

## MEMORANDUM

TO: County Commissioner Warren Brown

FROM: The Health Investigation Committee formed in August 2021  
Mozhdeh Bruss, Chairperson  
Leslie Davis, Vice Chair  
Marybeth Snyder, Secretary  
Adam Talamante, Committee Member  
LaVonda Bass, Committee Member  
Mike Le Roux, Committee Member  
Susie Kleckner, Committee Member

RE: Results of Investigation

DATE: December 6, 2021

This memorandum is for the purpose of introducing you to the information and research that our Committee members have gathered since our first meeting on August 12, 2021. Our goal was to complete the task given *“research the feasibility of creating an independent county public health agency vs joining another health district vs remaining with San Juan Basin Public Health”* by early December. We appreciate your guidance and support as the BOCC liaison to the Committee.

***The following describes the Committee's processes and activities during this past 4 months:***

- Oriented to the Sunshine Law and received a summary of the Colorado Revised Statutes - Title 25. Public Health and Environment along with other related information to facilitate the work of the Committee.
- Reviewed the core public health requirements and drafted a spreadsheet questionnaire to gather information from San Juan Basin Public Health (SJBPH) as the district public health agency serving Archuleta County.
- Obtained information about the legal structure and governance of SJBPH including organizational functions, statutory obligations, core activities (foundational services and capabilities), proportional allocations of costs, expenses, budget, and other topic areas.
- Met via zoom with members of the SJBPH Board of Health (one was present in person) accompanied by a number of staff of SJBPH staff (executive director, division directors, and others) to obtain answers to a series of questions such as services, budget, and programming.
- Conducted interviews with representatives of the five county health agencies using a questionnaire that asked about structure, service, budget, staffing, assessment, and communication. Additional questions were included by individual committee members who conducted the interviews (see individual reports for [select 3B counties: Gilpin,

Alamosa, Grand, Delta], and Montezuma). According to Colorado.gov, there are a total of 43 counties that have their own County Public Health Agency serving different size populations.

- Conducted online research on profile of each county interviewed (see individual reports along with snapshot of all counties).
- Reviewed documents shared by SJBPH and completed the above-mentioned questionnaire (see report for SJBPH).
- Conducted rudimentary public outreach through conversations/interviews with community members, businesses, and programs that are partnering with SJBPH by 2 members of the Committee.
- A total of nine public noticed meetings (including tonight) were held at 398 Lewis Street, Pagosa Springs.

***The following is a list of attached documents that were the products of the research by members of the Committee:***

1. Snapshot chart presenting the profile for Archuleta, LaPlata, Delta, Grand, Alamosa, Gilpin, and Montezuma counties.
2. Individual responses/reports for the 5 Counties interviewed.
3. A report of SJBPH which includes 2021 “Fee Schedule for Services Rendered”, budget information from 2019 until current proposed budget.
4. List of services and programs at SJBPH in Archuleta County from 1990-2012.
5. Information gathered through the public outreach by two Committee members.
6. List of additional resources discovered through the process that maybe helpful moving forward.

***The following information highlights some of the key learning from the County Public Health Agencies by the type of question:***

Structure: Nearly all health agencies interviewed were governed only by County Commissioners serving as the Board of Health (BOH). The challenge raised among some of those interviewed was the need for health expertise among the BOH members considering the complexity of the issues and topics that need attention.

Services: Counties either contract with others for some or all of their core services or manage their services internally. It was noted that county public health agencies in general stay abreast of their community needs and resources and can customize services appropriately. Environmental services such as septic system are carried out by the health departments with the exception of two that is handled by the county building department. The budgets for the health departments ranged anywhere from \$350,000 to \$2,363,271 commensurate with the scope of

work, services offered by the agencies, and size of population as possible influencing factors. (see attached snapshot chart).

Staffing: Number of staff ranged from 4-27 (see attached snapshot chart). Lack of staffing, high turn-over, difficulty in recruitment due to County pay structure, and access to qualified staff were reported. One County has a Home Health Agency with 29 employees.

Assessment: All public health agencies in Colorado are required to complete the Health Improvement Assessment every 5 years, which can involve independent assessment with internal or external technical support or as part of a regional health partnership.

Communication: Limited access to broadband and transportation for clients needing health care services was reported. Additionally, limited access to public health agency offices was also noted in at least two of the counties. Communication was described as a way to engage with partners through focused efforts such as family nurse partnership or suicide prevention.

***Although this is not an exhaustive list, the BOCC may consider the following in their initial deliberation with SJBPH Board of Health:***

Assessment: BOCC may be aware that every 5 years, public health agencies in Colorado complete a Community Health Assessment (CHA) that provides an overview of current health status of their services area with the purpose of informing their Public Health Improvement Plan. BOCC may consider requesting that the next CHA for the jurisdiction be designed with the ability to gather, analyze, and report on Archuleta County population with the purpose of informing the Public Health Improvement Plan for the County.

Budget: BOCC may consider requesting a monthly financial report (as done in La Plata) by program area and related services for Archuleta County.

Communication: BOCC may consider the co-creation of a Communication Plan by the BOCC and SJBPH staff as a way to facilitate effective and timely communication which includes follow-up on requests for information and reporting. The Communication Plan may include frequency and locations of meetings, the role of liaison person(s) in gathering and sharing information between BOCC and SJBPH, and other ideas that emerge during the co-development of the Communication Plan.

Statutory Requirements: BOCC may consider requesting a work session with SJBPH Board of Health for the purpose of reviewing the Colorado Revised Statutes - Title 25, Section 1. which covers County and District Public Health Agencies. This information can be helpful in ensuring that all requirements are being addressed in Archuleta County.

In conclusion, we learned much about the different health structures and services among those that we contacted and those that provided information. There are many more questions to be asked and research to be done. We learned that each community has their own population makeup (ethnicity, age), income, poverty, geography, and other data profile with potential implication for services and programming. We also learned that each public health agency (district or county) has their own challenges and opportunities and has to work within their

budgets and resources. All of the public health agencies (district or county) are continuously assessing and reassessing to meet the needs of the people in their service area. BOCC may consider exploring additional questions with both SJBPH and the community to stay open to learning about the public health landscape and gaps that can be addressed in a responsive manner. Toward this end, BOCC may consider formal public outreach or polling as a next step to see what the public needs are and who the public health clients are and will be in the future.

The Committee thanks you, as our liaison Commissioner, and Alvin Schaaf who was wearing two hats as County Commissioner and serving on the Board of Health for SJBPH for allowing seven citizens to be a part of a very important process involving Archuleta County. The Committee worked very hard and did their best to gather the information to assist the BoCC in this process. We would like to give a special thanks to Jaimie Jones and Mary Helminski for assisting with meetings and all communications.

