

# Chaffee County Community Assessment & Improvement Plan 2013-2017



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# Message to the Community

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Greetings Chaffee County Citizens,

Chaffee County Public Health is pleased to present the **Chaffee County 2013 Community Health Assessment and Public Health Improvement Plan**. This document provides a summary of the health status of the residents of our county and a plan for action through the public health improvement plan. A community health assessment analyzes the health status of a community by identifying public health issues and determining priority areas which need collaborative action to improve health.

There are important benefits which result from the preparation of a community health assessment and public health improvement plan. Data obtained during the assessment process raises awareness in the community about the health status of its residents, bringing attention to areas which need improvement. A shared sense of community responsibility promotes a collaborative approach to meet the unique health needs of the county.

Known as “the Heart of the Rockies”, Chaffee County offers many opportunities for healthy lifestyles to county residents. Distributing the findings of Chaffee County’s 2013 Community Health Assessment and Public Health Improvement Plan is an important first step in creating a healthier population. This report highlights multiple data indicators which illustrate strengths and weaknesses of the current public health system.

Chaffee County Public Health is responsible for improving the health of all residents, although a community team approach helps to strengthen the health improvement plan. Many Chaffee County community members and agencies are supportive of the public health improvement plan and have dedicated their time and effort to the mission of health promotion and disease prevention. It is our hope that this report will serve as a resource and also provide residents with a better understanding of the unique public health needs of Chaffee County.

Warm Regards from your Chaffee County Public Health Staff,

**Susan Ellis MSN, BSN, RN, Director**  
**Cassandra Franco, BSN, RN, Clinical Coordinator**  
**Emily Anderson, BSN, RN, Public Health Nurse**  
**Julia Fritz, BSN, RN, Public Health Nurse**  
**Holly Zoni, Office Manager**  
**Don Breece, BS, Health Educator**  
**Cheryl Walker, MA, BS, Family Health Coordinator**

Mission Statement: “In partnership with the communities we serve, Chaffee County Public Health strives to promote the physical, mental, social, and environmental health of the people of Chaffee County.”

# Acknowledgements

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A special thank you to Anne Hill, MPH for the expertise she provided during the Community Health Assessment. We are deeply appreciative of her time and effort to assist us with the process.

**Thank you to the following individuals and organizations for their support during the assessment:**

- OMNI Institute: Jere Thomas
- LiveWell Chaffee County: Lisa Malde and Jon Fritz
- Chaffee County Nurse Family Partnership: Judy Wagner
- Chaffee County Environmental Health Manager: Victor Crocco
- Chaffee County Administration: Bob Christiansen and Dan Short
- Chaffee County Oral Health Program: Julie Drake and Julie Nutter
- Department of Health and Human Services: Phil Maes and Staff
- Chaffee County Commissioners: Dennis Giese, Frank Holman, and Dave Potts

Sincere thanks to the community members who attended our two community engagement events and the prioritization meeting. Please accept our apology if we did not acknowledge your participation.

- |                     |                     |                    |
|---------------------|---------------------|--------------------|
| • Andrea Carlstrom  | • Joe Stone         | • Nancy Mallett    |
| • Arlene Fisher     | • Judy Smith        | • Peg Arnett       |
| • Bob Christiansen  | • Judy Wagner       | • Phil Maes        |
| • Brett Haydin      | • Julie Drake       | • Ruby Skubella    |
| • Cara Russell      | • Karin Niedfeldt   | • Shaundra Moss    |
| • Carolyn Wagner    | • Kayla Maddox      | • Shirley Rawlins  |
| • Claudia Dixon     | • Kelly Keith       | • Sue Boyd         |
| • Dan Deslauriers   | • Ken Leisher       | • Susan Bristol    |
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We appreciated the use of conference rooms at Heart of the Rockies Regional Medical Center and Sangre De Cristo for our community events. Thank you to the administration at each organization for your gracious hospitality.

We also thank Jordana Sabella, MPH and our regional public health partners from Teller, Lake, and Park Counties for guidance throughout the community health assessment process. Regional partnerships are extremely beneficial for rural public health agencies and we are grateful for their partnership.

# Executive Summary

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On July 1, 2008, the Colorado Public Health Reauthorization Act, Senate Bill 08-194, was passed into law. The Act's key principle is to assure that consistent standards of quality public health services are available to everyone in Colorado. Also, it requires that all Colorado public health agencies conduct a Community Health Assessment (CHA) and prepare a local Public Health Improvement Plan (PHIP) every five years. The community health assessment systematically examines data, assesses capacity, and identifies health priorities. A local public health improvement plan is based on the top health priorities and aligns with the comprehensive statewide public health improvement plan. The PHIP defines a vision of health promotion for the county and it engages community members and organizations to improve health outcomes through collaborative action.

During the summer and fall of 2012, Chaffee County Public Health (CCPH) partnered with various county-wide organizations and individuals to complete Chaffee County's CHA. Based on the top priorities identified, CCPH completed a five year PHIP in April 2013.

The 2008 Act recommended that counties follow a standardized assessment process. The Colorado Health Assessment Planning System (CHAPS) was used by CCPH to complete the Chaffee County Community Health Assessment and Public Health Improvement Plan.

**The 8 phases of CHAPS include:**

- Phase I: Plan the Process
- Phase 2: Engage Stakeholders
- Phase 3: Assess Community Health
- Phase 4: Assess System Capacity
- Phase 5: Prioritize Issues
- Phase 6: Create a Local Health Plan
- Phase 7: Implement, Monitor, and Communicate the Plan
- Phase 8: Inform Statewide Plan

Phase I of the assessment included identifying team member responsibilities, developing a work-plan, timeline, budget, and obtaining county buy-in. Phase II and III of the assessment involved establishing relevant public health indicators and collecting quantitative and qualitative data. These data are the building blocks for the Health Status Report. Phase IV evaluated local capacity of core public health services and Phase V prioritized identified health issues.

During the assessment process, CCPH engaged stakeholders and community members through surveys, community engagement events, and the final prioritization meeting held in September 2012.

Chaffee County's health status report data were compared to several similar counties in Colorado, which is useful to establish best practices, as well as gauge progress in the health indicators. Comparisons with counties of similar population and size or geographic proximity can best align local efforts. In other ways, the county comparison can be used as a health ranking tool across the state. In this report,

Chaffee County indicators are compared to those from Lake, Park, and Teller counties, Region 13, and the State of Colorado.

# HEALTH STATUS REPORT

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## Community Description

Chaffee County was created by the Colorado legislature on February 10, 1879. The county is named for Jerome B. Chaffee who was a very successful miner, banker, and most notably, an accomplished politician, serving as Colorado's first United States Senator.

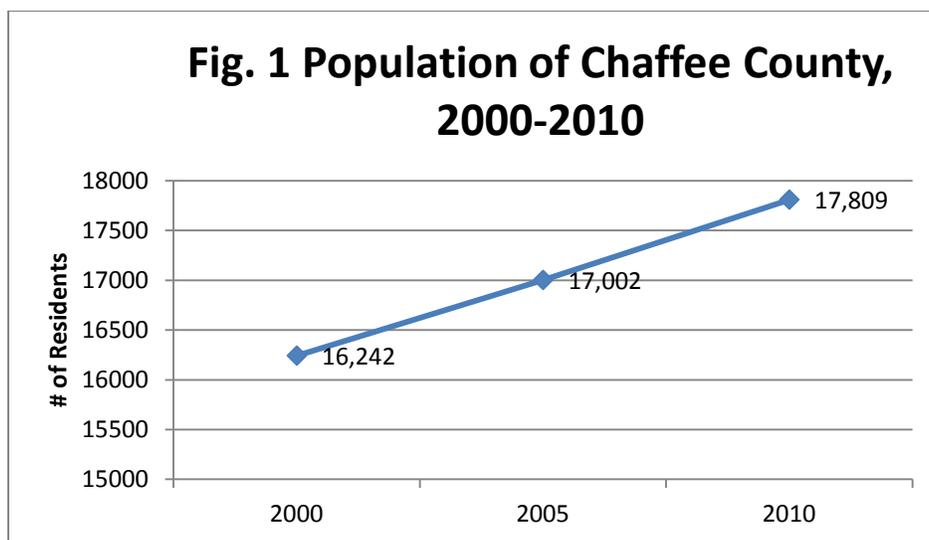
Located on the eastern slope of the Rocky Mountains in the Upper Arkansas Valley of central Colorado, Chaffee County covers 1,051 square miles. The Arkansas River, famous for whitewater rafting, flows toward the southeast of the County between the Sawatch and Mosquito Mountain Ranges. The elevation of the area ranges from just under 7,000 to over 14,000 feet on its highest peaks along the continental divide to the west. Salida, the county seat, Buena Vista, and Poncha Springs are the largest towns. Adjacent counties include Lake, Park, Fremont, Saguache, Gunnison and Pitkin.

## Demographics

Demographics are statistical characteristics of a location, place, or community's population which are widely used to describe population changes over time and provide important detail on population as well as culture of an area (Wikipedia, 2012). In this section, the report explores the changes in Chaffee County's population, including age, race, and gender over time.

### Population

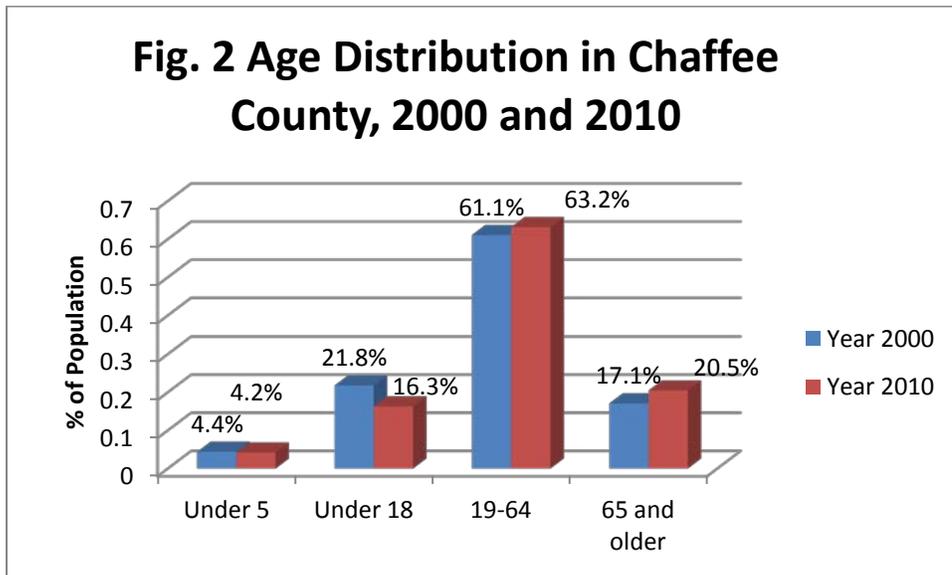
Chaffee County's population has steadily increased by 9.6% since 2000 U.S. Census Bureau estimates. Based on 2010 Census estimates, the population of the County is 17,809.



*Data from 2000 Census Bureau, 2010 Census Bureau, and COHID Population Estimates*

*Age distribution*

The majority of Chaffee County’s population represent working adults, ages 19-64. Based on a comparison of 2000-2010 data, there has been a 3.4% increase in the number of adults 65 and older. In addition, we can see the changing demographics of Chaffee County, with fewer youth under the age of 18 and more working adults. The gender distribution in Chaffee County has held steady since 2000, with 46.9% of the population represented by women and 53.1% of the population represented by males. This discrepancy is primarily based on the types of employers in Chaffee County, which include the prison and resort industries, such as kayaking, rafting, and skiing.



*2000 Census and 2010 Census data, and COHID Population Estimates; \*2000 Census and 2010 Census data are slightly different. In 2000, data for youth was calculated as those under the age of 19, whereas in 2010, it was calculated as those 18 and under.*

*Race and ethnicity in Chaffee County, 2000-2010*

Table 1 compares race and ethnicity in Chaffee County from 2000 to 2010. For the most part, the percentages remained constant with the majority of residents in Chaffee County being White/Caucasian.

**Table 1: Race and Ethnicity in Chaffee County, 2000-2010**

Year	White/Caucasian	Black/African American	American Indian/Alaska Native	Asian	Hispanic *counted as part of White/Caucasian
2000	90.9%	1.6%	1.1%	.4%	8.6%
2010	93.2%	1.5%	1.1%	.6%	9.4%

*\*2000 Census and 2010 Census data, and COHID Population Estimates*

Based on quantitative and qualitative data collected from past assessments, community engagement events, and surveys, the following provides important information on the top health concerns in Chaffee County.

## Overview of Past Assessments

Over the last ten years, six reports assessing several aspects of the perceived health concerns in Chaffee County have been conducted. While each report provides a unique perspective, examining these for commonalities is also important to understanding the health needs of the community.

1. Strengths and Needs Assessment of Older Adults in the State of Colorado, Central Mountain Region
2. Community Assessment Survey for Older Adults (CASOA)
3. Build A Generation Parent Survey
4. Chaffee County Dental Coalition Needs Assessment
5. LiveWell Chaffee County Needs Assessment
6. Chaffee County Health Assessment (2008)

These reports provide insight into the health concerns of Chaffee County and are presented here for review.

### **Methods**

The goal of this overview was to compile and compare information from six assessments that have been performed in Chaffee County in the last ten years. Findings from the six assessments were collapsed into tables and compared for similarities and differences.

#### ***Assessment #1: Strengths and Needs Assessment of Older Adults in the State of Colorado, Central Mountain Region***

*The Strengths and Needs Assessment of Older Adults in the State of Colorado, Central Mountain Region* was published in 2004 by the National Research Center, Inc. for the Colorado Department of Human Services Division of Aging and Adult Services. The purpose of the assessment was to understand and predict the services and resources required to serve an increasingly aging population. The assessment consisted of a survey that focused on quality of life, care-giving, nutrition, food security, and transportation. The National Research Center, Inc. wrote an extensive report based on the results from the survey.

#### **Although not ranked, key health concerns included:**

- Physical health
- Loneliness/Depression
- Boredom
- Care-giving
- Housework/Help with repairs
- Transportation

- Financial problems
- Affording necessary medications
- Adequate housing
- Victims of crime

### ***Assessment #2: Community Assessment Survey for Older Adults (CASOA)***

The *Community Assessment Survey for Older Adults (CASOA)* was conducted in 2010 by the National Research Center, Inc. for the Upper Arkansas Area Council of Governments Agency on Aging and the Colorado Department of Human Services, Division of Aging Services. The purpose of the assessment was to identify community strengths in serving older adults, articulate needs of older adults, estimate contributions of older adults, and determine the connection of older adults to the community.

A survey of forty common needs affecting older adults' well-being was used to collect information from seniors. Many of the findings and needs in this assessment replicate responses from the 2004 *Strengths and Needs Assessment of Older Adults*.

Results from the CASOA survey were not ranked and are presented as seen in the report.

#### **Findings:**

- Affordable quality mental health care
- Employment/education opportunities
- Variety of housing options
- Ease of bus travel/transport
- Physical health
- Staying physically fit
- Knowing resources available in area

#### **Needs:**

- Information and planning
- Physical health
- Health care
- Home maintenance
- Financial
- Mental Health
- Housing
- Employment/education

### ***Assessment #3: Build a Generation Parent Survey***

The 2011 *Build a Generation Parent Survey* was conducted in Salida and Buena Vista by the coordinated efforts of the Build a Generation coalition. The intention of the survey was to understand parents' knowledge of youth substance abuse and access to alcohol and other substances.

#### **Key Themes from survey include:**

- Alcohol and marijuana use are problems among youth
- There is a growing problem of prescription medication use among youth
- Underage youth have easy access to alcohol

- Consistent enforcement of youth, suppliers, and parents is required
- Early education efforts are needed for kids and parents
- Underage smoking cessation should be enforced
- Law enforcement, community members, teens, parents, and the medical community should all work together

#### ***Assessment #4: Chaffee County Dental Coalition Needs Assessment***

The *Chaffee County Dental Coalition Needs Assessment* was conducted in 2010 by the Chaffee County Dental Coalition. Formed in 2010, the coalition identified a lack of dental access in Chaffee County and pursued financial resources to begin addressing this issue. The Colorado Health Foundation awarded a planning grant to conduct a needs assessment and develop a comprehensive strategic plan.

#### **Findings from the Dental Coalition Needs Assessment are as follows:**

- Many parents are unaware of the need for preventive dental care in their children.
- Access to preventive dental care is limited for underinsured/uninsured children and adults.
- Only half of the survey respondents engaged in regular, ongoing preventive oral health practices.
- The main barrier to accessing dental care was financial.
- There was a low awareness of the role fluoride plays in healthy teeth.
- Few of Chaffee County residents have fluoridated water.

#### ***Assessment #5: LiveWell Chaffee County Needs Assessment***

***LiveWell Chaffee County Needs Assessment* was conducted by LiveWell Chaffee County in 2009 and focused on the following LiveWell initiatives:**

- Worksites
- Schools
- Healthcare
- Healthy food options
- Breastfeeding
- Older adults
- Early Childhood

#### **The following needs were identified:**

- Improve nutritional suppliers in schools
- Expand worksite wellness
- Educate on importance of health, wellness, worksite wellness for Chaffee County residents and employers
- Offer follow-up education and resources on healthy living
- Need for more dieticians and nutritionists
- Need for healthcare coaching
- Increase social marketing campaigns on healthy lifestyle choices
- Expand gardens
- Improve knowledge and healthy food options for low income residents
- Increase access to affordable/healthy food options
- Track the need and use of breastfeeding services
- Increase the number of activities for older adults

### *Assessment #6: Chaffee County Health Assessment*

**The 2008-2009 Chaffee County Health Assessment was conducted by Chaffee County Public Health. The purpose of the assessment was to determine program planning and community outreach for Chaffee County Public Health. The assessment used three methods to determine the top health concerns:**

- A convenience survey of 582 residents
- Key informant interviews with 38 community leaders
- A review of secondary local, regional and state data

**Based on survey responses and key informant interviews the following health topics emerged as top health concerns to Chaffee County residents:**

1. Access to health care
  - Lack affordable health insurance
  - Lack affordable health care
  - Lack affordable children's dental care
2. Jobs and Affordable Housing
3. Substance Abuse
4. Poor nutrition at home or in school

### *Summary*

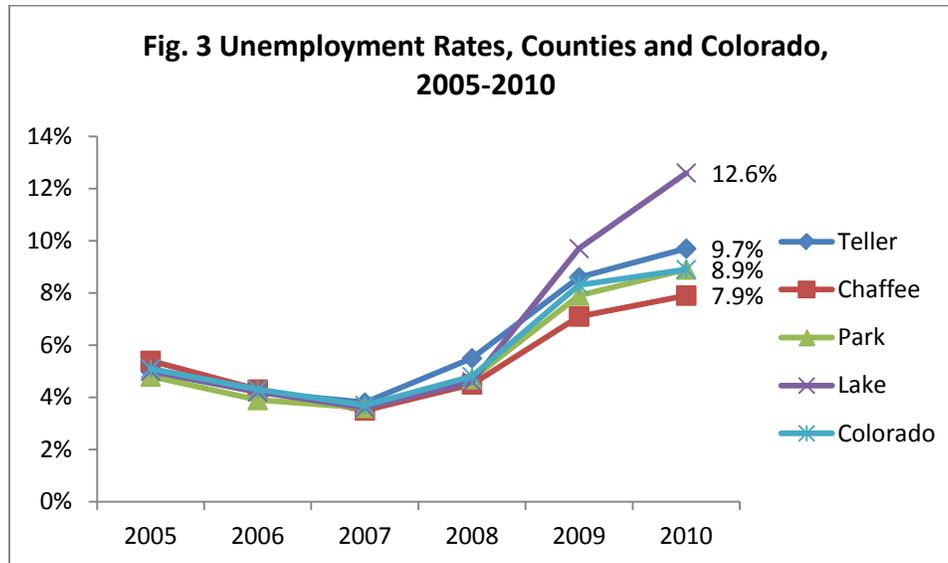
Based on review of the six assessments, five topics were determined to be the top health concerns from 2004 to the present.

- 1) Health care access and affordability, including health insurance and dental care
- 2) Health education needs for children, adults, employers, low-income, and seniors
- 3) Physical health, including healthy lifestyle choices for children, adults, and seniors
- 4) Limited activities, including recreational and planned activities for children and seniors
- 5) Healthy food access and affordability

## Social Determinants of Health

### Economic Opportunity

Economic indicators impact markets, economic performance, and predictions of future performance. Local economic indicators can include unemployment rates, housing statistics, and more. For Chaffee County, percent unemployment was 8% of the workforce, an increase from 2000 of only 2.5%; however, current Chaffee County unemployment is lower than Colorado at 8.9%.



Bureau of Labor Statistics

**Table 2: Major Employers from 2001-2009**

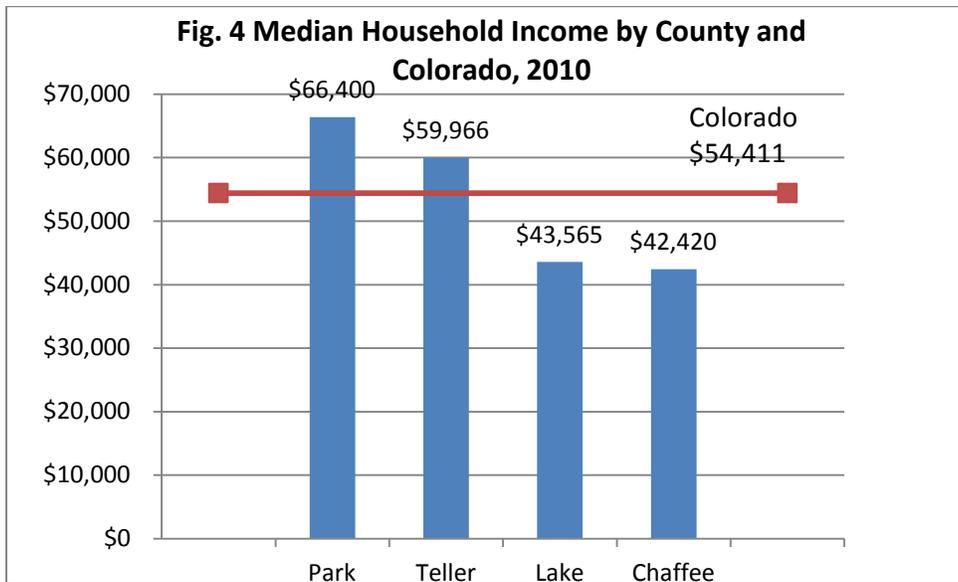
Type of Employment (%)	2001	2009
<b>Non-Services</b>	<b>18.4%</b>	<b>14.9%</b>
Farm	3.4%	2.4%
Mining (including fossil fuels)	.4%	1.3%
Construction	11.7%	9.4%
Manufacturing	2.8%	1.8%
<b>Services related</b>	<b>61.4%</b>	<b>65.2%</b>
Utilities	.4%	.5%
Wholesale trade	2.0%	2.0%
Retail trade	13.1%	13.2%
Transportation & warehousing	1.0%	1.1%
Information	1.3%	1.3%
Finance and insurance	3.8%	4.3%
Real estate and rental/leasing	5.7%	7.4%

Professional and technical services	5.4%	6.1%
Educational services	.6%	1.0%
Health care and social assistance	4.7%	5.7%
Arts, entertainment, recreation	5.6%	6.1%
Accommodation/food services	13.0%	11.5%
Other services	4.7%	5.0%
Government	17.3%	16.4%

Data Sources: U.S. Department of Commerce. 2011. Bureau of Economic Analysis, Regional Economic Information System, Washington, D.C. Table CA25N.

