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LINCOLN COUNTY PUBLIC HEALTH

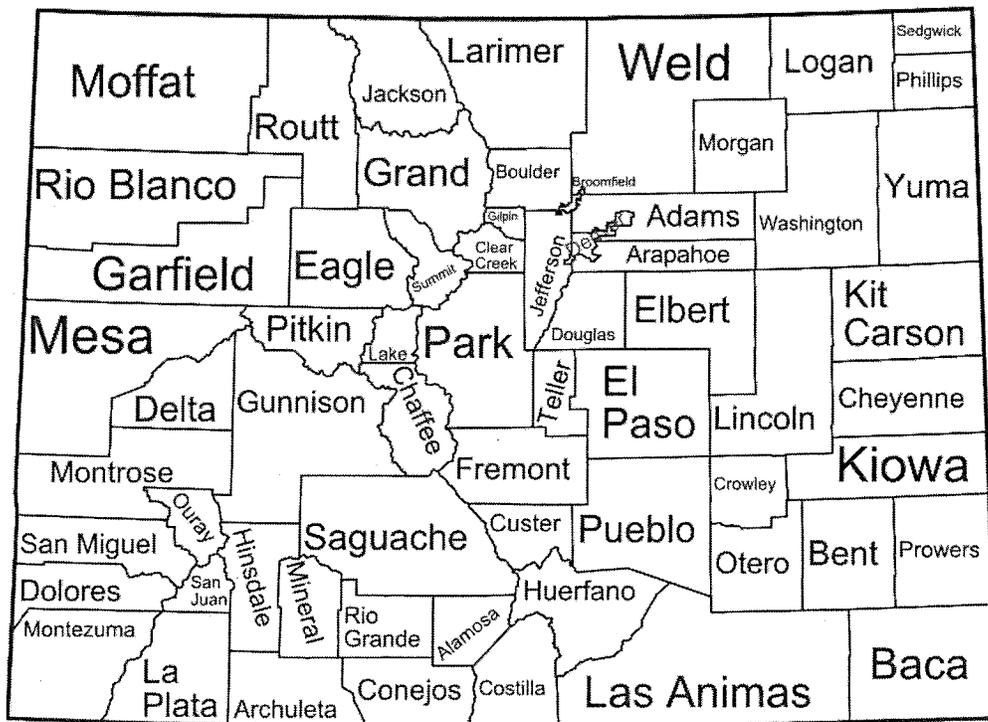
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PUBLIC HEALTH IMPROVEMENT PLAN

2013-2018

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## Acknowledgements

We wish to acknowledge and thank the following entities/persons for their input into the Community Health Assessment and Planning process:

CDPHE: Office of Planning and Partnerships  
Health Statistics

Elbert County Public Health  
Cheyenne County Public Health  
Kit Carson County Public Health

Plains Medical Center, Limon  
Lincoln Community Hospital and Nursing Home, Hugo

Centennial Mental Health Center  
Lincoln Community Hospital Behavioral Health Services  
Plains Medical Center Behavioral Health Services

Hugo Town Marshal  
Limon Police Department  
Lincoln County Sheriff's Office

Limon Public School District  
Genoa-Hugo Public School District  
Karval Public School District  
Limon Child Development Center/Head Start  
East Central Board of Cooperative Educational Services (BOCES)

CKLECC – Cheyenne, Kit Carson, Lincoln County Early Childhood Council  
Hoffman Drug

Carla's Cluster of Care, Limon  
Beehive Homes, Hugo

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## INTRODUCTION

The Colorado Public Health Act of 2008 requires that community health assessments be performed by local health departments at least every 5 years, and that a Public Health Improvement Plan is developed based on the results of that assessment.

During 2012, many activities occurred in Lincoln County to accomplish that assessment, to be described below. In fact, several assessments were being completed by different entities at the same time (i.e. Plains Medical Center and Lincoln Community Hospital and Nursing Home), and methods and results were shared by all. Although all three organizations worked together to try to avoid duplication of effort, the focus of each endeavor was different enough that no single process could suffice for all.

The entire process used by Lincoln County Public Health (LCPH) followed the steps set forth by the Community Health Assessment and Planning System (CHAPS), which came from the CDPHE Office of Planning and Partnerships. This consists of several phases: Plan the Process, Identify & Engage Stakeholders, Conduct Community Health Assessment, Conduct a Capacity Assessment, Facilitate a Prioritization Process, Develop a Public Health Improvement Plan, Implement/Promote/Evaluate the Plan, and Inform/Participate in Statewide Public Health Improvement Plan.

There will always be a need for improvement of factors that have a negative effect the health of the public. Due to limited funds and personnel, areas for improvement must be prioritized and tackled systematically. The plan presented here is the result of the CHAPS process in Lincoln County. It describes the areas identified for highest priority of effort, how they were identified and prioritized, and an encapsulated view of the goals and activities (action plans) that will be addressed in the next five years.

## COMMUNITY PROFILE

### Location and Topography:

Lincoln County is a frontier county in Eastern Colorado. It lies approximately midway between the Rocky Mountains and the Kansas State Line, and about midway between the northern and southern boundaries of Colorado.

The topography of the county is flat or gently rolling hills of short-grass prairie, now used primarily for livestock grazing and dry-land farming. The elevation ranges from 4500 to 5900 feet above sea level, and the region is usually classified as semi-arid. There are no real rivers here, although some dry creek beds will flow on occasion of heavy rain. However, like much of the West and Southwest, Lincoln County has lately been in a long period of drought.

### Population, Transportation:

Lincoln County covers an area of 2593 square miles, and includes the communities of Hugo, Limon, Arriba, Genoa and Karval. Total county population in 2010 was 5467. However, 1030 of these are incarcerated in the Limon Correctional Facility. Because their numbers cannot be “teased” out of the total, many of the county demographics are skewed as to gender, age, and race, and so do not accurately represent the county’s “free” population. Overall population density in the county, disallowing the inmates, is 1.7 people per square mile. Limon’s “free” population is 1883, that of Hugo is 730, and each of the other three is well under 200 people.

