Draft 3.14.13

West Central Public Health Partnership Regional Public Health Improvement Plan

Executive Summary

Introduction

In public health the ultimate goal is to have a healthy population and healthy communities. Given that we have limited resources to address health needs, Public Health professionals are moving towards using evidence-based practice to create our public health improvement plans. We want our efforts to have maximum impact. To be evidence-based, first we must gather information on our community in order to understand what the health needs are. Then we look closely at the data and make decisions and prioritize based on that data. Finally we create a plan to address the health priorities, using strategies that are proven, along with measures to keep track of our progress. We use a process that engages local stakeholders so that the plan is appropriate for the community and to encourage community buy-in.

In the case of The West Central Public Health Partnership (WCP), the community of concern is Region 10. The WCP is made up of 6 counties on the western slope of Colorado: Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel, which together are also called Region 10. The WCP began in 2006 to work together to improve the public health infrastructure of the region through mutually beneficial partnerships. Some successes of the group since then include: increasing local environmental health services, changing the way food safety is handled locally, as well as completing a regional public health assessment process in 2007. The passing of the 2008 Public Health Act spurred the group to engage once again in an assessment and planning process, this time with the support of the Office of Planning and Partnership (OPP). As a pilot project of the OPP the group has used the Colorado Health Assessment and Planning System (CHAPS), applying it to the 6 county region. As a part of that process the WCPHP 2011 Regional Health Assessment was completed and made available on county websites across the region.

The Process of Community Engagement and Prioritization

Given the vast amount of available data on the health of the region, and the number of potential public health indicators to look at, the group needed a guiding framework to provide focus. Luckily the Centers for Disease Control and the State of Colorado both had recently introduced the idea of public health winnable battles. These winnable battles are public health priorities that have great impact on public health. They are considered "winnable" because there are known effective strategies to address them. The WCP chose to focus on the Colorado

Winnable battles as a framework for looking at our local data and for prioritizing health issues. The Colorado Winnable Battles are: Clean Air, Clean Water, Infectious Disease Prevention, Injury Prevention, Mental Health and Substance Abuse, Obesity, Oral Health, Safe Food, Tobacco, and Unintended Pregnancies.

The WCP engaged stakeholder groups in each of the six counties to give feedback to the Core Steering Team, which was made up of the WCP representatives. The first round of stakeholder meetings sought to get feedback on county-level data and local priorities. Data was presented on each of the Colorado Winnable Battles. The second round of stakeholder meetings solicited feedback on strategies to address priorities. Through this process of data collection and local engagement, the Core Steering Team narrowed down the Colorado Winnable Battles to 4 priorities: Obesity, Clean Water, Safe Food, and Mental Health and Substance Abuse.

Key Findings on the 4 Priorities

The WCP prioritized Obesity because it is a major risk factor for our leading causes of death in the region. Although Region 10 has fewer adults who are overweight or obese than compared to the state of Colorado, the leading causes of death in the region are cancer and heart disease. Additionally, there is the concern that even though Region 10 may not have as many overweight or obese people, the trend of increasing obesity is most likely the same in Region 10 as across the state and the country and needs to be addressed.

Based on key informant information from leading environmental health experts in the region there is a concern about the quality of water in private wells and water systems. Public Water Systems are regulated and undergo extensive testing to ensure safe drinking water, but it is up to private consumers to test water supplies that do not fall into the category of Public Water Systems. There is not much available data currently on the number of private wells or the amount or type of testing that private consumers are using. There is a concern that the public is not well educated about water testing and that the testing they are doing is not sufficient.

Food Safety was chosen as a continued priority for the WCP. Increasing food handler trainings and public education has been a goal of the WCP for several years. Recently cases of Campylobacter were the 3rd most common reportable conditions (after Hepatitis C, Chicken Pox, and Influenza) for 3 years running between 2007 – 2009. Much of the regional economy is reliant on the tourism industry; therefore keeping food safe in our restaurants and at events is important from an economic standpoint as well.

