

*Pueblo County*  
**COMMUNITY  
HEALTH  
IMPROVEMENT  
PLAN**

*2013-2017*



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## *Executive Summary*

The Pueblo City-County Health Department (PCCHD), along with the Community Health Assessment Steering Committee and work teams, present a thorough community based plan for improving the health of Pueblo County residents. The Community Health Improvement Plan (CHIP), a two-year process, involved substantial and significant input from community partners and members alike. The CHIP is designed to be utilized by residents, community organizations, and leaders to facilitate positive change in Pueblo County.

The process to create the CHIP started after Colorado passed the Public Health Reauthorization Act, and involved gathering data, conducting focus groups, evaluating the current capacity of the public health system, and prioritizing action. This process was undertaken in consideration of other community efforts working to improve the lives and health of Pueblo County residents. It is a common realization that in order to truly make a difference in Pueblo County, everyone must work together, capitalize on resources and not duplicate efforts. In particular, PCCHD aligned with two community efforts, the Pueblo Triple Aim and One Community.

To learn more about One Community watch: <http://www.youtube.com/watch?v=g6wfAbUjji8>. To learn more about Pueblo Triple Aim visit: <http://rippelfoundation.org/rethink-health/dynamics/regions/pueblo-colorado/>.

After examining all of Pueblo County's data and going through a prioritization process, the community selected two priorities to focus on:

- 1) Obesity
- 2) Teen and Unintended Pregnancies

The following document outlines information relating specifically to Pueblo County and the two priority issues, and what the community will do to address these two priorities over the next five years. For each priority issue, goals, objectives, activities and participating community organizations are detailed. The

strategies and approaches were selected based on their proven ability to impact change.

It will take the entire community as well as each individual to make a difference and create a healthy community for Pueblo County

residents to live, learn and play. No single organization has the resources necessary to improve the significant issues outlined in this plan.

Multiple agencies, organizations, and individuals were involved in various work teams and committees that ensured the success of the community health assessment and creation of the CHIP. Participants ranged from community members, to health partners, and businesses as well as schools. For an entire list of participants, please see Appendix A.



## *Introduction*

Pueblo County is located on the Interstate 25 corridor in Southeastern Colorado where the Arkansas River and Fountain Creek join. Pueblo County is one of the larger counties geographically in Colorado with a total land area of 2,386 square miles and a total population of 159,063 based on 2010 U.S. Census data.

Pueblo County has diverse agricultural, manufacturing and human service industries.

There are several distinct geographical areas within Pueblo County, including high desert/prairie and mountains.

The majority of the population lives in the City of Pueblo (106,596) or Pueblo West (29,843). However, there are several rural outlying areas known as Avondale, Beulah, Boone, Colorado City, Rye, St. Charles Mesa, and Vineland (U.S. Census Bureau, 2010). According to U.S. Census data, 12.8% of the total population of Pueblo County lives in a rural area (American Fact Finder, 2000).

Other distinct land features include Lake Pueblo State Park, which includes 10,000 acres of land and the Pueblo Reservoir with 60 miles of shoreline.

Of the total population of Pueblo County, 17.3% live below poverty level, compared to 12.2% for Colorado (U.S. Census Bureau, 2010). As of 2009, an estimated 26.9% of children under the



age of 18 years were characterized as falling below the federal poverty boundary (Colorado Health Indicator, 2010).

The population demographics in Pueblo County include 54.1% White non-Hispanic, 41.4% Hispanic or Latino, 2.0% Black, 1.9% American Indian/Alaskan Native and 0.8% are Asian (U.S. Census Bureau, 2010).

Pueblo County School Districts report a high school completion rate of only 71.6%, which is lower than the Colorado average (75.9%) and the Healthy People 2020 goal of 82.4% (Colorado Health Indicators, 2010).

For a more detailed description regarding Pueblo County's population please refer to the *Pueblo County Community Health Status Report 2011* which can be accessed at: [www.pueblohealthdept.org](http://www.pueblohealthdept.org).

## *Prerequisites for Success*

There are a few prerequisites for success that must be present in order for the efforts described in this plan to be successful. The prerequisites include adhering to a collective impact approach, aligning efforts within the community, utilizing evidence-based strategies, and ensuring sustainability of the efforts. With

limited resources and multiple efforts occurring in the community, aligning efforts is crucial to increasing efficiency and reducing duplication. In addition, due to limited resources, it is vital to implement approaches that have been researched, proven to impact the issue, and are considered evidence based.

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## *Collective Impact*

An increasingly significant theory about how to create substantial community change has become important to the formation of Pueblo County's Community Health Improvement Plan (CHIP) and other community efforts. Both the Pueblo Triple Aim and One Community initiatives embody themselves around the Stanford Social Innovation Theory of Collective Impact, which acknowledges in order to solve complex social problems, entities cannot work alone in silos. There are five pillars to successful implementation of a Collective Impact approach.

First, a common agenda needs to be established. It requires participants to agree on the problem, the ultimate goal, and jointly solve the problem through unified action in order to meet a shared vision for change.



The second pillar is a shared measurement system. This requires all progress and success to be measured in the same way. Collecting data and measuring results consistently at the community level and across all participating organizations ensures all efforts remain aligned, and allows for accountability and opportunities to learn from other successes and challenges.

The third pillar involves participants implementing mutually reinforcing activities. Each stakeholder's efforts must fit into an overarching plan in order for combined

efforts to succeed. Collective Impact initiatives depend on a diverse group of stakeholders working together and encouraging the undertaking of specific sets of activities.

Fourth, continuous communication is key to execution. During examination of successful groups, Stanford determined that success was

defined by regular meeting attendance by primary participants. Irregular attendance and sending delegates was unacceptable. Regular meetings help participants build experience with each other to recognize and appreciate the common motivation behind diverse efforts. Participants need time to see their interests will be treated fairly, decisions will be made on the basis of objective evidence and the best possible solution to the problem will be decided upon. An additional piece of communication is establishing a common vocabulary so all participants speak the same language.

Last, it is crucial to have a backbone organization that will plan, manage, and support the initiative through ongoing facilitation, technology and communications

support, data collection and reporting, and handling logistical and administrative details needed for the initiative to function smoothly. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons for failure.

Utilizing the Collective Impact approach requires collaboration and the community to commit to long-term processes and outcomes while avoiding a narrow focus on only short-term objectives that may or may not achieve the desired outcomes. Throughout the CHIP, there is significant alignment to the Collective Impact Theory and pillars of success (Kania & Kramer, Winter 2011, pg 36-41).

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## *Sustainability*

Sustainability of efforts is another prerequisite to success in order to guarantee the work continues and expands beyond the CHIP as written. In order to ensure long term sustainability, each partner organization must first ingrain the efforts into their practices and systems. This includes creating an environment conducive to health through environmental or systemic changes.

Ideally, a new program would become a part of the local ecosystem, balanced and able to renew and support itself over time. A critical element of sustaining this work is the stability of change efforts over time. In collective impact work, ensuring the work is imbedded from a variety of partners is part of the strategy to create stability and consistency of interventions that support positive movements toward



health. The vision is for Pueblo County to be a place where stability is the norm.

In addition, it is important that savings generated by implementing these efforts be reinvested in order to continue prevention work. Reinvestment of savings will be sought from insurance companies and local businesses.

## Community Health Assessment Process

The Community Health Assessment process involved multiple steps. The Pueblo City-County Health Department (PCCHD) facilitated the community process by organizing the participants, hosting meetings, and ensuring resources were available during the process. PCCHD was also tasked with writing and publishing written reports on the progress. PCCHD serves the city and county of Pueblo, employing approximately 94 individuals in four divisions: Operations and Administrative Services, Community Health Services, Disease Prevention and Emergency Preparedness, and Environmental Health.

