

# Community Health PRIORITIES 2012



**The Priorities Selection  
Process and Results**

SAN ■ JUAN ■ BASIN  
**HEALTH**  
DEPARTMENT

**Working together to improve health in  
Archuleta and La Plata Counties**

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## HEALTH PRIORITIES SELECTION SUMMARY

The purpose of the prioritization process conducted by San Juan Basin Health (SJBH) was to determine which health issues are the most significant, at this time, as they would become the primary focuses of the Public Health Improvement Plan (PHIP) at SJBH for the following five years (2013 through 2018).

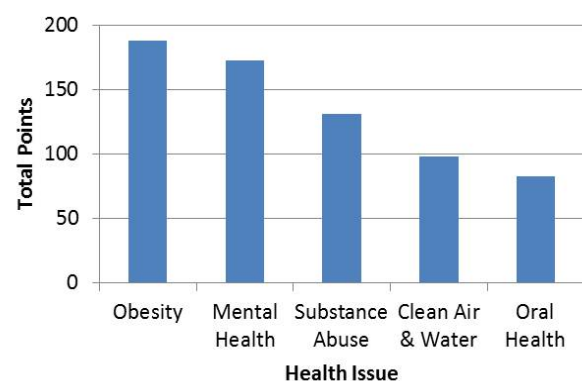
**Table 1. Ranking of health concerns across ranking opportunities prior to community meetings.**

Rank	Health Priorities Survey		SJBH Prioritization
	Significant Impact	Focus to address	Key health concern
1	Access to care	Access to care	Access to care
2	Mental health	Mental health	Obesity
3	Clean air and water	Obesity	Mental health
4	Obesity	Clean air and water	Clean air and water
5	Cancer	Substance abuse	Poverty
6	Substance abuse	Oral health	Substance abuse
7	Oral health	Cancer	Oral health

There were three components to the prioritization process. The components were designed to allow for participation from internal staff at SJBH, key stakeholders in community health in Archuleta and La Plata Counties, and interested community members. The ranked order of the health issues as measured by a web-based health priority survey and internal meetings are shown in Table 1. In all three ranking opportunities, the top health concern was access to care.

During community meetings held in Durango and Pagosa Springs on December 6, 2012 approximately 55 participants selected another top health concern. Following discussion and review of potential evidence-based practices designed to improve health, a facilitated voting process allowed for the selection of another health priority. Obesity gained the most points and was selected as the other top health concern to be addressed in the PHIP (see Graph 1).

**Graph 1. Total points for each health issue following ranking at two community meetings.**



In a period of 3 months, San Juan Basin Health developed and implemented processes to prioritize the health concerns that surfaced during the Community Health Assessment. More than 150 people participated in opportunities to share their evaluation of and perspective regarding the health concerns within the community. In December, 2012, San Juan Basin Health and community participants decided that the focus of the Public Health Improvement Plan would include both access to care and obesity.

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## INTRODUCTION AND BACKGROUND

San Juan Basin Health (SJBH) is an organized district health department that has served two counties in southwest Colorado, Archuleta and La Plata, since 1948. In 2010, the US Census Bureau reported that approximately 63,400 people resided in these combined counties. In 2012, and in accordance with the Colorado Public Health Act of 2008 (Senate Bill 08-194), San Juan Basin Health began a process to complete the construction of a Public Health Improvement Plan (PHIP). As recommended by the Office of Planning and Partnerships at the Colorado Department of Public Health and Environment (CDPHE), the process to build the PHIP at SJBH includes the following six phases recommended by CDPHE's Colorado Health Assessment and Planning System<sup>1</sup>:

- I. Plan the process
- II. Engage stakeholders
- III. Assess community health
- IV. Assess system capacity
- V. Prioritize issues
- VI. Create a local health plan

By the fall of 2012, San Juan Basin Health had completed phases I through IV and began to prioritize the health issues that had emerged. This report describes the process and results of the prioritization efforts that occurred during the months of October, November, and December in 2012.

## PURPOSE OF PUBLIC HEALTH IMPROVEMENT PLANNING

The Office of Planning and Partnerships<sup>1</sup> at the Colorado Department of Public Health and Environment advises that Public Health Improvement Planning assists in:

- Providing a baseline by which to monitor change, by answering the question: "What are the recent trends and current conditions?"
- Identifying emerging issues by answering the questions: "What has changed since the last assessment?" "What new concerns do community members have?"
- Helping the community set health priorities and focus resources by answering the questions: "What are the leading causes of disease, disability and death?" "Who is most impacted?" and "What are the best ways to address these issues?"
- Providing facts upon which to base programmatic or organizational decisions by answering the question: "What are the current service levels and where are the unmet needs?"

- Helping partners to plan effective, collaborative interventions by answering the questions: “What’s the best strategy to address this issue?” “Who should be leading this effort?” and “How can we support them?”
- Increasing the ability to secure new funding by answering the questions: “What are our greatest public health needs?” “How do we best to address these?” and “What is the level of community support?”
- Supporting advocacy for policy changes because it communicates: “Here are the facts. We need things to be different.”

## PURPOSE OF PRIORITIZATION

There are many aspects and determinants of health in Archuleta and La Plata Counties. Since improving population health can be complex, efforts to narrow and define public health focuses are important as they may allow for more clear planning, assessment, and allocation of resources. The purpose of the prioritization phase presented here was to determine which health issues are the most significant, at this time, as they would become the primary focuses of the Public Health Improvement Plan at SJBH for the following five years (2013 through 2018). Before beginning, SJBH identified that the aim of this phase would be to create and implement prioritization methods that would allow for identification of one or two key health concerns.

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## METHODS

There were three components to the prioritization process at San Juan Basin Health. The components were designed to allow for participation from internal staff at SJBH, key stakeholders in community health in Archuleta and La Plata Counties, and interested community members. To this end, SJBH conducted internal group meetings, a web-based survey, and two community meetings to facilitate consensus building while selecting the top health priority areas.

### INTERNAL GROUP MEETINGS

Staff at San Juan Basin Health were invited to attend a 90 minute group meeting to discuss the selection of key health concerns and identify the strengths and assets within SJBH. Each meeting was planned to include six to twelve individuals. An introduction to the prioritization process plan and the meeting agenda was provided and is shown in Appendix A – Internal Group Meetings Presentation. The nominal group technique (NGT) was utilized to capture participants’ responses to two questions. The NGT is a structured variation of a small-group discussion that is intended to facilitate consensus building

relatively quickly. The technique was used to brainstorm around a single question and then engage the group in prioritizing the ideas generated by the discussion (see Appendix B – Nominal Group Technique, Facilitator Guide, for further description of methods utilized). The procedure is designed to prevent the domination of the discussion by a single person, encourages all group members to participate, and results in a set of prioritized solutions or recommendations that represent the group’s preferences<sup>2</sup>. Using NGT, prioritization can be done immediately and the results of the effort can be presented to the participants straightaway. This technique does not lend itself to getting into deeper discussions of a particular concern. Advantages to this technique for situations where appropriate include: generation of a greater number of ideas than traditional group discussions, balancing the influence of individuals by limiting the power of opinion makers, diminishing competition and pressure to conform, encouraging participants to confront issues through constructive problem solving, allowing the group to prioritize ideas democratically, and providing a greater sense of closure than can be obtained through other forms of group discussion<sup>2</sup>.

Attendees were asked two questions during the internal group meetings:

1. What are the key health concerns in Archuleta and La Plata Counties?
2. What strengths and assets does SJBH have that can be used to improve the community’s health?

All responses to the above questions were shared, recorded, and discussed in the internal meeting group. Following discussion, priority ranking procedures were conducted to weight each answer response. Participants viewed the final results and observed both the number of votes each item received as well as a total score for each item.

## KEY STAKEHOLDER WEB-BASED SURVEY

A web-based survey was created to gather reactions from the key-stakeholders in the communities that SJBH serves. The structure of the survey was heavily modeled from the Community Health Assessment<sup>3</sup> (CHA) report completed in 2012. Within the CHA, approximately eleven health issues were identified in Archuleta and La Plata Counties. The eleven health issues were presented in alphabetical order within the survey. Presentation of each health issue included a description of the CHA health data and a measurement of capacity to address the issue, as measured by the CHA process. Two questions, for each health issue, were asked of the survey respondents:

1. To what degree does (*health issue*) have a significant impact on our community's health?
2. To what degree should (*health issue*) be a focus area for our community to address?

Question 1 represented the perceived burden or impact of a given health issue while question 2 indicated interest in addressing a particular health issue. Participants were asked to respond to each question on a scale of 1 to 7 where 1 represented a minimal degree and 7 represented an extreme degree. In addition, respondents were given an option to comment on each health issue. Following completion of the survey, participants were also presented the option to enter into a random drawing to win an Amazon Kindle. All survey data was maintained and analyzed anonymously. The web-based survey is shown in Appendix C – Web-based Survey, and was constructed using the Research Electronic Data Capture System (REDCap). REDCap is a secure, web-based application designed to support data capture for research studies<sup>4</sup>.

## COMMUNITY MEETINGS

Two community meetings were planned to take place on December 6, 2012. Meetings were scheduled for two hours each and were to be held in the morning (8:30 – 10:30 am) at the Durango Recreation Center in Durango, Colorado and in the afternoon (2:00 – 4:00 pm) at the Springs Resort in Pagosa Springs, Colorado. The meetings were open to the public, advertised in the Durango Herald, Pagosa Sun, and Telegraph newspapers. In addition, invitations were sent to those that attended the community meetings during the CHA process and those that completed the web-based health priority selection survey. Approximately 200 individuals were directly invited to the community meetings. SJBH also asked community health partners and coalition leaders to forward invitations to their colleagues.

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## RESULTS

The internal group meeting and web-based survey processes and results informed the construction of the community meeting agenda. The purpose of the work prior to the community meeting was to narrow the options from which to select the top health priorities and to allow for final decision making regarding the health priorities during the community meetings.

## INTERNAL GROUP MEETINGS

Seven internal group meetings were held. Between five and twelve individuals attended each meeting. A total of 60 San Juan Basin Health staff members (95% of SJBH staff) participated in one of the group meetings. Three staff members were unable to attend the group meetings and were invited to participate in the web-based survey. Additionally, five members of SJBH Board of Health participated in a NGT process to answer the first question (i.e. What are the key health concerns in Archuleta and La Plata Counties?) and their responses are included in the results presented here. While the data collection occurred during eight separate meetings, all outcomes presented here are in aggregate form and the results shown below represent the accumulation of all group meetings.

A total of 65 individuals responded to Question 1. All responses were coded into the categories or themes reported in Tables 1 and 2 below. Both the frequency of the occurrence of each theme and the total scores accumulated by the prioritization process are shown below.

Table 1. Rank by frequency of themes for Question 1: What are the key health concerns in Archuleta and La Plata Counties?

Rank	Theme	Frequency
1	Accessibility and Affordability of Health Care	22
2	Obesity, including healthy eating and active living	12
3	Mental health	9
4	Poverty	6
5	Substance abuse	6
6	Environmental health, clean air and water	4
7	Oral health	2
8	Health education	2
9	Cancer	2

Table 2. Rank by total score of themes for Question 1: What are the key health concerns in Archuleta and La Plata Counties?

Rank	Theme	Total score
1	Accessibility and Affordability of Health Care	309
2	Obesity, including healthy eating and active living	120
3	Mental health	107
4	Environmental health, clean air and water	56
5	Poverty	56
6	Substance abuse	56
7	Oral health	12
8	Cancer	8
9	Health education	8



Accessibility and affordability of health care was the top ranked theme, followed by obesity, and then mental health.

For Question 2, 'What strengths and assets does SJBH have that can be used to improve the community's health?' 60 individuals responded. All responses were coded into the categories or themes reported in Tables 3 and 4 below.

Table 3. Rank by frequency of themes for Question 2: What strengths and assets does SJBH have that can be used to improve the community's health?

Rank	Theme	Frequency
1	Provide affordable and accessible services	13
2	Passionate, dedicated, caring staff	10
3	Knowledge of resources and reach of service	10
4	Diversity within staff, including bilingual skills	8
5	Experts and experienced within public health	8
6	Community relationships	8
7	Partnerships	7
8	Environmental services	3
9	Ability to obtain funding	3
10	Ability to provide health education	2

Table 4. Rank by total score of themes for Question 2: What strengths and assets does SJBH have that can be used to improve the community's health?

Rank	Theme	Total Score
1	Provide affordable and accessible services	155
2	Knowledge of resources and reach of service	139
3	Passionate, dedicated, caring staff	119
4	Experts and experienced within public health	110
5	Partnerships	77
6	Community relationships	72
7	Diversity within staff, including bilingual skills	54
8	Ability to obtain funding	22
9	Environmental services	19
10	Ability to provide health education	11

The ability to provide affordable and accessible services was the top ranked theme. The other highest ranking themes included knowledge of resources and reach of services as well as a passionate, dedicated, and caring staff.

## KEY STAKEHOLDER WEB-BASED SURVEY

The web-based survey was available online for 18 days and closed on December 5, 2012. The survey was completed by 85 individuals. Descriptive data regarding the survey respondents is presented in Tables 5 and 6.

Table 5. Survey respondents sector affiliations.

Sector	Number of respondents	% of total respondents
Business	3	3.5 %
City/county government	8	9.4 %
Education	15	17.6 %
Emergency response	2	2.4 %
Health care	24	28.2 %
Non-profit	19	22.4 %
Public health	3	3.5 %
Other	11	12.9 %
Total	85	100 %

The majority of respondents were affiliated with health care or non-profit organizations. Most survey respondents reported that they were affiliated with organizations that served La Plata County, although a large proportion of respondents indicated that their organization served residents of both counties (see Table 6).

