



CLEAR CREEK COUNTY  
Public and Environmental Health

## **2013 – 2017 Public Health Improvement Plan**

**Clear Creek County, Colorado**

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## I. Executive Summary of Improvement Plan

In 2008 Colorado passed the Public Health Act, requiring local Public Health Agencies to implement community health assessments every five years, and to complete a Public Health Improvement Plan report to the state.

The Clear Creek Public and Environmental Health Department (CCPEH) implemented its health assessment process in 2009 and again in 2013 using print and on-line surveys, focus groups, phone and face-to-face interviews. A community board of key stakeholders was formed to oversee the health assessment process, its findings, and to prepare an Improvement Plan.

Clear Creek County encompasses approximately 400 sq. miles of mountainous terrain located 30 miles west of Denver, Colorado, along Interstate Highway 70. 2010 census data reports that the population of approximately 9,000 residents has a growing number of older adults. Unique demographic characteristics in the east and west regions of the county, including economic inequities and lack of access to health providers, gives further insight into the health needs and status of some residents. For example, when the county is divided by zip codes into east and west regions, there is a \$31,000 difference in annual median income between the two regions. Social and economic factors as well as access to health services and transportation can often be predictors for disease prevalence, health outcomes and cost of care in the community.

Other relevant demographic health data from the U.S. Census Bureau and the Health Statistics Section of the Colorado Department of Public Health and Environment include the following:

- Leading causes of death include cardiovascular disease, cancers, chronic lower respiratory diseases, unintentional injuries and chronic liver disease
- Higher than average rates of low infant birth weight, adult smoking and alcohol use, violent crime, and motor vehicle crash deaths; and high hospitalization rates for both unintentional and intentional injuries.

Clear Creek Community Health Assessments in 2009 and 2013 indicate concerns residents perceive as health issues for themselves, their families and their community. Leading concerns include the cost of or lack of health services and health providers (including health insurance); ongoing chronic disease/disability; services for aging; need for mental health and substance abuse treatment; and transportation access. Risk factors and barriers to good health include distance/traffic/weather, cost of services, lack of providers and transportation issues.

After reviewing the findings of the 2009 and 2013 surveys and the capacity of the county and the CCPEH to address these needs in the community, the Health Assessment Board summarized the issues into a list of goals and action steps presented on pages 21 through 29 of this report. Four priorities were identified:

- Coordination and access to transportation services
- Health provider access and availability
- Prevention and provider services to address chronic disease
- Mental health/substance abuse prevention and treatment

Five-year goals and a list of objectives and action steps along with organizations and stakeholders engaged in the Improvement Plan in the coming years are suggested in pages 21 through 29 of this report. Wherever possible, evidenced-based interventions to address the objectives have been included. An electronic version of the Clear Creek Community Health Improvement Plan is available at [www.ClearCreekHealth.us](http://www.ClearCreekHealth.us).

## II. Clear Creek County Community Profile and General Demographics

Scenic and mountainous, Clear Creek County Colorado is located approximately 30 miles west of the Denver metropolitan area. The County encompasses approximately 400 sq. miles bordering both Gilpin and Jefferson Counties with elevations of between 7,500 – 14,000 feet. Interstate Highway 70 cuts through the center of the entire county from east to west, providing a transportation artery for the County’s 9,000 residents and for 45,000-75,000 vehicles a day that cross the Continental Divide. Clear Creek runs down the canyon parallel to the freeway, providing rafting adventures in the summer and skiing in the winter. Old mining roads, paved trails, frontage roads and high mountain passes invite bikers, runners and off-road vehicle enthusiasts.

The county’s tourist attractions and recreational activities include a rich mining history, white water rafting, hiking, biking, fishing, hunting and wildlife viewing. Idaho Springs is the largest town in the county, with a population of 3,007 (based on 2010 US Census estimates). Other Victorian mining towns in the county include Dumont, Downieville, Lawson, Empire, Georgetown, and Silver Plume. Major employers in the county include Climax-Molybdenum (Henderson Mine), Clear Creek County Government, Clear Creek RE-1 School District, Clear Creek Skiing Corp, and Loveland Ski Area.

### A. Demographics

Clear Creek County has a growing number of older adults. The median age of the population is approximately 43 years--older when compared to the population of the state of Colorado. This is consistent across the western and eastern portions of the county. There is a higher percentage of residents age 65 or over when compared to the state. The percentage of persons in Clear Creek County between the ages of 40 and 70 is also higher than the state percentage. There are a lower number of residents in Clear Creek County below the age of 40 than the rest of the state.

**Table 1 - County Age Demographics vs. Colorado**

Population	Clear Creek County	Colorado
2010 Population	9,088	5,029,196
% Persons under 5 years, 2012	4.0	6.5
% Persons under 18 years, 2012	16.0	23.7
% Persons 65 years and over, 2012	15.4	11.8
% Female persons, 2012	48.2	49.8
% White alone, not Hispanic or Latino	91.2	69.6
% Hispanic or Latino	5.4	21
% Black or African American alone, 2012	.8	4.3
% Two or more races, 2012	1.7	2.8
Persons per household, 2007-2011	2.23	2.50

Source: Demographic QuickFacts, US Census Bureau

The following tables provide data for relevant demographic, social, and economic factors and their comparison to the state and to the US. This information is important to consider in developing a Public Health Needs Assessment and Improvement Plan at the local level. For example, age, ethnicity, and income levels can directly impact the health of the population, and also can be predictors for disease prevalence, health outcomes, cost of care, and the needs of the community.

The population of Clear Creek County was 9,088 in 2010 based on US Census data. The eastern and western portions of the county have distinct characteristics and health service needs. For example, when the county is divided by zip codes into east and west regions, there is a \$31,000 difference in median annual income of residents when comparing the eastern geographic areas nearer metro Denver and the city of Evergreen. The population of the Floyd Hill and Upper Bear Creek unincorporated CDPs (Census Designated Places) is 2,057 based on the latest US Census data; therefore, the total population for the remainder of the county (the western portion) is 7,020.

**Table 2 - Age Distribution for County's 9,088 Residents**

<b>Age</b>	<b>Western Clear Creek County</b>	<b>Eastern Clear Creek County</b>	<b>Colorado</b>	<b>US</b>
<b>Under 5 years</b>	4.7%	5.0%	6.8%	6.5%
<b>5 to 19 years</b>	13.8%	15.0%	20.2%	20.4%
<b>20 to 29 years</b>	8.5%	4.0%	14.3%	13.8%
<b>30 to 39 years</b>	13.0%	11.0%	14.0%	13.0%
<b>40 to 49 years</b>	17.2%	16.0%	14.2%	14.1%
<b>50 to 59 years</b>	21.6%	25.0%	13.9%	13.5%
<b>60 to 64 years</b>	8.9%	9.0%	5.4%	5.4%
<b>Total &lt; 65 years</b>	<b>83.1%</b>	<b>81.0%</b>	<b>89.0%</b>	<b>86.9%</b>
<b>65 to 69 years</b>	5.4%	7.0%	3.6%	4.0%
<b>70 to 74 years</b>	3.1%	3.0%	2.5%	3.0%
<b>75 to 79 years</b>	2.0%	2.0%	1.9%	2.4%
<b>80 years and over</b>	1.7%	2.0%	2.8%	3.5%
<b>Total ≥ 65 years</b>	<b>12.2%</b>	<b>14.0%</b>	<b>10.9%</b>	<b>12.9%</b>

Source: US Census 2010

**Table 3 - Additional Segmented County Demographics**

Segment	Entire County	Western Clear Creek County	Eastern Clear Creek County	Colorado	US
Hispanic/Latino Population	5.4%	5.8%	2.4%	20.9%	16.7%
Median Household Income	\$62,756	\$50,304	\$81,310	\$57,685	\$52,762
Persons below Federal Poverty Level (FPL)*	6.1%	5.1%	Unavailable	12.5%	14.3%

Source: US Census 2007-2011, American Community Survey 5-year estimates

\*The most recent data reported by the state in its Health Indicators data base shows a negative trend. *The 2012 Health Indicators and Roadmaps database reports 8.90% poverty level for Clear Creek County* and a 9.30% rate for Region 17 geographic area which includes Clear Creek, Lake, Teller and Park counties.

**B. Mortality**

The leading causes of death in the county in 2012 as listed by the Health Statistics Section (COHID), Colorado Department of Public Health and Environment are listed in order of prevalence as follows:

- 1 - Cardiovascular Disease (heart disease, stroke and atherosclerosis)
- 2 - Malignant Neoplasms (cancers)
- 3 - Chronic Lower Respiratory Diseases
- 4 - Unintentional Injuries including motor vehicle
- 5 - Chronic Liver Disease and cirrhosis
- 6 - Pneumonia and Influenza
- 7 - Suicide

These are age-adjusted rates with 95% confidence limits. Only leading causes of death with 3 or more events in 2012 are included in the state data. Rates based on occurrences of less than 3 events per year are not further discernible.

**C. Morbidity and General Health Status**

The following table provides outcomes specific to Clear Creek County for common health indicators in comparison to national benchmarks and outcomes for the state of Colorado. The yellow-colored lines indicate measures for Clear Creek County that are ranked with outcomes less favorable than both the national benchmark and the ranking for the state.

**Table 4a - County Health Rankings**

<b>Health Outcomes</b>	<b>Clear Creek County</b>	<b>National Benchmark</b>	<b>Colorado</b>
Low Birth Weight: Percent of live births with low birth weight (< 2500 grams).	9.8%	6.0%	8.9%
<b>Health Behaviors</b>	<b>Clear Creek County</b>	<b>National Benchmark</b>	<b>Colorado</b>
Adult Smoking: Percent of adults that report smoking every day or most days and currently smoking.	24%	14%	18%
Adult Obesity: Percent of adults that report BMI >= 30.	19%	25%	20%
Physical Inactivity: Percent of adults aged 20 and over reporting no leisure time physical activity.	18%	21%	17%
Excessive Drinking: % of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.	19%	8%	18%
Motor Vehicle Crash Death Rate: Motor vehicle crash deaths per 100,000 population.	19	12	14
Sexually Transmitted Infections: Chlamydia rate per 100,000 population.	45	84	405
Teen Birth Rate: Teen birth rate per 1,000 female population, ages 15-19.	15	22	44
Clinical Care			
Primary Care Physicians: The ratio of population per one primary care physician. From HRSA Area Resource File & AMA Master File.	8,910:1	631:1	1,121:1
Diabetic Screening: Percent of diabetic Medicare enrollees that receive HbA1c screening.	83%	89%	80%

**Source: County Health Rankings & Roadmaps  
Colorado Department of Public Health & Environment, 2011**

## 1. Socio-Economic Status Summary

As a whole, the county has fewer minorities, a higher percentage of individuals with insurance coverage, and a higher income level when compared to the state and the nation. The median household income for the entire county was \$62,756 in 2010; however, the median household income in the eastern portion of the county (the average for Floyd Hill and Upper Bear Creek) was much higher than the state and the US at \$81,310. In contrast, the median household income in the western portion of the county was \$50,304, which is lower than statewide and national median household income levels.