Mental Health and Substance Abuse is a concern in Region 10 based on stakeholder meetings and key informants. Data on mental health and substance abuse is difficult to find at a county or even regional level, however suicide data is available. Suicide rates have been higher than the state rate in Montrose and Ouray counties, looking at data compiled between 2005-2009.

Suicide in the 6 counties ranged from the 10th leading cause of death in Delta County to the 6th leading cause of death in San Miguel County. Adult binge drinking was slightly higher in the region than in Colorado according to self-report data.

Capacity Assessment

The WCP started collecting its own capacity data by county in 2007. This data is focused on the local health agencies that make up the WCP. The counties vary quite a bit in terms of the ratio between grant funding and county support, how they are staffed, and how the programs and services are delivered in each office. Some of these differences stem from the various histories of local health agencies, with 5 agencies starting as nursing services, and only 1 starting as a full-fledged health department. Some of the agencies have environmental health within the public health department, while in others environmental health is in a separate department. All of these factors affect how services are delivered in each county and the capacity to offer services.

One goal in the State of Colorado is to ensure that the core services of public health are being offered in each county (although not all services must be offered by the Local Health Agency). Another goal would be to have the ability to address the priority health needs that are identified through the health assessment. This becomes difficult as most agencies do not have the staff time to be flexible to add new work, because staff time must be dedicated to the grants that support them. Local county support to these public health agencies may increase the flexibility of the organization to address newly identified needs, because the funding is not tied to a grant and the grant's deliverables. Currently most of the local health agencies that make up the WCP would not have the staff to address the priorities that have been identified through this health assessment except through the collaborative work of the WCP. The work plan strategies were chosen carefully with the current capacity of the WCP staff and members in mind.

Creating the Work Plan

The next step for the Core Planning Team was to pick appropriate strategies for the region. The criteria chosen for this was to pick evidence-based strategies that would work region-wide. Additionally the strategies were chosen such that the Core Planning Team could be the primary people responsible for completing the work, at least in year 1 of the plan. Each county could also have county-level priorities and strategies if desired, however the focus of this PHIP was on the regional-level strategies and priorities. The Public Health planner gathered and presented on evidence-based strategies to consider. State experts were also brought in to present on obesity related strategies.

The Core Planning Team then broke into 2 work groups in order to consider the strategies and create the work plans for each chose strategy. One group was made up of the environmental health specialists to address Water Quality and Food Safety, and the other group was made up of the Public Health directors to address Obesity and Mental Health & Substance Abuse.

Work Plans:

Obesity: The Obesity work plan focuses on educating the public about increasing consumption of fresh fruits and vegetables, including local sources, as well as building partnerships within each county between Public Health and the local food growers, sellers, promoters, and community organizers.

Water Quality: The Water Quality work plan has an education strategy, a data collection strategy and a policy strategy. The education strategy focuses on increasing the knowledge of new well owners on recommended testing. The data collection strategy focuses on partnering to create a data base of ground water quality that is accessible locally, as well as collecting data on wells that serve multiple people, but do not meet the definition of a Public Water System. The policy strategy would be to encourage a policy of requiring water quality testing as a pre-requisite for developers of subdivisions.

Food Safety: This work plan focuses on improving existing food safety educational activities and expanding the activities to include non-regulated food preparation such as summer, holiday, and seasonal home prepared foods.

Substance Abuse & Mental Health: The work plan to address Substance Abuse and Mental Health recognizes that Public Health is not the primary agency for addressing these issues, however Public Health should be effectively partnering with the Center for Mental Health and using our Public Health channels of communicating with the public to assist the Center.

Next Steps

The West Central Public Health Partnership will work together to implement these work plans in order to improve health in our region. The group will continue to monitor our work and our progress indicators in order to ensure that we are moving forward. The WCP anticipates the work plans changing over the years as new opportunities arise to work with local stakeholders and perhaps new funding sources arise.

