

Metro Healthy Beverage Partnership: Successes, Challenges and Opportunities

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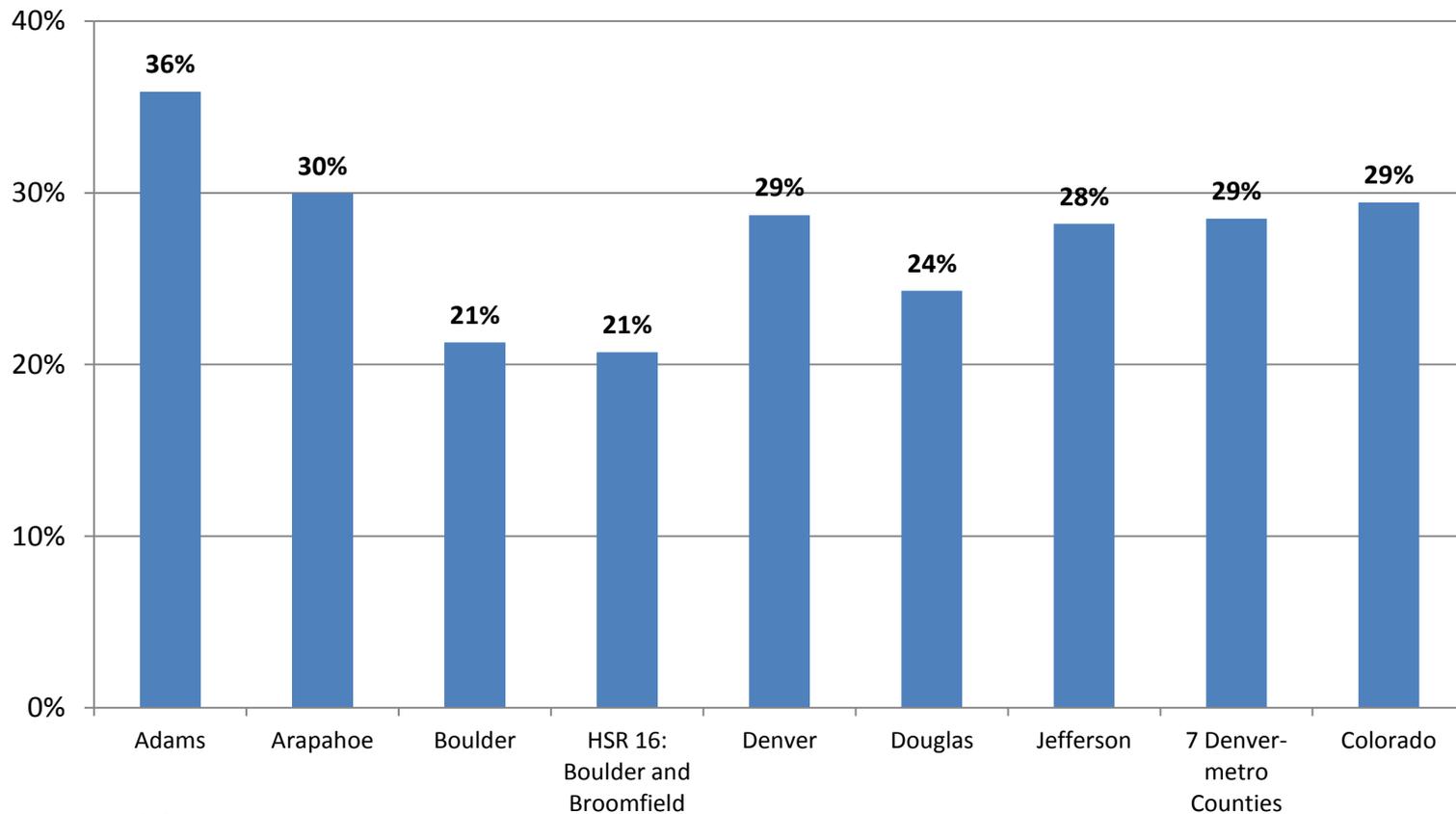
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- Share lessons learned from a regional approach
- Share resources
- Share examples of successes that may be applicable to other LPHA's
- Assess shared interest

Why Sugary Drinks?

