



BE HEALTHY DENVER:

Denver's Community Health Improvement Plan 2013-2018

Be Healthy Denver

COMMUNITY HEALTH MATTERS

Table of Contents

| | |
|---|-----------|
| Letter from Mayor Hancock | 1 |
| Executive Summary | 2 |
| Contributing Organizations and Individuals | 4 |
| <i>Be Healthy Denver</i> Community Vision | 6 |
| Community Profile: City and County of Denver | 6 |
| Health Successes in Denver..... | 7 |
| Health Concerns in Denver..... | 7 |
| Public Health System Capacity and Performance in Denver | 8 |
| Community Health Improvement Planning Process | 9 |
| CHIP Timeline | 9 |
| Prioritization Phase I: <i>Be Healthy Denver</i> Steering Committee | 10 |
| Prioritization Phase II: Community Meetings | 11 |
| Prioritization Phase III: Final Priorities..... | 12 |
| Formation of the Task Forces | 13 |
| Access to Care, Including Behavioral Health | 14 |
| Access to Care Five-Year Goal | 14 |
| Insurance Coverage in Denver | 14 |
| New Coverage Opportunities in 2014..... | 14 |
| Barriers to Enrollment..... | 15 |
| Projected Gaps and Challenges in Access to Care | 16 |
| Best Practices in Expanding Coverage and Increasing Coordination | 17 |
| Phases of Implementing Access to Care Initiatives in Denver..... | 17 |
| Health Alliance to Oversee Care Coordination and System Collaboration..... | 18 |
| Access to Care Action Plan | 19 |
| Access to Care Strategies..... | 20 |
| Enrollment and Coverage | 20 |
| Provider Capacity | 21 |
| Care Coordination and System Collaboration..... | 21 |
| Healthy Eating and Active Living (HEAL), Including the Built Environment | 22 |
| HEAL Five-Year Goal | 22 |
| Childhood Obesity in Denver..... | 22 |
| HEAL Strategy Identification Process..... | 23 |
| HEAL Action Plan | 24 |
| HEAL Strategies | 25 |
| Community | 25 |
| Child Care Centers | 25 |
| Schools..... | 26 |
| City and County Government | 26 |
| Evaluating the CHIP Action Plan | 27 |
| Community Health Improvement Plan (CHIP) Oversight | 28 |
| Funding | 29 |
| What Local Organizations and Individuals Can Do to Help | 29 |

Michael B. Hancock
MAYOR



City and County of Denver

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January 7, 2014

Dear Neighbors:

Thank you for engaging and participating in the community health input meetings. It gives me great pleasure to present to you our five-year Community Health Improvement Plan (CHIP), which outlines all the actions and steps needed to increase the health and well-being of our residents for years to come. This CHIP will serve as a long-term, systematic effort to address public health issues in Denver based on our health assessment and best practices.

Your participation has helped to identify the public health priorities for the City and County of Denver for the next five years, as well as create our CHIP. The CHIP provides a collective vision for the health of Denver. It is the result of one of the most interactive and extensive processes conducted around the state. With your help, we identified two priorities in our community:

- Access to Care, including Behavioral Health, and
- Healthy Eating and Active Living, including the Built Environment

Our steering committee and task forces have dedicated a significant amount of time and effort to making sure our goals and objectives are achievable, but also – and most importantly – measurable so that we can remain accountable to our community, as well as measure our progress over time. This report reinforces existing partnerships while also encouraging new collaborations with other agencies and funders in our community that strive to make Denver the healthiest city in the nation.

This report is also a call to action for policymakers, nonprofits and Denver residents in a time of health care reform. The Affordable Care Act presents unique opportunities to expand insurance coverage and provide greater access to those residents in our community who have typically been underserved. The plan also calls for a stronger collaboration with our schools and local government to ensure that we provide opportunities for healthy eating and active living in the places we live, work and play.

We look forward to partnering and developing new collaborations to make Denver a healthy place for all our residents.

Respectfully,

A handwritten signature in black ink, appearing to read "M. Hancock", with a long horizontal line extending to the right.

Michael B. Hancock
Mayor

Executive Summary

Denver's Community Health Improvement Plan (CHIP) is designed to guide governmental and community-wide efforts to improve the health of Denver residents, reduce health disparities in the city, and lower health care costs over the next five years. It provides an umbrella under which the efforts of numerous organizations, groups, and individuals can be aligned around the following two priority health areas, identified by a multi-stakeholder steering committee and Denver community members themselves:

- (1) Access to Care, including Behavioral Health;** and
- (2) Healthy Eating and Active Living (HEAL), including the Built Environment.**

The CHIP contains a detailed Action Plan, summarized on the facing page, with a five-year goal and a set of objectives for each of these priority areas, strategies for meeting each objective, and metrics for measuring progress. The *Be Healthy Denver* core team invites partner organizations throughout Denver to organize specific interventions around these CHIP goals and objectives, to be part of this community-wide effort to improve access to care in Denver and to realize a healthier and more vibrant city.

The Action Plan can be fully implemented only through the collective efforts of many organizations and individuals throughout the city. Collaboration and partnership are essential for success, and extend beyond organizations to include members of the Denver community. By involving partners and community members at all stages in the CHIP process, *Be Healthy Denver* continues to learn from the valuable experience embedded in communities, including those whose health is most impacted, and to identify collaborative strategies to address the city's most important health challenges.

The full CHIP report submitted to the Colorado Department of Public Health and Environment (CDPHE) and the complete CHIP Action Plan are available at the *Be Healthy Denver* website, **BeHealthyDenver.org**. The Action Plan contains numerous strategies and metrics for measuring progress in meeting these CHIP goals and objectives. These will be tracked regularly by the *Be Healthy Denver* core team and made available to the community and to partners at **BeHealthyDenver.org**. A mid-term evaluation

will be conducted in 2016 to assess progress in meeting the goals and objectives and to suggest any needed adjustments to the Action Plan for the remaining implementation period. A final evaluation will be conducted in 2018 to assess progress again, identify lessons learned, and make recommendations for Denver's next CHIP.

The first step in the CHIP process was to carefully evaluate 14 key health issues in Denver through a community health assessment, *Health of Denver 2011*, completed in March 2012 and available at **BeHealthyDenver.org**. On this foundation, a collaborative process including the formation of a multi-stakeholder steering committee, community meetings held throughout the city, and two youth focus groups helped to identify Access to Care and HEAL as the top two priority health topics on which to focus community health improvement efforts in Denver over the next five years. Both topics have a major impact on the health of Denver residents, and both can be improved by community- and policy-level interventions.

Two task forces were formed in February 2013 to study the current status of Access to Care and HEAL in Denver, and to propose strategies for making significant gains in each area. The task forces included wide representation from governmental organizations, health care organizations and providers, community-based organizations, foundations, research institutions, and schools. They met for seven months in 2013 to develop the Action Plan, which will coordinate city-wide efforts to improve Access to Care and HEAL over the next five years.

Be Healthy Denver

Mission and Vision

***Be Healthy Denver* is a collaborative effort between Denver Environmental Health, Denver Public Health, and numerous partner organizations and individuals throughout the city. Its mission is to improve the health of all Denver residents, through collaboration to resolve complex public health issues. *Be Healthy Denver* envisions a Denver that provides ample opportunities for all residents to be healthy, regardless of their race, ethnicity, income level, or the neighborhood in which they live.**

Denver CHIP Action Plan

Access to Care

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

INDICATORS

1. Percentage of Denver residents with health care coverage.
2. Percentage of insured/uninsured residents with a Primary Care Provider (PCP).
3. Percentage of insured/uninsured residents who have had a PCP visit in the last 12 months.

Data Sources: American Community Survey, Colorado Health Access Survey

ENROLLMENT AND COVERAGE

Objective 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.

PROVIDER CAPACITY

Objective 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.

CARE COORDINATION AND SYSTEM COLLABORATION

Objective 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.

Healthy Eating and Active Living (HEAL)

5-YEAR 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.

INDICATORS

1. Percentage of children 2-5 years of age using Denver Health and Kaiser Permanente health systems who are at a healthy weight.
2. Percentage of Denver Public Schools students, kindergarten through 9th grade, who are at a healthy weight.
3. Percentage of Denver Public Schools students, 6-12th grade, meeting recommended physical activity levels (60 minutes/day, seven days per week).

Data Sources: Denver Health and Kaiser Permanente Electronic Health Records, Denver Public Schools BMI data, Denver Health Kids Colorado Survey

COMMUNITY

Objective H1: Increase the number of safe and active environments that support physical activity for Denver communities.

Objective H2: Increase access to nutritious foods and beverages in underserved areas.

CHILD CARE CENTERS

Objective H3: Increase the number of licensed child care centers with an optimized Healthy Eating and Active Living (HEAL) environment, through strengthened physical activity and nutrition standards and guidelines.

SCHOOLS

Objective H4: Increase quality physical education and opportunities for moderate to vigorous physical activity in schools.

Objective H5: Increase access to healthy foods and beverages in schools.

CITY AND COUNTY GOVERNMENT

Objective H6: Incorporate health considerations and analysis in city policy, processes, and planning.

Objective H7: Develop and implement a targeted *Be Healthy Denver* marketing campaign for Healthy Eating and Active Living (HEAL).

Contributing Organizations and Individuals

The *Be Healthy Denver* team would like to thank all of the following individuals and organizations that participated in CHIP planning process, including members of the *Be Healthy Denver* Steering Committee, members of Access to Care Task Force and the Healthy Eating and Active Living (HEAL) Task Force, and a core team for staff members from Denver Environmental Health and Denver Public Health.

We would also like to thank the many citizens who participated in community meetings and focus groups, and the Colorado Department of Public Health and Environment (CDPHE) for its guidance and expertise, and for funding a portion of the efforts.

Special thanks go to Drs. Bill Burman and Ned Calonge for chairing the Access to Care Task Force, to Doug Linkhart and Dale Flanders for chairing the HEAL Task Force, and to Dr. Lisa McCann and Michele Shimomura for drafting this report for the community and the full CHIP report submitted to CDPHE.