## SNAPSHOT OF COMPARABLE COLORADO COUNTIES' PUBLIC HEALTH ENTITIES

Prepared by the Health District Investigation Committee

12/06/21

	Archuleta County	La Plata County	SJBPH both counties	Alamosa County
<b>Major towns/cities</b>	Pagosa Springs, Arboles, Chromo, Chimney Rock, Juanita	Durango, Bayfield, Hermosa, Allison, Tiffany, Ignacio		Alamosa, Mosca
<b>Population</b>	13359	55638	68997	16233
<b>Geographic size in square miles</b>	1356	1692	3048	722
<b>Total public health budget</b>	\$275,195.40	?	\$8,615,963.00	\$1,200,000.00
<b>Budget per capita</b>	\$20.60	#VALUE!	\$124.87	\$73.92
<b>Total staff #</b>	5		91	6 office
<b>PH entity structure</b>			7 BoD including 2 BoCC	3 BoCC, considering adding medical professionals
<b>Facility owned or rented</b>	owned by health district	owned by health district	owned by health district	owned by the county
<b>Total staff FTE</b>				
<b>Healthcare provided?</b>	yes	yes	yes	yes
<b>Contracted services</b>				Emergency Preparedness
<b>Ethnicity breakdown</b>	White 76.8%, Hispanic/Latino 18.4%, Native American 3.4%	White 78.3%, Hispanic/Latino 12.8%, Native American 7.7%		Hispanic/Latino 47%
<b>Average age census</b>	avg age 51	avg age 40		avg age 31.8
<b>Distance to tertiary hospital</b>	53 miles to Durango	2 miles		
<b>Number of households</b>	9887	23706	33593	6162
<b>Owner occupied housing units</b>	45.70%	54.70%		
<b>Median household income</b>	\$52,221.00	\$74,910.00		\$37,500.00
<b>Average price of homes</b>	\$357,000.00	\$439,000.00		\$275,000.00
<b>Poverty rate in %</b>	10.80%	11.30%		19.60%
<b>Health un-insured % under 65</b>	13.80%	11.30%		13.10%
<b>Distance to airport</b>	5 miles	10 miles		3 miles
<b>Source of PH revenues</b>	State & federal, grants, county gen'l fund	State & federal, grants, county gen'l fund		county property and sales tax
<b>Septic permit charge</b>	\$1,023.00	\$1,023.00		\$400 / Done by Land Use Planning Dept.
<b>Public health contact info.</b>				Beth 719-587-5169
<b>Health Partnership?</b>	SJBPH district, no Partnership	SJBPH district, no Partnership	SJBPH district, no Partnership	Partnership with Conejos, Costilla, Mineral, Rio Grande and Saguache

**SNAPSHOT PAGE2 of 2**

<b>Delta County</b>	<b>Gilpin County</b>	<b>Grand County</b>	<b>Montezuma County (not 3B)</b>
Delta, Orchard, Cedaredge, Paonia, Hotchkiss, Crawford	Central City, Blackhawk	Fraser, Granby, Grand Lake, Hot Sulfur Springs, 4 other communities	Cortez, Mancos, Dolores
31396	6243	16340	25849
1100	149	1868	2029.53
\$1,259,249.00	\$350,000.00	\$1,200,000.00	\$2,362,710.00
\$40.11	\$56.06	\$73.44	\$91.40
12	4	13	27
3 BoCC + 2 community members	BoCC only	3 BoCC + medical officer	3 elected BoCC
owned by the county, rented by health department			
14			
yes	no		yes
Tobacco program			
White 81%, Hispanic/Latino 15.5%	White 93.5%, Hispanic/Latino 7.1%, African American 1.3%	White 86.7%, Hispanic/Latino 9.6%, African American 1%	White 72.1%, Native American 14.1%, Hispanic/Latino 12.6%
avg age 47	avg age 49	avg age 43	avg age 45
43 miles to Grand Junction			Denver, Colo Springs
15000	2802	16118	10655
62.00%	79.60%	25.80%	72.10%
\$49,000.00	\$76,429.00	\$75,127.00	\$49,470.00
\$285,000.00	\$353,400.00	\$371,513.00	\$255,549.00
15.60%	4.80%	14.35%	14.90%
20.00%	6.30%	13.10%	13.90%
19 airports	54 miles to DIA		Cortez 2 miles
10% county funds/90% grants and state funding	Federal and state plus grants	70% from county gen'l fund, 30% from CDPHE	Kinder Morgan, property taxes, grants, contracts permits, dental services
		done by planning dept.	\$400.00
Karen O'Brien, ED 970-874-2517	Bonnie, PH Coordinator 303- 582-5803	Abby Baker 970- 509-9309	
West Central Public Health Partnership	Partnership with Jefferson County		

Individual Responses / Reports  
for the Five Counties  
Interviewed

## ALAMOSA

### Sample questions for gathering information from the different Health Departments

#### Alamosa County Health

The questions focus on 5 areas: 1) structure, 2) Staffing, 3) Services, 4) Assessment, and 5) Communication. The last part of the document requires a search to capture the context of the community where the department is located. The information captured through this process can advance our learning and help us determine other information needed to complete our tasks.

#### **Structure:**

- 1) What is your current governing structure? What facilities do you use/own/rent for your services/organization?

Alamosa CHD is part of a 6 countywide Partnership to include Conejos CPH & Nursing Service, Costilla County PH Agency, Silver Thread PH District (Mineral), Rio Grande County PH Agency and Saguache CPH Dept. Alamosa is a County Health Dept. and Home Health Agency approved by Medicare. The three County Commissioners also act as the BOH. They are actively thinking about adding two more members to include people with medical backgrounds. They are hoping for retired doctors. The building itself is County owned. It is a relatively small building close to the hospital.

- 2) What were/are some of your challenges and opportunities in operating your department/organization? Pre-pandemic? During pandemic?

The office is small and does not have a lot of traffic for services. The access to the office is minimal. Because the office is where it is in relationship to the hospital and clinics, most of the health services are received there. The office is pretty far from the high school so accessing the teens is difficult. The Home Health Agency has done “very well and will show a profit this year”.

#### **Staffing:**

- 3) How many of your staff have a public health degree? Bachelor’s degree in public health? Master’s degree and higher in public health?

“Those with public health degrees keep communities healthy, protect workers, prevent and address pandemics, pursue social justice, drive public policy, spearhead disaster relief, ensure access to healthcare, and so much more.

Public health professionals are at the forefront of research, practice, and service in nonprofits, community organizations, higher education, government, private industry, and health care.”



## ALAMOSA

Registered nurses are Associate Degree and “do a nice job.” They have a required Epidemiologist and an Environmentalist x2. They do have a Finance Team including an accountant and receptionist. The Director, GiGi Dennis is an interim and will be leaving on the 10<sup>th</sup>. Phone: 719-587-5169. Beth will be assuming the position.

- 4) How many total staff do you have? Full time? Part time? Contractors? What is your total budget pre pandemic (2019)? During the pandemic (2021)? Can you please describe your staff turnover?

Staffing has been up and down through Covid. Bachelor level RN’s “are just not in this area.” There are 6 employees in the office. There are 29 employees in the Home Health Agency to include 16 Home Health Aides. They also have Occupational and Physical Therapy services in Home Health. They have Emergency Preparedness folks x2 that are contracted.

