

Pitkin County Public Health Improvement Plan

2013-2017

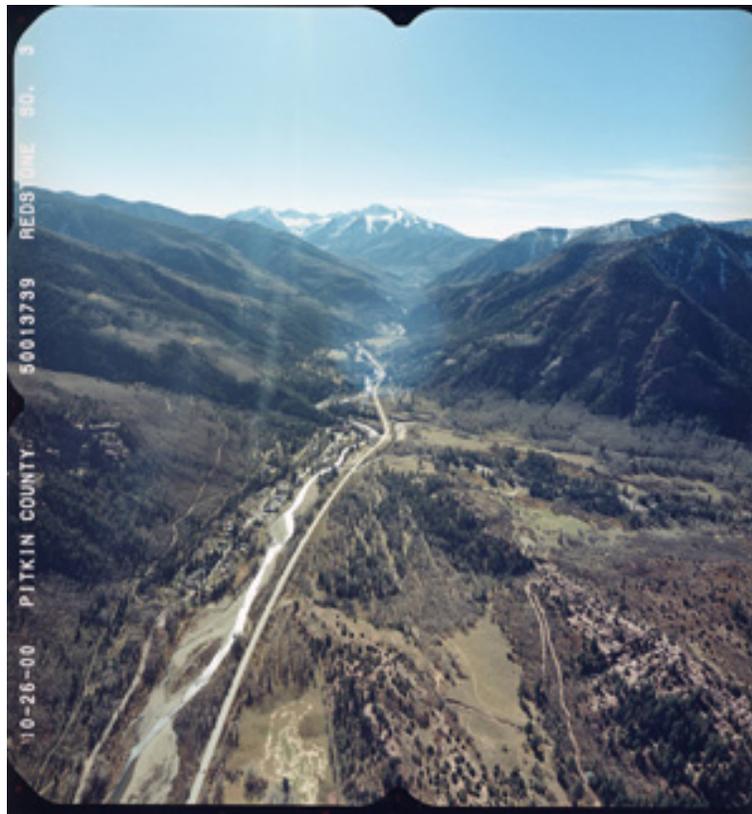


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Introduction

This Pitkin County Public Health Improvement Plan is the result of a community-wide health assessment, capacity assessment and prioritization process that was led by Community Health Services, the local public health agency for Pitkin County, hereafter referred to as Pitkin County Public Health. There was community participation in a steering committee of leaders of local organizations and government agencies and a community meeting open to the general public. The public health improvement planning process is a best-practice in the field of public health and fulfills a requirement of the Colorado Public Health Act. This plan outlines priorities and strategies that will be led and carried out by a variety of public health, environmental health, health and human service agencies, as well as community organizations, employers, and providers over the next five years with the goal of improving the health of our community.

Health Priorities

- **Pathways to Health:** The greatest emerging need to improve the health of Pitkin County residents involves improving access and affordability of health care and health promoting services. There are many local services that are available to community members to assist them in living healthier lives, yet these services are often not accessed because residents do not know that they are available, do not identify as needing the service, or perceive a barrier to accessing the service. Pitkin County Public Health aims to work with Western Colorado 211 to improve access to health supportive services for all residents. The Aspen Valley Health Alliance will also work to improve access to health care and supportive services, while controlling costs, through developing a medical neighborhood model that can be used by employees of the five largest employers in Pitkin County. This group will also work to develop more effective wellness programs for employees, which will contribute to the goal of having healthier employees and affordable insurance costs. Learnings from the Aspen Valley Health Alliance will be translated into community-wide efforts.
- **Mental Health and Substance Abuse Prevention and Treatment:** Drinking, drug use, suicide, and mental health status have been areas of concern in our community for many years. While there have been concerted efforts to improve the availability of mental health services, we plan to work together with community partners to run an education and prevention campaign around mental health and substance abuse and with medical providers to improve referral and treatment.
- **Addressing the Needs of a Growing Older Adult Population:** In the next 20 years, the population in Pitkin County that is age 65 and older is expected to grow by 75-150 percent. Pitkin County Public Health will support Pitkin County Senior Services in a community strategic planning initiative to understand the needs of older adults in order to accomplish healthy aging. The efforts of the Aspen Valley

Foundation in developing a continuing care retirement center and community education around senior issues will also address this priority.

- **Radon Awareness and Mitigation:** Radon is a naturally occurring, colorless, odorless, gas that forms in soil and can seep into buildings through cracks and openings in floors and crawlspaces. Exposure to radon is the number one cause of lung cancer for non-smokers, and the second leading cause of lung cancer overall. Pitkin County has the highest potential for having harmful levels of indoor radon levels, according to the Environmental Protection Agency. Aspen Environmental Health, Pitkin County Environmental Health and Pitkin County Public Health will work with Eagle and Garfield counties to raise awareness in their respective communities and mitigate exposure to radon throughout the region.
- **Strengthen Internal Capacity:** In order to assure the provision of the Colorado Public Health Core Services, Community Health Services will strengthen its capacity to provide services around assessment and planning, administration and governance, and prevention and education.

Pitkin County’s health improvement priorities are consistent with two of Colorado’s 10 Winnable Battles: mental health and substance abuse and clean air.

Community Health Assessment and Planning System

The Colorado Department of Public Health and Environment’s Office of Planning and Partnership supported county level improvement planning by providing a standard planning system based on best-practice for assessment and planning. The planning efforts recognize that the public health system is more expansive than the local public health agency, and includes public agencies, non-profit organizations, employers, schools, policy makers, community members and even visitors.

We would like to thank the members of the Project Management Team who guided the overall assessment and planning process and members of the Steering Committee who not only participated in prioritization of health issues in the community, but who will be active members in implementing strategies to affect change in the prioritized areas.

Project Management Team Members

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Pitkin County Overview

Environment

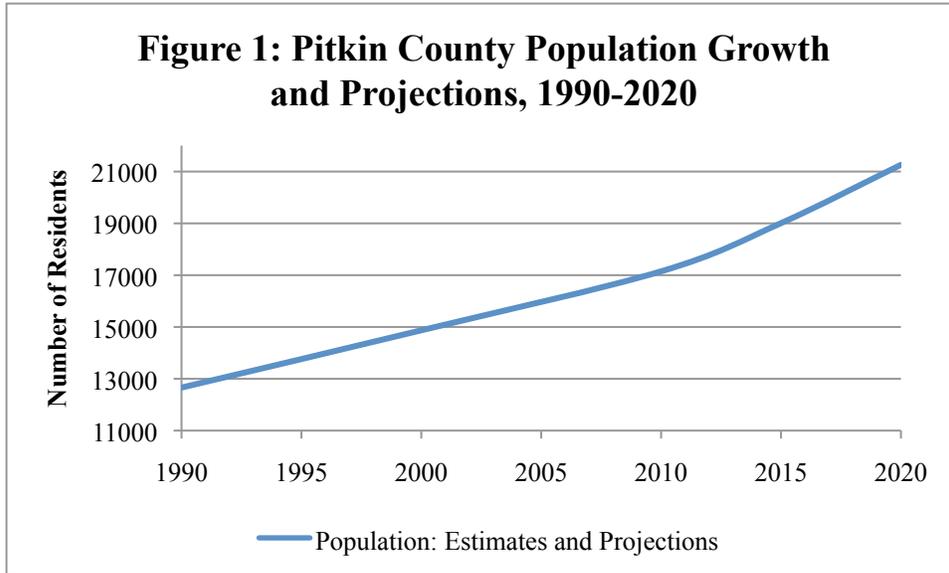
Pitkin County is a mountainous county in the Northern Rocky Mountains that is home to world-class ski resorts. The county covers 970 square miles and includes the communities of Aspen, Snowmass, Woody Creek, Old Snowmass and Redstone, along with portions of the towns of Basalt, Meredith, and Thomasville.¹ The population as of 2009 was estimated at 16,043 residents. Pitkin County is a rural county, with a population density of 15.3 persons per square mile compared to 41.5 for Colorado.²

Aspen is the main population center of Pitkin County. Highway 82 is the only major roadway that runs through Pitkin County from Glenwood Springs and I-70 in the north, to the 12,000-foot Independence Pass in the south. The rural, mountainous nature of the county is preserved in part by the Pitkin County Open Space and Trails, which protects and maintains 9,000 acres of undeveloped property and ranchland in the county.

Population

The population of Pitkin County is expected to increase by nearly 50% between 1990 and 2015 from 12,661 to 19,009 residents. Figure 1 displays population estimates and projections. From 2005-2010, Pitkin County grew at an annual rate of 1.3%, slightly below Colorado's annual growth rate of 1.6%.³

While the measured population growth accounts for full-time residents, it is important to consider the influx of visitors to Pitkin County during winter and summer months, and to plan for the corresponding needs of the larger tourist population. With over 40,000 take-offs and landings each year, the Aspen airport is a popular entry and exit route for visitors.⁴ Unless specified otherwise, the rest of this report addresses permanent residents of Pitkin County.



Gender

Pitkin County has a population that has 6% more men than women. Colorado overall has a more even distribution of genders, with 50.1% male and 49.9% female.⁵ The gender imbalance in the county has health planning implications due to the fact that research shows men engage in riskier behaviors, have higher rates of injury and disease, and are less likely to seek medical attention.