Be Healthy Denver Steering Committee

Irene Aguilar, *Colorado General Assembly*
Roger Armstrong, *Capitol Hill United Neighborhoods*
Bridget Beatty, *Denver Public Schools*
Louise Boris, *Colorado Coalition for the Homeless*
Barbara Bronson, *Nurse Family Partnership, Centura Health*
Alisha Brown, *Stapleton Foundation*
Monica Buhlig, *Kaiser Permanente*
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Toti Cadavid, *Senku Marketing*
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Be Healthy Denver Community Vision

Be Healthy Denver is a collaborative effort between Denver Environmental Health, a department of the City and County of Denver, Denver Public Health, a department of the Denver Health and Hospital Authority, and numerous partner organizations and individuals throughout the city. Its mission is to improve the health of all Denver residents, through collaboration to solve complex public health issues. Collaboration extends beyond organizations to include communities and individual residents. *Be Healthy Denver* envisions a Denver that provides ample opportunities for all residents to be healthy, regardless of their race, ethnicity, income level, or the neighborhood in which they live.

Community Profile: City and County of Denver

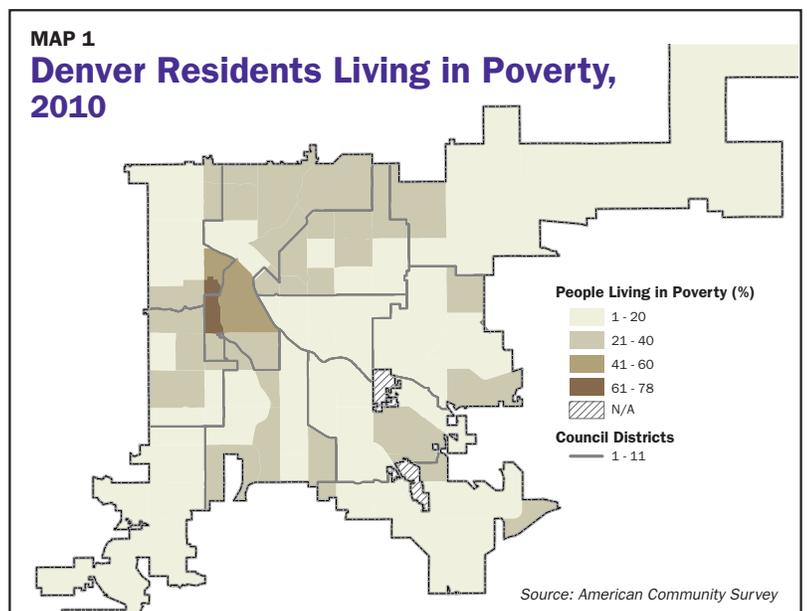
The City and County of Denver is a growing city, located in the center of the larger Denver metropolitan area. The population of Denver in the 2010 Census was 600,158 persons, having increased 7.6% since 2000. Denver has 79 official neighborhoods and 11 city council districts. The largest increases in population have been in the northeastern part of the city, particularly the areas of the former Lowry Air Force base and the former Stapleton International Airport.

The median age in Denver was 33.7 years at the 2010 Census. Sixty-nine percent of Denver residents identified themselves as being white, 10% black, 3% Asian, 1% Native American, 12% of other races, and 4% of mixed races. Thirty-two percent of Denver residents identified themselves as being of Hispanic or Latino ethnicity. Out of approximately 263,000 households in Denver, almost 8% were considered to be linguistically isolated, meaning that no one over age 14 in the household speaks English well.

Economic, educational, and environmental factors all impact health. The average household income in Denver was just over \$68,000 in 2010, but poverty is more prevalent in the western and northern parts of the city (see Map 1). From 2007-2011, the average unemployment rate in Denver was 8.3%, but there were disparities in unemployment rates among people of different races. Whites had an unemployment rate of 6.7%, whereas Hispanics were unemployed at 12.1%, Blacks at 15.6%, and Asians at 6.2%.

In 2010, 16% of all adults in Denver had not completed high school, but educational attainment is also disparate across different parts of the city, with lower attainment in the western and northern areas.

Factors in the built environment, such as the availability of bike lanes, safe and usable sidewalks, and grocery stores, affect the health and welfare of Denver residents, but these factors are also distributed unevenly in different parts of the city. In Denver, 79% of residents live within half a mile of a park, and nearly 75% of children live within half a mile of a city-owned playground, but the walkability of neighborhoods differs, based on factors such as public safety, adequate sidewalks, proximity to retail destinations, and the neighborhood's ambiance.



Health Successes in Denver

Denver has seen several major public health successes. Deaths by the three leading causes, namely cardiovascular disease, cancer, and injuries, continue to decrease. Decreases in cancer deaths are linked to reductions in tobacco use over the past 20 years, and to improvements in screening tests for detecting cancer at the earlier stages when treatment is more effective. The rates of homicide and deaths from motor vehicle accidents have substantially declined. Deaths attributed to infectious diseases such as HIV have declined, and new HIV infections have decreased, as effective treatment has improved the health of those with HIV and reduced the risk of spreading the virus.

There have also been improvements in the quality of the environment, which has a strong impact on health. Denver's air and water quality continue to improve, and there have been notable improvements in the built environment. Many more miles of bike lanes have been added in recent years, and more Denver residents are now able to walk, ride bicycles, and use parks and recreation spaces than ever before. Nonetheless, continued vigilance is needed to protect the natural environment and further develop the built environment in ways that support health and active living.

Health Concerns in Denver

Health of Denver 2011 revealed several major areas of health concern in Denver, including access to health care, mental health, substance abuse, and obesity. Many of the strategies for preventing common illnesses, such as detecting and treating high blood pressure to prevent heart disease, require access to health care. Yet one in five Denver residents lacks health coverage, and one in 10 is underinsured, with health insurance plans that do not cover the costs of necessary medical expenses and leave them with high out-of-pocket costs for co-pays and deductibles.

Mental illness and substance abuse are common among Denver residents. Denver's rate of suicide (17.4 per 100,000 residents) is well above the national average (11.5 per 100,000 residents), yet access to mental health care and substance abuse treatment remains very limited. Mental illness and suicide are a concern for Denver's children, with 25% of middle and high school students at Denver Public Schools having reported feeling depressed and 13% having seriously considered suicide during the 2011/2012 school year. The continued abuse

of alcohol and rising rates of prescription drug abuse are also worrisome trends. Youth substance use is prevalent in Denver, with 28% of middle and high school students at Denver Public Schools reporting alcohol use and 19% reporting marijuana use in the past month.

Although Denver's rates of overweight and obese adults are lower than for the U.S. as a whole, its rates for children are similar to the national rates, and will soon translate into higher rates for all age groups unless action is taken to reverse the trends. During the 2012/2013 school year, 31% of Denver's school-aged children (kindergarten through 9th grade) were either overweight or obese, consistent with the national average of 33%.

The percentage of obese adults in Denver more than doubled in the last two decades, from less than 10% in 1990 to 20% in 2009. More than one-third of Denver adults were overweight in 2009, meaning that more than half of all adults were at an unhealthy weight, either obese or overweight.

Healthy eating and active living positively affect healthy weight, as measured by a person's body mass index (BMI), calculated from weight and height. Eating more fruits and vegetables and limiting calories from added sugars, including from sugar-sweetened beverages like soda, sports drinks, and juice, are recommended. However, 74% of Denver residents consume fewer than the recommended five servings of fruits and vegetables per day. In 2009, only 24% of Denver's high school students ate the recommended five servings of fruit and vegetables per day.

Regular exercise can also help maintain a healthy weight. The Centers for Disease Control and Prevention (CDC) recommends that children have at least 60 minutes of physical activity daily, and that adults exercise at least 150 minutes per week. However, approximately 20% of Denver adults engage in no leisure-time physical activity at all. Only half of middle and high school boys in Denver, and one-third of girls, reported engaging in the recommended 60 minutes of physical activity for five or more days per week.

These facts regarding obesity, overweight, and unhealthy behaviors signal significant cause for concern for the future health of Denver residents. The growing obesity epidemic threatens to reverse recent improvements in the rates of cardiovascular disease, and increases the risk of diabetes and some forms of cancer.



Public Health System Capacity and Performance in Denver

Denver's local public health efforts are conducted through a cooperative effort by Denver Environmental Health, which provides regulatory and environmental public health services and health promotion activities, and Denver Public Health, which provides personal- and population-oriented public health services and health promotion activities. Both departments receive grant funding for community health activities, particularly in the public health prevention and promotion core service area. Together they promote the health and well-being of Denver residents and provide environmental and public health services for the Denver community.

Denver's public health system also includes a broad array of organizations beyond Denver Environmental Health and Denver Public Health. Denver's safety-net providers are important contributors, and include Denver Health with its hospital and large network of community health clinics and school-based clinics, other hospitals such as Exempla St. Joseph Hospital, health care systems such as Kaiser Permanente, primary care clinics such as the Stout Street Clinic, Inner City Health Center, Clínica Tepeyac, and the Colorado Alliance for Health Equity and Practice (CAHEP), and behavioral health care providers such as the Mental Health Center of Denver (MHCD) and Servicios de la Raza.

Other important contributors include Denver's huge array of nonprofit and community-based organizations that offer a variety of services to low-income Denver residents and play important roles in health promotion. Several health-related foundations and organizations provide significant funding for innovations in health care and public health, including the Colorado Trust, the Colorado Health Foundation, Caring for Colorado, and LiveWell Colorado.

Additional important contributors to the public health system include organizations that work to improve access to health data, such as the Colorado Health Institute, the Center for Improving Value in Health Care (CIVHC), and the Colorado Regional Health Information Organization (CORHIO). Educational institutions such as the Colorado School of Public Health play an important role by training public health workers. Denver Public Schools plays a vital role in supporting children's health and well-being, encouraging healthy behaviors, and tracking health data in Denver's children.

Finally, collaborative relationships with other metro-area health departments, such as Tri-County Health Department covering Adams, Arapahoe, and Douglas Counties, Jefferson County Public Health, and Boulder County Public Health help to address metro-wide health concerns.

Community Health Improvement Planning Process

CHIP Timeline

The CHIP planning process began with Denver’s Community Health Assessment (CHA), *Health of Denver 2011*, completed in March 2012 by a core team from Denver Environmental Health and Denver Public Health, with the support of other subject-matter experts and over 100 community partners (available at BeHealthyDenver.org). *Health of Denver 2011* reported on the status of 14 health topics in Denver and provided important baseline data for formulating the CHIP.

Table 1 shows the CHIP timetable. Implementation has already begun and will continue through 2018, with two additional CHAs to be completed in 2014 and 2017. Early in the CHIP process, Denver Environmental Health and Denver Public Health selected *Be Healthy Denver* to brand these collective efforts to improve health in Denver and provide an umbrella under which organizations, communities, and individuals can come together to jointly address the prioritized health areas defined in the CHIP, as well as other health issues in the city.

