

A background image showing several people in colorful rafts navigating a river with white-water rapids. The scene is outdoors with large rocks and greenery visible.

Flagship Priority: Healthy Eating, Active Living and Obesity Prevention

Although Colorado has one of the lowest obesity rates in the nation, the proportion of Colorado adults who are obese has more than doubled during the past 15 years, and childhood overweight and obesity has increased at alarming rates. Risk factors for obesity include calorie-rich and high-fat diets, alcohol consumption, physical inactivity, genetics, stress and poor emotional health. People are especially vulnerable to obesity when they face additional risk factors such as limited financial resources and reduced access to healthy and affordable foods. Obesity increases a person's risk for serious conditions, including heart disease, type 2 diabetes, high blood pressure, high cholesterol, stroke and some types of cancer. As a result, state expenditures attributable to obesity in Colorado are estimated to exceed \$1.6 billion each year.¹ While the percent of overweight or obese adults ranges from 28 percent to 72 percent by county,² it is an issue of concern across the entire state, particularly given the trend of increasing childhood obesity. Tackling obesity among youth and adults is an initiative within the Colorado Governor's *2013 State of Health Report*³ and 43 of 53 local communities⁴ have chosen to address healthy eating, active living and/or obesity as a public health priority through stakeholder-driven public health improvement planning processes led by local public health agencies.

Obesity needs to be addressed at the policy, systems and environmental levels to have the greatest population-based impact and reduce health disparities. This plan highlights strategies and policy approaches chosen based on opportunities for synergy with local public health and other partners, and that target various life stages to create a positive shift in nutrition and physical activity. The ultimate goals of implementing these proven and promising strategies are to reverse the upward obesity trend in Colorado and to increase the coordination of public health obesity prevention efforts.

Colorado's obesity prevention movement is supported by significant funders, practitioners, policymakers, researchers and a growing number of community-based healthy eating and active living coalitions. The year 2015 will be pivotal as new leaders at the Colorado Health Foundation and Live Well Colorado help guide the direction of the obesity prevention movement and shape funding and policy priorities with partners and allies; as Hunger Free Colorado continues its effective advocacy on hunger, food scarcity and Supplemental Nutrition Assistance Program enrollment; as CDPHE grantees implement healthy eating and active living strategies through the Cancer, Cardiovascular and Chronic Pulmonary Disease Grants Program and Health Disparities Grants

Program (through Amendment 35 Tobacco Taxes); and as other funders such as Kaiser Permanente continue to support and expand resources for obesity prevention. The Colorado School of Public Health contributes research, teaching and community learning sessions on obesity prevention. There are numerous other organizations at the national, state and local levels engaging in a variety of proven and promising strategies to support Coloradans in achieving healthy weight across the lifespan. Training and technical assistance to adopt best practices for healthier meals and curriculum integration of physical play in early care and education settings statewide is being supported by Colorado early education associations and partnerships. Against this backdrop, local public health agencies play an increasingly active leadership role in obesity prevention through implementation of public health improvement plans. Colorado's work in this field continues to be recognized by national funders and policy organizations, as well as the CDC.

To learn more about what Colorado is doing to prevent chronic disease, see the *Colorado Chronic Disease State Plan, 2013-2017*.

STATEWIDE GOAL: Reverse the upward obesity trend by aligning and intensifying efforts to develop a culture of health and creating conditions for Coloradans to achieve healthy weight across the lifespan.

LONG-TERM OUTCOME MEASURES:

- **By 2020, the prevalence of overweight and obesity among low income children ages 2-5 years will be reduced 10 percent from baseline of 22.9 percent in 2012 to 20.6 percent.** (Data source: Women Infants Children data)
- **By 2020, the prevalence of overweight or obesity among children ages 2-14 years will be decreased 10 percent from baseline of 26.4 percent in 2013 to 23.8 percent.** (Data source: Colorado Child Health Survey)
- **By 2020, the prevalence of overweight or obesity among high school students will be decreased 10 percent from baseline of 19.3 percent in 2013 to 17.4 percent.** (Data source: Healthy Kids Colorado Survey)
- **By 2020, the prevalence of overweight or obesity among adults ages 18 years and older will be decreased 10 percent from baseline of 56.4 percent in 2013 to 50.8 percent.** (Data source: Behavioral Risk Factor Surveillance System)

STRATEGIES:

1. **Develop policies and programs that protect, promote and support breastfeeding-friendly environments.**

Objective 1: By 2020, 18 hospitals in Colorado will be certified as Baby-Friendly.⁵ (Data source: Baby-Friendly USA).

