

Community Health Assessment 2012



Working together to improve our health
in Archuleta and La Plata Counties

Pagosa Springs
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Introduction

The 2012 Community Health Assessment for La Plata and Archuleta Counties provides an opportunity to be proud of the health of our communities while identifying and reflecting on areas we can work toward improving.

The Assessment was conducted for many reasons. The information that follows helps to understand the current health of our community both through specific health indicators and community input regarding concerns and issues. This document provides a foundation for not only improving health but also for measuring that improvement. Non-profit hospitals are required to complete health assessments every three years. Local public health agencies are required by the state of Colorado to complete an assessment every five years as part of creating a Public Health Improvement Plan. For more information about Colorado's Health Assessment and Planning process, visit: www.chd.dphe.state.co.us/CHAPS/.

San Juan Basin Health Department took the lead in conducting the Assessment on behalf of our own agency, Mercy Regional Medical Center and Pagosa Springs Medical Center. We were fortunate to partner with Emily Burns, MD, MSPH who researched the data, led community meetings and drafted this report.

Thank you for being interested in the health of our communities and taking time to read the Executive Summary. I hope you find this document useful as a reference for our community's health in the coming years.

Sincerely,



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Acknowledgments

The development and production of the 2012 Health Assessment for Archuleta and La Plata Counties required time and energy from many individuals and organizations.

A special thanks goes to Emily Burns, MD, MSPH. Dr. Burns worked tirelessly in overseeing the entire project from start through completion. Her knowledge, experience, leadership and dedication made this report possible.

Sincere appreciation goes to those from the community that participated in several stakeholder meetings. It is this level of community input that enriches both the process and the final report.

Thank you to the following organizations and individuals for their valuable contributions to our 2012 Health and Capacity Needs Assessment:

Citizens Health Advisory Council
Colorado Department of Public Health and Environment (CDPHE)
Health Alliance of La Plata County
Mercy Regional Medical Center
Pagosa Springs Medical Center
San Juan Basin Health Department
San Juan Basin Health Department's Board of Health and Staff
Southwest Colorado Area Health Education Center (SWCAHEC)

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Sydney Ulmer, Undergraduate Public Health Student, Fort Lewis College
Bill Willson, Contractor, Mercy Regional Medical Center

**Archuleta and La Plata County Community Health and Capacity Needs
Assessment**

May 2012

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Executive summary

- Archuleta and La Plata Counties are more similar than different in most health outcomes compared to the state.
- Older adult and Hispanic populations are prioritized by the communities as having increased health needs and inadequate services. Obesity, mental health access and oral health care are important areas with disparate outcomes for Hispanic populations. Health problems of older adults naturally increase with time as do needs for health care. Older adults do have the benefit of almost universal health care insurance through Medicare.
- Access to care, including medical, oral and mental health care, is a significant problem in both counties. Multiple factors are negatively impacting access to care in both counties: lower insurance rates and usual source of care, higher housing costs, inadequate number of certain types of providers, and in La Plata County particularly, the lack of community health clinic.
- Lack of health insurance, one of the primary barriers to accessing health care, is primarily an issue among those aged 19-54 and those with lower incomes, especially 200% of the federal poverty level and below.
- Obesity and tobacco use measures are not worse, in general, among both counties but remain significant risk factors for cardiovascular disease, the leading cause of death in La Plata and a close second in Archuleta.
- Motor vehicle hospitalization and death rates are among the few measures that are significantly worse in one or both counties compared to the state. Unintentional injuries comprise the third leading cause of death in both counties but the leading cause of years of potential life lost.
- Colorectal and breast cancer screening measures are not worse, in general, among both counties but may be important areas for improving cancer outcomes, the leading cause of death in Archuleta and a close second in La Plata.
- Capacity assessment of all topic areas reveals the lowest current capacity in La Plata in: oral health, obesity and access to care, and mental health. In Archuleta, the lowest capacity was in: mental health, obesity, access to care and cancer.

Methodology

Process

This Community Health and Capacity Needs Assessment was a result of a partnership between San Juan Basin Health Department, Mercy Regional Medical Center, and Pagosa Springs Medical Center. It was led by a planning committee of representatives from these three organizations and a local epidemiologist contractor who conducted the assessment. This report was compiled during December 2011-May 2012. Secondary data sources are reported below. In addition to existing data, data was collected from a series of two community stakeholder meetings in each county during January 2012-April 2012. Community stakeholder meetings included a range of organizational representatives and individuals from public health, health care, education, faith-based organizations, emergency response, underserved populations, and government. In addition, a focus group of uninsured community members was conducted in Pagosa Springs.

Capacity Assessment

A capacity assessment was conducted during the second set of community stakeholder meetings around the chosen topics to determine what resources already exist in the counties to address the topic areas. The capacity questions were answered via an audience real-time polling system and consisted of the following questions about each topic:

- <County> currently has the right amount of organizations and/or people to address <issue>.
- Existing organizations address <issue> effectively among all necessary populations in <County>.
- Existing organizations and/or people are likely to continue to address <issue> in the next five years in <County>.
- I think <issue> can be improved in <County> during the next five years.

Results from these polling questions were tallied and the report contains the results presented according to the percentage of respondents that agreed, disagreed, or were neutral about the statements.

Data sources

Throughout the report, data sources are noted in every graph or cited via footnotes in the text. The primary sources of data include:

- Colorado Department of Public Health and Environment, Colorado Health Indicators (developed specifically for the Colorado Health Assessment and Planning System (CHAPS) process to analyze down to county-level data for multiple health, environmental, and demographic indicators)

- San Juan Basin Health Department
- Colorado State Demography Office; United States Census Bureau; American Community Survey
- Behavioral Risk Factor Surveillance System (BRFSS); Pregnancy Risk Factor Monitoring System (PRAMS); Youth Risk Factor Surveillance System (YRBS); Maternal and Child Health County datasets
- Colorado Healthy Kids Survey; Colorado Child Health Survey
- Colorado Health Institute; Colorado Health Access Survey; Colorado Hospital Association; Mercy Regional Medical Center; Dartmouth Atlas
- Colorado Environmental Public Health Tracking
- Colorado State Patrol

Technical notes

County-level data was used whenever possible in this report; regional or state data was added to supplement the county-level findings or substitute when county-level data was not available. Regional data most often applied in this report is referred to as 'HSR9,' or Health Statistics Region 9. Health Statistics Regions were defined by the Colorado Department of Public Health and Environment as 21 divisions of counties across the state by demographic and geographic criteria. Included in HSR9 are Archuleta, Dolores, La Plata, Montezuma, and San Juan counties.

In some cases throughout the report, multiple years were combined by the data source or by the epidemiologist preparing the report in order to present a stable estimate for the counties. In many cases, Colorado state-level values are not presented in charts if there was not a statistically significant difference between the state and county level estimates. Since county level data is often based on a small sample size, there still might be important differences between the counties and the state but that cannot be determined from available data.

In a few graphs throughout the report, margins of error are represented by bars. These margins of error show that we can be 95% sure that the true value of the estimate falls somewhere between the margins of error. When margins of error do not overlap between two groups or time periods, there is a statistically significant difference between those estimates. However, if they do overlap, there is no statistically significant difference between the two estimates. For simplicity, these margins of error were excluded when there were no significant differences in the estimates.

Who we are in Archuleta and La Plata Counties

Table 1 shows population characteristics of Archuleta and La Plata counties and Colorado. Both

Table 1: Population characteristics in Archuleta, La Plata, and Colorado, 2010			
	Archuleta	La Plata	Colorado
Total population	12,084	51,334	5,029,196
age			
% under 18 years	19.9%	20.5%	24.4%
% 65+ years	17.5%	11.6%	10.9%
race/ethnicity			
white, non-Hispanic	78.2%	80.3%	70.0%
Hispanic/Latino	17.8%	11.8%	20.7%
education			
% high school graduates (age 25+)	93.2%	93.6%	89.3%
% at least bachelor's degree (age 25+)	39.0%	40.6%	35.9%
housing characteristics			
# of households*	3,377	20,512	1,918,959
homeownership rates*	82.9%	69.1%	67.6%
median value of owner-occupied housing units*	\$304,400	\$343,400	\$236,600
economic characteristics			
median household income*	\$56,068	\$56,422	\$56,456
% below poverty level*	8.5%	10.2%	12.2%
% unemployed	11.1%	5.3%	6.8%
other characteristics			
foreign born	1.7%	3.2%	9.8%
language other than English spoken at home (age 5+)	7.5%	9.8%	16.8%
# of veterans*	1,063	4,193	405,722

*data from 2006-2010

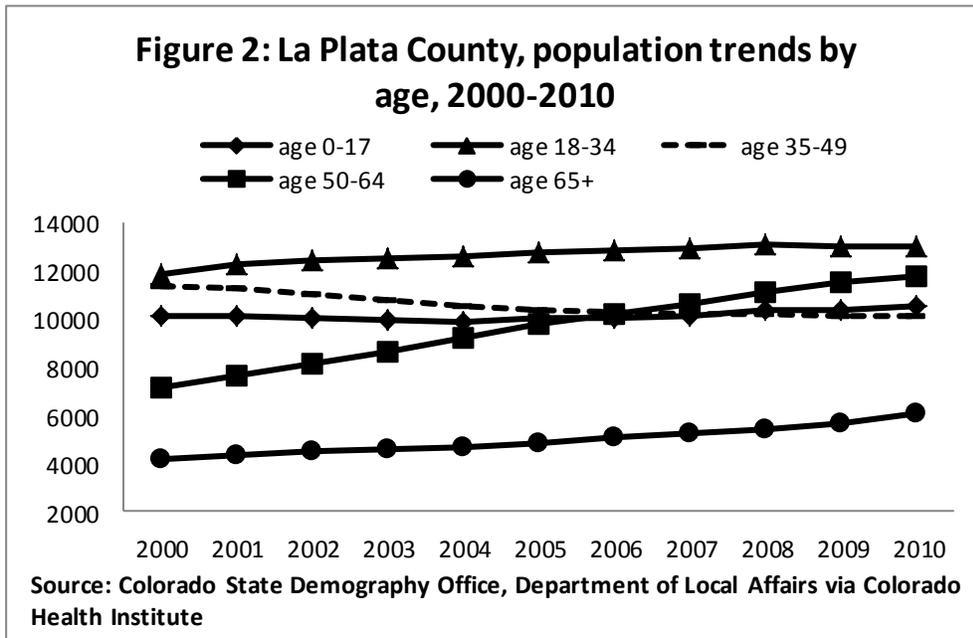
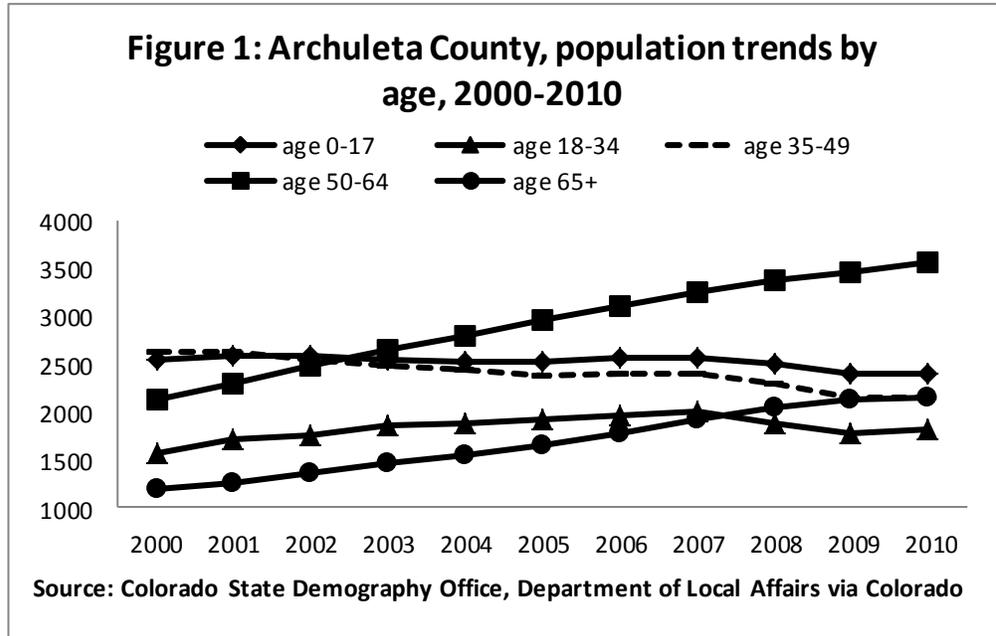
Source: US Census Bureau Quick Facts

counties are somewhat older, more educated, and less often Hispanic compared to the state. Archuleta has a higher percentage of Hispanic residents than La Plata but fewer report speaking a language other than English or being foreign-born. Household incomes are similar across both counties and the state but housing costs are much higher in both counties. Homeownership rates are similar to the state in La Plata and higher in Archuleta. Poverty rates (see Appendix C) are slightly lower than the state in both counties while unemployment is higher in Archuleta. Veterans number more than 5,000 between the two counties.

One way to get a sense of the amount of income that residents of the counties have to spend on health costs is to analyze the amount of income spent on rent. In both counties during 2006-2010, approximately one-third of both renters and home-owners with mortgages spent 35% or more of their household income on mortgage costs.¹

¹ American Community Survey, 2006-2010. Retrieved on May 13, 2012 at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmmk>.

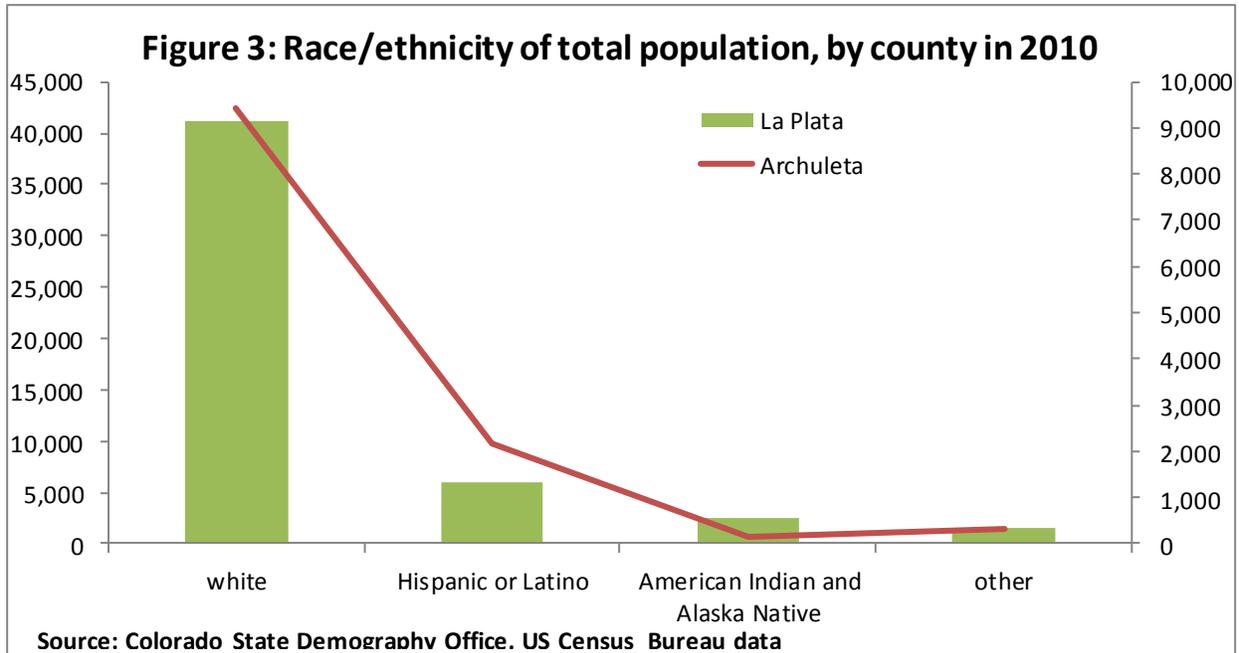
The population growth of different age groups is shown in the figures on this page. In Figure 1, in Archuleta, the 50-64 age group is the fastest growing and largest age group by 2010. The 65+ age group also grew steadily over the ten-year period.



In Figure 2, in La Plata, the younger 18-34 age group is the largest by 2010, followed closely by those aged 50-64. As in Archuleta, the 50-64 age group grew the most during the ten-year period, with growth also among the 65+ age group. Both counties experienced

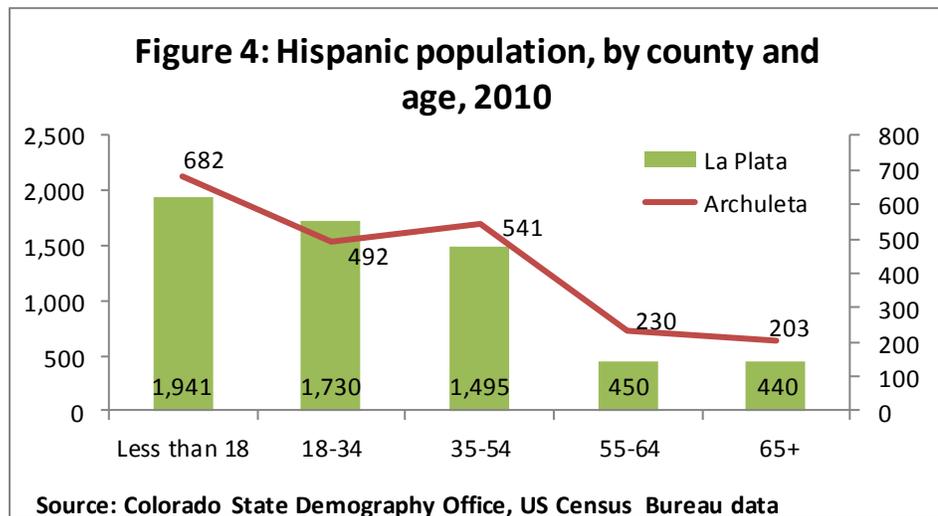
growth of approximately one-fifth increase from the 2000 population size during the ten-year period (22.1% growth in Archuleta and 16.8% in La Plata during 2000-2010).²

² Colorado State Demography Office, Department of Local Affairs, US Census Bureau Data. Accessed at <http://dola.colorado.gov/dlg/demog/2010censusdata.html> on May 7, 2012.



As shown in Figure 3, most of the population in both counties is white, with a somewhat higher proportion of Archuleta residents being Hispanic (17.8% in Archuleta and 11.8% in La Plata) and lower proportion being American Indian/Alaska Native compared to La Plata. Among the Latino population,

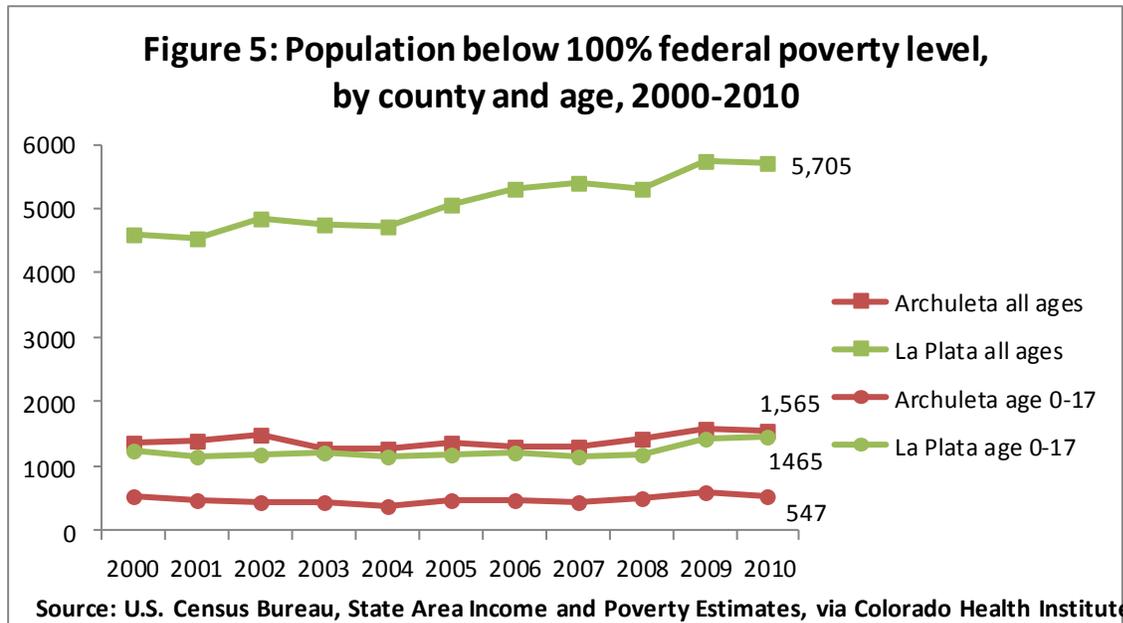
Archuleta experienced a 29.5% increase and La Plata a 32.5% increase during 2000-2010.³ Figure 4 shows the breakdown by age groups of the Hispanic population in both counties. Proportionately, Archuleta has a slightly higher proportion of under 18 and older Hispanics than La Plata.



Poverty and health are closely connected. Figure 5 shows that in 2010, those below the federal poverty level had risen to more than 5,700 in La Plata County, with one-fourth being children

³ Colorado State Demography Office, Department of Local Affairs, US Census Bureau Data. Accessed at <http://dola.colorado.gov/dlg/demog/2010censusdata.html> on May 7, 2012.

under age 18. The increase of residents below the federal poverty level in Archuleta was smaller during this ten-year period; in 2010, one-third of those below the federal poverty level were children below age 18.

