



West Central Public Health Partnership Regional Community Health Assessment 2022/2023

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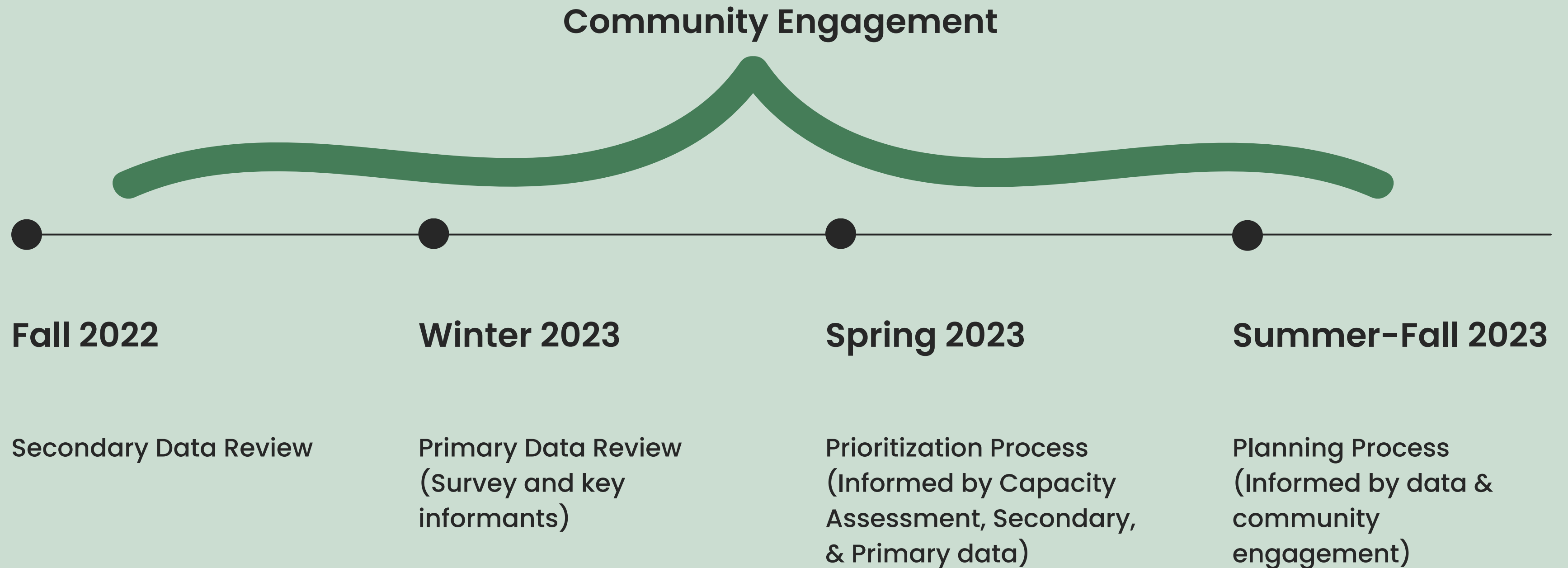
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Overview Presentation

- 1** Community Health Assessment (CHA) Timeline
- 2** CHA Framework
- 3** CHA Methods
- 4** CHA Data
- 5** CHA Challenges, Lessons, and Strengths & Assets
- 6** Next Steps

Community Health Assessment Timeline



WCPHP Interest Areas



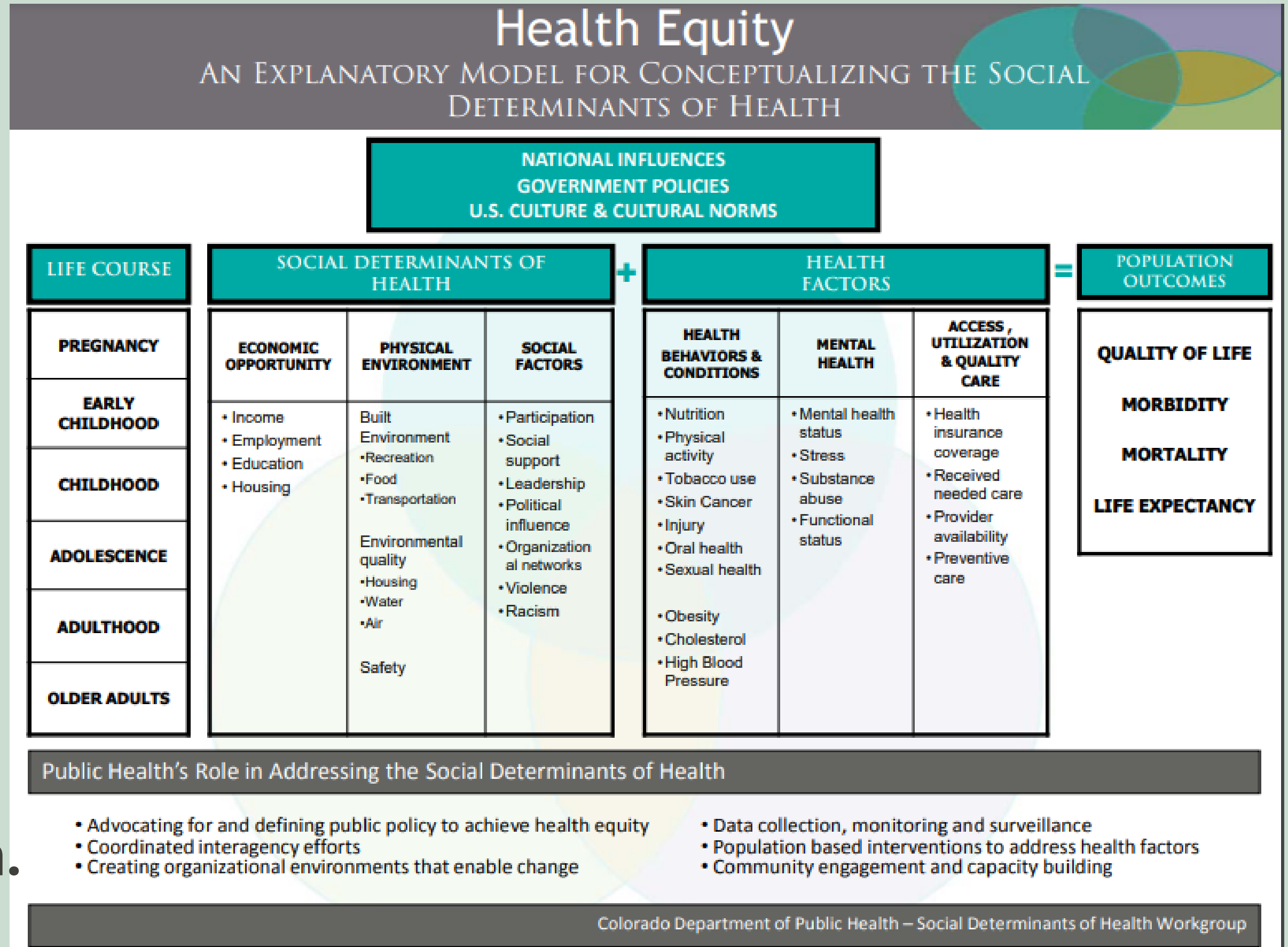
The image displays four dark blue cards with white icons and text, arranged horizontally. Each card represents an interest area. The first card features a house icon with a heart above it and the text 'Affordable & Healthy Housing'. The second card features a person icon and the text 'Behavioral & Mental Health'. The third card features a heart with a cross and hands holding it, and the text 'Affordability & Access to Care'. The fourth card features a clock and a person in a bed, and the text 'Aging in Place (Older Adult Health)'.

- Affordable & Healthy Housing**
- Behavioral & Mental Health**
- Affordability & Access to Care**
- Aging in Place (Older Adult Health)**

The Steering Committee for the Regional Health Assessment focused the plan for the health assessment on the following Interest Areas based on their experience and other existing data sources on top health concerns.

This framework includes health equity as a cross-cutting theme, and also addresses social determinants of health.

We are using this framework for our community health assessment and public health improvement plan.



This presentation will help to describe the community by balancing data and stories that we collected from both our quantitative and qualitative methods. This includes secondary data, survey data, and key informant interviews.

The presentation is organized by themes but will discuss our communities':

- Health factors
- Population health outcomes
- Perceptions on health

Quantitative Data

- Secondary data
- Survey Data

Qualitative Data

- Key Informant interviews

Quantitative Analysis Methods

Topics of Interest on the survey



Home Life



Health/Access to care



Health Insurance



Childcare



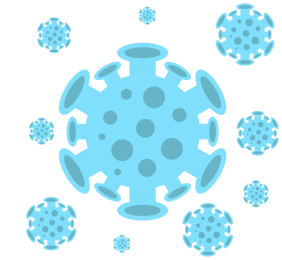
Food Security



Behavioral/Mental
Health



Citizenship



COVID-19



Housing



Over 65 yrs



Demographics

Quantitative Analysis WCPHP Survey

Workflow

Survey administered through SurveyMonkey

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graph LR; A[Survey administered through SurveyMonkey] --> B[Used Microsoft Excel for: Data imported from SurveyMonkey, Data cleaning, Summarizing data (Percents & Counts)]; B --> C[Used SAS OnDemand for Academics Version 9.04 for: Further data cleaning, Combining Spanish & English survey versions, Running variable comparisons];
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Used Microsoft Excel for:

- Data imported from SurveyMonkey
- Data cleaning
- Summarizing data (Percents & Counts)

Used SAS OnDemand for Academics Version 9.04 for:

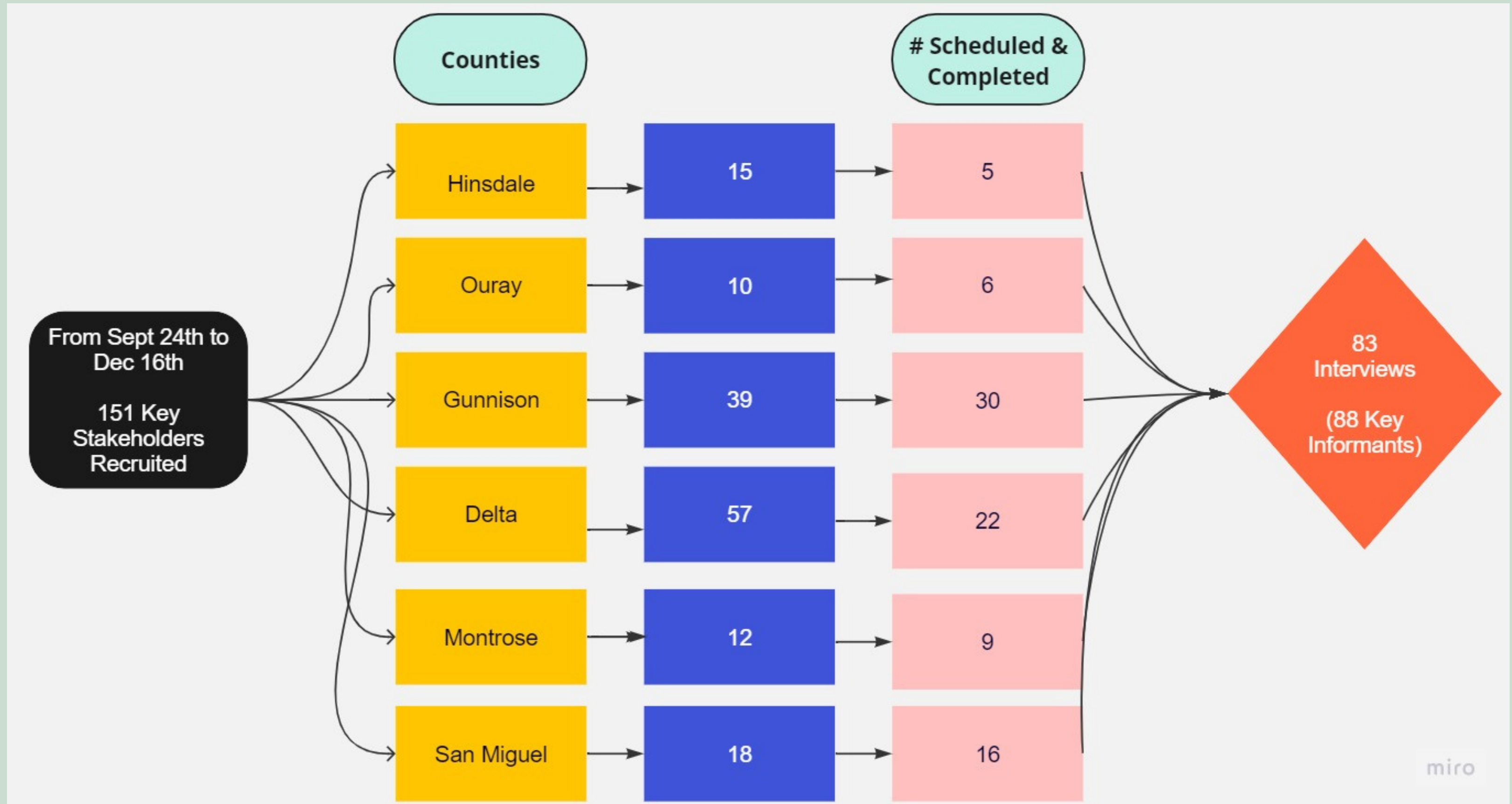
- Further data cleaning
- Combining Spanish & English survey versions
- Running variable comparisons

Overall Survey Response by County

County	English (N)	Spanish (N)	Total (N/%)
Hinsdale	76	0	76, 4%
Ouray	367	1	368, 18.8%
Gunnison	302	44	346, 17.9%
Delta	276	9	285, 15.3%
Montrose	266	36	302, 15.4%
San Miguel	508	44	552, 28.4%
Total Surveys	1,795	134	1,929

Qualitative Analysis Methods

Key Stakeholders Interview Recruitment



Qualitative Analysis Process

Key Informant Interview Guides

- Two sets of key informant interview guides were developed by the steering committee.
 - Stakeholders guide included 8 questions, and the community member guide included 12, with possible probing questions to further clarify or define the interviewees' responses.
- Both sets of key informant interview guides were translated into Spanish and reviewed and vetted for translation accuracy and to ensure priority population needs were addressed or asked about.

Codebook

- For coding and theming, we used a semantic and inductive approach using the interviewee's stated opinions and only analyzed the explicit content of the data.
- We used the data to determine our themes.

