

RIO BLANCO COUNTY



2013-2017

PUBLIC HEALTH IMPROVEMENT PLAN

Contents

INTRODUCTION..... 2
Background, Process, and Purpose2
The Colorado Health Assessment and Planning System (CHAPS)2
CHAPS in Rio Blanco County.....3
Community Stakeholder Acknowledgements.....3

COMMUNITY PROFILE 4
Population, age, and percent growth.....4
Race, ethnicity, and language.....4
Poverty5
Education6

HIGHLIGHTS FROM THE COMMUNITY HEALTH ASSESSMENT 7
Assessment process.....7
Self-Perceptions of Individual Health.....7
Oral Health.....8
Prenatal Health.....9
Substance abuse 10
Unintentional Injuries 11
Overweight, Obesity, and diabetes..... 12
Environmental health: Indoor Air Quality – Radon 13
Asthma 14
Leading causes of death..... 14

SYSTEM CAPACITY ASSESSMENT 15
The System, Workforce, and Funding 15

PRIORITIZATION OF HEALTH ISSUES 17
Prioritization Phase I 17
Prioritization Phase II 18

GOALS AND STRATEGIES FOR PUBLIC HEALTH IMPROVEMENT 19
Oral Health..... 19

SYSTEM-WIDE COORDINATION 20

WORKS CITED 22

Rio Blanco County

PUBLIC HEALTH IMPROVEMENT PLAN

INTRODUCTION

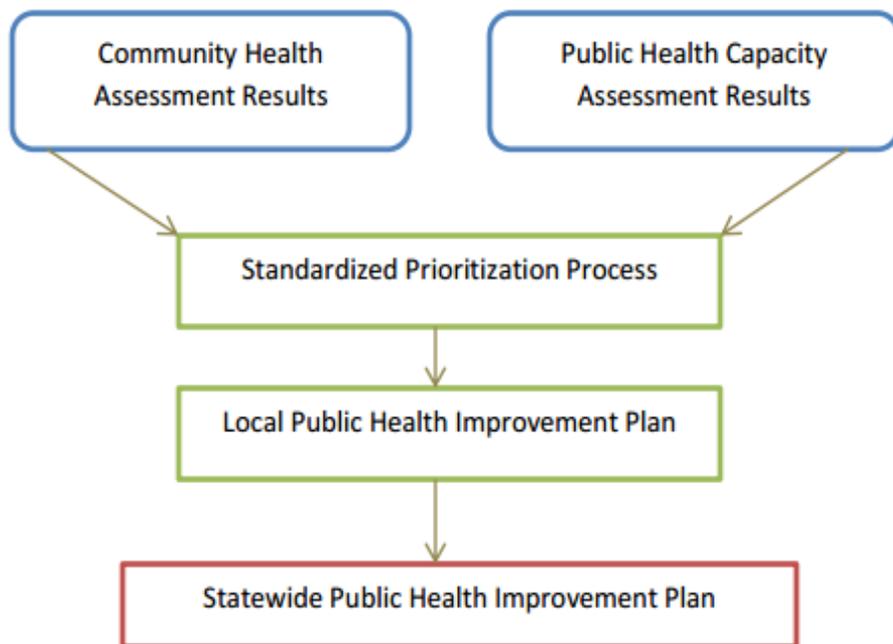
The 2013-2017 Public Health Improvement Plan for Rio Blanco County is a narrative of one county’s commitment to improving health in their community. This document serves as a guide to work in the future of public health in Rio Blanco County, but also a reminder of work that has come before. This plan provides the background and process for the application of the Colorado Health Assessment and Planning System (CHAPS) in Rio Blanco County. First, the background of CHAPS at the state and county level will be reviewed followed by a summary of the Community Health Assessment, which will lead into the prioritization process, and the focus area selected by Rio Blanco County.

Background, Process, and Purpose

The Colorado Health Assessment and Planning System (CHAPS)

The Colorado Public Health Act, which was signed into law in 2008, requires the state health department to create a statewide public health improvement plan. The first version of this plan was developed in 2009 and entitled, *Colorado’s Public Health Improvement Plan – from Act to Action*.

The Public Health Act also mandates that all local health agencies develop local public health improvement plans based on a community health assessment and a capacity assessment. This process should be developed and implemented by community stakeholders as outlined below.



CHAPS in Rio Blanco County

The CHAPS process began in 2011 in Rio Blanco when the Community Health Assessment was originally completed for the region. Due to turnover in the Public Health Director position in Rio Blanco County, convening stakeholders to conduct the prioritization process was delayed until 2013. In the interim, internal planning meetings were held. One request from Rio Blanco leadership was to narrow down the Community Health Assessment for



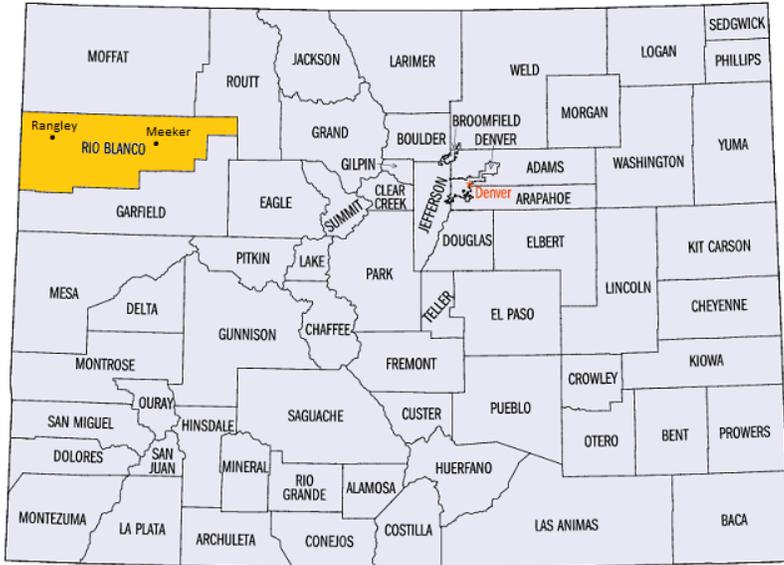
community review to the Colorado 10 Winnable Battles. The first stakeholder meeting to review the Community Health Assessment and begin the prioritization process was held in Rangely on July 25, 2013. The final prioritization meeting was held on September 12, 2013 in Meeker. The final Public Health Improvement plan was then approved by the Local Board of Health (Rio Blanco County Commissioners) in October 2013.

Community Stakeholder Acknowledgements

A list of community stakeholders is below. This process has taken place over three years and a number of stakeholders have participated at one time or another. Their input has been valuable to the process.

- Mary Ann Allred, Rangely School District
- Kelly Christian, Rangely District Hospital
- Michelle Huber, Mind Springs Health
- Diane Miller, Northwest Colorado Visiting Nurse Association (NWCOVNA)
- Shanna Kinney, Rangely District Hospital
- Kim Long, formerly of Rio Blanco Public Health
- Margot Robb, Mind Springs Health
- Bonnie Ruckman, Rio Blanco Department of Human Services
- Sharma Vaughn, Rangely District Hospital
- Drew Varland, Pioneers Hospital
- Colleen Zufelt, Rio Blanco Public Health
- Other community members

COMMUNITY PROFILE



Rio Blanco County is located in rural northwestern Colorado. The two communities of Meeker and Rangely are located within the County and separated by nearly 60 miles (Rio Blanco County, 2013). The White River runs through the county and is the namesake as Rio Blanco means White River in Spanish. The county is sparsely populated with two people per square mile. The primary economic industries in the county are natural resources (coal, oil, nahcolite, oil shale, and natural gas extraction), agriculture, and recreation. Approximately 75 percent of the county lands are federally

owned and include parts of the White River and Routt National Forests (Wikipedia, 2013). As you travel from one end of the county to the other, the landscape and climate and change dramatically from alpine to desert (Rio Blanco County, 2013).

