PUEBLO COUNTY 2021 COMMUNITY HEALTH ASSESSMENT

Adopted by Pueblo County Board of Health

November 24, 2021

Prevent • Promote • Protect

Contents

Executive Summary

This document is a summary of the 2021 Pueblo County Community Health Assessment (CHA) that was conducted by the Community Health Assessment Planning Team over a 15-month period between June 2020 and August 2021. Led by the Pueblo Department of Public Health and Environment (PDPHE) and a diverse group of key members from community partner organizations and Pueblo County residents, the Pueblo County CHA was conducted to inform the 2022 Community Health Improvement Plan (CHIP).

The CHA includes a review of primary and secondary data points on various health indicators that were collected using existing datasets, a community member survey, a community leader survey using the Delphi technique, as well as priority setting and asset inventory activities. The 2018-2022 CHIP focused on two priority areas: behavioral health (including mental health and substance use) and obesity. Current data supports the continuation of these priority areas. To better identify root causes of behavioral health and obesity concerns, the 2021 CHA process utilized the Healthy People 2030 Social Determinants of Health (SDOH) model which identifies "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks"[1]. SDOH are grouped into five categories called domains: (1) Education Access and Quality; (2) Health Care Access and Quality; (3) Economic Stability; (4) Neighborhood and Built Environment; and (5) Social and Community Context. Primary and secondary data collection and all other activities were specifically geared toward gathering information about the upstream causes of behavioral health and obesity, but also provided flexibility to include additional health priorities.

Community input and participation were essential to ensure the process was community driven, and results reflected the needs and perspectives of Pueblo County residents. All aspects of the CHA process heavily involved community partner organizations and members, including development of the community member and community leader surveys, selection of guiding framework, strategic planning, community outreach, and prioritization setting.

Input gathered throughout the process was used to determine the top two health priorities for Pueblo County.

Introduction and Overview

Public health is "the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals" (CEA Winslow)[2]. As the public health agency for Pueblo County, the Pueblo Department of Public Health and Environment's (PDPHE) mission is to promote and protect the health and environment of Pueblo County. Its vision is to achieve a thriving, healthy, and safe Pueblo County. To accomplish this, PDPHE completes a comprehensive Community Health Assessment (CHA) every five years. CHAs provide information for problem and asset identification, policy formulation, implementation of improvements, and evaluation based on the needs of the community[3]. PDPHE recognizes that at the core of public health is community. Therefore, Pueblo County's CHA is a collaborative process with a multidisciplinary team that consists of community partner organizations from public health, health care, higher education, behavioral health, etc., as well as members of the community.

Building on the 2016 CHA, PDPHE led the Community Health Assessment Planning Team (CPT) through a process to identify the social determinants of health contributing to issues related to behavioral health (including mental health and substance use) and obesity. Additionally, the process included the collection of data to identify a potential third health priority for the 2022 Community Health Improvement Plan (CHIP).

This report contains the methodology followed for the CHA, data collected throughout the process, and information on the top two priority issues identified for Pueblo County.

Geographic Description of Pueblo County

Located in southeastern Colorado, Pueblo County is home to an estimated population (2019) of 168,424 residents[4]. With a land area of 2,386.10 square miles[4], Pueblo County consists of 10 communities spanning from the southern Front Range and Wet Mountains in the west to the Arkansas River Valley and Great Plains in the East[5]. Communities in Pueblo County include:

- Avondale
- Beulah Valley
- Blende
- Boone
- Colorado City
- Pueblo
- Pueblo West
- Rye
- Salt Creek
- Vineland

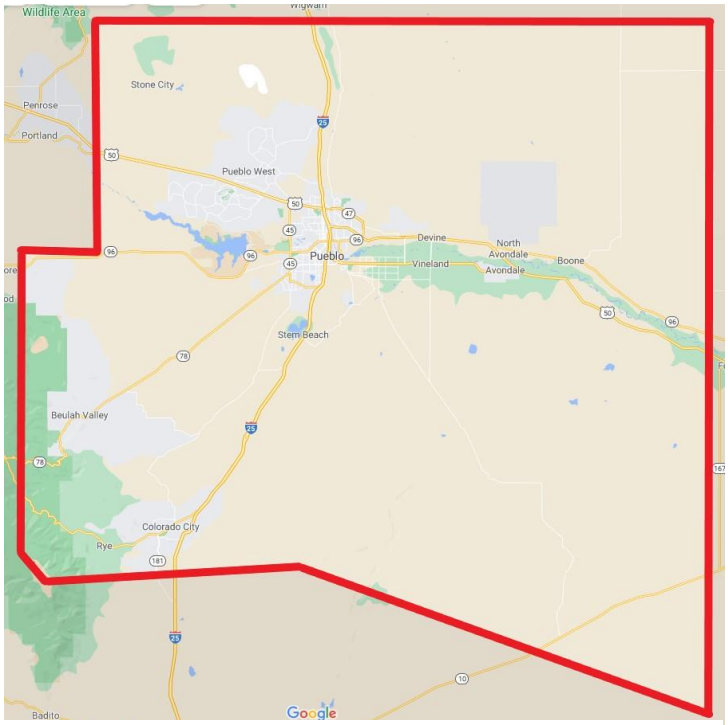


Figure 1: Image Source: www.mapquest.com

Methodology

Pueblo County's CHA process spanned 15 months, from June 2020 through August 2021. Utilizing the Colorado Health Assessment and Planning System (CHAPS)[6], work occurred within five distinct phases:

1. Planning the Process
2. Ensuring Equity and Community Engagement
3. Conducting the Assessment
    a. Community Member Survey
    b. Community Leader Survey
    c. Secondary Data Collection
4. Assessing Capacity
5. Prioritizing Issues

Phases did not have firm start and end dates as some phases overlapped throughout the process. The timeline in Figure 2 outlines key steps.

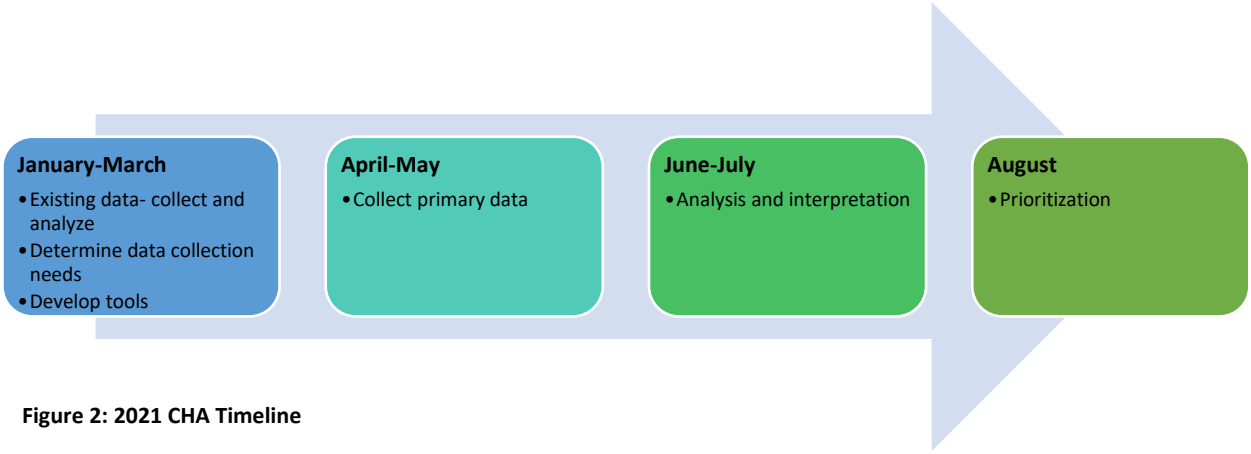


Figure 2: 2021 CHA Timeline

Phase One: Planning the Process

To prepare Pueblo County for success, PDPHE engaged in several preparatory activities as part of the CHA planning process beginning in June 2020. A project management team was formed with PDPHE staff members from the Office of Policy and Strategic Implementation including a program manager, public health planners, and epidemiologist. In August 2020, this team expanded to include a faculty member from the School of Health Sciences and Human Movement from Colorado State University Pueblo with experience in qualitative data research as well as community health assessments.

The CHA project management team remained engaged throughout the CHA process with the purpose of planning, coordinating, researching, and preparing materials for the full advisory group, the CHA Planning Team (CPT). This included, but was not limited to: 1) researching social determinant of health (SDOH) models; 2) conducting preliminary research on and preparing drafts of data collection tools for review and consideration by the group; 3) facilitating and taking minutes at meetings; 4) conducting primary and secondary data collection; and 5) analyzing, preparing, and presenting data; etc. Using the first five phases of CHAPS, the project management team drafted an initial work plan, including timeline and budget, addressing important aspects of the planning process such as how to incorporate equity and community engagement, assess capacity, and prioritize the issues.

To become familiar with existing assessments and learn best practices, interviews were conducted to gather perspectives from local, state, and national colleagues. Additionally, research was completed regarding the use of the social determinants of health in community health assessments. Finally, because PDPHE is an accredited health department, time was dedicated to gathering Public Health Accreditation Board requirements for conducting CHAs.

INTERVIEWS

Staff conducted interviews with local and state public health departments across Colorado and the United States, as well as with key stakeholders within Pueblo County who have significant experience conducting or participating in community health assessments/community health needs assessments. Organizations interviewed included:

- Boulder County Public Health
- Centura Health

- City of Pueblo Planning and Community Development
- Mecklenburg County Health Department
- Mesa County Public Health
- Parkview Health System
- United Way of Pueblo County
- Weld County Health Department
- San Isabel Electric Association

Interview questions focused on identifying effective strategies for community leader and partner engagement, community member engagement, information collection and dissemination, 'outside of the box' community stakeholders/groups to engage, as well as key steps to include in community health assessments to ensure success. A list of questions can be found in Appendix B.

SOCIAL DETERMINANTS OF HEALTH

In recent years, the public health field has begun to focus more on social determinants of health (SDOH) to target the root causes of health inequities and outcomes. To meet this need, PDPHE staff conducted preliminary research on SDOH resources, tools, and other local public health plans to identify how SDOH can effectively be incorporated into the CHA process.

ACCREDITATION

As an accredited public health department, PDPHE must participate in or lead a collaborative process resulting in a comprehensive community health assessment to learn about the community, specifically, the health of the population, contributing factors to higher health risks, or poorer health outcomes of identified populations, and the community resources available to improve the health status[1]. PDPHE staff reviewed the Public Health Accreditation Board Standards and Measures for community health assessments to ensure all necessary elements were addressed in the CHA process and are included in this report.

Phase Two: Ensuring Equity and Community Engagement

COMMUNITY ENGAGEMENT

To ensure the process comprehensively assessed the health of Pueblo County, the project management team identified community groups, organizations, and individuals to join an advisory group. Later renamed the Community Health Assessment Planning Team (Planning Team), the purpose of the group was to provide strategic guidance and recommendations throughout the CHA process from the perspectives of stakeholders.

Intentional recruitment of Planning Team members occurred to ensure diverse experiences, skill sets, perspectives, knowledge about community health and Pueblo's populations, and conducting needs assessments. Members represented various sectors including higher education, behavioral health, seniors, hospitals, community health centers, board of health, social service agencies, neighborhood groups, and others. Care was taken to recruit members who were not already heavily involved in other health department-led initiatives to not create undue burden. Member responsibility involved advising and directing community level activities throughout the assessment and helping prioritize health topics

based on primary and secondary data collection. A list of CHA Planning Team members can be found in the Acknowledgements.

Starting November 2020 through August 2021, the Planning Team met at least monthly with additional meetings as needed. Initial meetings focused on explaining the requirements for public health CHAs and ensuring members fully understood their roles and responsibilities. Time was dedicated to agreeing on group norms and decision-making practices. Attendance and active participation in meetings were expected; all members had equal voting rights. A complete list of roles and responsibilities of the CHA Planning Team can be found in Appendix C.

Certain populations are known to be under engaged in common data collection practices. As part of the CHA workplan, the Planning Team identified four groups to focus extra attention and resources on to better ensure adequate engagement. Those groups were males, people living on low-income, people with Spanish as a first language, and Pueblo County residents living outside the city of Pueblo. Although other populations were identified as needing unique outreach efforts or survey administration methods, limitations with capacity, resources, and available data resulted in just these four being selected to match response rates to known Pueblo County population numbers. The Planning Team provided influential guidance and assistance reaching community members in these groups throughout the CHA process.

For their commitment to the CHA, Planning Team members received a gift card, certificate, and letter of recognition signed by the Public Health Director.

EQUITY

Based on research, two SDOH frameworks were presented to the Planning Team to guide the 2021 Pueblo County CHA. These two models were the Bay Area Regional Health Inequities Initiative (BARHII)[7] and Healthy People 2030. The CHA Planning Team reviewed advantages and disadvantages of both frameworks (Appendix D) and voted to utilize the Healthy People 2030 framework to guide the CHA.

Healthy People provides 10-year, measurable objectives and tools to track progress for identified public health priorities to help individuals, organizations, and communities across the country improve health and well-being. Healthy People 2030, maintained by the Office of Disease Prevention and Health Promotion through the U.S. Department of Health and Human Services, is the fifth iteration.[1]

A primary component of Healthy People 2030 is the inclusion of social determinants of health (SDOH). SDOH can be thought of as the many different aspects of people's environments which can vastly affect health, well-being, and quality of life. Examples of SDOH are safe housing, literacy skills, access to healthy food, job opportunities, discrimination, and air quality. Healthy People 2030 organizes SDOH into the five domains depicted in Figure 3.

Phase Three: Conducting the Assessment

Community Member Survey

During February and March 2021, Planning Team members drafted a survey to be distributed to community members across Pueblo County. The survey was created to identify top factors that may impact obesity and behavioral health for the 2022 CHIP and to identify if there are other health issues that needed to be prioritized. The survey tool can be found in Appendix E. Two trials of the community member survey were piloted to ensure survey questions were easy to understand and response options were representative of the diverse ethnic, racial, and cultural composition of Pueblo County residents. Prior to launch, the Planning Team brainstormed specific populations to focus on when administering the community member survey as well as specific outreach strategies for each population. Specific populations were selected based on the following factors:

- Challenges reaching members of the demographic in the past, such as men, young adults, and seniors;
- Inability to complete electronic surveys, such as people experiencing homelessness, people living on low income, and seniors;
- Demographic groups who may otherwise be under engaged, such as LGBTQ+ community members, persons with disabilities, and people living in Pueblo County outside of the Pueblo city limits; and
- Members of the community whose primary language is Spanish.

Additionally, an incentive plan was created in collaboration with Planning Team members and approved by PDPHE senior management. The incentive plan was designed to promote completion of the survey from community demographic groups where responses were lower than desired.

The survey opened on April 20, 2021, and continued through June 7, 2021. PDPHE Public Health Planners and the Epidemiologist monitored results weekly to determine whether targets were being met. Based on the findings, PDPHE and the Planning Team implemented the incentive plan that included targeted outreach strategies to encourage increased responses from members of populations noted above.

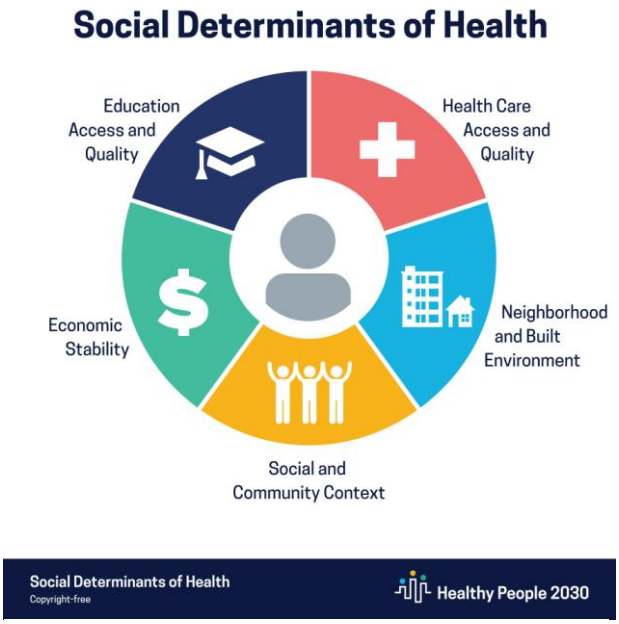


Figure 3: Healthy People 2030 SDOH Domains

Community Leader Survey

To glean community leader perspectives on risk factors, barriers, and priority populations for obesity and behavioral health, the Delphi method was employed. The Delphi method is a multi-round approach which uses an expert panel to anonymously or confidentially provide responses to questions in an initial round and then provide feedback on the

group's responses in later rounds with the aim of reaching group consensus. Participants must complete each round to move on to the next round. The Delphi questions may be found in Appendix F.

CHA Planning Team members created a list of influential and knowledgeable leaders in obesity and/or behavioral health sectors. In the first round, an electronic survey was created using Google Forms, and respondents were asked to generate ideas on seven open-ended questions related to obesity and behavioral health. A link to the survey was emailed to the potential respondents by a designated CHA Planning Team member. The first round was live in Google Forms from April 5 until April 16, 2021.

A member of the project management team analyzed the responses from round one, grouping items into themes and creating ten response options for each question. For round two, an electronic survey was created in Google Forms and respondents were asked to rank, in priority order, the ten options for each of seven questions from round one. Again, an email was sent to each respondent by a member of the Planning Team. Round two was live in Google Forms from May 3 until May 12, 2021.

In round three, a personalized document with the leadership group's top five rankings for each question, the participant's individual ranking on the questions, and a space to either confirm or change their top five rank was created and emailed to each participant. Round three was open from May 20 until May 28, 2021.

Secondary Data Collection

Using the 2016 Community Health Assessment as a template, data collection of existing measures commenced in November 2020 and spanned until April 2021. The public health epidemiologist and an intern pulled existing data on 10 overarching areas including: population, the economy and employment, education, the built environment, physical environment, social factors, health behaviors and conditions, mental health, access, utilization and quality of health care, population health outcomes, as well as leading causes of death. Additional measures in each of these areas that were linked to the social determinants of health were also collected and categorized by the five Healthy People 2030 SDOH domains. Existing data came from a variety of sources including the U.S. Census Bureau, the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), and the Colorado Department of Public Health and Environment (CDPHE). In some cases, the public health epidemiologist directly requested data from CDPHE. Limitations involved lack of real-time data and limited data sets available for county-level data.

Phase Four: Assessing Capacity

The CHA Planning Team recognized the value of conducting capacity assessment activities to provide updated information during the prioritization process. Time and resource constraints were considered in the methods decisions. Questions were included on the Delphi questionnaire pertaining to community resources and other assets (e.g. current agency efforts working on obesity and behavioral health). An activity with PDPHE health promotion specialists asked staff members to list known community resources pertaining to obesity and behavioral health by SDOH domain. The results of this activity were then summarized and expanded upon in a CHA Planning Team meeting, leveraging expertise of team members while eliminating the need to conduct the activity from scratch. Themes from survey responses and activities were analyzed and presented to the CHA Planning Team as a part of the prioritization process.

Phase Five: Prioritizing Issues

Identify a list of issues to consider based on assessment results

Three key decisions were made in the prioritization phase of the CHA. For both obesity and behavioral health, CHA Planning Team members were charged with selecting the top contributing factor, priority demographic group, and SDOH domains to guide work in the CHIP. In addition, information for a potential third priority area was presented, discussed, and prioritized.

To compile a list of contributing factors for obesity and a list for behavioral health, responses from all three data collection methods were utilized. On the community member survey and on the Delphi questionnaire, participants were asked directly about risk factors for obesity and behavioral health. These results were synthesized to look for congruence and a final list of seven factors for each priority area was created. Figure 4 exhibits the top selections from each data collection method. Prior to presenting the list to the CHA Planning Team, PDPHE health promotion specialists were invited to plot the top contributing factors on a bivariate map using partner readiness and potential impact. These results were shared with PDPHE leadership to ensure that the top factors were feasible for PDPHE involvement.

Contributing Factors for Obesity by Data Collection Method			
	Delphi	**Survey**	**Existing Data**
1st	Lack of access to affordable, healthy foods	Cost of eating healthy	Average number of days of poor physical or mental health that kept them from doing usual activities such as self-care, work, or recreation
2nd	Behavioral health factors (existing mental health issues or substance abuse)	Feeling unsafe/being active in own community or neighborhood	Percent of children aged 1-14 year who ate fruit 2 or more times per day and vegetables 3 or more times per day
3rd	Poverty/lack of finances	Lack of knowledge on how to be physically active	Physically inactive adults
4th	Low food and nutrition knowledge (understanding what makes a healthy diet)	Lack of physical activity	High school students who ate vegetables
5th	Lack of food and nutrition skills (selecting, prepping, and cooking foods)	No grocery stores nearby	Children drinking sweetened beverages

Top Contributing Factors for Obesity (No particular order)						
Lack of access to affordable healthy foods (cost and nearby access)	Behavioral health factors (existing mental health and substance use issues)	Lack of knowledge about nutrition and how to be physically active	Lack of food and nutrition skills (selecting, prepping, and cooking foods)	Lack of physical activity	Feeling unsafe to be active in own community / neighborhood	Poverty and lack of finances

Contributing Factors for Behavioral Health by Data Collection Method			
	Delphi	**Survey**	**Existing Data**
1st	Housing insecurity and homelessness	Lack of knowledge of where to receive behavioral health (mental health and substance use) services	Percent of high school students who felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past 12 months
2nd	Adult experiences with trauma, including abuse and violence	Stigma around receiving care	Marijuana use by high schoolers
3rd	Access to effective services and qualified providers	Cost of receiving care	Average number of days of poor physical or mental health that kept them from doing usual activities, such as self-care, work, or recreation
4th	Poverty	Severe and long-term stress	High school students attempting suicide
5th	Adverse childhood experiences (ACEs)	Childhood trauma or ACEs	Cigarette usage by adults
6th		Recreational drug use	
7th		Domestic violence	
8th		Social isolation	
9th		Homelessness	

Top Contributing Factors for Behavioral Health (No particular order)						
Housing insecurity and homelessness	Lack of knowledge and access to behavioral health services (mental health and substance use)	Domestic violence and trauma, including severe and long-term stress	Childhood trauma and ACES	Stigma around receiving care	Poverty	Cost of receiving care

Figure 4: Top Contributing Factors by Priority Area and Data Collection Method

In creating a list of priority demographic groups, secondary data was reviewed to highlight demographic groups for which an inequity was apparent. Delphi participants were also asked to list then rank populations to prioritize in the CHIP. Figure 5 shows the final options derived from the data sources which were presented to the Planning Team for prioritization.

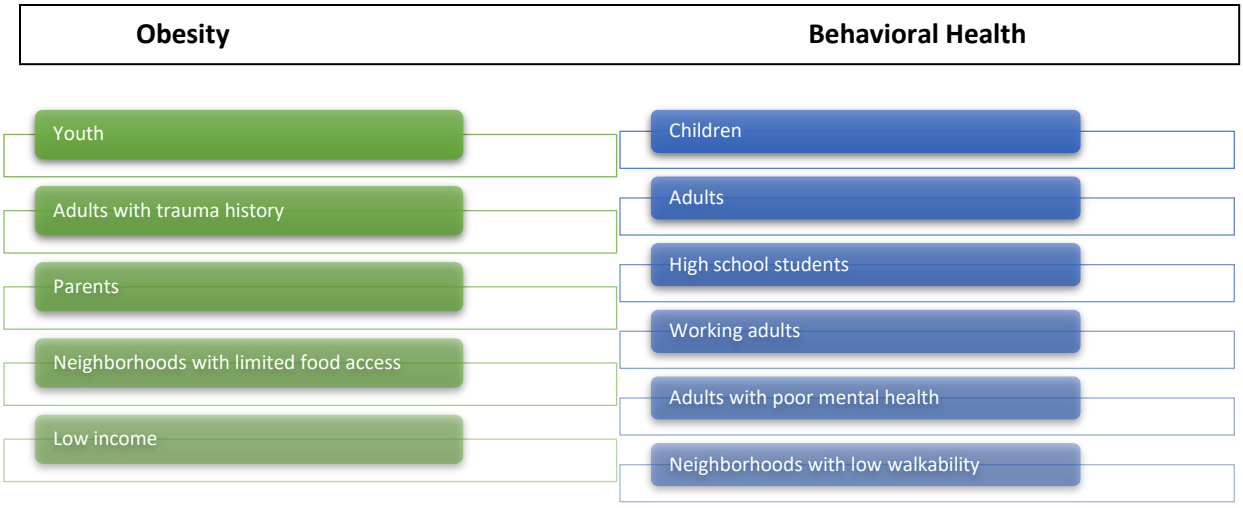


Figure 5: Top Priority Populations by Priority Area

Secondary data was similarly reviewed and condensed by categories within each social determinant of health domain. For example, in reviewing available data for the domain of economic stability, metrics relating to poverty, median household income, unemployment, and eligibility for food assistance programs were collected. Not all five domains were considered for prioritization due to a lack of available local-level data and fit. In prioritizing domains for obesity, economic stability, neighborhood and built environment, and social and community context were provided as options. For behavioral health work, the same domains as obesity were presented with the addition of health care access and quality.

Design a prioritization process

Once the options for prioritization were determined, a prioritization process was created. The CHA Planning Team elected to employ a ranking system for the contributing factors using four criteria. The group voted to select which criteria would be used and they also assigned weights to the criteria. The criteria selected were known health equity issues, barriers to addressing, root cause of other issues, and community's capacity to address the issue. The tool and results may be found in Appendix G. To select a priority demographic group and SDOH domain, Planning Team members agreed to vote using an in-meeting poll during the virtual meeting. For priority populations, individuals selected up to three populations for both obesity and behavioral health efforts. For SDOH domain, individuals ranked the domains for which data was available and presented.

Develop a summary presentation of each issue

The CHA project management team assembled and presented PowerPoint slides that incorporated the existing and primary data collected for the seven contributing factors for obesity and behavioral health by the selected criteria. Slides from the prioritization meetings are available in Appendix M.

Facilitate a prioritization process to determine PHIP focus area(s)

Due to the amount of data to be reviewed, prioritization occurred over two meetings. A detailed presentation of the information was presented to the CHA Planning Team members, including: 1) contributing factors; 2) priority populations; 3) SDOH domains; and 4) a third priority area. For the contributing factor review, results from existing and primary data collection were highlighted. Planning Team members anonymously ranked the contributing factors according to each assessment criterion (e.g. to what degree are there known health equity issues associated with each of the factors, rank 1-7). To prioritize priority populations, team members were first asked to vote to decide whether sufficient information had been presented to make an informed decision on which population should be focused on. Pending an affirmative response, anonymous voting to select the top three populations occurred. Social determinant of health domain ranking was similarly done in an anonymous fashion; members ranked the three domains for obesity and four domains for behavioral health.

Because available data warranted continuing with obesity and behavioral health as priority areas, PDPHE and the CHA Planning Team agreed it important to still review Delphi and community member survey responses along with the secondary data to determine if a third priority area was warranted. The top five potential priority areas by data collection tool were presented to the group. The Planning Team discussed areas of overlap and anonymously voted on recommendations should a third priority be added.

Results

Results from the community member survey, Delphi process, and discussions with PDPHE health promotion specialists and leadership will be summarized. Instead of presenting the data individually by the data collection method, we have opted to share results by topic area.

Community member survey

Community members were asked about health and finances now compared to before the COVID-19 pandemic. Of those who responded, the majority reported their health (63%) and finances (60%) were about the same, however, nearly one in five people stated their health was worse (19%) and one in four stated their finances were worse (25%) now than before COVID-19. Smaller percentages had seen improvements to their health (17%) and finances (15%).

Results of targeted outreach are described in Figure 6. Priority populations are highlighted in yellow. Community member survey results may be found in Appendix N. Notes on procedures followed to clean the data may be found in Appendix O.

	Total County	Men	Low-income	Spanish-speaking (ages 18+)	Outlying communities	Young Adults (ages 18-24)	Seniors (ages 65+)	Hispanic/ Latino
Known Population (%)		**49.30%**	**17.80%**	**10.80%**	**14.40%**	**8.69%**	**19.00%**	**43.20%**

Known Population (#)	**168,424**	**83,033**	**29,979**	**13,733**	**24,214**	**14, 633**	**32,000**	**72,759**
Sample Needed, 95% CL, 5 CI	**1061**	**382**	**379**	**374**	**378**	**374**	**380**	**382**
Sample Obtained*	**725**	**261 (37%)**	**324 (51%)**	**48 (6.7%)**	**131 (19.3%)**	**90 (12.6%)**	**115 (16.1%)**	**277 (40%)**
Notes			**Household income less than $45,000**		**Outside of Pueblo and Pueblo West**			

*Blank responses removed in calculating percent

Figure 6: Community member survey responses of priority population

Delphi

For round one of the Delphi, 56 individuals representing 37 agencies were asked to participate. After sending multiple email prompts to non-responders, 37 individuals representing 25 agencies completed the first round of the Delphi Process. All 37 individuals who completed round one were asked to participate in round two; 31 individuals representing 22 agencies completed the second round. In round three, 29 individuals representing 20 agencies participated for a retention rate of 78%. Round three results may be found in Appendix H.

Assessing capacity

Capacity and resource assessment data was collected from the community member survey, Delphi process, CHA Planning Team members, and from PDPHE health promotion specialists. Examples of successes to improve health of Pueblo County residents listed on the community member survey included bike lanes, food distribution sites, transportation for medical care, improved partnerships with state and national organizations, social and physical activities for seniors, substance abuse awareness, and more.

Of the 18 agencies who responded to an Agency Capacity Survey supplementary to the Delphi, 67% reported their agency was willing to engage in efforts to address obesity and its risk factors while 94% reported an agency willingness to address behavioral health. For both priority areas, specific examples were collected from respondents on successful agency efforts as well as existing community partnerships. Summarized results may be found in Appendix I.

An asset inventory activity conducted with PDPHE health promotion specialists produced extensive lists of community resources for obesity and behavioral health organized by each SDOH domain (economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social/community context). In presenting the results to the CHA Planning Team for further exploration, the resources were further divided into ten key sectors. The results may be found in Appendix J and the sectors model may be found in see Appendix K.

Prioritization

The results from the CHA Planning Team prioritization meetings are summarized below. Note there was a tie for first for the priority demographic group for behavioral health efforts. The top two SDOH domains are included; there was a tie for first in obesity prioritization and a tie for second in behavioral health prioritization.

	Obesity	Behavioral Health
Contributing Factor	Lack of access to affordable, healthy foods	Childhood experiences of trauma, neglect, and abuse
Priority Group	Youth	(tie) Youth Pregnant women & young moms
Social Determinant of Health Domains	(tie) 1. Neighborhood and Built Environment 1. Economic Stability	1. Economic Stability 2. Social and Community Context 2. Health Access and Quality

Figure 7: Prioritization Results

After reviewing the top five potential third priority areas by data collection tool, the CHA Planning Team independently selected one area as a recommendation should it be decided to add a third priority area. Outcomes of that vote, in order, were 1) housing instability and homelessness, 2) education; and 3) access to care. Local data for Pueblo County substantiate housing concerns including vacant housing units, number of students needing homelessness services and related metrics such as percent of the population living in poverty. Ultimately, it was determined that based on capacity to adequately address the priority issues, a third area would not be added. As possible, work related to housing instability and/or homelessness will be tracked in the Community Health Improvement Plan as it aligns with the prioritized elements for obesity and behavioral health.

Lessons Learned

- It was difficult to recruit and retain community members on the CHA Planning Team who were not affiliated with an organization. In the future, more time should be allotted for the recruitment of these critical team members. Thought should be given to how to equitably incentivize their participation in the process and how and when it is best to involve them in the process.
- Attention was paid to outreach methods to reach priority populations, however, due to various COVID-19 restrictions and limited funding and staffing capacity, all outreach goals were not met.
- Although the CHA Planning Team was deliberate in thinking about appropriate and desirable incentives for completion of the community member survey, redemption of gift cards awarded was low. Future planning teams should consider potential barriers to distributing gift cards using an email address and requiring a first and last name. An important lesson with incentives was

the surge of fraudulent responses once notice of a gift card drawing was placed in social media promotions. This resulted in an extensive amount of time cleaning the data to remove the disingenuous responses.

- Thanking Delphi participants should have been done at the end of the data collection phase rather than the end of the CHA itself; some certificates could not be delivered due to people changing employers or working from home.
- In the future, more effort should be made to reach a sufficient sample size as well as randomly select households to participate in the CHA community member survey so that the data is generalizable to the Pueblo County population.

Acknowledgements

Community Health Assessment Planning Team

Community Members and Partners

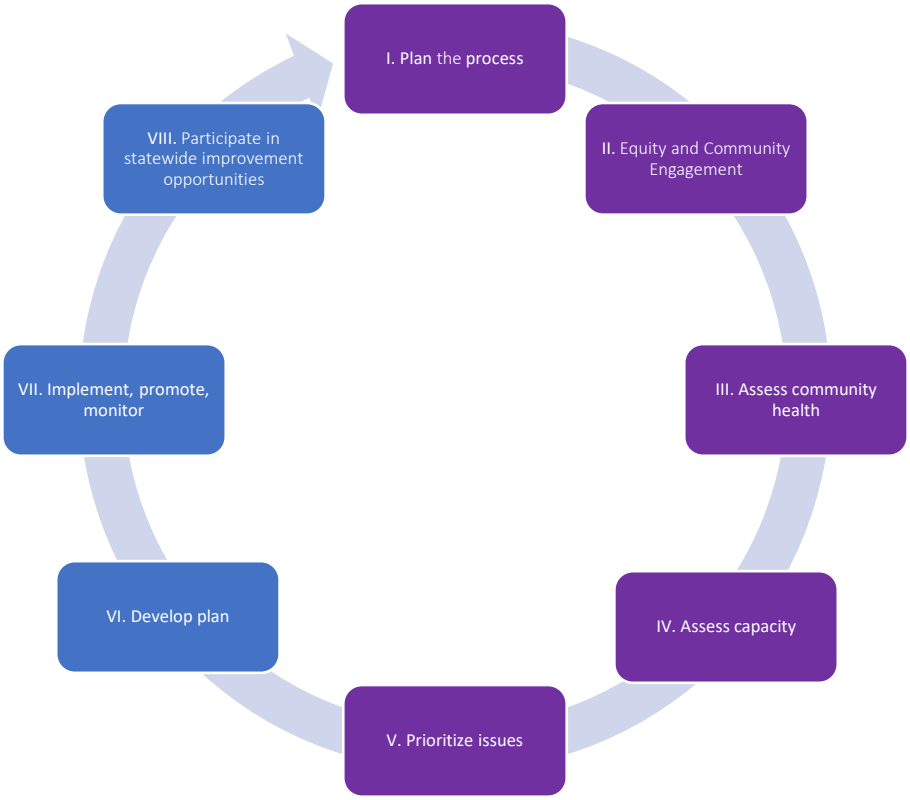
- Judy Baca — Colorado State University – Pueblo
- Carol Cosby — Pueblo West Metro District
- Phil Cruz — Crossroads' Turning Points, Inc.
- Eileen Dennis — Board of Health
- Julia Duffer — Health Colorado
- Pat Grubb — Neighborhood Representative/Advocate
- Dr. Bethany Kies-Bolkema — Colorado State University – Pueblo
- Tara Morrow — Senior Resource Development Agency
- Wendy Raso — Pueblo Community Health Center
- Tanya Simental — United Way of Pueblo County
- Stephanie Swithers — Parkview Health System
- Bryan Trujillo — St. Mary – Corwin Hospital
- Matthew Wilkins — Health Solutions

Pueblo Department of Public Health and Environment Staff Members

- Jennifer Case — Public Health Planner
- Derek Coe — Public Health Planner
- Shylo Dennison — Program Manager
- Monica Dupler — Environmental Health Specialist
- Becky Henry — Public Health Planner
- Dr. Anne Hill — Public Health Epidemiologist
- Chelsea Hollowell — Program Manager

Appendices

A. Colorado Health Assessment Planning System



Source: Office of Public Health Practice, Planning, & Local Partnerships.
Colorado Department of Public Health and Environment

B. Pre-planning Key Informant Interview Questions

1. What are some recent assessments you have been involved in, either through your organization or as a part of a partner's work?

2. Would you please describe how you have engaged community members in the planning of assessments?

3. Which methods have worked well for collecting data from community members?

4. What tips can you share for ensuring a representative sample especially considering a race/ethnicity and health equity perspective?

5. What are some ways you have worked with community members to prioritize issues?

6. What's worked well in the past for communicating results of the assessment back out to the community-at-large?

7. How have you involved community leaders in the planning portion of assessments?

8. Which methods have worked well for collecting data from community partners and leaders?

9. What techniques have you used to successfully lead community leaders through a prioritization process?

10. What ways have you tried to communicate results of the assessment back out to community leaders?

11. Are there any lessons learned from your past assessment/data collection efforts that haven't yet come up that you'd like to share?

12. Have you employed any different techniques to engage community members or leaders since COVID-19 or heard of others doing so that have worked well?

13. Are there any key steps to the assessment process you want to be sure we consider?

14. What 'outside the box' community stakeholders/groups have you engaged in the past who provided valuable information that we should consider?

15. We're interested in exploring ways to make the CHA less duplicative of other community health assessments. Do you have experience working to align assessments? If so, what worked well or not so well? Who do you think we should include in these future conversations?

C. Roles and Responsibilities of CHA Planning Team

Pueblo Department of Public Health & Environment

Community Health Assessment (CHA) Planning Team Overview

Roles

You have been asked to be a committee representative as someone knowledgeable about community health/needs assessments and/or who can provide guidance to the Pueblo Department of Public Health and Environment (PDPHE) on the Community Health Assessment (CHA) process. Your responsibility on the committee will be to advise and direct community level activities throughout the CHA and help prioritize health topics based on primary and secondary data collection. This will involve monthly meetings and may involve additional guidance on reaching various community members.

CHIP Priorities

PDPHE envisions to maintain the current Community Health Improvement Plan (CHIP) priorities of Obesity and Behavioral Health (mental health and substance use/abuse). During the 2021 CHA process, PDPHE intends to further explore root causes of obesity and behavioral health issues, allowing for a narrower focus for the new CHIP.

Committee Responsibilities

- Attend meetings between November 2020 and September 2021. Meetings will most likely occur monthly and be one to two hours in length.
- Advise on steps to include in the CHA.
- Advise on strategies to engage community members, partners and leaders.
- Communicate about the CHA to partner organizations.
- When/if necessary, provide assistance soliciting participation/feedback from community members, partners and leaders.
- Suggest ways to overcome barriers encountered throughout the CHA.
- Review primary and secondary data obtained throughout the CHA process.
- Participate in the prioritization process based on data collected.

Meeting Attendance

CHA Planning Team members are requested to notify PDPHE staff in advance of any meetings that they are unable to attend. Agendas will be sent out in advance and team members who know they are unable to attend are asked to provide any input that they may have ahead of meetings.

CHA Planning Team members who are unable to attend meetings are being asked to practice "Active Follow-Up". Specifically, after review of meeting minutes and any other meeting material, team members are being asked to follow-up with a PDPHE staff member to receive a further overview of the meeting and to discuss next steps.

Prevent • Promote • Protect

101 West 9th Street • Pueblo, CO 81003 • (719) 583-4300 • pueblohealth.org

Pueblo Department of Public Health & Environment

Voting Practices

Decisions that go to a vote require a minimum of 50% of committee members in attendance and will be made by simple majority. In instances where voting during meetings is not possible due to low attendance, voting will occur via e-mail.

Voting between meetings, when necessary, is permissible and may be made via e-mail. In these instances, simple majority will be used.

Group Norms

- Start and end meeting on time
- Treat other members with dignity and respect, even in the face of disagreement
- Agree to disagree
- Avoid hidden agendas
- Practice being open minded
- Listen while others are talking to understand
- Provide equal opportunities for all committee members to actively participate in meetings
- Contact a PDPHE staff member ahead of meetings that you will not be able to attend and practice active follow-up on meetings missed
- Problems or negative feedback are discussed directly and privately in a way that promotes discussion and with a focus on solutions
- Turn on video for all participants to promote engagement and connection in a virtual setting

D. Advantages and Disadvantages of Framework Options

Advantages and Disadvantages: Healthy People 2030

+

- Considers upstream issues (primarily linked to access to health)
- Provides baseline and targets
  - Use to align community priorities to national goals
  - Provides baseline data to compare with local data
- Provides flexibility to collect primary data
- Emphasizes a shared vision across public health sectors
- Encourages engagement of broad community partners

-

- Many SDOH indicators are still in "development stage"
- Lacks detail on ways to determine public health role in certain priorities/strategies
- Concerns on how to make certain priorities/strategies actionable without funding
- Concerns on how measures may not fit for County (baselines or target may not be achievable)

Pueblo Department of Public Health & Environment

Advantages and Disadvantages: BarHII Framework

+

- Considers upstream (root causes) of public health problems
- Recognizes public health activities in the past
- Recognizes inequities occurring at institutional as well as social domains
- Provides recommendations on how to collect data linked to living conditions

-

- Provides guidelines for "living conditions data", but nothing on capturing data on social inequities and institutional inequities
- Data guide is California-centric
- Concerns on ways to determine public health role in certain priorities/strategies
- Concerns on ways to make certain priorities/strategies actionable without funding

Pueblo Department of Public Health & Environment

E. Community Member Survey Tool

Pueblo County Community Health Assessment

Thank you for taking the time to take our community member survey!

