

# BE HEALTHY DENVER:

DENVER'S COMMUNITY HEALTH IMPROVEMENT PLAN, 2013-2018  
ACTION PLAN ONLY



## *Be Healthy Denver*

COMMUNITY HEALTH MATTERS

FEBRUARY 4, 2014



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Denver Community Health Improvement Plan (CHIP) – Action Plan

Access to Care	Healthy Eating and Active Living (HEAL)
<p><b>5-Year Goal: By December 2018, at least 95% of Denver residents will have access to primary medical care, including behavioral health care.</b></p>	<p><b>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.</b></p>
<p><b>Indicators:</b></p> <ol style="list-style-type: none"> <li>1. Percentage of Denver residents with health care coverage.</li> <li>2. Percentage of insured/ uninsured residents with a Primary Care Provider (PCP).</li> <li>3. Percentage of insured/uninsured residents who have had a PCP visit in the last 12 months.</li> </ol> <p>Data Sources: American Community Survey, Colorado Health Access Survey</p>	<p><b>Indicators:</b></p> <ol style="list-style-type: none"> <li>1. Percentage of children 2-5 years of age using Denver Health and Kaiser Permanente health systems who are at a healthy weight.</li> <li>2. Percentage of Denver Public Schools (DPS) students, kindergarten through 9<sup>th</sup> grade, who are at a healthy weight.</li> <li>3. Percentage of DPS students, 6-12<sup>th</sup> grade, who meet the recommended physical activity levels (60 minutes/day, 7 days per week).</li> </ol> <p>Data Sources: Denver Health and Kaiser Permanente Electronic Health Records, DPS Body Mass Index (BMI) data, Denver Health Kids Colorado Survey</p>
Enrollment and Coverage	Community
<p><b>Objective A1:</b> 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.</p>	<p><b>Objective H1:</b> Increase the number of safe and active environments that support physical activity for Denver communities.</p> <p><b>Objective H2:</b> Increase access to nutritious foods and beverages in underserved areas of Denver.</p>
Provider Capacity	Child Care Centers
<p><b>Objective A2:</b> Assess and build the capacity of safety net providers in Denver to deliver primary, specialty, and behavioral health care to persons newly covered starting in 2014, and to those who remain uninsured.</p>	<p><b>Objective H3:</b> 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.</p>
Care Coordination and System Collaboration	Schools
<p><b>Objective A3:</b> 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.</p>	<p><b>Objective H4:</b> Increase quality physical education and opportunities for moderate to vigorous physical activity in schools.</p>
	<p><b>Objective H5:</b> Increase access to healthy foods and beverages in schools.</p>
	City and County Government
	<p><b>Objective H6:</b> Incorporate health considerations and analysis in city policy, processes, and planning.</p> <p><b>Objective H7:</b> Develop and implement a targeted <i>Be Healthy Denver</i> marketing campaign for Healthy Eating and Active Living (HEAL).</p>

## Access to Care Action Plan

### ENROLLMENT AND COVERAGE

<p><b>Objective A1:</b> Increase the number of Denver residents with health care coverage by supporting the implementation of the Affordable Care Act (ACA); 40,000 Denver residents enroll in Medicaid and subsidized insurance by July 1, 2014 and 94% of residents have health care coverage by December 31, 2018.</p>		
<p><b>Lead Entities:</b> Denver Public Health, new Denver-based health alliance (see Objective A3).</p> <p><b>Supporting Entities:</b> Denver Environmental Health, Denver Department of Human Services, Certified Application Assistance Sites (CAAS) in Denver, Connect for Health Colorado and its Regional Hub and Assistance Sites in Denver, Department of Health Care Policy and Financing (HCPF), safety net health care providers, community-based organizations.</p> <p><b>Potential Indicator(s):</b> Increase in number of Denver residents enrolled in Medicaid, CHP+, and insurance plans through Connect for Health Colorado; increase in number of enrollment/medical assistance sites; number of training sessions provided to health care organizations and community-based organizations; number of individuals/groups trained; reach of Training of Trainers events; number of brochures and educational materials distributed; number of media interviews conducted; number of visits to Denver Health ACA website.</p>		
Strategies	SMART Objectives	Data Sources/Results
A. Assess current enrollment practices in Denver and preparations for the forthcoming expansion of coverage under the ACA.	By 7/1/2013, survey 50 safety net providers, community-based organizations, and governmental organizations providing services to low-income Denver residents about their current enrollment practices and preparations for the ACA expansions.	<ul style="list-style-type: none"> <li>• Survey conducted</li> <li>• Organizations surveyed</li> <li>• Organizations responded</li> <li>• Response rates</li> <li>• Report completed</li> </ul>
B. Develop and conduct Training of Trainers (TOT) courses for health providers and community-based organizations serving low-income Denver residents, to educate staff and community partners about the ACA and enrollment.	By 10/1/2013, conduct two TOT courses with (1) Denver Health frontline staff and (2) staff from other safety net providers and community-based organizations. By 11/1/2013, translate training materials from the TOT courses into Spanish and make available at BeHealthyDenver.org for use by interested organizations.	<ul style="list-style-type: none"> <li>• TOT courses conducted</li> <li>• Organizations and individuals attended</li> <li>• Trainings conducted by attendees with colleagues in their own organizations</li> <li>• TOT materials available at BeHealthyDenver.org</li> </ul>
C. Conduct outreach meetings and provide information about the forthcoming changes under the ACA to various organizations and groups in Denver.	By 3/14/2014, conduct 40 outreach meetings and distribute information about the expansion of coverage under the ACA.	<ul style="list-style-type: none"> <li>• Outreach meetings conducted</li> <li>• Organizations and individuals attended</li> <li>• Materials distributed</li> </ul>

