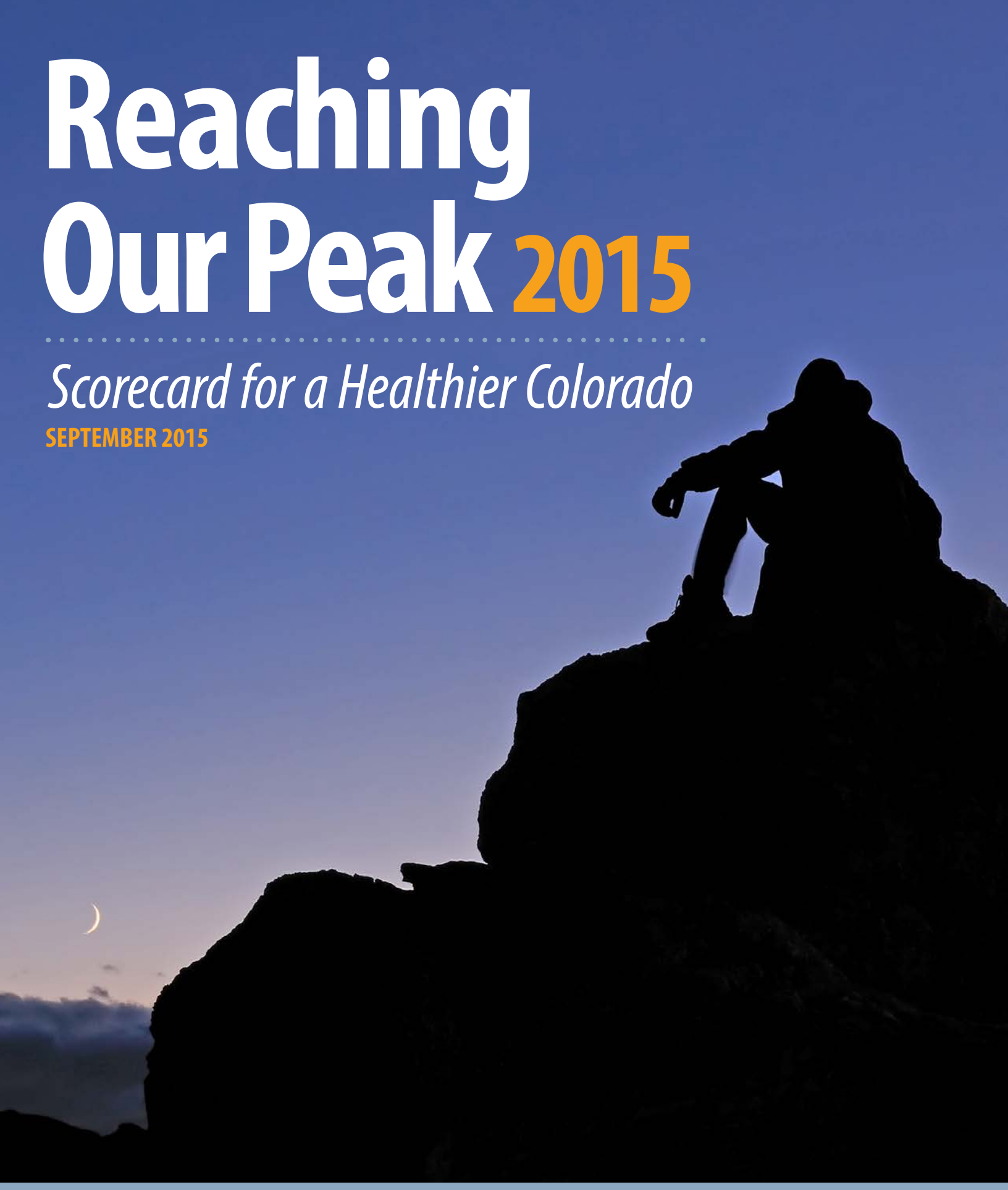
Reaching Our Peak 2015

Scorecard for a Healthier Colorado

SEPTEMBER 2015



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Scorecard for a Healthier Colorado

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It is an exciting time for health in Colorado.

Health reform changed Colorado's coverage landscape. Nearly five million Coloradans have health insurance, creating opportunities for more of them to get needed care but also to stay well. Medical homes and comprehensive prenatal care are two examples of how health care is focusing more on caring for the whole person.

But health is more than health care. It happens in our schools and workplaces. How and where we age shapes our health, and so do our communities. In "Reaching Our Peak: Scorecard for a Healthier Colorado," the Colorado Health Institute measures Colorado's progress in these areas with the goal of better health for all Coloradans.

And there is much to be excited about.

This year, the hiker moved up the mountain. Colorado made progress in aging, communities and the health care system, and held its ground on schools and the workplace.

Across Colorado, conversations about health are happening beyond doctors' offices.

School administrators are assessing their health policies, private employers are debating health benefits, and urban planners and policymakers are measuring the health impacts of their decisions. They are recognizing their roles in improving health.

Evaluation and research is providing evidence to back up funding proposals and legislative bids, and also informing midcourse corrections for ongoing policies and programs.

A new evaluation project is assessing the impact of the Naturally Occurring Retirement Community (NORC) model on cost savings and social isolation among seniors. Healthier Colorado is setting up a legislative fight over sugary drinks with a statewide opinion poll. And paid sick leave advocates are hoping to conduct an actuarial analysis of their proposal. Research can help Colorado apply new learnings and invest effectively.

Communities are promoting healthy choices through education and action.

Colorado is directing some tobacco tax dollars to public health initiatives, including campaigns to discourage sugary drink consumption, providing incentives for corner store operators to sell healthier foods, and encouraging employers to adopt workplace wellness programs.

Residents of the Westwood neighborhood of Denver are opening a community-owned food co-op that will increase access to fresh, affordable foods while creating jobs for community members.

Colorado still faces challenges on its path to better health.

Advocates for paid leave have been unsuccessful in securing a state mandate despite two legislative campaigns. The legislature did not fund the Safe Routes to Schools program this school year, leaving districts with few resources to implement programs and projects to encourage students to walk and bike to school safely.

Public health initiatives do not change behavior overnight. It takes time to lay the groundwork – secure funding, energize stakeholders, develop and implement new projects, and encourage participation across a community. And there's the question of buy-in: Many folks question the role of government in promoting health, arguing that everyone is responsible for making healthy choices.

Despite these challenges, Colorado is well-positioned for continued progress. With a diverse group of stakeholders engaged in the conversation, an emphasis on evaluating initiatives and putting these lessons learned to use, and community engagement and public health leadership around education, Colorado's hiker continues to make strides.

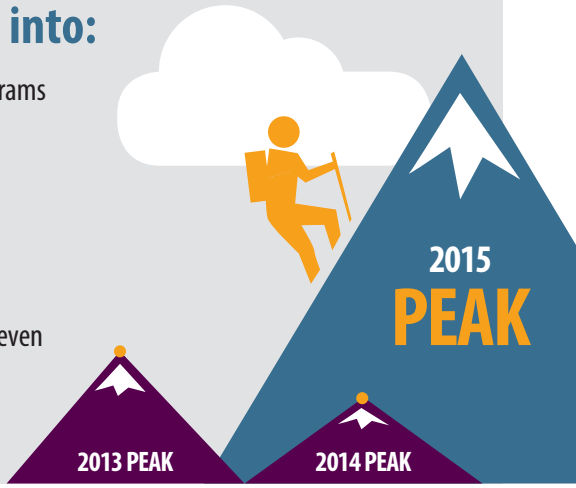
Giavanna Brust, Clarice Pace and Rebecca Sigman line up for a physical activity class at the Girls Athletic Leadership School in Denver. Story, page 21. Brian Clark/CHI

We graded Colorado's progress based on research into:

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

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

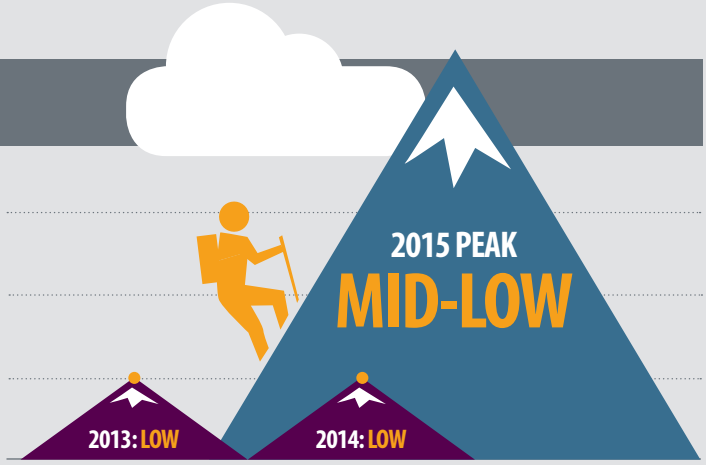
The hiker moved up the mountain when strong momentum was demonstrated between 2014 and 2015. Small improvements yielded no change in the hiker's placement, while minimal and uneven progress in the last year moved the hiker lower on the mountain.



