



# BACA COUNTY PUBLIC HEALTH AGENCY

## Public Health Improvement Plan

2013-2017





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**Baca County Public Health Agency  
Public Health Improvement Plan  
2013-2017**

# From the Director

Baca County Public Health Agency is proud to be able to present the Baca County Public Health Agency Public Health Improvement Plan for 2013-2017. We would like to thank all of the agencies and community members who were involved along the way, as well as the Colorado Strides program from the Colorado Rural Health Center for working with us to make the assessment possible in Baca, Prowers, and Kiowa counties. Baca County Public Health Agency would also like to thank Molly Guitilla, DrPH Student from the University of Colorado, Colorado School of Public Health for assisting us with the capacity assessment, and the CDPHE Office of Planning and Partnerships for the support and linkages that they have provided to our agency throughout the process. We truly appreciate the time and collaboration that was put forth to assist us in this process.

Baca County Public Health Agency will be posting the completed Public Health Improvement Plan on our website, [www.bacacountypublichealth.com](http://www.bacacountypublichealth.com), as well as advertising the posting through our local media sources. We are excited about this opportunity to share with our community how public health is planning to improve the health of our community, and the opportunities we have to do so. We recognize in Baca County that we have a great deal of opportunity to improve the public health, and very little capacity and resources to make it happen. We are taking one step at a time, in an attempt to better the health of Baca County residents.

Baca County Public Health would like to thank the community for their interest and engagement. We welcome you to contact us with input, questions, or any concerns regarding public health.

Sincerely,

Robin Trujillo, RN BSN

Director, Baca County Public Health Agency

# Acknowledgements

The Public Health Improvement Plan for Baca County Public Health Agency is the result of the collaboration of many different agencies and members of Baca County. We would like to thank our partners and residents for their input, expertise, and support. Below is a list of partners that participated in and made the Community Health Needs Assessment possible in Baca County and will play a key role in its implementation.

- **Baca County Public Health Agency (Financial contributor)**
- **Southeast Colorado Hospital District (Financial contributor)**
- **Walsh Healthcare Center (Financial contributor)**
- **Southeast Health Group (Financial contributor)**
- **Springfield School District**
- **Springfield Police Department**
- **Baca County Commissioners**
- **Baca County Department of Social Services**
- **Walsh Police Department**
- **Southeast Environmental Health (Prowers County Public Health and Environment)**
- **Southeast Area Health Education Center**
- **Baca County Division of Emergency Management**
- **Baca County Coroner**
- **Community members**

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# Executive Summary

In 2008, Colorado passed SB 08-194, which charged the state and local public health agencies with the task of improving " the performance of the public health system in order to improve the health outcomes of Colorado's residents and visitors" (Public Health Act Advisory Group, 2009, p. 2). This process shall take place once every five years by the local public health agencies in Colorado.

Baca County Public Health Agency started the public health improvement process with an initial stakeholder meeting in May of 2012. The initial meeting was to discuss with the partners the feasibility of conducting a facilitated community health needs assessment in Baca County and to determine how the assessment would be conducted, along with what stakeholders should be involved in the process.

The stakeholders in Baca County agreed to hire the Colorado Strides program to facilitate the community health needs assessment in Baca County, along with Prowers County Public Health and Environment, Kiowa County Public Health, and Southeast Health Group. The assessment would be individualized for each county participating in the agreement.

The initial CHNA (Community Health Needs Assessment) meeting was held in Baca County on November 27, 2012. A CHNA survey was created by the contributing agencies with the help of the Colorado Strides program, and distributed in December of 2012. The survey was distributed electronically and hard copy throughout the county for stakeholders and community members.

The data from the survey was presented at the second community meeting January 8, 2013, at which time the group came up with several opportunities for improving the health in the community. The top three priorities identified by the group at that time were: Health education/lifestyle, mental health/substance abuse, and transportation/poverty/access to health care.

At the third community meeting February 12, 2013, Baca County Public Health Agency (BCPHA) announced that the top priority for public health would be obesity, which would fall under the health education/lifestyle priority chosen by the group. At a later date, BCPHA identified that the second priority for public health improvement would be access to health care, falling under the transportation/poverty/access to health care priority identified by the group. The latter decision was in response to a grant application for the Connect for Health Colorado funding opportunity. The third priority identified will be teen pregnancy, which we will be addressing by participating in a regional collaborative in the Southeast region.

# Baca County Profile

Baca County is situated in the far Southeast corner of Colorado. It borders Kansas to the east, and Oklahoma and New Mexico to the south. The neighboring counties include Prowers County and Bent County to the north and Las Animas County to the west. There is one reservoir, Two Buttes Reservoir that is generally dry. Two major highways intersect Baca County at the county seat in Springfield, Highways 287 and 160. Elevations in Baca County range from a low of 3,470 to a high of 5,280 feet. Baca County covers 2555 square miles with approximately 1.5 persons per square mile. The county includes 6 towns, Springfield (county seat), Walsh, Two Buttes, Vilas, Campo, and Pritchett. The county is considered a frontier county.

## Population Description

The estimated population in 2012 was 3751, according to the United States Census Bureau.

People QuickFacts	Baca County	Colorado
Population, 2012 estimate	3,751	5,187,582
Population, 2010 (April 1) estimates base	3,788	5,029,196
Population, percent change, April 1, 2010 to July 1, 2012	-1.0%	3.1%
Population, 2010	3,788	5,029,196
Persons under 5 years, percent, 2012	6.0%	6.5%
Persons under 18 years, percent, 2012	21.3%	23.7%
Persons 65 years and over, percent, 2012	25.2%	11.8%
Female persons, percent, 2012	50.6%	49.8%

<http://quickfacts.census.gov/qfd/states/08/08009.html>

## Race and Ethnicity

Baca County is predominately white, non-Hispanic. The county has seen a slight increase in the population of people reporting Hispanic/Latino and African American/Black in the race/ethnicity categories. All other race/ethnicities have seen a decline in number, as well as a decline in the general population, between the 2000 and 2010 census data.

Baca County, Colorado - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages
<b>Total Population</b>						

Total Population	3,788	100.00%	4,517	100.00%	-729	-16.14%
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### Population by Race

American Indian and Alaska native alone	51	1.35%	54	1.20%	-3	-5.56%
Asian alone	6	0.16%	7	0.15%	-1	-14.29%
Black or African American alone	24	0.63%	2	0.04%	22	1100.00%
Native Hawaiian and Other Pacific native alone	0	0%	4	0.09%	-4	-100.00%
Some other race alone	142	3.75%	135	2.99%	7	5.19%
Two or more races	59	1.56%	81	1.79%	-22	-27.16%
White alone	3,506	92.56%	4,234	93.73%	-728	-17.19%

### Population by Hispanic or Latino Origin (of any race)

Persons of Hispanic or Latino Origin	348	9.19%	317	7.02%	31	9.78%
Persons Not of Hispanic or Latino Origin	3,440	90.81%	4,200	92.98%	-760	-18.10%

