

# Fremont County, Colorado

## 2014–2018

### Public Health Improvement Plan



Fremont County Public Health Agency  
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# Executive Summary

The process of developing this plan was a collaborative effort by the Colorado School of Public Health (CSPH), Community and Behavioral Health Department and Fremont County Public Health Agency (FCPHA). The Masters of Public Health program at CSPH has a community health assessment course designed to allow for collaboration and engagement with surrounding communities. Students have the opportunity to actively engage with real public health issues facing counties across the state. In turn, participating counties receive help and support from the CSPH and students on projects that may not have been feasible otherwise.

Fremont County was chosen as one of three counties to work with in the spring 2013 semester. The projects requested by Fremont County were Photo Voice Assessments, Community Engagement, and Data Analysis and Interpretation. The goal of this portion, Data Analysis and Interpretation, was to review all the existing assessments and data collected for Fremont County, collect new and current data, develop a methodology/criteria to determine priority health issues, and report these findings back to the county. See Appendix A.

The steps involved in this process were:

- Inventory all existing and relevant health data in Fremont County
- Develop a criteria for filtering data
- Identify trends in health in Fremont County
- Identify vulnerable populations within the County
- Identify resources and tools to manage health issues
- Set top priorities to focus resources through 2018

Determining and reporting of key health outcomes for Fremont County is important, as it is a vital first step to implementing interventions targeting desired health changes. Development of community health improvement plans, including key stakeholders and developing partnerships are critical for targeting health problems in Fremont County. Based on these community surveys, a review of comprehensive health data, public health trends, Colorado's 10 Winnable Battles and the input of allied agencies and coalitions the following top priorities were identifying for Fremont County.

<b>FREMONT COUNTY TOP THREE HEALTH PRIORITIES</b>
<b>Priority 1 – Mental Health/Substance Abuse</b> Alcohol Related Traffic Fatalities Suicide Prevention
<b>Priority 2 – Tobacco Use</b> Smoking Rates Among Targeted Populations Lung Cancer Screening Rates
<b>Priority 3 – Maternal Child Health</b> Prenatal Care Unsafe Weight Gain During Pregnancy

# County Overview

Fremont County was founded in 1861. It is named for John C. Frémont. The county has a total area of 1,534 square miles, of which 1,533 square miles is land and 0.9 square miles (0.06%) is water. It includes the cities/towns of Canon City, Florence, Penrose, Cotopaxi, Howard, Coaldale, Wellsville, Rockvale, Coal Creek, Texas Creek and Brookside and is located approximately 35 miles south and west of Colorado Springs (Figure 1).

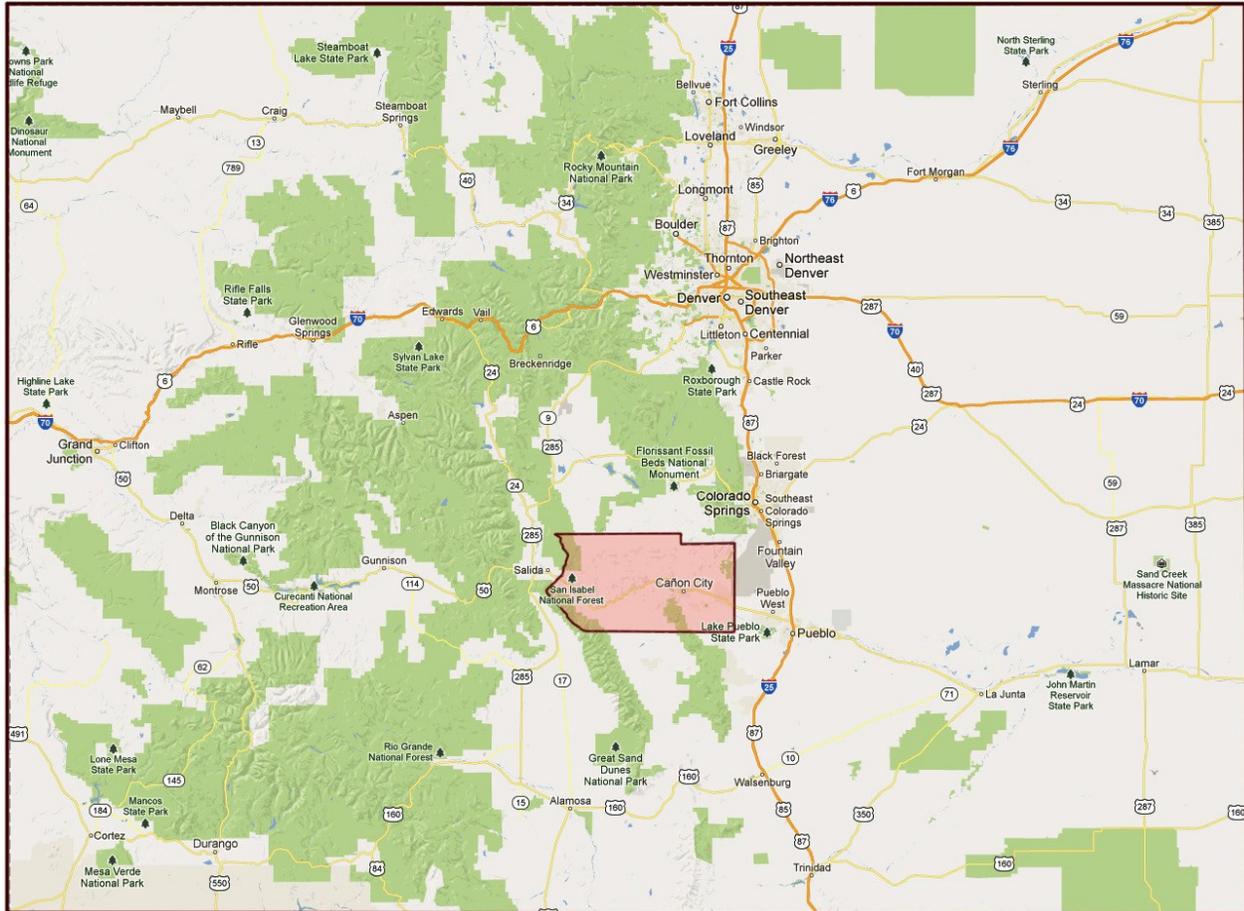


Figure 1

The Colorado Department of Corrections operates several prisons within the county. The department operates the Colorado Territorial Correctional Facility in Cañon City. Other prisons include Arrowhead Correctional Center, Centennial Correctional Facility, Fremont Correctional Facility, Four Mile Correctional Center, and Skyline Correctional Center. The Federal Bureau of Prisons also operates the Federal Correctional Complex in Fremont County, which consists of several separate institutions including the only supermax facility in the federal system.

Fremont County's total population estimate for 2012 is 46,788, which was a 0.10% decrease since 2010. The Colorado State Demography Office, however, projects a steady increase in

Fremont County’s population, anticipating a 40% increase between 2012 and 2040. According to the 2010 Census, 58.4% of the total population is male and 41.6% is female. The uneven distribution of gender is more pronounced for the middle-aged population, ages 25-54, which is shown in the Population Pyramid (Figure 2). This distribution could be attributed to the large inmate population and consistent male-oriented employment opportunities at the correctional facilities. The decrease in females ages 20-40 could be attributed to females moving to other cities for employment and educational opportunities. The project population growth and skewed population pyramid indicate a need to continue expanding public health resources and efforts for all Fremont County residents, with an emphasis on services for middle-aged males.

