City and County of Broomfield, Colorado

BOARD OF HEALTH AGENDA MEMORANDUM

To: Mayor and City Council
From: Charles Ozaki, City and County Manager
Prepared by: Debra Oldenettel, Director of Health and Human Services
Jason Vahling, Public Health Director

Meeting Date	*Agenda Category*	*Agenda Item #*
April 8, 2014	Board of Health	7(a)

Agenda Title:	**Proposed Resolution No. 2014-52-BH, Providing for the Review and Adoption of the Broomfield Public Health Improvement Plan**

Summary

- The Department of Health and Human Services (HHS) is requesting formal consideration and adoption of the City and County of Broomfield's Public Health Improvement Plan (PHIP). The PHIP is a requirement of the Colorado Public Health Reauthorization Act (Act) that was signed into law in 2008. The Act mandates local public health agencies to participate in a thorough planning process to develop local plans that are in line with the state plan. The local plans need to identify key priorities for public health where progress can be made in the next five years, in addition to the core public health services that all public health agencies are expected to provide to their residents.
- In 2009, the Colorado State Board of Health adopted the Colorado Public Health Improvement Plan (State Plan) that was developed by the Colorado Department of Public Health and Environment and serves as the overarching framework for local public health agencies to develop their local public health improvement plans.
- The Public Health and Environment Division (PHE), within HHS, engaged in a planning process to develop its PHIP. The PHIP is a living document to strengthen existing public health services and programs and will be updated annually. Over a two year period, PHE gathered input from the community, analyzed state and local data, evaluated its capacity, and prioritized local needs. Based on input received from the community, in conjunction with its data analysis and capacity assessment, obesity prevention was selected as the top priority area for the PHIP.
- The PHIP has concrete strategies and action steps to reverse the trend of obesity and improve the overall health of Broomfield's residents by:
  - Increasing community outreach and public awareness related to obesity prevention;
  - Improving nutrition and physical activity among Broomfield residents;
  - Enhancing the City and County of Broomfield's Employee Wellness Program; and
  - Enhancing HHS clients' knowledge and awareness of wellness.
- The PHE will use existing revenues and state funding to support the vital public health services and implement the PHIP.
- The PHIP will build on Broomfield's existing momentum and reputation as a healthy community. According to the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, in 2013, Broomfield County was ranked the eighth healthiest county in the state with regard to overall health outcomes.
- The PHIP was presented to the City Council during a study session on March 18, 2014. Based on Council's input and feedback, the following changes were made to the plan:
  - Changed the subheading to read, "Together We Are a Healthier Broomfield."
  - Added disability status data from the American Community Survey to the Broomfield Community Overview.
  - Provided a more detailed description on the evaluation approach and metrics.
  - Described how PHE will collaborate with the broad range of City and County Boards and Commissions.
  - Clarified how PHE will assist schools, businesses, health care providers and community-based organizations through data collection, technical assistance and linking them to state initiatives or funding.

Prior Council Action

Reviewed and commented on the PHIP at the 3/18/14 study session.

Financial Considerations

None.

Alternatives

- Decide not to proceed with the PHIP as proposed.
- Provide variations to the PHIP.

Proposed Actions/Recommendations

If the Board wishes to approve the Public Health Improvement Plan, as presented, it is recommended…
That Resolution No. 2014-52-BH be adopted.

BACKGROUND

The Public Health and Environment Division (PHE), within Broomfield's Health and Human Services Department (HHS), has developed a comprehensive public health improvement plan (PHIP) to improve the health of Broomfield's residents. The planning process included gathering input from community leaders, community service organizations, elected officials, and residents. The PHIP will serve as the guide to PHE to enhance core public health services, focus its efforts, track progress, and facilitate meaningful change in the health of our residents.

The process to create the PHIP started after Colorado passed the 2008 Public Health Reauthorization Act (Act). The goal of the Act is to ensure that all Colorado residents have access to core public health services with consistent quality across the state. As mandated by the Act, the Colorado State Board of Health has established core public health services that all local public health agencies must provide:

- Assessment, planning, and communication;
- Vital records and statistics;
- Communicable disease prevention, investigation, and control;
- Prevention and population health promotion;
- Emergency preparedness and response;
- Environmental health; and
- Administration and governance.

The Act also requires the Colorado Department of Public Health and Environment (CDPHE) to develop a Statewide Public Health Improvement Plan and local public health agencies to develop local plans in line with the state plan. In 2009, CDPHE created the Colorado Public Health Improvement Plan with input from 350 stakeholders from across the state. The 2009 plan was intended to help guide the development of local plans.

As a result, PHE engaged in a planning process to create its PHIP. The process involved: 1) conducting a community health assessment; 2) evaluating the current capacity of its public health system; and 3) identifying public health priorities for action. This plan was developed utilizing the Colorado Health Assessment and Planning System, a structured and evidence-based planning system created by CDPHE.

1) **Community Health Assessment**
   A variety of community participatory research methods were used to develop the community health assessment, including conducting key informant interviews, hosting focus groups, and analyzing state and local health data. PHE partnered with the Colorado School of Public Health (CSPH) to facilitate the key leader interviews with representatives from non-profit organizations, businesses, faith-based organizations and elected officials. The interviews inquired about residents' quality of life, overall health, access to health services, and awareness of public health issues. In addition, PHE and CSPH facilitated community focus groups to have an open dialogue with community residents on key health issues. Quantitative data from local, state and national sources were analyzed to assess Broomfield residents' health status in comparison to other Colorado counties, the state, and the nation.

2) **Evaluating the Current Capacity**
Evaluating the current capacity included an assessment of PHE's organizational structure, an evaluation of the current staffing and expertise of staff, and a review of workload and funding. As a result of this analysis, a number of organization changes were made in 2012 to strengthen PHE's capacity to deliver the core public health services and administer the PHIP in the future. The capacity of PHE was also assessed using a tool developed by CDPHE, which is designed to analyze a local public health system in terms of how well it is meeting standards developed around the core public health services.

