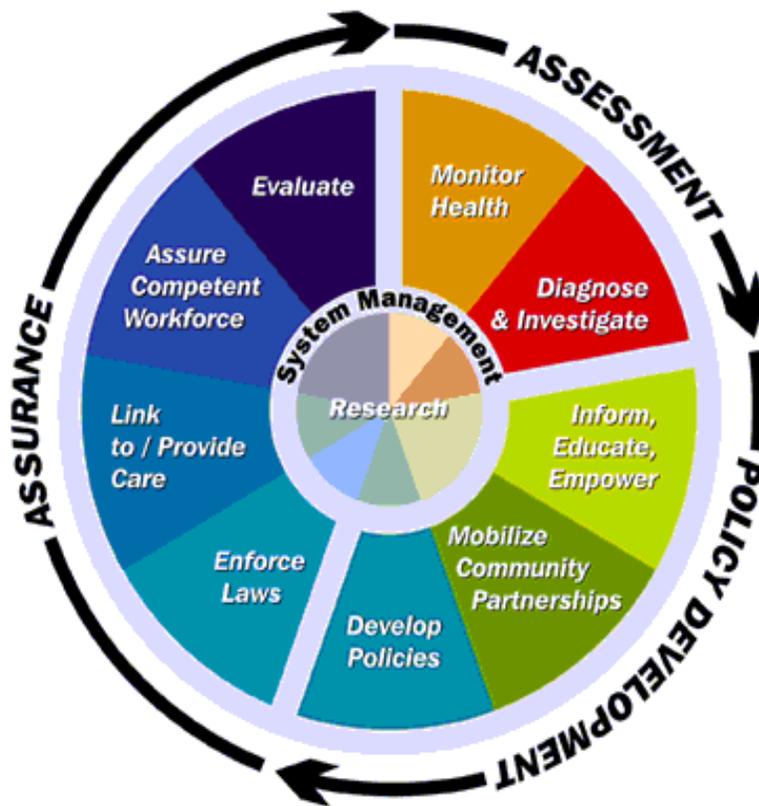


ALAMOSA COUNTY PUBLIC HEALTH IMPROVEMENT PLAN



INTRODUCTION

The challenge of preventing illness and improving health is ongoing and complex.

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

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

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

The public health plan (also called a public health improvement plan or a community health improvement plan) is a systematic road map that illustrates county or regional public health needs, describes priorities for health improvement, names the partners to be involved, documents the steps to get there, and provides a method for evaluating progress. The plan is for the entire community, including leaders, system partners, public health staff and boards of health.

How does environmental health fit? Within the Public Health Act, the field of environmental health is included under the broad definition of public health. Local public health agencies have specific duties with regard to environmental health, such as enforcing environmental laws, abating nuisances, conducting inspections, controlling hazards, carrying out programs that protect the environment, and coordinating with the environmental commissions at CDPHE. In addition, environmental health is defined in rule as a “core service” by the Colorado Board of Health, to be provided or assured by all local public health agencies. Therefore, environmental health service capacity, indicators, and resulting health outcomes should be documented during local assessment processes, and if determined to be a focus area for improvement, addressed in the public health plan.

The Act requires that the comprehensive statewide public health improvement plan is due every five years with local public health plans to follow. The first plan was completed in 2009, so it is recommended that all local plans be completed by 2013 to inform the next statewide plan in 2014. (CHAPS, April 2012)

*Read the entire Colorado Health Assessment and Planning System (CHAPS) Guidebook at:
<http://www.cdphe.state.co.us/opp/CHAPS/Getting%20Started%20PDF%20April%202012.pdf>*

PUBLIC HEALTH ACT AND CORE SERVICES

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

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Colorado State Board of Health

CORE PUBLIC HEALTH SERVICES

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

- A. Assessment, Planning, and Communication
- B. Vital Records and Statistics
- C. Communicable Disease Prevention, Investigation, and Control
- D. Prevention and Population Health Promotion
- E. Emergency Preparedness and Response
- F. Environmental Health
- G. Administration and Governance

Exemption from the Provision of Core Services:

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

There is limited need for the core public health services in the community,
or

Other providers provide this service sufficient to meet the local need.

The essential public health services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These services are not additional requirements on local public health agencies. The 10 essential public health services are:

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

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

ALAMOSA COUNTY

Alamosa County, at an elevation of 7,500 feet and with land area of 724 square miles, is located in the San Luis Valley in south-central Colorado. The San Luis Valley is the largest alpine valley in the world, surrounded by mountains of the San Juan and Sangre de Cristo ranges. It is necessary to travel over mountain passes to leave the valley, which has created a culture of cooperation between Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties. The north-Eastern portion of Alamosa county is the home of the Great Sand Dunes National Park. The Rio Grande River passes through Alamosa County. The area is "high and dry", with less than 10 inches of annual precipitation and 360 days yearly of sunshine. Winter low temperatures are well below zero. Alamosa County is mostly rural. The city of Alamosa (pop 10,000) is a "hub" of the valley at the intersections of Highways 285 and 160, being established as a railroad town on the river. It is the trade center of the San Luis Valley. The city is home to Adams State University and Trinidad State Junior College campuses, San Luis Valley Regional Medical Center (hospital and physician services) and Alamosa School District. Two tiny towns, Hooper and Mosca, lie north of Alamosa and they and the surrounding rural area comprise Sangre de Cristo School District.

