



Douglas County Public Health Department

Public Health Improvement Planning Process

Community Meeting

Priority Area: Injury 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

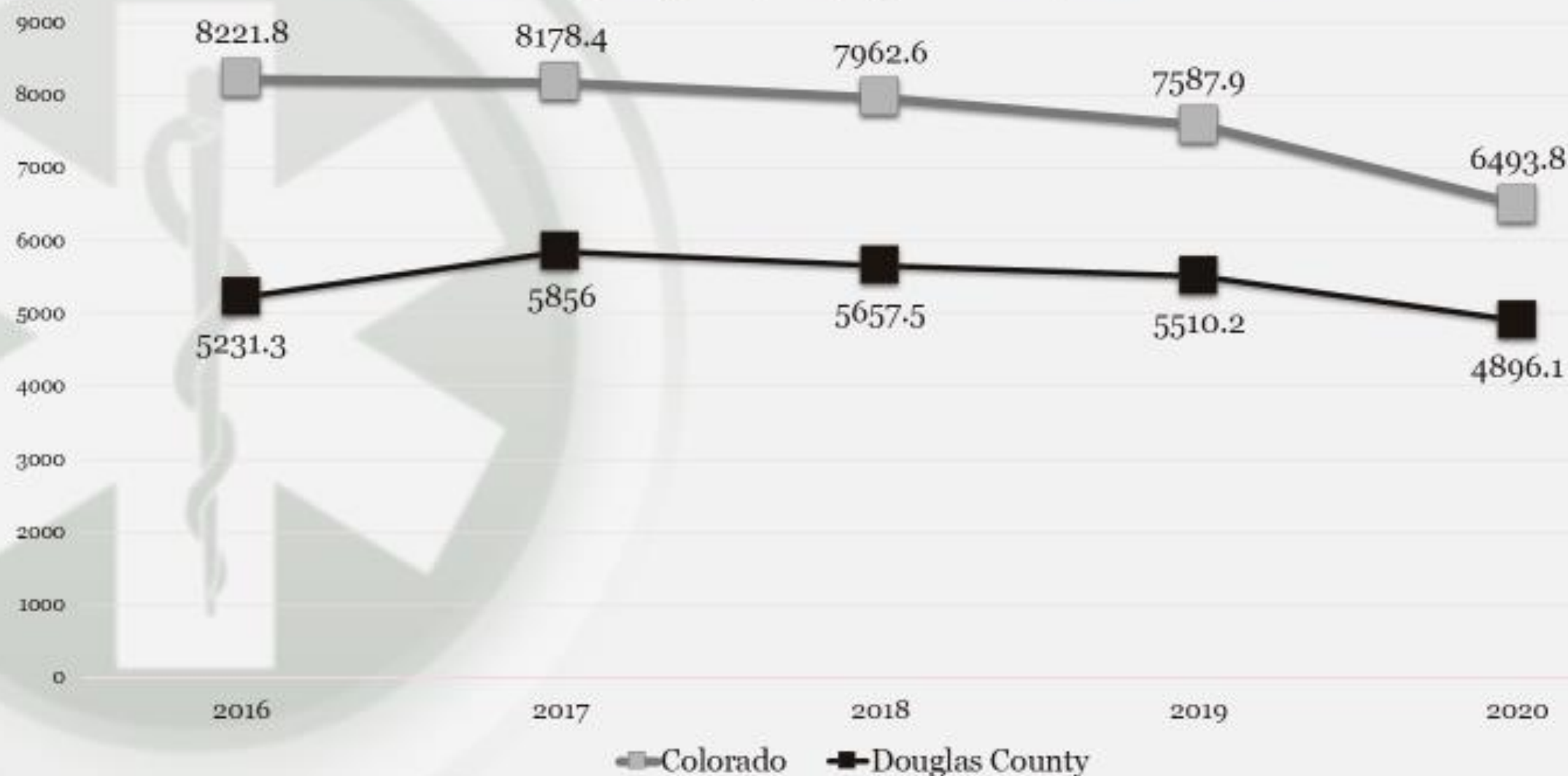
- Based on the data, are there conditions, behaviors or populations on which we should focus our goals?
- Are there strengths or assets in Douglas County to leverage to support success for public health strategies for behavioral health?
- Are there strategies that will engender more community engagement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





Priority Area: Injury Prevention

Average annual age-adjusted rate of ED visits mentioning any injury per 100,000 residents



Note: ED visits represent health care events and not unique individuals. It is possible that an individual experienced more than one non-fatal injury within the time period, resulting in multiple events recorded in this dashboard.

Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment, Colorado Hospital Association billing claims data

This Photo by Unknown Author is licensed under CC BY-NC-ND

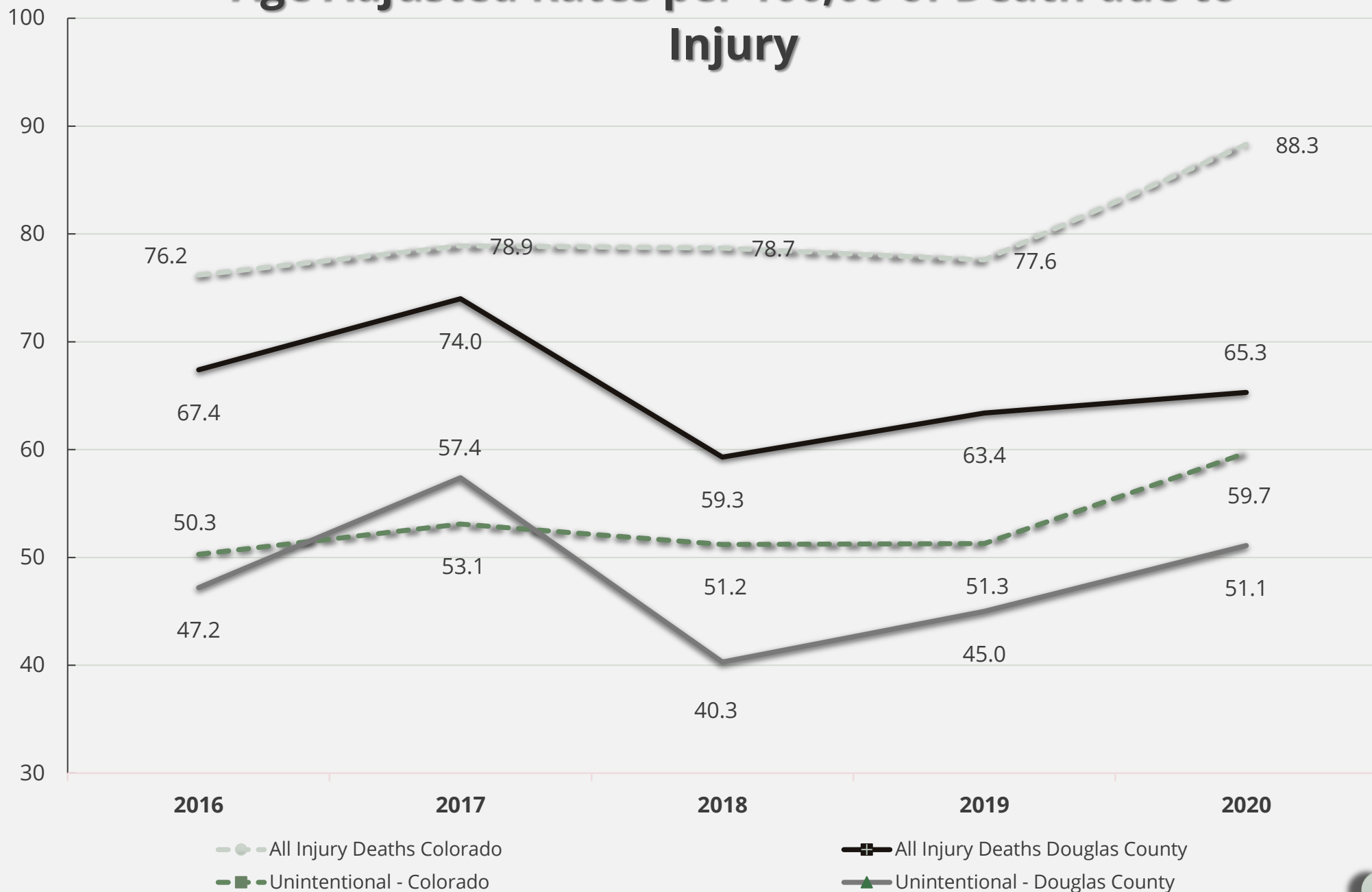
Age Adjusted Rates per 100,000 of ED Visits by Injury Type	2016	2020	Percent Change
Fall Injuries	1,759.9	1,852.5	5%
Motor Vehicle	452.2	348.4	-23%
Poisoning Due to Drugs	115.3	143.7	25%
Assault	105.6	118.7	12%
Intentional Self Harm	100.3	109.1	9%
Child or Adult Abuse	16.3	21.2	30%

