



**Report of the 2006  
Garfield County Public Health  
Community Resident Needs Assessment**

**Community Themes and Strengths Assessment**  
*November 2006*

## Report Summary

Federal, state, and local governments, as well as academic institutions and charitable foundations agree that today improving health and quality-of-life for Americans means looking beyond the essential contributions of public health and other organizations solely dedicated to health issues. Reaching the next levels can be facilitated, however, by public health leadership, leadership that helps communities *take ownership of solutions* that meet their needs and lifestyles. Community ownership of solutions means towns recognize their health-promotion strengths, their needs, and actions that will be meaningful locally. This report sets the stage for this process in Garfield County by describing how residents and a select group of human service experts understand their health and quality-of-life needs, those they consider most salient, and how special populations may be uniquely affected.

### Strategic Planning Recommendations

1. Plan action on reducing health and quality-of-life needs by focusing on identified “themes” or “problem groups” rather than on solving problems one at a time—
2. Conduct outreach screening with “key indicators” to find the households needing the most help, rather than waiting for problems to worsen or always waiting for residents to declare themselves in need—
3. Plan not only how economically disadvantaged homes can be assisted to better access of medical and dental care, but also on how health promotion can change lifestyles that will lead to improved health and quality-of-life—
4. Strategic planning should engage communities in health and quality-of-life improvement by showing residents and stakeholders that most Garfield County households are doing well and that their assistance can improve conditions for those who are not enjoying the same level of wellbeing—
5. First, study problem groups identified in this needs assessment, identify constituencies of the most commonly affected people, and then engage all pertinent stakeholders in collaborations to improve conditions in needy households.
6. As strategic planning for health promotion has become a field requiring technical background, one or more study groups should be formed, trained, generate additional data as needed, and make action plan recommendations that will encourage community ownership of health need solutions.

Analysis of survey data found there were four “themes” in respondent descriptions of the unmet needs in their households: obstacles to medical/dental service access, challenges from mental health and substance abuse problems, environmental risks, and adverse effects of chronic disease and disability. Some of these appeared more often in certain demographic groups, though, as a rule, they occurred across these variables and equally across County communities.

In 14 categories, the report identifies the most prevalent health/quality-of-life needs. These were evenly divided between problems based in economics (limited or no resources to pay for medical/dental/eye care) and those related to stress and unhealthy lifestyle.

Because the report looks forward to making a contribution in strategic planning for health promotion, it examined the unique needs uncovered in three special populations, children, older adults, and new Hispanic/Latino immigrants. Focus group results added depth of understanding to survey findings and identified the lack of affordable housing as a pivotal issue for improving the health and quality-of-life of Garfield County communities.

Public Health offers six recommendations to move planning and action forward.

# Report of the 2006 Garfield County Public Health Community Resident Needs Assessment

## Purpose

Garfield County Colorado Public Health's Health and Quality of Life Survey is one tool in strategic planning for community health and quality of life improvement. The strategic plan itself will pursue this mission by identifying unmet needs and circumstances affecting their prevalence, recommending approaches to mobilizing relevant resources, laying out interventions that reduce health and quality of life deficits in Garfield County, while recognizing the strengths of towns and their residents, and then monitoring progress.

The Survey is one among these four methods used by Public Health in strategic planning:

- The **Community Themes and Strengths Assessment** (this report) provides an in-depth understanding of the health and quality of life issues *residents believe are important*—
- The **Local Public Health System Assessment** provides a comprehensive *overview of all the local organizations*, including Public Health, that provide services contributing to the health of residents across Garfield County—
- The **Community Health Priorities Assessment** provides a concise *statement of the highest priority health and health-related quality of life issues* in the County—
- The **Forces of Change Assessment** provides an *analysis of influences*, e.g., legislation, technology, and other impending forces, that affect the context in which the County and its public health system operate.

