



Douglas County Public Health Department

Public Health Improvement Planning Process

Community Meeting

Priority Area: Disease Management and Prevention



welcome

we're glad you're here!

Douglas County Public Health Improvement (PHIP) Community Meetings

Thank you for participating in this community meeting to inform the goals and actions to address public health priorities identified by the Douglas County Community Health Assessment

A close-up photograph of several light-colored wooden blocks arranged in a row on a wooden surface. The blocks are spelling out the word "PURPOSE" in a serif font. Other blocks with letters are visible in the background, slightly out of focus.

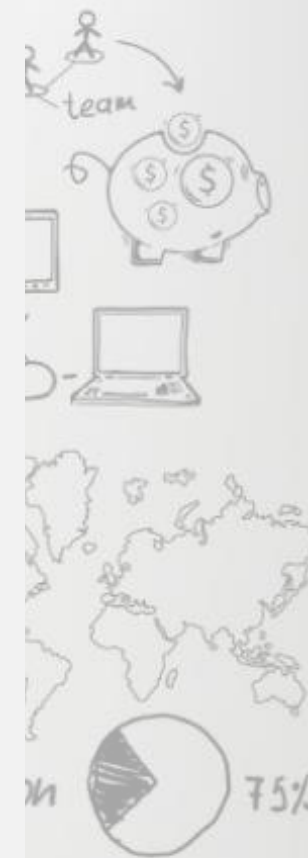
PURPOSE

The Douglas County PHIP will outline the goals, strategies and performance measures the County wants to achieve over the next five years.

- ☐ Brief overview of why this issue was identified as a priority.
- ☐ Expert overview of evidence-based/research informed public health strategies to address the issue.
- ☐ Brainstorm goals-what do we want to achieve in addressing this issue?
- ☐ Brainstorm strategies-how do we want to achieve goals? What actions are needed?

Agenda

- ❑ Meeting agreements and what to expect
- ❑ Overview of Community Health Assessment (CHA)/Public Health Improvement Process (PHIP) Process
- ❑ Overview of data on unintentional and intentional injury
- ❑ Overview of public health evidence-based/research informed strategies to address priority area
- ❑ Question and answer session
- ❑ Small group discussion



Meeting Agreements and Expectations

- HMA is recording this session and will be taking notes. Input will be summarized in aggregate.
- Participants will be muted during the presentations. During small group breakouts all will be unmuted for full participation.
- Please put your questions regarding the public health strategies in the chat. In the interest of time, we will focus on questions about the strategies. There is a Q&A posted on the Douglas County website regarding the CHA data. Additional questions about data in this evening's presentation will be added to this resource on the website.
- Any questions we do not get to tonight will be put into a Q&A for the PHIP on the Douglas County website.
- Any questions that are not about the purpose of this meeting should be directed to the Douglas County Citizen Connect page on the website.
- Notes will be taken so we can capture important ideas and information, but no names will be used in reporting the results of the session.
- Please be respectful of your fellow community members' perspectives. Please do not comment on the opinions or thoughts of others-keep your comments about the data.
- Please be concise with your comments so that there is enough time for everyone to share their thoughts/opinions.



GROUND
RULES

Douglas County CHA Data Sources

Community Voices

Qualitative data from community members through an electronic survey, community meetings, key informant interviews and focus groups

Priority Areas for Public Health Improvement

Health Indicators & Outcomes

Quantitative data related to health status, quality of life, and risk factors



Management and
Prevention of Disease

Injury
Prevention

Behavioral
Health

Recommended Public Health
Priorities for Douglas County

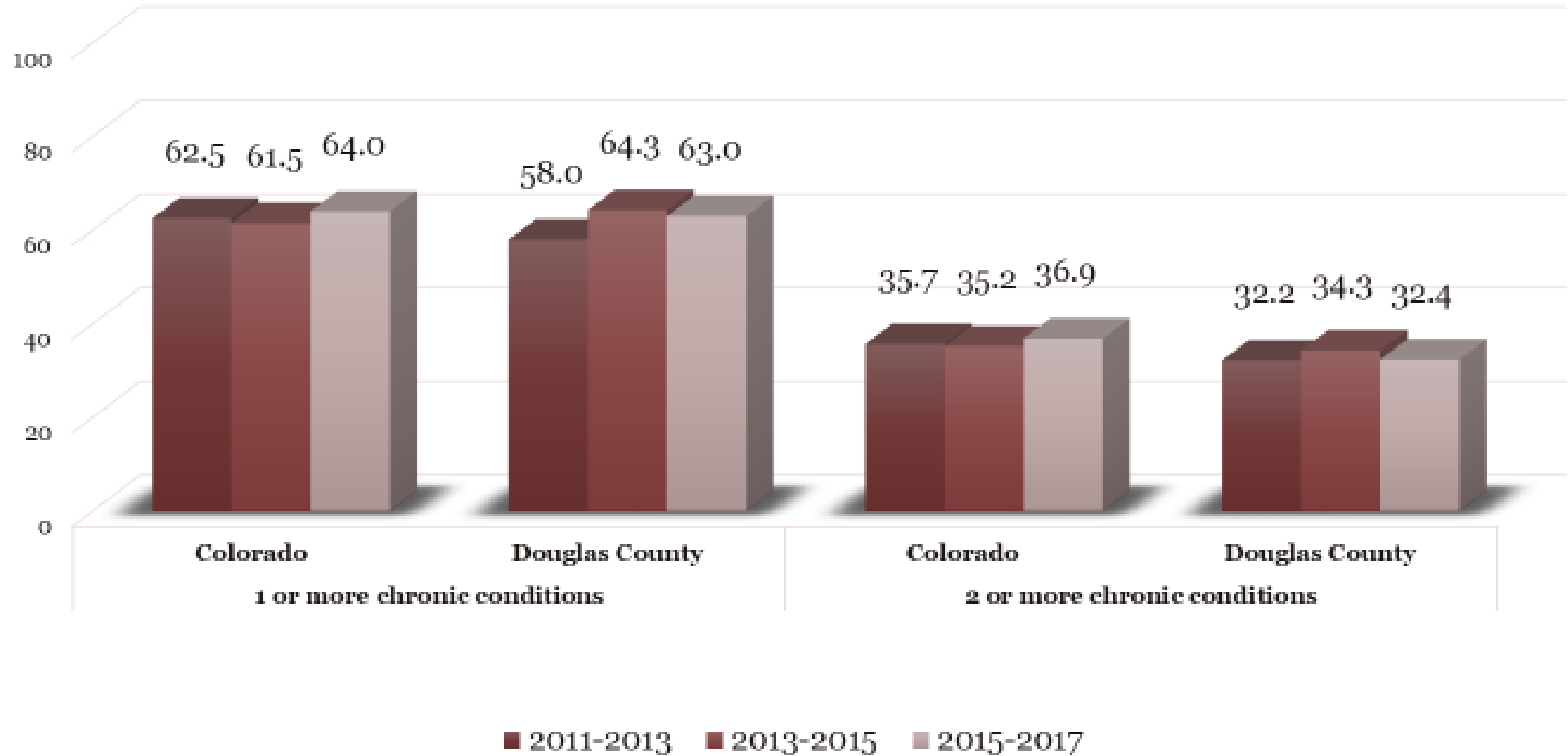
Framing the PHIP Discussion

- Based on the data, are there conditions, behaviors or populations on which we should focus our goals?
- Are there strengths or assets in Douglas County to leverage to support success for public health strategies for behavioral health?
- Are there strategies that will engender more community engagement in accomplishing measurable improvements?