Every five years, information about Pueblo County's health is gathered, which helps to identify the top health issues to work on. The information is collected from different places including: local and national data, community leaders, community members, and local community groups.

Two top health issues that will be worked on in the next Community Health Improvement Plan are obesity and behavioral health (mental health and substance abuse). The Pueblo Department of Public Health and Environment (PDPHE) is asking you to help spot factors that may impact obesity and behavioral health and identify any other health issues that need to be looked at.

Your opinion is important and will help us be successful and lead to a healthier Pueblo County!

To thank you for taking the time to complete this survey, you have an opportunity to enter into a drawing for a chance to win a $25 gift card. Information on how to enter into the drawing will be provided after you finish this survey.

To learn more, contact Jenny Case from PDPHE at 719-583-4366 or jennifer.case@pueblocounty.us.

Let's Get Started

1. What is your zip code? _____

2. Which community in Pueblo County do you currently live in?

- ☐ Avondale
- ☐ Beulah Valley
- ☐ Blende
- ☐ Boone
- ☐ Colorado City
- ☐ Pueblo
- ☐ Pueblo West
- ☐ Rye
- ☐ Salt Creek
- ☐ Vineland
- ☐ I prefer not to say
- ☐ Other (please specify) _____

City of Pueblo Neighborhood

3. If you selected Pueblo for #2, which neighborhood in the City of Pueblo do you currently live in?

- ☐ Aberdeen
- ☐ Belmont
- ☐ Bessemer
- ☐ Beulah Heights
- ☐ Country Club
- ☐ Dillon
- ☐ Downtown
- ☐ East Side
- ☐ Eastwood Heights
- ☐ El Camino
- ☐ Grove
- ☐ Heritage
- ☐ Highland Park
- ☐ Honor Farm
- ☐ Hyde Park
- ☐ Lake Minnequa
- ☐ Lakeview
- ☐ Lower East Side
- ☐ Mesa Junction
- ☐ North Vista
- ☐ Northside
- ☐ Park West
- ☐ Regency
- ☐ Ridge
- ☐ Skyview
- ☐ Southgate
- ☐ Southpointe
- ☐ State Hospital
- ☐ Sunny Heights
- ☐ Sunset
- ☐ University
- ☐ Wolf/CSU-P
- ☐ Xcel
- ☐ Prefer not to say
- ☐ I don't know
- ☐ Other (specify)_____

Tell us a little about yourself

4. What is the primary language(s) spoken at home?

- ☐ English
- ☐ Spanish
- ☐ Prefer not to say
- ☐ Other (list language(s) spoken) _____

5. What gender do you identify with?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Not listed_____

6. What is your age range?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+
- ☐ Prefer not to say

7. Which of the following groups best represents your race/ethnicity?

- ☐ White, non-Hispanic/non-LatinX origin (a gender-neutral or nonbinary alternative to Latino or Latina)
- ☐ White, Hispanic/LatinX origin (a gender-neutral or nonbinary alternative to Latino or Latina)
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other Race
- ☐ Two or more races
- ☐ Prefer not to say

For Other Race or Two or More Races, please indicate which race(s)

_____

8. What was your household income in 2020?

- ☐ Less than $14,999
- ☐ $15,000 - $29,999
- ☐ $30,000 - $44,999
- ☐ $45,000 - $59,999
- ☐ $60,000 - $74,999
- ☐ $75,000 - $89,999
- ☐ $90,000 or more
- ☐ Prefer not to say

9. What is the highest level of education you have completed?

- ☐ 12th grade or less, no diploma
- ☐ High school graduate or GED
- ☐ Some college, but no degree
- ☐ Trade school or vocational training
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Advanced college degree beyond bachelor's degree
- ☐ Prefer not to say

10. Which of the following best describes your current employment status? (select all that apply)

- ☐ Employed - Full Time
- ☐ Employed - Part Time
- ☐ Unemployed
- ☐ Caregiver/ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Unable to work
- ☐ Prefer not to say

11. How would you describe your current primary health insurance coverage?

- ☐ Public Insurance – Medicare
- ☐ Public Insurance – Medicaid/CHP+
- ☐ Private Insurance – Employer-Sponsored
- ☐ Private Insurance – Individual Market
- ☐ I am NOT covered by any health insurance or health plan
- ☐ Don't know/Not sure
- ☐ Prefer not to say
- ☐ Other (TRICARE, Veterans' Health Care Program, etc.)_____

12. What does your current health insurance coverage look like?

- ☐ I have insurance and health care is usually affordable
- ☐ I have insurance but it is usually too expensive to get care when I need it
- ☐ I don't have insurance and health care is usually affordable
- ☐ I don't have insurance and it is usually too expensive to get care when I need it
- ☐ Prefer not to say
- ☐ Other (specify)_____

13. How would you describe your access to health care when you need it?

- ☐ Very easy
- ☐ Easy
- ☐ Somewhat easy
- ☐ Neither easy nor hard
- ☐ Somewhat hard
- ☐ Hard
- ☐ Very hard
- ☐ Don't know/Unsure
- ☐ Prefer not to say

Personal/Individual Factors

14. How would you describe your health now compared to before the COVID-19 pandemic?

☐	☐	☐	☐	☐	☐
A lot better	Better	About the same	Worse	A lot worse	Prefer not to say

15. How would you describe your financial status now compared to before the COVID-19 pandemic?

☐	☐	☐	☐	☐	☐
A lot better	Better	About the same	Worse	A lot worse	Prefer not to say

16. Please select **up to the top three** options that may apply to you.

- ☐ I find healthy eating is expensive
- ☐ There are no grocery stores nearby
- ☐ I lack transportation to get healthy food
- ☐ I overeat
- ☐ I am not physically active
- ☐ I lack knowledge on how to be physically active
- ☐ I feel unsafe exercising/being active in my own neighborhood or community
- ☐ I lack access to active transportation (i.e. bicycle, rollerblades, roller skates, skateboard, etc.)
- ☐ I lack social support to be healthy
- ☐ None of the above
- ☐ Prefer not to say

☐ Other (please specify) _____

17. Please select **up to the top three** options that may apply to you.

- ☐ Stigma or judgement around receiving mental health care is real to me
- ☐ I don't know where to go for mental health care
- ☐ I find the cost of receiving mental health care expensive
- ☐ Stigma or judgement around receiving substance abuse help is real to me
- ☐ I don't know where to go for substance abuse help
- ☐ I find the cost of receiving help for substance abuse expensive
- ☐ I am a recreational user of drugs/alcohol
- ☐ My mother used drugs/alcohol when pregnant with me
- ☐ I use/used drugs/alcohol while pregnant
- ☐ I suffer from social isolation or loneliness
- ☐ I suffer from severe or long-term stress
- ☐ I have a long-term physical health condition
- ☐ I have experienced childhood abuse, trauma, or neglect
- ☐ I have been a victim of domestic violence, bullying, or other abuse as an adult
- ☐ I am experiencing homelessness or unstable housing
- ☐ None of the above
- ☐ Prefer not to say

☐ Other factors not listed above (please specify) _____

Impact

18. Below is a list of factors that may affect a person's weight. **Please select the top three** you think would have the **biggest impact on a person's weight** at the community level within the next five years in Pueblo County.

- ☐ Cost of healthy eating (expensive)
- ☐ No grocery stores nearby
- ☐ Lack of transportation to get healthy food
- ☐ Lack of physical activity
- ☐ Lack of knowledge on how to be physically active
- ☐ Feeling unsafe exercising/being active in own neighborhood or community
- ☐ Lack of access to active transportation (i.e. bicycle, rollerblades, roller skates, skateboard, etc.)
- ☐ Lack of social support to be healthy
- ☐ Other (please specify) _____

19. Below is a list of factors that may impact mental health issues. **Please select the top three** you think would have the **biggest impact on mental health issues** at the community level within the next five years in Pueblo County.

- ☐ Stigma around receiving mental health care
- ☐ Lack of knowledge of where to go for mental health care
- ☐ Cost of receiving mental health care
- ☐ Recreational drug/alcohol use
- ☐ Mother's drug/alcohol use while pregnant
- ☐ Social isolation or loneliness
- ☐ Severe or long-term stress
- ☐ Having a long-term physical health condition
- ☐ Childhood abuse, trauma, or neglect
- ☐ Domestic violence, bullying, or other abuse as an adult
- ☐ Unemployment
- ☐ Homelessness/unstable housing
- ☐ Other (please specify) _____

20. Below is a list of factors that may lead to substance abuse issues**. Please select the top three** you think would have the **biggest impact on substance abuse issues** if addressed at the community level within the next five years in Pueblo County.

- ☐ Stigma around receiving substance abuse help
- ☐ Lack of knowledge of where to go for substance abuse help
- ☐ Cost of receiving substance abuse help
- ☐ Recreational drug/alcohol use
- ☐ Mother's drug/alcohol use while pregnant
- ☐ Social isolation or loneliness
- ☐ Severe or long-term stress
- ☐ Having a long-term physical health condition
- ☐ Childhood abuse, trauma, or neglect
- ☐ Domestic violence, bullying, or other abuse as an adult
- ☐ Unemployment
- ☐ Homelessness/unstable housing

☐ Other (please specify) _____

Your Health Needs

21. **(OPTIONAL)** Other than topics related to nutrition, physical activity, mental health and substance use, please list your two biggest health needs.

Top Health Need_____

Other Health Need_____

Success Stories

22. **(OPTIONAL)** In the last five years, please briefly list three things you think Pueblo County has done successfully to improve the health of Pueblo County residents?

Success One_____

Success Two_____

Success Three_____

F. Delphi Questionnaire

2021 "Delphi Plus"

Delphi First Round (brainstorming questions to use in ranking/ consensus building rounds)

Introduction: The 2018-2022 Pueblo County Community Health Improvement Plan (found here: https://county.pueblo.org/public-health/community-health-improvement-plan) prioritized obesity and behavioral health (substance abuse and mental health), and included county-wide objectives and activities to address these issues. Looking forward, beyond 2022, it is important to build on the work that has done in these areas and to identify the risk factors, populations, and barriers most important to improving obesity and behavioral health in our county. You, along with other leaders in various sectors of health and human services, have been selected to participate in a three- part series of questions designed to generate ideas and gain consensus on priority actions. The first part is a list of seven open ended questions about risk factors, barriers and priority groups and should take less than 30 minutes to complete. Round two of the process is a series of lists with items that you will be asked to rank in priority from 1st to 5th, and should take less than 15 minutes to complete. The third and final round will present a series of ranked lists based on the group responses from round two, and you will be asked to confirm your ranking a second time. In addition to the ranked lists, in round three you will be asked to complete a short (10 question) survey related to attitudes on the topic and agency capacity. The confirmation should take less than 10 minutes, and the separate survey should take about 20 minutes to complete.

1. What do you think are the most important risk factors (i.e., things that lead to or contribute to the health issue) to address in the next 5 years for obesity?
2. What are the most significant barriers to improving obesity rates in Pueblo County?
3. Which demographic groups (e.g., age range, sex, racial/ethnicity, income, neighborhood) should be a priority for obesity prevention efforts in the next 5 years?
4. What do you think are the most important risk factors to address in the next 5 years for behavioral health (substance abuse and mental health)?
5. What are the most significant barriers to improving behavioral health (substance abuse and mental health) in Pueblo County?
6. Which demographic groups (e.g., age range, sex, racial/ethnicity, income, neighborhood) should be a priority for behavioral health (substance abuse and mental health) efforts in the next 5 years?
7. Other than obesity and behavioral health (substance abuse and mental health), what other health issues or problems should be prioritized in the next 5 years, if any?

OTHER: Name and job title; organization; preferred email

"Plus" (one-time ask only) Round Three

1. Attitude Scale: (strongly disagree, disagree, neither disagree or agree, agree, strongly agree)
   - I believe significant change in obesity status is possible for Pueblo County in the next 5 years.
   - I believe significant change in behavioral health (substance abuse and mental health) status is possible for Pueblo County in the next 5 years.
   - The agency I work for is willing to engage in efforts to address obesity and its risk factors in Pueblo County.
   - The agency I work for is willing to engage in efforts to address behavioral health and its risk factors in Pueblo County.

2. Does your agency work on obesity prevention efforts (y/n) If yes:

- Describe the efforts that have worked best in the past five years (e.g., agency strengths).
- Describe the efforts that your agency has stopped doing and why (in the past 5 years?).
- How does your agency partner with other agencies in obesity prevention efforts?

3. Does your agency work on behavioral health *substance abuse* efforts? (y/n)
    - Describe the efforts that have worked best in the past five years (e.g., agency strengths).
    - Describe the efforts that your agency has stopped doing in the last five years.
    - How does your agency partner with other agencies in behavioral health efforts related to substance abuse?

4. Does your agency work on behavioral health *mental health* efforts? (y/n)
    - Describe the efforts that have worked best in the past five years (e.g., agency strengths).
    - Describe the efforts that your agency has stopped doing in the last five years and why.
    - How does your agency partner with other agencies in behavioral health efforts related to mental health?
5. What opportunities do you see for Pueblo County leaders to improve obesity?
6. What opportunities do you see for Pueblo County leaders to improve behavioral health (substance abuse and mental health)?

G. Prioritization Matrix Tool

Prioritization Matrix

Priority Area: Behavioral Health

		1	2	3	4	5	6	7
		Contributing Factors						
Assessment criteria	Weight	Housing insecurity and homelessness	Lack of knowledge and access to mental health and substance use services	Adult experiences of trauma and abuse including domestic violence	Childhood experiences of trauma, neglect, and abuse	Stigma around receiving care	Long-term and severe stress	Cost of receiving care
Community's capacity	0.2	3	7	6	4	5	1	2
Health equity	0.32	7	2	5	6	1	4	3
Barriers	0.23	6	2	3	4	1	5	7
Root cause	0.25	5	2	4	7	1	6	3
	Totals	5.47	3.00	4.49	5.39	1.80	4.13	3.72
	Rank	1	6	3	2	7	4	5

Prioritization Matrix

Priority Area: Obesity

		1	2	3	4	5	6	7
		Contributing Factors						
Assessment criteria	Weight	Lack of access to affordable healthy foods	Existing mental health and substance use issues	Lack of knowledge about how to be healthy (healthy eating/active living)	Lack of food and nutrition skills (selecting, prepping, and cooking foods)	Lack of physical activity	Feeling unsafe to be active in own community/neighborhood	Poverty
Community's capacity	0.2	6	3	7	5	4	2	1
Health equity	0.32	6	5	2	3	1	4	7
Barriers	0.23	6	4	3	2	1	5	7
Root cause	0.25	5	6	3	2	1	4	7
	Totals	6	5	3	3	2	4	6
	Rank	2	3	5	6	7	4	1

H.Delphi Round Three Results

Final Ranking of Top 5 Risk Factors for Obesity
Lack of access to affordable, healthy foods
Behavioral health factors (existing mental health issues or substance abuse)
Poverty/Lack of finances
Low food and nutrition knowledge (understanding what makes a healthy diet)
Lack of food and nutrition skills (selecting, prepping, and cooking foods)

Final Ranking of Top 5 Barriers to Improving Obesity Rates
Cost of food
Availability of food due to location or lack of transportation
Lack of knowledge and skills related to food and nutrition
Cultural norms
Motivating/supporting individual behavior changes related to diet and activity

Final Ranking of Top 5 Priority Demographic Groups for Obesity
All youth (children and teens)
Adults and youth with a history of trauma
Parents
People living in neighborhoods with poor food access
People with low Income

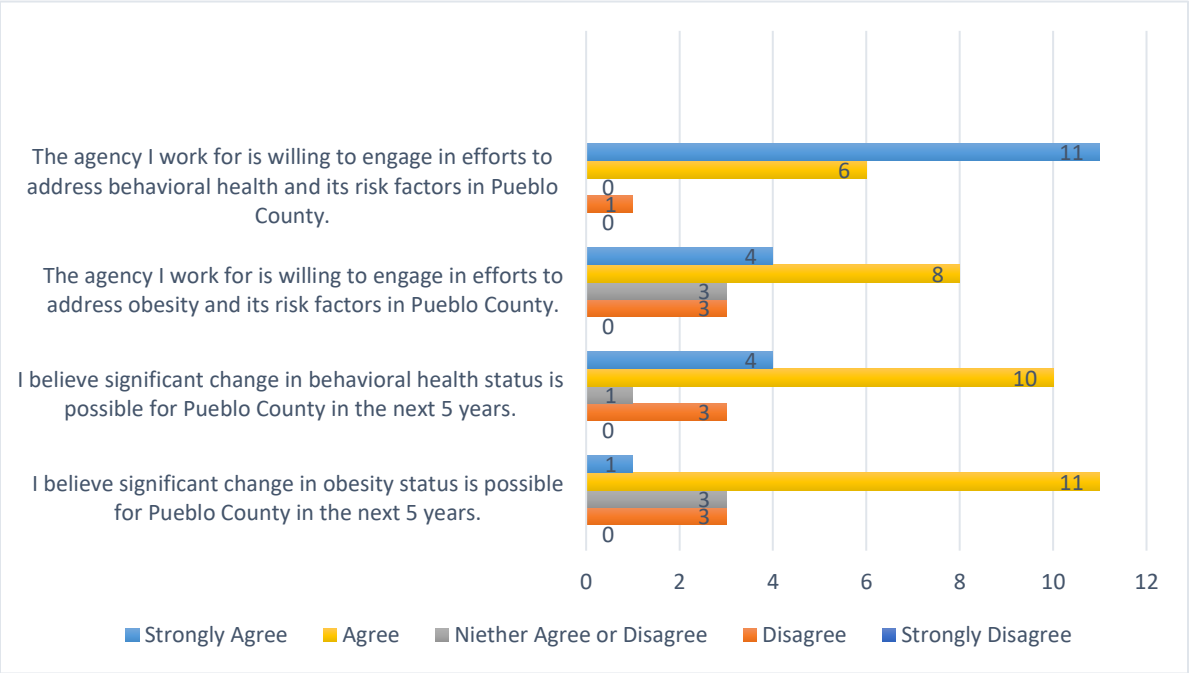
Final Ranking of Top 5 Risk Factors for Behavioral Health
Housing insecurity and homelessness
Adult experiences with trauma, including abuse and violence
Access to effective services and qualified providers
Poverty
Adverse childhood experiences (ACEs)

Final Ranking of Top 5 Barriers to Improving Behavioral Health
Cultural/social stigma of seeking treatment
Awareness of services available
A general lack of resources
Difficulties in accessing care: due to cost or insurance
Lack of early intervention services for mental health and substance abuse

Final Ranking of Top 5 Priority Demographic Groups for Behavioral Health
Anyone with a history of trauma
People experiencing homelessness
All people of all ages (no priority focus)
People with low or no income
Pregnant and young mothers

I. Delphi Agency Capacity Survey Results

Results of the 2021 CHA Agency Capacity Survey



Does your agency work on obesity prevention efforts?

- There were 10 respondents that selected "NO" and eight that selected "YES"

Describe the efforts that have worked best in the past five years (e.g., agency strengths).

- "N/A" for eight respondents
- Assisting the community in applying for SNAP, healthy food distributions, prescription food program, wellness classes.
- Bariatric Program refers to behavioral health, dieticians, physical therapy and focuses on a monitored weight loss program.
- Discussion between medical provider and patient, referral to health educator. Referral to healthy food sources when available.
- free fitness classes and free gym equipment on site. free bicycle rental
- Healthy snacks in schools especially in Title 1 elementary schools to introduce fruits and vegetables that students normally wouldn't get to try at home.
- Monetary reward for annual physical
- not specifically
- peer support, lifestyle coaches, groups in wellness center
- Provide physical activity classes, chronic disease prevention and healthy eating classes, meal site

Describe the efforts that your agency has stopped doing and why (in the past 5 years?).

- 12 “N/A” responses
- Diabetic management due to employee cut backs.
- due to COVID no fitness classes nor gym equipment access. no bike rentals
- Sugary pop machines and energy drinks have returned which is really sad.
- Organized physical activities during lunch hours
- I don't know; COVID changed so many things

How does your agency partner with other agencies in obesity prevention efforts?

- 9 “N/A” responses
- Catholic Charities, Care and Share, Hunger Free Colorado
- Referring to behavioral health, dieticians and physical therapy.
- Partnered with the health department and CSUP to collect BMI data.
- Bring in guest speakers on aspects of healthy eating and healthy lifestyle
- Not currently, would consider in the future.
- We do support the AFFA, Pueblo Food Project, and the CHIP
- I do not know
- In order not to duplicate we partner with agencies that already provide great prevention and education classes

What opportunities do you see for Pueblo County leaders to improve obesity?

- Improving access to and affordability of healthy food, educating our community on preparing healthy foods and the benefits to themselves and their families (reduced diabetes, arthritis, heart disease, increased longevity - seeing your grandchildren grow up), incentivizing weight loss through partnerships with health care providers, incentivizing exercise. There are many people who are not aware that obesity has negative health effects.
- I see this as a long term goal - weight loss is rarely effective, but prevention efforts may be.
- There are a lot of opportunities at public events to address obesity, educate on proper nutrition and exercise.
- Access to healthy food and an approach to people that is not shaming
- Engaging in a community wide campaign to encourage movement.
- access to healthy food not so expensive, quit using the word DIET as a shaming word
- Working on our Built Environment to improve access to exercise and access to healthy foods and beverages in our food desserts.
- Availability of healthier foods for low income persons in the community and transportation or mobile units to delivery the food to those in need.
- Assisting with healthy eating programs and educating the community about health eating habits as well as ways to cook food that is healthy
- Healthy lifestyle education and addressing food deserts (fresh foods specifically)
- Ending food deserts. teaching about diet in schools

- address food deserts, provide trainings for families, impact healthcare provider messages and health education, address policies in schools regarding vending, snacks and fund raisers, impact policies in workplaces regarding discounts on insurance or other incentives for health weight.
- More available low or no cost sports or activities for children
- more farmer's markets in food deserts, more education on healthy cooking, more fresh fruits and veggies at food pantries
- Understand the link between trauma and health conditions including obesity; understand the psychological state of scarcity and how it impacts one's cognitive capability to plan for anything, including meals; develop an understanding of how commonly food is used as a coping mechanism and how frequently that develops into an addiction, needing similar compassion and concrete treatment; understand that family stress and challenges make planning and executing healthy meals extremely difficult and develop programming that addresses general stress reduction and management as well as interventions aimed at teaching ways to plan and execute more healthful eating; understand that it isn't just about food and activity levels- these are central issues but there is much more than this involved in making changes that impact obesity
- Monitoring vending machine contents in schools and office buildings - more healthy options
- City wide initiatives can be put in place by council members and new federal funding programs can make that possible.
- provide affordable options for physical activity

Does your agency work on behavioral health efforts?

- There was 1 respondent that selected “NO” and 17 that selected “YES”

Describe the efforts that have worked best in the past five years (e.g., agency strengths).

- N/A
- Intensive community-based case management with supportive services including planning, problem solving, rent support, transportation, clothing, food, and hygiene items.
- We are a syringe access program and serve individuals seeking sterile supplies and overdose prevention supplies. We meet people with compassion, judgement free, and are able to establish solid relationships built upon trust. Our strengths include relationships, linkage to care (built upon the trust we establish), and stability of services.
- We provide inpatient and outpatient adult and geriatric behavioral health care.
- Development of MAT services that is highly integrated with medical and behavioral health collaborating on every treatment plan. PCHC continues to expand mental health/BH services that include: traditional therapy i.e. individual, group, couples, family. We also provide immediate intervention via "warm hand offs" from our medical providers to stabilize urgent situations. Case management services to link pts to community resources for social needs such as housing, food, financial assistance and transportation are provided. We have psychiatric prescribers that provide consultation to our medical providers and when needs medication management to patients enrolled for primary and BH care at PCHC.

- Partner with community agencies to provide behavioral health treatment to clients we serve.
- Mental Health First Aid, Mental Health Mondays, making the counseling center a welcoming place, a safe place, making counselors visible on campus.
- The SURE coalition's ability to expand access to MAT.
- Multiple providers available in clinics that patients are familiar with and feel safe with. This all is a continuation of care and limits the need for patient to go from place to place to obtain services. Providers are also able to communicate about the patient's needs and concerns to provide wrap around services.
- We have hired an emotional wellness coordinator which are to best support our members 12-18 years old to help learn more about their social emotional learning and refer to outside agencies when needed. We have 2 currently working for our organization with a potential third to be hired and trained. We facilitate programs based on emotional wellness, positive action, and healthy lifestyles to educate members. We also have a grant with Office of Justice Department where staff mentors 3-5 members and completes weekly check ins with them and assists them with any struggles.
- Peer Specialist Support.
- Syringe service program. Narcan distribution. Referrals to treatment. Community outreach.
- Assessment for student needs and connections with partners who provide mentoring and therapy services. School nurses have seen an increase in anxiety medications being given at school as needed for anxiety.
- Information and referral services to providers. Advocacy services to ensure client obtains needed services. Mental wellness support groups for older adults.
- Efforts to reduce barriers to entry/removing the need for an appointment to start services; adding new/additional positions and programs to meet demand for services; diversifying the types of services we offer and in what locations; efforts to partner/collaborate with first responders.
- Medication Assisted Treatment for Opiate and Alcohol addictions prior to release from jail
- Mental health is a heavy focus for our bereavement department and team of social workers who help patients and their families.
- We help to connect people to those resources.

Describe the efforts that your agency has stopped doing in the last five years.

- Hotels for new clients who are not arrest diversions. It failed to create a positive connection with the clients and actually created resentment when we had to move them out of the hotels.
- "N/A" for 11 responses.
- Our pediatric and adolescent units were closed.
- None.
- Services for school aged children.

- All efforts continue.
- Had grant funding in the past to support a therapist dedicated to the homeless population.
- Placing people in motels when transitioning out of jail.

How does your agency partner with other agencies in behavioral health efforts related to substance abuse?

- N/A
- We work with numerous agencies and businesses to provide vouchers for services. In limited cases, we can discuss the client's case with other providers (requires a release of information.)
- We are well connected to other organizations across Pueblo and make referrals to folx who need them. I work with many different organizations through SURE, run by PDPHE.
- Refer for other therapies and specialties that are necessary.
- We occasionally refer out for psychiatry, substance use disorder and for patients who need in home management of severe mental health issues.
- Currently we have a therapist from Health solutions housed in our building providing therapy to clients.
- MHFA, NAMI
- SURE, CTC, the CHIP, and working on bringing more safe, stable housing to Pueblo.
- Health Solutions is co located in a primary health clinic as well as having Catholic Charities available for assistance.
- We partner with Health Solutions, our local mental health agencies, and they were able to facilitate various programs from anger management with rock climbing element, depression and anxiety, as well as a coping skills program.
- Continuum of Care, partner with Probation, DHS, Parkview Hospital, etc.
- Began sharing office space with a suboxone provider. Provide support and appropriate referrals to mental health and treatment agencies.
- They give space to partners to operate within the school to provide easier access to services for students but we still need more.
- Information and referral services to providers. Advocacy services to ensure client obtains needed services. Mental wellness support groups for older adults for housing authority tenants.
- There are many more partnerships than I can recall, but here is a sampling: we work closely with assisted living and assisted care facilities to provide services both on and off-site; we collaborate with APS and DSS; we co-respond with Pueblo City and County law enforcement through our embedded CIT officers and the Mobile Early Intervention and Mobile Crisis teams; we have clinicians assigned to/embedded in schools throughout the community; we have clinicians and care coordinators co-located in primary care offices; we offer consultation to Pueblo Community College, as needed; we partner with the Rescue Mission to facilitate treatment for those using the shelter; we sponsor numerous events related to mental health and general wellness in the community; we participate in Crisis Intervention

Training twice yearly for law enforcement; we offer Mental Health First Aid courses and have trained staff from a wide range of organizations in our community; we work closely with courts, probation, and parole; we work with CMHIP to transfer care for discharging clients.

- We refer our clients to treatment agencies throughout Pueblo. We also bring agencies into jail to work with inmates prior to their release.
- If our team of counselors and social workers cannot help clients with specific needs, we work to refer them to one of our many community partners.
- We partner with several agencies for warm referrals

What opportunities do you see for Pueblo County leaders to improve behavioral health (substance abuse and mental health)?

- We need to provide supports to people who are struggling in many areas since often substance use is connected to despair. Lack of housing, mental health treatment, medical treatment, history of trauma all lead to self-medicating. Getting our homeless and unstably housed population into some kind of housing needs to be a priority since one cannot generally work on behavioral health issues when homeless. Making mental health treatment available and accessible is also critical. Medical care is now covered by Medicaid, but transportation can be a barrier (until the person can get Med-ride and assuming they have not been banned by Med-ride). We also need to be addressing trauma and working with our families. I just saw a presentation on two programs called Celebrating Families and Wellbriety that reduce the length of time to family reunification and give all generations in the involved family tools for recovery and can help to keep the next generation from falling into the negative patterns of the parents. Overall, we need to build community and connectedness to combat the isolation and despair many face.
- More funding. Housing, specifically housing for people who use drugs. There are very few providers for MAT and mental health in Pueblo despite the growing need. Every provider that works in substance use and mental health is stretched so thin.
- Adding more mental health and substance abuse screening into medical assessments as well as creating resources to provide accessible and affordable care is crucial.
- Increase in-put capacity, treat the behavior behind the substance use (typically trauma) in a non-shaming, whole person manner. Increase community awareness of trauma informed care.
- Engage in a community wide campaign encouraging people to seek help and to help eliminate stigma around this issue.
- Make it accessible and not stigmatized, make affordable.
- Build more affordable housing, so people can focus on their mental health and substance abuse.
- Availability of more housing to offer support to those with substance and mental health issues. This way they will have support 24/7 and feel supported at all times.
- Increasing the need of mental health assistance for all ages. Having those safe spaces for community members to express their need for mental health and substance abuse.
- Marketing campaign around educating the public on points of entry for services.

- Changing the substance use trajectory will require a change in public policy - removing law enforcement from involvement and making this a public health issue. 1st step would be an overdose prevention site. For both issues, various types of supportive housing would be a first step. In addition, creating "one stop shops" for all services needed by these populations would help.
- Provide training for school personnel and changes in policy on how substance abuse and mental health is addressed in schools, increase safe places for adolescents to gather, increase safe extracurricular activities for youth and adults, reduce stigma of treatment.
- Better school funding for counselors, social workers, and nurses. Availability for therapists in schools. So many students want therapy, but parents won't or can't get them to appointments.
- Improved access to mental health services and grants for free or sliding fee scale services.
- Address stigma by promoting the concept that behavioral health IS health; leaders need to develop an understanding of the range of services available and ensure the public knows where and how to access services; engage the community to share stories of struggle and recovery at ALL LEVELS in order to build community wide understanding that mental health challenges touch every single one of us in some way and that improvement and recovery are possible; develop understanding of cultural barriers specific to Pueblo/ our region that impact treatment participation rates and develop a culturally relevant approach to addressing these barriers; help us advocate for policy and related changes that would make the new client process easier and more manageable for clients and staff; in general, help us advocate where needed to close the gap between what regulation and policy requires of us and what is realistic, compassionate, and responsive care for someone in need of behavioral healthcare; consider advocating for expansion of current and development of new loan forgiveness opportunities to help us attain and retain qualified staff; help us in advocating for changes to credentials accepted by Medicare.
- Petition state leaders to decriminalize substance abuse. Incentivize collaboration between treatment agencies and law enforcement.
- With a plethora of organizations and resources dedicated to mental health and behavioral health in Pueblo, community leaders and agencies can come together to push for increased education.
- Lots of improvement needed here-Substance abuse and mental health go hand in hand.

J. Resource Inventory Results

Transportation

Obesity	Behavioral Health (MH and SU)	Both
• City transportation • BIRD Scooters • Bike lanes and shared lane markings		• Golden Gate • Med Ride • City Cab • E-bike program • Pueblo Cooperative Care – Emergency transportation • SRDA transport • Medicaid rides • City lift • City transit • SRDA rental bikes • Greenhorn Valley transport

Workplace Employment

Obesity	Behavioral Health (MH and SU)	Both
• Parkview Mobile Nurse	• Pueblo Diversified Industries • EAP Providers • Health Solutions – Career Horizons	• Chambers (PW, Grater, Latino) • Unions • Workforce Center • Senior Employment Redevelopment Center through Pueblo Cooperative Care • VOC Rehabilitation • Senior Employment (SER) – SRDA • TANF (Temporary Assistance for Needing Families) • Worksite Wellness (Health Solutions / Parkview)

Obesity	Behavioral Health (MH and SU)	Both
• CSU – Pueblo Outdoor Pursuits • Nature Center/Levee Trail/Kayak Park • Master Planning • Pueblo Reservoir/Lake and Parks/Riverwalk • CSRP (Colorado Smelter Revitalization Project) • PACOG (Pueblo Area Council of Governments) • PACE – Pueblo Active Community Environments • Open Space (Over 70 green fields in Pueblo) • Opportunity Zone designations in Pueblo • YMCA • 86 Parks in Pueblo County • Mountain Park	• CTC (Communities that Care – Community Spaces workgroup) • Housing authority (Sangre de Cristo) • Emergency poles (CSU – Pueblo) • Movies in the Park	• Neighborhood watch • Pueblo Urban Renewal Authority • Parks and Recreation • Next Door app • Bike paths • City/County Comp Plan • Nature Center • Sangre de Cristo classes (art, dance, etc.) • Exercise groups and meditation • Community Development Block Grant Funds • Community murals • School pools • SRDA fitness classes • Silver Sneakers • Gums and fitness centers • Fitness/yoga in the park and Riverwalk • SUP through Parks and Rec or HARP • Nature_RX • Downtown Association-beautification • Addicts to Athletes

Obesity	Behavioral Health (MH and SU)	Both
	• Sober living/housing • Rescue Mission • Oxford House • Posada • Catholic Charities – rent assistance • Shilo House • Health Solutions – housing repairs • Assisted living • Habitat for Humanity • Housing and citizen services • Code enforcement • PTAC (Pueblo Triple Aim Corporation)	• Housing Authority • HMIS and VI-SPDAT (Homeless Management Information System and Vulnerability Index – Service Prioritization Decision Assistance Tool) • Homes for all vets • Subsidized Housing Units (Azteca, Bethlehem Square) • Center toward self-reliance • YWCA

Housing

Obesity	Behavioral Health (MH and SU)	Both
• Pueblo Food Project • All Pueblo Grows • Farmer's Markets • WIC • Sunnyside Market • Care and Share • Community Supported Agriculture	• Acudetox – Health Solutions	• Chronic Illness Education Classes – SECAHEC • Project Angel Heart – meals to seniors to prevent diabetes • Text to live healthy – all ages • Meals on Wheels • RAE (Regional Accountable Entity) • Snap to Save Food Rx – Health Solutions • Cooking Matters – Store Tours • CSU Extension • District meal programs • CSU – Pueblo food pantry

Access to Healthy Food

Obesity	Behavioral Health (MH and SU)	Both
• Parkview-diabetic self-management education • Cooking matters • Parkview-bariatric services • Natural grocer's health coach • Local dieticians (schools, WIC, private, Parkview, dialysis) • SRDA dietician • PCHC dental clinic	• Health Solutions • Crossroads • Needle Exchange (SCHRA) • SPCPC (Suicide Prevention Coalition of Pueblo County) • Reach counselors at high schools by PCHC • PRCS (Pueblo Rape Crisis Services • Sober living • Pueblo Step-Up • RAE (Regional Accountable Entity) • Beacon health options • Medicaid / Medicare • System of Care • CO Crisis line / Safe 2 Tell • SCEA – Southern Colorado Equality Alliance / TransGenerations • LEAD – Diversion and resources • Telehealth MAT providers • MAT – by local primary care providers • SOCO AA • Addicts to Athletes	• Saint Mary Corwin • Parkview • Charity Care at Hospitals (economic aid, education, and insurance) • PDPHE Clinic • PCHC (Pueblo Community Health Center) • Connect for Health, CO • DOTS (Directing Others to Services) • Health Solutions / Health Portals • PIECES for referrals • Pueblo Medical Society • Telehealth options for insurance companies • School-based clinics (located at Centennial, East, Central, and County) • Health Colorado • Sangre de Cristo Hospice • Urgent care • PCC (Pueblo Community College) • AMR, Fire Services • Kiwanis • District 60 Nurses • Aging and Disability Resources for CO – access to all insurance • Telehealth Urgent Care • Child Advocacy Center • Care and Share • Pueblo Food Project • Community Gardens • Woman Infants and Children (WIC)

Obesity	Behavioral Health (MH and SU)	Both
• Cooking Matters • EFNP – Expanded Food and Nutrition Education Program • Sunnyside Market • DentaQuest – dental economic aid • Grand Avenue Dental • AV Hunter and Friends of Mann • PCHC dental clinic	• LEAP (Low-Income Energy Assistance Program) • State funded group homes • Pueblo Diversified Industries (for disabled individuals) • Pro-bono counseling • Pueblo Hispanic Education Foundation • Sober Living • Catholic Charities and Posada • Caring Pregnancy Center	• Workforce development • Local Churches • SNAP (Supplemental Nutrition Assistance Program) • TANF (Temporary Assistance for Needy Families • DHS (Department of Human Services) • Community College • Pueblo Cooperative Care (Mobile showers, food, and clothing) • United Way • PEDCO – Pueblo Economic Development Corporation • FFPC – Family Friendly Pueblo County • Pueblo Rescue Mission • Bert through the city for businesses • Blackhills scholarship / financial aid assistance • Southern CO Labor Council • Small business development association • Catholic charities (HIPPY) • Double Up Food Bucks • Snap to Save • Meals on Wheels • Transportation • Free and reduced lunch • Utility Assistance • Los Pobres • Homes for all vets • Center toward self-reliance • Salvation Army • Friends of Mann • AV Hunter • Pro-bono legal services • UW Vita Program • Pueblo Area Agency on Aging

Economic Aid

Obesity	Behavioral Health (MH and SU)	Both
• Cooking Matters • CSU Extension Classes (cooking, gardening, etc.) • Natural Grocer's Health Coach • PACE • Parks and recreation • Parkview mobile nurse classes • Pathway to Hope – Salvation Army • Pueblo Food Project • Sports teams (high school level or above) • WIC (Women, Infants, and Children) • YMCA	• Partnerships with higher education • CTC (Communities that Care) • Outward bound • State of Grace • Promoting programs in schools (TRiO) • Museums • Health Solutions • School Districts prioritizing mental health • MST/HB1451 • SPCPC – Suicide Prevention Coalition of Pueblo County • Library clubs • Branch out clubs in high schools • Social – emotional subgroup under early childhood council • Pueblo safety jam • CTC • RTI (Response to Intervention) in schools • Arts Alliance • EAST (mini-libraries) • Addicts to Athletes • Colorado Crisis services • Center for Inner Peace • Suicide Prevention Center • Pro-bono counseling – Spark the Change	• Pueblo Mentoring Collaborative • Pueblo Community College • Pueblo house • SRDA – Senior Resource Development Agency • Graduating and Associates' programs in high school • Children First • Library • Boys and Girls Club • Head Start • School Counselors • How to Adult 101 (applying for a credit card, filing taxes, buying a house, etc.) • HB 1451 • Catholic Charities • College Fairs • Firefit kids • United Way – VITA tax prep program

Obesity	Behavioral Health (MH and SU)	Both

Culture / Social Norms and Values

- Chile and Frijoles Festival
- Museums
- Pueblo City – County Library District
- Bell and Canon games
- La Gente
- Sangre de Cristo Arts Center
- Memorial Hall
- Arts Cooperative – First Friday Walks
- Levee – art mural
- Chambers of Commerce
- LGBTQ+ Agencies

Obesity	Behavioral Health (MH and SU)	Both

General

- Community races
- Silver Sneakers
- Steel city cycling club
- Bike clubs / run clubs / sport clubs
- YMCA Corporate Cup
- Pueblo Classic event and community bike rides

- Pueblo Mentoring Celebration
- PEEV network
- ACOVA
- Pueblo Human Relations Commission
- CTC (Communities that Care) Youth Advisor Board
- SoCoYoGo
- Health Solutions – walk with the doc
- Suicide Prevention Coalition

