



**Rio Grande County
Public Health Agency
Community Health Improvement Plan
2013-2018**



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Profile of Rio Grande County

Rio Grande County is located in the San Luis Valley in southwest Colorado. It is named for the Rio Grande River that runs through the county. The approximate county size is 912 square miles/584,382 acres. Of this land, slightly more than 50% is public land acreage, the majority being federal land. Elevations range from 7,000 to 13,000 feet.

The total population for Rio Grande County is 11,956 (2011) with a population density of 13 people/square mile. There are three municipalities within the mostly rural county: Monte Vista (population-3,992), Del Norte (population- 1,693), and South Fork (population 379). The remainder of the population lives in unincorporated areas.

Agriculture, tourism, and government are the major industries. The median household income is \$37,384.

The gateway to the San Juan Mountains, Rio Grande County attracts visitors and residents seeking outdoor recreational activities such as camping, climbing, hiking, biking, fishing, hunting, and winter sports. It is home to the Monte Vista National Wildlife Refuge, a stopover for migratory sand hill cranes, the Rio Grande National Forest, Old Spanish National Scenic Trail, and the Silver Thread Scenic Byway.

Introduction

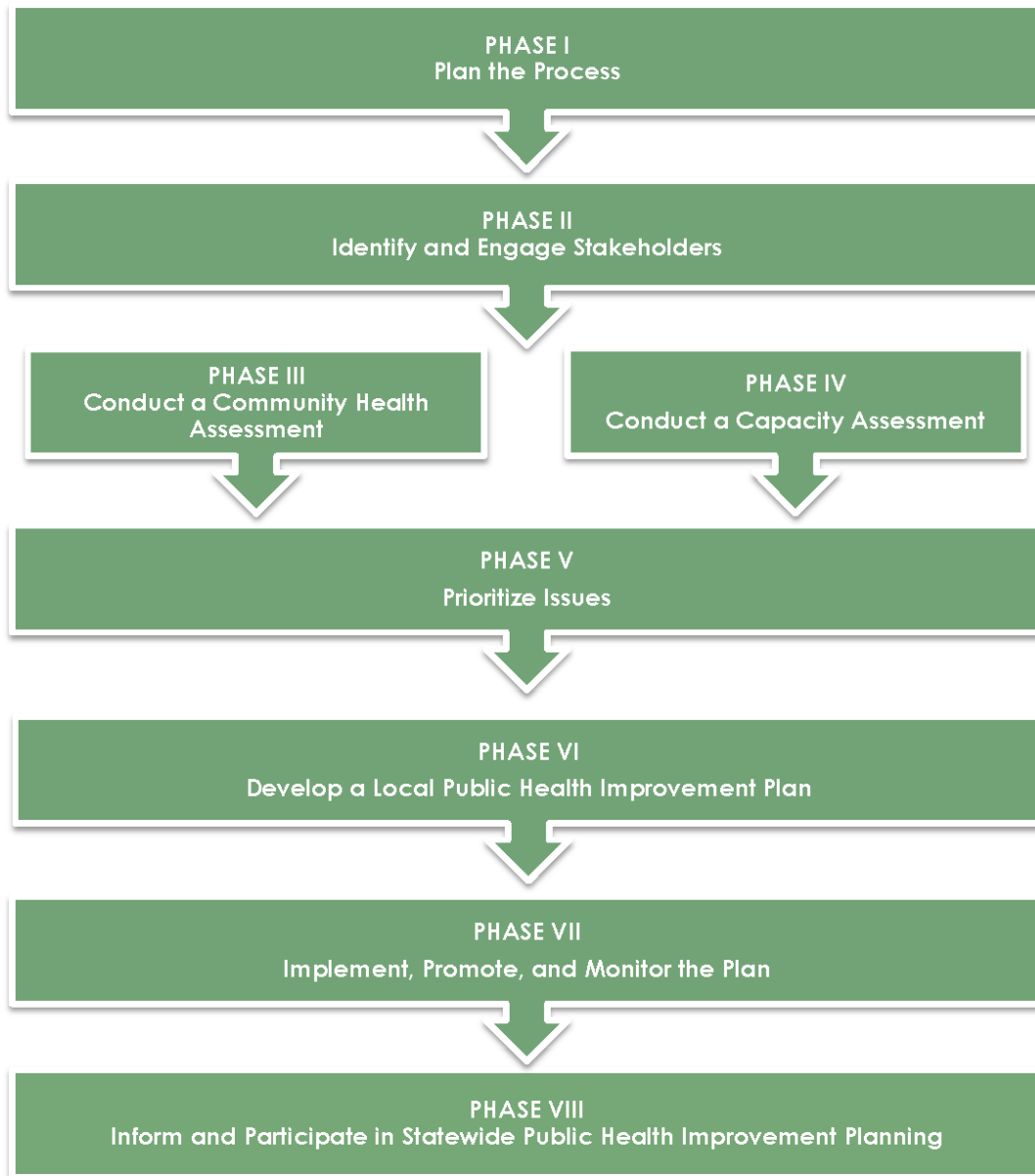
In 2008, Colorado's [Public Health Act](#) was signed into law, calling for major reforms to the state's governmental public health system. The purpose of the Act is to assure that core public health services are available to every person in Colorado, regardless of where they live, with a consistent 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 (sometimes called a community health improvement plan or CHIP) 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. It also requires that state and local PHIPs be aligned with one another. 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 of evaluating progress. The plan is for the entire community, including leaders, system partners, public health staff, and boards of health.