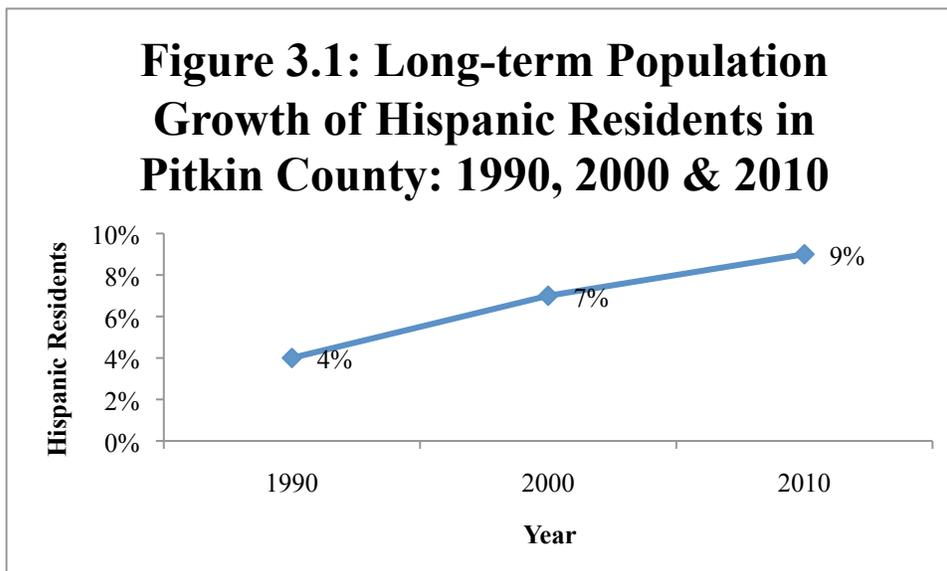
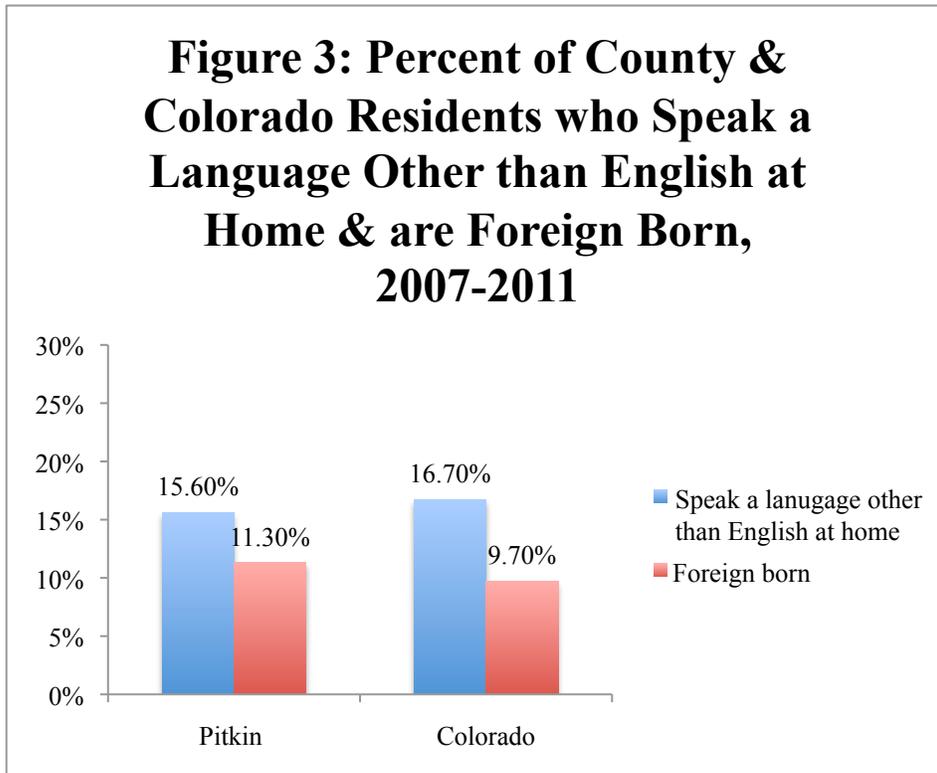
Race & Ethnicity

According to the 2010 Census, Pitkin County is approximately 93.5% Caucasian and 9.1% Hispanic, compared with Colorado at 81.2% Caucasian and 20.7% Hispanic. The individual populations of Asian Americans/Pacific Islanders, American Indians, and African Americans make up 2% of the total population of Pitkin County.⁵ (Figure 2) While these demographics describe the population that resides in Pitkin County, it does not take into account individuals who travel from surrounding counties to work here, and who are also eligible for public health and social services.

Figure 2: Population Estimates by Race and Ethnicity, Pitkin County and Colorado, 2010					
	Caucasian	Hispanic	Asian American/Pacific Islander	American Indian	African American
Pitkin County: % Population	93.5%	9.1%	1.2%	.3%	.5%
Colorado: % Population	81.2%	20.7%	2.8%	1.0%	4.0%

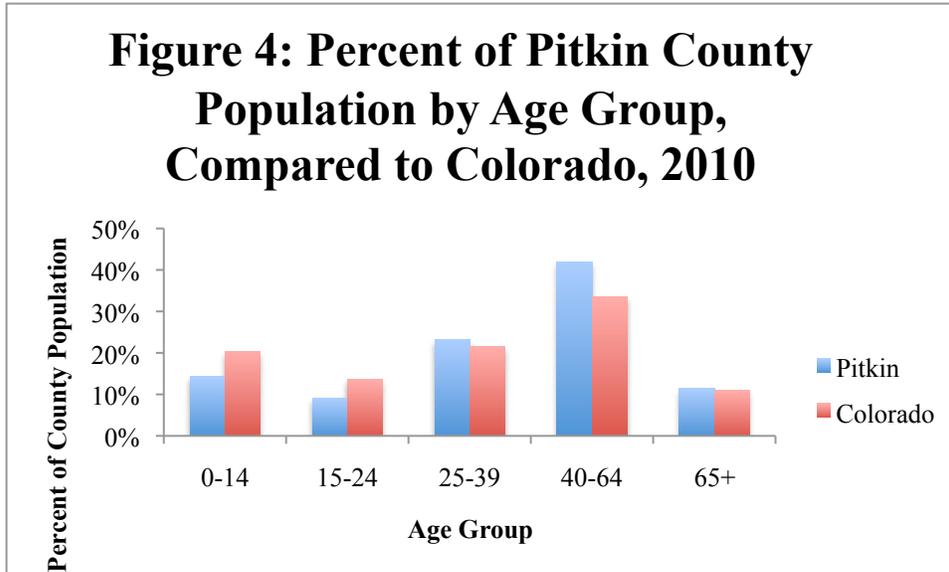
Language & Foreign Born

15.6 % of Pitkin County residents speak a language other than English at home, compared to 16.7% of Colorado households. Additionally, 11.3% of county residents report that they are foreign born, while only 9.7% residents statewide are foreign born.⁶ From 1990 to 2010, the percent of Hispanic residents in Pitkin County has grown from 4% to 9%, as shown in Figure 3.1.⁷



Age of Residents

Pitkin County has a population that is relatively older than the rest of the state. 42% of the population in Pitkin County is between 40-64 years of age, compared to only 33% of Colorado's population. Only 14% of the population in Pitkin County is under 14, compared with 20% in Colorado.⁶ Figure 4 shows the estimated number of residents by age group milestones. Services for seniors will be in greater demand as the current population in Pitkin County over 65 is projected to increase by 75-150% from 2010-2030.



Socio-Economic Status

Pitkin County's tourism and resort economy supports a strong second home market, which contributes to high real estate values, and at the same time creates lower paying service and retail jobs. The cost of living in Pitkin County is high and there is a wide range of socioeconomic levels among residents. The median household income in Pitkin County is \$64,502, and the mean is \$134,267. (Figure 5) 5.2 percent of all families and 13.4% of families with a female householder and no husband present had incomes below the poverty line.⁶ (Figure 6)

Figure 5: Median and Mean Household Income in Pitkin County and Colorado, 2011

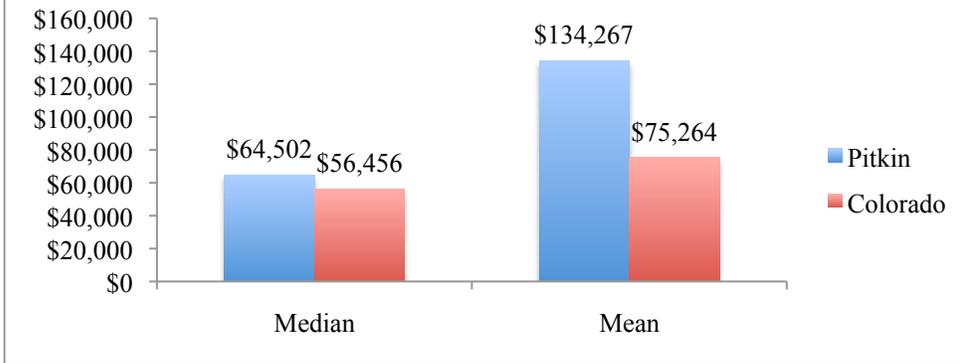
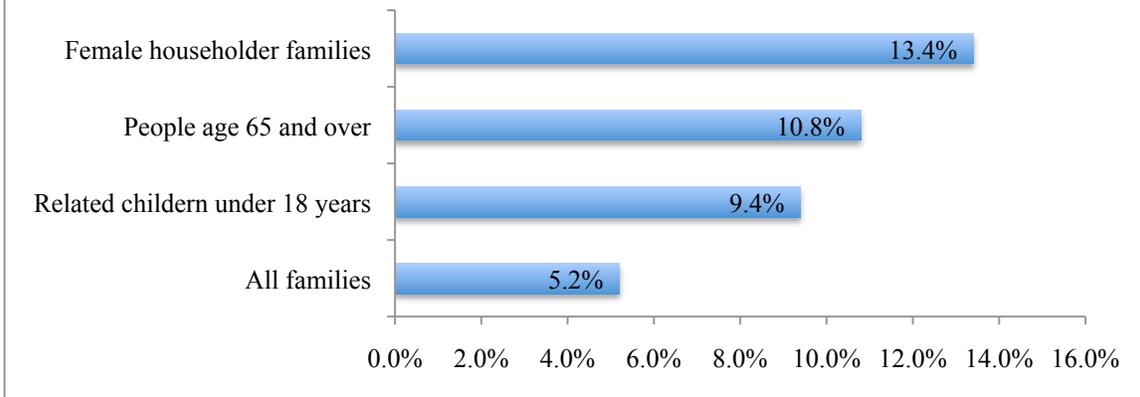


