

Grand County Public Health Improvement Plan

2012-2013

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Acknowledgement of Partners

Grand County Public Health

Grand County Rural Health Network

Corona Research Inc.

Office of Planning & Partnership – Colorado Department of Public Health & Environment

Grand County Board of County Commissioners

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Contents

Contents	3
Executive Summary.....	4
Community Profile	6
System Capacity and Performance Assessment	9
Development of Local Public Health Improvement Plan	11
Goals and Strategies for Improving the Health of Grand County	15
Coordination with CDPHE and Other Public Health Systems	18
Collaboration with Other Agencies and Individuals	20
Financial Resources.....	21
Resources	22
Appendix A.....	23
Appendix B	24
Appendix C	26

Executive Summary

In 2008 the State of Colorado legislature amended the Part 5 Public Health Colorado Revised Statutes 25-1-501. This amendment, called the Public Health Act of 2008 or Senate Bill 08-194,

“was passed to update the Colorado’s public health system as recommended in the 2001 Turning Point Initiative Report and again through the 2007 Community Dialogues process. In summary, the Act:

- Restructured local governmental public health;
- Defined new roles for the State Board of Health as well as local boards of health; and
- Established a collaborative, statewide five year planning cycle.

“the intent of the Act is to improve the performance of the public health system in order to improve the health outcomes of Colorado’s residents and visitors”

The Public Health Improvement Plan is statutorily required under the Public Health Act of 2008 per CRS §25-1-504 (3)(b)(I):

“To complete a community health assessment and to create the county or district public health plan at least every five years under the direction of the county or district board and to submit the plan to the county or district board and state board for review.”

In October 2011, the State Board of Health adopted 6 CCR 1014-7 Core Public Health Services for the delivery of Public Health in all 64 counties of Colorado. The Core Public Health Services adopted were:

1. Assessment and Planning
2. Vital Records and Statistics
3. Communicable Disease Prevention, Investigation and Control
4. Prevention and Population Health Promotion
5. Emergency Preparedness and Response
6. Environmental Health
7. Administration and Governance

As a result of the statutes, Grand County Public Health (GCPH) and the Grand County Rural Health Network (GCRHN) embarked upon the Community Health Assessment process in late 2011. GCPH collaborated with Summit County Public Health through the Community Health Assessment and Planning System (CHAPS). Together, we hired Corona Research to facilitate the process and began to engage stakeholders. The process took two years with the final step being this document, the public health improvement plan. Stakeholders and community members were engaged during all phases of the process, which included surveys, focus groups, and a community prioritization meeting. For a detailed timeline, please see **Appendix A** – Timeline of Grand County Community Health Assessment Process.

Community members that participated in the prioritization meeting chose the top ten community health priorities based on 13 criteria such as impact, capacity, and immediacy. Please see **Table 1**. The final outcome of the prioritization meeting included the top five priorities as winnable goals in Grand County over the next five years. This Public Health Improvement Plan is meant to be a living document that can be utilized for all health and human service agencies in Grand County, including GCPH and GCRHN.

GCPH and GCRHN have already begun convening coalitions to identify easy winnable battles in two of the five priorities. Some goals and strategies identified in the prioritization process have already been met. GCRHN, in collaboration with GCPH, has received a Convening for Colorado grant from The Colorado Trust to create a strategic plan for the top five priorities to continue moving the work forward. GCPH and GCRHN are excited to embark upon the journey to improve public health in Grand County by 2017.

Table 1

2013 Grand County Community Health Assessment Top 10 Priorities	
1	Mental Health
2	Access to Health Services
3	Maternal, Infant, & Child Health
4	Substance Abuse/Alcohol
5	Health Information & Awareness
6	System Navigation
7	Dental Health
8	Immunization & Infectious Diseases
9	Domestic Violence Prevention
10	Senior Health

Respectfully Submitted on 11/27/2013 by:



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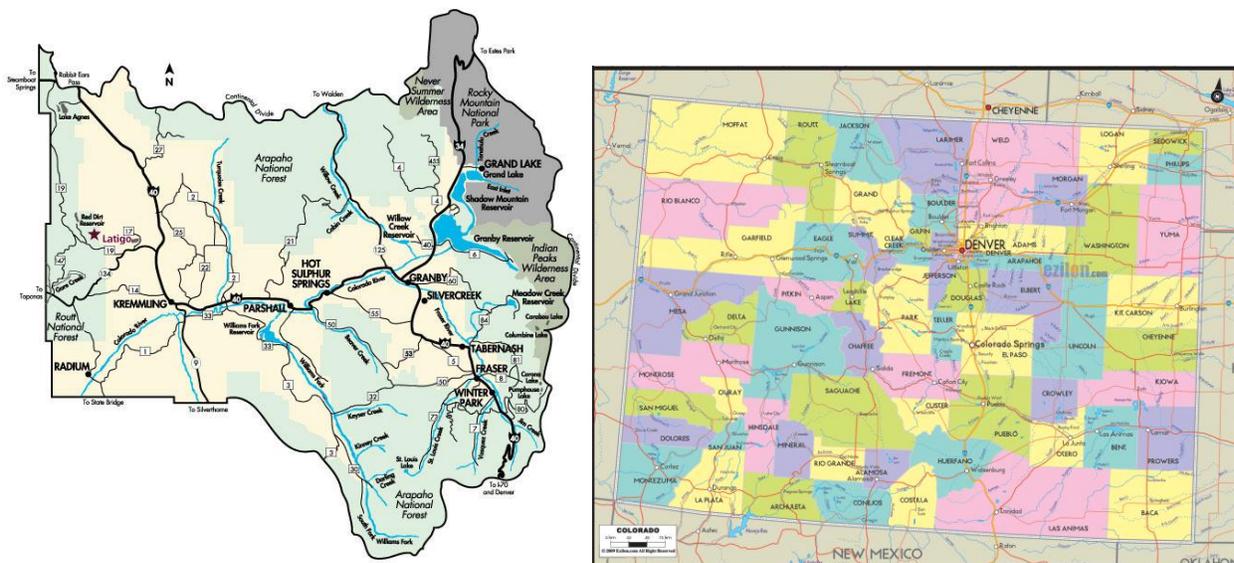
Jen Fanning
 Executive Director, Grand County Rural Health Network

Community Profile

Grand County is located 67 miles northwest of Denver via Highway 40. The county covers 1,870 square miles (one and a half times the size of Rhode Island), with a population of over 14,000 full-time residents. Approximately seventy-five percent of the county's square mileage encompasses national forests, parks, wilderness areas, Bureau of Land Management areas, lakes and reservoirs. The entire eastern border of Grand County is separated from its neighboring counties by the Continental Divide, a range consisting of mountains from 10,000 to 14,000 feet in elevation. Furthermore, Grand County residents must travel over a mountain pass, in any direction, in order to leave the county and access resources in neighboring counties. One mountain pass, Highway 34, connecting Grand County to its eastern neighbor Larimer County is closed nine months of the year due to snow. The other passes close readily in adverse weather conditions.

The county spans approximately 55 miles (as birds fly) from one end to the other. Transportation in Grand County, even with a privately owned vehicle, is a challenge. Grand County public transportation exists only during ski season on a very limited basis and only in Fraser and Winter Park. The only access road through Grand County – US Highway 40 – runs 91 miles over mountain passes and through canyons, posing a significant transportation obstacle for residents to healthcare and other resources. The proximity from Grand County to neighboring Summit and Routt counties also limits access to care. Summit County is approximately 60 miles driving distance from the central location of Granby; Routt County is approximately 80 miles from Granby. Residents on the east side of Grand County can travel to Denver in approximately one hour. Jackson County to the north of Grand County has a total population of fewer than 5,000 residents and therefore lacks resources to meet the needs of our community. Please see **Picture 1** for a map of Grand County.

Picture 1 – Map of Grand County



Grand County has seen a significant down-valley migration over the past several years; meaning residents are moving from the economic centers of Fraser and Winter Park to less expensive housing in the Western part

of the county. This common phenomenon in resort areas demonstrates the disparity between socioeconomic classes in the county. Winter Park and the Fraser Valley are the economic centers of the county with the largest employers and highest-grossing companies, specifically Winter Park Resort. All previous community needs assessments have shown the majority of full-time residents (nearly 10,000 people) live on the west end of the county, in Granby, Hot Sulphur Springs, Kremmling and Grand Lake, because cost of living and incomes are significantly lower.

Demographics

The population of Grand County in 2010 was 14,843 with the majority of individuals (68.6%) aged 19 to 64. According to the 2010 Census, 4.9% of people were under the age of 5, 19.2% under the age of 18, and 12.2% over the age of 65. There were about an even number of males (54%) and females (46%). The population is primarily white non-Hispanic, non-Latino (89.4%). The next largest ethnic group is Hispanic (7.6%), followed by two or more races (1.8%). The remaining ethnic groups make up 1.2% of the population. The majority of residents of Grand County (89%) speak English at home. Approximately 94% of the population over the age of 25 are high school graduates; 29.6% have a bachelor's degree or higher.