This West Central Public Health Partnership Regional Public Health Improvement Plan will be shared with our local boards of health for review, as well as shared with the state Office of Planning and Partnership for use by the State Board of Health and the state public health improvement plan process.

West Central Public Health Partnership
Public Health Improvement Plan

Part 1 of 2 Presentations to the Board of Health 3/19/13
Health Assessment Highlights
Environmental Health Data and
Work Plans

West Central Public Health Partnership

- 6 county Public Health partnership since 2006
- Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel Counties
- Formed to improve public health infrastructure in our region

Health Assessment

The West Central Public Health Partnership
2011 Regional Health Assessment

- focused on health status and trend data
- divided into 8 sections:
  Demographics, Access to Care, Maternal Child Health, Chronic Diseases, Infectious Diseases, Mental Health and Substance Abuse, Injuries and Violence, Environmental Health

Health Assessment

- Needed: a framework for looking at the data and prioritizing our focus areas
- Solution: The Winnable Battles: Centers for Disease Control and the State of Colorado

Colorado's Winnable Public Health Battles

A needed framework for utilizing our health assessment data

Colorado's Winnable Battles

- public health and environmental priorities with large-scale impact on health and the environment, and with known, effective strategies to address them.

Colorado's Winnable Battles

- Clean Air
- Clean Water
- Infectious Disease Prevention
- Injury Prevention
- Mental Health and Substance Abuse
- Obesity
- Oral Health
- Safe Food
- Tobacco
- Unintended Pregnancies

Prioritization Process

1) The Winnable Battles
2) Stakeholder Input
3) Regional criteria

Stakeholder Input from 6 Counties

- Stakeholder groups were gathered in each of the 6 counties
- Tasked with reviewing local and regional data, giving input on importance of each focus area
- Rating system using dots
- This input was gathered and then reviewed by the Core Planning Team (the West Central Public Health Partnership county representatives)

Focus Areas as Prioritized by the Stakeholders in Each of the Counties

Delta	Gunnison	Hinsdale	Montrose	Ouray	San Miguel
Healthy Lifestyles Promotion	Healthy Lifestyles Promotion (covers are variety of sub-issues	Healthy Lifestyles promotion and education: (tobacco, obesity, healthy eating, exercise)	Healthy Lifestyles, including tobacco	Healthy Lifestyles promotion and education: (tobacco, obesity, healthy eating, exercise)	Healthy Lifestyles
Mental Health/ Substance Abuse	Mental Health/ Substance Abuse	Mental Health	Suicide	Mental Health/ Substance Abuse	Mental Health/ Substance Abuse
Food Safety		Food Safety: adequate inspections and food handler education		Food Safety: adequate inspections and food handler education	Food Safety (feeling that SMC is doing well, but that it should move forward as a regional issue)
Stewardship of the Environment (although there was lack of agreement on how this might affect economic development)	Water Quality: Improve residential and household well water				Air and Water Quality (includes watershed protections and contaminants in addition to other issues)
Injury Prevention			Falls Prevention		
	Children's Health (includes prenatal care and a variety of topics)	Substance Abuse	Teen Pregnancy Prevention		Prevent Communicable Disease (a hybrid of issues)
		Capacity		Capacity	

Criteria for Regional Priorities

- Colorado Winnable Battles
- 4 priorities at the most
- At least one priority in Environmental Health
- Keep it simple
- Quick win on at least 1
- Priorities lend themselves to regional strategies