Figure 6: Poverty Rates in Pitkin County, 2007-2011



Homeownership

The homeownership rate in 2005-2009 was 60% in Pitkin County, which is lower than the state rate of 68%. A 2004 study conducted by the Northwest Colorado Council of Government (NWCOC) found that second homeowners account for 55% of all housing unit property owners in Pitkin County, compared with 49% in Eagle County and 67% in Summit County.⁸

Employment Status

The unemployment rate for Pitkin County was 8.1 in 2010, similar to that of Colorado at 8.9%.⁹ Due to the seasonal nature of employment in Pitkin County, there are also peaks in unemployment in May and November. (Figure 8)

Figure 7: Unemployment Rates in Pitkin County & Colorado, 2005-2010

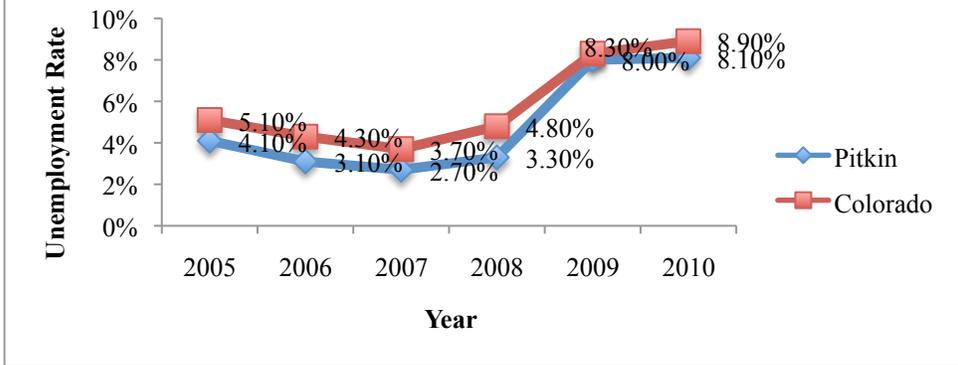


Figure 8:



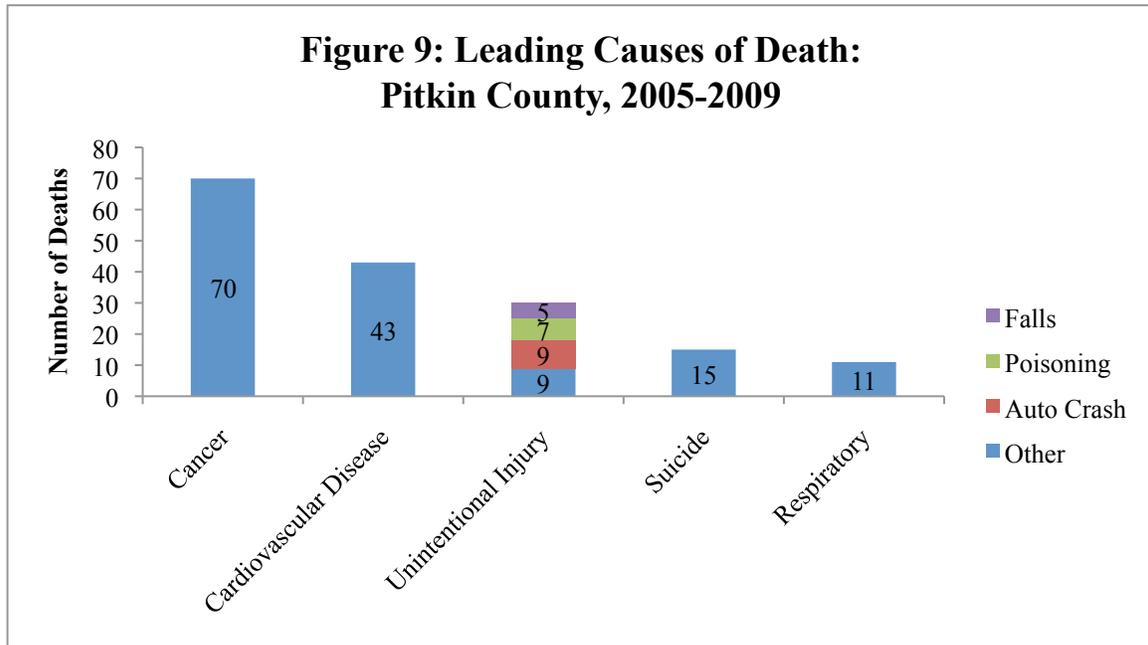
Education

Pitkin County’s population is more highly educated compared with the rest of Colorado. Pitkin county has 97% of high school graduates compared with 76% across the state, and 59% of county residents have a bachelors degree or higher, compared with the state at 36%.⁶

Community Health Assessment

Leading Cause of Death

The five leading causes of death that occurred in Pitkin County from 2005 through 2009 are listed in Figure 9.¹⁰ Cancer stands out as the leading cause of death, followed by cardiovascular disease and unintentional injury. Top causes of unintentional injury were automobile crashes, poisoning, and falls.



Cancer

Cancer is the leading cause of death in Pitkin County. Figure 10 depicts the ten leading types of cancer in Pitkin County and Figure 11 depicts leading cancer types in Colorado from 2004 through 2008. Prostate cancer and female breast cancer are the most common cancer sites for Pitkin and Colorado, and cancer incidence for all cancers in Pitkin County is comparable to the rate in Colorado. However, Pitkin County has a higher rate of skin cancer than Colorado: 34.2 new cases per 100,000 population in Pitkin County compared to 22.0 new cases per 100,000 population in Colorado.¹¹

Figure 10: Leading Types of Cancer in Pitkin County, 2004-2008

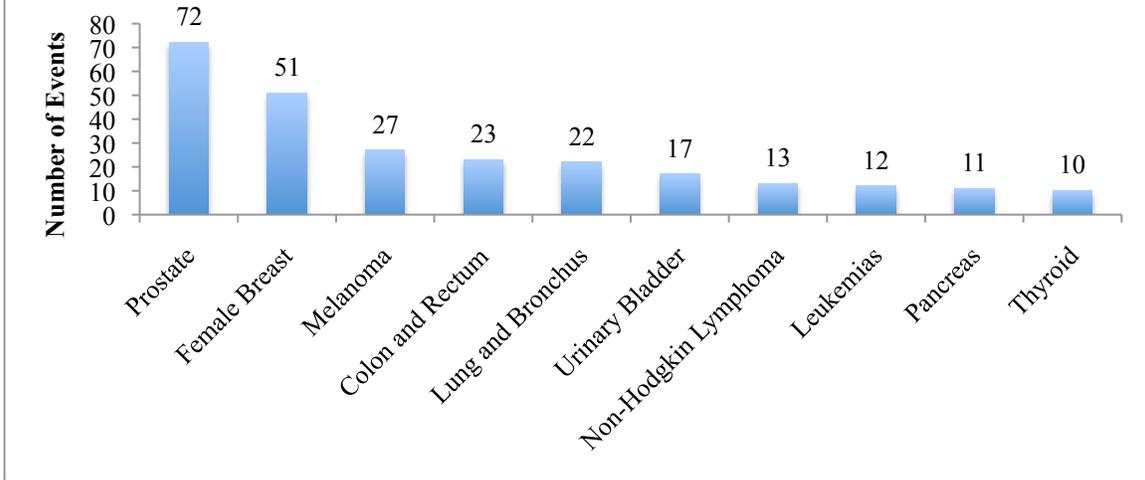
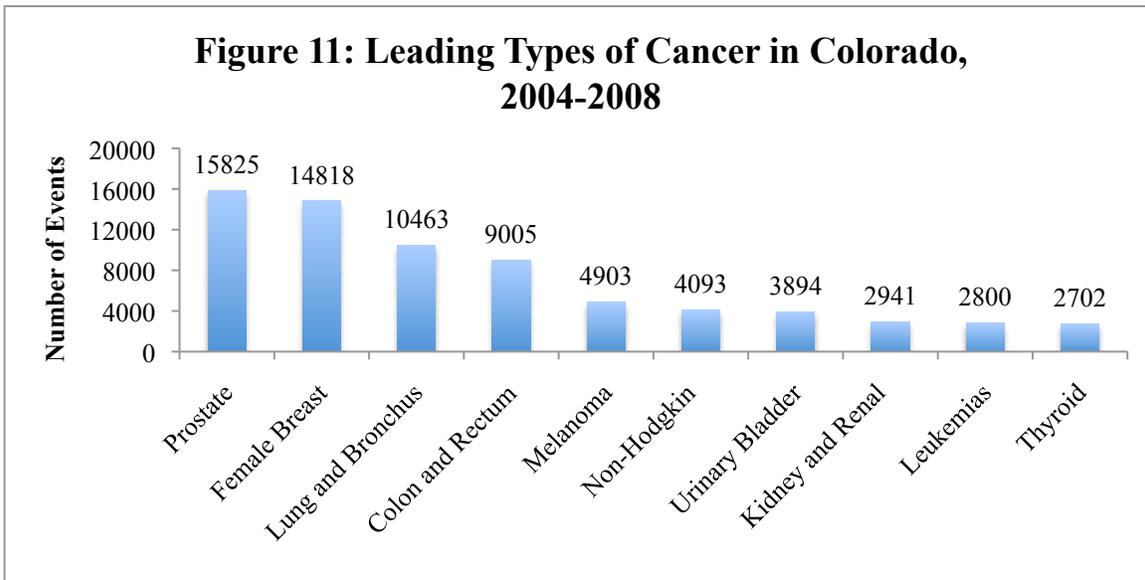
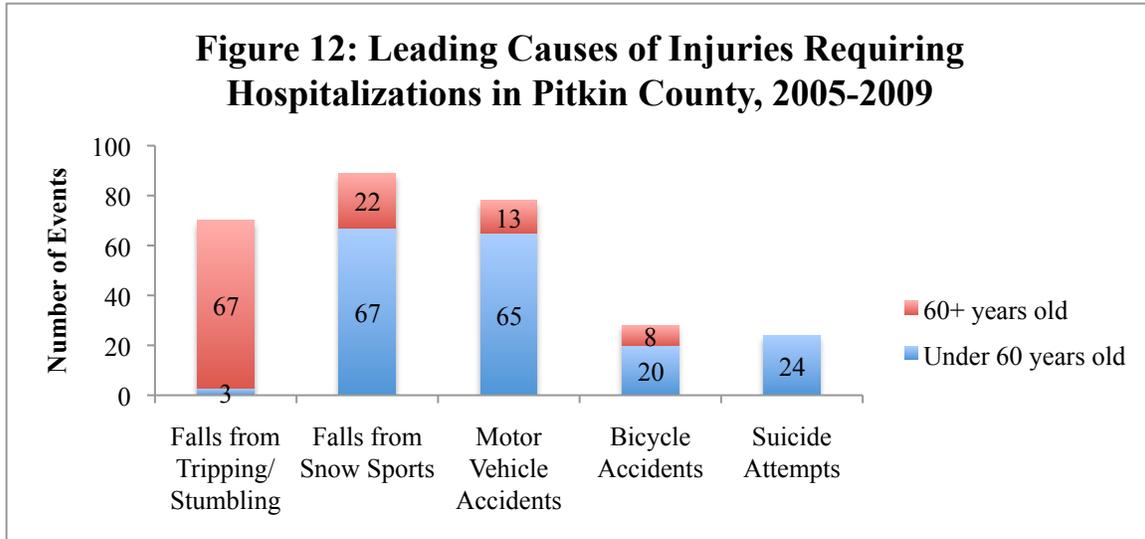