Economy

Tourism is the main source of industry in eastern Grand County (referred to as the Fraser Valley), and jobs in the retail and service sector dominate the workforce. Ranching and agriculture are the primary industry in western Grand County. According to the 2010 Census, industries providing employment for the county as a whole are: arts, entertainment, recreation, accommodation and food services (22.8%); construction (14.2%); retail trade (11.5%); and education, health and social services (11.4%). In Grand County, the median household income in 2006-2010 was \$60,433. (Colorado median household income is \$55,456.)

Poverty and Self-Sufficiency

The poverty rate in 2012 for children in Grand County was 16.2 versus 18 in Colorado and a 14 national benchmark (County Health Rankings). According to Kids Count data, children qualifying for free or reduced lunch in 2012 (below 185% of the federal poverty level) was 33.2% in Grand County, compared to 41.6% in Colorado. The self-sufficiency standard in Grand County in 2012 was 262% of the federal poverty level. Self-Sufficiency standards vary throughout the state of Colorado, but range from 184% in Conejos County to 392% in Pitkin County (all for family of 4 – 2 parents, infant & preschooler). Further, 58% of all children in Grand County were 200% of the federal poverty level or below, compared to 40% in Colorado. Parents of these children are less likely to have the tools to help their children reach their full potential.

Key Data Points

- Population – 14,843
- Average Annual Wage (2012) - \$30,576
- Uninsured Rate – 20.5%
- Medicaid Enrollment – 5.5%
- Children eligible for Medicaid/CHP+ who are enrolled – 71.7%
- May 2013 Unemployment Rate – 7.7%

Leading Causes of Death

According to the CDPHE data, the leading cause of death in Grand County in 2012 was malignant neoplasms, or cancer, with an age-adjusted rate of 154.1. Heart disease was the second highest cause of death with an age-adjusted rate of 65.3, followed by unintentional injuries, suicide, septicemia (or sepsis), and cerebrovascular diseases (or strokes).

System Capacity and Performance Assessment

Capacity of Grand County Public Health

Grand County Public Health is a small rural health agency consisting of one full-time RN, two part-time RN's, and four administrative staff. The Director of the agency oversees four departments in the county system: Public Health; Home Health; Home Care; and Senior Nutrition Services. Therefore, to provide all Core Public Health Services in our rural area requires collaboration with other agencies.

As the Mental Health and Maternal, Infant, Child Health Coalitions continue to convene in the county, several of the professional staff will be involved in the coalitions and it is likely that GCPH will be the lead with the Nurse Family Partnership program, with pending approval by the Board of County Commissioners sitting as the Board of Health. GCPH will convene to strategize how the other priorities fit into the Core Public Health services and the programs that are provided. As the strategic planning process takes place, a shift in our organizational focus may occur.

Capacity of Grand County Rural Health Network

Grand County Rural Health Network is a 501(c)3 non-profit in Grand County with a staff of five individuals, three of which are grant funded for specific programs. GCRHN has been able to adjust and expand programs over the past several years as their board allows and need arises. This flexibility has allowed for GCRHN to meet the needs of the county's underserved population to supplement existing health services. The GCRHN board will consider the opportunities to address issues in the Community Health Assessment and the priorities chosen. For example, the board has already directed staff to improve health information and awareness by creating a marketing plan and implementing a resource website.

Capacity of Grand County Health Care Professional Society

Grand County Health Care Professional Society has been in existence for approximately thirteen years, with several reincarnations in those years. The current, revitalized Society created a guiding document in 2011, called the Healthy Grand County 2020 Plan, which serves as a blueprint for local healthcare delivery change by 2020. (See **Appendix B** – Crosswalk of Local, State and National Guiding Documents) Several of the Healthy Grand County 2020 goals overlap with priorities identified in the Community Health Assessment. The GCRHN acts as the administrative arm of the Society and dedicates only 0.1 FTE to the plan. However, there is the potential to obtain grants to meet the goals and objectives of the priorities.

Other Local Agencies

Other local agencies in Grand County fill the gaps for Core Public Health Services. Due to the nature of our rural area, collaboration is essential. However, there are redundancies in individual participation on each other's boards, work groups, advisory committees, etc. Other agencies also have limited capacity, however many are nonprofits and have flexibility to implement potential programs. For example, Grand Beginnings Early Childhood Council has a health integration program with representatives from GCPH

and GCRHN. Grand Futures Prevention Coalition works towards decreasing alcohol, tobacco, and other drug use in Grand County, with representation from GCPH and GCRHN.