Four of the five towns in Lincoln County are clustered in its northern half. The main highways within the county are: Interstate 70, which runs east/west across the top third of the county, and connects Arriba, Genoa, and Limon; State Highway 71 runs north and south out of Limon; State Highway 40/287 runs southeast to northwest through Hugo and Limon and is a main trucking route from Texas; State Highway 94 runs east/west, connecting Hwy 40/287 to Colorado Springs; State Highway 24 goes southwesterly from Limon toward Colorado Springs. Most of the rest of the roads in the county are gravel.

Public transportation in Lincoln County is limited to the “Outback Express”, a service provided through the East Central Council of Governments. It consists of a minibus with scheduled runs, primarily between the towns along Interstate 70. Trips are made for local services as well as to Denver and Colorado Springs. Two railroads carry freight only through the county, with no passenger service. There is a small municipal airport in Limon for private pilots and occasional medical/emergency flights.

### Culture:

There are 3 school districts in the county (Limon, Karval, and Genoa-Hugo), providing K-12 education. Children living in Arriba attend the Arriba-Flagler school in Kit Carson County. There are three licensed day-care centers (includes one Head Start), and four in-home child care providers in Lincoln County.

Limon and Hugo each have a public library, and the Bookmobile travels throughout the rest of the area. Limon and Hugo each have an outdoor public swimming pool, and several Limon motels make their pools available to the public for a fee. There is one bowling alley and one movie theater (Limon), and Limon and Hugo each have a public golf course. There are no gyms or youth centers, and senior center facilities are present but limited in each community.

There are several museums and restoration projects throughout the county, as well as parks, book clubs and a variety of regular church-sponsored activities.

#### Business:

Situated at the convergence of the Interstate and several State highways, Limon has many motels, fast food restaurants, and retail businesses. Hugo has a motel, bed-and-breakfast, a grocery store, two restaurants, and several small retail stores. Karval has a café (sometimes), Arriba has a gas station, and Genoa has no businesses or restaurants. There are low-income/senior housing units in Limon, Hugo, and Arriba, and assisted living facilities in Limon and Hugo. All five communities are served by one or more churches, with many church-affiliated activities.

#### Health Care:

Health services available in the county include: Lincoln Community Hospital and Nursing Home in Hugo, which provides emergency care, in-patient care, a variety of specialty clinics, two family practice clinics within the county, behavioral health services, home health and hospice services, and physical/occupational/speech therapy; one FQHC (Federally Qualified Health Center) in Limon which provides dental care, behavioral health services, primary medicine, and houses Falcon Physical Therapy; Centennial Mental Health Care; a private dentist in Limon; Limon Eye Associates; several chiropractors, and Lincoln County Public Health. There is also a pharmacy located in Limon, as well as a home medical supply outlet.

## COMMUNITY HEALTH ASSESSMENT PROCESS

Three activities provided the data for the community health assessment. First, the Colorado Department of Public Health and Environment (CDPHE) conducted a random survey by mail, asking Lincoln County residents to describe some of their own personal health practices and concerns. Second, a survey developed by the Lincoln County Public Health department (LCPH), designed to collect information about the concerns of residents about public health issues in general, was distributed to members of different stakeholder groups. Third, "hard" data was collected from a variety of sources by the CDPHE Health Statistics office, collated, and then presented to LCPH staff in August 2012.

With input from other regional public health directors, Lincoln County Public Health (LCPH) identified a number of community stakeholders. A representative of the different stakeholder groups was approached by the PH Director to complete the survey described below during the summer of 2012. The respondents included representatives of the local health care community, as well as educators, law enforcement, business owners, and consumers. Although the numbers were small (27), there was depth to the sampling, which captured broad insight into the state of the community.

The survey was designed by the directors of LCPH and Elbert County Public Health to correlate with a similar survey distributed in 2008, for a longitudinal view of the area. A few topics were added, as well, or expanded upon to reflect the current focus of public health (such as emergency preparedness and environmental health). This survey was an attempt to identify perceptions of the community about public health issues. Survey results were hand-tabulated and compared with the results from the previous survey.

Many of the concerns identified in the 2008 and the 2012 surveys were the same, although some shifted a bit in priorities. Some areas showed improvement, others not so much. The 2008 survey reached a broader part of the community, whereas the 2012 survey targeted some stakeholders as well as a few "general" citizens. This needs to be taken into account when reviewing the results. It is also enlightening to compare the perceptions of the public with the data collected and described in the preceding section of this report.

KEY FINDINGS/DATA

Population Demographics:

<u>Age</u>	<u>Lincoln County</u>	<u>Colorado</u>
Persons under 5 years	5.8%	6.7%
Persons under 18 years	19.7%	24%
Persons 65 years and over	16.9%	11.3%

In 2000, the median age in Lincoln County was 37.8, and 7.3% of the population was aged 75 years or more; in 2010, the median age was 40.9, and 8.6% of the population was 75 years or more.

The significance is that Lincoln County has a higher percentage of older residents than the rest of the state. This has economic as well as housing implications for the county, as many of these are on fixed income and are losing their ability to maintain themselves independently at home.

<u>Race:</u>	<u>Lincoln County</u>	<u>Colorado</u>
White persons	90.8%	88.3%
Black persons	5.7%	4.3%
American Indian/Alaska Native	1.1%	1.6%
Asian persons	0.9%	2.9%
Persons reporting 2 or more races	1.5%	2.7%

<u>Ethnicity:</u>	<u>Lincoln County</u>	<u>Colorado</u>
White persons, not Hispanic	78.8%	69.7%
Hispanic, all races	12.7%	20.9%

Ten years ago Lincoln County had a white, non-Hispanic population of 84.2%, and the Hispanic population was 8.5%. So in comparison, the ethnic variety of the area has changed dramatically, with corresponding need for cultural sensitivity and bilingual ability.