These are components of the Mobilizing for Action through Planning and Partnerships system developed by the National Association of County and City Health Officials, supported by the Centers for Disease Control and Prevention, and applied across the US to improve the public health (see [http://mapp.naccho.org/MAPP\\_Home.asp](http://mapp.naccho.org/MAPP_Home.asp)). By assembling this information and translating it into a need and resourced-based strategic plan, Public Health

moves into a strong leadership position for mobilizing community resources to help solve problems with the highest priority.

The Survey makes its contribution to strategic planning in the following three ways:

1. **Identifying Broad Themes in Residents' Reported Health and Quality-of-Life:** The Survey determines health and quality of life "*themes*" or related topics from the individual concerns reported by County residents—
2. **Identifying Salient Needs:** The Survey analyzes specific health and quality of life problems that stand out as most prevalent—
3. **Identifying the Health and Quality-of-Life Needs in Special Populations:** The Survey identifies the needs of selected resident constituencies: (a) those from homes with children who have special needs, (b) respondents in homes with older adults, and (c) respondents from immigrant families. These are population subgroups to which several existing organizations, in addition to Public Health, are dedicated—

In-depth information on these topics was obtained from focus groups conducted with members of the Garfield County Human Services Commission and citizens from across the County, each representing a specific area of health/quality-of-life interest.

Survey and focus group results are then organized into recommendations on promising approaches to reducing unmet health and quality-of-life needs and incorporating community-related resident characteristics and resources, both within Public Health and from other organizations. Through this process, the report constantly attends to shaping interventions by involving residents' views on how they perceive health/quality-of-life issues.

This report is one element in Public Health's strategic planning. It is also distributed to community governments and other public health stakeholders across Garfield County in an effort to inform them of needs within

## Report of the 2006 Garfield County Public Health Community Resident Needs Assessment

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their mandated constituencies and to assist them in mobilizing and focusing resources that will improve health and quality of life. In combination, these actions are expected to address unmet needs purposefully and by drawing together common interests for health improvement make optimal use of all available resources.

### Focus Group Methods

Four focus group interviews (6-7 persons each) were conducted with members of the Garfield County Human Services Commission. This organization is comprised of citizens identified with specific fields of interest. Each focus group was provided with a facilitator and recorder responding to these six questions: 1) What do you see as the biggest strengths of your community?, 2) What are the limitations?, 3) What do you see as the one most important health issue in our county?, 4) What do you see as the one top behavioral risk factor for our communities?, 5) What do you know about your local disaster plan?, and 6) If you could do one thing now to improve our county, what would it be?

Results are integrated with Survey findings in report's final "Recommendations" section

### The Survey, Administration, and Responding Resident Characteristics

A copy of the Health and Quality of Life Survey is attached to this report. Over 1100 English/Spanish copies were distributed to County residents during September-October 2005. They were passed out in libraries, city

halls, senior citizen centers, health clinics, at Latino and Child Safety fairs, and mailed to randomly selected homes. One survey was collected per responding household. While collected data cannot be considered statistically representative of the entire County, a wide range of individuals was included and their responses are probably the most valid information available on residents health and quality-of-life experiences.

The median age of respondents was in the 40-49 age range, with 3.6% teenagers and 25.4% age 70 or older. 74.2% were women, the median educational attainment was high school graduation, and 68.9% spoke English at home, 30.4% Spanish, and 0.7% were bilingual. 65.8% described themselves as "Caucasian" and 31.5% said they were "Hispanic/Latino". 98.1% considered themselves full-time residents of the County, with 50.1% living in the area 11 years or longer. Median income was in the \$25-\$50,000 range. 28.2% had household incomes of less than \$25,000 and 12.7% incomes of \$75,000 or more. 65.6% of persons in the respondents' households had health insurance. Children were the most likely to have no insurance of all household residents. The table below shows the community of residence for the 740 households sampled with the survey. These demographic indicators show that the survey sample does include communities and persons who may be experience health problems and face barriers that prevent them from achieving greater health status. Though only 740 household surveys were collected these are believed to represent several thousand Garfield County household residents.