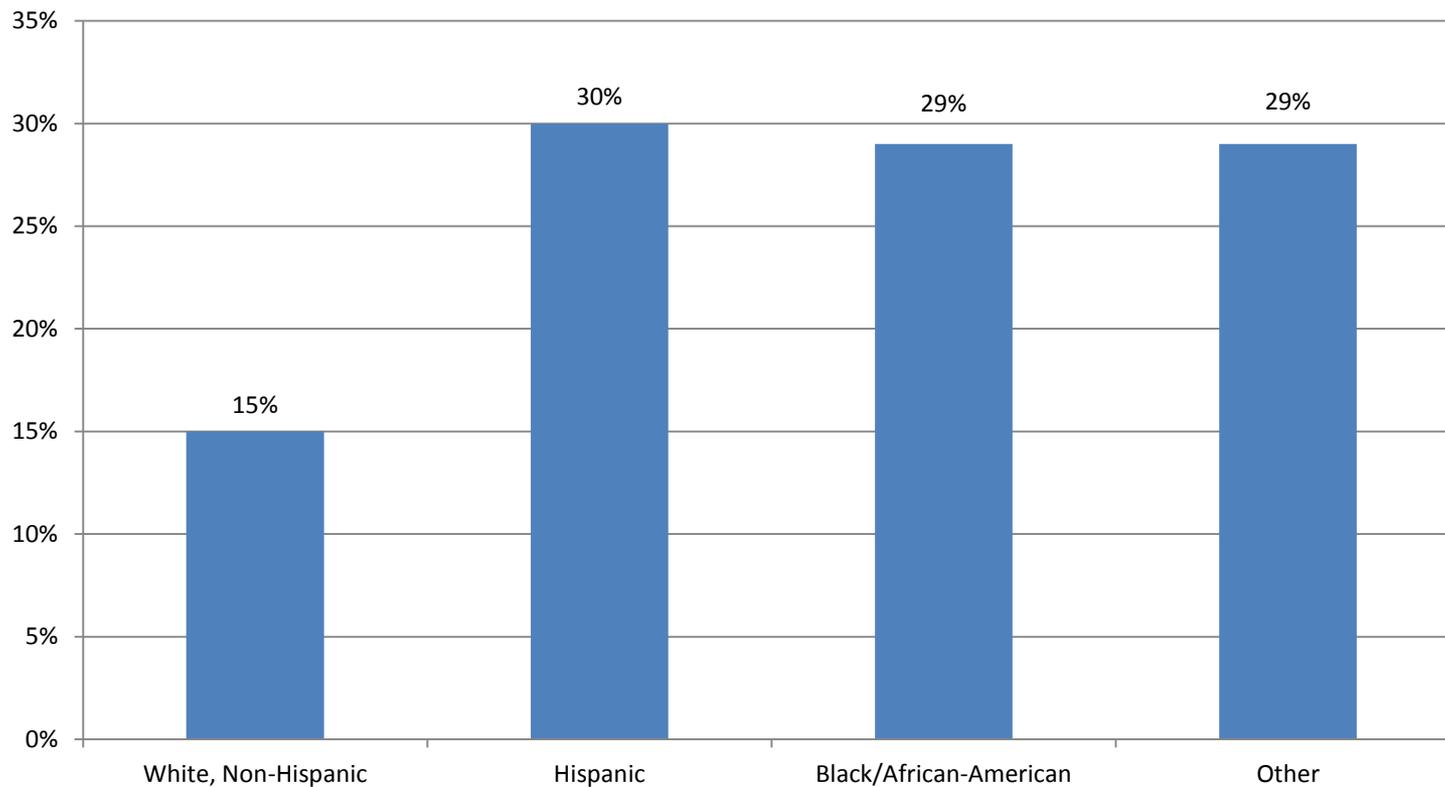


Percent of Adults who Consume one or More Sugary Beverages per day, by County: 2013



