



Land Use

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**BOULDER COUNTY
BOARD OF COUNTY COMMISSIONERS**

Thursday April 25, 2019, at 3:00 p.m.

**Commissioners' Hearing Room, Third Floor
Boulder County Courthouse, 1325 Pearl Street, Boulder, CO**

STUDY SESSION, Discussion Item Only

**Docket BCCP-18-0003: Proposed Addition of Public Health Element to Boulder County
Comprehensive Plan**

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AGENDA

1. Staff presentation
2. Board of County Commissioners discussion

INTRODUCTION

In 2017, a team of staff from Boulder County Public Health and Land Use Departments conducted initial research to explore development of a Public Health (PH) element to be incorporated into the Boulder County Comprehensive Plan (BCCP). In December 2017, Planning Commission (PC) expressed support for continued work towards developing a Public Health element.

The purpose of introducing a new PH element to the Boulder County Comprehensive Plan (BCCP) is to set forth the foundational document that outlines the county's vision and values for the health of all county residents and its visitors. The element goals and policies will guide regulations, funding requests, and program development by the county for the 21st century. The draft content presented here reflects community priorities identified through Boulder County Public Health's (BCPH) five-year Community Health Assessment (CHA) process, BCPH agency priorities, and community input gathered through an open house and online comments as part of this process.

The purpose of this study session is to obtain direction from the Board of County Commissioners (BOCC) and to gather feedback on initial draft content. Staff is interested in feedback on general themes, goals, level of detail and scope of policies, and any other related topics of BOCC interest.

This document includes an overview of the objectives for the new PH element, the process and sources of content, a summary of proposed goals and policies, and focus questions for the BOCC Study Session. For simplicity, this document refers to the changes under consideration as “proposed” changes. No specific content is being proposed for official recommendation at this study session. BOCC input at this study session will inform final preparation of proposed PH element content.

ACTION REQUESTED

Board of County Commissioners’ feedback and direction related to staff’s preparation of the Public Health element.

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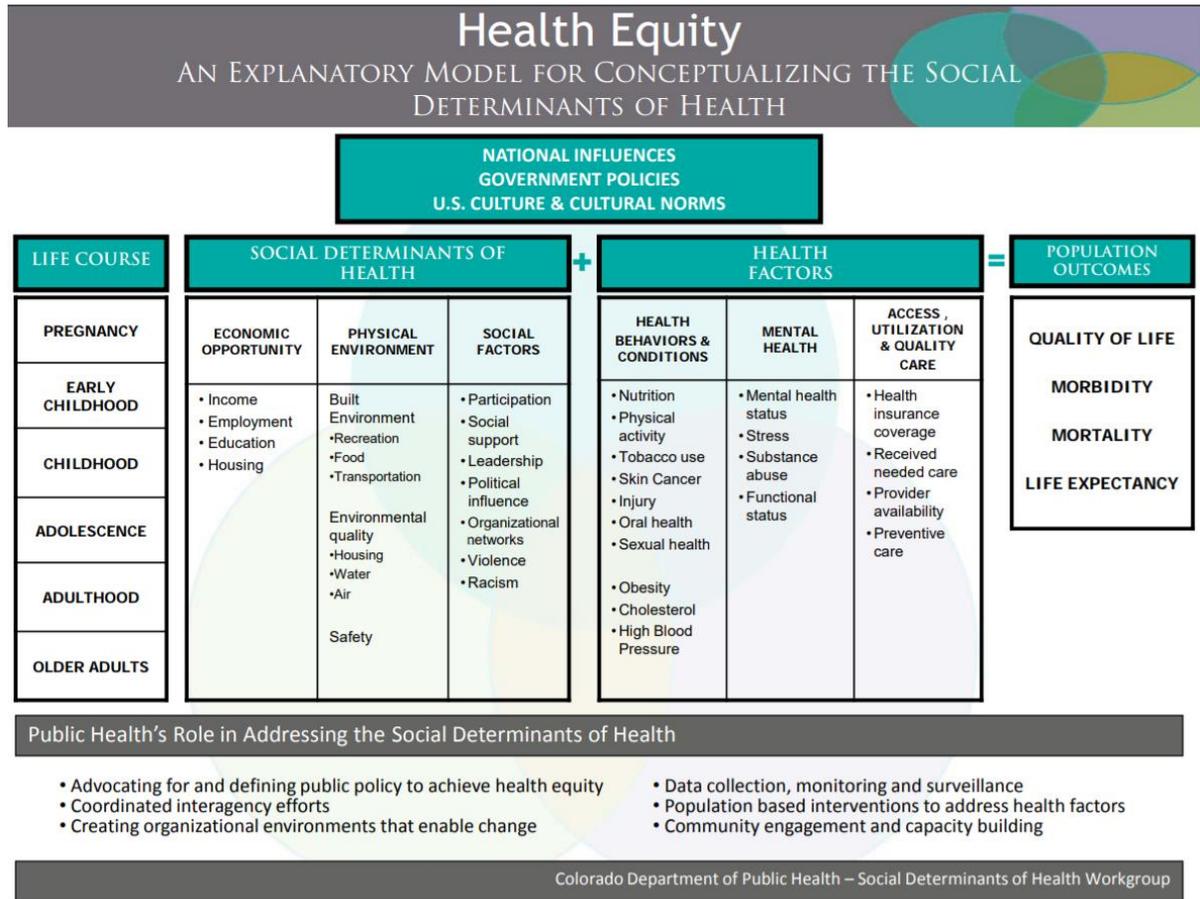
I. BACKGROUND

A. Objectives and Core Concepts for the New Public Health Element

The PH element is a blueprint of the Boulder County Public Health Department’s (BCPH) vision: that Boulder County is a socially just, inclusive community where physical and mental health, social well-being, and the environment are valued, supported, and accessible to all. The element explicitly establishes the link between the traditional components of planning (transportation, agriculture, environmental resources, etc.) with health themes (physical activity, healthy eating, mental health, etc.) to help facilitate decisions around health and the built and natural environments. The new addition to the Plan recognizes and bolsters existing goals and policies that support health and public

health strategies, expands on the scope of topics related to public health that are referenced in existing elements, and introduces new content areas not currently included in the BCCP. The new element will establish a multifaceted policy framework based on the social determinants of health¹ that reflects Boulder County’s commitment to ensuring the opportunity for a healthy life for all residents and visitors.

Figure 1. Colorado Department of Public Health – The Environment’s Health Equity Model.



The element follows BCPH’s overarching framework and the department’s guiding principles and priorities set by the community and Public Health Department. Every five years, each local public health agency in Colorado uses data to examine the health of the community it serves and identifies solutions to address the important health issues found in the assessment. The Community Health Assessment is required every five years for all local public health agencies per the Colorado Public Health Act of 2008 (SB 08-194 CRS 25-1-501 et seq.) and the national Public Health Accreditation Board. The assessment guides BCPH’s Public Health Improvement Plan.

¹ The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world (Commission on Social Determinants of Health).

Developing population-level health policies that seek to improve health and the supporting built and natural environments, allows the county to work towards reducing health inequities and improving health outcomes for everyone in Boulder County. The following guiding principles describe the actions the county takes to conduct public health work in order to make significant and sustainable improvements to health in the region.

- Use data and community input to identify factors that significantly impact equity, health, and quality of life. Employ evidence-based strategies and evaluation to inform decisions, assure quality, and demonstrate outcomes in policies and programs.
- Initiate, enhance, and promote efforts to address the social determinants of health to ensure health equity for all people in Boulder County. Support community capacity for leadership and organizing that demonstrates collective power to affect change and influence public health programming, policy, and systems change efforts.
- Promote primary prevention and population-based approaches to maximize health impact at the broadest possible level, while intentionally targeting prevention resources toward populations that are experiencing inequities.
- Collaborate across sectors to initiate and strengthen partnerships toward making a collective impact to ensure common goals, shared measurement, coordination of activities, and reduced duplication.
- Clarify BCPH's and our partners' appropriate roles in the public health system.
- Ensure that people in Boulder County are empowered and equipped to make informed decisions for adopting healthy behaviors.
- Educate and influence policy makers so they are able to set policies that protect and enhance the health of individuals, families, communities, and the environment.
- Implement strategies in a culturally and linguistically appropriate manner.

B. Sources for Goals and Policies Presented in the Draft Element

Content included in the draft PH element reflects concepts, priorities, and best practices drawn from a variety of sources including the county's 2017 Community Health Assessment, input from the public, Planning Commission and internal county stakeholders, and examples from other communities.

In 2017, BCPH conducted a thorough assessment of the health of the county's residents (Community Health Assessment – see attachment B), along with a thorough analysis of demographic and health data. The assessment included conversations with groups of residents to ensure that the community perspective was included, particularly from those experiencing barriers to health (i.e. health inequities). Residents, stakeholders, and partners voted and identified mental health as the focus for BCPH and community partners for the 2018-2023 five-year period.

- Conversations were facilitated with 53 resident groups (over 600 people) throughout the county (Community Health Conversations – see attachment C).

- Groups represented populations facing barriers to health from various ages, races/ethnicities, income levels, and life experiences.
- Residents provided 3,021 ideas about things that could improve their health, marking 1,776 of these ideas as priorities.
- Ideas ranged from nutrition, to accessing health care, to racism.
- Housing and mental health were identified as the top priorities.

The top eight priority focus areas identified through the Community Health Assessment process included:

- Active Living & Environment
- Social and Community
- Affordability
- Health Care
- Housing
- Healthy Eating
- Mental Health
- Environmental Quality

During the research phase for this BCCP effort, staff conducted a thorough review of the existing public-health related content in other elements of the BCCP and researched national examples of comprehensive plans with public health elements or plans with health integrated throughout various elements. Existing BCCP elements that reference and support health and that offer opportunities to bolster existing policies to further increase support for health include:

- Environmental Resources
- Transportation
- Natural Hazards
- Agriculture
- Housing
- Sustainability
- Economics

For example, Goal B.5 in the Environmental Resources element states that Boulder County shall seek to protect overall public and environmental health by enforcing regulations relating to air, soil, water, noise, and light. Additionally, Goal 4.04 in the Transportation element references the creation of a transportation system that enables active and healthy lifestyles (please refer to Section II for further details).

