



ELBERT COUNTY HEALTH & HUMAN SERVICES

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Elbert County

Public Health Improvement Plan

January 2014 to December 2018

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Introduction

In 2008, the Colorado Public Health Act was signed into law, calling for major reforms to the state's governmental public health system. The purpose of the Act is to assure that core public health services are available to every person in Colorado, regardless of where they live, with a consistent standard of quality. Toward that end, the Act requires the use of assessments to determine both population health and system-wide capacity issues and to then develop five-year state and local public health improvement plans that engage communities in health improvement, increase the availability and quality of public health services, and ultimately improve health outcomes.

In response to the Act, the Office of Planning and Partnerships (the Office) was created at the Colorado Department of Public Health and Environment (CDPHE). The purpose of the Office is to coordinate the implementation of the Act, facilitate the development of a standard public health improvement planning system, provide technical assistance, and act as liaison between state and local public health agencies (LPHAs). The Office is guided by the Public Health Improvement Steering Committee, comprised of stakeholders with representation from around the state.

The Act requires that state and local public health improvement plans (PHIP) be developed based on a community health assessment and capacity assessment every five years...also requires that state and local public health improvement plans be in alignment with one another. Therefore, the current statewide public health improvement plan will inform development of the new local public health plans, which will then inform the development of the next statewide public health improvement plan within each five year planning cycle.

The public health plan (also called a public health improvement plan or a community health improvement plan) is a systematic road map that illustrates county or regional public health needs, describes priorities for health improvement, names the partners to be involved, documents the steps to get there, and provides a method for evaluating progress. The plan is for the entire community, including leaders, system partners, public health staff and boards of health. The Act requires that the comprehensive statewide public health improvement plan is due every five years with local public health plans to follow. The first plan was completed in 2009, so it is recommended that all local plans be completed by 2013 to inform the next statewide plan in 2014. (CHAPS, April 2012)

Read the entire Colorado Health Assessment and Planning System (CHAPS) Guidebook at:
<http://www.chd.dphe.state.co.us/CHAPS/default.aspx>

Public Health Act and Core Services

“SB 08-194, the Public Health Act authorizes the Office of Planning and Partnerships of Colorado Department of Public Health and Environment to create a Statewide Public Health Improvement Plan, including core services and standards that will set priorities for the public health system in Colorado, and will provide the basis for local public health improvement plans.” Department of Public Health and Environment, Colorado State Board of Health, CORE PUBLIC HEALTH SERVICES:

6 CCR 1014-7 Public health core services in Colorado shall include, but need not be limited to the following:

- Assessment, Planning, and Communication

- Vital Records and Statistics

- Communicable Disease Prevention, Investigation, and Control

- Prevention and Population Health Promotion

- Emergency Preparedness and Response

- Environmental Health

- Administration and Governance

Exemption from the Provision of Core Services:

When sufficient appropriations are absent, the local board shall set priorities for fulfilling the duties described in section 25-1-506(3), C.R.S., and include the list of priorities in its local public health plan submitted pursuant to section 25-1-505, C.R.S. The local board of health may choose to limit the scope of the core public health services provided that:

There is limited need for the core public health services in the community, or other providers provide this service sufficient to meet local need.

The **essential public health services** provide a working definition of public health and a guiding framework for the responsibilities of local public health agencies. The 10 essential public health services are:

1. Monitor health status to identify and solve community health problems
2. Investigate and diagnose health problems and health hazards in the community.
3. Inform, educate, and empower individuals about health issues.
4. Mobilize public and private collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce laws and regulations that protect health and promote safety.
7. Link people to needed personal health services and assure the provision of health care.
8. Encourage a competent public health workforce.
9. Evaluate effectiveness, accessibility and quality of personal/ population-based health services.
10. Contribute to research into insightful and innovative solutions to health problems.

For details see: <http://www.cdphe.state.co.us/opp/publichealthact/Implementation/6CCR1014-7CorePublHealthServicesEFF11302011.pdf>

Colorado's 10 Winnable Battles

1. Clean Air
2. Clean Water
3. Infectious Disease Prevention
4. Injury Prevention
5. Mental Health and Substance Abuse
6. Obesity
7. Oral Health
8. Safe Food
9. Tobacco
10. Unintended Pregnancy

What is a Winnable Battle?

Colorado's Winnable Battles are key public health and environmental issues where progress can be made in the next five years. These 10 Winnable Battles were selected because they provide Colorado's greatest opportunities for ensuring the health of our citizens and visitors and the improvement and protection of our environment. Many of Colorado's Winnable Battles align with the Centers for Disease Control and Prevention's (CDC) Winnable Battles or are consistent with the Seven Priorities for EPA's Future, while others reflect Colorado's own unique priorities. These broad topic areas can be customized by counties and cities based on local priorities and authorities, or by agencies and other organizations whose missions overlap. All partners and stakeholders are needed and welcomed in helping address these Winnable Battles. With collective efforts, we can make a difference!

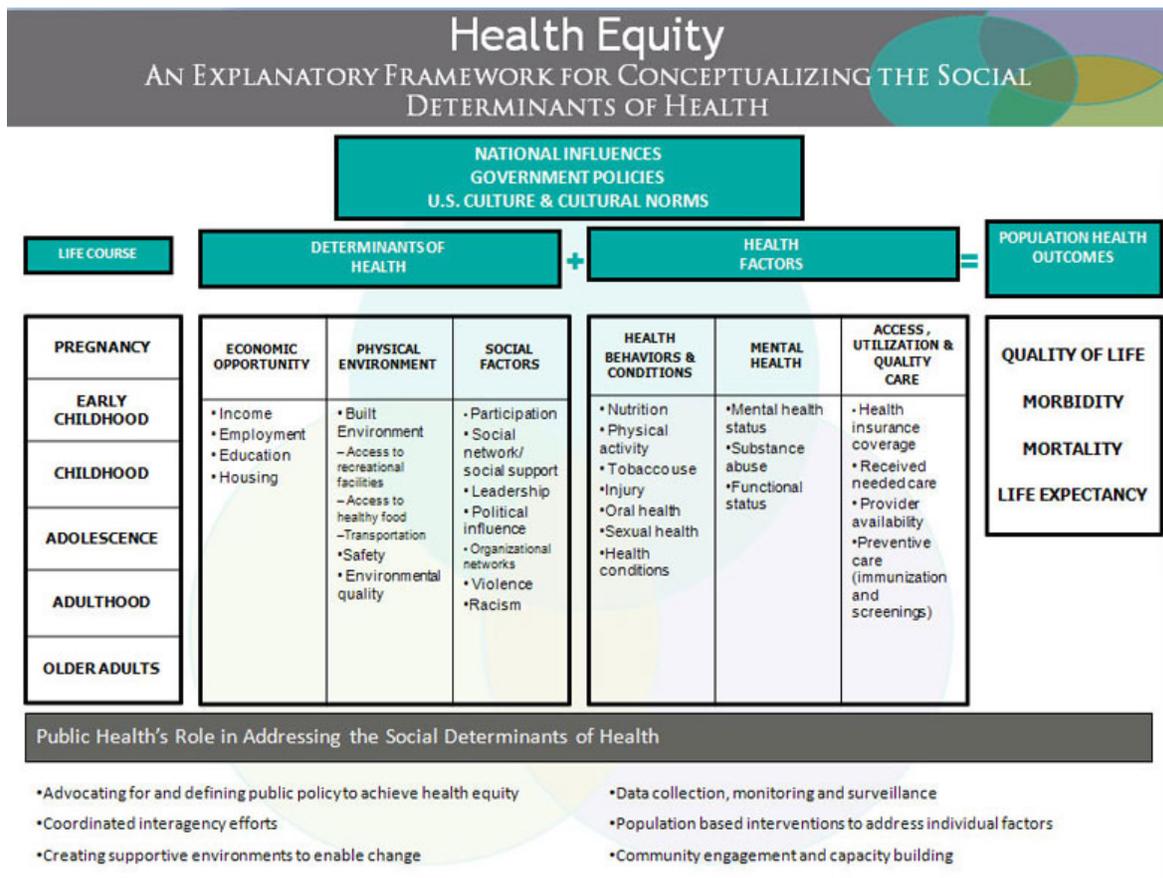
More information at: <http://www.cdphe.state.co.us/hs/winnable.html>

Social Determinants of Health

The World Health Organization defines the social determinants of health as “the circumstances into which people are born, live, work, and age; and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.” (World Health Organization)

The Colorado Department of Public Health and Environment (CDPHE) created the health equity model below, which conceptualizes a wide range of factors that influence health. These “social determinants of health” are grouped into:

- **Life course perspective:** how populations are impacted differently during the various stages of life
- **Social determinants of health:** societal influence, such as economic opportunity, physical environment and social factors that play critical roles in the length and quality of life
- **Health factors:** components of health behaviors and conditions, mental health and access, utilization and quality of health care
- **Population health outcomes:** measures of quality of life, morbidity, mortality and life expectancy



Colorado Health Indicators

County specific information for each of the indicators in the Health Equity Model as well as population and community characteristics is available to assist in determining the health disparities or health inequities that may be present in a particular county or region and thus help guide public health planning. Data can be queried by county at:

www.chd.dphe.state.co.us/HealthIndicators

Health Risk Behaviors

According to the Centers for Disease Control and Prevention, four modifiable health risk behaviors are responsible for much of the illness, suffering, and early death related to chronic diseases. (CDC)

- Lack of physical activity
- Poor nutrition
- Tobacco use
- Excessive alcohol consumption

These health risk behaviors were looked at when selecting our local goals for our Public Health Improvement Plan (PHIP).

What is the value of a local public health improvement process?

The public health system is larger than the local public health agency, since many community businesses and organizations have the capacity to impact health. When a public health agency convenes a community-wide process that considers health and environmental data, service capacity, and how to best address an issue, and then uses that information to develop a plan, the community alignment of health priorities and directed resources is the result. This type of strategic and inclusive process ultimately promotes health improvement.

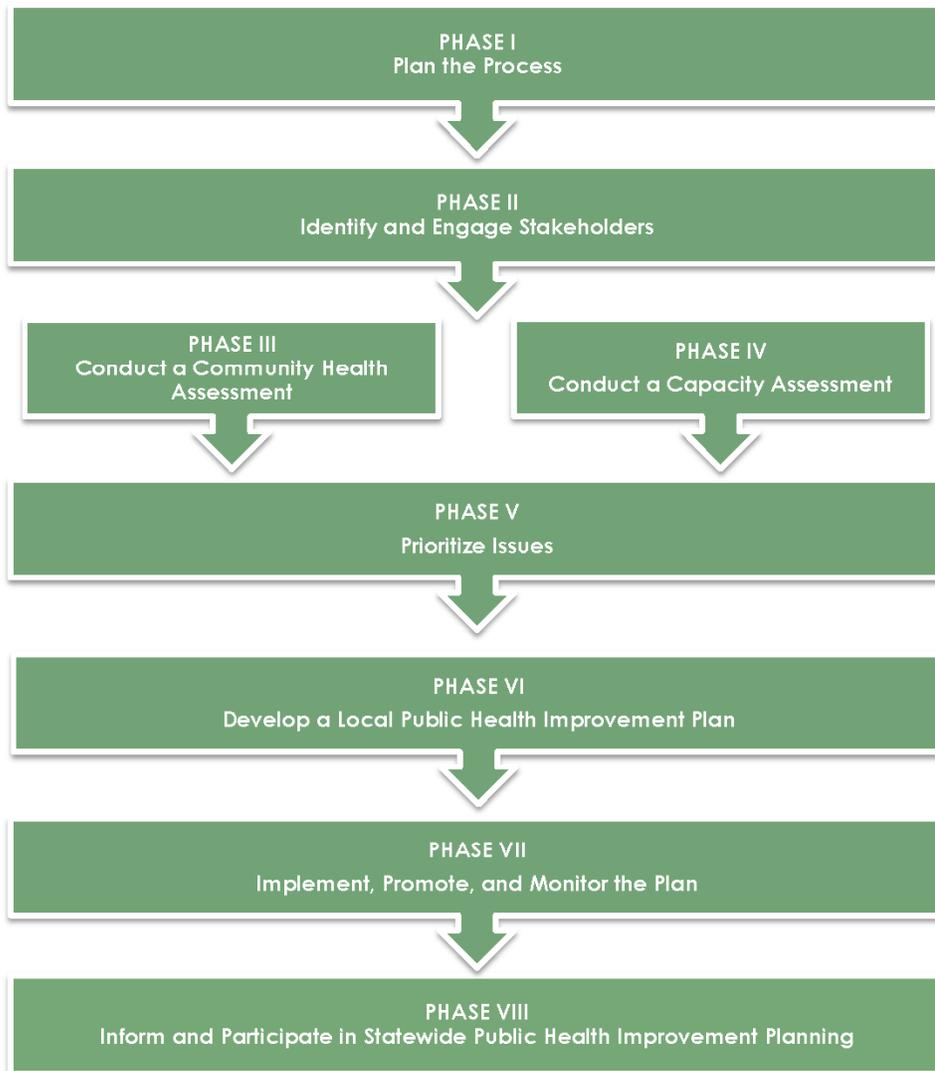
How does a Public Health Improvement Plan make a difference?

- It provides a baseline by which to monitor change
- It identifies emerging issues
- It helps the community set health priorities and focus resources
- It provides facts upon which to base programmatic or organizational decisions
- It helps partners to plan effective, collaborative interventions
- It increases the ability to secure new funding
- It supports advocacy for policy changes

What is CHAPS?

CHAPS stands for Colorado's Health Assessment and Planning System, which provides a standard mechanism for assisting local public health agencies and CDPHE in meeting assessment and planning requirements of the Public Health Act of 2008. The public health improvement process of Assessing, Prioritizing, Planning, Implementing and Evaluating is laid out in CHAPS as "Phases".

CHAPS System Flowchart



TIMELINE

TARGET DATE	STEP
• Feb 2012	Initial phone calls with CDPHE OPP consultant to begin CHAPS process
• Mar 2012	Phase I- Plan the Process
• Mar/Apr 2012	Phase II- Identify and Engage Stakeholders
• Apr 2012	Development of the Community Health Survey tool-qualitative data
• May/June 2012	Phase III- Conduct a Community Health Assessment
• July 2012	OPP to help compile quantitative data/tally qualitative data
• Aug-Oct 2012	Phase IV- Conduct a Capacity Assessment / site visits with OPP
• Nov/Dec 2012	Department meets to review data and identify areas of concern
• Feb/Mar 2013	Phase V- Begin Prioritization Process
• Apr 2013	Department meets with Stakeholder group to review priorities
• May 2013	Department meets with Stakeholder group to finalize priorities
• June/July 2013	Information gathering for development of PHIP
• Fall 2013	Phase VI- Write County PHIP
• Dec 2013	Submit to BOCC for approval
• Dec 2013	Submit PHIP to CDPHE
• 2014 forward	Phase VII- Implement, Promote, and Monitor the Plan
• Ongoing	Phase VIII- Participate in Statewide PHIP

Community Process of Assessment through Development of PHIP

Planning-

Coalition meetings, staff meetings, State and Regional telephone conference calls, stakeholder identification and engagement process begun in March and April 2012.

Community Health Survey-

Elbert County Public Health Director along with Lincoln County Public Health Director developed a Community Health survey in April 2012. In Elbert County the survey was distributed to 250 residents which included local council members, key stakeholders, key businesses, county government, key health facilities, churches and other county citizens. 100 surveys were returned. With assistance from CDPHE OPP the qualitative data was tabulated and developed into a power point presentation.