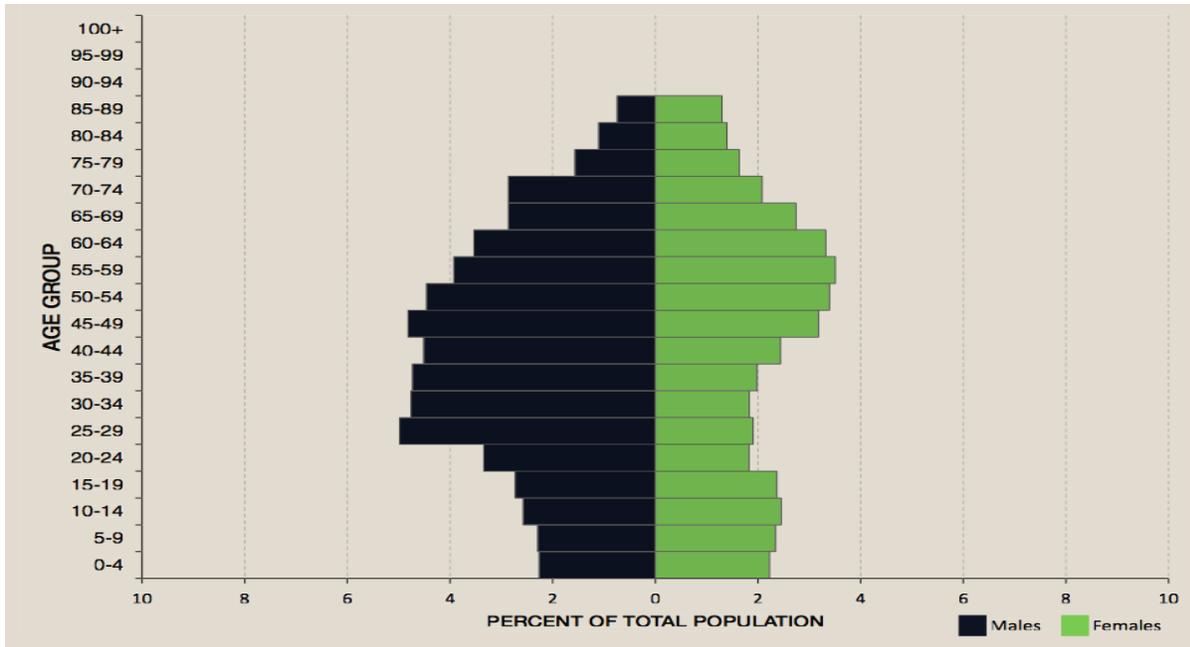
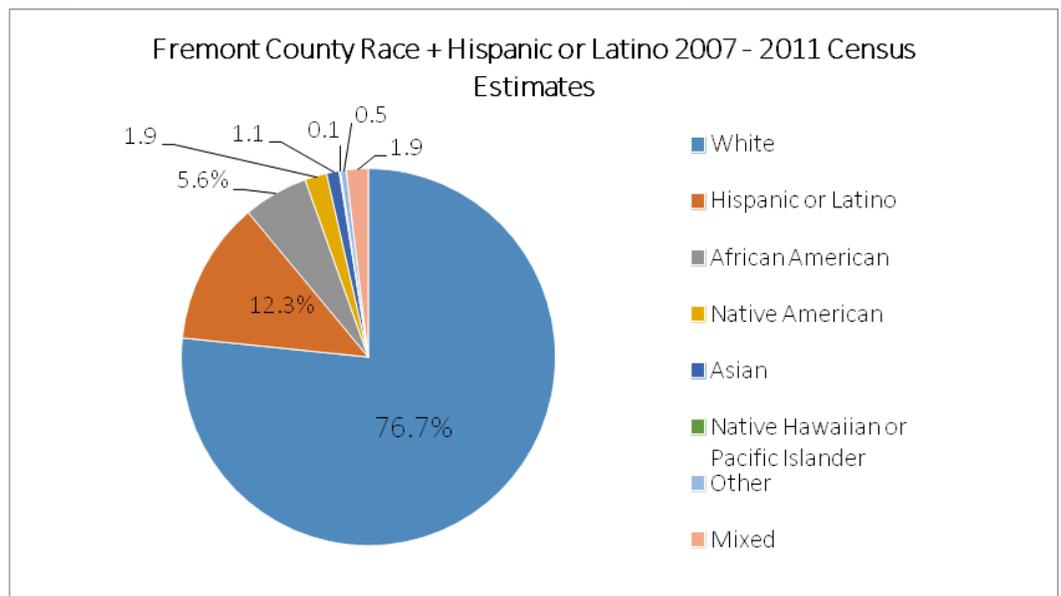


Figure 2

The racial and ethnic diversity of Fremont County can be found in Figure 3. The majority of Fremont County is white/non-Hispanic, with nearly a quarter of the population comprised of other backgrounds. Hispanic/Latino make up 17.9% of the total population, showing a need for cultural considerations when addressing health related issues with Spanish-Speaking groups.



Between 2007-2011, 83.8% of the population of Fremont County graduated with a high school degree or higher (Figure 4) which is only slightly lower than the state of Colorado (89.6%).

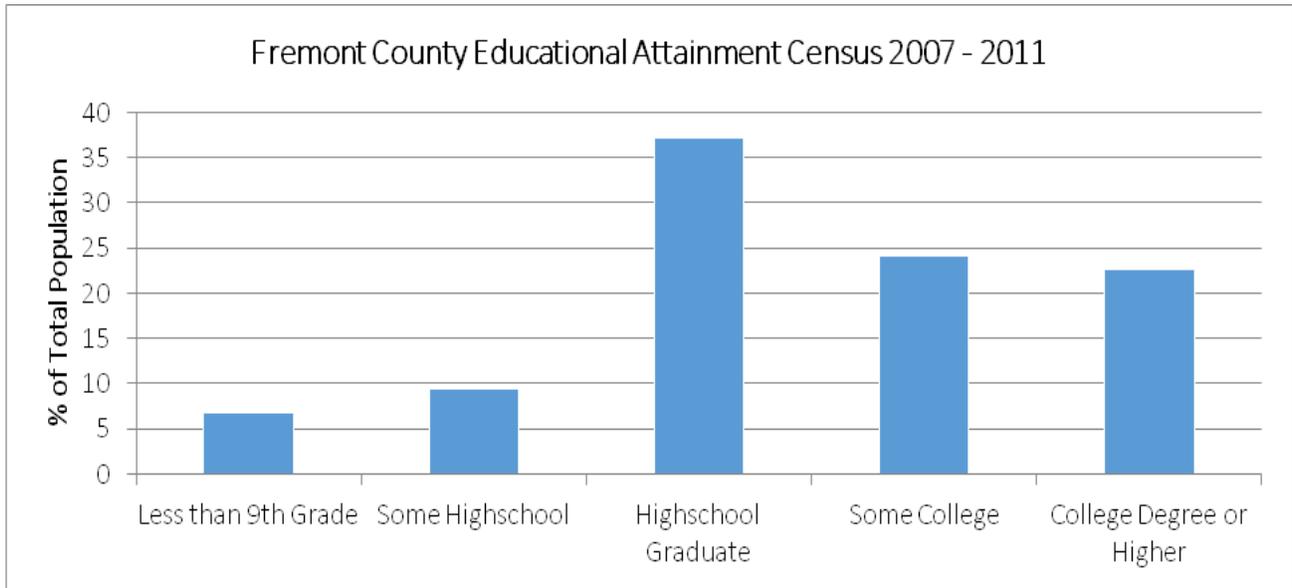


Figure 4

The poverty rate in Fremont County is relatively high. The unemployment rate matches the state's rate at 7.6%. Families in Fremont County represent 12.4% of the population at an annual income below the Federal Poverty Level, compared to 8.7% of families in the state of Colorado. Moreover, 23.2% of children under 18 and 32.4% of children under 5 live below the poverty level. Poverty level percentages are higher than Colorado as a whole (16.6% and 20.1% respectively). The uninsured rate for Fremont County is 11.4% according to the Colorado Health Institute. Populations at lower socio-economic status can experience greater hardship and worsened health outcomes; therefore, it is imperative to keep these populations in the forefront when planning for future public health initiatives.

