SAN JUAN BASIN
public health

The public and environmental
health agency for Archuleta
and La Plata counties

Public Health Improvement Plan

Access to Care

Social Determinants of Health

Public Health System Capacity

Behavioral Health Promotion

Environmental Health and Living Conditions

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Executive Summary

Every five years, San Juan Basin Public Health (SJBPH) takes a close look at the health and wellness needs of Archuleta and La Plata counties through a Community Health Assessment. This assessment seeks input from community members to identify the top priorities among our residents, providing an opportunity to strategically develop and fund public and environmental health programs relevant to those needs. It reflects the responses of over 1,500 community members, as well as targeted population data collected from focus groups and key informant interviews. As Archuleta and La Plata counties launch individual health departments in 2024 following SJBPH's dissolution, input received from this assessment is invaluable to informing the path forward for each new public health department.

Enhancing population health requires the efforts of not only the local public health agency, but also of government, non-profits, healthcare organizations, and community members. This is especially true this year, as SJBPH will dissolve and be replaced by individual county public health departments in each county on January 1, 2024. SJBPH has taken this opportunity to prepare a CHA that serves the counties' individual needs and can be used by the entire public health system, including partner organizations, to inform their own strategies to improve community health and to seek funding for innovative programming. Because this research reflects community input, local agencies will be able to tailor their plans and programs to best address the unique and complex needs of the residents of Archuleta and La Plata counties.

Local public health agencies are required by the state of Colorado to complete a Community Health Assessment every five years as a component of their overall Public Health Improvement Planning process. For more information about the state's Health Assessment and Planning initiative, visit: cdphe-lpha.colorado.gov/chaps-phases. SJBPH hopes this Community Health Assessment will be a tool for the new public health departments in Archuleta and La Plata counties. It is expected that each county will use the data and information presented in the CHA and PHIP uniquely. As long-time experts in public health in Archuleta and La Plata counties, SJBPH and their board are providing this document as a starting point. SJBPH is providing an outline of each county, the process of plan development, the prioritization process, data supporting each prioritization area, and examples of potential goals for each priority area.

SJBPH would like to recognize the Advisory Committee for their dedication throughout this process, the Colorado School of Public Health student assessment team, the staff of SJBPH for their support, and the public for participating in this assessment and for your interest in the health of our communities. SJBPH would also like to recognize the SJBPH Board of Health for their continued support and dedication throughout this process.

It has been our privilege to serve you as your local public health agency for the last 75 years. As we bring our existence as an independent agency to a close, we hope you find this information useful as a reference for our community's health in the coming years.

Sincerely,
San Juan Basin Public Health Leadership

San Juan Basin Public Health Mission and Vision

San Juan Basin Public Health is a local public health agency serving all residents of Archuleta and La Plata counties. As the local public health entity, we monitor, investigate, and communicate the health conditions affecting our communities.

For over 70 years, SJBPH has improved the health and environment of the Southwest Colorado community. We are governed by a local Board of Health whose seven members are appointed by the County Commissioners of Archuleta and La Plata counties.

<u>Mission</u>
To protect human and environmental health and inspire well-being in our community.

<u>Vision</u>
We are leaders to achieve healthy communities and health equity.

Community Profile

Archuleta County and La Plata County are located in the southwestern part of Colorado spanning 3,000 square miles of beautiful plateaued and mountainous hills. The rural counties sit within the San Juan Basin region, with the Southern Ute Indian Reservation predominantly located within La Plata County.

Based on the 2021 population estimates from the Colorado State Demography Office, there are 13,802 and 56,280 residents living in Archuleta County and La Plata County, respectively (see Figure 1 below for a map of population density). Those who identify as non-Hispanic white represent 75.7% of Archuleta County residents and 78% of La Plata County. Those older than 65 years represent about 28.4% of the population in Archuleta County and 20.6% in La Plata County.

Figure 1. Map of Archuleta County and La Plata County: Population Density by Census Tract
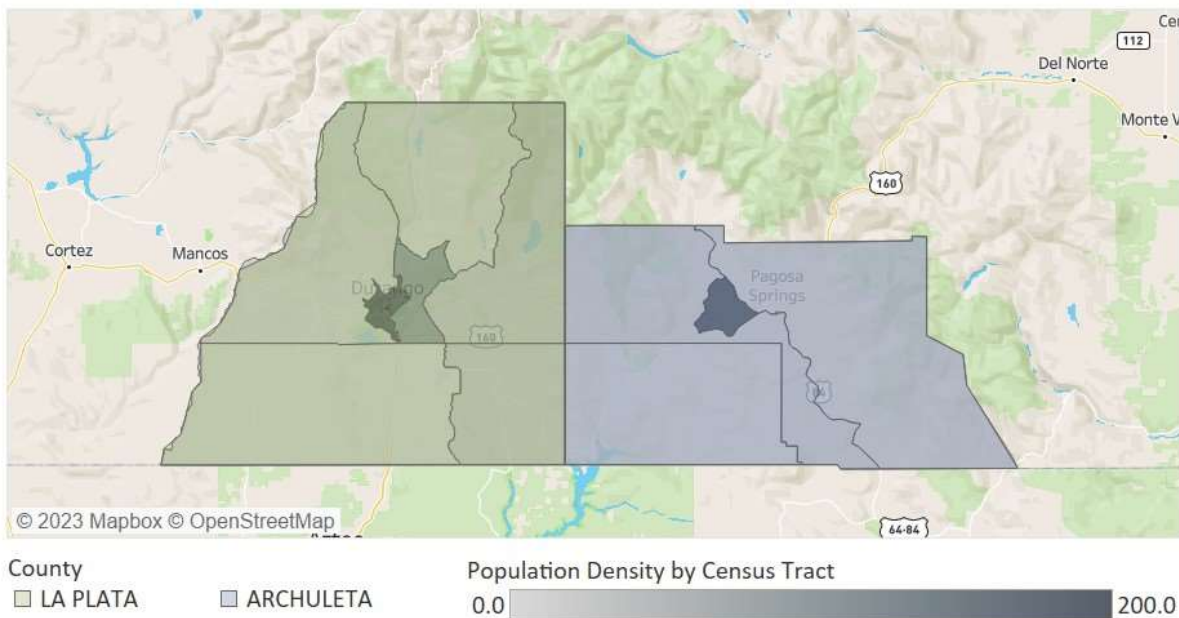
CDPHE, 2022a

Overall, residents of both counties have higher educational attainment than the Colorado state average. Of people older than 25 years of age, 40% of Archuleta County residents and 47% of La Plata County residents have a bachelor's degree or higher (U.S. Census Bureau, 2022a).

Approximately 56.2% of adults 16 years and older participate in the labor force in Archuleta County and in La Plata County approximately 64.8% participate (U.S. Census Bureau, 2022a). Both counties are tourist destinations and rely significantly on the revenue incoming from tourism seasons as well as the tourism industry. Many of the businesses that operate within the two counties also supplement the tourism industry (SW Colorado Economic Development, n.d.).

The population in both counties is growing, particularly amongst those older than 65 years of age. From 2020 and 2021, Archuleta County and La Plata County each experienced an increase in this age group of 5.3% and 4.8% in each county, respectively (DOLA, 2023).

Both Archuleta County and La Plata County were designated as health professional shortage areas (HPSA) for primary care, dental health, and mental health (Health Resources and Services Administration, 2022). Of the 59 ranked counties in Colorado, Archuleta County ranked 20th and La Plata County ranked 16th in terms of health outcomes (CHRR, 2023a).