Population, age, and percent growth

According to the 2010 U.S. Census data, Rio Blanco County has a population of 6,666, which was an 11.4 percent increase from the 2000 Census. The tables below summarize the population representation by age and that change from 2000 to 2010. The general analysis of this data shows an increase in the Baby Boomer generation and the 0-5 population, but a reduction in the teens and young adults (Colorado State Demography Office). It is important to keep in mind that due to the volatility of the natural resource markets, energy in particular, the population can fluctuate from year to year.

POPULATION 2000, 2010, AND PERCENT CHANGE (COLORADO STATE DEMOGRAPHY OFFICE)

	Rio Blanco	Colorado	US
2000	5,986	4,301,261	281.4 million
2010	6,666	5,029,196	308.7 million
% change	+11.4%	+17%	+10%

PERCENT IN POPULATION CHANGE BY AGE FROM 2000 TO 2010 (COLORADO STATE DEMOGRAPHY OFFICE)

	<5	5 – 19	20 – 44	45 – 64	65+
2000	5.7%	25.2%	32.3%	25.6%	11.2%
2010	7.4%	20.2%	30.8%	29.3%	12.4%
% Change	+29.8%	-19.8%	-4.6%	+14.5%	+10.7%

Race, ethnicity, and language

Most residents of Rio Blanco County are White. Slightly more than 20 percent of Colorado residents identify as being of Hispanic origin, compared to 10 percent in Rio Blanco County. This is consistent with the regional average of 10.5 percent (Colorado State Demography Office).

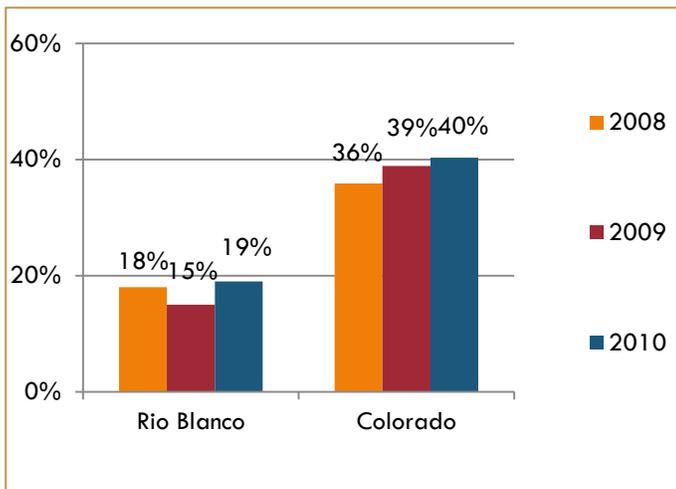
RACE AND LANGUAGE SPOKEN AT HOME (COLORADO STATE DEMOGRAPHY OFFICE)

	Rio Blanco	CO
White	86.4%	70%
Black / African American	0.7%	3.8%
American Indian / Alaskan Native	0.7%	0.6%
Asian / Pacific Islander	0.5%	2.8%
Some Other Race Alone	0%	0.2%
Two or More Races Total	1.7%	2%
Hispanic origin (of any race)	10%	20.6%
*Language spoken at home other than English	7.2%	16.6%

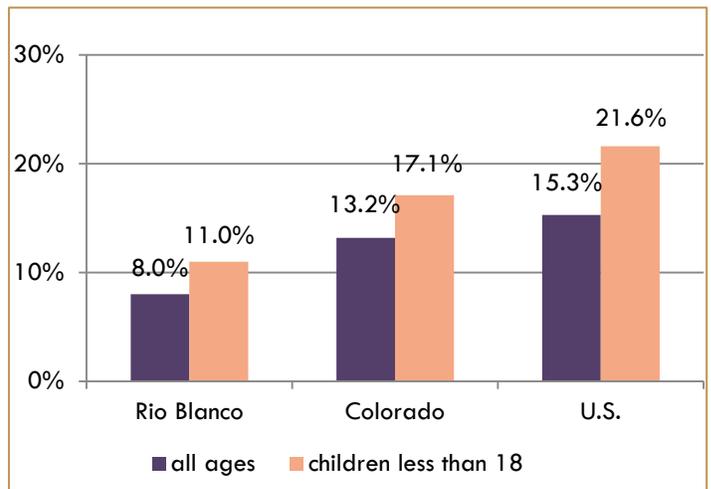
Poverty

According to data from the U.S. Census Bureau, Small Area Income and Poverty Estimates, in 2009, Rio Blanco County had 8 percent of the total population living in poverty, which is low compared to the state level of 13 percent. The median household income in 2009 was \$59,017. When compared to the federal poverty level for a family of four which was \$22,050 and the Self-Sufficiency Index of \$51,443, the household income in the county has a better outlook than most of the State (Colorado Fiscal Policy Institute, 2009). The percentage of children receiving free or reduced lunch in Rio Blanco County was also consistently lower than the state average from 2008 to 2010 (National Kids Count, 2013).

Free and Reduced Lunch Enrollment (National Kids Count, 2013)



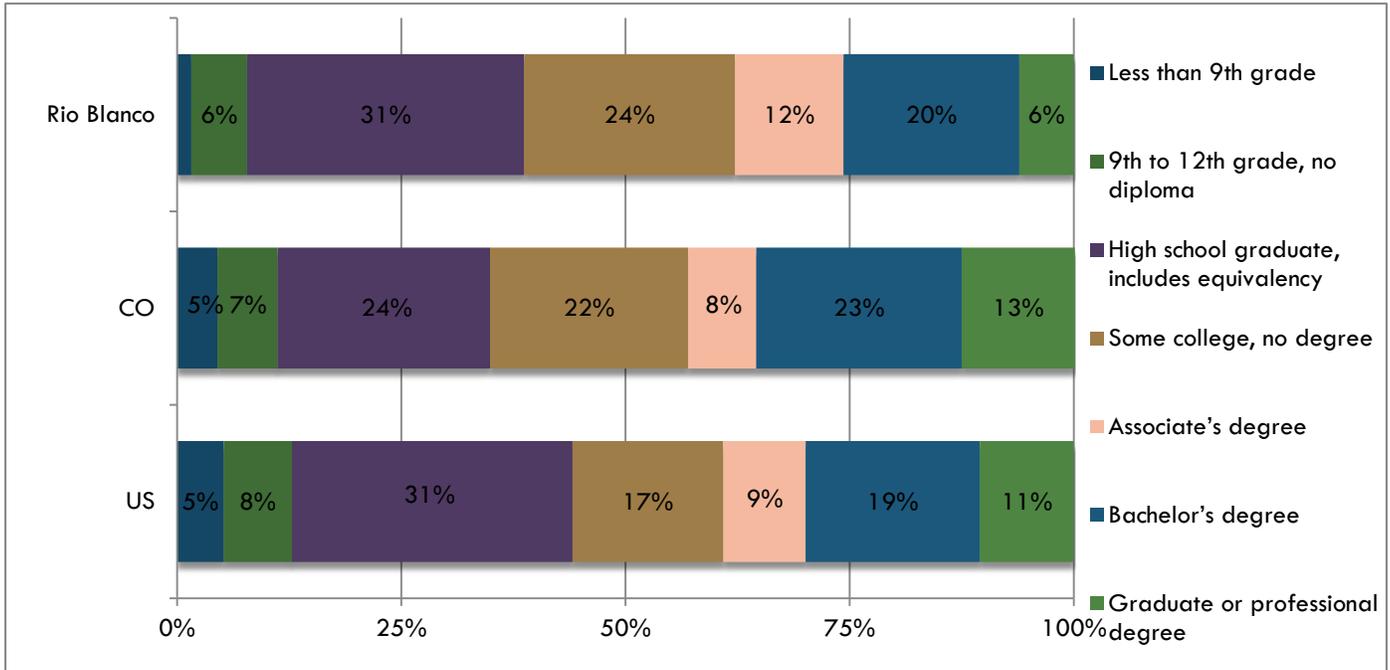
Population below poverty (U.S. Census Bureau, 2009)