Figure 11: Leading Types of Cancer in Colorado, 2004-2008



Leading Cause of Injuries Requiring Hospitalizations

Injuries are the third leading cause of death in Pitkin County. While injuries from motor vehicle crashes result in the most deaths, injuries from tripping and falling are the most common cause for hospitalization. 96% of hospitalizations due to tripping between 2005-2009 were among patients ages 60 and over. Falls from skiing and snowboarding were the second-leading cause of injury, followed by motor vehicle accidents.¹¹ (Figure 12)



Leading Types of Communicable Disease

Infectious diseases are biological organisms like a bacteria or virus, which causes illness when it infects humans. Infectious diseases can be spread in various ways, including person-to-person, animal or insect-to-person, inanimate object-to-person, and through environmental vectors such as food or water.

The Colorado Board of Health requires medical providers and laboratories to report over 60 specific infectious diseases to state and public health agencies for monitoring and investigation. The leading reported communicable diseases in Pitkin County between 2005 and 2007 are detailed in Figure 13.¹²

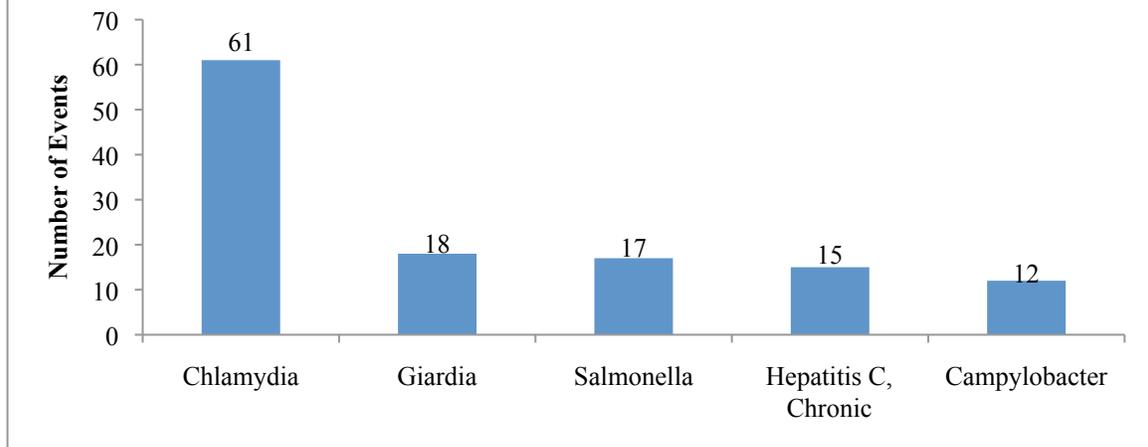
Chlamydia is the most common infectious disease reported in Pitkin County- three times more Chlamydia cases are reported than the next most reported communicable disease. Chlamydia is a highly infectious, sexually transmitted disease.¹³

With 18 cases reported from 2005-2007, Giardia is the second leading reported cause of infectious disease. Giardia is a microscopic parasite that is found on surfaces, food, or water contaminated with feces from animals or humans infected with Giardia. The most common mode of transmission is by drinking infected water.¹³

Salmonella and Campylobacter are both bacteria that cause illness in humans when they are ingested. These foodborne illnesses are usually associated with eating raw or undercooked poultry, meat, eggs, or unpasteurized milk, or from cross-contamination of other foods.¹³

Hepatitis C virus (HCV) causes disease in the liver of infected individuals, and is a chronic disease.¹³ Because HCV is a chronic disease, it is impossible to distinguish when any of the reported cases actually contracted the disease.

Figure 13: Leading Reported Communicable Diseases in Pitkin County, 2005-2007

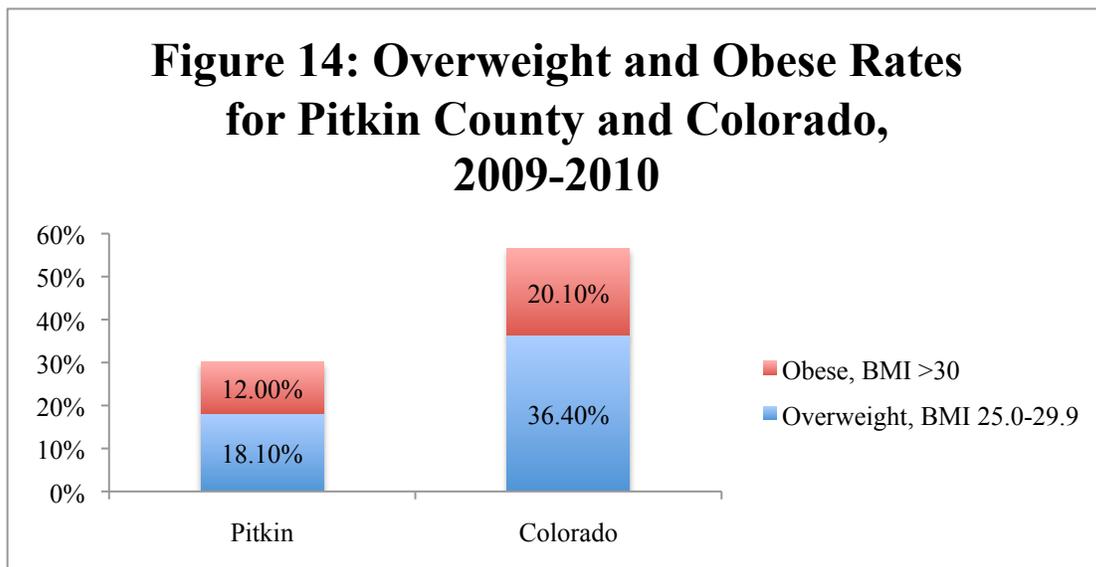


Behavioral and Other Health Risks

Overweight and Obesity

According to the 2009-2010 Colorado Behavioral Risk Factor Surveillance System, 18% of Pitkin county residents are overweight, and 12% are obese. Pitkin County has lower rates of overweight and obesity compared to the rest of Colorado at 36% overweight and 20% obese.¹⁴ (Figure 14)

Figure 14: Overweight and Obese Rates for Pitkin County and Colorado, 2009-2010

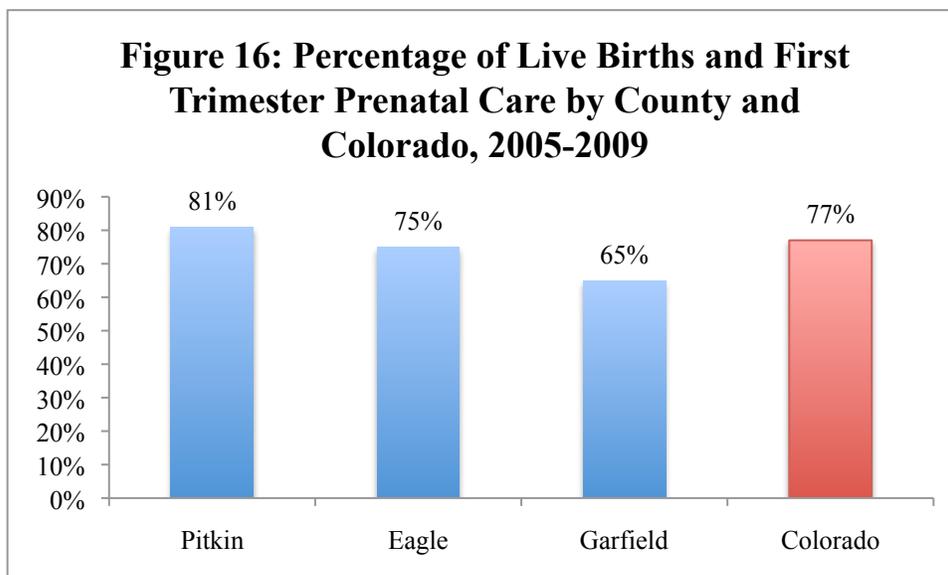


Maternal and Child Health

Prenatal care has been determined to be a cost-effective investment for both the health of the mother and child. Additionally, we know that health status in early life impacts

lifelong health. Pitkin County is comparable to Colorado in low weight births and preterm births, at about 9 percent each, while 81% of women receive care within their first trimester in Pitkin County compared to only 77% in Colorado.¹⁵ (Figure 15) A greater percentage of women in Pitkin County receive prenatal care in their first trimester than in neighboring Eagle and Garfield counties. (Figure 16)