Note: ED visits represent health care events and not unique individuals. It is possible that an individual experienced more than one non-fatal injury within the time period, resulting in multiple events counted in this dashboard.

Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment. Colorado Hospital Association billing claims data

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Age Adjusted Rates per 100,00 of Death due to Injury



Note: The categories are not mutually exclusive. For example, an individual death may have been both unintentional and due to a firearm injury. In this case, their death may be counted among the "Unintentional injury" and "Firearm Injuries" categories.
Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard.

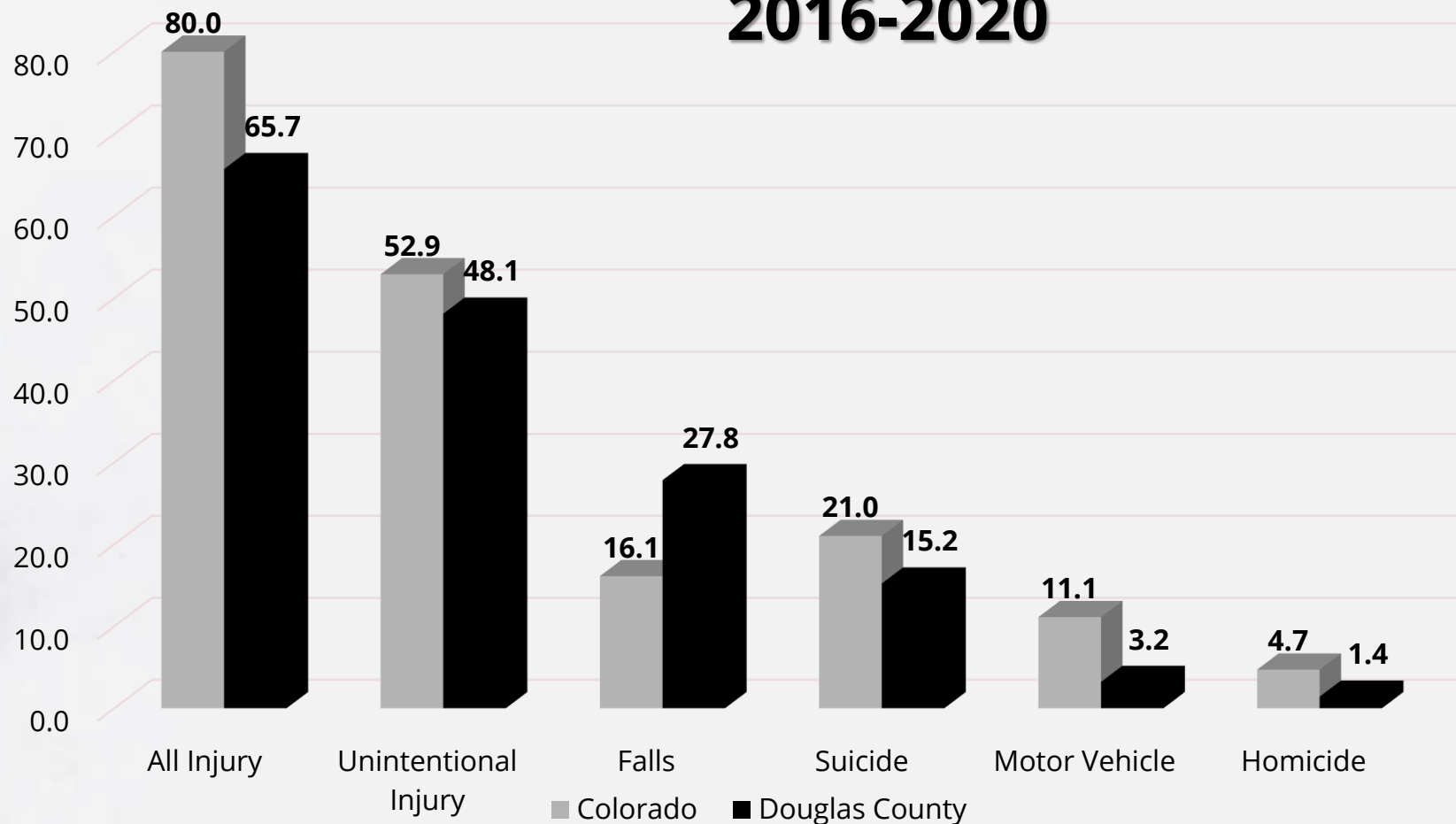
Injury is common, costly, and preventable – it is the third leading cause of death in Colorado.

The annual 2016 to 2020 average rate of injury-related death in Douglas County is lower than Colorado.

Between 2018 and 2020, the trend was increasing in both Colorado and Douglas County but less of an increasing trend in Douglas County.

Falls are one of the leading causes of injury related death in Douglas County, and the rate was greater than in Colorado between 2016-2020.

