

# Community Health Assessment Report

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Park County, 2013



12 Mile Basin, Park County

**“Alone we can do so little; together we can do so much.”**

**- Helen Keller**

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## From the Public Health Director

Park County Public Health is pleased to publish the Park County 2013 Community Health Assessment Report and Public Health Improvement Plan. This report provides an opportunity to take pride in the health of our community while identifying areas that we can collectively work to improve. This report summarizes health trends derived from analyzing a variety of data. The Community Health Assessment is a systematic process in which information is collected from data bases and community members. It reveals health gaps, community concerns and strengths within the community.

The Park County Community Health Assessment was conducted as part of a five year process with the Colorado Department of Public Health and Environment. Every five years all local public health agencies complete a Community Health Assessment and develop a Public Health Improvement Plan to continuously monitor and improve areas of health concern. This information is provided to the Colorado Department of Public Health and Environment and is incorporated into the statewide plan. For more information about Colorado's Health Assessment and Planning process please visit [www.chd.dphe.state.co.us/CHAPS/](http://www.chd.dphe.state.co.us/CHAPS/).

The Park County Community Health Assessment Report addresses a myriad of health indicators including air and water quality, oral health, social determinants of health such as poverty, income and education, acute and chronic diseases, and injuries. This report will be distributed to the community at large via the Park County website at [www.parkco.us/publichealth](http://www.parkco.us/publichealth). This document serves as a reference to develop strategies to mobilize the community to address key health issues. Releasing the findings of the Park County Community Health Assessment is an important first step in the process of creating a healthier community. The hope is that community leaders, agencies and citizens will collectively work together to ensure that Park County is a healthy place to live.

Thank you for your interest in the health of the community and for taking the time to read this report. Please visit the website for updates to the plan. We welcome your interest and engagement in the health of Park County.



Lynn Ramey RN, BSN  
Director  
Park County Public Health

## Executive Summary

In 2012, the Park County Health Agency began a community health assessment, in accordance with a 2008 Colorado Board of Health requirement. The Colorado Public Health Reauthorization Act, Senate Bill 194, requires that local public health plans set priorities for the public health system in each county every five years.

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A community needs assessment is a formal approach to identifying health needs and health problems in a community. This is accomplished through the collection and analysis of data including input from community stakeholders. The assessment is used to develop strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health.

In order to develop the Park County Community Health Assessment, the Park County Public Health Agency formed a steering committee composed of public health and environmental staff members. This committee guided the process.

A questionnaire was developed to be completed by subject matter experts and interviews were conducted by public health staff. These individuals were asked to identify the three most important factors that contributed to the quality of life in the community; to identify the three most important "health problems" in the community; and to identify the three most important "risky behaviors" in the community. The responses were tallied. From the top five tallied responses for health problems, residents who were randomly selected in Bailey, Fairplay, Guffey and Lake George were asked to rank the top three health problems from the group of five identified health problems. Residents identified: mental health problems, problems associated with aging and motor vehicle crash injuries as the three most important health problems in the community. In 2009, 85.7% of residents identified motor vehicle crashes as the most important cause of injury in the community. Interestingly, Fairplay and Bailey residents ranked the 3 most important health problems as: mental health, motor vehicle crashes and aging while Guffey and Lake George citizens ranked the problems as: mental health, aging and motor vehicle crashes.

In 2009, residents throughout the county completed an eight page survey about the county's demographic characteristics, socioeconomic characteristics, and health. In addition to the subject matter experts, the data gathered in 2009 was reviewed during this process.

The framework for the 2012-13 community health assessment is Colorado's 10 Winnable Battles. "These 10 Battles are key public health and environment issues where progress can be made in the next

*Health begins where we live,  
learn, work and play.  
Opportunities for health start  
at home, in our neighborhoods  
and work places. And all  
people – regardless of  
background, education or  
money – should have the  
chance to make choices that  
lead to a long and healthy life.*

*- Robert Wood Johnson Foundation*

five years. These 10 Winnable Battles were selected because they provide Colorado’s greatest opportunities for ensuring the health of our citizens and visitors and the improvement and protection of our environment.” (Source: [www.colorado.gov](http://www.colorado.gov). CDPHE, Colorado’s 10 Winnable Battles, Frequently Asked Questions)

Colorado’s 10 Winnable Battles are:

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

After reviewing the available data and residents’ perceptions of their community, key findings and recommendations were made by the steering committee.

### Key Findings:

Residents are dying prematurely from unintentional injuries, suicide and cancer. Motor vehicle crashes are the leading cause of unintentional injuries and lung cancer is the leading cause of cancer deaths in the Park County.

Almost everyone interviewed or responding to the priority survey identified mental health as a high priority area and key informants thought that the current resources were inadequate to meet the need in Park County.

Suicide is a leading cause of non-natural death for all ages in Park County, second only to motor vehicle crashes.

In Park County as well as the majority of counties in the state there are high levels of radon present that affect indoor air quality.

In Park County, the age-adjusted rate for deaths from Influenza and Pneumococcal diseases was significantly above the other counties in the region and approximately one percent (0.9%) above the Colorado rate.

## Recommendations:

Based on assessment findings, the following four (4) priorities were selected:

### **Priority 1: Improve the mental/behavioral health of Park County residents.**

Page | 7 *Expand mental health services for the uninsured, underinsured and those with Medicaid and CHP+ insurance.*

*Increase mental health services to older Park County residents.*

### **Priority 2: Reduce motor vehicle crashes.**

*Support law enforcement strategies such as high visibility enforcement, DUI task forces and seat belt campaigns.*

### **Priority 3: Improve oral health.**

*Decrease tooth decay by educating residents about the role of fluoride in preventing dental caries.*

*Improve the knowledge of residents who are served by community water systems and private wells about fluoride levels.*

### **Priority 4: Improve indoor air quality.**

*Increase the number of Park County residents that have been educated about radon and radon testing.*

## Next steps

Following the community health assessment, a public health improvement plan was created recognizing that the scope of improvements may be limited by the availability of state and county funding. The document was emailed to the Colorado Department of Public Health and Environment and will be presented to the Park County Board of County Commissioners (BOCC) for approval. Following the approval of the BOCC, the Report will be available to the public on the Park County Public Health website.

## Introduction

The health of an individual is interconnected with the health of the community. Individual behavioral choices are made in the context of social and physical environments. Social factors such as level of education, income, occupational status, and the strength of an individual's connection to the community will have an impact on health.

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The health of a community is greatly influenced by its demographics, including the age, gender, culture, language, socio-economic status, and employment profile of residents. Rural communities are at higher risk for substance abuse among youth, motor vehicle fatalities, hypertension, cigarette smoking, suicide and death from serious injuries.

Traditional public health information sources, such as the Colorado Department of Public Health and Environment, Colorado Department of Education, Colorado Behavioral Risk Factor Surveillance System, Pregnancy Risk Assessment Monitoring System, US Census Bureau American Community Survey, State Demography Office, USDA, etc., were reviewed during the assessment process. A summary of some of that data will be cited throughout this report.

There are many groups at the federal and state level that collect and analyze data for individuals and some of that data is available at the county level. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to produce a report ranking the overall health of nearly every county in the 50 states. This report is known as the County Health Rankings. "The Rankings illustrate what we know when it comes to making people sick or healthy." (Source: [www.countyhealthrankings.org/Colorado](http://www.countyhealthrankings.org/Colorado).) The report ranks a county and compares it to the other counties within the state. In Colorado, Park County was ranked against 59 Colorado counties.