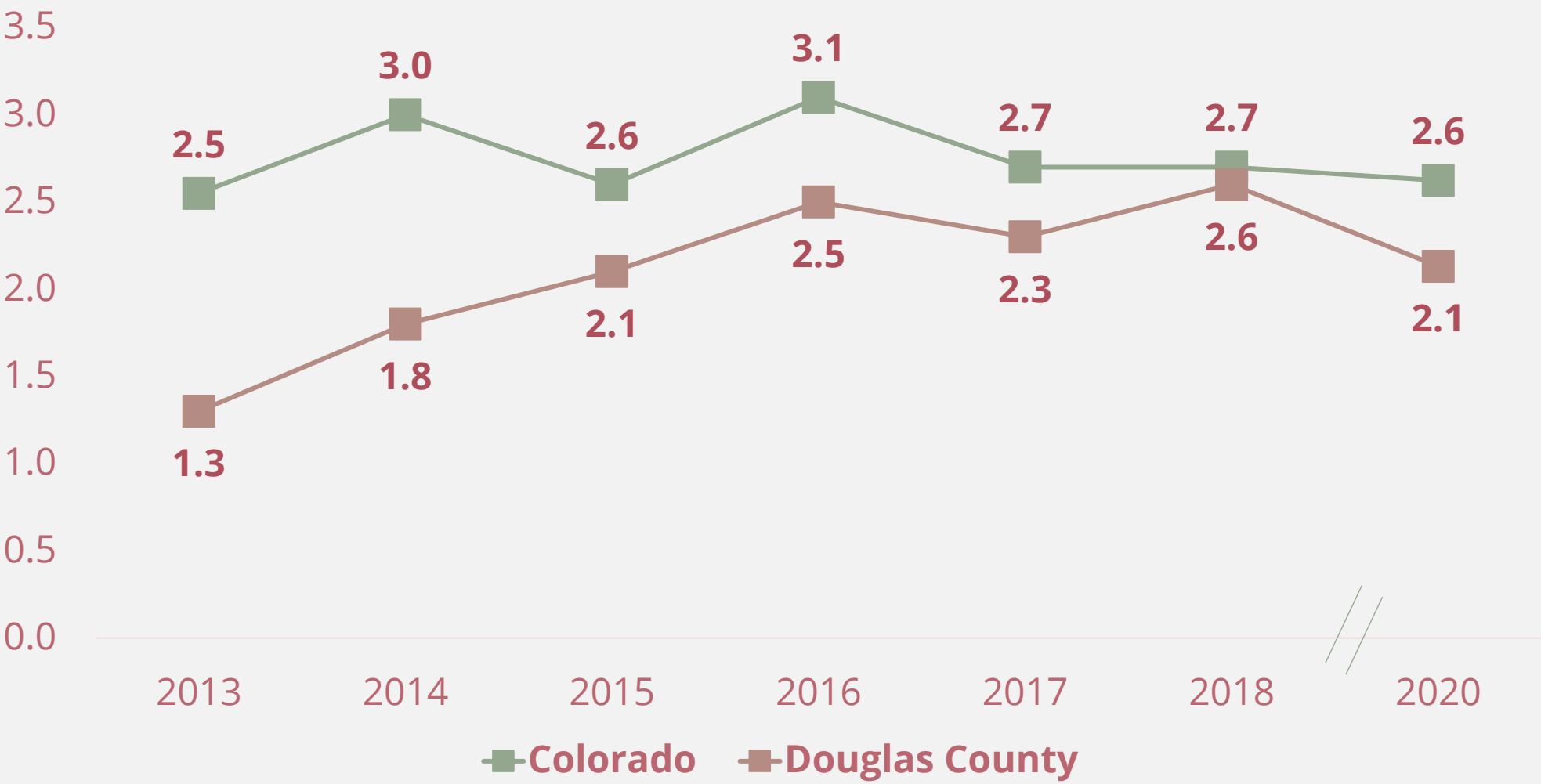


Priority Area: Management & Prevention of Disease

Percent of Adults with Chronic Conditions



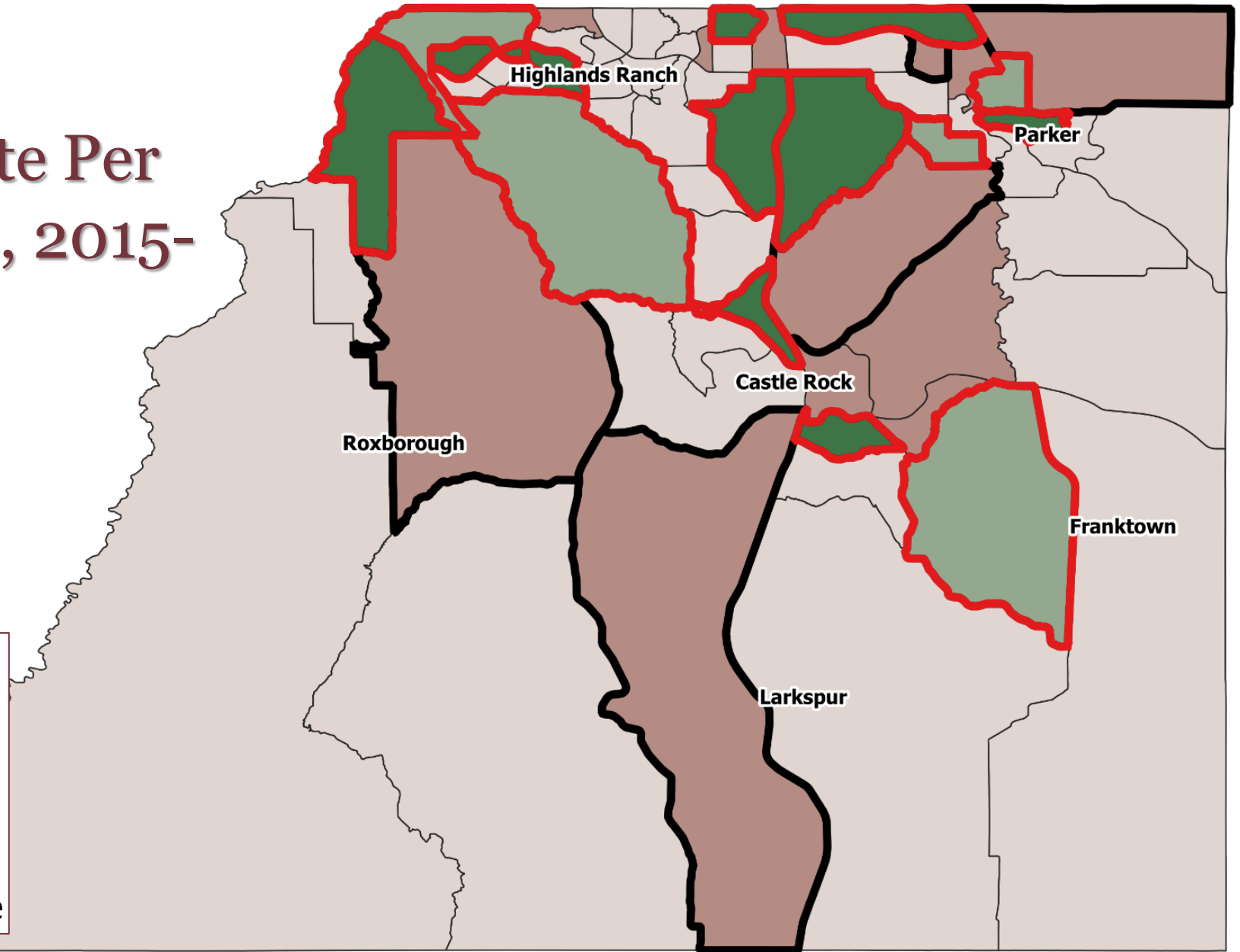
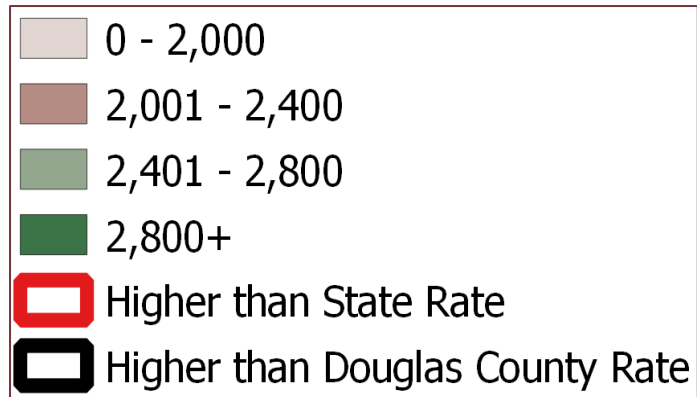
Percent of adults who ever been diagnosed with coronary heart disease