Codebook

Category	Description of category
ISSUES	Problems or issues. Something to fix. No solution in place or no known solution. Not a barrier.
Housing	Comments or sentiments about housing (inadequacy, affordability, availability, safety)
Jobs	Comments about jobs (lack of quality pay, jobs available, flexibility for healthcare needs, flexibility for family needs)
Childcare	Comments or sentiments about childcare (availability, quality, location and distance, childcare providers)
Dental care	Comments or sentiments about dental care (availability, insurance: Dental office does not accept Medicaid, or other insurance, location/distance)
Healthcare access	Locations and characteristics of healthcare access locations/business/ hospitals/clinics. These are categorized by positive, negative, and passive sentiment.
BEHAVIORAL HEALTH ACCESS	Behavioral health locations and characteristics of healthcare access locations/business/ hospitals/clinics. These are categorized by positive, negative, and passive sentiment.
Collaboration	Comments or sentiments about collaboration amongst organizations within the county (private/non-profit/public (e.g., H&HS))
Aging in place	Comments or sentiments about seniors, aging in home community, aging in home, healthcare and other services needed for seniors
Transportation	Comments or sentiments about transportation related to healthcare and other services. Provided by All Points Transit or other services related to availability, locations, distance, sea
Behavioral Health	Behavioral health problem or issue. Something to fix. No solution in place or no known solution. Not a barrier
Food insecurity	Comments or sentiments about nutritious food, lack of food, how to access food, food pantry issues or successes
Financial health	Comments or sentiments about personal wealth, financial security, income compared to expenses. This code may lend a hand to the more complex/complicated issues like low payin
Vulnerable Populations	Population or group of people need help characterized either by their demographics, or a specific health need.
SOCIAL SERVICES	Comments about social services. These are categorized by positive, negative, and passive sentiment.
BEHAVIORAL HEALTH SOCIAL SERVICES	Comments about behavioral health social services. These are categorized by positive, negative, and passive sentiment.
BARRIERS	There is something blocking the solution or access to the solution.
BEHAVIORAL HEALTH BARRIERS	There is something blocking the behavioral health solution or access to the behavioral health solution.
SOLUTIONS	Potential solutions, recommendations to relieve a problem or issue, or to help with a barrier
BEHAVIORAL HEALTH SOLUTIONS	Potential solutions, recommendations to relieve a behavioral health problem or issue, or to help with a barrier.
COVID-19 (virus + pandemic)	Thoughts, comments about the COVID-19 pandemic, virus or other characteristics. These are categorized by positive, negative, and passive sentiment.
COVID-19 IMPACT ON BEHAVIORAL HEALTH	Thoughts, comments about the COVID-19 pandemic, virus or other characteristics impact on behavioral health. These are categorized by positive, negative, and passive sentiment.
COVID-19 VACCINE	Thoughts, comments about the COVID-19 vaccine. These are categorized by positive, negative, and passive sentiment.

The first tab of the codebook is a guide for the categories that currently exist, as well as the description of the categories.

Codebook

- The next two slides cover the Codebook. The screen capture for the codebook is not meant for legibility, but more so to provide a depiction of this important part of the process for coding the data.
- Background on creation:
 - The codebook was created using the Hierarchical code frame. Each code and category of codes was derived from several key informant interview notes docs.
- Codes were collapsed where possible in order to keep the coding concise and get rid of any “deadwood.”

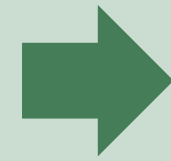
Code	Brief Definition	Further definition (as needed)	Examples	Coder	Date
ISSUES					
<u>Housing</u>					
Positive					
Negative					
Issue: Lack of affordable housing	No affordable housing available to where the person lives, works, or spends time.		lack of housing for young families and employees	Erika	12/12/2022
Issue: Cost of living is high	the level of prices relating to a range of everyday item	Cost of living is defined as the amc	The cost of living is so high and good jobs in the area don't \$46k for individual you have to make under that to live the	Erika	12/12/2022
Issue: Housing inadequacy	Housing is designated as having severe or moderate physical problems through a combination of indicators collected in the American Housing Survey			Erika	12/12/2022

The second tab lists all of the codes. For the some of the categories, there were sub-categories: Positive, Negative, and Passive.

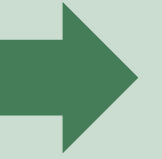
Qualitative Analysis | Key Informant Interviews

Workflow

Reviewed transcripts and audio transcription recordings as needed.



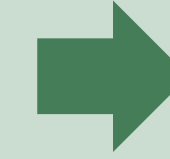
Created a codebook to keep codes and themes clean, consistent, and consolidated.



Completed coding by highlighted comments and assigning a code from the codebook.



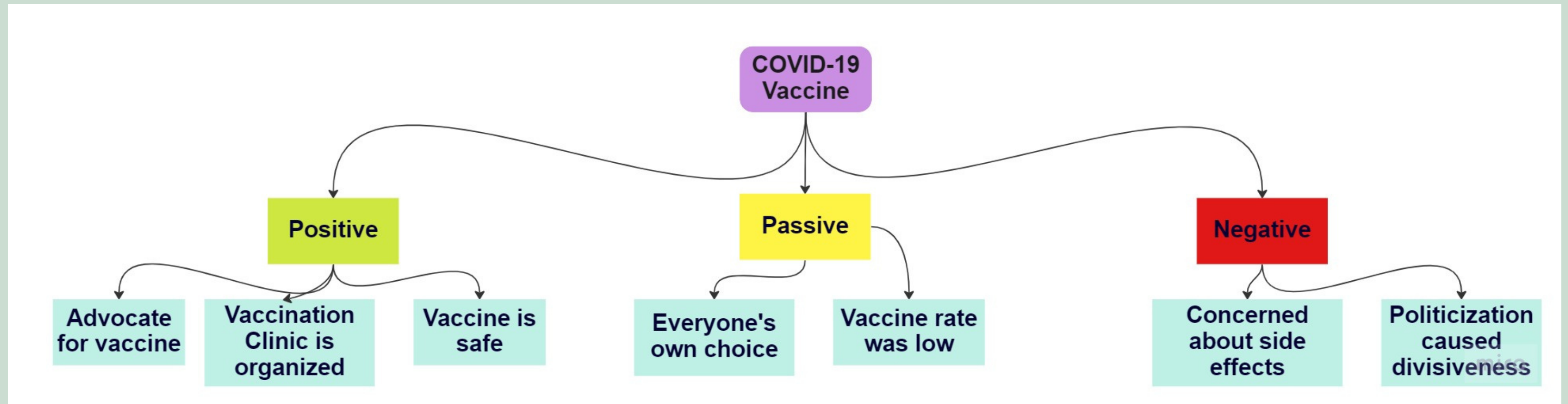
Reviewed one another's codes to ensure inter-rater reliability.



Calculated percentages per theme.

Qualitative Analysis Process

Hieararchical Code Frame



This code frame helped to keep our codes and themes clean, consistent, and consolidated.

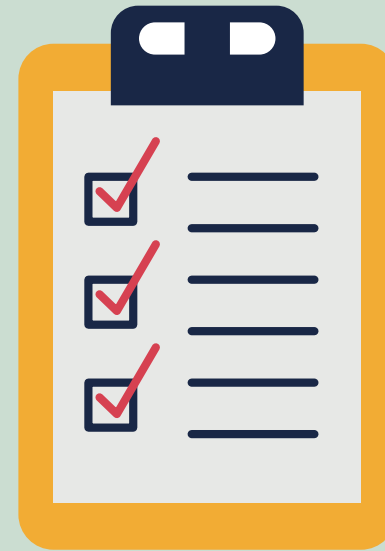
The top level code describes the topic, the second level is positive or negative, the third level details the attribute or specific theme associated with the topic.

Community Health Assessment Analyses

Secondary Data



Quantitative Data (Survey)



Qualitative Data (Key Informant Interviews)



For each theme presented, data from each of the above sources is presented to give an all-encompassing picture.

Data Topics

- **Vulnerable Populations**
- **Affordable Housing**
- **Behavioral Health**
- **Aging in Place**
- **Healthcare Access**
- **Barriers**
- **Childcare**
- **Food Insecurity**
- **COVID-19**

Vulnerable Populations

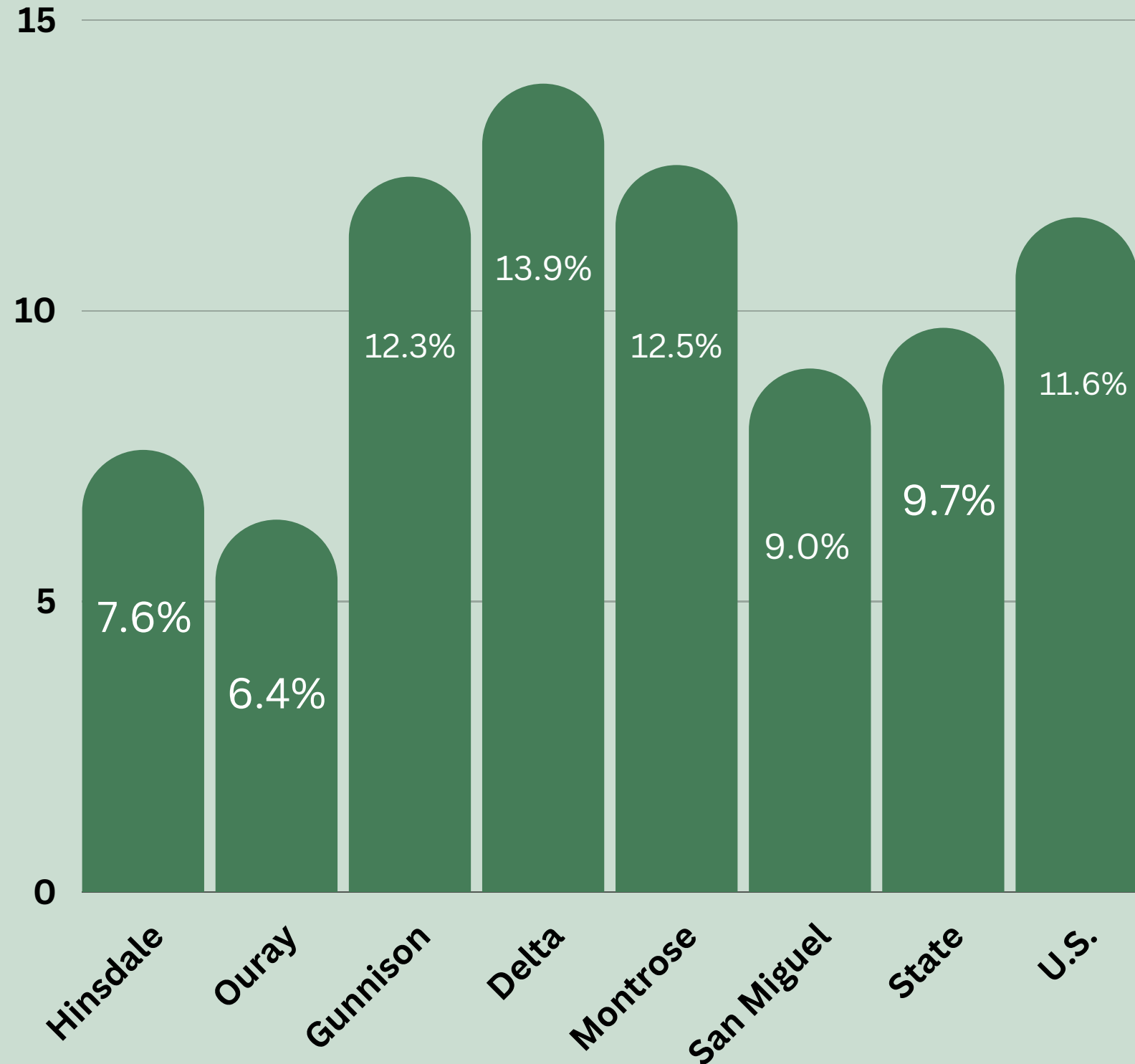
Vulnerable Populations

Vulnerable Population	Quote
Older adults	<i>"[A] private care manager or navigator for the elderly would be helpful - [but it's] still difficult to make affordable"</i>
Immigrants & Non-English speakers	<i>"[There is a] language barrier - with people that come from all over"</i>
Children	<i>"Substance abuse is huge here... Party culture and restaurant culture. Brings that culture to the community and the youth see it."</i>
Homeless	<i>"Need for homeless shelter or more resources."</i>
Low-income	<i>"High economic inequality and wealth inequality in [county]. Low income lose out on quality healthcare, and can't afford it when they need it."</i>

Affordable Housing

Housing and Income

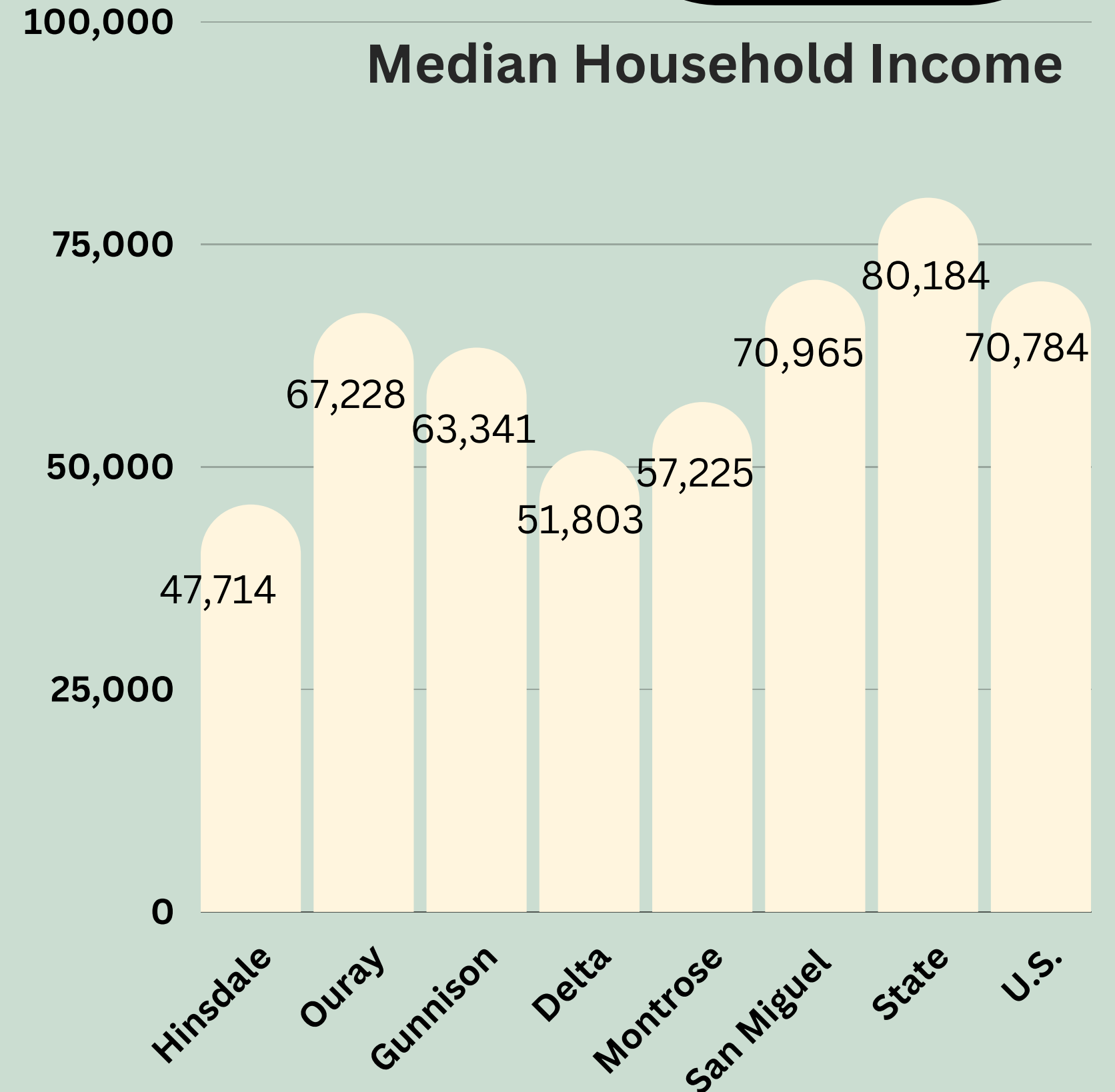
Secondary Data



Persons in Poverty, Percent

The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.