# Methods and Data

Fremont County is located in the Health Statistics Region 13 (consists of Lake, Chaffee, Fremont, and Custer Counties) of Colorado as defined by the CDPHE. (See Figure 4). Although it is a geographical subdivision of one of the healthiest states in the US, there are several health outcomes and behaviors that can be improved upon in Fremont County. Preliminary data suggests a number of adverse health outcomes or behaviors including but not limited to high smoking rates, high levels of obesity among children and poor or often lack of access to adequate healthcare services. As public health practitioners, it is important to identify the extent of negative (and positive) outcomes and behaviors in partitioned land regions, as public health initiatives may need to be individualized to the county. While there is a significant amount of health information data available for Fremont County, focused reports on health outcomes and behaviors are lacking. Thus, the primary aim of this project was to collaborate with the FCPHA in systematically identifying, describing and reporting the primary and secondary health outcome data available for Fremont County. The outputs of the project are designed to help inform a community health improvement plan and policy makers in addressing the primary health concerns of the community, while also generating resources that may improve the overall long term health status of the county.

The first stage was to assemble all the existing data. Fremont County had approximately fifty documents in the form of reports, assessments, databases, and summaries. The remaining data used in this analysis was secondary data from the CDPHE, the Colorado Health Institute, the American Community Survey and Census, the Behavioral Risk Factor Surveillance System, and the County Health Rankings and Roadmaps. The data was reviewed and inventoried for content and relevance.

The next step was to determine criteria for selecting priority issues out of all health issues in Fremont County. National and State health priorities were used as a baseline criteria for selecting priority health issues. The national priorities used were from the US Health and Human Service's Healthy People 2020. The state priorities were from Colorado's Ten Winnable Battles. The benefit of using these as criteria to determine health priorities was that resources, support, funding, and research had already been generated at a national and state level to begin to deal with these health issues.

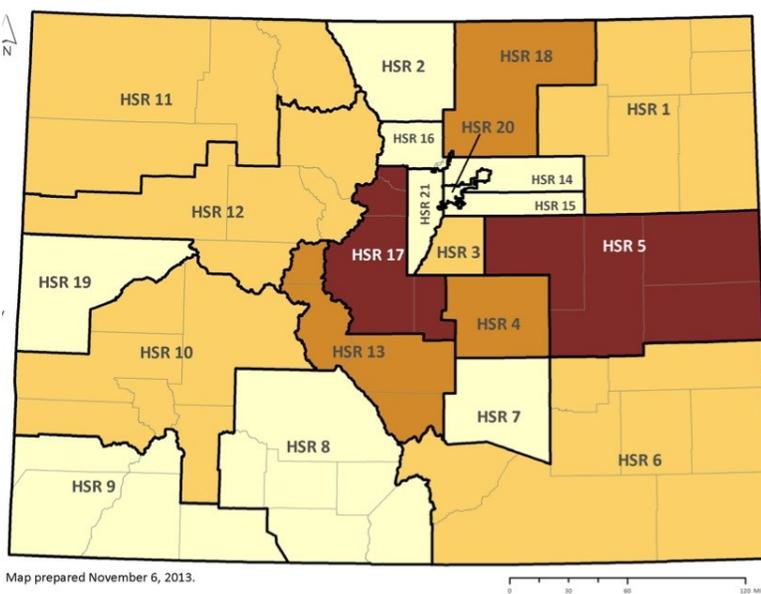


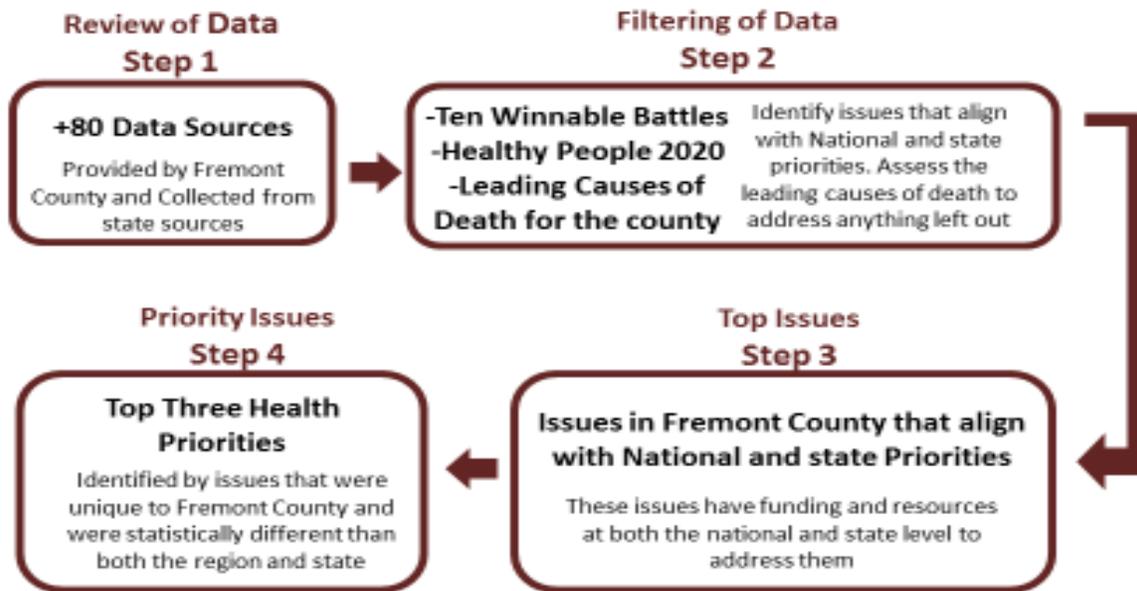
Figure 4

In addition to national and state priorities, the Data Analysis and Interpretation team needed criteria that could account for local health issues that may have not included in national and

state priorities. For this, the team reviewed the leading causes of death in Fremont County to be used as additional local level criteria for selecting priority health issues.

The final step in determining the Fremont County priority health issues looked at the remaining issues in the context of the state, the health statistics region (aggregate areas determined by the CDPHE), and the county itself. Health indicator data was collected from the CDPHE on all the remaining health issues. See Figure 5.

**Colorado School of Public Health**  
 FREMONT COUNTY DATA ANALYSIS AND INTERPRETATION



Fremont County, Colorado | May 2013

Figure 5

These issues were reviewed based on the significance of the issue for Fremont County in the context of the regional data and statewide data, resulting in the top three health priorities. See Figure 6.

<p><b>Priority 1 – Mental Health/Substance Abuse</b>          Alcohol Related Traffic Fatalities          Suicide Prevention</p>
<p><b>Priority 2 – Tobacco Use</b>          Smoking Rates Among Targeted Populations          Lung Cancer Screening Rates</p>
<p><b>Priority 3 – Maternal Child Health</b>          Prenatal Care          Unsafe Weight Gain During Pregnancy</p>

Figure 6

# Capacity Assessment

Fremont County Public Health Agency (FCPHA) evaluated its capacity to perform the Core Public Health Services listed below with the input of community members, school districts, mental healthcare providers, local partners, stakeholders and the county Department of Human Services. As FCPHA has undergone significant staffing and organizational changes since the most recent assessment, an updated capacity assessment is underway, however it has been well established that resources are currently stretched to capacity.

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

Based on its current capacity, the following reflects the strengths and challenges of programs, priorities and services for FCPHA:

**Administration and Governance** – FCPHA infrastructure is supported by Fremont County government for facilities, human resources, information technology and per capita funding. FCPHA is part of a strong regional collaboration of partners that provide mutual and cooperative support in providing health services to the community.

**Assessment, Planning and Communication** – FCPHA is growing in its capacity to engage, identify and evaluate community health problems, but as the 2013 Community Assessment demonstrates, FCPHA has the ability to identify and strategize public health needs. Again, FCPHA is fortunate to have a vital health collaborative available.