AGING

Colorado's aging population is growing rapidly, fueling development of alternatives to traditional long-term care. The state government and private organizations are backing community-based care options that promote health and independent living. Whether these initiatives will keep pace with the needs and desires of senior Coloradans remains to be seen.

- Colorado Choice Transitions (CCT), a state program to help Medicaid enrollees move from traditional nursing facilities back to their communities, got off to a slow start. But the state Medicaid agency is making a more concerted effort to publicize the program and address long-term sustainability.
- Jewish Family Services (JFS) has championed Naturally Occurring Retirement Communities (NORCs) that help Coloradans to age in place. JFS has been behind three NORCS in metro Denver and is partnering with other organizations to develop a NORC in Denver's Capitol Hill neighborhood.
- Construction has wrapped up on all six homes in Colorado's first Green House Home project in Loveland, and most of the rooms are occupied.



Colorado Choice Transitions is gaining slow but steady momentum. Jewish Family Services intends to measure the financial and social impact of NORCs, a step toward possible public funding of the model. Colorado's first Green House Homes project is nearly full, but there is only one other underway in the state. Despite a growing urgency to develop long-term services and supports to help Coloradans age healthfully and independently, new initiatives take time to develop, and progress has been modest.

Colorado Choice Transitions

At a Glance

Colorado Choice Transitions (CCT) is designed to help Medicaid enrollees move from long-term care facilities into home- and community-based settings such as apartments or group homes. CCT has been administered by the Department of Health Care Policy and Financing (HCPF) since 2012, with a $22 million, five-year Money Follows the Person federal grant.

The program aims to improve enrollees' quality of life, support their independence and lower Medicaid costs. The goal is to transition 490 enrollees into the community by December 2017.

According to program reports, 46 enrollees have transitioned in the first two years.[1] HCPF estimates that it will help 58 additional enrollees transition by the end of 2015. Despite slow take-up, HCPF reports cost savings: Average annual spending on each CCT enrollee in 2013 was $30,460, compared with $45,000 for the average annual cost of a nursing home stay.[2]

Blazing New Trails

HCPF has stepped up efforts to raise awareness of the program. The agency has contracts with all 16 Aging and Disability Resource Centers (ADRCs) in Colorado to explain CCT to interested Medicaid enrollees in nursing homes and assisted living facilities. Last year it was working with just three ADRCs.

The contracts require ADRC staff to respond to any requests for information about CCT within 10 days.[3] CCT administrators believe this arrangement will streamline the referral process and ensure that interested Medicaid enrollees receive timely information about their options.

Strategies to keep the program going after federal support ends in 2017 are included in a sustainability plan submitted to the Centers for Medicare & Medicaid

Services (CMS) in April 2015. The plan, which had not been made public as of mid-August, details the budget necessary to cover costs through September 2020.

CHI Analysis

CCT has not produced the smoothest of transitions. It needs to transition 386 more clients by December 2017 to meet its goal — more than three times the number of enrollees it helped in its first three years. The program is designed to serve all eligible Medicaid clients interested in independent living, including older enrollees. But most people who have moved into home- or community-based settings have been those with physical or developmental disabilities.

Colorado is not alone in struggling to hit its target. A nationwide evaluation of the initiative found that other states set overly ambitious transition goals. The evaluation cited the lack of affordable housing as a barrier.[4] The evaluators noted that five states with better track records — Connecticut, Hawaii, Indiana, Maryland and Michigan — offer financial support to housing clients as well as group homes to offset the high start-up costs.

Colorado's CCT program is embracing some of the best practices from these states. For example, Colorado is following Maryland's example of contracting with ADRCs to provide timely counseling to potential enrollees about their options.

However, to ramp up enrollment, CCT could follow the lead of other states by providing more direct support to enrollees navigating housing choices. CCT supports home modifications for accessibility and safety, provides case management, and connects enrollees to the state's online list of housing resources, which includes a searchable map.[5] Other states have counselors dedicated to helping people find housing. It remains to be seen whether or how HCPF's sustainability plan addresses this issue.

Heidi Wagner Photography/Special to CHI

Johanna Ketellapper, left, talks to Fairview High School student Andrew Pollack. Both are participants in the Connect the Ages program.

Green House Homes

At a Glance

Green House Homes, which are typically licensed as skilled nursing facilities, promote independent living and personalized care. All residents have their own private bedrooms and bathrooms. Meals are served in a communal area, and a central living space encourages interaction among residents, family and staff.

Certified Nursing Assistants, who receive additional training to work in a Green House Home, provide care in collaboration with therapists, social workers, dietitians and activity professionals. Early research demonstrates that Green House Home residents tend to require fewer and shorter hospital visits compared with similar residents of traditional nursing homes.[6]

Blazing New Trails

More than 260 Green House Homes projects in 32 states are open or under development.[7]

Loveland's Mirasol Senior Living Community, which is overseen by the Loveland Housing Authority, became Colorado's first Green House Home in September

2014, when construction on the first of six homes was completed. The last of the Green House Homes at Mirasol opened in August 2015. Each has room for 10 residents, with at least two slots reserved for Medicaid enrollees. Of the 60 rooms, 52 are occupied.[8]

The second Green House Home project in Colorado is in Akron on the Eastern Plains. Four homes, with 10 residents each, will replace the 34-bed Washington County Nursing Home. The county will reserve at least half of the beds for Medicaid enrollees.

CHI Analysis

Green House Homes are an alternative to traditional long-term care. However, questions remain about funding for construction, operations and care.

The Mirasol project required $16 million from many sources, including the Colorado Division of Housing, fee waivers from the city of Loveland, and support from private foundations and a local health care provider.[9]

This high start-up cost has hindered progress in Akron. It took Washington County roughly six years, starting in 2009, to line up financing for the $10.8 million project.[10] The project is supported by grants from the Colorado Division of Housing, a low-interest loan from the Colorado Health Foundation, and a financing plan put together by SB Clark Companies, a public finance consulting firm based in Denver. Supporters hope the homes will be ready by 2017.

Operating a Green House Home can be pricey. Insurers typically cover services provided in a traditional nursing home, but not some unique Green House Home services. Staff often earn higher salaries than their counterparts in traditional nursing homes, in part because they spend more time with the residents. The per-resident cost is about $8,000 per month at the Green House Homes at Mirasol, which the administrators say is comparable to traditional nursing facilities.[11]

Naturally Occurring Retirement Communities

At a Glance

Naturally occurring retirement communities (NORCs) emerge in places where larger numbers of seniors reside. NORCs can be unplanned communities that take shape over time or communities that are built intentionally. They harness community resources, services and programs such as health care, wellness clinics, prevention programs and recreational activities to help residents age in place and remain active community members.[12]

Jewish Family Services (JFS) has spearheaded development of three NORCs in the Denver metro area: The Berkshires at Lowry apartments and communitywide NORCs in Edgewater and Wheat Ridge.[13]

Blazing New Trails

Residents served by the Wheat Ridge and Edgewater NORCs participated in classes and events in their neighborhoods this summer thanks to a contest that aimed to promote activity and counteract social isolation.

Capitol Hill Care Link is a NORC being developed in Denver's Capitol Hill neighborhood under the leadership of JFS and the Gay Lesbian Bisexual Transgender (GLBT) Community Center and with funding from the Colorado Health Foundation.