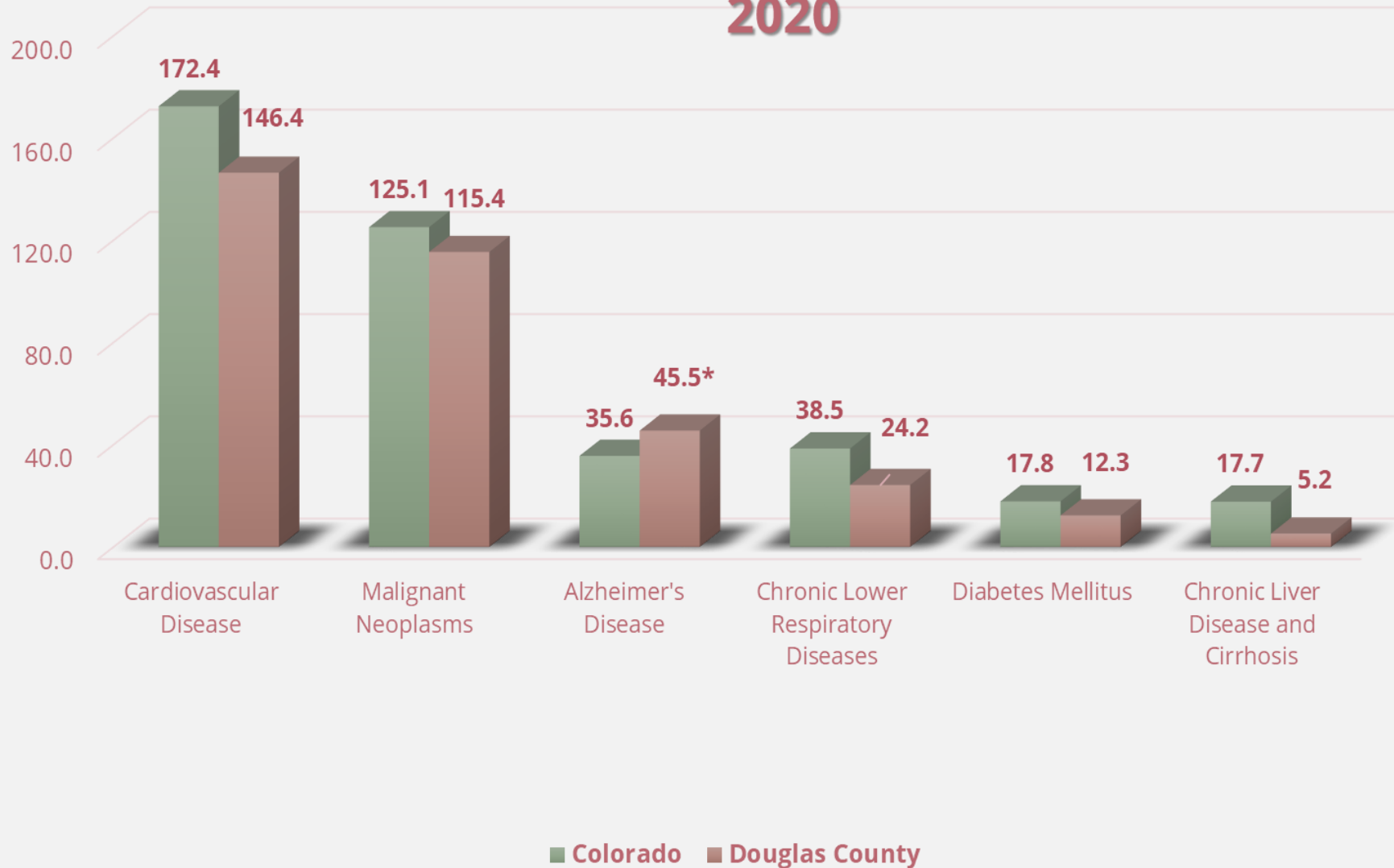
Douglas County has lower prevalence of heart disease compared to Colorado.

However, the percent of **adults who have been diagnosed with heart disease was increasing** while Colorado remained stable

Heart Disease Hospitalization Rate Per 100,000 Residents, 2015- 2019



Cause of Death: Chronic Disease Age Adjusted Rate per 100,000 2020



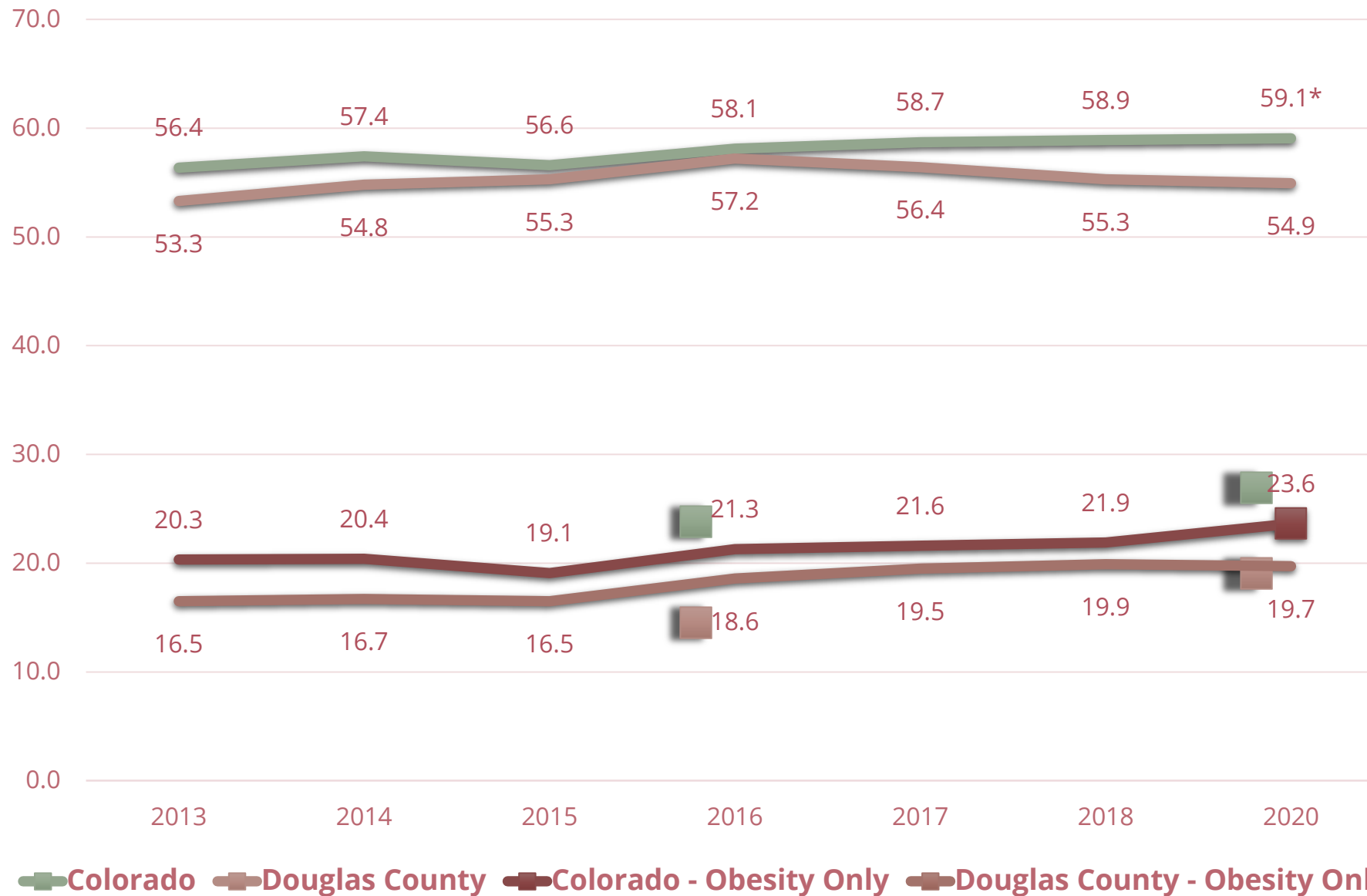
Cause of death due to chronic disease is lower in Douglas County compared to Colorado