Rural communities with health elements in their comprehensive plans were provided by ChangeLab Solutions, an innovative organization that creates laws and policies to ensure everyday health for all. Staff researched thirteen examples provided for themes relevant to Boulder County. Staff also looked to local examples, such as the Envision Longmont Plan and the Town of Bennett, Colorado's Comprehensive plan, as well as examples from progressive counties like Alameda County's Ashland and Cherryland Community Health and Wellness element for areas outside of San Francisco and King County's comprehensive plan in Seattle.

In August 2018, staff from Boulder County Public Health and Land Use departments held an open house and initiated an online form to gather public comment. The open house provided an opportunity for public input and feedback on how to bolster existing strategies in the BCCP that support health, as well as identify new ways to improve health. Themes raised as priorities based on online comments and feedback from the open house included:

- Climate change/greenhouse gases
- Indoor air quality for housing
- Prioritizing county lands for healthy and sustainable food production
- Access to parks/open space for mental health
- Sun/shade/water access on county properties
- Greener/cleaner county purchasing
- Transportation-vision zero, access to healthcare and services, and impacts on infrastructure
- Heat/fire/smoke

Following the open house staff began drafting a Public Health element, drawing on the range of data sources described above.

Figure 2. Summary of Public Health Element Activities

Activity	Timeframe
Public Health Department Research into potential new Public Health element	Mid 2017
Planning commission support for continued work	December 2017
Open house for Boulder County Comprehensive Plan Public Health Element	August 2018
Draft Public Health Element	August – November 2018
Internal staff stakeholder meetings	November 2018
PC Study Session	December 2018
Referral Process (gather input on draft element content from internal stakeholders)	January
BOCC Study Session	April
PC Public Hearing and Decision	Anticipated for May

II. SUMMARY OF PROPOSED GOALS AND POLICIES

The following section provides an overview of the goals and related policies included in the draft Public Health element.

Fostering Healthy Families and Communities

Boulder County values and creates environments that foster healthy families and communities.

The policies under this proposed PH goal are based on additional Boulder County Public Health content areas that are not specifically addressed in the current BCCP yet impact the health of Boulder County residents. The proposed policies reference living wage jobs and paid sick leave, location of adequate childcare facilities, family leave policies and family friendly workplaces, substance abuse, harm reduction strategies, mental health resources, gun violence, affordable health and healthcare, food and beverage environments, and air quality.

Promote Safe and Healthy Recreation and Open Space Opportunities

Boulder County collaborates with partners and municipalities to promote safe and healthy recreation spaces and open spaces that support physical and mental health.

Currently the BCCP Open Space element supports conservation efforts to protect open space values and functions and provides for land dedications of parks and open space, trails, and necessary public access to those areas where appropriate. There are opportunities, however, to more directly link the benefits of the natural environment to physical and mental health. The public health element will include a policy that articulates how Boulder County recognizes and values the physical and mental health benefits of open space, trails and amenities that allow members of the public to safely enjoy outdoor experiences and connect with nature. Under these policies, Boulder County also recognizes the unique needs of vulnerable populations – including the elderly, differently abled, young, and low income – and the accessibility of open spaces. The policy content considered under this proposed goal will provide the link between health and the environment and expand on components within open space that directly contribute to public health.

Transportation Safety and Accessibility

Boulder County supports transportation pathways that are safe and accessible for all residents regardless of geography or transportation mode to improve mobility options for all.

The existing Transportation element references topics such as efficiency, safety, convenience, and affordability for all users irrespective of ability, income, or personal vehicle ownership. It commits to enabling active living and healthy lifestyles by providing safe and attractive opportunities to walk and bike as part of everyday living, and ensures access to transportation systems for low-income, elderly, and mobility-impaired populations. Although the existing elements touch on several topics related to public health and equity, the policies under the proposed PH goal aim to address these topics as they relate specifically to public health.

Safety, for example, is addressed through specific projects with objectives to eliminate serious injuries and fatalities resulting from collisions, focusing on crash trends and mitigation strategies, and

on-going local, regional, and statewide safety assessments. These policies establish the link between access to transportation and increased access to healthcare, mental healthcare, and social services. They call out rural and mountain communities in need of transportation options and education on existing transportation resources and alternative modes of transportation (e.g. walking and bicycling).

Preserve Regional Agriculture and Local Food Systems

Boulder County supports the local food system, access to affordable healthy food, and community farming to preserve regional agriculture and improve community health and increase community's health and resiliency.

Agricultural enterprises and activities are considered an important sector of the Boulder County economy. Through existing policies, the Agriculture element of the BCCP promotes a diverse and sustainable agricultural economy. It also supports the preservation and conservation of agricultural lands and activities that preclude sprawl and strip development, and that also ensure the continued utilization of agricultural resources. The element, however, does not specifically address the health benefits of preserving agricultural lands and utilization of the county's natural resources for the benefit of supporting local, healthy food access and farming within the community. The policies listed under the proposed goal emphasize fruit and vegetable production, the value of reducing food waste, and access to affordable healthy foods, especially to underserved populations such as low-income residents and rural and mountain communities. The policies also establish the importance of supporting distribution channels for locally-produced food products and addressing the needs of farmers and ranchers.

Protection and Preservation of Existing Affordable Housing

Boulder County recognizes safe, stable and healthy housing as a social determinant of health and prioritizes the protection and conservation of existing affordable housing to align with the County's affordable housing goals.

The housing needs for low- and moderate-income families and senior citizens in Boulder County are addressed in the existing Housing element regarding support for cooperative housing programs, maintenance of housing conditions, dispersal of housing, and encouragement of legislation and policies that enhance equal housing opportunities. In addition, the county is in the process of updating the Housing element of the BCCP, and work is underway to refresh the existing Housing-specific policies to better address the challenges facing the county today and in the future. The proposed housing-related goal for the new PH element focuses on strengthening housing resources in the community due to housing's critical role as a social determinant of health.

The policies under this goal recognize the connection between individuals having safe, affordable housing and their physical and mental health, and supports efforts to create and preserve affordable housing, especially support for legislative efforts that provide additional protections for manufactured and mobile home park residents. This section also includes evaluating policies and regulations to minimize the negative effects of displacement on low-income persons. Considering the Boulder County Land Use department is in the process of updating the BCCP housing element, the appropriate scope and level of detail for housing-related policies in the PH element is a topic that is up for discussion.

Healthy and Safe Structures

Boulder County supports efforts to ensure that structures have healthy indoor air quality, structural integrity and reasonable safety features to protect occupants.

The Environmental Resources element of the BCCP recognizes overall public and environmental health through policies regarding air pollution, however, it does not specifically reference indoor air quality. The Housing element of the BCCP references maintaining a standard housing condition, however, the policy does not link housing conditions to preventing potential harm to life and health. The proposed policies under this goal specifically address indoor air quality and housing conditions regarding exposure to methamphetamine, lead, radon, mold, use of smoke detectors and CO monitors, and hazardous materials cleanup.

Climate change

Boulder County works to minimize and mitigate the negative effects of climate change and natural disasters on physical, mental, and environmental health.

Through the BCCP Environmental Resources element, Boulder County recognizes that climate change is having a significant impact on the region's environmental resources and commits to incorporating the best scientific information into planning and decision-making to adapt to and offset those impacts. The existing Sustainability element also references climate change. The county recognizes the need to modify plans, policies and regulations as necessary to adapt to climate change to reduce species and ecosystem vulnerability and other potential adverse impacts on environmental resources. The existing BCCP content does not, however, establish a clear link between changing climate conditions and public health. The policies proposed as a component of this goal aim to recognize that climate change can cause and intensify stress and anxiety and aim to protect residents from the negative impacts of climate change through emergency preparedness planning and tracking vector borne diseases.

Engage, Educate and Collaborate

Boulder County actively engages and collaborates with stakeholders and partners to promote public health values.

The policies under consideration will express the county's commitment to maintaining strong outreach and public education activities and engaging the public in planning efforts. The policies will also guide the county to collaborate and partner with communities and other regional stakeholders in identifying and addressing public health priorities.

III. DISCUSSION QUESTIONS

1. Would BOCC like to see changes in the set of goals addressed in the draft element, or have additional feedback to share?

IV. PLANNING COMMISSION STUDY SESSION DISCUSSION

In December 2018 staff led a study session with Planning Commission (PC) to discuss the addition of a Public Health element to the BCCP and gather feedback on initial draft content. The purpose of the study session was to obtain direction from PC and to gather feedback on initial draft content. Staff presented background and research related to the proposed new element, as well as a summary of proposed goals and policies, and discussion questions for PC. Staff requested PC feedback on seven discussion questions, as well as any other topics of PC interest.

PC members expressed general support for the goals addressed in the draft element and suggested several additions and clarifications. Following PC feedback, staff incorporated several recommended edits including clarifying public health overlap with content in other existing elements, mirroring Boulder Valley Comprehensive Plan (BVCP) language related to accessibility and mobility, and incorporating walking and bicycling as healthy alternative modes of transportation. Staff included a policy recognizing the unique needs of vulnerable populations, including the elderly, differently abled, young, and low income. Staff altered language in content related to open space and recreation to portray high-level policy direction rather than including programmatic elements. The housing content language was also altered to specifically focus on health outcomes of housing to minimize overlap with the housing element. Language was added to encourage access to affordable health care and affordable healthy food, and to incorporate specific ways to address gun violence, and suicide as public health issues.