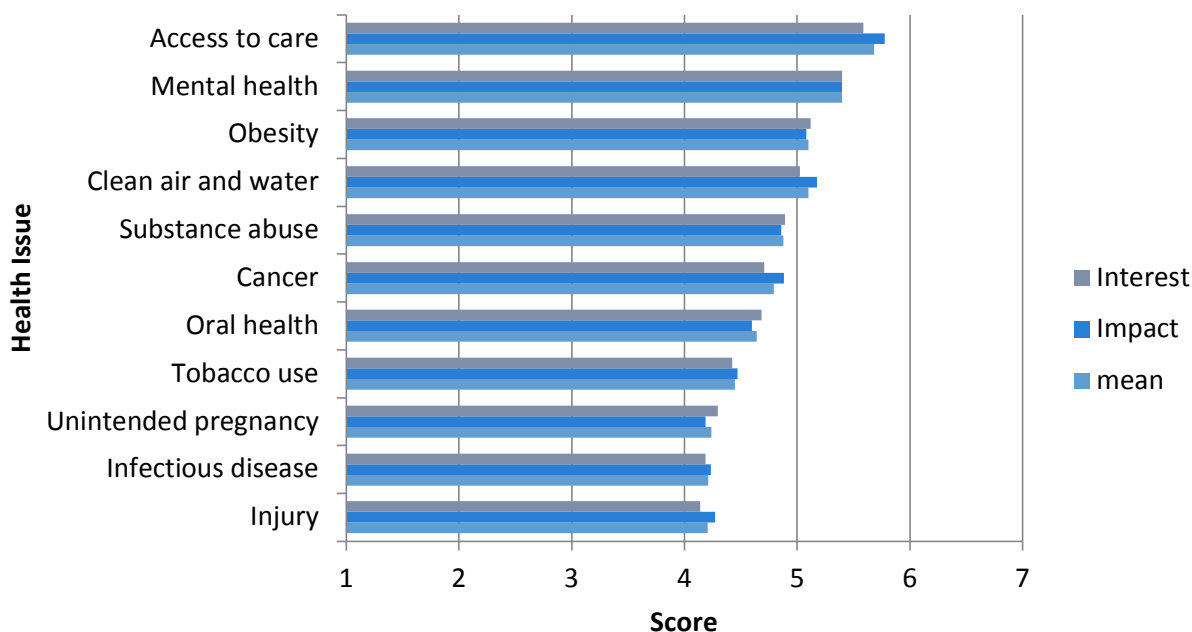
Table 6. Survey responses to 'Which county do you and/or your organization serve?'

County served	Number of respondents	% of total respondents
Archuleta	10	11.8 %
La Plata	40	47.1 %
Both	33	38.8 %
Neither	2	2.3 %
Total	85	100 %

The survey required participants to respond to two questions per health issue presented. The questions designed allowed for participants to share their perception of the significance of the impact of the health issue and their interest in addressing, or improving the health issue. Responses were recorded on a 7-point scale where a higher score indicated a higher impact or interest. Table 7 shows the mean

scores reported for the impact, interest, and mean score of the impact and interest scores. The health issues are listed in order of highest mean ranking through the lowest.

Table 7. Mean scores for web-based survey responses.



Access to care obtained the highest mean ranking for interest in addressing and impact on overall community health. Mental health and obesity ranked second and third, respectively. Comments captured in the web-based survey served as qualitative descriptions of the perceptions of the health issue in the community. The comments are shown in Appendix D – Web-based Survey Respondent Comments.

## COMMUNITY MEETINGS

Two community meetings were held on December 6, 2012. Approximately 40 individuals attended the meeting in Durango, while about 15 people attended the meeting in Pagosa Springs. During the meetings the results of the internal group meetings and the web-based survey were presented. The full presentation used during the community meetings is presented in Appendix E – Community Meeting Presentation.

Images 1 and 2, shown below, were used as displays to summarize the results of the SJBH internal meetings and web-based survey. Image 1 shows the ranking of the health concerns across the three

ranking opportunities. Access to care was the top concern among all of the ranked lists. Given that access to care was clearly top health concern, prior to the community meetings San Juan Basin Health decided that access to care would be addressed in the PHIP.

Image 1. Ranking of health concerns across ranking opportunities.

	Health Priorities Survey		SJBH Prioritization
Rank	Significant Impact	Focus to address	Key health concern
1	Access to care	Access to care	Access to care
2	Mental health	Mental health	Obesity
3	Clean air and water	Obesity	Mental health
4	Obesity	Clean air and water	Clean air and water
5	Cancer	Substance abuse	Poverty
6	Substance abuse	Oral health	Substance abuse
7	Oral health	Cancer	Oral health

The primary discussion of the community meeting focused on examining the remaining health concerns after removing access to care (since access to care was the top health priority and would be incorporated in the Public Health Improvement Plan) and the items that did not appear on all three ranked lists (cancer and poverty). The remaining health concerns included: mental health, obesity, clean air and water, substance abuse and oral health (see Image 2).

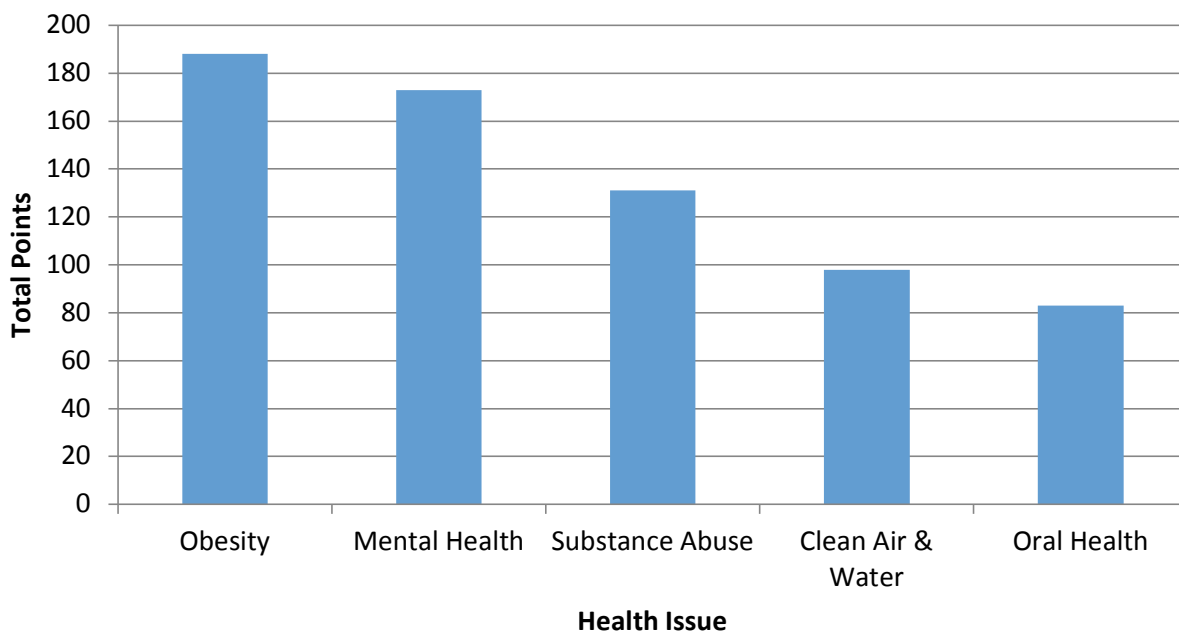
Image 2. Remaining health concerns after removing access to care and incongruent items. The health concerns that remained were: Mental health, obesity, clean air and water, substance abuse, and oral health.

	Health Priorities Survey		SJBH Prioritization
Rank	Significant Impact	Focus to address	Key health concern
1	Access to care	Access to care	Access to care
2	Mental health	Mental health	Obesity
3	Clean air and water	Obesity	Mental health
4	Obesity	Clean air and water	Clean air and water
5	Cancer	Substance abuse	Poverty
6	Substance abuse	Oral health	Substance abuse
7	Oral health	Cancer	Oral health

Meeting participants discussed possible evidence-based practices to improve each of the health concerns. In small groups, attendees considered the feasibility of implementing some of the most promising evidence-based practices<sup>5,6,7</sup> in the community context within Archuleta and La Plata Counties. Following discussions, each person rank-ordered the five health concerns. Each participant's top ranking health concern received 5 points, the seconded highest health concern received 4 points, and the ranking and point awarding system continued so that the lowest ranking health concern received only 1 point.

Participants in the community meeting in Durango selected obesity as the top health concern, followed by mental health, substance abuse, clean air and water, and lastly, oral health. Participants in the community meeting held in Pagosa Springs selected mental health as the top health concern, followed by obesity, substance abuse, clean air and water, and lastly, oral health. Results from each meeting were combined and the combined total points for each health issue and are shown in Graph 1 below.

Graph 1. Total points for each health issue following ranking at two community meetings.



Obesity gained the most total points and, therefore, was selected as the top health concern from the five health issues.

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## DISCUSSION

Three components to the prioritization process at San Juan Basin Health were used to determine the top health concerns of the community and which health concerns would be best for inclusion in the Public Health Improvement Plan. Prior to the community meeting, access to care was determined to be the top health concern and selected to be included in the PHIP. During the community meeting another health issue, obesity, was chosen to also be included in the PHIP.

Throughout the process efforts were made to allow for informed decision making. A primary goal throughout prioritization was to utilize the health data collected during the Community Health Assessment process and examine potential evidence-based strategies for improving health before making final decisions about the health issues that would be addressed through the PHIP.

Next, the PHIP will be drafted in 2013. A primary objective of the PHIP construction will be to consider how the plan might leverage SJBH's strengths and assets to improve the community's health in regard to access to care and obesity (see Tables 3 and 4).

## LIMITATIONS AND FUTURE RECOMMENDATIONS

The primary limitation of the prioritization process was the small number of participants that were involved in the selection of the health priorities. While the processes incorporated both internal and external participation, participation was limited and consisted primarily of those that participated in the Community Health Assessment process and those that had direct invitation from a SJBH staff member. The community meetings were advertised in local newspapers, yet the announcements were limited and brief. Due to constraints on time and resources, SJBH was not able to engage a large number of community members in the prioritization process. Further, the community meetings were held on a weekday and during normal business hours. This meeting time likely limited participation for those that do not have flexibility to attend meetings during this time. Also, it is of note that the diversity of those that participated in the process (especially in terms of race, ethnicity, and socio-economic status) was minimal. In the future, it is recommended that participation in the prioritization process be expanded to allow for increased inclusion of varying perspectives.

Further, while efforts were made to allow for informed decision making, the data describing community health and evidence-based practices was limited. The Community Health Assessment provides a valuable description of health in Archulta and La Plata Counties, yet the data availability is limited, in

part, due to the rural nature of Southwest Colorado. Secondary data available is often subject to small sample sizes and can be difficult to use in drawing conclusions regarding health. Also, time and resources limited the ability to dive deeply into potential evidence-based practices that could be implemented in the community context. With the increasing technology and the new efforts to improve the capture of and analysis of health data, SJBH may be able to better understand and describe health on a population level in the future. Lastly, a closer examination of evidence-based practices prior to selecting health priorities may be valuable and improve decision making processes.

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## CONCLUSION

In a period of 3 months San Juan Basin Health developed and implemented processes to prioritize the health concerns that surfaced during the Community Health Assessment process. More than 150 people participated in opportunities to share their evaluation and perspective of the health concerns within the community. In December, 2012, San Juan Basin Health and community participants decided that the focus of the Public Health Improvement Plan should include access to care and obesity.

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## REFERENCES

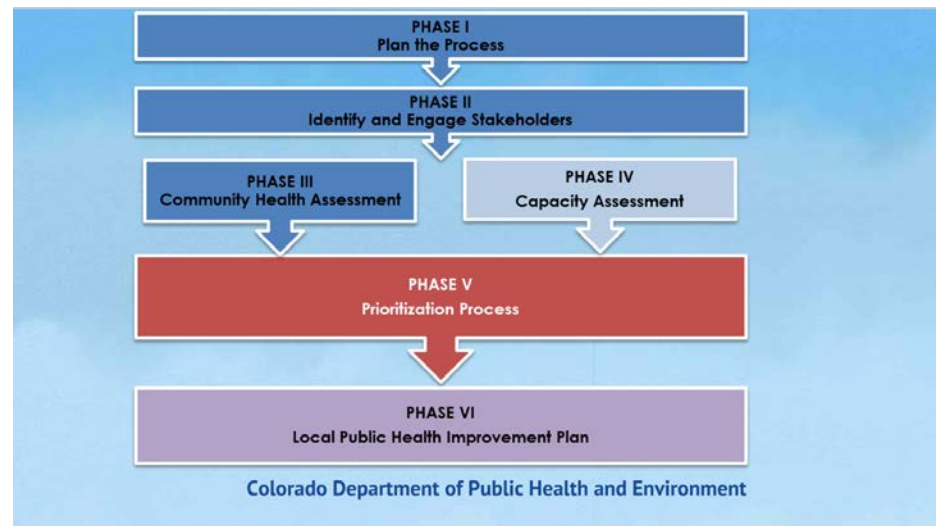
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## APPENDICES

## APPENDIX A – INTERNAL GROUP MEETINGS PRESENTATION





## Community Meetings

December 6, 2012

8:30-10:30a Durango Rec Center

2:00-4:00p Spring Resort, Pagosa

Health Priorities



SJBHD Public Health  
Improvement Plan

## Today

- Introduction
- Nominal Group Technique (2 questions)
- Written Question Response
- Follow-up Email with methods and results

## Use Evidence-Based Thinking

- Community Health Assessment
- Your work
- Your community

## Nominal Group Technique Question 1

What are the key health concerns for La Plata and Archuleta Counties?

