

2013-2018

Public Health Improvement Plan

Las Animas – Huerfano Counties
District Health Department

2013



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Acknowledgements

The Las Animas –Huerfano Counties District Health Department (LA-HCDHD), Public Health Improvement Plan is a collaborative effort of many organizations and providers in the community committed to improving the health of our residents. We would like to thank our partners and residents for their input, expertise and support. The following individuals and organizations have participated in the development of this plan and will play a key role in its implementation.

- Jennifer Sanchez McDonald, Huerfano-Las Animas Counties Early Childhood Advisory Council
- Kimberly Gonzales, Interim Director, Las Animas –Huerfano Counties District Health Department.
- Cathy Montera, PHN, Las Animas – Huerfano Counties District Health Department
- Kerry Taube, Environmental Health, Las Animas – Huerfano Counties District Health Department
- Misty Zanolini, PHN, Las Animas – Huerfano Counties District Health Department
- John Martinez, Environmental Health, Las Animas – Huerfano Counties District Health Department
- Stacey Shew, PHN, Las Animas – Huerfano Counties District Health Department
- Jennifer Vialpando, Las Animas – Huerfano Counties District Health Department
- Terri Patrick, Family Resource Center Project Director
- Leo Bonfadini, Mt. Carmel Health & Wellness Center Director
- Christine Barela, Hoehne School Superintendent
- Catherine Salazar, Las Animas County, Department of Social Services Director
- Rosemarie Shier, Trinidad Housing Authority
- Danielle Kolakowski, Spanish Peaks Behavioral Health, Rural Projects Director
- Commissioner, Mack Loudon, Las Animas County Commissioner
- Annalee Hickey, La Veta School Board Member
- Cindy Campbell, Spanish Peaks Regional Medical Center/ Live Well
- Junie Verquer, Las Animas County Coroner/Hoehne Volunteer Fire Dept
- Dale Lyons, Gardner Community Advocate
- Linda Eddleman, Spanish Peaks Regional Health Center
- Vicki Barnhouse, Spanish Peaks Regional Health Center
- Dave Bacharach, Trinidad Fire Department
- Diana Cotton, Aerocare
- Bree Lessar, La Veta School District Superintendent
- Debbie Channel, Spanish Peaks Outreach Center

LA-HCDHD also extends thanks to the Office of Planning and Partnerships at the Colorado Department of Public Health and Environment for their expertise and guidance during this process. A big “Thank You” to Alison Long and Cambria Brown at the Office of Planning and Partnership for all of their help and support.

Las Animas – Huerfano Counties Board of Health

LA-HCDHD staff and the community appreciate the support of Las Animas -Huerfano Counties District Health Department Board of Health in our work toward a healthier community.

Shirley Donachy, President
Chuck Macchietto, Vice-President
Tony Hass
Michael Griego
Della Duran
Lourae King

A special thanks to all LA-HCDHD staff. Your commitment to the community will continue to advance the work of the Health Department.



Thank
You

Executive Summary

The Las Animas – Huerfano Counties District Health Department and our partners present a thorough community based plan for improving the health of Las Animas and Huerfano County residents. The Public Health Improvement Plan (PHIP), a two-year process, involved substantial and significant input from community partners and members alike. The PHIP will be used by residents, community organizations, and leaders to facilitate positive and measurable change in Las Animas and Huerfano Counties/Region.

The process to create the PHIP started after Colorado passed the 2008 Public Health Reauthorization Act. It involved gathering data, evaluating the current capacity of the public health system, and prioritizing action. This process was undertaken in consideration of other community efforts working to improve the lives and health of Las Animas and Huerfano County residents and visitors.

After examining Las Animas and Huerfano Counties data and conducting a structured prioritization process, the communities identified two priorities for enhanced focus over the next five years:

-  Substance Abuse
-  Obesity

The following document outlines information relating specifically to Las Animas and Huerfano Counties and the priority issues, and what the community will do to address these priorities. For each priority issue, goals, objectives, activities and participating community organizations are detailed. The strategies and approaches were selected based on their proven ability to impact change.

It will take the entire community as well as each individual to make a difference and create a healthy community for Las Animas and Huerfano County residents to live, learn and play. No single organization has the resources necessary to improve the significant issues outlined in this plan. As such, this plan represents the coordinated efforts of a communitywide movement.

Multiple agencies, organizations, and individuals were involved in work teams and committees that ensured the success of the community health assessment and creation of the PHIP. The goal is to capitalize on available resources and coordinate efforts to increase the efficiency and effectiveness of our public and environmental health initiatives.

Las Animas County Overview



Las Animas County is located at the southeastern border of Colorado and New Mexico and was founded February 9, 1866. This frontier county is 4,798 square miles with the average elevation of 6,200 feet, which makes Las Animas County the largest county of the 64 counties in Colorado.

Las Animas County takes its name from the Mexican Spanish name of the Purgatoire River, originally called El Rio de Las Animas Perdidas en Purgatorio, which means “River of the Lost Souls in Purgatory”. The western boundary is the Culebra Range of the Sangre de Cristo Mountains. To the north and east are the high plains.

The Johnson Mesa and the Mesa de Maya are two volcanic mesas that stretch eighty miles east of Trinidad. The southern boundary is the Colorado-New Mexico border. Interstate-25 runs south through Las Animas County to New Mexico and north towards Huerfano County. The city of Trinidad, which is also the county seat, is the largest city within Las Animas County; which nestles along the banks of the Purgatoire River.

Las Animas County’s history includes trading expeditions along what is called the “Mountain Branch” of the Santa Fe Trail to reach the West. The county was once known for the mining industry and the Ludlow Massacre. Today the economy boasts a variety of tourist attractions and ranching and gas extraction industries.

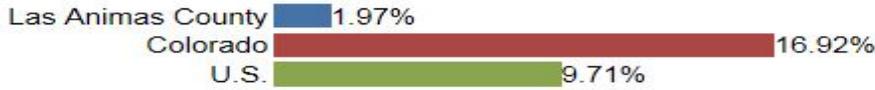
The County includes the cities/towns of Aguilar, Bon Carbo, Branson, Brodhead, Cokedale, Delhi, Hoehne, Jansen, Kim, Ludlow, Madrid, Model, Segundo, Sopris, Starkville, Thatcher, Trinchera, Trinidad, Tyrone, Villegreen, and Weston and is considered rural frontier.



Demographics

The demographics of Las Animas County residents and for the State of Colorado are shown below:

Population Growth Since 2000, #43



Population Density, #50

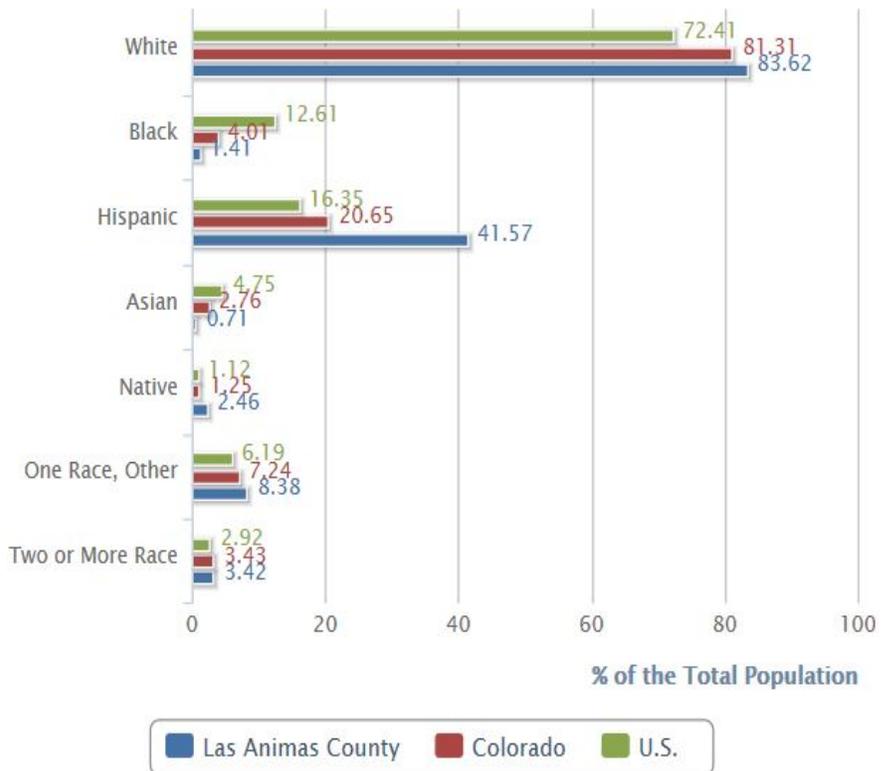


Population by Races

White:	12,967 (83.62%, #43)
Black:	218 (1.41%, #14)
Hispanic:	6,446 (41.57%, #5)
Asian:	110 (0.71%, #29)
Native (American Indian, Alaska Native, Hawaiian Native, etc.):	382 (2.46%, #7)
One Race, Other:	1,299 (8.38%, see rank)
Two or More Races:	531 (3.42%, see rank)

Hispanic Population

Mexican:	3,070 (47.63%, see rank)
Puerto Rican:	29 (0.45%, see rank)
Cuban:	14 (0.22%, see rank)
Central American:	17 (0.26%, see rank)
South American:	16 (0.25%, see rank)

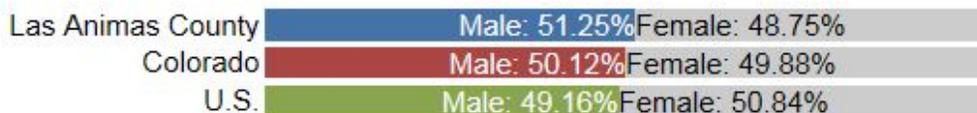


*Based on 2010 data. [View historical race data](#)

Population by Gender

Male: 7,948 (51.25%, [see rank](#))

Females: 7,559 (48.75%, [see rank](#))



*Based on 2010 data. View [historical gender data](#).

Population by Age

Median Age ([see rank](#))



Median Age, Male ([see rank](#))



Median Age, Female ([see rank](#))



	Las Animas County	% of the Total Population	Colorado	U.S.
Under 5 years	869	5.60%, see rank	6.84%	6.54%
5 to 9 years	882	5.69%, see rank	6.93%	6.59%
10 to 14 years	891	5.75%, see rank	6.61%	6.70%
15 to 19 years	1,071	6.91%, see rank	6.75%	7.14%
20 to 24 years	920	5.93%, see rank	6.93%	6.99%
25 to 34 years	1,612	10.40%, see rank	14.44%	13.30%
35 to 44 years	1,700	10.96%, see rank	13.91%	13.30%
45 to 54 years	2,371	15.29%, see rank	14.77%	14.58%
55 to 64 years	2,443	15.75%, see rank	11.88%	11.82%
65 to 74 years	1,519	9.80%, see rank	6.16%	7.03%
75 to 84	843	5.44%, see rank	3.38%	4.23%
85 years and over	386	2.49%, see rank	1.38%	1.78%

*Based on 2010 data. View [historical age data](#).

Education, Employment and Income

There are six public school districts within Las Animas County; which include Aguilar RE- 6, Branson RE- 82, Hoehne RE 3, Kim RE 88, Trinidad District #1 and Primero RE 2. We have two faith based schools: Grace Christian School and Holy Trinity Academy. Las Animas County has eight early education and childcare centers. The 2010 fall K-12 Pupil Enrollment rate is 2,547 (2011 Kids Count); Colorado is 843,316 kids. The fall 2010 Kindergarteners in a full time program is 100% (2011 Kids Count); Colorado is 64.0%. Las Animas County's graduation rate 2010 is 63.8%; Colorado is 72.4%.

Trinidad State Junior College offers Associates Degree programs in a variety of disciplines and a four –year degree in collaboration with Colorado State University in Pueblo and Adams State College in Alamosa.