**County Health Rankings 2013.** There are 4 factors considered in this ranking system. *Health behaviors* included alcohol use, diet and exercise, sexual activity and tobacco use. *Clinical care* evaluated access to care and quality of care. *Social and economic factors* included community safety, education, employment, family and social support and income. *Physical environment* evaluated Built environment and environmental quality. (*Built environment refers to physical environments that are designed to improve physical activity.*)

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county. The table illustrates Park County’s ranking in each category for the past four years. *The ranking includes 59 of Colorado’s 64 counties. Hinsdale, Jackson, Kiowa, Mineral and San Juan counties are not ranked.*

Year	Health Outcomes (based on weighed scores of mortality and morbidity)	Mortality (length of life)	Morbidity (quality of life)	Health Factors (based on weighted scores of next 4 columns)	Health Behaviors (30%)	Clinical Care (20%)	Social & Economic Factors	Physical Environment (10%)
2010	38	22	48	40	11	35	31	40
2011	31	18	45	28	10	50	28	34
2012	22	10	47	21	12	38	20	48
2013	29	15	45	17	14	33	15	39

*All scores are weighted.*

The first County Health Rankings was compiled in 2010. From 2010-2012 Park County’s ranking improved in health outcomes and health factors. In the 2013 rankings, Park County improved in health factors, but slipped in health outcomes because of the increase in mortality ranking. Health outcomes are weighed scores based on mortality and morbidity. Health factors are weighed scores based on health behaviors, clinical care, social and economic factors and physical environment.

In Park County, the following areas were above the state of Colorado percentages: the number of high school graduates, poor mental health days, low birth weight, physical inactivity, excessive drinking, motor vehicle crash death rate, limited access to healthy foods, and a high ratio of population to health care providers (dentist, physicians, nurse practitioners, physician assistants, and mental health practitioners). The reader is encouraged to learn more about the Rankings at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

**Park County Health Status Compared to Peers.** The Community Health Status Indicator is created by the Department of Health and Human Services to provide another tool to measure and improve a community’s health. The latest year (2009) the report was produced was based on data available in 2005. There are several health indicators that are still a concern in 2013.

The Relative Health Importance table creates four categories of relative concern by simply comparing a county to its peers and to the U.S. A county's indicators in the Unfavorable/Unfavorable Quadrant (🔍) are higher than the U.S. and its peers and may warrant more attention. Conversely, indicators in the Favorable/Favorable Quadrant (🍏) of the table compare favorably to both peers and the U.S. The other boxes represent intermediate levels of health where a county's rate is higher than either its peers or the U.S., but not both.

## Relative Health Importance

Park County's Health Compared to US Rates and Peers	Your Health Status Compared to Peers	
	UNFAVORABLE	FAVORABLE
UNFAVORABLE	<i>Unfavorable/Unfavorable Quadrant</i> <b>Low Birth Weight (&lt;2500 grams)</b> Premature Births (<37 weeks) Births to women age 40-45 White non-Hispanic Infant Mortality Neonatal Infant Mortality Breast Cancer (Female) Colon Cancer <b>Motor Vehicle Injuries</b>	<i>Unfavorable/Favorable Quadrant</i>  Stroke <b>Suicide</b>
FAVORABLE	<i>Favorable/Unfavorable Quadrant</i> Very Low Birth Weight (<1500 grams) Infant Mortality Post-neonatal Infant Mortality	<i>Favorable/Favorable Quadrant</i> Births to Women under 18 Births to Unmarried Women No Care in First Trimester Coronary heart Disease Lung Cancer Unintentional Injury

*Source: Measures of Birth and Death data tables*

Additional quantitative and qualitative data will be presented during the discussion of each Winnable Battle.

It is important to note that the level of community services in Park County including health care is still not proportionate to the current population mainly due to the shopping patterns of the commuter workforce.

## Park County Profile

Park County is located in the central front range of Colorado. The county seat is Fairplay. Park County includes the communities of Alma, Bailey, Como, Fairplay, Grant, Guffey, Hartsel, Jefferson, Lake George, Pine Junction, Shawnee and Tarryall. It is approximately 2,200 square miles and has a population density of seven point four (7.4) persons per square mile. East to west the county is approximately forty-five (45) miles wide and sixty (60) miles long north to south. Federal lands comprise fifty-one percent (51%) of Park County's landmass and state land accounts for another eight percent (8%). The remainder of the landmass is privately owned. The isolation and distances within Park County result in long trips to attend school, shop for groceries, get health care and reach other basic services. Public transportation is extremely limited, making access to needed services difficult for low-income households, the elderly and disabled. Seasonal travel barriers can make travel difficult. In the mountainous areas, some roads and passes may be closed in winter, leading to longer travel times. Residents often find that winter driving conditions extend travel times because they need to slow down to adequately account for road conditions, limited visibility and road closures.

The geographic separation between Bailey, Fairplay and Lake George and Guffey is considerable, and creates unique service challenges. Refer to map in the appendix.

Several major highways traverse the county. US 285 and 24 are the primary highways running through Park County. US Highway 285 runs north/south through the county from Bailey in northern Park County through Jefferson, and on through Como to Fairplay and intersects US 24 in the county's southwest corner. US highway 24 runs east/west through Lake George and Hartsel. State Highway 9 traverses the southeastern portion of the county through Fairplay before heading into Alma.

Park County is an outlying Metropolitan Statistical Area (MSA). It is designated as a MSA because a portion of the county has a high degree of social and economic integration with an urbanized area as measured by commuting ties.

There are five water storage reservoirs (Antero, Eleven Mile, Tarryall, Spinney and Montgomery) in the county. There is a one percent (1%) county sales tax that is used exclusively for the protection, enhancement and interpretation of water resources, as well as land associated with these water resources.

Park County has two incorporated areas: Alma and Fairplay. The majority of county residents live in unincorporated areas.

**Colorado Population Estimates for Park County and Municipality, 2010-2011**

	Census	Adjusted Census	SDO *	SDO*	Average Annual Rate Of Change
Area	April 2010	April 2010	July 2010	July 2011	2010-2011
PARK COUNTY	16,206	16,206	16,262	16,079	-1.1%
Alma	270	270	270	268	-0.7%
Fairplay	679	679	680	675	-0.7%
Unincorporated Area	15,257	15,257	15,312	15,136	-1.1%
State of Colorado	5,029,196	5,031,298	5,049,717	5,118,526	1.4%

\*State Demography Office

(Source: Colorado Department of Department of Local Affairs, State Demography Office)

**Population**

1990 Official US Census:	7147
2000 Official US Census:	14523
2010 Official US Census:	16206
Total Population Increase (2000-2010)	-0.07%
Fairplay town (2010)	679
Alma town (2010)	270
<b>Age Distribution of Population (2010 US Census)</b>	
Under 5 years	4.4%
Under 18 years	18.1%
Over 65 Years	12.8%
White persons (2010 US Census)	95.5%
Female persons (2010 US Census)	47.3%

(Source: [www.ers.usda.gov/data-products/county-level-data-sets/population](http://www.ers.usda.gov/data-products/county-level-data-sets/population))

After years of growth, Park County is experiencing a decline in population. This may be a result of the economic crisis occurring in the United States.

The State Demography Office has provided a 5-year summary of Park County’s population, households, births and deaths during that time period. While the population numbers are slightly different from the numbers provided by the USDA, this data also shows a decline in population size for Park County.