Age
More than half of the Archuleta County population (56%) is above the age of 45 with equal distribution in the 45-64 age group and the 65+ age group. La Plata County only has 48% over the age of 45, with 21% of that being over the age of 64. Both counties have similar percentages for 0–17-year-olds and 25–44-year-olds. La Plata County has twice the percentage of 18–24-year-olds, likely due to the presence of Fort Lewis College in the county. Generally, the populations in both Archuleta and La Plata Counties skew older than the state, as almost 60% of the total population of Colorado is under 45. Figure 2 presents Archuleta County, La Plata County and Colorado's population stratified by age in the year 2021.

Figure 2. Age 2021 Population Estimates
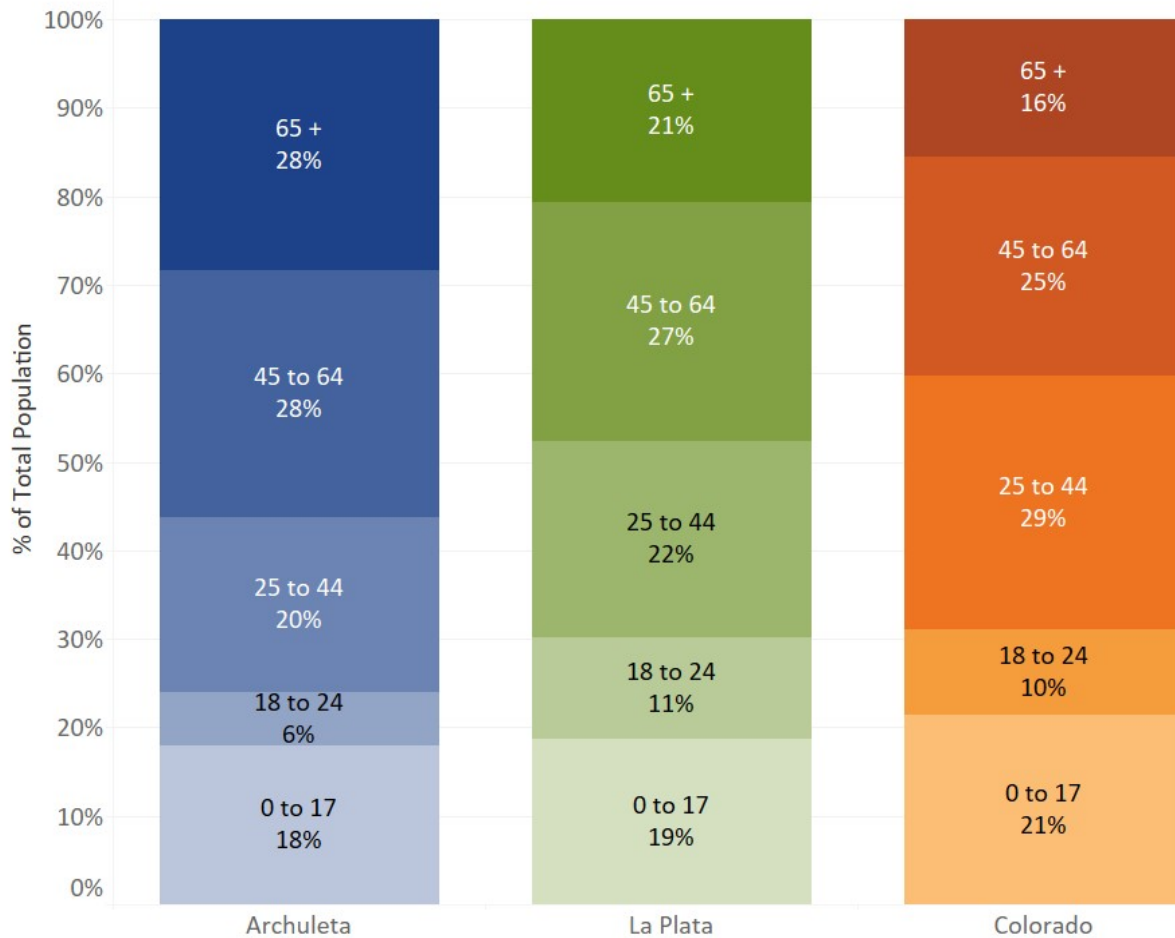
DOLA, 2023

Race and Ethnicity

In 2021, the population by racial/ethnic groups in Archuleta County consist of 76% Non-Hispanic (NH) White, 19% Hispanic, 1% Black of African American alone NH, 1% Asian alone NH, 2% Two or more NH, and 2% American Indian/Alaska Native NH. In 2020, the population by racial/ethnic groups in La Plata County consist of 78% Non-Hispanic White, 13% Hispanic, 1% Black of African American alone NH, 1% Asian alone NH, 2% Two or more NH, and 6% American Indian/Alaska Native NH.

Colorado as a whole has fewer Non-Hispanic Whites at 67%, more Hispanics at 22%, more Black or African American alone NH and Asian alone NH (4% and 3% respectively) and fewer American Indian and Alaska Native alone NH than Archuleta and La Plata counties. Figure 3 summarizes Archuleta County stratified by race/ethnicity in 2021.

Figure 3. 2021 Population Estimates by Racial/Ethnic Group
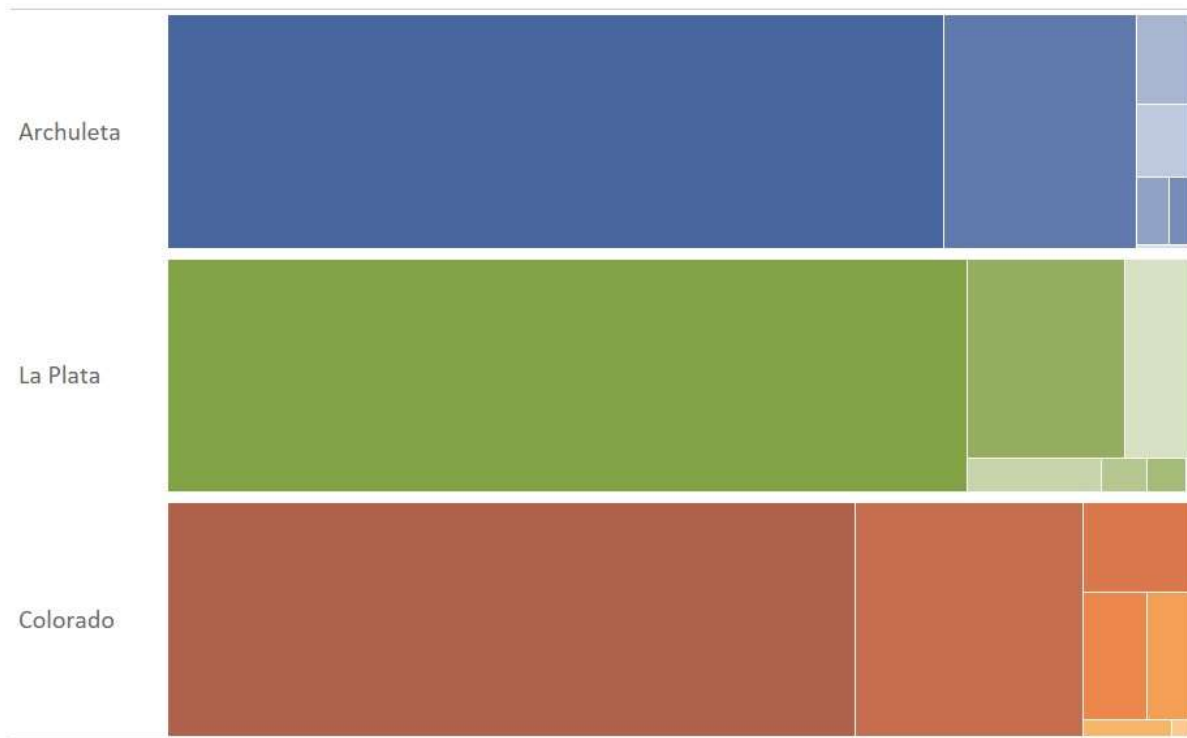
	Archuleta	La Plata	Colorado
White alone NH	76%	78%	67%
Hispanic	19%	13%	22%
Black or African American alone NH	1%	1%	4%
Asian alone NH	1%	1%	3%
Two or more NH	2%	2%	2%
American Indian and Alaska Native alone NH	2%	6%	1%
Native Hawaiian or Other Pacific Islander alone NH	0%	0%	0%

DOLA, 2023

Sexual Orientation

According to Behavioral Risk Factor Surveillance System data for 2018-2020, 5.4% of Colorado identify as Gay, Lesbian, or Bisexual. In La Plata County, 4.9% of individuals identify as such. The data for Archuleta County is suppressed due to the small number of respondents (CDPHE, 2022b).