GCPH also collaborates with other local and statewide agencies to effectively deliver Core Public Health Services. The Emergency Preparedness Coordinator is employed by Summit County Public Health through collaboration with the State to provide coordination to both Grand and Summit counties. Additionally, the Colorado Department of Public Health and Environment provides environmental health services in Grand County like restaurant inspection, water and air quality, and other environmental health programs as needed. Technical assistance is also provided by CDPHE in various programs.

Development of Local Public Health Improvement Plan

Grand County Public Health (GCPH) completed the Community Health Assessment process in collaboration with Grand County Rural Health Network (GCRHN). GCPH chose the GCRHN because our missions align to ensure provision of health and health care access through collaboration and partnership. We have worked on many projects and programs over the last ten years to assure access to health care in Grand County. The partnership for the Community Health Assessment was a natural fit.

The Colorado Department of Public Health & Environment (CDPHE) encouraged local public health agencies to work together to complete the Community Health Assessment. GCPH chose to work with Summit County Public Health (SCPH) due to a history of collaboration and staff sharing. This partnership and funding style allowed us to contract with Corona Research Inc. to complete the Community Health Assessment. GCPH and SCPH were jointly trained on the Colorado Health Assessment and Planning System (CHAPS) process and received technical assistance from CDPHE. SCPH partnered with their not-for-profit hospital, Centura Health, to conduct their assessment, which required them to conduct their assessment process before Grand County in order to meet an IRS deadline.

This deadline in Summit County allowed Corona Research to template many of the documents that Grand County then utilized for our process. GCPH officially began the Community Health Assessment in June 2012 with a key stakeholder meeting. Key stakeholders gathered to discuss and guide the process. Key stakeholders were comprised of representatives from hospitals and clinics, prevention specialists, mental health, and early childhood. We utilized the CHAPS process to guide our assessment.

We first created a telephone survey with input from the stakeholders. The phone survey was launched in September 2012. Survey respondents were asked to participate in focus groups; individuals that volunteered were contacted. In November 2012, two focus groups were held in Kremmling and Granby comprising of survey respondents. We then launched a written version of the phone survey for Spanish speakers as a comparison of Spanish to English to augment the original survey. A Health Professional and Affiliate online survey was launched in February 2013. This survey complements the original survey with opinions, priorities and suggestions of health care professionals and affiliate professionals, with a 57% response rate for the survey – an above-average response rate.

One of the top five priorities of all three survey groups (Phone, Spanish, and Professional) was Maternal, Infant, Child Health (MICH). GCPH and GCRHN decided to leverage funding to tease this priority to a more manageable task since MICH is a very broad priority. We then held a MICH focus group in February 2013, comprising of early childhood professionals such as educators, health care providers, early childhood council representatives, and social workers.

Summary of Process for Prioritization

In May 2013, we presented all the survey data to a group of twenty-eight community members. Corona Research facilitated the process and provided the final report. An explanation of the process of the community health assessment up until current time was explained to participants after introductions. Corona Research presented a short overview of sixteen (16) potential priority areas with highlights of the findings in each area. Participants were given a grid with the 16 priority areas and were instructed

to prioritize with 13 criteria they were given. Please see **Table 2** - the 16 priority areas and the 13 criteria to judge the priority areas.

Table 2

Top 10 Priorities	16 Priority Areas (Alphabetical Order)	13 Criteria for Prioritizing/Judging
2	Access to health services	Impact – how much impact can we have on ____?
	Access to healthy nutrition	Coverage – Can we help a significant percentage of the population?
	Access to physical activities	Complementary – Does reducing ____ also mitigate other priorities?
7	Dental Health	Investment – Can we make an impact with a reasonable investment?
9	Domestic violence prevention	Capacity – Do we have sufficient resources to attack _____?
5	Health information and awareness	Sustainability – Can we allocate resources long enough to make a difference?
8	Immunization and infectious diseases	Momentum – Do we already have momentum in this area?
	Injury prevention	Immediacy – Can we have impact in a reasonable time frame?
3	Maternal, infant, & child health	Permanency – Can we make a long-term impact on _____?
1	Mental Health	Urgency – How urgent is _____?
	Obesity	Leadership – Is there a champion(s) in the community for _____?
10	Senior Health	Public Will – Is the public on-board with this being a priority?
	Spanish speakers	Stakeholder will – Are leaders and practitioners on – board with this being a priority?
4	Substance Abuse/Alcohol	
6	System navigation	
	Tobacco use	

After applying the criteria to the above priorities, the group came to a consensus on the top priority areas. Numbers to the left of the priorities are the top 10. During the initial large-group discussion after the priorities were unveiled, the group decided that the top 5 priorities were very complementary. Therefore, establishing five priority areas would not be too aggressive. The findings from the maternal, infant, and child focus group unveiled that the biggest priority in that category was mental health services for children and families; substance abuse could also be curtailed by mental health services. Therefore progress in maternal, infant and child health and substance abuse could be made by addressing mental health in the community.

