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Dolores County Public Health Improvement Plan



July 2017



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Introduction

In 2008, Colorado passed Senate Bill 194, known as the Public Health Act, which called for reforms to Colorado’s public health system. The purpose of the bill is to assure that individuals throughout the state are able to access a similar quality of core public health services. In order to achieve this, the bill requires that the state of Colorado, as well as all local public health departments, complete a community health and capacity assessment, and develop a five-year public health improvement plan. This document provides an overview of the health assessment and prioritization process for Dolores County which is in the southwest region of Colorado. Public health planning in this county is led by Dolores County Public Health Department, and the activities related to the development of this public health improvement plan.

As a part of the plan, this document provides information on the populations of Dolores County, describes the prioritization process that occurred with key stakeholders within the county, and presents the top public health concerns identified within the county. This report also explores the impact that these public health priorities have on the morbidity and mortality of Coloradans residing within this county, and how addressing these goal areas will improve health outcomes.

Community Description

Dolores County, Colorado

Dolores County Snapshot: 2014
Population in 2014: 1933
Median Income: \$44,235
Uninsured: 16%

Dolores County is rural community located directly north of Montezuma County and Utah to the West. It is in a region referred as the Four-Corners, and the only place in the United States where four states-Arizona, New Mexico, Utah, and Colorado come together at one place. “Dolores County is endowed with regional beauty and strong ties to our pioneer and agricultural heritage.”-

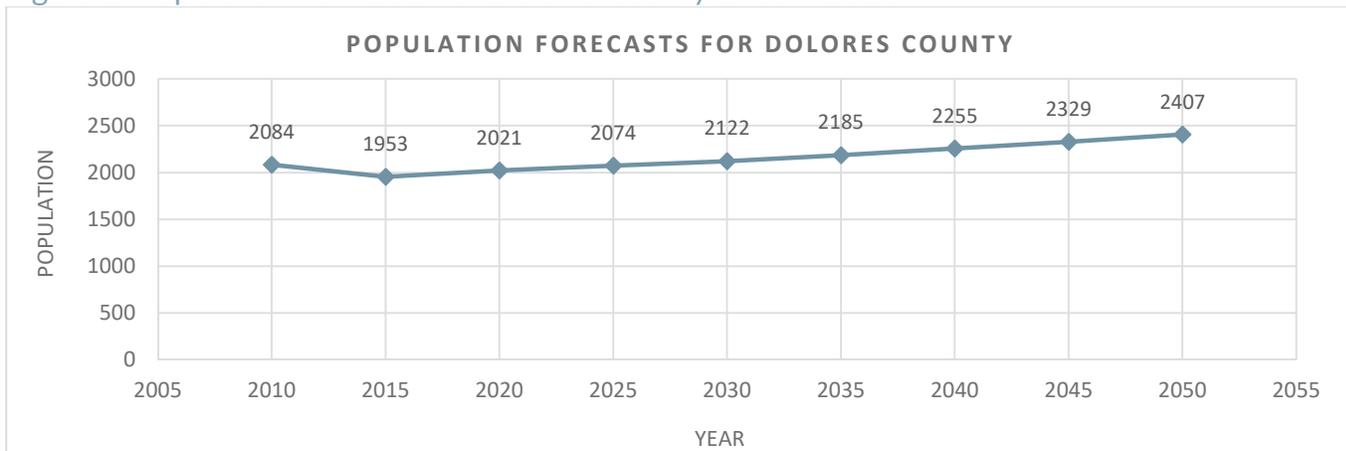
DCDC. The county seat is in Dolores County is in the town of Dove Creek, and there are several other smaller communities; Town of Rico, Cahone, Dunton and the Groundhog area which has a growing summer population.

Historically, the mountainous (eastern) part of Dolores County supplied a number of small sawmills and was the site of gold, silver, copper, lead, zinc and molybdenum mining in the Rico area. Uranium mining in Western San Miguel County to the North provided important supplemental income to the Dolores County economy until the mines closed in the mid-1980s. Access to scenic public lands in the county provide recreational opportunities, however, the tourist base is served primarily by businesses outside of the county.

The Dolores County economy is dominated by mineral/oil and gas and then agriculture. In Dolores County, government provides the most jobs, and then possibly agribusiness. Agribusiness includes services such as processing food products, trucking, storage, sales of farm equipment and supplies; as well as impacts on credit institutions and commodity brokers.

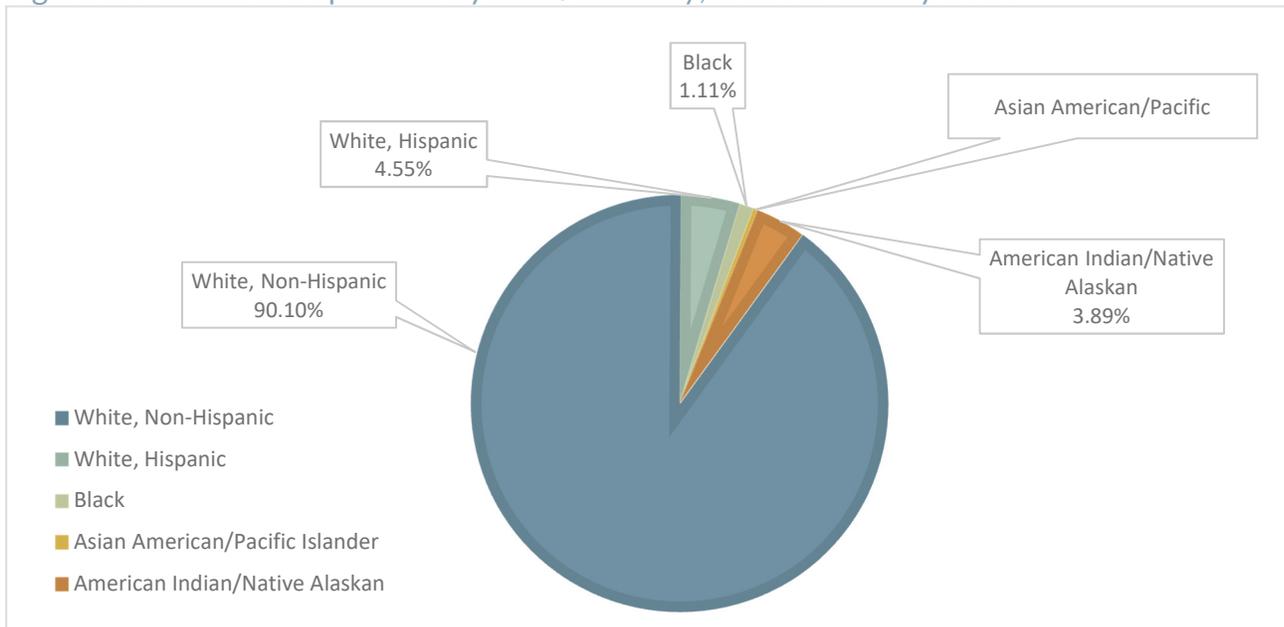
The total population for Dolores county is projected to increase by 1.66% between 2015 – 2020 and another 1.83% between 2020 – 2025.

Figure 1. Population Forecasts for Dolores County 2010 – 2025



Dolores County also has a predominantly White, non-Hispanic population and has a relatively small minority population as compared to the rest of the state (Figure 10). (2) Minority ethnic/racial groups in the county are American Indian/Native Alaskan (3.89%) and White, Hispanic (4.55%)(Figure 10). (2) The percentage of the Dolores County population that is Hispanic/Latino (2014) is less than elsewhere in the region and state (regional average 10.87%, Colorado average 19.14%;

Figure 2. Percent of Population by Race/Ethnicity, Dolores County 2014



Half of the Dolores County population is older than 45 years. The largest age group in the county is 45 – 64 year olds (Figure 12). In Dolores County, the percent of 65 and older population is slightly larger compared to the state percent.

Figure 3. Percent of Population by Age, Dolores County 2014 Figure 12. Percent of Population by Age, Dolores County, Region 9 and Colorado 2014