As mentioned above, demographic segmentation, income inequities, a seasonal/temporary workforce, lack of access to health services as well as an aging population, directly impact the health of Clear Creek County residents, and are often predictors for disease prevalence and health outcomes in the community. Although well educated, residents in this rural community are not immune to the challenges of access to health services and risky health behaviors.

Clear Creek County ranks 41<sup>st</sup> of 59 counties, overall, in the nationally-recognized County Health Rankings data base. These data are provided by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

**Table 4b - County Health Rankings (continued from Table 4a)**

Social & Economic Factors	Clear Creek County	National Benchmark	Colorado
High School Graduation: Percent of ninth grade cohort that graduates in 4 years.	82%		72%
Some College: Percent of adults aged 25-44 years with some post-secondary education.	69%	68%	67%
Unemployment: Percent of population age 16+ unemployed but seeking work.	8.5%	5.4%	8.9%
Children in Poverty: Percent of children under age 18 living below the Federal Poverty Level (FPL).	13%	13%	17%
Children in Single-Parent Households: Percent of children living in household headed by single parent.	27%	20%	27%
Violent Crime Rate per 100,000 (offenses involve face-to-face confrontation between victim and perpetrator and include homicide, forcible rape, robbery, and aggravated assault)*	435	73	345

Source: County Health Rankings & Roadmaps, Colorado Department of Public Health & Environment – 2011, \*Interuniversity Consortium for Political and Social Research (ICPSR), National Archive of Criminal Justice Data, Uniform Crime Reporting Program.

The County Health Rankings data base looks at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity and teen births. Based on data available for each county, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states on the many factors that influence health. To access the entire report go to [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Additional factors for Clear Creek County that may be of interest are listed above in Table 4b. The yellow-colored line indicates measures for Clear Creek County that are ranked with outcomes less favorable than both the national benchmark and the ranking for the state.

## 2. Emergency Medical Services (EMS) Data

The lack of local health care services in the county and the volume of motorists traveling through Clear Creek County daily (50,000 per day) have a profound impact on the local emergency medical services (EMS). The infrastructure must support not only the residents of the local community, but the visitors and travelers who far outnumber the residents. Without a local health clinic and primary provider available to residents, it is the experience of the EMS staff that residents frequently use EMS to provide for their health needs, and without regular preventive care, often wait too long to get needed health services.

**Table 6 - Clear Creek EMS Volume 2011 - 2012**

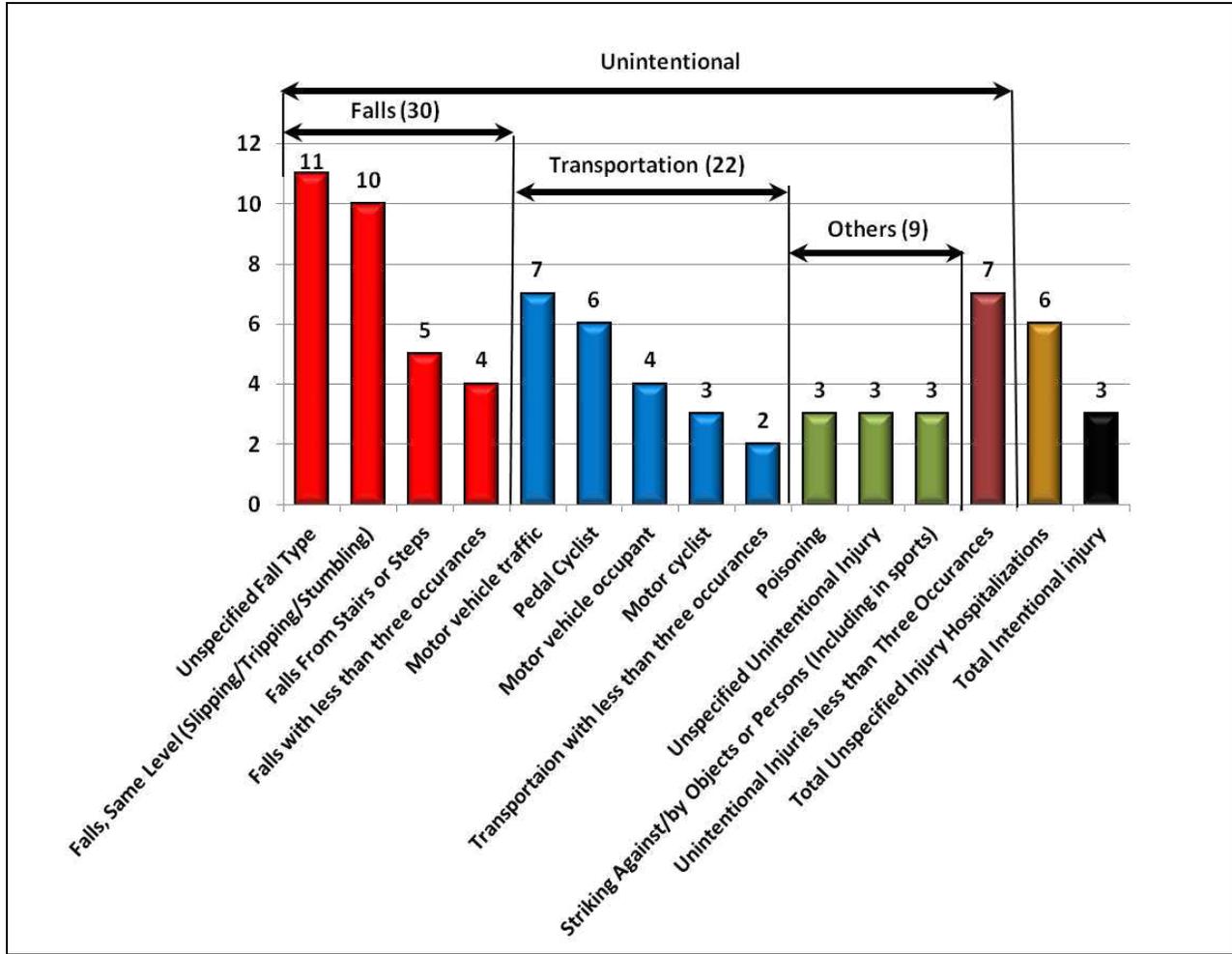
	2011	2012
<b>Total Call Volume</b>	1,449	1,380
<b>Patient Contact (and % of Total Calls)</b>	1,035 (71%)	944 (68%)
<b>County Residents</b>	37%	40%
<b>Non-Residents</b>	63%	60%
<b>Transports</b>		
<b>County Residents</b>	39%	42%
<b>Non-Residents</b>	61%	58%

Source: Clear Creek EMS

## 3. Colorado Injury Hospitalization Rates for Clear Creek County

Between 2011 and 2012, injuries of Clear Creek residents that required hospitalization both unintentional and intentional due to suicide or drug overdose and assault, were high compared to the state. Unintentional injuries with high rates include transportation-caused hospitalizations of all kinds (motor vehicle, motorcycle, bicycles) but also include falls, slips, and trips; poisonings, and skiing accidents. 2012 data is listed in Graph – 1, (on page 8). In 2012, there were nine (9) intentional/self-inflicted injuries which required hospitalization. As noted in 2012 mortality data for the county, suicide was the 7<sup>th</sup> leading cause of death.

**Graph 1 – Clear Creek County 2012 Injury Hospitalizations  
All Ages/Genders**



COHID – Colorado Department of Public Health and Environment

**4. Disabled Population**

Based on the Colorado Behavioral Risk Factor Surveillance System (BRFSS), the mean percent of the population that was disabled in Clear Creek County in 2010-2011 was 26.3%. The percent for the state for the same time period was 23.7%. Individuals were defined as disabled if they were limited in any way in any activities because of physical, mental, or emotional problems and/or if they had a health problem that requires the use of special equipment.

## 5. Health Insurance Status

The following two tables and narratives describe the current and anticipated health insurance status of Clear Creek County residents.

**Table 7 - Uninsured Number and Rate by Age - 2010**

Age	Clear Creek County			Colorado
	Total in Age Group	Uninsured Number	Uninsured Rate	Uninsured Rate
<b>Under Age 65</b>	8,891	961	10.8%	17.0%
<b>Ages 0-18</b>	2,159	120	5.6%	10.3%
<b>Ages 19-64</b>	6,732	841	12.5%	20.1%
<b>Ages 65+</b>	1,059	0	0.0%	0.6%
<b>Total Population</b>	9,950	961	9.7%	15.5%

Source: US Census, 2010

**Medicaid and Medicare** - According to the Colorado Department of Health Care Policy & Finance, the monthly Medicaid caseload in Clear Creek County was 658 in 2011. Of this number, 347 were under age 21 and 311 were age 21 and over. Based on US Census data, in 2010, there were 1,010 residents in Clear Creek County with incomes below 138% of the Federal Poverty Level. Of these individuals, 331 (32%) were uninsured. These uninsured individuals will be eligible for Medicaid coverage in 2014 when Medicaid expansion is implemented in Colorado under the provisions of the Affordable Care Act. The most recent Medicare data demonstrates that there were 750 Medicare beneficiaries in Clear Creek County in 2010. The number of beneficiaries who were disabled was 116, resulting in 634 Medicare beneficiaries who were eligible due to age.

