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The Colorado Health Report Card: A Call to Action

The Colorado Health Foundation™

The Colorado
Health
Report
Card supplement

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Policy: Improving Health for the Greater Good

The Colorado Health Foundation created the Colorado Health Report Card three years ago to help educate policymakers, health care, business and community leaders, as well as health advocacy and funding organizations about the current state and coming trends of the health of Coloradans.

This year, the Report Card's supplement *Understanding the Numbers: Indicator Details and Promising Initiatives* includes policy overviews for each of the life stages to illuminate how recent policy efforts in Colorado and elsewhere could positively impact the indicators. We have compiled these policy overviews, along with a sampling of promising initiatives, into this one document in order to provide a more complete picture of the Report Card's relationship to policy.

A call to action on behalf of Colorado's children

As the 2009 Report Card shows, our overall health grades have not improved since 2006 when the Foundation issued the first Report Card. Most troubling is the overall grade for the *Healthy Children* life stage, which dropped from an already dismal C- to an unacceptably low D+.

What has become increasingly clear from the trend data for each of the childhood indicators is that we are not making appreciable progress in any of them, and in some cases, we are losing ground. This decline puts the health of Colorado's children at risk. Perhaps the most distressing change in Colorado's rankings is in childhood obesity. Using the most current national data, Colorado's rank for childhood obesity went from 3rd in 2003 to 23rd in 2007 with 14 percent of Colorado's children classified as obese. And since 2007, we have also seen a decrease in the percent of children who participate in regular physical activity.

One way to stem the tide of childhood obesity is through policy, which often results in widespread change. For example, the beverage bill (SB 09-129) illustrates how legislators are using policy to fight obesity. As of July 1, 2009 schools in Colorado are no longer permitted to sell soda pop or other sugary beverages in school vending machines or cafeterias.[1]

Other states have taken additional steps to improve the nutritional content of food and drinks sold in schools. More than two-thirds of secondary schools in California, Connecticut, Hawaii and Maine are no longer selling baked goods, high-fat salty snacks, candy, soda or fruit drinks that are not 100 percent fruit juice.[2]

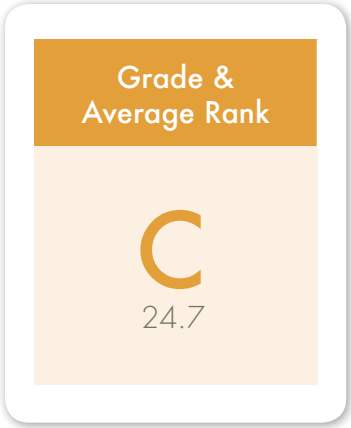
In order for our state to have healthy children, we also need to ensure that they have access to care through insurance coverage and medical homes. Colorado policymakers have taken steps recently to improve those indicators, through legislation such as the Health Care Affordability Act (HB 09-1293) and the Colorado Medical Home Initiative (SB 07-130). But much more work can be done in these areas, and we invite you to join with us as we work collectively to improve the health status of Colorado's children.

Want to learn more?

For more information about the 2009 Colorado Health Report Card, *Understanding the Numbers* and how policy works to positively impact the health of Coloradans, please visit **www.ColoradoHealthReportCard.org**.

Healthy Beginnings

Every child deserves a healthy start. Delayed prenatal care and smoking while pregnant are among the factors that contribute to low birth weight and to babies who die in the first year of life. As children grow, the best way to protect them against disease is to see that they receive all the recommended childhood vaccinations. Colorado does poorly compared to other states in a number of these areas, thus earning a grade of C. Policymakers, health care providers and families can all do better in ensuring that all of our children have a healthy beginning that can contribute to a longer life expectancy.



Policy Overview

How are we doing?

Colorado has consistently underperformed relative to other states on a number of maternal and child health indicators. This is particularly evident in two areas where Colorado ranks in the lower half of states—early initiation of prenatal care and low birth weight. Alternatively, pregnant women in Colorado seem to be faring well in comparison to other states in the high rates of pregnant women who abstain from smoking cigarettes during pregnancy.

What is Colorado doing right?

The percentage of women that abstain from smoking during pregnancy is much higher than in Colorado's general population where 19 percent of Colorado adults are smokers. Increasing cigarette excise taxes to both reduce consumption and provide funds to support prevention programs has shown to be a proven strategy to decrease smoking prevalence. In 2004, Colorado voters approved Amendment 35 to raise the cigarette tax to 84 cents and allowed for a 20 percent tax increase on other tobacco products. Revenues from this tax were to be designated for health care services and tobacco education programs although the recent recession has re-directed a substantial portion of these funds to cover general fund obligations in the 2009–10 state budget.

How can Colorado improve?

Lack of educational opportunity, low income and lack of access to health care coverage are all associated with inadequate or no prenatal care and the likelihood of a pregnant woman delivering a low birth weight baby. Policy solutions that do not address these factors most likely will keep Colorado's rankings in the lower tier of states.

The rate of women in Colorado who did not receive prenatal care in the first trimester, or did not receive prenatal care at all, was 20 percent, more than two times higher than the best state (New York). Among the top ranking states on this indicator were New York, Maine, Massachusetts and Minnesota. Likewise, Minnesota and Maine were also in the top tier of states for low rates of women delivering low birth rate babies. In all of these states, the uninsurance rate for children was well below 10 percent, whereas Colorado's

childhood uninsured rate is 14 percent. Among states with high levels of insurance coverage for both adults and children there is a commensurate lower rate of women initiating prenatal care later than the first trimester or not at all.

