

2014–2018 Community Health Improvement Plan

2015 Annual Report

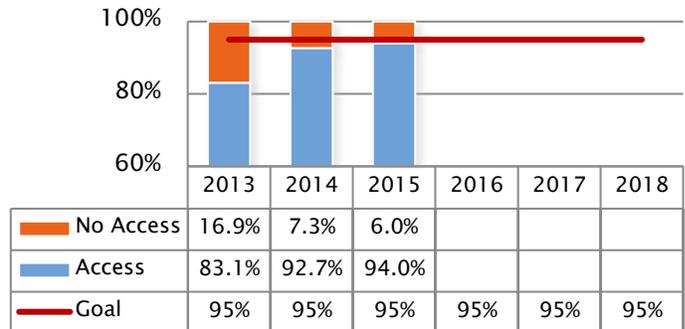
CHIP Goals

Priority Area: Access to Care

Goal:

By December 2018, at least 95% of Denver residents will have access to primary medical care, including behavioral health care.

Access to Care



Visited a doctor in the past 12 months.

63.1%

Received a check-up, physical examination, or other preventative care in the past 12 months.

55%

Have a usual source of care.

74.7%

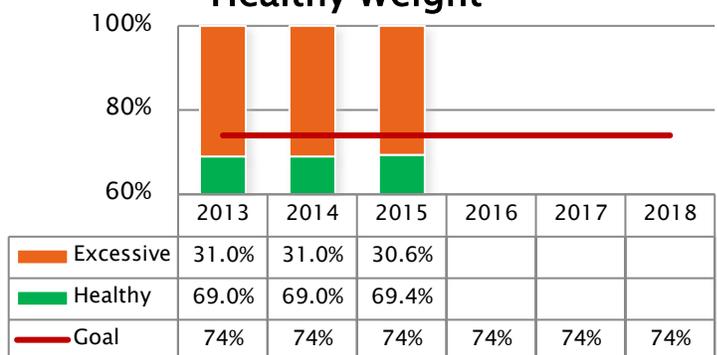
Data Source: Colorado Health Access Survey, 2013

Priority Area: Healthy Eating and Active Living

Goal:

By December 2018, the percentage of children and adolescents in Denver who are at a healthy weight will have increased by five percentage points from 69% to 74%.

Healthy Weight



Percentage of Denver school-aged children, kindergarten through 9th grade, who are at a healthy weight.

69.4%

Data Source: Height and Weight Screening data from a Sample of Denver School-Aged Children

About the Annual Report

The annual progress report describes changes to the strategies and objectives in the 2014-2018 CHIP action plan.

The original action plan included in the final 2014-2018 CHIP contained both action plan and work plan dates.

Due to strategic changes during 2015, this will be the last annual report in this format. Strategies have been elevated and streamlined to allow for more flexible tasks to achieve our goals.

Community Health Improvement Plan Important 2015 Changes

During 2015, many changes took place in the structure of the CHIP. The Healthy Eating and Active Living workgroup significantly revised our strategies. The original CHIP strategies had various scales and measures and the structure was not conducive to opportunistic work that could move the HEAL agenda forward because each new tactic needed to be written in as a strategy. The new framework elevated and consolidated the CHIP efforts into three main strategies. This allowed for more flexibility in the task level items and provided a more consistent mechanism for quantifying our efforts. This shift to moving more work to the measurement level, allows us to be nimbler as opportunities arise and to include more partners in our work, while allowing for a more effective and consistent method of measurement. Population level indicators, which our work should affect in the long term, are captured as metrics.

As a result of these changes, the Denver CHIP progress reports and annual reports will no longer use the Annual Report reporting framework found in this document.

During 2015, the Access to Care workgroup officially formed the Mile High Health Alliance with membership dues and paid staff. While this effort is still part of the CHIP, the structure and functions are more autonomous:

<http://milehighhealthalliance.org/>

About the Mile High Health Alliance

The Mile High Health Alliance brings together stakeholders from physical health care, behavioral health care, public health, and social and community services, to collaboratively address the city's most difficult health challenges and achieve better health for all Denver residents. It currently has eight ex-officio members and 23 member organizations, ranging from large health care systems to small community-based organizations. Each member organization pays dues based on its gross revenue, and has a seat on the Board of Directors. The Board meets quarterly, sets the strategic vision of the Alliance including forming its working groups, and elects the Executive Committee. In turn, the Executive Committee, which meets monthly, together with the Executive Director are charged with implementing the Board's direction.

The Alliance was formally established in January 2015 after a year-long, collaborative planning process, and in response to a recommendation in Denver's Community Health Improvement Plan for increasing access to care in the city. It will focus its long-term efforts on prevention, fostering a culture of wellness in Denver, better coordinating the health care system, and improving the social factors that affect health. The Mile High Health Alliance brings together medical, behavioral, government and social services providers in Denver to work together on improving the health of Denver residents. The mission is "Achieving better health through collaboration" and the vision is that "Denver is the city and county that promotes health and assures access to integrated medical and behavioral care and social services for all."