Source: US Census Bureau, 2022.



Median Household Income

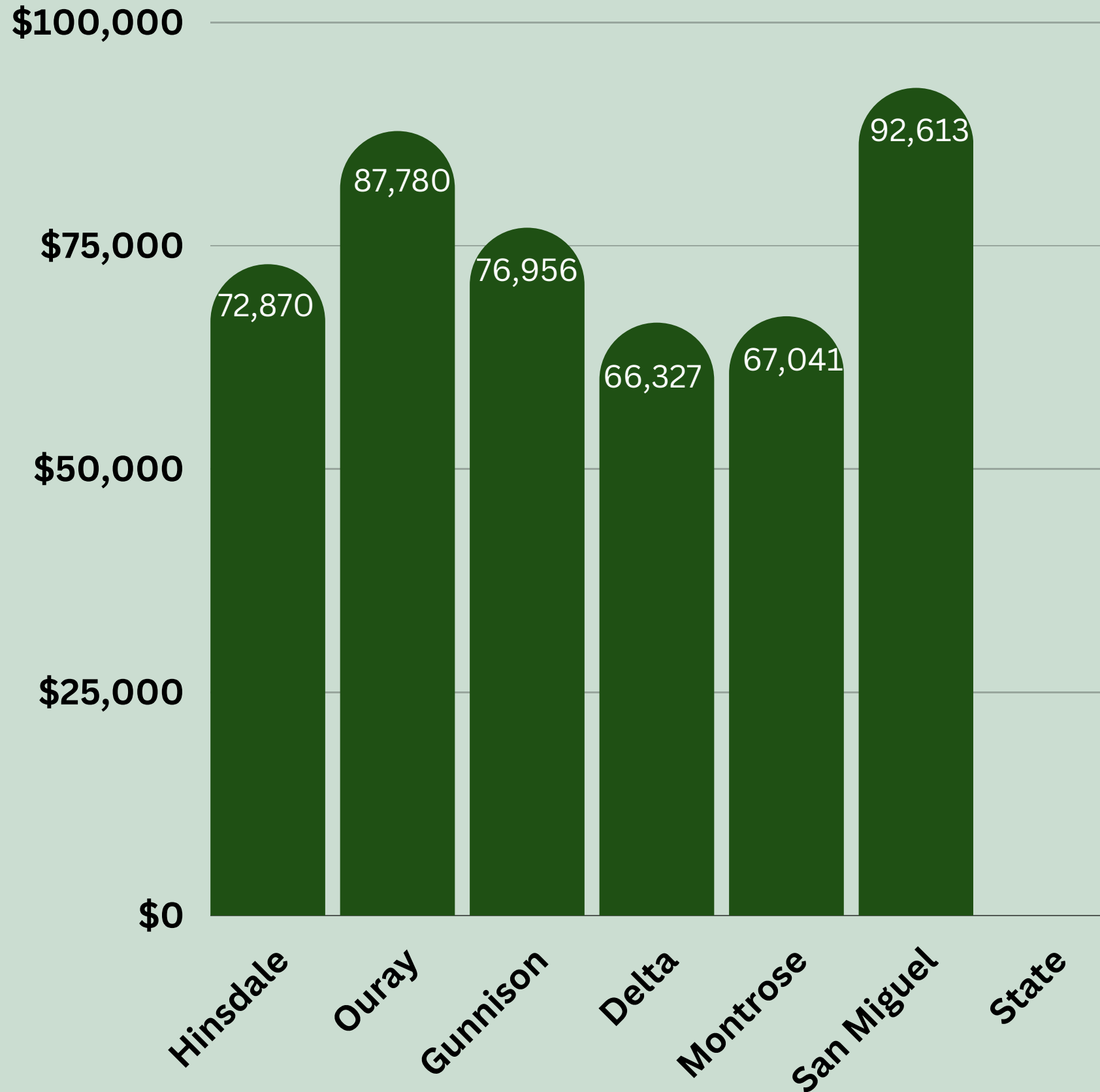
For households and families, the median income is based on the distribution of the total number of households and families including those with no income. The median income for individuals is based on individuals 15 years old and over with income.

Housing and Income

Secondary Data



Self-Sufficiency Standard



The Self-Sufficiency Standard is a measure of income adequacy that is based on the costs of basic needs for working families: housing, child care, food, health care, transportation, and miscellaneous items, as well as the cost of taxes and the impact of tax credits.

This table shows the Self-Sufficiency Standard for 1 Adult + 1 Preschooler + 1 School-age (single-parent household).

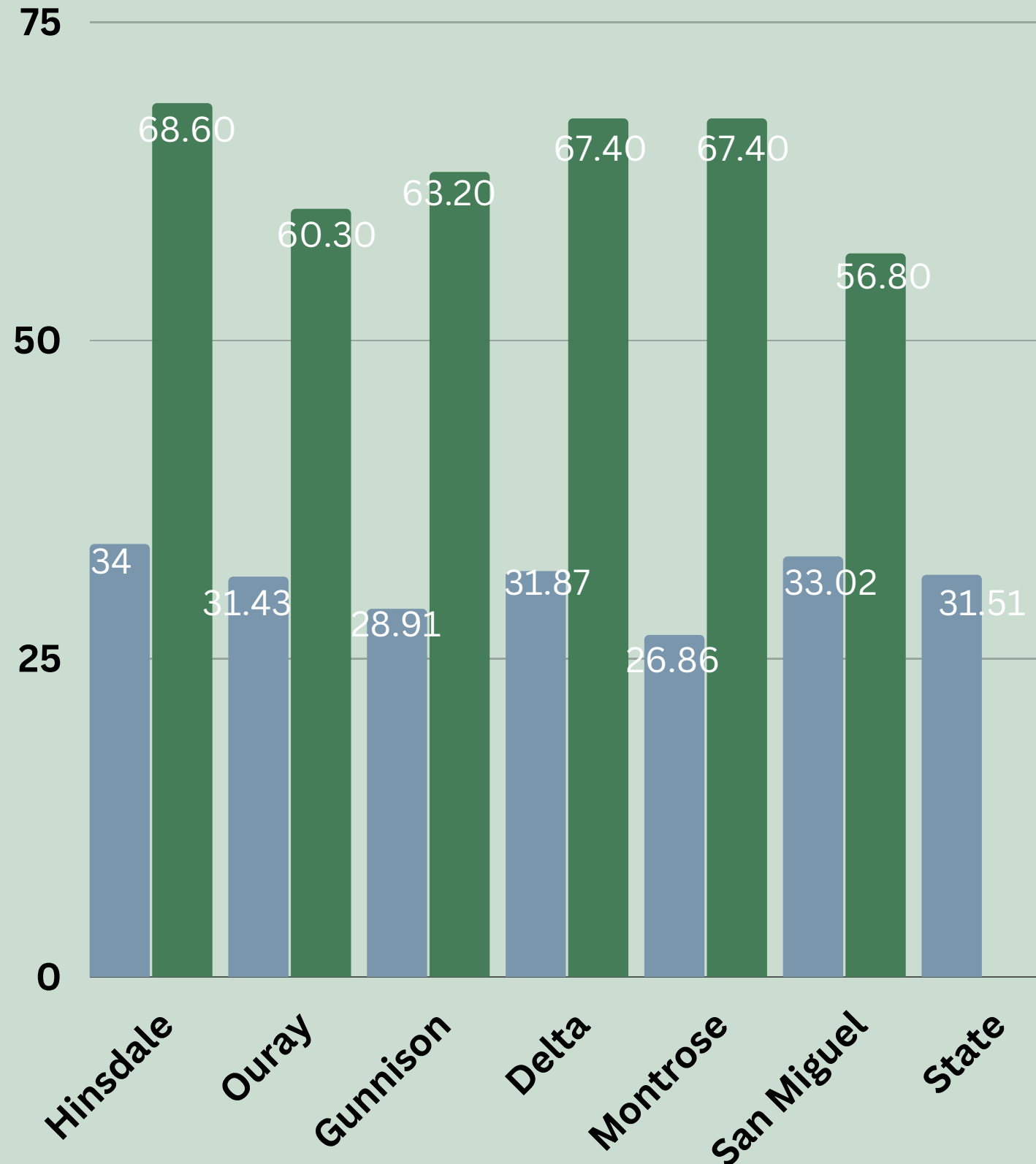
A two-parent household (with 1 preschooler and 1 school-age child) would have a slightly higher self-sufficiency standard than what is shown here. Self-sufficiency data was not available for the State.

Housing and Income

Secondary Data



- Cost-Burdened Households
- Non Cost-Burdened Households



Households are considered cost burdened when they spend more than 30% of their income on rent, mortgage, and other housing needs

Data for Non Cost-Burdened Households was not available.

Source: US Census Bureau, American Community Survey. 2016-2020.

Housing and Income

Qualitative Data



30.59%

expressed that there is a lack of **quality paying jobs with quality benefits**

"People not living at a self-sufficiency standard, due to not being paid at a liveable wage. A lot of our service workers, teachers don't make enough - unless they were here in 2018 or 2019 (pre-pandemic) or earlier to afford to be here... It doesn't seem to help that we don't have enough workforce, it [community members aren't paid a liveable wage] doesn't diversify the community. People can't afford to live here and move from here."

28.24%

of stakeholders indicated that there is a **high cost of living**

"Folks often have to live in places with high rent, and there is less disposable income to spend on food, clothes, and healthcare."

When interviewing community members, lack of quality paying jobs and quality benefits came up as an issue. For instance, one community member stated, "People didn't return to work, [there is a] lack of staffing, even if you go to town - [there are no grocery stores open] it's a 4 hour trip to get groceries - no place to even get a hamburger [there are no restaurants open due to lack of staffing]."

Housing and Income

Qualitative Data



95.18% of our key informants indicated that there is a **lack of affordable housing**

"We've encountered a number of people who lost the housing they were in due to rent increases. Older folks who moved here and can't find affordable housing.

People that need to downsize and they can't. I've told people to not sell the home they are in because there probably isn't a place for them to go. Affordable and accessible is a problem throughout the region."

"Huge need for affordable housing - both for caregivers and families. Not sustainable to work multiple jobs to be able to live in the community."

"Biggest issue for community. Not a homeless problem due to nature of climate, but there easily could be. People are priced out of community. People who work in community have to live outside the community usually."

Housing and Income

WCPHP CHNA Survey

Housing issues by monthly household income

Top 3 Household Monthly Income groups reporting a house issue:



1

Less than \$1,000 9.9%

2

\$1,000- \$3,000 8.3%

3

\$3,000-\$5,000 6.8%

(Total respondents reporting a house issue: , 5.9%)

House Issues:

- Pests (bugs, ants, or mice)
- Smoke detectors missing or not working
- mold
- lead
- oven/stove not working
- water leaks
- lack of heat or AC

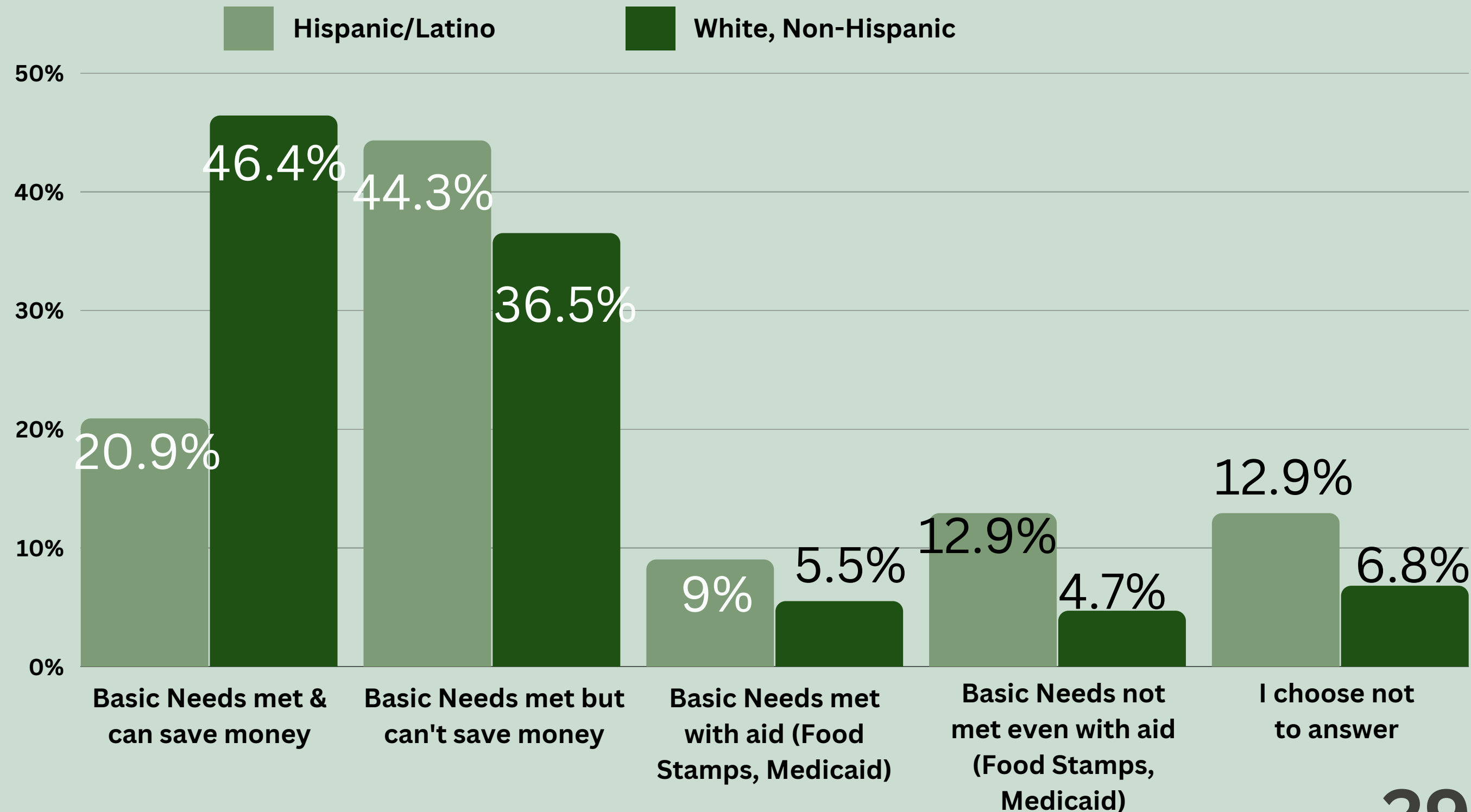
Housing and Income

Comparing Hispanic/Latino and White, Non-Hispanic in response to household income being enough to meet basic needs

The majority of Hispanic/Latino respondents are able to meet their basic needs but are not able to save money with their household income compared to the majority of White, Non-Hispanic respondents who can meet their basic needs and save money with their household income.