The group also came to the conclusion that health information and awareness is the “low-hanging fruit” and if addressed, this priority would help tackle many of the other health needs of the community. This fifth priority area, health information and awareness, was thus determined to be a strategy element within the other four, and so was subsumed within those four for future discussion.

On the same topic of health information and awareness, it was observed that the general public made mental health a lower priority (#5 Priority) than the survey of 83 local health practitioners, experts, and other key people (#1 Priority). It was observed that this difference could be explained by the lack of health information and awareness in the community of the breadth of the problem and how it contributed to other priority areas. Thus, increasing health information and awareness about mental health could increase support for measures in this area.

After the initial group discussion, the larger group was divided into four smaller groups of 4-6 people. The groups were randomly selected by counting off 1 through 4 around the conference room, and assigning topics without regard to participants’ backgrounds or work responsibilities.

The groups then answered questions about each priority:

- What is your goal(s) for this priority? How will we know when we have successfully addressed this priority?
- What is the best strategy to accomplish the goal(s)?
- What are the main barriers of accomplishing that goal(s)?
- What are the opportunities to accomplish that goal(s)?
- Who should lead/partner to accomplish these goal(s)?

Each individual had 20 minutes to fill out the worksheet with their own ideas and then the small group had approximately 30 minutes to discuss the five questions together. Each group was tasked to answer the questions and report out to the larger group. Grand County Public Health and Grand County Rural Health Network were tasked to lead the efforts. Please see **Table 3**.

In summary the top 5 findings are:

- Mental Health
- Access to Health Services
- Maternal, Infant, Child Health
- Substance Abuse/Alcohol
- Health Information and Awareness

Since the prioritization was held in May 2013, GCPH has convened two MICH coalition meetings and one Mental Health initial meeting. The goals of these coalitions are to create a detailed Strategic Plan around each issue while identifying community partners to take the lead. Movement has already occurred in some of the goals and strategies (please see **Appendix C** - 2013 Community Health Assessment Priorities). For example the Mental Health initial group met and identified a new location for Mind Springs Health which will increase access to mental health services in Grand County. The MICH coalition has identified the Nurse Family Partnership as an immediate goal and strategy to address the strategy “create programs with a newborn/infant focus”.

Table 3

<i>In each column rank the top three problems that could be addressed if the column header was the ONLY criteria, with 3 as the BEST, 2 as second-best, down to 1.</i>	Impact	Coverage	Complementary	Investment	Capacity	Sustainability	Momentum	Immediacy	Permanency	Urgency	Leadership	Public Will	Stakeholder Will	Weighted Total
Access to health services	20	13	23	12	19	25	20	20	28	19	18	10	15	242
Access to healthy nutrition	2	7	8	4	2	7	0	1	0	0	2	0	1	34
Access to physical activities	0	5	12	3	7	5	7	1	0	0	0	0	3	43
Dental health	5	8	5	8	7	4	7	11	11	10	6	0	10	92
Domestic violence prevention	8	5	2	6	4	8	5	4	8	7	9	0	0	66
General awareness/perceptions	9	8	6	17	14	13	8	16	9	15	21	0	0	136
Immunization and infectious diseases	4	14	3	6	12	9	12	13	3	4	8	0	0	88
Injury prevention	1	0	6	0	0	0	2	0	1	0	0	0	0	10
Maternal, infant, and child health	22	19	9	16	21	14	23	22	24	14	19	25	5	233
Mental health	42	35	33	36	26	26	29	27	31	46	24	5	25	385
Obesity	4	1	3	2	1	6	5	3	1	0	3	0	0	29
Senior health	1	4	2	3	2	2	0	3	5	1	1	20	0	44
Spanish speakers	0	9	2	3	5	2	3	0	0	2	7	0	0	33
Substance abuse/alcohol	18	19	25	18	14	12	7	12	14	22	15	15	20	211
System navigation	14	3	4	10	8	13	12	12	10	10	10	0	0	106
Tobacco use	0	0	7	6	8	4	6	2	2	1	6	0	0	42