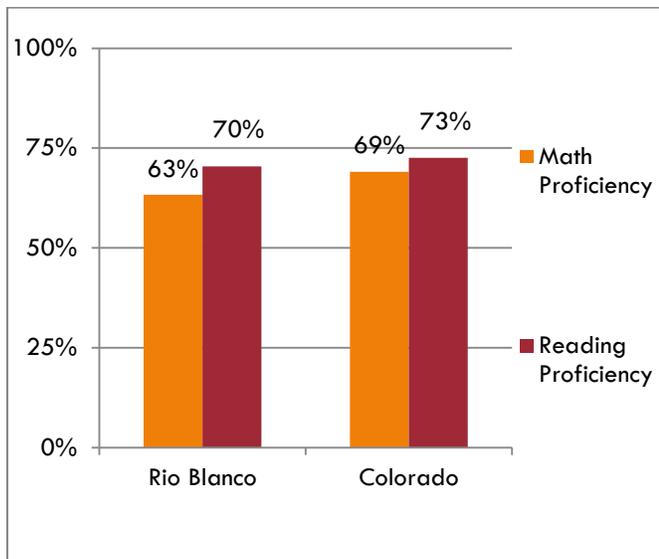
Education

In Rio Blanco County, many education metrics vary in comparison to state averages. The high school completion rate averaged 82 percent from 2008 to 2011, which was higher than the state average (National Kids Count, 2013). While secondary educational attainment rates are slightly below the state and national rates (U.S. Census Bureau). Graphs below show that proficiency testing through CSAP and TCAP tests have varied over the years between grade levels.

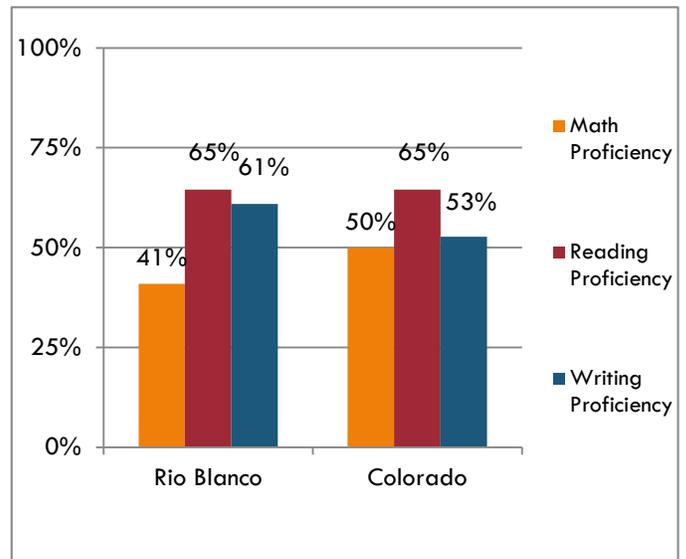
EDUCATIONAL ATTAINMENT: ADULTS 25 YEARS AND OLDER (U.S. CENSUS BUREAU)



MATH AND READING PROFICIENCY AMONG 3RD GRADERS (2009) (NATIONAL KIDS COUNT, 2013)



MATH, READING & WRITING PROFICIENCY AMONG 8TH GRADERS (2009) (NATIONAL KIDS COUNT, 2013)



HIGHLIGHTS FROM THE COMMUNITY HEALTH ASSESSMENT

The purpose of the Community Health Assessment is to compile health indicators from several areas including population characteristics, environment, health behaviors, mental health, access to care, and population health outcomes. In combination with qualitative information about each community, these indicators are used to inform the community on what areas of health need to be addressed.

Data Challenge

Gathering data that is statistically significant in rural areas is a common challenge. In some areas data is either unavailable or the county numbers are representative of the full health statistical region 11, which is comprised of Rio Blanco, Moffat, Routt, and Jackson Counties.

Assessment process

Data for the community health assessment was originally compiled and analyzed in early 2011 for the full health statistical region 11, which is comprised of Jackson, Routt, Moffat, and Rio Blanco counties. Data sources that released updated information were incorporated in order to have timely information for stakeholders to review.

The original assessment was internally reviewed by public health staff and the request was made to narrow this down to fit into the specific Colorado 10 Winnable Battle categories. This was completed and Community stakeholders reviewed the results in July of 2013. After they reviewed the assessment results and discussed capacity, the group started the prioritization process.

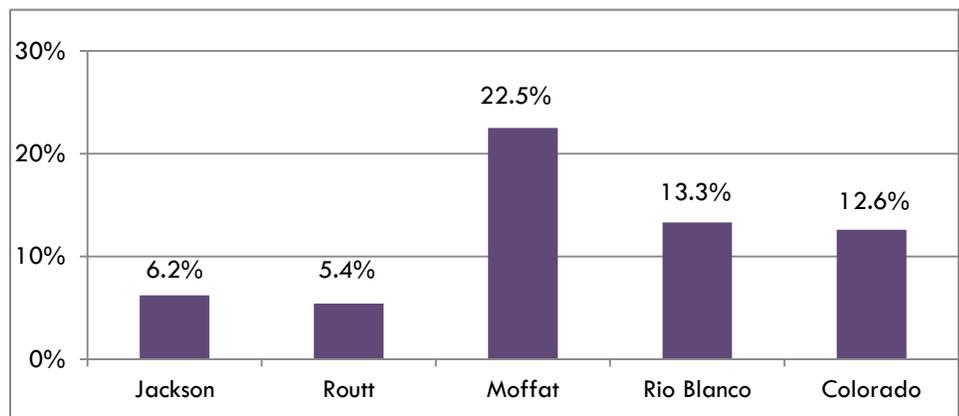
Self-Perceptions of Individual Health

This section includes three questions asked as part of the Behavioral Risk Factor System (BRFSS). The Colorado BRFSS is a system of telephone surveys sponsored by the Centers for Disease Control to monitor lifestyles and behaviors related to the leading causes of mortality and morbidity. The Survey Research Unit of the Health Statistics Section of the Colorado Department of Public Health and Environment began collecting data on a monthly basis in January 1990. The Survey Research Unit now completes more than 1,000 BRFSS surveys a month with adult residents of Colorado (CDPHE).

FAIR TO POOR HEALTH

When asked to choose between (a) excellent-good or (b) fair-poor to describe their health, 13.3 percent of respondents from Rio Blanco County chose fair-poor. This was higher than the Colorado average and most of the region (CDPHE).

PERCENT CHOOSING FAIR/POOR TO DESCRIBE HEALTH (CDPHE)



NUMBER OF POOR PHYSICAL AND MENTAL HEALTH DAYS IN THE PAST MONTH

The following tables show the average number of days residents had poor physical and mental health days in the past month (self-report). Percentages in both categories, excluding 8 or more days, tended to be better than the state on average (CDPHE).

POOR PHYSICAL HEALTH DAYS (CDPHE)

	No poor physical health days	1-7 poor physical health days	>8 poor physical health days
Rio Blanco County	70%	11%	19%
Colorado	67%	22%	11%

POOR MENTAL HEALTH DAYS (CDPHE)

	No poor mental health days	1-7 poor mental health days	>8 poor mental health days
Rio Blanco County	76%	11%	13%
Colorado	66%	22%	12%

Oral Health

Data around oral health can be limited and difficult to acquire for a rural area. The primary data comes from screenings conducted throughout the state on 3rd grade students and for pregnant woman. The data on 3rd Grade students is actually an extrapolation using figures based on low-income populations, so it might not be the true representation of the current conditions. In Rio Blanco County, the average number of children in 3rd grade with dental caries, untreated tooth decay, or dental sealants were better than the state average (CDPHE, 2011).