Staff also incorporated Planning Commission and public feedback from a separate March 2019 study session on Agriculture and Sustainability in Boulder County that emphasized the importance of building a sustainable agricultural economy and prioritizing food production on rural lands in the county.

V. CONCLUSION AND NEXT STEPS

The addition of a Public Health element to the BCCP will provide a means of clearly stating within the county's foundational policy document the county's vision for a socially just, inclusive community where physical and mental health, social well-being, and the environment are valued, supported, and accessible to all. The element's content will bolster and expand upon existing BCCP goals and policies that support health, addressing the full breadth of the county's health-focused policy vision in one place within the plan.

Staff will revise proposed content based on outcomes from the Board of County Commissioners study session, then share an updated draft with internal county stakeholders and the public for comment. Staff will make further revisions as appropriate and present a proposed draft to Planning Commission with a recommendation for approval, anticipated for May 2019.

VI. LIST OF HYPERLINKS

- Community Health Assessment Datasheets: <https://assets.bouldercounty.org/wp-content/uploads/2018/08/community-health-assessment-datasheets.pdf>

- Community Health Conversations – Summary of Findings:
<https://assets.bouldercounty.org/wp-content/uploads/2017/10/summary-of-community-conversations-cha.pdf>

BCCP Public Health Element – DRAFT

For April 25, 2019 Board of County Commissioners Study Session

I. Purpose

Keeping our communities healthy means ensuring that all residents can breathe clean air, drink clean water, have safe places to live, be active and experience the health benefits of open space, access and afford healthy food, minimize risks from substance abuse and violence, and are prepared for the health effects of climate change. The *Public Health Element* is a blueprint of the Boulder County Public Health Department's (BCPH) vision: that Boulder County is a socially just, inclusive community where physical and mental health, social well-being, and the environment are valued, supported, and accessible to all.

Section II provides a brief overview of public health in Boulder County. It includes an overarching framework, definitions, BCPH's guiding principles and the priorities set by our community and BCPH. Section III presents goals and policies for the Public Health element.

Other elements of the BCCP reference and support health, including the Environmental Resources, Transportation, Natural Hazards, Agriculture, Housing, Sustainability, and Economics elements. The goals and policies in this Public Health element bolster and complement existing health-related content in other elements, and addresses additional topics related to public and environmental health. Therefore, this element can serve as a single, comprehensive reference point for health-related goals and policies.

II. Boulder County Public Health

a) Public Health Framework and Overview

Boulder County generally enjoys the reputation of being a prosperous and healthy place, and it is recognized nationally as a community that values local food and farms, bike paths and hiking trails, open space preservation, and the creation of affordable housing. Health data for Boulder County reflects our community's investments in health; in general, smoking rates are lower than the state average, residents eat more fruits and vegetables, exercise more often, and have lower rates of chronic disease than the nation as a whole.

However, looking only at broad health data does not provide a full picture of Boulder County's community health. A closer look through an equity lens reveals that not all members of the county have equal access to such health and quality of life. Nearly 20 percent of children live in poverty, binge-drinking rates are among the highest in the nation, and child obesity rates are increasing. For these reasons, BCPH is committed to addressing the root causes of health inequities and reducing barriers to health equity so that all residents have the opportunity for a healthy life.

Information to Implement in Sidebar

Boulder County Public Health maintains community level health data on its website in order to assess and evaluate health outcomes.

https://www.cohealthmaps.dphe.state.co.us/cdphe_community_health_equity_map/ These data contain the Estimated Life Expectancy at Birth for residents of census tracts across the State of Colorado based on vital records data from 2010-2015.

Boulder County’s public health goals and policies can create a framework to improve equity and reduce disparities. These goals and policies acknowledge the complex system of social, economic, and environmental factors that influence individual and community health outcomes over the course of life. These factors, often referred to as the social determinants of health, are further detailed in Figure 1 below.

Overarching goal and policy statements in this chapter highlight the communities’ health priorities and provide the broad vision for supporting health in Boulder County. Ensuring that health and equity are considered when making decisions regarding our communities’ future is based on national best practices in public health. Developing population-level health policies that seek to improve health and the supporting built and natural environments allows us to work toward reducing health inequities and improving health outcomes for everyone in Boulder County. As illustrated in Figure 2 below, developing and implementing policies that impact socioeconomic factors and change the environment to make the healthy choice the default have the greatest impact on population level health outcomes.

Health interventions that address the social determinants of health can have a larger impact on the health of a population than interventions that focus on one individual.

Figure 1. Colorado Department of Public Health the Environment’s Health Equity Model

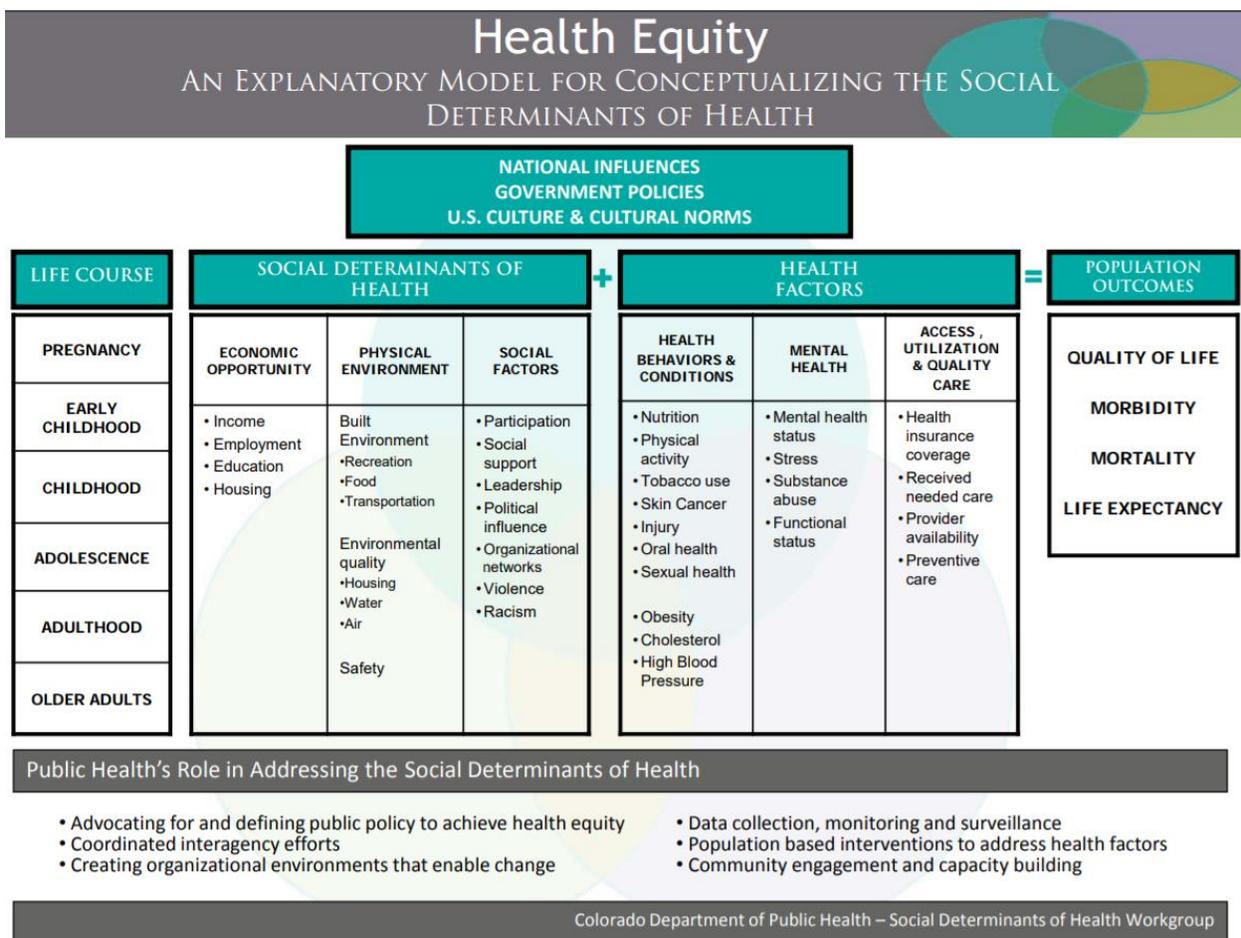
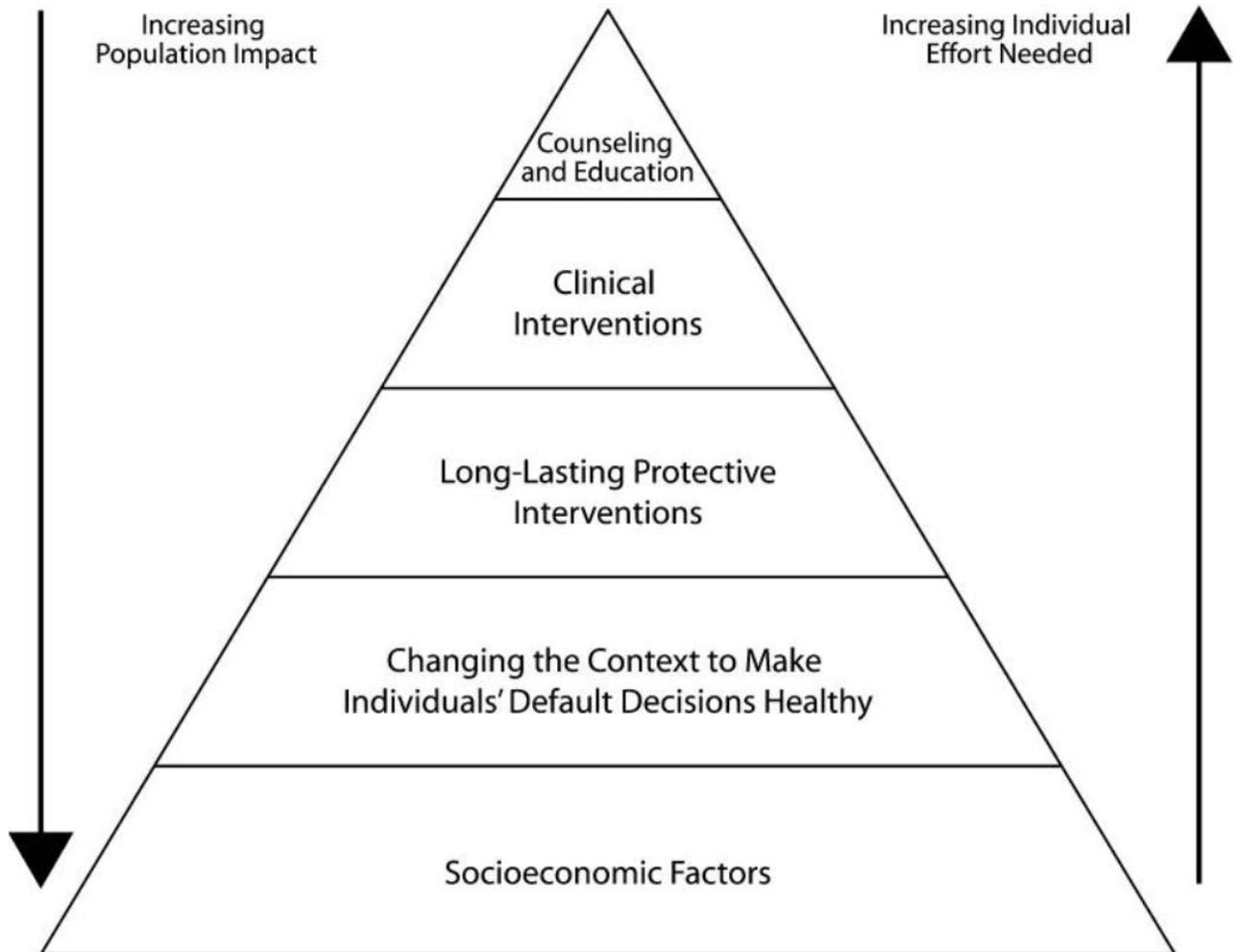


