

Eagle County Community Health Improvement Plan

2017



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Introduction

The 2017 Community Health Improvement Plan (CHIP) was developed in partnership with community organizations and citizens in an effort to address health concerns in Eagle County. The process was led by Eagle County's Public Health Agency, in cooperation with the County's Department of Environmental Health. Community health improvement planning fulfills a requirement of the Colorado Public Health Act, and is also considered a best practice in the field.

To keep pace with emerging public health challenges, to address the leading causes of death and disability, and to improve, protect and preserve our environment and natural resources, the Colorado Department of Public Health and Environment initiated an effort to achieve measurable impact quickly in a few areas. Colorado's 10 Winnable Battles are public health and environmental priorities with large-scale impact on health and the environment, and with known, effective strategies to address them. Eagle County's health improvement priorities are consistent with Colorado's Winnable Battles, including obesity prevention, injury prevention, mental health and substance abuse, and clean air.

This document provides an overview of demographics and a summary of the county's health indicators, which can be tracked over time. There is also a report on progress since the last community health improvement plan entitled "Healthy Eagle County 2010." Finally, community priorities are provided with a road map on how to improve the top health issues over the next five years.

2017 Health Priorities

The following health priorities have been identified for targeted resources and community focus through 2017.

- **Healthy Living:** Healthy Living encompasses the behaviors that support good nutrition and physical activity for a lifetime. Such habits help prevent the early onset of chronic diseases, such as heart disease and cancer--the two leading causes of death in Eagle County and nationwide.
- **Independently Aging in Place:** The Centers for Disease Control and Prevention defines aging in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Eagle County will take into consideration transportation, housing, home health and community design when making decisions that impact the aging population. Prevention measures to reduce falls and chronic conditions will be implemented for residents to age independently in their home.
- **Connection to Preventative Care:** Eagle County residents continually lag behind Colorado, the United States and Healthy People 2020 in receiving preventative care services. Without accessible, affordable primary care, individuals often forgo preventative care and delay seeking medical attention, resulting in worsened morbidity and mortality, increased long-term health care costs and a diminished quality of life.
- **Mental Health and Substance Abuse:** Mental health is an essential component of overall health and well-being. Eagle County is not immune to the increasing rates of mental illness, suicide and substance abuse. Health care, public health, non-profit organizations and private practitioners have come together to create a community where individuals, families, schools and workplaces take action to promote emotional health and reduce the likelihood of mental illness, suicide and substance abuse.
- **Radon Awareness and Mitigation:** Radon is a colorless, odorless gas that can permeate homes and lead to lung cancer with long-term exposure. According to the Federal Environmental Protection Agency, Eagle County has "moderate potential" for indoor exposure. Eagle County will work with neighboring Garfield and Pitkin counties to mitigate radon exposure in the respective communities.

County Overview

Eagle County, Colorado is located in the heart of the Rocky Mountains, approximately two hours west of Denver. The County is surrounded by the White River National Forest and is more than 80 percent public land. Vail Pass, at the east end of the county, has an elevation high of 10,662 ft. During the winter, the area's topography can be isolating from neighboring counties, which are accessible only by mountain passes to the south and east, and the Glenwood Canyon to the west.

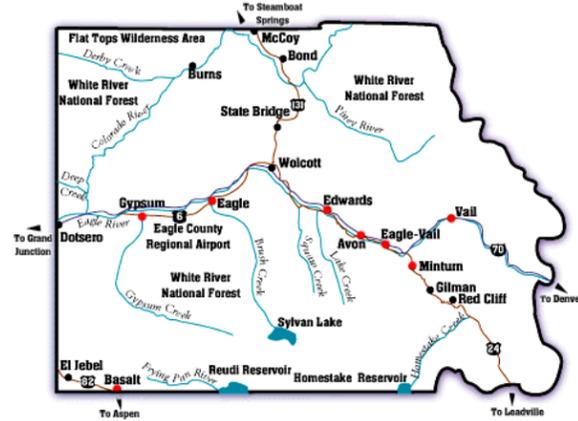


Figure 1. Map of Eagle County

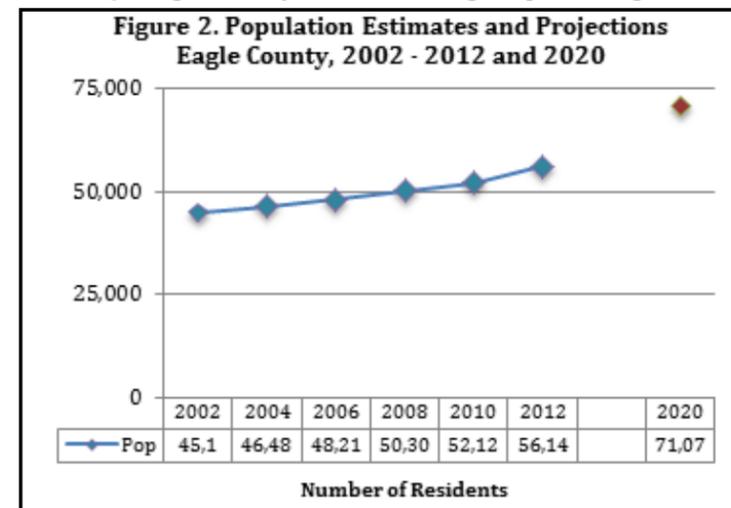
The county is home to the internationally renowned ski resorts of Vail and Beaver Creek. Tourism and second-home ownership are the main economic drivers. Eagle County has characteristics common to both rural and winter resort communities, including a large service industry workforce with a significant spanish-speaking population, a high cost of living, and extreme weather conditions.

Most major population centers are located along I-70 in the Eagle River Valley, including Vail, Minturn, Avon, Edwards, Eagle, and Gypsum. The Town of Basalt and unincorporated El Jebel are located along Highway 82 in the Roaring Fork Valley (Figure 1). The distance between the two valleys, separated by the Glenwood Canyon, disconnects these areas and can make service delivery a challenge for county government (Figure 1).

Demographics

Population: Eagle County has grown in population by 25 percent over the last 10 years, to 56,145 residents in 2012. The population is projected to increase by another 27 percent in 2020, to 71,076 (Figure 2).

Ethnicity: Eagle County has a much higher percentage of Latino residents at 30.4 percent, than Colorado at 20.9 percent(2011).¹ In fact, Latino students made up 51 percent of enrollment in the Eagle County RE 50 School District in 2010.² The majority of Latino residents living in Eagle County (79 percent) identify as having a Mexican heritage.³



Foreign Born: Eagle County has a significantly higher percentage of foreign-born residents than the state as a whole, at 20 percent and 9.7 percent respectively (2007-2011).⁴ Thirty-one percent of Eagle County residents speak a language other than English at home (most commonly Spanish), which is almost double the Colorado percentage at 16.7 percent (2007-2011).⁵

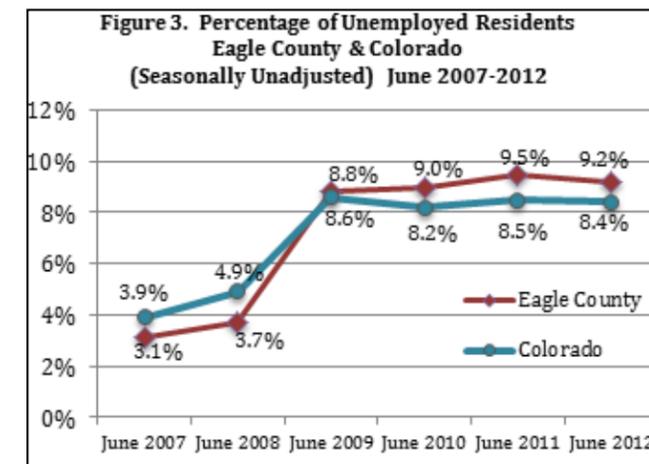
Median Age: Eagle County's population is still relatively young, with a median age of 35.2 years, compared to Colorado at 36.4 and the US at 37.1 (2012).^{6,7} However, the county has experienced a demographic shift since 2000, when the median age was 31. With Baby Boomers getting older and more retirees moving into the county, the median age is projected to peak at 40.7 in 2029. The older adult population, as defined as 65+, is anticipated

to increase by 169% between 2010 and 2020, which will rank Eagle County as first in the state for growth in this demographic.⁸

Socio-Economic Status

Economics: Eagle County has a significantly higher median income level than the state, at \$70,914 and \$57,685 respectively.⁹ Also, the percentage of residents living in poverty is lower, at 10.3 percent in Eagle County and 12.5 percent in Colorado.¹⁰ However, Eagle County's cost of living is high, so that even residents that live well above the Federal Poverty Level (FPL) may not make enough income to meet their basic needs. The self-sufficiency standard in Eagle County for one adult and one preschooler is 374% FPL – much higher than the Colorado average of 251% FPL.¹¹

Unemployment: Eagle County's unemployment rate, historically between 3 and 4 percent, began to increase dramatically in 2008, corresponding to the national recession. By June 2012, it reached 9.2 percent, surpassing the state at 8.4 percent (Figure 3).¹²



Education Level: In terms of educational achievement, Eagle County has a significantly higher percentage of adults (ages 25 and older) that are bachelors prepared than the state as a whole; however, Eagle County has a lower percentage of adults that have at least a high school diploma. This may be due to the achievement gap by ethnicity for local high school students. In 2011, 66 percent of Latino students graduated in Eagle County compared to 88 percent of Caucasian students (Figure 4).¹³ Although Colorado has the same disparity, Eagle County has a higher proportion of Latino

students.

Indicator	Eagle County	Colorado
High school graduate or higher, percent of persons age 25+	87.8%	89.7%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	46.9%	36.3%
High School Graduation Rate by Race/Ethnicity: Latino	66%	60%
High School Graduation Rate by Race/Ethnicity: Caucasian	88%	81%

Figure 4: Educational Level by Race and Ethnicity, Eagle County and Colorado, 2011

Progress on the Healthy Eagle County 2010 Plan

Healthy Eagle County 2010 was the county's first community health improvement plan, led by Eagle County Public Health, and developed by a community steering committee between 2005 and 2007. The plan provided health priorities, strategies and goals to be reached by the year 2010, including:

- Improving Access to Health Care
- Increasing Oral Health Resources
- Increasing Mental Health and Substance Abuse Treatment Services
- Reducing Motor Vehicle Crash Injuries
- Reducing Premature Deaths from Chronic Disease

The capacity to improve the public's health in these areas has increased dramatically since planning began in 2005. The following section highlights the progress of each 2010 priority area.

Improved Access To Health Care

In response to the County's high rate of uninsured residents, *Healthy Eagle County 2010* focused on increasing access to primary health care.

- **Family Planning:** In 2007, Eagle County's Board County of Commissioners (BOCC) approved a county-operated Title X Family Planning program to provide pregnancy testing, birth control, breast and cervical cancer screenings, and sexually transmitted disease testing and treatment. The clinic has been operating for five years, charging clients based on their ability to pay. This is the only comprehensive reproductive health safety net clinic in the county. It is funded with dollars from federal, state, and local government, as well as client fees.
- **Community Health Centers:** The longer-term strategy of the plan was to expand the health care safety net by developing a Federally Qualified Health Center (FQHC), a School Based Health Center (SBHC) or both. Such models are eligible for multiple streams of federal funding and will see patients, regardless of insurance status. Community partners have worked for years on both models, and aim to begin providing basic services in 2013. The longer-term goal is to offer more comprehensive services such as dental care and mental health at these facilities.

Reduced Number Of Motor Vehicle Crash Injuries

- **Highway Improvements:** Motor vehicle crashes (MVC) used to be one of the top leading cause of death among both adults and adolescents in Eagle County. During the planning process, Eagle County Public Health and Eagle County Public Safety Council worked with the Colorado Department of Transportation (CDOT) to study motor vehicle crashes on I-70 and strategies to reduce them. During 2008-2009, CDOT installed a 33-mile wildlife fence, from Gypsum to Vail. The fence was designed to prevent vehicle-to-animal collisions, and has been tremendously successful. During the five years prior to fence installation, there was a yearly average of 100 vehicle-to-animal collisions on I-70, plus 82 motor vehicle crash hospitalizations and 10 deaths, countywide.¹⁴ After fence installation, the number of animal collisions dropped to an average of 37 per year; hospitalizations fell to a yearly average of 34; and there were only two deaths from motor vehicle crashes countywide between 2010 and 2011.¹⁵
- **Seatbelt Ordinance:** Also as a result of the plan, the Board of County Commissioners passed a primary seatbelt ordinance, giving local law enforcement the ability to cite drivers for not wearing their seatbelt, as opposed to pulling them over for another violation first. Primary seat belt laws increase regularly seatbelt usage, significantly reducing the risk of serious injury or death in a crash.

