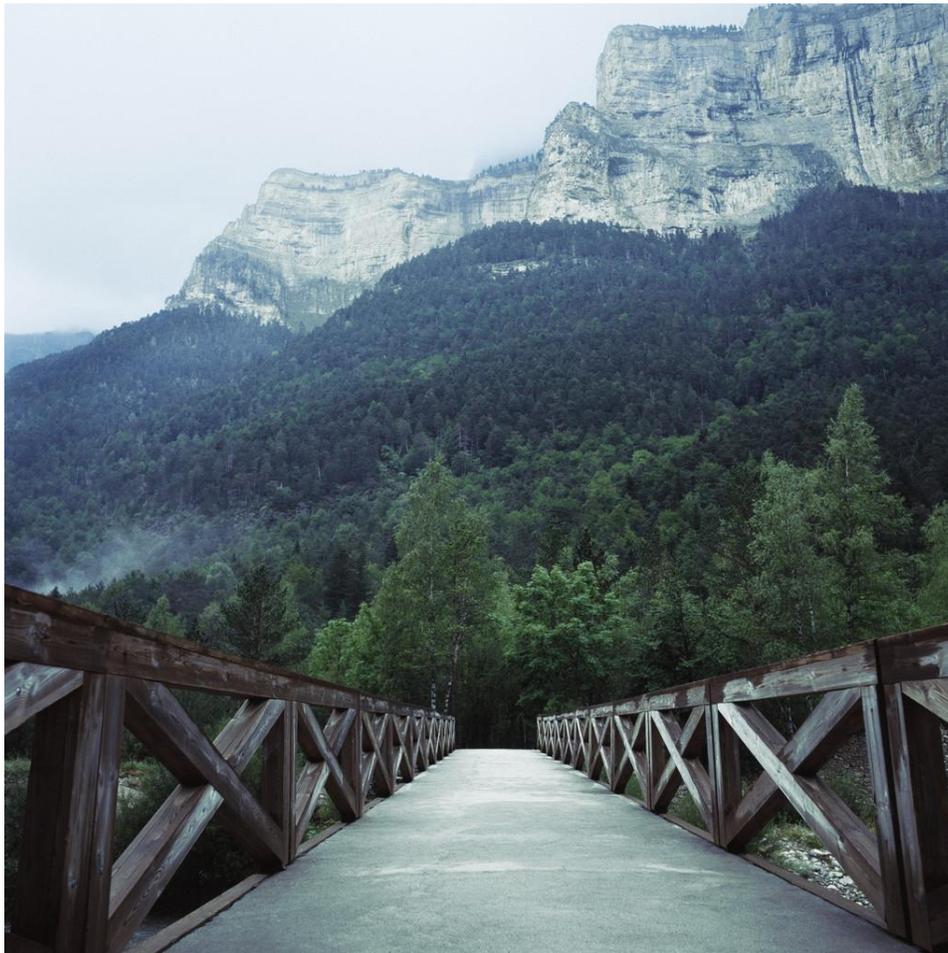


# Saguache County Public Health

## Public Health Improvement Plan

January 2013-December 2017



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## Introduction

The challenge of preventing illness and improving health is ongoing and complex. In 2008, the Colorado Public Health Act was signed into law, calling for major reforms to the state's governmental public health system. The purpose of the Act is to assure that core public health services are available to every person in Colorado, regardless of where they live, with a consistent standard of quality. Toward that end, the Act requires the use of assessments to determine both population health and system-wide capacity issues and to then develop five-year state and local public health improvement plans that engage communities in health improvement, increase the availability and quality of public health services, and ultimately improve health outcomes.

In response to the Act, the Office of Planning and Partnerships (the Office) was created at the Colorado Department of Public Health and Environment (CDPHE). The purpose of the Office is to coordinate the implementation of the Act, facilitate the development of a standard public health improvement planning system, provide technical assistance, and act as liaison between state and local public health agencies (LPHAs). The Office is guided by the Public Health Improvement Steering Committee, comprised of stakeholders with representation from around the state.

The Act requires that state and local public health improvement plans (PHIP) be developed based on a community health assessment and capacity assessment every five years... also requires that state and local public health improvement plans be in alignment with one another. Therefore, the current statewide public health improvement plan will inform development of the new local public health plans, which will then inform the development of the next statewide public health improvement plan within each five year planning cycle. The public health plan (also called a public health improvement plan or a community health improvement plan) is a systematic road map that illustrates county or regional public health needs, describes priorities for health improvement, names the partners to be involved, documents the steps to get there, and provides a method for evaluating progress. The plan is for the entire community, including leaders, system partners, public health staff and boards of health.

The Act requires that the comprehensive statewide public health improvement plan is due every five years with local public health plans to follow. The first plan was completed in 2009, so it is recommended that all local plans be completed by 2013 to inform the next statewide plan in 2014 (CHAPS, April 2012).

*Read the entire Colorado Health Assessment and Planning System (CHAPS) Guidebook at:*  
<http://www.chd.dphe.state.co.us/CHAPS/default.aspx>

## Purpose

The purpose of this Public Health Improvement Plan (PHIP), is to:

- Guide Saguache County Public Health's consideration of, and participation in the public health system of the San Luis Valley;
- Provide a roadmap for deliberate and incremental improvements to both local and regional public health over a five-year period;
- Mobilize communities, align policy and programmatic efforts;

- Outline future work with community, state, and national partners;
- Increase the efficiency and effectiveness of the public health system in Saguache County;
- Provide data and information to support grant applications;
- Identify areas for greater resource allocation in order to provide essential public health services;
- Incorporate, to the extent possible, goals and priorities for public health in the San Luis Valley (SLV) region;
- Consider available resources, including but not limited to state and local funding, and respond to actual subsequent allocations;
- Inform State Public Health Improvement Plan (PHIP).

## Jurisdiction

This Public Health Improvement Plan focuses Saguache County, as well as regional strategies that include all 6 counties in the San Luis Valley: Alamosa, Conejos, Costilla, Mineral, and Rio Grande. While Mineral County decision-makers chose not to participate in the public health assessment process that led to the two regional priorities in this plan, they have since agreed to collaborate on the two priority action plans.

The SLV is comprised of about 8,200 square miles of mountains, farmland and desert. It is the highest alpine valley in North America. The SLV makes up 10% of the landmass of the state of Colorado, and is designated as a rural, frontier region with a population of 46,027.

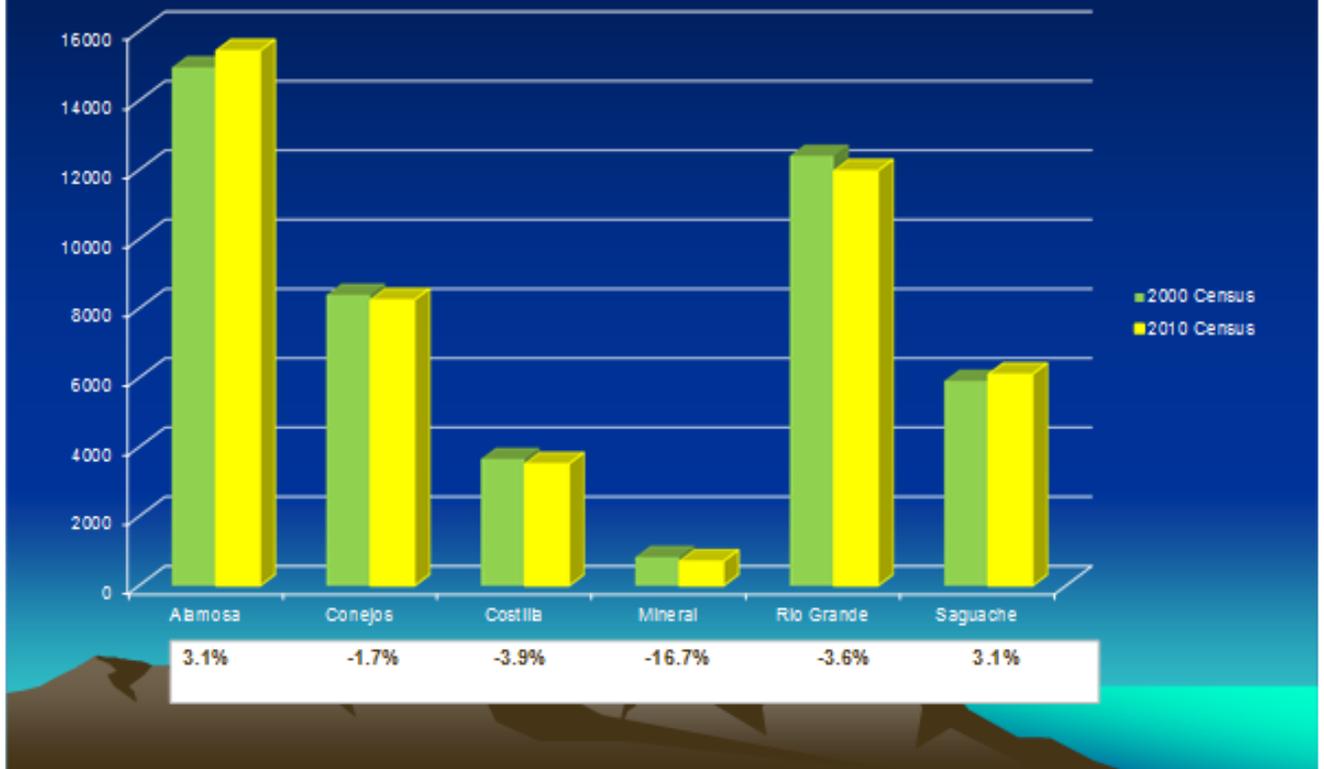
Region wages are 62% of state average, and less than half the national average. The SLV has 9.3% higher percentage of residents living in poverty and nearly 15% higher percentage of children living in poverty than the state overall. The region has the third highest number of uninsured population in Colorado. Alamosa County, the most populous of the six SLV counties, is the regional trade center.

In 2010 Census, the population of Saguache County was 6,108. Saguache is a frontier county with a population density of with 1.9 people per square mile. There are seven municipalities in Saguache County: Saguache, Center, Crestone, Moffat and Sergeants. In addition, there are several unincorporated communities, including Bonanza and Villa Grove. The county experiences an increase in population in the summer months, particularly Center (which experiences an influx of agricultural labor) and Crestone (related to spiritual tourism and second homes). In the fall, hunters come to federal lands in Saguache County during elk and deer season. 25.3% live below the poverty line, more than twice Colorado's poverty level of 12.5%.

Saguache County has been designated a Medically Underserved Population (MUP) and a Low Income Primary Health Professional Shortage Area (HPSA). There is no hospital in Saguache County. There are 4 medical clinics, 2 in Crestone, one (2 days/week) in Saguache, one (3 days/week) in Moffat, and one (5 days/week) in Center. There are a variety of alternative medicine practitioners in Crestone, providing diagnostic, treatment, and herbal medicine services. The county is served by 3 Emergency Medical Service organizations. These, as well as fire departments, are primarily operated by volunteers.

## Population

## SLV Region population by county 2000 to 2010



### Growing Concerns

The Public Health Directors for the five SLV counties that collaborated on this PHIP began the community health assessment process for this five-year cycle in the summer of 2011. Several issues were identified as constraints on public health infrastructure and services in the on-going depressed national, state and local economic climate.

- A challenged public and environmental health infrastructure
- An aging public health workforce (at least 50% over age 50), and a lack of qualified human and financial resources personnel to replace this pool as workers begin to retire
- Strained and inadequate financial resources in a chronically impoverished region
- A history of addressing past public health priorities based on the availability of funding rather than thorough community assessment and strategic planning
- Inadequate environmental health resources among local jurisdictions and a reliance on state resources to evaluate and respond to environmental health concerns.
- A national recession which increased the need for public health interventions, especially prevention programs
- A low local and regional capacity for prevention planning and implementation

The group weighed the possibility of a regional collaboration that could address these shared concerns and deficits while maximizing the utility of the available resources, knowledge, and experience.

## Regional Approach

The six public health agencies of Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties agreed to develop a regional approach to a portion of the public health improvement plan because:

- Common issues make it easier to strategize as a region;
- Incentives exist for a regional approach among funding sources;
- Sharing resources and collaborating on programming saves money for individual counties;
- Emergency Preparedness and Response provided a successful regional model;
- Familiarity and a historic regional identity facilitated a concept of partnership among SLV agencies;
- Shared planning provided for higher population numbers when applying for grants;
- Shared resources make strategic use of limited professional resources; and maximized the availability of local expertise in more and different fields.

## Coordination for State PHIP

The PHIP process was coordinated with the state health department's Office of Planning and Partnership through a regional public health assessment facilitated by a temporary public health planner, contracted to assist the Local Public Health Agencies (LPHAs) of the SLV with the initial steps of the PHIP. All six counties participated in regional and local processes of identifying priorities and determining interventions. LPHAs maintained sight of Colorado's 10 Winnable battles as a means to capitalize on statewide campaigns and resources. In addition, Division priorities within CDPHE (such as Maternal Child Health priorities) were considered as a way to coordinate local and statewide efforts.

## Process & Stakeholder Involvement

The Public Health Planner assisted LPHA's to assemble data for each individual county and for the SLV region. Each LPHA then reviewed recent (2011) Community Health Survey data made available by the Rocky Mountain Prevention Research Center at the Colorado School of Public Health. Agencies reviewed information from capacity assessments conducted by the CDPHE's Office of Planning and Partnership and the Colorado Association of Local Public Health Officers (CALPHO). The planner then held meetings with each LPHA to individually analyze data and discuss gaps.

Saguache County Public Health staff made a formal presentation to key public health decision makers and stakeholders in Saguache County for discussion and prioritization of top issues. An analysis of individual county priorities identified several areas for potential regional collaboration:

1. Building a Regional Partnership that is structured, agreed-upon by local governments;
2. Building capacity for Environmental Health services provision in the region;

### 3. Increasing capacity for Chronic Disease Prevention and Health Promotion in the SLV.

Action plans were then prepared for regional and local priorities.

## Local Stakeholder Involvement

To begin the community health assessment process, Saguache County Public Health first conducted an internal review of existing data. We reviewed data available from: the Colorado Department of Public Health and Environment, the Rocky Mountain Prevention Research Center's recent adult health survey, local data on substance use and risk behaviors in youth, breastfeeding rates, immunization rates and communicable disease rates. Community health issues were "flagged" when the county-level incidences and/or rates were significantly different from either state or national rates or incidences.