TABLE 1

Denver CHIP Timetable

| ITEM | DATE | ACTION |
|----------------------|--------------|---|
| CHA | Mar 2012 | <i>Health of Denver 2011</i> released |
| CHIP Planning | Jun 2012 | CHIP Steering Committee convenes |
| | Jul 2012 | Steering Committee selects five initial health topics |
| | Sep-Oct 2012 | Seven community meetings, two focus groups, and online survey |
| | Nov-Dec 2012 | Steering Committee selects Access to Care and HEAL |
| | Feb-Sep 2013 | Two Task Forces meet and develop plans |
| | Oct-Nov 2013 | Task Force plans consolidated into a draft CHIP |
| | Nov 2013 | Steering Committee and Task Forces review draft CHIP |
| | Jan 2014 | CHIP released |
| CHIP | 2013-2018 | CHIP implementation |
| CHA | 2014 | CHA to be completed |
| CHIP Report | 2016 | CHIP Mid-Term Report to be completed |
| CHA | 2017 | CHA to be completed |
| CHIP Report | 2018 | CHIP Final Report to be completed |



PHOTO CREDIT: Denver Environmental Health/Evan Semone

Community Health Improvement Planning Process

Prioritization Phase I: *Be Healthy Denver Steering Committee*

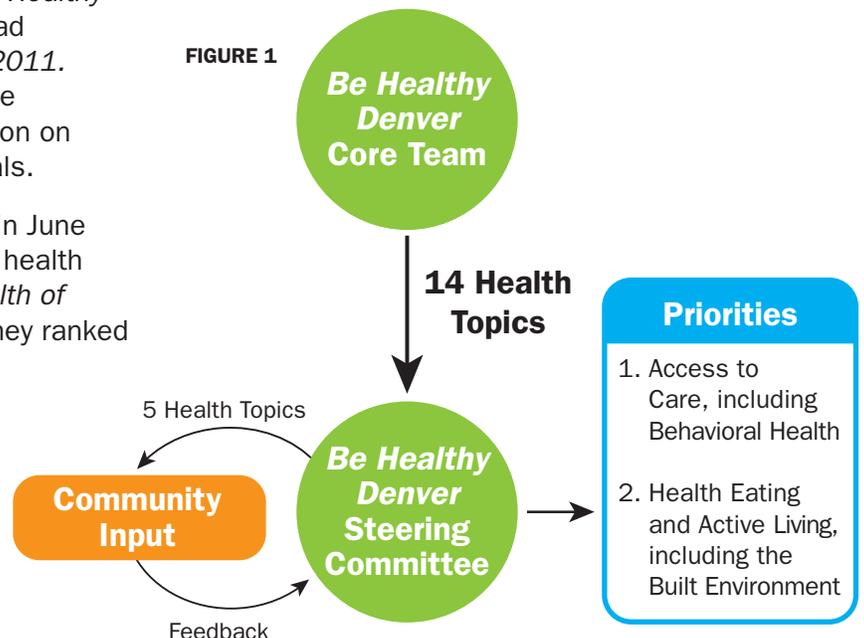
The *Be Healthy Denver* core team began planning for the CHIP early in 2012 by identifying a steering committee to lead the prioritization process, composed of important stakeholders from governmental and community-based organizations that work to improve health in Denver. This prioritization process is summarized in *Figure 1*. Many of the *Be Healthy Denver* Steering Committee members had contributed earlier to *Health of Denver 2011*. Lists of the Steering Committee and core team members are included in the section on Contributing Organizations and Individuals.

The Steering Committee was convened in June 2012 and set out to identify five priority health topics from among the 14 topics in *Health of Denver 2011*. Using an online survey, they ranked

the topics based on two criteria: the public health burden the topic presented and its preventability, or the ability to affect a change through interventions.

Based on the results of the survey, five initial health priorities were identified: Access to Care; the Built Environment; Maternal, Child, and Adolescent Health; Mental Health and Substance Abuse; and Unhealthy Weight.

FIGURE 1



Prioritization Phase II: Community Meetings

In September and October 2012, *Be Healthy Denver* held six community meetings throughout Denver to gather community input and discuss possible community-based interventions for each of the five prioritized health topics. One-hundred twenty Denver residents attended the meetings.

Each 90-minute meeting included an interactive presentation on the five prioritized health topics, a facilitated discussion with community members to gather their input on how to make progress in each area, and a vote to prioritize the five topics. More than 130 interventions were proposed by community participants to address the five health topics in Denver. Participants voted on which of the topics had the greatest health impact, and which had the greatest potential for change through interventions.

To reach community members who could not attend the meetings, *Be Healthy Denver* also posted the presentation and survey online. Fifty-one additional responses were gathered and were combined with responses from community meeting participants. *Figure 2* illustrates the combined results. Access to Care, the Built Environment, Mental Health and Substance Abuse, and Unhealthy Weight came out highest in health impact, while the Built Environment and Access to Care came out highest in ability to change.

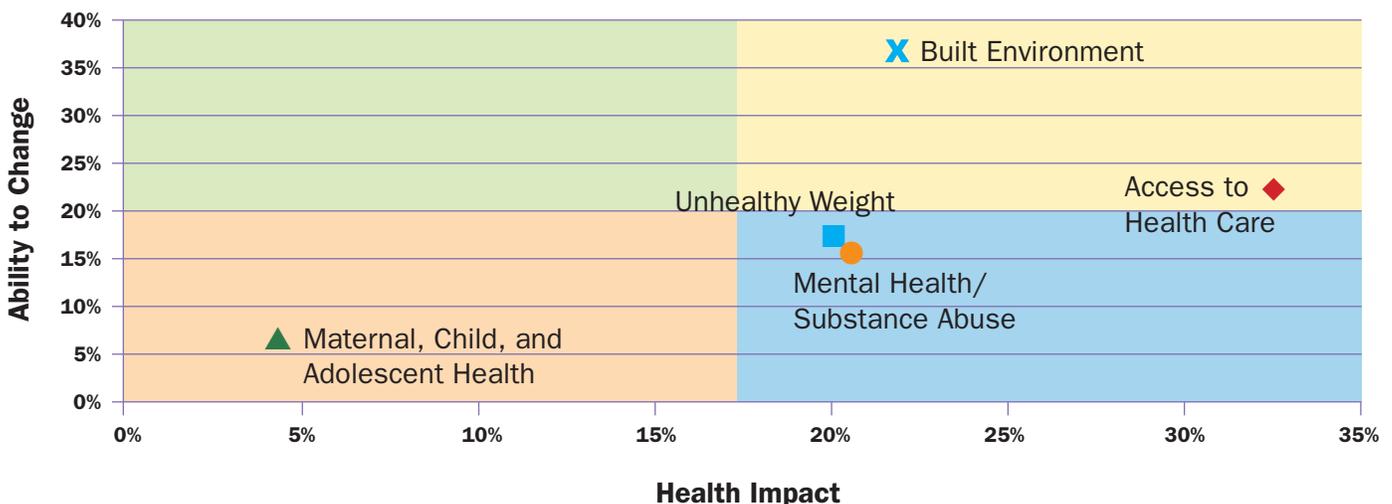
Be Healthy Denver also conducted two youth focus groups, with Groundwork Denver and the Mayor’s Youth Commission, and participated in a “Cabinet

in the Community” meeting with Denver Mayor Michael Hancock. The dominant themes of the youth focus groups were the built environment and mental health services. At the Cabinet in the Community meeting, 67 community members voted on the topics they thought were most important. The Built Environment (22% of votes) and Access to Care (20% of votes) were high on the list of priorities, but mental health (28% of votes) was considered the most important topic by this group.



PHOTO CREDIT: Denver Environmental Health/Evan Semone

FIGURE 2
Community Ratings for the Five Prioritized Health Topics (N=171)

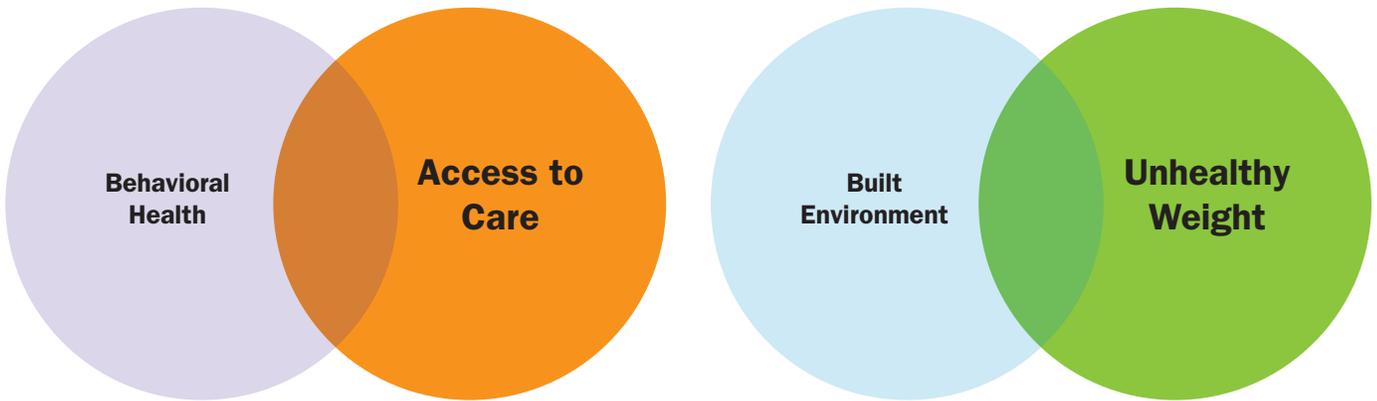


Community Health Improvement Planning Process

Prioritization Phase III: Final Priorities

In November 2012, the *Be Healthy Denver* core team presented the results of the community meetings to the Steering Committee, who then voted on the top two priority areas. They selected Access to Care and Unhealthy Weight, but noted that there were clear relationships between these two and other prioritized topic areas (see *Figure 3*). Access to Care had a close relationship with Behavioral Health, and Unhealthy Weight had a close relationship with the Built Environment.

FIGURE 3
Overlapping Priority Health Topics



To accommodate these interactions, the Steering Committee in its subsequent meeting in December 2012 renamed the two CHIP priority areas as (1) Access to Care, including Behavioral Health, and (2) Healthy Eating and Active Living (HEAL), including the Built Environment.