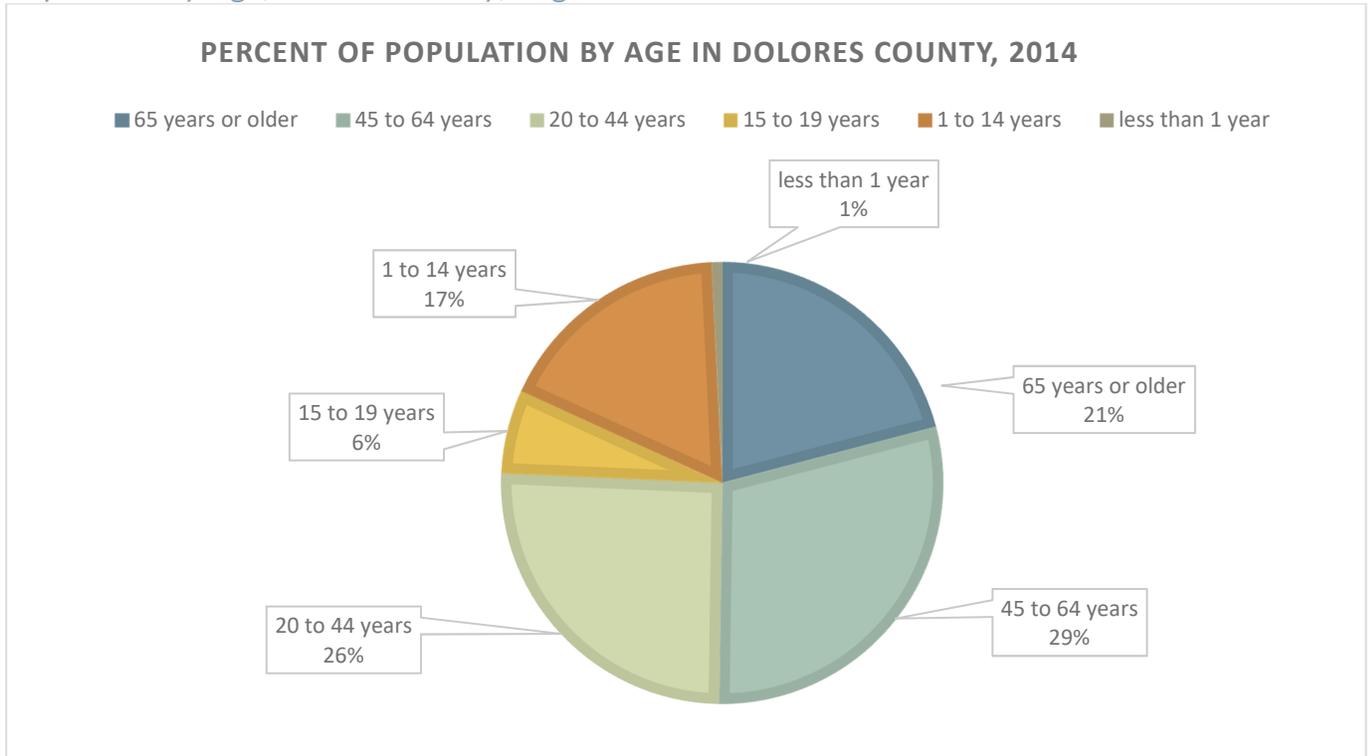
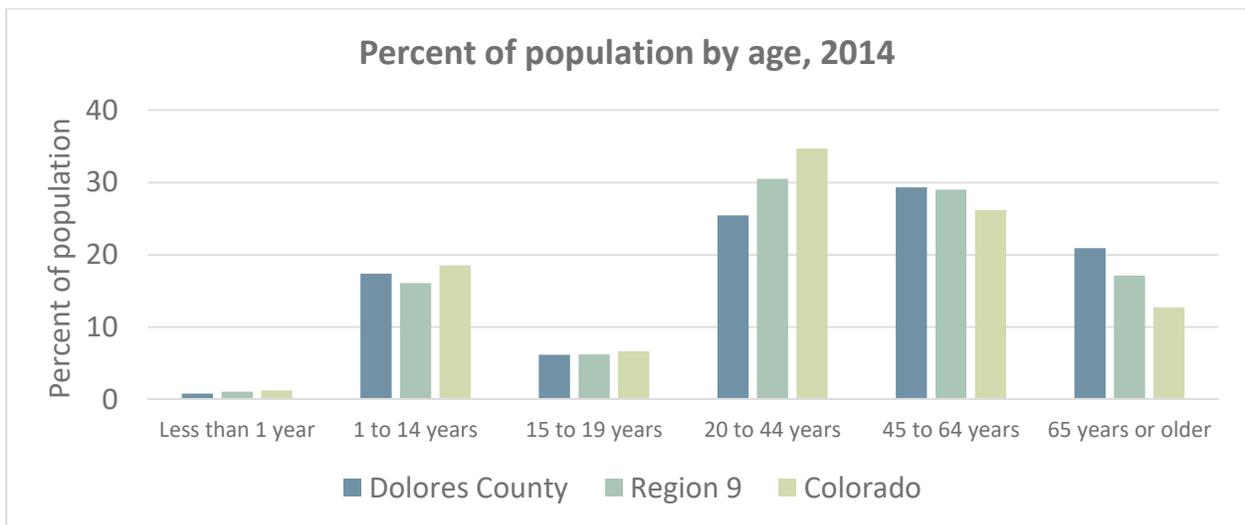
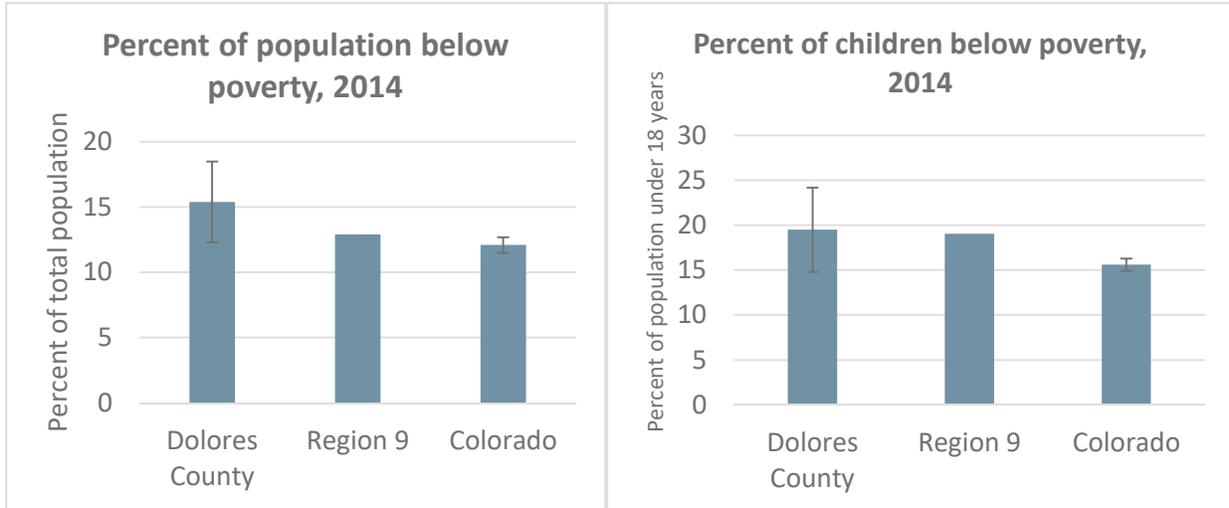


Figure 4. Percent of Population by Age, Dolores County, Region 9 and Colorado 2014



The percent of the population in Dolores County with income below the poverty level (15.4%) is not statistically different than from elsewhere in the state (12.1%).

Figure 5. Percent of Population Below Poverty, Dolores County, Region 9 and Colorado 2014



(4) The percentage of households that participated in SNAP between 2010 and 2014 was also not much different from elsewhere in the state (Figure 13). (2) Similarly, the percentage of children living below the poverty level in Dolores County is 19.5% and not higher from the rest of the state (15.6%). (4) However, the median household income of \$44,235 is well below the state median household income of \$61,324 (Figure 14). (4) Additionally, the unemployment rate in Dolores County tripled between 2007-2010 (5 to 17). While the unemployment rate decreased to 7.6 in 2013, it still remains high compared to the state (6.8%).

Figure 6. Household participation in SNAP in the past 12 months: Dolores County, Region 9 and Colorado (2010-2014)

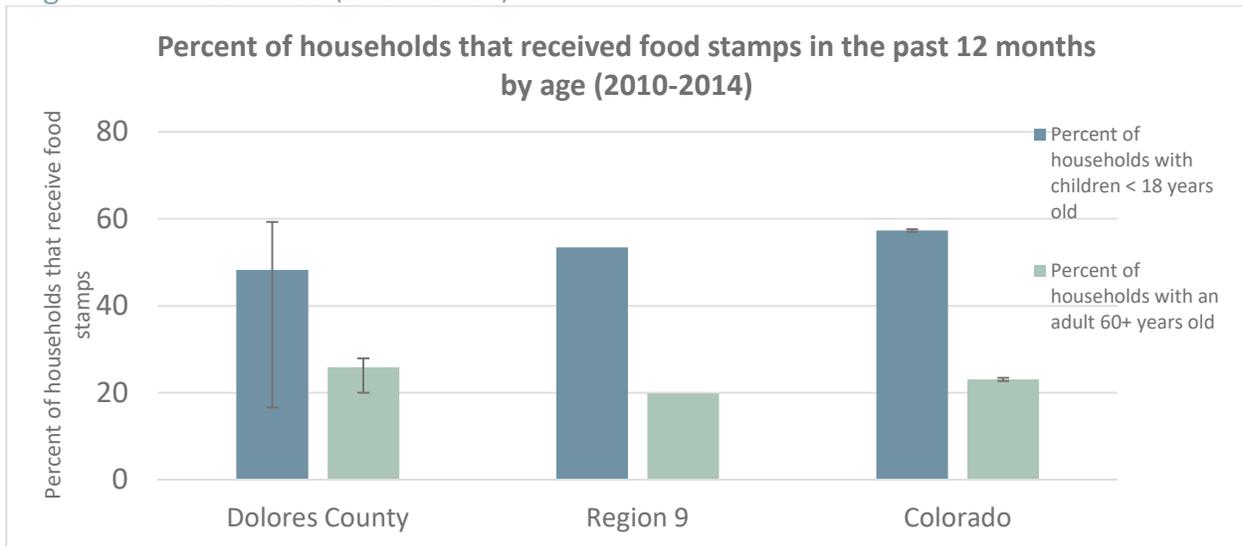
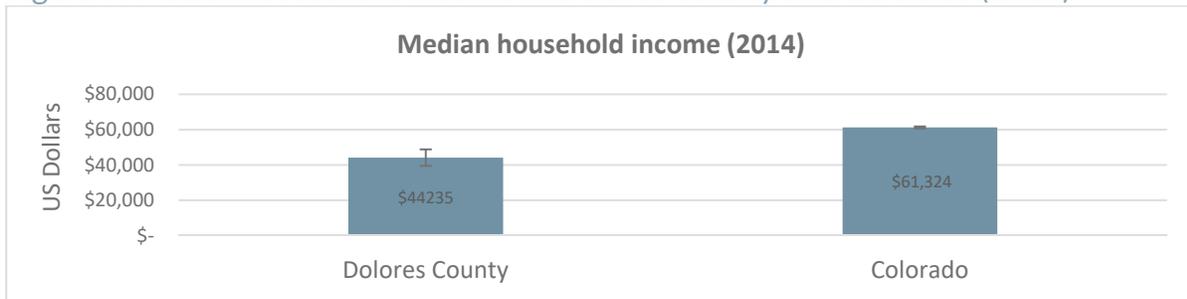