**Table 1. Area in which You Live or that is Closest to Your Home**

Community	Number of Persons	Percent of Total in this Community
Carbondale	167	22.6
Glenwood Springs	202	27.3
Battlement Mesa	72	9.7
New Castle	75	10.1
Parachute	13	1.8
Rifle	132	17.8
Silt	79	10.7
<b>Total</b>	<b>740</b>	<b>100.0</b>

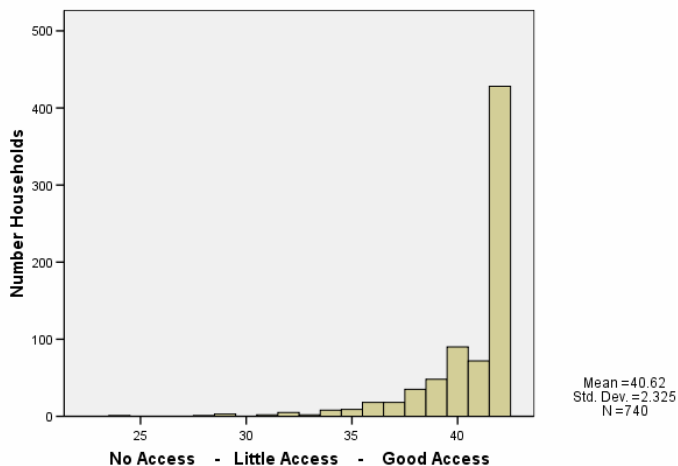
### 1. Health and Quality-of-Life Themes

The Survey gave respondents a total of 136 unique opportunities to check off the presence of different aspects of health and quality-of-life status and conditions affecting the well-being of persons living in their households. Health needs assessment research has shown in other communities that respondent reporting can often be organized into "patterns" or "themes" because people with certain condition, e.g., a chronic disease, often also report needs for related services. Statistical analysis explored this possibility with local data and found that four types of health/quality-of-life problems were most common in Garfield County.

**Challenges in Accessing Medical/ Dental and Social Services:** This theme describes a group of people who

say others in their household, including children, have a difficult time gaining access to medical and dental ser-

**Fig. 1 Household Access to Medical/Dental Care**



vices. Obstacles include low income, lack of insurance coverage, difficulty arranging time off work or transportation, and with finding a doctor who will provide services. Fig. 1 above shows how households were distributed along a continuum of having access to medical/dental care. Perhaps 15-20% of surveyed households have very limited access to doctors and dentists, though as the chart shows, most other people are able to get needed care. Access differences were unrelated to age, gender, education, community of residence, or language spoken at home. Those who had limited incomes or did not have insurance made up the majority of low access persons.

The chart also reveals a strength in Garfield communities. In contrast to some perceptions, most surveyed households (79.7%), report having access to needed medical/dental care or that their limitations are very specific, e.g., needing transportation.

**Households Affected by Environmental Risks:**

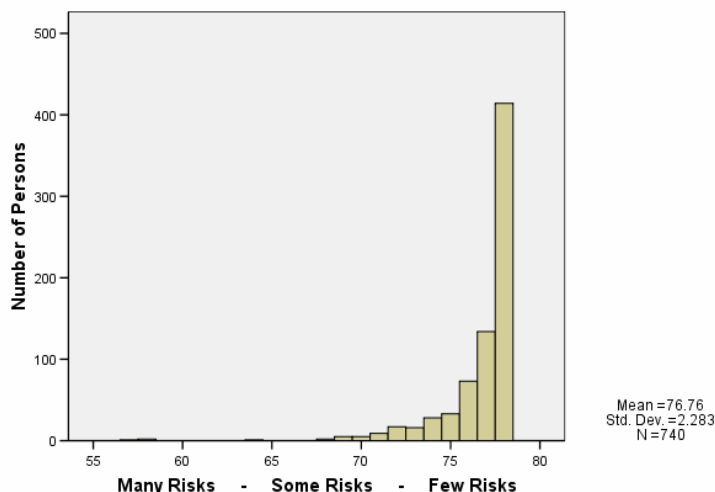
Health/quality-of-life obstacles faced by these households include exposure to above average numbers of accidents, the presence of members with or who have had infectious diseases, those impacted by noise, substandard housing, or other environmental hazards such as second-hand smoke and persons who are considered more at-risk for unplanned pregnancy. Statistical study shows it is common that when one of these conditions is present,

the others are more likely to occur – thus defining a problem theme.