44.3% of Hispanic/Latino respondents reported their household income meeting their basic needs but not being able to save money.

46.4% of White, Non-Hispanic respondents reported their household income meeting their basic needs and being able to save money.



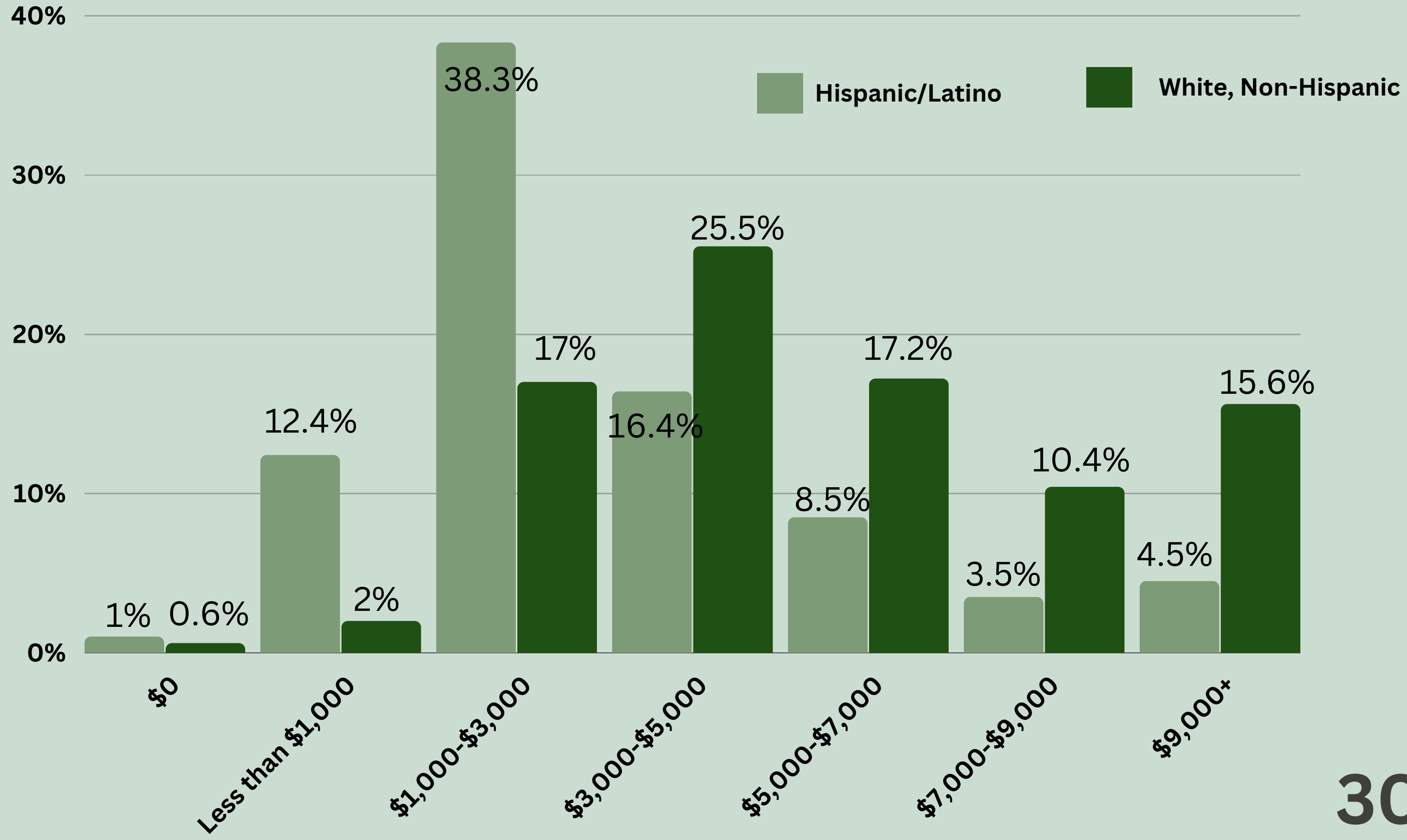
Housing and Income

Comparing Monthly Household Income between Hispanic/Latino and White, Non-Hispanic Respondents

The majority of Hispanic/Latino respondents had lower household income compared to the majority of White, Non-Hispanic respondents:

38.3% of Hispanic/Latino respondents had a monthly household income between \$1,000 and \$3,000

26.8% of White, Non-Hispanic respondents had a monthly household income between \$3,000 and \$5,000



Behavioral Health

Behavioral Health

Secondary Data

Binge Drinking | males 5+/females 4+ drinks on 1 occasion in the past 30 days

	Binge Drinking	95% Confidence intervals	Source
Hinsdale	Not available		
Ouray	Not available		
Gunnison	25.5%	95% CI: 14.2, 36.8	BFRSS, COHID VISION*, 2016-2018
Delta	16%	Not available	BFRSS, COHID VISION*, 2016-2018
Montrose	13.7%	95% CI: 7, 20.4	BRFSS, COHID, 2018-2020

When researching secondary data, the team focused on COHID data, most recent data, and same or similar time frames.

However due to lack of available data, there is a mix of years reported, and mix of confidence intervals.

Therefore the data isn't meant to be comparable across counties, but more so to give a glimpse of the most recently collected data on binge drinking for each county (excluding Hinsdale and Ouray counties - as data was not available).

Secondary Data | Excessive Drinking

San Miguel	20%	Not available	BFRSS, SparkMap, 2019
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Source: BRFSS, COHID VISION *

Behavioral Health

Secondary Data



Middle & High School Students Binge Drinking | 5+ drinks within a few hours, on ≥ 1 in the past 30 days

16.8% of the region's middle school & high schools students surveyed - reported binge drinking

95% CI: 9.9%, 23.7%



12.5% of Colorado's middle school & high school students surveyed - reported binge drinking

95% CI: 11.3%, 13.7%

2021 Healthy Kids Colorado Survey

From Healthy People 2030 - National Survey on Drug Use and Health (NSDUH), SAMHSA

Persons under 21 years of age engaging in binge drinking of alcoholic beverages during the past 30 days: 11.1% (2019)

Target: 8.4%

Region 10 and Colorado are higher than the national average teen binge drinking, and higher than the Healthy People 2030 target.

Behavioral Health

Secondary Data

Middle & High School Students Current Electronic Vapor Use

34.9% of the region's middle school & high schools students



30.4% of Colorado's middle school & high school students

95% CI: 29.8%, 40%

95% CI: 29.1%, 31.7%

2021 Healthy Kids Colorado Survey

In October 2022, FDA and Centers for Disease Control and Prevention (CDC) released federal data from the 2022 National Youth Tobacco Survey (NYTS).

14.1% (2.14 million) of high school students and 3.3% (380,000) of middle school students reported current e-cigarette use.

Region 10 and Colorado are higher than the national average of current electronic vapor use.

Behavioral Health

Concerned with Substance Use

Qualitative Data



**56.47% concerned with
substance use in general**

"Kids are struggling with behavioral health issues and substance use. There is no continued care."

"Fentanyl use is very prominent in this area., and is real a danger to the community."

Behavioral Health

Secondary Data



Middle School & High School students | Felt Sad or Hopeless

almost every day for 2 wks or + in a row they stopped doing usual activities

33.5% of middle school & high school students within our region



39.6% of middle school & high school students within Colorado

95% CI: 31.5%, 35.5%

2021 Healthy Kids Colorado Survey

95% CI: 37.6%, 41.7%

The CDC released new data in February 2023 from the Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021.

Approximately 42% U.S. high school students experienced persistent feelings of sadness or hopelessness in 2021.

The U.S. rate does not include middle school students reported persistent feelings of sadness or hopelessness.

Region 10 and Colorado are lower than the national average.

Behavioral Health

Secondary Data



Attempted Suicide | 1 or + times in the last 12 months

6.7% of middle school and high school students

95% CI: 5%, 8.3%



7.2% of middle school and high school students

95% CI: 6.8%, 7.7%

2021 Healthy Kids Colorado Survey

From Healthy People 2030 – National Survey on Drug Use and Health (NSDUH), SAMHSA
8.9 suicide attempts per 100 population of students in grades 9 through 12 occurred in the past 12 months, as reported in 2019.
Healthy People 2030 Target: 1.8 per 100

Behavioral Health

Qualitative Data



Behavioral Health issues

23.53% concerned with Behavioral Health issues in general

"Really unhealthy behaviors are on the rise, [like] cutting [and] bingeing"

"Uptick in anxiety [and] depression"

"[Children are showcasing] extreme challenging behavior. [Our] licensed providers - need additional support on how to respond with families with children with challenging behaviors."

Behavioral Health

Lack of Behavioral/Mental Health providers

Qualitative Data



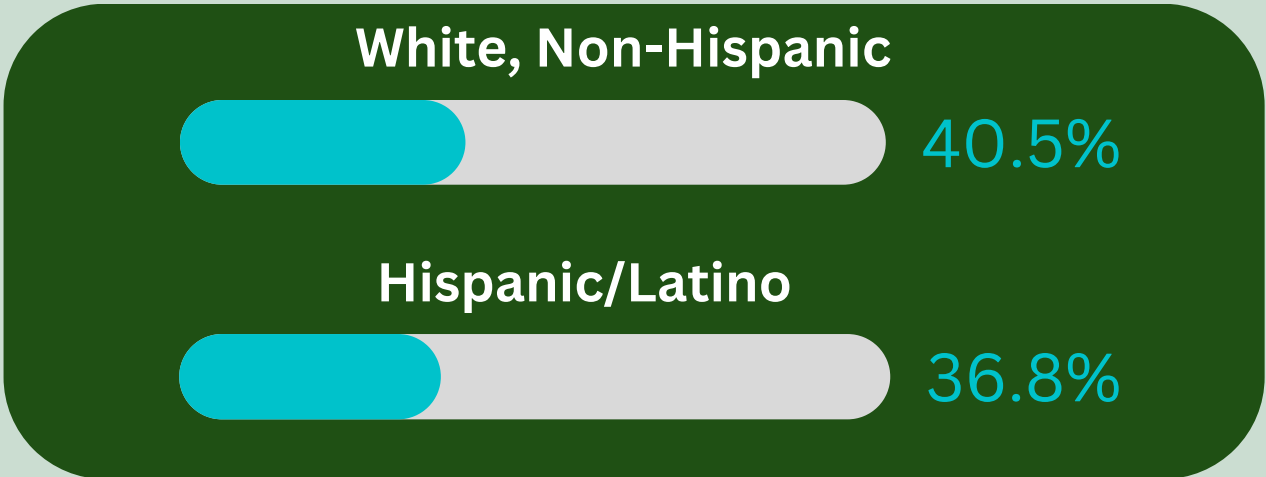
53% concerned with lack of behavioral/mental health providers

"High suicide ideation. There is not support for their parents, or treatment for the kids [to address suicide ideation locally]."

"A great number of the young people have a certain sense of despair. Trying to sort out what the future looks like. All of the changing of demographics, new people moving in, older families struggling a little bit. The mix of people is showing that the community is cracking at the seams with the younger people."

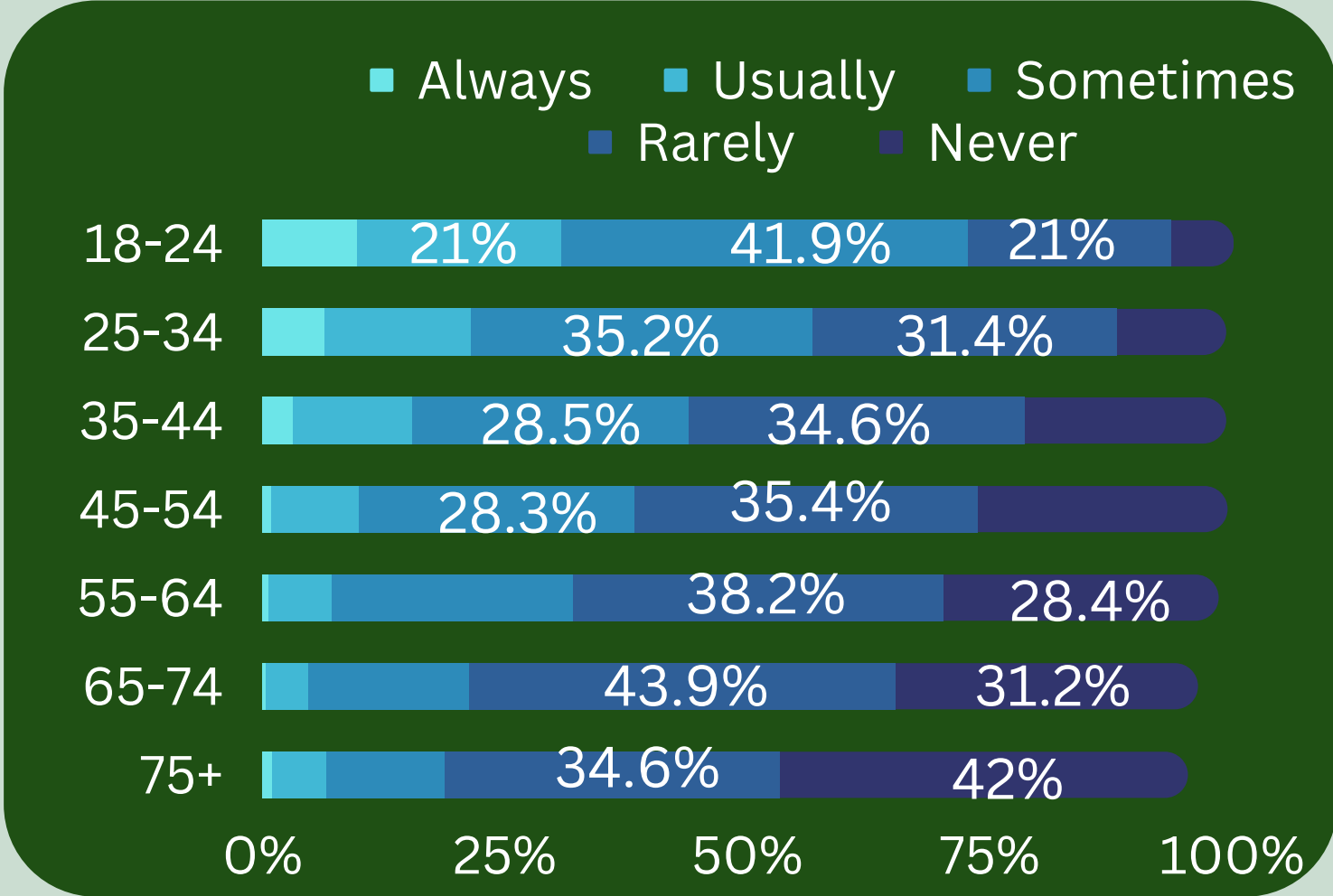
Behavioral Health

Considered accessing Mental Health services in the past 6 months



Similar percentage of considering accessing mental health services between White, Non-Hispanic and Hispanic/Latino survey respondents

Responses to "How often do you feel lonely from those around you?" by age group



Older age groups reported "Rarely" or "Never" to feeling lonely from those around them with greater frequency compared to younger age groups.