- Faith congregation groups
- Greater and Latino Chamber
- Next Door app
- Public events
- Health Solutions – Community Learning Center
- Breastfeeding Peer Counselors (WIC)
- Milky Way (outpatient appointments)
- Bessemer Neighborhood group
- Avondale Group (Colorado Trust)
- State Fair
- Latino Chamber and United Way – Festival of Trees
- Flavor of Pueblo
- YWCA – Chocolate Indulgence

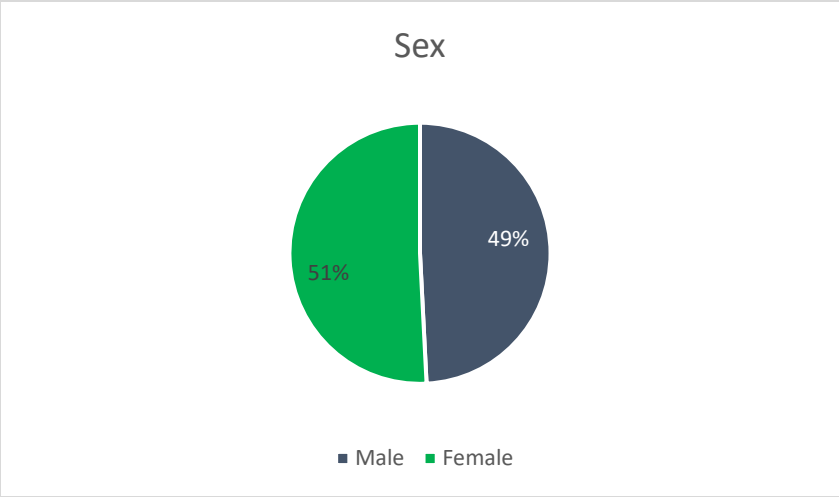
K. Sector Model

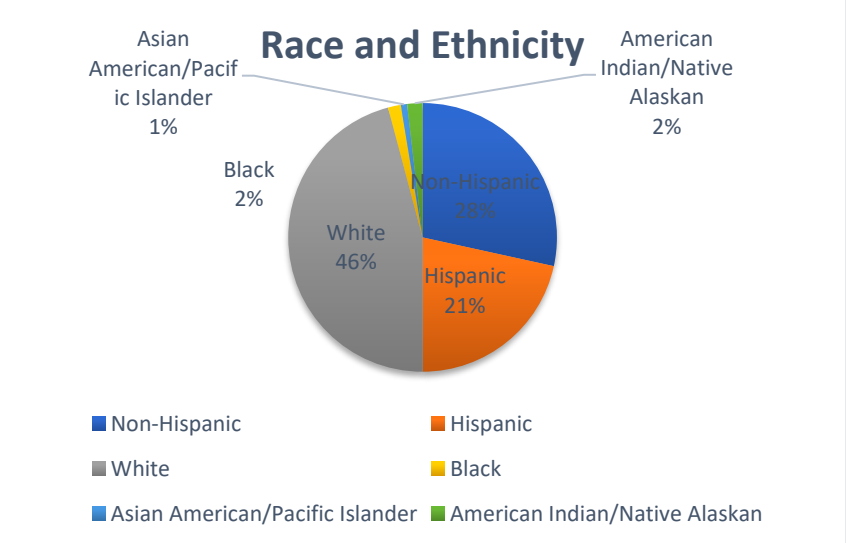
L. Secondary Data

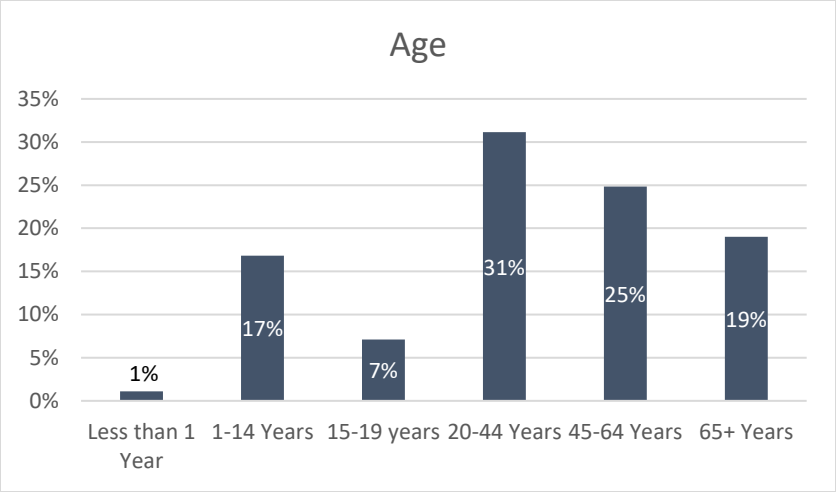
Population Characteristics

Total Population Estimate in 2019: 168,288 [1]

% Change since 2010: +5.8 [1]







86.4% speak English only at home; 2.3% speak Spanish at home and .24% speak another language at home [1]

2.6% of Pueblo County's population is linguistically isolated, i.e. they do not speak English very well [1]

Economic Opportunity & Education

Indicator		Pueblo County	Colorado
Poverty	Percent of population living in poverty, 2019 [1]	17.9%	9.3%
	Percent of children living in poverty, 2019 [1]	26.3%	10.9%
	Median household income, 2019 [1]	$51,276	$77,127
	Percent of households that received food stamps, 2019 [1]	18.3%	6.9%
	Percent of students eligible for free and reduced school lunch (K-12), 2020 [2]	60.8%	40.3%
	Household Food Insecurity (%, three-year average), 2015-2017 [3]	9.2%	<10%
Education	**Percent of adults over 25 years of age that completed:**		
	A master, professional school or doctorate degree, 2019 [1]	8%	16%
	An associates or bachelor's degree, 2019 [1]	27.8%	30.8%
	Some college (less than 1 year or more), 2019 [1]	26.3%	20.3%
	High school, GED or alternative, 2019 [1]	29.2%	21%
	Some K-12 education, but no high school or equivalent completed [1]	8.7%	7.6%

40,168 students (age 3+ years) enrolled in school in Pueblo County in 2019 [1]

School Completion	School dropout rates, 2019-2020 [4]	1.7%	1.8%
	High school completion, 2019-2020 [4]	88.3%	81.9%

Indicator		Pueblo County	Colorado
Employment	Unemployment rate, 2019 [1]	4.1%	2.8%
	Disability, 2019 [1]	17.8%	8.4%
Housing	Monthly owner costs as % of household income that exceed 35% or more of household income (in last 12 months), 2019 [1]	19.8%	20.7%
	Gross rent as a % of household income that exceeds 35% of household income (in last 12 months), 2019 [1]	43.8%	40.5%
	Median Home Value, 2019 [1]	$164,600	$343,300

Physical Environment

Indicator		Pueblo County	Colorado
Built environment	Percent of workers that commute to work by biking, walking, or public transportation, 2019 [1]	2.3%	7%
	Percent of population with adequate access to locations for physical activity [5]	65%	90%
	Fast food restaurants per 1,000 population, 2016 [3]	.64 per 1,000	N/A
	Percent change in fast food restaurants per 1,000 population [3]	-7.21 per 1,000	N/A
	Those with low access to grocery store, 2015 [3]	58,655	N/A
	Those with low income and low access to grocery store, 2015 [3]	25,514	N/A
	Percent of population who are low-income and do not live close to a grocery store, 2015 [3]	16%	5%
Healthy Housing	Percent elevated blood lead levels for ages <6 years (> 5 mcg/dL) [6]	2.8%	1.6%
	Percent of houses built before 1960, 2019 [1]	34%	17%
Outdoor Air	Average annual PM 2.5 concentration, 2016 [7]	4.8	N/A
	Percent of days PM 2.5 above standard, 2018 [8]	0	N/A

Water	Number of public water systems with average annual HAA5+ level above the EPA limit, 2018 [9]	0	19
	Number of public water systems with average annual TTHM++ level above the EPA limit, 2018 [9]	1	47

The chart below summarizes the contaminants in the public water system data above.

Contaminant	µg/L	Mg/L	Potential Health Effects from Long-Term Exposure Above MCL	Sources of Contaminant in Drinking Water
Disinfection Byproducts				

+Haloacetic acids (HAA5)	60	0.06	Increased risk of cancer	Byproduct of drinking water disinfection
++Total Trihalomethanes (TTHMs)	80	0.08	Liver, kidney or central nervous system problems; increased risk of cancer	Byproduct of drinking water disinfection
Inorganic Chemicals				
Arsenic	10	0.01	Skin damage or problems with circulatory systems, and may have increased risk of getting cancer	Erosion of natural deposits; runoff from orchards, runoff from glass & electronics production wastes
Nitrate (measured as nitrogen)	---	10	Infants who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome.	Runoff from fertilizer use; leaking from septic tanks, sewage; erosion of natural deposits

Social Factors

Indicator		Pueblo County	Colorado
Leadership	Percent of firms owned by minorities, 2018 [10]	26%	15.7%
	Percent of firms owned by women, 2018 [10]	32.9%	35.5%
Organizational Networks	Percent of population that participates in religious congregations [11]	62.2%	37.8%
Violence	Child maltreatment rates per 1,000 (ages 17 and younger), 2018 [12]	4.8	9.5
	Elder abuse rates per 100,000 (age 65+) [13]	176	
	Homicide rate (age adjusted), 2019 [14]	11.4	4.6
	Percent of high school students who reported being bullied on school property during the last 12 months, 2019 [15]	19%	16.6%
	Among students who were teased in the past year, the percentage who were teased because of sexual orientation, 2019 [15]	22%	21.8%
	Adult ages 18+ violent crime (rates per 100,000), 2019 [16]	666.1	381
	Juvenile ages 10-17 violent crime (rates per 100,000), 2019 [16]	294.1	

	Adult ages 18+ property crime (rates per 100,000), 2019 [16]	1948	2590
	Juvenile ages 10-17 property crime (rates per 100,000), 2019 [16]	399.4	
Participation	Percent of population that are registered public library borrowers, 2018 [17]	54.8%	53.4%
	Percent of registered voters and active registered voters in previous election cycle, 2018 [18]	58.5%	

Health Behaviors and Conditions

Indicators		Pueblo County	Colorado
Nutrition	Percent of children 1-14 who consumed sugar sweetened beverages 1 or more times per day, 2015-2017 [19]	23.6%	15%
	Percent of children aged 1-14 years who ate fruit 2 or more times per day and vegetables 3 or more times per day, 2015-2017 [19]	8.6%	11.4%
	Percent of high school students who ate a fruit 1 or more times per day in the past week, 2019 [15]	26%	34%
	Percentage of high school students who ate other vegetables (not including salad, potatoes, or carrots) one or more times per day in the past week, 2019 [15]	18%	25%
	Percentage of high school students who ate green salad one or more times per day in the past week, 2019 [15]	11%	13%
	Percentage of high school students who drank a can, bottle, or glass of soda or pop one or more times per day in the past week, 2019 [15]	18.1%	14.4%
Physical Activity	Percent of adult population (18+) who had 150+ minutes of physical activity a week, 2017-2019 [20]	49.9%	

	Percent of adults age 18+who had 0 minutes of physical activity in a week, 2017-2019 [20]	33.3%	
	Percent of adults age 18+ year who are physically inactive, 2018 [21]	23.7%	18.7%
	Percent of high school students who were physically active for a total of 60 minutes/day for the past 7 days [15]	51.6%	48%
	Percent of students who played video or computer games or used a computer for something not schoolwork 2+ hours per day on average school day [19]	20.4%	14.8%
Tobacco Use/Exposure	Percent of adults aged 18+ year who currently smoke cigarettes, 2018 [21]	20%	13.7%
	Percentage of high school students who smoked cigarettes on 20 or more days of the past 30 days, 2019 [15]	2.1%	1.5%
	Percent of children aged 1-14 years who rode in a car in the past 7 days with someone who was smoking, 2015-2017 [19]	12.7%	2%
	Percent of children aged 1-14 year who live in homes where someone has smoked in the past 7 days [19]	6.7%	1.7%
	Percent of women who smoked during the last 3 months of pregnancy, 2018-2019 [22]	10.9%	6.5%
Sexual Health	Percent of sexually active women and men aged 18-44 years using an effective method of birth control to prevent pregnancy, 2016,2018,2019 [20]	62.9%	64.3%
	Percent of pregnancies resulting in live births that were unintended, 2018-2019 [22]	58.6%	36.6%
	Percent of high school student who ever had sexual intercourse, 2019 [15]	47.4%	34.6%
	Percentage of high school student who used any form of birth control to prevent pregnancy the last time they had sexual intercourse, among	72.5%	79.2%

	student who had sexual intercourse in the past three months, 2019 [15]		
	Teen fertility rates (ages 15-17) per 1,000, 2019 [14]	9.7	5.9

Indicators		Pueblo County	Colorado
Health Conditions	Percent of live births to mothers who were overweight or obese based on BMI before pregnancy, 2017-2019 [22]	52.5%	46.7%
	Percent of adults aged 18+ years who are obese or overweight, 2017-2019 [20]	66.8%	59%
	Percent of adults aged 18+ year who are overweight, 2016-2018 [20]	33.9%	35.9%
	Percent of children aged 2-14 years who are overweight or obese, 2015-2017 [19]	63.8	22.8
	Percent of children aged 2-14 years who are obese, 2015-2017 [19]	35.6%	13%
	Percent of high school students who are obese, 2019 [15]	18.9%	9.7%
	Percent of high school students who are overweight, 2019 [15]	15.3%	11.9%
	Percent of adults aged 18+ year who have ever had cholesterol screening and been told by a health care provider that they had high cholesterol, 2017 [21]	34.1%	27.3%
	Percent of adults aged 18+ year who have ever been told by a health care provider that they had high blood pressure, 2017 [21]	32.4%	24.8%

Mental Health

Indicators		Pueblo County	Colorado
Mental Health Status	Percent of mothers reporting that a doctor, nurse or other health care worker talked to them about what to do if they felt depressed during pregnancy or after delivery, 2018-2019 [22]	83.7%	78%
	Percent of women who experienced 1 or more major life stress events 12 months before delivery, 2018-2019 [22]	71.4%	70%
	Percent of women who often or always felt down, depressed, sad or hopeless since the new baby was born (Postpartum depressive systems), 2018-2019 [22]	11.3%	7.2%
	Percent of high school students who seriously considered attempting suicide during the past 12 months, 2019 [15]	23.3%	17.5%
	Emergency Room rate due to Mental Health Issue for ages 0-17 per 100,000, 2019 [23]	2326.3	2072.9
	Emergency Room rate due to Mental Health Issue for ages 18+ per 100,000, 2019 [23]	13,215.1	9607.2
	Emergency Room rate due to suicide attempt for ages 0-17 per 100,000, 2019 [23]	259.1	212
	Emergency Room rate due to suicide attempt for ages 18+ per 100,000, 2019 [23]	202.97	124.63
	Age adjusted suicide death rate (per 100,000), 2019 [24]	30.4	21.6
	Percent of parents who reported behavioral or mental health problems in children aged 1-14 years, 2015-2017 [19]	21.9%	16.7%

Indicators		Pueblo County	Colorado
Substance Use	Percent of women who drank alcohol during the last 3 months of pregnancy, 2018-2019 [22]	3.1%	15.2%
	Percent of adults who reported binge drinking in the past 30 days [21]	17%	18.3%
	Percent of high school students who had 5 or more drinks of alcohol within a couple of hours, 2019 [15]	16.3%	14.2%
	Among students who reported current alcohol use, the percentage who usually drank in a public setting, on school property, or riding in a car [15]	8.5%	10.3%
	Percent of adults (18+) who currently use marijuana, 2017-2019 [20]	17%	17.3%
	Percent of high school students who used marijuana one or more times during the past 30 days, 2019 [15]	27%	20.6%
	Age-adjusted rates of drug overdose hospital admissions at acute care hospitals in Colorado, 2018-2019 [23]	203.8	81.8
Functional Status and Quality of Life	Percent of adults who reported that their general health was fair or poor, 2019 [25]	27.9%	14.8%
	Average of 8 or more days in the past 30 days when their physical health was not good, 2018 [21]	13.8%	11.8%
	Percent of adults reporting mental health not good 14+ days in the past 30 days, 2016-2018 [25]	17.8	10.9
	Percent of parents of children aged 1-14 years who reported that their child's general health was fair or poor, 2015-2017 [19]	1.4%	2.0%

Access, Utilization and Quality Care

Indicators		Pueblo County	Colorado
Received Needed Care	Percent of adults aged 18+ years who visited the dentist for any reason within the past 12 months, 2018 [21]	58.9%	67.6%
Preventive Care	Percent of adults aged 18+ years who have had cholesterol screening in the past 5 years, 2017 [21]	76.2%	86.2%
	Percent of females aged 50-74 years who report having had mammogram within last 2 years, 2018 [21]	65%	71%
	Percent of adults aged 50-75 years how had fecal occult blood test, sigmoidoscopy, or colonoscopy, 2018 [21]	60.5%	
	Percent of females aged 21-65 who had cervical cancer screening, 2018 [21]	83.4	82.8
Health Insurance Coverage	Percent of children eligible but not enrolled in Medicaid, CHP+, or APTC 2018 [27]	2.0%	5.7%
	Percent of working-age adults (19-64 years) eligible but not enrolled in Medicaid, 2018 [28]	8.7%	10.3%
	Percent of population that is uninsured, 2019 [25]	6.3%	6.5%
	Percent of uninsured among 18-64 years old [1]	10.3%	10.4%
	Percent of uninsured under 19 years old [1]	2.7%	4.5%
Provider Availability	Percent of adults who report having one or more regular health care providers (medical home), 2018 [25]	**85.5%**	**87.6%**

Population Health Outcomes

Indicators		Pueblo County	Colorado
Morbidity Arthritis	Percent of adults aged 18+ years with arthritis, 2018 [25]	26.3%	22.3%
Morbidity Asthma	Percent of adults aged 18+ years that currently have asthma, 2018 [25]	9.9%	
	Percent of high school students with asthma, 2019 [15]	25.5%	20.2%
	Percent of children aged 1-14 years with asthma, 2015-2017 [19]	5.3%	7.3%
Morbidity Cancer	Incidence rate of invasive cancer (all sites combined) among persons of all ages per 100,000 people, 2018 [29]	390.8	384.9
	Incidence rate of invasive cancer of the female breast among females of all ages per 100,000 people, 2018 [29]	54.4	128.7
	Incidence rate of invasive cancer of the cervix among females of all ages per 100,000 people, 2018 [29]	2.21	3
	Incidence rate of invasive cancer of the colon and rectum among persons of all ages per 100,000 people, 2018 [29]	38.3	30.5
	Incidence rate of invasive cancer of the lung and bronchus among persons of all ages per 100,000 people, 2018 [29]	43.3	37.2
	Incidence rate of invasive melanoma among persons of all ages per 100,000 people, 2018 [29]	390.8	384.9
	Incidence rate of invasive cancer of the prostate among males of all ages per 100,000 people, 2018 [29]	46.9	45.1
Morbidity Diabetes	Percent of adults aged 18+ years with diabetes, 2018 [25]	11.5%	7%
Morbidity Heart Disease and Stroke	Stroke Hospitalizations per 100,000, 2017-2019 [30]	488.5	337.3
	Heart Disease Hospitalizations per 100,000, 2017-2019 [30]	2624	2109.7
	Acute Myocardial Infarction Hospitalizations per 100,000, 2017-2019 [30]	183.8	171
	Heart Failure Hospitalizations per 100,000, 2017-2019 [30]	982.2	829.5

Morbidity Oral Health	Percent of adults aged 18+ years who ever lost any teeth due to decay or periodontal disease, 2014,2016,2018 [20]	38.8%	35.8%
	Percent of children aged 1-14 years with fair or poor condition of teeth, 2015-2017 [19]	3.9%	5.6%
	Percent of adults aged 65+ who lost all teeth, 2018 [25]	14.4%	10.4%
Morbidity Communicable Disease	Rate of new tuberculosis cases per 100,000, 2016-2020 [31]	1.1	1.2
	Rate of new HIV cases per 100,000, 2019 [32]	6	8
	Rate of new Chlamydia cases for total population per 100,000, 2018 [33]	571.6	511.4
	Rate of new Gonorrhea cases for total population per 100,000, 2018 [33]	395.6	156.2
	Rate of new Pertussis cases per 100,000, 2017 [34]	4.2	12.3
	Rate of new Hepatitis A cases per 100,000, 2017-2019 [35]	11.4	7.5
	Rate of new, acute Hepatitis B cases per 100,000, 2017-2019 [35]	1.2	1.3
	Rate of new, chronic Hepatitis B cases per 100,000, 2017-2019 [35]	7.8	12.5
	Rate of new chronic Hepatitis C cases per 100,000, 2017-2019 [35]	83.8	53.9
	Rate of new Campylobacter cases per 100,000, 2017-2019 [35]	75.9	65.9
	Rate of new STEC O157 (shiga toxin producing E.coli) cases per 100,000, 2017-2019 [35]	3.0	3.1
	Rate of new Salmonella cases per 100,000, 2017-2019 [35]	41.3	41.9
	Rate of new Shigella cases per 100,000, 2017-2019 [35]	4.8	12.1
	Rate of new West Nile Virus cases per 100,000, 2018-2020 [36]	1.8	5.0
	Number of reported outbreaks of foodborne illness, 2017-2019 [35]	4 (however, data missing for 2019)	141
	Rate of influenza hospitalizations for 65+ year olds per 100,000, 2017-2019 [30]	349.3	260
Morbidity Birth Defects	Percent of live births with low birth weight (<2500 grams) [14]	9.8%	9.3%
Morbidity Injury	Age-adjusted rate of motor vehicle injuries per 100,000, 2017-2019 [37]	140.9	100.5

	Age-adjusted rate of unintentional poisoning hospitalizations per 100,000, 2018-2020 [38]	313.2	187.9
Mortality	Infant (under 1 year) Mortality Rate per 1,000 live births, 2020 [14]	6.4	4.8
	Years of Potential Life Lost by age 65, 2017-2019, [39]	26,003	551,468

Age Adjusted 10 Leading Causes of Death per 100,000, 2017-2019 [39]

Ranking	Pueblo County	Colorado
1	Malignant neoplasms: 152.4	Malignant neoplasms: 126.2
2	Heart disease: 123.4	Heart disease: 122.1
3	Chronic lower respiratory diseases: 78.6	Unintentional injuries: 51.5
4	Unintentional injuries: 77.1	Chronic lower respiratory diseases: 42.6
5	Cerebrovascular diseases: 30.8	Cerebrovascular diseases: 33.9
6	Diabetes mellitus: 29.4	Alzheimer's disease: 31.5
7	Alzheimer's disease: 21	Suicide: 21.2
8	Chronic liver disease and cirrhosis: 24.6	Diabetes mellitus: 16.4
9	Suicide: 29.5	Chronic liver disease and cirrhosis: 14
10	Septicemia: 18.3	Other diseases of respiratory system: 10

Age Adjusted Rate of Leading causes of years of potential life lost before age 65 years, 2017-2019 [39]

Ranking	Pueblo County	Colorado
1	Unintentional injuries: 1752.1	Unintentional injuries: 924.2
2	Suicide: 822.1	Suicide: 565.4
3	Malignant neoplasms: 655.6	Malignant neoplasms: 406.1
4	Heart disease: 424.0	Heart disease: 278.2
5	Homicide/legal intervention: 328	Perinatal period conditions: 237.9
6	Perinatal period conditions: 339.3	Chronic liver disease and cirrhosis: 175.4
7	Chronic liver disease and cirrhosis: 285.6	Homicide/legal intervention: 169.5
8	Diabetes mellitus: 176.9	Congenital malformations, deformations, and chromosomal abnormalities: 140.2
9	Chronic lower respiratory diseases: 145.7	Diabetes mellitus: 64.6
10	Congenital malformations, deformations, and chromosomal abnormalities: 171.2	Chronic lower respiratory diseases: 42.3

Secondary Data References

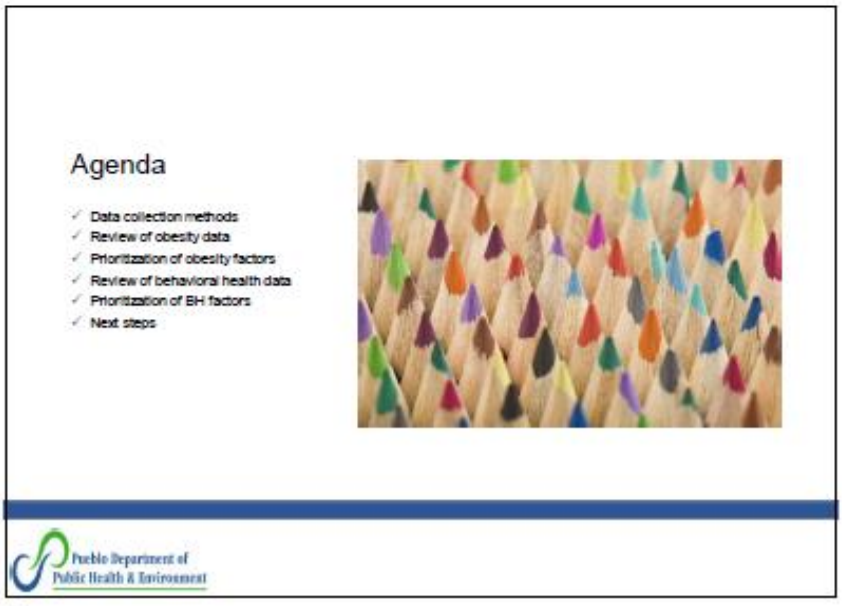
1. U.S. Census Bureau Data. Available from: https://www.census.gov/data.html
2. Colorado Department of Education. K-12 Free and Reduced Lunch Eligibility by District. Available from: https://www.cde.state.co.us/cdereval/pupilcurrent
3. United States Department of Agriculture. Economic Research Service. Food Environment Atlas. Available form: https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/
4. Colorado Department of Education. Graduation Statistics by District. Available from: https://www.cde.state.co.us/cdereval/gradratecurrent
5. County Health Rankings. Pueblo, Colorado. Available from: https://www.countyhealthrankings.org/app/colorado/2021/rankings/pueblo/county/outcomes/overall/snapshot
6. Colorado Department of Public Health and Environment. Child Lead Poisoning Data. Available from: https://coepht.colorado.gov/childhood-lead-poisoning-data
7. Colorado Department of Public Health and Environment. Air Quality Data. Available from: https://coepht.colorado.gov/air-quality-data
8. Centers for Disease Control and Prevention. Percent of days with PM2.5 levels over the National Ambient Air Quality Standard (NAAQS).

https://ephtracking.cdc.gov/qr/85/2/ALL/ALL/2018/0?apiToken=637DD2EF-507F-4938-8380-54A179C3132A
9. Colorado Department of Public Health and Environment. Water Quality Data. Available from: https://coepht.colorado.gov/public-drinking-water-data
10. U.S. Census Bureau. Quick Facts. Available from: https://www.census.gov/quickfacts/fact/table/pueblocountycolorado/PST045219
11. Association of Religion Data Archives. County Membership Report. Available from: https://www.thearda.com/rcms2010/rcms2010a.asp?U=08101&T=county&S=Name&Y=2000&CH=ON
12. Kids Count Data Center. Child Abuse (Rate per 1,000) in Colorado. Available from: https://datacenter.kidscount.org/data/tables/445-child-abuse-rate-per-1000#detailed/5/1220,1235,1253,1265,1276/false/37,871,870,573,869,36,868,867,133,38/any/1104
13. Department of Human Services, Pueblo. Personal request.
14. Colorado Department of Public Health and Environment. Vital Statistics Program. Available from: https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program
15. Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey. Available from: https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/healthy-kids-colorado-survey-data
16. Colorado Department of Public Health and Environment. Violent and Property Crimes. Personal Request.
17. Library Research Service. Available from: https://www.lrs.org/data-tools/public-libraries/annual-statistics/
18. Colorado Department of State. Voter Registration Statistics. Available from: https://www.sos.state.co.us/pubs/elections/ACE/VoterRegStatistics/atlas.html?indicator2=i3
19. Colorado Department of Public Health and Environment. Child Health Survey. Personal Request.
20. Colorado Department of Public Health and Environment. BRFSS Data. Personal Request.
21. Centers for Disease Control and Prevention. Local Places Data. Available from: https://www.cdc.gov/places/
22. Colorado Department of Public Health and Environment. PRAMS data. Personal Request.
23. Colorado Hospital Association. Hospital Discharge Dataset. Personal request
24. Colorado Health and Environmental Data, Colorado Violent Death Reporting System. Personal Request.
25. Colorado Health Institute. Regional Workbook. Available from: https://www.coloradohealthinstitute.org/
26. Colorado Department of Public Health and Environment. VISION. Available from: https://cdphe.colorado.gov/vision-visual-information-system-for-identifying-opportunities-and-needs
27. Colorado Health Institute. EBNE Children 2018. https://www.coloradohealthinstitute.org/
28. Colorado Health Institute. EBNE Adults 2018. https://www.coloradohealthinstitute.org/data
29. Colorado Department of Public Health and Environment [Internet]. Colorado Health Indicators: Colorado Central Cancer Registry. Available from: https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDCancerIncidenceRa

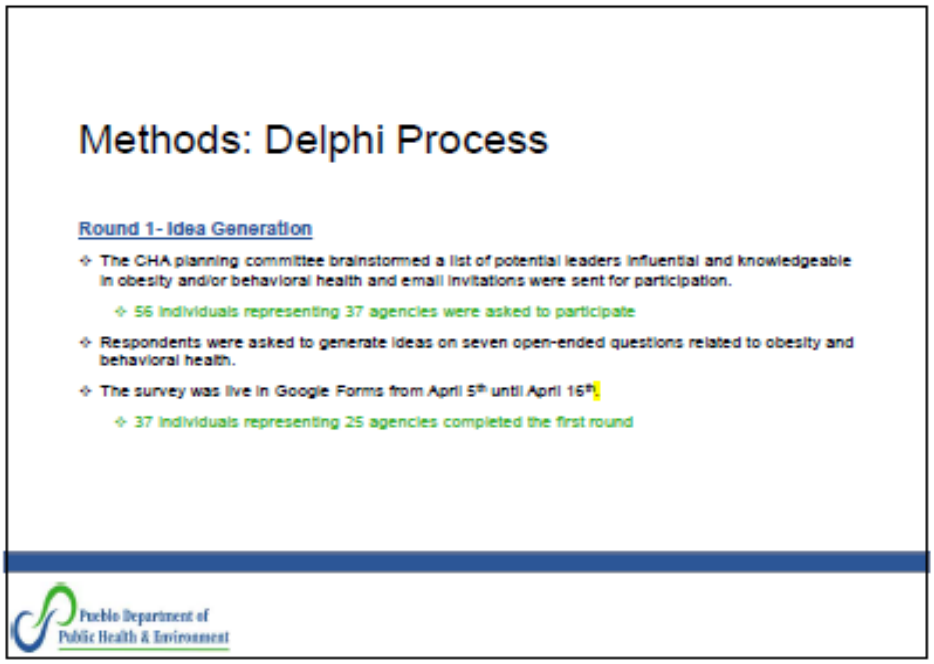
tes/CancerIncidences?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no
30. Colorado Department of Public Health and Environment. Colorado Health and Hospital Association Data. Personal Request.
31. Colorado Department of Public Health and Environment. Tuberculosis. Available from: https://docs.google.com/document/d/e/2PACX-1vSXPfKOXdf0V37L61b-UNaXFcSbsvRxGVmmFIP8QwCGCumc9S5zLUC04CLKbGxvDnA1XUepUXBu-Bz8/pub
32. Colorado Department of Public Health and Environment. Sexually Transmitted Infections & HIV. Available from: https://cdphe.colorado.gov/sti-hiv
33. Colorado Department of Public Health and Environment. 2018 Sexually Transmitted Infections Annual Report. Available from: https://drive.google.com/file/d/1-gL5Ht_Nqdz6gakJZZQb-2H1ujPod8va/view
34. Pertussis cases and rates by County, 2018. Available from: https://drive.google.com/drive/folders/1IiDlLTg_9MttbhLZoh89JNpdrejuX-6n
35. Colorado Department of Public Health and Environment. Communicable disease data. Personal Request.
36. Colorado Department of Public Health and Environment. West Nile Virus Data. Available from: https://cdphe.colorado.gov/animal-related-diseases/west-nile-virus/west-nile-virus-data
37. Colorado Department of Public Health and Environment. Trauma Registry from the Co Hospital Association. Personal Request.
38. Injuries in Colorado. Poisonings due to Drugs. https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/InjuryIndicatorsDashboard/CHAAdjustedRates?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y#1
39. Colorado Department of Public Health and Environment. Mortality and Years of Potential Life Lost. Personal Request.

M. Prioritization Meeting Slides

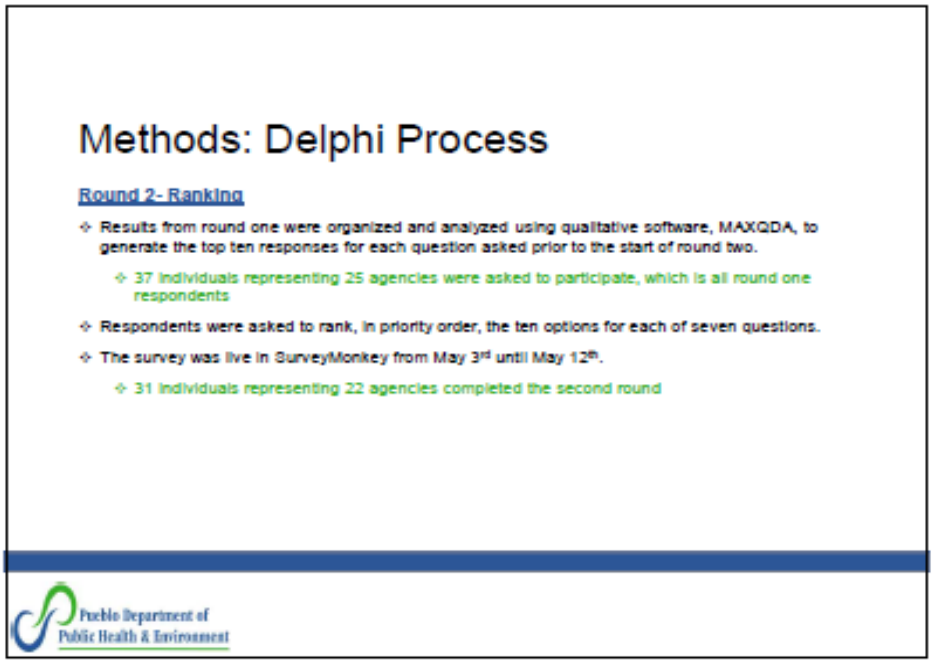
1



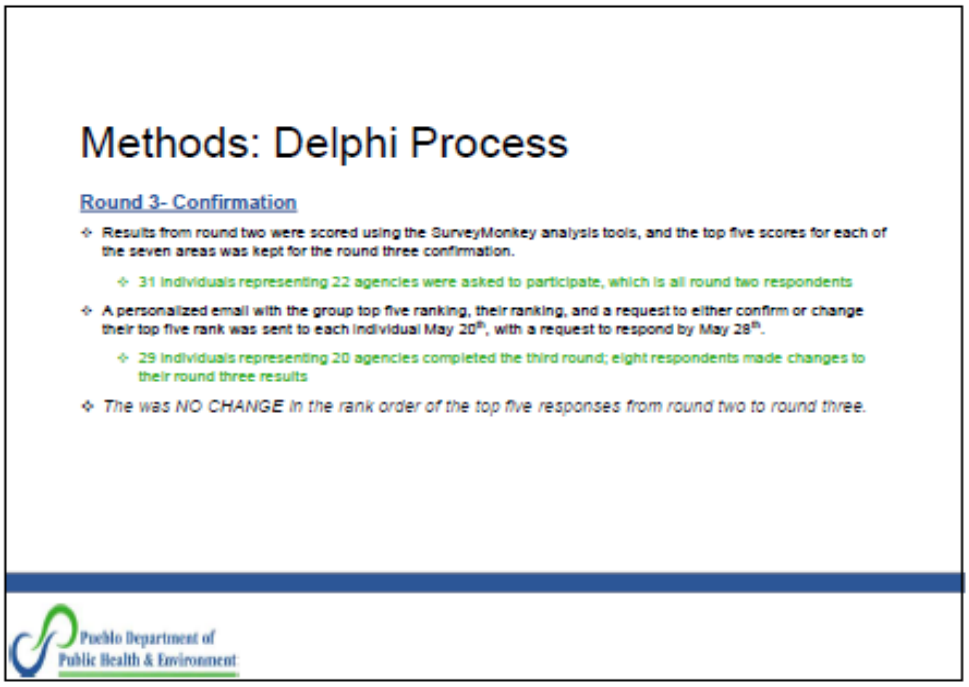
2


Methods: Delphi Process
Round 1- Idea Generation
The CHA planning committee brainstormed a list of potential leaders influential and knowledgeable in obesity and/or behavioral health and email invitations were sent for participation.
56 individuals representing 37 agencies were asked to participate
Respondents were asked to generate ideas on seven open-ended questions related to obesity and behavioral health.
The survey was live in Google Forms from April 5th until April 16th.
37 individuals representing 25 agencies completed the first round
Pueblo Department of Public Health & Environment

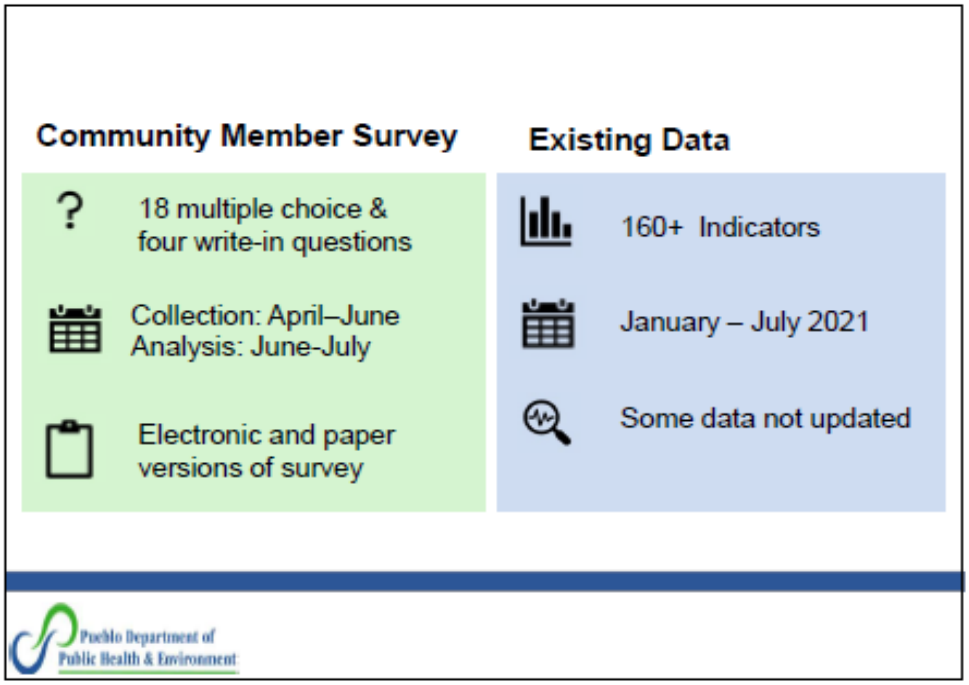
3


Methods: Delphi Process
Round 2- Ranking
Results from round one were organized and analyzed using qualitative software, MAXQDA, to generate the top ten responses for each question asked prior to the start of round two.
37 individuals representing 25 agencies were asked to participate, which is all round one respondents
Respondents were asked to rank, in priority order, the ten options for each of seven questions.
The survey was live in SurveyMonkey from May 3rd until May 12th.
31 individuals representing 22 agencies completed the second round
Pueblo Department of Public Health & Environment