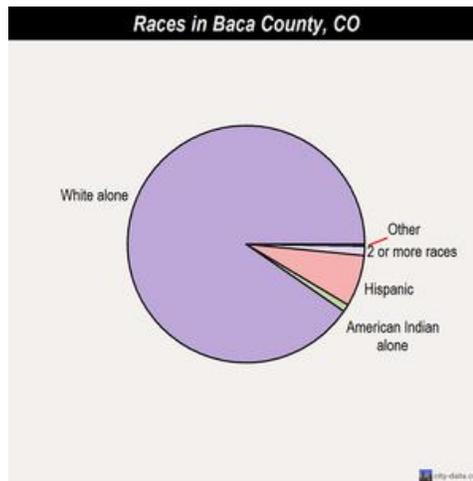
### Population by Gender

Male	1,877	49.55%	2,247	49.75%	-370	-16.47%
Female	1,911	50.45%	2,270	50.25%	-359	-15.81%

### Population by Age

Persons 0 to 4 years	213	5.62%	267	5.91%	-54	-20.22%
Persons 5 to 17 years	601	15.87%	838	18.55%	-237	-28.28%
Persons 18 to 64 years	2,063	54.46%	2,398	53.09%	-335	-13.97%
Persons 65 years and over	911	24.05%	1,014	22.45%	-103	-10.16%

<http://censusviewer.com/county/CO/Baca>



[http://www.city-data.com/county/Baca\\_County-CO.html#ixzz2ds6M9ri7](http://www.city-data.com/county/Baca_County-CO.html#ixzz2ds6M9ri7)

## Economics

Agriculture is the largest industry in Baca County, with farming and ranching as the leading occupations. In 2007, Baca County had 1,300,876 acres of agricultural land. There are 777 farms, with an average of 1,674 acres. According to the 2007 Agricultural Census, Baca County's largest crop harvested is wheat used for grain and top livestock is cattle.

Baca County's unemployment rate has remained lower than the State average for the last two decades, with the exception of 2000. Colorado's 2010 unemployment rate was 8.9%, while Baca County was 4.3%, the highest unemployment rate in Baca County in over 20 years. (Southern Colorado Economic Development District, 2011) The unemployment rate in Baca County continues to be lower than the State of Colorado, as indicated by the 2013 data below.

### Area Labor Force, Employment and Unemployment Data

The table below shows estimated labor force, employment and unemployment information in Colorado compared to Baca County for July 2013. These figures are not seasonally adjusted.

Area Name	Civilian Labor Force	Number Employed	Number Unemployed	Unemployment Rate	Preliminary Data
Colorado	2,786,337	2,593,195	193,142	6.9%	No
Baca County	2,289	2,204	85	3.7%	No
<b>Difference</b>	<b>2,784,048</b>	<b>2,590,991</b>	<b>193,057</b>	<b>3.2%</b>	

Source: LAUS Unit, LAUS system output file

<http://www.colmigateway.com/vosnet/lmi/area/areacompare.aspx?session=areacompare&geo=0801000000&comparegeo=08040000>

## Education and Income

Baca County has a high school completion rate of 52.7%, which is lower than the Colorado average of 77.3% and the Healthy People 2020 goal of 82.4% (Colorado Department of Education, 2011). 17.4% of Baca County residents age 25 years and older have a bachelor's degree or higher, compared to 36.7% for the state as a whole ( U.S. Census Bureau, State and County Quickfacts 2008-2012).

The median household income in Baca County is \$39,497 per year (U.S. Census Bureau, 2008-2012). 14.5% of Baca County residents live below poverty level, compared to 12.9% for all Coloradans (U.S. Census Bureau, 2008-2012). As of 2011, an estimated 31.1% of children under the age of 18 years in Baca County were living below the federal poverty level (U.S. Census Bureau, 2011).

# Baca County Community Health Needs Assessment

Baca County is located in southeastern Colorado and borders Kansas, Oklahoma and New Mexico. The city of Springfield is the County seat.

In order to assess the community health needs of the County, Baca County Public Health Agency (BCPHA) and other healthcare providers, collectively known in this document as the Collaborative, collaborated to conduct a Community Health Needs Assessment (CHNA). The collaborators who participated were: Southeast Colorado Hospital District (SECHD), Walsh Healthcare Center (WHC) and Southeast Health Group (SHG). This document provides a summary of the Collaborative's plan to develop new and to enhance established community programs and services. This plan is focused on addressing the community health priorities identified in the 2012 Community Health Needs Assessment (CHNA) conducted by the Collaborative.

BCPHA is a department of the County and operates as the public health agency in accordance with the State of Colorado laws and in collaboration with the Colorado Department of Public Health and the Environment (CDHE). BCPHA offers traditional public health services.

Southeast Colorado Hospital District (SECHD) in Springfield, Colorado is a 23 bed Critical Access Hospital with an active Swing bed unit, acute care and a 24-hour Emergency Room classified as a Trauma Level IV facility. SECHD also has a 56-bed long-term care center and a rural health clinic.

WHC operates a 30-bed long term care center, 20-bed assisted living facility and a rural health clinic in Walsh, Colorado. WHC also operates an ambulance service covering Vilas, Two Buttes and Walsh. Walsh is located approximately 20 miles east of Springfield.

SHG operates mental health, substance abuse and wellness services for the six county area in SE Colorado including Baca County. The main office is based in La Junta, Colorado with satellite offices in each county including Baca County.

## Target Areas, Economics and Populations

Since the Collaborative primarily serves the residents of Baca County, Colorado, the county was selected as the service area for which data was gathered. Baca County covers an area of approximately 2,556 square miles with a population in 2012 of 3,714 or 1.4 persons per square mile. The county is classified as frontier.

Data was gathered for the CHNA based on the county-wide area. The data set included relevant data on demographic, economic, health indicators and health outcomes.

As documented nationally, the Collaborative recognizes the disparities that exist in health status and health risk between those in the highest income levels and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality affordable health care. This is especially challenging in a very rural area such as Baca County.

The CHNA included data on all populations in Baca County without regard to income, insurance or any other discriminating factors. Selected characteristics of the Baca population include:

- A. The population is estimated to decrease 5.25% from 2012 to 2017 compared to the Colorado increase of 6.15%<sup>1</sup>
- B. The County's age segment that is expected to experience the fastest growth between 2012 and 2017 are those aged 65-74 at 10% growth. Children and youth under 17 are expected to decline 33% and adults age 45-54 are expected to decrease by 18%<sup>2</sup>.
- C. In 2012 the County's white population accounted for 92% of the total and those with Hispanic origins accounted for 9% of the total<sup>3</sup>.
- D. In 2017 the per capita income of County residents is expected to average \$31,778 compared to Colorado state-wide average of \$56,911 and national income of \$50,850<sup>4</sup>.
- E. In 2012 13.9% of the families in the County lived in poverty compared to Colorado of 8.6%. In 2010 26.2% of children in the County lived in poverty compared to 17.1% in Colorado<sup>5</sup>.
- F. In 2011-2012 the unemployment rate was approximately 4% compared to the Colorado rate of approximately 8%<sup>6</sup>.
- G. In 2010 an estimated 26% of the County population under 65 years of age is uninsured compared to 18% in Colorado<sup>7</sup>.

<sup>1</sup> Nielsen Claritas

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> U.S. Bureau of Labor Statistics

<sup>7</sup> SAHIE/State and County by demographic and income characteristics/2010

<sup>8</sup> National Center for Rural Health Works, Economic Impact of Rural Health Care, September 2012

<sup>9</sup> Minnesota IMPLAN Group, Inc.

