to promote public and/or private employer adoption of worksite wellness programs that combine physical activity and healthy eating will be eligible to apply for funding through Colorado's Cancer, Cardiovascular and Chronic Pulmonary Disease grant program for grants beginning FY 2016-18.

Value-Based Insurance Design

At a Glance

- Value-based insurance design (VBID) policies trim out-of-pocket costs for evidence-based and preventive care and discourage expensive treatments with uncertain clinical value. It is unclear whether these plans will produce better health and increased savings in the long term.[39] Most of Colorado's VBID programs are with self-insured employers that can customize their health insurance coverage.

What's Changed

- Engaged Benefit Design is a VBID model that was tested at San Luis Valley Health in Alamosa in 2012 and 2013. It included financial incentives such as no cost-sharing or co-pays to encourage consumers to use evidenced-based health care services that improve health. The model also charged higher copayments for certain treatments. It encouraged patients to use educational materials, including videos, DVDs, interactive web pages and written materials called patient decision aids (DAs), that provide clear explanations about what research shows about benefits, risks and effectiveness rates of various treatment options. The purpose was to help patients make the best possible decisions for themselves and to interact meaningfully with their health care providers. Survey results to be released in 2014 found that 74 percent of patients who viewed DAs found them extremely or very useful for understanding their condition, and 72 percent found them extremely or very useful for understanding their options. Changes in the use of services are still being analyzed.[40]

What's Next

- Engaged Public, the company that tested the Engaged Benefit Design, is in the process of piloting a similar program at other sites in Colorado.
- The proposed federal Better Care, Lower Cost Act of 2014 includes provisions to lower cost-sharing on certain services and visits that provide value for a Medicare enrollee's chronic condition. It was introduced by Sen. Ron Wyden (D-Ore.) and Sen. John Isakson (R-Ga.) and is pending a hearing in the Senate Finance Committee, although passage is considered unlikely.[41]

Paid Sick Leave

At a Glance

- Paid sick leave provides all or part of an employee's earnings if he or she is off the job because of a non-work related illness or injury. There is no federal requirement for employers to offer paid sick leave. Workers in accommodation and service industries are less likely to have the benefit than workers in other jobs.

What's Changed

- Senate Bill 14-196, introduced in the Colorado legislature in 2014, proposed a sick-leave program for all Colorado workers. It would have allowed any employee who paid into a pool to tap it to cover part of their pay if they became pregnant or ill. It would also have provided partial wages to employees who took leave to care for a sick family member.[42] While employers would not have been required to pay for leave, they would have shouldered some of the administrative duties and would have had to guarantee their employees' jobs upon their return. It failed to pass out of its first committee hearing.

What's Next

- Supporters of Senate Bill 14-196 vow to continue the effort in the 2015 legislative session.

Health Links to Wellness

Helping businesses to create workplace well-being

The tiny, colorful residents of the Butterfly Pavilion have it pretty good.

Heaters and humidifiers are cranked up to create a year-round tropical rainforest. Jungle plants provide soft landing pads. Volunteers at the double doors make sure visitors examine themselves in floor-to-ceiling mirrors to see if one of the butterflies has stowed away.

All this for creatures who live just days, two weeks at best.

Recently, the Butterfly Pavilion's leadership decided to do something more for the health of the insects' longer-lived caretakers—the 76 employees and more than 200 volunteers at the Westminster center.

Members of an employee committee decided to launch a wellness program. They turned to Health Links, a year-old nonprofit based at the Colorado School of Public Health. Health Links helps businesses with 500 employees or fewer offer the same kind of healthy workplace that big corporations can afford.

Four Butterfly Pavilion employees attended a Health Links conference and came back full of ideas. Health Links consultants met with committee members to set up the pavilion's health business action plan.

"We had the motivation. We just needed to get everybody moving in the right direction," said Kristl Howard, human resources director for the Butterfly Pavilion.

In June, the pavilion won certification as a Healthy Business Partner through Health Links.

Michelle Haan, program manager of Health Links, hopes the honor will become the equivalent of LEED certification for environmentally friendly building techniques.

But there's value to businesses beyond bragging rights.

"Businesses use certification for employee retention and recruitment. It shows that the employers care for and value employees," Haan said.

Businesses get certified by filling out an online questionnaire. They have to recertify annually, which will give Health Links the chance to track data from the survey questions from year to year.

Health Links launched in July 2013 and had certified 100 businesses by June 1, 2014. (The Colorado Health Institute is one of them.)

Haan hopes to triple the number by summer 2015. During the first year, Health Links concentrated on a few geographic areas, including Denver, Pueblo, Salida and the Vail Valley. It recently expanded to Montrose County.

The Center for Worker Health and Environment (CWHE) at the Colorado School of Public Health created Health Links, using a philanthropic gift from Pinnacol Assurance, the state's largest workers compensation insurer. The CWHE makes its staff available to advise businesses, and Health Links trains volunteer advisers.

In addition to certifying healthy businesses, Health Links offers a Kickstart program of grants up to $1,000 to help businesses with no more than 50 employees launch wellness initiatives. A five-person software company in Salida used its Kickstart grant to buy a bike rack and bike tools to encourage employees to ride to work.

Health Links also maintains a list of more than 100 vendors that can help businesses improve workplace health.

At the Butterfly Pavilion, all employees are getting pedometers, so they can challenge each other to walk the farthest. Meetings begin with five minutes of stretching or yoga. During employee appreciation week in July, managers planned to experiment with giving everyone 30 minutes of free time during the work day to take a walk – or even a nap.

Howard, the human resources director, said she has never worked with a more passionate group. People commute from Castle Rock and Fort Collins for the job. She's hoping to create a workplace where employees can be physically and emotionally healthy and "unload some of the burdens of life."

"If they love what they do and can be healthy, too, what's better?" Howard said.

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