What are the key health concerns for La Plata and Archuleta Counties?

## Nominal Group Technique Question 2

What strengths and assets  
does SJBHD have that can  
be used to improve the  
community's health?

What strengths and assets  
does SJBHD have that can  
be used to improve the  
community's health?

## APPENDIX B – NOMINAL GROUP TECHNIQUE, FACILITATOR GUIDE

**Pre-meeting:** Craft the question(s)

### **Step 1:** Idea Generation

Ask each person to list their ideas/responses to the question:

- List each idea using a brief phrase or a few words on your worksheet, note to the participants that this paper will not be submitted.
- Participants should work independently as this is the first opportunity for each person to make a contribution to the meeting.
- Note that when the time is up ideas will be shared in a round robin fashion.
- Ask if participants have any questions before beginning.

### **Step 2:** Round Robin Recording

This section proceeds as quickly and efficiently as possible. Call on people around the table and ask each person to share one of their ideas from step 1. Participants should:

- Summarize with a few words that captures the idea.
- If an idea has already been spoken, they should share next one on the worksheet. If an idea has an important twist or perspective that is different, then it should be listed separately.
- The goal is to get all the ideas out onto the flip chart, the group will be working fast and it might take 3 rounds of sharing.

**Step 3:** Serial Discussion and Clarification (this can be combined with Step 2 when the idea is being presented)

- The purpose of the discussion is to clarify the meaning of each item on our list. It is also our opportunity to express our understanding of the logic behind the idea and the relative importance of the item. We should feel free to express varying points of view or to disagree—but this is for clarification not for resolution.
- During this step it is important to pace ourselves so that each of the items on the chart receives the opportunity for some attention, the facilitator may sometimes ask the group to move on.
- Finally, note that the original author of the item need not feel obliged to clarify or explain an item. Any member of the group can play that role.

### **Step 4:** Ranking

- Hand everyone 5 note cards and ask participants to choose the 5 ideas/characteristics that best describe the answer to the question.
- In the upper left hand corner place the # of the item, in the middle of the card write out the brief description of the item. Participants do this on 5 cards, one for each idea chosen.



RECORD: Flip chart page(s) with the score sheet as below:

item number	brief description of item	scores	total of scores
# 1			
....			
# last item			

**Return to group:**

- Pick the one item of these 5 that you think is MOST important—Write in the lower right hand corner the number 5.
- Pick the one item of the remaining 4 that you think is the least important compared to the others. Write in the lower right hand corner the number 1.
- Pick the one item of the remaining 3 that you think is the most important of those remaining and write 4 in the lower right hand corner.
- Pick the one item of the remaining 2 that you think is the least important and write 2 in the lower right hand corner.
- For the remaining card, write 3 in the lower right hand corner.

**Hand in the cards:**

- Sort by ITEM NUMBER IN THE UPPER LEFT CORNER.
- Give individuals the cards in stacks of the same item number
- Participants pick up the stacks, then read off scores for each item while the scores are record and totaled on the flip chart score sheet.

**Step 5:** Conclusion/discussion – facilitate discussion around the results considering both the top scoring items and the items that may not have the top score, but had many votes.

## APPENDIX C – WEB-BASED SURVEY

Advertisement Image

# San Juan Basin Health invites YOU to be a part of the design of our Public Health Improvement Plan

## YOU CAN PARTICIPATE IN TWO WAYS:

### Take the Community Health Priorities Survey

[click here](https://redcap.ucdenver.edu/surveys/?s=m82XpF) or copy and paste this link into your web browser:  
<https://redcap.ucdenver.edu/surveys/?s=m82XpF>

We value your participation and time in completing this survey and upon completion you have the option to enter a drawing to win a Kindle!

### Then, join us on December 6 to Finalize our Top Priorities

**8:30-10:30am at the Durango Recreation Center**

**2:00-4:00pm at the Springs Resort in Pagosa Springs**

We will present of results of the Community Health Priorities Survey and individuals will have the opportunity to help select one to two key health concerns for our counties. Decisions from this meeting will be incorporated into a Public Health Improvement Plan which will be completed in 2013.

**PLEASE** complete the survey above if you plan to attend the summit.  
Send questions and RSVP to Molly Gutilla at [mgutilla@sjbhd.org](mailto:mgutilla@sjbhd.org)



SAN ■ JUAN ■ BASIN  
**HEALTH**  
DEPARTMENT

For more information and to view the Community Health Assessment, visit [sjbhd.org/communityhealth](http://sjbhd.org/communityhealth)

# SAN ■ JUAN ■ BASIN HEALTH DEPARTMENT

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Returning

## San Juan Basin Health - Health Priorities Survey

Thank you for participating in this survey. The purpose is to begin to prioritize the health issues that surfaced in the community health assessment (CHA) completed last spring. In December, we will select the final health priorities. These health priorities will shape the Public Health Improvement Plan which will contain the strategies we will implement, in collaboration with our community partners and community members, to improve health in Archuleta and La Plata Counties.

Eleven health issues, listed in alphabetical order, will be presented to you as you proceed through this survey. For each health topic, data is briefly presented to assist in quantifying the issue. Then, our community capacity to address each issue, as measured during the CHA process, is summarized. Please consider this information and your experience and knowledge of health in our community as you respond to the survey questions.

Your responses will be anonymous.

Please plan to join us on December 6, 2012 in a community meeting to select our final health priorities for the Public Health Improvement Plan to be completed in 2013.

We value and appreciate your time taking this survey. If you would like to be entered into the drawing to win a Kindle, please enter your contact information on the final page.

*Note: All health data was obtained from the Community Health Assessment ([click here to see the complete report](#)).*

*Questions or comments? please contact Molly Gutilla, Health Planner, San Juan Basin Health Department, [mgutilla@sjbhd.org](mailto:mgutilla@sjbhd.org)*

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Please indicate your affiliation:  
\* must provide value

Which county do you and/or your organization serve?  
\* must provide value

☐ Both Archuleta and La Plata

☐ Archuleta County

☐ La Plata County

☐ Neither county

next

Next Page >>

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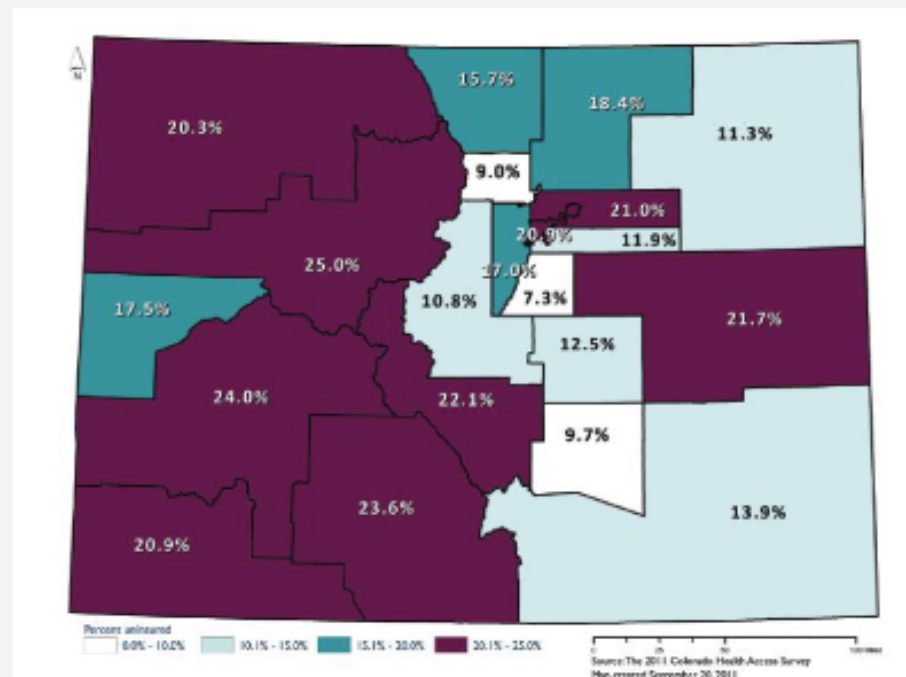
## Access to care

Rates of being uninsured in Colorado have increased and employer-sponsored insurance has decreased in the past five years.

Figure 8: Health insurance coverage in Colorado (Source: Colorado Health Access Survey)



The uninsured rate in the two counties of Archuleta and La Plata is among the highest in the state with one in five not having insurance.



### Capacity

Both counties were negative about current capacity to address access to care, particularly around effectively addressing all populations in La Plata.

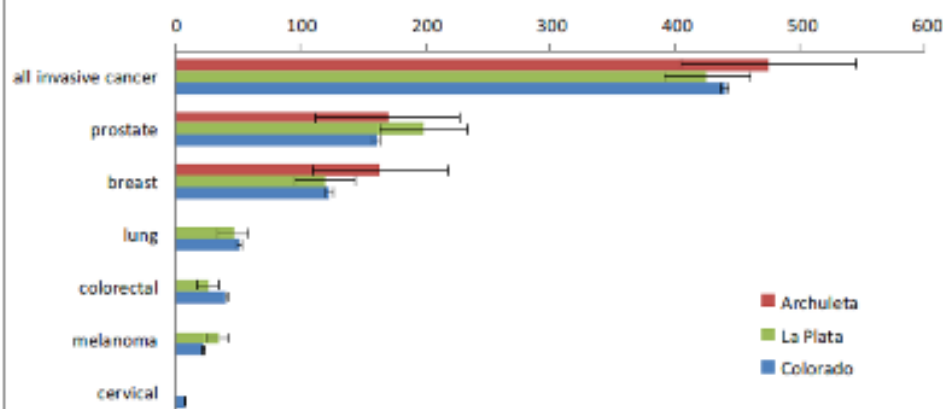
Access to care- La Plata County		Access to care- Archuleta County	
Right number of organizations	↓	Right number of organizations	↓
Existing organizations effectively addressing	↓↓	Existing organizations effectively addressing	↓
Existing organizations will continue	↑	Existing organizations will continue	↑↑
Optimistic about improvement	↑↑	Optimistic about improvement	↑↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓)

## Cancer

Cancer is the leading cause of death in Archuleta and the second leading cause of death in La Plata County.

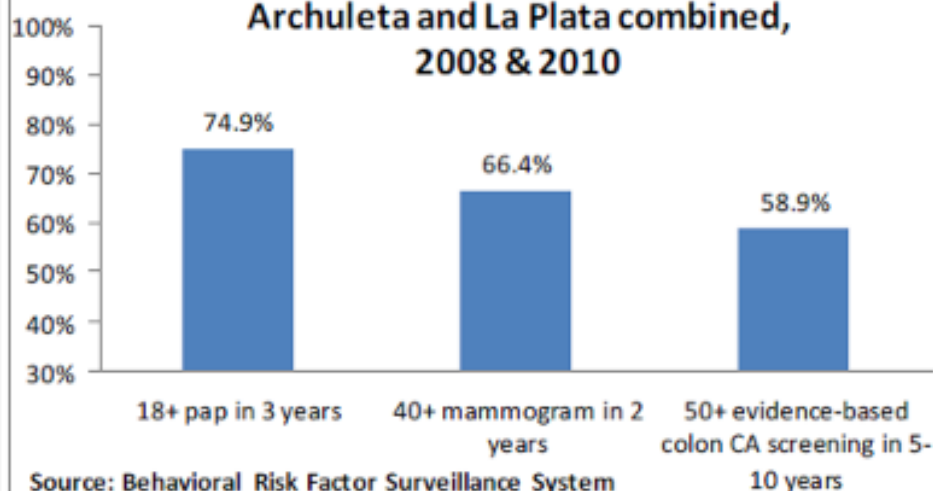
**Figure 11: Incidence rate (per 100,000) of cancer, age-adjusted, by county, 2006-2008**



Source: Colorado Central Cancer Registry, Colorado Health Indicators

Cancer screening rates for cervical, breast, and colon cancer are similar to the state rate in both Archuleta and La Plata County.

**Figure 13: Cancer screening rates for Archuleta and La Plata combined, 2008 & 2010**



Source: Behavioral Risk Factor Surveillance System

### Capacity

Both counties were neutral or negative about current capacity to address cancer.

Cancer- La Plata County		Cancer- Archuleta County	
Right number of organizations	↔	Right number of organizations	↓
Existing organizations effectively addressing	↓	Existing organizations effectively addressing	↓
Existing organizations will continue	↑	Existing organizations will continue	↑↑
Optimistic about improvement	↑↑	Optimistic about improvement	↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

## Clean air and water

Over a 2008-2010 average, Pagosa Springs had 3 days exceeding particulate matter standards and Durango had an average of six days per year.

Water quality in La Plata and Archuleta counties (2008) shows average levels of arsenic, nitrates, and total trihalomethanes and haloacetic acids that are below the maximum average contaminant level in community water systems. In 2008, two water systems in La Plata exceeded the maximum concentration level for total trihalomethanes. One water system in Archuleta exceeded the maximum concentration level for nitrate.

### Capacity

Both counties were fairly neutral about capacity for addressing clean air and water.

