COMMUNITY HEALTH ASSESSMENT 2022-2023

NORTHEAST COLORADO HEALTH DEPARTMENT

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NCHD's Internal Steering Committee:
Trish McClain, Priyanka Chandrashekar, Kristen Dearborn, Mary Brumage, Jody Kind, Janell Gerk, Sarah Pokoski, Houefa Akpamoli, Michelle Pemberton, Mechelle Beck, Beth Ritter, Talya Honstead, Heather Coin, Rachel Shwayder, and Cinnamon Kitchel.

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We would also like to specifically recognize the contributions of Houefa Akpamoli, NCHD's Health Equity Manager and her team of Community Health Workers: Brenda Vieyra Perez, Hodan Karshe, Miriam Rodriguez, and Nadine Nahimana as well as One Morgan County's leadership and staff. They were instrumental in conducting community health meetings with immigrant and refugee populations thereby providing a more informed look at health equity for our 2022-2023 Community Health Assessment.

NCHD's External Steering Committee:
Linda Thorpe (East Morgan County Hospital), Dr. Robert Fillion (NCHD Medical Director), Dr. Jeffery Bacon (Banner Health), Dr. Liz Hickman (Centennial Mental Health Center), Karla Rosas (Centennial Mental Health Center), Kendra Anderson (Akron Elementary School), Ruth Seedorf (Baby Bear Hugs), Dawn Robards (Workforce Center), Elizabeth Riggleman (Wray High School), Dave Martin (Morgan County Sheriff), Ken Mooney (Northeast Colorado Association of Local Governments), Margo Ebersole (Rural Communities Resource Center), Susana Guardardo (One Morgan County), Travis Freeman (Fort Morgan Ambulance), Tyson Kerr (Sterling Police Department), Heather Hasenauer (Wray Community Hospital).

To the community members from across northeast Colorado who participated in community health meetings and completed the Community Health Survey:
THANK YOU for providing your feedback on the Community Health Surveys and at the Community Health Meetings.

NCHD would also like to extend our appreciation to: The Office of Public Health Practice, Planning, and Local Partnerships (OPHP) at the Colorado Department of Public Health and Environment for their expertise and technical assistance during this entire process.

COLORADO HEALTH ASSESSMENT & PLANNING SYSTEM (CHAPS)

Phase 1 – Plan the Process – COMPLETED
• Develop a timeline (March-July 2022)
• Create an internal project management team (March-July 2022)

Phase 2 – Identify and Engage Stakeholders – COMPLETED
• Review current steering committee (March-July 2022)
• Identify a Steering Committee - we selected a committee made up of representatives from all six counties as well as multiple disciplines. Stakeholders include Centennial Mental Health Center, East Morgan County Hospital, Wray Community Hospital, Wray High School, Akron School District, One Morgan County, Rural Communities Resource Center, Fort Morgan Emergency Medical Services, Banner Health, Sterling Police Department, Morgan County Sheriff, Northeast Colorado Association of Local Governments (NECALG), Baby Bear Hugs, Eastern Colorado Workforce Center, and NCHD's Medical Director.
• Recruit new stakeholders to the steering committee (March-July 2022)

Phase 3 – Conduct a Community Health Assessment – COMPLETED
• Gather Quantitative Data (My Sidewalk Dashboard) (September 2022 – November 2022)
• Conduct a Community Health Survey (August 2022 – February 2023)
• Host Community Health Meetings (October 2022 – January 2023)
• Conduct Quantitative and Qualitative Data Analysis (November 2022 – April 2023)

Phase 4 – Conduct a Capacity Assessment (Completed concurrently with Prioritization) – COMPLETED
• Conduct a survey to key informants, steering committee members, and other organizations across northeast Colorado covering key issues that were identified through the quantitative and qualitative data analysis. (May - September 2023)
• Conduct an internal survey of key staff to assess NCHD's internal capacity to implement core public health services. (July – September 2023)

Phase 5 – Prioritization (Completed concurrently with Capacity Assessment) – COMPLETED
• Conduct a survey to key informants, steering committee members, and other organizations across northeast Colorado covering key issues that were identified through the quantitative and qualitative data analysis. (May - September 2023)