Health Data-

County health data from a variety of sources was assembled by the Public Health Director with assistance from CDPHE OPP. The data was tabulated and developed into a power point presentation. The data was reviewed by the Public Health Director and the Director of Health and Human Services and the following 8 areas of concern were identified:

- Medicaid/CHP+ Eligible But Not Enrolled
- Child Maltreatment/Elder Abuse
- Chronic Health Conditions especially in the area of Obesity/Overweight
- Mental Health/Substance Abuse
- Tobacco Use
- Motor Vehicle Accidents/Occupational Health Hospitalization Rates
- Lead testing/Radon testing
- Oral Health/Fluoridation

Public Health Capacity Assessment-

Elbert County Public Health Director with assistance from CDPHE OPP completed a capacity assessment in May and June of 2012. The Baseline Capacity Assessment Review Tool was used to synthesize and organize information in the Capacity Assessment Report. The report provides an overview of key measurements of Elbert County’s Local Public Health Agency (LPHA) capacity to provide core public health services. *Additional Capacity Assessment information follows the Key Findings/Data section.*

Prioritization Process and Stakeholder Involvement-

Special thanks to the dedication and hard work of the Elbert County Stakeholder group. The following agreed to represent the county as Stakeholders for the Elbert County Public Health Improvement Plan Process (Planning through Development)

<u>Stakeholder</u>	<u>Agency</u>
Jerri Spear	Director of Elbert County Health & Human Services
Kathy Kruse-Sylvester	Public Health Director
Robert Rowland	Chairman of Board of County Commissioners
Kurt Schlegel	Board of County Commissioners
Dr. Marissa Moritz	LPHA Medical Advisor, Elizabeth Family Health Physician
Morgan Honea	Plains Medical Center CEO
Cathryn Reiber	Elbert County Early Childhood Council, Coordinator
Bonnie Adams	Centennial Mental health, Regional Operations Director
Janet Hatt	Elizabeth School District Nurse
Pam Witucki	Elbert County Coalition for Outreach, Executive Director

We also wish to acknowledge and thank the following for their input in the process:

CDPHE: Office of Planning and Partnerships

Lincoln County Public Health, Kit Carson County Health & Human Services, and Cheyenne County Public Health

Stakeholder meetings-

Two meetings were held for the prioritization of health issues. One was held on April 24th 2013 and the other was held on May 15th 2013. Each meeting began with a review of the purpose of the Public Health Improvement Plan and review of the data. Each of the eight areas of concern was looked at using the Prioritization Scoring tool on the CHAPS website: Appendix 5.2. The tool uses the following questions and each area of concern was rated using those questions.

Significance to Public Health-

- Does the issue impact a large number or high percentage of people in our community?
- Do health disparities exist? (Are sub populations more affected than the general public?)

Ability to Impact the Issue-

- Do strategies exist that can be implemented locally produce the desired outcome?
- Does community support for change exist, including political will?

Capacity to Address the Issue-

- Is a local organization prepared to take the lead on the issue?
- Are sufficient resources (funding, staff and expertise) available or obtainable?

Public Health Priorities

After review and rating of each concern there emerged two Public Health Priorities to be included in the Public Health Improvement Plan for Elbert County:

1. Overweight/Obesity
2. Tobacco

Community Profile and Highlights of Assessment Data:

Elbert's first settlers arrived in 1859. Many came looking for gold but instead fell in love with the open prairies and rolling hills and decided to stay and make it home. Elbert County formed in 1874 and named after Samuel Hitt Elbert, Colorado territorial governor and State Supreme Court Justice.

Elbert County is a rural county in Eastern Colorado that lies between Douglas County which is to the West and Lincoln County which is to the East. It sits at the base of the Rocky Mountains. Elevation range is 5,000-7,350 feet above sea level. The county covers 1,851 square miles with an estimated population as of 23,383 as of 2012 which is an average of 13 people per square mile. Total population is expected to double over the next 15 years.

Elbert County includes the incorporated towns of Elizabeth, Kiowa, and Simla and the unincorporated towns of Agate, Elbert, and Matheson. Ten school districts support the County; Agate, Big Sandy, Elbert, Elizabeth, Kiowa have district boundaries entirely within their respective communities. Calhan, Douglas, Peyton, Limon and Miami Yoder have portions of their districts contained within the County.

Key Findings/ Data:

Population Demographics:

Population forecasts: In 2010 there was a population of 23,158 and this will double in 2025 to 47,054.

White-Non Hispanics make up 92.1% of population

Largest age group is 45-64 years of age equals 38.8%

Population enrolled in school: Pre-K is 8.3%, K-12 is 77.7%, College/Undergrad is 10.7% and Grad is 3.3%

School dropout rate is 0.6% vs. Colorado is 3.1%

High school completion rate is 94% vs. Colorado is 75.9%

Both 4th and 8th grades are performing above the state for proficiency in math and reading

Economic Indicators:

Population with income below poverty level is 6.5% vs. Colorado at 13.2%

Population of children below poverty level is 9.8% vs. Colorado at 17.1%

Households receiving food stamps with children is 57.8% vs. Colorado at 60.3%

Children eligible for free and reduced school lunch is 35.2% vs. Colorado at 40.3%

Median household income is \$78,550 vs. Colorado \$54,411

Housing units renter-occupied is 9.0% vs. Colorado is 30.2%

Housing units owner-occupied is 91.0% vs. Colorado is 69.8%

Annual new privately –owned residential building permits: 2007(153), 2008(57), 2009(39), 2010(33) and 2011(30)

Unemployment rate doubled from 2007 to 2011 which is similar to the statewide trend: Elbert 2007(3.7%) and 2011(7.3%) vs. Colorado 2007(3.8%) and 2011(8.3%)

Nutrition and Physical Exercise: Elbert County

63.6% of adults and 69.9% of children ate fast food at least 1 or more times per week

10.2% of children ate adequate portions of fruits and vegetables daily

Half of the adults get moderate (5+ days) to vigorous (3+ days) physical activity weekly

4 out of 10 children are getting the recommended 60+ minutes of daily physical activity

55% of adults are overweight or obese (Body Mass Index ≥ 25) vs. Colorado at 56.2%

28% of children are overweight or obese (Body Mass Index $\geq 85^{\text{th}}$ percentile) vs. Colorado at 25.8%

18.4% of children consumed sugar-sweetened beverages 1+ times/day

49.3% of children have ≤ 2 hours per day of screen time

Mental Health: Elbert County

Adults report an average of 4.4 days per month of poor mental health and an average of 2.6 days per month where poor physical or mental health kept them from doing usual activities

Nearly 9 out of 10 adults feel they usually or always get the emotional and social support they need

Access to Care and Preventive Care: Elbert County

Nearly three-quarters of women (40+ years old) have had a mammogram in the past 2 years

There are over 500 children under the age of 19 without any health insurance coverage and over 2100 adults of working age without any health insurance coverage

Cancer: Elbert County

The total rate of all new invasive cancer cases was 43.5 new cases per 10,000 people. The most common types of cancer were breast and prostate cancer

The rate of new breast cancer cases among women was 14.2 new cases per 10,000 females

The rate of new prostate cancer cases among men was 16.7 new cases per 10,000 males

Cardiovascular Disease: Elbert County

Congestive heart failure was one of the most common hospitalization diagnoses (Age-adjusted rate=76 hospitalizations per 10,000 people)

The age-adjusted rate of heart disease hospitalizations was 269.6 per 10,000 people

Oral Health: Elbert County

Nearly one-third of adults have lost teeth due to decay or periodontal disease

6.1% of children had fair or poor condition of teeth

65% of the population served by community water systems has non-optimal fluoridation levels in their water

Tobacco: Elbert County vs. Colorado

13.2% of adults smoke cigarettes vs. Colorado at 16.9%

10.2% of children rode in a car with someone smoked in the past 7 days vs. Colorado at 5.5%

4.2% of children live in homes where someone smoked in the past 7 days vs. Colorado at 3.7%

16.8% of women smoked in the last trimester of pregnancy vs. Colorado at 9.3%

Mortality-All Causes

#1 is Malignant Neoplasms

#2 is Heart disease

#3 is Chronic Lower Respiratory diseases

Sources

Colorado Behavioral Risk Factor Surveillance System

Colorado Child Health Survey

Colorado Health Institute

Colorado Central Registry

Colorado Health and Hospital Association

U.S. Centers for Disease Control and Prevention-My Water's Fluoride

Colorado Health Statistics and Vital Records

Colorado Pregnancy Risk Monitoring System

State Demography Office

U.S. Census Bureau American Community Survey

U.S. Census Bureau Small Area Income and Poverty Estimates

U.S. Census Bureau Building Permits Survey

Colorado Department of Education

U.S. Bureau of Labor Statistics

Core Public Health Services Capacity – Additional Overview

Core Service: Assessment and Planning

The Local Public Health Agency (LPHA) was the lead agency in conducting the most recent county-wide assessment of community health, which was completed by July 2012.

Core Service: Vital Records

Vital records are currently not housed with the LPHA. No current capacity. The County Coroner is currently in charge of vital records with the County.

Core Service: Communicable Disease Prevention, Investigation and Control

The Public Health Director and the Environmental Health Specialist partner for communicable disease prevention, investigation and control. The LPHA monitors CEDRS, conducts communicable disease investigations, sometimes utilizing the regional epidemiologist, tabulates data, assesses trends, and receives and reviews reportable disease/ condition reports. The LPHA investigates cases of foodborne/ enteric disease, zoonotic/ vector-borne diseases, vaccine preventable diseases and cluster/outbreak investigation. Immunizations are available at the LPHA. Vaccine is provided through the Vaccines for Children Program (VFC) and through the “317” funds for the uninsured, underinsured (have insurance but it does not pay for vaccines), Medicaid and American Indian/Alaskan Native populations. The LPHA enters Immunization information into the Colorado Immunization Information System (CIIS).

Core Service: Prevention and Population Health Promotion

The LPHA has the capacity to provide some Maternal and Child Health services, promotion and education, which includes the Health Care Program for Children with Special needs. The Women, Infant and Children (WIC) nutritional program is provided by Tri-County Health Department and Lincoln County Public Health. Family Planning services for the county are referred to other area health departments, Plains Medical Center, and other area Private Medical facilities. No capacity for a Chronic Disease Management educator at present, although Chronic Disease prevention and Injury prevention services are provided mostly by a one-on-one visit. The LPHA supports and makes referrals to the Nurse Family Partnership program and the Baby Bear Hugs program. The LPHA participates in the local Elbert County Early Childhood Council and the Elbert County Coalition for Outreach to help promote healthy activities. In addition to the above, the LPHA also collaborates with the schools in the county, participates in activities such as the local annual Children’s Safety Fair, annual Children’s Festival and the Elbert County Fair. The LPHA will provide additional services in the future as a result of the PHIP.

Core Service: Environmental Health

Currently, the LPHA provides the most of the environmental health services needed in the county. Within the broader service area of environmental health, the LPHA currently assures sanitation of institutional facilities, assures the safety of food provided to the public at retail food establishments, prevents and controls public health threats related to the environment and participates in land use planning and sustainable development. The LPHA also has a large Septage program for Use Permits, new systems and repairs.

Core Service: Emergency Preparedness and Response

The LPHA is responsible for all duties related to Emergency Preparedness and Response (EPR). Recognition from NACCHO in the Project Public Health Ready was obtained in 2010-2011. The LPHA has a part-time EPR Coordinator, who is responsible for all the local deliverables. Elbert County works in partnership with Tri-County Health Department and the North Central Region to share in regional responsibilities and activities.

Core Service: Administration and Governance

There are Federal and State monies assigned to the LPHA through various contracts for specific services provided locally. Other funds in the past were covered by the county government. There is currently no capacity for billing Medicaid, Medicare or health insurances for immunizations. Programs and staff have been cut as a result of county and state fiscal crises because of the economic downturn.

Workforce

The LPHA has a very small staff at present. Currently Elbert County Health & Environment has merged with the Elbert County Department of Human Services and is now known as the Elbert County Department of Health and Human Services. The Public Health Director, the only Registered Nurse is scheduled to work 36 hours per week. (Elbert County government is open for services Monday through Thursday). There is an Environmental Health Specialist that is also scheduled to work 36 hours per week. The EPR Coordinator is part-time at 18 hours per week on a 36 hour week. Jointly Health and Human Services has a Director, Office Manager and Finance Director that also has hours dedicated towards Public Health needs. Total FTE hours is approximately 3.0.

Goals and Focus Area Priorities

Priority I: Obesity Prevention

5 Year Goal: Lessen the risk for chronic disease for the residents' of Elbert County and reducing the rate of overweight and obesity by promoting physical activity, promoting healthy food choices and supporting other obesity prevention strategies.

Priority II: Tobacco Cessation

5 Year Goal: Lessen the risk for chronic disease, increase years of healthy life for the residents' of Elbert County by decreasing the use of Tobacco.

Overview of the issue

Obesity Prevention:

Overweight and obesity is a serious public health problem that requires attention at all levels of society and in multiple sectors, settings and environments. Those who are overweight or obese early in life (ages 0 to 5) have an increased risk for obesity throughout childhood and adulthood. In Elbert County 55% of adults are overweight or obese (Body Mass Index ≥ 25). Also 28% of children are overweight or obese (Body Mass Index $\geq 85^{\text{th}}$ percentile). Overweight and obesity increases the risk for other chronic diseases, such as cardiovascular disease.

Goal: Increase lifelong physical activity and knowledge of healthy eating.

Objective 1: Identify partnerships and strategies that address obesity prevention.

Objective 2: Through established partnerships, implement strategies that prevent obesity.

Tobacco Cessation:

The use of tobacco in any form is a serious health problem that requires attention at all levels of society and in multiple sectors, settings and environments. Smoking causes 20 percent of all deaths in the United States and one half of all people who smoke regularly will eventually die of smoking related diseases. Tobacco contains at least 69 known carcinogenic (cancer causing) substances and almost 4000 other chemicals. Pregnant smokers have a higher rate of complications such as miscarriage, still- births, and premature births. In Elbert County 13.2% of adults smoke cigarettes, 10.2% of children rode in a care with someone who smoked and 16.8% of women smoked in the last trimester of pregnancy.

Goal: Promote quitting among Elbert County residents.

Objective: Identify partnerships and strategies that address tobacco cessation.

Objective: Increase the number of residents who quit using tobacco.

The Action Plans for the Identified Priority Areas are included in full after “Financial Considerations” and “Evaluation of Action Plans”

The Public Health Improvement Plan in its entirety follows the Colorado Health Assessment and Planning System (CHAPS) created by the Office of Planning and Partnerships at the Colorado Department of Public Health and Environment and aligns with the assessment and planning goal of the statewide health improvement plan. The Action Plan is a guide for improving the health of Elbert County residents in two priority areas.

Financial considerations: Financing of the Action Plan/Activities comes through the budget of the Local Public Health Agency of Elbert County. Federal and State monies from grants and contracts are utilized to support these activities by reimbursing the county. Through partnerships and possible future grants additional monies could be obtained to enhance and modify the Action Plan/Activities.

Evaluation of Action Plans and Future Modifications: The Public Health Improvement Plan for Elbert County is an adaptable guide for the next five years. The Local Public Health Agency will monitor progress, adapt goals and objectives of the Action Plan yearly to changing needs in the community as well as unknown future needs of the LPHA. The LPHA will then report these updates to CDPHE, the Board of County Commissioners/Board of Health and local stakeholders on a yearly basis.

Elbert County Department of Health PHIP 2013

PUBLIC HEALTH IMPROVEMENT PLAN – ELBERT COUNTY

Priority I: Obesity Prevention

5 Year Goal: Lessen the risk for chronic disease for the residents’ of Elbert County and reducing the rate of overweight and obesity by promoting physical activity, promoting healthy food choices and supporting other obesity prevention strategies.

Goal 1: Increase lifelong physical activity and knowledge of healthy eating.

Objective: Identify partnerships and strategies that address obesity prevention.

Objective: Through established partnerships, implement strategies that prevent obesity.

Strategy <i>(Sequence of distinct actions designed to operationalize the goal and strategies.)</i>	Activities <i>Actions that support goals and strategies</i>	Who <i>(Individuals as well as groups who are responsible for accomplishing specific activities.)</i>	Evaluation/Monitoring <i>(process steps that are anticipated to move the work towards success)</i>	Target Date <i>(When an activity begins, ends and relevant target dates.)</i>
Utilize existing community partnerships to promote prevention strategies	Maintain current involvement on Early Childhood Council	Cross Domain Council Members	Monthly meetings	Ongoing through December 2018
Identify additional strategies and partnerships that will support prevention and program establishment	Partner with local school districts wellness/health staff	Elbert County Public Health Director	Strategies will be identified to reach the youth and parent population (examples: BMI, exercise guidelines, nutritional education)	By December 31, 2015

	<p>Through Early Childhood Council engage early childhood programs and licensed homes in Healthy Living trainings</p> <p>Work closely with WIC,NFP,BBH's and local medical providers to identify what programs they are using and how we can partner</p>	<p>Council Members, Council Coordinator to reach target population of children and young families to include child care and licensed child care homes</p> <p>Elbert County Public Health Director</p>	<p>Implementation of Healthy Living Trainings</p> <p>Programs identified, Partnerships established</p>	<p>Ongoing through December 2018</p> <p>By December 31, 2015</p>
<p>Support and assist obesity prevention strategies of partners</p>	<p>Determine what tools or programs other partners in the county are using and assist in their prevention efforts</p>	<p>Elbert County Public Health Director</p>	<p>Phone calls and meetings with partners</p> <p>Tools/partnerships/ assistance determined</p>	<p>By December 31, 2015</p>

Elbert County Department of Health PHIP 2013

PUBLIC HEALTH IMPROVEMENT PLAN – ELBERT COUNTY

Priority II: Tobacco Cessation

5 Year Goal: Lessen the risk for chronic disease, increase years of healthy life for the residents’ of Elbert County by decreasing the use of Tobacco.