The Alliance has four initial areas of programming, with working groups meeting regularly to collaborate and develop common, city-wide interventions in each area:

1. "First Access to Care," which includes outreach and enrollment, health and health insurance literacy, and entry into care
2. Specialty Care Access for Underserved Denver Residents
3. High Utilizers of the Health Care System
4. Integrated Physical and Behavioral Health Care

The Alliance has already been instrumental in fostering stronger relationships between diverse stakeholders around these four priority areas, and is planning for city-wide interventions around specialty care access and addressing the needs of high utilizers. Here are some of its early accomplishments:

- Convening stakeholders around outreach and enrollment into health insurance coverage in Denver, contributing to Denver's huge success in increasing its rate of insurance
- Hosted an Outreach and Enrollment Summit in July 2015, in preparation for the third open enrollment period for Connect for Health Colorado, to develop targeted plans for outreach to specific segments of the remaining uninsured population in Denver
- Held a metro-wide Caring for High Utilizers Summit in June 2015, in coordination with the Colorado Coalition for the Medically Underserved, bringing together staff from multiple high utilizer programs to share information and start a conversation about how to better coordinate programs and learn together how to serve populations with high use of the health care system
- Completing a formal study of Denver's safety-net clinics in the post-ACA environment to determine changes in patient caseloads, resources, clinic capacity, access to specialty care, and integrated care after the expansion of coverage.
- Currently formulating a detailed implementation plan to form a Specialty Care Referral Network for underserved Denver residents, in cooperation with the Colorado Health Institute (published March 2016).
- Planning for how to assist Denver's safety net clinics to develop and improve integrated care models in their practices

In December 2015, the Mile High Health Alliance posted a job announcement for its first Executive Director.

Since the start of the expansion of coverage under the Affordable Care Act (ACA) in 2014, it is estimated that more than nearly 100,00 previously uninsured Denver residents have obtained coverage through Medicaid and insurance plans at Connect for Health Colorado, leading to a drop in Denver's uninsured rate from 17-21% before 2014 to 4-9.5% at the beginning of 2016. As a result of this early success on this priority, the Board voted to suspend work on First Access at the July 2016 board meeting.

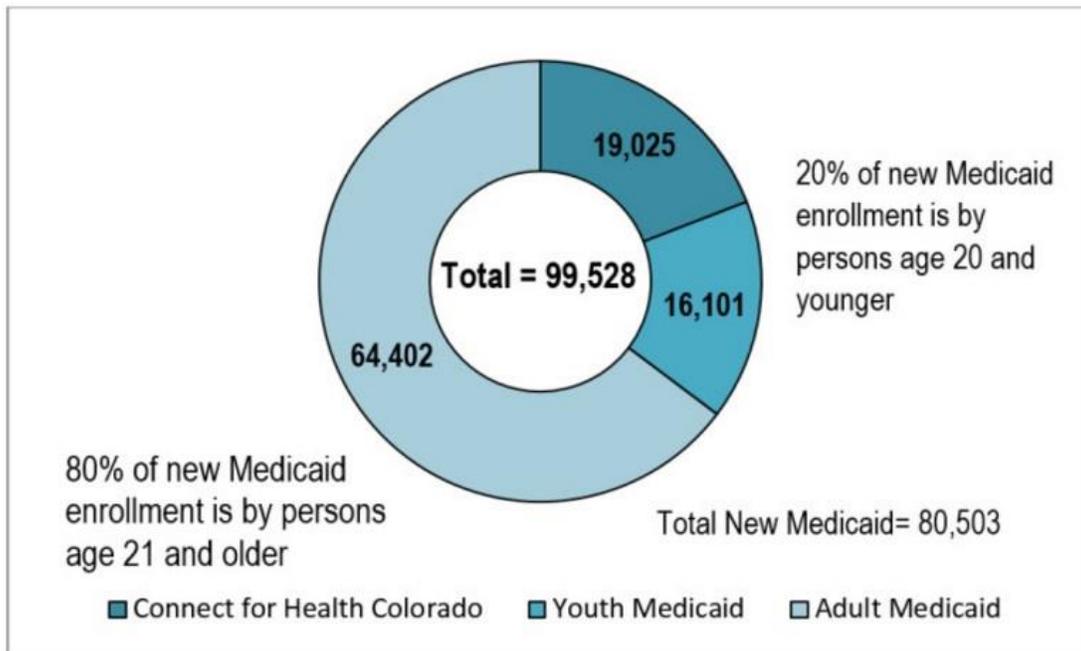


Figure 1.1: Previously Uninsured Enrollment by Program

View the Mile High Health Alliance’s First Year Report (2015):

http://milehighhealth.wpengine.com/wp-content/uploads/2016/04/Annual-Report_Final_2015_12_18.pdf

About Health Eating and Active Living

During 2015, Healthy Eating and Active Living started several initiatives. In September 2015, the Be Healthy Denver Core team and the Be Healthy Denver HEAL workgroup leads met for a retreat. The team agreed that the current CHIP Action Plan contained too many strategies that contained varying levels of difficulty to implement and would not be possible to complete in their current form. As a result of the retreat the Action Plan was reformed to be more strategic and opportunistic with the ability to more seamlessly integrate the work of partners. At the end of December 2015, the new Strategic Plan for the HEAL section of the CHIP was still in formation, but 3 goals and 3 main strategies had emerged.