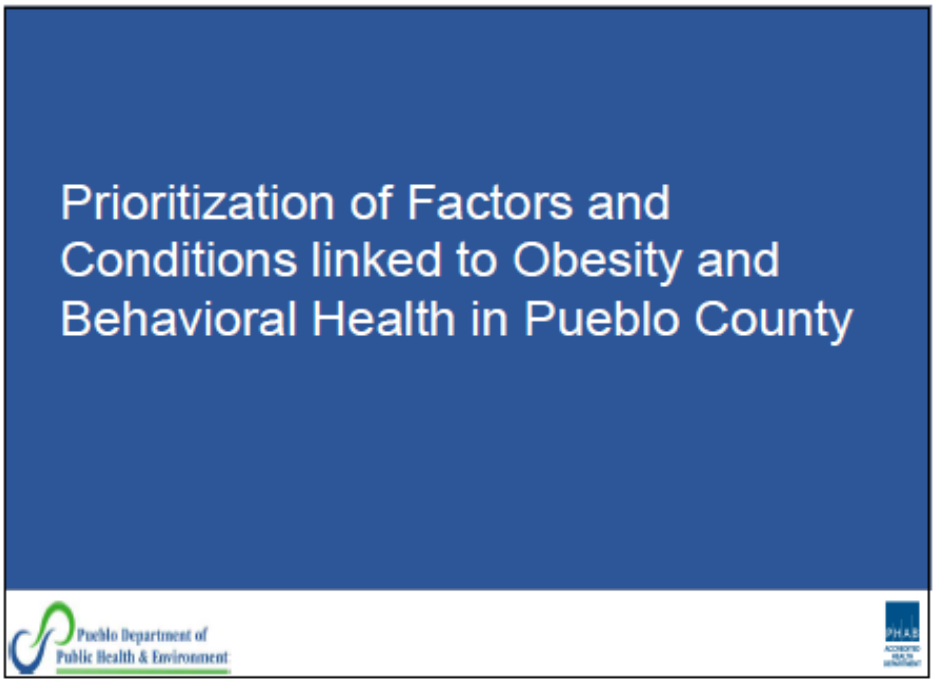
4


Methods: Delphi Process
Round 3- Confirmation
Results from round two were scored using the SurveyMonkey analysis tools, and the top five scores for each of the seven areas was kept for the round three confirmation.
31 individuals representing 22 agencies were asked to participate, which is all round two respondents
A personalized email with the group top five ranking, their ranking, and a request to either confirm or change their top five rank was sent to each individual May 20th, with a request to respond by May 28th.
29 individuals representing 20 agencies completed the third round; eight respondents made changes to their round three results
The was NO CHANGE in the rank order of the top five responses from round two to round three.
Pueblo Department of Public Health & Environment

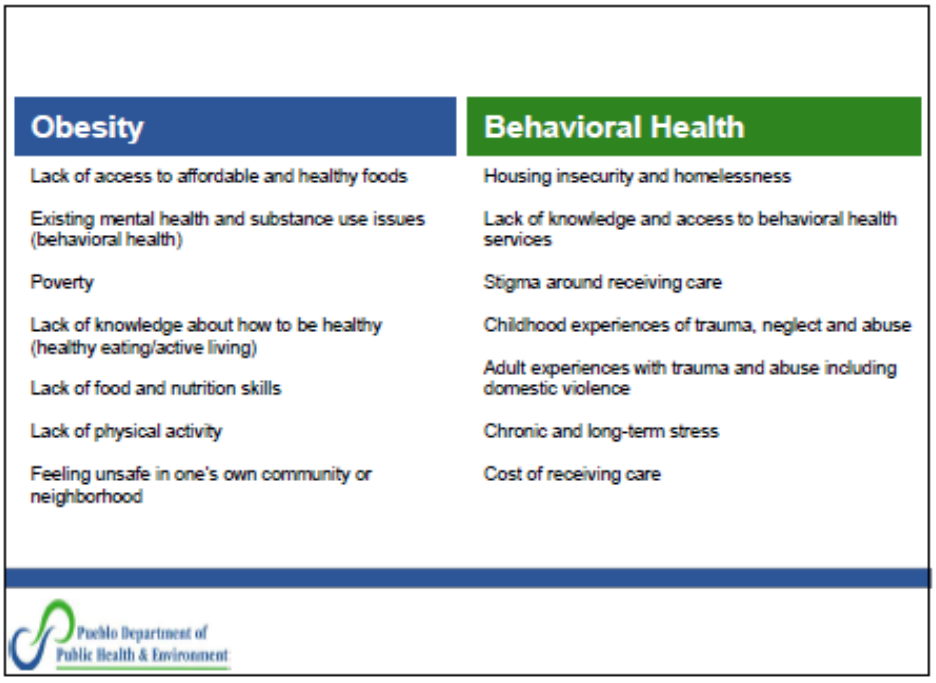
5


Community Member Survey
18 multiple choice & four write-in questions
Collection: April–June Analysis: June-July
Electronic and paper versions of survey
Existing Data
160+ Indicators
January – July 2021
Some data not updated
Pueblo Department of Public Health & Environment

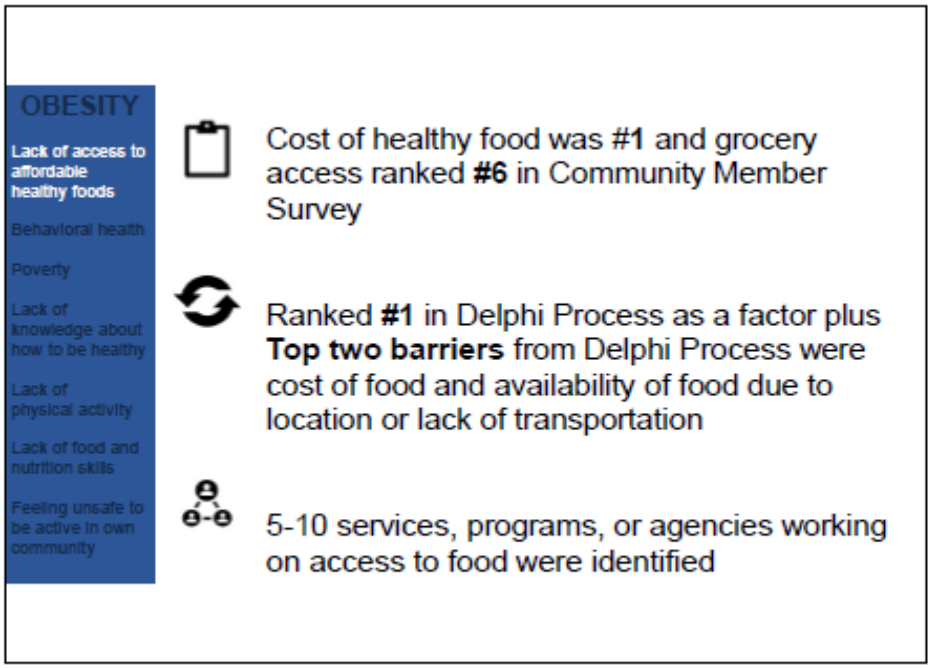
6


Prioritization of Factors and Conditions linked to Obesity and Behavioral Health in Pueblo County
Pueblo Department of Public Health & Environment

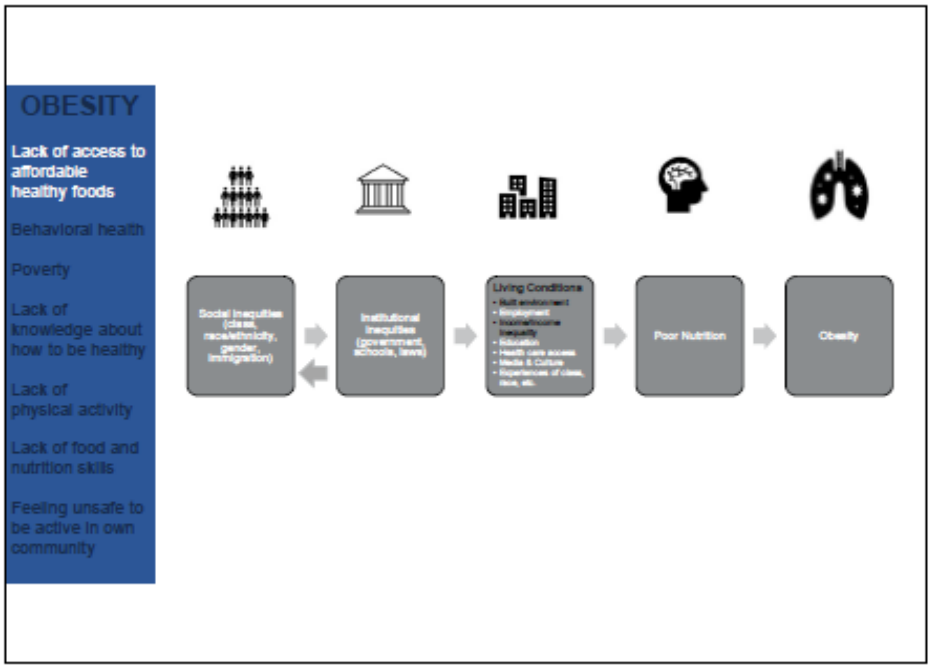
7


Obesity
Lack of access to affordable and healthy foods
Existing mental health and substance use issues (behavioral health)
Poverty
Lack of knowledge about how to be healthy (healthy eating/active living)
Lack of food and nutrition skills
Lack of physical activity
Feeling unsafe in one's own community or neighborhood
Behavioral Health
Housing insecurity and homelessness
Lack of knowledge and access to behavioral health services
Stigma around receiving care
Childhood experiences of trauma, neglect and abuse
Adult experiences with trauma and abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Pueblo Department of Public Health & Environment

8


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Cost of healthy food was #1 and grocery access ranked #6 in Community Member Survey
Ranked #1 in Delphi Process as a factor plus Top two barriers from Delphi Process were cost of food and availability of food due to location or lack of transportation
5-10 services, programs, or agencies working on access to food were identified

9


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Social inequities (class, race/ethnicity, gender, immigration)
Institutional inequities (government, schools, laws)
Living Conditions
Poor Nutrition
Obesity

10

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

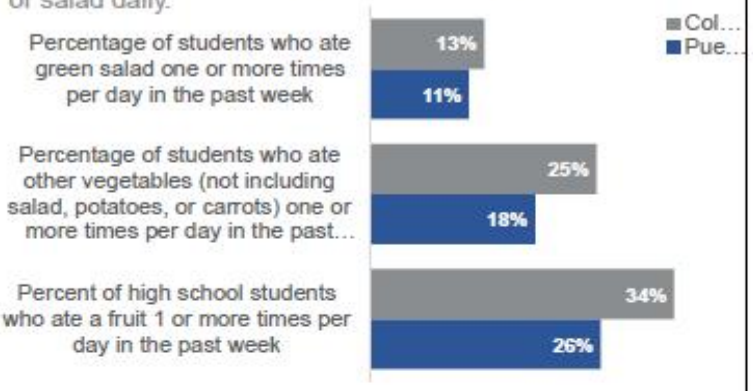
Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

1 in 4 Pueblo High School students eats fruit daily.

Less than 20% eat vegetables other than potatoes, carrots or salad daily.



11

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

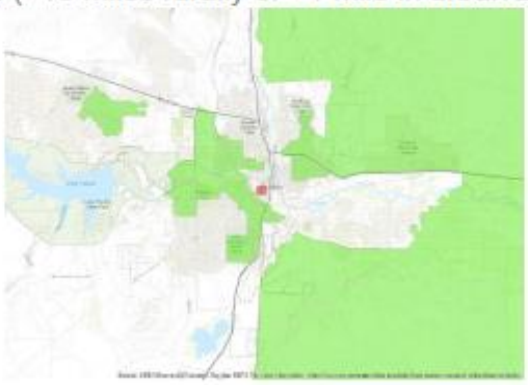
Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

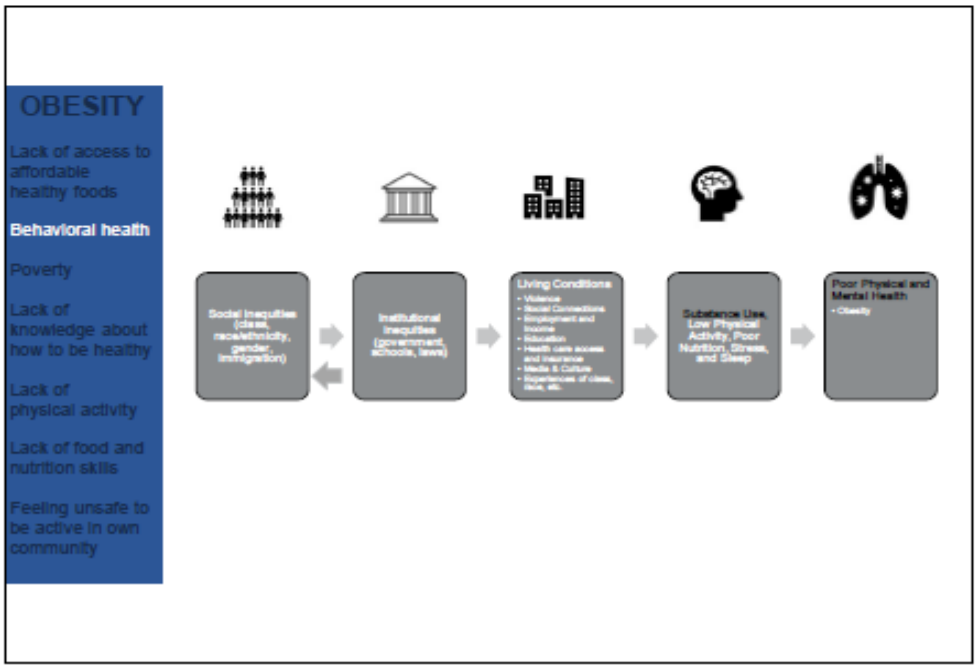
25,524 Pueblo County residents (16%) live in a low-income household that is not close to a grocery store (>10 miles rurally or >1 mile in urban zones).



12


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Not ranked in Community Member Survey
#2 in Delphi Process as a factor but not mentioned as a barrier
10+ services, programs, or agencies working on health services/insurance were identified

13


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Social Inequities (race, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws)
Living Conditions
Substance Use, Low Physical Activity, Poor Nutrition, Stress, and Sleep
Poor Physical and Mental Health
• Obesity

14

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

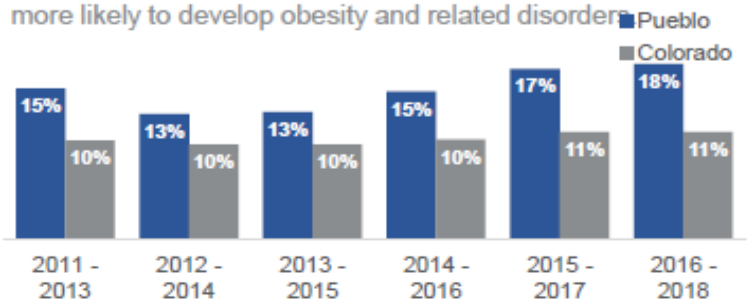
Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

About 1 in 5 **Pueblo County** residents felt their mental health was not good 14+ days in the last month.

People with enduring mental health problems are 2-3 times more likely to develop obesity and related disorders



15

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

Health Equity

- Lower socio-economic status (SES) more difficult access to health care
- Living in unsafe neighborhoods contributes to poor health and high stress
- Higher stress and poor sleep worsens health
- Education predictor of physical and mental health

16

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

Not ranked in Community Member Survey

#3 in Delphi Process as a factor and **#1 barrier**

10+ services, programs, or agencies working on economic aid were identified

17

OBESITY

Lack of access to affordable healthy foods

Behavioral health

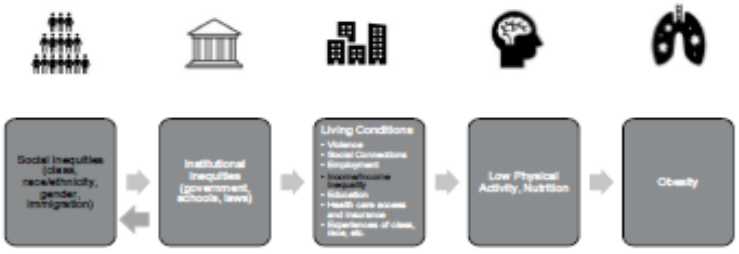
Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community



18

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

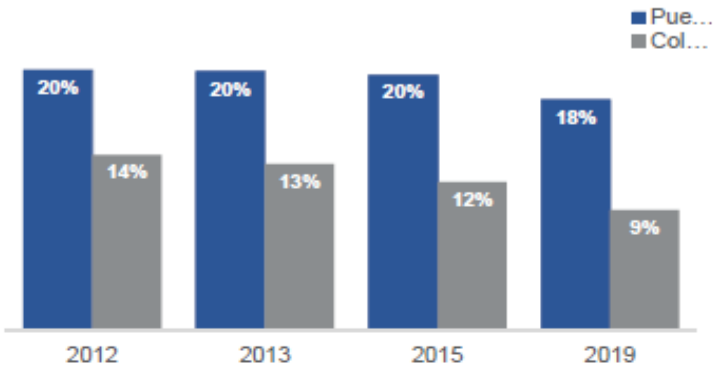
Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

About 1 in 5 **Pueblo County** residents live in poverty and are thus more prone to obesity.



19

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

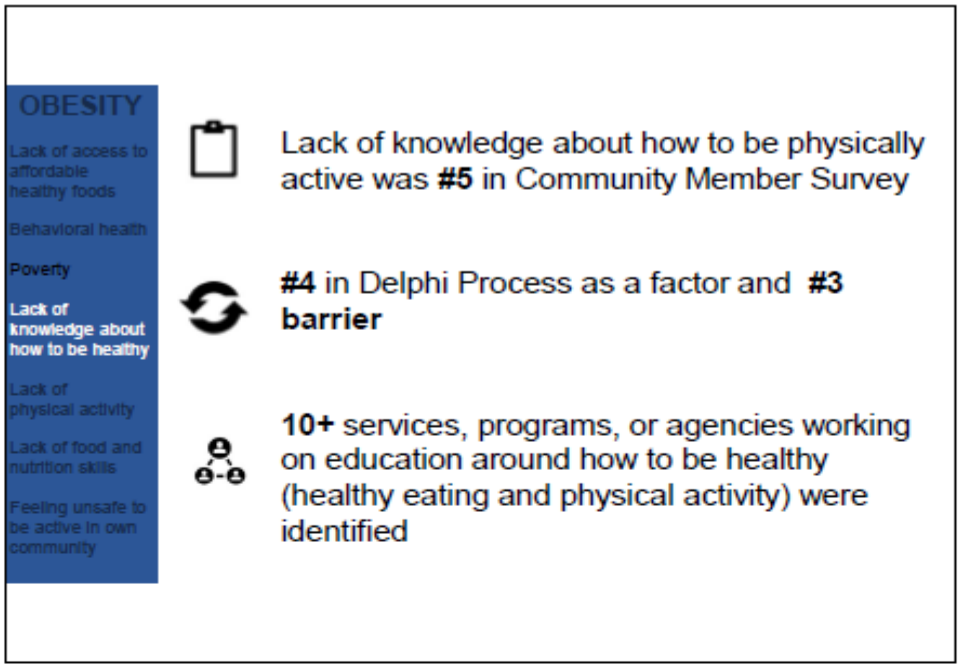
Feeling unsafe to be active in own community

Health Equity

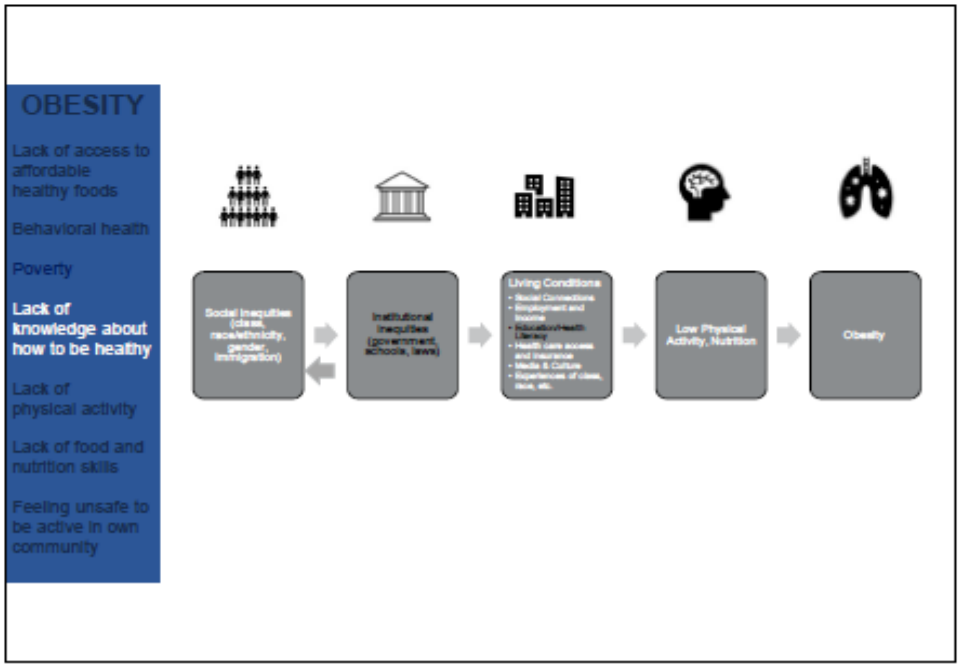
Higher poverty rates are associated with higher obesity rates

Children living in poverty are at a greater risk of becoming obese

20


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Lack of knowledge about how to be physically active was #5 in Community Member Survey
#4 in Delphi Process as a factor and #3 barrier
10+ services, programs, or agencies working on education around how to be healthy (healthy eating and physical activity) were identified

21


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws)
Living Conditions
Low Physical Activity, Nutrition
Obesity

22

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

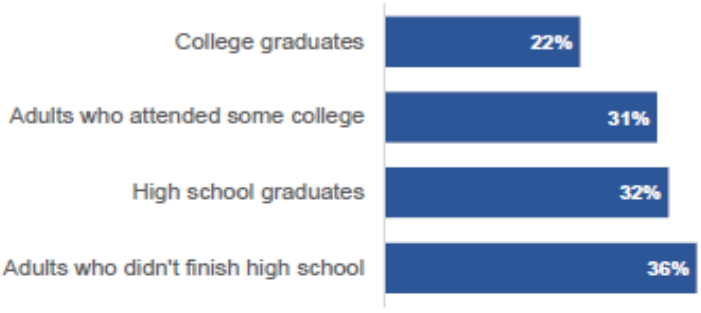
Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

Obesity rates increase as education levels decrease for non-Asian women and white men.



23

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

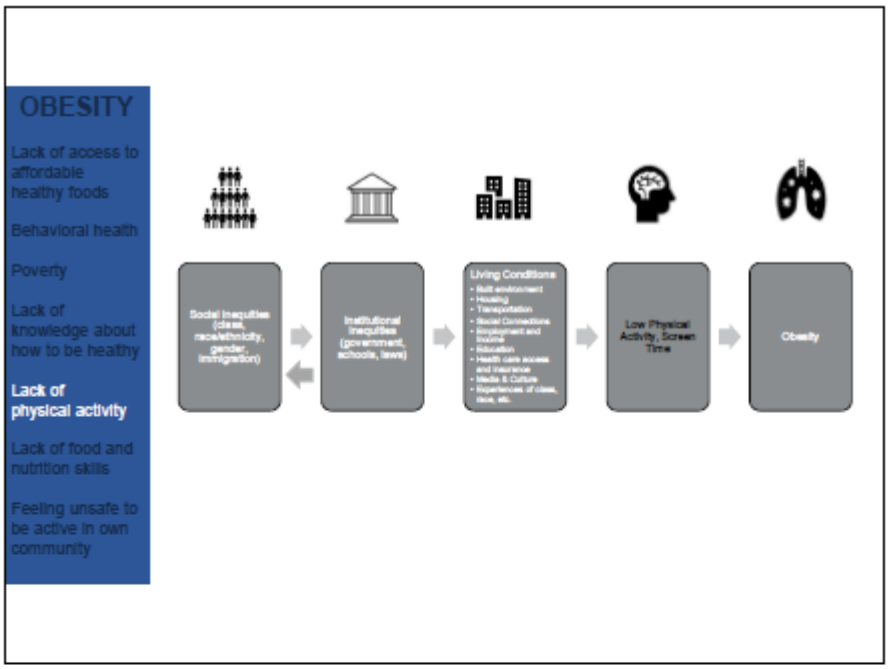
Feeling unsafe to be active in own community

#2 in Community Member Survey

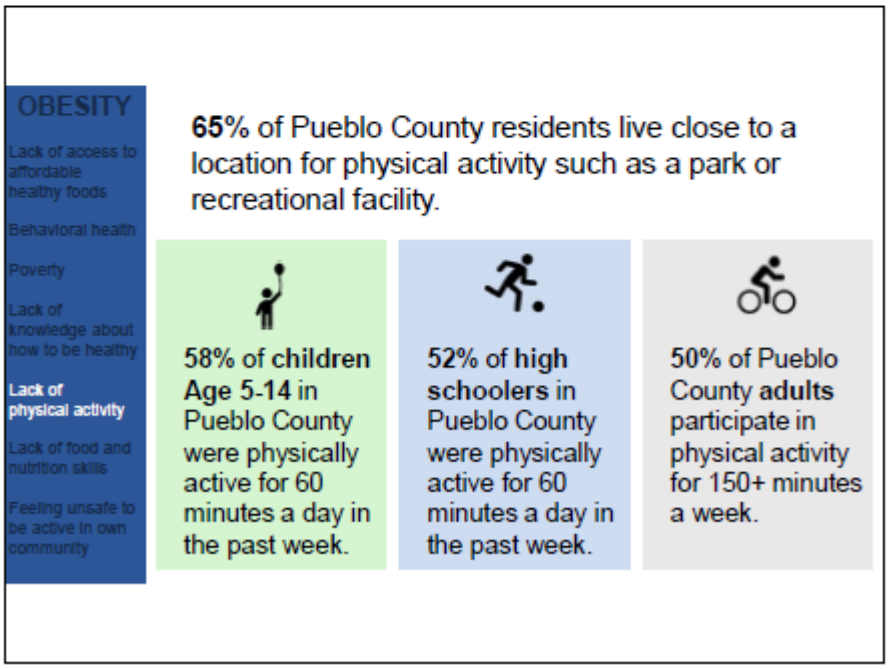
Not ranked in Delphi process as a factor or a barrier

10+ services, programs, or agencies working on improving access to physical activity through recreational outlets were identified

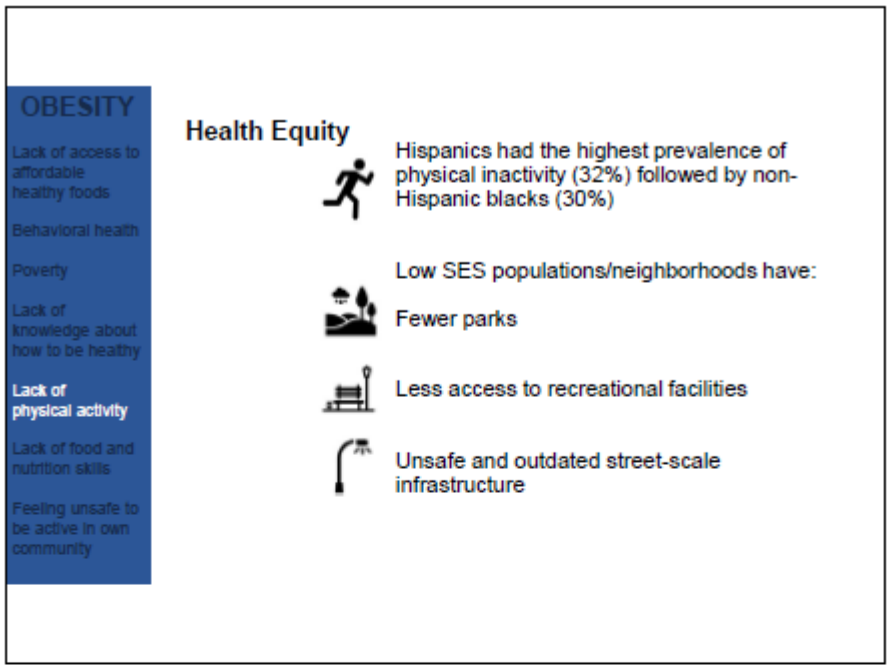
24


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws)
Living Conditions
Low Physical Activity, Screen Time
Obesity

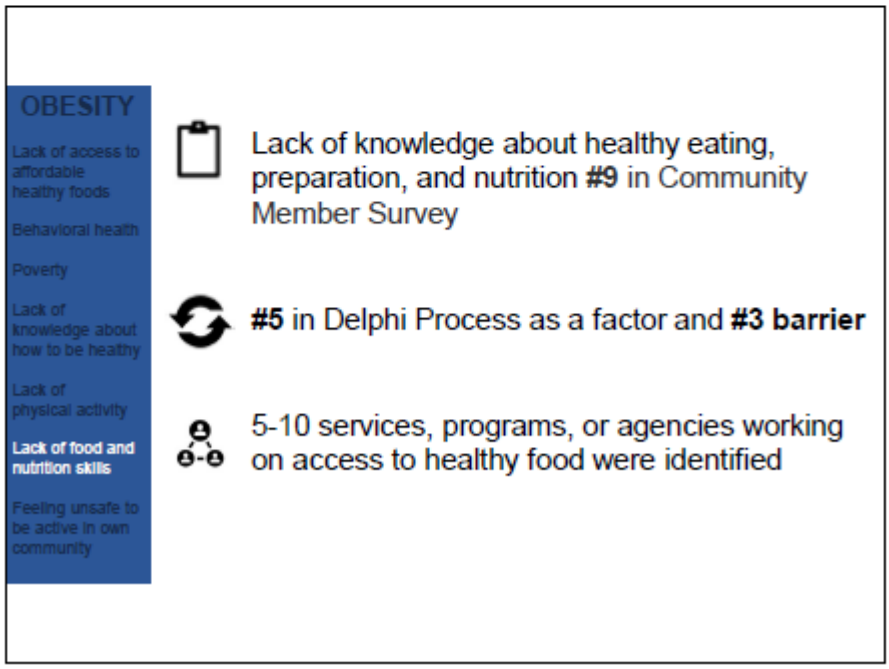
25


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
65% of Pueblo County residents live close to a location for physical activity such as a park or recreational facility.
58% of children Age 5-14 in Pueblo County were physically active for 60 minutes a day in the past week.
52% of high schoolers in Pueblo County were physically active for 60 minutes a day in the past week.
50% of Pueblo County adults participate in physical activity for 150+ minutes a week.

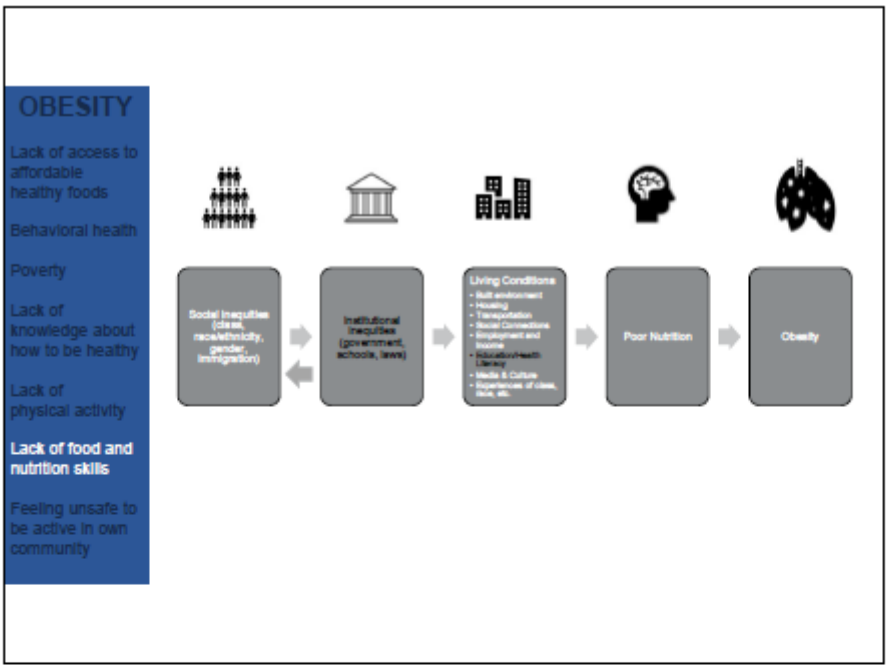
26


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Health Equity
Hispanics had the highest prevalence of physical inactivity (32%) followed by non-Hispanic blacks (30%)
Low SES populations/neighborhoods have:
Fewer parks
Less access to recreational facilities
Unsafe and outdated street-scale infrastructure

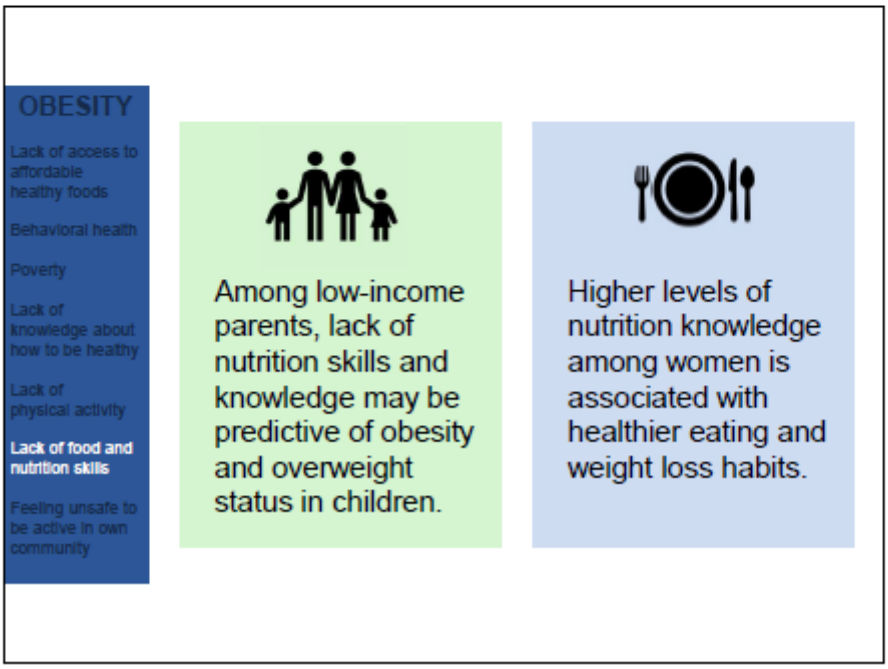
27


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Lack of knowledge about healthy eating, preparation, and nutrition #9 in Community Member Survey
#5 in Delphi Process as a factor and #3 barrier
5-10 services, programs, or agencies working on access to healthy food were identified

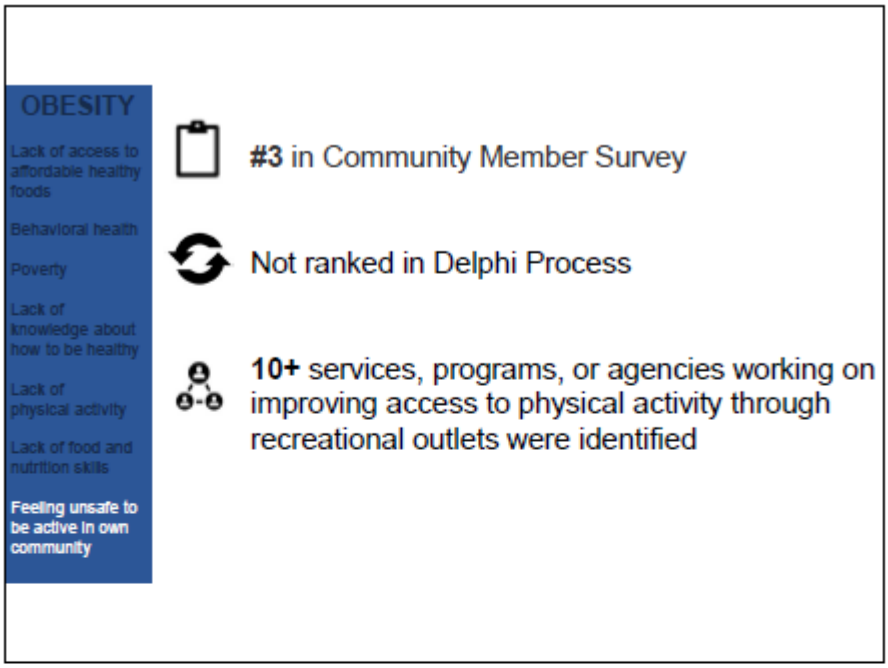
28


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws)
Living Conditions
Poor Nutrition
Obesity

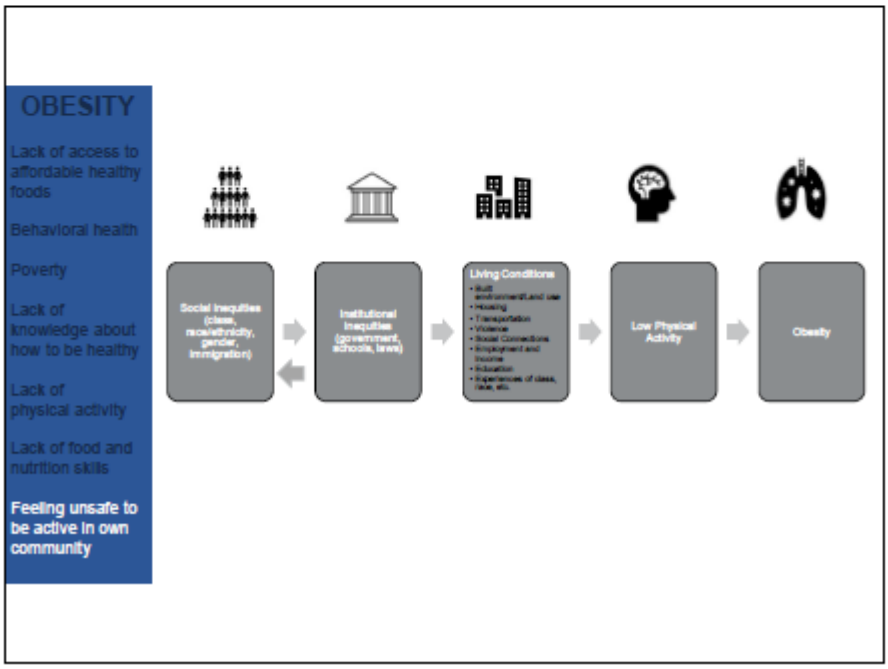
29


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Among low-income parents, lack of nutrition skills and knowledge may be predictive of obesity and overweight status in children.
Higher levels of nutrition knowledge among women is associated with healthier eating and weight loss habits.

30


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
#3 in Community Member Survey
Not ranked in Delphi Process
10+ services, programs, or agencies working on improving access to physical activity through recreational outlets were identified

31


OBESITY
Lack of access to affordable healthy foods
Behavioral health
Poverty
Lack of knowledge about how to be healthy
Lack of physical activity
Lack of food and nutrition skills
Feeling unsafe to be active in own community
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws)
Living Conditions
Low Physical Activity
Obesity

32

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

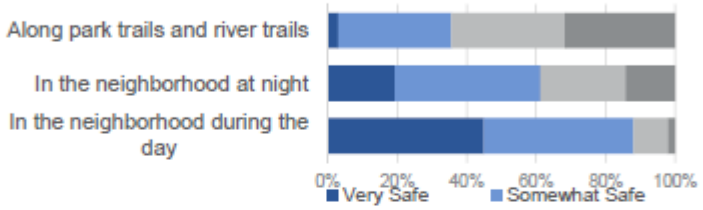
Lack of food and nutrition skills

Feeling unsafe to be active in own community

In 2019 only 65% of Coloradoans surveyed felt children were safe in their neighborhood.

Although 93% of Pueblo parents surveyed in 2014 felt their children were safe in their neighborhood, the rate of violent crime in Pueblo County nearly tripled between 2013 and 2019.

A 2020 City of Pueblo survey shows individuals feel less safe on trails than in their own neighborhoods.



