

Public Health Improvement Plan

Montezuma and Dolores Counties



January 2014

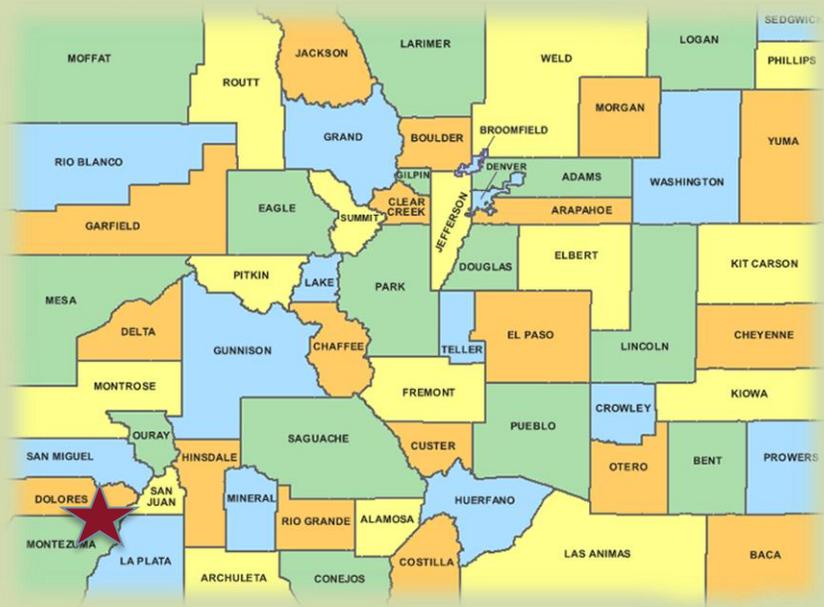


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Introduction

In 2008, Colorado passed Senate Bill 194, known as the Public Health Act, which called for reforms to Colorado's public health system. The purpose of the bill is to assure that individuals throughout the state are able to access a similar quality of core public health services. In order to achieve this, the bill requires that the state of Colorado, as well as all local public health departments, complete a community health and capacity assessment, and develop a five-year public health improvement plan. This document provides an overview of the health assessment and prioritization process for two counties in the southwest region of Colorado; Montezuma County and Dolores County. Public health planning in these two counties is led by the Montezuma County Health Department (MCHD). The activities related to the development of this public health improvement plan across Montezuma and Dolores are described together in this plan.

As a part of the plan, this document provides information on the populations of Montezuma and Dolores Counties, describes the prioritization process that occurred with key stakeholders within each county, and presents the top public health concerns identified within each county. Ultimately, based on a review of the health issues prioritized during a review of public health data, coupled with available capacity to address these issues in each county, both Montezuma and Dolores plan to focus efforts over the next five years on reducing chronic disease risk by focusing on obesity prevention efforts. This plan explores the impact that this public health priority has on the morbidity and mortality of Coloradans residing within these two counties, and how addressing this goal area will improve health outcomes.

PUBLIC HEALTH

What is Public Health?

Public health is defined as “the science and practice of protecting and improving the health of a community, as by preventative medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.” (1) The role of public health is to protect and improve the health of an entire population rather than individuals. Public health strives to limit health disparities, working toward health care equity for the population it serves. Public health systems are broader than simply the local or state public health agency. In fact, the public health system includes all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.

In Colorado, public health core services are defined by state legislation and the local public health agency is responsible for assuring the provision of these core services within their jurisdiction (2), typically within county boundaries. Examples of core public health services include assuring clean air and water, safe food, health education to prevent chronic disease and injury, and investigating infectious disease outbreaks, among other priorities.

In addition to assuring core public health services, local public health agencies are required by Colorado Senate Bill 194, otherwise known as the Public Health Act, to complete a community health assessment (CHA) and a community health improvement plan (CHIP). The CHA and CHIP must be conducted with a multi-agency community group, use current local health indicator data, and align with the statewide

public health improvement plan. The National Public Health Accreditation Board (PHAB) requires the CHA, CHIP, and an agency Strategic Plan for the accreditation of local public health agencies. Accreditation is new to public health, but will act similarly to hospital and university accreditation, in that accredited agencies will be recognized as those that provide quality services, are financially accountable, use evidence-based practices, and work with broad community partnerships.

Colorado’s “Winnable Battles”

To model the public health improvement planning process, both the Centers for Disease Control and Prevention (CDC) and the Colorado Department of Public Health and Environment (CDPHE) completed an assessment of indicators, capacity and priorities at the national and state level, and released a set of “Winnable Battles” for public health. Winnable Battles are key public health and environmental issues where substantial progress can be made to improve population health over the next decade. In Colorado, CDPHE selected ten Winnable Battles that impact a high percentage of the population; involve significant health disparities; impose a large economic burden or risk on quality of life or the environment; and are consistent with state and federally-mandated programs designed to improve and protect the environment and public health (Table 1).⁽³⁾ Colorado’s Winnable Battles also were selected because evidence-based strategies exist for these population health areas and in many localities there is community-level readiness and support for change.

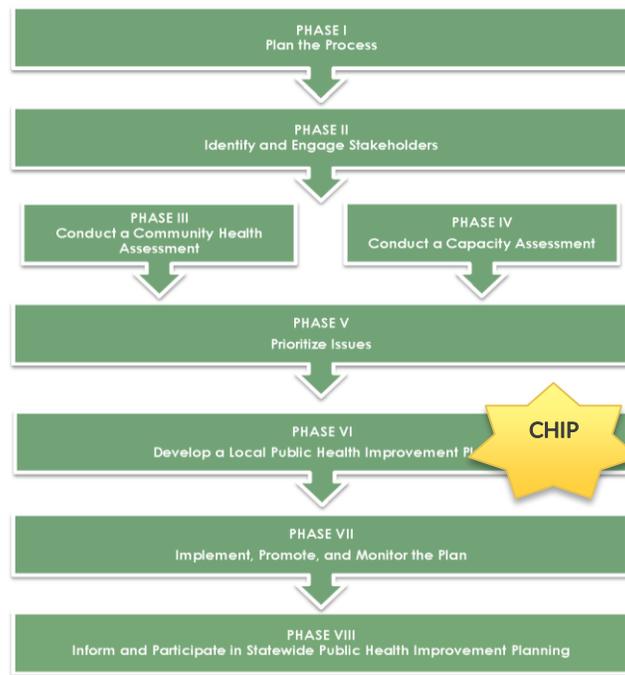
Table 1. Colorado’s Ten Winnable Battles

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

THE LOCAL CHA PROCESS

Similar to the process for selecting Colorado’s Winnable Battles, local public health departments have also been working towards completing assessments and selecting goal areas to work towards to improve population health. To support this process, CDPHE’s Office of Planning and Partnership (OPP) developed Colorado’s Health Assessment and Planning System (CHAPS) process to provide a standard mechanism for assisting local public health agencies in meeting assessment and planning requirements. The CHAPS process outlines a series of recommended steps for local public health departments to facilitate, including stakeholder engagement, conducting a health and capacity assessment, prioritizing areas of focus, and developing a CHIP (see Figure 1).

Figure 1. CHAPS Process



CDPHE has provided a searchable database of several health indicators across different domains for local health departments to use during phases III and V of the CHAPS process. Phase VI of the process focuses on developing a local Public Health Improvement Plan, or Community Health Improvement Plan (CHIP). The CHIP must be completed every five years and be based upon:

1. A **community health assessment** including local health indicator data;
2. A **capacity assessment** of community resources available to work on community health issues; and
3. A **prioritization process** in which a broad stakeholder group are engaged in determining community priorities.

Once the CHIP has been developed, it will be used as a living document that guides the implementation of goals and objectives related to the priority areas identified by the local public health department.

THE CHIP PROCESS IN MONTEZUMA AND DOLORES COUNTIES

In order to meet the requirements to develop a community health improvement plan, key stakeholders in each of Montezuma and Dolores Counties participated in a community health assessment and prioritization process. This process, coupled with a review of the available capacity in these counties informed the development of specific goals, objectives and strategies for Montezuma and Dolores to work towards over the next five years. This section provides a brief summary of the process that each community participated in in order to identify the goal of reducing chronic disease risk by targeting healthy eating and active living.

Montezuma Process:

- In December 2012, CDPHE presented an overview of indicator data that could be used as a part of the prioritization process to the Montezuma County Health Department.
- Montezuma County held two group sessions in February 2013, with a goal of understanding different public health issue areas, and prioritizing those that were most important for their county.
- The public health issue areas of Obesity, Unintended Pregnancy, Oral Health, Tobacco, Infectious Disease, Safe Food, and Injury Prevention were included as a part of the health assessment process, and indicator data related to each of these areas was reviewed.
- A review of public health capacity in Montezuma County suggested that Clean Air, Clean Water and Mental Health/Substance Use were currently being addressed by community partner agencies, and that Montezuma County Health Department had limited capacity to impact these issues further. For this reason, these issues were not included in the prioritization process.
- From the prioritization process, Montezuma County Health Department chose to focus efforts on Obesity as a top priority for public health, and the main focus for the CHIP.

Dolores Process:

- In April 2013, one community meeting was held to review available indicator data across the areas of Mental Health & Substance Abuse, Obesity, Oral Health, Tobacco, Injury Prevention, Unintended Pregnancy, and Infectious Disease Prevention.
- A review of public health capacity in Dolores County suggested that Clean Air, Clean Water and Safe Food were currently being addressed by community partner agencies, and that Dolores County had limited capacity to impact these issues further. For this reason, these issues were not included in the prioritization process.
- From the prioritization process, Mental Health & Substance Abuse was identified as the top priority area, followed by Obesity Prevention. While Mental Health & Substance Abuse was a top area of priority for Dolores County, many other service organizations contribute resources to this area in the county and leaders felt that the second priority of Obesity was the area where the public health community could make the biggest impact.

Based on the health assessment, capacity assessment and prioritization process across the two counties, the Montezuma County Health Department chose to focus efforts on obesity as a top priority for public health, and the main area of focus for the CHIP.

The following sections describe background information for the populations in Montezuma and Dolores Counties, as well as a more detailed description of the health assessment, capacity assessment and prioritization process that led to the selection of Obesity Prevention and chronic disease risk reduction as a part of their Public Health Improvement Planning Process.

Background

Montezuma and Dolores counties are located in the southwest corner of Colorado. This region is referred to as the Four-Corners, and is the only place in the United States where four states—Arizona, New Mexico, Utah, and Colorado—come together at one place. The Ute Mountain Ute Reservation is

located in Montezuma County, and is one of two Indian Reservations in Colorado. The Navajo Nation, whose geographical boundaries include three states, borders Montezuma County on three sides. The Four Corners Monument marks the quadripoint in the Navajo Nation and Ute Mountain Tribal Lands in the Southwest United States where the four states meet.

MONTEZUMA COUNTY, COLORADO

Montezuma County Snapshot:

Population: 25,539

Median Income: \$41,074

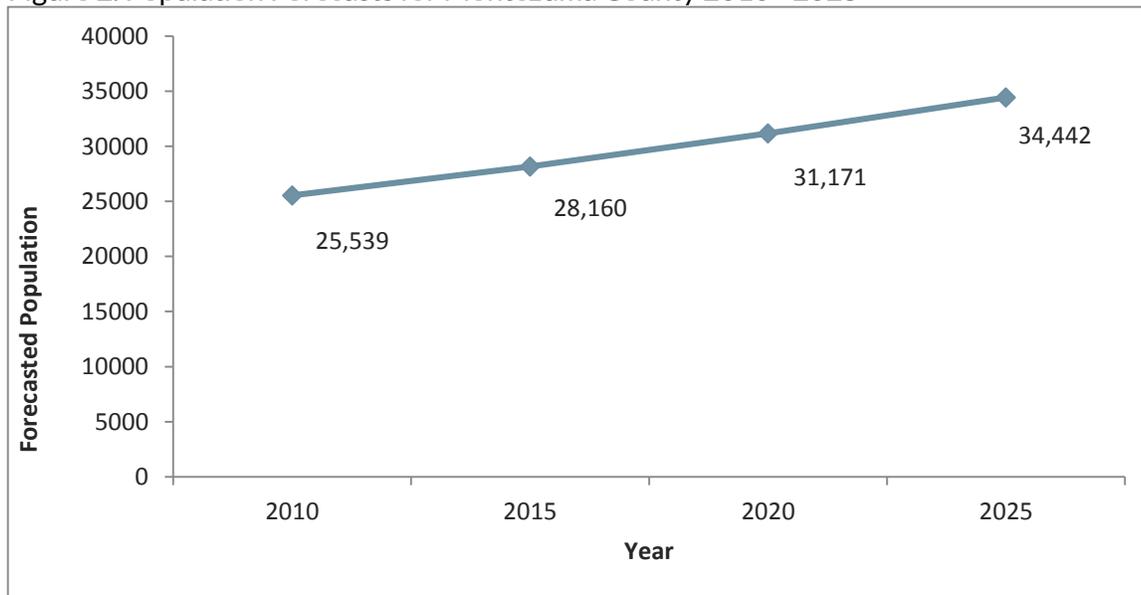
Uninsured: 20%

Montezuma County developed as a result of providing mining towns in the San Juan Mountains with supplies. The extensive timber resources in the Dolores area were harvested to supply building lumber and mine timbers. The Town of Mancos built up around cattle raised to feed the mining communities. The lower elevations of the Montezuma Valley supplied agricultural

products, with the City of Cortez developing as a center due to the creation of the Montezuma Valley Irrigation Company. By the turn of the 20th century, the mining boom had played out and the remaining settlers turned to subsistence agriculture and the export of agricultural and timber products. In the 1980's, the construction of McPhee Reservoir (the Dolores Project) and its extensive irrigation systems allowed increased agricultural production and enhanced recreational opportunities for locals and tourists. In Montezuma County tourism provides the most direct base jobs (those that bring in outside money). However, regional services have a higher multiplier, and account for more secondary (supporting) jobs.