The first step of the Community Health Assessment process involved gathering health statistics. Information was analyzed for 200 indicators and in-depth, detailed information was collected on over 60 indicators. The data gathered was then examined by the Community Health Assessment Steering Committee to determine areas of strength and areas in need of improvement for Pueblo County. In addition to statistical information, a community engagement night was held with assistance from the Colorado School of Public Health. At the event, individuals from the community gave input and feedback regarding top health priorities for Pueblo County. Other health surveys conducted in the community were also examined. All of the statistical and qualitative



information was combined and published in the *Pueblo County Community Health Status Report 2011*. To view the status report, visit the PCCHD website at [pueblohealthdept.org](http://pueblohealthdept.org).

The Community Health Assessment Steering Committee examined the data gathered, and through a comparison and weighting system, the original 60 indicators were filtered down to the top eight areas of concern. The top eight health issues were presented again to a group of community partners and members. Each

person at the prioritization meetings was asked to rank the eight health concerns taking into consideration: 1) severity or impact on the population, 2) existing health disparities, 3) known evidence based approaches to combat the issue, 4) community support and political will, 5) ability of an agency willing to lead the effort, and 6) sufficient resources available or obtainable. This helped to identify the top two priorities for the community.

After the top two priorities were established, work teams were created in order to write the CHIP. Each work team consisted of partners, businesses and community members. The work teams began meeting in April 2012 and concluded writing the action plans for their subsequent areas in December 2012.

Implementation is the next step in this process. This effort will take each and every individual in the community to make a difference.

## Overview of Capacity Assessment Results

A capacity assessment of Pueblo County’s entire public health system was completed during the community health assessment process using the *Local Public Health System Performance Assessment* provided by the National Public Health Performance Standards Program. The assessment examined each essential public health service, as defined by Centers for Disease Control and Prevention, to determine what agency or organization locally or at the state level provided the service and how well it was being delivered. This was completed by a wide range of public health partners demonstrating expertise in the appropriate essential public health service. It is important to note not every organization was able to be represented in this process.

The following will summarize the information gathered during the capacity assessment for each essential public health service as well as what organization or entity provides these services. The percentage shown after each essential service reflects how well that service is being provided in Pueblo County (optimal level = 100%). Pueblo County’s public health system received a total score of 55% for all 10 essential services.

Essential Service	% Being Provided	Organization/Entity Providing Service
Essential Service 1: Monitor Health Status to Identify Community Health Problems	25%	Colorado Department of Public Health and Environment (CDPHE), Pueblo County Geographical Information Systems (GIS), PCCHD, Pueblo Community Health Center (PCHC), behavioral health, community foundations, hospitals, law enforcement, school districts
Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards	76%	CDPHE, PCHC, PCCHD, emergency management, fire department, hospitals, law enforcement
Essential Service 3: Inform, Educate, and Empower People about Health Issues	64%	Catholic Charities, Center de Los Pobres, Health Access Pueblo, PCCHD, PCHC, Risk Communication Network, Senior Resource Development Agency (SRDA), 2-1-1, emergency management, hospitals, law enforcement, media, schools
Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems	75%	Co Create, The David and Lucile Packard Foundation, PCCHD, Pueblo Cares, Pueblo Step-Up, Southern Colorado Community Foundation, schools, community coalitions
Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts	55%	American Medical Response, Board of Health, CDPHE, Community Health Assessment Steering Committee and Task Forces, Chemical Stockpile Emergency Preparedness Program, PCCHD, Risk Communication Network, community coalitions, emergency management, government

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety	93%	10 <sup>th</sup> Judicial District, CDPHE, PCCHD Board of Health, PCCHD, Regional Building, institutes of higher education, law enforcement, government
Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	56%	411, Boys and Girls Club, Catholic Charities, Centro de Los Pobres, Department of Social Services, Health Access Pueblo, PCHC, Pueblo Step-Up, SRDA, behavioral health, community coalitions, hospitals
Essential Service 8: Assure a Competent Public and Personal Health Care Workforce	37%	Colorado Association of Local Public Health Organizations, Leadership Pueblo program, OMNI Institute, PCCHD, Pueblo County Medical Society, Southeastern Colorado Area Health Education Center (SECAHEC), hospitals, institutes of higher education, utility services
Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	33%	PCCHD, PCHC, Pueblo County Medical Society, SECAHEC, behavioral health, hospitals, institutes of higher education
Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems	32%	PCCHD, Co Create, Pueblo County Medical Society, hospitals, institutes of higher education, physicians

Based on the results of the capacity assessment, improvements need to be made related to Essential Service 1, 8, 9 and 10. Essential Service 1 will deliver significant progress during the next evaluation due to the completion of the Community Health Assessment. Under Essential Service 8, the specific area in need of enhancement is assessing the workforce. A significant increase will be reflected if a system can be put in place to evaluate the workforce. To increase Essential Service 9, an evaluation of the public health system to understand partnerships must be completed as well as an evaluation of the system. Last, Essential Service 10, in order to take steps forward, relationships with researchers and research facilities must be strengthened.

## *Overview of Community Health Assessment Results*

The Community Engagement Night identified the following issues as priorities in order of importance:

- 1) Obesity
- 2) Mental Health
- 3) Teen Pregnancy
- 4) Lack of Access to Healthcare
- 5) Poverty

There are eight key health issues identified using the Community Engagement Night as well as other collection efforts previously described. These eight priorities, in alphabetical order are:

- Cardiovascular disease
- Communicable/infectious disease prevention
- Diabetes
- Lack of providers/access to care
- Mental health
- Obesity (adult and childhood)
- Poverty
- Teen pregnancy/unintended pregnancy

After the prioritization meeting in which the eight priorities were described in detail, the community selected two key priorities; 1) obesity, 2) teen and unintended pregnancies.

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## *Summary of Strategic Priorities*

The Colorado Department of Public Health and Environment (CDPHE) has identified 10 health related issues as Winnable Battles. These key topics have a significant impact on the health of Coloradans and also have identified effective strategies to address the needs. The two priorities selected through Pueblo County's Community Health Assessment are both Winnable Battles according to CDPHE. In addition to CDPHE's Winnable Battles, the Center for Disease Control and Prevention (CDC) also lists obesity and teen pregnancy as Winnable Battles for the nation.



## OBESITY

	Pueblo	Colorado	Source
Overweight or obese adults 18+ years	66.6%	56.2%	2008-2010 Colorado Health Indicators
Overweight or obese children 2-14 years	31.8%	25.8%	2008-2010 Colorado Health Indicators

The following information is an excerpt from CDPHE's Winnable Battles factsheet on obesity (Colorado's 10 Winnable Battles, n.d.) Despite Colorado's ranking as one of the leanest states in the nation, more than half of Colorado adults are overweight or obese and Pueblo County's rates are among the highest in the state. The proportion of Colorado adults who are obese more than doubled during the past 15 years. Obesity also threatens the health of future generations as Colorado ranks 29<sup>th</sup> among states for childhood obesity (age 10-17 years). Obesity increases a person's risk for a multitude of chronic health issues such as heart disease, type 2 diabetes, high blood pressure, high cholesterol, stroke and some types of cancer. Consequently, obesity costs the Colorado populace more than \$1.6 billion annually (Trogdon, JG et al., 2011).

What causes obesity? There are several contributors to obesity such as genetic, metabolic, behavioral, environmental, cultural and socioeconomic factors. The immediate cause of overweight or obesity for most people is consuming more calories than expended in physical activity. Colorado communities with the highest rates of obesity face limited access to healthy and affordable foods, recreational facilities, safe neighborhoods, and preventive health care. These conditions make it difficult for healthy eating and physical activity to be an

easy choice for all Coloradans in the places where they live, learn, work and play. Many of these factors also exist in Pueblo County.

In addition to reducing the obesity rates for adults and children, the obesity work team selected several key indicators to help measure progress. They include increasing physical activity, fruit and vegetable consumption, and breastfeeding. These indicators are described in detail within the action plans. Additional indicators that may be monitored to determine progress include reducing screen time, and might also include precursors to obesity such as high cholesterol and blood pressure rates.