Behavioral Health

Household Monthly Income & Barriers to Accessing Mental Health Services, Percent

Barriers most reported by income group:

Less than \$1000:

1. Stigma
2. Cost

\$5,000 - \$7,000:

1. Cost
2. Taking time off work

\$1,000 - \$3,000:

1. Cost
2. Not know where to go

\$7,000 - \$9,000:

1. Cost
2. Not knowing where to go

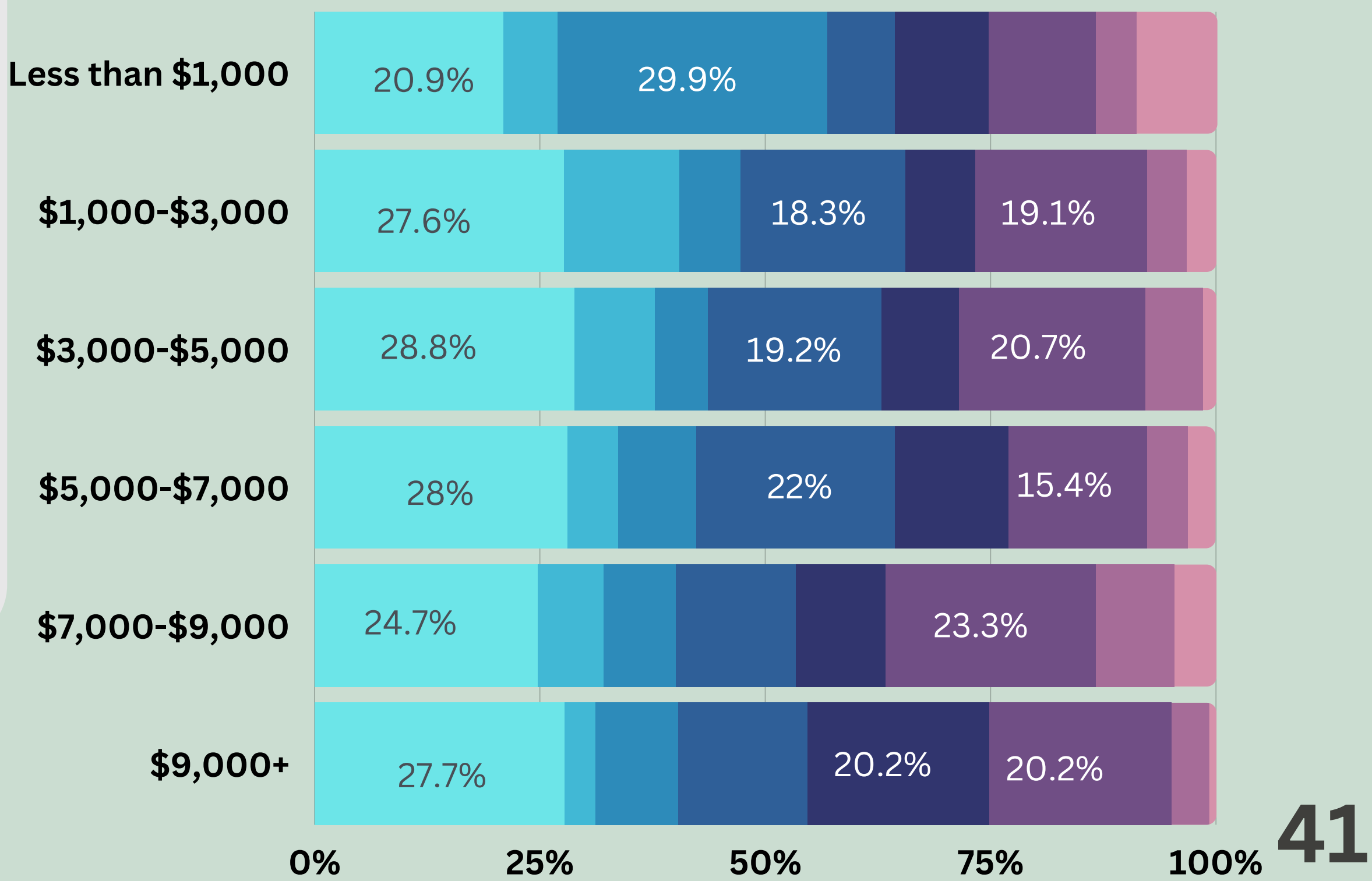
\$3,000 - \$5,000:

1. Cost
2. Not knowing where to go
3. Taking time off work

\$9,000+ :

1. Cost
2. Prefer self-help
3. Not knowing where to go

- Cost
- Lack of Insurance
- Stigma
- Taking time off wrk
- Prefer self-help
- Don't know where go
- Lack of child care
- transportation



Aging in Place

Aging in Place

Secondary Data



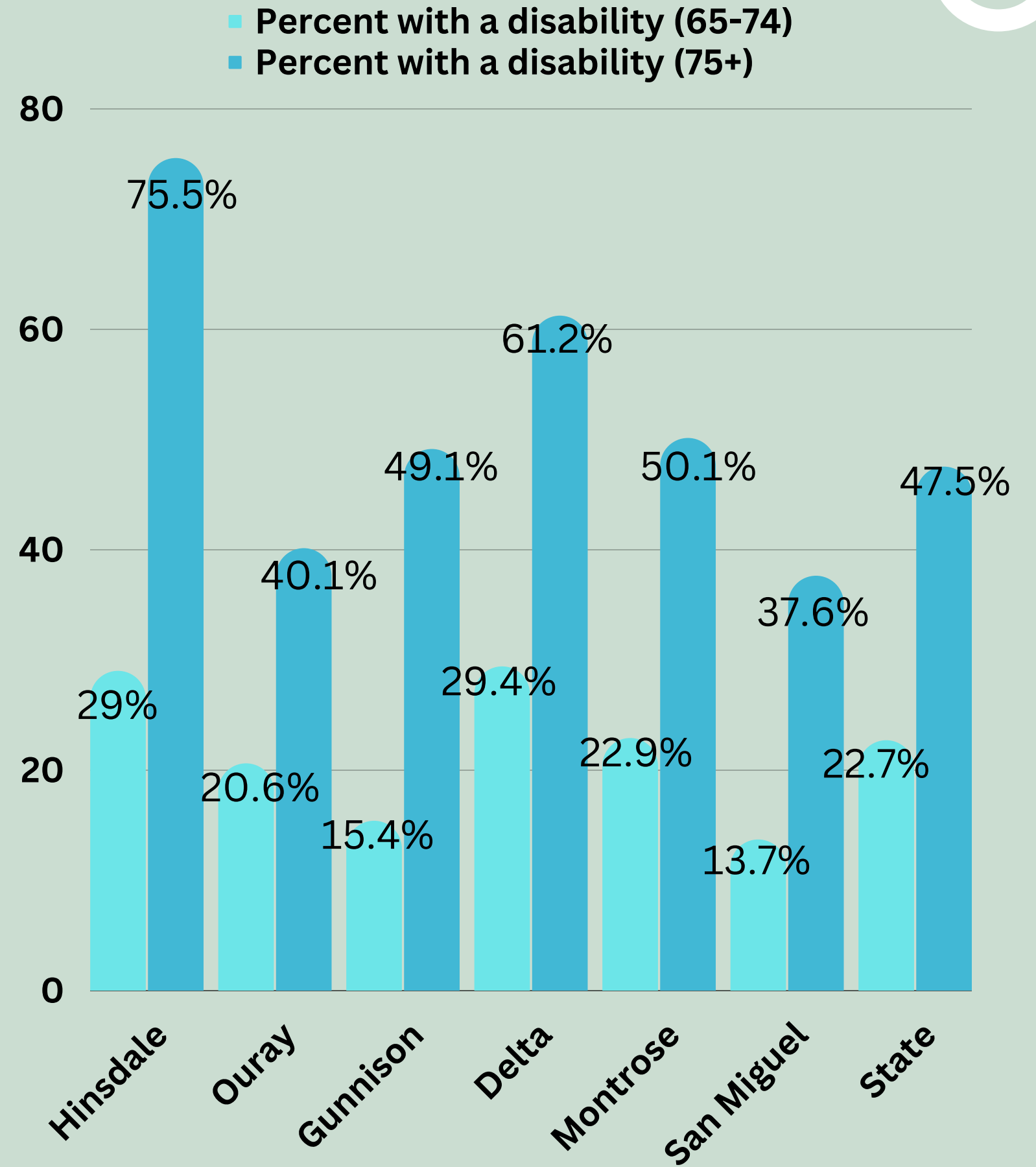
WCPHP CHNA Survey

17.7%

with a disability: 65+

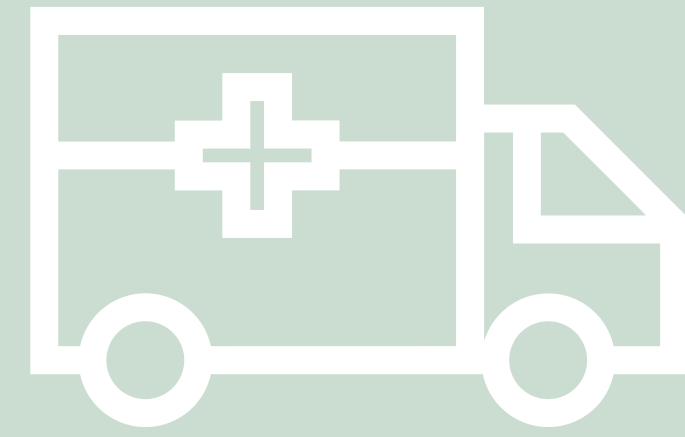
A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activity.

Source: American Community Survey, US Census Bureau, 2015-2019

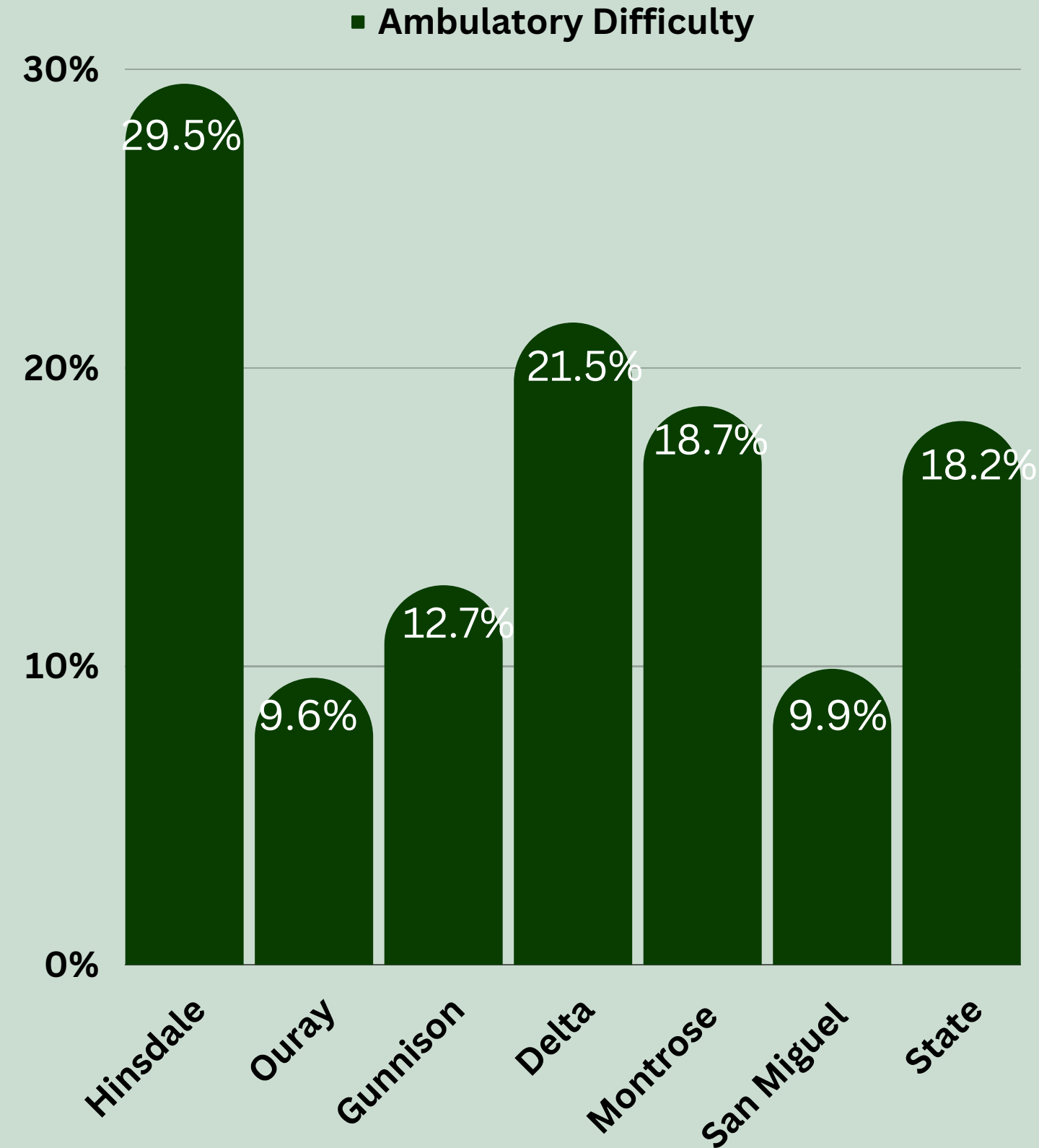


Aging in Place

Secondary Data

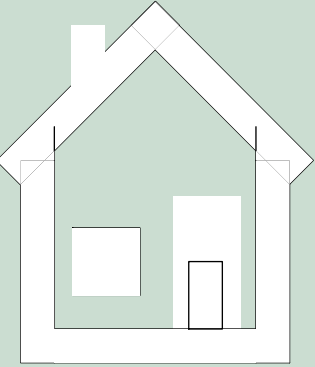


Ambulatory Difficulty
is defined as "having
serious difficulty
walking or climbing
stairs."