Phase 6 – Create a Public Health Improvement Plan – COMPLETED
• Identify potential strategies and activities to address the identified issues. (August – October 2023)
• Draft and finalize a Public Health Improvement Plan (October – November 2023)

Phase 7 – Implement and Monitor the Plan (January 2024 – December 2028)

Phase 8 – Inform the Statewide Plan

INTRODUCTION TO COMMUNITY HEALTH ASSESSMENT

All local health public health agencies are charged with developing a local public health improvement plan based on a community health assessment and capacity assessment as a requirement of the 2008 Public Health Act. NCHD is following the Colorado Health Assessment and Planning System (CHAPS), which is a standard mechanism for assisting local and state public health agencies in meeting the assessment and planning requirements of the Public Health Act.

This report will outline the planning process we undertook in conducting our community health assessment and describe the results from the capacity assessment and prioritization of the key public health issues.

We would not have been able to put this information together without the help of our community stakeholders, partners, and the residents we serve. Thank you to everyone that participated and provided input on this process.

COMMUNITY HEALTH ASSESSMENT

Our goal in conducting this community health assessment was to identify the needs of our communities so that we can work toward creating healthier communities in which to live, work, and play. Together with our community partners, we can improve health and health equity across northeast Colorado. Equity is when everyone, regardless of who they are or where they live, can thrive.

We utilized three tiers of data for our community health assessment:

1. Statistics and data compiled on the My Sidewalk Dashboard (Our Story | Northeast Colorado Health Department Community Health Assessment (mysidewalk.com))

2. Information collected from the general public of the six counties through our Community Health Survey (Community Health Survey Results | Northeast Colorado Health Department Community Health Assessment (mysidewalk.com))

3. Discussion points that came out of our nine (9) Community Health Meetings

DATA COLLECTION & ANALYSIS

The data collection, analysis and reporting process were managed by the Northeast Colorado Health Department's Public Health Improvement Plan project management team. Presented here are the most recent data available with the greatest level of detail at the time of publication. Gathering data is part of the Colorado Health Assessment and Planning System (CHAPS)outlined above.

My Sidewalk Data Dashboard - Data Sources

The data presented on the My Sidewalk Dashboard is primarily on a regional level. The Colorado Department of Public Health and Environment (CDPHE) has designated our region as Health Statistics Region 1 (HSR 1), which includes the counties of Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma. Data is presented by county when available. When not enough data is available to generate statistically reliable estimates, data will be suppressed.

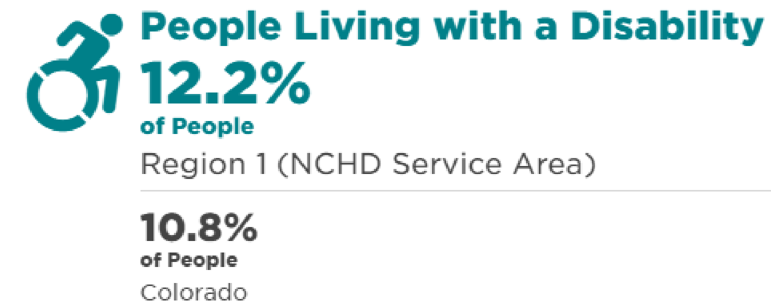
Also presented is data from the Northeast Colorado Health Department's Community Health Survey which was designed to assess the health status and health needs of district residents. The survey asked residents for their perception of their overall health and included questions about health status, health habits, lifestyle factors, screening rates, and a variety of health and environmental perceptions and concerns. The survey was conducted during August 2022 through February 2023 and was made available online and by hardcopy to all residents eighteen and over. A total of 526 responses were received across all six counties. This statistical method is known as a convenience sample. The advantage of this method is that data can be gathered quickly; the disadvantage is that the sample may not represent the population as a whole.

The health data in this assessment considers how populations are impacted differently during the various stages of life by things such as economic opportunity, physical environment, and social factors. It also looks at health behaviors and conditions, mental health, access, utilization, and quality of health care.