Baseline: Three hospitals in 2014

Coordinating agency: CDPHE

Partners in Implementation: Member hospitals of the Colorado Baby-Friendly Hospital Collaborative, the Colorado Breastfeeding Coalition, Baby-Friendly USA

Role of local public health: Breastfeeding education, promotion, training and support; promotion of breastfeeding-friendly policies; coordination of lactation services in the community; serving on Baby-Friendly hospital committees

Objective 2: By 2020, 100 percent of LPHAs will have access to resources to support breastfeeding-friendly child care based on a CDPHE child care provider gaps analysis of knowledge, attitudes, skills and practices.

Baseline: Resources in development

Coordinating agency: CDPHE

Partners in implementation: LPHAs, CDHS, Colorado Breastfeeding Coalition, Early Childhood Councils

2. **Improve nutrition and physical activity environments for children younger than 18 years via early childhood education centers and schools, especially those that serve low-income populations.**

Objective 1: By 2020, at least 60 percent of the 900 participating Child and Adult Care Food Program (CACFP) child care programs⁶ will prepare meals that meet Colorado healthier meals initiative standards⁷ for children in their care.

Coordinating agency: CDPHE

Partners in Implementation: Participating Child and Adult Care Food Program Centers

Objective 2: By 2020, increase participation in the Child and Adult Care Food Program (CACFP) after-school meals and snacks and summer food service programs in areas where at least 50 percent of students are eligible for free and reduced meals.

Baseline: 363 after school meals and snacks program sites and 1,499,621 summer meals served in 2014

Coordinating Agencies: CDPHE and Colorado Department of Education

Partners in implementation: Hunger Free Colorado, USDA, CACFP Sponsoring Organizations, Colorado Food Banks, other nonprofit organizations

Role of Local Public health: Convene community stakeholders to determine support for local sponsoring organizations and additional resources to implement the CACFP after school food program in their communities.

Objective 3: By 2020, 100 percent of the 179 school districts in Colorado will have farm to school activities.⁸ (Data source: United States Department of Agriculture Food and Nutrition Service Farm to School Census)

Baseline: 41 percent of school districts in 2013

Coordinating agency: CDPHE

Partners in implementation: LPHAs, Colorado Farm to School Task Force, Real Food Colorado, United State Department of Agriculture Food and Nutrition Service, Mountain Plains Region, Colorado Department of Agriculture, Colorado Department of Education, school food directors

Objective 4: By 2017, at least 300 of the 1,190 licensed child care centers in Colorado will have physical activity as part of daily curriculum. (Data source: CDPHE Early Childhood Obesity Prevention Unit)

Baseline: 15 licensed child care centers in 2014

Coordinating agency: CDPHE

Partners in Implementation: Healthy Childcare Colorado, Head Start, LPHAs, CDHS, American Heart Association

3. Increase access to healthy foods and beverages in worksite and government settings.

Objective 1: By 2019, 50 of the 105 hospitals in Colorado will have joined the Colorado Healthy Hospital Compact and adopted healthier food and beverage standards, healthy marketing, and support for breastfeeding policy and practice.

Baseline: 10 hospitals in 2014

Coordinating agency: CDPHE

Founding partners: Children's Hospital Colorado, Lutheran Hospital, The Centura Network, Denver Health and Hospital Authority, University Hospital, Denver Public Health, LiveWell Colorado, Kaiser Permanente, Jefferson County Public Health, Tri County Public Health, other LPHAs

Objective 2: By 2016, all 19 state agencies will have adopted the United States General Services Administration Health and Human Services Guidelines for healthier beverages.

Baseline: Five state agencies in 2014

Coordinating agency: CDPHE

Partners in Implementation: CDHS, Blind Merchants Association

Objective 3: By 2020, 75 of 225 local governments will have adopted organizational policies to increase access to healthier foods and beverages in their agencies.

Partners in Implementation: LPHAs, CDPHE, LiveWell Colorado, Kaiser Permanente, the Colorado Health Foundation

4. Increase access to worksite wellness programs by developing a statewide strategic plan for worksite wellness that includes a network to assess, implement, communicate and deliver national best practices in worksite wellness.

Objective 1: By 2020, 1,000 worksites will have adopted worksite wellness policies that combine healthy eating, lactation accommodation and physical activity. (Data source: Health Links Colorado, Healthy Business Certification Application)

Baseline: Seven worksites in 2014

Coordinating agency: CDPHE

Partners in Implementation: Colorado School of Public Health, Governor's Council for Active and Healthy Lifestyles, Colorado Business Group on Health, LPHAs

5. Increase the number of Coloradans with pre-diabetes or at high risk for type 2 diabetes who enroll in the CDC-recognized Diabetes Prevention Program (DPP) by increasing referrals to, use of, and reimbursement for the program.