<sup>10</sup> www.countyhealthrankings.org

<sup>11</sup> Ibid.

Health care employment is one of the most significant service industries in a local area. In Baca County, the Southeast Colorado Hospital District is one of the largest employers. As employees spend money locally, additional jobs are created in other businesses in the community. These additional jobs are called secondary jobs and create additional economic impact in the community. The impact is estimated using multipliers<sup>9</sup> for both jobs and economic impact.

In 2012 Southeast Colorado Hospital District had 223 employees. Considering the secondary impact to the community of the SECHD employees and wages, an estimated additional 20 employees in the County can be attributed to SECHD using a multiplier of 1.09 (i.e. each hospital job contributed an additional .09 secondary job). The total income impact of SECHD in 2012 is estimated to be over \$8.7 million using a multiplier of 1.12 times the hospital payroll.

In 2012 Baca County Public Health Agency had 4 employees. Considering the secondary impact to the community of the BCPHA employees and wages, an estimated additional .2 employee (using a multiplier of 1.05) in the County can be attributed to BCPHA. The total income impact of BCPHA in 2012 is estimated to be over \$127,000 using a multiplier of 1.40.

In 2012 Walsh Healthcare Center had 97 employees. Considering the secondary impact to the community of the WHC employees and wages, an estimated additional 3 employees in the County can be attributed to WHC using a multiplier of 1.03. The total income impact of WHC in 2012 is estimated to be over \$1.9 million using a multiplier of 1.06.

Because healthcare facilities and public health agencies such as the Collaborative contribute significantly as an economic driver in the community, the use of local health facilities by area residents supports this employment and economic driver.

## **Process, Strategy and Community Input**

The Collaborative identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the Collaborative's Community Needs Assessment Team (CNAT). The Collaborative also engaged the Colorado Rural Health Center (CRHC) to assist with the project. CRHC assisted by: gathering and assimilating data; facilitating and compiling results of group meetings, surveys; drafting reports and public notices and other facilitation-type activities. CRHC is well suited to this type project because of their expertise in rural health care in Colorado and work their staff has done regarding many community-oriented projects in rural healthcare. CRHC contracted with Dixon Hughes Goodman LLP (DHG), a certified public accounting and advisory firm to assist in gathering the various components of demographic and health data for the County. DHG has extensive expertise in health care in the United States. The Collaborative CNAT was formed with members of the management team of the Collaborative members (representing areas of strategy, communications, community benefit, finance, education, quality of patient care, direct patient services).

The CNAT, assisted by CRHC (and DHG), retrieved data from public sources such as The Colorado Department of Public Health and Environment (CDPHE), United States Census Bureau, Centers for Disease and Control, US Department of Health and Human Services Health Resources and Services Administration (HRSA), County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, and others. Data was compiled and formatted from these sources relating

to the health status of the County population, health needs, incidence of disease, etc. and shared with community members. This data which formed the assessment provided the basis from which the CNAT and others determined the health needs of the community. It is important to note that gaps exist in reported health data at the local level. The gaps exist because of the lack of reporting certain disease data and the characteristics of unique populations that may experience certain diseases and chronic conditions. In addition, low numbers of reported instances, due in large part to a low population base, make certain data unavailable or not readily comparable to state and national data.

While Collaborative members had access to the entire data package developed by DHG and CRHC, a condensed version was presented by CRHC at a public meeting held in Springfield in November 2012 to inform those in attendance about the health status of County residents. The CRHC and DHG identified a number of "Top Positive Indicators" and "Opportunities for Improvement" based on the data. The data package was made available to the public through the BCPHA website.

Following the presentation of the data, the meeting attendees were divided into small groups to discuss the data presented. In addition, each discussion group was asked to identify other Opportunities that were omitted from the initial presentation and to judge if the Positive Indicators were represented appropriately. Discussion groups were also asked to identify the top 3 Opportunities that were of most concern to them and how they perceive access of healthcare providers in the County. In addition, attendees were asked how, given the limited financial and human resources, could the current County health care providers improve the health status of the residents. Group findings were discussed in a "committee of the whole" to provide guidance to the Collaborative. Findings were tabulated and reconsidered at the second public meeting.

The CNAT in collaboration with CRHC conducted a survey of interested County residents. The survey included 70 questions on a variety of health and provider issues. The Health Questionnaire for Baca County was distributed throughout Baca County using paper surveys and website surveys. They were given to participants at the end of the first Community Health Assessment Meeting and participants were encouraged to have their friends and family complete the survey as well. In addition, the paper survey and link to the website survey was made available at BCPHA and Collaborative members. The community was also informed about the survey and provided the link to the online survey in an article that appeared in the local newspaper. The same questions were asked of all participants. There were 100 responses (15 paper and 85 web-based) received and tabulated. The survey questions included a series of "yes or no" questions as well as ample opportunity for the respondent to offer a free-flowing response. CRHC compiled the results of the survey to maintain the anonymity of the respondents. Collaborative members were provided detailed response to the survey. Summary results of the survey findings were presented to the community at a public meeting in January 2013.

Following presentation of the survey results, the meeting attendees were divided into small groups to discuss the information presented and to reconsider the data from the first meeting. The groups were asked to consider the most striking survey responses and add any new opportunities that they believed should be considered. The groups were then asked to select the top three opportunities that represented the most concern to them. Findings and observations were tabulated and considered by the Collaborative in preparation of the presentation at the third public meeting.

The third and final public meeting was held in February 2013. At that meeting the members of the Collaborative presented a summary of the priorities recommended at the second meeting. In addition, they presented their individual priorities and individual implementation strategies.

## Community Needs

Data derived from State and National resources indicated a number of health observations and needs in the County. Among them were:

- According to the County Health Rankings<sup>10</sup> report the County ranked 39 out of 59 in overall health factors. Selected individual group rankings were (out of 59):
  - Diet and exercise - 47
  - Alcohol use – 50
  - Access to care – 56
  - Quality of care – 57
  - Education – 55
  - Income – 46
  - Built environment – 57
- According to the County Health Rankings<sup>11</sup> report the County ranked 38 out of 59 in overall health outcomes. Selected individual group rankings were (out of 59):
  - Mortality - 25
  - Morbidity – 46
- According to the County Health Rankings there were 62% of County residents who were obese or overweight in 2009 and 23% were obese. These percentages were greater than the Colorado amounts of 56% and 20% respectively.
- According to the USDA Economic Research Service 2009 16% of low income preschool children were obese compared to a Colorado median of 9%.
- According to the Health Indicators Warehouse, in the period 2006-2008 Baca County heart disease death rates were 2.1 per thousand population compared to 1.5 in statewide data.

The Collaborative members used qualitative results of the survey process to frame the story portrayed by the data gathered and discussion group observations. The survey results included the following sample observations.

- 69 respondents provided feedback on the most important health or medical issue confronting County residents. Selected responses included:
  - Lack of & cost of insurance
  - Chronic disease including diabetes, heart disease, etc.
  - Drug & alcohol use/abuse
  - Obesity
  - Lack of specialists
  - Inadequate health education
- 71 respondents provided feedback on their perceptions of what concerns them about health, healthcare, and healthy living in the County. Selected responses included:
  - Lack of quality providers (too much turnover and lack of specialists)
  - Cost, billing and financial issues
  - Limited availability of many services
- Asked to respond to the questions below compared to one year ago, 94 respondents provide the following:

<b>Response</b>	<b>Better</b>	<b>Worse</b>	<b>No change</b>
My physical health is	25	22	47
My mental health is	19	13	62
My financial situation is	26	25	43
My employment is	19	10	64
The local economy is	3	68	22
Local health problems are	4	33	53

Based on these and other more detailed data, the attendees at the public meetings recommended the following opportunities to the Collaborative.