### Median Household Income

Median household income is defined as the income of the householder and other individuals 15 years and over living in the household. In 2001, the estimated household median income in Chaffee County was \$34,368 and in 2009, it increased to \$42,420. The household median income increased 23.4 percent from 2001 to 2010; however, Chaffee County’s income ranks lower than Colorado and some surrounding counties (U.S. Census Bureau, 2012).

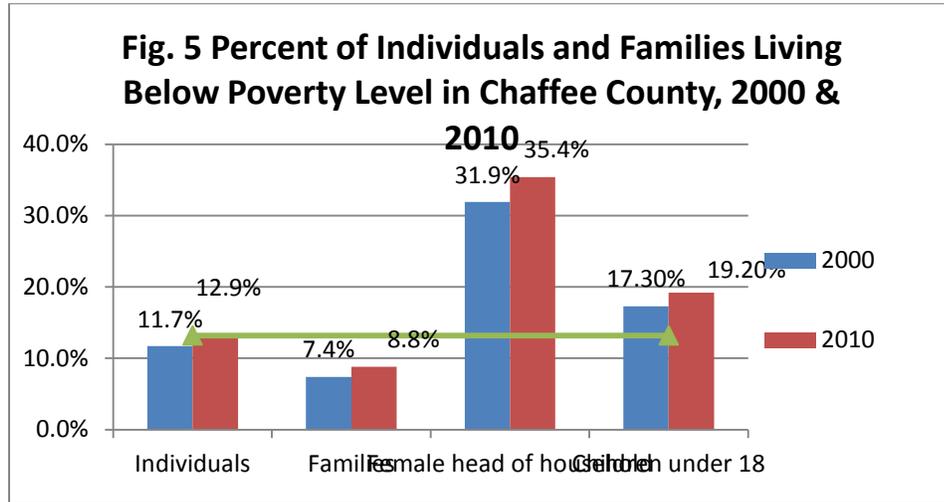


2010 US Census Bureau/SAIPE

### Poverty

Poverty is defined by the federal government using income and family size. In 2010, poverty rates for adults and children were higher than 2000 levels: 12.9 percent of the total population lived below the Federal Poverty Level (FPL) and 19.2 percent of children under 18 years of age lived below the FPL. The

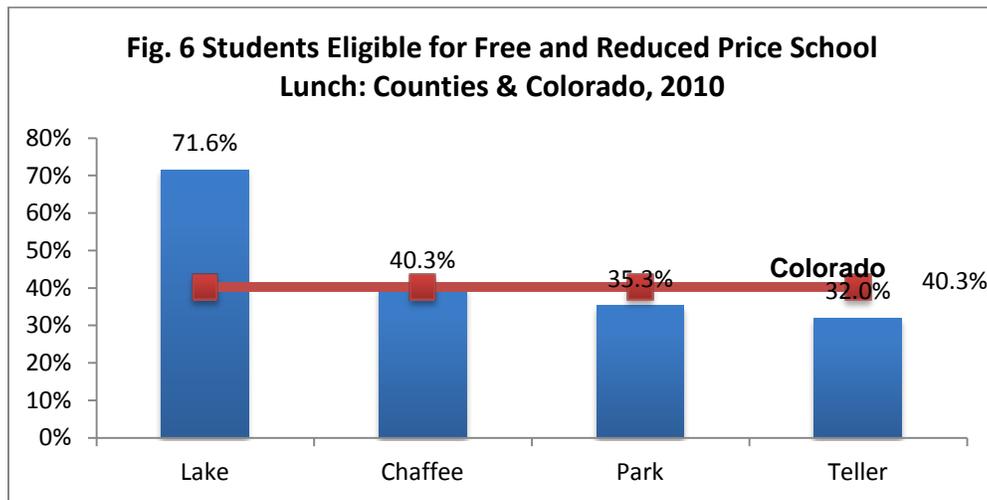
overall poverty rate in Chaffee County is lower than the Colorado poverty rate of 13.2 percent. (U.S. Census Bureau, 2012)



\*2000 and 2010 Census Bureau Data, 2012 Kids Count Colorado

### Free and reduce lunch eligibility

The percentage of students enrolled in free and reduced lunch is often used as an indirect measure of poverty. In Chaffee County, 40.3 percent of students were eligible for free or reduced lunch in 2010, the same as the Colorado average (CDPHE, 2012).

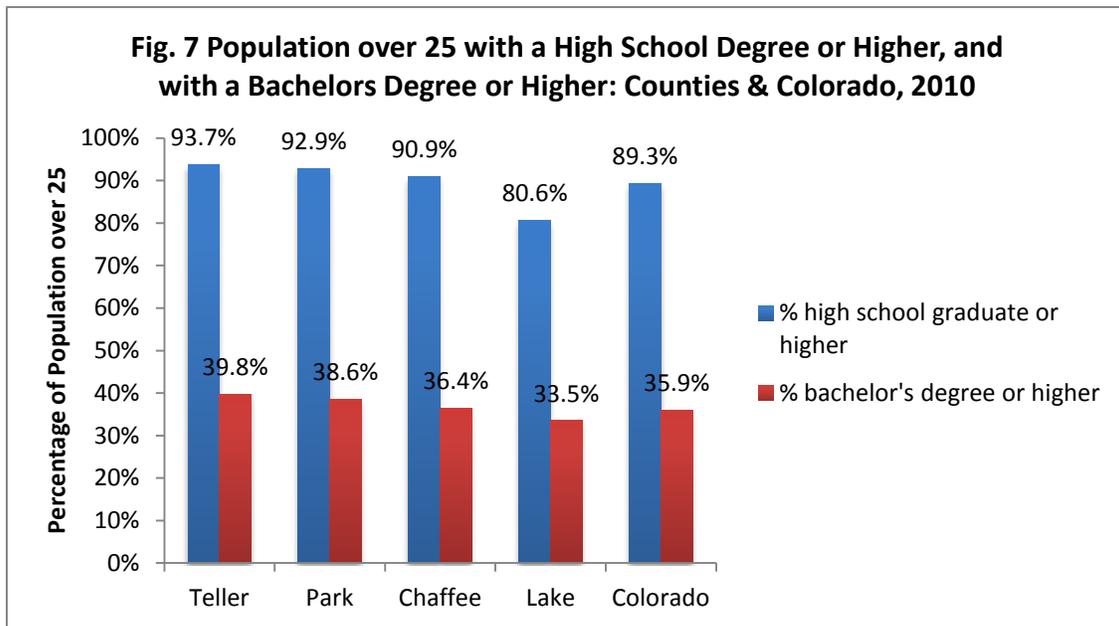


CDPHE Indicators Website

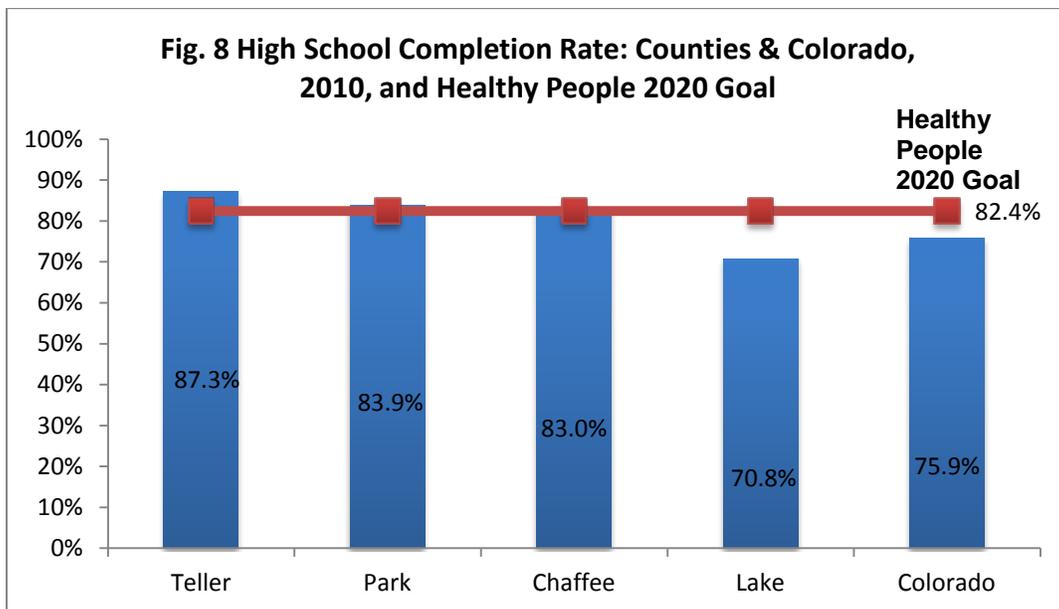
### Education

Education is universally recognized as one of the most fundamental building blocks for human development and poverty reduction. Over 2,115 students are enrolled (ages 5-17) in Chaffee County schools (2012 Kids County in Colorado, 2012). Of the county's population, 32 percent completed their

high school diploma or GED, which is higher than 2001-2002 data (29.9 percent). Furthermore, 83 percent of Chaffee County residents complete high school and another 36.4 percent have a bachelor's degree or higher. Both percentages are higher than the Colorado average (U.S. Census Bureau, 2012).



CDPHE Indicators Website



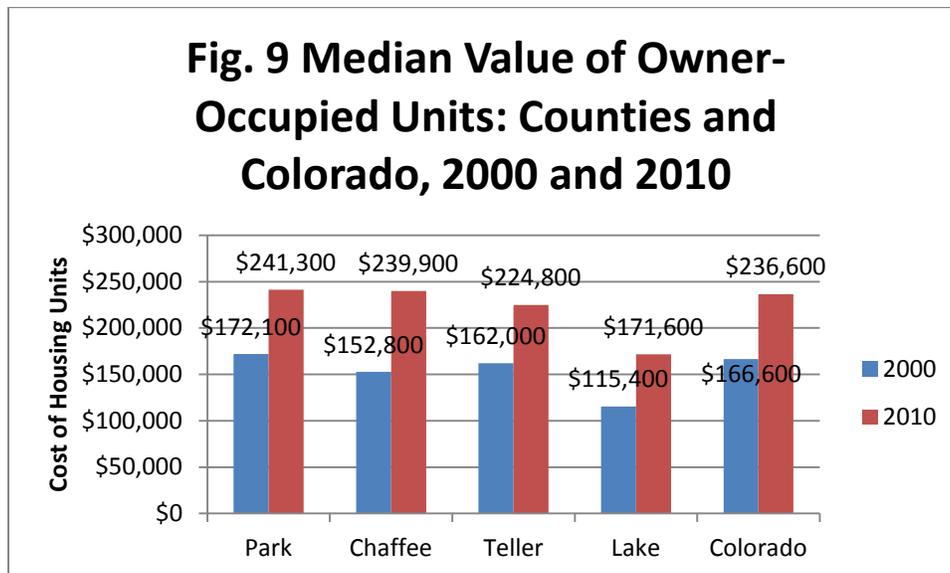
CDPHE Indicators Website

## Housing

For most Americans, a home represents a place of safety, security, and shelter. Given its importance, it is not surprising that factors related to housing have the potential to help or harm our health in major ways. Based on the 2009 Community Health Assessment, need for affordable housing was seen as an important concern by community members. Much has been done to review and understand the housing situation in Chaffee County, including a market analysis of housing in the County.

### *Value of housing*

Housing prices in Chaffee County and surrounding areas have increased since 2000, however, median household incomes have not kept up with the increase value of homes, making it more difficult for families to afford their homes.



*2006-2010 American Community Survey and 2000 US Census Bureau*

### *Home ownership rate*

In 2000, homeownership in Chaffee County was 73.4 percent of the population. From 2006-2010, homeownership hovered around 76.9 percent, a slight increase from 2000 data (US Census Bureau, 2012).

## Physical Environment

### Environmental Quality

Environmental Quality encompasses both indoor and outdoor measures of health, including household hazards, air quality, and water quality. These are important prerequisites for good health. Having safe food and water and maintaining healthy homes and businesses positively impacts health and quality of life (CDC, 2012).

## Radon

Radon is a naturally-occurring, odorless, invisible, radioactive gas that is listed as a Class “A” carcinogen. It occurs from the natural breakdown of uranium and radium in soil, bedrock, rocks and water and can be present in the air we breathe inside. Radon is the second-leading cause of lung cancer deaths in the United States and the leading cause of lung cancer deaths among non-smokers. EPA recommends homes be fixed if the radon level is 4 pCi/L (pico Curies per Liter) or more. Because there is no known safe level of exposure to radon, EPA also recommends that Americans consider fixing their home for radon levels between 2 pCi/L and 4 pCi/L (PuebloCares, 2010).

- The average home reading in Chaffee County was 8.49 pCi/L in 2010.
- 58% of homes in Chaffee County tested above 4 pCi/L (CDPHE, 2012).

## Built Environment

Built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). A built environment influences a person’s level of physical activity (CDC).

## Food

The concept of eating on the go, or fast-food, has increased tremendously since the 1960s. As data shows, an individual’s eating habits can affect everything from his/her ability to concentrate in school to other chronic health conditions. As compared to a majority of surrounding counties, for every 10,000 people Chaffee County has 14.4 fast food establishments, a rate higher than Region 13 (6.5) and the Colorado average (7.0) (CDPHE, 2012). On the flip side, the rate of healthy food establishments per 10,000 people is 1.7 for Chaffee County as compared to Region 13 (1.4) and Colorado (1.1).

## Transportation

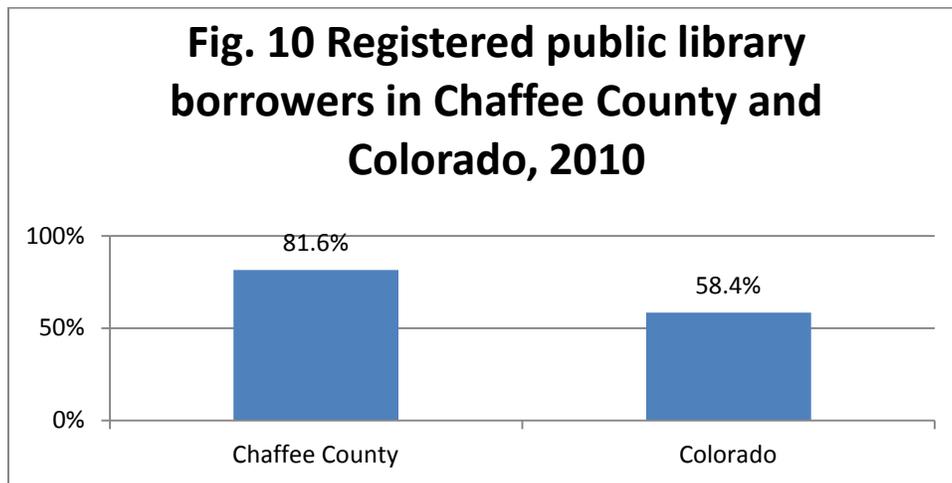
Chaffee County has a variety of transportation options to reach business and recreation, including biking and walking. The following are public transportation options available to Chaffee County residents.

**Table 3: Type of Public Transport in Chaffee County**

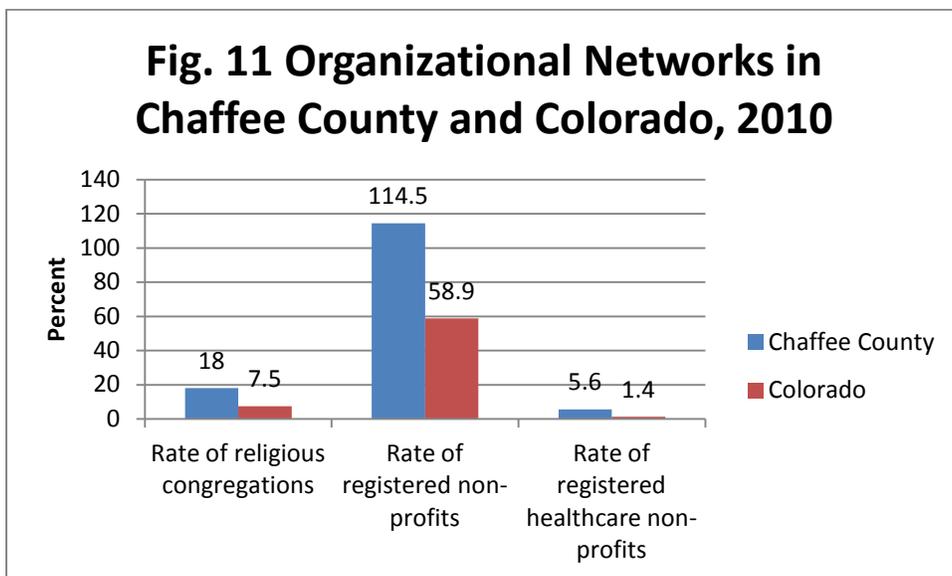
Type of Transportation	Geographic Location	Times
Chaffee Shuttle	Salida	M-F: 8 a.m.-3 p.m.
Chaffee Shuttle	Buena Vista	M, T, Th, F: 8 a.m.-3 p.m.
Blackhills Stage Line	Salida & Buena Vista to Denver	Daily

## Social Factors

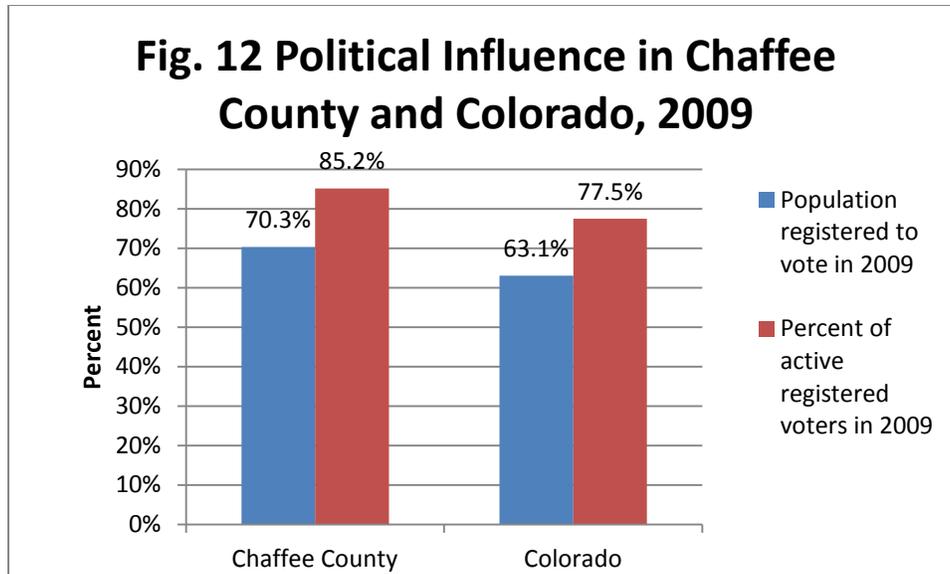
There are a variety of social factors that contribute to building a healthy community (Reid, 2000). More research is being conducted to demonstrate that “nonmedical factors like income, support from friends, education level, and where you live have a big impact on how healthy you are” (Zwillich, 2008). In this section, social factors, such as participation, organizational networks, and political influence in Chaffee County are reviewed.



*CDPHE Indicators Website*



*CDPHE Indicators Website*



CDPHE Indicators Website

## Health Factors

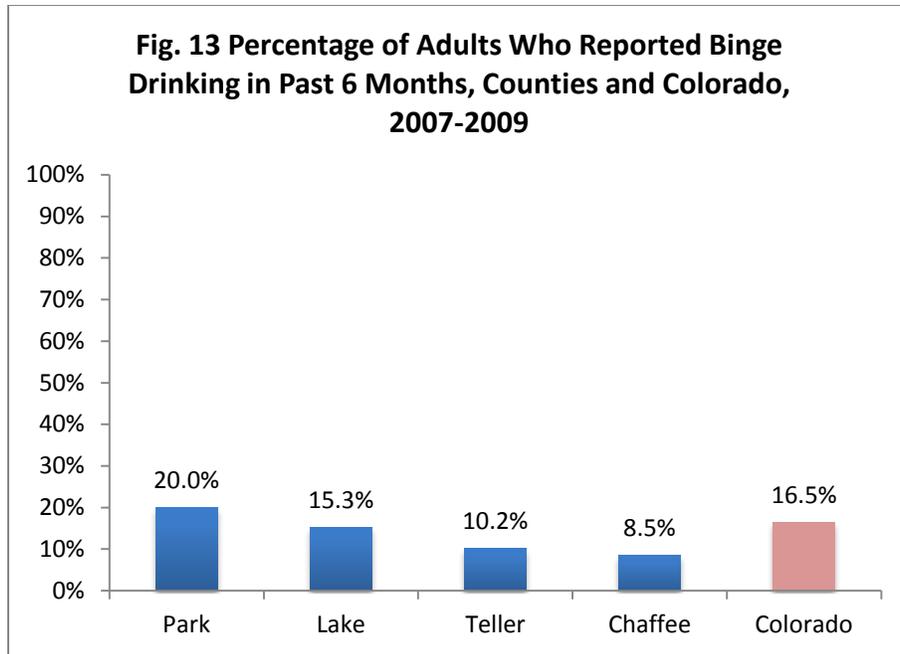
A health behavior is described as an “action taken by a person to maintain, attain, or regain good health and to prevent illness.” (Mosby's Medical Dictionary, 2012). Health behaviors reflect a person's health beliefs. Some common health behaviors are exercising regularly, eating a balanced diet, and scheduling necessary vaccinations (National Bureau of Economic Research, 2012).