3) **Identifying Public Health Priorities**
Priority areas were selected by an internal steering committee in PHE and with City Council's Health and Human Services Advisory Committee. Data on Broomfield's top five health issues (obesity prevention, chronic disease, injury prevention, tobacco cessation, and access to mental health services) were presented and a scoring tool created by CDPHE was used to systematically determine which issue should have a more intense focus. Out of this process, obesity prevention was ranked as the highest public health priority to address in Broomfield over the next five years. Chronic disease and access to mental health services were equally ranked as the second priority, followed by injury prevention and tobacco cessation.

In order to write the plan, PHE identified the key factors contributing to people becoming overweight and obese, such as physical inactivity, poor nutrition, and the built environment. The staff also identified evidence-based strategies and promising practices to address obesity prevention, in addition to examining strategies that are already working in Broomfield. As a result of this effort, PHE developed an action plan that includes its goals, objectives and key activities. The four goals for the PHIP are:

- Increase community outreach and public awareness related to obesity prevention;
- Improve nutrition and physical activity among Broomfield residents;
- Enhance the City and County of Broomfield's Employee Wellness Program; and
- Enhance Health and Human Service clients' knowledge and awareness of wellness.

The PHE will continue to use existing revenues to support the vital public health services and implement the PHIP.

RESOLUTION NO. 2014-52-BH

A RESOLUTION ACKNOWLEDGING REVIEW AND ADOPTION OF THE BROOMFIELD PUBLIC HEALTH IMPROVEMENT PLAN AS REQUIRED BY THE 2008 PUBLIC HEALTH REAUTHORIZATION ACT

BE IT RESOLVED BY THE BOARD OF HEALTH OF THE CITY AND COUNTY OF BROOMFIELD, COLORADO:

Section 1. The Board of Health hereby acknowledges the review and adoption of the Broomfield Public Health Improvement Plan attached hereto.

Section 2. This resolution is effective upon its approval by the Board of Health.

APPROVED on April 8, 2014.

BOARD OF HEALTH
THE CITY AND COUNTY OF
BROOMFIELD, COLORADO

_____
Chair

ATTEST:

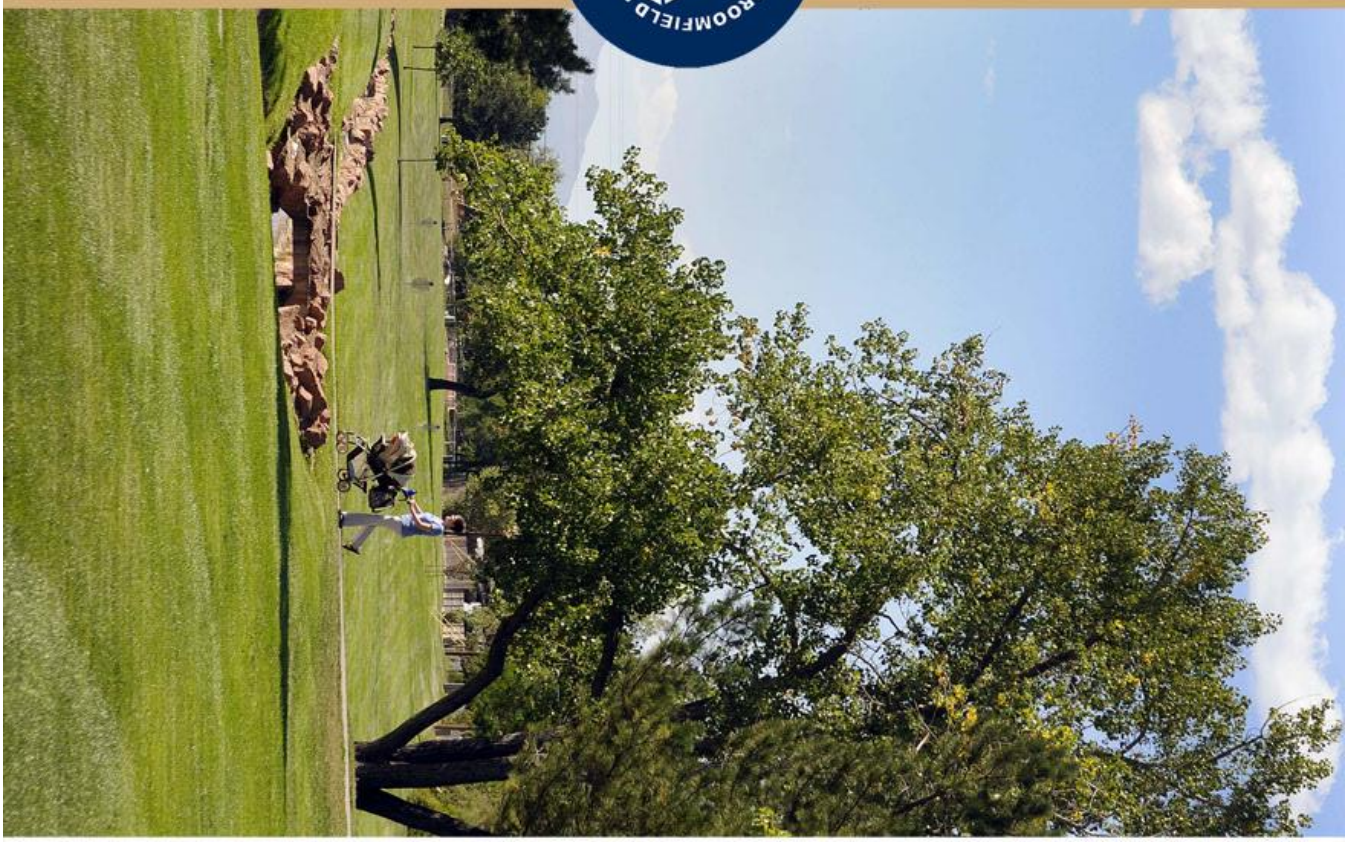
_____
City & County Clerk

APPROVED AS TO FORM:

_____
City & County Attorney

PUBLIC HEALTH IMPROVEMENT PLAN
2014–2019

CITY AND COUNTY OF BROOMFIELD • COLORADO •



Acknowledgements

TOGETHER WE ARE A HEALTHIER BROOMFIELD

The City and County of Broomfield's Public Health Improvement Plan is a collaborative effort of many organizations and providers committed to improving the health of our residents. The Public Health and Environment Division, within the Broomfield Health and Human Services Department, led the efforts in creating the community health plan. We would like to thank the many residents, non-profit organizations and businesses, who participated in the focus groups and interviews, for their valuable time and input. We would also like to acknowledge and thank our partners, including:

Broomfield City Council / City and County of Broomfield Board of Health
City and County of Broomfield Managers' Office
Broomfield Health and Human Services Advisory Committee
Colorado Department of Public Health and Environment
City and County of Broomfield Communications and Governmental Affairs Department
City and County of Broomfield Community Development Department
City and County of Broomfield Community Resources Department
City and County of Broomfield Human Resources Department
City and County of Broomfield Public Works Department
Adams 12 Five Star Schools
Bal Swan Children's Center
Broomfield Chamber of Commerce
Broomfield Early Childhood Council
Broomfield Fellowship In Serving Humanity (FISH)
Broomfield Pediatrics
Boulder Community Hospital
Boulder Valley School District
Clinica Family Health Services
Colorado Children's Healthcare Access Program
Colorado School of Public Health
Dental Aid
Dr. Stephen Cobb, Medical Director for Broomfield Health and Human Services
Foothills Behavioral Health Partners
Front Range Community College
Healthy Learning Paths
Imagine!
Leigh Dye, PHARMD, Pharmacist for Broomfield Health and Human Services
North Metro Fire Rescue District
Mental Health Partners

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Executive Summary

TOGETHER WE ARE A HEALTHIER BROOMFIELD

The City and County of Broomfield's (CCOB) Public Health and Environment Division (PHE) presents a thorough community based plan for improving the health of Broomfield residents. The Public Health Improvement Plan (PHIP) involved input from representatives throughout the community, including residents, local non-profit organizations, businesses, local elected officials, and county staff. The PHIP will be used by PHE staff, residents, community organizations, and leaders to facilitate change and promote healthy lifestyles in Broomfield.

On June 4, 2008, Governor Bill Ritter signed the Colorado Public Health Act (Act) into law. The primary purpose of the Act is to ensure that core public health services are available to every person in Colorado with a consistent standard of quality. The Act requires the State of Colorado to develop a comprehensive State public health improvement plan. It also requires local/district public health agencies to develop their own local improvement plans that are consistent with the State plan. PHE, located within the Health and Human Services Department (HHS), serves as the CCOB's local public health agency and is charged with the development and implementation of the PHIP.

Over a two year period, PHE gathered input from the community, analyzed local and state data, evaluated the local public health system's capacity, and prioritized local needs. Based on input received from the community, in conjunction with local data analysis, obesity prevention was selected as Broomfield's priority area. The PHIP focuses on reversing the trend of obesity and improving the overall health of its residents.

This plan outlines information relating specifically to Broomfield and obesity prevention. Using proven strategies and approaches, an implementation plan is detailed in this report, including goals, objectives, and action steps. Broomfield recognizes the importance of providing the infrastructure, opportunities and services that support overall health and wellness. While Broomfield works diligently to foster a healthy community for residents, some areas of improvement remain. The PHIP will strengthen the community by integrating obesity prevention strategies into the existing core public health services and providing guidance for future PHE efforts and funding. This living document will be updated annually in an effort to ensure it adapts to the changing needs of the community.

Community Visions and Values

TOGETHER WE ARE A HEALTHIER BROOMFIELD

HHS works to protect the health of all residents and provides essential human services within the CCOB. PHE offers community programs for all who live, work, and play in Broomfield. It also provides core public health services that promote a healthy lifestyle and environment. Broomfield's City Council serves as the Board of Health (BOH) and provides guidance over significant public health matters. The BOH is concerned with the health needs of the people and the coordination of projects and resources to identify and meet public health needs.

In 2006, Broomfield's City Council established the priority of creating and promoting a Healthy Broomfield. Healthy Broomfield offers programs that provide residents with opportunities to expand their knowledge and enhance their personal and professional growth. Broomfield has been recognized as a leader for having the foresight to adopt a "healthy community" component into its Comprehensive Plan. Broomfield's Comprehensive Plan was identified as one of the first to include components of physical, social and spiritual health, and well-being into a community plan. The CCOB continues to be a leader in its work in promoting health and wellness for its residents.

Core Public Health Services:

- Assessment, Planning, and Communication
- Vital Records and Statistics
- Communicable Disease Prevention, Investigation, and Control
- Prevention and Population Health Promotion
- Emergency Preparedness and Response
- Environmental Health
- Administration and Governance

Health and Human Services Mission and Vision

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Broomfield continues to take steps to foster a healthy community. The collaboration of partners throughout the community, including residents, was a priority in these steps. With the realization that good health is not only the by-product of health care, Broomfield understands that schools, neighborhood safety, transportation, planning, zoning (land use), public health and social services all play a major role in promoting a health and safety conscious community with exceptional social and recreational opportunities. To that end, HHS remains committed to promoting opportunities to improve the health and well-being of every member of the community.

Our Mission:

We exist in partnership with you, the community, to recognize opportunities and encourage personal responsibility. We will serve Broomfield with integrity, creativity, dignity, and respect.

Our Vision:

Broomfield Health and Human Services is a dynamic, responsive group of people, steadfast in our efforts to serve humanity. Our calling is perpetual, visionary, and resolute; it is a journey of boundless discovery, inspiration, and perseverance.

The Broomfield Community

TOGETHER WE ARE A HEALTHIER BROOMFIELD

In 1998, the residents of Colorado passed a statewide ballot initiative amending the State Constitution to create the CCOB as the 64th county in Colorado, the first new county created in Colorado since 1910. Prior to November 15, 2001, the residents of the CCOB were residents of four separate counties. Upon the establishment of the City and County, Broomfield residents were afforded the opportunity to receive locally-based services in a centralized, convenient location.