Increased Oral Health Resources

Healthy Eagle County 2010 estimated that over half of county residents lacked dental insurance. Like many rural areas, services for the un-and-under insured have been challenging and disjointed for a long time. The plan recommended programs for children such as a mobile dental van, a school-based dental sealants program, and fluoride varnish clinics to temporarily fill the gaps. The fluoride varnish clinics were not sustained after an initial three-year grant, and the school-based program did not get off the ground, but the mobile dental van project was successful for several years. Eventually, it evolved into a year-round dental voucher program through the leadership of the Eagle County Smiles Coalition. The Coalition raises funds to pay local dentists to serve eligible children.

Increased Mental Health and Substance Abuse Treatment Services

The plan identified a need for a detox crisis stabilization center in Eagle County. Prior to 2007, intoxicated individuals were held in jail overnight (sometimes called the "drunk tank"), even though they had not committed a crime. Law enforcement officers reported interacting with the same individuals time and time again. As a stop gap measure, local law enforcement agencies, Mind Springs Health (Formerly Colorado West Regional Mental Health Center), and Eagle County Public Health replicated a Pitkin County program to transport intoxicated individuals to the detox centers in Frisco and Glenwood. The program also offered treatment referral and care coordination upon release. In 2010, Mind Springs Health opened a local detox center in the Vail Police Department and has since had a successful treatment engagement rate of 23 percent. This far exceeds the Colorado Department of Behavioral Health's target of 3 percent, according to Krista McClinton, Regional Director of Mind Springs Health.

Reduced Premature Deaths From Chronic Disease

Smoking, unhealthy eating habits and a lack of physical activity all contribute to heart disease and cancer, two of Eagle County's leading causes of death. *Healthy Eagle County 2010* recommended strategies to influence behavior change in these areas, including: 1) an indoor/outdoor smoking ban, 2) a built environment that promotes physical activity, and 3) school wellness policies that reduce access to unhealthy foods.

- **Smoking Bans:** An indoor/outdoor smoking ban was passed by the Board of County Commissioners (BOCC) and Town of Avon in 2006. Several months later, the Colorado Indoor Air Act passed, which expanded the indoor portion of the ban throughout the county and state.
- **Built Environment:** The plan included shoulder widening for bicycle safety on Highway 6, and continued construction of the County's trail system, "ECO Trails." Shoulder widening from Edwards to Eagle began in 2008 and was completed in 2012, through a partnership between the County and CDOT. Since 2006, the ECO Trail system has expanded by seven miles, including Eagle to Gypsum, along Highway 6 in Eagle, areas in Minturn and Eagle Vail and west of Gypsum.
- **School Wellness Policies:** During 2010, the Eagle County RE 50 School District started the Fresh Approach program, which includes a menu of made-from-scratch items and fresh produce to replace highly processed food options in school lunches. The program has been implemented district-wide and was well received by faculty, students and parents.

Finally, the plan recommended strategies to save lives for those already in a disease state:

- **AED Program:** An AED program was established by the Eagle County Public Safety Council and coordinated by the Western Eagle County Ambulance District to purchase, strategically place, and maintain AED devices around the county. According to the literature, most patients will survive a cardiac event if defibrillation is achieved within three minutes. AEDs are designed to be operated by the layperson.
- **Federally Qualified Health Center:** The plan documented the issue of uninsured residents and the resulting lack of screenings, preventive care and disease management for this population. The plan recommended a Federally Qualified Health Center (FQHC) to address the issue. Mountain Family Health Centers, with FQHC locations in Black Hawk and Glenwood Springs, CO, applied for funding to open a location in Eagle County. In the Fall of 2013, funding towards opening a FQHC in was approved and is scheduled to be fully operational in January 2014. This location will provide an additional access point for insured persons and connect uninsured residents and those covered under public insurance plans with preventative services.

Community Health Assessment

A community health assessment is a key tool in developing a plan to improve the population's health. The tool considers indicators of health on the county level over time and compares indicators to the state and nation. An assessment also takes into account the community perceptions of health issues. It is this type of information that helps form the health priorities of the community health improvement plan (CHIP).

Leading Causes Of Death

In Eagle County, the eight leading causes of death are responsible for 75 percent of total deaths. These include cancer, heart disease, unintentional injuries, suicide, cerebrovascular disease (stroke), chronic liver disease/cirrhosis, chronic lower respiratory disease (emphysema, asthma, chronic bronchitis) and Alzheimer's disease. Six of the eight are generally preventable through a healthy lifestyle that includes diet and exercise, not smoking, wearing a seatbelt and limiting alcohol consumption.

Figure 5 compares Eagle County's leading causes of death with Colorado and the US.¹⁶ Cancer and heart disease continue to be the two leading causes nationwide, and lung cancer is the leading type of cancer death. However, because of Eagle County's relatively young, healthy and active population, the County has comparatively lower rates of these and other chronic diseases (Figure 6). Colorado has similar demographic characteristics to Eagle County, which partially accounts for unintentional injury, and not a chronic disease-related death, as the third leading cause of death at the state and local level. Eagle County and Colorado have similar rates of suicide, significantly higher than the national suicide rate, where suicide is not even in the top 15 leading causes of death nationally.

Eagle County (2009-2011)	Colorado (2009-2011)	United States (2011)
1. Cancer	1. Cancer	1. Heart Disease
2. Heart Disease	2. Heart Disease	2. Cancer
3. Unintentional Injuries	3. Unintentional Injuries	3. Chronic Lower Respiratory Disease
4. Suicide	4. Chronic Lower Respiratory Disease	4. Cerebrovascular Disease
5. Cerebrovascular Disease*	5. Cerebrovascular Disease	5. Unintentional Injuries
5. Chronic Liver Disease/Cirrhosis*	6. Alzheimer's Disease	6. Alzheimer's Disease
6. Chronic Lower Respiratory Disease**	7. Suicide	7. Diabetes
6. Alzheimer's Disease**	8. Diabetes	8. Influenza

Figure 5: Leading Causes of Death by Number of Events, Eagle County, Colorado, and United States

*Death rate tied by number of events

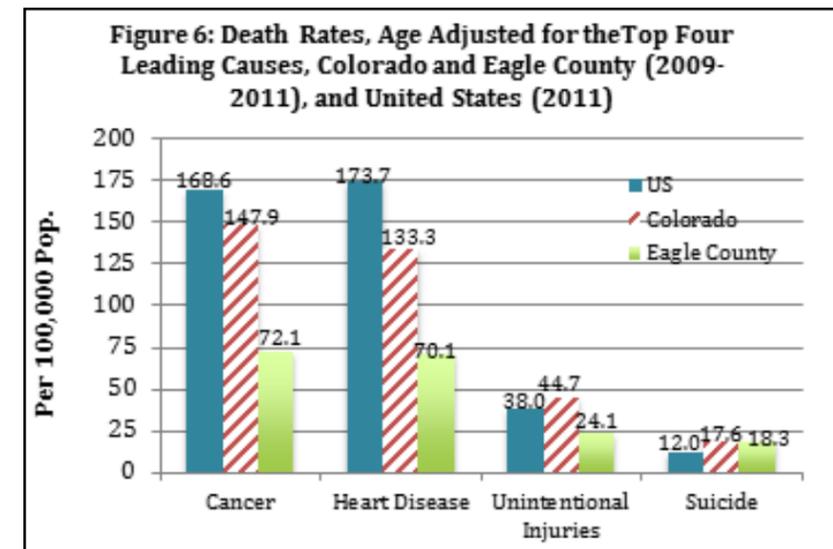


Figure 6 compares death rates for Eagle County's four leading causes on the local, state and national level and illustrates the lower rates of chronic disease and disparity in the suicide rate. A death rate is the number of deaths in a given time period, divided by the number of people in the population. It is expressed as "per 100,000 population."

Figure 7 illustrates local trends in the leading causes of death. Deaths from heart disease have been declining for several years, mirroring a national trend. The Centers for Disease Control and Prevention (CDC) cites a reduction in smoking, better disease management for patients with high blood pressure and high cholesterol, and improvements in treatment for heart disease as the main contributors to the decline.¹⁷ Cancer deaths have also begun to decline in Eagle County, which is consistent with rates at the state and national level. According to the CDC, better screening, treatment advances and prevention efforts to reduce smoking and other unhealthy behaviors are the contributing factors.¹⁸

The decrease in unintentional injuries is mainly due to a significant reduction in motor vehicle crash deaths. This is also a national trend. According to the National Highway Transportation and Safety Administration, safer vehicles, safer roadways, seat belt and child safety seat legislation, and graduated drivers laws for teenager are responsible for the reduction.¹⁹ Since 2006, Colorado has significantly enhanced its graduated driver's license laws; the County passed a primary seatbelt ordinance; and the Colorado Department of Transportation installed a fence on I-70 to prevent animal-to-motor vehicle collisions. These measures have contributed to a significant decrease at the county level.

Leading Causes Of Injury Hospitalizations

Figure 8 illustrates the leading causes of hospitalizations due to injury. Slips, trips and falls from steps or stairs are by far the leading cause of hospitalizations nationwide. Adults ages 55 and older are more prone to becoming victims of falls, and the resulting injuries can diminish the ability to lead active, independent lives. Forty percent of fall hospitalizations in Eagle County are to adults over age 55.²⁰

Injury Cause	Average No. Per Year
1. Slip/trip/fall from stairs	59
2. Ski/snowboard	33
3. Motor vehicle crash	20
4. Striking against/by objects/persons (e.g., sports)	14
5. Suicide attempt	11
6. Bicycling	10
7. Fall from ladder/building/structure	8
8. Motorcycle crash	7
9. Poisoning (e.g., drugs/alcohol)	5

Ski and snowboard injuries are the second leading cause of hospitalization due to injury, at an average of 33 per year. This number has been consistent over time. Injuries from motor vehicle crashes have decreased dramatically from an average 60 per year (2006-2008) to 20 per year (2009-2011). This is due to seatbelt and graduated driver's license laws and the I-70 wildlife fence that prevents animal-to-vehicle collisions.

Leading Types Of Communicable Disease

Colorado's State Board of Health determines which conditions and diseases are required to be reported to state and local health departments. Figure 9 lists the communicable diseases reported in Eagle County with more than five annual cases from 2009-2011.^{21,22}

Figure 9: Leading Types of Communicable Disease, Average Number per Year, Eagle County, 2009-2011

Communicable Disease	Method of Transmission	Average No. Per Year
1. Chlamydia	Sexually Transmitted	78
2. Hepatitis C	Blood (needles, transfusion, infected mother)	14
3. Campylobacter	Fecal-oral including contaminated food and water	10
4. Hospitalized Flu	Person-to person inhalation	10
5. Giardia	Fecal-oral including contaminated food and water	7
6. Salmonella	Fecal-oral including contaminated food and water	6

Chlamydia is consistently the most commonly reported communicable disease at the state, local and national levels. Chlamydia is a highly contagious, sexually transmitted disease and may not show symptoms. If left untreated, it can lead to infertility in females. Eagle County provides STD testing and treatment on a sliding fee scale. Hepatitis C is the second most commonly reported communicable disease, which occurs at a consistent rate over time. The hepatitis C virus is spread through infected blood, most commonly through needle sharing, a needle stick in health care settings and an infected mother to baby. Prior to 1992 and blood supply screening, hepatitis C was also spread through blood transfusions and organ transplants. The Centers for Disease Control and Prevention recommends that all persons born during 1945 through 1965 be tested for hepatitis C infection.

Most of the other communicable diseases regularly found in Eagle County are spread via the fecal-oral route through infected water (e.g., rivers and lakes) or food. In both cases, the source is likely farm animals, wildlife or humans. Pasteurization of dairy products, adequate treatment of water supplies and restaurant inspections are key public health strategies to prevent outbreaks of these diseases. Good hand hygiene and safe food preparation are also important to prevent illness.

Influenza or "flu" is more common than any of the reported diseases in Eagle County, but it is only reportable when an individual is hospitalized. Influenza is a contagious, vaccine-preventable respiratory illness that affects between 5 and 25 percent of the population on any given year, and can lead to pneumonia or other complications, including death. The elderly, chronically ill, pregnant women and young children are particular susceptible to life threatening complications. In an average year, 4-6 Eagle County residents are hospitalized with the flu; however, in 2009, H1N1, a new influenza strain, resulted in 22 hospitalizations.

Behavioral And Other Health Risks

RISK BEHAVIOR	EC Teens	CO Teens	US Teens	EC Adults	CO Adults	US Adults
Smoking	18%	16%	18%	14.5%	18.4%	21.1%
Not wearing a seatbelt				8.5%	7.0%	6.7%
Lack of recommended levels of physical activityⁱⁱⁱ	52%	53%	50%	21.2%	38.2%	
SOURCES:	<i>2011-2012 Healthy Kids CO Survey-RE 50 Schools</i>	<i>2011 Healthy Kids CO Survey</i>	<i>2011 Youth Risk Behavior Survey</i>	<i>2010-2011 Behavioral Risk Factor Surveillance System</i>	<i>2010-2011 Behavioral Risk Factor Surveillance System</i>	<i>2011 Behavioral Risk Factor Surveillance System</i>

Figure 10: Percentage of Adults and Adolescents Engaging in Behaviors that Put Their Health at Risk Eagle County, Colorado and United States (Various Years)

Many of the leading causes of disease and injury can be prevented through behavior modification. For example, most health experts agree that quitting smoking is the single best thing an individual can do to improve their health, regular exercise can support overall health and mental wellbeing while preventing or delaying onset of chronic disease, and wearing a seat belt is the most effective way to prevent death and serious injury in a car crash. Figure 10 provides the percentage of adults and youth that engage in behaviors that put them at risk health-wise.