In July of 2010 the county had an estimated 25, 539 residents and the population is projected to grow by approximately 10,000 residents by 2025 (or 10% growth per year) (Figure 2). (4)

Figure 2. Population Forecasts for Montezuma County 2010 - 2025



The majority (83%) of the population in Montezuma County is White but the county also has a higher proportion of American Indian/Native Alaskan individuals (14%) as compared to elsewhere in the state of Colorado (1.6%) (Figure 3). (5) The Hispanic-Latino population makes up 9.5% of the total population

in the County, a comparatively lower percentage than elsewhere in the Southwest Colorado region and in Colorado (region average=20.4%, Colorado average=20.9% Figure 4). (5) Throughout this report, comparisons to regional and state data are used to provide context for demographic and health data in Montezuma and Dolores counties. In the State of Colorado, there are 21 regions developed by the Health Statistics Section in partnership with state and local public health professionals. The regions were developed using statistical and demographic criteria. Montezuma and Dolores counties are in Health Statistics Region 9¹. Throughout the report, this region will be referred to as the Southwest Colorado.

Figure 3. Percent of Population by Race/Ethnicity, Montezuma County 2010

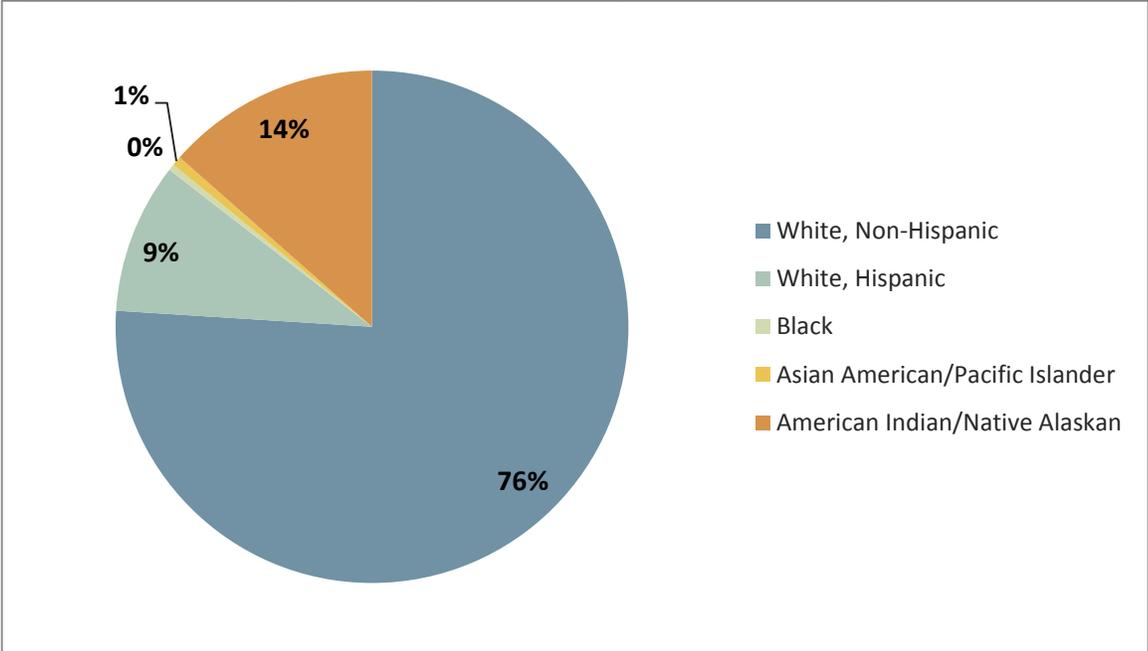
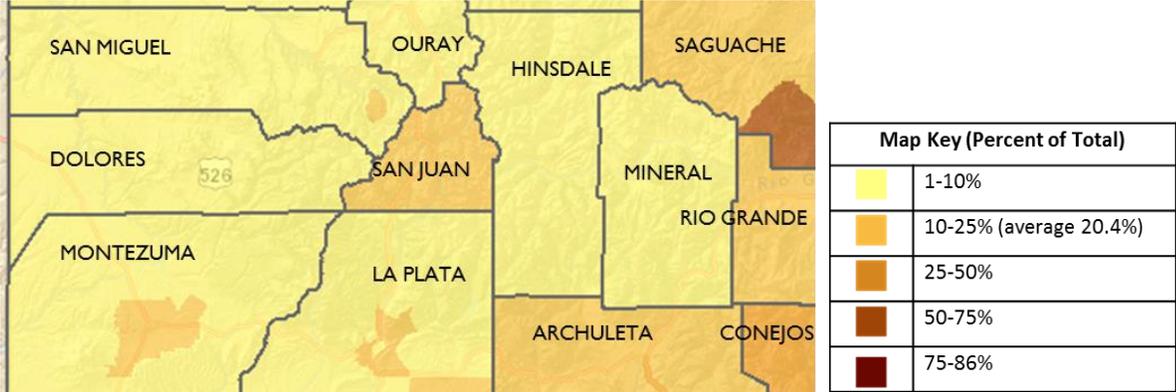


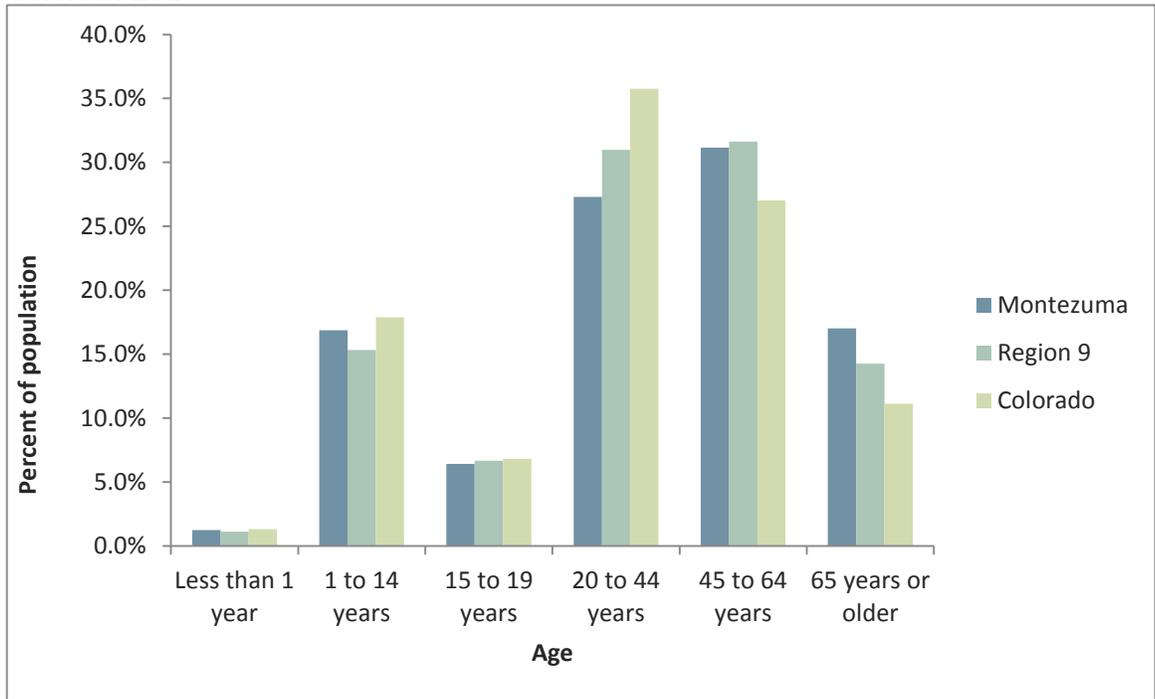
Figure 4. Hispanic-Latino Population (percent of total) in Montezuma County and Southwest Colorado 2010



¹ Region 9 includes Dolores, Montezuma, San Juan, La Plata and Archuleta counties.

The median age in Montezuma County is 38 years, which is higher than the state median age of 34 years. (4) Generally, the county has a higher percentage of individuals aged 45 and older and a lower percentage of individuals aged 20 – 44 compared to the state (Figure 5). The population in Montezuma County is 50.8% female and 49.2% male. (6)

Figure 5. Percent of Population by Age, Montezuma County, Southwest Colorado and Colorado 2010



Significantly more people in Montezuma County live below the poverty level (17.4%) than people in Colorado (13.2%) (7) and 8.4% of households were eligible for the supplemental nutrition assistance program (SNAP; formerly referred to as food stamps) between 2006 and 2010 (Figure 6). (5) Montezuma County mirrored Colorado in terms of unemployment trends, with the unemployment rate doubling from 2007-2011 (3.9 to 8.5). (8) The median household income in Montezuma County is \$41,074, which is less than the median income for the state of Colorado (\$54,411) (Figure 7). (7) Additionally, significantly more children in Montezuma County live below the poverty level (26.5%) than in the state (17.1%). (7)

Figure 6. Household Supplemental Nutrition Assistance Program participation in the past 12 months: Montezuma County, Southwest Colorado and Colorado (2006-2010)