33

OBESITY

Lack of access to affordable healthy foods

Behavioral health

Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community

Health Equity

Unsafe neighborhoods

Low SES

Higher % Black and Latino residents

Barriers in the built environment

Lack of access to fresh fruits and vegetables

34

Discuss and Prioritize

- Questions on the data?
- Will individually rank seven contributing factors according to four criteria
- Use SurveyMonkey link
  - Results transferred to table for overall ranking

Pueblo Department of Public Health & Environment

35

Behavioral Health

Housing & Homelessness

Lack of knowledge or access to services

Stigma around receiving care

Childhood experiences of neglect, trauma or abuse

Adult experiences of trauma or abuse including domestic violence

Chronic and long-term stress

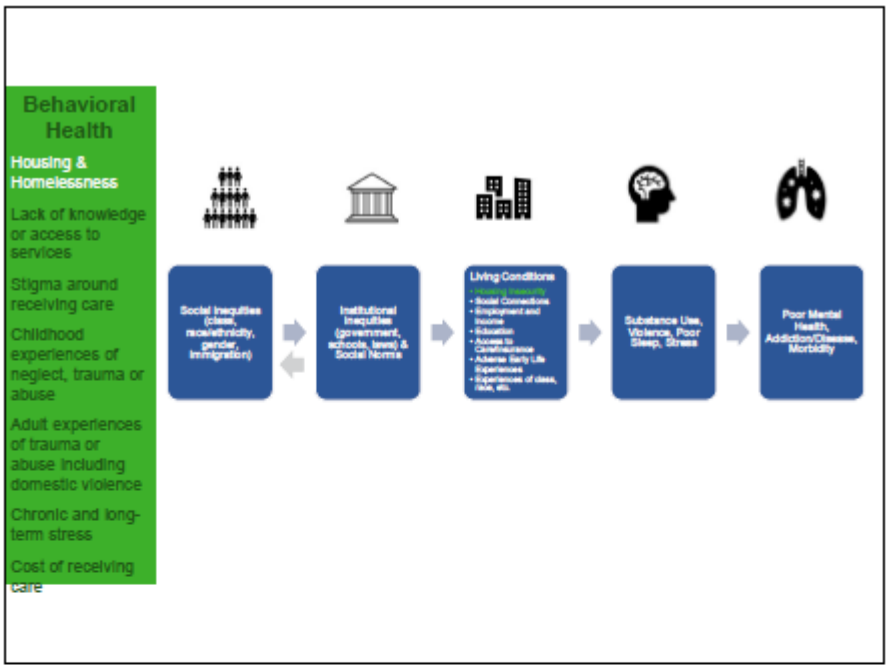
Cost of receiving care

#6 in Community Member Survey

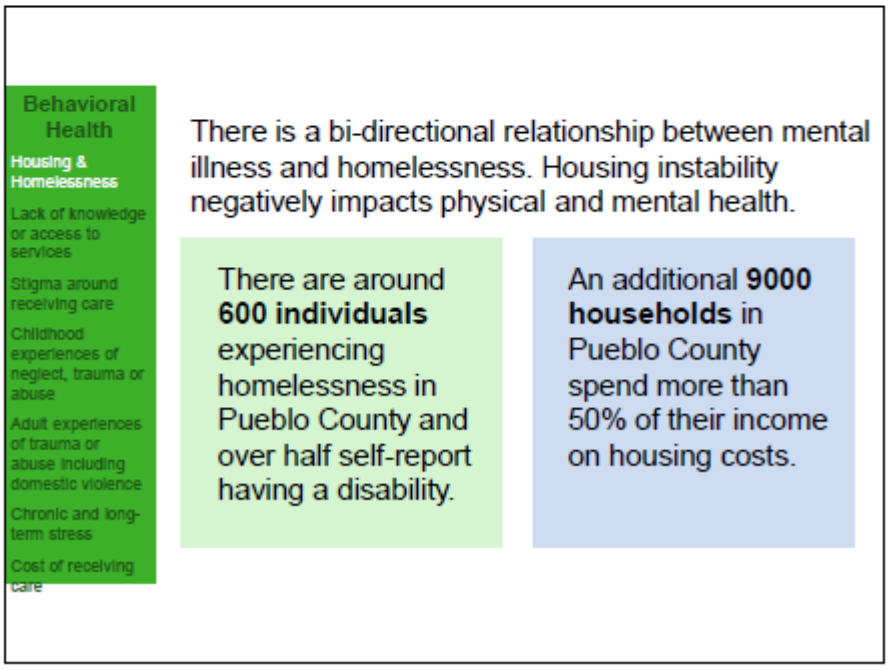
#1 in Delphi Process

10+ services, programs, or agencies working on housing/homelessness were identified

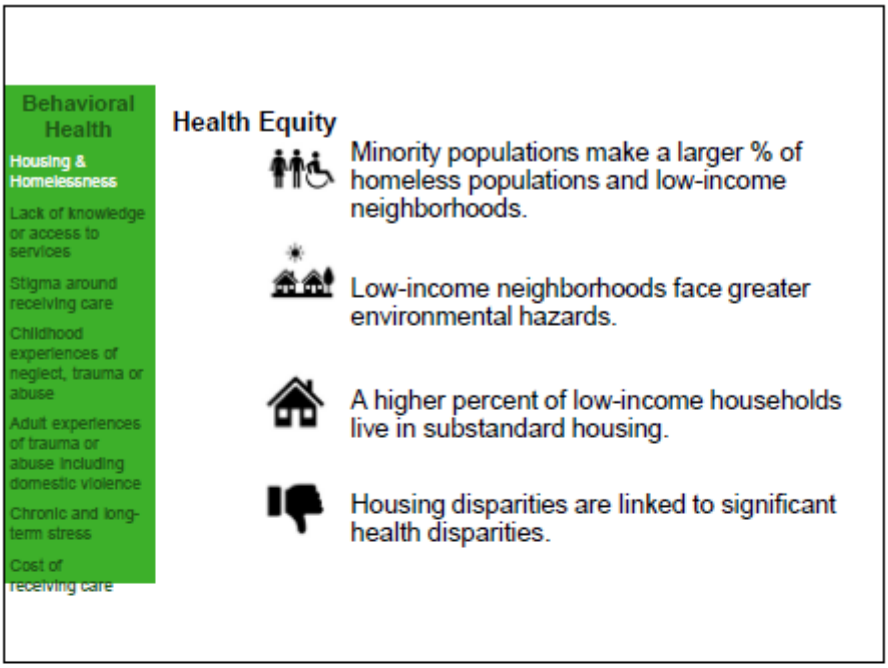
36


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws) & Social Norms
Living Conditions
Substance Use, Violence, Poor Sleep, Stress
Poor Mental Health, Addiction/Disease, Morbidity

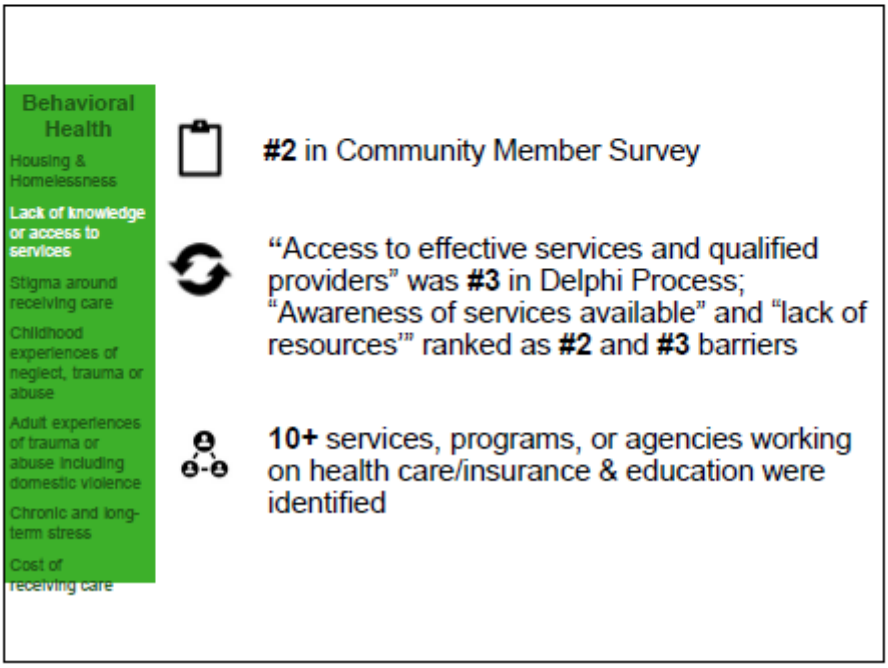
37


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
There is a bi-directional relationship between mental illness and homelessness. Housing instability negatively impacts physical and mental health.
There are around 600 individuals experiencing homelessness in Pueblo County and over half self-report having a disability.
An additional 9000 households in Pueblo County spend more than 50% of their income on housing costs.

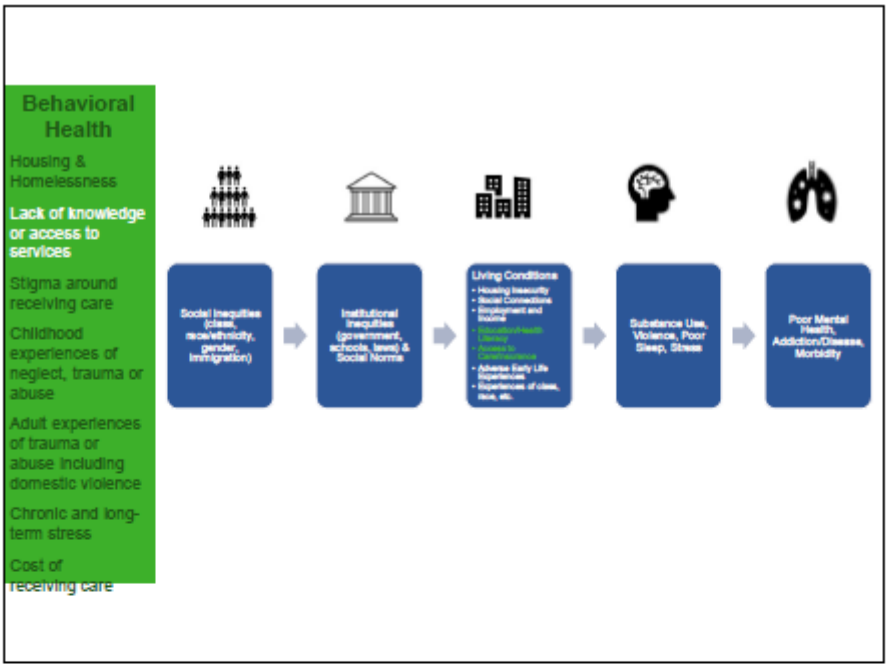
38


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of
Health Equity
Minority populations make a larger % of homeless populations and low-income neighborhoods.
Low-income neighborhoods face greater environmental hazards.
A higher percent of low-income households live in substandard housing.
Housing disparities are linked to significant health disparities.

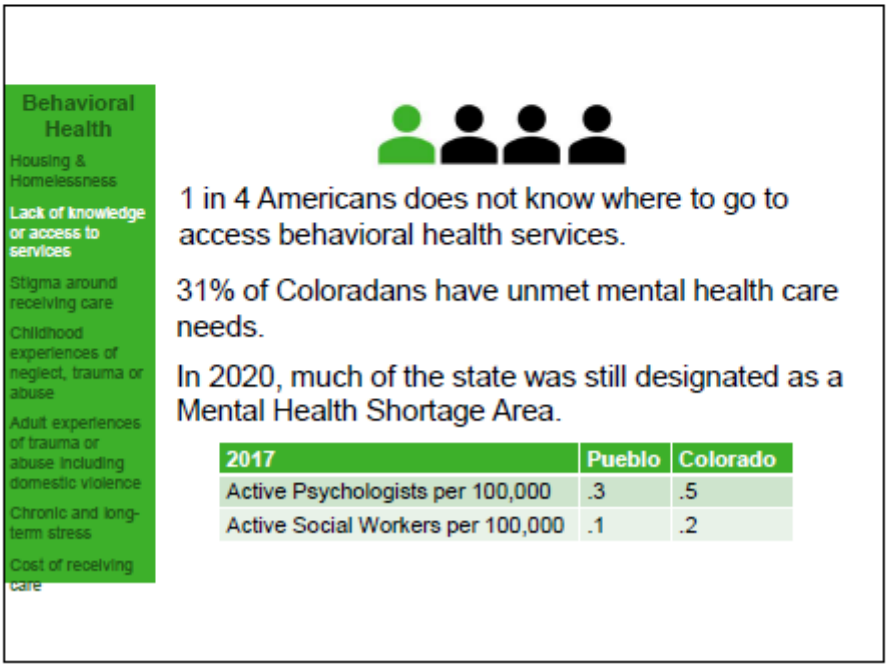
39


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of
#2 in Community Member Survey
"Access to effective services and qualified providers" was #3 in Delphi Process; "Awareness of services available" and "lack of resources'" ranked as #2 and #3 barriers
10+ services, programs, or agencies working on health care/insurance & education were identified

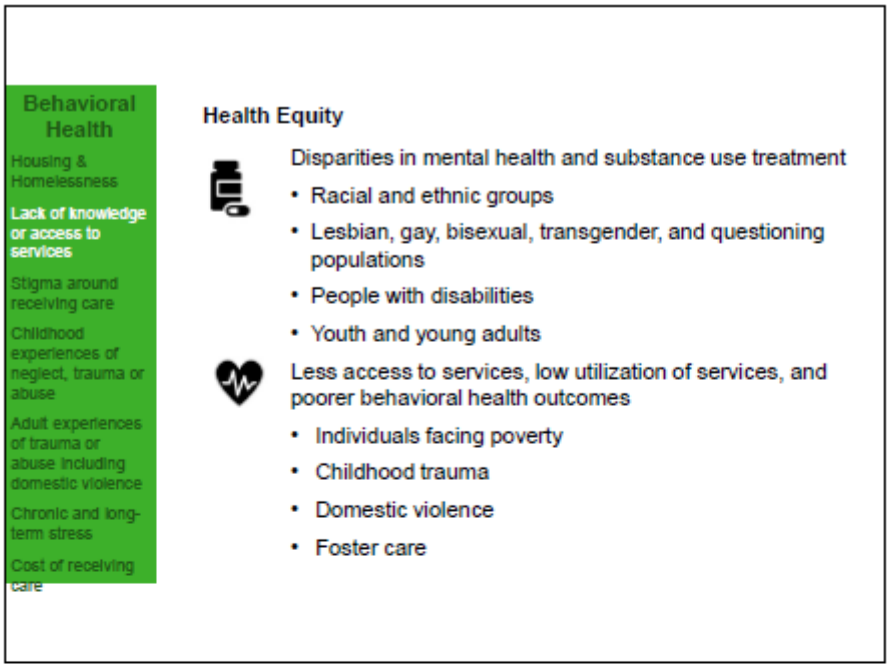
40


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws) & Social Norms
Living Conditions
Substance Use, Violence, Poor Sleep, Stress
Poor Mental Health, Addiction/Disease, Morbidity

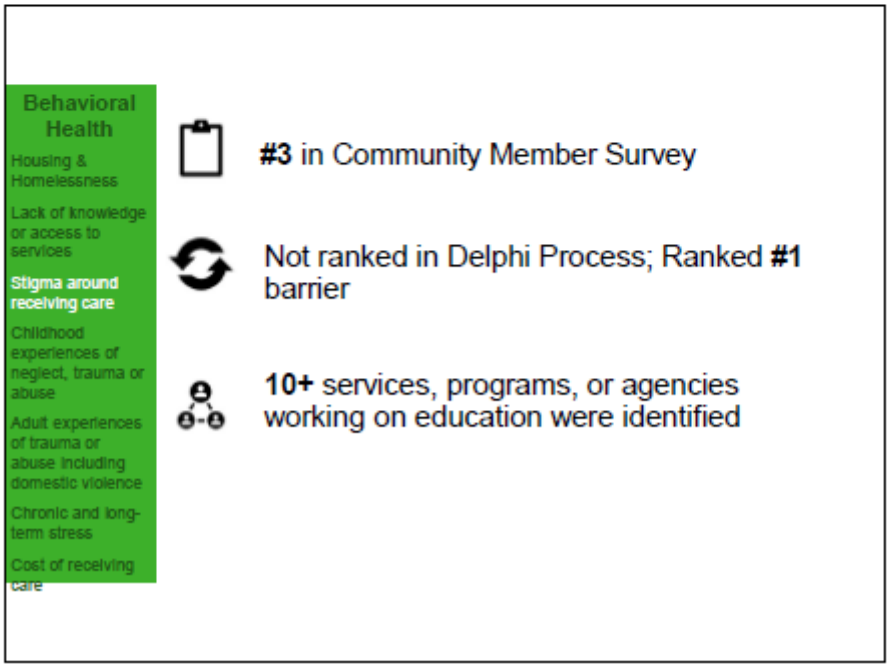
41


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
1 in 4 Americans does not know where to go to access behavioral health services.
31% of Coloradans have unmet mental health care needs.
In 2020, much of the state was still designated as a Mental Health Shortage Area.
2017 | Pueblo | Colorado
Active Psychologists per 100,000 | .3 | .5
Active Social Workers per 100,000 | .1 | .2

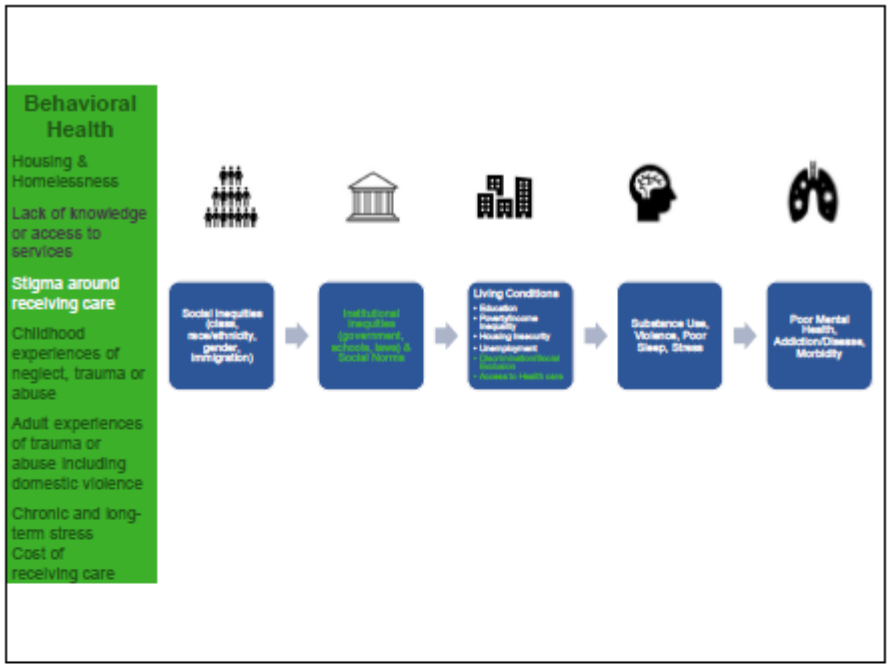
42


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Health Equity
Disparities in mental health and substance use treatment
• Racial and ethnic groups
• Lesbian, gay, bisexual, transgender, and questioning populations
• People with disabilities
• Youth and young adults
Less access to services, low utilization of services, and poorer behavioral health outcomes
• Individuals facing poverty
• Childhood trauma
• Domestic violence
• Foster care

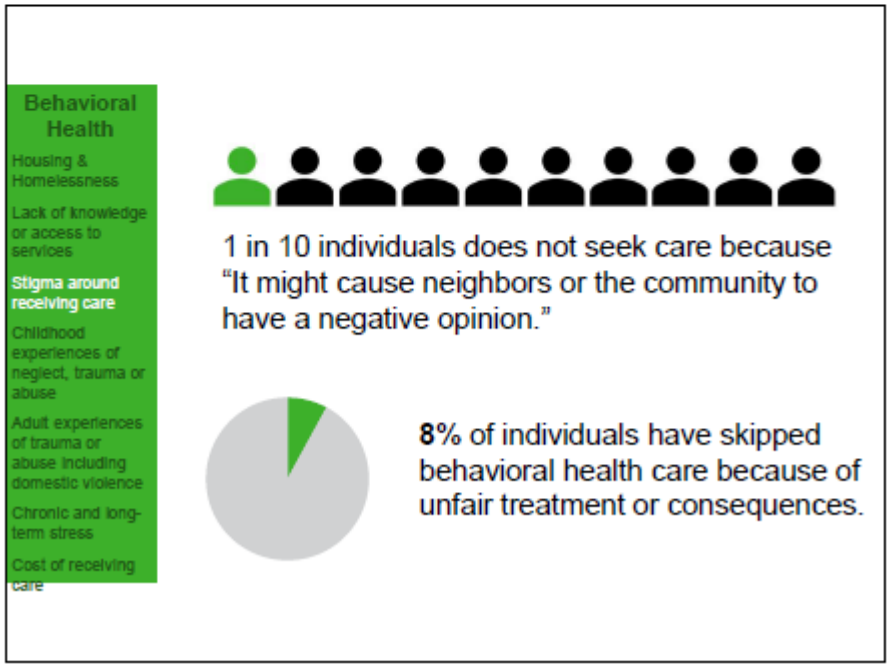
43


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
#3 in Community Member Survey
Not ranked in Delphi Process; Ranked #1 barrier
10+ services, programs, or agencies working on education were identified

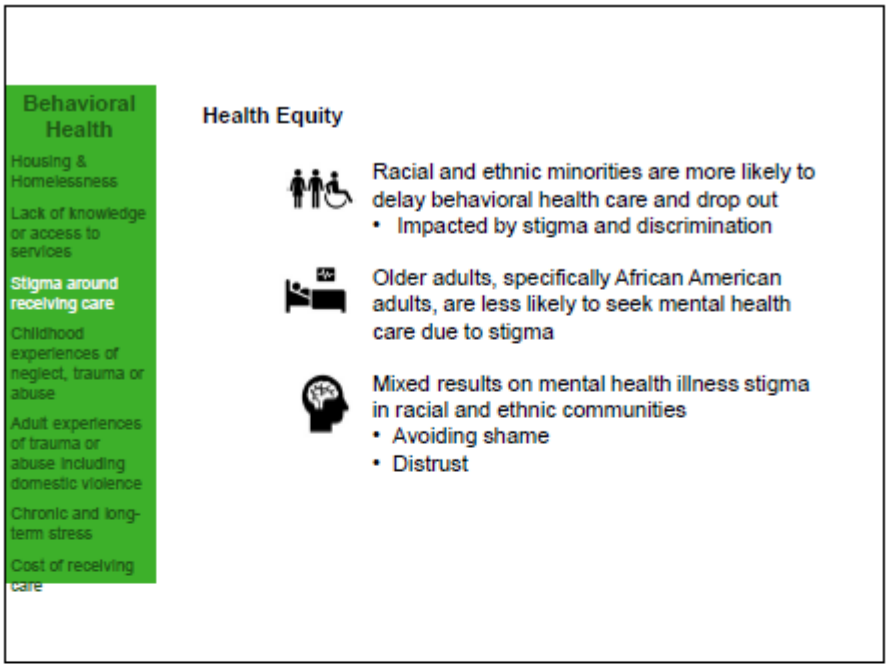
44


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws) & Social Norms
Living Conditions
• Education
• Poverty/Income Inequality
• Housing Insecurity
• Unemployment
Substance Use, Violence, Poor Sleep, Stress
Poor Mental Health, Addiction/Disease, Morbidity

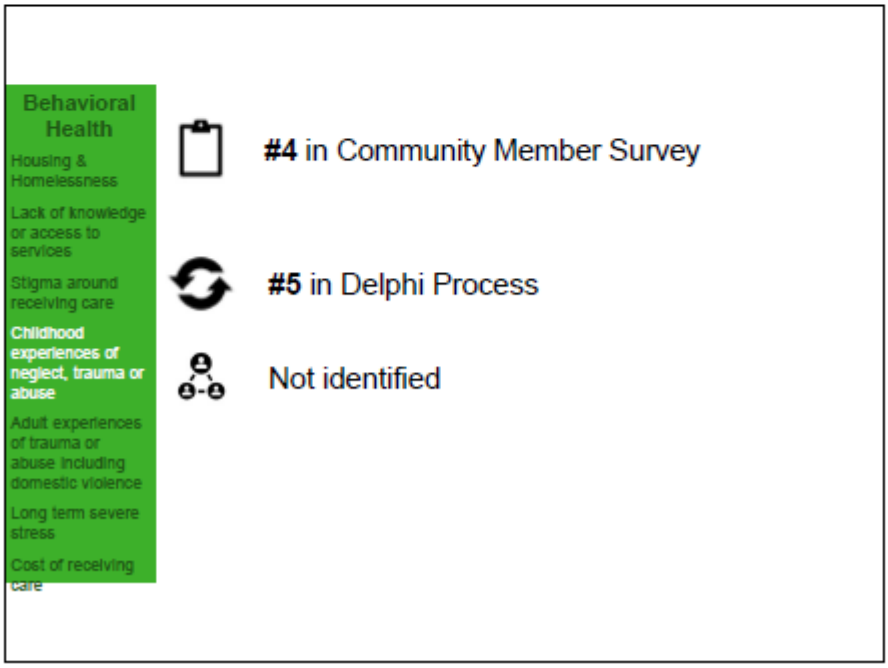
45


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
1 in 10 individuals does not seek care because "It might cause neighbors or the community to have a negative opinion."
8% of individuals have skipped behavioral health care because of unfair treatment or consequences.

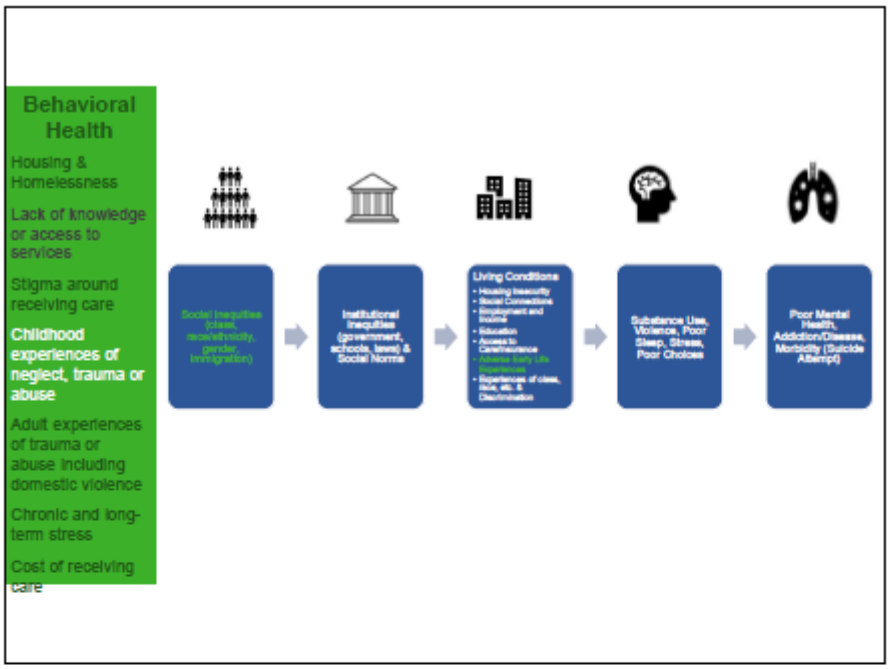
46


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Health Equity
Racial and ethnic minorities are more likely to delay behavioral health care and drop out
• Impacted by stigma and discrimination
Older adults, specifically African American adults, are less likely to seek mental health care due to stigma
Mixed results on mental health illness stigma in racial and ethnic communities
• Avoiding shame
• Distrust

47


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Long term severe stress
Cost of receiving care
#4 in Community Member Survey
#5 in Delphi Process
Not identified

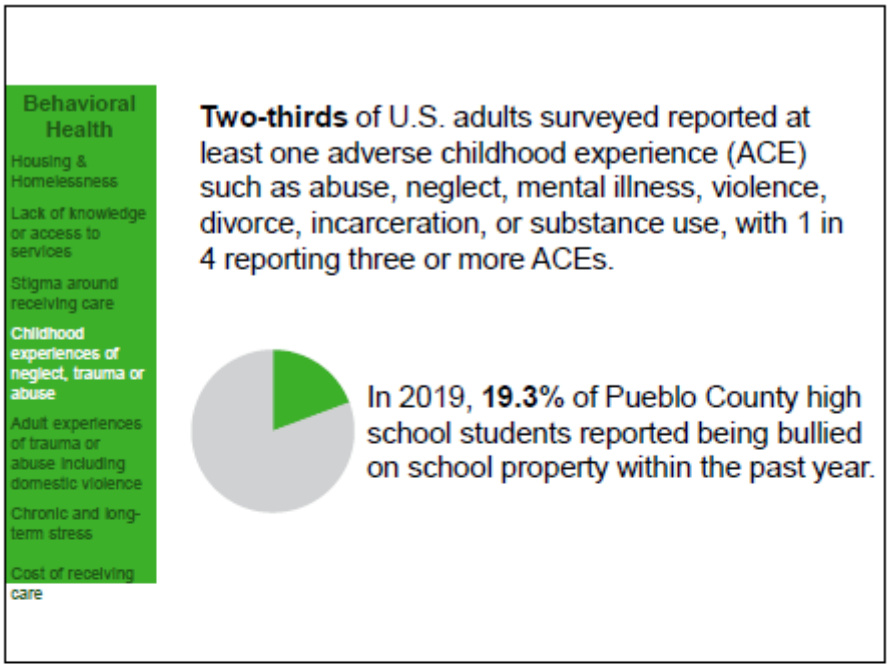
48


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws) & Social Norms
Living Conditions
Substance Use, Violence, Poor Sleep, Stress, Poor Choices
Poor Mental Health, Addiction/Disease, Morbidity (Suicide Attempt)

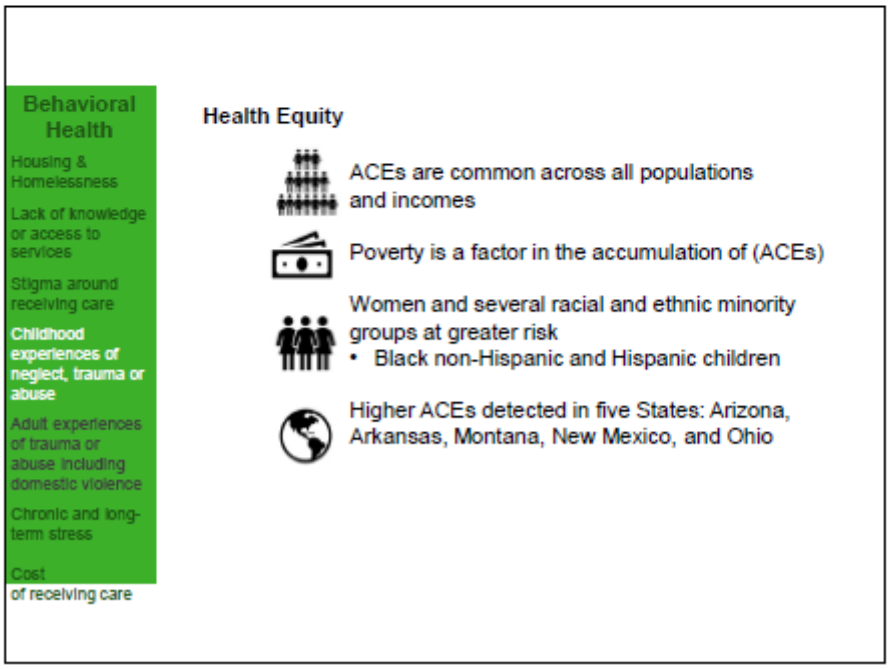
49


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Early Adversity has Lasting Impacts
Adverse Childhood Experiences

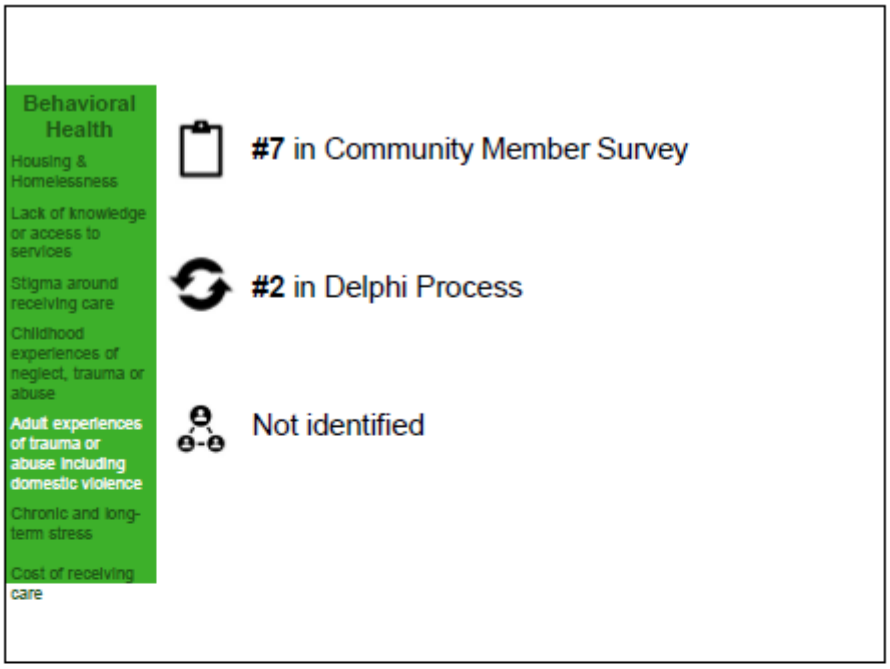
50


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Two-thirds of U.S. adults surveyed reported at least one adverse childhood experience (ACE) such as abuse, neglect, mental illness, violence, divorce, incarceration, or substance use, with 1 in 4 reporting three or more ACEs.
In 2019, 19.3% of Pueblo County high school students reported being bullied on school property within the past year.

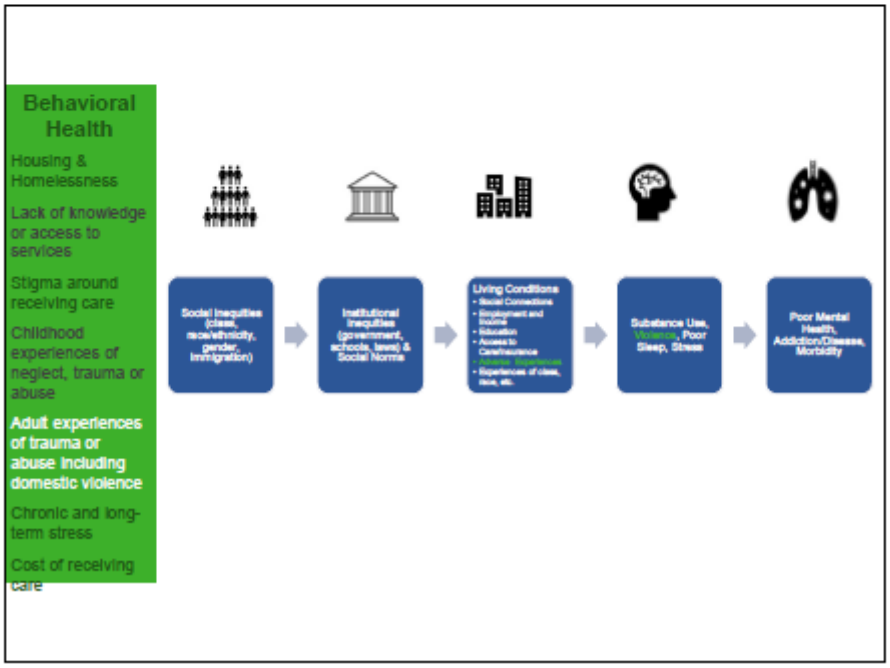
51


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Health Equity
ACEs are common across all populations and incomes
Poverty is a factor in the accumulation of (ACEs)
Women and several racial and ethnic minority groups at greater risk
• Black non-Hispanic and Hispanic children
Higher ACEs detected in five States: Arizona, Arkansas, Montana, New Mexico, and Ohio

52


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
#7 in Community Member Survey
#2 in Delphi Process
Not identified

53

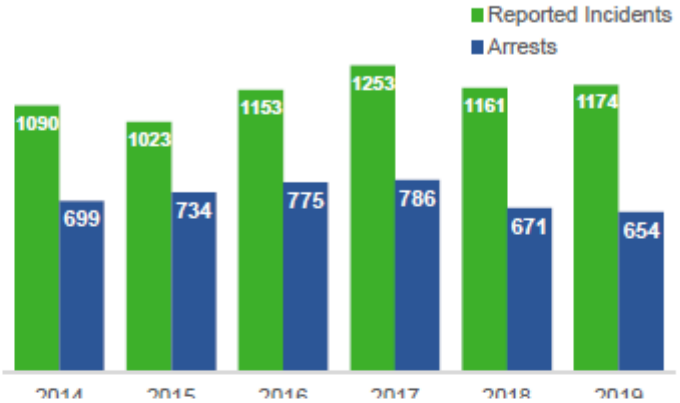

Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws) & Social Norms
Living Conditions
Substance Use, Violence, Poor Sleep, Stress
Poor Mental Health, Addiction/Disease, Morbidity

54

Behavioral Health

- Housing & Homelessness
- Lack of knowledge or access to services
- Stigma around receiving care
- Childhood experiences of neglect, trauma or abuse
- **Adult experiences of trauma or abuse including domestic violence**
- Chronic and long-term stress
- Cost of receiving care

Domestic violence in Pueblo County occurs at a rate 50 percent higher than the national average.



55

Behavioral Health

- Housing & Homelessness
- Lack of knowledge or access to services
- Stigma around receiving care
- Childhood experiences of neglect, trauma or abuse
- **Adult experiences of trauma or abuse including domestic violence**
- Chronic and long-term stress
- Cost of receiving care

Health Equity

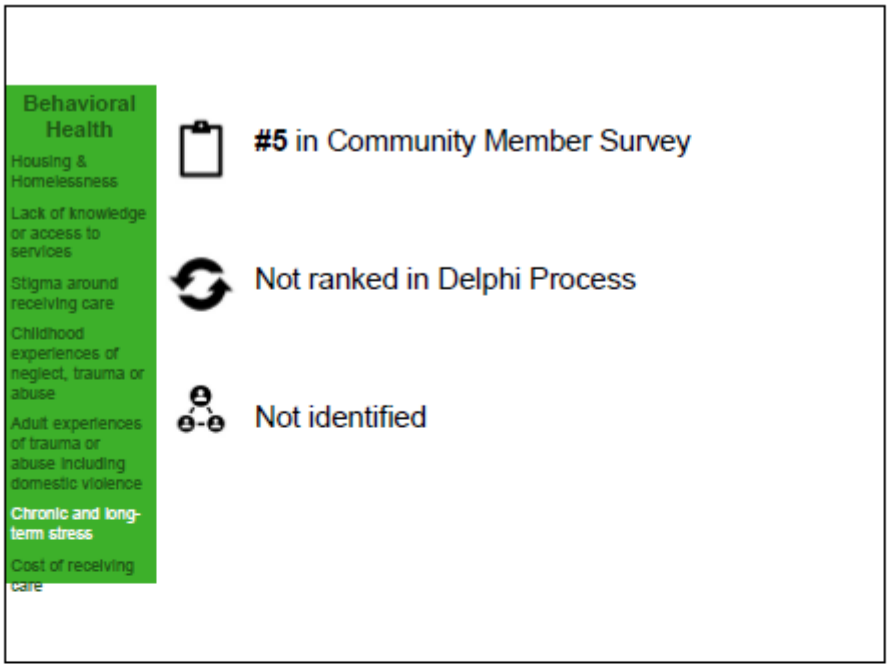
Trauma and violence are common experiences for adults in America

- age, gender, socioeconomic status, race, ethnicity, or sexual orientation

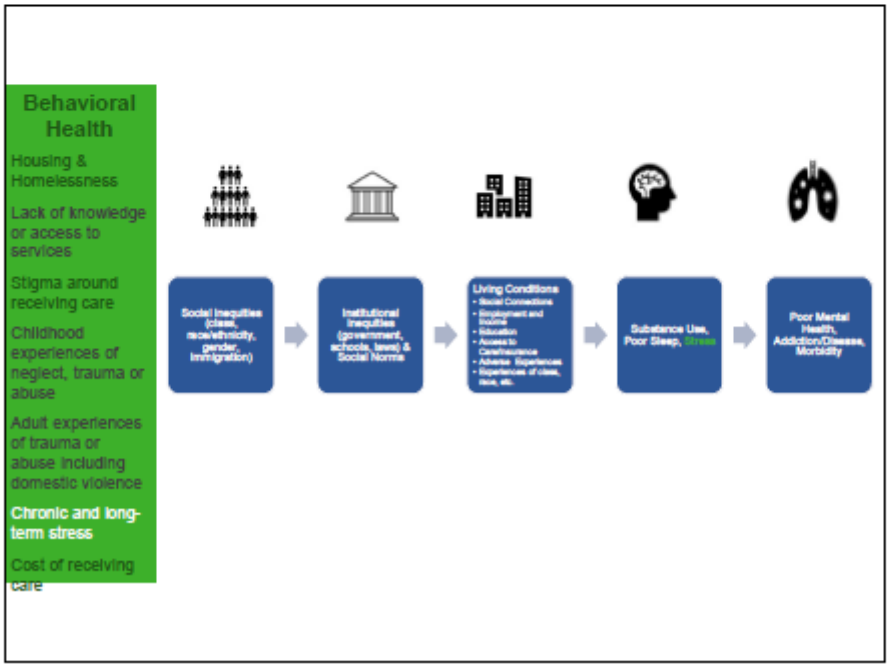
Traumatic events and violence impacted by

- Low SES
- Educational level
- Living in an impoverished neighborhood

56


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
#5 in Community Member Survey
Not ranked in Delphi Process
Not identified

57


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving care
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws) & Social Norms
Living Conditions
Substance Use, Poor Sleep, Stress
Poor Mental Health, Addiction/Disease, Morbidity

58

Behavioral Health

- Housing & Homelessness
- Lack of knowledge or access to services
- Stigma around receiving care
- Childhood experiences of neglect, trauma or abuse
- Adult experiences of trauma or abuse including domestic violence
- **Chronic and long-term stress**
- Cost of receiving care

"Long-term stress increases the risk of mental health problems such as anxiety and depression, substance use problems, sleep problems...."