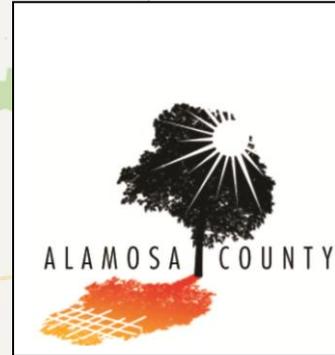
Alamosa County snapshot:

Population: 15,445 (2010*)

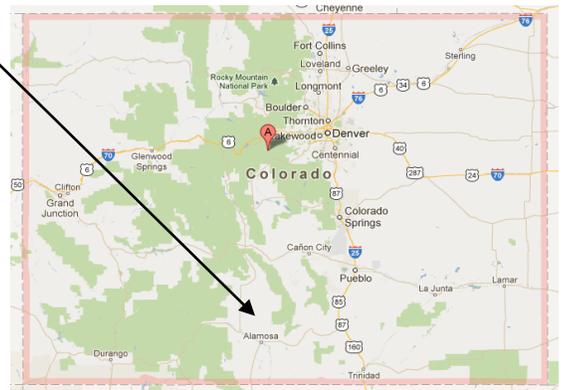
256 births in 2010 (##)

Median income \$35,935 (*)

% with medical insurance: 76.4 (++)



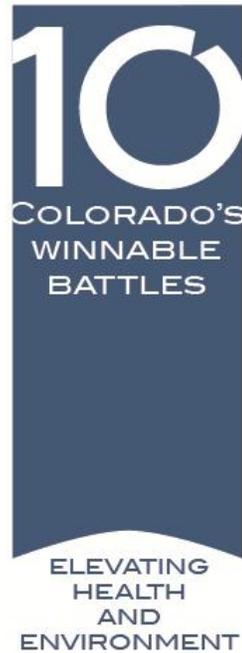
2010 population of Alamosa County was 15,445*, with 3.2% growth since 2000. 24.8% of the population is under the age of 18. 49.6% are white Hispanic. 49.9% of the population is female. 24% of the total population is below the FPL. High school graduation rate is 86.4%. Median income is \$35,935. Agriculture is a large part of the area economy; major products are livestock, hay, potatoes and grain. Migrant farm workers and families are present during the summer and early fall. 69% of workers are employed privately, 22% are government and 8% are self-employed.**



<http://maps.google.com/>

Vital Statistics, ++ CHAS, *QuickFacts **City-data

WINNABLE BATTLES



Colorado's 10 Winnable Battles

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

What is a Winnable Battle?

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

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

SOCIAL DETERMINANTS OF HEALTH

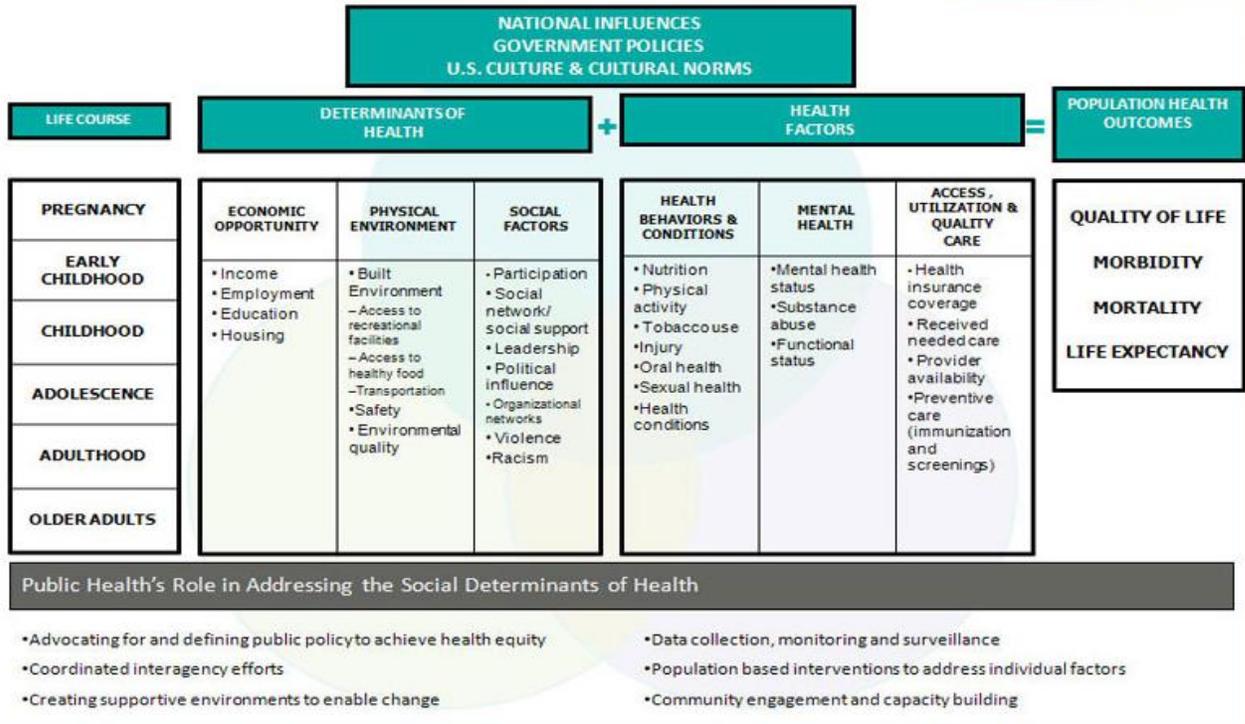
The World Health Organization defines the social determinants of health as “the circumstances into which people are born, live, work, and age; and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”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

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

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

Health Equity

AN EXPLANATORY FRAMEWORK FOR CONCEPTUALIZING THE SOCIAL DETERMINANTS OF HEALTH



COLORADO HEALTH INDICATORS

County specific information for each of the indicators in the Health Equity Model as well as population and community characteristics is available to assist in determining the health disparities or health inequities that may be present in a particular county or region and thus help guide public health planning. *Data can be queried by county at <http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?did=3&sdID=13&cid=3&rid=8>*

DETERMINING PUBLIC HEALTH PRIORITIES

Public Health Capacity Assessment

ACPHD completed a capacity assessment in December, 2011 as part of the CDPHE's Office of Planning and Partnership (OPP) statewide systematic review of the current LPHA capacity for providing core public health services throughout Colorado. Core services for which there is clear need for increased capacity are Injury Prevention & Education , Maternal Child Health Prevention & Education and Environmental Health.