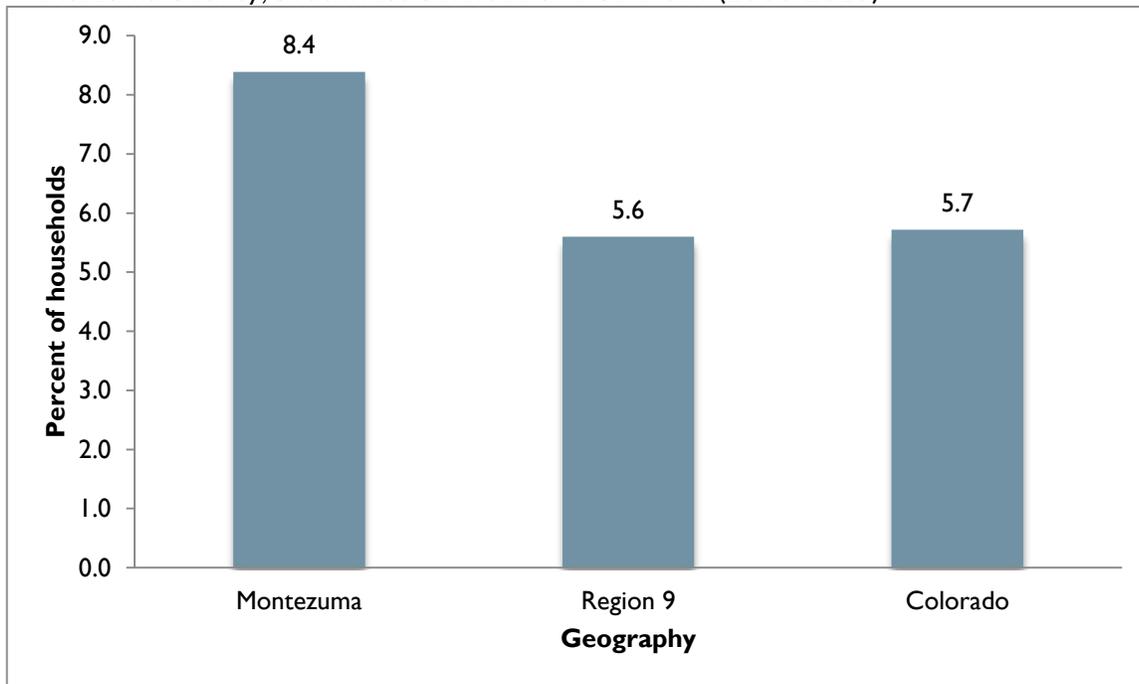
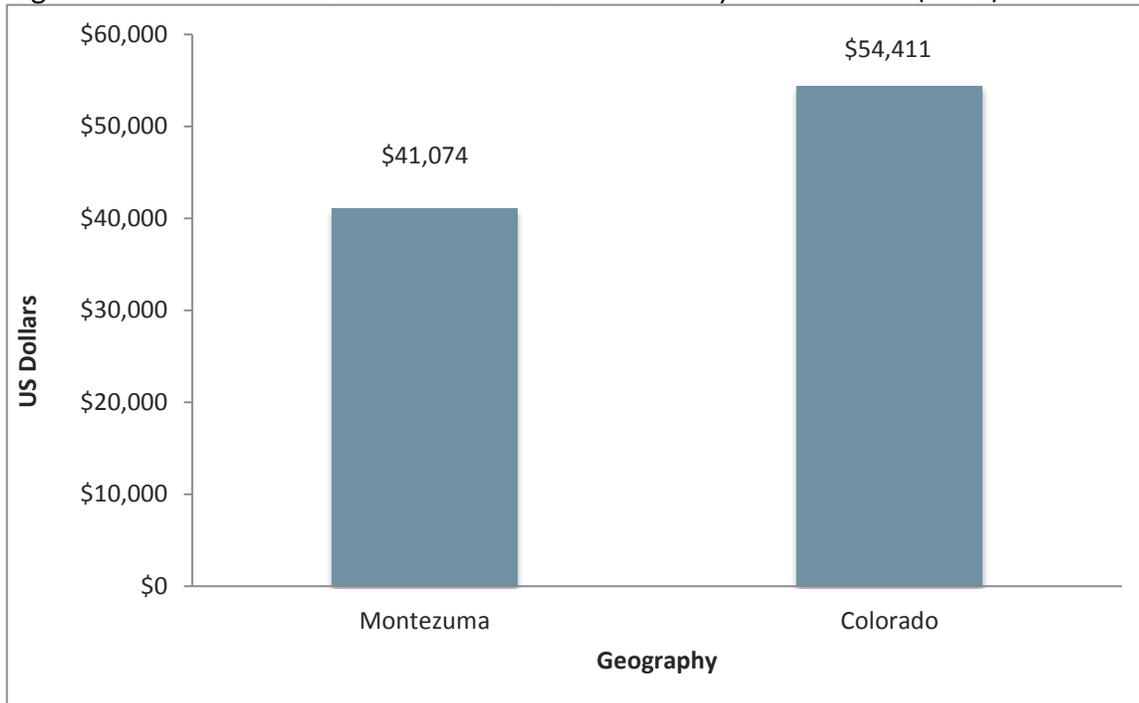


Figure 7. Median Household Income: Montezuma County and Colorado (2010)



Twenty one percent of the population in Montezuma County is enrolled in school primarily at the elementary and secondary levels. (5) In Montezuma County 57.6% of public school students are eligible for Free and Reduced Lunch, a higher percentage than in the region (42.5%) and in the state (40.3%).(9) While 89% of the population in Montezuma County age 25 and older has achieved a high school diploma or a GED only 25% of the population goes on to complete college (Figure 8). (5) Furthermore, the

dropout rate in Montezuma County (4.8%) is higher than in Southwest Colorado and in the state of Colorado (Figure 9). (9)

Figure 8. Percent of Population Aged 25+ by Level of Education Completed in Montezuma County (2006 - 2010)

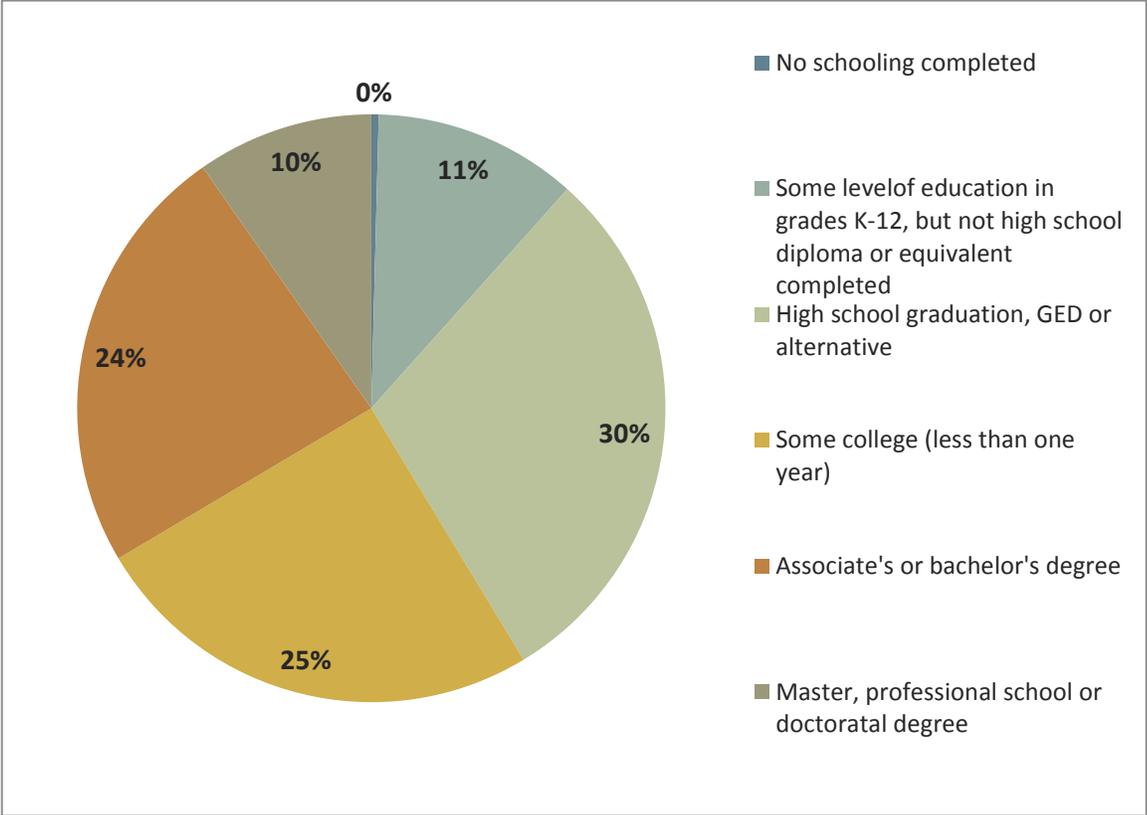
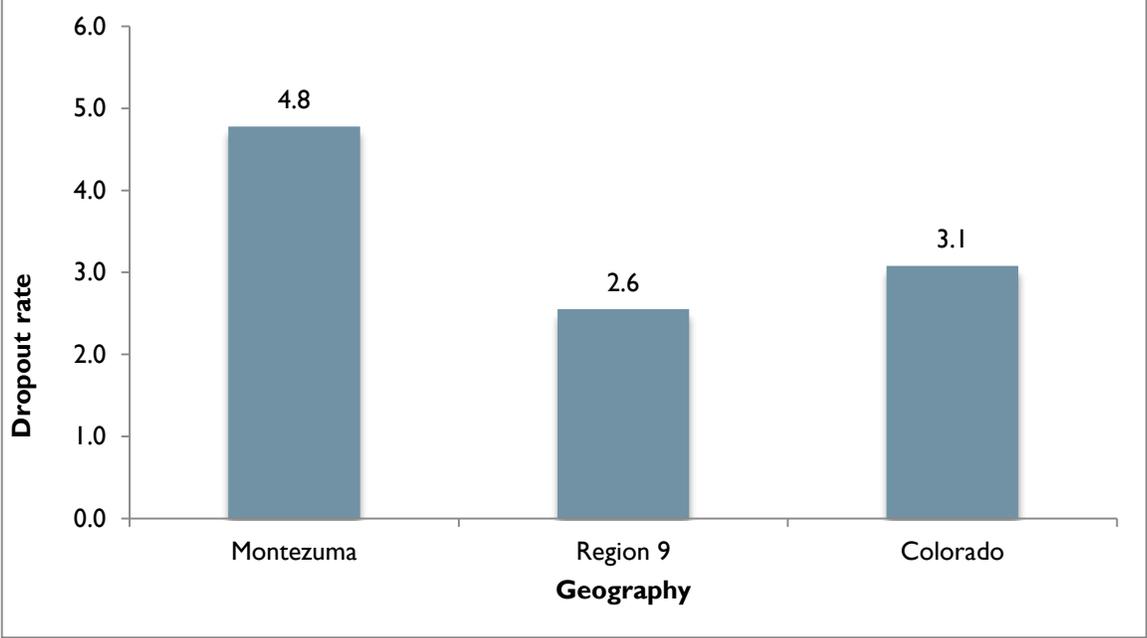


Figure 9. School Dropout Rate: Montezuma County, Southwest Colorado and Colorado (2010)



Dolores County, Colorado

Dolores County Snapshot:

Population: 2,062

Median Income: \$40,511

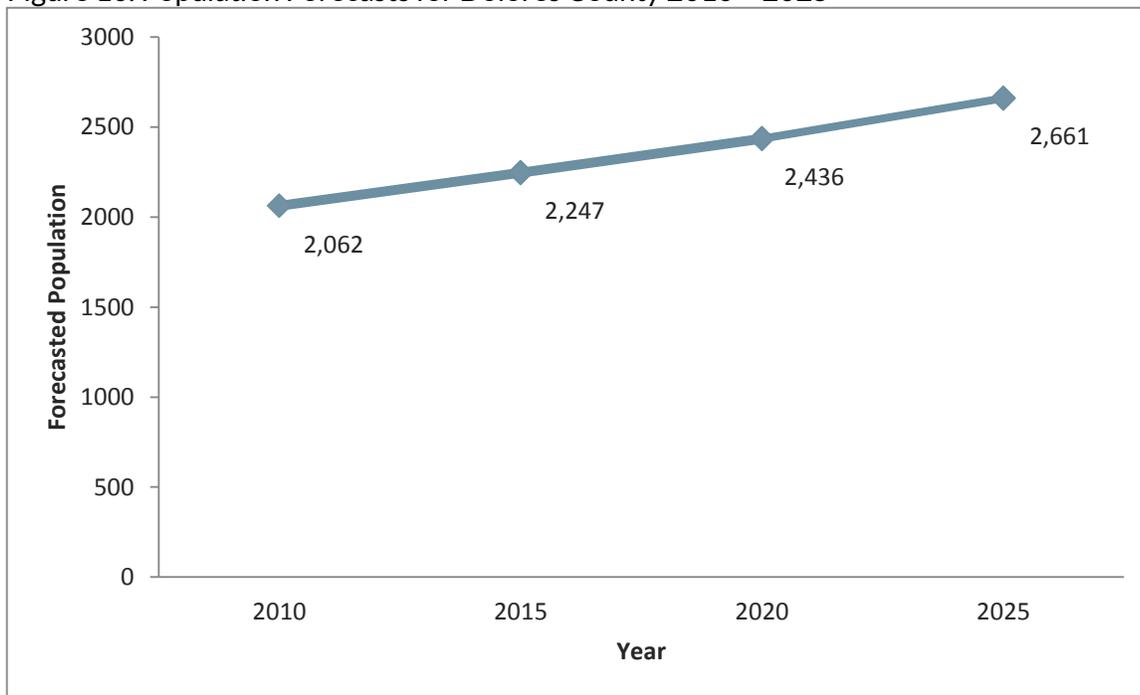
Uninsured: 20%

Dolores County is rural community located directly north of Montezuma County. The Dolores County economy is dominated by agriculture. Historically, the mountainous (eastern) part of Dolores County supplied a number of small sawmills and was the site of gold, silver, copper, lead, zinc and molybdenum mining in the Rico area. Uranium mining in Western San Miguel County to

the North provided important supplemental income to the Dolores County economy until the mines closed in the mid-1980s. Access to scenic public lands in the county provide recreational opportunities, however, the tourist base is served primarily by businesses outside of the county. In Dolores County agribusiness provides the most jobs and job income of all base industries. Agribusiness includes services such as processing food products, trucking, storage, sales of farm equipment and supplies; as well as impacts on credit institutions and commodity brokers.