Final CHIP Health Priority Areas

Access to Care, including Behavioral Health
Healthy Eating and Active Living (HEAL), including the Built Environment

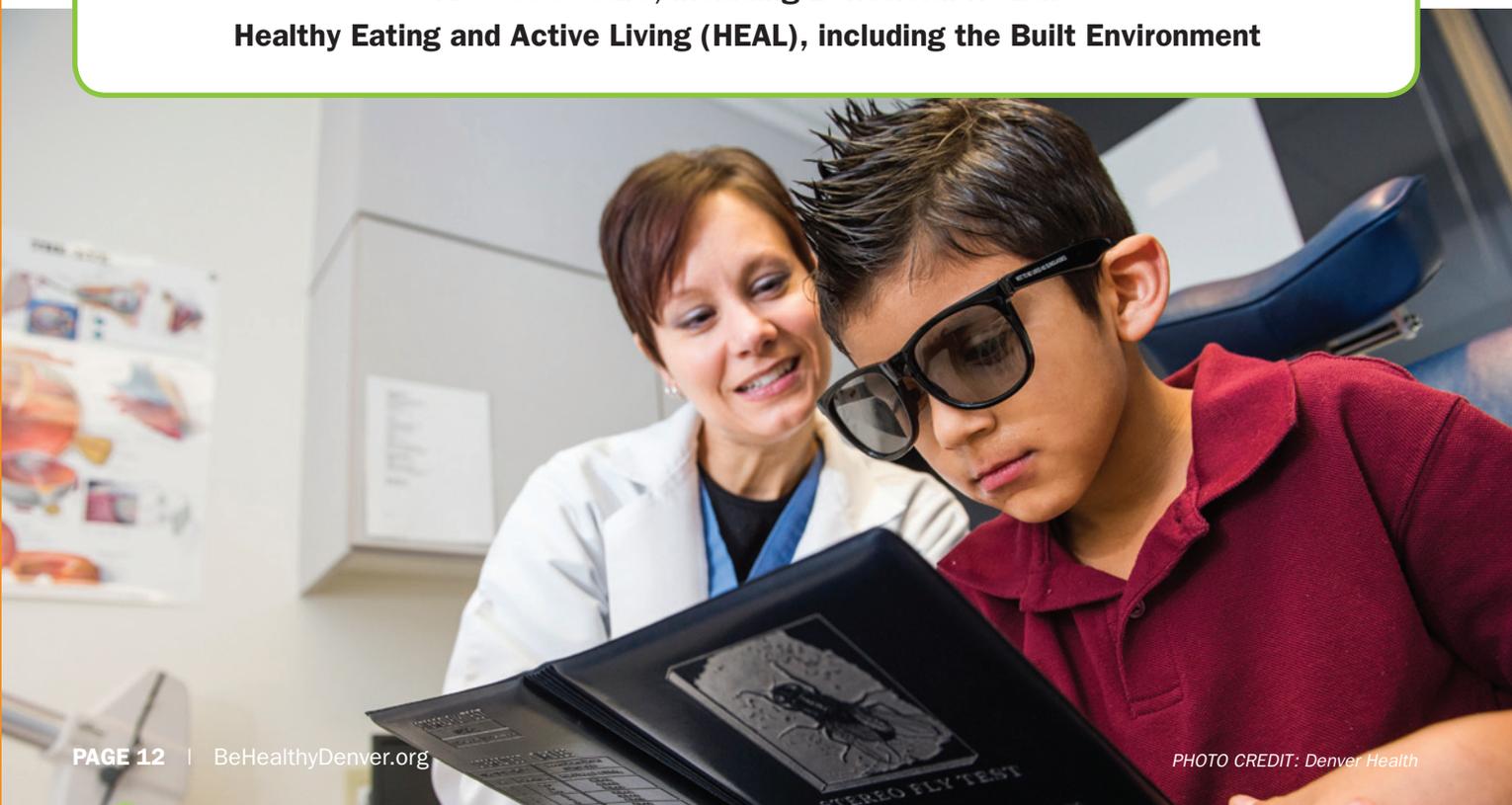




PHOTO CREDIT: Denver Environmental Health/Evan Semone

Formation of the Task Forces

In February 2013, *Be Healthy Denver* convened two task forces to study the status of the two prioritized health topics and develop an action plan for improving each in Denver over the next five years. Members of both task forces are listed in the section on Contributing Organizations and Individuals.

The Access to Care Task Force included medical care providers, behavioral care providers, governmental organizations, and community-based organizations serving low-income Denver residents. It convened seven meetings between February and September 2013. This Task Force devoted much of its time to assessing access to care issues in Denver, through an extensive environmental scan of current enrollment practices for Medicaid and other medical assistance programs, and of current capacity challenges faced by safety net providers of primary care, specialty care, and behavioral health care. Results of these survey efforts are available at BeHealthyDenver.org.

The work of the Access to Care Task Force was also influenced by the unprecedented window of opportunity afforded by the Patient Protection and Affordable Care Act (ACA) to increase health care

coverage through enrollment in Medicaid and new, subsidized health insurance plans starting as early as October 1, 2013. To take advantage of this opportunity, the Task Force engaged in early implementation activities to facilitate enrollment and coverage, alongside its work to formulate the Access to Care Action Plan.

The HEAL Task Force included governmental organizations, community-based organizations, health care organizations, foundations, research institutions, and Denver Public Schools. It convened four meetings between February and June 2013 and two smaller work group meetings between June and August 2013.

The HEAL Task Force reviewed strategies and best practices implemented in other cities, especially those that have recently been successful in reducing childhood obesity, such as New York and Philadelphia. It also conducted an environmental scan of strategies currently being implemented in Denver to promote healthy weight in children, principal among which are the Mayor's Children's Cabinet, the Denver Public Schools Health Agenda 2015, and several LiveWell Colorado projects. A list of national best practices and the results of the local environmental scan are available at BeHealthyDenver.org.

Access to Care, Including Behavioral Health

Access to Care Five-Year Goal

The Access to Care Task Force set a five-year goal that aligns with Denver's 2020 Sustainability Goal related to health, namely that by December 2018, at least 95% of Denver residents will have access to primary medical care, including behavioral health care.

Five-Year Goal

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

Access to care is not guaranteed by having health care coverage, although the two issues are closely linked. Although many people will gain health care coverage through Medicaid and subsidized insurance in the coming years, some may continue to face challenges in accessing care unless the capacity to care for the newly covered in Denver is increased. Additionally, some 20,000 undocumented Denver residents will not be eligible for the new forms of coverage in 2014, and will continue to need assistance from Denver's safety net clinics to access health care.

Insurance Coverage in Denver

Approximately 104,000 persons in Denver, or nearly one in five residents, lack health insurance, and an even higher number lack dental insurance, making it difficult to obtain medical, behavioral health, and dental care. Many others are underinsured, which inhibits them from accessing care and exposes them to high financial risks in the event of a major health crisis. Moreover, the various types of health care, such as primary care, behavioral health care, and substance abuse treatment, continue to be split between different systems, with little coordination regarding the care of individual patients. The result is expensive, poorly coordinated care and poor health outcomes.

Although all parts of the Denver community are affected by its high rates of uninsured people, some segments of the population are more likely to be uninsured and face greater challenges in accessing health care. Younger adults are more often uninsured than other age groups, men more than women, Hispanics more than Whites, Blacks, and other races (see Figure 4). Single people are more likely to be uninsured than married, divorced, or separated people.

New Coverage Opportunities in 2014

The expansion of health care coverage in 2014 under the ACA provides an unprecedented opportunity to increase access to care in Denver. The law also contains many provisions for promoting prevention and wellness, protecting consumers, improving health care quality and system performance, and curbing the rising costs of health care.

In 2014, the ACA will significantly expand Medicaid and provide governmental assistance for people with incomes up to 400% of the Federal Poverty Level (FPL) to purchase health insurance through the new health insurance exchanges (see Figure 5). It will also eliminate denials of health insurance coverage for all persons with pre-existing conditions. More than 75,000 Denver residents, or 72% of the uninsured population, are expected to qualify for either Medicaid or subsidized insurance through Colorado's new exchange, Connect for Health

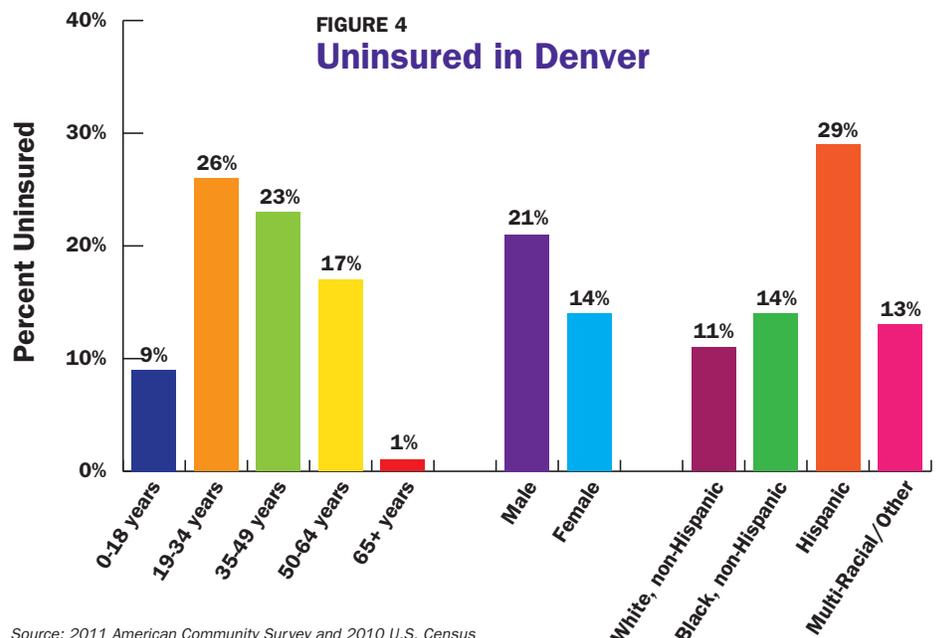
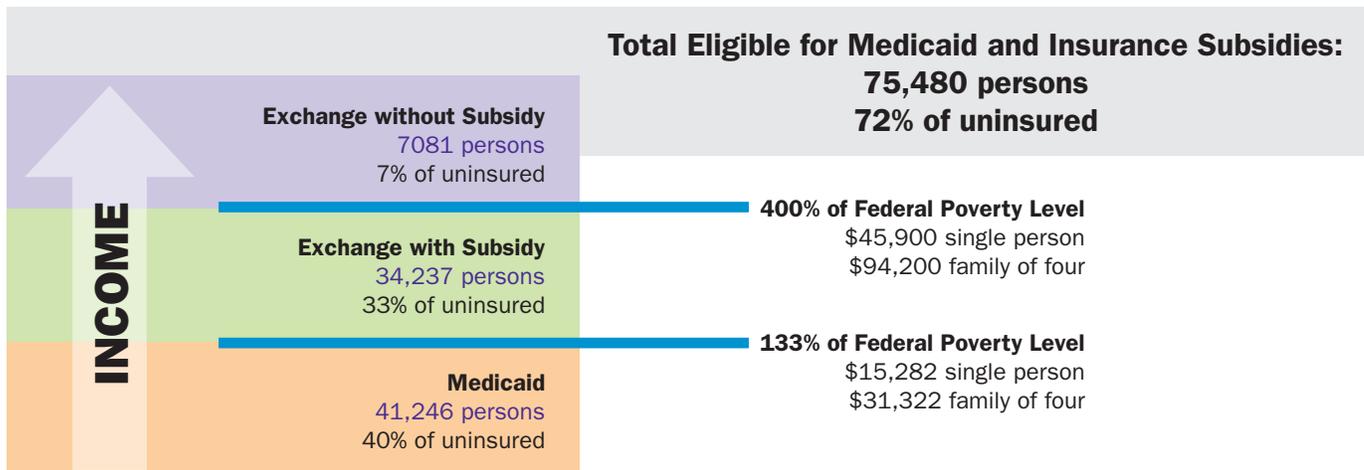