Top 4 Regional Priorities

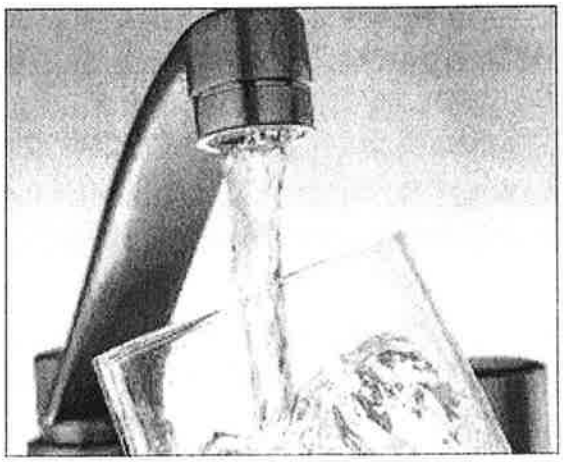
- Well Water Quality
- Food Safety
- Obesity Prevention
- Mental Health/Substance Abuse

Colorado Winnable Battles and WCPHP Regional Priorities

CO Winnable Battles
- Clean Air
- Clean Water
- Infectious Disease Prevention
- Injury Prevention
- Mental Health and Substance Abuse
- Obesity
- Oral Health
- Safe Food
- Tobacco
- Unintended Pregnancies

WCPHP Priorities
- Well Water Quality
- Food Safety
- Obesity Prevention
- Mental Health/ Substance Abuse

Well Water Data



How are we doing in Environmental Health Regionally?

Key informants identified the following as top gaps for our region in EH:

1. Indoor air quality monitoring (radon and lung cancer)
2. Fragmentation of EH and PH departments. Inadequate EH/Consumer Protection and Food Safety staffing
3. Public Water System violations
4. The lack of monitoring of individual wells and small systems

Well Water Data

Priority: The lack of monitoring of individual wells and small systems (see key informant data)

- Public Water Systems are well monitored and regulated, must meet EPA standards
- A public water system (PWS) serves at least 25 persons on average per day for 60 or more days per year

Well Water Data continued

- Wells that serve less than 25 people or serve less than 60 days per year do not meet the requirement of a Public Water System (PWS) and are not regulated by the state
- Households with their own private wells should take special precautions to ensure their own safe drinking water. Regulation is not done by the state as with Public Water Systems

Completed Wells by County and Primary Uses

Source: Colorado Division of Water Resources 11/17/10

	Delta	Gunnison	Hinsdale	Montrose	Ouray	San Miguel
Total	1929	4071	712	1746	574	1343
Residential (Domestic)	1030	2019	269	978	355	783
Household	375	1265	289	110	91	282
Livestock	27	63	2	80	20	31
Irrigation	96	38	2	54	17	12
Commercial	23	157	61	24	6	24
Municipal	4	32	4	17	1	28
Geothermal	15	3	0	40	3	3
Industrial	5	26	2	5	0	16
Monitoring	93	203	13	288	26	112
All Uses	1	0	0	0	0	2
Other	260	265	70	150	55	50

Drinking Water Work Plan: Education of Private Well Owners

CHAPS Action Plan (Draft)					
Name of LPHA or Regional Collaborative: West Central Public Health Partnership					
PRIORITY: Drinking Water		STRATEGY: Improve the public's knowledge and awareness of measures to improve their private drinking water supply safety and quality.			
Major Indicator: # of drinking water tests requested from CSU Extension Office, Mesa County Public Health					
Lead Entity: WCPHP		Supporting Entities: CSU Extension, Division of Water Resources			
Five Year Goal(s)	**SMART* Objectives**	**Action Steps (Activities)**	**Organization(s) Responsible**	**Completion Date**	**Action Completed**
Increase the knowledge of new well owners on safe drinking water and well testing.	Develop, publish and circulate information for private drinking water supply users by April 2015.	Research and collect informational brochures, handouts and publications from various sources.	Each participating county researches Ken collects it	September 2013	
		Adapt and publish information in various formats for the regional partnership. 1 page sheet with websites, publications	WCPHP EH group	April 2014	
		Distribute and reach out to disseminate the information: building permits, septic permits, development permits (subdivision process).	WCPHP EH group	April 2015	
		Reach out to area well drillers to improve communication between EH and well drillers.	WCPHP EH group	April 2015	

Drinking Water Work: Outreach and Data Collection – Multiple Home Drinking Water Systems