## Substance Abuse

Substance use and its related effects are among society's top health and social concerns. According to the Alcohol-Related Disease Impact (ARDI) tool, from 2001–2005, there were approximately 79,000 deaths annually attributable to excessive alcohol use. In fact, excessive alcohol use is the 3rd leading lifestyle-related cause of death for people in the United States each year (CDC). Substance Abuse has been cited by Chaffee County communities as a public health concern among adults and children since 2003.

### *Alcohol use*

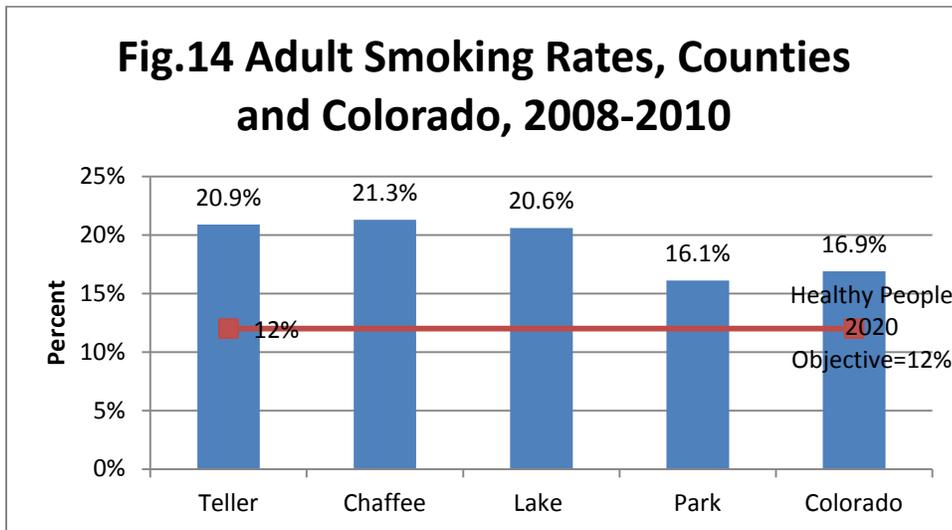
Binge drinking is one of the many recognized indicators of substance abuse. It is defined as consuming five or more alcoholic drinks in one occasion in the past month. In Chaffee County, 8.5 percent of adults reported binge drinking from 2007-2009. Alcohol use was cited multiple times in Chaffee County community engagement events as a health concern by both adults and youth.



CDPHE Indicators Website

### Smoking

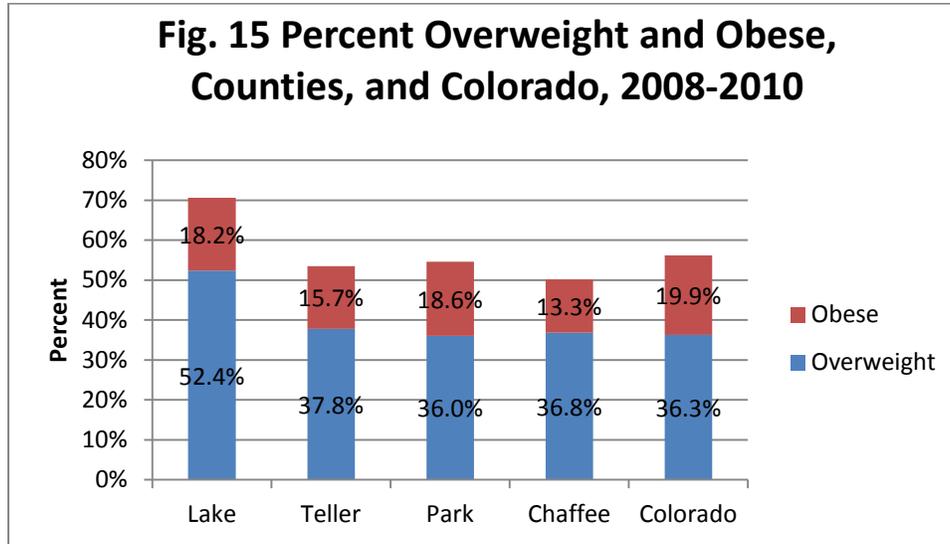
An estimated 46 million people, or 20.6 percent of all adults (aged 18 years and older), in the United States smoke cigarettes. Cigarette smoking is the leading cause of preventable death nationally and accounts for approximately 443,000 deaths, or 1 of every 5 deaths, in the United States each year (CDC, 2012). While smoking rates in Chaffee County have declined over the last 25 years, the county still has a higher percentage of adults who smoke as compared to the Colorado average and the Healthy People 2020 Objective (Healthy People 2020, 2012).



CDPHE Indicators Website

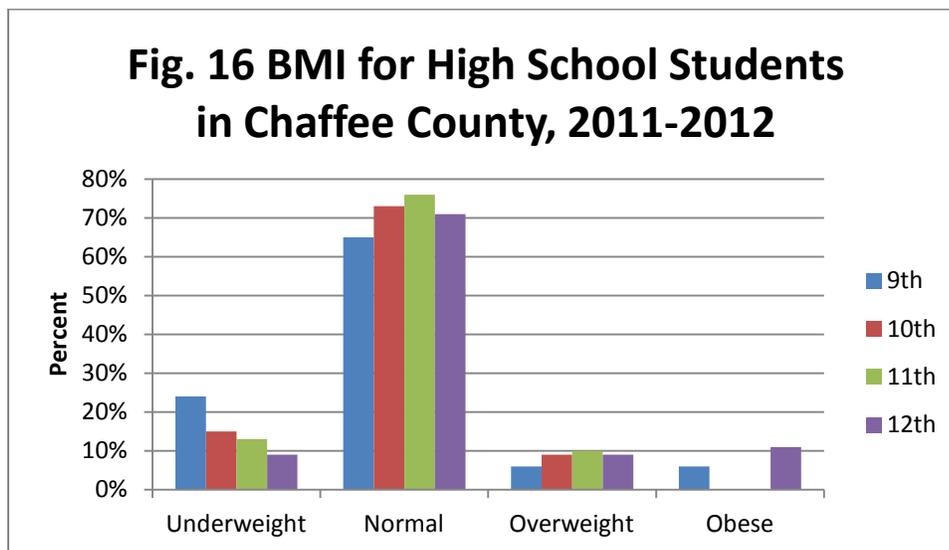
## Overweight/Obesity

The United States continues to battle the rise in obesity, among children, adolescents, and adults. Obesity is a major risk factor for cardiovascular conditions, certain types of cancer, and type II diabetes.



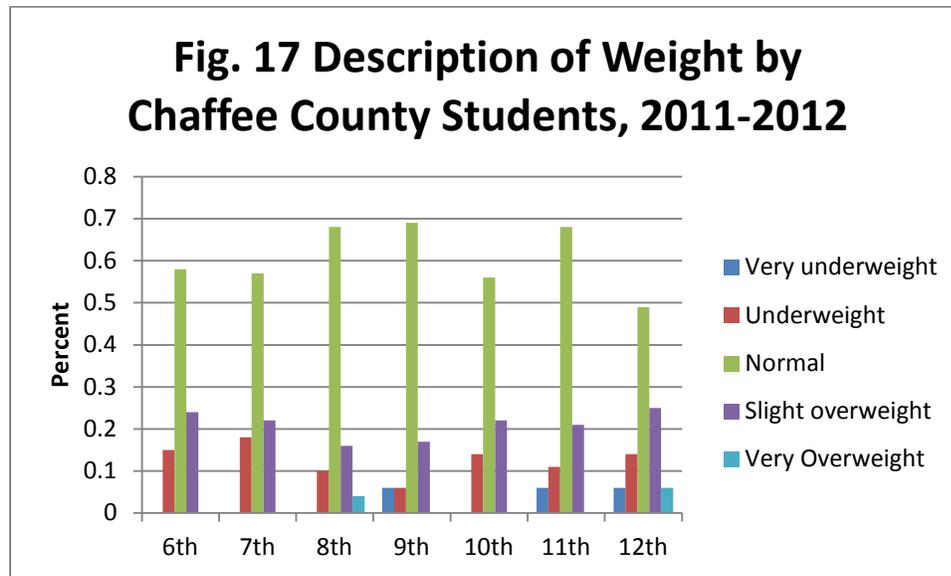
*CDPHE Indicators Website*

With the rise in childhood obesity, many experts believe that today's generation of children may be the first to live shorter lives than their parents. In Chaffee County, a total of 5% of high school students, male and female are obese and 8% are overweight. In Colorado, 7.1% of high school youth are obese and 11.1% are overweight. Among 3<sup>rd</sup> and 4<sup>th</sup> grade students, 36% were found to be overweight after attending Heart of the Rockies' Kids Health Fairs. As a comparison, 27% of children ages 2-14 in Colorado are overweight and obese.



*Healthy Kids Colorado Survey 2011-2012: Chaffee County Community Report*

What is interesting is the percent of children who perceive themselves to be overweight—a percent higher than the actual value. Some of this discrepancy may be due to response error or to social expectations and body image.



Healthy Kids Colorado Survey 2011-2012: Chaffee County Community Report

### Fruit and Vegetable Consumption

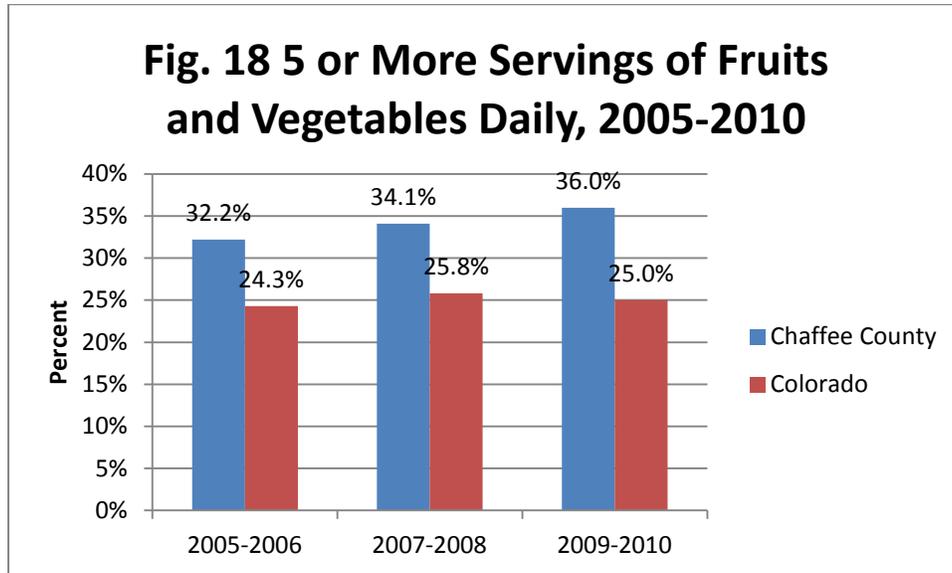
Good nutrition helps individuals lead a healthy lifestyle. This includes incorporating fruits and vegetables into a daily diet. Based on a survey conducted by LiveWell Chaffee County of 406 Chaffee County residents, a majority of respondents ate between 2-4 servings of fruits and vegetables daily, the average being around 3 servings per day. Though this data cannot be generalized to the larger population, it does provide some information about fruit and vegetable consumption in the County.

**Table 4: Personal servings of fruits and vegetables, daily**

Servings of F&V	# of Responses	% of Total Responses
None	6	1.48%
1	35	8.62%
2	95	23.40%
3	102	25.12%
4	88	21.67%
5	44	10.84%
6 or more	36	8.87%
Total	406	
<b>Average</b>	<b>3 servings</b>	

LiveWell Chaffee County Food Access Assessment

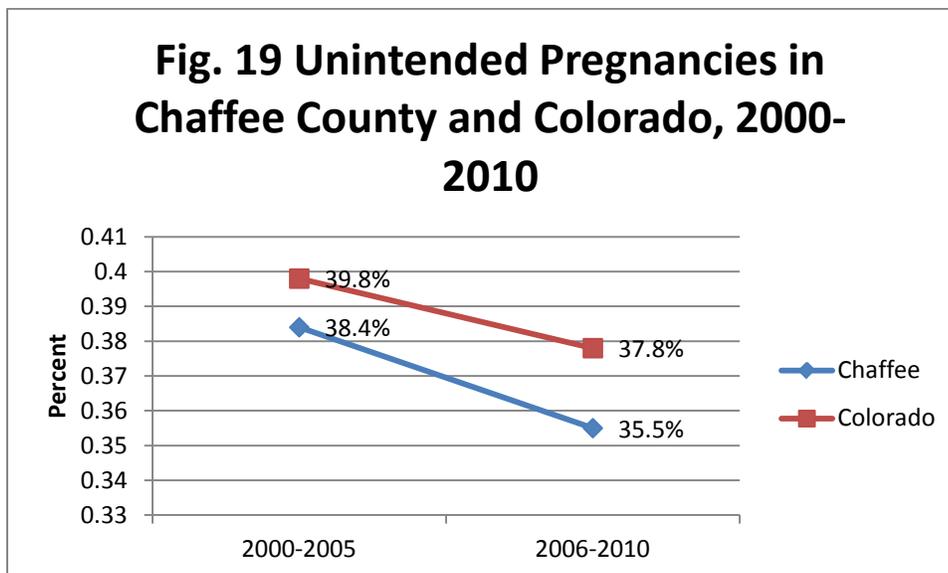
Behavioral Risk Factors Surveillance Survey (BRFSS) data shows that more adults in Chaffee County have consistently in the last few years consumed 5 or more servings of fruits and vegetables per day than the State average.



*CoHID, Colorado BRFSS, 2005-2010*

### Unintended pregnancy

Over 35 percent of all pregnancies in Chaffee County from 2005 to 2010 were unintended as compared to 37.8 percent in Colorado. This percent indicates that a number of pregnancies were not planned or wanted from women of all ages.



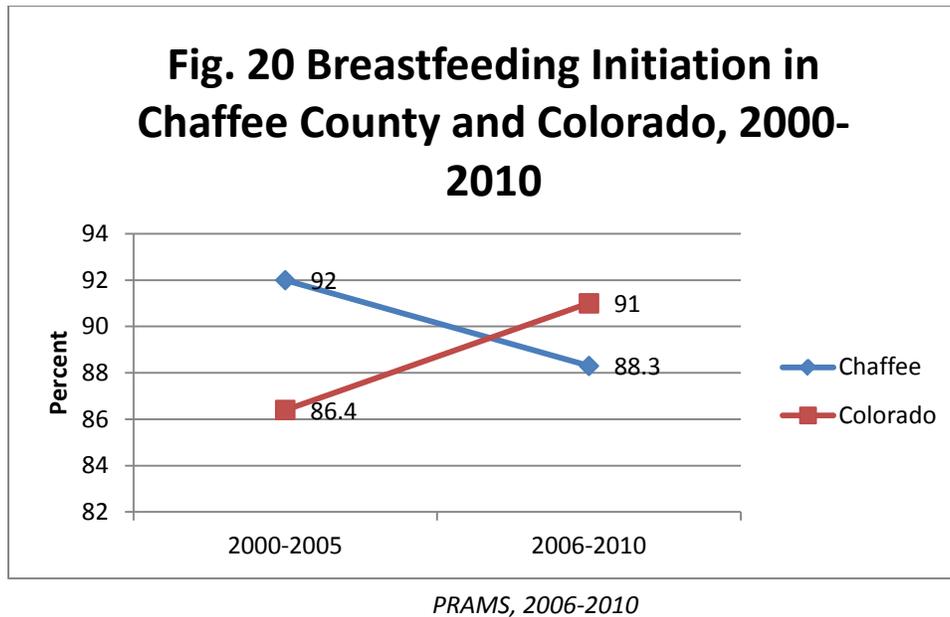
*Colorado PRAMS, 2000-2005 and 2006-2010*

## Low birth weight

Babies born weighing less than 5 pounds, 8 ounces (2,500 grams) are considered low birth-weight. These babies are at increased risk for serious health problems such as lasting disabilities, and even death. About 1 in every 12 babies (or 8.3 percent) in the United States is born low birth-weight (March of Dimes, 2012). In Chaffee County, 9.9 percent of babies were born low birth-weight from 2008-2010 (CDPHE, 2012). The Healthy People 2020 Objective is to reduce low birth weight to 7.8 percent per 1,000 live births (Healthy People 2020, 2012).

## Breastfeeding

The experience of breastfeeding is special for many reasons, including bonding with your baby, cost savings, and health benefits for both mother and baby (Department of Health and Human Services, 2012). Based on PRAMS data, Chaffee County saw a slight decrease percent in the number of mothers who initiated breastfeeding from 2000-2010, from 92 to 88.3 percent.



**Table 5: Breastfeeding Continuance in Chaffee County, 2006-2010**

Time	%
4 weeks or less	28.2%
5-8 weeks	2.5%
9 or more weeks	69.3%

*PRAMS, 2006-2010*

## Asthma

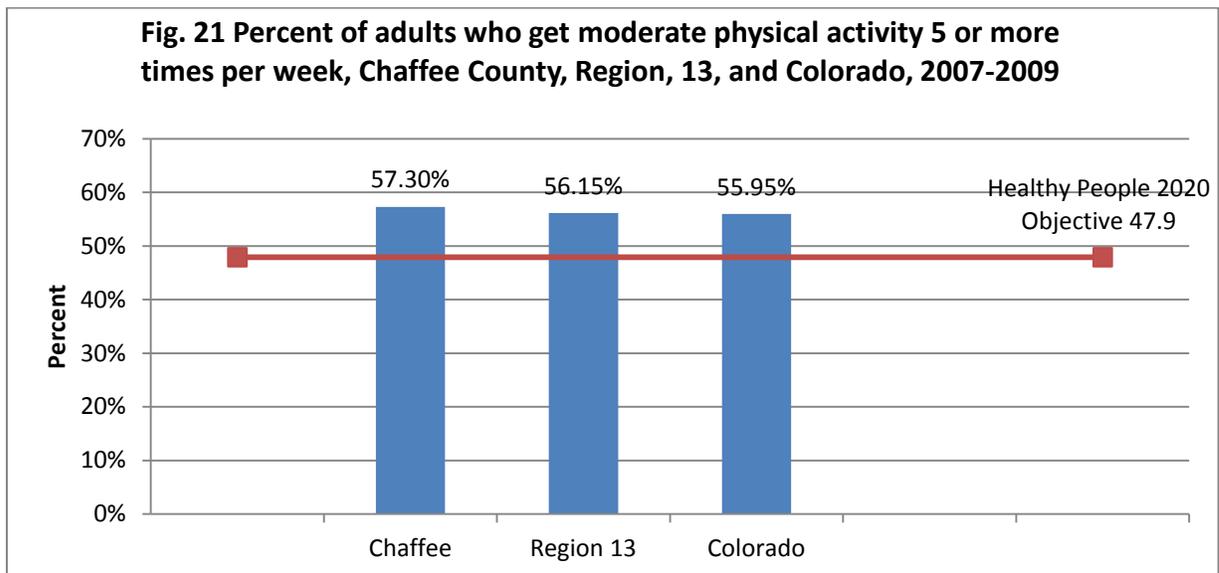
Asthma is a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. Asthma affects people of all ages, often

starting in childhood. In the United States, more than 22 million people are known to have asthma, 6 million of whom are children (NIH).

- 12% of Chaffee County residents stated they have had asthma (CoHID, 2012).
- 5.4% of Chaffee County residents have been told by a physician they have asthma (CDPHE, 2012).

## Physical Activity

Regular physical activity helps improve overall health and fitness, and reduces the risk for chronic diseases. According to the *2008 Physical Activity Guidelines for Americans* (Department of Health and Human Services), both adults and children need to do two types of physical activity each week to improve health: 1) aerobic and 2) muscle-strengthening (CDC). Based on data from the Colorado Health Indicators website 57.3% of adults, age 18 and older get moderate physical activity per week. Only 13.4% of Chaffee County residents mention not having any leisure time physical activity over the course of a week (CDPHE, 2012).

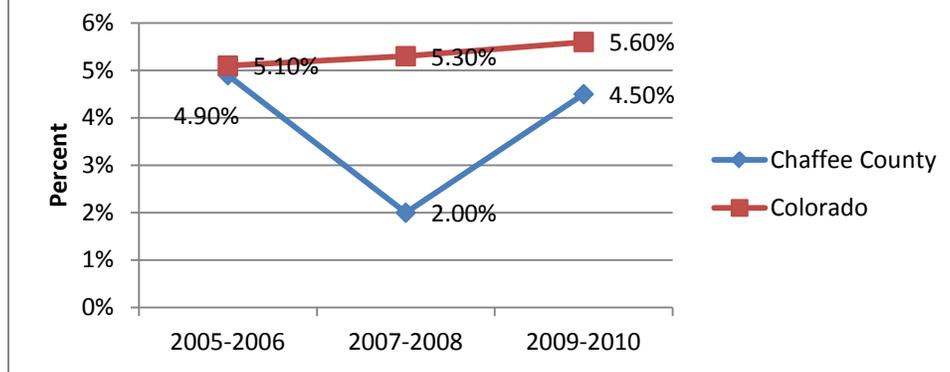


CDPHE Indicators Website

## Diabetes

[Type 2](#) diabetes is the most common form of diabetes. Millions of Americans have been diagnosed with Type 2 diabetes and many more are unaware they are at high risk (American Diabetes Association, 2012). (A note of caution when reviewing the data, please remember the small number of diabetics in Chaffee County; there appears to be a dramatic difference from one year to the next.)

**Fig. 22 Diagnosed with Diabetes in Chaffee County and Colorado, 2005-2010**



*CoHID, Colorado BRFSS, 2005-2010*

**Oral Health**

Good oral health is essential to general health and well-being. Oral diseases may affect children’s ability to concentrate and learn; their speech development and self-esteem. It can also impact adult employment opportunities and quality of life. Current oral health statistics in Chaffee County show a need for improved oral health care among children and adults.