*Rate in Douglas County is significantly higher compared to Colorado.

Note: (#) represents Douglas County number of deaths in 2020

Data Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Percent of adults who were overweight or obese



Obesity rates were increasing faster in Douglas County compared to Colorado

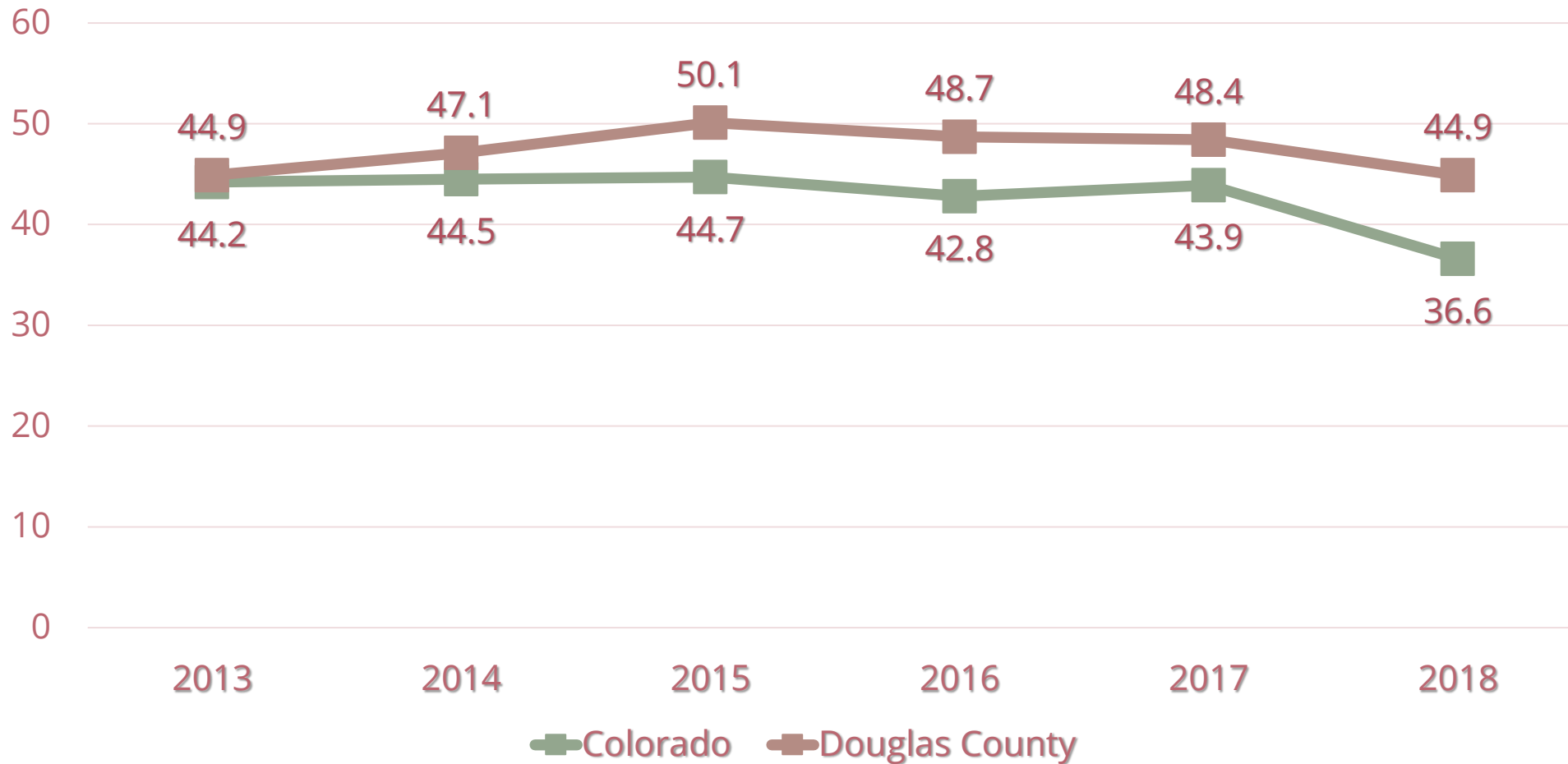
16.5% in 2013 up to 19.7% in 2020

There is little geographic variation in rates within the County.

*Indicates a significant change in trend.

