



Community Health Improvement Plan

Adopted by Pueblo Department of Public Health
and Environment (PDPHE) November 23, 2022



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Community Profile Background

Located in southeastern Colorado, Pueblo County is home to an estimated population of 169,622 (2021) residents⁴. With a land area of 2,386.10 square miles⁴, Pueblo County consists of 10 communities spanning from the southern Front Range and Wet Mountains in the west to the Arkansas River Valley and Great Plains in the East⁵. Communities in Pueblo County include:

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

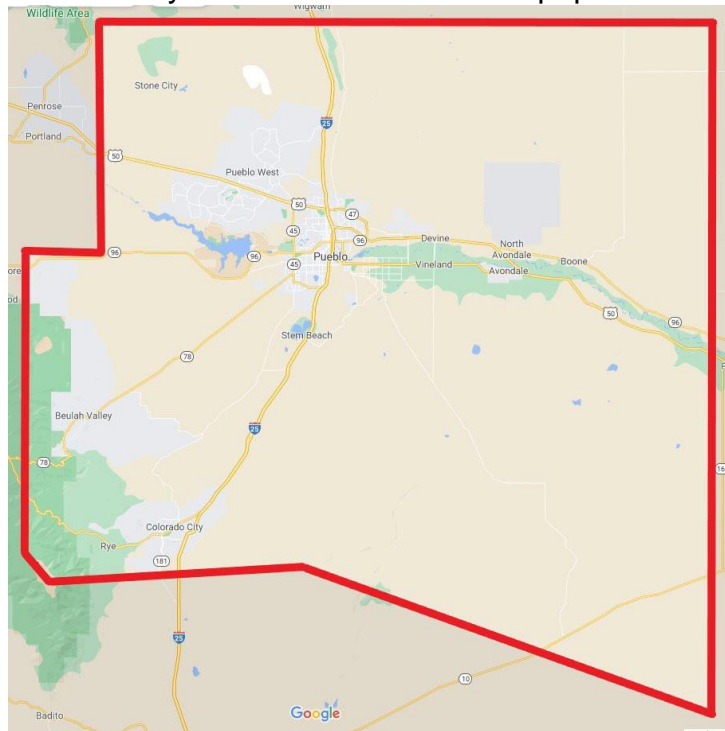


Figure 1: Image Source: www.mapquest.com

Prior to its development as an American trading post and city, the Pueblo area was frequented by Apache, Arapaho, Cheyenne, Comanche, Kiowa, Pawnee, and Ute people. The Spanish first assumed control over the land where Pueblo sits in 1521, but little occupation or settlement occurred until after Mexican independence in 1821. The international border between the United States and Mexico was initially the Arkansas River, which ran right through the area of present Pueblo. Trade with Mexico made Pueblo a hub of economic activity, best symbolized by the establishment of El Pueblo, a trading post, in 1842. The post was largely abandoned after attacks by Utes and Apaches in 1854. The name “Pueblo” came from the name of the old trading post.

Pueblo is a community rich in history and with robust culture and heritage built on family at the center and supporting one another. President Dwight D. Eisenhower upon presenting Raymond G. “Jerry” Murphy with his Medal in 1953 commented, “What is it...something in the water out there in Pueblo? All you guys turn out to be heroes!” In 1993 Colorado Representative Scott McInnis had read into the Congressional Record Information about Pueblo and its recipients of the Medal of Honor. He cited at that time that it was the only city to have this record of four living recipients from the same

hometown. Following that declaration in the Congressional Record, the Pueblo City Council adopted the “Home of Heroes” theme. Since then, Pueblo has continued to show its increased pride in the military. It hosted the Congressional Medal of Honor National Convention in September of 2000 and unveiled four sculptures to Crawford, Sitter, Murphy, and Dix as well as listing on granite plates the names of All Medal of Honor Recipients since Civil War times when the award was first created.

Pueblo County is geographically diverse with significant variety for those that live and visit such as having the ability to be in the high plains and mountains within thirty minutes. Life in Pueblo means legendary sunsets with plenty of outdoor activities like biking, hiking, boating, fishing, golfing, rafting, rock climbing, and exploring San Isabel National Forest. Savoring delicious local cuisine along the Historic Arkansas Riverwalk, extensive farmer’s markets, and outdoor music festivals and activities for the entire family.

Although rich in culture and pride, Pueblo County faces many challenges; 16.2% of residents live in poverty and just 23.7% of people 25 or older receive a bachelor’s degree or higher. The median household income is \$53,430, 40% lower than the state average. Demographically, 51% White not Hispanic, 43.7% Hispanic or Latino, 2.8% Black, 3.4% American Indian/Alaskan Native, 1.2% Asian, and 3.2% are two or more races. 11.5% of households (≥ 5 years old) speak a language other than English. Compared to other Colorado counties, Pueblo is in the lowest 25% for health outcomes and health factors. Social determinants of health such as poverty, food insecurity, and lack of community safety contribute to poor health outcomes and high vulnerability. Pueblo County’s social vulnerability index is .86, indicating a moderate to high vulnerability (range 0-1).

Describe how the local community developed the plan:

Community Health Assessment

The most recent Community Health Assessment (CHA) for Pueblo County was completed and approved by the Board of Health in November 2021. Two versions of the report are available, a [full report](#) and a [condensed version](#). The areas prioritized for action in the CHA were obesity and behavioral health. Further delineation of each priority area occurred to provide better direction for Community Health Improvement Plan (CHIP) efforts. Data were reviewed by a team of health department staff members, community partners from various sectors, and community members. Healthy People 2030 was the guiding framework for the CHA with significant attention focused on the [social determinant of health](#) (SDOH) domains outlined by the Centers for Disease Control and Prevention. In addition to prioritizing SDOH domains, top contributing factors, and priority populations were also selected to guide CHIP efforts. Below is a summary of the results.

	Obesity	Behavioral Health
Contributing Factor	Lack of access to healthy, affordable foods	Adverse childhood experiences (ACEs)
Priority Group	Youth	Youth Pregnant women & young moms
Social Determinants of Health Domains	<ul style="list-style-type: none"> • Neighborhood and Built Environment • Economic Stability 	<ul style="list-style-type: none"> • Economic Stability • Social and Community Context • Health Access and Quality

Using other local public health agency (LPHA) plans with similar priority problems as well as state and national recommendations and plans, the vision statements for each priority were able to be developed. The NACCHO Community Health Improvement Matrix was used for both priority areas. Plotting CHIP objectives on the matrix allowed for easy identification of overly saturated areas and gaps in service. The planning team also agreed on tracking fewer objectives than in previous CHIPs to allow for more actionable objectives and for space to comfortably expand the plan throughout the CHIPs cycle.

Capacity Assessment

Having the capacity to implement changes or improvements, as well as sustain new programming is critical to the success of improvement efforts. As such, capacity was assessed throughout almost every phase of the CHIP development process.

For example, this was done using information from the CHA regarding obesity and behavioral health, further research on the topics, assessing resources and assets, and having various meetings to address potential gaps. On the topic of behavioral health, there were focus groups, subject matter expert meetings, and community feedback sessions to discuss the contributing factor of ACEs.

For ACEs, focus group participants highlighted significant community assets as well as current gaps and where work should move forward. This information can be seen on the third page of *Appendix A*. Recommendations from this team called out the multitude of existing work and the suggestions that, work should focus on investing more in the current programs to expand capacity. They also highlighted that for expansion to occur, barriers to accessing services would need to be reduced, especially for special populations such as low-income families, parents or guardians with substance use disorders, and families with home-schooled children who often face significant difficulties accessing services.

For obesity, the team felt it necessary to have a subject matter expert meeting to discuss the contributing factors to lack of food access. Experts reviewed background information on CHIP including CHIP priorities, Pueblo County statistics on overweight/obesity, food insecurity, nutrition insecurity, economic factors, and more. Five primary approaches along with 5-8 potential strategies for each were researched and presented. Strategy lists included whether it was a listed priority or recommended strategy among other Colorado health departments, state agencies (e.g., CDPHE, Blueprint to End Hunger), or national agencies (e.g., CDC, Robert Wood Johnson Foundation). Meeting participants ranked each of the five approaches against each other according to three criteria which were also used for the ACEs strategy prioritization. The criteria were political will/community support, ability to measure change, and capacity to implement. Results can be seen in *Appendix B*.

Finally, using all of this information, the CHA Steering Committee came together to determine if CHIP efforts should be focused on expanding existing capacity and programming or filling a capacity gap. The group decided to expand the existing capacity and try to accelerate progress instead of starting anything new. Knowing this, the group looked at existing efforts and discussed possible synergies, dedicated resources, and where a coordinated/multi-partner approach could have a larger impact. This all led to the vision statements outlined below for both ACEs and Obesity.

Goals and Strategies

Priority Problems

ACEs

Vision statement: Empower parents and caregivers to enhance the health and well-being of their loved ones and themselves through access to affordable interventions to prevent and/or mitigate ACEs.

