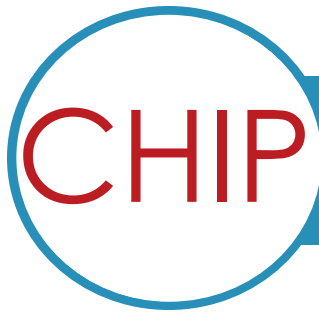


# COMMUNITY HEALTH IMPROVEMENT PLAN

PUEBLO COUNTY  
2018-2022





## COMMUNITY HEALTH IMPROVEMENT PLAN

*Pueblo Community,*

Pueblo County community members used phrases like: ‘the ability to cope physically and mentally’, ‘balance in life’, and ‘feeling good with yourself and others’ to describe health. They also described a healthy community using phrases like: ‘working together’, ‘living out healthy habits’, ‘having healthy activities available’ and ‘growth’. This plan seeks to reach those goals and make those phrases reality for everyone in Pueblo County.

To achieve this goal, community members and leaders clearly identified the need to address obesity and behavioral health issues in the community. The Pueblo County Community Health Improvement Plan (CHIP) presents a strategic approach to addressing these issues while taking into consideration current efforts, assets and resources.

The CHIP document outlines information on the process used to select the two priority areas, information on the priorities, and the philosophy behind the plan. This document is meant to be the basis for action plans. Thus, the action plans will be living documents that will be updated to demonstrate progress and change to reflect growth, barriers, and innovations.

In the previous CHIP, the two priorities were obesity and teen and unintended pregnancies. Significant progress has been made to reduce the rates related to teen pregnancies. The community can be incredibly proud of this accomplishment and commit to learning as many lessons as possible to be replicated in future efforts. To this end, teen pregnancy was not included in the current CHIP. However, this does not diminish the importance of this issue. As a testament to this, data and information on efforts addressing teen pregnancy will continue to be tracked and monitored to ensure improvements are sustained.

Addressing topics such as obesity and behavioral health will be very challenging and will take long-term commitment from community leaders and members alike. While tackling these burdens will be difficult, the reward for success promises to be worth it. Please join us in working to make Pueblo County the healthiest county in Colorado. For more information contact the Health Department’s Public Health Planner at 719-583-4353.

In health,

Sylvia R. Proud, MS, IPMA-SCP  
Public Health Director  
Pueblo City-County Health Department

Eileen Dennis  
Pueblo City-County Board of Health



## Purpose

As described by the Centers for Disease Control and Prevention, a Community Health Improvement Plan (CHIP) is a “long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process.”<sup>15</sup> In Pueblo County, the purpose of the CHIP is to work collectively toward improving health outcomes of community-chosen priorities using evidence-based strategies.

## Overview of Pueblo County

With a population of approximately 165,123 residents, Pueblo County encompasses the communities of Avondale, Beulah, Boone, Colorado City, Rye, the City of Pueblo and Pueblo West. Located 115 miles directly south of Denver, Pueblo County is a diverse community, both culturally and geographically.<sup>1,2</sup> Nearly one quarter of the population is age 18 or younger, 42% identify as Hispanic or Latino, 15% of households speak a language other than English at home, and 13.6% of people under the age of 65 have a disability. There are a variety of employers including small businesses, agriculture and manufacturing.<sup>2</sup>

The County Health Rankings placed Pueblo County 51 of 58 counties in Colorado for health outcomes. Pueblo County ranked 54th for social and economic factors such as educational achievement, unemployment, crime and poverty.<sup>3</sup> Nearly one in five residents live below the poverty level; 27% of children are being raised below the poverty level.<sup>4</sup>

## Prerequisites for Success

For the efforts described in this plan to have the largest impact and best health outcomes, there are several fundamentals that must be in place and considered. First, it is crucial that efforts within the community be aligned and coordinated to maximize impact and limited resources. There are many organizations and groups within Pueblo County working to address obesity and behavioral health. This plan seeks to capitalize on the efforts already occurring while also seeking to identify and address the gaps and areas for improvement. Along with alignment of objectives, it will also be important to ensure the objectives implemented are evidence-based and have been researched and proven to impact the issue.