Clean air and water- La Plata County		Clean air and water- Archuleta County	
Right number of organizations	↔	Right number of organizations	↔
Existing organizations effectively addressing	↓	Existing organizations effectively addressing	↔
Existing organizations will continue	↔	Existing organizations will continue	↑
Optimistic about improvement	↑	Optimistic about improvement	↑↑

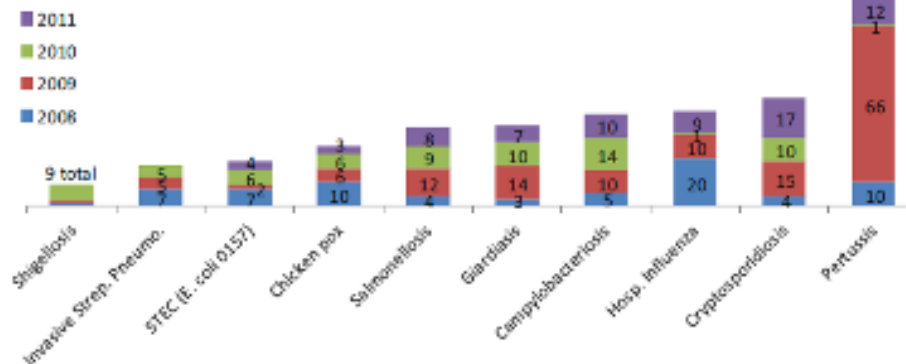
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## Infectious disease

Approximately 1/3 of adults had a flu shot in the past year in Archuleta and La Plata Counties; these flu shot rates among all adults were significantly lower than the state rate of approximately four in ten (41.8%). However, influenza hospitalization rates for those 65+ were lower than the state level.

The rate of pertussis in Archuleta (13.3) and in La Plata (30.2) was significantly higher than the overall rate in Colorado (4.6), but these high rates were found to be caused by sample contamination.

Figure 19: Number of cases of reportable infectious diseases, Archuleta and La Plata counties combined, 2008-2011

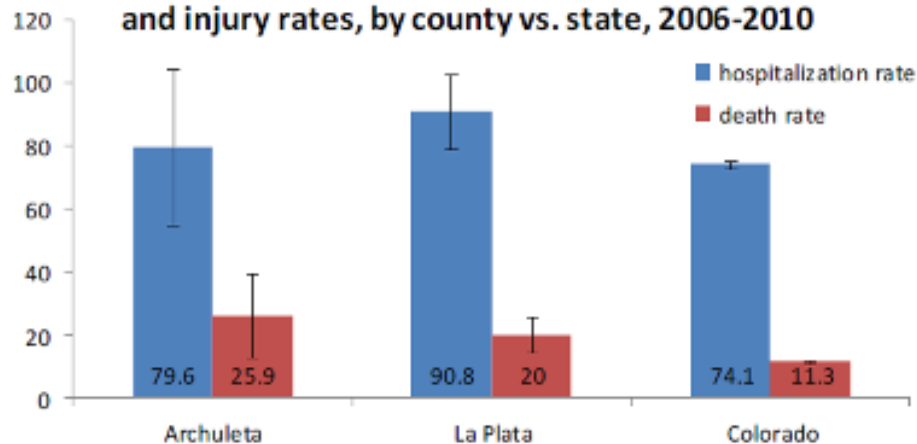


Source: CDPHE Division of Disease Control and Environmental Epidemiology

## Injury

Injury hospitalizations from motor vehicle accidents were higher than the state in La Plata County, and similar to the state in Archuleta County.

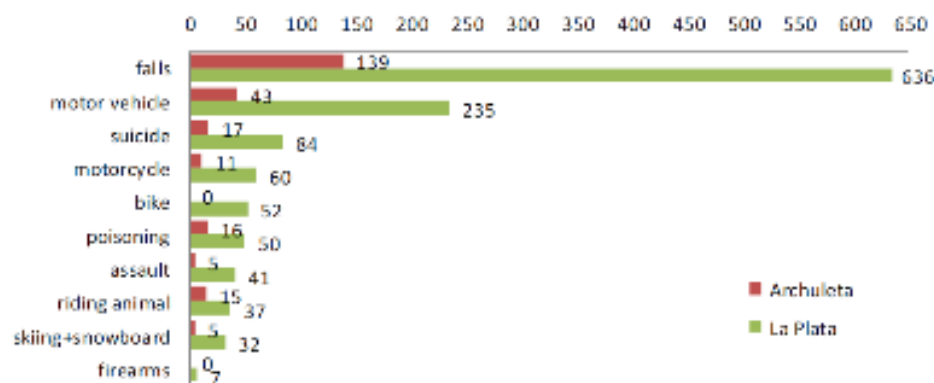
**Figure 20: Motor vehicle accident hospitalization and injury rates, by county vs. state, 2006-2010**



Source: Colorado Trauma Registry and Death dataset, via Colorado Health Information Dataset

Falls were the largest cause of injury hospitalization, but many fewer resulted in death compared to motor vehicle accidents and suicides.

**Figure 21: Number of injury hospitalizations, by county 2006-2010**



Source: Colorado Trauma Registry, via Colorado Health Information Dataset

### Capacity

Both counties were fairly neutral about capacity for addressing injury prevention.

Injury prevention- La Plata County		Injury prevention- Archuleta County	
Right number of organizations	↔	Right number of organizations	↔
Existing organizations effectively addressing	↑	Existing organizations effectively addressing	↔
Existing organizations will continue	↔	Existing organizations will continue	↔
Optimistic about improvement	↑↑	Optimistic about improvement	↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

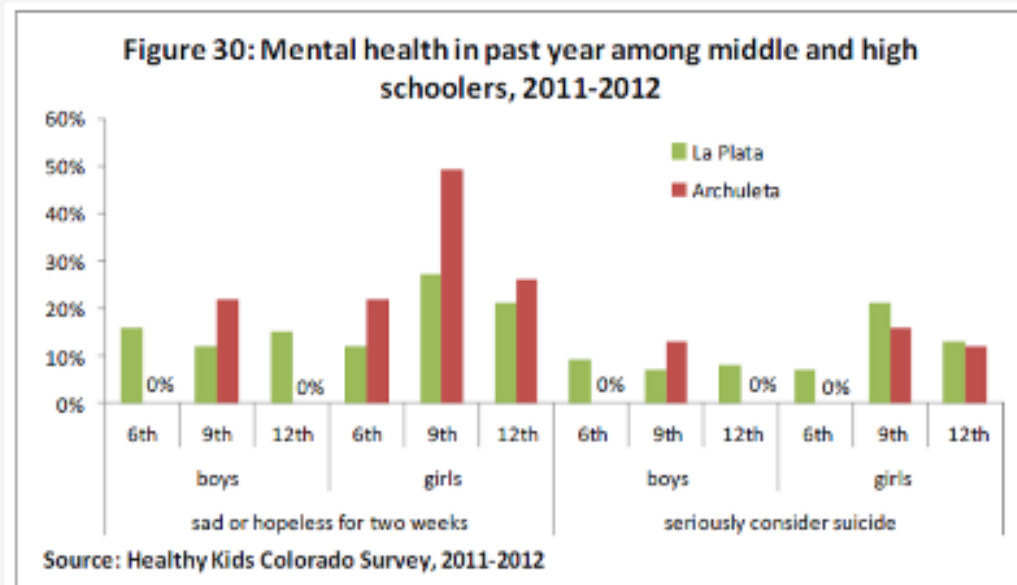


## Mental health

The table below estimates the number of people needing behavioral health services in La Plata and Archuleta Counties.

Table 6: Estimated numbers of adults who need behavioral health services in La Plata and Archuleta counties				
Type of disorder		national %*	La Plata estimate	Archuleta estimate
substance use disorder		11.5%	4,693	1,113
behavioral health (mental health and substance abuse disorder)	mild	10.8-13.8%	4,408-5,632	1,045-1,336
	moderate	7-13.5%	2,857-5,509	678-1,307
	serious	6.3-8.2%	2,571-3,346	610-794

The figure below describes the mental health among middle and high school age boys and girls. Depressive symptoms and suicidal considerations are more common among girls than boys during high school.



### Capacity

Both counties were negative about capacity for addressing mental health, with Archuleta more strongly negative than La Plata about organizations and effectively addressing mental health.

Mental health- La Plata County	Mental health- Archuleta County
Right number of organizations ↓	Right number of organizations ↓↓
Existing organizations effectively addressing ↓	Existing organizations effectively addressing ↓↓
Existing organizations will continue ↔	Existing organizations will continue ↑
Optimistic about improvement ↑↑	Optimistic about improvement ↑↑

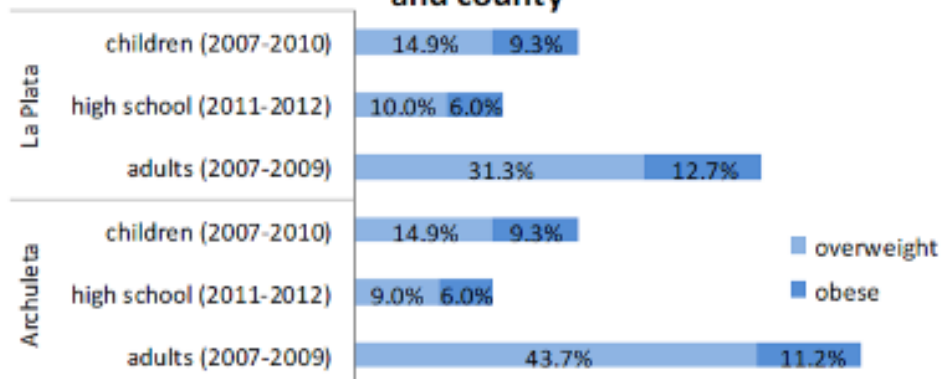
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## Obesity

Approximately 26% of children are overweight or obese and more than 1/3 of adults are overweight or obese in La Plata and Archuleta Counties.

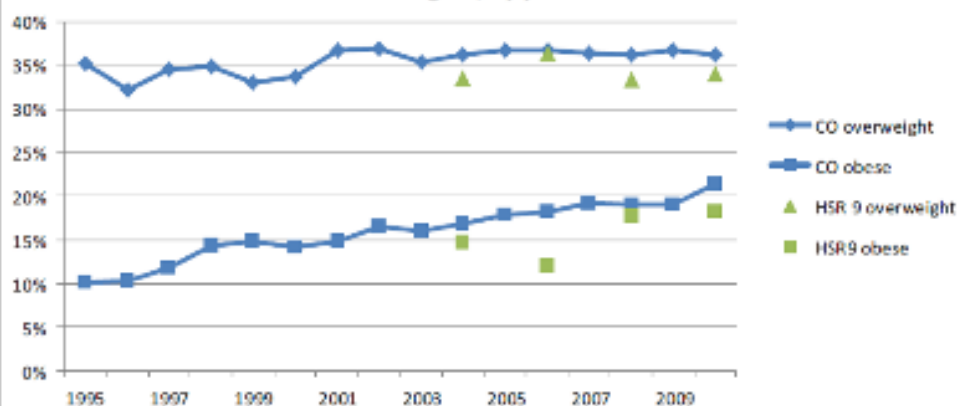
**Figure 14: Overweight and obesity status, by age and county**



Source: Behavioral Risk Factor Surveillance System; Colorado Child Health Survey; Colorado Healthy Kids Survey

Obesity is a risk factor for cardiovascular disease, one of the leading causes of death in Archuleta and La Plata Counties. Overweight rates have been stable during the past 16 years, while obesity rates have doubled.

**Figure 15: Overweight and obesity rates in Colorado and HSR9 region, by year**



Source: Behavioral Risk Factor Surveillance System, multiple years, Colorado and HSR 9

### Capacity

Both counties were negative about current capacity to address obesity, particularly around effectively addressing all populations.

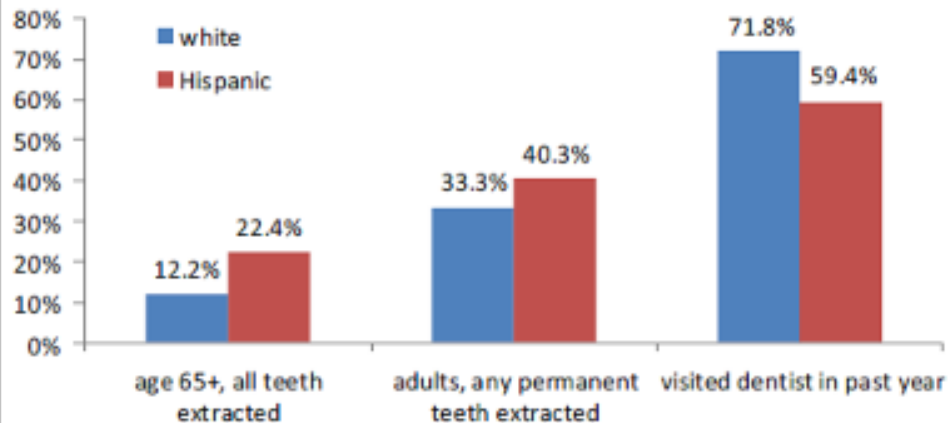
Obesity- La Plata County		Obesity- Archuleta County	
Right number of organizations	↓	Right number of organizations	↓
Existing organizations effectively addressing	↓↓	Existing organizations effectively addressing	↓↓
Existing organizations will continue	↑	Existing organizations will continue	↑
Optimistic about improvement	↑↑	Optimistic about improvement	↑

Note: One arrow=at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows=at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)=at least 50% in neutral or less than 50% in agree/disagree categories

## Oral health

In 2010, 88% of Colorado adults visited the dentist in the past year. Significant disparities exist between Hispanics and whites in Colorado where indicators of Hispanics are all significantly worse than for whites in Colorado.