How Does a Public Health Improvement Plan Make a Difference?

- ✓ It provides a baseline by which to monitor change, by answering the question: "What are the recent trends and current conditions?"
- ✓ It identifies emerging issues by answering the questions: "What has changed since the last assessment?" "What new concerns do community members have?"
- ✓ It helps the community set health priorities and focus resources by answering the questions: "What are the leading causes of disease, disability and death?" "Who is most impacted?" and "What are the best ways to address these issues?"
- ✓ It provides facts upon which to base programmatic or organizational decisions by answering the question: "What are the current service levels and where are the unmet needs?"
- ✓ It helps partners to plan effective, collaborative interventions by answering the questions: "What's the best strategy to address this issue?" "Who should be leading this effort?" and "How can we support them?"
- ✓ It increases the ability to secure new funding by answering the questions: "What are our greatest public health needs?" "How do we best to address these?" and "What is the level of community support?"
- ✓ It supports advocacy for policy changes because it communicates: "Here are the facts. We need things to be different."



Problem Identification and Prioritization Process

Data Collection

Rio Grande County Public Health Agency (RGCPHA) conducted a review of qualitative data that included demographics, vital statistics, incidence of chronic disease, communicable disease and injury, health indicators for all age groups, health behavior data, and environmental health indicators.

RGCPHA reviewed county-specific and regional findings from the San Luis Valley Community Health Survey (adult health) conducted by the Rocky Mountain Prevention Research Center. By comparing this data with state and national information, a list of 15 health issues was generated.

The 15 Health Issues identified by data analysis:

1. Alcohol Abuse
2. Arthritis
3. Cancer
4. Cardiovascular Disease
5. Communicable Disease/Immunization Status
6. Diabetes
7. Environmental Health
8. Injury
9. Mental Health
10. Obesity/Overweight
11. Oral Health
12. Pre-term Births
13. Sexually Transmitted diseases
14. Substance Abuse
15. Teen Pregnancy

You can access the [community health assessment](#) here

Community Input

Stakeholder input was gathered by means of an electronic survey. Eighty-four (84) key informants were identified as having valuable insight into the health needs of individuals throughout the life span. Key informants represented multiple-sectors of the community including health care (acute, primary, preventive, emergency, and long-term), education, mental health, social services, community service organizations, faith communities, and non-affiliated citizens. A total of fifty-two (52) people responded to the survey. Respondents were asked to rank the previously identified 15 health by severity and to choose the top three problems. Another questions asked respondents to rank six health behaviors by significance as contributing factors to illness and injury. Other questions encouraged written statements about specific concerns and additional problems, as well as strategies, opportunities, and barriers to address the health issues. All of this data was presented to the Rio Grande County Board of Health for their review and comment.

