

CHAFFEE COUNTY Community Health Assessment

2021

colorado
school of
**public
health**



Community Health Improvement Plan 2022–2026

BY: MUSTAFA AL-MAFRACHI, KARRYN
CHRISTIANSEN, MONICA MALY, DAPHNA RUBIN,
& DEANNA RUMSEY

1. Executive Summary

1.1 Introduction of Chaffee County

Chaffee County is a small, rural county of nearly 20,000 residents. The county is located in the south-central part of Colorado and is known for its outdoor recreation, including rafting, climbing, kayaking, and fly fishing. It is also known for the natural beauty of the Arkansas River and Sangre de Cristo mountain range. Chaffee County Public Health (CCPH) manages over 30 programs and promotes efforts to target the health and wellness needs of the county's residents and visitors. CCPH has been and continues to work towards addressing housing availability, services and support for the aging population of Chaffee County, behavioral health, chronic disease prevention and management, and immunizations. The 2021 Community Health Assessment (CHA) provides CCPH with the necessary background to create an informed public health improvement plan that will keep Chaffee County residents on the best path towards health and wellbeing for the next five years.

1.2 Purpose

The purpose of the 2021 Community Health Assessment is to identify major health concerns, describe community strengths and assets, and identify community challenges and areas of improvement in Chaffee County. Additionally, the goals of this project are to engage community members in local public health decision-making as well as to encourage a diversity of perspectives.

1.3 Partnership

CCPH collaborated with the Student Assessment Team (SAT), which is made up of students and faculty from the Colorado School of Public Health (ColoradoSPH). Together, these members conducted the 2021 Community Health Assessment:

1. SAT: Mustafa Al-Mafrachi, Karryn Christiansen, RN, Monica Maly, Daphna Rubin and DeAnna Rumsey
2. Academic Advisor: Dr. Virginia Visconti, MAT, PhD
3. CCPH: Andrea Carlstrom, MBA and Emily Anderson, RN

1.4 Methods

Data Collection

The SAT used the Bay Area Regional Health Inequities Initiative ([BARHII](#)) to guide the collection of secondary data. The purpose of using the BARHII framework is to consider how health outcomes may be influenced by existing inequity. The student team accessed quantitative data through a variety of sources including the US Census Bureau, Colorado Health Information Dataset (CoHID), Healthy Kids Colorado Survey (HKCS), Colorado Health Institute (CHI) and Behavioral Risk Factor Surveillance System (BRFSS) as well as a number of resources specific to Chaffee County.

The 2021 SAT used three qualitative data collection methods that were adopted from the 2016 Chaffee County CHA. During Fall of 2021, Chaffee County stakeholders and community members participated in a Nominal Group Technique (NGT) process, Key Informant Interviews (KII), and two surveys: a Community Health of Chaffee County Survey (Community Survey), and a Senior Survey. CCPH promoted the CHA, recruited participants, designed and disseminated the surveys, and facilitated introductions for data collection on behalf of the SAT.

The student team facilitated and conducted data collection for NGT and KII. The NGT process is a shared decision-making technique in which community participants brainstormed their health concerns and the community strengths. Student facilitators asked specific questions, then recorded and ranked a list of responses. Since participants' names were not attached to their responses, the process of filtering ideas was anonymous. NGT is designed to ensure that all participants have an equal voice and opportunity to share their perspectives. The KIIs were 30-minute structured interviews with Chaffee County stakeholders. Finally, the Community Survey was a 23-question survey that was designed and disseminated by CCPH in an electronic and hard copy format. The survey was offered in English and Spanish. CCPH also designed and disseminated hard copies of a Senior Survey that was composed of four questions.

The purpose of these three data collection methods was to answer the following questions:

- What are the key health concerns in Chaffee County?
- What are the strengths and assets in Chaffee County that can be used to improve the health of the population?
- What are the challenges and barriers in Chaffee County that hinder progress in addressing the key health concerns?
- What are the main concerns about the impact of the environment on the health in Chaffee County?
- What are the strengths and assets in Chaffee County that can be used to improve environmental health?

Data Analysis

The SAT used the BARHII model to guide the triangulation of secondary and primary data analyses.