Source: Adult BRFSS

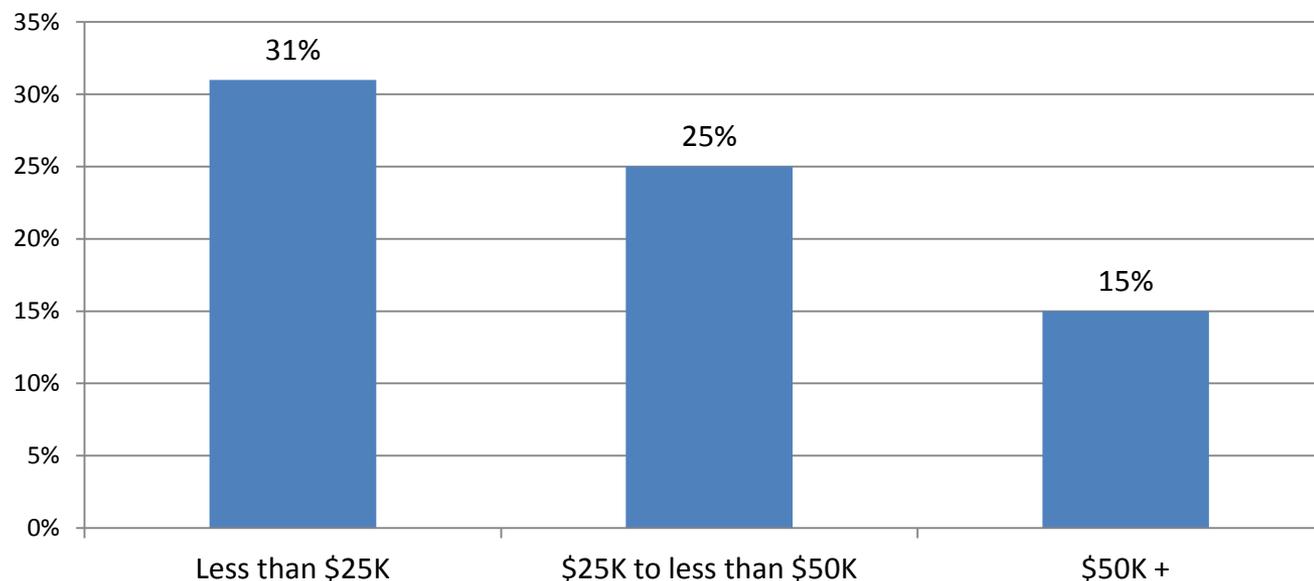
Percent of Colorado Children who Consume one or more Sugary Beverages per day, by Race/Ethnicity: 2011-2012