Goal 1: Promote quitting among Elbert County residents.

Objective: Identify partnerships and strategies that address tobacco cessation.

Objective: Increase the number of residents who quit using tobacco.

Strategy <i>(Sequence of distinct actions designed to operationalize the goal and strategies.)</i>	Activities <i>Actions that support goals and strategies</i>	Who <i>(Individuals as well as groups who are responsible for accomplishing specific activities.)</i>	Evaluation/Monitoring <i>(process steps that are anticipated to move the work towards success)</i>	Target Date <i>(When an activity begins, ends and relevant target dates.)</i>
Utilize existing community partnerships to promote cessation strategies and establishment of Programs	Establish the infrastructure of the Baby and Me Tobacco Free program and have staff trained to deliver the program to pregnant/ Post-partum women in Elbert County.	Elbert County Department of Health and Human Services	Establishment of the Program Staff Trained	By June 30,2014

	<p>Early Childhood Partners will assist in referral process to Baby and Me Tobacco Free.</p> <p>Baby and Me Tobacco Free Program Delivery</p>	<p>Cross Domain Council members</p> <p>Elbert County Department of Health and Human Services</p>	<p>Monthly meetings</p> <p>Program delivered/ Utilize Baby and Me Tobacco Free Evaluation tool</p>	<p>By June 30, 2014 and referrals ongoing subject to funding</p> <p>Ongoing through June 30, 2015 subject to funding</p>
<p>Identify additional strategies and partnerships that will support cessation strategies and establish programs</p>	<p>Upon acceptance by the school district, partner with each school district's health/wellness staff to promote and refer youth to the Not On Tobacco program.</p>	<p>Each School District in Elbert County that has accepted the program</p> <p>Elbert County Public Health Director</p>	<p>Acceptance by School District health/wellness staff</p> <p>Partnerships with health/wellness established</p>	<p>By December 31, 2015</p>
	<p>School District wellness/health staff trained in N.O.T. program</p>	<p>American Lung Association N.O.T. Facilitator Trainer</p>	<p>Health/ wellness staff trained</p>	<p>By December 31, 2015</p>
	<p>N.O.T. program delivery</p>	<p>Health/Wellness staff from each school district and other trained facilitators in the county</p>	<p>At least one N.O.T. program session per school year</p>	<p>Ongoing through December 2018</p>
	<p>Promote Colorado QUIT line in Elbert County</p>	<p>Elbert County Department of Health and Human Services and partners</p>	<p>List of coalition meetings and community events that QUIT line information was handed out</p>	<p>Ongoing through December 2018</p>

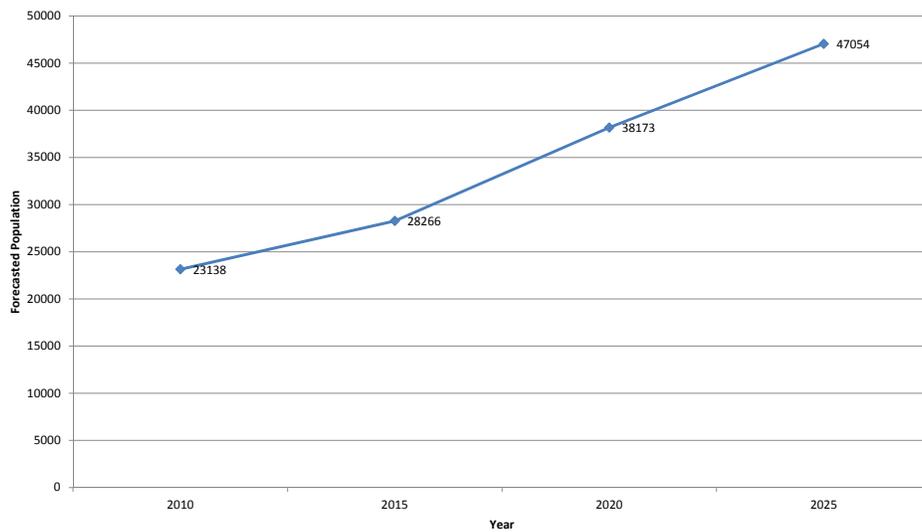
Support and assist in other tobacco cessation strategies of partners	Determine what tools or programs partners are using	Elbert County Public Health Director	Phone calls and meetings with partners Tools/partnerships determined	By December 31, 2015

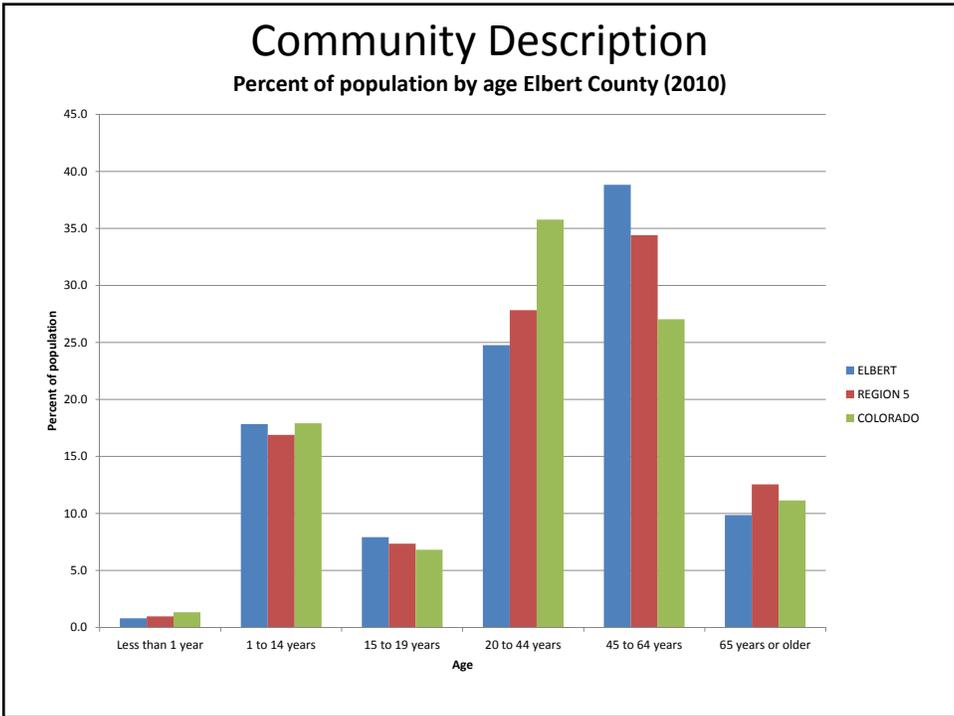
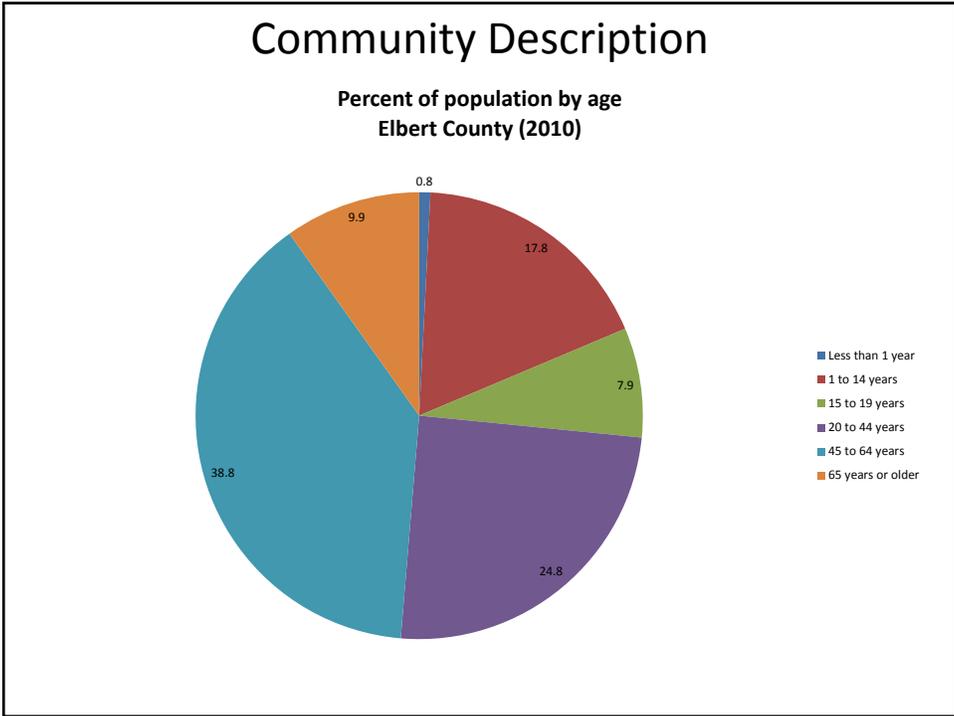
Elbert County Department of Health & Human Services

2012-2013 Community Health Assessment

Community Description

Population forecasts for Elbert County



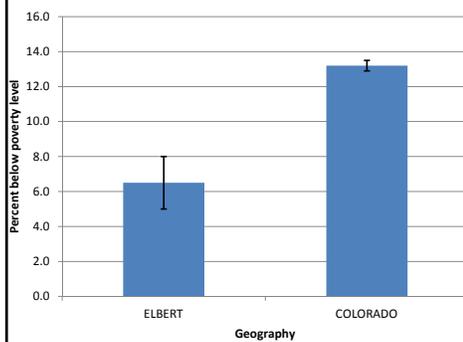


Summary Community Description

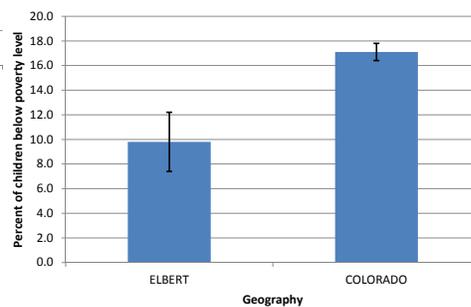
- Total population is expected to double over next 15 years
- Hispanics make up the largest part of the minority population
- Most minority populations are located in the western part of the county
- At least 12 languages (other than English) are present in the community
- Largest percent of population is aged 45-64 yrs
- 27% of population is enrolled in school

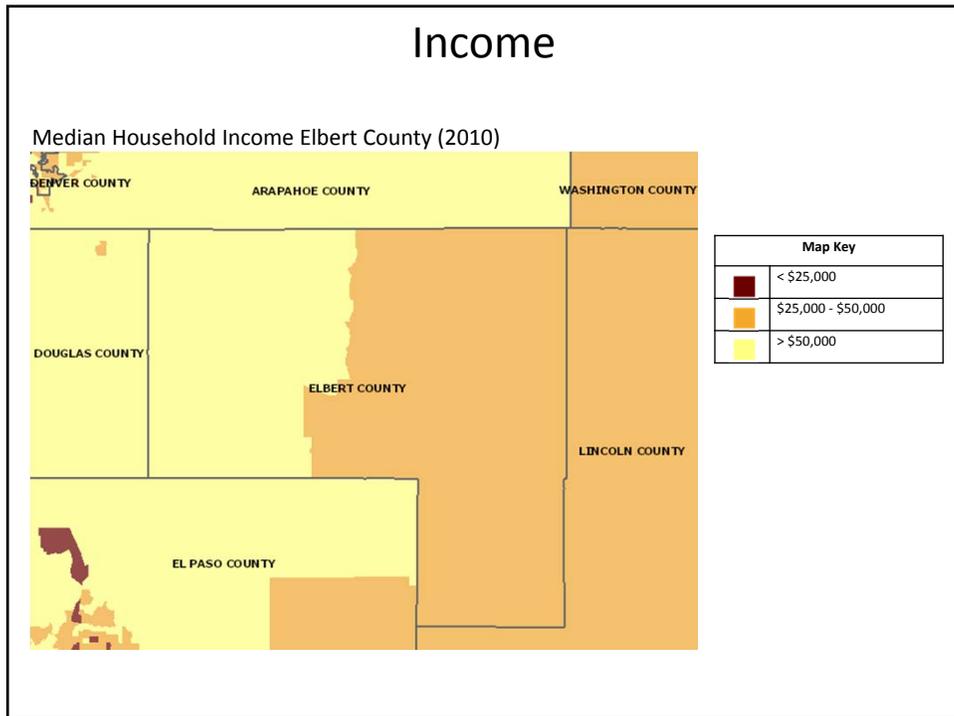
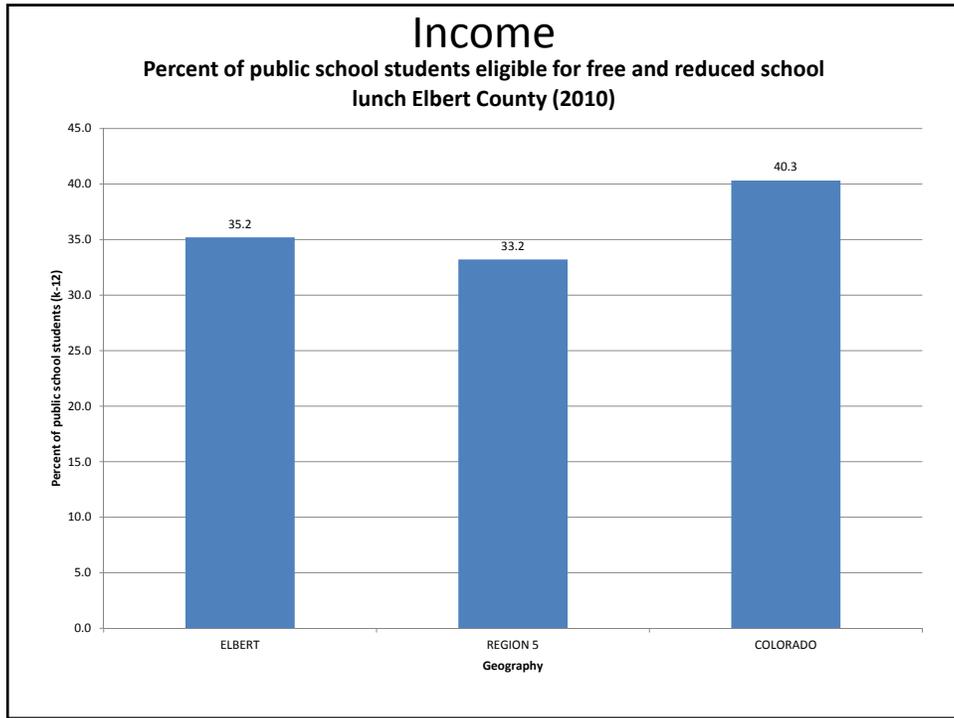
Income

**Percent of population below poverty level (all ages)
Elbert County (2010)**



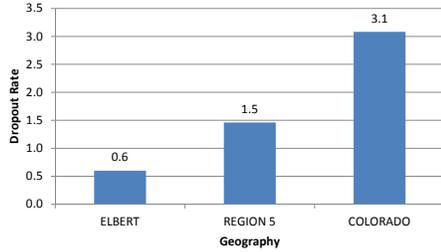
**Percent of children (<18 yrs old) below poverty level
Elbert County (2010)**



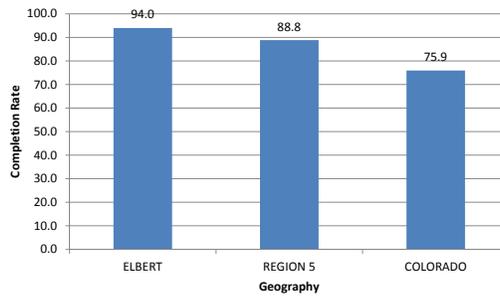


Education

School dropout rate Elbert County (2009/2010)

