



Community Health Plan for  
Conejos County Public Health and Nursing Service  
2014

### **Acknowledgments**

This document is the result of collaborative efforts from the following organizations and persons.

- Rocky Mountain Prevention Research Center
- Paula Hendricks, CHES
- San Luis Valley Regional Nurse Partnerships
- Conejos County Board of Health
- Colorado Department of Public Health and Environment, Office of Planning and Partnerships
- Conejos County Citizens and Focus Group Participant

### **Executive Summary**

Conejos County Public Health and Nursing Services are involved with health promotion, disease prevention, and overall population health for the residence of Conejos County. Programs provided by Conejos County Public Health and Nursing Services are aimed at supporting healthy communities through education, awareness campaigns, collaboration, early detection and identification of health issues and increasing access to care. This document will outline concerns evidenced by a local and regional community assessment. These concerns will then be prioritized with a plan to address the concerns. The overall objective is to develop and utilize available resources to increase the health of Conejos County residence. The priorities were addressed using the 10 winnable battles.

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### **Geography of Conejos County of Conejos County**

Conejos County is located at the southern end of Colorado's beautiful San Luis Valley, the world's largest alpine valley. The county has an area of approximately 825,741 acres or 1,290 square miles (slightly larger than the state of Rhode Island). The eastern portion of the county is characterized by the nearly level valley floor which lies at an average elevation of about 7,700 feet. The stunning San Juan Mountains rise from the western portion of the county to a height of about 13,000 feet. Conejos County is bounded by the Rio Grande (River) to the east and the State of New Mexico to the south. Sixty-six percent of the county is owned by state or federal entities, including the mountainous areas that are part of the Rio Grande National Forest. Small towns and wide open farms and pasturelands characterize the remaining thirty four percent of the land that is privately owned. The county has five municipalities; Manassa, La Jara, Antonito, Sanford and Romeo. Manassa is the largest with a population of just over 1,000 people. As in all agricultural areas of the West, water is the lifeblood of the community. In addition to the Rio Grande, the county is traversed by the Conejos, Alamosa, and San Antonio Rivers and La Jara Creek, as well as hundreds of irrigation ditches that bring water to our fields.

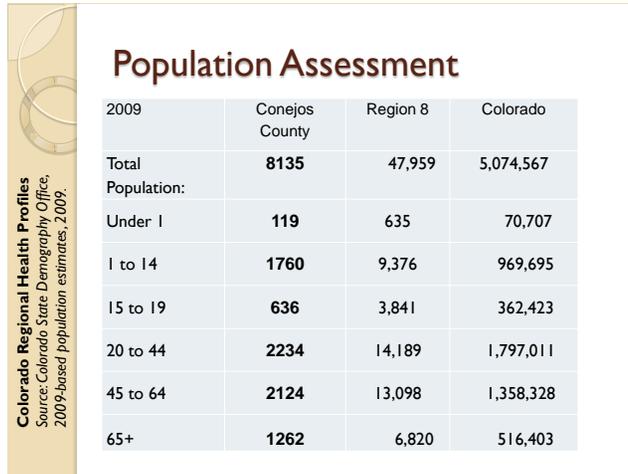
### **History of Conejos County of Conejos County**

Conejos County was one of the original 17 counties created by the Colorado legislature on November 1, 1861. Although it was first called Guadalupe County it was renamed Conejos, the Spanish word for “rabbits”, one week later. The original boundaries of the county included much of the southwestern corner of Colorado. In 1874, most of the western and northern portion of the county was broken away to form parts of Hinsdale, La Plata and Rio Grande Counties. Conejos County achieved its modern borders in 1885 when its western half was taken to create Archuleta County. Today, County government is based in the community of Conejos.

Because it is the site of some of the earliest settlements in Colorado, rural Conejos County contains some important historical sites. The town of Antonito is home to the Cumbres and Toltec Scenic Railroad, a narrow gauge steam engine railroad constructed in 1880 which makes the daily trek from Antonito to Chama, New Mexico during the summer and fall. Just north east of the town of Sanford is Pikes Stockade, the site where Zebulon Pike raised the American flag in 1807 over what was then Spanish Territory. The stockade was reconstructed using Pike’s journal and is maintained by the Colorado Historic Society. Conejos, the County seat, is also home to Our Lady of Guadalupe Catholic Parish, the oldest parish church in Colorado. The community of Manassa hosts Pioneer Days each July. The event celebrates the arrival of Mormon pioneers and is one of the largest events in the San Luis Valley. The Jack Dempsey Museum, also located in Manassa, honors the “Manassa Mauler” who held the world heavyweight boxing title from 1919 to 1926.