Fig. 2 gives the distribution of affected households. This is a “sharper” distribution curve than shown in Fig. 1, indicating that the number of affected Garfield County residents is smaller. Persons more likely to say their own living environment is compromised are those who are either younger or who are older adults. Household with middle-aged individuals are less likely to be living with the described risks. Gender and income were unrelated, but those with education beyond high school graduation rarely reported living in such homes. Conditions were as likely in any Garfield community and with persons of different language preferences.

Because households defining the unfavorable end of this theme’s continuum of health/quality-of-life factors were not distinguished by their income, but more by age and education, they may reflect “lifestyle” differences rather than problems with getting access to needed services.

**Fig. 2 Households Affected by Risky Environmental Conditions**



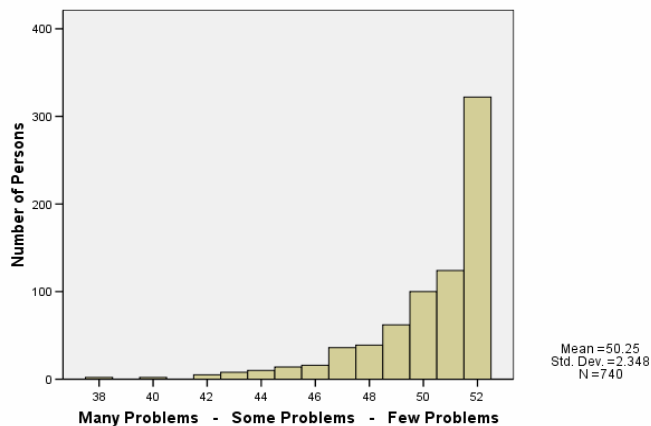
**Mental Health and Substance Abuse Challenges:**

Fig. 3 presents the distribution of households with this problem theme. This broad problem area is much more pervasive in Garfield County households than are difficulties with medical/dental service access or environmental risk factors. The shape of what statisticians call the “J-curve” tells this story. The left “arm” of the curve extends more widely, indicating a greater number of involved homes. Statistical analysis also showed that re-

spondents reporting mental health problems (experiencing depression, stress) also reported higher levels of substance abuse issues in their homes (tobacco use, heavy drinking), more restrictions to engaging in physical activity (being overweight, having physical limitations), and nutritional challenges (lack of knowledge about nutrition). When one of these issues is present, analysis found, so were the other three, in many cases. This pattern of relationships is an example of how a health-needs theme that may guide strategic planning.

Where this cluster of problems exist in Garfield County, households are more likely to be made up of younger persons, particularly those in their late teens and early twenties, affected persons will be of either gender, from all levels of educational attainment, somewhat less frequent in communities where members are older, e.g., Battlement Mesa, more frequent in communities with

**Fig. 3 Mental Health-Substance Abuse Challenges**



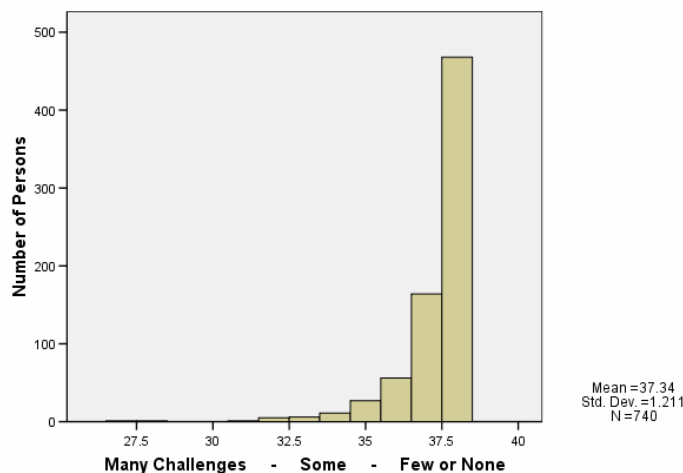
younger residents, e.g. Carbondale and Rifle, will occur equally for persons of all language preference, and will be unrelated to household income.