Households/Housing:

	<u>Ten Years Ago (2000)</u>	<u>Current (2010)</u>	<u>Trend</u>
Total households	2058	1948	decrease of 5.3%
Family Households	67.5% (1389)	62.1% (1210)	decrease
With own kids under 18	33.7%	27.8%	decrease
Married couple	55.3%	49.6%	decrease
Single parent	8.4%	12.5%	increase
Non-family households	669 (32.5%)	738 (37.9%)	increase
Householder living alone	29%	33.6%	increase
Householder 65+ yrs.	13%	16.1%	increase
Households with folks under 18	35.7%	30.5%	decrease
Households with folks 65+ up	27.8%	33.2%	increase

Household composition is changing as the population ages.  
 Average family size in 2000 was 3.04, and in 2010 was 2.90, another decrease.

Housing trends show more renter-occupied housing (31% in 2000, 33.4% in 2010), and less owner-occupied (69% in 2000, 66.6% in 2010), perhaps a reflection of harder economic times.

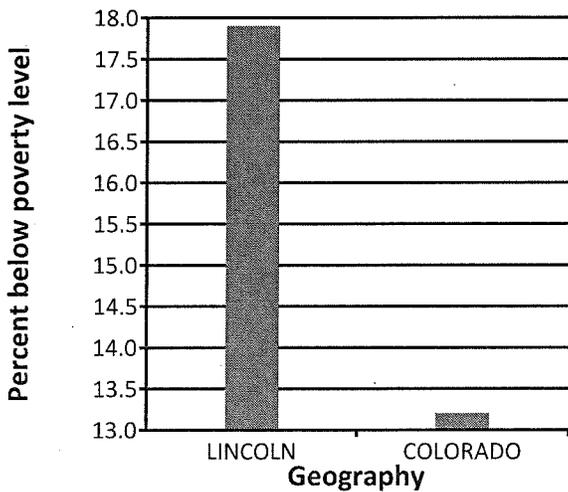
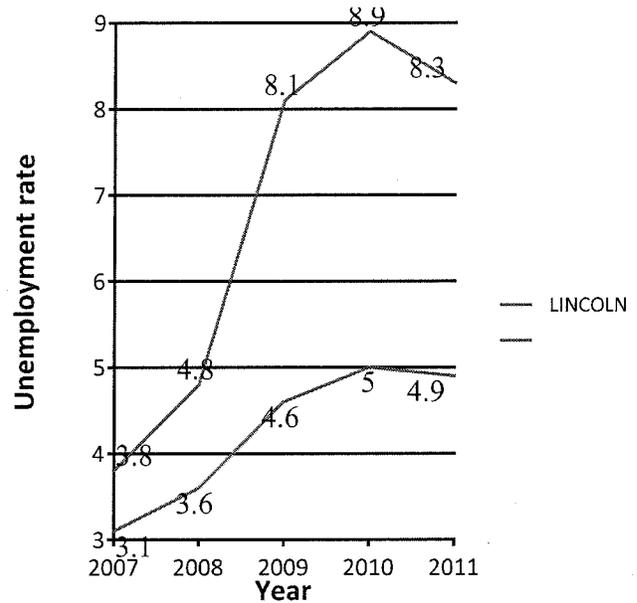
Economic Indicators:

Lincoln County is somewhat better off regarding unemployment figures than the rest of the state of Colorado.

Median household income of \$43,375 is significantly lower than the state median of \$47,685.

Median home value in Lincoln County, \$103,700 is less than half that of the state (\$236,600).

Lincoln County has a statistically significantly higher percent of population (all ages) living below poverty level than does the state overall. It is also significantly higher in children living under the poverty level.



**Agriculture in Lincoln County:**

- Average size of farms: 3139 acres
- Average value of agricultural products sold per farm: \$78,262
- Average farm production expenses per farm: \$86,048

The percentage of farms operated by a family or individual: 85.27%  
 Average age of principal farm operators: 56 years  
 Average number of cattle and calves per 100 acres of all land in farms: 3.23  
 All wheat for grain: 109129 harvested acres

HEALTH TRENDS:

Other key findings are summarized in the table below:

Health Topic	Lincoln County Trends
Mortality	#1 cause is malignant neoplasms #2 cause is heart disease #3 cause is unintentional injuries
Dental health	56.1% of adults report tooth loss, compared to 35.6% statewide
Smoking	Low incidence of adult smokers (7.4% vs. 16.9% statewide) High % of successful adult quitters
Smokeless Tobacco Use	25% of adults in Lincoln County report daily use of smokeless tobacco
Seat Belt Use	Only 55% of adults report always using seat belt, vs. 83.5% statewide
Hypertension	Percentage of adults with high blood pressure is higher than statewide
Mental Health Diagnosis for Hospitalization	Significantly higher in Lincoln County than in Region V
Alcohol Use	Lincoln County has higher percentage of adult binge drinking
Heart Health	Very high rate of hospitalizations for congestive heart failure (1202/100,000 vs. 776/100,000 statewide) as well as for other heart disease (2989.7 vs. 2593.5/100,000)
Access to Care	Over 50% of kids are eligible but not enrolled in CHP+ in Lincoln County
Preventive Health Care	Nearly 1 in 5 adults report no routine check-up in over 5 years

## CAPACITY ASSESSMENT AND PRIORITIZATION

Following the collection of statistical data and the compilation of community perception surveys in 2012, a summary was developed and presented to 30 stakeholders via email. In addition, stakeholders were requested to respond to a Capacity Assessment survey using a Survey Monkey tool, which ranked the ability of their organizations to respond to six (6) key topics identified by data analysis.

Of the 30 summaries and surveys sent out, 12 were returned, with 3 of them incomplete. The survey tool was, in retrospect, cumbersome, and more responses might have been elicited with a cleaner tool. However, the input was quite valuable, and is shown below.