Maternal And Infant Health

Figure 11 provides an overview of birth statistics, maternal and infant health indicators. The fertility rateⁱⁱⁱ and teen fertility rate in Eagle County are nearly identical to the state. Fertility rates have been declining at the national, state and local level for the past 10 years. Improvements in contraceptive technology, access to longer-term contraception methods, including through Title X Family Planning clinics, and a reduction in the number of immigrant women giving birth since the recession, are reasons cited by the Pew Research Center (2012).²³

Disparities in maternal and infant health statistics are apparent by ethnicity. In Eagle County, 90 percent of teen mothers are Latinas.²⁴ Infants born to teen mothers are at increased risk of premature and low weight births.²⁵ Also, Latinas of all ages are much less likely to access prenatal care within the first trimester in Eagle County and Colorado. Prenatal care helps prevent birth complications. Eagle County is similar to Colorado in the percentage of teens that reported ever having sexual intercourse and the percentage of low weight births.^{26,27} Eagle County has higher rates of breastfeeding initiation and breastfeeding after nine weeks than the state.²⁸

i. Adolescent Indicator: The percentage of students who were physically active for 60+ minutes per day on five or more of the past seven days.

ii. Adult Indicator: The percentage of adults aged 18+ years that get 30+ minutes of moderate activity per day on 5+ days/week or 20+ minutes of vigorous activity per day on 3+ days/week.

iii. A fertility rate is the measure of births among females within a population. The fertility rate is written as the total number of live births per 1,000 females ages 15-44 in the population, (women of childbearing age).

Indicator (2009-2011)	Eagle County	Colorado
Fertility Rate	64.6/1,000 pop.	64.7/1,000 pop.
Teen Fertility Rate	32.4/1,000 pop.	32.7/1000 pop.
Percentage of Teens that Ever had Sexual Intercourse	40%	41%
Percentage Latina Births	49%	30%
Percentage Latina Teen Births	90%	59%
Percentage First Trimester Prenatal Care	77%	77%
Percentage First Trimester Prenatal Care Latinas	34%	20%
Low Birth Weight (<2500 g. or <5lbs 8 oz.)	9%	9%
Breastfeeding Initiation	96.7%	92.3%
Breastfeeding 9 weeks or longer	76.4%	69.5%

Figure 11: Maternal and Infant Health Indicators, Eagle County and Colorado (2009-2011)

Community Health Assessment Methods

The Community Health Assessment was compiled using Colorado Community Health Indicator Data, a centralized source for nation and state-wide surveys such as Behavioral Risk Factor Surveillance System, indicator data collected through various community organization efforts and a perceived needs community health survey launched by Eagle County Public Health.

The survey performed by Eagle County Public Health was developed specifically for use in the community health assessment plan to gain community insight on various health priorities. It was used to identify the perceived areas in need of additional resources and to quantify resource awareness. Paper and electronic copies of the survey were provided to Eagle County Health and Human Services for distribution to program staff, clients, community partners and contacts. In all, 216 responses were collected. Sixty-five responses were excluded from analysis due to improper survey completion, including 15 of the 16 Spanish-language surveys returned. The majority of respondents reported working in Health Care and Social Assistance (38.0%), followed by Education (22.3%) and law enforcement (12.0%). The survey revealed a strong focus on Mental Health and Substance Abuse services in the community. A Mental Health and Substance Abuse Advisory Team was developed to identify concrete working areas in the Mental Health and Substance Abuse. The team was comprised of mental health private practitioners, community organizations, law enforcement, care providers and Eagle County Government. The existing Healthy Communities Coalition identified focuses within Healthy Living and Independently Aging in Place priority areas.

The full Community Health Improvement Plan was formalized by Eagle County Public Health and further reviewed and approved by Eagle County's elected Board of Health.

Summary

In general, Eagle County is a healthy community. The lure of a mountainous, recreational resort area tends to attract a younger, more physically fit and wealthier population. Still, there are pockets of disparities. Eagle County has a considerable service industry workforce, many of whom do not have health insurance. The Spanish-speaking community is a large part of this group. Also, Baby Boomers that once vacationed in Eagle County are now retiring here, a trend that is projected to continue. This will have future service implications for older adults. Finally, as healthy as the County is, many of its leading causes of death are still preventable through behavior modification, safe and healthy environments and connection to preventative care. For these reasons, the health priorities of healthy living, independently aging in place, connection to preventative care, mental health and substance abuse and radon awareness were chosen for community focus over the next five years.

Healthy Living - Action Plan

Goal: Prevent chronic disease through the reduction of overweight and obesity risk factors

Objectives:
 Increase the community's capacity to identify barriers and address gaps in healthy eating and active living through building an effective Coalition.
 Increase efforts to improve health equity.

Partnering Agencies:
 Recreation Facilities, Non-profit Organizations, Health Care Providers, Transit Providers, Media, Local Businesses, Chambers of Commerce, Town and County Governments

Strategies

Activities

Outcomes

Healthy Communities Coalition to facilitate and empower the community into action for lifelong wellness.

Community members and leaders participate in healthy eating and active living initiatives.

Engage community partners to address health inequity among low socioeconomic status and Latino populations.

Healthy Communities Coalition work groups implement evidence-based strategies that support healthy eating and active living, such as: policy development and changes that prioritize HEAL via the LiveWell HEAL Cities and Towns Campaign.

Increase number of engaged community partners working on healthy eating and active living.

Engage disparate populations in the healthy eating and active living promotion and awareness through the implementation of a community health worker program.

30 evidence-based strategies implemented that support healthy eating and active living; 5 towns adopt resolution and join LiveWell HEAL Cities and Town Campaign.

Effectiveness of Coalition and community partnerships are evaluated on building action around healthy eating and active living change and enabling more collaboration to take place among community organizations.

Increase awareness of healthy eating and active living, and improve self-efficacy for chronic disease prevention through training a diverse workforce, health promotion and community health worker model.

Healthy Living - Quick Facts

55%

Over 55% of households in Eagle County are affected by chronic diseases such as diabetes, high blood pressure, and cardiovascular disease; overweight and obesity directly leads to the onset of these diseases.

46%

In Eagle County, 46% of adults and 18% of children ages 2-14 are overweight or obese. Although the adult overweight and obesity rate is lower than for Colorado (56%), the rates continue to increase just like the rest of the state and the nation. Because of these rising trends, Eagle County has prioritized healthy eating and active living strategies to reduce obesity rates, reverse the burden of chronic disease, and keep our community healthy and thriving.

Why is it a Priority?

Overweight and obesity cost Colorado's health care system approximately \$874 million dollars in 2003. Rising health care costs impact us all, including in Eagle County where at least 23% of residents are uninsured. Reducing the burden of chronic disease is good for the wellbeing of Eagle County residents, in addition to the fiscal health of Eagle County.

Who is at Risk?

Although many people are attracted to the region for recreational opportunities, this lifestyle drives up the cost of living, which then disproportionately affects lower-income residents in Eagle County. Poverty and obesity are inextricably linked due to food insecurity that low-income households commonly experience. Limited financial resources often cause families to purchase the largest quantity of food that they can afford, which are most often the least nutritious foods.

Approximately 30% of Eagle County residents are of Hispanic or Latino origin. Hispanics tend to experience disproportionately higher rates of overweight and obesity (67% of Colorado Hispanics are overweight or obese).

Our children and youth are also at risk. Households with children are more likely than those without kids to experience food insecurity, and families with children under 6 years of age are the most likely to be food-insecure. Growing brains and bodies need an adequate amount and variety of vitamins and nutrients to develop into healthy adults. In addition, our children are especially vulnerable to junk food marketing and negative influences on their health at school and at home.

What can we do?

Community

- Create a "health in all policies" philosophy that supports healthy eating and active living for adults and children.

Organizations

- Collaborate on strategies and programs that encourage healthy eating and active living.
- Share resources and tools to strengthen the capacity and reach of programs.
- Employers can provide employees with worksite wellness programs.

Families and Individuals

- Take ownership of your health. Maintain a healthy diet, low in sugar, salt and saturated fats. Eat more fruits and vegetables. Get 30 minutes or more of moderate exercise, such as walking every day.
- Be a champion for healthy eating and active living among your family, friends, workplace, and social network.

Information gathered from:

CDPHE, Child Health Survey 2009 http://www.chd.dphe.state.co.us/topics.aspx?q=Maternal_Child_Health_Data
 Finkelstein EA, Fiebelkorn IC, Wang G. Statelevel estimates of annual medical expenditures attributable to obesity. *Obes Res.* 2004;12(1):18-24.
 Colorado Health Institute, Data Repository, County Profiles

Healthy Living

The community has identified healthy living as a Community Health Improvement Plan (CHIP) priority for the next five years. Healthy living encompasses behaviors that support good nutrition and physical activity for a lifetime to prevent the early onset of chronic diseases. There are several reasons why this is important:

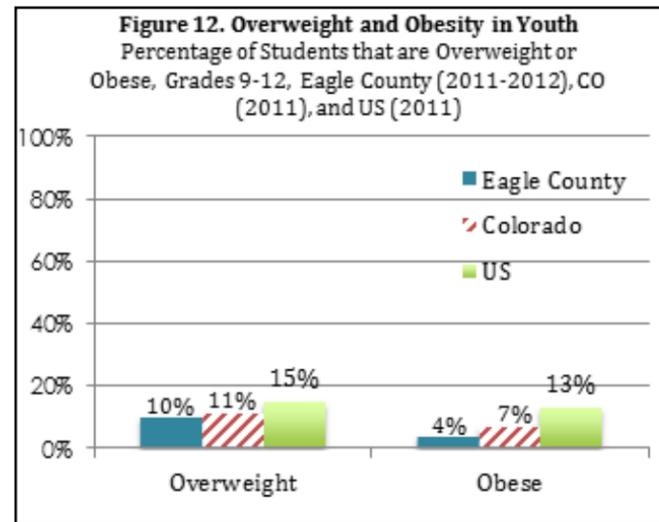
- Four out of ten of the County’s leading causes of death are preventable through diet and exercise, including heart disease, cancer, cerebrovascular disease (leading to stroke) and diabetes.
- Many chronic diseases are manageable through appropriate medical care and behavioral modification to prevent early death.
- The Latino community, 30 percent of Eagle County residents, have an increased prevalence of overweight and obesity, increasing their risk of chronic disease.
- Programs, which target children and adolescents, can establish healthy eating and exercise habits early in life and lead to long-term healthy behavior in adulthood.

The Healthy Living strategies include focus on the reduction of health disparities and an increase in health equity. Health disparities are differences in the persistence of disease, health outcomes or access to health care between population groups.²⁹ Health Equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”³⁰



Indicators

The results of poor nutrition and inactivity can be measured by the prevalence of overweight and obesity, which have increased significantly in the US over the past 20 years. This increase, particularly in children, has alarmed health officials. In 2004, the US Surgeon General stated that today’s children may be the first generation to have a shorter life expectancy than their parents.³¹



nationally (Figure 12).^{33,34,35}

Overweight and Obesity

Adults: In general, Eagle County adults (ages 18 and older) are leaner than their state and national counterparts, at 46 percent overweight or obese, compared to 56 percent in Colorado and 69 percent nationally.³² Even with the comparatively lower overweight and obesity rates, chronic disease is still the leading cause of death in Eagle County and prevention efforts will have a positive impact locally.

Adolescents: A lower percentage of Eagle County^{iv} and Colorado high school students are overweight than their national counterparts, at 10 percent and 11 percent respectively, compared to 15 percent nationally. Eagle County’s rate of obesity among high school students is 4 percent, compared to 7 percent in the state, and 13 percent

iv. The indicator does not include students in Basalt High School, which is part of the Fork Valley School District.