In July of 2010 the estimated population of Dolores County was 2,062 people and the population is projected to grow to 2,661 by the year 2025 (1.63% growth) (Figure 10). (4)

Figure 10. Population Forecasts for Dolores County 2010 - 2025



Dolores County also has a predominantly White, non-Hispanic population and has a relatively small minority population as compared to the rest of the state (Figure 11). (5) Minority ethnic/racial groups in the county are American Indian/Native Alaskan (3.3%) and White, Hispanic (3.6%) (Figure 10). (5) The percentage of the Dolores County population that is Hispanic/Latino is less than elsewhere in the region and state (regional average 20.4%, Colorado average 20.9%; see Figure 12). (5)

Figure 11. Percent of Population by Race/Ethnicity, Dolores County 2010

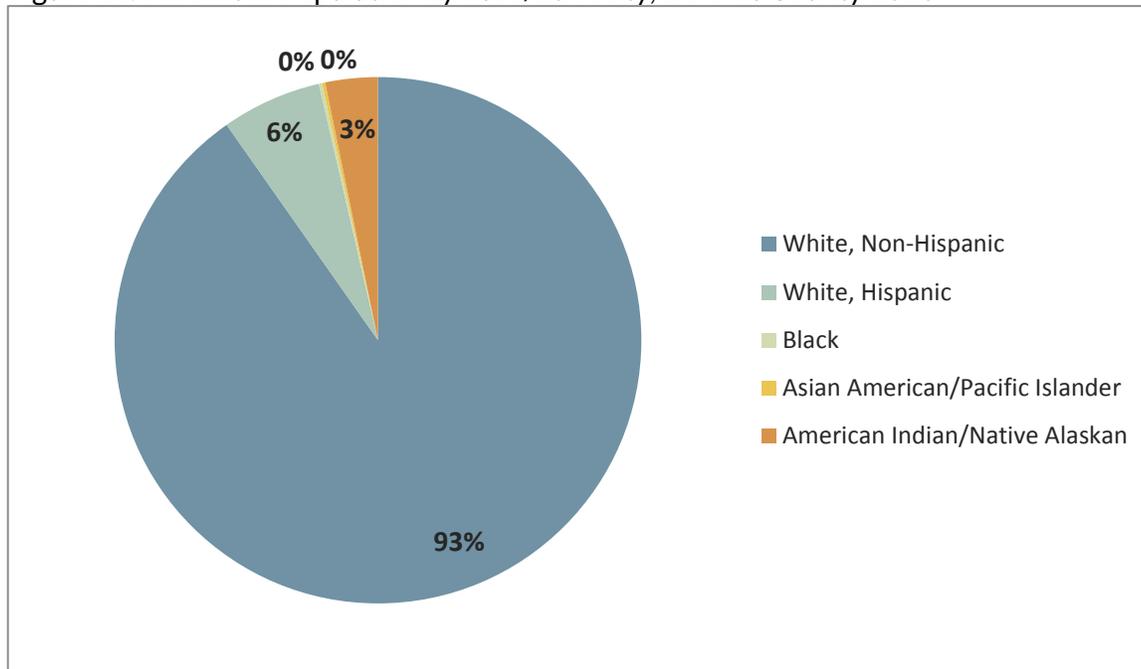
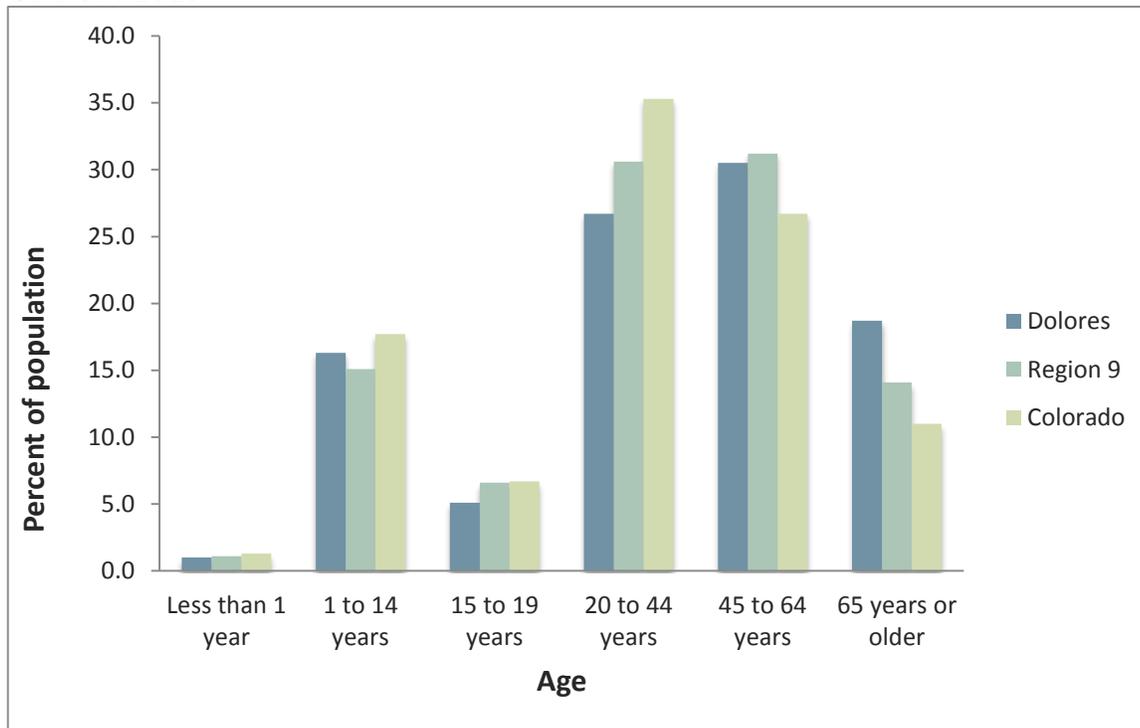


Figure 12. Hispanic-Latino Population (percent of total) in Dolores County and Southwest Colorado 2010



Half of the Dolores County population is older than 45 years. The largest age group in the county is 45 – 64 year olds (Figure 13). (4) Like Montezuma County, the population is slightly older compared to the state average (median Colorado age = 43). (4)

Figure 13. Percent of Population by Age, Dolores County, Southwest Colorado and Colorado 2010



Unlike Montezuma County, the percent of the population in Dolores County with income below the poverty level (12.9%) is no different than from elsewhere in the state (13.9%). (7) The percentage of households that participated in Supplemental Nutrition Assistance Program between 2006 and 2010 was also not different from elsewhere in the state (Figure 14). (5) Similarly, the percentage of children living below the poverty level in Dolores County is 14.7% and not significantly different from the rest of the state (17.1%). (7) However, the median household income of \$40,511 is well below the state median household income of \$54,411 (Figure 15). (7) Additionally, the unemployment rate in Dolores County tripled between 2007-2010 (5 to 17). While the unemployment rate decreased to 11.4 in 2011, it still remains high compared to the state (8.3%).

Figure 14. Household participation in Supplemental Nutrition Assistance Program in the past 12 months: Dolores County, Southwest Colorado and Colorado (2006-2010)

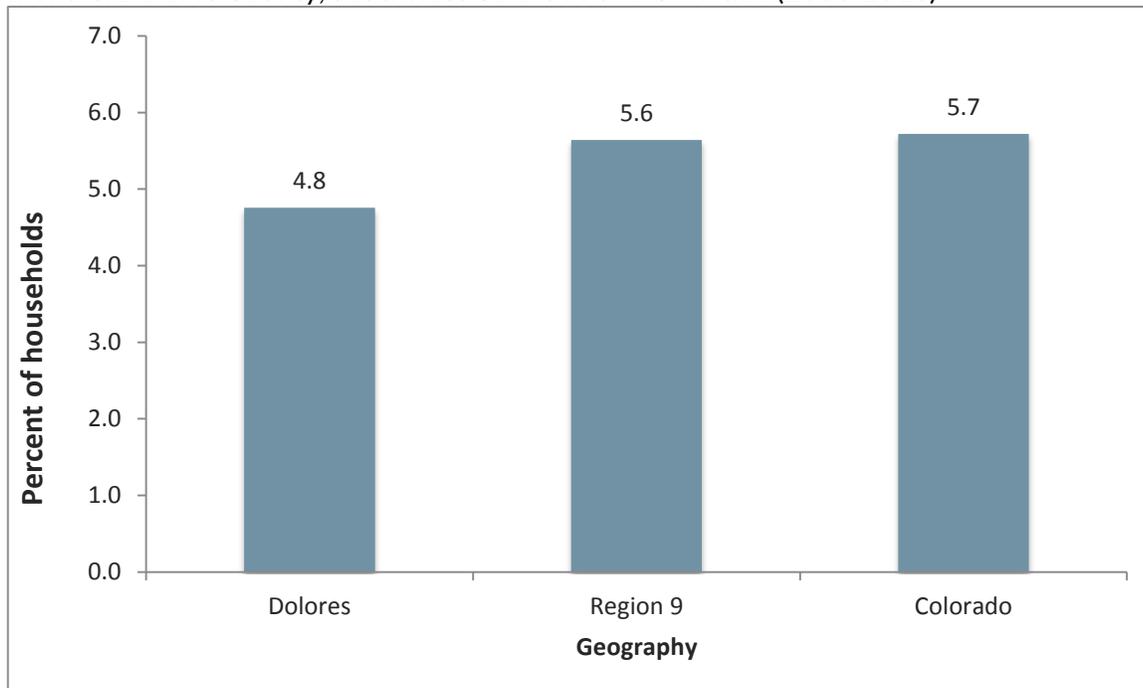
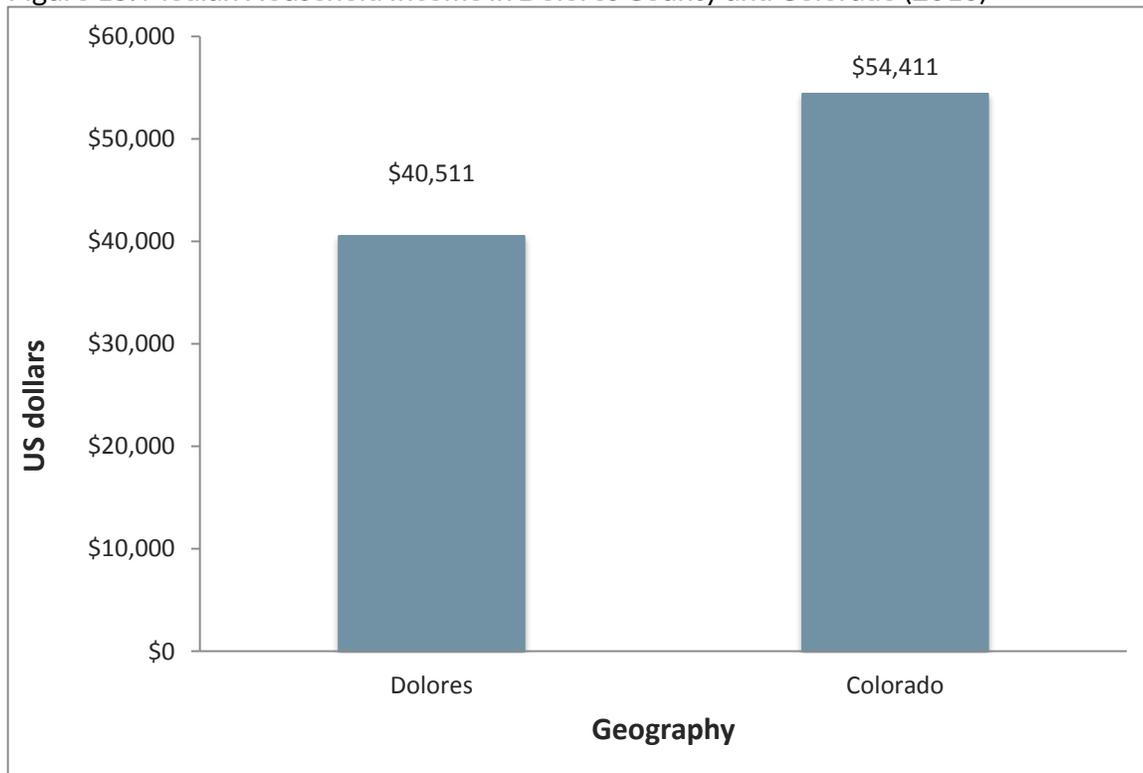