FIGURE 5

Denver Residents Eligible for New Forms of Coverage in 2014



Colorado (Figure 5). More than 41,000 persons will qualify for Medicaid and 34,000 will qualify for insurance subsidies. Undocumented persons will not be eligible for expanded coverage under Medicaid or the exchange.

Map 1 earlier in this report showed the distribution of persons at or below the FPL in Denver. The darker shaded areas indicate neighborhoods where more residents will qualify for the new forms of coverage in 2014.

Barriers to Enrollment

Enrollment services for Medicaid and Connect for Health Colorado, as well as outreach and advocacy to encourage people to approach enrollment sites for assistance, will be essential for getting these large numbers of newly eligible persons enrolled in the new forms of coverage and on their way to accessing health care. Reaching eligible but not enrolled persons has long been challenging, even before the current expansion in coverage options. As such, vigorous efforts will be needed by many organizations and individuals in Denver to ensure that people are aware of the new forms of coverage, and know where to go to enroll on their own or get the assistance they need to do so.

To prepare for the expansion of coverage, the Access to Care Task Force surveyed organizations doing enrollment for Medicaid, CHP+, and other medical assistance programs about their current enrollment practices. Respondents noted a number of current barriers to enrollment and access to care, such as transience, cultural and language

barriers, and misunderstandings on the part of clients, challenges with state IT systems, and difficulties accessing care once clients acquire benefits, in the form of lotteries and waiting lists to access providers. More detailed results of this survey are available at BeHealthyDenver.org. Some of these barriers are likely to be exacerbated when more people seek to enroll in Medicaid and the new insurance plans in 2014, unless organizations can expand their enrollment assistance operations to meet the new level of demand.



PHOTO CREDIT: Colorado Coalition for the Homeless/Dennis Schroeder

Projected Gaps and Challenges in Access to Care

While enrollment in health coverage is an important factor in accessing health care, it does not ensure access, particularly if there is a shortage of health care providers willing and able to accept the new Medicaid and insured patients. To prepare for the larger numbers of patients likely to seek care in 2014, the Access to Care Task Force assessed the current capacity of 17 safety net clinics and health care providers in Denver to accept the newly covered persons in 2014, and identified the gaps and challenges they are likely to face in providing primary care, specialty care, mental health care, and substance abuse treatment.

Ten of the providers (59%) already had waiting lists for patients to access services for the first time, with an average wait time of four weeks. Eleven providers (65%) were forced to turn people away regularly or deny service, most often due to a lack of staff and resources and the need to prioritize the patients or clients they can accommodate. Fourteen providers (82%) indicated that they were planning to take additional Medicaid patients in 2014, and 11 (65%) were planning to accept patients with insurance purchased at Connect for Health Colorado. *Table 2* summarizes the key gaps and challenges identified by these providers as they look forward to the expansion of coverage in 2014. A full report of the findings is available at BeHealthyDenver.org.

TABLE 2

Gaps and Challenges in Access to Care Prior to Expansion

GAPS: NEW PROGRAMS

- Lack of information, misunderstandings about the ACA within organizations and among the public and clients.
- Vague or confusing program guidelines.
- Short time frame for implementation.
- Difficulties communicating with Medicaid and Exchange authorities.
- “Churn” of people between Medicaid, insurance, and being uninsured.
- Exclusion of certain communities.
- Difficulties getting on insurance panels and into provider networks.
- Lack of and difficulties securing reimbursement.

GAPS: ORGANIZATIONAL CAPACITY

- Lack of funding and capacity for enrollment assistance, care coordinators.
- Lack of capacity to handle the influx of new patients in 2014, resulting in longer waiting lists and turning more people away.
- Lack of capacity to see new mental health clients, especially severe cases.
- Lack of beds in hospital psychiatric units, poor follow-up after discharge.
- Lack of funding to hire providers.
- Lack of providers available to hire, even when funding becomes available.
- Lack of an organized referral system from primary to specialty care.
- Challenges to organizational missions when patients and clients have coverage in 2014 and beyond.

GAPS: PATIENTS/CLIENTS

- Lack of knowledge about the ACA, eligibility, insurance.
- Inability to afford insurance even with subsidies.
- Lack of enthusiasm for enrolling in Medicaid or purchasing insurance.
- Education needed about how to use new coverage for preventive and primary care.

Best Practices in Expanding Coverage and Increasing Coordination

The Task Force studied best practices in expanding coverage and coordinating health stakeholders in other states and cities. It looked carefully at the experience of Massachusetts, which instituted a health care reform in 2006 that served as a prototype for the nationwide expansion of coverage under the ACA. Although Massachusetts had a much higher rate of insurance than Colorado even before its 2006 reform, with only 7% uninsured in 2004, it was able to drop its uninsured rate by more than half, to 3.1% in 2011. Massachusetts has had 8% fewer emergency room visits since implementing its reform, which is an important indicator of better access to primary and preventive care. The state has seen gains in the Health Status Index (HSI), a measure of BMI, physical activity, and mental health status, relative to other states, and it has been able to contain the costs of individual premiums, for which there was no net increase between 2006 and 2010.

The Task Force was able to learn first-hand from the experiences of Seattle and King County in Washington State in coordinating and integrating services among safety-net medical and behavioral health providers, community-based organizations, and the public health and human services departments, through a special session with a visiting senior officer from the Seattle and King County Health Department in May 2013. Seattle and King County have a similar rate of uninsured as Denver, 16%, with a significant variance in health care coverage in different parts of the city. Like Colorado, Washington State has elected to expand Medicaid, and opened its own insurance exchange in October 2013.

Seattle has been involved in multi-stakeholder system integration efforts since early 2011, culminating in a formal plan in July 2013 to create an accountable, integrated system of health, human services, and community-based prevention. The plan was informed by a 30-member panel with a composition very similar to the Denver Access to Care Task Force. It aims to reduce significant inequities in health and well-being across the County through a collective community response, and includes strategies at the individual level for adults with complex health and social needs, and at the community level for high-risk communities with the greatest disparities.

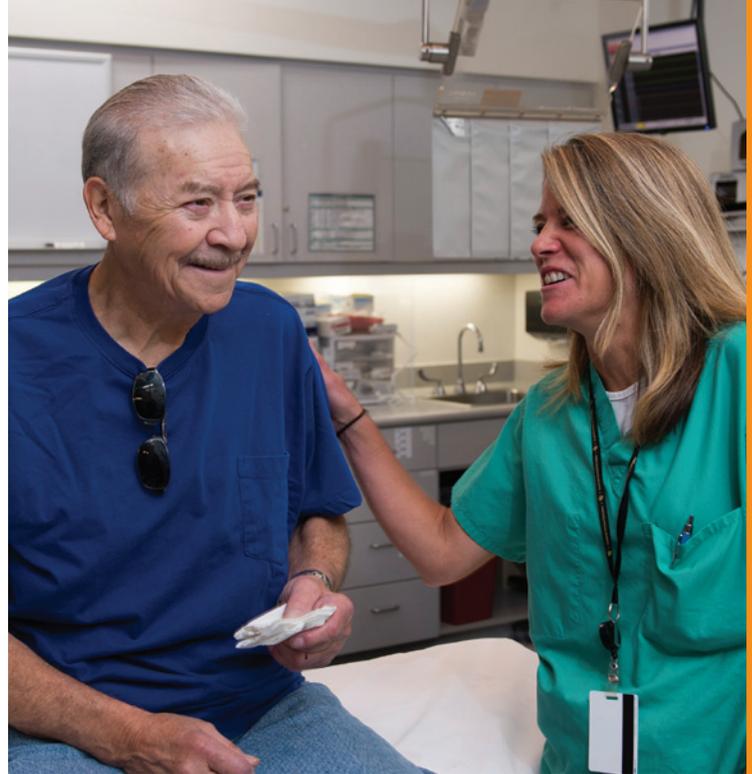


PHOTO CREDIT: Denver Health

Phases of Implementing Access to Care Initiatives in Denver

The Access to Care Task Force outlined four phases of implementation to increase access to care in Denver during the CHIP implementation period (2013-2018). Given the imminent expansion of coverage under the ACA in 2014, the first phase of work, already underway in 2013, has been to support the implementation of the ACA and facilitate the enrollment of Denver residents in Medicaid and insurance plans at Connect for Health Colorado. Closely connected is the second phase, to assess and build the capacity among health care providers to care for the newly covered population.

The third phase is to increase care coordination among health care providers in Denver regarding the care of individual patients, and the fourth phase is to promote greater system-level collaboration between public health and human services officials, health care providers, behavioral health care providers, and community-based organizations serving low-income persons in Denver.