Health data

County health data from a variety of sources was assembled by the Regional Planner with assistance from CDPHE and presented to ACPHD Director, Regional Epidemiologist and Public Health Nurses. This data was then reviewed by ACPHD staff and director and the following 13 areas of concern were identified: Teen Pregnancy, Sexually Transmitted Infections (STI's), Prenatal Care, Obesity, Cardiovascular Disease, Diabetes, Cancer (including screenings), Chronic Respiratory Disease, Motor Vehicle Accidents, Firearms, Suicide, Oral Health, and Flu and Pneumonia.

Community Health Survey

We were fortunate to have data available from the San Luis Valley Community Health Survey, conducted in 2009-2011 by the Rocky Mountain Prevention Research Center. This community-based participatory research project resulted in a comprehensive, representative community health profile. To view the survey go to this link:
<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/RMPRC/projects/Documents/SLV%20Survey%20page/SLV%20CHS%20Summary%20Report%204.12.12%20final.pdf>

Health Indicators

County-specific information for each of the indicators in the CDPHE Health Equity Model, together with population data and community characteristics, was reviewed to determine areas of public health concern. The indicators are: Life course perspective, Social determinants of health, Health factors and Population health outcomes. (See Health Equity chart on previous page)

Presentation to community stakeholders [\(link to powerpoint\)](#)

The Regional planner created a powerpoint to present to stakeholder groups in each county. ACPHD then customized the presentation for Alamosa County.

Narrowing the priorities

Two community stakeholder groups were utilized to assist in the process of narrowing the priorities.

The first group was the Alamosa County Prevention Coalition. Discussion during this meeting led to combining some of the priorities and voting for three priorities. It was decided to combine Child Abuse, Suicide and Firearm Deaths together under Mental Health and Substance Abuse. It was decided to combine Cancer, Diabetes, Cardiovascular Disease and Obesity all together under Obesity. It was decided to combine Teen Pregnancy and Unintended Pregnancy. Flu and pneumonia were combined with Chronic Respiratory Disease. Oral Health and Motor Vehicle Accidents were left separate. Members were asked to place stickers indicating 1, 2 and 3 on what they considered the top three priorities respectively. After scoring the votes the following three were identified as the top three priorities: Obesity, Mental Health and Substance Abuse, and Teen and Unintended Pregnancy.

The second group consisted of local Healthcare Leaders and the Alamosa County Board of Health. This group also decided to combine concerns into broader priorities. It was decided to combine Teen Pregnancy and Unintended Pregnancy. Flu and pneumonia were combined with Chronic Respiratory Disease. The group used the same scoring system as the Prevention Coalition to identify the top three priorities. Identified as the top three were Obesity, Child Abuse and Oral Health.

Three public health focus areas

ACPHD identified these three public health focus areas to address in this 5 year Public Health Improvement Plan:

I. Obesity Prevention

II. Mental Wellness Promotion

III. Environmental Health

CREATING OUR COUNTY PUBLIC HEALTH IMPROVEMENT PLAN

Our next step was to develop our local public health improvement plan. This will serve as a 5-year, systematic road map for public health, community and/or regional partners to improve the public health system and the population's health. With these three focus areas in mind, we hope to unite common providers around shared issues, goals, measurements and results, and then actively support and strengthen the processes that prove to have a measureable impact. Drawing on community and staff expertise, ACPHD will facilitate a process to incorporate the three areas into a local public health improvement plan.

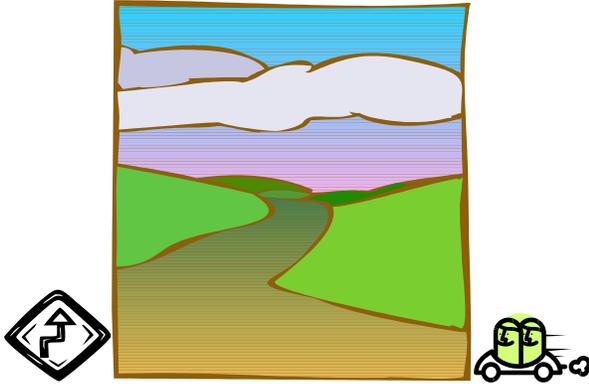
While developing an Alamosa County Public Health Improvement Plan (PHIP), we will also work with the other public health agencies in the San Luis Valley to identify Regional similarities and possible partnerships.