Prioritization

In addition to the electronic survey, input from a community survey and community meetings conducted by Rio Grande Hospital were reviewed and considered. RGCPHA also compared current findings with qualitative data obtained from surveys and community focus group meetings conducted in 2008. Findings from the County Health Rankings and Colorado's Winnable Battles were also taken into consideration. Using a prioritization tool, RGCPHA systematically identified the top seven (7) health issues in Rio Grande County.

The Top 7 Health Issues:

1. Obesity (contributing factor to chronic disease)
2. Diabetes
3. Cardiovascular Disease
4. Cancer
5. Alcohol and Substance Abuse
6. Mental Health
7. Oral Health

Capacity Assessment

CDPHE's Office of Planning and Partnership (OPP) together with Colorado Association of Public Health Officials (CALPHO) staff conducted a Systematic Baseline Review of all Local Public Health Agencies (LPHA) throughout the state in 2011. The System-wide Baseline Review was a systematic review of the current LPHA capacity for providing core public health services throughout Colorado. These baseline data are used to formalize the core public health services that should be provided by each LPHA as well as gain an understanding of what other services are being provided. Additionally, it provides awareness and understanding of the shared services across LPHAs. This baseline information will allow CDPHE and LPHAs to prioritize and evaluate the investments made and additional investments needed in the state to build an efficient public health system.

LPHA's completed the capacity assessment based on the core public health services as well as direct services. The tool was designed by CDPHE and CALPHO. Representatives of these two organizations visited each LPHA to interview staff to gather more detailed information and clarity.

<u>Core Service</u>	<u>Rating determined by RGCPHA</u>
1. Assessment and Planning, Vital Statistics	Moderate
2. Communicable Disease	Excellent
3. Prevention and Promotion	Clear need to increase capacity
4. Environmental Health	Moderate
5. Emergency Preparedness and Response	Moderate
6. Administration and Governance	Not rated

Narrowing Our Focus

Further examination of the top health issues reveals that the top four can be categorized under one priority, Prevention and Reduction of Chronic Disease. Cardio-vascular Disease, Cancer, and Diabetes are chronic diseases. Obesity is a contributing factor to these diseases and other chronic conditions.

Alcohol and Substance Abuse and mental health (behavioral health) are being addressed by other organizations such as the Rio Grande Prevention Partners and the SLV Mental Health Center. RGCPHA will support the efforts of these organizations by participation on the Rio Grande Prevention Partners coalition and committees and by partnering appropriately with mental health service providers. As the public health entity we will encourage the integration of mental/behavioral health into primary health services.

Oral health is also a concern. RGCPHA will approach oral health as an important issue at a lower priority level. RGCPHA will cooperate with state and local efforts to improve access to dental services especially for people of lower income. The Healthy Communities Program (formerly EPSDT), administered by the Colorado Department of Health Care Policy and Financing, has prioritized dental care. As the regional lead agency for Healthy Communities, RGCPHA will support these efforts. As of January 2013, CDPHE is working with the LPHAs in the San Luis Valley to provide a two year grant-funded position to promote school dental sealant programs, Old Age Pension Dental programs, water fluoridation, the Cavity-Free by Three program, and Medicaid enrollment. RGCPHA will participate in these efforts.

The need to build capacity for public health service in Rio Grande County and the San Luis Valley is evident by the results of the preliminary Capacity Assessment conducted in 2011 and by evolving changes in the public health system, the demands of a changing economy, and new threats to health and the environment.

Through a collaborative process, the local public health agencies of the San Luis Valley decided to collectively prioritize capacity building. Over the next five years, the LPHAs will work towards cross-jurisdictional public health service provision. The top priority for regional collaboration is environmental health.