Figure 2. The Health Impact Pyramid



b) Public Health Definitions and Guiding Principles

Health: A "state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity".¹

Health Disparity: A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.²

¹ <https://www.who.int/about/who-we-are/frequently-asked-questions>

² U.S. Department of Health and Human Services, Healthy People 2020 Draft. 2009, U.S. Government Printing Office.

Health Equity: The realization by all people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally. It entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups, particularly those who have experienced historical or contemporary injustices or socioeconomic disadvantage.³

Health Inequity: A difference or disparity in health outcomes that is systematic, avoidable, and unjust.⁴

Mental Health: A state of well-being. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.⁵

Population Health: The distribution of health outcomes within a population, the range of personal, social, economic, and environmental factors that influence the distribution of health outcomes, and the policies and interventions that affect those factors.

Social Determinants of Health: The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.⁶

Boulder County Public Health Guiding Principles ⁷

The following key principles describe the actions we will take to conduct our public health work in order to make significant and sustainable improvements to health in Boulder County.

1. Use data and community input to identify factors that significantly impact equity, health, and quality of life. Employ evidence-based strategies and evaluation to inform decisions, assure quality, and demonstrate outcomes in policies and programs.
2. Initiate, enhance, and promote efforts to address the social determinants of health to ensure health equity for all people in Boulder County. Support community capacity in leadership and organizing that demonstrates collective power to affect change and influence public health programming, policy, and systems change efforts.

³ Adewale Troutman, Social justice, health equity and healthy communities. The Nation's Health May/June 2013, 43 (4) 3

⁴ Whitehead, M. and Whitehead, The concepts and principles of equity and health. Health Promotion International, 1991. 6(3): p. 217.

⁵ https://www.who.int/features/factfiles/mental_health/en/

⁶ Commission on Social Determinants of Health (CSDH), Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. 2008, World Health Organization: Geneva.

⁷ These Guiding Principles are included in BCPH's Five Year Strategy Plan.

3. Promote primary prevention and population-based approaches to maximize health impact at the broadest possible level, while intentionally targeting prevention resources toward populations that are experiencing inequities.
4. Collaborate across sectors to initiate and strengthen partnerships toward making a collective impact to ensure common goals, shared measurement, coordination of activities, and reduced duplication.
5. Clarify appropriate roles of BCPH and our partners in the public health system.
6. Ensure that people in Boulder County are empowered and equipped to make informed decisions for adopting healthy behaviors.
7. Educate and influence policy makers so they are able to set policies that protect and enhance the health of individuals, families, communities, and the environment.
8. Implement strategies in a culturally and linguistically appropriate manner.

c) **Public Health Priorities**

Every five years, each local public health agency in Colorado uses data to examine the health of the community it serves and identify solutions to address the important health issues found in the assessment. The Community Health Assessment is required every five years for all local public health agencies per the Colorado Public Health Act of 2008 (SB 08-194 CRS 25-1-501 et seq.) and the national Public Health Accreditation Board. The Assessment guides BCPH's Public Health Improvement Plan.

Information to Implement in Sidebar

In 2017, BCPH conducted a thorough assessment of the health of our county's residents. Along with extensive analysis of demographic and health data, the assessment included conversations with groups of residents to ensure that the community perspective was included, particularly from those experiencing barriers to health (i.e. health inequities). The results of these conversations were utilized to inform the creation of this Public Health element. Residents, stakeholders, and partners voted and identified mental health as the focus for BCPH and community partners for the 2018-2023 five-year period.

III. Goals and Policies

The goals and policies presented here reflect public health priorities for Boulder County. In addition to providing policy direction for decision making in Boulder County, these provide broad guidance for consideration during specific master plan updates (e.g., the county's Sustainability Master Plan, Transportation Master Plan or department-level master plans).

Goal 1. Fostering Healthy Families and Communities. Boulder County values and creates environments that foster healthy families and communities.

Policies

- PH 1.01 Boulder County shall support policies and economic development that increases the number and availability of living wage jobs, as well as jobs with paid sick leave.
- PH 1.02 Boulder County supports efforts to ensure that adequate childcare facilities are located throughout Boulder County, especially in mountain communities and other rural, underserved areas.
- PH 1.03 Boulder County shall promote the creation and adoption of family leave policies and family friendly workplaces.
- PH 1.04 Boulder County shall work to reduce youth and adult substance abuse by limiting residents' exposure to secondhand smoke and vapors, as well as considering the location and proximity of marijuana, alcohol, and tobacco facilities to youth-facing buildings.
- PH 1.05 Boulder County understands the importance of harm reduction strategies to combat substance use disorders and will work with partners and experts to determine appropriate interventions, such as syringe exchanges sites, clinics and recovery residences, and prescription disposal and/or diversion sites.
- PH 1.06 Boulder County supports program and policy changes to address the shortage of mental health resources in schools, enhance suicide prevention, and create safe spaces for young people, free of discrimination based on race, ethnicity, sexual orientation and religion.
- PH 1.07 Boulder County recognizes gun violence as a public health issue and supports the safe storage of guns within homes and educational facilities, further research into injury prevention strategies, and efforts to minimize risk related to gun violence.
- PH 1.08 Boulder County encourages efforts to increase access to and enrollment in affordable health and mental healthcare.
- PH 1.09 Boulder County shall work to improve food and beverage environments, access to clean water, and local, healthy, and nutritious foods for all residents regardless of income.
- PH 1.010 Boulder County recognizes the health impacts of air pollution and supports efforts to improve air quality.

Goal 2. Promote Safe and Healthy Recreation and Open Space Opportunities. Boulder County collaborates with partners and municipalities to promote safe and healthy recreation spaces and open spaces that support physical and mental health.

Policies

- PH 2.01 Boulder County recognizes and values the physical and mental health benefits of open space, trails, and amenities that allow members of the public to safely enjoy the outdoors and connect with nature.
- PH 2.02 Boulder County understands the unique needs of vulnerable populations – including the elderly, differently abled, young and low income – and strives to create open spaces

accessible to all.

Goal 3. Transportation Safety and Accessibility. Boulder County supports transportation pathways that are safe and accessible for all residents regardless of geography or transportation mode to improve mobility options for all.

Policies

- PH 3.01 Boulder County supports injury prevention projects that aim to ensure safe use of all modes of transportation.
- PH 3.02 Boulder County supports partnerships with community organizations and transportation providers to improve transportation options for residents in rural and mountain communities, with the goal of increasing access to healthcare, mental health services and social services.
- PH 3.03 Boulder County will partner with local and regional partners to provide outreach and increase awareness of existing transportation resources in rural and mountain communities.
- PH 3.04 Boulder County recognizes the value of walking and bicycling as forms of transportation that promote public health, and through working with local partners and municipalities in the county, will strive to expand infrastructure making it easier for members of the community to use these transportation modes.

Goal 4. Preserve Regional Agriculture and Local Food Systems. Boulder County supports the local food system, access to affordable healthy food, and community farming to preserve regional agriculture and increase community's health and resiliency.

Policies

- PH 4.01 Boulder County shall encourage fruit and vegetable production, specifically projects that increase healthy food access for low-income populations.
- PH 4.02 Boulder County recognizes the value of gleaning efforts that support healthy food distribution for low-income residents.
- PH 4.03 Boulder County will seek to partner with community organizations to increase access to affordable, healthy foods at existing food distribution locations in rural and mountain communities.
- PH 4.04 Boulder County will monitor and seek opportunities to support (e.g., through information sharing, regulations, and access to program resources) grocers and other healthy food retailers across our communities, as well as local farmers, farm stands, farmers markets, and other sources and distribution channels for locally-produced food products.
- PH 4.05 Boulder County will help protect the viability of local agriculture and ensure adequate local food production and supply by seeking opportunities to address the needs of farmers and ranchers.