Next, long-term commitment will be required to see improvements within the community related to the priorities. Improvements will take significant time, resources and consistent objectives from multiple entities in the community. Thus, it will be imperative to closely track progress related to short-term process completion and intermediary data measures that will demonstrate progress in a positive direction.



Last, action plans have been developed based on current capacity including expertise, community will, and financial resources. To see significant improvements, enhancement of existing initiatives and additional efforts are necessary. However, future efforts will be dependent on the ability to secure funding and organizational commitment. Financial support is imperative to have sustainable programs, interventions, and maximum impact.

## Guiding Models

During creation of the CHIP three important models were used to guide the work. The first was the health equity model developed by the Colorado Department of Public Health and Environment (CDPHE).<sup>15</sup> This model acknowledges the many determinants of a person's health including the various stages of life, physical environment, social structures, healthy behavior, the ability to access and utilize care, and more. A visual of the Health Equity model can be seen in the attachment.

It is recognized that these factors can influence and impact an individual's and community's health and can contribute to health inequities. A health inequity is an avoidable inequality in health between groups of people within communities, counties, countries, and between countries. These inequities arise from variations within and between societies. This model helped guide efforts at every stage of the process.

For example, when data was gathered for the Community Health Assessment (CHA) process, it was broken down by income, education, race/ethnicity, age, etc. During CHIP strategy selection, if a strategy could impact health inequities it was given additional prioritization points. As modifications are made to the CHIP action plans, the criteria will continue to be considered and used as a guide to ensure efforts are being implemented to create a healthy community for everyone.

The second model, the Social Ecological Model (SEM)<sup>16</sup>, helped frame the CHIP action plan. The SEM is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors. The model, shown in the attachment demonstrates how working at all levels (individual through policy) are critical to changing health outcomes in a community.

Throughout the construction of the CHIP action plan, the CHA Steering Committee and Pueblo City-County Health Department (PCCHD) staff members worked to ensure that the strategies selected emphasized all



levels of the SEM. Developing strategies at all levels and with multiple community partners reinforces the importance of the CHIP being a community-wide plan versus solely a health department endeavor.

Lastly, the Collective Impact framework, influenced the development of the CHIP. The premise of the Collective Impact framework is that to achieve population-level change, multi-sector collaboration, and commitment is required.<sup>17</sup> The Collective Impact framework comprises five conditions, including a common agenda, shared measurement, mutually reinforcing activities, continual communication, and backbone organization or support.<sup>17</sup>

The Pueblo CHIP embodies the essence of the Collective Impact framework by incorporating community partner input in all parts, including:

- the determination of evidence-based strategies and measures,
- engagement of community partners in developing individual objectives linked to the larger community goal (or agenda) of reducing obesity and improving behavioral health,
- regular communication through email and meetings, and
- support from PCCHD and the CHA Steering Committee.



## COMMUNITY HEALTH IMPROVEMENT PLAN: PROCESS

### Timeline

2016	January 2017	November 2017	December 2017	January 2018
Community Health Assessment conducted	CHIP development began	CHIP approved by Pueblo City-County Board of Health	CHIP will be provided to CDPHE	CHIP implementation begins and will conclude December 2022

### Assessment Process and Steps

PCCHD led the community through a comprehensive community health assessment process that examined data as well as thoughts and opinions of community members and leaders. The process adhered to Colorado Health Assessment and Planning System (CHAPS).<sup>6</sup> CHAPS was created by CDPHE as a guide for local public health agencies to carry out assessment and planning activities. CHAPS includes eight phases that allow local public health agencies and community partners to create a comprehensive plan to improve health outcomes of chosen health priorities in the community. To see more information on the phases, refer to CHAPS diagram in the attachment.

Based on the CHAPS framework, Pueblo's CHA process began by gathering data on health issues in Pueblo County using three data sources: secondary data review, a survey of community members, and community leaders' perspectives.

First, the data review looked at over 130 population health indicators for Pueblo County. This data was also gathered for Colorado. Each indicator was then ranked using a matrix per size of the issue, if it was statistically different from Colorado, and if it was a state or national priority.

The second data source gathered input from over 685 community members. The survey was distributed on-line as well as during community events. Community members were asked to rank the top five health issues that impact Pueblo County the most, how they would define health and healthy community, and what should be done about the top health issues they identified.