Year	Population (US Census Bureau)	Total Households	Household Population (July)	Average Household Size	Births	Deaths
2011	16089	7117	15987	2.25	117	83
2010	16270	7198	16170	2.25	121	82
2009	16762	7033	15901	2.26	149	64
2008	16997	7104	16208	2.28	135	71
2007	16964	7065	16266	2.3	150	71

(Source: Colorado Department of Department of Local Affairs, State Demography Office)

### Median Age

Age is a predictor of the type of services that may be needed in a community. Park County residents are growing older and may need services that are not currently available in the community. In 1990, the median age of Park County residents was 35.9 years. The median age for Park County residents has increased and in the Lake George and Guffey areas of the county, the survey respondents ranked aging as the most important health problem in the county.

Year	2007	2008	2009	2010	2011	2012
Colorado Median age (years)	35.6	35.7	36.0	36.1	36.3	36.4
<b>Park County</b> Median age (years)	45.2	46.2	46.9	47.1	47.9	48.0

### Race and Ethnicity

Many of the counties surrounding Park County are experiencing an increase in their Hispanic population. This change also causes the need for services and an increased awareness of how to provide those services. Park County remains a predominately white, non-Hispanic county.

### Population Estimates by Race and Ethnicity, Park County, 2010

Race and Ethnicity	Park County, 2010 (% of population)
Caucasian, Non-Hispanic	91.6%
Hispanic	4.8%
Asian American/Pacific islander	0.6%
American Indian and Alaska Native	0.9%
Black or African American	0.4%
Two or More	2.4%

(Source: American FactFinder, US Census Bureau, Profile of General Population and Housing Characteristics, 2010)

## Education

There seems to be an association between education and health. Researchers have found a clear association between health and education that cannot be attributed to income, the job market or family background. The differences between the more and the less educated are significant. For example, an additional four years of education reduces the risk of heart disease by 2.16 percentage points. There are also differences in health behaviors. For example, smoking, illegal drug use and excessive drinking are more prevalent among the less educated. *(Source: Education and Health: Evaluating Theories and Evidence, NBER Working Paper No. 12352, authors David Cutler and Adriana Lleras-Muney. [www.nber.org/papers/w12352])*

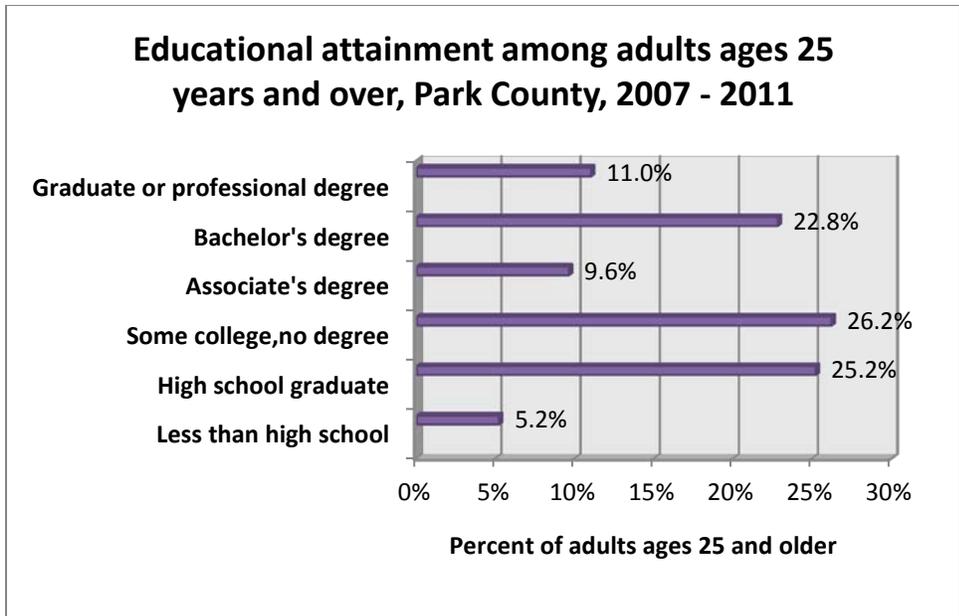
### Population of 3 years and older enrolled in school

	Estimate	Percent
<b>Population 3 years and older enrolled in school</b>	3148	
Nursery School, preschool	226	7.2
Kindergarten	141	4.5
Elementary school (grades 1-8)	1310	41.6
High School (grades 9-12)	871	27.7
College or graduate school	600	19.1

The high school graduation rate in Park County is higher than the state. The high school graduation rates for Park County in 2010 and 2011:

Location	2010	2011
Park County	N/A	89.5%
Park County Re-2	89.2%	88.2%
Platte Canyon 1	80.2%	89.8%

*(Source: Colorado Department of Education)*

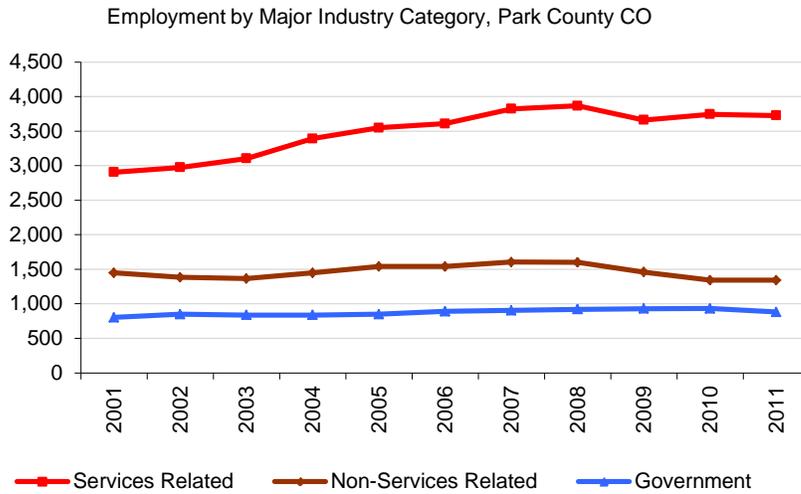


*(Source: The data for 2007-2011 is a five year average from the Census Bureau's American Community Survey)*

### Economics

Long term, steady growth of population, employment and real personal income is generally an indication of a healthy, prosperous economy. Park County's economy is based on a few specific resources or activities. Much of the land is federally owned contributing to a lack of an adequate tax base to pay for needed services.

From 2001 to 2010, personal income from service-related industries grew sixteen percent (16%). Service-related employment includes fields such as retail businesses, finance, insurance and real estate and services. Personal income from non-service related industries declined fifty percent (50%). Non-service related activities are industries such as farming, ranching, mining and manufacturing. During that same time period, personal income from government jobs increased by thirty-three percent (33%). Government consists of state and local government employment and government enterprise.



(Source: A Profile of Socioeconomic Measures produced by Economic Profile System-Human Dimensions Toolkit. EPS-HDT, June 29, 2012.)

The unemployment rate (%) for Park County has increased since 2007 and peaked in 2010, but remains high.