**Chronic Disease and Disability Challenges:** Households with one or more persons having a chronic disease (heart, lung, diabetes) more often than others also have someone who has a disability (loss of mobility) or be consuming social/rehabilitative services (assisted housing or transportation). Fig. 4 charts the distribution of this fourth health/quality-of-life theme in Garfield County. Relatively fewer persons/households are affected and those that are involved are older, of both sexes, all levels of educational attainment, across all

communities and equally often for persons of various language preference. There is a tendency, though it is not statistically significant, for households with less income to report more problems included in this theme.

The big picture then for health and quality-of-life in Garfield County has four pieces or components. There are homes that cannot afford medical/dental care, those with

**Fig. 4 Chronic Disease and Disability Challenges**



people living lifestyles that put them at greater risk for

incurring health and quality-of-life complications, households with one or more persons suffering with mental health or substance abuse issues, and finally those where residents feel challenged by chronic illness and disability.

Statistical analysis shows, unfortunately, that homes with a high level of challenge on one of these four problem areas will more often than unaffected homes, face difficulties and barriers in the other areas.

On the positive side, most surveyed households report that they are doing quite well with maintaining their health and that their quality-of-life is good. Four-in-five of the homes covered by the Survey will report that all-in-all, things are going pretty well. Surveyed respondent characteristics point the direction where problems are likely to exist, useful information in strategic planning for improving public health.

## 2. Salient Health and Quality-of-Life Needs

Survey analysis identified the most prevalent individual needs reported for households on 14 lists of health and quality-of-life elements. This information, shown in Table 2, adds a slightly different perspective to the above themes analysis, informing strategic planning of resources that would be needed for health improvement

projects. Review of the top health/quality-of-life issues rated by Garfield County respondents shows that about half are income related (e.g., medical/dental care costs) but the remainder are all lifestyle based deficits amenable to change through modified behavior by the individual.

**Table 2. Most Prevalent Needs in 14 Health and Quality-of-Life Domains**

(Health/quality-of-life issues affecting one-in-ten or more of households are in **bolded italics**)

Health/Quality-of-Life Domain	Three Most Prevalent Conditions	% All Respondents
1. Household with member(s) affected by chronic disease	a) <b>High blood pressure</b>	<b>15.3%</b>
	b) <b>Asthma</b>	<b>12.3%</b>
	c) Diabetes	8.2%
2. Household with member(s) affected by mental health issues:	a) <b>Depression/anxiety</b>	<b>17.2%</b>
	b) <b>Stress</b>	<b>15.4%</b>
	c) Eating disorders	3.0%
3. Household with member(s) affected by substance abuse issues:	a) <b>Smoking using tobacco</b>	<b>10.4%</b>
	b) Alcohol abuse	6.9%
	c) Drug abuse	1.5%
4. Household with member(s) having trouble getting medical care:	a) <b>High cost of medical care</b>	<b>19.2%</b>
	b) <b>Lack of insurance coverage</b>	<b>15.9%</b>
	c) <b>Cost of prescriptions</b>	<b>11.2%</b>
5. Household with member(s) having trouble getting dental care:	a) <b>High cost of dental care</b>	<b>29.1%</b>
	b) <b>Lack of insurance coverage</b>	<b>19.2%</b>
	c) Time off work to get care	4.6%
6. Household with member(s) 65 and older with physical limitation issues:	a) Hearing loss	3.9%
	b) Vision loss	2.0%
	c) Memory loss	2.0%
7. Household with member(s) 65 and older with needs for services:	a) Assistance with routine chores	2.0%
	b) Transportation	1.6%
	c) Assisted living	1.4%
8. Households with member(s) affected by safety issues:	a) <b>Lack of bike lanes on roads</b>	<b>11.5%</b>
	b) Sports injuries	6.2%
	c) Motor vehicle accidents	3.5%
9. Household with member(s) affected by infectious diseases	a) Influenza	8.8%
	b) Pneumonia	2.0%
	c) Hepatitis	1.8%
10. Household with member(s) affected by family planning issues:	a) Teenage sexual activity	2.3%
	b) Unplanned pregnancy	2.3%
	c) Getting family planning services	1.8%