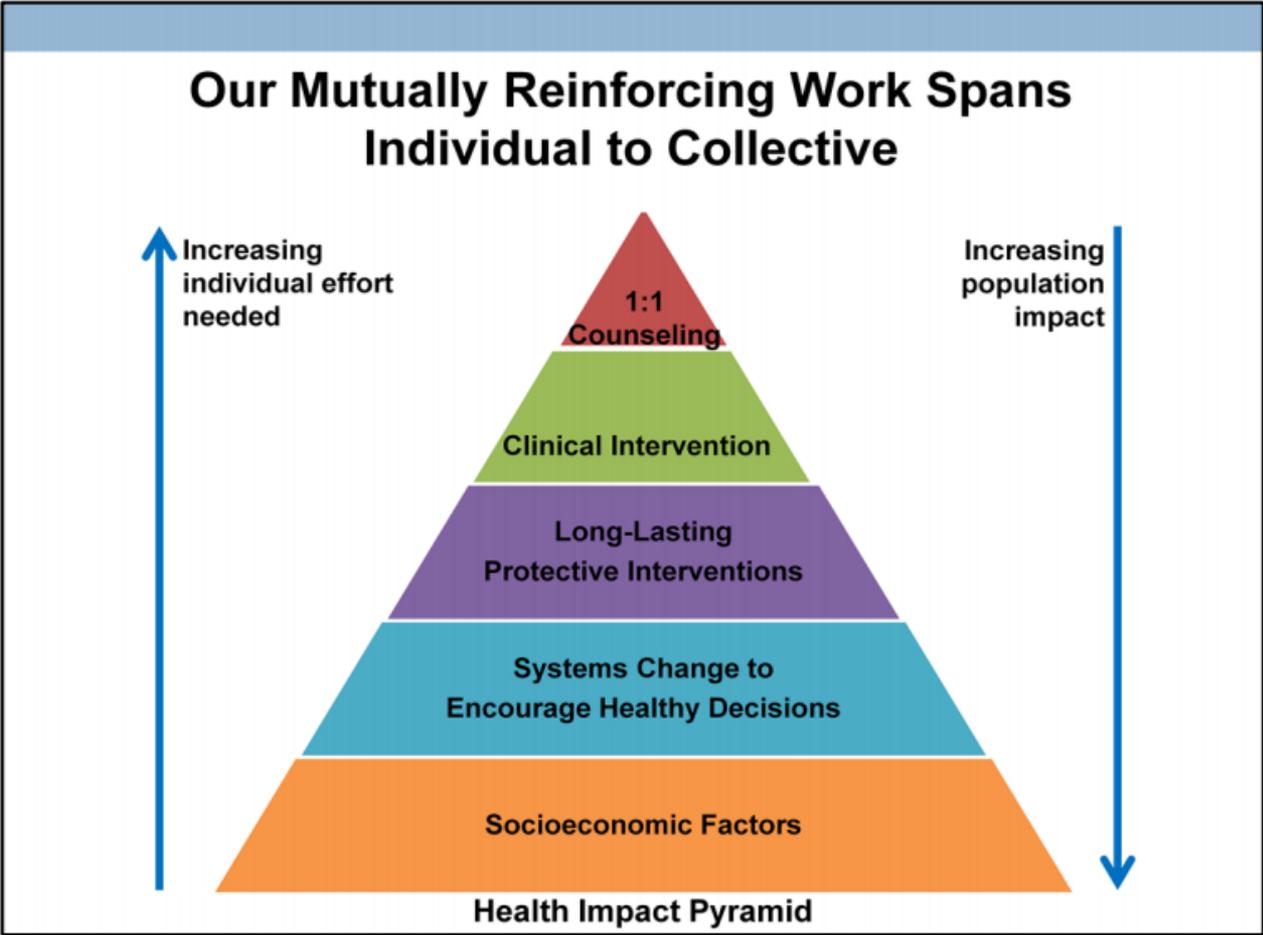
Source: Colorado Child Health Survey

Consumption Among CO Children: Income Disparities

Percent of Colorado Children who Consume one or more Sugary Beverages per day, by Household Income: 2011-2012



Source: Colorado Child Health Survey



Metro Healthy Beverage Partnership

- Boulder County Public Health
- Broomfield Public Health and Environment
- Denver Environmental Health
- Denver Public Health
- Jefferson County Public Health
- Tri-County Health Department



1. Form and operate a Healthy Foods & Beverage Steering Committee and local coalitions
2. Conduct an environment assessment
3. Implement and evaluate an education campaign
4. Adopt a model healthy food and beverage policy
5. Seek adoption and implementation of policy guidelines
6. Implement a communications and engagement plan

Why a Regional Approach?