Age Adjusted Injury Death Rate per 100,000, by Type of Injury 2016-2020



Age Adjusted Rate of Suicide Mortality by Method

0

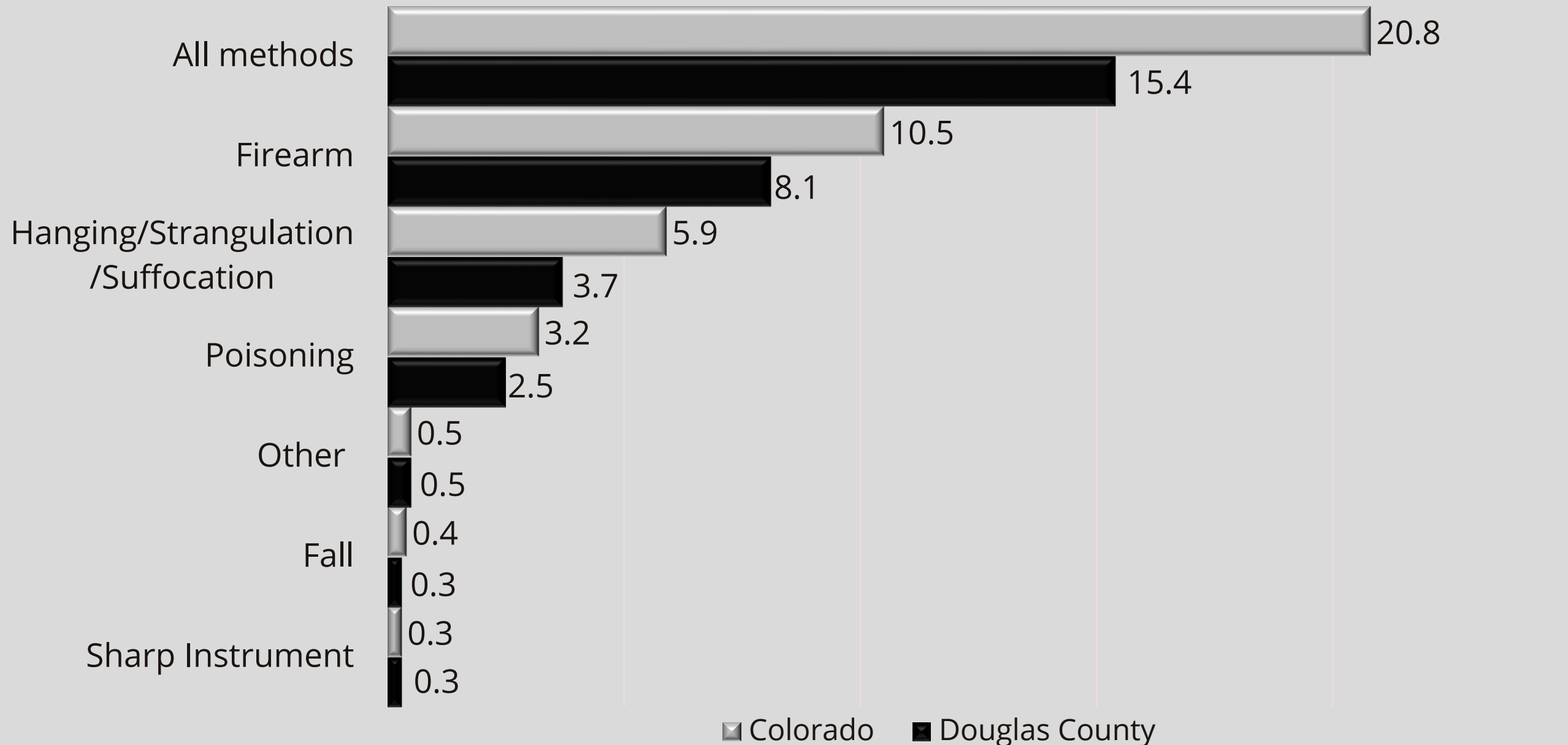
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2016-2020

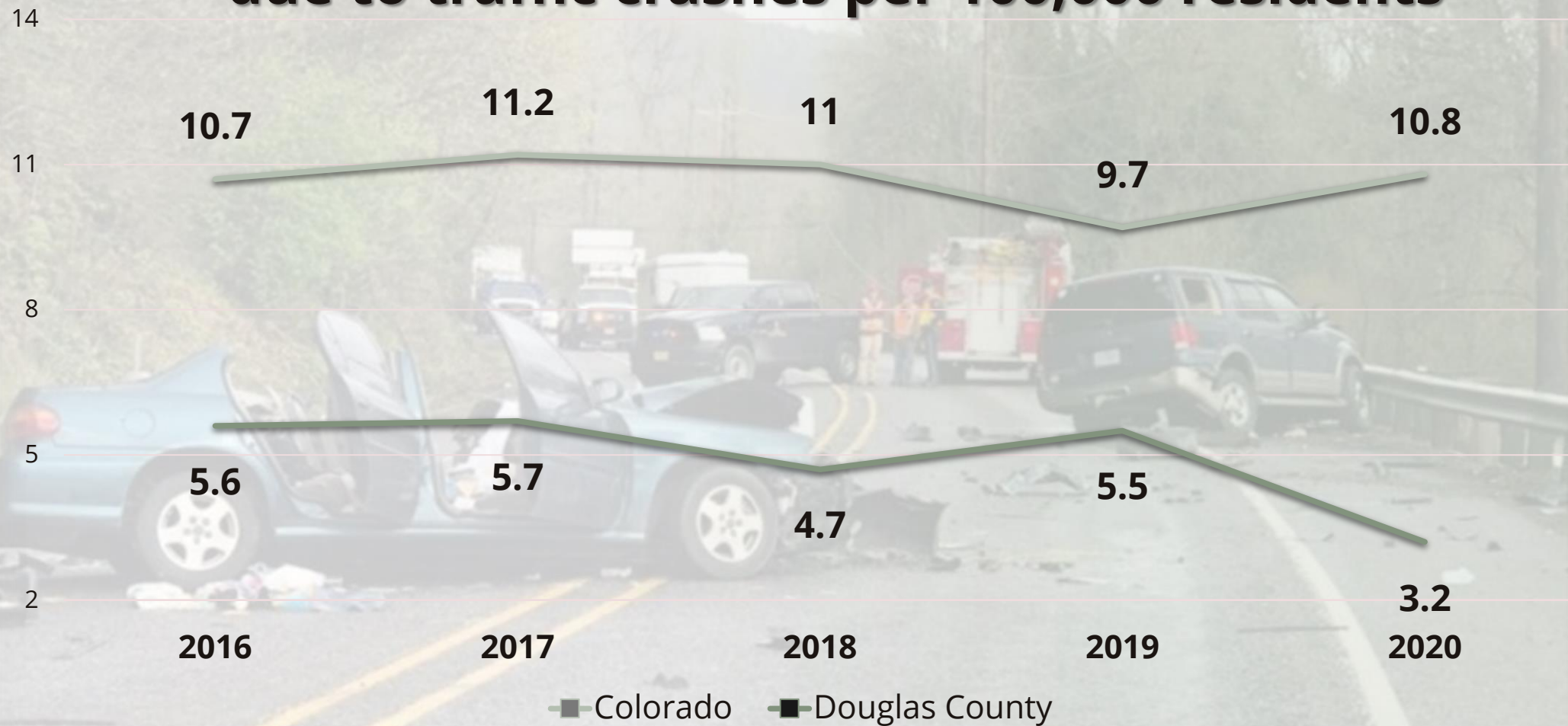
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20