Figure 7. Median Household Income in Dolores County and Colorado (2014)



17.42% of the Dolores County population is enrolled in school, predominantly at the elementary and secondary school level (2010-2014). (2) For students K – 12, 49.82% are eligible for Free and Reduced lunch, a higher percentage than in the region (42.9%) and in the state (41.83%) - 2015. (6) 81.25% of the population has completed high school or obtained a GED and 25.1% has achieved a college degree or higher with 4.3% a masters or doctorate degree. (Figure 15). (2) Notably, the school dropout rate in Dolores County (2.52%) is very low but higher than the rates of 2010-2011 which was 0.7%. (6)

Figure 8. Percent of Adult Population Aged 25+ by Level of Education Completed in Dolores County (2010-2014).

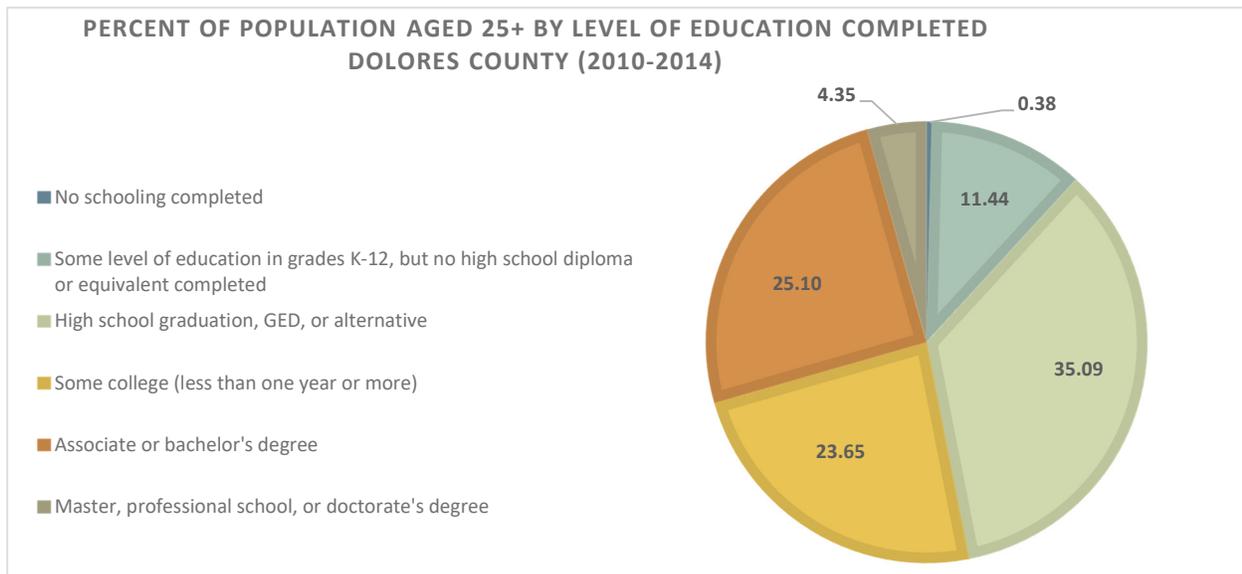


Figure 9. Percent of High School Completion in Dolores County, Region 9, and Colorado (2015).

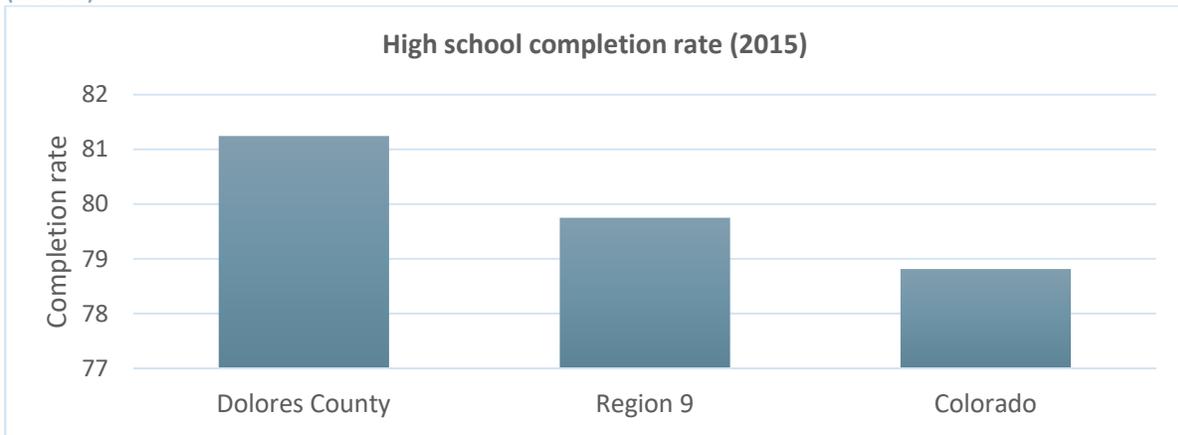
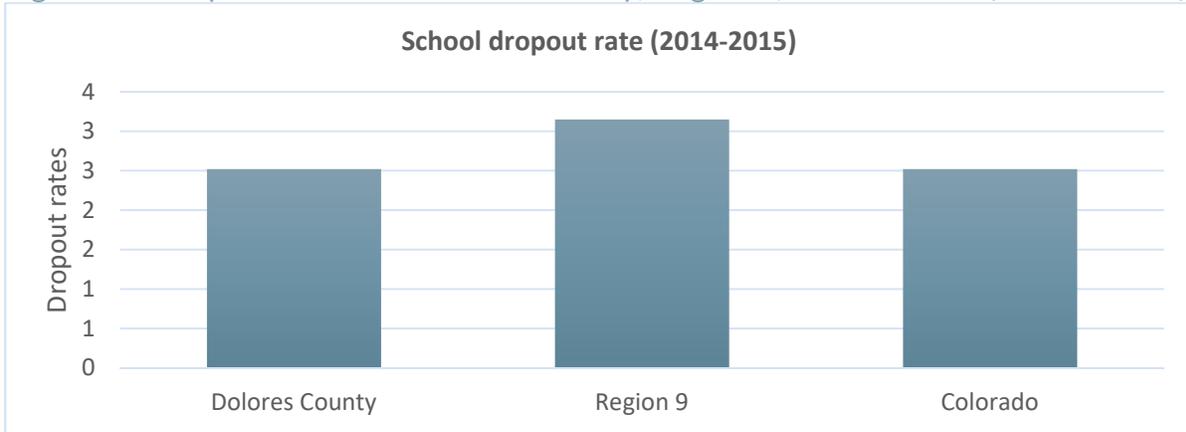


Figure 10. Drop Out Rates in Dolores County, Region 9, and Colorado (2014 - 2015).



Public Health

WHAT IS PUBLIC HEALTH?

Public health is defined as “the science and practice of protecting and improving the health of a community, as by preventative medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.” (7) The role of public health is to protect and improve the health of an entire population rather than individuals. Public health strives to limit health disparities, working toward health care equity for the population it serves. Public health systems are broader than simply the local or state public health agency. In fact, the public health system includes all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.

In Colorado, public health core services are defined by state legislation and the local public health agency is responsible for assuring the provision of these core services within their jurisdiction (8), typically within county boundaries. **Examples of core public health services include assuring clean air and water, safe food, health education to prevent chronic disease and injury, and investigating infectious disease outbreaks, among other priorities.**

In addition to assuring core public health services, local public health agencies are required by Colorado Senate Bill 194, otherwise known as the Public Health Act, to complete a community health assessment (CHA) and a community health improvement plan (CHIP). The CHA and CHIP must be conducted with a multi-agency community group, use current local health indicator data, and align with the statewide public health improvement plan. The National Public Health Accreditation Board (PHAB) requires the CHA, CHIP, and an agency Strategic Plan for the accreditation of local public health agencies. Accreditation is new to public health, but will act similarly to hospital and university accreditation, in that accredited agencies will be recognized as those that provide quality services, are financially accountable, use evidence-based practices, and work with broad community partnerships.