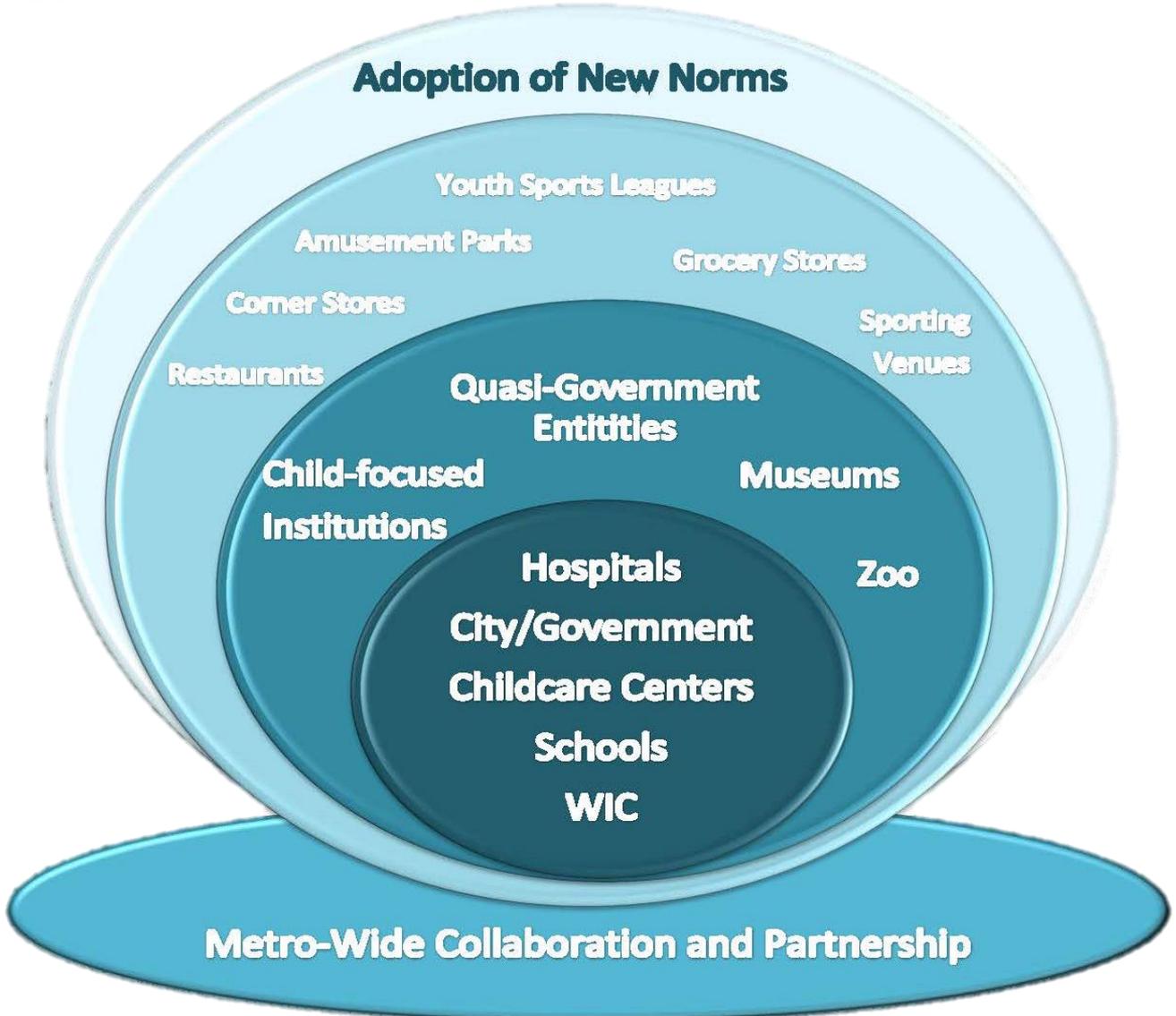
- Plans
- Competitive funding
- Executive leadership support
- Overwhelming research on sugary beverages and obesity
- Alignment for more than half the state's population
- Existing successful models

Benefits of a Regional Approach

- Peer learning
- Momentum to support each other's work
- Leveraged funding
- Consistent messaging
- Foundation of support for future policy work
- Greater impact together



Changing Community Norms on Sugary Beverages for Children



- Statewide compact among hospitals: improve nutrition and beverage environments, breastfeeding supports
- Assessment
- Standards
- Current: Bronze Recognition
- Goal: Silver Recognition

Focus Areas

- Identification system
- Healthy advertising
- Price differentials
- Product placement
- Loyalty program
- Educational Posters



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Examples from the field

Regional partnership:

- LPHA work
- Organizational policy

Building a movement:

- **Statewide policy**
- **Increase access to water**
- **Municipal policy**

Healthy Meeting Policy

DRINK WATER

THERE'S A WELLNESS SUPERHERO IN ALL OF US.
LET'S MAKE HEALTH HAPPEN AT BOULDER COUNTY.