Strategy 1. Expand the availability and access to healthy food and beverages

Strategy 2. Expand and enhance public spaces for physical activity

Strategy 3. Create a consistent message to build awareness to funders, policy makers and decision makers that “Denver has an obesity problem”

As the measures and metrics become refined for each of the strategies, then CHIP will be updated to reflect these changes. In the mean-time, the reporting structure using the color coded symbols for the pre-2016 strategies will be discontinued. Below is a summary of activities in the pre-2016 structure, by domain:

Community Domain

In the spring and summer, DEH and DPH each ran small campaigns for Drink Water First and Rethink Your Drink, respectively. Drink Water First for Thirst, placed posters at eight recreation centers, and received 486 pledges to have Soda Free Sundays for the entire summer. In exchange for the pledge the recreation center patron received a colorful, Water First for Thirst water bottle. Rethink Your Drink (<http://www.denverhealth.org/public-health-and-wellness/public-health/health-promotion/obesity-prevention/rethink-your-drink>) – pilot public education campaign is currently in operation. Paid media reached 919,603 people. Additionally, printed materials were displayed and available in 260 patient rooms of Denver Health for the in-clinic marketing component. Anticipated response rate to direct mail component was 68% higher than anticipated. Modification and Expansion of this public education campaign will be supported though DPH development of a toolkit for others to use Rethink your Drink.

In July 2015, DPH began work leading the Metro Healthy Beverage Partnership grant activities. This grant will amount to approximately \$3M grant over three years. The effort is being led by DPH, along with DEH and the public health agencies of Tri-County, Jefferson County, Broomfield, and Boulder. The MHBP is the first coordinated regional effort to implement healthy food and beverage policies to decrease obesity among low-income, Hispanic and youth populations.

In July 2015, DEH began building a Community Active Living Coalition (CALC) to support grassroots policy and systems changes for active transportation in Denver. This is a three-year, \$600,000 grant that will directly

support physical activity in the form of active transportation. In year one, the CALC will be leading built environment assessments (WalkShops) around schools and recreations centers, in addition to a Photo Voices project. Year one goals are to form a core group of residents interested in having their voice heard, amplifying the community voice to City policy makers, and identifying potential policy changes that are important to community members

Childcare Domain

In 2015, the Healthy Childcare Makes a Healthy Start pilot program completed its work in June 2015. During this pilot program the Culture of Wellness in Preschools framework was adapted for three, non-Head Start, childcare homes and childcare center.

School Domain

The school domain met several times and Denver Public Health and Denver Environmental Health were very involved in the [Whole Child Healthy Child 2020 Agenda](#).

Government Domain

During 2015, the Westwood Health Impact Assessment kicked off in conjunction with the Westwood neighborhood plan. Focus of the HIA is on 1) licensing (liquor and marijuana -and likely tobacco retailer), 2) parks and schools (places to play), 3) access to healthy food retailers, 4) transportation, and 5) land use were used as a basis for conversation. The report is due out in mid-2016. The Globeville and Elyria-Swansea neighborhood plan and Health Impact Assessment from 2014 is currently being implemented and monitored by Denver Environmental Health and the North Denver Cornerstone Collaborative:

<https://www.denvergov.org/content/denvergov/en/north-denver-cornerstone-collaborative/neighborhood-plans.html>

For more information regarding *Be Healthy Denver* or the Denver Community Health Improvement Plan, please visit www.BeHealthyDenver.org or contact Michele Shimomura at 720-865-5375 or Michele.Shimomura at denvergov.org.