Figure 15: Maternal and Infant Health Indicators, 2005-2009		
Health Indicator	Pitkin	Colorado
Percent of low-weight births (<2500 grams or 5lbs, 9oz)	9%	9%
Percentage of preterm births (<37 weeks gestation)	9%	10%
Percentage of births with first trimester care	81%	77%



Teen Births

On average, 166 children are born in Pitkin County every year, of which 3% are born to teen mothers between 15-19 years old. Pitkin County has a teen fertility rate of 13.6, which is much lower than Colorado at 37.8. 92% of the teen births in Pitkin County were to young Hispanic women, compared to Colorado.¹⁷

Community Perceptions

On July 18, 2012, the Pitkin County Public Health Agency held a community forum to learn what the community perceived to be the key health concerns in the community. The forum was advertised in the paper and all community members were invited to attend. Participants were led through a nominal group process, which allowed everyone's ideas to be heard and discussed within small groups. After hearing from all participants, ideas are ranked through a structured process. The final ranking of health priorities from the community forum are as follows:

- 1) Access & Cost of Medical Care
- 2) Aging Care
- 3) Mental Health*
- 3) Prevention Services*
- 5) Substance Use

*Mental Health and Prevention Services received the same number of votes.

Summary

After reviewing the Community Health Assessment data, the Steering Committee ranked the issues that had the greatest impact on the health of the community by considering the following criteria:

- ***Prevalence***

- How many people are currently affected?
- How many people could be adversely affected?

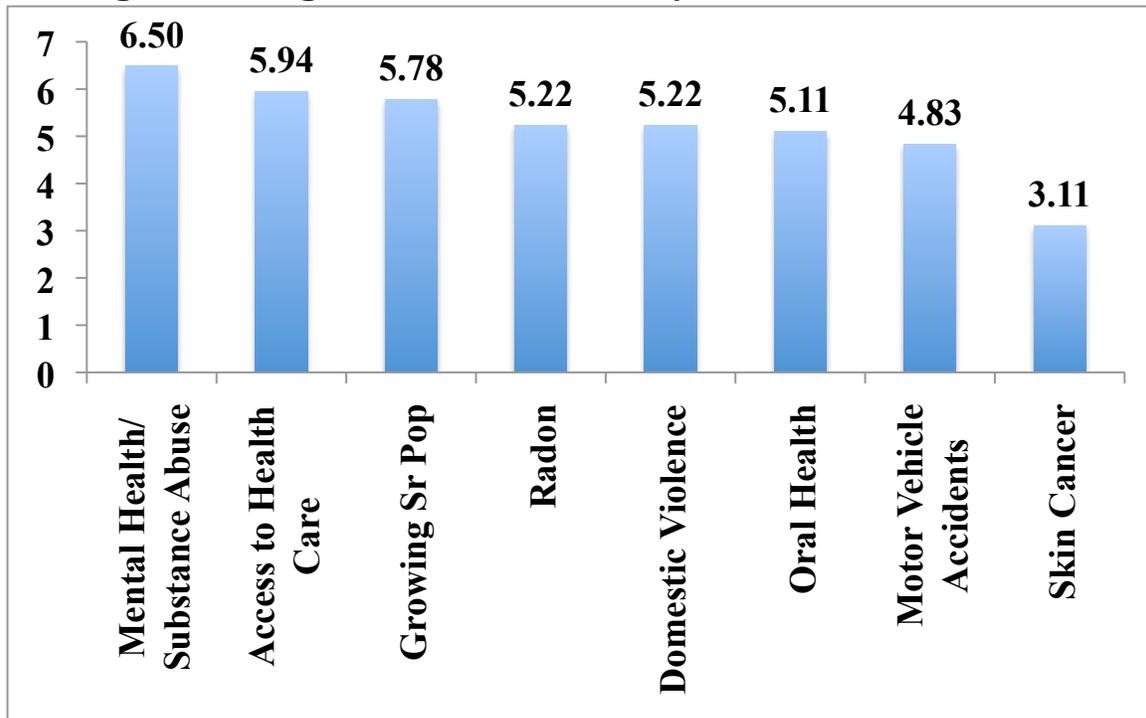
- ***Any disparate populations***

- Who is affected and are any groups disproportionately affected?

- ***Severity of impact***

- What is the disability and mortality associated with this issue?
- What are the associated economic and societal costs?

Average Ranking* of Burden Severity



*Scale is from 1 (low) to 7 (high)

Mental health/Substance Abuse, Access to Healthcare, Addressing the Needs of a Growing Senior Population and Radon were the priority areas identified by the Steering Committee as having the greatest impact on the health of our community.

Capacity Assessment for Community Health Priorities

In order to assess community capacity around potential priority areas, we developed an online survey to gauge capacity and level of interest in the potential health priority areas. The survey asked participants to identify assets that could be contributed to a potential community-wide effort in each of the health areas and asked participants to rate their level of interest in addressing each health area.

The community capacity assessment was conducted for community issues that received the three highest burden scores from the Steering Committee: Mental health/Substance Abuse, Access to Healthcare and Addressing the Needs of a Growing Senior Population.

The survey results indicated that there were ample community capacity and interest to address the potential priority areas.

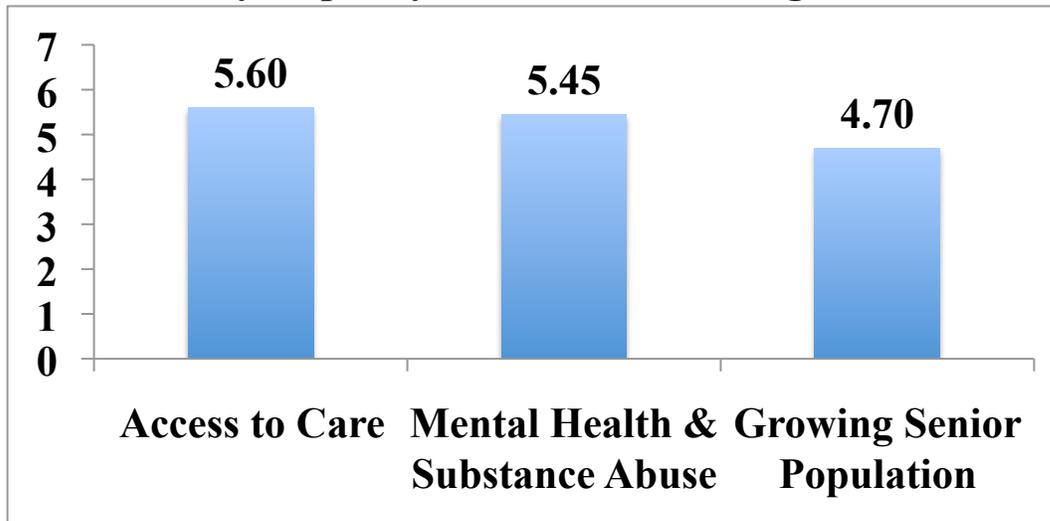
Survey Respondents:

- Aspen Valley Hospital
- Catholic Charities
- Aspen Counseling Center (Colorado West)
- Valley Partnership for Drug Prevention
- The Neighborhood Clinic at Woody Creek
- Aspen Community Church

- Roaring Fork Family Resource Centers
- Aspen Cancer Survivor Center
- Aspen Hope Center
- Planned Parenthood
- Pitkin County Senior Services (2)
- Roaring Fork School Health Centers

- Aspen Valley Medical Foundation (2)
- Mountain Valley Developmental Services
- The Buddy Program
- Valley Life for All
- Colorado West Regional Mental Health Center, Inc
- Sopris Therapy Services

Pitkin County Capacity Assessment: Average Interest Rating*



*Scale is from 1 (no interest in addressing issue) to 7 (extremely interested)