**Table 8 – Analysis of Population Potentially Eligible for Medicaid Expansion in 2014 by Age**

Clear Creek County Population ≤ 138% of Poverty, 2010					
Age	Total	Number Uninsured	Percent Uninsured	Number Insured	Per Cent Insured
<b>Under 19 years</b>	258	64	24.50%	194	75.50%
<b>Age 40 to 64 years</b>	412	143	34.70%	269	65.30%
<b>Age 50 to 64 years</b>	274	86	31.50%	187	66.50%
<b>Under 65 years</b>	1010	331	32.80%	679	67.20%

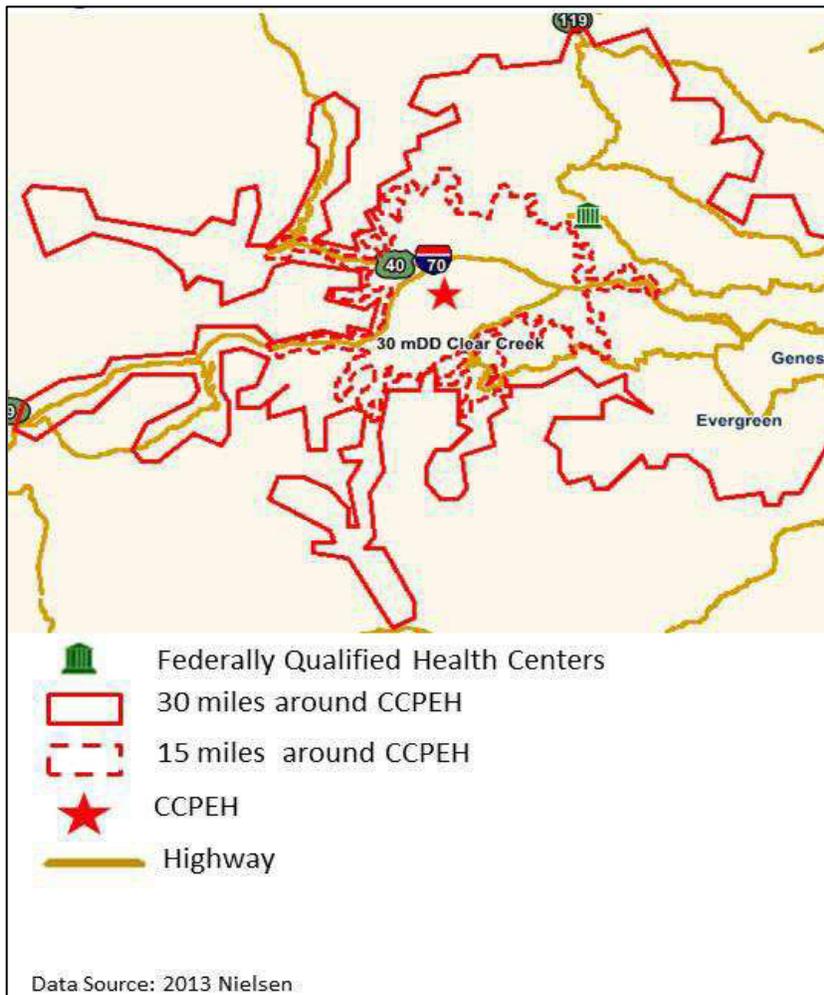
Source: US Census, 2010

## 6. Chronic Disease and Community Profile for Diabetes Risk

In 2013, as a result of receiving a Diabetes Prevention Recognition Grant, Clear Creek's Nursing Services Division was provided a Community Profile for areas within a 15 mile and 30 mile radius of the Community Resource Center in Idaho Springs. Although primarily focused on describing diabetes risk factors, this report (prepared by the Directors of Health Promotion and Education) is helpful in profiling a number of demographic and health prevention indicator. The report uses PRIZM segment descriptions to determine where people at-risk for diabetes may be located. Maps 1-4 below are a graphic representation of both demographic and health data in the county and surrounding region. The maps were presented as part of the customized community profile for the Clear Creek region. Diabetes risk factors include obesity/overweight, an aging population, tobacco use and a variety of cardiovascular conditions including high blood pressure and high cholesterol.

Data from Nielsen Company in the community profile can be useful in efforts to identify potential target areas for diabetes risk factors and other chronic disease health indicators.

### a. Transportation and Accessibility



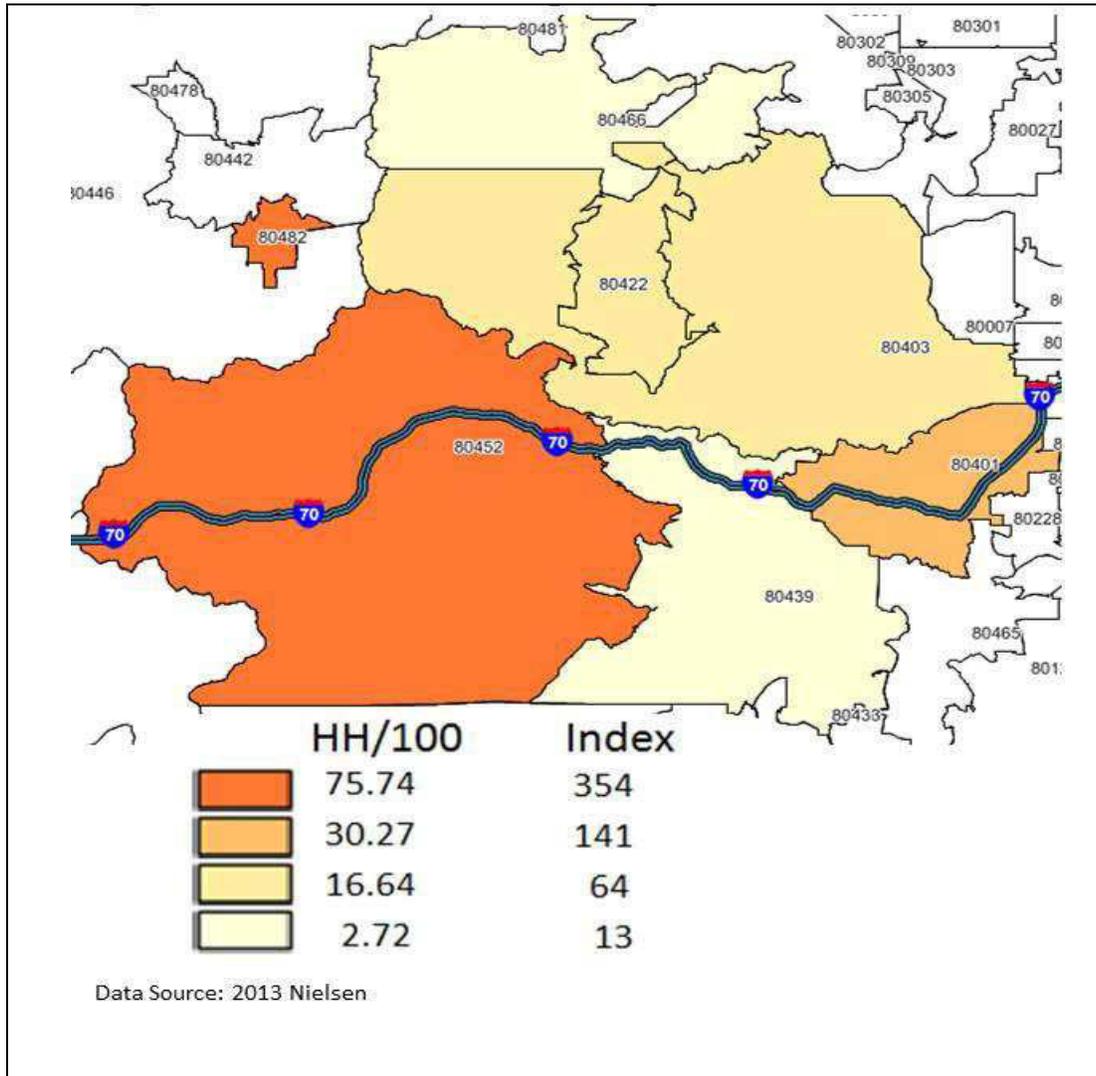
### Map 1 - Diabetes Risk

**Community Profile** - shows the location of CCPEH and the 30 and 15 mile drive-based radius that much of the analysis of the diabetes risk factor report is based on. A drive-based radius takes into account the roads in the area and includes the area based on drivable miles from a key public health site.

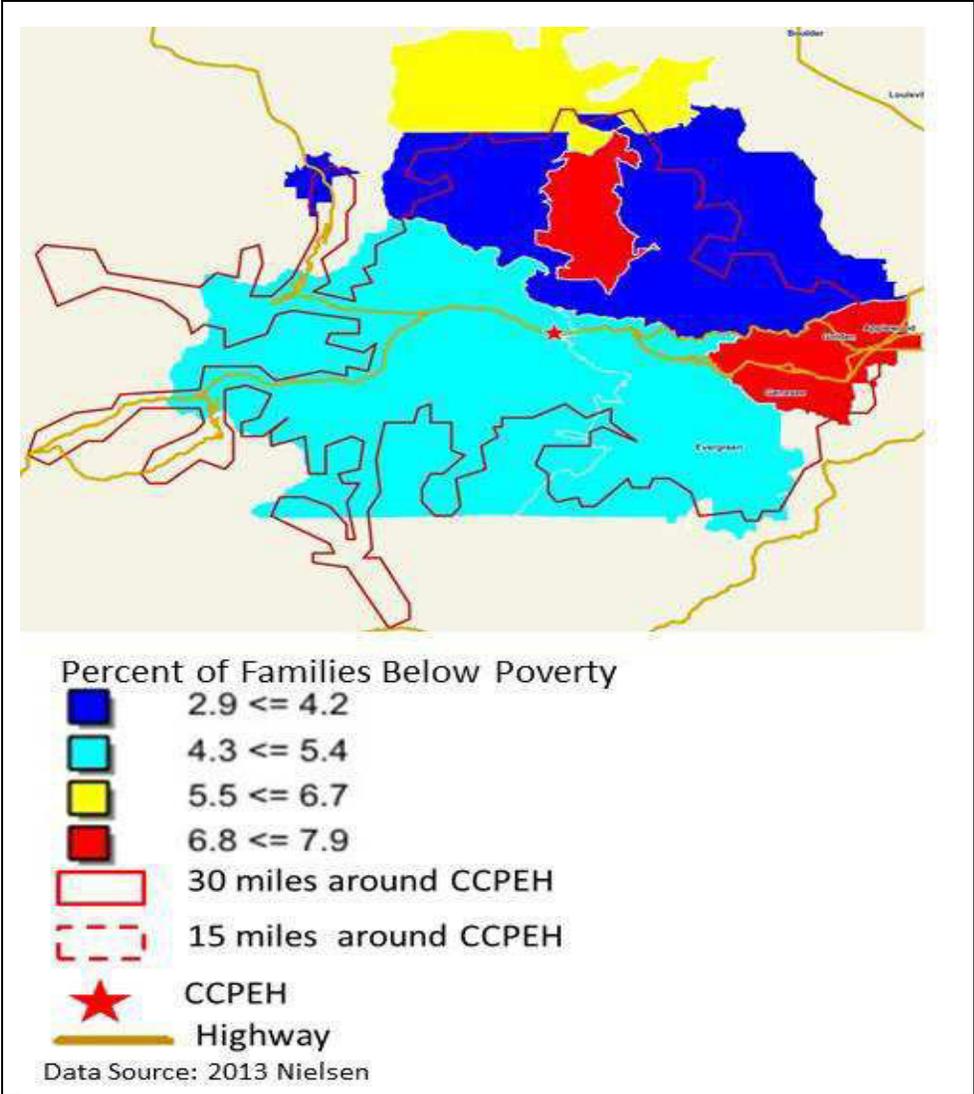
This is different than a traditional smooth circular radius which assumes all points on the outer edge of the radius are equally accessible. In a rural/mountainous area with small population numbers, this type of map more clearly describes accessibility challenges.