PUBLIC HEALTH’S “WINNABLE BATTLES”

Both the Centers for Disease Control and Prevention (CDC) and the Colorado Department of Public Health and Environment (CDPHE) released a set of “Winnable Battles” for public health. Winnable Battles are key public health and environmental issues where substantial progress can be made to improve population health over the next decade. In Colorado, CDPHE selected ten Winnable Battles that impact a high percentage of the population; involve significant health disparities; impose a large economic burden or risk on quality of life or the environment; and are consistent with state and federally-mandated programs designed to improve and protect the environment and public health (Table 1).(9) Colorado’s Winnable Battles also were selected

because evidence-based strategies exist for these population health areas and in many localities there is community-level readiness and support for change.

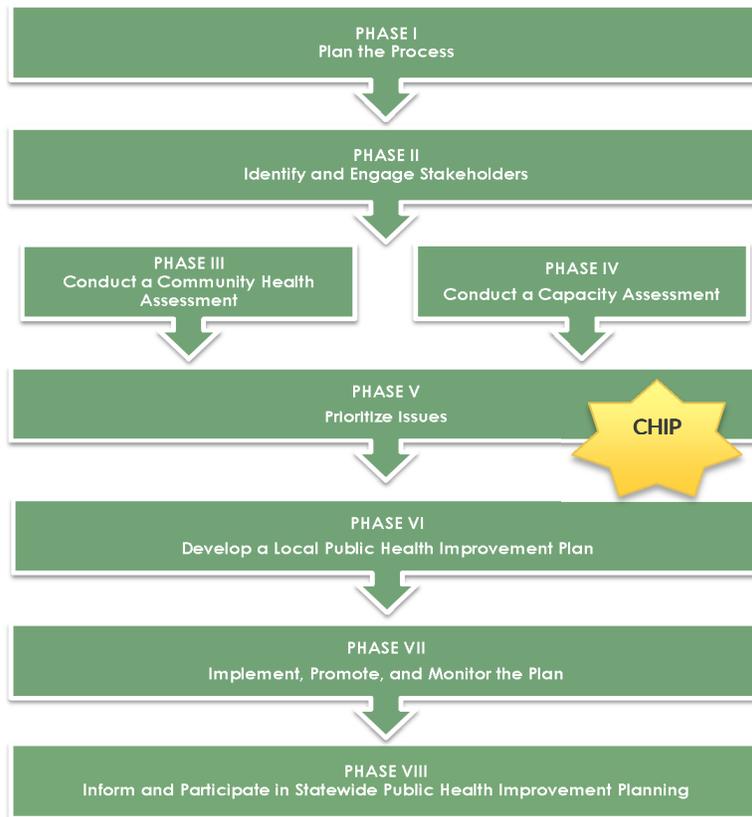
Table 1. Colorado’s Ten Winnable Battles

Clean Air	Obesity
Clean Water	Oral Health
Injury Prevention	Safe Food
Infectious Disease Prevention	Tobacco
Mental Health and Substance Abuse	Unintended Pregnancy

Community Health Improvement Planning Process

In response to the Public Health Act, enacted by the state legislature in 2008, CDPHE’s Office of Planning and Partnership (OPP) developed Colorado’s Health Assessment and Planning System (CHAPS) process to provide a standard mechanism for assisting local public health agencies in meeting assessment and planning requirements. The CHAPS process outlines a series of recommended steps for local public health departments to facilitate, including stakeholder engagement, conducting a health and capacity assessment, prioritizing areas of focus, and developing a CHIP (see Figure 12).

Figure 11. CHAPS Process



CDPHE has provided a searchable database of several health indicators across different domains for local health departments to use during phases III and V of the CHAPS process. Phase VI of the process focuses on developing a local Public Health Improvement Plan, or Community Health Improvement Plan (CHIP).

The CHIP must be completed every five years and be based upon:

1. A community health assessment including local health indicator data;
2. A capacity assessment of community resources available to work on community health issues; and
3. A prioritization process in which a broad stakeholder group are engaged in determining community priorities.

Once the CHIP has been developed, it will be used as a living document that guides the implementation of goals and objectives related to the priority areas identified by the local public health department.

PROCESS FOR IDENTIFYING PUBLIC HEALTH PRIORITIES IN DOLORES COUNTY

In order to meet the requirements to develop a community health improvement plan, key stakeholders in Dolores Counties participated in a community health assessment and prioritization process. In January 2017, Allison Grace Bui of CDPHE presented an overview of indicator data that could be used as a part of the prioritization process. Joselyn Carter from AHEC made a PowerPoint presentation from the data that was collected. From there, Dolores County held one group sessions in May 2017; the first with 9 individuals. Stakeholders that participated across the different sessions included community leaders from the Community Health Clinic, Doves Nest, Dove Creek Schools STUD, AHEC, Dolores County Senior Center, Dolores County Social Services, and OMNI. Rebecca Larson from OMNI was there to lead the proprietaries meeting and had a presentation of the data on a power point.

<p>As you review the data...</p>  <ul style="list-style-type: none"> • What is our <u>ability</u> to impact this area? • Do evidence-based strategies or best practices exist that can make a difference? • Is it likely, that with collective effort, we can make a difference? • Is there community level readiness and support for change? 	<p>As you review the data ...</p>  <ul style="list-style-type: none"> • What is our <u>capacity</u> to impact this area? • Is there political will and champions to support the issue? • Are there organizations prepared to take the lead to move it forward? • Is there an adequate number of staff available ? • Is there funding available or obtainable?
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Social Determinants of Health

Social determinants of health are conditions in the environments in which 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.

– Healthy People 2020

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Participants reviewed and responded to available data presented as a Power Point with facilitative questions that aimed to encourage discussion about how the public health issue area impacted the population in Dolores County. We reviewed the summary of Community Description, Economic Opportunity Summary, Physical Environment and Social Factors, Health Behavior and Conditions, Access, Utilization and Quality Care, and Morbidity and Mortality

Following the data gallery discussions, stakeholders were asked to vote on the issues that they felt were most important to prioritize in Dolores County given the impact on their population.

Stakeholders in Dolores County voted on the public health priorities following the Power Point discussions. Mental Health & Substance Abuse was identified as the top priority for Dolores County which included bullying, suicide, depression. It was felt that here needs to be more education, resources and access, followed by Substance Abuse (tobacco, marijuana, alcohol, prescription drugs. Then Sexual Health (there was concern about teen sexual intercourse and the lack of prescriptive contraception by teens). 4th on the list was Obesity and the consequences of, then Access to Services (resources for aging, medical access, and transportation. Finally, on the list was Families and a need to strengthen families, child development and seat belt use.

Highlights from the Community Health Assessment

Physical Environment and Social Factors

Figure 12. Rate of Fast Food versus Healthy Foods Outlets in Dolores County, Region 9, and Colorado (2012).

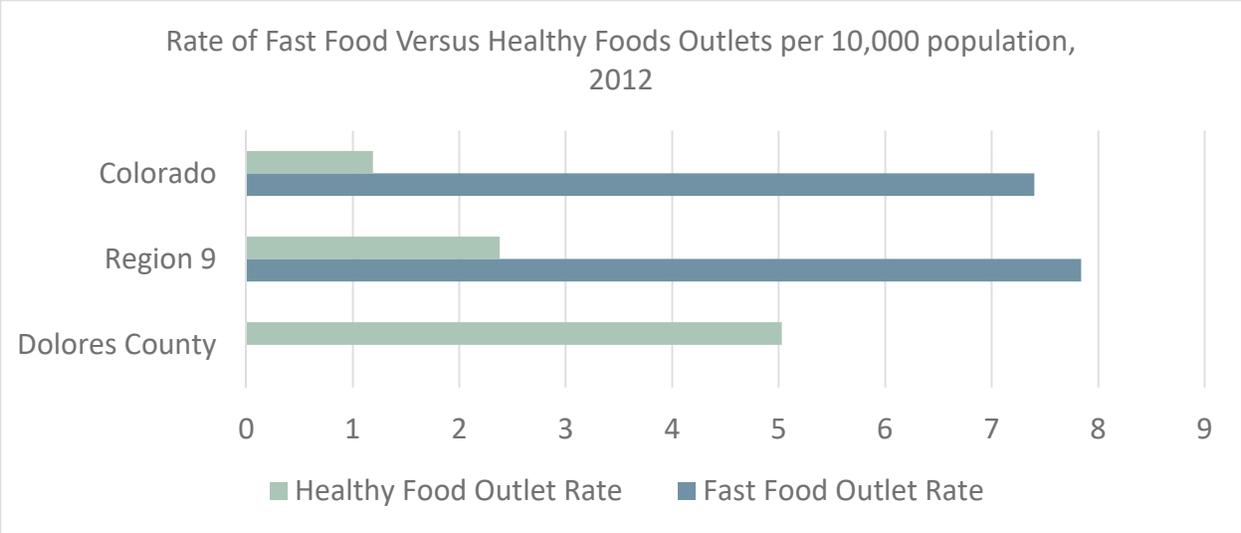


Figure 13. Percent of workers that commute to work in Dolores County, Region 9, and Colorado (2010 - 2014).