The latter efforts will require extensive coordination among a large group of stakeholders over many years, extending beyond the implementation period of the current CHIP. As such, the Task Force concluded that a neutral convener of stakeholders in the form of a health alliance will be needed to carry on the longer-term capacity-building care coordination and system collaboration work.

Health Alliance to Oversee Care Coordination and System Collaboration

In preparation for phases three and four, the Task Force undertook a study of six health alliances in urban areas of Colorado, to learn from their experiences and inform the process of forming a new alliance in Denver. Five of the six health alliances were either already set up as 501(c)(3) non-profit organizations, or in the process of doing so. Their missions focused on improving the general health of their communities, providing greater access to care, improving patient experience and quality of care, and reducing the cost of care. Alliance members included health care providers, a variety of governmental entities such as local health departments and human services agencies, and a variety of organizations playing a role in the health of the community, such as community-based organizations, insurance companies, and local chambers of commerce.

All of the alliances acted as the central conveners of the relevant stakeholders in health care and public health in their communities, while some also took on the role of coordinating care arrangements for uninsured and underinsured persons among

the various providers in the region. The alliances were involved in numerous initiatives to increase access to care in their communities, promote public health, and assist with technological innovation and coordination among providers. The full report of the study is available at BeHealthyDenver.org.

The Access to Care Task Force has a composition very similar to the health alliances surveyed, and has already focused on many of the same issues, such as facilitating enrollment in coverage and studying access to care problems for primary care, behavioral health care, and specialty care. However, a more sustainable structure is needed for continued collaboration and to implement the goals and objectives outlined for Access to Care in this CHIP, as well as other health initiatives for Denver that may be proposed. A robust health alliance could take on activities similar to those being undertaken by health alliances in other urban areas of Colorado, and would be an important stakeholder for achieving many of the Access to Care and HEAL goals and objectives outlined in the CHIP Action Plan. The Access to Care Action Plan is outlined in the next section.

PHOTO CREDIT: Denver Health



Access to Care Action Plan

Access to Care Action Plan

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

INDICATORS

1. Percentage of Denver residents with health care coverage.
2. Percentage of insured/uninsured residents with a Primary Care Provider (PCP).
3. Percentage of insured/uninsured residents who have had a PCP visit in the last 12 months.

Data Sources: American Community Survey, Colorado Health Access Survey

ENROLLMENT AND COVERAGE

Objective 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.

PROVIDER CAPACITY

Objective 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.

CARE COORDINATION AND SYSTEM COLLABORATION

Objective 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.

The complete Access to Care Action Plan is contained in the full CHIP report submitted to CDPHE, available at BeHealthyDenver.org. It lists strategies for meeting each of the above objectives, SMART objectives¹ for measuring progress in implementing each of the strategies, and metrics for measuring achievement of the SMART objectives. The complete Access to Care Action Plan also lists the lead and supporting entities that will contribute to meeting the CHIP goals and objectives, best practices that can guide implementation, and preliminary action steps to be taken.

¹The SMART objectives listed in the complete CHIP Action Plan are **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-bound.



Access to Care Strategies

Enrollment and Coverage

Although the new forms of coverage through Medicaid and Connect for Health Colorado were not due to take effect until 2014, enrollment began on October 1, 2013. Given this unprecedented new window of opportunity for increasing access to care in Denver, the Access to Care Task Force took early action on many of the strategies related to enrollment and coverage. Status updates of these early implementation efforts are included below.

OBJECTIVE 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.

- A.** Assess current enrollment practices in Denver and preparations for the forthcoming expansion of coverage under the ACA.
STATUS: Completed, report available at BeHealthyDenver.org.
- B.** Develop and conduct Training of Trainers courses for health providers and community-based organizations serving low-income Denver residents, to educate staff and community partners about the ACA and enrollment.
STATUS: Completed, slides available in English and Spanish at BeHealthyDenver.org.
- C.** Conduct outreach meetings and provide information about the forthcoming changes under the ACA to various organizations and groups in Denver.
STATUS: Underway, 44 meetings completed.
- D.** Produce and distribute brochures and other educational materials for the public on the forthcoming changes under ACA and how people can get enrolled.
STATUS: Underway, 93,000 bilingual brochures produced and 90,000 distributed.
- E.** Engage with local media to promote enrollment in health care coverage.
STATUS: Underway, seven interviews conducted and two blogs posted.
- F.** Update and maintain accurate ACA information on the Denver Health website.
STATUS: Completed, Denver Health ACA website created on October 1, 2013.
- G.** Monitor and report the percentage of Denver residents enrolled in health care coverage.
STATUS: Pending new ACS and CHAS data.
- H.** Track progress monthly on the number of Denver residents enrolling in Medicaid and subsidized insurance plans at Connect for Health Colorado.
STATUS: 16,076 Denver residents enrolled newly in Medicaid and 6,488 purchased new insurance plans from Connect for Health Colorado between October 1 and December 31, 2013, for a total of 22,564 newly covered.

PHOTO CREDIT: Denver Health



Provider Capacity

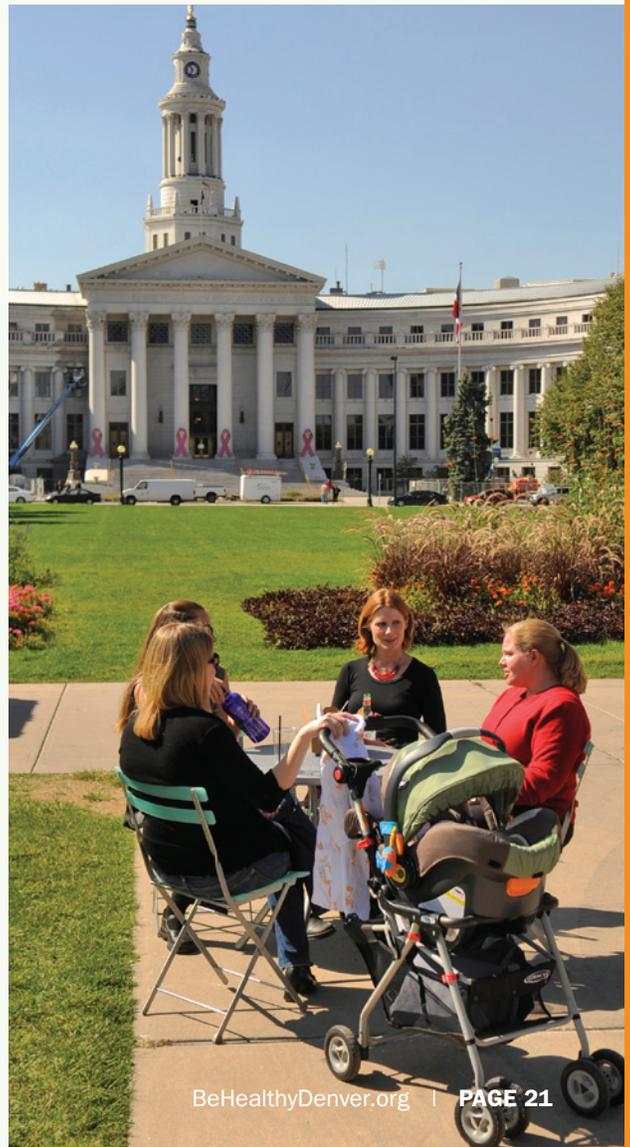
OBJECTIVE A2: Assess and build the capacity of safety net providers to deliver primary, specialty, and behavioral health care to persons newly covered starting in 2014, and to those who remain uninsured.

- 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.
STATUS: Completed, report available at BeHealthyDenver.org.
- B.** Continue to identify gaps and challenges in primary, secondary and behavioral health care services in Denver as the ACA is implemented.
- C.** Monitor health care utilization trends in Denver with the implementation of the ACA.
- 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.
- E.** Provide technical assistance to safety net providers to learn how to effectively bill for Medicaid and commercial insurance.
- 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.

Care Coordination and System Collaboration

OBJECTIVE 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.

- A.** Conduct an environmental scan of urban health alliances in Colorado.
STATUS: Completed, report available at BeHealthyDenver.org.
- 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.
STATUS: Completed, grant application submitted to the Colorado Trust and approved.
- 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.



Health Eating and Active Living, Including the Built Environment

HEAL Five-Year Goal

Because of the rapid rate of increase in Denver's childhood obesity rate and the implications for adult obesity rates and future population health, the HEAL Task Force set a five-year goal to reverse this trend, by increasing the percentage of children in Denver who are at a healthy weight by five percentage points. Since 69% of Denver Public Schools students from kindergarten through the 9th grade were at a healthy weight in 2012/2013, 74% should be at a healthy weight by the end of 2018.

Five-Year Goal

By December 2018, the percentage of children and adolescents in Denver who are at a healthy weight will increase by five percentage points.

Childhood Obesity in Denver

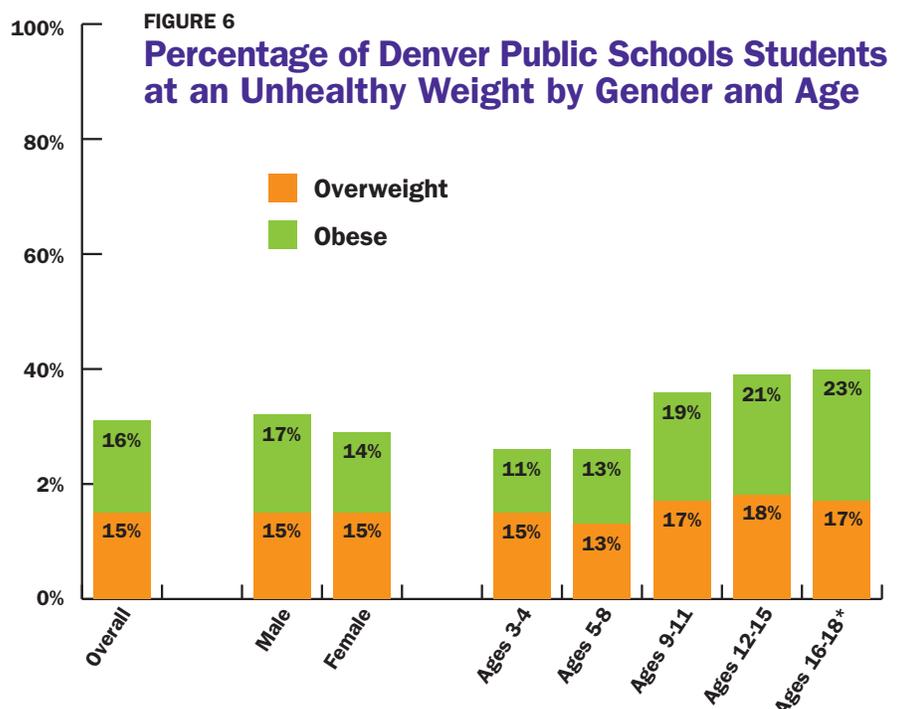
Childhood obesity is a major cause for concern because of the strong linkage between childhood and adult obesity, and the correlations between obesity and chronic diseases such as heart disease, cancer, and stroke. Although Denver's adult obesity rate (20% in 2009) and Colorado's adult obesity rate (21% in 2010) are significantly lower than the national rate (35.7% in 2009-2010), Colorado's childhood obesity rate is ranked 23rd in the nation, and is rising faster than in 49 other states.