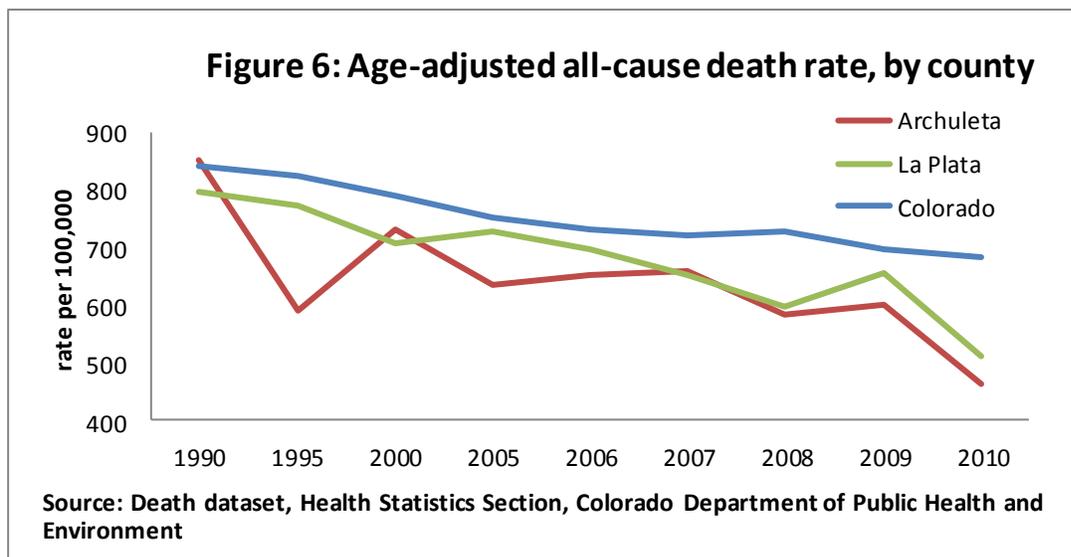


What did the community say?

- *Language is a barrier to access and services. <We need> cultural understanding to provide services in a manner that's sensitive to other cultures. (La Plata)*
- *Need to do better job with diversity – not getting to everybody in the community. (Archuleta)*
- *Indigent care, making it available-interpretation and bilingual staff. (La Plata)*
- *As population ages, people staying in their home and getting care -- rather than going to a home; aging in place. (La Plata)*
- *Seniors want to stay in their home, but resources don't exist to support that. (La Plata)*
- *Lack of funding for San Juan Basin Health Department so programs unavailable to people especially seniors. (Archuleta)*
- *Elder care: no single entry, support group, funding cuts, options for long term care, having one place to call. (Archuleta)*

Mortality

As shown in Figure 6, death rates from all causes have been declining over the past 20 years in both counties. The age-adjusted death rates in both counties were significantly below the overall Colorado death rate in 2010.



Across the US in 2007, life expectancy ranged from 65.9 to 81.1 years for men and 73.5 to 86.0 years for women at the county level.⁴ Table 2 shows life expectancies for men and women in both counties, which are several years behind the highest life expectancy in the country. In 2010, Colorado estimated that the overall life expectancy for HSR9 was 80.4; healthy life expectancy was about eight years fewer at 72.7 years. Among white Latino residents across Colorado, overall life expectancy is similar to the overall average at 79.2 years. However, healthy life expectancy among Latinos is only 61.1 years, suggesting significant morbidity during almost twenty years of life among Latinos.⁵

		2000	2007
Archuleta	men	74.1	76.8
	women	80	81.4
La Plata	men	76.4	77.9
	women	81.1	82.2

⁴ Kulkami S, Levin-Rector A, Ezzati M, and Murray C. Falling behind: life expectancy in U.S. counties from 2000-2007 in an international context. *Population Health Metrics* 2011; 9:16.

⁵ Bol K. Living Longer? Living Better? Estimates of Life Expectancy and Healthy Life Expectancy in Colorado. Colorado Department of Public Health and Environment Health Watch 2012; 82:1-12.

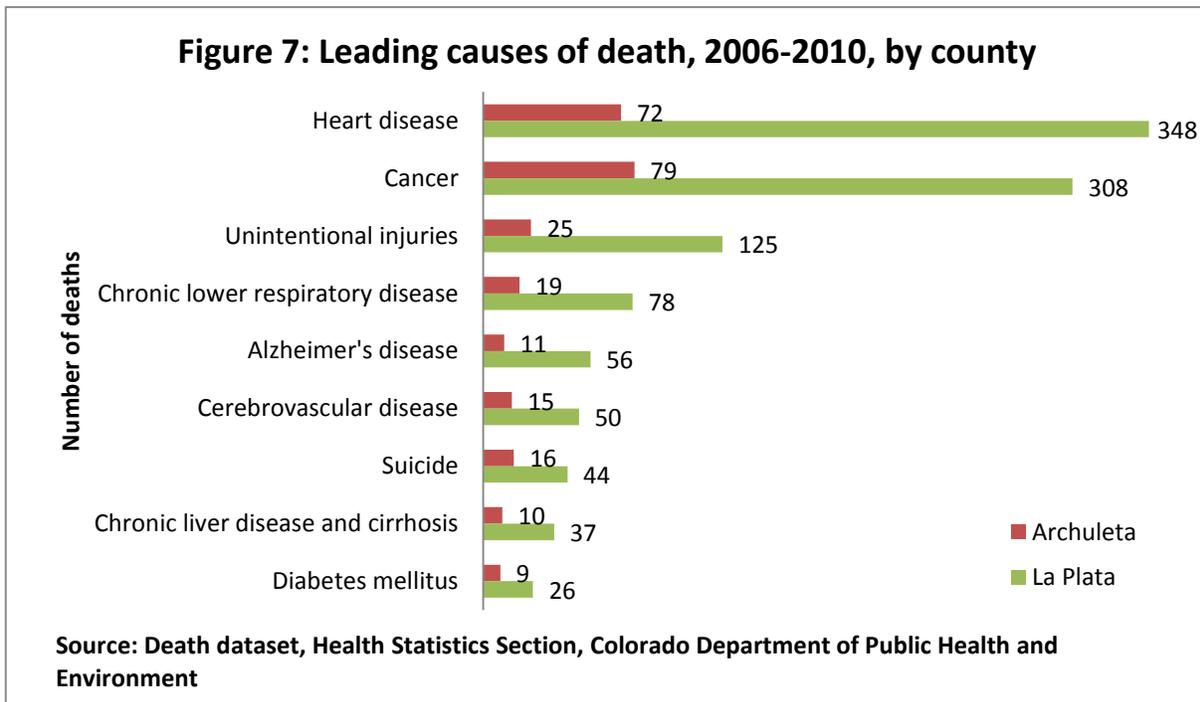
Table 3 shows the leading causes of death as well as the leading causes of potential life lost, which takes into account a person dying at a younger age. The overall top three leading causes of death in both counties and the state include: cancer, heart disease, and unintentional injuries. La Plata loses the most residents to heart disease, compared to cancer being the leading cause of death in Archuleta and the state. Suicide deaths in Archuleta county rise to the fourth leading cause of death compared to a rank of seven in La Plata and the state.

Across both counties and the state, unintentional injuries claim the most years of potential life lost. In Archuleta, suicide ranks second, slightly higher than the state rank of third. Chronic liver disease and cirrhosis claim more potential years of life in both counties at a rank of five, compared to the state rank of eighth.

Table 3: Leading causes of death and years of potential life lost, by county, 2007-2009

leading causes of death			leading causes of years of potential life lost		
Archuleta	La Plata	Colorado	Archuleta	La Plata	Colorado
Cancer	Heart disease	Cancer	Unintentional injuries	Unintentional injuries	Unintentional injuries
Heart disease	Cancer	Heart disease	Suicide	Cancer	Cancer
Unintentional injuries	Unintentional injuries	Unintentional injuries	Cancer	Heart disease	Suicide
Suicide	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Heart disease	Suicide	Heart disease
Chronic lower respiratory diseases	Alzheimers disease	Cerebrovascular diseases	Chronic liver disease and cirrhosis	Chronic liver disease and cirrhosis	Perinatal period conditions
Alzheimers disease	Cerebrovascular diseases	Alzheimers disease	Chronic lower respiratory diseases	Homicide/legal intervention	Congenital malformations, deformations, chromosomal abnormalities
Cerebrovascular diseases	Suicide	Suicide		Injuries of undetermined intent	Homicide/legal intervention
Chronic liver disease and cirrhosis	Chronic liver disease and cirrhosis	Diabetes mellitus		Chronic lower respiratory diseases	Chronic liver disease and cirrhosis
Other diseases of circulatory system	Diabetes mellitus	Influenza and pneumonia		Kidney disease	Cerebrovascular diseases
Kidney disease	Influenza and pneumonia	Chronic liver disease and cirrhosis		Diabetes mellitus	Injuries of undetermined intent

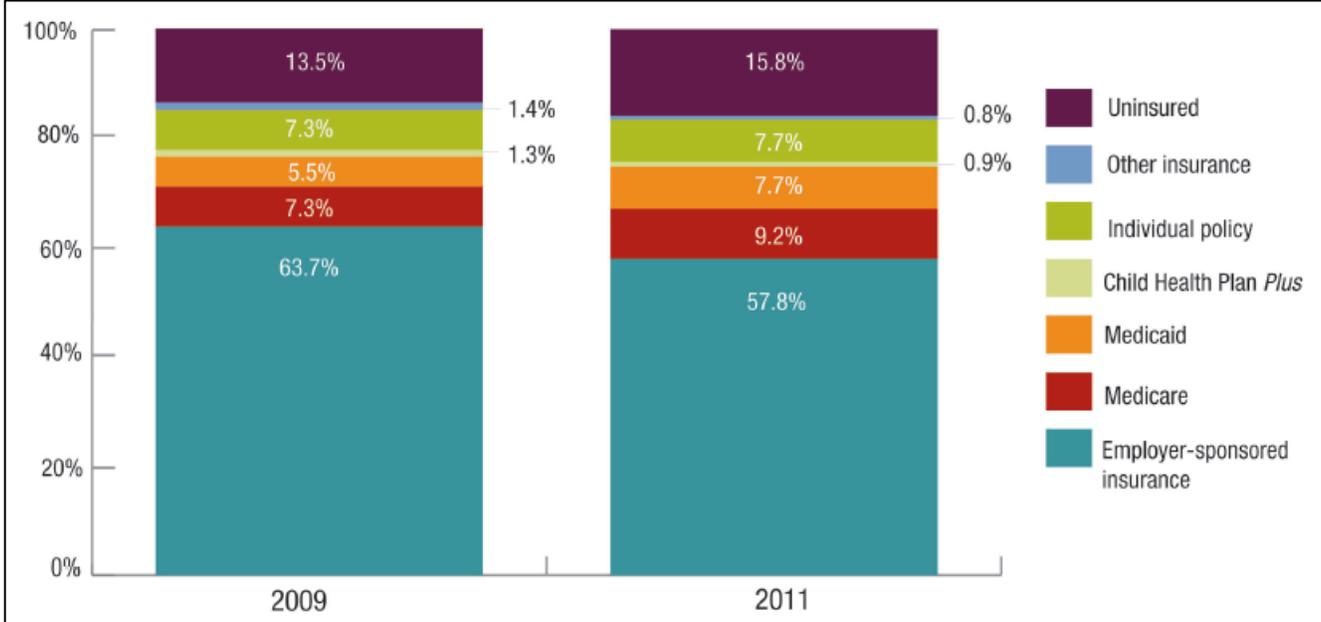
Figure 7 shows the actual numbers of death from each of the leading causes over a five year period. This indicates the number of lives that could be saved from more intensive interventions and/or programming in each of the areas.



Access to care

One large barrier to access to care is not having insurance. In Colorado during the past four to five years, rates of being uninsured have increased and employer-sponsored insurance has decreased, as shown in Figure 8.

Figure 8: Health insurance coverage in Colorado (Source: Colorado Health Access Survey)



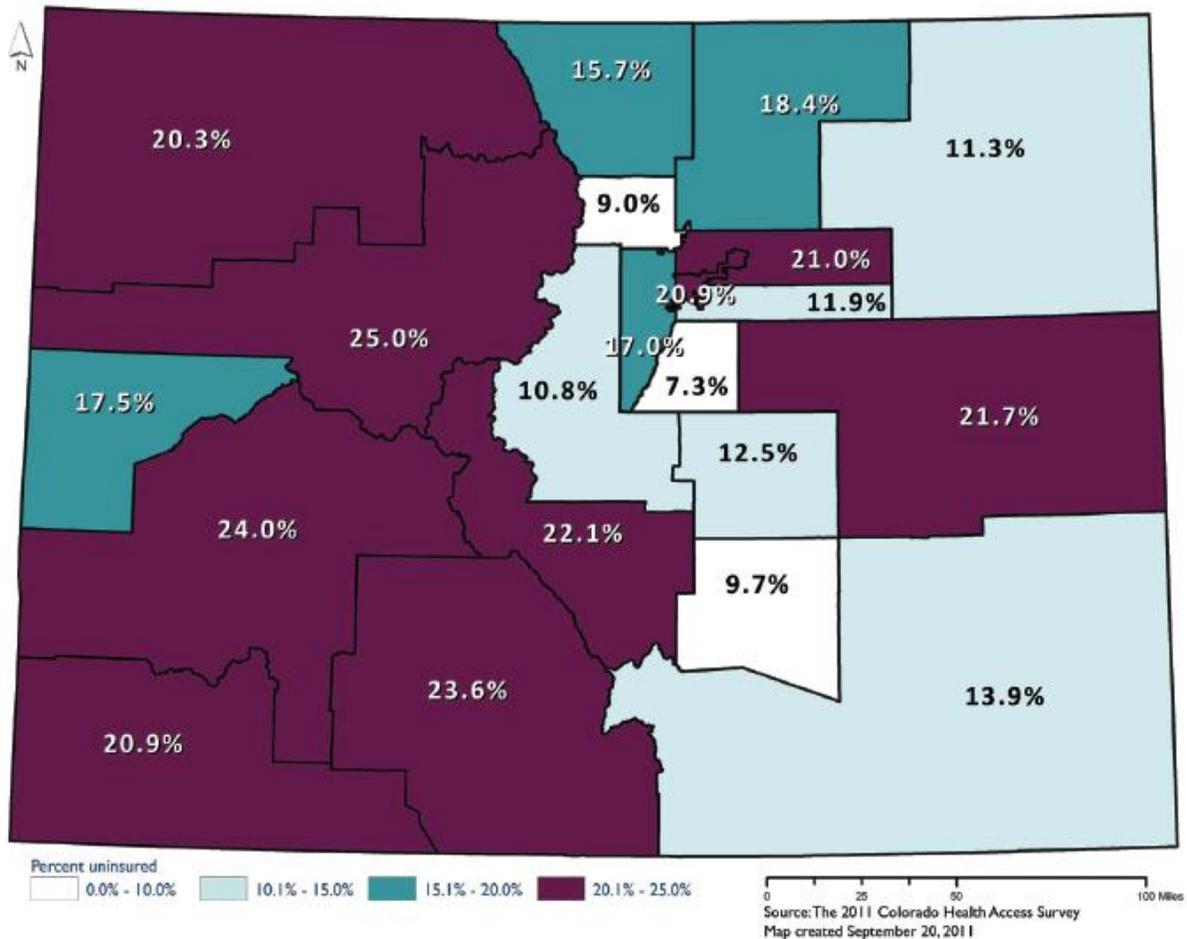
The vast majority of Coloradans without health insurance reported cost as a reason for not having insurance (84.6%); this was followed by four in ten reporting that the employed family member was not offered insurance (40.6%) and/or the employed family member with insurance lost jobs or changed employers (39.3%). Only 13.5% of those without health insurance reported not needing it.⁶

Age is an important factor when considering the uninsured. Statewide in 2011, those age 19-34 were most likely to be insured (27.7%), closely followed by those aged 35-54 (21.9%). Middle-aged (55-64) were less likely to be uninsured (13.6%) and those 65 and older were almost never uninsured (0.8%). Children were still at low risk of being uninsured (8.2%).⁷

⁶ Prepared by the Colorado Health Institute for The Colorado Trust. (2011). Overview of Coloradans' health care coverage, access and utilization.

⁷ Ibid

As seen in the map below, the uninsured rate in the two counties of Archuleta and La Plata is among the highest in the state with one in five not having insurance.

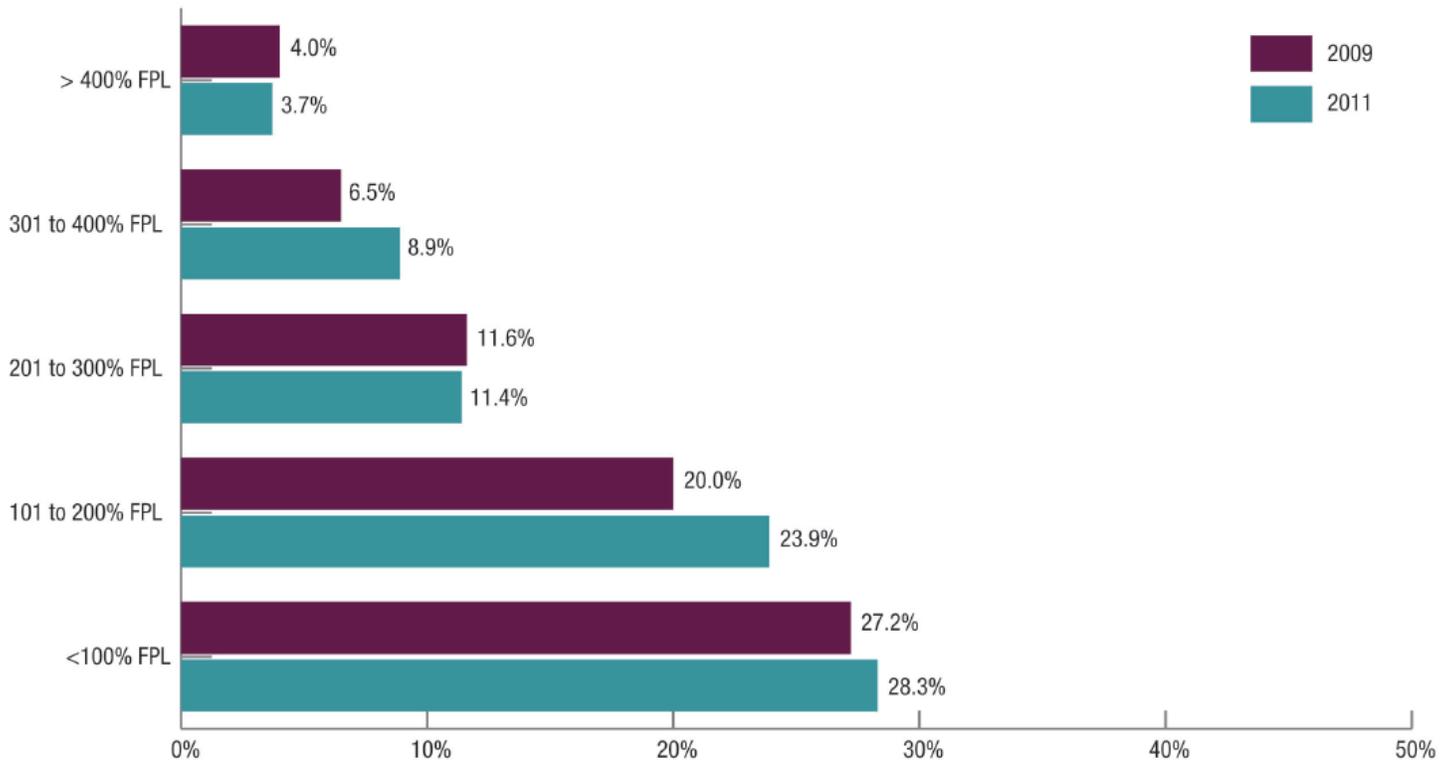


Across the state, not having insurance is strongly associated with income; as shown in Figure 9, not having insurance is a minimal problem for those above approximately 300-400% of the federal poverty level. Some additional coverage could be obtained through Medicaid for some; in 2010 in La Plata, 327 adults and 996 children were eligible but not enrolled for Medicaid (or Child Health Plan for children). In Archuleta, 74 adults and 224 children were eligible but not enrolled.⁸

⁸ Colorado Health Institute. Data Repository: County profiles.

In 2012, an additional 79 adults in Archuleta and 352 in La Plata county who are at 0-10% of the federal poverty level will become eligible for Medicaid expansion to adults without dependent children through the Colorado Health Care Affordability Act.⁹

Figure 9: Uninsured rates in Colorado by federal poverty level, 2009 and 2011 (Source: Colorado Health Access Survey)



Health care reform will support adults at 250% FPL or lower (see Appendix C) with subsidies to buy insurance. In Archuleta, there are approximately 1,356 adults age 18-64 at 250% FPL or lower who are uninsured; in La Plata the corresponding number is 4,590.¹⁰

Recent surveys show that 15.4% of residents of both counties combined report not receiving needed medical care in the past year because of cost.¹¹

⁹ Colorado Health Institute. Data Repository: Uninsured Colorado adults without dependent children newly eligible for Medicaid.

¹⁰ US Census Bureau. (2011). Small area health insurance estimates. 2009 Health insurance coverage status for counties.