Goal 5. Protection and Preservation of Existing Affordable Housing. Boulder County recognizes safe, stable and healthy housing as a social determinant of health and prioritizes the protection and conservation of existing affordable housing to align with the county’s affordable housing goals.

Policies

- PH 5.03 Boulder County recognizes there is a connection between individuals having safe, affordable housing and their physical and mental health, and supports efforts to create and preserve affordable housing.
- PH 5.04 Boulder County shall support legislative efforts that provide additional protections for manufactured and mobile home park residents to support the physical and mental health of those residents and the preservation of affordable housing.
- PH 5.05 The county will evaluate its policies and regulations to minimize the negative effects of displacement on low-income persons when housing sites are redeveloped by the private sector.

Goal 6. Healthy and Safe Structures. Boulder County supports efforts to ensure that structures have healthy indoor air quality, structural integrity and reasonable safety features to protect occupants.

- PH 6.01 Boulder County shall require radon testing and passive mitigation systems in new homes, radon testing for major renovations (e.g. when finishing a basement), and encourage radon testing and mitigation in all other new and existing occupied buildings.
- PH 6.02 Boulder County supports healthy and safe rental housing and provides landlords and tenants with guidance on best practices for use of smoke detectors, CO monitors, radon testing, mold remediation, and hazardous materials cleanup. The county supports exploration into the feasibility and benefits of rental licensing and inspection programs.
- PH 6.03 Boulder County recognizes the importance of remediation efforts that reduce exposure to methamphetamine, lead, asbestos, and other potentially hazardous materials that may be found in households and warrant review upon change in ownership and occupancy of a structure.

Goal 7. Climate Change. Boulder County works to minimize and mitigate the negative effects of climate change and natural disasters on physical, mental, and environmental health.

Policies

- PH 7.01 Boulder County will work to minimize and protect residents from the negative impacts of climate change through emergency preparedness planning that seeks to reduce the threat of heat and other climate-induced emergencies on the most vulnerable residents.
- PH 7.02 Boulder County will work to track emerging vector borne diseases that impact our region, and collaborate with national and state partners to ensure preventative measures are taken to protect public health.

- PH 7.03 Boulder County recognizes that climate change can cause and intensify stress and anxiety, adversely affecting health and the county will seek opportunities to minimize those impacts.

Content for Text Box:

Events such as extreme storms or extreme heat can lead to depression, anger, and even violence. Everyone is at risk, but not everyone is affected equally. Groups that are especially vulnerable to the health impacts of climate change include children, the elderly, and women. Also at risk are disadvantaged groups, those with existing mental illness, and those with close ties to the land, including farmers and tribal communities.

Goal 8. Engage, Educate and Collaborate. Boulder County actively engages and collaborates with stakeholders and partners to promote public health values.

- PH 8.01 Boulder County shall maintain strong outreach to the community, including offering public education activities, promoting awareness of the county's health data and community priorities, and providing robust opportunities for members of the public to provide input on future planning and programs.
- PH 8.02 Boulder County shall collaborate and partner with communities and other regional stakeholders in identifying and addressing public health priorities.

Active Living & Environment

Impact to Health

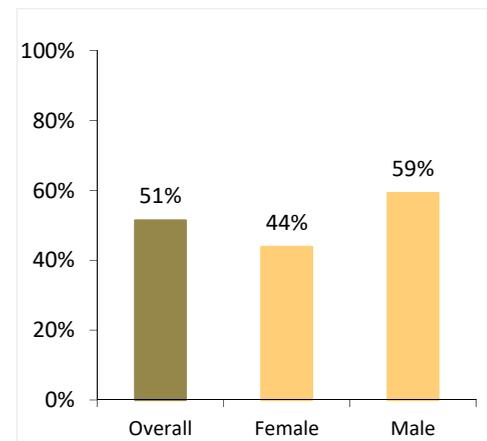
The built environment can promote consistent moderate physical activity, such as walking, cycling, or participating in sports, which can have significant health benefits.¹ For adults, physical activity can lower the risk of early death, stroke, high blood pressure, type 2 diabetes, and breast and colon cancer.¹ For children and adolescents, benefits include improved bone health, reduced symptoms of depression, and improved cardiorespiratory and muscular fitness.¹

Active living is a way of life that integrates physical activity into daily routines. The built environment refers to our man-made surroundings (e.g. homes, buildings, streets, open spaces, etc.).

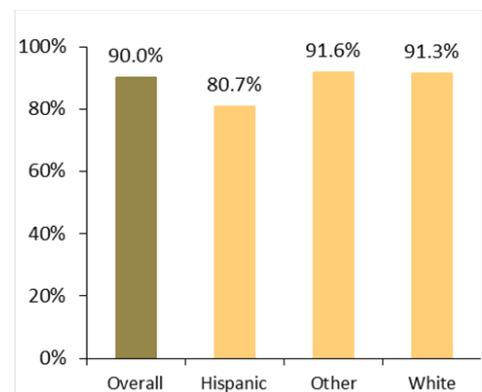
Indicators	Boulder County	Colorado
Built Environment		
Workers (age 16+ years) who commute to work by alternate transportation (e.g., public transportation, walking, biking, etc.) (2011-2015) ²	14.5%	7.5%
Children who commute to school by biking, walking, or skateboarding at least one day a week (2013-2015) ²	36.1%	28.3%
Physical Activity		
Children (aged 5-14 years) who were physically active for at least 60 minutes/day for the past 7 days (2013-2015) ²	53.9%	44.0%
Boulder Valley School District high school students who were physically active for a total of at least 60 minutes/day for all of the past 7 days (2015) ^{2,3}	23.3%	27.8%
Adults aged 18+ years who get moderate activity per day on 5+ days/week or vigorous activity per day on 3+ days/week (2013-2015) ²	71.4%	60.7%

Disparities

High School Students Participating in Vigorous Physical Activity at Least 60 Min. in 5 of Past 7 Days, by Gender Boulder County,* 2015³



Engaging in Any Physical Activity or Exercises in Past Month Other than Regular Job, by Race/Ethnicity Boulder County, 2013-2014⁴



Voice of the Community⁵

“ Flexibility in the workplace to create time for exercise.

Better walking and biking infrastructure.

Programs about physical education are very expensive - access to programs for children like soccer clubs, yoga classes, swimming classes, access to rec centers, is very expensive.

Access to/awareness of free or low-income exercise facilities.

Equal access to healthy activities across the county - not just in Boulder. ”

References

1. Office of Disease Prevention and Health Promotion (ODPHP). N.d. *Physical Activity*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity#5072>
2. Colorado Department of Public Health and Environment (CDPHE), 2015. *Colorado Health Indicators*. Retrieved from <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>
3. Healthy Kids Colorado Survey, 2015 Retrieved from <https://www.bouldercounty.org/families/youth/results/#1488480597490-bf345527-0aab>
4. Colorado Behavioral Risk Factor Surveillance System (BRFSS)
5. Boulder County Public Health 2017 Community Health Conversations

Social & Community

Impact to Health

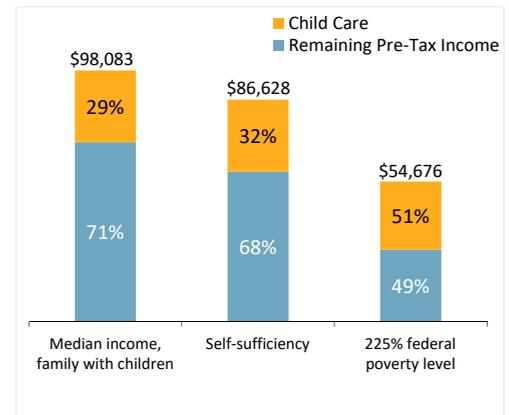
The social and community environment influences behavior by setting norms and patterns of behavior considered acceptable, determining if there are opportunities to engage in certain behaviors, and influencing which behaviors reduce or increase stress.¹ Positive social support can enhance resilience to stress and decrease functional impairment.² Further, studies suggest that individuals with high quality or quantity of social networks have a decreased risk of mortality compared to those with fewer or weaker social relationships.³

An individual's social environment is a determinant of their behavior and attitudes, and ultimately their health. It influences behavior and access to opportunities.¹ The social environment includes the structure of a community and its ability to provide support and promote support of one another.

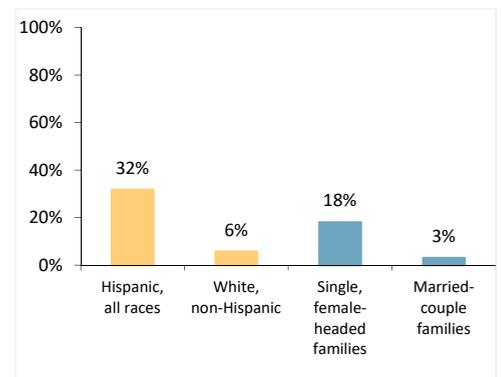
Indicators	Boulder County	Colorado
Households headed by a single adult (2011-2015) ⁵	24.6%	28.4%
Boulder Valley School District students who have an adult to go to for help with a serious problem (2015) ⁶	73.9%	71.3%
Boulder Valley School District high school students who reported being bullied on school property during the past 12 months (2015) ⁶	15.1%	20.1%
Boulder Valley School District students who participate in extracurricular activities at school (2015) ⁶	74.4%	69.3%
Voter turnout in 2016 presidential election ⁷	73.4%	74.5%
Elder abuse rates (per 100,000 population aged 65+ years) (2014) ⁸	602.5	452.9

Disparities

Child Care Cost as a Percentage of Income for a Family of Four, Boulder County, 2015⁴



Poverty by Ethnicity and Household Composition, Boulder County, 2015⁴



Voice of the Community⁹

☞ *Change structural racism. There is racism in organizations and places of health.*

Openness and availability of resources to individuals regardless of immigration status.