Together with the regional Public Health Planner, we developed a platform for presenting the data to community stakeholders, and subsequent discussion of possible priorities (see Annex 2 for the PowerPoint presentation of the data). A total of 35 community stakeholders from local schools, healthcare providers, childcares and headstarts, service agencies, governmental entities, and faith communities were identified and invited to attend a stakeholder meeting. Of the 35 invited, 13 stakeholders attended a lunch meeting. The meeting included a presentation of the data, discussion of possible priorities to address in a five-year Public Health Improvement Plan (PHIP), a list of data gaps and possible data collection strategies to work into the PHIP. For those stakeholders who could not attend, we sent a set of slides presenting the data, and then followed up with a set of slides describing the conclusion drawn at the stakeholder meeting: possible priorities, next steps, etc. This second communication was also sent out to those who attended the lunch meeting. We requested feedback from all parties as to the priorities set, the gaps identified, and next steps as planned. A set of data, together with priorities identified was then brought to an open session of the Saguache Board of County Commissioners, which included representatives of three local media outlets, Saguache County Board of Health members, and general public audience. Discussion of possible priorities and next steps occurred at this meeting as well.

After identifying a list of ten possible priorities for attention in the PHIP, Saguache County Public Health brought that list to a SLV Regional LPHA meeting. At that meeting, SCPH shared our priorities list, as did five other counties. As a region, we identified areas of mutual interest/concern, and discussed the possibility of collaborating on planning and intervention. At that meeting, we agreed that for some mutual priorities, a regional strategy would be beneficial. We agreed to explore the possibility of a regional approach, and designated at least one item on the PHIP to address this.

# Saguache Priorities

A set of 10 priorities were identified by the stakeholder group through the process described above. These priorities were grouped into three main categories of concern: obesity, reproductive health, and respiratory health. The tenth priority, breast cancer screening, remains on its own.

## **Obesity**

1. Obesity prevention: youths
2. Obesity prevention: adults
3. Diabetes & cardiovascular disease

## **Reproductive Health**

4. Reproductive health: teen pregnancy
5. Reproductive health: early prenatal care
6. Reproductive health: infant mortality

## **Respiratory Health**

7. Respiratory health: smoking
8. Respiratory health: vaccination  
(flu & pneumonia)
9. Respiratory health: asthma

## **Cancer Screenings**

10. Breast cancer screening

# Factors Considered in Regional Prioritization

The following questions were asked to better establish both regional and local priorities:

- Does this priority ensure that limited resources can be targeted, and important issues can be spotlighted?
- Is this a high priority, high visibility, issue that partner organizations and communities will come together to champion?
- Can these efforts occur alongside the maintenance of regular public health activities?
- Can the individual agency or partnership adequately address the priority, given current capacity levels and the resources required to maintain existing services?
- Is this priority a service or program duplication, or better provided by another community organization?

- Can this priority be leveraged to shift resources toward the new focus area which was previously unaddressed?

In addition to the above questions, the following matrix helped to place the priority, and associated interventions into a continuum of assessment, intervention, and evaluation as illustrated.



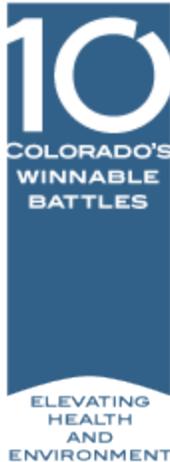
## Colorado’s Winnable Battles

### What is a Winnable Battle?

Colorado’s Winnable Battles are key public health and environmental issues where progress can be made in the next three years. These 10 Winnable Battles were selected because they provide Colorado’s greatest opportunities for ensuring the health of our citizens and visitors and the improvement and protection of our environment. Many of Colorado’s Winnable Battles align with the Centers for Disease Control and Prevention’s (CDC) Winnable Battles or are consistent with the Seven Priorities for EPA’s Future, while others reflect Colorado’s own unique priorities. These broad topic areas can be customized by counties and cities based on local priorities and authorities, or by agencies and other organizations whose missions overlap. All partners and stakeholders are needed and welcomed in helping address these Winnable Battles. With collective efforts, we can make a difference!

More information at <http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251628821910>

Colorado’s 10 Winnable Battles were considered for collaborative prioritization and synergy between the LPHA, the region, and state efforts. A list of Colorado’s 10 Winnable battles follows, with those that correspond to local and regionally identified priorities highlighted:



Colorado's 10 Winnable Battles:

- 1. Clean Air**
- 2. Clean Water**
3. Infectious Disease Prevention
4. Injury Prevention
5. Mental Health and Substance Abuse
- 6. Obesity**
7. Oral Health
8. Safe Food
9. Tobacco
- 10. Unintended Pregnancy**

## The Public Health Act and Core Services

In addition to Colorado's 10 Winnable Battles, Core Public Health Services were considered as local and regional obligations that are set by statute, and components of nationally recognized public health standards.

"SB 08-194, the Public Health Act authorizes the Office of Planning and Partnerships of Colorado Department of Public Health and Environment to create a Statewide Public Health Improvement Plan, including core services and standards that will set priorities for the public health system in Colorado, and will provide the basis for local public health improvement plans."

### **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

#### **Colorado State Board of Health**

#### **CORE PUBLIC HEALTH SERVICES**

*6 CCR 1014-7 Public health core services in Colorado shall include, but need not be limited to the following:*

- A. Assessment, Planning, and Communication
- B. Vital Records and Statistics
- C. Communicable Disease Prevention, Investigation, and Control
- D. Prevention and Population Health Promotion
- E. Emergency Preparedness and Response
- F. Environmental Health
- G. Administration and Governance

While local boards of health may chose to limit the scope of services provided at the local level (see exemption below), the regional approach to public health planning identified a gap in Environmental Health services available locally in the SLV, in marked contrast to the local provision of other Core Services at this time.

**Exemption from the Provision of Core Services:**

“When sufficient appropriations are absent, the local board shall set priorities for fulfilling the duties described in section 25-1-506(3), C.R.S., and include the list of priorities in its local public health plan submitted pursuant to section 25-1-505, C.R.S. The local board of health may choose to limit the scope of the core public health services provided that there is limited need for the core public health services in the community, or other providers provide this service sufficient to meet the local need.”

For details see: <http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251588259796>

## Social Determinants of Health

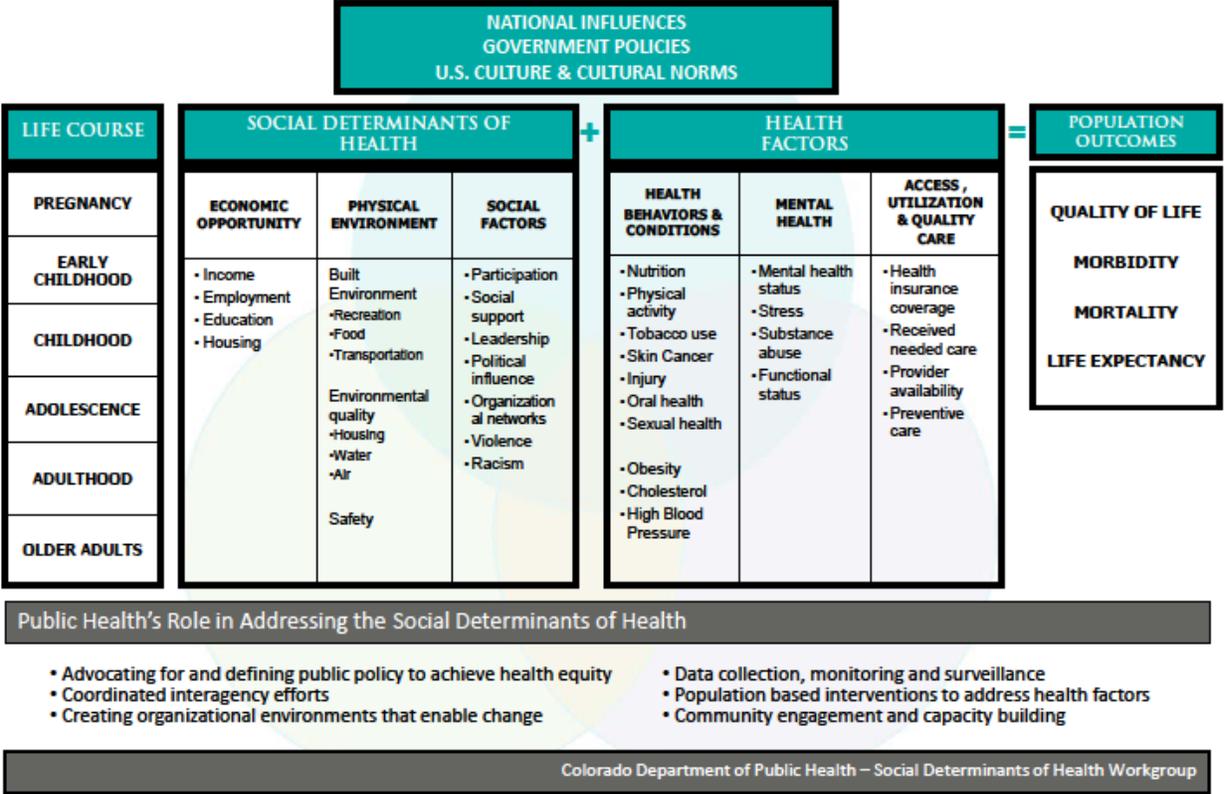
The World Health Organization defines the social determinants of health as “the circumstances into which people are born, live, work, and age; and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics” (World Health Organization). The Colorado Department of Public Health and Environment (CDPHE) created the health equity model below, which conceptualizes a wide range of factors that influence health. These “social determinants of health” are grouped into:

- Life course perspective: how populations are impacted differently during the various stages of life,
- Social determinants of health: societal influence, such as economic opportunity, physical environment and social factors that play critical roles in the length and quality of life,
- Health factors: components of health behaviors and conditions, mental health and access, utilization and quality of health care,
- Population health outcomes: measures of quality of life, morbidity, mortality and life expectancy.

The Social determinants of health, as part of the Health Equity Model adopted by the CDPHE, were considered as contributing factors to the health factors and population outcomes assessed in the Community Health Assessment. They were also considered in the development of Priority Area Action Plans, both for local and regional priority planning.

# Health Equity

AN EXPLANATORY MODEL FOR CONCEPTUALIZING THE SOCIAL DETERMINANTS OF HEALTH



## Additional Considerations

According to the Centers for Disease Control and Prevention, four modifiable health risk behaviors are responsible for much of the illness, suffering, and early death related to chronic diseases. (CDC)

1. lack of physical activity,
2. poor nutrition,
3. tobacco use, and
4. excessive alcohol consumption

These risk behaviors were considered in the selection of local and regional goals for the PHIP.

*Community Health Survey data from the RMPRC indicated that over half of the SLV adult population has at least one chronic disease. (CHS)*

## Regional Opportunities for Collaboration

When local priorities were mapped for the SLV region, together with Colorado's 10 Winnable Battles, the following crosswalk illustrated a number of potential areas for collaboration:

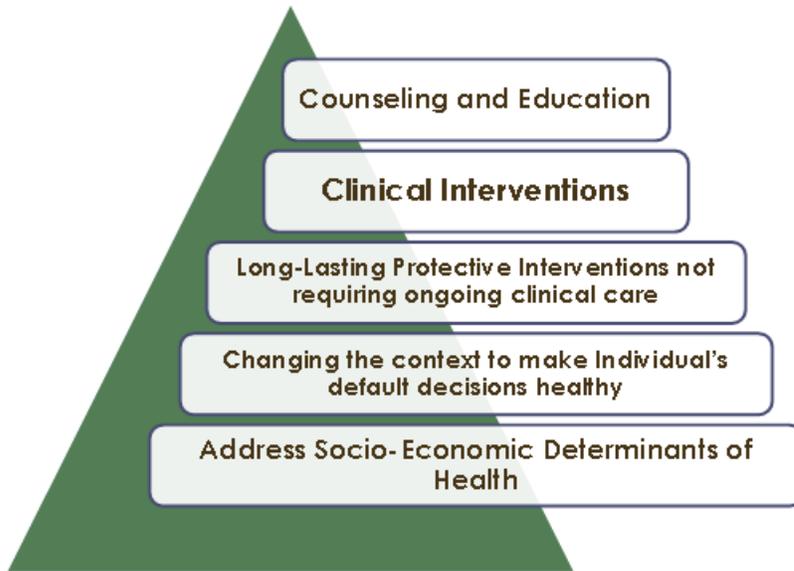
Priorities	Alamosa	Conejos	Costilla	Saguache	Rio Grande	Winnable Battle
Obesity						
Diabetes						
Cardiovascular Disease						
Cancer						
Mental Health & Substance Abuse		(ETOH)			(ETOH)	
Teen & Unintended Pregnancy						
Tobacco						
Infectious Disease (flu & Pneumonia)						
Asthma (Clean Air)						Clean Air
Oral Health						
Injury Prevention		(unintentional)	(MVA)			
Child Abuse						
Breastfeeding						
Early Prenatal Care						
Infant Mortality						
Hepatitis C						
Access to Care						
Prevention & Promotion						
Environmental Health						Clean Air

## Criteria for Goal Selection

The following criteria were considered by the SLV LPHAs as they weighed priority areas for either local or regional intervention.