The six key topics to be rated were:

- Tobacco Use
- Seat Belt Use
- Pregnancy/Sexual Health
- Diet, Activity, and Healthy Weight
- Oral Health
- Mental Health/Substance Abuse

The average capacity score for each topic was multiplied by the total number of responses for an overall score. The same procedure was followed to rate interest in the topic. Results are shown below, with a ranking number for each:

<b>Topic</b>	<b><u>Ave. score x # of responses</u></b>	<b><u>Rank</u></b>		<b><u>Ave. score x # of responses</u></b>	<b><u>Rank</u></b>
	Capacity	Capacity		Interest	Interest
Tobacco Use	32.8	2		39.0	2
Seat Belt Use	24.56	4		30.0	5
Pregnancy/Sexual Health	24.64	3		31.04	4
Diet, Activity & Healthy Weight	23.38	5		34.02	3
Oral Health	19.36	6		29.04	6
Mental Health/ Substance Abuse	33.12	1		44.0	1

It was later noted that the survey had failed to ask respondents to assess the burden of each topic on the community. A very short email survey was re-sent to the 12 who had initially responded, asking them to rank each topic using the same number scale (1-7) with respect to impact, or burden. Unfortunately, there were only 3 responses from the 12. This may have been due to lack of timeliness in this follow-up question. However, those responses are noted below, and do serve to emphasize the results of capacity and interest:

<b>Topic</b>	<b><u>Burden Scores</u></b>	<b><u>Total</u></b>	<b><u>Average</u></b>	<b><u>Rank</u></b>
Tobacco Use	4+6+5	15	5	2/3
Seat Belt Use	3+6+6	15	5	2/3
Pregnancy/Sexual Health	5.5+6+3	14.5	4.83	4
Diet, Activity, & Healthy Weight	3+7+3	13	4.33	6
Oral Health	4+6+4	14	4.67	5
Mental Health/Substance Abuse	6+6+5	17	5.67	1

Clearly, Mental Health/Substance Abuse came out as #1 in Capacity, Burden, and Interest. Tobacco Use came out a clear #2, as well.

In an effort to tease out any difference between Mental Health and Substance Abuse (since they were lumped together initially), results of the hard data and the community survey were re-analyzed. In order to quantify the results, number values of 0-4, plus N/A were assigned to each response, with "0" as no concern or impact, up to "4" being the most extreme level of concern or impact. Ratings were multiplied by # of responses, with totals and averages as follows:

Question #1 was: Please mark the level of your concern about these health concerns in Lincoln County:

<u>Item</u>	<u>Total Points</u>	<u># of respondents</u>	<u>Average score</u>
1d. Alcohol & /or Drug Abuse	50	27	1.85
1e. Alzheimer's/Dementia	38	26	1.46
1o. Mental Illness/Depression	61	28	2.26
1w. Suicide	44	27	1.63

Question #4 was: Please rate your concern about the safety problems for people in your community:

<u>Item</u>	<u>Total Points</u>	<u># of respondents</u>	<u>Average score</u>
4c. Drinking & Driving	69	25	2.76
4h. Manufacture & Misuse of Drugs (including prescription drugs)	83	25	3.32

So the community concern is for both "classic" mental health issues as well as alcohol and drug abuse, with a slight emphasis on substance abuse.

The hard data from the Colorado Department of Public Health and Environment (CDPHE) as it relates to Lincoln County shows that:

- 11.4% of adults were ever told they suffered from depression. HP 2020 goal is 6.1%
- Highest rate of people served at Centennial Mental Health Center in Region 5
- Higher adult binge drinking than Region 5, almost double that for the state.
- Higher rate of mental health diagnosed hospitalizations than Region 5.

More data may need to be gathered and analyzed in order to develop a sound, evidence-based program to address the mental health and substance abuse issues in Lincoln County. Collaboration with all the behavioral health entities practicing in the community would be sought as well.

Tobacco Use came out as the second priority to be addressed in our public health improvement plan. The capacity assessment, interest, and burden assessments all bore this out as a top priority. Again, further analysis of the capacity assessment results would provide direction for our planning process.

The other four issues identified in the Community Health Assessment will not be ignored, of course. Programs are already in place for many of these, and others are soon to begin. The initial Community Health Assessment process has shown what areas need further assessment before concentrated efforts begin.

## CORE PUBLIC HEALTH SERVICES CAPACITY ASSESSMENT

Although a baseline Community Health Services assessment was completed in 2011, the many changes in program and personnel since then suggested that using the CDPHE Annual Report for 2012 would provide a more current view.

### Core Service: Assessment and Planning

LCPH lead the most recent county-wide assessment of community health, which was completed in September 2012. While limited in personnel (0.6 FTE), the current Director has a long history of involvement with the community health care systems and recipients.

### Core Service: Vital Records

Until September 2012, only Death Certificates were available to the public in Lincoln County, through the Lincoln County Clerk's Office. As of that date, all Vital Records functions were assumed by LCPH. The transition has gone smoothly, and the office is able to serve the needs of the community and the State without problems.

### Core Service: Communicable Disease Prevention, Investigation and Control

LCPH partners with the Kit Carson County Environmental Health Specialist for health inspections and assistance in public health complaints. LCPH monitors CEDRS and conducts all communicable disease investigations, frequently with the assistance of the regional epidemiologist. A full range of immunizations is available through public health, and is offered to Lincoln County residents on an appointment basis, or walk-ins as available. Vaccine is provided through the Vaccines for Children Program (VFC), through "317" funds for uninsured adults and other projects, and for those with health insurance through a limited number of private companies. No one is turned away for inability to pay. Revenue to the county has increased significantly through billing of private insurances, Medicare, and a generous sliding fee scale. The Colorado Immunization Information System (CIIS) is used to monitor coverage rates for each community as well as the county overall.