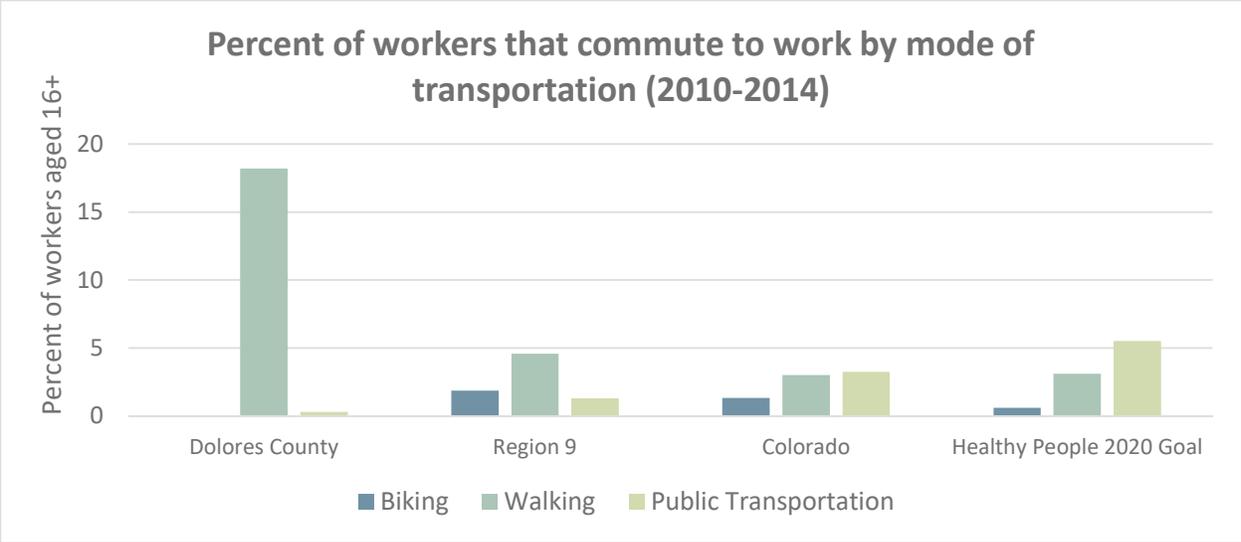


Figure 14. Adults and juvenile crime rates in Dolores County, Region 9, and Colorado (2013).

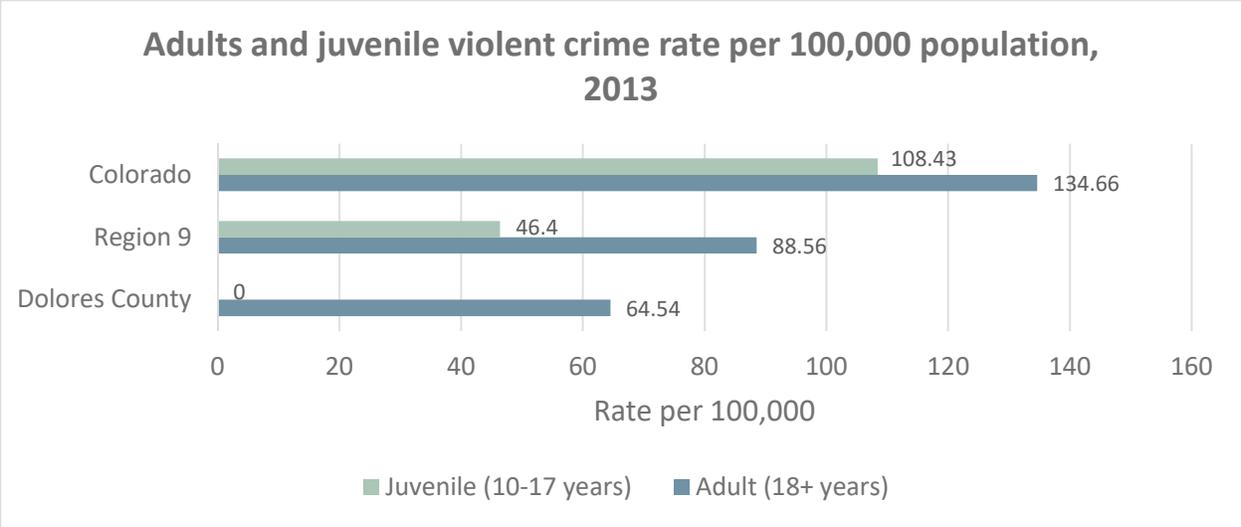


Figure 15. Liquor store rates in Dolores County, Region 9, and Colorado (2012).

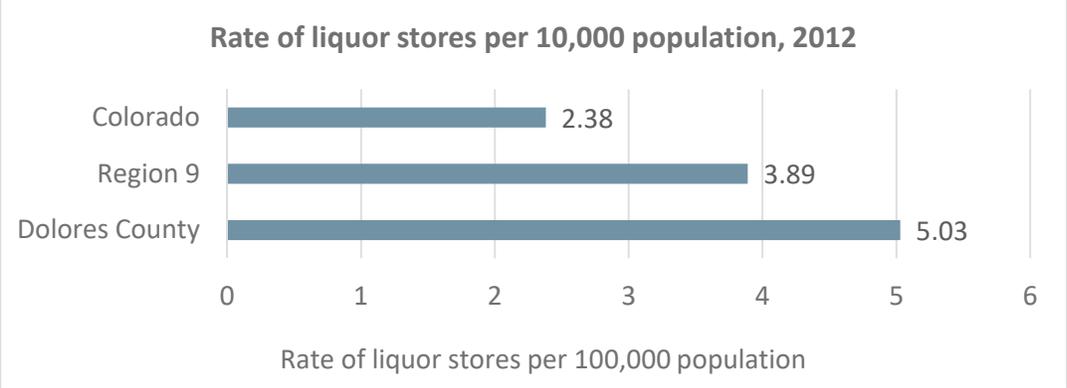


Figure 16. Number of radon tests performed in Dolores County and Region 9 (2009 - 2013).

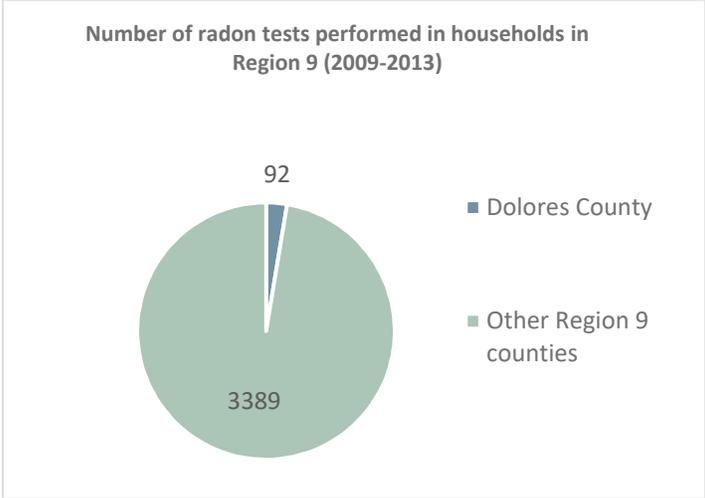


Figure 17. Number of radon tests above EPA recommended limits in Dolores County, Region 9, and Colorado (2009 - 2013).

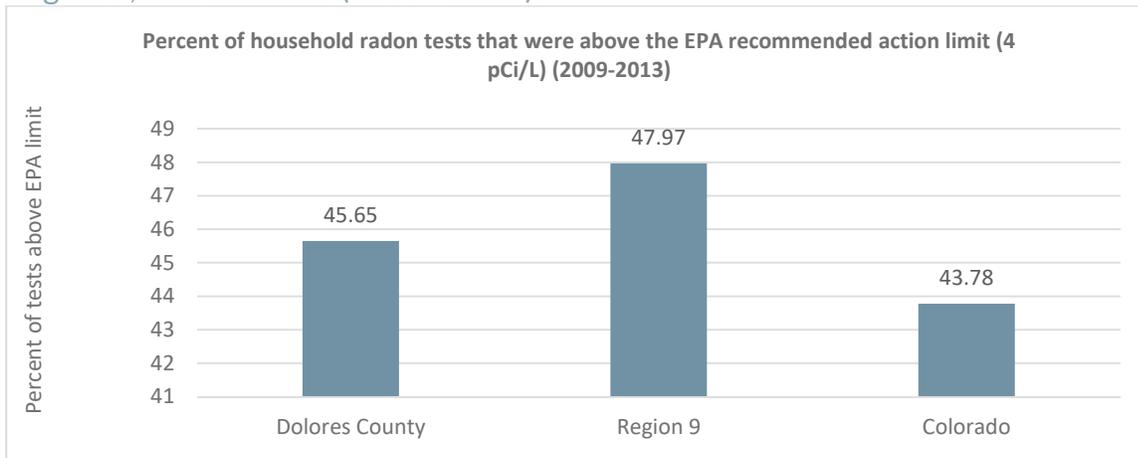
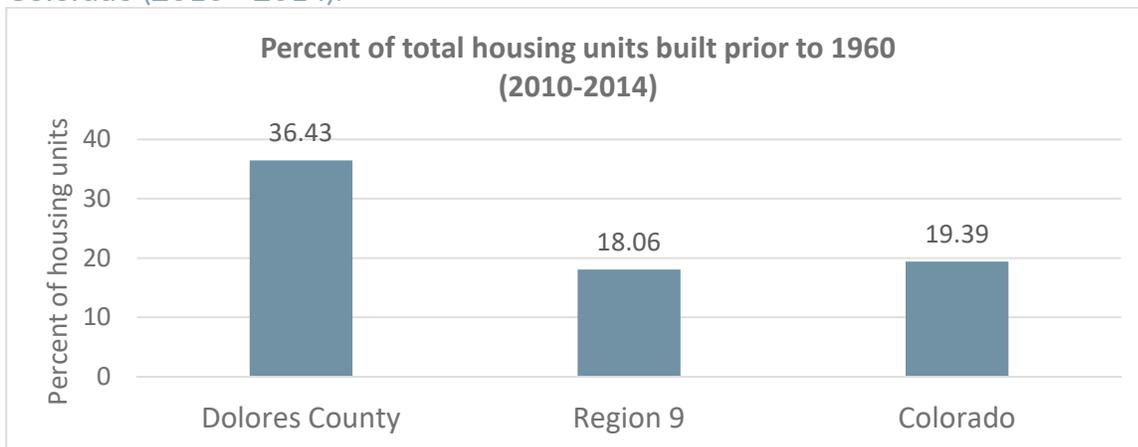