Deb Gardner, Boulder County Commissioner

WELLNESS CAN HAPPEN ANYWHERE

- REPLACE SODA AND ENERGY DRINKS WITH WATER.
- WHEN HUNGER STRIKES, DRINK AN 8 OZ. GLASS OF WATER FIRST, THEN EAT.
- KEEP A FULL WATER BOTTLE AT YOUR DESK AND SET A GOAL TO DRINK UP AND REPEAT THROUGHOUT THE DAY.

Statewide Policy

Petitioning Colorado Department of Human Services

Give daycare kids the nutrition and play they need.



Colorado, unlike other states, has no statewide standards for childcare facilities on nutrition and physical activity. Our state's adult population is famously ranked as the nation's least obese. Our state's kids, on the other hand, lag far behind. A quarter of our kids are now overweight or obese. You can help Colorado's kids by signing our petition in support of new rules that would, for the first time, institute nutrition and physical activity standards in child care facilities.

Sign this petition

1,265 supporters

235 needed to reach 1,500

United States ▼

I'm signing because... (optional)

Share with Facebook friends

Sign

Access to water



Kristi Brown/Courtesy

[Buy a print of this](#)

Soroco Middle School seventh-graders Leona Thurston, Gene Bracegirdle and Jonah Marshall stand near a water bottle filling station installed at the school in the fall. The district is raising money to install another station at Soroco High School.

Fundraising underway for water station at Soroco High School

Healthy Children's Meals

Davis Requires All Restaurants to Offer Milk, Water as First Choice in Kids' Meals



By [Lisa Aliferis](#) 
MAY 27, 2015



SHARE

Exposing soda-funded science



Three scientists who helped start the new nonprofit supported by Coke, from left: Steven N. Blair, a professor in the department of exercise science, epidemiology and biostatistics at the University of South Carolina; James O. Hill, a professor at the University of Colorado School of Medicine; and Gregory A. Hand, dean of the West Virginia University School of Public Health. University of Colorado, West Virginia University



Soda Taxes

eating and health

Mexico's Sugary Drink Tax Makes A Dent In Consumption, Study Claims

JUNE 19, 2015 6:00 PM ET

ELIZA BARCLAY



SHARE



Comment

Soda delivery in Bosque de Chapultepec, Mexico City. Between 1989 and 2006, the consumption of sugary drinks increased by 60 percent per capita in Mexico.

Omar Bárcena/Flickr

Questions?