The team worked with the Colorado Health Institute (CHI) for initial planning. CHI facilitated both a focus group of community partners and a community member feedback session. The purpose of the focus group was to present the six CDC-recommended strategies to prevent ACEs and learn the current versus ideal state in Pueblo County for each strategy. Next, PDPHE invited anyone from the focus group to attend a subject matter expert meeting to prioritize the strategies. At this meeting, PDPHE reviewed the consolidated results of the focus group, allowed time for discussion, and then had each attendee rank the strategy options against each other using a defined set of criteria. Once the top three strategies were known, there was a virtual meeting held where community members were invited to provide feedback on the strategies.

Prioritization Matrix

The six CDC recommended strategies to prevent ACEs (Strengthen families' financial stability, promote social norms that protect against violence, help kids have a good start, teach healthy relationship skills, connect youth to caring adults and activities, and lastly,

intervene to lessen immediate and long-term harms) were all ranked against each other using assessment criteria. The assessment criteria included: (1) political will/community support with a weight of 0.33, (2) ability to measure change with a weight of 0.33, and (3) capacity to implement with a weight of 0.34. A team of health department staff members, community partners from various sectors, and community members then voted on the top three strategies.

Top three strategies for ACEs:

1. Help kids have a good start.
2. Teach healthy relationship skills.
3. Connect youth to caring adults and activities.

Food Access

Vision statement: Improve the health of youth in Pueblo County through increasing access to and consumption of healthy and affordable foods.

The team began by researching recommended approaches and strategies for food access. This included a thorough review of every LPHA plan in Colorado with a similar priority to document approaches and strategies. Research was also completed on state agencies in Colorado (e.g., Hunger Free Colorado, Nourish Colorado, CDPHE, Blueprint to End Hunger, etc.) that focus on the issue to determine what the priorities are. Finally, national plans and agencies (e.g., CDC, Robert Wood Johnson Foundation) addressing the issue were reviewed to pull out the most common recommendations. All this research was combined and synthesized into five main approaches. The food access prioritization process paralleled the ACEs prioritization apart from everything being done in one meeting instead of two (focus group and feedback session).

Prioritization Matrix

The five contributing factors from the local public health agencies, state agencies of Colorado, and national plans and agencies (Increase healthier food offerings in food service and retail venues, bring partners together, education, increase access to and participation in food assistance programs, and increase access to healthier foods (general)) were all ranked against each other using the same assessment criteria mentioned above in ACEs. A team of health department staff members, community partners from various sectors, and six community members then voted on the top three strategies.

Top three strategies for food access:

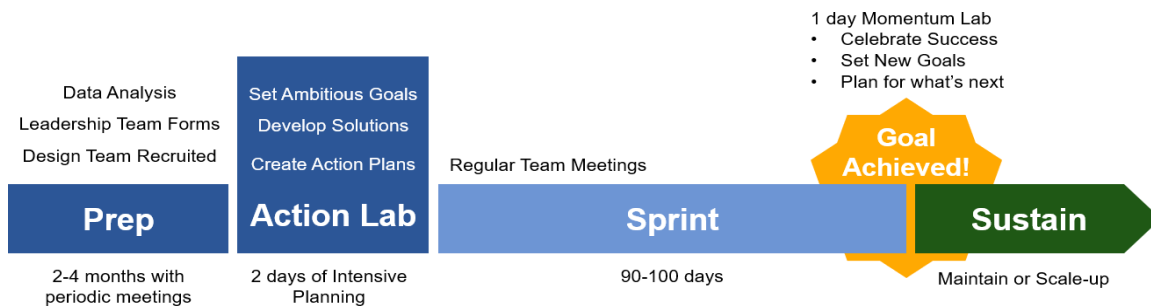
1. Education.
2. Increase access to and participation in food assistance programs.
3. Increase access to healthier foods (general).

Equity action lab framework

The planning team comprised of members from PDPHE, St. Mary-Corwin, and the Parkview Health System, met to decide how to address the strategies outlined for obesity and ACEs above. The group decided to use the Equity Action Lab Framework for the CHIP development process. This framework was picked as the group felt it would 1) allow for concentrated action; 2) show tangible change related to the area of action as this was not something easily demonstrated in previous CHIP, and 3) allow for faster adjustments if desired results are not met.

The framework holds four phases:

- **Prep Phase:** This phase consists of two to four months of periodic meetings focusing on data analysis, forming leadership teams, and recruiting a design team. The data analysis occurs when the team has all sources and information on potential problems that will be used during other phases of the framework. The leadership team should be comprised of experts in the field of the chosen topic. The leadership team will be the ones to set numbers and help develop solutions in the next phase. Finally, the recruited design team members are people who do all the hands-on portion of the next phase. In a sense, they will be planning and implementing further discussion with help from the leadership team.
- **Action Lab Phase:** This phase is when the design team develops the agenda for the action lab that all members will attend. The framework suggests two days of intensive planning so the team can have ambitious goals set, solutions developed, and more action plans created. As mentioned before, the design team will be the ones implementing the action plan with guidance from the leadership team.
- **Sprint Phase:** The third phase of the framework gives the team 90-100 days to achieve the goals and solutions set in the Action Lab phase. In this phase, it is critical to establish realistic goals and solutions that can be achieved during the 100-day period.
- **Goal Achieved/Sustain:** This is the last phase of the framework. The “goal achieved” portion consists of a 1-Day Momentum Lab where the team comes together to celebrate successes, set new goals, and plan for what’s next. If implementation was not successful, this is also where the team will reevaluate the goals and solutions to determine if there is a better route. The “sustain” portion of this phase is, if success occurred, the team determines a way to both maintain and scale-up the implementation plan.



The benefit of using the Equity Action Lab Plan Framework

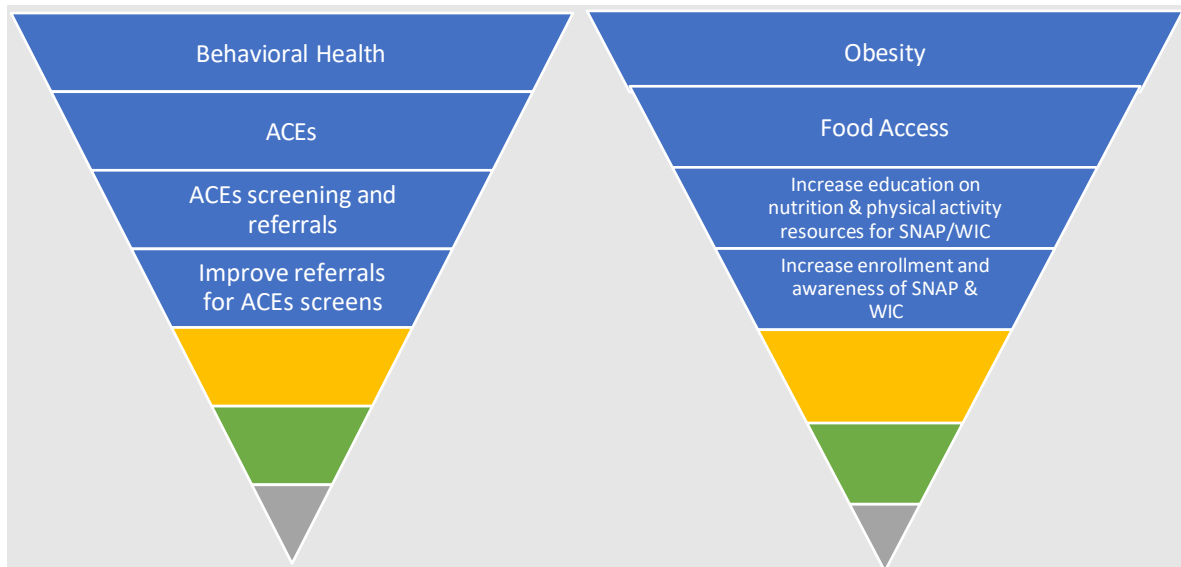
By using the Equity Action Lab Plan Framework, the design team will work towards priority goals by making realistic, sustainable, and focused changes that will offer momentum and sustainability.

The plan for the first year is to have a complete Framework for each priority area. With each “Sprint Phase” what is learned and gained will guide the team to then take next steps in the process. The intention is to regularly reevaluate community needs and data and engage community partner perspectives so that existing efforts can be maintained. Results from these activities will inform the “Prep Phase” for the next Equity Action Lab Plan to take place.