To summarize, the top three priority areas for public (community) health improvement are:

1. Prevent and reduce chronic disease
2. Build a regional public health partnership within the San Luis Valley
3. Increase capacity for provision of environmental health services

Acknowledgements

Thank you to the following who contributed to the Rio Grande County Community Health Improvement Plan:

The entire staff at Rio Grande County Public Health Agency

Rio Grande County Board of Health

Paula Hendricks, San Luis Valley Regional Public Health Planner

Rio Grande Hospital & Clinics

Rocky Mountain Prevention Research Center

Colorado Department of Public Health & Environment, Office of Planning & Partnerships

Everyone who responded to our surveys

Rio Grande County Public Health Agency Community Health Improvement Plan, 2013-2018

Priority 1: Prevent and reduce chronic disease (including heart disease, stroke, cancer, diabetes)

Five Year Goal: Reduce people’s risk for chronic disease by addressing modifiable lifestyle factors and by promoting wellness

Why does it matter?

1. Chronic disease is the leading cause of death in Rio Grande County
2. Chronic disease decreases productivity and increases health care costs
3. Chronic disease negatively impacts quality of life

Goals:

1. Reduce the use of tobacco products by providing prevention and cessation education
2. Increase community opportunities and participation in physical activity, nutrition education, and other obesity prevention/wellness strategies

Goal 1: Reduce the use of tobacco products by providing prevention, education, and cessation programs

Target group: Pregnant women and youth ages 14-25

Objective A: By 6/30/2014, RGCPHA will promote tobacco -cessation resources to youth ages 14-25 through participation in project Maximizing Tobacco Cessation Efforts in the San Luis Valley

Strategy	Key Activities	Target date	Responsible Person/group	Monitoring/Evaluation
Plan and develop strategies to promote web-based tobacco cessation programs	1. Meet with SLVRMC and other LPHAs to coordinate promotional presentations	Quarterly Beginning 7/1/2013	RGCPHA staff	Meeting documentation
Present information and encourage enrollment into cessation programs such as Quitline & the Colorado Text Messaging program	1. Prepare presentations 2. Identify potential venues for presentations, i.e. High Valley Community Center, Monte Vista Kids Club, 4-H, schools, workplaces, Boy Scouts/Girl Scouts, and church groups 3. Schedule & deliver presentations (1-2/month) 4. Participate in cessation blog 5. Prepare and contribute content to e-newsletter	Monthly Beginning 10/1/2013 Through 6/30/14	RGCPHA staff	Number of presentations Number of attendees Number of who signs-up for a given program

Objective B: By March 31, 2017, implement and sustain Baby & Me, Tobacco Free Program to eligible women in Rio Grande County

Strategy	Key Activities	Target Date	Responsible Person/Group	Monitoring/Evaluation
Utilize existing resources	<ol style="list-style-type: none"> 1. Continue to serve enrolled clients 2. Recruit and serve 3 new clients 	Ongoing through 12/31/13	RGCPHA staff	Number of clients Number of visits/client Number of vouchers provided to each client Program forms
Seek funding sources to maintain program	<ol style="list-style-type: none"> 1. Apply for appropriate grants from state agencies & private foundations 2. Approach local community service organizations to support the program 	Starting 7/1/13 3/31/14	RGCPHA staff	Completed applications Documentation of presentations & meetings
Sustain program	<ol style="list-style-type: none"> 1. Continue to secure and maintain funding. 2. Implement Baby & Me, Tobacco Free assuring fidelity to program components. 3. Recruit and serve pregnant women who smoke 	Ongoing through 2017	RGCPHA staff	Financial records Data regarding numbers served, duration of client enrollment Program forms

Goal 2: Increase community opportunities and participation in physical activity, nutrition education, and other obesity prevention/wellness strategies

Target Group: Community, all ages

Objective A: By 12/31/13, low-income women of childbearing age and families with young children will have low-cost opportunities to receive nutrition education, be physically active, and have supportive social relationships with others in the community.

