The background features a large, faint seal of Mineral County, Colorado. The seal is circular with the words "MINERAL COUNTY" at the top and "COLORADO" at the bottom. In the center is a shield depicting a mountain range with a river flowing through a valley.

Mineral County
Public Health
Improvement Plan

February 1

2013

In fulfillment of the assessment and planning
requirements of the Public Health Act of 2008

Addressing Mental
Health, the SLV
Partnership, and
development of
Environmental Health.

Table of Contents

Phase 1: Plan the Process	3
Phase 2: Identify and Engage Stakeholders	3
Phase 3: Conduct a Community Health Assessment	3
Background:	3
Study Design:	4
Phase 4: Conduct a Capacity Assessment	4
Phase 5: Facilitate a Prioritization Process	4
Suicide prevention and mental health education:	4
Use of substance including drugs and alcohol:	6
SLV Region Plan:	7
Phase 6: Develop a Local Public Health Improvement Plan	7
Local Plan:	7
Regional Plan:	10
Phase 7: Implement, Promote, and Monitor the Plan	16
Phase 8: Inform the Statewide Plan	16
References	17

Phase 1: Plan the Process

Mineral County is a unique rural community set deep within the San Juan Mountains that is the second least populated county in Colorado. The Mineral County Public Health office and services are based in the City of Creede—the only town within the frontier county with over 95% public lands. Established in 1892, Creede's history and economy has been built on silver mining and continues today through tourism which produces a population flux greater than 600% between June and September. Art galleries, shopping, fine dining, historical tours, and the Creede Reparatory Theatre attract thousands of visitors every year. The demands upon the Public Health office differ greatly between June and September in response to the summer residents and in the off season to those needs of the full-time residents.

In planning the 2013 Public Health Improvement Plan (PHIP), the Mineral County Public Health department chose to address issues affecting full-time residents in response to the San Luis Valley Community Health Survey 2010 (SLV CHS) completed by Rocky Mountain Prevention Research Center. Mineral County is so small that most surveys completed do not include residents of this county because results are statistically insignificant and it is impractical and time consuming to complete a study in a community this rural; however, the SLV CHS actually polled, surveyed, and developed statistics for Mineral County, providing a rare opportunity to compare Mineral County to the region and state. Furthermore, the SLV CHS was completed in the off-season time by full-time residents making a plan addressing those specific statistics more relevant to full-time residents.

Mineral County Public Health Agency lost its Public Health Director in December 2010 and has not found a replacement as of the time this plan was written. The agency has 1.5 FTE total staff, with a public health nurse working part time. Lacking true leadership, the agency has continued to function at its highest capacity and the PHIP is a response in the attempt to provide the vital services of a public health agency.

Phase 2: Identify and Engage Stakeholders

Mineral County Public Health (MCPH) has identified and engaged the Mineral County Health Council (MCHC) as our stake holders for the development and implementation of the PHIP. The Mineral County Health Council was founded on February 5th, 1969. This organization is 501C3 and has been instrumental over the years in raising the funds and building the Mineral County Health Center, running the 9 News Health Fair for thirty plus years, and currently developing a low-cost dental clinic. The MCHC is composed of seven individuals from the community of various backgrounds that function to support and advocate for the Mineral County Public Health Agency. As of December 18th 2012 the MCPH petitioned the MCHC to function as stakeholders for the PHIP and assist in gathering, writing, and implementing plan as requested by the MCPH agency. The MCHC made a motioned and voted to become the PHIP stakeholders group. Meetings will be held quarterly and updates given regarding the PHIP.

Phase 3: Conduct a Community Health Assessment

Background: The San Luis Valley Community Health Survey 2010 was completed by the Rocky Mountain Prevention Research Center of the Colorado School of Public Health. The purpose of this survey project was to describe the health status of community residents with the overarching goal to produce comprehensive and accurate community health assessments. The

assessments are to be used in practice and research for data-driven planning, resource allocation and determining future priorities.

Study Design: A community-based participatory research approach was used to collect data from participants were randomly selected and health survey data were collected following a multiple-step process. For Mineral County 111 surveys were completed which was a 55% response rate.

Phase 4: Conduct a Capacity Assessment

In 2011 CALPHO conducted a system-wide baseline for Mineral County Public Health and the essential core public health services provided. Those results are included in separate document. Similar to the rest of the San Luis Valley, environmental health is lacking and is a definite need in the near future. Furthermore, residents of Mineral County have limited access to mental health services with the closest facility 72 miles away, yet the highest rates of anxiety and depression in the San Luis Valley region and state of Colorado.