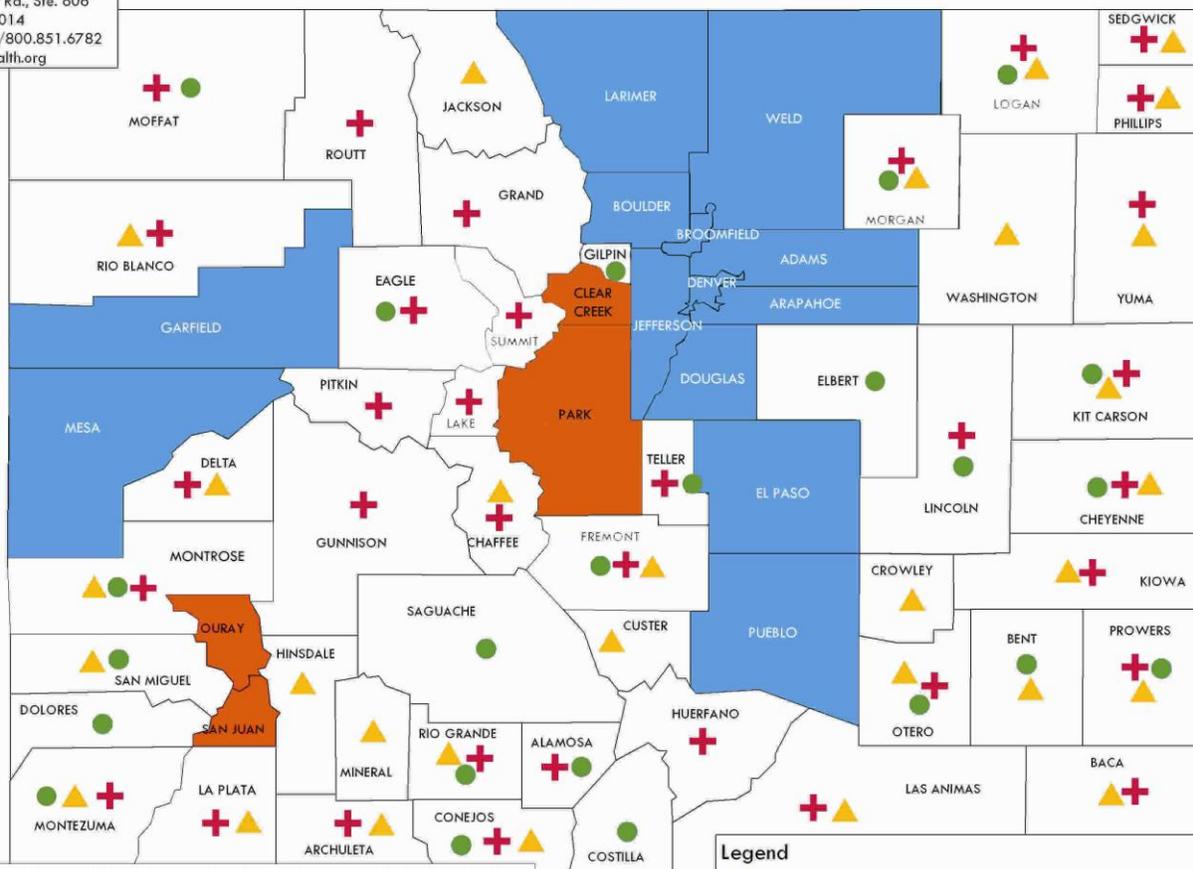
¹¹ Chambers, G. Capstone project: Determinants of Health Care Access in Archuleta and La Plata Counties. Data combined from Colorado Health Access Survey (2011) and Colorado Household Survey (2008-2009).

- 26.0% of those with any healthcare visit in the past year report visiting the emergency room at least once
- 38.0% of those who visited the emergency room report their last visit to the emergency room was for a non-emergency

The map below shows the locations of the various types of clinics throughout Colorado; each of the counties is home to one rural health clinic and one rural hospital. Noticably absent is a community health center in either county; community health centers receive federal funding that comes with the responsibility of not turning away any patients due to the inability to pay. La Plata County is almost twice as large as the next rural county without a community health center, meaning that La Plata has a relatively large uninsured and low income population to care for without a community health center safety net system.

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Facility - Types in Rural Counties 2012



When addressing healthcare issues in Colorado, if you limit resources or participation to specific facility-types, entire counties can be excluded. Of Colorado's 47 rural counties:

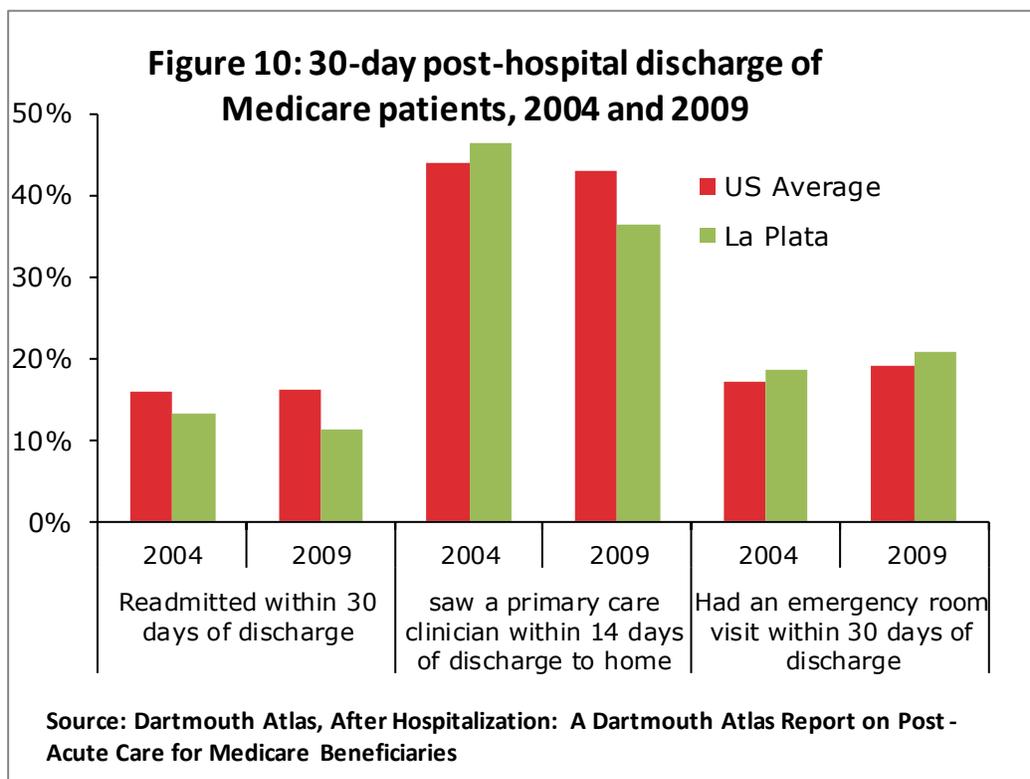
- ★ 28 do not have an FQHC
- ★ 18 do not have a hospital
- ★ 21 do not have an RHC
- ★ 4 do not have any of these facilities

Legend

- ▲ Certified Rural Health Clinic(s) (RHC)
- Community Health Center(s) (aka Federally Qualified Health Center)
- ⊕ Rural Hospital(s)
- Rural (non-metro) counties without any of the above facilities
- Urban Counties

Having an adequate type and number of providers of health care may also influence accessibility to having a usual source of primary care. Current estimates of market need for primary care based on population distribution by age in Archuleta suggest the following needs: 6.7 primary care physician full-time equivalents (FTE), including family practice, internal medicine, and pediatrics; and 1.2 FTE obstetrics/gynecology. Estimated La Plata needs are: 25.8 FTE primary care physicians and 5.8 obstetrics/gynecology.¹³ A recent study conducted in La Plata reported that in 2008 there were approximately 22.7 FTE primary care physicians and 6 FTE obstetrics/gynecology.¹⁴ Additionally, the percent of physicians who are primary care providers in La Plata is 20.3% and in Archuleta it is 42.9%. The overall percent of physicians in primary care in Colorado is 28.7.¹⁵ In sum, this data suggests a shortage of primary care providers, particularly in La Plata.

Not having a usual source of care can lead to difficulties obtaining care to stay out of the hospital or to follow-up with a primary care provider after being in the hospital. As shown in Figure 10, La Plata Medicare patients are less likely to see a



primary care provider within 14 days of being discharged from the hospital compared to nationwide; the percent with timely follow-up has decreased during 2004-2009.

¹³ Thomson-Reuters Physician Demand database. Accessed via Mercy Regional Medical Center on May 18, 2012.

¹⁴ Community Health Care Capacity Project: Report and Recommendations. (March 2010). La Plata County, Colorado.

¹⁵ Colorado Health Institute. Colorado Practicing Physicians. (2011). Colorado Department of Local Affairs, State Demographer Office.

Language barriers to seeking care can also decrease adequate access to care. Approximately one in ten people in both counties speak a language other than only English at home. In La Plata, 1.5% report speaking Spanish at home and English less than well; in Archuleta this percentage is 2.9%.¹⁶ The La Plata Unity Project reported sending volunteer interpreters to 245 health appointments during the most recent fiscal year for a total of 354 hours of Spanish/English interpretation.¹⁷

What did the community say?

- *Difficult to understand medical care in Durango; [there are] no coordinated services. (La Plata)*
- *We do not put enough attention on having time to sit with families to develop conversations about their goals of care which helps with all other areas and keeps people happy, living longer and is overall less expensive. (La Plata)*
- *Access to primary care is limited, long wait times to get appointment. (La Plata)*
- *Lack of transportation to get to services is a huge issue. (La Plata and Archuleta)*
- *Large number of population self-employed and uninsured. (Archuleta)*
- *I take my husband in and it is \$40 [at the clinic], then they send me to City Market and that is \$50 for a 90-day supply medication for blood pressure...you can't do that. (Archuleta)*
- *I'm diabetic, I'm high blood pressure, I've got high cholesterol...I can't really do any other type of job than the kind that I'm doing but it is seasonal. We have over \$10,000 of doctor bills. (Archuleta)*
- *You have to pay \$40 right then...now it has gone up to \$45. Then I have to pay for the blood work. Then people don't go to the doctor's or the dentist...they wait and they get worse. (Archuleta)*

Capacity Assessment

Both counties were negative about current capacity to address access to care, particularly around effectively addressing all populations in La Plata. Both counties were positive about sustainability and are optimistic about improvements in access to care.

¹⁶ Colorado Health Indicators.

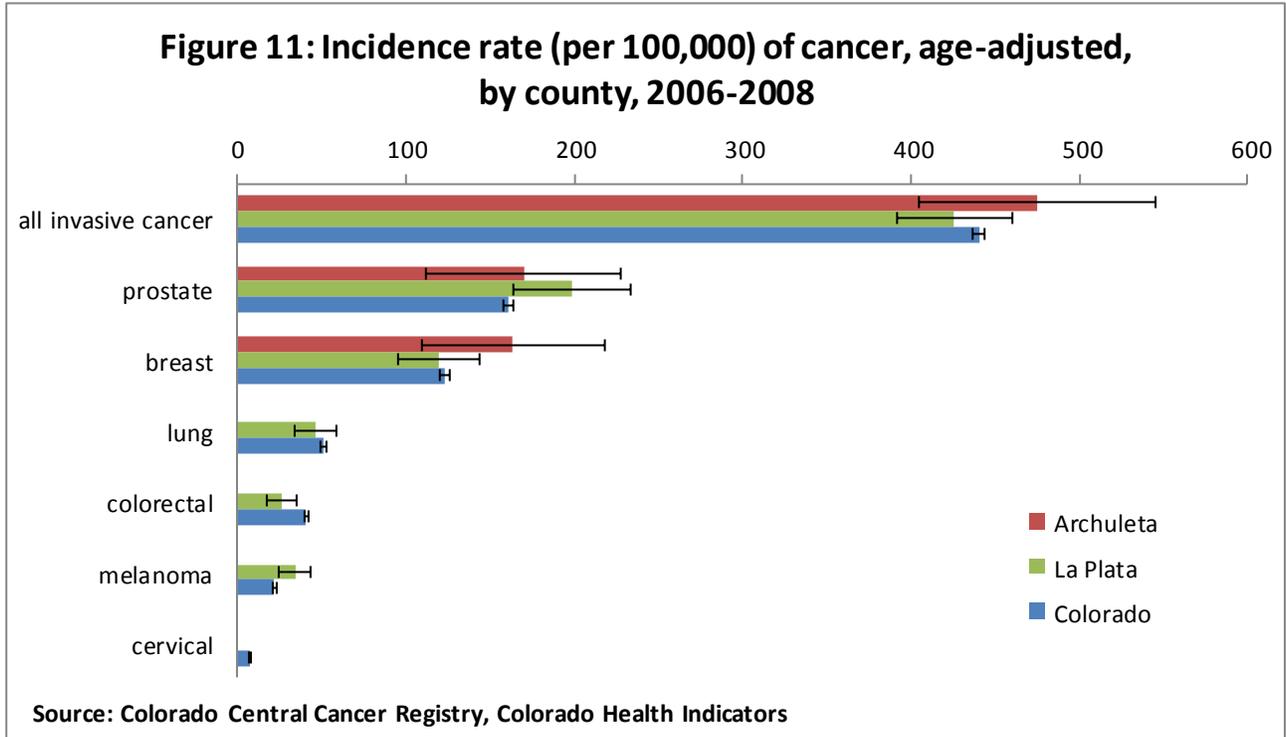
¹⁷ Personal communication, Danny Quinlan, La Plata Unity

Access to care- La Plata County		Access to care- Archuleta County	
Right number of organizations	↓	Right number of organizations	↓
Existing organizations effectively addressing	↓↓	Existing organizations effectively addressing	↓
Existing organizations will continue	↑	Existing organizations will continue	↑↑
Optimistic about improvement	↑↑	Optimistic about improvement	↑↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

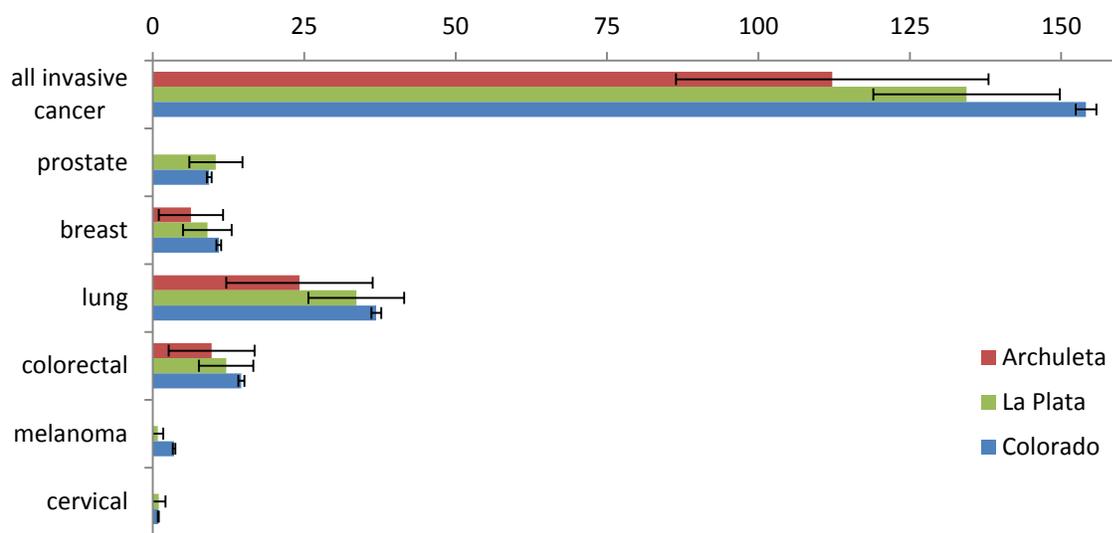
Cancer

Cancer is the leading cause of death in Archuleta and second leading cause of death in La Plata County. Figure 11 shows that prostate cancer and melanoma are diagnosed slightly more



often in La Plata county compared to the state while colorectal cancer is diagnosed slightly less often. However, when death rates from the same cancers are examined in Figure 12, death rates are lower in both counties for all invasive cancer compared to the state rate. Lung cancer is the most common cause of cancer death rates in both counties; Archuleta death rates are slightly lower than state death rates for lung cancer. Additionally, melanoma death rates in La Plata are slightly lower than state melanoma death rates, perhaps because cases are being caught early with the higher rates of diagnosis. Colorectal cancer death rates are not significantly different than the state despite a slightly lower diagnosis rate.

Figure 12: Death rate (per 100,000) from cancer, age-adjusted, by county, 2006-2010

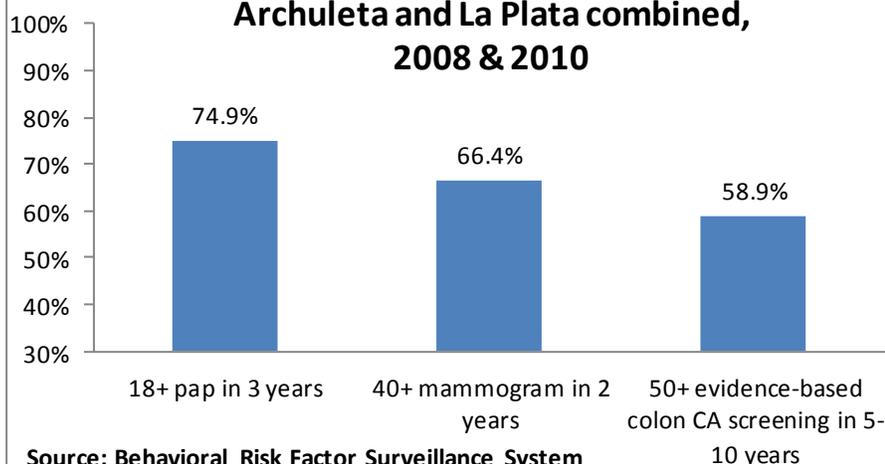


Source: Colorado Health Information Dataset: Death statistics

Examining screening rates directly can highlight opportunities and gaps in early detection, despite relatively good comparative cancer death rates in the two counties. Cancer screening rates for cervical (with pap test), breast (with mammograms), and colon cancer (with colonoscopy, sigmoidoscopy, or fecal occult blood testing) are not different than the state in either county shown below in Figure 13.

Low colon cancer screening rates are problematic nationwide, despite doubling during the past ten years. The most important factors, not surprisingly, related to screening are having insurance and having access to a usual source of care. Higher income and education level are associated with higher screening rates.

Figure 13: Cancer screening rates for Archuleta and La Plata combined, 2008 & 2010



Source: Behavioral Risk Factor Surveillance System

Knowledge and attitudes about colon cancer screening and physician recommendation are also predictive of receiving screening. More limited evidence suggests that practices with electronic

medical record reminder systems, staff who can follow-up with patients, and practices with patient navigators can improve colorectal cancer screening rates.¹⁸ If every man and woman between ages 50-74 received a colonoscopy every ten years per recommendations,¹⁹ it would require 1,538 colonoscopies per year in La Plata and 490 colonoscopies per year in Archuleta.²⁰

Breast cancer screening is reaching approximately two-thirds of eligible women who should be screened in both counties. The United States Preventive Services Task Force recommends screening mammography every two years in women aged 50-74, with some women beginning screening at age 40 based in individual factors.²¹ In 2010, the population of women aged 50-74 in Archuleta was 2,415 (additional 845 women aged 40-45) and in La Plata was 7,653 (additional 3,467 women aged 40-45).²² During a recent one-year period, Mercy Regional Medical Center conducted 950 screening mammograms on Archuleta residents and 4,489 on La Plata residents. Assuming that all women should receive mammograms every two years from age 40-74, Archuleta women need an additional 680 mammograms every year and La Plata women need an additional 1,071 mammograms every year in addition to what is already being performed at Mercy Regional Medical Center.

What did the community say?

- *Cancer screening – access/education. (Archuleta)*
- *Colonoscopies at the hospital now – more people are likely to do it here, instead of drinking stuff and driving for an hour – has worked. (Archuleta)*

¹⁸ Steinwachs, D., Allen, J. D., Barlow, W. E., Duncan, R. P., Egede, L. E., Friedman, L. S....& Virnig, B. A. (2010). National Institute of Health state-of-the-science conference statement: enhancing use and quality of colorectal cancer screening. *Annals of Internal Medicine*, 152, 663-667.

¹⁹ U.S. Preventive Services Task Force. (2008). Screening for colorectal cancer. Accessed at <http://www.uspreventiveservicestaskforce.org/uspstf/uspcolo.htm> on May 8, 2012.

²⁰ U.S. Census Bureau. American Fact Finder. Archuleta and La Plata counties, 2010.

²¹ U.S. Preventive Services Task Force. (2009). Screening for breast cancer: recommendation statement. Accessed at <http://www.uspreventiveservicestaskforce.org/uspstf09/breastcancer/brcanrs.htm> on May 8, 2012.

²² U.S. Census Bureau. American Fact Finder. Archuleta and La Plata counties, 2010.

Capacity Assessment

Both counties were neutral or negative about current capacity to address cancer. Both counties were positive about sustainability and are optimistic about improvements in cancer.

Cancer- La Plata County		Cancer- Archuleta County	
Right number of organizations	↔	Right number of organizations	↓
Existing organizations effectively addressing	↓	Existing organizations effectively addressing	↓
Existing organizations will continue	↑	Existing organizations will continue	↑↑
Optimistic about improvement	↑↑	Optimistic about improvement	↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

Cardiovascular risk factors: Obesity and tobacco

Two of the most substantial risk factors for cardiovascular disease are obesity and tobacco use.

Figure 14 shows the overweight and obesity rates in each county by age. Obesity rates increase slightly through aging, while overweight rates double in La Plata and almost triple in Archuleta between childhood and adulthood.