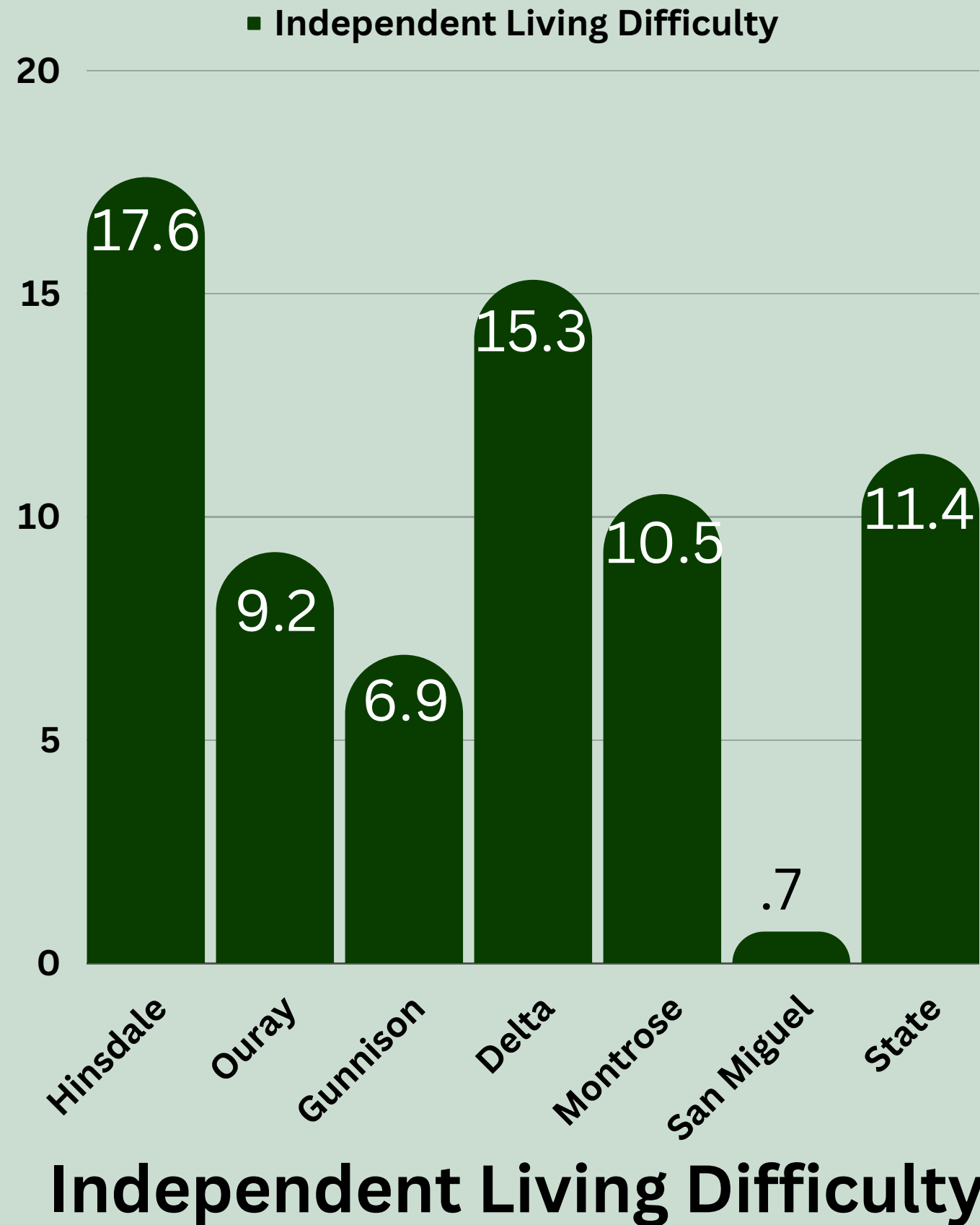


Aging in Place

Secondary Data



Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping



Aging in Place

Secondary Data



Core Preventive Services:

- ✓ Pneumococcal vaccine
- ✓ Flu vaccine in past year
- ✓ Mammogram in past 2 years (females only)
- ✓ Fecal Occult Blood Test (FOBT) in past year OR sigmoidoscopy in past 5 years and FOBT past 3 years

Up to Date on Core Preventive Services, Percent

Region 10: **40.7%**
Colorado: **49.3%**

Aging in Place

Qualitative Data



21.69%

expressed that it is **difficult to age in place**

"Some people are worried that they'll get stuck in a nursing home. They are afraid that they'll lose their independence."

"Many are single and living alone. Need extra help, but don't know what resources are available. Loneliness, a feeling of disconnect, but not sure how to plug in and reach out. The pandemic made this worse, people got used to staying in more without realizing that they were declining."

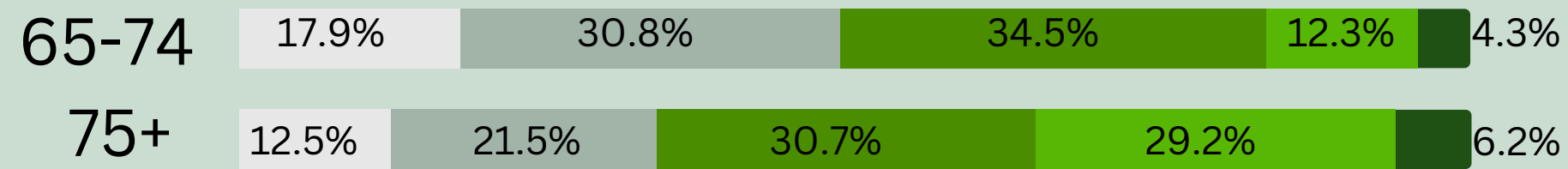
Aging in Place



Accessibility of In-Home Services by Older Adult age groups

Adult age groups

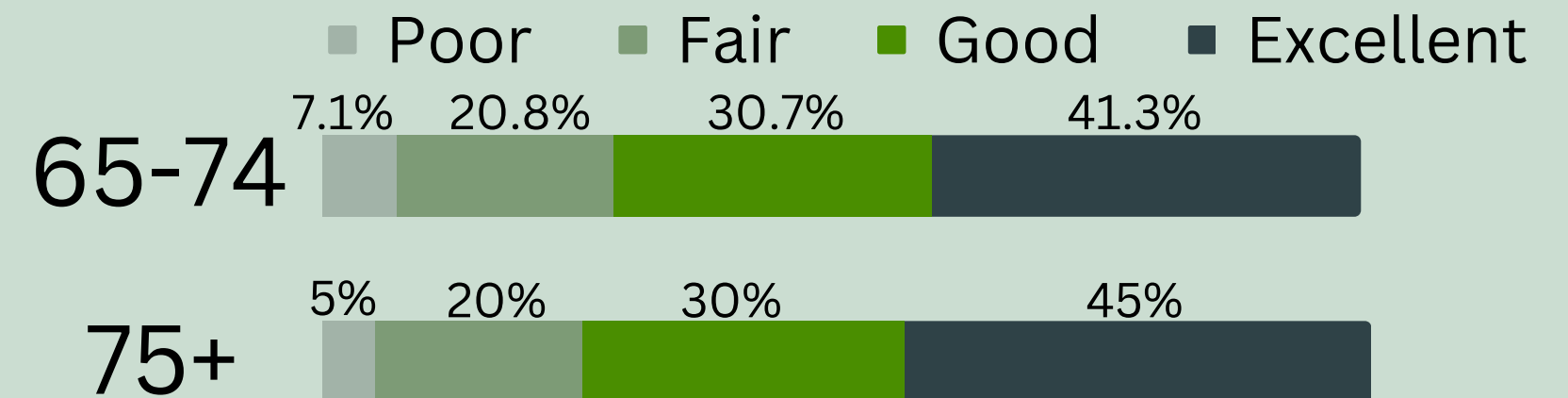
■ Not at all ■ Not very ■ Somewhat ■ Very ■ Extremely



~70% of older adults rated their city or town as a "good" or "excellent" place to retire, however, when rating accessibility to in-home services we see different ratings by age group.

- 34.5% of 65-74 yr olds rated "Somewhat" accessible and 30.8% rated "Not very" accessible.
- 30.7% of 75+ year olds rated "Somewhat" and 29.2% rated "Very" accessible.

Rating City/Town as a place to retire by Older Adult age groups



Healthcare Access

Healthcare Access

Adults without Health Insurance Coverage	
Hinsdale	12.8%
Ouray	8.8%
Gunnison	10.8%
Delta	13.2%
Montrose	14.6%
San Miguel	12.9%
State	10.8%

Overall, our region has less health insurance coverage than the state. The insurance rates reflect the household income for each county presented earlier, as counties with lower median household incomes have higher percentages of adults without health insurance coverage.

In these counties and throughout the region, many people may have or would qualify for Medicaid. However, one of the main barriers with having Medicaid is that many providers in the region do not accept it. This makes accessing healthcare especially difficult for those in our rural region as many people often have to travel out of their county to access care.

One stakeholder said that as far as Medicaid access goes there is an issue with "having space for providers to exist and threshold of patients to serve. The reimbursement rate is not sustainable for providers who are on their own."

Source: Small Area Health Insurance Estimates, COHID, 2019

Healthcare Access

While the percentage of adults without health insurance coverage in each county is more comparable to the state percentage, the percentage of children without health insurance coverage in each county is greater than the state percentage.

Children without Health Insurance Coverage	
Hinsdale	11%
Ouray	7.7%
Gunnison	6.9%
Delta	7.3%
Montrose	8.6%
San Miguel	9.9%
State	5.7%

Healthcare Access - Barriers

Qualitative Data

55.42%

feel that **healthcare is expensive**

"I don't think we need anything else offered. We just need to get a day where a day in the ICU doesn't cost someone \$30k. We've got to find some way to fix those sort of things."

31.33%

are concerned with the **lack of affordable health insurance**

"Everyone's healthy - why would I pay this amount [health insurance premium, copay and other associated costs with health insurance], if I'm healthy and nothing is wrong with me. If I do need it [health care] I still have a \$10k deductible. If it [health insurance] was affordable then people would use it."

18.07%

indicated there is a **lack of available appointment times**

"Not everyone is able to make an appointment, take time off work, get a childcare situation set up."

Healthcare Access - Needs

Qualitative Data

16.87%

described a need
for **culturally
sensitive
healthcare and
resources**

"[We need] Systematic regular high-quality training for [healthcare] providers [to educate the healthcare providers on] cultural competency and [how to be] sensitive to cultural differences, language differences, and ethnic differences; [so that our community members] get culturally relevant [health] care."

20.48%

expressed there
is a need for
**providers to
accept
Medicaid**

"[We need for our health care providers to be] educated about insurance/Medicaid options [to be able to provide care for our community members who do not have health insurance through their employer or are low-income]."

"[We need] more providers who take Medicaid for physical, mental health, and dental."

Healthcare Services - Needs

Qualitative Data

19.28%

indicated there is a need for **healthcare education navigation services**

"People aren't aware of what the [healthcare] resources are and how to access them."

33.73%

expressed that there is a need for more **specialty care**

"Some people travel [out of county] for more specialized - stuff [healthcare specialty needs], some people have to move to the front range."

"Specialty [healthcare] services are lacking, [which makes] people leave [move out of] community "

Healthcare Access

Qualitative Data



When asked **where people in the county go to access care**, the top 5 facilities that stakeholders mentioned:

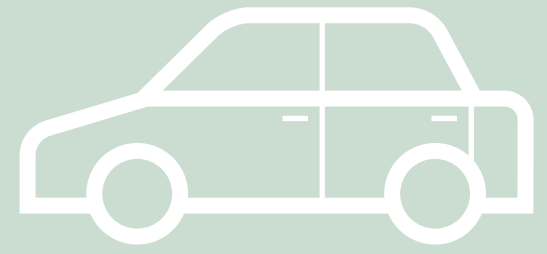
- 1** River Valley **32.94%**
- 2** Gunnison Valley Health **30.59%**
- 3** Out of County **20.00%**
- 4** Delta Health **18.07%**
- 5** Montrose Memorial **16.87%**

We asked this question to get stakeholders thinking about the healthcare facilities in the community and in the region, priming them for the next question about barriers the community members experience when accessing care.

These findings illustrate that River Valley, a federally qualified health center (FQHC), is one of the main places people go for healthcare. Gunnison does not have a FQHC, but Gunnison Valley Health provides care to Gunnison county residents as well as Hinsdale county residents. Residents in Ouray or San Miguel counties may travel to Delta or Montrose to access care.

Healthcare Access

Qualitative Data



With the third most mentioned place people go to access care being "out of county", many people are struggling to receive healthcare close to where they live or work. This presents a major issue, as **87.95% of stakeholders reported that lack of transportation is a major barrier to accessing care.**

"When can we have all the same services in all these towns where we live?"

"Providers are far away. Hard to find in-network providers nearby. Many people can't afford a closer, out-of-network [healthcare] provider."

"Some people don't have a car/transportation [and they will wait] until it's [their health ailment is] severely acute and then they'll go to the ER."