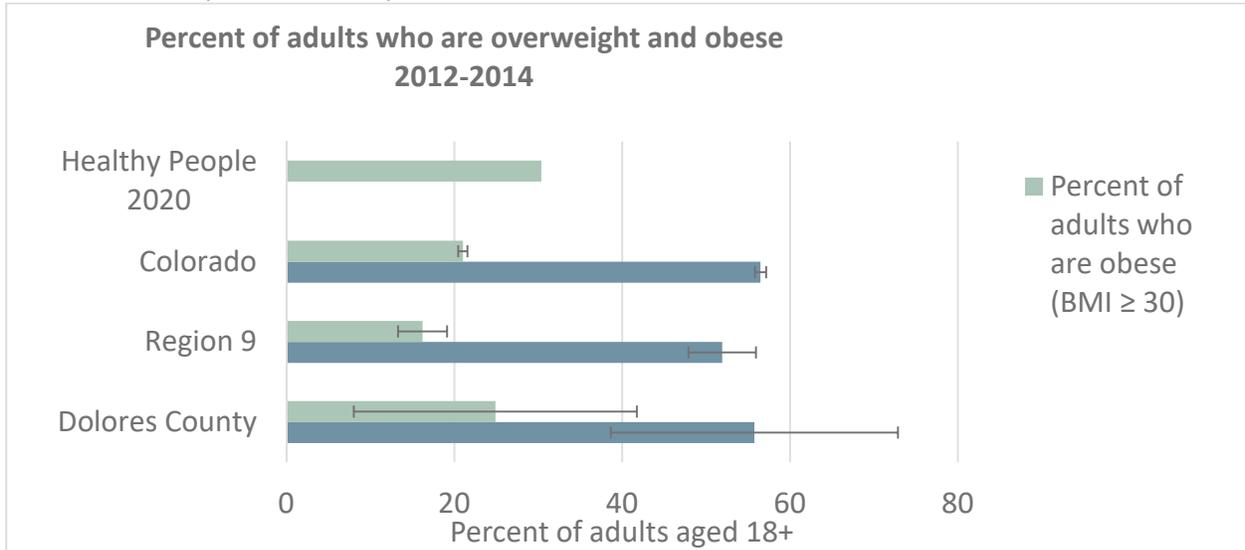
Figure 18. Percent of total housing built prior to 1960 in Dolores County, Region 9, and Colorado (2010 - 2014).



Health Behaviors and Conditions

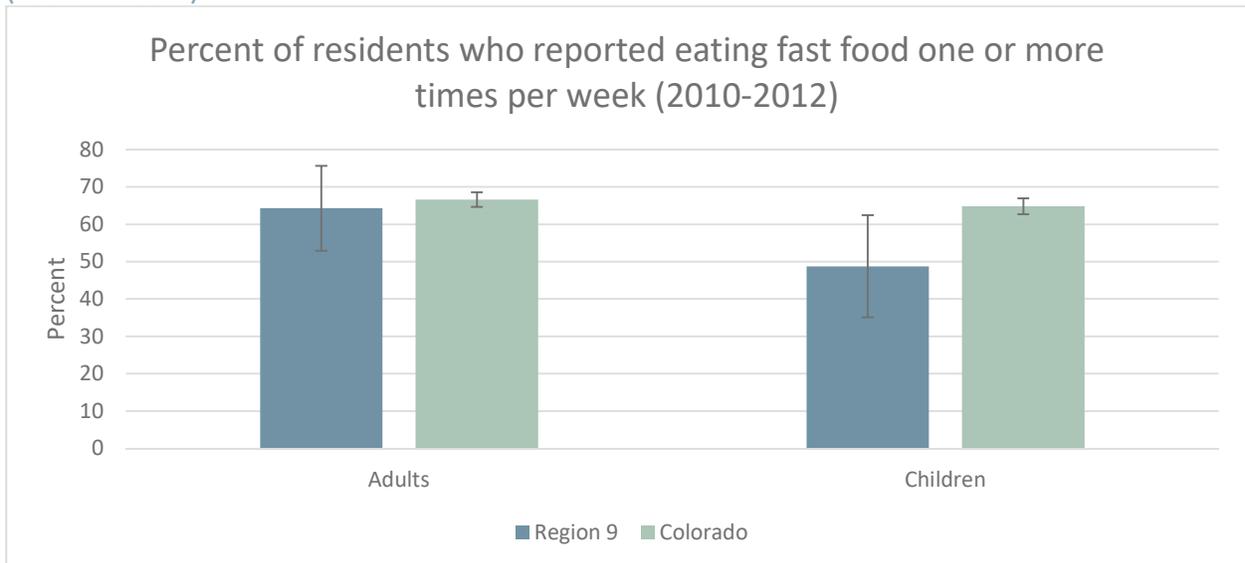
Health Conditions

Figure 19. Percent of adults who are overweight and obese in Dolores County, Region 9 and Colorado (2012 - 2014).



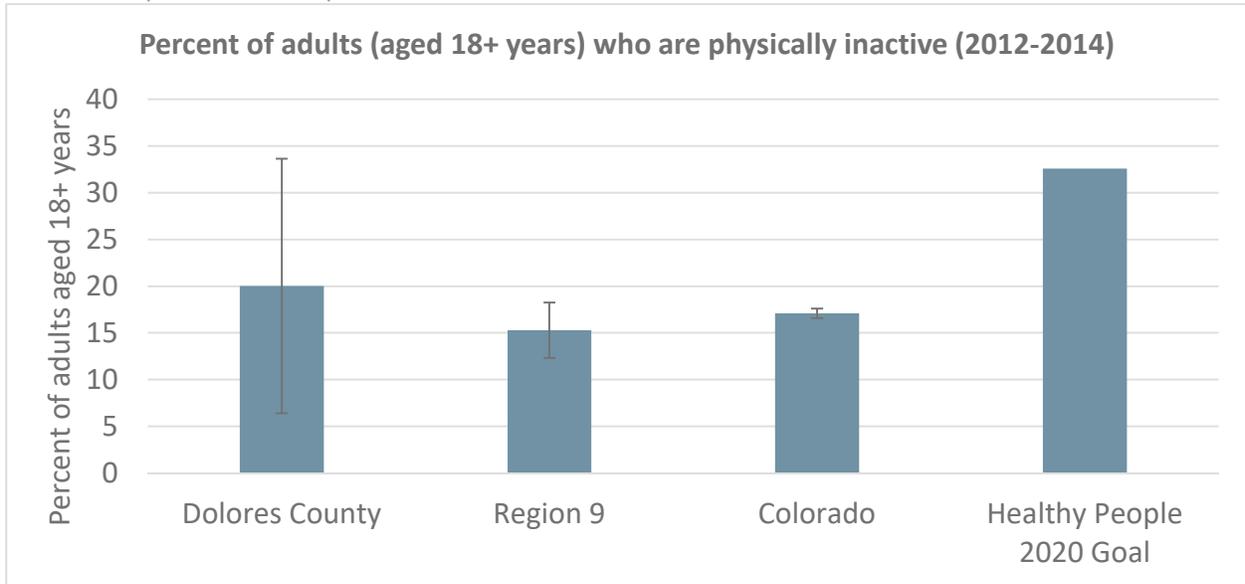
Health Eating

Figure 20. Percent of residents reporting eating fast food in Region 9 and Colorado (2010 - 2012).