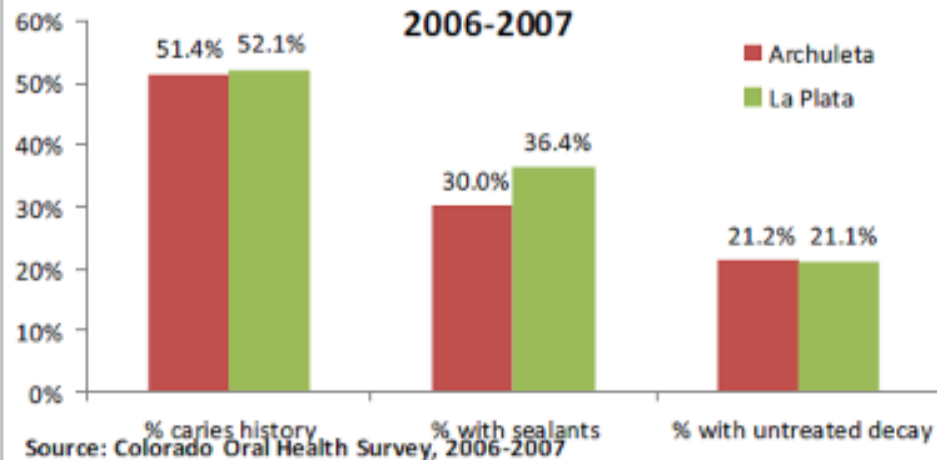
**Figure 31: Oral Health Indicators in Colorado, by race/ethnicity, 2010**



Source: Behavioral Risk Factor Surveillance System, 2010

Half of third-graders in both counties have a history of cavities, 1/3 have sealants and 1 in 5 have untreated tooth decay.

**Figure 32: Oral health indicators in 3rd graders, 2006-2007**



Source: Colorado Oral Health Survey, 2006-2007

### Capacity

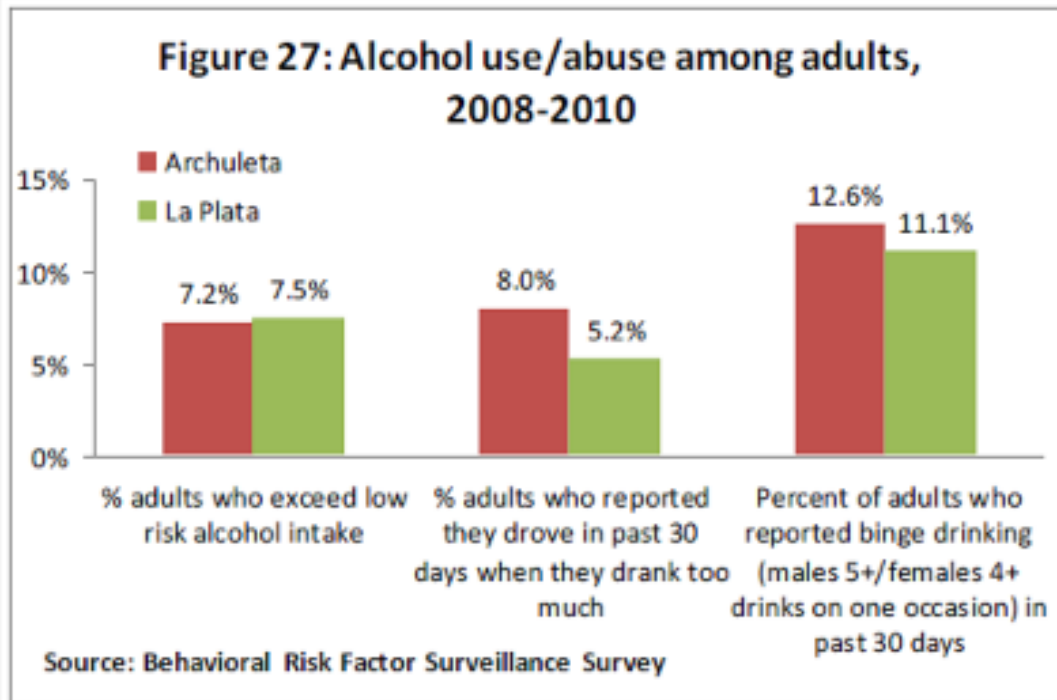
La Plata was negative about current capacity to address oral health.

Oral health- La Plata County		Oral health- Archuleta County	
Right number of organizations	↓↓	Right number of organizations	↔
Existing organizations effectively addressing	↓↓	Existing organizations effectively addressing	↓
Existing organizations will continue	↔	Existing organizations will continue	↑
Optimistic about improvement	↑	Optimistic about improvement	↑↑

Note: One arrow—at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two arrows—at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)—at least 50% in neutral or less than 50% in agree/disagree categories

## Substance abuse

The reported rate of binge drinking in La Plata is lower than the state rate of 16.8% and the other rates shown below are similar to the state.



Alcohol is the most commonly used substance among youth with half of seniors in high school reporting drinking in the past month and 1/3 binge drinking in the past month. Alcohol use is followed by marijuana, tobacco, and chewing tobacco use.

## Tobacco use

Tobacco use is a risk factor for cardiovascular disease, one of the leading causes of death in Archuleta and La Plata Counties. Approximately 22.4% and 14.4% of adults currently smoke in Archuleta and La Plata Counties, respectively.

Figure 16: Heart disease risk factors among adults, by county, 2007-2009



Source: Behavioral Risk Factor Surveillance System

In Colorado, the rate of smoking is greatest among Hispanics, American Indians, gay, lesbian and bisexual populations, those with mental illness, disabilities, and low socioeconomic status.

Table 5: Current Cigarette Smoking in Colorado in 2001, 2006 and 2008

group	percent that smoked		
	2001	2006	2008
all adults	19.7	17.3	18.1
SEX			
women*	19.1	15.0	15.7
men	20.3	19.5	20.6
AGE GROUP			
18-24	30.2	24.5	25.1
25-44	20.9	17.7	20.0
45-64	17.8	17.7	16.2
65+	9.2	7.8	9.8
ETHNICITY			
White*	19.1	15.6	16.8
Hispanic (English)	22.1	24.4	26.9
Hispanic (Spanish)	18.4	18.9	13.0
Black or African American	17.0	19.4	20.2
American Indian	30.4	34.9	42.0
Asian American	19.4	14.4	13.4
All Other	20.0	20.0	22.4
SEXUAL ORIENTATION			
heterosexual*	n/a	16.8	17.6
gay/lesbian/bisexual	n/a	25.0	26.4
MENTAL ILLNESS			
no*	n/a	n/a	16.5
yes	n/a	n/a	24.3
DISABLED/UNABLE TO WORK			
not disabled*	19.2	16.8	17.7
disabled	43.6	30.7	36.6
SOCIOECONOMIC STATUS (SES)			
not low SES*	14.2	12.0	11.4
low SES	33.1	27.9	29.2

bold means significant change from previous survey year, adjusted for age, sex, and ethnicity

red means significantly higher than reference group (an asterisk \* marks reference groups) in 2008

green means significantly lower than reference group (an asterisk \* marks reference groups) in 2008

† low SES is defined as <HS education, no insurance, <200% Federal Poverty Level (FPL) or being disabled

### Capacity

Both counties were neutral about current capacity to address tobacco.

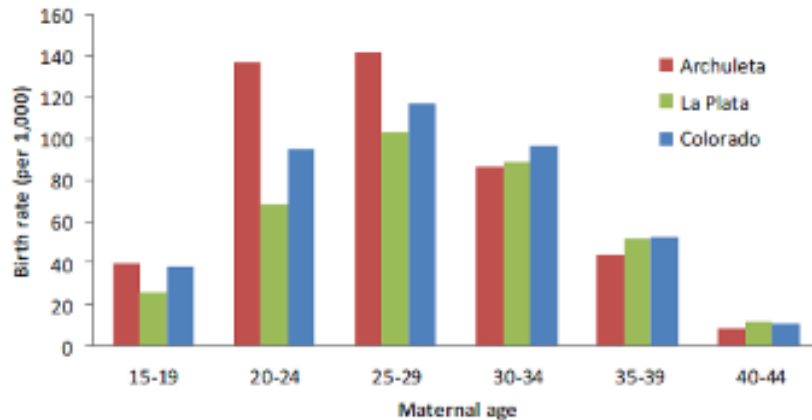
Tobacco- La Plata County		Tobacco- Archuleta County	
Right number of organizations	<=>	Right number of organizations	<=>
Existing organizations effectively addressing	<=>	Existing organizations effectively addressing	<=>
Existing organizations will continue	↑	Existing organizations will continue	↑
Optimistic about improvement	↑	Optimistic about improvement	↑↑

Note: One answer at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓) categories; two answers at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (=>) at least 50% in neutral or less than 50% in agree/disagree categories

## Unintended pregnancy

Birth rates are the highest among 25-29 year olds in both counties.

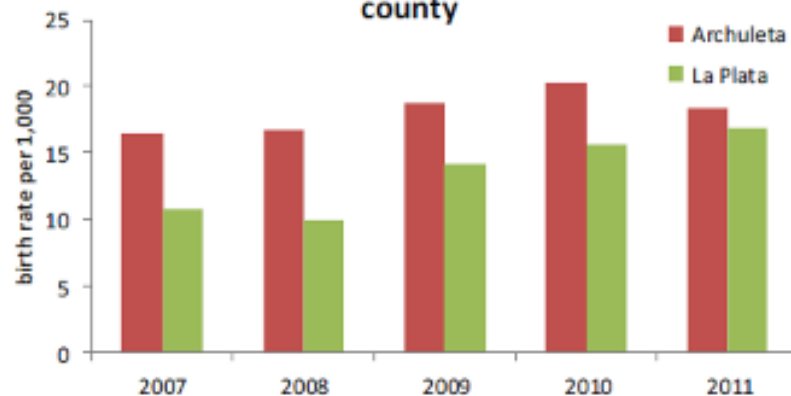
Figure 34: Birth rate, by age and county, 2006-2010



Source: Colorado Health Information Dataset: Birth statistics

There is a slight increase in teen birth rates during the past five years in both counties; both are still below the Colorado 2010 target of 21 births per 1,000 teens.

Figure 35: Teen (15-17) birth rate, by year and county



Source: San Juan Basin Trend Analysis, 2011. Epidemiology, Planning and Evaluation Branch, Colorado Department of Public Health and Environment.

Note: year is by year of release of most recent data and may not be actual year of data; each release contains three years of data combined.

### Capacity

Both counties were neutral or somewhat positive about current capacity to address unintended pregnancy.

Unintended pregnancy: La Plata County		Unintended pregnancy: Archuleta County	
Right number of organizations	↔	Right number of organizations	↔
Existing organizations effectively addressing	↑	Existing organizations effectively addressing	↔
Existing organizations will continue	↑	Existing organizations will continue	↑
Optimistic about improvement	↑↑	Optimistic about improvement	↔

Note: One arrow—at least 50% reported agree/strongly agree (↑) or disagree/strongly disagree (↓); two arrows—at least 75% reported agree/strongly agree (↑↑) or disagree/strongly disagree (↓↓); neutral (↔)—at least 50% in neutral or less than 50% in agree/disagree categories

## APPENDIX D – WEB-BASED SURVEY RESPONDENT COMMENTS

Please share any other comments about access to care:

Access to primary care and dental care for older adults is a critical need.

Access to primary care and preventive services is crucial to addressing chronic disease and managing population health. appropriate use of medical care is a notable issue on 3 levels. 1) When to seek care is something that needs to be addressed. If providers weren't busy dealing with non medical needs, how much would their time be available? 2) Requiring a consult by specialist is insulting and waste of time and \$\$\$. When my provider refers me to specialist or if I know I need to see dermatologist for removal of growth - it is obscene to be told initial visit and then procedural visit. Many of us have some sense of what we need. If we get to the appt, I am willing to accept they might find they cant do the procedure because of something they didn't expect. But the chances of this for the overall probably less than 10%! 3) The hold that optometrists have as to whether I visit them annually (MUST do if need glass prescription refilled) I have a good handle on changing eyes especially when I have to spend \$600 for glasses!

Behavioral and dental health access are huge issues in our area as well.

Besides being able to gain access/ be accepted for treatment by a particular Dr or clinic or treatment center, families/couples/individuals that struggle financially are also less able to keep auto insurance in place and their vehicles running, so they physically need help with transportation. As there are fewer local resources available, getting the needed health services is requiring both more and longer trips. This only compounds the feeling that they are not able to get the care they need. Money for gas and a willing driver with a dependable vehicle are now often part of the equation. This can be a deterrent to even proceeding further; especially when a treatment requires multiple visits.

Certain groups have seen a major improvement in access while others have not. The Haves: infants, children, adolescents. The Have Nots: seniors, minorities, undocumented,

Depends on definition of 'access.' We may have adequate facilities and providers in Archuleta County, but most people are uninsured and cannot afford to pay for care.

Ease of access would seem important to consider given the geography and often the constraints placed on many families. Often systems can create procedural barriers that delay or prevent timely care. Just seems worth mentioning.

Education and preventative care should be the emphasis in sustaining a healthy community. Access to preventative care (and basic insurance of such) is necessary.

However, access to care issues affect school attendance very greatly!

I am looking from the mental health perspective and Axis is NOT providing adequate coverage for our area. Schools and other agencies are being looked to to fill a gap that is left by the inadequate mental health response and options available.

I feel young adults are a particularly vulnerable population. If they not under their parents insurance or in college they have few options for affordable health insurance.

If the care is not available they will become sicker and affect emergency services at a much higher cost and they will be sicker when they do.

It would be helpful if the process was easier for families to know what kind of services they qualify for.

Many people like myself have only catastrophic health insurance and mostly we pay for most of,our health care needs out of pocket

Needs to address all economic levels not just low income population. Numerous programs are already in existance if they want to partake. No insurance or inadequate insurance is across the board finacially

Please ensure there is a focus on those middle class families who do fall into the 'insured' category based on being covered by a employee-sponsored plan. Many employee-sponsored plans do not cover ENOUGH and this causes serious financial burdens as well as a reluctance or inability to receive care as well.