Prioritization Process

SJBPH convened an Advisory Committee for the CHA/PHIP process. The Advisory Committee members are listed above in the Acknowledgements section. The committee met nine different times across a 13-month period starting in August of 2022. Not all members were present for all meetings, however, staff attempted to gain feedback at every opportunity and the meetings were hybrid. There was representation from both counties and the Southern Ute Indian Tribe. Specifically, we had representation from the La Plata County Transitional Board of Health and their health department, and Archuleta County's new public health director as well.

The prioritization process began in May 2023 once primary data had been collected both from the qualitative and quantitative process of the survey, key informant interviews, focus groups and from secondary data. Data was presented to the Advisory Committee across three of the last four months of the process to help us determine our priorities. The following table shows the activities during each meeting:

Prioritization Process Schedule 2023			
May	**June**	**July**	**August**
Data Sharing			
Review Roles, Process and Purpose	Decision-making Criteria		
Data Usability		List of Public Health Issues	
Capacity Assessment			Prioritizing Public Health Issues

<u>Review Advisory Committee Roles, Process & Purpose</u> – *May*
Before the May meeting, Advisory Committee Members were encouraged to review the [Community Health Assessment Advisory Committee Charter](). During the meeting, the committee briefly reviewed the role of the Advisory Committee:

- The Committee makes recommendations, not decisions.
- The Committee supports the collection and distribution of Community Health Assessment (CHA) data.
- The Committee recommends priorities for public health issues for the 5-year Public Health Improvement Plan (PHIP).

The Facilitator clarified the 4-month Advisory Committee meeting schedule and desired outcomes.

Participants reflected on and answered the question "Why are you serving on the CHA-PHIP Advisory Committee?" Committee members visually shared the purpose behind their participation.

Data Usability – *May*

Data is only useful if it's usable. During the May meeting, participants were asked the following questions:

1. Once the analysis is complete and a community health assessment document has been published, outside of that, how would you like to see data presented?
2. What other data would you like to see that would help you serve the community?
3. How can the data that is collected help your organization?

Please see May 31 Advisory Committee Meeting Notes for participants' replies to these questions.

Capacity Assessment - *May*

- The Advisory Committee acknowledged the challenge of realistically assessing capacity for an organization that will dissolve on December 31, 2023.
- Participants emphasized that SJBPH has good ability to get grants and many grant-funded positions, and that effective partnerships increase SJBPH's capacity.

Data Sharing – *May, June, and July*

Data and data analysis was presented at Advisory Committee meetings in May, June and July, and was followed up with questions and facilitated discussion. Data presentations were shared with Advisory Committee members via email, and large-format printouts were posted on the meeting room walls during some meetings.

Data included the word cloud, below, of CHA responses around what a healthy community looks like and the following:

- CHA Data Preview and Secondary Data – *May*
- CHA Survey Data – *June*
- Qualitative Data & Review – *July*

<u>**Decision-making Criteria**</u> – *June and July*

The group discussed what <u>criteria</u> it would use to determine recommendations around which health issues to prioritize.

<u>Process:</u>
- Individuals reflected and wrote up to four criteria on large sticky notes (remote participants typed on JamBoard Sticky notes.) Participants came up with 30 potential criteria. – *June*
- The large group was invited to ask clarifying questions, and then sorted and clustered the criteria. – *June*
- A committee member continued to sort Decision-making Criteria on the Zoom participants' JamBoard, and developed three Decision-making Criteria, and two Separate Considerations, which may be used by public health and partner staff to plan, implement, and measure interventions. – *June*
- At the July meeting, the Committee reviewed the three Decision-making Criteria, and two Separate Considerations, made some modifications, and consented to use these Criteria to determine Public Health priority recommendations. – *July*

Decision-making Criteria which the Advisory Committee used to determine which public health issues to recommend as priorities for 2024-2028:

1. What does the data say?		
Does CHA and secondary data indicate a community need?	Does the issue relate to priorities from previous CHA & PHIP?	Does the issue fill in a gap and/ or address a concern of historically underserved population(s)?
2. Can Public Health influence the issue?		
Is there capacity for public health or partners to impact the issue?	Is it feasible for public health to address the issue?	
Would addressing the issue increase health & safety for the people served?	Would addressing the issue increase protections and decrease risks?	
3. Is there community momentum and interest?		
As determined by the expertise of Advisory Committee members, and demonstrated by: • Funding momentum • Existing programs • Qualitative data • Partner organizations talking about the issues		

Separate considerations, which may be used by public health and partner staff to plan, implement, and measure interventions:

Planning and implementation strategies		Planning and implementation metrics	
Capacity: human and financial	Upstream of systemic impact	Greatest good for the greatest number of people	Does it increase hope?
Available resources relative to size and severity of the issue	Future impacts likely or expected that require planning	Success of interventions can be measured	Does it decrease concerns of the public?
Positive return on investment			

List of Public Health Issues – *July and August*
Participants worked together to generate a list of data-informed regional public health issues, which would later be prioritized.

Process:
- Based on CHA and Secondary Data, each participant determined five public health issues which they think are important and should be prioritized. Participants wrote these on sheets of paper and worked together to clarify and cluster these priorities. See photo, below. – *July*
- The facilitator compiled the clarified and clustered public health issues into a table, which was shared with Advisory Committee members via email, and printed out for review. – *August*
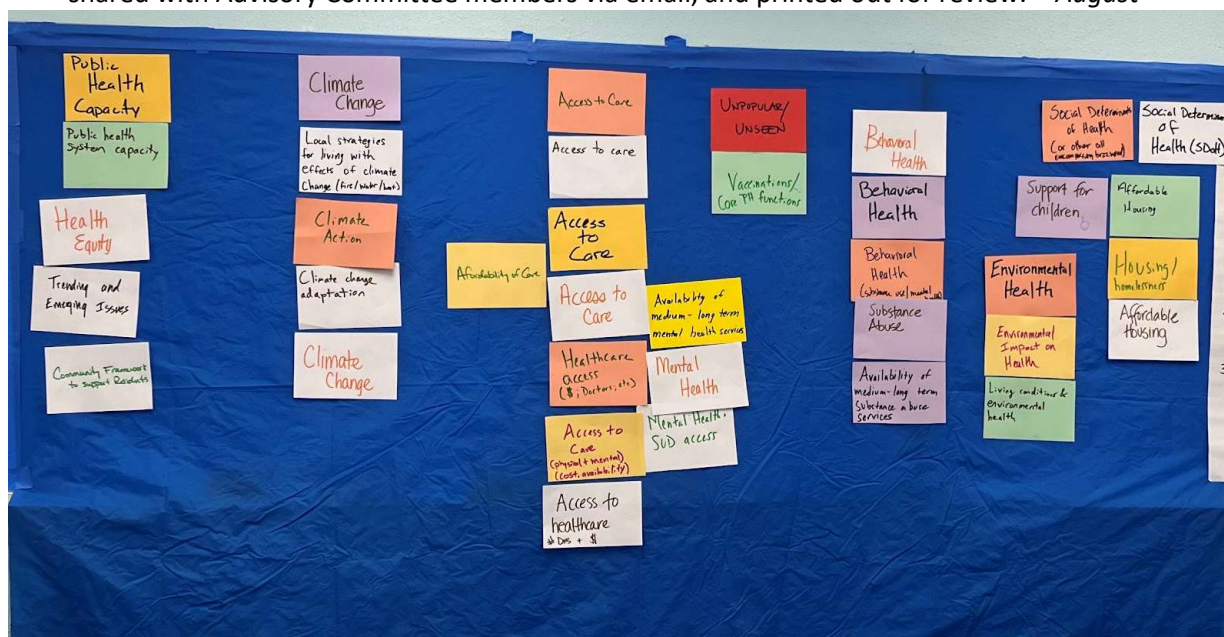
- At the August meeting, participants worked together to refine and simplify the list of public health issues (potential priorities) which was generated at the July Advisory Committee meeting. As a group, participants discussed how each public health issue fit within the Decision-making Criteria. – *August*
- The Facilitator took notes, and generated the final list of public health issues, with discussion notes. – *August*