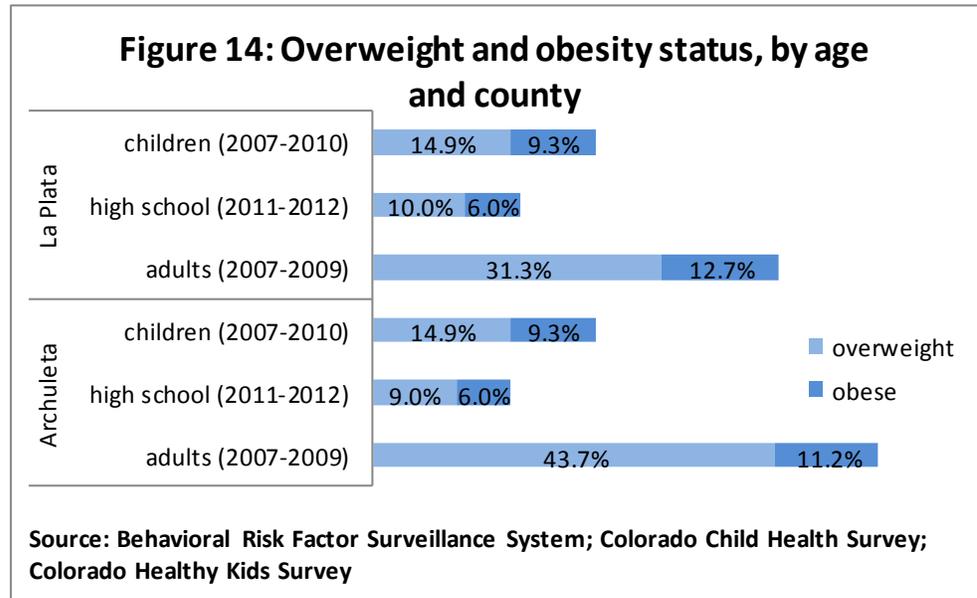
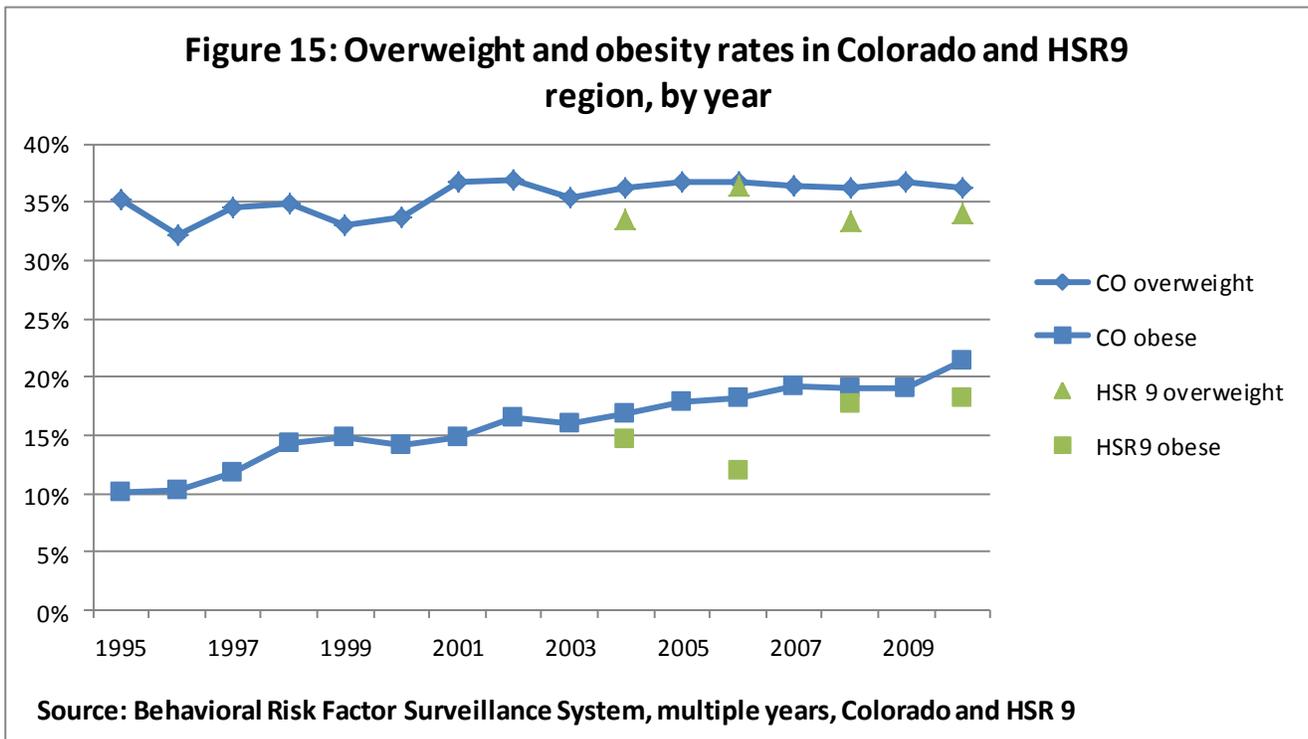


Figure 15 illustrates that in Colorado, overweight rates have been relatively stable during the past 15 years, while obesity rates have doubled. The green markers show the overweight and obesity rates for the five-county region (HSR9), which trend slightly lower than the state rates but in a similar pattern.



Nutrition and physical activity influence weight. The following unhealthy behaviors are reported among **children** (age 1-14) in Colorado:²³

- Nine of out ten (90.4%) do *not* eat fruit two or more times a day and vegetables three or more times per day
- Two-thirds (68.5%) eat fast food at least once in the week prior to the survey
- One-third (30.6%) drink sugar-sweetened beverages at least once a day
- One-third (36.0%) watch TV or video/computer more than two hours per day

The following unhealthy behaviors are reported among **adults**:

- One in five (17.8% in La Plata and 20.0% in Archuleta) are physically inactive
- More than half of adults in the five-county region (57.5%) eat fast food at least once a week

The Centers for Disease Control and Prevention has published a list of recommended community strategies to prevent obesity, many of which are relevant to school policy.²⁴ Table 4 presents a summary of the degree to which wellness and/or health policies at the schools in the two counties address the recommended policies. This summary does not address implementation and/or compliance with the policies at the school. Additionally, some of the strategies in the table may already be implemented in the absence of official policy.

²³ Colorado Child Health Survey. Health Statistics Section, Colorado Department of Public Health and Environment, 2007-2009.

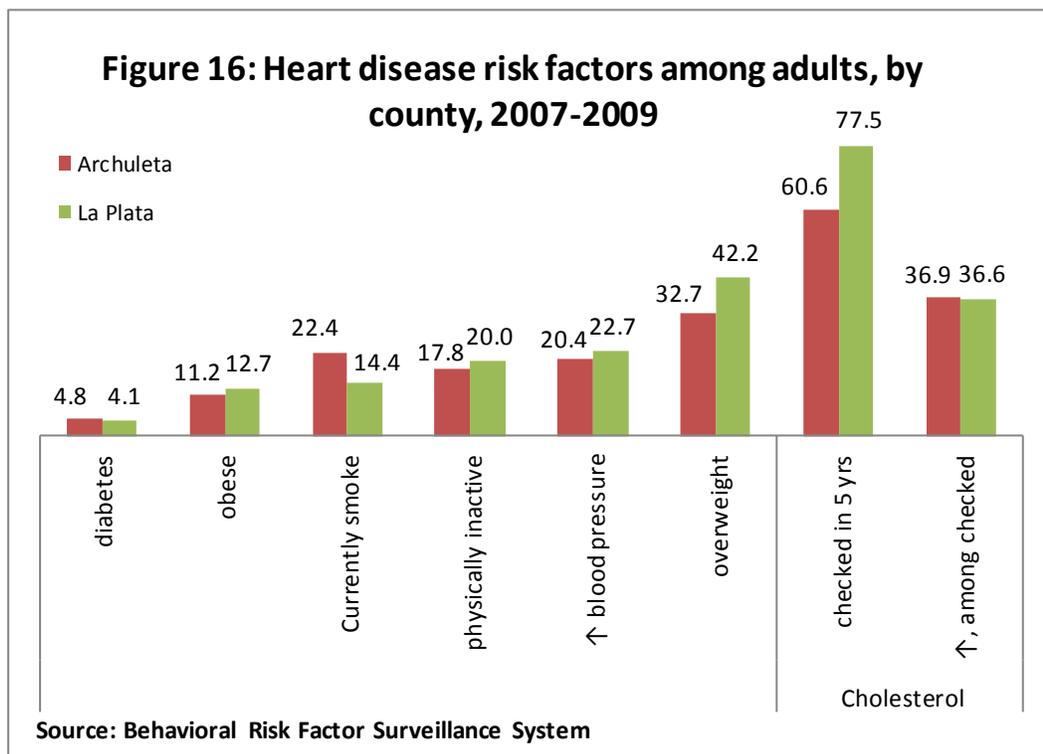
²⁴ Centers for Disease Control and Prevention. Recommended community strategies and measurements to prevent obesity in the United States. MMWR 2009; 58(7):1-30.

Table 4: School policies in Archuleta and La Plata counties to prevent obesity, based on Centers for Disease Control and Prevention recommendations

Recommended Community Strategies to Prevent Obesity	Durango School District 9-R	Bayfield School District	Ignacio School District 11-JT	Archuleta School District 50-JT
Increase availability of healthier food and beverage choices in public service venues	√	√	√	√
Improve availability of affordable healthier food and beverage choices in public service venues	√	√	√	√
Improve availability of mechanisms for purchasing foods from farms	√	√	√	
Provide incentives for the production, distribution, and procurement of foods from local farms	√	√	√	
Restrict availability of less healthy foods and beverages in public service venues	√	√	√	√
Institute smaller portion size options in public service venues		√		
Limit advertisements of less healthy foods and beverages	√	√	√	√
Discourage consumption of sugar-sweetened beverages	√	√	√	√
Require physical education in schools	√	√	√	√
Increase the amount of physical activity in physical education programs in schools	√	√	√	√
Increase opportunities for extracurricular physical activity	√		√	
Reduce screen time in public service venues				
Improve access to outdoor recreational facilities				
Enhance infrastructure supporting bicycling	√*			
Enhance infrastructure supporting walking	√*			
Support locating schools within easy walking distance of residential areas				
Enhance personal safety in areas where persons are or could be physically active				
Enhance traffic safety in areas where persons are or could be physically active				
Participate in community coalitions or partnerships to address obesity				

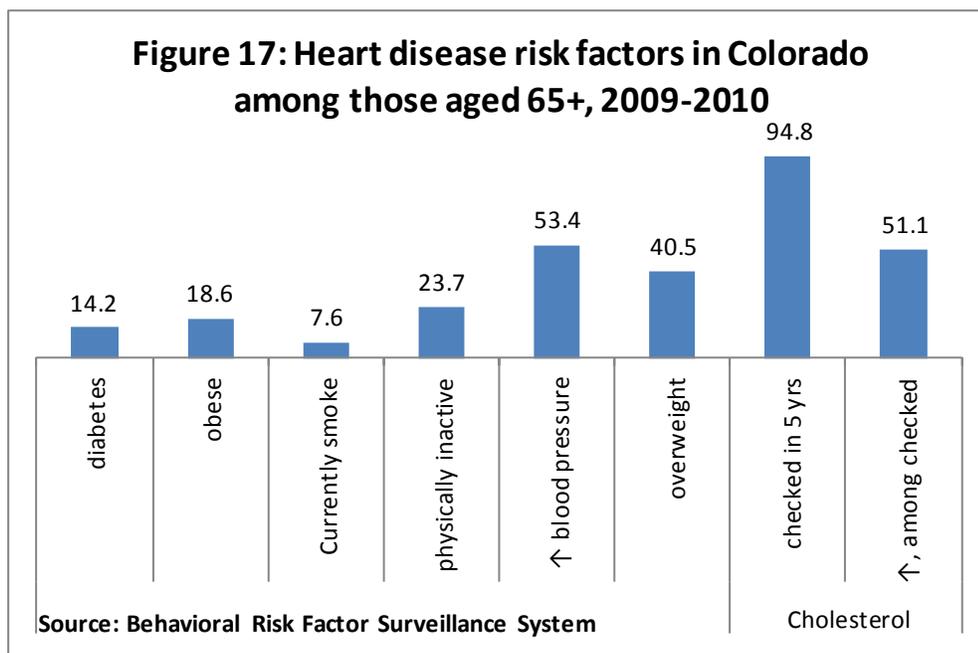
*Indicated in the proposed Health Report (not officially in Wellness Plan)

Figure 16 shows the percent of adults with additional risk factors for heart disease. Overweight and high cholesterol are the most common risk factors for heart disease in both counties.



and high cholesterol are the most common risk factors for heart disease in both counties. Both counties have lower rates of obesity than the state while other indicators in Figure 16 are similar to the state rates.

Figure 17 shows the percent of adults aged 65 and older in Colorado with heart disease risk factors. Approximately half have high blood pressure and high cholesterol; obesity, diabetes and physical inactivity are more common compared to the overall percentages in figure 16 above.



physical inactivity are more common compared to the overall percentages in figure 16 above. The only risk factor that is lower in this age group is smoking due to smokers living an average of ten fewer years

compared to non-smokers.²⁵

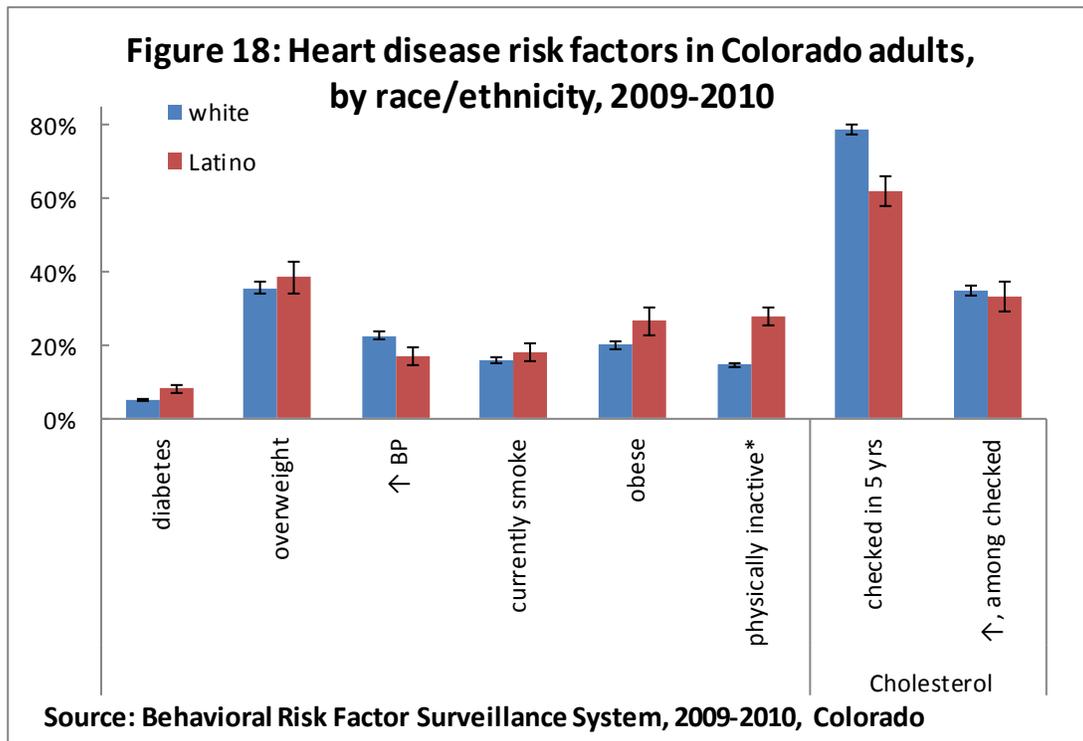


Figure 18 shows disparities in cardiovascular disease risk factors among Latinos in Colorado compared to whites. Latinos are more likely to have diabetes, be obese or physically inactive, and less likely to have their cholesterol checked. High blood pressure is reported slightly less often among Latinos; this could be due to lower rates of screening.

²⁵ Doll, R., Peto, R., Boreham, J., & Sutherland, I. (2004). Mortality in relation to smoking: 50 years' observations on male British doctors. *British Medical Journal*, 328, 1519-1528. doi: 10.1136/bmj.38142.554479.AE.

Table 5: Current Cigarette Smoking in Colorado in 2001, 2005 and 2008			
group	percent that smoked		
	2001	2005	2008
all adults	19.7	17.3	18.1
SEX			
women*	19.1	15.0	15.7
men	20.3	19.5	20.6
AGE GROUP			
18-24	30.2	24.5	25.1
25-44	20.9	17.7	20.8
45-64*	17.8	17.7	16.2
65+	9.2	7.8	8.8
ETHNICITY			
white*	19.1	15.6	16.8
Hispanic (English)	22.1	24.4	26.9
Hispanic (Spanish)	18.4	18.9	13.0
Black or African American	17.8	19.4	20.2
American Indian	36.4	34.9	42.6
Asian American	16.4	14.4	13.4
All Other	29.0	29.9	27.4
SEXUAL ORIENTATION			
heterosexual*	n/a	16.8	17.6
gay/lesbian/bisexual	n/a	35.8	38.4
MENTAL ILLNESS and/or LIMITATIONS			
no*	n/a	n/a	16.5
yes	n/a	n/a	34.3
DISABLED/UNABLE TO WORK			
not disabled*	19.2	16.8	17.7
disabled	43.6	38.7	35.6
SOCIO-ECONOMIC STATUS (SES)†			
not low SES*	14.2	12.0	11.4
low SES	33.1	27.9	29.2

bold means significant change from previous survey year, adjusted for age, sex, and ethnicity

red means significantly higher than reference group (an asterisk * marks reference groups) in 2008

green means significantly lower than reference group (an asterisk * marks reference groups) in 2008

† low SES is defined as <HS education, no insurance, <200% Federal Poverty Level (FPL) or being disabled

Nationally, an estimated one in five deaths are caused by tobacco, which harms nearly every organ in the body.²⁶ Tobacco use rates are highly associated with demographic factors, as shown in Table 5. For example, the rate of smoking among American Indians is almost three times the average in Colorado; among gay, lesbian, and bisexual populations, those with mental illness, disabled, and low socioeconomic status, the rate of smoking is approximately twice that of the average in Colorado. Therefore, efforts toward smoking cessation must reach these highest risk populations to be most effective.

In Colorado in 2008, two thirds (65.4%) of all adult smokers made at least one quit attempt during the past year; only 9.6% of quit attempters stayed quit for at least three months. Use of cessation treatment during quit attempts doubles or triples a quit attempter's chance of success compared to placebo or not using treatment. Using counseling or a quitline in addition to using medication increases the chance of success compared to one treatment alone.²⁷ However, only about one in five (19.9%) quit attempters in 2008 use nicotine replacement therapy; 6.4% used Chantix; and 7.4% called the Colorado QuitLine.²⁸

²⁶ Centers for Disease Control and Prevention, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (2010). Health effects of cigarette smoking.

²⁷ Fiore, M, Jaen, C, Baker, T, et al. 2008. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

²⁸ Burns E, Levinson A. et al. Adult Tobacco Use and Exposure, Colorado 2008. Amendment 35 Program Evaluation Group, Colorado School of Public Health, 2009.

What did the community say?

- *Cardiology is now one day a month...could use 10 days a month. (Archuleta)*
- *People with heart attacks, rehab is great, but when you have to drive to Durango three times a week, people stop doing it. (Archuleta)*
- *Durango does do a good job – healthy – better than most places i.e. exercise, food, people caring. (La Plata)*
- *Buying McDonalds for \$1.50 or a head of broccoli – what are you going to do? (La Plata)*
- *In terms of winnable battles, health food is something we can rapidly change in our community. Making local organic food attainable and cheap. (Archuleta)*

Capacity assessment

Both counties were negative about current capacity to address obesity, particularly around effectively addressing all populations. Both counties were positive about sustainability and are optimistic about improvements in obesity.

Obesity- La Plata County		Obesity- Archuleta County	
Right number of organizations	↓	Right number of organizations	↓
Existing organizations effectively addressing	↓↓	Existing organizations effectively addressing	↓↓
Existing organizations will continue	↑	Existing organizations will continue	↑
Optimistic about improvement	↑↑	Optimistic about improvement	↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

Both counties were neutral about current capacity to address tobacco. Both counties were positive about sustainability and are optimistic about improvements in tobacco.

Tobacco- La Plata County		Tobacco- Archuleta County	
Right number of organizations	↔	Right number of organizations	↔
Existing organizations effectively addressing	↔	Existing organizations effectively addressing	↔
Existing organizations will continue	↑	Existing organizations will continue	↑
Optimistic about improvement	↑	Optimistic about improvement	↑↑

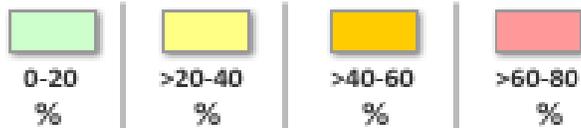
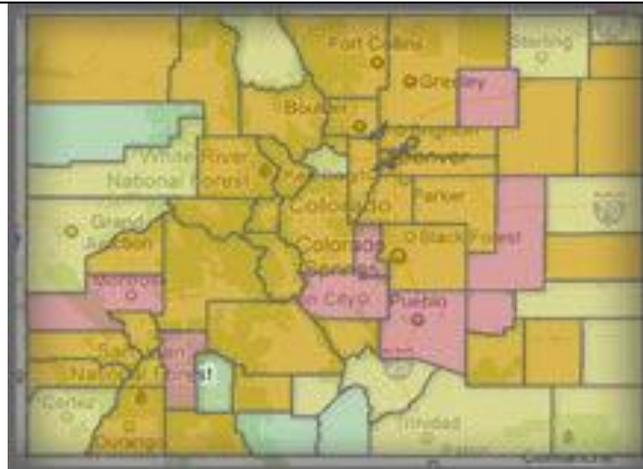
Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

Clean Air and Water

There are multiple environmental health issues that are tracked or measured in Colorado. Radon is a colorless, odorless, radioactive gas that forms naturally in soil when uranium breaks down. Radon can seep into buildings, and it is known to increase the risk of lung cancer in people exposed to it over many years. Colorado has high levels of radon across the state.²⁹

As shown in Map 1, approximately four in ten (40.8%) of household radon tests in Archuleta County were positive and more than half (56.3%) in La Plata County are above the EPA recommended action level. Only about six percent of houses during 2005-2009 were tested in La Plata and approximately 15% in Archuleta.³⁰

Map 1: Percent of radon tests voluntarily reported to the Colorado Department of Public Health and Environment during 2005-2009 that were positive (>4 pCi/L).