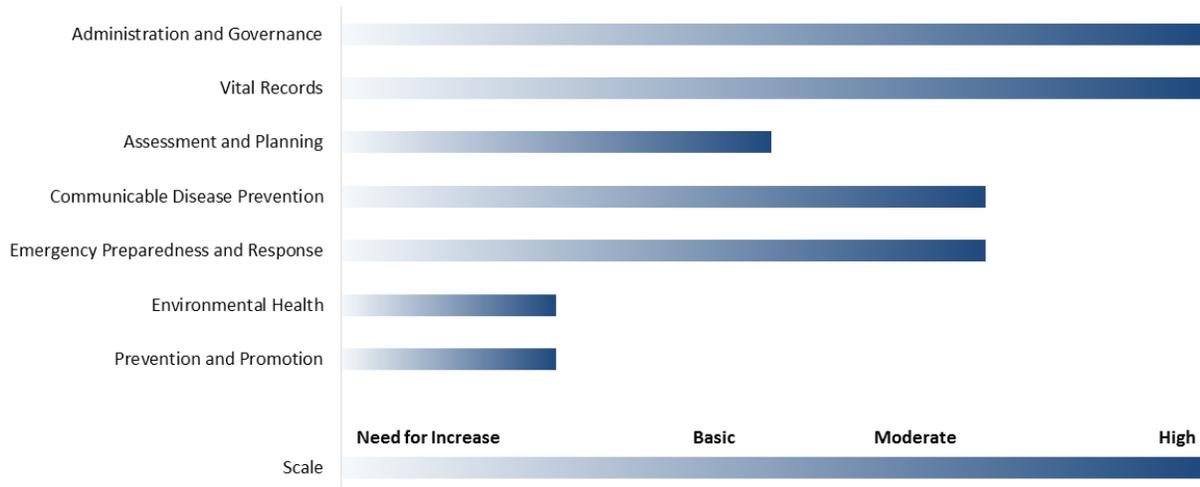
- Nutrition/Obesity
- Preventative Services/Education
- Substance Abuse
- Reproduction/Sexual Health
- Heart Disease
- Poverty
- Injury/Violence
- Low Birth Weight
- Transportation
- Access to Mental Health services
- Health Education
- Chronic lunch disease
- Teen Pregnancy
- Lack of specialists accepting CICP/Medicaid
- Diabetes
- Cancer
- Physical Fitness

## Capacity Estimation

In addition to conducting an assessment of the community's health needs, the Baca County Public Health Agency also conducted an estimation of the capacity to address public health needs. The following is a summary of the results of the assessment. Please refer to Appendix A for the full report "Local Public Health System Capacity Assessment."

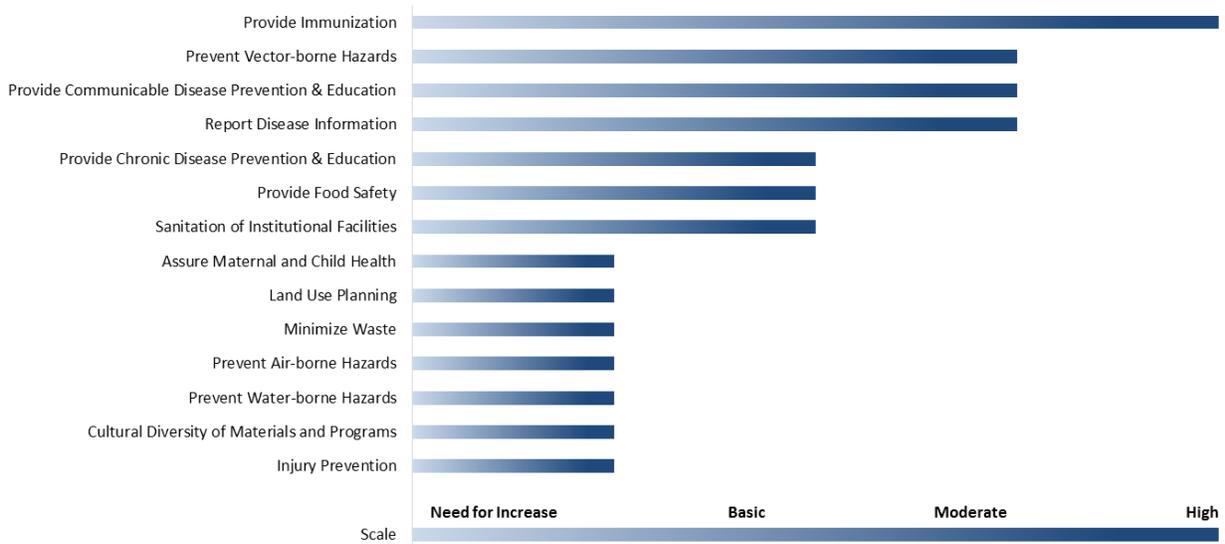
Overall there is a varying capacity at Baca County Public Health Agency to deliver the Core Services. Among the primary Core Service Areas, Administration & Governance, and Vital Records areas demonstrate the greatest capacity. The capacity to conduct assessment and planning has recently been increased due to the community health assessment process. Areas of improvement include environmental health services and population health promotion.

### Overall Capacity Estimation by Core Service Area



Within the subareas of Core Service areas, there is, on average, a basic to moderate capacity. The estimated capacity to fulfill the Core Services Subareas is shown below.

### Capacity Estimation by Core Service Subarea



## Prioritization of Needs:

Following the assimilation of the detailed health and capacity data along with results from the surveys and public meetings the BCPHA developed a prioritization of the County health needs. Based on review of health, health access, and health outcomes data; demographic data; economic data; economic impact

data; community survey data and attendees at the public meetings; the following issues were identified by Collaborative members.

**Baca County Public Health Agency:**

The BCPHA identified the following needs *as most pressing*:

- A desire to address obesity: childhood and adult
- A desire to address tobacco use

Other issues and opportunities that were identified as important include:

- Promotion of healthy lifestyles
- Health education
- Sexual health and teen pregnancy
- Transportation
- Poverty
- Access to healthcare

**Southeast Colorado Hospital District:**

The SECHD identified the following needs:

- Expand prevention/wellness programs and chronic disease management
- Enhance collaboration of County and regional healthcare providers and agencies

**Walsh Healthcare Center:**

The WHC identified the following priorities:

- Enhance health professions interest and training
- Increase collaboration among communities regarding health services available

**Southeast Health Group:**

The SHG identified the following priorities:

- Enhance the integration of mental and physical health services available to County residents

**Implementation Strategies**

As a result of the Community Health Needs Assessment (CHNA) the Collaboration members have identified the following priorities they can address and have developed their plan to implement changes to impact the priorities.