Education for the 25 Years and Over Population

	Las Animas County	%	Colorado	U.S.
Total 25 Years and Over Population	10,849	100%	3,328,869	204,336,017
Less Than High School	1,839	16.95%	10.08%	14.28%
High School Graduate	3,059	28.20%	22.36%	28.24%
Some College or Associate Degree	4,099	37.78%	30.89%	28.99%
Bachelor Degree	1,250	11.52%	23.45%	17.88%
Master, Doctorate, or Professional Degree	602	5.55%	13.23%	10.61%
USA.com Education Index [#]	12.93	-	14.08	13.47

School Enrollment

	Las Animas County			Colorado		U.S.	
	Total	Public	Private	Public	Private	Public	Private
Nursery School, Preschool, Kindergarten	445	94.83%	5.17%	70.44%	29.56%	70.05%	29.95%
Elementary School (Grades 1-8)	1,451	91.87%	8.13%	91.68%	8.32%	89.62%	10.38%
High School (Grades 9-12)	754	97.48%	2.52%	92.63%	7.37%	90.52%	9.48%
College	837	91.88%	8.12%	83.82%	16.18%	77.79%	22.21%
Graduate School	79	63.29%	36.71%	64.00%	36.00%	58.62%	41.38%

Employment

Las Animas County economic drivers include agriculture, coal mining (New Elk Mining), financial and insurance, health care (Mt. San Rafael Hospital & Clinic, Trinidad Inn Nursing Home and Las Animas/Huerfano County Health Department), manufacturing, natural gas extraction (Pioneer Natural Resources), sales, tourism, transportation (BNSF Railroad), and warehousing.

Health services employment in Las Animas County accounted for 19% of the county's total employment in 2009. The health services payroll accounted for 18.8% of the total payroll of County residents. (Community Needs Assessment 2009)

The unemployment rate in Las Animas County is 10.30% (U.S. avg. is 9.10%). Las Animas median household income is \$36,575; Colorado avg. is \$55,735 (2010 Census Report).

Household and Family

	Las Animas County	%	Colorado	U.S.
Total Households	6,384	100%	1,972,868	116,716,292
Average Household Size	2.29	-	2.49	2.58
1 Person Households	2,069	32.41%	27.92%	26.74%
2 or More Person Households	4,315	67.59%	72.08%	73.26%
Family Households (Families)	4,013	62.86%	63.94%	66.43%
Average Family Size	2.89	-	3.08	3.14
Married-Couple Family	2,928	45.86%	49.24%	48.42%
Nonfamily Households	2,371	37.14%	36.06%	33.57%

Median Household Income by Age Based on 2008-2012 data. View [historical median household income by age data](#).

	Las Animas County	Colorado	U.S.
less than 25	\$40,462	\$28,082	\$25,955
25 to 44	\$47,298	\$62,131	\$58,073
45 to 64	\$49,762	\$71,481	\$64,486
65 or over	\$31,094	\$40,308	\$36,181

Household Income

Median Household Income, #49



Mean Household Income, see rank



Median Household Income Growth Since 2000, #4



Household Income Distribution



Ranks: [\\$10k or less](#), [\\$10k-\\$20k](#), [\\$20k-\\$30k](#), [\\$30k-\\$40k](#), [\\$40k-\\$50k](#), [\\$50k-\\$75k](#), [\\$75k-\\$100k](#), [\\$100k-\\$150k](#), [\\$150k-\\$200k](#), [\\$200k or more](#)

Family Income

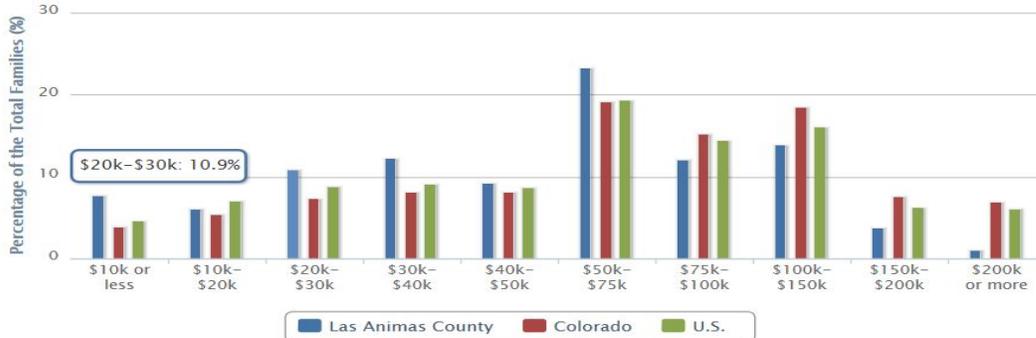
Median Family Income, see rank



Mean Family Income, see rank



Family Income Distribution



Ranks: [\\$10k or less](#), [\\$10k-\\$20k](#), [\\$20k-\\$30k](#), [\\$30k-\\$40k](#), [\\$40k-\\$50k](#), [\\$50k-\\$75k](#), [\\$75k-\\$100k](#), [\\$100k-\\$150k](#), [\\$150k-\\$200k](#), [\\$200k or more](#)

*Based on 2008-2012 data. View [historical family income data](#).

Household Income Other than Earnings

	Las Animas County		Colorado		U.S.	
	% ⁺	Average Amount	% ⁺	Average Amount	% ⁺	Average Amount
Interest, Dividends, or Net Rental Income	19.48%	\$12,507	24.71%	\$17,867	22.39%	\$16,134
Social Security Income	34.77%	\$14,553	22.20%	\$16,281	28.34%	\$16,727
Public Assistance Income	4.22%	\$1,946	2.09%	\$3,659	2.72%	\$3,807
Retirement Income	21.41%	\$23,232	15.56%	\$26,962	17.61%	\$23,126

Huerfano County Overview

Huerfano County was founded in 1861 and is one of the original 17 counties in the State of Colorado. This frontier county is located just south of Pueblo County, to the east is the San Luis Valley and to the west are prairie lands that lead to Otero County.

Huerfano County is has a total area of 1,593.24 square miles with an elevation of 6,600 feet. The major town in Huerfano County and its county seat is Walsenburg which was originally settled as Plaza de los Leones in 1852. Within the city is the intersection of the I-25 and US Highway 160. State Highways 10 and 69 run through the county. State Highway 12, also known as the Highway of Legends Scenic Byway, connects Huerfano and Las Animas County.

Huerfano County includes the cities, towns and villages of Badito, Calumet, Cuchara, Farista, Gardner, La Veta, and Walsenburg.

Park, forest, and wilderness areas within Huerfano County include:

- Greenhorn Mountain Wilderness
- Lathrop State Park
- San Isabel National Forest
- Sangre de Cristo Wilderness
- Spanish Peaks Wilderness

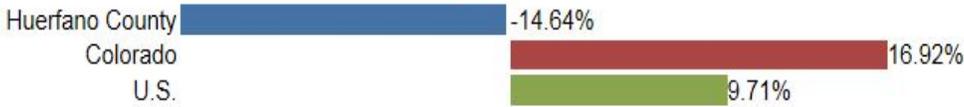


Eastern [Sangre de Cristo Range](#), Huerfano County

Demographics

The demographics of Huerfano County residents and for the State of Colorado are shown below:

Population Growth Since 2000, #61



Population Density, #48

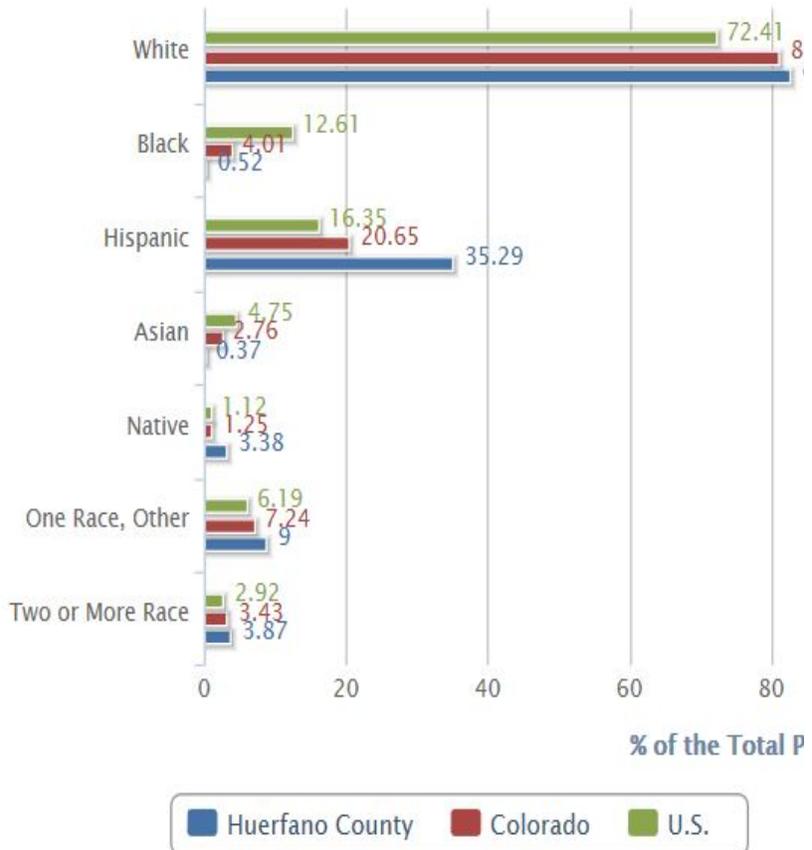


Population by Races

White:	5,560 (82.85%, #46)
Black:	35 (0.52%, #35)
Hispanic:	2,368 (35.29%, #11)
Asian:	25 (0.37%, #52)
Native (American Indian, Alaska Native, Hawaiian Native, etc.):	227 (3.38%, #3)
One Race, Other:	604 (9.00%, see rank)
Two or More Races:	260 (3.87%, see rank)

Hispanic Population

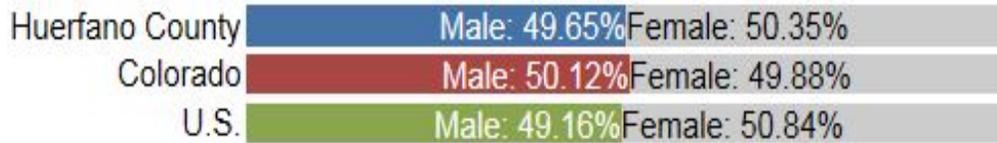
Mexican:	811 (34.25%, see rank)
Puerto Rican:	25 (1.06%, see rank)
Cuban:	5 (0.21%, see rank)
Central American:	0 (0.00%, see rank)
South American:	5 (0.21%, see rank)



Population by Gender

Male: 3,332 (49.65%, [see rank](#))

Females: 3,379 (50.35%, [see rank](#))



*Based on 2010 data. View [historical gender data](#).

Population by Age

Median Age ([see rank](#))



Median Age, Male ([see rank](#))



Median Age, Female ([see rank](#))



Education, Employment and Income

Within Huerfano County there are two public school districts; Huerfano School District RE-1, and La Veta RE-2 School District.

Huerfano County has five early education and childcare centers. The fall 2010 K-12 Pupil Enrollment rate is 798 (2011 Kids Count); Colorado is 843,316 kids. The fall 2010 Kindergarteners in a full time program is 100% (2011 Kids Count); Colorado is 64.0%. Huerfano County's graduation rate 2010 is 75.9%; Colorado is 72.4%.

Education for the 25 Years and Over Population

	Huerfano County	%	Colorado	U.S.
Total 25 Years and Over Population	5,185	100%	3,328,869	204,336,017
Less Than High School	852	16.43%	10.08%	14.28%
High School Graduate	1,427	27.52%	22.36%	28.24%
Some College or Associate Degree	1,593	30.72%	30.89%	28.99%
Bachelor Degree	876	16.89%	23.45%	17.88%
Master, Doctorate, or Professional Degree	437	8.43%	13.23%	10.61%
USA.com Education Index [#]	13.22	-	14.08	13.47

School Enrollment

	Huerfano County			Colorado		U.S.	
	Total	Public	Private	Public	Private	Public	Private
Nursery School, Preschool, Kindergarten	135	100.00%	0.00%	70.44%	29.56%	70.05%	29.95%
Elementary School (Grades 1-8)	636	93.08%	6.92%	91.68%	8.32%	89.62%	10.38%
High School (Grades 9-12)	191	100.00%	0.00%	92.63%	7.37%	90.52%	9.48%
College	145	84.14%	15.86%	83.82%	16.18%	77.79%	22.21%
Graduate School	65	46.15%	53.85%	64.00%	36.00%	58.62%	41.38%

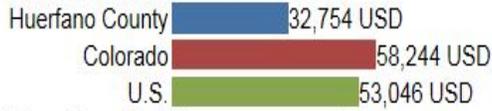
Employment

Huerfano County economics include agriculture, construction, extraction, health care (Huerfano County Health Department & Spanish Peaks Regional Hospital and the Colorado State Veteran’s Nursing Home), wind energy, sales, tourism, transportation (BNSF Railroad) and warehousing.