**Vital Records and Statistics** – FCPHA has a thriving vital records and statistics program housed within the agency.

**Communicable Disease Prevention, Investigation and Control** – FCPHA is responsible for monitoring the Colorado Electronic Disease Reporting System (CEDRS), investigating disease transmission and reporting. FCPHA has a close relationship with St. Thomas More Hospital that works closely with Public Health when cases are diagnosed and reported. A notable challenge would be the ability to track and enhance its ability to monitor, educate about and increase low community immunization rates.

**Prevention and Population Health Promotion** – FCPHA administers maternal child health, prenatal plus, healthy communities, CHINS, tobacco cessation and HCP programs. However, these program responsibilities are shared between PHN who also administer clinic services. It will be a future challenge to maintain these existing services for a growing population without additional resources directly dedicated to these program areas.

**Environmental Health Services** – Beginning in January of 2015 EHS will be under the umbrella of FCPHA. The Environmental Health Officer administers core EH programs including food safety inspection, body art and school sanitation and other core programs. The OWTS program will remain under the Fremont County Building Department.

**Emergency Preparedness and Response** – FCPHA has 0.5 FTE dedicated to Emergency Preparedness and Response. FCPHA is part of a regional group that coordinates preparedness activities and also works closely with hospital EPR staff and the county Emergency Manager.

# Strategies, Indicators, Goals, and Action Steps Priority 1: Mental Illness–Substance Abuse

Currently in the United States, mental health disorders result in the most significant burden of disease as compared to all other diseases. Approximately 13 million Americans are currently suffering from a serious mental illness. While mental health can have significant implications on a person’s well being, it also has profound effects on one’s physical health, increasing the severity and importance of the issue. As the US starts to better grasp the implications of mental illness, there has been an extended effort on treating and understanding the burden of these disorders.

**Fremont County has the highest Suicide Mortality Rates in the State of Colorado, at 34.1% compared to 16.7% for the State.**

Suicide has specifically been identified as a major public health issue throughout the United States, and in Fremont County.

Colorado’s battle with suicide and mental health has been unique as Colorado currently ranks in the top 10 states in terms of suicide rates. Within the state, more people die from suicide than from other prominent diseases such as diabetes or breast cancer. It is important to address suicide as a critical mental health issue, not only because of the severity, but also because of the “ripple effect”.

Motor vehicle deaths due to alcohol are also critically high as related to the State of Colorado and the Nation, with 50% of Fremont County Motor Vehicle Deaths attributed to alcohol. Colorado rates are 42.2% as compared to the National average of 32%.

One of the primary ways to understand the burden of mental illness on a population is to consider the number of poor mental health days per month, with the poorest levels of mental considered to be more than eight days per month of bad mental health. Fremont County had a rapid increase in 2007-2008 in persons reporting eight or more days of poor mental health which at 17.2% was significantly higher than both the state and Region 13. According to 2009-2010 data, that figure seems to have lowered, (14.9%) however it is an issue that is worth monitoring.

The National Alliance on Mental Illness (NAMI) states that recent scientific studies have suggested that nearly one-third of people with all mental illnesses and approximately one-half of people with severe mental illnesses (including bipolar disorder and schizophrenia) also experience substance abuse. Conversely, more than one-third of all alcohol abusers and more than one-half of all drug abusers are also battling mental illness.

Table 1 describes Fremont County’s Strategies and Goals to address Priority 1– Mental Health/

# PRIORITY 1: Mental Health – Substance Abuse

**STRATEGY:** Work with community partners to increase awareness, access and funding in order to reduce suicides and motor vehicle deaths rates due to alcohol within our community.

**Major Indicators:**

- 1) Decreased rate of suicides and suicide attempts
- 2) Decreased motor vehicle accident / death rates due to alcohol
- 3) Decreased mental health hospitalizations

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Re-sponsible
<b>Utilize community partnerships to promote prevention strategies.</b>	<b>By December 2015 FCPHA shall organize community partners, law enforcement and HCP to initiate prevention strategies.</b>	Form coalitions and work groups	FCPHA
		Engage community on awareness and prevention	FCPHA
		Utilize existing work groups to develop strategies	FCPHA, DHS, STM, WCMH
		Engage law enforcement on MH resources	CCPD, FCSO, FCPHA
<b>Increase outreach and awareness of mental health and substance abuse issues and promote access to care and treatment</b>	<b>By December of 2015 establish a working group that meets no less than quarterly to develop strategies and resources to address high rates of suicide and MV fatalities due to alcohol</b>	Organize collaboration work group	FCPHA
		Convene work group to develop & implement prevention plan	FCPHA
		Provide resources list of mental health providers and area crisis lines.	All partners
<b>Create outreach/ Media Awareness and Prevention campaign</b>	<b>By June of 2016 FCPHA shall create work group to develop, fund and implement a suicide prevention campaign</b>	Create work group of mental health care providers, substance abuse partners, law enforcement and social services to discuss prevention campaign	FCPHA
		Seek grant funding to implement a prevention/awareness campaign	FCPHA
		Implement campaign	FCPHA

Table 1

# Strategies, Indicators, Goals, and Action Steps Priority 2: Tobacco Cessation

Tobacco usage is a serious public health issue that plagues the country, the state and Fremont County. There have been widespread anti tobacco campaigns that have made significant reductions in overall tobacco use, however tobacco is still responsible for around 440,000 deaths per year in the United States. In Colorado, about 4,300 individuals die each year from tobacco related conditions.<sup>38</sup> The state spends \$1.3 billion a year on tobacco related health care costs and loses an additional \$1 billion per year in lost productivity. Currently in the state of Colorado, 16.5% of the population smokes compared to 17.3% nationally. In Region 13, that number increases to 24.3%.

**In Fremont County 26.6% of the population smokes, which is currently the highest percentage in the state.**

Just over 46% of Fremont County's 25-34 year old population and 30.0% of the 35-44 year olds smoke cigarettes. In Region 13 that number is 38.8% and 25.4% respectively.

Even more significant is that 26.56% of Fremont County high school students smoke cigarettes. About 25% of male adults in Fremont County smoke while 23.9% of females smoke.

One of the most measured outcomes of cigarettes smoking is lung cancer. Fremont County has significantly higher rates of lung cancer for both men and women throughout 2000-2006 and 2007-2009. Lung cancer rates for men are 85.8/100,000 and for women; 69/100,000.

Given the health repercussions, cost to families in years of life lost, decreased productivity, financial burdens, and cost to the health care system, tobacco use and especially smoking should be the number one health priority of Fremont County, as tobacco related health issues and financial costs are largely preventable.

The tobacco industry spends around \$140 million annually to market their products in Colorado alone. These campaigns are aimed specifically at young people who are the most sensitive to advertising, pricing discounts, and addictive properties of tobacco.

However, due to widespread support of national and state level initiatives to reduce tobacco use, Fremont County has the potential to make significant improvement around tobacco use within its population.

Table 2 describes Fremont County's Strategies and Goals to address Priority 2: Tobacco Cessation.

## PRIORITY 2: Tobacco Cessation

**STRATEGY:** Work with community partners such as HCP, school districts and media to increase tobacco education efforts and increase the rates of lung cancer screening among targeted populations.