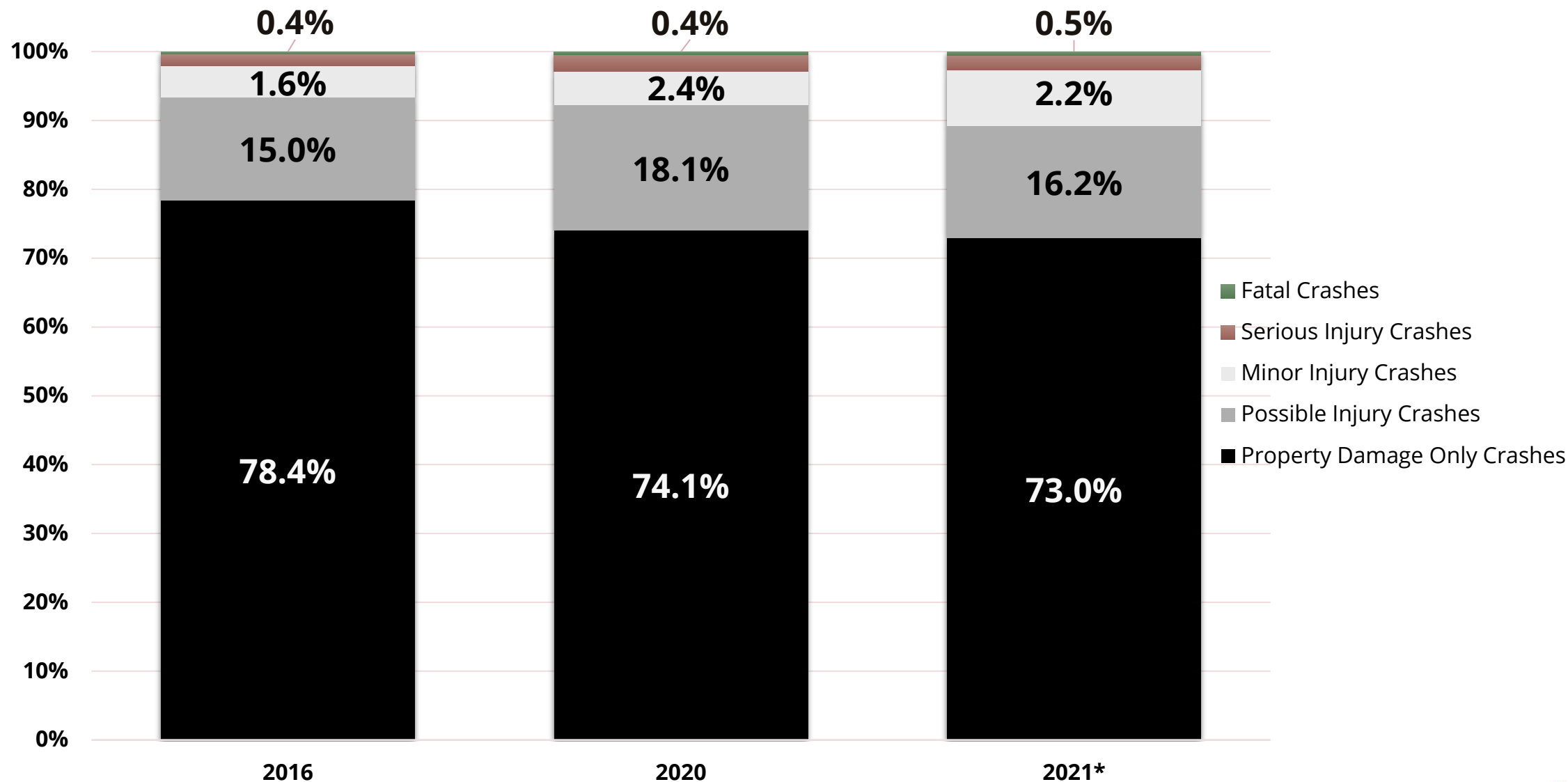
25



Average annual age-adjusted rate of deaths due to traffic crashes per 100,000 residents



Percent of Crashes by Injury in Douglas County



*Only includes the annual count of crashes in 2021 as of 11/16/2021. Source: CDOT

- Community members indicated unsafe driving behaviors are the second most risky or harmful behavior in the County (CHA Community Survey)
- The percent of driving deaths with alcohol involvement was 35 percent, or just over one in three driving related deaths. While total fatalities among all crashes dropped, the fatalities due to alcohol-impacted driving remained the same (CDOT, 2019)
- Among students who drove a car or other vehicle during the past 30 days, the percentage who drove when they had been drinking alcohol one or more times was higher at 7.1 percent than Colorado at 5.9 percent (HKCS, 2019)
- Falls were the leading cause of emergency department visits for non-fatal injuries between 2016 and 2020 (Vital Statistics)

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



Injury Prevention Best Practice Strategies

PRESENTER: LINDSEY MYERS, MPH

Role of Local Health Agencies in Injury and Violence Prevention

- ▶ Tracking and investigating health problems and hazards in the community.
- ▶ Developing, applying and enforcing policies, laws and regulations that improve health and ensure safety.
- ▶ Leading efforts to mobilize communities around important injury and violence issues.
- ▶ Linking people to health and community services.
- ▶ Achieving excellence in public health practice through a trained workforce, evaluation, and evidence-based programs.
- ▶ Preparing for and responding to public health emergencies.

Spectrum of Prevention

For success, we need to impact all these levels.