The unemployment rate in Huerfano County is 12.9% (U.S. avg. is 9.10%). Huerfano County median household income is \$26,380; Colorado avg. is \$55,735 (2010 Census Report).

Household Income

Median Household Income, #61



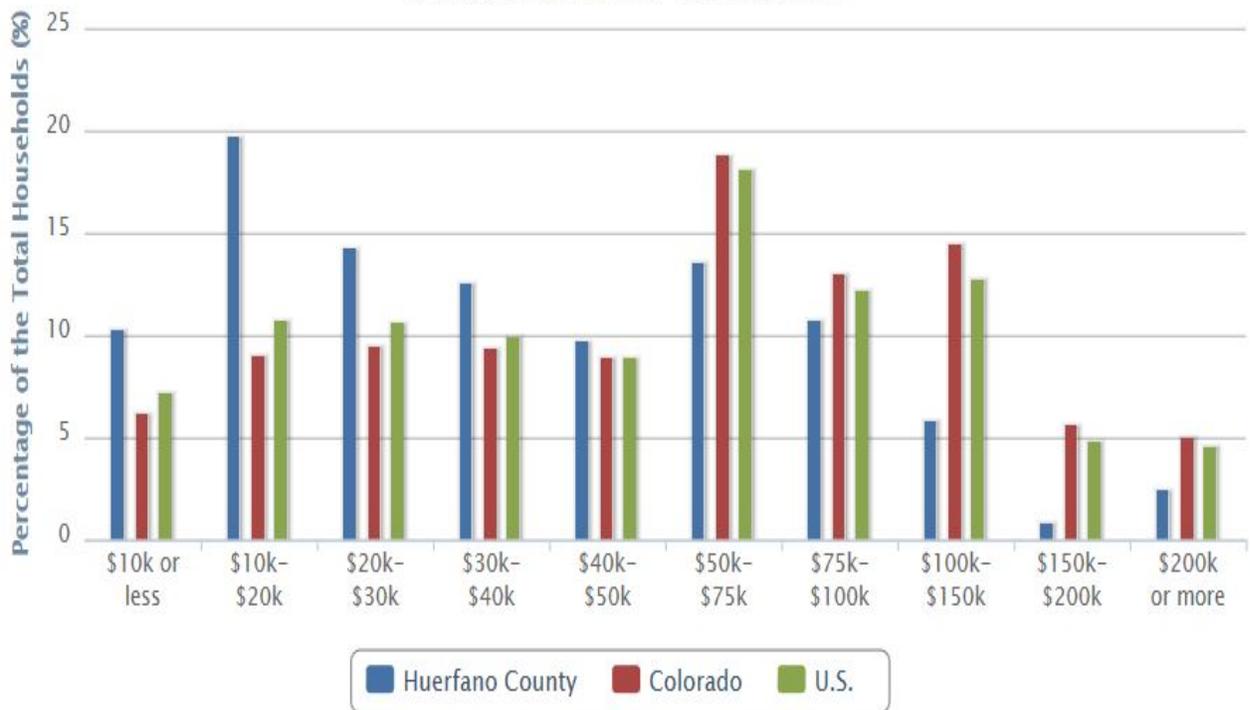
Mean Household Income, [see rank](#)



Median Household Income Growth Since 2000, #37



Household Income Distribution

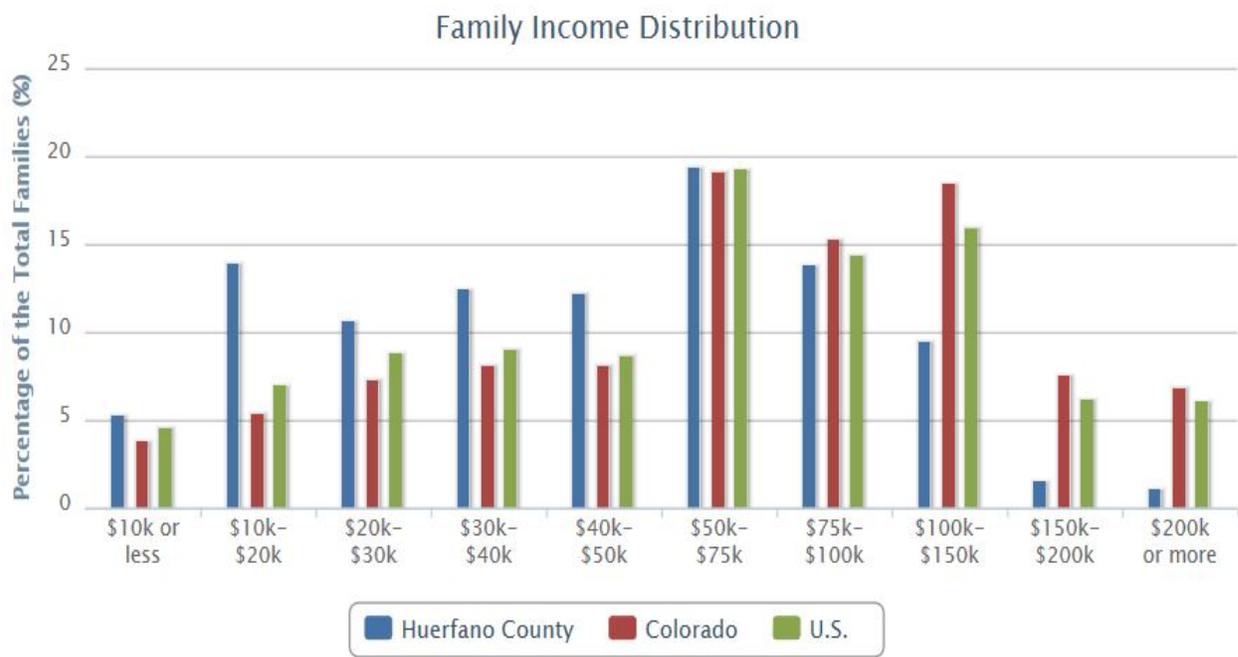


Family Income

Median Family Income, [see rank](#)



Mean Family Income, [see rank](#)



Ranks: [\\$10k or less](#), [\\$10k-\\$20k](#), [\\$20k-\\$30k](#), [\\$30k-\\$40k](#), [\\$40k-\\$50k](#), [\\$50k-\\$75k](#), [\\$75k-\\$100k](#), [\\$100k-\\$150k](#), [\\$150k-\\$200k](#), [\\$200k or more](#)

Household Income Other than Earnings

	Huerfano County		Colorado		U.S.	
	% ⁺	Average Amount	% ⁺	Average Amount	% ⁺	Average Amount
Interest, Dividends, or Net Rental Income	24.31%	\$16,547	24.71%	\$17,867	22.39%	\$16,134
Social Security Income	43.97%	\$14,872	22.20%	\$16,281	28.34%	\$16,727
Public Assistance Income	6.16%	\$2,357	2.09%	\$3,659	2.72%	\$3,807
Retirement Income	23.29%	\$23,538	15.56%	\$26,962	17.61%	\$23,126

⁺ The percentage of the total households that have the income.

The ***essential public health services*** provide a working definition of public health and a guiding framework for the responsibilities of local public health agencies. The 10 essential public health services are:

1. Monitor health status to identify and solve community health problems
2. Investigate and diagnose health problems and health hazards in the community.
3. Inform, educate, and empower individuals about health issues.
4. Mobilize public and private collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce laws and regulations that protect health and promote safety.
7. Link people to needed personal health services and assure the provision of health care.
8. Encourage a competent public health workforce.
9. Evaluate effectiveness, accessibility and quality of personal/ population-based health services.
10. Contribute to research into insightful and innovative solutions to health problems.

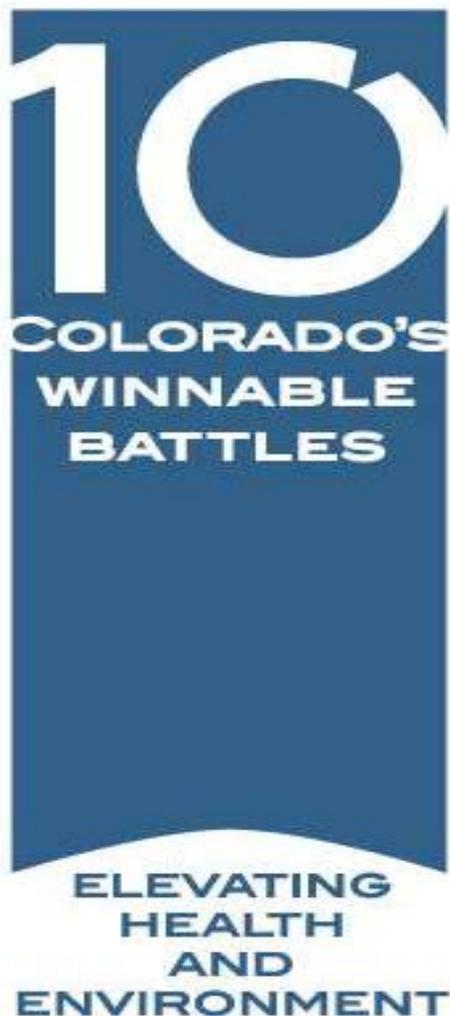
For details see:

<http://www.cdphe.state.co.us/opp/publichealthact/Implementation/6CCR1014-7CorePublHealthServicesEFF11302011.pdf>

Summary of Strategic Priorities

The Colorado Department of Public Health and Environment (CDPHE) has identified 10 health related issues as Winnable Battles. These key topics have a significant impact on the health of Coloradans and also have identified effective strategies to address the needs. The two priorities selected through Las Animas and Huerfano Counties Community Health Assessment are both Winnable Battles according to CDPHE.

Colorado's 10 Winnable Battles



- Clean Air
- Clean Water
- Infectious Disease Prevention
- Injury Prevention
- Mental Health and Substance Abuse
- Obesity
- Oral Health
- Safe Food
- Tobacco
- Unintended Pregnancy