My Sidewalk Dashboard Summary

Demographics

- 67.96% of HSR 1 residents are White (66.78% in all of Colorado)
- 52.8% are Male (50.6% in all of Colorado)
- 47.2% are Female (49.4% in all of Colorado)
- 26.61% are Hispanic or Latino (21.92% in all of Colorado)
- 9.6% were born as non-US citizens (9.5% in all of Colorado)
- 7.5% have limited English language proficiency (5.5% in all of Colorado)
- 8.5% are Veterans (8.3% in all of Colorado)
- 3.4% identify as LGBTQ+ (5.4% in all of Colorado)
- The highest concentration of the population is between 25-34 years, which is also true of the state.



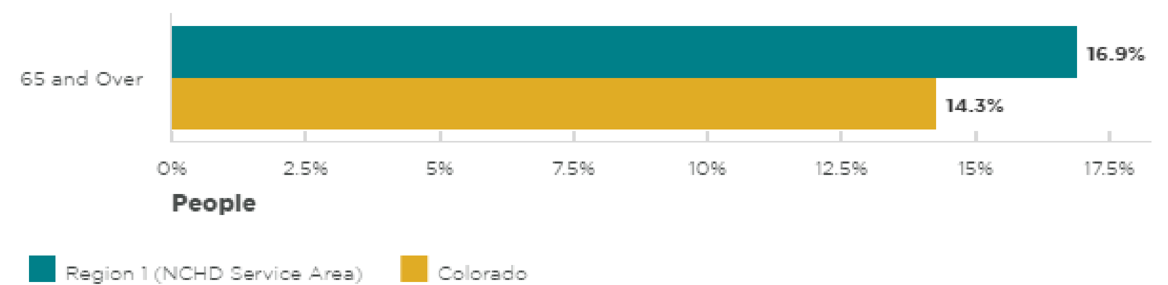
Sources: US Census Bureau ACS 5-year 2017-2021

Note: Data is for the civilian noninstitutionalized population, so it does not include those people living in long-term care living arrangements like correctional or skilled nursing facilities.

Social Context

- 12% of the population is living in poverty compared to Colorado as a whole (10%)
- The highest level of educational attainment for most residents is a high school diploma
- Only 13% of our population have a Bachelor's degree compared to Colorado (26.7%)
- 4% of our population are unemployed; Colorado state unemployment is 5%

Senior Population



Sources: US Census Bureau ACS 5-year 2017-2021

Healthy Beginnings

- Approximately 21.8% of mothers in our region receive no prenatal care in the first trimester of their pregnancy and a significant portion of these mothers receive no prenatal care at all.
- All of our counties have a lower percentage of babies born at low birth rate (ranging from 6.8% to 8.3%) when compared to the state (9.1%).

Lifelong Health

- Limited access to services is a barrier to mental and behavioral health.
- Our region has fewer incidences of excessive/binge drinking at 16.7% than the state as a whole (18.4%).

Top Causes of Death

- The number one cause of death in HSR 1, according to age-adjusted rates, is cancer. Most prevalent are breast, prostate, and lung cancers.
- Heart disease is another leading cause of death in the district.

COMMUNITY HEALTH SURVEY – KEY FINDINGS

Top 5 diagnosed health issues among respondents

1. High blood pressure (27.4%)
2. High cholesterol (23.4%)
3. Mental health (19.6%)
4. Obesity (17.7%)
5. Asthma (11.9%)

Most important features of a "healthy community"

- Low crime / safe neighborhoods
- Access to health and mental health services
- Affordable housing