**Population Assessment**

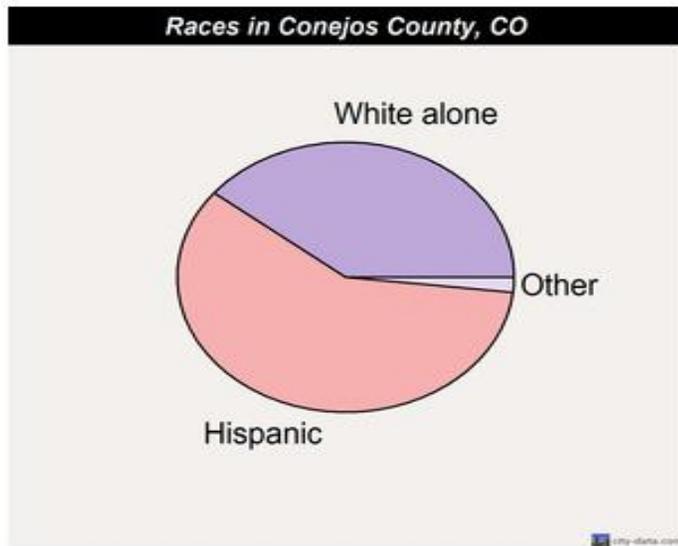
The following graphic information summarizes Conejos County Residents by age groups, racial composition, education, median household income and poverty level.



**Colorado Regional Health Profiles**  
 Source: Colorado State Demography Office,  
 2009-based population estimates, 2009.

**Population Assessment**

2009	Conejos County	Region 8	Colorado
Total Population:	<b>8135</b>	47,959	5,074,567
Under 1	<b>119</b>	635	70,707
1 to 14	<b>1760</b>	9,376	969,695
15 to 19	<b>636</b>	3,841	362,423
20 to 44	<b>2234</b>	14,189	1,797,011
45 to 64	<b>2124</b>	13,098	1,358,328
65+	<b>1262</b>	6,820	516,403



**Races in Conejos County, Colorado:**

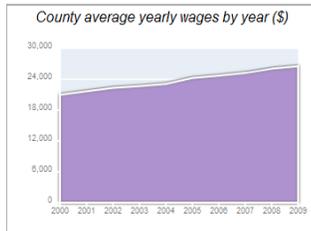
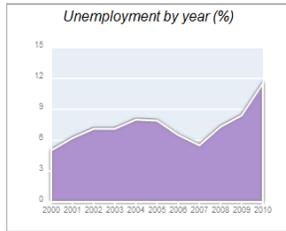
- Hispanic or Latino (55.7%)
- White Non-Hispanic Alone (42.3%)
- Two or more races (1.2%)





## Population Assessment

Unemployment in Apr. 2010:  
 Here: ■ 11.5%  
 Colorado: ■ 9.2%

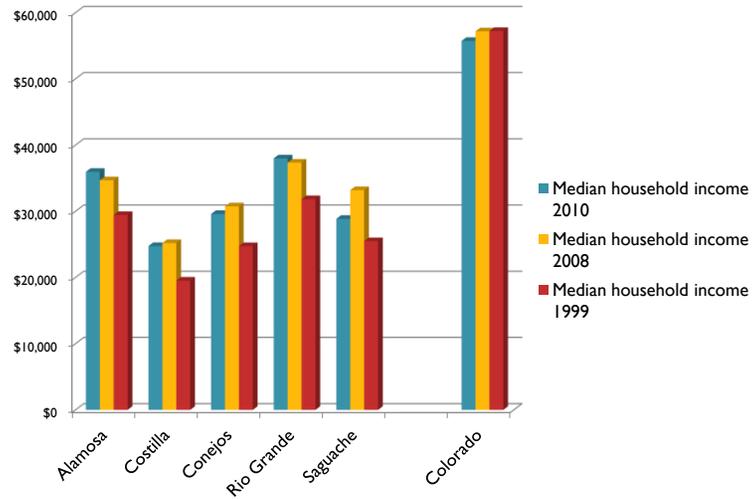


Unemployment Rate Jan 2012  
 Conejos County **10.8%**  
 Colorado **8.4%**

The unadjusted unemployment rate in Conejos County, CO was 10.8% in January 2012, up from 8.5% in December 2011, and down from 13.1% one year ago in January 2011.