Health/Quality-of-Life Domain	Three Most Prevalent Conditions	% All Respondents
11. Household with member(s) unable to get enough physical activity because:	a) <b>Lack of time</b>	<b>22.6%</b>
	b) <b>Lack of recreation facilities</b>	<b>10.0%</b>
	c) Overweight	8.1%
12. Household with member(s) affected by environmental issues:	a) <b>Lack of affordable housing</b>	<b>13.1%</b>
	b) Noise	6.2%
	c) Poor water quality	5.1%
13. Household with overweight member(s) affected by:	a) <b>Not getting enough physical activity</b>	<b>20.7%</b>
	b) <b>Unhealthy eating habits</b>	<b>13.9%</b>
	c) Cost of healthy food	8.6%
14. Household with children (0-18 yrs of age) affected by:	a) Developmental delays	3.2%
	b) Childhood obesity	2.0%
	c) Need diagnostic screen	2.3%

### 3. Health and Quality-of-Life Needs in Special Populations

**Children with Special Needs:** About 8.2% of reporting households had a member 0-18 years with special needs (not including teenage sexual activity or pregnancy). Health problems ranged from developmental delays, behavioral difficulties, to inadequate nutrition. Disregarding for a moment the particular problem, as a group these homes may be of special interest to many individuals, organizations, and other groups. What are some of the distinguishing features of these household, by comparison with home without a child in this category?

Statistical analysis found that these homes less often identified themselves as Hispanic/Latino, suggesting that this subpopulation does not recognize these problems or perceive a need as commonly as occurs with other ethnic groups. Communities vary in the number of these households, with Parachute and Battlement Mesa recording the greatest relative prevalence. This geographic finding is confirmed with the information that affected households have members who drive farther to work than others. Relatively speaking, these homes have a higher level of fulltime employment, but are less often covered by health insurance. Apart from these demographic correlates, analysis found that households identifying a child/youth with one or more of these special needs had significantly more deficits on *all* other 13 health/quality-of-life scores compiled from the Survey reported in Section 1, above. The risks entailed with the

special needs conditions are greatly multiplied by the youngsters' environment, which may have multiple other health and quality-of-life risks.

**Older Adults:** 9.2% of surveyed households had one or more members 65 years or older with physical limitations, that were adversely affecting health and quality-of-life, and in need of social services. These homes were also ranked by their respondents as having above average deficits in other domains, just as was found with the special needs children subpopulation. Households with older adults with special needs were significantly more likely than other residences to have persons with chronic diseases, more mental health and alcohol problems, medical and dental access problems, and a host of other needs, except those involving children, home environmental risks, or reproductive health.

Other than age of household members, these homes were distinguished by being Anglo, with members who have lived in Garfield County for more than a decade, and as having lower incomes.

**Households with Hispanic/Latino Immigrant Members:** Analysis devised a guide to household immigrant status by using the respondent's preferred language spoken at home (Spanish), their declared ethnicity (Hispanic/Latino), and the statement they had lived less than five years in the area. For statistical purposes, all respondents were identified as Hispanic/Latino Immigrant (7.8%) or Not Hispanic/Latino Immigrant (92.2).