**Objective A1: Increase the number of Denver residents with health care coverage by supporting the implementation of the Affordable Care Act (ACA); 40,000 Denver residents enroll in Medicaid and subsidized insurance by July 1, 2014 and 94% of residents have health care coverage by December 31, 2018.**

Strategies	SMART Objectives	Data Sources/Results
D. Produce and distribute brochures and other educational materials for the public on the forthcoming changes under ACA and how people can get enrolled.	By 10/1/2013, produce a special edition of <i>Denver Vital Signs</i> on the ACA and enrollment, and distribute to partners. By 11/1/2013, develop, design, and print 93,000 bilingual brochures on the ACA and how to enroll in Denver. By 3/1/2014, disseminate the brochures and ACA training slides to governmental organizations, health care providers, and community-based organizations.	<ul style="list-style-type: none"> <li>● <i>Denver Vital Signs</i> ACA edition published and distributed to partners</li> <li>● 93,000 ACA brochures printed and distributed to partner organizations</li> <li>● TOT slides produced in English and Spanish, shared with partners, and posted on BeHealthyDenver.org</li> </ul>
E. Engage with local media to promote enrollment in health care coverage.	By 4/1/2014, the Director of Denver Public Health will participate in eight media interviews regarding the implementation of the ACA, with four different media outlets.	<ul style="list-style-type: none"> <li>● Interviews conducted</li> <li>● Media outputs (broadcasts, articles)</li> </ul>
F. Update and maintain accurate ACA information on the Denver Health website.	By 10/1/2013, develop an ACA page on the Denver Health website. Update the website monthly.	<ul style="list-style-type: none"> <li>● Denver Health ACA website created</li> <li>● Website updates</li> </ul>
G. Monitor and report the percentage of Denver residents enrolled in health care coverage.	From 1/1/2013-12/31/2018, note and report on Denver's rate of health care coverage, as determined by the American Community Survey and the Colorado Health Access Survey.	<ul style="list-style-type: none"> <li>● American Community Survey (ACS)</li> <li>● Colorado Health Access Survey (CHAS)</li> <li>● Reports posted on BeHealthyDenver.org</li> </ul>
H. Track progress monthly on the number of Denver residents enrolling in Medicaid and subsidized insurance plans at Connect for Health Colorado.	By 1/1/2014, develop a reporting framework and collect Denver enrollment data from HCPF and Connect for Health Colorado. From 1/1/2014-12/31/2018, report monthly or quarterly on the number of Denver residents who enrolled in Medicaid and purchased health insurance through Connect for Health Colorado.	<ul style="list-style-type: none"> <li>● Reporting format agreed with HCPF and Connect for Health Colorado</li> <li>● Monthly Medicaid enrollment data acquired from HCPF and monthly insurance enrollment data acquired from Connect for Health Colorado</li> <li>● Colorado Benefits Management System (CBMS) data</li> <li>● Medicaid Management Information System (MMIS) data</li> </ul>

**Objective A1: Increase the number of Denver residents with health care coverage by supporting the implementation of the Affordable Care Act (ACA); 40,000 Denver residents enroll in Medicaid and subsidized insurance by July 1, 2014 and 94% of residents have health care coverage by December 31, 2018.**

**Best practices that may inform strategies:** Colorado’s experience with the early expansion of Medicaid for Adults without Dependent Children (AwDC), best practices from other cities in enrolling Eligible but not Enrolled (EBNE) populations, Massachusetts’ experience in implementing health care reform and the individual coverage mandate starting in 2006, other states’ and the federal government’s experience in setting up insurance exchanges, other cities’ experiences in expanding Medicaid enrollment and encouraging people to purchase insurance on the state and federal exchanges starting in October 2013.

Action Steps	Organization Responsible	Target Date	Status	Anticipated Result
Prepare questionnaire for Enrollment and ACA Survey, identify stakeholder organizations to survey, send out surveys, collect responses, analyze data, complete report.	Access to Care Task Force	July 1, 2013	Completed	Report completed, “Summary of Enrollment and ACA Survey Results,” available at BeHealthyDenver.org.
Develop Training of Trainers (TOT) training material, conduct trainings, provide follow-up information to attendees, note trainings that attendees conduct with colleagues, translate materials into Spanish, make available to partners.	Access to Care Task Force, Denver Public Health Prevention Training Center	November 1, 2013	Completed	Two TOTs conducted, slide sets produced and translated into Spanish, made available at BeHealthyDenver.org.
Prepare slides and handouts for ACA outreach and education meetings, schedule and conduct meetings.	Access to Care Task Force Chairs	April 1, 2014	39 meetings completed by December 15, 2013	Reliable, accurate and consistent messaging regarding the ACA, informed community leaders.
Design, print and distribute brochures to educate people about the forthcoming changes under the ACA and how to enroll in Denver, distribute brochures to partner organizations.	Access to Care Task Force	April 1, 2014	93,000 brochures printed, 89,000 distributed by December 15, 2013	Reliable, accurate and consistent messaging regarding ACA, brochures printed and distributed, electronic copy of brochure available at BeHealthyDenver.org.
Write and produce <i>Denver Vital Signs</i> issue on the ACA, distribute to partners and community leaders.	Access to Care Task Force	October 1, 2013	Completed	“Expanding Access to Health Care in Denver Under the ACA,” <i>Denver Vital Signs</i> , September 2013, available denverhealth.org.
Approach media outlets, participate in interviews, and submit articles for publication on the beneficial aspects of the expansion of coverage under the ACA; respond to media queries.	Director of Denver Public Health, Denver Health Public Relations and Communications Department	April 1, 2014	7 interviews completed by December 1, 2013	Reliable, accurate and consistent messaging regarding ACA Interviews conducted, articles published.