The Medicaid and Child Health Plan *Plus* (CHP+) programs provide health care coverage for low-income pregnant women. Colorado Medicaid pays for 37 percent of all deliveries and 30 percent of all prenatal care in the state.

The Colorado Department of Health Care Policy and Financing (HCPF) is implementing a number of initiatives to reverse the inadequate prenatal care and low birth weight trends:

- In partnership with the Colorado Department of Public Health and Environment (CDPHE), HCPF has sought permission from the federal government to extend Medicaid eligibility for family planning services to men and women (ages 19–50) with annual incomes between $16,500 and $22,000 who would otherwise not be eligible for the Medicaid program.
- The Medicaid and CHP+ programs both allow pregnant women to initiate prenatal care early in their pregnancy while their program eligibility is being determined through a presumptive eligibility process.
- As a result of the Colorado Health Care Affordability Act passed by the legislature in 2009, pregnant women with incomes up to 250 percent of the federal poverty level will be eligible for the CHP+ maternity program as of 2010.

Promising Initiatives

Prenatal Care

B4 Babies & Beyond in Mesa County is a program that provides prenatal education and access to early and comprehensive prenatal care while serving as an out-station eligibility site for enrolling qualified low-income pregnant women in Medicaid and CHP+.[3] The program also enrolls newborns in the Medicaid and CHP+ programs. Established in 1990, this program is now one of 23 community-based programs managed by a Grand Junction-based nonprofit, Hilltop Resources. Approximately 47 percent of all pregnant women in Mesa County are served through the program, and 100 percent of physicians and certified midwives who deliver babies in the region participate in the program. In 2008, approximately 1,000 pregnant women and 800 newborns gained health care coverage through *B4 Babies*.

Since the program's inception, a primary goal has been to lower access barriers to health care for low-income pregnant women. To help meet that goal, all services provided through the program are free of charge for women who are not eligible for CHP+ or Medicaid. Program participants receive any or all of the following services: application assistance and screening for Medicaid and CHP+ eligibility; issuance of temporary insurance cards; assistance with finding a physician and setting up prenatal appointments and information about healthy choices to make during pregnancy. Participants can also get help with referrals to community resources, translation and transportation services when needed.

Low Birth Weight

Prenatal Plus, a program that targets high-risk, Medicaid-eligible mothers, aims to reduce low birth weight babies by providing case management, nutrition and psychosocial services to pregnant women. Established in Colorado in 1996, *Prenatal Plus* provides services that complement medical prenatal care by addressing the lifestyle, behavioral and non-medical aspects of a woman's life that are likely to affect her pregnancy. This program is jointly administered by CDPHE and HCPF.[4]

In 2007, approximately 1,900 women received *Prenatal Plus* services across 21 provider sites in Colorado. This evidence-based program has been shown to reduce the number of low birth weight babies born to targeted mothers and provide cost savings to the Medicaid program. A recent study found six out of 10 (61 percent) program participants were able to mitigate their identified risk factors before delivery, resulting in a low birth weight rate well below the state average (7.2 percent vs. 9.0 percent).[5] A cost-effectiveness study conducted in 2002 found that for every $1 spent on *Prenatal Plus* services, $2.48 was saved in Medicaid costs through the first year of the infant's life.[6]

Healthy Children

Too many Colorado children live in poverty, and too few have health insurance. Roughly 127,000 (15 percent) of the state's children 12 years and younger lived at or below the federal poverty level during 2006–2008 (about $20,650 for a family of four in 2007). Approximately 120,000 children had no form of insurance during this time period as well. Children without insurance are more likely to lack a medical home and thus are less likely to get coordinated medical, mental and dental care. Too few Colorado children get enough exercise, and 14 percent are obese. Unlike Colorado's adults who have the lowest obesity rate in the nation, Colorado's children rank in the middle of the pack with respect to obesity. This poor ranking along with lower ranks in many other indicators results in a low grade of D+.

Insuring our children, seeing that they have a medical home and making sure they get enough exercise will better prepare them for the challenges of adolescence and adulthood.

Grade & Average Rank

D+

30.5

Policy Overview

How are we doing?

Between 2008 and 2009 Colorado's grade for children dropped from a C- to a D+. The lower grade is primarily a result of the relatively large proportion of children who are uninsured coupled with the state's rise in childhood obesity rates. While Colorado ranks in the top half of states for the percent of children living in poverty, its rate of 15 percent is almost double that of the best state (New Hampshire).

What is Colorado doing right?

Colorado ranks 13th among all states for the percent of children living in poverty—this represents approximately one out of every seven children in Colorado. Though not a statistic to be proud of, Colorado is still in the top half of states for childhood poverty rates which can be partly explained by its highly educated workforce.

Although Colorado's childhood poverty rate is in the top tier of states, it has increased over the past decade from 13 to 15 percent, translating to an additional 19,000 children between the ages of 0-12 years living in poverty. Research shows a relationship between childhood poverty, poor health and low academic performance.

The Colorado General Assembly passed a bill in 2009 establishing the *Economic Opportunity Poverty Reduction Task Force* and charged it with developing a statewide plan by the end of 2010 for reducing poverty in Colorado by at least 50 percent by 2019.

How can Colorado improve?