The obesity action plan details goals, objectives and activities the work teams have committed to implementing. The action plans are based on building the efforts around the Collective Impact approach. This means the work team must spend adequate time building a strong foundation to move forward in order to be effective and efficient. This includes creating common messages, ensuring a common understanding of the issue, gaining buy-in, and commitment that as a community there will be focused efforts on addressing obesity. Once the foundation is built, the stakeholder groups will be able to decide on and implement specific efforts in order to reduce obesity rates.

## TEEN AND UNINTENDED PREGNANCIES

	Pueblo	Colorado	Source
Rate of births to teens 15-19 years	59.3 per 1,000	33.1 per 1,000	2010 Birth Data
Unintended births to teens 15-19 years	57.2%	69.2%	2009-2010 PRAMS
Intended births to teens 15-19 years	42.8%	30.8%	2009-2010 PRAMS
Unintended births to age 20-24 years	53.3%	51.8%	2009-2010 PRAMS

The following information is from CDPHE's Winnable Battles factsheet on unintended pregnancies (Colorado's 10 Winnable Battles, n.d.) An unintended pregnancy is defined as pregnancies occurring sooner than desired, or occurring when no pregnancy is desired at any time. Women under the age of 25, with a high school education or less, who are African-American or Hispanic/Latina, or are classified as low-income are more likely to have an unintended pregnancy. Teen birth rates in the U.S. have been steadily declining; yet, U.S. rates remain the highest of any developed country and Pueblo's rates have yet to see the decline experienced in the rest of the U.S.

Unintended pregnancies can be due to lack of access to affordable, effective and easy-to-use contraceptive methods, improper use of an effective contraceptive method due to misunderstanding or human error, hassle and inconvenience of obtaining or using certain contraceptive methods, ambivalence toward pregnancy, lack of awareness or education about unintended pregnancies and prevention strategies, cultural norms and attitudes that promote childbearing, relationship violence, and lack of control over reproductive decision-making.

The toll of teen and unintended pregnancies are staggering to individuals, the community, and the state. Unintended pregnancy stretches the state budget, costing Medicaid in Colorado more than \$160 million annually. Nationally, for every public dollar spent on prevention, \$3.74 is saved in Medicaid costs.

Unintended pregnancies are linked to late entry into prenatal care, birth defects, low birth weight, elective abortions, maternal depression, reduced rates of breastfeeding, and an increased risk of physical violence during pregnancy. Teen mothers are less likely than their peers to earn a high school diploma or GED. Children born as a result of an unintended pregnancy are more likely to experience child abuse, poor mental and physical health, lower educational attainment and behavioral problems.

In Pueblo County, there is an additional burden that must be addressed. As illustrated above, in 2010, 42.8% of Pueblo teens intended to become pregnant. This emphasizes why there are many cultural, religious, and medical factors to consider.

There are several key indicators selected by the work team that can be measured in order to determine if progress is being made to reduce teen and unintended pregnancies. The first

indicator is rates for pregnancies among 15-19 year olds, both intended and unintended. The second indicator is rates for unintended pregnancies among 20-24 year olds. In addition to the indicators listed above, other indicators that will be monitored to determine progress include participation in extracurricular activities, graduation rates, and an increase in the number of students reporting it is very important to finish high school. As efforts advance, work team members will establish additional indicators specific to the work being done.

The teen and unintended pregnancy action plan details goals, objectives and activities the work teams and community partners have committed to implementing. The strategies were selected by examining evidence-based community level approaches that will impact the population at-large and not just limited segments of the population. Four primary approaches were selected:

- 1) Increasing access to health care and human services.
- 2) Implementing comprehensive reproductive and health education in the school systems.
- 3) Implementing evidence based programs within the community.
- 4) Increasing positive youth development activities.

It is acknowledged within this plan that in order to make a significant difference throughout the community it is crucial to create “pathways to advantage.” This involves creating opportunities for individuals to be self-sufficient, further their education, and move out of poverty.

In fact, research has shown if a child is born to a teen mother, the parents are unmarried, and the child’s mother did not receive a high school diploma or GED, the child is nine times more likely to grow up in poverty than a child not born in these situations. If one of those factors

can be changed, the risk of living in poverty is dramatically reduced (National Campaign to Prevent Teen Pregnancy, 2010).



## *Alignment with State and National Priorities*

Pueblo County's Community Health Improvement Plan (CHIP) aligns with state and national priorities. The two priorities identified in Pueblo County's CHIP are included in both CDPHE and CDC Winnable Battles. Pueblo's CHIP aligns with the following goals stated within Colorado's 2009 Public Health Improvement Plan:

- Colorado's public health system will ensure optimal health for Coloradans from birth to old age.
- Colorado's public health system will ensure every Coloradan in every county has equal access to public health services.
- Colorado's public health system will continuously improve the quality of its services and programs.
- Colorado's public health system will effectively maximize the use of public health resources.
- Partnerships among Colorado's public health system stakeholders will be the driving force necessary for the statewide public health system to flourish.
- Public health begins with the community, and inclusion of and representation by community members is needed for successful public health initiatives.



In addition to the state priorities, the CHIP also aligns with the National Prevention Strategy priorities of active living, reproductive and sexual health, and all four strategic directions of healthy and safe community environments, clinical and community preventative

services, empowered people and elimination of health disparities.

Last, the CHIP also aligns with the following Healthy People 2020 goals and focus areas:

- Access to Health Services
- Adolescent Health
- Diabetes
- Educational and Community-based Programs
- Family Planning
- Heart Disease and Stroke
- Maternal, Infant and Child Health
- Nutrition and Weight Status
- Physical Activity
- Social Determinants of Health

Pueblo County's public health system incorporates a multitude of organizations and agencies. In order to ensure coordination between Pueblo County's public health system and CDPHE, several actions will need to happen or continue. First, PCCHD is currently in contact

with CDPHE Winnable Battles champions and will continue to receive updates regarding the Winnable Battles through Google groups. This communication facilitates awareness of resources, messaging, and events related to the two priority areas. Information from these updates will be forwarded on to partners as relevant.

Second, PCCHD has participated in previous conference calls with counties that have also selected obesity and unintended pregnancies as a priority.

Pueblo County will continue to communicate with these counties as needed for insight, resources, and support.

Last, Pueblo County is a pilot community for Chronic Disease Integration through CDPHE. This allows Pueblo County to have a Chronic Disease Coordinator position on staff at PCCHD to facilitate connections to state resources, assist PCCHD in planning for program integration, and ensures a connection between CDPHE and Pueblo County.

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## *Action Plans*

The following action plans detail the steps that will be taken over the next five years to address the two priorities; 1) obesity, 2) teen and unintended pregnancies. Steps outlined in the action plans were designed as carefully as possible.

However, as with all plans, many of the steps are contingent upon funding and resource commitment from a variety of agencies. It is understood that both issues will take long term commitment in order to see improvements. Five years may not be enough time to document significant changes, although it is a

reasonable timeframe, allowing for steps in a successful direction as well as making improvements as needed.



Oversight for implementation of these plans will be under the Pueblo Triple Aim Corporation (PTAC). PTAC serves as the backbone organization that coordinates the Institute for Healthcare Improvement's Triple Aim goals of 1) reducing healthcare per capita cost, 2) improving patient experiences, and 3) improving population health. PTAC will achieve these three goals through use of Collective Impact principles published in

the Stanford Social Innovation Theory.

## Obesity Action Plan

**Date Created: September 17, 2012**

**Date Reviewed/Updated: January 4, 2013**

**Vision:** Pueblo County is the healthiest county in Colorado where all residents are empowered to fulfill their full health potential.

**Mission:** Improve the quality of life for all Pueblo County residents and reduce the costs of obesity related chronic diseases.

**Values:** Prevention, we must **ALL** work together (collective impact), respect cultural diversity and values of our community.