ORAL HEALTH AMONG 3RD GRADE STUDENTS (CDPHE, 2011)

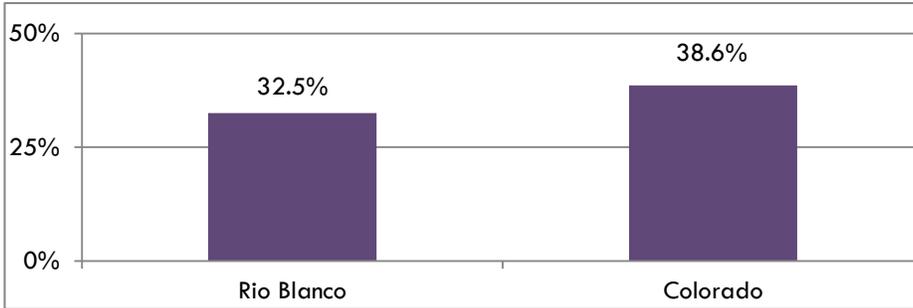
	History of dental caries	Untreated tooth decay	Dental sealants (higher % is better)
Rio Blanco County	51%	21%	30%
Colorado	57%	25%	35%

Access to care or knowledge about Medicaid benefits can also have a significant effect on utilization of oral health services. In 2011, 19 percent of children in Rio Blanco County on Medicaid actually received dental services between July 2009 and June 2010, compared 46 percent at the state level (CDPHE, 2011).

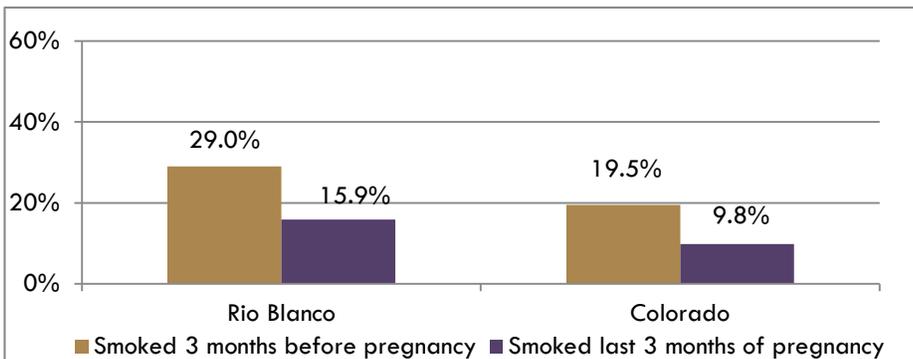
Prenatal Health

The following graphs display data on prenatal health including unintended births, cigarette use, and prenatal care. The rate of unintended births in Rio Blanco County (32.5%) was lower than the state average (38.6%). The rates of cigarette use before (29.0%) and during pregnancy (15.9%) are both higher than the state averages (19.5%, 9.8%). The rate of accessing prenatal care was significantly lower than the state and the region in 2009 with 60.2%.

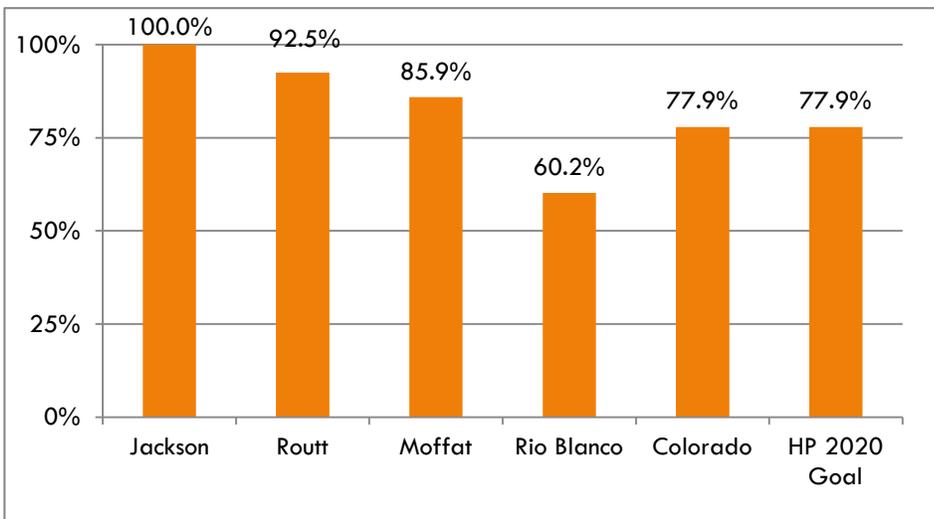
UNINTENDED BIRTHS (PERCENT OF ALL BIRTHS THAT WERE UNINTENDED BETWEEN 2005-2009) (CDPHE, 2005-2009)



SMOKED CIGARETTES 3 MONTHS BEFORE PREGNANCY AND THE LAST 3 MONTHS OF PREGNANCY (2005-2009) (CDPHE, 2005-2009)



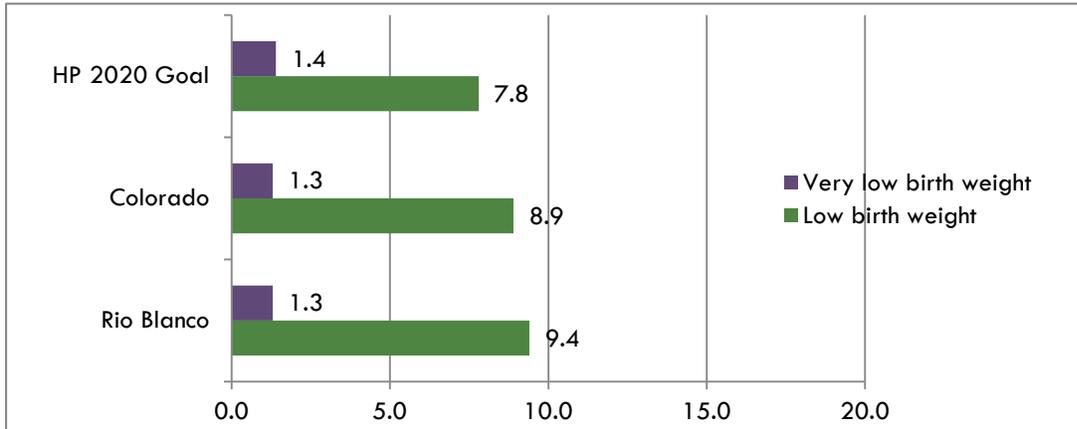
RECEIVED ADEQUATE PRENATAL CARE (CDPHE, 2005-2009)



LOW BIRTH WEIGHT

Rio Blanco County, along with the rest of the HSR 11 region, has a higher rate of babies born at a low birth weight (under 2500 grams or 5 pounds, 8 ounces) than the state average and the Health People 2020 goal. The number of very low birth weights were low (under 1500 grams or 3 pounds, 4 ounces) though (CDPHE, 2005-2009).

LOW AND VERY LOW BIRTH WEIGHT (2007-2009) (CDPHE, 2005-2009)

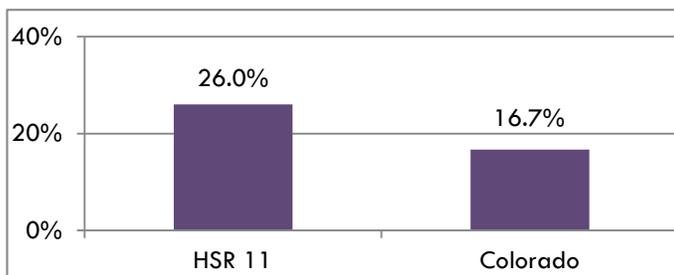


Substance abuse

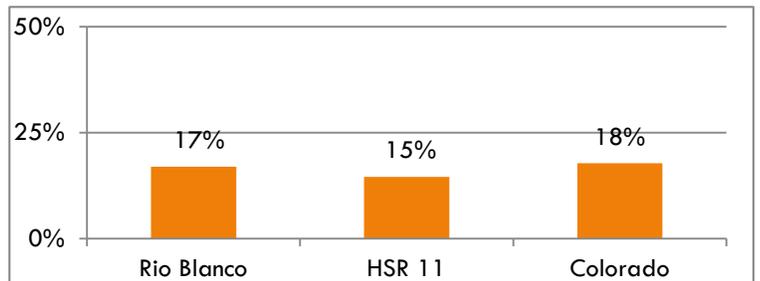
Data from the BRFSS 2007-2008 reveal that adults who reported binge drinking (males 5 or more drinks/ females 4 or more drinks) on one occasion in the past 30 days for the health statistical region 11 (26%) were higher than the Colorado average (16.7%) (CDPHE). Data from the BRFSS in 2007-2012 did not have enough Rio Blanco County respondents to be statistically significant. In regards to treatment rates for substance abuse, Rio Blanco was lower than most of the region in 2008 and 2009 (Colorado Department of Human Service).