SJBPH Survey Data Presentation

The following SJBPH survey data is displayed consistently throughout the document. In the survey, respondents were asked to choose their level of concern for certain issues ranging from "don't know/no opinion," "not an issue," "minor issue," "moderate issue," to "major issue." In these graphics, the grey line that runs through all the questions separates minor issues and moderate issues. The graphs that have more counts on the right side of the grey line are issues chosen to be of a larger concern than those where there are more counts on the left side of the grey line.

Overview of the Issues

Access to Care

Many people in the United States don't get the health care services they need. About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses. Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need (U.S. Department of Health and Human Services, n.d.a). This priority includes:
- Affordability of care
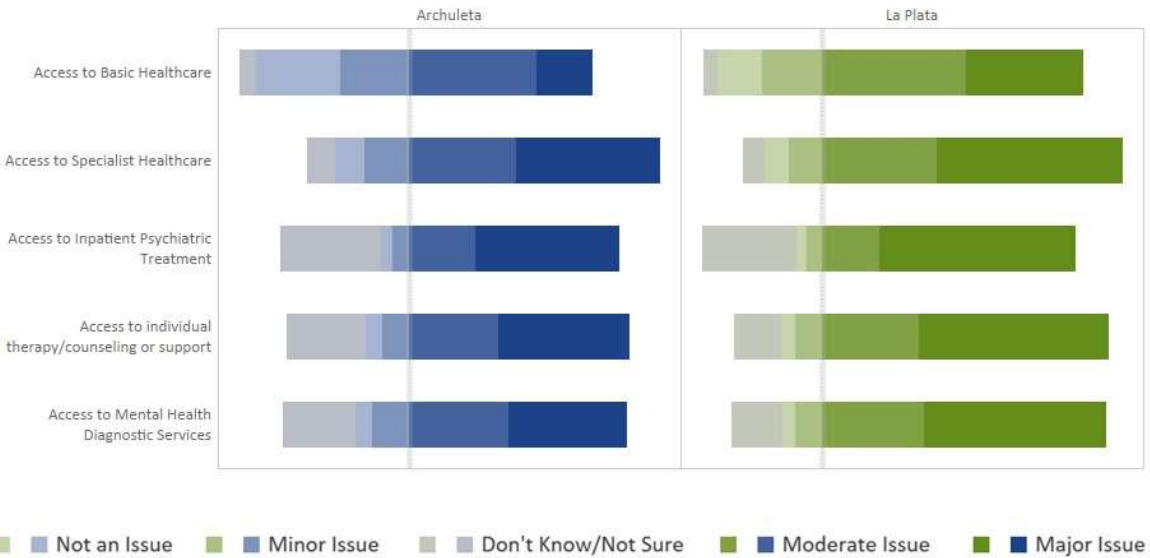- Availability of medium-long term mental health services
- Mental health
- Mental health & substance use disorder care access
- Immunizations

Supporting Data

In the SJBPH survey, this topic was a leading indicator for qualitative data responses to "what is the most important health issue"
- 29% of all responses from Archuleta County residents
- 27% of all responses from La Plata County residents

Figure 4. Access to Care

Archuleta   La Plata

- Access to Basic Healthcare
- Access to Specialist Healthcare
- Access to Inpatient Psychiatric Treatment
- Access to individual therapy/counseling or support
- Access to Mental Health Diagnostic Services

Not an Issue   Minor Issue   Don't Know/Not Sure   Moderate Issue   Major Issue

2023 SJBPH Survey

For those under the age of 65, Archuleta and La Plata counties have a higher percent of their population without health insurance than the state of Colorado. Research shows that uninsured Americans are substantially less likely to have a usual source of healthcare than their insured counterparts (CDC, 2018). As a result, they are less likely to access preventative services and more likely to suffer from chronic health conditions and early mortality.

**Figure 5. Persons without health insurance, under age 65 years**

U.S. Census Bureau, 2022a

Figure 6 shows that up until 2020 there were more physicians per person in La Plata and Archuleta Counties. Secondary data does not always support the issues that are occurring in a community. One theorized reason for this could be that much has changed since 2020 throughout the pandemic. Additionally, this data source

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does not indicate if providers are taking new patients, how often their office is open, how long the wait is to get an appointment

Figure 6. Primary Care Physician Trends
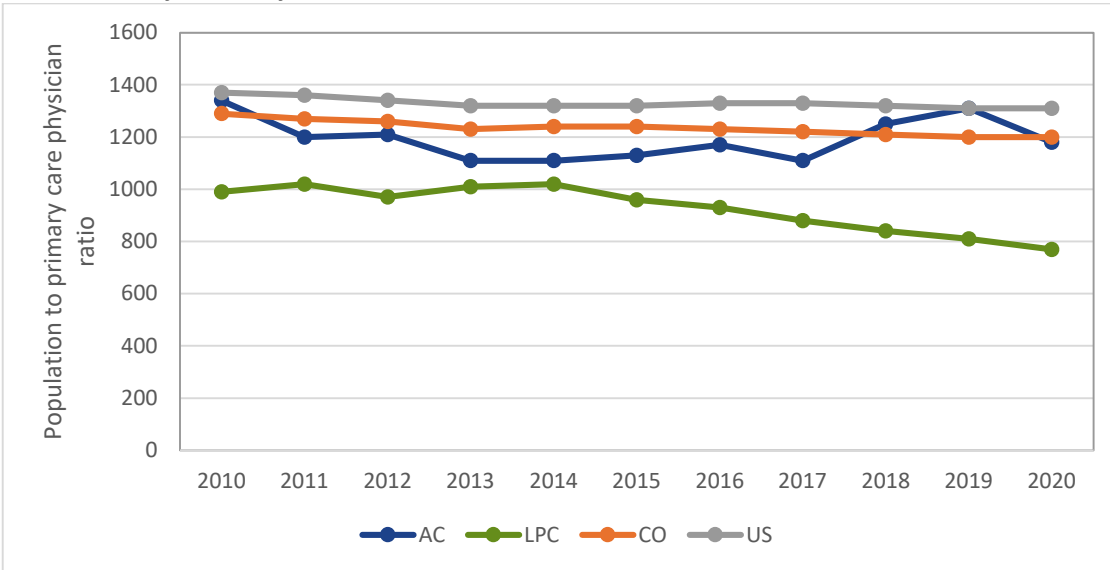


CHRR, 2023b; CHRR, 2023c

Behavioral Health Promotion

"The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as including 'the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders'" (SAMHSA, 2023.) This priority includes:

- Substance use
- Availability of medium-long term substance use services
- Suicide Prevention
- Mental health & wellness
- Holistic approach to wellness
- Public health role: promotion

Supporting Data

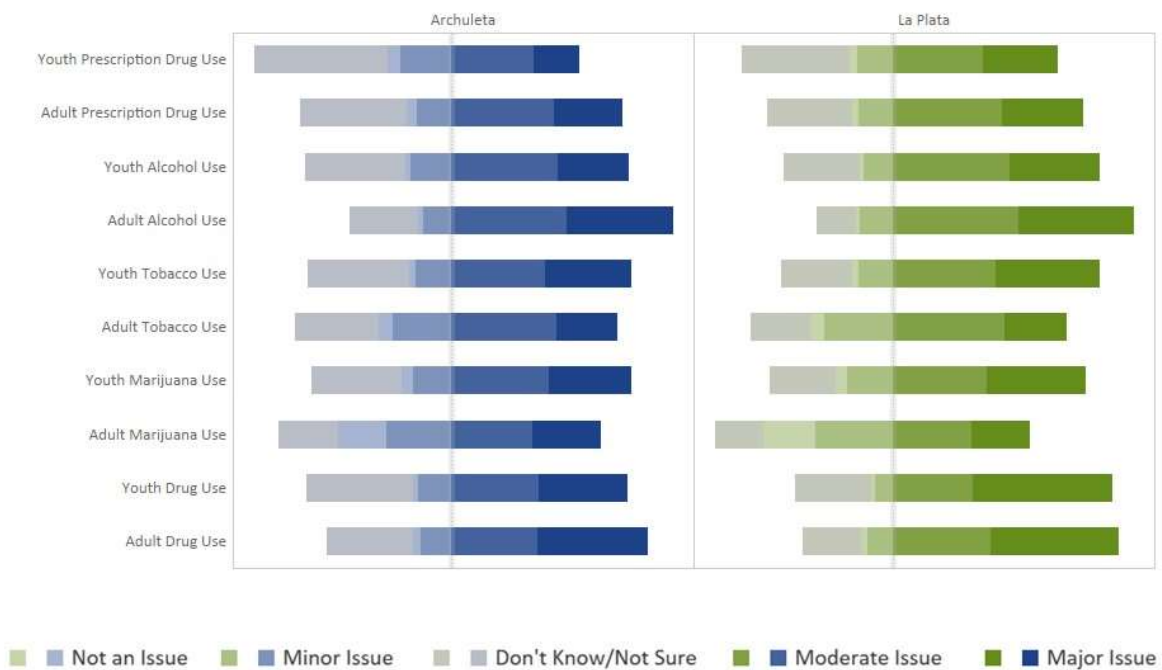In the 2023 SJBPH Survey, substance use was one of the top areas of concern for residents in both counties. Concern over suicide and suicide attempts was also of high concern but did drop slightly from the 2018 survey. Youth and Adult Drug Use were both areas of high concern as well as Adult Alcohol Use. Concern was high over all types of drug use, but people chose don't know/no opinion about youth drug use most often.

Figure 7. Substance Use and Suicide/Suicide Attempts Concerns

Not an Issue | Minor Issue | Don't Know/Not Sure | Moderate Issue | Major Issue
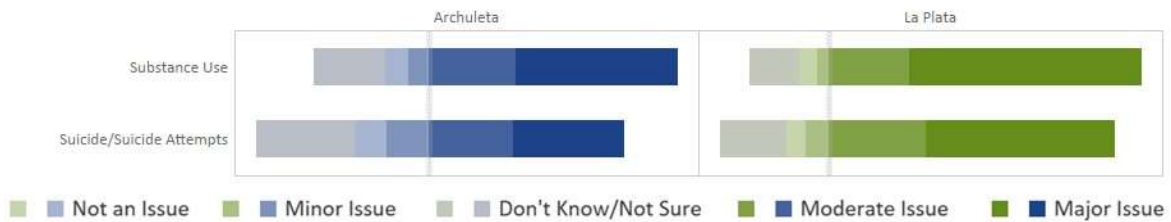
2023 SJBPH Survey

Figure 8. Youth and Adult Substance Use Concerns

Not an Issue | Minor Issue | Don't Know/Not Sure | Moderate Issue | Major Issue

2023 SJBPH Survey

Age-adjusted Overdose Death Rates for La Plata and Archuleta counties were <u>higher</u> than the state of Colorado in 2022. Figure 9 shows that in 2022 Archuleta and La Plata Counties age-adjusted overdose death rates were higher than the states. While Archuleta Counties data is suppressed for 2019 and 2020, La Plata Counties has continued to increase. In figure 9, the graph on the left is for any drug and the graph on the right is for any opioid whether prescription or heroin.

Figure 9. Age-adjusted overdose death rates
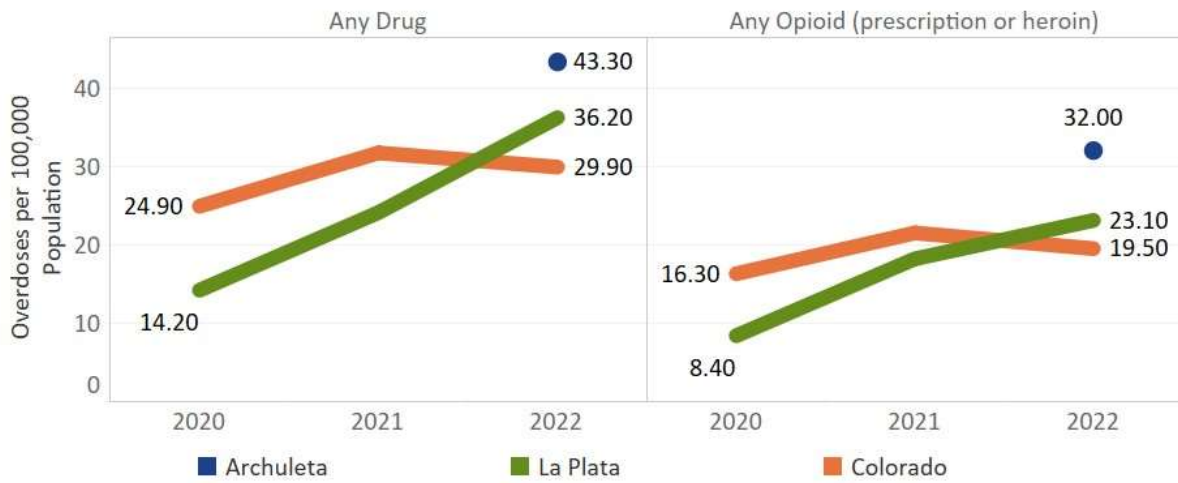
CDPHE, 2023a

Archuleta and La Plata Counties have a <u>higher</u> age- adjusted rate per 100,000 population of suicide deaths than the state of Colorado. Figure 10 shows 2022 age-adjusted suicide rates per 100,000 and Archuleta and La Plata Counties are higher than the state, though this graph only shows one year, the rates are consistently above the states.

**Figure 10. Age-adjusted rate of suicide deaths (per 100,000 population) 2022**

CDPHE, 2023b

Figure 11 shows data from the Healthy Kids Colorado Survey comparing Region 9, which is Archuleta, La Plata, Montezuma, Dolores and San Juan Counties, and the state of Colorado. This shows an increasing trend of percentage of students who felt so sad or hopeless almost every day

for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. While region 9 is lower than the state, it is still concerning that it is trending upward.