Framework Put into Use

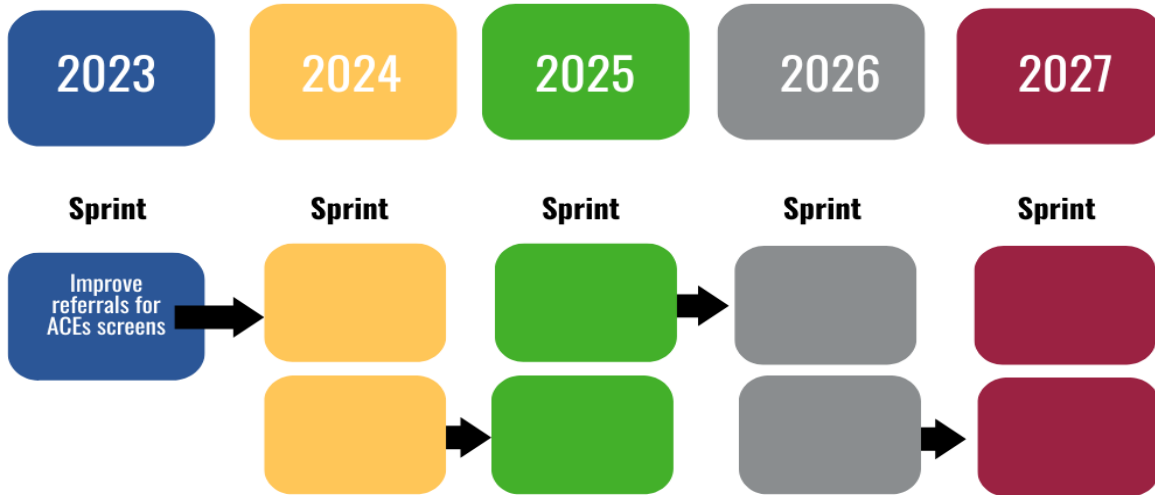
During the prep phase of the framework, data analysis was used to research both topics: ACEs and food access. As mentioned above, many data sources and resources were used such as evidence-based practices from LPHA’s, state agencies, and national agencies. Once research on the strategies was gathered, the team was able to decide on which strategies would be best to use.

The next step was to create two leadership teams, one for each priority topic. Experts assisted in narrowing down a more concise aim for each Sprint.



As the aim continues to narrow each design team will develop solutions, create action plans, and set ambitious goals to support Sprint. Each Sprint will build on the previous by celebrating successes, setting new goals, creating ways to sustain, and planning for next steps.

Behavioral Health Equity Action Lab Plan Framework



Behavioral Health ACTION PLAN

Social Determinants of Health Domains Addressed:

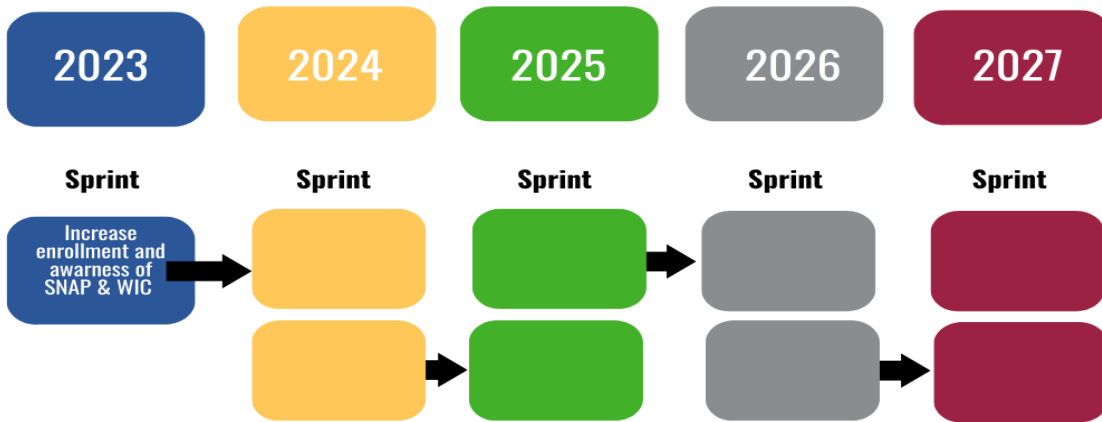
- Economic stability
- Social and community context
- Health care access and quality

Goal: Empower parents and caregivers to enhance the health and well-being of their loved ones and themselves through access to affordable interventions to prevent and/or mitigate ACEs.

OBJECTIVE #1: By December 31, 2023, PDPHE will work with community experts and partners to convene at least one Equity Action Lab Plan Framework Sprint to improve referrals for ACE's screens.

OBJECTIVE #2: PDPHE will convene at least two Sprints per year related to ACEs during years two through five. Each new Sprint will be built based on the results of the previous one. In addition, each design team may also change depending on the aim and expertise needed.

Obesity Equity Action Lab Plan Framework



OBESITY ACTION PLAN

Social Determinants of Health Domains Addressed:

- Neighborhood and Built Environment
- Economic Stability

Goal: Improve the health of youth in Pueblo County through increasing access to and consumption of healthy and affordable foods.

OBJECTIVE #1: By December 31, 2023, PDPHE will work with community experts and partners to convene at least one Equity Action Lab Plan Framework sprint by increasing enrollment and awareness of SNAP and WIC.

OBJECTIVE #2: PDPHE will convene at least two Sprints per year related to access to healthy and affordable foods during years two through five. Each new Sprint will be built based on the results of the previous one. In addition, each design team may also change depending on the aim and expertise needed.

With each phase of the Sprint, the PDPHE website <https://county.pueblo.org/public-health/community-health-improvement-plan> will be updated to share more detailed objectives, action plans, processes, outcomes, and partners responsible for implementation.

For each Sprint, a key consideration will be what policy or systems changes are necessary to support success as well as what is feasible to implement. The goal would be to annually have at least one organizational policy change that will alleviate barriers, time, gaps, or capacity for food access and or prevention or services for ACEs. Implementation plans will track when a policy change is made.

PDPHE will refer to each priority area leadership team and the steering committee for expertise and guidance throughout each process.

OUTCOMES AND EVALUATIONS

Data was used to guide the decision to focus on these community issues. Those same data points will be used to track impact and guide efforts moving forward as well. Data points from the community health assessment pages can be seen in *Appendix C* and show the specific connection to obesity and the associated SDOH domains and baseline data for each outcome as well.

It also illustrates data points that can help to understand more about how Pueblo County fares relate to each SDOH category. Specific data points from the graphics below [Figures 1 & 2] that are modifiable and directly related to the priority areas are highlighted in yellow to include:

ACEs: poverty, gross rent/mortgage, bullying, violence, uninsured, pre and postnatal care.

Food access: food stamps and free/reduced lunch, households living near a grocery store, and healthy food/fast food outlets.

These data points will be tracked over the five-year implementation of the CHIP as outcome measures to determine changes in health status. In addition, short-term “proxy” indicators will be tracked to ensure each Sprint is having the intended outcome. These proxy indicators will change based on each Sprint and the specific planned actions. As the long-term outcomes will take significant time to change, the proxy indicators will be key to track short-term success and indicate potential achievement of the long-term outcomes.

Figures 1 and 2 demonstrate the connection between the long-term health outcomes determined by the community health assessment data and its direct relation to the social determinants of health domains and their impact on the priority area.

Figure 1: Childhood experiences of neglect, trauma, or abuse

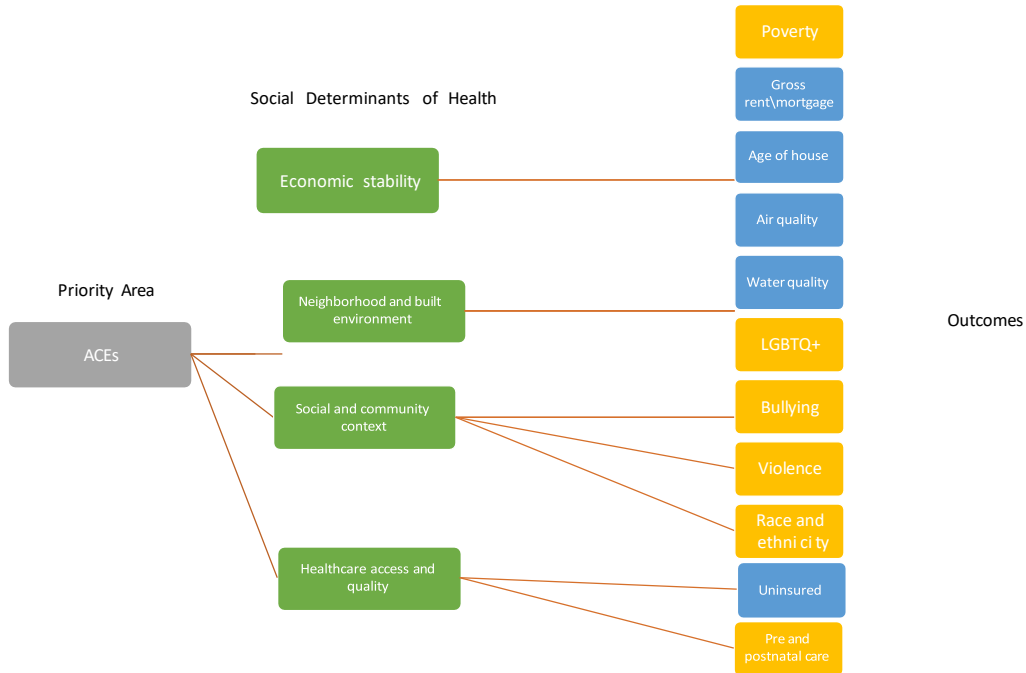
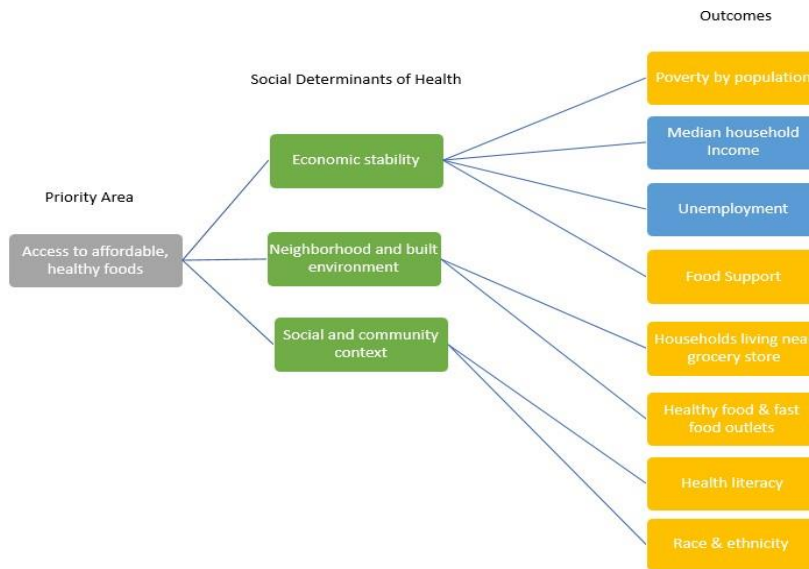
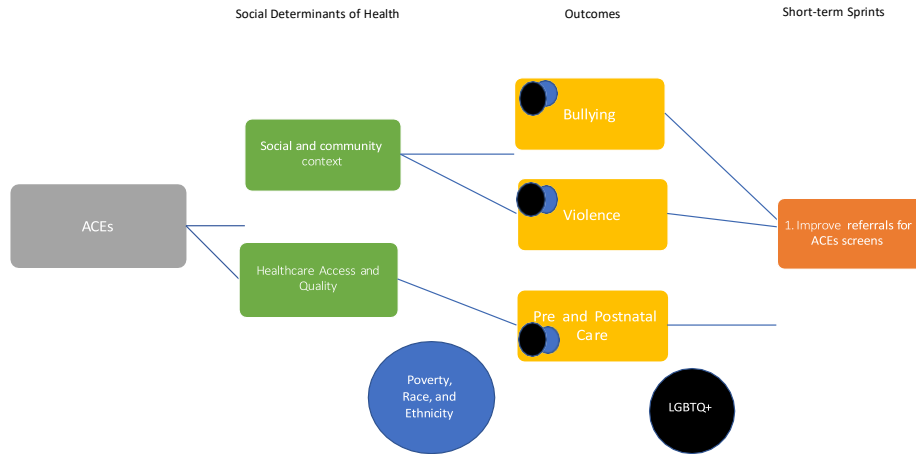