Progress Key			
 This strategy has been completed	 This strategy is in progress	 This strategy is behind schedule	 This strategy has not yet been scheduled to start

Priority Area: Access to Care

Domain: Enrollment and Coverage		
Strategy	Objectives	Progress
A1: Increase the number of Denver residents with health care coverage by supporting implementation of the Affordable Care Act (ACA); 40,000 Denver residents enroll in Medicaid and subsidized insurance by July 1, 2014 and 94% have health care coverage by December 31, 2018.	By December 31, 2018, 40,000 Denver residents enroll in Medicaid and subsidized insurance by July 1, 2014 and 94% have health care coverage.	 <p>From 1/1/2014 through 10/31/2014, an estimated 65,105 Denver Residents got covered through Medicaid and insurance plans at Connect for Health Colorado. An estimated 93.1% now have health care coverage.</p>
Strategy A.1.A: Assess current enrollment practices in Denver and preparations for the expansion of coverage under the ACA (Start: July 2013)	By 7/1/2013, survey 50 safety net providers, community-based organizations, and governmental organizations providing services to low-income Denver residents about their current enrollment practices and preparations for the ACA expansions.	 <p>Metric completed. Survey Results Report</p>
Strategy A.1.B: Develop and conduct Training of Trainers (TOT) courses for health providers and community-based organizations serving low-income	By 10/1/2013, conduct two TOT courses with (1) Denver Health frontline staff and (2) staff from other safety net providers and community-based organizations.	 <p>Metric completed</p>

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<p>Denver residents, to educate staff and community partners about the ACA and enrollment. (Start: Oct 2013)</p>	<p>By 11/1/2013, translate training materials from the TOT courses into Spanish and make available at BeHealthyDenver.org for use by interested organizations</p> <p>By 12/1/2014, update training slides to reflect information relevant to the second open enrollment period, translate into Spanish, and make available at BeHealthyDenver.org for use by interested organizations</p>	<p>2013-2014 Training: English Version Spanish Version</p> <p>Training 2014-2015 competed</p>
<p>Strategy A.1.C: Conduct outreach meetings and provide information about the forthcoming changes under the ACA to various organizations and groups in Denver. (Start: March 2014)</p>	<p>By 3/14/2014, conduct 40 outreach meetings and distribute information about the expansion of coverage under the ACA.</p> <p>By 2/15/2015, conduct further outreach meetings about the expansion of coverage under the ACA and updates for the 2014-2015 open enrollment period.</p>	<p> Metric completed. Appendix D</p> <p> Metric Completed</p>
<p>Strategy A.1.D: Produce and distribute brochures and other educational materials for the public on the forthcoming changes under ACA and how people can get enrolled. (Start: Oct 2013)</p>	<p>By 10/1/2013, produce a special edition of Denver Vital Signs on the ACA and enrollment, and distribute to partners.</p> <p>By 11/1/2013, develop, design, and print 93,000 bilingual brochures on the ACA and how to enroll in Denver.</p> <p>By 3/1/2014, disseminate the brochures and ACA training slides to governmental organizations, health care providers, and community-based organizations</p>	<p> Metric completed. Vital Signs English Version Spanish Version</p> <p>Brochure in English and Spanish</p>
<p>Strategy A.1.E: Engage with local media to promote enrollment in health care coverage. (Start: April 2014)</p>	<p>By 4/1/2014, the Director of Denver Public Health will participate in eight media</p>	<p></p>

	<p>interviews regarding the implementation of the ACA, with four different media outlets.</p> <p>By 2/15/15, the Director of Denver Public Health will participate in further media interviews about the expansion of coverage under the ACA and updates for the 2014-2015 open enrollment period.</p>	<p>Metric completed. Appendix D</p>  <p>Metric Completed</p>
<p>Strategy A.1.F: Update and maintain accurate ACA information on the Denver Health website. (Start: Oct 2013)</p>	<p>By 10/1/2013, develop an ACA page on the Denver Health website. Update the website monthly.</p>	 <p>Metric Completed Denver Health ACA Webpage</p>
<p>Strategy A.1.G: Monitor and report the percentage of Denver residents enrolled in health care coverage. We stopped monthly monitoring of enrollment after we suspended work on First Access in July 2016. We are only reporting annually.</p>	<p>From 1/1/2013-12/31/2018, note and report on Denver's rate of health care coverage, as determined by the American Community Survey and the Colorado Health Access Survey.</p>	 <p>Past reports available on: http://milehighhealthalliance.org/</p> <p>Metric suspended</p>
<p>Strategy A.1.H: Track progress monthly on the number of Denver residents enrolling in Medicaid and subsidized insurance plans at Connect for Health Colorado. (ongoing monthly) We stopped monthly monitoring of enrollment after we suspended work on First Access in July 2016. We are only reporting annually.</p>	<p>By 1/1/2014, develop a reporting framework and collect Denver enrollment data from HCPF and Connect for Health Colorado.</p> <p>From 1/1/2014-12/31/2018, report monthly or quarterly on the number of Denver residents who enrolled in Medicaid and purchased health insurance through Connect for Health Colorado.</p>	 <p>Metric Suspended</p>
<p>Strategy A.1.I: (new). Conduct stakeholder meetings to encourage enrollment in Medicaid and Connect for Health Colorado in Denver.</p>	<p>By 1/31/14, conduct a meeting with Colorado Engage to bring together stakeholders to target low-wage workers for enrollment outreach efforts.</p> <p>By 6/1/2014, convene a meeting with stakeholders involved in enrollment and</p>	 <p>Metric Completed. Enrollment Summit</p>