First, the SAT identified the top health concerns and top community strengths and assets through the NGT process. A list of codes was generated from the NGT that provided the basis for the analysis of the KIIs. During the analysis of the KIIs, additional codes were identified and added to the codebook. The SAT then coded the Community Surveys and Senior Surveys. The codes that were identified from the surveys were added to the codebook. Then the SAT engaged in robust discussion to distill themes and subthemes from the codes to assemble the master codebook.

The SAT then used classic content analysis to determine how frequently themes and subthemes appeared in each of the data collection methods (Leech & Onwuegbuzie, 2007). Each theme was assigned a score to reflect the number of times the theme was used in the dataset. Scores for each method were then combined to determine the frequency. The SAT then tallied the frequency across all three data collection methods to identify the top health concerns and the top community assets and strengths of Chaffee County.

Finally, once the SAT completed thematic analysis (Braun & Clarke, 2006) and classic content analysis of the primary qualitative data, the team then integrated secondary data. The results of this triangulation of qualitative and quantitative data yielded the key findings.

The SAT then used the top health concerns for Chaffee County to develop recommendations for CCPH's next Public Health Improvement Plan. These recommendations were determined based on the problem's magnitude, severity, and feasibility of addressing the problem. Items with the highest overall scores indicated the health concerns that the student team recommended Chaffee County prioritize.

1.5 Key Findings

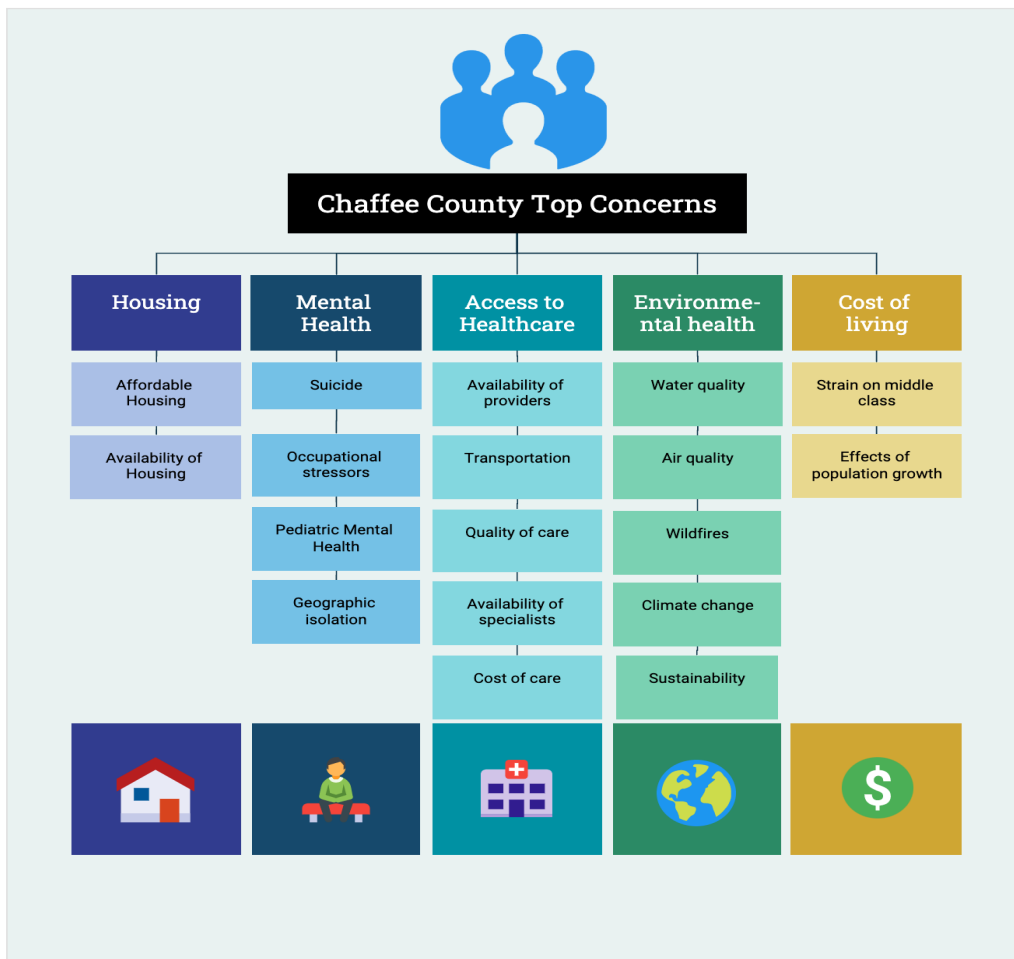


Figure 1. The results from the assessment indicate that Mental Health, Housing, Access to Healthcare, Cost of Living, and Environmental Health are the top health concerns in Chaffee County.