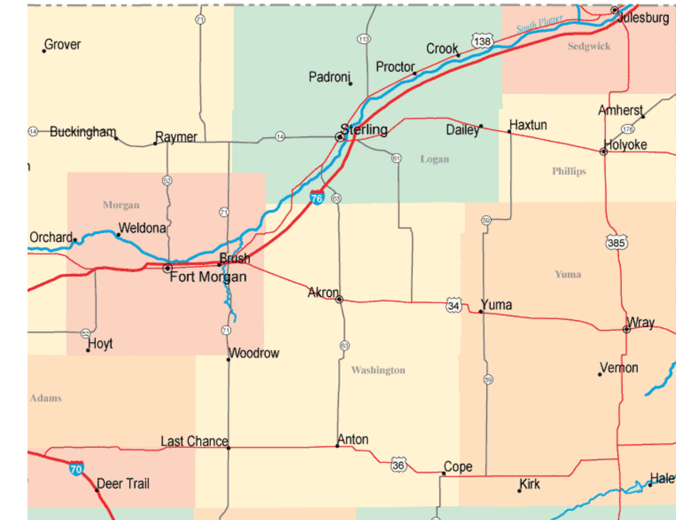
Top 3 health issues in your community

- Mental health (depression, anxiety, trauma)
- Chronic health conditions (heart disease, cancer, diabetes, respiratory issues)
- Obesity /excess weight

OVERVIEW OF HSR 1 COUNTIES

The six-county health district that NCHD services covers an estimated 9,200 square miles with a total population of slightly more than 72,000 residents. There are commonalities across the six counties while each county also has unique challenges. Statistical data presented in these county highlights comes from the U. S. Census Bureau (2020 Census).

Washington County is the most expansive county in HSR 1 and the 12th largest of all 64 counties in Colorado, covering an estimated 2,524 square miles. Agriculture is the primary industry and Washington County is the second highest in Colorado for wheat production. It is also our least diverse county, with 84.4% of the 4,817 population being White, Non-Hispanic. There are five school districts, no hospitals, one primary care clinic, two mental health providers/counselors, and one dental practice for the whole county. Washington County residents must access healthcare services (primary care and specialty care) in the neighboring counties (Logan, Morgan, Yuma, Lincoln, and Kit Carson).



Yuma County extends 2,379 square miles and the population of 9,988 is the third highest in the district. Primary industries after agriculture are healthcare/social assistance, retail trade, and public administration. The demographic breakdown by ethnicity in Yuma County is 77.9% White, 20.8% Hispanic, and 1.3% are other ethnicities. Healthcare services are provided by two hospitals, two healthcare clinics, four mental health providers/counselors, and two dental practices. Yuma County has the highest percent of public-school students who are eligible for free and reduced lunch at 56.9% as well as the highest percent of adults (17.5%) and second highest percent of children (10.6%) without health insurance coverage.

Morgan County has the highest population in our health district at 29,111 and, covering only 1,296 square miles, it is the most densely populated of the six counties. Fort Morgan is the largest city and is designated a majority-minority municipality represented by over 40 nationalities and more than 100 languages spoken. Fort Morgan is the third most diverse community in Colorado. Morgan County is served by four school districts, two hospitals, five primary care clinics, ten mental health providers/counselors, and thirteen dental practices. While Morgan County does have the highest median household income of HSR 1 at $62,914, it also has the highest percent of households with children that have received food stamps in the past year (39.9%) and the second highest percent of adults without health insurance coverage (17.3%), indicating a large income gap across the county. We learned that we need to do more to address the barriers that the diverse communities experience to access the available healthcare and community resources.

Logan County covers an estimated 1,845 square miles, has the second highest population at 21,528, and has the highest number of veterans in our health district. Sterling is the largest city and is a central hub for northeast Colorado. The Sterling Correctional Facility is a significant employer for surrounding counties and contributes to the growing population of Logan County. This county is served by four school districts. Access to healthcare includes one hospital, four primary care practices, six mental health providers/counselors, and nine dental practices. In the past few years, Logan County has evolved into a more multi-cultural population with 15.8% Hispanic, 8% other ethnicities, and 76.3% Non-Hispanic White. Inclusivity is an ongoing area for growth.

Phillips County is 688 square miles and has 4,530 residents served by 2 schools districts, 2 hospitals, two primary care clinics, one mental health provider and one part-time dental practice. Melissa Memorial Hospital in Holyoke hosts a VA Urgent Care clinic to provide healthcare services to the veterans of our region. The next closest VA Urgent Care clinics are in Denver, CO or Cheyenne, WY. Within HSR 1, Phillips has the highest percentage of households where a language other than English is spoken at home (27.4%). Phillips County has the highest percent of residents who have a bachelor's degree or higher (26%). This county also has the highest percent of children without health insurance coverage at 10.9%. The cities of Haxton and Holyoke have a strong history of community cooperation and fund raising focusing on recreation projects such as childcare centers and swimming pools and there is hope that the younger generations of Phillips County will continue this.