We will enlist partner involvement to:

- **review and supplement data**
- **determine what is currently being done**
- **identify contributing factors**
- **identify specific strategies that can be implemented by ACPHD and/or partnering organizations to address these factors**
- **define specific populations needing attention**
- **set measurable targets for improvement over the next five years**
- **develop an action plan that incorporates mutual goals, objectives, strategies, action steps and method for evaluating progress.**

In order to make a significant impact, the key will be to address each issue together with partners, through integrated services and approaches. When identifying strategies, public health and partners will consider:

- **the resources needed to implement the strategy**
- **population characteristics (i.e. current behaviors, mental health status, access to care etc.)**
- **social circumstances (i.e. physical environment, social factors, economic opportunity)**



Roadmap to better health

ACPHD staff will write our local public health improvement plan and ensure it meets the requirements of the Public Health Act. Additionally, we will obtain the desired technical assistance if and when necessary from the state health department or other counties who are also conducting their assessment and planning processes.

This should keep us on track to seek approval from our Board of Health and submission to CDPHE in early 2013.

TIMELINE

TARGET DATE	STEP
Nov 2011	Initial meeting with OPP, decision to utilize a regional planner to assist each county with PHIP and help identify regional planning would be helpful for some or all priorities
Dec 2011	Public Health Director completes Capacity Assessment
Jan 2012	Regional Planner assembles data
Jan 2012	Regional Planner meets with Public Health Department to review data, discuss gaps and identify areas of concern
Mar 2012	Public Health Department determines top 10-15 areas of concern and researches areas of incomplete data
Mar 2012	Planner prepares draft of stakeholder presentation; Public Health Department revises and customizes presentation.
Apr 2012	Public Health Department meets with stakeholder groups to review data, discuss areas of concern and determine possible priorities.
May 2012	Meeting of SLV Public Health Departments, Regional Planner and OPP to compare top county priorities and discuss next steps. Decision to form SLV Public Health Partnership.
Summer 2012	Public Health Department to hold second stakeholder meeting to determine system capacity and finalize priorities.
Fall 2012	Write county PHIP
Fall 2012	Regional Planner to incorporate county PHIP into a regional PHIP as appropriate
Early 2013	Submit PHIP to CDPHE
2013-2018	Carry out the PHIP. Ongoing tasks for ACPHD include linkages to other community efforts, evaluation, and communication.

ALAMOSA COUNTY PHIP FRAMEWORK

PUBLIC HEALTH PRIORITIES AND 5 YEAR GOALS

OBESITY PREVENTION

Reduce Alamosa County residents' risk for chronic disease by promoting physical activity, reducing nutritional risks, and supporting other obesity prevention strategies.

MENTAL WELLNESS PROMOTION

Improve quality of life, increase years of healthy life and reduce disparities among Alamosa County residents through multiple social & emotional wellness strategies.

ENVIRONMENTAL HEALTH

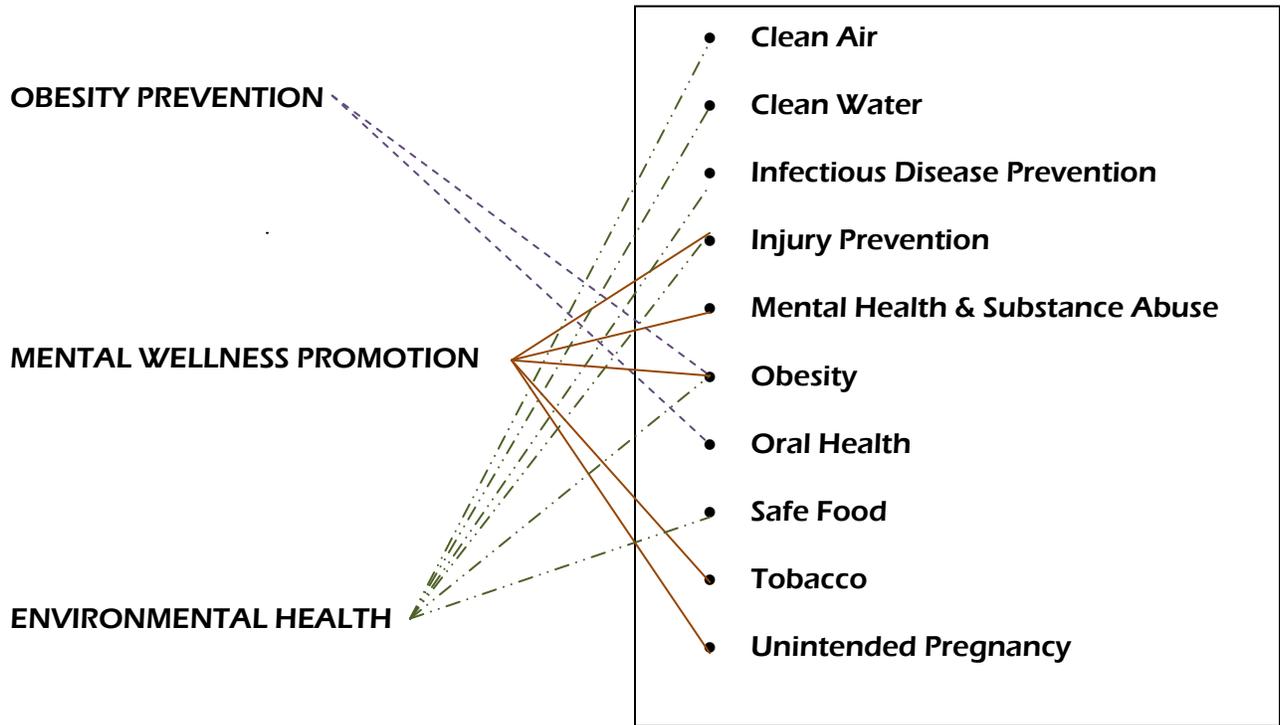
Reduce negative environmental health impacts in Alamosa County through multiple strategies aimed at expanding understanding about the relationship between human health and the environment.