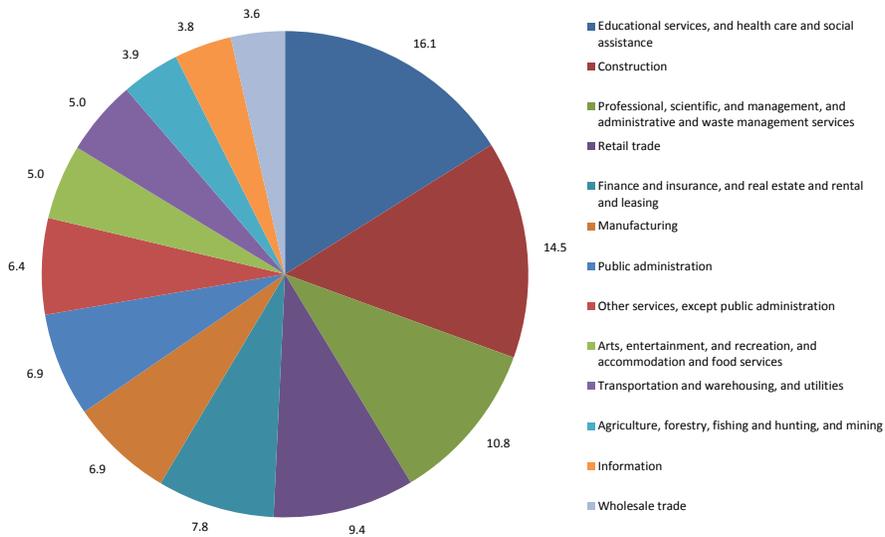


High school completion rate Elbert County (2010)



Employment

Percent of employed population by industry Elbert County (2006-2010)

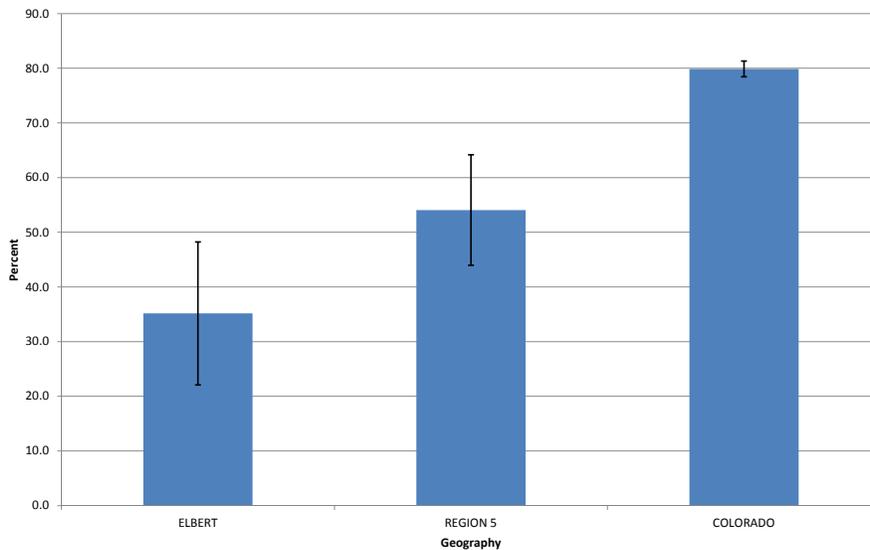


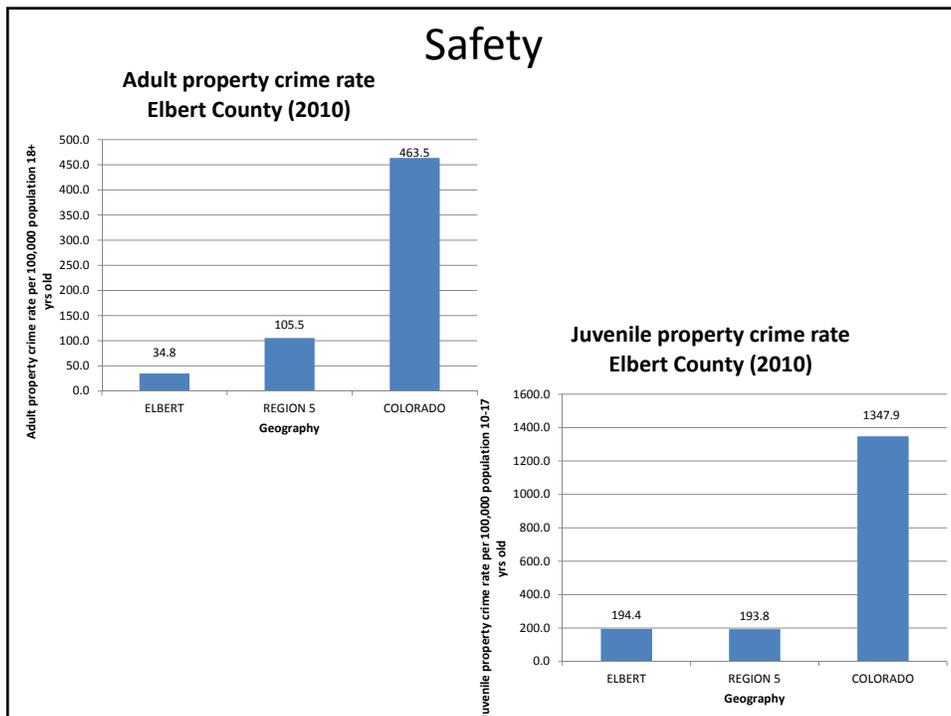
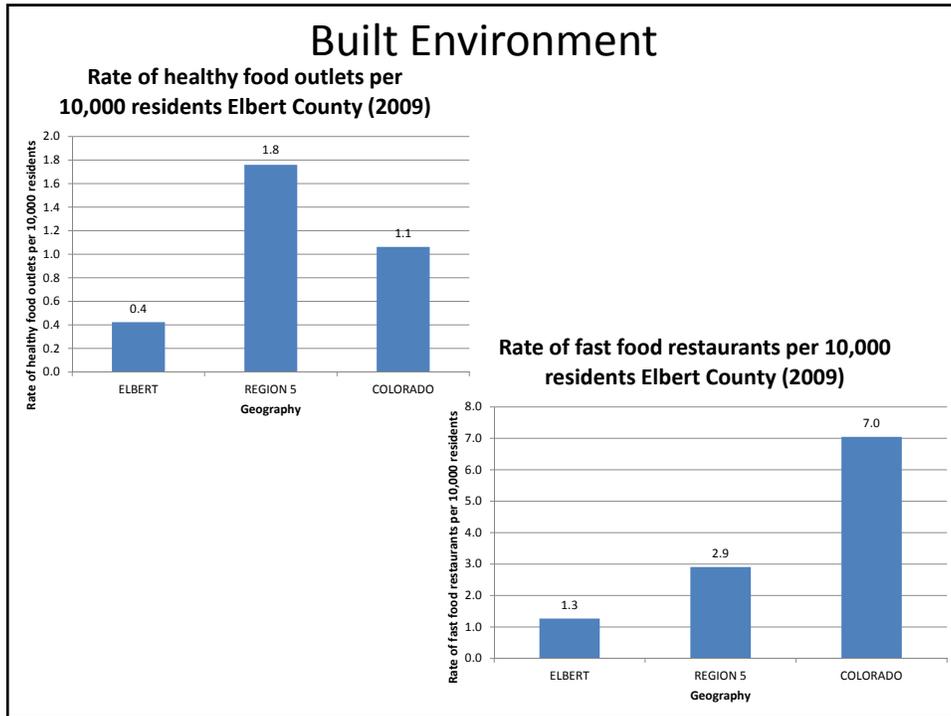
Summary Economic Opportunity

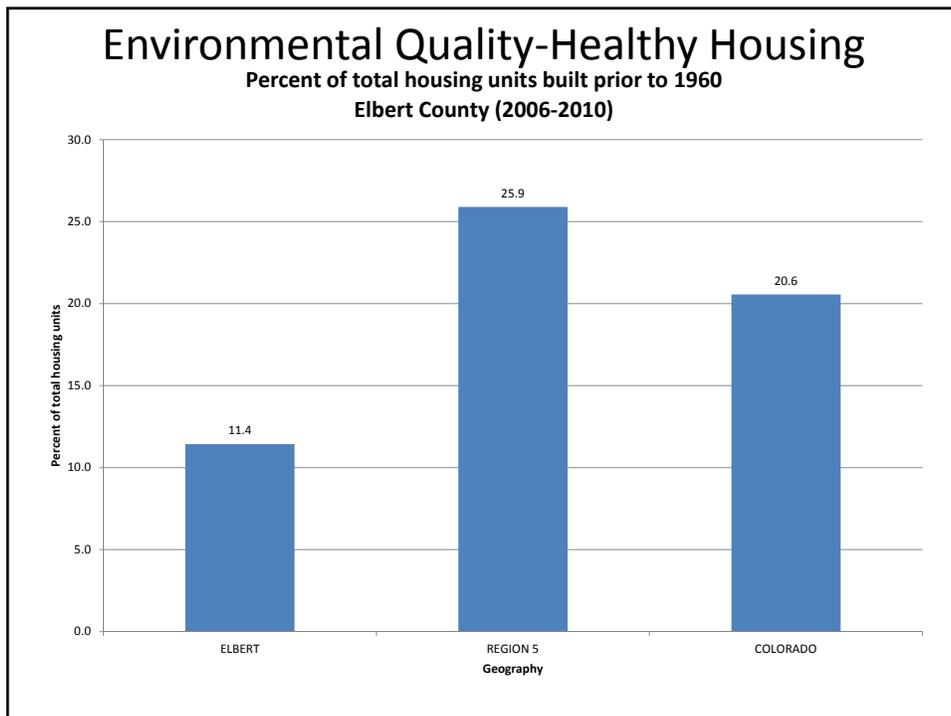
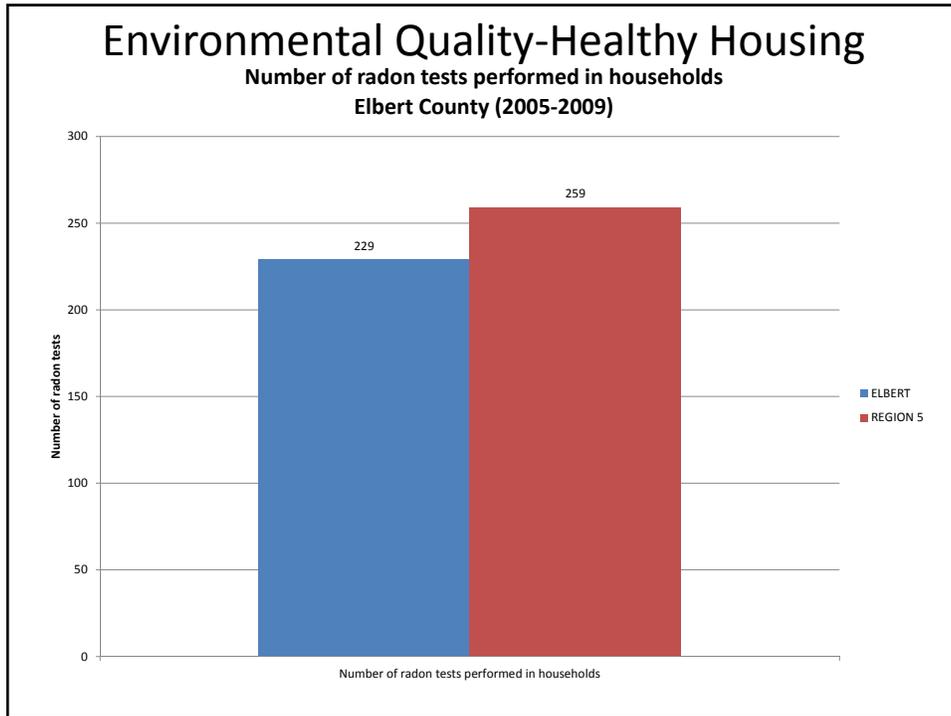
- Lower percent of population below poverty level
- Higher median household income
- > 50% of adults have some college or a college degree
- Differences in social determinants (poverty, income, education) between western and eastern portion of county
- Higher high school completion rate
- 4th & 8th graders performing above average in math and reading
- High percent of home ownership
 - More than 1/3 of homeowners have mortgage status \geq 30% of income
- The industry that employs the highest percent of population is Educational services, and health care and social assistance industry

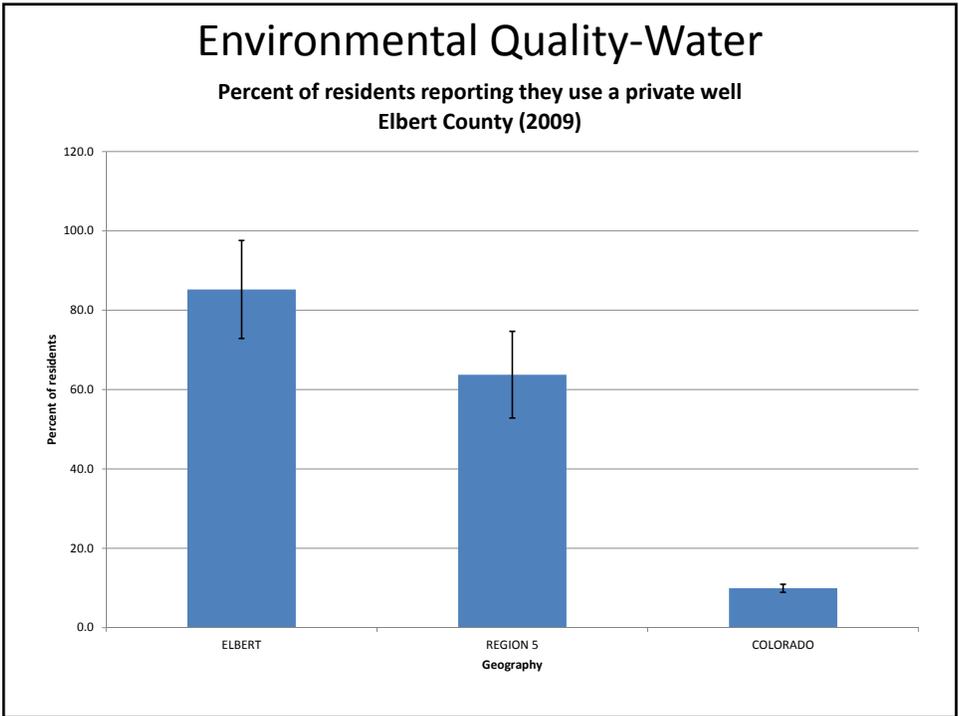
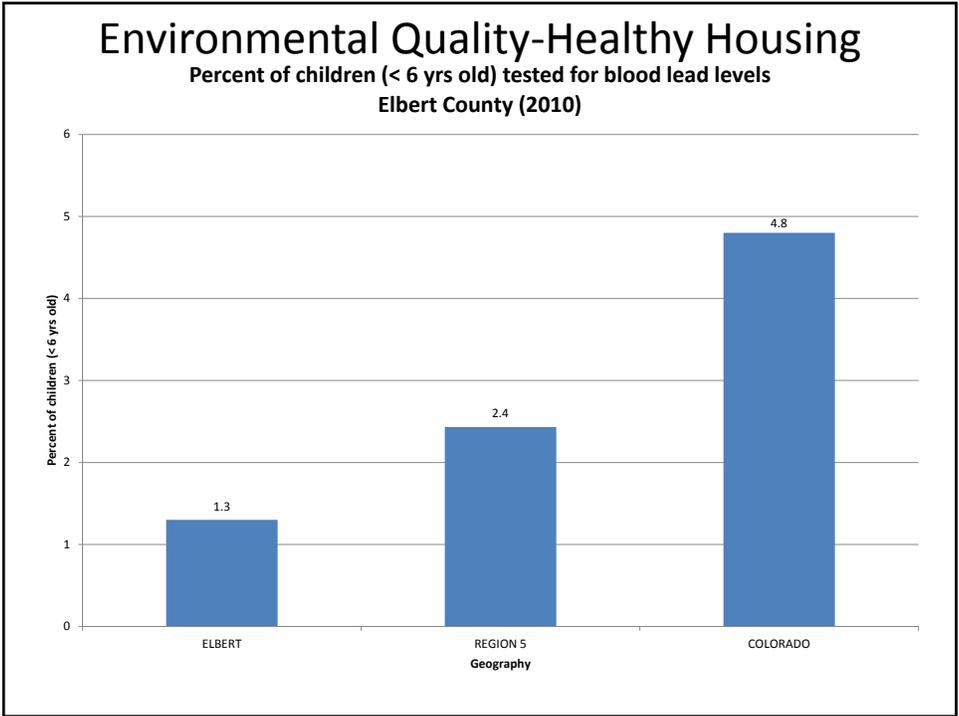
Built Environment

Percent with access to public exercise facilities in their neighborhood
Elbert County (2009)