Our commissioners don't give support to mountain communities. They are just concerned about Boulder city and make it hard for mountain folks - which can affect health!

Transgender youth and adults would have more spaces to gather and support each other. ☞

References

- 1 Berkman L., Kawachi, I. 2000. *Social Epidemiology*. New York: Oxford University Press
- 2 Maija Reblin, MA, and Bert N. Uchino, PhD. 2009. *Social and Emotional Support and its Implication for Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2729718/>
- 3 Social Relationships and Mortality Risk: A Meta-analytic Review. Julianne Holt-Lunstad, Timothy B. Smith, J. Bradley Layton Published: July 27, 2010 <https://doi.org/10.1371/journal.pmed.1000316> Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316>
- 4 Status of Children in Boulder County, 2016
- 5 U.S. Census Bureau, American Community Survey 5-Year Estimates
- 6 Healthy Kids Colorado Survey, 2015
- 7 Colorado Secretary of State
- 8 Adult Protection and Financial Assistance
- 9 Boulder County Public Health 2017 Community Health Conversations

Affordability

Impact to Health

The Self-Sufficiency Standard measures how much a family must earn to meet basic needs. Boulder County has one of the highest standards in the U.S.; in 2015, a family of 2 adults, 1 preschooler, and 1 school-age child needed \$75,906 to meet basic needs. This standard is over 300% of the federal poverty level.¹

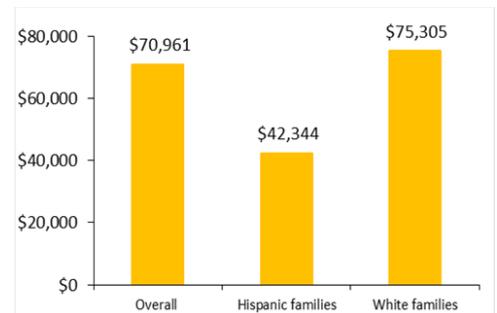
Access to affordable recreation, sports, and nutritious foods can encourage life-long healthy habits, contributing to overall mental and physical wellness over the life course. The ability to afford physical and mental health care also impacts individual health and can decrease the length and severity of illness. Affordable housing leaves money available to pay for health care and healthy food, which leads to better health outcomes.² "Affordability" was a common theme presented as a concern in conversations with Boulder County residents.

Affordability describes an individual's ability to access and pay for the goods or services needed to live well, and it is an underlying theme across many health topics. Affordability goes beyond simply measuring income to include the cost of housing, child care, nutritious food, recreation activities, transportation, health care, and more.

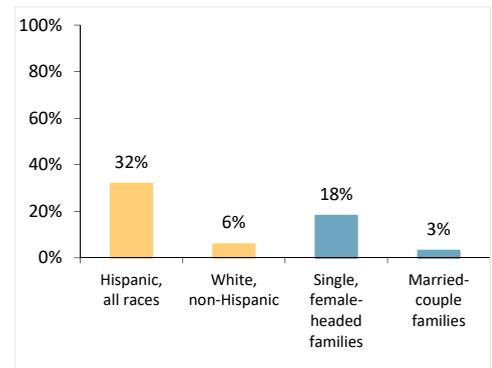
Indicators	Boulder County	Colorado
Median household income (US dollars) (2015) ³	\$72,392	\$63,945
Population below federal poverty level (all ages) (2015) ³	12.3%	11.5%
Children (< 18 years old) below federal poverty level (2015) ³	10.9%	14.8%
Households that received food stamps (SNAP) in the past 12 months (2011-2015) ³	5.5%	8.7%
Total households receiving SNAP benefits in past 12 months who have children less than 18 years old (2011-2015) ⁴	52.9%	56.6%
Households that received SNAP benefits in the past 12 months with an adult 60+ yrs old (2011-2015) ⁴	22.9%	24.4%
Public school students eligible for free or reduced-price school lunch (K-12) (2016) ⁵	26.1%	42.2%

Disparities

Median Household Income, Boulder County, 2011-2015³



Poverty by Race and Household, Boulder County, 2015³



Voice of the Community⁶

“ More accessible and low-cost consultation, medicines because everything related to health is very expensive. Many times if you feel sick, don't go to the doctor for the problem.

The county would be able to provide affordable housing (my health suffers due to cost of living and working multiple jobs).

Provide jobs that have an economic ladder to the middle class.

Childcare is too expensive and inaccessible. ”

References

1. Pearce, Diana M. "The Self Sufficiency Standard for Colorado 2015." Colorado Center on Law and Policy, 2015
2. Nabihah Maqbool, Janet Viveiros, and Mindy Ault. 2015. The Impacts of Affordable Housing on Health: A Research Summary. Retrieved from <https://www.nhc.org/publication/the-impacts-of-affordable-housing-on-health-a-research-summary/>
3. U.S. Census Bureau, American Community Survey
4. U.S. Census Bureau, American Community Survey 5-Year Estimates
5. Colorado Department of Education, 2016
6. Boulder County Public Health 2017 Community Health Conversations

Health Care

Impact to Health

Not having proper access to quality care impacts timely detection and treatment of health conditions, prevention of disease, life expectancy, and overall quality of life.¹ An individual's access to and quality of care varies based on their income, race, ethnicity, sexual orientation, location (rural vs. city), age, and gender.^{1,3}

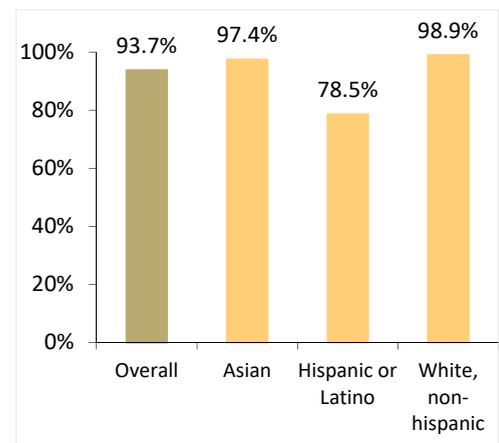
Boulder County residents suggested that the affordability of medical care and health insurance coverage has a significant impact on whether they are able to access needed health care.⁴

Access to health care refers to the ease with which an individual can get needed medical services. This includes gaining entry into the health care system, accessing a physical location where the needed services are provided, and finding a trusted health care provider with whom one can communicate successfully.¹ Quality care is safe, patient-centered, equitable, effective, and efficient.²

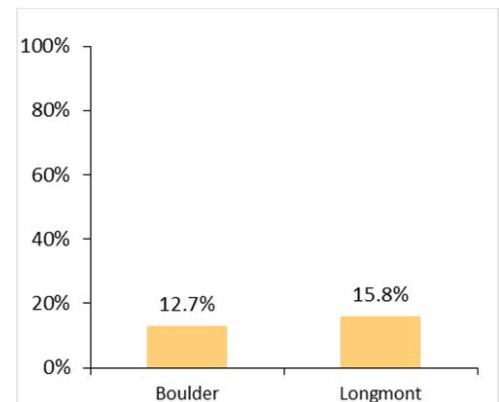
Indicators	Boulder County	Colorado
Women who received adequate prenatal care (2013-2015) ⁵	68.9%	63.2%
Uninsured children (aged 0-18 years) (2016)	3.7%	6.0%
Uninsured population (2017) ⁷	4.1%	8.2%
Adults (aged 18+ years) who have had cholesterol screening in past 5 years (2013, 2015) ⁵	79.8%	76.3%
Women (aged 40 years or older) who had a mammogram within the last 2 years (2012, 2014) ⁵	62.1%	61.4%
The rate of practicing primary care physicians per 100,000 population (2014) ⁸	125	81

Disparities

Adults with Health Insurance, Boulder County, 2014⁶



Adults Without Health Insurance, City of Boulder and City of Longmont Colorado, 2014



Voice of the Community⁴

☞ Affordable health care.

Easier access to medical sources: eye, dental, medical.

Ability of people who are not able to live independently to have available the options of care providers coming to their home instead of the only choice being to go to a nursing home. ☞

References

1. Healthy People 2020, 2017. Access to Health Services. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>
2. World Health Organization (WHO), 2006. *Quality of Care*. Retrieved from http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf
3. Agency for Healthcare Research and Quality (AHRQ), 2016. *Access and Disparities in Access to Health Care*. Retrieved from <https://www.ahrq.gov/research/findings/nhqrdr/nhqrdr15/access.html>
4. Boulder County Public Health 2017 Community Health Conversations
5. Colorado Department of Public Health and Environment (CDPHE), 2015. *Colorado Health Indicators*. Retrieved from <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>
6. U.S. Census Bureau, American Community Survey
7. CHI Colorado Health Access Survey, County Health Profile – Boulder County (2017) Retrieved from: <https://www.coloradohealthinstitute.org/county-health-profiles>
8. Robert Wood Johnson Foundation County Health Rankings

Housing

Impact to Health

The link between housing and health is twofold: poor health can contribute to being homeless, and being homeless can lead to poor health. Individuals without homes often lack access to health care treatment and have higher rates of acute and chronic illness, such as bronchitis, diabetes, mental illness, hypertension, and HIV/AIDS.²

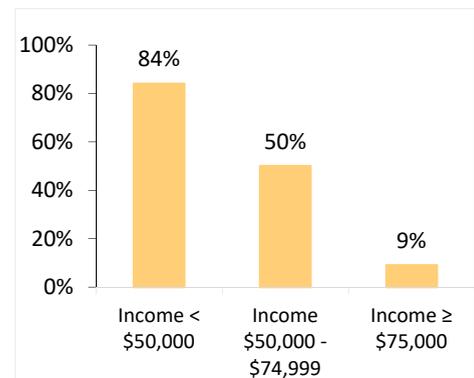
The high costs of housing in Boulder County can put a strain on family budgets. In conversations, Boulder County residents often shared concerns about the supply of affordable housing in the county.