In collaboration with other SLV Public Health Agencies if and when appropriate by establishing a San Luis Valley Regional Public Health Partnership to determine how we may work in partnership on mutual priorities.

LINKING ALAMOSA PRIORITIES WITH COLORADO WINNABLE BATTLES

Alamosa County Priorities

Colorado Winnable Battles



DATA SOURCES

COHAS: <http://www.cohealthaccesssurvey.org/results/>

Vital Statistics: Vital Statistics Unit, Health Statistics Section, CDPHE

City-Data: http://www.city-data.com/county/Alamosa_County-CO.html

QuickFacts: <http://quickfacts.census.gov/qfd/states/08/08003.html>

Colorado Regional Health Profiles: Colorado State Demography Office

CDC/NCHS

Colorado Department of Education, Class of 2009 Graduation Data and

United States Census Bureau, Summary File 3 sample data, 2000.

Poverty Data Sources:

<http://www.ers.usda.gov/Data/Unemployment/RDList2.asp?ST=CO>

<http://www.ers.usda.gov/Data/Poverty>

[Rates/PovListpct.asp?ST=CO&view=Percent](http://www.census.gov/hhes/www/poverty/methods/definitions.html)

<http://www.census.gov/hhes/www/poverty/methods/definitions.html>

USDA Economic Research Service, 2010,

<http://www.ers.usda.gov/Data/PovertyRates/PovListpct.asp?ST=CO&view=Percent>

Local Health Services: Compiled by Alamosa County Public Health Dept.

MUP & HPSA: Source: United States Department of Human Services, Health Resources and Services Administration

Rocky Mountain Prevention Research Center (2012). San Luis Valley Community Health Survey. Denver, CO: U. Colorado Denver. Funding for this project was provided by two sources: the National Institutes of Health (3UL1RR025780-02S1) through an administrative supplement to the Colorado Clinical & Translational Sciences Institute and the Centers for Disease Control and Prevention Cooperative Agreement U48DP001938).

Colorado Health Institute

Colorado Pregnancy Risk Assessment Monitoring System Statistics, COHID

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

Colorado HIV Surveillance Report, 3rd Quarter 2011

Child Health Survey, Health Statistics Section, CDPHE 2007-2009

DEATH DATA from CDPHE, Health Statistics Section

<http://www.cdphe.state.co.us/hs/vs/2010/Alamosa.pdf>

Centers for Disease Control and Prevention: National Diabetes Surveillance System.

Available online at: <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>

Colorado Asthma Surveillance Report 2008

Summary Health Statistics for U.S. Children: National Health Interview Survey, 2010

CHAMP data , Alamosa Public Schools, Alamosa County Public Health Dept.

American Lung Association

Influenza hospitalization data from CDP

Pneumococcal infection data from Disease Control & Environmental Epidemiology Division, CDPHE

Vaccine data BRFSS

COHID, BRFSS data for Alamosa County and Colorado

US data: National Health Interview Survey, 1965–2010

http://www.cdc.gov/tobacco/data_statistics/tables/trends/cig_smoking/index.htm

Healthy Kids Colorado Survey 2010-2011

Colorado Child Health Survey, Colorado Department of Public Health and Environment

<http://www.cdphe.state.co.us/ps/mch/mchadmin/mchdatasets2>

Colorado Injury Hospitalization – Statistics, CDPHE, COHID

<http://www.cdphe.state.co.us/hs/vs/2010/Alamosa.pdf>

Child abuse data from Health Statistics Section, CDPHE. Death and Injury Hospitalization data from:

<http://www.chd.dphe.state.co.us/HealthIndicators>

Source: Citydata.com

Problem Identification FY2011 Colorado Dept of Transportation

ACKNOWLEDGEMENTS

Thank you to the following who participated in the Alamosa County Public Health Improvement Planning process:

Alamosa County Board of Health

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Ola Bovin, RN, SLV Regional Epidemiologist

Paula Hendricks, San Luis Valley Regional Public Health Planner

Rocky Mountain Prevention Research Center

Reginaldo Garcia, PhD; Julie Marshall, PhD

San Luis Valley Comprehensive Mental Health Center

San Luis Valley Prevention Coalition

San Luis Valley Regional Medical Center

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Valley Wide Health Systems

Ricardo Velasquez, MD

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West Central Public Health Partnership, El Paso County Public Health Department, Weld County Public Health, Boulder County Public Health PHIP documents were also helpful tools; our appreciation to the people whose time and talents created them.

ALAMOSA COUNTY PUBLIC HEALTH DEPARTMENT PUBLIC HEALTH IMPROVEMENT PLAN

2013-2018 Version 1

PRIORITIES and GOALS

PRIORITY I: OBESITY PREVENTION

5 YEAR GOAL: Reduce Alamosa County residents' risk for chronic disease by promoting physical activity, reducing nutritional risks, and supporting other obesity prevention strategies.

PRIORITY II: MENTAL WELLNESS PROMOTION

5 YEAR GOAL: Improve quality of life, increase years of healthy life and reduce disparities among Alamosa County residents through multiple social & emotional wellness strategies.

PRIORITY III: ENVIRONMENTAL HEALTH

5 YEAR GOAL: Reduce negative environmental health impacts in Alamosa County through multiple strategies aimed at expanding understanding about the relationship between human health and the environment.

These priorities may be addressed in collaboration with other Public Health Departments if/when appropriate.