**Services:** We recognize that your health department ensures services are offered that meet the 5 core requirements of a local health department.

- 5) For each core requirement, could you please (a) list the services that you are the sole provider of? (b) the total number of FTEs for each of these services? And (c) allocated budget?

Core Requirement	Sole Provider Services	# of Staff (FTE)	Allocated Budget
Immunizations	All types, flu and covid	1	?
Communicable Disease Prevention			
Disease Prevention	ELC- Covid	2 temp positions	?

- 6) Similarly, for each of the core requirements, could you please list (a) the contracted services that you offer, and (b) the allocated budget?

Core Requirement	Contracted Services	Allocated Budget
Emergency Preparedness	2 positions	260,000 from Grants and State
Vital Records	County Clerk	?

## ALAMOSA

Environmental Health	Land Use Planning Dept. 2.5 FTE	215,000.

- 7) What are the barriers in your community to health care access and utilization? How did you determine these barriers? What are your strategies in addressing these barriers?

Home Care Based Services is no longer available as the State discontinued it as it was in conflict with LTC Options. LTC Options does have a Case Manager.

- 8) Prior to the pandemic, how well did you serve the needs of your community? What measures did you use to determine the needs and your response?
- 9) During the pandemic, how well did you serve your community? What measures did you use to determine the needs and your response?
- 10) For which of your services do you follow CDPHE requirements? For which of your services do you exceed CDPHE requirements? Please provide rationale for your decision.

Options for LTC- single entry point for 18 years. Give options for placement and funding to keep folks at home.

For Hepatitis A outbreak they offer weekly information and presentations.

For the High School teens, they offer information on healthy life styles, promote awareness. They have decreased pregnancies by three this year. They feel they have changed attitudes and STD's are down. They go into the High School on Thursdays each week to educate which is done by State Grant money. The school is 2 miles from the clinic. About 200 students are served a month. There has been very little STD,STI testing.

Substance Abuse Program which involves use of tobacco.

Tb program

## ALAMOSA

B-12 program

Safe Infant Sleep Program

Pack N Play

Septic permits are handled by the Land Use Planning Dept. They are \$400.00 and only a licensed installer is required.

11) What additional services would you like to offer and are unable to provide due to funding or human resources?

HCBS program. See above.

### **Assessment**

12) Describe your assessment process? Please describe your sample for one of your most recent community assessments - how representative was the sample? How do you formulate your questions? How do you gather information? How do you share your findings? And with whom? How do you track your progress in addressing the findings?

An Assessment was done in 2018 which was done regionally. They do not have a health model. San Luis Valley and the other counties mentioned make up the Public Health Improvement Plan. They are always looking at how to reach people. They have a strong, active non-profit that helps take care of individuals. There is a budget of 185,000. The general fund is used when needed.

### **Communication**

13) What methods of communication do you use to connect with your beneficiaries (community individuals, businesses, targeted populations) and partners (contracted and/or MOU, others)? What is the frequency of your communication? What process do you use to ensure that your communication strategies are authentically and meaningfully reaching the beneficiaries and partners?

There is a budget of 185,000. They feel very strong about communication with residents and listening to their needs. They hand out flyers and pamphlets and share printed materials. The staff work closely with the homeless shelter. They have moved to all electronics. They do face to face contacts. There is no teledoctors. They do a lot of emails along with weekly reports to supervisors.

14) How accessible are you to beneficiaries and partners? In what period of time do you respond to "asks" and "requests"? How do you determine that your response was

## ALAMOSA

beneficial to your beneficiaries and partners? What measures do you have in place to capture and improve your responsiveness?

“The office is small and very limited in services as the clinic and the local hospital provide many services. Messages are left or the use of email and we try to accommodate folks best we can. We do reach out to partners when needed.”

## CONTEXT

Please review census data, county data and any other information to answer the following questions:

- a. County population size? 16,233
  - b. Major towns/cities in the county and their size?
  - c. Age breakdown? Under 5 is 6.3%, under 18 is 24.2%, over 65 is 13.9, female 50.1%.
  - d. Ethnicity/Race? 47% Hispanic
  - e. Median income? \$37,500.
  - f. Average price of homes? \$ 275,000.
  - g. Number of households? 6,162.
  - h. Home ownership? Lots of rentals
  - i. Distance from an airport?
  - j. Distance from a tertiary care hospital? Next door
  - k. Geographic size of the county? 722 miles
  - l. Poverty rates? incomes are low. 19.6%
  - m. Percent of children eligible for free and reduced lunch?
  - n. Number of retail establishments? 496
  - o. Number of construction permits?
  - p. Without health insurance is 13.1% under age 65
2. Who is most likely impacted by health inequity in the county? Overall they feel they have a good rapport with the community. They have had some people wanting more immunization time. The Veterans are covered by Medicaid. They feel they are very well covered with services with the help of the hospital and clinics and the contracting of core services. “We are constantly assessing and reassessing as PH is constantly changing”. “The State Reorganization Act changed them so much”. Transportation is inadequate. Property and sales tax are high. Veterans have to travel far for services. There are lots of home bound. Pay is low and folks can’t qualify for health insurance.

## ALAMOSA

3. What is the source of revenues for the county? PHD operates on property and sales tax, accounts receivables and the county general fund. 1.50 is used only for Septic services. The total budget was 2.1 million and then adjusted down when the HCBS was taken.

# DELTA

## Questions for gathering information from the Delta County Health Department

The following are reflective of questions that (a) emerged in review of SJBPH documents, (b) committee members need for understanding, and (c) Commissioner Schaaf's questions posed to the Montezuma County health department. The questions focus on 5 areas: 1) structure, 2) Staffing, 3) Services, 4) Assessment, and 5) Communication. The last part of the document requires a search to capture the context of the community where the department is located. The information captured through this process can advance our learning and help us determine other information needed to complete our tasks.

### Structure:

- 1) What is your current governing structure? What facilities do you use/own/rent for your services/organization?
- 2) What were/are some of your challenges and opportunities in operating your department/organization? Pre-pandemic? During pandemic?

### Staffing:

- 3) How many of your staff have a public health degree? **1/2** Bachelor's degree in public health? Master's degree and higher in public health?
- 4) How many total staff do you have? Full time? Part time? Contractors? **Only tobacco outreach and 5-year plans done by WCPHP.** What is your total budget pre pandemic (2019)? During the pandemic (2021)? Can you please describe your staff turnover?

**Services:** We recognize that your health department ensures services are offered that meet the 5 core requirements of a local health department.

- 5) For each core requirement, could you please (a) list the services that you are the sole provider of? (b) the total number of FTEs for each of these services? And (c) allocated budget? *This can be answered by the CDPHE. Need further research.*

Core Requirement	Sole Provider Services	# of Staff (FTE)	Allocated Budget

- 6) Similarly, for each of the core requirements, could you please list (a) the contracted services that you offer, **tobacco education contracted out** and (b) the allocated budget?