### Core Service: Prevention and Population Health Promotion

LCPH provides Maternal and Child Health program services, including HCP. One of the more popular programs in the county is WIC, which provides not only supplemental food, but also education about dental care and obesity prevention. LCPH also has a certified Chronic Disease Management educator, although participation in classes has been low. Family Planning and women's health services are provided through an MOU with Kit Carson County, and clinics are held regularly within the county. School Health programs are provided by BOCES, Plains Medical Center, and Kit Carson County. The local school districts do a phenomenal job in educating their students about nutrition, physical activity, avoidance of drugs, alcohol, and tobacco, and LCPH supports their efforts in providing materials as well as moral support. A recent STEPP tobacco grant will be helping provide services in the schools in the fall of 2013, and in the community as a whole starting July 2013. Oral health services are provided by Plains Medical Center, with LCPH support and cooperation. LCPH participates in the Reach Out & Read Program, as well as the Nurse Family Partnership program (in an MOU with Kit Carson County). Two new initiatives for 2013 include breastfeeding promotion and a focus on mental health/substance abuse. Immunization information is always available at LCPH, and public displays presented at the County Fair. LCPH participates in the local Early Childhood Council (CKLECC) in health promotion activities.

Injury prevention services are mostly provided by one-to-one counseling during other services (such as immunizations). Child Seats are provided elsewhere in the county, but their use is strongly promoted by staff.

### Core Service: Environmental Health

Almost all of the environmental health services needed are provided by Kit Carson County, through an MOU with Lincoln County. CDPHE assists with the rest, except for those activities covered under HazMat duties through Emergency Preparedness and Response. LCPH serves as a resource for the local municipalities, as well as for individual "complaints" that come in to the office. Since our resources have to travel from out of county, the capacity for this activity is

considered to be “moderate”. However, demand is not too high, due to the lack of summer camps, spas, etc. in the area. LCPH works closely with the local Wildlife Officer and Law Enforcement, as well as our regional epidemiologist, when needed for zoonotic exposures. Land Use planning and sustainable development are handled by the County Land Use Administrator, and not through the Public Health Office.

Core Service: Emergency Preparedness & Response

LCPH is responsible for all duties related to Emergency Preparedness and Response (EPR). Recognition from NACCHO in the Project Public Health Ready was obtained in 2011. LCPH has a part-time EPR Coordinator, who is responsible for all of the local deliverables. In addition, Regional EPR responsibilities are shared with Kit Carson and Cheyenne counties. There have been no deficiencies noted in this program, and new initiatives are moving forward (i.e. Health Care Coalition and Medical Reserve Corps formation).

Core Service: Administration and Governance

There is a specific mil levy that supports the activities of the Public Health Department. This makes budget management much easier than requesting money from County General funds. In addition, there are Federal and State monies assigned through different contracts for specific services provided locally. The public health director is responsible for the fiscal management of the department, and there has been a recent increase in revenue being brought into the county through patient fees and insurance billings.

LCPH has a very small staff at present. The Director and only RN is scheduled for 0.6 FTE. The WIC Educator is full-time, but also serves as Deputy Registrar and Health Coverage Guide. There is a full-time Office Manager/EPR Coordinator/Health Coverage Guide/Deputy Registrar, and there is a 0.4 FTE Tobacco Liaison/Chronic Disease Educator/Deputy Registrar. Because all staff except the Director work a 35 hour work week, these positions total to 3.0 FTE if based on a 40 hour work week. Upon review of the core services provided in Lincoln County, it is readily apparent that personnel are thinly-stretched. And yet, contract reviews have consistently given results of “satisfactory” or “standard”. It is difficult to attract professional nurses who are interested in public health to Lincoln County, due to its geographical isolation and depressed economic profile.

### Mental Health and Substance Abuse:

Representatives of the three primary behavioral health providers present in the county were invited to a brainstorming session with the public health director. Input was requested about the needs, capabilities, and visions about mental health and substance abuse in the county, as well as possible strategies for improvement. A summary of the meeting was presented to the attendees for corrections and additions, and then a draft plan was drawn up (see attachment).

Goal is to develop a more integrated and comprehensive approach to the provision of preventive and therapeutic services to Lincoln County residents in order to decrease the negative impact of mental/emotional/behavioral issues.

Objective #1: Utilization of available services will increase by 50% in the next 5 years.

Objective #2: Gaps in services will be identified and addressed in five-year plan.

Objective #3: The availability and utilization of preventive services will increase by 30% over the next 5 years.

Potential barriers to the goal of better mental health and substance abuse services were identified by the informal coalition, and are listed in the Action Plan in the appendix.

### Tobacco Use:

LCPH has long been active in the prevention and cessation of tobacco use in the population. Past activities have included Baby and Me Tobacco Free, Tar Wars, and a STEPP Grant.

There was not much interagency collaboration to identify the specific goals for tobacco use. However, tobacco was strongly identified as an area of concern through the collaboration involved in the entire community health assessment. The writing of the current tobacco grant was completed prior to beginning CHAPS Phase VI, so those goals were arrived at independently. LCPH has had a long-standing cooperative relationship with all of the local school districts, who will be major players in this effort. Healthy People 2020 goals seem to be a reasonable target for this effort.

The current grant was applied for and approved for FY2014, and forms the foundation of the next five year plan for Lincoln County (see appendix). In addition, tobacco prevention/cessation is an important component of the WIC Program in Lincoln County. These items were in place prior to the identification of Tobacco Use as a high priority in the Community Health Assessment process, but their importance was reinforced by the results of the assessment, capacity, and prioritization steps performed. Therefore, the input of the community was considered, even after the fact, and widespread support is demonstrated.

Goal: Tobacco use in Lincoln County will decline to match the Healthy People 2020 goals over the next 5 years.

Objective #1: Initiation of tobacco use by Lincoln County Youth (ages 14-24 years) will decrease by 50%.

Objective #2: Tobacco use by pregnant women in their 3<sup>rd</sup> trimester will decrease by 10%.

Objective #3: Tobacco use in the general adult population will decline by 10%.

Potential barriers to this process are: the allure of the "cowboy mystique" of dip tobacco; countermeasures by the tobacco industry; reluctance of businesses to incur the displeasure of the tobacco suppliers and perhaps decrease business.