Table 1. Chaffee County's Top Health Concerns Per Method of Data Collection

Chaffee County's Top Health Concerns			
Health Concern	NGT	KII	Survey
Mental health	X	X	X
Housing	X	X	X
Access to healthcare		X	X
Cost of living	X	X	
Environmental health		X	X

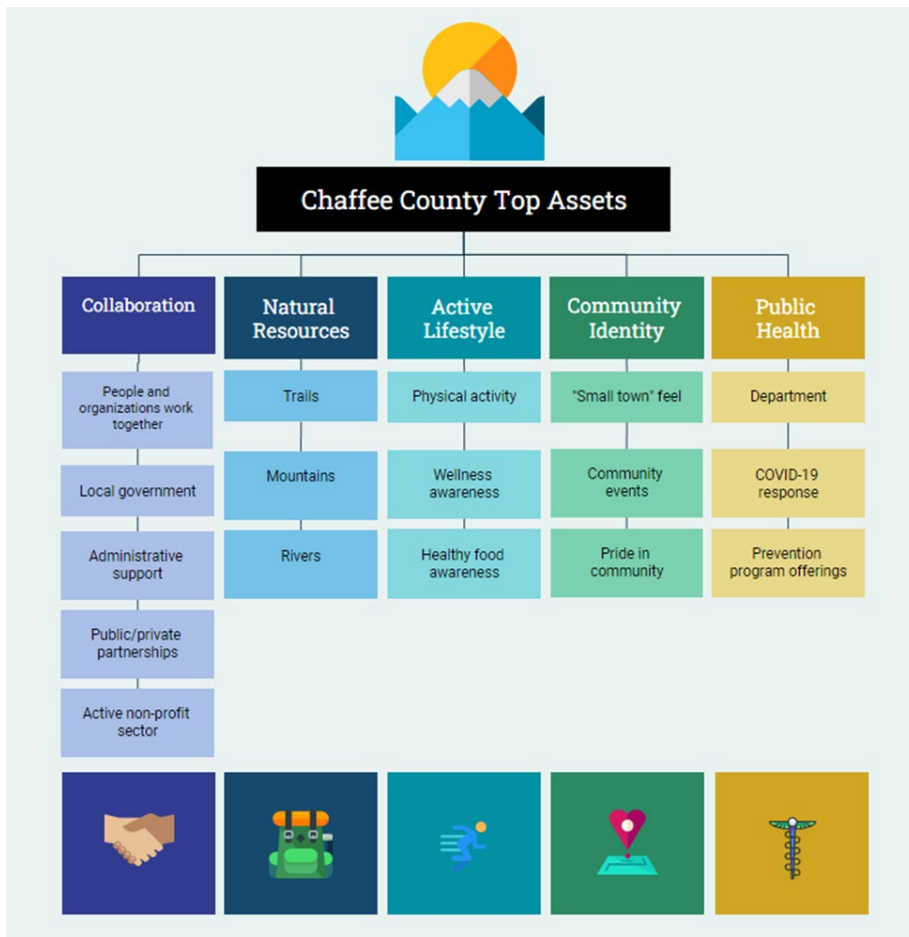


Figure 2. The results from the assessment indicate the following as top community health assets: collaboration, natural resources, active lifestyle, community identity and public health.

Table 2: Chaffee County's Top Assets Per Method of Data Collection:

Chaffee County's Top Assets			
Asset	NGT	KII	Survey
Collaboration	X	X	X
Active lifestyle		X	X
Natural resources	X	X	X
Community identity	X		X
Public health		X	X