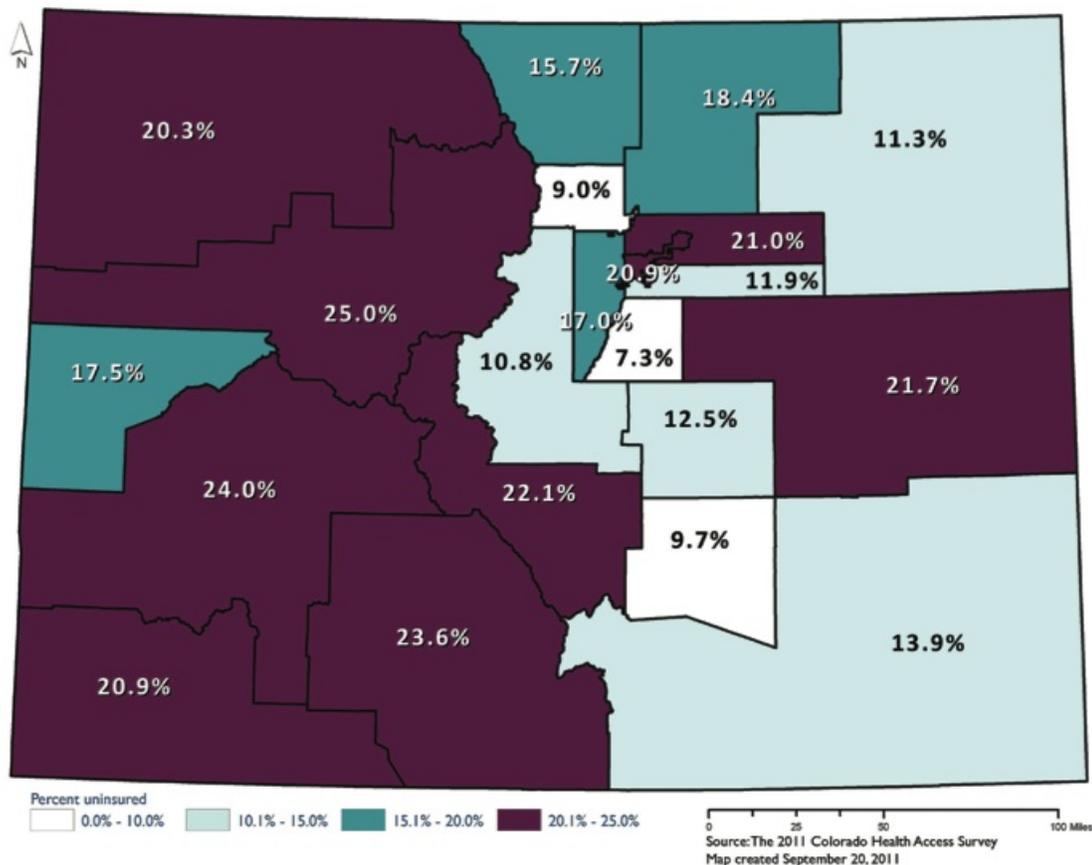
Community Health Priorities for Pitkin County

PRIORITY: Pathways to Health

Improving access and affordability of health care and health promoting services has been recognized as a great need in Pitkin County. Access & cost of medical care was the top priority from the community forum and access to care was recognized by the steering committee as having a major impact on health in Pitkin County.

Regional data indicates that we live in an area that has the highest uninsured rates in the state, at 25%.¹⁶ Statewide, young, working-age adults age 19-34 have the highest uninsured rate, at 28% and Hispanics are more likely to be uninsured. Local survey results indicate Pitkin County has an uninsured rate of 12.9%.¹⁷

Map 1. Uninsured Rates and Population in Colorado, Health Statistics Regions, 2011



In feedback sessions, we heard over and over that even those that are insured often don't seek care due to the cost of deductibles, co-pays, or the uncertainty of how much they will be charged. A survey of Pitkin County found that 40.7% of those surveyed experienced difficulties or delays in receiving needed healthcare in the past year, and

24.3% reported that cost was a barrier to accessing medical care.¹⁷ Other barriers to accessing services included residents not being aware of available services, not identifying as needing the service, or perceiving a barrier to accessing the service. The confusion around available services seems to be even more acute in the mid-valley area where Pitkin, Eagle, and Garfield Counties intersect.

Pitkin County Public Health aims to work with Western Colorado 211 to improve access to health supportive services for all residents of the mid-valley. Western Colorado 211 is an information and referral service that maintains a comprehensive list of health and human services programs and aids individuals in determining eligibility and accessing services. They are accessed over the phone and online. By updating 211 and promoting its use, access to health supportive services should increase for residents.

The Aspen Valley Health Alliance will also work to improve access to health care and supportive services, while controlling costs. The Aspen Valley Health Alliance (AVHA) is a collaborative comprised of the five largest employers in Pitkin County and Aspen area providers who are working together to find ways to provide affordable, accessible healthcare that focuses on improved health and controlled costs. The AVHA is working to develop a medical neighborhood model that can be used by employees of the five largest employers in Pitkin County, with the goal of providing appropriate care, controlling costs, and improving health outcomes. This group will also work to develop more effective wellness programs for employees, which will contribute to the goal of having healthier employees and affordable insurance costs. Learnings from the Aspen Valley Health Alliance will be translated to community-wide efforts.

CHAPS Action Plan					
Name of LPHA or Regional Collaborative: Mid-Valley Access to Care Task Force					
PRIORITY: Pathways to Health		STRATEGY: Available community services will be registered with 211 and providers and the public will be made aware of this one source for information.			
Major Indicators: <i>What you will measure</i> 1) Number of calls to 211 from Pitkin, Eagle, and Garfield Counties. 2) Number of organizations that update their 211 profiles yearly. 3) Number of organizations from Pitkin, Eagle and Garfield that have profiles on 211. 4) Number of media impressions that promote calling 211 in Pitkin, Eagle and Garfield.					
Lead Entity: Mid-Valley Access to Care Task		Supporting Entities: Pitkin County PH, Pitkin County HHS, Eagle County PH, Eagle County HHS, Garfield			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible	Completion Date	Status
Update services on 211	By December 2013, all HHS & PH services, HHS grantees, and existing services listed on 211 will be updated and a process for systematically updating these services on a yearly basis will be in place.	Update long-form information for services currently listed on 211 in Eagle, Garfield and Pitkin counties. HHS will provide a cover letter to 211 to send out to all organizations asking them to update their profile.	211, Eagle, Garfield, and Pitkin Counties	April, 2013	
		Require HHS grantees in Pitkin, Eagle and Garfield to update their information on 211.	Pitkin, Eagle, and Garfield HHS	February, 2013	
		Create a process for systematically updating the 211 profiles for new and existing entities in Pitkin, Eagle, and Garfield counties on at least an annual basis.	Mid-Valley Planning Access to Care Task Force	March, 2014	
Improve searchability of services in the mid-valley	By April 2013, all services located in the Mid-valley will be listed in Pitkin, Eagle, and Garfield counties when searched on 211.	Work with 211 to ensure that all services located in the Mid-valley appear in searches for the following counties: Pitkin, Eagle, and Garfield.	211	September, 2013	
Promote the use of 211 as the go-to source for community services	Members of the Access to Care task force will work with services listed by 211 in their own counties to promote the use of 211 in printed and web-based media by December 2014.	Use 211 when promoting local events to provide additional information.	Pitkin, Eagle, and Garfield Counties	March-October, 2014	
		Inform human service and medical providers in Pitkin, Eagle, and Garfield about how and why clients should use 211.	Mid-Valley Planning Access to Care Task Force	March-October, 2014	
		Partner with 211 in a media campaign.	Pitkin, Eagle, and Garfield Counties	March-October, 2014	

CHAPS Action Plan					
Name of LPHA or Regional Collaborative: Aspen Valley Health Alliance					
PRIORITY: Pathways to Health		STRATEGY: The 5 major employers in Aspen will work together to provide affordable insurance plans and workplace wellness programs to ensure access to medical, dental, and mental health care. Learnings from this group will be spread to the greater community with the help of Pitkin County HHS and Public Health.			
Major Indicators: <i>What you will measure</i> 1) Number and type of health insurance claims of employees 2) Number of patients served by the medical home/medical neighborhood model					
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible	Completion Date	Status
Develop a medical home/medical neighborhood model based out of AVH	Develop a medical home or medical neighborhood model that serves 5000 patients by 2015.	Develop a medical home/neighborhood based at AVH.	Aspen Valley Health Alliance	2015	
		Test and refine medical home/medical neighborhood model.		2015	
		Use findings to expand medical home/medical neighborhood model to the greater community.		2017	
Work with 5 major employers to improve the health of their workers by providing affordable insurance and effective wellness programs.	The expense of health insurance claims of employees of members of the Aspen Valley Health Alliance will not increase by more than 5% over the next five years.	Develop a wellness program using employer data to improve the health of the workforce.	Aspen Valley Health Alliance, Pitkin County Public Health	2017	
		Research and offer the optimal insurance plan cost structure and benefits.	Aspen Valley Health Alliance	2017	

PRIORITY: Mental Health and Substance Abuse Prevention and Treatment

Mental health and substance abuse have long been identified as issues in our community. While there have been some new services that have become available around treatment, the need for prevention and health promotion remains.

The steering committee ranked mental health and substance abuse as the top issue that had the greatest impact on the health of Pitkin County. At the community forum, mental health ranked as the third most important health issue and substance abuse ranked fifth.

The data we have in these areas also supports the notion that there is room for improvement around mental health and substance abuse indicators.

While over 75% of Pitkin County adults rate their overall mental health as “excellent” or “very good”, those 65 and older report they experience “fair” or “poor” mental health 2.7 times more than the entire population. The prevalence of major depression is notably higher among women.¹⁷ From 2005-2009, suicide was the fourth leading cause of death in Pitkin County.¹⁸

In Pitkin County, 73.4% of adults report having had at least one drink of alcohol in the past month, more than Colorado at 64.3% and the United States at 58.8%. Pitkin County also has a greater percentage of chronic drinkers- individuals who report two or more drinks of alcohol per day in the previous month- 14.2%, compared to the state at 6.7% and the country at 5.6%. Chronic drinking is statistically higher among Pitkin County men, at 19.6%. 19.5% of Pitkin County residents reported binge drinking, which is similar to Colorado at 20.1%. Illicit drug use in Pitkin County is much higher than the national rate, 8.0% in Pitkin County and 1.7% in the United States.¹⁷

To address the detox needs associated with the binge drinking that occurs in Pitkin County, the Aspen Counseling Center will run a detox center out of the Health and Human Services building beginning in February of 2013, and be able to offer counseling services to those who use the detox center. To improve the screening and referral to mental health and substance abuse services, Pitkin County Public Health plans to work with the Aspen Valley Healthcare Alliance and other providers in a work group setting over the next several years to address mental health and substance abuse issues. In 2014, Pitkin County Public Health plans to convene a working group to apply for funding to run a prevention campaign that will be targeted at improving the mental health and substance abuse within the community.