Goals and Strategies for Improving the Health of Grand County

The 2010 Grand Foundation Community Needs Assessment of Grand County identified both mental health and maternal infant child health as priorities. Specifically, survey respondents rated mental health services as low in quality with limited access, and limited specialty services (i.e. psychiatry); respondents rated parent education opportunities, especially for those living in or near poverty, as lacking in our community. Further, both the 2010 Needs Assessment and the GCRHN’s 2010 Qualitative Evaluation of the Underserved in Grand County indicate that healthcare access and quality is perceived much lower by the low-income population. We know that poverty is linked to poorer health, mental health and educational attainment outcomes. According to Kids Count Data, Grand County’s self-sufficiency standard is over 2 times higher than the federal poverty level for a family of four in 2012. Therefore, we can extrapolate that poverty affects both mental health and maternal infant child health.

Priority #1 – Mental Health

According to the County Health Rankings and Roadmap (www.countyhealthrankings.org), Grand County residents rate for poor mental health days in 2012 was 3.6, versus 3.1 in Colorado and a 2.3 national benchmark. Also, Mind Springs Health therapists responded to 170 crisis calls to-date in 2013 - a 32% increase over 2012. The top diagnosis for all new clients so far this year include: alcohol abuse and dependence; adjustment disorder; and post traumatic stress disorder. This data illustrates that mental health illness and substance abuse remains an issue in Grand County.

Strategy for Priority #1 – Mental Health	
Five Year Goal	Improve access to quality mental health care for all ages
Objectives	<ol style="list-style-type: none"> 1. Conduct a Community Assessment 2. Community Comparison 3. Community Continuity 4. Establish best practices 5. Telemedicine as a way to remove barriers to care
Action Steps	<ol style="list-style-type: none"> 1. Conduct a gaps analysis and issue-specific strategic plan 2. Move Mind Springs Health to a more convenient location in Granby, thus removing transportation as a main barrier to care 3. Mind Springs Health to offer services in Kremmling 4. Work with Northwest Colorado Community Health Partnership (via the NWCOVNA) on expanding mental health navigator program to Grand County 5. Create a community-wide social, emotional, and behavioral Screening and Referral Road Map to establish best practices
People or organization(s) Responsible	Mind Springs Health (transforming from Colorado West Regional Mental Health), Grand County Public Health, Grand County Rural Health Network, Teen Groups, Schools

Priority #2 – Access to Health Services

The Grand Foundation Community Needs Assessment of Grand County in 2010 identified access to health services as a priority issue. Specifically, access to adequate healthcare was rated by community respondents as the most important. Most residents felt that healthcare services in general were not

good. The greatest concerns were distance to travel to receive healthcare and poor quality of services. Health insurance was reported as the greatest need. The Grand County Rural Health Network's Qualitative Evaluation of the Underserved in Grand County identified several access to care issues as community challenges. Specifically, lack of affordable transportation was a main challenge. Participants also reported limited awareness of existing health services and resources as a barrier to accessible care. Finally, participants reported a lack of access to several core health services such as: behavioral health, including substance abuse counseling, psychiatric services and overnight observation facilities; affordable and Medicaid-covered oral health services; and prenatal, women's health and delivery services.

Strategy for Priority #2 – Access to Health Services	
Five Year Goal	Improve access to health care
Objectives	<ol style="list-style-type: none"> 1. Improve Health Information & Awareness 2. Develop a marketing and media strategy 3. Assess how to utilize college students to assist 4. Create collaboration
Action Steps	<ol style="list-style-type: none"> 1. Define access to care (e.g. does it include transportation?) 2. Market healthcare and human services to community members and providers 3. Improve medical homes and neighborhoods, thus improving healthcare providers' collaboration
People or organization(s) Responsible	Grand County Government, Grand County Public Health, Grand County Rural Health Network, Winter Park Resort, Local Business Owners

Priority #3 – Maternal, Infant, & Child Health

In the calendar year 2013, 77 pregnant women were on Women, Infants, and Children (WIC) program, 71 infants and 108 children for a total of 256. Grand County is one of about 22 counties in the State that has consistently had an increase in WIC usage in the past several years, whereas other counties have decreased. This illustrates poverty and need for education of these parents. In 2012 we had 109 live births, and we had 65 pregnant women on WIC - more than half of our live births. We know that poverty is a link to poorer education, health and mental health outcomes, parenting skills, etc.

