2016 Stakeholder Meetings Prioritization Update

Delta County Stakeholder Meeting, December 1st, 2016

Prioritization of Health Concerns				
1. Mental Health & Substance Abuse	53			
2. Children Living In Poverty	36			
3. Lack of Access	28.5			
4. Fragmented Care System and Care Coordination	17			
5. Affordable Housing	15			
6. Obesity	12			
7. Sidewalks, Pedestrians, Transportation	11			
8. Environmental Diseases	10			
9. Infectious Diseases (STDs, Immunizations)	3			
10. Alzheimer's/Dementia	1			
11. Participation of People to Make a Difference	1			

Gunnison County Stakeholder Meeting, December 8th, 2016

Prioritization of Health Concerns				
1. Mental Health	43			
2. Access to Health	37.5			
3. Conservation of Health Care Resources, Stewardship, Adapting to Life with dysfunctional healthcare system, local level- Health literacy, prevention	18			
4. Substance Abuse	15			
5. Health Education- Seniors, Immigrants, Lower educated	12			
6. Family & Parenting Education & Resources, Life Skills Training for Transition Age Youth 15+	11			
7. Trained Providers in Child & Youth Services	10			
8. Care Coordination and Health Literacy	8			
9. Dental Care: Preventative Care for Kids and Aging Population	7			
10. Language and Cultural Barriers- insurance and services difficult to access	5			
11. Affordable Safe Housing	3.5			
12. Immunization Rate: Children	2			
13. Clinical Care	1			
14. Seniors- in home care, life care at home	1			
15. Poverty	1			
16. Affordable and Healthy Food Access and Information- Food Security valley wide	1			

Hinsdale County Stakeholder Meeting, November 28th, 2016

Prioritization of Health Concerns				
1. Access to Mental Health Services	48			
2. Affordable Safe Housing- for young families, with lead, radon and water testing	32			
3. Access to Health- medical specialists, uninsured, affordable prescriptions/pharmacy				
4. Senior Care and Assisted Living				
5. Active Transportation- trails, bike lanes, shoulders, sidewalks- promote existing public health services	8			
6. Capacity to Provide Health Services	7			
7. Access to Food- fresh fruits/veggies, food security for children	6			
8. Ambulance Volunteers	3			
9. Victims Advocates- Services	1			

Montrose County Stakeholder Meeting, November 15th, 2016

Prioritization of Health Concerns				
1. Behavioral Health Access, including substance abuse, suicide prevention	37			
2. Poverty, including Affordable Housing, System Navigation (where can I get help)	36			
3. Access to Health Care, including primary care, mental and dental services, for low and moderate income, uninsured and underinsured, Spanish-speaking	32			
4. High Obesity, including chronic disease management, diabetes prevention	22			
5. Children and their Parents; teaching healthy lifestyles, parenting education	16			
6. Focus on Prevention: community-wide, all ages				
7. Safety, Sidewalks, Bikes Lanes, Road Safety, Pedestrians, Distracted Drivers	5			
8. Cancer Prevention	1			

Ouray County Stakeholder Meeting, November 9th, 2016

Prioritization of Health Concerns					
1. Lack of mental health services	59				
2. Substance Abuse/Use; underage and adults, marijuana, alcohol, tobacco	33				
3. Affordability of Health Insurance and Care					
4. Affordable Housing and Healthy (Quality) Housing					
5. Traffic Related Risks; speeding, pedestrians					
6. Resources for Juveniles; treatment and placement for mental health and substance abuse					
7. Suicide; males and others, youth					
8. Assistance for the Elderly, Health Needs					
9. Better Data Collection; use primary care and schools, electronic medical records					
10. Income Sensitivity; meeting basic needs, working people, need income data by age group	5				
11. Access to Child Care Facilities	1				

San Miguel County Stakeholder Meeting, December 6th, 2016

Prioritization of Health Concerns					
1. Substance Abuse & Lack of Access to Mental Health Services					
2. Emergency Detox Facility, Emergency Mental Illness and Hospital Locally					
3. Rising Cost of Health Insurance and Prescription Drugs & Lack of Access for Under and Uninsured; Affordability					
4. Health Literacy, Community Education, Isolation of Communities, Lack of Connection And Awareness	23				
5. Senior Services; home health, hospice, transportation	18				
6. Access to Specialist Care & Transportation for Medical Care					
7. Health Eating and Active Living (Hispanic Community) & Certified Diabetes Educator					
8. Injury Prevention; risk seeking behavior, helmets, driving, walking home OT/PT					
9. Home Services					
10. Access to Affordable Food					
11. Well Water Quality and Radon					
12. Lack of Health Care for Undocumented, Pregnant Women					
13. Communication and Collaboration					
14. Immunizations	2				



2017 Regional Health Priorities

1. Behavioral Health

Mental Health/Substance Abuse/Suicide Prevention

2. Healthy Eating Active Living

Active Transport/Built Environment

3. Healthy Housing

> Radon, Water Quality, Lead

Health Equity
An Explanatory Model for Conceptualizing the Social **DETERMINANTS OF HEALTH**

> **NATIONAL INFLUENCES GOVERNMENT POLICIES U.S. CULTURE & CULTURAL NORMS**

LIFE COURSE	SOCIAL	SOCIAL DETERMINANTS OF HEALTH			HEALTH Factors			=	POPULATION OUTCOMES			
PREGNANCY	ECONOMIC OPPORTUNITY	PHYSICAL ENVIRONMENT	SOCIAL FACTORS		HEALTH BEHAVIORS & CONDITIONS	MENTAL HEALTH	ACCESS, UTILIZATION & QUALITY CARE		QUALITY OF LIFE			
EARLY CHILDHOOD	Income Employment	Built Environment	Participation Social		Nutrition Physical	Mental health status	• Health insurance		MORBIDITY			
CHILDHOOD	Education Housing	*Recreation *Food *Transportation Environmental quality *Housing *Water *Air	•Food •Transportation Environmental quality	*Food *Transportation *Transportation *Political influence *Organization al networks *Transportation* *Pood *Organization al networks*	Leadership Political	Leadership Political influence Organization al networks	eadership olitical olitical fluence rganization networks • Tobacco use • Skin Cancer • Injury • Oral health • Sexual health	Tobacco use Skin Cancer	Stress Substance abuse Functional	Received needed care Provider		MORTALITY LIFE EXPECTANCY
ADOLESCENCE					quality			status	availability • Preventive care			
ADULTHOOD			• Racism	Obesity Cholesterol High Blood								
OLDER ADULTS		Safety			Pressure							

Public Health's Role in Addressing the Social Determinants of Health

- · Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- · Creating organizational environments that enable change

- · Data collection, monitoring and surveillance
- · Population based interventions to address health factors
- · Community engagement and capacity building

Colorado Department of Public Health – Social Determinants of Health Workgroup

Next Steps for Planning Process

- ► Health Assessment Document- goal of June 30th completion, further health equity analysis on priorities
- Strategy Generation and Prioritization using first Stakeholder
 Meetings, review State Public Health Improvement
- Capacity Assessment both within WCPHP and Communities
- County Stakeholder Meetings summer 2017
- ► Health Priority Planning Meetings fall and winter 2017
- ▶ Public Health Improvement Plan Completed by December 31, 2017