Figure 2: Access to affordable, healthy foods



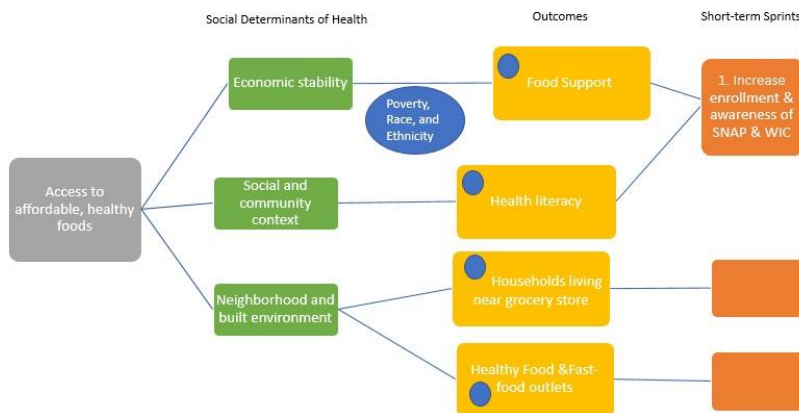
Figures 3 and 4 demonstrate how each short-term sprint will be designed directly to impact identified outcomes, therefore, influencing at least one social determinant of the health domain with the long-term goal of prevention or mitigation of ACEs or increasing access to affordable and healthy food.

Figure 3: Childhood experiences of neglect, trauma, or abuse-Sprint activity



Poverty, race, ethnicity, and the LGBTQ+ community will be overarching data points and considerations in the design of each Sprint activity.

Figure 4: Access to affordable, healthy foods-Sprint activity



References:

Community Health Improvement Matrix

<https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/ACHI-Full-SlideSet-Community-Health-Improvement-Matrix.pdf>

Data - <https://www.census.gov/quickfacts/pueblountycolorado>

Data –

Pueblo, CO comparison

<https://www.census.gov/quickfacts/fact/table/pueblountycolorado,CO,US/PST045221>

SVI - https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

Health Rankings - <https://www.countyhealthrankings.org/explore-health-rankings/colorado/pueblo?year=2022>

Equity Action Lab Framework Implementation Guide

[https://www.ihl.org/resources/Pages/Tools/100-Million-Healthier-Lives-Advancing-Equity-](https://www.ihl.org/resources/Pages/Tools/100-Million-Healthier-Lives-Advancing-Equity-Tools.aspx?PostAuthRed=/resources/layouts/download.aspx?SourceURL=/resources/Knowledge%20Center%20Assets/Tools%20-%20100MillionHealthierLivesAdvancingEquityTools_18c947df-d543-4806-a990-3cb842a3edb3/100MLives_EquityActionLabImplementationGuide.pdf)

[Tools.aspx?PostAuthRed=/resources/layouts/download.aspx?SourceURL=/resources/](https://www.ihl.org/resources/Pages/Tools/100-Million-Healthier-Lives-Advancing-Equity-Tools.aspx?PostAuthRed=/resources/layouts/download.aspx?SourceURL=/resources/Knowledge%20Center%20Assets/Tools%20-%20100MillionHealthierLivesAdvancingEquityTools_18c947df-d543-4806-a990-3cb842a3edb3/100MLives_EquityActionLabImplementationGuide.pdf)

[Knowledge%20Center%20Assets/Tools%20-](https://www.ihl.org/resources/Pages/Tools/100-Million-Healthier-Lives-Advancing-Equity-Tools.aspx?PostAuthRed=/resources/layouts/download.aspx?SourceURL=/resources/Knowledge%20Center%20Assets/Tools%20-%20100MillionHealthierLivesAdvancingEquityTools_18c947df-d543-4806-a990-3cb842a3edb3/100MLives_EquityActionLabImplementationGuide.pdf)

[%20100MillionHealthierLivesAdvancingEquityTools_18c947df-d543-4806-a990-](https://www.ihl.org/resources/Pages/Tools/100-Million-Healthier-Lives-Advancing-Equity-Tools.aspx?PostAuthRed=/resources/layouts/download.aspx?SourceURL=/resources/Knowledge%20Center%20Assets/Tools%20-%20100MillionHealthierLivesAdvancingEquityTools_18c947df-d543-4806-a990-3cb842a3edb3/100MLives_EquityActionLabImplementationGuide.pdf)

[3cb842a3edb3/100MLives_EquityActionLabImplementationGuide.pdf](https://www.ihl.org/resources/Pages/Tools/100-Million-Healthier-Lives-Advancing-Equity-Tools.aspx?PostAuthRed=/resources/layouts/download.aspx?SourceURL=/resources/Knowledge%20Center%20Assets/Tools%20-%20100MillionHealthierLivesAdvancingEquityTools_18c947df-d543-4806-a990-3cb842a3edb3/100MLives_EquityActionLabImplementationGuide.pdf)

Resources:

Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence

<https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence

Risk and Protective Factors

[Risk and Protective Factors |Violence Prevention|Injury Center|CDC](#)

Food and Nutrition Security

[Food and Nutrition Security | USDA](#)

Food Access Research Atlas

[USDA ERS - Food Access Research Atlas](#)

Appendix A

Community Health Institute ACEs focus group

Appendix B

Subject Matter Expert Meeting Notes

Appendix C

Community Health Assessment pages 116-127

Appendix A

MEMORANDUM

To: Bryan Trujillo, Group Director for Community Health Improvement, Greater Colorado and Kansas Group, Centura Health
From: Alex Caldwell, Director, and Emily Santich, Research Analyst, Colorado Health Institute
Re: Summary of Pueblo County Focus Group Discussions on Child and Family Health
Date: June 29, 2022

Introduction

As part of the Community Health Improvement Plan (CHIP) efforts led by the Pueblo Department of Public Health and Environment (PDPHE), St. Mary Corwin Hospital, and Parkview Health System, the Colorado Health Institute (CHI) convened two focus groups with leaders and community members to identify ways to keep Pueblo's children and families healthy. This memo details goals and findings from each convening.

Key Takeaways

Pueblo community members and subject matter experts representing family service providers and child mental health experts identified several key areas of focus to better prevent, identify, and treat adverse childhood experiences in their community:

1. **Invest in what works.** Both focus groups highlighted community assets including HealthySteps clinics, Nurse-Family Partnership providers, and strong mentoring and family services programs. Pueblo hospital and public health partners should continue investing in these programs to maintain and expand the positive impact they have had on Pueblo families.
2. **Reduce barriers to accessing services.** Access to affordable services, quality child care, reliable transportation, stable and safe housing, and anti-stigma campaigns are needed for Pueblo residents to fully utilize existing services.
3. **Reach special populations.** Stakeholders and community members suggest that additional resources and holistic programs are needed to support low-income families, parents or guardians with substance use disorders, and families with home-schooled children.