Launched in April 2015, it will offer activities and services to the estimated 3,000 older residents in the neighborhood. Capitol Hill Care Link will emphasize services to GLBT seniors, providing targeted mental health services, social programming, volunteer opportunities and wellness activities.

CHI Analysis

NORCs are typically funded by private grants. Growth is limited because staff salaries and some services fall outside the traditional categories of long-term care reimbursements.

Before conversations about public funding for NORCs can move forward, more evidence is needed about cost savings and other outcomes. JFS has contracted with the OMNI Institute, a Colorado-based social science agency, to study Colorado's NORCs, including evaluation of cost savings and efforts to combat social isolation.

In addition to applying lessons learned, NORC supporters could leverage positive findings from the evaluation to secure funding, whether through a public partnership or additional grants, to serve more communities.

Gaining Insight, Imparting Wisdom

Connect the Ages

Amanda Cavaleri, founder of Connect the Ages, is closing the generation gap through digital storytelling and mentorship.

In 2009, Cavaleri took a break from her studies and worked part-time at The Academy, a Boulder retirement community. As she grew to know and care for the residents, she saw a need for a concierge service, so she launched a company called Capable Living and hired employees who were either fresh out of college or in graduate programs.

Seeing how relationships developed between residents and her staff encouraged Cavaleri to further explore the idea of intergenerational engagement. This led to a pilot program called Connect the Ages, which brought together five Academy residents and 12 Fairview High School National Honors Society students for a digital storytelling program.

The students and residents met three Sunday afternoons over a six-week period, ending this spring. The first session was a meet and greet where two to three students partnered with one resident who shared their interests. During the second meeting, residents and students engaged in deeper conversations. At the last session, students filmed interviews with their resident partners with guidance from a student intern from Open Media Foundation and professional documentary filmmaker David Pelcyger.

Connect the Ages contributed to the lives of the students and gave residents an insight into the challenges facing their own grandchildren and young people in Boulder. Taking part was especially meaningful for Bill Bechhoefer, Peace Corps alumnus, architect and former teacher, who said he "enjoyed being a resource for young people again."

Students learned critical thinking skills and received advice about life from people who have been around the block. Fairview High School student Tatjana Kunz said it was a chance to take a break from her busy schedule and learn from the older generation.

Heidi Wagner Photography/Special to CHI

Fairview High School student Tatjana Kunz, left, and Bill Bechhoefer participate in the Connect the Ages program.

"It benefits both of us," she said. "As youth, we have a chance to take a step back from our fast-moving lives and talk to really interesting and wise people. The seniors get the chance to talk to youth, to have their stories heard and to pass on their wisdom to the next generation. Connections between generations are so valuable and unfortunately becoming less common."

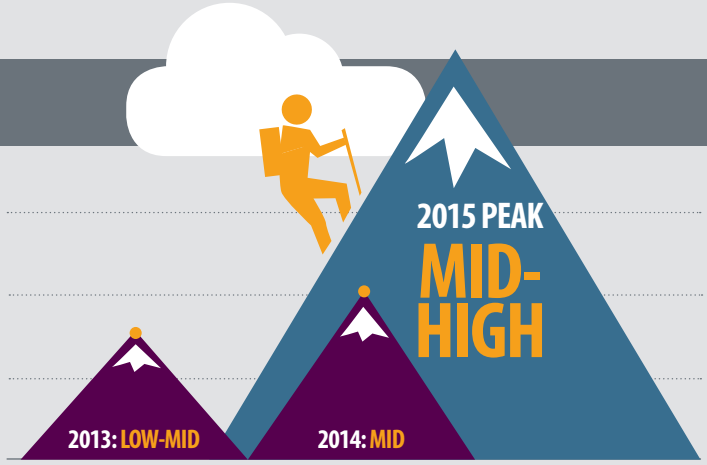
Connect the Ages has evolved into a nonprofit and is now interviewing potential 2015-2016 school-year partners. The immediate goals, Cavaleri said, are to record 100 stories by the end of 2015 and 1,000 by the end of 2016. Cavaleri plans to expand Connect the Ages nationally in 2017, keeping older adults engaged in the community and enabling students to discover that there are more ways to learn than by going to Wikipedia.

For more information, visit connecttheages.org or email info@connecttheages.org.

COMMUNITIES

Research, policymaking and on-the-ground initiatives to build healthier communities are moving forward in Colorado. Policymakers, advocates and citizens are taking new approaches to long-standing public health challenges such as food deserts and also tackling social issues that impact health.

- Health impact assessments are not only being used for urban planning projects, but also to understand how social issues and policies impact health.
- Imposing high taxes on sugar-packed beverages appears to be a political nonstarter in Colorado. So public health advocates are taking other approaches to increase awareness of the risks.
- With support from government and foundations, communities are pursuing innovative solutions to address food deserts.



Healthier neighborhoods across Colorado are taking shape with local leadership, community participation and support from public and private sources. The findings from health impact assessments are influencing policy and planning decisions about the built environment and social challenges. While Colorado legislators are unlikely to implement a tax on sugary drinks, public health advocates are looking to education and marketing to discourage consumption of sugar-sweetened beverages. Public funds and private grant dollars are supporting new food retail options in underserved communities ranging from full-service grocery stores to urban farming and a community-owned co-op.

Health Impact Assessments

At a Glance

Health impact assessments (HIAs) are the health equivalent of environmental impact statements. Data and community input are collected to determine how potential policies, plans and programs impact health.[14] Fifteen HIAs have been conducted in Colorado since 2010, addressing issues as diverse as where to build a new recreation center in Aurora and packaging standards for edible marijuana.[15]

Blazing New Trails

Almost half the Colorado HIAs completed over the last five years addressed infrastructure and urban planning issues, including transportation and public space use.

Next year, the Colorado School of Public Health and Children's Hospital Colorado will conduct two HIAs: The first will inform policies to prevent gang and youth violence in Aurora public schools, focusing on ways that the school district can best collaborate with local law enforcement.[16] And the second to support the new policies by the Colorado Department of Human Services surrounding marijuana use related to child abuse and welfare decision-making.[17]

They are also developing procedures for hospitals to include HIAs in the community benefit activities required to maintain nonprofit status.[18]

HIAs are featured prominently in redevelopment plans for the Denver neighborhood communities of Globeville and Elyria-Swansea, including recommendations for improving air and water quality, increasing street lighting to promote safety, and adding healthy food retail outlets.

CHI Analysis

Colorado's use of HIAs is evolving and perhaps gaining momentum.

The Tri-County Health Department, serving Adams, Arapahoe and Douglas counties, is finalizing two urban planning courses at the University of Colorado

Denver on using HIAs to inform land use and transportation decisions.[19] Exposing students to HIAs as they begin their careers has the potential to elevate health as a critical consideration for any project.

HIAs are now encouraged in all new neighborhood plans in Denver that guide decisions about future development.[20]

The upcoming studies on gang violence and marijuana policy highlight how the HIA process, using both research and community input, can support data-driven decisions that take into consideration public health and safety.

Joe Hanel/CHI

The Pueblo County Food Advisory Council: (Front) Lindsay Reeves, community engagement director; (Back row, L to R) Judy Ivan, Pueblo County project coordinator, Loaf'N Jug Staff; Julie Kuhn, project coordinator; Jill Kidd, director nutrition services; Hannah Phillips, administrative dietitian; Shylo Dennison, public health planner; and Hannah Andreas, student intern

Taxing Sugar-Sweetened Beverages

At a Glance

Americans have a sweet tooth, and more than one-third of their daily fix of added sugars comes from sugar-sweetened beverages. Adults are advised to limit their daily sugar intake to no more than nine teaspoons, but just one can of soda has on average 9.5 teaspoons.[21]

Raising the price of sugar-sweetened beverages through higher taxes is an effective strategy to decrease consumption.[22] The Center for Science in the Public Interest, an advocacy organization, estimates that a nationwide tax of one cent on each teaspoon of added sweetener would raise approximately $10 billion annually.

In 2010, during the aftermath of the recession, the Colorado General Assembly removed soda and candy from the state sales tax exemption on food. Even so, the 2.9 percent levy does not apply to sugary beverages such as sweetened teas and energy drinks.