Sedgwick County has the smallest population at 2,404 and the highest percent of people over age 65 at 31.6%. There are two school districts. Healthcare is provided by one hospital and one primary healthcare practice in Julesburg. Sedgwick County is bordered by Nebraska's Deuel and Perkins Counties to the North and East. One challenge faced by Sedgwick County residents is that Colorado Medicaid and many private insurances may not cover services available in Nebraska communities that are physically closer than what are available in Colorado. The median household income of $44,405 is the lowest within our district and the percentage of adults 60+ that have received food stamps in the past year (46.4%) is highest. Agriculture is the main economic driver here as it is across our six-county health district, but marijuana is the second leading industry for this county. Sedgwick County has one sheriff and no deputies providing law enforcement services. Employment opportunities are dwindling. School internships are available during the school day for youth, but because many businesses close in the early afternoon, there are not a lot of after-school employment opportunities available.

COMMUNITY MEETINGS

We held nine community meetings: one in each of the six counties, and three additional meetings in Morgan County for Spanish, Somali, and Kinyarwanda speaking communities.

At each meeting we asked community members two primary questions:
What do you see being helpful and encouraging you to be healthy in your community?
Are there any barriers to being healthy in your community?
Discussion was held for greater clarification.

What factors in your community promote health?

Key factors that promote health in the district mentioned by attendees include local agencies offering public programs, schools, available healthcare (hospitals and clinics), farmers' markets, and food banks. Strong collaboration between organizations, non-profits, local businesses, and community members is also seen as promoting health in northeast Colorado.

Well-maintained parks, walking paths, city recreation opportunities, and swimming pools promote healthy activity where available. Healthy aging services such as prescription delivery, food delivery, volunteer/work opportunities, and fitness activities were mentioned as well in multiple meetings. We were told at several meetings that community events are helpful as well. Many of these resources and services need to be expanded to be available in more communities across northeast Colorado.

Families with children who have special healthcare needs completed a questionnaire and let us know that inclusive playgrounds and other opportunities that promote fine/gross motor skill development for this special population are beneficial. It's important to note that the NCHD works with Children's Hospital to bring specialists in neurology and orthopedics/rehabilitation out to our offices for specialty clinics.

In the non-English speaking community meetings, we learned that having good paying jobs at local companies, having access to community resources (i.e., food stamps, medical benefits, assistance paying for medications), available translators/interpreters, low crime rate compared to other places they have lived, and good neighborhoods all serve to promote health in their communities.

Concerns or barriers for health in your community:

There were several common factors cited that negatively impact health across the communities with which we met. The limited availability of specialty care, mental

healthcare services, dental (especially if you have Medicaid or Medicare), vision and physical therapy are top concerns in most communities. Long wait times to see their primary care provider and appointment times that do not fit with shift-work schedules lead people to use urgent care or the emergency room. Discussed in several meetings are the challenges of recruiting healthcare professionals to this district and then having them stay for any length of time. Also of concern are high healthcare costs, high costs of pharmaceuticals, out-of-pocket expenses for people who do not have insurance or are on a fixed income, and insurance issues, including providers not accepting available insurance. Additionally, insurance plans don't always cover the services that are needed (i.e., medical transport services).

In several meetings, attendees expressed concerns about the lack of well-maintained sidewalks, especially for those with mobility issues, limited transportation options to travel to healthcare services outside of their county, and limited services available to support aging in place. Families of northeast Colorado also face challenges in childcare including a shortage of qualified providers, affordability, and options for those who do shift work.

Community members at several meetings talked about the need to improve communication and increase awareness of available resources and opportunities. Also voiced was their concern about how to make sure the next generation will maintain the community collaboration efforts that have already been established, as well as how to secure sustainable funding for programs and resources.