Create an ACA sub-page on the Denver Health website.	Denver Health Public Relations and Communications Department	October 1, 2013	Completed	Reliable, accurate and consistent messaging regarding ACA, webpage created.
Obtain new releases of data from the ACS and CHAS, analyze data, extract Denver-specific data on health coverage.	Denver Public Health, Colorado Health Institute	Ongoing through December 31, 2018	Ongoing	Survey data available, evidence of an increase in the coverage rate of Denver residents from 2013 through 2018.
Develop reporting format with HCPF and Connect for Health Colorado to collect monthly data on enrollment in Medicaid and insurance plans; collect data monthly, analyze data, report results.	Denver Public Health, HCPF, Connect for Health Colorado	Ongoing through December 31, 2018	Ongoing	Monthly data on enrollment in Medicaid and insurance plans, increase in the coverage rate of Denver residents from 2013 through 2018.



**PROVIDER CAPACITY**

<p><b>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.</b></p>		
<p><b>Lead Entities:</b> Denver Public Health, new Denver-based health alliance.  <b>Supporting Entities:</b> Denver Environmental Health, primary, specialty care, and behavioral health care providers, community-based organizations.  <b>Potential Indicator(s):</b> Number of patients seen monthly and annually by safety net providers in Denver; number of patients turned away and referred elsewhere; number of patients insured and uninsured; percent of revenue for safety net providers coming from patient fees, Medicaid and insurance reimbursement, and other funding sources; qualitative data from key informant interviews with safety net providers about access and capacity challenges; patient confidence in knowledge of needed services and in accessing needed services; emergency department utilization and hospitalization patterns in Denver.</p>		
Strategies	SMART Objectives	Data Sources/Results
<p>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.</p>	<p>By 9/1/2013, the Access to Care Task Force will conduct key informant interviews with the leaders of 15 safety net providers in Denver and produce a report of the findings.</p>	<ul style="list-style-type: none"> <li>• Interviews conducted</li> <li>• Report completed and made available at BeHealthyDenver.org</li> </ul>
<p>B. Continue to identify gaps and challenges in primary, secondary and behavioral health care services in Denver as the ACA is implemented.</p>	<p>On an ongoing basis between 1/1/2014 and 12/31/2018, Denver Public Health will analyze data from the CHAS, HCPF, and Denver Health to identify gaps and challenges in primary, secondary, and behavioral health care.</p>	<ul style="list-style-type: none"> <li>• CHAS</li> <li>• HCPF data on Medicaid enrollment</li> <li>• Denver Health data</li> </ul>
<p>C. Monitor health care utilization trends in Denver with the implementation of the ACA.</p>	<p>On an ongoing basis between 1/1/2014 and 12/31/2018, Denver Public Health will analyze data from the Colorado Hospital Association and the CHORDS Registry to identify trends in how patients access health care through safety net providers.</p>	<ul style="list-style-type: none"> <li>• Colorado Hospital Association</li> <li>• Denver CHORDS Registry (combined electronic health records from Denver Health, Kaiser Permanente, and other safety net providers)</li> </ul>



**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.**

Strategies	SMART Objectives	Data Sources/Results
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.	On an ongoing basis from 10/1/2013 through 12/31/2014, Denver Health and other safety net providers in Denver will reach out to current patients and assist them to enroll in Medicaid and subsidized insurance plans on Connect for Health Colorado.	<ul style="list-style-type: none"> <li>● Number and percentages of patients at Denver’s safety net clinics who are uninsured, enrolled in Medicaid and CHP+ , and enrolled in private insurance</li> <li>● New revenues for safety net clinics from Medicaid and insurance payments</li> <li>● Investments in improving facilities and hiring new staff</li> </ul>
E. Provide technical assistance to safety net providers to learn how to effectively bill for Medicaid and commercial insurance.	A new Denver-based Health alliance may elect to coordinate the provision of technical assistance for Medicaid and insurance billing for its members as an early priority. Dates to be determined by the alliance.	<ul style="list-style-type: none"> <li>● Technical assistance provided</li> <li>● Increased revenues to safety net clinics through Medicaid and insurance payments</li> <li>● Investments in improving facilities and hiring new staff</li> </ul>
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.	A new Denver Health alliance may decide to survey its members regarding their respective capacities and specializations, and to develop a division of labor and referral system for the care of low-income Denver residents. Dates to be determined by the alliance.	<ul style="list-style-type: none"> <li>● Survey conducted of safety net organizational capacity and specializations in Denver</li> <li>● Division of labor agreed on</li> <li>● Referral system established and operational</li> <li>● Number of referrals</li> </ul>

**Best practices that may inform strategies:** Successful practices in other cities for managing primary, specialty, and behavioral health care for low-income residents, Denver Health’s experience with its Center for Medicare and Medicaid Innovation (CMMI) grant, experience of other CMMI grant holders, Camden, NJ model for high users of emergency departments.