DELTA

Core Requirement	Contracted Services	Allocated Budget

- 7) What are the barriers in your community to health care access and utilization? How did you determine these barriers? What are your strategies in addressing these barriers?
- 8) Prior to the pandemic, how well did you serve the needs of your community? **Well.** What measures did you use to determine the needs and your response?
- 9) During the pandemic, how well did you serve your community? **Staff worked harder and longer but the needs were met. Did not stop in-person services during pandemic but more folks got behind in their birth control and immunizations due to fear of coming in.** What measures did you use to determine the needs and your response?
- 10) For which of your services do you follow CDPHE requirements? For which of your services do you exceed CDPHE requirements? Please provide rationale for your decision. **Did not exceed requirements due to tight budget.**
- 11) What additional services would you like to offer and are unable to provide due to funding or human resources? **Create better ways for children to walk to school for exercise, improved crosswalks, better recycling.**

**Assessment**

- 12) Describe your assessment process? Please describe your sample for one of your most recent community assessments - how representative was the sample? How do you formulate your questions? How do you gather information? How do you share your findings? And with whom? How do you track your progress in addressing the findings? **This is done by the partnerships with other counties: West Central Public Health Partnership.**

**Communication**

- 13) What methods of communication do you use to connect with your beneficiaries (community individuals, businesses, targeted populations) and partners (contracted and/or MOU, others)? What is the frequency of your communication? What process do you use to ensure that your

## DELTA

communication strategies are authentically and meaningfully reaching the beneficiaries and partners?

- 14) How accessible are you to beneficiaries and partners? In what period of time do you respond to “asks” and “requests”? How do you determine that your response was beneficial to your beneficiaries and partners? What measures do you have in place to capture and improve your responsiveness?

## CONTEXT

Please review census data, county data and any other information to answer the following questions:

- 1.a. County population size? **31,396 in 2019**
- 1.b. Major towns/cities in the county and their size? **6 cities/towns: Delta pop. 8683, Orchard pop. 3236, Cedaredge pop. 2306, Paonia pop. 1410, Hotchkiss pop. 895, Crawford pop. 461.**
- 1.c. Age breakdown? **avg age 47 years**
- 1.d. Ethnicity/Race? **81% white, 15.5% Hispanic**
- 1.e. Median income? **\$49,000**
- 1.f. Average price of homes? **\$285,000**
- 1.g. Number of households? **15,000**
- 1.h. Home ownership? **62% owner occupied, 24% renters**
- 1.i. Distance from an airport? **19 small airports, 43 miles to Grand Junction airport**
- 1.j. Distance from a tertiary care hospital? **Delta Memorial Hospital in Delta and**
- 1.k. Geographic size of the county? **1100 sq mile/ 27 ppl per sq mile**
- 1.l. Poverty rates? **15.6%**
- 1.m. Percent of children eligible for free and reduced lunch? **20.7% children in poverty**
- 1.n. Number of retail establishments?
- 1.o. Number of construction permits?
2. Who is most likely impacted by health inequity in the county?
3. What is the source of revenues for the county? **taxpayers**



## GILPIN

### Sample questions for gathering information from the different Health Departments

#### Gilpin County

The questions focus on 5 areas: 1) structure, 2) Staffing, 3) Services, 4) Assessment, and 5) Communication. The last part of the document requires a search to capture the context of the community where the department is located. The information captured through this process can advance our learning and help us determine other information needed to complete our tasks.

#### **Structure:**

- 1) What is your current governing structure? Gilpin has County Commissioners that also act as BOH. What facilities do you use/own/rent for your services/organization? The county has a Partnership with Jefferson County. It is not a district. The facility is owned by the County and is a very small facility. Jefferson County Health provides services to Gilpin, Clear Creek and Jefferson County.
- 2) What were/are some of your challenges and opportunities in operating your department/organization? They did not express any challenges as there needs are met by working with Jefferson County which is also in Partnership with Denver Metro Health. Pre-pandemic? During pandemic?

#### **Staffing:**

- 3) How many of your staff have a public health degree? Bachelor's degree in public health? Master's degree and higher in public health? All unknown.  
"Those with public health degrees keep communities healthy, protect workers, prevent and address pandemics, pursue social justice, drive public policy, spearhead disaster relief, ensure access to healthcare, and so much more. Public health professionals are at the forefront of research, practice, and service in nonprofits, community organizations, higher education, government, private industry, and health care." <https://sph.umich.edu/admissions/why-study-public-health.html>
- 4) How many total staff do you have? Full time? Four staff members in the office. Part time? Contractors? What is your total budget pre pandemic (2019)? During the pandemic (2021)? Can you please describe your staff turnover? Unknown.

**Services:** We recognize that your health department ensures services are offered that meet the 5 core requirements of a local health department.

GILPIN

- 5) For each core requirement, could you please (a) list the services that you are the sole provider of? (b) the total number of FTEs for each of these services? And (c) allocated budget? **The entire estimated budget is 350,000.00 for the 4 staff members and very limited services. Right now water analysis is about the only reason to come into the office. There is no health care given. The community picks up all the health needs. The partnership with Jefferson County provides the rest of the core requirements. Funding sources include Federal, State and Grants.**

Core Requirement	Sole Provider Services	# of Staff (FTE)	Allocated Budget

6)

- 6) Similarly, for each of the core requirements, could you please list (a) the contracted services that you offer, and (b) the allocated budget? No contracts were mentioned.

Core Requirement	Contracted Services	Allocated Budget

7)

- 7) What are the barriers in your community to health care access and utilization? How did you determine these barriers? What are your strategies in addressing these barriers?

- 8) Prior to the pandemic, how well did you serve the needs of your community? What measures did you use to determine the needs and your response? Jefferson County provides all services needed pre and post pandemic.

## GILPIN

- 9) During the pandemic, how well did you serve your community? What measures did you use to determine the needs and your response? Jefferson County provides all the Covid-19 needs.
- 10) For which of your services do you follow CDPHE requirements? For which of your services do you exceed CDPHE requirements? Please provide rationale for your decision. Jefferson County provided all the foundational services.
- 11) What additional services would you like to offer and are unable to provide due to funding or human resources? They love their office and have no desire to change. They like being a County Health Office.

### **Assessment**

- 12) Describe your assessment process? Please describe your sample for one of your most recent community assessments - how representative was the sample? How do you formulate your questions? How do you gather information? How do you share your findings? And with whom? How do you track your progress in addressing the findings? Assessment is done by Jefferson County.

### **Communication**

- 13) What methods of communication do you use to connect with your beneficiaries (community individuals, businesses, targeted populations) and partners (contracted and/or MOU, others)? What is the frequency of your communication? What process do you use to ensure that your communication strategies are authentically and meaningfully reaching the beneficiaries and partners? Communications are through Jefferson County. The office does very little one on one with the community members. In fact the phone has a message service only through the Pandemic.
- 14) How accessible are you to beneficiaries and partners? In what period of time do you respond to "asks" and "requests"? How do you determine that your response was beneficial to your beneficiaries and partners? What measures do you have in place to capture and improve your responsiveness? At this time, the office is pretty much closed except to drop off water samples.