CHAPS Action Plan					
Name of LPHA or Regional Collaborative:					
PRIORITY: <i>Mental Health and Substance Abuse Prevention and Treatment</i>		STRATEGY: Work with partner organizations to ensure the treatment facilities and programs to address mental health and substance abuse needs are available and run a prevention campaign with community partners.			
Major Indicators: <i>What you will measure</i> 1) <i>Number of visits to the detox center.</i> 2) <i>Number of meetings held by provider working group.</i> 3) <i>Number of meetings held by prevention campaign working group.</i>					
Lead Entity:		Supporting Entities:			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible	Completion Date	Status
Detox Center	By February 2013, Aspen Counseling Center will run a detox center out of the health and human services	Prepare to open the detox center.	Aspen Counseling Center	2013	
		Promote the detox center.			
		Monitor use and referral to detox center.			
Work with providers	By 2015, establish a working group that convenes quarterly to determine how providers can ensure patients who have needs for mental health or substance abuse services receive them.	Partner with Aspen Valley Health Alliance to identify ways medical providers can improve screening and referral to mental health and substance abuse services.	Pitkin County Public Health and Aspen Valley Healthcare Alliance.	2015	
Outreach/Media Prevention Campaign	By 2014, convene a working group that meets quarterly and apply for grant funding to plan a mental health and substance abuse prevention campaign.	Convene working group with mental health and substance abuse partners to discuss how to run a prevention campaign.	Pitkin County Public Health	2014	
		Apply for grant funding to run a prevention campaign.		2014	
		Run Campaign.		2015	

PRIORITY: Addressing the Needs of a Growing Older Adult Population

The older adult population in Pitkin County is projected to increase at a greater rate than any other age group in the next 30 years. A seven-fold growth in over 60 population is anticipated between 1990 and 2040, increasing from 7% to approximately 20% of the overall population of Pitkin County. The overall population of Pitkin County is expected to grow just 2 ½ times in the same 50-year period. The over 80 population in Pitkin County is expected to grow even faster, with a 19-fold growth between 1990 and 2040.¹⁹

The majority of the growing older adult population in Pitkin County plans to remain in the community throughout retirement and will have a variety of different needs that need to be addressed. A preliminary survey of older adults indicates that over 40% had problems in last 12 months with:²⁰

- Feeling like their voice is heard in community
- Finding affordable health insurance
- Not knowing services available to older adult
- Financial planning issues
- Finding work in retirement
- Feeling depressed
- Paying property taxes
- Physical health issues
- Enough money for daily expenses
- Dealing with Medicare, Social Security, public programs
- Doing heavy or intense housework

The population over 80 will have additional needs for services including care workers, skilled nursing facilities, transportation and other amenities. With the high cost of care for nursing services, it this population could easily become low income.

Aging care was recognized as the second most important priority by the community forum, and efforts by the Aspen Valley Foundation are already underway to build a continuing care retirement community in Basalt. The AVF also plans to conduct community education around issues of interest to seniors and family members, professionals, and care givers. In the fall of 2013, Pitkin County Senior Services and Pitkin County Public Health will work together to conduct a community strategic planning initiative to understand the needs of older adults in order to create an "aging well" community. Through this planning initiative and coordination with Aspen Valley Foundation we will implement strategies to address the needs of the growing senior population in Pitkin County.

CHAPS Action Plan					
Name of LPHA or Regional Collaborative: Pitkin County Senior Services and Aspen Valley Foundation					
PRIORITY: Addressing the needs of a growing older adult population			STRATEGY: Provide community education and strategic planning around the needs of the growing senior population in order to meet the changing needs.		
Major Indicators: <i>What you will measure</i> 1) <i>Number of community members involved in community education or strategic planning initiatives.</i>					
Lead Entity: <i>Pitkin County Senior Services</i>			Supporting Entities: <i>Pitkin County PH, Aspen Valley Foundation</i>		
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible	Completion Date	Status
<i>Build a new Continuing Care Retirement Community in Basalt and recruit a medical director.</i>	<i>Conduct at least 3 community educational events about issues affecting seniors and aid in the development of a continuing care retirement community with a medical director by 2017.</i>	<i>Conduct community education around issues of interest to seniors and family members, professionals, and care givers.</i>	<i>Aspen Valley Foundation</i>	<i>2017</i>	
		<i>Build a new continuing care retirement community in Basalt.</i>	<i>Aspen Valley Foundation</i>	<i>2017</i>	
		<i>Recruit a medical director for the community care retirement community who can develop programs around geriatric issues.</i>	<i>Aspen Valley Foundation</i>	<i>2017</i>	
<i>Prepare for the needs associated with a growing senior population.</i>	<i>By 2015, senior services will have conducted a community strategic planning initiative to identify strategies to create an "aging well" community.</i>	<i>Conduct a community strategic planning initiative to understand the needs of older adults in order to create an "aging well" community.</i>	<i>Senior Services and Pitkin County Public Health</i>	<i>10/2013-7/2014</i>	
		<i>Coordinate strategic planning efforts with AVF's community education efforts.</i>	<i>Senior Services and Aspen Valley Foundation</i>	<i>10/2013-7/2014</i>	
		<i>Implement strategies identified through planning efforts.</i>	<i>Senior Services and partners identified through strategic planning</i>	<i>2014-2017</i>	

PRIORITY: Radon Awareness and Mitigation

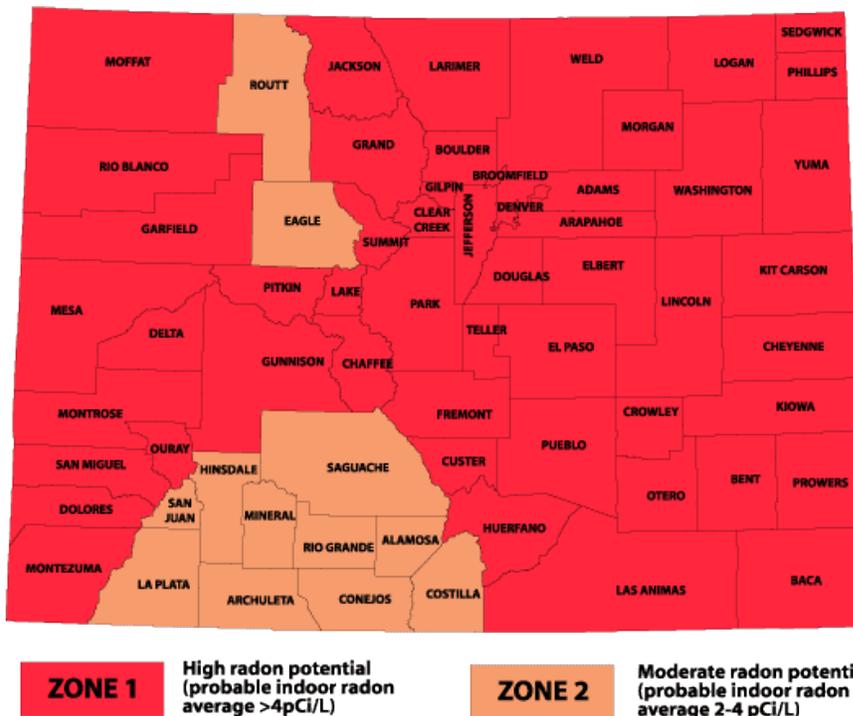
Radon is a naturally occurring, colorless, odorless, radioactive gas that forms naturally in soil when uranium breaks down. Radon can seep into any kind of building, including homes, workplaces and schools through cracks and openings in floors and crawlspaces. Once radon seeps into a building, it becomes part of the air that we breathe.²¹ Long-term exposure to radon is the number one cause of lung cancer for non-smokers, and the second leading cause of lung cancer overall.²²

Pitkin County has the highest potential for having harmful levels of indoor radon levels, according to the Environmental Protection Agency. The average concentration of indoor radon in Pitkin County is 8.3 pCi/L, and 43.2% of radon tests were above the EPA recommended action limit of 4 pCi/L. Radon was identified as having a high impact on health in Pitkin County by the Steering Committee.

Since radon is a part of our natural geology, the best way to reduce the risks associated with exposure, is to raise awareness about radon, have individuals test their homes for radon, and mitigate when levels are above the recommended action limit.

Aspen Environmental Health, Pitkin County Environmental Health and Pitkin County Public Health will work with Eagle and Garfield counties to raise awareness in their respective communities about the dangers of radon and the availability of free test kits. The City of Aspen Environmental Health and Pitkin County Environmental Health will partner to track the use of radon test kits and follow up to encourage the use of the test kits. Mitigation will be encouraged through do-it-yourself and community based mitigation trainings, in addition to developing policy that increases radon awareness and mitigation in the building of residential units.