1 in 3 adults in Pueblo County do not get adequate sleep.

More than two-thirds of Pueblo County women experienced one or more major life stress events in the year prior to giving birth.

59

Behavioral Health

- Housing & Homelessness
- Lack of knowledge or access to services
- Stigma around receiving care
- Childhood experiences of neglect, trauma or abuse
- Adult experiences of trauma or abuse including domestic violence
- **Chronic and long-term stress**
- Cost of receiving care

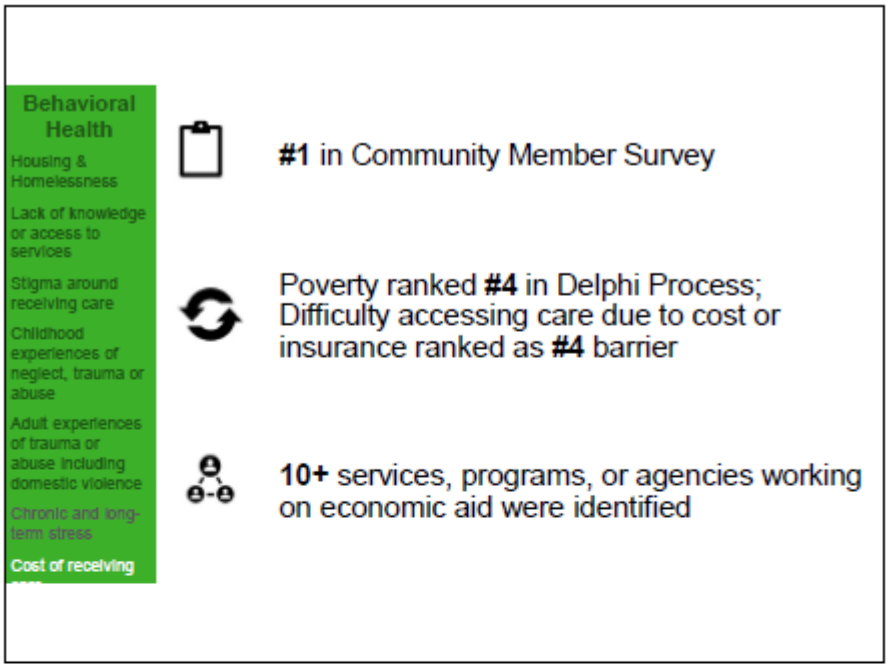
Health Equity

Ethnic/racial groups and low SES are more susceptible

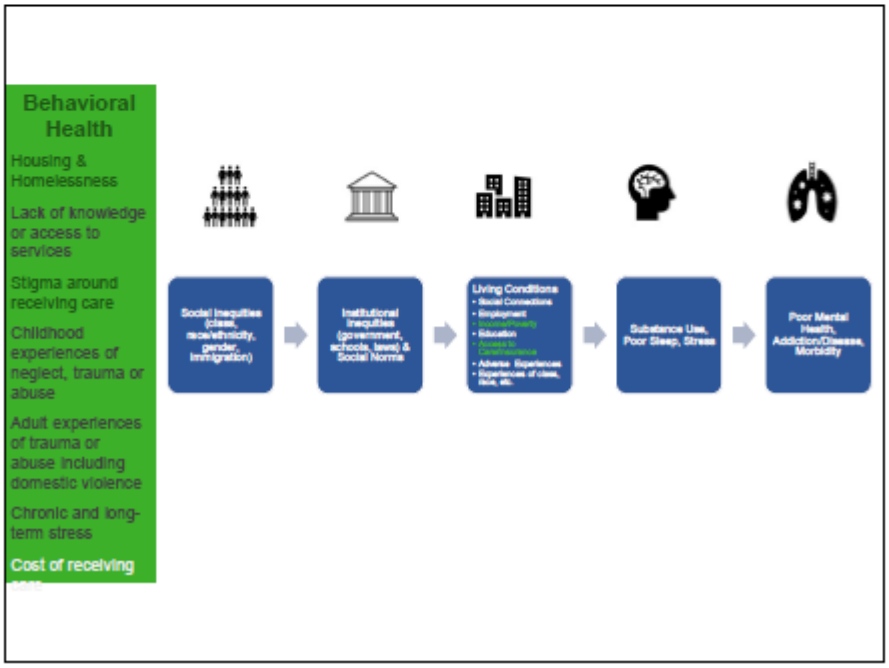
Perceived and real discrimination (including institutional) among racial and ethnic and LGBTQ+

Age and gender differences

60


Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving
#1 in Community Member Survey
Poverty ranked #4 in Delphi Process; Difficulty accessing care due to cost or insurance ranked as #4 barrier
10+ services, programs, or agencies working on economic aid were identified

61

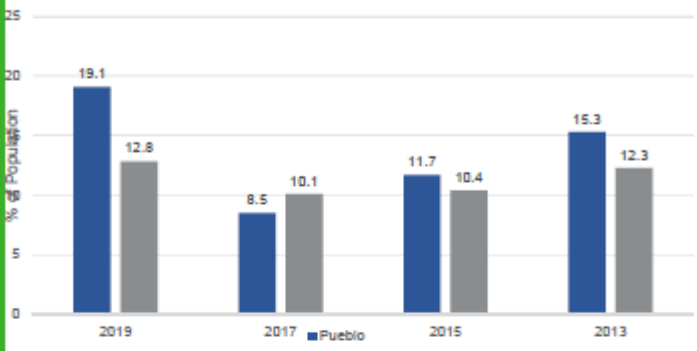

Behavioral Health
Housing & Homelessness
Lack of knowledge or access to services
Stigma around receiving care
Childhood experiences of neglect, trauma or abuse
Adult experiences of trauma or abuse including domestic violence
Chronic and long-term stress
Cost of receiving
Social Inequities (class, race/ethnicity, gender, immigration)
Institutional Inequities (government, schools, laws) & Social Norms
Living Conditions
Substance Use, Poor Sleep, Stress
Poor Mental Health, Addiction/Disease, Morbidity

62

Behavioral Health

- Housing & Homelessness
- Lack of knowledge or access to services
- Stigma around receiving care
- Childhood experiences of neglect, trauma or abuse
- Adult experiences of trauma or abuse including domestic violence
- Long term severe stress
- **Cost of care**

Cost of care is a barrier to seeing a doctor or specialist in Pueblo County



63

Behavioral Health

- Housing & Homelessness
- Lack of knowledge or access to services
- Stigma around receiving care
- Childhood experiences of neglect, trauma or abuse
- Adult experiences of trauma or abuse including domestic violence
- Chronic and long-term stress
- **Cost of receiving**

Health Equity

Hispanic or Latinx, American Indian, and Alaska Natives are 2.5 times more likely to be uninsured.

- Out-of-pocket costs are unaffordable

With insurance, costs are too high.

More likely to be low-income or live in poverty.

64

Discuss and Prioritize

- Questions on the data?
- Will individually rank seven contributing factors according to four criteria
- Use SurveyMonkey link
  - Results transferred to table for overall ranking

Pueblo Department of Public Health & Environment

65

Next Steps

PDPHE Senior Management

- 7/29: Review top choices, solicit feedback/concerns

CHA Planning Team

- August 20: Determine if recommending a 3rd priority area, prioritize SDOH domains, discuss target populations

PDPHE Board of Health

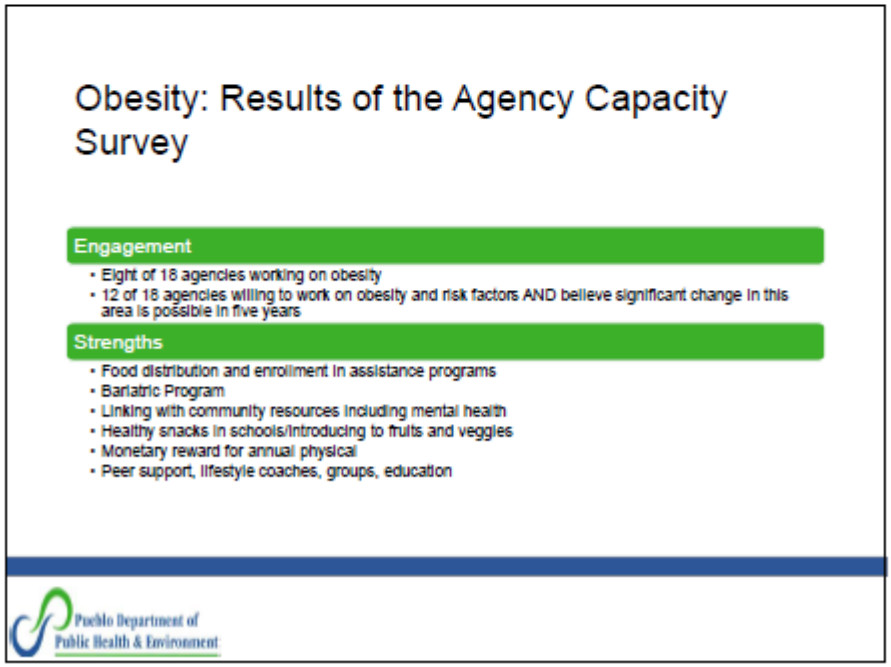
- 8/25: Will review decisions approved by PDPHE leadership and provide support

Pueblo Department of Public Health & Environment

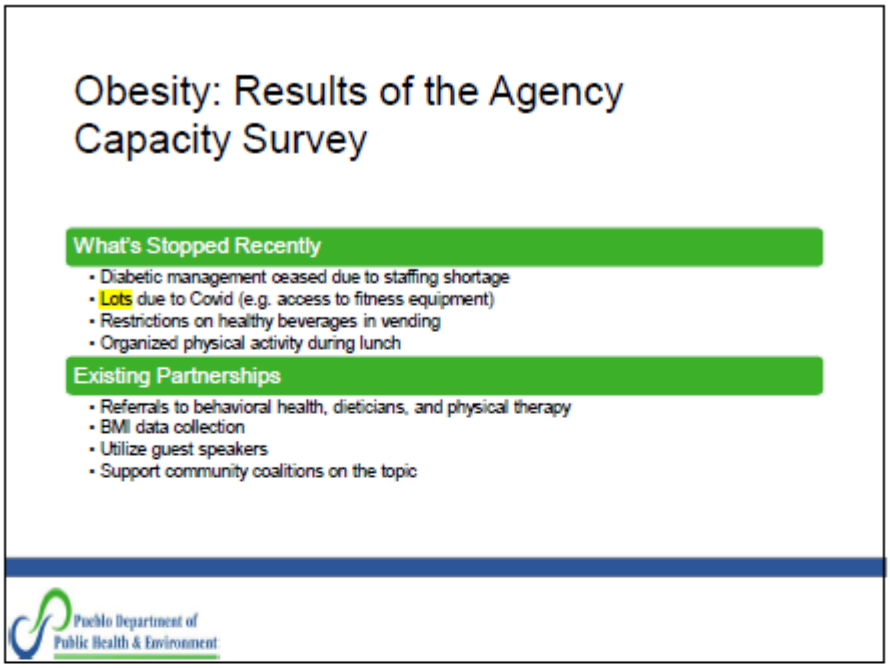
66


Thank you!
Pueblo Department of
Public Health & Environment

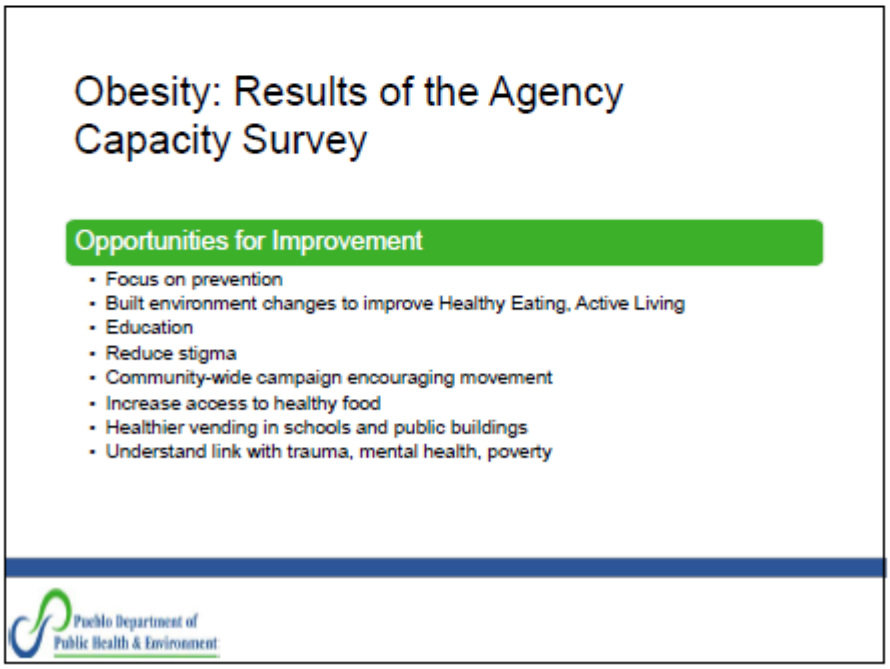
67


Obesity: Results of the Agency Capacity Survey
Engagement
• Eight of 18 agencies working on obesity
• 12 of 18 agencies willing to work on obesity and risk factors AND believe significant change in this area is possible in five years
Strengths
• Food distribution and enrollment in assistance programs
• Bariatric Program
• Linking with community resources including mental health
• Healthy snacks in schools/introducing to fruits and veggies
• Monetary reward for annual physical
• Peer support, lifestyle coaches, groups, education
Pueblo Department of
Public Health & Environment

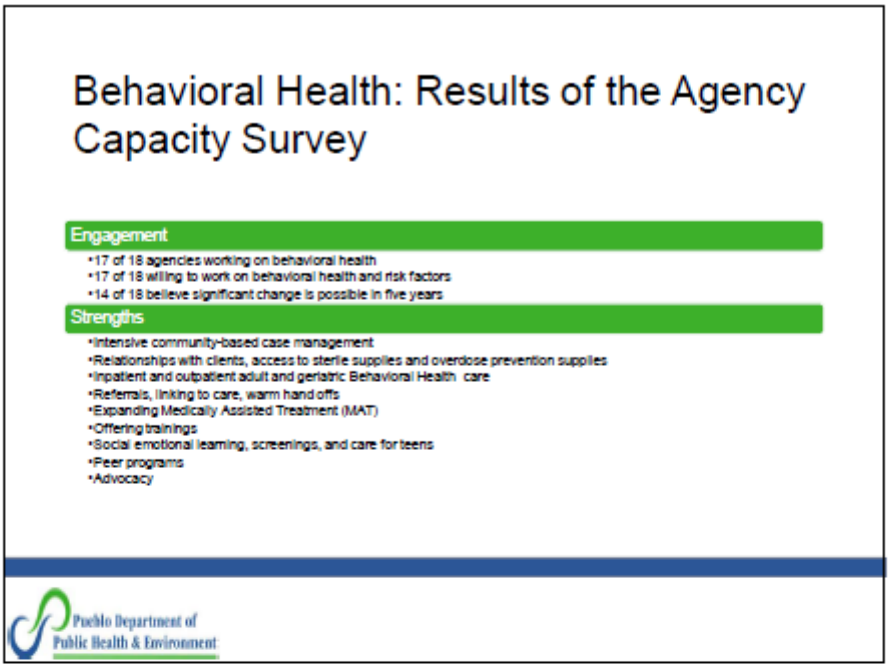
68


Obesity: Results of the Agency Capacity Survey
What's Stopped Recently
• Diabetic management ceased due to staffing shortage
• Lots due to Covid (e.g. access to fitness equipment)
• Restrictions on healthy beverages in vending
• Organized physical activity during lunch
Existing Partnerships
• Referrals to behavioral health, dieticians, and physical therapy
• BMI data collection
• Utilize guest speakers
• Support community coalitions on the topic
Pueblo Department of Public Health & Environment

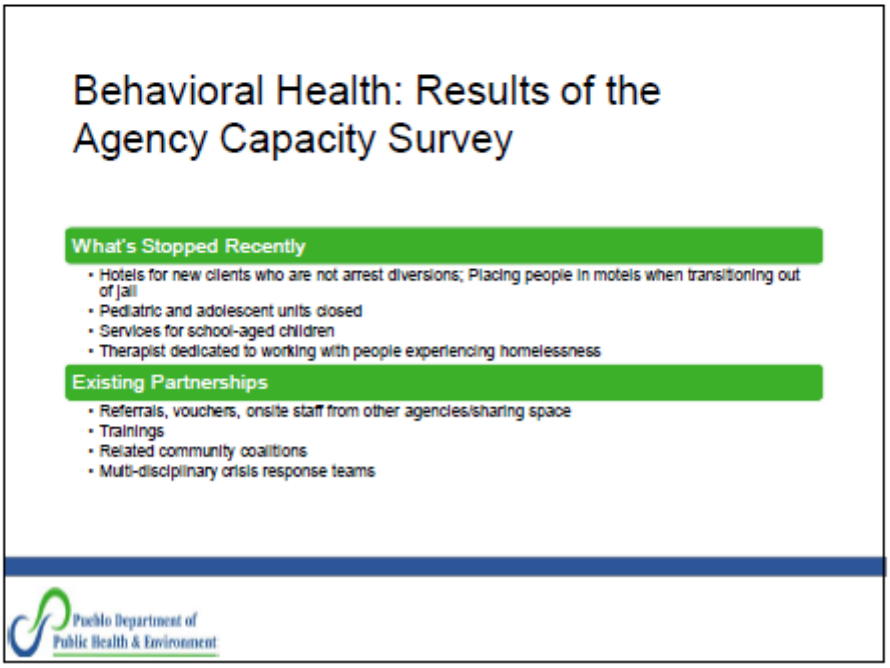
69


Obesity: Results of the Agency Capacity Survey
Opportunities for Improvement
• Focus on prevention
• Built environment changes to improve Healthy Eating, Active Living
• Education
• Reduce stigma
• Community-wide campaign encouraging movement
• Increase access to healthy food
• Healthier vending in schools and public buildings
• Understand link with trauma, mental health, poverty
Pueblo Department of Public Health & Environment

70


Behavioral Health: Results of the Agency Capacity Survey
Engagement
•17 of 18 agencies working on behavioral health
•17 of 18 willing to work on behavioral health and risk factors
•14 of 18 believe significant change is possible in five years
Strengths
•Intensive community-based case management
•Relationships with clients, access to sterile supplies and overdose prevention supplies
•Inpatient and outpatient adult and geriatric Behavioral Health care
•Referrals, linking to care, warm hand offs
•Expanding Medically Assisted Treatment (MAT)
•Offering trainings
•Social emotional learning, screenings, and care for teens
•Peer programs
•Advocacy
Pueblo Department of Public Health & Environment

71


Behavioral Health: Results of the Agency Capacity Survey
What's Stopped Recently
• Hotels for new clients who are not arrest diversions; Placing people in motels when transitioning out of jail
• Pediatric and adolescent units closed
• Services for school-aged children
• Therapist dedicated to working with people experiencing homelessness
Existing Partnerships
• Referrals, vouchers, onsite staff from other agencies/sharing space
• Trainings
• Related community coalitions
• Multi-disciplinary crisis response teams
Pueblo Department of Public Health & Environment

72

Behavioral Health: Results of the Agency Capacity Survey

Opportunities for Improvement

- Need to treat other critical needs along with substance use (i.e. housing, trauma, poverty, physical ailments, mental health)
- Treat and support as a family- multi-generational care
- Access to care including transportation and educating on points of entry
- More providers including for MAT, inpatient care
- More housing for people who use drugs
- Adding BH screenings into medical assessments
- Reduce stigma
- More trained professionals in schools
- Decriminalize substance abuse

Pueblo Department of Public Health & Environment

73

References: Obesity

1. https://www.obesityaction.org/community/article-library/obesity-and-mental-health-is-there-a-link/
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6052856/
3. https://diabetes.diabetesjournals.org/content/60/11/2967
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3198075/
5. https://www.cdc.gov/obesity/adult/causes.html
6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717981
7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4427532/
8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6059962/
9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072475/
10. https://www.pueblo.us/DocumentCenter/View/21017/2020-final-report?bidId=%20there%27s%20stats%20on%20feelings%20of%20safety.%20among%20other%20items
11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727309/
12. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity/pdf/toolkit.pdf
13. https://www.aafp.org/news/blogs/leadervoices/entry/20171120lv-patiented.html
14. https://www.cdc.gov/mmwr/volumes/66/wr/mm6650a1.ht
15. https://blogs.cdc.gov/healthequity/2020/04/01/physical-inactivity/m
16. https://www.ncbi.nlm.nih.gov/books/NBK333464/
17. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4794461/

Pueblo Department of Public Health & Environment

74

References: Behavioral Health

19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7525583/

20. https://www.bmc.org/news/press-releases/2018/01/22/housing-instability-negatively-affects-health-children

21. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146083/

21. https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

22. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695242/

23. https://www.ncbi.nlm.nih.gov/books/NBK384923/

24.http://www.amchp.org/AboutAM/CHP/Newsletters/Pulse/May une18/Pages/Advancing-Health-Equity-by-Improving-Access-to-Mental-Health-and-Substance-Use-Services.aspx

25. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5568160/
26. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875324/
27. https://www.hhrjournal.org/2020/06/human-rights-stigma-and-substance-use/
28. https://www.cdc.gov/violenceprevention/aces/ace-brfss.html?

Pueblo Department of Public Health & Environment

75

References: Behavioral Health

29. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2713032

https://www.chcs.org/understanding-trauma-affects-health-health-care/

30. CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Face-brfss.html

31. https://www.cdc.gov/vitalsigns/aces/index.html#:~:text=ACEs%20can%20include%20violence%2C%20abuse,and%20substance%20misuse%20in%20adulthood

32. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/stress

33. https://www.nimh.nih.gov/health/publications/stress/

34. https://www.psychiatrictimes.com/view/addressing-poverty-and-mental-illness

35. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447841/

Pueblo Department of Public Health & Environment

76

OBESITY

Lack of access to affordable healthy foods

Behavioral health factors

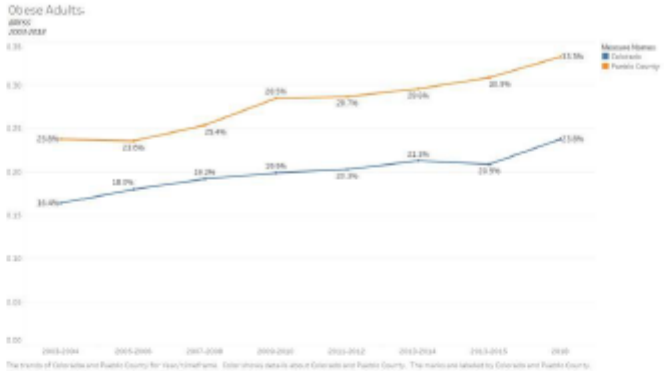
Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

Lack of food and nutrition skills

Feeling unsafe to be active in own community



77

OBESITY

Lack of access to affordable healthy foods

Behavioral health factors

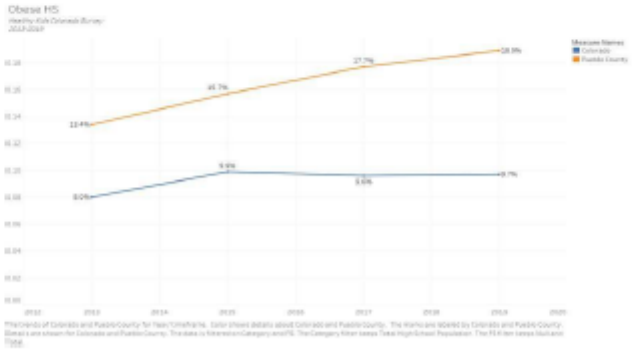
Poverty

Lack of knowledge about how to be healthy

Lack of physical activity

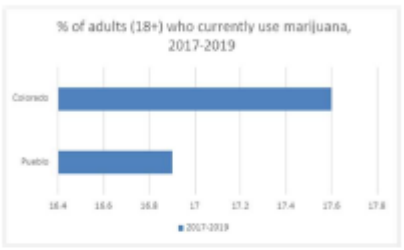
Lack of food and nutrition skills

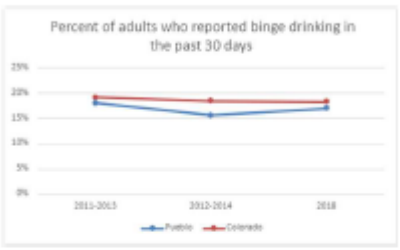
Feeling unsafe to be active in own community



78

Data Substance Use:





Pueblo Department of Public Health & Environment

79

Behavioral Health

Housing & Homelessness

Lack of knowledge or access to services

Stigma around receiving care

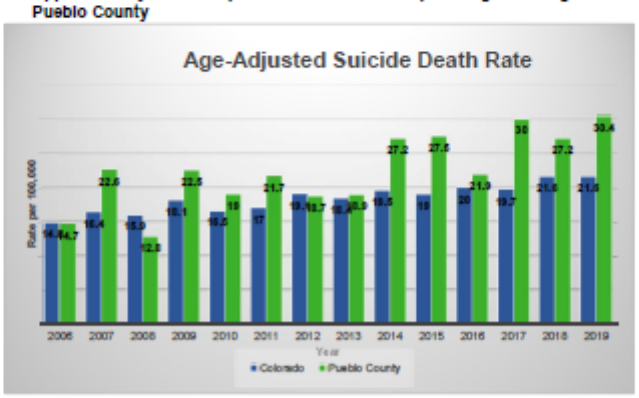
Childhood experiences of neglect, trauma or abuse

Adult experiences of trauma or abuse including domestic violence

Long term severe stress

Poverty

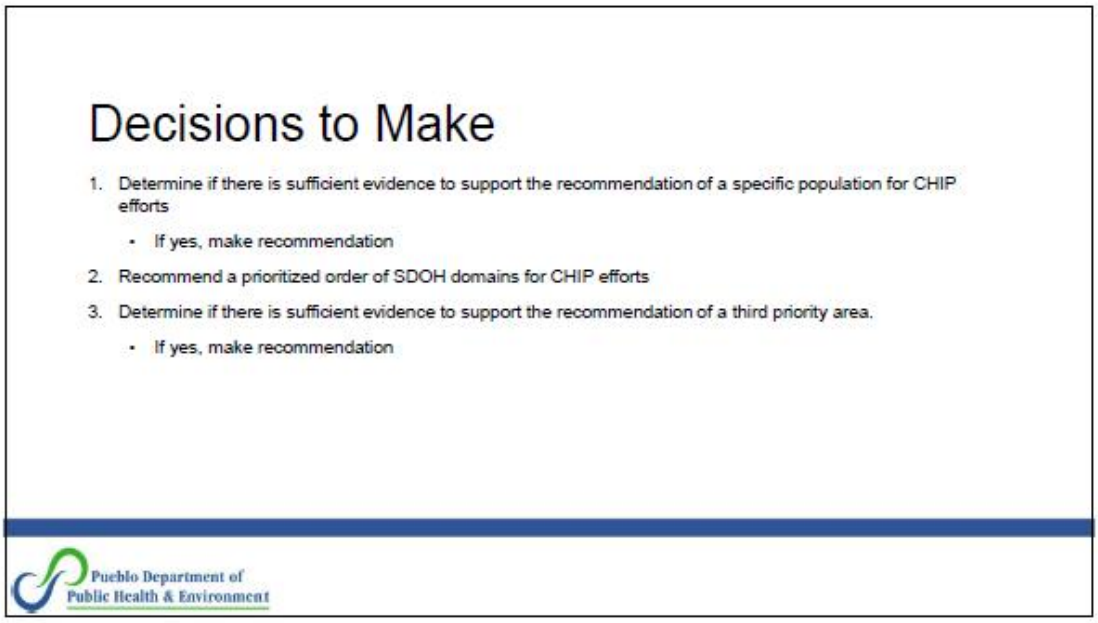
- **Almost 1 out of 5 adults in Pueblo County reported currently using marijuana**
- **Approximately the same percent of adults also report binge drinking in Pueblo County**



80


CHA Planning Team
August 20, 2021
Pueblo Department of
Public Health & Environment

1


Decisions to Make
1. Determine if there is sufficient evidence to support the recommendation of a specific population for CHIP efforts
• If yes, make recommendation
2. Recommend a prioritized order of SDOH domains for CHIP efforts
3. Determine if there is sufficient evidence to support the recommendation of a third priority area.
• If yes, make recommendation
Pueblo Department of
Public Health & Environment

2

Decisions to Make

1. Determine if there is sufficient evidence to support the recommendation of a **specific population** for CHIP efforts
   - If yes, make recommendation
2. Recommend a prioritized **order of SDOH domains** for CHIP efforts
3. Determine if there is sufficient evidence to support the recommendation of a **third priority area**.
   - If yes, make recommendation

Pueblo Department of Public Health & Environment

3

Prioritizing Obesity Factors

- Assessment criteria
  - Health equity, .32
  - Root cause of other issues, .25
  - Barriers, .23
  - Community's capacity, .20

1. Lack of access to affordable, healthy foods
2. Existing mental health and substance use issues (behavioral health)
3. Poverty
4. Lack of knowledge about how to be healthy (healthy eating/active living)
5. Lack of food and nutrition skills
6. Feeling unsafe in one's own community or neighborhood
7. Lack of physical activity

Pueblo Department of Public Health & Environment

4

Prioritizing Behavioral Health Factors

- Assessment criteria
  - Health equity, .32
  - Root cause of other issues, .25
  - Barriers, .23
  - Community's capacity, .20

1. Childhood experiences of trauma, neglect and abuse
2. Adult experiences with trauma and abuse including DV
3. Housing insecurity and homelessness
4. Lack of knowledge and access to behavioral health services
5. Chronic and long-term stress
6. Stigma around receiving care
7. Cost of receiving care

Pueblo Department of Public Health & Environment

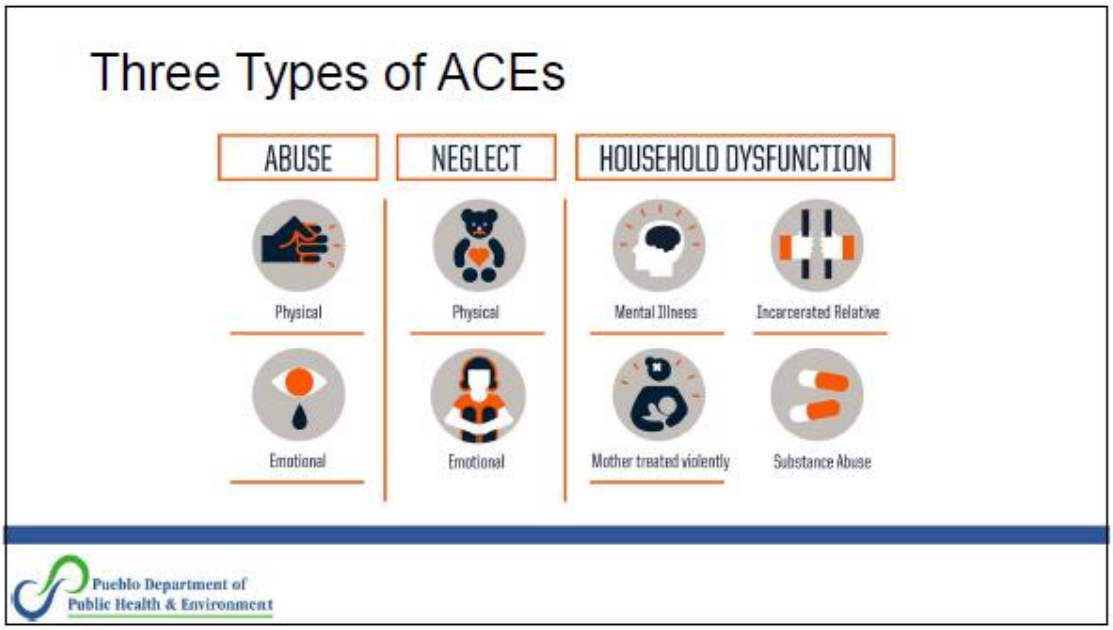
5

Adverse Childhood Experiences…

- are potentially traumatic events that occur between the ages of 0-17.
- are common.
- are preventable.

Pueblo Department of Public Health & Environment

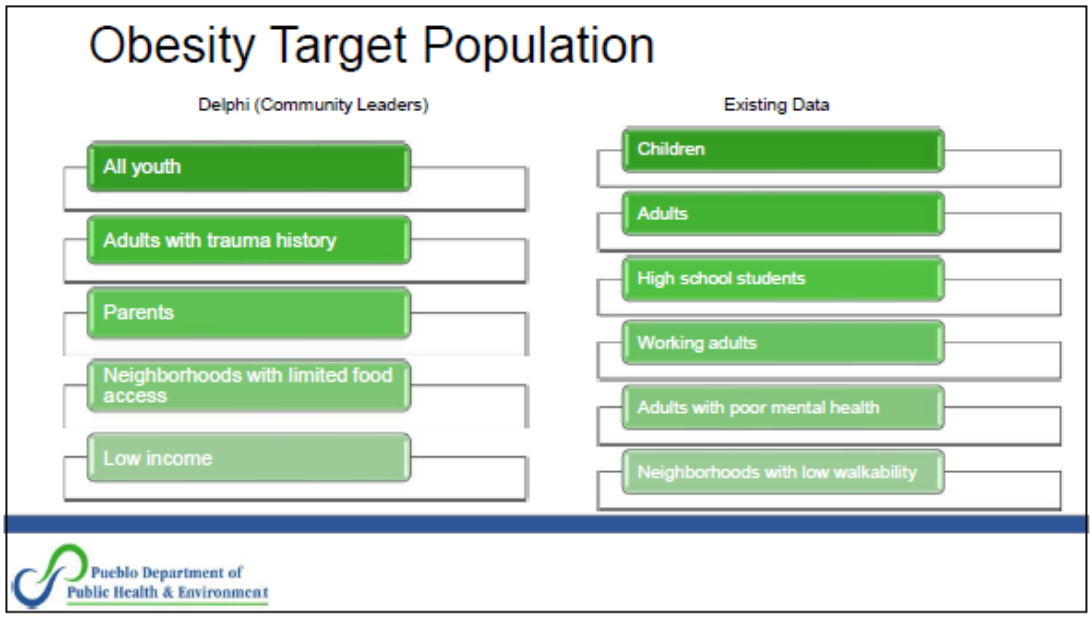
6


Three Types of ACEs
ABUSE
NEGLECT
HOUSEHOLD DYSFUNCTION
Physical
Physical
Mental Illness
Incarcerated Relative
Emotional
Emotional
Mother treated violently
Substance Abuse
Pueblo Department of Public Health & Environment

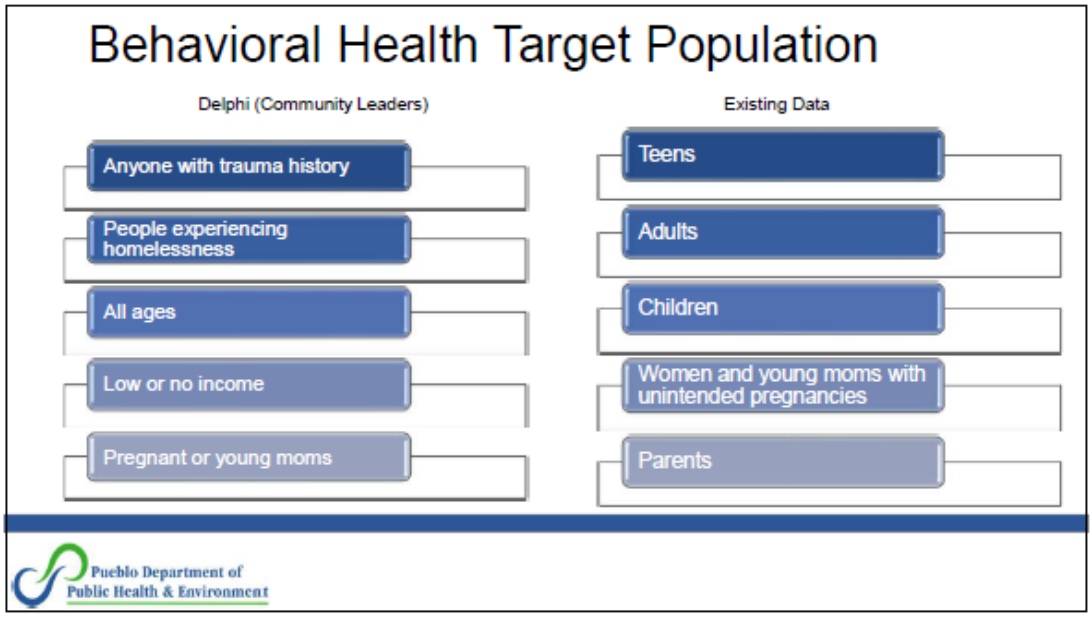
7


Increased Health Risks
BEHAVIOR
Lack of physical activity
Smoking
Alcoholism
Drug use
Missed work
PHYSICAL & MENTAL HEALTH
Severe obesity
Diabetes
Depression
Suicide attempts
STDs
Heart disease
Cancer
Stroke
COPD
Broken bones
Pueblo Department of Public Health & Environment

8


Obesity Target Population
Delphi (Community Leaders)
All youth
Adults with trauma history
Parents
Neighborhoods with limited food access
Low income
Existing Data
Children
Adults
High school students
Working adults
Adults with poor mental health
Neighborhoods with low walkability
Pueblo Department of Public Health & Environment

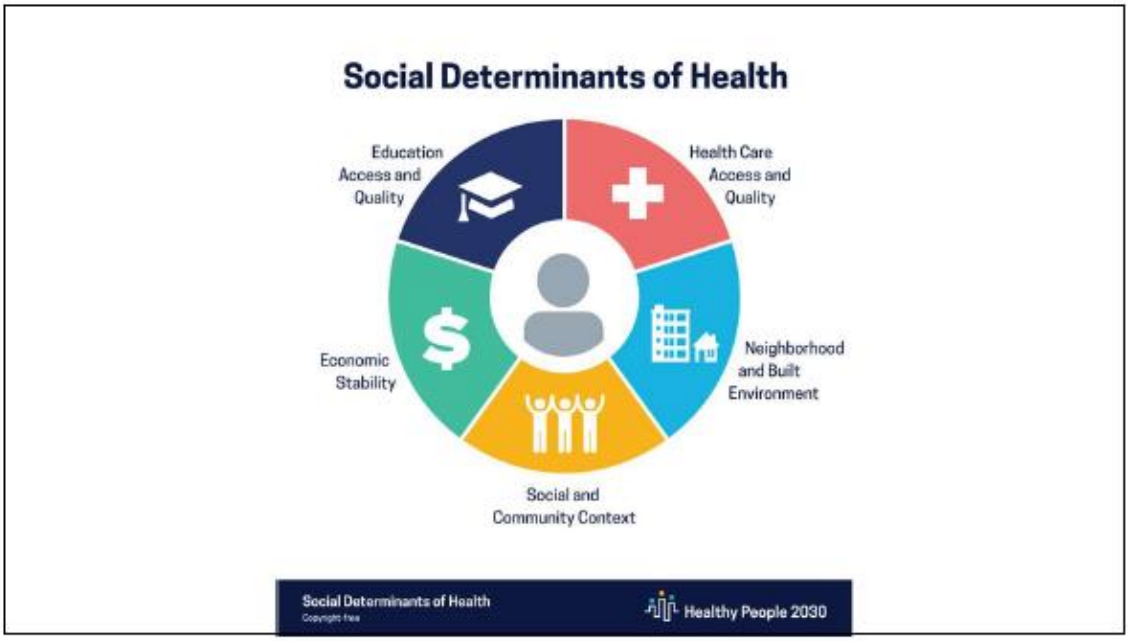
9


Behavioral Health Target Population
Delphi (Community Leaders)
Anyone with trauma history
People experiencing homelessness
All ages
Low or no income
Pregnant or young moms
Existing Data
Teens
Adults
Children
Women and young moms with unintended pregnancies
Parents
Pueblo Department of Public Health & Environment

10


TIME TO VOTE
This Photo by Unknown Author is licensed under CC BY

11


Social Determinants of Health
Education Access and Quality
Health Care Access and Quality
Economic Stability
Neighborhood and Built Environment
Social and Community Context
Social Determinants of Health
Copyright free
Healthy People 2030

12

Social Determinants of Health

Goal: Increase educational opportunities and help children and adolescents do well in school.

Goal: Increase access to comprehensive, high-quality health care services.

Goal: Create neighborhoods and environments that promote health and safety.