²⁹ Colorado Department of Public Health and Environment. Colorado Environmental Public Health Tracking: Radon. Accessed at <http://www.coepht.dphe.state.co.us/Environment/radon.aspx> on May 7, 2012.

³⁰ CDPHE Hazardous Materials and Waste Management Division via Colorado Health Indicators.

When residents of La Plata and Archuleta county were asked, 'Has your household air been tested for the presence of radon gas?' there was no difference in response compared to what actual testing records show. This indicates a reasonable awareness level of radon testing. Overall, approximately 80% of white Coloradans report knowing what radon is; fewer Coloradans of ethnic minority (less than 50% of Hispanics) and lower education (30% with less than high school education) report knowing what radon is.³¹

Particulate matter (PM10) is monitored at River City Hall in Durango and the Pagosa Springs School in Pagosa Springs. Higher levels are primarily due to wood burning and road sanding. Over a 2008-2010 average, Pagosa Springs had three days exceeding PM10 standards and Durango had an average of six days per year.³²

Ozone is monitored in La Plata County. La Plata had one day with the daily maximum 8-hour average ozone concentration over US standards in each year of 2006, 2007, and 2009; 2008 did not have any days over the maximum for ozone concentration.³³

Poor air quality can be related to negative health outcomes. Available data at the county levels suggest that La Plata and Archuleta both have asthma hospitalization rates below the state age-adjusted average.³⁴ There was one hospitalization for unintentional carbon monoxide poisoning in La Plata County in 2009 and none in Archuleta.³⁵

Almost half of residents report using a private well for water in La Plata County (48.7%).³⁶

Water quality in La Plata and Archuleta counties (2009) shows average levels of arsenic, nitrates, and total trihalomethanes and haloacetic acids (both disinfection byproducts) that are below the maximum average contaminant level in community water systems. In 2009, two water systems in La Plata exceeded the maximum concentration level for total trihalomethanes: the City of Durango and Edgemont Ranch. One water system in Archuleta exceeded the maximum concentration level for nitrate (Town of Wiggins). These data do not tell us the duration of time that the maximum level was exceeded, how much total contaminant an individual is actually

³¹ Colorado Behavioral Risk Factor Surveillance System.

³² Colorado Department of Public Health and Environment. Air Pollution Division. (2011). Colorado: 2010 Air Quality Data Report.

³³ Colorado Department of Public Health and Environment. Colorado Environmental Public Health Tracking: Air quality query results. Retrieved on May 10, 2012 at http://www.chd.dphe.state.co.us/topics.aspx?q=Env_Health_Data

³⁴ Colorado Environmental Public Health Tracking. Asthma Hospitalization Query. Retrieved on March 15, 2012 from <http://www.coepht.dphe.state.co.us/Health/Asthma.aspx>.

³⁵ Colorado Environmental Public Health Tracking. Carbon monoxide poisoning query results. Retrieved on May 10, 2012 at <http://www.coepht.dphe.state.co.us/Health/carbonMonoxide.aspx>.

³⁶ Colorado Behavioral Risk Factor Surveillance System.

exposed to or the level of contaminant actually present in individual or household water sources.³⁷

What did the community say?

- *Mercury and heavy metals in water are leading to unknown health problems. (La Plata)*
- *Oil and gas development – unique. (La Plata)*
- *Need to address environmental causes of chronic disease. (La Plata)*
- *People can pollute without consequence. (La Plata)*

Capacity Assessment

Both counties were fairly neutral about capacity for addressing clean air and water. La Plata was slightly more negative about effectively addressing clean air and water while Archuleta was slightly more positive about sustainability of existing organizations. Both are optimistic about improvement in clean air and water.

Clean air and water- La Plata County		Clean air and water- Archuleta County	
Right number of organizations	↔	Right number of organizations	↔
Existing organizations effectively addressing	↓	Existing organizations effectively addressing	↔
Existing organizations will continue	↔	Existing organizations will continue	↑
Optimistic about improvement	↑	Optimistic about improvement	↑↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

³⁷ Colorado Department of Public Health and Environment. Colorado Environmental Public Health Tracking: Water quality query results. Retrieved on May 10, 2012 at http://www.chd.dphe.state.co.us/topics.aspx?q=Env_Health_Data

Infectious disease prevention

Important groups of infectious diseases for a community include those that are sexually transmitted, foodborne, and/or vaccine-preventable.

Sexually transmitted infection rates among 15-29 year olds of the two most common infections (chlamydia and gonorrhea) were well below the state average rate in both counties.³⁸ In 2009, there were a total of 15 diagnosed cases of chlamydia and two of gonorrhea total in Archuleta; in La Plata there were 147 chlamydia cases and 19 gonorrhea cases.³⁹

Nationally during 2011, the top five foodborne pathogens contributing to *illness* were: norovirus (not reportable), salmonella, clostridium perfringens (not reportable), campylobacter, and staphylococcus aureus (not reportable). Nationally, the top five foodborne pathogens contributing to *death* are: salmonella, toxoplasma, listeria, norovirus, and campylobacter.⁴⁰

Figure 19 shows the number of cases of reportable infectious diseases during 2008-2011 for those that had at least five cases report in at least one of the years. Several of the diseases are common foodborne diseases listed above. A few additional diseases that were reported in the counties were vaccine-preventable: streptococcal pneumonia, chicken pox, influenza, and pertussis. Pertussis is the only reportable infectious disease in 2007-2009 that was higher than Colorado in La Plata County and borderline high in Archuleta County. The rate was three times as high in Archuleta County (13.3 vs. 4.5 in Colorado) and almost seven times as high in La Plata County (30.2 vs. 4.5). However, these rates were explored further and found to be caused by sample contamination.⁴¹

During 2008-2011, there were no cases in either county of the following reportable infectious diseases: botulism, cholera, cyclosporiasis, diphtheria, invasive strep, hantavirus, Kawasaki syndrome, legionellosis, measles, plague, Q fever, tularemia, typhoid fever, yersiniosis. During 2008-2011, there were between one and five cases in any given year of the following reportable infectious diseases: haemophilus influenzae, hepatitis A, hepatitis B, listeriosis, meningococcal disease, and west nile virus.⁴²

³⁸ Colorado Department of Public Health and Environment. Division of Disease Control and Environmental Epidemiology via Colorado Health Indicators.

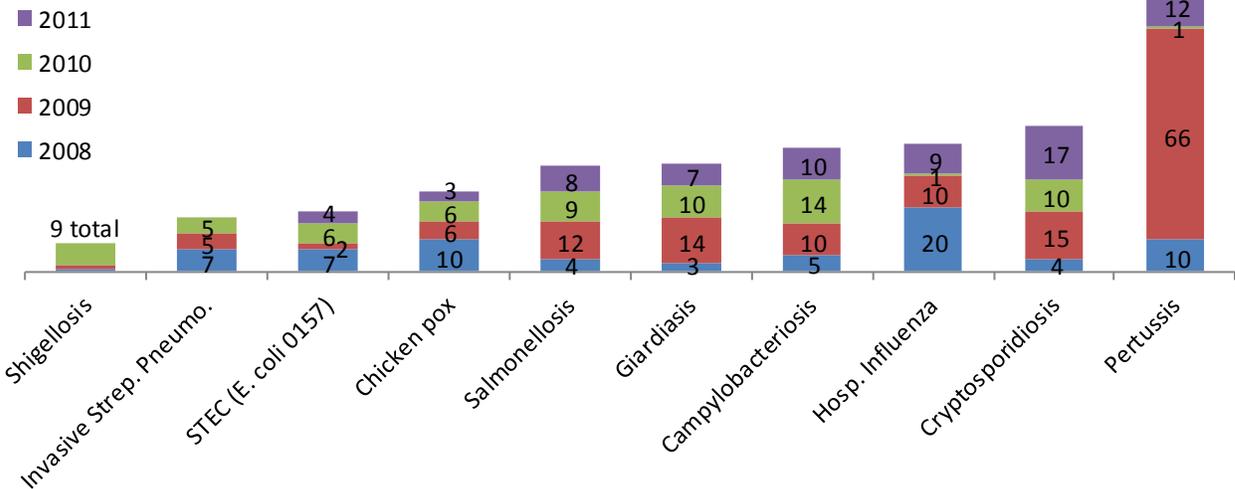
³⁹ Colorado 2008-2009 Sexually Transmitted Infections Annual Report Colorado Department of Public Health and Environment, Denver, CO. January 2012

⁴⁰ Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Foodborne, Waterborne, and Environmental Diseases (2012). CDC estimates of foodborne illness in the United States. Accessed at <http://www.cdc.gov/foodborneburden/2011-foodborne-estimates.html> on May 3, 2012.

⁴¹ Mandal, S., Tatti, K.M., Woods-Stout, D., Cassidy, P.K., Faulkner, A.E., Griffith, M.M...& Martin, S.W. (2012). Pertussis pseudo-outbreak linked to specimens contaminated by Bordetella pertussis DNA from clinic surfaces. *Pediatrics*, 129, 424-430.

⁴² CDPHE Division of Disease Control and Environmental Epidemiology via San Juan Basin Health Department.

Figure 19: Number of cases of reportable infectious diseases, Archuleta and La Plata counties combined, 2008-2011



Source: CDPHE Division of Disease Control and Environmental Epidemiology

In 2007-2009, approximately three-fourths of adults aged 65+ in La Plata County had a pneumonia shot (74.7%) and a flu shot (75.2%) in the previous year; these rates are similar to the state. Only about one-third of all adults aged 18 or older had a flu shot in the past year in both Archuleta (28.7%) and La Plata (35.9%) counties; these flu shot rates among all adults were significantly lower than the state rate of approximately four in ten (41.6%).⁴³ However, influenza hospitalization rates for those 65+ in the HSR 9 region overall were well below the state level (26.4 vs. 73.6 per 100,000). La Plata County influenza hospitalization rates were similar to state rates.⁴⁴

Statewide in 2010-2011, three-fourths of kindergarteners (74.0%) had received all required immunizations for school entry. DTaP (diphtheria, tetanus, and pertussis) had the highest rate of compliance at kindergarten entry with 92.6% of children fully immunized while MMR (measles, mumps, and rubella) had the lowest compliance with 79.4% of children having received both required doses.⁴⁵ Reliable county-specific immunization rates for Archuleta and La Plata were not able to be obtained for this report.

What did the community say?

- *Lack of immunizations and screenings. (Archuleta)*

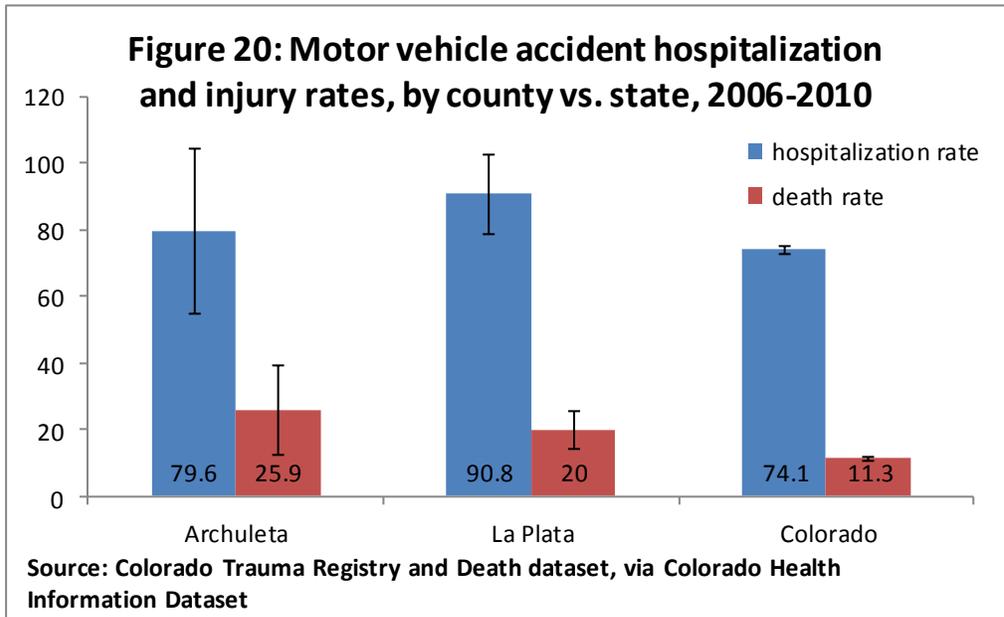
⁴³ Colorado Behavioral Risk Factor Surveillance System.

⁴⁴ Colorado Health and Hospital Association via Colorado Health Indicators.

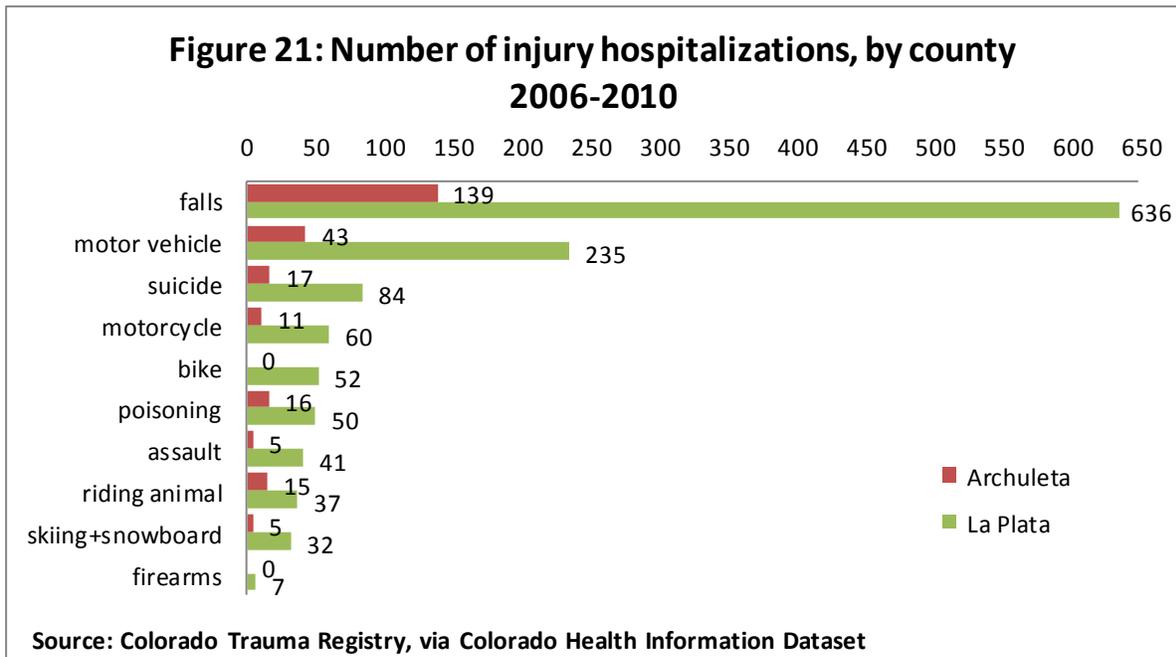
⁴⁵ Colorado Department of Public Health and Environment, Immunization Section. 2010-2011 Immunization School Survey Assessment (ISSA).

Injury prevention

As shown in Figure 20, injury hospitalizations from motor vehicle accidents (MVAs) were higher than the state in La Plata and similar in Archuleta. In both counties death rates from MVAs were higher than the state.



Falls were by far the largest cause of injury hospitalization (Figure 21), but many fewer resulted in death (Figure 22) compared to MVAs and suicide. Both hospitalization and death rates from

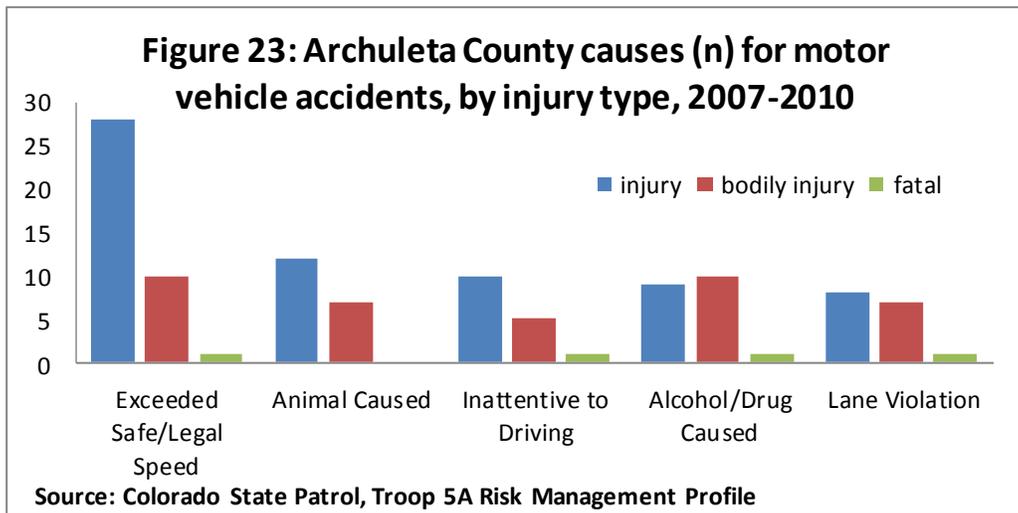
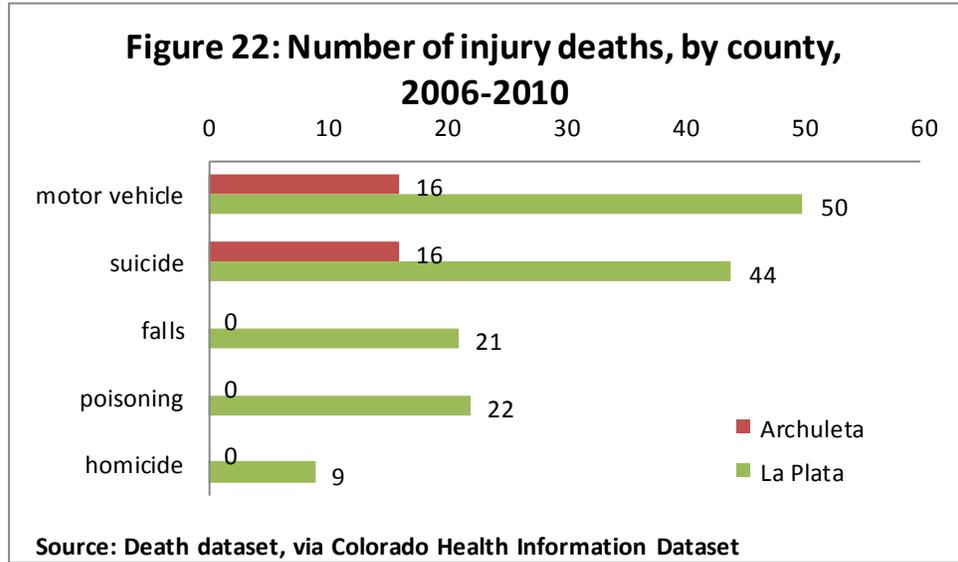


falls were similar to the state.

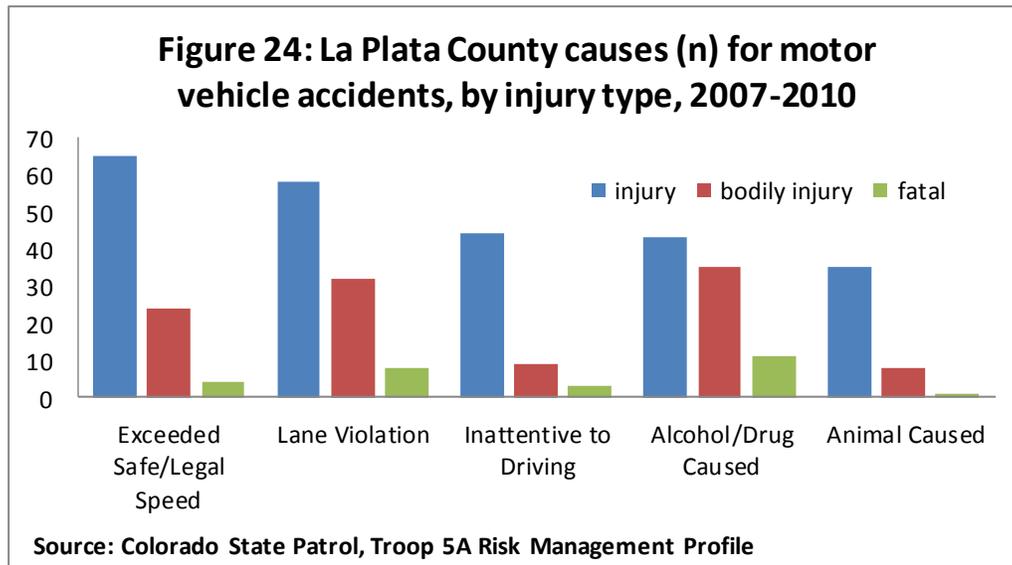
Among injury deaths shown in Figure 22, motor vehicle accidents and suicide remain at first and second in both counties; in Archuleta there were the same number of

people who died from motor vehicle and accidents over the five-year period.