Even very young children are affected by the national obesity epidemic. A 2013 CDC report found that one in eight U.S. preschoolers is obese, with the highest rates found in Hispanic children (16%) and Black children (19%). Colorado is one of only three states in which the obesity rate of preschoolers is increasing. Given this current growth in childhood obesity, Denver's rates of overweight and obese adults will soon catch up with the national rates, unless significant action is taken to reverse the trend.

Since 2007, Denver Public Schools has recorded height and weight measurements of students from kindergarten through the 9th grade, from which it can calculate students' BMIs and determine if they are of normal weight, overweight, or obese.² These BMI data are the most accurate measure available for the rates of overweight and obesity in Denver's children.

Of 49,550 students whose BMI was calculated in 2012-13, 15% were found to be overweight and 16% obese, for a total of 31% of students at an unhealthy weight. Among these students, excessive weight differed based on age, gender, and the neighborhood in which they lived (see Figure 6 and Map 2). Younger children had lower rates of overweight and obesity than older children. Boys and girls were overweight at the same rate (15%), but boys had a higher rate of obesity (17%) than girls (14%) (Figure 6). Children attending schools in the western and northern parts of the city were more likely to have excessive weight than those attending schools in other parts of the city (Map 2).

²Students are deemed to be of normal or healthy weight if they have a BMI less than the 85th percentile, overweight if they have a BMI from the 85th-94th percentile, and obese if they have a BMI greater than the 95th percentile.



Source: Denver Public Schools BMI Dataset, 2013

Denver Public Schools students engaged in several behaviors that lead to unhealthy weight. In 2009, only 24% of Denver’s high school students ate the recommended five servings of fruit and vegetables per day, less than half engaged in 60 minutes of physical activity at least five days per week, and a quarter watched television at least three hours per day on school days.

Cumulative Denver Public Schools BMI data over the last few years indicate that childhood obesity rates in Denver has stabilized, such that efforts can be focused in the coming years on decreasing its prevalence. While some of the strategies outlined below to increase the number of children at a healthy weight are directed at the entire city, others are aimed at reducing disparities among neighborhoods.

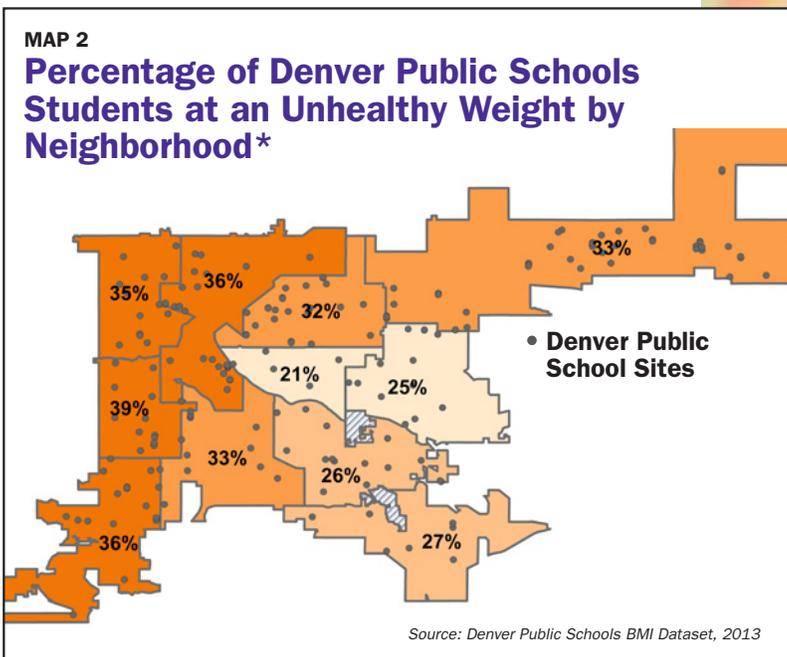
HEAL Strategy Identification Process

Strong community partnerships will be essential in reversing the complex health issue of unhealthy weight in children. Whenever possible, the HEAL Task Force built upon ongoing HEAL efforts in Denver when formulating the HEAL Action Plan, in order to work with local partners and continue the momentum already established for HEAL in Denver. The HEAL Task Force included representatives from the Mayor’s Children’s Cabinet, Denver Public Schools, and Livewell Colorado, all of whom have

ongoing projects aimed at reducing childhood obesity. Their experience informed the selection of the HEAL goal, objectives, and strategies.

Before defining goals and objectives, the HEAL Task Force developed an initial list of 40 potential strategies, based on the environmental scans and the experiences of various Task Force members in using these strategies in different environments. Using the same process for reducing priorities as had been used by the Steering Committee and in the community meetings, the Task Force ranked the 40 strategies based on the criteria of importance and feasibility. Strategies that ranked high in either were included in a prioritized list of 22 strategies. The results of this prioritization exercise and a list of the prioritized strategies is included in the full CHIP report, available at BeHealthyDenver.org.

The Task Force grouped the prioritized strategies into four domains, based on the settings where the strategies would be implemented: the Community as a whole, Child Care Centers, Schools, and City and County Government. Objectives were developed within each domain, and the prioritized strategies were assigned to the appropriate objectives. The HEAL Action Plan is outlined in the next section.



* Unhealthy weight is defined as having a BMI above the 85th percentile. A student’s school does not always correspond to the place of residence.



Healthy Eating and Active Living (HEAL) Action Plan

5-Year 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.

INDICATORS

1. Percentage of children 2-5 years of age using Denver Health and Kaiser Permanente health systems who are at a healthy weight.
2. Percentage of Denver Public Schools students, kindergarten through 9th grade, who are at a healthy weight.
3. Percentage of Denver Public Schools students, 6-12th grade, meeting recommended physical activity levels (60 minutes/day, seven days per week).

Data Sources: Denver Health and Kaiser Permanente Electronic Health Records, Denver Public Schools BMI data, Denver Health Kids Colorado Survey

COMMUNITY

Objective H1: Increase the number of safe and active environments that support physical activity for Denver communities.

Objective H2: Increase access to nutritious foods and beverages in underserved areas.

CHILD CARE CENTERS

Objective H3: Increase the number of licensed child care centers with an optimized Healthy Eating and Active Living (HEAL) environment, through strengthened physical activity and nutrition standards and guidelines.

SCHOOLS

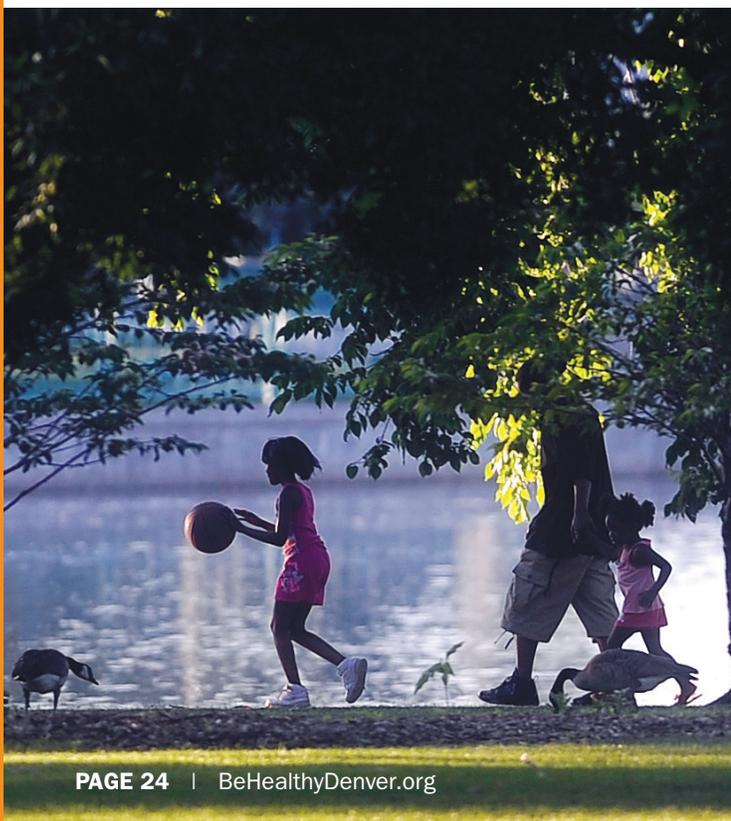
Objective H4: Increase quality physical education and opportunities for moderate to vigorous physical activity in schools.

Objective H5: Increase access to healthy foods and beverages in schools.

CITY AND COUNTY GOVERNMENT

Objective H6: Incorporate health considerations and analysis in city policy, processes, and planning.

Objective H7: Develop and implement a targeted *Be Healthy Denver* marketing campaign for Healthy Eating and Active Living (HEAL).



The complete HEAL Action Plan is contained in the full CHIP report submitted to CDPHE, available at **BeHealthyDenver.org**. It lists strategies for meeting each of the above objectives, SMART objectives for measuring progress in implementing each of the strategies, and metrics for measuring achievement of the SMART objectives. The complete HEAL Action Plan also lists the lead and supporting entities that will contribute to meeting the CHIP goals and objectives, best practices that can guide implementation, and preliminary action steps to be taken.

Although the HEAL Action Plan does not specifically address underweight children in Denver, many of the HEAL objectives and strategies will benefit both overweight and underweight children. It is estimated that from 2007-2010, only 3.5% of children and adolescents in the U.S. were underweight.

HEAL Strategies

Community

OBJECTIVE H1: Increase the number of safe and active environments that support physical activity for Denver communities.