In regards to tobacco use, the data from 2007-2008 showed Rio Blanco County with average levels (17%) of adults who current smoke cigarettes compared to the region (15%) and the state (18%). However, in later surveys (2009-2012) the state average was declining, while the regional average increased. One caveat to this data is that it does not include information on those that use smokeless tobacco products.

ADULTS AND BINGE DRINKING



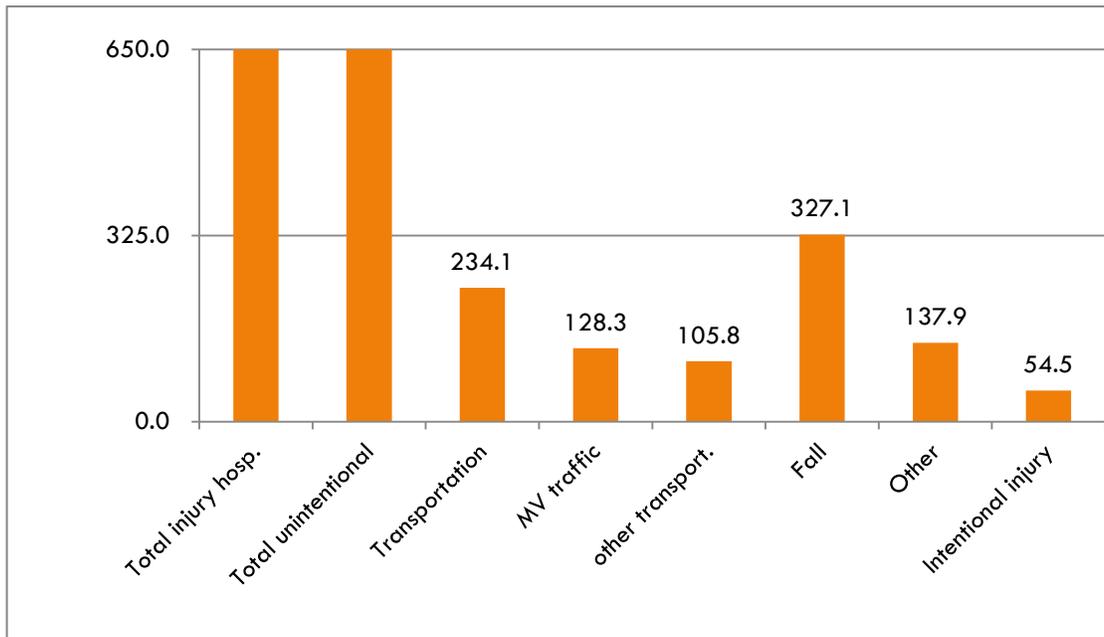
PERCENT OF ADULTS AGED 18+ WHO CURRENTLY SMOKE CIGARETTES (2007-2008) (CDPHE)



Unintentional Injuries

All data in this section came from Colorado Injury Hospitalization Statistics; the statistics were retrieved from the Colorado Health Information Dataset (COHID). The Colorado Health and Hospital Association (CHHA) gathers hospital discharge data from all acute care and many specialty hospitals in the state. Injury hospitalizations are identified using specific codes from the International Classification of Diseases, Version 9, Clinical Modification (ICD-9-CM). Mechanism of injury (i.e., the activities or circumstances that led to the hospitalization) is determined by external cause of injury codes (E-codes). The E-codes are a subset of the International Classification of Diseases, Ninth Revision, used to classify the environmental events, circumstances, and conditions that are the cause of injury, poisoning, or other adverse effects. The mechanisms of injury include broad categories like transportation, falls, and natural environment. These broad categories are comprised of smaller subsets of categories.

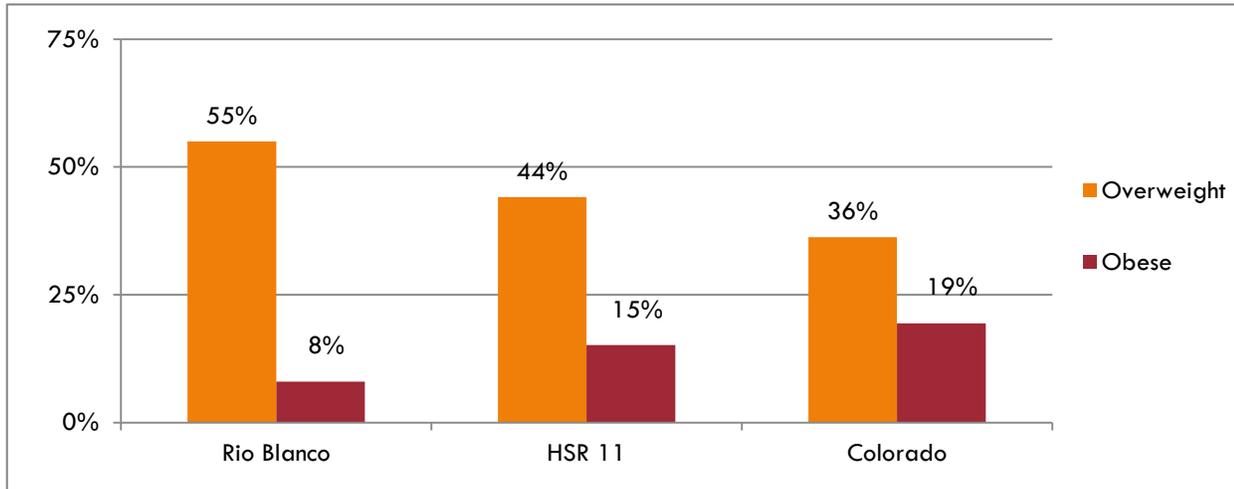
INJURY HOSPITALIZATIONS 2006-2010 (COLORADO HEALTH AND HOSPITAL ASSOCIATION, 2006-2010)