These households were distinguished by having much younger female respondents (mostly in their 20's and early 30's), who were much less well educated, more often living in Carbondale or Glenwood Springs, to have significantly lower household incomes, were less likely to be employed full time, and fewer had health insurance.

Despite their obvious disadvantageous socio-demographic circumstances, these households declared greater need in only two of the 14 domains listed in Section 1 – living in less safe home environments and seeing a need for greater family planning services. In other health and quality-of-life domains these “immigrant” households were similar to other homes.

## **Recommendations on Promising Approaches to Improving Health and Quality-of-Life**

The Mobilizing for Action through Planning and Partnerships system considers involving and empowering residents in solution ownership critical to improving the public health and community quality-of-life. This conviction is based on the incontrovertible fact that full achievement of these goals is beyond the budgets and capabilities of public agencies. Thus, only by knowing which persons have the greatest unmet needs and engaging them and the organizations who are their advocates in problem-solving can Public Health realize its vision. “Solution ownership” does not mean communities assuming funding and management responsibility for their health conditions, at the same time, it does call for *solution buy-in* that can only be achieved through informed participation in planning for action.

The Human Services Commission focus groups contribute to this essential process by helping with understanding resident needs and through their appreciation of personal and community circumstances that will affect promotion of improved health and quality-of-life.

**Recommendations on Approaching Unmet and Underserved Health Needs and Quality-of-Life Issues:** Survey analysis has clearly demonstrated that, while 136 health and quality-of-life issues were listed in the Survey, respondents’ answers showed that when households had certain types of needs, other related needs were often present in the same household. Thus, rather than hav-

ing to consider a multitude of problems in strategic planning, it is possible to work on planning actions for household *groups or need types*. For example, in households where a respondent expressed concern with one or more persons smoking, more often than for other respondents they said they were also concerned about alcohol or drug use. This does not mean that every home with a smoker has a substance abuser, but across hundreds of households, this occurs more often than not. Certain types of problems, analysis showed, cluster together. Also data analysis shows (Table 2) that these households have “*key indicators*” that would alert others to the need for screening all in the household for *multiple* issues.

The significance of these problem groups was reinforced by many comments from focus group participants. They recognized, for example, that “health care access” really speaks to a variety of needs, including a lack of providers, lack of insurance, and also needs for dental and eye care. Health and quality-of-life needs identified by focus group participants closely matched those revealed in the Survey.

This report’s **first recommendation** is that strategic planning address “household need clusters” rather than think about all possible health and quality-of-life issues as independent concerns. One implication of this recommendation is that the best use of community resources will be addressing simultaneously issues with multiple interventions. Focus groups identified substance abuse as the most important behavioral health issue in Garfield County. Rather than looking only at smoking cigarettes, screening and intervention should look at all use of substances and provide assistance on all related problems at one time.

Another example may help explain this recommendation. If residents of a household were to say in response to a local health/quality-of-life screening, “Yes”, when asked if they are having a hard time paying for prescriptions, then screeners are statistically safe in assuming that this household will have a multitude of related health/dental access issues they have not been able to resolve – and may not have revealed to others.

The report’s **second recommendation** is that strategic planning and action use “key indicators” (e.g., late prenatal care or obesity, factors that usually, but not always, signify the presence of other health needs) and then

### Strategic Planning Recommendations

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2. Conduct outreach screening with “key indicators” to find the households needing the most help, rather than waiting for problems to worsen or always waiting for residents to declare themselves in need—
3. Plan not only how economically disadvantaged homes can be assisted to better access of medical and dental care, but also on how health promotion can change lifestyles that will lead to improved health and quality-of-life—
4. Strategic planning should engage communities in health and quality-of-life improvement by showing residents and stakeholders that most Garfield County households are doing well and that their assistance can improve conditions for those who are not enjoying the same level of wellbeing—
5. First, study problem groups identified in this needs assessment, identify constituencies of the most commonly affected people, and then engage all pertinent stakeholders in collaborations to improve conditions in needy households.
6. As strategic planning for health promotion has become a field requiring technical background, one or more study groups should be formed, trained, generate additional data as needed, and make action plan recommendations that will encourage community ownership of health need solutions.

screen pro actively, simplifying the task of finding those homes with people who need the most help now.