Convening Subject Matter Experts

CHI convened the first focus group on Thursday, March 31 to engage child and family service subject matter experts across various organizations and agencies from government, education, health care, and community-based organizations. The convening was attended by over 20 individuals representing the following entities:

- Assuring Better Child Health and Development
- CASA of Pueblo

- Catholic Charities of Southern Colorado
- Centura Health
- Health Solutions
- Parkview Health System
- Pueblo Child Advocacy Center
- Pueblo County Department of Human Services
- Pueblo Community Health Center
- Pueblo Department of Public Health and Environment
- Pueblo School District 60 and 70
- Pueblo Triple Aim Corporation
- YMCA of Pueblo

The goals of this convening were to:

1. Promote awareness of:
 - the prevalence of adverse childhood experiences (ACEs) and childhood trauma in the Pueblo community;
 - evidence-based strategies that can help identify, prevent, and address ACEs and childhood trauma; and
 - Pueblo organizations and stakeholders already working to address ACEs.
2. Establish momentum and accountability to scale up the Pueblo community's efforts to prevent and treat ACEs.

CHI led a discussion about strategies to prevent ACEs using the Centers for Disease Control and Prevention's [Preventing Adverse Childhood Experiences](#) as a framework. These strategies include:

- Connect youth with activities and caring adults
- Ensure a strong start for children at home and in child care environments
- Intervene to lessen immediate and long-term harms
- Promote social norms that protect against violence
- Strengthen families' financial stability
- Teach healthy relationship skills

For each of these strategy areas, the group discussed both the ideal state of Pueblo's programs and services for children and families and the current state, including who is doing the work and what organizations may be doing the work without recognizing it as ACEs prevention.

Findings

The table below summarizes key takeaways related to the ideal and current states in the Pueblo community for each strategy area.

Strategy Area	Ideal State	Current State
Connect youth with activities and caring adults	<ul style="list-style-type: none"> • Safe, reliable transportation to get kids to activities. • More afterschool and extracurricular programs that are affordable (either free or low cost, or available through a sliding payment scale). 	<ul style="list-style-type: none"> • Mentoring and afterschool programs, including Boys and Girls Club, Pueblo Mentoring Collaborative, Pueblo Chapter of the National Youth Project Using Minibikes, are available and widely used.
Help kids have a good start	<ul style="list-style-type: none"> • Increased availability and affordability of quality child care. • Increased awareness and utilization of the Child Care Assistance Program. • More early child care education providers with training on ACEs and trauma-informed care. 	<ul style="list-style-type: none"> • Programs such as Nurse-Family Partnership and Home Instruction for Parents of Preschool Youngsters (HIPPI) are offering in-home support for families. • Pueblo County is exploring ways to supplement providers and families using funds such as marijuana tax dollars.
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • More substance abuse programs available in schools. • Full implementation of Invest in Kids: Child First program in Pueblo. 	<ul style="list-style-type: none"> • The programs that exist in Pueblo County are fragmented and are not consistently used by families at the highest risk of ACEs.
Promote social norms that protect against violence	<ul style="list-style-type: none"> • More providers and community members communicating openly about violence prevention in schools and in the community. • All parenting programs equipped with an ACEs screening, resiliency screening, and access to a mental health clinician. 	<ul style="list-style-type: none"> • Catholic Charities of Southern Colorado provides fatherhood and nurturing parenting programs to strengthen families. • Pueblo’s court system and law enforcement systems are strained.
Strengthen families’ financial stability	<ul style="list-style-type: none"> • Flexible hybrid and work from home environments. • More family-friendly workplaces. • Highly available and affordable housing. 	<ul style="list-style-type: none"> • Clinics offer social determinants of health screenings. • Paid family leave and COVID-19 assistance is helpful but not enough.
Teach healthy relationship skills	<ul style="list-style-type: none"> • More social emotional learning training for students, schools, and the community. • More parental involvement in school curriculum with skill-building for parents to reinforce what students are learning at school. 	<ul style="list-style-type: none"> • Numerous organizations offer programs to teach healthy relationship skills, including the YWCA, PDPHE, Court Appointed Special Advocates of Pueblo, and faith-based organizations.

Between the first and second convenings, a small group of subject matter experts met to prioritize strategies to prevent ACEs. The top three strategies identified were:

- **Help kids have a good start.** For example, grow the number of early learning programs and affordable preschool and childcare providers.
- **Teach healthy relationship skills.** For example, equip service providers and community members to teach about conflict resolution and healthy nonviolent dating relationships.
- **Connect youth to caring adults and activities.** For example, grow the number of school or community mentoring programs and afterschool activities.

Convening Community Members

CHI convened the second focus group on Wednesday, June 1 to engage community members of varying ages, community roles, and backgrounds.

The goals of this convening were to:

1. Share identified priorities and strategies with community members.
2. Elicit community member feedback on strategies to help Pueblo families thrive.

Six community members were asked to consider the current and future state of each strategy area in the Pueblo community. Specifically, attendees were asked:

- Think of the services, programs, and resources that you or your family use or are aware of. What is working well? What is not working well?
- What needs to change — about those programs or others — in the next three years to better address the needs of children and families in the Pueblo community?

Findings

Across each strategy area, several themes emerged.

- **The Pueblo community has strong assets** and many resources and programs that are working well to support families.
- **Stigma and cost are significant barriers to accessing programs.**
- Programs are working well for some families, but not others. **Additional resources are needed** to support low-income families, parents or guardians with substance use disorders, and families with home-schooled children.

Pueblo leaders may consider additional outreach and education to better connect families to existing resources and programs.

Community members described an ideal state in which programs take a more holistic approach to supporting families through economic support, mental health resources, peer support, and one-on-one mentoring.

Conclusion

Both child and family service providers and subject matter experts — as well as community members — spoke of the many assets in the Pueblo community. Community feedback suggests there is a need to reduce barriers to and expand the reach of existing programs and resources, as well as ensure that programs are serving the needs of special populations.

These findings can inform the next steps in the Pueblo community’s Community Health Improvement Plan to build upon ongoing efforts to improving the health and well-being of Pueblo’s families. Please contact Emily Santich (SantichE@coloradohealthinstitute.org) with questions.

Appendix B

2022- 2026 Community Health Improvement Plan Development
Food Access Subject Matter Expert Meeting
Friday, June 17, 2022

Ten community partners attended the meeting co-facilitated by PDPHE, St. Mary-Corwin, and Parkview Health System. Two additional partners received the presentation and voted prior to the meeting. Agencies represented are listed below.

Material presented included background information of the CHIP including the CHIP priorities, Pueblo statistics on overweight/obesity, food insecurity, nutrition insecurity, economic factors and more. Five primary approaches along with 5-8 potential strategies for each were researched and presented. Strategy lists included whether it was a listed priority or recommended strategy among other Colorado health departments, state agencies (e.g. CDPHE, Blueprint to End Hunger), or national agencies (e.g. CDC, Robert Wood Johnson Foundation).

Meeting participants ranked each of the five approaches against each other according to three criteria which were also used for the ACEs strategy prioritization. The criteria were political will/community support, ability to measure change, and capacity to implement. Results are below.

Following the prioritization activity, time was spent noting assets and gaps for the top three approaches. Additionally, the items listed were separated into tier 1 vs tier 2 assets and gaps. Tier 1 are those items likely to be tracked on a quarterly basis while tier 2 are items likely to only be reported on once or twice a year.

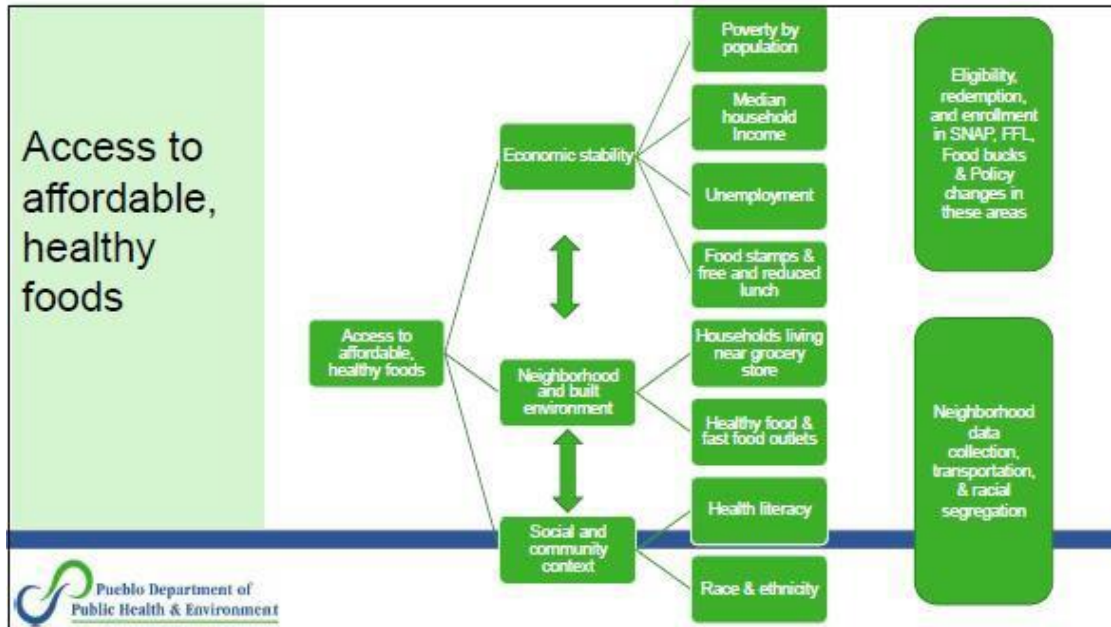
Highest to Lowest Scores

1. Education
2. Increase Access to and Participation in Food Assistance Programs
3. Increase Access to Healthier Food (general)
4. Bring Partners Together
5. Increase Healthier Food Offerings in Food Service and Retail Venues