1: Strengthen individual knowledge and skills

2: Promote community education

3: Educate providers

4: Foster coalitions and networks

5: Change organizational practices

6: Influence policy and legislation

Injury Prevention Policy Successes

Car seats

Seat belts

Impaired
driving
penalties

Motorcycle
helmet laws

Smoke
detectors

Water
temperature
settings

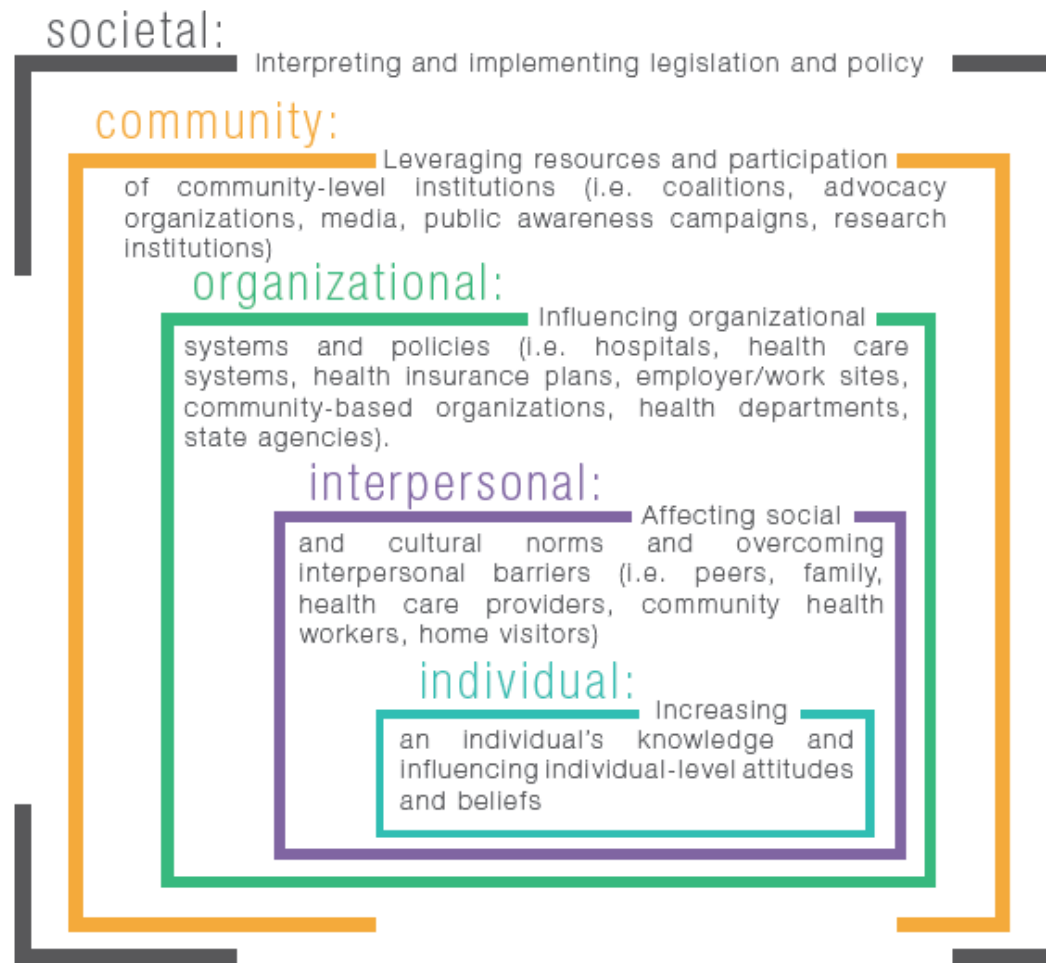
Bicycle
helmets

And many
more...

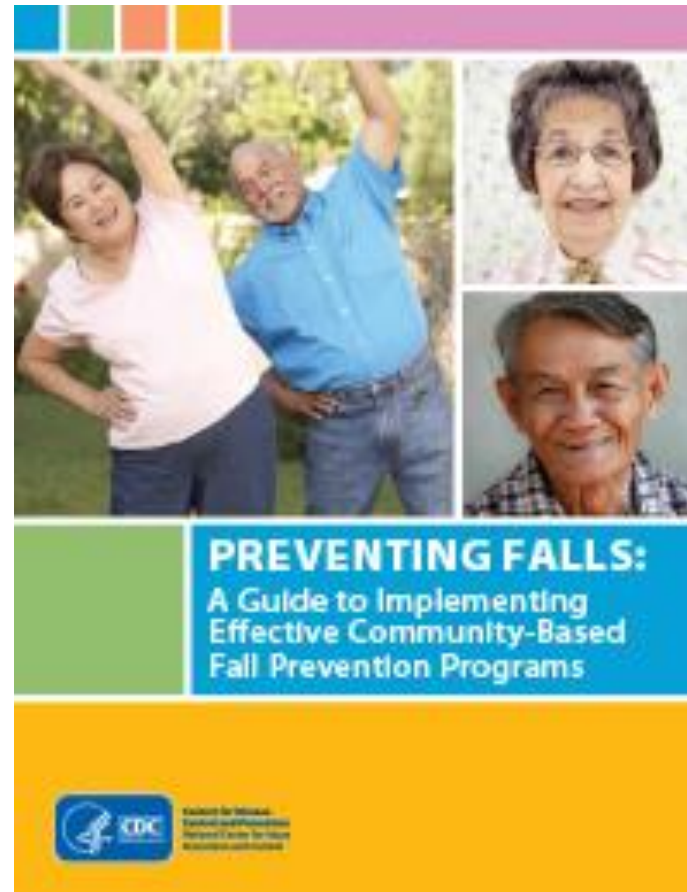
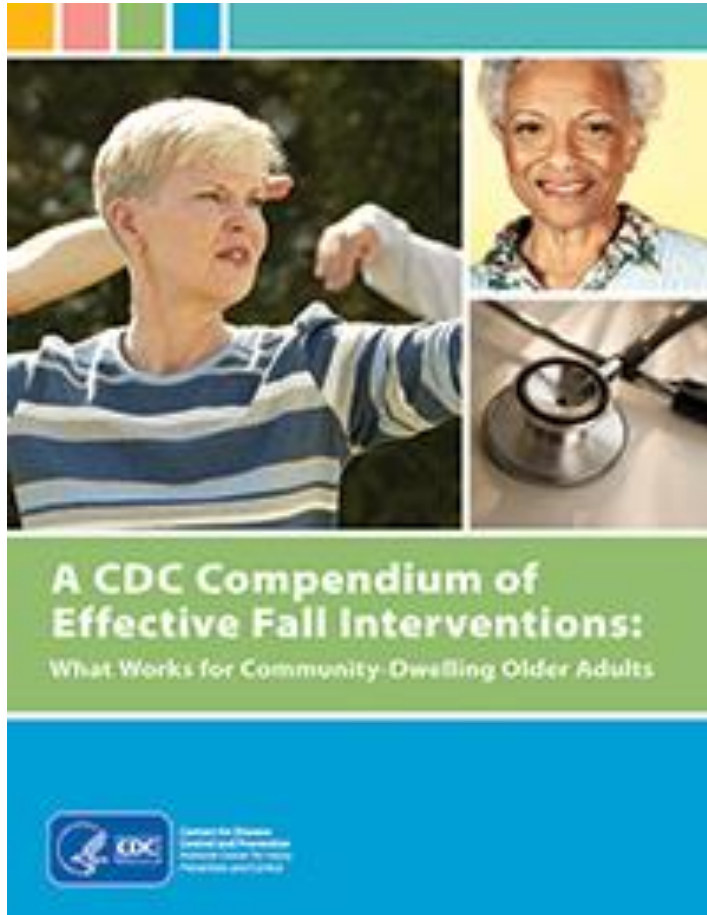
Local Health Department Role in Policy

- ▶ Analyzing data to identify trends
- ▶ Research, identifying, assessing, and prioritizing policy options.
- ▶ Identifying and connecting with stakeholders.
- ▶ Providing evidence and science to educate decision makers
- ▶ Educating the public about existing laws and policies
- ▶ Evaluating the impact of policies