<b>PERFORMANCE MEASURES</b>		
<b>How We Will Know We are Making a Difference</b>		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Decrease the percent of inactive adults (18+) by 5 percent (23.6% to 18.6%).	<i>Colorado Health Indicators (2009)</i>	<i>Annually</i>
Decrease the percent of 6 <sup>th</sup> -12 <sup>th</sup> grade students who did not participate in 60 minutes of physical activity during the previous 7 days by 5 percent (14% to 19%).	<i>Healthy Kids Colorado Survey (2010-2012)</i>	<i>Annually</i>
Increase the percent of 6 <sup>th</sup> - 12 <sup>th</sup> grade students who participated in 60 minutes of physical activity 5 or more of the past 7 days by 5 percent (48.5% to 53.5%).	<i>Healthy Kids Colorado Survey (2010-2012)</i>	<i>Annually</i>
Increase the percent of children (1-14 years) who eat 5 fruits/vegetables per day by 10 percent (from 5.8% to 15.8%).	<i>Colorado Health Indicators (2009)</i>	<i>Annually on odd years</i>
Increase the percent of adults (18+) who eat 5 fruits/vegetables per day by 5 percent (from 20.4% to 25.4%).	<i>BRFSS (2009)</i>	<i>Annually on odd years</i>
Increase the percent of women who have ever fed their children breast milk by 5.5 percent (84.5% to 90%).	<i>PRAMS (2009-2010)</i>	<i>Annually</i>
Increase duration of women breastfeeding for 9 weeks or more by 5% (60.7% to 65.7%). <i>PRAMS (2009-2010)</i> .	<i>PRAMS (2009-2010)</i>	<i>Annually</i>
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Decrease the percent of adults (18+) who are overweight or obese by 5 percent (66.6% to 61.6%).	<i>Colorado Health Indicators (2008-2010)</i>	<i>Annually</i>
Decrease the percent of children 2-14 who are overweight or obese by 5 percent (31.8% to 26.8%).	<i>Colorado Health Indicators (2008-2010)</i>	<i>Annually</i>

**OBJECTIVE #1: Build an infrastructure to support the CHIP for obesity.**

By December 31, 2013, the obesity work team will engage at least 22 broad stakeholders that are representative of diverse perspectives, sectors, settings, systems and relationships to lead, advise, and implement the CHIP for obesity.

**BACKGROUND ON STRATEGY**

**Evidence Base:** Meets the Collective Impact conditions of collective successes: common agenda, continuous communication.

**Source:** Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 36-41.

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
a) Identify and contact at least seven top-level organizational leaders who are critical to support and drive the policy level decisions needed to move obesity work forward.	June 30, 2013	Time Computers Phones Travel expenses	Obesity work team	List of potential organizational leaders. Commitment from at least 7 leaders.
b) Identify and contact at least 10 mid-level organizational leaders, coalitions, and networks whose programs and efforts will be essential to move obesity work forward.	June 30, 2013	Time Computers Phones Travel expenses	Obesity work team	List of potential mid-level organizational leaders. Commitment from at least 10 individuals.
c) Develop a diverse community advisory team made up of at least five primarily community members and representative of those populations most affected by obesity to advise the work moving forward.	June 30, 2013	Time Computers Phones Travel expenses Free or reduced priced media to promote advisory team	Obesity work team	List of potential places to recruit advisory team members. Commitment from at least 5 individuals. Information given out through various media sources regarding advisory team.
d) Define roles and responsibilities for top-level, mid-level organizational leaders and advisory team.	August 31, 2013	Time Meeting location Meeting supplies	Obesity work team PCCHD Stakeholder groups	Roles and responsibilities written. Stakeholder groups understand and agree upon roles and responsibilities.
e) Establish mechanisms to assure continuous communication.	August 31, 2013	Time Computer Phone	Obesity work team PCCHD Stakeholder groups	Stakeholder groups agree to use the communication methods and frequency.
f) Use available technology to support communication across agencies.	August 31, 2013	Time Computer Phone	Obesity work team Stakeholder groups PCCHD	Communication with stakeholder groups keeps members up to date & knowledgeable.
g) Establish regular meetings for community stakeholders to discuss progress, hurdles, and identify new strategies.	August 31, 2013	Time Meeting location	Obesity work team Stakeholder groups PCCHD	Regular meeting schedule established. Stakeholder groups will attend meetings to stay informed, assist with Work Team decision making, promote messages throughout the community.
h) Establish data sharing agreements as needed for participating partners.	December 31, 2013	Time Memorandum Of Understanding (MOU) review	Obesity work team Stakeholder groups PCCHD	Agreement will be reached on what data will be tracked, how and why. MOU's signed.
i) Define a common stakeholder agenda by affirming and clarifying key beliefs and principles that support the work of addressing obesity in the community.	August 31, 2013	Time Meeting location Meeting supplies	Obesity work team Stakeholder groups PCCHD	Common agenda will clarify the purpose of membership, ease communications and ensure continuity.

**OBJECTIVE #1.2: Build an infrastructure to support the CHIP for obesity.**  
 By August 31, 2013, clearly define organization(s) that will support and facilitate the CHIP for obesity work.

**BACKGROUND ON STRATEGY**  
**Evidence Base:** Meets the Collective Impact conditions of collective successes: backbone support organization  
**Source:** Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 36-41.  
**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
a) Map the capacity of the participating organizations to determine the most qualified organization to carry out the CHIP work (work with top level and mid-level leaders).	August 31, 2013	Time Meeting location Meeting supplies	Obesity work team Stakeholder groups PCCHD	A lead organization(s) will be established to carry-out the obesity CHIP and ensure progress.
b) Establish Memorandum of Understanding (MOU) with identified lead coordinator or lead organization to achieve CHIP objectives (scheduling, data collection, communications, training).	August 31, 2013	Time Legal review Computer	Obesity work team PCCHD Lead organization(s)	The MOU will detail requirements of the lead organization(s) and hold them responsible for meeting outlined requirements.

**OBJECTIVE #1.3: Build an infrastructure to support the CHIP for obesity.**  
 By March 31, 2014, the three stakeholder groups will develop a shared measurement system and evaluation plan to track progress on stated objectives.

**BACKGROUND ON STRATEGY**  
**Evidence Base:** Meets the Collective Impact conditions of collective successes: shared measurement system  
**Source:** Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 36-41.  
**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
a) Define and periodically review desired outcomes for years two through five related to obesity reduction.	December 31, 2013- annually thereafter	Time Meeting location Meeting supplies Data collection system	Lead organization(s) Stakeholder groups Obesity work team	Common outcomes will be agreed upon, progress will be documented, and adjustments will be made as needed.
b) Agree on the way stakeholders will measure success toward achieving CHIP objectives.	December 31, 2013	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	A common measurement system is established. Measurement system ensures all participating organizations and individuals are tracking progress in the same way so data can be compared.
c) Identify and agree on tools for collecting data identified in activity B.	December 31, 2013	Time Meeting location Meeting supplies Sample tools	Lead organization(s) Stakeholder groups Obesity work team	Common measurement tools established. Measurement tools ensure all participating organizations and individuals are tracking progress in the same way so data can be compared.
d) Research and develop a dashboard for measuring and reporting community data utilized and contributed to by all stakeholders and participating organizations.	December 31, 2013	Time Meeting location Meeting supplies Computer software Funds for software	Lead organization(s) Stakeholder groups Obesity work team	Dashboard researched and developed. Dashboard allows all participating organizations, individuals and the community to track progress, share data, and guide action.
e) Develop and secure MOU's for data collection and input into dashboard for stakeholders and participating organizations.	March 31, 2014	Time Legal review Computer	Lead organization(s) Obesity work team Participating organizations	The signed MOU's will detail requirements of data collection and hold agencies responsible for meeting outlined requirements.

**OBJECTIVE #2: Develop a community work plan to address obesity that will accomplish the vision and goals.**

By March 31, 2014, the three stakeholder groups will create a work plan that takes into consideration the Health Equity Model (Appendix B) with action steps, designated timelines and responsible entities to achieve the stated goals.