**Major Indicators:**

- 1) Decreased rates of lung cancer in men and women
- 2) Decreased the smoking rates among high school students
- 3) Decrease the smoking rates in the 25-34 year old population

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
Work with community partners, school districts and media to promote smoking reduction efforts	By December 2015 community partners will have convened and developed a unified message on smoking cessation.	Identify community partners invested to tobacco cessation	FCPHA
		Develop effective message to info and educate the public	FCPHA, School District, HCP
		Help to enhance anti-smoking message in schools	FCPHA, School Districts
		Engage and info the community on tobacco awareness	FCPHA
Increase public awareness of the importance of lung cancer screening and prevention	By December 2016 lung cancer screening rates among targeted populations shall increase by 10% from pre-planning numbers.	Identify collaborative work group to develop unified message on importance of lung cancer screening	FCPHA
		Set goals, identify capacities and design strategies to increase lung cancer screening	FCPHA
		Create media campaign to educate target population on importance of cancer screening	All partners
		Identify means to track lung cancer screening rates	FCPHA, HCP
Promote school based programs that educate and empower youth about smoking cessation	By December 2015 the smoking rates of HS students shall decrease to regional levels.	Convene school districts and subject matter experts to develop more effective anti-tobacco message	FCPHA, School Districts, HCP
		Increase local support among elected officials, media and HCP to initiate anti-tobacco and prevention programs	FCPHA
		Engage students in smoking cessation plan	School Districts

Table 2

# Strategies, Indicators, Goals, and Action Steps Priority 3: Maternal Health

Currently in Colorado, nearly half of pregnancies are unintended and the US teen birth rates remain the highest among developed countries. While the health implications of these instances can be extensive, the economic impact can also be quite large. It is estimated that more than \$160 millions dollars is spent annually on resulting costs of unintended pregnancy. Unintended pregnancy is also lined to inadequate prenatal care, birth defects, low birth weight, maternal depression, among others.

From 2008—2010, live birth rates for women between the ages of 15-17 was 21/1,000 in Fremont County, compared to 16/1,000 in HSR 13 and 19/1,000 for the State of Colorado.

An emerging concern during pregnancy is adequate and healthy weight gain. Women who are obese or overweight during pregnancy and at the time of birth can be at an increased health risk later in their life. From 2009-2011, 43.63% of women giving birth in Fremont County were considered to be obese/overweight compared to 46.51% in HRS 13 and 42.61% in the State of Colorado. That data is fairly impressive, but the percent of women receiving adequate prenatal care in Fremont County is concerning.

**Just over 50% of women in Fremont County are receiving the prenatal care they need. When combining that number with the fact that in 2008-2010, one in four pregnant women in Fremont County report smoking during the last three months of their pregnancy, risk results can be immense.**

The health of mother and child during pregnancy are often affected by social determinants. It is important to identify the most at-risk populations for particular health issues in order to ensure that adequate resources are available in the community and to better understand the potential root of the problem.

Mother and infant related health complications can be addressed by improving overall access to proper and quality care both during and before pregnancy occurs. It is also important to focus efforts in identifying and treating health conditions following birth that could cause long-term medical consequences for either the mother or the child. (Currently, the Colorado Department of Public Health and Environment is working to improve overall access to affordable contraception, and improving family planning training and services across the state.)

Table 3 describes Fremont County's Strategies and Goals to address Priority 3: Maternal Health.

## PRIORITY 3: Maternal Health

**STRATEGY:** To increase the awareness, identify resources and utilization of effective and adequate prenatal care communitywide.

**Major Indicators:**

- 1) Increase prenatal care
- 2) Decreased obesity rates during pregnancy
- 3) Decreased birth rate among 15-17 year old population

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
<b>Increase the percentage of women receiving adequate prenatal care</b>	<b>By December 2017 the rates of prenatal care in Fremont County shall be within 10% of the statewide average.</b>	Identify means and strategies to increase awareness and opportunities for prenatal care	FCPHA
		Work with HCP to identify resources and gaps to access to prenatal care	FCPHA, HCP
		Develop media message on importance of prenatal care	FCPHA
		Continue to track the community rates for women seeking prenatal care	FCPHA
<b>Decreased unhealthy weight gain during pregnancy</b>	<b>By December 2015 FCPHA shall have developed a common message and media campaign to educate on proper nutrition during pregnancy.</b>	Identify HCP, nutritional experts and obstetricians to develop strategies/messages and resources available in the community	FCPHA
		Develop unified message and program for healthy eating during pregnancy.	All partners
		Develop media educational campaign.	FCPHA
<b>Identify and increase community resources to improve rates of prenatal care.</b>	<b>By June 2016 FCPHA will develop a comprehensive plan to increase prenatal resources in the community.</b>	Identify existing resources in the community and their roles	FCPHA
		Engage partners identifying means and resources to increase prenatal screening rates	FCPHA
		Seek availability of grant funding to increase screening capacity	FCPHA

Table 3

# Monitoring and Evaluation

Each priority area shall be monitored and assessed by SMART objectives described in each of the priority matrices and shall be continually re-evaluated as the goals evolve over the course of the five-year plan. At a minimum the evaluation process shall consist of an amalgam of the following components:

- ◆ Quarterly meetings with community partners, stakeholders and program staff to chart progress and goal measurable.
- ◆ Collection and interpretation of relevant data aligning with each particular goal and objective as appropriate.
- ◆ Compare and contrast disease rates with those found in the community assessment survey to target progress and areas where efforts need to be adapted.
- ◆ Share relevant plan data with health care partners to strategize on whether goal activities are appropriate and effective.
- ◆ Assure that plan activities are being aligned with the best utilization of available resources.
- ◆ Provide regular updates, no less than quarterly, to the Fremont County Board of Health.
- ◆ Monitor health outcomes to insure the priorities are being effectively prioritized during the life of the plan to take into account any emerging needs of the community.

Toward the end of the five year cycle of this plan, a follow-up community assessment shall be performed to determine the effectiveness of the plan and to re-align health priorities for the next plan cycle (2018-2022).

Finally, throughout the life of the FCPHA PHIP, regular contact and reporting to the Statewide Plan shall be conducted through the Office and Planning and Partnerships with the Colorado Department of Public Health and Environment.

# **Coordination with the Colorado Department of Public Health and Environment, and other Health Partners**

This plan was developed in part through the Colorado Health Assessment and Planning System (CHAPS), a structured system based on the best practices and lessons learned through implementation of Colorado’s Public Health Act of 2008. Fremont County Public Health Agency priorities of Mental Health/Substance Abuse and Tobacco Cessation also align with the Colorado Winnable Battles.

The Fremont County Public Health Agency’s Public Health Improvement Plan is also intended to be a living document contingent upon the input, cooperation and support of regional partners and healthcare providers whose assistance went into the creation of this plan and whose participation will help implement it.

# Financial Resources

Revenues for programs and services for Fremont County Public Health Agency come from grants which include emergency response, immunizations combined and core projects, healthy communities, tobacco education, tuberculosis, maternal child health, HCP, vital statistics and pre-natal plus. FCPHA also receives funding from fee for services and general fund monies from Fremont County. The local Board of Health has historically supported public health programs, which has a current annual budget of approximately \$524,791.

FCPHA has been tasked with and will and continually seek funding for its services and the attainment of additional sustainable funding sources to meet the needs of the community and program services.

## Appendix A

# Fremont County Public Health Agency Community Engagement Health Assessment Survey

Community members throughout Fremont County were recruited through many different routes. First, Fremont County Public Health Agency held a grand opening for their newest clinic in Florence with a sign-up sheet that was highlighted for anyone to RSVP to the Community Engagement Event. The Youth Advisory Board students also pitched the event to attendees of the grand opening throughout the night. Additionally, the event was advertised in both of the local Fremont County newspapers. The event was also advertised on Fremont County's Facebook page and one of the county's Commissioners went on KRLN radio to talk about the event and the information to be presented. The Public Health Director also went on KRLN radio a week later to invite people to join in on the event and call the agency to RSVP. Lastly, the agency sent out a mass email to agency directors to extend the invitation. There were 70 individuals that RSVP'd to attend the Community Engagement Event. The community members invited included, but were not limited to, local public health staff, physicians, and advisory boards made up of high school students.

### **Data Collection**

*Rationale-* Due to the high number of individuals that were expected to attend the Community Engagement Event, it was concluded that an electronic response system, a.k.a "clickers" be used to gather community data in this large group setting. The clickers list numbers 0-9 and allow for multiple-choice questions with up to ten possible responses from a predefined set of answers. Only one answer can be chosen per question with this particular system. For each question, the poll remains open until the last person places their answer and then once the poll is closed, responses are immediately shown in bar graph form accompanied with percentages. The use of the clickers allowed for an effective data collection process of a large number of people with limited time and resources. This technique of data collection is fast paced and does not lend itself to deeper discussion of the issues. This makes it an ideal form of data collection for this purpose, as the goal is to scratch the surface in community engagement by choosing only a few health concerns and topics on which to focus. The main objective of this data collection method was to obtain primary data as it relates to the health concerns of the community members within Fremont County.