Social Ecological Model



Effective Falls Interventions



Older Adult Falls Prevention Strategies

Evidence-Based Programs

- A Matter of Balance
- Tai Chi: Moving for Better Balance
- Tai Chi for Arthritis and Falls Prevention
- Stepping On
- Otago Exercise Programs
- FallsScape

Home Modification

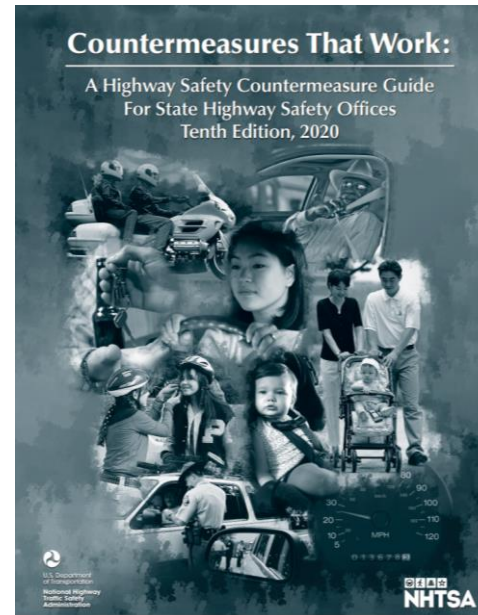
- Home safety assessment
- Ramps and rails
- Removing tripping hazards

Clinical

- Vitamin D
- Vision
- Medication Review
- STEADI

Transportation Safety

- ▶ Child Passenger Safety
- ▶ Seat Belts
- ▶ Teen Drivers
- ▶ Older Adult Drivers
- ▶ Impaired Driving
- ▶ Distracted Driving
- ▶ Pedestrian Safety
- ▶ Motorcycle Safety
- ▶ Bicycle Safety
- ▶ Complete Streets
- ▶ Engineering



WHAT WORKS Motor Vehicle-Related Injury Prevention

Evidence-Based Interventions for Your Community

CPSTF FINDINGS ON MOTOR VEHICLE-RELATED INJURY PREVENTION

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to reduce motor vehicle-related injuries and deaths. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for CPSTF Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against (See reverse for detailed descriptions.)

Intervention	CPSTF Finding	Intervention	CPSTF Finding
Use of child safety seats		Publicized sobriety checkpoint programs	
Laws mandating use	Recommended	Mass media campaigns	Recommended
Community-wide information and enhanced enforcement campaigns	Recommended	Multicomponent interventions with community mobilization	Recommended
Distribution and education programs	Recommended	Ignition interlocks	Recommended
Incentive and education programs	Recommended	School-based instructional programs*	Recommended
Education programs when used alone	Insufficient Evidence	School-based peer organizing interventions	Recommended
Use of motorcycle helmets		School-based social norming campaigns	Insufficient Evidence
Universal helmet laws	Recommended	Designated driver incentive programs	Insufficient Evidence
Use of safety belts		Designated driver population-based campaigns	Insufficient Evidence
Laws mandating use	Recommended		
Primary (vs. secondary) enforcement laws	Recommended		
Enhanced enforcement programs	Recommended		
Reducing alcohol-impaired driving			
0.08% blood alcohol concentration (BAC) laws	Recommended		
Lower BAC laws for young or inexperienced drivers	Recommended		
Maintaining current minimum legal drinking age (MLDA) laws	Recommended		

For more information on motor vehicle injury findings, visit The Community Guide website at www.thecommunityguide.org/mviol. Other related resources for this topic include one-pagers and Community Guide in Action stories.

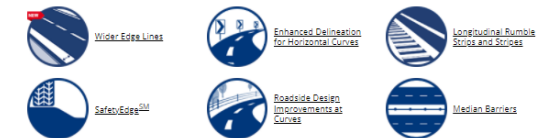
Proven Safety Countermeasures

PHVA's Proven Safety Countermeasures Initiative (PSCI) is a collection of countermeasures and strategies effective in reducing roadway fatalities and serious injuries on our nation's highways. Transportation agencies are strongly encouraged to consider widespread implementation of PSCs to accelerate the achievement of local, state, and national safety goals.

SPEED MANAGEMENT



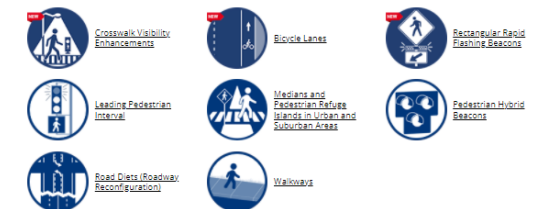
ROADWAY DEPARTURE



INTERSECTIONS



PEDESTRIAN/BICYCLIST



Phases

	Person (victim)	Agent (energy) Vector (assailant) Vehicle (car)	Physical Environments	Social Environments
Pre-event (before crash) Primary Prevention	<input type="checkbox"/> Teach drivers traffic laws <input type="checkbox"/> Discourage driving after drinking	<input type="checkbox"/> Maintain car in good condition, good tires & brakes, etc.	<input type="checkbox"/> Well maintained roads <input type="checkbox"/> Clear signs on roads	<input type="checkbox"/> Norms about using designated drivers & obeying speed limits
Event (crash) Secondary Prevention	<input type="checkbox"/> Encourage seat belt use	<input type="checkbox"/> Passive restraint devices (i.e., airbags)	<input type="checkbox"/> Energy-absorbing light & sign poles <input type="checkbox"/> Open space at edge of road	<input type="checkbox"/> Support for enforcement of seat belt laws
Post-event (after crash) Tertiary Prevention	<input type="checkbox"/> Teach first aid skills to everyone	<input type="checkbox"/> Reduce flammability of cars (e.g., non-exploding gas tanks)	<input type="checkbox"/> Emergency call boxes on highways	<input type="checkbox"/> Available quality emergency care

The Haddon Matrix applied to traffic safety

Child Maltreatment Prevention

Strategy	Approach
Strengthen economic supports for families	<ul style="list-style-type: none">• Strengthening household financial security• Family-friendly work policies
Change social norms to support parents and positive parenting	<ul style="list-style-type: none">• Public engagement and education campaigns• Legislative approaches to reduce corporal punishment
Provide quality care and education early in life	<ul style="list-style-type: none">• Preschool enrichment with family engagement• Improved quality of child care through licensing and accreditation
Enhance parenting skills to promote health childhood development	<ul style="list-style-type: none">• Early childhood home visitation• Parenting skill and family relationship approaches
Intervene to lessen harms to prevent future risk	<ul style="list-style-type: none">• Enhanced primary care• Behavioral parent training programs• Treatment to lessen harms of abuse and neglect exposure• Treatment to prevent problem behavior and later involvement in violence

Violence Prevention Examples

Community Violence

- Changing the physical environment through Crime Prevention Through Environmental Design
- Changing social norms through Street outreach/violence interruption programs