Strategy	Key Activities	Target Date	Responsible Person/ Group	Monitoring/Evaluation
Assess existing services, facilities, programs, & opportunities	<ol style="list-style-type: none"> 1. Conduct windshield survey of municipalities, & rural areas to map venues for physical activity, resources for nutrition education & social support in relation to pockets of poverty. 2. Partner with existing resources to catalog available resources/opportunities and cost. 	5/31/13	RGCPHA staff	Map, inventory list/directory
Determine needs & preferences	<ol style="list-style-type: none"> 1. Partner with others who serve low-income women & families with young children to further identify need & preferences through interviews, surveys, &/ or focus groups 	7/31/13	RGCPHA staff	Notes and documentation from interviews and focus group meetings, results of surveys
Increase access to community opportunities	<ol style="list-style-type: none"> 1. Identify partners and collaborate to increase access to available opportunities, i.e., sharing space in existing facilities, promoting special family-focused activities and incentives. 	Ongoing 6/1/13 Through 12/31/13	RGCPHA & Community partners	Document interactions Examples of promotional items
Promote use of community resources	<ol style="list-style-type: none"> 1. Utilize social media, radio, newspapers, newsletters, word-of-mouth to increase awareness (awareness campaign) 2. Extend reach of messaging through partnerships with existing groups: schools, Headstarts, after-school programs, 4-H, churches, etc. 3. Explore opportunities to engage high school students to utilize technology as a means for increasing awareness. 	Ongoing	RGCPHA & community partners	Examples & documentation of awareness campaign activities & products

Objective B: By 6/30/2015, SLV regional public health partnership will deliver at least 1 chronic disease risk reduction program to the region.

Strategy	Key Activities	Target Date	Responsible person/ Group	Monitoring/Evaluation
Develop a regional Chronic Disease Prevention Plan	<ol style="list-style-type: none"> 1. Identify chronic disease priorities 2. Determine strategies most effectively implemented regionally 3. Identify resources needed to implement the plan 4. Acquire necessary resources, including financial 	12/31/14	SLV Regional PH Partnership	Chronic Disease Prevention Plan
Implement 1 or more programs outlined in the Chronic Disease Prevention Plan	<ol style="list-style-type: none"> 1. Determine fiscal agent 2. Obtain qualified staff 3. Carry out action plan 4. Monitor and evaluate progress & effectiveness 	Start by 6/30/2015 and continue through 12/31/17	SLV Regional PH Partnership, LPHAs	Documentation of completed deliverables

Objective C: By 12/31/2017, Increase community opportunities for healthy eating and active living.

Strategy	Key Activities	Target Date	Responsible person/group	Monitoring/Evaluation
<p>Develop opportunities to increase access & consumption of healthy & affordable food through partnerships and collaborative efforts.</p>	<ol style="list-style-type: none"> 1. Support existing and establish new community gardens. (High Valley Community Center, City of Monte Vista, & other interested groups) 2. Promote SNAP-ED. (DSS & State Extension Office) 3. Support existing & establish new efforts to offer “Cooking Matters” & other nutrition education programs . (Rio Grande Hospital, High Valley Community Center, others) 4. Provide information about sugary drinks at health fairs and presentations to groups, i.e, High Valley Community Center, Safety Days, etc. 5. Promote Hunger Free Colorado Hotline 6. Identify, promote & establish other weight loss/ healthy eating programs 7. Identify & secure funding. 	<p>Ongoing 1/1/13 To 12/31/17</p>	<p>RGCPHA and Community Partners</p>	<p>Documentation re: gardens, classes, presentations, participation by the general public, feedback from community partners.</p>
<p>Develop opportunities to increase access and participation in physical activity through partnerships and collaborative efforts.</p>	<ol style="list-style-type: none"> 1. Support & coordinate with the Council of Government & the SLV Great Outdoors Coalition in the development of trails & recreation. 2. Encourage & help school districts, early learning centers and after school programs to adopt voluntary policies & programs to increase physical activity in their settings 3. Create a public information campaign for increasing physical activity & limiting screen time for children & adults. 4. Promote worksite health & fitness challenges such as Coming Alive & Colorado On the Move and other worksite wellness programs 5. Support & coordinate with community partners to promote active transportation, continuous sidewalks, & safe street crossings. 6. Assist healthcare providers to refer patients to community wellness resources 	<p>Ongoing 1/1/13 To 12/31/17</p>	<p>RGCPHA and Community Partners</p>	<p>Documentation re: development of recreational assets, involvement with education & early childhood sector, examples of public information materials, work-site program participation, community improvement projects, and participation by health care providers.</p>

Priority 2: Build a regional partnership to increase capacity to deliver core public health services

Five Year Goal: Create and maintain a formal regional public health partnership within the San Luis Valley

Why does it matter?