	<p>advocacy in Denver during the first open enrollment period, to review progress in enrollment and brainstorm about how to maintain strong Medicaid enrollment in Denver and a robust second open enrollment period for Connect for Health Colorado.</p>	
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Domain: Provider Capacity

Strategy	Objectives	Progress
<p>A2: Assess and build the capacity of safety net providers in Denver to deliver primary, specialty, and behavioral health care to persons newly covered starting in 2014, and to those who remain uninsured.</p>		
<p>Strategy A.2.A: Conduct an assessment of gaps and challenges in the provision of primary, specialty and behavioral health care in Denver prior to the ACA implementation, and how well safety net providers are prepared to receive persons newly enrolled in Medicaid and subsidized insurance plans in 2014. (Start: Sept 2013)</p>	<p>By 9/1/2013, the Access to Care Task Force will conduct key informant interviews with the leaders of 15 safety net providers in Denver and produce a report of the findings.</p> <p>By 4/1/2015, update this research to determine what changes have taken place in the work of Denver’s safety net clinics since the expansion of coverage in 2014, and what challenges they are currently facing.</p>	<p> Metric completed. Access to Care in Denver Report</p> <p> Metric Completed Denver’s Safety Net Clinics: Responding to a Changing Healthcare Landscape</p>
<p>Strategy A.2.B: Continue to identify gaps and challenges in primary, secondary and behavioral health care</p>	<p>On an ongoing basis between 1/1/2014 and 12/31/2018, Denver Public Health will analyze data from the CHAS, HCPF, and</p>	<p></p>

services in Denver as the ACA is implemented. (ongoing)	Denver Health to identify gaps and challenges in primary, secondary, and behavioral health care.	Metric ongoing.
Strategy A.2.C: Monitor health care utilization trends in Denver with the implementation of the ACA. (ongoing)	On an ongoing basis between 1/1/2014 and 12/31/2018, Denver Public Health will analyze data from the Colorado Hospital Association and the CHORDS Registry to identify trends in how patients access health care through safety net providers.	 Metric ongoing.
Strategy A.2.D: Facilitate enrollment of current patients at safety net clinics in Medicaid and insurance plans from Connect for Health Colorado, which will generate income to expand services for additional patients. (ongoing)	On an ongoing basis from 10/1/2013 through 12/31/2014, Denver Health and other safety net providers in Denver will reach out to current patients and assist them to enroll in Medicaid and subsidized insurance plans on Connect for Health Colorado.	 Metric completed.
Strategy A.2.E: Provide technical assistance to safety net providers to learn how to effectively bill for Medicaid and commercial insurance. (Start: Jan 2014-ongoing) Note: This has not been identified as an initial priority of the Mile High Health – may be dropped	A new Denver-based Health alliance may elect to coordinate the provision of technical assistance for Medicaid and insurance billing for its members as an early priority. Dates to be determined by the alliance.	
Strategy A.2.F: Survey Denver’s safety net providers to describe what services they provide and identify their strengths; develop an effective work plan and referral system to make the best use of limited resources and increase collective capacity to serve Denver residents. (Start: June 2014)	A new Denver Health alliance may decide to survey its members regarding their respective capacities and specializations, and to develop a division of labor and referral system for the care of low-income Denver residents. Dates to be determined by the alliance.	 <u>Specialty Care Referral Network Pilot Implementation Plan</u>

Domain: Care Coordination and System Collaboration

Strategy	Objectives	Progress
A3: Create a health alliance of important stakeholder organizations in Denver, to increase access to care, better coordinate health care services, and decrease health care costs.		
Strategy A.3.A: Conduct an environmental scan of urban health alliances in Colorado. (Start: Nov 2013)	By 11/1/2013, the Access to Care Task Force will interview the leaders of six urban alliances on key aspects of their operations, and produce a report of the findings.	 <p>Metric Completed. Survey of Urban Health Alliances in Colorado, Oct 2013</p>
Strategy A.3.B: Develop and submit a Convening for Colorado grant application to the Colorado Trust to support the planning process for a potential Denver-based health alliance. (Start: Nov 2013)	By 11/25/2013, the Access to Care Task Force will submit a Convening for Colorado grant application to the Colorado Trust to support a planning process to form a health alliance in Denver.	 <p>Metric completed. Grant awarded.</p>
Strategy A.3.C: Facilitate a collaborative planning process for creating a health alliance in Denver; prepare and submit a plan and funding proposal to support the creation and early work of the alliance. (Start: Jan-June 2014)	<p>Between 1/1/2014 and 5/31/2014, Denver Public Health and a hired facilitator will facilitate four meetings with 30 stakeholders.</p> <p>By 6/28/2014, Denver Public Health and a core group of group of safety net providers in Denver, with the help of a technical writer, will prepare a plan and funding proposal for creating a health alliance.</p>	 <p>Metric Completed.</p>