**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.**

Action Steps	Organization Responsible	Target Date	Status	Anticipated Result
Identify organizations and contact persons for key informant interviews on gaps and challenges in the provision of primary, specialty and behavioral health care, conduct interviews, analyze interview data, write capacity assessment report.	Access to Care Task Force	September 1 , 2013	Completed	Report completed, "Access to Care in Denver: Progress Report of the Denver Access to Care Task Force", available at BeHealthyDenver.org.
Analyze data from the CHAS, HCPF, and Denver Health to identify continued gaps and challenges in primary, secondary, and behavioral health care, report findings.	Denver Public Health	Ongoing through 12/31/2018	Ongoing	Data analyzed, periodic reports completed.
Analyze data from the Colorado Hospital Association and the CHORDS Registry to identify trends in how patients access health care through safety net providers.	Denver Public Health	Ongoing through 12/31/2018	Ongoing	Data analyzed, periodic reports completed.
Individual safety net providers increase their enrollment capacity or refer patients out to enrollment sites, to ensure that current patients get enrolled.	Safety net providers, Enrollment sites	December 31, 2014	Ongoing	Patients who are already connected to safety net clinics now have a reliable payer source for their care. The revenues generated by current patients help to generate the revenues for clinics to expand capacity and offer services to more patients.
Identify clinics that need technical assistance to bill for Medicaid and private insurance, who can provide this assistance, and how the provision of technical assistance can be funded, e.g. through lending expertise between member organizations in a new health alliance.	New Denver-based health alliance Safety net providers	To be determined	To be determined	Safety net clinics have the skills and expertise to bill Medicaid and insurance companies. They derive revenues that can be reinvested to expand capacity and offer services to more patients.
Create a survey instrument and research plan, identify safety net clinics to be surveyed, conduct survey, coordinate meetings of safety net providers, agree on and implement division of labor and referral system.	New Denver-based health alliance Safety net providers	To be determined	To be determined	Safety net clinics realize efficiencies and maximize limited resources, thereby increasing the overall capacity in Denver to care for the health needs of low-income residents.

**CARE COORDINATION AND SYSTEM COLLABORATION**

<b>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.</b>		
<p><b>Lead Entities:</b> Denver Public Health, in conjunction with Denver Health Community Health Services, Mental Health Center of Denver (MHCD), Inner City Health Center, Clínica Tepeyac , and Colorado Alliance for Health Equity and Practice (CAHEP).</p> <p><b>Supporting Entities:</b> Denver Environmental Health, Denver Health and Hospital Authority (multiple units), Children’s Hospital, Exempla St. Joseph Hospital, Kaiser Permanente, Denver Department of Human Services, safety net providers of primary care, specialty care, behavioral health care, and substance abuse treatment, community-based organizations.</p> <p><b>Potential Indicator(s):</b> Number of health care agencies participating in the formation of the alliance; number of meetings held, attendance at meetings, meeting minutes recorded; key issues identified for the alliance to address; plan produced for the formation of the alliance; vision and mission for the alliance; funding proposal for supporting the alliance in its early years and plan for sustainable funding in to the future; alliance created and operating.</p>		
Strategies	SMART Objectives	Data Sources/Results
A. Conduct an environmental scan of urban health alliances in Colorado.	By 11/1/2013, the Access to Care Task Force will interview the leaders of six urban alliances on key aspects of their operations, and produce a report of the findings.	<ul style="list-style-type: none"> <li>● Interviews conducted</li> <li>● Report completed</li> </ul>
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.	By 11/25/2013, the Access to Care Task Force will submit a Convening for Colorado grant application to the Colorado Trust to support a planning process to form a health alliance in Denver.	<ul style="list-style-type: none"> <li>● Grant application developed</li> <li>● Grant submitted</li> <li>● Grant awarded</li> </ul>
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.	Between 1/1/2014 and 5/31/2014, Denver Public Health and a hired facilitator will facilitate four meetings with 30 stakeholders. By 6/28/2014, Denver Public Health and a core group of group of safety net providers in Denver, with the help of a technical writer, will prepare a plan and funding proposal for creating a health alliance.	<ul style="list-style-type: none"> <li>● Meetings held, agendas prepared and minutes taken</li> <li>● Organizations and individuals attended</li> <li>● Plan and funding proposal written and submitted</li> <li>● Funding granted</li> <li>● Health alliance formed</li> </ul>

**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.**

**Best practices that may inform strategies:** Institute for Healthcare Improvement’s (IHI) Triple Aim, experiences of other health alliances in Colorado, notably the North Colorado Health Alliance, guidance from networks of health alliances in Colorado (Colorado Network of Health Alliances) and the United States (Communities Joined in Action), best practices in care coordination among health care providers in other cities, best practices in using patient care navigators and patient-centered medical homes, and in reducing emergency room visits and readmissions.

Action Steps	Organization Responsible	Target Date	Status	Anticipated Result
Identify urban health alliances in Colorado and their leaders, conduct interviews, analyze data, write report.	Access to Care Task Force	November 1, 2013	Completed	Report completed, “Survey of Health Alliances in Colorado,” available at BeHealthyDenver.org.
Write and submit Convening for Colorado grant application.	Access to Care Task Force	November 25, 2013	Completed, Grant Awarded	Funding awarded to support a planning process to create a health alliance in Denver.
Convene four planning meetings for creating a health alliance, write and submit a plan and funding proposal for creating the alliance.	Denver Public Health, hired facilitator and technical writer	June 28, 2014	Ongoing	Planning process completed to establish a health alliance in Denver, plan and funding proposal submitted.