- Must have high need in region/all counties
- Must have some degree of benefit to all counties
- Must meet minimal needs when too few resources
- Depending on project, it might look different administratively
- Significance to Community Health
  - The prevalence of individuals affected or at risk (e.g., mortality, morbidity and injury rates)
  - The degree of health disparities or impact to subpopulations
- Ability to Impact the Issue
  - Existence of strategies/best practices likely to have an impact
  - Level of community readiness and support for change (including political will)
- Capacity to Address the Issue
  - Local organizations that are prepared to take the lead
  - Sufficient resources, including staffing and funding, is available or obtainable

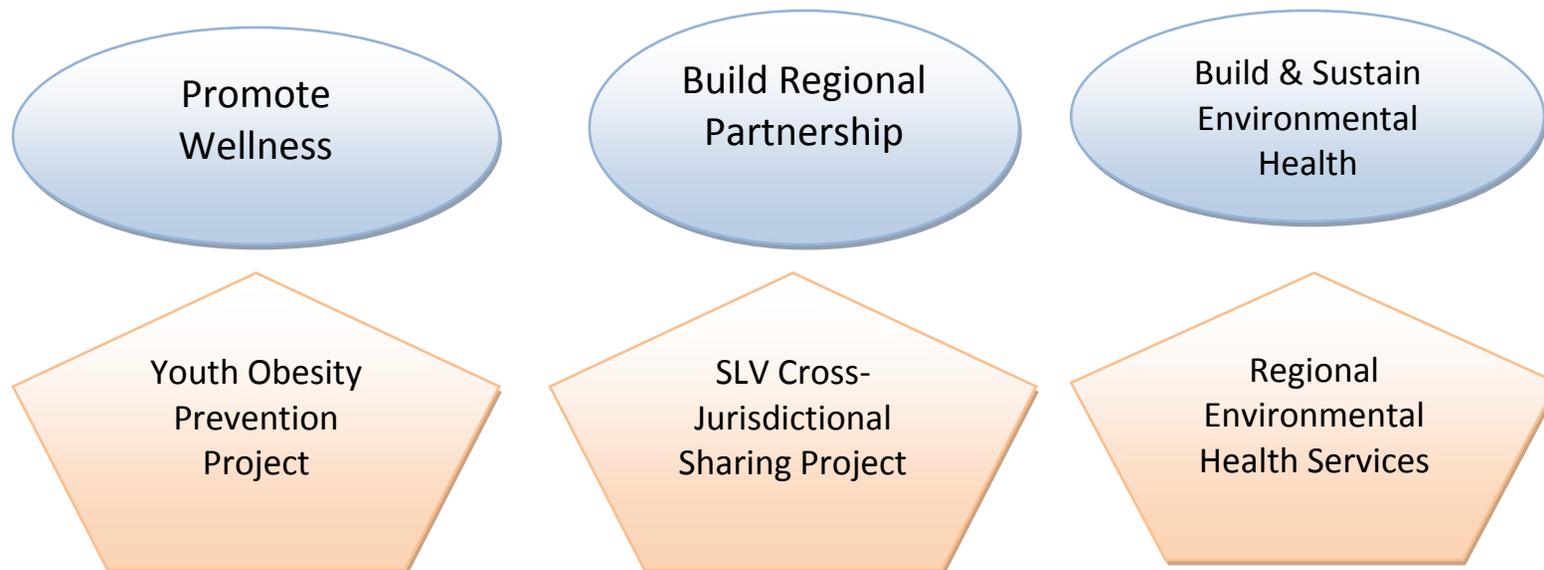
The following intervention pyramid served as a guide to the LPHA group in mapping existing efforts in SLV communities, and to direct public health goals over the next five years.



## TIMELINE

TARGET DATE	STEP
Nov 2011	Initial meeting with OPP, decision to utilize a regional planner to assist each county with PHIP and help identify regional planning as helpful for some or all priorities
Dec 2011	Public Health Director completes Capacity Assessment with OPP and CALPHO
Jan 2012	Regional Planner assembles data
Jan 2012	Regional Planner meets with LPHA staff to review data, discuss gaps and identify areas of concern
Mar 2012	LPHA determines top 10-15 areas of concern and researches areas of incomplete data
Mar 2012	Planner prepares draft of stakeholder presentation; LPHA revises and customizes presentation.
Apr 2012	LPHA meets with stakeholder groups to review data, discuss areas of concern and determine possible priorities.
May 2012	Meeting of SLV LPHAs, Regional Planner, and OPP to compare top county priorities and discuss next steps. Decision to pursue funding to study the formation of a SLV Public Health Partnership.
Fall 2012	Write county PHIP to include regional priorities and activities as appropriate
Early 2013	Submit PHIP to CDPHE
2013-2017	Carry out the PHIP. Ongoing tasks include linkages to other community efforts, evaluation, and communication.

## Saguache County PHIP Framework



### Priority Area 1: Promote Wellness

The age-adjusted prevalence for most chronic diseases is lower in Colorado than for the nation as a whole. However, this is not the case for San Luis Valley residents. With the exception of asthma and stroke, the SLV has a higher prevalence of chronic disease than the state of Colorado and mirrors a similar pattern to the nation.

The percentage of children age 2 to 14 overweight or obese in the San Luis Valley is 31.5%, as compared to 27% for the state overall. For Saguache County adults, overweight and obesity go up to 62%, compared to 56.5% for the state (BRFSS, 2009-2010). A recent Community Health Survey, conducted by the RMPRC, indicated that 8% of Saguache County adults reported having been told by their healthcare provider that they had diabetes, compared to 5.7% for the state overall. Food insecurity in the San Luis Valley for children age 1 through 14 years was measured at 36.5% from 2007-2009, as compared to 27.1% for the state overall. Our largest of three school districts (representing 75% of the total school

population in Saguache County) has 95% of students qualifying for the free or reduced lunch program. All our children by the nature of socioeconomic status and isolated rural status experience health disparities.

While chronic disease prevention and wellness promotion were identified by all six SLV counties as priority areas, it was decided that each LPHA would address different wellness concerns at this time, and implement different action plans. It was thus determined that at this time, wellness promotion would be a county-level, rather than a regional priority area.

#### **5 Year Goal:**

Leverage local partnerships with schools, Colorado School of Public Health, and local foods resources to prevent obesity among Saguache County youth.

- **Schools use HAC as platform to address unmet wellness needs, including sustainability and policy enforcement.**
  - By June 30 2013, SCPH will engage School Health Advisory Committees (HAC) to address youth obesity prevention.
- **Schools conduct at least one high-risk screening for obesity per year in Saguache County.**
  - By June 30 2017, SCPH will assist 4 of 4 schools to conduct annual high-risk screenings for obesity.
- **Increased access to fresh foods for Saguache County residents.**
  - By October 31, 2017, SCPH will increase access to fresh foods in at least 2 grocers in the county.
  - By October 31, 2017, SCPH will sponsor a series of courses, cooking demonstrations, and recipe distribution in communities where participating grocers are located.

#### **Key Indicators for Wellness**

- Rate of chronic disease is high and is the leading cause of premature death.
- Low county health rankings for most counties.
- High rates of cardiovascular disease, malignant neoplasms, obesity, tobacco use.
- RMPRC data shows high rates of chronic disease, obesity and smoking.

#### **Saguache County Wellness Strategy: Youth Obesity Prevention Project**

Discussion of local, regional, statewide and national obesity rates and trends raised additional items for consideration during Saguache County Public Health's Stakeholder meeting. Several item specific to obesity/chronic disease prevention for youth included:

- Farm-to-table program in schools
- Review of school menus
- Food preparation technique classes for parents
- Nutrition education for parents

In October, 2012, Saguache County Public Health began working on the Youth Obesity Prevention Project, a three-year program funded through the Cancer, Cardiovascular and Pulmonary Disease Program at CDPHE.

**Action Plan**

<b>Strategic Priority One: Obesity Prevention and Wellness Promotion</b>						
<b>Lead entity: Saguache County Public Health</b>			<b>Supporting entities: Colorado School of Public Health, Rocky Mountain Prevention Research Center, Mountain Valley School, Moffat School, Crestone Charter School, Center School District, and other community partners.</b>			
<b>Key Indicators</b>	<b>Five Year Goal(s)</b>	<b>Strategies</b>	<b>Activities</b>			<b>SMART Objectives</b>
			<b>Major activities</b>	<b>Organization(s) responsible</b>	<b>Timeframe for Completion</b>	
<ul style="list-style-type: none"> <li>• 31.5% of children age 2-14 in SLV are overweight or obese (compared to 27% for the state)</li> <li>• 62% of Saguache County adults are overweight or obese (compared to 56.5% for the state)</li> <li>• 8% of Saguache County adults report having been told by their healthcare provider that they had diabetes (compared to 5.7% for the state)</li> <li>• Food insecurity in the SLV for children</li> </ul>	<p><u>Year 1 Goal:</u> Schools use HAC as platform to address unmet wellness needs, including sustainability and policy enforcement.</p>	<p>1. Set wellness goals and objectives for each academic year in HACs.</p>	<p>1. Meet with school administrators, create list of current activities and database of policies in all 4 schools.</p>	SCPH	December 30, 2012	<p>By June 30 2013, SCPH will engage School Health Advisory Committees (HAC) to address youth obesity prevention.</p>
			<p>2. Partner with HACs by participating in regular meetings.</p>	SCPH	December 31, 2017	
			<p>3. Partner with Rocky Mountain Prevention Research Center (RMPRC) and school administration to re-establish Health Advisory Committee (HAC) at Moffat School.</p>	SCPH	June 30, 2013	
	<p><u>Year 5 Goal:</u> Schools conduct at least one high-risk screening for obesity per year</p>	<p>1. Utilize research-based BMI tool for identification and care planning for high-risk children.</p>	<p>1. Conduct BMI and blood pressure screening and data analysis pilot with School Nurse at</p>	SCPH	September 30, 2013	

Strategic Priority One: Obesity Prevention and Wellness Promotion						
Lead entity: Saguache County Public Health			Supporting entities: Colorado School of Public Health, Rocky Mountain Prevention Research Center, Mountain Valley School, Moffat School, Crestone Charter School, Center School District, and other community partners.			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
<p>age 1-14 years was 36.5% from 2007-2009 (compared to 27.1% for the state)</p> <ul style="list-style-type: none"> <li>The largest school district, 75% of the total school population in Saguache County, has 95% of students qualifying for free or reduced lunch.</li> </ul>	in Saguache County.		Moffat School			
			2. Establish BMI/risk factor data collection and referral process.	SCPH, Moffat School	September 30, 2013	
			3. Train school nurses to BMI tool and risk factor data collection procedure.	SCPH, Moffat School	December 30, 2013	
			4. Present aggregate data from BMI screenings to HACs at Moffat, Crestone, Mtn Valley, and Center Schools.	SCPH	June 30, 2014	
			5. Determine process of referral and care planning options for each child at or above 95 <sup>th</sup> %ile with 1 additional risk factor (diabetes, HTN, asthma).	SCPH	June 30, 2014	
	<u>Year 5 Goal:</u> Increased access to fresh foods for Saguache County	1. Develop partnerships with at least 2 local grocers by promoting local	1. Meet with local foods coalition and draft resource list of producers/markets.	SCPH	June 30, 2013	By October 31, 2017, SCPH will increase access to fresh foods in at least 2 grocers in the county.

Strategic Priority One: Obesity Prevention and Wellness Promotion						
Lead entity: Saguache County Public Health			Supporting entities: Colorado School of Public Health, Rocky Mountain Prevention Research Center, Mountain Valley School, Moffat School, Crestone Charter School, Center School District, and other community partners.			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
	residents.	fruits and vegetables	2. Distribute list to 2 partner grocers.	SCPH	June 30, 2013	
			3. Facilitate purchase agreement between grocers and at least one vendor listed on local fresh foods inventory.	SCPH	March 30, 2014	
			4. Collect and analyze data related to local/fresh produce sales in both stores.	SCPH	Seasonally	
		2. Partner with Cooking Matters and CSU Extension to offer cooking courses and demonstrations at community venues.	1. Identify community venues for courses.	SCPH	December 31, 2014	By October 31, 2017, SCPH will sponsor a series of courses, cooking demonstrations, and recipe distribution in communities where participating grocers are located.
			2. Plan courses/ demonstrations with partner agencies.	SCPH/CSU/La Llave/grocers	March 31, 2015	
			3. Recruit participants and sponsor courses.	SCPH	Seasonally	
			4. Sponsor demonstrations, samples, and recipe distribution at participating stores.	SCPH/Stores/Schools	Seasonally	

The public health priority identified and addressed above matches well with a priority identified in Colorado’s Maternal Child Health Program. Both the local and statewide MCH priorities address youth and family access to nutrition education, physical activity, and the support social relationships that promote the incorporation of both into the community.

Saguache County Public Health elected to use MCH funding in 2012-2013 to complete this PHIP. In the four subsequent years covered in this PHIP, Saguache County Public Health plans utilize CMH funds to continue work toward MCH’s Objective F, as detailed below.

<b>Objective F: By September 30, 2015, low-income women of childbearing age and families with young children have low-cost opportunities within their communities to receive nutrition education, be physically active, and have supportive social relationships with others in the community. (Core Objective)</b>		<b>Lead: LPHA</b> <b>Email/Phone:</b>		
<b>Target Population: Low-income women of childbearing age and families with young children</b>				
<b>Criteria for Success:</b> <ul style="list-style-type: none"> <li>Low-income women and families have low-cost opportunities available for nutrition education, social support, and physical activity in their communities.</li> <li>Low-income women and families are aware of low-cost community opportunities for nutrition education, social support, and physical activity.</li> <li>Low-income women and families utilize community opportunities for nutrition education, social support, and physical activity.</li> </ul>			<b>As Measured by:</b> <ul style="list-style-type: none"> <li>Records of geographical locations of family-friendly opportunities</li> <li>Documentation of information dissemination about community opportunities.</li> <li>Records of facility usage patterns and/or survey of family usage of available community resources</li> </ul>	
<b>Evaluation of Objective:</b> <i>Completed during annual reporting</i>				
Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Increase community opportunities for physical activity, nutrition education, & social support	Partner with local recreation organizations, LiveWell community coalitions (if present), local extension agencies, and other potential partners to conduct a community assessment of available nutrition education and social support opportunities, recreation facilities, parks, open space and other opportunities for physical activity (resources provided by CDPHE).  Partner with WIC, Head Start, and other public health programs serving pregnant women and families with young children to further identify needs and preferences.	LPHA	LPHA	<i>During annual reporting, comment for each row if met/unmet</i>  Document completion of assessment and maintain results

## Financial

Activities will be funded for the first three years via grants from the Colorado Department of Public Health and Environment's Chronic Disease Program (CCPD). Additional funding will be pursued for the remaining two years, either via the same CDPHE program, or another entity. Opportunity for the sharing of obesity-prevention services, resources and functions across multiple public health agencies and jurisdictions will be explored as follow-up to activities described in Priority Two: Cross-Jurisdictional Sharing. "

## Priority Area 2: Build a Regional Public Health Partnership

### 5 year goal:

Create Regional Public Health Partnership

- **Formalize agreement to have a regional public health partnership.**  
By 6/30/13, LPHA's in San Luis Valley will have in place a formal agreement to participate in a regional public health partnership, which will improve core services in this region.
  1. Investigate or research information on forming a regional partnership.
  2. Prepare formal agreement that includes necessary structure for partnership.
- **Maintain agreement for regional public health partnership.**  
By 6/30 of each year, LPHA's in San Luis Valley will continue to update a formal agreement to participate in a regional public health partnership, which will improve core services in this region.
  1. Maintain funding and staff for regional partnership.
  2. Maintain signed agreements for regional partnership.

### Purpose for Regional Partnership

- Easier to leverage funding for regional projects and priorities
- Partnership will build and strengthen prevention and health promotion capacity Partnership will support the progression of Environmental Health infrastructure
- Funding incentives for regional approach
- More efficient use of resources
- Proactive approach to preparing for future projects.