**Table 5: Oral Health in Chaffee County**

Oral Health Measures	Chaffee County Measure	Colorado Measure
Caries Experience: Estimated % of children in grade 3 during the 2006-2007 school year with caries history.	51.9%	57.3%
Dental Sealants: Estimated % of children in grade 3 during the 2006-2007 school year with a dental sealant on at least one tooth.	30.0%	35.0%
Medicaid Dental Services: % of children on Medicaid who received dental services at some time between July 2007 and June 2008.	21.2%	24.5%
Untreated Decay: Estimated % of children in grade 3 during the 2006-2007 school year with untreated tooth decay.	21.2%	24.5%

*Source: Oral Health Program, Rural and Primary Health Section, Prevention Services Division, Colorado Department of Public Health and Environment, 2009*

**Table 6: Oral Health in Chaffee County**

Oral Health Measures	2000-2005	2006-2010
A dental or other health care worker talked with me about how to care for my teeth and gums?	39%	40%
You needed to see a dentist for a problem?	23.2%	27%
You went to a dentist or dental clinic?	29.4%	30.3%

PRAMS, 2000-2010

## Water Fluoridation

As noted by the CDC, water fluoridation is a safe and healthy way to prevent tooth decay. It has also been recognized as one of the top ten public health achievements in the last 100 years (CDC, 2012). Based on information from the Chaffee County Dental Coalition, between 0-24% of Chaffee County's water is fluoridated, whether naturally occurring or added (Chaffee County Dental Coalition, 2010) .

### Water Fluoridation data is available on 3 municipalities in Chaffee County:

- Poncha Springs=naturally occurring water fluoridation
- Salida=supplemented with recommended levels
- Buena Vista= below recommended level and not currently supplemented

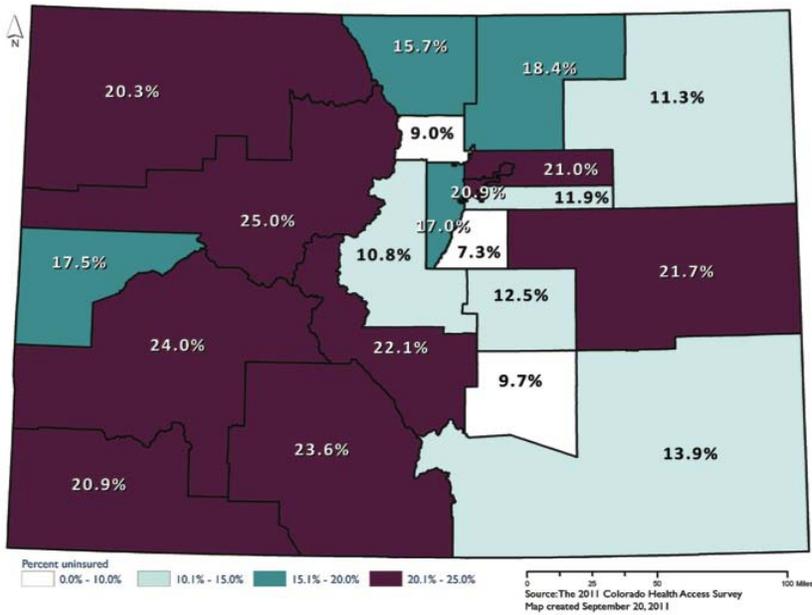
## Access/Utilization/Quality of Care

### Health insurance

Lack of insurance coverage nationwide is a problem. The federal government estimated that over 45 million individuals across the country lacked health insurance coverage of any kind in 2008. The likelihood of being uninsured varies by age and gender: men and ages 25-34 are more likely to be uninsured. Nationwide, nearly 20 percent of the uninsured are children (Robert Wood Johnson Foundation). With the Supreme Court upholding the Affordable Care Act, the numbers of uninsured are likely to drop substantially in the next five years.

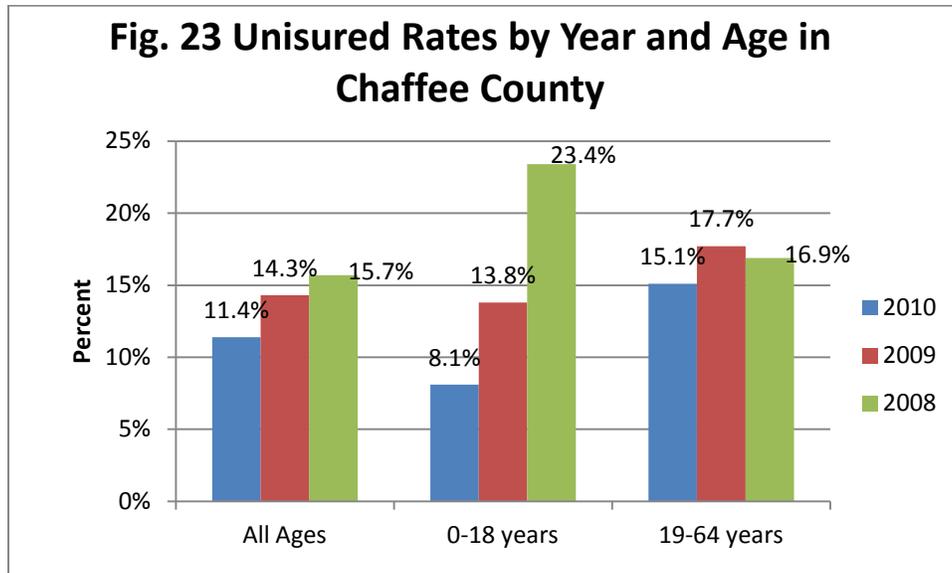
Access to affordable health insurance continues to be an important health concern in Chaffee County as found in the review of past assessments. As seen on the map, the region encompassing Fremont, Custer, Chaffee, and Lake has 22.1% uninsured, a higher percentage than many of the counties along Interstate 25.

**Map 1. Uninsured Rates and Population in Colorado, Health Statistics Regions, 2011**



*Colorado Health Survey Access Map, 2011*

In 2010 11.4 percent of Chaffee County residents were uninsured and 8.1 percent youth, ages 0-18 were uninsured.



*Colorado Health Institute, Uninsured Data by County, 2008-2010*

In 2011, 9 percent of residents were enrolled in Medicaid (Colorado Health Institute, 2012). Of those enrolled in Medicaid, 4.7 percent are children and 4.4 percent are adults. (Colorado Health Institute, 2012). Among children, 77.4 percent are enrolled in Medicaid and 22.6 percent are eligible for

Medicaid, but not enrolled. Almost 89 percent of children are enrolled in CHP+ and 11.3 percent are eligible but not enrolled in CHP+ (Colorado Health Institute, 2012).

### Access to Health Providers

The United States there are an estimated 2.7 physicians for every 1,000 people (Organization for Economic Co-operation and Development, 2007) . In 2012, Chaffee County is slightly lower than national statistics having 2.2 physicians for every 1,000 people—a fact which has been noted in past assessments related to the lack of specialists, pediatricians, and obstetric/gynecologists.

The rate of licensed RNs per 1,000 people in Chaffee County was 12.6 (a total of 229), which is greater than the Colorado average of 10.1 per 1,000 people. The rate of Nurse Practitioners in Chaffee County was .60 per 1,000 (a total of 11), which is higher than the Colorado average of .51 per 1,000 people. The rate of Physician Assistants in Chaffee County was .44 per 1,000 (a total of 8), which is higher than the Colorado average of .38 per 1,000 people (Colorado Health Institute, 2012).

Chaffee County has lower numbers of optometrists, and podiatrists. Table 6 provides specifics on the type and number of medical providers in Chaffee County from 2010 (Colorado Health Institute, 2012).

**Table 6: Medical Providers in Chaffee County, 2010**

Type of Provider	Count	Rate per 1,000 people
Active Licensed (AL) Physicians	40	2.2
AL Optometrist	2	.11
AL Podiatrist	1	.06
AL Physician Assistant	8	.44
AL Nurse Practitioner	11	.60
AL Registered Nurse	229	12.6
AL Dentist	12	.66
AL Dental Hygienist	10	.55
AL Social Worker	11	.60
AL Psychologist	5	.28
Pharmacist	19	1.05
AL Occupational Therapist	8	.44
AL Physical Therapist	25	1.38
AL Respiratory Therapist	8	.44

**Table 7: Subspecialists who reside or work in Chaffee County**

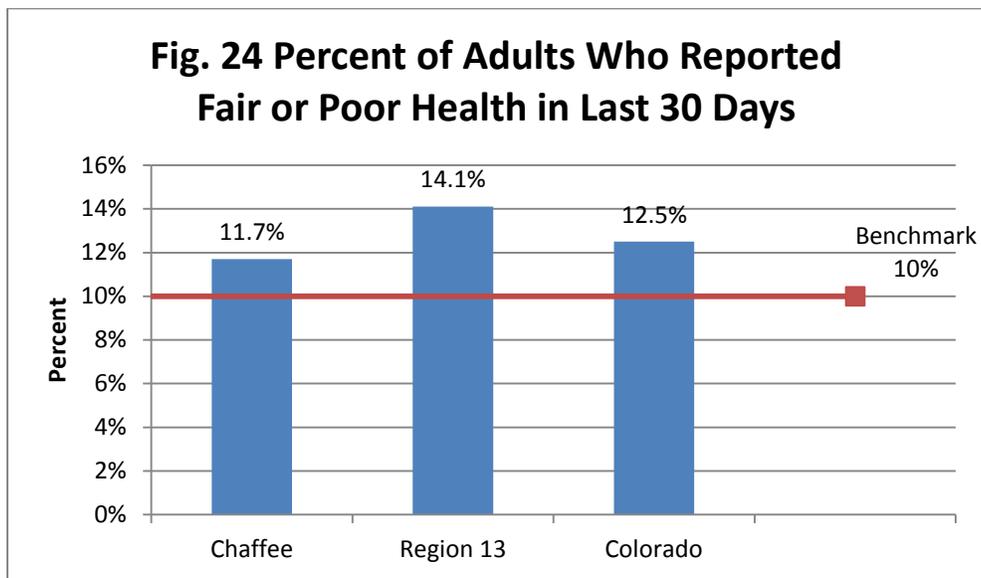
Sub-specialties who reside in Chaffee County	Number of Providers
Primary Care Physicians	13 family practice
Radiology	2
Emergency Medicine	3
Orthopedics	2

Oncology	1 (outpatient chemotherapy is available)
Dermatology	1
Podiatry	1 (foot and ankle/surgery)
Optometry	3
Urology	1
Ear, Nose, Throat	1
General Surgeons	2
Gynecologist	1
<b>Subspecialties who come to Chaffee County regularly (weekly/monthly)</b>	<b>Number of Providers</b>
Cardiology	1 (outpatient services only)
OB/Gynecologist	1 (HRRMC BV Clinic for outpatient services)
Neurology	1
Ophthalmology	2
Urology	1

## Population Outcomes

### Quality of Life

Self-reported health status is a general measure of health-related quality of life in a population. This measure is based on survey responses to the question: “In general, would you say that your health is excellent, very good, good, fair, or poor?” Self-reported health status is a widely used measure of people’s health-related quality of life. In Chaffee County, 11.7 percent of adults reported having fair or poor health. The national benchmark is 10 percent (CDPHE, 2012).



CDPHE Indicators Website

### Mental Health

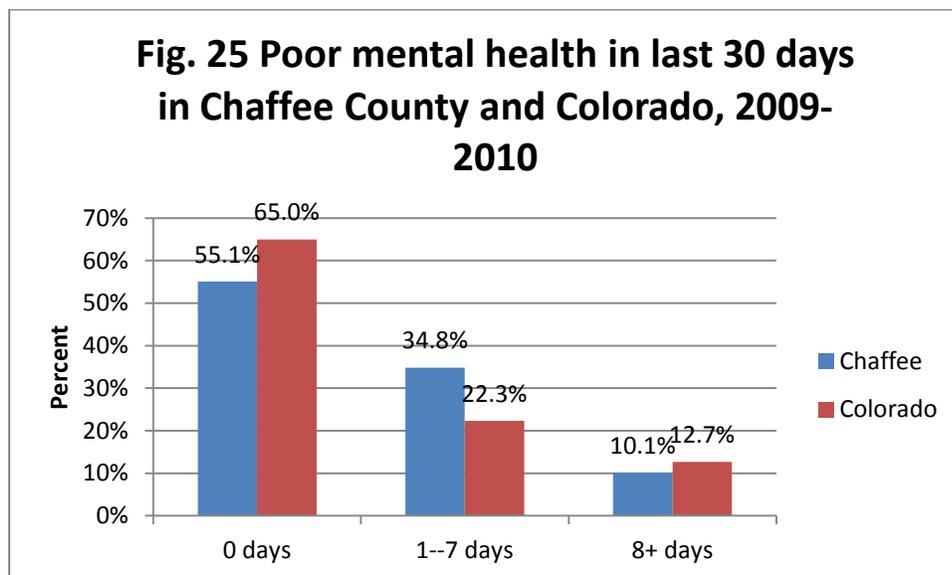
Overall health depends on both physical and mental well-being. Perceived mental health refers to an individual’s perception of their general mental health and indicates a person’s mental or emotional suffering in a way that is not necessarily reflected in perceived health.

### *Perinatal depression*

Perinatal depression is a term used for depression during or after pregnancy. To date there is no exact “cause of perinatal depression”, however, studies indicate that the largest risk factors include past history of mental illness, depression during pregnancy, a poor marital relationship, few supportive relationships, stressful life events, African American ethnicity and poverty (Iowa Perinatal Depression Project). Though no data is available for Chaffee County, data from Region 13, including Custer, Chaffee, Fremont, and Lake counties, indicates a higher percentage (13.2%) of women that demonstrate perinatal depressive symptoms than the Colorado average (11%) (CDPHE, 2012).

### *Poor mental health days*

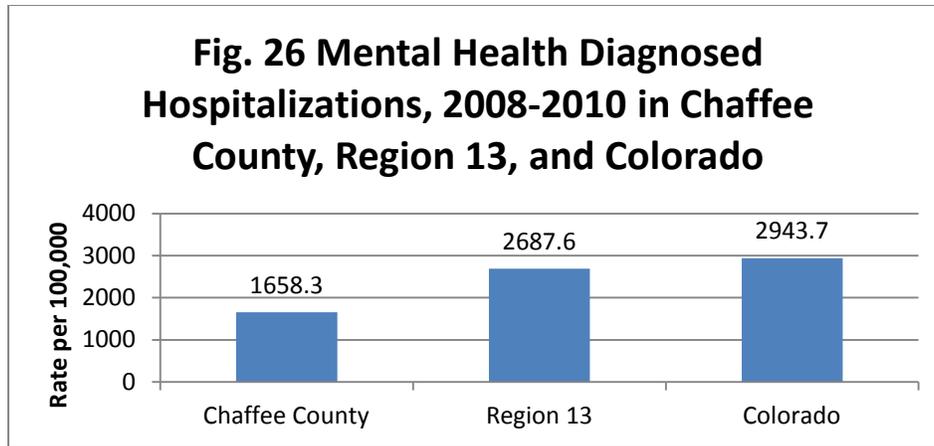
The measure of poor mental health days is based on responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” When broken out by age range, in Chaffee County, the age category with the highest number of poor mental health days (8+) was the 18-24 year olds at 28.7% having 8 or more poor mental health days from 2009-2010 (CDPHE, 2012).



CoHID/BRFSS 2009-2010

### *Mental health hospitalizations*

The rate of mental health diagnosed hospitalizations in Chaffee County was lower statistically lower than both Region 13 hospitalizations and the Colorado average, indicating that fewer individuals seeking mental health care from the hospital.



*CDPHE Indicators Website*

## Mortality

Mortality is the condition of being mortal and susceptible to death. It implies a fatal outcome or death. Mortality is distinct from morbidity, which means illness or diseased state (Merriam Webster Online Dictionary, 2012).

### *Leading Causes of Mortality*

Nationally, heart disease is the leading cause of death. Causes of death in Chaffee County veer slightly from the national data. As seen in Table 4, Cancer (Malignant Neoplasms) ranks as the top cause of death and Heart Disease ranks as the second leading cause of death in Chaffee County (CDPHE, 2012).

**Table 8: Age-Adjusted Rates per 100,000 for Leading Causes of Death in Chaffee County, 2008-2010**

	<b>Chaffee Rate per 100,000</b>	<b>Colorado Rate per 100,000</b>
Malignant Neoplasms	134.57	151.77
Heart Disease	130.19	138.83
Chronic lower respiratory disease	68.49	50.46
Unintentional Injuries	37.05	44.79
Alzheimer's Disease	27.66	32.45
Cerebrovascular Disease	27.13	36.37
Suicide	17.94	17.20
Diabetes Mellitus	16.71	16.80
Influenza and pneumonia	14.58	14.51
Chronic Liver Disease and cirrhosis	9.47	10.87

*CDPHE Indicators Website*

Table 9 provides total deaths and the crude death rate by age in Chaffee County from 2008-2010. Please note that \* indicates insufficient data or too small numbers, therefore the data is suppressed.

**Table 9: Crude Death Rate and Total Deaths by Age in 2008-2010**

	2008		2009		2010	
	Total Deaths	Crude Death Rate	Total Deaths	Crude Death Rate	Total Deaths	Crude Death Rate
<1 year	*	*	*	*	*	*
1-4 years	*	*	*	*	*	*
5-14 years	*	*	*	*	*	*
15-24 years	*	*	*	*	*	*
25-34 years	3	149	3	146.6	3	145.3
35-44 years	3	138.2	*	*	5	233.2
45-54 years	2	417.9	11	380.6	13	455.3
55-64 years	16	547.8	17	565.5	18	575.1
65-74 years	36	1874.9	27	1357.5	36	1783.9
75-84 years	40	3997.5	33	3106.8	42	3800.9
85+ years	45	12793.8	42	11015.3	60	15000.0

*Colorado Death Dataset, CoHID 2008-2010*

Table 10 provides a comparison of age adjusted rates for Cancer Mortality for Chaffee County and Colorado. In most cases, cancer mortality rates in Chaffee County are far higher than the Colorado average. The likely reason is based on the higher percentage of seniors living in Chaffee County.

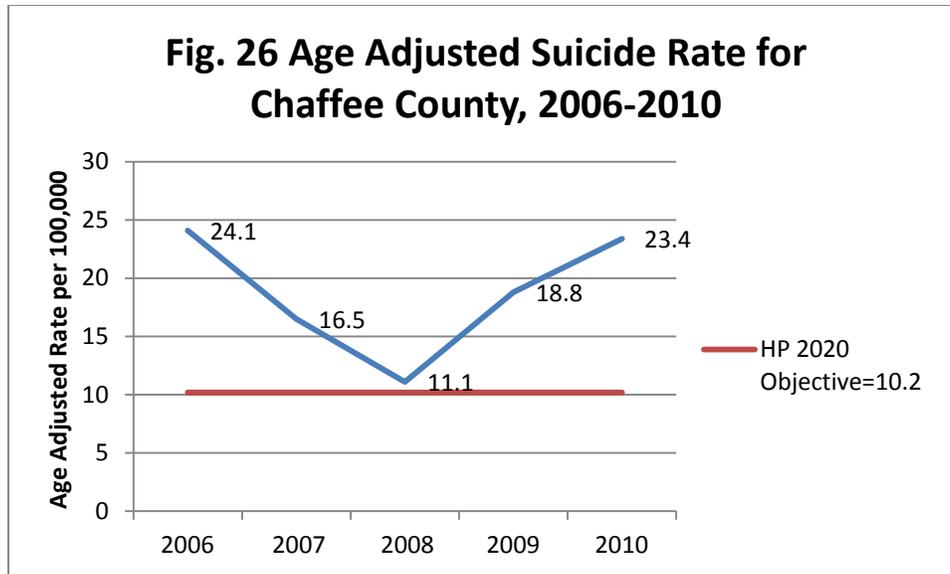
**Table 10: Age-Adjusted Rates per100,000 for Cancer Mortality in Chaffee County and Colorado, 2005-2010**

	All Cancers	Breast Cancer	Colon, Rectum, and Anus Cancer	Pancreatic Cancer	Prostate Cancer	Trachea, Bronchus, and Lung Cancer	Liver, intrahepatic bile ducts	Melanoma	Lymphoid hematopoietic related tissue
Chaffee County	256.9	19.0	23.8	15.5	23.8	52.3	9.6	4.8	14.4
Colorado	154.9	11.1	15.0	9.9	9.4	37.2	4.7	3.4	16.6

*Colorado Death Dataset, CoHID, 2005-2010*

## Suicide

Suicide is a complex behavior that can be prevented with early recognition and treatment. In 2010, the age-adjusted suicide rate per 100,000 was 23.4 for the County. Current national suicide rates are as high as 11.3 per 100,000. All rates were well above the Healthy People 2020 goal of 10.2 suicides per 100,000 (Healthy People 2020 Objectives, 2010); (National Institutes of Mental Health, 2007).



*Colorado Death Dataset, COHID, 2006-2010*

*Suicide rate by age*

The age adjusted rate of suicide hospitalizations was statistically lower in Chaffee County than in Region 13 and Colorado. In Chaffee County the rate of suicide hospitalizations was 21 per 100,000 as compared to Region 13 (60.3) and Colorado (57.2).

**Community Perspectives**

**Community Survey**

An electronic *Health of Chaffee County Survey* was widely distributed throughout the county to various community partners, residents, and the staff at the Department of Health and Human Services. Survey questions were developed based on potential questions for the Chaffee County Community Engagement Events.

*Methods*

Responses to all questions were collected through Survey Monkey. Responses were downloaded to Excel spreadsheet and reviewed for general themes which were coded and in some cases ranked.

*Findings*

**The survey received 95 responses from a variety of organizations, including:**

- Chaffee People’s Clinic: 4%
- HRRMC: 6%
- DHHS: 12%

- Chaffee County residents: 25%
- Various other businesses and organizations: 53%

**The majority of those that responded live in the following areas of the County:**

- Salida: 64%
- Buena Vista: 21%
- Unincorporated Chaffee County: 12.5%

**Table 10: Top Health Concerns based on age group in Chaffee County**

<b>Children</b>	<b>Adults</b>	<b>Seniors</b>
Nutrition	Access to affordable health care	Access to affordable health care
Dental/Oral health care	Dental/Oral health care	Affordable housing
Access to affordable health care	Access to affordable health insurance	Adequate transportation
Obesity/overweight	Obesity/overweight	Nutrition
Lack of adequate physical activity	Substance Use/Abuse	Social supports
	Lack of healthy lifestyle behavior choices	Cost of living

One question asked Chaffee County stakeholders, “What makes Chaffee County a Healthy Place?” Unanimously, respondents felt that the access to recreational opportunities promoted an outdoor/healthy lifestyle by a majority of residents. The medical community was seen as a positive asset to the community.