The last source of data came from community leaders representing non-profits, education, health, faith communities, government, and business. These individuals completed a three-round survey, brainstorming and prioritizing health issues within the community.



Information was taken from all three sources and reviewed by the CHA Steering Committee to determine the priorities to be addressed during 2018-2022. The priority areas selected were ranked as top issues throughout all three sources examined. Based on the significant overlap, the CHA Steering Committee selected obesity, mental health and substance abuse to be addressed during 2018-2022. The term behavioral health was selected to refer to mental health and substance abuse.

PCCHD hosted a community launch event in November 2016. The intention of the event was to have partners representing a cross-section of the community participate in a Strengths, Weaknesses, Opportunities, and Threats (SWOT) assessment around obesity and behavioral health as well as provide key information on individual and organizational assets, and resources related to obesity and behavioral health. The data gathered from this event assisted PCCHD in identifying key community partners to participate in creating the CHIP workplan. Creation of work plans for each priority is described below.

### Plans for Monitoring Progress

Action plans detailing efforts that will be taken to address both priority areas will be created and updated annually. A copy of these action plans can be found on the PCCHD website: [pueblohealthdept.org](http://pueblohealthdept.org).

The efforts described in the action plans will be carried out by multiple organizations and groups within Pueblo County. Progress will be reported by these entities to PCCHD quarterly and uploaded into an on-line data management system. PCCHD will then combine these progress reports and report them back to the CHA Steering Committee quarterly. Annually, progress reports will be created and shared with the public through the health department website and community presentations. Quarterly progress reports can also be requested by contacting the PCCHD Public Health Planner at 719-583-4353.

### Definition of Health and Healthy Community

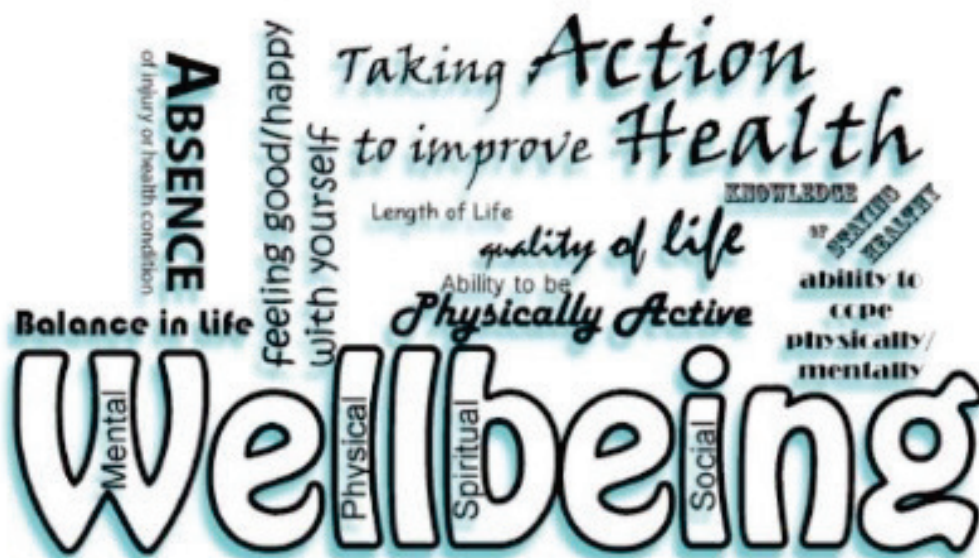
During 2016, community members participated in a survey where they were asked their thoughts when hearing the words “health” and “healthy community”. The following graphics summarize the most common words and phrases associated with these terms. The words that are larger in size were stated more frequently by respondents.