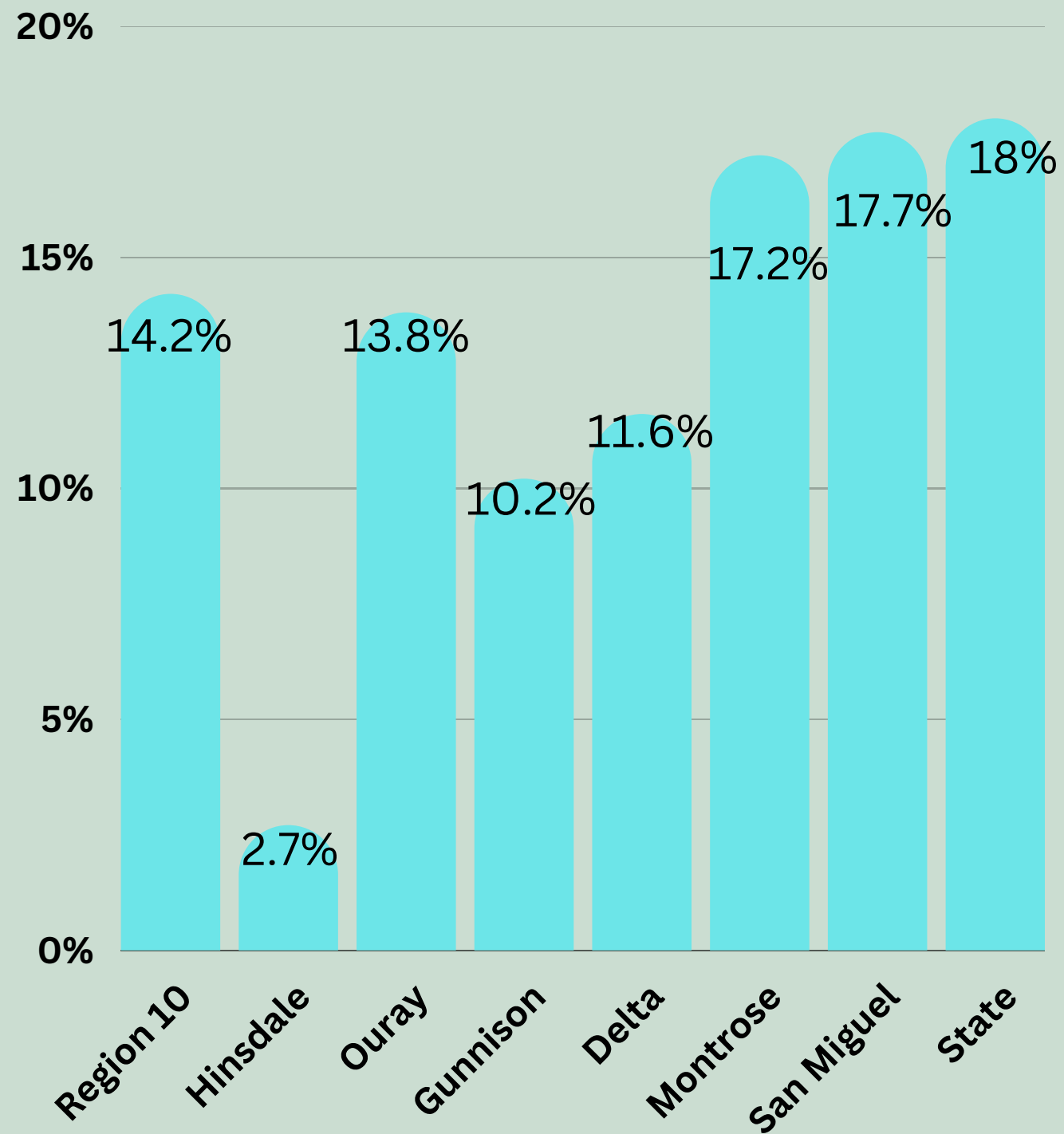
Barriers

Barriers

Secondary Data

A limited English-speaking household is one in which all members over 14 years old and over have at least some difficulty speaking English.

Linguistically Isolated Households, Percent



Region 10	14.2% (11.7, 15.7)
Hinsdale	2.7% (0, 11.7)
Ouray	13.8% (7.5, 20)
Gunnison	10.2% (6.2, 14.2)
Delta	11.6% (8.3, 14.9)
Montrose	17.2% (14.5, 19.8)
San Miguel	17.7% (12.5, 22.9)
State	18% (17.7, 18.3)

Source: US Census Bureau, American Community Survey, 2015-2019

Barriers

Qualitative Data

31.3%

Stigma with accessing healthcare
(general health & mental health)

"[There is a] lot of stigma going to mental health clinic."

14.46%

Accessing general healthcare has a stigma

"There is this ethos, especially in Western Colorado: "I can do it on my own. I don't want government help." [We] need more [mental health] information. Need more outreach [from mental healthcare providers]"

"We need a new re-framing that getting [mental or behavioral] help doesn't mean you are less than a human being..."

12.05%

Accessing mental healthcare has a stigma

"[There is a] stigma around mental health issues. [There is a] strong belief system about just "getting through" issues."

4.82%

Accessing assistance programs has a stigma

"People don't want to access [the] food bank or other social services because of pride or fear[, which] turns a lot of people away."

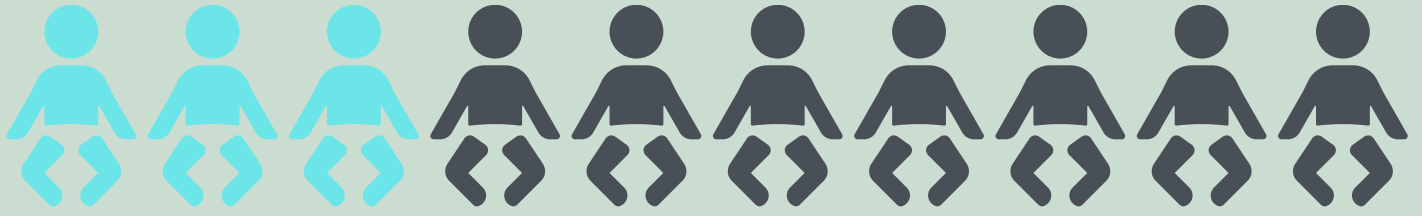
Childcare

Childcare

Qualitative Data



26.51% reported lack of childcare



- **26.51% of the key informant interviews stated there was a lack of childcare.**
- **The issues stem from COVID-19 impacting childcare facilities, low pay or non-quality benefits.**
- **Childcare facilities have trouble staying open, retaining staff, and providing access to their community.**

Childcare

Qualitative Data



Issue

During our interviews, we asked the participants for solutions or recommendations to the biggest problems ailing their communities.

"There is a huge issue [with] accessing childcare. Families aren't able to engage in the workspace [due to lack of childcare], [which] impacts them being able to provide for their families."

Potential Solution

"[A way to] impact early childhood educators [is by] raising the pay of that workforce and increase recruitment into that pipeline. We don't have any suggestions that would just be a band aid. We need for early childcare providers to charge what they need for quality cost of care. Enable childcare providers to pay staff competitive wages, PTO vacation packages, [and] health benefits. Right now that is not happening, [childcare staff are getting paid] close to minimum wage."

Childcare



Secondary Data

80% of Colorado child care centers surveyed reported a staffing shortage.

2021 Colorado Kids Campaign

WCPHP CHNA Survey

Of survey respondents who have children under their care, **58% of white, non-Hispanic and 46.7% of non-white "agreed" or "strongly agreed" that lack of childcare caused them stress.**

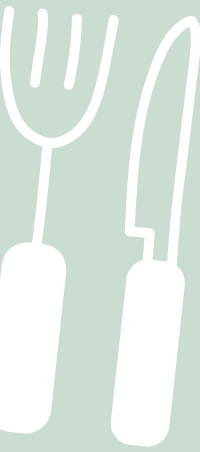
Qualitative Data

One community member stated, "Moms have groups, trade homes, [there is] lots of collaboration. Daycare options are slim and it's expensive. It's [Childcare is] all private options."

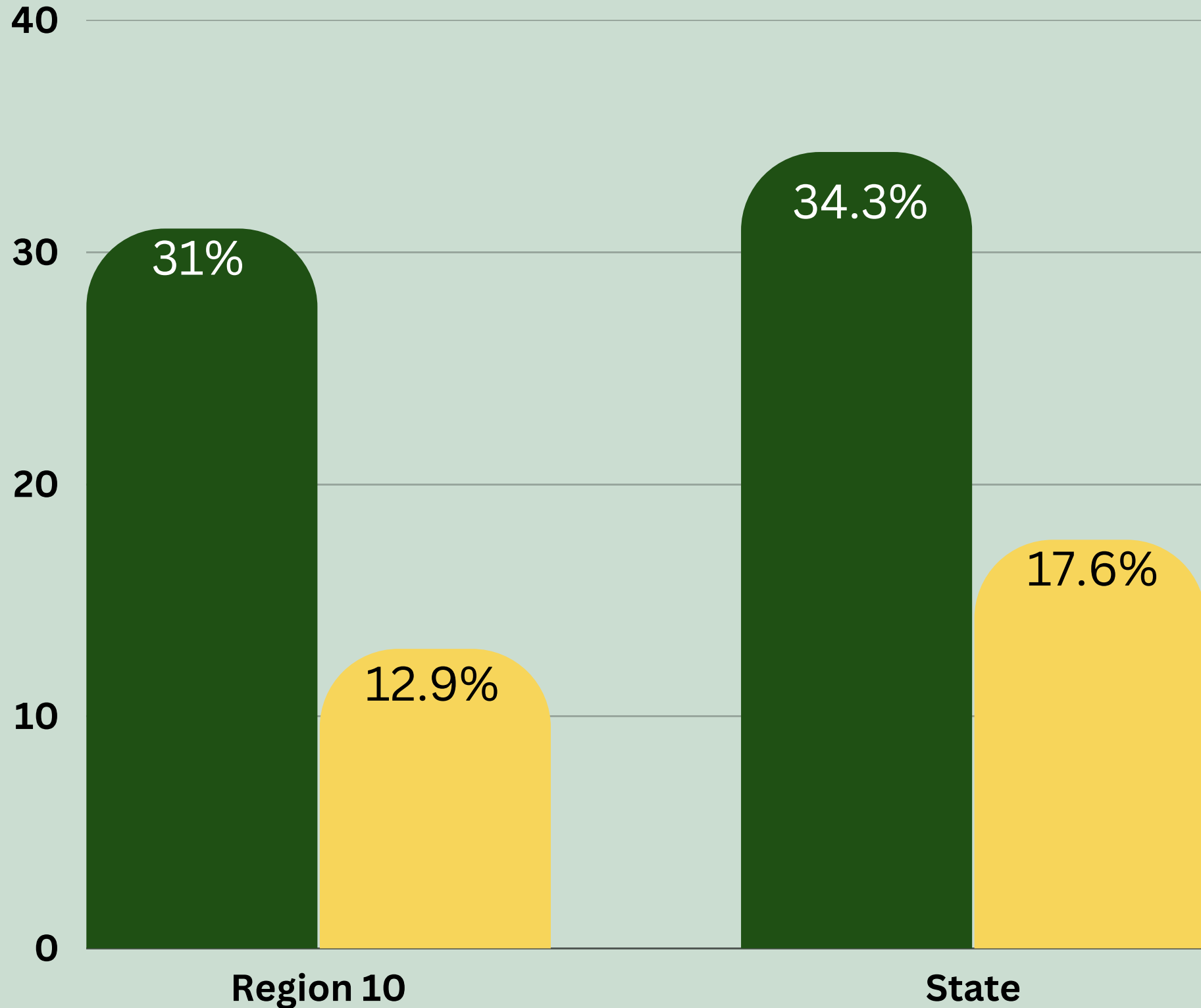
Food Insecurity

Food Insecurity

Secondary Data



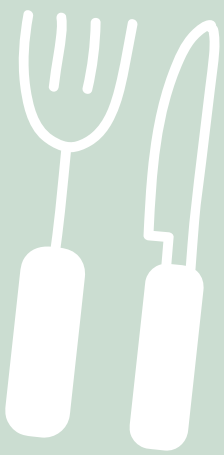
- Percent of Adults Who Consume Fruit >1 Time/Day
- Percent of Adults Who Consume Vegetables >1 Time/Day



The region has a lower percentage of adults who consume fruit and vegetables less than once a day when compared to the State.

Food Insecurity

Secondary Data



Percent of overweight or obese high school and middle school students

Percent of overweight and obese adults

Colorado: **21.3%**

Source: CDPHE, 2017

Region 10: **17.3%**

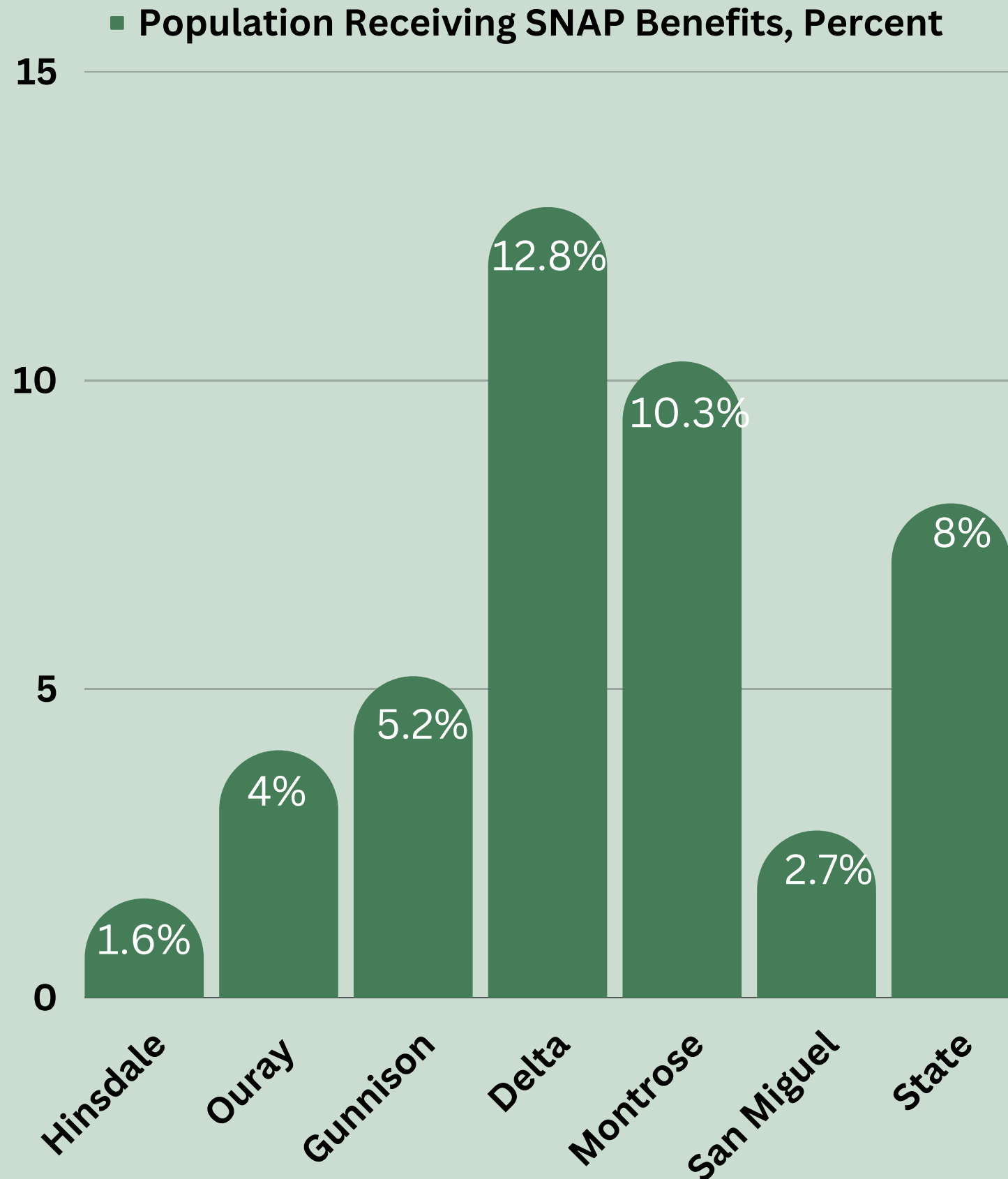
The trend data highlights that the percentage of overweight middle and high school students in the region is similar to the state percentage. The percentage of overweight and obese adults in the region is lower than the state percentage, indicating there are fewer adults who are overweight or obese in the region.