Figure 11. Health Kids Colorado Survey Data: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities
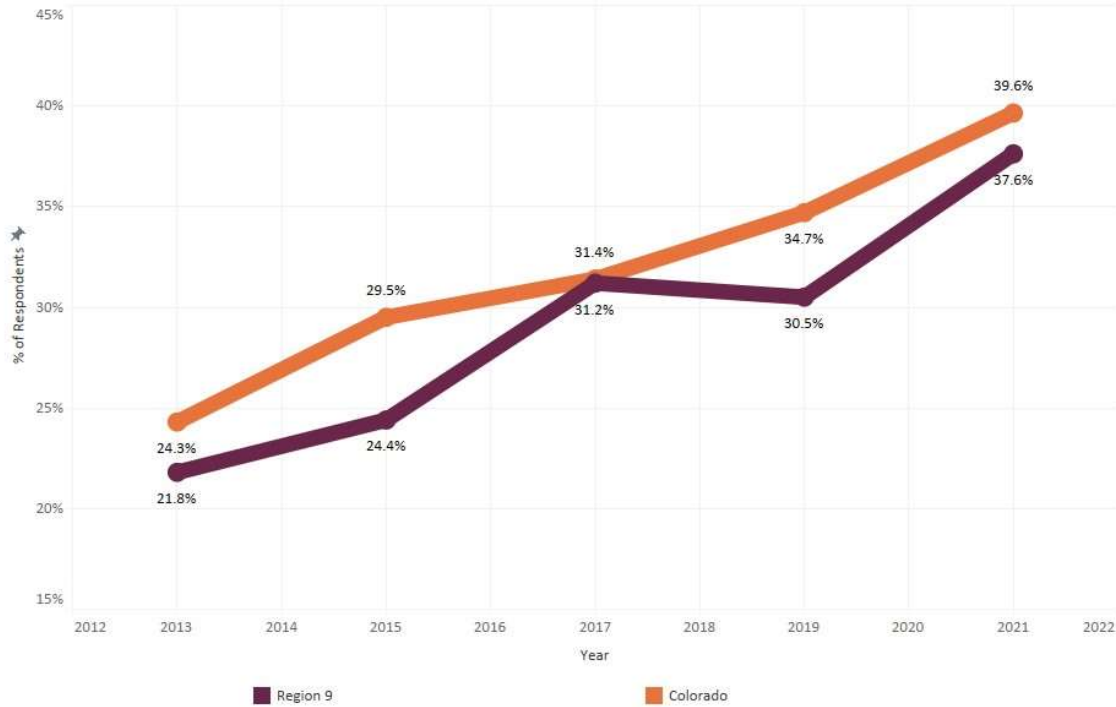
CDPHE, 2022b

Climate and Health

As rising global temperatures disrupt the interconnected systems in our environment, we are vulnerable to catastrophic conditions. Extreme heat, severe storms, air pollution, wildfires, and the spread of mosquito- and tick-borne diseases threaten the physical and mental health of all communities (APHA, 2023a). This priority includes:

- Local strategies for living with effects of climate change (fire/water/heat)
- Climate action
- Climate change adaptation
- Individual and community-level actions
- Planning Work:
  - Climate affects every aspect of public health
  - Communicable diseases
  - Emergencies
  - Chronic health issues

In the 2023 SJBPH Survey, 42% in Archuleta County and 59% in La Plata County think that climate change is a major issue.

Figure 12. Concerns over Climate Change

2023 SJBPH Survey

Environmental conditions of greatest concern for human health are ground-level ozone air pollution, dust storms, particulate air pollution (such as from wildfires and dust storms), and aeroallergens (airborne proteins that trigger allergic reactions). The risk of onset or exacerbation of respiratory and cardiovascular disease is associated with a single or a combined exposure to ground-level ozone pollution, particulate air pollution, and respiratory allergens. These conditions may also lead to new cases or exacerbation of allergy and asthma (NCA4, 2018).

People with mental illness are at higher risk for poor physical and mental health due to extreme heat. Increases in extreme heat will increase the risk of disease and death for people with mental illness, including elderly populations and those taking prescription medications that impair the body's ability to regulate temperature (USGCRP, 2016). Potential Regional Health Effects include temperature-related death and illness, air quality impacts, vector-borne diseases, water-related illness, food safety, nutrition and distribution, mental health and well-being, and populations of concern (CDC, 2021b).

Figure 13. Climate Effects on Health
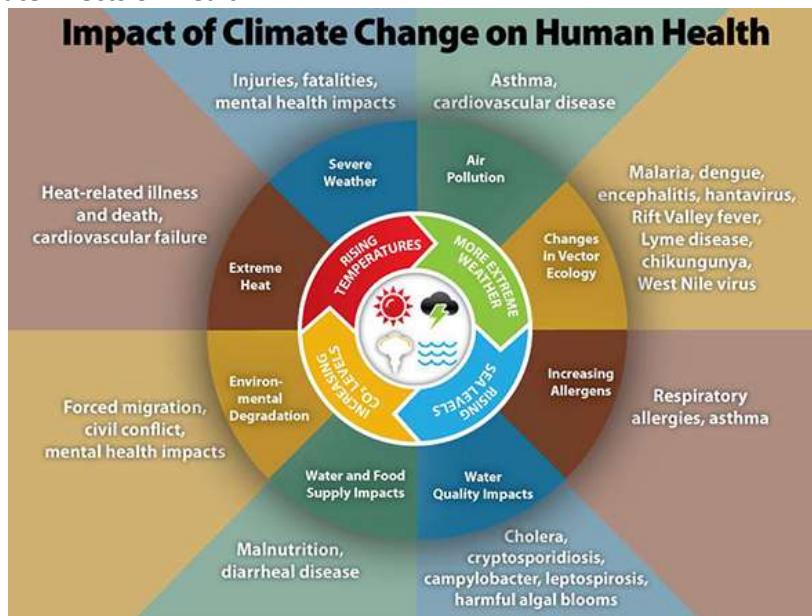
CDC, 2021a

Environmental Health and Living Conditions

Environmental health is the branch of public health that: focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities. Environmental health is a key part of any comprehensive public health system. The field works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil and food to protect people and provide communities with healthier environments (APHA, 2023b). This priority includes:

- Consumer Protection
- Onsite Wastewater Treatment Systems
- Air and Water Quality
- Indoor Environment & Built Environment

Supporting Data

In the 2023 SJBPH Survey, the categories of highest concern for residents of Archuleta and La Plata County were Environmental Quality, Solid/Hazardous Waste, Water Quantity, Surface Water and Safe and Healthy Housing.