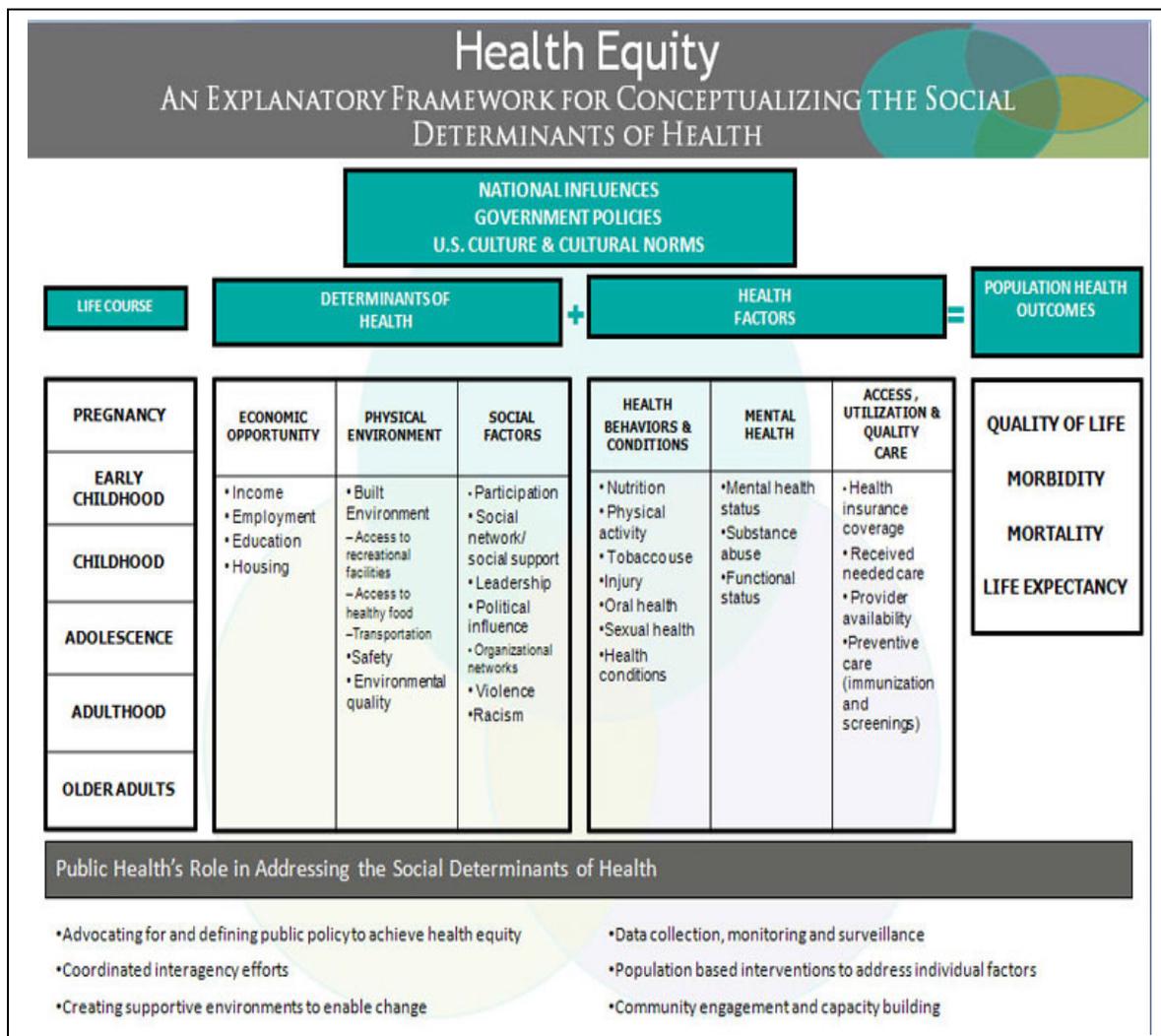
More information at: <http://www.cdphe.state.co.us/hs/winnable.html>

Social Determinants of Health

The World Health Organization defines the social determinants of health as “the circumstances into which people are born, live, work, and age; and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.” (World Health Organization)

The Colorado Department of Public Health and Environment (CDPHE) created the health equity model below, which conceptualizes a wide range of factors that influence health. These “social determinants of health” are grouped into:

- ❖ **Life course perspective:** how populations are impacted differently during the various stages of life
- ❖ **Social determinants of health:** societal influence, such as economic opportunity, physical environment and social factors that play critical roles in the length and quality of life
- ❖ **Health factors:** components of health behaviors and conditions, mental health and access, utilization and quality of health care
- ❖ **Population health outcomes:** measures of quality of life, morbidity, mortality and life expectancy



Community Health Assessment Highlights for Las Animas County

Mt. San Rafael Hospital (MSRH) conducted a Community Health Needs Assessment in 2012 addressing the top community health priorities in Las Animas County. The data gathered for the Community Health Needs Assessment (CHNA) was based on the county wide data that included demographic, economic, health indicators and health outcomes.

MSRH recognized the disparities that exist in health status and health risk between those in the highest income levels and the lowest, as well as the between insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality affordable health care. This is especially challenging in a very rural area such as Las Animas County.

To aid the Community Needs Assessment Team (CNAT) in the assessment the community's health needs, a group of representatives including the Health Department and interested agencies and organizations serving the health, educational, commercial and government interests of the County were assembled.

In addition to the focus groups, the CNAT in collaboration with the Colorado Rural Health Center (CRHC) conducted a survey of interested County residents. CNAT had a goal of 100 respondents and was pleased that 160 responses were received a tabulated. Summary results of the survey finding were presented to the CNAT and the broader Community Group. It is important to note that gaps exist in reported health data at the local level. The gaps exist because of the lack of reporting certain diseases data and the characteristics of unique populations that may experience certain diseases and chronic conditions.

Some highlights of the Community Needs are:

- According to the County Health Rankings report the County ranked 55th out of 59 Counties reporting overall health outcomes. Any entity that is not reported does not have its own Federal Information Processing Standard (FIPS) county code is included in the *Rankings*.
- Mortality -54
- Morbidity -54
- Health Factors -52
- Health Behaviors -57
- Clinical Care -51
- Social & Economic Factors -48
- Physical Environment – 34

- According to the County Health Rankings there was one primary care physician in the County for each 1,223 persons compared to a national rate of 1:631 and a Colorado rate of 1:816.
- There have been high turnovers of physicians in the county. Causes of this were attributed, in part, to factors of rural living that leads to dissatisfaction with locations that are remote from urban attractions. In addition, factors related to the patient demographics resulting from older and poorer patients create stress in practice.

Based on these other more detailed data, the Community Needs Assessment Team (CNAT) derived a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.

Strengths: Beautiful rural area with many natural attractions, Institution of higher learning located in the County, Area is certified as a Health Professional Shortage Area (HPSA).

Weaknesses: Significant outmigration of patients and health service dollars, rural area lacks resources of urban area, shortage of providers, lack of transportation services, especially from non-emergent medical transportation needs.

Opportunities: Decreasing outmigration of health services would increase the local economy, further develop training pipeline programs to provided skilled healthcare workforce, and develop regionalized approach to physicians recruiting.

Threats: Economic environment of the County: poor populations and poor economy, potential payment reductions from Medicare and Medicaid, and number of uninsured persons in the County.

The issues identified below were addressed by the community as important, but MSRHC did not address them in their CHNA plan. Other entities within our community including the Las Animas –Huerfano Counties District Health Department, Mt Caramel Health and Wellness Center, Department of Social Services, Trinidad State Junior College and South Central Council of Government are partnering to provide community education to implement appropriate programs on the following issues:

- Obesity, and obesity among pregnant women,
- High rate of smoking
- High rate of births to women under 18 years old

For more information on the Las Animas County Needs Assessment go to: www.msrhc.org/

Community Health Assessment Highlights for Huerfano County

Huerfano County/Spanish Peaks Regional Health Center's conducted a Community Health Assessment in 2011. Based on the review of health and health outcomes, and community survey data, the following issues were identified as most pressing, based on a multi-voting process that attendees undertook:

- A desire for more holistic wellness and preventative care, focusing on the body, mind and spirit.
- The tensions between economic development (including unemployment and job creation) and environmental protection.
- The connection between the economy and elder care, including assisted living and skilled nursing.
- Shortage of healthcare providers (and resulting lack of healthcare services and continuity of care), including medical, dental, and mental health providers.

Other issues that were identified, but did not rise to the highest level of engagement include:

- The high county rate of unemployment, although the hospital has increased its workforce over the past decade.
- The high rate of births to women less than 18 years old
- A desire for more health education in high schools
- A desire to increase the perception of the importance of education
- The high rate of smoking
- The high rate of people living in poverty, particularly children

Strengths/Assets

- The federal Health Professionals Shortage Area (HPSA) designations in Huerfano County currently enable agencies and organizations to apply for grant funding and other resources that can facilitate hiring and retaining healthcare providers and improve healthcare infrastructure.
- Some pipeline programs "grow your own" healthcare providers already exist.
- Parks, trails, golf course and other forms of outdoor recreation offer a number of opportunities for exercise for many residents.
- Community gathering places, both indoor and outdoor, i.e. the public pool in Walsenburg, the Community Center in La Veta, the public library in Walsenburg
- An attractive hospital in a beautiful setting

- Free/reduced price school lunch program

Weaknesses

- When people leave the county for healthcare services, in addition to their healthcare dollar, the county often loses dollars associated with shopping, eating out, hotel, etc.
- Perceived lack of quick, easy access to an adequate number of qualified healthcare providers.
- Many residents live a long way from a grocery store. Also, healthier food options can be cost prohibitive for low income residents. Some residents don't have direct access to food without assistance.
- Many cultural issues and personal choices can interfere with healthy food and healthy living choices.
- Public transit, particularly non-emergent medical transportation, is sub-optimal for some people.
- Brownfield properties, run down properties, and vacant store fronts give an appearance of blight in some areas.
- Many people lacking medical coverage forego preventative and routine care, only to present in the Emergency Department for treatment after their condition has worsened.

Opportunities:

- Decreasing healthcare dollar leakage
- Considering a community foundation to raise and leverage funds to enhance community infrastructure, provide business start-up-microloans, and bolster healthcare infrastructure and workforce pipeline activities.
- Develop additional resources for preventative care and healthy living.
- Improving infrastructure for healthy living – developing community gardens, connecting trails, adding exercise stations to paths, assuring that exercise options for the differently abled exist.
- Supporting school systems in offering healthful foods to students.
- Enhancing “farm to plate” programs and local food systems.
- Continuing to explore methods to reduce obesity, particularly childhood obesity.
- Increase the percentage of residents taking advantage of immunizations.

For more information on the Huerfano County Community Needs Assessment STRIDES, go to: www.coruralhealth.org

Live Well Huerfano County Community Survey

Huerfano County, Colorado is participating in the Kaiser Permanente supported LiveWell Colorado (LWC) Healthy Eating, Active Living Community Health Initiative (HEAL), which seeks to create healthy communities through community-based prevention strategies. As part of the evaluation of this project, adult residents living in LiveWell Huerfano County (LWHC) completed a healthy eating and active living survey in the fall of 2012. Developed in collaboration by the Center for Community Health and Evaluation and the Atkins Center for Weight and Health, the survey asked local residents about their neighborhood, nutrition, and physical activities.

Methods

The survey was mailed in November 2012 to 1,150 randomly selected community residents living in LWHC. Home addresses were obtained through a list of USPS mailing addresses in Huerfano County, Colorado. The survey, written in both English and Spanish, was placed in an envelope along with a cover letter describing the survey. A stamped, pre-addressed return envelope and a two-dollar bill thanking people for completing the survey were included. A total of 288 surveys (25%) were completed by LWHC residents. Corona Insights, a research firm in Denver Colorado, managed the production of the survey and data entry. The data were analyzed by the Center for Community Health and Evaluation and the final report was prepared by the Kaiser Permanente Evaluation Team in collaboration with LiveWell Colorado and the Atkins Center for Weight and Health.

Overview

To achieve the goal of population-level improvements in obesity rates, LWC is committed to funding strategies that make lasting change in institutional practices, public policy, and the built environment, with a focus on:

- High-dose interventions which are determined by the combination of a strategy's ability to reach a significant part of a target population and the strength of that strategy to influence behavior change.
- Sustainable behavior change through supply-side interventions (creating environments conducive to HEAL) and demand-side interventions (building public will for and awareness of HEAL behaviors).