(CCPEH = Clear Creek Public and Environmental Health)

**b. Health and Economic Status (Diabetes Risk Community Profile, continued)**

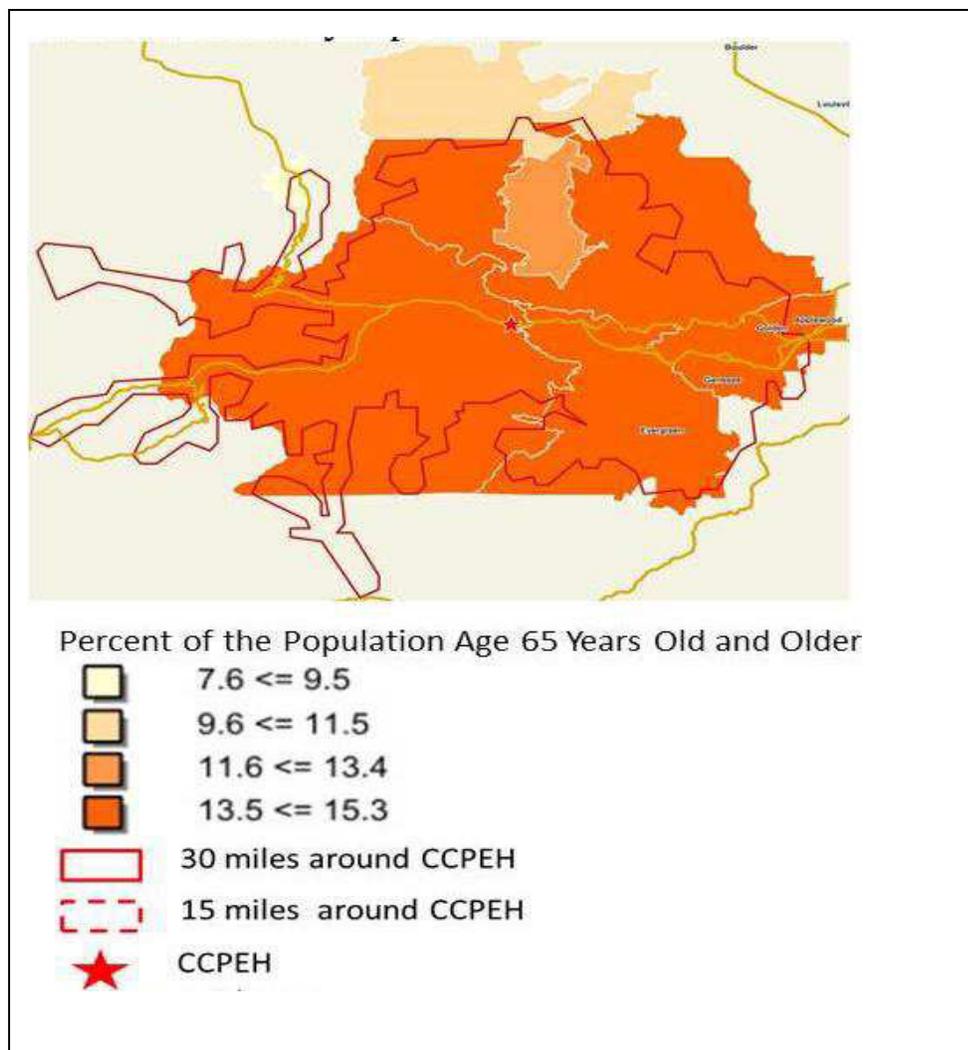


**Map 2 - Concentration of the target segments within each zip code -** shows the concentration of the target segments within each zip code. The darker the orange color, the higher the concentration of the target segment. More than 50% of the population in zip code 80452 (Idaho Springs) are at high risk of developing diabetes.



**(Community Profile for Diabetes Risk, continued)**

**Map 3 – Percentage of Families Below the Poverty Level by Zip Code** - shows the percent of families below poverty by zip code. The zip codes in red have the highest percent of families living below poverty; between 6.8% and 7.9%. The light blue area indicates the primary geographic area of Clear Creek County.



**(Community Profile for Diabetes Risk, continued)**

**Map 4 - Percent of the Population 65 years old and older by zip code, 30 mile drive-based radius of Clear Creek Public and Environmental Health.** Clear Creek County zip codes, and some nearby Jefferson County zip codes have a high population of those 65 years and older.

Source: 2013 Nielsen

## 7. Health Behaviors: Mental Health, Substance Abuse, Suicide and Tobacco Use

There are many factors which influence the health status and health outcomes of a population including the impact of the physical environment, social and economic factors, access to health services, including mental health and substance abuse diagnosis and treatment. Some risk factors are determined by heredity, others are modifiable through behavioral changes. Changes in lifestyle choices and behaviors as well as treatment awareness for mental health and substance abuse are often the most difficult interventions for a public health department. As noted in the data provided on pages 4 through 6, Clear Creek County has a high rate of tobacco use, alcohol consumption, suicide and hospitalizations due to accidents and injuries. These risk factors and others such as obesity, exercise, safety and accident prevention rely on individual choices. It is incumbent upon the Public Health Department to conduct awareness, education and prevention activities that will encourage life style choices and behaviors promoting greater safety and wellness.

### **III. Improvement Plan: Background, History and Process**

#### **History of Public Health Act and Colorado Health Assessment and Planning System (CHAPS) Process**

- In 2008, Senate Bill 08-194, the Public Health Act, was signed into law. This Act requires the state health department to create a statewide Public Health Improvement Plan. The Plan outlines the steps in creating a cohesive public health system across Colorado. This helps ensure that every person in the state is assured access to core public health services.

The Act mandates that each local health agency develop its own local health Improvement Plan based on a community health assessment implemented every five years. These plans are to be developed and implemented by community stakeholders. The entire process is called the Colorado Health Assessment and Planning System or CHAPS. The Act also outlined recommendations for the staffing of local and regional public health entities.

**Clear Creek County Improvement Plan Process** - In 2008 Clear Creek County began restructuring its Public Health Department to meet the state requirements. Part of that restructuring included the blending of both Public Health and Environmental Health services into one department under a new department head. The new department would be called Clear Creek Public and Environment Health. (CCPEH)

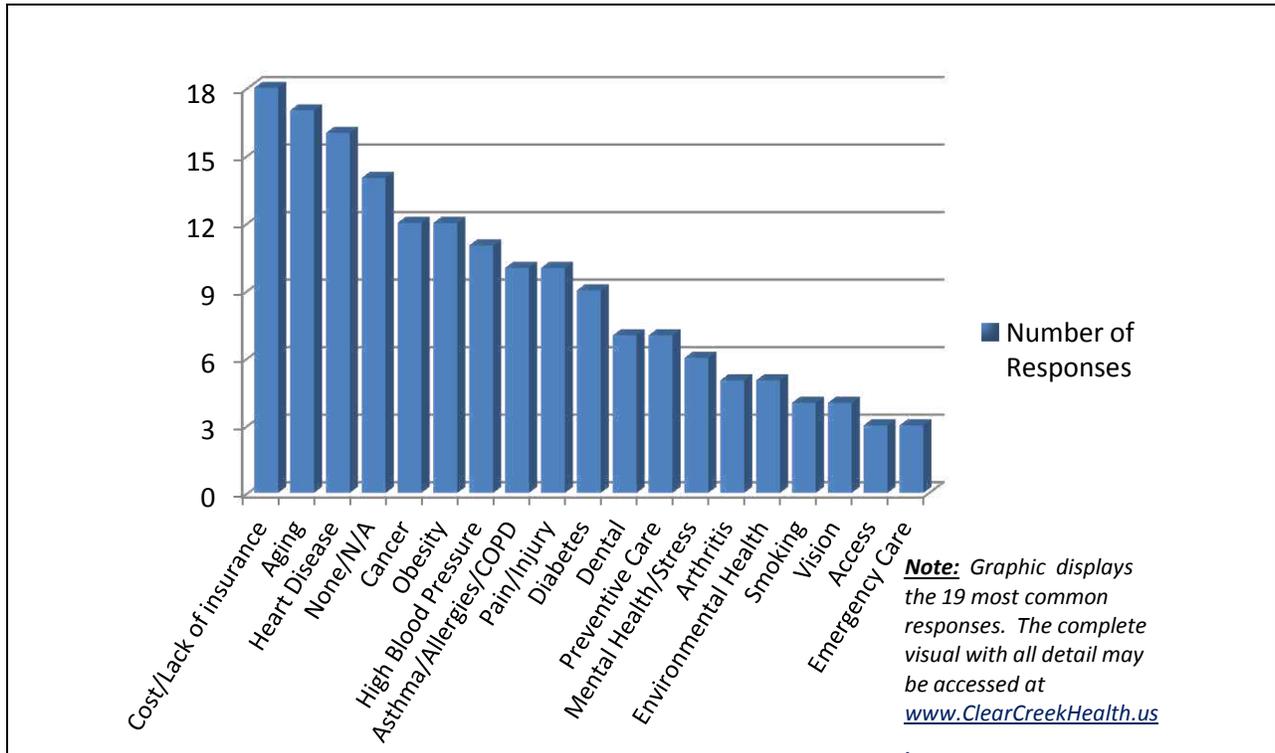
### **IV. Community Health Surveys and Assessments**

In 2009, the state was still in the beginning stages of formulating the CHAPS process, templates, web site and recommendations. With few guidelines available, CCPEH prepared an Action Plan with the help of community members and state agency representatives. The Action Plan included a list of priorities, several of which were garnered from the results of the survey and from the focus group process. This became a roadmap for CCPEH's strategic planning, at least in the short term. The results of the survey instruments and research efforts are summarized below. The complete results are available at [www.ClearCreekHealth.us](http://www.ClearCreekHealth.us).