**BACKGROUND ON STRATEGY**

**Evidence Base:** Meets the Collective Impact conditions of collective successes: mutually reinforcing activities, common agenda.

**Source:** Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 36-41.

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
a) Lead organization(s) identified in objective 1.2 will present evidence based strategies (EBS) that account for the Health Equity Model to reduce obesity to the three stakeholder groups for consideration.	January 31, 2014	Time Meeting location Meeting supplies	Lead organization(s)	List of EBS created. Knowledge will increase among stakeholder groups regarding EBS to address obesity, the health equity model, and health inequalities in Pueblo County.
b) The three stakeholder groups will decide on appropriate EBS that account for the Health Equity Model to be implemented in Pueblo County to achieve stated goals.	January 31, 2014	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	EBS selected for implementation. Summary of how EBS selected will account for Health Equity Model.
c) Lead organization(s) identified in objective 1.2 will present Pueblo County obesity data and EBS that address root causes and neighborhood conditions as well as risk behavior at the individual level.	January 31, 2014	Time Meeting location Meeting supplies	Lead organization(s)	Stakeholder groups will have knowledge and understand root causes to obesity, and information on Pueblo County's specific situation.
d) The three stakeholder groups will utilize strategy mapping and community balance scorecard approaches to create work plan.	March 31, 2014	Time Training Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	Strategy maps and community balanced scorecards will be created to explain work plans and track progress.
e) The three stakeholder groups will create a work plan with action steps, designating timelines and responsible entities; including short term, intermediate and long term outcomes.	March 31, 2014	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	Work plan completed.
f) The three stakeholder groups will identify resources necessary to implement the work plan.	March 31, 2014	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	Resource plan created.

**OBJECTIVE #3: Implement work plan to address obesity.**

Objective 3.1: By December 31, 2017, the three stakeholder groups will work with community partners and organizations to implement the obesity work plan as outlined.

**BACKGROUND ON STRATEGY**

**Evidence Base:** Meets the Collective Impact conditions of collective successes: common agenda, mutually reinforcing activities, shared measurement system, continuous communication, backbone support organization

**Source:** Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 36-41.

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
a) The stakeholder groups will meet with appropriate community partners and organizations to gain commitment to carry out the work plan.	December 31, 2017	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	Community partners will agree to implement strategies, make changes within their organization and track data.
b) The stakeholder groups will present the obesity work plan to appropriate community leaders not previously involved to gain commitment to carry out the work plan.	December 31, 2017	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	Support will be gained from community leaders.
c) Coordinate and/or explore funding opportunities to support the work plan as needed.	December 31, 2017	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	Possible funding sources identified. Applications submitted to appropriate funding opportunities. EBS selected, implemented and sustained.
d) Community partners and organizations will track project implementation.	December 31, 2017	Time Dashboard	Lead organization(s) Stakeholder groups Obesity work team Community partners	Dashboard updated with implementation progress.
e) The lead organization(s) will work with appropriate organizations and stakeholder groups to conduct continuous evaluation and track progress.	December 31, 2017	Time Dashboard	Lead organization(s) Stakeholder groups Obesity work team	Evaluation conducted and shared with appropriate stakeholder groups.
f) Based on evaluation results, the facilitating organization(s), and stakeholder groups will make revisions to the work plan as necessary.	December 31, 2017	Time Meeting location Meeting supplies	Lead organization(s) Stakeholder groups Obesity work team	Adjustments made to programs based on evaluation results.
g) Establish on-going mechanisms to report CHIP for obesity activities, progress and outcomes to the Pueblo County community at large.	December 31, 2017	Time Media support	Lead organization(s) Stakeholder groups Obesity work team	Community is aware of activities taking place, hold participating organizations responsible, and contribute as applicable.
h) Strategically plan for the sustainability of successful programs and approaches implemented within the CHIP obesity work plan.	December 31, 2017	Time Meeting location Meeting supplies Funding	Lead organization(s) Stakeholder groups Obesity work team Participating organizations	Sustainability plan created. Valuable programs continue within the community.

## Teen and Unintended Pregnancy Plan

**Date Created: October 24, 2012**

**Date Reviewed/Updated: January 4, 2013**

**Vision:** Pueblo County is the healthiest county in Colorado

**Mission:** To reduce teen and unintended pregnancy by emphasizing evidence-based strategies that enable, prepare, and foster healthy choices, which improve the health and quality of life of Pueblo County residents.

**Priority goals:** Decrease the rate of unintended pregnancies, increase youth and family engagement, increase access to health and human services, and decrease the rate of teen pregnancies.

<b>PERFORMANCE MEASURES: How We Will Know We are Making a Difference</b>		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
<i>Increase the number of Pueblo County students reporting participation in extracurricular activities from 66.5% to 71%.</i>	<i>Healthy Kids Colorado 2010-2012</i>	<i>Annually</i>
<i>Increase the number of Pueblo County students reporting it is very important to finish high school from 83.9% to 88%.</i>	<i>Healthy Kids Colorado 2010-2012</i>	<i>Annually</i>
<i>Increase the number of sexually active teens using a proven method to prevent pregnancies during last sexual intercourse from 39% to 44%.</i>	<i>Healthy Kids Colorado 2010-2012</i>	<i>Annually</i>
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Reduce teen (15-19 year old) fertility rate from 41.6 per 1,000 to 38 per 1,000.	CDPHE Birth Data (2011)	Annually
Reduce unintended pregnancies among 20-24 year olds from 53.3% to 48.3%.	CO PRAMS (2009-2010)	Annually
Increase high school completion rates from 71.6 to the Healthy People 2020 goal of 82.4.	CoHid (2010)	Annually
Increase the number of Pueblo County students reporting they have never had sexual intercourse from 48% to 52%.	<i>Healthy Kids Colorado 2010-2012</i>	<i>Annually</i>

**OBJECTIVE #1: Increase access to medical services and information on health and human services.**

By December 31, 2015, PCHC and the focus group committee will choose expert facilitators who will conduct up to twelve (12) focus groups with high and low risk individuals as well as community members to identify barriers and solutions to accessing medical care and access to health and reproductive health information.

**BACKGROUND ON STRATEGY**

**Evidence Base:** "Research supports the important role that testing, screening, contraceptive access and family planning counseling play in helping young people make informed and responsible decisions to prevent unintended pregnancy and sexually transmitted infections, including HIV" (pg 9).

**Source:** Colorado Department of Public Health and Environment. (2012). Youth Sexual Health in Colorado: A Call to Action. Denver, CO.

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Form committee to manage focus group process.	February 2013	Commitment from partners	PCHC	Create surveys, drive the process, and ensure steps described below are implemented.
2) Identify statistics that define high risk groups (pregnancy rates, socio-economic condition, opportunities for activities, academic achievement, etc.)	March 2013	Identified research staff Feedback from community members	Focus group committee	A list of target groups for selected marketing efforts, document/dashboard to share with leaders.
3) Find expert to help draft survey.	April 2013	Funding Staff time	Focus group committee	Secure expert to draft survey questions that are valid and reliable.
4) Provide a survey to at risk teens, middle school, high school, and college students.	June 2013	Survey Monkey Surveys distributed at PCHC and other clinics Make survey available on internet for area colleges, middle and high schools	Focus group committee	Survey will help to identify trends, gaps and highlight areas to focus improvement efforts.
5) Interpret data from surveys.	February 2014	Funding for data analysis Staff time	Focus group committee	Data will identify areas for improvement, gaps, and possible successes.
6) Outreach to elected officials, community leaders, and medical providers to educate about the results of the focus groups.	June 2014	Time Presentation materials	Focus group committee Selected facilitator	Elected officials will increase their knowledge and understanding of issues related to teen and unintended pregnancies and commit to addressing the issue.

**OBJECTIVE #2: Increase access to medical services and information on health and human services.**

By December 2017, the focus group committee will identify and gain commitment to implement at least three (3) strategies that will increase access and knowledge about reproductive health care.