Alamosa 9.1%  
 Costilla 13.5%  
 Rio Grande 11.0%  
 Saguache 11.8%

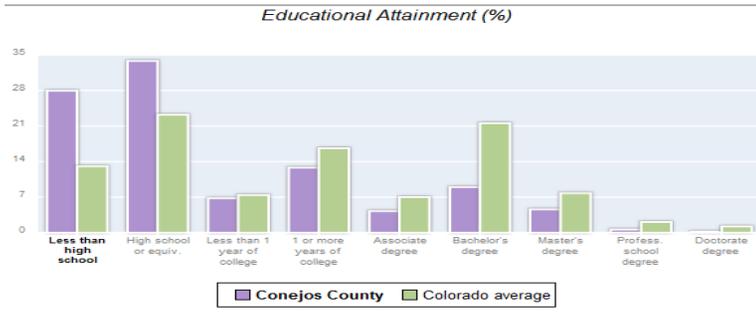
## Population Assessment



**Colorado Regional Health Profiles**  
 Source: Colorado Department of Education, Class of 2009 Graduation Data and United States Census Bureau, Summary File 3 sample data, 2000.

## Educational

	Conejos	Region 8	Colorado
<b>High School Graduation</b> % of students in designated class who graduated high school	88.9	74.3	74.6
<b>College Degree</b> % of population age 25 and older with an Associates degree or higher	18.6	25.1	39.7



The Conejos County Residents are challenged by unemployment, poverty, and lack of secondary education. To complicate these challenges they are considered a Medically Underserved Population (MUP)<sup>1</sup> residing in a rural Healthcare Provider Shortage Area (HPSA)<sup>1</sup> with 22 percent<sup>2</sup> lacking health insurance. This compares to an average national uninsured rate of 16.3 percent<sup>3</sup> and a Colorado state average of 17 percent<sup>2</sup>. Compounding the uninsured issue and the health professional shortage' this county ranks 56th out of 59 reporting Colorado counties for health outcomes. Access to clinical care

is ranked 55th out of 59 reporting counties with a population to primary care provider ratio of 2,073:1, compared to the Colorado average of 1,287:1.<sup>2</sup>

Compounding the problems encountered by the uninsured in accessing health care is the growing concern over a shortage of health care providers. It is forecasted by the Association of American Medical Colleges<sup>7</sup> that the health care provider shortage will get worse, with projections that the supply of physicians will not keep up with the demand resulting in a shortfall of 130,600 physicians by 2025. They attribute this trend to multiple factors, including a growing aging population, universal health care coverage, population growth, and increased utilization of specialty services.

### **Problem Identification and Prioritization Process**

Conejos County Public Health and Nursing Services conducted a review of qualitative data including demographics, vital statistics, incidence of chronic disease, communicable disease and injury, health indicators for all age groups, health behavior data, and environmental health indicators.

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

- Access to care (direct services)
- Prenatal Health & Teen Pregnancy
- Uninsured (including eligible for public programs but not on those programs)
- Oral Health (adult and children)

- Screenings for Cancer
- Cholesterol Screenings
- Flu/pneumonia vaccine for 65+
- Obesity
- Diabetes
- Heart Disease, especially acute MI
- Oral Health (adult and children)
- Alcohol abuse
- Unintentional Injuries
- Environmental Health

### **Community Input**

Focus group meeting for the community was held on April 2, 2012 and problems were then prioritized. Meeting of SLV LPHAs, Regional Planner, and OPP to compare top county priorities and discuss next steps. Colorado 10 winnable battles were also used to help prioritize these issues and address the needs of the Conejos County Citizens. The following are the areas being addressed.