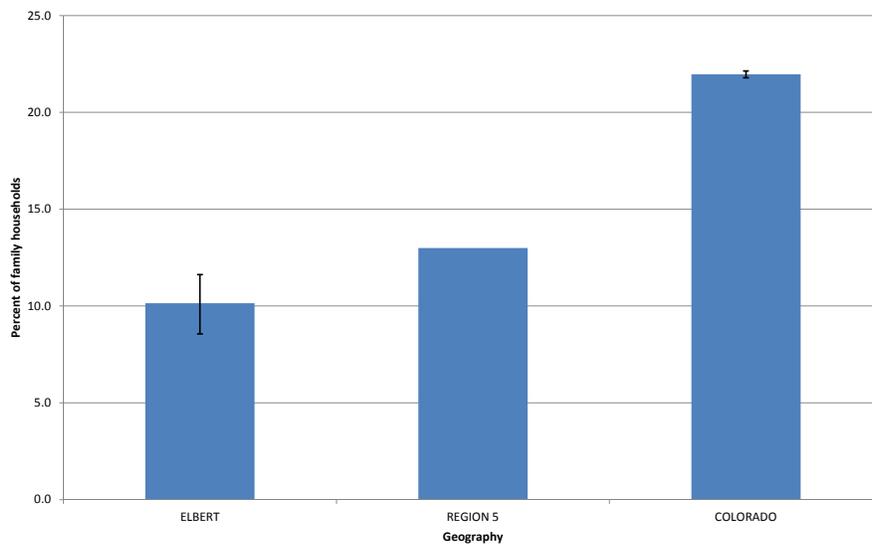


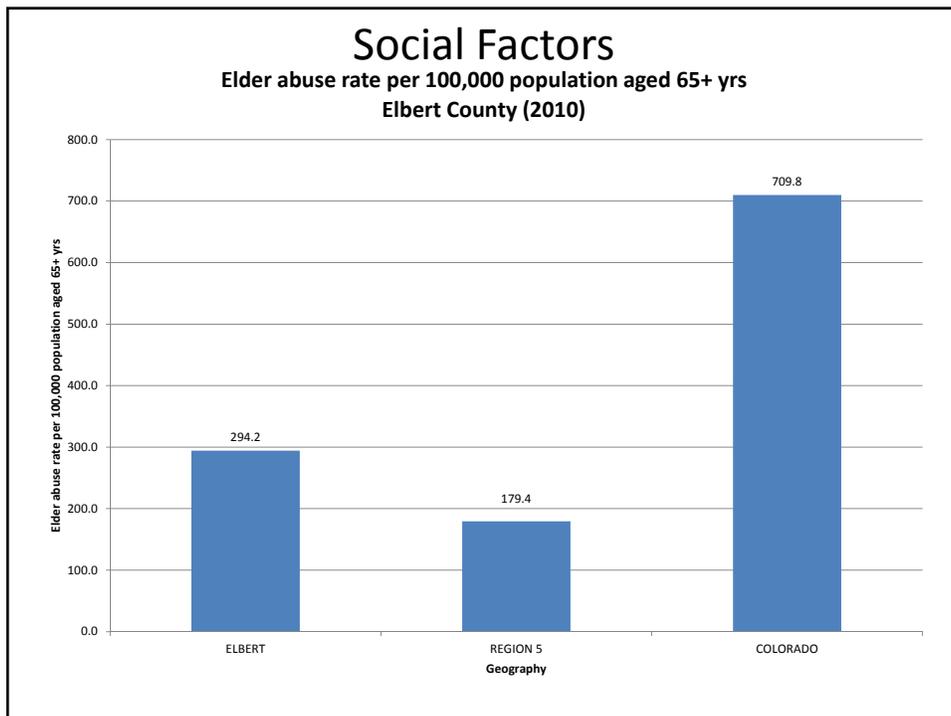
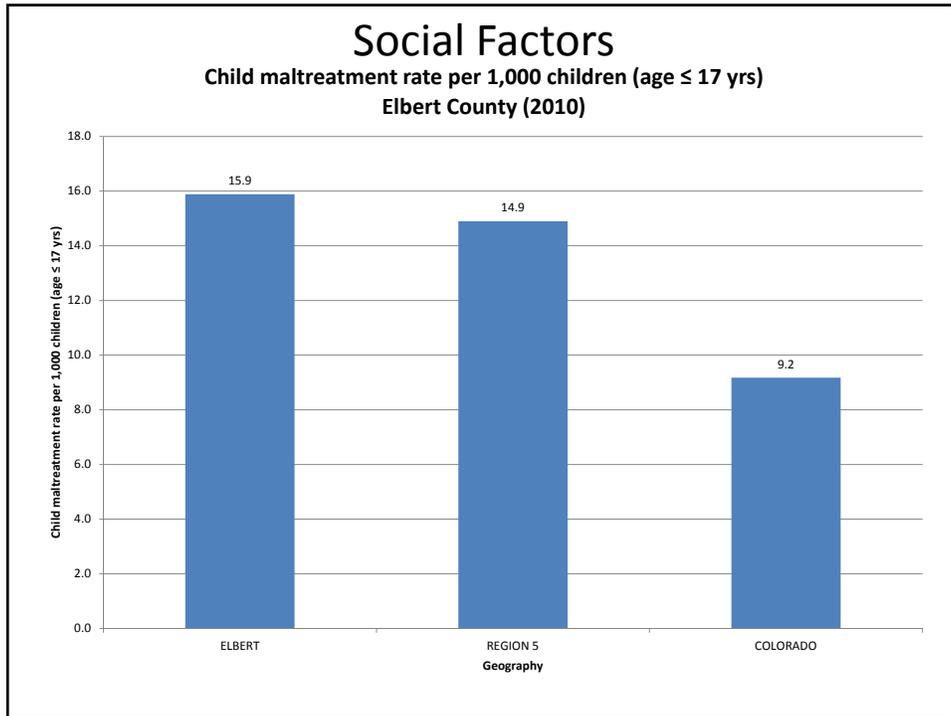
Summary Physical Environment

- **Strengths**
 - Low rate of fast food restaurants per population (no statistical difference)
 - Low crime rates among adults and juveniles (violent and property) (no statistical difference)
 - High percent of parents who feel children are safe in neighborhood
- **Challenges**
 - Low percent with sufficient sidewalks in neighborhoods
 - Low percent with access to public exercise facilities in neighborhood
 - The rate of fast food restaurants is three times the rate of healthy food outlets (no statistical difference)
 - Low percent of workers commuting by biking, walking or public transportation
 - Almost half (45.9%) of household radon tests were above the EPA recommended action limit (no statistical difference)
 - High percent of residents using private wells
- **Progress toward HP2020 Goals**
 - Improvement needed to achieve goal:
 - Percent of workers commuting by biking, walking or public transportation

Social Factors

**Percent of family households headed by a single adult
Elbert County (2006-2010)**





Summary Social Factors

- **Strengths**

- Low percent of households headed by single parent
- Higher percentages of registered and actively registered voters (no statistical difference)

- **Challenges**

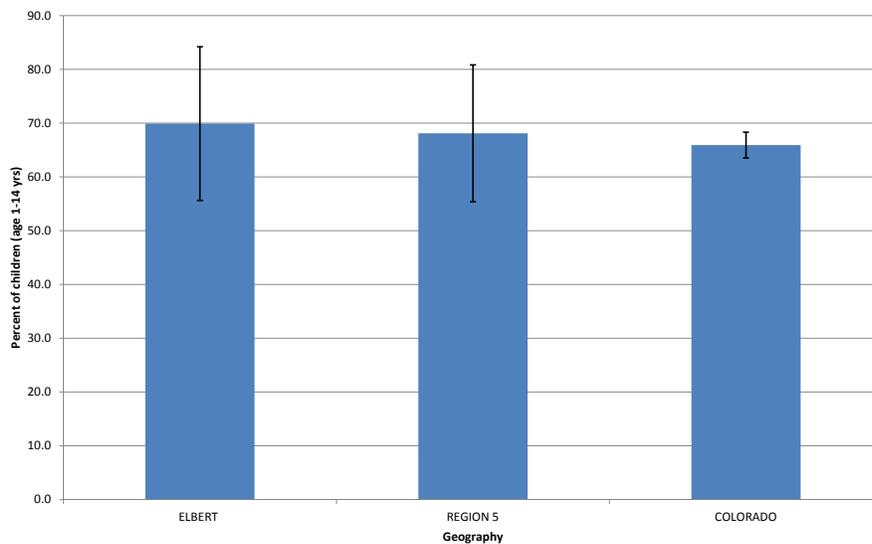
- Low percent of registered library users (no statistical difference)
- There were no registered healthcare nonprofits (no statistical difference)
- Higher child maltreatment rate (no statistical difference)

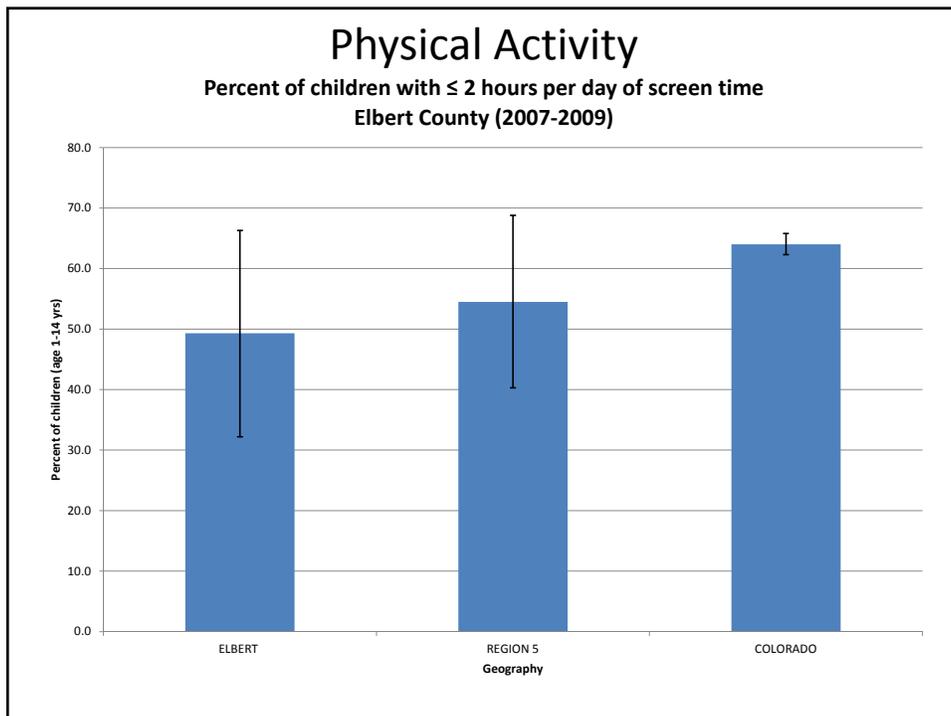
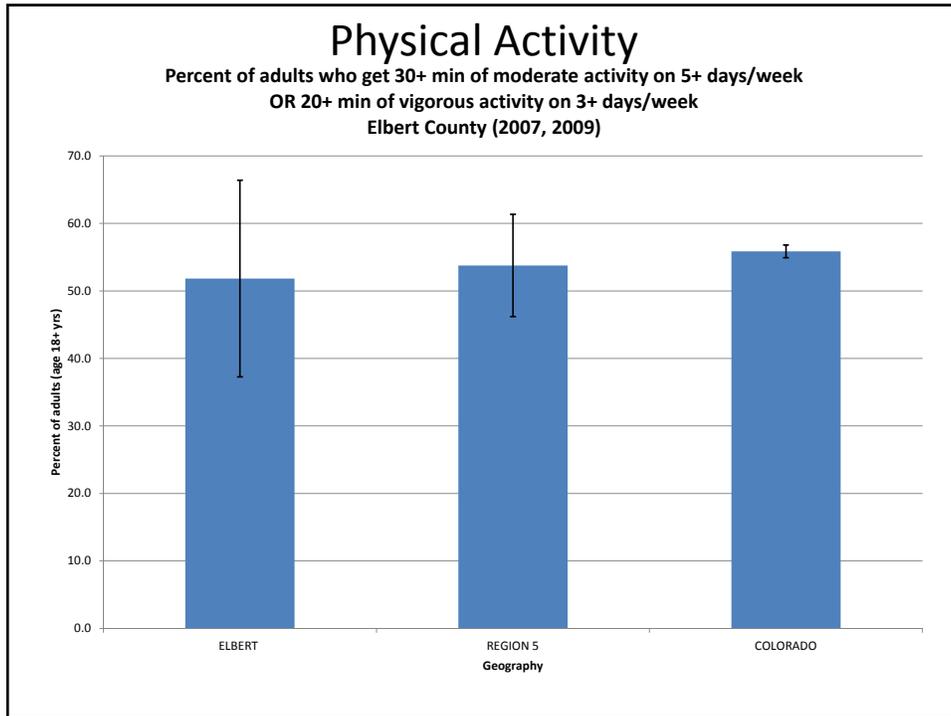
- **Progress toward HP2020 Goals**

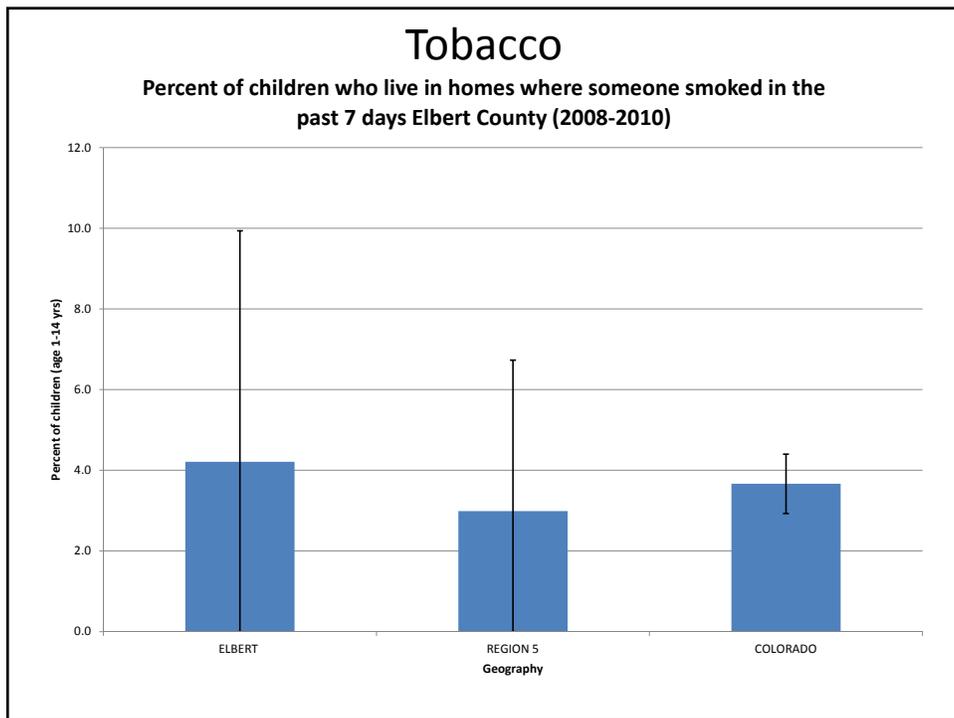
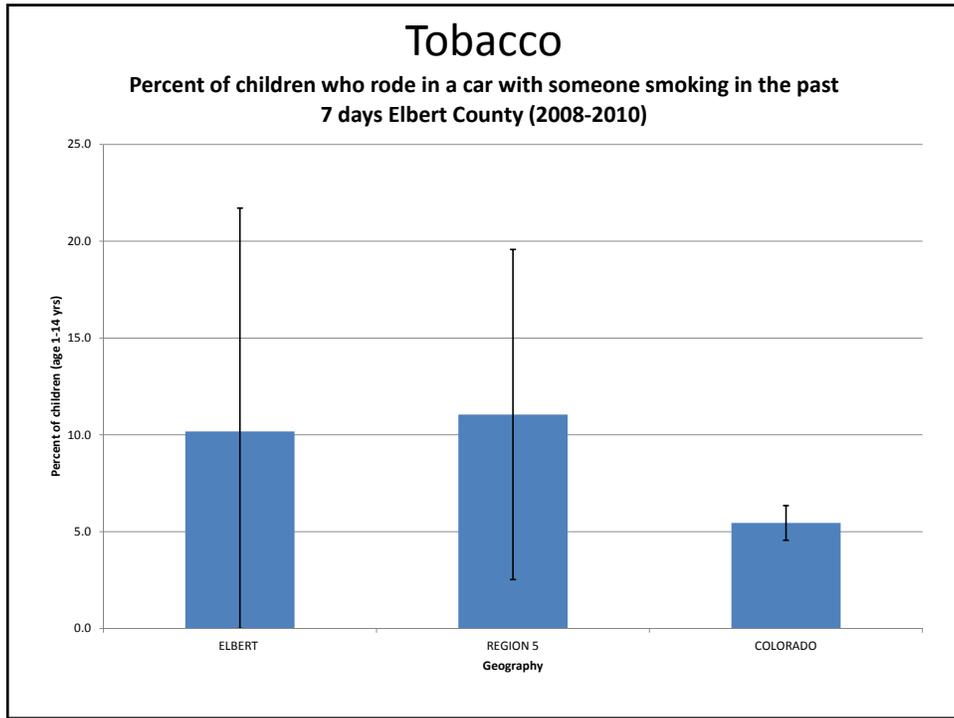
- Improvement needed to achieve goal:
 - Child maltreatment rate