## **CONTEXT**

Please review census data, county data and any other information to answer the following questions:

- a. County population size? 6,243
- b. Major towns/cities in the county and their size?

## GILPIN

- c. Age breakdown? Under 5 is 3.4%, under 18 is 14.6%, 65 and over is 17.8%, female is 47.4%.
  - d. Ethnicity/Race? 93.5% white, African American 1.3% Hispanic 7.1%.
  - e. Median income? \$76,429.00 per household. \$49,641.00 per individual
  - f. Average price of homes? \$353,400. Rent is about 1100.
  - g. Number of households? 2,802
  - h. Home ownership? 79.6%
  - i. Distance from an airport?
  - j. Distance from a tertiary care hospital?
  - k. Geographic size of the county? 149 sq. miles.
  - l. Poverty rates? 6.8%
  - m. Percent of children eligible for free and reduced lunch?
  - n. Number of retail establishments? 131 but 622 non-employer establishments.
  - o. Number of construction permits?
  - p. Veterans is 732
  - q. High school graduates or higher is 98%
  - r. People without health insurance under age 65 is 6.3%
2. Who is most likely impacted by health inequity in the county?  
Unknown.
  3. What is the source of revenues for the county? Federal, State, Grants.

I spoke with Bonnie who is the Public Health Coordinator for Gilpin County. Phone is 303-582-5803. I also obtained info from the US Census Quickfacts.

Side note: When I looked up on FB about comments, they were not good regarding reviews of service and politics involved in care. One example: "Jeffco Health needs to be defunded. This government bureaucracy is a complete joke and a waste of tax money. Political hacks."

Regarding Jefferson County Health:

BOH to include: Dr. Dawn Comstock Executive Director, Dr. Mark Johnson Medical Director, Jody Erwin Director of Administrative Services, Dr. Margaret Huffman Director of Community Health Services, James Rada Director of Environmental Health Services, Elise Lubell Director of Health Promotion and Life Style Management.

# GRAND

## GRAND COUNTY PUBLIC HEALTH

Spoke with Abby Baker who is located in Hot Sulfur Springs, CO.

### Structure:

The BoH is three county commissioners. They do not have Public Health backgrounds. They have a Medical Officer. They meet weekly at this time, but will go to monthly. There are 8 towns in the 1800 sq. miles in the service area. 2020 census was 15,700. The main office is in Hot Sulfur Springs. 70% of funding from general fund of Grand County, 30% comes from CDPHE. Of their contracts and federal reimbursements.

### Staffing:

Abby is a MPH, two more in the process for MPH. Total of 13 employees in all the cities. Seven PHN, Home Care Service, Registered Dietician contract for high risk WIC, For Covid they added 3.5 RN positions. Staff is located in each community and travel is extensive. Staff retention has been challenging. Cross-train in each city.

### Core Requirements:

Immunization	Budget: 16000.	
Emergency Preparedness	32,000.	FTE: 1
Environmental		only do inside air quality. No septic. Wishes they did more. Retail food is mostly what they do.
WIC	44,000	FTE: 1 plus a contract RD for high risk
MCH	10,000	
Vital Statistics		contracted out
OLTC		
Personal Care Providers for HH		16 HHA
Home Care Services	120,000	Medicaid and Private Pay
NFP		Summit County does this
Meal Program		Senior Meals to about 20-30 clients per week.
Deliver 4 meals per week.		
Tobacco Program	16,000	Not doing because of time.
Consumer Protection	15,000	Helps with state licensing
Total Budget	1,200,000.	

### Assessment:

## GRAND

Every 5 yrs. and contract with Corona Insights Company to develop questions and send out surveys and compile the data and interpret the data. Grant money for 50,000 was available to do this. Poverty is about 40% children qualify for free and reduced lunch. 30% live 300% below poverty. There is no breakdown of each city.

### Communication:

Not too many people have internet. They do health fairs and education at schools, social media, telehealth and mental health to areas that have high tech skills. They have the most success in areas of broadband and the skills.

Challenges for their offices is with all the different locations there are, they each require different approaches. They all have similar ethnic groups which allows them to give more focused services.

When asked what services would you like more of: Behavior Health person in the office for emergency. Also, she would like more services in environmental health such as air quality. No Septic services. This is through the Bld. Dept.

## MONTEZUMA

### Information Gathered from the Montezuma County Health Department

#### Structure

##### Administration and Governance

Three BOCC members (elected officials) make-up the Board of Health (BOH). They meet quarterly as a Board of Health. The public health medical advisor and the Director of the Health Department attend the BOH meetings. The health department functions within the County structure and works to provide integrative services. For instance when a client comes for one service they work to introduce them to other services as deemed appropriate. The health department seeks resources to fill the gap in addressing the community's health needs. In addition to providing the services that are related to the core requirements, the staff are trained in prevention tools such as gun locks and lock boxes for perscription pills or CPD or THC to keep it out of reach of children. All staff are also QPR trained.

##### Staffing

A total of 27 staff, which includes 6 full time nurses includes director of health and 2 staff with MPH training. During the pandemic the department added contracted nurses to support pandemic work to reserve staff to do their jobs. 1.5 consistent contractor prior to the Pandemic (performed work once or twice a month) + 3 contracted nurses during the pandemic.

##### Budget Totals:

2019- \$2,215,498.00

2020- \$2,193,191.00

2021- \$2,362,710.00

The County contributes \$1.50/resident to the Public Health Department funds. The remainder of the funding comes from grants, contracts, permits and services such as dental health.

##### Issues and opportunities in operating the Health Department

Issues: Preventive program such as cholestrol screening, BP and education have been grant funded in the past and while helpful are no longer available due to lack of those grants. Hiring for programs (not from general funds) that require personnel with certain qualifications pose challenges considering the department having to follow county pay structure. This is specially difficult in a competitive market. (Currently this matter is under discussion). Opportunity: Noted SB 21-243 making additional sustaible source of funding available to local health departments.

## MONTEZUMA

**Core Requirements:** “Core Public Health Services and minimum quality standards for providing core public health services were established by Colorado Board of Health rules (6 CCR 1014-7 and 6 CCR 1014-9).” “Note: the local public health agency can provide the service itself, refer to another organization, or contract with another agency or organization to provide the service, including neighboring counties. The agency has met this requirement if it can demonstrate that other providers offer this service sufficient to meet the local need.” Source: Pocket Guide Local Boards of Health.

### Assessment, Planning, and Communication

**Assessment/Planning** - Public health agencies in the State of Colorado need to conduct an improvement health process or community health improvement process every 5 years. Some communities partner with their hospitals every 3 years to conduct their assessment. The last assessment conducted in Montezuma county used a survey that was developed with input from community partners and technical assistance from Omni Institute. Findings were shared with community partners and efforts/planning were informed through this process. See attached survey and report.