### Early Childhood Obesity Prevention:

Although this was not prioritized through the Community Health Assessment Process, the prevention of early childhood obesity has been identified as a long-term priority area for Lincoln County by the health department staff.

The primary focus of this activity will be the active promotion of breastfeeding. This will begin with an awareness campaign of the advantages of breastfeeding, the employers' responsibility for lactation support at the workplace, education of the employers as to how that can be accomplished, and also the promotion of breastfeeding as a "best practice" for infant care during secondary school health education classes. Data shows that younger mothers are less likely to initiate breastfeeding, as well as less likely to continue it to even 6 months post-partum. As many of our young mothers in Lincoln County have to work for wages outside the home, and tend to return to work soon after giving birth, it is our vision to develop Lincoln County into a more supportive environment for working mothers to provide breast milk for their babies.

Another area of interest is in the people providing day care for young children. This has been identified as a priority area by the CKLECC, and is also a focus of the MCH funding through CDPHE.

Goal: Early childhood obesity in Lincoln County will decrease by 2% each year until Healthy People 2020 goal is reached.

Objective #1: By September 30, 2015 at least 50% of targeted local employers are aware of the Workplace Accommodation for Nursing Mothers laws and have intention to adopt policies in this area.

Objective #2: By September 30, 2015, at least 50% of child care facilities received individual or group coaching about the core best practices to avoid obesity (see Action Plan).

Potential barriers to this process include perceived cost to employers to provide lactation support; cost and availability of healthier food options for daycare providers, and resistance to change of current practices and food habits.

#### THE ACTION PLANS FOR THE IDENTIFIED GOALS ARE INCLUDED IN FULL AT THE END OF THIS REPORT

The action plans outline the involvement of both CDPHE and other caregivers/entities in the local community. State Logic Models and Action Plans are merged with local plans to meet the mutual goals of each, and LCPH leans heavily on models and resources developed by CDPHE and other local public health departments.

#### FINANCIAL CONSIDERATIONS

Funding for all of these activities comes through the Lincoln County Public Health Fund. Federal and State monies from grants and contracts are used to support these activities by reimbursing the county for allowed expenses. These grants and contracts include the Maternal Child Health/core nursing contract, WIC contract, and Tobacco grant.

Lincoln County Public Health continues to pursue all available funding sources for services provided. Immunizations are billed to private insurance companies, Medicare, and hopefully soon to Medicaid. As Health Coverage Guides in the Connect for Health Colorado marketplace, every effort is to be made to enroll individuals in affordable health insurance plans, so that there is less reliance on public funding. Cost/benefit analysis is done to make sure all preventive health strategies get the "biggest bang for the buck", as well as ensuring that evidence-based strategies are used in all interventions.

#### EVALUATION AND MODIFICATION OF ACTION PLANS

The action plans include performance measures, and ways to evaluate pre and post interventions. Based on those evaluations, action plans will be modified and enhanced. The deadlines in the plans only go as far as 2015, and yet these issues are slated to continue through 2018. We have allowed for delays, possible personnel changes, and the intrusion of other perhaps more pressing needs of the community as time progresses. An annual update/progress report will be presented to the Lincoln County Board of Commissioners/Board of Health, and be available to any interested parties as well.

MENTAL HEALTH/SUBSTANCE ABUSE:

Goal Area: Goal – To develop a more integrated and comprehensive approach to the provision of preventive and therapeutic services to Lincoln County residents in order to decrease the negative impact of mental/emotional/behavioral issues for them.

**Objective #1: Utilization of available services will increase by 50% in the next 5 years.**

Target Population: All residents of Lincoln County.

Activity	Month/Year of activity	Performance Measures	Proposed Deadline	Responsible Agency
Activity 1.1: Identify all preventive and therapeutic services available to LC residents in the areas of mental health and substance abuse.	2013	List of services.	Oct 31, 2013	Coalition of providers LCPH to assemble information.
Activity 1.2: Gather baseline and annual data of levels of participation in those services identified.	2013	Data table.	Dec. 31, 2013	LCPH develop data tool, compile results from coalition.
Activity 1.3: Identify barriers to receiving services listed above.	2013-2018	<u>Barriers listed:</u> Financial constraints Transportation difficulties Stigma of receiving mental health/substance use services Lack of knowledge about services available. Lack of knowledge about when to seek services. Interagency referral glitches. Fear of confidentiality lapses. Fear of the unknown (i.e. what does therapy involve?)	On-going, but largely done.	Coalition of providers, LCPH.
Activity 1.4: Explore research-based approaches to each barrier listed in 1.3.	2013 – May 2014		May 31, 2014	LCPH with coalition input.

<p>Activity 1.5: Develop a comprehensive guide to list available services, including eligibility and cost, to be presented to the public as well as to those agencies providing services. May be distributed as a pamphlet, website, and/or social media.</p>	<p>Oct-Nov 2013</p>	<p>Pamphlet and/or on-line resource.</p>	<p>Nov. 30, 2013</p>	<p>LCPH to collect information, set up draft guide. Coalition to review and support publicity activities.</p>
<p>Activity 1.6: Increase visibility of mental health as an issue, with non-stigmatizing information, as a means of educating and de-sensitizing the public to those ideas. By means of regular, repetitive news articles, blogs, posters, etc.</p>	<p>2013-2018</p>	<p>Copies of news articles, presentations to community groups, attendance lists.</p>	<p>On-going, to begin no later than January 31, 2014.</p>	<p>Coalition: content, assistance with presentations LCPH: media contact, assistance with presentations.</p>
<p>Activity 1.7: Investigate inclusion of basic mental health/illness issues in the science curriculum of local high schools.</p>	<p>2014-2015</p>	<p>Development of curriculum content, records of meetings with school personnel/boards.</p>	<p>Begin meetings no later than January 31, 2014.</p>	<p>LCPH to meet with school personnel. Coalition members to assist with curriculum development.</p>
<p>Activity 1.8: Explore better use of LC's limited public transportation (i.e. Outback Express) for use in transporting clients to various services. Includes issues of liability, payment, scheduling, etc.</p>	<p>2014 - 2016</p>	<p>Report of findings/ meetings, and ideas.</p>	<p>Begin no later than April 30, 2014.</p>	<p>LCPH and coalition.</p>
<p>Activity 1.9: Explore resources available to clients for private transportation to services, i.e. reimbursement for fuel, clearing house for drivers/riders, liability if drivers are not family members of client.</p>	<p>2014-2016</p>	<p>Report of findings/ meetings, and ideas</p>	<p>Begin no later than April 30, 2014.</p>	<p>LCPH and coalition.</p>