Unemployment Rate (%) for Park County

Year	2007	2008	2009	2010	2011
Rate (%)	3.6	4.7	7.8	9.0	7.8

Updated 02/20/2013 (Source: [ers.usda.gov](http://ers.usda.gov))

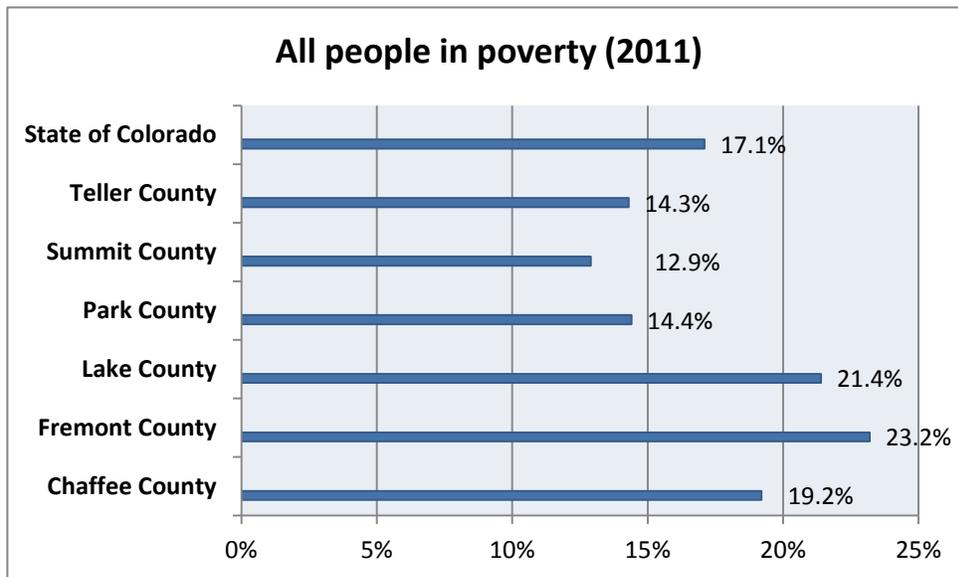
	Median Household Income (2011)	% of State Median HH Income
Colorado	\$55,530	100.0%
Chaffee County	\$44,156	79.5%
Fremont County	\$41,493	74.7%
Jefferson County	\$64,412	116.0%
Lake County	\$42,768	77.0%
<b>Park County</b>	<b>\$58,565</b>	<b>105.5%</b>
Summit County	\$60,397	108.8%
Teller County	\$60,313	108.6%

In a recent analysis by Dēmos, middle-income Americans age 50 and older carry more credit debt, on average, than younger people. This trend is a reversal of the trend found by Dēmos in its 2008 survey. Half of Americans age 50+ have medical expenses charged on their credit cards. Prescription medications and dental expenses are the highest expenses. “Nearly one-quarter of people age 50+ say that job loss contributed to their credit card debt; 15 percent (15%) report that it was the single biggest

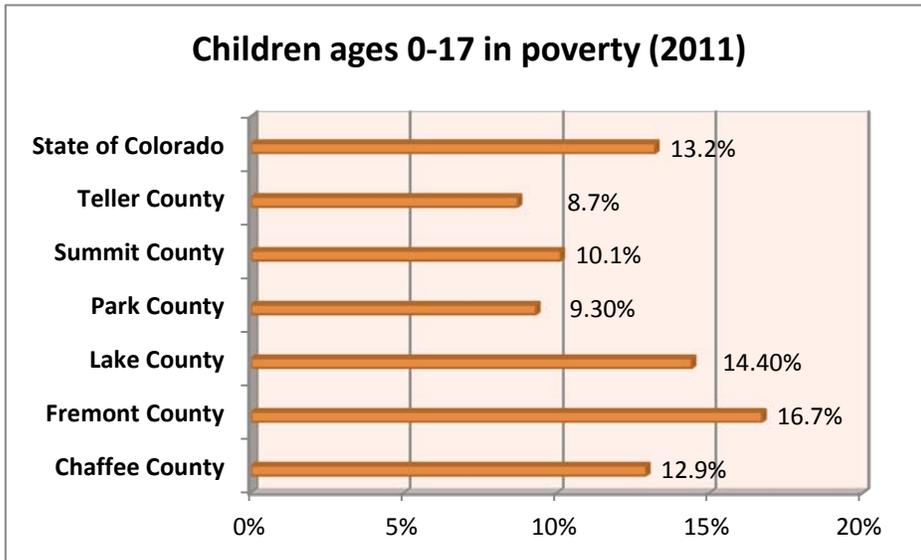
contributor.” (Source: “In the Red: Older Americans and Credit Card Debt” by Amy Traub, *Dēmos*, January 2013, p. 1) (*Dēmos* is a research and policy center based in the United States that presents a liberal viewpoint on economic issues.)

Households in poverty often skip medical care for a medical problem and if they see a health care provider, many skip medical tests, treatment, or follow up because of lack of funds to pay for the services. The proportion of uninsured adults receiving preventive health services is lower than insured adults ages 18 years and older.

Park County has one of the lower poverty levels for total population and in children ages 0-17 years when compared to neighboring counties.



(Source for both charts: [www.ers.usda.gov](http://www.ers.usda.gov). Percent of total population in poverty, 2011: Colorado. Updated 02/26/2013)



According to 2011 Kids Count Data, the percentage of public school students in grades PreK-12 that are eligible for free and reduced lunch in Park County is illustrated in the following table. To be eligible for free lunch or reduced lunch means a student meets the eligibility criteria of the “Federal National School Lunch Act”.

Location	Eligible for free or reduced lunch %	Eligible for free lunch %	Eligible for reduced price lunch %
Park County	36.9	26.5	10.3
Park County Re-2	44	30	13
Platte Canyon 1	39	24	9

(Source: Colorado Department Education school districts. Data for County provided by the Colorado Children’s Campaign. <http://datacenter.kidscount.org/data>)

### Housing

In Park County, 84.6% of housing units are owner-occupied and the remaining housing units (15.4%) are renter-occupied.

### Health Indicators

Access to primary care is dependent on the proximity to and number of providers in a community. (Robert Wood Johnson Foundation 2011 County Health Rankings: Access to Care. Available from: [www.countyhealthrankings.org/health-factors/access-care](http://www.countyhealthrankings.org/health-factors/access-care).) Because of the limited number of health care providers in Park County, many residents travel outside of the county for medical care. Again, the

level of health care available in the county is not proportionate to the current population mainly due to the shopping patterns of the commuter workforce.

### Leading Causes of Death

Age-adjusted rate for leading causes of death for Park County residents, 2007-2011

Cause	Park County Rate*	Region 17 Rate**	State of Colorado
All Causes	544.6	637.9	683.7
Malignant neoplasms	135.8	152.1	147.9
Heart Disease	116.7	126.8	133.3
Unintentional injuries	49.7	48.1	44.7
Suicide	38	32.3	48.1
Chronic lower respiratory diseases	34	37.6	35.4
Cerebrovascular diseases	22.5	31.7	30.6
Alzheimer's disease	26.9	24.5	17.6
Influenza or pneumonia	17.2	8.7	16.3
Chronic liver disease	6.2	11.5	11.4
Other diseases of the circulatory system	11	10.8	13.4

\*per 100,000 population

\*\*Region 17 includes Clear Creek, Gilpin, Park and Teller counties

(Source: [www.chd.dphe.state.co.us/](http://www.chd.dphe.state.co.us/))

Age-adjusted rate for ten leading causes of Years of Potential Life Lost (YPLL) per 100,000 population, 2009-2011

Rank	Cause	Park County Rate*
	All Causes	4237.9
1 <sup>st</sup>	Unintentional injuries	1329.3
2 <sup>nd</sup>	Malignant neoplasms	624.5
3 <sup>rd</sup>	Suicide	863.7
4 <sup>th</sup>	Heart Disease	197.8
5 <sup>th</sup>	Congenital malformations, deformations & chromosomal abnormalities (5)	293
6 <sup>th</sup>	Chronic liver disease and cirrhosis (6)	57.1
7 <sup>th</sup>	Viral hepatitis (7)	30.9
8 <sup>th</sup>	Chronic lower respiratory diseases (7)	19.9
9 <sup>th</sup>	9 <sup>th</sup> Leading cause	No data for this indicator
10 <sup>th</sup>	10 <sup>th</sup> Leading cause	No data for this indicator

\*per 100,000 population

(Source: Health Statistics Section, Colorado Department of Public Health and Environment)

Leading causes of years of potential life lost is based on the rate for the State of Colorado. If the leading cause of YPLL were ranked by the County data, suicide would be the 2<sup>nd</sup> leading cause of YPLL. The suicide rate in Park County is above the rate for Region 7 (854.8) and the State of Colorado (436.5).