**Communication** - Indicated that the department does not have a dedicated communication person. Communication on matters are handled by the staff from the different departments in consultation with the Director of the Health Department. Staff work with partners on a monthly-basis and meet with regional partners to work on similar efforts. From the assessment effort they formed the behavioral action team (a local group) and a regional partnership to work on activities and share with communities. Examples of community partner groups include, suicide prevention coalition, behavioral health action team, communities that care workgroup, Nurse Family Partnership and emergency preparedness (each with their own groups). These keep the health department connected to community through partners.

### Vital Records and Statistics

There is an MOU with their Clerk’s office to do this work.

Montezuma county has structured their programs and services in the following 6 categories: (1) family services, (2) prevention services, (3) long term care, (4) emergency preparedness, (5) environmental health, and (6) tobacco education/prevention. Additionally they offer COVID-19 information, resources and vaccines.

### Family Services



## MONTEZUMA

“The Colorado-National Collaborative/Essentials for Childhood Coordinator supports suicide prevention efforts in Montezuma County by helping to build a sustainable coalition which implements the CNC suicide prevention model (CNC), and tackles the issues around economic stability and supports regarding food and childcare through data-driven collective impact (EfC).” <https://montezumacounty.org/public-health/family-services/>

- “Six counties (Montezuma, La Plata, Pueblo, El Paso, Mesa, and Larimer) have joined the CNC partnership, and include both rural and urban communities that cover approximately 24 percent of the total population of Colorado.” <https://allianceforsuicideprevention.org/wp-content/uploads/2020/07/CNC-One-Page.pdf>
- WIC (2 educators, one of them is a supervisor) and currently needing to fill a part time role (a high risk nurse or a RD (difficult position to fill in the past)).
- Nurse Family Partnership (Invest in Kids (501(c)(3) along with State Health Department review application and recommend funding) - 3 nurses + 1 nurse supervisor (4FTE) - (multiple outcomes)
- “Dolly Parton’s Imagination Library” and “Reach out and Read Program” advance reading among children 5 and younger. The latter program provides children 6 months to 5 years old with an age-appropriate book during routine immunization visits. Parents are also supported with developmental milestone information.

### Tobacco Education

- Tobacco education (state funding) 0.66 FTE
- Tobacco education focuses on business signs and Colorado Clean Indoor Air Act educational resources; secondhand smoke and vaping information for parents, childcare and medical providers, tobacco-free school policy support; and posters/signs/Quit-line referrals for the general public.

### Prevention Services

- Immunization “to reduce the risk of vaccine-preventable diseases. A variety of immunizations are available for children and adults.” <https://montezumacounty.org/public-health/prevention-services/> **AND** Communicable Disease Prevention, Investigation, & Control (2 nurses - 1.5 FTE)
- Communities that Care
  - “Communities That Care (CTC) is an evidence-based prevention model that promotes healthy youth development, improves youth outcomes, and reduces behavioral problems.” <https://montezumacounty.org/public-health/prevention-services/>
  - (1 coordinator - 1 FTE) and 0.33
- Smile Makers Dental Clinic

## MONTEZUMA

- Registered dental hygienist and staff dentist offer preventive services and routine and basic dental care to medicaid and CHP+ children and adults.
- Bike helmet (“Age-appropriate bike helmets are provided to local children at a reduced cost”) and car seats (“This program is dedicated to keeping children safe in a vehicle. Trained, certified car seat technicians will properly fit a child to an age- and weight-appropriate car seat, and instruct parents on the proper use and installation of a car seat. Last year, over 200 age- and size-appropriate car seats were given to families at a reduced cost.”) <https://montezumacounty.org/public-health/prevention-services/>

### Long Term Care

- Options for long-term care (contract with state) less than 500 caseload - 2 co-supervisors, 4 case managers, and 1 admin assistant

### Emergency Preparedness and Response

- External sources of funding 1 person

### Environmental Health

- One staff (with MPH); there is a need for a second hire (funding limitation)
- Offer an online permit portal (new applicants, public notices, and parcel search)
- Waste Tire Cleanup Day - Department of Public Health was contracted by the hauling company to accept only 1000 tires at no charge. “As of 1 July 2007, whole tires from residential sources were banned from Colorado landfills.” The tire clean up date was only done once. Ongoing monitoring of waste tire piles via complaints or property owners asking for help is the basis of the program and the current contract. <https://montezumacounty.org/landfill/special-wastes/>
- So far in 2021 their EH employee has permitted and approved 150 systems. \$400 for a new residential. \$50 for repair (9 of the 150). \$445 for commercial and \$200 for after the fact permits.
- There is not a metric for monthly inspections of food establishments, it depends on the scoring system of the inspection. Their EH employee is responsible for 190 restaurants per year, this also includes their cross county partnership with Dolores County. On top of Septic and food inspections, he is responsible for all school facility inspections and childcare centers. He needs help but funding alone doesn't cover it and they have not been allowed to raise fees.

## CONTEXT

**Multiple sources:** Kids Count Data Center <https://datacenter.kidscount.org>; National Association of Realtors; Montezuma Health Department; [https://www.census.gov/quickfacts/fact/table/montezumacountycolorado/PST045219County population size? Population census 4/1/20 - 25,849](https://www.census.gov/quickfacts/fact/table/montezumacountycolorado/PST045219County%20population%20size?Population%20census%204/1/20-25,849)

- Major towns/cities in the county and their size? Cortez (8,675) & Mancos (1,627) & Dolores (825) (2019 Data)

## MONTEZUMA

- Age breakdown? 65 years and over (22.9%); under 18 years old (21.6%); under 5 years old (5.4%)
- Ethnicity/Race? White alone (82.1%); American Indian and Alaska Native alone (14.1%); Hispanic or Latino (12.6%); Black or African American alone, Asian alone, Native Hawaiian and Other Pacific Islander alone (1.3%)
- Percent of children eligible for free and reduced lunch?
- Distance from a tertiary care hospital? Pretty much everyone who needs a higher level of care is flown to Denver or Colorado Springs.
- Housing units? 12,422
- Median household income? \$49,470
- Number of households? 10,655
- Owner occupied housing unit rate? 72.1%
- Distance from an airport? Cortez airport is 2 miles away.
- Geographic size of the county? 2,029.53 land area in square miles
- Number of construction permits? 27
- Average price of homes? National Association of Realtors says 255,549.00
- Who is most likely impacted by health inequity in the county?
  - Poverty rates? 14.9%
  - Persons without health insurance, under age 65 years? 13.9%
  - Persons with a disability, under age 65 years? 12.4%
- What is the source of revenues for the county? Kinder Morgan taxes, property taxes. They are one of the few counties in the state that doesn't collect a sales tax. Property owners bear the burden.

## Sample questions for gathering information from the different Health Departments

### SAN JUAN BASIN PUBLIC HEALTH LA PLATA AND ARCHULETA COUNTIES

#### THIS INFORMATION IS LEANING TOWARDS ARCHULETA COUNTY

The questions focus on 5 areas: 1) structure, 2) Staffing, 3) Services, 4) Assessment, and 5) Communication. The last part of the document requires a search to capture the context of the community where the department is located. The information captured through this process can advance our learning and help us determine other information needed to complete our tasks.