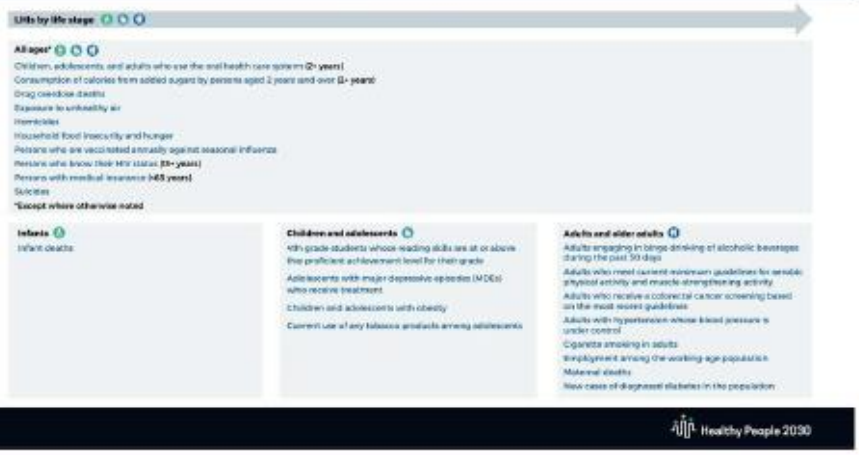
Goal: Help people earn steady incomes that allow them to meet their health needs.

Goal: Increase social and community support.

Pueblo Department of Public Health & Environment

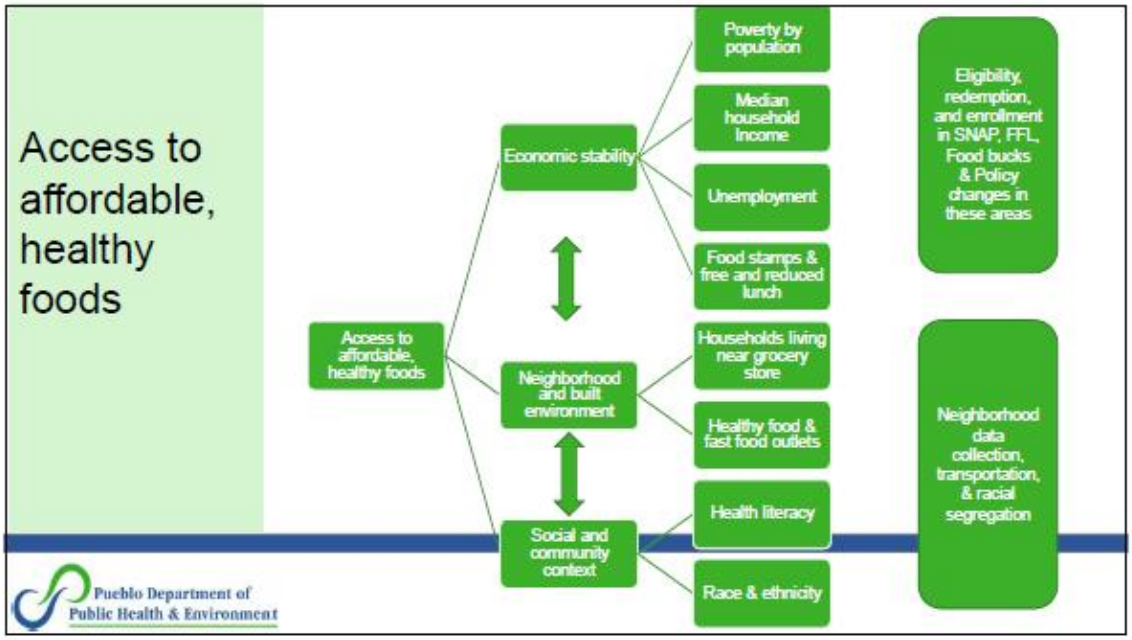
13

Healthy People 2030 Leading Health Indicators (LHIs)

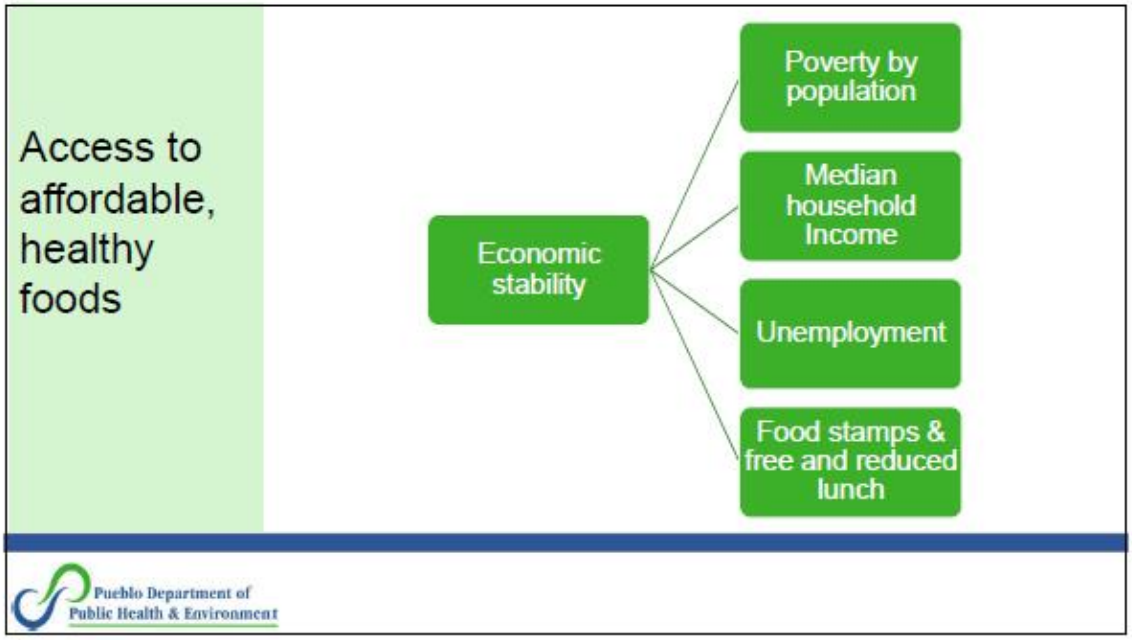


Pueblo Department of Public Health & Environment

14


Access to affordable, healthy foods
Access to affordable, healthy foods
Economic stability
Neighborhood and built environment
Social and community context
Poverty by population
Median household Income
Unemployment
Food stamps & free and reduced lunch
Households living near grocery store
Healthy food & fast food outlets
Health literacy
Race & ethnicity
Eligibility, redemption, and enrollment in SNAP, FFL, Food bucks & Policy changes in these areas
Neighborhood data collection, transportation, & racial segregation
Pueblo Department of Public Health & Environment

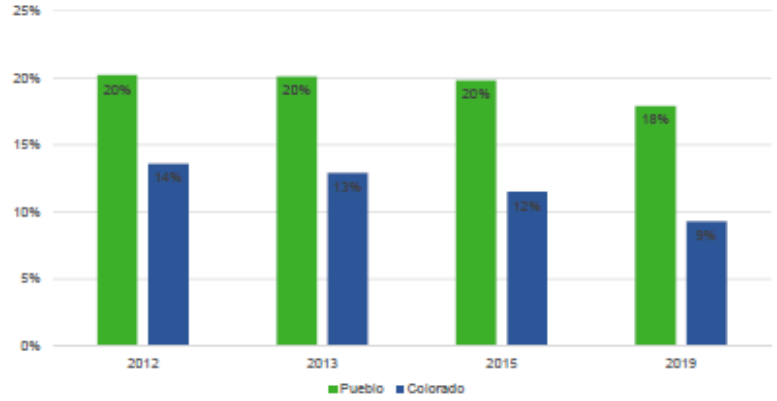
15


Access to affordable, healthy foods
Economic stability
Poverty by population
Median household Income
Unemployment
Food stamps & free and reduced lunch
Pueblo Department of Public Health & Environment

16

Access to affordable, healthy foods

About 1 in 5 **Pueblo County** residents live in poverty.

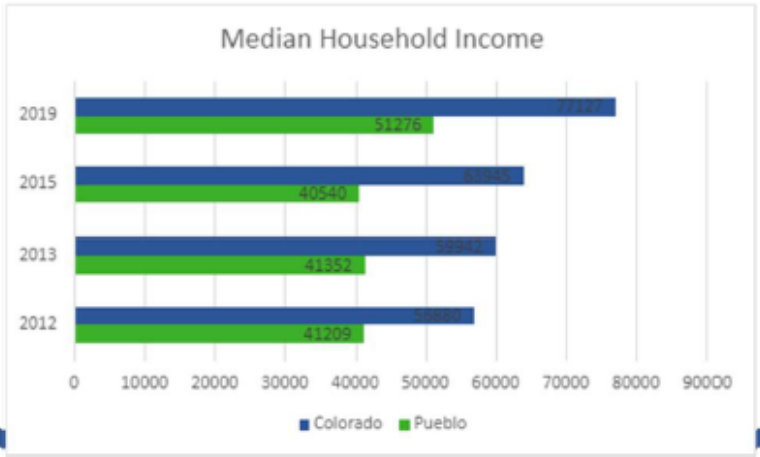


Pueblo Department of Public Health & Environment

17

Access to affordable, healthy foods

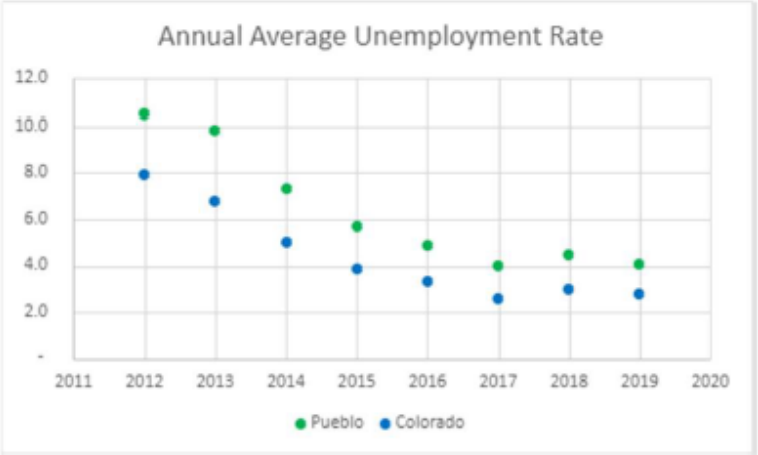
Household income in Pueblo for 2019 was 25% lower than the national average of $68,703



Pueblo Department of Public Health & Environment

18

Access to affordable, healthy foods



Pueblo Department of Public Health & Environment

19

Access to affordable, healthy foods

64% of Pueblo students are eligible for Free and Reduced Lunch (40% in CO)

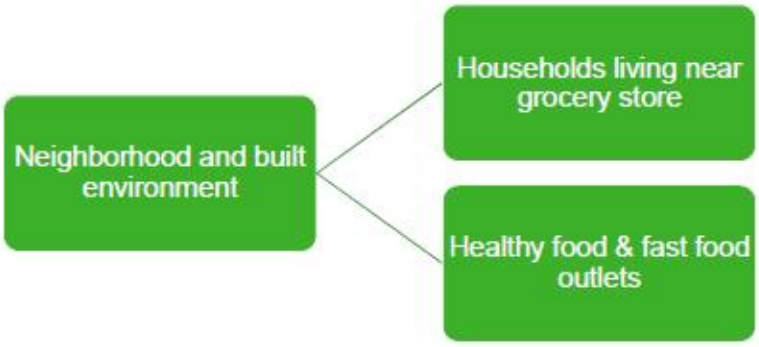
18% of Pueblo households received food stamps in the past 12 months (7.5% in CO)

- 48% of households had children under the age of 18 (49% in CO)
- 28% of households had adults 60+ (31% in CO)

Pueblo Department of Public Health & Environment

20

Access to affordable, healthy foods

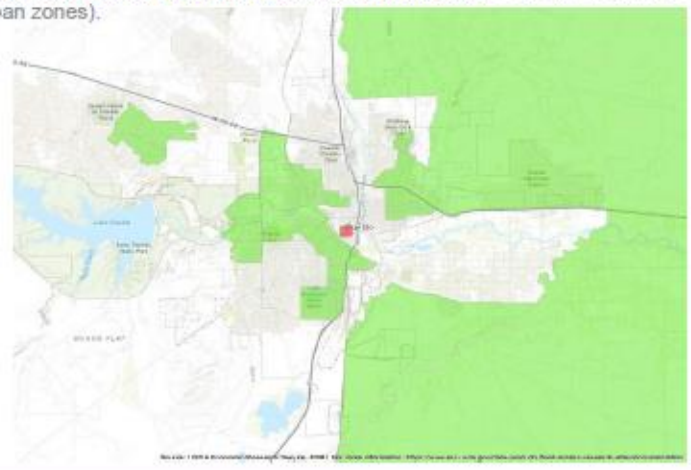


Pueblo Department of Public Health & Environment

21

Access to affordable, healthy foods

25,524 Pueblo County residents (16%) live in a low-income household that is not close to a grocery store (>10 miles rurally or >1 mile in urban zones).

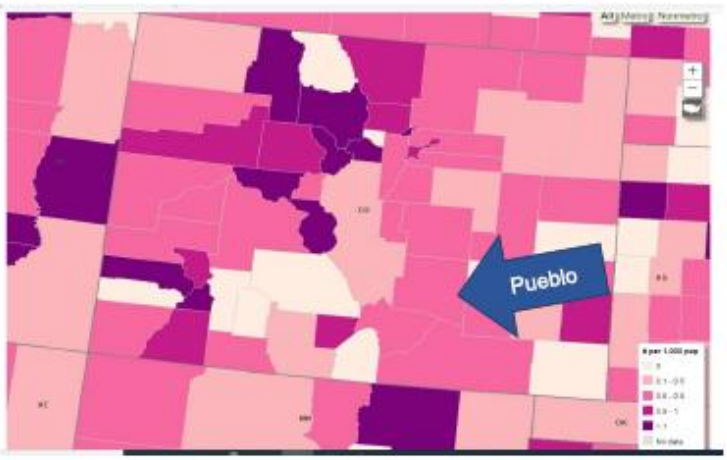


Pueblo Department of Public Health & Environment

22

Access to affordable, healthy foods

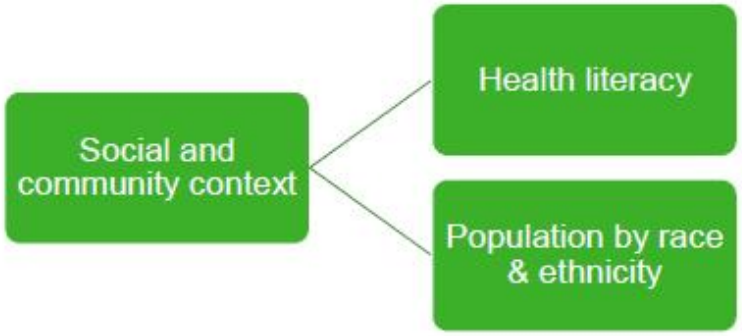
Fast-food restaurants/1,000 people



Pueblo Department of Public Health & Environment

23

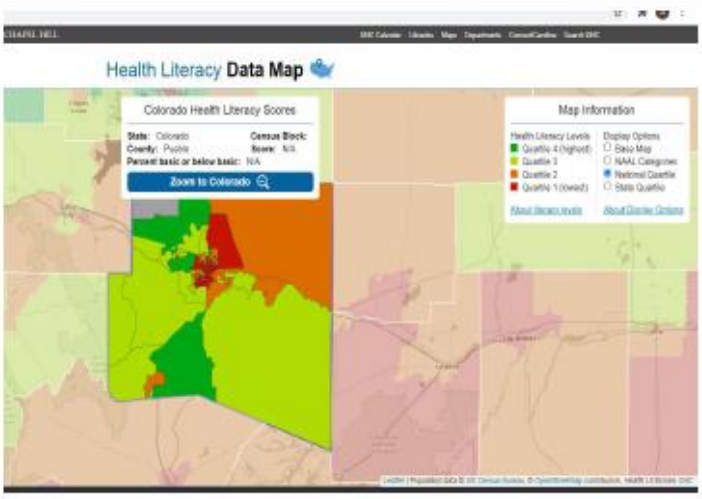
Access to affordable, healthy foods



Pueblo Department of Public Health & Environment

24

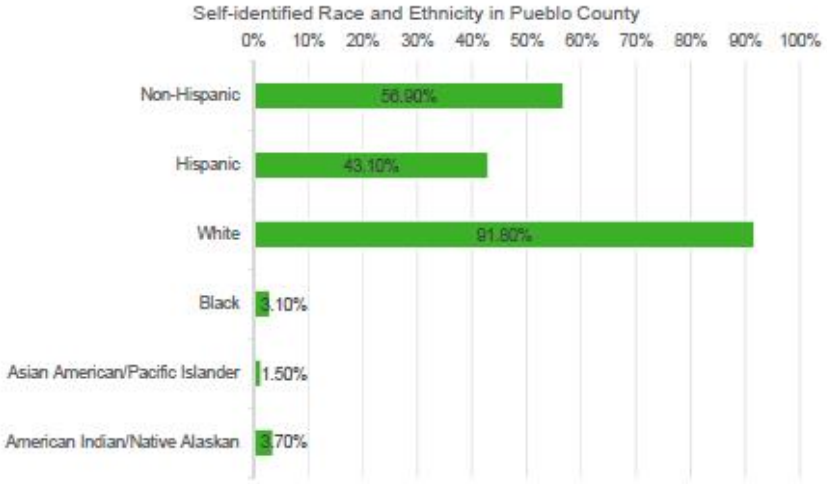
Access to affordable, healthy foods



Pueblo Department of Public Health & Environment

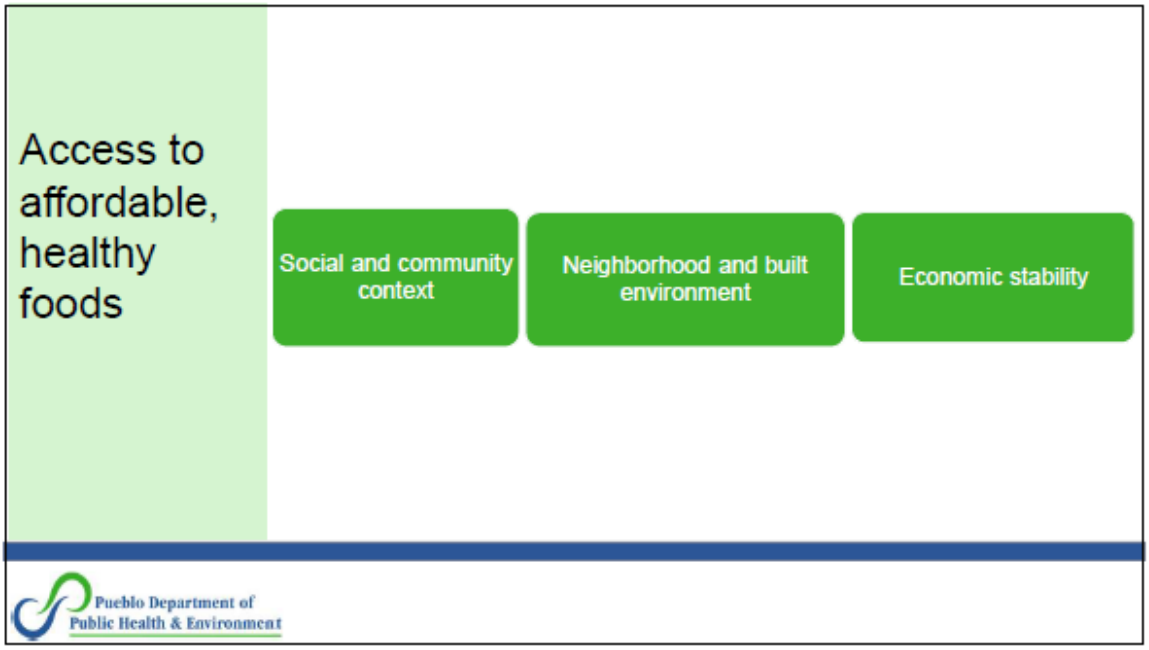
25

Access to affordable, healthy foods

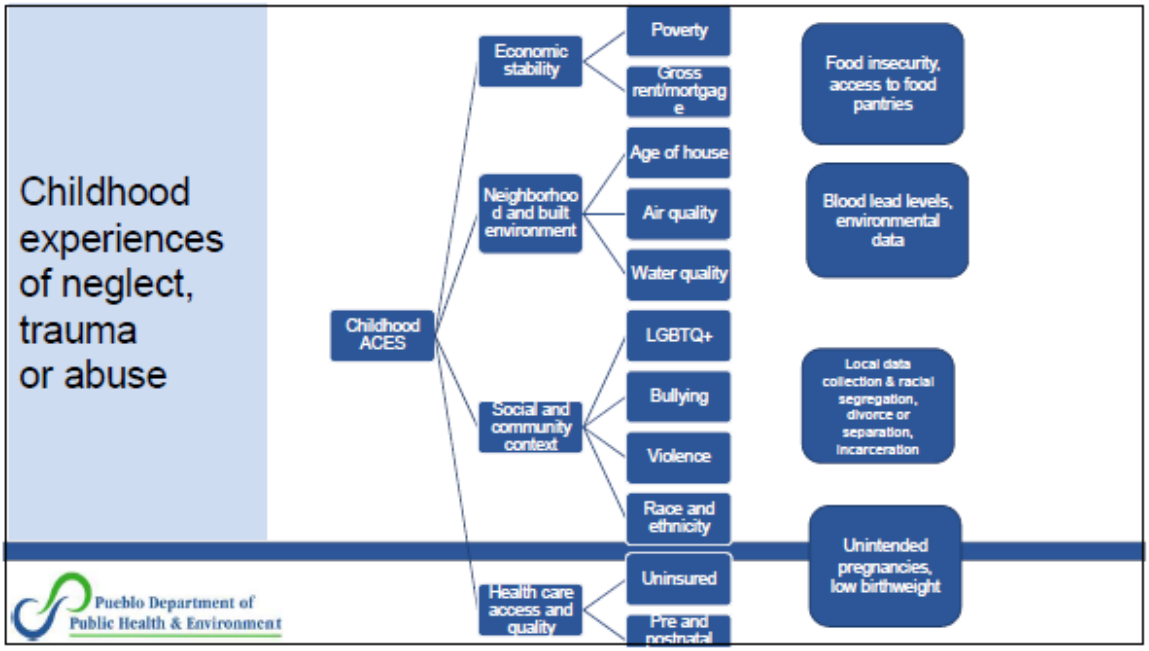


Pueblo Department of Public Health & Environment

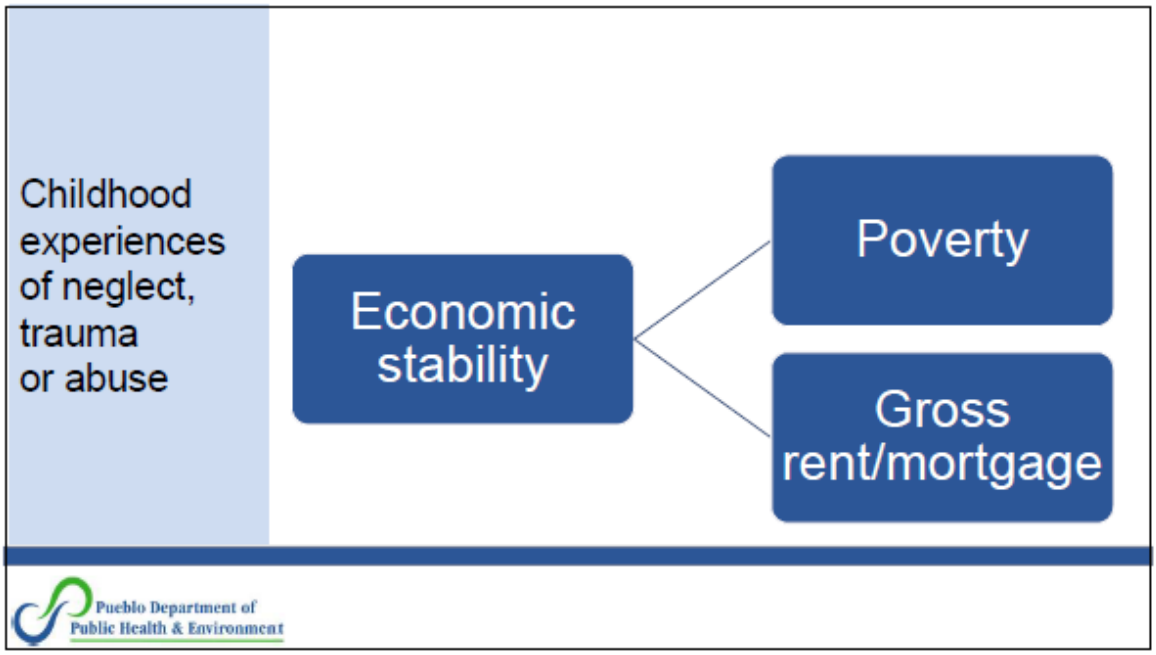
26


Access to affordable, healthy foods
Social and community context
Neighborhood and built environment
Economic stability
Pueblo Department of Public Health & Environment

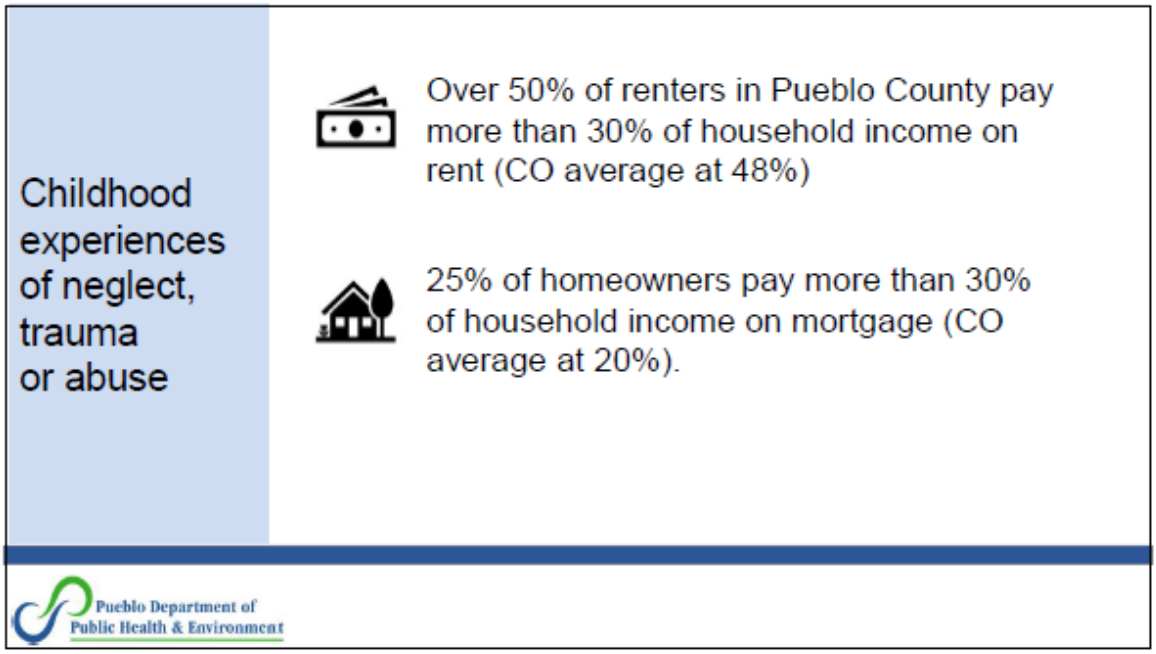
27


Childhood experiences of neglect, trauma or abuse
Childhood ACES
Economic stability
Neighborhood and built environment
Social and community context
Health care access and quality
Poverty
Gross rent/mortgage
Age of house
Air quality
Water quality
LGBTQ+
Bullying
Violence
Race and ethnicity
Uninsured
Pre and postnatal
Food insecurity, access to food pantries
Blood lead levels, environmental data
Local data collection & racial segregation, divorce or separation, incarceration
Unintended pregnancies, low birthweight
Pueblo Department of Public Health & Environment

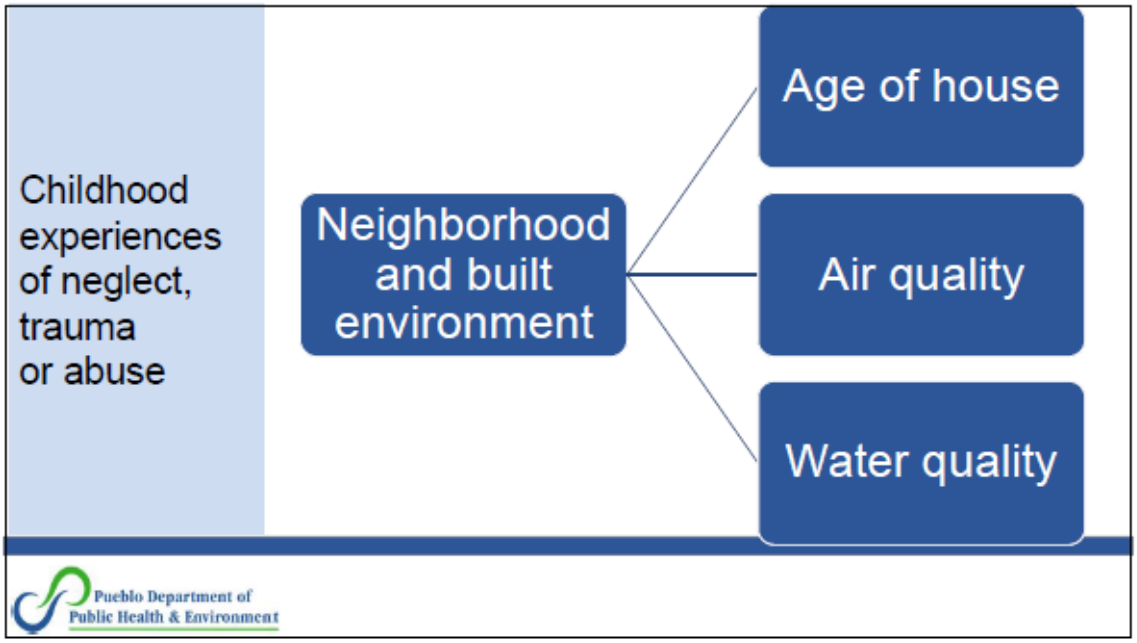
28


Childhood experiences of neglect, trauma or abuse
Economic stability
Poverty
Gross rent/mortgage
Pueblo Department of Public Health & Environment

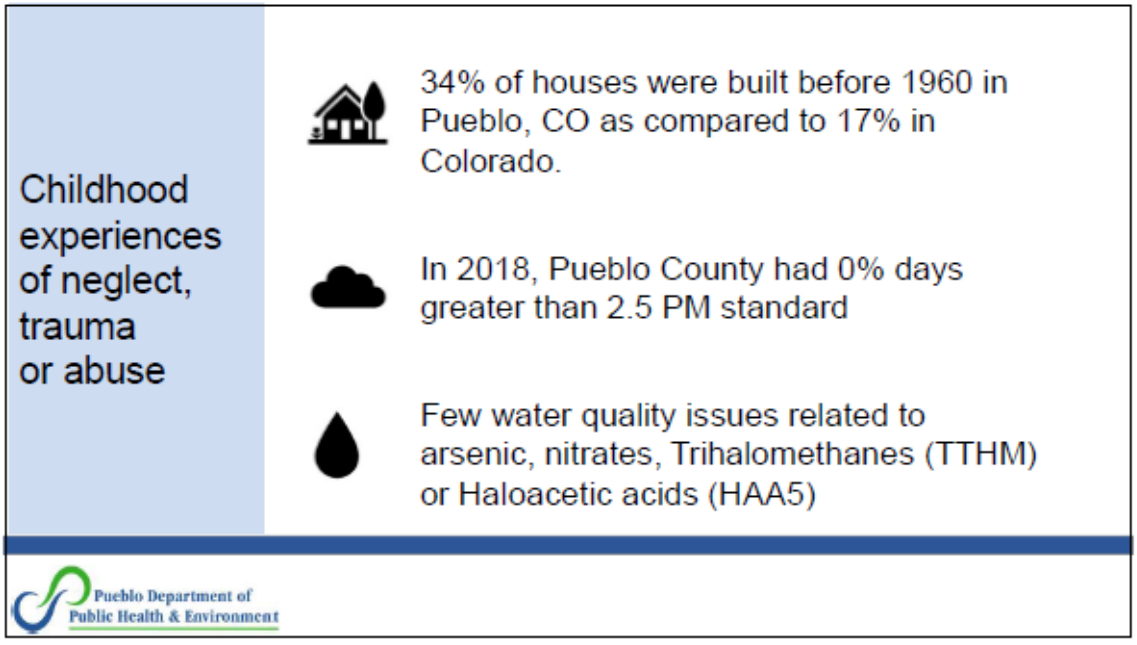
29


Childhood experiences of neglect, trauma or abuse
Over 50% of renters in Pueblo County pay more than 30% of household income on rent (CO average at 48%)
25% of homeowners pay more than 30% of household income on mortgage (CO average at 20%).
Pueblo Department of Public Health & Environment

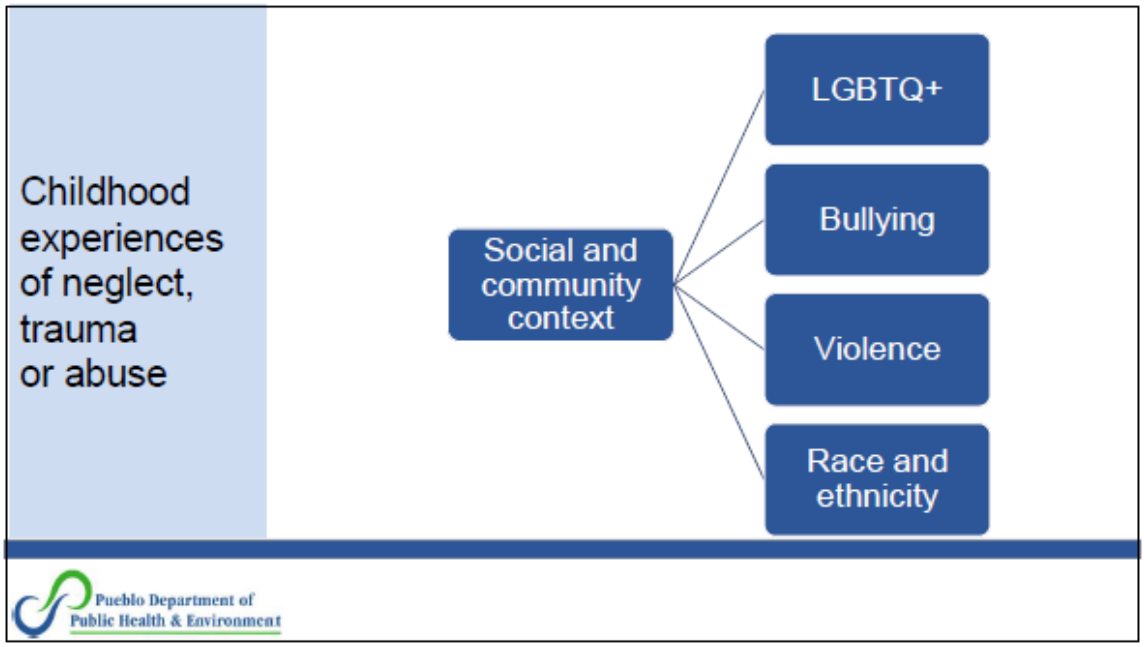
30


Childhood experiences of neglect, trauma or abuse
Neighborhood and built environment
Age of house
Air quality
Water quality
Pueblo Department of Public Health & Environment

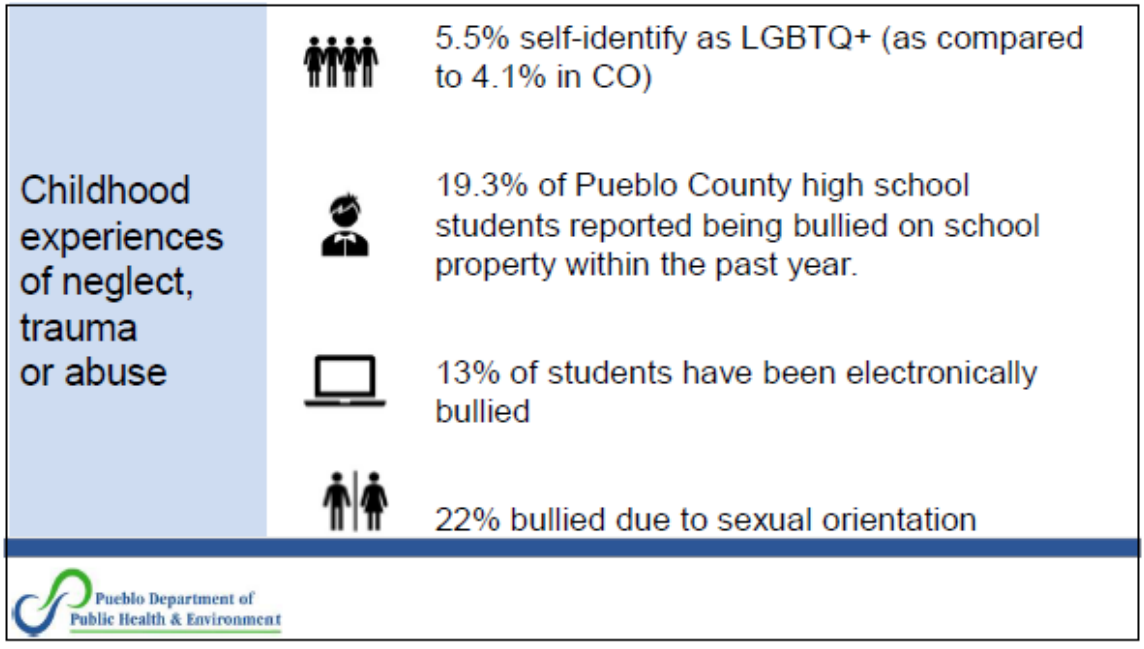
31


Childhood experiences of neglect, trauma or abuse
34% of houses were built before 1960 in Pueblo, CO as compared to 17% in Colorado.
In 2018, Pueblo County had 0% days greater than 2.5 PM standard
Few water quality issues related to arsenic, nitrates, Trihalomethanes (TTHM) or Haloacetic acids (HAA5)
Pueblo Department of Public Health & Environment

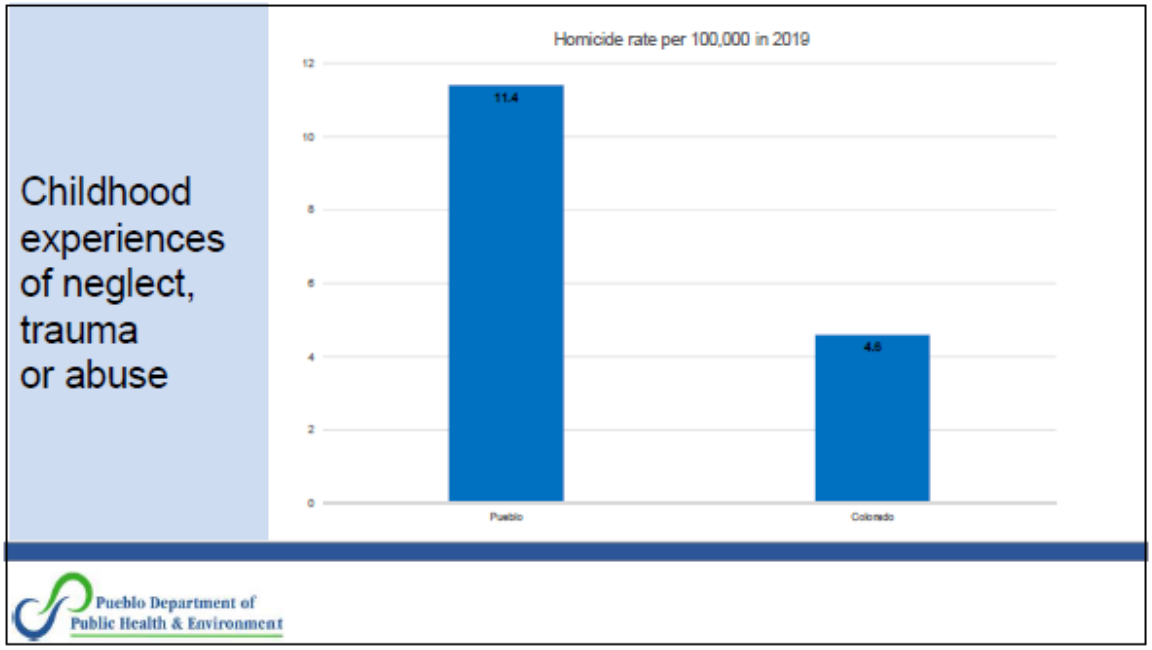
32


Childhood experiences of neglect, trauma or abuse
Social and community context
LGBTQ+
Bullying
Violence
Race and ethnicity
Pueblo Department of Public Health & Environment

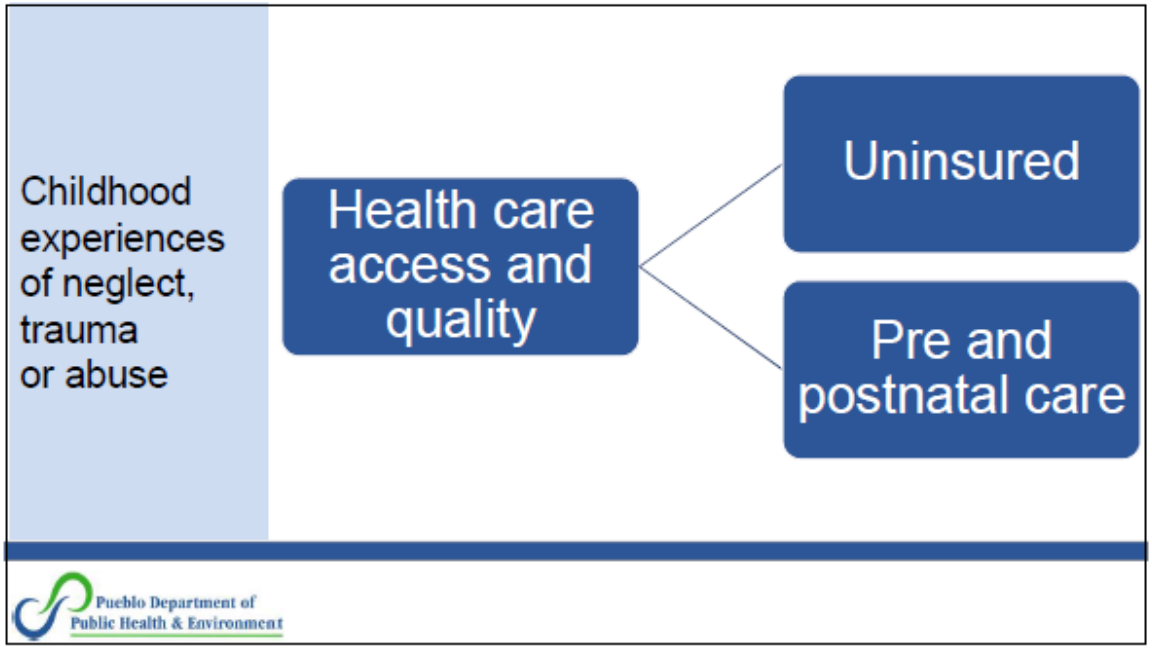
33


Childhood experiences of neglect, trauma or abuse
5.5% self-identify as LGBTQ+ (as compared to 4.1% in CO)
19.3% of Pueblo County high school students reported being bullied on school property within the past year.
13% of students have been electronically bullied
22% bullied due to sexual orientation
Pueblo Department of Public Health & Environment

34


Childhood experiences of neglect, trauma or abuse
Homicide rate per 100,000 in 2019
12
10
8
6
4
2
0
11.4
4.6
Pueblo
Colorado
Pueblo Department of Public Health & Environment

35


Childhood experiences of neglect, trauma or abuse
Health care access and quality
Uninsured
Pre and postnatal care
Pueblo Department of Public Health & Environment

36

Childhood experiences of neglect, trauma or abuse

In 2019, 6.3% Pueblo County residents (or 10,500) were uninsured (6.5% in CO)

- Of those under 19, under 3% were uninsured (4.7% in CO)

Less than half of women received adequate prenatal care as compared to 63% in CO

4 out of 5 women in Pueblo County reported a health care worker talked to them about what to do if they felt depressed during pregnancy or after delivery

Pueblo Department of Public Health & Environment

37

Childhood experiences of neglect, trauma or abuse

- Health care access and quality
- Social and community context
- Neighborhood and built environment
- Economic stability

Pueblo Department of Public Health & Environment

38

39

Third Priority Area

	Delphi Process	Community Member Survey	Existing Data (w/o obesity and bh)
1	Domestic violence	Access to affordable and healthy foods	Improved oral health care and use of oral health care for adults
2	Housing instability and homelessness	Improved access and quality of health care	Radon
3	Education and promotion of early preventative services	Cost of health care	Sexual intercourse by youth
4	Access and availability of health care resources	Improved access, quality and cost of mental health care services	Influenza among seniors (65+)
5	Diabetes and diabetes education	Improved physical activity (facilities and mentoring)	

Pueblo Department of Public Health & Environment

40

Third Priority Area

	Delphi Process	Community Member Survey	Existing Data (w/o obesity and bh)
1	Domestic violence	Access to affordable and healthy foods	Improved oral health care and use of oral health care for adults
2	Housing instability and homelessness	Improved access and quality of health care	Radon
3	Education and promotion of early preventative services	Cost of health care	Sexual intercourse by youth
4	Access and availability of health care resources	Improved access, quality and cost of mental health care services	Influenza among seniors (65+)
5	Diabetes and diabetes education	Improved physical activity (facilities and mentoring)	

Pueblo Department of Public Health & Environment

41

42

Next Steps

PDPHE Leadership

- 8/23: Review content to be presented to BOH

Board of Health

- 8/25: Will review decisions approved by PDPHE leadership and provide support

Pueblo Department of Public Health & Environment

43

Thank you!