Figure 14. Environmental Health Concerns
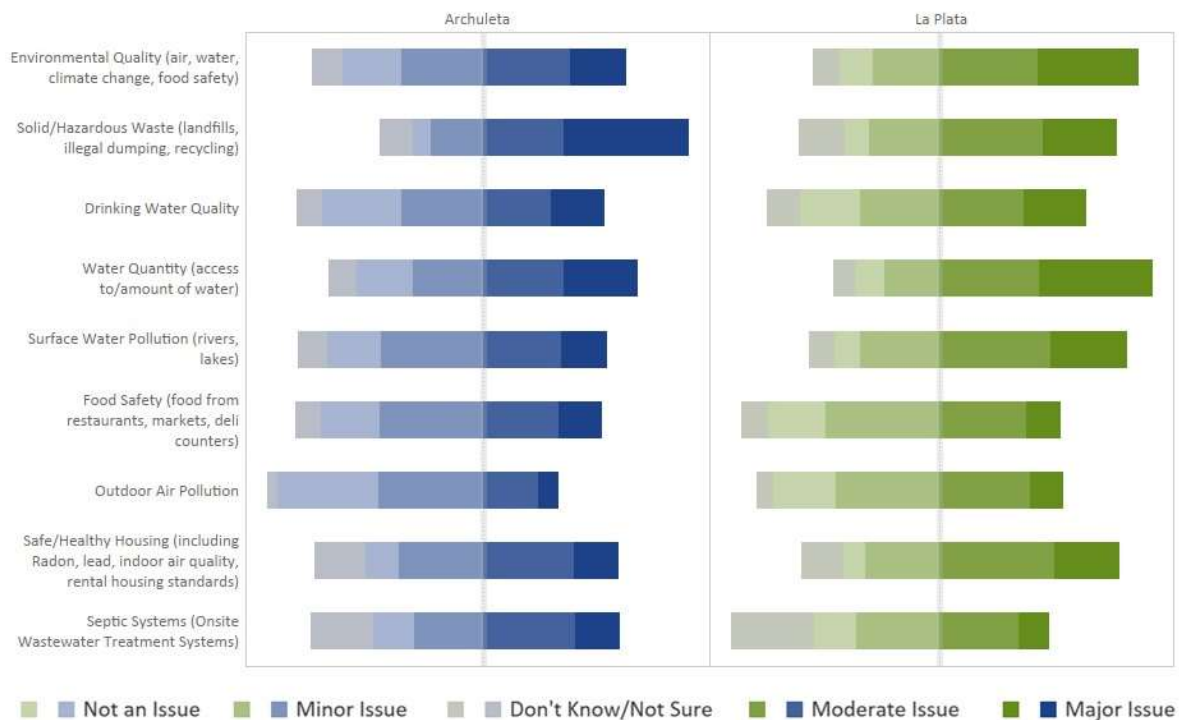
2023 SJBPH Survey

When looking at trends in radon levels, 33% of Archuleta County homes tested over 4pCi/L. 45% of La Plata County homes tested over 4 pCi/L. Four is the EPA's action level for suggesting mitigation. This area likely has higher levels of radon because there is a higher concentration of uranium in the soil. This relates to living conditions when it comes to safe housing and mitigation efforts or even the prevalence of testing.

Figure 15. Radon in Southwest Colorado

Percent
- 15.0-29.9
- 30.0-44.9
- 45-59.9
- >60
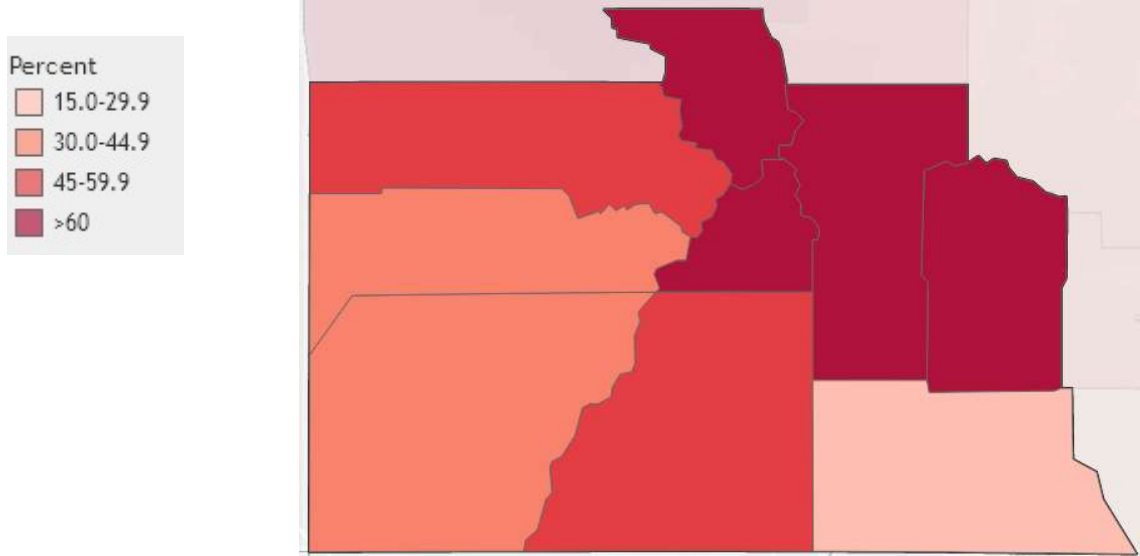
CDPHE, 2023c

Environmental pollutants can cause health problems like respiratory diseases, heart disease, and some types of cancer. People with low incomes are more likely to live in polluted areas and have unsafe drinking water. Addionally, children and pregnant women are at higher risk of health problems related to pollution (U.S. Department of Health and Human Services, n.d.b). Public Health also supports keeping people healthy by permitting on-site wastewater treatment systems and supporting consumer protections such as restaurant inspections and inspections of childcare facilities.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (U.S. Department of Health and Human Services, n.d.c). This priority includes:
- Affordable housing
- Housing/ homelessness
- Support for children
- Public Health Influence:
  - Safe and stable housing
  - Policy and partnerships
  - Removing barriers

Supporting Data

In the 2023 SJBPH survey, more than 80% of residents in both Archuleta and La Plata counties considered Affordable Housing to be the issue of highest concern. Poverty, jobs/economic opportunity, support for families with children were also all issues that fell within the top ten in both counties.

Figure 16. Social Determinants of Health Concerns

Archuleta | La Plata

- Poverty
- High School Graduation Rates
- Early childhood education/youth development
- Availability of jobs/economic opportunity
- Support for families with children (day care, safe places to play)
- Food insecurity (quantity, affordability)
- Ability to access locally grown food
- Transportation
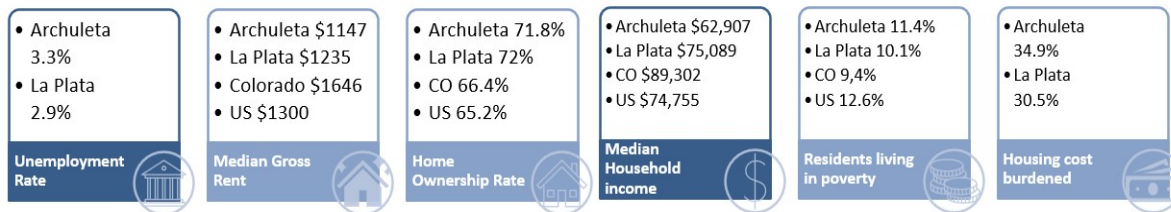- Affordable housing

Not an Issue · Minor Issue · Don't Know/Not Sure · Moderate Issue · Major Issue

2023 SJBPH Survey

Figure 17 includes data to show of where Archuleta County and La Plata County compare on some work, economic, and housing statistics. The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median.
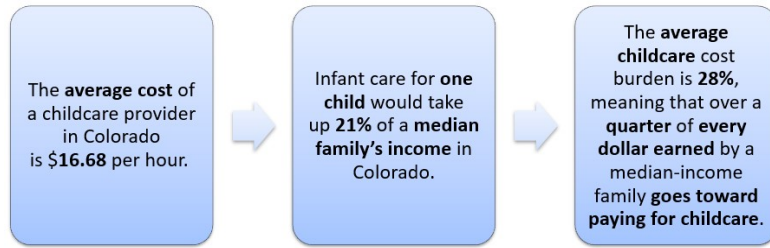
Figure 17. Economic and Housing Statistics

Unemployment Rate	Median Gross Rent	Home Ownership Rate	Median Household income	Residents living in poverty	Housing cost burdened
• Archuleta 3.3% • La Plata 2.9%	• Archuleta $1147 • La Plata $1235 • Colorado $1646 • US $1300	• Archuleta 71.8% • La Plata 72% • CO 66.4% • US 65.2%	• Archuleta $62,907 • La Plata $75,089 • CO $89,302 • US $74,755	• Archuleta 11.4% • La Plata 10.1% • CO 9,4% • US 12.6%	• Archuleta 34.9% • La Plata 30.5%

U.S. Census Bureau, 2022a-e

Figure 18 displays childcare costs. Parents can't afford to enter the labor force, hard to find childcare and when it is available, it's expensive. The Department of Health and Human Services says Childcare should take up less than 7% of a family's annual income. The US average price of Child Care is a little over $11,000 annually per child (TOOTRiS, 2023). Additionally, the gross income on minimum wage full time in Colorado is $28,392.