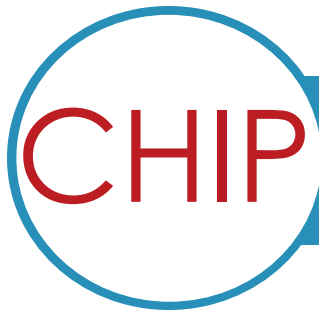
Healthy  
Community



Health







## Overview of Priorities

### Behavioral Health

#### **Definition**

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as “the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders.”<sup>8</sup>

#### **Data and Information on Burden**

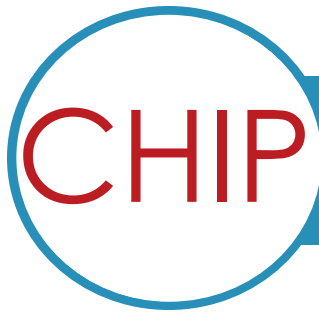
Behavioral health is linked to physical and social functioning as well as health outcomes. For example, studies show that depression is a risk factor for cancer and heart diseases. Mental disorders such as depression, anxiety and substance use, found in patients who also suffer from physical disorders, may also result in poor medical compliance.<sup>7</sup>

“Given the prevalence of mental health and substance-dependence problems in adults and children, it is not surprising that there is an enormous emotional as well as financial burden on individuals, their families, and society as a whole. The economic impacts of mental illness affect personal income, the ability of ill persons – and often their caregivers – to work, productivity in the workplace and contributions to the national economy, as well as the utilization of treatment and support services.”<sup>7</sup>

While effective treatments exist, there is a critical need for a behavioral health system that offers comprehensive and holistic care. Likewise, far too few of those suffering from behavioral health conditions access care. In 2014, data from the National Survey on Drug Use and Health showed that 15.7 million adults reported having a major depressive episode in the past 12 months. Of those, about one-third of adults (33.2%) did not seek professional help during the previous 12 months.

Furthermore, in 2014, 21.2 million Americans ages 12 and older needed treatment for an illegal drug or alcohol use problem. However, only about 2.5 million people received the specialized treatment needed for these conditions.<sup>10</sup>

In Pueblo County, the story is similar among youth and adults. Based on 2015 data, 21% of high school students seriously considered attempting suicide in the last 12 months with 11.5% of students attempting suicide one or more times. The rate for adult suicide hospitalization in 2015 was 108.6 per 100,000 as compared to Colorado at 52 per 100,000. Adult mental health hospitalizations in 2015 was also high in Pueblo County with



a rate of 4428.1 per 100,000 compared to Colorado's 2833.8 per 100,000.<sup>13</sup>

The connection between poor mental health and substance abuse is well documented. People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder and vice-versa. In Pueblo County, substance misuse has led to high rates of drug poisoning hospitalizations. In 2015, the rate for drug poisoning hospitalization for heroin, opiates, and narcotics was 22.9 per 100,000 as compared to Colorado at 7.7 per 100,000. Many adults begin misusing substances early, with 16% of high school students in 2015 having used prescription drugs without a prescription one or more times.<sup>13</sup>

### *Process*

As illustrated, the need to address behavioral health is obvious. However, since so many issues can be addressed under the behavioral health umbrella, the CHA Steering Committee decided to set parameters around topics that would be included under behavioral health. The group looked at data that was ranked during the CHA process, what community leaders said during Delphi interviews, SAMSHA definitions and community expert recommendations.

Based on all this information, the CHA Steering Committee opted to begin with the following narrowed definition and focus related to the behavioral health priority:

- illegal use of substances (including alcohol but excluding tobacco),
- depression and
- anxiety.

The CHA Steering Committee acknowledges that there are significant efforts and organizations currently working to address behavioral health in the community. However, there is not a coordinated effort among the partners to date.

Therefore, to address behavioral health the CHIP begins with capacity building, a process to understand current resources, efforts, roles, and gaps within the community and a concentrated effort to pull partners together. Ensuring this process is well thought out, and sufficient time is taken to understand the current climate is essential to maximize impact and further efforts.



COMMUNITY HEALTH IMPROVEMENT PLAN: BEHAVIORAL  
HEALTH

Year one of the CHIP action plan captures the work that will take place to bring partners together and then build action plans for years two through five. In addition, the CHIP also captures PCCHD efforts being implemented related to behavioral health. These efforts will be added, as appropriate, to additional activities once the partner meetings occur. To have lasting impact on the behavioral health issue, year one will be predominately planning so that action plans for years two through five can be task oriented and inclusive of broader community efforts.