Quality housing refers to an affordable dwelling that is clean, safe, and sanitary; without hazards or pests; and with safety and security measures in place. Housing is one of the most important supports a person or family can have.¹

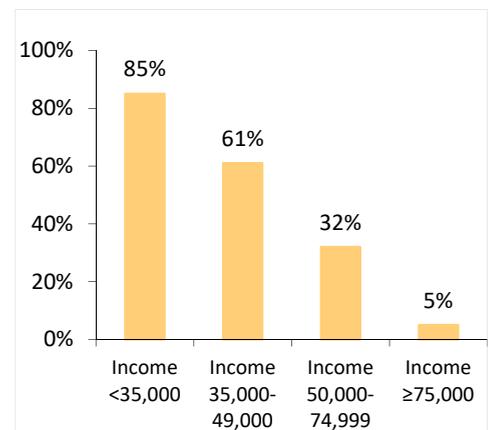
Indicators	Boulder County	Colorado
Housing units that are owner-occupied (2011-2015) ³	62.2%	64.3%
Owner-occupied housing units with mortgage-status 30% or more of household income (2011-2015) ³	27.0%	30.5%
Median home value (US dollars) for owner-occupied housing units (2011-2015) ³	\$368,800	\$247,800
Housing units that are renter-occupied (2011-2015) ³	37.8%	35.7%
Renters who are paying 30% or more of household income on rent (2011-2015) ³	54.0%	48.5%
Median gross rent (US dollars) (2011-2015) ³	\$1,187	\$1,002

Disparities

Owner-Occupied Units Paying 30% of Income for Mortgage by Household Income, Boulder County, 2011-2015³



Renters Paying 30% of Income for Rent by Household Income, Boulder County, 2011-2015³



Voice of the Community⁴

“ Affordable housing...I make very decent wage and am still considered cost-burdened. I can only imagine the thousands of people who are at over 50% cost-burdened.

It is impossible for people who live paycheck to paycheck to pay for rent or buy a house. Access to housing - the price of houses and rent is very expensive.

Affordable housing that does not compromise safety.

Greater regulations on landlords to provide a safe and habitable living environment.

More low-income access to housing - the 2+ year wait list is a significant issue. ”

References

1. American Public Health Association and National Center for Health Housing. National Health Housing Standard, 2014
2. National Health Care for the Homeless Council (NHCHC), 2011. *Homelessness and Health, What's the Connection?* Retrieved From http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf
3. U.S. Census Bureau, American Community Survey, 5-Year Estimates
4. Boulder County Public Health 2017 Community Health Conversations

Healthy Eating

Impact to Health

Better nutrition has been found to be related to improved infant, child, and maternal health; stronger immune systems; safer pregnancy and childbirth; lower risk of diseases such as diabetes and cardiovascular disease; and longevity. In fact, people with adequate nutrition are more likely to be productive and able to gradually break the cycles of poverty and hunger.² Conversely, a poor diet can increase the risk of becoming overweight or obese.³

In 2012-2014, 45.9% (Boulder County) and 56.5% (Colorado) of adults were overweight or obese.⁴ Subsequently, rates of diabetes, cardiovascular disease, and other diet-related conditions have escalated. In 2016, heart disease was the second leading cause of death in Boulder County and Colorado (110 and 127 deaths per 100,000 age-adjusted) and diabetes was the ninth leading cause of death in the County (9 per 100,000) and eighth in Colorado (16 per 100,000, age-adjusted rate).⁵

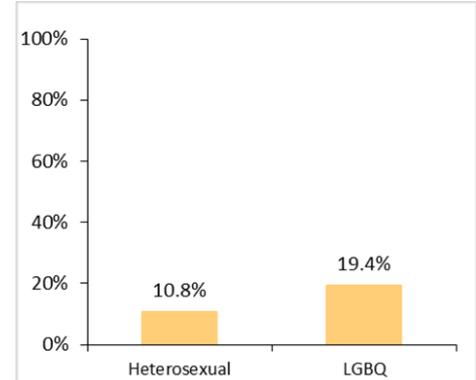
Many Boulder County residents know the importance of eating healthy and seek nutritious food but experience barriers such as no access to quality affordable food and limited time to prepare nutritious meals.¹⁰

An adequate, well balanced diet combined with regular physical activity, is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.¹

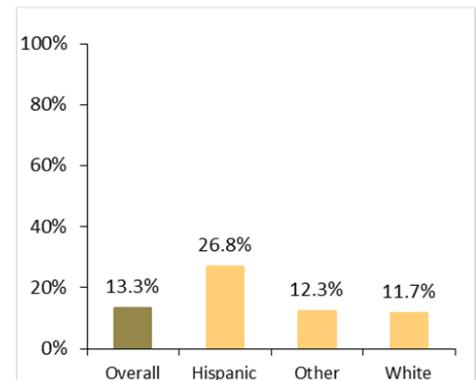
Indicators	Boulder County	Colorado
Percent of children (aged 1-14 years) who ate fruit 2 or more times per day and vegetables 3 or more times per day (2013-2015) ⁷	10.7%	11.4%
Percent of children (under 18 years of age) living in households that experienced food insecurity at some point during the year (2015) ⁸	15.0%	16.5%
Percent of BVSD high school students who ate vegetables 2 or more times per day during the past 7 days (2015) ⁹	39.5%	30.5%
Percent of BVSD high school students who experience food insecurity (went hungry because of lack of food in the house) (2015) ⁹	8.4%	14.0%
Percent of population experiencing food insecurity at some point during the year (2015) ⁸	12.8%	12.2%

Disparities

Boulder Valley School District, 2015
Overweight and Obesity in High School Students, by Sexual Orientation⁹



Obesity in Adults, by Race/Ethnicity⁴
Boulder County, 2013-2014



Prepared by Boulder County Public Health, 2018

Voice of the Community¹⁰

“No one in our county should be hungry.

More education on nutrition in schools and in community but culturally appropriate.

Cook healthy dishes for friends often to show them how to eat healthy food or how to prep. Modeling is a great way to make changes.

Cost efficient healthy food options including fast food.”

References

1. World Health Organization. 2017. Retrieved from <http://www.who.int/topics/nutrition/en/>
2. World Health Organization. 2017. 10 Facts on Nutrition. Retrieved from <http://www.who.int/news-room/facts-in-pictures/detail/nutrition>
3. Dietary Guidelines Advisory Committee. Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary Health and Human Services and the Secretary of Agriculture. Washington, DC: US Department of Health and Human Services; 2015.
4. Colorado Behavioral Risk Factor Surveillance System (BRFSS)
5. Colorado Vital Statistics Death Dataset, 2013-2015
6. Colorado Pregnancy Risk Assessment Monitoring System (PRAMS)
7. Colorado Child Health Survey 2013 -2015
8. Feeding America
9. Healthy Kids Colorado Survey, 2015
10. Boulder County Public Health 2017 Community Health Conversations

Mental Health

Impact to Health

Mental health and physical health are closely connected; mental health influences an individual's ability to maintain good physical health.² Health problems can occur if a stress response continues for a long period or becomes chronic. Chronic stress can cause immune, digestive, sleep, and reproductive systems to stop working normally.

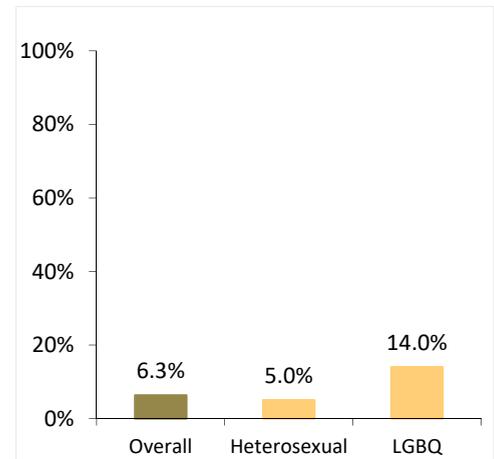
Poor mental health can lead to high rates of suicide among people who experience discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) persons; and prisoners.³ In Boulder County, suicide is the seventh leading cause of death and the third leading cause of potential years of life lost.⁴

Mental health is a state of well-being when an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community.¹ Mental health includes diagnosable mental illness, access to mental health services, stress, substance abuse, and work-life balance.

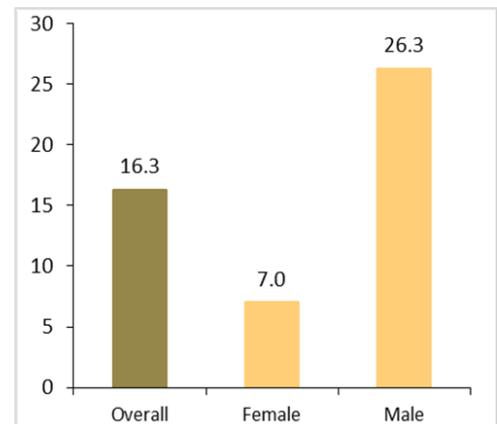
Indicators	Boulder County	Colorado
Percent of pregnant women who experienced 1 or more major life stress events 12 months before delivery (2012-2014) ⁵	59.6%	71.8%
Percent of parents who reported behavioral or mental health problems in their children (aged 1-14 years) (2013-2015) ⁶	20.1%	19.9%
Percent of BVSD 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 (2015) ⁷	27.7%	29.5%
Percent of adults (aged 18+ years) who report experiencing 8 or more days of poor mental health in the past month (2013-2014) ⁸	11.3%	13.0%
Age-adjusted suicide deaths per year (2013-2015) ⁹ per 100,000	16.3	19.1
Age-adjusted rate of hospitalizations related to mental illness per year (2013-2015) ¹⁰ per 100,000	2,184	2,834

Disparities

High School Student Attempted Suicide by Sexual Orientation
Boulder Valley School District, 2015⁷



Age-Adjusted Suicide Deaths (per 100,000 population per year)
Boulder County, 2013-2015⁹



Prepared by Boulder County Public Health, 2018

Voice of the Community¹¹

“It is frustrating to clinicians and patients to have to call several mental health providers before finding someone who can provide service.