General Findings

When reviewing LWHC survey data, Behavioral Risk Factor Surveillance System (BRFSS) data, and HEAL evidence, results indicate room for improvement in both healthy eating and active living behaviors. The LWHC survey data show that physical activity indicators are farther from recommendations than nutrition indicators, and poorer than Colorado statewide BRFSS results. LWHC's strategic plan includes several evidence informed approaches to increase physical activity and healthy eating, such as:

Access/Availability (Supply)

- Community design and land use policies⁴ (LWHC 5.2B)
- Quality physical education and opportunities for physical activity in schools⁴ (LWHC 2.1A, 2.1C, 2.1E)
- Ensuring strong nutritional standards for all foods and beverages sold or provided through schools⁴ (LWHC 1.2B, 1.3B, 1.4A)
- Health-promoting food and beverage retailing and distribution policies⁴ (LWHC 3.1C)
- Streetscape design⁵ (LWHC 4.2A)
- Increase green space/parks⁵ (LWHC 5.1A, 5.2C)
- Creating or enhancing places for physical activity combined with informational outreach activities⁵ (LWHC 4.1B, 5.2A)

Knowledge/Attitudes/Skills (Demand)

- Provide and support community programs designed to increase physical activity⁴ (LWHC 2.1D)
- Ensure food literacy, including skill development in school⁴ (LWHC 3.2A)
- Community-based social support interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks⁵ (LWHC 3.1B)

LiveWell Huerfano County Survey Results

Survey Response								
Number of completed surveys	288							
Survey response rate	25%							
Number of surveys mailed	1150							
Demographics								
Gender	<i>Male</i>		<i>Female</i>					
	34%		66%					
Race/Ethnicity	<i>African American</i>	<i>Asian/Pacific Islander</i>	<i>Latino(a)</i>	<i>Multi Ethnic</i>	<i>Native American</i>	<i>Other</i>	<i>White</i>	
	0.4%	0%	31.3%	4.3%	1.4%	2.1%	60.5%	
Age	<i><18</i>		<i>18-29</i>		<i>30-39</i>		<i>40-49</i>	<i>50+</i>
	0%		2%		4%		10%	84%
Number of children in household	<i>0</i>		<i>1</i>		<i>2</i>		<i>3</i>	<i>4+</i>
	85%		6%		5%		3%	1%
Education	<i>0-11 grades</i>		<i>High school graduate</i>		<i>Some college</i>		<i>College degree</i>	
	11%		32%		35%		22%	
Food/Beverages								
Food (times per day consumed in the past month)	<i>None</i>		<i><1</i>		<i>1-2</i>		<i>3-4</i>	<i>5+</i>
Fruits and vegetables	0%		3%		32%		34%	31%
Beverages (times per day)	<i>None</i>		<i><1</i>		<i>1</i>		<i>2-3</i>	<i>4+</i>
Sweetened soda or pop	35%		41%		17%		6%	1%
Sweetened fruit drinks	51%		35%		11%		2%	1%
Fast Food (times consumed in the past 7 days)	<i>None</i>		<i>1-2</i>		<i>3-4</i>		<i>5+</i>	
	48%		41%		10%		1%	
How often use calorie information in fast food/restaurants	<i>Always/ Most</i>		<i>Half time/ Sometimes</i>		<i>Never</i>			
	24%		39%		37%			
Physical Activity								
Did <u>not</u> participate in physical activity/exercise in past month)	24%							
Participates in any <i>moderate</i> activity at least 10	71%							

min/usual week				
Participates in any <i>vigorous</i> activity at least 10 min/usual week	46%			
Participates in recommended levels of physical activity/week				
	<i>Recom- mended</i>	<i>Insufficient</i>	<i>Inactive</i>	
	19%	31%	50%	
Social Support				
	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
Lots of people I know walk for exercise	16%	59%	18%	7%
Lots of people I know often drink soda or pop	22%	52%	19%	7%
In the past year...				
	<i>Very Often</i>	<i>Often</i>	<i>Sometime s</i>	<i>Seldom/ Never</i>
My friends or family encouraged me to be active	4%	20%	28%	48%
My friends or family ate fresh fruits and vegetables with me	15%	30%	33%	22%
Height and Weight, self-reported				
Normal weight (BMI* less than 25)	44%			
Overweight (BMI* between 25-30)	31%			
Obese (BMI* greater than 30)	25%			
*BMI = Body Mass Index is a combination of height and weight				
Huerfano Specific Questions				
How important is it to increase awareness of...?	<i>Extremel y or very</i>	<i>Somewhat</i>	<i>Not very or not at all</i>	<i>Don't know</i>
Smoking/secondhand smoke	72%	11%	13%	4%
Obesity among all Colorado residents	74%	12%	12%	2%
Obesity among Colorado children	80%	5%	13%	2%
Drug abuse	78%	7%	13%	2%
Violence	78%	6%	13%	3%

For more information on LIVEWELL go to:

⁴ Accelerating Progress in Obesity Prevention

<http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>

⁵ The Community Guide – Community Preventive Services

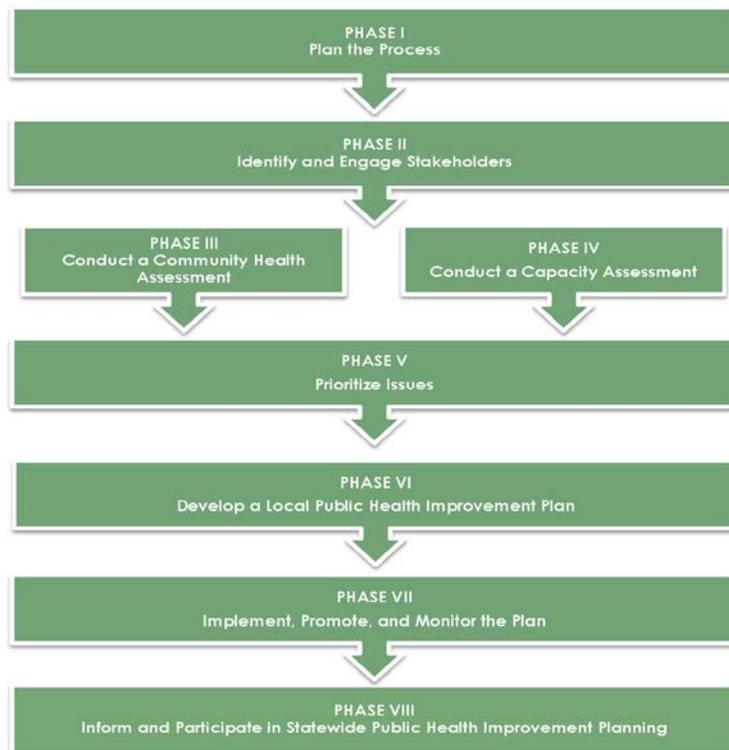
<http://www.thecommunityguide.org>

Public Health Improvement Plan Introduction

The *2013-2018 Community Health Improvement Plan for Las Animas and Huerfano Counties also known as the PHIP* is a roadmap for improving public health in several key priority areas across the two counties. The plan provides the background and process for the Colorado Health Assessment and Planning System (CHAPS), highlights findings from the community health assessment, outlines the process by which the public health priorities were chosen, and describes the goals, objectives, and action plans for each health priority area.

Background, Process, and Purpose

In 2008, Senate Bill 08-194, the Public Health Act, was signed into law. One component of Colorado's Public Health Act requires the state health department create a statewide public health improvement plan. The Colorado Public Health Act also mandates that each local health agency develop its own local public health improvement plan based on a community health assessment and a capacity assessment. The Public Health Act requires that local plans be developed and implemented by community stakeholders. After community health status and public health capacity are thoroughly reviewed, stakeholders then participate in a standardized prioritization process that yields goals and strategies for improving local public health in a few key areas.



Process for Developing the Public Health Improvement Plan

This Las Animas and Huerfano County Public Health Improvement Plan is the result of a community-wide health assessment, capacity assessment and prioritization process that was led by Las Animas – Huerfano Counties District Health Department. It was developed in partnership with a variety of organizations that impact the public health of Las Animas and Huerfano County residents. This PHIP was developed using the process and guidelines outlined in the 2009 Colorado Public Health Improvement Plan, the Public Health Act of 2008 and the Colorado Health Assessment and Planning System (CHAPS).

Prioritization Process

Public health priority areas were selected in partnership with many organizations in the bi-county. Data on the health and environment of Las Animas and Huerfano Counties were shared with participants and a facilitated discussion and scoring process was used to systematically determine which issues should have a more intense focus over the next five years. The following criteria were considered in selecting public health priority areas:

- Significance to public health
 - Impacts a high number or percentage of residents
 - Contributes to health disparities (affects some subpopulations to a greater extent than others)
- Ability to impact the issue
 - Strategies exist that can be implemented locally to produce the desired outcome
 - There is community support and political will for change
- Capacity to address the issue
 - A local organization prepared to take the lead on the issue
 - Sufficient resources (funding, staff, expertise) are available or obtainable

Process for Developing Goals and Strategies and Gathering Input

Internal and external stakeholders participated in the public health improvement planning process, including Department of Social Services, Spanish Peaks Regional Medical Center, Spanish Peaks Outreach Center, Spanish Peaks Behavioral Center, HuLA Early Childhood, Fire, Ambulance, County Officials, etc. These participants included people who were needed to create and support measurable action plans for each of Las Animas and Huerfano County's priority areas.

Meetings were held to identify the factors contributing to the issue; discuss and select strategies to implement in the community; create action steps that are linked to the goals and objectives, and measurable outcomes; focus on individuals leading and participating in implementation and how and when the steps will be evaluated.

A variety of sources were reviewed to identify evidence-based strategies and promising practices for addressing Las Animas and Huerfano County’s health priorities, including:

- Mt San Rafael Hospital Community Health Needs Assessment: data can be found at: http://www.msrhc.org/community_needs_assessment.
- Spanish Peaks Regional Health Center Community Health Needs Assessment

Between January 2013 and March 2014, the data subcommittee focused on compiling health data from secondary sources, using the following guidelines:

- ❖ Use the most current available data
- ❖ Include social determinants that affect health status when available
- ❖ Where there are multiple sources of data, choose the source with the best assurance of reliability, validity, and ongoing availability
- ❖ Seek data sources that illuminate trends
- ❖ Use sources that can be considered representative of the county as a whole (avoid using state or city- level data to describe county health status or issues)
- ❖ Document data gaps, if any
- ❖ Include measures for which there is comparable state and national data and/or established benchmarks, whenever possible

Data for more than 300 indicators were collected. Once local health data was compiled, the CHAP’s Committee identified the following issues as priorities in order of importance:

Las Animas County

- 1) Substance Abuse
- 2) Mental Health
- 3) Teen/ Unintended Pregnancy
- 4) Safety Issues/Violence
- 5) Obesity

Huerfano County

- 1) Substance Abuse
- 2) Obesity
- 3) Teen/Unintended Pregnancy
- 4) Mental Health
- 5) Tobacco

The process for selecting priorities occurred from January through early March of 2014. In addition, survey respondents and meeting participants were given the opportunity to provide qualitative input offering additional contextual information about which issues should be considered highest priority.

Respondents were asked to consider the following criteria when recommending priorities:

- ❖ Significance of the issue to our community's health
- ❖ Ability to impact the issue
- ❖ Local capacity to address the issue

After completing the “Organizer Stakeholder Engagement” in March 2012, and survey results and the Community Capacity Assessment in February 2013, the committee narrowed down the areas within Las Animas and Huerfano Counties:

- 1) Substance Abuse
- 2) Obesity

After the top two priorities were established, CHAP's Committee worked on writing the PHIP. The committee began meeting again in January 2014 and concluded writing the action plans for their subsequent areas in March 2014.

Implementation is the next step in this process. This effort will take each and every individual in the community to make a difference. We hope to build strong leadership and partnerships in our communities while making a difference in Las Animas and Huerfano Counties.



Local Public Health System Capacity Assessment

A capacity assessment of Las Animas –Huerfano Counties entire public health system was completed in February 2014. The assessment examined each essential public health service, as defined by Centers for Disease Control and Prevention, to determine what agency or organization locally or at the state level provided the service and how well it was being delivered.

The Public Health System Capacity Report estimates Las Animas-Huerfano Counties District Health Department and partners’ system capacity to deliver each of the seven Core Public Health Services (Code of Colorado Regulation: 6 CCR 1014-7; Table 1). Estimates described here were created by summarizing Las Animas-Huerfano’s 2013 Public and Environmental Health Annual Report Survey. This survey was designed through collaboration between Colorado Department of Public Health & Environment’s Office of Planning and Partnerships and the Colorado Association of Local Public Health Officials and completed by Las Animas-Huerfano in early 2013. It was completed by the Public Health Director and other division staff and is thus based upon their perceptions and estimations.