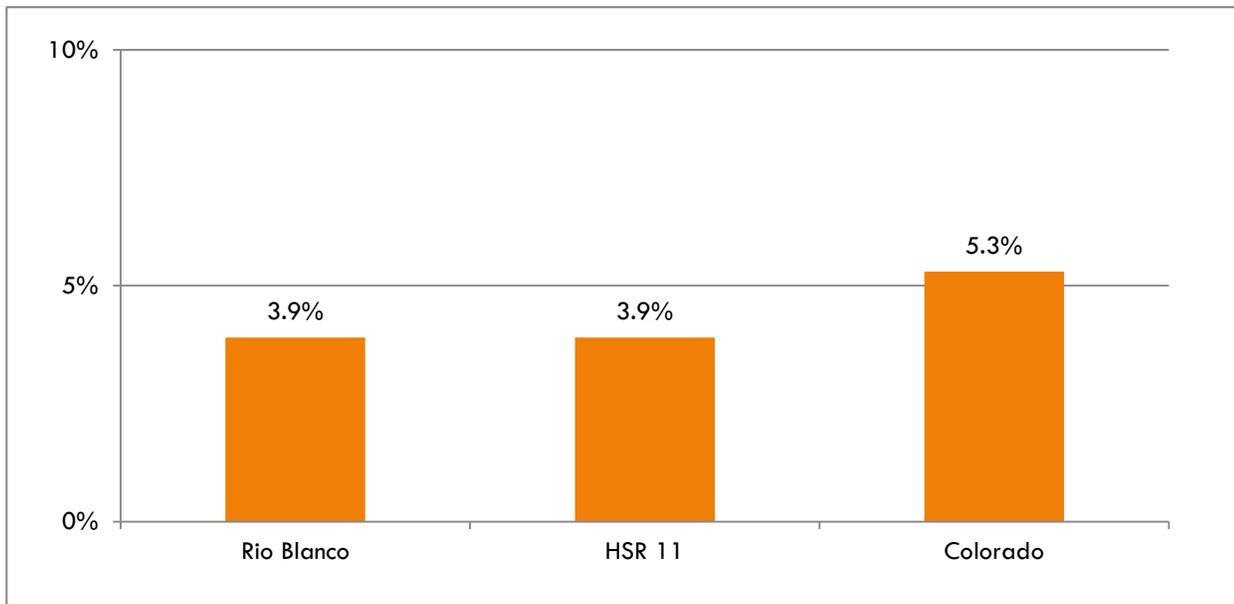
Overweight, Obesity, and diabetes

The 2007-2008 BRFSS included two questions about body weight. Based on height and weight, body mass index (BMI) questions asked whether individuals were overweight (BMI is 25 to 29.9) or obese (BMI is 30 or higher). Results indicate that Rio Blanco County residents report being overweight more than the state average, but less than half of the obesity rate. Those that reported having been diagnosed with diabetes by a physician were lower than the state average and on par with the region (CDPHE).

OVERWEIGHT AND OBESITY BASED ON BMI (CDPHE)

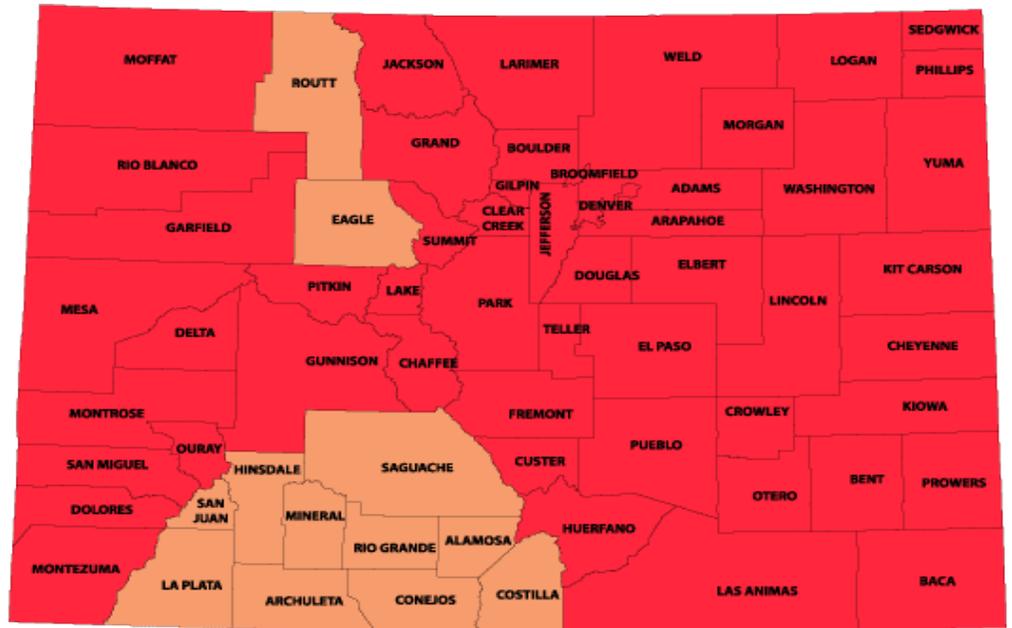


ADULT DIABETES (CDPHE)



Environmental health: Indoor Air Quality – Radon

Radon is a colorless, odorless, radioactive gas that forms naturally in soil. It is produced when uranium in the soil breaks down. Radon is known to cause lung cancer and it can seep into homes and workplaces through cracks and openings in floors and crawlspaces. Inexpensive radon kits can be purchased to test radon levels. Colorado Department of health and Environment recommends mitigation when levels are greater than 4pCi/L (CDPHE).



ZONE 1 High radon potential (probable indoor radon average >4pCi/L) **ZONE 2** Moderate radon potential (probable indoor radon average 2-4 pCi/L)

In Rio Blanco County, radon levels were generally lower than the region, but insufficient data did not allow for a full analysis (CDPHE).

The 2007-2008 BRFSS included two questions about radon testing in homes. Regional data is available, but not specific to Rio Blanco County.

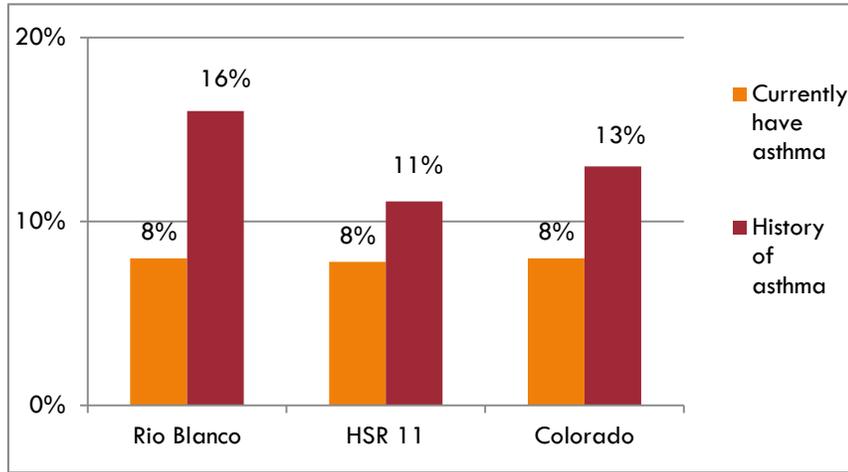
RADON TESTING AND RESULTS

	HSR 11			Colorado		
	Yes	No	Unsure	Yes	No	Unsure
Has your house ever been tested for radon?	25%	63%	12%	35%	52%	13%
Were the radon levels above 4Pci/L?	11%	43%	46%	12%	52%	36%

Asthma

When asked about currently having asthma or ever having asthma in the past, Rio Blanco County residents reported higher rates than the state average, but the trend was not consistent overtime (CDPHE).

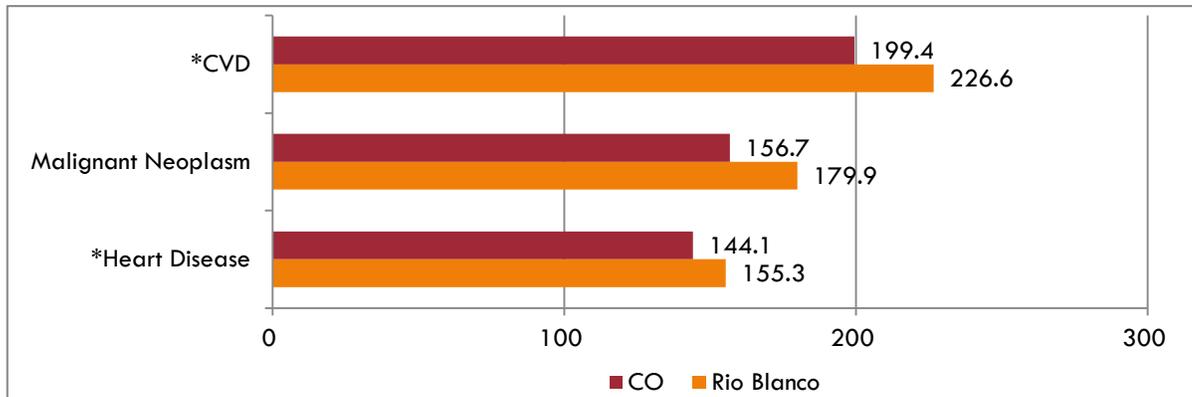
ADULT ASTHMA



Leading causes of death

Using Vital Statistics, the two leading causes of death in Rio Blanco County between 2006-2010 were cardiovascular disease (CVD) (226.6), malignant neoplasm (179.9), and heart disease (155.3). The age adjusted rates were significantly higher than the Colorado rates which were 199.4, 156.7, and 144.1. These rates are only leading causes of deaths with 3 or more average events included and base upon per 100,000 (CDPHE, 2005-2009).