CHAPS Action Plan (Draft)					
Name of LPHA or Regional Collaborative: West Central Public Health Partnership					
PRIORITY: Drinking Water		STRATEGY: Educate owners of private multiple home drinking water systems on water safety and quality			
Major Indicator: Data-base is created, there is a list of outreach activities					
Lead Entity: WCPHP		Supporting Entities: Division of Water Resources and County Planning Departments			
Five Year Goal(s)	**SMART* Objectives**	**Action Steps (Activities)**	**Organization(s) Responsible**	**Completion Date**	**Action Completed**
To improve awareness of drinking water safety and quality in private multiple home drinking water systems in Region 10.	1) Identify multiple home drinking water systems by April 2016. 2) Create a data base of information on multiple home private drinking water systems by April 2016. 3) Perform educational outreach to multiple home drinking water system owners by April 2018.	Create Excel Spreadsheet	Kate Lujan		Completed
		Partner with Tri County on CDC grant, talk to Hope Dalton	Ken Nordstrom, representing WCPHP	Ongoing	
		Research the Division of water resource data base for systems and collect pertinent data.	WCPHP EH group	April 2015	
		Research the county planning departments and collect pertinent information.	WCPHP EH group	April 2015	

Drinking Water Work Plan: Policy on Subdivision Approvals

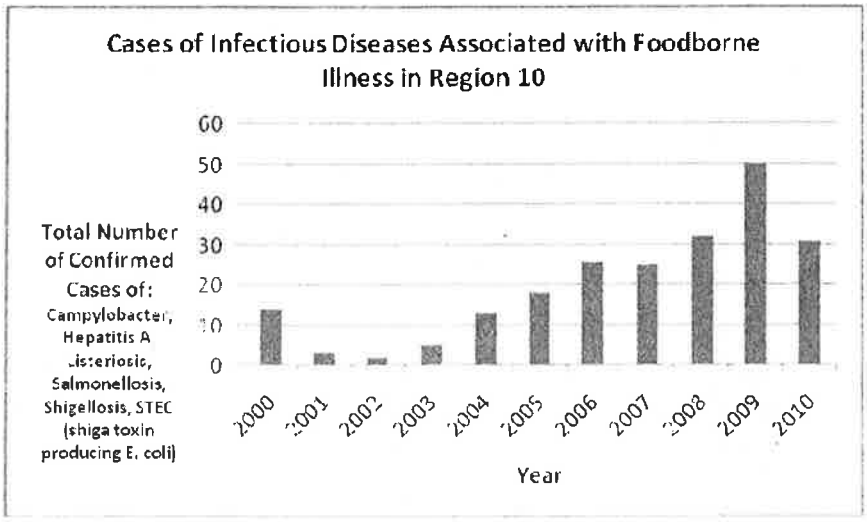
CHAPS Action Plan (Draft)					
Name of LPHA or Regional Collaborative: West Central Public Health Partnership					
PRIORITY: Drinking Water		Yr 1 STRATEGY: Communicate with Planning Departments and Commissions on well water quality and subdivision approvals.			
Major Indicator: New requirements for water quality during Land Use Resolution and subdivision approval processes.					
Lead Entity: WCPHP		Supporting Entities: Planning Departments and Commissions			
Five Year Goal(s)	**SMART* Objectives**	**Action Steps (Activities)**	**Organization(s) Responsible**	**Completion Date**	**Action Completed**
Within 5 years, modify the Land Use Resolution process to require water quality approval prior to subdivision approvals	1) By end of October 2014, the WCPHP develops a presentation on this issue for staff of the planning departments and planning commissions. 2) By end of April 2015 presentations occur with staff. 3) By end of April 2015 presentations occur with planning commissions.	Delta County provides information on how water quality approval of new subdivisions is done there.	Ken Nordstrom	February, 2013	
		Define what Safe Drinking Water is (2 meetings). What do they need to test for and how do they need to address concerns.	WCPHP EH group	September, 2013	
		Develop Timeline for project	WCPHP EH group	September, 2013	
		Planning meetings occur (4 meetings)	WCPHP EH group	By October 31 2014	
		Presentations developed	WCPHP EH group	October 31, 2014	
		Presentations are made both with planning department staff and planning commissions.	WCPHP EH group	April 2015	