## Action Plan

Strategic Priority Two: Cross-Jurisdictional Sharing						
Lead entity: Saguache County Public Health			Supporting entities: Alamosa, Costilla, Conejos, Rio Grande & Mineral LPHAs			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
<ul style="list-style-type: none"> <li>• Easier to plan for an seek funding for regional project and priorities</li> <li>• Support efforts to build and strengthen core services</li> <li>• Funding incentives for regional approach</li> <li>• More efficient use of resources</li> <li>• Proactive approach to preparing for future projects</li> </ul>	<u>Year 1 Goal.</u> Formalize agreement to have regional public health partnership	1. Research information on forming a regional partnership	1. Communicate with BOH, BOCC to discuss need, options and opportunity	All participating agencies	March 31, 2013	By March 31, 2013, document partnership communications plan for use throughout the project.
			2. Research processes structure and agreements utilized by at least 2 other successful regional public health partnerships	All participating agencies	February 28, 2013	By February 28, 2013, obtain signed contractual agreements with 5 core Cross-Jurisdictional – Sharing (CJS) Steering Committee member agencies.
		2. Prepare formal agreement that includes necessary structure for partnership	1. Obtain resources for coordination of process	All participating agencies	December 31, 2013	By December 31, 2013, document cross jurisdictional exploration agreement/statement.
			2. Plan structure including mission, vision, bylaws and sign agreement	All participating agencies	September 30, 2013	By September 30, 2013, document a CJS Strategic Plan as a guide to partnership collaborations throughout the project.
	<u>5 Year Goal.</u> Maintain formal regional public health partnership	1. Maintain regional partnership	1. Develop plan to sustain resources for regional programming	All participating agencies	January 14, 2015	By January 14, 2015, hold a total of 10 CJS in-state meetings as part of a structured process of building bonds, establishing shared power, and add to the

Strategic Priority Two: Cross-Jurisdictional Sharing						
Lead entity: Saguache County Public Health			Supporting entities: Alamosa, Costilla, Conejos, Rio Grande & Mineral LPHAs			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
						existing knowledge base.
			2. Continue to communicate with local BOH, BOCC to sustain partnership agreement	All participating agencies	December 31 2014	By December 31 2014, collaboratively develop and implement shared approaches for providing public health services, esp. for underserved populations. d public health capacity.
		2. Identify one or more public health priorities that will be addressed regionally	1. Identify county public health priorities	All participating agencies	December 31, 2013	By December 31, 2013, implement regional/cross-jurisdictional public health management and technical assistance across key areas to improve a targeted public health capacity.
			2. Identify one or more shared public health priorities			
				3. Meet at least quarterly to review processes, evaluate progress, and determine next steps	All participating agencies	December 31, 2017

## Financial

As communities face new challenges, like the increasing burden of chronic disease and lean fiscal environments, and new opportunities like advances in technology, many public health officials and policy-makers are exploring new ways to organize and structure the management and delivery of public health services. One such strategy is the sharing of services, resources and functions across multiple public health agencies and jurisdictions. Referred to as cross-jurisdictional sharing (CJS), these arrangements range from informal agreements around sharing discrete services or programs, to regionalization including the formal merger or consolidation of multiple public health agencies. “

## Priority Area 3: Build & Sustain Environmental Health Program

### 5 Year Goal

Improve/increase Environmental Health Services to the SLV.

- **Build and sustain capacity to coordinate E.H. in this region**

By 6/30/13, Each LPHA in the SLV will identify current needs and resources to offer enhanced E.H. services to the SLV.

1. Determine the scope of services that will be needed.

By 6/30/14, SLV regional partnership will offer enhanced E.H. services to the SLV.

2. Develop system for offering E.H. services to this region.

3. Develop E.H. needs assessment and plan for growth and sustainability in this region.

### Key Indicators for Environmental Health

- Lack of capacity to meet core public health services for E.H. was found through capacity assessment.
- CDPHE is encouraging all counties that do not provide E.H. to do this at the local level.
- Lack of E.H. data.
- Limited infrastructure to address E.H. in each county.
- Limited expertise in E.H.
- Current E.H. is fragmented in this region and within counties.

## Action Plan

Strategic Priority Three: Build and Sustain an Environmental Program								
Lead entity: Alamosa County Public Health Department			Supporting entities: Costilla, Conejos, Rio Grande, Saguache & Mineral LPHAs					
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives		
			Major activities	Organization(s) responsible	Timeframe for Completion			
<p>Each public health agency's capacity assessment indicated a lack of capacity to provide environmental health services, i.e.</p> <ul style="list-style-type: none"> <li>Limited infrastructure to address EH in each county</li> <li>Limited EH expertise</li> <li>Current EH is fragmented in the counties within this region</li> </ul> <p>CDPHE is encouraging all counties that do not provide EH to do this at the local level</p>	<p>Build capacity for coordinated EH in this region</p>	<p>1. Lead county to hire EH professional who will work with current EH &amp; Sustainability professional (formerly Consumer Protection)</p>	<p>1. Meet with BOH, BOCC in lead county to discuss need, options and opportunity for EH</p>	<p>Lead public health agency</p>	<p>December 31, 2013</p>	<p>By September 30, 2014, a local Environmental Health Professional will be in place in the SLV.</p>		
			<p>2. Enlist CDPHE assistance to develop plan of collaboration for local and state EH &amp; Sustainability positions in the SLV</p>	<p>Lead public health agency</p>	<p>March 31, 2014</p>			
			<p>3. Hire EH professional</p>	<p>Lead public health agency</p>	<p>June 30, 2014</p>			
			<p>4. Orient EH professional to region and assist in job development</p>	<p>Lead public health agency and CDPHE</p>	<p>September 30, 2014</p>			
				<p>2. Conduct county-specific and regional EH needs assessment</p>	<p>1. Develop plan for regional EH needs assessment</p>	<p>EH professional</p>	<p>January 30, 2015</p>	<p>By June 30, 2015, and regional partnership will have identified which EH needs will be addressed regionally, by multi-county partnerships</p>
					<p>2. Conduct regional EH needs assessment</p>	<p>EH professional</p>	<p>June 30, 2015</p>	

Strategic Priority Three: Build and Sustain an Environmental Program						
Lead entity: Alamosa County Public Health Department			Supporting entities: Costilla, Conejos, Rio Grande, Saguache & Mineral LPHAs			
Key Indicators	Five Year Goal(s)	Strategies	Activities			SMART Objectives
			Major activities	Organization(s) responsible	Timeframe for Completion	
Lack of EH data		3. Determine the scope of EH services to be provided across the entire region	1. inform counties and regional partnership of assessment findings	EH professional	October 31, 2015	and/or by individual counties.
		4. Formulate regional EH plan guided by findings of EH needs assessment	1. Assist individual counties in EH planning	EH professional and participating agencies	June 30, 2016	

## Financial

As lead agency, Alamosa County Public Health Department will work together with CDPHE, and via the SLV Regional Partnership developed under Priority Two: Cross-Jurisdictional Sharing, to develop a sustainable funding model for this action plan.

## Additional priorities indentified for potential intervention over the next five years:

- Local/regional resource list for targeted issues
- Local/regional cancer screening resources
- Smoking cessation for women of reproductive age

## Monitoring and Evaluation

Monitoring and evaluation for this PHIP shall occur as detailed in the project plans for each of the three priority areas over the five years of this plan. Annually, each priority area shall be assessed for achievement of objectives, emerging needs, and areas of continued improvement and/or expansion. As new data emerges, this data will be analyzed as part of that annual review.

In the fifth year of this five-year plan, Saguache County Public Health will conduct a comprehensive community health assessment, to ensure that new areas of need are identified and considered for prioritization in the subsequent five-year plan.

## Data Sources

1. COHAS: [http://www.cohealthaccesssurvey.org/results/Vital Statistics](http://www.cohealthaccesssurvey.org/results/Vital%20Statistics): Vital Statistics Unit, Health Statistics Section, CDPHE
2. City-Data: [http://www.city-data.com/county/Alamosa\\_County-CO.html](http://www.city-data.com/county/Alamosa_County-CO.html)
3. QuickFacts: <http://quickfacts.census.gov/qfd/states/08/08003.html>
4. Colorado Regional Health Profiles: Colorado State Demography Office
5. CDC/NCHS
6. United States Census Bureau, Summary File 3 sample data, 2000.
7. <http://www.ers.usda.gov/Data/Unemployment/RDLList2.asp?ST=CO>,
8. <http://www.ers.usda.gov/Data/Poverty>
9. Rates/PovListpct.asp?ST=CO&view=Percent,
10. <http://www.census.gov/hhes/www/poverty/methods/definitions.html>
11. USDA Economic Research Service, 2010,  
<http://www.ers.usda.gov/Data/PovertyRates/PovListpct.asp?ST=CO&view=Percent>
12. Local Health Services: Compiled by Saguache County Public Health
13. MUP & HPSA: Source: United States Department of Human Services, Health Resources and Services Administration
14. Rocky Mountain Prevention Research Center (2012). San Luis Valley Community Health Survey. Denver, CO: U. Colorado Denver
15. Colorado Health Institute
16. Colorado Pregnancy Risk Assessment Monitoring System Statistics, COHID
17. Colorado 2008-2009 Sexually Transmitted Infections Annual Report, Colorado
18. Department of Public Health and Environment, Denver, CO, January 2012
19. Colorado HIV Surveillance Report, 3rd Quarter 2011
20. Child Health Survey, Health Statistics Section, CDPHE 2007-2009
21. DEATH DATA from CDPHE, Health Statistics Section
22. <http://www.cdphe.state.co.us/hs/vs/2010/Alamosa.pdf>
23. Centers for Disease Control and Prevention: National Diabetes Surveillance System.  
<http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>
24. Colorado Asthma Surveillance Report 2008
25. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2010
26. Disease Control & Environmental Epidemiology Division, CDPHE
27. COHID, BRFSS data for Saguache County and Colorado
28. US data: National Health Interview Survey, 1965–2010  
[http://www.cdc.gov/tobacco/data\\_statistics/tables/trends/cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/tables/trends/cig_smoking/index.htm)
29. Healthy Kids Colorado Survey
30. Colorado Child Health Survey, Colorado Department of Public Health and Environment  
<http://www.cdphe.state.co.us/ps/mch/mchadmin/mchdatasets2>
31. Colorado Injury Hospitalization – Statistics, CDPHE, COHID  
<http://www.cdphe.state.co.us/hs/vs/2010/Alamosa.pdf>
32. Child abuse data from Health Statistics Section, CDPHE. Death and Injury Hospitalization  
<http://www.chd.dphe.state.co.us/HealthIndicators>
33. Source: Citydata.com
34. Problem Identification FY2011 Colorado Dept of Transportation

## Acknowledgements

Thank you to the following who participated in the Saguache County Public Health Improvement Planning process:

Saguache County Board of Health 2012, 2013:

Linda Joseph, Michael Spearman, Sam Pace, Jason Anderson, Kenneth Anderson, Dr. Kjell Benson

Colorado Department of Public Health and Environment, Office of Planning and Partnerships

Ola Bovin, RN, BSN, SLV Regional Epidemiologist

Linda Smith, SLV Regional Emergency Preparedness and Response Team

Paula Hendricks, San Luis Valley Regional Public Health Planner

Rocky Mountain Prevention Research Center: Reginaldo Garcia, PhD; Julie Marshall, PhD

Center School District: Della Duran, Health Coordinator, Center Headstart; Alice Burch, RN, School Nurse

San County Prevention Partners: Ileen Rivale, Yvonne Morfitt

Saguache Diabetes Support Group: Caroline Irwin, Facilitator

Saguache County Social Services: Jeanne Norris, Director

SLV Nurse Family Partnership: Denise Lobato, RN, MSN

Valley Wide Health Systems: Dr. Marc Rosenthal, DDS; Rose Valdez, SLV WIC Program

LaNelle Montoya-Salazar, SLV Healthy Communities Program Manager, Rio Grande County Public Health

Mikaila Holt, RN, BSN

A special thanks to Alison Grace Bui, MPH, Public Health Data Coordinator, Health Statistics Section, Colorado Department of Public Health and Environment, for research and data compilation.

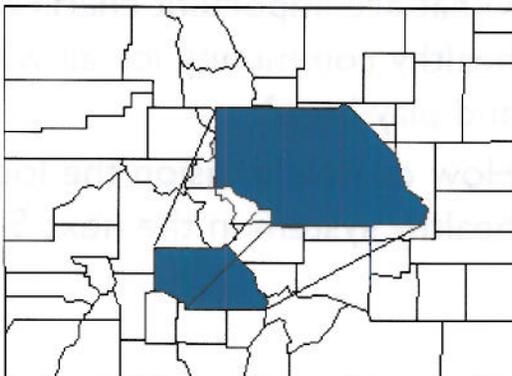
Also, special thanks to the Mennonite Volunteer Services, for working with Saguache County Public Health to place a talented nurse with our agency from 2010 to 2012.

## Annex 1: Data Analysis and Prioritization of Targets

The following slides were presented to a group of community stakeholders, and the ensuing discussion assisted Saguache County Public Health to identify the ten local priorities listed in the section “Saguache Priorities.” For a list of community stakeholders invited, and those who attended the meeting, see the attachments that follow the data slides.

Saguache County

## Public Health Assessment



## Public Health Planning

- A Strategic Approach to Community Health Improvement
- Vision: Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action.



## Public Health Planning

- What does a healthy Saguache County mean to you?
- What are important characteristics of a healthy community for all who live, work and play here?
- How do you envision the local public healthy system in the next 5 years?



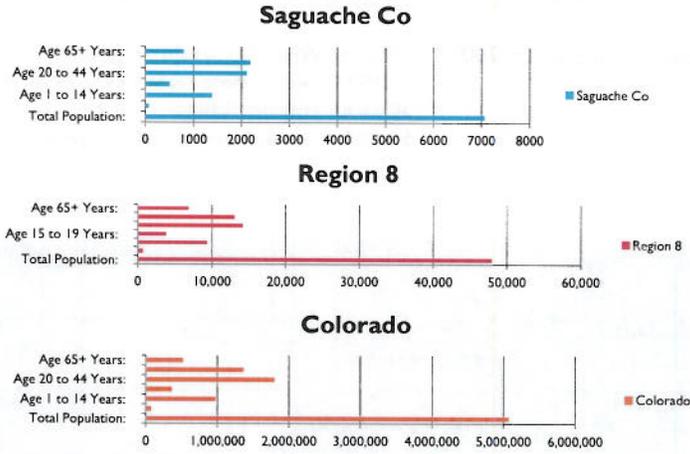
## Public Health Planning

- Our objective for the day:

What does the data say about possible priorities for a 5-year public health improvement plan?