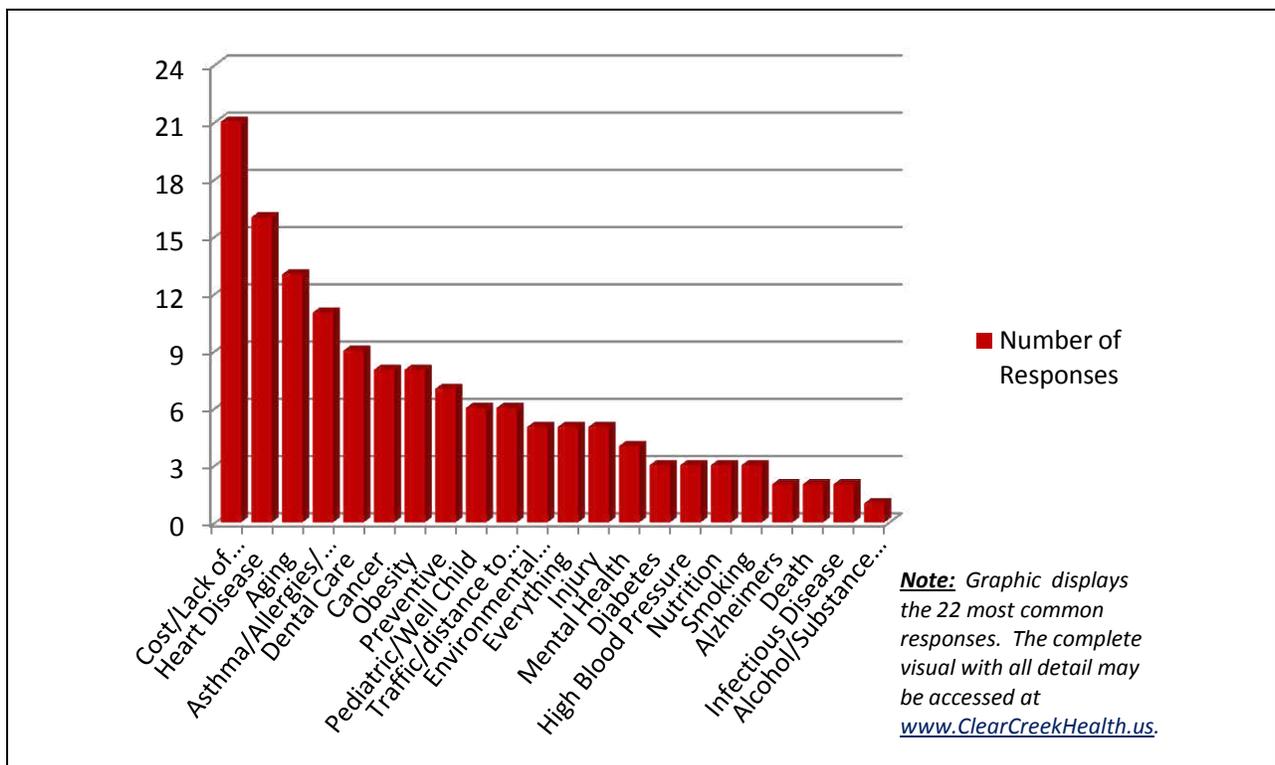
- A. 2009 Research - Phase I** - CCPEH began its community health assessment process in 2009, one of the first local health agencies to do so. The School of Public Health at the University of Colorado Denver Health Sciences Center was contracted to conduct a secondary data needs assessment and a community health assessment which included key informant interviews, focus groups and a community survey. Students in the School of Public Health conducted 45 interviews and facilitated three focus groups covering the following topics: Clear Creek strengths, themes and forces of change. In addition, 224 residents completed a six-page survey, either provided on-site with a personal interview or returned by postal mail.

**2009 Health Concerns Identified by Clear Creek Residents** - The prevalent concerns of the citizenry identified in the 2009 Community Health Assessment Survey appear below:

**Graph 2 – 2009 Health Concerns - Self**



**Graph 3 – 2009 Health Concerns - Family**



- B. 2010 and the Forces of Change** - Well into the economic recession that began in 2008, a variety of factors conspired to delay work on CCPEH's Improvement Plan. These forces of change included the closing of the county's only primary care provider clinic, the departure of CCPEH's director, staffing and budget cuts and the passage of the Affordable Care Act. During these years the focus of the Environmental division of CCPEH was its integration into the Public Health division and a continuation of its daily work in permitting and monitoring septic tanks and in restaurant inspections.
- C. 2013 Research - Phase II** - Late in 2012, the Colorado Department of Public Health and Environment's Office of Planning and Partnership, contacted CCPEH to outline a plan to re-start the county's CHAPS process. This seemed appropriate due to the forces of change that had occurred since the 2009 research efforts and the recent availability of updated secondary data from the 2010 census.

It was agreed that the restart would accomplish the following:

- Re-refresh the community health assessment survey data
- Include updated secondary data
- Expand the CHAPS Advisory Board
- Prepare a new Action List and an Improvement Plan by Sept. 30, 2013

After reviewing 2009 survey data, it was agreed that environmental health concerns would not be the focus of new community health assessment efforts, and that access to health care and a survey of economic desperate populations in the county would improve the balance of data gathered in 2009, and would be an appropriate focus given economic realities and national/state moves towards health care reform.

In addition, it was clear from 2010 census data, that data gathered in the east side of the county, did not clearly identify the economic disparities of the entire county and its needs for services. New secondary data searches would include a clearer picture of the differences in the western and eastern part of the county whenever possible.

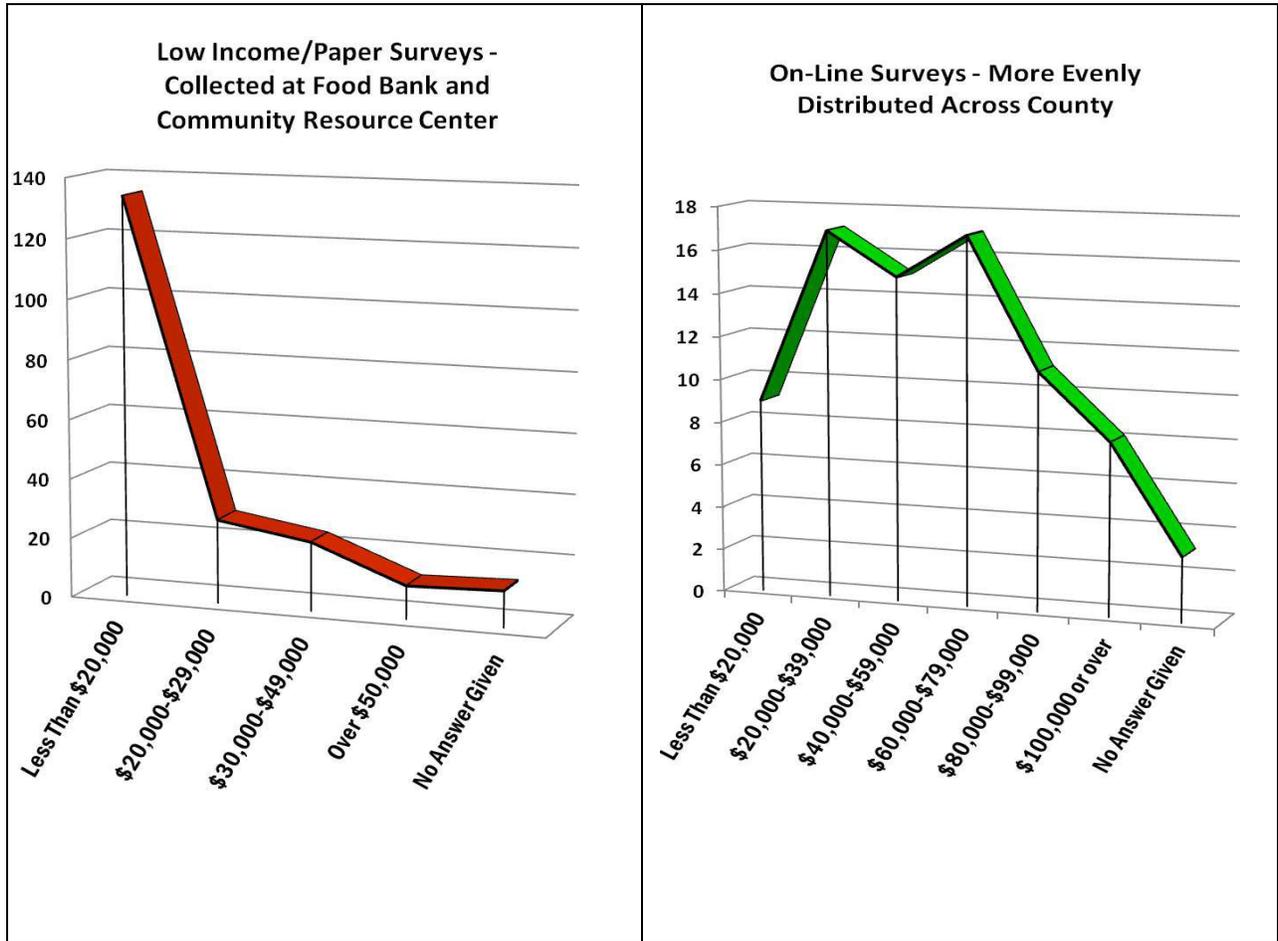
A CHAPS Board was formed which included one County Commissioner, department heads of Public and Environmental divisions, EMS, a former commissioner and board member of a regional Federally Qualified Health Center, the chairperson of the county's Health Advisory Committee, the Recreation District director, and community members at large including the director of the 9Health Fair and the director of the regional home health and hospice agency. These stakeholders are a consortium of health, safety and emergency care providers as well as interested members of the general community who have met over the years to discuss health issues of concern, recommend policies, and create programs to improve the well-being of residents.

- D. 2013: Refreshing 2009 Survey Data** - During the first quarter of 2013, 289 individuals participated in a needs assessment survey conducted by the Clear Creek County Public Nursing Service utilizing paper and online tools.

Paper surveys were completed by 208 individuals who utilized the Community Resource Center in Idaho Springs over a one month period. The survey also was distributed at the local Food Bank. The goal of this survey was to reach the low socioeconomic population of the county.

The majority of the paper survey respondents (85%) reported an annual household income of less than \$20,000. The leading health problems for paper survey respondents and their families were reported as: 1) Lack of money and insurance (66%); 2) Suffering from ongoing disease or disabilities (40%); and 3) No clinics, health centers, or primary care providers in the area who will take me as a patient (38%).

**Graph 6 – Median Income of County Respondents**

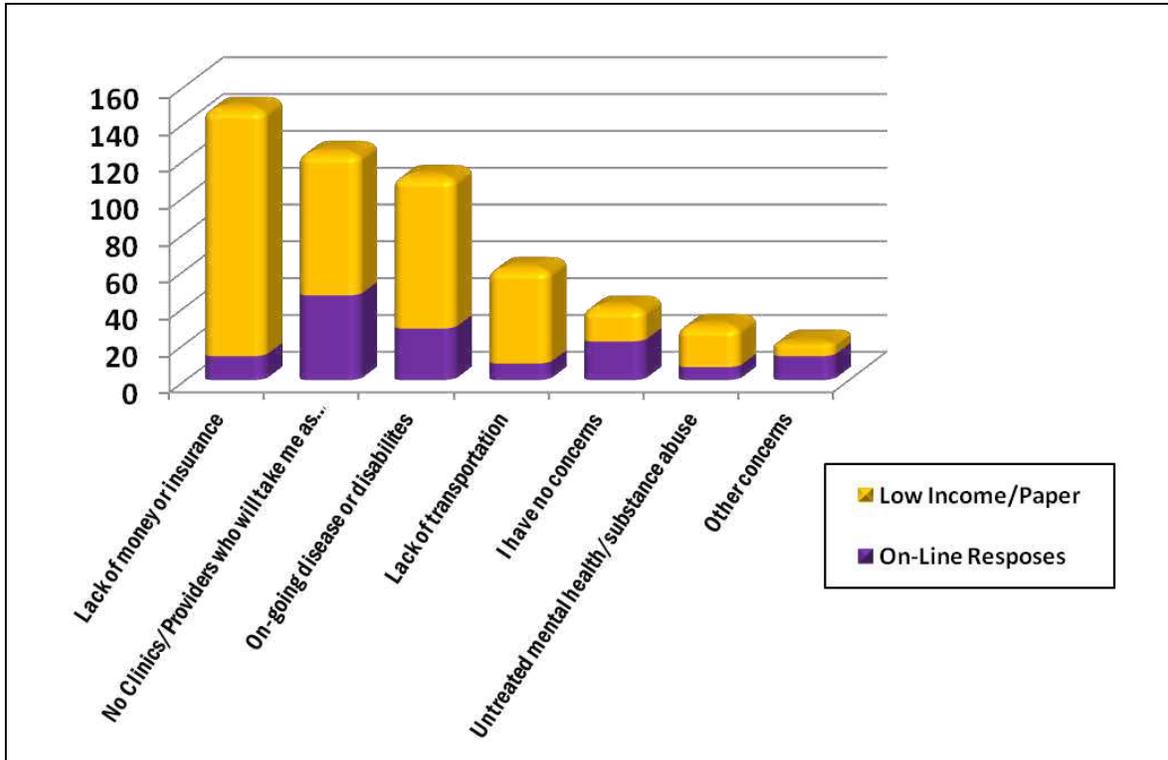


A total of 81 individuals completed the online survey. The online survey was posted on the main Clear Creek County website and the Public and Environmental Health webpage, and was promoted via social media and flyers. Over half of the online participants (53%) reported an annual household income range of \$40,000-\$100,000 per year.