Blazing New Trails

State Sen. David Balmer introduced a bill during the 2015 legislative session to rescind Colorado's sales tax on soda.[23] He argued that singling out soft drinks when most food and drinks are exempt from state sales tax is "arbitrary and unfair." The bill passed in the Senate, but failed to make it out of a House committee.

The only voters to pass a sugary drink tax reside in Berkeley, California. At least 30 cities nationwide have rejected similar measures. On the federal level, Congress isn't any more receptive to the idea. A bill to impose an excise tax on sugary drinks continues to be reintroduced and continues to go nowhere.

Public health advocates are focusing on education and behavior change to discourage sugary drink consumption. The Metro Healthy Beverage Partnership — which includes the Boulder, Broomfield, Denver, Jefferson and Tri-County public health departments — received a nearly $3 million, three-year grant in July 2015 to reduce consumption of sugary beverages.

Initially, the group will develop a baseline understanding of consumption habits, which includes conducting assessments of beverage options in public facilities such as recreational centers and government buildings.

CHI Analysis

When it comes to curbs on sugary beverages, momentum is building around education and consumer choice initiatives.

A recent Healthier Colorado poll of 602 Colorado adults

found that 60 percent of respondents support removing soda as the default drink option for kids' restaurant meals and 64 percent responded favorably to requiring warning labels on sugary drinks. The poll did not ask about higher taxes.

The strategies in the Healthier Colorado poll have gained traction within the fast food industry. Several restaurants have already replaced soda with low-fat milk or 100 percent fruit juice in kid's meals.

Colorado legislators may be receptive to nutrition education and consumer engagement alternatives, particularly around children's health. However, there is not as much evidence available on whether those approaches will reduce consumption compared with taxation.

Addressing Food Deserts

At a Glance

More than one of four Coloradans, almost 1.3 million residents, live in "food deserts" — neighborhoods or communities with limited access to grocers or other stores that sell fresh foods. Increasing the availability of fresh food can help support healthful eating habits in underserved communities.[24]

Blazing New Trails

The Colorado Fresh Food Financing Fund has awarded five grants totaling just over $1 million to increase food access in underserved areas since its 2013 launch. Many more applications are in the pipeline. As of June 2015, the fund has received more than 60 applications, with more than half coming from outside of metro Denver.[25]

Proposed activities cover a wide spectrum, including new grocery outlets, mobile farm stands, refrigerated equipment for storing fresh foods and produce delivery to homebound families.

Denver's Westwood Food Cooperative began as a community-led movement five years ago, when neighbors, frustrated with the lack of healthy food, began planting backyard gardens. Now, armed with a $1.3 million grant from the Denver Office of Economic Development, the co-op has purchased a site for a farmer's market and grocery store. This space will also serve as a hub for community health and wellness, with an outdoor playground, group exercise room and space for other health-related events.

Food legislation was on the menu of the Colorado General Assembly in the 2015 session. Lawmakers expanded the 2012 Cottage Foods Act, which allows home-based producers to sell "cottage foods" such as nuts, dehydrated fruits and jam out of unlicensed home kitchens. The law adds categories to the list of allowable foods and increases the revenue a seller can bring in to $10,000 per year without undergoing inspections.[26]

CHI Analysis

Strategies to address food deserts require two important ingredients, community involvement and adequate funding. That said, local leadership and education are crucial to encourage residents to take advantage of healthy food options.

Community involvement and financial support from the City of Denver is taking the backyard gardening program in Westwood to the next level. Volunteers are cleaning the site of the Westwood Co-op and many have pledged to become members, both indicators of community support.

When fully operational in early 2016, the co-op is projected to be the largest community-led food effort in the nation, selling locally (and even backyard garden) grown fruits and vegetables, creating jobs for residents, and bringing in projected annual revenues up to $2.5 million.[27]

It is too soon to draw conclusions about the impact of the Colorado Fresh Food Financing Fund, since the first set of grantees have only just received funding. However, the volume of grant applications and their diversity speaks to the demand for healthy food retail opportunities.

An "if you build it they will come" approach to widening choices in food deserts may not necessarily yield meaningful access or improved eating habits. Tracking community engagement, promoting nutrition education and evaluating the impact of new food retail options in underserved communities can inform midcourse corrections and ensure that community members can and are taking advantage of new, healthy offerings.

Healthier Neighborhoods – One Corner at a Time

Pueblo Healthy Corner Store Project

Turning a food desert into an oasis isn't easy, but the Healthy Corner Store Project in Pueblo is up for the challenge.

The Pueblo City-County Health Department and a citizens' Food Advisory Council (FAC) are partnering with Loaf 'N Jug to evaluate healthy food options in eight locations. The goals are to increase healthy food availability in some of the company's corner stores and educating customers about the benefits of eating right.

The partnership is part of Pueblo County's Healthy Eating and Active Living initiative, which is funded by a three-year, $615,000 grant through the Colorado Department of Public Health and Environment's Cancer, Cardiovascular and Chronic Pulmonary Disease program using tobacco tax dollars.

The FAC, which includes local government representatives, community leaders and engaged citizens, is targeting convenience stores in lower-income neighborhoods in Pueblo – a typical source of food for many residents. By 2018, the FAC hopes that not only Loaf 'N Jug but other local convenience stores will look more like small grocery stores, offering a range of foods, including fresh fruits and vegetables, whole grain items and low-fat dairy products.

But there is much to do to reach that goal. In 2014, FAC members surveyed customers and store managers at the eight Loaf 'N Jug locations to get an idea of community desires and barriers.

Affordability was a common theme. Many residents said fruits and vegetables would need to be priced right, and several expressed interest in healthy foods that reflect cultural preferences.

Store managers worried about spoilage if customers passed up fresh options. Advisory council members also cited company rules as a challenge. Local store managers, for example, cannot decide where products are placed and what foods are sold.

A shopper looks over the selection of healthy foods at a Loaf 'N' Jug in Pueblo County.

Joe Hanel/CHI

"Sometimes the healthy foods are down at the bottom of the shelf towards the back of the store," said Julie Kuhn, the project coordinator, of convenience stores in general.

Some stores have already taken steps to offer more healthy food by installing display cases with fruit, sandwiches, and salads. In the coming year, the FAC will be working with the Loaf 'N Jug's marketing department on the second phase of the Healthy Corner Store Project — identifying food placement options, such as moving fruits next to the register, and deals such as "buy-one-get-one" to increase sales.

Members of the Food Advisory Council and store managers hope that putting fresh food front and center and offering items that appeal to customers will make sales more consistent and reduce spoilage.

"The goal is to educate people of lower income on the benefits of eating healthy and help them make better decisions through this education," Kuhn said.

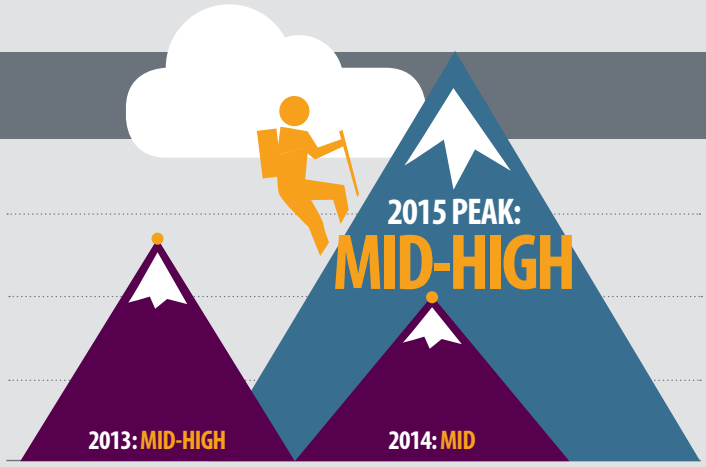
But this project alone doesn't satisfy the FAC's appetite. The group is working to improve school food options through cooperatives with local farms, demonstration gardens at the local courthouse, and promoting agritourism to local farms.

For more information, visit http://county.pueblo.org/government/county/department/city-county-health-department/pueblo-county-food-system-assessment.

HEALTH CARE

More Coloradans have health insurance because of state and federal reforms. As a result, there is renewed emphasis on providing holistic and coordinated care.