Figure 15. Median Household Income in Dolores County and Colorado (2010)



Like Montezuma County, 21% of the Dolores County population is enrolled in school, predominantly at the elementary and secondary school level. (5) For students K – 12, 50.7% are eligible for Free and Reduced lunch, a higher percentage than in the region (42.5%) and in the state (40.3%). (9) Similar to

Montezuma County, 86% of the population has completed high school or obtained a GED and 22.8% has achieved a college degree or higher (Figure 16). (5) Notably, the school dropout rate in Dolores County (0.7%) is very low (Figure 17). (9)

Figure 16. Percent of Adult Population Aged 25+ by Level of Education Completed in Dolores County (2006 - 2010)

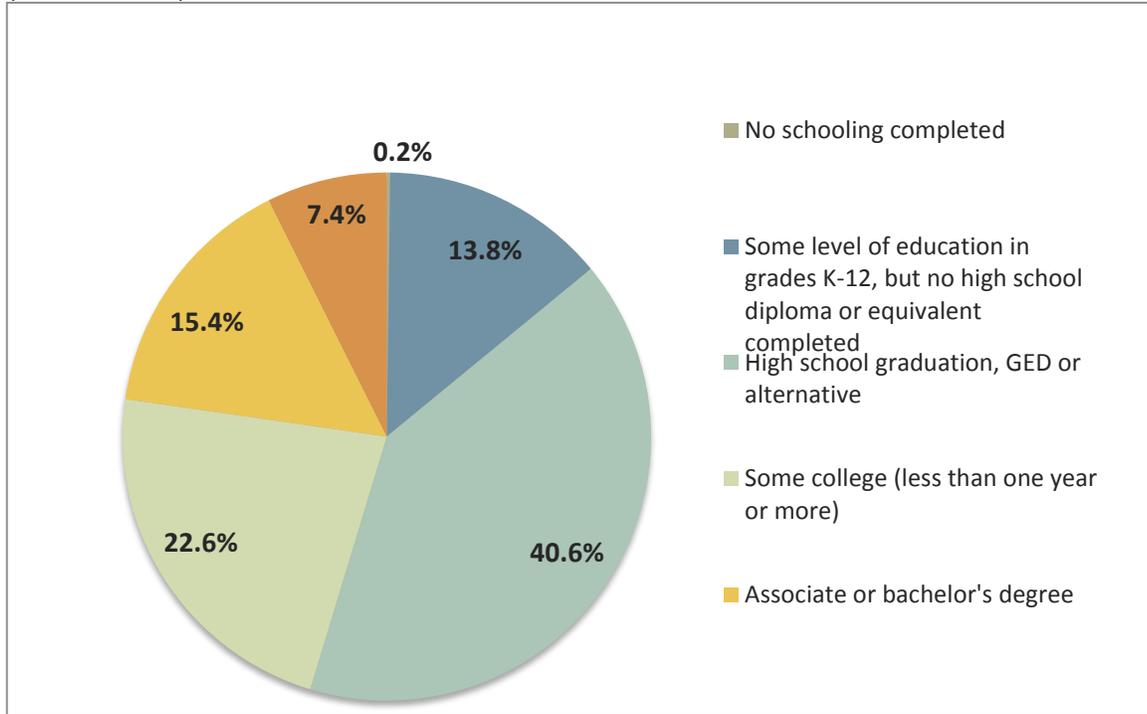
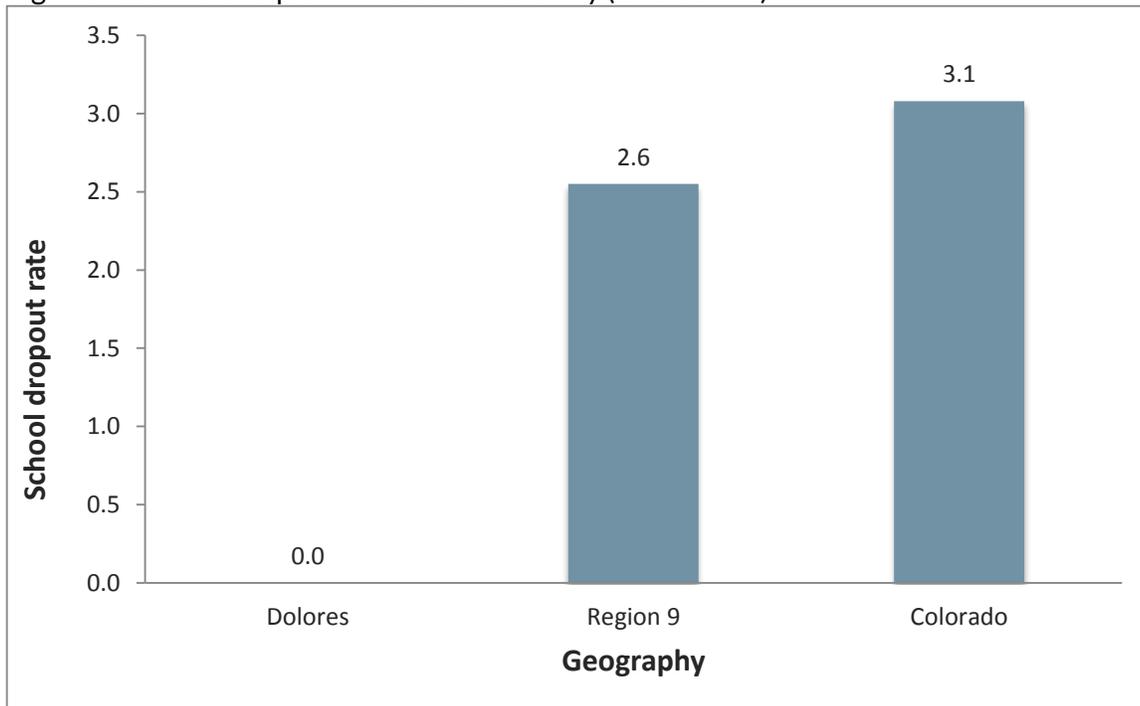


Figure 17. School dropout rate Dolores County (2010-2011)



Assessment

As described above, the community health assessment examined health indicators across the areas of Obesity, Unintended Pregnancy, Oral Health, Tobacco, Infectious Disease, Safe Food, and Injury Prevention in Montezuma County and Mental Health & Substance Abuse, Obesity, Oral Health, Tobacco, Injury Prevention, Unintended Pregnancy, and Infectious Disease Prevention in Dolores County.

These indicators were considered in the context of the leading causes of morbidity and mortality within each county. In Montezuma County, the leading cause of death after unintentional injuries from 2009-2011 was heart disease (age-adjusted rate=160.1 per 100,000), followed by malignant neoplasms (cancer) (age-adjusted rate= 153.5 per 100,000) and chronic lower respiratory disease (age-adjusted rate = 71.2 per 100,000). (10)

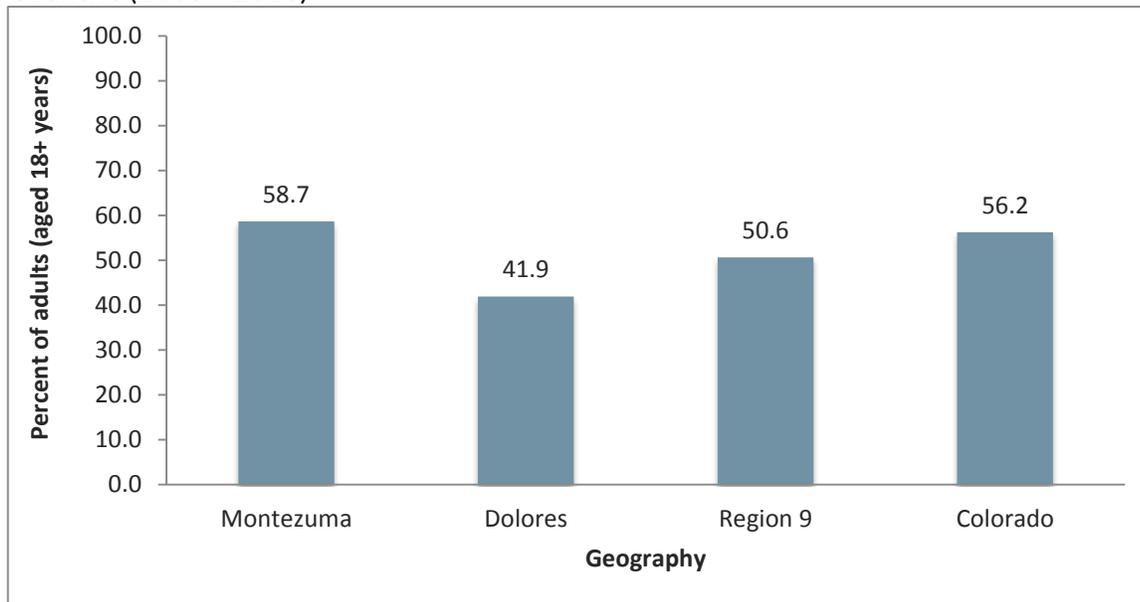
In Dolores County, the leading cause of death from 2009-2011 was heart disease (age-adjusted rate=120.3 per 100,000), followed by malignant neoplasms (cancer) (age-adjusted rate= 92.7 per 100,000) and unintentional injury (age-adjusted rate= 111.4 per 100,000). (10)

Based on health indicator data, coupled with a review of public health capacity in these two counties, Obesity was identified as the most important area of focus over the next five years.

IMPROVING HEALTHY EATING AND ACTIVE LIVING IN MONTEZUMA AND DOLORES COUNTIES

Although Colorado continues to rank as one of the leanest states in terms of weight indicators, it has not escaped the national obesity epidemic. This is true for Montezuma and Dolores Counties as well, where an estimated 58.7% of the adult population in Montezuma and 41.9% of Dolores County was overweight or obese in 2008 - 2010 (Figure 18). Furthermore, in the Southwest over one-quarter (26.3%) of children are also overweight or obese. (11)

Figure 18. Percent of Adults who are Overweight or Obese (BMI > 25) in Montezuma and Dolores Counties (2008 – 2010)

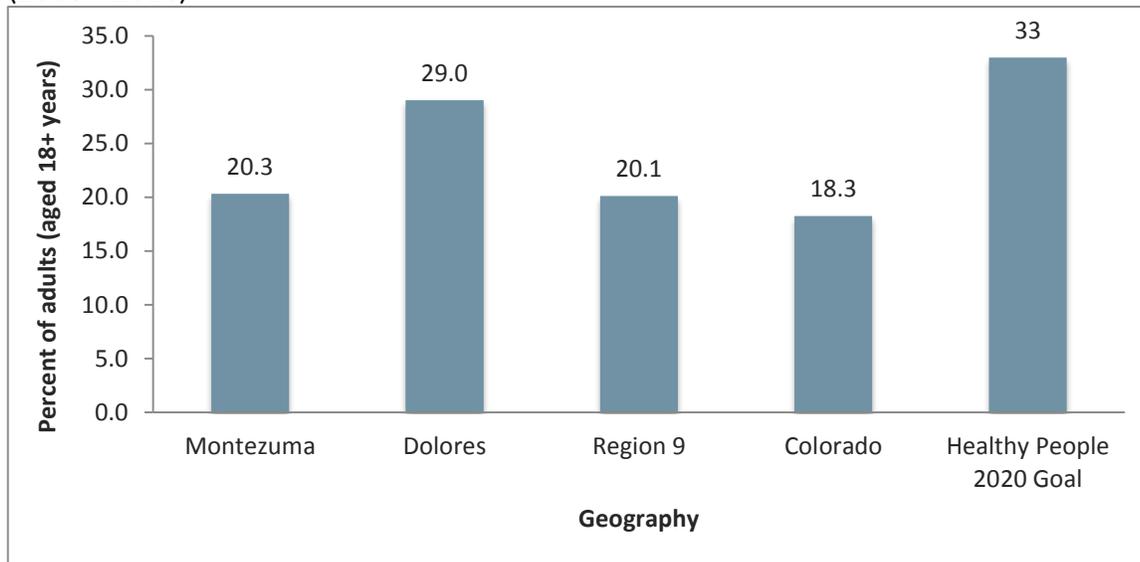


Obesity increases risk for heart disease, type 2 diabetes, high blood pressure, high cholesterol, stroke and some types of cancer. The growing trend of overweight and obese children and adults puts people at increased risk for these poor health outcomes. In addition, health care for obesity related conditions cost Colorado more than \$1.6 billion each year. (12) Strategies such as increasing access to healthy foods, physical activity, and preventative health care among others are likely to impact obesity rates.