Table 1. Overview of Core Public Health Services

1	<p>Administration and Governance</p> <p><i>To establish and maintain the necessary programs, personnel, facilities, information technology, and other resources to deliver public health services throughout the agency’s jurisdiction. This may be done in collaboration with community and regional partners.</i></p>
2	<p>Assessment, Planning, and Communication</p> <p><i>To use assessment and planning methodologies to identify, evaluate and understand community health problems, priority populations, and potential threats to the public’s health and use this knowledge to determine what strategies are needed to engage partners and improve health.</i></p>
3	<p>Vital Records and Statistics</p> <p><i>To record and report vital events (e.g., births and deaths) in compliance with Colorado statutes, Board of Health Regulations, and Office of the State Registrar of Vital Statistics’ policies.</i></p>
4	<p>Communicable Disease Prevention, Investigation and Control</p> <p><i>To track the incidence and distribution of disease in the population and prevent and control vaccine-preventable diseases, zoonotic, vector, air-borne, water-borne and food-borne illnesses, and other diseases that are transmitted person-to-person.</i></p>
5	<p>Prevention and Population Health Promotion</p> <p><i>To develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing</i></p>

	<i>the incidence of preventable (chronic and communicable) diseases, injuries, disabilities and other poor health outcomes across the life-span.</i>
6	<p>Environmental Health</p> <p><i>To protect and improve air, water, land, and food quality by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment. These activities shall be consistent with applicable laws and regulations, and coordinated with local, state and federal agencies, industry, and the public.</i></p>
7	<p>Emergency Preparedness and Response</p> <p><i>To prepare and respond to emergencies with a public health or environmental health implication in coordination with local, state and federal agencies and public and private sector partners.</i></p>

Figure 1 shows Las Animas-Huerfano Health Department (LAHHD) capacity in each core service area. LAHHD has moderate capacity in vital records and statistics and emergency preparedness and response, which are the two areas of highest capacity. Capacity in communicable disease, prevention and health promotion and environmental health is basic-to-moderate. The lowest area of capacity is in Assessment and Planning, in which capacity is slightly below basic.

Figure 1. Overall Capacity Estimation by Core Service Area

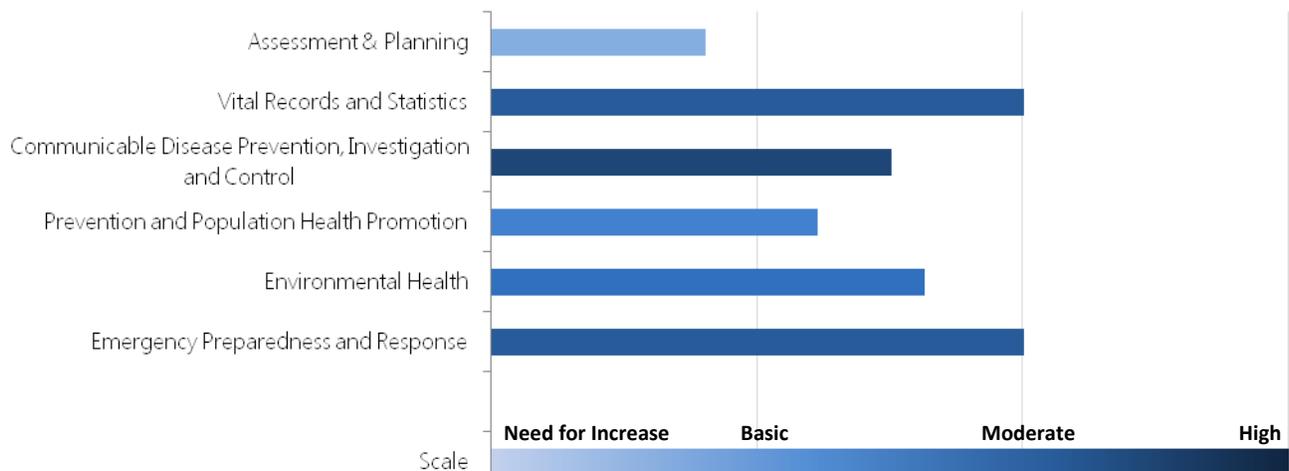
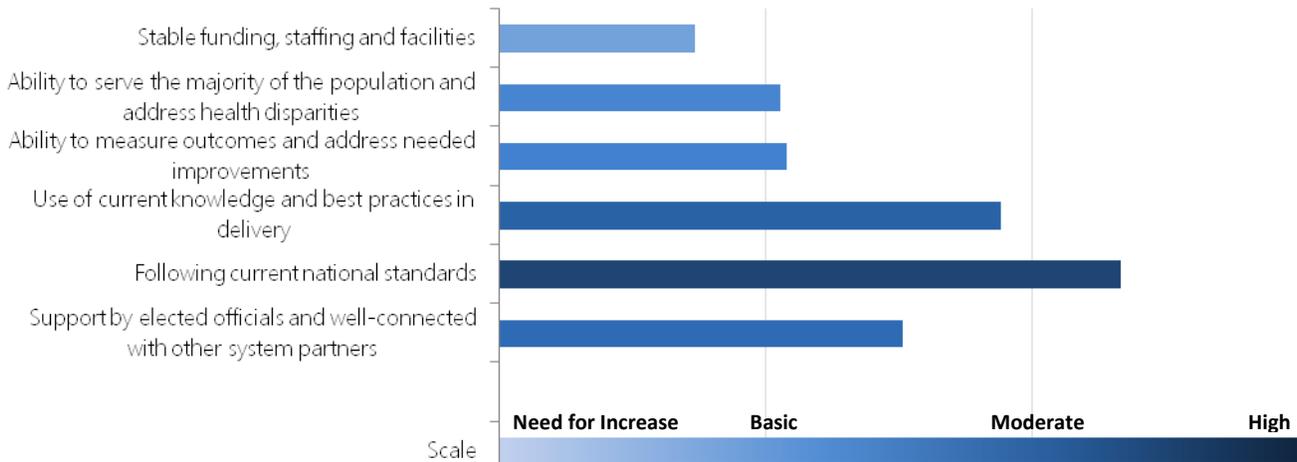


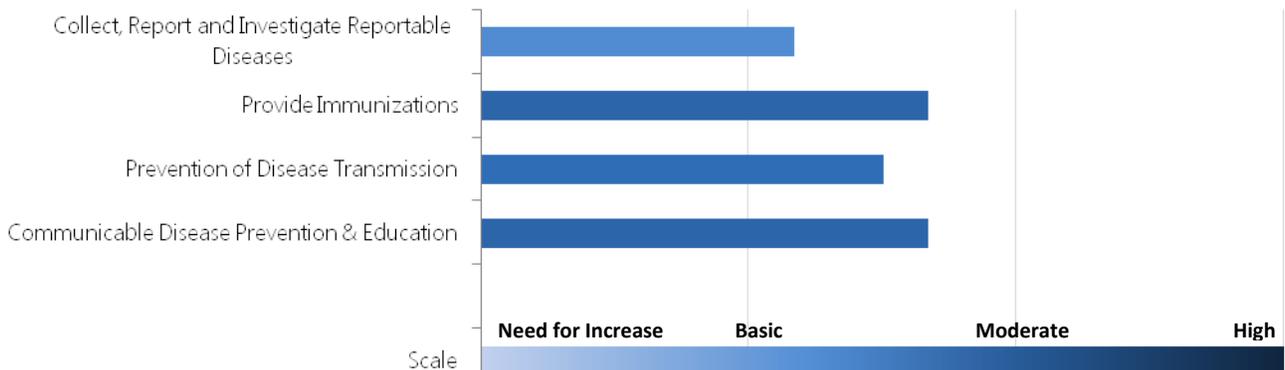
Figure 2 shows the average for various types of capacity across all of the service areas except vital records (because capacity type for vital records was not assessed). Las Animas-Huerfano’s greatest capacity across the core standard areas is with regard to following current national standards, which is moderate-to-high. The capacity in use of current knowledge and best practices is nearly moderate. Capacity is lowest overall with regard to stable funding, staffing and facilities, for which it is below basic. The level of capacity within the other capacity types is basic-to-moderate.

Figure 2. Overall Capacity Estimation by Type of Capacity



Within three of the core service areas, subarea capacity was also assessed, as shown in Figures 3-5. Las Animas-Huerfano has basic-to-moderate capacity in each of the Communicable Disease, Prevention and Control subareas (Figure 3).

Figure 3. Communicable Disease Core Service Subarea Capacity Estimation



With regard to prevention and population health promotion, LAHHD has moderate capacity in chronic disease prevention and education, basic-to-moderate capacity in maternal and child health and a clear need for increased capacity in injury prevention and education (Figure 4).

Figure 4. Prevention and Promotion Core Service Subarea Capacity Estimation

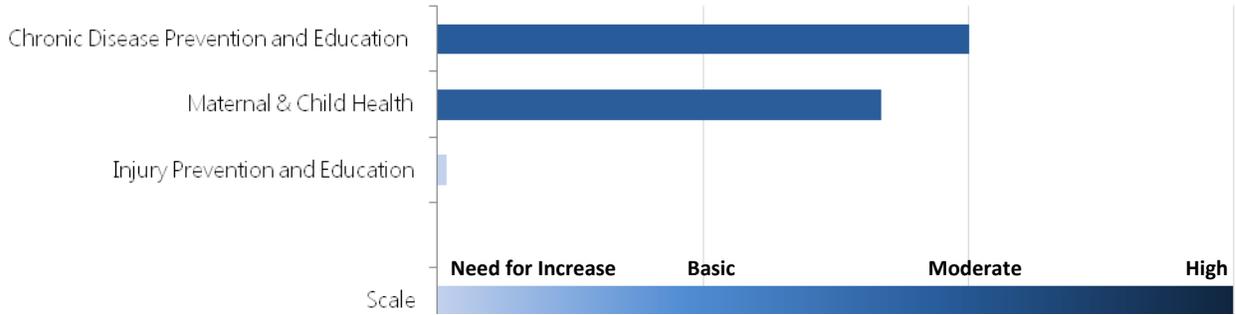


Figure 5 shows that Las Animas-Huerfano’s capacity in the environmental health core service subareas varies from basic to moderate. Capacity is lowest, at basic, in solid and hazardous waste and highest, at moderate, in food safety and prevention and control of zoonotic and vector-borne threats.

Figure 5. Environmental Health Core Service Subarea Capacity Estimation

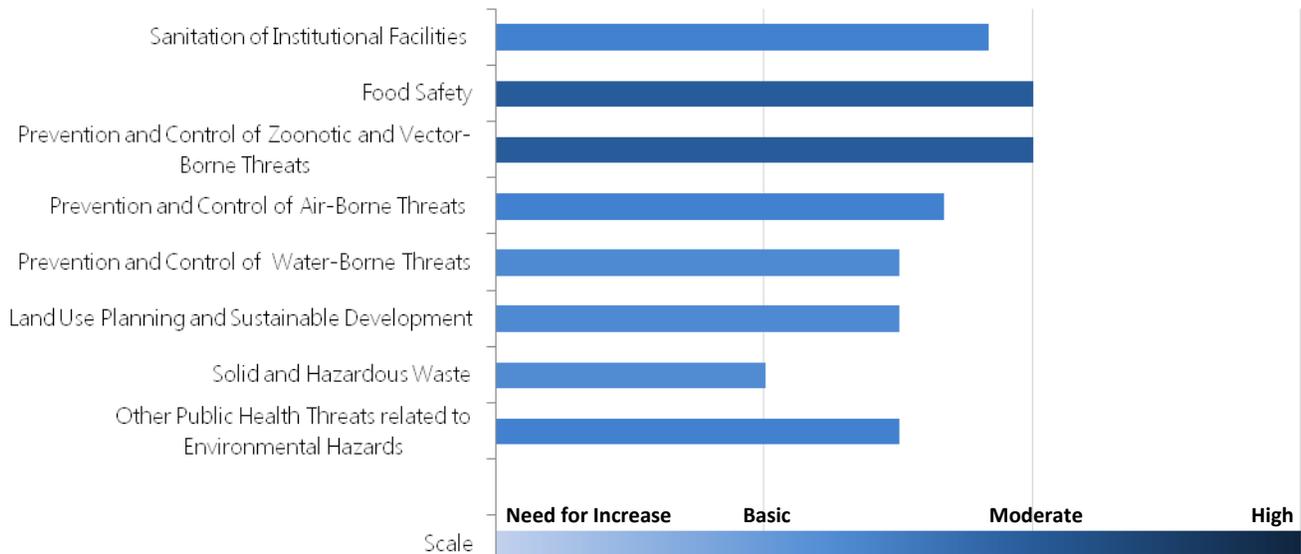


Table 2 summarizes Las Animas-Huerfano’s resources, expenditures, strengths, challenges and perceived capacity in each of the core service areas.