Activity 1.10: Encourage local hospital to accept Medicaid and C/CP for behavioral health services.	2014	Copy of letter and/or notes of meetings with Lincoln Community Hospital.	June 30, 2014	LCPH
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**Goal Area:** To develop a more integrated and comprehensive approach to the provision of preventive and therapeutic services to Lincoln County residents in order to decrease the negative impact of mental/emotional/behavioral issues for them.

**Objective#2: Gaps in services will be identified and addressed in five-year plan.**

Activity	Month/Year	Performance Measure	Proposed Deadlines	Responsible Agency
Activity 1: Address need for respite care a. Gather data - # of clients, ages, etc. b. Investigate funding sources c. Explore resources (personnel, venue)	2013-2014	Data report Analysis of data Written plan	Dec. 31, 2013 – data June 30, 2014 By Aug. 31, 2014	LCPH - develop data tool/survey. Coalition- supply data to LCPH All - plan
Activity 2: Address need for adult foster care a. Gather data b. Investigate funding sources c. Explore resources	2013-2015	Data report Analysis of data Written plan	Dec. 31, 2013 – data June 30, 2014 By Aug. 31, 2014	LCPH - develop data tool/survey. Coalition- supply data to LCPH All - plan
Activity 3: Address need for more resources for CSP clients. a. Gather data (# of clients, etc.) b. Determine specific needs c. Investigate funding and local resources (personnel, venues, etc.)	2013-2015	Data report Analysis of data. Written plan	Dec. 31, 2013 – data June 30, 2014 – needs assessment. By Aug. 31, 2014	LCPH -develop data tool/survey. Coalition- supply data to LCPH All - plan
Activity 4: Address need for a local structured group home. a. Build foundation for acceptance by local communities, i.e. publicize the need, the requirements, and the safety. b. Find local champion (client family member?) for the cause. c. Begin to explore venue, funding, etc.	2014-2018	See Activities 1.6 and 1.7 for foundation-building.	We do not expect to see a group home out here for probably 10 or 15 years.	LCPH and coalition.
Activity 5: Address need for a full-time local Case Manager at Centennial Mental Health. a. Explore resources of main organization. b. Campaign for local needs to be met. c. Rally support for local Case Manager position, and present to CMH Board of Directors, as needed.	2014	Copy of letter to Centennial Mental Health and/or meeting minutes or notes.	June 30, 2014	LCPH

Goal Area: To develop a more integrated and comprehensive approach to the provision of preventive and therapeutic services to Lincoln County residents in order to decrease the negative impact of mental/emotional/behavioral issues for them.

**Objective #3: The availability and utilization of preventive services will increase by 30% over the next 5 years.**

Activity	Month/Year	Performance Measures	Proposed Deadlines	Responsible Agency
<b>Activity 1: Parenting classes</b> a. Brainstorm with community coalitions to identify reasons for low attendance. b. Strategize approaches to increase attendance (let families lead the way to meet their needs). c. Implement new ideas and try again.	2014-2016	Performance Measures Schedule of available classes, attendance rosters, and satisfaction surveys.	Begin by March 1, 2014	Coalition LCPH stakeholders
<b>Activity 2: Support groups</b> a. Identify what groups are needed. b. Facilitate formation of groups – find community leaders with professional support, meeting sites, publicity, etc. c. Poll possible attendees about times, issues, locations, to maximize participation.	2014-2016	List of available groups, how to access, and where/how often this information is publicized.	Begin by March 1, 2014	Coalition to identify need. LCPH to facilitate.
<b>Activity 3: On-line support.</b> a. Find and publicize on-line support venues. Use variety of media, including newspaper, posters, restaurant cards, and social media.	2014-2016	List of available groups, how to access, and where/how often this information is publicized.	Begin by March 1, 2014	All
<b>Activity 4: Work-place interventions</b>	2014-2016	List of participating employers	Begin in 2014	All

TOBACCO USE:

Goal Area: Tobacco Use in Lincoln County will decline to match Healthy People 2020 goals over the next 5 years.

**Objective #1: Initiation of Tobacco Use by Lincoln County Youth will decrease by 50% each year, until such time as Healthy People 2020 goal is reached or exceeded.**

Activity	Month/Year	Performance Measures	Proposed Deadline	Responsible Agency
Activity 1: At least two of the three Lincoln County school districts will promote, implement, or expand tobacco-free school policies and/or evidence-based activities to prevent or cease tobacco use by students.	Sept. 2013-2018	Copy of policies, board meetings, etc.	June 30, 2014	Lincoln County Public Health (LCPH) with cooperation of school districts.
Activity 1.1: Baseline assessment of student knowledge of, attitudes about, and use of tobacco products will be performed	Oct-Dec 2013	Survey data.	December 31, 2013	LCPH/schools
Activity 1.2: Encourage development/activities of Youth Coalitions in each school to encourage peers to avoid/cease tobacco use.	Oct 2013-2018	Name and membership rosters of coalitions	June 30, 2014	LCPH/school personnel
Activity 1.3: Offer N.O.T. Classes at each school with an identified need of and interest in them.	Oct 2013-2018	Class rosters and schedules	June 30, 2014	LCPH/school-based N.O.T. facilitators. American Lung Association.
Activity 1.4: Assess and amend as needed any school policies supporting the Tobacco Free Schools policies, including dress codes including tobacco logos or advertising rules.	August 2013-2018	Copies of policies pertaining to tobacco use/activities/logos.	Sept. 30, 2013	LCPH/schools
Activity 2: Baseline data about tobacco advertising in Lincoln County will be gathered and shared with the public, and public education about its effect on youth will be provided.		Copy of data and articles.	Dec. 31, 2013	LCPH
Activity 2.1: Identify, list, and audit all vendors of tobacco products in Lincoln County for display and sales activities.	July 2013-2018	List of all vendors Audit results	Aug. 31, 2013 Dec. 31, 2013 and on-going	LCPH
Activity 2.2: Identify and monitor other community areas of tobacco advertising (i.e. sponsors at fairs and other events), and recommend changes to	Aug. 2013-2018	List of community events, including County Fair, with reports of tobacco visibility.	March 31, 2014 and on-going	LCPH