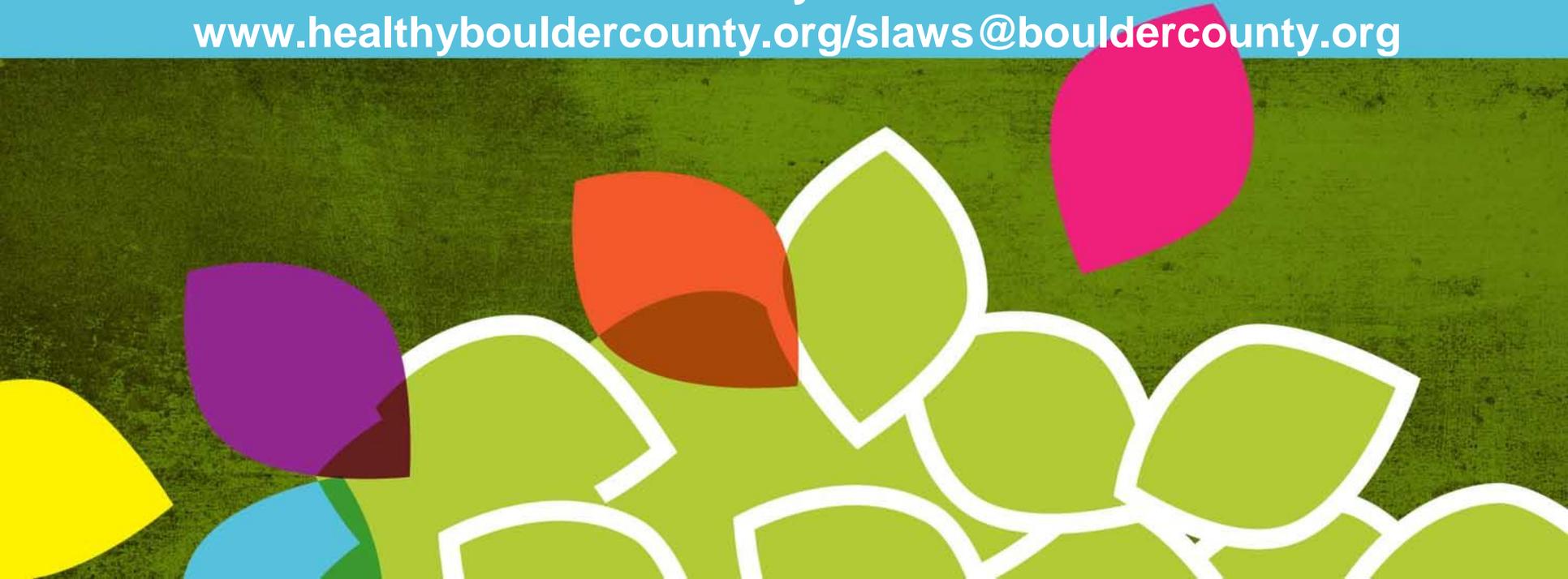


Thank you!

Summer Laws

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HEAL Indicators

Renee Calanan renee.calanan@state.co.us

Obesity Networking Call

November 19, 2015



COLORADO
Department of Public
Health & Environment

Target Audience

State and local government agencies and nonprofit and community organizations working on obesity prevention and control in Colorado.

Purpose of list:

To have a standardized list of HEAL indicators and their definitions so that stakeholders are collecting and disseminating the same measures.

To have a prioritized list of HEAL indicators so that data collection can be prioritized.

Draft Prioritization Criteria

Criteria for priority level 1:

- Indicator is available at a sub-state level
- Indicator will continue to be routinely collected
- Included within CDPHE chronic disease and school health grant performance measures, CCPD performance measures, state PHIP, or identified in existing local PHIP
- Scientific literature supports the association between the indicator and obesity

Criteria for priority level 2:

- Indicator available at sub-state level or could be available through data collection that would not be too resource intensive
- Scientific literature supports the association between the indicator and obesity

List Content (Metadata)

1. Priority level
2. Indicator - descriptive name
3. Data source
4. Source of indicator - CDSH grant, CCPD measures, state PHIP, Governor's Plan, chronic disease surveillance system, CO Health Indicators, CDC indicators, local PHIP (count)
5. Notes
6. Geographic availability of existing data
7. Subpopulations with data available
8. Numerator and denominator
9. Short, intermediate, or long-term measure
10. Related HP2020 objectives
11. State target
12. Where to find data

List Format

Excel workbook with the following worksheets/tabs:

1. Weight status
2. Food insecurity
3. Worksites and prevention programs
4. Healthy eating - community
5. Healthy eating - ECE and school
6. Healthy eating - consumption
7. Breastfeeding
8. Active living - community
9. Active living - ECE and school
10. Active living
11. Screen time

Discussion

How can we make this useful and user friendly?

How else would you need to select indicators? (e.g., by age group)

Is additional guidance needed to help with selecting indicators?

Are there other populations of interest? (e.g., adults with diabetes)

Many/most indicators will be “negative” in direction.

What are your data/indicator-related challenges?



Send additional feedback and suggestions to:
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