Table 2. Las Animas-Huerfano Capacity Estimation Summary

	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
Personnel and FTE*	4 personnel; 4.0 FTE	2 personnel; 0.25 FTE	5 personnel; 1.3 FTE	4 personnel; 4.0 FTE	3 Personnel 1.43 FTE	2 personnel; 2.0 FTE	1 personnel 0.6 FTE
Total funding expended	\$358,381 (33.6% of total)		\$54,400 (5.1% of total)	\$358,381 (33.6% of total)	\$54,771 (5.1% of total)	\$118,662 (11.1% of total)	\$43,731 (4.1% of total)
Areas of Strength				Recent increases in capacity for communicable disease prevention and education	Recent increases in Maternal & Child Health capacity		Following current national standards; support and partnerships
Areas of Challenge	Expecting decreases in	Prior community	Recent decreases in		Needed capacity	Needed capacity increases in	Unstable funding, staffing

	budget; current director and finance director vacancies	health assessment was in 1998; no dedicated personnel	county funding		increases in injury prevention	solid and hazardous waste; no funding for a 3 rd EH position	and facilities; decreases in capacity due to decreased funding
Perceived Capacity		Basic	Moderate	Basic-to-moderate	Basic-to-moderate	Basic-to-moderate	Moderate
Other	Partnership with Las Animas County Early Childhood Council has helped to meet the needs of children and families				Partnered with Otero County for tobacco work; partnered with Spanish Peaks Mental Health for mental health work	Number of facilities needing inspections has decreased recently due to closures; participating in the Virtual Health Department Environmental Health Program	

*Full Time Equivalent

Goals and Strategies for Improving Community Health

The following action plans detail the initial steps that will be taken by Las Animas – Huerfano Counties Public Health Agency and its partners over the next 5 years in each of the chosen priority areas. Implementation of the strategies listed in the action plan will require the continued involvement of community stakeholders in order to be successful. Further identification and implementation of strategies will require ongoing partnerships to address each priority area and set measurable goals.

Substance Abuse Prevention for a Healthy Las Animas and Huerfano Counties

Introduction:

Substance abuse disorders include those due to alcohol, tobacco, illicit drugs (including marijuana, amphetamine, methamphetamine, cocaine, ecstasy, hallucinogens, inhalants), and prescription drug use and dependencies. While in Colorado marijuana is now legal, federally it is still considered an illicit drug.

At the Las Animas – Huerfano Counties District Health Department, our goal is to postpone the age of initiation and reduce risky and harmful use and dependency on: alcohol, marijuana, and prescription drugs. Las Animas – Huerfano Counties District Health Department utilizes and supports existing coalitions and businesses to promote consistent, evidence-based substance abuse information and programming for youth, parents, and community members. This system establishes healthy cultural norms to support informed use or the decision to abstain.

Nationally, excessive alcohol consumption is the third leading cause of preventable death in the U.S. and is a risk factor for many health and societal problems. About 5% of the total U.S. population drinks heavily, and 15% of the population engages in binge drinking. Youth aged 12 to 20 years drink 11% of all alcohol consumed in the U.S. Over 90% of this alcohol is consumed via binge drinking.

Colorado is ranked 11th in the nation in per capita alcohol consumption. The National Survey on Drug Use and Health (NSDUH, 2007-2008) shows that Colorado rates of alcohol use in the past month are among the top five nationally for all three age groups surveyed (12-17, 18-25, 26+).

The National Institute on Drug Abuse (NIDA) estimates that the total overall costs of substance abuse in the U.S., including productivity, health- and crime-related costs, exceed \$600 billion annually. This includes \$181 billion for illicit drugs, \$193 billion for tobacco, and \$235 billion for alcohol. Despite high rates of substance use and abuse, Colorado ranks 50th in financial resources dedicated to substance abuse treatment. In 2009, 16 million Americans ages 12 and older had taken a prescription drug for nonmedical purposes at least once in the prior year. *The 2010 Monitoring the Future Study* showed that 2.7% of 8th graders, 7.7% of 10th graders, and 8.0% of 12th graders had abused Vicodin, and 2.1% of 8th graders, 4.6% of 10th graders, and 5.1% of 12th graders had abused OxyContin for nonmedical purposes at least once in the prior year.

Action Areas:

The CHAP's Committee chose to address substance abuse in four key action areas: reducing alcohol use, reducing illicit drug use, and reducing prescription drug use for adults and youth in our communities. These areas were selected because they cause many physical, mental, emotional, and community problems, such as family disintegration; loss of employment; failure in school; domestic violence; increased crime and jail bed usage; and higher incidence of unintended injury, infectious disease (e.g. HIV, hepatitis, STIs), and chronic disease (e.g. heart disease, diabetes, cancer).

The goals set in Las Animas and Huerfano Counties are important and winnable - important because they affect every Las Animas and Huerfano County resident; winnable because it is known what actions work to prevent illness and death, and because these actions are achievable. For example, current research has identified effective interventions with younger populations to help prevent risky behaviors before drug abuse occurs, and progress is being made with older teens who are already using drugs to find ways to prevent further abuse or addiction. More importantly, for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen. Our focus is to postpone the age of initiation, and reduce risky and harmful use and dependency on: alcohol, illicit drugs, and prescription drugs.

Reducing Alcohol Use

The Las Animas – Huerfano Counties District Health Department will focus on: 1) raising awareness of the nature and magnitude of the problems caused by harmful use of alcohol; 2) preventing and reducing negative consequences of underage drinking and adult problem drinking; and 3) strengthen partnerships and coordination among stakeholders to build resources in the communities.

Reducing Use of Prescription Drugs

While most illegal drugs peaked in the late 1990s and then began to decline, the misuse of most prescription drugs continued to climb. For example, yearly deaths related to the most commonly abused prescription drugs doubled in Colorado from 228 in 2000 to 414 in 2010. In 2010, more than twice as many people in Colorado died from prescription drug abuse than drunken driving accidents. Among those who abuse prescription drugs, high rates of other risky behaviors, including abuse of other drugs and alcohol, have also been reported.

Prescription medications are easy to access for adolescents. Adolescents indicate that prescription drugs are “easier to get than beer” because prescription medications can be obtained from family

and friends' medicine cabinets. Unused amounts of prescription medications that may increase easy access is the target of the three National Take-Back initiative events hosted by the U.S. Drug

Enforcement Administration and local law enforcement agencies. Coloradans turned in more than 35,000 pounds of unused medication. The exact amount of prescription medications diverted is unclear; however, State laws require that pharmacies keep records on all prescription drugs dispensed and allow the state pharmacy board access to all records. This may be a source to help determine how many prescriptions are written in Las Animas and Huerfano Counties; however, we need to research and better understand the diversion of prescription drugs.

Reducing Illicit Use (Including marijuana, amphetamine, methamphetamine, cocaine, ecstasy, hallucinogens, inhalants)

Illicit drug use continues to rise among U.S. teens. According to recent studies, daily marijuana use among high schools seniors is at a 30-year peak. Nationally, marijuana use among teens rose in 2011 for the fourth straight year, in sharp contrast to the considerable decline that had occurred in the preceding decade.



Strategy: 1

PRIORITY 1: Substance Abuse			
STRATEGY: Work with Community partners to obtain funding and to improve the referral and treatment process to address alcohol and drug abuse in our community. The health department will continue working with probation and Crossroads with the New Start Program giving “Vivtrol Injections”.			
Major Indicators:			
1) Reduce Alcohol Use			
2) Reduce Prescription Drug Use			
3) Illicit drugs (including marijuana, amphetamine, methamphetamine, cocaine, ecstasy, hallucinogens, inhalants);			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
What you will do to accomplish your strategy Utilize existing community partnerships to promote prevention strategies.	Specific, M measurable, A chievable, R ealistic and T ime-bound Objectives December 2015	New Start Program(vivtrol injections)	Health Department Crossroads/Probation
		Prescription Drug Take Back Bins	Law Enforcement
		Engage the Community on awareness	Health Dept
		Provide UA’s for Departments of Social Services.	Health Dept/Dept. Social Services
		Support and assist Substance Abuse	June 2016

prevention strategies of partners		available	
Identify additional strategies and partnerships that will support prevention and new and existing programs.	June 2016	Work closely with Probation, Crossroads, Departments of Social Services, Law Enforcement, Trinidad Ambulance, and local medical providers to identify what programs they are using and how we can partner.	Health Department

Strategy: 2

PRIORITY 1: Substance Abuse			
STRATEGY: Educate and empower youth regarding substance abuse resistance.			
Major Indicators: 1) Reduce Alcohol Use 2)Reduce Prescription Drug Use 3) Illicit drugs (including marijuana, amphetamine, methamphetamine, cocaine, ecstasy, hallucinogens, inhalants);			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
What you will do to accomplish your strategy Promote School based programs that educated and empower youth about resisting drug use/abuse	Specific, Measurable, Achievable, Realistic and Time-bound Objectives December 2018 50% of Las Animas and Huerfano County will have adopted/implemented drug resistance education programs.	Identify community partners in Las Animas and Huerfano Counties	Health Department Crossroads/Probation Law Enforcement
		Research and identify programs that address drug abuse for local schools	Health Department Crossroads/Probation Law Enforcement and Local Schools
		Drug Abuse Resistance Education in local schools	Crossroads prevention program, Ambulance, Health Department and Law Enforcement
		Engage the Community on awareness	Health Dept
		Implement programs that address alcohol and drug use/abuse in local schools	Crossroads prevention program, Ambulance, Health Department and Law Enforcement

Support and assist Substance Abuse prevention strategies of partners	June 2016	Phone calls and meetings with partners to determine the tools and assistance available	Health Department Crossroads/Probation Law Enforcement and Local Schools
Identify additional strategies and partnerships that will support prevention and new and existing programs.	June 2016	Work closely with Probation, Crossroads, Departments of Social Services, Law Enforcement, Trinidad Ambulance, and local medical providers to identify what programs they are using and how we can partner.	Health Department

Goals and Strategies for Improving Community Health

The following action plans detail the initial steps that will be taken by Las Animas – Huerfano Counties District Health Department and its partners over the next 5 years in each of the chosen priority areas. Implementation of the strategies listed in the action plan will require the continued involvement of community stakeholders in order to be successful. Further identification and implementation of strategies will require ongoing partnerships to address each priority area and set measurable goals.

Priority Area 2: Obesity

Introduction

What causes obesity? There are several contributors to obesity such as genetic, metabolic, behavioral, environmental, cultural and socioeconomic factors. The immediate cause of overweight or obesity for most people is consuming more calories than expended in physical activity. Colorado communities with the highest rates of obesity face limited access to healthy and affordable foods, recreational facilities, safe neighborhoods, and preventive health care. These conditions make it difficult for healthy eating and physical activity to be an easy choice for all Coloradans in the places where they live, learn, work and play. Many of these factors also exist in Las Animas and Huerfano Counties.

In addition to reducing the obesity rates for adults and children, we will work on several key indicators to help measure the progress of obesity. They include increasing physical activity, fruit and vegetable consumption, and breastfeeding. These indicators are described in detail within the action plans. Additional indicators that may be monitored to determine progress include reducing screen time, and might also include precursors to obesity such as high cholesterol and blood pressure rates.

In the Mount San Rafael Hospital Community Health Needs Assessment 2009, other needs identified not addressed by MSRH but which other community resources are available were Obesity, and obesity among pregnant women; high rate of smoking, and high rates of birth to women under 18 years old. Although MSRH is not able to meet all the needs and concerns identified during the CHNA, the following agencies and organizations are available in the County. Other agencies include Las Animas – Huerfano Counties District Health Department, Mt Carmel Health and Wellness Center, Department of Social Services, Trinidad State Junior College and South Central Council of Government as potential collaborators and partners to meet these concerns.

Youth Obesity is the percentage of high school youth who were greater than or equal to the 95th percentile for BMI, based on sex and age-specific reference data from the 2000 CDC Growth Charts. These data are collected by the CDC through the High School Youth Risk Behavior Survey. The survey was only administered in 41 states, so data is not available for all states. A table of the percentage of obese youth can be found here. Obesity is one of the greatest health threats to the United States. It contributes significantly to a variety of serious diseases, including heart disease, diabetes, stroke, and certain cancers, as well as poor general health. Obesity has many well documented long-term negative health effects, many of which can start in adolescence as 70 percent of obese adolescents already have at least 1 risk factor for cardiovascular disease. Children and adolescents who are obese are at increased risk of developing immediate health problems such as bone or joint problems, sleep apnea, and social or psychological problems. The causes of youth obesity are complex and include lifestyle, the social and physical environment, as well as genes and medical history. Poor diet and decreased physical activity are major lifestyle contributors to youth obesity.