Phase 5: Facilitate a Prioritization Process

Using the CALPHO capacity assessment and the SLV CHS results, a list of issues present in the population of Mineral County was made and presented before the MCHC stakeholders group and discussed. Prioritization was based on prevalence, access to improvement, and capability of public health to address priorities.

1. Suicide prevention and mental health education
2. Use of substance including drugs and alcohol
3. Access to affordable oral health care
4. Advocate for affordable medication
5. Transportation to services provided in valley
6. No facility or access for physical activity
7. Limited access to fresh foods
8. No home health care service
9. Access to affordable preventative care health services (pap-smear, mammogram, colonoscopy, annual physicals, dietician education, and physical therapy)
10. Meals-on-Wheels limited to 4 days/week only during school operation

Suicide prevention and mental health education:

Using available data and research information suicide prevention and mental health education was placed as a top priority. In 2012, several suicide attempts were reported and intervened by the Mineral County Sheriff's Office. From the SLV CHS, Mineral County results exhibited a significantly high rate of diagnosed mental health conditions compared to the region and national levels.

Table 6. Age-Adjusted Prevalence (%) of Diagnosed Mental Health Conditions

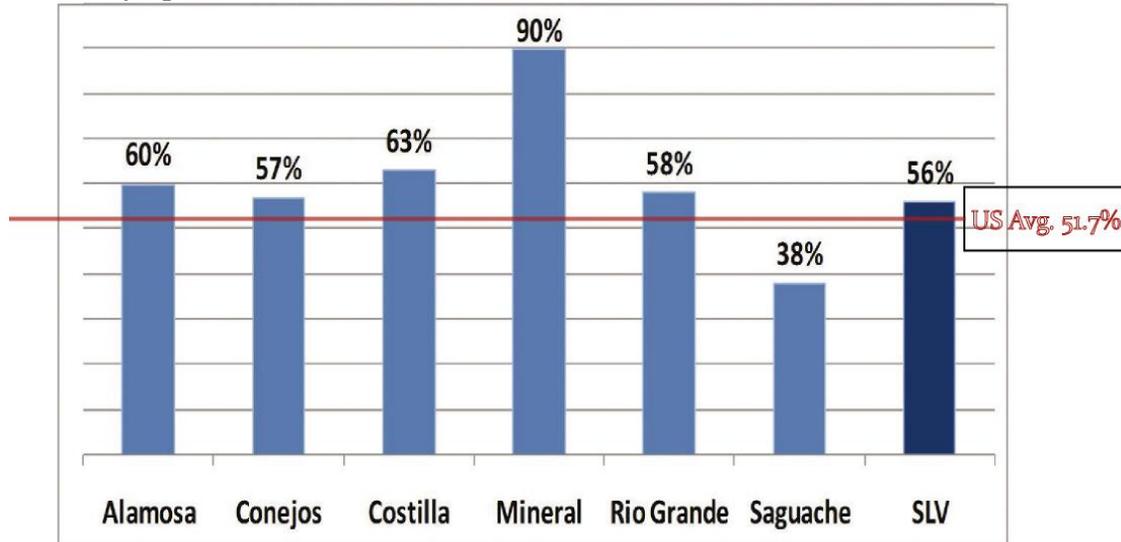
Mental Health Condition	Alamosa	Conejos	Costilla	Mineral	Rio Grande	Saguache	SLV	USA ^b
Anxiety	10	14	16	26	8	10	11	29
Depression	13	21	13	24	14	17	15	17

^a Age-adjusted to US 2010 population

^bSource: National Institute for Mental Health

(Puma, Garcia, Swart, Marshall, Scarbro & Belansky, 2012)

Figure 2. Percentage of People Who Have Received Treatment for Diagnosed Depressive Symptoms



(Puma, Garcia, Swart, Marshall, Scarbro & Belansky, 2012)

Furthermore, over 90% of the county population has received treatment for a diagnosis of depression. This average is also significantly higher when compared with the national average (90% vs. 52%, respectively) (Fig. 2).

Mental health and physical health are integral parts of an individual’s well-being. Mental illnesses—like depression and anxiety—play a major role in people’s ability to actively participate in health promotion and prevention as well as management of chronic diseases. Untreated mental health diseases are strongly related to the occurrence, decrease response to treatments, and course of many chronic disease including diabetes, cancer, cardiovascular disease, asthma and obesity. Compliance to treatment and access to medications is also an essential part of managing mental health illness.