#### Structure:

- 1) What is your current governing structure? What facilities do you use/own/rent for your services/organization?

SJBPH BOARD OF HEALTH: Ann Bruzzese- outgoing President, Karin Daniels- Vice President, Bob Ledger- Immediate Past President, Human Resources. Shere Byrd- Finance Committee Member, Terryl Peterson-Treasurer, Alvin Schaaf -Archuleta County Commissioner. Marsha Porter-Norton, La Plata County Commissioner. San Juan Basin Public Health was formed as a district public health agency through a joint resolution between La Plata County and Archuleta County. Five of the board were appointed. The two county commissioners were through the resolution.

Archuleta County Health office is owned by SJBPH in Durango along with the Land. It is open M-F 8-5 but is locked at times. It has drop boxes.

- 2) What were/are some of your challenges and opportunities in operating your department/organization? Pre-pandemic? During pandemic?

#### Staffing:

- 3) How many of your staff have a public health degree? Bachelor's degree in public health? Master's degree and higher in public health?

“Those with public health degrees keep communities healthy, protect workers, prevent and address pandemics, pursue social justice, drive public policy, spearhead disaster relief, ensure access to healthcare, and so much more.

Public health professionals are at the forefront of research, practice, and service

in nonprofits, community organizations, higher education, government, private industry, and health care.” <https://sph.umich.edu/admissions/why-study-public-health.html>

4) How many total staff do you have? Full time? Part time? Contractors? What is your total budget pre pandemic (2019)? During the pandemic (2021)? Can you please describe your staff turnover?

In La Plata there are 91 employees. In Archuleta there are 4. None are 40 hr week.

**Services:** We recognize that your health department ensures services are offered that meet the 5 core requirements of a local health department.

5) For each core requirement, could you please (a) list the services that you are the sole provider of? (b) the total number of FTEs for each of these services? And (c) allocated budget?

Core Requirement	Sole Provider Services	# of Staff (FTE)	Allocated Budget
Environmental Public Health: Investigation and Control	Inspecting & permitting on-site wastewater treatment systems ie:(septic)systems		565,893
Chronic Disease, Injury Prevention, Behavioral Health	Food service inspections		206,130
Maternal, Child, Adolescent & Family Health Care	Pediatric Neurology & Rehab specialty care		458,541.
Communicable Disease Prevention	Communicable Disease Prevention, investigation, control & education. During an event, SJBPH collaborates with multiple partners and citizens.		1,656,981.
	WIC		255,188.

Vital Statistics

Nurse Home Visit- First time parents

Emergency Support Function (ESF)	
Chronic Disease, Injury Prevention	
Access to and Linkage with Health Care.	156,882
Equity in Emergency Preparedness	
Connect for Health Services	

DHHS provides Federal assistance so supplement State, tribal, and local resources in response to a public health & medical disaster requiring a Federal response and during a developing potential health and medical emergency.

6) Similarly, for each of the core requirements, could you please list (a) the contracted services that you offer, and (b) the allocated budget?

Core Requirement	Contracted Services	Allocated Budget
Immunizations-Covid	HRSA-funds local community based workforce	911,847
Build Community Resilience	MRC-Medical Reserve Corps (AC, LP)	10,000
Build Workforce	Responding to Covid-19 NACCHO (AC,LP)	19,136.
WIC	Supplemental Contract (AC)	255,188
SafeCare Colorado	Keeping families with under 5yr olds safe (AC)	168,589
MCH-CDPHE	Assists rural community partners in establishing pediatric neurology telehealth clinics in AC	111,000.

Archuleta County Income and Expenses are not shown in the current budget. The totals are for all counties.

7) What are the barriers in your community to health care access and utilization? How did you determine these barriers? What are your strategies in addressing these barriers?

Collaborative Management: MOU June 1, 2021 until June 30, 2022. There is an oversight group called Archuleta County Interagency Oversight Group- (ACIOG) with

local representatives of each party to the MOU. The Collaborative Management Program (CMP) targets at risk children, youth, and families across programs from ages 0-21.

Mandated Partners;

Archuleta County Department of Human/Social Services

Archuleta 50JT School District

Axis Health System Mental Health Center

Community Domestic Abuse Program- Rise Above Violence Pagosa Springs

Archuleta County residence have to travel for services. Staffing problems and retention. Minimal hospital beds during the pandemic.

8) Prior to the pandemic, how well did you serve the of your community? What measures did you use to determine the needs and your response?

SJBPH monitors program deliverables and successes using best practices and evidence-based approach.

9) During the pandemic, how well did you serve your community? What measures did you use to determine the needs and your response?

Out of 90 employees, 30 have shifted to covid and 20 have supported covid response. A DOC- Department Operations Center was established to respond to Covid-19 incidents. In response to Covid a creation of four groups were established: Disease Investigation and Control, Call handling, Disease Monitoring, and Community Mitigation. There is an attempt to retain excellent staff to carry out these services.

10) For which of your services do you follow CDPHE requirements? For which of your services do you exceed CDPHE requirements? Please provide rationale for your decision.

Assessment and Planning- budget is 72,391.

Communications

Policy, Partnerships and Organization Competencies- budget is 822,237.

Emergency Preparedness and Response- budget is 339,4223.

Health Equity and Social Determinants of Health- budget is 28,503.-

11) What additional services would you like to offer and are unable to provide due to funding or human resources?

It was discussed about putting a position in AC for improved communication and being able to triage members of the community. Maybe offer more services in AC. It was noticed that several programs are in LP but not AC such as Baby and Me Tobacco Free, NFP implementing a referral tool from Invest in Kids. SafeCare has begun in person events to improve awareness of services. The coordinator of the STEPP- Statewide Tobacco Education and Prevention Partnership worked to implement a media plan. The WIC program manager collaborated with Manna Soup Kitchen and Nourish Colorado to get low-cost produce shares to families in LP only. She also got free weekly produce shares to families in Silverton. Also, the CPED- Cancer Prevention and Early Detection- Women's Wellness Connection had a large campaign on breast and cervical cancer screening to improve awareness. They attended Loaves and Fishes. Was this done in AC? Delta Dental provided 6 clients in 2 counties care coordination. AC?

### **Assessment**

12) Describe your assessment process? Please describe your sample for one of your most recent community assessments - how representative was the sample? How do you formulate your questions? How do you gather information? How do you share your findings? And with whom? How do you track your progress in addressing the findings?

Every 5 years an assessment is done to track key indicators. In 2018 the Improvement Plan was done to address issue areas selected based on community input and from data reported on the assessment. By offering a high level of execution of all services in AC and LP the community has to rely on SJBPH. The demand for services in demonstrated in the 2012 and 2017-18 Community Health Assessments. It is unclear as to how AC has impacted the assessment related to need. SHBPH monitors program deliverables and success using best practices and evidenced based approach for the scope the program covers. Staff supported data requests from internal and external partners were able to make recommendations. All program Managers submit internal monthly tracking reports with are reviewed by their SV to monitor service delivery. Nearly all of the programs provided by SJBPH are required to complete evaluation activities by their Funders. There are two staff members who focus on agency-wide assessment and planning. There doesn't seem to be monthly reports to AC.