In 2007, over 14 percent of Colorado's children were obese (ranking 23rd among the states) compared to only 10 percent in 2003 (3rd ranked). Colorado is still one of the few states that does not require physical activity in schools. In 2008, the Colorado General Assembly passed a bill prohibiting schools in Colorado from selling unhealthy beverages and instructing the Colorado Department of Education to determine what types of drinks can be sold. Currently, the Board permits school districts to sell a variety of beverages including water, low-fat and flavored milk, and fruit juices.

Nationwide, Oregon had the largest decrease in childhood obesity rates from 2003 to 2007—from 14 to 10 percent (National Survey of Children's Health). Although an Oregon expert notes the decrease can not be attributed to any one policy, the state passed recent legislation to improve the nutritional content of school breakfasts and lunches, and increase the minimum time each day spent in physical education during school hours. In addition, several community coalitions focusing on increasing the number of women who have breastfed their infants for the past six months, were successful in passing one of the strongest workplace accommodation bills in the country for mothers returning to work. A growing body of research has found that breastfed babies are less likely to be overweight and obese as children and adults. Oregon now has the highest rate of exclusively breastfed babies at six months in the country (25 percent).

Approximately 14 percent of children in Colorado lack health insurance coverage—one of the highest childhood uninsured rates in the country. In recent years the state has taken steps to increase childhood coverage by raising the income eligibility threshold in the Child Health Plan *Plus* (CHP+) program. Through the passage of the Health Care Affordability Act of 2009, CHP+ eligibility is scheduled to increase to 250 percent of the federal poverty level (about $55,000 for a family of four) from 205 percent in 2010.

Illinois has made significant gains in getting kids covered through the passage of the *All Kids Initiative* and *Cover All Kids Health Insurance Act*. As of July 2006, insurance coverage was made available to *any* child who was uninsured for 12 months or more who lived in Illinois and was 18 years or younger. Enrollment in the program surpassed original targets. This was attributed to innovative, targeted outreach efforts through partnerships between state agencies, community organizations, medical providers and insurance companies. Additionally, a consumer-friendly application form has been credited with being part of the success as well as the universality of the program.

Building on Illinois' success, Pennsylvania and Tennessee have enacted similar legislation to cover all children in their respective states.

Promising Initiatives

Uninsured

In 2009, The Colorado Trust committed $4.5 million over three years to fund 14 safety net providers across Colorado (community clinics, federally qualified health centers, school-based health centers and local public health departments) through the *Expanding Access to Health Care for Children* grant program. Various strategies are being employed by the grantees to meet the program goal including hiring new clinical and outreach staff and ensuring that efficient referral networks are in place in their community to improve continuity and comprehensiveness of health care services for children. In an effort to better understand the impact grantees are making on the populations they serve, all grantees are required to participate in the Safety Net Indicators and Monitoring System (SNIMS) hosted by the Colorado Health Institute. The SNIMS was established in 2005 to monitor the sustainability and capacity of Colorado's health care safety net to meet the physical, mental and oral health primary care needs of vulnerable Coloradans.[7]

Poverty

The *Harlem Children's Zone* (HCZ) has developed a comprehensive and holistic approach to combating childhood poverty in New York City by responding to the social, health and educational needs of low-income children and their families. The HCZ began as a one-block pilot in the 1990s in a neighborhood with high rates of childhood poverty (39 percent) and has now expanded to 60 city blocks in Harlem. The HCZ model is based on five core principles: engage the entire neighborhood to transform the physical and social environment in which children grow and develop (culture change); create a pipeline of support through programs inside and outside the schools that link children, their families and the community in an uninterrupted support network; build community partnerships between residents, institutions and stakeholders to create a healthy environment; evaluate program outcomes and build in an informed outcomes-based decision-making process; and reinforce a culture of success based on accountability, teamwork and community leadership.[8]

One of the main goals of the HCZ is to intervene as early as possible in the lives of children by laying the foundation for healthy growth and development and ensuring that children are fully engaged in success-oriented activities as they grow. Baby College is one strategy that includes workshops for expectant parents and those with infants up to 3 years old. The "college" provides parents with the skills and knowledge necessary to raise healthy children in a healthy environment. There are also school-based programs for all children between preschool and senior high school. A related goal is to educate parents about what it takes to help their children succeed. Activities such as community-based coalitions to improve housing conditions and assist families to access counseling, financial and legal services are integral to the program.

Medical Home

Recognizing that a medical home is more than a relationship between a patient and a medical office, *Project HEALTH* exists as an exemplary medical home model for vulnerable families and children. Founded in the Boston Medical Center Pediatrics Department in 1996, *Project HEALTH* trains and relies upon undergraduate volunteers to improve the health of low-income children and their families by serving as navigators and facilitators between families and community-based resources. Over 600 trained volunteers serve at "family help desks" located in urban prenatal and pediatric clinics, newborn nurseries, emergency rooms and community health centers in several U.S. cities—Boston, Providence, New York, Baltimore, Washington, D.C. and Chicago. At these clinical sites, physicians "prescribe" food, housing, job training, GED classes and any other resources needed to meet a family's social and educational needs. The volunteers work alongside families to "fill" the prescriptions by connecting them to the prescribed resources. Since 1996, *Project HEALTH*'s 16 family help desks have served over 14,500 children and adults. Approximately 4,000 families are served annually.[9]

