

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 prerequisite 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.