ALAMOSA COUNTY PUBLIC HEALTH DEPARTMENT PUBLIC HEALTH IMPROVEMENT PLAN 2013-2018 Version 1

PRIORITY I: OBESITY PREVENTION

5 YEAR GOAL: Reduce Alamosa County residents' risk for chronic disease by promoting physical activity, reducing nutritional risks, and supporting other obesity prevention strategies.

CONTEXT/BACKGROUND/INDICATORS:

Overweight and obesity is a serious public health problem that requires attention at all levels of society and in multiple sectors, settings and environments. Alamosa County data shows an alarming 24.4% of children ages 2-14 are not only overweight but obese. Those who are overweight or obese early in life (ages 0-5) have increased risk for obesity throughout childhood and adulthood. Additionally, data also shows 42% of Alamosa County adults are overweight. Overweight and obesity increases the risk for other chronic diseases, such as cardiovascular disease. This action plan includes strategies in the areas of breastfeeding and health promotion in the work place, early childhood obesity prevention, school-age childhood obesity prevention, and adult obesity reduction. Success of the plan will be highly dependent upon partnerships within the community and with the other public health agencies in the San Luis Valley. Obesity was identified by every San Luis Valley public health agency as a high priority.

GOALS:

- 1. Reduce the prevalence of overweight and obesity in children ages 2-5.**
- 2. Reduce the prevalence of overweight and obesity among school-age children and youth in Alamosa County.**
- 3. Increase community opportunities for physical activity, social support and nutrition education.**

ALAMOSA COUNTY PUBLIC HEALTH DEPARTMENT PUBLIC HEALTH IMPROVEMENT PLAN 2013-2018 Version 1

PRIORITY I: OBESITY PREVENTION

5 YEAR GOAL: Reduce Alamosa County residents' risk for chronic disease by promoting physical activity, reducing nutritional risks, and supporting other obesity prevention strategies.

GOAL 1: Reduce the prevalence of overweight and obesity in children ages 2-5.

TARGET GROUP: Families of children ages 2-5 in Alamosa County

OBJECTIVES:

A. By 12/31/13 overweight prevention strategies outlined in ACPHD MCH 2013 plan will have been implemented.

ACPHD MCH Plan will be inserted here

B. By 12/31/13 identify additional strategies and partners to address early childhood obesity prevention.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Utilize existing community partnerships involved in early childhood to promote prevention strategies	1. Maintain ACPHD involvement on Early Childhood Council Advisory Team.	Ongoing, meeting every other month	B Strand or other PHN	Meeting participation. ECC partners have resources to increase physical activity and meet nutritional standards for children ages 2-5 nutrition
	2. Maintain ACPHD involvement on RMSER Head Start & Early Head Start Health Advisory Boards.	Ongoing through 12/31/13, includes twice-yearly meetings	B Strnad or other PHN	Meeting participation. RMSER Head Start & Early Head Start programs have tools necessary to routinely teach and reinforce age-appropriate physical activity and healthful eating behaviors.

	<p>3. Maintain involvement and relationships with child care providers in Alamosa County.</p> <p>4. Maintain involvement with Child Find Advisory Team.</p>	<p>Ongoing through 12/31/13</p> <p>Ongoing through 12/31/13, twice-yearly meetings</p>	<p>All PHN's</p> <p>B Strand or other PHN</p>	<p>Child care providers are provided with education and referral to resources to assist them in providing and promoting age-appropriate physical activity and nutrition. Attend both meetings.</p> <p>Child Find Advisory Team has resources to functions as a support for increased physical activity and nutrition</p>
Identify additional strategies and partnerships	Approach each early childhood relationship as an opportunity for partnership	Ongoing through 12/31/13	All PH staff	New opportunities and/or partnerships

GOAL 2: Reduce the prevalence of overweight and obesity among school-age children and youth in Alamosa County.

TARGET GROUP: Children ages 5-18

OBJECTIVES:

A. By 12/31/13, plan and conduct Coordinated Health Assessment and Monitoring Program (CHAMP), a program to identify risks for chronic disease in school-age children, at public schools in Alamosa County.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
School-based health screenings	Lead coordination of CHAMP planning and implementation	Ongoing through 12/31/13	L Snow or other PHN	Documentation of planning process and implementation activities
	Complete CHAMP at Alamosa Public Schools and Sangre de Cristo School	Aug 31, 2013	CHAMP Partners	Data from screenings conducted and risks identified; event, post-event debriefing
Sustain school-based screenings	Re-apply for CCPD grant for years 2 & 3	Spring, 2013	B Strand	Completion and submission of application

B. By 12/31/13, establish a system of care coordination and referral for intervention for children in Alamosa County identified as at risk for chronic disease.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Provide intervention activities for families as outlined in ACPHD CCPD grant 2012-13.	<ol style="list-style-type: none"> 1. Contact families of children identified as overweight or obese during CHAMP to inform of interventions available 2. Contact families of children identified as overweight or obese PLUS possible high blood pressure or asthma to offer care coordination 	<p>Ongoing, through 5/31/13</p> <p>Ongoing, through 5/31/13</p>	<p>L Snow</p> <p>L Snow</p>	<p>Documentation of contacts and referrals</p> <p>Documentation of care coordination</p>
Sustain these intervention activities	Re-apply for CCPD grant for years 2 & 3	Spring, 2013	B Strnad	Completion and submission of application

GOAL 3: Increase community opportunities for physical activity, social support and nutrition education.