Levels of Indoor Radon Potential, Colorado and Counties



CHAPS Action Plan					
Name of LPHA or Regional Collaborative: City of Aspen Public Health Agency					
PRIORITY:		STRATEGY: How you will improve this priority?			
Radon Awareness and protective actions including radon testing and mitigation.		We will increase knowledge of the health risks of exposure to high radon levels and provide citizens with the necessary tools and information to make informed decisions about radon mitigation.			
Major Indicator: What you will measure					
1. Number of radon test kits used vs. amount distributed					
2. Number of test results over 4.0 pCi/L					
3. Number of mitigation systems completed due to discovery of elevated levels					
Lead Entity: City of Aspen EH		Supporting Entities: Pitkin County EH, Community Health Services.			
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible	Completion Date	Status
Reduce the number of residents in the City of Aspen exposed to radon levels of 4 pCi/L or higher by 20% from 2012 levels.	Specific, Measurable, Achievable, Realistic, Time-bound Objectives Increase usage rate of distributed test kits to 65% by 2015.	Distribute 500 radon test kits to citizens with information on proper use and radon dangers.	City of Aspen EH	Each year 2013-2018	
		Track the number of test kits put to use and contact recipients of kits that have not been used after 1 month. Assistance and information will be provided as needed to customers.	City of Aspen EH, Pitkin County EH	Continuous, tracking of kits will determine need for follow up calls.	
		Develop a data management system to track information related to the program including kit distribution, useage, and remediation.	City of Aspen EH, Pitkin County EH, Community Health Services	December of 2013	
		Develop an outreach program to get the word out about radon dangers, the testing program, etc. and raise community awareness.	City of Aspen EH or partnering Environmental Health Department	Ongoing	
20% of the tests that result in Radon levels over 4.0 pCi/L will result in appropriate mitigation measures.		Conduct one (1) Do-It-Yourself radon mitigation class for single family homeowners each year to educate citizens on cost effective steps they can take to mitigate their own homes.	City of Aspen EH or partnering Environmental Health Department	December 31 st , each year 2013-2018.	
		Provide citizens with test results greater than 4.0 pCi/L information on local mitigation companies and demonstration projects in the area.			
		Conduct a community based radon training at least once per year such as: Radon resistant new construction, radon in multi-family buildings, or radon for realtors.			
		Provide long term test kits to citizens who have results between 4.0 pCi/L and 10.0 pCi/L and a short term test kit to those with results greater than 10 pCi/L to further determine if there is a need for mitigation.			
Develop Policy that increases radon awareness and mitigation in the building of residential units.		Work to expand Appendix F to multi-family buildings.	City of Aspen, Pitkin County	2018	

PRIORITY: Strengthen Internal Capacity

The Colorado Public Health Act outlines the public health core services that are required to be provided or assured by a local health agency. In order to determine how well Pitkin County Public Health is performing this function, and where improvements can be made, a capacity assessment of the core public health services was conducted in March of 2011. The capacity assessment was completed by conducting an in-person interview with multiple staff members from the Public Health and Environmental Health departments of Pitkin County. Since the assessment was conducted in 2011, some of these issues have been addressed. Efforts that have been undertaken are explained under the heading “Gaps”.

Core Public Health Services Capacity Assessment

The results of the capacity assessment revealed the need to focus on strengthening the internal capacity of Pitkin County Public Health, in order to be able to provide or ensure all of the required core public health services. The results of the capacity assessment are detailed below.

Core Service: *Assessment & Planning*

Pitkin County Public Health did not have a formal practice for understanding the health status of the community and incorporating this information into public health planning before conducting the 2013 Public Health Improvement Plan.

Core Service: *Vital Records*

The vital records function for Pitkin County is contracted out and performed by Garfield County.

Core Service: *Communicable Disease Prevention, Investigation & Control*

Collecting and reporting disease information in accordance with Colorado Board of Health rules and regulations happens at both the local and state level. Pitkin County Public Health is responsible for monitoring the Colorado Electronic Disease Reporting System (CEDRS), investigating reportable diseases and preventing transmission, as well as ensuring immunization protocols are followed. The hospital has a close relationship with the Pitkin County Public Health and as a courtesy calls to notify Public Health whenever they report a case to CEDRS. The most notable unmet need is around monitoring immunization coverage rates and educating providers about adult and travel immunizations.

Core Service: *Prevention & Education*

Pitkin County Public Health does maternal and child health prevention and education, and communicable disease prevention with help from CDPHE when interacting in a clinical setting with patients. The hospital has promoted helmet use in local campaigns,

but overall health education and health promotion activities are not currently within the scope of the Pitkin County Public Health due to lack of time and resources.

Pitkin County Public Health provides educational materials and media for communicable diseases. Pitkin County Public Health has educational programs and is a member of a community coalition to combat influenza. For other communicable diseases there are no programs, community coalitions, or policy initiatives.

For chronic diseases, the Pitkin County Public Health provides educational materials at their clinic related to tobacco, nutrition, physical activity, and obesity. Worksite wellness issues are assumed to be addressed by individual businesses. A variety of agencies provide services around substance abuse, mental health, and healthy aging promotion.

Pitkin County Public Health provides maternal and child health direct services. School health is a need that is not currently addressed.

A variety of other agencies provide services around injury prevention and education. The Sheriff's Office provides services around motor vehicle issues; Senior Services runs a fall prevention campaign; while alcohol and domestic violence prevention and education are provided by local non-profit organizations.

Core Service: *Environmental Health*

The Pitkin County Environmental Health Department (PCEH) and the City of Aspen Environmental Health Department (CAEHD) together coordinate to provide most applicable environmental public health services. The Resource and Recovery center handles waste disposal and recycling education and promotion.

PCEH and CAEHD assure sanitation of most institutional facilities including childcare facilities and children's camps. Health clubs and recreation centers are not currently inspected, permitted or monitored.

Food safety is assured by PCEH and CAEHD, while environmental hazards and surface and groundwater protection and wastewater treatment are assured by a combination of county and state departments. Staff members were knowledgeable about the corresponding responsibilities of each party.

Pollution prevention was identified as an unmet need.

Core Service: *Emergency Preparedness & Response*

Pitkin County Public Health is responsible for all duties related to Emergency Preparedness and Response (EPR). In 2010, they had shared a dedicated EPR staff with Eagle County, who left in 2011. Pitkin County Public Health gained Project Public Health Ready recognition status from NACCHO in 2011.

Core Service: *Direct Services*

Pitkin County Public Health is a safety-net provider and also refers clients to other providers for most primary care services. There are no school-based clinics in Pitkin County. Pitkin County Public Health is the primary provider for WIC services, immunizations, family planning, prenatal care, children with special healthcare needs, and TB screening and treatment.

Core Service: *Administration and Governance*

Since 2009, Community Health Services (CHS) has changed from a nursing service to the local public health agency and the Pitkin County Board of Health, comprised of 5 county commissioners (and a medical officer with no voting privileges), has taken on the role of the Pitkin County Public Health Agency. In their capacity as the Board of Health, the county commissioners meet quarterly. The non-profit Community Health Services Advisory board serves as an advisory board to the Pitkin County Public Health, and is comprised of a medical officer, three medical experts and seven community members, but no public health experts. The advisory board meets monthly.

The CHS Board and staff held a strategic planning sessions in February of 2011 and June of 2012 and identified potential impacts of the Public Health Act on the agency. The community health assessment and public health improvement planning process will identify community needs and priorities that are not currently being addressed.

A specific local property tax is designated to support the Healthy Community Fund, which provides county funding for the public health department. The fund was approved in November 2012 and is up for renewal in 2018.

Strengths in Core Services

Funding

Having a dedicated funding source is advantageous in both the planning and implementation of all public health services.

Direct Services

The legacy of CHS's historical establishment as a nursing service is apparent in the direct safety net services provided.

Community Partners

Pitkin County has numerous non-profits who work to support the community's health. While they might not self-identify with being a part of the public health system, the services they provide and their interests, activities, and organizational goals align with those of public health.

Gaps in Core Services

Assessment and Planning

At the time the capacity assessment was conducted, there was no formal practice for understanding the health status of the community and incorporating this information into public health planning. Since 2013, Pitkin County Public Health has dedicated resources to the implementation of the Public Health Improvement Plan by adding a Public Health Planner to its staff.

Administration and Governance- Public Health Experts

Making the transition from a nursing service to a LPHA entails different responsibilities, methodologies, and skills. It will be important to consider ways to ensure that job responsibilities serve to meet or assure the core public health functions, and that staff have the appropriate skills and trainings to perform these roles.

Prevention and Education

The LPHA currently provides educational materials to clinic visitors, but has no capacity to identify areas where a prevention campaign would be appropriate, or the staff capacity to implement a campaign. Areas that might benefit from prevention and education should be considered during the strategic planning process. Partnerships should also be explored as a way to increase capacity and meet this core public health function.

Policy Initiatives

Developing policies and plans that support individual and community health efforts is an essential public health service. Colorado is systematically implementing public health policy at the state level, and the Pitkin County Public Health should use the strategic planning process to consider areas where investment in policy initiatives would be an effective strategy that would contribute to meeting their goals.

Conducting a capacity assessment of the core public health services brought to light the need to develop the internal capacity within Pitkin County Public Health to perform more in-depth assessment and planning functions and to strengthen the public health expertise among the public health administration and governance bodies.

CHAPS Action Plan					
Name of LPHA or Regional Collaborative: Community Health Services					
PRIORITY: <i>Strengthen the internal capacity of CHS to ensure the CORE PH services are provided.</i>			STRATEGY: Allocate dedicated resources to the function of assessment & planning and prevention & education and put in place mechanisms to stay accountable to outlined goals.		
Major Indicators: <i>What you will measure</i> 1) <i>Yearly strategic planning sessions conducted</i> 2) <i>Execution of a prevention campaign</i>					
Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible	Completion Date	Status
Assessment & Planning		Allocate dedicated resources for assessment and planning.	Community Health Services	January 2013	
		Conduct yearly strategic planning sessions with the CHS Board of Directors.	Community Health Services	Yearly, 2013-2017	
Administration & Governance		Develop guidelines for hiring a new medical officer, including expertise in public health and/or a commitment to continuous education in the field of public health.	Community Health Services	June 1, 2013	
		Provide staff training and development to allow staff to be competent in their role if job requirements change as a result of strategic planning.	Community Health Services	January 1, 2014	
Prevention & Education		Allocate dedicated resources to a position that will develop prevention and education services in conjunction with community partners and in alignment with the community health assessment and improvement plan.	Community Health Services	January 1, 2013	
		Plan one prevention and education campaign with a community partner.	Community Health Services	January 1, 2015	

Conclusion

The Public Health Improvement Plan for Pitkin County is designed to provide direction for the next five years. Pitkin County Public Health will monitor progress, adapt goals and objectives to changing needs and initiatives, and report these updates to stakeholders on a regular basis. A yearly update will be provided to the Board of Health.

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