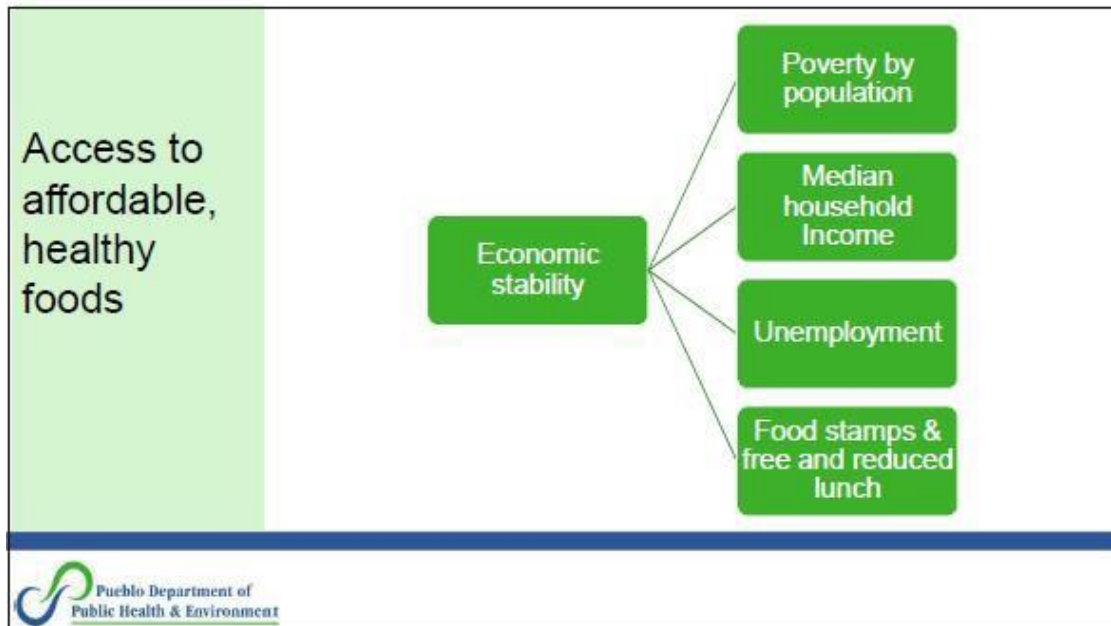
Agencies voting (n=14)

- Care and Share/Cooking Matters
- CSU Extension
- Parkview Health System
- D60
- Children First
- Pueblo Food Project
- DHS
- Community Member
- WIC
- Rocky Mountain SER
- Fuel and Iron
- St. Mary-Corwin

Appendix C



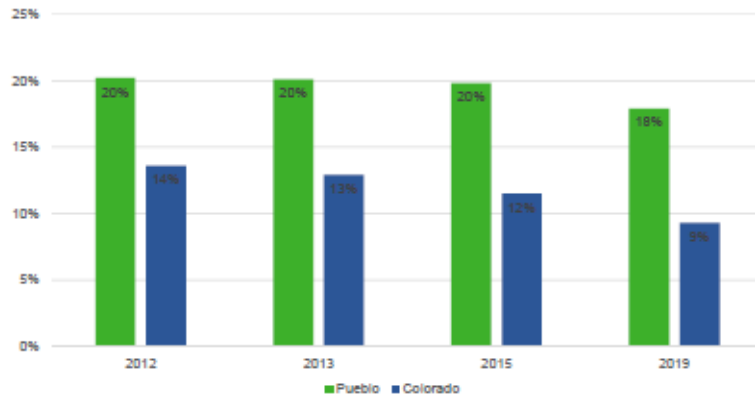
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Access to affordable, healthy foods

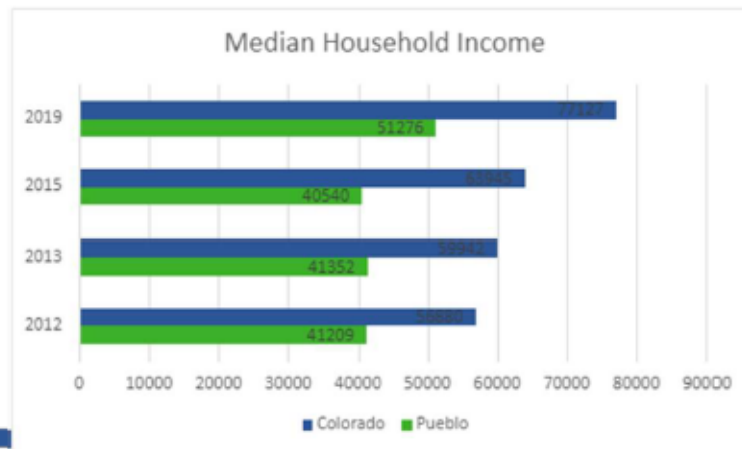
About 1 in 5 Pueblo County residents live in poverty.



17

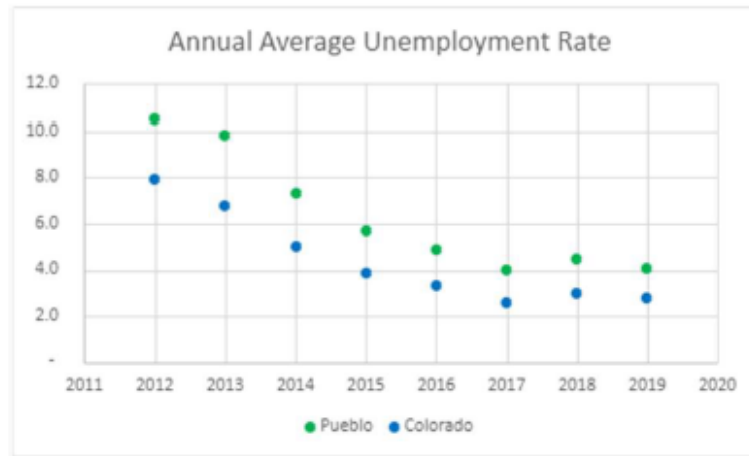
Access to affordable, healthy foods

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



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Access to affordable, healthy foods



Access to affordable, healthy foods



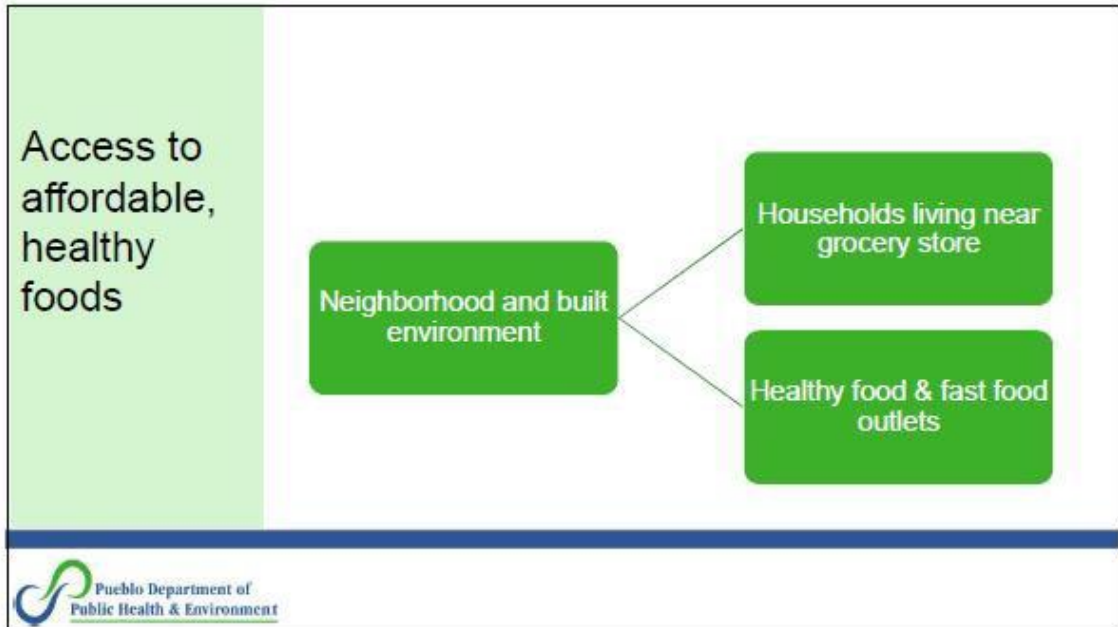
64% of Pueblo students are eligible for Free and Reduced Lunch (40% in CO)