## Physical Environment

The physical environment also plays a role in health. Aspects such as the quality of the air we breathe and the water we drink, contribute to the health in the community.

### Clean Air

Air pollution tends to be a more severe problem in urban areas, but high levels of pollution can be found anywhere. Currently, there is no program monitoring outdoor air quality in Park County. Residents might experience seasonal allergies when pollen from the conifer forests is dispersed throughout the County.

#### **Air quality affects human health in a variety of ways. It can:**

- Irritate the eyes, nose and throat
- Cause coughing, chest tightness and shortness of breath
- Increase the severity of lung conditions such as asthma, bronchitis and emphysema
- Increase the risk of heart attacks and strokes
- Contribute to low birth weight

#### **Anyone can suffer health problems due to air pollution, but the most vulnerable groups are:**

- Children
- Older adults
- People who already have lung or heart disease

#### **The health effects of air pollution depend on how much pollution a person is exposed to. This is determined by:**

- The amount of pollution in the air
- How much air a person breathes in (for example, a runner breathes in more air than someone walking)

### Radon.

Another potential area of concern is radon. Radon forms naturally in soil. It is produced when uranium in the soil breaks down. According to the US Environmental Protection Agency (EPA) “any radon has some risk of causing lung cancer.” Long-term radon exposure is the leading cause of lung cancer in the nonsmoker. Long term radon exposure is the second-leading cause of lung cancer in the smoker. Park County and many other Colorado counties are classified as Zone One. Zone One is a designation of high radon potential (probable indoor radon average >4 pCi/L). The average national indoor radon level is

1.3 pCi/L. The average indoor level for radon in Park County as determined by radon test results from Air Chek, Inc. is 9.8 pCi/L. The company reports that fifty-one percent (51%) of the test results in Park County were greater than 4pCi/L. The only way to determine the radon level in your building (home, school, and workplace) is to test for it.

The US EPA has established the “action level” for deciding when you need to “do something” about the radon in your building as 4pCi/L.

### Secondhand Smoke

Indoor air quality is also negatively affected by secondhand smoke (SHS). There is no safe level of secondhand smoke. Breathing second hand smoke causes immediate harm to the cardiovascular and respiratory systems. SHS exposure can cause lung cancer among lifetime nonsmokers. Individuals exposed to SHS living with a smoker increases risk of lung cancer by 20-30% and risk of heart disease by twenty-five percent (25%) to thirty percent (30%).

### Clean Water

The Safe Drinking Water Act (SDWA) is a federal law that is intended to ensure safe drinking for the public. The State of Colorado has jurisdiction over public drinking water systems. The types of water systems regulated by the Colorado Department of Health and Environment (CDPHE) - Water Quality Control Division (WQCD) include city, county, town water systems and small water systems. In Colorado, eighty-three percent (83 %) of residents are on some type of public water system, nine percent (9%) obtain drinking water from an unregulated private well and six percent (6%) of residents drink water from another source or did not know the source.

According to the BRFSS (**B**ehavioral **R**isk **F**actor **S**urveillanc**S**ystem) conducted in 2009, eighty-four percent (84%) of Coloradans reported tap water as their primary source of drinking water when home. The source was either a regulated public water system or a private well. Fifteen percent (15%) of respondents reported drinking bottled/vented water when at home.

Private wells are not regulated. It is recommended that well water be tested by a certified laboratory before it is used for household purposes. Water quality varies depending on the surrounding geology, land use and well depth. Understanding these factors is helpful in determining what sampling should be done on private well water. Owners are encouraged to test water quality on a regular basis for presence of contaminants (bacteria, nitrates, radioactivity, and pesticides) that are regulated by the SDWA.

Data from the 2009 BRFSS, showed that thirty-one percent (31%) of Coloradans with a private well either had not had the water supply tested or could not remember the last time it was tested. An additional twenty-four percent (24%) had not had their well tested in the last five years.

Community drinking water systems must be tested quarterly. In addition, these water systems are chlorinated. Park County has nine (9) community drinking water systems. These community drinking water systems serve a population of 1932. Residents not on one of the drinking water systems obtain drinking water from private well systems.

There is no data on the number of private wells in the county that are tested. And there is no data on the percentage of the population who use bottled water as its primary home drinking water source.

*Vaccination ranks as one of the top ten most effective public health measures in the last 100 years.*

### Infectious Disease Prevention

The goal of this Winnable Battle is to reduce infectious diseases that can be prevented with vaccination. Colorado’s objective is to increase the number of children who are up-to-date on DTaP when they enter kindergarten. (DTaP is Diphtheria, tetanus and acellular pertussis vaccine.)

The Healthy People 2020 target for vaccination coverage is  $\geq 95\%$  for the following vaccines: MMR (measles, mumps and rubella); DTaP; poliovirus; hepatitis B and varicella for kindergarten children. Colorado has not met this objective. In Park County, the one physician’s office and Park County Public Health enter immunizations data into the Colorado Immunization Information (CIIS) System. Of the 2475 Park County children in the system, seventy-five point four percent (75.4%) have received at least 4 valid doses in the tetanus containing/TDaP vaccine series.

In 2011, Colorado had 416 reported cases of pertussis, commonly as whooping cough. During that period of time, Park County had 2 reported cases of pertussis. There were no reported pertussis deaths in Colorado during 2011. During August 2012, Colorado began to describe its increase in pertussis cases as epidemic. As of December 29, 2012, 1,510 cases were reported in 2012 compared to a 2007-2011 average of 158 cases for the same time period.

More than 41,000 (provisional count) cases of pertussis were reported to CDC during 2012. Eighteen (18) pertussis-related deaths during 2012 have been reported to CDC as of January 5, 2013. The majority of deaths continue to occur among infants younger than 3 months of age. The incidence rate of pertussis among infants exceeds that of all other age groups.

#### States with incidence of pertussis the same or higher than the national incidence during 2012 (as of January 10, 2013), which is 13.4/100,000 persons

Wisconsin	104.9	Montana	44.3	Pennsylvania	14.5
Vermont	100.6	Alaska	43.3	Illinois	14.5
Minnesota	82.9*	New Mexico	35.7	Idaho	14.3
Washington	67.4	<b>Colorado</b>	<b>28.9</b>	Missouri	14.2

North Dakota	54.4	Kansas	25.5	Arizona	13.4
Iowa	53.5	Oregon	23.3	-	-
Maine	52.9	New Hampshire	16.4	-	-
Utah	47.5	New York	15.8	-	-

Pertussis is an endemic (common) disease in the United States, with peaks in disease every 3 to 5 years and frequent outbreaks. In 2010, 27,550 cases of pertussis were reported — and many more cases go unreported. The primary goal of pertussis outbreak control efforts is to decrease morbidity (amount of disease) and mortality (death) among infants; a secondary goal is to decrease morbidity among persons of all ages.

In 2012, the Advisory Committee on Immunization practices (ACIP) recommended use of Tdap during every pregnancy. The recommendation is aimed at optimizing strategies for preventing pertussis morbidity and mortality in infants. It is part of the strategy to create a circle of protection around the newborn. Families are encouraged to make sure parents, brothers and sisters, child care providers and grandparents of the newborn have a current vaccination against pertussis disease.