**BACKGROUND ON STRATEGY**

**Evidence Base:** "Research supports the important role that testing, screening, contraceptive access and family planning counseling play in helping young people make informed and responsible decisions to prevent unintended pregnancy and sexually transmitted infections, including HIV" (pg 9).

**Source:** Colorado Department of Public Health and Environment. (2012). Youth Sexual Health in Colorado: A Call to Action. Denver, CO.

**Policy Change (Y/N):** Y

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Based on focus group data determine efforts that can be implemented to reduce barriers and increase ability of teens and young adults to access reproductive health care.	February 2014	Time Commitment from community partners and leaders	Focus group committee	Barriers to accessing reproductive health care will be reduced; teens and young adults will access services to prevent unintended pregnancies.
2) Outreach to elected officials, community leaders, and medical providers to educate about the results of the focus groups.	June 2014	Time Presentation materials	Focus group committee Selected facilitator	Elected officials will increase their knowledge and understanding of issues related to teen and unintended pregnancies and commit to addressing the issue.
3) Implement efforts decided on in Step 1.	July 2014- December 2017	Time Funding to implement efforts Commitment from community partners and leaders	Community partners Focus group committee	Teen and unintended pregnancies will be reduced.
4) Work with higher education to implement a reproductive health awareness initiative for freshmen and sophomore students.	July 2014	In kind teaching staff Funding to host learning and discussion events Marketing materials	PCCHD	Campaign/outreach to young adults most likely to need access to care to increase their use of services and decrease unintended pregnancies.
5) Train youth who have become parents to talk with high school and college-age youth.	August 2014	Funds Travel expense Research statistics Someone to help train	Focus group committee	Initiate dialogue with youth and educate them about community agencies and clinics where they can access health care and reproductive health services.
6) Conduct a public media campaign using various media venues accessed by youth.	December 2014 – December 2017	Funding for media campaign creation and placement	Focus group committee	Increased awareness among youth regarding where and how they can access health care and reproductive health information and services.
7) Outreach to Spanish speaking populations to build relationships and offer reproductive health and health services information.	December 2015	Time Meeting location Meeting supplies Bilingual educators	PCCHD	Relationships will be built with a population that is marginalized and has a need for reproductive health education. Education will increase knowledge on health services, 'planning and timing' of pregnancies, etc.

**OBJECTIVE #3: Positive youth development.**

By December 2013, Pueblo County agencies and organizations that currently work on Positive Youth Development (PYD) will meet to ensure collaboration, maximize resources and reduce unnecessary duplication of efforts.

**BACKGROUND ON STRATEGY**

**Evidence Base:** "Coordination is key to aligning programs, services, supports and opportunities to be sure that all children are supported throughout their lives" (pg 44).

**Source:** Colorado Youth Development Team Positive Youth Development: Supporting Colorado Youth to Reach Their Full Potential. 1-102. Retrieved from CO9to25.org.

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Host meeting with Pueblo County agencies and organizations working on PYD to determine current efforts.	June 2013	Time Meeting location Meeting supplies	PAHT Teen Pregnancy Prevention Coalition (Diana Hall) One Community	Meeting will be held to create a list of current PYD efforts in Pueblo County.
2) Meet with agencies and organizations working on PYD to identify ways to collaborate, promote services, maximize resources, and reduce unnecessary duplication.	December 2013	Time Meeting location Meeting supplies	PAHT Teen Pregnancy Prevention Coalition (Diana Hall) One Community	PYD services offered in Pueblo County will increase efficiency and impact on youth.

**OBJECTIVE #4: Positive youth development.**

By December 2017, there will be at least a five percent increase in the number of Pueblo County youth engaged in an extracurricular activity through a local youth development agency.

**BACKGROUND ON STRATEGY**

**Evidence Base:** Involvement in sports and or community activities is a protective factor as it increases connection and sense of belonging with the school and community.

**Source:** Kirby, D., & Lepore, G. (2007). *Sexual Risk & Protective Factors: Factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease. ETR Associates, 1-105.*

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Aid organizations and programs to increase participation of youth and young adults in areas of high need.	January 2015	Evidence based programs that have worked other places	PAHT Teen Pregnancy Prevention Coalition (Diana Hall) One Community	Comprehensive community-based model to support high risk families identified.
2) Promote participation in existing activities such as arts, music, drama, parks and recreation, athletics, etc. by teens and young adults in high risk neighborhoods.	Fall 2014 – December 2017	Funding Transportation Child care Staff in school districts Additional staff	PAHT Teen Pregnancy Prevention Coalition (Diana Hall) One Community	More youth involved in healthy activities at the neighborhood level, youth develop leadership skills, and improve self esteem.
3) Promote and support projects that facilitate gaining youth perspectives, such as: youth summit and photo voice project.	June 2014	Funding Youth Program facilitators Meeting location Meeting supplies	PAHT One Community	To provide students an opportunity to gain leadership skills in order to improve overall positive development. Provide opportunity for the community to hear and learn from youth.
4) Explore possible funding opportunities by approaching entities such as: chambers of commerce, PEDCO, EPIC, etc. regarding funding for PYD activities.	June 2013	Fundraising for extra money or increase other fees for other programs	Lynn Procell Christine Scheberle Patrick Hurley Diana Hall	Increase funding available for PYD.
5) Faith-based organizations sponsor youth nights in collaboration with restaurants, businesses, etc. (i.e. trivia night, karaoke, etc.).	Summer 2014	Buy-in and commitment from business owners Promotion of youth nights	Patrick Hurley and associated faith-based groups	Additional events occurring in the community for youth to participate in, commitment from the community in PYD.
6) Explore opportunities for internships and or employment opportunities for youth 14-24 years of age.	Summer 2014	Buy-in and commitment from business owners	PCC- Velia Rincon in partnership with Workforce Development Agency	Youth will be exposed to different work experiences, determine their interests, increase excitement in furthering their education and improve their skills.

**OBJECTIVE #5: Implement evidence based programs.**

By December 2017, Pueblo County's high school completion rate will increase by 5% (71.6% 2010) through implementation of mentoring and parenting programs.

**BACKGROUND ON STRATEGY**

**Evidence Base:** If teens experience considerable parental support and feel connected to their parents, they are less likely to initiate sex at an early age, and they have sex less frequently. If parents monitor or supervise their teens appropriately, the teens are likely to have fewer sexual partners than if parents do not monitor them" (pg 6-7) also " when teens are more involved in their communities and have mentors, they are less likely to engage in sexual behavior" (pg 10)

**Source:** Kirby, D., & Lepore, G. (2007). Sexual Risk & Protective Factors: Factors affecting teen sexual behavior, pregnancy, childbearing, and sexually transmitted disease. *ETR Associates*, 1-105.

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Explore possibility of evidence-based mentoring, curriculum/training programs to be implemented in Pueblo County.	January 2014	Time Expertise in evidence-based mentor programs	House Bill 1451 and United Way	Selection of mentor programs or a system to implement mentorship programs.
2) Ensure collaborative strategy is in place to implement and maintain mentorship programs in Pueblo County.	December 2014	Time Communication among groups	House Bill 1451 and United Way, faith-based organizations	Mentorship programs that are started will be sustained in order to ensure benefits to mentees.
3) Identify existing parenting programs.	January 2014	Time Resources to contact parenting programs	PCCHD	List of existing parenting programs.
4) Identify gaps in the community for parenting programs.	June 2014	Time Analysis skills	PCCHD	Gap analysis completed.
5) Identify ways to address gaps in services.	December 2014	Time Resources to fill gaps	PCCHD	Strategies to fill gaps determined.
6) Support and promote existing parenting classes that help parents improve their skill on how to set goals with their children.	January 2015- December 2017	Time Funding Meeting space Promotion materials Class materials	PCCHD	Parents, grandparents will be able to help their children set goals and improve their ability to handle difficult parenting situations.