Physical Activity and Nutrition

In Montezuma County 20% of adults are physically inactive and in Dolores County almost 30% of adults are physically inactive (Figure 19). (11) Community leaders' reactions to these statistics were that while people in their communities are "typical" as compared to elsewhere in the region and state, they can "always do better."

Figure 19. Percent of Adults Aged 18+ Who are Physically Inactive in Montezuma and Dolores Counties (2008 - 2010)



Physical activity measures indicate that many adults are meeting and exceeding recommended guidelines. In Montezuma and Dolores Counties in 2007 and 2009, 49.6% of adults get 30 or more minutes of moderate activity per day on five or more days a week (or 20 or more minutes of vigorous activity per day on three or more days a week). While the percentage of adults engaging in recommended levels of physical activity is lower than in Southwest Colorado (58.6%) and Colorado (55.9%), it is higher than the Healthy People 2020 Goal of 47.9%. (11) In Montezuma and Dolores Counties only 18.1% of adults consume the recommended five fruits and vegetables a day and 73.4% of adults eat fast food one or more times per week. (11)

In contrast, fewer children and youth are meeting the recommendation for daily physical activity. Only 38.0 percent of Colorado children ages 5 to 14 met the recommended daily amount of moderate physical activity in 2010 and just over one-quarter of Colorado high school students met the recommended daily amounts of exercise in 2009 (Table 2). (13, 14)

Table 2. Percent of children engaging in selected eating and recreational behaviors, Colorado 2009 - 2010

	Ages 1 - 14	Ages 15 - 19
Consuming less than recommended daily amount of fruit and vegetables (5+ servings/day)	81.3%	75.6%
Eating fast food one or more times per week	63.3%	n/a
Engaging in recommended daily physical activity	38.0% (ages 5 - 14)	45.6%
Watching TV or videos two or more hours on average school day	34.1 (ages 5 - 14)	45.6%
Playing video games or using computer for two or more hours on the average school day	11.0% (ages 5 - 14)	35.2%

Eating, physical activity, and sedentary behaviors of children and youth impact the risk of being overweight and obese. Statewide, nearly two thirds of children under 14 years of age regularly eat fast food and a substantial proportion engage in sedentary activities for two or more hours per average school day (Table 2). In Southwest Colorado, 61.8% of children ate fast food one or more times per week. (11) Furthermore, in Southwest Colorado only 8.2% of children reported eating two or more fruits and three or more vegetables per day. (11) In other words, the majority of children living in Southwest Colorado are consuming less than the recommended daily amount of fruit and vegetable servings.

Capacity

Assessing the available public health capacity to address prioritized issue areas was also an important consideration in the CHIP process. Broadly, capacity refers to the community resources (staff, funding, partnerships) that are available to support work on identified community health issues. There are seven Core Public Health Services (Code of Colorado Regulation: 6 CCR 1014-7) in Colorado, outlined in Table 3. This section provides a capacity estimation summary for Montezuma and Dolores Counties.

Table 3. Overview of Core Public Health Services

1	<p>Administration and Governance</p> <p>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.</p>
2	<p>Assessment, Planning, and Communication</p> <p>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.</p>
3	<p>Vital Records and Statistics</p> <p>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.</p>
4	<p>Communicable Disease Prevention, Investigation and Control</p> <p>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.</p>
5	<p>Prevention and Population Health Promotion</p> <p>To develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing the incidence of preventable (chronic and communicable) diseases, injuries, disabilities and other poor health outcomes across the life-span.</p>
6	<p>Environmental Health</p> <p>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.</p>
7	<p>Emergency Preparedness and Response</p> <p>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.</p>

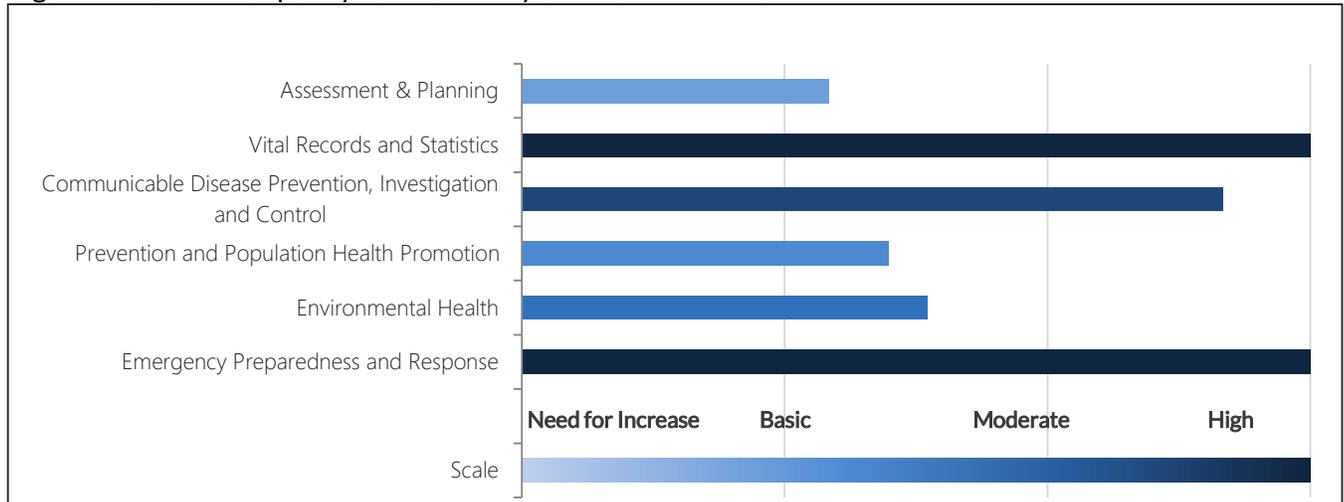
MONTEZUMA COUNTY, COLORADO

Estimates described here were created by summarizing Montezuma’s 2012 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 Montezuma in early 2013. It was completed by the Public Health Director and other division staff and is thus based upon their perceptions and estimations.

Figure 20 shows Montezuma County Public Health Department (MPHD) capacity in each core service area. The area of highest capacity is within Vital Records and Statistics and Emergency Preparedness

and Response followed by Communicable Disease Prevention, Investigation and Control. The lowest area of capacity is in Assessment and Planning, in which capacity is slightly above basic.

Figure 20. Overall Capacity Estimation by Core Service Area



Overall, Assessment & Planning represents the area of lowest capacity, which is likely driven by the fact that there are no dedicated FTE to this core service area. Despite this, Montezuma was able to lead this community health assessment, and has made important strides in assessing, planning and communicating issues related to their public health improvement plan.

Prevention and Population Health Promotion, as well as Environmental Health also showed Basic to Moderate capacity. This is important to consider in the implementation of this plan, as the majority of health areas included in the assessment and prioritization process fell within these core areas, and progress towards the identified goal area of Obesity Prevention and reducing chronic disease risk will rely on capacity within the Prevention and Population Health Promotion service area.

With regard to Prevention and Population Health Promotion, Montezuma has basic to moderate capacity in chronic disease prevention and education, high capacity in maternal and child health and a clear need for increased capacity in injury prevention and education (Figure 21). While the health indicator review did not highlight maternal & child health or injury prevention as core areas of focus for Montezuma County over the next five years, Montezuma should continue to monitor emerging needs and available capacity in these areas. Further, Montezuma may have to work to increase capacity in the chronic disease prevention and education subarea in order to have a clear and sustained impact on their identified goal area.

Figure 21. Prevention and Promotion Core Service Subarea Capacity Estimation

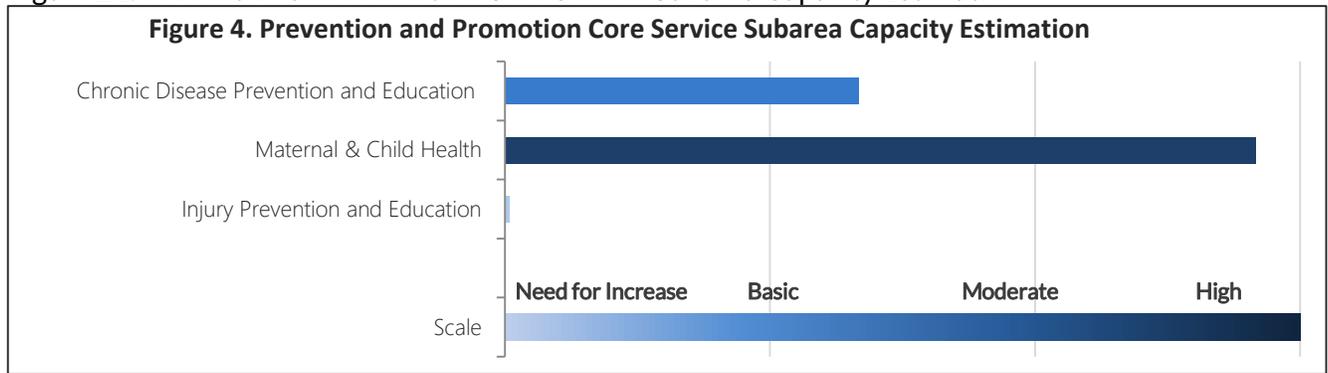


Table 4 below summarizes Montezuma’s personnel resources, expenditures, strengths, challenges and perceived capacity in each of the core service areas.

Table 4. Montezuma 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; 0.50 FTE			3 personnel; 0 FTE	3 personnel; 2.0 FTE	1 personnel; 1.0 FTE	3 personnel; 1.25 FTE
Total funding expended	\$225,387 (11% of total)		\$59,462 (3% of total)	\$44,652 (2% of total)	\$18,000 (1% of total)	\$62,125 (3% of total)	\$98,808 (5% of total)
Areas of Strength		Led a community health assessment within the last 3 years		Partnerships with CDPHE and CDPHE/EPR regional staff	Recent increases in MCH capacity; successful oral health clinic for under and uninsured kids	Food safety and water-borne threats	Recent increases in capacity
Areas of Challenge	No BOH members have health or environmental expertise; ongoing funding challenges; educating two new county commissioners	No dedicated FTE		No dedicated FTE; tracking and monitoring of adult immunizations; culturally and linguistically tailored education and programs	HCP case management	Spa and pool inspections; radon; land use planning and sustainable development; serving on coalitions/advisory groups	
Perceived Capacity		Basic	High	Moderate to high	Basic to moderate	Basic to moderate	High
Other	BOH meets quarterly	Since 2011, an MOU was put in place to manage Vital Records				Summer camp and childcare inspections done routinely, others by complaint only	

*Full Time Equivalent

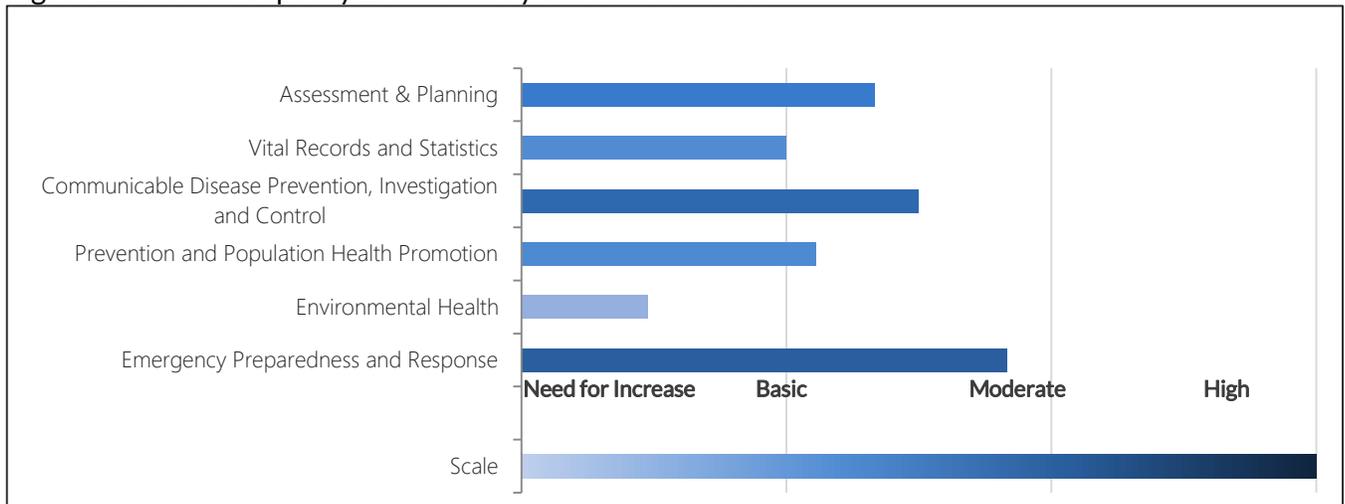
DOLORES COUNTY, COLORADO

Estimates described here were created by summarizing Dolores County’s 2012 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 Dolores County in early 2013. It was completed by the Public Health Director and other division staff and is thus based upon their perceptions and estimations.