Youth Violence Prevention

- Building connections to caring adults through mentoring or afterschool programs
- Promote family environments that support healthy development

Sexual Violence Prevention

- Bystander empowerment and education
- Strengthening economic supports for women and families

Intimate Partner Violence Prevention

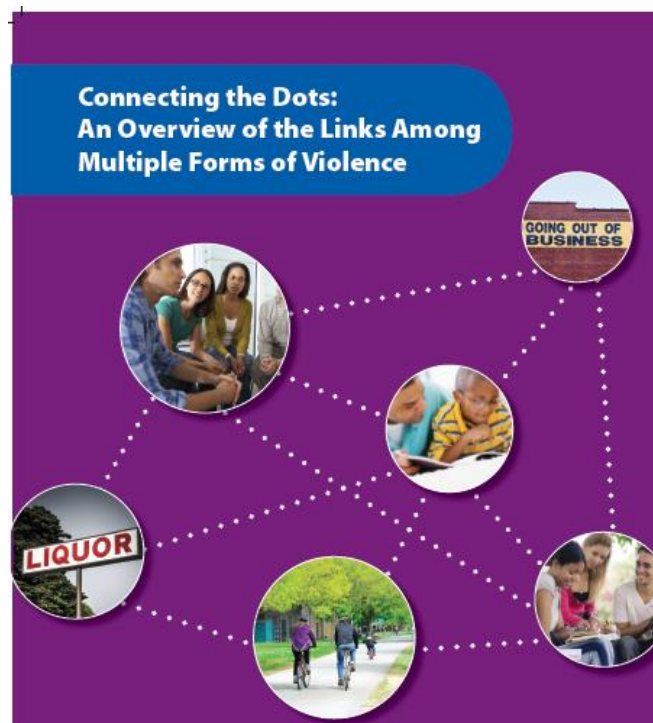
- Men and boys as allies in prevention
- Improving school climate and safety

Gun Violence Prevention

- Enhance public health surveillance systems to improve reporting of firearm injury and death
- Promote safe storage of firearms


Note this is not an exhaustive list of evidence-based prevention strategies.

Connecting the Dots



- ▶ Many forms of injury and violence are connected and share the same risk and protective factors.
- ▶ Focus efforts upstream on common factors.

Neighborhood Risk Factors

	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Neighborhood poverty	X		X	X	X		X	
High alcohol outlet density	X		X		X		X	
Community Violence	X			X	X	X		
Lack of economic opportunities	X		X	X	X		X	
Low Neighborhood Support/ Cohesion*	X	X	X		X		X	


NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

*Neighborhood support/cohesion typically measured at the individual level

Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence.** Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

*Slide courtesy of CDC

Neighborhood Protective Factors

	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Coordination of services among community agencies	X		X				X	X
Access to mental health and substance abuse services	X						X	
Community support and connectedness*	X		X	X	X		X	X

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

*Community support and connectedness typically measured at the individual level

Shared Risk and Protective Factor Approach

Examples

Focus on a risk or protective factor that is shared by two or more types of injury and violence to impact multiple outcomes at once

- ▶ **Connecting youth to caring adults** and activities such as mentoring and after-school programs can impact community violence, teen dating violence, bullying and suicide.
- ▶ **Addressing excessive alcohol use** can impact motor vehicle safety, older adult falls, sexual violence prevention, community violence, suicide, etc.
- ▶ **Focusing on built environment strategies** (walkability, food environment, public transportation options) can impact motor vehicle safety, older adult falls, community violence, suicide, obesity, and other chronic diseases

Resources: Evidence- Based Strategies to Reduce Injury

General

- [CDC, National Center for Injury Prevention and Control](#)
- [Safe States Alliance](#)
- [Connecting the Dots](#) (shared risk and protective factors for violence prevention)
- [Safe States Connections Lab](#) (shared risk and protective factors approaches)

Older Adult Falls

- [CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults](#)
- [Prevention Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs](#)
- [STEADI Older Adult Fall Prevention A Coordinated Care Plan](#) (clinical resources)
- [National Council on Aging Falls Prevention Evidence-Based Programs](#)

Motor Vehicle Safety

- [CDC Transportation Safety Page](#)
- [NHTSA Countermeasures that Work](#)
- [FHWA- Proven Safety Countermeasures](#)
- [The Community Guide Motor Vehicle Injury Findings](#)
- [Strategies to Address Shared Risk and Protective Factors for Driver Safety](#)
- [Complete Streets](#) (U.S. Department of Transportation)

Child Maltreatment Prevention

- [Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities](#)
- [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#)

Violence Prevention


- [Striving to Reduce Youth Violence Everywhere \(STRYVE\)](#)
- [Cure Violence](#)
- [Safe Streets](#)
- [STOP SV: A Technical Package to Prevent Sexual Violence](#)
- [A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Factors](#)

Contact Info

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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 Planning for the Douglas County 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, objectives and strategies.


Time to discuss Injury Prevention!

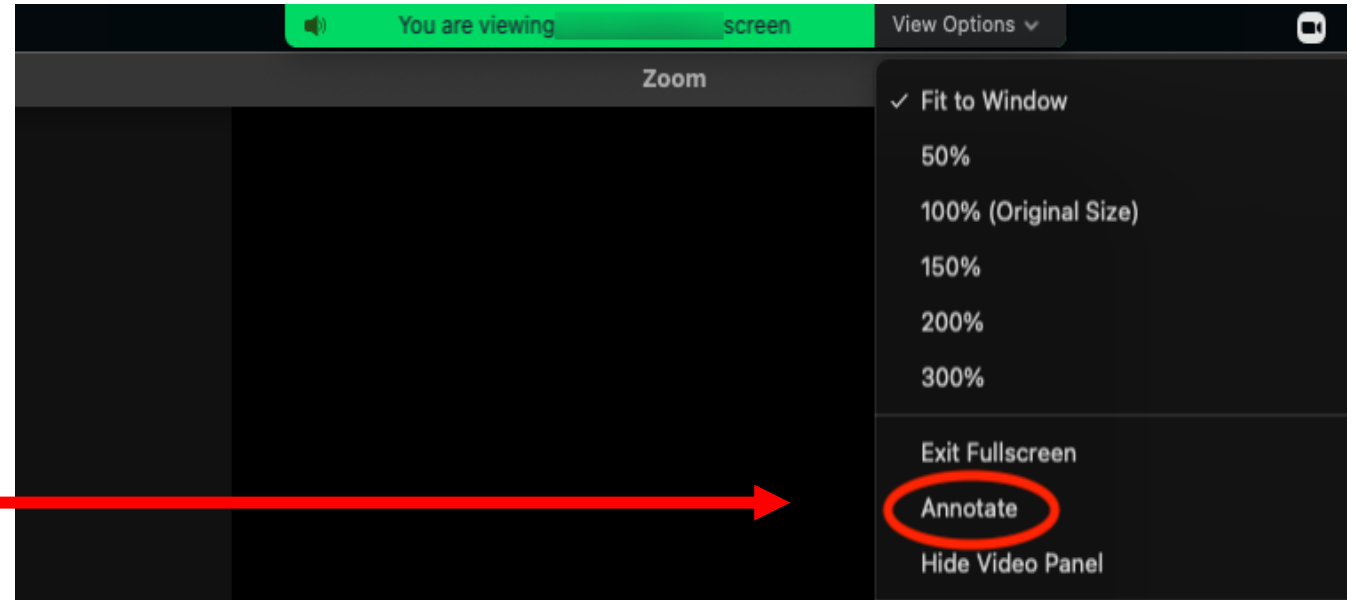



A grayscale photograph of a business meeting. Several people in professional attire are gathered around a table. One person is pointing at a tablet displaying a chart. Another person is holding a smartphone. A coffee cup is visible on the table. The image has a greenish tint and is semi-transparent, serving as a background for the text.