The CCOB spans approximately 34 square miles and is situated within the north metro area between Denver and Boulder along U.S. Highway 36/Boulder Turnpike up to the north I-25 corridor, beyond Colorado State Highway 7 and is bordered by Weld, Boulder, Jefferson, and Adams counties.

Broomfield has experienced significant population growth over the past decade. In fact, between 2001 and 2011, Broomfield's population grew by 41.3%. The current estimated population for the CCOB is 58,000 with a projected population of more than 80,000 at full build-out.

Within the Denver metropolitan area, Broomfield is expected to experience some of the most significant growth in the population of older adults in the coming years. In fact, it is projected that between 2010 and 2015, Broomfield will experience a 46.2% increase in residents over the age of 60.

In comparison, the average growth projected for this age group among all counties within Broomfield's designated Area Agency on Aging region is 29.5%. By 2015, it is estimated that Broomfield's population over 60 will constitute approximately 15% of Broomfield's total population. Based on the *U.S. Census Bureau data*, demographic characteristics of Broomfield's population in comparison to the overall state of Colorado include:

- Broomfield has fewer Latino or African American residents as a percent of the total population compared to the overall state. Broomfield's population demographics in 2013 include 86.1% White, non-Hispanic, 11.1% Hispanic or Latino, 1.1% Black, 0.6% American Indian/Alaskan Native, and 6.1% Asian-Pacific Islander.
- The percentage of people living with a disability in Broomfield, from 2010 to 2012, was 8.3% compared to the Colorado average of 10.1%.
- The 2011 estimate of people living in poverty in Broomfield was 6.5%, while an estimated 7.8% of children (less than 18 years old) lived in poverty. This compares to Colorado's overall poverty rate of 13.4% and child poverty rate of 17.7%.
- Broomfield's median household income for 2011 was $79,051, compared to $55,530 for Colorado.
- Broomfield's unemployment rate in 2013 was 7.3%, compared to 8.3% for Colorado.

The Broomfield Community

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Broomfield residents are well educated. Nearly three-quarters have some schooling beyond high school (compared to about two-thirds statewide) and 40% have a bachelors or graduate degree. Graduation rates at the high schools within Broomfield are around 90% and significantly higher than the statewide average of 75%.

Broomfield offers both public and private primary schools managed by several school districts. However, the two districts primarily serving the community include Adams 12 Five Star Schools and Boulder Valley School District. Other districts that lie within the CCOB boundaries include St. Vrain Valley School District, Weld County School District Re8, School District 27J, and Jefferson County School District, No. R-1.

Broomfield has more than 30,000 jobs across all industry sectors. In the last several years, Broomfield has experienced a significant increase in high-tech and research and development firms and is home to more than 20 corporate, national and regional headquarters. The majority of employment in Broomfield is concentrated in the southwest quadrant of the City and County in and around the Interlocken Advanced Technology Environment and adjacent to the Rocky Mountain Metropolitan Airport. Broomfield is also home to the 1STBANK Center and the Flatirons Mall and Marketplace.

Community Health Assessment

Community Input

TOGETHER WE ARE A HEALTHIER BROOMFIELD

The PHIP is the result of a community health assessment, capacity assessment and prioritization process that was led by PHE. This PHIP was developed using the process and guidelines outlined in the 2009 Colorado Public Health Improvement Plan, the Act and the Colorado Health Assessment and Planning System.

PHE utilized a variety of methods to obtain information for Broomfield's Community Health Assessment including interviews, focus groups, and secondary data analysis. Key leader interviews and focus groups provided PHE with qualitative data in the form of local opinions about community health issues, strengths and challenges. This input was used in conjunction with health data to prioritize key areas of focus for Broomfield's PHIP. A local capacity assessment was also conducted as part of the overall Community Health Assessment.

In 2010, PHE partnered with faculty and students from the Colorado School of Public Health (CSPH) to conduct key leader interviews and community focus groups. These interviews and groups were held to create an opportunity for open dialogue, to learn from the community's lived experiences, and to honor the voices of Broomfield's key stakeholders. The goal of this partnership was to learn directly from the community about Broomfield's health-related strengths and challenges.

Events were facilitated by PHE staff and CSPH faculty/students. A total of 25 key leader interviews were conducted with representatives from various non-profit organizations, community partners, businesses, faith-based organizations, local elected officials, and county staff. The leaders were asked about overall public health issues including residents':

- Quality of life;
- Overall health;
- Access to services; and
- Community awareness of public health programs.

Community Health Assessment

Community Input

TOGETHER WE ARE A HEALTHIER BROOMFIELD

In reviewing the findings from the key leader interviews and local focus groups, several themes emerged. Participants in both the interviews and focus groups consistently identified certain community characteristics that contribute to a culture of health and wellness. Access to recreational facilities, an extensive open space and trails system, and active community involvement were just a few of the strengths noted. Participants reported Broomfield provides much of the infrastructure that is critical to residents leading active and healthy lives.

Despite Broomfield's many strengths and culture of wellness, this community, similar to the United States, has an increasing obesity rate. In addition, Broomfield's rate of overweight adults is higher than the national and state average. Both key leaders and focus group participants identified increasing rates of obesity and chronic diseases as top health concerns. Participants shared that many residents live active lifestyles, but there was a belief that good nutrition habits were lacking among Broomfield residents. Community members also discussed the limited access to health care services due to underinsurance, a lack of insurance, and the limited number of Medicare and Medicaid providers within the community. Another barrier identified included limited public transportation services.