In 2012, eighty-two percent (82%) of adults, ages 19 and older, whose immunization history is in CIIS had received a dose of Tetanus containing /Tdap vaccine.

In the 2009 survey, seventy-eight point six percent (78.6%) of residents identified influenza as the infectious disease of most concern. In 2012, according to the data in CIIS, approximately forty-eight percent (47.7%) of adults, ages 19 and older, has received an influenza vaccine and twenty-three (23%) has received pneumococcal vaccine. (There are 1493 adults in the system.)

The incidence of disease in Park County is difficult to determine on an annual basis as the population is small and reports of disease are low and sporadic. Therefore, the number of reported cases of a disease is quite variable. Surveillance reports are compiled for the region (Chaffee, Lake, Park and Teller counties) over a 10-year period. The largest burden of disease for the South Central Region from 2000-2009 was from Salmonella infections.

*“It Seems Simple, But...*

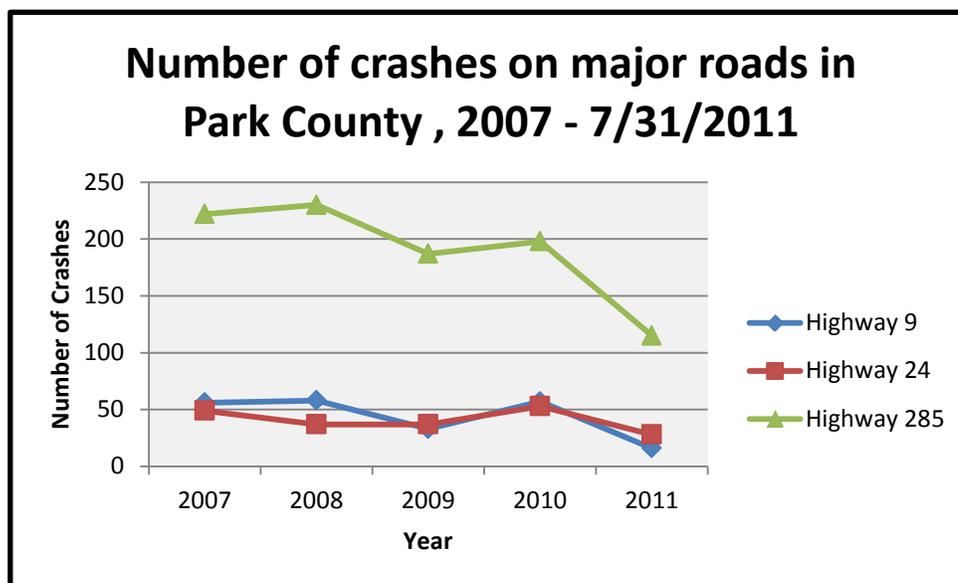
*If you discovered that one easy 15-second task, performed several times each day, could help protect your health and spare your family and friends from recurrent infections and disease, would you be willing to participate? Good. Wash your hands.”*

## Injury Prevention

### Motor Vehicle Crashes

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When an accident occurs on one of the three major highways in the county, the road may be closed to traffic for an indefinite amount of time as emergency responders provide treatment and transport for victims and law enforcement investigates the crash scene.



Source: Data from the Colorado State Patrol, Crash Level Data, 2007 – 07/31/2011

The top three (3) causes of accidents in Park County were drivers exceeding safe speeds (407 accidents), an encounter with an animal (303 accidents) and inattentive driving (117 accidents).

In Park County, the economic cost of injury and fatal crashes per 1,000 populations is above the median cost compared to the State of Colorado. The probability that a Park County resident (driver) will be in a crash is >3.5% which places Park County in the top ten (10) counties of greatest crash probability.

In the Colorado Department of Transportation, Office Transportation Safety, Problem Identification Report 2012, Park County is one of the ten (10) worst counties when considering DUI records. Drivers with a history of a DUI have increased odds of being involved in a crash compared to those with no history of DUI. Park County is ranked 9 out of 10 in crash probability involving a driver with one (1) DUI. Twenty-one to twenty-four year old male residents of Park County are ten percent (10%) more likely to be impaired crash drivers than those in their age cohort statewide. Park County ranks 26 out of 64 counties.

	2010 Population (in 1,000)	Number of Crashes (2011)			Number of Persons (2011)		Fatal and Injury Crash Rate Per 1,000 Population
		Total	Fatal	Injury	Killed	Injured	
Park	16.3	418	3	49	3	70	<b>3.2</b>
Region 1	N/A	N/A			N/A		2.1
State of Colorado	N/A	N/A			N/A		2.0

(Region 1: Adams, Arapahoe, Boulder, Cheyenne, Clear Creek, Denver, Douglas, Elbert, Gilpin, Kit Carson, Jefferson, Park, and Summit)

Of the 3 fatal crashes in 2011, 1 (33%) involved at least one driver with a blood alcohol content/concentration (BAC) above the legal limit (0.08 grams of alcohol per 1000 ml blood). In the State of Colorado and the Region, twenty-five (25%) of the crashes involved at least one driver with a BAC above the legal limit.

In an effort to reduce alcohol-related motor vehicle crashes, Park County is implementing a DUI Court for drivers with multi-DUI offenses. This program will be administered by the court system. Services such as, alcohol treatment, regular probation visits, visits with the judge and required attendance at AA meetings, will be mandated for repeat offenders.

Based on Colorado Hospital Association data, the hospitalizations for crash-related injuries (per100,000 population) were 93.9 in 2009 and 73.8 in 2010. The data for Park County of injury hospitalizations exceeds the region and state data.

Another factor contributing to crash injuries or death is lack of seat belt use. In Park County, thirty-two percent (32%) of those injured in crashes were unrestrained. Park County has the 17<sup>th</sup> worst rate in the state.

Of the 2 motor vehicle occupants who died in a fatal crash in 2011, 2 (100%) were not using seat belts or other restraints. In the Region and the State of Colorado, sixty-two percent (62%) of occupants who died in a fatal crash were not using seat belts. Of the sixty-four (64) motor vehicle occupants who were injured in a crash in 2011, twenty-one (21), or thirty-three percent (33%), were not using seat belts or other restraints.

Wildlife vehicle collisions are frequent occurrences in Park County as well as throughout the state. November is a dangerous month for motorists and wildlife. Driving at dusk when visibility is poor and when wildlife is most active increases the likelihood of an animal vehicle collision. These collisions result in property damage, injury or fatalities. From 2007 to 2011, there were 303 collisions between vehicles and wildlife. Most of the animal-vehicle collisions, most frequently involving deer, occur on two-lane highways. In Park County, U.S. Highway 285 from Antero-Junction to Fairplay has been designated as a "high-risk" area for wildlife-related accidents.

## Injury Hospitalizations

From 2007 – 2011, the rate of hospitalization for injuries to Park County residents ages 25 through 64 was above the Colorado rate of hospitalization for injuries per 100,000. These hospitalizations were related to transportation. The injuries were sustained while driving or riding in a car, driving or riding on a motorcycle or bicycle, participating in water sports, or riding an animal. (Source: [www.cohid.dphe.state.co.us/injury](http://www.cohid.dphe.state.co.us/injury))

## Child Maltreatment

The 2011 Maternal Child Data Set depicts the rate of maltreatment of children under 18 years in calendar year 2008 as 13.1. This rate reflects the number of substantiated reports per 1,000 children. The Colorado measure is 8.7.

## Mental Health and Substance Abuse

An individual's well-being physically and mentally affects his/her quality of life. Key informants identified mental health issues as the number one (#1) health problem in Park County. In addition, many people in the County expressed concerns about mental health issues. Park County has no practicing psychiatrist or psychologist. In addition, there is a dearth of crisis prevention services and high suicide rates in the County.