Preventive Health needs to be a main focus; ie annual screenings; diet and exercise; Immunization updates for all ages

Promotion of healthy lifestyles

Senior health care is a concern as doctors are not available to assist with seniors due to medicare issues

The COMMUNITY should address this issue, however, the public health improvement plan should focu on public health-specific projects, such as lowering obesity and/or smoking rates in the community, which would lessen the need for access to care!

the community should assist local primary care physicians to obtain adequate reimbursement for providing medicare/medicaid services.

The disabilities community depends on quality health care in the community in which they reside.

The La Plata Community Clinic will help, but it will need a lot of community support to survive.

The problem here has a lot more to do with access to information or information dissemination. As service providers, we should be better informed about resources so we can guide our clients

The un and under insured and uneducated have the most difficult times accessing, being established with primary care

There are still gaps in our health care services and a large population that is under-served. There is not enough emphasis on prevention, with more education and training available to all on this issue, and what the real definition of 'prevention' is all about.

This access to care issue is predominantly for adults and mental health services for children

This may be perspective based?

This will change as Obamacare is phased in

Underinsured is also a significant problem with individuals not electing to address health issues because of either being uninsured or underinsured.

We need to remember that access to COMPETENT care is necessary. How to attract and retain qualified medical providers should be a topic of discussion.

Please share any other comments about cancer:

Again, many do not have access to any preventive health care, nor can they get exams and intervention at either earlier stages of disease or rapid and thorough care when diagnosed with something serious. Again, education in preventive opportunities is critical

Because cancer survivors are living longer, and because there will be more people diagnosed with cancer and it being treated as a chronic disease -- we need to put the resources in place to help manage this disease for the long-term. People who are living with cancer and co-morbid diseases are going to need closer follow-up care by physicians who are not in the oncology community.

Cancer screenings such as mammograms and colonoscopies would be a good place to start

Due to the increase numbers of people in the community a effort to review environment, health and chemicals used in the community have an affect on residents of LaPlata county.

Feel that we have resources in place to address this.

focus - screening and access to care

Free cancer screening days

Free screenings and health fairs could be helpful in this area but A SINGLE PAYER, UNIVERSAL HEALTH PLAN is the right way to address all of these issues.

Hard to know which populations are most affected, are we referring to older advanced age or younger groups? These distinctions could guide shifts in resources and efforts.

How do these statistics compare nationally?

If I needed Ca treatment, I would go out of town anyway and utilize local system as support not primary. Too many instances of poor care make me not have confidence that this should be a focus in this area of our community

Looking at the bigger picture, the health department and the community should look at improving healthy lifestyle behaviors, which would improve cancer rates (such as reducing smoking and obesity rates).



Many cancers are associated with toxins in air, water and our food supply. We chronically expose ourselves to toxins in our homes, etc. It is critical that we go about cleaning up and avoiding these teratogens.

Many people understand that to get specialty treatment you will have to access information and services outside your county. Cancer screening should be the topic being addressed. That can be done at the local level.

Services available. Often with a cancer dx many go elsewhere for treatment and use Dgo as support system

The incidence of cancer in this area is not significantly different than in other areas of the state or nation. Yes, it does require specialized care and management; however, I do not feel that every community can/will have every resource in order to treat/manage these diseases. At times, it will require going to a specialty center. We should focus on preventative factors that reduce cancer risk, one of which is obesity. Obesity and lifestyle choices are now edging out tobacco use as the leading cause of cancer. Additionally, we could focus on follow up care and ancillary care to cancer treatment for those that travel to another city for their primary treatments. MPMC has developed a center/focus on breast cancer, one of the more prevalent cancers. Perhaps the same can be done for other more prevalent cancers.

We need to have Cancer prevention as well as Cancer screening as priorities

Please share any other comments about clean air and/or water:

Accurate information, or any disclosure at all, has been sporadic and casual. For example, several years ago, a letter from PAWS to water customers indicated that higher than acceptable concentrations of various toxins were present in our water supply, but this was presented without cause for alarm or action. Is anyone addressing fracking and the effect on our water supply?

City water is much better than outlying areas. Durango West and Forrest Lakes are 2 big communities with mediocre water.

Clean air and water are foundational.

Clean water is essential to the health of our local food industry.

Clean, healthy water is essential to health in every way

Could definitely do more education around the impact of neighboring states and how they impact us.

everything is connected. I feel that the reason cancer rates are so high is in part, due to the lack of clean air and water.

how would clean water (ie high lakes and river) be addressed

I think it is very important that we pay attention to water quality in the area, particularly with heavy metals related to mining, as well as byproducts of oil and gas development (fracking chemicals). Additionally, educational around water sources (i.e. plastic water bottles vs. tap water) should be increased. Reducing consumption out of plastic should be a focus of every household.

If we are talking about the environment or geography, we should be addressing the problem living at high elevation has on people with lung, heart and kidney problems and those who may not know they have them.

new water treatment may fix the water issue

See Previous comment.

The coal fired power plants in New Mexico are a great cause of concern for me as to quality of life and safeguarding the scenery and natural beauty of the area as well as health concerns. Tribal government cannot be trusted to address the problem in a functional or timely manner.

This is part of the expected health and welfare of any community

Water quality in particular should be the #1 health issue we address. I think it's most important that we have strengthen our public education on the proper disposal and management of chemicals and especially medications in our community. I am an oncology nurse and am astounded by the amount of misinformation I discover about medication disposal techniques.

We are fortunate to have a naturally healthy mountain environment as long as our watershed area are left undisturbed

We need more information, education and public involvement in water issues, as well as clear air issues. Ongoing information, education, cooperation between schools, religious organizations, public agencies and private agencies, to make this a priority.

We saved and purchased an expensive and excellent alkaline water ionizer and later added an excellent water purifier (which removed even hormones and medications from the public Pagosa water supply. The filters which were supposed to last a year were dirty and full/plogged within 7 weeks. We believe that the local water supply is not conducive to good health. There are more and more residents purchasing water and water related systems because they believe the same.

Your little data table here is quite confusing.?

Please share any other comments about infectious disease:

Better health precautions are needed in our nursing homes, homeless shelters and schools.

Feel we do a good job in regards to flu shots but maybe not vaccinations overall.

focus on increasing immunization rates in schools by addressing laxity in personal exemption requirements

I am not knowledgeable enough in this area to comment. I think the emphasis depends on how well we are able to treat current outbreaks and what preparedness is in place for large outbreaks.

Immunization should be available and accessible to those who want it.

Improve rates of vaccination among children and adults.

Infectious disease is spread in many venues especially in schools and in the workplace. Employers should encourage employees to stay home when sick instead of disciplining them. Employers should be required to offer sick time benefits to all employees.

maintain as focus level

Many of those infections came directly from a hospital stay or an office/clinic visit. The hospital is proving to be a dangerous environment! This year my husband was hospitalized twice (for over 16 days total) with a dangerous viral infection caused by a local Dr draining a bursa on his knee. During his second hospital stay he contracted a second bacterial infection.

Parents need to be educated on why their children need vaccinated

Preventive health and treatment is not just immunizations ('flu shot') and prescription drugs.

some of the disease states listed are life style dependant

This is commonly where public health may have greatest impact for the dollar.

This issue has a major affect on school attendance and parents missing days of work due to children's illness.

To what extent are the current access points able to vaccinate efficiently. Also the proximity to NM may be of additional concern with regard to pertussis. Again this process of surveillance is quite labor intensive and requires adequately trained nurses and other healthcare personnel to maintain.

Vaccines are very costly to private practices and state support of a better system would be appreciated. A partnership between private practice and SJBH for vaccine delivery could be innovative.

We must make preventive information more available to all. Work with schools. Work with other practitioners who have immune boosting methods, and get better facts out to the public about what they can do (and don't always emphasize the flu shots) We have other immune boosting practices that are very effective.

we need to do a better job educating the community about death rates from infectious disease compared to something like automobile accident deaths--that they can relate to.

Please share any other comments about injuries:

accidents happen!

Again, access to treatment is important but equally important is ability to pay for services. We need universal health care.

Are our accident rates influenced by all the tourists? It would be interesting to see if these are residents or visitors? Also, can we categorize the causes of falls? As well as categorize the motor vehicle accidents - were they under the influence of alcohol? what was the most common age of the driver? were they residents of our county?

Distracted driving is huge, bicycle safety (and especially in relation to distracted drivers), clearing the sidewalks in downtown Durango in the Winter months to decrease falls, especially in the elderly.

Driving safety promoted in schools more. Also, first aid classes more readily available.

feel that there is great prevention and awareness around this. There are also punitive systems in place (ie tickets) It becomes a personal choice.

Focus on MVA - drinking and driving

I thank SJBH for trying to address distracted driving. The medical and social costs of injuries in La Plata are strikingly higher than 'they should be'. I don't know what would help with this problem but it is major.

Most serious trauma patients are taken to larger hospitals via ambulance or flight for life.

Other agencies should work on education and prevention. Hospitals, CDPHE, Emergency agencies, SWRETAC

Particularly distracted driving!!

remote roads, animal assault the other sources of injury are a result of life style in our area (outdoor activities) or self inflicted foolishness. Healthy care for this is necessary but not focal

To focus on what needs to be addressed It is essential to have greater breakdown on this for vehicle as well as other injury (ex fender bender, notable, and fatal) as it relates to: Age breakdown Year round vs visitor time of year (road condition) where notable/fatal accidents tend to happen (country roads, high speed, gravel, intersection, etc)

We are an active community that is prone to accidents in the outdoors. I think this area has been well addressed through the orthopedic depts at Animas Surgical Hospital and Durango Orthopedics/MRMC. We also have well equipped and dedicated search and rescue teams, flight for life, and other trauma measures in place for injuries of this nature. I don't believe an emphasis needs to be placed in this area, given the monetary incentives in this area of medicine that already support facilities/operations that allow for access. I think increasing our ability to care for severe traumas is possible; however, it does require significant resources.

Weird that you ask this question AFTER firing the woman in charge of injury prevention at SJBHD....don't you think these questions should come BEFORE taking such action?

Work with law enforcement on speed control, and other issues with where and how accidents are happening in our county. There are also judges who do not give out punishments that are a deterrent to many. People know they get away with things here, especially youth. Perhaps there should be more research on why there are so many falls. What kind?

Please share any other comments about mental health:

Accessible counseling services for all ages, promoted in high school and at senior citizens center as well as rec centers.

Again - need more specifics. From the graph it looks like we are in better shape than state (of course better is a relative term)

Especially large gap in the Latino community.

estimated # of adults is very low, I believe # to be significantly higher in reality.

focus on mental health needs of younger children, don't wait until high school Increase access to care at school based health centers

For Table 6 -- what are the % so can be compared to the national? Are there state %'s available? Needs to be targetted programs for high school kids

graphs are not conclusive. % for national but numbers for county. They seem to be lower than the national levels however. What kind of mental health issues for our students? Coping, consequences, medication, stress, depression.....narrow this for appropriate answer from community

Having dealt personally with suicidal issues with my own teen, I've since found out how prevalent it is in our school age kids. We need more help for our kids so they can make it through these troubling years and our county just doesn't have enough resources.

It has been my experience and is the consensus of the faith-based groups (several with teams having extensive training in prayer, counseling, healing and deliverance) that the spiritual factor significantly increases the success and victories in these areas. As grants and government funding decrease, the church is already increasing free ministry in all areas. Several faith based groups were represented in the initial community discussions and could clearly speak to the fact that they were ministering effectively to increasing numbers of families and individuals.

It is very sad to see the results of the survey above in school age children, as well as the suicide rates reported on an earlier slide. Supporting mental and behavioral health should be a focus and is a strong step towards a whole community (it affects all of us). Unfortunately, I am not well educated on the current resources available; however, I feel that an attention to developing positive behaviors and self-awareness early in development is important. Perhaps, greater support in schools through reducing bullying (both reaching out to the bullies and the victims) would be a step. We all know that those with a strong grounding don't need to bully, nor are they as affected by persistent bullying.

Lifestyle can impact the severity of mental health issues and can and should be addressed; the behavioral and mental health system in this Archuleta and La Plata counties should look at how to improve access to mental health care at a systems level.

Mandatory school screenings

Mental health / spiritual health impacts our foundational health

Mental health can be at the cause of many other health issues. We need to pay attention to our own county and not compare ourselves to others. We must focus on what constitutes healthy mental status and how we can get to that level of health.

Our current system is not working. The current organization charged with caring for our community's mental and behavioral health is not doing its job and is not collaborating well with the rest of the community. There is a feeling of hopelessness toward our current system that needs to be reversed.

Our emotional health and our behaviors are linked. Our behaviors influence our physical health outcomes. It therefore makes sense that if our emotional or mental health issues are addressed, and our maladaptive behaviors are checked, then our overall health will improve.

recommend a focus on prevention by including young children and their caregivers in any training and information SJBHD should do a better job of collaborating with Axis....it's right downstairs! More and more research shows that organizations are moving towards integrated care (behavioral and primary care) so SJBHD should pay attention and be on board with this as well. Again, I'm appalled that the prevention department was eliminated at SJBHD before the community was even questioned. Prevention is cost effective in the long run!!

The access to AXIS is an ongoing issue. In addition Axis does not seem to want actively partner with other community organizations and businesses

The amount of mental health patients/problems presenting to acute care facilities in my estimation is higher 'than it should be'. And this dovetails into our higher suicide rate. Is Axis Health at capacity? Or could it expand if we were to encourage earlier and greater use of its service especially with the goal of decreasing crisis management having to occur in the acute care facilities.

These services need to be provided, supported and advocated for...

This issue has a significant impact on our police force and can tie them up for hours dealing with a mentally ill person at emergency room leaving the rest of the community under served.