TABLE 1: KEY FINDINGS FROM THE INTERVIEWS AND FOCUS GROUPS

Strengths	Challenges
Extensive trails system, parks and open spaces	Increasing rates of obesity and related chronic diseases
Good recreational facilities and opportunities	High percentage of fast food restaurants
Strong community atmosphere/opportunities for community engagement	Lack of healthy food choices within schools
Safe neighborhoods	Poor nutrition habits
Good schools/educational outcomes	Shortage of mental health services
Active lifestyles among residents	A lack of doctors who accept Medicaid and/or Medicare

Community Health Assessment

Quantitative Data Analysis

TOGETHER WE ARE A HEALTHIER BROOMFIELD

PHE staff analyzed numerous indicators including data from the Colorado Department of Public Health and Environment's (CDPHE) Colorado Health Indicators database, and the *Behavioral Risk Factor Surveillance System (BRFSS)* published by the Centers for Disease Control and Prevention (CDC). When possible, the analysis included a comparison of Broomfield's local data to state, regional, or national data, along with benchmarks such as the national objectives of Healthy People 2020.

In 2013, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute released the *County Health Rankings & Roadmaps* report. The report is unique in its ability to measure the overall health of a community based on the many factors that influence health. The report ranked Broomfield County eighth in the state with regard to overall health outcomes.

Through the use of these various indicators, PHE focused its quantitative data analysis on five issues:

- Obesity;
- Tobacco cessation;
- Access to health services;
- Injury prevention; and
- Chronic disease.

Community Health Assessment

Quantitative Data Analysis – Obesity, Tobacco Use

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Obesity

According to the *BRFSS 2011-2012*, Broomfield is only 2% lower in obesity rates compared to the rest of Colorado and 10% higher in those identified as overweight. Although Broomfield's percentage of adults who are obese is lower than the United State average (18% vs 36%), the overweight percentage is higher than the national average (46% vs 33%). Overall statistics indicate that Colorado and Broomfield have a healthier weight status than the rest of the country; however, these numbers continue to increase each year. More specifically, Colorado's childhood obesity rate is rising at the second-fastest rate in the nation. Healthy People 2020 addresses the obesity epidemic with objectives related to reducing obesity and increasing the proportion of adults who are at a healthy weight.

TABLE 2: PREVALENCE OF OVERWEIGHT AND OBESITY

	Broomfield	Colorado	United States
Overweight	46%	36%	33%
Obese	18%	20%	36%

Tobacco Use

CDPHE reports that for 2008-2009, 11% of adults in Broomfield smoke compared to the Colorado average of 16.9%. The Healthy People 2020 objective for the percent of the population who use tobacco is 12%. Broomfield's average is below both the Colorado average and the Healthy People 2020 objective. Broomfield continues to work toward lowering the number of smokers in our community and has received a grant for 2013 to 2014 from CDPHE to aid our work in smoking cessation.

TABLE 3: PREVALENCE OF TOBACCO USE

	Broomfield	Colorado
Tobacco Use 2008-2010	11%	16.9%

Community Health Assessment

Community Input – Access to Health Services, Injury Prevention

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Access to Health Services

In the *2013 County Health Rankings & Roadmaps* report, Broomfield ranked eighth out of 59 counties in overall health outcomes based on a variety of measures. In the area of clinical care, the ranking was fourth out of 59. Broomfield is reported to have a 1,002:1 ratio of primary care physicians to residents. This compares to the Colorado average of 1,287:1. The national benchmark for availability of primary care physicians is 1,067:1, which ranks Broomfield better than both the Colorado average and the national benchmark. Broomfield also ranks high for mental health providers with a ratio of 1,603:1 compared to a statewide average of 1,807:1. In the *2013 County Health Rankings & Roadmaps*, Broomfield residents reported having poor mental health 3.3 days per month whereas the statewide average is only slightly lower at 3.1. Both primary care providers and mental health providers address issues of mental health and provide mental health services.

Injury Prevention

CDPHE reports regional fall rates for adults 65+ who fell in a three month timeframe. The region report includes combined data from Boulder and Broomfield counties. The 2010 fall rate for these two counties was 19.5% as compared to the Colorado rate of 17.1%.

Seat belt use in Broomfield is also reported as an aggregate percentage. The aggregate percentage of Boulder and Broomfield adults, aged 18+ years, who reported always using a seat belt when riding in a car during 2008-2010 was 81.8%. This is less than the Colorado percentage of 83.5% and less than the *Healthy People 2020* objective of 92.4%.

In 2010, 73.2% of Broomfield and Boulder children aged 1-14 years used an age-appropriate mode of restraint while riding in a motor vehicle. The Colorado average was 75.3%. Again, no statistics were available specific to Broomfield County.

Community Health Assessment

Community Input – Chronic Disease, Cardiovascular Disease

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Chronic Disease

According to the *Colorado Chronic Disease Indicators Report* published by CDPHE, chronic diseases are the most preventable of health problems. Diseases such as cardiovascular disease (CVD), diabetes, high blood pressure, and certain cancers share primary risk factors such as poor diet, obesity, lack of physical activity, and tobacco use.

Cardiovascular Disease

CVD includes a variety of ailments including coronary heart disease, heart failure, stroke, high blood pressure, and high cholesterol. In *Defining and Setting National Goals for Cardiovascular Health Promotion and Disease Reduction - The American Heart Association's Strategic Impact Goal Through 2020 and Beyond*, the American Heart Association reports that, "Despite four decades of declines in age-standardized CVD and stroke death rates, the numbers of heart disease, stroke, and related vascular deaths continue to make these by far the leading causes of morbidity and mortality in the United States."

According to CDPHE reports, between 2007 and 2009, of those Broomfield adults who had a cholesterol screening, 33.2% had high cholesterol as compared to Colorado's overall percentage of 34.4%. The *Healthy People 2020* objective for this metric is 13.5%. In this same time period, CDPHE reports the percentage of Broomfield adults who were told by a health care provider that they had high blood pressure was 23.2%. This was higher than the Colorado percentage of 21.8%, but lower than the Healthy People 2020 objective of 26.9%.