**Priority 1**

<b>Strategic Priority One: Build a Regional Partnership</b>						
<b>Lead entity: Saguache County Public Health</b>			<b>Supporting entities: Alamosa, Costilla, Conejos, Rio Grande &amp; Mineral LPHAs</b>			
<b>Key Indicators</b>	<b>Five Year Goal(s)</b>	<b>Strategies</b>	<b>Activities</b>			<b>SMART Objectives</b>
			<b>Major activities</b>	<b>Organization(s) responsible</b>	<b>Timeframe for Completion</b>	
<ul style="list-style-type: none"> <li>• Easier to plan for an seek funding for regional project and priorities</li> <li>• Support efforts to build and strengthen core services</li> <li>• Funding incentives for regional approach</li> <li>• More efficient use of resources</li> <li>• Proactive approach to preparing for future projects</li> </ul>	<u>Year 1 Goal.</u> Formalize agreement to have regional public health partnership	1. Research information on forming a regional partnership	1. Communicate with BOH, BOCC to discuss need, options and opportunity	All participating agencies	March 31, 2013	By March 31, 2013, document partnership communications plan for use throughout the project.
			2. Research processes structure and agreements utilized by at least 2 other successful regional public health partnerships	All participating agencies	February 28, 2013	By February 28, 2013, obtain signed contractual agreements with 5 core Cross-Jurisdictional – Sharing (CJS) Steering Committee member agencies.
		2. Prepare formal agreement that includes necessary structure for partnership	1. Obtain resources for coordination of process	All participating agencies	December 31, 2013	By December 31, 2013, document cross jurisdictional exploration agreement/statement.
			2. Plan structure including mission, vision, bylaws and sign agreement	All participating agencies	September 30, 2013	By September 30, 2013, document a CJS Strategic Plan as a guide to partnership collaborations throughout the project.
	<u>5 Year Goal.</u> Maintain formal	1. Maintain regional partnership	1. Develop plan to sustain resources for	All participating	January 14, 2015	By January 14, 2015, hold a total of 10 CJS in-state meetings as

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<b>Key Indicators</b>	<b>Five Year Goal(s)</b>	<b>Strategies</b>	<b>Activities</b>			<b>SMART Objectives</b>
			<b>Major activities</b>	<b>Organization(s) responsible</b>	<b>Timeframe for Completion</b>	
regional public health partnership			regional programming	agencies		part of a structured process of building bonds, establishing shared power, and add to the existing knowledge base.
			2. Continue to communicate with local BOH, BOCC to sustain partnership agreement	All participating agencies	December 31 2014	By December 31 2014, collaboratively develop and implement shared approaches for providing public health services, esp. for underserved populations. d public health capacity.
			2. Identify one or more public health priorities that will be addressed regionally	1. Identify county public health priorities	All participating agencies	December 31, 2013
		2. Identify one or more shared public health priorities				
		3. Meet at least quarterly to review processes, evaluate progress, and determine next steps		All participating agencies	December 31, 2017	By December 31, 2017, increase the # of cross-jurisdictional agreements, programs and services delivered.

**Priority 2**

<b>Strategic Priority Two: Build and Sustain and Environmental Program</b>						
<b>Lead entity: Alamosa County Public Health Department</b>			<b>Supporting entities: Costilla, Conejos, Rio Grande, Saguache &amp; Mineral LPHAs</b>			
<b>Key Indicators</b>	<b>Five Year Goal(s)</b>	<b>Strategies</b>	<b>Activities</b>			<b>SMART Objectives</b>
			<b>Major activities</b>	<b>Organization(s) responsible</b>	<b>Timeframe for Completion</b>	
Each public health agency’s capacity assessment indicated a lack of capacity to provide environmental health services, i.e. <ul style="list-style-type: none"> <li>• Limited infrastructure to address EH in each county</li> <li>• Limited EH expertise</li> <li>• Current EH is fragmented in the counties within this region</li> </ul>	Build capacity for coordinated EH in this region	1. Lead county to hire EH professional who will work with current EH & Sustainability professional (formerly Consumer Protection)	1. Meet with BOH, BOCC in lead county to discuss need, options and opportunity for EH	Lead public health agency	August 31, 2012	By June 30, 2014, an EH professional will have assisted each LPHA in the SLV region with identification of current EH needs and resources.
			2. Enlist CDPHE assistance to develop plan of collaboration for local and state EH & Sustainability positions in the SLV	Lead public health agency	December 31, 2012	
			3. Hire EH professional	Lead public health agency	March 31, 2013	
			4. Orient EH professional to region and assist in job development	Lead public health agency and CDPHE	September 30, 2013	
CDPHE is encouraging all counties that do not provide EH to do this at the local level		2. Conduct county-specific and regional EH needs assessment	1. Develop plan for regional EH needs assessment	EH professional	January 30, 2014	June 30, 2014
			2. Conduct regional EH needs assessment	EH professional	June 30, 2014	