Objective 1: By 2018, 3,500 adults ages 18 and older with pre-diabetes and/or at high risk of developing type 2 diabetes will be enrolled in the Diabetes Prevention Program. (Data source: Diabetes Prevention Program)

Baseline: 476 adults ages 18 and older with pre-diabetes and/or at high risk in 2014

Coordinating agency: CDPHE

Partners in Implementation: American Diabetes Association, Kaiser Permanente, United Healthcare, HCPF, Center for African American Health, YMCA of Metropolitan Denver, Governor's Office on Policy and Research, Denver Health, LPHAs and CDC recognized Diabetes Prevention Programs in Colorado⁹

Role of Local Public Health: Promote awareness of pre-diabetes and referrals to Diabetes Prevention programs for community partners (including health systems), clients and employees; identify community-based organizations in their counties to offer the Diabetes Prevention Program and provide technical assistance to help them become CDC-recognized programs; promote inclusion of Diabetes Prevention Programs as a covered benefit for county employees.

6. Advance 'health in all policies' as a widespread philosophy for actively engaging in state and local land use, transportation, agriculture and community development initiatives and develop policy and environmental strategies that focus on increasing access to physical activity and promoting health equity.

Objective 1: By 2020, at least 170 Colorado local governments adopt and/or implement policies and environmental strategies to increase safe, equitable access to physical activity through the built environment.

2017 Target: 145 local governments

Baseline: 120 local governments in 2014

Partners in Implementation: CDPHE, LPHAs, local government agencies, Colorado Department of Transportation, Safe Routes to School, LiveWell Colorado, HEAL Cities Campaign, the Colorado Health Foundation, Kaiser Permanente and elected officials

STATEWIDE GOAL: Increase statewide capacity for coordinated obesity surveillance and for creating conditions to achieve healthy weight across the lifespan.

STRATEGIES:

1. Develop tools, resources and support for increasing statewide governmental public health system coordination and capacity in reducing the upward obesity trend.

Objective 1: By 2015, CDPHE, in partnership with LPHAs, will adopt common public health messaging strategies to address healthy eating, active living and obesity prevention that can be adapted for various communication needs.

Partners in Implementation: CDPHE and LPHAs

Objective 2: By 2016, CDPHE and LPHAs will develop a set of indicators for Colorado's governmental public health system to collectively monitor progress on strategies and outcomes for healthy eating, active living and obesity prevention statewide.

Partners in Implementation: CDPHE and LPHAs

Objective 3: By 2019, CDPHE, in partnership with LPHAs, will continually communicate and evaluate evidence-based strategies and promising practices for addressing healthy eating, active living and obesity prevention recommended for implementation at the local level.

Partners in Implementation: CDPHE and LPHAs

Objective 4: From 2015-2019, CDPHE will provide technical assistance on an ongoing basis to local communities on policies and environmental strategies in the healthy eating and active living arena.

Partners in Implementation: CDPHE and LPHAs

2. **Standardize statewide student health and school health policy and practice data collection related to nutrition and other health indicators by (1) continuing to implement a unified approach to provide quality youth health data, including obesity and nutrition measures, via the Healthy Kids Colorado Survey and (2) implementing a unified approach to measure school health policies and practices, including prioritized school nutrition indicators, via the Colorado Healthy Schools Smart Source.**

Objective 1: In the fall of each odd-numbered year, at least 80 percent of randomly selected schools will participate in the Healthy Kids Colorado Survey.

Baseline: 79 percent of randomly selected schools in 2013 (more than 220 schools)

Coordinating agency: CDPHE

Partners in implementation: Colorado Department of Education, CDHS, University of Colorado Denver, LPHAs, School Districts

Objective 2: By 2018, 75 percent of schools will participate in the Colorado Healthy Schools Smart Source.

Baseline: Zero schools in 2013; piloted in Fall 2014

Coordinating agency: Colorado Education Initiative

Partners in implementation: Colorado Department of Education, CDPHE, Kaiser Permanente, LPHAs, school districts

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- 4 Trogdon, J. G., Finkelstein, E. A., Feagan, C. W., & Cohen, J. W. (2012). State-and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity*, 20 (1), 214-220.
 - 5 Colorado Department of Public Health and Environment, Health Statistics Section. 2011-12 Colorado Behavioral Risk Factor Surveillance System. Denver, CO.⁴ American Diabetes Association. Diabetes Statistics. Accessed from <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>
 - 6 State of the Health Report, 2013 <http://www.coloradofederation.org/wp-content/uploads/2014/01/4-The-State-of-Health-FullReport.pdf>
 - 7 There are 64 counties in Colorado represented by 54 local public health agencies. These 43 communities represent 49 counties.
 - 8 <https://www.babyfriendlyusa.org/>
 - 9 Child care programs include child care centers, Head Start programs, preschools, child care centers, and after school programs.
 - 10 Limit 100% fruit juice to twice a week on the menus or not at all, limit certain processed and pre-fried meats to once a week on the menus, or not at all and offer at least one whole grain product daily.
 - 11 Initial school district engagement in farm to school activities is often a catalyst for picking up more and more farm to school activities.
 - 12 <http://www.cdc.gov/diabetes/prevention/recognition/states/Colorado.htm>