TARGET GROUP: Community

OBJECTIVES:

A. By 12/31/13, identify possible partnerships for obesity prevention activities.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Support and assist with obesity prevention strategies of partners	1. Participate in SLV Regional Public Health Partnership chronic disease prevention planning	12/31/13	ACPHD staff	Initial plan completion
	2. Support SLVRMC's CCPD grant application and activities.	12/31/13	ACPHD staff	Documentation of partnership activities and people impacted
	3. Support Alamosa Community Gardens	Ongoing through fall, 2013	ACPHD staff	Success of activities as evidenced by community members growing and having fresh produce

ALAMOSA COUNTY PUBLIC HEALTH DEPARTMENT PUBLIC HEALTH IMPROVEMENT PLAN 2013-2018 Version 1

PRIORITY II: MENTAL WELLNESS PROMOTION

5 YEAR GOAL: Improve quality of life, increase years of healthy life and reduce disparities among Alamosa County residents through multiple social & emotional wellness strategies.

CONTEXT/BACKGROUND/INDICATORS:

Mental and emotional well-being is essential to overall health. Positive mental health enables people to cope with the stresses of life, work more productively, and make meaningful contributions to their communities. Anxiety, depression, and other mental disorders are associated with other behaviors that are considered high risk, such as tobacco, alcohol and other drug use; as well as many chronic and acute conditions such as obesity, diabetes and cardiovascular disease; and premature death. The following data indicates that mental and emotional health is a high local public health concern: Alamosa County had a child abuse rate of 35.3 per 1,000 by substantiated report (Colorado rate was 9.2 per 1,000) in 2010. In the Healthy Kids Colorado Survey at Alamosa High School around 25% of 6-12 graders reported depression. Alamosa County's age-adjusted rate of mortality due to suicide from 2007-2009 was 25.3 (Colorado 16.8) and in 2010 was 36.2 (Colorado 16.8) per 1,000 people.

GOALS:

- 1. Increase social & emotional well-being in early childhood**
- 2. Reduce child abuse in Alamosa County.**
- 3. Reduce substance abuse in Alamosa County.**

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PRIORITY II: MENTAL WELLNESS PROMOTION

5 YEAR GOAL: Improve quality of life, increase years of healthy life and reduce disparities among Alamosa County residents through multiple social & emotional wellness strategies.

GOAL 1: Increase social & emotional well-being in early childhood

TARGET GROUP: Pre-school age children and their families

OBJECTIVES:

A. By 12/31/13, identify early childhood social and emotional wellness needs, resources and gaps in Alamosa County.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Utilize existing community partnerships involved in early childhood to promote and support social and emotional wellness	Continue ACPHD active participation on ECC Health Advisory Team, RMSER Head Start & Early Head Start Health Advisory Boards, Child Find Advisory Team, Child Protection Team, and Children's Advocacy Center.	Ongoing through 12/31/13	Assigned PHN	Active ACPHD participation in meetings and activities. Social and emotional wellness data

Collaborate with programs/ agencies that serve early childhood	Actively seek opportunities to collaborate	Ongoing through 12/31/13	ACPHD staff	New partnerships or programs that enhance early childhood social and emotional wellness
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B. By 12/31/13 identify barriers to social and emotional wellness services.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Promote social and emotional wellness for young children to families during day-to-day public health contacts.	During routine public health duties, note barriers that may be preventing a family from receiving services to improve social and emotional wellness.	Ongoing through 12/31/13	ACPHD staff	Barriers identified
	Research the underlying issue that may be resulting in a barrier	Ongoing through 12/31/13	ACPHD staff	Possible solutions suggested

GOAL 2: Reduce child abuse in Alamosa County.

TARGET GROUP: Community

OBJECTIVES:

A. By 12/31/13, identify and collaborate with community partners working to prevent child abuse.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Support existing programs in order to identify areas for development of additional resources	Continue active participation in Alamosa County Prevention Coalition	Ongoing through 12/31/13	J. Geiser	Adequate community interventions are in place or a strategy to develop them is in place.

GOAL 3: Reduce substance abuse in Alamosa County.

TARGET GROUP: Community

OBJECTIVES:

A. By 12/31/13 identify existing community strategies, gaps and opportunities to address substance abuse in youth.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Utilize existing partnerships to create opportunities to plan prevention and intervention strategies	1. Continue active participation in Alamosa County Prevention Coalition	Ongoing through 12/31/13	J. Geiser	Meeting attendance
	2. Support schools in the community by participation in health classes	Ongoing through 12/31/13	PHN's	Numbers of students in health classes
Increase community awareness regarding substance abuse in youth	Offer community presentations on substance abuse issues affecting youth	Ongoing through 12/31/13	PHN's	Number of community presentations; feedback from presentations
Reduce access to	Support Drug Take Back Days by posting	12/31/13	ACPHD staff, local law	Report of numbers of

prescription drugs	information and using PH contacts to advertise		enforcement	drugs collected
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PRIORITY III: ENVIRONMENTAL HEALTH

5 YEAR GOAL: Reduce negative environmental health impacts in Alamosa County through multiple strategies aimed at expanding understanding about the relationship between human health and the environment.

CONTEXT/BACKGROUND/INDICATORS:

Environmental Health is one of the Public Health Core Services. Consumer Protection, encompassing restaurant, school and child care facility inspections, has historically been provided to Alamosa County and the entire San Luis Valley by a Consumer Protection professional through the Colorado Department of Public Health and Environment (CDPHE). In most other areas in Colorado, the consumer protection role has gradually moved from CDPHE to local provision, either a county or multi-county role. CDPHE Office of Planning and Partnership has committed resources to assist in transitioning this role from CDPHE to the local level over the next few years. Septic system inspections have historically been provided by Land Use Office staff in Alamosa County, with associated fees going to that budget. Environmental concerns and complaints are usually directed to Public Health Department director and nurses who attempt to either address the complaint or refer it to either Land Use or Consumer Protection. There is clearly a need for more local environmental expertise and development of an effective system. There is also a minimum amount of local environmental data. Further, Environmental Health has been identified by each of the six San Luis Valley counties as a public health priority.

