



Colorado Department
of Public Health
and Environment

Colorado Chronic Disease Plan, 2013-17

Executive Summary

The Colorado Chronic Disease State Plan calls for a strategic, collaborative, evidence-based approach to reducing the burden of chronic disease. We have analyzed Colorado's chronic disease burden, evaluated evidence-based strategies, engaged statewide public and private partners, and followed an inclusive process to develop our five-year plan for addressing chronic disease, its associated risk factors and disparate impact on Colorado's low-income population.

Prior to this plan, the Colorado Department of Public Health and Environment had built an integrated foundation of staffing, funding and evaluation within the Prevention Services Division. Since then, we have engaged statewide chronic disease leaders, stakeholders and community groups to build the collaboration and systematic support necessary to move this plan forward. Building on this foundation, together we constructed five strategic priorities to reduce the burden of chronic disease and make Colorado the healthiest state in the nation.

Background

The 2008 Centers for Chronic Disease Control and Prevention Negotiated Agreement Pilot gave Colorado the flexibility to integrate prevention efforts across diseases and risk factors. This led to streamlined business practices, enhanced coordination, stronger evaluation and leveraged funding opportunities. We were able to realign staff, work and funding to build an integrated foundation for the future - a future outlined in this plan. The bricks and mortar of that foundation came from several efforts aimed at solidifying statewide chronic disease collaboration:

Chronic Disease State Leadership Team

We brought together experts and leaders from disease-specific advisory councils to advise and participate in planning and implementation. This new public/private partnership evolved from a community coalition into a leadership team that helped shape this plan and is committed to working collaboratively across sectors to prevent and control chronic disease.

Community Engagement

CDPHE engaged community members, partners and stakeholders in seven local public health forums to develop a shared vision with specific strategies and a comprehensive framework to address chronic disease. Engagement will continue throughout implementation.

Evaluation

CDPHE is using a collective impact approach to assess progress, refine goals and target limited resources.

Foundational Plans

The Tobacco Education, Prevention and Cessation Grant Program Strategic Plan; Colorado Cancer Plan; Colorado Million Hearts Initiative; Oral Health Program and the National Diabetes Prevention Program helped to inform and align this comprehensive state plan with national and state priorities.

Colorado Plan Strengths

Colorado has a rich history of leading the nation in combating chronic disease and related risk factors. Our experience with integration, our investment in collaboration and our focus on evidence form a comprehensive plan with the following strengths:

Colorado Health Assessment and Planning System (CHAPS)

CHAPS facilitates coordination between CDPHE and local public health agencies in setting common priorities, addressing disparities, and achieving improved health status across jurisdictions.

Colorado Prevention Alliance (CPA)

Health plans, Medicaid, Medicare, public health, business and community leaders form the CPA and are working together to leverage resources and achieve shared objectives.

Integrated Evaluation and Surveillance

We are employing a coordinated, statewide system to assess objectives across domains and leverage data to improve health systems.

Effective Partnerships

Partnerships with state and local public health agencies, the State Medicaid Program, the Governor's Office and many other statewide organizations optimize Medicaid matching funds, Center for Medicare/Medicaid Services requirements, health care reform innovation grants and the Colorado's State Health Innovation Plan (SIM plan).

Colorado's Chronic Disease Burden

Colorado faces health equity challenges in preventing and controlling chronic disease. Here, as elsewhere, the interplay of socio-economic, demographic, environmental and geographic factors affect health outcomes and guide program interventions. While more than two thirds of Coloradans aged 45 years or older had at least one of 10 chronic conditions in 2011, this prevalence was greater among seniors, Blacks, females and low-income Coloradans. The overarching goal of ensuring health equity permeates this plan and is reflected in its objectives.

Chronic disease killed seven of 10 Coloradans in 2011 and disparately affected the state's racial/ethnic and low-income populations. Among the leading causes of death were cancers (1), heart disease (2), chronic lower respiratory disease (4), stroke (5) and diabetes (8).

Cancer

More than 7,000 Coloradans died from cancer in 2011, nearly 22 percent of all deaths. Age-adjusted mortality rates are highest for lung, colorectal and breast cancers. More than 220,000 cancer survivors lived in Colorado in 2011, representing 4.3 percent of the population. Low-income Coloradans were less likely to meet preventive screening recommendations for colorectal, cervical and breast cancers.