Figure 18. Cost of Childcare

The **average cost** of a childcare provider in Colorado is **$16.68** per hour.

Infant care for **one child** would take up **21%** of a **median family's income** in Colorado.

The **average childcare** cost burden is **28%**, meaning that over a **quarter** of **every dollar earned** by a median-income family **goes toward paying for childcare**.

TOOTRis, 2023

The overall food insecurity rate for Archuleta County is higher than the state of Colorado. La Plata county's overall rate of food insecurity is on par with the state of Colorado at 9.1%

Figure 19. Food Insecurity Rates
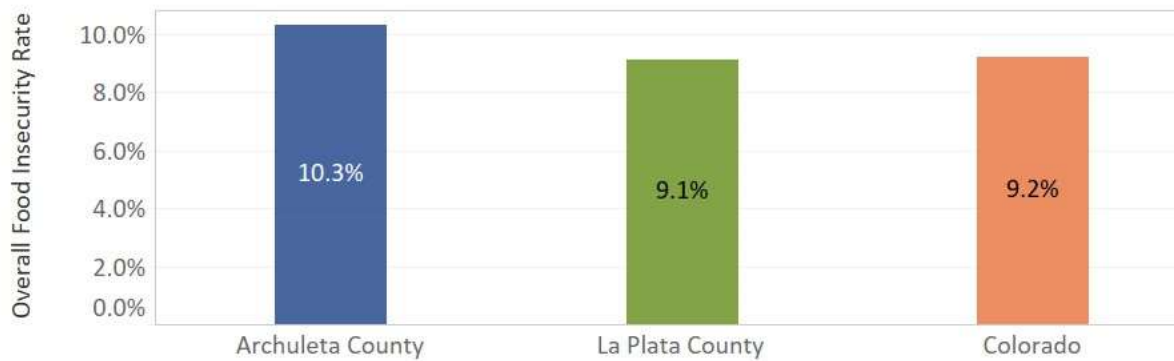
Feeding America, 2023

Figure 20 shows Healthy Kids Colorado data for the percentage of students who "sometimes," "most of the time" or "always" went hungry in the past 30 days because of lack of food at home. While Figure 21 shoes a decreasing trend in Region 9, any children going hungry for a lack of food is too many.

Figure 20. Healthy Kids Colorado data for the percentage of students who hungry in the past 30 days because of lack of food at home
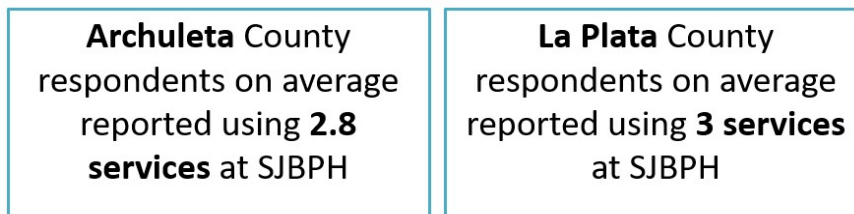

CDPHE, 2022b

23
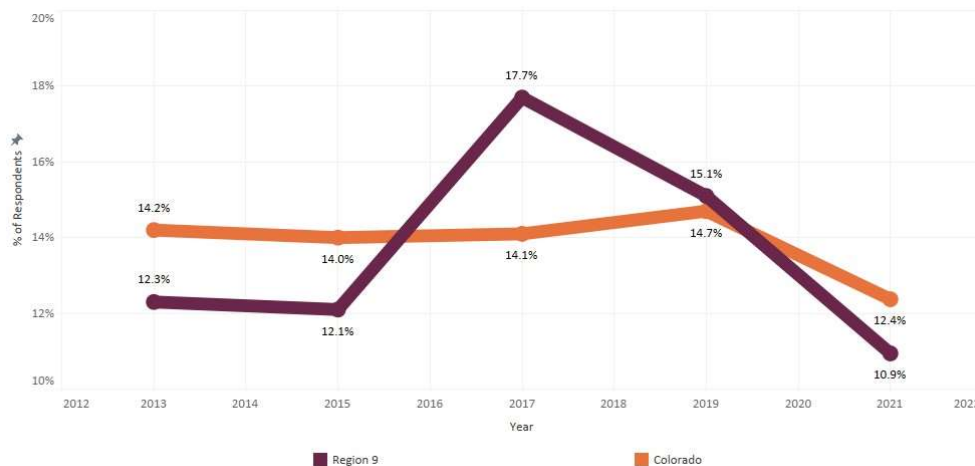
Public Health System Capacity

Public health's future rests on our work to understand and address…challenges, to strengthen systems that are lacking, and to be innovative in looking forward and implementing what is needed to carry out our mission to protect the health of the public we serve (APHA, 2022). This priority includes:

- Health equity
- Trending and emerging issues
- Community frameworks to support residents
- Core public health services
- Ability to make the community as healthy as it can be through programs at the health department
- Partnerships with other agencies to enhance community programing
- Funding
- Staffing

Supporting Data

It is important to call out how valuable public health is to the community. It is difficult to show how important it is but the 2023 SJBPH survey provides insight with showing the average number of services used per respondent per county and the Advisory Committee talked a lot about making sure the counties have capacity to build their new health departments.

Figure 21. SJBPH Services Used

Archuleta County respondents on average reported using **2.8 services** at SJBPH	**La Plata** County respondents on average reported using **3 services** at SJBPH

2023 SJBPH Survey

Possible Goals for Improvement

Potential Priority	Example Goal
Access to Care	• Promote state and local policies that advance access to care and build the health and mental health workforce
Behavioral Health Promotion	• Increase youth and adults who abstain from or use harm-reduction strategies for alcohol, tobacco, and other illicit drugs. • Implement opioid misuse/abuse education, prevention, and harm reduction efforts • To support youth substance use prevention by convening community efforts around protective factors
Climate & Health	• To increase awareness of the effect of climate change on health • Incorporate a public health lens into the La Plata and/or County Hazard Mitigation Plan • To increase preparedness for emerging communicable diseases associated with changes in climate
Environmental Health and Living Conditions	• Decrease health and safety risks associated with housing by providing water testing and septic inspections
Social Determinants of Health	• Improve awareness of resources, services, and/or programs related to food security
Public Health System Capacity	• Increase the public health workforce capacity by providing trainings and certifications to staff • Increase partnerships with community-based organizations to enhance public health system capacity

Next Steps

The Archuleta County and La Plata County Public Health Departments becoming active in 2024 will have to decide how to adapt and address these priorities should they choose to do so. It is the intent of San Juan Basin Public Health Staff to provide a Community Health Assessment and this Public Health Improvement Plan to each county having done due diligence to produce a starter product that each county can move forward with should they decide to do so.

Board of Health Approval

This document was approved by the San Juan Basin Public Health Board of Health on December 14th, 2023, during their monthly Board of Health Meeting. After approval the PHIP was then submitted to the Office of Public Health Practice, Planning, and Local Partnerships (OPHP) and to both Archuleta and La Plata County.

Process Funding

The process was made possible with funding from:

- Colorado Department of Public Health and Environment, Office of Public Health Practice, Planning and Local Partnerships (OPHP) Preventive Block Grant
- San Juan Basin Public Health

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