Children: The Women, Infant and Children (WIC) program is a reliable, consistent data source for measuring weight in children less than five years of age. WIC is a supplemental nutrition program that serves children under age 5, with a family income at or below 185%FPL. The majority of Eagle County WIC clients are Latino (92 percent). In Eagle County, 15.5 percent of WIC children, ages 2-4, are considered overweight and 10.8 percent are considered obese. These figures are similar to Colorado and the nation as a whole (Figure 13).³⁶



Latinos: Data from the Federal Office of Minority Health indicate that Latinos are more likely to be overweight and obese than Caucasians.³⁷ According to an indicator that includes Eagle, Garfield, Summit, Grand and Pitkin counties,^v 41.5 percent of Latinos are overweight, compared to 33.1 percent of Caucasians. Twenty-six percent of Latinos are obese, which is twice the percentage of Caucasians (13.6 percent) (Figure 14).³⁸ Although there are many reasons for these disparities, health inequities can be attributed to lower incomes, greater family demands, and less access to recreational opportunities and healthy food.³⁹



Figure 13. Percentage of WIC Children Ages 2-4 that are Overweight or Obese, Eagle County and Colorado (2011) and United States (2010)

Indicator	Eagle County (n=251)	Colorado	US
Percent Overweight	15.5%	14.2%	16.1%
Percent Obese	10.8%	10.0%	14.4%

v. This indicator is not measured by race or ethnicity on a county level.

Healthy Behaviors

Behavioral indicators related to physical activity and nutrition are regularly measured. The following is a summary of indicators for Eagle County, Colorado and the US:



- 12.3 percent of Eagle County adults reported not participating in any physical activity outside of their employment during the previous 30 days, compared to 18.2 percent in the state and 23.9 percent nationally (2009-2010).^{40,41}
- 48 percent of Eagle County high school students reportedly are not meeting the physical activity recommendation of 60+ minutes per day on five or more of seven days (2011-2012), compared to 47 percent in the state (2011) and 50 percent nationally (2011).^{42,43,44}
- 69.5 percent of Eagle County adults reported not meeting the recommended level of fruit and vegetable intake of five or more servings per day (2009-2010), compared to 75.0 percent in the state (2009-2010), and 76.6 percent nationally (2009).^{45,46}
- 24 percent of Eagle County students (2011-2012) reported watching TV for three or more hours per day on an average school day, compared to 21 percent in the state (2011) and 31 percent nationally (2011).^{47,48,49}
- 20 percent of Eagle County high school students drank one or more sodas per day, during the past seven days (2011-2012), compared with 23 percent in the state, and 28 percent nationally (2011).

Community Capacity

The following section illustrates some of the major local programming aimed at preventing and reducing the effects of chronic disease.⁵⁰

- Eagle County Public Health developed the Healthy Communities Coalition, a group of over twenty engaged community organizations that promote policies and activities for healthy eating and active living. The Coalition uses a strategies based model, whereby members choose evidence-based strategies through a prioritization process and create action plans for implementation and achievement.
- Eagle County Public Health recently received a three-year grant to implement the ¡Estoy Sano! initiative, targeting the Spanish-speaking community with healthy eating awareness and education in addition to healthy food access programs and policy.
- Colorado State University Extension (CSU Extension) provides a number of outreach and educational programs to help participants learn about nutrition fundamentals, how to make healthier food choices for their families, be more physically active, make nutritious recipes and how to stretch their food dollars.
- The Eagle County RE 50 School District's Fresh Approach program provides made-from-scratch school lunches and fresh produce bars in elementary, middle and high schools. These meals replace the highly processed foods found in most school cafeterias. Eagle County RE 50 School District provides the Universal Breakfast Program at Avon Elementary, June Creek Elementary and Berry Creek Middle School, allowing all students in those schools to receive a healthy



breakfast every morning at school.

- Community gardens are located throughout the valley including in West Vail, Eagle-Vail, Minturn, Avon, CMC Edwards and Eagle. These gardens are opportunities for community members to get grow and harvest their own food. In addition, the Produce for Pantries program encourages community garden participants to donate extra produce to local food pantries.
- A number of organizations are dedicated to youth success, achievement, health and empowerment through a variety of programming and partnerships, including, but not limited to: The Youth Foundation (the educational arm of the Vail Valley Foundation), SOS Outreach, Walking Mountains and the Eagle River Youth Coalition.
- Vail Recreation District, Avon Recreation Center and Western Eagle County Metro Recreation District provide ample opportunities for physical activity for adults, youth and children through organized sports, fitness classes, private instruction and youth programs.
- Vail Valley Salvation Army and United Methodist Church provide emergency food assistance to community members through food pantries.
- Vail Valley Partnership (VVP) is the economic development leader and advocate for businesses in Eagle County. The VVP many collaboration opportunities with local businesses for health related efforts, including worksite wellness.

Independently Aging in Place - Action Plan

Goal: Create an environment that enables older adults to independently age in place.

Objectives:

Community collaborative develops strategies that supports older adults to age in place. Increase the number of older adults participating in community programs that manage chronic conditions and reduce injuries due to falls (Well and Wise Program).

Partnering Agencies:

Recreation Facilities, Non-profit Organizations, Health Care Providers, Community and Emergency Responders, Transit Providers, Media, Government

Strategies

Activities

Outcomes

Facilitate and foster Older Adult Collaborative.

Develop a regional collaborative preventative system for chronic disease self-management and falls-prevention.

Collaborative planning group assesses target population needs, gaps, and services and develops long-term strategic plan.

Build partnerships with patient centered medical homes, create a referral system and mechanism for payment from healthcare providers to Well and Wise program (chronic condition self-management and falls prevention classes).

5-year plan for aging in place is initiated and Collaborative is effective in coordinating services for Older Adults.

Four patient-centered medical homes refer eligible patients to Well and Wise program. Payment reimbursement system in place.

Independently Aging in Place - Quick Facts

169%

The Centers for Disease Control and Prevention defines aging in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." With Baby Boomers getting older and more retirees moving into Eagle County, the senior population, as defined as 65+, is anticipated to increase by 169% between 2010 and 2020, which will rank Eagle County as first in the state for growth in this demographic. To promote aging in place, prevention measures to reduce falls and chronic conditions should be implemented.

18%

Seventy percent of all deaths of people over 65 are caused by chronic conditions. Poor diet and physical inactivity are major contributors to disabilities that result in arthritis, diabetes, osteoporosis, obesity, cardiovascular disease and falls. In Colorado, 18% of people over the age of 65 are obese, and 25% have no leisure time physical activity.

40%

Slips, trips and falls from steps or stairs are by far the leading cause of hospitalizations nationwide. Adults ages 55 and older are more prone to becoming victims of falls, and the resulting injuries can diminish the ability to lead active, independent lives. Forty percent of fall hospitalizations in Eagle County are to adults over age 55.

Why is it a Priority?

Promoting aging in place in Eagle County will improve the health and quality of years lived by our residents, and in addition, it is fiscally responsible for the County. In 2009, direct healthcare expenditures for chronic conditions in the US totaled more than \$262 billion. For Coloradans already diagnosed with a chronic condition, increased opportunities for learning effective management of conditions will improve individual's self-efficacy in maintaining active lives. The Stanford Suite of Self-Management Programs demonstrated a cost-savings ratio of 1:10. Falls and falls-related injuries have enormous personal and economic consequences to individuals, society and the state health care system. In Colorado, the average length of stay for older adults hospitalized due to falling was 4.7 days with a charge of more than \$23,000.

Reducing the burden of chronic disease and decreasing falls will provide Eagle County with cost savings, and can also encourage economic development. For example, by creating the systems and resources to allow seniors to "age in place", millions of dollars can be retained in our community.

What can we do?

Community

- Create policies that support aging in place.
- Insure that transportation, affordable housing, home health and community design are taking into account an aging population.
- Making the healthy choice the easy choice.

Organizations

- Collaborate on strategies that encourage aging in place including falls-prevention and chronic condition self-management programs.
- Share resources and tools to strengthen the capacity and reach of programs.
- Create partnerships to pool resources and purchasing power.

Families and Individuals

- Volunteer and get involved. Many programs exist for assistance to seniors and that encourage aging in place.
- Prioritize healthy eating and active living.
- Seeking preventative care from your medical provider.

Information gathered from:

Colorado Department of Public Health and the Environment, "Colorado Action Plan for Older Adult Wellness: A Public Health Strategy (2007)." Colorado Department of Public Health and Environment, Colorado Health Information Dataset (Query): "Injury Hospitalizations (2009-2011)." Available online: www.chd.dphe.state.co.us/cohid/topics.aspx?q=Injury_Hospitalizations

Independently Aging in Place

Community partners have identified independently aging in place as a Community Health Improvement Plan (CHIP) priority over the next five years. Eagle County's fastest population growth will be residents older than 60. The largest area of growth is expected in the 75 and older group. The increase in older adults is expected to show larger increases than at the state or national level. The growth in the older adult population will bring opportunities and challenges to the mountain region.⁵¹

Promoting independently aging in place in Eagle County will improve the health and quality of life of our residents. Additionally, it is fiscally responsible for the county. Chronic conditions such as diabetes, heart disease and arthritis and disabilities due to falls disproportionately affect older adults. These conditions account for seven out of ten deaths and more than three-quarters of all health care costs in the US.⁵² For residents already diagnosed with a chronic disease, increased opportunities for learning effective management of conditions will improve individual's self-efficacy in maintaining active lives. The Stanford Suite of Self-Management Programs demonstrated a cost-savings 10 dollars saved for every dollar spent. Falls and falls-related injuries have enormous personal and economic consequences to individuals, society and the state health care system. In Colorado, the average length of hospital stay for older adults hospitalized due to falling was 4.7 days with a hospital bill of more than \$23,000.

Reducing the burden of chronic disease and decreasing falls will provide Eagle County with cost savings and will also encourage economic development. For example, by creating the systems and resources to allow older adults to age in place, dollars can be retained in our community as the current economic effects of older adults leaving Eagle County is estimated to be \$43 million per year.⁵³ Older adults who are supported by their community in remaining independent are likely to experience an improved quality of life, have fewer hospital visits and lower rates of disability.⁵⁴ It is in the community's best interest to support aging in place so that older adults are able to live independently for as long as they wish to do so.⁵⁵



Indicators

Seventy percent of all deaths of people over 65 are caused by chronic disease. Poor diet and physical inactivity are major contributors to disabilities that result in arthritis, diabetes, osteoporosis, obesity, cardiovascular disease and falls. In Colorado, 18% of people over the age of 65 are obese, and 25% have no leisure time physical activity.¹

Slips, trips and falls from steps or stairs are by far the leading cause of hospitalizations nationwide. Adults ages 55 and older are more prone to becoming victims of falls, and the resulting injuries can diminish the ability to lead active, independent lives. Forty percent of fall hospitalizations in Eagle County are to adults over age 55.^{56,57}

Community Capacity

- Castle Peak Older Senior Care Community is being planned locally to address long-term care needs for older adults in Eagle County, including new facilities for assisted living and skilled nursing care. Castle Peak Older adult Care Community is scheduled to open in 2014. Eagle County Paramedic Services Community Paramedic Program helps residents manage chronic disease through home visits ordered by the treating physician. The paramedics take vital signs, provides education and assures that all medications are being taken properly.
- The Older Adult Collaborative is a group of older adult services providers in Eagle County who meet on a quarterly basis to create a strategic plan on how best to fill gaps in services for the older adult population.



- Home Health and caregiver services in Eagle County provide in home care to ensure that older adults can age independently in their own homes for as long as they wish to do so.

- Eagle County Public Health's Healthy Aging Program provides older adults with evidence based programs and services to help them age independently in their own homes. Chronic disease self-management and falls prevention programs are population based prevention programs to assist older adults to independently age in place.

- Eagle Valley Older Adult Life is a local non-profit currently operating a social adult day care program twice per week. This program is geared towards older adults with Alzheimer's or other forms of dementia. This program is also key in giving

caregivers time away from their often round-the-clock duties.

- The Alpine Area Agency on Aging (AAAA) is the designated regional planning and service agency for older adult services in Eagle, Grand, Jackson, Pitkin, and Summit counties. They also administer Older Americans Act funding which is intended to assist older Americans to live independently and with dignity, in their own communities.
- Eagle County is home to many high quality rehabilitative services such as physical, occupational and speech therapy among others. These outpatient services allow older adults to gain improvements where needed and help keep them living independently for as long as possible.



Conceptual Rendering of Castle Peak Senior Care Community

Connection to Preventative Care - Action Plan

Goal: Connect all residents to prevention focused primary care resources and services.

Objectives:

Increase the use of preventative care services based on recommended health indicator screenings from baseline data (2007-2009) to Healthy People 2020 benchmarks. Increase the rate of individuals with health insurance coverage in Eagle County from 77 percent to 85 percent (2010 national average) by 2017.

Partners:

Eagle County Government, Healthcare Providers, Community Health Organizations

Strategies

Identify and support opportunities to enhance or expand primary care to underserved populations.

Increase public awareness of health insurance options.

Increase public awareness of the importance of regular, preventive care to positive health outcomes

Activities

Investigate the establishment of a community care collaborative in Eagle County.

Use Health Coverage Guides to promote Connect for Health Colorado and provide in-person assistance to persons applying for insurance.

Promote the preventative health services covered by insurance plans through the Affordable Care Act.

Outcomes

Increased access to quality health care options.