<b>Question: What makes Chaffee County a Healthy Place?</b>
<ul style="list-style-type: none"> <li>• Access to Outdoor Recreational Opportunities (bike trails, walking trails, kayaking, hiking, skiing, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>• Environment/climate (good air/water, excellent climate)</li> </ul>
<ul style="list-style-type: none"> <li>• Chaffee People’s Clinic (access for underserved, nurses and clinic)</li> </ul>
<ul style="list-style-type: none"> <li>• HRRMC</li> </ul>
<ul style="list-style-type: none"> <li>• Medical community/health care providers (access to alternative medical providers, good facilities and physicians)</li> </ul>

<b>Question: What impacts health the most in Chaffee County (positive aspects)?</b>
<ul style="list-style-type: none"> <li>• Active lifestyle</li> </ul>
<ul style="list-style-type: none"> <li>• Access to recreational opportunities (esp. outdoors)</li> </ul>
<ul style="list-style-type: none"> <li>• Environment/climate</li> </ul>
<ul style="list-style-type: none"> <li>• Hospital</li> </ul>
<ul style="list-style-type: none"> <li>• Community/public health partner support of programs/activities</li> </ul>

<b>Question: What impacts health the most in Chaffee County (negative aspects)?</b>
• Cost of living (low paying wages, jobs with health insurance, housing)
• Access to affordable healthcare (cost, services, lack of specialists, quality)
• Access to affordable health insurance (esp. for un/under-insured, working poor, impacts healthcare services)
• Unhealthy lifestyle choices (poor diet, sedentary lifestyle, obesity, need for more education)
• Substance Use/Abuse (alcohol, drugs, tobacco, lack of rehab/treatment, need for more education)

## Community Engagement Events

**Introduction:** Prior to Chaffee County’s Prioritization Event, the CCPH staff needed to determine 8-10 public health priorities for the county. The intention of this narrowing of health priorities from over 25 to a maximum of 10 was necessary to ease the decision making of the community participants during the final prioritization event. In order to narrow priorities to a list of 8-10, CCPH held two Community Engagement Events. From these two events, 8 priorities were chosen. During the prioritization event, participants were asked to further narrow the health priorities from the 8 determined from the Community Engagement Event to 3 priorities. Some Colorado counties narrowed priorities by choosing from the 2012 Colorado winnable battles. Chaffee County opted to narrow priorities by comparing qualitative and quantitative data.

### Nominal Group Technique

*The rationale and design sections of this report are adapted from a report compiled by Colorado School of Public Health for a 2011 Nominal Group Process conducted in Pueblo, CO.*

**Rationale—** The nominal group technique (NGT) is a type of a small-group discussion used to reach consensus. It is a technique that is useful for brainstorming around a single question and then engaging the group in prioritizing the ideas generated by the discussion (Colorado School of Public Health 6624 Students, 2011). The NGT is designed to prevent the domination of the discussion by a single person, encourages all group members to participate, and results in a set of prioritized solutions or recommendations that represent the group’s preferences (Centers for Disease Control and Prevention, 2006). It is best to conduct NGT with multiple groups using the same question in order to identify the widest range of ideas and to assess the consistency of the rankings across groups. The analysis looks for common themes emerging from different groups, moving to convergence of ideas (Colorado School of Public Health 6624 Students, 2011). This technique does not lend itself to deeper discussions of a particular concern that might be better handled with key informant interviews, focus groups or listening groups.

Nominal group technique has been used in other local public health contexts including Clear Creek County (2009), Broomfield (2010), Pueblo County (2011), and Jefferson County (2012). However, the main reason CCPH used this technique was to obtain primary data as it relates to health concerns of

Chaffee County. The primary data obtained from this technique can be compared to secondary data and examined for overlap and themes.

**Design and Execution-** CCPH used the nominal group process to assess the following 2 questions:

- 1) **What are the major health concerns facing Chaffee County?**—The answers to this question would be compared to the results of the health indicators analysis being done using secondary data.
- 2) **What are the potential solutions to the top health concerns in Chaffee County?**—The answers to this question would be used to provide important context for developing health planning efforts as well as public health capacity in Chaffee County.

Over 125 individuals were invited from various organizations throughout Chaffee County via an email invitation to participate in one of two Community Engagements in Salida and in Buena Vista. The individuals who received invitations were representative of the variety of professions and leadership positions in Chaffee County.

The Community Engagement event had an 85% turnout rate of those who had responded positively to the invitation, resulting in a total of 46 participants. Separately, 27 participants attended the Salida event and 19 participants attended the Buena Vista event. This high response rate is indicative of the cohesiveness of the community and level of interest of key stakeholders.

The format used for the Chaffee County Community Engagement events was adapted from the Nominal Group guide developed for Pueblo County (2011) and Jefferson County (2012) and tailored to meet the needs and desired questions of Chaffee County (Appendix B).

The NGT is a four-step process: idea generation, round-robin recording of ideas, discussing and clarification of ideas, and ranking of ideas.

*Question 1 - What do you feel are the major health concerns of Chaffee County?*

*Question 2 - What are potential solutions to the top health concerns mentioned today?*

- For Question 2, participants were asked to rank the potential solutions based on feasibility, such as capacity (personnel, resources), political will, and community interest

*Outcomes* – Discussion regarding results and common themes

**The events were very successful in terms of community involvement, the energy and enthusiasm of the participants, and the amount of information collected.**

*Limitations*

Although the design of the events worked well, there was less convergence for the two questions than expected. Potential reasons for this differentiation may be related to the participants who attended and the diversity of participants. It was noted in the community engagement evaluations completed by participants in Buena Vista, that there was a higher representation of early childhood organizations and lack of political diversity. The results may also point to two distinct population groups and needs based

on geographic location, as seen in the differences in outcomes in Buena Vista and Salida. Furthermore, some of the discrepancy may be related to facilitator clarification and note-taking during the nominal group processes. Though facilitators were trained in the NGT, each one has a specific style and may understand participant responses differently than another facilitator.

In addition, it was the first time a nominal group technique/process was used to better understand potential solutions to top health concerns. The topic of potential solutions to top health concerns was suggested by state nursing Office of Planning and Partnership and the Regional Health Planner. The intention of this question was to get a better idea of local public health capacity related to the top health concerns. Responses to the question, rated on feasibility, showed little convergence from group to group and from event to event, which raises the question of whether this would have been a better question to pose to key informants in an interview style, focus group setting, or listening group.

## Findings

### Category 1: Health Concerns

The top five health concerns by score across the seven nominal groups were Accessibility and Affordability of Health Care, Healthy Eating & Active Living, Dental/Oral Health, Substance Abuse, and Mental Health (Table 1).

**Table 1: Top 10 Health Concerns in Chaffee County by two ranking methods**

Rank of Health Concerns by Total Point Score	Rank of Health Concerns by Frequency of Being Mentioned
1. Accessibility and Affordability of Health Care	1. Accessibility and Affordability of Health Care
2. Healthy Eating & Active Living	2. Healthy Eating & Active Living
3. Dental/Oral Health	3. Substance Abuse
4. Substance Abuse	4. Coordination of Health Care and Public Health Resources
5. Mental Health	5. Mental Health
6. Coordination of Health Care and Public Health Resources	6. Dental/Oral Health
7. Economics	7. Aging Population
8. Housing	8. Housing
9. Aging Population	9. Economics
10. Childcare	10. Childcare

Detailed tables related to categorization by group and combined totals can be found in Appendix C.

Table 2 provides a breakout of the top ten health concerns based on geographic location. Table 2 demonstrates the convergence and differences by location as well as the similarities and differences of the top health concerns in Salida and Buena Vista as compared to the combined results.

**Table 2: Rank of Health Concerns by Geographic Location**

Rank of Health Concerns in Salida	Rank of Health Concerns in Buena Vista
1) Accessibility and Affordability of Health Care	11. Accessibility and Affordability of Health Care
2) Healthy Eating & Active Living	12. Dental/Oral Health
3) Coordination of Health Care and Public Health Resources	13. Substance Abuse
4) Dental/Oral Health	14. Healthy Eating & Active Living
5) Economics	15. Mental Health
6) Mental Health	16. Housing
7) Substance Abuse	17. Childcare
8) Aging Population	18. Transportation
9) Chronic Disease	19. Economics
10) Obesity	20. Aging Population

The following descriptions are detailed accounts on the top ten health concerns (combined) based on responses from participants at the CE events in Salida and Buena Vista.

**Accessibility and Affordability of Health Care**

Accessibility and affordability concerns were centered on issues related to the cost of medical care, cost of health insurance, access to health care for un- and under-insured. Contributing factors to lack of access and affordability were discussed, including lack of urgent care facilities, lack of specialists and pediatric services, and distance to health care providers. All seven community engagement groups listed items that related to this top health concern of access and affordable health care. Many of the groups discussed the available resources and barriers in Chaffee County to health care. Collaboration among the public health and health care agencies in Chaffee County, as well as community partnerships are necessary to increase access, measure need, and evaluate affordability.

**Healthy Eating & Active Living (HEAL)**

HEAL was a concern raised by all nominal groups. It was characterized as a lack of healthy choices or behaviors. Community members noted there are number of existing programs working toward improving nutrition, physical activity, and community; however, a lack of motivation or desire to change appeared to be the main reason for current behaviors. In other cases, community members mentioned the need for more affordable options related to healthy food and recreation. Based on community input, current programs may only need to redirect efforts to stimulate more healthy choices for community members.

### **Dental/Oral Health**

Dental or Oral Health was rated as a top health concern by six of the seven nominal groups. As such it ranked as the third most important health concern by score and sixth in terms of frequency. Dental/oral health has been cited in earlier Chaffee County assessments as a gap/barrier toward improved health among adults and children. Based on the results of the 2009 Assessment in Chaffee County, a dental coalition was established to address the specific goals increasing education/awareness, coordination/utilization, and access to local services. While much has been done to assess the needs of dental services in Chaffee County, many participants felt that there were too few dentists who accept low-income patients and that there are no pediatric dentists.

### **Substance Abuse**

Substance abuse was mentioned by all groups as a health concern and was ranked fourth in the total score average and third based on frequency score. The groups referred to substance abuse as a health concern in a number of different ways. Items identified included:

- Youth drug abuse
- Tobacco abuse
- Prescription drug abuse
- Alcohol abuse
- Lack of treatment facilities/detox

Many of these factors connect to other health concerns such as mental health, healthy eating and active living, and access and affordable health care. Participant discussions pointed to continued education, consistent enforcement of the entire community, changes in the social and cultural norms of the community, and fostering of treatment programs are as important possible mechanisms.

### **Mental Health**

Mental health was a concern raised by six of the seven nominal groups. It was characterized as “lack of mental health care” including lack of mental health coordination of care and services for Chaffee County residents, including youth. As discussed in the question related to potential solutions, many groups raised the idea of evaluating current mental health services and needs to better understand what services are required for the population and to improve coordination.

### **Coordination of Health Care and Public Health Resources**

Coordination of health care and public health resources was ranked as the sixth most important health concern in Chaffee County. Community residents mentioned the need for improved coordination of care, sharing of resources, and medical or dental navigators to reduce the isolation of health care agencies. Specific issues included the following:

- Interface of electronic health records;
- Central hub for all resources
- Easier exchange of information, including medical records

Many community members felt that improved coordination and collaboration of health care agencies and public health would improve the overall health knowledge, access, and care of Chaffee County residents.

### **Economics**

Economics was cited as the seventh most important health concern. Factors including unemployment, financial stress, and low wages were challenges which the community members saw as threats to health

and barriers to health care and were therefore considered to be a health concern. When discussing economics, groups mentioned two specific issues:

- Low wages and few benefits
- Low wages as compared to housing costs

A thorough examination of secondary data to examine economic trends in Chaffee County would help describe the different facets of this problem and how it has changed over time. The 2010 US Census will be critical in determining what factors are contributing to financial stress and what resources and services target the needs of County residents.

### **Housing**

Housing ranked as the eight most important health concerns. Specific housing related concerns centered on affordability, quality, and safety. As seen in past assessments, affordable housing and quality housing has been seen as an important community issue. Though steps have been taken by Chaffee County to understand the means to improve the amount of affordable housing, there may be more opportunities in the future to address this area.

### **Aging Population**

Over 20 percent of Chaffee County's population is 65 and older. Given the higher than average older population in the County, much emphasis has been placed on this population. Two assessments in the past 10 years reviewed the activities, participation, and general health of seniors in the region. As seen in the community engagement events, an aging population has been ranked as a top health concern for the County. Participants particularly mentioned concerns related to lack of assisted living facilities, elderly care, adequate recreation and activities, and services for elderly residents. As the County's middle-age population ages, the aging of the population as a concern will grow and become more of a concern for the County. One option is to link current organizations working with seniors to collaborate on various activities, ensuring that seniors receive the services needed.

### **Childcare**

Though only mentioned by three groups, childcare and lack of adequate infant and childcare came up in a number of nominal group discussions. Given that two of the groups who rated childcare as a significant concern are from Buena Vista, the need for quality childcare may be more pronounced in BV. Contributing factors included lack of access to qualified childcare and too few childcare facilities, especially infant childcare. Since most families in the United States need two incomes to pay bills, more and more families find creative ways to care for their children prior to Kindergarten. Based on the conversations in Buena Vista and Salida, many families have difficulty finding childcare facilities that are reputable, affordable, and accept infants.

## **Category 2: Potential Solutions**

The seven groups assigned at the Community Engagement events were asked to come up with potential solutions to the top health concerns listed in the respective groups. Participants were encouraged to think creatively and then vote on potential solutions based on feasibility, i.e. capacity (resources, personnel), political will, and community interest to complete the project, program, or policy.

The top ten potential solutions by score across the seven nominal groups are listed (Table 1). Potential solutions are provided in no particular order. Given the breadth of potential solutions, the top five

potential solutions from Buena Vista and Salida are included in the combined list. Solutions with the highest total point scores were ranked as the most important in respective geographic locations.

**Table 3: Potential Solutions**

<b>Top 10 Potential Solutions by Total Point Score</b>
• Ballot initiative for services using Federal Poverty Guidelines (FPG), including mental health, specialty, and dental services
• Community weight loss competition
• Centralized resource center and navigator
• Create a coalition to investigate possibility of bringing Assisted Care Facility (ACF) to Chaffee County
• Basic cooking & shopping education and classes
• Mobile health care (dental/mental)
• Enforcement and follow-up of substance abuse with community, businesses, parents, and youth
• Train local dentists to work with youth/children to increase capacity
• Systems evaluation of mental health services and needs
• HRRMC foundation to raise funding for dialysis center

Based on the detailed excel spreadsheets found in Appendix C, most of the potential solutions centered on improving accessibility and affordability of health care followed by suggestions in the areas of Healthy Eating & Active Living, Dental/Oral Health, Substance Abuse, and Mental Health. The following table provides the top scoring potential solutions (3-5) for the top five health concerns. All solutions listed received a score at or above baseline. Please note that some of the suggestions are more general, while others are specific recommendations.

**Table 4: Potential Solutions of Top 5 Health Concerns by Total Score**

<b>1. Accessibility and Affordability of Health Care</b>
• Ballot initiative for services using Federal Poverty Guidelines (FPG)
• Create a coalition to investigate possibility of bringing Assisted Care Facility (ACF) to Chaffee County
• Mobile Health Care
• Continuation of People’s Clinic or similar services
• Request for Proposal (RFP) process to bring in non-profit to meet urgent care needs
<b>2. Healthy Eating &amp; Active Living</b>
• Community weight loss competition
• Basic cooking & shopping education and classes
• Physical activity opportunities for youth
• Mini outdoor play areas
• Nutrition education in schools
<b>3. Dental/Oral Health</b>
• Bring Dental van 3-4 times per year

<ul style="list-style-type: none"> <li>• Free dental events</li> </ul>
<ul style="list-style-type: none"> <li>• Coalition of dentists to share Medicaid patients/pro-bono care</li> </ul>
<ul style="list-style-type: none"> <li>• Pro-bono day by providers</li> </ul>
<ul style="list-style-type: none"> <li>• Train dentists to work with youth/children to increase capacity</li> </ul>
<b>4. Substance Abuse</b>
<ul style="list-style-type: none"> <li>• Enforcement/follow-up with substance abuse among community, businesses, parents, and youth</li> </ul>
<ul style="list-style-type: none"> <li>• Follow-up program for detox patients</li> </ul>
<ul style="list-style-type: none"> <li>• Mental health services step up to drug abuse; grants available</li> </ul>
<b>5. Mental Health</b>
<ul style="list-style-type: none"> <li>• Systems evaluation of mental health services and needs</li> </ul>
<ul style="list-style-type: none"> <li>• Emergency Room (ER) for mental health</li> </ul>
<ul style="list-style-type: none"> <li>• Primary Care Provider (PCP) collaboration with mental health</li> </ul>
<ul style="list-style-type: none"> <li>• Expanded community-based mental health services</li> </ul>

## Conclusion

The insight from community members was solution oriented and showed a strong will to improve access and affordability of health care, including dental and mental health care and healthy lifestyle options for Chaffee County residents, including youth, adults, and seniors. Many of the discussions revolved around a need for change in social and cultural norms and an emphasis in education and behavior change to encourage and empower residents to make healthy decisions. These themes speak to the health concerns and their determinants in which community members see a need for action.

Of interest, CCPH requested to compare Chaffee County’s top health concerns determined from the two community engagement events with Colorado’s Ten Winnable Battles. The Winnable Battles were determined to be Colorado’s key public health and environmental issues where progress can be made within the next five years. The ten winnable battles are: clean air, clean water, infectious disease prevention, injury prevention, mental health and substance abuse, obesity, oral health, safe food, tobacco, and unintended pregnancy (Colorado Department of Public Health and Environment, 2012). If a top health need identified from the CE events was in any way related to a winnable battle, the specific winnable battle was listed as well as the rank of the health concern in Chaffee County. The information presented in Table 5 provides Chaffee County with an understanding of how their health concerns match up with Colorado’s 10 Winnable Battles.

**Table 5: Comparison of Chaffee County’s Top Health Concerns with Colorado’s 10 Winnable Battles**

Colorado’s Winnable Battle	Chaffee County Top Health Concerns	Rank
	Accessibility and Affordability of Health Care	1
Obesity	Healthy Eating & Active Living	2
Oral Health	Dental/Oral Health	3
Mental Health & Substance Abuse	Substance Abuse	4
	Mental Health	5

	Coordination of Health Care and Public Health Resources	6
	Economics	7
	Housing	8
	Aging Population	9
	Childcare	10

## Key Findings

**Methods:** The CCPH staff utilized a comparison matrix developed by the Colorado School of Public Health and piloted in Pueblo County in 2011. The matrix was later used in Eagle and Jefferson Counties in 2012. The first matrix worksheet (see appendix A) combines and ranks responses and results from the community survey distributed to Chaffee County stakeholders in June 2012, the Community Engagement events in June/July 2012, the review of past Chaffee County assessments, the Colorado Winnable Battles, and the public health indicators collected for Chaffee County. Rankings are numbered from 1-10, with 10 being the highest rank (or most important health concern). The exception to this ranking is the Colorado Winnable Battles. Each winnable battle is given a similar rank of 1. The rankings for each activity are summed and the health concern with the highest points is seen as the top health concern, the health concern with the second highest point total is viewed as the second top health concern, etc.

The second matrix worksheet (see appendix B) ranks secondary data (or public health indicators) collected for Chaffee County in summer 2012. Since this data is not ranked, the indicators are measured through four comparisons:

- 1) **Chaffee County data compared to Colorado State average data:** a 5 point scale is used, where 1 is data that demonstrates worse health conditions than the state; 3 is data that is relatively equal to state data; and 5 is data that demonstrates better health conditions than the state. In all instances, the CCPH staff attempted to use confidence intervals (CIs) as cutoffs for whether the health indicator(s) ranked better or worse than State data.
- 2) **Magnitude of the problem:** Within Chaffee County, the health indicator is ranked based on the overall magnitude of the health concern/problem, i.e. how many people are impacted. Using a 5 point scale, 1 is counted as a health concern where everyone is impacted; 3 is counted as a health concern that impacts specific groups more than others; and 5 is counted as a health concern where no one is impacted.
- 3) **Severity of the problem/condition:** Within Chaffee County, the health indicator is ranked based on severity of the condition, i.e. does it cause death or morbidity or little impact. Using a 5 point scale, 1 is counted as a health concern that can lead to death or severe morbidity; 3 is counted as a health concern that can lead to other potentially harmful behaviors; and 5 is counted as a health concern that does not impact health negatively.
- 4) **Feasibility/practicality of working on the problem/condition:** Within Chaffee County, the health indicator is ranked on whether or not working on the condition is feasible or practical, i.e.

does political will and community interest exist, are existing strategies available, are resources available to resolve or tackle the issue. Using a 5 point scale, 1 is counted as a health concern that can be dealt with (feasibly and practically); 3 is counted as a health concern where a few barriers exist and lack of full political will; and 5 is counted as a health concern where there is little feasibility or practicality to address the issue.

Both matrix worksheets were completed by a consultant and reviewed by the CCPH staff. While there may be some concern related to subjectivity of how the health indicators were ranked, the results matched findings from the community survey, past assessments, and community engagement events. Therefore, the CCPH staff felt that the matrix comparison was the most objective way to determine 8-10 priorities for Chaffee County. (Of note, when ranking the health indicators, half point scores, such as 1.5 or 4.5, were allowable. In addition, some rankings included ranks of 2 or 4 based on the judgment of the CCPH staff. )

Based on the matrix comparison, the top health concerns for Chaffee County in 2012 are broken into two categories: those that include the health indicators versus health concerns that exclude the health indicators. Many of the same health concerns end up in both lists.

**Top Health Concerns including Quantitative Comparison for Prioritization**

- 1) Accessibility and Affordability of Health Care
- 2) Healthy Eating & Active Living
- 3) Dental/Oral Health
- 4) Healthy Food & Nutrition
- 5) Obesity
- 6) Substance Abuse
- 7) Mental Health
- 8) Tobacco
- 9) Housing
- 10) Diabetes

**Top Health Concerns excluding Quantitative Comparison for Prioritization**

- 1) Accessibility and Affordability of Health Care
- 2) Dental/Oral Health
- 3) Healthy Eating & Active Living
- 4) Substance Abuse
- 5) Healthy Food & Nutrition
- 6) Housing
- 7) Mental Health
- 8) Obesity/Overweight
- 9) Economics

After reviewing the two lists, the CCPH staff opted to combine overlapping health concerns, such as obesity, physical activity, and nutrition as well as substance abuse and tobacco abuse. The subsequent list was utilized for the prioritization event in September 2012.