Table 4. Age-Adjusted Prevalence (%) of Chronic Diseases

Chronic Disease	Alamosa	Conejos	Costilla	Mineral	Rio Grande	Saguache	SLV	CO	USA
Diabetes	10	10	7	3	8	7	9	6 ^a	9 ^c
CVD	6	5	7	4	5	8	6	--	--
CHD	4	2	3	2	4	5	4	3 ^a	4 ^c
Heart	5	3	4	2	3	5	4	3 ^a	4 ^c
Stroke	2	2	2	1	<1	3	1	2 ^a	3 ^c
Hypertens	30	34	27	22	23	25	28	22 ^b	29 ^d
High Cholesterol	28	37	33	43	34	36	33	35 ^b	38 ^d
Cancer	7	6	5	16	6	8	7	--	--
Obesity	27	26	24	13	24	19	25	21 ^a	28 ^c
Asthma	10	19	11	12	11	12	12	15 ^a	14 ^c
Arthritis	27	32	26	30	25	26	27	24 ^b	26 ^d

Note: CVD = Cardiovascular Disease (coronary heart disease, heart attack and stroke combined); CHD = Coronary Heart Disease; -- Data are unavailable. Prevalence for counties and SLV are age-adjusted using the 2010 US Census. Prevalence for CO is not age-adjusted. (Puma, Garcia, Swart, Marshall, Scarbro & Belansky, 2012)

With the exception of asthma and stroke, the SLV has a higher prevalence of chronic disease than the state of Colorado and mirrors a similar pattern to the nation. Over half (56%) of the survey respondents have at least one chronic disease. The age-adjusted prevalence estimates for Mineral County are notably different than in other counties, particularly for cancer (16%) and obesity (only 13%). The age-adjusted prevalence of cancer in Mineral County is 2-3 times greater than the prevalence in the other counties and twice the state prevalence.

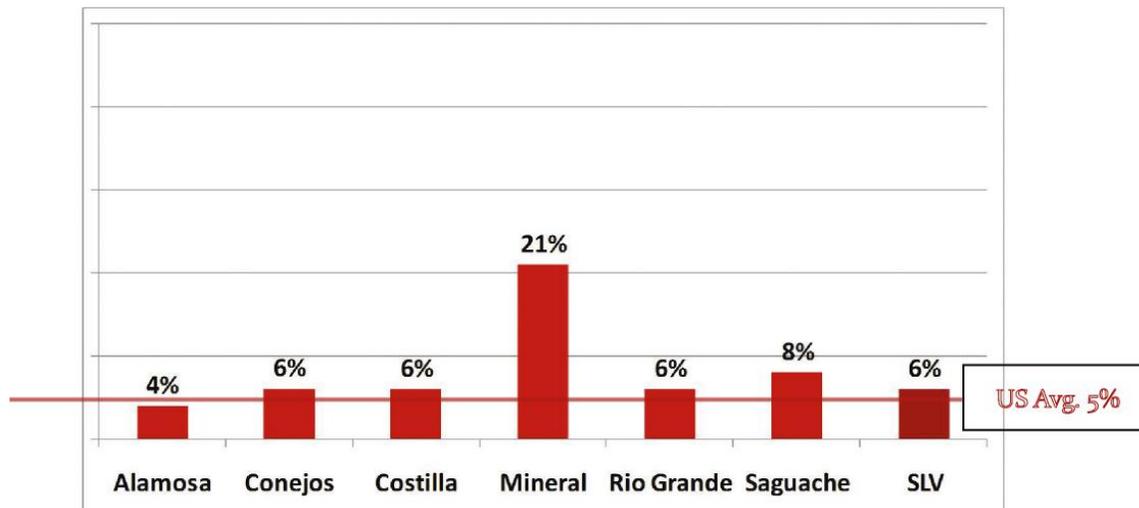
Use of substance including drugs and alcohol:

Alcohol use is very common in our society...alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking 5 or more drinks during a single occasion for men or 4 or more drinks during a single occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries. According to the Behavioral Risk Factor Surveillance System (BRFSS) survey, more than half of the adult U.S. population drank alcohol in the past 30 days. Approximately 5% of the total population drank heavily, while 15% of the population engaged in binge drinking (CDC, 2011b). The percentage of heavy drinkers in Mineral County is 4 times that of the nation.