GOALS:

- 1. Collaborate with other San Luis Valley counties to build local capacity for provision of environmental health services.**
- 2. Complete an environmental assessment to guide future environmental health planning.**

3. Decrease harmful environmental impacts to health in Alamosa County.

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PRIORITY III: ENVIRONMENTAL HEALTH

5 YEAR GOAL: Reduce negative environmental health impacts in Alamosa County through multiple strategies aimed at expanding understanding about the relationship between human health and the environment.

GOAL 1: Collaborate with other San Luis Valley counties to build local capacity for provision of environmental health services.

TARGET GROUP: LPHA's in SLV

OBJECTIVES:

A. By 12/31/13, identify possible partnerships and resources for local environmental health services.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Determine current EH needs, concerns, and resources for Alamosa County	Outline current known Alamosa County EH needs	3/31/13	ACPHD staff	Documentation of perceived needs
	Outline current known Alamosa County EH resources	3/31/13	ACPHD staff	Documentation of resources

Identify possible EH resources that are not local	Explore resources available through CDPHE	3/31/13	ACPHD staff	Documentation of resources
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B. By 12/31/13, collaborate with other San Luis Valley LHD's for environmental health.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Identify possible shared needs, concerns and resources across the San Luis Valley	Meet with LPHA's in San Luis Valley	3/31/13	ACPHD staff	Written information about same
	Inform Alamosa County BOCC of EH needs, concerns and possible resources	4/30/13	J Geiser	Board meeting minutes or letter
	Obtain support from BOCC	5/31/13	J Geiser	Board minutes or letter

Develop a plan for hiring and utilizing an EH professional, either for Alamosa County or in partnership with	Determine Lead agency for regional EH plan	6/30/13	ACPHD and other partnering LHD's	Plan documentation
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other LPHA's				
	Follow through on ACPHD responsibilities of regional EH plan related to hiring EH professional	12/31/13	ACPHD and other partnering LHD's	EH professional hired

GOAL 2: Complete an environmental assessment to guide future environmental health planning.

TARGET GROUP: Community

OBJECTIVES:

A. By 6/30/14 ACPHD will complete an environmental health assessment either independently or with other SLV LPHA's.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
EH professional to plan and conduct EH assessment	Assign or hire EH professional to plan and conduct EH assessment, either for Alamosa County or for San Luis Valley, as determined by regional agreement	8/30/13	J Geiser	EH professional oriented to plan expectations
	Explore current EH assessment tools	12/31/13	EH professional	Documentation of tools reviewed and considered

	Obtain additional training if needed	3/30/14	EH professional	Documentation of training
	Plan EH assessment	3/30/14	EH professional	EH assessment plan document
	Conduct EH assessment	6/30/14	EH professional	Completed assessment

B. By 12/31/14, update regional EH plan based on results of EH assessment.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Develop future EH planning based on EH assessment findings	Report results of EH assessment to participating counties	8/30/14	EH professional	Documentation of report to participating counties
	Identify gaps in EH and possible strategies and resources to address the gaps	8/30/14	EH professional, Land Use, ACPHD staff	List of gaps, possible strategies and resources
	Draft changes to county and regional EH	8/30/14	EH professional	Plan draft

	plan			
	Review changes to county and regional EH plans	8/30/14	EH professional, ACPHD staff	Revised plan draft
	Finalize and adopt plans	12/31/14	LHD's	Final plan

GOAL 3: Decrease harmful environmental impacts to health in Alamosa County.

TARGET GROUP: Community

OBJECTIVES:

A. By 12/31/13, identify environmental health partnerships and opportunities in Alamosa County.

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Utilize existing partnerships to strengthen EH awareness	Continue ACPHD relationship with San Luis Valley Ecosystem Council	Ongoing through 12/31/13	B Strnad	Documentation of involvement
	Continue ACPHD relationships with organizations that are involved in the built environment, such as Land Use	Ongoing through 12/31/13	ACPHD staff	Documentation of communications

B. By 12/31/13, identify opportunities for public education on EH topics

Strategy	Actions	Target Date	Person/group Responsible	Monitoring/Evaluation
Public awareness/education	Participate in opportunities for EH education in public schools	12/31/13	ACPHD staff	Documentation of numbers of persons in attendance, topics discussed

STAKEHOLDER INVOLVEMENT

Administrators from San Luis Valley Regional Medical Center, Valley Wide Health Systems, San Luis Valley Community Mental Health Center, Alamosa County Public Health Department, and Rocky Mountain Prevention Research Center; as well as Alamosa County Board of Health participated in the selection of public health priorities. Additionally, Alamosa County Prevention Coalition provided input from school districts, law enforcement, and Department of Human Services in the selection process.

SYSTEM-WIDE COORDINATION

Use of resources from the CDPHE Office of Planning and Partnership, incorporation of portions of the Colorado Maternal Child Health Plan and clear linkages with Colorado's winnable Battles assures this PHIP will help assure coordination to accomplish Colorado PHIP goals.

FINANCIAL RESOURCES

Financial resources to meet public health needs and provision of core services are addressed in the ACPHD Capacity Assessment. Full implementation of this plan will assure that the core service of environmental health will transition from the state level to the local level, and the financial resource to support the transition will be supported in part from the CDPHE.