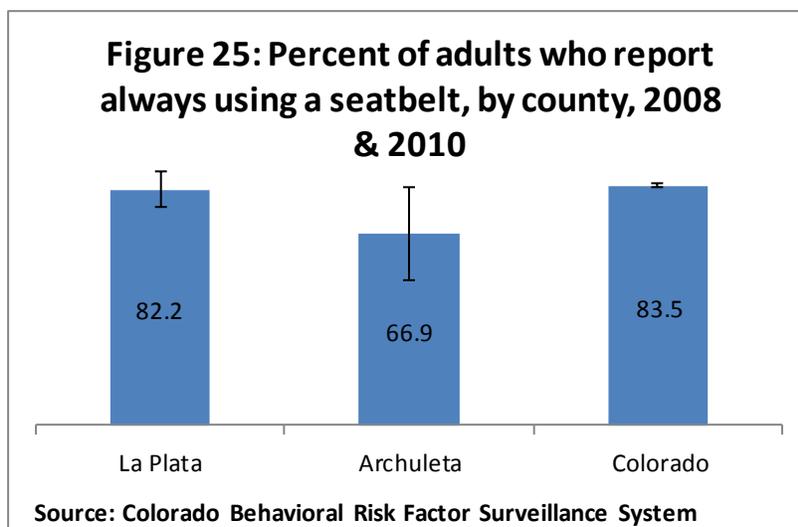
Hospitalizations in both counties from riding animals were higher than the state. In La Plata County, skateboard injury hospitalizations (n=12 during 2006-2010) were also higher than the state. In both counties, falls, suicide and assault injury hospitalizations were lower than that state; poisoning was also lower in La Plata County. Suicide, falls, poisoning, and homicide death rates were similar to the state rates.



Figures 23 and 24 show the leading causes of motor vehicle accidents in both counties. In both counties, excessive speed was the leading cause of injuries. Archuleta experienced more injuries from animals but no fatalities from that cause. Of note, in both counties, alcohol and drugs caused the most bodily injury and in La Plata caused the most fatalities. GIS maps of the mile marker locations of injury and fatalities can be found in Appendix A.



Prevention of motor vehicle accidents includes seatbelt use. As seen in Figure 25,



approximately one in five adults do not wear a seatbelt every time they are driving or riding in a car. In Archuleta County, approximately one-third of adults do not buckle up every time they are in a car. The proportion who always wear a seatbelt does not vary significantly statewide based on race/ethnicity.

As seen above in reasons for accidents, alcohol and drug use while driving is another important area for prevention. In La Plata County, 15% of middle and high school students report driving with somebody at least once during the past 30 days

who had been drinking alcohol.⁴⁶ Only 1.3% of adults in La Plata report driving in the past 30 days after having too much to drink, similar to the state reported 2.9%.⁴⁷

What did the community say?

- *We have dangerous driving – wildlife on road, weather, switchbacks. Distracted driving as well. (La Plata)*

Capacity Assessment

Both counties were fairly neutral about capacity for addressing injury prevention. La Plata was slightly more positive about effectively addressing injury prevention. Both are optimistic about improvement in injury prevention.

Injury prevention- La Plata County		Injury prevention- Archuleta County	
Right number of organizations	↔	Right number of organizations	↔
Existing organizations effectively addressing	↑	Existing organizations effectively addressing	↔
Existing organizations will continue	↔	Existing organizations will continue	↔
Optimistic about improvement	↑↑	Optimistic about improvement	↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

⁴⁶ Healthy Kids Colorado Survey: La Plata County. 2011-2012.

⁴⁷ Colorado Behavioral Risk Factor Surveillance System, La Plata County 2009-2010. Accessed through the Colorado Health Information Dataset.

Mental health and substance abuse

Colorado ranks 32nd in the nation in public sector mental health spending; substance abuse disorder spending is one-third the national average.⁴⁸ In 2009, Colorado spent an average of \$2,256 per estimated person in need of public mental health treatment (up from \$1,665 in 2002). Per capita substance abuse treatment funding in Colorado in 2009 was \$9.44. More than \$53 million was spent on prevention of substance abuse disorder by the Department of Behavioral Health in 2010. Average Medicaid spending in Colorado is 124% higher per person for those with any health mental health diagnosis compared to those without; the majority of the difference is due to increased physical and prescription costs.

Table 6 applies national prevalence estimate ranges for substance use and behavioral health disorders⁴⁹ to the adult population in Archuleta and La Plata counties to determine estimated number of people needing services.

Type of disorder		national %*	La Plata estimate	Archuleta estimate
substance use disorder		11.5%	4,693	1,113
behavioral health (mental health and substance abuse disorder)	mild	10.8-13.8%	4,408-5,632	1,045-1,336
	moderate	7-13.5%	2,857-5,509	678-1,307
	serious	6.3-8.2%	2,571-3,346	610-794

In fiscal year 2011, Axis Health System, the largest regional Medicaid mental health provider, served approximately 2,400 people in La Plata and approximately 400 in Archuleta.⁵⁰ Although there are additional private providers providing services in both counties, these numbers indicate that capacity to serve even those with the most serious mental health disorders may currently be insufficient. Nationally, approximately half of those seeking behavioral health care receive it in primary care settings. Access to care may be lower for certain populations; national data shows that the Hispanic population is 60% as likely to receive mental health care compared to other populations.⁵¹

⁴⁸ TriWest Group. (2011). The status of behavioral health care in Colorado—2011 update. Advancing Colorado's Mental Health Care: Caring for Colorado Foundation, The Colorado Health Foundation, The Colorado Trust, and The Denver Foundation: Denver, CO.

⁴⁹ Ibid

⁵⁰ Personal communication, Pam Wise-Romero, March 13, 2012.

⁵¹ TriWest Group. (2011). The status of behavioral health care in Colorado—2011 update. Advancing Colorado's Mental Health Care: Caring for Colorado Foundation, The Colorado Health Foundation, The Colorado Trust, and The Denver Foundation: Denver, CO.

Figure 26⁵² shows mental health and suicide hospitalization rates, which are significantly lower in both counties compared to the state. Combined with the suggestion of inadequate outpatient capacity above and higher suicide death rates, this low hospitalization rate suggests inadequate acute mental health services in the counties.

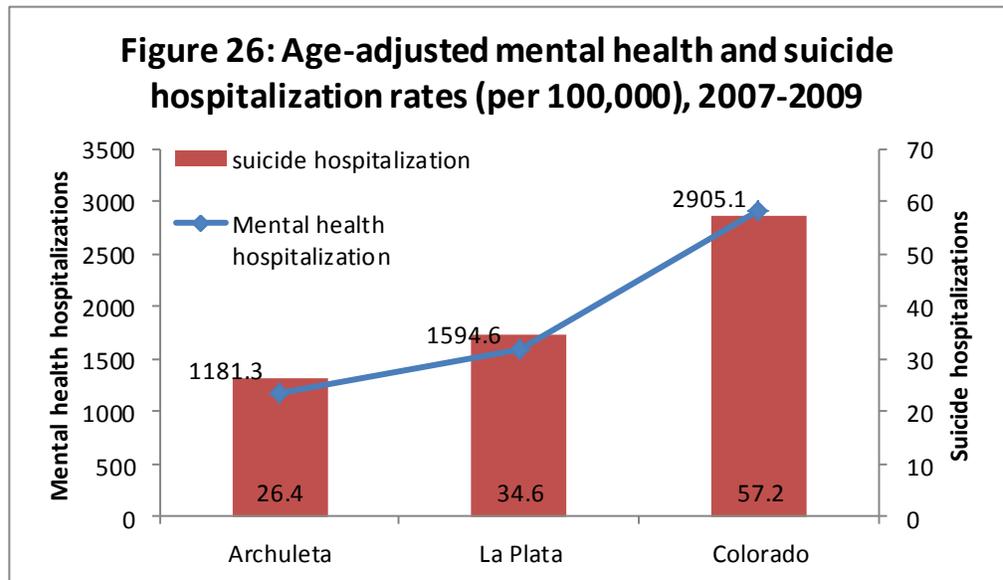
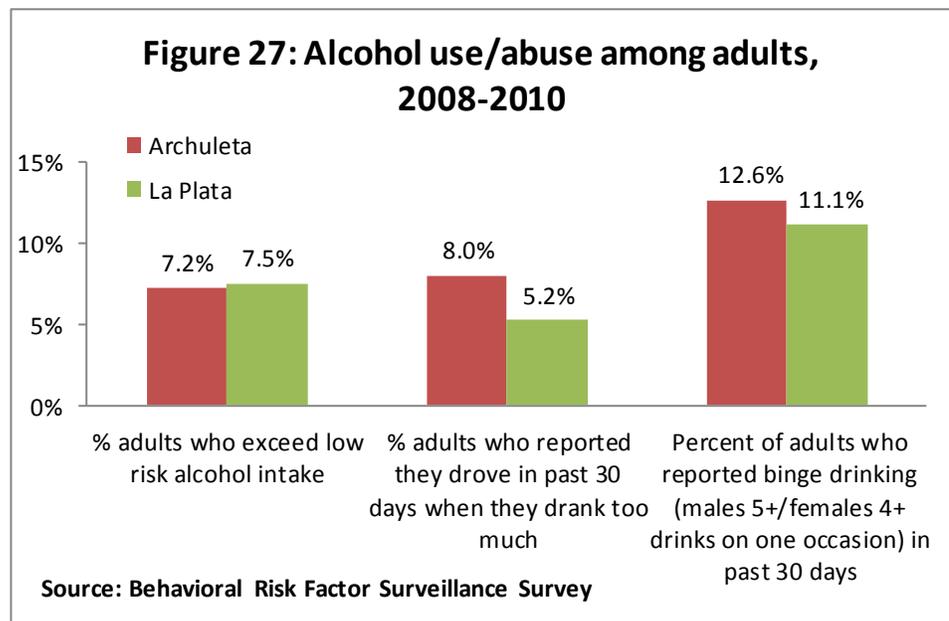


Figure 27 shows the self-reported rates of alcohol use and abuse in our counties. The reported rate of binge drinking in La Plata is significantly lower than the state rate of 15.9%; the other rates are similar to the state.

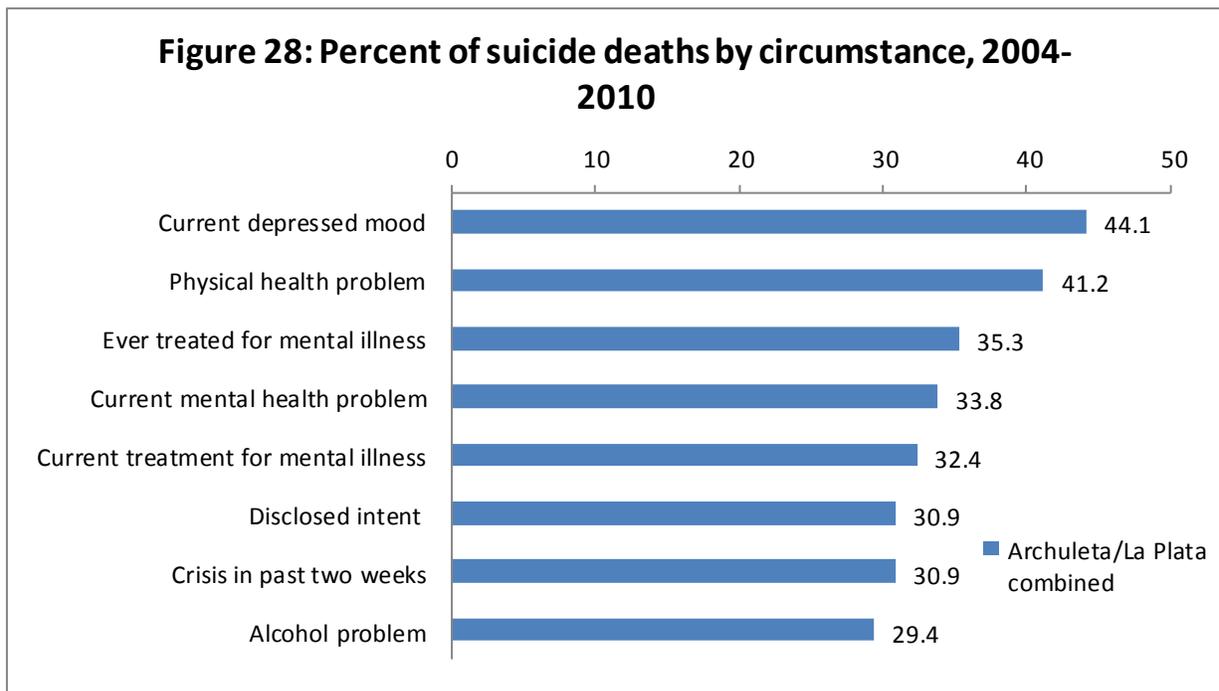
In La Plata County, 20.1% of women reported drinking alcohol during the last three months of pregnancy; this proportion was significantly higher than the rate of 10.8% in Colorado.⁵³



⁵² Colorado Health and Hospital Association, 2007-2009. Accessed via the Health Statistics Section on February 21, 2012.

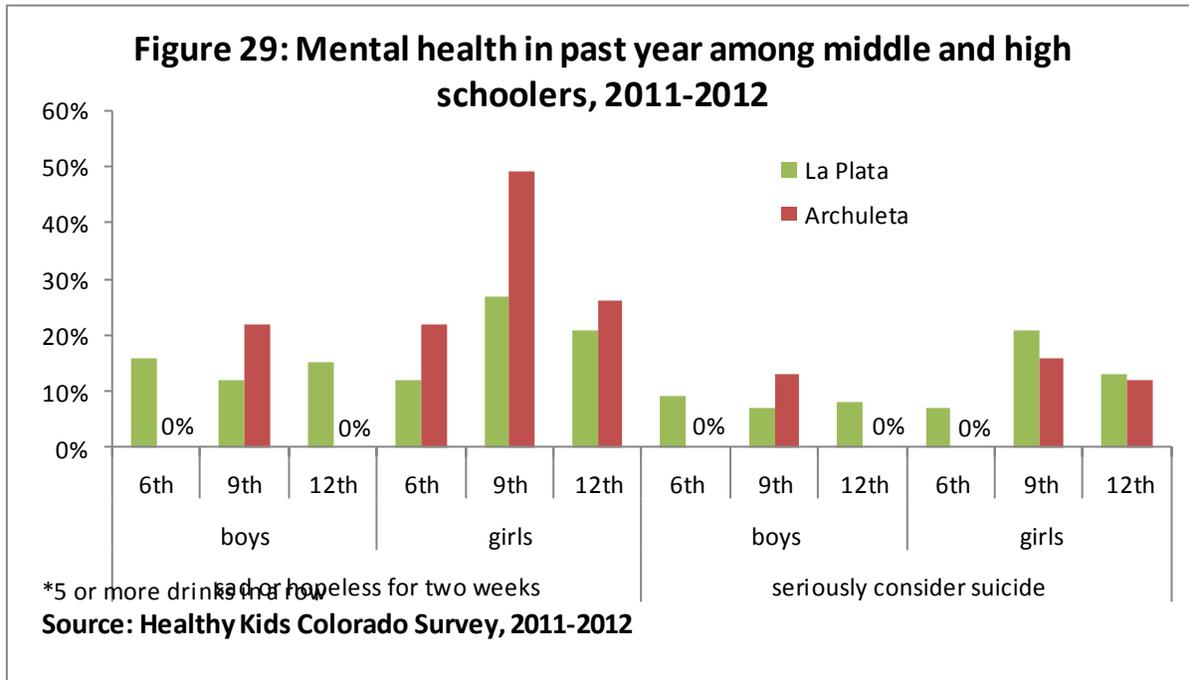
⁵³ Colorado Pregnancy Risk Assessment Monitoring System, 2007-2009. Accessed via the Health Statistics Section, Colorado Department of Public Health and Environment on February 12, 2012.

Mental health and substance abuse cause significantly morbidity and decreased quality of life; they also have a strong association with suicide, one of the leading causes of death and life lost in both counties. Statewide (2004-2010), 65% of individuals who died from suicide were recognized as having a recent depressed mood while 39% had a documented mental health diagnosis (major depression, bipolar illness or schizophrenia).⁵⁴ Figure 28⁵⁵ shows that in La Plata and Archuleta during 2004-2010 almost half of suicides were circumstantial to a current depressed mood and one-third to current mental health problem or current treatment of mental health problem. Almost four in ten suicides were also associated with an alcohol or other substance problem. Additionally, four in ten had a physical health problem, suggesting that primary health care in addition to mental health care is important in suicide prevention.



⁵⁴ COLORADO VIOLENT DEATH REPORTING SYSTEM: Highlights from 2004-2006

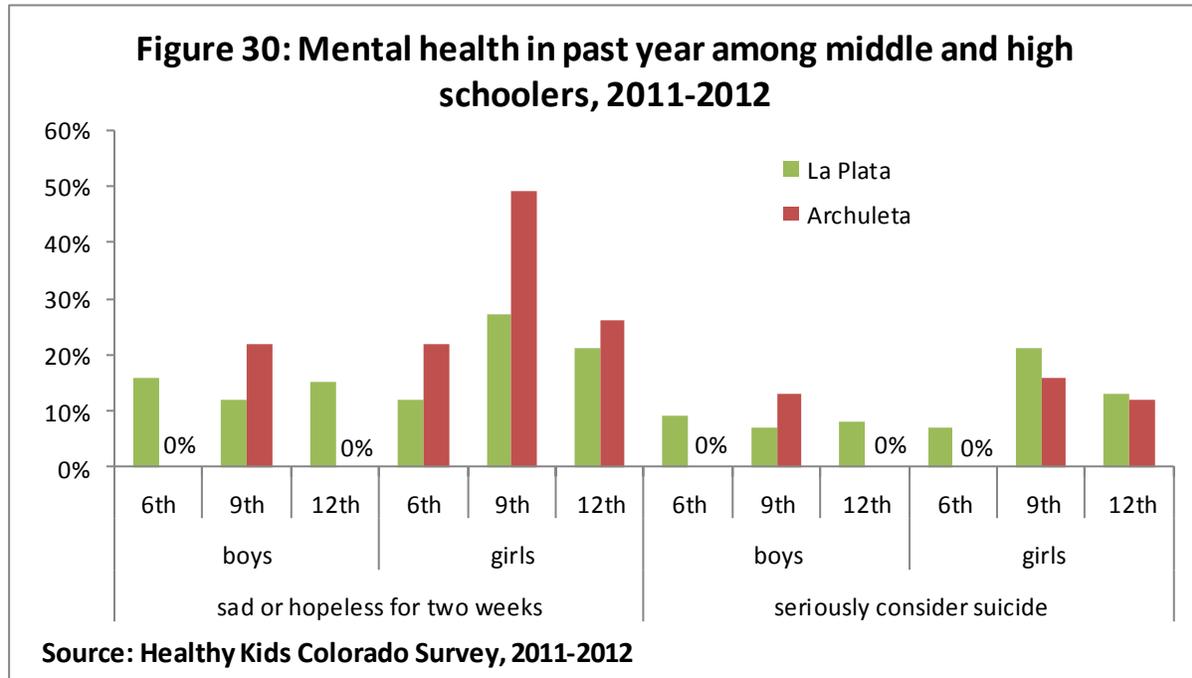
⁵⁵ National Violent Death Reporting System, 2004-2010. Accessed via Health Statistics Section, Colorado Department of Public Health and Environment on March 13, 2012. Includes only Colorado residents who died in Colorado.



Substance abuse and mental health information among middle and high schoolers in La Plata and Archuleta counties are also available. As shown in Figure 29, alcohol is the most commonly used substance among youth with half of seniors in high school reporting drinking in the past month and one-third binge drinking in the past month. Most seniors in high school who drink alcohol report having their first drink at age 15-16, followed by ages 13-14.⁵⁶ Alcohol use is followed by marijuana, tobacco, and chewing tobacco use.

⁵⁶ Healthy Kids Colorado Survey, 2011-2012. Accessed via San Juan Basin Department of Health on March 13, 2012.

Figure 30 shows that middle school boys and girls have similar higher rates of depressive symptoms and suicidal considerations. This pattern dramatically changes by high school with depressive symptoms and suicidal considerations much more common among girls in both counties.



What did the community say?

- *We in this community value alcohol and there's a tolerance of alcohol. (La Plata)*
- *We're really progressive – law enforcement has developed a relationship ... with mental health and health. Advanced in how we deal with it but handicapped in not having a long term facility. (La Plata)*
- *Mental health services for children – not enough RN's in schools; acuity is increasing, the need is too much for existing staff; school-based clinics help, but need more comprehensive system. (La Plata)*
- *In La Plata...every fundraising gathering has alcohol. (La Plata)*
- *Where to refer to is a significant problem if they don't qualify for mental health hold. (La Plata)*
- *Mental Health...hard to navigate through system. (Archuleta)*
- *Suicide number concerning and stuck out. (Archuleta)*

- *Mental health in general is a huge issue in our community. (Archuleta)*

Capacity Assessment

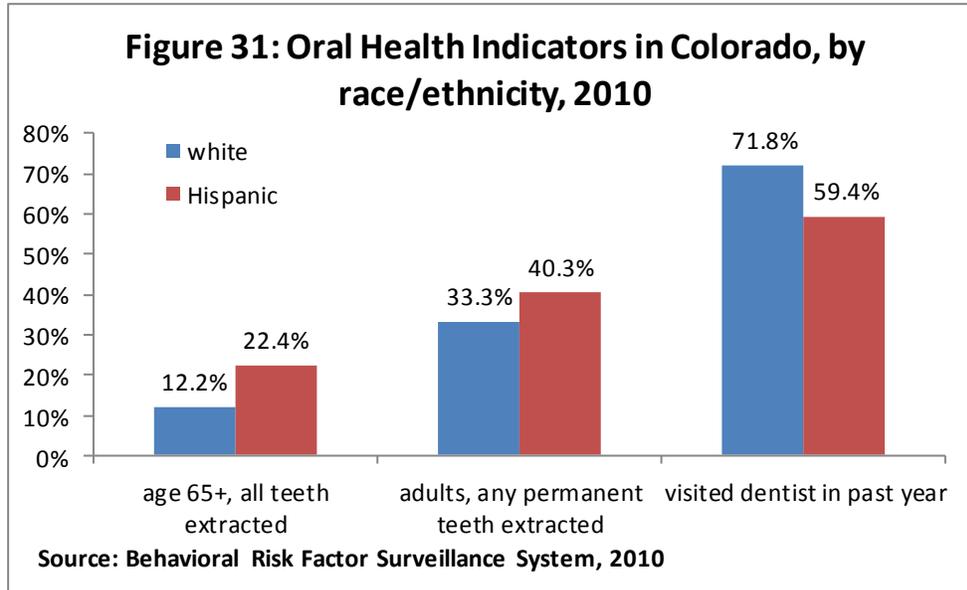
Both counties were negative about capacity for addressing mental health, with Archuleta more strongly negative than La Plata about organizations and effectively addressing mental health. Sustainability of current organizations is perceived as neutral to positive. Both counties are optimistic about improvement in mental health.