- A.** Assess bicycle/walking laws, Safe Routes to School (SRTS) policies and ordinances, and street and sidewalk design and quality; identify opportunities to encourage bicycle use, increase physical activity, and improve safety for pedestrians and cyclists.
- B.** Improve signage for safe pedestrian/bike use and improve the safety of crosswalks.
- C.** Allow and encourage community-based organizations to use parks and recreation centers for events and activities.
- D.** Examine new revenue generation options for bicycle, pedestrian, and multi-modal transportation infrastructure.

OBJECTIVE H2: Increase access to nutritious foods and beverages in underserved areas.

- A.** Create positive incentives for grocery and convenience stores in low-income areas to offer healthy food and beverage options.
- B.** Increase the number of convenience stores offering healthy food and beverage options.
- C.** Increase urban agriculture and gardening in Denver.
- D.** Protect farmers' markets and improve access to farmers markets by low-income populations.
- E.** Encourage city partners and other organizations to implement healthy vending policies.

Child Care Centers

OBJECTIVE H3: Increase the number of licensed child care centers with an optimized Healthy Eating and Active Living (HEAL) environment, through strengthened physical activity and nutrition standards and guidelines.

- A.** Using HEAL best practices, develop a baseline measurement tool for assessing child care center nutrition and physical activity.
- B.** Conduct a baseline assessment of nutritional and physical activity practices in selected child care centers in Denver.
- C.** Provide training on selected physical activity and nutrition best practices for licensed child care centers.



Schools

OBJECTIVE H4: Increase quality physical education and opportunities for moderate to vigorous physical activity in schools.

- A.** Develop and integrate a “Healthy Schools” designation into Denver Public Schools healthy policies, including the Denver Public Schools Health Agenda.
- B.** Conduct analyses of student Moderate to Vigorous Physical Activity (MVPA) in Denver Public Schools, using the System for Observing Fitness Instruction Time (SOFIT) measurement system.
- C.** Support Denver Public Schools adherence to state-mandated MVPA in schools; support schools to make free time and physical activity more productive.

OBJECTIVE H5: Increase access to healthy foods and beverages in schools.

- A.** Identify nutritional best practices for providing foods and beverages at schools.
- B.** Improve Denver Public Schools policies regarding nutritional standards for foods and beverages sold or provided through schools.

City and County Government

OBJECTIVE H6: Incorporate health considerations and analysis in city policy, processes, and planning.

- A.** Implement healthy vending policies and practices in city buildings and worksites.
- B.** Promote the inclusion of health in Denver’s 2014 Comprehensive Plan.
- C.** Promote a city health impact prioritization policy for use in evaluating capital improvement projects.
- D.** Establish a set of potential criteria, processes, and tools for use in budget processes for determining the health impacts of capital improvement projects.
- 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.
- F.** Complete a Health Impact Assessment (HIA) in partnership with other city departments.

OBJECTIVE H7: Develop and implement a targeted *Be Healthy Denver* marketing campaign for Healthy Eating and Active Living (HEAL).

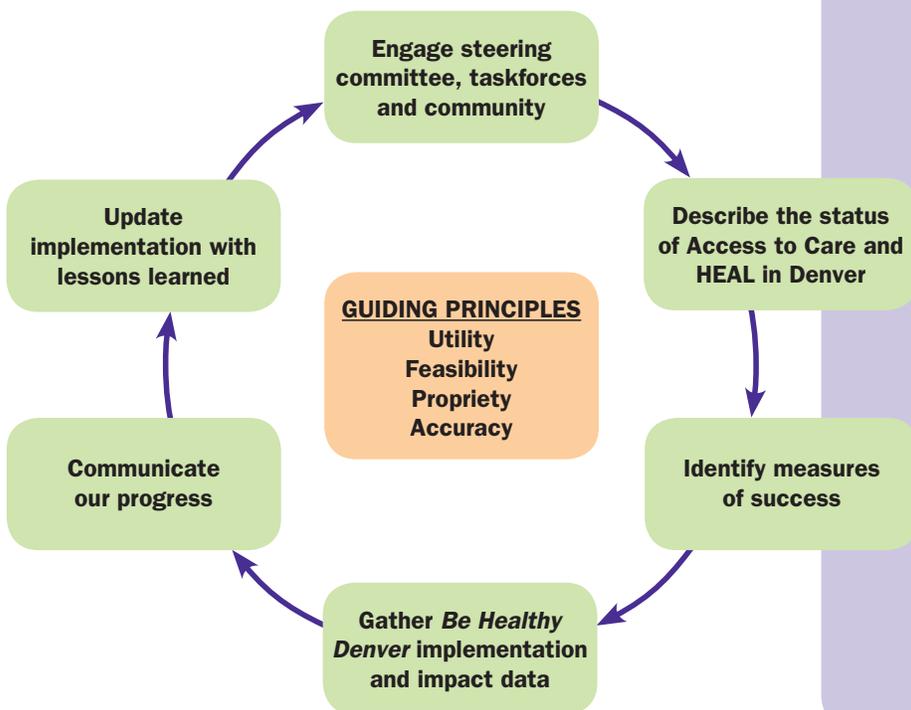
- A.** Identify common and comprehensive HEAL messaging to improve physical activity and nutritional behaviors in Denver.
- B.** Develop and implement a targeted *Be Healthy Denver* marketing campaign for Healthy Eating and Active Living (HEAL).
- C.** Create a call to action for obesity prevention partners to adopt the HEAL messaging campaign.

Evaluating the CHIP Action Plan

A *Be Healthy Denver* evaluation team has been established to evaluate progress in meeting the CHIP goals and objectives outlined in the Action Plan. The team will track key metrics on an ongoing basis, and conduct a mid-term evaluation in 2016 and a final evaluation in 2018. All evaluation results will be posted at **BeHealthyDenver.org**.

The evaluation team adapted the CDC Evaluation Framework as the basis for evaluating the CHIP. In this framework, four guiding principles and six steps frame an evaluation effort. Four CDC evaluation standards – utility, feasibility, propriety, and accuracy – will be applied throughout the evaluation. These are defined below.

Be Healthy Denver Evaluation Framework



GUIDING PRINCIPLES FOR EVALUATIONS

Utility: Serve the information needs of intended users.

Feasibility: Be realistic, prudent, diplomatic, and frugal.

Propriety: Be conducted legally, ethically and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results.

Accuracy: Reveal and convey technically adequate information about the features that determine worth or merit of the program.

The six steps of the framework have been applied in sequence from the start of the CHIP planning process, with important stakeholders engaged at each step. However, the steps may be repeated as necessary to allow the evaluation team to make adjustments and improvements to the CHIP Action Plan, as lessons from earlier implementation experiences are incorporated.

The mid-term evaluation in 2016 will report on progress and identify areas of improvement for the remaining CHIP implementation. The two CHAs to be conducted during the implementation period, in 2014 and 2017, will also assess progress towards meeting the CHIP goals and objectives. The final evaluation at the end of the CHIP implementation period in 2018 will report the cumulative achievements and lessons learned over the whole implementation period, and guide the subsequent CHIP and other future community health initiatives.

The *Be Healthy Denver* website, **BeHealthyDenver.org**, will be the primary means of disseminating information about the CHIP implementation. The site will be updated throughout the implementation period, providing Denver community members and partners with accurate information regarding progress and challenges during implementation. Evaluation findings will be provided in English and Spanish.

Community Health Improvement Plan (CHIP) Oversight

Implementation of the CHIP will be overseen by a *Be Healthy Denver* Advisory Committee appointed by the Mayor of Denver. This Advisory Committee will consist of high-level stakeholders with an active interest in health matters in the city, such as heads of key governmental agencies and departments, health care organizations, and non-profit and community-based organizations doing work related to Access to Care and HEAL.

The Advisory Committee will meet quarterly to review CHIP implementation and progress in meeting the CHIP goals and objectives, with the support of the *Be Healthy Denver* core team. Given that coordinated action by many organizations and individuals will be needed to achieve these goals and objectives by 2018, a key function of the Advisory Committee will

be to galvanize efforts by organizations throughout the city to step forward and undertake projects and activities that are in alignment with the Action Plan, and to help to identify funding sources to support these activities.

The *Be Healthy Denver* core team will form Access to Care and HEAL Work Groups to support CHIP implementation and further refine the CHIP Action Plan in their respective areas. These work groups will bring together partners and form committees as needed to support the implementation of specific parts of the Action Plan. The core team will also coordinate with regional partners in the Denver metropolitan area and other parts of Colorado, to share experiences in formulating and implementing the CHIP and align efforts in areas of mutual concern.

PHOTO CREDIT: Denver Environmental Health/Evan Semone



Funding

There is no funding specifically earmarked for implementing Denver's CHIP, but a variety of funding sources are likely to become available, given the CHIP's extensive community involvement, comprehensive planning efforts with a wide group of stakeholders, and robust evaluation plans. Existing funding sources for work on HEAL in Denver, such as Denver's Community Transformation Grant, foundation funding for access to healthy foods, funding for the Denver Public Schools Health Agenda, and a new grant from the U.S. Conference of Mayors to fund healthy child care center initiatives, are likely to align well with the HEAL Action Plan. New proposals for local, state, and federal funding will be more likely to succeed when aligned with the goals, objectives, and strategies outlined in the CHIP. Finally, Colorado's health-oriented foundations are likely to fund key parts of the CHIP, given their close involvement throughout the CHIP planning process in Denver.



PHOTO CREDIT: Downtown Denver Partnership

What Local Organizations and Individuals Can Do to Help

Denver's CHIP has been developed with extensive community involvement, and constitutes a community-wide plan for improving health in the city. This wide community involvement will continue throughout the implementation period, with organizations and individuals coming forward to help realize the goals and objectives outlined in the CHIP Action Plan. Governmental agencies, community-based organizations, and foundations can assist in this

process by aligning their programs and activities with these goals and objectives for Access to Care and HEAL in Denver, and by assigning resources accordingly. With such an alignment, organizations can also benefit from the rigorous, ongoing CHIP evaluation that will be carried out in the coming years by the *Be Healthy Denver* evaluation team to measure progress in their own programs.

We appreciate your feedback and encourage you to get involved in Denver's efforts to meet the CHIP goals and objectives!

Please contact us at BeHealthyDenver.org.



Be Healthy Denver

COMMUNITY HEALTH MATTERS

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