Figure 22 shows Dolores County Public Health Department capacity in each core service area. The area of highest capacity is within Emergency Preparedness and Response followed by Communicable Disease Prevention, Investigation and Control. The lowest area of capacity is Environmental Health, which suggested needed improvements in capacity.

Overall, Dolores County has very limited staff capacity, with a total of 1 FTE shared across 2 total personnel. Because of this, Dolores County may need to rely more heavily on partnerships with nearby communities, as they have done with their CHIP process. Partnerships have also been identified with Montezuma and San Juan Counties to support the Environmental Health core service area, which shows the lowest capacity and indicates a need for improvement according to the 2012 Annual Report. As noted earlier, due to this limitation in capacity, Environmental Health issues such as Clean Air, Clean Water and Safe Food were not included in the CHIP assessment and prioritization process.

Figure 22. Overall Capacity Estimation by Core Service Area



With regard to prevention and population health promotion specifically, Dolores has basic capacity in chronic disease prevention and education and maternal and child health and basic to moderate capacity in injury prevention and education (Figure 23). Like Montezuma County, limitations in capacity in the Prevention and Population Health Promotion core service area, and specifically within the subarea of Chronic Disease Prevention and Education may have implications for being able to successfully target

their CHIP goal of Obesity Prevention. Dolores County will also need to be particularly attentive to providing linguistically and culturally tailored education services, as this was identified as a specific area of challenge under the Prevention and Population Health Promotion core service area.

Figure 23. Prevention and Promotion Core Service Subarea Capacity Estimation

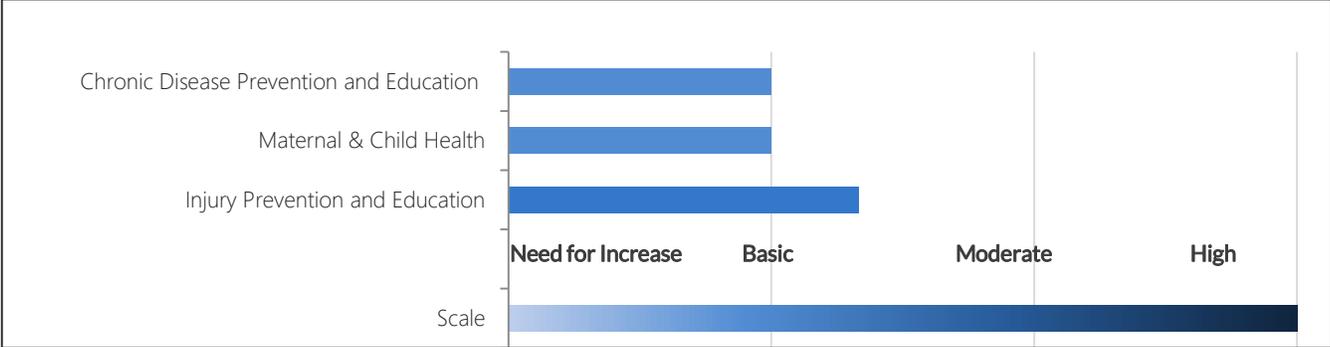


Table 5 summarizes Dolores County’s personnel resources, expenditures, strengths, challenges and perceived capacity in each of the core service areas.

Table 5. Dolores 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*	1 personnel; 0.25 FTE	1 personnel; 0.10 FTE	2 personnel; 0.10 FTE	1 personnel; 0.10 FTE	0 personnel; 0.10 FTE	0 personnel; 0 FTE	2 personnel; 0.35 FTE
Total funding expended	\$19,600 (16% of total)		\$900 (1% of total)	\$3,600 (3% of total)	\$6,000 (5% of total)	\$0	\$12,000 (9% of total)
Areas of Strength				Immunizations	Ability to measure outcomes and address needed improvements	Partnerships with Montezuma, San Juan County and CDPHE	
Areas of Challenge	No BOH members have health or environmental expertise; staffing and funding	Have not completed a CHA in over 5 years; inadequate funding and personnel		Provision of linguistically and culturally tailored education services	Provision of linguistically and culturally tailored education services	Recent decreases in food safety capacity	
Perceived Capacity		Basic to moderate	Basic	Basic to moderate	Basic	Need for increase to basic	Moderate
Other	BOCC meets monthly and as BOH quarterly		Vital Records moved within the LPHA in the last 2 years	Limited services due to being a single nurse agency	Limited services due to being a single nurse agency		

*Full Time Equivalent

Overall, capacity in the area of prevention and population health promotion is of particular interest for the Public Health Improvement Plan. Both counties have an estimated capacity of “basic” or “basic to moderate” on a scale of “need to increase” to “high”. This would suggest that there may be basic capacity for the implementation of the goals of this Public Health Improvement plan in both counties, but resources, staffing and partnerships may need to be explored further. Of note, Montezuma counties capacity estimates indicate “recent increases in MCH (maternal and child health) capacity; successful oral health clinic for under and uninsured kids.” Montezuma county’s estimates also note “HCP case management” as an area of challenge (see Table 3, above). In Dolores county, the capacity assessment in the area of prevention and population health promotion, Dolores was assessed as being strong in the area of “ability to measure outcomes and address needed improvements” and needing improvement in the area of “provision of linguistically and culturally tailored education services.” Dolores’ strength in the area of addressing needed improvements may prove an asset for the implementation of the Public Health Improvement Plan (see Table 4, above).

Prioritization

As described above, the prioritization process of the public health improvement plan considered both the areas of public health need, as well as the available capacity for implementing change. This section provides a more detailed description of the prioritization process that took place in both Montezuma and Dolores County.

Montezuma County

In December 2012, CDPHE presented an overview of indicator data that could be used as a part of the prioritization process to the Montezuma County Health Department. From there, Montezuma County held two group sessions in February 2013; the first with 16 individuals, and the second with three. Stakeholders that participated across the different sessions included community leaders from the local hospital(s), the family resource center, child advocacy agency, early childhood coalition, public health department, Indian Health Services, United Way, and Montezuma County citizens.

Participants reviewed and responded to available data presented as a data gallery with facilitative questions that aimed to encourage discussion about how the public health issue area impacted the population in Montezuma. In each session, stakeholders were divided into groups of 2-3 people each, and groups had 3 minutes to respond to the question prompt in front of each data station. Specifically, data for the public health issues of Obesity, Unintended Pregnancy, Oral Health, Tobacco, Infectious Disease, Safe Food, and Injury Prevention were included as a part of the data gallery. Clean Air, Clean Water and Mental Health/Substance Use were not included in the data gallery for two primary reasons; first, these areas were already being addressed in the community by partner agencies, and secondly, Montezuma County Health Department assessed that they had limited capacity to impact these issues themselves. Because of this, Montezuma County will continue to rely on public health partner agencies to address these important health issues.

Following the data gallery discussions, stakeholders were asked to vote on the issues that they felt were most important to prioritize in Montezuma County given the impact on their population, as well as the capacity to impact change. Obesity was identified as the top priority for Montezuma County, followed by Unintended Pregnancy and Oral Health.

Dolores County

A similar process was followed in Dolores County in April 2013. One community meeting was held with eight leaders from organizations such as the local health clinic, EMT, Senior Center, & public health. In the Dolores County meeting the issues of Mental Health & Substance Abuse, Obesity, Oral Health, Tobacco, Injury Prevention, Unintended Pregnancy, and Infectious Disease Prevention were presented and discussed in the data gallery. The issues of Clean Water, Clean Air and Safe Food were excluded as areas of focus for Dolores County due to partner provision of these services and limited capacity to further impact these health areas. Like Montezuma, stakeholders in Dolores County voted on the public health priorities following the data gallery discussions. Mental Health & Substance Abuse was identified as the top priority for Dolores County, followed by Obesity and Tobacco. While Mental Health & Substance Abuse was a top area of priority for Dolores County, many other service organizations contribute resources to this area in the county and leaders felt that the second priority of Obesity was the area where the public health community could make the biggest impact.

Prioritizing Obesity to Reduce Chronic Disease Risk

Based on the stakeholder rankings and existing capacity across the two counties, the Montezuma County Health Department chose to focus efforts on obesity as a top priority for public health, and the main area of focus for the CHIP. Both communities identified that reducing obesity in their communities should be a priority because obesity is highly related to other kinds of disease including, but not limited to, hypertension, high cholesterol, and non-gestational diabetes. Both communities expressed an interest in and a need for more access to community resources for exercise and physical recreation such as recreation centers, parks, infrastructure for walking paths and community swimming pools.

Making the Connection: Obesity Related Morbidity and Mortality

The leading cause of death in both Montezuma and Dolores Counties is heart disease, a disease often linked to obesity and obesity-related risk factors. In addition, obesity is likely to contribute to several of the other leading causes of morbidity and mortality in these counties including cancer (the second leading cause of mortality in both counties), stroke and diabetes. By selecting Obesity as the primary area of focus for the CHIP, Montezuma and Dolores Counties have the opportunity to impact these areas of morbidity and mortality. Table 6 displays the percentage of the

population in Montezuma and Dolores Counties that have experienced these related health outcomes.

Table 6. Obesity and Obesity Related Disease in Montezuma and Dolores County

	Montezuma County	Dolores County	Southwest Colorado	Colorado
% of Adults Overweight or Obese	58.7%	41.9%	50.6%	56.2%
% of Adults with Heart Attack (ever)	7.0%	4.1%	3.9%	3%
% of Adults with Diabetes	7.6%	5.9%	5.4%	5.9%
% of Adults with Angina/ Coronary Heart Disease	5.6%	1.1%	3.1%	2.9%

In Montezuma County, the age-adjusted all-cause mortality rate (822.5 per 100,000) was significantly higher than Southwest Colorado (643.7 per 100,000) and the state (683.7 per 100,000). As noted above, the leading cause of death in Montezuma County from 2009-2011 is heart disease (age-adjusted rate=160.1 per 100,000), followed by malignant neoplasms (cancer) (age-adjusted rate= 153.5 per 100,000) and chronic lower respiratory disease (age-adjusted rate = 71.2 per 100,000). (10)

In Dolores County, the age-adjusted all-cause mortality rate (575.3 per 100,000) was not significantly different from Southwest Colorado or the state (see above). Like Montezuma, the leading cause of death from 2009-2011 is heart disease (age-adjusted rate=120.3 per 100,000), followed by malignant neoplasms (cancer) (age-adjusted rate= 92.7 per 100,000) and unintentional injury (age-adjusted rate= 111.4 per 100,000). (10)

Working to Decrease the Trend

Montezuma and Dolores Counties chose to focus community health improvement efforts on healthy eating and active living because they want to work on initiatives that have broad impact

on the health of the community. The health benefits associated with a healthy diet and regular exercise include: (15)

- Decreased risk of chronic diseases such as type 2 diabetes, hypertension, and certain cancers
- Decreased risk of overweight and obesity
- Decreased risk of vitamin and mineral deficiencies

A healthful diet includes a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free dairy products, and lean protein sources. A healthful diet also limits the intake of saturated and trans fats, cholesterol, added sugars, sodium, and alcohol. As a part of health improvement plans, communities should include ways to ensure access to affordable healthy foods.

Physical activity reduces risks of cardiovascular disease and diabetes beyond that produced by weight reduction alone. In addition, physical activity helps to: (16)

- Reduce high blood pressure
- Reduce risk for type 2 diabetes, heart attack, stroke, and several forms of cancer
- Reduce arthritis pain and associated disability
- Reduce risk for osteoporosis and falls
- Reduce symptoms of depression and anxiety xi

In 2008, the U.S. Department of Health and Human Services released guidelines for physical activity. (17) Adults ages 18 to 64 years should engage in two hours and 30 minutes of moderate-intensity, or one hour and 15 minutes of vigorous-intensity, aerobic physical activity each week. Children and adolescents (ages 6–17 years) should engage in one hour of physical activity every day. Both age groups are advised to participate in muscle-strengthening activities at least twice weekly. Similar to ensuring access to healthy foods, health improvement plans should identify strategies to increase opportunities for physical activity, such as ensuring access to recreational facilities or safe outdoor spaces.

