

Q: What is public health?

A: Public health is the work of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, understanding and preventing disease and injury, and detecting, preventing and responding to infectious diseases. While a healthcare provider treats a person, public health is concerned with protecting the health of the entire population. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.

Q: Is mental health public health?

A: Mental health is a critical component of a person's overall health and wellbeing. The public health role in mental health promotion and substance abuse prevention is rooted in the understanding that mental health is closely connected to overall health. Mental health is as important and relevant as physical health in consideration of overall health. Poor mental health or mental illness increases the risk for many chronic physical health conditions, including stroke, type 2 diabetes and heart disease. Similarly, the presence of chronic conditions can increase the risk for poor mental health or mental illness.¹

Q: What are the responsibilities of a public health department to Douglas County residents?

A: As stated in Department of Public Health and Environment State Board of Health Colorado minimum quality standards for public health services 6 CCR 1014-9², "Core public health" shall be defined by the state board and shall include, but need not be limited to, the assessment of health status and health risks, development of policies to protect and promote health, and the assurance of provision of the essential public health services. Core Public Health Services were defined by the State Board of Health in 6 CCR 1014-7 (10/19/2011), and include:

1. Assessment, Planning, and Communication
2. Vital Records and Statistics
3. Communicable Disease Prevention, Investigation, and Control
4. Prevention and Population Health Promotion
5. Emergency Preparedness and Response
6. Environmental Health
7. Administration and Governance

"Essential public health services" means to:

1. Monitor health status to identify and solve community health problems.
2. Investigate and diagnose health problems and health hazards in the community.
3. Inform, educate, and empower individuals about health issues.
4. Mobilize public and private collaboration and action to identify and solve health problems.

¹ Chronic Illness & Mental Health External. Bethesda, MD: National Institutes of Health, National Institute of Mental Health. 2015.

² <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5086&fileName=6%20CCR%201014-9>

5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce laws and regulations that protect health and promote safety.
7. Link people to needed personal health services and assure the provision of health care.
8. Encourage a competent public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Contribute to research into insightful and innovative solutions to health problems

For details on each essential public health service, see the [6 CCR 1014-7](#).

Q: What is a public health improvement process?

A: A comprehensive approach to assessing public health and developing and implementing action plans to improve community health through substantive community member and local public health system partner engagement. The public health improvement process yields two distinct yet connected deliverables: a community health assessment presented in the form of a community health profile and a public health improvement plan.

Q: What is a Community Health Assessment (CHA)?

A: A process that engages with community members and partners to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources within a specific community. The findings of the CHA are presented in the form of a community health profile and inform community decision-making, the prioritization of health problems and the development and implementation of public health improvement plans. A variety of tools and processes may be used to conduct a CHA, the essential ingredients are community engagement and collaborative participation.

- Examine data about health status and risk factors in the local community
- Assess the capacity and performance of the county or district public health system
- Identify goals and strategies for improving the health of the local community
- Describe how representatives of the local community develop and implement the local plan
- Address how county or district public health agencies coordinate with the state department and others within the public health system to accomplish goals and priorities identified in the comprehensive, statewide public health improvement plan
- Identify financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services
- Not to be inconsistent with the statewide public health improvement plan

Q: What is a Public Health Improvement Plan (PHIP)?

A: An action-oriented plan outlining the priority community health issues (based on the CHA findings and community member and partner input) and how these issues will be addressed, including strategies and measures, to ultimately improve the health of a community. The PHIP is developed through the community health improvement process.

Q: How much of Douglas County's negative changes in chronic disease is a result of the aging of the county and/or the influx of massive numbers of senior living facilities?

Chronic disease rates included in the presentation are age adjusted rates. These are what the rates *would* be if the time periods or the different geographies had the same composition of ages. Age-adjusted rates help users fairly compare rates across different geographies or periods of time, when age is associated with an outcome, such as chronic disease, and when the underlying age distribution in the different geographies or time periods vary.

Q: What are the next steps in starting the Douglas County public health department?

A: Douglas County Commissioners and Tri-County Health Department (TCHD) signed an Intergovernmental Agreement on Sept. 28, 2021, for TCHD to continue providing public health services through the end of 2022. The agreement allows Douglas County to control public health policy for the county and TCHD to operate autonomously without direction from the Douglas County Board of Health. At the signing of this agreement, Douglas County no longer held seats on the TCHD Board of Health. The Douglas County Board of Health (BOH) had its first official meeting on September 30, 2021.

The search has begun for an executive director with official approval by the BOH for the County to begin its search.

Additional questions regarding Douglas County creating a public health agency can be submitted to the Citizens Connect forum at <https://www.douglas.co.us/citizenconnect/>.

Q: What type of opportunities are available for engagement in the CHA and PHIP process?

A: The CHA process does include additional opportunities for engagement before the end of October. These include:

- Business leader focus group
- Spanish-speaking Douglas County residents

The PHIP will include opportunities for community members to participate in action planning through the identification of goals, objectives and measures for the county's health priorities. These opportunities will occur in November. Stay tuned to the County website and social media for information about these opportunities.

Q: Will there be an opportunity to provide comments about the questions offline/on website?

A: Ongoing questions can be provided to <https://www.douglas.co.us/citizenconnect/>

Q: What was the approach to the community survey?

A: The community survey is a commonly used method to gather community input for CHAs. In CHAs, a survey tool is not meant to gather statistically valid information from community members. This type of survey is a concerns survey - a form of community assessment in which community members are asked

to identify what they see as the most important issues facing their community. In this case, we asked about health issues. With these types of surveys, they are given to as many local people as possible and the results are used to identify health related issues from the community's perspective and ultimately used during the PHIP process to create strategies to address the issues. The information from this process is the foundation for the community meetings and the discussions that will be held there.