Families with children who have special healthcare needs expressed concerns in their questionnaires about the lack of accessibility options for a variety of special-needs groups in northeast Colorado, and the challenges of getting connected to the right programs or support services (i.e., speech, feeding, or other special needs).

Non-English speaking community members communicated that they face language barriers when accessing healthcare services, and working with schools/childcare providers, as well as with employers. There is limited awareness of available resources and challenges around being informed of what is going on locally. There is also a lack of trust in the available healthcare providers. Language equity around the community and in the schools is limited so friends and family help each other and children must translate for adults. Optimally there would be adequate numbers of trained translators/interpreters for better language access.

Another significant concern is that there are no adult education resources to learn English, no assistance to study for the Citizenship Exam, nor immigration assistance. Bullying, especially for students at school, is a huge concern for communities of color, as well as lack of advocacy for students of color. Concerns were again expressed about limited childcare options that are only available for people working "9 to 5" jobs with nothing available for those who do shift-work outside of those hours. Essential workers may not be able to afford what childcare is available, so they end up leaving their children in the care of relatives/friends/neighbors which sometimes results in their children being put in front of a television screen or in unhealthy environments with people who are not qualified or certified as childcare providers.

PRIORITIZATION

The prioritization process was completed concurrently with the capacity assessment. NCHD conducted a prioritization survey of both internal and external stakeholders to narrow down our final list of key issues for our capacity assessment.

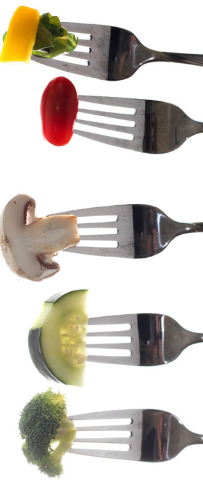
The most common themes that came out of those conversations include four categories:

A) Community Services (childcare, communication of resources, recreation options, workforce recruitment and retention, bilingual access),
B) Healthcare services (substance abuse treatment, mental health services, medical care affordability including insurance, medical care access including specialists, diabetes/obesity programs),
C) Infrastructure (affordable housing, transportation, and road conditions),
D) Environmental (water quality, air quality, crime, and safety).

Social determinants of health (SDOH) are the external conditions that influence health outcomes. Examples of social determinants include healthcare access and quality, education access and quality, economic stability, neighborhood and built environment, as well as social and community context. Community conversations identified several social determinants impacting the health of the residents of northeast Colorado.

RESULTS – Key Issues

Chronic Disease Prevention – Our six-county region has high rates of chronic disease. The overweight and obesity trend in northeast Colorado continues to be a priority because of its significant impact on developing a chronic disease or managing an existing chronic disease.



Contributing to the overweight/obesity trend are environmental factors such as lack of infrastructure for physical activity, limited public transportation options, inequitable access to healthy food, and limited access to preventative health screenings. Financial barriers include limited insurance plan options and lack of understanding of insurance benefits. The tendency of independent-minded rural residents to believe they can and should “tough it out” also contributes to the trend toward not utilizing preventive healthcare when needed. NCHD will focus on the goal of a “Healthy Northeast” for our communities to develop strategies addressing healthy lifestyles, increase public awareness of available resources, and connect residents to available resources that will improve a multitude of health-related problems.

Emotional Wellness & Mental Health – Mental health and wellness continues to be a priority in northeast Colorado. Our rural communities have limited access to mental health services and stigma remains high. There are no in-patient treatment options available locally and the lack of public transportation continues to be a barrier to accessing resources available outside the region. NCHD will focus on addressing identified risk factors and promoting protective factors within our communities. We have found that residents do not know what is available so we will also focus on promoting and connecting people to resources and services and will plan prevention and intervention strategies in collaboration with community partners.

Environmental Health – Protecting our communities from environmental hazards continues to be a priority for NCHD. We will expand our focus on environmental justice by increasing public awareness of environmental health issues and the valuable resources available, increasing public educational opportunities, and promoting community participation for regulation changes.

