**To: Colorado Commission on Affordable Health Care**
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**What do you think are the fundamental cost drivers and why?**

An individual's health status is primarily (70 percent) determined by his or her social circumstances, environmental conditions and behavior choices, as compared to the influence of genetics (20 percent) and health care (10 percent).[i] It is critical that any group looking at health care cost containment focus on prevention rather than exclusively on treatment.

In 2009, Colorado spent $1.637 billion treating diseases and conditions related to obesity.[ii] Decreasing the average Body Mass Index (BMI) of adults by only 5 percent could save nearly every state between 6.5 percent and 7.9 percent in health care costs. Specifically, Colorado could save more than $10 billion by 2030.[iii] Fourteen percent of all U.S. deaths could be attributed to poor diet and activity patterns (and nearly one out of every four chronic disease-related deaths).[iv] The leading causes of preventable death, including heart disease, stroke, type 2 diabetes, and certain types of cancer, have been linked to obesity.[v]

These conditions affect low-income communities and communities of color disproportionately. More than 38 percent of Latino youth and almost 36 percent of African American youth are obese or overweight.[vi]

Reducing the extensive costs of obesity-related illnesses requires multifaceted, innovative approaches. Strategies must address the environmental and systemic obstacles that Coloradans face in eating well and getting adequate exercise and which strive to remove barriers to health equity.

**What are the barriers to reducing cost?**

Inaccessibility of Healthy Food: Thirty percent of Colorado communities lack access to healthy food retail options,[vii] including one in five children who live without access to affordable, healthy food.[viii] Eighty-nine percent of Colorado kids consume less than the recommended servings of fruits and vegetables each day.[ix]

Limited Opportunities for Physical Activity: Colorado ranks 24th in the nation for our children's level of physical activity[x] with only 43 percent of kids reporting getting 60 minutes of exercise per day.[xi] One in three Colorado kids live in neighborhoods without parks, community centers, and/or safe sidewalks.[xii]

Access to physical activity disproportionately affects low-income communities. While almost 90 percent of high-income areas have sidewalks on one or both sides of the street, in low-income communities the percentage drops to 49 percent. Similarly, streets with marked crosswalks are more common in high-income areas (13%) than in low-income communities (7%).[xiii]

**Can you list up to three things that you are doing to address cost that are unique?**

LiveWell Colorado is a nonprofit organization committed to preventing and reducing obesity in Colorado by encouraging and enabling healthy eating and physical activity. LiveWell Colorado and its local-level partners currently reach more than a million Coloradans through three unique flagship programs:

- **Community Partnerships:** 23 locally-led coalitions throughout the state advancing community-based healthy eating and active living initiatives and programs.
- **HEAL Cities & Towns Campaign:** Partnerships with municipal leaders in 39 cities and towns focusing on access to healthy food, active transportation and worksite wellness.
- **LiveWell@School Food Initiative:** Implemented in more than 90 school districts across the state, reaching approximately 600,000 students, working in partnership with food service directors and their staff to transform school meal preparation from processed foods to healthier, scratch-made options.

In coordination with these locally based efforts, LiveWell has a strong policy and communications platform to support changes at the statewide level.

**Is there any supporting data that demonstrates a reduction in cost?**

Eating a diet high in fruits and vegetables is associated with a decreased risk of many chronic diseases, including heart disease, stroke, high blood pressure, diabetes, and some cancers. Research also has found that replacing foods of high energy density (high calories per weight of food) with foods of lower energy density, such as fruits and vegetables, can be an important part of a weight-management strategy.[xiv]

Physical activity is also critical to sustaining a healthy weight. Currently, fewer than 10 percent of Americans get the recommended amount of weekly activity needed to receive the substantial health benefits of physical activity.[xv] Adults who walk and bicycle have lower weight and blood pressure, and are less likely to become diabetic.[xvi]

**What would you change to make things better related to cost?**

In order to enact large-scale behavior change, the social-ecological model of primary prevention outlines the various factors that must be addressed.[xvii] Obesity prevention cannot merely hinge upon individual choice. Alternately, structures and systems (built environment), communities, institutions, and organizations must all strive to remove barriers for healthy eating and active living.

*Please note, although LiveWell works on a variety of policy and programmatic efforts to improve health in Colorado, the following section focuses exclusively on one solution related to food access for the Commission's consideration. LiveWell Colorado would be happy to discuss in more detail opportunities to improve physical activity or remove other barriers to healthy eating.*

LiveWell Colorado is currently prioritizing state and local policy and programmatic work to **increase healthy food incentives** for recipients of public assistance. Double value purchase programs or vouchers for fruits and vegetables can increase the purchasing power for healthy food consumption within low-income communities. These programs allow fruits and vegetables to be affordable and accessible.

Available research indicates that healthy food incentive programs are effective in bringing recipients of the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps) to farmers markets for the purchase of fresh fruits and vegetables.[xviii] An analysis of the Minnesota MarketMatch program showed a 91 percent increase in the number of transactions in 2010 compared to 2009 when the program was initiated.[xix] The Massachusetts Department of Agricultural Resources reported that SNAP redemption using Boston Bounty Bucks increased by 500 percent in the 2010 season compared to 2009.[xx] Data from Michigan's Double Up Food Bucks program indicates that the average number of SNAP participant visits per market tripled between 2009 and 2012.[xxi]

The following Colorado sites have had or currently manage a type of "double value coupon" program for Supplemental Nutrition Assistance Program (SNAP) benefits:

- Greeley Farmers' Market Double Value Coupons Program
- Boulder County Farmers Markets (Longmont, Boulder), Harvest Bucks Program
- Larimer County Farmers' Market SNAP Match
- Rifle Farmers' Market SNAP Incentive
- Montrose Local Farmacy Rx
- Avon Farmers' Market Double Value Program
- Broomfield Farmers' Market at Holy Comforter Double Benefits (also accepts WIC vouchers)
- Denver Youth Farmers Markets Double Value Coupon Program
- Alamosa Farmers' Market (also accepts Senior Farmers Market Nutrition Program and WIC Farmers Market Nutrition Program)
- Colorado Springs Farm & Art Market Double SNAP Coupon Program (no longer running)

Additionally, Garfield County promotes WIC vouchers for locally grown food, Denver Urban Garden's DeLaney Farms works with WIC, and the Cortez Farmers Market has a "$5 market rewards card" that anyone including SNAP clientele can use if they spend a certain amount at the market. The development of a consistent, sustainable statewide program can build upon these community successes and incentivize larger-scale healthy food purchase and consumption.

Such incentives directly increase the affordability of healthy food in a way that could lead to long-term dietary changes. Healthy food incentive programs can lead to:

- Environmental changes (food assistance programs that create additional access to healthy choices);
- Cultural changes (the marketing and outreach surrounding these programs can shift public understanding of where and how to access healthy foods);
- Organizational shifts in private business partners; and,
- State policy changes to sustainability administer such programs.

Healthy food incentive programs can be structured within an Accountable Communities for Health (ACH) framework. ACHs integrate medical care, mental and behavioral healthcare, and social services with actions to improve the community conditions that shape health in a geographical area.[xxii] LiveWell

Colorado is currently exploring partnerships with health care providers in low-income communities to expand farmers markets with Fruit & Veggie Rx programs. For example, St. Mary Corwin (a Centura hospital) in Pueblo uses a bar code on all Rx purchases, which are then integrated with the patient's health data. This model can be expanded and evaluated.

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