## Obesity

### **Definition**

Obesity is defined as excess adipose tissue. Means of determining obesity most commonly include body mass index (BMI). Factors such as diet, lack of exercise, a person's environment, and genetics can cause weight gain, which leads to obesity. For example, when individuals consume more calories (or food) than they expend this causes an energy imbalance and storage of more body fat. The world around us also influences our ability to maintain a healthy weight, including safe areas to exercise, oversized food portions, and access to healthy foods. In other cases, genetic syndromes or disorders can cause overweight and obesity as well as certain medicines can cause weight gain.<sup>11,12</sup>

### **Data and Information on Burden**

"An estimated 112,000 excess deaths per year are associated with obesity. Obesity puts individuals at risk for more than 30 chronic health conditions. They include: type 2 diabetes, high cholesterol, hypertension, gallstones, heart disease, fatty liver disease, sleep apnea, GERD, stress incontinence, heart failure, degenerative joint disease, birth defects, miscarriages, asthma and other respiratory conditions, and numerous cancers."<sup>11</sup>

The number of Americans with obesity has increased for the last 40 years and there is no sign of reversing these patterns. Obesity doesn't only affect the individual; it impacts the community with healthcare costs of American adults amounting to approximately \$190 billion per year.<sup>11</sup>

Nationally in 2014, 37.9% of adults (ages 20 and older) were obese and 70.7% of adults (20 and older) were overweight or obese. Also concerning is the growing increase of overweight and obese children. Nationally, 9.4% of children ages 2-5 years, 17.4% of 6-11 years, and 20.6% of 12-19 years were obese in 2013-2014. Among children, extra pounds increase the risk for earlier onset of diabetes, heart disease and certain cancers. New research also shows significant social and economic consequences later in life among youth that are overweight in high school.<sup>12</sup>

In Pueblo County, statistics from 2013-2015 show a similar dire situation with 29.6% of adults 18 and older being obese and an additional 32.2% of adults being overweight. Among children and youth, 19.2% of children ages 2-14 were obese and 15.7% of high school students were obese.<sup>13</sup>



**Process**

Since obesity was one of the top priorities addressed in the previous CHIP, the process to create the CHIP action plan looked significantly different than the process used to create the behavioral health action plan. First, PCCHD compiled a list of evidence-based strategies to address obesity. This list was derived from CDPHE, Center for Disease Control and Prevention, Community Guide, Institute of Medicine, Department of Health and Human Services, and the Robert Wood Johnson Foundation.

The list presented 13 strategies around five approaches: nutrition, food system, breastfeeding, built environment, and physical activity. This list was then presented to a group of partners and individuals in the community working to directly implement obesity prevention and reduction efforts. After considering data, past successes and barriers, assets and resources, the group prioritized which strategies should be implemented in Pueblo County. Prioritization was based on which strategies would have the largest impact, had the most will to move forward, and if health disparities and inequities would be addressed.

The following approaches and strategies were prioritized:

APPROACH	STRATEGY
Food System	Increase access to healthy and affordable foods in the community.
Breastfeeding	Enhance and support policies and programs that promote breastfeeding.
Built Environment	Promote, create and enhance access to safe, accessible and affordable places for physical activity.
Physical Activity	Promote and strengthen school and early learning policies and programs that increase physical activity.  Provide and support evidence-based programs to increase walking, biking, and physical activity.

After prioritization, PCCHD approached partners implementing current efforts aligning with the selected strategies. Meetings with partners explored more in-depth information about what was being implemented, what future plans existed for efforts and gaps related to that strategy.



## COMMUNITY HEALTH IMPROVEMENT PLAN: OBESITY

Partners were then asked to include their efforts in the CHIP with a plan to evaluate efforts for future improvements. The objectives partners agreed to implement were then compared against the socio-ecological model to ensure efforts were being implemented at the various levels of influence in the model. A list of gaps identified by partners and in the socio-ecological model was collected and will be examined by the CHA Steering Committee during year one of CHIP implementation to determine potential solutions.



## Alignment with State and National Priorities

Aligning with other efforts at the state and national levels is crucial to ensuring appropriate knowledge and resources exist to address such significant burdens in a community. With that in mind, the Pueblo County plan specifically aligns with the Colorado Winnable Battles, Healthy People 2020 and the Colorado Public Health Improvement Plan.