	2013 (95% CI)	2015 (95% CI)	2017 (95% CI)	2019 (95% CI)
Region 10	21.5% (13.4, 29.6)	24.7% (20.7, 28.7)	18.7% (16.2, 21.3)	21% (18.1, 23.8)
Colorado	19.3% (18,20.7)	20.8% (18.4, 23.2)	22% (20.6, 23.3)	21.6% (20.5, 22.7)

Source: Healthy Kids Colorado

Food Insecurity

Secondary Data



The Supplemental Nutrition Assistance Program (SNAP) provides benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.

In counties where there is a higher percentage of the population receiving SNAP benefits, there is a lower median household income. Where median household income is higher, the percentage of those receiving SNAP benefits is lower.

Food Insecurity

Qualitative Data



28.24% of stakeholders were concerned with food insecurity

Community member suggestion: "Make sure there isn't stigma for people going to a food bank. [We] need community awareness and getting help to those who need it."

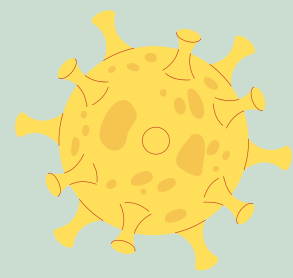
"Food insecurity numbers skyrocketed during COVID."

All Coloradans who receive Supplemental Nutrition Assistance Program (SNAP) benefits are going to see a reduction in their monthly benefit amount after February, 2023. The temporary additional benefit amounts (emergency allotments) are ending due to the result of recent federal congressional action. This is estimated to affect close to 499,000 people in Colorado according to the Colorado Children's Campaign. See the state's webpage for more information:

<https://cdhs.colorado.gov/snap-ea-ending>

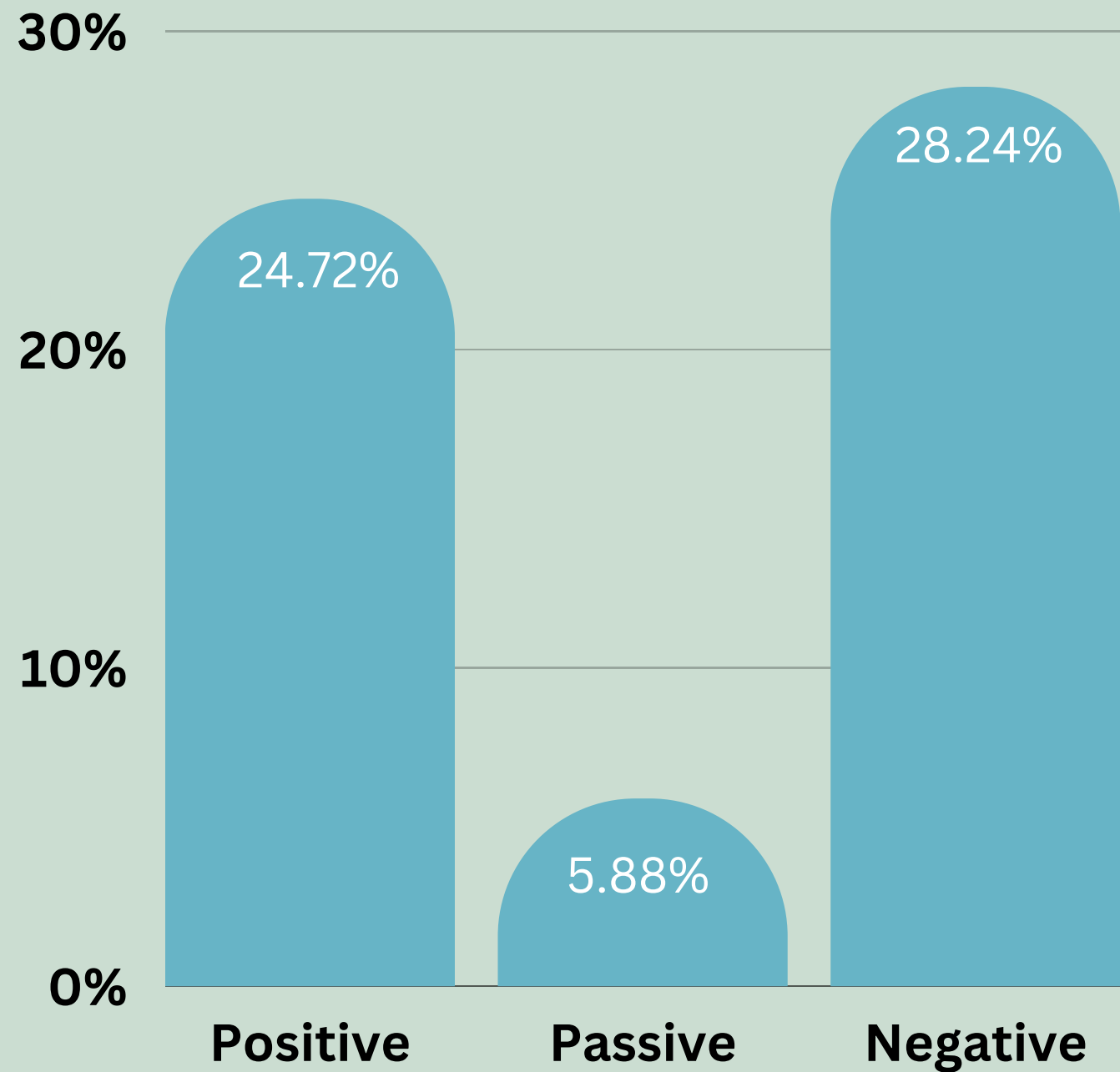
COVID-19

COVID-19



COVID-19 Vaccine

Qualitative Data



When asked what about their thoughts on COVID-19 vaccine, we gathered a close to similar amount of negative sentiments about COVID-19 vaccine as positive sentiments.

"Everyone has their individual choice [in regards to getting the COVID-19 vaccine or not]."

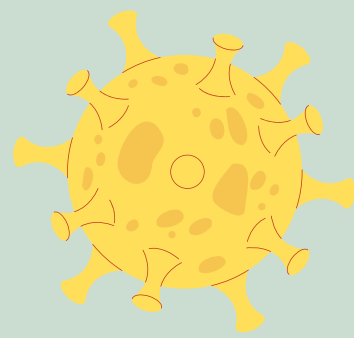
"Population is burned out "Why do we have to keep getting [COVID-19] vaccines" Lots of mistrust in community."

"I'm worried about [COVID-19 vaccine] side effects. [Due to how the] FDA rushed into making a COVID-19 vaccine."

COVID-19

COVID-19 Impact

Qualitative Data



Stakeholders shared about the impact from COVID-19.

16.87% COVID-19 negatively impacted Healthcare & Access

"[There was an] unfortunate politicization of healthcare. [This politicization] hurt trust. [There was a] loss of trust because of what was going on around the world. It [The COVID-19 pandemic] shown a light on how grossly underfunded public health was."

12.05% COVID-19 is a pandemic & not going away

"Going forward - I think that people are being cautious yet not fearful. People are fed up with it [COVID-19 restrictions]. Getting people to follow any regulations would be impossible. Grateful that the pandemic is dying down."

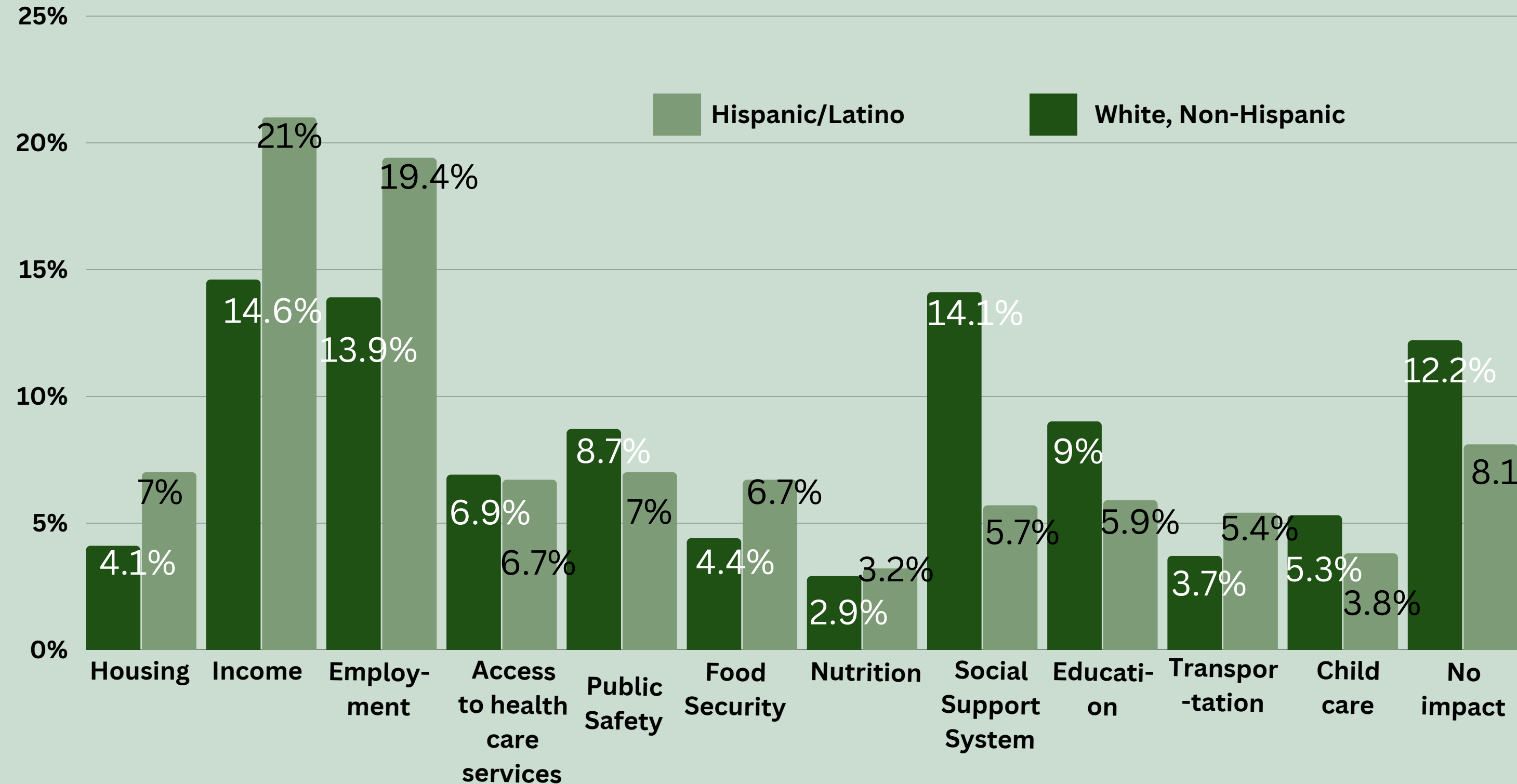
9.64% COVID-19 negatively impacted Housing

"[COVID-19 caused an] escalation in cost of living that has created a new crisis for community members in lower income brackets or vulnerable populations."

COVID-19

WCPHP CHNA Survey

Percent of White, Non-Hispanic and Hispanic/Latino that reported a Household Impact from COVID-19



Top 3 Household Impacts for Hispanic/Latino:

1. Income
2. Employment
3. No Household impact

Top 3 Household Impacts White, Non-Hispanic:

1. Income
2. Social Support System
3. Employment

Our CHA tells us...

Main Concerns

Affordable Housing



Aging in Place



Behavioral Health



Our CHA tells us...

Main Concerns

Affordable Housing



Affordable housing has largely come up as a concern across all data sources: secondary data, survey data, and key informant data.

About 19.7% of our survey respondents are spending 40% or more of their household income on housing costs.

Qualitative data showed that 98.18%, of our stakeholders were concerned with affordable housing for the community members, and 30.59% of the key informant interviews cited that there was a lack of quality paying jobs with quality benefits.

Our CHA tells us...

From the survey data, **11.7%** of our respondents "always" or "usually" feel lonely from those around them.

We found that **14.3%** of our survey respondents are struggling with alcohol or drug misuse.

Main Concerns

From the qualitative data, **56.47%** of key informants were concerned with substance use in general.

Behavioral Health

The qualitative data showed that **12.05%** of the key informants were concerned about the stigma associated with accessing mental health care.



Our CHA tells us...

Main Concerns

Aging in Place

More than a quarter of the survey respondents (34.3%) of our older adult (65+) respondents' rate in-home services as "not very" or "not at all" accessible.

We see that 37.7% of our older adult (65+) survey respondents find medical care as "not very" or "not at all" accessible.

The qualitative data showed that 21.69% expressed that it is difficult to age in place within our region.

To come, is the prioritization and planning process to understand what solutions are in place now, and what strategies we need to develop to target our community's concerns.



Strengths & Assets

Leading up to the prioritization process, the WCPHP will be reviewing the Capacity Assessment to map priorities with capacities to ensure coverage for the upcoming planning strategies. Disclaimer: Not all solutions and resources were spoken about in the key informant interviews, we will gather this information in the prioritization and planning phases to ensure we have a full scope of solutions-in-place across our six counties.

The Key Informant Interviews illuminated solutions in place and current strengths our region has:

- Co-responding mental health providers in Montrose County
- San Miguel county is currently offering 6 free counseling sessions to all residents.
- Gunnison Valley Health Hospital has a mobile crisis response team
- San Miguel and Gunnison Counties have in-house Multicultural Resource teams to bridge the cultural and language gap of new comers and community members with needed resources.
- Montrose School District is implementing the Salem-Keizer Threat Assessment Model to address children that are expressing desires to self harm or harm others
- Montrose Housing Action Team is working on a strategic plan to help stabilize the housing market
- Delta & Gunnison County food banks have placed satellite food pantries in centralized areas to mitigate food insecurity.

CHA Challenges & Lessons

While there were many successes in the CHA process, the team also faced challenges and learned valuable lessons for implementing future CHAs.

- Many respondents preferred filling out paper surveys versus using the online version. Other CHAs outside of our region have found similar behavior in a tech-filled world.**
- In an effort to collect as many survey responses as possible, our local public health departments utilized COVID-19 vaccine clinics at local public health departments or hosted elsewhere.**
- Our survey was attacked by bots, possibly due to incentives advertised on social media. In the future, we'll use a barrier like a bot test for all digital formats of the survey.**
- We attempted to gather community member qualitative data but it was hard to do so by word of mouth, we had a very low uptake on the offer/request for interviews.**
- Our Spanish-speaking staff helped with collecting survey data from our English-learners. This was a huge asset to the effort to capture one of our priority populations needs.**

Next steps



Spring 2023: Prioritization process begins

Summer 2023: Planning Process begins

Fall & Winter 2023: Public Health Improvement Plan completed

We invite our stakeholders to participate in the planning process. Contact information is below or connect with your local public health director.

Contact Information

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