Studies are finding a strong link between serious alcohol use and depression. Nearly one-third of people with major depression also have an alcohol problem. Furthermore, this correlates with the seven reported suicide attempts in 2012 which the majority involved alcohol. Alcohol

abuse has shown to increase the risk for depression, which may occur because of the direct neurotoxic effects of heavy alcohol exposure to the brain.

Figure 8. Percentage of People Who Reported Drinking Heavily in the Past Month



(Puma, Garcia, Swart, Marshall, Scarbro & Belansky, 2012)

SLV Region Plan:

The San Luis Valley region has developed a plan and prioritized issues at a regional level for the six counties. This plan is discussed in more detail under Phase 6.

Phase 6: Develop a Local Public Health Improvement Plan

In developing a local PHIP, MCPH had to look at the feasibility and capacity for a 1.5 FTE department to initiate a program and reassess the effect of the improvement plan. Therefore, MCPH chose the top priority chosen by the MCHC stakeholders and the two priorities established at a regional level which are further discussed under the Regional Plan.

Local Plan:

1. Suicide Prevention and Mental Health Education

- 5 Year Goal
 - Increase awareness of the prevalence of mental health illness in county.
 - Increase compliance to counseling and medication adherence.
 - Key Indicators for Mental Health Education
 - Fourteen suicide attempts within Mineral County 2012-2013
- Statistical data from SLV CHS Summary
- 26% of Mineral County population diagnosed with anxiety.
 - 24% of Mineral County population diagnosed with depression.
 - 90% of Mineral County population report having been diagnosed and treated for depressive symptoms.

Strategic Priority One: Suicide Prevention and Mental Health Education						
Lead entity: Mineral County Public Health			Supporting entities: Mineral County Health Council, Rio Grande Hospital, Creede Family Practice, Mineral County Sheriff's Department, Creede School District, Creede Counseling Services, SLV Comprehensive Community Mental Health Center			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
Statistical data from SLV CHS Summary <ul style="list-style-type: none"> ▪ 26% of Mineral County population diagnosed with anxiety. ▪ 24% of Mineral County population diagnosed with depression. ▪ 90% of Mineral County population report having been diagnosed and treated for depressive symptoms. 	<ul style="list-style-type: none"> ▪ Increase awareness of the prevalence of mental health illness in county. ▪ Increase compliance to counseling and medication adherence. 	1. Provide increased educational materials addressing mental health in multiple forms in public accessible areas.	1. Distribute applicable pamphlets with hotline numbers to provider's office, public health office, post office.	Mineral County Public Health Agency	September 31, 2013	December 31, 2014 Measure increased awareness of general community regarding mental health through anonymous surveys during flu vaccinations clinics
			2. Post signs advertising counseling, medication assistance, & hotline numbers in local business and provider's office	Mineral County Public Health Agency	May 31, 2013	December 31, 2014 Continue increased communication and emphasize mental health through public health outreach.
			3. Write one article quarterly in newspaper advertising available services and provide education about mental health.	Mineral County Public Health Agency	August 31, 2013	December 31, 2014 Promote local activities and services that facilitate mental health and wellness.
		2. Coordinate training for first responders and law enforcement in handling pre-	1. Work with Rio Grande Hospital to develop first-responder protocols depending on	Mineral County Public Health Agency and Rio Grande Hospital	January 30, 2015	January 31, 2014 Secure funding to send interested staff member to Mental Health First Aid Course to become a community trainer.

Strategic Priority One: Suicide Prevention and Mental Health Education						
Lead entity: Mineral County Public Health			Supporting entities: Mineral County Health Council, Rio Grande Hospital, Creede Family Practice, Mineral County Sheriff's Department, Creede School District, Creede Counseling Services, SLV Comprehensive Community Mental Health Center			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
		hospital mental health emergency calls.	situation.			December 31, 2014 Then coordinate classes offered to emergency volunteers of Mental Health First Aid for minimal to free cost.
			2. Coordinate training courses with SLV Mental Health or Creede Counseling Services for volunteers and law enforcement.	Mineral County Public Health Agency	June 30, 2015	May 31, 2014 Secure funding for training for staff ASIST training regarding suicide prevention and intervention.
		3. Promote integrated care among varying medical providers to increase access and compliance.	1. Pursue MOU with counseling services in region to coordinate care with public health office to ensure access to all necessary services or care.	Mineral County Public Health Agency	October 31, 2014	January 31, 2014 Secure funding to send interested community care providers to psychopharmacology course to better prescribe and maintain patients on psychotropic medications.
			2. Maintain relationship with Creede Family Practice to coordinate care and increase access.	Mineral County Public Health Agency	Ongoing-	December 31, 2014 Develop program to assist patients in transportation support to reach therapy appointments.