The report finds that half of the unmet needs identified are probably founded in economics, that is, if these households had more money or if costs were lower, their needs would decline. The other half concern lifestyle “choices” made by household residents. Finances are not the only solution needed. This finding leads to the report’s **third recommendation** – planning to improve health and quality-of-life in Garfield County should consider health and wellness promotion as well as solving financial needs for access to care.

Related to the finding that finances and lifestyle choices have together generated existing needs, is the discovery that the *large majority* of households in Garfield County are doing well. Surely, about one-in-five of all homes has one or more persons with a significant unmet health/quality-of-life issue, but at the same time, the other four-in-five nearby are at least taking care of themselves to their satisfaction. The report’s **fourth recommendation** is that strategic planning not advertise only

needs, but recognize that the majority of households in the County have healthy people whose quality-of-life is good. By recognizing this balance planners will have better luck engaging those who control health-related community resources as those individuals will see that the problems are not massive, beyond hope, and just a “fact of life”, but can be changed. If most people are doing well, planners should say, “Then with modest assistance, more County residents could join the majority”. This recommendation is supported by focus groups that commented on the people who live in Garfield County. Participants described residents as “well educated”, willing to “step up” to help in times of crisis, “willing to help each other”, being “generous”, and having a sense of commitment to funding agencies that serve people in need. This sentiment is more likely to be activated by recognizing both strengths and needs, rather than painting a dark picture of conditions in County homes.

The **fifth recommendation** is that strategic planning study financial and lifestyle issues underlying the four health/quality-of-life problem groups and ask *who has a stake in the wellbeing of these people?* The report findings suggest that in every case, planners will find a list of stakeholders with a mandate or mission to serve the problems identified by the Survey or ones closely related to these difficulties. Focus group members reinforced this recommendation’s feasibility. “A strength is that we have interagency cooperation and collaboration.” “This valley is long; each community is different; yet people are willing to work together.” Participants recognized that, while some persons have limited access to needed health resources, there are high quality resources for many. Further, by identifying limited availability of affordable housing as an issue on which progress depends, they showed how health of the public is not only a challenge for health providers, but also for those who can change *community infrastructure*.

Finally, the report recognizes that modern strategic planning, like that recommended in the Mobilizing for Action through Planning and Partnerships system, has some complexities. Accordingly, the **sixth recommendation** is that Public Health take a leadership role in establishing – at the request of local communities – health and quality-of-life workgroups formed of persons interested in and committed to the wellbeing of Garfield County households. These individuals should be trained in strategic planning for health improvement using the outstanding materials already developed by the National

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Association of County & City Health Officials. They will then be in an informed position to make recommendations on emerging forces affecting health and quality-of-life, e.g., the emigration of energy industry employees, transportation, or affordable housing and on existing health issues identified by one in ten respondents and that were highlighted in focus groups, such as substance abuse. Because of its membership, these groups will be in a strong position to comment on cultural differences, a factor of concern in focus groups. This advocacy for the special needs of population subgroups is critical, according to focus group participants, who saw developing issues, such as housing, having a profound effect on health in communities. Further, participants recognized that the average citizen – and even many in nonprofit and public

agencies – may not be fully informed about needs or effective solutions. The groups' improvement recommendations should then go to local government and to the Board of Health, where action can begin. These work groups can act as the supporter of collaboration among public and private organizations as interventions begin.

By prioritizing public health and quality-of-life issues, planning strategically, and mobilizing available resources, Garfield County's Board of Health can expect incremental, but steady improvement in conditions adversely affecting some residents, while at the same time recognizing the health and wellbeing of the majority of our citizens.

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*Garfield County Public Health administration and staff express their deep appreciation for the time, effort, and thought given by community residents and organizations, whose participation contributed immeasurably to the success of this needs assessment.*