- More Coloradans are part of medical homes, largely as a result of Medicaid expansion. Integrated medical and behavioral health care, often found in medical home settings, is a statewide priority, particularly with the State Innovation Model (SIM) project.
- Health insurance plans are now required to provide certain services, including prenatal care. Comprehensive care that promotes health for women and children during and after pregnancies is a high priority in the state.
- Community health workers and patient navigators help people get the care they need. But there are plenty of challenges in introducing new professionals into the existing health care system.



Colorado's health system is expanding and transforming to meet the needs of the growing number of Coloradans with health insurance. The Medicaid program is "all-in" on medical homes, providing financial incentives for medical practices that adopt the model. It is unclear, however, whether practices can sustain the model long-term. Public health leaders are expanding prenatal care to address the mental and emotional wellness of moms-to-be as well as their physical well-being. As for community health workers and patient navigators, stakeholders are still working to define the core competencies associated with these roles and where they fit in the health care workforce. Understanding whether and how all of these efforts can yield high-quality care and contain costs is critical to ensuring Coloradans have access to the health care they need, when they need it.

Medical Homes

At A Glance

Medical homes provide comprehensive and coordinated care. A patient's medical home typically offers extended hours and uses information technology to coordinate and keep track of services provided by various clinicians.[28]

The evidence on the potential of medical homes to lower health care costs is mixed. Some research suggests the model has the potential to minimize errors and improve the patient experience.[29]

Colorado has supported medical homes in Medicaid and Child Health Plan *Plus* since 2007. The Medicaid Accountable Care Collaborative (ACC) was established in 2011 to improve the health of enrollees and to reduce costs by emphasizing coordinated care in medical homes. ACC enrollment tops 902,000 members — with more than 650,000 connected to a primary care medical provider.[30,31]

Colorado is also participating in the Comprehensive Primary Care Initiative (CPC), a collaboration of public and private insurers to expand coordinated care found in medical homes. Medicare is working with eight private insurance payers and Colorado Medicaid to foster collaboration and strengthen primary care. The four-year pilot, which began in 2012, provides monthly care coordination payments to 72 primary care practices with 497 primary care clinicians across the state.[32]

Blazing New Trails

The ACC reported net savings of at least $29 million in 2014. Among clients enrolled in the ACC, use of emergency services decreased eight percent and hospital readmissions for those without disabilities also declined more than those not enrolled in the ACC. However, use of the emergency department was higher among individuals with disabilities enrolled in

the ACC than those not in the program.[33]

The ACC is strengthening incentives for providers to become medical homes. Regional care collaborative organizations are providing additional payments to practices that implement at least five of the nine standards of advanced patient-centered medical homes.

These standards include having regularly scheduled appointments after hours or on weekends, responding to clinical requests by phone or email after hours, and facilitating behavioral health screenings. As of March 2015, 45 practices in the state were eligible for additional payments.[34]

In-depth analyses on outcomes and best practices in the CPC are expected in the future.[35]

CHI Analysis

Financial incentives can encourage providers to become medical homes, but may not be enough to sustain the model in the long-run. The technology necessary to share information and medical records is expensive, and the staff time necessary to coordinate appointments and care may not be billable to all insurance plans. Payment reform that moves beyond incentives may be necessary to scale up the medical home model.

Medical homes play an important role in the State Innovation Model (SIM) goal to offer integrated physical and behavioral health care to at least 80 percent of Coloradans by 2019. SIM is working with public and private payers — similar to the CPC initiative — to promote wide-reaching changes in how health care is paid for and provided.

More research is needed to pinpoint elements of medical homes that improve health and control costs. Current evidence suggests the impacts are modest.

Prenatal Care

At a Glance

Prenatal care includes physical and psychological care and education to help women have healthy pregnancies and deliveries. Prenatal care can reduce the risk of low birth weight, pre-term delivery, maternal complications and infant death.[36] The Affordable Care Act (ACA) classifies prenatal care as an essential health benefit for all qualified health plans.

The percentage of Colorado women delaying or forgoing prenatal care is dropping. Nearly 23 percent of women received late or no prenatal care in 2007 compared with 19.2 percent in 2013.[37]

Blazing New Trails

Prenatal care in Colorado is much more than ultrasounds. It encompasses weight and diet, mental health, substance abuse treatment and smoking cessation — and with good reason.

Nearly eight percent of pregnant women in Colorado smoked in the last three months of pregnancy and more than one in 10 drank alcohol in their last trimester. Prior to becoming pregnant, 43 percent of women in Colorado were overweight or obese and nearly half (48 percent) gained too much weight during their pregnancies.[38]

Comprehensive prenatal care is a priority of Colorado's Maternal and Child Health Program, which is administered by the Colorado Department of Public Health and Environment (CDPHE) in coordination with local public health agencies.

The program's statewide priorities include women's mental health and maternal depression, reducing disparities in infant mortality, and substance use and abuse prevention.[39] Advanced prenatal care is one strategy for making progress on these issues.

CHI Analysis

Colorado's pregnancy-related public health priorities target maternal depression. Weaving behavioral health into prenatal care can make it easier for women to get needed help, manage their pregnancies and be prepared to embrace motherhood. This also dovetails with Colorado's SIM work.

One promising model is the maternity care home – similar to a medical home but for moms-to-be. Maternity care homes pull together a variety of services, including psychosocial support, education on healthy pregnancies, and self-care techniques.

Although few studies are available on maternity care homes, the Colorado Adolescent Maternity Program (CAMP) shows promise. A joint project of Children's Hospital Colorado and University Hospital, CAMP is a medical home for young mothers that provides routine medical care along with nutrition counseling, behavioral health services, dental visits and more. Nationally, one of four teen moms and nearly half of all

teen moms diagnosed with depression will get pregnant again within a year of giving birth. However, only 12 percent of CAMP clients get pregnant again within a year, and teen moms with depression are no more likely than others.[40]

Joe Hanel/CHI

Prenatal Plus members include (L to R) Maureen Kloser RN,BSN; Sara Bauer RN,MN,MA; Julie Winkelmann RN,BSN; Tommi Vernon LPC,ATR,CACii; Brenda Rodriguez RD; and Janet Goalstone PhD,LPC.

Community Health Workers and Patient Navigators

At a Glance

Community health workers (CHWs) connect people to social and health services as well as information. Patient navigators (PNs) guide and support people already moving through the health care system, helping them to understand and obtain insurance, schedule appointments with providers and manage their medications.

The Colorado Patient Navigator and Community Health Worker Collaborative, a statewide coalition of public health and clinical agencies, advocacy groups, philanthropic organizations and public and private health plan representatives, is leading efforts to professionalize PNs and CHWs. Like most states, Colorado does not license or regulate either of them.

Blazing New Trails

Colorado is laying the groundwork to professionalize patient navigators. The collaborative is developing guidelines for patient navigator roles. CDPHE plans to offer voluntary credentialing for PN training programs that teach core competencies such as care coordination, case management and cultural responsiveness. CDPHE is also developing a voluntary registry of PNs who have completed validated training programs.

Groups affiliated with the collaborative are also developing training programs. ECHO Colorado — Extension for Community Health Care Outcomes — brings together experts and organizations to promote best practices. The program is creating virtual learning communities to help PNs develop new skills and knowledge, in part to serve rural and underserved areas.

In addition, work groups for Colorado's SIM project will recommend how to train, credential and pay CHWs and PNs who are part of integrated care teams.

CHI Analysis

Formalizing CHW and PN roles in Colorado's health care workforce may be a long process. Challenges include spelling out competencies associated with their roles and establishing ways to reimburse them for their services.

CDPHE is putting the pieces in place for credentialing and registering PNs. However, these steps will require legislative action. The collaborative represents a large network of engaged stakeholders who are poised to engage the legislature on behalf of this effort.

Beyond the Delivery Room

Jefferson County Public Health Prenatal Plus

For Jefferson County's moms-to-be who are enrolled in Medicaid, routine physical exams and ultrasounds are just the start of their prenatal care.

The Prenatal Plus program, which began in 1995, aims to give women the power to make lifestyle choices that will positively affect their pregnancies, resulting in healthier babies, moms and families.

Like the maternity care home model, Prenatal Plus treats the whole person, and if necessary, connects them with non-medical services. Any woman who is eligible for Medicaid can enroll in Prenatal Plus throughout her pregnancy and for two months post-partum.