LEADING CAUSES OF DEATH IN RIO BLANCO COUNTY



SYSTEM CAPACITY ASSESSMENT

The System, Workforce, and Funding

THE SYSTEM

In Rio Blanco County, Shawn Bolton, Jeff Eskelson, and Jon Hill, are the County Commissioners and act as the Local Board of Health. This group has the authority to adopt public health regulations and advise the county or other elected officials on policies, programs, and budgets related to public health.

WORKFORCE & PUBLIC HEALTH

In Colorado law, public health practice is defined as, “the utilization of science-based strategies to promote the health of the community; prevent disease, injury and premature death; and respond to environmental threats and emergencies that could impact human health.” The public health department works with state, regional, and local partners with guidance from the Office of Planning & Partnerships to ensure the provision of the Essential Public Health Services (see sidebar).

Colleen Zufelt, RN is the Public Health Director for Rio Blanco County. She oversees the provision of the essential public health functions.

Emergency Preparedness and Response (EPR) is provided through a regional model. These services are managed by team members in each community and coordinated by an emergency preparedness coordinator that works throughout the region.

Jeremy Simmons is the Environmental Health Officer for Rio Blanco County. He conducts restaurant inspections, educates the public on safe food handling, monitors air & water quality, and conducts epidemiology/ outbreak investigations.

PUBLIC HEALTH ACTIVITIES

Specific public health activities include:

- Child immunizations are provided for those who are on Medicaid, underinsured or have no insurance, or Native American or Alaskan Native. Adult immunizations are provided to those who have no insurance.
- Influenza vaccine is available to all Rio Blanco County residents during flu season.
- Family Planning Services are available to those who qualify.
- Surveillance and response of communicable/infectious disease.
- Reporting to CDPHE Office of Planning & Partnerships and Maternal Child Health (MCH) annually.
- Women, Infant & Children (WIC) services
- General public information distribution and Health & Environmental education as needed by the community.

Essential Public Health Services

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

FUNDING

Most of the revenue to fund public health needs, including core services provisions, come from state sources, county levies, fees, and cash donations.

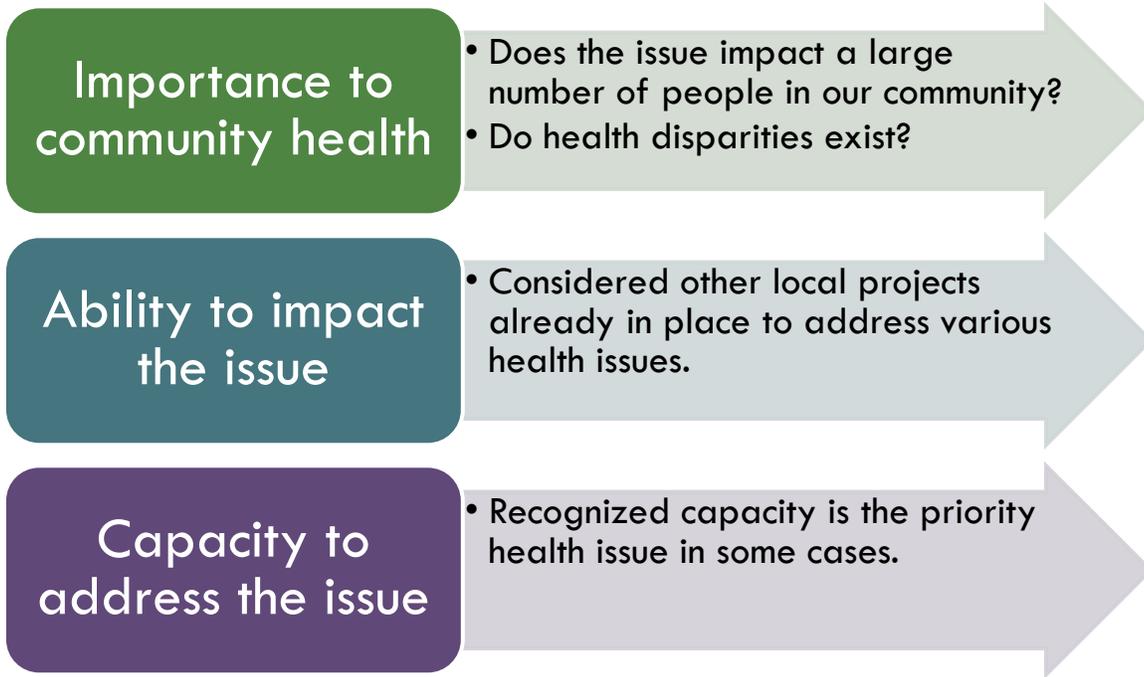
Capacity based on funding is a two-fold issue though. While there is not always enough funds to help sustain rural local public health work, there is also an issue with having the capacity to seek out and utilize funds when they become available. Due to workforce limitations in the public health and medical health communities, the effective use of foundation or other grant funds is not always feasible.

MEDICAL CARE

There are two hospitals in Rio Blanco County. Pioneers Medical Center is located in Meeker and Rangely District Hospital is in Rangely. Both towns have primary care providers and a limited number of specialists.

PRIORITIZATION OF HEALTH ISSUES

The following diagram represents the three main focus areas upon which the prioritization process was based: importance to community health, ability to impact the issue, and capacity to address the issue. Each of these main areas contains a subset of questions or observations used to facilitate the prioritization process.



Prioritization Phase I

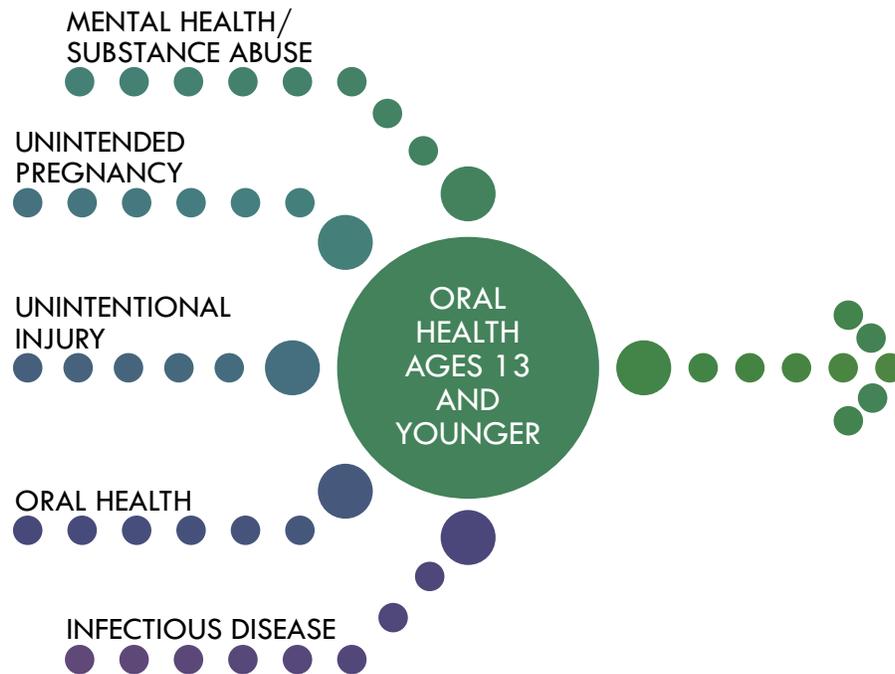
At the beginning of the prioritization process, major highlights from the Community Health Assessment were categorized by the 10 Winnable Battles and discussed as a group. As noted before, quantitative data in rural communities can be flawed or unavailable due to limited resources and responses. This point makes community stakeholder input and discussion vital to the process. Having the chance to “tell the story” or add background information to the data added great value and helped the group narrow in on a few focus areas.