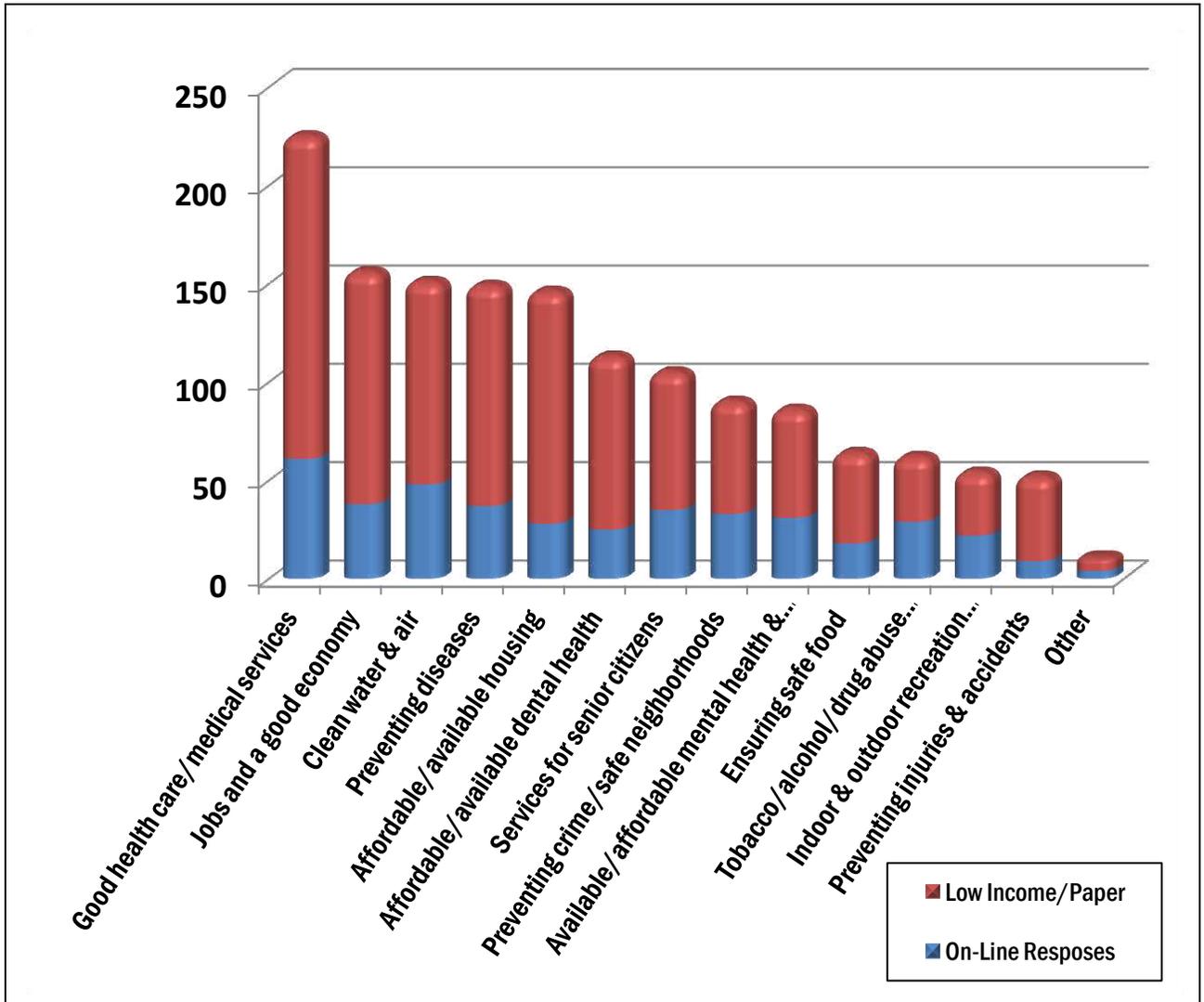
Sixty percent of the online survey respondents rated “No clinics, health centers, or primary care providers in the area who will take me as a patient” as the leading health problem and “Suffering from ongoing disease or disabilities” ranked second (37%). Twenty six percent of the online survey respondents stated that they had no health concerns.

**E. 2013 Low SES and Web-Based Survey Results** –Graphs 4 and 5 (below) indicate the public’s perception of their most pressing family and local public health issues in 2013.

**Graph 4 – 2013 Public’s Perception of their Most Pressing FAMILY Health Issues**



**Graph 5 – 2013 Public’s Perception of their Most Pressing PUBLIC Health Issues**



**F. 2012-2013 Feasibility Study** - In late 2012, Clear Creek Health and Human Services engaged John Snow, Inc. (JSI) to conduct a study to assess the feasibility of establishing primary care services in Idaho Springs. The first phase of the study involved the collection and analysis of quantitative data to provide background information to support the county’s strategic decision-making process. The data collection included market analysis, supply and demand assessment, options for primary care service delivery and a cost benefit analysis.

Unique in this study was the division of the county into eastern and western portions which provided critical information about the population segmentation and socio-economic status of the county’s residents. As mentioned earlier in this report, this information is important to consider in developing a Public Health Needs Assessment and Improvement Plan at the local level. This is because population segmentation and socio-economic status can directly impact the health of the population, and are often predictors for disease prevalence, health outcomes, cost of care, and the needs of the community. Quantitative information from the JSI report has been used

liberally throughout this report as evidenced in pages 4 through 6 of this Improvement Plan.

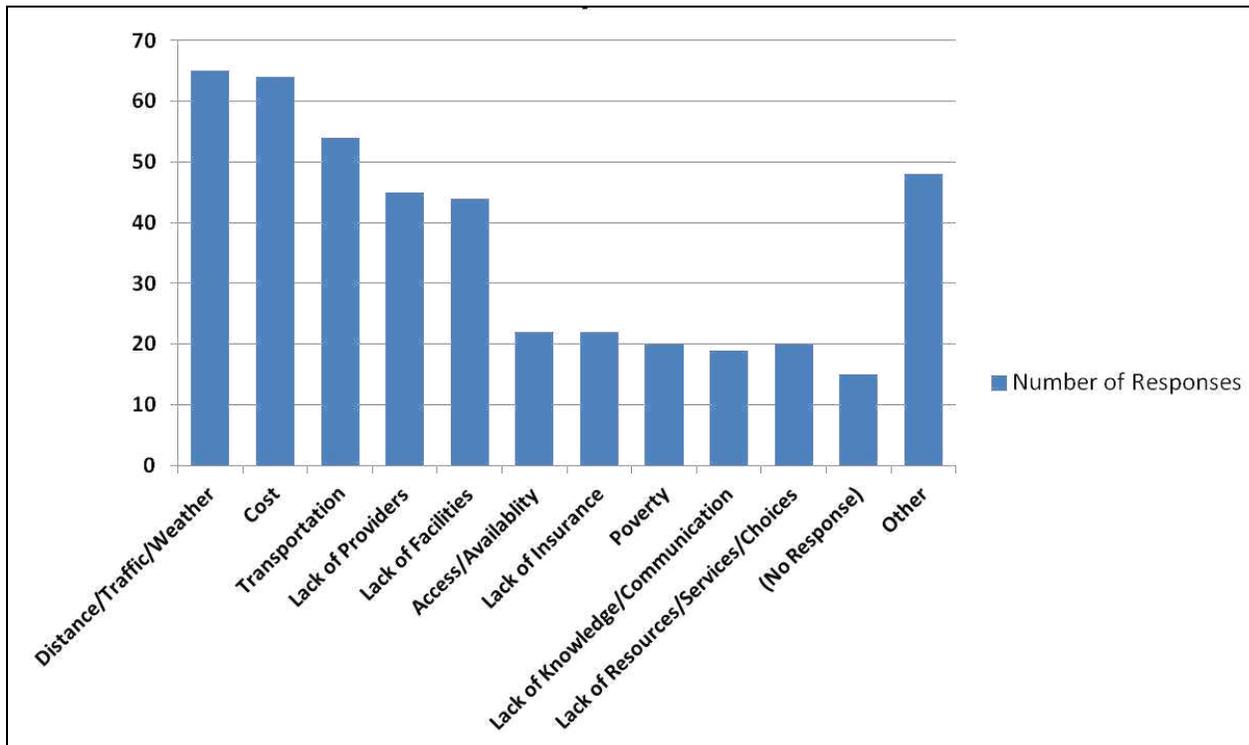
The Feasibility Study included a qualitative analysis to gain the perspective of community members. In 2013, the study included the facilitation of five focus groups and key informant interviews totaling 50 residents. Focus groups included veterans, social service case workers/public health nurses, mothers with young children, women age 40-60 years and older adults 65 years and over. Telephone interviews were conducted with five local employers. Participants were asked to provide input regarding the health care needs of the county and were given the opportunity to offer suggestions regarding how those needs might be addressed.

Although the full report is too lengthy to be included here, an important finding is a summary of the risk factors/barriers to health when compared with the findings of the 2009 and 2013 community health survey described in Graph 7 below, and in the JSI report's qualitative research. The JSI report noted that a prevalent conviction of interviewees was the importance of a local clinic accepting all types of health insurance and a sliding fee scale to offer discounts based on patient's ability to pay. In those interviews, transportation was identified as the most significant barrier to health care access in the county along with difficulty in finding a provider with appointments available who will accept a particular type of insurance such as Medicare or Medicaid.

**G. Summary of Health Risk Factors/Barriers**

According to the research information from 2009 and 2013 studies, Graph 7 below illustrates the perceived barriers to access to health care identified in the 2009 survey.