The following are key SJBPH program impacts to beneficiaries in 2020.



3,066 COVID-19 INVESTIGATIVE ACTIONS PERFORMED BY CONTACT TRACING TEAM. (AC ?)

2750 (AC 488) COVID -19 CASES IDENTIFIED AND 1081 (AC 213) CONFIRMED RECOVERIES.

77( 15 AC) COVID CASES HOSPITALIZED WITH 30 DEATHS (LP)

46,770 (836 AC) COVID-19 TESTS PERFORMED

1,215 LOCAL BUSINESS SELF-CERTIFICATIONS IN RESPONSE TO COVID-19 WERE FILED, INCLUDING 185 FOR RESTAURANTS (AC ?)

8.5 DAYS OF SPECIALTY CLINICS WERE HOSTED IN PEDIATRIC NEUROLOGY AND REHAB (A.C.?)

186 PATIENTS USED A SPANISH INTERPRETATION SERVICE (AC ?)

23 CLIENTS/FAMILIES PER MONTH RECEIVED CARE COORDINATION BY THE TANF NURSE (ONLY IN LP)

77 (21 IN AC) COMMUNICABLE DISEASE CASES WERE REPORTED AND RESPONDED TO. (NO COVID CASES)

6,274 BACTERIAL WATER TESTS PERFORMED (AC ?)

494 (182 AC) NEW ON-SITE WASTEWATER/SEPTIC PERMITS ISSUED

NURSE FAMILY PARTNERSHIP 33 LP (15 AC)

1,214 PEOPLE WERE ASSISTED WITH COLORADO HEALTH INSURANCE (AC?)

WIC CLIENTS 967 (AC 232)

243 (39 AC) RETAIL FOOD ESTABLISHMENTS INSPECTIONS CONDUCTED

64 WOMEN SERVED THROUGH THE WOMEN'S WELLNESS CONNECTION (AC ?)

1366 FAMILY PLANNING VISITS (AC?)

1086 PREVENTATIVE SCREENINGS IN SEXUAL HEALTH CLINIC (AC ?)

78 TRAVEL IMMUNIZATIONS GIVEN ALL IN LP

216 CLIENTS REFERRED FOR DENTAL SERVICES (AC ?)

103 PUBLIC SERVICE ANNOUNCEMENTS AND MEDIA RELEASES POSTED ON WEBSITE AND DISTRIBUTED TO LOCAL MEDIA

6 EMERGENCY PREPAREDNESS AND RESPONSE EXERCISES WERE CONDUCTED. (AC ?)

1330 ( 60 AC) BIRTH AND 3692 (12 AC) DEATH CERTIFICATES ISSUED

5 ORGANIZATIONS ENGAGED IN EQUITY AND EMERGENCY PREPAREDNESS TASK FORCE (ONLY LP)

SJBPH PROVIDES SERVICES THAT INDIRECTLY IMPACT PUBLIC HEALTH THROUGH EDUCATION, MEDIA AND POLICY CHANGES. ESTIMATED PEOPLE IMPACTED IS 56,272 IN LP AND 14,029 IN AC. IN ADDITION THE WORK HAS IMPACTED THE WORKFORCE OR TRAVELERS IN BOTH COUNTIES.

1578 (203 AC) VACCINES TO CHILDREN AND ADULTS. 527 CHLAMYDIA/GONORRHEA TESTS (AC ?) 246 HIV TESTS AND 162 PAP TESTS (AC?)

548 TELEHEALTH VISITS FOR NURSE FAMILY PARTNERSHIP (AC ?)

430 ELDERLY, BLIND, AOR DISABLED ADULTS WERE ABLE TO REMAIN AT HOME WITH THE SEP (SINGLE ENTRY POINT) (AC?)

1,214 CLIENTS HELPED WITH THE HEALTH INSURANCE LITERACY PROGRAM (AC?)

PARTNERED WITH COMMUNITY FAMILIES, YOUTH AND YOUNG ADULTS OUTREACH FOR GUN SAFETY AND SUICIDE PREVENTION WITH 7 GUN RETAILERS. LP, AC, SJ

WORKED WITH 8 OTHER COLLABORATIVES OR NON-PROFITS IN THE AREA TO SUPPORT SUICIDE PREVENTION (AC?)

SAFE FOOD SERVICE WAS MONITORED IN SCHOOL AND RETAIL FOOD ESTABLISHMENTS RESULTING IN 484 (AC 107) LICENCES.

To prevent duplication of services Emergency Preparedness collaborates with County emergency management and local responders throughout the county (AC?)

WIC collaborates with SNAP-ED regarding cooking and nutrition education and with the Cooking Matters local television program by taking clients to the store to shop for healthy food options. (AC?)

A new roof was put on the AC building. A new server purchased in 2020 and received in 2021. Lab equipment purchased (? County).

### **Communication**

13)What methods of communication do you use to connect with your beneficiaries (community individuals, businesses, targeted populations) and partners (contracted and/or MOU, others)? What is the frequency of your communication? What process do you use to ensure that your communication strategies are authentically and meaningfully reaching the beneficiaries and partners?

SJBPH has a communications staff which distribute an e-newsletter, two weekly Covid Updates, 7 media releases, responded to 15 media inquiries, posted 127 tweets, and 126 FB posts.

MOU as previously explained. A CTC, Community That Care Program has been established to promote prosocial events for youth across the county and also continuing to recruit new members. The staff position has not been filled as yet.

14)How accessible are you to beneficiaries and partners? In what period of time do you respond to “asks” and “requests”? How do you determine that your response was beneficial to your beneficiaries and partners? What measures do you have in place to capture and improve your responsiveness?

In AC the office has limited access and sometimes the door is locked. There are drop boxes.

SJBPH developed a CO Crisis Line and developed a behavioral health messaging plan to be implemented by fall.

## CONTEXT

Please review census data, county data and any other information to answer the following questions:

- a. County population size? 56,000
  - b. Major towns/cities in the county and their size? Bayfield, Hermosa, Allison, Tiffany, Ignacio.
  - c. Age breakdown? Under 5 is 4.8%, under 18 is 18.6% age 65 and over 18.2%
  - d. Ethnicity/Race? 88% white, native American 7.7%, Hispanic 12.8
  - e. Median income? 70,000.
  - f. Average price of homes? 450,000
  - g. Number of households? 22,000
  - h. Home ownership?
  - i. Distance from an airport? 10 miles
  - j. Distance from a tertiary care hospital? 2 miles
  - k. Geographic size of the county? 1,692
  - l. Poverty rates? 11%
  - m. Percent of children eligible for free and reduced lunch?
  - n. Number of retail establishments? 2,408
  - o. Number of construction permits? 253
2. Who is most likely impacted by health inequity in the county? Ethnicity/race, low income, non working people. Rent is average 1200./mth. Lack of low income housing.
  3. What is the source of revenues for the county? State, Federal, Grants