Regional Plan:

2. SLV Cross-Jurisdictional Sharing Learning Community

- 5 year goal:
 - Create Regional Public Health Partnership
 - Formalize agreement to have a regional public health partnership.
 - By 6/30/13, LPHA's in San Luis Valley will have in place a formal agreement to participate in a regional public health partnership, which will improve core services in this region.
 - Investigate or research information on forming a regional partnership.
 - Prepare formal agreement that includes necessary structure for partnership.
 - Maintain agreement for regional public health partnership.
 - By 6/30 of each year, LPHA's in San Luis Valley will continue to update a formal agreement to participate in a regional public health partnership, which will improve core services in this region.
 - Maintain funding and staff for regional partnership.
 - Maintain signed agreements for regional partnership.
- Purpose for Regional Partnership
 - Easier to leverage funding for regional projects and priorities
 - Partnership will build and strengthen prevention and health promotion capacity Partnership will support the progression of Environmental Health infrastructure
 - Funding incentives for regional approach
 - More efficient use of resources
 - Proactive approach to preparing for future projects.

Strategic Priority One: Build a Regional Partnership						
Lead entity: Saguache County Public Health			Supporting entities: Alamosa, Costilla, Conejos, Rio Grande & Mineral LPHAs			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
<ul style="list-style-type: none"> ▪ Easier to plan for an seek funding for regional project and priorities ▪ Support efforts to build and strengthen core services ▪ Funding incentives for regional approach ▪ More efficient use of resources ▪ Proactive approach to preparing for future projects 	<u>Year 1 Goal.</u> Formalize agreement to have regional public health partnership	1. Research information on forming a regional partnership	1. Communicate with BOH, BOCC to discuss need, options and opportunity	All participating agencies	March 31, 2013	By March 31, 2013, document partnership communications plan for use throughout the project.
			2. Research processes structure and agreements utilized by at least 2 other successful regional public health partnerships	All participating agencies	February 28, 2013	By February 28, 2013, obtain signed contractual agreements with 5 core Cross-Jurisdictional – Sharing (CJS) Steering Committee member agencies.
		2. Prepare formal agreement that includes necessary structure for partnership	1. Obtain resources for coordination of process	All participating agencies	December 31, 2013	By December 31, 2013, document cross jurisdictional exploration agreement/statement.
			2. Plan structure including mission, vision, bylaws and sign agreement	All participating agencies	September 30, 2013	By September 30, 2013, document a CJS Strategic Plan as a guide to partnership collaborations throughout the project.
		<u>5 Year Goal.</u> Maintain formal regional public health partnership	1. Maintain regional partnership	1. Develop plan to sustain resources for regional programming	All participating agencies	January 14, 2015
	2. Continue to communicate with local BOH, BOCC to sustain partnership			All participating agencies	December 31 2014	By December 31 2014, collaboratively develop and implement shared approaches for providing public health services,

Strategic Priority One: Build a Regional Partnership						
Lead entity: Saguache County Public Health			Supporting entities: Alamosa, Costilla, Conejos, Rio Grande & Mineral LPHAs			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
			agreement			esp. for underserved populations. d public health capacity.
		2. Identify one or more public health priorities that will be addressed regionally	1. Identify county public health priorities	All participating agencies	December 31, 2013	By December 31, 2013, implement regional/cross-jurisdictional public health management and technical assistance across key areas to improve a targeted public health capacity.
			2. Identify one or more shared public health priorities			
			3. Meet at least quarterly to review processes, evaluate progress, and determine next steps	All participating agencies	December 31, 2017	

3. Environmental Health

- 5 Year Goals
 - Improve/increase Environmental Health Services to the SLV.
 - Build and sustain capacity to coordinate E.H. in this region
 - By 6/30/13, Each LPHA in the SLV will identify current needs and resources to offer enhanced E.H. services to the SLV.
 - Determine the scope of services that will be needed.
 - By 6/30/14, SLV regional partnership will offer enhanced E.H. services to the SLV.
 - Develop system for offering E.H. services to this region.
 - Develop E.H. needs assessment and plan for growth and sustainability in this region.
- Key Indicators for Environmental Health
 - Lack of capacity to meet core public health services for E.H. was found through capacity assessment.
 - CDPHE is encouraging all counties that do not provide E.H. to do this at the local level.
 - Lack of E.H. data.
 - Limited infrastructure to address E.H. in each county.
 - Limited expertise in E.H.
 - Current E.H. is fragmented in this region and within counties.