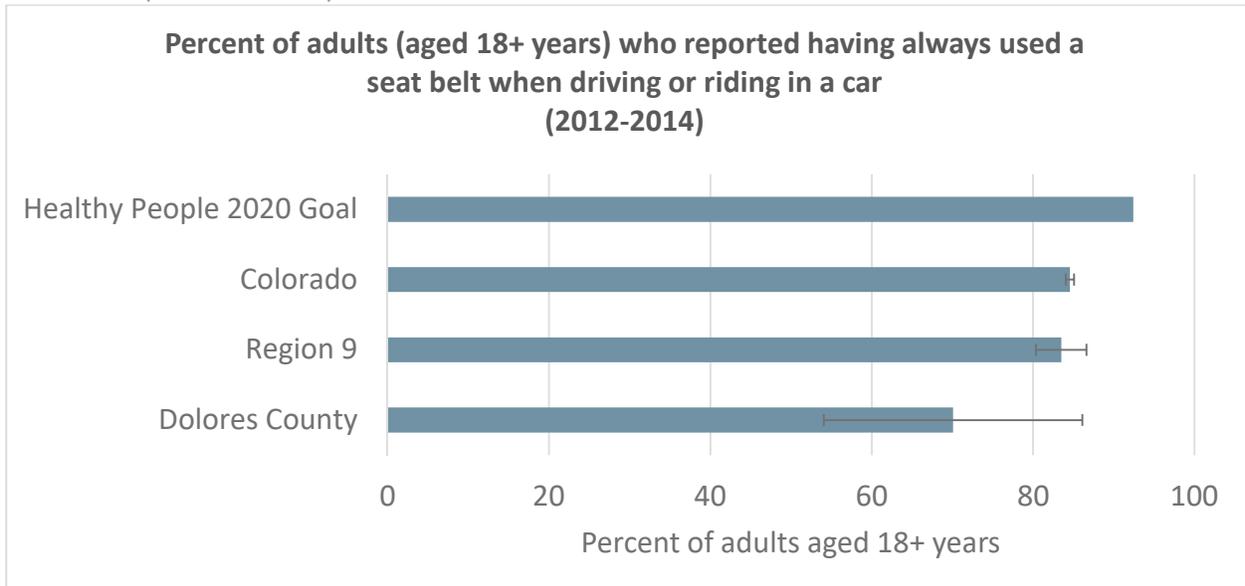
Physical Activity

Figure 21. Percent of adults who are physically inactive in Dolores County, Region 9 and Colorado (2012 - 2014).



Injury

Figure 22. Percent of adults reported seat belt use in Dolores County, Region 9 and Colorado (2012 - 2014).



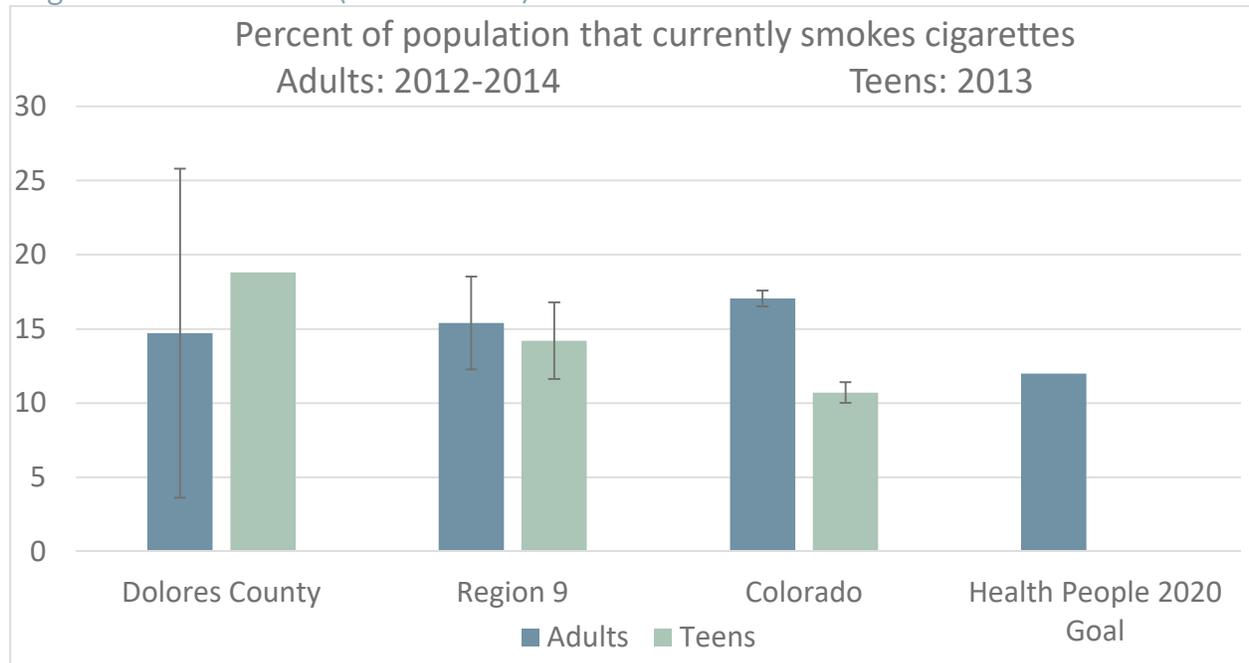
Sexual Health

Table 2. Sexual Health indicators for high school students in Dolores County, Region 9 and Colorado (2015).

Health Behavior	Dolores County	Region 9	Colorado	Healthy People 2020 Goal
High school students who have ever had sexual intercourse	67.1%	41.28%	33.08%	Girls: 19.8% Boys: 20.8%
Sexually active high school students using an effective method of birth control to prevent pregnancy	69%	75.74%	78.09%	Used condom at last intercourse → Girls: 55.6% Boys: 81.5%
Rate of live births born to women age 15-17 per 1,000 women age 15-17	0	9.36/1,000	10.62/1,000	36.2/1,000

Tobacco

Figure 23. Percent of residents that currently smokes cigarettes in Dolores County, Region 9 and Colorado (2010 - 2014).



Less adult's smoke cigarettes in Dolores County (14.71%) than in Region 9 (15.39%) and both are below the Colorado average (17.05%), however there is no observable significance. All are above the Healthy People 2020 goal of 12%.

There is an inverse relationship with teens that smoke cigarettes, as more teens in Dolores County smoke cigarettes (18.8%) than in the region (14.21%) or the state (10.71%). No confidence intervals were provided for Dolores County teens, so it cannot be determined if this is significantly higher- however the number of teen smokers in this region is significantly higher than for the state.

Source: Colorado Behavioral Risk Factor Surveillance System, Healthy Kids Colorado Survey

Healthy People 2020 Goals: 12%

Access Utilization and Quality of Care: Received Needed Care

In the 2015 Healthy Kids Colorado survey, 99.3% of students reported that they had seen a dentist or hygienist for an exam, cleaning, or check up in the last 24 months.

Dolores County Dental Clinic

- Reimbursement Designation: FQHC
- Have dental for Medicaid
- 122 kids (17 and under) served
- 459 adults (18+) served
- Currently one dentist and adding another



Qualitative Data from the General Public

The following information is from a six-page, 10 question written community survey that was administered to 15 people in Dolores County in May 2017. Eleven out of fifteen residents responded to the survey.

- Most people felt they were in Very good health
- Are able to go to PCP when needed
- Most have commercial health insurance
- Most go to PCP
- Most go to Cortez and Monticello and Durango evenly after that
- The majority use their own transportation
- The majority have no health conditions, however there were health concerns with at least half of the survey participants
- Most exercise, eat adequate amounts of fruits and vegetables, use sunscreen and can buy healthy foods
- Most people surveyed felt the best health care service in



- The majority felt illegal drugs was the biggest health problem in our community, followed closely by alcoholism, mental health issues and obesity
- When asked if they felt safe in their home all answered "Yes"
- Most do not have an emergency plan for their family by 50%
- 75% of respondents stated they do not have an emergency kit
- When asked what type of emergency would impact our community their response was- blizzard followed by fire
- If there was an emergency, most people responded that the best way to contact them would be Facebook, texting, followed by home phone and radio

CAPACITY ASSESSMENT

Table 3. Dolores County Public Health Department Capacity (2017).

Population 2015 Estimate	2060
Public Health Budget 2015	\$166,269
Full Time Employees (FTE)	2
Public Health Expenses: \$/population	\$83.19 per person
Public Health FTE/population	1 person per 1030 people
County only: \$/population	\$27.01 per person

Dolores County Public Health Agency evaluated its capacity to perform the Core Public Health services that are required and listed below. It has been established that resources are currently stretched to capacity. Along with the following required services, Dolores County Public Health also provides School Nursing at ¼ time.

- Administration and Governance
- Assessment, Planning and Communication
- Vital Records and statistics
- Communicable Disease Prevention, Investigation and Control
- Prevention and Population Health Promotion
- Environmental Health
- Emergency Preparedness and Response.

Some of the challenges of the Dolores County Public Health Agency include:

- The (BOCC) who sit as our Board of Health has no formal health or environmental education or expertise so we sometimes utilize partnerships with other counties for these services or support.
- Limited services due to being a single nurse agency
- Slow to add new services – such as vital records, and insurance billing, and possibly expanding vaccination services.

Dolores County Public Health 5-year Plan

Stakeholders in Dolores County voted on the public health priorities following the Power Point discussions. Mental Health & Substance Abuse was identified as the top priority for Dolores County which included bullying, suicide, depression. It was felt that here needs to be more education, resources and access, followed by Substance Abuse (tobacco, marijuana, alcohol, prescription drugs). Then Sexual Health (there was concern about teen sexual intercourse and the lack of prescriptive contraception by teens). 4th on the list was Obesity and the consequences of, then Access to Services (resources for aging, medical access, and transportation). Finally, on the list was Families and a need to strengthen families, child development and seat belt use.