Data Source: Colorado Behavioral Health Risk Surveillance System

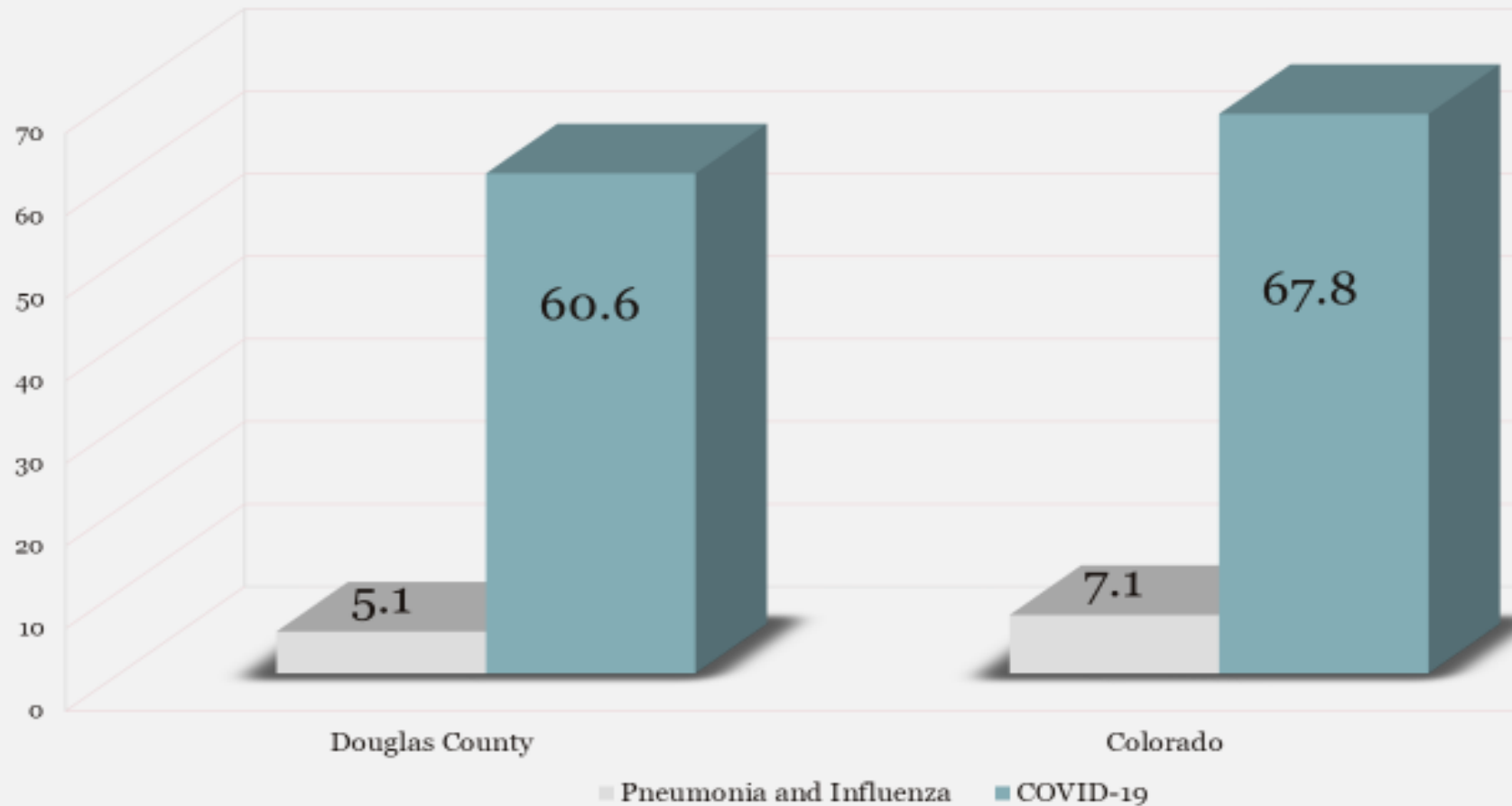
Adults (Age 18+) who received a Flu Vaccine (flu shot or a vaccine sprayed in the nose) within the past 12 months



Flu Vaccine rates are higher in Douglas County compared to Colorado.

All Causes Rate per 100,000:
Douglas County: 634.1 per *
Colorado: 738.7

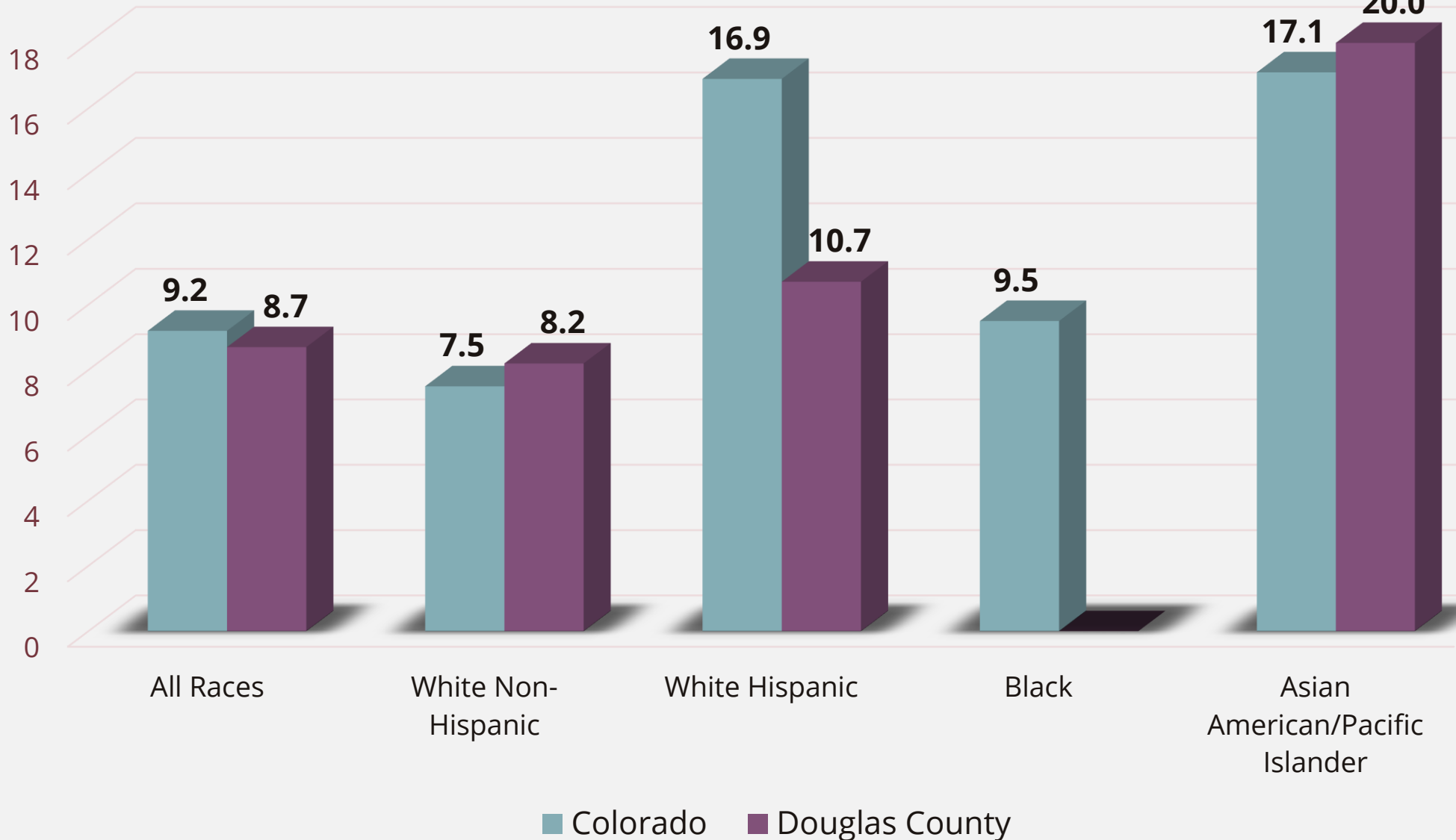
Cause of Death: Communicable Disease Age adjusted rate per 100,000 in 2020



Douglas County has a lower rate of death due to COVID-19 compared to Colorado.

Cause of Death: COVID-19

Percent of total deaths of each race/ethnicity category 2020



Douglas County has a lower rate of death due to COVID-19 compared to Colorado.

AA/PI have the highest percent of deaths due to COVID-19 in Douglas County, and experienced the highest percent among all race/ethnicity populations in Colorado, followed by White Hispanic individuals.