Q: How come not everybody in the county received and/or completed the survey?

A: The goal was to make the survey available to as many residents as possible during the timeframe. The survey was disseminated through existing networks throughout the County, utilizing leveraged contact lists and listservs to share a link to the electronic survey. Additionally, Douglas County's communications team utilized its extensive social media reach to market the survey link. A story about the CHA and survey, along with a QR code to access the survey ran in community newspapers. For populations that find accessing the online modality challenging, we leveraged networks to engage caseworkers and care providers to work with citizens to complete the survey.

All surveys have limitations, as they are inherently prone to respondent bias. Surveys are time-consuming and often do not generate a strong response rate.

Additionally, hard-to-reach populations often do not respond to surveys. However, it is possible to get hard-to-reach populations to respond if there is broad support from key leaders and active participation by community groups, which we sought to do through our outreach efforts.

Q: What was the survey response rate?

A: We had 6,867 people who opened and started the survey. We analyzed 4,632 surveys which comprises surveys with greater than 75% completion.

Q: Why are the surveys only pre-filled items and no space is provided for opinion or other?

A: Some of the questions in the survey did allow for written response in addition to the selection of those provided selection. This was not an option for every question to ensure the amount of time to complete the survey was not burdensome to survey respondents. The survey is based on community surveys commonly administered for CHAs across the country.

Q: I am concerned about the survey data. Will decisions be made based on the survey data?

A: The CHA and PHIP are informed by both qualitative and quantitative data from several sources. The community survey is only one of the sources. The data that informs this process is gathered through:

- Collecting and analyzing quantitative data related to health status, quality of life, and risk factors.
- Collecting qualitative data from community members through a survey, community meetings, key informant interviews and focus groups.
- Collaboration with community partners such as Centura and others.

Another thing to note here is that the previous CHA conducted by Tri County Health Department in 2018 for which a similar survey was completed, garnered 399 responses. The Douglas County response in this

CHA was significantly higher. While the survey is not the only source of data informing the CHA and PHIP, Douglas County citizens are engaged in and care about the health of their community!

Q: How do high vaccination rates (including flu shots) correlate to obesity, cardiovascular rates rising?

A: To our knowledge, there is no data that suggest a correlation between high vaccination rates and obesity and cardiovascular rates.

Q: What new vaccines have been introduced to elderly with increased disease rates?

A: For any information about vaccines for the elderly, please visit CDC's website "what vaccines are recommended for you", available at <https://www.cdc.gov/vaccines/adults/rec-vac/index.html>

Q: Do the three worst problems in the community correlate to death statistics?

A: Looking across the age span, yes they do.

Q: Does or will the county have any strategies in place to ameliorate these outcomes?

A: An outcome of the CHA is the public health improvement plan, which is a plan for the county to have strategies in place ameliorating health outcomes.

Q: Do you plan to specifically augment the programs Douglas County Health will offer based on the data and needs of citizens?

A: This CHA and PHIP process will provide the Board of Commissioners, County Staff and the Douglas County Board of Health with key health related themes identified by people who live in the county including:

- The most important health issues in their community.
- The most risky/unhealthy behaviors in their community.
- The factors most important for their community and their personal health.

The CHA and PHIP process will also reveal what community members identify as opportunities and challenges related to health, community assets, and health priorities and strategies to address these priorities.

Q: Why should we have any faith in this process when the commissioners don't care about lifesaving mask mandates?

A: The process HMA is using is a tested and endorsed process. HMA is conducting the Douglas County CHA and PHIP using a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP). HMA is using a modified MAPP process for four reasons:

- The nature of this process was intended to be exploratory as Douglas County Commissioners considered creating a local public health department.
- The 2018 CHA and 2019-2024 PHIP created by Tri-County Department of Public Health provides Douglas County with a starting point. We are not flying blind.
- MAPP was created by the National Association of County and City Health Officials (NACCHO) and the CDC in 2001 and is endorsed by the Public Health Accreditation Board (PHAB). NACCHO is the only organization dedicated to serving local health departments in the nation. NACCHO

serves 3000 local health departments and provides skill-building, professional resources, and programs, and supports local public health departments develop effective practices and systems.

Using a modified MAPP process provides Douglas County a framework to conduct a full CHA and PHIP in the future when the public health department is up and running. This process will provide important insight into how to best engage communities across the county and provide insight into community member's' perspectives about the core public health services.

Please feel free to provide additional feedback about your concerns through Citizen Connect at <https://www.douglas.co.us/citizenconnect/>

Q: Why is suicide not involved in overall mental health?

A: The data sources for suicide and mental health are different. In public health data, suicide is considered an intentional injury and part of vital statistics. Additionally, suicide can be an outcome of poor mental health which is a risk factor for suicide.

Q: Why were sample sizes not clearly stated in the presentation?

A: The CHA final report will describe each data source, including the CHA survey. These descriptions will provide details on methodologies for sample sizes.

Q: Why are some of the data not current to 2020 or 2021?

A: The pandemic has disrupted data collection and reporting, for example the Colorado Behavioral Risk Factor Surveillance Survey (BRFSS) data which was collected for 2019 and 2020 but was not available for analysis at the time of the presentation. HMA is working with the Colorado Department of Public Health and Environment (CDPHE) to obtain the most current data available to be included in the CHA final report.