**OBJECTIVE #6: Increase access to medical services and information on health and human services.**

By December 2017, PCCHD will implement a community outreach campaign to reach at least 10% of Pueblo County's population under the age of 24 to increase knowledge and use of healthy choices for reproductive health care.

**BACKGROUND ON STRATEGY**

**Evidence Base:** "Research supports the important role that testing, screening, contraceptive access and family planning counseling play in helping young people make informed and responsible decisions to prevent unintended pregnancy and sexually transmitted infections including HIV" (pg 7).

**Source:** Colorado Department of Public Health and Environment. (2012). Youth Sexual Health in Colorado: A Call to Action. Denver, CO.

**Policy Change (Y/N):** N

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Form a committee and meet with Prevention First to develop a strategy to implement a community outreach campaign in Pueblo County.	June 2013	Funding Time Meeting location Meeting supplies Participation in committee	PCCHD	Committee will create an implementation plan specific to Pueblo County.
2) Identify capacity of PCCHD or another community agency to hire and utilize a health educator to implement the Prevention First program.	June 2013	Time Capacity assessment tool	PCCHD	Capacity analysis completed.
3) Work with universities to conduct focus groups in Pueblo County to field test the community outreach materials.	February 2014	Funding Time Meeting location Meeting supplies Incentives	PCCHD CSU-P PCC	Opinions will be gathered on community outreach campaign materials to drive necessary changes.
4) Implement community outreach program through avenues such as media blitz, social norm, door-to-door, etc.	May 2014	Funding Campaign materials Time Mileage Media development Media placement	PCCHD	Increase knowledge of teens, young adults, and adults on resources available for reproductive health care.
5) Evaluate community outreach program.	Yearly	Data (clinic visits, birth rates) Evaluation tool Time	PCCHD	Evaluation will assist with program modifications and highlight successes.

**OBJECTIVE #7: Increase access to medical services and information on health and human services.**

By June 2017, the Family Service Center at the Department of Social Services (DSS) will implement a Community Health Worker (CHW) model and hire a CHW to increase access to human and health services in an appropriate and culturally sensitive matter.

**BACKGROUND ON STRATEGY**

**Evidence Base:** CHWs has shown effectiveness in issues such as chronic disease, improving birth outcomes, maintaining child wellness, improving access and continuity of health insurance coverage, and linking to health and human services (pg 3).

**Source:** Balcazar, H., Rosenthal, L. E., Brownstein, N. J., Rush, C. H., Matos, S., & Hernandez, L. (2011). Community Health Workers Can Be a Public Health Force for Changed in the United States. American Journal of Public Health, 101(12), 199-2203. doi:10.2105/AJPH.2011.300386.

**Policy Change (Y/N):** Y

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Research evidence-based navigator programs and their usefulness in promoting "Pathways to Advantage and self-sufficiency".	February 2013	Time	DSS (Chris Scheberle)	A list of evidence-based navigator programs will be created that can be implemented in Pueblo County.
2) Form an advisory committee of stakeholders who are necessary to implement a navigator model.	March 2013	Time Meeting location Meeting supplies	DSS	Advisory committee will select an evidence-based navigator program, advise and/or problem solve implementation of navigator program.
3) Find funding to implement the navigator program and hire a navigator.	January 2014	Time Grant writing expertise Organizational support	DSS	Funding will allow for implementation of the navigator program.
4) Evaluate navigator program.	Yearly after implementation	Data such as number of visits and referrals made Evaluation tool Time	DSS	Evaluation will assist with program modifications and highlight successes.

**OBJECTIVE #8: Implement comprehensive reproductive and health education.**

BY September 2013 PCCHD will work with Pueblo City Schools and Pueblo County School District #70 to ensure implementation of HB 1292 and Colorado Department of Education (CDE) Health Standards.

**BACKGROUND ON STRATEGY**

**Evidence Base:** "Sexuality education programs and curricula have been proven, through rigorous evaluation, to provide youth with the knowledge and skills to delay sex (abstinence) and use birth control and condoms correctly and consistently if they choose to have sex. Furthermore, these programs impart youth with skills to communicate and negotiate with their partners about delaying sex and discussing options to stay safe and healthy" (pg 7).

**Source:** Colorado Department of Public Health and Environment. (2012). Youth Sexual Health in Colorado: A Call to Action. Denver, CO.

**Policy Change (Y/N): Y**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
1) Host meetings with faith-based community, schools, clinics, hospitals, at-risk families and prevention groups to build community alliances, strengthen partnerships and identify champions.	August 2013	Time Meeting location Meeting supplies	PCCHD	Strengthened and improved partnerships will lead to better cooperation, understanding, identification of champions, and improve work done to address teen and unintended pregnancies.
2) Utilize identified champions and stakeholders to support implementing a reproductive health curricula that meets the CDE health standards and the requirements of HB 1292.	December 2014	Time	PCCHD	Champions and stakeholders will be knowledgeable and take the lead in promoting implementation of CDE health standards and HB 1292.
3) Identify designated individuals in each school district to help them draft implementation plan for their schools.	March 2013	Time Staff from schools Parents Teens	PCCHD	Individuals will draft a plan that will assist schools with meeting requirements of HB 1292 and CDE health standards.
4) Offer support to identified individuals in districts to draft implementation plan.	December 2013	Time Staff from schools Parents Teens	PCCHD	A plan will be written including guidelines, dates and description of how implementation will take place.
5) Assure school officials and teachers are familiar with CDE health standards and HB 1292 through staff teaching, board and community meetings, etc.	December 2014	Time Funds for training teachers Summit Meeting locations Meeting supplies	PCCHD, Pueblo City Schools & District 70	Implementation plan formed. Uniform commitment secured. Implementation in K-6, 7-12, 13-16. Summit on standards for teachers, students, parents.
6) Help districts develop a systematic approach to implementing the health standards consistently within each school and all grades.	December 2015	Time Meeting location	PCCHD	Districts will have an implementation plan including consistent messaging.
7) If districts opt for evidence-based curricula, identify evidence-based curricula that meet the CDE health standard requirements and HB 1292.	December 2015	Time	PCCHD	List of evidence-based curricula established for school districts to choose from in order to meet CDE health standards and HB 1292.
8) Attend trainings on CDE health standards.	April 2013	Time Mileage Registration fees	PCCHD	Training will allow staff to completely understand CDE standards in order to help others with understanding and implementing standards.
9) Work with school districts to implement policies in accordance with state laws.	December 2017	Time Meeting location Meeting supplies	PCCHD	School districts will implement programs to comply with HB 1292.

## *Plan for Monitoring Progress*

Evaluating the implementation and effect of efforts completed in the action plans is critical. Specific process and outcome measures are described in the action plans. Pueblo Triple Aim Corporation and Pueblo City-County Health Department will utilize strategy management software to track and document completion of objectives and activities. The software will allow community partners and those responsible for implementing the activities to input data and information on completion of the activity and goal. This information will be publicly accessible so partners, community organizations, and community members can see progress made and provide input into areas of improvement.

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## Appendix A

PCCHD would like to thank the following individuals and organizations for their commitment to the Community Health Assessment process and their unyielding dedication to improving the health of Pueblo County residents.