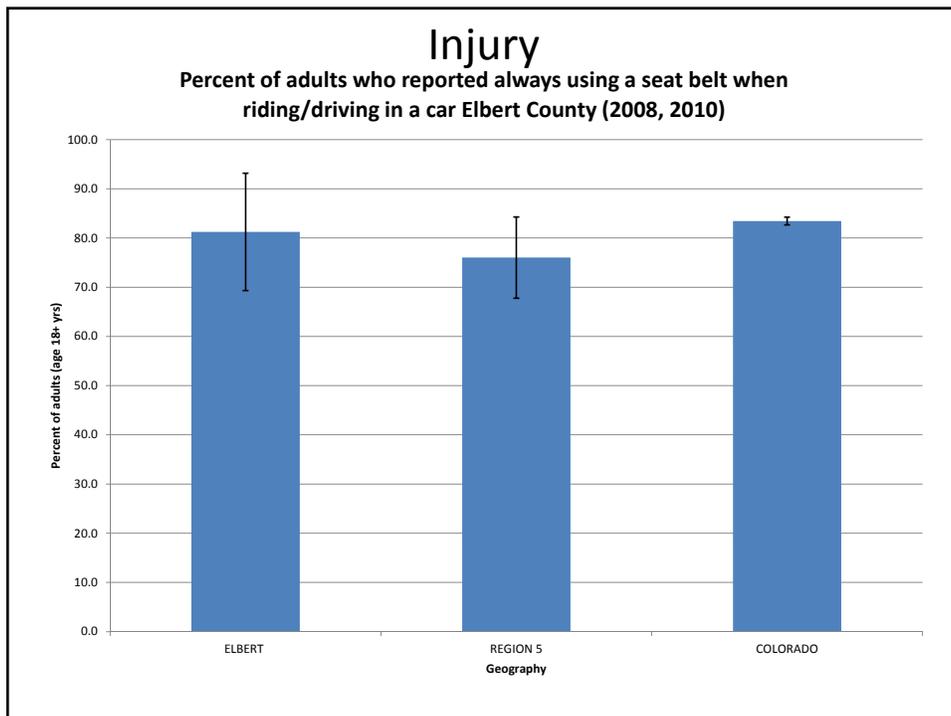
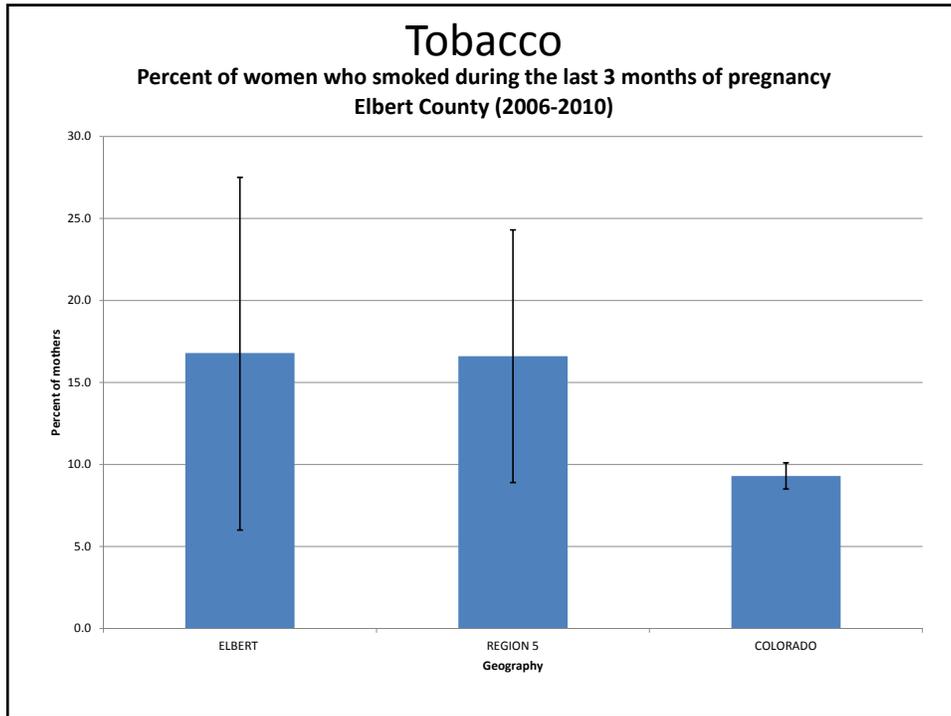
Nutrition

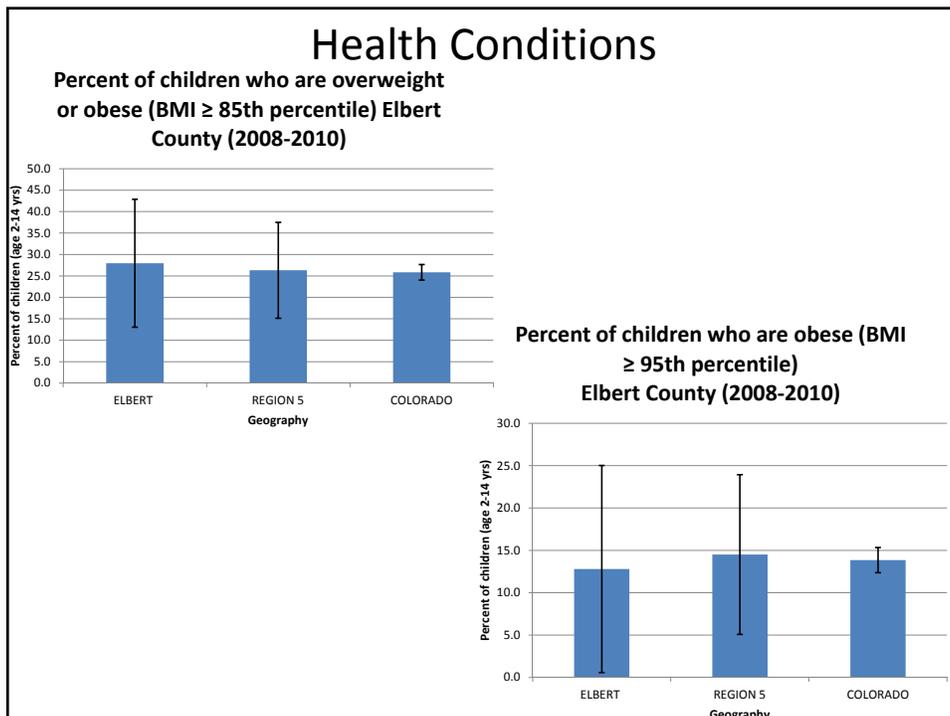
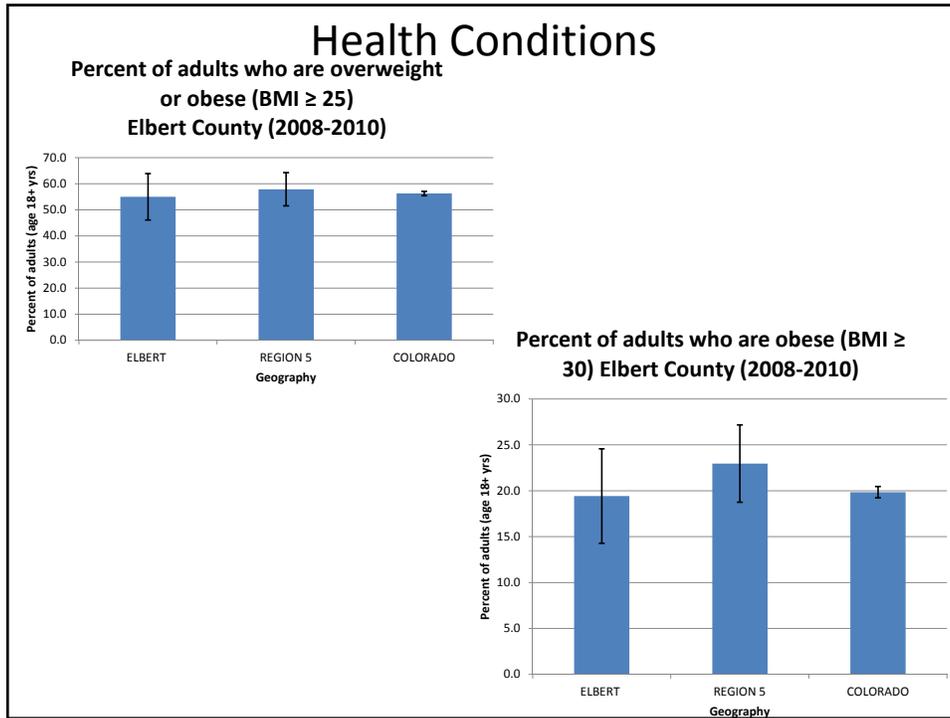
Percent of children who ate fast food 1+ times in the past week
Elbert County (2009-2010)

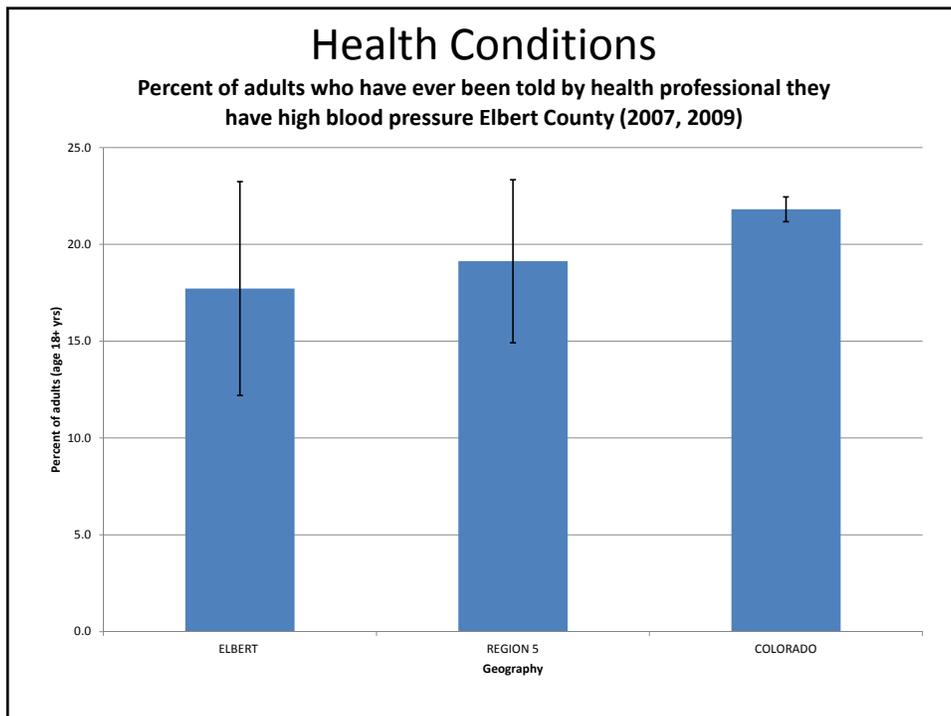
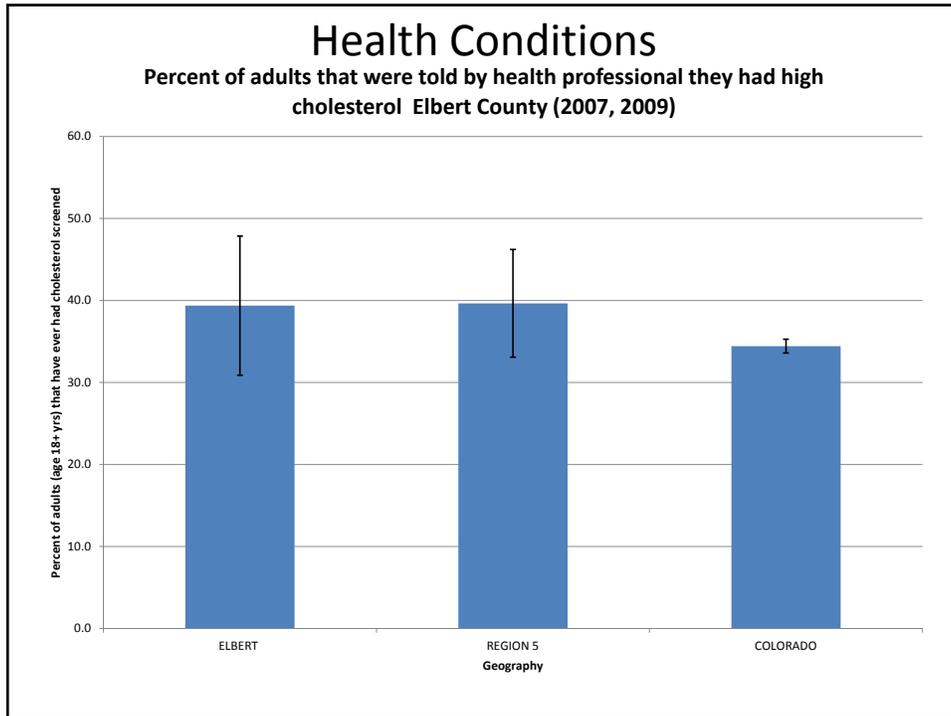