## Healthy Eating and Active Living (HEAL) Action Plan

### COMMUNITY

<b>Objective H1: Increase the number of safe and active environments that support physical activity for Denver communities.</b>		
<p><b>Lead Entity:</b> Denver Environmental Health</p> <p><b>Supporting Entities:</b> Denver Public Health, Denver Public Schools, Denver Community Planning and Development (CPD), Denver Public Works Department, Denver Parks and Recreation, Denver City Council, Denver Safe Routes to School Coalition, Walk Denver, Bike Denver, neighborhood associations</p> <p><b>Potential Indicator(s):</b> Percentage of adults commuting to work by bike; Number of bike lanes and sharrows create;, percentage of adults engaging in leisure time physical activity; percentage of adults meeting physical activity recommendations; number of pedestrian/bicycle improvements made; number of pedestrian/bicycle accidents with motor vehicles per year; amount of new revenue dollars for bicycle, pedestrian, and multi-modal transportation; percentage of DPS students living within one mile of school who walk or bike to school</p>		
<b>Strategies</b>	<b>SMART Objectives</b>	<b>Data Sources/Results</b>
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.	By 12/31/2015, (1) review city and DPS policies that could be improved to enhance walking/bicycle use and safety, and (2) complete Denver Bike Policy Assessment. By 12/31/2016, conduct a complete streets assessment.	<ul style="list-style-type: none"> <li>• Walking/biking policy reviewed</li> <li>• Denver Bike Policy Assessment completed</li> <li>• Denver Safe Routes to School and Denver Public School Policy matrix created</li> </ul>
B. Improve signage for safe pedestrian/bike use and improve the safety of crosswalks.	By 12/30/2014, convene a stakeholder group to analyze traffic, road safety level (spatial and temporal design, day and night visibility, and accessibility) pedestrian, and bike accident data. By 6/30/2015, complete data assessment and provide recommendations to make crosswalks safer. By 12/31/2015, create a Master Signage Plan defining priority areas and standards for signage.	<ul style="list-style-type: none"> <li>• Report summarizing traffic, road safety conditions, pedestrian, and bike accident data</li> <li>• High-fatality crosswalks mapped</li> <li>• Master signage plan created</li> <li>• Signs added and replaced</li> </ul>
C. Allow and encourage community-based organizations to use parks and recreation centers for events and activities.	By 12/31/2014, partner with Denver Parks and Recreation to produce a baseline report about how, and with what frequency, community organizations use parks and recreation centers for events and activities, and how this usage can be increased to create more play and exercise opportunities for children.	<ul style="list-style-type: none"> <li>• Baseline report completed using Denver Parks and Recreation data</li> </ul>

<b>Objective H1: Increase the number of safe and active environments that support physical activity for Denver communities.</b>				
D. Examine new revenue generation options for bicycle, pedestrian, and multi-modal transportation infrastructure.	By 7/31/2014, complete a revenue generation analysis for bicycle, pedestrian and multi-modal transportation.	• Revenue generation analysis completed		
<b>Best practices that may inform strategies:</b> Safe Routes to School (SRTS), Denver's previous experiences and best practices in other cities for enhancing safe walking and cycling, improving signage, and facilitating multi-modal transportation.				
<b>Action Steps</b>	<b>Organization Responsible</b>	<b>Target Date</b>	<b>Status</b>	<b>Anticipated Output</b>
Convene stakeholders, political leaders, businesses, and community partners related to each strategy.	Denver Environmental Health, Denver Public Works, Denver Public Health For Signage: Denver SRTS Coalition, Denver Public Works, Trust for Public Land. For Parks and Recreation: Denver Parks and Recreation, Trust for Public Land	3/1/2014	Ongoing	Commitment and support from stakeholders.
Meet with stakeholder to determine/finalize SMART objectives for strategies.	Denver Environmental Health, Denver Public Works, Denver Public Health	7/1/2014	Ongoing	SMART objectives further defined.
Create work plan for each strategy.	Denver Environmental Health, Denver Public Works, Denver Public Health	6/1/2014	Ongoing	Work plans created.

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

**Lead Entity:** Denver Environmental Health.

**Supporting Entities:** Denver Public Health, Office of Economic Development (OED), Denver Parks and Recreation, Denver Public Schools, Office of Children’s Affairs, Denver Human Services, Denver Urban Gardens, Trust for Public Land.

**Potential Indicator(s):** Relative price of milk in Denver compared to sugar sweetened beverages (SSB); number of vending machines in City and County of Denver offices that meet good nutrition standards; average proximity of residences to grocery stores; availability of healthy options at convenience stores.