### Steering Committee Members:

- Stephanie Arellano, Employee Wellness Coordinator, Parkview Medical Center
- Eileen Dennis, Member, PCCHD Board of Health and One Community
- Michelle DesLauriers, former Vice President, Mission Integration, St. Mary-Corwin Medical Center
- Randy Evetts, Project Director, Safe Schools/Healthy Students, Pueblo City Schools
- Mary Gunn, Manager Pueblo Grantmaking, The David and Lucile Packard Foundation
- Matt Guy, Executive Director, Southeastern Colorado Area Health Education Center and Project Coordinator, Pueblo Triple Aim Corp.
- Angela Jensen, Wellness Liaison, Pueblo School District 70
- Sarah Joseph, Public Information Officer, PCCHD
- Tony LaCombe, Supervisor, Office of Prevention, Crossroads Turning Points
- Cindy Lau, Executive Director, Pueblo Step-Up
- John LeFebre, Evaluation Coordinator, Prevention Educator, Crossroads Turning Points
- Heather Maio, former Director, Environmental Health Division, PCCHD
- Chris Markuson, GIS Manager, Pueblo County GIS
- Jayne Mazur, President Chief Development Officer, St. Mary-Corwin Medical Center
- Barb Mettler, Chief Compliance Officer, Spanish Peaks Mental Health
- Donald Moore, Executive Director, Pueblo Community Health Center
- Jana Ortiz-Misiaszek, former Health Initiatives Coordinator, Parkview Medical Center
- Lynn Procell, Director, Community Health Services Division, PCCHD
- Kirsten Taylor, former Director of Health Initiatives, Parkview Medical Center
- Simon Tearpak, Resource Development Director, Pueblo Step-Up
- Hailey Unruh, Health Educator, PCCHD
- Jenna Ward, Program Manager, PCCHD
- Kim Whittington, WIC Program Manager, PCCHD
- Chad Wolgram, Program Manager, PCCHD
- Charlotte Yianakopoulos-Veatch, Chief Clinical Officer, Spanish Peaks

### Obesity Work Team Members:

- Jody Carrillo, Director, Disease Prevention Emergency Preparedness Division, PCCHD
- Anne Courtright, Member, Health and Human Services Taskforce
- Katie Davis, Program Manager, PCCHD
- Michelle DesLauriers, former Vice President, Mission Integration, St. Mary-Corwin Medical Center
- Randy Evetts, Project Director, Safe Schools/Healthy Students, Pueblo City Schools
- Carol Foust, Professor and Chair of Exercise Science, Health Promotion and Recreation, Colorado State University-Pueblo
- Shantel Gallegos, Health Advisor, Health Access Pueblo
- Kelsey Goettel, Student, Colorado State University-Pueblo
- Matt Guy, Executive Director, Southeastern Colorado Area Health Education Center and Project Coordinator, Pueblo Triple Aim Corp.
- Lois Illick, Extension Agent, Family and Consumer Sciences, Colorado State University- Extension
- Katherine Isgar, Student, Colorado State University-Pueblo
- Angela Jensen, Wellness Liaison, Pueblo School District 70

- Elsa Jimenez, Cooking Matters Coordinator, Care and Share Food Bank
- Julie Kuhn, Chronic Disease Coordinator, CDPHE
- Vicki Linden, Integration Specialist, Integrated Community Health Partners
- Jana Ortiz-Misiaszek, former Health Initiatives Coordinator, Parkview Medical Center
- Diana Phipps, Community Member
- Mia Ramirez, Senior Community Health Specialist, Kaiser Permanente
- Kay Thomas, Community Member
- Jenna Ward, Program Manager, PCCHD
- Kim Whittington, WIC Program Manager, PCCHD
- Lori Winner, Community Member

**Teen and Unintended Pregnancy Work Team Members:**

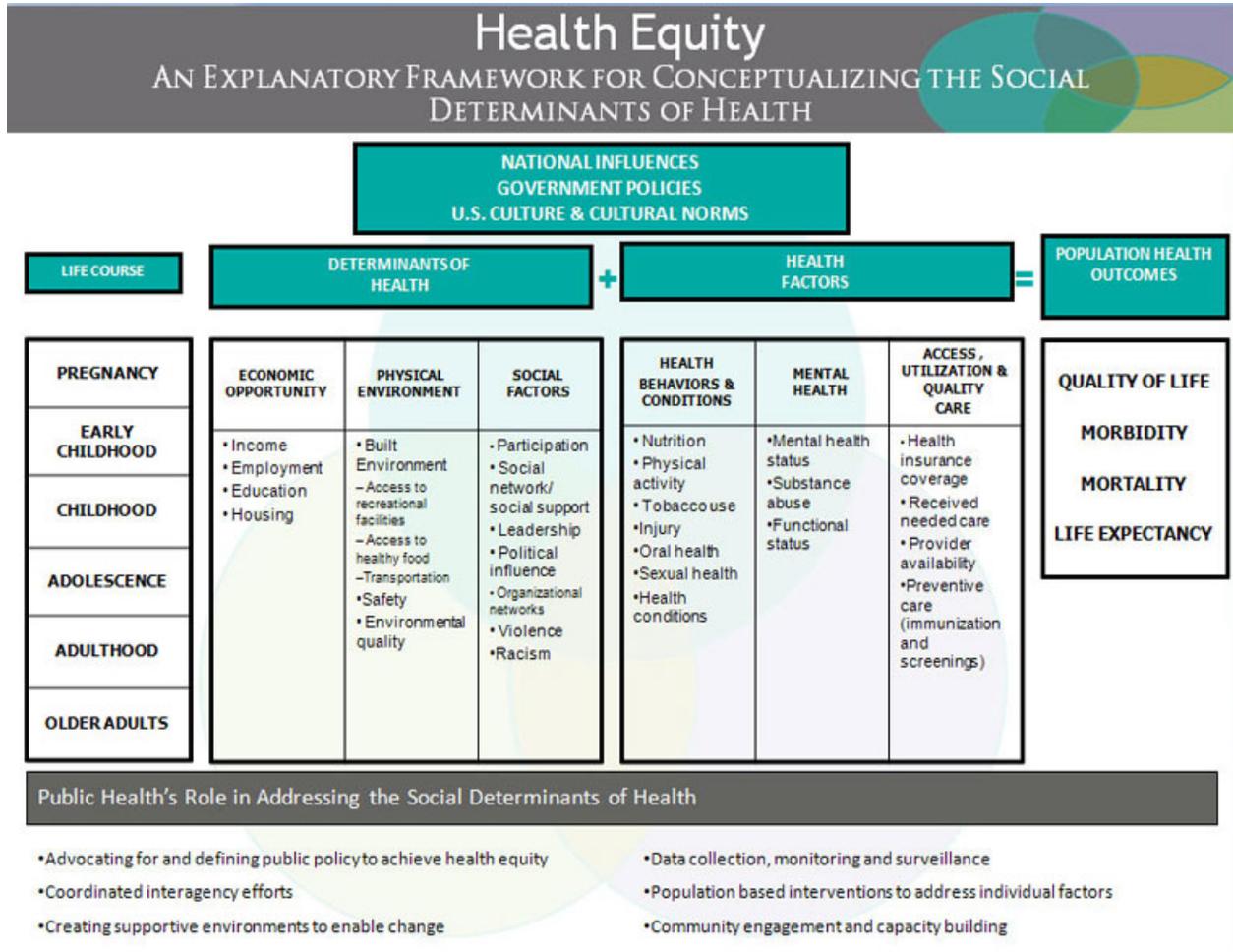
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- Mike Bryant, Community Member
- Jody Carrillo, Director, Disease Prevention Emergency Preparedness Division, PCCHD
- Ann DeMarco, Health Center Manager, Planned Parenthood of the Rocky Mountains
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- Katherine Isgar, Student, Colorado State University-Pueblo
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- Laurisa Rodrigues, Student, University of Puget Sound
- Kristi Roque, Health Educator, PCCHD
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- Janet Wilson, Founder and Director, Occupy the Roads
- Donna Wofford, Associate Dean of Nursing, Colorado State University-Pueblo

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- Mary Gunn, Manager Pueblo Grantmaking, The David and Lucile Packard Foundation
- Anne Hill, former Public Health Planner, PCCHD
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## Appendix B: Health Equity Model

The Health Equity model below was created by the Colorado Department of Public Health- Social Determinants of Health Work Group. More information can be found on this model by visiting: <http://www.chd.dphe.state.co.us/CHAPS/Documents/Health%20Equity%20Model%20and%20Summary.pdf>.



*Formally adopted on January 23, 2013*



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Dr. Christine Nevin-Woods  
Executive Director  
Pueblo City-County Health Department



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John Panepinto  
Board of Health President  
Pueblo City-County Health Department



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Board President  
Pueblo Triple Aim Corporation