HOSPITALIZATIONS

2068 Total (+185 from
11/1/21)

100 Confirmed , 3 PUI

+16 from 11/1

CASES

47,511 Total

36.05 7 Day roll avg.
(12/6)

- 6.21 % change from
11/1

INCIDENT RATE

10.00%

Decrease 1.62 %

VACCINATIONS

533,804 Total

80.0 % Completed

81.6 % Overall

+ 1.6% from 11/1

DEATHS

352 Total - last

11/29

+ 23 from 11/1

Avg. Age 79

Douglas County COVID-19 Data

Data Source:

TCHD - Weekly COVID-19
Snapshot 12.6.21

- Vaccine preventable hospitalization and/or death caused by easily transmissible viruses (COVID-19) was identified as the second “worst health problem” in Douglas County via the CHA community survey.
- In 2017, the prevalence of one or more chronic conditions increased slightly between 2013 and 2017 from 58 percent to 63 percent among adults 18 years and older to approximately two in three adults (BRFSS)
- The percent of adults who had ever been diagnosed with diabetes increased from 6.3 percent in 2013 to 10.3 percent in 2019 (BRFSS)
- Hospitalizations per 100,000 residents for heart disease remained a leading cause of hospitalization despite decreasing between 2015 and 2019 (CDPHE, Hospital Data 5-year combined estimates)
- Compared to Colorado, death due to cardiovascular disease, lower respiratory diseases, and diabetes was significantly lower in Douglas County in 2020 (Vital Statistics)
- More than half of residents within the major cities live within 10-minute walk of a park (Trust for Public Land’s ParkScore® index)

Douglas County Top Causes of Death by Age Group (2016-2020)

RANK	<1	1-4	5-14	15-24	25-44	45-64	65-84	85+
1	Perinatal Period Conditions	Unintentional Injuries	Suicide	Suicide	Unintentional Injuries	Malignant Neoplasms	Malignant Neoplasms	Cardiovascular Disease
2	Congenital malformations, deformations or chromosomal abnormalities	Malignant Neoplasms	Unintentional Injuries	Unintentional Injuries	Suicide	Cardiovascular Disease	Cardiovascular Disease	All Other Diseases
3	Unintentional Injuries	*	Homicide	Drug-Induced Deaths	Drug-Induced Deaths	All Other Diseases	All Other Diseases	Malignant Neoplasms
4	*	*	*	Cardiovascular Diseases	Malignant Neoplasms	Suicide	Unintentional Injuries	Alzheimer's Disease
5	*	*	*	All Other Diseases	All Other Diseases	Unintentional Injuries	Alzheimer's Disease	Unintentional Injuries
6	*	*	*	Malignant Neoplasms	Cardiovascular Diseases	Alcohol-Induced Deaths	Chronic Lower Respiratory Disease	Cerebrovascular Disease

• Denotes categories with fewer than three observations

Of note, for those 65 and older COVID would rank in the top ten leading causes of death despite only being present for one year

Data Source: Vital Statistics Program, Colorado Department of Public Health and Environment



Expert Speaker

Health Promotion & Chronic Disease Prevention Branch

Strategic Planning Framework for Chronic Disease Prevention and Management

1

EACH PERSON'S LIVED EXPERIENCES CAN
DETERMINE WHETHER THEY ENGAGE IN

3

3 RISKY BEHAVIORS THAT ACCOUNT FOR

4

4 CHRONIC DISEASES THAT COMPRISE OVER

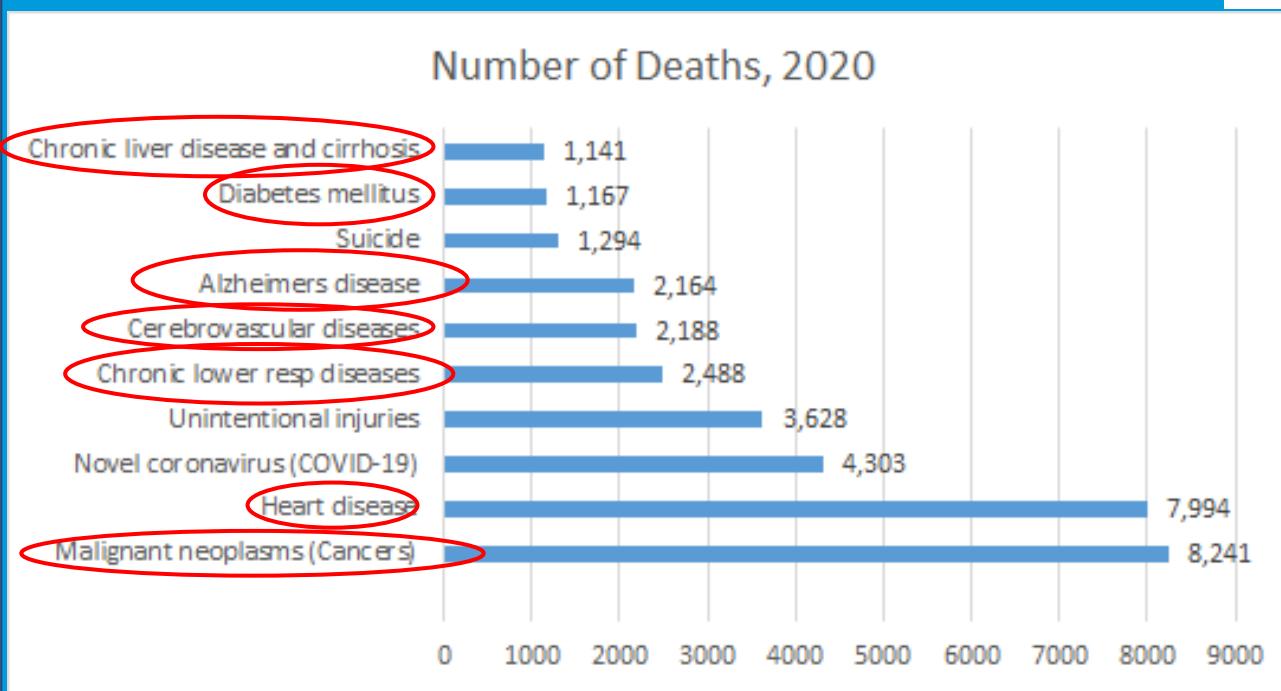
50%

50% OF DEATHS.

FIVE DOMAINS OF PROTECTIVE PUBLIC HEALTH
ACTION CAN CHANGE THIS EQUATION.

Data on Chronic Disease Morbidity and Mortality

50%



Chronic Diseases account for seven of the ten leading causes of death in Colorado



Social Determinants of Health



LIVED EXPERIENCE AND SOCIAL DETERMINANTS OF HEALTH

Risks from Social Determinants of Chronic Disease and Communicable Diseases are the Same

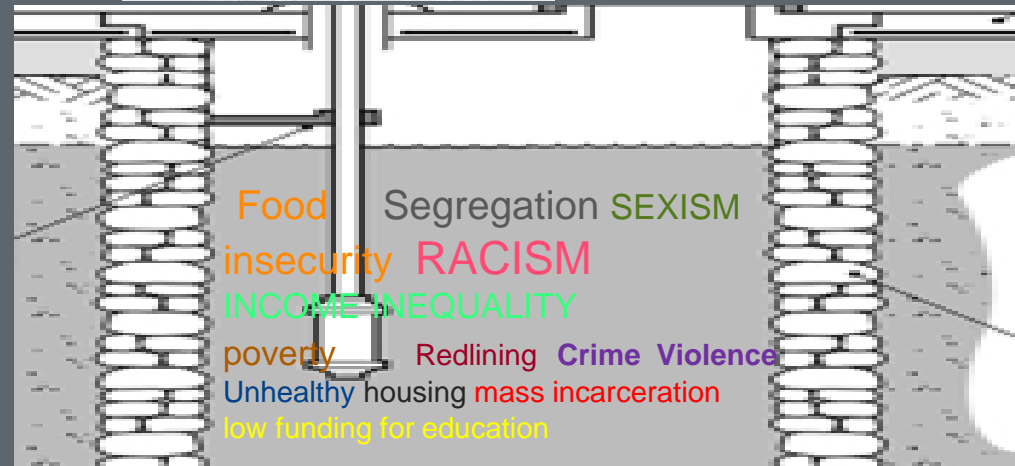
- 19th Century Public Health efforts emphasized cleanliness, community hygiene, good living conditions
- 21st Century corollary is to emphasize what we might call socio-ecological hygiene

COVID infection, hospitalization patterns & death were correlated with income, race & ethnicity, neighborhood/community & industry



Public Health 3.0

We are all drinking from a poisoned well



The Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Social Determinants Goals

1

Goal 1: Create neighborhoods and environments that promote health and safety through community-driven evidence-based built environment policies.