Strategies	SMART Objectives	Data Sources/Results
A. Create positive incentives for grocery and convenience stores in low-income areas to offer healthy food and beverage options.	By 12/31/2018, identify one new source of funding to support grocery and convenience stores that offer healthy food and beverage options.	<ul style="list-style-type: none"> <li>• Colorado Fresh Food Financing Fund (CO4F)</li> <li>• Denver FRESH data</li> </ul>
B. Increase the number of convenience stores offering healthy food and beverage options.	By 12/31/2018, increase healthy food offerings in convenience stores in two low-income Denver areas.	<ul style="list-style-type: none"> <li>• CO4F</li> <li>• Denver FRESH data</li> <li>• Healthy convenience stores established</li> </ul>
C. Increase urban agriculture and gardening in Denver.	By 12/31/2016, convene urban agriculture and gardening partners to conduct a scan of best policies and practices and draft policy recommendations for increasing access to urban agriculture and gardens in underserved areas of Denver.	<ul style="list-style-type: none"> <li>• Denver Environmental Health data</li> <li>• Denver Community Planning and Development (CPD) Department data</li> <li>• Colorado Farmers Market Association (CFMA) data</li> <li>• Policy recommendations drafted on urban agriculture</li> </ul>
D. Protect farmers’ markets and improve access to farmers markets by low-income populations.	By 12/31/2018, increase the number of farmer’s markets that accept EBT cards for SNAP benefits. By 12/31/2018, increase the number of farmer’s markets in two low- income areas of Denver.	<ul style="list-style-type: none"> <li>• Denver Environmental Health data</li> <li>• Denver Urban Gardens data</li> <li>• Office of Economic Development data</li> <li>• New farmers markets opened</li> </ul>
E. Encourage city partners and other organizations to implement healthy vending policies.	By 12/31/2015, include strategy in the Denver Healthy Vending Policy implementation plan for encouraging partners and organizations to adopt healthy vending.	<ul style="list-style-type: none"> <li>• Denver Healthy City Vending Policy adopted by partner organizations</li> </ul>

**Best practices that may inform strategies:** Aligning vending standards with good nutritional standards, healthy vending standards developed by advocacy organizations, and healthy vending policies adopted in other cities.



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

Action Steps	Organization Responsible	Target Date	Status	Anticipated Output
Convene stakeholders, political leaders, businesses, and community partners related to each strategy.	Denver Environmental Health, Denver Public Health	3/1/2014	Ongoing	Commitment of support from stakeholders.
Meet with stakeholders to further refine SMART objectives for each strategy.	Denver Environmental Health, Denver Public Health	7/1/2014	Ongoing	SMART Objectives refined.
Create work plan for each strategy.	Denver Environmental Health, Denver Public Health	5/1/2014	Ongoing	Work plans completed.
Identify funding to support strategies.	Denver Environmental Health, Denver Public Health	12/31/2018	Open	Funding identified.

**CHILD CARE CENTERS**

<p><b>Objective H3:</b> 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.</p>		
<p><b>Lead Entity:</b> Denver Environmental Health.  <b>Supporting Entities:</b> Denver Public Health, Rocky Mountain Prevention Research Center, Denver Office of Children’s Affairs, Denver Early Childhood Council, American Heart Association (AHA).  <b>Potential Indicator(s):</b> Number of child care centers recruited and trained; number of child care centers HEAL-certified; number of HEAL best practices implemented by child care centers.</p>		
Strategies	SMART Objectives	Data Sources/Results
A. Using HEAL best practices, develop a baseline measurement tool for assessing child care center nutrition and physical activity.	By 6/30/2014, identify 1-3 best practices related to nutrition and physical activity to assess in child care centers.	<ul style="list-style-type: none"> <li>• Nutritional and physical activity assessment tool developed</li> </ul>
B. Conduct a baseline assessment of nutritional and physical activity practices in selected child care centers in Denver.	By 12/31/2014, conduct baseline assessment of child care centers in at least two low-income areas in Denver.	<ul style="list-style-type: none"> <li>• Child care center baseline assessments conducted</li> </ul>
C. Provide training on selected physical activity and nutrition best practices for licensed child care centers.	By 6/30/2015, conduct trainings on nutritional and physical activity best practices in at least two child care centers in Denver.	<ul style="list-style-type: none"> <li>• Training materials developed</li> <li>• Child care centers trained</li> </ul>
<p><b>Best practices that may inform strategies:</b> Best practices for managing nutrition and exercise for children attending child care centers.            For nutrition: Serve a variety of fruits and vegetables, offer nutritious snacks at midmorning and midafternoon, offer safe drinking water available on demand, limit juice, serve skim milk to children over 2 years of age, encourage social interaction and conversation during meals, do not force children to try all foods, and use student rewards that promote health.            For exercise: Limit sedentary time to 30-60 minutes at one time except when sleeping, train staff about physical activity, do not use physical activity as a punishment, lead children in structured physical activities at least 2 times per day, join children in active play, have a variety of portable play equipment and make available during outdoor and indoor time, create open play space, and provide for outdoor play 60-120 minutes daily.</p>		

**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.**

Action Steps	Organization Responsible	Target Date	Status	Anticipated Outputs
Organize working group of Early Childhood Education experts.	Denver Environmental Health, AHA	4/1/2014	Ongoing	Ideas and commitment of support from stakeholders. Work plan created.
Conduct and evaluate pilot program.	AHA	11/1/2014	Ongoing	Agreement reached about what data will be tracked, evaluation shared with appropriate stakeholder groups.
Based on evaluation results, make revisions to work plans with the help of facilitating organization(s) and stakeholder groups.	Denver Environmental Health, CHIP evaluation team, AHA	12/1/2015	Ongoing	Adjustments made to programs based on evaluation results.
Identify 1-3 best practices in reducing obesity, on which child care centers can focus.	Denver Environmental Health, AHA	1/1/2016	Ongoing	High priority best practices identified.
Create sustainability plan to expand program to more child care centers in Denver.	Denver Environmental Health, AHA	1/1/2016-1/1/2017	Ongoing	Sustainability plan created.