Coordinated regional implementation of the Affordable Care Act.

Increased use of preventative healthcare services.

Connection to Preventative Care - Quick Facts

23%

Twenty three percent of Eagle County residents are uninsured compared to 17% in Colorado and 15% in the United States

7x

Uninsured individuals are seven times less likely to seek medical care

10%

Over ten percent of Eagle County Residents are insured through CHP+ or Medicaid

Why is it a Priority?

The high number of persons in Eagle County with no health insurance has implications for individual health and societal costs. Millions of uninsured persons forgo some needed health care due to cost concerns, which can lead to poorer health and potentially to greater medical expenditures in the long term. Additionally, 40% of adults have a chronic condition. When individuals are uninsured with a chronic condition, they are three times less likely to seek medical care for their illness. This lack of preventative care and delay in seeking medical attention increases long-term health care costs, leads to poor health, and an early death.

Access to primary medical, oral, vision and behavioral health services are important in maintaining good overall health. This is especially true for children. As of 2012, 16% of Eagle County Residents are insured under public insurance plans (Medicaid/Medicare or CHP+) and the number of Medicaid recipients is expected to increase due to Medicaid expansion. Many Medicaid recipients and all CHP+ recipients are children under the age of 18. In Eagle County, there is an extremely limited number of providers that accept public insurance plans, especially in the oral, visual and mental health fields; creating a disparity for low-income children and families. Many public insurance enrollees are forced travel a significant distance outside of Eagle County to receive care or receive limited or no routine care until their condition becomes an emergency.

Who is at Risk?

- Young or perceived healthy individuals that choose to not enroll in a health insurance plan. Everyone is susceptible to unexpected illness or injury, such as a skiing injury or car accident.
- Those enrolled in a public insurance plan with severely limited local providers, such as CHP+ participants or Medicaid enrollees.
- Even with the implementation of the Affordable Health Care Act, many Eagle County residents will likely be left uninsured as they may not be eligible for Medicaid or the Colorado Health Benefit Exchange.

What can we do?

Community

- Promote the Colorado Health Benefit Exchange – Connect for Health Colorado.
- Support the establishment of a community health collaborative.

Employers

- Provide employees with worksite wellness programs that include physical activity and nutrition.
- Provide affordable health insurance options for employees.
- Health care providers
- Provide some preventative care in each patient visit.
- Centrally locate primary and preventa-

tive care sites to allow for ease of access by all patients.

- Contract with public and private health insurance plans to provide health services to all community members.

Families and Individuals

- Sign up for and maintain health insurance, even if you have a pre-existing condition. For more information: www.connectforhealthco.com and 1-855-PLANS4YOU (855-752-6749). Eagle County offers in-person assistance in navigating the health insurance marketplace. Contact a Health Coverage Guide at healthassistancenetwork@eaglecounty.us.
- If you don't currently have a primary care provider, find one.
- Stay up-to-date with your preventative services by seeing your primary health care provider at least once per year. Preventative care should include immunizations, cholesterol and blood pressure screenings, mental health checks and cancer screenings.
- Take ownership of your health. Maintain a healthy diet, low in sugar, salt and saturated fats. Eat more fruits and vegetables and get 30 minutes or more of moderate exercise, such as walking, each day.
- Quit smoking, or never start. Call the Colorado Quit Line at 1-800-QUIT-NOW (784-8669) or visit www.coquitline.org.

Information gathered from:

US Census Bureau, Small Area Health Insurance Estimate, 2010-2011

Center for Disease Control and Prevention. (November 2011) MMWR, 59, 1-7. Vital Signs: Health Insurance Coverage and Health Care Utilization --- United States, 2006--2009 and January--March 2010. Available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm59e1109a1.htm?s_cid=mm59e1109a1_w

Department of Care Policy And Financing, Medicaid Client Caseload by County Reports <http://www.colorado.gov/cs/Satellite?c=Page&cid=1223462090259&pageName=HCPF%2FHCPFLayout>

Connection to Preventative Care



The need for accessible, affordable preventative care in Eagle County is stunning. More than 28 percent of residents of this mountainous, rural county have income below 200% FPL and, of those 48 percent are uninsured.⁵⁸ In the whole of Eagle County, an astounding 23 percent of residents have do not have health insurance compared to 17 percent uninsured in Colorado, and 15 percent uninsured nationally.⁵⁹ Those without health insurance often forgo preventative care and delay seeking medical attention, resulting in worsened morbidity and mortality, increased long-term health care costs and a diminished quality of life.⁶⁰

Eagle County is federally designated as a Medically Underserved Population–Low Income.^{vi} While community leaders have long recognized the need for affordable primary, oral and behavioral health care, this designation is due to “unusual local conditions which are a barrier to access to or the availability of personal health services”. The increased number of uninsured and underinsured persons in Eagle County and lack of accessible, affordable health has implications for individual health and societal costs.

Indicators

Rate of Uninsured: Twenty-three percent of all Eagle County residence do not have health insurance.⁶¹ The 2011 Workforce Report, compiled by the Economic Council of Eagle County, shows over 59 percent of all jobs in Eagle County are in the service sector and consist of low-paying, frequently-seasonal positions with no health benefits. In October of 2013, the Affordable Care Act will go into effect and is expected to vastly improve the rate of uninsured.

Preventative Care: Access to primary medical, oral, vision and behavioral health services are important in maintaining good overall health.⁶² The Behavioral Risk Factor Surveillance System consistently rates Eagle County behind Colorado, the United States, and Healthy People 2020 goals for preventative care services such as vaccination coverage, timely prenatal care, cancer screenings, oral health, obesity rates, elder and adult health and mental health and substance abuse.⁶³



Community Capacity



In 2012, approximately 16 percent of Eagle County residents were covered under public insurance plans, such as CHP+, Medicare or Medicaid. Nationally, 69 percent of healthcare providers accept new Medicaid/Medicare patients. In Eagle County, a mere 17 percent of primary care providers accept new Medicaid/Medicare patients.⁶⁴ Of the approximate 36 dentists in Eagle County, only two accept new Medicaid patients. As of 2012, no vision health professionals accept Medicaid/Medicare in Eagle County.⁶⁵ Eagle County is designated as a Health Professional Shortage Area for mental health. Many public insurance enrollees are forced travel a significant distance outside of Eagle County to receive care and if they are unable to travel for care, they are forced to receive limited or no routine care until their condition becomes an emergency.⁶⁶ Efforts to improve capacity for uninsured and underinsured populations include determining the feasibility for a Community Healthcare Collaborative and the introduction of community clinics, such as a Doctors plus Kids Care Clinic located at Avon Elementary School.

vi. Medically Underserved Population (MUP) is a designation by the US Department of Health and Human Services-Health Resources and Services Administration. The designation involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services. In Eagle County, the MUP designation applies to the low-income, income <200%FPL, population.

Mental Health and Substance Abuse - Action Plan

Goal: To increase awareness of mental illness as an important public health problem and the importance of mental health promotion and mental illness prevention.

Objectives:

Increase by 25% from baseline, the number of Eagle County residents accessing self guided mental health and substance abuse resources. Increase the community's capacity to identify mental health needs and link to mental health services and resources. Implement policies to decrease and prevent youth access to alcohol and other substances.

Partnering Agencies:

Mental Health Providers, Non-profit Organizations, Law Enforcement, Government, Health Care Providers

Strategies

Promote self guided mental health and substance abuse resources.

Develop a working group of mental health providers and referral agencies.

Integrate mental health screening into community based settings.

Create more effective linkages between the Latino population and the mental health system.

Policy planning, mobilization, and implementation. Pursue development of community-based population-level environmental strategies.

Activities

Integrate and promote self guided resources such as MyStrength.com, ManTherapy.org, Colorado QuitLine. Develop priorities and strategic plan for coalition; secure funding to implement plan. Train diverse workforces and community members to identify persons in need of additional mental health screening and referral. Implement community health worker model in Eagle County. Support development of a social host ordinance. Explore impact and potential strategies related to marijuana use, prevention, and reduction.

Outcomes

Increase awareness of mental well-being through training diverse workforce, health promotion, and community health worker model. Support full integration of mental health promotion and mental illness prevention and treatment with other disease prevention programs. Decrease in youth access and consumption of alcohol and other drugs.

Mental Health and Substance Abuse - Quick Facts

4th

4th Leading Cause of Death - Suicide is Eagle County's 4th leading cause of death, 87% of which were men aged 18-80

60

60 hospitalizations for suicide attempts between 2007 and 2011

34%

The percent of Eagle County High School students who said it is very easy to obtain alcohol and marijuana

31%

The percent of Eagle County residents reporting their mental health was not good on one or more days during the previous month

28%

The percent of Eagle County adults and adolescents, respectively, that report binge drinking in the previous month, compared to Colorado at 15.9% for adults and 22% for adolescents

Why is it a Priority?

New estimates show that binge drinking is a bigger problem than previously thought. More than 38 million US adults binge drink, about 4 times a month, and the largest number of drinks per binge is on average 8. This behavior greatly increases the chances of getting hurt or hurting others due to car crashes, violence, and suicide.

The state's suicide death toll has been climbing for the past decade, giving Colorado one of the highest suicide rates in the nation. Suicide is an indiscriminate killer in Colorado. While many more men than women die by suicide, the suicide rate also has increased for women, in most Colorado counties and for nearly every age group.

Research has demonstrated that substance abuse, specifically marijuana, has the potential to cause problems in daily life or make a person's existing problems worse. In fact, heavy marijuana users generally report lower life satisfaction, poorer mental and physical health, relationship problems, and less academic and career success compared to their peers who came from similar backgrounds.

Who is at Risk?

In Colorado, substance abuse and suicide are higher among certain groups than others.

- Men are more likely to binge drink than women.
- Men between the ages of 25 and 54 account for the highest rates of suicide deaths annually.
- Binge drinking is more common among younger groups and decreases as people get older.
- Hispanics and whites are more likely to binge drink than blacks.
- Those with higher incomes are more likely to binge drink than those with lower incomes.

What can we do?

Community

- Recognize and understand the difference between mental health and mental illness
- Improve access to mental health services

- Support efforts that reduce youth access to drugs and alcohol
- Mobilize community partners to address the conditions in which people are born, grow up, live, work, and age.

Organizations

- Devote more resources to prevention education, screening, diagnosis, and treatment of mental illness
- Build community infrastructure and capacity for mental health support and services
- Offer evidence based Mental Health First Aid and Question, Persuade, Refer (QPR) training for all employees

Families and Individuals

- Attend Mental Health First Aid and QPR training opportunities
- Access free self-guided websites such as www.mantherapy.org or www.mys-trength.com
- Talk to your friends and family about seeking mental health guidance when needed

Information gathered from:

Colorado Department of Public Health and Environment, Colorado Health Information Dataset, Behavioral Risk Factor Surveillance System. Available online: www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors

Healthy Kids Colorado Survey, Eagle County RE-50 School District, 2011-2012. Prepared by OMNI (Denver, CO) for the Eagle River Youth Coalition. Available online: www.scribd.com/doc/85966336/Eagle-County-Report

National Institutes on Drug Abuse

Mental Health and Substance Abuse

Through the community health and capacity assessment process, partners identified the need to better coordinate services, build community capacity, and integrate primary care, mental health and public health. Mental health is an essential component of overall health and well-being and Eagle County is not immune to the increasing rates of mental illness, suicide, and substance abuse. Health care, public health, non-profit organizations, and private practitioners have come together to create a community where individuals, families, schools, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, suicide and substance abuse.