Community Health Assessment

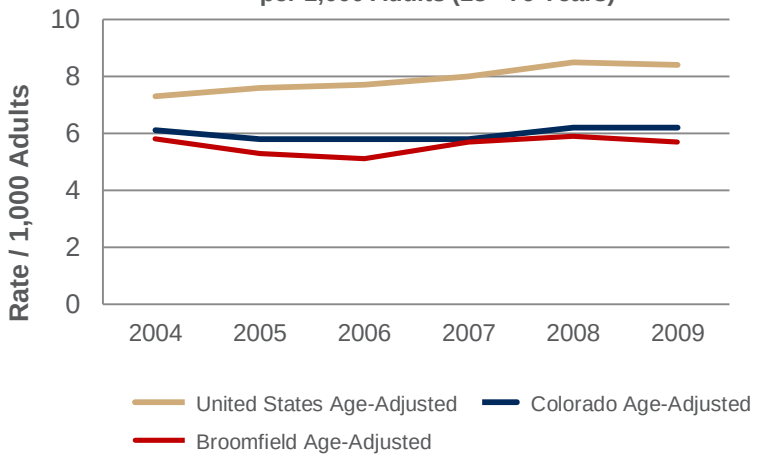
Community Input – Diabetes, Cancer

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Diabetes

The State of Colorado and Broomfield County are both below the national average in the rate of new cases of diagnosed diabetes per 1,000 adults during 2004 through 2009. This is according to the CDC, which also reports that the incidents of newly diagnosed cases have been reasonably stable for this six-year period. During the six-year timeframe, Broomfield's cases were 5.58 cases per 1,000 residents compared to the national average of 7.9. Colorado's average is 5.98 cases per 1,000 adults.

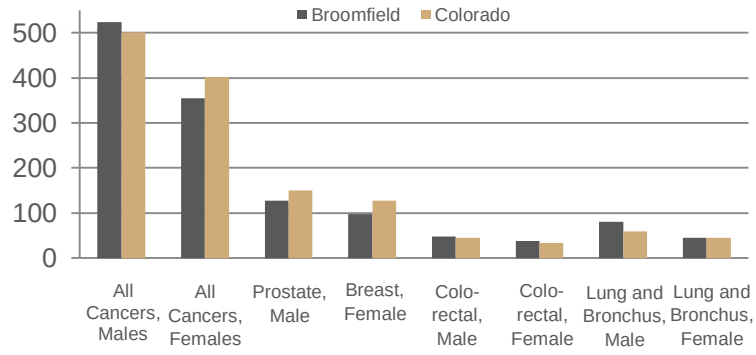
Figure 1: Rate of New Cases of Diagnosed Diabetes per 1,000 Adults (18 - 76 Years)



Cancer

The chart below shows age-adjusted cancer incidence rates from 2007 to 2009. Broomfield males tend to have a higher rate of cancer than the Colorado average (524 vs. 501 per 100,000). Broomfield females tend to have a lower rate of cancer than the Colorado average (354 vs. 401 per 100,000).

Figure 2: Age-Adjusted Cancer Incidence Rate per 100,000 (2007 - 2009)



Source: CDC Website, Diabetes Data and Trends

Community Health Assessment

Strengthening and Assessing the Community

TOGETHER WE ARE A HEALTHIER BROOMFIELD

As part of the overall community assessment, a capacity assessment of PHE was conducted. First, in 2011, a thorough analysis of the Division's organizational structure was conducted to determine the efficiency and effectiveness of meeting the public health needs of Broomfield. The analysis included:

- A review of other local health departments' organizations including counties similar in size to Broomfield and counties in which public health and human services were integrated;
- A review of the various positions, job duties and workload within the Division;
- An analysis of funding streams supporting the Division; and
- A review of findings from the community health assessment that was conducted to analyze community needs.

This analysis resulted in a number of organizational changes that were implemented in late 2011 and early 2012. The changes were an attempt to redirect available resources to better address the current needs of the organization and the community. Changes included eliminating positions in some areas while creating new positions in others. The net impact to the Division's total FTE was a reduction of 0.4. The reorganization streamlined existing programs and attempted to shift staff support to programs and functions that were lacking capacity to efficiently and effectively provide core public health services.

Community Health Assessment

Broomfield Capacity Estimation

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Broomfield's Capacity Estimation was created in early 2013 by summarizing the 2012 Public and Environmental Health Annual Report Survey. This survey estimates system capacity to deliver each of the seven core public health services and was designed through collaboration between CDPHE's Office of Planning and Partnerships and the Colorado Association of Local Public Health Officials. It was completed by the Public Health Director and other Division staff. The data was created by summarizing the staff's perceptions and estimations based on the core public health services.

The survey found that Broomfield PHE is proficient in meeting the capacity expectations established by CDPHE to deliver the core public health services. In addition, Broomfield is thriving in its ability to provide vital records and statistics, followed by prevention and population health promotion programs. Broomfield's greatest capacity strength across the core standard areas is in the use of current knowledge and best practices in the delivery of services and in following national standards.

Community Health Assessment

Winnable Battles

TOGETHER WE ARE A HEALTHIER BROOMFIELD

In 2011, CDPHE selected *10 Winnable Battles* that provide the greatest opportunities for ensuring Coloradans' health while improving and protecting our environment. Many of Colorado's *10 Winnable Battles* align with the *Centers for Disease Control and Prevention Winnable Battles* and are consistent with the *Seven Priorities for Environmental Protection Agency Future.* Others reflect Colorado's own unique priorities. These broad topic areas can be customized by counties and cities based on local priorities and authorities, or by agencies and other organizations whose missions overlap.

PHE maintained sight of Colorado's *10 Winnable Battles* as a means to capitalize on statewide campaigns and resources. In addition, priorities within CDPHE programs, such as the Maternal and Child Health, were considered as a way to assist PHE to coordinate local efforts with statewide programs.

10 COLORADO'S WINNABLE BATTLES

ELEVATING HEALTH AND ENVIRONMENT

- CLEAN AIR
- CLEAN WATER
- INFECTIOUS DISEASE PREVENTION
- INJURY PREVENTION
- MENTAL HEALTH AND SUBSTANCE ABUSE
- OBESITY
- ORAL HEALTH
- SAFE FOOD
- TOBACCO
- UNINTENDED PREGNANCY

Community Health Assessment

Prioritization Process and Community Input

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To determine which area(s) should be the focus for the PHIP, a prioritization process was implemented. The Colorado Health Assessment and Planning System Prioritization Scoring Tool was completed through an internally facilitated discussion in which consensus was reached for each area.