<b>Strategic Priority Two: Build and Sustain and Environmental Program</b>						
<b>Lead entity: Alamosa County Public Health Department</b>			<b>Supporting entities: Costilla, Conejos, Rio Grande, Saguache &amp; Mineral LPHAs</b>			
<b>Key Indicators</b>	<b>Five Year Goal(s)</b>	<b>Strategies</b>	<b>Activities</b>			<b>SMART Objectives</b>
			<b>Major activities</b>	<b>Organization(s) responsible</b>	<b>Timeframe for Completion</b>	
Lack of EH data		3. Determine the scope of EH services to be provided across the entire region	1. inform counties and regional partnership of assessment findings	EH professional	October 31, 2014	
		4. Formulate regional EH plan guided by findings of EH needs assessment	1. Assist individual counties in EH planning	EH professional and participating agencies		

**Priority 3**

<b>Strategic Priority Three: Pilot Gap Services Program within Conejos County Public Health and Nursing Service</b>						
<b>Lead entity:</b> Conejos County Public Health and Nursing Service			<b>Supporting entities:</b> Target population, Conejos County government, Employees of Conejos County Public Health and Nursing Service who staff this project and the Medical Director for Conejos County Public Health and Nursing Service.			
Key Indicators	Five Year Goal(s)	Strategies (Evidence Based)	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
Conejos County Public health agency’s capacity assessment indicated concern regarding access to care R/T: <ul style="list-style-type: none"> <li>• Health Care Provider Shortage area (HRSA 2013).</li> <li>• 22% of Conejos Counties Population is Uninsured as listed by (2012 County Health Rankings).</li> <li>• Medically Under Served Population (HRSA 2013).</li> <li>• Verbalization from County residence regarding inability to obtain a timely</li> </ul>	To have a self supporting clinic within the Conejos County Public Health and Nursing Service Structure which provides basic medical services and preventative care at an affordable rate?	<ol style="list-style-type: none"> <li>1. We are using the IOWA Model for Change as the framework for implementation of the project as Described in Titler et al., (2001).</li> <li>2. Currently we have reached the implementation of the Gap Services Clinic.</li> </ol>	1. Establish a clinic within the public health structure (pilot program).	Conejos County Public Health and Nursing Service.	Completed	By December 31, 2013 decide whether or not to continue the pilot program or abandon the program.
			2. Evaluate the Pilot Program periodically and report to the supporting entities.	Conejos County Public Health and Nursing Service.	November 2013. Following evaluations TBD after reporting is complete using the input from the supporting entities.	
			3. Meet with Supporting each month for input on quality concern issues.	Conejos County government, Employees of Conejos County Public Health and Nursing Service who	Monthly ongoing.	

<b>Strategic Priority Three: Pilot Gap Services Program within Conejos County Public Health and Nursing Service</b>						
<b>Lead entity:</b> Conejos County Public Health and Nursing Service			<b>Supporting entities:</b> Target population, Conejos County government, Employees of Conejos County Public Health and Nursing Service who staff this project and the Medical Director for Conejos County Public Health and Nursing Service.			
Key Indicators	Five Year Goal(s)	Strategies (Evidence Based)	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
appointment and/or financial impact of the visit. <b>Supporting Data:</b> Laws & Scott (2008) describe patient satisfaction with a retail clinic model staffed with a PA or NP via a 2006 survey of 800 consumers. They also found patients preferred price-transparency, convenience of location and treatment by a Nurse Practitioner rather than physician, attractive attributes to this type system.  A cash only Nurse				staff this project and the Medical Director for Conejos County Public Health and Nursing Service.		
		2. Conduct a patient satisfaction survey in the Fall of 2013 as well as a cost analysis of the pilot program measure program viability at that point.	1. Distribute CHAPs survey tool to all patients or patient representatives September 2013. distribute	Conejos County Public Health and Nursing Service.	September 30, 2013	December 31, 2013
			2. Collect, analyze and summarize the survey results.	Conejos County Public Health and Nursing Service.	November 30, 2013.	