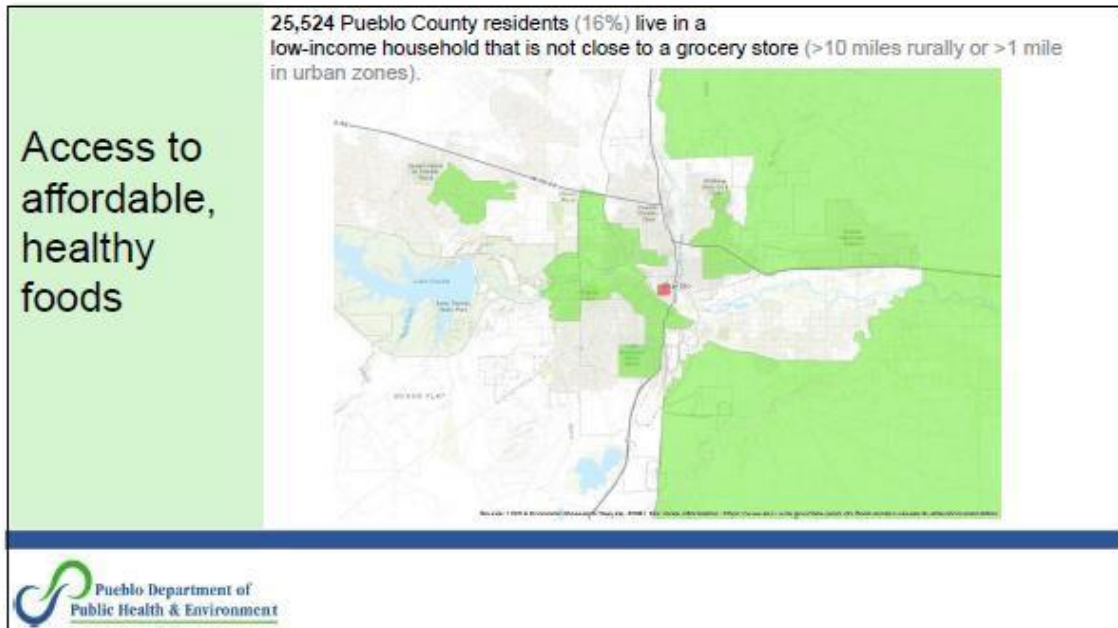
18% of Pueblo households received food stamps in the past 12 months (7.5% in CO)

48% of households had children under the age of 18 (49% in CO)

28% of households had adults 60+ (31% in CO)



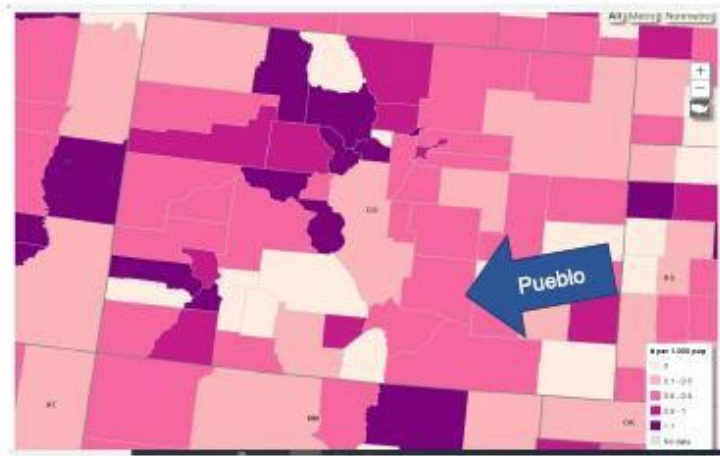
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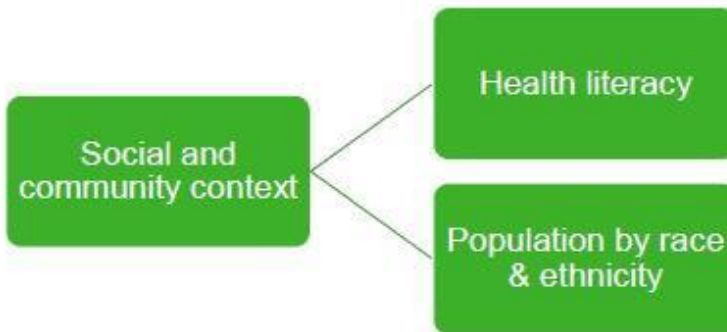
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Access to affordable, healthy foods

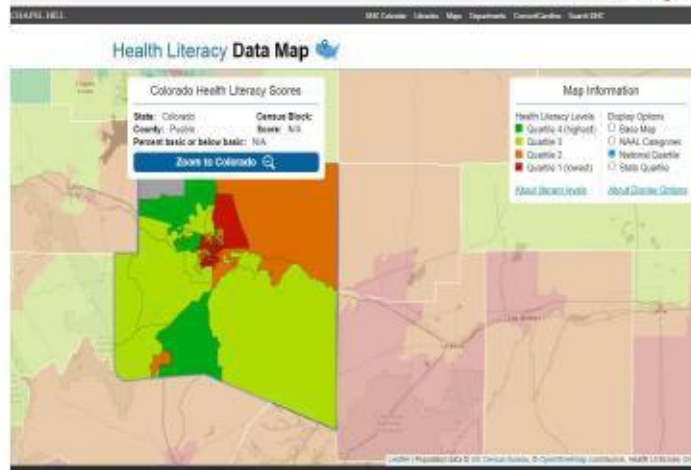
Fast-food restaurants/1,000 people



Access to affordable, healthy foods

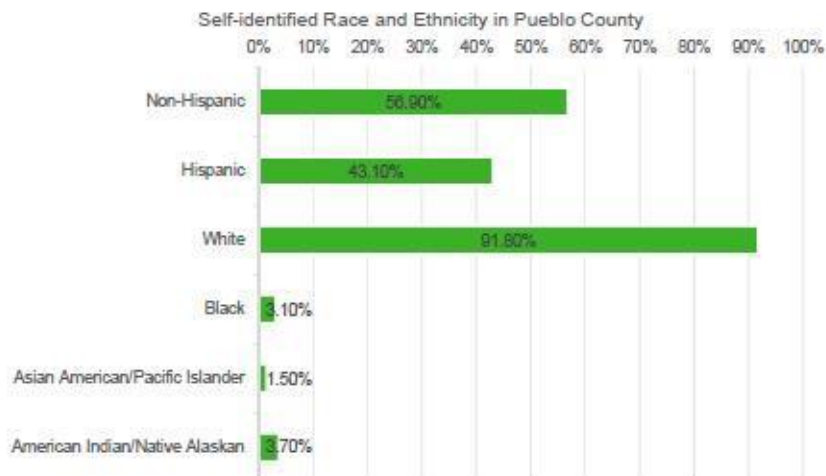


Access to affordable, healthy foods



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Access to affordable, healthy foods



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Access to affordable, healthy foods

Social and community context

Neighborhood and built environment

Economic stability



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Childhood experiences of neglect, trauma or abuse

Childhood ACES

Economic stability

Poverty
Gross rent/mortgage

Food insecurity, access to food pantries

Neighborhood and built environment

Age of house
Air quality
Water quality

Blood lead levels, environmental data

Social and community context

LGBTQ+
Bullying
Violence
Race and ethnicity

Local data collection & racial segregation, divorce or separation, incarceration

Health care access and quality

Uninsured
Pre and perinatal

Unintended pregnancies, low birthweight



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Childhood experiences of neglect, trauma or abuse

Economic stability

Poverty

Gross rent/mortgage

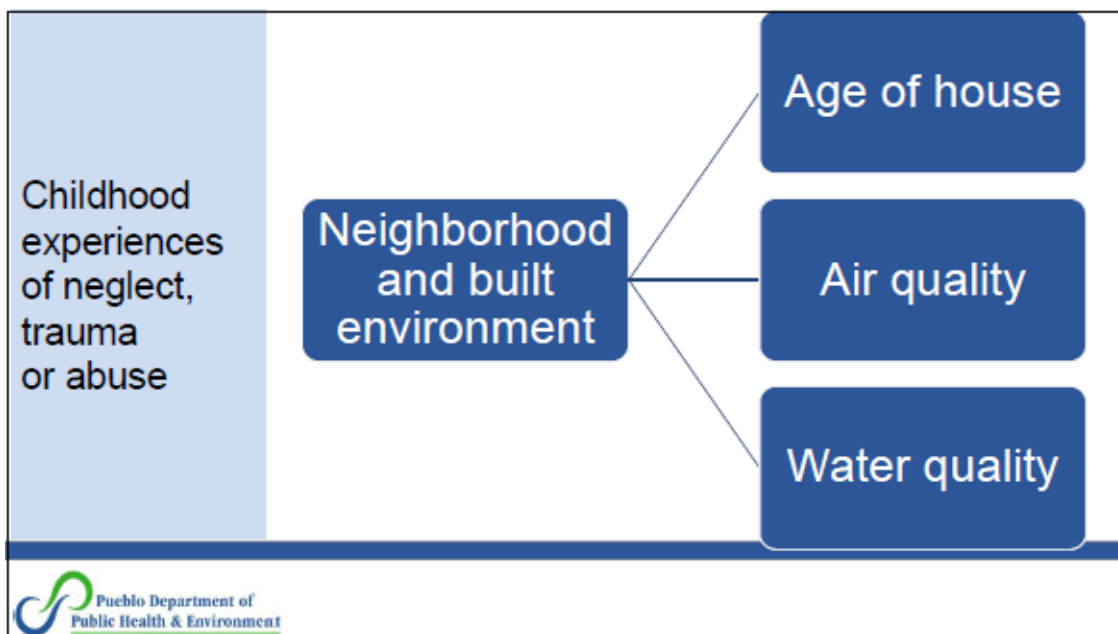
Childhood experiences of neglect, trauma or abuse



Over 50% of renters in Pueblo County pay more than 30% of household income on rent (CO average at 48%)






25% of homeowners pay more than 30% of household income on mortgage (CO average at 20%).