Broomfield's Health and Human Services Advisory Committee (HHSAC) was also asked to provide input regarding the PHIP. The HHSAC, comprised of seven resident members and two non-voting ex-officio City Council members, advises HHS on community needs and provides community input and feedback to the Department. During the August 2013 HHSAC meeting, an overview of the community assessment, capacity assessment and prioritization process was provided. HHSAC supported Broomfield's PHIP priority of reducing the percentage of Broomfield residents who are overweight or obese.

Based on the input received from the community, in conjunction with the data analysis and capacity assessment, obesity prevention was selected as the top public health priority for Broomfield.

Priority: Obesity Prevention

Comprehensive Approach

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Obesity prevention is too complex for one agency to address alone. In order to reverse the trend of obesity in Broomfield, a sustainable and comprehensive approach is needed. Therefore, PHE will partner with other City and County Boards and Commissions, including the HHSAC, Library Board, Open Space and Trails Committee, and Parks and Recreation Advisory Committee to leverage opportunities for multi-sector coordination and collaboration. PHE will also provide data, technical assistance and expertise to schools, businesses, non-profit agencies, health care providers, and other CCOB Departments that are working to prevent obesity. When appropriate, PHE will link these organizations to statewide initiatives and assist them in seeking grant funding.

PHE will utilize existing public health resources to implement this plan. Additional action will be taken to explore external financial resources and grant funding opportunities. PHE and other HHS Divisions, including Self-Sufficiency, Public Assistance and Employment; Broomfield Workforce Center; Family and Children's Services; and Senior Services, will offer integrated obesity prevention services to optimize efficiency and effectiveness during implementation of the plan. Service delivery related to each action step has been identified and planned within existing public health service budgets.

This comprehensive approach will increase the impact made in the community and strengthen the work within the PHIP.

Priority: Obesity Prevention

Action Plan

TOGETHER WE ARE A HEALTHIER BROOMFIELD

The action plan presented is a tool for guidance toward fostering a healthier Broomfield. Broomfield's PHIP will use local public health professionals and programs, as well as existing CDPHE and evidence-based programs, in an attempt to have the greatest impact on the community. During implementation of the action plan, HHS will continue to use culturally and linguistically appropriate materials, staff interpreters, and paid translation services to ensure that it reaches all segments of the population.

The goals and action steps in the action plan align with the national and state goals of the 10 Winnable Battles and Healthy People 2020 and do not require legislative or regulatory action. The goals and objectives of the action plan relate to four of the topics from Healthy People 2020: educational and community-based programs, nutrition and weight status, physical activity, and maternal, infant and child health.

Priority: Obesity Prevention

Action Plan

TOGETHER WE ARE A HEALTHIER BROOMFIELD

GOAL 1: INCREASE COMMUNITY OUTREACH AND PUBLIC AWARENESS RELATED TO OBESITY PREVENTION.

OBJECTIVES	ACTION STEPS
1.1. By 12/31/2014, form the Healthy Broomfield Advisory Team with a minimum of five community organizations, government agencies, and City and County Boards and Commissions representatives to develop a community movement to address obesity prevention.	Reach out to community organizations and individuals to create a Healthy Broomfield Advisory Team.
	Define roles and responsibilities of the Healthy Broomfield Advisory Team members.
	Redesign and update the Healthy Broomfield webpage.
	Explore grant options to maintain and improve Healthy Broomfield.
1.2. By 12/31/2014, increase the health and nutrition-related information in the Broomfield Enterprise newspaper and CCOB B in the Loop email marketing service on a quarterly basis.	Write/publish health and nutrition-related articles for various local publications.
	Partner with Broomfield's Communications and Governmental Affairs Department to publish articles within the Broomfield Enterprise newspaper and B in the Loop emails.
1.3. By 12/31/2014, collaborate with the Broomfield Communications and Government Affairs Department to establish a social media presence addressing obesity prevention.	Review best practices for social media via the CDC, the United States Department of Health and Human Services, and the Academy of Nutrition and Dietetics, etc.
	Assess the appropriate avenues to promote obesity prevention messages through social media in-line with the CCOB policies.
	Launch and maintain PHE social media presence.

Priority: Obesity Prevention

Action Plan

TOGETHER WE ARE A HEALTHIER BROOMFIELD

GOAL 1: INCREASE COMMUNITY OUTREACH AND PUBLIC AWARENESS RELATED TO OBESITY PREVENTION.

OBJECTIVES	ACTION STEPS
1.4. By 12/31/2015, implement consistent branding and advertising for obesity prevention and health promotion messages throughout Broomfield.	Utilize existing public health messaging from the CDPHE and nationwide initiatives.
	Use the American Public Health Association's toolkits and daily themes focusing on obesity to promote National Public Health Week (every April).
	Identify community's needs for healthy eating and active living messages.
	Develop advertisements based on community needs.
	Test community-based healthy eating and active living messages for public advertising.
	Advertise messages in bus shelter stations, banners on ball fields, the Broomfield Enterprise newspaper, the Broomfield's Recreation Brochure, Broomfielder magazine, and various newsletters.
	Review CCOB guidelines and work with CCOB Public Works Department to determine feasibility of updating current America on the Move signage and provide additional signage throughout the community and within parking lots.
	Explore other potential advertising mediums.

Priority: Obesity Prevention

Action Plan

TOGETHER WE ARE A HEALTHIER BROOMFIELD

GOAL 2: IMPROVE NUTRITION AND PHYSICAL ACTIVITY AMONG THE BROOMFIELD RESIDENTS.