**Baca County Public Health Agency:**

***Pressing Needs:***

*Specific need identified in the CHNA:*

**A desire to address obesity: childhood and adult.**

*Key objectives:*

- Find ways to inform the public about available services

*Implementation strategies:*

- a. Increase education and awareness of programs already available and potentially under-utilized:

- Women, Infants and Children (WIC)
  - Healthy pregnancy education
  - Nutrition education
- b. Most health care providers and professionals recognize the need to influence the high rate of obesity in the County. The BCPHA will work with the Collaborative to continue investigating ways to integrate evidence-based best practice into the messaging of healthy lifestyle measures in the County.
  - c. Jointly provide educational programs/sessions to the County residents on preventative health, healthy lifestyles and related health issues.
  - d. Investigate methods to enhance and inform County residents concerning the best-practices for healthy children including well-child visits, immunizations, obesity and other current health matters related to healthy lifestyles.
  - e. Investigate new ways to influence the high rate of obesity among women giving birth, which affects the health of the child: As with the overall rate of obesity, the high rate among expectant mothers is of great concern because of the potential impact on the newborn.

*Specific need identified in the CHNA:*

**A desire to address tobacco use**

*Key objectives:*

- Make sure the public is aware of the potential harmful effects of tobacco use

*Implementation Strategies:*

- a. Collaborate with the Otero County Health Department in a grant that covers Baca County regarding tobacco use education and cessation
- b. Investigate methods of educating the public about the harmful effects of tobacco use
- c. Broadcast more widely the available “Quit Line” referral source
- d. Collaborate with Collaborative members regarding tobacco education

**Southeast Colorado Hospital District:**

*Specific need identified in the CHNA:*

**Expand prevention/wellness programs and chronic disease management**

*Key objectives:*

- To assure the County residents are provided access to quality prevention and wellness programs

*Implementation Strategies:*

- a. Achieve Patient Centered Medical Home certification for the SECHD rural health clinic.

- b. Expand health education in the County to promote a healthy life style. Along with the need for more promotion of healthy lifestyles, there is a need to integrate clinical care guidelines and other best practices into the delivery of health services.
- c. Investigate ways to provide County residents with information about Medicaid expansion, health insurance exchange and other initiatives provided in the Affordable Care Act.
- d. Work with Collaborative members to enhance the health services available in the County and coordinate activities to fill gaps and prevent duplication.

**Walsh Healthcare Center:**

*Specific need identified in the CHNA:*

**Enhance health professions interest and training and increase collaboration among communities regarding health services available**

*Key objectives:*

- To assure County residents are informed about health professions and health services available in the County

*Implementation Strategies:*

- a. Continue health education in local schools regarding healthy lifestyles and available health professions.
- b. Work with Collaboration members to enhance the health services available in the County and coordinate activities to fill gaps and prevent duplication

**Southeast Health Group:**

*Specific need identified in the CHNA:*

**Enhance the integration of mental and physical health services available to County residents**

*Key objectives:*

- To assure County residents are informed about mental health services available and coordinate those services with medical care providers

*Implementation Strategies:*

- a. Provide mental health education in schools and other public venues
- b. Work with Collaborative members to enhance the mental health integration with physical/medical services available in the County and coordinate activities to fill gaps and prevent duplication

## **Healthcare Coalition**

Many of the priorities overlap services currently available in the County as well as interests to promote healthy lifestyles and improve the overall health of the County residents. In the interest of collaboration to identify gaps in services, prevent unnecessary duplication, and increase the effectiveness of services the Collaborative members will seek to revitalize and enhance the cooperation through the presently existing Healthcare Coalition.

## **Process for Developing the Public Health Improvement Plan**

This Baca County Public Health Improvement Plan is the result of a community-wide health assessment, capacity assessment and prioritization process that was led by Baca County Public Health Agency, Southeast Colorado Hospital District, Walsh Healthcare Center, and Southeast Health Group. It was developed in partnership with a variety of organizations that impact the public health of Baca County residents. This PHIP was developed using the process and guidelines outlined in the 2009 Colorado Public Health Improvement Plan, the Public Health Act of 2008 and the Colorado Health Assessment and Planning System (CHAPS).

### **Process for developing goals and strategies and gathering input**

Internal and external stakeholders participated in the public health improvement planning process, including healthcare organizations, primary care providers, and mental health agencies, local healthcare coalitions, schools, and community members, elected officials, law enforcement, and environmental health professionals. These participants included people who were needed to create and support measurable action plans for each of Baca County's priority areas.

Meetings were held to identify the factors contributing to the issue, discuss and select strategies to implement in the community and to create action steps that are linked to the goals and objectives, measurable outcomes, individuals leading and participating in implementation and how and when the steps will be evaluated.

## Goals and Strategies for Improving Community Health

The following action plans detail the initial steps that will be taken by Baca County Public Health Agency and its partners over the next 5 years in each of the chosen priority areas. Implementation of the strategies listed in the action plan will require the continued involvement of community stakeholders in order to be successful. Further identification and implementation of strategies will require ongoing partnerships to address each priority area and set measurable goals.

### Priority #1: Obesity

*Including a short overview of the rationale for this priority area, including quantitative data (burden, disparities, etc.) and relevant qualitative findings here can fulfill the “examine data about health status and risk factors in the local community” requirement of the 2008 Public Health Act for PHIPs. However, data outside of the priority areas must still have been gathered during CHAPS Phase III, Conduct a Community Health Assessment, and used during prioritization.*

**Goal:** Baca County Public Health Agency will be working on decreasing obesity rates in Baca County, focusing on the 0-5 age group through our efforts in the WIC program.

**STRATEGY:** Baca County will be using the 5210 and My Plate materials to educate Baca County residents on portion size and activity to decrease obesity. Baca County Public Health Agency will promote breastfeeding through our local WIC program, as well as to the general population. We will also disseminate health and nutrition education materials yearly at the local health fair.

**Major Indicators:**

- 1) WIC Pediatric Obesity Data
- 2) Colorado Health Indicators for Adult Overweight and Obesity
- 3) WIC Breastfeeding data

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization
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			Responsible
What you will do to accomplish your strategy	Specific, Measurable, Achievable, Realistic and Time-bound Objectives		
Encourage and support staff training in early childhood obesity prevention	By June 30, 2014, BCPHA will Provide WIC staff training to improve knowledge of the most recent evidence and recommendations related to healthy weight in early childhood.	New WIC Educator will attend New Employee Training in Denver in May 2014. Early Childhood Obesity is a WIC priority, and staff will be trained on WIC's Early Childhood Obesity Procedures (ECOP).	BCPHA
		WIC Educator will document in the COMPASS system the encounter and education given regarding childhood obesity; 5210 handouts, breastfeeding information, tablespoons for measuring child portion sizes, and My Plate information.	BCPHA
Coordinate activities in local schools by participating in the Healthy Eaters, Lifelong Movers program from the Rocky Mountain Prevention	By October 2015, BCPHA will facilitate the HELM project in two Baca County schools.	BCPHA staff will attend training in July 2014 to become a HELM AIM (Assess, Identify, Make it Happen) facilitator.	BCPHA and HELM Staff
		BCPHA will facilitate the AIM process in one Baca County school for the 2014-2015 school year, and a second Baca County school for the 2015-2016 school year.	BCPHA and local school districts.