The clickers were used along with a survey that had been developed to aid in prioritizing issues of the community's concern. The survey addressed a wide number of health concerns that were narrowed down to determine the community's top three health concerns. Many of the questions that were used to develop the survey were based off of previously conducted electronic response questionnaires from The Jefferson County Department of Public Health, Chaffee County Department of Public Health and the North Carolina Opinion Survey. In order to develop a survey that encompassed all the aspects of health concerns FCPHA wished to address, several versions were submitted between the director and the students. To create a finalized version of the survey, questions were established based off of the revised version approved by the director along with consideration for electronic response appropriate questions. Electronic response appropriate questions needed to be considered due to the limitation in response choices and the type of questions that could be reasonably presented through this method. For questions to be fitting for this format, the answer items needed to be clear, concise, and close-ended to get an accurate portrayal of community thoughts and opinions.

*Design and Execution-* Forty-three community members attended the Community Engagement Event that was

held on April 5, 2013, at the Abbey in Cañon City. The event started at 4pm and was scheduled to last until 8pm. Listed below is an outline of the final agenda for the community engagement event.

- 4:00 - 4:30** Check In
- 4:30 - 4:40** Welcome/Introductions
- 4:40 - 5:00** “What is Public Health” presentation by CSPH students
- 5:00 - 5:30** Dinner
- 5:30 - 5:40** Hand out clickers, Introduce Community Health Assessment
- 5:40 – 7:00** “Health status of Fremont County” activity using clickers
- 7:00 – 7:15** Wrap up/Discussion

FCPHA provided a sign-in sheet that consisted of all the individuals that had previously RSVP’d based on the recruitment strategies discussed. Each individual that attended the engagement event signed-in as they entered the event room where they received a name tag and provided an email address for further follow up if necessary. By 4:35pm there were 43 community members that had signed-in and the event began as scheduled. No one arrived after the start of the event.

The community members were first introduced to public health in a fifteen-minute “What is Public Health Presentation”. This presentation included items such as the definition of public health, what public health does in a community, Colorado’s 10 Winnable Battles, and also a three-minute video demonstrating what public health is to various members of the general public. The community members appeared very engaged in the topic and many took down notes for further use. Once it was established what public health does within a community and what it could do for Fremont County, dinner was provided. This allowed for discussion of the presentation and a short break. After a half hour for food to be served the students were able to administer the electronic response survey to identify health concerns of Fremont County community members and stakeholders. The following questions were addressed in the survey:

1. How old are you?
2. In general, would you say that your physical health is excellent, very good, good, fair or poor?
3. In general, would you say that your mental health is excellent, very good, good, fair, or poor?
4. On a scale of 1 to 5, how healthy would you rate Fremont County as a place to live?
5. On a scale of 1 to 5, how healthy would you rate Fremont County as a place for children to live?
6. On a scale of 1 to 5, how healthy would you rate Fremont County as a place to retire in?
7. From the list, what do you think are the 3 most important health issues in Fremont County?
  - a. Cancer
  - b. Alzheimer’s
  - c. Injury (motor vehicle, suicide, accidents, etc.)
  - d. Heart disease/heart attacks
  - e. Infectious/contagious diseases
  - f. Mental health
  - g. Substance abuse
  - h. Diabetes
  - i. Tobacco use
  - j. Unintended Pregnancies
8. Where do you get most of your health-related information?
9. On a scale of 1 to 5, how would you rate access to health care in Fremont County?

10. On a scale of 1 to 5, how would you rate access to mental health care in Fremont County?
11. Do you regularly go outside Fremont County for health services?
12. If you regularly go outside Fremont County for health services, which is the most important reason why?
13. I get a flu shot every year.
14. From the list of Colorado's 10 Winnable Battles, what do you think are the 3 most important factors for Fremont County to focus on improving in the next 5 years?
  - a. Clean air
  - b. Clean water
  - c. Infectious disease prevention
  - d. Injury prevention
  - e. Mental health and substance abuse
  - f. Obesity
  - g. Oral health
  - h. Safe food
  - i. Tobacco
  - j. Unintended Pregnancy

To collect data for the three questions above where the participants were asked to rank their top health concerns, winnable battles, and sources of health-related information, a process of ranking was used to help participants prioritize items. Participants were asked to write down their top three choices on paper from the provided list of answers. The respondents then submitted their vote for the most important or top choice out of the three written down followed by the least important option out of their top three issues. Finally, participants were asked to submit the second and remaining item. For health related information, community members only ranked their top two choices.

### **Community Health Assessment Online Survey**

*Rationale, Design, and Execution:* After the Community Engagement Event concluded, the students and the Fremont County Public Health Director decided to further the outreach within the community. It was determined that the best way in executing these efforts would be to produce an online survey that consisted of 34 questions and would only take an individual approximately 20 minutes to complete. This survey would have much of the same recruitment methods that the Community Engagement Event had along with some additional methods. Carla Dionne recruited participants through county health fairs where Fremont County Public Health Agency took laptops and aircards to invite individuals to complete the survey within their booth to receive an indicated incentive. This online survey consisted of all the questions that were asked at the Community Engagement Event to be able to include those who did not attend. Additional questions were added from the previous surveys mentioned along with some recommendations. Producing an online survey allowed for further development of questions that could not be asked in a large, group survey manner like that conducted at the Community Engagement Event. This type of survey format also allowed the students to provide additional options for individuals to choose from. The online survey consisted of the following questions:

1. Area in which you live or that is closest to your home?
2. What is your sex?
3. How old are you?
4. How do you describe yourself? You can choose one answer OR more than one.

5. Do you speak a language other than English at home?
  - a. If yes, what language do you speak in your home? \_\_\_\_\_
6. During the past 12 months, what was the total combined income of all members of your household before taxes? (Household refers to yourself and anyone with whom you live)
7. Highest educational level completed?
8. Does everyone in your household have health insurance?
9. Does everyone in your household have dental insurance?
10. How long have you lived in Fremont County?
11. In general, would you say that your physical health is...?
12. In general, would you say that your mental health is...?
13. On a scale of 1 to 5, how healthy would you rate Fremont County as a place to live?
14. On a scale of 1 to 5, how healthy would you rate Fremont County as a place for children to live?
15. On a scale of 1 to 5, how healthy would you rate Fremont County as a place to retire in?
16. This question is about the health concerns that have the largest impact on the community as a whole. From the list, what do you think are the 3 most important health issues in Fremont County?
  - a. Cancer
  - b. Alzheimer's
  - c. Injury (motor vehicle, suicide, accidents, etc.)
  - d. Heart disease/heart attacks
  - e. Infectious/contagious diseases
  - f. Mental health
  - g. Substance abuse
  - h. Diabetes
  - i. Tobacco use
  - j. Unintended Pregnancies
17. This next question is about unhealthy behaviors that some individuals do that have the largest impact on the community as a whole. Please look at this list of unhealthy behaviors. Pick top 3 unhealthy behaviors in Fremont County.
  - a. \_\_\_ Alcohol abuse
  - b. \_\_\_ Drug abuse
  - c. \_\_\_ Having unsafe sex
  - d. \_\_\_ Lack of exercise
  - e. \_\_\_ Not getting immunizations ("shots") to prevent disease
  - f. \_\_\_ Not using child safety seats
  - g. \_\_\_ Not using seat belts
  - h. \_\_\_ Not going to a dentist for preventive check-ups / care
  - i. \_\_\_ Not going to the doctor for yearly check-ups and screenings
  - j. \_\_\_ Not getting prenatal (pregnancy) care.
  - k. \_\_\_ Poor eating habits
  - l. \_\_\_ Reckless/drunk driving