*If someone you know is at risk for suicide, please call **800-273-8235**. This is the Colorado Lifeline – a 24 hour crisis line for depression/suicide.*

Park County has a higher suicide rate than the region and the state of Colorado. Colorado has the sixth highest suicide rate in the nation. Since 2000, ninety-six (96) people have committed suicide in Park County. Suicide rates in the County have been variable over this period of time. In 2009, there were fifteen (15) suicides in Park County. In 2003, 2008 and 2011, there were four (4) suicides. The latest data from the Park County Coroner shows nine (9) suicides in 2012. Seven of these individuals were Park County residents. These individuals committed suicide for a variety of reasons: DUI in work environment, domestic violence incidents involving alcohol, elderly, depression and stress related to retirement.

In the report Deaths from Violence: A Look at 17 States, thirty-nine percent (39%) of suicide victims were identified as having a current mental health condition that had been diagnosed by a professional. In the same report, thirty-one percent (31%) of suicide victims were identified as being under treatment for a mental health condition at the time of death. In Colorado, approximately, twenty-five percent (25%) of victims were under treatment and about thirty-two percent (32 %) of victims had been diagnosed with a mental health condition prior to death. In Colorado, approximately thirty percent (30%) of the victims were noted to have physical health problems that appeared to have contributed to the decision to commit suicide.

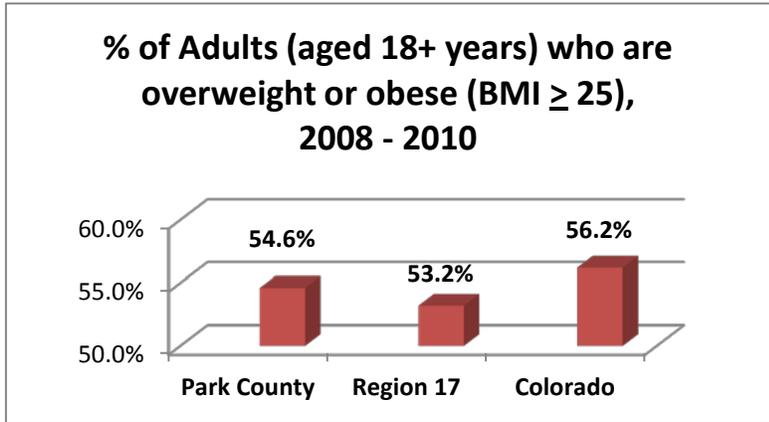
In Colorado, nine percent (9%) of youth ages 12-17 and nineteen (19%) of adults in the Medicaid program were diagnosed with depression. Identified barriers to accessing mental health treatment includes people who lack insurance or money to pay for treatment and the stigma around mental health that inhibits individuals from acknowledging the problem and/or receiving treatment.

### Obesity

In 2007, Colorado ranked 10<sup>th</sup> in the nation for children who are overweight or obese. In 2003, Colorado ranked as the second lowest state in the nation for this measure. Colorado’s rate rose from twenty-two percent (22%) in 2003 to twenty-seven percent (27%) in 2007. There is no Park County level data or Health Statistics Region data for this element for children.

The data for adults in Park County is limited. In general, Park County has a higher percentage of adults (18+ years) who are obese or overweight when compared to Region 17 (Clear Creek, Gilpin, Park and Teller counties) and a lower percentage of adults who are obese or overweight when compared to the state. (Source: [www.cohid.dphe.state.co.us](http://www.cohid.dphe.state.co.us))

*Obesity happens one pound at a time. So does preventing it.*  
  
[www.hhs.gov/onepoundatime](http://www.hhs.gov/onepoundatime)



### Oral Health

It is now recognized that oral health is essential to general health, so emphasis is being placed on improving oral health. Recent data show that fifty-two percent (52%) of children in the Colorado Medicaid program received a dental service in 2010. Still, only half of all eligible children are receiving dental care in Colorado. There is no county specific data available.

Cavities are the most common chronic disease of childhood. Colorado did an oral health survey in 2011-2012 of children enrolled in 3<sup>rd</sup> grade in Colorado schools. The survey estimated oral health status based solely on the income distribution of a county and did not consider any other factors as income is a significant predictor of oral health status.

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The Colorado Department of Public Health and Environment conducts a Children's Oral Health Screening every three to five years. It is a statewide oral health assessment of children in kindergarten and third grade within Colorado's public elementary schools. The following table displays the results of the 2011-2012 Oral Health Screenings.

Percent of kindergarten children with Caries History	Percent of kindergarten children with Sealants	Percent of Kindergarten children with Untreated Decay
39.7%	N/A	13.8%
Percent of 3 <sup>rd</sup> graders with Caries History	Percent of 3 <sup>rd</sup> graders with Sealants	Percent of 3 <sup>rd</sup> graders with Untreated Decay
55.2%	44.9%	14.4%

(Source: Prevention Services Divisions. *Chew on This: 2012 Report on Oral Health in Colorado*. Denver: Colorado Department of Public Health and Environment, 2012.)

In 2011, according to the Colorado Health Access Survey, seventy-eight percent (78%) of children less than 18 (<18) years of age had dental insurance coverage. In the same survey, only fifty-six percent (56%) of adults aged eighteen (18) years and older had dental insurance.

Currently, individuals with dental insurance often do not receive needed dental care because of significant out-of-pocket expenditures, the limitations of dental coverage and maximum benefit caps. Coloradans might be finding dental care unaffordable.

Adults enrolled in Medicaid or pregnant women covered by CHP+ do not receive dental benefits. Seniors age 65+ had the greatest percentage of all age groups without dental insurance at 60.6%. Fifty (50%) percent of young working adults ages 19-34 lack dental insurance, second only to seniors.

The Affordable Care Act requires that individuals and small group insurance plans offer a package of health care services, including pediatric dental care. Virtually all children who are US citizens will be eligible for dental insurance. The Colorado Health Benefits Exchange (COHBE) may increase access to dental coverage. Families with incomes up to 400 percent FPL (Federal Poverty Level) will be eligible for subsidies to purchase oral health coverage for their children through COHBE.

The Affordable Care Act does not mandate adult oral health benefits for either public or private insurance including Medicare. In 2011, adults visited the emergency room 39,000 times with dental complaints. An estimated forty-two percent (42%) of working-age Coloradans and approximately sixty-seven percent (67%) of Colorado adults over sixty-five (65) years of age do not have dental benefits.

There are barriers to access to dental care. Some individuals and families lack dental insurance. Many dental providers do not accept publicly funded programs (only 1 in 4 dentists in Colorado accept Medicaid); and equally important, Coloradans do not understand the importance of oral health as it relates to general health and well-being. People do not understand that dental disease is irreversible, but preventive dental care can result in lower overall costs.

It is generally recognized that the prevention of tooth decay in all age groups is possible with fluoridation. The fluoridation of drinking water is recognized as one of the ten great public health achievements. According to information from the CDC, community water fluoridation reduces decay by

approximately twenty-five percent (25%) regardless of other sources of fluoride. Fluoride is a naturally occurring mineral in water, and the natural fluoride content in water varies.

In Colorado, seventy point one percent (70.1%) of persons receive fluoridated water. States are ranked by the fluoridation percentage and Colorado is ranked 31<sup>st</sup> out of 50 states.

At the local level, five of the community drinking water systems in Park County do not supply natural fluoridated water. One water system has a fluoride concentration which may vary throughout the year and one water system has a natural fluoride concentration at or above the level considered optimal for the prevention of dental caries.