1. It will be easier to plan for and seek funding
2. A partnership will support efforts to build and strengthen core services
3. There are funding incentives for regional approach
4. More efficient use of resources
5. It provides a proactive approach to future projects

Goals:

1. Create a structured public health partnership in the San Luis Valley
2. Maintain regional public health partnership in the San Luis Valley

Objective A: By December 31, 2014, Rio Grande County Public Health Agency will enter into a regional/cross jurisdictional agreement

Strategy	Key Activities	Target Date	Responsible Person/group	Monitoring/Evaluation
Participate in the SLV Shared Services Learning Community funded by the Robert Woods Johnson Foundation	<ol style="list-style-type: none"> 1. Communicate with BOCC & BOH to discuss need and opportunity 2. Procure approval and signature from BOCC to participate and receive funds through a subcontract with Saguache County Public Health 3. Participate within the group process by attending meetings, conference calls, and site visits to conduct a cross-jurisdictional feasibility study and develop a formal Team Charter 	12/31/2014	Director & designated RGCPHA staff	Signed subcontract Documentation of meetings and activities Feasibility Study Team Charter

Objective B, By December 31, 2017, RGCPHA will collaborate within the established SLV Public Health Partnership to identify regional priorities and to implement shared approaches for providing public health services.

Strategy	Key Activities	Target Date	Responsible Person/Group	Monitoring/Evaluation
Continue to collaborate In SLV Shared Services Learning Community	<ol style="list-style-type: none"> 1. Continue to communicate with BOCC & BOH 2. Continue to fully participate in meetings and projects to develop a regional Public Health Improvement Plan and sustainability plan 	12/ 31/2015	Director & Designated RGCPHA staff	Documentation of meetings and activities Regional PHIP Sustainability Plan
Maintain regional Partnership and provide public health services through shared approaches	<ol style="list-style-type: none"> 1. Meet at least quarterly to review structure, processes, and progress of cross-jurisdictional public health management and service delivery 2. Develop Inter-Governmental Agreements 2. Increase number of cross-jurisdictional agreements, programs, and services. 	12/31/2017	Director & Designated RGCPHA staff	Meeting minutes IGA's & other agreements Descriptions of programs & services

Priority 3: Increase capacity for provision of environmental health services

Five Year Goal: Assure a stable and sustainable local public health structure for environmental health services.

Why does it matter?

1. Safe food, water, and air are essential to human health
2. The introduction of new industries into the area increases the potential for environmental health issues
3. The current capacity to provide adequate environmental health services is limited

Goals:

1. Ensure current Environmental Health and Sustainability services are maintained locally within Rio Grande County and the SLV.
2. Identify local environmental health issues.

Target Group: Community/All age groups

Objective A: By June 30, 2014, an Environmental Health Specialist will be employed by one of the SLV LPHAs to provide services and identify environmental needs and resources.

Strategy	Key Activities	Target date	Responsible Person/Group	Monitoring/Evaluation
Educate BOCC & BOH about need for and value of locally provided EH services	1. Met with BOCC & BOH regularly to Discuss changes in public health system, changing EH needs & challenges, & advantages of locally based service provision 2. Provide information about costs and available funding	4/30/13	Director & staff with assistance from CDPHE & SLV LPHAs	Minutes and documentation From meetings & presentations
Cooperate with and support efforts of designated lead LPHA, CDPHE, & regional PH partnership	1. Determine scope of EH services to be provided 2. Assist with hiring & orientation as appropriate	6/30/13	Director, BOCC/BOH, CDPHE, SLV LPHAs	Job description, contracts
Facilitate transition from CDPHE-provided services to SLV-provided services	1. Contribute to regional EH needs assessment 2. Assist with development of regional EH plan 3. Enter into Inter-governmental Agreements to assure services	6/30/14	Director, EH Specialist, BOCC/BOH SLV LPHAs	Environmental needs assessment Regional EH Plan IGA's