- **Colorado Winnable Battles**

CDPHE established 10 areas that have known, effective solutions that could be implemented to significantly improve the health of the state. The Winnable Battles are listed below. Pueblo County's top priorities align with the first two Winnable Battles listed:

- Obesity
- Mental health and substance abuse
- Healthier air
- Clean water
- Infectious disease prevention
- Injury prevention
- Oral health
- Safe food
- Tobacco
- Unintended pregnancy

For more information visit:

[www.colorado.gov/pacific/cdphe/colorados10winnablebattles](http://www.colorado.gov/pacific/cdphe/colorados10winnablebattles)

- **Colorado Public Health Improvement Plan**

*Healthy Colorado: Shaping a State of Health* is Colorado's plan for improving public health and the environment from 2015-2019. The two flagship priorities called out within this plan are: obesity and mental health/substance abuse. The intention of the plan is to drive statewide action around common issues and concerns and that without efforts at the state, regional, and local levels will have limited success. Not only do Pueblo County's priorities align, the specific strategies and efforts called out within the State plan were also highly considered when developing the objectives specified in this plan.

For more information visit:

[www.colorado.gov/pacific/cdphe-lpha/shaping-a-state-of-health](http://www.colorado.gov/pacific/cdphe-lpha/shaping-a-state-of-health)

- **Healthy People 2020**

Healthy People 2020 provide science-based, 10-year national objectives for improving the health of all Americans. For three decades, benchmarks have been established and progress monitored



to encourage collaboration across sectors, guide individuals toward making informed health decisions, and to measure the impact of prevention activities. Pueblo County's priorities align with the following Healthy People goals:

- Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.
- Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.
- Reduce substance abuse to protect the health, safety and quality of life for all, especially children.

For more information visit:

[www.healthypeople.gov/2020/topics-objectives](http://www.healthypeople.gov/2020/topics-objectives)

- **Regional Accountable Entity for the Accountable Care Collaborative**  
The Regional Accountable Entities (RAE) within Colorado will optimize health for those served by Medicaid through accountability for value and client experience at every life stage. This will be done by creating one point of contact and clear accountability for whole person care. This includes integration of physical and behavioral health. At the time of publication, the RAE serving Pueblo County had not yet been determined.

Thus, PCCHD plans to meet with the RAE after the contracts are awarded to determine levels of collaboration between the RAE, PCCHD, and CHA Steering Committee. Specifically, the following activities need to occur:

- Determine how and who will participate in collaboratives (e.g. CHA Steering Committee and Program Improvement Advisory Committees), committees or coalitions developed to address health needs in Pueblo County.
- Jointly examine hospital and local public health community health needs assessments to develop and implement collaborative strategies to reduce health inequities and disparities in Pueblo County and determine ways to integrate activities.
- Explore appropriate funding approaches to support collaborative activities.
- Collect and examine public health metrics to guide resource allocation and programmatic decisions.





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*Health.*

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## Participants

A special thank you to the following individuals and organizations that dedicated time to help with the creation of the CHIP.

### *CHA Steering Committee*

- *Katie Davis, Shylo Dennison, Sarah Joseph, Julie Kuhn, Lynn Procell, Sylvia Proud, **Pueblo City-County Health Department***
- *Eileen Dennis, **Pueblo City-County Board of Health and Pueblo Triple Aim Corporation***
- *Randy Evetts, **Packard Foundation Fund for Pueblo***
- *Bethany Kies, **Colorado State University-Pueblo***
- *Luann Martinez, Lindsay Reeves and Matt Guy, **Pueblo Triple Aim Corporation***
- *Donald Moore, **Pueblo Community Health Center and Pueblo City-County Board of Health***
- *Shirley Schwinghammer, **Pueblo County Economic Development and Geographic Information Systems***
- *Linda Stetter, **St. Mary-Corwin Medical Center***
- *Stephanie Swithers, **Parkview Medical Center***

The following organizations participated in the obesity prioritization meetings:

- *Boys and Girls Club of Pueblo County*
- *Care and Share Food Bank for Southern Colorado*
- *Colorado State University Extension, Pueblo County*
- *Packard Fund for Pueblo and Caring for Colorado*
- *Fit Instincts*
- *Integrated Community Health Partners*
- *Mountain Park Environmental Center*
- *Parkview Medical Center*
- *Pueblo Active Community Environments*
- *Pueblo Area Council of Governments*
- *Pueblo Breastfeeding Coalition*
- *Pueblo City Planning Department*
- *Pueblo City Schools*
- *Pueblo City-County Health Department*
- *Pueblo City-County Library District*
- *Pueblo County Department of Social Services*
- *Pueblo County Planning Department*
- *Pueblo County School District #70*
- *Pueblo Fire Department*
- *Pueblo StepUp*
- *Pueblo Triple Aim Corporation*



- *Southeastern Colorado Area Health Education Center*
- *St. Mary-Corwin Medical Center*
- *US Forest Service*
- *YMCA of Pueblo*

The following individuals who provided expertise and insight on behavioral health:

- *Jenny Case, Communities That Care, Pueblo City-County Health Department*
- *Jason Chippeaux, Deputy Clinical Officer, Health Solutions*



Colorado Department of Public Health and Environment: Health Equity Model<sup>15</sup>

## Health Equity

### An Explanatory Model for Conceptualizing the Social Determinants of Health



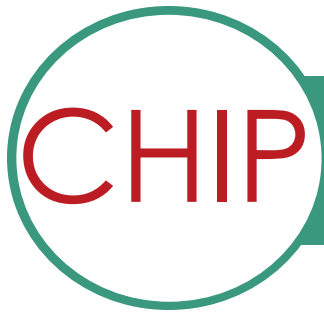
NATIONAL INFLUENCES  
GOVERNMENT POLICIES  
U.S. CULTURE & CULTURAL NORMS

LIFE COURSE	SOCIAL DETERMINANTS OF HEALTH			+	HEALTH FACTORS			=	POPULATION OUTCOMES
<b>PREGNANCY</b>	<b>ECONOMIC OPPORTUNITY</b> • Income • Employment • Education • Housing	<b>PHYSICAL ENVIRONMENT</b>	<b>SOCIAL FACTORS</b> • Participation • Social Support • Leadership • Political Influence • Organizational Networks • Violence • Racism	<b>HEALTH BEHAVIORS &amp; CONDITIONS</b>	<b>MENTAL HEALTH</b>	<b>ACCESS, UTILIZATION &amp; QUALITY CARE</b>	<b>QUALITY OF LIFE</b>	<b>MORBIDITY</b>	<b>MORTALITY</b>
<b>EARLY CHILDHOOD</b>		Built Environment • Recreation • Food • Transportation							
<b>CHILDHOOD</b>		<b>Environmental Quality</b> • Housing • Water • Air  Safety							
<b>ADOLESCENCE</b>									
<b>ADULTHOOD</b>									
<b>OLDER ADULTS</b>									
<b>HEALTH BEHAVIORS &amp; CONDITIONS</b>	<b>MENTAL HEALTH</b>	<b>ACCESS, UTILIZATION &amp; QUALITY CARE</b>	<b>QUALITY OF LIFE</b>	<b>MORBIDITY</b>	<b>MORTALITY</b>	<b>LIFE EXPECTANCY</b>			
<b>HEALTH BEHAVIORS &amp; CONDITIONS</b>	<b>MENTAL HEALTH</b>	<b>ACCESS, UTILIZATION &amp; QUALITY CARE</b>	<b>QUALITY OF LIFE</b>	<b>MORBIDITY</b>	<b>MORTALITY</b>	<b>LIFE EXPECTANCY</b>			
<b>HEALTH BEHAVIORS &amp; CONDITIONS</b>	<b>MENTAL HEALTH</b>	<b>ACCESS, UTILIZATION &amp; QUALITY CARE</b>	<b>QUALITY OF LIFE</b>	<b>MORBIDITY</b>	<b>MORTALITY</b>	<b>LIFE EXPECTANCY</b>			
<b>HEALTH BEHAVIORS &amp; CONDITIONS</b>	<b>MENTAL HEALTH</b>	<b>ACCESS, UTILIZATION &amp; QUALITY CARE</b>	<b>QUALITY OF LIFE</b>	<b>MORBIDITY</b>	<b>MORTALITY</b>	<b>LIFE EXPECTANCY</b>			

#### 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

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Social Ecological Model<sup>16</sup>





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Colorado Health Assessment and Planning System (CHAPS)<sup>6</sup>