We need more access to free or low cost services in this county. We need more money for Rx, and we need to pay our clinicians more who will work with this population. Mental health is viewed as a lower priority than a basic need. Mental health is a basic need that should be met.

We need to continue to destigmatize and identify those with mental health issues for treatment and support.

Please share any other comments about obesity:

Again, everything is connected. Poverty levels and education must also be considered with obesity rates.

Education on nutrition in elementary and secondary schools are vital to healthy eating. Even in the nursing homes we need to do a better job of educating the dietary staff with healthier meals.

encourage more exercise and correct eating habits

Health is important, but the education and support for this must be first and foremost with the family. CDPHE, hospitals, schools, institutions of higher learning

I think the nation is getting the message about obesity. We are the thinnest state in the union.

Incorporate into other programs, such as healthy lunches at school, exercise programs at school and in the workplace.

Programs for school-age kids have increased and improved through other organizations' eg. Girls on the Run.

Let us begin by removing vending machines from schools. We need to teach our kids about healthy choices. A change to school lunches would be another first step. And what about physical education?

Look at the statistics - Colorado is pretty healthy. While I still think this is an important issue, if budgets are tight perhaps the community should focus on more imminent issues.

more money needs to go into prevention and education. Part of the problem is that processed food is so much more inexpensive, even when people want to eat fresh food they can not afford it.

My patients are becoming diabetic at alarming rates secondary to a high grain/sugar diet, inactivity, sedentary lifestyle and weight gain.

Need national campaign similar to smoking - major social issue

Obesity is a risk factor for many chronic diseases including diabetes. It will only get worse if not addressed, especially with mothers who control food for the whole family.

Partner with local agencies to promote healthy lifestyles.

Promote health for 65+

This health issue costs significantly more health problems which causes all of us to pay more for health insurance.

This is a very important issue that has major affects on a community. 1) Obesity/the lifestyle associated with it is strongly linked to cancer incidence. 2) It affects access to care, as individuals who are obese are more likely to need more resources throughout their life, which puts a burden on the system. 3) It affects community development because it impacts behavioral choices. We need to support healthy building practices that encourage walking, biking, etc. This not affects physical health, it affects mental health because you are out and about, talk to people you meet more, and generally supports a more connected community rather than isolated individuals. I am hopeful that we can support education and preventative measures to reduce the incidence of obesity in future generations, as well as help those currently impacted to take steps to improve their lives.

This will be a worsening problem that we must try to hit now. Obesity and living at high elevation DO NOT work.

We need evidenced based methods to treat whole families for obesity/overweight which will improve the health of the whole community. This can be done from a community health prospective- improving transportation, trails, access to healthy foods, etc.

We need to be more willing to step in and do more prevention and nutrition programs.

Weight has much to do with health issues, whether it is over weight or even under weight. What are the schools doing to educate? What are the health agencies doing to support healthy lifestyles? I know my Dr. now tells people he will not see them if they continue to smoke or if they do not lose weight.

workplace incentives!!!

Please share any other comments about oral health:

#'s for adults visiting dentist, white or hispanic seems high. nutrition obviously and employment effected by poor dental health

Affordable and accessible dental care for older adults is a critical need.

again we need more free services in this field, and more insurances to cover oral care.

Again, even people with medical insurance do not have dental coverage so many dental problems go untreated until extraction is about the only option. Awareness of 'cavity free' programs for children have improved (eg. Smile Makers Program).

Are data points for Hispanics underrepresented?

exactly why

Healthy/good teeth are such an important part of good health. What is being done in the schools? What is available to educate, teach and provide free toothbrushes, etc. to those in need. A full blown program on oral health should be going on here.

In the last year, I personally know of five people, including myself and my husband who chose to have a tooth pulled (about \$200.) because they/we could not afford the more expensive bridge or crown or root canal. It is hard to find affordable oral care! Lower income folks in need of dentures often walk around with no teeth and try to leave the area for grant funded clinics in rural/tribal locations.

It would be great if local dentists would come together and address the oral health disparities prevalent in our community. That being said, the new community health clinic should be supported in improving access for adults. The current pediatric providers should be able to meet the needs of children.

Moderate - to first find out why the service gap. Cost is no longer an acceptable excuse. Why are they not seeking care and what changes are hispanics making in their own care?



More affordable access for individuals

not sure how big an issue this is.

Oral health is foundational.

Poor teeth, poor nutrition, poor health. This is critical.

Promote dental hygiene at schools and for new mothers.

This is one health area that has no legal requirement for evaluation and care the way acute care facilities are required to render good faith exams and treatment for all who present (EMTALA). Therefore dentists ask for upfront payment which is seldom what the patient can pay. Off to the ED they go.

Universal health care with dental coverage should be considered although I know I'm just dreaming.

We should assist in those families that meet a minimum deficient criteria until age 18

When good oral health is present the entire body has a better success rate for improved health with eating habits.

Please share any other comments about substance abuse:

#s low, reality is higher

A larger focus of substance abuse would aid our education system. We have too many people using drugs as an escape from life issues.

Again, our behaviors contribute to our poor health outcomes.

Again, the start of a child's health and well being is the health (physical and emotional) well being of their parents. You cannot have one without the other.

Alcohol, not just alcoholism but binge drinking. See injuries.

Almost every event, street fair, fundraiser, etc. has alcohol. There are wine tastings going on all the time. There are breweries based here. We have an ongoing culture of alcohol use. We need to change that!

Drinking connected with mental health

Efforts should be targeted to high school age kids.

Especially as related to drinking and driving and link to domestic violence

How will we define 'substance' after amendment 64? Also, considering the high cancer rates in CO, and that Cancer is the LEADING cause of death in CO- why label a life saving herb (marijuana) in the same category as substance that have proven to cause death such as alcohol and tobacco (both of which are legal!)? Marijuana needs to be seen for its medicinal properties. Why are PERScription drugs not listed? Perscription drugs are the MOST accessible and used drugs among youth and are NOT mentioned at all. Perscription drugs account for more deaths than assist people due to miss use and miss prescription. THIS is the real problem that needs to be addressed. Is the Health Department funded by a prescription corporation? Is this why it is not listed? If we actually care about youth- it would be.

Keep up the good work! It would be great to encourage less drinking at public events, and for more fundraisers to be alcohol free.

looks like we are making some gradual progress in this based on numbers

Marijuana abuse is on the increase and affecting more local families, as parents get their medical marijuana cards and spend important family money on pot instead of the kids needs. They also are less motivated to work harder or attempt changes. We have seen over a dozen folks/families affected by this. We've seen alcohol use increasing as stress factors and hard economic factors increase. Adult use is especially destructive to the families.

Please remember - PREVENTION!!!! And this is an area that SJBHD should really concentrate on collaborating on with Axis because it is certainly a community mental health issue.

Substance abuse is always a problem for all ages. The plus of Archuleta and La Plata is that the recreation opportunities of the great outdoors are more fun and appealing than getting blitzed.

The damage to youth brain, the family damage, and the fact that nationally it is the parents that expose the child to pot and alcohol. Is this true in our community? In which case addressing it needs to be different from 'education'

The lack of concern around this issue is huge. Though substance abuse may relate to some other health issues such as mental health...more work needs to be done here.

This issue directly or indirectly affects almost every other category.

While substance abuse and use among teens is significant, perhaps a hold should be placed here until the affects of the new marijuana law are realized.

Please share any other comments about tobacco:

Again, we haven't and should not outlaw tobacco. Hence, it should be part of the overall health and prevention measures as noted in a previous question.

Current local policies support reduced tobacco use in common areas. I think the national campaigns to reduce tobacco use work very well; however, reaching the younger population is always important and would be the only emphasis I would make.

Definitely a problem, with smokers valuing this addiction or other family needs.

focus should be prevention with young people

How are the last 3 groups affording this habit?

Huge...even though progress has been made in the community (ie the recently passed smoking ban on public trails), sit on a street corner and watch the cars go by or people walk by and it is unbelievable to me how many people still smoke. This is such a huge issue...work needs to continue.

I am proud that the city passed an ordinance to make more areas of our community smoke free. The issue will be monitoring that. We have done a fairly good job on this with the Lasso Tobacco program, but still need more education in the schools and elsewhere.

I think if you can address mental health issues then this might come in to play as getting reduced.. obviously targetted efforts for those populations with higher use rates is where the efforts should go

I would like to see SJBHD spend some resources on tobacco cessation. It is quite frustrating to see tons of resources (money, employees, etc) solely focused on policy change. Then, policy changes and the people who are ADDICTED to tobacco use are left feeling judged and without resources. What about cessation?

It isn't lack of education. Why????

Lasso Tobacco is helping to make our community healthier

more enforcement to prevent underage smoking

Smoking and living at high elevation DO NOT work. See obesity. I believe in our County obesity poses a much greater problem needing to be addressed than does smoking.

Take a strong stand against tobacco use. It has no redeeming factors.

There is no beneficial use for tobacco and it should be outlawed.

We are doing a disservice separating tobacco use from pot and drugs. There is a high correlation.

WE need to continue to push for more public space to be smoke free. I wish that patios on Main were smoke free as well. I HATE going to places like, Lost Dog, Steamworks, and Starlight, where they have an outdoor patio and people smoke outside. It ruins my experience and affects my health. I believe it would also be great for all of down down sidewalks to be smoke free, there is nothing worse than walking downtown behind someone as they smoke and blow it over their shoulder into your face.

Please share any other comments about unintended pregnancy:

Again, education is the key in addressing this issue. Not so much education about options to prevent pregnancy, but the options to young adults in the lives that they can lead and how having a child at a young age will impact those options. Opportunities for success need to be available in order to reduce behavior that leads to teenage pregnancy.

Always! A winnable public health battle, correct? Too bad SJBHD doesn't teach sex ed anymore. What an opportunity to reach out and do prevention while advertising about its family planning services.

I feel this is the MOST significant way to impact all kinds of social issues. Access to low cost, long term birth control is essential. If unwanted babies were not created, poverty, abuse and many other social problems would correct themselves over time. It is a very long term strategy, but cost effective for the savings realized in the future.

It would help if Mercy offered Birth Control services!!

Let Planned Parenthood take the lead on addressing this issue

LPC has had a good focus on this in the past, and I believe this is why we have lower teen pregnancy rates. More education is needed to be given to the public, and more free services for those who choose to use birth control.

Particularly has negative consequences for young and impoverished women: direct link between young pregnancy and poverty.

Promotion to the youth in our school systems.

Since a majority of those unintended pregnancies became WIC participants and utilized low income services, this is what needs to be addressed. Initiative to prevent the pregnancies is what??? It isn't lack of understanding as to how it happens!

Stop the rescue

This education starts at home and should be strengthened at school.

Unintended pregnancy is a leading cause of social and economic stress on our community/state/country.

We have an amazing Pregnancy Support Center in Pagosa Springs, that is offering real help to families, single moms and dads and those who need healing from the issues/trauma related to past abortions. More programs are needed that send the purity message and counter the popular culture.

We need to improve our sex ed in the schools and bring to the discussion issues about sexual assault, reproductive coercion and the like. Empowering youth with tools to increase self esteem and decision making skills are paramount.

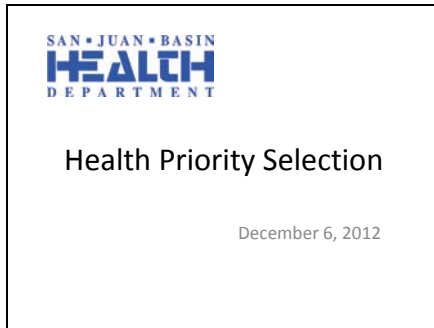
We need to keep our teens educated about sex Ed and the need to have a comfortable available clinic( ie: SJBHD) open 5-6 days a week to help keep our kids covered for contraception

We used to have a program focused on pregnant teens here. Again, more education, real life examples and help to teens who think it is cool to be sexually active. We have a lot of teens who want to get out of their awful life situations and think getting pregnant will get them out. Maybe a focus on the adults who set bad examples.

While teen pregnancy may be considered a problem, the State and County do a great job in addressing the issue already with OB-PEDS support.

## APPENDIX E – COMMUNITY MEETING PRESENTATION

Slide 1



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Slide 2



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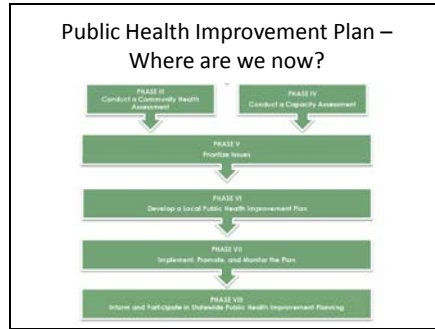
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Slide 3



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Slide 4

Prioritization Process to Date

2 components:

- SJBH Internal Prioritization Process
- Health Priorities Survey

The logo for the San Juan Basin Health Department, featuring the text "SAN JUAN BASIN HEALTH DEPARTMENT" in a stylized font.

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Slide 5

SJBH Internal Prioritization

Utilized: nominal group technique

60 SJBHD employees participated (100% of employees)

5 members of the Board of Health participated

The logo for the San Juan Basin Health Department, featuring the text "SAN JUAN BASIN HEALTH DEPARTMENT" in a stylized font.

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Slide 6

### SJBH Internal Prioritization

Utilized: nominal group technique  
60 SJBHD employees participated (100% of employees)  
5 members of the Board of Health participated  
N = 65

What are the key health concerns in Archuleta and La Plata Counties?