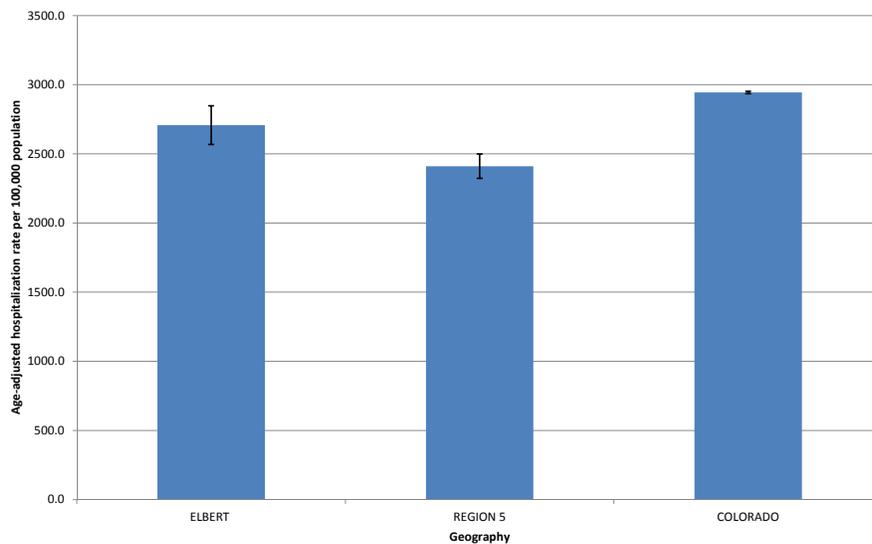


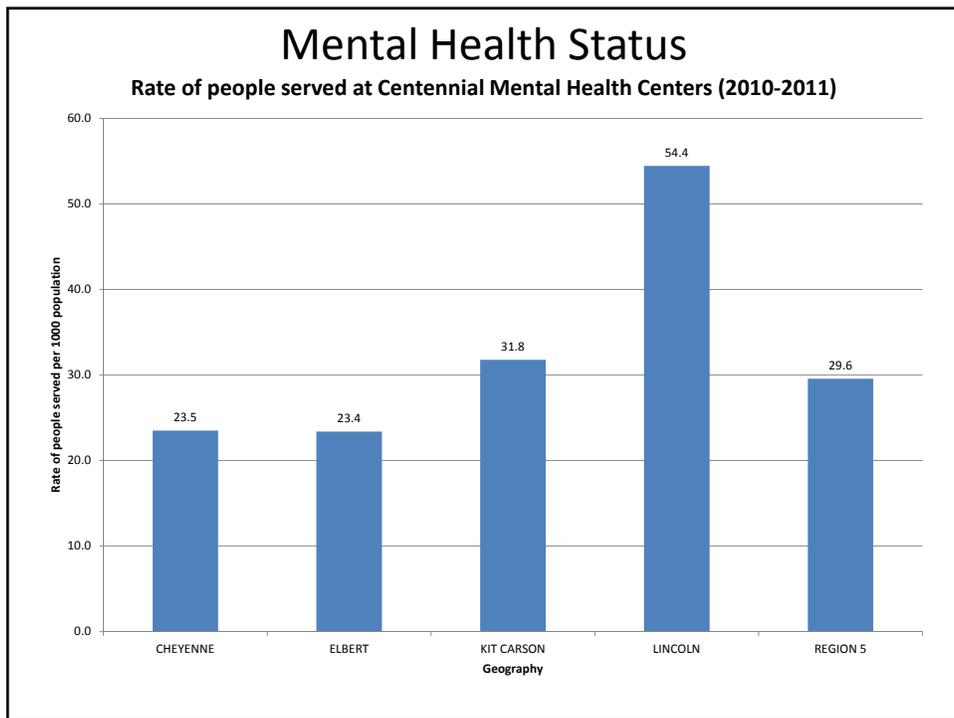
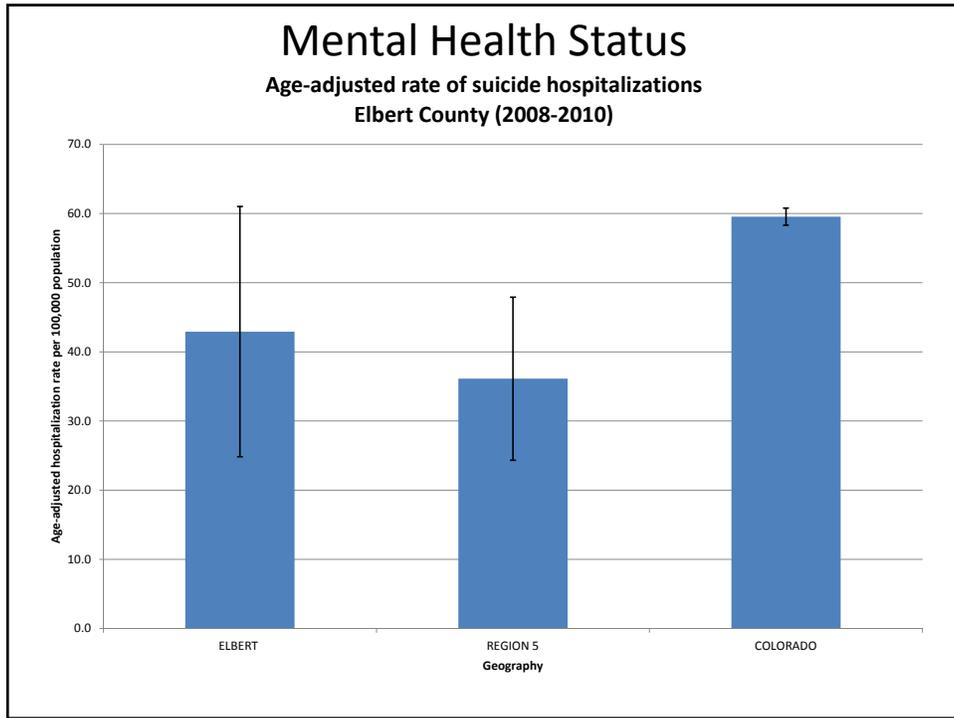
Summary Health Behaviors and Conditions

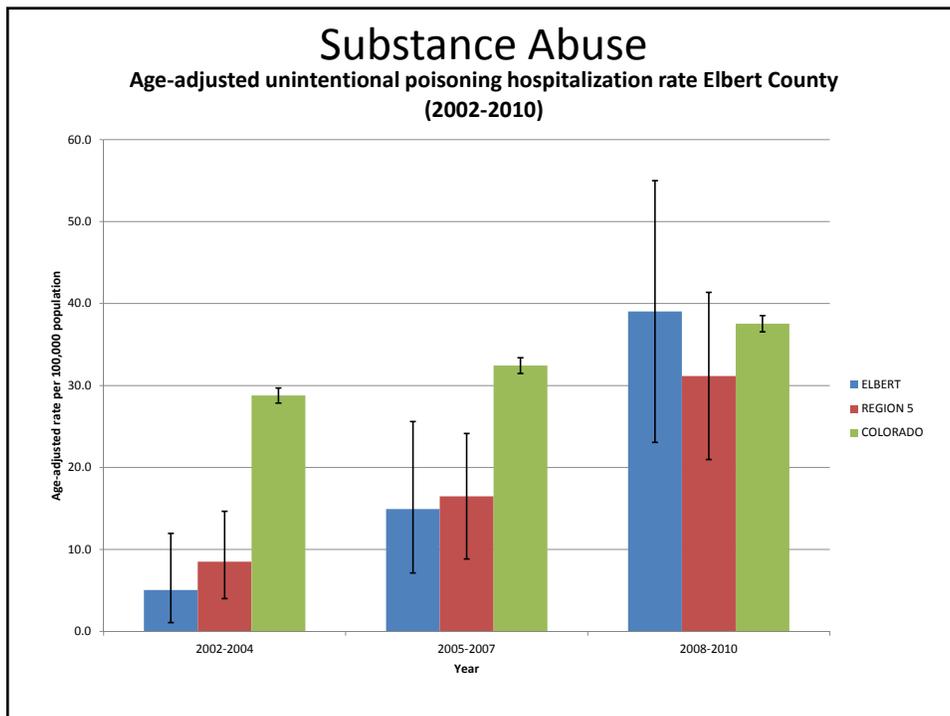
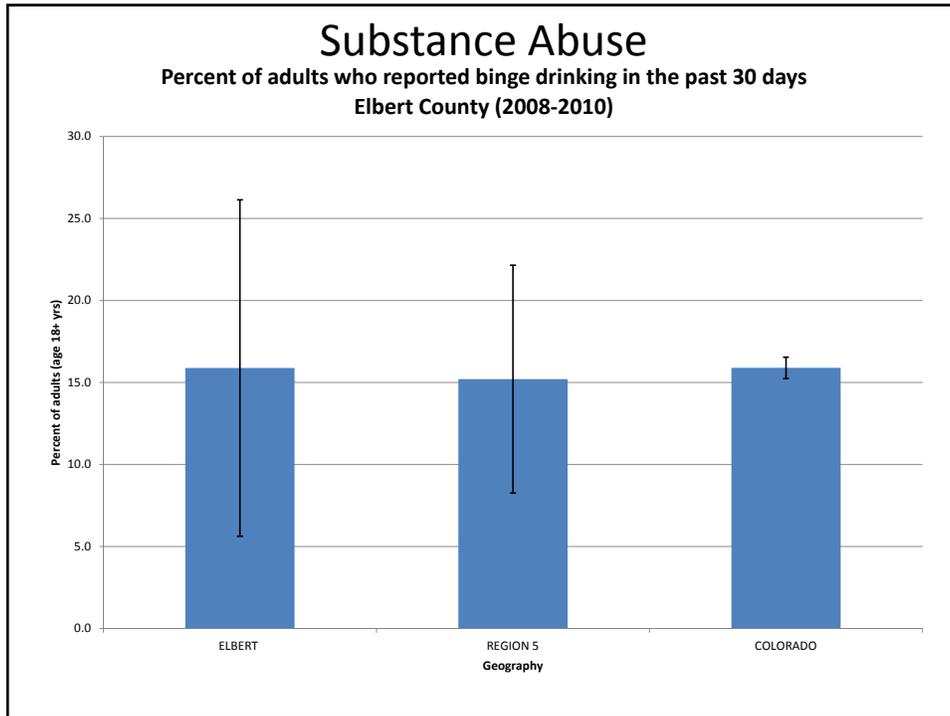
- **Strengths**
 - Lower teen fertility rate
- **Challenges**
 - Over 60% of adults eat fast food weekly (no statistical difference)
 - 7 out of 10 children eat fast food weekly (no statistical difference)
 - Over half of adults are overweight or obese (no statistical difference)
- **Progress toward HP2020 Goals**
 - Goal already achieved:
 - Adult physical activity and inactivity
 - Adult and child obesity
 - Improvement needed to achieve goal:
 - Children's screentime
 - Adult current smokers
 - Adult sun protection (Region 5)
 - Adult seatbelt use

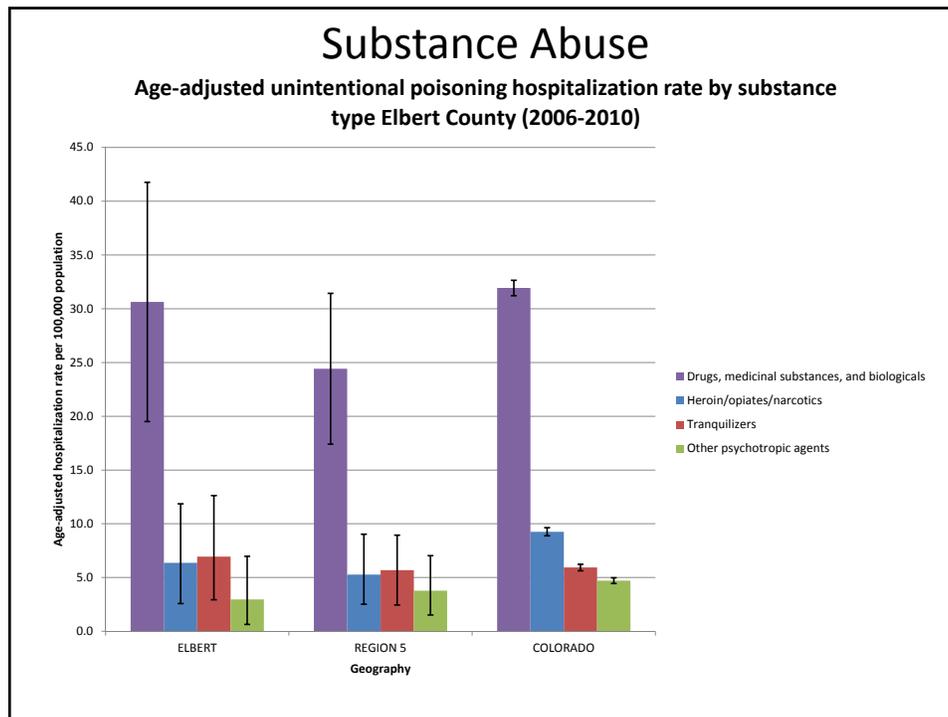
Mental Health Status

**Age-adjusted rate of mental health diagnosed hospitalizations
Elbert County (2008-2010)**



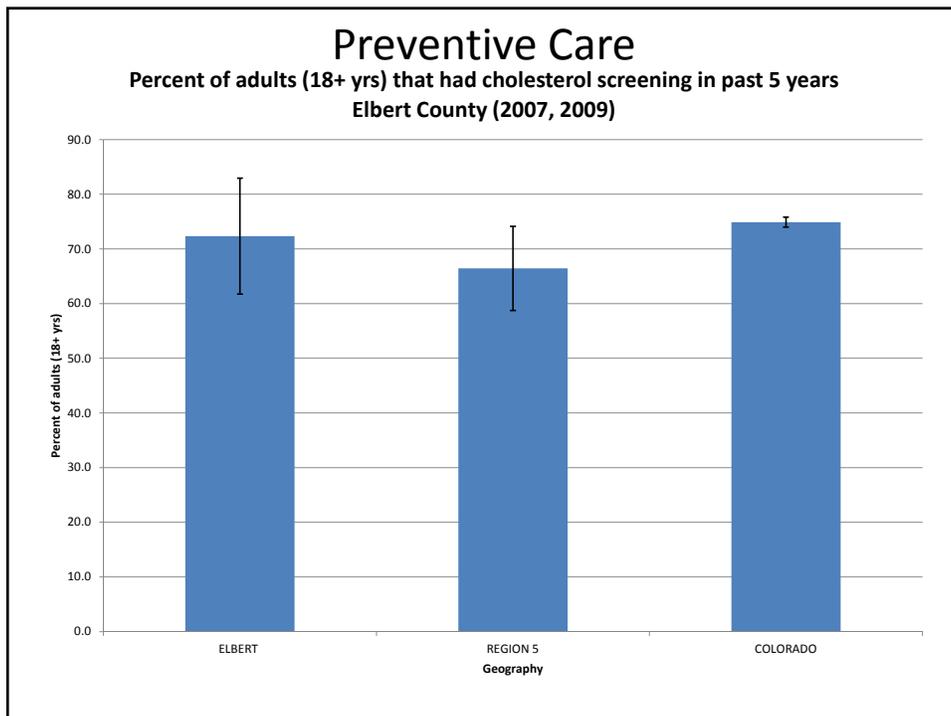
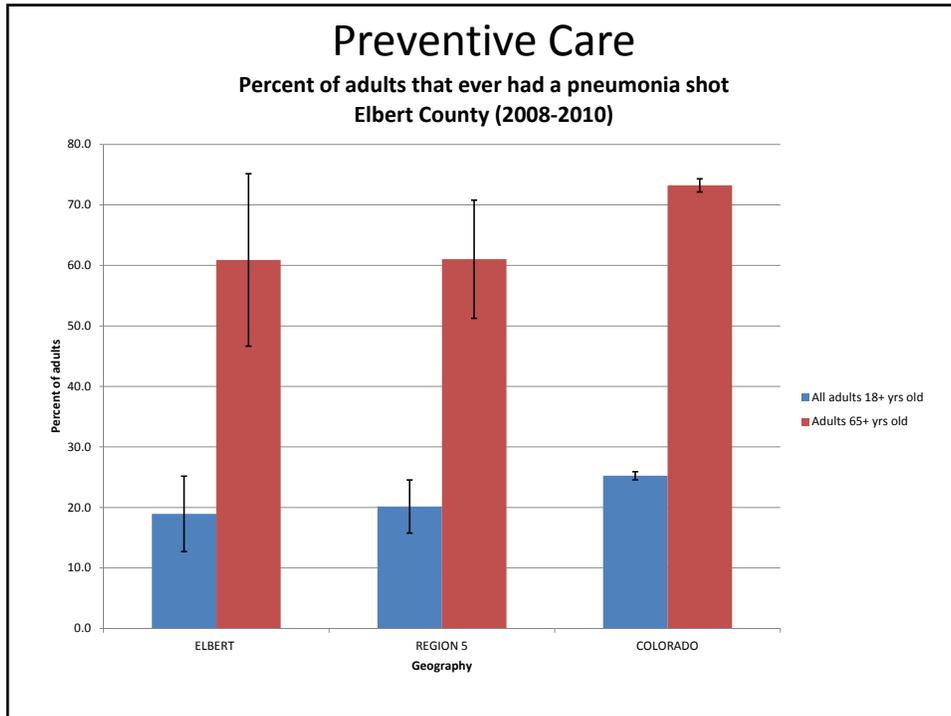


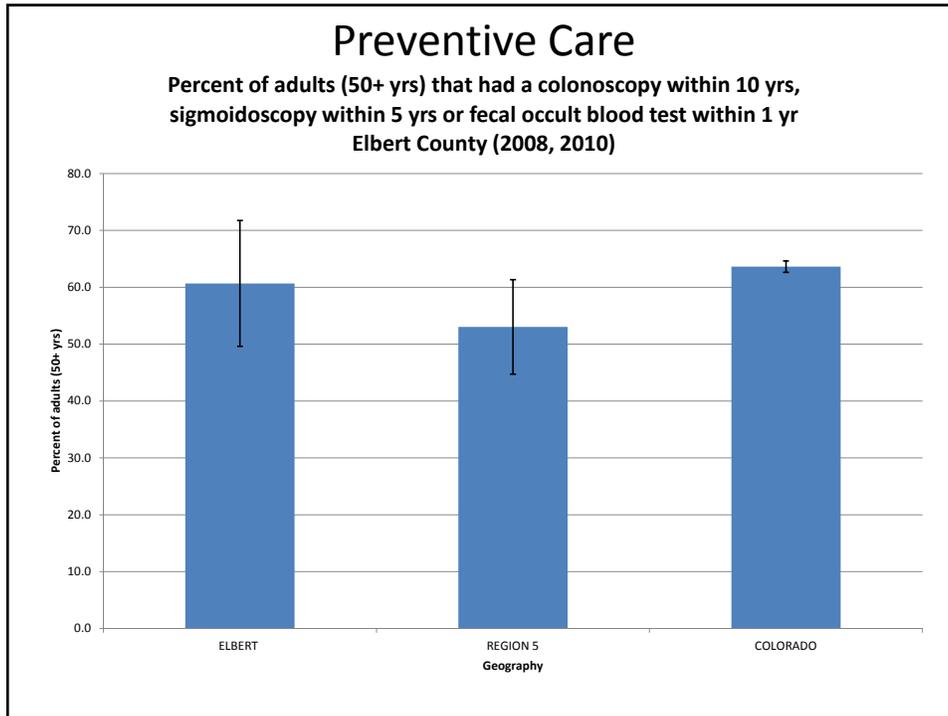




Summary Mental Health

- **Strengths**
 - Lower mortality rate for unintentional poisoning deaths (Region 5)
 - Lower percent of adults who report general health was fair or poor
- **Challenges**
 - Higher rate of mental health diagnosed hospitalizations (Compared to Region 5)
 - Unintentional poisoning hospitalization rates have increased over time
- **Progress toward HP2020 Goals**
 - Goal already achieved:
 - Adult binge drinking