**The final list included the following health concerns for Chaffee County.**

- Accessibility/Affordability of Health Care
- Dental/Oral Health
- Substance Abuse
- Mental Health
- Physical Activity
- Health Food and Nutrition
- Housing
- Diabetes

**Limitations**

Although this assessment reflects the most recent and best available health information for Chaffee County, there are important limitations to note.

- There can be a long lag time between data reporting and availability (timeliness of data)
- Small numbers can make comparisons difficult
- There is inadequate data for some topic areas

## Winnable Battles

The Center for Disease Control and Prevention (CDC) developed a list of ten “Winnable Battles” that describes public health priorities where local, state and federal agencies and partners can make significant progress in a relatively short timeframe. Each identified area is a leading cause of illness, injury, disability or death and/or represents enormous societal costs. In addition, evidence-based, scalable interventions already exist and can be broadly implemented to change the course of these public health concerns. The following have been identified as the Winnable Battles.

Colorado’s Winnable Battles align with CDC’s Winnable Battles and local priorities and are Colorado’s greatest opportunities for ensuring the health of the state’s citizens and visitors. Based on data, the Colorado Department of Public Health and Environment identified 10 areas which are key public health or environmental issues where progress can be made in the next five years.

After reviewing the data from the two Community Engagement Events, Chaffee County Public Health developed a list of 8 areas of local public health concern.

All three lists are combined in the chart below, identifying the many areas of overlap between local, state, and national public health issues.

CDC – National Winnable Battles	CO – State Winnable Battles	Chaffee County – Local Issues of Concerns
Healthcare-associated Infections	Safe Food	Accessibility/Affordability of Health Care
HIV in the U.S.	Infections Disease Prevention	Diabetes
Motor Vehicle Injuries	Clean Water	Housing
Nutrition, Physical Activity, and Obesity	Clean Air	Healthy Food and Nutrition
Teen Pregnancy	Mental Health and Substance Abuse	Substance Abuse
Tobacco	Injury Prevention	Mental Health
	Obesity	Physical Activity
	Oral Health	Dental/Oral Health
	Unintended Pregnancy	
	Tobacco	

## Explanation of Peer County Selection

Chaffee County's community health status report data were compared to specific counties and respective regions in Colorado, based on size of population, geographic location, or available data. The county comparison is an important measurement tool to gauge progress in the health indicator areas. Comparisons with counties of similar population and demographics can better align local efforts with prioritized components.

**Region 13:** Region 13 is designated as a Health Statistics region containing the counties of Fremont, Custer, Chaffee, and Lake. In total the region has more than 75,000 people with a majority (more than 50,000) being between the ages of 19 and 64. Unemployment hovered between 9.0-10.6 % in 2010, with some counties having far higher unemployment than others. Median income from 2008-2009 was around \$37, 473 with about 22.1% uninsured.

**Lake County:** The county seat for Lake County is Leadville. In 2010, the County's population numbered 7,287. Unemployed hovered at 12.6% in 2010 and median income was about \$43,565. A significant number of residents, 20.5 %, are uninsured.

**Park County:** The county seat for Park County is Fairplay. In 2010, the County's population numbered 16,262. Unemployment was 8.9 % in 2010 and the median household income was \$66,400. Just over 11 % are uninsured

**Teller County:** The county seat is Cripple Creek and the largest town is Woodland Park. In 2010, the population was at 23,454. In 2010, unemployment was about 9.7 % and the median household income was \$59,966. Approximately 11.4% of the residents were uninsured.

Appendix A	Survey:			CE Events	Past Assessments	Winnable Battles	Total	Rank	Quantitative Comparison of data		Total	Rank
	Children	Adults	Seniors									
Accessibility and Affordability of Health Care	3	7	6	10	3		29	1	2	31	1	
Healthy Eating & Active Living		2		9	3		14	3		14	5	
Dental/Oral Health	4	6		8		1	19	2	3	22	2	
Substance Abuse		3		7	1	1	12	4	7	19	3	
Mental Health				6	1	1	8	7	9	17	4	
Coordination of Health Care and Public Health Resources				5			5			5		
Economics			1	4	1		6	9	3	9		
Housing			5	3	1		9	6	1	10	7	
							0			0		
Aging Population				2			2			2		
Childcare				1			1			1		
Healthy Food/Nutrition	5		3		2		10	5	9	19	3	
Limited Activities					2		2			2		
Obesity	2	4				1	7	8	10	17	4	
Lack of Physical Activity	1						1		8	9		
Access to Insurance		5					5			5		
Tobacco		1				1	2		9	11	6	
Transportation			4		1		5			5		
Social Support			2				2			2		
Aging Population					1		1			1		
Clean Air						1	1			1		
Clean Water						1	1			1		
Infectious Disease Prevention						1	1			1		
Injury Prevention						1	1			1		
Safe food						1	1			1		
Unintended Pregnancy						1	1		5	6		
Diabetes							0		10	10	7	
Cancer							0		8	8		
Breastfeeding							0		6	6		

<b>Radon</b>							0		5	5	
<b>Low birth weight</b>							0		4	4	
<b>Education</b>							0		3	3	
<b>Suicide</b>							0		1	1	
<b>Asthma</b>							0		5	5	

<b>Appendix B</b>										
<b>Local Versus State Comparison:</b>	5 point scale, where 1 is worse than the state, 3 is equal to the state, and 5 is better than the state (recommend setting cutoffs, such as using CIS to determine significance)									
<b>Magnitude of the Problem:</b>	5 point scale, where 1 is everyone is impacted, 3 is specific groups are impacted more than others, and 5 is no one is impacted									
<b>Severity of the Condition:</b>	5 point scale, where 1 is the condition can lead to death or severe morbidity, 3 is disease/condition leads to other potentially harmful behaviors, 5 is the condition does not impact health negatively									
<b>Feasibility/practicality:</b>	5 point scale, where 1 is that the issue/condition can be dealt with (feasibly and practically), 3 is that there are barriers and some political will to work on the issue 5 is that there is little feasibility or practicality to address the issue									
<b>Indicator</b>	<b>Chaffee data</b>	<b>State Comparison</b>	<b>Rating</b>	<b>Magnitude of the Problem</b>	<b>Rating</b>	<b>Severity of Conditions</b>	<b>Rating</b>	<b>Feasibility/practicality</b>	<b>Rating</b>	<b>Total</b>
<b>Unemployment</b>	7.9	8.9	4	specific groups	3	lead to harmful behaviors	3	very difficult	5	15
<b>Median Household Income</b>	42420	54411	2	females more likely to earn less, and those with less than a bachelor's degree	3	severely contributes	1.5	very difficult	5	11.5 *
<b>Poverty</b>	12.9	13.2	2.5	higher among female headed households, and higher among those without bachelor's degree	3	severely contributes	1.5	very difficult	5	12 *
<b>Free and Reduced Lunch Eligibility</b>	40.3	40.3	2.5	Low SES	3	lead to harmful behaviors	3.5	potentially feasible	3	12 *

<b>High School Completion</b>	83	75.9	4	males less likely to graduate, and lower % among minorities	3	severely contributes	1.5	potentially feasible	3	11.5	*
<b>Value of Housing</b>	239900	236600	2.5	everyone impacted	1	condition does not greatly impact	4	very difficult	5	12.5	*
<b>Radon</b>	8.49	50% of homes have greater than 4	2.5	Lower SES, older homes, minority populations, lower education	3	lead to harmful behaviors	3	potentially feasible	2	10.5	*
<b>Access to Fast Food</b>	14.4	7	2	Access is ubiquitous, though may be higher in lower SES neighborhoods	1	lead to harmful behaviors	2.5	potentially feasible	3	8.5	*
<b>Alcohol Use</b>	8.5	16.5	3	all households, more males than females	1	lead to harmful behaviors	2.5	potentially feasible	3	9.5	*
<b>Tobacco Use</b>	21.3	16.9	2	all households, more impact on low SES, minority pops, lower education	1	lead to harmful behaviors-- long term	2.5	potentially feasible	3	8.5	*
<b>Overweight/Obese Adults</b>	50.1	56.2	2.5	all households, primarily lower SES, lower education, minority, living in poverty	1	severely contributes	1	potentially feasible	2.5	7	*

<b>Overweight Youth</b>	8	11.1	2.5	all households, primarily lower SES, lower education, minority, living in poverty	1	severely contributes	1	potentially feasible	2.5	7	*
<b>Obese Youth</b>	5	7.1	2.5	all households, primarily lower SES, lower education, minority, living in poverty	1	severely contributes	1	potentially feasible	2.5	7	*
<b>Fruit and Veggie Consumption</b>	36	25	3.5	all households, but more impact on low SES, minority populations, single parent households, lower education	1	lead to harmful behaviors	3	potentially feasible	2	9.5	*
<b>Low Birth Weight</b>	9.9	8.8	2	lower ses, lower education, drug use, tobacco consumption, poverty	3	lead to harmful behaviors	3	potentially feasible	3	11	*
<b>Unintended Pregnancy</b>	35.5	37.8	2.5	lower ses, hispanic, lower education, poverty	3	lead to harmful behaviors for mother and child	2.5	feasible	2.5	10.5	*
<b>Breastfeeding initiation</b>	88.3	91	2	all women who bear children	2.5	lead to harmful behaviors	3	feasible	2.5	10	*

<b>Told by Physician They Have Asthma</b>	5.4	8.5	3.5	females and children	3	severely contributes	1	asthma management is feasible/reducing asthma very difficult	3	10.5	*
<b>Physical Activity</b>	57.3	55.9	2.5	all households, but more impact on low SES, minority pops, lower education	1	lack can lead to harmful behaviors	3	potentially feasible	2.5	9	*
<b>Diabetes</b>	4.5	5.6	2.5	all population, living in poverty, hispanic and minority, lower education	1	severely contributes	1	potentially feasible	2.5	7	*
<b>Caries experience children</b>	51.9	57.32	2.5	lower income, no insurance,	3	lead to harmful behaviors	3	potentially feasible	3	11.5	*
<b>Dental sealants--children</b>	30	35	2.5	lower income, no insurance,	3	lead to harmful behaviors	3	potentially feasible	3	11.5	*
<b>Medicaid dental services--children</b>	21.2	24.5	2.5	lower income, no insurance,	3	lead to harmful behaviors	3	potentially feasible	3	11.5	*
<b>Untreated decay--children</b>	21.2	24.5	2.5	lower income, no insurance,	3	lead to harmful behaviors	3	potentially feasible	3	11.5	*
<b>Uninsured</b>	11.4	15.5	3.5	everyone impacted	1	lead to harmful behaviors	3	very difficult	4.5	12	*
<b>Fair or Poor Health</b>	11.7	12.5	2.5	increases with age, female, low ses, low income, lower education	3	severely contributes	1.5	very difficult	5	12	*

<b>Perinatal depression</b>	13.2	11	1.5	all women postpartum are at risk	3	lead to harmful behaviors	3	potentially feasible	3	10.5	*
<b>Poor mental health days</b>	10.1	12.7	3	increases with age, female, low ses, low income, lower education	3	severely contributes	1.5	potentially feasible	3	10.5	*
<b>Mental health hospitalizations</b>	1658	2943	1	increases with age, female, low ses, low income, lower education	3	severely contributes	1.5	potentially feasible	3	8.5	*
<b>Cancer mortality</b>	256.9	154.9	1	specific groups	3	severely contributes	1	difficult	4	9	*
<b>Suicide hospitalizations</b>	28	59.6	4	all population	3	lead to harmful behaviors	3	potentially feasible	3	13	*

# CAPACITY ASSESSMENT

## Capacity Assessment Survey: Chaffee County

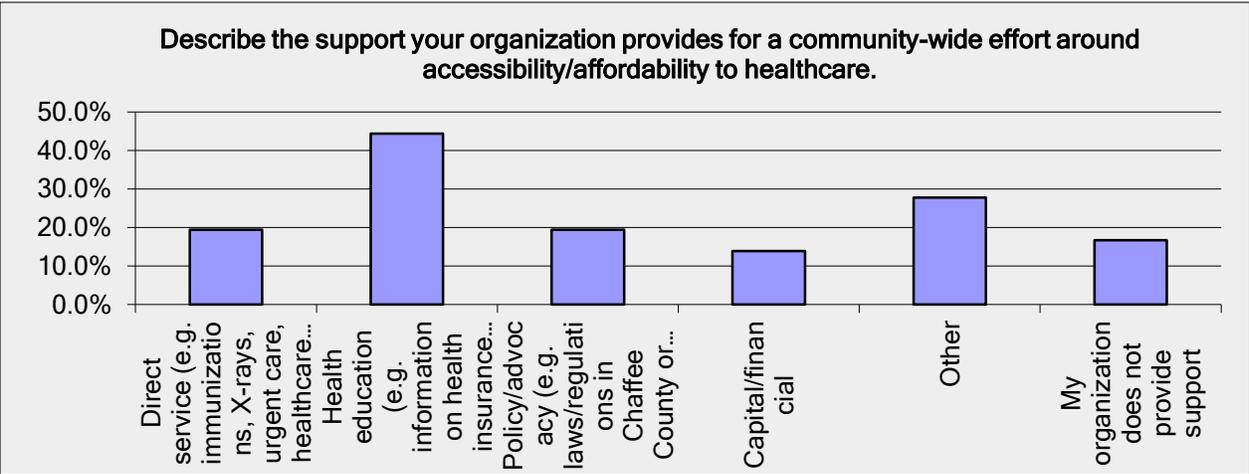
A community survey was sent out to 120 participants, many of whom attended the community engagement events in Salida and Buena Vista and completed the health concerns survey for Chaffee County. Forty-two (42) individuals responded to the survey, accounting for a 35% response rate.

### Question 1: Name and Organization

The agencies that had more than one response included HRRMC (5), Salida School District (2), LiveWell Chaffee County (2), DHHS (4), CC Early Childhood Council, (2), Build a Generation (2).

### Question 2: Describe the support your organization provides for a community-wide effort around accessibility and affordability to healthcare.

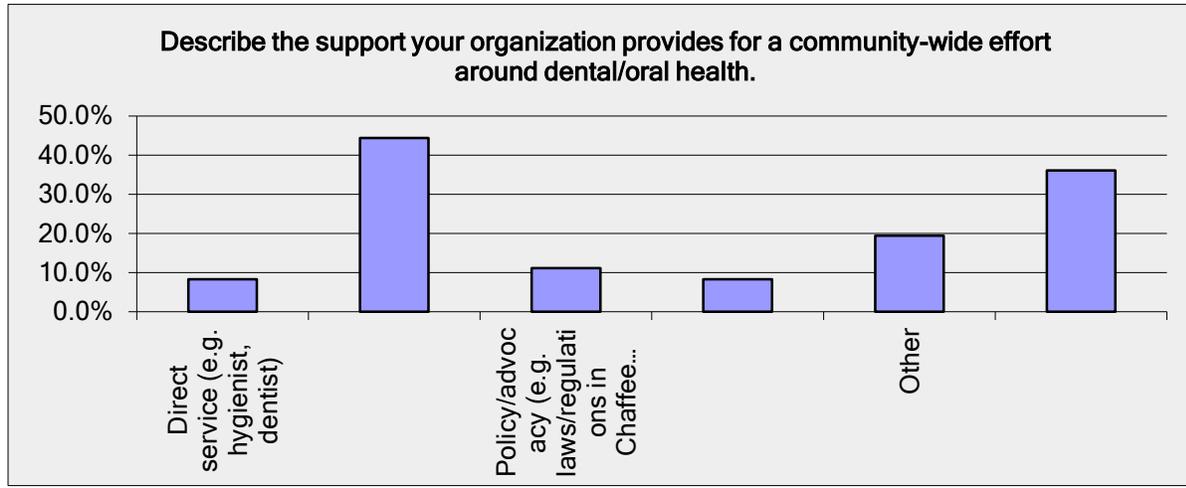
Answer Options	Percent	Count
Direct service (e.g. immunizations, X-rays, urgent care, healthcare enrollment)	19.4%	7
Health education (e.g. information on health insurance plans or access to resources)	44.4%	16
Policy/advocacy (e.g. laws/regulations in Chaffee County or environmental changes within organization, such as changing health plans within organization or developing a wellness committee)	19.4%	7
Capital/financial	13.9%	5
Other	27.8%	10
My organization does not provide support	16.7%	6



The majority of organizations that responded to this question, which numbered 36, responded that they provided health education around accessibility /affordability to healthcare (44%), followed by other services (28%); direct service and policy tied at 19%.

**Question 3: Describe the support your organization provides for a community-wide effort around dental/oral health.**

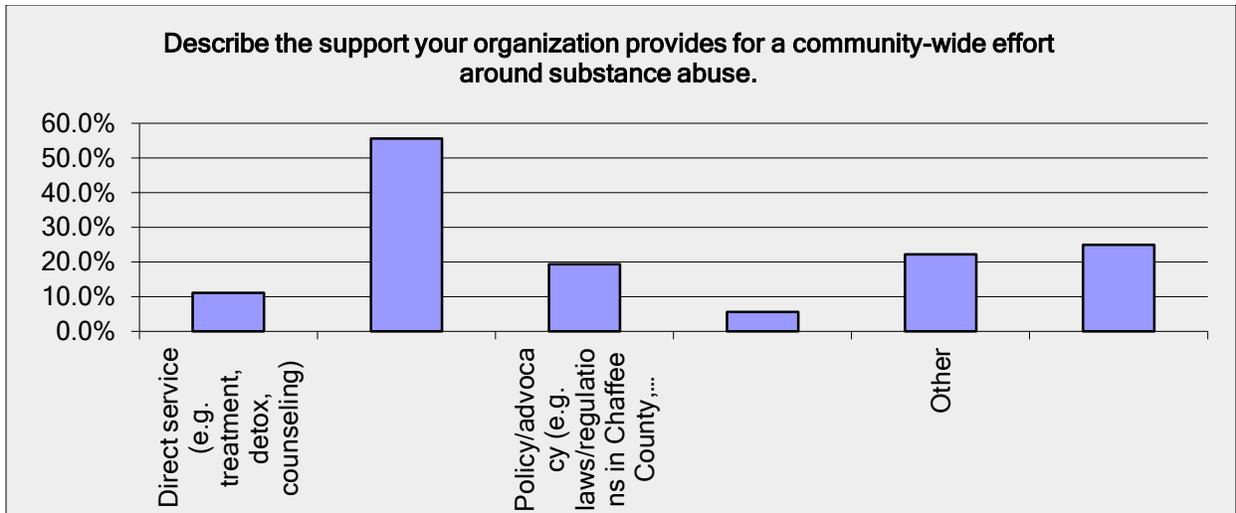
Answer Options	Percent	Count
Direct service (e.g. hygienist, dentist)	8.3%	3
Health education (e.g. information on the importance of dental hygiene)	44.4%	16
Policy/advocacy (e.g. laws/regulations in Chaffee County, environmental changes within organization, such as adding dental insurance to health plan)	11.1%	4
Capital/financial	8.3%	3
Other	19.4%	7
My organization does not provide support	36.1%	13



Thirty-six (36) organizations responded with the majority of organizations noting that they provide services/programs in health education around dental/oral health (44%). The second highest response was that the organizations provided no support services for dental health (36%) followed by other services at 19%.

**Question 4: Describe the support your organization provides for a community-wide effort around substance abuse.**

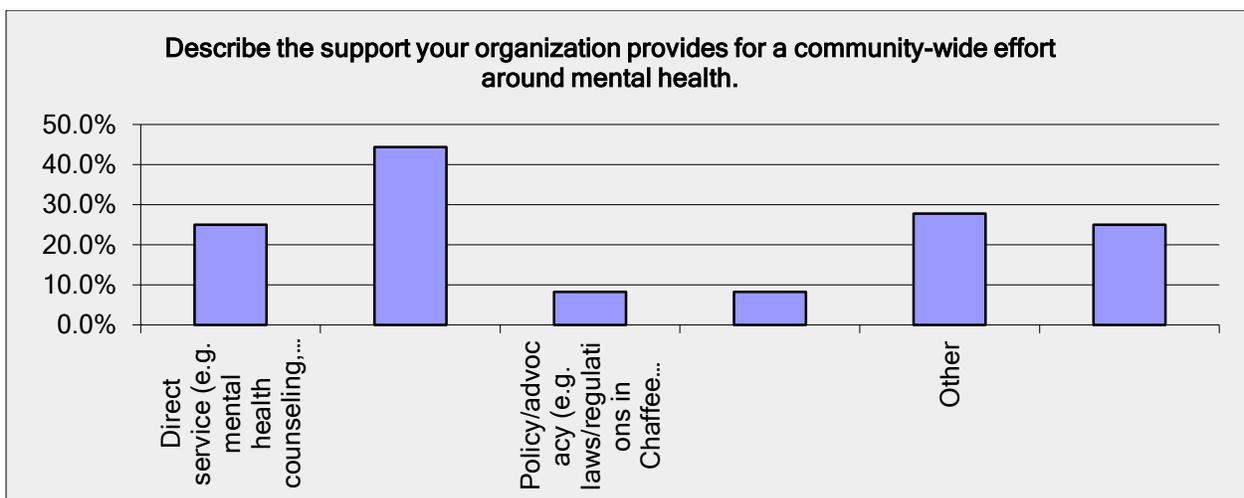
Answer Options	Percent	Count
Direct service (e.g. treatment, detox, counseling)	11.1%	4
Health education (e.g. education on the risks of substance abuse, tobacco cessation education)	55.6%	20
Policy/advocacy (e.g. laws/regulations in Chaffee County, environmental changes within organization, such as a tobacco free zones)	19.4%	7
Capital/financial	5.6%	2
Other	22.2%	8
My organization could not provide support	25.0%	9



Thirty-six (36) organizations responded to this question, with the majority of organizations (56%) responding that they provide health education around substance abuse. Twenty-five percent (25%) noted they provide no support services in this area and 22% answered they provide other types of support around substance abuse.