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Slide 7

### SJBH Internal Prioritization

Results

Key health concerns in Archuleta and La Plata

1. Accessibility and affordability of health care
2. Obesity (healthy eating and active living)
3. Mental health
4. Clean air and water
5. Poverty
6. Substance Abuse
7. Oral health



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Slide 8

### Health Priorities Survey

11 health topics presented in alphabetical order:

- Access to care
- Cancer
- Clean air and water
- Infectious disease
- Injury
- Mental health
- Obesity
- Oral health
- Substance abuse
- Tobacco use
- Unintended pregnancy



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Slide 9

### Health Priorities Survey

Each health topic included:

- community health assessment data
- community perception of community capacity





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Slide 10


### Health Priorities Survey

2 questions for response:

- To what degree does \_\_\_\_ have a **significant impact** on our community's health?
- To what degree should \_\_\_\_ be a **focus area for our community to address**?

scale:

1	2	3	4	5	6	7
Minimal			Moderate			Extreme




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Slide 11

### Health Priorities Survey

Results

Total Number of Respondents = 85

Sector	% of total
Business	3.5 %
City/county government	9.4 %
Education	17.6 %
Emergency Response	2.4 %
Healthcare	28.2 %
Non-profit	22.4 %
Public Health	3.5 %
Other	12.9 %




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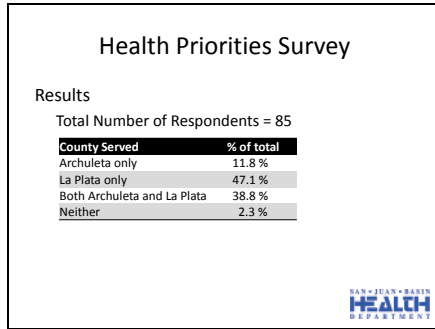
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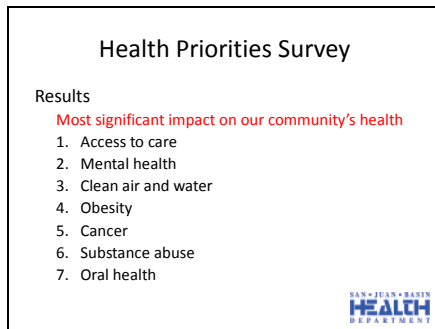
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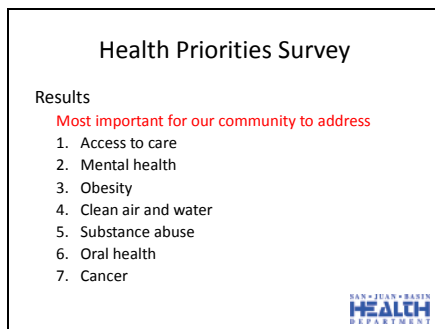
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Slide 14



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Slide 15

Results			
Rank	Health Priorities Survey		SJBH Prioritization
	Significant Impact	Focus to address	Key health concern
1			
2			
3			
4			
5			
6			
7			

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Slide 16

Results			
Rank	Health Priorities Survey		SJBH Prioritization
	Significant Impact	Focus to address	Key health concern
1	Access to care		
2	Mental health		
3	Clean air and water		
4	Obesity		
5	Cancer		
6	Substance abuse		
7	Oral health		

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Slide 17

Results			
Rank	Health Priorities Survey		SJBH Prioritization
	Significant Impact	Focus to address	Key health concern
1	Access to care	Access to care	
2	Mental health	Mental health	
3	Clean air and water	Obesity	
4	Obesity	Clean air and water	
5	Cancer	Substance abuse	
6	Substance abuse	Oral health	
7	Oral health	Cancer	

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Slide 18

## Results

	Health Priorities Survey		SJHB Prioritization
Rank	Significant Impact	Focus to address	Key health concern
1	Access to care	Access to care	Access to care
2	Mental health	Mental health	Obesity
3	Clean air and water	Obesity	Mental health
4	Obesity	Clean air and water	Clean air and water
5	Cancer	Substance abuse	Poverty
6	Substance abuse	Oral health	Substance abuse
7	Oral health	Cancer	Oral health

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Slide 19

## Results

	Health Priorities Survey	SJBH Prioritization	
Rank	Significant impact	Focus to address	Key health concern
1	Access to care	Access to care	Access to care
2	Mental health	Mental health	Obesity
3	Clean air and water	Obesity	Mental health
4	Obesity	Clean air and water	Clean air and water
5	Cancer	Substance abuse	Poverty
6	Substance abuse	Oral health	Substance abuse
7	Oral health	Cancer	Oral health

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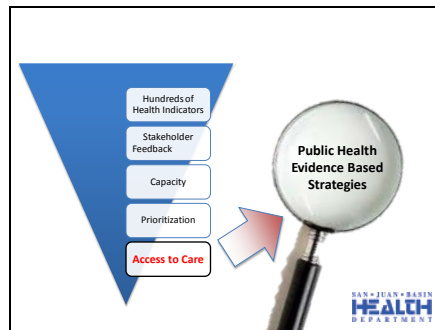
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Slide 20



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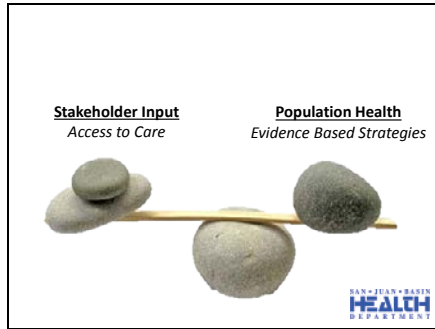
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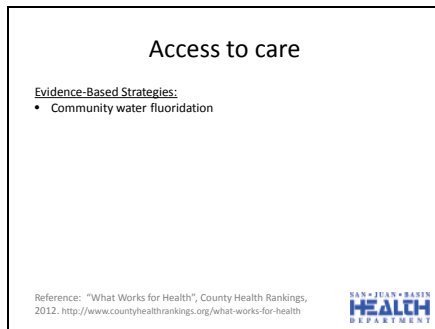
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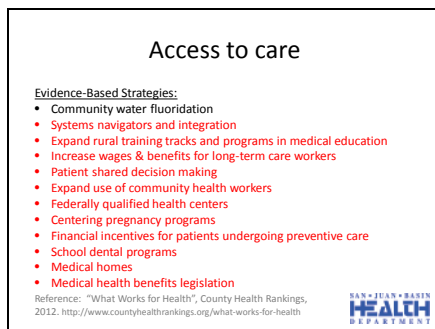
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Slide 23



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Slide 24

Results			
Health Priorities Survey			SJBH Prioritization
Rank	Significant Impact	Focus to address	Key health concern
1	Access to care	Access to care	Access to care
2	Mental health	Mental health	Obesity
3	Clean air and water	Obesity	Mental health
4	Obesity	Clean air and water	Clean air and water
5	Cancer	Substance abuse	Poverty
6	Substance abuse	Oral health	Substance abuse
7	Oral health	Cancer	Oral health

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Slide 25

Results			
Health Priorities Survey			SJBH Prioritization
Rank	Significant Impact	Focus to address	Key health concern
1	Access to care	Access to care	Access to care
2	Mental health	Mental health	Obesity
3	Clean air and water	Obesity	Mental health
4	Obesity	Clean air and water	Clean air and water
5	Cancer	Substance abuse	Poverty
6	Substance abuse	Oral health	Substance abuse
7	Oral health	Cancer	Oral health

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Slide 26

Results			
Health Priorities Survey			SJBH Prioritization
	Significant Impact	Focus to address	Key health concern
1	Mental health	Mental health	Obesity
2	Clean air and water	Obesity	Mental health
3	Obesity	Clean air and water	Clean air and water
4	Substance abuse	Substance abuse	Substance abuse
5	Oral health	Oral health	Oral health



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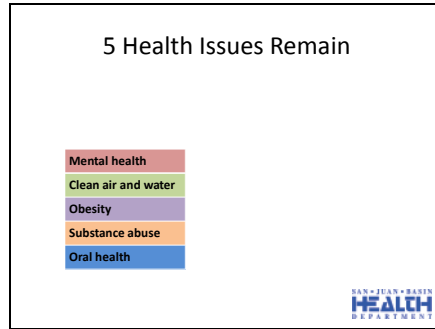
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Slide 27



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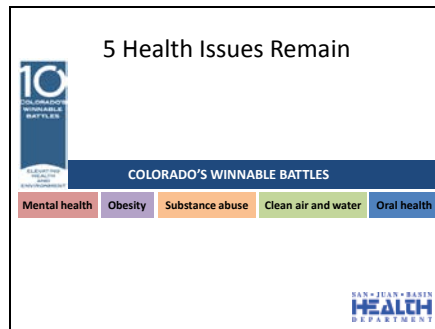
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Slide 28



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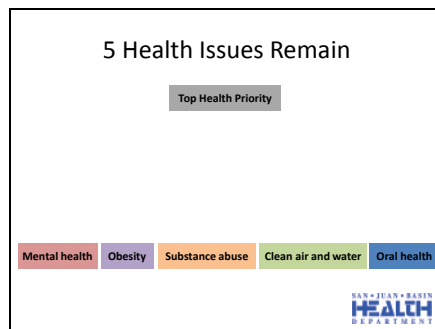
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Slide 29



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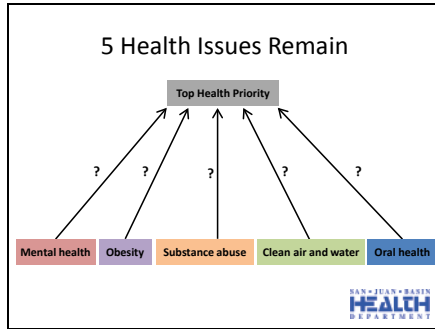
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Slide 30



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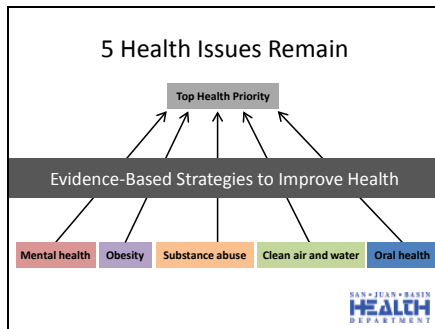
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Slide 31



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Slide 32

Review Evidence-Based Strategies

References

- (1) The Guide to Community Preventative Services 
- (2) County Health Rankings "What works for health?" 
- (3) SAMHSA's National Registry of Evidence-based Programs and Practices 

San Juan Basin HEALTH DEPARTMENT

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Slide 33

### Review Evidence-Based Strategies

What is the feasibility of implementation of these strategies in our communities?



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Slide 34

### Oral health

Evidence-Based Strategies:

- Community water fluoridation (1)
- School-based or school-linked sealant delivery programs (1)



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Slide 35

### Substance abuse

Evidence-Based Strategies:

- Alcohol screening and brief intervention (2)
- Mass media campaigns to reduce alcohol-impaired driving (2)
- Multi-component interventions with community mobilization to reduce alcohol-impaired driving (2)
- Life skills training to address substance abuse risk factors (3)



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Slide 36

### Clean air and water

Evidence-Based Strategies:

- Retrofit busses to reduce emissions (2)
- Reduce mercury emissions (CDPHE)
- Reduce nitrogen oxide emissions (CDPHE)
- Reduce uranium and radium in drinking water (CDPHE)
- Improve water treatment at hazardous waste sites and mining site (CDPHE)

CDPHE: Colorado Department of Public Health and Environment



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Slide 37

### Obesity

Evidence-Based Strategies:

- Multicomponent coaching or counseling interventions (1)
- Point of decision prompts for physical activity (2)
- Multi-component obesity prevention interventions (2)
- Breastfeeding promotion programs (2)
- Individually-adapted health behavior change (2)
- Worksite obesity prevention interventions (2)
- Behavioral interventions to reduce screen time (1)
- Safe routes to schools (2)
- Competitive pricing in schools (2)
- School fruit & vegetable gardens (2)
- Enhance/expand school-based physical education (2)



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### Mental health

Evidence-Based Strategies:

- Collaborative care for the management of depressive disorders (1)
- Mental health benefits legislation (1)
- Home-based and clinic-based depression care management for older adults (1)
- Military-based suicide prevention and skill building (3)
- School-based suicide prevention training (3)
- Youth suicide prevention and skill building (3)



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Slide 39

### Final Ranking



- In small groups
  - Final discussion of each issue (15 minutes)
    - Maintain a public health perspective
    - Can we implement the strategies?
    - Are there other considerations before voting?
  - Report from small groups
  - Group process for ranking



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Slide 40


Clean air and water

Mental Health

Obesity

Oral health

Substance abuse



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Slide 41

health issue



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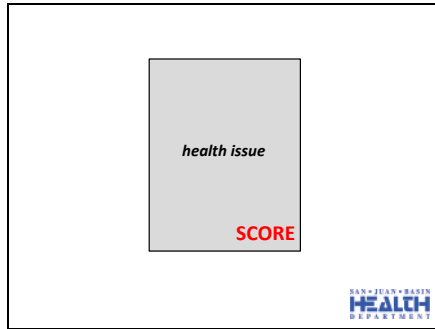
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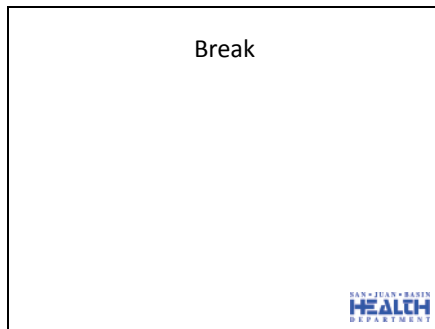
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Slide 43



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Slide 44



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Slide 45

### Thank You!

- Mercy Regional Medical Center
- Pagosa Springs Medical Center
- Dr. Emily Burns
- Molly Gutilla
- San Juan Basin Health Staff
- Community Stakeholders



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