Research Center			
<b>Progress Updates</b>			
(enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		

## Priority #2: Access to Health Care

*Including a short overview of the rationale for this priority area, including quantitative data (burden, disparities, etc.) and relevant qualitative findings here can fulfill the “examine data about health status and risk factors in the local community” requirement of the 2008 Public Health Act for PHIPs. However, data outside of the priority areas must still have been gathered during CHAPS Phase III, Conduct a Community Health Assessment, and used during prioritization.*

**Goal:** Baca County Public Health Agency will be working to increase access to health care in Baca County.

**STRATEGY:** Baca County Public Health Agency will be administering a Connect for Health Colorado grant, as well as making referrals to local providers.

**Major Indicators:**

- 1) Colorado Health Indicators
- 2) Connect for Health Colorado Enrollment Data
- 3)

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
What you will do to accomplish your strategy	Specific, Measurable, Achievable, Realistic and Time-bound Objectives		

Increase the number of insured individuals living in Baca County.	By December 2014 BCPHA will have assisted Baca County residents through the first enrollment period with Connect for Health Colorado.	1. BCPHA will use the Connect for Health Colorado grant to assist residents of Baca through the enrollment process, or will be referred to Department of Social Services for Medicaid enrollment.	BCPHA
		2. BCPHA will continue to provide outreach to Baca residents regarding how to access insurance information, Medicaid and Medicare information, and will make referrals to Department of Social Services, Walsh Medical Clinic, and Southeast Colorado Hospital for medical resources such as presumptive eligibility and RHC sliding scale fees.	BCPHA
<b>Progress Updates</b>			
(enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		
(enter date)	(briefly describe accomplishments to date)		

### Priority #3: Teen Pregnancy

*Including a short overview of the rationale for this priority area, including quantitative data (burden, disparities, etc.) and relevant qualitative findings here can fulfill the “examine data about health status and risk factors in the local community” requirement of the 2008 Public Health Act for PHIPs. However, data outside of the priority areas must still have been gathered during CHAPS Phase III, Conduct a Community Health Assessment, and used during prioritization.*

**Goal: Baca County Public Health Agency will be working to decrease the incidence of teen pregnancy in Baca County.**

**STRATEGY: Baca County Public Health Agency will be working with the CHARGE Program to implement programs to help decrease the rate of teen pregnancy in Baca County.**

**Major Indicators:**

- 1) Maternal Child Health Data
- 2) Colorado Children’s Campaign
- 3)

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible
What you will do to accomplish your strategy	Specific, Measurable, Achievable, Realistic and Time-bound Objectives		
Participate in a regional	By December 2013,	1. Attend meetings with partners.	BCPHA, CALPHO,

<p>collaborative that will bring a regional position to Southeast Colorado that can begin to address teen pregnancy in each of the 6 Southeast counties.</p>	<p>BCPHA will attend meetings with regional and state partners to provide input into a grant writing process to move toward funding the regional position and collaborative.</p>	<p>2. Provide input to process.</p>	<p>Regional parnters</p>
		<p>3. Provide requested documentation and support to the grant writing process.</p>	

**Progress Updates**

<p>(enter date)</p>	<p>(briefly describe accomplishments to date)</p>
<p>(enter date)</p>	<p>(briefly describe accomplishments to date)</p>
<p>(enter date)</p>	<p>(briefly describe accomplishments to date)</p>
<p>(enter date)</p>	<p>(briefly describe accomplishments to date)</p>
<p>(enter date)</p>	<p>(briefly describe accomplishments to date)</p>

## Monitoring and Evaluation

Monitoring and evaluation for this plan shall occur as detailed in the project plans for each of the priority areas. Annually, each priority area shall be assessed for achievement of objectives, emerging needs, and areas of continued improvement and/or expansion. As new data emerges, this data will be analyzed as part of that annual review. Emerging health needs may require the re-alignment of resources. Adaptability will be necessary to ensure positive impact on the health of Baca County residents. In the fifth year of this five-year plan, Baca County Public Health Agency will conduct a comprehensive community health assessment, to ensure that new areas of need are identified and considered for prioritization in the subsequent five-year plan.

## Coordination with the Colorado Department of Public Health and Environment

This plan was developed through the Colorado Health Assessment and Planning System (CHAPS), a structured system based on best practices and lessons learned through implementation of Colorado's Public Health Act of 2008. Baca County's priorities of Obesity, Access to Healthcare, and Teen Pregnancy also align with two of the Colorado Winnable Battles.

## Financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services

The financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services in Baca County are as follows: local county dollars, state grants, state contract funds, donations, fees for service, health insurance reimbursements including Medicaid and Medicare reimbursement, regional collaborative funded by trusts and foundations.

Appendix A:

## Local Public Health System Capacity Assessment

### Baca County Public Health Agency - Capacity Estimation

In accordance with the Colorado Public Health Act (Senate Bill 08-194), Baca County Public Health Agency (BCPHA) will complete the construction of a Public Health Improvement Plan (PHIP) in 2013.

To support the assessment of system capacity, the following brief report estimates BCPHA and partners' capacity to deliver the Core Public Health Services (Code of Colorado Regulation: 6 CCR 1014-7). Estimates described here were created by summarizing the 2012 Annual Report Survey. This survey was designed through collaboration between the Colorado Department of Public Health and Environment's (CDPHE) Office of Planning and Partnerships and the Colorado Association of Local Public Health Officials (CALPHO). The survey was completed in early 2013 by BCPHA.

This brief report is organized by categories contained within Colorado's Core Public Health Services Rule. In each short section, the category is described and then description is presented regarding the delivery of the service. Potential strengths and challenges for Baca County Public Health Agency are noted throughout. The final section describes the relative strengths and challenges for the delivery of all Core Services in Baca County.

#### Administration and Governance

*The Core Service of **Administration and Governance** is to establish and maintain the necessary programs, personnel, facilities, information technology, and other resources to deliver public health services throughout the agency's jurisdiction. This may be done in collaboration with community and regional partners.*

Baca County Public Health Agency (BCPHA) provides public health services for all of Baca County. Environmental health services are provided through a contractual agreement with Prowers County Public Health and Environment. BCPHA is assessing the possibility of combining the organization with the Department of Social Services, yet at this time this remains only a possibility with an unknown time frame.

There are 3 Full Time Equivalent (FTE) staff positions at BCPHA. One FTE is dedicated to administration. The medical director is available on a part-time basis in Baca County, typically for one or two weeks at a time. The Board of Health is comprised of the three County Commissioners that convene for meetings by request only.

The annual revenue for BCPHA averaged across the previous five years (2008 through 2012) is about \$126,600 (minimum: \$103,500 in 2011, maximum: \$140,200 in 2008). The largest portion of the revenue and expenditures, approximately 70% of total budget, is contained within public health

services. Other components of BCPHA's annual budget include WIC, vital statistics, and a community service block grant.

### Assessment, Planning, and Communication

*The core service of **Assessment and Planning** is to use assessment and planning methodologies to identify, evaluate and understand community health problems, priority populations, and potential threats to the public's health and use this knowledge to determine what strategies are needed to engage partners and improve health.*

Overall, there is a basic level of capacity to implement Assessment and Planning at BCPHA. This basic ranking includes the ability to fund such efforts, measure outcomes, use current knowledge and best practices in delivery, and follow current national standards. The process of conducting the current community health assessment has increased community interest and understanding of BCPHA. While there is still a need to increase capacity to serve the majority of the population, including those with health disparities, the efforts are moderately supported by elected officials and other system partners. Using data provided by CDPHE and analysis conducted by BCPHA staff, the community health assessment and public health improvement plan will be disseminated beginning in 2014.