Sara Bauer, the nurse supervisor for Prenatal Plus, manages a care team comprised of nurses, registered dieticians and mental health professionals. The team meets monthly to touch base about their clients and align their work to best address the needs of each mother and her family.

> ***"When you connect an expectant mother to the health system, the entire family is likely to receive care."***
>
> *Sara Bauer, nurse supervisor for Prenatal Plus*

Jefferson County public health nurses Julie Winkelmann and Maureen Kloser each work with 20 to 25 expectant mothers at any given time, which adds up to around 100 women served annually.

The nurses check in with each mother twice a month to monitor the pregnancy and to provide support and in-depth instruction about healthy pregnancies, newborn care and parenting. Kloser calls the educational component "a great parenting experience" that leaves the women "feeling like they have the background and knowledge to be good parents."

These bimonthly visits are often at the expectant mother's home. Office visits are available for women who want a more traditional medical appointment or who have no permanent place to live.

Nutrition is top-of-mind for the Prenatal Plus team, particularly since low birth weight is a problem in Colorado. With 8.8 percent of babies weighing less than 5 pounds 8 ounces, the state ranks 40th in the nation for newborns with healthy weight.

Registered dietitian Brenda Rodriguez connects Prenatal Plus moms with the federal Women, Infants and Children (WIC) program, which provides nutrition education, breastfeeding support, healthy food and other services free-of-charge to low-income pregnant women and new mothers.

Prenatal depression is also a problem in Colorado and is highlighted in the new Maternal and Child Health priorities. Prenatal Plus partners with the Jefferson Center for Mental Health, and Janet Goalstone, a licensed clinical social worker, serves on the care team. Goalstone visits families and can refer clients to specialists at the nearby Jefferson Center for more involved screenings or treatment throughout and beyond pregnancy.

For the Prenatal Plus care team, the highest priority is ensuring that clients are connected to providers and a medical home early on in their pregnancies. This ensures a smooth transition in care once the baby is two months old and Prenatal Plus benefits expire.

For the Jefferson County care team, the most rewarding part of the process is seeing the entire family access the care they need. Learning that older children received teeth cleanings and well-child visits, for example, means the care team successfully leveraged services in Prenatal Plus.

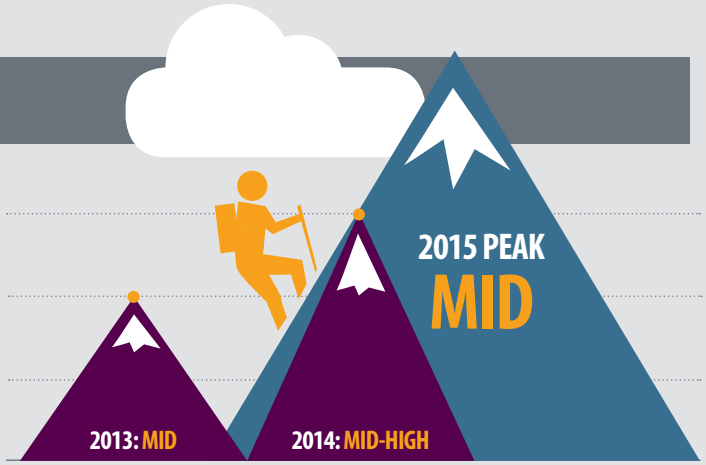
As Bauer put it: "When you connect an expectant mother to the health system, the entire family is likely to receive care."

For more information, visit http://jeffco.us/public-health/home-visitations/prenatal-plus/.

SCHOOLS

Helping students be healthy involves recess, gym class and much more. Schools are where many students get wholesome meals and structured exercise, though Colorado is not a national leader when it comes to healthy schools. The state, however, is taking steps to bolster early childhood education to help more young people get a head start on the road toward good health.

- Colorado schools are meeting federal requirements for healthy meals, and state lawmakers have expanded the school breakfast program.
- An initiative that promotes walking and biking to school is no longer funded by the federal or state government. It remains to be seen what impact, if any, this loss of support will have on students' physical activity.
- Efforts are underway to promote high-quality early childhood education, including a new rating system for licensed programs and new funding mechanisms to increase the number of programs.



When it comes to schools and health, Colorado's record is mixed. On the one hand, the state has few school physical activity requirements. On the other, state legislators have made it easier for more students to get a healthy breakfast. The new Healthy Schools Collective Impact project brings together stakeholders from across the state to improve health-related programming and policies, and Colorado is formally addressing quality in early childhood education to help parents make the best choice for their children. Many of these initiatives are in early stages, so it is too soon to determine if they will have a measureable impact on children's health.

School Breakfast and Lunch

At a Glance

Many Colorado families depend on the federal School Breakfast Program and the National School Lunch Program, which provide nutritionally balanced low-cost or free meals to low-income students.[41] During the 2014-15 school year, 41.8 percent of Colorado students in kindergarten through 12th grade qualified for free- or reduced-price meals.[42]

Colorado schools must meet federal nutrition regulations for all foods sold during the school day, such as using whole grains, limiting salt and providing a minimum number of fruits and vegetables.

Blazing New Trails

Breakfast is considered the most important meal of the day. Research suggests regular breakfast has a positive impact on academic performance, especially in mathematics.[43]

Colorado schools began implementing the Breakfast after the Bell Program during the 2014-15 school year, following passage of 2013 legislation. Schools where at least 70 percent of students are eligible for free- or reduced-priced meals serve no-cost breakfasts to an estimated 80,000 students each day. The numbers increased in the 2015-16 school year when the threshold fell from 80 percent to 70 percent.

CHI Analysis

Healthier meals are on the menu for more Colorado students. In 2014, lawmakers removed co-pays for all students through 12th grade who are eligible for reduced-price lunches.[44] And during the 2015 legislative session, lawmakers rejected an attempt to keep the program from expanding to more students, as planned.[45]

Federal nutrition requirements appear to be boosting the quality of school meals.[46] But the requirements in the Healthy, Hunger Free Kids Act of 2010 are set to expire on September 30, 2015. The looming expiration date could set up a food fight in Congress,

Students line up for a morning physical activity class at the Girls Athletic Leadership School in Denver. Brian Clark/CHI

which must reauthorize the rules every five years.

Any loosening of federal standards could result in less nutritious school meals in Colorado, which, unlike some other states, does not have many nutrition requirements. Colorado limits the types of beverages allowed in schools and has banned trans fats from school foods.

A private sector initiative, Healthy Schools Collective Impact (HSCI), is working on strategies to ensure that all Colorado K-12 public schools provide an environment and culture that integrates health and wellness equitably for all students and staff by 2025.

This broad coalition of educators, parents, youth advocates, nonprofit and health representatives and others is targeting four areas for action: nutrition, comprehensive physical activity, student health services and behavioral health.

Physical Activity

At a Glance

Colorado has the reputation as a healthy state with active residents. But in schools, at least, Colorado's requirements for physical activity set a low bar.

A Colorado law requires a minimum of 30 minutes of physical activity each day for elementary students. This could include recess or other play as well as a formal physical education class. Colorado is one of the few states that does not require physical education at any grade level.

Nearly 35 percent of Colorado children don't even exercise for 20 minutes on most days. Older kids aren't any more active. More than half of high school students don't exercise most days, and just one in five teens walks or bikes to school.[47]

Blazing New Trails

Safe Routes to Schools is a nationwide program that encourages kids to get active by walking and biking to school. When federal funding for the program ended in 2014, Colorado allocated $750,000 to the Colorado Department of Transportation (CDOT) to continue awarding grants to schools and districts. But a measure to continue this funding failed in the state legislature during the 2015 session.

Despite the loss of state funds for Safe Routes to Schools, CDOT hopes to find money for grants during the 2015-16 school year.

CHI Analysis

CDOT will continue to manage and support the 57

active Safe Routes to Schools projects, but no new grants can be awarded without additional money. The agency will continue to offer educational materials and resources online, such as adult crossing guard training manuals and materials for Walk and/or Bike to School Days. But without grant funding for schools and districts, Safe Routes to School programs are likely to slow or halt.

Supporters are determined to keep the program going this year, perhaps with private donations or by reallocating CDOT funds, and are likely to push for legislation in the next session to restore money for the grant program.