Drinking Water Work Plan: Ground Water Data

CHAPS Action Plan (Draft)					
Name of LPHA or Regional Collaborative: West Central Public Health Partnership					
PRIORITY: Drinking Water		STRATEGY: Create Plan to Address need for information clearinghouse.			
Major Indicator: Data is available in Information Clearing House					
Lead Entity: WCPHP		Supporting Entities: Partners to be identified			
Five Year Goal(s)	SMART* Objectives	Action Steps (Activities)	Organization(s) Responsible	Completion Date	Action Completed
By the end of April 2018 create an accessible ground water information clearing house for the WCPHP region.	Develop Plan by end of April 2014.	Allow time at WCPHP meetings to address ground water data issue.	WCPHP EH group	Ongoing at each quarterly meeting	
		Develop list of possible data sources and partners. Talk to possible partners about data sources and bring back to WCPHP	WCPHP EH group	May 2013 WCPHP meeting	

Food Safety Data

Winnable Battles: Food Safety



Winnable Battles: Food Safety

Food borne Illness Violations per Inspection 2012

	Delta	Gunnison	Hinsdale	Montrose	Ouray	San Miguel
# of inspections with any FBI violation	154	87	38	14	44	182
# of inspections completed	434	175	45	314	80	234
% w/any FBI violations	34%	49.7%	85%	49.7%	55%	77.77%
Complaints	9	2	0	2	0	2

Food Safety Work Plan

CHAPS Action Plan (Draft)

Name of LPHA or Regional Collaborative: West Central Public Health Partnership

PRIORITY: Food Safety — Yr 1 STRATEGY: Increase awareness of food safety practices through food handler education.

Major Indicator: # of critical violations, # of voluntary condemnation notices, reported food borne illness cases

Lead Entity: WCPHP — Supporting Entities: CSU Extension Office, State-level initiative

Five Year Goal(s)	SMART* Objectives	Action Steps (Activities)	Organization(s) Responsible	Completion Date	Action Completed
To improve regional food protection by increasing food safety awareness through training and outreach.	1) Increase the attendance and effectiveness of existing retail food safety training programs by 5% by the end of April 2018.	1a) Obtain a CDPHE review to determine if a local Board of Health has the authority to require food safety training for food handlers or managers.	Sharon Adams	02/09/12	X
		1b) Research, collect and evaluate various food protection courses and identify options that would increase attendance and effectiveness. Each county contributes information on what is in use now and ideas.	WCPHP EH group	Defer to Jim Austin when he starts at Montrose DHHS	
		1c) Formalize a partnership with CSU Extension Service to provide direct and coordinated food safety training and outreach activities.	WCPHP and CSU Extension Office	Ongoing December, 2012	
	2) Initiate new training and outreach activities targeting non-regulated food preparation activities by the end of April 2015.	2)) Establish or develop a methodology to measure the effectiveness of regional food safety training and outreach. Coordinate this activity with state-level initiative.	WCPHP EH group	July 2013 and Ongoing	
		3) Identify and develop educational outreach strategies that target summer, holiday or seasonal home prepared food; farm to market food and the cottage food industry. Include links on our websites.	CSU Extension Office	July 2015	

Food Safety Work Plan

CHAPS Action Plan (Draft)					
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Major Indicator: # of critical violations, # of voluntary condemnation notices, reported food borne illness cases					
Lead Entity: WCPHP		Supporting Entities: CSU Extension Office, State-level initiative			
Five Year Goal(s)	SMART* Objectives	Action Steps (Activities)	Organization(s) Responsible	Completion Date	Action Completed
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Questions?