Priority Area: Healthy Eating and Active Living

Domain: Childcare

Strategy	Objectives and Indicators	Progress
H.3 Increase the number of licensed child care centers and homes adopting physical activity and nutrition standards and/or guidelines		
Strategy H.3.A: Using HEAL best practices, develop a baseline measurement tool for assessing childcare center and homes nutrition and physical activity. (Start: June 2014)	By 6/30/2014, identify established best practices that can be used to inform nutrition and physical activity in childcare centers and homes.	 Culture of Wellness in Preschools Best Practices
Strategy H.3.B: Conduct a baseline assessment of nutritional and physical activity practices and policies in selected childcare centers and homes in Denver. (Start: Nov 2014)	By 12/31/2014, recruit 5 childcare homes and 2 childcare centers and conduct baseline assessment of child care providers in City Council District #3 in Denver	 Completed in three childcare centers and three home in May 2015.
Strategy H.3.C: Provide training on selected physical activity and nutrition best practices and technical assistance policy templates and adoption for licensed childcare centers and homes. (Start: Nov 2014)	By June 1, 2015, complete a toolkit which includes messaging materials for HEAL best practices in childcare centers and homes to be used by childcare health inspectors. By June 1, 2015 complete pilot program for HEAL technical assistance for 5-10 childcare providers in City Council district 3.	 Pilot completed in May 2015.
Strategy H.3.D: Examine expansion of pilot program to other licensed childcare providers. (Start: July 2015)	By September 1, 2015 complete the evaluation of the HEAL childcare pilot program and create recommendations for ongoing HEAL support within the City and County of Denver public health inspections.	 Pilot completed in May 2015.
Strategy H.3.E: Improve the City and County of Denver Sanitation Regulations for Child Care Centers (Start: Oct 2014)	By 12/31/2014, insert at least one evidence best practice into the Denver childcare center regulations.	 Ongoing

<p>Strategy H.3.F (NEW): Expand the pilot program to include technical assistance beyond the grant period to more schools.</p>	<p>By 12/31/2016, provide technical assistance to at least 5 early childhood centers or homes.</p>	 <p>HEAL Childcare Website</p>
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Domain: Community

Strategy	Objectives	Progress
<p>H.1 Increase the number of safe and active environments that support physical activity for Denver communities</p>		
<p>Strategy H.1.A: Assess bicycle/walking laws, Safe Routes to School (SRTS) policies and ordinances, and street and sidewalk safety. Develop work plan for priorities (Start: April 2014)</p>	<p>By 12/31/2015, (1) review city and DPS policies that could be improved to enhance walking/bicycle use and safety, and (2) complete Denver Bike Policy Assessment.</p> <p>By 12/31/2016, conduct a complete streets assessment.</p>	 <p>Metric partially completed.</p> <p><u>Safe Routes to School Policy Scan</u></p>
<p>Strategy H.1.B: Improve signage for safe pedestrian/bike use and improve the safety of crosswalks. Research best practices (Start: Jan 2015)</p>	<p>By 12/30/2015, convene a stakeholder group to analyze traffic, road safety level (spatial and temporal design, day and night visibility, and accessibility) pedestrian, and bike accident data.</p> <p>By 6/30/2016, complete data assessment and provide recommendations to make crosswalks safer.</p> <p>By 12/31/2016, create a Master Signage Plan defining priority areas and standards for signage.</p>	 <p>Ongoing. This is primarily a Public Works function, but DEH provides input through the Pedestrian and Trails planning process.</p>
<p>Strategy H.1.C: Allow and encourage community-based organizations to use parks and recreation centers for events and activities. (Start: Dec 2014)</p>	<p>By 12/31/2017, partner with Denver Parks and Recreation to produce a baseline report about how, and with what frequency, community organizations use parks and</p>	

	recreation centers for events and activities, and how this usage can be increased to create more play and exercise opportunities for children.	Not Completed. Assisting with the Stapleton Foundation on a similar effort that they are leading.
Strategy H.1.D: Examine new revenue generation options for bicycle, pedestrian, and multi-modal transportation infrastructure and parks (Start: June 2014)	By 7/31/2014, complete a revenue generation analysis for bicycle, pedestrian and multi-modal transportation.	 <p>Not Completed.</p>
H.2 Increase access to nutritious foods and beverages in areas of food insecurity in Denver		
Strategy H.2.A: Create positive incentives for grocery and convenience stores in areas of food insecurity to offer healthy food.	By 12/31/2018, identify one new source of funding to support grocery and convenience stores that offer healthy food and beverage options.	 <p>Completed Denver Food Retail Expansion to Support Health program evaluation.</p> <p>Mapped Denver's food retail & income environments</p> <p>Released Report: Food System Policies and Population Health: Moving Toward Collective Impact in Denver</p> <p>LiveWell GES and Livewell NE Denver completed a community food assessment, identifying supportive strategies</p> <p>Launched Park Hill's Healthy Families and Food Research Network partnership development project</p>