Life is so fast moving - not enough time to breathe.

I had 5 or more people from my high school harm themselves and pass away. Many of them were bullied or didn't feel they were important. I want there to be more opportunities for people to learn their importance and stop bullying and judgment.”

References

1. World Health Organization (WHO). 2016. *Mental health: strengthening our response*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs220/en/>
2. Lando J, Marshall Williams S, Sturgis S, et al. A logic model for the integration of mental health into chronic disease prevention and health promotion. *Prev Chronic Dis*. 2006 April;3(2):A61. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>
3. World Health Organization (WHO). 2017. *Suicide*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs398/en/>
4. Colorado Health Statistics and Vital Information, 2015. Retrieved from: <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>
5. Colorado Pregnancy Risk Assessment Monitoring System (PRAMS), 2012-2014. Retrieved from <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>
6. Colorado Child Health Survey, 2013-2015. Retrieved from <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>
7. Health Kids Colorado Survey, 2015
8. Colorado Behavioral Risk Factor Surveillance System (BRFSS)
9. Colorado Vital Statistics Death Dataset, 2013-2015
10. Colorado Health and Hospital Association, 2013-2015. Retrieved from: <https://www.colorado.gov/pacific/cdphe/colorado-health-indicators>
11. Boulder County Public Health 2017 Community Health Conversations

Environmental Quality

Impact to Health

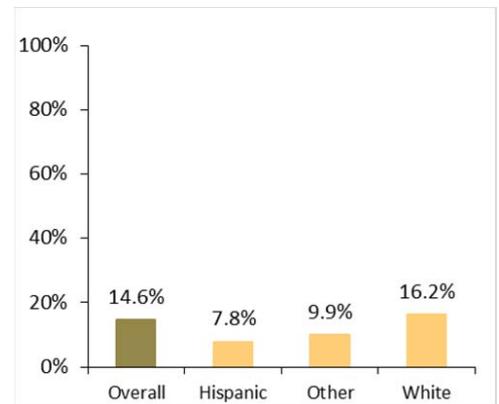
Poor air quality, both indoors and out, contributes to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. In Boulder County, the most concerning air pollutant is ozone. Ozone can aggravate asthma, chronic bronchitis, and emphysema; increase use of medication; increase visits to the emergency room; and increase hospital admissions.² Poor water quality can also be harmful and lead to a range of illnesses, including gastrointestinal illness, neurological problems, and cancer.

Environmental quality refers to the quality of indoor and outdoor air and water for drinking and bathing. The environment directly affects health and plays a major role in quality of life, length of healthy life, and health disparities.¹

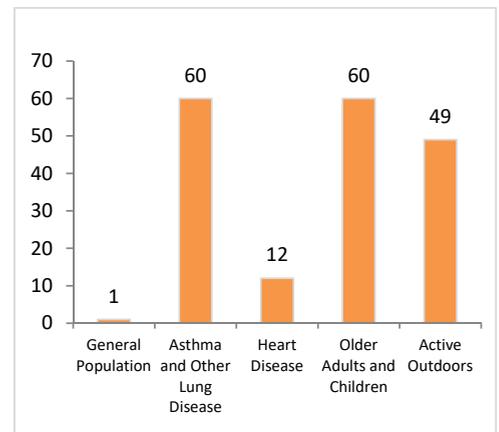
Indicators	Boulder County	Colorado
Household radon tests that were above the Environmental Protection Agency (EPA) recommended action limit of 4 pCi/L (pico Curies per liter of air) (2005-2017) ³	53.7%	not available
Adults (aged 18+ years) who report bottled water as their primary home drinking water source (2011-2014) ⁴	13.1%	17.6%
Grade for number of high ozone days in 2017 ³	F	not available
Adults (aged 18+ years) with asthma (2013-2015) ⁴	8.3%	8.7%
Boulder Valley School District high school students with asthma (2015) ⁵	22.5%	23.0%
Children aged 1-14 years with asthma (2013-2015) ⁶	8.2%	7.3%

Disparities

Adults with Asthma, by Race/Ethnicity
Boulder County, 2013-2014⁵



Front Range Air Quality Unhealthy Days by Affected Population, 2014⁷



Voice of the Community

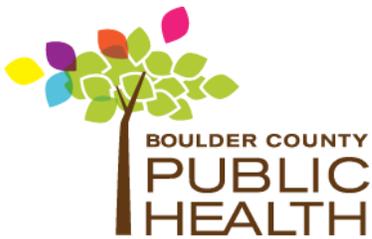
“As a new resident of Boulder County, I would wave a magic wand to eradicate oil and gas development completely, replacing it with solar, wind, and geothermal exchange energy development. I can already feel the adverse effects of poor air quality on my health.

Keeping our air clean would help a great-grandson with his asthma.

Make everyone's water drinkable and our use more efficient. More efficient water means more behavior change towards converting grass into xeroscope, more efficient faucets, and other appliances. It also means investing into our lower-income neighborhoods to provide drinkable solutions.”

References

1. Healthy People 2020. 2017. *Environmental Quality*. Retrieved from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Environmental-Quality>
2. U.S. Environmental Protection Agency. Air Quality Index: A Guide to Air Quality and Your Health, February 2014. Research Triangle Park, NC. Retrieved from https://www3.epa.gov/airnow/aqi_brochure_02_14.pdf pg 5
3. <http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/colorado/>
4. CDC Behavioral Risk Factor Surveillance System (BRFSS)
5. Healthy Kids Colorado Survey (2015)
6. The Colorado Child Health Survey (CHS)
7. Air Compare. Retrieved from <https://www3.epa.gov/aircompare/compare.htm>. Font Range includes Adams, Arapahoe, Boulder, Denver, Douglas, Jefferson, Larimer, and Weld Counties



Community Health Conversations

Summary of Findings

Project Summary

In order to improve health in our community, it's important to first understand what the greatest needs are and where public health can have the greatest impact. The Community Health Assessment is an evidence-based approach designed to do just that. Through this process, information is gathered from multiple data sources (e.g. the Healthy Kids Colorado Survey, focus groups with residents, etc.) to develop a deeper understanding of the community's health and to focus on interventions. Conversations with groups of residents – called Community Health Conversations – were one part of the Boulder County Public Health 2017 Community Health Assessment.

Project Goal

The goal of the Community Health Conversations was to ensure that the community perspective was included, particularly from those who are experiencing barriers to health (e.g. health inequities).

Methods

Staff from Boulder County Public Health met with Boulder County residents at established meetings of neighborhoods, churches, organizations, etc. from February through April 2017. Participants were asked one question: "If you could wave a magic wand and improve your health (including mental health) or the health of your friends, family, and/or loved ones living in Boulder County, what would happen or change?"

Meeting attendees wrote down their answers to this question, engaged in conversation on the topic with peers, and then selected their own top three responses. Boulder County Public Health staff used a [Health Equity Model](#), developed by the Colorado Department of Public Health and Environment, to categorize these top responses into factors according to the framework. Factors that came up most often were categorized into key themes.

Participants

Boulder County Public Health staff facilitated this conversation with 53 groups (over 600 people) throughout the county. The groups represented populations that are facing barriers to health from various ages, races/ethnicities, income levels, and life experiences.

Key Findings

In total, the residents provided 3,021 ideas about things that could improve their health; marking 1,776 of these ideas as priorities.

Thank You

Our public health community consists of the public, staff and partners. Boulder County Public Health staff volunteers visited as many community groups and staff meetings as possible between Feb-April 2017. We recognize that there are many other groups in Boulder County who we hoped to but could not visit due to time and staff constraints. We sincerely thank participants from these 53 groups for speaking with us!

- Allenspark Lunch Group
- Area Agency on Aging
- Atlas- Boulder County AIDS Project
- Attention Homes
- Bailes de mi Tierra- Longmont Senior Center (dance group)
- BCPH Boulder Facilitator Training
- BCPH Communicable Disease & Emergency Management Division Meeting
- BCPH Community Engagement Learning Circle Meeting
- BCPH Community Health Division Meeting
- BCPH Environmental Health Staff Meeting
- BCPH Family Health Division Meeting
- BCPH Longmont Facilitator Training
- BCPH Strategic Initiatives Branch Division Meeting
- Boulder County AIDS Project Staff Meeting
- Boulder County Jail- Women's Group
- Boulder County Latino Coalition Meeting
- Boulder Meals on Wheels
- Boulder OASOS
- Boulder Senior Center
- Boulder Youth Opportunities Advisory Board (YOAB)
- Caminando Juntos- Association for Community Living
- Chinook Café -Mental Health Partners
- CIRCLES
- Coal Creek Meals on Wheels
- CU Health Promotion Group
- Early Childhood Educators Director's Meeting
- ELPASO Parent Group
- GENESISTER Group
- Head Start Lafayette
- HEAL course of ECE providers
- Health, Safety and Nutrition- FRCC course
- Hearing Voices Network
- I Have A Dream Foundation- Boulder High
- Infant/Toddler Theory Class1
- Infant/Toddler Theory Class2
- Lafayette Youth Advisory Council
- LifeBridge Christian Single Mom's Group
- Livewell Longmont Promotoras Group
- Longmont OASOS
- Louisville Senior Center

- Louisville Youth Advisory Board
- Lyons Lunch Group
- Nederland Area Senior Group
- Nurturing Parent Group- Whittier Elementary
- OUR Center
- Patient Voices - Clinica Patient Advisory Group
- Programa Companeras- El Centro Amistad
- Sister Carmen Family Leadership Training Institute- Latina Group
- St. John the Baptist- Men's Group
- St. John the Baptist- Women's Group
- Teens Inc.
- THRIVE Conference
- Wild Plum Policy Council