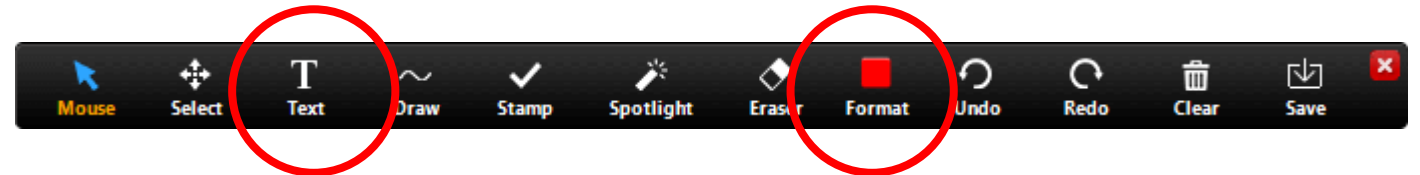
Breakout Group Instructions

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)

Measurable increase community understanding of “what is” public health

Measurably change behavior that would result in reduction in slips, falls, MV accidents, etc.

Make sure community members understand high number of unintentional falls and death

Reach a greater number of people with fall prevention in the elderly

Is the Senior Center part of DC funding? Make it part of partner strategies-like Tai Chi

Because public health IS community health, engage community in ways that illustrate a shared responsibility for improvements in al of our public health priorities

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.”

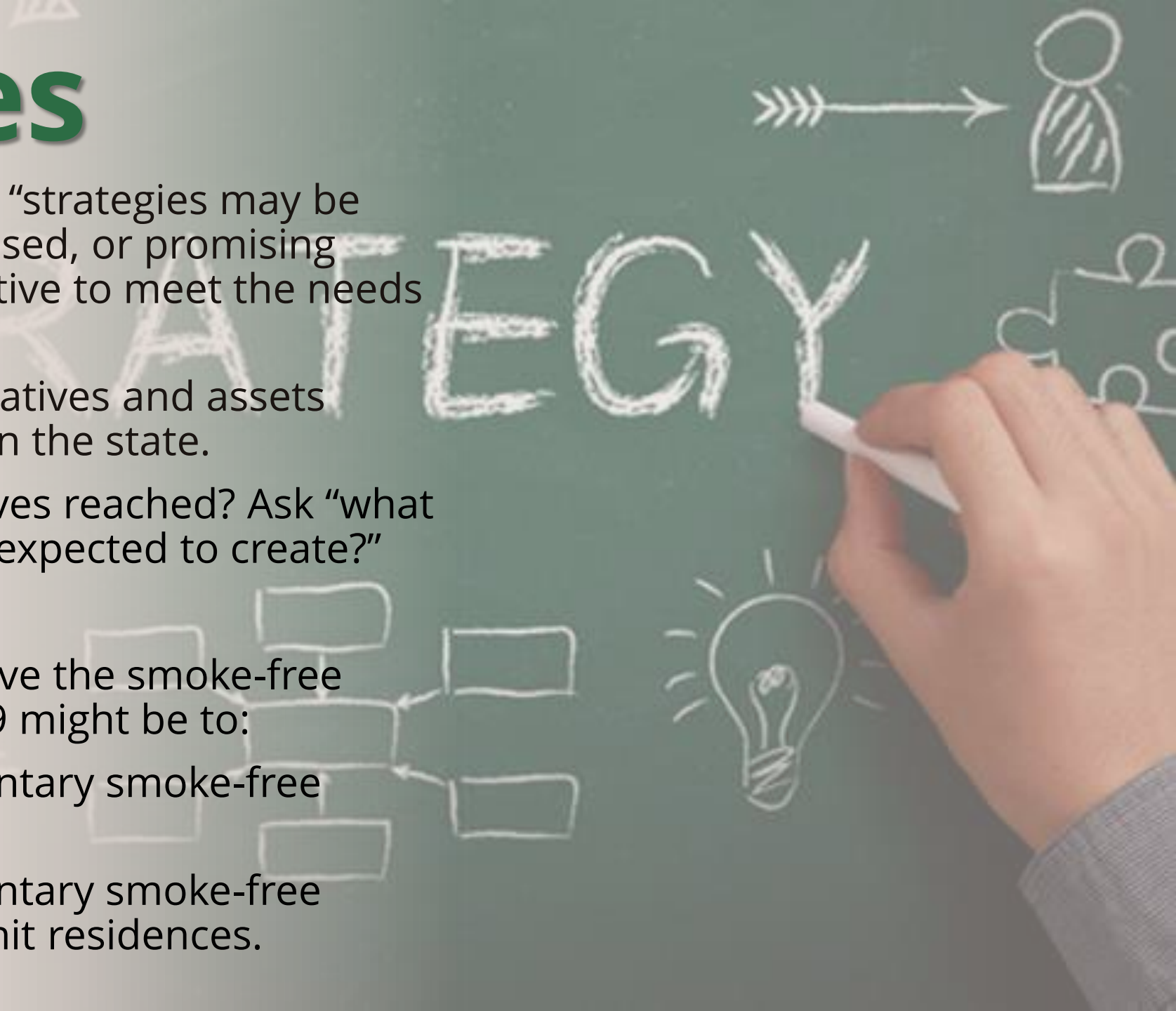
Step 1: Identify existing initiatives and assets related to the priority area in the state.

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.

I would say for outdoor fall prevention, making sure maintenance of trails/sidewalks are occurring regularly, checking for infrastructure to meet ADA/ABA requirements (ramps, handrails, ped buttons, etc.). Make sure there is adequate lighting.

Partnering with fire depts. to teach fall prevention and home hazard risk assessments

Home safety assessments for the elderly in their homes especially after an illness or procedure.

Consider a multi-generational approach to improved public health behaviors to create a legacy understanding of what it means to be a healthy community.

Promote Medical profession to question elderly more about balance and safety issues rather than just questions about depression.

Make funds available for helping buy railing or bars for the bath

Physical therapy

I would also like to see a decrease in the percentage of injuries related to child and adult abuse. Perhaps this is educational opportunities available in the County.

Senior centers have Tai Chi and balance related programs