Cardiovascular disease

More than 8,500 Coloradans died from cardiovascular disease (heart disease and stroke combined) in 2011, 26 percent of all deaths. Males, Blacks, seniors and low-income Coloradans had higher rates of heart

disease than other sectors of the population. Men, Hispanics and young adults are least likely to take medication for their high blood pressure or check their cholesterol.

Chronic Lower Respiratory Disease (including asthma)

More than 2,100 Coloradans died from chronic lower respiratory disease in 2011, 6.6 percent of all deaths. The prevalence of chronic obstructive pulmonary disease, emphysema or chronic bronchitis was 4.6 percent, but was higher among females, Whites and seniors. The asthma prevalence was 8.3 percent among adults, 12.2 percent among high school students and 9.3 percent among children aged 1–14 years, but was higher among Black and older children.

Diabetes

Nearly 800 Coloradans died of diabetes in 2011, 2 percent of all deaths. The diabetes prevalence was 7.2 percent for adults, but was higher for Blacks, Hispanics, seniors and low-income populations.

Risk factors

Tobacco use, unhealthy diet, physical inactivity and alcohol consumption are leading causes of death and increase the risk for many of the most prevalent chronic conditions. These risk factors can be modified and, once modified, can improve quality of life and reduce health care costs. In Colorado in 2011, 18.3 percent of adults were current smokers, 20.1 percent were binge drinkers, 38.2 percent did not get enough physical activity, and 20.7 percent were obese. Health disparities by age, sex, race/ethnicity and income level exist for most of these risk factors.

High school students and younger children share these risk factors in varying degrees. In 2011, 15.7 percent of high school students were current smokers, 70.8 percent did not get enough physical activity and 7.3 percent were obese. Nearly one in four got too much screen time and had a sugary soda every day. In 2011, nearly one in three children (ages 1-14 years) who lived with a smoker were exposed to secondhand smoke, more than half did not get enough physical activity or fruits or vegetables, and one in seven were obese.

Health Domains

Our Colorado Chronic Disease Plan proposes policy and environmental approaches for creating healthy environments for all communities, building a comprehensive health care system, ensuring shared community and health care resources, coordinating chronic disease surveillance and evaluation, and promoting awareness of chronic disease and associated risk factors among target populations. The plan organizes our work into five domains of activity. These are described as:

Data and Evaluation

Evidence-based public health practice involves decision-making based on the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, conducting sound evaluation, and disseminating what is learned.

Goal: To develop enhanced coordinated chronic disease surveillance and evaluation efforts to inform chronic disease prevention and control efforts.

Policy and Environmental Approaches

Across Colorado, there is a movement to support healthy choices. Schools and child care centers are engaging students and young children in physical activity and nutrition education. State and local health advocates are working to reduce tobacco sales to minors. Local communities are implementing policies to encourage active transportation and promote tobacco-free environments. And hospitals, state and local governments are developing policies to support successful breast feeding and healthy food and beverage environments.

Goal: To support coordinated chronic disease prevention policies, practices and programming.

Health Systems Transformation

Health systems and quality improvement changes such as electronic health records, feedback on clinical performance, and requirements for reporting the outcomes such as tobacco use, high blood pressure, diabetes and screenings can encourage providers and health plans to focus on preventive services and ultimately lead to better health outcomes for Coloradans.

Goal: To continue efforts to establish a comprehensive health system of prevention, early detection and management of chronic disease.

Clinical-Community Linkages

Colorado intends to strengthen linkages between the traditional clinical setting and the places where people live, learn, work and play by sustaining a community-based workforce; reducing barriers to quality chronic disease prevention, treatment and management; developing a sustainable community resource system; and increasing opportunities for community members to manage their health.

Goal: To ensure linkages between health care settings and evidence-based community resources for those with – or at risk for – chronic disease.

Health Education and Communication

Health Education and Communication strengthens domains listed above by using public awareness and marketing strategy to communicate chronic disease prevention efforts and trends.

Goal: To promote awareness of chronic disease prevention, early detection, treatment and management with diverse audiences.

The plan has the following overarching Goals

- Reduce the prevalence of obesity
- Reduce the prevalence of tobacco use
- Increase participation in USPSTF-recommended screening and early detection self-management practices
- Advance health equity
- Successfully implement chronic disease grant programs and align resources
- Increase the quantity and quality of effective partnerships and collaboration
- Reduce the prevalence of heart disease, stroke, diabetes and cancer