Strategic Priority Two: Build and Sustain and Environmental Program								
Lead entity: Alamosa County Public Health Department			Supporting entities: Costilla, Conejos, Rio Grande, Saguache & Mineral LPHAs					
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives		
			Major activities	Organization(s) responsible	Timeframe for Completion			
<p>Each public health agency's capacity assessment indicated a lack of capacity to provide environmental health services, i.e.</p> <ul style="list-style-type: none"> ▪ Limited infrastructure to address EH in each county ▪ Limited EH expertise ▪ Current EH is fragmented in the counties within this region <p>CDPHE is encouraging all counties that do not provide EH to do this at the local level</p>	<p>Build capacity for coordinated EH in this region</p>	<p>1. Lead county to hire EH professional who will work with current EH & Sustainability professional (formerly Consumer Protection)</p>	<p>1. Meet with BOH, BOCC in lead county to discuss need, options and opportunity for EH</p>	<p>Lead public health agency</p>	<p>August 31, 2012</p>	<p>By June 30, 2014, an EH professional will have assisted each LPHA in the SLV region with identification of current EH needs and resources.</p>		
			<p>2. Enlist CDPHE assistance to develop plan of collaboration for local and state EH & Sustainability positions in the SLV</p>	<p>Lead public health agency</p>	<p>December 31, 2012</p>			
			<p>3. Hire EH professional</p>	<p>Lead public health agency</p>	<p>March 31, 2013</p>			
			<p>4. Orient EH professional to region and assist in job development</p>	<p>Lead public health agency and CDPHE</p>	<p>September 30, 2013</p>			
				<p>2. Conduct county-specific and regional EH needs assessment</p>	<p>1. Develop plan for regional EH needs assessment</p>	<p>EH professional</p>	<p>January 30, 2014</p>	<p>By June 30, 2014, and regional partnership will have identified which EH needs will be addressed regionally, by multi-county partnerships</p>
					<p>2. Conduct regional EH needs assessment</p>	<p>EH professional</p>	<p>June 30, 2014</p>	

Strategic Priority Two: Build and Sustain and Environmental Program						
Lead entity: Alamosa County Public Health Department			Supporting entities: Costilla, Conejos, Rio Grande, Saguache & Mineral LPHAs			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
Lack of EH data		3. Determine the scope of EH services to be provided across the entire region	1. inform counties and regional partnership of assessment findings	EH professional	October 31, 2014	and/or by individual counties.
		4. Formulate regional EH plan guided by findings of EH needs assessment	1. Assist individual counties in EH planning	EH professional and participating agencies	June 30, 2014	

Phase 7: Implement, Promote, and Monitor the Plan

Suicide Prevention and Mental Health Education

Implement:

- Provide educational information at community activities (Valentine's Dinner, 9 Health Fair), in school, and accessible public areas like post-office, gas station, grocery store, and newspaper.
- Collaborate with Rio Grande Hospital and Mineral County Sheriff department to develop a protocol guide regarding appropriate hospital services available, algorithms for EMT intervention, and follow-up coordination for services with SLV Mental Health Services.

Promote:

- Promote and advocate counseling services available in Mineral County at reduced cost to those who qualify.
- Establish MOU with SLV Mental Health Services to collaborate in care with clients as necessary.
- Will work to secure funding through grants and petitioning local organizations.

Monitor:

- Gather qualitative data during 9 Health Fair for Mineral County on April 20th through surveys of participants.
- Monitor plan by reassessment at following 9 Health Fair in 2014. Continue to keep count of suicide pages made to Mineral County Dispatch. Implement recall of Medication Assessment Program regarding number of clients and number of mental health medications acquired.

Phase 8: Inform the Statewide Plan

Mineral County Public Health Improvement Plan has been submitted to CDPHE as of February 1, 2013.

References

Puma, J., Garcia, R., Swart, M., Marshall, J., Scarbro, S., & Belansky, E. (2012). *San luis valley community health survey 2010*. Unpublished raw data, Rocky Mountain Prevention Research Center, Colorado School of Public Health.