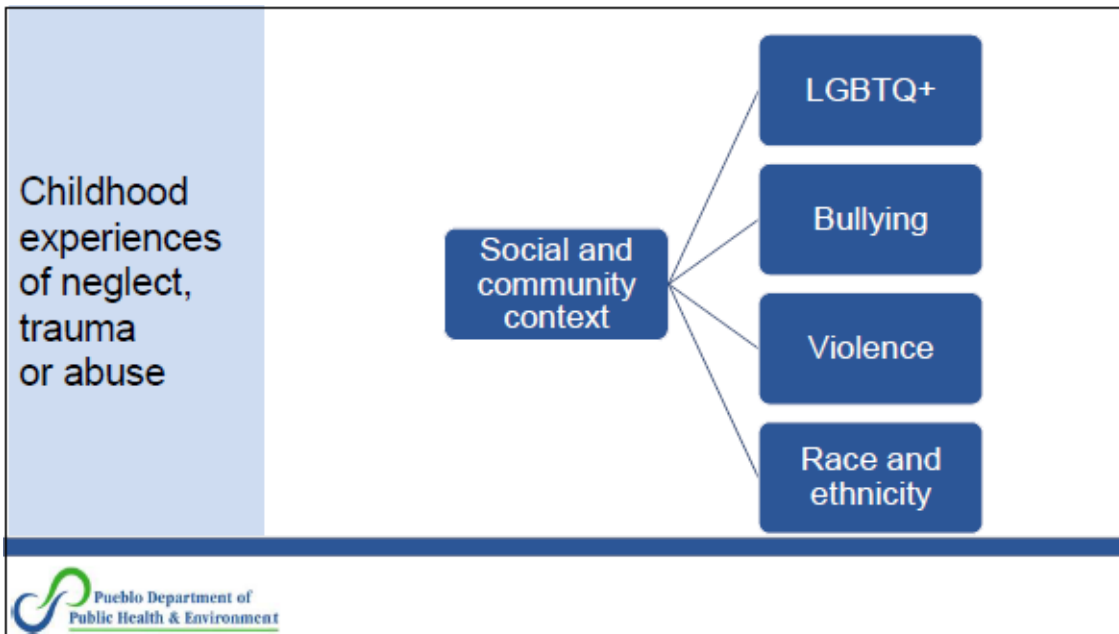
31

Childhood experiences of neglect, trauma or abuse

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

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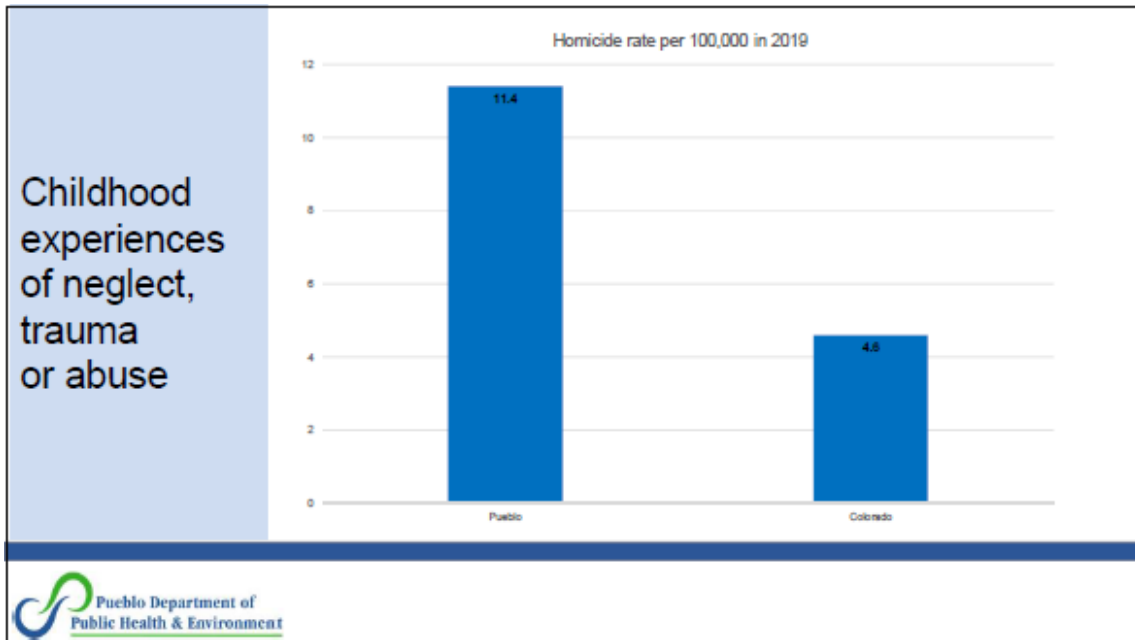
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Childhood experiences of neglect, trauma or abuse

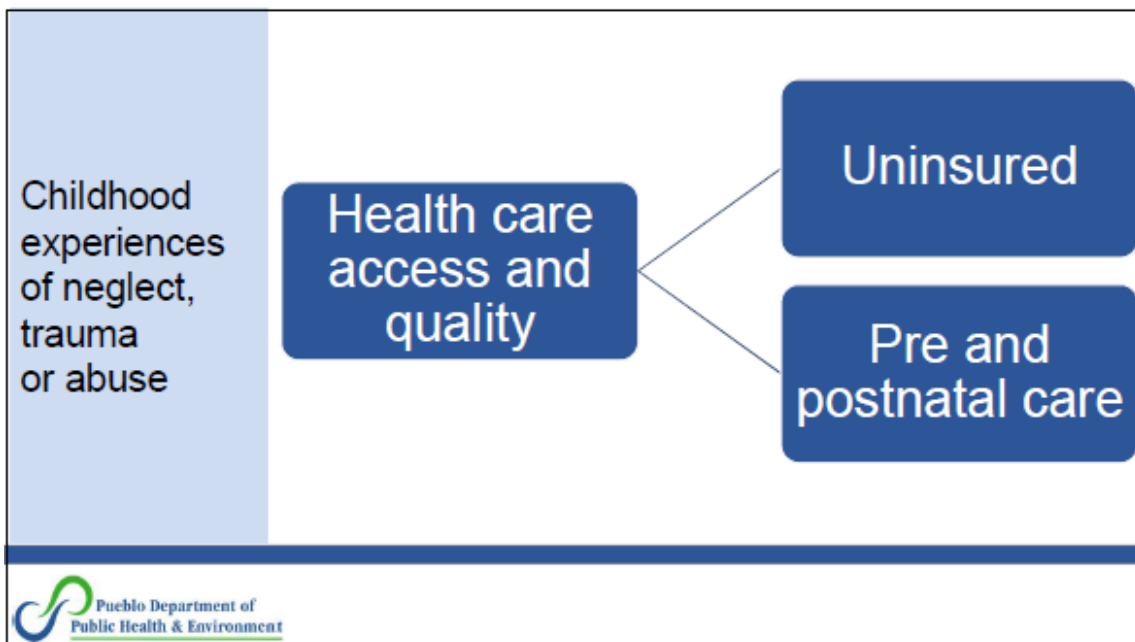
- 5.5% self-identify as LGBTQ+ (as compared to 4.1% in CO)
- 19.3% of Pueblo County high school students reported being bullied on school property within the past year.
- 13% of students have been electronically bullied
- 22% bullied due to sexual orientation

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Childhood experiences of neglect, trauma or abuse

-  In 2019, 6.3% Pueblo County residents (or 10,500) were uninsured (6.5% in CO)
 - Of those under 19, under 3% were uninsured (4.7% in CO)
-  Less than half of women received adequate prenatal care as compared to 63% in CO
-  4 out of 5 women in Pueblo County reported a health care worker talked to them about what to do if they felt depressed during pregnancy or after delivery

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Childhood experiences of neglect, trauma or abuse

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

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