**Graph 7 – 2009 Survey, Barriers to Access**



## **V. Preparing for the Prioritization Process - Summary of Activities**

In the spring of 2013, the Community Health Assessment (CHAPS) Board summarized the findings of the 2009 and 2013 surveys by preparing the following:

- A definition of access to health care
- A list of barriers to health care
- A prioritization work sheet to define the capacity of the Public/Environmental Health Department to influence or impact the barriers to health services as described by the community.

Good health care access in Clear Creek means that people of the county can get basic health and medical services -- readily available, affordable and sustainable. Access includes the following critical elements: health insurance coverage, provider availability, provider proximity and transportation. Barriers include lack of transportation to take care of health needs; timely access to clinics/health centers or primary care providers in the area; and lack of money or insurance to pay for treatments, screenings, drugs or medications.

## **VI. Public Health System Prioritization and Capacity**

The prioritization worksheet created by the CHAPS Board summarized the most important items identified by the public to be used in the Improvement Plan, and rated each item from high to low in importance and in the county's ability and resources to influence/impact each action item.

The four main action items chosen paralleled the survey findings listed by the community as barriers to care or access to care in both 2009 and 2013 surveys. These are as follows:

- Coordination and Access to Transportation Services
- Health Provider Access and Availability
- Prevention and Provider Services to Address Chronic Disease
- Mental Health/Substance Abuse Prevention and Treatment

## **VII. Goals and Strategies**

The process for developing the goals, strategies and action items of our Improvement Plan were driven primarily by local survey findings. Secondary data were considered by the CHAPS Board but did not trump the local perspective. For example, low birth weight and high suicide rates have historically been a health issue in the county, and intervention and prevention activities for these problems have been, and will continue to be ongoing. That said, health care access, including transportation and a local provider as well as mental health/substance abuse issues were considered by the community and the CHAPS board to be an important focus of the Improvement Plan in the next five years.

**A. Transportation Services: Coordination and Access**

In both Phase I (2009) and Phase II (2013) community surveys, key informant and focus group interviews; residents identified lack of transportation access and transportation challenges (including distance, cost, and weather) to be matters of concern.

<b>Strategy</b>	
<b>Five Year Goal</b>	<ul style="list-style-type: none"> <li>• Develop sustainable funding and leadership support for a coordinated regional transportation service using available public, private and non-profit transportation services in the area.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Create coordinating council of regional stakeholders to develop funding strategies and organizational plan for coordinated regional transportation</li> <li>• Assess community readiness for collaborative transportation service initiative</li> <li>• Provide educational outreach/awareness campaign to inform community of transportation needs and necessary funding. Solicit community members through regional organizations and media</li> <li>• Complete organizational plan and communications plan for shared transportation service</li> <li>• Increase access to and utilization of existing transportation services by 15% using 2012 base-line utilization numbers</li> </ul>
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>• Assemble list of stakeholders and set meeting time for discussion and planning. Include plans for communications/media tools. Provide quarterly meeting schedule</li> <li>• Seek funding in government, business and non-profit organizations to support communications tools/media for coordinated dispatch services</li> </ul>
<b>Organization(s) Leader(s) Stakeholder(s)</b>	<ul style="list-style-type: none"> <li>• Clear Creek Public and Environmental Health</li> <li>• Health and Human Services Director</li> <li>• Board of County Commissioners, Clear Creek County</li> <li>• Seniors Resource Center, Evergreen (Clear Creek Rider-CC Rider)</li> <li>• Volunteers of America</li> <li>• Project Support Senior Center, Idaho Springs</li> <li>• Clear Creek Health Advisory Committee Chairperson</li> <li>• Clear Creek Metro Recreation District</li> <li>• Centura Health Regional Clinic Representative</li> <li>• Elissa Stein, Jefferson Center for Mental Health</li> <li>• Clear Creek Economic Development</li> <li>• EMS/Community Paramedics</li> <li>• County Managers/Administrators of Clear Creek, Gilpin and Jefferson County</li> <li>• Colorado Dept. of Transportation, Regional Representative</li> <li>• Community Liaison Greyhound</li> <li>• Community Liaison RTD Access-a-Ride Representative</li> <li>• Mountain Family Health Centers, Gilpin County</li> <li>• Loaves and Fishes Community Food Bank</li> <li>• High Country Shuttle</li> <li>• Mountains Taxi</li> </ul>

**Evidenced-based Models/best practices**

*Tri-Ethnic Center Community Readiness Model, College of Natural Sciences, Colorado State University (<http://triethniccenter.colorstate.edu/CRP.htm>)* This is a successful method for assessing the level of readiness of a community to develop and implement a program which can be used as a research tool to assess levels of readiness across a group of communities. *(Research sources for this model are listed in the link above.)* Readiness assessment is implemented in six key dimensions: Efforts, Community Knowledge of Efforts, Leadership, Community Climate, Community Knowledge of the Issue and Resources.

**B. Health Provider Access and Availability**

In October 2011, the local primary care provider closed its doors after four years of services. The closing came after a year of slowly decreasing service hours and numerous staff turnovers. At the time of the 2009 Community Health Assessment (Phase I), the presence and promise of local primary care was not an issue. In 2011, this was not the reality. Not with standing, in both 2009 and 2013 surveys, health provider access was reported as an important issue for residents. County Health Rankings provides data on Clinical Care for the region. HRSA Area Resource File and AMA Master File indicate the ratio of population per one primary care physician to be 9,119:1 in Clear Creek County vs. the Colorado ratio of 1,287:1 and a national benchmark of 1,067:1. The lack of access to primary care providers was identified as a leading health problem across all income levels.

<b>Strategy</b>	
<b>Five Year Goal</b>	<ul style="list-style-type: none"> <li>• Provide leadership to re-open a Primary Care Clinic in Idaho Springs. Help secure, assist and support a primary care provider who is economically sustainable over the long term; and provides quality, affordable preventive care to all.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• 2013: Seek out high quality primary care provider willing to partner with Public Health, Human Services and EMS to provide local health care access and preventive care to all residents including low income and newly insured in Affordable Care Act</li> <li>• Seek Funding: Pursue foundation funding and support for partnered services model and possible new clinic facility beginning in January 2014</li> <li>• Reduce EMS trips to hospital emergency departments and ICUs by local residents by 8% by year 2015</li> <li>• Increase preventive screenings by 10% by year 2016</li> <li>• Increase referrals to local provider by 10% by 2016</li> <li>• Develop mental health/substance abuse programs affiliated with the local clinic by 2017</li> </ul>
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>• 2012-2013: Enter discussions with possible partners</li> <li>• 2013: Explore models for provision of primary care</li> <li>• 2013: Fund Feasibility Study providing a supply and demand assessment, usability and market analysis for interested parties</li> <li>• 2013: Re-refresh community health assessment data with Low SES and Web-based tools</li> <li>• 2013: Provide community assessment research data and feasibility results to the Board of County Commissioners</li> <li>• Secure partnership agreement by January 2014</li> </ul>

	<ul style="list-style-type: none"> <li>• Assist Centura in community-based promotions, marketing and media beginning in November 2013</li> <li>• Assist in opening of clinic on a part-time basis in existing, county-supported facility by June 2014</li> </ul>
<b>Organization(s)</b> <b>Leader(s)</b> <b>Stakeholder(s)</b>	<ul style="list-style-type: none"> <li>• Centura Health</li> <li>• Clear Creek Board of Commissioners</li> <li>• Clear Creek CHAPs Board</li> <li>• Clear Creek Public and Environmental Health</li> <li>• Clear Creek Human Services</li> <li>• Clear Creek Health Advisory Committee (HAC)</li> </ul>

***Evidenced-Based Models/best practices***

Healthy People 2020, a nationally-recognized depository of data used by public health agencies, provides several research studies and Smart Objectives supporting improved health access, outcomes and cost savings in setting goals for the utilization of medical homes. Here are two such studies: AHS – 3 “Increasing the proportion of persons with a usual primary Care Provider” (Medical Expenditures Panel Survey -MEPS- 1996-2010); and AHS-5.1 “Increasing the proportion of persons who have a specific source of on-going Care” (National Health Interview Survey - (NHISD) Centers for Disease Control-1998-2011. This data can be accessed at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview>.

**C. Prevention and Provider Services to Address Chronic Disease (see Strategy Table on next page)**

In both Phase I (2009) and Phase II (2013) community surveys, key informant and focus group interviews, residents identified the prevention of chronic disease as an important health issue. Secondary data show cardiovascular and respiratory disease as well as cancer to be major causes of death and disability. With a growing elder population, the need for screening, treatment, prevention and education to address chronic disease was chosen as an important public health intervention. This would include safety/injury prevention to address high incident rates as evidenced in secondary data.

Strategy	
<b>Five Year Goal</b>	<ul style="list-style-type: none"> <li>Expand chronic disease screening and prevention education opportunities in Clear Creek County for cardiovascular disease, diabetes, cancer, immunization promotion, obesity and weight reduction and behavioral health including safety/injury prevention, tobacco and substance abuse prevention.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>2013-2015: Solidify partnerships between Centura Health's local clinic and Public Health in referrals for: urgent care, cardiovascular risk, cancer treatment, trips and fall prevention, diabetes and obesity prevention</li> <li>Partner with CC Recreation District in referrals to the Senior Sneakers program and other fitness opportunities. Focus on balance and provide educational intervention on the prevention of slips and falls</li> <li>Partner with EMS to put a function in place that allows sharing of health information with health partners, better identification of needs and services of residents, and a process to make regular visits and evaluation possible</li> <li>Enlist Health Navigator and expand Community Health Worker Services</li> <li>Formalize partnership with School District for employee, student and family wellness outreach and opportunities</li> <li>Seek funding within CCPEH budget for County-wide Worksite Wellness Coordinator by 2015</li> <li>Partner with two local businesses for Worksite Wellness outreach by 2017</li> <li>Secure public health board member or EMS board member on Senior Center/Project Support Board by 2014</li> </ul>
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>Explore partnered health services inside Centura Clinic to include pain management specialist, diabetes screening, immunizations, and education/referrals for tobacco cessation, behavioral health, fitness/recreation programs</li> <li>Expand the 9Health Fair's screenings and education outreach opportunities to include vision and hearing, bone density, oral health, immunization, pulse oximetry, and "Ask a Pharmacist"</li> <li>By 2015, explore a county-wide Worksite Wellness division inside the Public Health/Human Services departments (internship for first 2 years)</li> <li>Seek funding for 9Health Fair expansion</li> <li>Create print collaterals and on-line educational tools describing CCPEH services available</li> <li>Provide community presentations and speakers bureau making 4 presentations a year and hosting 2 special events a year 2014-2017. Include one such presentation to address chronic pain management and abuse of pain management drugs</li> </ul>
<b>Organization(s)</b> <b>Leader(s)</b> <b>Stakeholder(s)</b>	<ul style="list-style-type: none"> <li>Clear Creek Public/Environmental Health</li> <li>Clear Creek Human Services</li> <li>Clear Creek Board of County Commissioners</li> <li>Clear Creek EMS</li> <li>9Health Fair – Regional representative</li> <li>Mt. Evans Home Care and Hospice</li> <li>CSU Extension – County Representative</li> </ul>

### ***Evidenced-Based Models/best practices***

Healthy People 2020 provides intervention goals and research results for Chronic Disease Prevention including obesity control, heart disease and stroke prevention, disease management programs for diabetes, control of hypertension, the promotion of health screenings and samples of successful communications prevention campaigns for chronic disease, both for individuals and for Worksite Wellness program. Best practices and research studies are published through the Guide to Community Preventive Services (The Community Guide – What Works to Promote Health) The Community Preventive Services Task Force reviews programs based on strong evidence of effectiveness. Research results and best practices may be found at <http://www.thecommunityguide.org>.