OBJECTIVES	ACTION STEPS
2.1. Increase the Healthy Hearts Program participation rate by 12.5% in year one with a total increase of 25% by 12/31/2015.	Work with CCOB Senior Services Division to increase attendance and recruit additional participants.
	Explore grant options for marketing, incentives, and expansion of the program.
	Conduct evaluation of participation rates quarterly.
	Enhance rapport with Healthy Hearts participants to increase PHE involvement in the walking portion of the program.
2.2. By 12/31/2018, in-line with Maternal and Child Health priorities, facilitate two training sessions focused on increased physical activity and nutrition within Broomfield child care facilities.	Collaborate with the Broomfield Early Childhood Council to identify training opportunities.
	Research possible venues for training sessions.
	Research and review educational curriculum.
	Facilitate two training sessions.
2.3. By 12/31/2014, improve the health of youth and families by utilizing additional best practices promoted by the Let's Move! initiative as measured by the overall Let's Move! rankings.	Register CCOB to be a MyPlate Community Partner.
	Work with environmental health specialists to offer MyPlate signage to local food establishments.
	Use at least three Let's Move! Child Care approaches to promote Let's Move! among early care and education providers.

Priority: Obesity Prevention

Action Plan

TOGETHER WE ARE A HEALTHIER BROOMFIELD

GOAL 2: IMPROVE NUTRITION AND PHYSICAL ACTIVITY AMONG THE BROOMFIELD RESIDENTS.

OBJECTIVES	ACTION STEPS
2.4. By 12/31/2014, partner with CCOB Mamie Doud Eisenhower Library staff to offer a minimum of two health and wellness educational opportunities through the library's adult and children's services.	Assist CCOB library staff to incorporate nutrition, physical activity, and other health information into the Family Place Library program serving families of children birth to five.
	Assist CCOB library staff to incorporate nutrition, physical activity, and other health information into adult services programming.
2.5. By 12/31/2015, incorporate the *Ways to Enhance Children's Activity & Nutrition* (*We Can!)* curriculum or other evidence-based nutrition education materials in the Special Supplemental Program for Women, Infants, and Children (WIC) program for 12 months.	Research evidence-based nutrition education materials to utilize in the WIC program.
	Implement curriculum.
	Administer parent curriculum evaluation at the end of the educational program to determine the effectiveness and need for ongoing implementation.
2.6. By 12/31/2015, implement six nutrition classes within the Broomfield community.	Research and explore possible venues.
	Establish sources for recruitment of participants.
	Explore grant options for marketing, incentives, and/or continuing/expanding the service.
	Conduct nutrition classes.
	Conduct evaluation/survey after each class.

Priority: Obesity Prevention

Action Plan

TOGETHER WE ARE A HEALTHIER BROOMFIELD

GOAL 3: ENHANCE THE CITY AND COUNTY OF BROOMFIELD'S EMPLOYEE WELLNESS PROGRAM.

OBJECTIVES	ACTION STEPS
3.1. By 12/31/2014, increase the health and nutrition-related information in the CCOB Employee *Wellness Monthly* newsletter on a quarterly basis.	Write health and nutrition-related articles based on employee wellness challenges.
	Work with CCOB Human Resources Department and the employee Wellness Committee to implement the use of Constant Contact, an email marketing tool, for the Employee *Wellness Monthly* newsletter.
3.2. By 12/31/2014, 100% of CCOB break rooms will prominently display MyPlate signage.	Provide MyPlate posters and other nutrition materials for display throughout CCOB.
	Selected PHE staff to participate in the Employee Wellness Health Fair.
3.3. By 12/31/2014, PHE staff will collaborate with employee wellness to provide internal support and services for health-related activities.	Provide health and nutrition-related services for employee wellness classes.
3.4. By 12/31/2015, increase awareness of physical activity opportunities in the workplace.	Partner with CCOB Public Works Department to assess availability and condition of bike racks at CCOB buildings.
	Work with Employee Wellness Committee to create pamphlets for each CCOB building with ideas for work time physical activity in 15-minute intervals.
	Promote employee awareness of existing community and fitness centers and/or classes.

Priority: Obesity Prevention

Action Plan

TOGETHER WE ARE A HEALTHIER BROOMFIELD

GOAL 4: ENHANCE HEALTH AND HUMAN SERVICE CLIENTS' KNOWLEDGE AND AWARENESS OF WELLNESS.

OBJECTIVES	ACTION STEPS
4.1. By 12/31/2015, PHE Reproductive Health staff will discuss and document physical activity and nutrition education at 100% of annual exams.	Review current education packets provided to clients and include physical activity information and enhanced nutrition materials.
	Partner with the Broomfield Reproductive Health Information and Education committee to review the appropriateness of the materials for the audience and community.
	Document physical activity and nutrition information provided to clients with a check-off point on annual exam sheet.
4.2. By 12/31/2015, in-line with CDPHE's Maternal and Child Health priorities, provide informational wellness packets to 50% of Immunization Clinic, Family Care Providers, WIC and HOPE clients with children under six years of age.	Create packets to include oral health, physical activity, breastfeeding, nutrition, etc. for the following age groups: 0-1 year, 1-3 years, and 3-6 years.

Priority: Obesity Prevention

Evaluation

TOGETHER WE ARE A HEALTHIER BROOMFIELD

Ongoing evaluation of the PHIP shall occur by monitoring each of the goal areas within the action plan. On a quarterly basis, process evaluation methods will be used to assess each goal area for success in meeting stated objectives and to identify areas of potential improvements. Based on this information and systematic data collection, PHE will determine adjustments and modifications in each goal area and reallocate efforts and future levels of investment as needed. At the beginning of the evaluation process, PHE will develop a five-year evaluation plan that includes metrics for rates of obesity and overweight prevalence, fruits and vegetable consumption, participation in moderate to vigorous physical activity, and breastfeeding rates. PHE will assess long term impact by analyzing data from the *Colorado BRFSS*; the *Colorado Child Health Survey*; the *Colorado Youth Risk Behavior Surveillance System*; and the *Pregnancy Risk Assessment Monitoring System*. Evaluation of short and long-term progress will be reported on Broomfield's website annually.

Public Health
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