At this time, the Director of Public Health at BCPHA is the primary staff person engaged in assessment, planning, and communication efforts that achieve this delivery of this core service area.

### Vital Records and Statistics

*The core service of **Vital Records and Statistics** is to record and report vital events (e.g., births and deaths) in compliance with Colorado statutes, Board of Health Regulations, and Office of the State Registrar of Vital Statistics policies.*

There is a high level of capacity to implement Vital Records at BCPHA. There is stable funding, staffing, and facilities, current use of electronic systems, current knowledge of best practices in this area, and this service is supported by elected officials. The Vital Records and Statistics section is contracted out to the Baca County Treasurer's office. There are currently two staff members that work in collaboration to provide this service.

### Communicable Disease Prevention, Investigation and Control

*The core service of **Investigate and Control Communicable Diseases** is to track the incidence and distribution of disease in the population and prevent and control vaccine-preventable diseases, zoonotic, vector, air-borne, water-borne and food-borne illnesses, and other diseases that are transmitted person-to-person.*

There is approximately 0.2 FTE dedicated to providing communicable disease prevention, investigation, and control. The following sections describe some of the processes BCPHA utilizes and estimates the capacity to achieve these Core Services:

- **Collect and report disease information and investigate cases of reportable diseases:** BCPHA works with regional epidemiology staff at Otero County Health Department, and CDPHE to monitor CEDRS, tabulate data, assess trends, receive reportable disease/condition reports, and investigate cases as needed or when outbreaks occur. Overall, there is a moderate level of capacity to fulfill this Core Service subarea and these efforts are highly supported by elected officials and other system partners.
  -
- **Assure immunizations:** BCPHA is the primary provider of services, outreach, and education related to immunization activity within the jurisdiction. In 2012, BCPHA implemented new methods to bill for immunization services and is one of only two locations that provide immunization services in Baca County. Services are provided for infants, children, adolescents and adults. Some educational services are provided through collaboration with Powers County Public Health and Environment. Overall, there is a high level of capacity to fulfill this Core Service subarea.
  -
- **Prevent disease transmission:** BCPHA engages in surveillance, screening, case investigation, contact notification, treatment referral and follow up for cases of tuberculosis and HIV. BCPHA provides services for TB treatment, but does not provide STI treatment. STI treatment is provided at local medical clinics in Baca County. Overall, there is a moderate capacity to fulfill this Core Service subarea.
  -
- **Provide education:** BCPHA develops and disseminates educational materials, implements educational programs, and implements community development activities, such as building and contributing to coalitions. Educational policies and initiatives that prevent communicable disease transmission are also created in collaboration with the local medical clinics. Topics of education include influenza, sexually transmitted infections, and overall there is a moderate capacity to provide education and programs regarding communicable disease transmission. Developing culturally and linguistically tailored educational programs and materials to provide education for diverse populations is recommended to increase accessibility and improve health equity. At this time, however, there is a very small number of Spanish speaking residents (less than 2% of total population) and minimal capacity within BCPHA to provide these types of services or educational materials.

## Prevention and Population Health Promotion

*The core service of **Prevention and Population Health Promotion** is to develop, implement, and evaluate strategies (policies and programs) to enhance and promote healthy living, quality of life and wellbeing while reducing the incidence of preventable (chronic and communicable) diseases, injuries, disabilities and other poor health outcomes across the life-span.*

Assuring the Core Service of Prevention and Population Health Promotion is a large objective. Presented next is a short description of each area and the table below provides a listing of education, screening, and preventative services that BCPHA provides. Currently, there are efforts to expand the local Healthcare Coalition to work on more preventative health efforts within areas that have a need and interest, as demonstrated through the community health assessment process.

- **Assure chronic disease prevention programs and education:** Overall, there is a basic level of capacity to provide chronic disease prevention programs and education. BCPHA demonstrates a need for increased capacity in serving the majority of the population, including those with health disparities, and in regards to the ability to measure outcomes and address needed improvements within chronic disease prevention programs and education.

**Chronic Disease Education, Screening, and Services Provided by BCPHA**

Education	Screening	Services
Tobacco*	High Blood Pressure	Prenatal Health^
Nutrition^	Heart Disease and Stroke	Children with Special Healthcare Needs
Physical Activity		WIC/Nutrition Services
Mental Health#		

\* delivered in collaboration with Otero County Health Department

^ delivered in collaboration with Colorado Department of Public Health and Environment

# delivered in collaboration with Southeast Health Group

- **Assure maternal and child health prevention programs and education:** BCPHA provides prenatal health education in collaboration with CDPHE. At this time there are no efforts in place to prevent unintended pregnancy. Oral health services are provided for the maternal and child population through the local dental office. Overall, there is a need for capacity to assure maternal and child health education, programs, and services. Currently, there is no stable funding or staffing for these services. The ability to reach the majority of this population is limited and the community health assessment also provided evidence of need to increase capacity within this Core Service subarea.



- **Assure injury prevention programs and education:** Injury prevention includes injuries occurring from motor vehicles, falls, recreation, occupation, alcohol-related, fire-related, violence and domestic abuse and others. Some of the efforts within this area are conducted by the local EMS where they offer education materials in regard to injury prevention. Currently, there is need to increase capacity to address injury prevention at BCPHA.

Environmental Health

*The core service of **Environmental Health** is to protect and improve air, water, land, and food quality by identifying, investigating, and responding to community environmental health concerns, reducing*

*current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment. These activities shall be consistent with applicable laws and regulations, and coordinated with local, state and federal agencies, industry, and the public.*

Environmental health activities are provided by an agreement with Prowers County Public Health and Environment. There is minimal time spent on these activities within BCPHA (estimated time is 0.02 FTE). Overall, there is a minimal to basic capacity to fulfil this Core Service area.

- **Assure sanitation of institutional facilities:** There is a basic to moderate level of capacity to assure sanitation of childcare facilities, spas, and swimming pools.
- **Assure safety of food:** Prowers County Public Health and Environment engages in food inspections, permitting, monitoring, outbreak investigation, complaint response, and lack of compliance actions at retail food locations and special events within Baca County. Recently, though, staffing changes are decreased the capacity to assure food safety. There is a minimal to basic capacity to provide these services.
- **Capacity to prevent zoonotic and vector-borne hazards:** Prowers County Public Health and Environment and the regional epidemiology staff address zoonotic diseases, vector diseases, and rabies. There is a basic to moderate capacity to investigate complaint, handle specimens, conduct disease investigations and provide outreach and education.
- **Capacity to prevent and control air-borne hazards:** Smoke-free ordinances complaints are investigated and addressed by BCPHA. Regular smoke-free air and radon inspections are not conducted. Overall, there is a minimal or basic level of capacity to prevent and control air-borne hazards.
- **Capacity to prevent and control water-borne hazards:** On-site waste water complaint investigation/response and outreach and education is completed by BCPHA. Monitoring, permitting, and licensing of on-site waste water is not done in Baca County. Bio-solids and septage land applications are not completed in the jurisdiction. Overall, there is a clear need for increased capacity to prevent and control water-borne hazards.
- **Capacity to participate in land use planning and sustainable development:** BCPHA serves on a group that engages in community planning. There is a need for increased capacity to engage in activities related to land use and development.
- **Capacity to minimize the amount of solid and hazardous waste and maximize the amount of recycling and reuse:** BCPHA and CDPHE manage the solid waste landfill. Recycling is not completed within the jurisdiction. There is a need for increased capacity to achieve these minimization of waste.
- **Capacity to prevent and control other public health threats related to hazards:** Complaint investigation/response, compliance assistance and education are

provided through contract for environmental contaminants (lead, mercury, and mold) and these services are also performed at body art facilities. However, regular inspections are not conducted. There is a need for increased capacity to achieve these activities.