Also useful at [www.CountyHealthRankings.org](http://www.CountyHealthRankings.org), is evidence of the effectiveness of Community Health Workers to increase preventive screenings, particularly in minority women and individuals with low incomes. The Centers for Disease Control provides four domains for Chronic Disease Prevention and Health Promotion. This document provides examples, activities and strategies to improve community-clinical linkages in the management of chronic conditions. The document is available at <http://www.cdc.gov/chronicdisease/pdf/Four-Domains-Nov2012.pdf>.

**D. Mental Health/Substance Abuse Prevention and Treatment**

Access to mental health services, prevention and treatment of substance abuse and high rates of suicide have been and continue to be public health challenges in Clear Creek County. County Health Rankings indicate excessive drinking (21% in Clear Creek vs. 18% for Colorado).

DUI arrests in Clear Creek County in 2012 totaled 26 with the highest number of arrests in the 35 – 59 year-old age group.

Local non-identifiable data available through the EMS department indicate that approximately 7% of the 380 annual trips by Clear Creek County residents to acute care facilities by EMS are the result of substance abuse/misuse of alcohol or prescription pain medication, acute mental health crisis or suicide ideation/attempts.

In addition, few affordable local resources exist for assessment and treatment of mental health or substance abuse issues. Equally challenging is the culture of a rural community whose characteristics often include a bias for independence, self-reliance and a resistance to seeking help. Seven months of winter, a high number of Veterans (1,600), rural isolation, growing numbers of elderly residents as well as a high rate of disabilities, are additional factors that may contribute to behavioral health concerns.

Strategy	
<b>Five Year Goal</b>	<ul style="list-style-type: none"> <li>• Reduce the frequency and impact of mental health and substance abuse incidents in Clear Creek County. Expand community-based services/resources. Increase awareness, education and training of first responders, health professionals and community-based organizations including youth and families in the public school system</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• By 2016, partner with Centura Health in coordinating mental health/substance abuse assessment, screening and treatment into clinic services. Provide a research tool in the clinic to gather non-identifiable data on alcohol and substance abuse and training for staff to implement the data-gathering process for these and other behavioral health indices</li> <li>• Utilize and expand services provided by Jefferson Center for Mental Health (JCMH) by negotiating a greater service presence in Clear Creek County to include the provision of a half-time peer counselor. Utilize the JCMH Prescription Assistance Program (PAP) which offers free medications to those who do not have Medicaid/Medicare or any other funding source</li> <li>• Maintain the current number or reduce the number of EMS trips to acute care facilities for mental health, substance abuse and suicidal attempts from 7% (2011) to 5% by 2016</li> <li>• By 2014, provide a base-line research tool to school counselors to assess youth mental health issues and substance use in middle and high school students. Solicit cooperation in implementing the survey through JCMH and school-based partnerships</li> <li>• Seek county funding for community awareness/education campaign on alcohol and substance abuse. By 2015, outline a communications strategy and budget for a alcohol/substance abuse prevention campaign</li> </ul>

	<ul style="list-style-type: none"> <li>• By 2014, identify local residents in law enforcement willing to be trained in Crisis Management Team curriculum</li> <li>• Advocate with the sheriff's department to include a line item in the 2015 budget to cover the cost of 1 local first responders in a 40-hr. Crisis Management Team training</li> <li>• By 2015, implement a Veteran's Trauma Court and Mentoring System</li> <li>• Reduce the number of Clear Creek County citizens arrested for DUI from 26 (in 2012) to 20 by 2015</li> <li>• Work closely with Clear Creek Victims Advocates in information gathering, awareness and prevention of domestic violence and its tie to alcohol/substance abuse</li> <li>• By 2015, collect un-identifiable data from the Human Services Department regarding the number of cases reported (domestic abuse, child neglect/abuse) that involve alcohol or substance abuse</li> <li>• Reduce the number of high school students who self-report driving a vehicle while intoxicated or under the influence of a substance (see research tool listed above)</li> <li>• Continue Clear Creek County funding and Public Health budget for Care2BAware Injury and Suicide Prevention activities twice a year</li> </ul>
<p><b>Action Steps</b></p>	<ul style="list-style-type: none"> <li>• Prepare an anonymous health survey to gather data on alcohol and substance abuse in the county. Secure BOCC approval for its distribution</li> <li>• Report unidentifiable data from CCC employees "Simply Well Survey" regarding alcohol use and binge drinking through the Simply Well survey/assessment</li> <li>• Contract with JCMH to bring the "Relapse" alcohol/substance abuse education program, to be offered in Jefferson County, to Clear Creek County</li> <li>• Advocate for provision of local mental health and substance abuse counselors through JCMH and through grant seeking activities to provide partnership services with local providers</li> <li>• Initiate an education/awareness campaign within the Recreation District programs, particularly with youth/family activities</li> </ul>
<p><b>Organization(s)</b> <b>Leader(s)</b> <b>Stakeholder(s)</b></p>	<ul style="list-style-type: none"> <li>• Centura Health</li> <li>• Jefferson Center for Mental Health</li> <li>• Care2BAware</li> <li>• Clear Creek EMS/ Community Paramedics</li> <li>• Clear Creek Sheriff's Department/Law Enforcement</li> <li>• Clear Creek RE1 School District</li> <li>• Clear Creek Public/Environmental Health</li> <li>• Department of Human Services</li> <li>• Clear Creek Board of County Commissioners</li> <li>• Clear Creek Veterans Coalition</li> <li>• Clear Creek Veterans Service Officer</li> <li>• County and District Court System</li> <li>• Clear Creek Metro Recreation District</li> </ul>

### **Evidence-Based Models/best practices**

*Tri-Ethnic Center Community Readiness Model, College of Natural Sciences, Colorado State University* <http://triethniccenter.colorstate.edu/CRP.htm>. This is a successful method for assessing the level of readiness of a community to develop and implement a program which can be used as a research tool to assess levels of readiness across a group of communities. (Research sources for this model are listed in the link above.) Readiness assessment is implemented in six key dimensions: Efforts, Community Knowledge of Efforts, Leadership, Community Climate, Community Knowledge of the Issue and Resources. This tool can be used to assess the readiness of community businesses and agencies to address issues of binge drinking, alcohol and substance abuse.

*The Community Guide* provides four important evidenced-based models helpful in addressing Mental Health and Substance Abuse Prevention and Treatment. Best practices and research studies are published through the Guide to Community Preventive Services (The Community Guide – What Works to Promote Health). The Community Preventive Services Task Force reviews programs based on strong evidence of effectiveness. The research results and best practices for the four models listed here may be found at <http://www.thecommunityguide.org>.

- *Improving Mental Health and Addressing Mental Illness: Collaborative Care for the Management of Depressive Disorders*
- *Preventing Excessive Alcohol Consumption: Electronic Screening and Brief Intervention*
- *Reducing Tobacco Use and Secondhand Smoke Exposure: Incentives and Competitions to Increase Smoking Cessation Among Workers*
- *Reducing Alcohol-impaired Driving: Publicized Sobriety Checkpoint Programs*

## **VIII. Coordination with Colorado Department of Health and Environment: Office of Planning and Partnership**

The results of the Clear Creek 2009 and 2013 community health assessment surveys and on-going conversations in the county have informed the current health improvement plan provided in this document under Goals and Strategies (VII). The local plan was developed in accordance with the Colorado Health Assessment and Planning System guidelines and aligns with the state health improvement plan.

## **IX. Financial Resources, System Capacity and Performance**

Clear Creek County Board of Health has the authority to adopt and support public health programs, services, regulations and budgets. The BOCC also acts as the Public Health Board, advised by the Clear Creek County Health Advisory Committee and the department heads of the Public/Environmental Health Department and the Human Services Department. Current employees of Clear Creek Public and Environmental Health number six full-time and three part-time. Services range from restaurant, day care and swimming pool inspections, septic tank permitting and emergency preparedness; to immunizations, WIC, cooking/nutrition, cardiovascular screening, health education, family health advocacy and diabetes prevention.

Revenues for programs and services include state sources, private foundations and city and county governments. Funding for operations and overhead is difficult to sustain in a rural local public health agency of less than 10,000 people. Funding cuts during the fiscal crisis of the state, and economic downturns, often create unreliable and unpredictable funding sources. The Board of County Commissioners (BOCC) has historically supported basic public and environmental health programs with a current budget of approximately \$600,000 (2013). CCPEH was the first local public health agency in the state to initiate the H1N1 flu vaccine program in 2009, and is known in many public health peer circles for its innovative outreach for such a small rural department. Programs, services, outreach and education in the community would not be possible without active community and regional partnerships including:

- The Department of Human Services
- Clear Creek EMS
- Clear Creek Fire Authority
- Jefferson Center for Mental Health
- Clear Creek Recreation District
- Mountain Family Medical Center
- TRIAD
- Project Support Senior Center and the Volunteers of America
- Clear Creek RE-1 School District
- 9Health Fair
- Mt. Evans Home Care and Hospice
- Clear Creek Veterans Coalition
- Mountain Resource Center

## **X. Engaging the Community**

Community engagement is and will continue to be the most important element in implementation of the 2013 Improvement Plan. Many volunteers, business leaders, non-profit and government agencies will be needed to populate the coalitions and to do the work suggested in this Improvement Plan. Government support along with business and private fundraising will be necessary to resource the action items proposed here. This includes cooperative agreements and participation by individuals and groups to plan and implement these strategies.

As is often the case in a small, rural community, the pool of individuals willing and available to be part of a coalition runs dry through overuse. Even more challenging is motivating individuals, families and employers to participate in proactive/preventive activities or to change behaviors to enhance safety, health and well-being. The Improvement Plan presented here provides both traditional and contemporary interventions. Changing the perception of health care from individual treatment when ill, to population-based prevention, is a long-term goal but one worthy of pursuing by local health departments including Clear Creek Public and Environmental Health.

For information or to get involved with the Improvement Plan Board and Committee, please contact the Clear Creek CHAPS coordinator at 303-679-2386 or e-mail [ltrenbeath@co.clear-creek.co.us](mailto:ltrenbeath@co.clear-creek.co.us).

An electronic version of this document is available on [www.ClearCreekHealth.us](http://www.ClearCreekHealth.us).