<b>Strategic Priority Three: Pilot Gap Services Program within Conejos County Public Health and Nursing Service</b>						
<b>Lead entity:</b> Conejos County Public Health and Nursing Service			<b>Supporting entities:</b> Target population, Conejos County government, Employees of Conejos County Public Health and Nursing Service who staff this project and the Medical Director for Conejos County Public Health and Nursing Service.			
<b>Key Indicators</b>	<b>Five Year Goal(s)</b>	<b>Strategies (Evidence Based)</b>	<b>Activities</b>			<b>SMART Objectives</b>
			<b>Major activities</b>	<b>Organization(s) responsible</b>	<b>Timeframe for Completion</b>	
Practitioner clinic ran by Ann Parish MSN, FNP, has increased access to care for the uninsured or underinsured clients she serves. Woods (2008).  Ahmed & Fincham (2010) found patients are drawn to retail clinics due to their cost savings and same day service.		3. Continue to meet with the supporting entities regarding the viability of this pilot program and supply them with the results of surveys and financial outlook.	Report findings to the supporting entities obtaining their input on the pilot programs viability.	Conejos County Public Health and Nursing Service.	December 31, 2013	
		4. Evaluate the Quality of services being provided via surveys and chart reviews.	1. Summarize the types of patients, illness, care and quality and report to supporting entities.	Conejos County Public Health and Nursing Service.	December 31, 2013	

**Priority 4**

<b>Strategic Priority Four: Early detection, treatment, prevention of heart disease, obesity, and diabetes.</b>						
<b>Lead entity: Conejos County Public Health and Nursing Service</b>			<b>Supporting entities: Conejos County Public Health and Nursing Service, Board of Health, Board of County Commissioners, Affected Population of Conejos County, Health Care Community, Schools, Senior Centers, Employers and ETC.</b>			
<b>Key Indicators</b>	<b>Five Year Goal(s)</b>	<b>Strategies</b>	<b>Activities</b>			<b>SMART Objectives</b>
			<b>Major activities</b>	<b>Organization(s) responsible</b>	<b>Timeframe for Completion</b>	
Conejos County Public Health and Nursing Service and San Luis Valley Regional assessment indicated data and citizen concern regarding <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Diabetes</li> <li>• Heart Disease</li> </ul>	Reduce Obesity, Diabetes, Heart Disease and accompanying complications in Conejos County.	1. Prevention of Obesity, Diabetes, and Heart Disease.	1. Educate Public on healthy lifestyles including <ul style="list-style-type: none"> <li>• Increased activity.</li> <li>• Healthy diet.</li> </ul>	Conejos County Public Health and Nursing Service.	Ongoing.	By June 30, 2014 Conejos County Public Health and Nursing Service will document at minimum 6 activities which provided public information regarding the benefits of increased activity and Healthy diet.
			2. Work with employers, schools and individuals to distribute diet, activity information and programs available.	Conejos County Public Health and Nursing Service.	Ongoing	
			3. Develop activity and diet support programs within employment locations, school, and communities.	Conejos County Public Health and Nursing Service.	Ongoing	
		2. Early Detection of Obesity, Diabetes, and Heart Disease.	1. Provide health screening for obesity, diabetes and heart	Conejos County Public Health and Nursing	Ongoing	

Strategic Priority Four: Early detection, treatment, prevention of heart disease, obesity, and diabetes.						
Lead entity: Conejos County Public Health and Nursing Service			Supporting entities: Conejos County Public Health and Nursing Service, Board of Health, Board of County Commissioners, Affected Population of Conejos County, Health Care Community, Schools, Senior Centers, Employers and ETC.			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
			risk factors @ <ul style="list-style-type: none"> <li>• Senior Centers</li> <li>• Schools</li> <li>• Sports Physicals</li> <li>• Clinic Patients</li> </ul>	Service.		
		3. Treatment of Obesity, Diabetes and Heart Disease	1. Work with clients with Obesity, Diabetes and Heart Disease to Manage, Treat and Prevent Disease and Complication of Disease through a collaborative effort with health care providers and client.	Conejos County Public Health and Nursing Service, Local Health Care providers, and Clients.	Ongoing	

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Accessed on April 21, 2014.