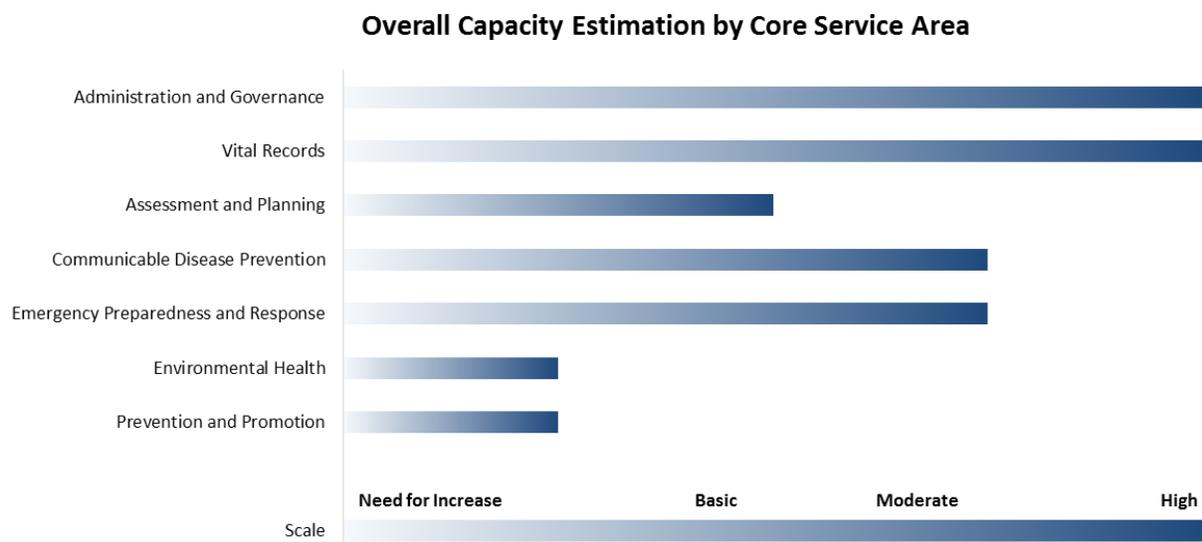
### Emergency Preparedness and Response

*The core service of **Emergency Preparedness and Response** is to prepare and respond to emergencies with a public health or environmental health implication in coordination with local, state and federal agencies and public and private sector partners.*

Generally, there is a moderate capacity within Emergency Preparedness and Response at BCPHA. There is approximately 0.06 FTE that focus efforts on this Core Service area. There is stable funding, staffing, and facilities, current use of electronic systems, current knowledge of best practices in this area, and this service is supported by elected officials. The ability to fulfill this service is made possible through funding from state sources.

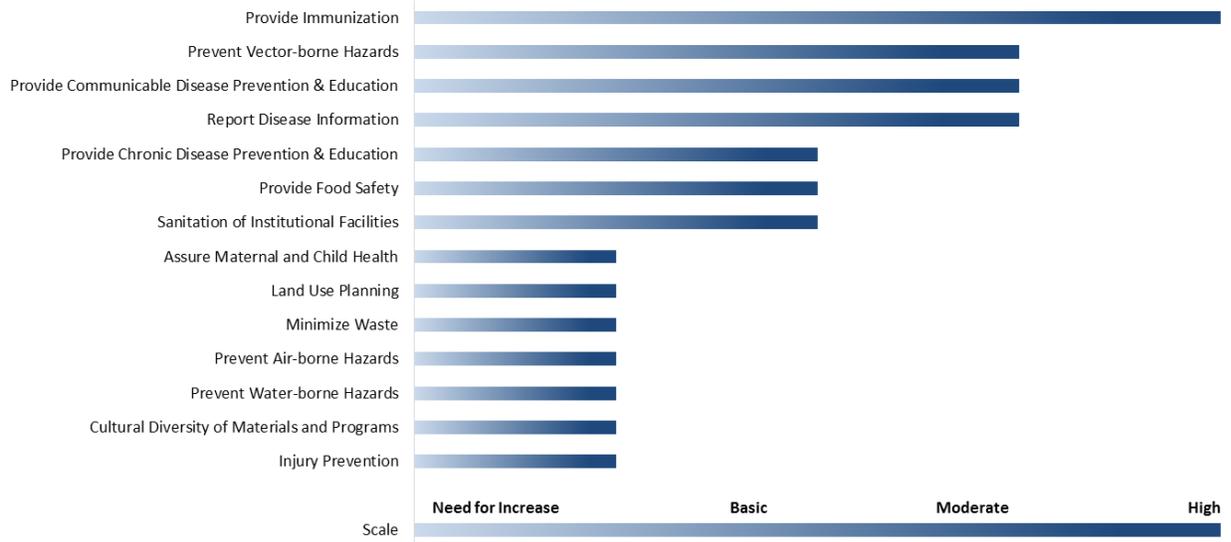
### Summary of Capacity Estimation

Overall, there is varying capacity at Baca County Public Health Agency to deliver the Core Services. Among the primary Core Service Areas, Administration & Governance, and Vital Records areas demonstrate the greatest capacity. The capacity to conduct assessment and planning has recently been increased due to the community health assessment process. Areas of improvement include environmental health services and population health promotion.



Within the subareas of Core Service areas, there is, on average, a basic to moderate capacity. The estimated capacity to fulfill the Core Services Subareas is shown below.

### Capacity Estimation by Core Service Subarea



Colorado's Public Health Core Services						
Administration and Governance	Assessment, Planning, and Communication	Vital Records and Statistics	Communicable Disease Prevention, Investigation, and Control	Prevention and Population Health Promotion	Environmental Health	Emergency Preparedness and Response
3 member Board of Health and volunteer medical director	Currently undergoing a community health assessment and public health improvement planning	Stable funding, staffing, and current use of electronic system	Collect and report disease information, investigate reportable disease, provide immunizations	Assure chronic disease prevention programs and education, assure maternal and child health programs	Assure sanitation, food safety, prevention of water- and air-borne hazards, participate in planning	Prepare and respond to emergencies with local, state and federal agencies and partners.
3 FTE	Varies (1 staff member)	0.1 FTE (contracted)	0.2 FTE	0.05 FTE	0.02 FTE contracted	2 FTE
	CDPHE		Regional Epidemiologist, Prowers County Public Health and Environment	Otero County Health Department, Southeast Health Group, EMS, Local Dentist, CDPHE	Prowers County Public Health and Environment	
			Immunizations	CVD Prevention Tobacco Control		
				Maternal and Child health, culturally diverse material and programs	Personnel resources	
High	Basic	High	Moderate	Moderate	Need for Increase	Need for Increase

**Core Service Capacity Estimation - Sum**