- m. \_\_\_ Smoking/tobacco use
- n. \_\_\_ Suicide
- o. \_\_\_ Violent behavior
- p. \_\_\_ Other: \_\_\_\_\_

18. Where do you get most of your health-related information?
19. On a scale of 1 to 5, how would you rate access to health care in Fremont County?
20. On a scale of 1 to 5, how would you rate access to mental health care in Fremont County?
21. Do you regularly go outside of Fremont County for health services?
22. If you regularly go outside Fremont County for health services, which is the most important reason why?
23. I get a flu shot every year:
24. Next is a list of Colorado's 10 Winnable Battles for Public Health. From the list, what do you think are the 3 most important areas for Fremont County to focus on improving in the next 5 years?
25. During a normal week, other than in your regular job, do you engage in any exercise activity that lasts at least a half an hour?
26. If you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.
27. How many hours per day do you watch TV, play video games, or use the computer for recreation?
28. On a scale of 1 to 5, how would you rate access to healthy food in Fremont County?
29. Have you or anyone in your household been affected by any of the following infectious diseases in the last 5 years? You may choose as many as you would like.
30. Do you believe that substance abuse is a problem in Fremont County?
31. If you answered yes to the previous question, which substances do you believe to be the most important issues in Fremont County?
32. Is there any additional information about health issues in Fremont County you would like to add that were not addressed in this survey?
33. What are the greatest strengths of Fremont County?
34. What are areas that need improvement?

### **Data Analysis**

Because of the use of the electronic response system, or "clickers", the survey results could be analyzed immediately. Once the participants had selected their choice, the results were sent to a receiver that was connected to the computer where the survey was being presented. Upon completing the question, the survey was closed and the electronic response system instantly analyzed the results for that particular question. Results for the questions were immediately displayed for the participants to view in both graph and percentage form.

To analyze the questions that required ranking, each answer was assigned a weight to generate a total score. The answer that was rated highest by a participant was given a scoring weight of 3. The number of votes for each answer was then multiplied by 3 points to give their top issue or health concern the most weight. The least important of their three answers was given a weight of 1 and the remaining answer was given a weight of 2. The points for each answer provided were then totaled. For example, if one particular answer had 4 participant votes for most important (4 x 3), 6 votes for least important (6 x 1) and 5 votes for second most important (5 x 2), then the total score would come out to be 28. The issue with the highest score was determined as the issue with the highest priority, or most importance, according to the community.

A complete table analyzing the ranked results is included below. This process was followed to determine the community's main health concerns, the Winnable Battle they felt was most important, as well as the main

source for health related materials. For the last question only weights of two and one were used because the students asked for only their top two choices. This allowed for the most accurate results in community member rankings.

**Table 1. Top Health Concerns in Fremont County**

Health Issues	Top Priority x3	2 <sup>nd</sup> Priority x2	3 <sup>rd</sup> Priority x1	Final Score	Total Number of Votes
Substance Abuse	(3 x 17)=51	(2 x 9)=18	(1 x 2)=2	71	28
Mental Health	(3 x 7)=21	(2 x 7)=14	(1 x 5)=5	40	19
Tobacco	(3 x 3)=9	(2 x 6)=12	(1 x 10)=10	31	19
Diabetes	(3 x 4)=12	(2 x 3)=6	(1 x 5)=5	23	12
Unintended Pregnancy	(3 x 0)=0	(2 x 7)=14	(1 x 7)=7	21	14
Heart Disease	(3 x 5)=15	(2 x 2)=4	(1 x 1)=1	20	8
Alzheimer's	(3 x 4)=12	(2 x 2)=4	(1 x 2)=2	18	8
Cancer	(3 x 1)=3	(2 x 3)=6	(1 x 6)=6	15	10
Injury	(3 x 1)=3	(2 x 3)=6	(1 x 2)=2	11	6
Infectious Disease	(3 x 1)=3	(2 x 0)=0	(1 x 1)=1	4	2

**Table 2. Top Sources of Health Related Information for Fremont County**

Resource	Top Choice	2 <sup>nd</sup> Choice	Final Score	Total Number
Doctor, Nurse,	(2 x 11)=22	(1 x 19)=19	41	30
Internet	(2 x 15)=30	(1 x 10)=10	40	25
Books, Maga-	(2 x 5)=10	(1 x 8)=8	18	13
Television, Radio or Bul-	(2 x 6)=12	(1 x 2)=2	14	8
Friends or	(2 x 3)=6	(1 x 3)=3	9	6
Don't seek	(2 x 2)=4	(1 x 0)=0	4	2
Grocery store	(2 x 0)=0	(1 x 0)=0	0	0
Help Lines	(2 x 0)=0	(1 x 0)=0	0	0
Schools or	(2 x 0)=0	(1 x 0)=0	0	0

**Table 3. Fremont County Top Winnable Battles**

Winnable Battles	Top Priority x3	2 <sup>nd</sup> Priority x2	3 <sup>rd</sup> Priority x1	Final Score	Total Number of Votes
Mental Health/	(3 x 32)=96	(2 x 3)=6	(1 x 0)=0	102	35
Obesity	(3 x 3)=9	(2 x 9)=18	(1 x 13)=13	40	25
Tobacco	(3 x 0)=0	(2 x 7)=14	(1 x 11)=11	25	25
Clean Water	(3 x 3)=9	(2 x 4)=8	(1 x 3)=3	20	10
Unintended Pregnant-	(3 x 0)=0	(2 x 7)=14	(1 x 5)=5	19	12
Food Safety	(3 x 0)=0	(2 x 5)=10	(1 x 4)=4	14	9
Infectious Disease	(3 x 2)=6	(2 x 3)=6	(1 x 2)=2	14	7
Clean Air	(3 x 1)=3	(2 x 4)=8	(1 x 1)=1	12	6
Injury	(3 x 1)=3	(2 x 0)=0	(1 x 3)=3	6	4
Oral Health	(3 x 0)=0	(2 x 1)=2	(1 x 1)=1	3	2

## Results

The following discusses the many findings from the community engagement event. Each section is separated by question and is based on the results from the survey as previously discussed in the analysis section.

### Age

The Community Engagement Event had a turn-out of 43 people total. The highest percentage of participants was in the age range of 50 to 64 years old (30%), with a total of 13 participants. The second highest age group in attendance was 75+ (10 participants) making up 23% of the participants followed by those between ages 65 to 74. Teenagers only accounted for 5% of the group and 18% were between the ages of 20 and 40. The majority of the group turned out to be slightly older than the average age of a Fremont County resident (43.6).

### Physical and Mental Health

When asked to rate their physical health, the majority of the community members rated it as “very good” with “good” being a close second (38% and 36%, respectively). No one considered his or her physical health to be “poor” while only 5% considered their physical health as the highest form, “excellent”. One person was unaccounted for when gathering these physical health ratings. Similar to physical health, the majority of the community members rated their mental health as “very good” (37%). However, “excellent” was the second highest at the event with 30% of participants rating their health as that. Again, no one considered his or her mental health to be “poor”. Overall, these results portray that the community members who participated in the event view their mental health as slightly better than their physical health.

### Fremont County as a place to live

The participants were asked how healthy they would rate Fremont County as a place to live. There was a tie for the top answer with both “healthy” and “somewhat healthy” receiving 33% of the votes (14 votes each). “Unhealthy” received 16% of the votes, followed by “very healthy” at 14%. “Very unhealthy” received the lowest amount of votes with 5%. This shows that the majority of the participants view their place of residence as at least “somewhat healthy” but a good amount find as not such a healthy place to live. This could be due to location or access to resources throughout the county residents in attendance.