Pueblo Department of Public Health & Environment

44

N. Community Member Survey Results

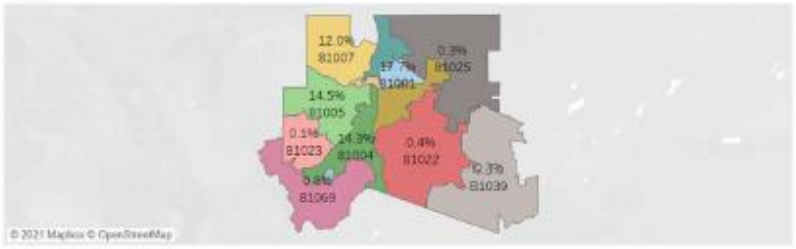
Community Member Survey.English.Spanish

File created on: 10/19/2021 12:33:01 PM

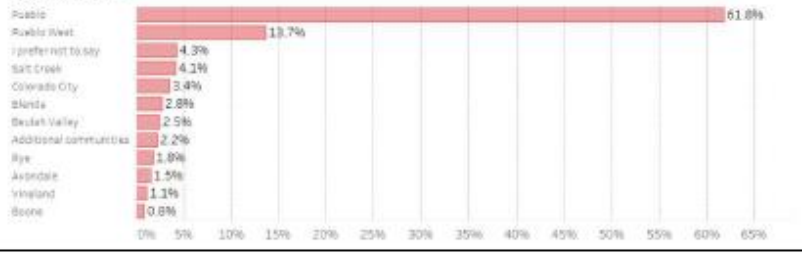
1

Percent of Pueblo County Residents that Participated in CHA Community Member Survey by Zip Code and Community, n=725

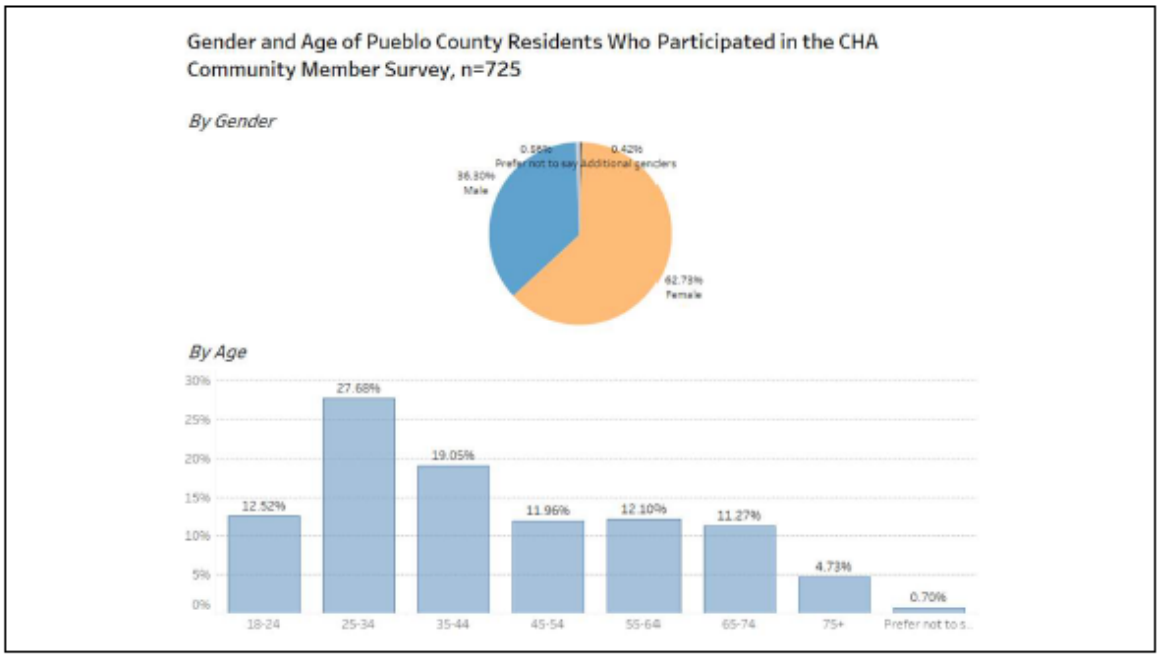
By Zip



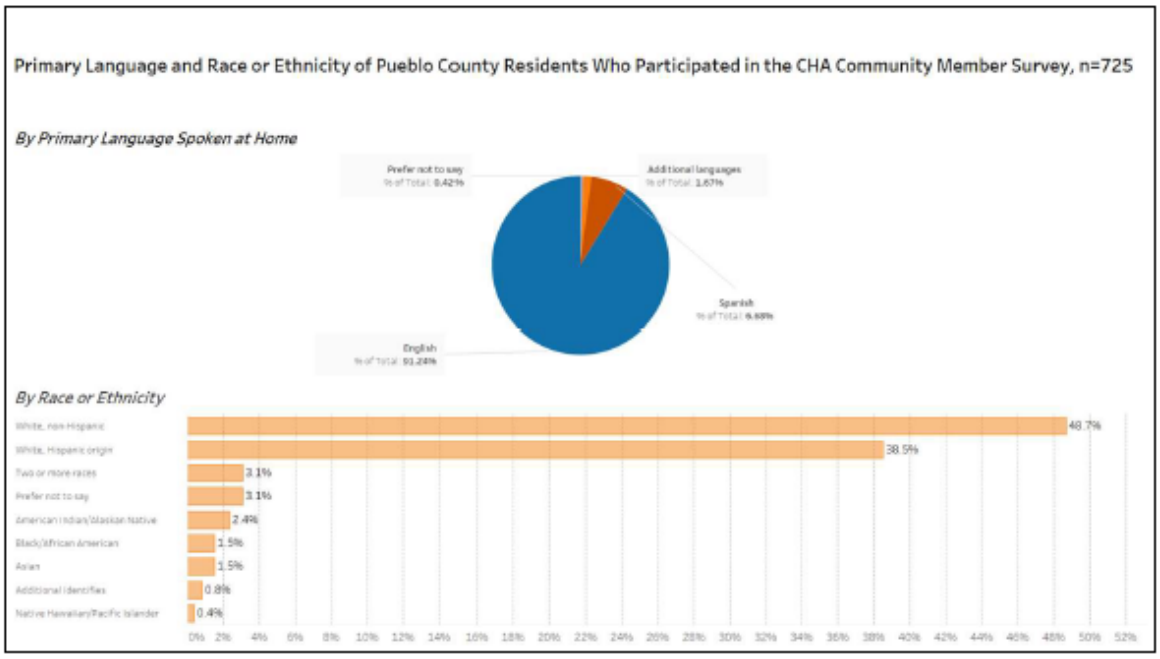
By Community



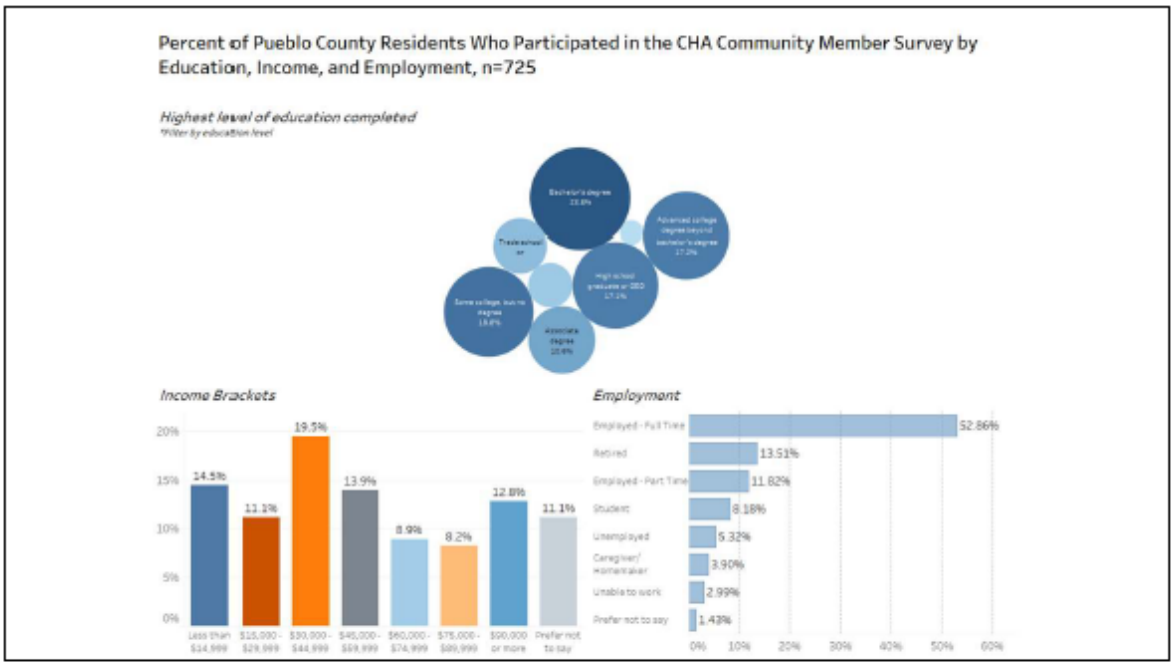
2


Gender and Age of Pueblo County Residents Who Participated in the CHA Community Member Survey, n=725
By Gender
0.15%
Prefer not to say
0.42%
Additional genders
36.30%
Male
62.73%
Female
By Age
30%
25%
20%
15%
10%
5%
0%
12.52%
27.68%
19.05%
11.96%
12.10%
11.27%
4.73%
0.70%
18-24
25-34
35-44
45-54
55-64
65-74
75+
Prefer not to s..

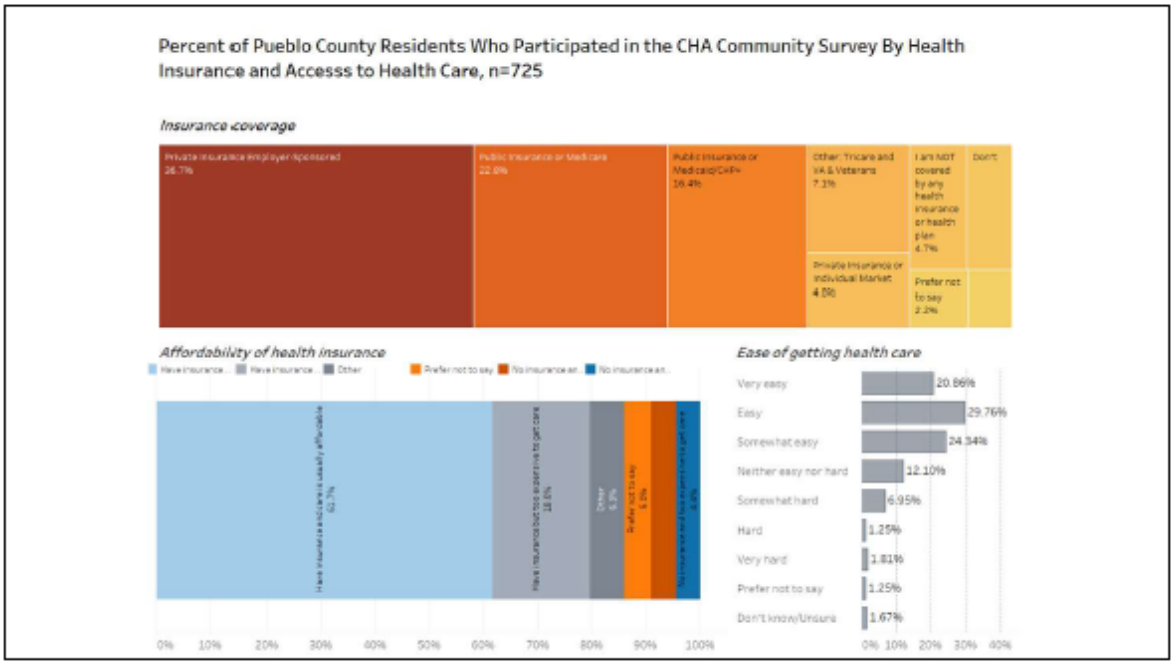
3


Primary Language and Race or Ethnicity of Pueblo County Residents Who Participated in the CHA Community Member Survey, n=725
By Primary Language Spoken at Home
Prefer not to say
% of Total: 0.42%
Additional languages
% of Total: 1.67%
Spanish
% of Total: 6.68%
English
% of Total: 91.24%
By Race or Ethnicity
White, non-Hispanic
White, Hispanic origin
Two or more races
Prefer not to say
American Indian/Alaskan Native
Black/African American
Asian
Additional identities
Native Hawaiian/Pacific Islander
48.7%
38.5%
3.1%
3.1%
2.4%
1.5%
1.5%
0.8%
0.4%
0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20% 22% 24% 26% 28% 30% 32% 34% 36% 38% 40% 42% 44% 46% 48% 50% 52%

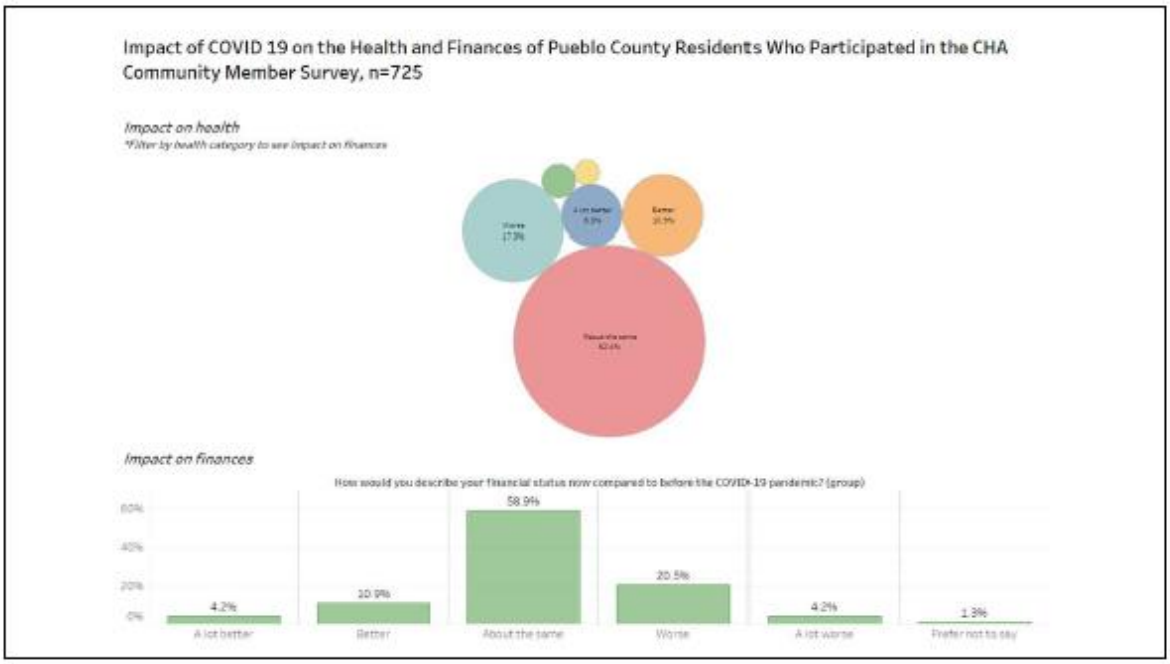
4


Percent of Pueblo County Residents Who Participated in the CHA Community Member Survey by Education, Income, and Employment, n=725
Highest level of education completed
Income Brackets
14.5%
11.1%
19.5%
13.9%
8.9%
8.2%
12.8%
11.1%
Employment
52.86%
13.51%
11.82%
8.18%
5.32%
3.90%
2.99%
1.43%

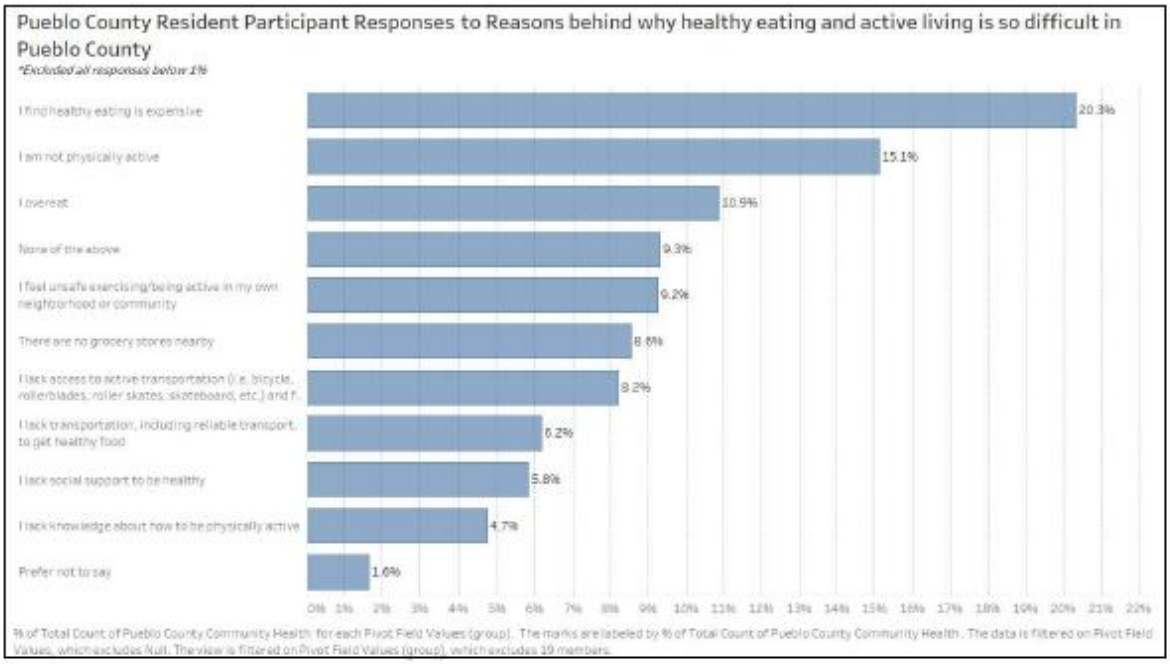
5


Percent of Pueblo County Residents Who Participated in the CHA Community Survey By Health Insurance and Accesss to Health Care, n=725
Insurance coverage
Affordability of health insurance
Ease of getting health care
20.86%
29.76%
24.34%
12.10%
6.95%
1.25%
1.81%
1.25%
1.67%

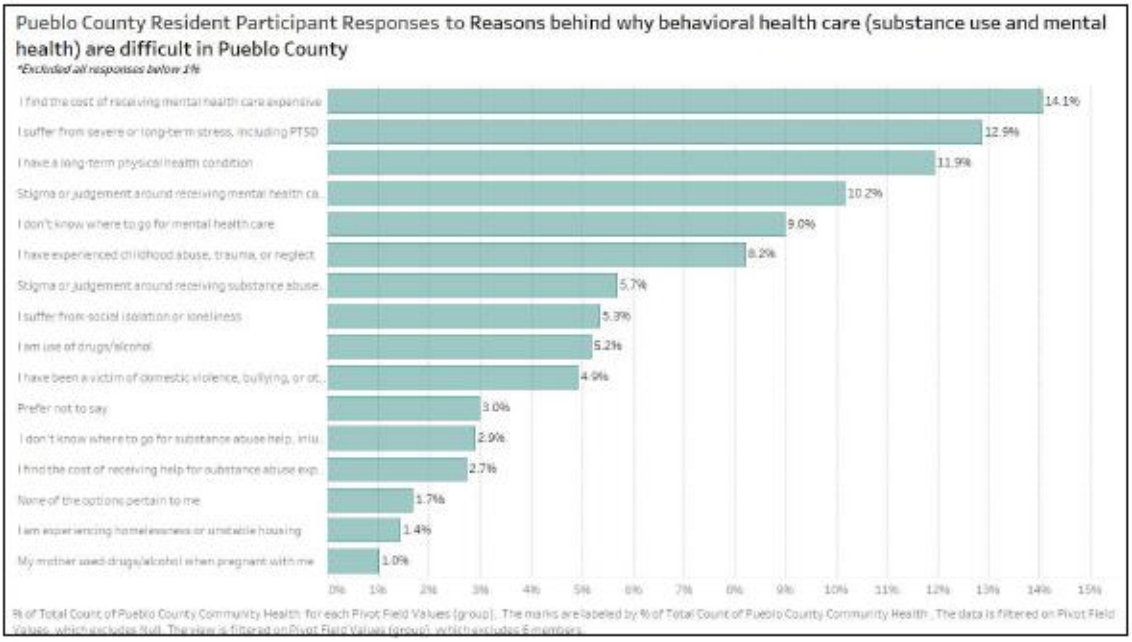
6


Impact of COVID 19 on the Health and Finances of Pueblo County Residents Who Participated in the CHA Community Member Survey, n=725
Impact on health
*Filter by health category to see impact on finances
Impact on finances
How would you describe your financial status now compared to before the COVID-19 pandemic? (group)
60%
40%
20%
0%
4.2%
10.9%
58.9%
20.5%
4.2%
1.3%
A lot better
Better
About the same
Worse
A lot worse
Prefer not to say

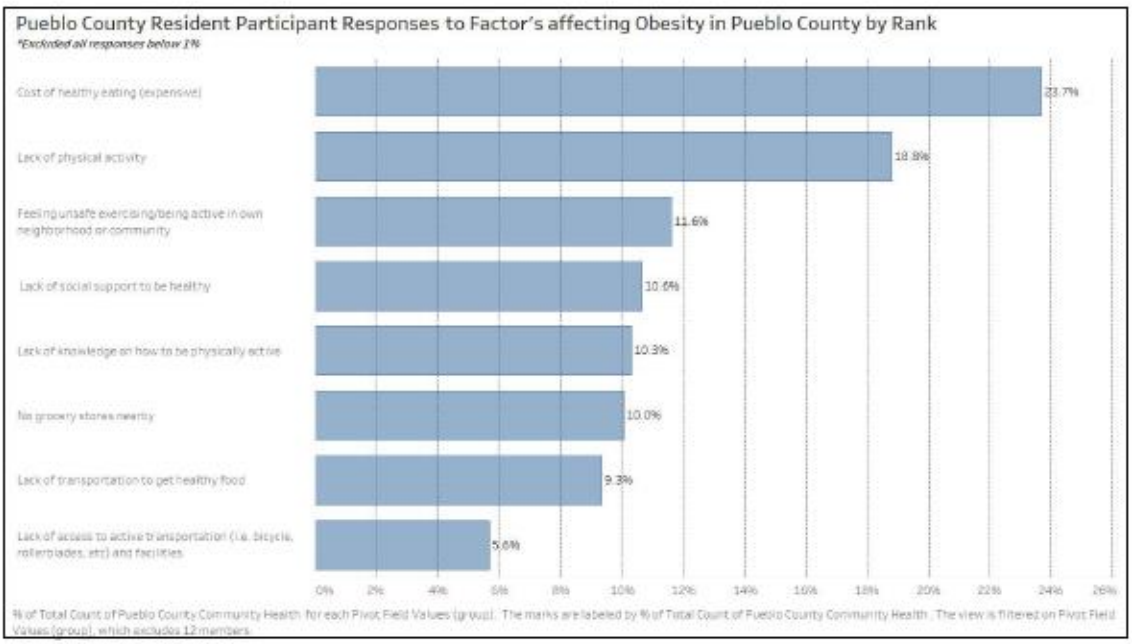
7


Pueblo County Resident Participant Responses to Reasons behind why healthy eating and active living is so difficult in Pueblo County
*Excluded all responses below 1%
I find healthy eating is expensive
I am not physically active
I overeat
None of the above
I feel unsafe exercising/being active in my own neighborhood or community
There are no grocery stores nearby
I lack access to active transportation (i.e. bicycle, rollerblades, roller skates, skateboard, etc.) and f...
I lack transportation, including reliable transport, to get healthy food
I lack social support to be healthy
I lack knowledge about how to be physically active
Prefer not to say
20.3%
15.1%
10.9%
9.3%
9.2%
8.6%
8.2%
6.2%
5.8%
4.7%
1.6%
0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12% 13% 14% 15% 16% 17% 18% 19% 20% 21% 22%
% of Total Count of Pueblo County Community Health: for each Pivot Field Values (group). The marks are labeled by % of Total Count of Pueblo County Community Health. The data is filtered on Pivot Field Values, which excludes Null. The view is filtered on Pivot Field Values (group), which excludes 19 members.

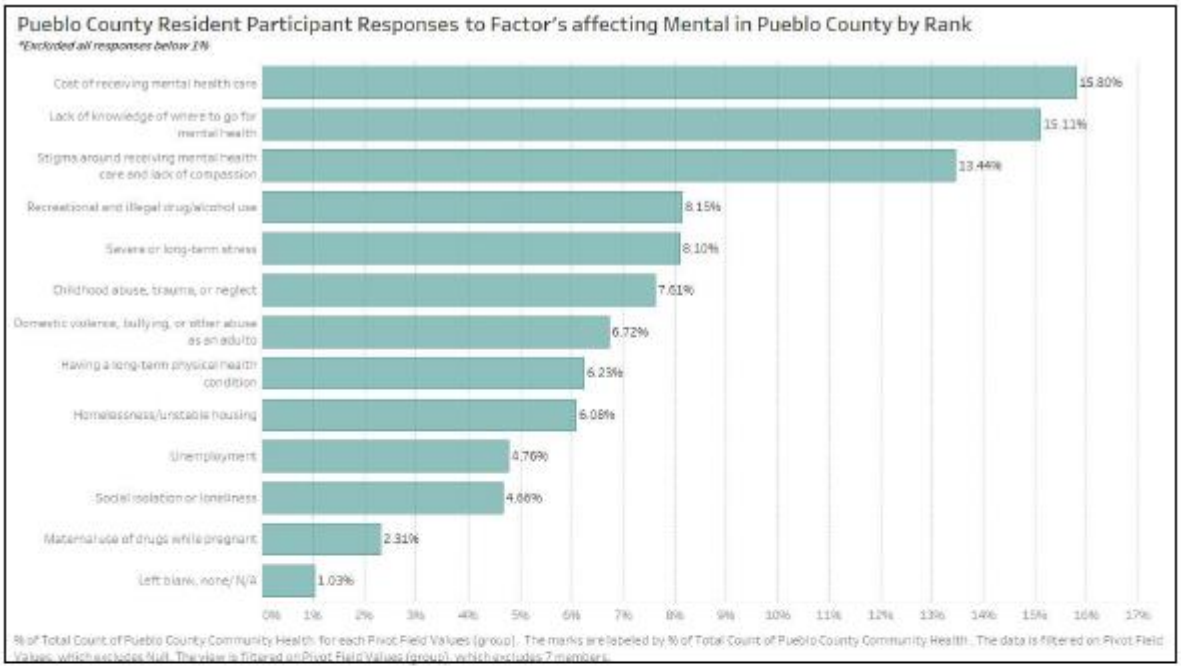
8


Pueblo County Resident Participant Responses to Reasons behind why behavioral health care (substance use and mental health) are difficult in Pueblo County
*Excluded all responses below 1%
I find the cost of receiving mental health care expensive
I suffer from severe or long-term stress, including PTSD
I have a long-term physical health condition
Stigma or judgement around receiving mental health ca..
I don't know where to go for mental health care
I have experienced childhood abuse, trauma, or neglect
Stigma or judgement around receiving substance abuse
I suffer from social isolation or loneliness
I am use of drugs/alcohol
I have been a victim of domestic violence, bullying, or ot..
Prefer not to say
I don't know where to go for substance abuse help, initia..
I find the cost of receiving help for substance abuse exp..
None of the options pertain to me
I am experiencing homelessness or unstable housing
My mother used drugs/alcohol when pregnant with me
14.1%
12.9%
11.9%
10.2%
9.0%
8.2%
5.7%
5.3%
5.2%
4.9%
3.0%
2.9%
2.7%
1.7%
1.4%
1.0%
0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12% 13% 14% 15%
% of Total Count of Pueblo County Community Health for each Pivot Field Values (group). The marks are labeled by % of Total Count of Pueblo County Community Health. The data is filtered on Pivot Field Values, which excludes Null. The view is filtered on Pivot Field Values (group), which excludes 8 members.

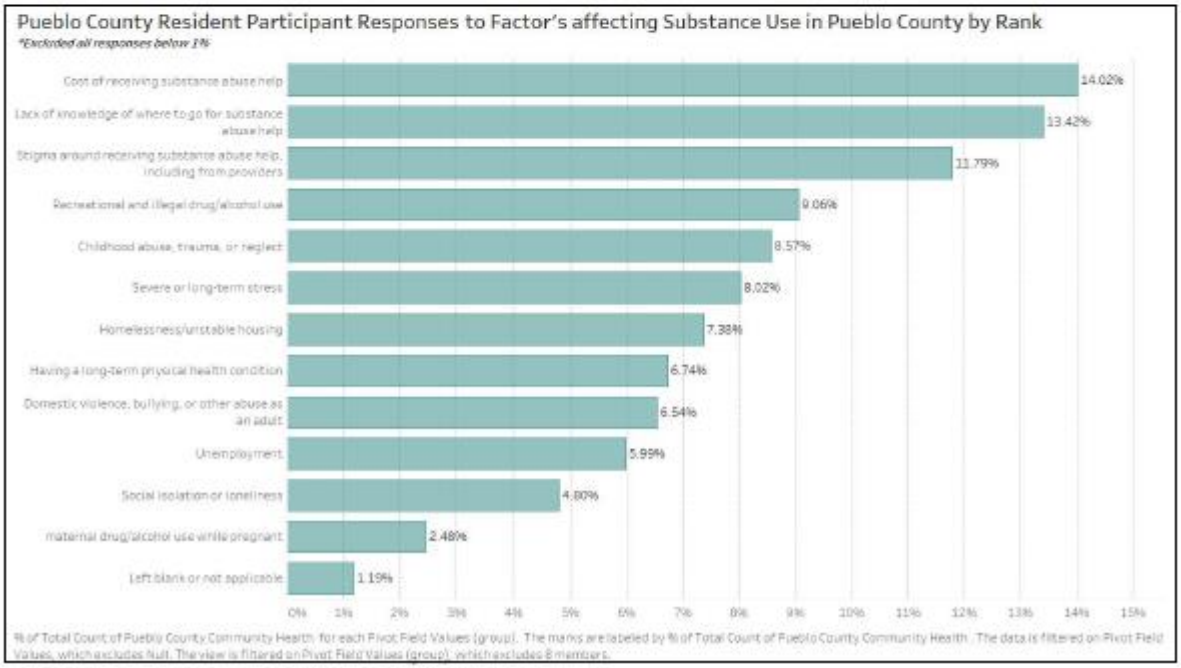
9


Pueblo County Resident Participant Responses to Factor's affecting Obesity in Pueblo County by Rank
*Excluded all responses below 1%
Cost of healthy eating (expensive)
Lack of physical activity
Feeling unsafe exercising/being active in own neighborhood or community
Lack of social support to be healthy
Lack of knowledge on how to be physically active
No grocery stores nearby
Lack of transportation to get healthy food
Lack of access to active transportation (i.e. bicycle, rollerblades, etc) and facilities
23.7%
18.8%
11.6%
10.6%
10.3%
10.0%
9.3%
5.6%
0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20% 22% 24% 26%
% of Total Count of Pueblo County Community Health for each Pivot Field Values (group). The marks are labeled by % of Total Count of Pueblo County Community Health. The view is filtered on Pivot Field Values (group), which excludes 12 members.

10


Pueblo County Resident Participant Responses to Factor's affecting Mental in Pueblo County by Rank
*Excluded all responses below 1%
Cost of receiving mental health care
Lack of knowledge of where to go for mental health
Stigma around receiving mental health care and lack of compassion
Recreational and illegal drug/alcohol use
Severe or long-term stress
Childhood abuse, trauma, or neglect
Domestic violence, bullying, or other abuse as an adult
Having a long-term physical health condition
Homelessness/unstable housing
Unemployment
Social isolation or loneliness
Maternal use of drugs while pregnant
Left blank, none/N/A
15.80%
15.11%
13.44%
8.15%
8.10%
7.61%
6.72%
6.23%
6.08%
4.76%
4.66%
2.31%
1.03%
0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12% 13% 14% 15% 16% 17%
% of Total Count of Pueblo County Community Health: for each Pivot Field Values (group). The marks are labeled by % of Total Count of Pueblo County Community Health. The data is filtered on Pivot Field Values, which excludes Null. The view is filtered on Pivot Field Values (group), which excludes 7 members.

11


Pueblo County Resident Participant Responses to Factor's affecting Substance Use in Pueblo County by Rank
*Excluded all responses below 1%
Cost of receiving substance abuse help
Lack of knowledge of where to go for substance abuse help
Stigma around receiving substance abuse help, including from providers
Recreational and illegal drug/alcohol use
Childhood abuse, trauma, or neglect
Severe or long-term stress
Homelessness/unstable housing
Having a long-term physical health condition
Domestic violence, bullying, or other abuse as an adult
Unemployment
Social isolation or loneliness
maternal drug/alcohol use while pregnant
Left blank or not applicable
14.02%
13.42%
11.79%
9.06%
8.57%
8.02%
7.38%
6.74%
6.54%
5.99%
4.80%
2.48%
1.19%
0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12% 13% 14% 15%
% of Total Count of Pueblo County Community Health: for each Pivot Field Values (group). The marks are labeled by % of Total Count of Pueblo County Community Health. The data is filtered on Pivot Field Values, which excludes Null. The view is filtered on Pivot Field Values (group), which excludes 8 members.

12

O. Data Cleaning Procedure

In preparing for analysis of the CHA Community Member Survey, all data needed to be reviewed and cleaned. The data was downloaded from Survey Monkey® as individual responses (in English and in Spanish) into an Excel CSV file and then converted to an Excel Workbook. To ensure accurate data responses (concerns linked to adequate time spent on the survey as well as representative responses of Pueblo County residents), the public health epidemiologist conducted the following filters for English and Spanish versions:

1) The first filter included time spent on the survey. The survey contained over 20 questions (and two optional questions). Survey Monkey® estimated the average time to complete the survey was 6 minutes. After uploading the individual responses into an Excel workbook, the public health epidemiologist created an "if then" statement to determine whether respondents took enough time to complete the survey. Using a more conservative estimate of 2 minutes to complete the survey, any respondent who took greater than 2 minutes to complete the survey was categorized as "true" while any respondent that took less than 2 minutes to complete the survey was categorized as a "false". All false responses were deleted.
2) The second filter included reviewing and deleting all respondent data that listed non-Pueblo County zip codes and reviewing and deleting all Pueblo County zip codes that did not correspond with subsequent Pueblo County and City towns and neighborhoods. For example, certain responses included correct Pueblo County zip codes, but the selected towns or cities did not correspond with those zip codes.
3) A third filter included deleting data from specific dates: May 19 and May 20, 2021. The decision to delete data from these dates was made by the public health planner and epidemiologist. A social media boost for the CHA community member survey with an attached $5 electronic incentive was launched on May 19th. A massive influx of responses came in during those two days. While potentially legitimate responses may have been lost, most responses over those two days did not represent the ideas and perspectives of Pueblo County residents.
4) The last filter involved reviewing the remaining IP addresses of respondents. If certain IP addresses were linked to countries outside the United States, the attached data and responses were deleted.

Report Citations

1. https://health.gov/healthypeople/objectives-and-data/social-determinants-health
2. https://www.cdc.gov/training/publichealth101/public-health.html
3. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment
4. https://www.census.gov/quickfacts/fact/table/pueblocountycolorado,US/PST045219
5. https://coloradoencyclopedia.org/article/pueblo-county
6. https://cdphe-lpha.colorado.gov/chaps-phases
7. https://www.barhii.org/