2

Goal 2: Increase social and community support and connectedness infrastructure.

3

Goal 3: Increase access for communities experiencing the largest disparities and health inequities to comprehensive, high-quality health care and preventive services.



THREE RISKY BEHAVIORS

Tobacco Use



North Star: By 2030, reduce adult smoking prevalence among populations targeted by the tobacco industry to below 20%.

Tobacco Use

Tobacco use remains the #1 cause of preventable death and disease in Colorado. Smoking costs the state \$1.89 billion in direct health care costs and \$2 billion more in indirect costs and results in 5,100 deaths each year. Colorado now leads the nation in rates of youth vaping; 27% of high school students say they vape. Plus, many who never choose to smoke breathe secondhand smoke, putting their health at risk. Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease. People who smoke are 25 times more likely to develop lung cancer and two to four times more likely to develop cardiovascular disease. Proven public health strategies, when implemented and resourced effectively, can reduce smoking prevalence and the use of tobacco products and protect youth from initiating tobacco product use.

Tobacco use is still the #1 cause of preventable death and disease.



1

Goal 1: By 2030, reduce the prevalence of any tobacco product including e-cigarettes use for youth and young adults under age 24 to below 15%.

2

Goal 2: By 2030, expand protection from secondhand smoke/vapor exposure, and tobacco product toxic waste exposure to populations that are inequitably exposed.

3

Goal 3: By 2030, increase the reach of tobacco treatments into priority populations by 50%.

Physical Activity, Nutrition, and Obesity

Physical Inactivity

Inactivity

Physical activity, along with a healthy diet, prevents weight gain and reduces the risk of developing many chronic diseases. The Centers for Disease Control and Prevention recommends that adults meet one of two requirements. They should get at least 150 minutes of moderate-intensity (e.g., walking briskly) or 75 minutes of vigorous-intensity (e.g., jogging, bicycling at ≥ 10 miles per hour) physical activity per week for substantial health benefits and to maintain overall health. The physical activity levels of Coloradans vary by age group, race/ethnicity and education and poverty levels. More than 50% of children and 40% of adults in Colorado do not meet physical activity guidelines. It is easier for people to participate in healthy activities when they live in neighborhoods with a supportive built environment. Well-maintained and safe parks and ways for people to safely walk or bike to everyday destinations can help people get more physical activity.



Goal 1: By 2030, increase the proportion of children, adolescents and adults in populations with the greatest disparities who get the recommended amount of weekly physical activity.

Nutrition

①

Goal 1: Increase breastfeeding initiation, duration, and compliance with workplace accommodation laws (where greatest disparities exist)

②

Goal 2: Decrease consumption of sugary beverages across all groups, and especially in youth and young adults.

③

Goal 3: Improve access to and consumption of healthier foods and beverages in priority populations

Obesity

Obesity is a condition, it is a risk factor for all of our conditions of concern. There are individual, obesity specific interventions emerging.



Goal 1: Increase the proportion of adults ages 18-34 at a healthy weight.



FOUR CHRONIC CONDITIONS

Diabetes

1

Goal 1: Increase access to a sustainable and easily accessible network of diabetes prevention programs for all Coloradans at risk of Type 2 diabetes.

2

Goal 2: Increase self-management among individuals with diabetes through establishment of easily accessible programs for all Coloradans.

Cardiovascular Disease

Cardiovascular Disease

Taken together, heart disease and stroke are the leading cause of death in Colorado and in the nation. Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease. About 2,300 people in the US die of cardiovascular disease each day, an average of 1 death every 38 seconds. Nearly half of all adults in the US have some type of cardiovascular disease. In Colorado, one in four adults has high blood pressure and almost one in three has high cholesterol.

People can change their risk factors for cardiovascular disease. These risk factors include smoking, poor nutrition, low levels of physical activity, excessive weight, high cholesterol, diabetes, and high blood pressure. Quitting smoking, changes in diet, increased activity, and adhering to a medication plan for high blood pressure and cholesterol can all lower the risk of heart disease and stroke.



Cardiovascular Disease

1

Goal 1: Improve hypertension and cholesterol management.

2

Goal 2: Increase the proportion of heart attack survivors who complete a cardiac rehabilitation program.

Cancer

①

Goal 1: Increase uptake of the HPV vaccine to 80% and strive for equity in vaccination rates among teens ages 13-17

②

Goal 2: Increase screening rates to 80% of eligible Coloradans for colorectal, breast and cervical cancers and from 3% to 40% of lung cancers

③

Goal 3: Lengthen and improve the quality of life for cancer survivors

Pulmonary Disease

①

Goal 1: Reduce asthma and COPD exacerbations by establishing statewide and community-level ordinances that improve the environments where people are inequitably exposed to triggers.

②

Goal 2: Improve lifelong pulmonary health management for all Coloradans with asthma and/or COPD.

EMERGING ISSUES

- ALCOHOL USE
- AGING
- ALZHEIMER'S
DISEASE AND
RELATED
DEMENTIAS
- ARTHRITIS

Alcohol

Objective 01 - Integrate SBIRT into chronic disease management education for people with diabetes and cardiovascular disease.

Objective 02 - advance educational efforts to inform communities about the benefits of efforts to increase the price of alcohol.

Aging

Objective 01 - Advance and support Age-Friendly Initiatives in 10 communities by 2030.

Objective 02 - Qualify Colorado for an Age-Friendly Public Health State designation from ASTHO, TFAH and the John A Hartford Foundation.

Alzheimer's & Dementia

Objective 01 — Increase the proportion of older adults with dementia, or their caregivers, who know they have it.

Objective 02 — Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider.

Arthritis

Objective 01 Increase proportion of adults with provider-diagnosed arthritis who receive health care-provider counseling for PA or exercise**

Objective 02 TBD

FIVE DOMAINS

THERE ARE FIVE DOMAINS OF PROTECTION

FIVE DOMAINS

1. Epidemiology & Surveillance
2. Policy & Environmental Change
3. Health systems
4. Community clinical linkages
5. Communication and education

This is how we organize our strategies and identify cross-cutting components where the disease or risk factor is different but the approach or area of intervention is the same.

THANKS!

More questions?
gabriel.kaplan@state.co.us



Questions or Comments?
Please place questions in
the chat.

stress, can negatively influence health. The way we respond to the stress of daily living relates to our sense of well-being and our quality of life.