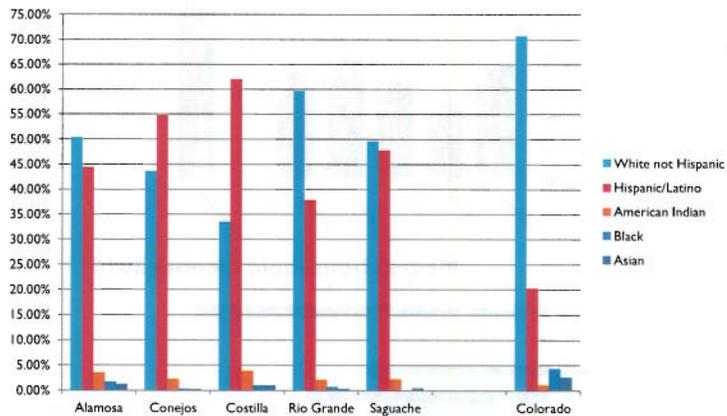
Colorado Regional Health Profiles  
 Source: Colorado State Demography Office,  
 2009-based population estimates, 2009.

# Population Assessment



Colorado Regional Health Profiles  
 Source: CDC/NCHS  
 2009-based, bridged-race population estimates, 2009.

# Population Assessment



**Colorado Regional Health Profiles**  
 Source: United States Census Bureau, Small Area Income and Poverty Estimates  
 Source: Colorado Department of Education, Class of 2009

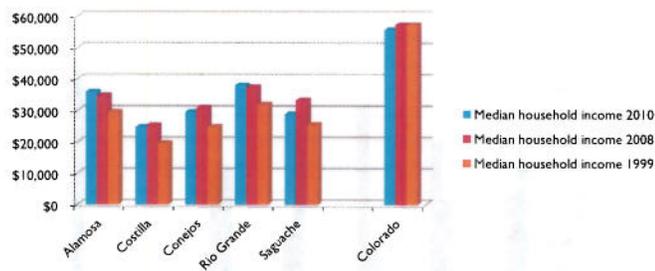
# Population Assessment

Jan. 2011 cost of living index in Saguache County: 81.2 (U.S. average is 100)

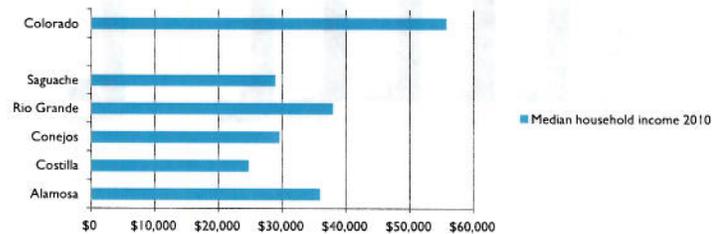
Residents in poverty 2009: 15.8% for White Non-Hispanic  
 33.3% for two or more races  
 38.0% for Hispanic /Latino  
 56.1% for Native American Source: Citydata.com

		Saguache Co	Colorado
Poverty - Total Pop:	% of total living in poverty	30.1	12.6
Poverty - Children:	% of <age 18 years living in poverty	44.9	16.6
Median Household Income:	in US dollars	\$28,866	\$55,735

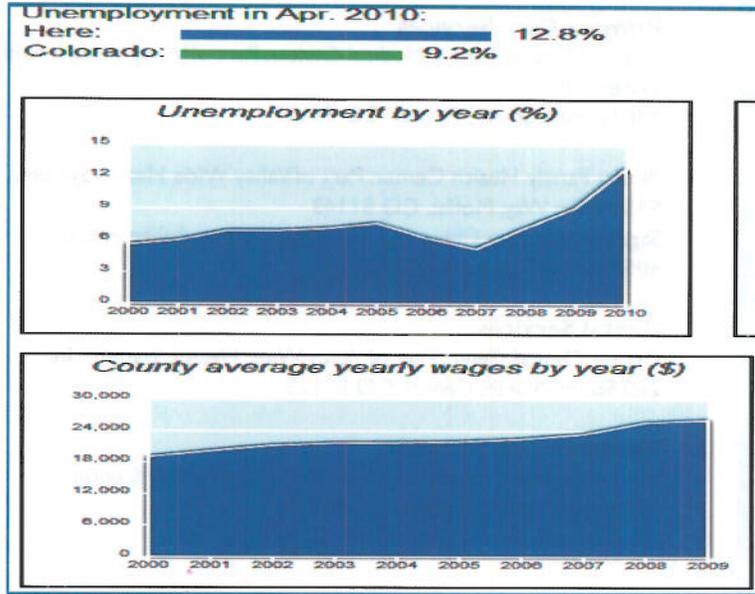
# Population Assessment



Median household income 2010

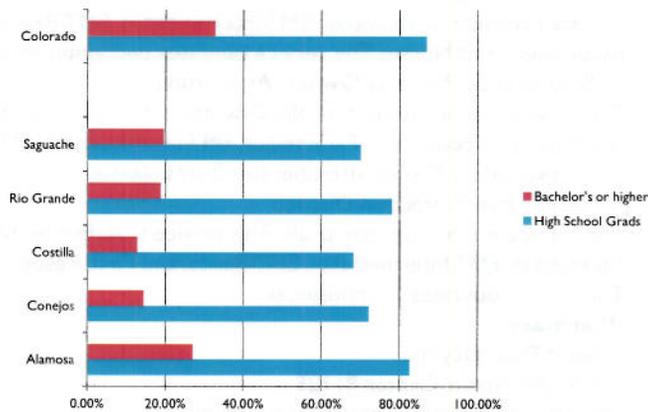


# Population Assessment



Source: Citydata.com

# Population Assessment



**Colorado Regional Health Profiles**  
 Source: United States Census Bureau, Small Area Income and Poverty Estimates  
 Source: Colorado Department of Education, Class of 2009

These profiles were prepared by the Colorado Rural Health Center to provide an overview of the basic health services infrastructure and demographics in Colorado's fourteen non-metropolitan counties without a hospital.

## Health Services

### Primary Care Services

Cesar E Chavez Family Medical Center, Part of Valley Wide Health Systems, Inc.  
186 N Hurt Street, Center, CO 81125

Moffat Family Health Center, Part of Valley Wide Health Systems, Inc.  
545 Moffat Way, Moffat, CO 81143  
Saguache County Clinic and Saguache County Public Health  
405 Denver, Saguache, CO 81149

### Dental Services

Center Dental Clinic, Part of Valley Wide Health Systems, Inc.  
220 South Worth, Center, CO 81125

### Mental Health Services

San Luis Valley Comprehensive Community Health Center  
260 Worth Street, Center, CO 81125

These profiles were prepared by the Colorado Rural Health Center to provide an overview of the basic health services infrastructure and demographics in Colorado's fourteen non-metropolitan counties without a hospital.

## Health Services (continued)

### EMS

- Northern Saguache County Ambulance

The staff consists of volunteer EMT-Intermediates, EMT-Basics, First Responders, and Nurses. The service operates two ambulances

- Baca Grande Property Owners Association

The service is a private-non-profit. One paid administrative staff. The volunteer staff consists of Paramedics, EMT-Intermediates, EMT-Basics, and First Responders. The service operates 2 ambulances.

- Center Fire Protection District

The service is a private-non-profit. The service is staffed by all volunteer Paramedics, EMT-Intermediates, EMT-Basics, and First Responders.

The service operates 2 ambulances

### Pharmacy

Stewart Pharmacy Inc.  
295 South Worth, Center 81125  
Valley Wide Pharmacy Services through clinic

### Public Transportation

None

These profiles were prepared by the Colorado Rural Health Center to provide an overview of the basic health services infrastructure and demographics in Colorado's fourteen non-metropolitan counties without a hospital.

## Health Services (continued)

Hospital	# of Beds	Distance to Saguache
<b>Rio Grande Hospital</b> 310 County Road 14 Del Norte, CO. 81132	14	38 mi
<b>Heart of the Rockies Regional Medical Center</b> 448 East First St. Salida, CO. 81201	25	45 mi
<b>San Luis Valley Regional Medical Center</b> 106 Blanca Ave. Alamosa, CO. 81101	80	52 mi.
<b>Conejos County Hospital</b> 19021 U.S. Highway 285 La Jara, CO. 81140	17	69 mi.

These profiles were prepared by the Colorado Rural Health Center to provide an overview of the basic health services infrastructure and demographics in Colorado's fourteen non-metropolitan counties without a hospital.

## Health Services (continued)

### Long Term Care, Assisted Living and Nursing Homes

Saguache County Public Health Providers—Medicaid Personal Care Program that offers assisted living at home.

### Hospice and Home Health

Service is provided by local nurses and is based out of the Hospice Association in Alamosa:

Hospice Del Valle  
514 Main, Alamosa CO 81101  
Alamosa County Home Health

Colorado Regional Health Profiles  
 Source: Pregnancy Risk Assessment Monitoring System (PRAMS) Survey,  
 Costilla County, Health Statistics Section, CDPHE, 2007-2009...

# Perinatal & Infant Health

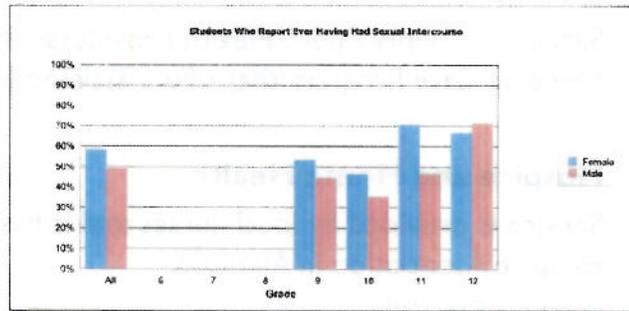
Perinatal and Infant Health		Saguache County	Region 8	Colorado	HP2010 Objective
<b>Live Births:</b>	Average annual number of live births	67	647	68,812	N/A
<b>General Fertility Rate:</b>	Rate of total live births per 1,000 women age 15-44	53.0	71.6	67.7	N/A

	Saguache Co	Region 8	Colorado
<b>Teen Births</b> % total births			
age 15-17	7.0	6.5	3.0
age 18-19	10.0	11.2	6.3
<b>Teen Fertility</b> rate per 1,000 live births			
age 15-17	31.2	39.4	21.2
age 18-19	76.6	82.4	57.4

# Risk Behaviors

Healthy Kids Colorado Survey 2010 - 2011 Saguache Community

Sexual Health

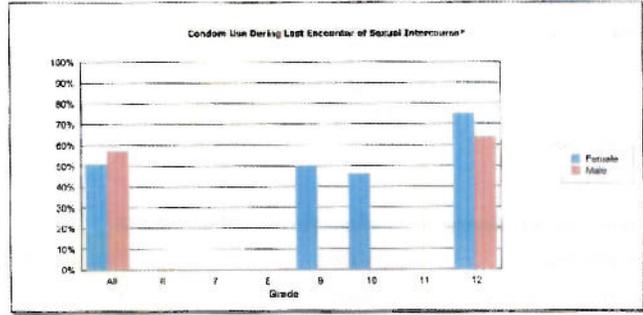


The absence of a bar for a certain grade indicates that none of the students surveyed in that grade reported having had sexual intercourse.

# Risk Behaviors

Healthy Kids Colorado Survey 2010 - 2011 Saguache Community

Demographic: All Youth



Percentages are calculated based only on the respondents who reported they had sexual intercourse.

Colorado Health Information Dataset

# Adequate Prenatal Care, Infant Mortality, Low Birth Weight

**Colorado PRAMS**  
 HSR 8 Data 2004 - 2009 n= 328  
 Colorado Data 2004 - 2009 n= 11808

PRAMS Topics	County or HSR %	95% CI*	State %	95% CI*
Gained an inadequate amount of weight during pregnancy	42.2	(34.2-50.3)	24.5	(23.3-25.8)
Husband or partner did not want pregnancy	5.4	(2.2-8.7)	7.8	(7.1-8.6)
Unintended Pregnancy	48.3	(41.3-55.3)	38.7	(37.4-40.0)
Did not enter prenatal care as soon as desired	18.2	(12.7-23.8)	17.6	(16.5-18.6)
Was covered by Medicaid for prenatal care	66.6	(59.9-73.3)	32.9	(31.6-34.1)
Participated in WIC during pregnancy	62.1	(55.1-69.0)	34.9	(33.7-36.2)
Drank alcohol during pregnancy	5.6	(2.3-8.9)	10.8	(10.0-11.6)
Smoked before pregnancy	24.2	(18.1-30.2)	20.4	(19.4-21.4)
Smoked during pregnancy	10.6	(6.4-14.8)	9.8	(9.0-10.5)
Smoked after pregnancy	19.8	(14.3-25.4)	14.0	(13.1-14.9)
Breastfeeding Initiation	36.8	(32.0-41.7)	88.9	(88.1-90.7)
Infant slept on back	77.4	(71.1-83.8)	79.8	(78.8-80.9)

PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

## Perinatal & Infant Health

		Saguache Co	Region 8	Colorado
foreign born mothers	% live births	27.5	13.7	22.5
adequate prenatal care	% live births	50.5	49.8	59.5
low birth wt	% live births	9.5	11.9	8.9
	rate per 1,000 live births			
infant mortality		19.9	9.8	6.2

Source: Vital Statistics Unit, Health Statistics Section, CDPHE, 2007-2009.

Breastfeeding	% initiating	87.7	90.6
Medicaid prenatal care	% covered	63.2	30.7
Unintended pregnancy	% live births	40.6	37.7

## Adequate Prenatal Care, Infant Mortality, Low Birth Weight

2006	# of born in Saguache	% of those born to Saguache	% for Colorado	HP2010 objective
Low Weight Births (<2,500 grams)	8	7.5	9.0	N/A
Prenatal Care later than 1 <sup>st</sup> trimester/No care	32	30.2	20.3	N/A
No Prenatal care	3	2.8	1.3	N/A
Preterm Births (< 37 weeks)	12	11.3	9.6	N/A
Smoking During Pregnancy	10	9.5	7.1	

\* indicates one or two events in the category  
 Sums may not add to total due to cases with age of mother unknown. Percentages are of total births, excluding cases with specific characteristics unknown. See technical notes at [www.cdphe.state.co.us/his](http://www.cdphe.state.co.us/his) for definitions of data items. Source: Health Statistics Section, Colorado Department of Public Health and Environment, 2006 data set

## Reproductive health

- Nurse-Family Partnership
- Long-term contraceptive program (VWHS)

## Public Health Planning

- What does the data say about possible priorities?