Strategy for Issue #3 – Maternal, Infant & Child Health	
Five Year Goal	To have healthy moms and healthy children
Objectives	<ol style="list-style-type: none"> 1. Retain psychology services for children under the age of 12 that takes Medicaid 2. Increase awareness of resources available for parents 3. Provide developmental specialists such as occupational therapists, physical therapists, and speech therapists 4. Provide access to dental services for children 5. Create programs with a newborn infant focus 6. Give parents access to support services and crisis management 7. Increase health and safety awareness 8. Accessible & affordable family planning services
Action Steps	<ol style="list-style-type: none"> 1. Leverage existing funding 2. Recruit and retain a child psychologist 3. Build a coalition

People or organization(s) Responsible	<ol style="list-style-type: none"> 4. Work with Mind Springs Health 5. Develop a media and marketing strategy 6. Assess Nurse Family Partnership expansion from Summit to Grand County
	Grand Beginnings, Child Care Providers, Grand County Rural Health Network, Mind Springs Health (transforming from Colorado West Regional Mental Health), Grand County Public Health, School Districts, Recreation Centers, 211 – phone program, Grand County Department of Social Services, Mountain Family Center, Summit County Public Health

Priority #4 – Substance Abuse / Alcohol

According to the County Health Rankings and Roadmap (www.countyhealthrankings.org), Grand County's excessive drinking rate was 23 versus 18 in Colorado and a 7 national benchmark. Alcohol abuse and dependence was the top diagnosis for all new clients in 2013 at Mind Springs Health.

Strategy for Issue #4 – Substance Abuse / Alcohol	
Five Year Goal Objectives	Decrease substance and alcohol abuse <ol style="list-style-type: none"> 1. Measureable results from efforts made to decrease substance abuse and alcohol use/abuse 2. Decreased DUIs, MIPs, and domestic violence 3. Survey to supplement existing statistics
Action Steps	<ol style="list-style-type: none"> 1. Educate the youth through programs in schools 2. Collaborate with churches to incorporate into youth programming 3. Focused programming efforts aimed at mid-twenties and thirty-year olds 4. Convene business leaders / employers to discuss policies that work and consider insurance plans that cover substance abuse 5. Develop plans to handle substance abuse and embed in businesses 6. Understand the family physicians’ medical opinions on substance abuse 7. Develop a media and marketing strategy
People or organization(s) Responsible	Mind Springs Health (transforming from Colorado West Regional Mental Health), Grand County Public Health, Grand County Rural Health Network, Grand Futures Prevention Coalition, Mountain Family Center, Health Care Providers

Grand County Rural Health Network, in collaboration with Grand County Public Health, has received a Convening for Colorado grant from The Colorado Trust to create a strategic plan for these four priorities as well as the health information and awareness thread that runs through each priority.

Coordination with CDPHE and Other Public Health Systems

Grand County's Public Health Improvement Plan is similar to several local, state, and national guiding documents. The plan follows the Colorado Health Assessment and Planning System (CHAPS) and aligns with the assessment and planning goal of the statewide health improvement plan. GCPH representatives are participating in teleconferences led by CDPHE regarding public health priorities and taking advantage of their resources locally. See **Appendix B** – Crosswalk of Local, State and National Guiding Documents.

Additionally, the Northwest Colorado Rural Philanthropy Days (RPD) was hosted by Grand County in September 2013. Prior to RPD, twelve statewide funders attended a listening tour to understand the overarching needs of the region and the current actions underway at the local level. The funders met with local community leaders in each of the five counties: Grand, Jackson, Routt, Moffat, and Rio Blanco counties. The outcome of the listening tour indicated several overarching themes across the counties.

The RPD Listening Tour committee then determined two themes to focus upon during one day of the RPD conference: mental health and early childhood. The funders' goal in discussing these issues was to see if themes emerged across counties, so funders and counties could collaborate to make a bigger impact regionally. During the conference, non-profits, government, other community leaders, and funding representatives discussed early childhood and mental health in detail. The results of these discussions were that mental health and parenting support were major themes in early childhood. Mental health navigation and establishing best practices were themes in mental health. GCRHN was identified as a local leader, and Northwest Colorado Community Health Partnership was identified as a regional leader. The RPD steering Committee will conduct strategic planning in January 2014 around these two issues on a regional level.

GCRHN will continue to be a leader in the RPD regional strategic planning process. Through collaboration with GCPH, GCRHN will represent Grand County at the regional level. GCRHN will collaborate with Northwest Colorado Visiting Nurse Association (the local Public Health agency for Routt, Moffat and Jackson Counties) as the fiscal sponsor of the Northwest Colorado Community Health Partnership.