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		<p>HEAL Cities and Towns Resolution adopted by City Council</p> <p>Established a city Food Systems Coordinator position</p>
<p>Strategy H.2.B: Increase the number of convenience stores offering healthy food and beverage options. (Start: March 2014)</p>	<p>By 12/31/2015, increase healthy food offerings in convenience stores in two areas of food insecurity in Denver.</p> <p>By 12/31/2018, increase healthy food offerings in convenience stores in three additional areas of food insecurity in Denver.</p>	 <p>Over 6 corner store retailers pilot sites have been enrolled. This project is continuing to enroll stores with a goal of 50 by the end of 2017: website</p>
<p>Strategy H.2.C: Increase urban agriculture and gardening in Denver.</p>	<p>By 12/31/2016, convene urban agriculture and gardening partners to conduct a scan of best policies and practices and draft policy recommendations for increasing access to urban agriculture and gardens in underserved areas of Denver.</p> <p>Complete the Fresh Produce and Cottage Foods Ordinance evaluation.</p>	 <p>Metric Partially Completed.</p> <p>Fresh Produce and Cottage Food Sales Home Occupation Ordinance passed by City Council 7/2014.</p> <p>SFPC established a workgroup to study the feasibility of using City-owned land for local food production</p> <p>Release Report: Food System Policies and Population Health: Moving Toward Collective Impact in Denver</p>
<p>Strategy H.2.D: Improve access to farmers markets for food insecure populations. (Start: May 2016)</p>	<p>By 12/31/2018, increase the number of farmer's markets that accept EBT cards for SNAP benefits.</p>	

	<p>By 12/31/2018, increase the number of farmer's markets in two areas of food insecurity in Denver.</p>	<p>Denver Human Services (DHS) increased SNAP participation rate to 85% by June 2014</p> <p>DHS partnered with Denver Botanic Gardens on a new produce van farmers market at the DHS Castro building location, which accepts SNAP benefits.</p> <p>The SFPC SNAP workgroup identified barriers to farmers markets participation in SNAP</p> <p><i><u>"Food System Policies for Denver: Moving Toward Collective Impact" report</u></i> (see above)</p>
<p>Strategy H.2.E: Encourage city partners and other non-governmental organizations to implement healthy vending policies. (Start: July 2015)</p>	<p>By 12/31/2016, include strategy in the Denver Healthy Vending Policy implementation plan for encouraging partners and organizations to adopt healthy vending.</p>	 <p>Healthy vending is an active effort. In 2016, recreation centers will be enrolled.</p>
<p>Strategy H.2.F: Identify opportunities to eliminate unhealthy foods around schools (Start: April 2015)</p>	<p>New objective. Metrics TBD.</p>	 <p>Suggest this metric to be dropped as there is not adequate support.</p>

Domain: Schools

Strategy	Objectives	Progress
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<p>H.4 Increase quality physical education and opportunities for moderate to vigorous physical activity in schools</p>		
<p>Strategy H.4.A: Develop and implement a revised School Wellness Policy Assessment Tool to collect physical activity school policy and practices information</p>	<p>By 6/1/2015, a wellness assessment tool has been developed; pilot tested, and is available for schools to complete via website submission.</p> <p>By 12/31/2015, at least five schools will have completed and submitted wellness policy assessment.</p>	<p></p> <p>The DPS position supporting this effort has been cut. Therefore, it is suggested to postpone or drop this effort until more resources can be identified. The CHIP will instead focus on supporting the Whole Child initiative.</p>
<p>Strategy H.4.B: Support the development and promotion of DPS five year Health Agenda -2015-2020</p>	<p>By 9/1/2015, the DPS health agenda has been posted to the Be Healthy Denver website</p>	<p></p> <p>Denver Public Health and Denver Environmental Health have been supporting the Whole Child initiative, which will continue in 2016.</p>
<p>Strategy H.4.C: Develop a tiered “Healthy Schools” ‘promising practices’ and ‘designation’ criterion to recognize schools with healthy physical activity policies reflecting the policies/recommendations in the DPS Health Agenda (awarded by the Mayor of Denver)</p>	<p>By 5/1/2014, identify and convene 'Healthy Schools' Designation Workgroup</p> <p>By 9/1/2015, Identify relevant health agenda goals and policies for inclusion in Healthy Schools Designation</p> <p>By 12/31/2015, Develop a structure and an application process for DPS schools to apply for “Healthy Schools” designation.</p> <p>By 6/1/2016, Post application materials and criterion to public portal for schools</p> <p>By 5/1/2017, committee reviews applicants, identifies designees, and</p>	<p></p> <p>The DPS position supporting this effort has been cut. Therefore, it is suggested to postpone or drop this effort until more resources can be identified.</p>