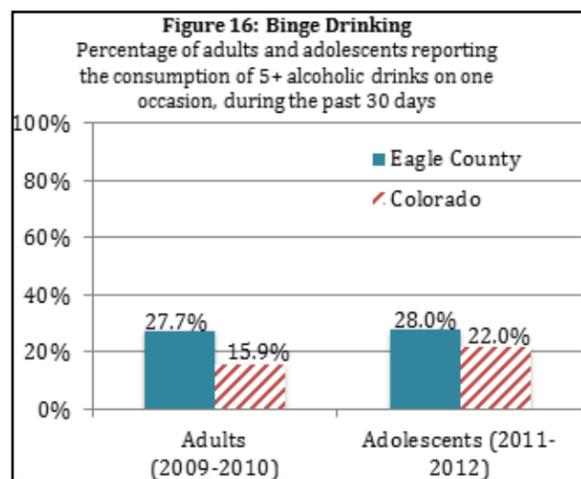
Indicators

Mental Health Status: The Colorado Department of Public Health and Environment conducts an annual survey that asks residents about their mental health status. The question in particular is “On how many days during the past 30 days was your mental health not good.” In Eagle County, over 31 percent of residents reported their mental health was not good on one or more days during the previous month. In Colorado, over 35 percent reported the same result. Figure 15 breaks out the percentages by number of days.⁶⁷

Figure 15: Self-Reported Mental Health Status, Eagle County and Colorado, 2009-2010

Indicator: For how many days during the past 30 days was your mental health not good?	Eagle County	Colorado
1 – 7 days	23.8%	22.3%
8 or more days	7.9%	12.7%

Suicide: Between 2007 and 2011, there were 37 suicides in Eagle County, nearly 87 percent of which were in men ages 18 to 87. There were 60 hospitalizations for suicide attempts during the same time period. The County’s age adjusted suicide rate was 20.3 per 100,000 population, which was slightly higher than Colorado’s at 17.1 per 100,000.⁶⁸



Binge Drinking: Both adults and adolescents in Eagle County^{vii} reported binge drinking more than their state and national counterparts. Figure 16 displays the percentage of adults over age 18, and Eagle County School District high school students in grades 9-12 that reported binge drinking within the previous 30 days. Binge drinking is defined as consuming five or more alcoholic beverages on one occasion.⁶⁹

Marijuana: Research has demonstrated substance abuse, specifically of marijuana, has the potential to cause problems in daily life or make a person’s existing problems worse. In fact, heavy marijuana users generally report lower life satisfaction, poorer mental and physical health, relationship problems and less academic and career success compared to their peers who came

from similar backgrounds.⁷⁰ According to the 2011-2012 Healthy Kids Colorado Survey, 34 percent of Eagle County 9th-12th grade students indicated that marijuana was very easy to get. In that same survey, 39 percent of Eagle County 9th-12th graders reported ever using marijuana and 43 percent of Eagle County 9th-12th students that use marijuana said that someone gave it to them.⁷¹

vii. The indicator does not include students in Basalt High School, which is part of the Fork Valley School District.

Community Capacity

The following are local programs, services and coalitions that focus on mental health and substance abuse prevention.⁷²

- Mind Springs Health (formerly Colorado West) is the Western Slope’s public mental health service provider and offers treatment for depression, stress and anxiety, bipolar disorder, personality disorders, substance abuse/addiction, pain management and family therapy. Services are provided on a sliding fee scale for those who meet income guidelines. A bilingual therapist is available. Mind Springs Health also offers suicide prevention training for gatekeepers.
- The Samaritan Counseling Center provides professional counseling and education for children, adolescents, and adults. Services are available on a sliding fee scale for those who meet income guidelines.
- The SpeakUp ReachOut Suicide Prevention Coalition of Eagle County; provides gatekeeper trainings to teach laypersons how to recognize the signs of suicidal ideation and link individuals to appropriate care; and has a state grant to target men by reducing the stigma of asking for help. The Coalition has representation from Mind Springs Health, the Samaritan Center, Eagle County Health & Human Services, Vail Resorts, youth serving organizations, and first responders.
- The Mental Health Taskforce of the Immigrant Integration Collaborative is a newly convened group dedicated to addressing the mental health needs of the immigrant population of Eagle County. This group has representation from a number of organizations including Eagle County Health & Human Services, Bright Future Foundation, Vail Valley Medical Center, Eagle County RE 50 School District, and Colorado West.
- Mind Springs Health(formerly Colorado West) operates a social detoxification center located at the Vail Police Department, in conjunction with several law enforcement agencies. Social detoxification provides a safe location for law enforcement to bring intoxicated individuals, where they are evaluated, monitored and stabilized by Mind Springs Health personnel. Mind Springs Health also encourages and assists the individual in accessing treatment after discharge.
- The Vail Valley Medical Center (VVMC) has an SBIRT (Screening, Brief Intervention and Referral to Treatment) program that was developed by the Federal Substance Abuse and Mental Health Services Administration. At every point of entry into VVMC’s health care system, patients are screened for substance abuse and tobacco use. If a patient screens positive, they are referred to the SBIRT coordinator for intervention.
- Bright Future Foundation (BFF) works with domestic assault and sexual assault cases and provides psychotherapy and victims advocacy programs, free of charge. BFF operates a shelter and safe house, and a 24-hour a day hotline manned by bilingual volunteers.
- Wayfinder is a case management program for youth ages 10-18 with multi-system needs. It is coordinated through the Eagle County RE 50 School District.
- Challenge: Nature is a youth foundation program for middle school students identified with Significant Identifiable Emotional Disabilities (SIED). The program uses nature and outdoor activities to promote the development of personal and life skills toward academic achievement and successful relationships.
- The Eagle River Youth Coalition (ERYC) conducts the Healthy Kids Colorado Survey, a youth behavioral survey, every two years that includes measures of mental health and substance abuse in middle and high school students from the Eagle County RE 50 School District. ERYC also offers several prevention programs working with the school district and local law enforcement. In addition, ERYC coordinates a youth leaders group promoting positive youth development.

Other community resources include:

- Eagle County Sheriff’s Office, Victims Advocate Program
- Alcoholics Anonymous and Narcotics Anonymous
- Community Paramedic’s in-home mental health assessment and referral services
- Eagle County RE 50 School District’s drug use policy for students in activities, including random drug testing at Battle Mountain High School
- Private practitioners

Goal: Reduce the risk of lung cancer caused by radon gas exposure

Objectives:

Increase the percentage of radon test kits distributed but not used by 65% by 2017; and have 20% of the homes that have radon levels over 4.0pCi/L take corrective action. Policy is adopted that supports increasing awareness and promoting radon resistant construction in all buildings by 2017.

Partnering Agencies:

Regional Environmental Health Agencies, Energy Smart

Radon is a colorless, odorless gas that can permeate homes and lead to lung cancer with long-term exposure. The Environmental Protection Agency identified Eagle County as having a moderate radon potential. Eagle County will work with neighboring Garfield and Pitkin counties to mitigate radon exposure in these mountain communities.

Strategies

Activities

Outcomes

Increase awareness of the health risks of exposure to radon.

Provide education and training on radon mitigation.

Develop policy and promote regulation for radon resistant construction.

Conduct a community wide outreach and education campaign during National Radon Action Month each January.

Secure resources and distribute radon test kits each year.

Develop a data management system to track kit distribution, usage, and remediation.

Conduct do-it-yourself radon mitigation classes for homeowners and contractors.

Increased awareness of the health risks of exposure to radon.

Increased community member use of radon test kits.

Evaluate home testing and mitigation program using data tracking system.

Increased knowledge of radon mitigation strategies.

Increased use of mitigation strategies as appropriate.

Expand radon resistant construction standards to all occupied buildings where appropriate, especially multi-family buildings.

Why is it a Priority?

The US Surgeon General and EPA recommend all homes be tested for radon because it is the number one cause of lung cancer among non-smokers, and the second leading cause of lung cancer behind smoking. The EPA identified Eagle County as having a moderate radon potential with homes having indoor radon levels of 2.0-4.0 pCi/L on average.

What are we currently doing?

For years, Eagle County has made test kits available to residents. Each January, National Radon Action Month, Eagle County conducts a public awareness campaign. Eagle County's Energy Smart program tests for radon in homes and makes referral for mitigation.

The City of Aspen's Environmental Health Department received a regional grant from the Colorado Department of Public Health and Environment to provide free radon home test kits to homeowners in Pitkin, Eagle and Garfield counties. Pitkin has a public education plan, test kit follow up procedures, and data collection and analysis aspects to their program that they can share with Eagle and Garfield counties.

Who is at Risk?

In Colorado, substance abuse and suicide are higher among certain groups than others.

- Men are more likely to binge drink than women.
- Men between the ages of 25 and 54 account for the highest rates of suicide deaths annually.
- Binge drinking is more common among younger groups and decreases as people get older.
- Hispanics and whites are more likely to binge drink than blacks.
- Those with higher incomes are more likely to binge drink than those with lower incomes.

What can we do?

Policy

- Implement policies that support radon resistant construction.

Community

- Develop a data management system to track program information including kit

distribution, usage, and remediation.

- Increase radon awareness by increasing public outreach and education during National Radon Action Month each January.
- Distribute radon test kits each year and provide appropriate follow-up.
- Conduct do-it-yourself radon mitigation classes for homeowners to educate on cost effective steps they can take to mitigate their own homes.
- Individuals
- Test their homes for radon using a Free Radon Test Kit available at Eagle County Environmental Health.
- If the test reads over 4.0pCi/L radon, attend classes on Do-It-Yourself radon mitigation and take action in mitigating radon.

Information gathered from:

US Environmental Protection Agency, "A Citizen's Guide To Radon: The Guide To Protecting Yourself And Your Family From Radon," EPA 402/K-09/001, January 2009. Available online: www.colorado.gov/cs/Satellite/CDPHE-HM/CBON/1251617274212

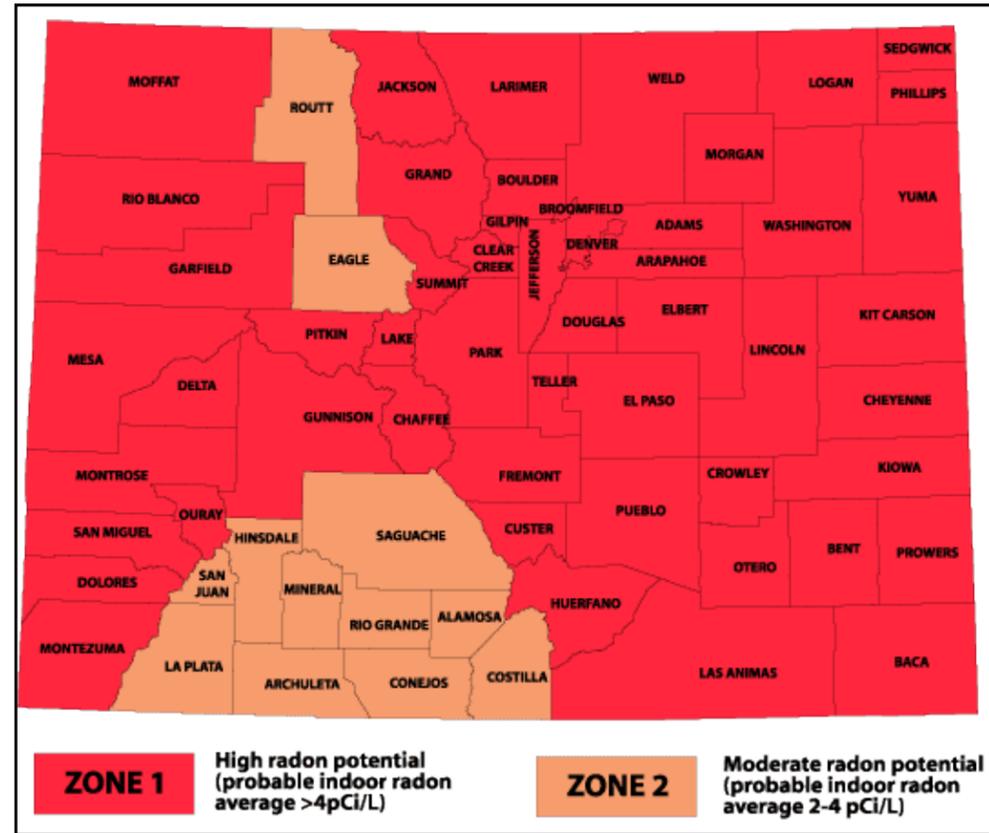
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Radon Awareness and Mitigation

Regional partners have identified radon awareness and mitigation as a Community Health Improvement Plan (CHIP) priority for the next five years. Eagle County will work with neighboring Garfield and Pitkin counties to raise awareness and mitigate radon exposure, especially within the home. Radon is a colorless, odorless gas that forms naturally from the breakdown of uranium in soil, rock and water. Radon is found all over the United States and can get into any type of building including homes, offices and schools. The greatest amount of exposure tends to occur at home, where a person spends most of their time. Long-term exposure can lead to lung cancer.⁷³

According to the Federal Environmental Protection Agency (EPA), Eagle County has “moderate potential” for radon gas to be present indoors at levels that could be harmful to human health.⁷⁴ The test for radon is simple, and in most cases, mitigation efforts are successful. In general, when a test reveals a radon level of 4 picocuries per liter (pCi/L) or higher, mitigation measures should be taken. Additionally, homes can be built with radon-resistant features, which, when installed at the time of construction, are easier and less expensive than retrofitting later.⁷⁵

Indicators



Indoor Exposure: The Environmental Protection Agency (EPA) rates the potential for indoor radon exposure based on an area’s geology. Zone 1 has high potential, Zone 2 has moderate potential and Zone 3 has low potential. Eagle County is considered Zone 2 or moderate potential, rated as an average 2.0-4.0 pCi/L (Figure 17).⁷⁶

Lung Cancer: The US Surgeon General and Environmental Protection Agency (EPA) recommend all homes test for radon as it is the number one cause of lung cancer among non-smokers, and the second leading cause of lung cancer behind smoking.⁷⁷ Eagle County had 25 reported cases of lung cancer between 2007 and 2009, which was Eagle

County’s leading type of cancer-related death. The county’s age-adjusted incidence rate was 15.7 per 100,000 population, lower than the state’s rate of 44.9 per 100,000.⁷⁸ Exposure type (tobacco versus radon, etc.) is not provided in the data.