### **Fremont County as a place for children to live and to retire in**

Similar to the previous question, the participants were asked to rate how healthy Fremont County is as both a place for children to live and to retire in. The top vote for Fremont as a place for children to live and to retire was “healthy” at 30% and 43% respectively. “Somewhat healthy” was the second highest rating for both categories as well. Though 10% viewed Fremont County as a “very unhealthy” place to retire compared to the 5% choosing “very unhealthy” as a place for children to live, the overall results suggest Fremont County is generally a healthier place for retirees than it is for children.

### **Top Health Issues in Fremont County**

The results from the weighted analysis technique identified the top health concern as “Substance Abuse” based on community rankings. Substance abuse received a final ranking of 71, which was overwhelmingly the majority. The second highest health concern ranked was “Mental Health” with a score of 40, followed by “Tobacco” with a score of 31. “Infectious Disease” was the lowest scoring concern with a total of 4.

### **Health Related Information**

When asked where the community members received the majority of their health related information, the top source of information came from doctors, nurses or pharmacists with a score of 41 points. The second leading health information source turned out to be the Internet, which was behind the leading source by only point. No one said they received health related information from grocery stores, help lines, or schools and churches.

### **Access to Health Care/ Mental Health Care**

When asked to rate access to healthcare in Fremont County, a majority (43%) responded with “not easily accessible” with “somewhat accessible” following as the second highest response. No one voted for “not accessible at all”. When asked about mental health care access, the responses were very similar as they were to general health care access. The highest number of votes went towards “not easily accessible” followed by “somewhat easily accessible”, “easily accessible”, and “very easily accessible” respectively. However, 5 people voted for “not accessible at all” when referring to mental health care access. Two of the attendees did not respond to the mental health care access question so they were not accounted for. These results show that health care access, both general and mental, is not very accessible for the community members of Fremont County.

### **Outside Fremont County Health Services**

Based on the previous responses, the majority of participants believe access to healthcare to be limited in Fremont County. Thus, an overwhelming majority of participants (63%) said that they regularly go outside of the county for health care services. The two main reasons for that being that the quality of healthcare was better outside of Fremont County or their needed services were not available inside the county. Some attendees said they went outside Fremont County for healthcare services but their reasoning was not listed as one of the survey options.

### **Flu Shot**

The community members were also asked if they received an annual flu shot and 57% of participants reported “always” getting a flu shot every year. The second highest number of respondents (29%) said they “rarely or never” get an annual flu shot.

### **10 Winnable Battles**

Out of the 10 Winnable Battles, Fremont County community members ranked “Mental Health/Substance Abuse” as the top priority for the county to focus on with a score of 102. This aligns with the results from earlier where these two issues were voted as the top two community health concerns. The second Winnable Battle chosen to focus efforts towards in the county was “Obesity” falling behind by 62 votes (receiving a score of

40). The third issue chosen was “Tobacco” with a score of 25, which also supports the results from above where “Tobacco” was chosen as the 3<sup>rd</sup> biggest health concern.

### ***Limitations***

In conducting the Community Engagement Event and putting together data collection methods, a few limitations arose which will be discussed further in this section.

One of the first limitations was due to the use of the electronic response system to collect data. With this type of data collection, answers are close-ended and predetermined by those who administer the survey. This only gives community members the option to make a decision between the choices that are offered. Another limitation that was discovered while at the Community Engagement Event was the difficulty that the participants had in understanding the clicker choices at times. The answers were displayed by allowing the participant to choose between “0” and “9”. The choice of “0” as the first possible answer was confusing to some as they entered “1” instead. A couple of the questions had to be redone at the event to ensure that the participants had chosen accurately. With only a few of the questions redone to ensure accuracy, it may be possible that some of the findings are skewed for other questions if the community members entered an item they did not intend to. Additionally, this method of data collection only allowed for a certain amount of questions to be asked in the time allotted which led to the decision to develop an online survey for further follow up.

Though there was a great turn out for the Community Engagement Event, the results here cannot guarantee to represent the entire Fremont County opinion. The average age in the room was higher than the average age of a Fremont County resident which could result in a bias outcome. Also, we did not ask which part of the county the participants came from which could skew results to certain questions about access and health care services provided. A few of the questions in the survey did not leave an option for the participant to answer “I don’t know” or “Not Applicable”. This could have resulted in forcing a participant to choose an answer based off of a guess, such as how they would rate access to health care in the county. Though these limitations could have altered some of the results from the group survey conducted at the community engagement event, the online survey was developed to address the problems related to these limitations.

## **Conclusions**

The Community Engagement Event gathered important insight for Fremont County to consider in the continuation of their Community Health Assessment process. The community members showed vast interest in the improvement process for the county and proved to be valuable resources in providing community perspective on health related issues. Among the findings, limited access to healthcare and substance abuse as a health concern emerged as some of the top issues among the community members that attended the event. The results show need for improvement in these areas and should be used in conjunction with other primary and secondary data to determine where resources would be most appropriately allocated.

As Fremont County continues their movement through the CHAPS phases, the data gathered in this project, along with the results from the online survey, should be used as a base for the third phase of conducting community health assessments. To establish community goals and strategies for health improvement, more information should be obtained to finalize a collective assessment of the overall status of health in Fremont County. In utilizing that data, along with information regarding their capacity for change, Fremont County will be able to begin prioritizing issues and narrowing down the focus to begin implementing a health improvement plan that benefits its community members.

# Recommendations

## Engagement

Consider conducting a few more rounds of discussion for Forces of Change, Strengths and Themes to be sure that a better representation of the community is reached. This will aid in identifying what is working already within the Fremont community and the trends, factors and/or events that affect the communities' health. This will also assure that FCPHA hears all of the ideas from many individuals by reaching the point where most ideas will be repeated, which allows for a more conclusive analysis and list of health items the community wishes to address.

Conduct focus groups, nominal groups and/or key informant interviews to maximize community discussion on selected issues to further understand the major health concerns that arose during the community event. This may also assist in the identification of potential resources and solutions that may be available to improve community outcomes.

Work to recruit additional community members that include a more diverse selection for additional focus groups, nominal groups and/or key informant interviews for further data collection and to ensure that varying community perspectives are being captured.

Consider conducting a similar process in other locations of the county to examine new perspectives and ensure broader community participation for those who were unable to attend the original event.

Follow up with the community members who attended the Community Engagement Night and any future events to raise awareness, interest and a sense of involvement in the health assessment process.

## Mobilization

Take advantage of the fact that most participants at the event were very motivated and engaged in the overall well-being of the community. Individual follow up and continued capacity building should be continued to keep the energy and momentum from the Community Engagement Event to further the collaborative process for more effective results.

Collaborate with existing health organizations in Fremont to influence resources and work on the identified health concerns. Increasing collaboration and partnerships with Fremont organizations is critical for influencing change and implementing policies, programs and practices to better the community's health.

After further discussion on the strengths in Fremont County, actively promote those strengths and encourage greater use of them by partnering with other local organizations and health services to develop and support the public health programs that already exist along with the new ones that may be implemented.

# List of Sources

## **Colorado Department of Public Health and Environment**

Colorado Behavioral Risk Factor Surveillance System  
Colorado Health Assessment and Planning System  
Colorado Risk Factor Surveillance System  
Colorado Pregnancy Risk Assessment Monitoring System  
Colorado 10 Winnable Battles  
Office of Planning and Partnerships

## **Other Colorado State Agencies**

Colorado Children's Campaign  
Colorado Health Institute  
Colorado School of Public Health  
Southern Colorado Economic Development District  
State Office of Demographics

## **Federal Government Agencies**

Centers for Disease Control and Prevention  
US Census Bureau  
US Department of Health and Human Services

## **Other Local and National Organizations**

Center for Health Administration  
Centura/St. Thomas More Hospital  
Chaffee County Department of Health  
Custer County Public Health Agency  
Las Animas – Huerfano Counties District Health Department  
OMNI Institute  
Robert Wood Johnson Foundation  
Upper Arkansas Area Council of Governments

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