The first prioritization meeting in Rangely resulted in the group narrowing the focus to five focus areas that they wanted to review more data sources.

Phase I Focus Areas
Mental Health/Substance Abuse
Unintended pregnancy
Unintentional injuries
Oral health (5 and younger)
Infectious disease

Prioritization Phase II

Community stakeholders were reconvened in Meeker to review the narrowed focus areas. Prior to this meeting, capacity and feasibility around each focus area were assessed. A primary question was, “Do we have the *ability* to address the issue?” The group continued to come back to this question as the expanded datasets were reviewed for the five focus areas. The group discussed each section, summarized work that was already happening in the community around the focus areas, and where there was room for impact. Ultimately, the group decided that oral health for children 0-13 should be the primary focus. Although there is a dental hygienist program at the Colorado Northwest Community College campus in Rangely, there are still significant gaps in access and services for children. The group also decided it would be advantageous to align with regional efforts that could provide support in this area as well.



GOALS AND STRATEGIES FOR PUBLIC HEALTH IMPROVEMENT

Oral Health

Oral health is an essential part of overall health and is an important public health issue. Even though diseases of the mouth (oral diseases) are nearly 100 percent preventable they are a common issue among children and adults. Safe, inexpensive preventive measures such as water fluoridation and dental sealants are available, but many children lack access to these interventions, and cavities are still the most common chronic disease of children. Nationally, the number of children between ages 2 and 5 with cavities has increased 15 percent during the past decade (CDPHE, 2013).

In relation to overall health, periodontal disease (gum disease) has been linked to cardiovascular disease, diabetes, and stroke. Medications to control chronic diseases can cause a dry mouth, leading to fast-growing cavities. People with ill-fitting dentures are at risk for nutritional deficiencies and poor quality of life (CDPHE, 2013).

Access to regular preventive care and interventions is necessary to help Colorado win the battle against oral diseases (CDPHE, 2013). Data shows that children on Medicaid are not accessing their dental benefits because there is a lack of providers that will accept Medicaid in Rio Blanco. In order to address access issues along with overall oral health needs of children in the county, Rio Blanco County will focus on increasing the overall oral health of children 0-13. Since data is also sparse for oral health statistics, an element of this work will include data collection and analysis.



ORAL HEALTH	
Strategy	Improve oral health among children ages 0-13 in Rio Blanco County by utilizing regional resources for screenings, sealants, varnish, and other preventive/treatment options.
Five year goal	Improve overall oral health among children ages 0-13 in Rio Blanco County.
Objectives	<ul style="list-style-type: none"> • By July, 2014, assess community oral health programs and resources already available for children ages 0-13 in Rio Blanco County. • By December 2014, coordinate at least two Cavity Free at Three trainings at either medical, dental, or child care settings utilizing Regional Oral Health Specialist¹. • By December 2014, develop a plan in coordination with the Regional Oral Health Specialist to implement in school screenings, sealants, varnish application, and a referral system for Pre-Kindergarten through 8th grade students. • By December 2015, develop ongoing data collection system and assessment of screening outcomes and referrals in school and child care settings.
Action Steps	<ul style="list-style-type: none"> • Conduct oral health community assessment for programs and resources already available such as in school screening programs, etc. Analyze and identify gaps. • Develop plan to address gaps identified in assessment. • Provide Cavity Free at Three trainings in child care settings, medical offices, public health office, and dental offices in the county. • Develop data tracking system in order to track screenings, outcomes, referrals and other important data points. • Develop community outreach plan to inform public on the importance of oral health prevention and treatment.
Organization(s) responsible	<ul style="list-style-type: none"> • Rio Blanco Public Health Department • Northwest Colorado Community Health Partnership

SYSTEM-WIDE COORDINATION

HOW TO ACCOMPLISH COLORADO’S PUBLIC HEALTH IMPROVEMENT PLAN

This plan follows the Colorado Health Assessment and Planning System (CHAPS) template created by the Office of Planning and Partnerships at CDPHE and aligns with the assessment and planning goal of the statewide health improvement plan. Through the public health staff in Rio Blanco County, work will continue to be reported on to CDPHE.

¹ Northwest Colorado Community Health Partnership works with the Northwest Colorado Dental Coalition to fund a Regional Oral Health Specialist position. This person is a dental hygienist and will be responsible to provide support in assessments, plan development and implementation. As a hygienist this person will also conduct in school screenings, sealants, varnish application and referrals.

FINANCIAL PLAN TO MEET PUBLIC HEALTH NEEDS, CORE SERVICES PROVISION

In order to meet the public health needs outlined above, Rio Blanco County will first utilize available resources for Cavity Free at Three that are ending at the end of 2013. Rio Blanco will also have access to services provided through a Regional Oral Health Specialist. This position will have a mobile screening/sealant unit, which will allow for in school screenings in both Meeker and Rangely. This position will be funded through a grant with CDPHE, which will end in 2015. Before that time, the Northwest Colorado Community Health Partnership will evaluate the program and develop a sustainability plan for the Regional Specialist.

WORKS CITED

- Rio Blanco County Quickfacts. (2013, June 27). Retrieved August 23, 2013, from U.S. Census Bureau State and County Quickfacts: <http://quickfacts.census.gov/qfd/states/08/08057.html>
- CDPHE. (2005-2009). *Pregnancy Risk Assessment Monitoring System* . Retrieved from Maternal Child Health Data Set 2011.
- CDPHE. (2005-2009). *Vital Statistics*.
- CDPHE. (2011). *Maternal Child Health 2011 Data Set*.
- CDPHE. (2013). *Oral Health*. Retrieved from Colorado's 10 Winnable Battles.
- CDPHE. (n.d.). *Adult Health Data*. Retrieved from CDPHE COHID:
http://www.chd.dphe.state.co.us/topics.aspx?q=Adult_Health_Data
- CDPHE. (n.d.). *CDPHE Radon Program* . Retrieved from
<http://www.coepht.dphe.state.co.us/Environment/radon.aspx>
- Colorado Department of Human Service. (n.d.). *Division of Behavioral Health (retrieved from OMNI Institute)*.
- Colorado Fiscal Policy Institute. (2009). *The Self Sufficiency Standard for Colorado 2008 A Family Needs Budget*. Denver.
- Colorado Health and Hospital Association. (2006-2010). *Colorado Injury Hospitalization Statistics*. Retrieved from Colorado Health Information Dataset .
- Colorado State Demography Office. (n.d.). *2010 Census Data*.
- National Kids Count, C. C. (2013). *Colorado Indicators*. Retrieved from Kids Count Data Center:
<http://datacenter.kidscount.org/data#CO/2/0>
- Rio Blanco County. (2013). *Homepage*. Retrieved from Rio Blanco County: <http://www.co.rio-blanco.co.us/>
- U.S. Census Bureau. (n.d.). *2005-2009 American Community Survey and U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement*.
- U.S. Census Bureau. (2009). *Small Area Income and Poverty Estimates*. Retrieved from U.S. Census Bureau:
<http://www.census.gov/did/www/saipe/>
- Wikipedia. (2013, July). *Rio Blanco County*. Retrieved from Wikipedia:
http://en.wikipedia.org/wiki/Rio_Blanco_County,_Colorado