Mental health- La Plata County		Mental health- Archuleta County	
Right number of organizations	↓	Right number of organizations	↓↓
Existing organizations effectively addressing	↓	Existing organizations effectively addressing	↓↓
Existing organizations will continue	↔	Existing organizations will continue	↑
Optimistic about improvement	↑↑	Optimistic about improvement	↑↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

Oral health

In 2010, 68.0% of Colorado adults visited the dentist in the past year, with one-third (35.4%) ever having any permanent teeth extracted.⁵⁷ Significant disparities exist between Hispanic and whites in Colorado as seen in Figure 31 where indicators for Hispanics are all significantly

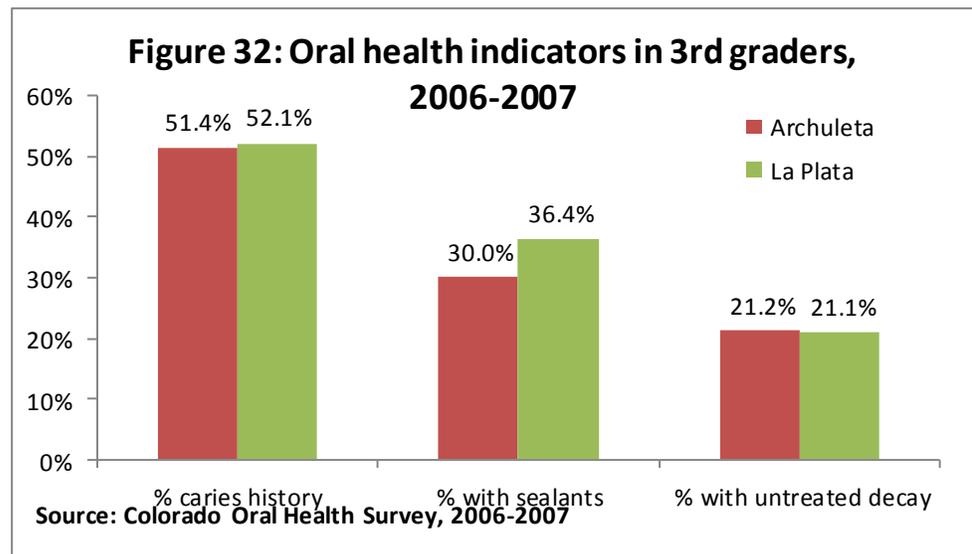


worse than for whites in Colorado.

Dental visit rates in Colorado have been stable during past 10 years. Extraction rates of any permanent teeth have been stable during the past six years while extraction of all natural teeth has decreased by

about one-fourth over the past 10 years (down to 13.4% of Colorado adults in 2010 who reported all natural teeth extracted).⁵⁸

Figure 32 shows that, for the most recent year available, half of third-graders in both counties have a history of cavities, one-third have sealants, and one in five have untreated tooth decay.



⁵⁷ Colorado Behavioral Risk Factor Surveillance System.

⁵⁸ Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

Having dental insurance is an important factor in accessing dental care. According to recent surveys, only about half of residents of both counties have dental insurance (45.9%).

Approximately one-fourth across both counties (25.5%) report not receiving necessary oral care in the past year because of cost.⁵⁹

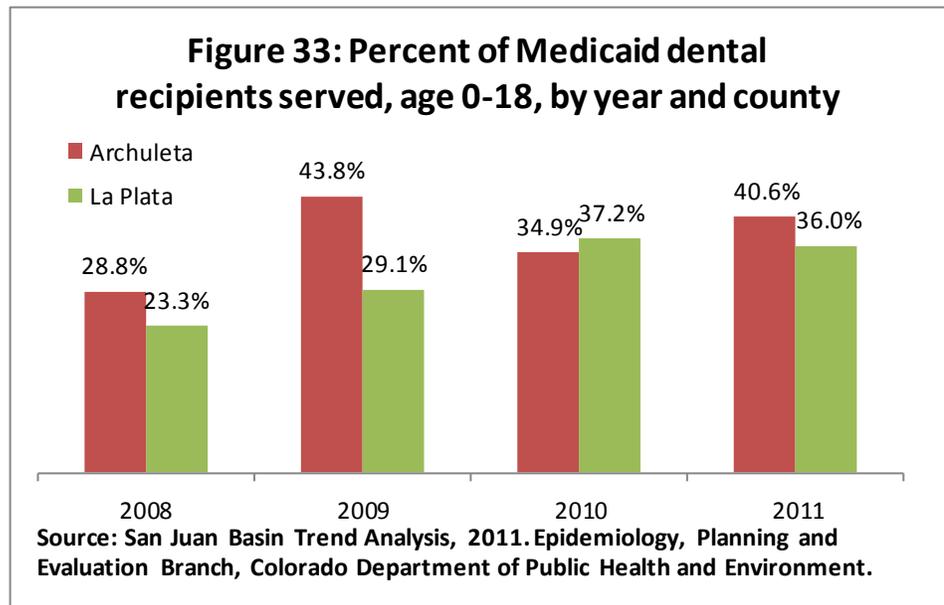


Figure 33 shows that a slightly increasing percent of Medicaid recipients over four years have

Note: year is by year of release of most recent data and may not be actual year of data.

accessed dental care. Still, just slightly more than one-third of Medicaid recipients are accessing dental care; this is below the Colorado 2010 target of 44.0%.⁶⁰

⁵⁹ Chambers, G. Capstone project: Determinants of Health Care Access in Archuleta and La Plata Counties. Data combined from Colorado Health Access Survey (2011) and Colorado Household Survey (2008-2009).

⁶⁰ San Juan Basin Trend Analysis, 2011. Epidemiology, Planning and Evaluation Branch, Colorado Department of Public Health and Environment.

Fluoridated water is considered one of the greatest public health achievements in the 20th century to prevent the occurrence and severity of cavities in both children and adults. However, tooth decay remains one of the most common chronic diseases of childhood. In Colorado, only 71% of residents with public water systems received fluoridated water in 2008.⁶¹ Adequate fluoridation levels are currently in the process of being refined by the federal government, and are expected to be set at a level of 0.6 mg/L or above as being an adequate level of fluoridation.^{62,63} Animas Water District, Durango North Village, the City of Durango, Heartwood Colorado Housing, Ignacio, Ignacio-Southern Ute RWS, Southwest Horizon Ranch, Tall Pines Village, Valley West Trailer Park, and Vandenberg Sub-Division Homeowners public water systems have adequate fluoridation levels. Narrow Gauge Mobile Home Park and Pinon Heights have levels higher than recommended due to natural fluoride concentrations. The following public water systems in La Plata County do not have adequate levels of fluoridation (at least >0.6 ppm) to effectively prevent tooth decay. In addition, none of the six water systems serving Archuleta County have adequate levels of fluoridation.⁶⁴

- Bayfield
- Blue Sky Ranch
- Durango West
- Edgemont
- El Rancho Florida
- Falga Mobile Home Park
- Falls Creek Ranch
- Florida River Estates
- Forest Groves Estates
- Forest Lakes Metro
- Glacier Club
- Golden West Mobile Home Park
- Happy Scenes WS Inc.
- Hermosa Mobile Home Village
- Hermosa Vista Home Owners
- Homestead Trails
- Junction Creek MHP
- Knolls at Durango HOA
- La Plata Vista Homeowners Assn
- Lake Durango WC
- Lightner Creek MHP
- Los Ranchitos Inc.
- Mountain Vista
- Old Homestead MHP
- Pinewind Mobile Home Park
- Purgatory Metro. District
- Scenic Square Subdivision
- Sierra Verde Water Co LLC
- Twilight Peaks
- Ute Pass WA
- Vallecito Sewer and Water Co.
- Well On Wheels Water Hauler
- Westside MHP

⁶¹ Centers for Disease Control and Prevention. (2008). Water Fluoridation Reporting System Statistics.

⁶² Proposed HHS recommendation for fluoride concentration in drinking water for prevention of dental caries, 76 Fed. Reg. 2383 (2011).

⁶³ Personal communication, CDC Division of Oral Health, March 15, 2012.

⁶⁴ Centers for Disease Control and Prevention, Division of Oral Health (2008). My Water's Fluoride. Retrieved on March 15, 2012 at <http://apps.nccd.cdc.gov/MWF/Index.asp>.

What did the community say?

- *If people have dental problems, [they] can't go any further – it's a big hurdle. (La Plata)*
- *Dental has gotten better but still a need. (La Plata)*
- *Husband, friends chosen to have teeth pulled because they cannot afford the alternate dental – crowns, bridges. 5 in one year ... keep rotting teeth in mouth. (Archuleta)*
- *Not a lack of dentists in Pagosa. Average public sees dental as not affordable. (Archuleta)*
- *When the kids were on Medicaid...they wouldn't take Medicaid...you had to go to Durango or Pueblo or someplace else. (Archuleta)*

Capacity Assessment

La Plata was very negative about current capacity to address oral health. Archuleta was neutral about the right number of organizations and negative about effectively addressing oral health. Sustainability was neutral in La Plata while positive in Archuleta. Both are optimistic about improvement in oral health.

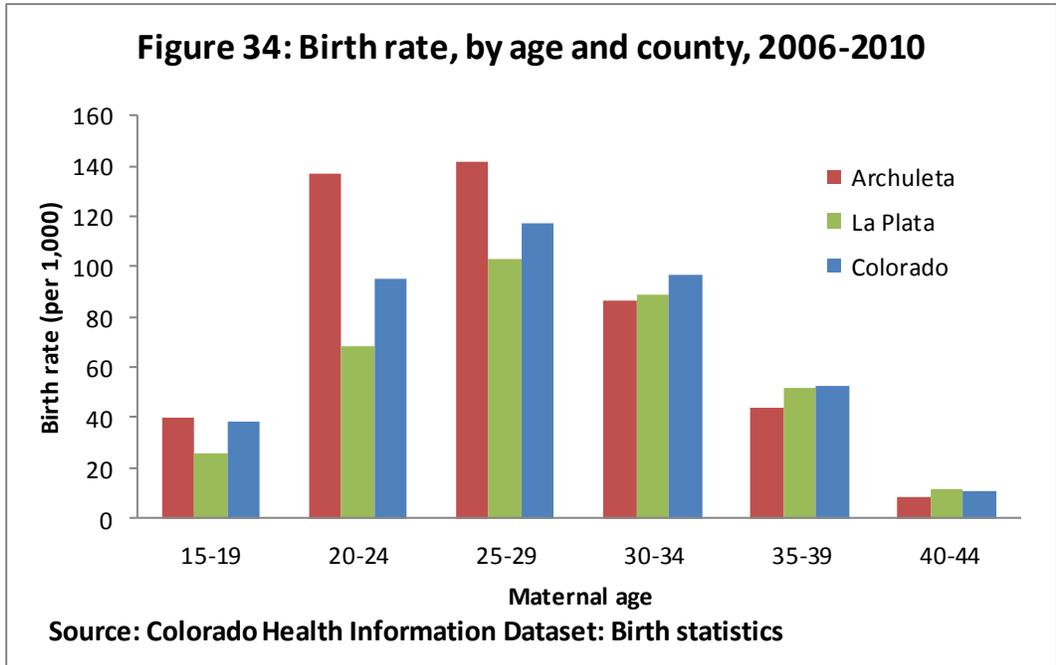
Oral health- La Plata County		Oral health- Archuleta County	
Right number of organizations	↓↓	Right number of organizations	↔
Existing organizations effectively addressing	↓↓	Existing organizations effectively addressing	↓
Existing organizations will continue	↔	Existing organizations will continue	↑
Optimistic about improvement	↑	Optimistic about improvement	↑↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

Unintended pregnancy

Statewide, unintended pregnancy rates are highest among women ages 15-19 (67.3%) and 20-24 (56.0%) and lower among those aged 25-34 (29.9%) and 35+ (23.5%).⁶⁵

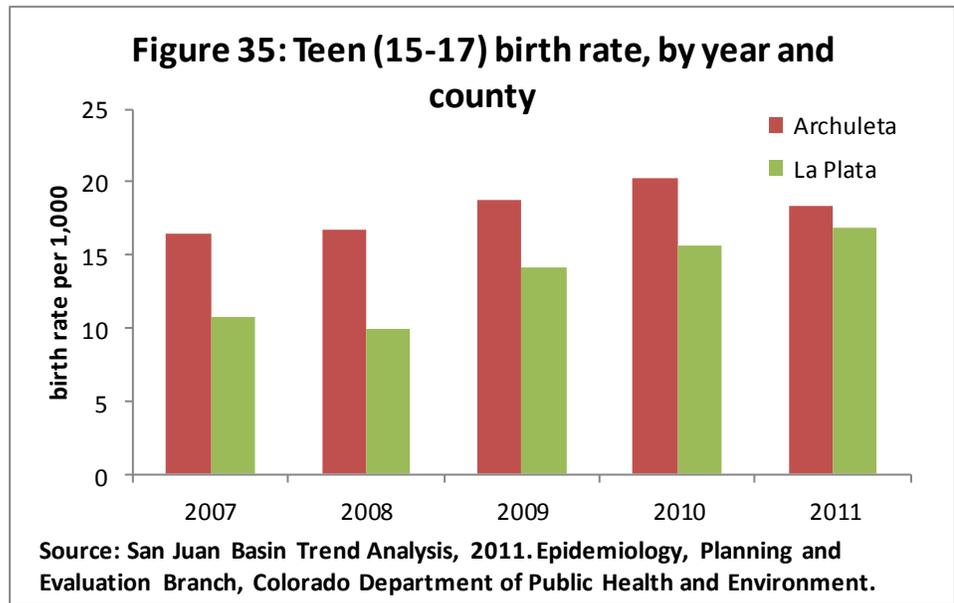
Figure 34 shows that birth rates are the highest among 25-29 year olds in both counties.



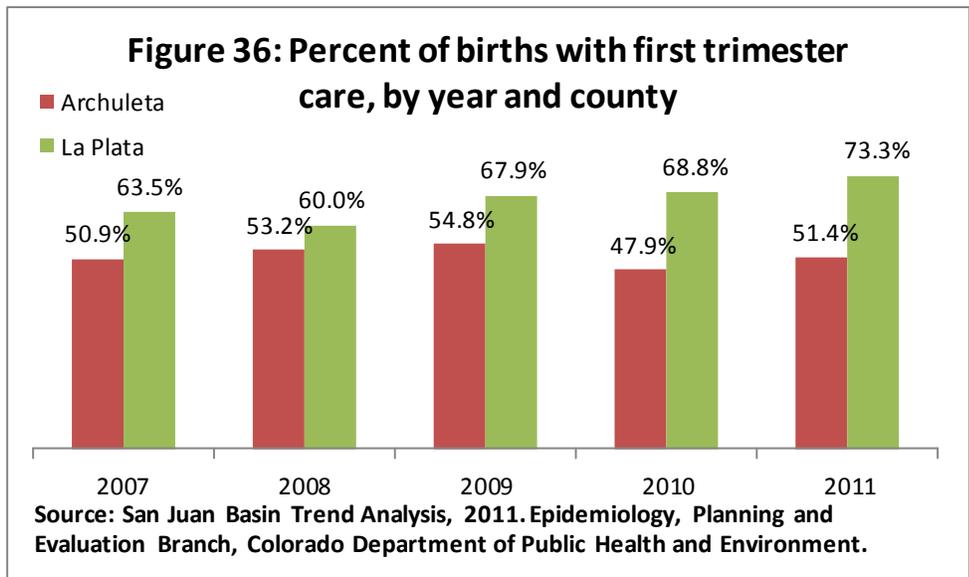
Confidence intervals were not available for these birth rates, but the rates among younger women in Archuleta County may be higher than those in La Plata or statewide during this five-year period.

⁶⁵ Colorado Health Statistics and Vital Records.

Figure 35 shows a slight increase in teen birth rates during the past five years in both counties; both are still below the Colorado 2010 target of 21.0 per 1,000.⁶⁶ During 2006-2010, there was an annual average number of 14.4 births to 15-19 year olds in Archuleta County and 46.2 in La Plata County.⁶⁷



Note: year is by year of release of most recent data and may not be actual year of data; each release contains three years of data combined.



Note: year is by year of release of most recent data and may not be actual year of data.

Figure 36 shows the percent of births for which women received prenatal care starting in the first trimester. The Healthy People 2020 target is 77.9% of women receiving prenatal care in the first trimester.⁶⁸

⁶⁶ San Juan Basin Trend Analysis, 2011. Epidemiology, Planning and Evaluation Branch, Colorado Department of Public Health and Environment.

⁶⁷ Pregnancy Risk Assessment Monitoring Survey.

⁶⁸ Healthy People 2020.

Other high risk behaviors before and during pregnancy may also be related to unintended pregnancy. During a recent five-year period, 23.2% of women in Archuleta smoked during the three months before they became pregnant while 21.8% of to-be pregnant women in La Plata smoked. During the last three months of pregnancy, 8.2% of prenatal women in Archuleta still smoked while 7.7% still smoked in La Plata. The Healthy People 2020 goal for smoking during pregnancy is 1.4%.⁶⁹

The ultimate outcome of healthy pregnancy is a healthy baby and low infant mortality rates. Archuleta County infant mortality rates (averaged across five years) are higher than the Colorado and Healthy People 2020 target at 8.2 per 1,000 reported in 2011.⁷⁰ This rate, however, is based on a very small number of infant deaths; averaged over a ten-year period the infant mortality rate is similar to the target rates.⁷¹ About one percent of births in the two counties are classified as very low birth weight; only about two-thirds of these very low birth weight births are born in a level III hospital where there is appropriate care.⁷² The closest Level III hospitals are in Grand Junction or in Albuquerque.

What did the community say?

- *Teen pregnancy increasing. (Archuleta)*
- *Prenatal care then how to prevent next pregnancy (family planning). (La Plata)*

Capacity Assessment

Both counties were neutral or somewhat positive about current capacity to address unintended pregnancy. Both counties were positive about sustainability. La Plata was optimistic about improvements in unintended pregnancy while Archuleta was neutral.

Unintended pregnancy- La Plata County		Unintended pregnancy- Archuleta County	
Right number of organizations	↔	Right number of organizations	↔
Existing organizations effectively addressing	↑	Existing organizations effectively addressing	↔
Existing organizations will continue	↑	Existing organizations will continue	↑
Optimistic about improvement	↑↑	Optimistic about improvement	↔

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

⁶⁹ San Juan Basin Trend Analysis, 2011. Epidemiology, Planning and Evaluation Branch, Colorado Department of Public Health and Environment

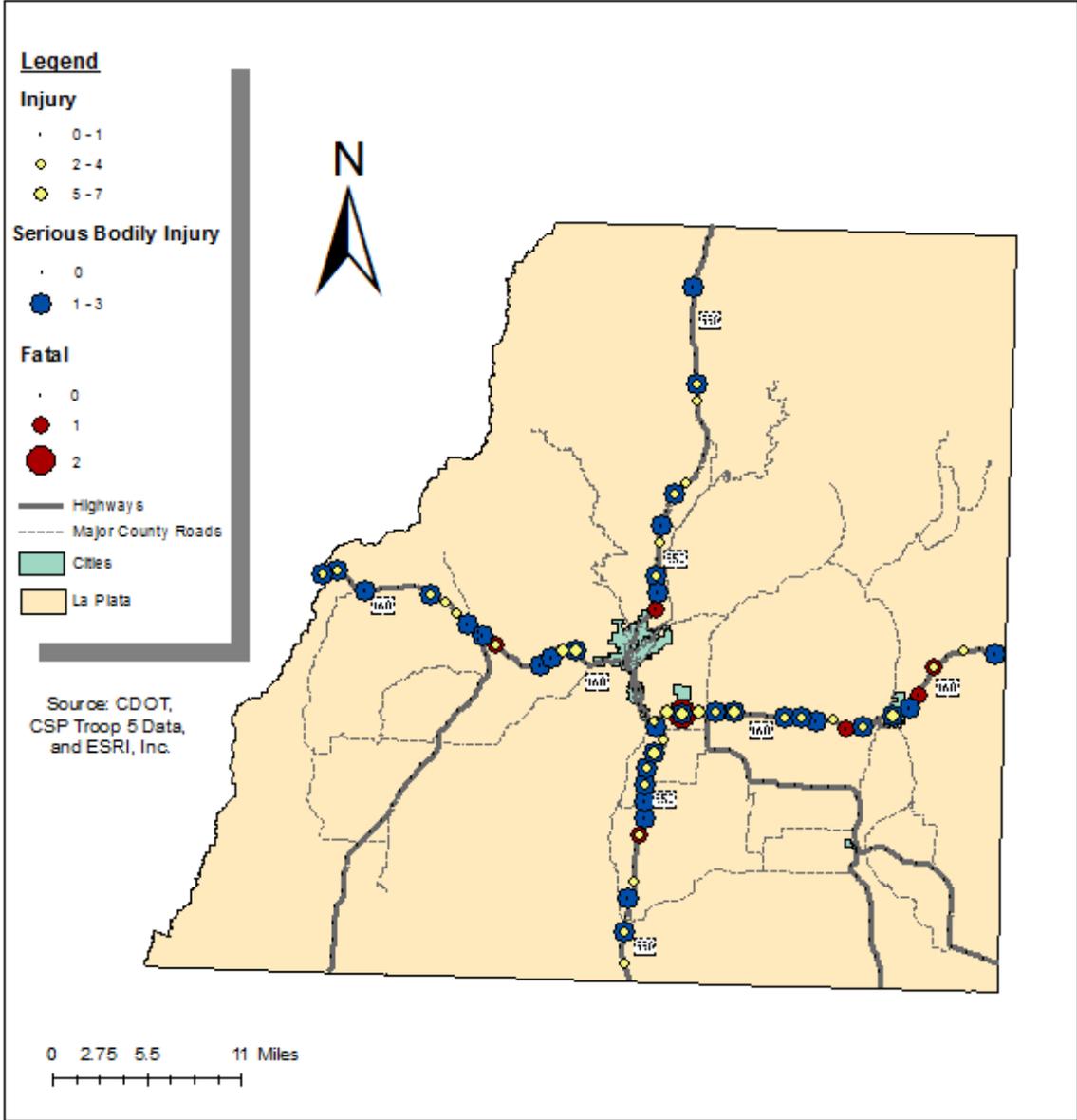
⁷⁰ San Juan Basin Trend Analysis, 2011. Epidemiology, Planning and Evaluation Branch, Colorado Department of Public Health and Environment

⁷¹ Colorado Health Information Dataset: Death statistics, Archuleta county full death query, under one year.