	prompts Mayor to award qualifying DPS schools	
Strategy H.4.D: Build community awareness regarding the relationship between Moderate to Vigorous Physical Activity (MVPA), fitness, and educational achievement	<p>By 6/31/2015, expand DPS Data Use Agreement to include sharing of measure of school performance (test scores or grades).</p> <p>By 12/31/2015, outline analytic plan for MVPA, BMI, and school achievement analysis using available DPS data.</p> <p>By 6/31/2016, complete analysis and draft a summary report (i.e. issue of Denver Vital Signs) regarding DPS student fitness and academic performance.</p>	
Strategy H.4.E: Identify and define school physical activity resource needs (i.e. recess or playground equipment).	By 6/31/2015, create a list of school physical activity resource needs including at least 5 sponsored PA resource opportunities	 <p>The DPS position supporting this effort has been cut. Therefore, it is suggested to postpone or drop this effort until more resources can be identified.</p>
H.5 Increase access to healthy foods and beverages in schools.		
Strategy H.5.A: Develop and implement a revised School Wellness Policy Assessment Tool to collect nutrition school policy and practices information	<p>By 6/1/2015, a wellness assessment tool has been developed; pilot tested, and is available for schools to complete via website submission.</p> <p>By 12/31/2015, at least five schools will have completed and submitted wellness policy assessment.</p>	 <p>The DPS position supporting this effort has been cut. Therefore, it is suggested to postpone or drop this effort until more resources can be identified.</p>
Strategy H.5.B: Same as Strategy H.4.B	See Strategy H.4.B	

Strategy H.5.C: Same as Strategy H.4.C	See Strategy H.4.C	
Strategy H.5.D: Identify and define school resource needs for healthy nutritional opportunities (i.e. a new water jet machine)	By 6/30/2015, develop a list of healthy nutritional needs and identify 5 sponsored healthy nutrition opportunities	 The DPS position supporting this effort has been cut. Therefore, it is suggested to postpone or drop this effort until more resources can be identified.

Domain: Government

Strategy	Objectives	Progress
H.6 Incorporate health considerations and analysis in city policy, processes, and planning		
Strategy H.6.A: Create a healthy vending program (Start: August 2013)	By 12/31/2015, develop Denver Healthy City Vending Policy and implementation plan for city buildings and worksites.	 This work will continue in 2016. Assessment of Parks and Recreation vending, concessions, water availability, and staff/patron surveys.
Strategy H.6.B: Promote the inclusion of health considerations in Denver's 2014 Comprehensive Plan (N.D)	By 6/1/2017, provide input to Community Planning Development about incorporating health considerations in the 2014 Comprehensive Plan.	 Blueprint Denver is slated to start in the summer/fall 2016.

Strategy H.6.C: Promote a City health impact prioritization policy for use in evaluating capital improvement projects (Start: Sept 2014)	By 12/31/2014, complete a scan of other municipalities and identify best practices for establishing health policies for capital improvement planning and budgets.	
Strategy H.6.D: Establish a set of potential health criteria, processes and tools for use in budget processes (Start: Sept 2014)	By 12/31/2016, develop and submit a proposed health assessment process to the Budget Management Office for use in a budget package for all capital improvement projects.	
Strategy H.6.E: Engage other city departments in developing a plan for expanding the use of health impact assessments to inform neighborhood plans, as adopted by the Denver City Council in its 2014 Priorities.	By 12/31/2014, in conjunction with other city agencies, develop a plan for expanding the use of health impact assessment in neighborhood plans.	 Metric completed. Per agreement with CPD, neighborhood plans will have a HIA as needed.
Strategy H.6.F: Complete a Health Impact Assessment in partnership with other city departments (Start: June 2014)	By 12/31/2014, complete a Health Impact Assessment.	 Metric Completed. HIA Report
H.7 Develop and Implement a targeted Be Healthy Denver marketing campaign for HEAL		
Strategy H.7.A: Identify common and comprehensive HEAL messaging to improve physical activity and nutritional behaviors (Start: Dec 2014)	By 12/31/2014, identify HEAL stakeholders and partners. By 4/1/2015, convene Workgroup leads and Communications Committee.	
Strategy H.7.B: Develop a HEAL brand for Denver to align HEAL efforts and activities among obesity prevention partners (Start: April 2016)	By 4/1/2015, identify resources to support HEAL branding for Denver.	
Strategy H.7.C Discourage consumption of Sugary Beverages (or increase support for breastfeeding) through messaging and a campaign (Start: TBD)	TBD	

Be Healthy Denver

COMMUNITY HEALTH MATTERS

		The Denver Metro Healthy Beverage Partnership will be working on messaging.
Strategy H.7.D: Create a call to action for obesity prevention partners to adopt the HEAL messaging campaign. (Start: 2016)	By TBD, complete a draft call to action to adopt HEAL messaging campaign.	