**SCHOOLS**

<b>Objective H4: Increase quality physical education and opportunities for moderate to vigorous physical activity in schools.</b>		
<p><b>Lead Entity:</b> Denver Public Schools (DPS).  <b>Supporting Entities:</b> Denver Environmental Health, Denver Public Health, Denver Office of Children’s Affairs.  <b>Potential Indicator(s):</b> Number of 6-12<sup>th</sup> grade DPS students meeting Moderate to Vigorous Physical Activity (MVPA) recommendations (60 minutes, 7 days per week); integration of ‘Healthy Schools’ designation to DPS healthy policies, including the DPS Health Agenda.</p>		
<b>Strategies</b>	<b>SMART Objectives</b>	<b>Data Sources/Results</b>
A. Develop and integrate a “Healthy Schools” designation into Denver Public Schools (DPS) healthy policies, including the DPS Health Agenda.	By 12/31/2014, incorporate sustainable program for “Healthy Schools” designation into DPS Health Agenda.	<ul style="list-style-type: none"> <li>• “Healthy Schools” designation integrated into DPS Health Agenda</li> </ul>
B. Conduct analyses of student Moderate to Vigorous Physical Activity (MVPA) in DPS, using the System for Observing Fitness Instruction Time (SOFIT) measurement system.	By 8/1/2014, complete MVPA analysis of DPS elementary, middle and high school students, using SOFIT.	<ul style="list-style-type: none"> <li>• SOFIT Data collected in DPS elementary, middle, and high schools</li> <li>• MVPA analysis completed using SOFIT data</li> </ul>
C. Support DPS adherence to state-mandated MVPA in schools; support schools to make free time and physical activity more productive.	By 6/1/ 2014, align five DPS policies with state-mandated MVPA.	<ul style="list-style-type: none"> <li>• DPS policy review related to MVPA completed</li> </ul>
<p><b>Best practices that may inform strategies:</b> Best practices for increasing quality and quantity of physical activities in schools, e.g. lunch after recess, improving recess equipment, involving the private sector to donate equipment, optimal scheduling of physical education and recess, ensuring that all students are active at least 50% of the time in physical education classes.</p>		

<b>Objective H4: Increase quality physical education and opportunities for moderate to vigorous physical activity in schools.</b>				
<b>Action Steps</b>	<b>Organization Responsible</b>	<b>Target Date</b>	<b>Status</b>	<b>Anticipated Outputs</b>
Meet with stakeholder, businesses, and community partners to gain commitment to improving access to free time/recess equipment.	Denver Public Schools, Denver Environmental Health, Denver Public Health	3/1/2014	Ongoing	Ideas and commitment of support from stakeholders.
Evaluation team will meet with stakeholders to refine SMART objectives for strategies and make an evaluation plan.	Denver Environmental Health, Denver Public Health, various stakeholders	3/1/2014	Ongoing	SMART objectives refined for each strategy, evaluation plan made.
Review DPS wellness policies to plan for “Healthy School” designation.	Denver Public Schools, Denver Environmental Health, Denver Public Health	6/1/2014	Ongoing	DPS wellness policies evaluated.
Meet with DPS wellness groups and champions to gather input.	Denver Public Schools, Denver Environmental Health	8/1/2014	Ongoing	Input gathered from advocacy groups.
Launch “Healthy School” program and encourage and assist individual schools to implement the options that best fit their needs.	Denver Public Schools, Denver Environmental Health	9/1/2014	Ongoing	“Healthy School” program launched, schools choose options.
Award “Healthy School” designation that can be displayed on website, in newsletters, etc.	Denver Public Schools	9/1/2014-ongoing	Ongoing	Schools receive “Healthy School” designation and provide an example for other schools to do the same.

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

**Lead Entity:** Denver Public Schools (DPS).

**Supporting Entities:** Denver Environmental Health, Denver Public Health, Denver Office of Children's Affairs.

**Potential Indicator(s):** Number of schools that implement Healthy School recommendations; number of recommendations implemented per school; number of schools that achieve the Healthy School designation.

Strategies	SMART Objectives	Data Sources/Results
A. Identify nutritional best practices for providing foods and beverages at schools.	By 6/1/2014, select 1-2 nutritional best practices for DPS prioritization and implementation.	<ul style="list-style-type: none"> <li>• Review of nutritional standards</li> <li>• Best practices prioritized</li> </ul>
B. Improve Denver Public Schools policies regarding nutritional standards for foods and beverages sold or provided through schools.	By 6/1/2014, identify DPS policies for foods and beverages where best practices could be incorporated and nutritional standards improved.	<ul style="list-style-type: none"> <li>• DPS policy review conducted</li> <li>• Policies identified for improvement</li> </ul>

**Best practices that may inform strategies:** Best practices for increasing healthy foods and beverages in schools, e.g. 20 minutes in the chair for lunch with staff supervision, breakfast in the classroom, breakfast before the bell, restricting unhealthy vending, creating “Junk Free Zones”, water jet installations near cafeterias to encourage water consumption, farm to school programs.

Action Steps	Organization Responsible	Target Date	Status	Anticipated Outputs
Meet with stakeholders, political leaders, businesses, and community partners to gain commitment.	Denver Public Schools, Denver Environmental Health, Denver Public Health	3/1/2014	Ongoing	Commitment of support from stakeholders. Create work plan. Create evaluation plan.
Evaluation team will meet with stakeholders to refine SMART objectives for strategies.	Denver Environmental Health, Denver Public Health, various stakeholders	3/1/2014	Ongoing	SMART objectives refined for each strategy.
Identify resources to develop and implement nutritional standard policies.	Denver Public Schools, Denver Environmental Health, Denver Public Health	6/1/2014-12/1/2018	Ongoing	Nutritional standards identified.