Health Insurance Coverage

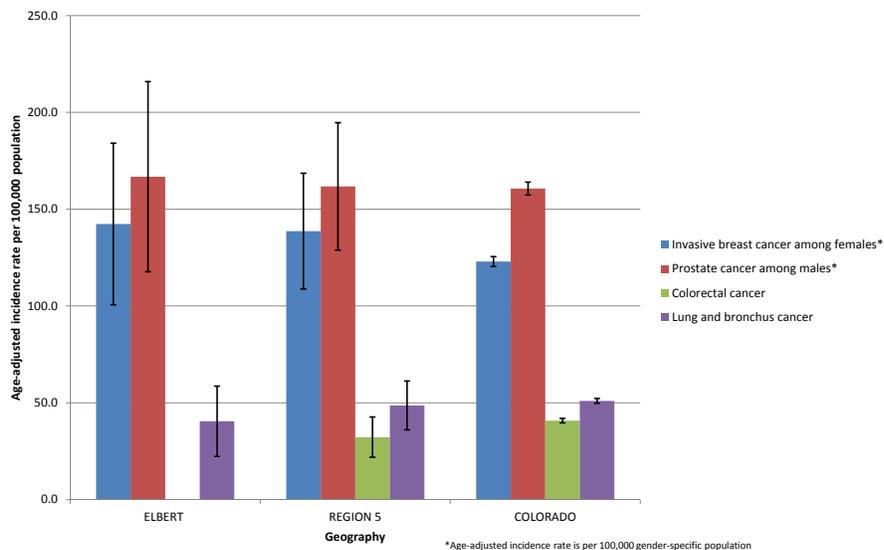
Health Insurance Coverage (2009)	ELBERT	REGION 5	COLORADO
The number of children (aged 0-18 years) eligible but not enrolled in Medicaid	185	338	39550
The percent of children (aged 0-18 years) eligible but not enrolled in Medicaid	24.8	19.7	13.3
The number of children (aged 0-18 years) eligible but not enrolled in CHP+	280	479	38887
The percent of children (aged 0-18 years) eligible but not enrolled in CHP+	56.6	46.0	37.2
The number of working-age adults (19-64 years) eligible but not enrolled in Medicaid	106	181	26906
The percent of working-age adults (19-64 years) eligible but not enrolled in Medicaid	33.1	30.9	28.0
The number of children (less than 19 years old) without health insurance coverage	543	1133	132676
The number of adults (aged 18-64 years) without health insurance coverage	2160	5047	637357
The number of uninsured adults without dependent children newly eligible for Medicaid at 0-10% of Federal Poverty Level (2008-2010)	228	415	45698

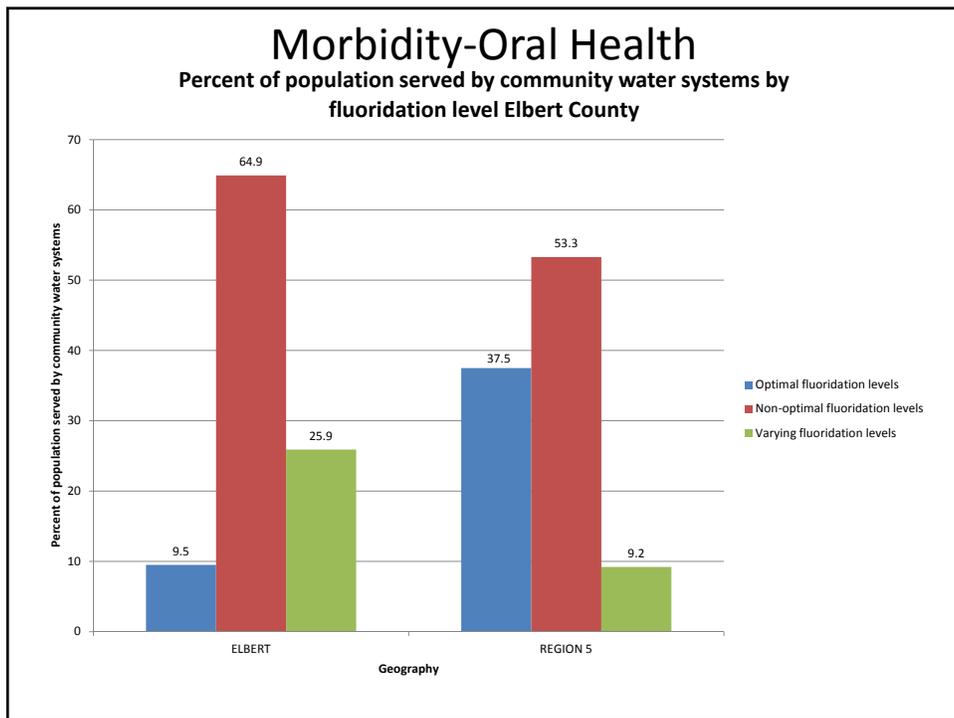
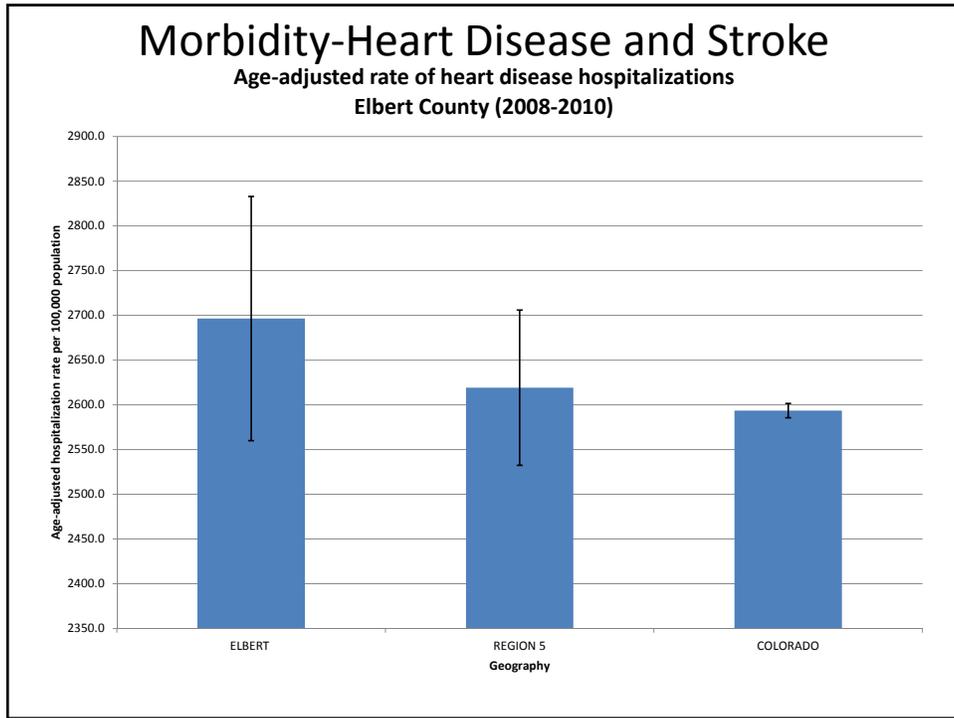
Summary Access, Utilization & Quality Care

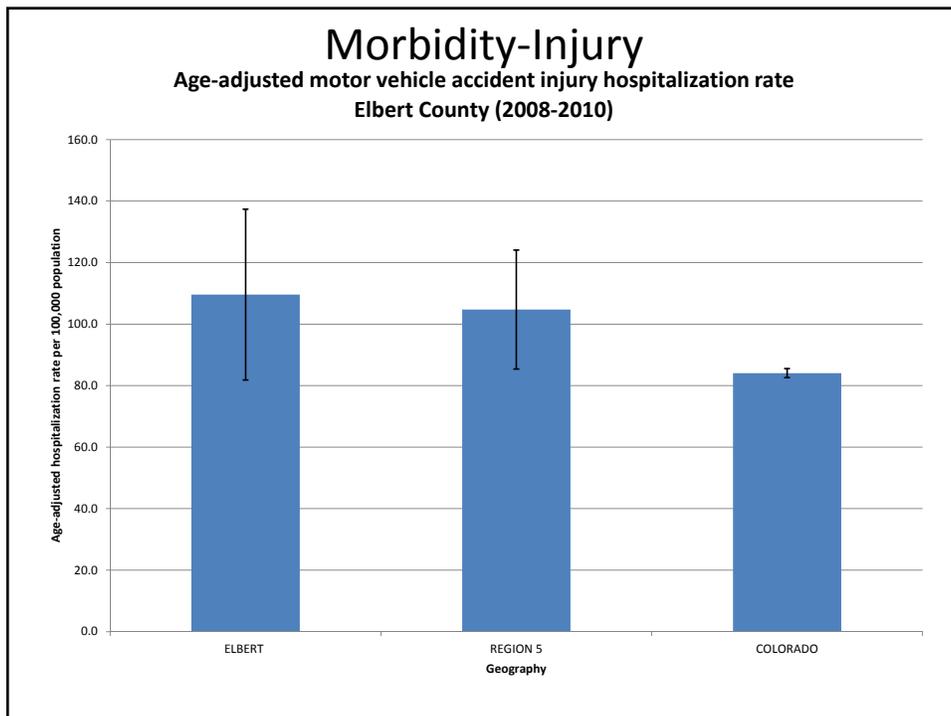
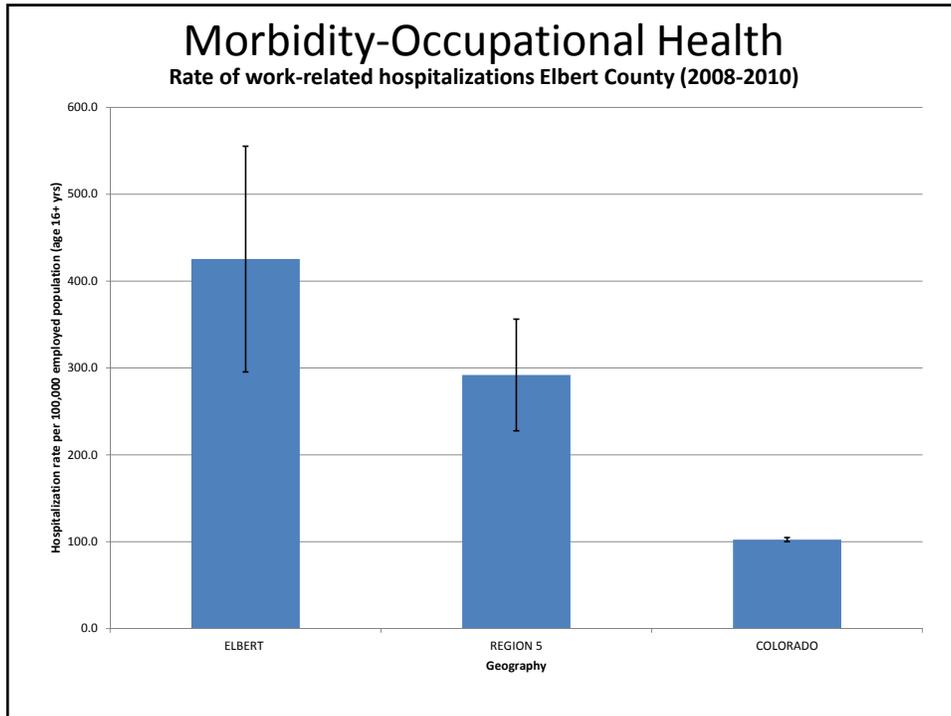
- **Strengths**
 - Adequate prenatal care was significantly high
 - Nearly three-quarters of women (40+ yrs) had a mammogram in the past 2 years
- **Challenges**
 - High percent of children EBNE in Medicaid
 - Over 50% of children are EBNE in CHP+
 - One-third of working-age adults are EBNE in Medicaid
- **Progress toward HP2020 Goals**
 - Improvement needed to achieve goal:
 - Pneumococcal vaccination in adults 65+ yrs
 - Adult cholesterol screening
 - Adult (50+ yrs) colonoscopy, sigmoidoscopy and FOBT screening (Region 5)

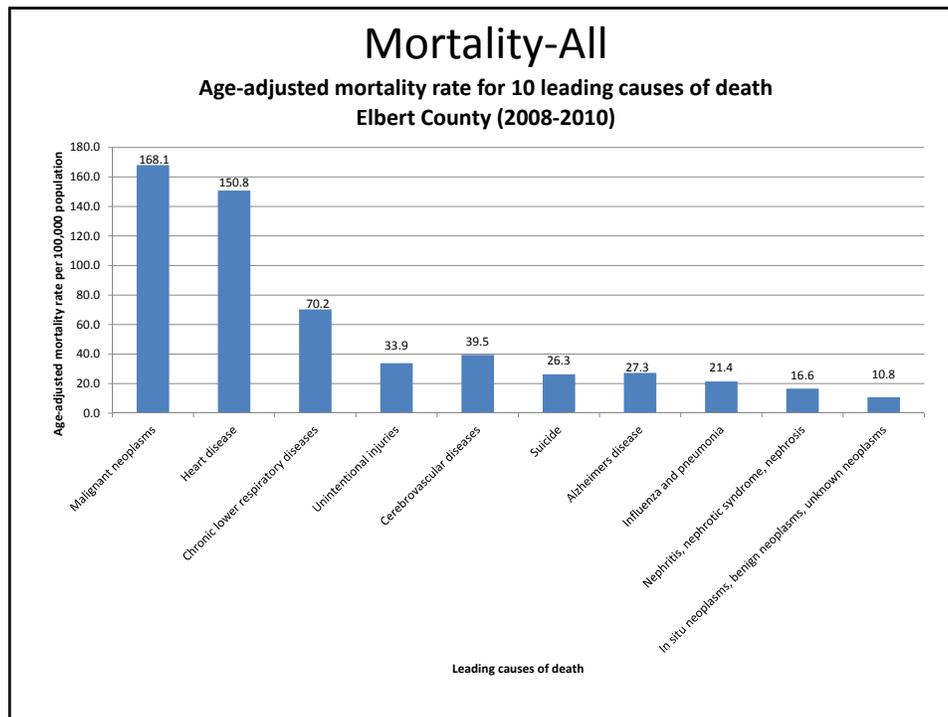
Morbidity-Cancer

**Age-adjusted cancer incidence rate by common cancer type
Elbert County (2006-2008)**









Summary Population Health Outcomes

- **Strengths**
 - Lower percent of adults with diabetes
 - Fewer adults reported having angina/coronary heart disease
 - Lower incidence rates of chlamydia and gonorrhea among young adults
 - Lower rate of all causes of YPLL
- **Challenges**
 - Fewer dentists available per population
 - 65% of population served on community water systems have non-optimal fluoridation levels
 - High rate of work-related hospitalizations
- **Progress towards HP2020 Goals**
 - Improvement needed to achieve goal:
 - Percent of population served by community water systems receiving optimal fluoridation levels
 - Communicable disease incidence rates for chronic hepatitis B, campylobacter, STEC, salmonella
 - Infant low birth weight

Health Concerns

– **Top 3 responses with highest level of concern:**

- Affordable Health Care
- Access to Health Care
- Dental Health

– **Top 3 responses with lowest level of concern:**

- Asthma
- Sexually Transmitted Diseases
- Low Birth Weight Babies

“Risky Behaviors” in your Community

• **The top 3 responses identified as the “riskiest behaviors” in *your* community:**

- Alcohol/ Drug Use
- Dropping Out of School
- Being Overweight

❖ Not getting shots/ vaccines received the lowest number of responses

Safety Problems

– **Top 3 responses with highest level of concern:**

- Child Abuse & Neglect
- Drinking & Driving
- Grass/ Prairie Fires

– **Top 3 responses with lowest level of concern:**

- Farm/ Ranch Equipment
- Interaction with Livestock
- Unsafe Recreational Activities

Environmental Concerns

– **Top 3 responses with highest level of concern:**

- Clean water for drinking
- Illegal dumping of hazardous waste into environment
- Safe food at grocery stores

– **Top 3 responses with lowest level of concern:**

- Clean outdoor air
- Exposure to second-hand smoke
- Exposure to asbestos