**Question 5: Describe the support your organization provides for a community-wide effort around mental health.**

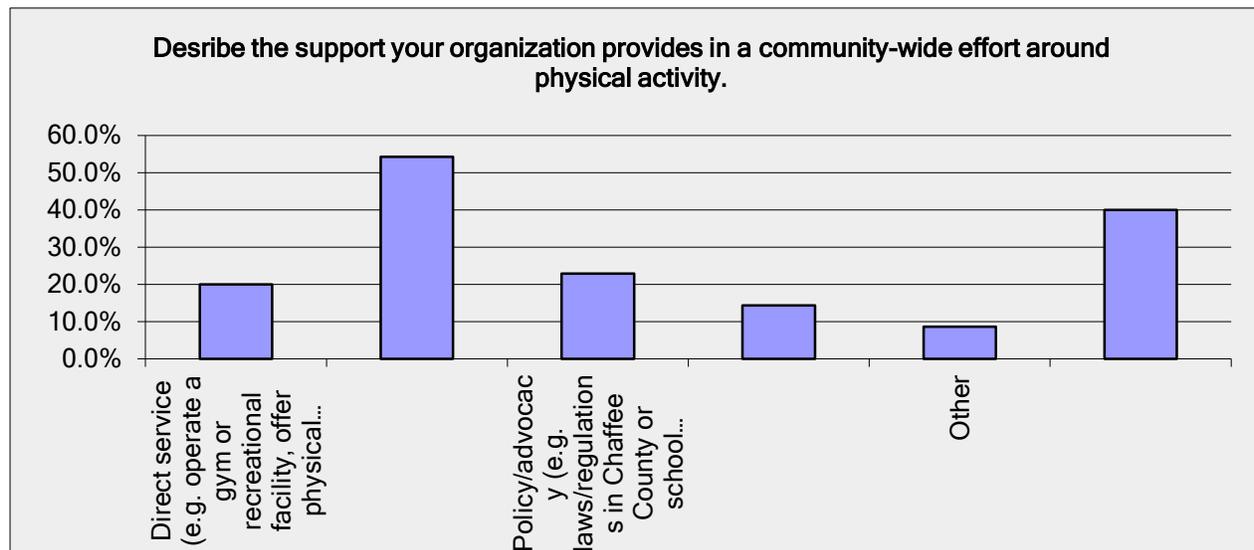
Answer Options	Percent	Count
Direct service (e.g. mental health counseling, connecting to mental health resources)	25.0%	9
Health education (e.g. education on signs of depression)	44.4%	16
Policy/advocacy (e.g. laws/regulations in Chaffee County, environmental changes within organization, such as linking employees to mental health resources or employee assistance)	8.3%	3
Capital/financial	8.3%	3
Other	27.8%	10
My organization does not provide support	25.0%	9



Thirty-six (36) organizations responded to this question with the majority responding that their organization provides support services to mental health in the area of health education. This response was followed by other services (28%); no support services and direct service tied at 25%.

**Question 6: Describe the support your organization provides in a community-wide effort around physical activity.**

Answer Options	Percent	Count
Direct service (e.g. operate a gym or recreational facility, offer physical activity classes, teach physical education)	20.0%	7
Health education (e.g. educate on the benefits of physical activity, biking, walking)	54.3%	19
Policy/advocacy (e.g. laws/regulations in Chaffee County or school system related to physical activity or environmental changes within organization, such as incentives to bike/walk to work or develop a wellness committee)	22.9%	8
Capital/financial	14.3%	5
Other	8.6%	3
My organization does not provide support	40.0%	14

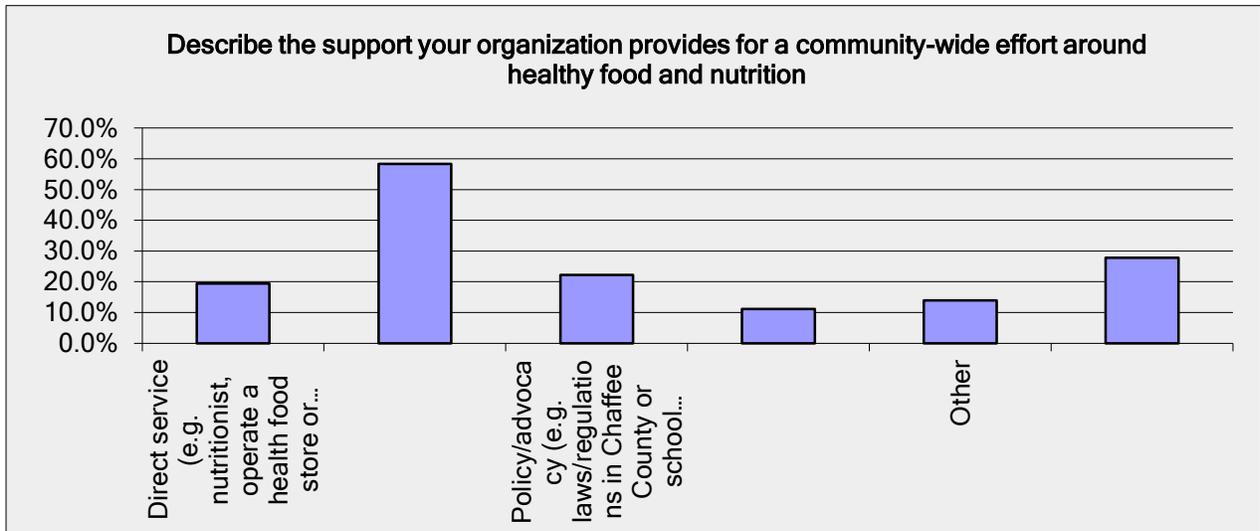


Thirty-five (35) organizations responded to this survey question around support for physical activity. The majority (54%) responded that their organization provides health education followed by no support services (40%), policy/advocacy (23%), and direct services (20%).

**Question 7: Describe the support your organization provides for a community-wide effort around healthy food and nutrition.**

Answer Options	Percent	Count
Direct service (e.g. nutritionist, operate a health food store or grocery, own a restaurant)	19.4%	7
Health education (e.g. education on the importance of portion size, eating fruits and vegetables, etc.)	58.3%	21
Policy/advocacy (e.g. laws/regulations in Chaffee County or school system on healthy food and nutrition, including farm to school or development of farmers markets or environmental changes within organization, such as	22.2%	8

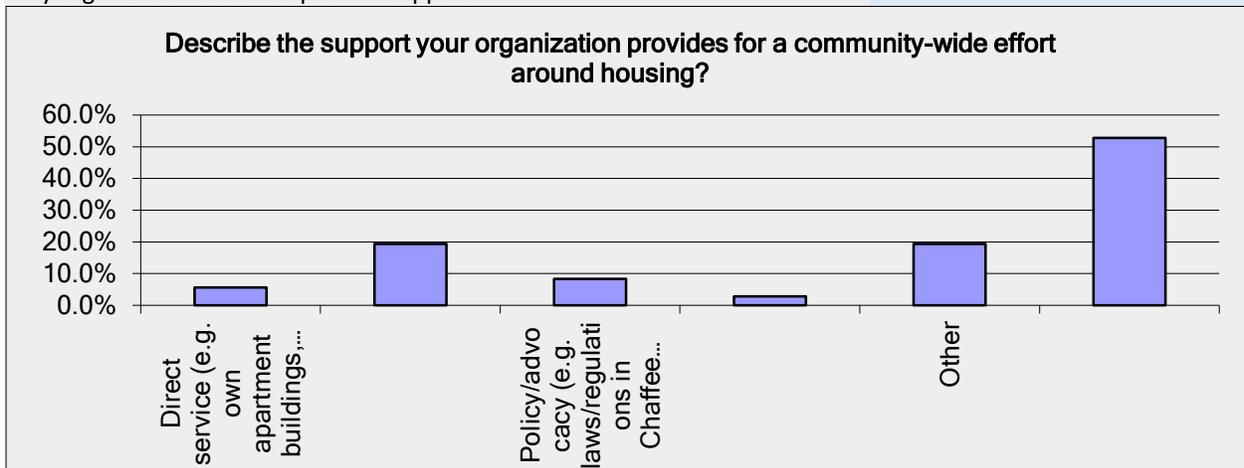
healthy snacks for meetings)		
Capital/financial	11.1%	4
Other	13.9%	5
My organization does not provide support	27.8%	10



Thirty-six (36) organizations responded to this survey question on healthy food and nutrition. The majority of organizations mentioned that they provide support to this issue through health education (58%) followed by no support services (28%), policy/advocacy (22%), and direct services (19%).

**Question 8: Describe the support your organization provides for a community-wide effort around housing.**

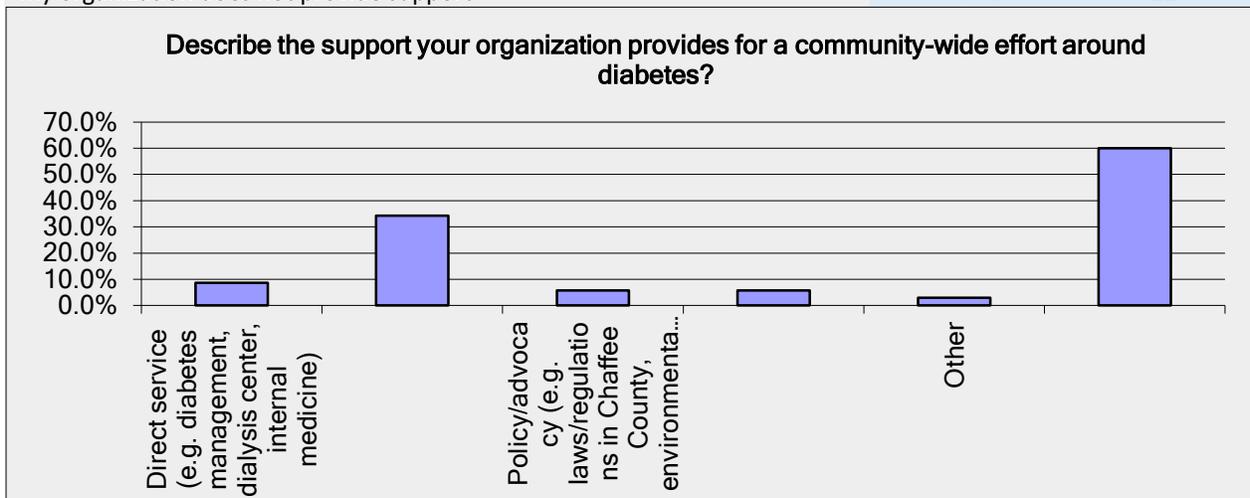
Answer Options	Percent	Count
Direct service (e.g. own apartment buildings, operate assisted living facility, work on housing authority, inspect housing facilities)	5.6%	2
Health education (e.g. education on radon, mold, indoor air quality, rodents/pests, etc.)	19.4%	7
Policy/advocacy (e.g. laws/regulations in Chaffee County)	8.3%	3
Capital/financial	2.8%	1
Other	19.4%	7
My organization does not provide support	52.8%	19



Thirty-six (36) organizations responded to this question related to housing as a public health priority. The majority of organizations responded that their organization provides no support services for this issue (53%) followed by health education and other services at 19%.

**Question 9: Describe the support your organization provides for a community-wide effort around diabetes?**

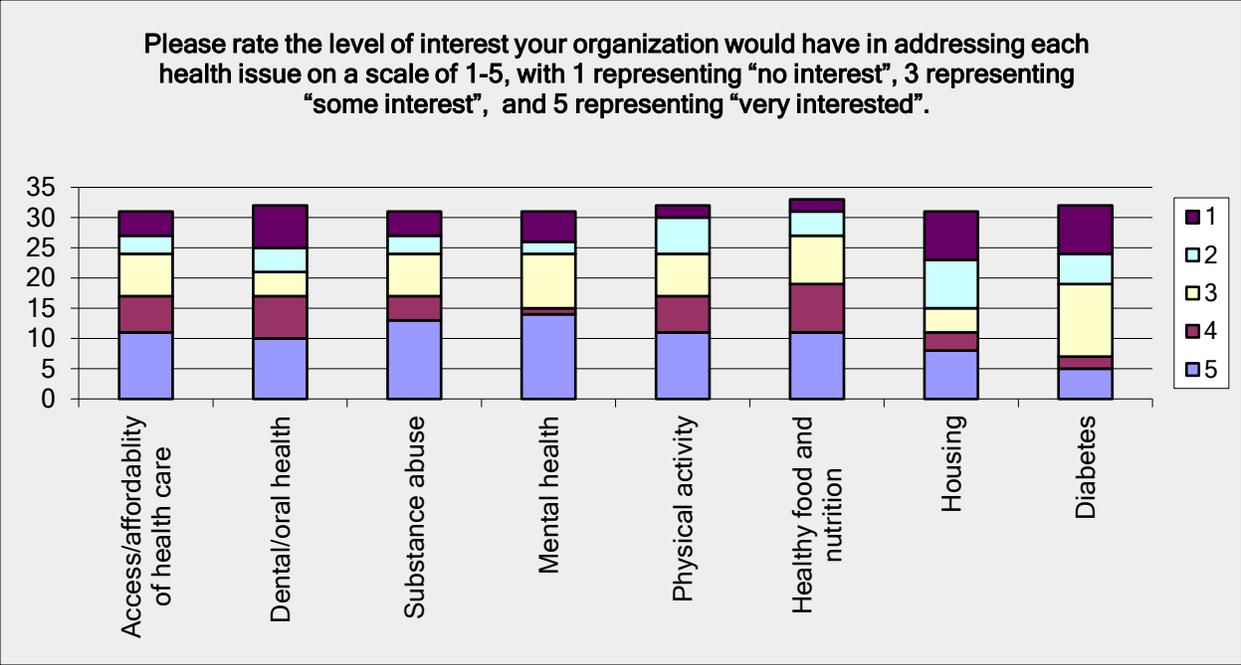
Answer Options	Percent	Count
Direct service (e.g. diabetes management, dialysis center, internal medicine)	8.6%	3
Health education (e.g. education on prevention of diabetes or diabetes care/management, education on healthy eating and active living)	34.3%	12
Policy/advocacy (e.g. laws/regulations in Chaffee County, environmental changes within organization, such as incentives to engage in physical activity and eat healthy)	5.7%	2
Capital/financial	5.7%	2
Other	2.9%	1
My organization does not provide support	60.0%	21



Thirty-five (35) organizations responded to this survey question on diabetes. The majority of organizations mentioned that they do not provide support services to diabetes efforts (60%) followed by health education support (34%), and direct services (9%).

**Question 10: Describe the level of interest your organization would have in addressing each of the health issues.**

Answer Options	1	2	3	4	5	Count
Access/affordability of health care	4	3	7	6	11	31
Dental/oral health	7	4	4	7	10	32
Substance abuse	4	3	7	4	13	31
Mental health	5	2	9	1	14	31
Physical activity	2	6	7	6	11	32
Healthy food and nutrition	2	4	8	8	11	33
Housing	8	8	4	3	8	31
Diabetes	8	5	12	2	5	32



Thirty-three (33) organizations responded to question 10, which asked for level of interest to participate in the health issues. Organizations could rank their response from 1-5 with 1 being of little or no interest and 5 being very interested.

Health concerns with the most number of votes in 4-5 would indicate more community-wide interest. Based on the table, using a 4-5 vote, the following health concerns documented the most interest by respondents:

- Healthy food and nutrition (19)
- Access/affordability of healthcare (17)
- Dental/Oral Health (17)
- Substance Abuse (17)
- Physical Activity (17)

Health concerns that received the most number of votes for “5” included:

- Mental Health
- Substance Abuse
- Access/Affordability of healthcare
- Physical Activity
- Health food and nutrition

## Results

The survey demonstrates that there is capacity in all 8 areas determined to be public health priorities in Chaffee County. Capacity health education and information sharing was provided by the majority of organizations that responded.

Specific gaps were noted in the number of organizations providing services to:

- 1) Direct services to dental/oral health, substance abuse, and housing
- 2) Policy/advocacy in all health priority areas, except physical activity and healthy food and nutrition
- 3) Financial/capital funding toward all public health priorities

Based on responses to Question 10, most organizations would like to focus on the following health priorities for the next five years.

- Mental Health
- Substance Abuse
- Access/Affordability of healthcare
- Physical Activity
- Health food and nutrition

Limitation of the 2012 Capacity Assessment: only 35% of those that received the survey responded. Though an important response percentage, the survey results cannot be generalized to Chaffee County and do not account for all the programs/services provided to Chaffee County residents.

# Improvement Plan: 2013-2017

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## **Prioritization Process:**

**Chaffee County's initial issues of concern were chosen based on information gathered during the community health and capacity assessments and on Colorado's public health improvement priorities, the "Winnable Battles". County alignment with the state's comprehensive improvement plan is necessary for the accomplishment of the state-wide Winnable Battles. Chaffee County's initial top 8 health concerns/issues were:**

- accessibility/affordability of health care
- dental/oral health
- substance abuse
- mental health
- physical activity
- healthy food/nutrition
- housing
- diabetes

**Criteria used to identify these top eight concerns included:**

- health indicator data
- overview of past assessments
- health concerns survey
- community engagement events
- Colorado Winnable Battles

Following identification of these top eight concerns, a prioritization process was completed. This process was used to determine a few local public health improvement focus areas by further examining and ranking important issues that have been identified through the health assessment/data collection and the capacity assessment. A well-defined priority-setting process effectively helps determine how best to strategically direct resources toward issues where they will have the greatest impact. Input from community members is critical to the success of the prioritization process.

In September 2012, after completing the data collection and capacity assessment, CCPH held a community prioritization event which engaged stakeholders and residents in a best practice priority setting process to rank the eight identified health issues.

**Three prioritization criteria were used to choose focus areas:**

1. Significance to community health
  - Prevalence of individuals affected or at risk (mortality, morbidity, and injury rates)
  - The degree of health disparities or impact to subpopulations
2. Ability to impact the issue
  - Existence of strategies/best practices likely to have an impact
  - Level of community readiness, support for change, and community will
3. Capacity to address the issue
  - Local organizations are prepared to take the lead
  - Sufficient resources, including staffing and funding, are available or obtainable

A power point presentation reviewed the eight concerns based on the prioritization criteria. Following a facilitated group discussion and an anonymous vote, the top three health concerns were identified by the twenty-five participants at the prioritization event.

**Nutrition, physical activity, and dental/oral health were ranked as the top three health priorities for Chaffee County. These health concerns were selected by community members based on:**

- **Local data showing that county residents are at high risk because of the issues**
- **Capacity assessment indicating community readiness and availability of strategies/best practices to address the issues**
- **County organizations taking the lead on the issues and have resources to accomplish strategies**

### **Process to Select Goals and Strategies**

CCPH selected nutrition/healthy foods and dental/oral health as the two priorities to focus on in Chaffee County Public Health Improvement Plan over the next 5 years. In order to choose goals and strategies related to nutrition and oral health, CCPH created an online survey and distributed it to organizations which support, promote, and offer programming in these two areas.

The 5 year improvement goal is to “move the needle” on health issues by either improving capacity or positively impacting a health outcome in a measurable way.

## Priority #1 – Oral Health

### Overview of Issue

Children’s oral health is one of the top priorities for the nation – and Colorado. Colorado’s governor has designed children’s oral health as one of the state’s 10 Winnable Battles over the next five years. Oral disease may unnecessarily impact a child’s performance in school, speech development, nutrition, self-esteem, and sleep. While contributing factors are complex, oral health disease is entirely preventable through three major areas of focus:

- **Public health strategies.** Proven preventive strategies – such as community water fluoridation and school-based sealant programs – are underutilized.
- **Access to oral health care.** Too few dental providers accept publicly funded programs, and not enough are trained to treat very young children.
- **Educate children and families.** Families may not realize how important early dental care is or that publicly funded dental coverage exists.

### What the Data Says

#### Colorado

- Significant decrease in untreated decay and urgent needs in kindergarteners and third graders since 2003/04
- No change in kindergarteners and third graders experiencing cavities or serious problems such as pain, broken fillings, or teeth pulled because of cavities and bleeding gums
- GAPS: 40% of kindergarteners and 55% of third graders have cavities; 14% of kindergarteners and 14% of third graders have untreated cavities. Only 9% of children see a dentist by age one, despite the ADA recommendation. Low income children face the greatest oral health challenges.
- The number of Coloradans without dental insurance increased 17% to 2.1 million in 2011
- 29.1% of children ages 0-18 did not visit a dentist in 2011
- 35.4% of adults reported in 2010 that they had lost a permanent tooth due to decay or gum disease

#### Chaffee County

- 30.8% of children were eligible for, but not enrolled in Medicaid or CPH+
- 57.9% of adults do not have dental insurance
- 75.9% of adults do not visit a dentist for financial reasons
- Only 1 dental group in Chaffee County provides services for Medicaid insured children
- 51.9% of children in grade three experienced caries during the 2006/2007 school year
- Only 30% of children in grade three had sealants on their teeth during the 2006/2007 school year
- 21.2% of children in grade three had untreated decay during the 2006/2007 school year

### Changes Needed

- Optimal water fluoridation in Buena Vista
- Dental providers accepting Medicaid in Buena Vista
- Dental providers trained and willing to see young children in Salida and Buena Vista
- Dental education provided to families at every well child visit

## Priority #2 – Nutrition

### Overview of Issue

Obesity is also a top priority for the nation and a Colorado Winnable Battle. It increases a person's risk for several serious illnesses: heart disease, high blood pressure, high cholesterol, stroke, sleep apnea, type 2 diabetes, orthopedic problems, and some types of cancer. As a result, health care for conditions related to obesity costs Coloradans more than \$1.6 billion each year. Children who are overweight are more likely to develop type 2 diabetes, high blood pressure, and are more likely to become obese adults, compared to children of normal weight. While the statistics appear grim, obesity is preventable.