Preventive Dental Care

Cavity Free at Three is a Colorado-based early childhood caries prevention program for low-income families that employs evidence-based strategies to prevent the transmission of bacteria between mothers and infants and provide early preventive oral hygiene experiences for infant's ages birth to 3 years. This statewide effort engages dentists, physicians, nurses, dental hygienists, public health practitioners and early childhood educators to increase access to oral disease prevention and early caries detection for low-income pregnant women and their children. The program provides free oral health materials to pregnant women and new mothers, as well as technical assistance to a range of health care providers in the oral health screening of mothers and their newborns.[10]

Since the program began in 2006, 10 Colorado communities have received grants through the *Cavity Free at Three* program totaling $1.5 million over five years. The program is jointly funded by Caring for Colorado Foundation, the Colorado Health Foundation, The Colorado Trust, Delta Dental of Colorado Foundation, Kaiser Permanente and Rose Community Foundation. In its first year, more than 400 medical providers including dentists, dental hygienists, physicians and public health nurses were trained in the train-the-trainer model. More than 300 parents have been educated and their infants and toddlers screened and received fluoride varnishes. Plans are underway to expand the program to additional communities and thereby reach approximately 40,000 children throughout Colorado by 2011.

Vigorous Exercise

Safe Routes to School (SRTS) is a national program that creates safe, convenient and fun opportunities for children to bicycle and walk to and from school by improving sidewalks and traffic safety. The national SRTS program is federally funded and the management and administration of the program is delegated to state departments of transportation.[11]

In Colorado, funds have been distributed to school districts, schools, cities, counties, state and tribal entities for projects that encourage physical activity opportunities for students in grades K–8 as they travel to and from school. Nonprofits are required to partner with a state subdivision to apply for funding.

One promising Colorado SRTS program is based in Boulder. In 2007, the City of Boulder received $193,000 from SRTS to improve sidewalks, paths and ramps, and Boulder Valley Schools received an additional $36,000 to promote physical activity programs. Foothill Elementary in the Boulder school district used the grant to expand "Walk and Wheel Wednesdays," a program developed in 2005 designed to increase students' interest and participation in walking or biking to school. The school also made infrastructure improvements to increase pedestrian and bicycle safety on sidewalks and crosswalks. Between November and May of the 2006–2007 school year, the number of students walking and bicycling to school increased by 8 percent.[12]

Obesity

In 1998, the U.S. Department of Agriculture (USDA) launched a childhood obesity prevention initiative through the Women, Infants and Children Supplemental Nutrition Program (WIC) called *FIT WIC*. Five *FIT WIC* projects were funded over three years in California, Kentucky, Vermont, Virginia and the Inter Tribal Council of Arizona. Each project team developed tailored programs to increase healthy eating behaviors and physical activity levels among their WIC participants.[13]

In Vermont the WIC program serves half of all pregnant women and infants in the state and about 35 percent of all children under the age of 5 years. The Vermont *FIT WIC* project developed the "FIT WIC Activity Kit" to increase active physical playtime and decrease sedentary time for 3- and 4-year-olds. WIC mothers were given an activity kit with information about the important relationship between cognitive and physical development, ideas for incorporating physical activity into everyday routines, specific skill-building activities designed to enhance physical development and learning among young children and information about active community resources for family outings.

Within two weeks of receiving the activity kit, almost three-fourths of WIC mothers reported using it at least four times throughout the week. WIC mothers also reported increased confidence in their ability to teach play skills to their children and increases in the time their child spent in active play throughout the day.

Healthy Adolescents

The transitional years of adolescence pose special challenges for establishing good health habits. Compared to other states, Colorado's adolescents score relatively well on nutrition, weight, good mental health and avoiding risky sexual behaviors.

Too many, however, binge drink and smoke, and the number of births to teenage mothers, while lower than in the past, is still higher than in most states. Underlying all this is the same lack of health insurance—11 percent have none—found among younger children. Addressing these issues will enable Colorado's adolescents to enter adulthood with good health and health habits.

Grade & Average Rank
B-
17.2

Policy Overview

How are we doing?

Colorado's adolescents earned a grade of B- on the 2009 Report Card. Among the indicators where Colorado teens' rankings are in the lower half of states are lack of health insurance coverage (31 of 50), binge drinking (41 of 50) and teen fertility (31 of 50). In general, Colorado teens report engaging in less recent sexual activity (30 percent) and have a higher rate of condom use (69 percent) than their peers in other states.

What is Colorado doing right?

In 2005, Colorado's teens ranked 5th and 6th respectively among the states for condom use and engaging in recent sexual activity. To promote a standardized science-based sex education curriculum, the Colorado General Assembly passed HB 07-1292 to require school districts, family resource centers and teen pregnancy prevention programs to offer science-based instruction in human sexuality. The bill encourages parental involvement with their teens, emphasizes abstinence, provides curriculum content about the health benefits and potential side effects of different forms of contraception, including information about emergency contraception and discusses the moral, ethical and religious values associated with human sexuality.

Colorado policymakers have taken steps to address the high teen fertility rate in the state. Between 1996 and 2005 a community-based pilot program for Medicaid eligible at-risk teens and teen parents was implemented to decrease high pregnancy rates. Supportive services consisted of intensive individual and group counseling, vocational and educational guidance, and provision of health services. Results from the pilot program found enrolled teens had a pregnancy rate of 1 percent compared to 23 percent for at-risk teens not enrolled.