30%

Public Health Improvement Plan

Core Components

Our ACCESS
TO QUALITY
Healthcare
affects 20 percent
of our health.²¹

40%

The PHYSICAL ENVIRONMENT influences 10 percent

SOCIAL SURROUNDINGS &

Core Components Of A Public Health Improvement Plan

Required by the 2008 Colorado Public Health Act:

- Assesses and sets priorities for the public health system
- Prospectively covers up to five years, and is subject to annual revisions and the implementation schedule established by the state board.
- Is made available to the governor, the general assembly, the state board, county and district public health agencies, and other partners.

Required by PHAB:

- Statewide health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives
- Individuals and organizations that have accepted responsibility for implementing strategies
- Measurable health outcomes or indicators to monitor progress
- Alignment between the state health improvement plan and Tribal, local and national priorities

Health Improvement Plan & Health Priority Areas

Goals

Objectives

Strategies

Intervention

Action
Plans

We will move to virtual breakout rooms to answer some exploratory questions that will inform the development of the goals and strategies.

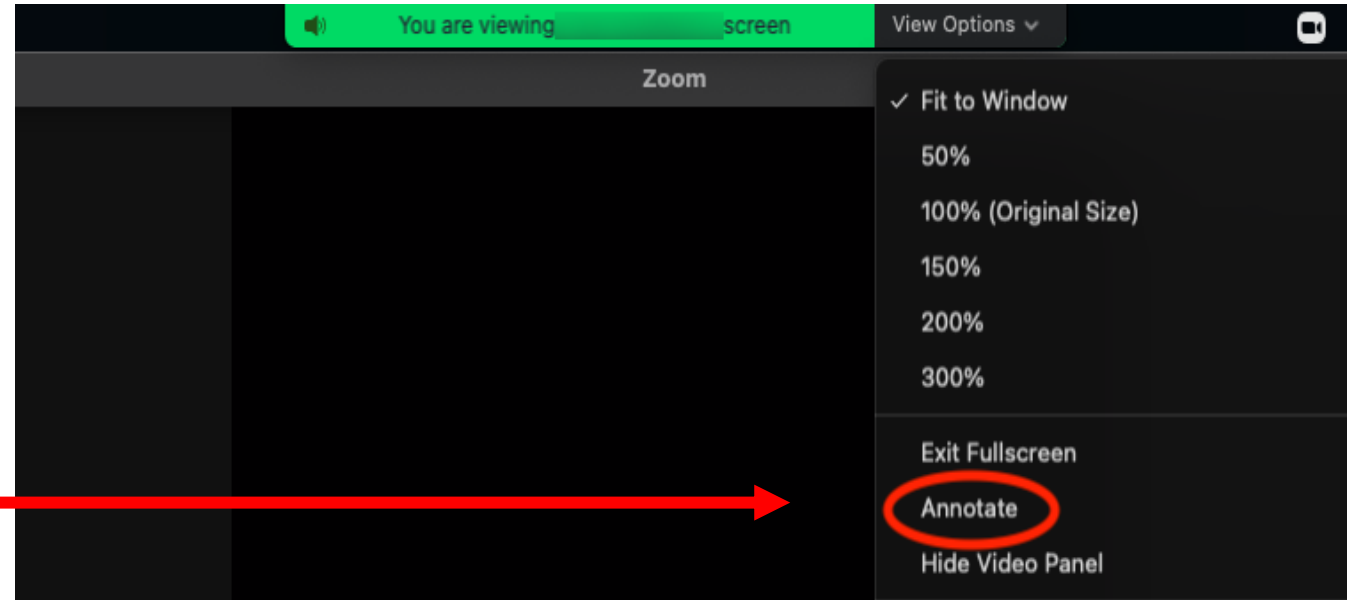
Time to discuss Disease Management!

A grayscale photograph of a business meeting. Several people in professional attire are gathered around a table. One person is pointing at a tablet displaying a chart. Another person is holding a smartphone. A coffee cup is visible on the table. The image has a greenish tint.

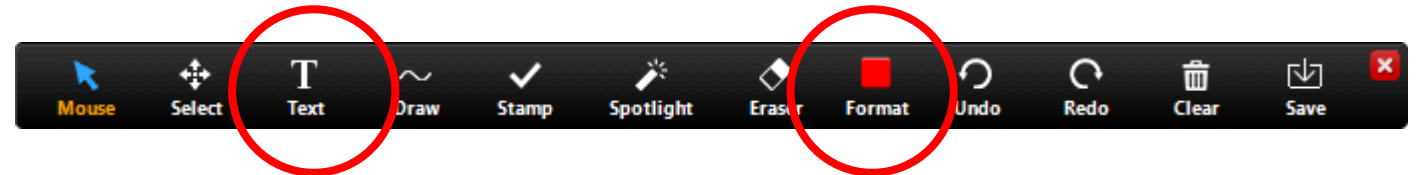
Breakout Group Instructions

Sharing Your Ideas

1. Look at your screen and find "You are viewing ____'s screen" at the top of your screen.
2. Next to that is a menu titled View Options.
3. Click on View Options and toward the bottom of the menu you will see "Annotate."
4. Click on Annotate.



- Once you select Annotate you will see this menu.
- Select TEXT. You can change the color and size of your text with the FORMAT button.



Goals



Goals are broad statements of what the County hopes to accomplish related to the priority and may include the approach or “by or through” phrase.



The goal is to (effect, e.g. improve, decrease, etc.) the (problem/need/opportunity) of (target population) by/through (x mechanism).



What do we hope to accomplish in five years?

Consider the overall desired identification of high level long-term goal(s)

Reduce chronic disease in communities of color

Multigenerational strategies that reduce chronic disease

Increase health equity

Reduce heart disease

Sustainable, efficient and productive health department serving residents

Overall health for Douglas County. Encourage people to get out and exercise to the best of their abilities

Education to convince people to change their behavior

Reduce obesity

Improve quality of life with measurable goals

Increase the percent of people using preventative care services

Reduce substance and ETOH abuse

Strategies

According to PHAB 5.2.2.1a, “strategies may be evidence-based, practice-based, or promising practices, or may be innovative to meet the needs of the population.”

Step 1: Identify existing initiatives and assets related to the priority area in the state.

Step 2: How will the objectives reached? Ask “what change can the strategy be expected to create?”

Example:

Potential strategies to achieve the smoke-free policy objective in Figure 6.9 might be to:

- Promote adoption of voluntary smoke-free policies in public housing.
- Promote adoption of voluntary smoke-free policies in private multi-unit residences.

What type of strategies will make us successful? Discuss how progress and success can be measured.

Healthy aging classes/info sessions

Increase availability and access to healthier eating choices

increase awareness of the benefits of exercise - mental health, weight

Education to equip people to grow in independence in food production, space to do so, zoning regulations that encourage independence

strategies for individuals with disabilities

Increase access to healthy foods-maybe establishing community gardens where seniors and kids can engage

Increased awareness of how obesity leads to HTN, heart disease, DM, problems w/joints and other health

Decrease food desserts in rural areas

increase access to health screening

Behavior change education

Different strategies for rural v. suburban health - keep the varying demographics in mind

senior center is for people over 80. younger people have to get activities with the youth

Healthy mom and baby programs

Awareness, how do we unshackle the stigma of the diseases we discussed this evening. Talk freely about the 800 lb. gorilla in the room.

Policies limiting youth access to tobacco products

Increase access to healthy foods - maybe establishing community gardens where seniors and kids can engage.

CHW in communities with high burden

More vaccine clinics in the community, @schools, churches, etc. for all vaccines not just COVID

Schools offering HPV vaccine