Youth obesity varies from a low of 7.3 percent of high school youth in Colorado to a high of 17.0 percent in Alabama. Nationwide, 13.0 percent of high school youth are obese. - See more at: <http://www.americashealthrankings.org/CO/youthobesity/2013>

Reducing Obesity and Overweight

Obesity prevention begins at the earliest moments of life when parents make infant feeding decisions. Decisions and actions taken by parents early in the life course have been shown to affect children's weight later in life. Breastfeeding plays an important role in obesity prevention and improving overall health outcomes, and children who have been breastfed for six months or more are less likely later in childhood to be overweight and obese. Therefore, a fundamental strategy for preventing overweight and obesity in childhood and adolescence is to encourage initiation and longer duration of breastfeeding. Breastfeeding has been shown to have an impact on obesity throughout the life span, while also contributing to numerous other positive health outcomes. The evidence for the value of breastfeeding to children's and women's health is scientific, solid, and continually being reaffirmed by new research. Medical experts agree with the U.S. Department of Health and Human Services in recommending exclusive breastfeeding for six months and continued breastfeeding for the first year of life. Although further research is needed, exclusive breastfeeding appears to have a stronger protective effect than breastfeeding combined with formula feeding.

Healthy Food Access

Increases in obesity and chronic diseases are major public health issues. These problems can be worse in some communities because affordable and healthy foods are disproportionately difficult to access. Studies suggest that some areas and households have easier access to fast food restaurants and convenience stores than they do to supermarkets. This limited access to nutritious food and easy access to fast food may be associated with poor diet and obesity and diet-related disease. A major factor for people who live in areas with limited healthy food access is that they often must rely on small grocery or convenience stores that frequently do not carry healthy foods, and that the healthy foods they do carry are at higher prices.

Of all households in the United States, 2.3 million people live more than a mile from a supermarket and do not have access to a vehicle. An additional 3.4 million households live between one-half mile to 1 mile from a supermarket and do not have access to a vehicle. Americans consume about 250 more calories per day than they did 30 years ago; about half of these extra calories come from sugar-sweetened drinks. Increasing access to healthy foods can help to increase the number of adults meeting national nutritional standards. Eating more fruits and vegetables is one way to protect against many chronic conditions, such as heart disease and type-2 diabetes.

The obesity epidemic and related health problems, like diabetes and heart disease, disproportionately affect low-income and minority communities. Many studies have documented the lack of supermarkets in poor communities and communities of color compared to wealthier, primarily white communities. Nonetheless, research shows that access to healthy, reasonably priced food in low-income communities of color can be achieved. In poor communities, the building of new grocery stores can spur economic development. In addition, existing small stores can be encouraged to stock healthier options, promoting local small business development, and in some cases, turning a place seen as a community problem into a community asset.

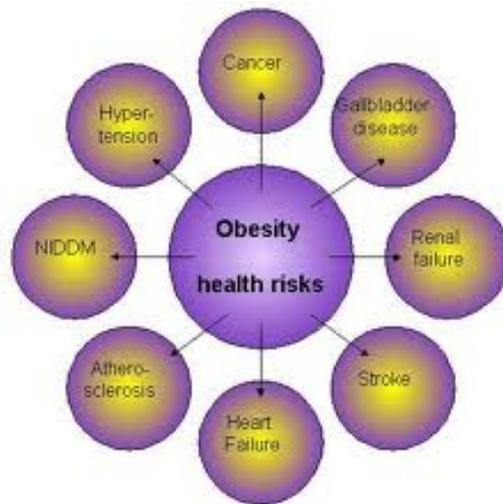
Physical Activity Including Active Transportation Researchers have found a strong association between the built environment, access to healthy food, and opportunities for physical activity. Being physically active is important for weight management (i.e. creating a healthy balance between calories consumed and burned) and for disease prevention.

Physical activity is strongly associated with good physical and mental health, with physically active individuals reporting lower rates of heart disease, high blood pressure, stroke, type 2 diabetes, colon and breast cancers, and depression than individuals who are inactive. Physical inactivity is responsible for nearly one out of every ten deaths in the United States and also plays a role in rising obesity rates. Despite known health

benefits, many individuals do not currently engage in enough physical activity. In Colorado, 29.1% of adults and 53% of adolescents are not active enough.

Getting people moving does not require expensive equipment, advanced training, or a high degree of physical fitness, and there are a wide variety of policies and services which can promote an active community. With the right encouragement and structural incentives, even timid, risk-averse and safety-conscious individuals can ride bikes or safely walk as part of their daily routines. However, this is only possible when communities provide the opportunity and infrastructure to safely do so.

Huerfano County, Colorado is participating in the Kaiser Permanente supported LiveWell Colorado (LWC) Healthy Eating, Active Living Community Health Initiative, which seeks to create healthy communities through community-based prevention strategies. When reviewing Live Well Huerfano Community survey data, BRFSS data, and HEAL evidence, results indicate room for improvement in both healthy eating and active living behaviors. The LWHC survey data show that physical activity indicators are farther from recommendations than nutrition indicators, and poorer than Colorado statewide BRFSS results.



Strategy: 1

<p>PRIORITY 1: Obesity:</p> <p>Improve the quality of life for all Las Animas and Huerfano County residents and reduce the costs of obesity related chronic diseases.</p>			
<p>STRATEGY: Increase physical activity in Las Animas and Huerfano Counties to help health issues related to obesity.</p>			
<p>Major Indicators:</p> <p>1) Physical Activity</p> <p>2) Play Groups</p> <p>3) Adult Exercise Groups</p> <p>2) Diabetic Education</p>			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
<p>What you will do to accomplish your strategy</p> <p>Increase physical Activity among the residents of Las Animas and Huerfano Counties.</p>	<p>Specific, Measurable, Achievable, Realistic and Time-bound Objectives</p> <p>December 2018 the resident of Las Animas and Huerfano Counties will have an increased awareness of the importance of physical activity by 30% of the population that will have participated in</p>	<p>Refer people to exercise groups (Spanish Peaks Regional Health and Mt Carmel Health and Wellness Center.</p>	<p>Health Dept Mt. Carmel Health and Wellness Center, Spanish Peaks Health</p>
		<p>Promote Community Gardening</p>	<p>Health Dept, Earth Mountain, Live Well</p>
		<p>Research and Indentify funding for education and resources.</p>	<p>Health Dept</p>

	some type of exercise or physical activity program.	Play Groups	Family Resource Center: Headstart
		Utilize existing community partnerships to promote physical activity.	Health Department Spanish Peaks Outreach/Live Well Mt Carmel Health and Wellness
		Live Well Colorado (Active Living)	Health Department & 21 st Century
		Partner with local school districts wellness/health staff	Health Department
		Work closely with Maternal Child Health, Live Well, Earth Mountain, and local medical providers to identify what programs they are using and how we can partner	Health Department
		Identify additional strategies and partnerships that will support prevention and program establishment	Health Department
		Support and assist obesity prevention strategies of partners	Health Department
		Determine what tools or programs	Health

		other partners in the county are using and assist in their prevention efforts	Department
		Phone calls and meetings with partners: Tools/partnerships/assistance determined	Health Department

Strategy: 2

<p>PRIORITY 1: Obesity:</p> <p>Improve the quality of life for all Las Animas and Huerfano County residents and reduce the costs of obesity related chronic diseases.</p>			
<p>STRATEGY: Offer community gardens with community partners, and promote breastfeeding. Increase community awareness of the importance of adequate nutrition.</p>			
<p>Major Indicators:</p> <p>1) Fruit and Vegetable Consumption (Healthy Eating)</p> <p>3)Breastfeeding</p> <p>4) Diabetic Education</p> <p>5) Cooking Classes</p>			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
<p>What you will do to accomplish your strategy</p> <p>Improve nutrition and healthy eating among the residence of Las Animas and Huerfano</p>	<p>Specific, Measurable, Achievable, Realistic and Time-bound Objectives</p> <p>December 2018. The residence of Las Animas and Huerfano Counties will have an increase understanding of the importance of adequate nutrition and healthy eating.</p>	<p>Identify additional strategies and partnerships that will support prevention and program establishment</p>	<p>Health Department Live Well, Local Dietitians, Hospitals</p>
		<p>Community Gardens</p>	<p>Health Dept, Earth Mountain, Live Well</p>
		<p>Research and Identify sources of funding for gardening, education and promotion</p>	<p>Health Dept</p>

Counties		Implement Cooking Matters classes	HuLA, Health Department
		Live Well Colorado (Healthy Eating, Active Living)	Spanish Peaks Outreach/Live Well
		Support and utilize existing community partnerships to promote obesity prevention	Health Department
		Partner with local school districts wellness/health staff	Health Department & 21 st Century
		Work closely with Women Infant and Children, Nurse Family Partnership, Maternal Child Health, Live Well, Earth Mountain, and local medical providers to identify what programs they are using and how we can partner	Health Department
		Promote MYPLATE/portion control.	Health Department
		Educate the community on the health issues related to lack of inadequate nutritional intake.	Health Department, Local Dietitians, Hospitals, Mt Carmel.
		Determine what tools or programs other partners in the county are using and assist in their prevention efforts	Health Department
		Phone calls and meetings with partners: Tools/partnerships/assistance determined	Health Department

Monitoring and Evaluation

Monitoring and evaluation for this plan shall occur as detailed in the project plans for each of the priority areas. The Las Animas – Huerfano Counties District Health Department plans to hold quarterly meetings and alternate these meetings between the two counties. Each priority area shall be assessed for achievement of objectives, emerging needs, and areas of continued improvement and/or expansion. As new data emerges, this data will be analyzed as part of that annual review. Emerging health needs may require the re-alignment of resources. Adaptability will be necessary to ensure positive impact on the health of Las Animas and Huerfano County residents. In the fifth year of this five-year plan, the Las Animas – Huerfano Counties District Health Department will conduct a comprehensive community health assessment, to ensure that new areas of need are identified and considered for prioritization in the subsequent five-year plan.

Coordination with the Colorado Department of Public Health and Environment and other Public Health System partners

This plan was developed through the Colorado Health Assessment and Planning System (CHAPS), a structured system based on best practices and lessons learned through implementation of Colorado’s Public Health Act of 2008. Las Animas and Huerfano Counties priorities of substance abuse and obesity also align with two of the Colorado Winnable Battles.

The Las Animas – Huerfano Counties CHIP is intended to be a “living” document, and will be updated as the CHIP work continues. For more information or to review the community health assessment document, please visit Las Animas – Huerfano Counties District Health Department’s website at: <http://www.la-h-health.org>.



Financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services

Revenues for programs and services for Las Animas and Huerfano Counties include Per Capita/Regionalization, Emergency Preparedness, Maternal Child Health (MCH), HCP Services, Women Infant and Children (WIC), EPSDT, Family Planning, Radon, Tuberculosis program, and Hula Early Childhood Council. The LAHCDHD also obtains funding sources from Las Animas and Huerfano Counties, as well as fees for services that include birth certificates, death certificates, retail food licensing, on-site waste water permits, immunizations, etc. The local board of health has historically supported basic public and environmental health programs with a current budget of approximately \$1,066,474.00.

Las Animas –Huerfano Counties District Health Department continually seeks ways to develop and sustain funding sources for the delivery of Core Services and additional programming to meet the needs of the community.

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www.chd.dphe.state.co.us/HealthIndicators

Mt San Rafael Hospital Community Health Needs Assessment: data can be found at: http://www.msrrhc.org/community_needs_assessment.

<http://www.americashealthrankings.org/CO/youthobesity/2013>

Accelerating Progress in Obesity Prevention

<http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>

The Community Guide – Community Preventive Services

<http://www.thecommunityguide.org>

Huerfano County Community Health Needs Assessment
Spanish Peaks Regional Health Center: www.sprhc.org