decrease tobacco visibility.		Copies of letters, news articles, etc. encouraging less visibility of tobacco.	June 30, 2014 and on-going.	LCPH
Activity 2.3: Conduct local media campaign to raise awareness about local tobacco advertising and Best Practices for preventing any tobacco use.	2013-2018	Copies of articles, displays, etc.	March 31, 2014 and on-going	LCPH

Goal Area: Tobacco Use in Lincoln County will decline to match Healthy People 2020 goals over the next 5 years.

**Objective #2: Tobacco Use by Pregnant Women in their 3<sup>rd</sup> Trimester will decrease by 2% each year until Healthy People 2020 goal is reached or exceeded.**

Activity	Month/Year	Performance Measures	Proposed Deadlines	Responsible Agency
Activity 1: Collect baseline and then annual data of tobacco use in target population.	2014-2018	Data tables and analysis	Begin by January 31, 2014	LCPH, with CDPHE input.
Activity 2: Investigate evidence-based strategies for tobacco-cessation activities for pregnant women. Include local health care providers in choosing activities.	2014-2018	Logic model & action plan.	Begin by June 30, 2014	LCPH, with CDPHE input.
Activity 3: Consider re-activation of "Baby and Me, Tobacco Free" program in Lincoln County	2014-2018	Grant application	By grant deadline (unknown)	LCPH
Activity 4: Support and enhance local WIC activities for no tobacco use during pregnancy.	2013-2018	Document activities in WIC Wellness Coordinator database.	Begin by October 1, 2013, and on-going.	LCPH and WIC

Goal Area: Tobacco Use in Lincoln County will decline to match Healthy People 2020 goals over the next 5 years.

**Objective #3: Tobacco Use in the general adult population will decline by 2% each year until Healthy People 2020 goal is reached or exceeded.**

Activity	Month/Year	Performance Measures	Proposed Deadlines	Responsible Agency
Activity 1: Collect baseline and then annual data of tobacco use in target population.	2014-2018	Data tables and analysis	Begin by January 31, 2014	LCPH, with CDPHE input.
Activity 2: Investigate evidence-based strategies for tobacco-cessation activities for adults. Include local health care providers in choosing activities.	2014-2018	Logic model and action plan	Begin by June 30, 2014	LCPH, with CDPHE input
Activity 3: Specify those activities that target the use of smokeless tobacco.	2014-2018	Logic model and action plan.	Begin by June 30, 2014	LCPH, with CDPHE input.
Activity 4: Work with coalition of behavioral health providers to address tobacco abuse along with other drugs of choice.	2014-2018	Discussion notes, action plan.	Begin no later than June 30, 2104	LCPH Coalition of local behavioral health providers.

## OBESITY PREVENTION

Goal Area: Early childhood obesity rates will decrease by 2% each year until Healthy People 2020 goals are reached or exceeded.

Activity	Month/Year	Performance Measures	Proposed Deadlines	Responsible Agency
Activity 1: Identify key employers of low-income women of childbearing age.	2014-2018	List of employers.	Begin by January 31, 2014	LCPH
Activity 2: Publish a short series of articles in local newspapers about the importance of breast feeding, and the local initiative to promote this practice.	2014-2018	Copies of published articles and other media.	Begin by or before June 30, 2014	LCPH
Activity 3: Assess employers' knowledge of importance of breastfeeding, knowledge of the workplace accommodation laws, and their current compliance levels.	2014-2018	Survey results.	Begin by June 30, 2014	LCPH; survey tool either from or adapted from CDPHE.
Activity 4: Offer training for employers per "A Business Case for Breastfeeding", including practical compliance advice.	2014-2018	Class rosters, objectives.	Begin no later than June 30, 2014	LCPH with assistance of CDPHE.
Activity 5: Re-assess information from Activity 3, after trainings completed.	2014-2018	Survey results, with analysis of effectiveness of interventions.	Follow up no later than September 1, 2015.	LCPH; survey tool either from or adapted from CDPHE.

Goal Area: : Early childhood obesity rates will decrease by 2% each year until Healthy People 2020 goals are reached or exceeded.

Activity	Month/Year	Performance Measures	Proposed Deadlines	Responsible Agency
Activity 1: Identify all child care facilities and family child care homes in each community.	2014-2018	Performance Measures List from Lincoln County Dept. of Human Services.	Begin by January 31, 2014	LCPH, Lincoln County DHS; representatives of focal Early Childhood Council.
Activity 2: Conduct baseline assessment of child care personnel of core area knowledge, skills, and practices.	2014-2018	Document results.	Begin by June 30, 2014	LCPH, with CDPHE input
Activity 3: Collaborate with child care centers/personnel to establish desired and reasonable goals, as well as a plan to address these goals.	2014-2018	Document goals and plans, including list of participating parties.	Begin by Dec. 1, 2014.	LCPH, with CDPHE input.
Activity 4: Provide technical assistance/training and other support as needed to child care providers to reach their goals.	2014-2018	Document assistance provided.	Begin no later than March 1, 2015.	LCPH
Activity 5: Conduct post-intervention assessment of participating child care providers.	2014-2018	Document results, with analysis of effectiveness of interventions.	No later than Sept. 1, 2015.	LCPH.