Many districts have unique approaches to physical education and school health, but there is no effective way to measure or monitor these efforts. The Colorado Healthy Schools Smart Source, a joint project by CDPHE, the Colorado Department of Education and the Colorado Education Initiative, aims to have 75 percent of schools submitting data on health-related policies and programs by 2017.

Armed with district-specific information, Colorado's schools and stakeholders will be able to make data-driven decisions to improve school-based health programming. This will help to fill the knowledge gap.

Early Childhood Education

At a Glance

High-quality early childhood education has been shown to improve kids' abilities to learn down the line, supporting greater earning potential throughout their lives.

The Early Childhood Colorado Framework, developed in 2008, is a shared vision for early childhood work across the state, identifying gaps and strengths, and guiding planning and decision-making. Two state programs, the Colorado Preschool Program and the Colorado Child Care Assistance Program, offer financial support and information to help low-income and at-risk families enroll their children in early childhood programs. Denver voters approved a tax increase in 2014 to expand the Denver Preschool Program, which provides tuition support scaled to family income and school quality.

Despite these efforts, the Colorado Department of Education estimates that as many as 11,203 four-year-olds did not have a preschool to attend during the 2014-15 school year.[48]

Blazing New Trails

The state recently launched Colorado Shines, a standardized system for assessing and rating the quality of care in licensed early childhood facilities and programs.[49]

All of the approximately 5,500 licensed providers are required to participate in the program, which is administered by the not-for-profit organization Qualistar. The first assessments began in January 2015, and quality ratings and assessments will be completed for all licensed programs by the end of 2016.

Legislators passed House Bill 1317 in 2015 creating a "Pay for Success" approach to funding social service programs, including early childhood education.[50] The law allows the Office of State Planning and Budget to partner with not-for-profit organizations and private investors interested in supporting these programs. In this model, not-for-profit organizations provide services that are paid for by private investors. The state pays the investors only if the program meets cost and quality targets.

Colorado early childhood stakeholders have updated the Early Childhood Colorado Framework. Changes include a shift toward more inclusive language, cultural competency, and the inclusion of prenatal efforts to augment the focus on birth to eight years old. The updated framework was made public in July 2015, with an accompanying toolkit.

CHI Analysis

Efforts are underway to increase the number of young Coloradans enrolled in high-quality early childhood education programs by adding slots to existing programs and bringing in new providers and programs. The "Pay for Success" law has the potential to give more Coloradans access to evidence-based, high-quality services, while creating new funding streams.

Colorado is focused on the quality of early childhood education as well as the quantity. The Colorado Shines assessments are designed to ensure all programs are meeting minimum standards. Providers can receive technical assistance on how to improve their ratings, which are intended to help parents make informed decisions in selecting early childhood programs. The quality focus is also embedded within the newly revised Early Childhood Colorado Framework.

Moving through the School Day

Girls Athletic Leadership School

"I know who I am, I know that I matter and I know what matters to me."

At the Girls Athletic Leadership School, known as GALS, this mantra embodies the all-girl Denver charter school's guiding principle of promoting comprehensive health and self-confidence among its 365 students.

At GALS, physical activity is not simply a one-period class; it's at the core of the curriculum. While most students start their school day in homeroom, everyone at GALS — students, teachers and staff — participates in morning exercise.

On a spring morning this year, the expansive outdoor field was divided into sections for flag football, Ultimate Frisbee and soccer. Some girls played basketball in the gym; the oldest students headed to the local CrossFit gym for a circuit workout, and others danced or practiced yoga.

But physical activity doesn't stop when academics start. Students who need a break during a lecture can hop on a stationary bike in the back of the classroom. Teachers schedule at least one "brain break" during each class, allowing students to move around and refocus their attention.

Nationally, girls trail boys when it comes to physical activity. It's no different in Colorado, where 40 percent of teen girls report being physically active for an hour on most days compared with 58 percent of males. For the students at GALS, sitting on the sidelines isn't an option.

Executive Director Liz Wolfson opened GALS — the first and only public girls-only school in Denver — in 2010, along with co-founder and head of the middle school, Nina Safane, a fellow Brown University alumna and former student athlete.

The school began with just the 6th and 7th grades and slowly added a grade level annually. In the 2015-16 school year, GALS will have its first class of 10th graders. Wolfson and Safane are working to create two new schools, an all-boys school in Denver and another school for girls in Los Angeles.

Wolfson believes that GALS' single-gender structure, focus on physical activity and commitment to fostering an open,

Brian Clark/CHI

Executive Director Liz Wolfson (center) joins students (from left) Gabby Rhodes, Iriam Islas, Grace Ragan and Lucia Gartland on a sports field at the Girls Athletic Leadership School in Denver.

relationship-based culture promotes academic success and leadership. As she puts it: Healthy bodies fuel active minds.

And the test scores show it. The school reports that it earned higher scores on the 2013 Transitional Colorado Assessment Program standardized tests for all subjects — math, science, reading and writing — than Denver Public Schools and the state as a whole.

The self-confidence harnessed through GALS' activity-based approach to learning encourages students to become thoughtful, expressive leaders. The teachers — both male and female — emphasize group discussions, encouraging students to speak out on issues such as domestic violence, race relations and diversity.

Gabby Rhodes, a 7th grader, said she and her friends feel comfortable voicing their opinions in class — contrary to the stereotype of shy middle school girls.

"The teachers," she said, "encourage us to share our beliefs, even our religious beliefs, since we all come from different backgrounds."

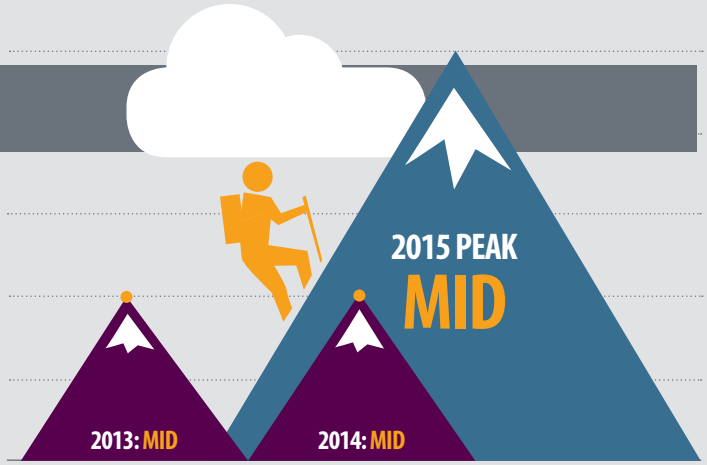
Added Iriam Islas, a 9th grader, "They don't try to isolate us from the real world here. When there's something important happening, our teachers bring it into the classroom discussions."

For more information, visit www.galsschools.org.

WORKPLACE

Workplace wellness programs are popular among many employers to support employee health and boost productivity. Many employers also offer paid leave for health or other reasons, though a government mandate to require such benefits is controversial. A new model of workplace insurance coverage, value-based insurance design, has yet to widely catch on among employers.

- Public health departments are working with employers to expand worksite wellness programs. Employers are optimistic about the potential health benefits and cost savings, but the evidence is mixed.
- A government mandate for paid sick leave is gaining a bit of momentum, particularly at the state and local levels.
- Value-based insurance design (VBID) — which has incentives for consumers to seek preventive care and evidence-based health services — is being tested in Colorado, but large-scale adoption has been slow.



Building healthier workplaces is a time-intensive process. Employers must be convinced the investment improves their bottom lines. Colorado's public health community is engaging more workplaces about implementing wellness programs. Paid sick leave has already become a talking point in the presidential primaries, and advocates in Colorado are conducting research to bolster their case for a statewide mandate. No new value-based insurance design projects are underway in Colorado despite positive findings from two pilot projects. However, VBID is gaining some traction in Congress.

Workplace Wellness

At a Glance

About half of U.S. employers offer some type of wellness program. These initiatives take many forms, including counseling for tobacco cessation, physical activity in the workplace, and breastfeeding-friendly policies.