Due to these findings and other evidence-based national research, HB 06-1351 was passed eliminating the pilot status of the program and expanding it across the state through Sept. 1, 2010. Program funding consists of 90 percent federal funds and 10 percent local matching funds.

How can Colorado improve?

Colorado ranks 41st among the states for adolescents who binge drink (i.e. defined as consuming five or more drinks of alcohol in a row within a couple of hours on one or more of the past 30 days). Binge drinking among Colorado's teens is three times higher than the best performing state (Utah) suggesting there is room for improvement and best practices for getting there.

Studies have shown that an increased tax on alcohol products can reduce consumption of alcohol and reduce the prevalence of alcohol-related health problems in the population. In 2005, Utah ranked No. 1 for the lowest rate of adolescent binge drinking. Utah has one of the highest beer taxes in the country at $0.41 per gallon. Hawaii, the state with the second lowest rate of adolescent binge drinking, has an even higher beer tax at $0.93 per gallon. In contrast, Colorado only has an $0.08 per gallon beer tax which is one of the lowest in the country. Similarly, Utah and Hawaii also tax wine and spirits at higher rates compared to other states, whereas Colorado's overall alcohol taxes are relatively low by comparison.

Promising Initiatives

Uninsured

School-based health centers (SBHCs) are clinics located in schools or on school grounds designed to improve access to primary health care, reduce absenteeism, reduce emergency department utilization and improve age appropriate screening and immunizations for children up to the age of 18 years. SBHCs are staffed primarily by nurses who utilize a multi-disciplinary approach to primary care by coordinating with behavioral health specialists and oral health professionals when available.[14]

During the 2007–2008 academic year, 18 SBHC programs operated 44 clinic sites in schools across Colorado. Approximately 26,650 children and adolescents in Colorado were served, 50 percent of who were uninsured.

Nutrition

The *Farm to School* Initiative, led by Healthy Lifestyle La Plata, a LiveWell Colorado community, connects schools with local farms and ranches with the objective of serving healthy meals in school cafeterias and improving student nutrition and healthy eating habit education. The initiative began in 2005 when the Durango 9R School District started buying local produce for special events. The program has expanded to two other school districts in the county where 11 local food producers supply locally grown foods to the schools.[15] In an effort to make high-quality, fresh produce available to schools at a reasonable price, the district allocated an additional $500 per school from the existing food budget to purchase locally produced foods.

National evaluations of similar farm-to-school initiatives find that students' knowledge about healthy eating and locally grown foods increases significantly when fresh produce is available in the school cafeteria. In turn, healthy eating at school has a positive effect on the food purchasing behavior of parents who report a greater awareness of the nutritional value of fresh fruits and vegetables in the diet.[16]

Vigorous Exercise

Sports4Kids was developed in Berkeley, Calif., in 1995 to engage children and adolescents in physical activities during and after school hours. The program now serves more than 65,000 students in 170 low-income public schools in Baltimore, Boston, New Orleans, the greater San Francisco Bay Area, St. Louis and Washington, D.C. The Robert Wood Johnson Foundation recently teamed up with *Sports4Kids* to provide expansion funding to reach one million children and adolescents by 2010.

Sports4Kids addresses the whole child (physical, emotional and cognitive) through coordinated physical activity during lunchtime, recess and after school. It is offered in public schools with 50 percent or more students who are eligible for free or reduced-price lunches. A 2006 survey of school principals found that 94 percent believed their students were more physically active since *Sports4Kids* was implemented in their school. Additionally, 70 percent reported that there were fewer playground fights than the previous year and 61 percent of teachers said students were more focused in the classroom.[17]

Depression

Check Your Head, a program of Mental Health America of Colorado, uses hip hop as an intervention to address such issues as self-identity, peer pressure, depression and suicide among high school students. The program engages youth through a dedicated Web site, community events, and classroom and after-school clubs to educate youth about a range of mental health issues and linking them to accessible mental health resources.[18]

Check Your Head is currently being offered at East and Montbello High Schools in Denver. In 2009, 60 students at Montbello and 30 at East High School participated in the program.

Funding is provided through the Tony Grampsas Youth Services Program, a statutorily authorized program in the Child, Adolescent and School Health Unit of the Colorado Department of Public Health and Environment.

Healthy Adults

Colorado's working-age adults are healthier than their counterparts in most other states, according to measures in the Report Card. The state has the third-lowest incidence of hypertension and the sixth-lowest percentage of adults who report poor mental health. Colorado's adults are more likely to exercise, and Colorado has the lowest rate of adult obesity in the country. But the state does poorly in terms of insurance coverage: One in five working-age adults lacked health insurance in 2007. In addition, Colorado ranks in the bottom half of all states with respect to adults having a regular source of medical care and binge drinking, suggesting room for improvement.

Grade & Average Rank
B
14.0

The grade of B masks some troubling trends and disparities. The state's obesity rate has doubled in fewer than 20 years, and low-income Coloradans and racial and ethnic minorities lag behind on most indicators. Most ominously, Colorado's failure to do better by its children threatens future grades for healthy adults and Colorado's ability to maintain its reputation as a healthy and prosperous state.

Policy Overview

How are we doing?

Overall, Colorado adults rank among the highest states for healthy lifestyles. Over the past three years Colorado's adults have earned a solid B on the Colorado Health Report Card. This grade is largely a result of scoring high on healthy living indicators such as higher participation rates for physical activity (82 percent) and lower rates of obesity (20 percent). However, Colorado ranks in the lower half of states in the percentage of adults without health insurance coverage (32 of 50) and without a personal physician (31 of 50)—findings that are consistent with children and adolescents.