## Tobacco

Tobacco use has a devastating effect on the health and well-being of the public. In the United States between 2002 and 2011, smoking rates decreased for adults in all age groups except those aged twenty-six (26) to thirty-four (34). *(Source: 2002 to 2011 National Surveys on Drug Use and Health. The survey is sponsored by the Substance Abuse and Mental Health Services Administration [SAMHSA]).* In the nation and Park County, nearly twenty-one percent (21%) of adults still smoke. Smoking is the leading preventable cause of premature mortality. Smokers die an average of fifteen (15) years earlier than nonsmokers.

The use of any form of tobacco (including cigarettes, cigars, pipes and smokeless tobacco) and alcohol affects the health of smokers in general and is the cause of many diseases: cancers, coronary heart disease and stroke, and chronic obstructive lung disease. Though it is not widely acknowledged, more women die of lung cancer than of breast cancer.

Low birth weight babies are a significant health problem in Colorado. Smoking is a contributing factor to this problem. One in eight low weight births are attributed to prenatal smoking.

The decision to quit smoking may be the most important health decision an individual ever makes. It is never too late to quit! However, nicotine is a highly addictive drug, and it is not easy to quit. It is believed that nicotine replacement therapy (NRT) combined with counseling is the most effective method for individuals desiring to quit smoking. Adding behavioral support to NRT increases quitting chances ten (10%) to twenty-five percent (25%). Today, many individuals are using virtual support groups such as, [www.becomeanex.org](http://www.becomeanex.org), to assist their stop smoking efforts.

“Smokers often don’t realize that they pay twice for cigarettes. First with cash out of pocket, then later with their health or [their] lives.”

Ayda Uarkli, World Bank, 2001

The rate of dependence is higher for those who start smoking at an earlier age than for those who initiate cigarette use later in life. Park County Public Health and the South Park Medical Group is partnering with the Boys and Girls Club of South Park to provide tobacco prevention education to children and parents in Bailey and Fairplay.

Smoking cessation can improve an individual's health. It reduces the risk of premature death. For example, lung function starts to improve 2-3 months after quitting. Smoking cessation reduces risk of lung cancer. Ten years after quitting, the risk of lung cancer decreases to thirty percent (30%) to fifty percent (50%) of that of a continuing smoker. Yet, in spite of anti-smoking campaigns, cigarette smoking continues to remain an important health hazard.

### Unintended Pregnancy

Unintended pregnancies are those pregnancies that are unwanted or mistimed (earlier than wanted) at the time of conception. Colorado PRAMS data for 2007 (the latest data available), indicate that in Health Statistical Region (HSR) 17 ten point three percent (10.3%) of pregnancies were unwanted by the woman's husband or partner compared to seven point two percent (7.2%) of unwanted pregnancies in the state. In Region 17, thirty-five percent (35%) of pregnancies were unintended and in the state, thirty-six point nine percent (36.9%) were unintended. (Source: [www.cohid.dphe.state.co.us](http://www.cohid.dphe.state.co.us))

### Issues to keep an eye on

Major trends that could have a significant impact on the public health system in Park County in the future include an aging population, recreational use of marijuana, the potential increase in vaccine preventable diseases (as the cost of vaccines increases for the underinsured population), and the effect of the Affordable Health Act on access issues for medical and mental health services, medical home, and dental care.

## Improvement Plan

### Goal 1:

#### Improve the mental/behavioral health of Park County residents.

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**Objective:** Reduce number of individuals dying from intentional injuries.

**Activity:** Identify available suicide prevention services and programs in Park County and promote these resources.

Benchmark: 0 in 2012.

**Activity:** Provide law enforcement and EMS personnel with education and training about working with individuals with behavioral health needs including the resources available to personnel to help these individuals. Two trainings, Mental Health First Aid USA, will be offered to law enforcement and EMS personnel.

**Benchmark:** 0 group trainings.

**Activity:** Victim Services will collaborate with AspenPointe staff to offer a class on Mental Health First Aid to all interested Park County residents. Education will be provided at alternate sites within the county.

**Benchmark:** Class offered several years ago.

**Activity:** Increase awareness of suicide prevention by providing information about suicide at local community sites. For example, health fairs, Back to School Nights, community immunization clinics, websites, etc.

**Measure:** Track premature mortality (death among Park County residents) under 65 years to measure the overall success of suicide interventions.

## Goal 2:

### Decrease the Years per Life Lost (YPLL) in Park County due to motor vehicle crashes.

**Objective:** Increase the number of DUI Enforcement activities in Park County.

**Activity:** The Park County Sheriff's Office will increase saturated patrols and/or DUI Checkpoints to a minimum of 8 events in 2013-2014.

**Benchmark:** 0 in 2012.

**Activity:** Twice a year use Park County's website and the Sheriff's Office website to educate drivers about the hazards of animal encounters with motor vehicles and winter driving conditions on US 285 during high risk times.

**Benchmark:** 0 in 2012.

**Measure:** Monitor the Colorado State Patrol Report for number of motor vehicle crashes in 2013 and 2014.

## Goal 3:

### Improve oral health.

**Objective:** Reduce the number of dental caries in children.

**Activity:** Increase the number of Small Acreage Workshops offered to Park County residents in Bailey, Fairplay and Jefferson. The curriculum will include information about water quality, community water systems, testing of private wells to include fluoride. Park County Public Health will provide written information about fluoride and dental health for the workshops.

**Activity:** Park County Public Health website will contain information on the importance of fluoride and prevention of dental caries.

**Benchmark:** 3 Small Acreage Workshops provided each year, but fluoride has not been part of the curriculum.

**Measure:** CSU Extension Office will self-report number of Small Acreage Workshops providing information on fluoride and number of attendees by age group and residence at each Workshop.

Reduction in children's dental caries as reported in the Children's Oral Health Screening survey conducted by the Colorado Department of Health and Environment.

#### **Goal 4:**

#### **Improve indoor air quality.**

**Objective:** Increase the number of Park County residents with information about radon and radon testing.

**Activity:** The staff at the CSU Extension office will provide 3 "brown bag" lunches in different areas of Park County to educate residents about radon and provide a questions and answers component to these presentations. Classes will be offered in the fall and/or spring of 2013 - 2014.

**Benchmark:** 0 in 2012.

**Measure:** CSU staff will track the number of attendees at educational offerings by age and residence.

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Centers for Disease Control and Prevention. Winnable Battles. Available at [www.cdc.gov/winnablebattles](http://www.cdc.gov/winnablebattles)

Methodology: Studnicki, J. et al. (1997). Community Health Report Card: Comprehensive Assessment for Tracking Community Health (CATCH), Best Practices and Benchmarking in Healthcare, Vol 2(5), 196-207.

Colorado Health Access Survey, Issue Brief 2011 Data series #4, [A Growing Problem: Oral health Coverage, Access and Usage in Colorado](#), December 2012. Prepared for The Colorado Trust by the Colorado Health Institute. Available at [www.cohealthaccesssurvey-org.reports](http://www.cohealthaccesssurvey-org.reports).

## Useful websites:

Community Health Status Indicators, CHSI 2009  
[www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)

National Highway Traffic Safety Administration  
[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

(NIH) National Institute on Drug Abuse  
[www.nida.nih.gov](http://www.nida.nih.gov)

2012 Colorado Oral Health Plan  
[www.oralhealthcolorado.org](http://www.oralhealthcolorado.org)

Suicide Prevention Resource Center  
[www.sprc.org/](http://www.sprc.org/)

Colorado Health Information Dataset  
[www.cohid.dephe.state.co.us/injury](http://www.cohid.dephe.state.co.us/injury)

## Appendix:

# Park County