Community Capacity⁷⁹

The City of Aspen’s^{viii} Environmental Health Department has received a regional grant from the Colorado Department of Public Health and Environment to provide free radon home test kits to homeowners in Pitkin, Eagle and Garfield counties. Pitkin County has a public education plan, test kit follow up procedures, and data collection and analysis aspects to their program that can be shared with Eagle and Garfield counties.

Eagle County has made test kits available to residents for several years, and conducts a public awareness campaign every January for National Radon Awareness Month. Eagle County also has an Energy Smart program that tests for radon in homes and makes referrals for mitigation.



viii. The City of Aspen is located in Pitkin County

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Eagle County Community Health Improvement Plan: Implementation Guide

Eagle County's Community Health Improvement Plan is based on objectives and evidence based strategies. Each community priority area has defined a broad long term goal or vision for the community. Priority area objectives are specific, measurable steps that will be accomplished to work toward the health priority goal. The priority area objectives have established baseline measures, targets or benchmarks, and methodologies for measuring the objective. Each community priority area has specific action steps for the strategies. These action steps provide detail on what will be done to implement each strategy and the community organization(s) responsible for taking the lead for each step. Anticipated outcomes have been identified and will be used to measure progress toward the strategic plan's goals and objectives. This Implementation Guide provides annual targets to report the progress of Eagle County's Community Improvement Plan. This information will be updated regularly with progress reports developed annually for each priority area. A final report will be developed and the end of the improvement plan period.

It must be noted that there are limitations to the data in the evaluation and monitoring plan. Some data used to evaluate objectives and outcomes is from national self-reported surveys such as the Behavioral Risk Factor Surveillance System. Self-reported surveys can be subject to recall bias, nonresponse bias, voluntary response bias, and that respondents may lean towards answers with higher social desirability. In addition, surveys may be subject to selection bias in that certain populations may not have been surveyed or are under-represented in the survey results. Other limitations of the data may include smaller sample sizes, limiting the ability to generalize survey results to the entire population. However, comparing between populations with the same instrument is less subject to inaccuracies as it is subject to comparable biases.

Healthy Living

Goal: Prevent chronic disease through the reduction of overweight and obesity risk factors

Objective 1: Increase the community's capacity to identify barriers and address gaps in healthy eating and active living through building an effective Coalition.

Baseline: Currently, there are individual organizations focused on healthy eating and active living, but there is not a group of organizations working together to align efforts for a common goal.

Target: The Healthy Communities Coalition and community partnerships are effective in building action around healthy eating and active living change and enabling more collaboration to take place among community organizations.

Data Collection Methods and Sources: Monitor the effectiveness of the collaborative in developing a strategic plan by tracking the member participation, number of meetings held and attended, effectiveness of collaborative networks using PARTNER evaluation tool, strategic planning process and results.

Strategy 1: Use the 5 Steps of Coalition Building to foster collaboration and engagement among community partners for HEAL								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Develop and cultivate core coalition group by engaging partners across sectors.	Eagle County Public Health	Outcome: The Healthy Communities Coalition is effective in addressing barriers to healthy eating and active living through their 5-year strategic plan.	Monitor the effectiveness of the collaborative in developing a strategic plan by tracking the member participation, number of meetings held and attended, effectiveness of collaborative networks using PARTNER evaluation tool, strategic planning process and results.	X	X	X	X	X
Form working groups to implement evidence-based strategies such as: food shed map, worksite wellness recognition program, Universal Breakfast Program.				X	X	X	X	X
Develop a Steering Committee that will provide oversight and strategic guidance for the Coalition.				X				
Create a 5-year strategic plan to address barriers to healthy eating and active living.					X			

Strategy 2: Implement policy and environmental systems change for healthy eating and active living								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Conduct a review of County and Town policies that promote healthy eating or active living.	Eagle County Public Health	Outcomes: 5 towns adopt resolution and join LiveWell HEAL Cities and Town Campaign	Process monitoring to determine progress and completion of activities.		X			
Re-write County Land Use Regulations to include HEAL priorities.	Healthy Communities Coalition				X			
Food systems change and policy.	Mountain Harvest Foundation				X	X	X	X

Strategy 3: Implement evidence-based initiatives								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Determine evidence-based strategies to implement based on Obesity Prevention Prioritization Process.	Eagle County Public Health	Outcome: 30 evidence-based initiatives are implemented	Process monitoring to determine progress and completion of activities.	X	X	X	X	X
Form working groups to implement evidence-based strategies such as: food shed map, worksite wellness recognition program, Universal Breakfast Program.	Community partners			X	X	X	X	X

Objective 2: Increase efforts to improve health equity by assessing health equity and developing a roadmap for Eagle County by 2017.

Baseline: Currently, Eagle County does not have a tool to assess the current level of health equity in Eagle County.

Target: Pilot the Health Equity Index in Eagle County and develop and implement a health equity roadmap.

Data Collection Methods and Sources: The Health Equity Index, community tool developed by the Connecticut Association of Directors of Health, which measures social determinants that affect health and their correlations with specific health outcomes.

Strategy 1: Develop Community Health Worker Program								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Develop scope and business plan of community health worker model.	Mental Health Consortium	Outcomes: Community Health Workers are actively working in the community to build trust and capacity among disparate populations <ul style="list-style-type: none"> Business and funding plan is completed Plan is sustainable 2 community health workers are recruited and trained 	Process monitoring to determine progress and completion of activities.	X	X			
Secure sustainable funding to implement model.	Eagle County Health and Human Services				X	X		
Implement a community health worker model.							X	X

Strategy 2: Generate a Strategic Road Map Health Equity								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Partner with Spark Institute to create a roadmap for Health Equity.	Eagle County Health and Human Services	Outcomes: A community wide health equity road map is implemented. <ul style="list-style-type: none"> Health equity is assessed Community partners are engaged in the development and implementation of a health equity road map. 	Process monitoring to determine progress and completion of activities.		X			
Engage community in health equity roadmap implementation.						X	X	X

Strategy 3: Engage Latino community through Estoy Sano									
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line					
				2013	2014	2015	2016	2017	
Community outreach and engagement through participation at events and interface with Latino community.	Eagle County Public Health CSU Extension	Outcomes: The Latino community has increased awareness of the health benefits of healthy eating and active living.	Process monitoring to determine progress and completion of activities.	X	X	X	X	X	
Health promotion programming such as Spanish language cooking show, health tips on Spanish radio, cooking and nutrition classes (EFNEP).					X	X	X		
Foster Latino Health Leadership Group to be the voice of the Latino community via outreach efforts and partnerships.				Estoy Sano evaluation and monitoring plan	X	X	X	X	X

Independently Aging in Place

Goal: Create an environment that enables older adults to independently age in place

Objective 1: A Senior Community Collaborative develops a 5-year plan to support older adults aging in place by 2017.

Baseline: A community collaborative focusing on the coordination of services for older adults and addressing target population's priority needs is not in place. Services for seniors are fragmented and not coordinated across multiple community agencies.

Target: A community wide strategic plan focusing on older adults aging in place is implemented with older adult services coordinated.

Data Collection Methods and Sources: Monitor the effectiveness of the collaborative in developing a strategic plan by tracking the member participation, number of meetings held and attended, effectiveness of collaborative networks using PARTNER evaluation tool, strategic planning process and results.

Strategy 1: Facilitate and foster a senior collaborative group								
Action Steps	Responsible Agency	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Establish a senior collaborative planning group.	Eagle County Public Health	Outcome: 5-year plan has been initiated and Collaborative group is effective in coordinating services for seniors. <ul style="list-style-type: none"> Senior collaborative group meets regularly Gap, needs and capacity assessments are completed Priority areas are identified A strategic plan is developed based on the results of the gap, needs and capacity assessment 	<ul style="list-style-type: none"> The number of meetings held by senior collaborative and list of attendees documented in meeting notes. Analyze assessment of gaps, needs and capacity assessments by documentation in meeting notes and group communications. Priority areas are identified and align with assessment. A strategic plan is developed and finalized by the collaborative. 	X	X	X	X	X
Assess target population needs; identify gaps, and current services.					X	X	X	
Develop a strategic plan to coordinate services and address priority areas.								X

Objective 2: Increase by 100% from 2013 the baseline number of older adults participating in community programs that manage chronic conditions and reduce injuries due to falls by 2017.

Baseline: Currently, there are limited classes offered on chronic disease self-management and falls prevention for older adults. In 2013, there were 70 participants in classes. There is also no formalized referral management system in place for health care providers to refer patients and receive follow up on their patients' progress.

Target: 140 participants per year are referred by their health care provider to Healthier Living Colorado classes by 2017.

Data Collection Methods and Sources: The chronic disease self-management and falls prevention program is evaluated using output data to monitor and track the implementation of the program and compare pre and post self-reported health outcomes from participants.

Connection to Preventative Care

Goal: Connect all residents to prevention focused primary care resources and services

Objective 1: Increase the use of preventative care services based on recommended health indicator screenings from baseline data (2007-2009) to Healthy People 2020 benchmarks.

Baseline: Access to preventative care indicators for Region 12 (including Eagle County) from 2008, 2010 Colorado Behavioral Risk Factor Surveillance System:

- 67.1% of reported having had cholesterol screening in the past 5 years
- 62.8% percent of adults aged 50+ years who had a colonoscopy within 10 years OR sigmoidoscopy within 5 years OR fecal occult blood test (FOBT) within the last 1 year
- 73.8% of females aged 40+ years who had a mammogram within last 2 years
- 90.2% of females aged 18+ years who had a Pap smear within last 3 years
- 80.3 % of adults aged 65+ years who report having had a flu shot in the past 12 months

Target: Health People 2020 benchmarks for the following indicators:

- Cholesterol screening: 82.1%
- Colorectal Cancer Screenings: 70.1%
- Mammogram screening: 81.1%
- Pap smear within last 3 years: 93.0%
- Flu shot (adults 65+): 90.0%

Data Collection Methods and Sources: Annually monitor the preventative care indicators for Colorado’s Region 12 using Colorado Department of Public Health and Environment, Health Statistics Section, Colorado Health Indicators, Access, Utilization and Quality Care: Preventive Care In Eagle County. Data indicators are collected using the Behavioral Risk Factor Surveillance System.

Strategy 1: A regional preventative system for chronic disease self-management and falls prevention								
Action Steps	Responsible Agency	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Implement Healthier Living Colorado - chronic disease self-management program and falls prevention programs.	Eagle County Public Health	<p>Outcome 1: Participants reduce hospital visits due to falls</p> <p>Outcome 2: Participants reduce outpatient and inpatient hospital visits due to chronic disease</p> <ul style="list-style-type: none"> Recruit and train 6 instructors Secure 2-3 community sites for classes including Castle Peak Senior Care Community Serve 70 participants in 2014 Serve 140 participants in 2015 and 2016 	<ul style="list-style-type: none"> Program evaluated to monitor: Number of classes Number of class participants Number and location of community sites Participant feedback on classes and instructor Compare pre and post participant survey regarding health outcomes 	X	X	X	X	X
Create a referral management system for health care providers to refer patients to chronic disease self-management programs and receive follow up on patient’s attendance and outcomes.	Eagle County Public Health Consortium for Older Adult Wellness	<p>Outcome: Health care providers are actively referring patients with chronic disease to scheduled Healthier Living Colorado programs.</p> <ul style="list-style-type: none"> Form 2-3 relationships with health care providers Health care providers are actively referring patients with chronic disease to scheduled Healthier Living Colorado Programs Follow up on patient attendance and goal achievement progress is communicated to providers on 100% of referrals 	<ul style="list-style-type: none"> Fall-related hospital visits monitored by age group based on hospital reported data available from CDPHE and local hospitals. Chronic disease related hospital visits monitored by age group using hospital reported data at local hospitals 		X	X	X	X
Establish a Medicare and Medicaid reimbursement voucher program to sustain program funding.	Eagle County Public Health and State Unit on Aging	<p>Outcome: Program is sustained through Medicare and Medicaid vouchers for medical homes and community centers.</p>			X	X	X	X

Strategy 1: Identify and support opportunities to enhance or expand primary care to underserved populations.

Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Investigate the feasibility of establishing a community care collaborative in Eagle County.	West Mountain Region Health Care Coalition	<p>Outcomes: Health care providers are engaged in creating a collaborative to provide patient centered care and navigation services to achieve a shared goal of improved health for underserved populations.</p>	Process monitoring to determine progress and completion of activities.	X	X	X	X	X

Mental Health and Substance Abuse

Goal: To increase awareness of mental illness as an important public health problem and the importance of mental health promotion and mental illness prevention.

Objective 1: Increase by 25% from baseline, the number of Eagle County residents accessing self-guided mental health and substance abuse resources by 2017.