Reproductive health, including:

- teen pregnancy,
- unintended pregnancy,
- early prenatal care.

## Children's Health (continued)

	Year	Saguache	Colorado	HP2010
Child Abuse	2007	5.6	8.3	10.3
CHP+ enrollees	2008-2009	15.5	8.1	N/A
Medicaid enrollees	2008-2009	37.4	25.8	N/A
Immunization providers linked to CIIS	2009	100	56.7	N/A
Injury hospitalizations 0-19	2004-2008	122.2	247.0	N/A
Infant Mortality	2004-2008	17.8	6.2	4.5

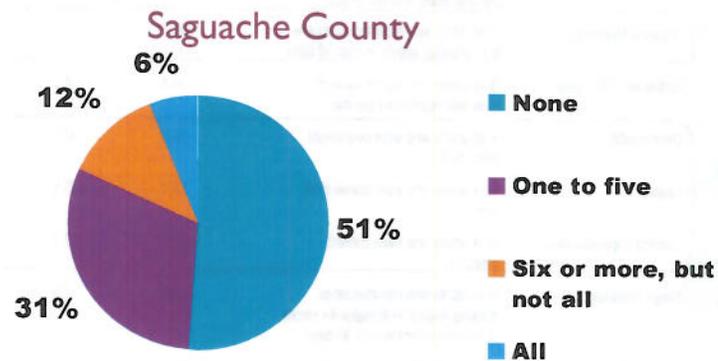
<http://www.cdphe.state.co.us/ps/mch/mchadmin/mchdatasets2010/profiles/riogrande.pdf>

## Children's Health (continued)

Oral Health	Alamosa	Conejos	Costilla	Rio Grande	Saguache	Colorado	Rate Measurement
% with caries experience	71.7	72.3	71.1	49.3	71.1	57.2	Estimated % of grade 3 children 2006-07
% with dental sealants	35.9	32.0	35.9	38.6	35.9	35.0	Estimated % of grade 3 children, 2006-2007
% with untreated decay	33.9	35.5	33.9	18.9	33.9	24.5	Estimated % of grade 3 children, 2006-2007
Medicaid dental services rate	46.7	49.0	10	47.9	27.3	43.7	% on Medicaid who received dental services 2007-2008

Source: <http://www.cdphe.state.co.us/ps/mch/mchadmin/mchdatasets2010/profiles/riogrande.pdf>

How many of your permanent teeth have been removed because of tooth decay or gum disease?



Preliminary Data – SVV Public Health Use 25

## Public Health Planning

- What does the data say about possible priorities?

Children's oral health

## Adult Health

Colorado Regional Health Profiles, 2007-2009

Adult Health		Saguache County	Region 8	Colorado	HP2010 Objective
Health Care Coverage:	% of adults that had any kind of health care coverage	51.7	77.1	84.3	100.0
General Health Status:	% of adults who reported that their general health was fair or poor	13.7	20.3	12.1	N/A
Physical Inactivity:	% of adults who reported no leisure time physical activity in past 30 days	24.5	22.3	17.1	20.0
Nutrition - 5 Per Day:	% of adults who ate 5+ servings of fruits and vegetables per day	29.8	24.3	25.3	N/A
Overweight:	% of adults who were overweight (BMI 25-29)	24.9	34.8	36.2	N/A
Obese:	% of adults who were obese (BMI 30+)	37.1	23.8	18.7	N/A
Current Cigarette Use:	% of adults who were current smokers	21.4	17.2	17.4	12.0
Binge Drinking:	% of adults who reported binge drinking (males 5+/females 4+ drinks on one occasion) in past 30 days	4.6	7.5	16.5	6.0
Diabetes Prevalence:	% of adults who had been told by a doctor that they have diabetes	4.5	7.9	5.4	N/A

## Overweight/Obesity Adults

Colorado Health Information Dataset

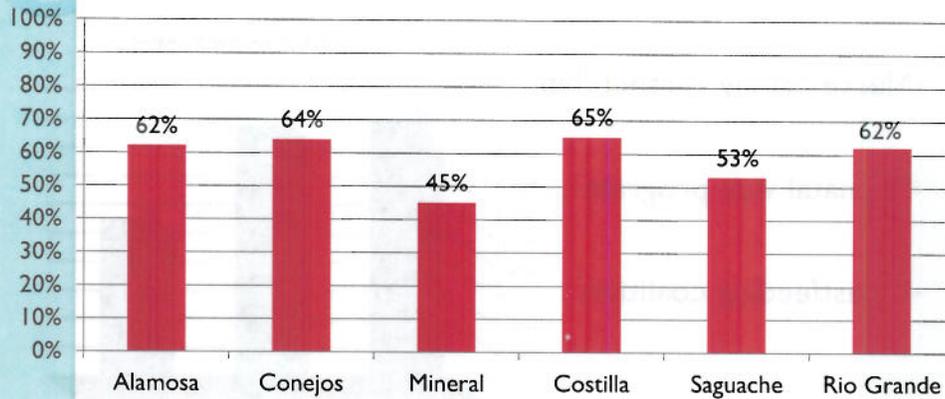
### Colorado BRFSS

SAGUACHE Data, 2009 - 2010, n= 100  
 Colorado Data, 2009 - 2010, n= 23367

BRFSS 2009-2010	County or Region %	Colorado %
Any leisure time P.A.	81.2	82.9
5+ servings of fruits and vegetables per day	20.1	25.0
Overweight (BMI 25.0-29.9)	29.6	36.4
Obese, BMI >30	32.0	20.1



## Percent overweight and obese



Obesity increases your risk of high blood pressure, diabetes, heart disease, joint disease and cancer.

Preliminary Data - SLV Public Health Use

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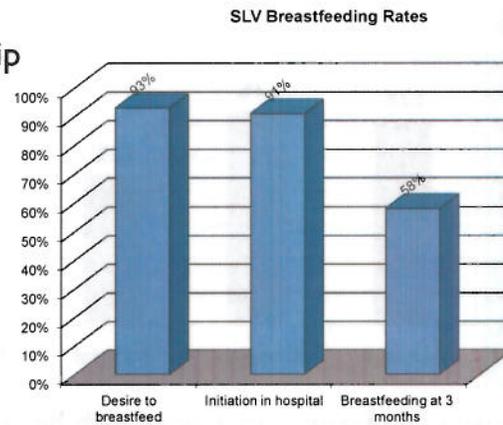
Child Health Survey, Health Statistics Section, CDPHE 2007-2009

## Overweight and Obesity (Children)

2007-2009		Saguache County	SLV	Colorado
Physical Activity 7+ hours/week	% age 5-14 who engaged in P.A. 7+hrs/week	*	61.5	55.5
Television Viewing < 2 hrs per day	% age 5-14 who viewed TV <2hrs /day	*	79.9	82.1
Nutrition 5 a day	% age 1-14 who ate 5+servings of fruits and vegetables per day	*	37.6	27.9
Food Insecurity	% of households w/age 1-14 that often/sometimes relied on low cost foods in past yr	*	36.5	27.1
Overweight	% age 2-14	*	7.3	13.0
Obese	% age 2-14	*	24.4	14.0

## Breastfeeding promotion

- Nurse-Family Partnership
- Perinatal visit program
- Breastfeeding coalition



## Public Health Planning

- What does the data say about possible priorities?
  - Obesity prevention

# Mortality

Mortality		Saguache County	Region 8	Colorado	HP2010 Objective
Malignant Neoplasms:	Age-adjusted rate of mortality due to malignant neoplasms/cancer	133.4	130.3	154.9	159.9
Heart Disease:	Age-adjusted rate of mortality due to heart disease	181.5	165.0	148.5	166.0
Chronic Lower Respiratory Disease:	Age-adjusted rate of mortality due to chronic lower respiratory diseases	84.4	55.1	51.4	N/A
Unintentional Injury:	Age-adjusted rate of mortality due to unintentional injury	64.6	65.8	45.3	17.5
Cerebrovascular Disease:	Age-adjusted rate of mortality due to cerebrovascular disease/stroke	26.1	31.3	38.9	48.0
Alzheimer's Disease:	Age-adjusted rate of mortality due to Alzheimer's disease	20.4	29.5	33.5	N/A
Diabetes Mellitus:	Age-adjusted rate of mortality due to diabetes mellitus	*	25.1	17.6	45.0
Suicide:	Age-adjusted rate of mortality due to suicide	27.8	19.6	16.8	5.0
Influenza or Pneumonia:	Age-adjusted rate of mortality due to influenza or pneumonia	28.0	15.6	15.6	N/A
Chronic Liver Disease:	Age-adjusted rate of mortality due to chronic liver disease and cirrhosis	*	14.1	10.7	N/A

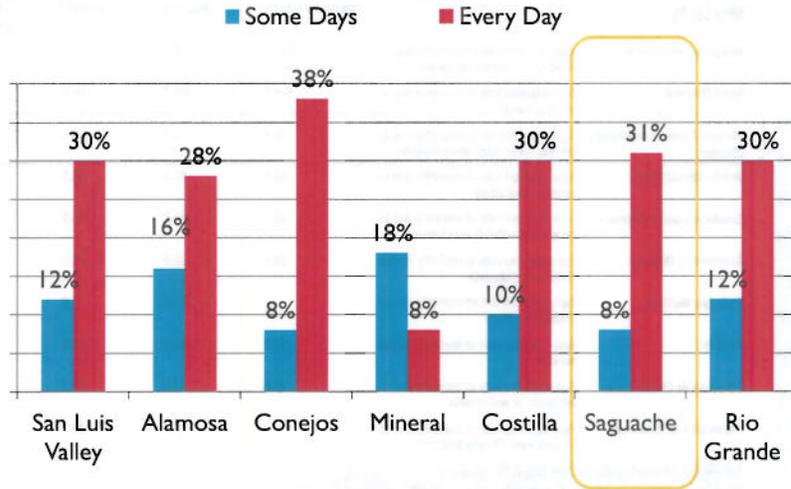
Age-adjusted mortality rates are per 100,000 population.  
Source: Vital Statistics Unit, Health Statistics Section, CDPHE, 2007-2009.



# Tobacco

Adult Current Smoker	Saguache County %	SLV %	Colorado %	HP 2010 objective
BRFSS 2007-2009	21.4	17.2	17.4	12.0
BRFSS 2009-2010	13.2	16.5		12.0

# Do you smoke cigarettes now?



Preliminary Data - SLV Public Health Use

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## Adequate Prenatal Care, Infant Mortality, Low Birth Weight

### Colorado PRAMS

HSR 8 Data 2004 - 2009 n= 328

Colorado Data 2004 - 2009 n= 11808

PRAMS Topics	County or HSR %	95% CI	State %	95% CI
Gained an inadequate amount of weight during pregnancy	42.2	(34.2-50.3)	24.5	(23.3-25.8)
Husband or partner did not want pregnancy	5.4	(2.2-8.7)	7.8	(7.1-8.6)
Unintended Pregnancy	48.3	(41.3-55.3)	38.7	(37.4-40.0)
Did not enter prenatal care as soon as desired	18.2	(12.7-23.8)	17.6	(16.5-18.6)
Was covered by Medicaid for prenatal care	66.6	(59.9-73.3)	32.9	(31.6-34.1)
Participated in WIC during pregnancy	62.1	(55.1-69.0)	34.9	(33.7-36.2)
Drank alcohol during pregnancy	5.6	(2.3-8.9)	10.8	(10.0-11.6)
Smoked before pregnancy	24.2	(18.1-30.2)	20.4	(19.4-21.4)
Smoked during pregnancy	10.6	(6.4-14.8)	9.8	(9.0-10.5)
Smoked after pregnancy	19.8	(14.3-25.4)	14.0	(13.1-14.9)
Breastfeeding initiation	86.8	(82.0-91.7)	89.9	(89.1-90.7)
Infant slept on back	77.4	(71.1-83.8)	79.6	(78.5-80.9)

PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

Colorado Health Information Dataset



## Adult Health (continued)

Colorado Regional Health Profiles

Adult Health - continued		Saguache County	Region 8	Colorado	HP2010 Objective
Arthritis Prevalence:	% of adults who had been told by a doctor that they have arthritis	40.7	30.1	23.7	N/A
Asthma Prevalence:	% of adults who had been told by a doctor they currently have asthma	10.8	9.4	8.2	N/A
Colorectal Cancer Screening - Scope:	% of adults age 50 plus who have ever had a sigmoidoscopy or colonoscopy	45.6	58.2	62.7	N/A
Colorectal Cancer Screening - Blood Stool Test:	% of adults age 50 plus who had a blood stool test in past 2 years	23.5	21.6	23.2	50.0
Breast Cancer Screening - Age 50+ Years:	% of adult women age 50 plus who had a clinical breast exam and mammogram in past 2 years	46.8	59.8	70.0	N/A
Breast Cancer Screening - Age 40+ Years:	% of adult women age 40 plus who had a mammogram in past 2 years	24.5	56.7	72.7	70.0
Cervical Cancer Screening - Pap Smear:	% of adult women who have ever had a pap smear	*	84.3	93.6	97.0
Cervical Cancer Screening - Recent Pap Smear:	% of adult women who had a pap smear in past 3 years	79.2	68.8	84.0	90.0
Flu Vaccine:	% of adults age 65 plus who received the flu vaccine in past 12 months	62.5	64.6	77.0	90.0
Pneumonia Vaccine:	% of adults age 65 plus who have ever received the pneumonia vaccine	48.8	59.1	72.9	90.0

Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2007-2009.

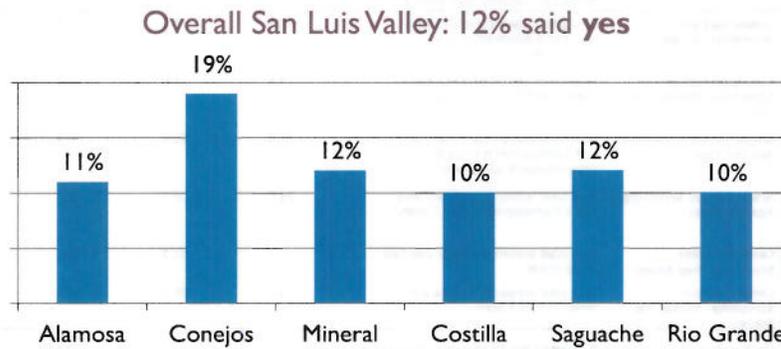
## Asthma

Colorado Health Information Dataset



Ever had asthma BRFSS	County or Region %	SLV	Colorado %
2009-2010	15.3		14.1
2007-2009	10.8	9.4	8.2

## Have you ever been told by a health professional that you have asthma?



Asthma lifetime prevalence among American general population in 2003 was 11.9%, according to the BRFSS. (UPDATE to '09?)