### What the Data Says

#### Colorado

- More than half of Colorado adults are overweight or obese
- The proportion of Colorado adults who are obese more than doubled during the past 15 years, from 10.3 percent in 1996 to 21.4 percent in 2010
- Colorado ranks 29<sup>th</sup> among states in childhood obesity (ages 10-17 years)
- One of every eight children ages 2-14 in Colorado is obese

#### Chaffee County

- More than half of Chaffee County adults are overweight or obese (36.8% and 13.3% respectively)
- In 2011-2012, 13% of high school students and 36% of 3<sup>rd</sup> and 4<sup>th</sup> graders were overweight or obese
- The majority of community members stated they eat 2-4 servings of fruits and vegetables each day

### Changes Needed

- Healthy Eating, Active Living embedded within the workplace
- Healthier school lunches
- Affordable educational classes within the community
- Increase healthy eating education throughout the community
- Increase number of community members screened and referred for obesity-related illnesses

## Chaffee County Priority #1 - Oral Health

Goals & Objectives: *Ensure optimal oral health for the residents of Chaffee County*

1. Eliminate early childhood caries in Chaffee County’s children ages 0-6, helping them to grow up free of dental disease
2. Ensure that a dental visit a routine and expected part of prenatal care
3. Support goals and strategies of Chaffee County’s Oral Health Program
4. Ongoing monitoring and support for community organizations who provide oral health services/education

Strategies	Implementation Details	Target Group(s)	Resources & Barriers
Implement Cavity Free at Three (CF3) - Chaffee County Public Health	Offer monthly CF3 clinics in Salida and Buena Vista	Children ages 0-6	<u>Available Resources</u> <ul style="list-style-type: none"> <li>• Salida Family Dentistry</li> <li>• Oral Health Program</li> <li>• Chaffee County Dental Coalition</li> <li>• CDPHE Oral Health Division</li> <li>• Colorado AHEC Program</li> <li>• Early Childhood Council</li> </ul> <u>Potential Barriers</u> <ul style="list-style-type: none"> <li>• Limited dental clinics in Chaffee County – especially for</li> </ul>
	Offer CF3 outreach clinics at local preschools, daycares, churches, and other organizations that work with children	Children ages 0-6	
	Continue to provide bi-annual CF3 clinics as Salida and Buena Vista Early Childhood Centers	Children ages 0-6	
	Offer CF3 to all children enrolled in the Healthy Start Nurse Home Visitor Program	Children age 0-1	
	Work with physician practices to ensure that information on CF3 is provided at all well child checks	Children ages 0-6	
	Provide CF3 contact information cards through Healthy Communities Outreach and	Children ages 0-6	

	Enrollment program		<p>children and people on Medicaid</p> <ul style="list-style-type: none"> <li>• Disconnect between medical and oral health</li> <li>• Lack of public education regarding oral health</li> <li>• Lack of supplemental fluoride in the water in Buena Vista</li> <li>• Public resistance to fluoridation in Buena Vista</li> <li>• HPSA dental shortage area</li> </ul>
<p>Promote oral health guidelines for pregnancy</p> <p>- Chaffee County Public Health</p>	Provide education to mothers enrolled in Healthy Start Nurse Home Visitor Program at prenatal visit about importance of prenatal oral health	Pregnant women enrolled in Healthy Start	
	Provide oral health education and referrals to mothers enrolled in Nurse Family Partnership	Pregnant women enrolled in Nurse Family Partnership	
	Provide oral health education to participants in Baby and Me Tobacco Free when possible	Pregnant women enrolled in Baby and Me Tobacco Free	
	Yearly presentation on prenatal oral health to Chaffee County Early Childhood Council	Professionals working with pregnant women in Chaffee County	
	Participate in community events involving pregnant women and provide education about the importance of prenatal oral health	Pregnant women in Chaffee County	
<p>Provide oversight of Chaffee County Oral Health Program, support goals and strategies, and participate in Chaffee County Dental Coalition</p> <p>- Chaffee County Public Health, Oral Health Program</p>	Ensure that a CCPH staff member is present at all Chaffee County Dental Coalition meetings and is available in between meetings to discuss progress toward goals	Chaffee County residents – all ages, especially residents who are underinsured, uninsured, and underserved	

<p>Oral Health Program goals:</p> <ol style="list-style-type: none"> <li>1. Increase awareness and education about preventative oral healthcare</li> <li>2. Increase coordination and utilization of existing oral and physical health resources</li> <li>3. Increase access to local oral healthcare services</li> <li>4. Develop capacity and sustainability for the work of the Chaffee County Dental Coalition</li> <li>5. Increase and seek resources for urgent and emergent oral health needs for those without a dental home</li> </ol>	<p>CCPH staff will serve on executive team of Chaffee County Dental Coalition</p>	<p>Chaffee County residents – all ages, especially residents who are underinsured, uninsured, and underserved</p>	
	<p>Partner with the Oral Health Program to provide education to Chaffee County residents through various media outlets, including newspaper articles and radio interviews. Educational topics could include fluoride, infant and child oral health care, dental home concept</p>	<p>Chaffee County residents – all ages, especially residents who are underinsured, uninsured, and underserved</p>	
	<p>CCPH will be referral source for children and adults needing dental navigation</p>	<p>Chaffee County residents – all ages, especially residents who are underinsured, uninsured, and underserved</p>	
<p>Support community organizations providing oral health education through a survey disturbed 2x per year</p> <p>-Chaffee County Public Health</p> <ul style="list-style-type: none"> <li>• Nurse Family Partnership: preventative education and referral for women and children under age 2 years</li> </ul>	<p>Create oral health follow-up survey</p>	<p>Chaffee County organizations providing oral health education and services to Chaffee County residents</p>	
	<p>Distribute survey in February and August of each year to all community organizations working with oral health</p>	<p>Chaffee County organizations providing oral health education and services to Chaffee County</p>	

<ul style="list-style-type: none"> <li>• Buena Vista School District: sealant program for 2<sup>nd</sup> grade</li> <li>• Buena Vista School District: Wellness Committee with a focus on better healthy lifestyle habits</li> <li>• Salida Family Dentistry: Salida Head Start oral screenings</li> <li>• WIC: oral health education, referrals, nutrition for all clients</li> <li>• Boys and Girls Club of Chaffee County: “Healthy Habits” Program</li> <li>• Salida School District: Wellness Committee with a focus on better healthy lifestyle habits</li> <li>• Salida Dental Hygiene: Education programs to nursing home staff, apartment tenants, service clubs, and schools.</li> <li>• Salida Early Childhood Center</li> <li>• Buena Vista Early Childhood Center</li> <li>• Family Youth Initiatives’ Nurturing Parenting Program</li> </ul>	<p>Evaluate survey results and provide follow-up support to organizations in need</p>	<p>residents</p> <p>Chaffee County organizations providing oral health education and services to Chaffee County residents</p>	
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## Chaffee County Priority #2 –Nutrition

*Goals & Objectives: Increase knowledge of Chaffee County residents regarding nutrition and it's relation to obesity.*

1. Create healthier workplaces that encourage healthy eating and active living
2. Support schools to provide healthier meals
3. Increase the community's education level regarding nutrition
4. Increase the number of community members who are screened and referred for serious cardiovascular illness
5. Offer the Diabetes Prevention Program to pre-diabetic adults to prevent them from getting type 2 diabetes
6. Promote exclusive breastfeeding for the first 6 months and continued breastfeeding for the first year as a way to reduce childhood obesity

Strategies	Implementation Details	Target Group(s)	Resources & Barriers
Improve employee health at two worksites by providing their employers with mentoring to begin implementation of sustainable worksite wellness programs  - Chaffee County Public Health	Recruit two Chaffee County employers to participate in the worksite wellness capacity building program	Chaffee County employers and employees	<u>Available Resources</u> <ul style="list-style-type: none"> <li>• LiveWell Chaffee County</li> <li>• LiveWell Colorado</li> <li>• Local registered dietitian consultant Sally Ayote</li> <li>• Heart of the Rockies Regional Medical Center dietitian</li> <li>• CDPHE Prevention Services Division</li> <li>• American Academy of Pediatrics</li> <li>• Institute of Medicine Early Childhood Obesity Prevention Policies</li> <li>• National Coalition for Promoting Physical Activity</li> <li>• Colorado QuitLine</li> <li>• American Heart Association</li> </ul>
	Provide mentoring to the two selected worksites about creating a sustainable wellness program	Chaffee County employers and employees	
Increase the amounts of fruits and vegetables served in the schools through farm to school and garden to cafeteria programs.  -Chaffee County Public	Work with food service directors to integrate produce grown from the students into school lunches	Students in Salida and Buena Vista School Districts	
	Implement Garden-to-Cafeteria program	Students in Salida and Buena Vista School Districts	
	Use produce from Garden-to-Cafeteria	Students in Salida and	

<p>Health/LiveWell Chaffee County</p>	<p>program to support the summer food program and Friday food program</p>	<p>Buena Vista School Districts</p>	<ul style="list-style-type: none"> <li>• Center for Disease Control</li> <li>• Academy and Dietetics</li> </ul> <p><u>Potential Barriers</u></p> <ul style="list-style-type: none"> <li>• Availability and affordability of fresh produce</li> <li>• Large number of fast food restaurants in Chaffee County</li> <li>• Motivation to make lifestyle changes</li> <li>• Lack of family support for lifestyle changes</li> <li>• Lack of education related to nutrition and its relationship to cardiovascular disease and diabetes</li> </ul>
<p>Support community agencies in promoting healthy eating education to their clients through a survey distributed twice a year.</p> <p>- Chaffee County Public Health</p> <ul style="list-style-type: none"> <li>• Community preschools</li> <li>• Community school districts wellness committee</li> <li>• LiveWell Chaffee County</li> <li>• LiveWell Community Health Organizer</li> <li>• Nurse-Family Partnership</li> <li>• Women, Infants, Children (WIC)</li> <li>• CCPD Program</li> <li>• Worksite Wellness Program</li> </ul>	<p>Create nutrition follow-up survey</p>	<p>Chaffee County organizations providing nutrition education and services to Chaffee County residents</p>	
	<p>Distribute survey in February and July</p>	<p>Chaffee County organizations providing nutrition education and services to Chaffee County residents</p>	
	<p>Evaluate survey results and provide follow-up support to organizations in need</p>	<p>Chaffee County organizations providing nutrition education and services to Chaffee County residents</p>	
	<p>Participate in at least one school district's wellness committee</p>	<p>Chaffee County school district's wellness committees</p>	

<ul style="list-style-type: none"> <li>• Healthy Start Nurse Home Visitor Program</li> <li>• Nurturing Parenting</li> <li>• Diabetes Prevention Program</li> <li>• Boys and Girls Club</li> <li>• CSU Extension's Expanded Food and Nutrition Education Program</li> <li>• Family Youth Initiatives</li> </ul>			
<p>Screen 70 community members at increased risk of acquiring serious illnesses related to obesity and diabetes and refer to local resources. Counseling will focus on risk factor management and lifestyle changes - Chaffee County Public Health</p>	<p>Provide cardiovascular screenings, to include total cholesterol, HDL, LDL, glucose, triglycerides, BMI, and blood pressure at CCPH offices and worksites in Chaffee County</p>	<p>Chaffee County residents ages 19-64 who are uninsured</p>	
	<p>Any person at or below 250% FPL who is considered to be at risk for cardiovascular disease will be referred to Chaffee People's Clinic</p>	<p>Chaffee County residents ages 19-64 who are uninsured</p>	
	<p>Any person above 250% FPL who is considered to be at risk for cardiovascular disease will be referred to a physician</p>	<p>Chaffee County residents ages 19-64 who are uninsured</p>	
<p>Community wide consistent messaging regarding nutrition</p>	<p>Provide "5210" prescription pads to physician practices to give to parents at well child visits</p>	<p>Parents of children ages 0-18</p>	

through promotion of “5210” campaign - Chaffee County Public Health	Develop and implement “5210” media campaign (posters, PSAs, newspaper articles)	Parents of children ages 0-18	
	Provide “5210” educational materials to community organizations who work with children	Parents of children ages 0-18	
Provide the Diabetes Prevention Program to residents of Chaffee County who are pre-diabetic in an effort to prevent them from developing type 2 diabetes. CCPH plans to enroll 45 participants in the first year of the program and then reassess the program goals annually.  -Chaffee County Public Health	Develop and implement a marketing plan for the Diabetes Prevention Program to reach eligible participants in the community using newspaper, radio, and posters.	Chaffee County residents ages 18 and older who are pre-diabetic	
	Participate in one-on-one meetings with referral clinics/agencies. Reach out to clinics on an ongoing basis to remind them of referral process	Chaffee County residents ages 18 and older who are pre-diabetic	
	Enroll at least 8-15 eligible participants per class.	Chaffee County residents ages 18 and older who are pre-diabetic	
	Run DPP classes: Two RN’s (or one RN and one Lifestyle Coach) will be responsible for conducting the yearlong, 22-session program following the National DPP curriculum. The curriculum consists of two phases, the core and the post-core, as well as core session make-ups. The core phase consists of 16 sessions conducted weekly to biweekly during the first six months. The emphasis is on developing skills to increase	Chaffee County residents ages 18 and older who are pre-diabetic	

	<p>physical activity and improve nutrition in a sustainable manner. The post-core phase will consist of six monthly sessions to provide additional motivational support and tips on maintenance strategies. Make-up sessions are offered when a participant has been unable to attend a core session. Make-up sessions will be offered individually or as a group depending on participant needs. Each National DPP session will include measurement of body weight and weekly minutes of moderate physical activity.</p>		
<p>Promote exclusive breastfeeding for the first 6 months and continued breastfeeding for the first year as a way to reduce childhood obesity</p> <p>- Chaffee County Public Health</p>	<p>Implement Healthy Start – Nurse Home Visitor Program to educate and support new breastfeeding mothers</p>	<p>Health Start – Nurse Home Visitor Program participants</p>	
	<p>Encourage Healthy Start families to follow the recommendation of the American Academy of Pediatrics to exclusively breastfeed for the first 6 months with continued breastfeeding through at least the first year.</p>	<p>Health Start – Nurse Home Visitor Program participants</p>	
	<p>Monitor an ongoing evaluation of the length of breastfeeding in Healthy Start participants.</p>	<p>Health Start – Nurse Home Visitor Program participants</p>	

## Works Cited

- 2012 Kids County in Colorado. (2012). *Chaffee County Data*. Denver: Colorado Children's Campaign.
- American Diabetes Association. (2012). *Diabetes Basics*. Retrieved July 25, 2012, from American Diabetes Association: [http://www.diabetes.org/diabetes-basics/?utm\\_source=WWW&utm\\_medium=GlobalNavDB&utm\\_campaign=CON](http://www.diabetes.org/diabetes-basics/?utm_source=WWW&utm_medium=GlobalNavDB&utm_campaign=CON)
- CDC. (2012). *Community Water Fluoridation*. Retrieved July 25, 2012, from CDC: <http://www.cdc.gov/fluoridation/>
- CDC. (2012). *Indoor Environmental Quality*. Retrieved July 5, 2012, from Indoor Environmental Quality: <http://www.cdc.gov/niosh/topics/indoorenv/>
- CDC. (2012). *Tobacco*. Retrieved July 7, 2012, from CDC: <http://www.cdc.gov/tobacco/>
- CDC. (n.d.). *Alcohol FAQs*. Retrieved July 7, 2012, from CDC: <http://www.cdc.gov/alcohol/faqs.htm>
- CDC. (n.d.). *Children's Health and the Built Environment*. Retrieved July 5, 2012, from CDC: <http://www.cdc.gov/healthyplaces/healthtopics/children.htm>
- CDC. (n.d.). *Physical Activity*. Retrieved July 7, 2012, from CDC: <http://www.cdc.gov/physicalactivity>.
- CDPHE. (2012). *Colorado Behavioral Risk Factor Surveillance System Statistics*. Retrieved July 10, 2012, from CoHID: [www.cdphe.state.co.us/scripts/broker.exe](http://www.cdphe.state.co.us/scripts/broker.exe)
- CDPHE. (2012). *Colorado Environmental Public Health Tracking*. Retrieved July 5, 2012, from CDPHE: <http://www.coepht.dphe.state.co.us/Environment/radon.aspx>
- CDPHE. (2012). *Colorado Health Indicators*. Retrieved July 6, 2012, from Education: <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=2&sdID=10&cID=15&rID=13>
- CDPHE. (2012). *Mental Health Status in Chaffee County*. Retrieved July 10, 2012, from Colorado Health Indicators: [www.chd.dphe.state.co.us/HealthIndicators/](http://www.chd.dphe.state.co.us/HealthIndicators/)
- CDPHE. (2012). *Morbidity Asthma*. Retrieved July 7, 2012, from Colorado Health Indicators: <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=43&cID=15&rID=13>
- CDPHE. (2012). *Morbidity Birth Defects*. Retrieved July 7, 2012, from Colorado Health Indicators: <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=50&cID=15&rID=13>
- CDPHE. (2012). *Morbidity Oral health in Chaffee County*. Retrieved July 10, 2012, from Colorado Health Indicators: [www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?](http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?)
- CDPHE. (2012). *Mortality All in Chaffee County*. Retrieved July 10, 2012, from Colorado Health Indicators: <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=53&cID=15&rID=13>
- CDPHE. (2012). *Physical Activity in Chaffee County*. Retrieved July 7, 2012, from Colorado Health Indicators: <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=5&sdID=27&cID=15&rID=13>
- CDPHE. (2012). *Physical Environment*. Retrieved June 11, 2012, from Colorado Health Indicators: [www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=3&sdID=13&cID](http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=3&sdID=13&cID)

- Chaffee County Colorado. (n.d.). *About Chaffee County*. Retrieved June 28, 2012, from Chaffee County Colorado: <http://www.chaffeecounty.org/About-Chaffee-County>
- Chaffee County Dental Coalition. (2010). *CCDC Needs Assessment*. Salida, CO: CCDC.
- CIA. (n.d.). *Life Expectancy*. Retrieved July 10, 2012, from The World Factbook: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html>
- CoHID. (2012). *Colorado BRFSS*. Retrieved July 7, 2012, from Colorado Health Information Dataset: [www.cdphe.state.co.us/scripts/broker.exe](http://www.cdphe.state.co.us/scripts/broker.exe)
- Colorado Department of Public Health and Environment. (2012). *Colorado's 10 Winnable Battles*. Retrieved July 20, 2012, from CDPHE: <http://www.cdphe.state.co.us/hs/winnable.html>
- Colorado Health Institute. (2012). *Chaffee County*. Retrieved July 10, 2012, from Informing Policy, Advancing Health: [www.coloradohealthinstitute.org/data-repository/county-details/chaffee](http://www.coloradohealthinstitute.org/data-repository/county-details/chaffee)
- Department of Health and Human Services. (n.d.). *2008 Physical Activity Guidelines for Americans*. Retrieved July 7, 2012, from DHHS: <http://www.health.gov/paguidelines/>
- Department of Health and Human Services. (2012). *Breastfeeding*. Retrieved July 7, 2012, from Women'sHealth.gov: <http://www.womenshealth.gov/breastfeeding/>
- Healthy People 2010 Objectives. (2012). *Substance Abuse*. Retrieved July 7, 2012, from Healthy People: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40>
- Healthy People 2020. (2012). *Maternal, Infant, and Child Health*. Retrieved July 7, 2012, from Healthy People 2020: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=26>
- Healthy People 2020. (2012). *Tobacco Use*. Retrieved July 7, 2012, from Healthy People 2020 Objectives: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=41>
- Healthy People 2020 Objectives. (2010). *Mental Health and Mental Disorders*. Retrieved July 10, 2012, from Healthy People 2020: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=28>
- Iowa Perinatal Depression Project. (n.d.). *www.beyondtheblues.info*. Retrieved July 10, 2012, from <http://www.beyondtheblues.info/>
- March of Dimes. (2012). *Low Birth weight*. Retrieved July 7, 2012, from March of Dimes: [http://www.marchofdimes.com/medicalresources\\_lowbirthweight.html](http://www.marchofdimes.com/medicalresources_lowbirthweight.html)
- Merriam Webster Online Dictionary. (2012). *Mortality*. Retrieved July 10, 2012, from Merriam Webster Online Dictionary: [www.merriam-webster.com/dictionary.mortality](http://www.merriam-webster.com/dictionary.mortality)
- Mosby's Medical Dictionary. (2012). *Health behavior*. Retrieved July 7, 2012, from <http://medical-dictionary.thefreedictionary.com/health+behavior>
- National Bureau of Economic Research. (2012). *Trends in Health Behaviors and Health Outcomes*. Retrieved July 7, 2012, from NBER: [www.nber.org/aginghealth/spring07/w13013.html](http://www.nber.org/aginghealth/spring07/w13013.html)

- National Institutes of Mental Health. (2007). *Suicide in the United States: Statistics and Prevention*. Retrieved July 10, 2012, from NIMH: 1) <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>
- NIH. (n.d.). *What is Asthma?* Retrieved July 7, 2012, from National Heart, Lung, and Blood Institute: [www.nhlbi.nih.gov/health.dci/Diseases/Asthma/Asthma\\_WhatIs.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma_WhatIs.html)
- Organization for Economic Co-operation and Development. (2007). *OECD Health Data 2007*. Retrieved July 10, 2012, from [http://www.oecd.org/document/16/0,3343,en\\_2825\\_495642\\_2085200\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/16/0,3343,en_2825_495642_2085200_1_1_1_1,00.html).
- PuebloCares. (2010). *Radon*. Retrieved July 5, 2012, from PuebloCares: 19) PuebloCares. Radon. Available from website, <http://www.pueblocares.org/radon.html>
- Reid, J. N. (2000). *Community Participation: How People Power Brings Sustainable Benefits to Communities*. Washington, DC: U.S. Department of Agriculture.
- Robert Wood Johnson Foundation. (n.d.). *Cover the Uninsured*. [http://rwjf.org/files/publications/books/2006/chapter\\_03.pdf](http://rwjf.org/files/publications/books/2006/chapter_03.pdf).
- U.S. Census Bureau. (2012). *American Community Survey*. Retrieved July 6, 2012, from Median Household income: [www.uscensus.gov](http://www.uscensus.gov)
- U.S. Census Bureau. (2012). *Small Area Income and Poverty Estimates (SAIPE)*. Retrieved July 6, 2012, from Poverty: [www.uscensus.gov](http://www.uscensus.gov)
- US Census Bureau. (2012). *Chaffee County Quick Facts*. Retrieved June 28, 2012, from Quick Facts from the Census Bureau: <http://quickfacts.census.gov/qfd/states/08/08015.html>
- Wikipedia. (2012, June 15). *Chaffee County*. Retrieved June 28, 2012, from Wikipedia: [http://en.wikipedia.org/wiki/Chaffee\\_County,\\_Colorado](http://en.wikipedia.org/wiki/Chaffee_County,_Colorado)
- Wikipedia. (2012). *Demographics*. Retrieved June 28, 2012, from Wikipedia: <http://en.wikipedia.org/wiki/Demographics>
- Zwillich, T. (2008, February 28). *Social Factors Affect American's Health*. Retrieved July 24, 2012, from WebMD: <http://www.webmd.com/news/20080228/social-factors-affect-americans-health>