Goals and Objectives

In order to effectively impact obesity and related chronic health disease risk, Montezuma and Dolores Counties have identified a five year goal along with associated objectives and strategies to guide prevention efforts in this area. The following sections describe these goals, objectives and strategies.

FIVE YEAR GOAL

Montezuma and Dolores counties have identified as their 5 year goal to reduce the counties residents' risk for chronic disease by promoting physical activity, reducing nutritional risk, and supporting other obesity prevention strategies.

SUMMARY OF RATIONALE FOR SELECTION

As described throughout this document, Montezuma and Dolores Counties engaged in an assessment process that included a review of health indicators, as well as available capacity, to identify a core focus area for the next five years. In both counties, the leading cause of death from 2009-2011 was heart disease, followed by cancer; both chronic diseases that are linked with overweight/obesity.

Close to 60% of adults in Montezuma county, and over 40% of adults in Dolores County were overweight or obese in 2008-2010. Furthermore, in the Southwest Colorado over one-quarter (26.3%) of children are also overweight or obese. (11) While many adults are currently meeting recommended levels of physical activity, 20.3% of adults in Montezuma and 29.0% of adults in Dolores did not meet these levels and are considered physically inactive. Further, in Montezuma and Dolores Counties only 18.1% of adults consume the recommended five fruits and vegetables a day and 73.4% of adults eat fast food one or more times per week. (11)

The picture for youth is even worse. Only 38.0 percent of Colorado children ages 5 to 14 met the recommended daily amount of moderate physical activity in 2010 and just over one-quarter of Colorado high school students met the recommended daily amounts of exercise in 2009. (13, 14) In Southwest Colorado, 61.8% of children ate fast food one or more times per week. (11) Furthermore, in Southwest Colorado only 8.2% of children reported eating two or more fruits and three or more vegetables per day.

Indicators such as these, coupled with the link between obesity and the leading causes of morbidity and mortality in these counties resulted in Obesity Prevention being identified by the public health agencies and their partners as the highest priority to address over the next five years.

These indicators suggest that strategies targeting both adults and youth to understand healthy eating and active living recommendations could have a profound effect in the area of obesity prevention and thereby chronic disease risk reduction. Both Montezuma and Dolores counties currently have basic capacity to address programming in these areas, and may need to consider ways to expand capacity in the core service area of Prevention and Health Promotion in order to fully take advantage of this important opportunity.

Below, specific objectives and strategies related to this goal are described.

OBJECTIVES & STRATEGIES

Objective 1: Increase consumption of healthy foods by pre-school aged children by 10% in licensed preschool settings by December 2014.

Strategies

- Train licensed preschools on healthy eating snacks and meals

Objective 2: By June 2014, increase delivery of healthy eating messages by 50% to participants of health department programs.

Strategies

- Provide in-service to all health department staff on how to integrate healthy choices messages into programs
- Develop a plan for each program to integrate healthy choices messages into programs
- Identify and secure additional resources to share messaging

Objective 3: By 2016, increase awareness of healthy choices (nutrition & exercise) by Cortez residents.

Strategies:

- Build a partnership with the City of Cortez to ensure future partnership no healthy choices campaign
- Provide training to City of Cortez staff on a public relations campaign to promote healthy choices
- Develop public relations campaign and communication plan promoting healthy choices
- Implement and evaluate the public relations campaign promoting healthy choices

Objective 4: By 2015, increase local partnerships by 25% that are collaborating with public health departments on obesity prevention efforts.

Strategies:

- Utilize existing partnership with Live Well Colorado, Health Coalition, and Early Childhood Council to promote healthy choices strategies and to promote the PHIP
- Participate in monthly meetings with partners to streamline and coordinate local obesity prevention efforts

Communication

The Montezuma County Health Department and the Dolores County Public Health Department will stay in regular contact with CDPHE to provide updates on strategic plan progress, changes in strategy implementation based on emerging community trends, and technical assistance needs to successfully reach outcomes.

Funding

Strategic plans are more successfully implemented when there is funding to support priorities. An initial \$10,000 grant was awarded to the Montezuma County Health Department to support both counties launch of strategies focused on obesity prevention. Local partnerships, existing resources, and ongoing obesity prevention efforts will all be leveraged to successfully reach the outcomes stated in this plan. Additional funding will be sought out by both Health Departments to continue work on this plan.

Other Important Public Health Issues

While much effort will be directed by the community to promote healthy eating and active living, work on other key public health issues will continue in both Montezuma and Dolores Counties in the health department and among partner agencies. Below, we provide a brief overview of mental health and substance use that also emerged as a top priority in both counties.

MENTAL HEALTH & SUBSTANCE USE

Mental Health & Substance Use was selected as the number one priority in Dolores County. Both Montezuma and Dolores Counties experience significant issues related to mental health & substance use, and already have a number of community health partners working to address these issues.

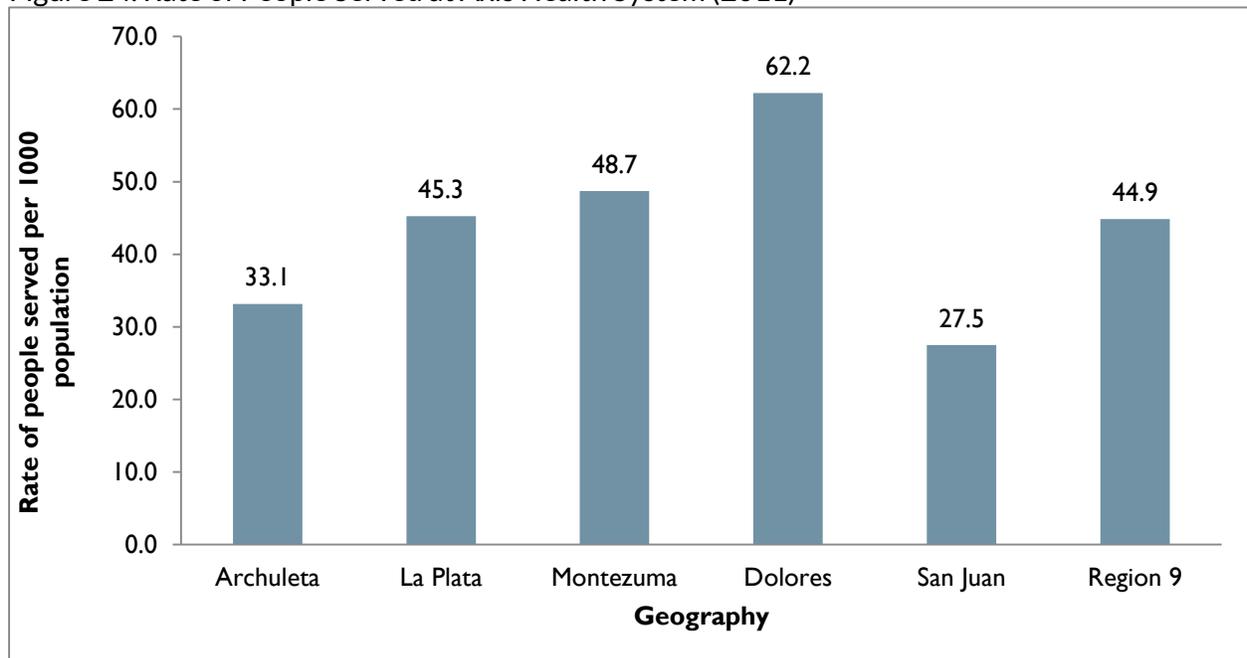
In Montezuma County, the age-adjusted rate of mental health hospitalizations (2008-2010) was 1934.5 per 100,000; significantly higher than Southwest Colorado (1569.2) but lower than the state (2943.7). Montezuma County had similar suicide rates (61.3 per 100,000) compared to the state (59.6 per 100,000) but significantly higher rates compared to Southwest Colorado (39.7 per 100,000).

In Dolores County, the age-adjusted rate of mental health hospitalizations (2008-2010) was 1108.5 per 100,000, which was lower than both Southwest Colorado and the state (see above).

Among youth in Colorado, 25.4% reported experiencing depressive symptoms, and 13.7% reported that they seriously considered attempting suicide within the past year.

As shown in the figure below, both Montezuma and Dolores Counties had relatively high rates of people served at Axis Health System in 2011.

Figure 24. Rate of People Served at Axis Health System (2011)



Poor mental health is related to other risky behaviors such as substance use, risky sexual behavior and suicide. Among youth, individuals who report mental health symptoms are less likely to engage in protective behaviors such as physical activity.

In Montezuma County, 15.8% of the adult population reported binge drinking (having 5+ drinks for males and 4+ drinks for females on one occasion). This was similar to Southwest Colorado (12.7%) and the state (15.9%) and exceeds the Healthy People 2020 goal of 24.3%. Among Colorado youth, 25.1% report binge drinking, which is significantly higher than the Healthy People goal of 8.5%. A similar percent of Colorado youth also report using marijuana within the past 30 days (24.8%).

Strategies that work:

- **Coping And Support Training (CAST)** is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group).
- **Collaborative care for the management of depressive disorders** is a multi-component, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.

- **Enhanced enforcement of laws prohibiting sales to minors** initiate or increase the frequency of retailer compliance checks for laws against the sale of alcohol to minors in a community. Retailer compliance checks, or “sting operations,” are conducted by, or coordinated with local law enforcement or alcohol beverage control agencies, and violators receive legal or administrative sanctions. Enhanced enforcement programs are often conducted as part of multicomponent, community-based efforts to reduce underage drinking, such as media campaigns.

References

1. The American Heritage Dictionary, 4th edition, 2006, 2000, Houghton Mifflin Company.
2. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Public Health Performance Standards Program, User Guide, Fall 2007, page 6.
3. Colorado Department of Public Health and Environment (CDPHE) [Internet]. Colorado's 10 Winnable Battles. Available from: <http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251628821910>
4. Colorado Department of Local Affairs [Internet]. State Demography Office, Population Total for Colorado Counties. Available from: <http://www.colorado.gov/cs/Satellite?c=Page&childpagename=DOLA-Main%2FCBONLayout&cid=1251593346867&pagename=CBONWrapper>
5. United States Census Bureau [Internet]. American Community Survey. Available from: <http://www.census.gov/acs/www/>
6. Montezuma County Colorado City Data [Internet]. Available from: http://www.city-data.com/county/Montezuma_County-CO.html
7. United States Census Bureau [Internet]. Model-based Small Area Income and Poverty Estimates (SAIPE) for School Districts, Counties and States. Available from: <http://www.census.gov/did/www/saipe/>
8. United States Bureau of Labor Statistics [Internet]. Local Area Unemployment Statistics. Available from: <http://www.bls.gov/lau>
9. Colorado Department of Education, Colorado Education Statistics [Internet]. Available from: http://www.cde.state.co.us/index_stats.htm
10. Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators. Available from: www.chd.dphe.state.co.us/healthindicators.
11. Colorado Department of Public Health and Environment (CDPHE). 2009-2010 Behavioral Risk Factor Surveillance System. Provided by CDPHE Health Statistics on Aug 30, 2011.
12. Trogon, JG et al. 2011. "State- and payer-specific estimates of annual medical expenditures attributable to obesity." Obesity Volume 19, Issue 6.
13. Colorado Department of Public Health and Environment [Internet]. Maternal and Child Health Data: 2010 Colorado Child Health Survey. Available from: www.chd.dphe.state.co.us/topics.aspx?q=Maternal_Child_Health_Data.
14. Colorado Department of Public Health and Environment [Internet]. Adolescent Health Data: 2009 Youth Risk Behavior Survey. Available from: www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data.
15. Centers for Disease Control and Prevention [Internet]. Nutrition Resources for Health Professionals. Available from: www.cdc.gov/nccdphp/dnpao/index.html.
16. Centers for Disease Control and Prevention [Internet]. Physical Activity for a Healthy Weight. Available from: www.cdc.gov/healthyweight/physical_activity/index.html
17. U.S. Department of Health and Human Services [Internet]. 2008 Physical Activity Guidelines [Oct 2008]. Available from: www.health.gov/paguidelines/guidelines/default.aspx#toc