Preliminary Data - SLV Public Health Use

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## Public Health Planning

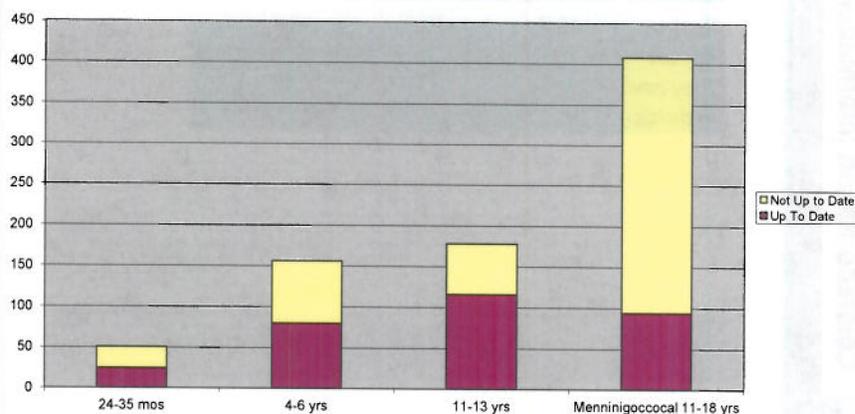
- What does the data say about possible priorities?

Respiratory health, including:

- smoking,
- asthma,
- vaccination (flu, pneumonia)

# Immunization & Communicable Disease

Immunization Rates



## Adult Health (continued)

Adult Health - continued		Saguache County	Region 8	Colorado	HP2010 Objective
Arthritis Prevalence:	% of adults who had been told by a doctor that they have arthritis	40.7	30.1	23.7	N/A
Asthma Prevalence:	% of adults who had been told by a doctor they currently have asthma	10.8	9.4	8.2	N/A
Colorectal Cancer Screening - Scope:	% of adults age 50 plus who have ever had a sigmoidoscopy or colonoscopy	45.6	58.2	62.7	N/A
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Breast Cancer Screening - Age 50+ Years:	% of adult women age 50 plus who had a clinical breast exam and mammogram in past 2 years	46.8	59.8	70.0	N/A
Breast Cancer Screening - Age 40+ Years:	% of adult women age 40 plus who had a mammogram in past 2 years	24.5	56.7	72.7	70.0
Cervical Cancer Screening - Pap Smear:	% of adult women who have ever had a pap smear	*	84.3	93.6	97.0
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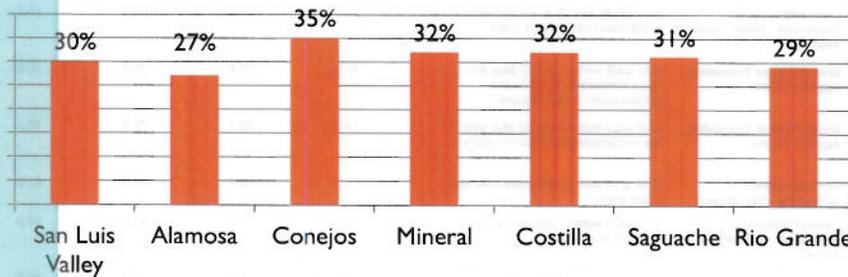
Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2007-2009

Colorado Regional Health Profiles

## Arthritis

BRFSS 2007-2009	County or Region %	SLV %	Colorado %
Told by doctor they have arthritis	40.7	30.1	23.7

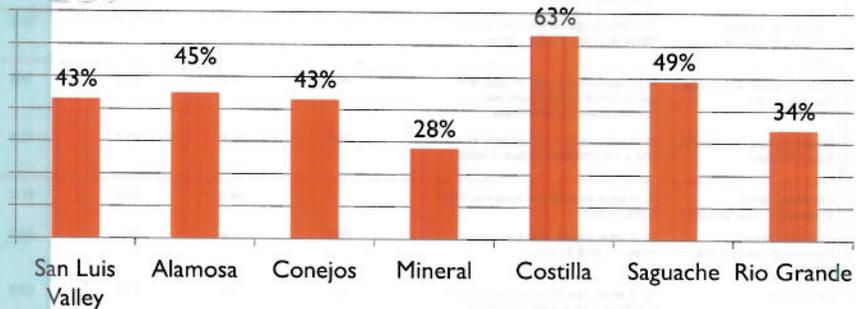
Have you ever been told by a health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?



An estimated 50 million adults were told they have one of these joint diseases according to a 2007-09 NHIS report.

Preliminary Data - SLV Public Health Use

Do arthritis or joint symptoms now affect whether you work (for pay), the type or the amount of work you do?



In Costilla County, 56% of respondents have arthritis or other joint pain and 63% of those say this affects their work.

Preliminary Data - SLV Public Health Use

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## Public Health Planning

- What does the data say about possible priorities?

Arthritis management

Colorado Regional Health Profiles, 2007-2009

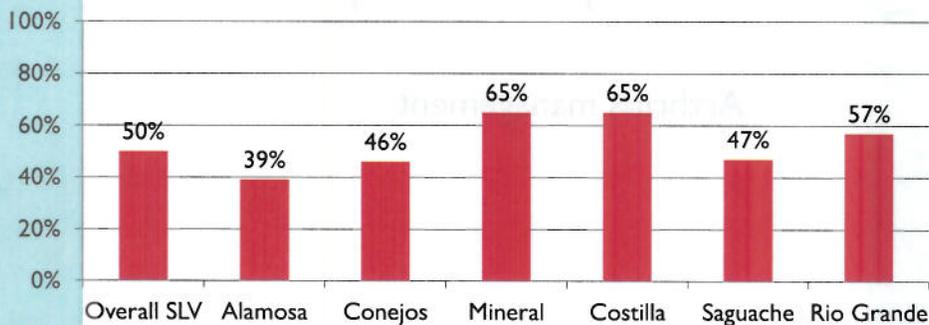
## Adult Health (continued)

Adult Health - continued		Saguache County	Region 8	Colorado	HP2010 Objective
Arthritis Prevalence:	% of adults who had been told by a doctor that they have arthritis	40.7	30.1	23.7	N/A
Asthma Prevalence:	% of adults who had been told by a doctor they currently have asthma	10.8	9.4	8.2	N/A
Colorectal Cancer Screening - Scope:	% of adults age 50 plus who have ever had a sigmoidoscopy or colonoscopy	45.6	58.2	62.7	N/A
Colorectal Cancer Screening - Blood Stool Test:	% of adults age 50 plus who had a blood stool test in past 2 years	23.5	21.6	23.2	50.0
Breast Cancer Screening - Age 50+ Years:	% of adult women age 50 plus who had a clinical breast exam and mammogram in past 2 years	46.8	59.8	70.0	N/A
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Cervical Cancer Screening - Pap Smear:	% of adult women who have ever had a pap smear	*	84.3	93.6	97.0
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Flu Vaccine:	% of adults age 65 plus who received the flu vaccine in past 12 months	62.5	64.6	77.0	90.0
Pneumonia Vaccine:	% of adults age 65 plus who have ever received the pneumonia vaccine	48.8	59.1	72.9	90.0

Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2007-2009.

## Have you ever had a sigmoidoscopy or colonoscopy?

Respondents answering "yes"



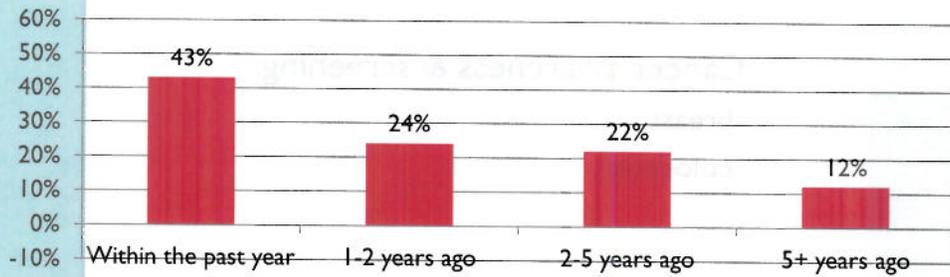
These procedures allow physicians to detect colon cancers, pre-cancerous polyps and other colorectal abnormalities.

Preliminary Data - SLV Public Health Use

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## How long has it been since your last clinical breast exam?

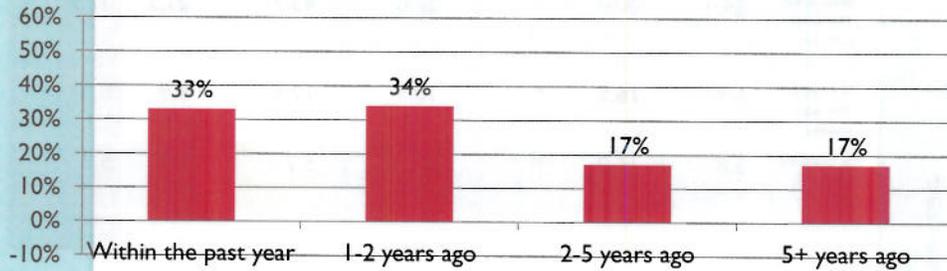
### Saguache County



Preliminary Data - SLV Public Health Use 49

## How long has it been since your last mammogram?

### Saguache County



Preliminary Data - SLV Public Health Use 50

## Public Health Planning

- What does the data say about possible priorities?

Cancer awareness & screening:

- breast
- colorectal

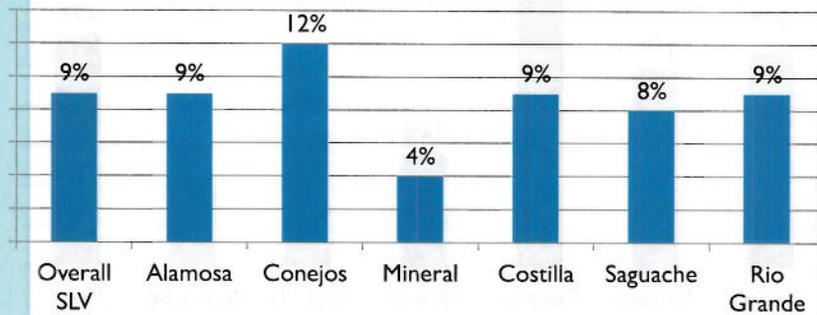
## Adult Health

2007, 2009	Alamosa	Conejos	Costilla	Rio Grande	Saguache	SLV	Colorado
% of adults 18+ with arthritis	24.4	20.0	*	27.0	43.7	27.7	23.9
% of adults 18+ with asthma	5.9	16.5	*	10.1	12.6	9.9	8.0
% of adults 18+ with diabetes	5.8	11.0	*	8.9	5.7	8.9	5.7

Source: CoHID

## Have you ever been told by a doctor that you have diabetes?

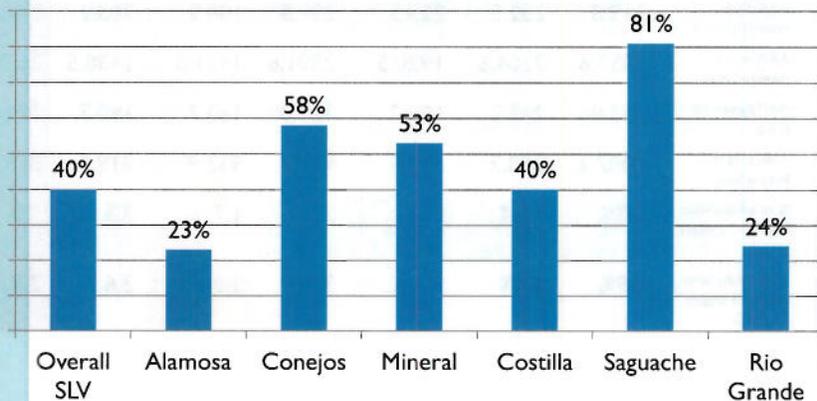
Percent answering **yes**



Preliminary Data - SLV Public Health Use 53

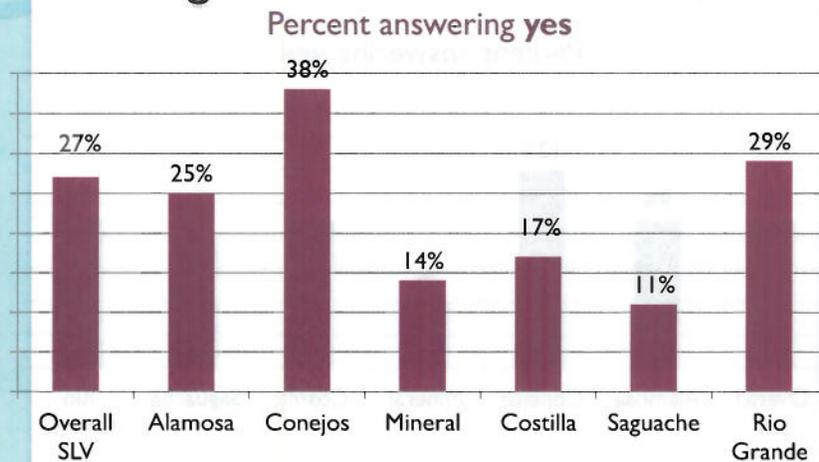
## Have you ever had individualized education to manage your diabetes?

Percent answering **yes**



Preliminary Data - SLV Public Health Use 54

## Have you ever attended a San Luis Valley Diabetes Assn. support group meeting?



Preliminary Data - SLV Public Health Use 55

## Adult Health (continued)

2007-2009	Alamosa	Conejos	Costilla	Rio Grande	Saguache	SLV	Colorado
AAR-Stroke hospitalization	313.8	252.5	223.5	297.5	184.2	263.1	272.1
AAR-heart disease hosp.	2853.6	2204.6	1920.5	2891.6	1421.6	2438.5	2670.6
AAR Acute MI hosp	185.8	245.2	106.2	221.8	183.7	199.7	196.4
AAR Heart failure hosp.	1007.2	760.2	591.0	957.7	353.9	819.9	815.7
% of adults who ever had a heart attack	3.8%	4.2%	*	2.5	1.7	3.5	3.0
% of adults who ever had angina or CHD	2.9%	3.6%	*	3.5	2.5	3.6	2.8

Source: CoHID  
Per 100,000 population  
\* Indicates no data collected

## Public Health Planning

- What does the data say about possible priorities?