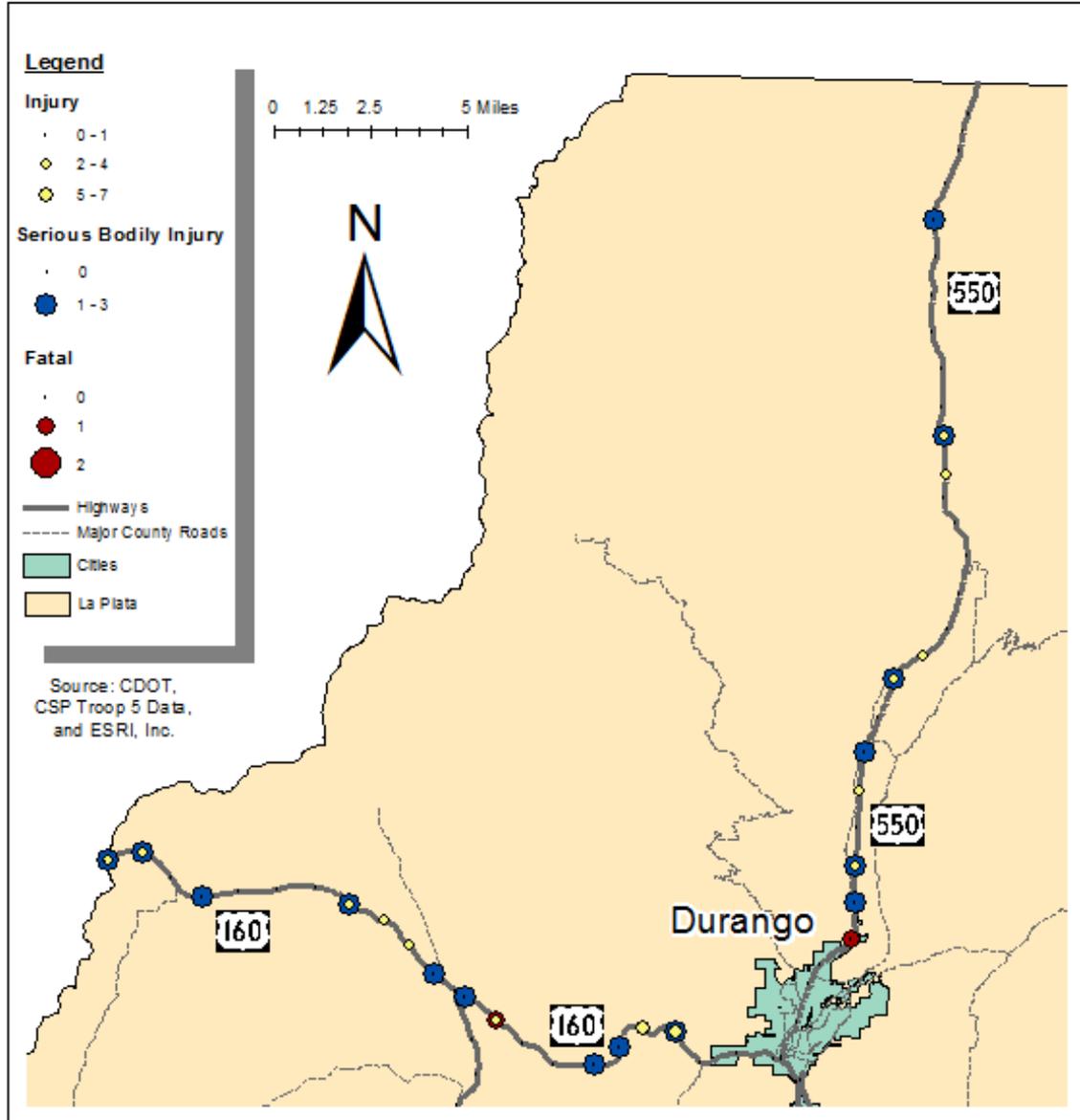
⁷² San Juan Basin Trend Analysis, 2011. Epidemiology, Planning and Evaluation Branch, Colorado Department of Public Health and Environment

Appendix A: Locations of injury/fatal motor vehicle accidents, 2007-2010

Motor Vehicle Accidents among Milemarkers on Hwy 160 and Hwy 550 in La Plata County during 2007-2010



Motor Vehicle Accidents among Milemarkers on Hwy 160 and Hwy 550 in La Plata County (Northwest Corner) during 2007-2010



Motor Vehicle Accidents among Milemarkers on Hwy 160 and Hwy 550 in La Plata County (Southeast Corner) during 2007-2010

Legend

Injury

- 0-1
- ◊ 2-4
- ◐ 5-7

Serious Bodily Injury

- 0
- 1-3

Fatal

- 0
- 1
- 2

— Highways

- - - Major County Roads

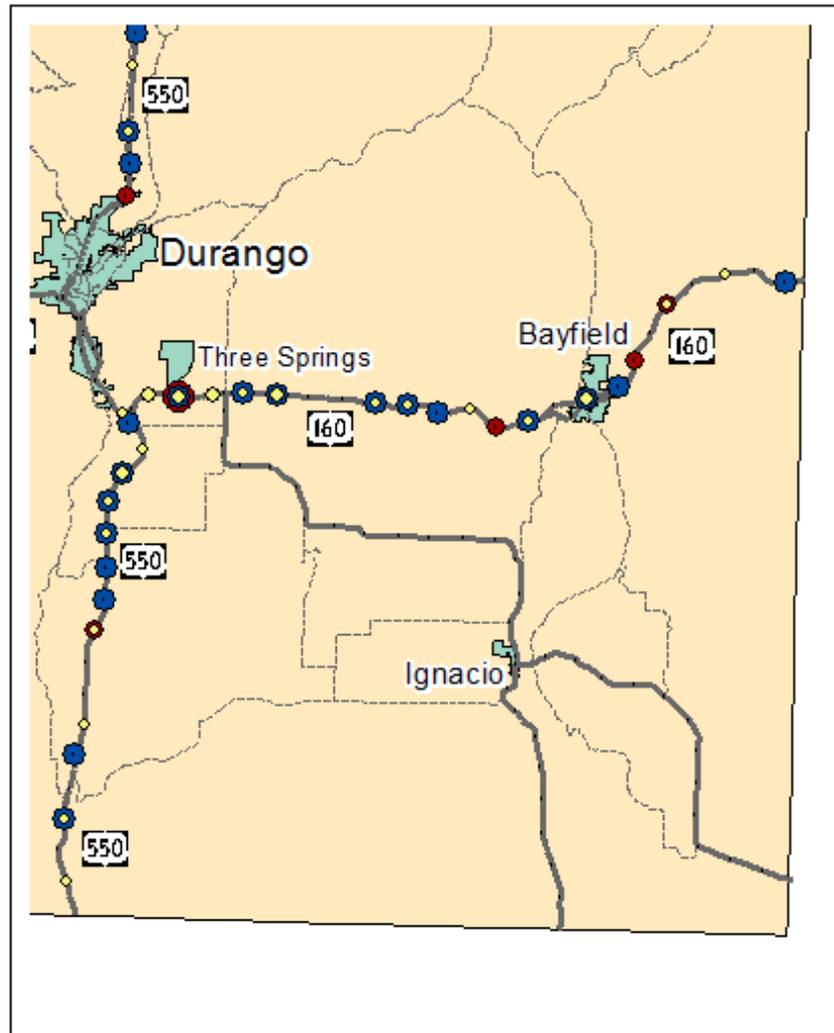
■ Cities

■ La Plata

Source: CDOT,
CSP Troop 5 Data,
and ESRI, Inc.

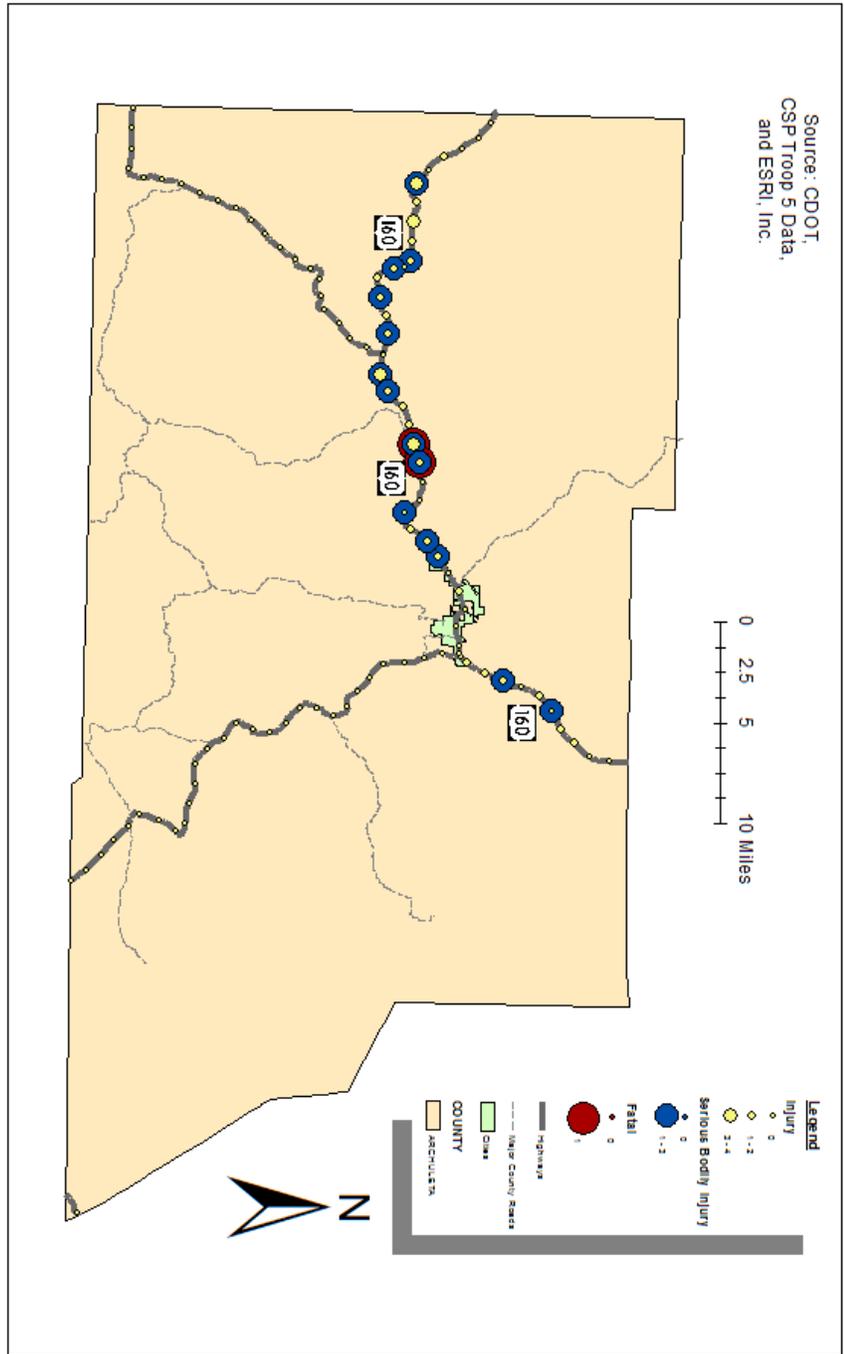


0 1.75 3.5 7 Miles



Motor Vehicle Accidents among Milemarkers on Hwy 160 in Archuleta County during 2007-2010

Source: CDOT, CSP Troop 5 Data, and ESRI, Inc.



Appendix B: list of community stakeholder meeting attendees

Attendees, organizations, and positions of the first La Plata County community stakeholder meeting, January 17, 2012

Toni Abbey, Southwest Oncology & Blueprints of Hope, Survivorship Nurse Navigator & Founder
Ed Aber, LPCO SO, Lt.
Jim Abramowitz, Dentist
Pattie Adler, San Juan Basin Health Department
Michelle Appenzeller, Mercy Hospice HomeCare & Palliative Care, Director
Angela Atkinson, Early Childhood Revival
Barbara Bacon, Alpine Home Health, Director
Marianne Ball, CCC, RN
Enid Brodsky, League of Women Voters,
Rachel Camer, La Plata Family Centers Coalition, ED
Ann Camp, City of Durango Parks & Recreation, Facility Supervisor, Durango Rec Center
Bob Cox, Community, MD
Tracy Davis, San Juan Basin Health Department, Nurse Navigator
Deanne Deveneaux, RPD
Julie Dreyfuss, CCI, CEO
Valerie Dyar, Medical Reserve Corps and Community RN, Volunteer RN
Wanda Ellingson, University of Denver, Social Work Professor
Nora Flucke, Southwest CO Community College, Department Coordinator
Jaynee Fontecchio, Citizens Health Advisory Council, RN
Patsy Ford, San Juan Basin Health Department
Karen Forest, San Juan Basin Health Department- Promoviendo La Salud, RN
Richard Grossman
Bern Heath, Axis Health, CEO
Christine Imming, United Way, Finance Director
Martha Johnson, La Plata County Human Services, Assistant Director
Helen Joline, San Juan Basin Health Department, Nurse Navigator
Josh Joswick, San Juan Citizens Alliance
Karen Kelley, Personal Assistance Services of Colorado/SW , Branch Manager
Roseana Kutzhes, San Juan Basin Health Department, Lasso Tobacco Program Coordination
Will Lacey, San Juan Basin Dental Society, President
Bob Ledger, San Juan Basin Health Department, Board President
Paul Lee, Osteopathic Center, Physician
Lauren Loftis, La Plata Family Med, Physician
Jane Looney, San Juan Basin Health Department, Communications Director
Jenn Lopez, Regional Housing Alliance, Executive Director
Sue M., La Plata Family Medicine, MD
Jennifer Matthews, CCI, RN
Mike Meschke, San Juan Basin Health Department, Environmental Health Director
Tami Miller, Housing Solutions
Yonna Moore, Personal Assistance Services of Colorado SW Home Health, Marketing Director
Amita Nathvani, Healthy Lifestyles La Plata/Ayurveda Center, Director, Practitioner
Virginia Newman, Fort Lewis College Student Health Center, Director, Physicians Assistant
Lyn Patrick, Private Medical Practice
Lauren Patterson, San Juan Basin Health Department/PLS Children Youth Family Master Plan, Program Evaluator

Charlotte Pirnat, Tri County Head Start, Executive Director
Eve Presler, Advocacy for La Plata, Program Director
Danny Quinlon, La Plata Unity Project, Certified Medical Interpreter -Spanish
Suzan Renger, Tri County Head Start, Nurse
Wendy Rice, CSU Extension
Andy Rizzo, VA Retired
Cheryl Roberts-Lee, Public Health, Director
Dale Rodebaugh, Durango Herald
Missy Rodey, Citizens Health Advisory Council/Mercy Regional Medical Center
Paul Schmitz, Consultant
Nicole Schnee, San Juan Basin Health Department, Community Health Educator
Jack Scott, San Juan Citizens Alliance
Mariel Sholes, San Juan Basin Health Department, Promotora
Yvette Tanner, Personal Assistance Services of Colorado SW Home Health, Director
Susan Turner, Southern Ute Health, DPHN, RN
Lynn Urban, Southwest CO Community College, Campus Dean
Tamara Volz, Early Childhood Council, La Plata County, Director
Rita Warfield, Durango Police, Sergeant
Eileen Wasserbach, SUCAP, Executive Director
Audrey Werner, Manna Soup Kitchen
Lynn Westberg, San Juan County Partnership, RN, contract
Doug Wiersma, Colorado State Patrol, Trooper
Pat Wilson, San Juan Basin Health Department, Human Resources
Bill Wilson, Mercy Regional Medical Center/San Juan Basin Health Department, Consultant
Jenny Wrenn, Healthy Lifestyle La Plata
Roger Zalneraitis, La Plata Economic Development Alliance, Executive Director

Attendees, organizations, and positions of the first Archuleta County community stakeholder meeting, January 10, 2012

Dick Basillis, Blue Skies Community USJHSD, Fin. Comm.
Dori Blauert, Pagosa Springs Medical Center, HR Manager
Diane Bower, Pagosa Fire, Fire Chief
Lindsey Bright, Pagosa Sun, Reporter
Kathleen Douglas, Pagosa Springs Medical Center, Director ED, MS Services
Vickie Fahrenkrug, Restoration Fellowship Office Manage, Justice Ministries
Don Ford, Community United Methodist Church, Pastor
Maria Kolpin, RN
Kathie Lattin, Town Council
Rich Lindblad, Community Development
Clifford Lucero, Archuleta County, Commissioner
Don Lundergan
Brian MacNeill, Archuleta County DHS, Caseworker Supervisor
Maureen Margiotta, Archuleta School District, 50 Joint, School Head Nurse
Michael McCrudden, Retired Resident
Lynne McCrudden, St. Patrick's Episcopal Church, Jr. Warden
Jan Miller, Pagosa Springs Medical Center, Quality Improvement Risk Management Director
Jim Saunders, Archuleta County Sheriff's Office, Under Sheriff
Chris Smith, Visiting Angels, Director
Todd Starr, Archuleta County, County Attorney
Randy Stueve, Pagosa Springs Medical Center, Director of Pharmacy
MaryJo Valentine, Archuleta School District, 50 Joint, RN, BSN, School Nurse
Steve Wadley, Archuleta County, Commissioner
Janell Wood, Archuleta School District, 50 Joint

**Attendees, organizations, and positions of the second La Plata County community stakeholder meeting,
April 4, 2012**

Jim Abramowitz, Dentist

Ann Camp, City of Durango Parks & Recreation, Facility Supervisor, Durango Rec Center

Lori Cooper, Montezuma County Public Health, Director

Nora Flucke, Southwest CO Community College, Department Coordinator

Jayne Fontecchio, Citizens Health Advisory Council, RN

Rita Fowler, San Juan Basin Health Department, RN, HCBS

Richard Grossman

Bern Heath, Axis Health, CEO

Paul Lee, Osteopathic Center, Physician

Lauren Loftis, La Plata Family Med, Physician

Danny Quinlon, La Plata Unity Project, Certified Medical Interpreter -Spanish

Missy Rodey, Citizens Health Advisory Council/Mercy Regional Medical Center

Tyler VanGemert, Durango Community Acupuncture, Licensed Acupuncturist/Owner

Donna Blasdel

Lauren Rardin, Durango Senior Center, Administrator

Rich Hoehlein, La Plata County Senior Program Advisory Council

Sheila Casey, La Plata County Senior Services

Suzanne Arme, Birthing the Future, Director

Judy Clarke

**Attendees, organizations, and positions of the second Archuleta County
community stakeholder meeting, April 23, 2012**

Dick Babillis, USJHSD

Dori Blauert, Pagosa Springs Medical Center, HR Manager

Diane Bower, Pagosa Fire, Chief

Lindsey Bright, Pagosa Sun, Reporter

Brad Cochennet, USJHSD, CEO

Larry Escude, Pagosa Springs Medical Center, IT Manager

Vickie Fahrenkrug, Restoration Fellowship, Office Manager

Mark Floyd, USJHSD, Board Member

Karin Kohade, San Juan Basin Health Department, Board Member

Maria Kolpin, , RN

Susan Kuhns, Pagosa Womens Health and Wellness, Owner-business/CANP

Rich Lindblad, PSCDC, Executive Director

Clifford Lucero, Archuleta County Commissioner, Commissioner

Don Lundergan, P.S. Health Ctr.

Maureen Margiotta, Archuleta School District, School District Nurse

Elizabeth Moran, Pregnancy Center/Hospital, R.N.

Nancy Rea, Justice Ministries, Director

Jim Saunders, Arch. Co. S.O., Undersheriff

Greg Schulte, Archuleta County, County Administrator

T. Searle, OTM/JM

Chris Smith, Visiting Angels, Director

Todd Starr, Archuleta County, County Attorney

MaryJo Valentine, School Archuleta 50 Joint, R.N.

Steve Wadley, County Commissioner, Archuleta County

Lanell Wood, Archuleta School District, Finance Director

Appendix C: 2012 Federal Poverty Guidelines

Federal Poverty Guidelines 2012

Household size	100%	200%	250%	300%	400%
1	\$11,170	\$22,340	\$27,925	\$33,510	\$44,680
2	\$15,130	\$30,260	\$37,825	\$45,390	\$60,520
3	\$19,090	\$38,180	\$47,725	\$57,270	\$76,360
4	\$23,050	\$46,100	\$57,625	\$69,150	\$92,200
5	\$27,010	\$54,020	\$67,525	\$81,030	\$108,040

Source: US Department of Health and Human Services