The following section outlines the three priority areas for Dolores County Public Health over the next four years.

PRIORITY ONE

MENTAL HEALTH & SUBSTANCE USE

OBJECTIVES:

1. Increase awareness about mental health and substance abuse issues in our community
2. Community learns about resources available and Public Health can offer that information along with support to our

PARTNER AGENCIES: While Mental Health & Substance Abuse was a top area of priority for Dolores County, many other service organizations contribute resources to this area, such as Community Health Clinic and Axis Integrated Health in Cortez and

Why is this a priority? Who is at risk?

72.49% of Dolores County adults feel as if they get the emotional/social support they need. This did not differ statistically from Region 9 (83.25%) or the state (82.83%). **Source:** Colorado Behavioral Risk Factor Surveillance System

However teen mental health survey reported that teens at Dove Creek High School have a significantly higher percentage (27%) of feeling sad or hopeless every day for 2+ weeks that impacted their usual activities in the last 12 months than the region (21.83%) or the state (24.32%). Dolores county data is from 2015 HKCS Healthy Kids Colorado.

The percent of teens reporting that they have seriously considered attempting suicide in the past 12 months is higher in Dove Creek High school students (16.6%) than the region (15.82%) or the state (14.54%), but not significantly so.

MENTAL HEALTH & SUBSTANCE USE QUICK FACTS

18%

Percentage of **students** who reported drinking 5 or more drinks of alcohol in a row within a couple of hours on at least one day in the past 30 days (HKCS 2015)

17%

Percent of **adults** 18 + years who reported binge drinking in the past 30 days (CDPHE 2012-2014)

18%

Percentage of **students** who reported using marijuana one more times in the past 30 days (H KCS 2015)

Percentage of **adults** who reported usually or always getting the emotional or social support they need (CDPHE 2008 - 2010)

72%

Percentage of **students** who felt sad or hopeless almost every day for 2+ weeks in a row so that they stopped doing some usual activities during the last 12 months (HKCS 2015)

27%

Percentage of **students** who seriously considered suicide during the past 12 months (HKCS 2015)

17%

What Can We Do?

In year two, January 2018 – December 2018, Dolores County Public Health will work with community partners to increase the awareness, access and funding in order to reduce mental health issues including alcohol and drug abuse in our county.

- 1.** Meet with the Mental Health professional at the Community Health Clinic and Axis Integrated Health and discuss how we might increase outreach and awareness of mental health and substance abuse issues and promote access to care and treatment.
- 2.** Meet with youth groups and HS counselors at the Dolores County High School (STUD) group and discuss options and increase awareness and

PRIORITY TWO

SEXUAL HEALTH

OBJECTIVES:

1. Help bridge the gap of unknown resources within our community
2. Identify agencies that offer sexual health education and services and be partners in offering that information.

PARTNER AGENCIES: Community Health Clinic, medical providers in San Juan County Utah, and Cortez, Colorado including Planned Parenthood.

Why is this a priority? Who is at risk?

While the number is low it was reported that 6% of students had sexual intercourse for the first time before age 13. 53% of students reported having sexual intercourse with four or more people during their life. 24% of students reported using no method of birth control before the last sexual intercourse.

SEXUAL HEALTH QUICK FACTS

17%

Percentage of high school students who reported having ever had sexual intercourse (HKCS 2015)

18%

Percentage of sexually active high school students who reported using an effective method of birth control to prevent pregnancy (HKCS 2015)

0

Rate of live births born to women age 15-17 per 1,000 (CDPHE 2015)

What Can We Do?

Year three, January 2019-December 2019 Teen sexual health

1. Continue with outreach and education including Abstinence education
2. Continue to offer free condoms
3. Revisit the classes at the High School
4. Visit the Community Health Clinic and Medical providers in surrounding towns including Planned Parenthood, to see how better services and education for teens might be offered, including

PRIORITY THREE

IMPROVING HEALTHY EATING AND ACTIVE LIVING

OBJECTIVE:

1. Reverse the obesity trend in our county by helping to create conditions to achieve healthy weight and healthy eating across our citizens lifespan.

PARTNER AGENCIES: The County government, Community Health Clinic, Dove Creek Schools and Daycares, the summer recreation programs, and most importantly the citizens of our county.

Why is this a priority? Who is at risk?

Although Colorado continues to rank as one of the leanest states in terms of weight indicators, it has not escaped the national obesity epidemic.

Obesity increases risk for heart disease, type 2 diabetes, high blood pressure, high cholesterol, stroke and some types of cancer. The growing trend of overweight and obese children and adults puts people at increased risk for these poor health outcomes. In addition, health care for obesity related conditions cost Colorado more than \$1.6 billion each year. (16) Strategies such as increasing access to healthy foods, physical activity, and preventative health care among others are likely to impact obesity rates.

64.28% of adults and 48.75% of children in Region 9 ate fast food 1+ times/week which WAS statistically significant for children from the state (64.79%) but not statistically different from the state for adults (66.59%).

Source: Colorado Behavioral Risk Factor Surveillance System

23.4% of high school students in Dolores County are obese and 30.3% are overweight. This is much higher than for the region's high schoolers in which 8.88% are obese and 11.14% are overweight and for the state in which 8.00% are obese and 11.33% are overweight. It cannot be determined if this relationship is significant because there are no confidence intervals for the Dolores County data (HKS 2015)

HEALTHY EATING & ACTIVE LIVING QUICK FACTS

20%

Percentage of adults aged 18+ years who are physically inactive (CO BRFSS 2012 - 2014)

46%

Percentage of high school students who reported being physically active for a total of at least 60 minutes per day on all seven of the past seven days (HKCS 2013). This was higher than Region 9 and almost twice as high as the state of Colorado.

56%

Percent of adults who are overweight or obese. Almost 1 in 4 adults in Dolores County are obese. (CO BRFSS 2012 - 2014)

MAKING THE CONNECTION

OBESITY RELATED MORBIDITY AND MORTALITY

OBESITY

- 5.74% of adults in Dolores County have diabetes compared to Region 9 (5.33%) and Colorado (7.05%). (CO BRFSS 2012 - 2014)
- 11.42% of adults in Dolores County have ever had a heart attack - over twice the amount of Region 9 and three times the amount of Colorado (CO BRFSS 2012 - 2014)
- The leading cause of death in Dolores was heart disease which had an age-adjusted mortality rate of 183.89 deaths per 100,000 population. The rate for malignant neoplasms was 152.45 deaths per 100,000 population. Unintentional injury deaths (50.92), cerebrovascular disease deaths (41.72), and pneumoconiosis and chemical effects (29.14) are the 3rd-5th leading causes of death in Dolores County. (CO Health Statistics & Vital Records)

MORBIDITY & MORTALITY

What Can We Do?

Year four, January 2020 – December 2020, focus on obesity and the consequences of obesity. Based on the stakeholder rankings and existing capacity across the county, the Dolores County Health Department chose to focus efforts on obesity and healthy eating and active living as one of the top 4 priorities for public health. We have identified that reducing obesity in our communities should be a priority because obesity is highly related to other kinds of disease including, but not limited to, hypertension, high cholesterol, and non-gestational diabetes. There has been expressed an interest in and a need for more access to community resources for exercise and physical recreation such as recreation centers, parks, infrastructure for walking paths and community swimming pools. We will continue to work with community partners to increase awareness, educate and be champions to encourage healthy eating and increased physical activity.

1. Work with the local school and day care to provide support and education to staff.
2. Encourage a workplace healthy eating, healthy living atmosphere with the County Government.
3. Encourage a workplace healthy eating, healthy living atmosphere with the County Government

IMPROVING HEALTHY EATING & ACTIVE

The health benefits associated with a healthy diet and regular exercise include: (13)

- Decreased risk of chronic diseases such as type 2 diabetes, hypertension, and certain cancers
- Decreased risk of overweight and obesity
- Decreased risk of vitamin and mineral deficiencies

A healthful diet includes a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free dairy products, and lean protein sources. A healthful diet also limits the intake of saturated and trans fats, cholesterol, added sugars, sodium, and alcohol. As a part of health improvement plans, communities should include ways to ensure access to affordable healthy foods.

Physical activity reduces risks of cardiovascular disease and diabetes beyond that produced by weight reduction alone. In addition, physical activity helps to: (14)

- Reduce high blood pressure
- Reduce risk for type 2 diabetes, heart attack, stroke, and several forms of cancer
- Reduce arthritis pain and associated disability
- Reduce risk for osteoporosis and falls
- Reduce symptoms of depression and anxiety xi

In 2008, the U.S. Department of Health and Human Services released guidelines for physical activity. (15) Adults ages 18 to 64 years should engage in two hours and 30 minutes of moderate-intensity, or one hour and 15 minutes of vigorous-intensity, aerobic physical activity each week. Children and adolescents (ages 6–17 years) should engage in one hour of physical activity every day. Both age groups are advised to participate in muscle-strengthening activities at least twice weekly. Similar to ensuring access to healthy foods, health improvement plans should identify strategies to increase opportunities for physical activity, such as

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