What is Colorado doing right?

Colorado ranks number one among the states for its rate of adult obesity (20 percent), while 82 percent of Colorado adults report having participated in physical activity within the last month (3rd among the states). In addition, Colorado ranks in the top half of states for fruit and vegetable consumption (17th). Finally, the state ranks among the top five for adults being told they have high blood pressure (16 percent) or diabetes (5 percent).

Although Colorado's rankings remain high for many healthy living indicators, Colorado has not been immune to the growing incidence of adult obesity that has been termed a national epidemic. The adult obesity rate in Colorado has more than doubled since 1990 and is still 4 percent higher than the *Healthy People 2010* target. The percentage of Coloradans that participated in any physical activity over the last month, although high compared to other states, has not changed significantly over the past nine years.

To address these disturbing trends, LiveWell Colorado, a nonprofit organization dedicated to promoting health through the prevention and reduction of obesity, is supporting community coalitions in the adoption of local policies involving re-zoning in communities to promote more pedestrian-friendly physical activity venues, as well as expanded land use options. These re-zoning strategies include making it easier to designate unused land for community gardens and urban agriculture projects and adopting more mixed use residential, retail, office and public spaces that promote walking and cycling over streets dedicated exclusively to automobiles.

How can Colorado improve?

Nearly 20 percent of Colorado's adults were uninsured during 2006–2008, earning the rank of 32nd among the states. Although Colorado historically has had a very lean Medicaid program for adults compared to other states, the passage of the Colorado Health Care Affordability Act in 2009 will expand Medicaid eligibility for all adults up to 100 percent of the federal poverty level (FPL) (about $11,000 for an individual and $22,000 for a family of four in 2009) with these expansions occurring incrementally through 2012.

Vermont, Massachusetts and Maine have been recognized for their health insurance expansions and state health reform efforts. All three states subsidize coverage for families with annual incomes up to 300 percent of FPL (approximately $66,000 for a family of four in 2009). Medicaid funding has been used to fund subsidies for coverage expansions in these states.

With regard to adults having a personal physician or other health care provider, Minnesota has undertaken a number of policies in recent years to enhance access and coordination for adults that are noteworthy. For example, in 2008 the Minnesota legislature passed a health care reform package that included a focus on primary care. The bill re-structured payment systems to provide incentives to primary care clinicians that implement care coordination for patients with chronic and complex health conditions.

Promising Initiatives

Uninsured

Access Health is a coverage program developed by the Muskegon Community Health Project in Michigan. It is a successful community-based approach to expanding health care coverage to uninsured workers that is based on a "three share" funding model between employers, employees and the community wherein each contributes roughly 30 percent toward cost of coverage. Workers only qualify if they are low income, uninsured and live and work in Muskegon County. Likewise, businesses qualify only if they are located in the county and have not provided health benefits for the past 12 months. Over 526 local businesses have participated in *Access Health* since the program began in 1999 and over 1,500 previously uninsured workers have received coverage.[19]

Health Access Pueblo (HAP), implemented in 2008, is modeled after *Access Health* through a partnership between Parkview Medical Center, St. Mary Corwin Medical Center, Pueblo Community Health Center, Pueblo County, participating health care providers and local businesses. HAP contracts with 200 local physicians and covers only workers in Pueblo. With a monthly premium of $120 per qualified employee, HAP is not insurance but rather a local coverage initiative. Enrollees have access to hospitalization benefits and no-cost or low-cost preventive care, diagnostic services and wellness counseling.[20]

Medical Home

The *Safety Net Medical Home Initiative* is a newly implemented program in Colorado that assists safety net clinics in implementing and sustaining patient-centered medical homes and reaching identified benchmarks for quality and efficiency. Over a period of four years, participating clinical sites will work on eight "change areas" that include linking patients to a consistent clinician and support team; putting quality improvement structures and quality improvement teams in place; providing care that is respectful, culturally sensitive and involves the patient in decision making; and using evidence-based care protocols such as clinical guidelines for specific chronic diseases. Patients will be linked to community resources and have 24-hour access to care. Care providers will share information and assist patients in obtaining health care coverage for which they are eligible.[21]

The initiative was launched by the Commonwealth Fund, Qualis Health and the MacColl Institute for Healthcare Innovation at the Group Health Research Institute. In Colorado, the Colorado Health Foundation provided funding to the Colorado Community Health Network which is managing the project and providing technical assistance to clinical sites. Participating Colorado sites include Clinica Family Health Services (Boulder, Pecos and Thornton clinics), Custer County Clinic, Denver Health (Eastside, La Casa/Quigg Newton and Sandos Westside clinics), High Plains Community Health Center, Inner City Health Center, Metro Community Provider Network (Jeffco Clinic), Mountain Family Health Centers (Glenwood Springs), Valley Wide Health Systems (Sierra Blanca and Alamosa Family Medical Centers) and the Yuma Rural Health Center.