CAPACITY ASSESSMENT

Capacity defines the ability of a public health system to deliver essential public health services, as well as meet community health goals. We conducted an internal assessment in order to determine our strengths and weaknesses as an agency. This assessment resulted in a summary of our current infrastructure, identified needed services, staffing, and funding, and outlined recommendations for improvement.

To calculate the review of our capacity, we used a tool provided by National Association of County and City Health Officials (NACCHO). Performance scores are presented as an average on a scale of 0-100% described in four categories: optimal (76-100%), significant (51-75%), moderate (26-50%), minimal (0-25%).

The following analysis identifies our scores in each area of the Ten Essential Public Health Services.

ASSESSMENT ANALYSIS

ES 1: Monitor Health Status – 68.1%
Monitoring health status includes conducting population-based community health assessments on a regular basis, using current technology to manage and communicate population health data as well as maintenance of population health registries. NCHD scored 68.1 demonstrating significant activity regarding this essential public health service.

ES 2: Diagnose and Investigate – 74.3%
This essential public health service includes the identification and surveillance of health threats, investigation and response to public health threats and emergencies as well as laboratory support for investigation of public health threats. NCHD scored 74.3 demonstrating significant to optimal activity regarding this essential public health service. While NCHD has limited on-site laboratory capacity, we do have support from the Colorado Department of Public Health and Environment for laboratory services.

ES 3: Educate/Empower – 72.2%
This includes health education and promotion, as well as communication/risk communication. NCHD scored 72.2 indicating significant activity for this essential service. Within this area, risk communication was identified as an area for improvement.

ES 4: Mobilize Partnerships – 66.7%
Due to the broad spectrum of services offered by NCHD, we have worked with most local organizations in northeast Colorado at one time or another through various programs. Limitations and gaps in resources often leads to stronger collaboration and results in opportunities to partner with each other on multiple projects and on various levels of cooperation to leverage those available resources. NCHD scored 66.7 demonstrating significant activity. However, mobilizing partnerships is an area for improvement.

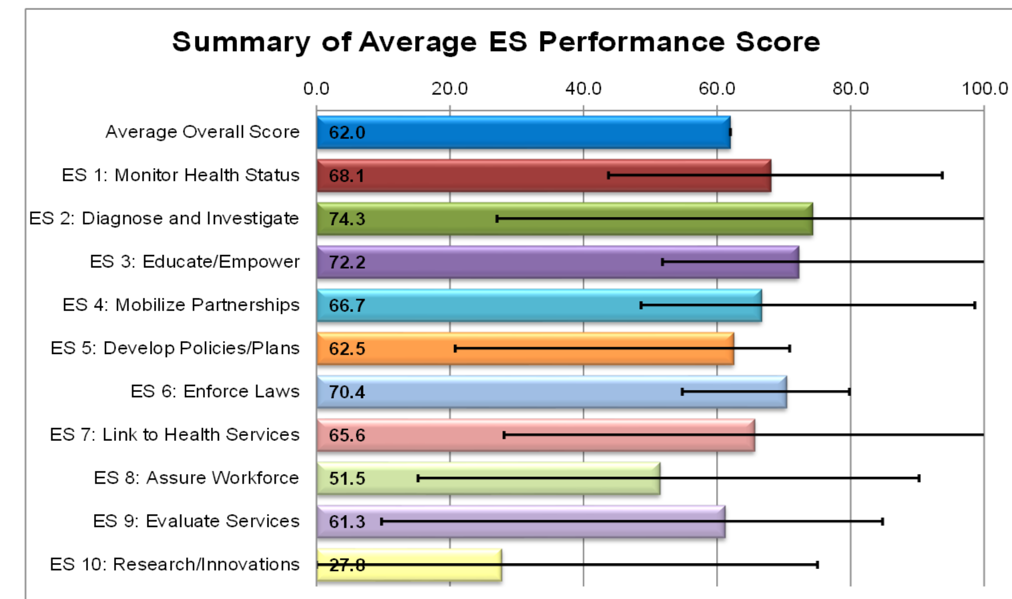
ES 6: Enforce Laws – 70.4%
NCHD has significant activity for this essential service, scoring 70.4. This essential service includes the review, evaluation, and enforcement of public health laws, regulations, and ordinances. NCHD's primary activity in this area is provided through our environmental health, communicable disease, and emergency preparedness and response programs.