GCPH will also be working with another Local Public Health Agency, Summit County Public Health. Grand County Public Health has been discussing the expansion of the Nurse Family Partnership Home Visiting Program into Grand County for approximately two years. Simultaneously SCPH and Invest in Kids have wanted to expand into Grand County; funding and structure is now available to do so. Summit County Public Health would be the "host" site for a Grand County Nurse Family Partnership, keeping the fiscal money and grant in their office and reimbursing a GCPH to implement the program. Grand County Public Health would provide office space, telephone, and computer; however, the nurse would actually be employed by Summit County Public Health through this collaboration.

The main goals of the Nurse Family Partnership Home Visiting Program (NFP) are:

1. Healthy birth outcome
2. Improve child health & development
3. Improve the mother's economic self-sufficiency.

NFP is for first-time, low-income mothers and is a voluntary program for the participant. This evidence-based program spans from prenatal (approximately 28 weeks gestation) through the second birthday of the child. This is an action step being considered by the Maternal, Infant, Child Health Coalition because it is “low-hanging fruit” and directly addresses the fifth goal (create programs with a newborn focus) in the MICH Priority

Collaboration with Other Agencies and Individuals

In addition to the above public health agencies GCPH will collaborate with many local agencies and individuals to implement the plan. Many of these agencies and individuals participated in the Community Health Assessment process. One example is the ongoing collaboration between GCPH and Grand Beginnings Early Child Council through the Health Integration Grant. GCPH has been delivering Cavity Free at Three (CF3) since 2008; Grand Beginnings has been assisting with material supplies for the CF3 program. In 2013 the program expanded into screenings in collaboration with local dentists into both school districts in Grand County. Grand Beginnings is also a participant in the MICH Coalition and will work closely with GCPH in other initiatives.

The Program Director at Mind Springs Health in Grand County is also the director in Summit County. Summit chose Mental Health as a priority in their last Community Health Assessment in 2007. In Summit County over the last several years the Program Director has been active in their Mental Health Priority and has been very successful in reaching their goals to increase mental health access. Also, Mind Springs Health covers ten counties in the Northwest region which will allow GCPH to utilize other community(s) ideas to expand mental health services in Grand County. Mind Springs Health will also be a partner in the aforementioned RPD strategic planning process on mental health.

Many other partners in our community will play a significant role in the ongoing strategic planning and program implantation of these priorities. Some examples of these agencies are: Social Services, Mountain Family Center, Schools, Health Care Providers, local business owners, child care providers, and recreation centers/departments. Individuals are welcome to participant by expressing interest to GCPH and GCRHN.

Financial Resources

Grand County Public Health (GCPH) receives approximately 60% of their funds from the Grand County General Fund. The other 40% of funds are received from Colorado Department of Public Health and Environment contracts, fees, and federal insurance reimbursement. GCPH has a budget that is approved by the Board of County Commissioners through an annual budget process. CDPHE contracts support Core Public Health Services in Grand County. These funds, along with the funds from Grand County, will support the activities and tasks associated with the goals set forth by the Community Health Assessment.

Grand County Rural Health Network (GCRHN) is a non-profit that works in collaboration with GCPH to promote a public health vision in Grand County. GCRHN has several programs that enhance the work of GCPH including the A.C.H.E.S. and P.A.I.N.S. voucher programs, and the patient navigator program. As a nonprofit, GCRHN receives approximately 35% of its income through government grants and contracts, 55% from foundations, 5% from special events, and 5% from donations. The nature of the nonprofit requires GCRHN to continuously fundraise through grants and philanthropy to support existing and future programs.

GCRHN, in collaboration with GCPH, received a Convening for Colorado grant from The Colorado Trust to convene MH and MICH stakeholders. The grant will further enhance the prioritization process through priority-specific strategic planning. Work has already taken place in each of the top priorities but a strategic plan is needed for each priority. GCRHN and GCPH commit to identifying leaders in each top priority, as well as funding opportunities, through the strategic planning process.

Resources

Part 5 Public Health Colorado Revised Statutes 25-1-501, 2008 State of Colorado legislature

US Census Bureau, 2010 census, www.census.gov/2010census/

County Health Rankings and Roadmap, www.countyhealthrankings.org

Kids Count in Colorado 2013, Colorado Children's Campaign

Colorado Health Institute, <http://www.coloradohealthinstitute.org/data-repository/county>

Colorado Department of Public Health & Environment, Office of Planning and Partnerships, 6 CCR 1014-7, Core Public Health Services (Promulgated by the State Board of Health), Last amended on 10/19/11, effective 11/30/11

Grand Foundation Community Needs Assessment of Grand County, 2010. Grand County.

Qualitative Evaluation of the Underserved in Grand County, 2010. Grand County Rural Health Network.