Nutrition

The Centers for Disease Control and Prevention (CDC) instituted a *5 A Day for Better Health* initiative in 1991 to promote increased consumption of fruits and vegetables to 5–9 servings every day and to inform Americans of the health benefits of doing so. The initiative is a public awareness campaign that includes educational materials for communities and individual consumers. Since its inception, CDC reports that the percentage of Americans who are aware of the recommended five or more servings of fruits and vegetables a day has increased nearly five-fold.[22]

In Colorado, a *5 A Day for Better Health* coalition was formed in 2004 with assistance from the Colorado Department of Public Health and Environment and is promoted in partnerships around the state through the Colorado Physical Activity and Nutrition Program. COPAN has helped develop a Produce Festival Tool Kit that is distributed to grocery stores and retailers, encouraging them to hold nutritional education events and health fairs. The fairs are designed to increase consumers' comfort level in the produce area of the grocery store, including sampling fruit and vegetable recipes, providing recipes and tips to working up to five servings of fruits and vegetables a day. Since 2004, more than 200 school and business-related health fairs have been held in Colorado to educate communities about important nutrition information.[23]

Exercise

The Colorado Physical Activity and Nutrition Program (COPAN) developed a worksite resource kit that includes nutrition and physical activities designed to be carried out free or at little cost to employers. Strategies focus on health education, physical activity, healthy eating, the worksite environment and exercise-related factors that contribute to or exacerbate chronic disease.[24]

Since 2003, more than 500 worksite resource kits have been distributed and over 150 people currently participate in the Colorado Worksite Health Promotion listserv. Worksite wellness grantees have included Aims Community College in Greeley, Choice Hotels International in Grand Junction, Denver Department of Human Services, Denver Health & Hospital Authority and Mountain States Employers Council.

Obesity

In addition to its work on nutrition, COPAN supports the *Active Community Environment (ACE) Task Force* that focuses on the built environment and its effect on engaging residents in healthy behaviors. ACE represents government, public health, transportation officials, and local planners and designers. Members support local planning efforts to modify existing environments in ways that make it easy for people to integrate physical activity into their daily routines.[25]

Strategies to achieve change include assessing, modifying and improving community planning and design efforts to support increased physical activity; land-use planning to integrate "smart growth" principles; developing school sites that promote active community living; developing integrated parks and open space with recreation facilities near neighborhoods and employment centers; and developing a balanced transportation system that includes transit, walking, bicycling and motor vehicles.

ACE activities include sponsoring regional workshops for key stakeholders and an annual conference of active living leaders in Colorado. In addition, the task force provides materials to organizations to help facilitate the inclusion of public health principles in transportation and land-use master plans.

Diabetes

Por Tu Familia (For Your Family) is a program sponsored by the American Diabetes Association (ADA)-Colorado to increase awareness about the risks associated with cardiovascular disease and diabetes and to promote healthy lifestyles. Special emphasis is placed on serving low-income, uninsured Hispanics.[26]

Through *Por Tu Familia*, the ADA provides diabetes information in English and Spanish to a community disproportionately affected by diabetes. Informational exhibits deliver explicit, culturally relevant messages to the Hispanic community in such venues as health fairs, festivals, parades and other Hispanic celebrations around Colorado.

Registered dieticians, nurses, nutritionists, certified diabetes educators and other health care professionals conduct lifestyle change classes in 26 Colorado counties at 41 medical clinics (mainly community health centers) through the *Por Tu Familia* program.

Evidence-based research has demonstrated that the program improves heart healthy behaviors, promotes referrals and screenings and enhances information sharing beyond families into the community. More than 4,000 Hispanics attended a Diabetes Expo in Colorado in 2009.

Healthy Aging

Colorado's older adults do relatively well according to the measures used in this Report Card and compared to their peers in other states. Colorado scores in the top 10 on three of the six *Healthy Aging* indicators. Following national trends, Colorado's older adults are living longer and healthier lives. They are more likely to engage in physical activity and have the highest rate of flu and pneumonia vaccinations compared to older adults in other states.

Grade & Average Rank
B+
10.7

Based on this fairly good performance, Colorado gets a B+ for *Healthy Aging*, still leaving room for improvement. More than one in five older adults report that poor physical or mental health kept them from doing their usual activities on eight or more days in the last month. Even though Colorado is ranked first for flu and pneumonia vaccinations, only 62 percent of older adults have actually been vaccinated.

Policy Overview

How are we doing?

Colorado received a grade of B+ for healthy older adults, which is the state's highest grade for any life stage. Ranking in the top half of states for all health indicators, Colorado's older adults receive especially exemplary grades for rates of flu shots, pneumonia vaccinations and regular physical activity—first among the states for having had a pneumonia vaccination and flu shot within the past 12 months. The lowest rank (21st) was for older adults who were limited in their daily activities because of poor physical or mental health.

What is Colorado doing right?

Colorado leads the other states in the rate of adult immunizations. Although no one policy intervention can fully explain this success, Colorado does have a strong statewide coalition dedicated to making sure older Coloradans are educated about the importance of having a flu shot each year. The Colorado Adult Immunization Coalition (CAIC), housed within the Colorado Department of Public Health and Environment (CDPHE), partners with a wide range of organizations, providers in private practice, community health centers, local health departments and local health fairs to disseminate educational information about the importance of an annual flu shot. CAIC recently received federal stimulus dollars to extent its current efforts.

In general, older adults in Colorado are physically active and lead healthy lifestyles compared to adults in other states. LiveWell Colorado community coalitions across the state have developed initiatives to promote a variety of programs to engage older adults in daily physical activity. One LiveWell community has been working to pass a mixed-use re-zoning ordinance that will encourage neighborhoods to be more pedestrian-friendly in their design.