**CITY GOVERNMENT**

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

**Lead Entity:** Denver Environmental Health.  
**Supporting Entities:** Denver Public Health, Denver Community Planning and Development (CPD), Denver Public Works Department, Denver Budget Management Office.  
**Potential Indicator(s):** Number of Health Impact Assessments (HIA) conducted to support neighborhood plans and major developments; adoption and utilization of a health tool by the Budget Management Office to determine health impact for capital improvement projects; inclusion of health in Denver’s 2014 Comprehensive Plan.

Strategies	SMART Objectives	Data Sources/Results
A. Implement healthy vending policies and practices in city buildings and worksites.	By 12/31/2015, develop Denver Healthy City Vending Policy and implementation plan for city buildings and worksites.	<ul style="list-style-type: none"> <li>• Healthy vending standards</li> <li>• Healthy vending plans from other cities</li> <li>• Denver Healthy City Vending Policy and implementation plan</li> </ul>
B. Promote the inclusion of health considerations in Denver’s 2014 Comprehensive Plan.	By 12/31/2014, provide input to CPD about incorporating health considerations in the 2014 Comprehensive Plan.	<ul style="list-style-type: none"> <li>• 2014 Comprehensive Plan includes health considerations</li> </ul>
C. Promote a city health impact prioritization policy for use in evaluating capital improvement projects.	By 12/31/2014, complete a scan of other municipalities and identify best practices for establishing health policies for capital improvement planning and budgets.	<ul style="list-style-type: none"> <li>• Scan and best practices completed</li> </ul>
D. Establish a set of potential criteria, processes, and tools for use in budget processes for determining the health impacts of capital improvement projects.	By 12/31/2015, develop and submit a proposed health assessment process to the Budget Management Office for use in a budget package for all capital improvement projects.	<ul style="list-style-type: none"> <li>• Health assessment process developed and submitted to the Budget Management Office</li> </ul>
E. Engage other city departments in developing a plan for expanding the use of health impact assessments to inform neighborhood plans, as adopted by the Denver City Council in its 2014 Priorities.	By 12/31/2014, in conjunction with other city agencies, develop a plan for expanding the use of health impact assessment in neighborhood plans.	<ul style="list-style-type: none"> <li>• Plan developed and shared with other city agencies</li> <li>• Minimum standards and best practices guides for HIAs</li> </ul>
F. Complete a Health Impact Assessment (HIA) in partnership with other city departments.	By 12/31/2014, complete one HIA to inform a neighborhood plan.	<ul style="list-style-type: none"> <li>• HIA completed</li> </ul>



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

**Best practices that may inform strategies:** Best practices in other cities for incorporating health in comprehensive plans, Health In All Policies (HIAP) recommendations, established Health Impact Assessment (HIA) standards and best practices, Healthy Places Assessment Tool (H-PAT).

Action Steps	Organization Responsible	Target Date	Status	Anticipated Result
Meet with stakeholders, political leaders, businesses, and community partners to gain commitment.	Denver Environmental Health, Denver Public Health	12/31/2014	Open	Commitment of support from stakeholders.
Draft a timeline, work plan and recommendations for the City & County of Denver to incorporate health into city policies.	Denver Environmental Health, Denver Public Health	12/31/2014	Open	Timeline, work plan, and recommendations made.

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

**Lead Entities:** Denver Environmental Health, Denver Public Health.

**Supporting Entities:** Denver Mayor’s Office, State of Colorado, media organization(s), other local public health agencies.

**Potential Indicator(s):** HEAL branding schemes reviewed and selected; number of hits to BeHealthyDenver.org or HEAL brand website.

Strategies	SMART Objectives	Data Sources/Results
A. Identify common and comprehensive HEAL messaging to improve physical activity and nutritional behaviors in Denver.	By 12/31/2013, identify HEAL stakeholders and partners. By 4/1/2014, convene Messaging Committee.	<ul style="list-style-type: none"> <li>● HEAL stakeholders identified</li> <li>● Messaging Committee convened</li> <li>● Messaging Committee meetings held</li> </ul>
B. Develop a HEAL brand for Denver to align HEAL efforts and activities among obesity prevention partners in Denver.	By 4/1/2014, identify resources to support HEAL branding for Denver.	<ul style="list-style-type: none"> <li>● Resources identified for HEAL branding</li> </ul>
C. Create a call to action for obesity prevention partners to adopt the HEAL messaging campaign.	By 3/1/2014, complete a draft call to action to adopt HEAL messaging campaign.	<ul style="list-style-type: none"> <li>● Call to action draft completed</li> </ul>

**Best practices that may inform strategies:** Best practices in other cities for successful HEAL messaging.

Action Steps	Organization Responsible	Target Date	Status	Anticipated Output
Meet with stakeholders, political leaders, and community partners to brainstorm ideas and gain commitment and develop work plan.	Denver Environmental Health, Denver Public Health, various stakeholders	4/1/2014	Ongoing	Commitment and support from stakeholders, work plan developed.
Identify resources to champion HEAL messaging.	Denver Environmental Health, Denver Public Health	2/1/2014	Ongoing	Resource plan developed.