Baseline: Mantherapy.org: 301 visits by Eagle County residents from July 1, 2012 - June 30, 2013.
 MyStrength.com: Collaborate with Mind Springs Health to establish baseline in 2013.
 Colorado QuitLine: 49 visits by Eagle County residents from July 1, 2012 - June 30, 2013.

Target: Mantherapy.org: 500 site visits by Eagle County residents per year.
 MyStrength.com: Increase by 25% of baseline.
 Colorado Quitline: Increase by 10% the number of visits to the QuiteLine by Eagle County residents per year.

Data Collection Methods and Sources: Compare annual visit data for Mantherapy.org, MyStrength.com, and Colorado QuitLine (collected as described below) to baseline for each resource.

Strategy 2: Increase public awareness of the importance of regular, preventative care to positive health outcomes								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Incorporate preventative care and health messages in all agency programs and outreach materials.	Eagle County Public Health	Outcomes: Preventative health messages are included in all department outreach materials	Process monitoring to determine progress and completion of activities.	X	X	X	X	X

Objective 2: Increased rate of insured individuals in Eagle County from 77 percent to 85 percent (2010 national average) by 2017.

Baseline: 77% of Eagle County residents have health insurance.

Target: 85% of Eagle County residents have health insurance.

Data Collection Methods and Sources: US Census Bureau, Small Area Health Insurance Estimates, available annually

Strategy 1: Increase public awareness of health insurance options									
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line					
				2013	2014	2015	2016	2017	
Health Care Coverage Guides are recruited and hired to promote Connect for Health Colorado and provide in-person assistance to persons applying for insurance.	Eagle County Economic Services	Outcomes: 485 persons (on average) are assisted per month with information and enrollment services in Medicaid and the Connect for Health Colorado marketplace. <ul style="list-style-type: none"> A monthly average of 30 small businesses (2 to 50 employees) receive assistance in Eagle County 1,490 subsidy/premium tax credit eligible uninsured persons received information and enrollment services during the 1st Enrollment Period (Oct 1, 2013-March 31, 2014) 595 persons received enrollment assistance due to life changes during non-enrollment (April 1, 2014-Oct 12, 2014) 1,490 subsidy/premium tax credit eligible uninsured persons received information and enrollment services during the 2nd Enrollment Period (Oct 13, 2014-Dec 7, 2014) 50% of persons receiving subsidy/premium tax credits in 1st Enrollment Period return during 2nd Enrollment Period for renewal 	Quarterly reports are provided to the Board of Directors of Connect for Health Colorado Organization on characteristics of population served, number services, as well as outreach and enrollment strategies and outcomes.	X					
Health Coverage Guides provide in-person assistance to persons applying for insurance.			Participate in the Connect of Health Colorado Organization's statewide evaluation program through site visits, interviews, and data collection and reporting.		X				
Health Coverage Guides provide local small businesses assistance in the Connect for Health Colorado marketplace.						X	X		

Strategy 1: Promote of self-guided mental health and substance abuse resources								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Integrate and promote self-guided resources such as: <ul style="list-style-type: none"> MyStrength.com, Mantherapy.org Colorado QuitLine 	Mind Springs Health Speak Up Reach Out Eagle County Public Health	Outcome: Eagle County community organizations partner to promote the use self-guided mental health and substance abuse resources.	<ul style="list-style-type: none"> Mantherapy.org: Request site visit report from CDPHE, Jarrod Hindman at Office of Suicide Prevention, every 6 months. CDPHE uses Google analytics to track visits to site by city or town of residents as well as average time spent on site per visit. MyStrength.com: Request data from Mind Springs Health on site visits every 6 months. Colorado QuitLine: Request a report every 6 months from the QuitLine with number of visits by County by month. 	X	X	X	X	X

Objective 2: Increase the community's capacity to identify mental health needs and link to mental health services and resources by 2017.

Baseline: 56% of community health assessment survey respondents reported that mental health was a priority health issue in Eagle County. Survey results and key informant interviews indicated that the community was unaware of mental health services and resources, and the system that was fragmented due to no collaborative or working group to align mental health resources. Source: Community Health Assessment Survey and key informant interviews conducted by Eagle County Public Health

Target: Secure resources to implement activities of the strategic plan developed by the Eagle County Mental Health Consortium.

Data Collection Methods and Sources: Monitor the effectiveness of the collaborative in developing a strategic plan by tracking the member participation, number of meetings held and attended, effectiveness of collaborative networks using PARTNER evaluation tool, strategic planning process and results

Strategy 1: Develop a working group of mental health providers and referral agencies								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Develop a working group of mental health providers and referral agencies.	Eagle County Public Health	Outcome: Mental Health providers and referral agencies collaborate to align programs and increase capacity of the community's mental health system. <ul style="list-style-type: none"> Group is established and meets regularly. A gap assessment is completed. Priority areas are identified based on gap assessment. A community wide mental wellbeing strategic plan is developed. Funding is secured to implement the plan. 	<ul style="list-style-type: none"> The number of meetings held by mental health working group and list of attendees documented in meeting notes. Analyze assessment of gaps, needs and capacity assessments by documentation in meeting notes and group communications. Priority areas are identified and align with assessment. A strategic plan is developed and implemented by the working group. 	X				
Identify and assess the mental health and substance abuse gaps, needs and initiatives.	Eagle County Mental Health Consortium			X	X			
Mental health and substance abuse community priority areas are identified.					X			
Develop a mental health strategic plan.					X	X		
Secure resources to implement the activities of the strategic plan.								X

Strategy 2: Integrate mental health screening in community based settings								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Train diverse workforces and community members to identify person in need of additional mental health screening and referral. Training models include: <ul style="list-style-type: none"> SBIRT (Screening, Brief Intervention, Referral to Treatment) – alcohol, drugs, and tobacco Mental Health First Aid QPR (Question Persuade, Refer) – suicide prevention training 	Vail Valley Medical Center Mind Springs Health Speak Up Reach Out	Outcome: Community organizations are trained in mental health screening and referral tools and actively use the tools with their clients. <ul style="list-style-type: none"> Baseline of number of community organizations/individuals trained is established Increase number of professional and community members trained by 20% from baseline. 	Evaluate the trainings and organizations' use of screening and referral to mental health services/resources	X	X	X	X	X

Strategy 3: Create more effective linkages between disparate populations and the mental health system.								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Develop scope and business plan of community health worker model.	Mental Health Consortium	Outcomes: Community Health Workers are actively working in the community to build trust and capacity among disparate populations <ul style="list-style-type: none"> Business and funding plan is completed. Plan is sustainable. 2 community health workers are recruited and trained. 	Process monitoring to determine progress and completion of activities.	X	X			
Secure sustainable funding to implement model.	Eagle County Health and Human Services				X	X		
Implement a community health worker model.								X

Objective 3: Implement policies focused on decreasing and preventing youth access to alcohol and marijuana

Baseline: 43% of Eagle County 9th-12th graders reported using alcohol in past 30 days
 63% of Eagle County 9th-12th students reported that alcohol was either easy or very easy to get
 58% of Eagle County 9th-12th students who drink, reported that the common place this occurs is at someone else's house
 39% of Eagle County 9th-12th graders reported ever using marijuana
 43% of Eagle County 9th-12th students that use marijuana said that someone gave it to them
 28% of Eagle County 9th-12th grade students who reported binge drinking in the previous month
 Source: Healthy Kids Colorado Survey, Eagle County RE-50 School District: 2011-2012 Results. Prepared by OMNI for the Eagle River Youth Coalition.

Target: Policies related to public marijuana use and social host ordinances are adopted and enforced in Eagle County.

Maintain or decrease the number of Eagle County 9th-12th grade students that use marijuana that report someone gave it to them.

Decrease the percent of 9th-12th grade students that reported alcohol was either easy or very easy to get 63% to 50%.

Data Collection Methods and Sources: Compare 2015-2016 results to the baseline indicators from 2011-2012 from the Healthy Kids Colorado Survey, Eagle County RE-50 School District. The survey is conducted by the Eagle River Youth Coalition.

Strategy 1: Policy planning, mobilization and implementation								
Action Steps	Responsible Agency(s)	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Time Line				
				2013	2014	2015	2016	2017
Support the development of a social host ordinance.	Eagle River Youth Coalition	Outcomes: Eagle County high school students report that it is more difficult to access alcohol and marijuana.	Process monitoring to determine progress and completion of activities.	X	X	X		
Explore the impact and potential strategies related to marijuana use, prevention, and reduction of prevalence.			Healthy Kids Colorado Survey, Eagle County RE-50 School District		X	X	X	X

Radon Awareness and Mitigation

Goal: Reduce the risk of lung cancer caused by radon gas exposure

Objective 1: Increase usage rate of distributed test kits by 65% by 2017.

Objective 2: 20% of tests finding radon levels over 4.0pCi/L will result in appropriate mitigation measures by 2017.

Baseline: Baseline will be measured in 2014 with the implementation of the radon test kit data tracking system.

Targets: 65% increase in usage of distributed radon test kits from baseline. 20% of tests finding radon levels over 4.0pCi/L result in radon mitigation.

Data Collection Methods and Sources: The regional radon testing data collection system will be used to track radon test kit distribution, usage, and mitigation. The data is entered into the system regularly with data analyzed and reported annually.

Strategy 1: Increase knowledge of the health risks of exposure to high radon levels and provide citizens with the necessary tools and information to make informed decisions about radon mitigation.								
Action Steps	Responsible Agency	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Activity Time Line				
				2013	2014	2015	2016	2017
Develop a data management system to track kit distribution, usage, and remediation.	Eagle County Environmental Health Energy Smart	Outcome: Data tracking system is used to track kit distribution, usage, and remediated homes • Data system is created and implemented	Data are tracked and analyzed by kit distribution, usage, and remediated homes	X	X	X	X	X
Conduct a community wide educational outreach campaign during National Radon Action Month each January.		Outcome: Increase community awareness of health risks due to exposure to radon • Outreach plan implemented annually	Measured base on the methods of communication used; number of test kits distributed as a result of the educational campaign.		X	X	X	X
Secure resources for kit distribution.		Outcome: Increased community member use of radon test kits • 200 test kits are distributed annually • 130 test kits used annually to measure radon levels • Kits are tracked to identify follow up. • 100% of test kit recipients that have not used kit in 1 month are contacted.	The data tracking system is used to monitor the following: • number of radon kits distributed • number of radon test kits used versus amount distributed • kit recipient follow up calls • number of follow up calls resulted in kit use	X				
Distribute radon test kits to citizens with information on use and radon risk.					X	X	X	X
Use data tracking system to track kit distribution, use, and follow up.					X	X	X	X
Contact recipients of kits that have not been used after 1 month with assistance and information provided as needed.					X	X	X	X
Conduct one (1) Do-It-Yourself radon mitigation class annually for homeowners and interested contractors to educate on cost effective steps that can be taken to mitigate their homes.		Outcome: Increase in number of residents with test results greater than 4.0pCi/L taking action to mitigate their home. • Conduct 2 radon mitigation classes • 25 participants attend each do-it-yourself radon mitigation class • 100% of Citizens with greater than 4.0pCi/L results are contacted	The radon data tracking system is used to measure: • number of test results over 4.0 pCi/L compared to total number of test kits used • number of mitigation systems completed due to discovery of elevated levels	X	X	X	X	X
Provide citizens with test results greater than 4.0pCi/L information on local mitigation companies and demonstration projects in the area.					X	X	X	X

Objective 3: Policy is adopted that supports increasing awareness and promoting radon resistant construction in all new buildings by 2017.

Baseline: Current building code does not support radon resistant construction.

Targets: All new construction includes radon resistant construction by expanding Appendix F to multi-family buildings.

Data Collection Methods and Sources: Monitor policy mobilization process.

Strategy 1: Policy mobilization and implementation								
Action Steps	Responsible Agency	Expected Results (Outcomes and Outputs)	Outcome Data Collection Methods	Activity Time Line				
				2013	2014	2015	2016	2017
Work with planning committee and commissioners to expand Appendix F to multi-family buildings. Appendix F is part of the International Residential Code that sets standards for “passive” radon resistant construction in one and two family dwellings.	Eagle County Environmental Health Energy Smart	Outcome: New construction of multi-family buildings in Eagle County is radon resistant.	Process monitoring on progress of activities and implementation of policy.		X	X	X	X

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 - Castle Peak Senior Care Community
 - Catholic Charities- Vail Valley
 - Colorado Department of Public Health and Environment
 - Colorado River Ranch
 - Colorado School of Public Health
 - Colorado State University, Extension Office
 - Community Health Services, Inc.
 - Doctor’s Plus of Colorado Inc.
 - Eagle Care Clinic
 - Eagle County Board of Commissioners
 - Eagle County Government
 - Eagle County Paramedic Services
 - Eagle County RE50 School District
 - Eagle County’s Healthy Communities Coalition
 - Eagle River Youth Coalition
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Public Health Department
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