### Diabetes and Cardiovascular Disease:

- Given current data, while prevention of these chronic diseases is an important public health activity, it may not be a local priority at this time.

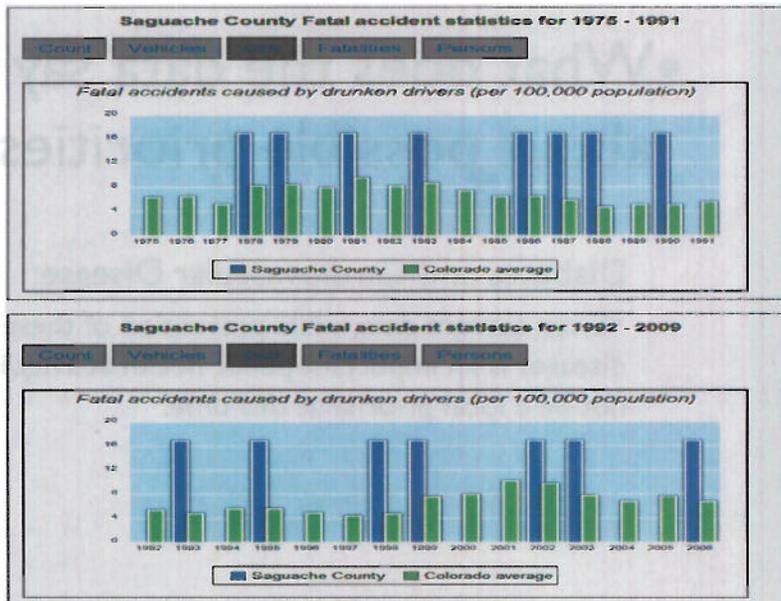
## Mortality

Mortality		Saguache County	Region 8	Colorado	HP2010 Objective
Malignant Neoplasms:	Age-adjusted rate of mortality due to malignant neoplasms/cancer	133.4	130.3	154.9	159.9
Heart Disease:	Age-adjusted rate of mortality due to heart disease	181.5	185.0	148.5	188.0
Chronic Lower Respiratory Disease:	Age-adjusted rate of mortality due to chronic lower respiratory diseases	84.4	55.1	51.4	N/A
Unintentional Injury:	Age-adjusted rate of mortality due to unintentional injury	64.8	65.8	45.3	17.5
Cerebrovascular Disease:	Age-adjusted rate of mortality due to cerebrovascular disease/stroke	26.1	31.3	38.9	48.0
Alzheimer's Disease:	Age-adjusted rate of mortality due to Alzheimer's disease	20.4	29.5	33.5	N/A
Diabetes Mellitus:	Age-adjusted rate of mortality due to diabetes mellitus	*	25.1	17.6	45.0
Suicide:	Age-adjusted rate of mortality due to suicide	27.8	19.6	16.8	5.0
Influenza or Pneumonia:	Age-adjusted rate of mortality due to influenza or pneumonia	28.0	15.6	15.6	N/A
Chronic Liver Disease:	Age-adjusted rate of mortality due to chronic liver disease and cirrhosis	*	14.1	10.7	N/A

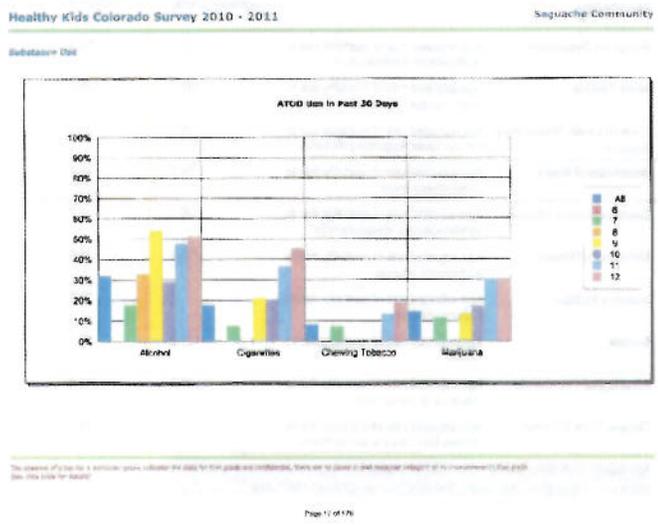
Age-adjusted mortality rates are per 100,000 population.  
Source: Vital Statistics Unit, Health Statistics Section, CDPHE, 2007-2009.

# Traffic Accidents

Source: Citydata.com



# Substance Abuse Prevention

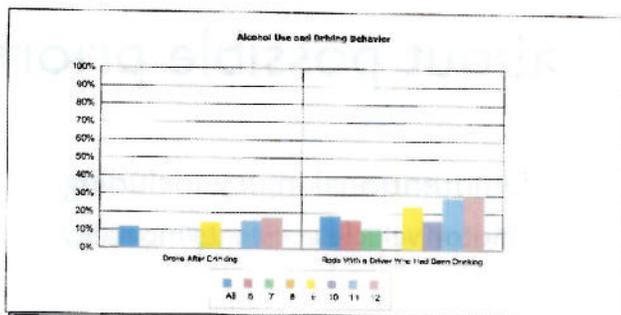


# Substance Abuse Prevention

Healthy Kids Colorado Survey 2010 - 2011

Regener Community

Personal Safety and Violence



The absence of a bar for a particular grade indicates that the grade was confidential, there was no data in that response category or no respondents in that grade (see data table for details).

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# Cause of Death (ranking)

Deaths and Age Adjusted Rates for Leading Causes of Death, 2010

SAGUACHE

Rank	Cause of Death	N	Age-Adjusted Rate	Lower Limit	Upper Limit
	All Causes	42	897.5	479.3	915.8
1	Malignant neoplasms	14	211.9	94.5	329.3
2	Heart disease	8	140.3	40.1	240.5
3	Nephritis, nephrotic syndrome, nephrosis	4	50.4	0.0	113.2
4	Unintentional injuries	3	62.9	0.0	134.0

<sup>1</sup>Indicates one or two events in the category.  
 Age-adjusted rates are adjusted to the 2000 U.S. standard population using the direct method applied to 10-year age groups.  
 Age-adjusted rates provide a better basis for comparison among different geographical areas or time periods.  
 Only leading causes of death with 3 or more events in 2010 are included.  
 Rates based on small numbers are unstable and should be interpreted with caution.

COLORADO

Rank	Cause of Death
	All Causes
1	Malignant neoplasms
2	Heart disease
3	Chronic lower respiratory diseases
4	Unintentional injuries
5	Cerebrovascular diseases
6	Alzheimer's disease
7	Suicide
8	Diabetes mellitus
9	Chronic liver disease and cirrhosis
10	Influenza and pneumonia

## Public Health Planning

- What does the data say about possible priorities?

Unintentional injury, including:

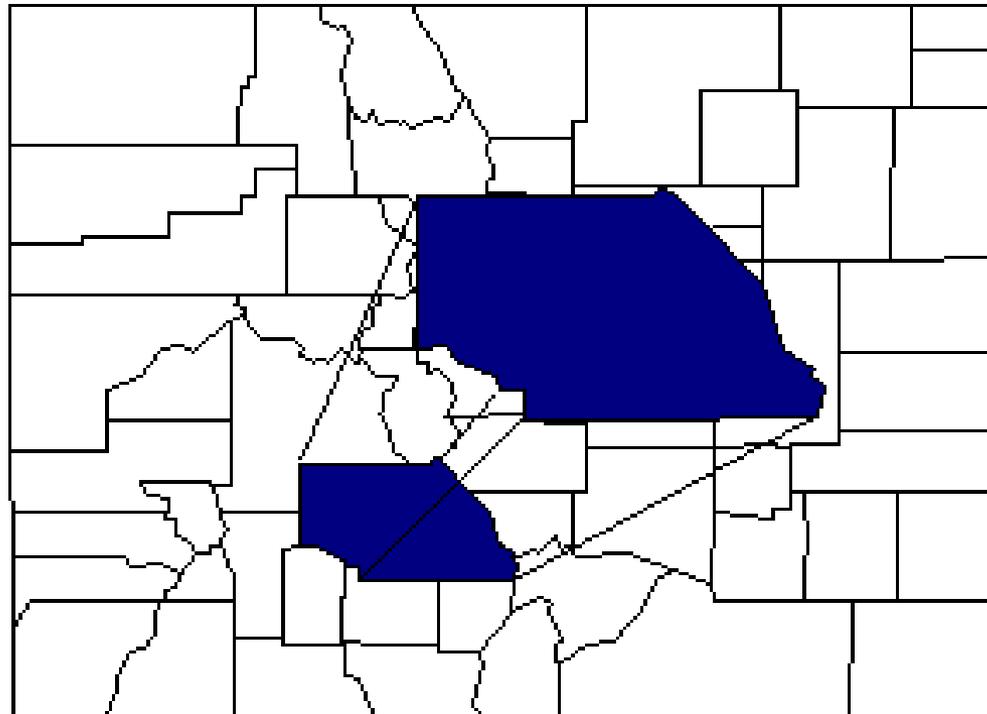
- Motor vehicle accidents/mortality

## Next steps:

1. Compare as 5-county region, find common ground.
2. Develop 5-year Public Health Improvement Plan.
3. Review Improvement Plan in follow-up community meetings.

Saguache County

# Public Health Assessment



# Identified priorities

1. Obesity prevention: youths
2. Obesity prevention: adults
3. Diabetes & cardio-vascular disease



# Identified priorities



4. Reproductive health: teen pregnancy
5. Reproductive health: early prenatal care
6. Reproductive health: infant mortality

# Identified priorities



7. Respiratory health: smoking
8. Respiratory health: vaccination  
(flu & pneumonia)
9. Respiratory health: asthma
10. Breast cancer screening

# Data collection suggestions

- Asthma rates by age class
- Breastfeeding initiation and continuation
- Medicaid usage rates for child oral health
- Usage rates for breast exam programs
- Cancer screening resources (local, regional)

## Della Vieira

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**From:** Della Vieira [dvieira@saguachecounty-co.gov]  
**Sent:** Tuesday, January 24, 2012 9:59 AM  
**To:** 'Paula Hendricks'  
**Cc:** 'Mikaila Holt'  
**Subject:** agenda

**Importance:** High

Community Health Assessment Meeting  
11:00 a.m. - 1:00 p.m  
Azteca de Oro Restaurant, Center, CO

11:00 lunch and introductions

11:30 data presentation

12:30 discussion

12:45 prioritization exercise

1:00 review

1:10 summary and next steps

1:00 adjourn

Do you think I need more detail? I'd like to send this out this am.

**Della Vieira, RN, MPH**  
Director  
Saguache County Public Health  
505 3rd Street  
Saguache, CO 81149  
(719) 655-2533  
fax (719) 655-0105

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## Della Vieira

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**From:** Della Vieira [dvieira@saguachecounty-co.gov]  
**Sent:** Tuesday, January 24, 2012 10:46 AM  
**To:** 'lanelle@riograndecounty.org'; 'jaguilar@saguachecounty-co.gov'; 'LobatoD@vwhs.org'; 'aburch@center.k12.co.us'; 'saw61187@my.amigo.net'; 'morfitty@valley.k12.co.us'; 'brewerp@valley.k12.co.us'; 'ahawkins@moffat.k12.co.us'; 'karnesia@msu.edu'; 'rosenthalm@vwhs.org'; 'medinae@vwhs.org'; 'mnorris@saguachecounty-co.gov'; 'BaerK@vwhs.org'; 'valdezro@vwhs.org'; 'jeannie.norris@state.co.us'; 'delladuran@centurytel.net'; 'Reginaldo.Garcia@ucdenver.edu'; 'MARK.SWART@UCDENVER.EDU'; 'mark.garcia@townofcenter.org'; 'townclerksag@centurytel.net'; 'crestoneclerk@fairpoint.net'; 'kjell.benson@slvrnc.org'; 'joseph@saguachecounty-co.gov'; 'dosborn@alamosacounty.org'; 'obovin@alamosacounty.org'; 'irwin2007@centurytel.net'; 'Ileen Rivale'; 'charsave@centurytel.net'  
**Cc:** 'Paula Hendricks'; 'Mikaila Holt'  
**Subject:** Community health assessment, Saguache County

Dear colleagues and friends:

Thanks to all of you who completed the Doodle poll for our community health assessment meeting for Saguache County Public Health. We have identified a date that works best for everyone: we will be meeting on **Wednesday, February 8<sup>th</sup>, from 11:00 – 1:30**. Lunch will be provided; lunch at Azteca de Oro Restaurant is buffet style, with meat as well as meatless options. I know that many of you may not be able to spare the full 2 ½ hours; I have tried to organize the majority of the data presentation and discussion within the 11:45-1:00 part of the meeting, in the hope that you can participate at least during the lunch hour block. Your input is extremely valuable, and we hope to see you there.

As I mentioned in the last e-mail, our first step is to analyze current health status in our communities, and set priorities for action. Here is our agenda for the meeting:

### **Community Health Assessment Meeting**

**Wednesday, February 8, 2012**

**11:00 a.m. - 1:30 p.m.**

**Azteca de Oro Restaurant, Center, CO**

11:00 lunch and introductions

11:30 data presentation

12:30 discussion

12:45 prioritization exercise

1:00 review

1:10 summary and next steps

1:30 adjourn

## Della Vieira

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**From:** Della Vieira [dvieira@saguachecounty-co.gov]  
**Sent:** Tuesday, February 07, 2012 4:18 PM  
**To:** 'Paula Hendricks'; 'Mikaila Holt'  
**Subject:** FW: confirmed list of meeting attendees

These are our final numbers...

<u>Confirmed</u>	<u>Can't make it</u>	<u>No reply</u>
Della Duran	Debra Black	Mike Spearman
Alice Burch (tentative)	Karen Adamson	Sam Pace
David Osborn	Yvonne Morfitt	Town of Center
Linda Smith		Town of Saguache
Linda Joseph		Town of Crestone
Caroline Irwin		Mike Norris
Ola Bovin		Lin Miles
Mikaila Holt		Ellen Cox
Paula Hendricks		Ed Medina
Denise Lobato		Marc Rosenthal
Lanelle Montoya-Salazar		Pearl Brewer
Ileen Rivale (tentative)		Amanda Hawkins
Jeannie Norris		Laura Karnes
Rose Valdez		Katy Baer
		Reg Garcia
		Mark Swart
		Kjell Benson
		Charlene
		St Joseph's

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