How can Colorado improve?

Colorado's lowest ranking among the states is for older adults with daily activity limitations because of poor mental or physical health. A number of states have developed successful patient-centered medical home initiatives that are targeted at older adults with chronic illnesses. Chronic illness often results in both physical and mental activity limitations, both of which impact quality of life in significant ways.

Vermont has developed a comprehensive state plan, the *Blueprint for Health* that addresses both the mental and physical health needs of older adults. The *Blueprint* objectives are to provide private medical practices with the resources needed to build capacity. It then creates financial incentives for them to function as patient-centered medical homes, with a special focus on adults with chronic health conditions. Payment reform includes both private and public insurers who jointly pay for community care teams that include nurses, social workers, dieticians, community health workers and care coordinators. An underpinning of the coordinated health system using community care teams is health information technology, including a web-based clinical tracking system.

In North Carolina, the *Community Care* program has had more than 10 years experience in managing the primary care needs of Medicaid enrollees. Community Care establishes medical homes, provides technical assistance about managing chronic Illness and directly hires nurse care managers for enrollees with highest risk, including those with multiple chronic illnesses. Evaluations of the North Carolina program have found a 40 percent reduction in hospitalizations for asthma, 16 percent reduction in emergency department visits and a $400 million Medicaid savings for its aged, blind and disabled populations over a 10 year period.

Promising Initiatives

Medical Home

The Colorado *Multi-Payer, Multi-State Patient-Centered Medical Home* (PCMH) project was launched in 2009 in 16 medical practices across Colorado's Front Range. The primary goal of this two-year pilot program is to test the provision of comprehensive, coordinated care for adults and seniors through formal partnerships between patients and their personal health care team.[27]

To enable medical practices to create an "integrated medical neighborhood," the PCMH project will rely on a payment model that includes a monthly care management fee to the health care team and a bonus for meeting or exceeding specified quality outcomes. The pilot will shift the focus away from illness care toward comprehensive prevention and early intervention-oriented care.

The pilot began in spring 2009 and anticipates enrolling up to 30,000 patients covered by Anthem Wellpoint, United Healthcare, Humana, Aetna, CIGNA, Colorado Medicaid and Colorado Access. Funding has been provided by the Commonwealth Fund and The Colorado Trust. The Colorado Clinical Guidelines Collaborative will provide technical assistance and serve as the convening organization for the pilot. An evaluation will determine the effects on quality, cost and satisfaction levels of both patients and providers.

Exercise

CDPHE partnered with the University of Colorado Health Sciences Center in 2001 to create a statewide physical activity and nutrition program to prevent obesity called *Colorado on the Move*. The program promotes community-based programs that encourage small behavioral changes over time to achieve long-term healthy

results. Participants are encouraged to walk 2,000 steps a day, using pedometers or step counters to measure their progress. Each site is asked to develop a 14-week program with incentives for its participants. Depending on the individual site, pedometers may be provided either free of charge or at a reduced cost.[28]

The program was initially implemented in two communities—a rural site and the Denver Metro Black Church Initiative, a faith-based community of 20 churches. This walking program has been expanded to more than 50 work sites and 12 communities across Colorado, and is part of the state plan to address obesity. It also served as the pilot site for *America on the Move*, a national version of the program.

Physical Health

LiveWell Wheat Ridge staff and the Jefferson County extension nutrition educator have developed the *Bridge on the Bus* program to combat health issues related to poor nutrition in older adults. The program assists participants in gaining access to healthy foods at nearby grocery stores and discusses healthy eating habits. Once a week during the fall and winter months, LiveWell Wheat Ridge staff accompanies participants to local grocery stores and provide education on a variety of nutrition and food resource management topics.[29]

Participants report saving money on their weekly grocery bills and increased awareness of what to look for in the ingredients listed on nutrition labels.

Mental Health

The University of Washington's Health Promotion Research Center has developed the *Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)* with funding from the Centers for Disease Control and Prevention. This evidence-based program is currently being implemented in Colorado Springs through the community mental health center and clinicians in private practice. *PEARLS* was designed for adults ages 60 and older who have chronic minor depression and who receive home-based social services from community agencies to reduce symptoms of depression and improve their quality of life.[30]

Trained social service workers provide *PEARLS* participants with eight 50-minute sessions over a 6-month period. Sessions take place in the participants' homes and focus on three primary depression management techniques: 1) problem-solving in which clients are taught to recognize depressive symptoms, define problems that may contribute to the symptoms and then devise steps to resolve them; 2) planning for social and physical activities; and 3) participating in social events.

Limited Activity

The *Senior Fall Prevention Program* in Broomfield provides free comprehensive injury prevention assessments that focus on general health, nutrition, physical activity and environmental risks for residents living in senior housing complexes. Broomfield Greens, a senior living center, utilizes a local resident to lead two exercise classes each week that combine balance, relaxation and strength training. These classes have proven to engage formerly sedentary 70–90+ year-old seniors living in the complex. LiveWell Broomfield has been working to expand these types of classes to other sites by supporting "internal champs" who can then lead peers in healthy living activities, thus creating small changes to the environment that encourage physical activity.

Since beginning the fall prevention program in 2002, Broomfield Health and Human Services in partnership with Home First, Inc. and Senior Services has provided over 275 risk assessments to residents 65 years and older.[32]

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