ES 7: Link to Health Services – 65.6%
Public Health identifies the personal health service needs of the populations we serve and assures the connection of people to personal health services. NCHD scored 65.6 which is stronger than five years ago. While our score shows significant activity for this essential service, our agency aims to continue strengthening this service area.

ES 8: Assure Workforce – 51.5%
Conducting a workforce assessment to develop a workforce plan to ensure public health workforce standards are met and staff are encouraged to pursue lifelong learning through continuing education and training. NCHD scored 51.5. Historically, NCHD had minimal to moderate activity level for this service. This is an area identified for improvement.

ES 9: Evaluate Services – 61.3%
Public health evaluates the effectiveness, accessibility, and quality of personal and population-based health services. NCHD scored 61.3 and while this score does indicate significant activity, this is an area identified to improve and strengthen.

ES 10: Research/Innovations – 27.8%
This essential service includes fostering innovation, linking with institutions of higher education and research as well as capacity to initiate or participate in research. NCHD scored 27.8 indicating moderate activity and has historically had only minimal activity in this service area. While we recognize that this is NCHD's weakest service area, we also recognize that that NCHD is a rural and frontier public health agency which limits our ability to initiate or participate in research. During the previous five-year cycle, we did increase linkages to institutions of higher education and will continue fostering innovation.



RECOMMENDATIONS

Based on the Summary of Contribution and Performance Scores as well as the intersection of Priority and Performance Scores, NCHD will focus on strengthening the following essential public health services:

1. Risk communication
2. Mobilizing community partnerships
3. Strategic planning
4. Emergency planning
5. Workforce assessment and development
6. Evaluation of local public health systems

This Community Health Assessment process allowed NCHD the opportunity to gather statistical data and listen to community members. We learned that while each county faces unique challenges, there are similar issues that arise across our rural district. We also conducted self-evaluation of our capacity to address the identified challenges of the communities we serve. We recognize that in order to positively improve access, services, and infrastructure, it will require all of us working together. No one entity can remedy these key issues. In addition to public health, it will require non-profit organizations, healthcare organizations, government agencies, as well as individual community members to move the needle forward. The Northeast Colorado Health Department will be intentional to collaborate with partners in each county to impact the identified social determinants of health such as needed community and healthcare services, infrastructure, and environmental concerns.

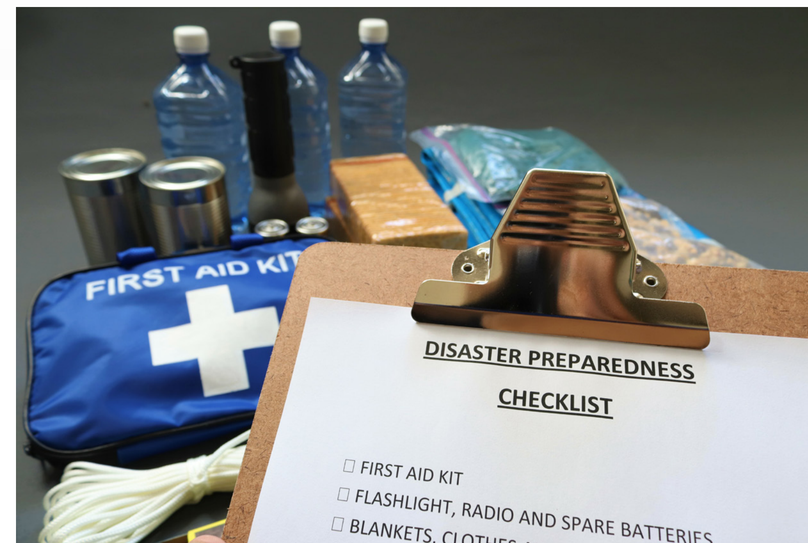
instant messaging

blog

networking

global

FORUM



WHAT'S
NEWS?

This document can also be viewed online at
www.nchd.org/communityassessment

Any questions regarding this report should be directed to NCHD's
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