Workplace wellness has potential to improve employee health and reduce absenteeism, but research on the impact of such programs is limited and mixed. Some studies find financial savings while others show no significant differences in health care costs, absenteeism or lifestyle changes.[51]

Blazing New Trails

Colorado's 2015-2019 Public Health Improvement Plan — the comprehensive blueprint to guide public health efforts across the state — makes workplace wellness a priority. One goal is to introduce wellness policies that combine healthy eating, physical activity and breastfeeding accommodation in 1,000 new workplaces by 2020.[52]

CDPHE is working with Health Links Colorado, a nonprofit that promotes workplace wellness based at the Colorado School of Public Health. The plan is to reach out to 62 new workplaces each month for the next five years to persuade them to adopt wellness policies.

Five public health agencies — Delta, Eagle, Garfield, Pueblo and Tri-County — received grants for workplace wellness initiatives from a fund supported by state tobacco taxes.[53] Health Links will support the agencies in training coordinators to work with local employers to develop wellness programs.

Garfield County Public Health is taking a different approach, developing a worksite wellness program within the county government to serve as a model

for other local employers. A Worksite Wellness Advisory Corps will address employer questions and concerns and help them establish their own programs.

CHI Analysis

Momentum behind wellness programs is high, but the jury is out on whether these programs effectively promote health and reduce health care costs.

The Kaiser Family Foundation 2013 annual survey on employer health benefits found that more than 70 percent of respondents believed that worksite wellness programs are "very" or "somewhat" effective at reducing costs.[54]

Special to CHI

The Better Bites employee wellness program provides low-cost healthy food options to employees at Penrose Hospital and St. Francis Medical Center in Colorado Springs.

This employer optimism bodes well for organizations and advocates promoting these programs. However it is important to continue evaluating worksite wellness programs so that public and private resources are used effectively.

Paid Sick Leave

At a Glance

Paid leave ensures that employees receive at least a portion of their pay if they are unable to work due to illness or injury, or if they need to care for an ill relative or new baby.

Many employers offer paid leave, but a government mandate requiring the benefit is another matter. Advocates argue that paid leave increases productivity and reduces turnover. Opponents say a mandate would hurt small business owners.

There is no federal or Colorado requirement for employers to offer paid leave. However, the issue is emerging in national politics and in some state legislatures, including the Colorado General Assembly.

Blazing New Trails

In the most recent legislative session, the Family Medical Leave Insurance Act failed to pass the Colorado House on a slim 33-31 vote. The bill called for partial wage-replacement benefits to individuals who need to take leave from work due to a serious health condition or to care for an ill family member or a new baby. Although it failed, the measure advanced further than a 2014 version, which didn't survive its first committee hearing.

On the federal level, President Barack Obama urged Congress to send him a bill "that gives every worker in America the opportunity to earn seven days of paid sick leave."[55] Although Congress has yet to act, President Obama signed an executive order on September 7th that requires all federal contractors to give their workers seven days of paid sick leave.[56]

Meanwhile, several companies are taking action. Chipotle and McDonald's recently began offering hourly and part-time workers paid leave and vacation time. In August, Netflix announced that employees could

take up to a year of paid parental leave, and other companies have improved their benefits, in part to attract talent.[57]

CHI Analysis

According to a recent poll, 80 percent of Americans support required paid family leave and 85 percent support a mandate for paid sick leave.[58]

While Colorado is among 25 states that has debated the issue over the past several years, only four — Connecticut, California, Massachusetts and Oregon — have passed sick leave legislation.[59] Across the country, 18 localities have adopted paid sick leave measures. In 2011, Denver voters rejected a ballot question on paid sick leave, but ongoing state-level campaigns may have elevated public support since then.

Colorado's paid leave advocates are laying the groundwork for a more successful legislative bid. Activities to bolster their case include an actuarial analysis of their paid leave proposal, a business survey and public opinion poll.

Paid leave has become a campaign issue as well. Democratic presidential hopefuls are already voicing their support. All four Republican senators who are seeking their party's nod — Lindsey Graham, Rand Paul, Ted Cruz and Marco Rubio — voted against an amendment to require seven days of paid leave for all employees.[60] With campaigns ramping up nationally and in Colorado, paid sick leave is likely to stay a front burner issue.

Value-Based Insurance Design

At a Glance

Value-based Insurance Design (VBID) reduces consumers' out-of-pocket costs for evidence-based care and preventive services and makes treatments of lesser clinical value more expensive.

Engaged Public, a Denver-based public policy strategy firm, has introduced the VBID model in Colorado through its Engaged Benefit Design pilot. Outside of these pilot projects, take-up has been slow. The principles of VBID, however, are gaining support in Congress.

Blazing New Trails

Evaluation results from a VBID pilot at San Luis Valley Health in Alamosa suggest the model can be implemented effectively.[61] Employees became more cost conscious when making decisions about health care throughout the pilot.

A second pilot is underway in Grand Junction with more than 300 employees of Hilltop, a nonprofit community resources and health care organization.[62]

The pilot, which began in 2012, encourages preventive services and routine care visits. It will scale up to include incentives for employees who opt for evidence-based care and services rather than more costly options. Costs are trending downwards, and Hilltop estimates a 12 percent increase in use of preventive and routine medical services.

The VBID model has made its way to Capitol Hill. In June 2015, the House of Representatives passed the Strengthening Medicare Advantage through Innovation and Transparency for Seniors Act (HR 2570) with bipartisan support.[63] Among other elements, the bill would establish a VBID demonstration project within Medicare Advantage plans. The Senate is debating a companion bill.

Meanwhile, Centers for Medicare & Medicaid Services announced the Medicare Advantage Value-Based Insurance Design Model, which will test VBID in seven states — not including Colorado — beginning January 2017 and will run for five years.[64] The model will focus on Medicare Advantage enrollees with chronic conditions, such as diabetes and hypertension.

CHI Analysis

Initial efforts in Colorado suggest that VBID is a promising model for guiding consumer health care choices towards cost-effective, evidence-based options. However, few employers have embraced this model. Possible reasons could include a lack of knowledge about the model or feelings that health insurance coverage is already too overwhelming and complicated.

Broad expansion of VBID may require federal leadership. Congress may authorize a VBID pilot in Medicare Advantage with bipartisan support — a rare quality in federal health care legislation. If successful, the legislation could extend VBID's reach to the over 288,000 Coloradans enrolled in these plans.[65]

Better Bites for Healthier Hospital Employees

Better Bites Program

Employers use different approaches to encourage employees to stay healthy. Some offer yoga classes or promote smoking cessation. Others have swapped candy bowls in the break room for fruit and trail mix.

Wellness programs benefit employees and employers. Employees can lose weight, feel less stressed, and learn to maintain their health. Employers see higher productivity, lower insurance costs, and fewer sick days.

In Colorado Springs, two hospitals are putting their menus where their mouths are. Penrose Hospital and St. Francis Medical Center, part of Centura Health, worked with LiveWell Colorado Springs to develop the Better Bites program in 2011 to make healthier food choices easier and less expensive for their employees.

A survey found that nearly half of employees ate at the cafeterias once per shift and almost 20 percent had multiple cafeteria meals at work. With so many employees eating cafeteria food, small changes to make the menus healthier could have a fairly large impact.

Better Bites offers alternatives to cafeteria favorites and sells the healthy choices at lower prices. Employees at both hospitals save 35 percent if they choose a turkey burger instead of beef and a more nutritious salad instead of a grab 'n go variety. Penrose's menu offers grilled chicken as an alternative to the fried option. St. Francis created a healthier margarita pizza. Both hospitals hope to offer additional Better Bites in the coming months.

The hospitals generated excitement for the program by advertising the changes and holding kick-off events with free samples for employees. Healthy items are highlighted with Better Bites stickers, educational signs at registers and prominent placement of the products.

Special to CHI

Healthy, low-cost food options are available at Penrose Hospital and St. Francis Medical Center in Colorado Springs as part of the Better Bites employee wellness program.

And employees responded. Over a nine month evaluation at Penrose Hospital, all three healthier options outsold original menu items. Although the response at Penrose Hospital was stronger, St. Francis Medical Center saw healthy food sales increase and unhealthy sales decrease, achieving the goals of the program.

Tami Charles, the former Penrose-St. Francis nutrition services manager, said the hospital system uses Better Bites to complement other wellness programs, such as individual wellness coaching and exercise classes. All that and more supports the goal of improving employee health, which is part of Centura's 2020 strategic plan.

For more information, contact Amy Patsch at amy@publichealth-partners.com.

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