1.6 Key Recommendations

Prioritization Recommendations for Chaffee County

In order to address the concerns related to **accessing healthcare** in Chaffee County, the SAT recommends CCPH partner with organizations who serve minority populations including those serving the elderly/aging population, low income, the unhoused, Latinx, Black/African American, and the undocumented. This partnership should serve as a mechanism to gather information about current and existing issues that the minority populations face within the community. It is possible that these concerns are related to a gap in awareness rather than a gap in **resource allocation**. That being said, there are opportunities to increase resources to serve all segments of the population. These opportunities rely on partnerships with local and state government agencies to effectively harness funding streams for sustainable programs that meet the needs that are currently going unmet. For example, one of the funding streams is embedded in the new legislation that was passed, HB21-1068, which mandates health insurance providers include an annual mental health exam up to 60 minutes with a qualified mental health provider. There is an overlap of issues that persist from the 2016 CHA to this report including the lack of affordable housing, availability of providers/access to healthcare, mental health, and substance use. The SAT observed that there are a number of efforts like the formation of the Chaffee Housing Authority to address these complicated issues, some of which have grown more dire with the pandemic. Ultimately the results of the 2021 CHA identified similar issues to prioritize in the public health improvement plan development.

Participants expressed a desire and a willingness to address the **polarization** that developed in Chaffee County. To address this need, CCPH can play a role in the utilization of shared spaces and facilitate dialogue to build alliances within the community. A specific recommendation includes holding town halls and inviting members from underserved communities to speak about the importance of cultural awareness and build relationships in order to decrease the division. The existing Equity Coalition in Chaffee County could be expanded to increase education and awareness of the unmet needs of minority populations within Chaffee County.

Lastly, several health concerns identified in the 2016 CHA were identified to be persisting in the 2021 CHA. CCPH should continue to focus and allocate resources in the areas of healthcare access, housing, mental health, and substance abuse. Focusing on these key priorities will allow for an expansion of programming and awareness in these areas, which if left unaddressed, will continue to create barriers to health for Chaffee County residents. CCPH should consider partnering with local governmental agencies to harness funding streams for enhanced programming and resources for affordable housing.

Mental health, including suicide thoughts and actions, continues to be a key health concern among Chaffee County residents. CCPH should continue to partner with existing mental health advocacy agencies and utilize technology to bridge the gap in the availability of mental health providers. Delivering screenings at community events and targeting youth and families at school gatherings such as during enrollment, could be an effective mechanism to determine at-risk populations.

Recommendations on the Overall Community Health Assessment Approach

Chaffee County, like much of Colorado, is becoming increasingly more diverse. Fifteen percent of the county's population identifies as Hispanic and other racial groups including Black, Native American, and Asian Pacific Islander, yet very few representatives of these populations were included in any of the data collected. One recommendation to address this concern going forward is to research better ways to recruit representatives of these minority groups and then to adapt methods of data collection to better reach these groups.

Other data collection methods that might better serve the under-represented groups are focus groups, open forums, and conducting phone surveys. Also, appointing leaders within under-represented communities to serve as community partners, specifically during the CHA process, may also enhance representation going forward.

Some suggestions to overcome this limitation include bridging gaps between public health and various community-based organizations that represent these communities. While their numbers may be small, their health concerns may be unique. Also, along the same lines, CCPH may consider public-private partnerships with local minority-owned businesses in the interest of increasing representation amongst this group.

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Acknowledgements

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Students would also like to thank their faculty advisor, Dr. Virginia Visconti, of the Colorado School of Public Health, for her consultation and mentorship on this assessment.

This assessment could not have been done without the contribution of numerous community members who participated in the community engagement activities. We would like to thank them for volunteering their time to make this assessment possible.

Important Acronyms

Acronym	Definition
BARHII	Bay Area Regional Health Inequities Initiative
CCPH	Chaffee County Public Health
CHA	Community Health Assessment
CDPHE	Colorado Department of Public Health and Environment
ColoradoSPH	Colorado School of Public Health
DEI	Diversity, Equity, and Inclusion
KII	Key Informant Interviews
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, (questioning), Intersex, Asexual, and (agender)
NGT	Nominal Group Technique
SAT	Student Assessment Team
SOW	Scope of Work

5. Background

5.1 Summary of Scope of Work

Project Description:

The 2021 CHA updates the work of the 2016 CHA, which defined the following top health concerns:

Table 1: Top Health Concerns Identified By The 2016 Community Health Assessment.

2016 Top Health Concerns
Availability of providers
Substance use
Lack of affordable housing
Mental health
Lack of assisted living

Using the 2016 CHA, CCPH then created its 2017-2021 Public Health Improvement Plan that focused on the following three goals:

Table 2: The Focus Of The 2017-2021 Public Health Improvement Plan Based On The 2016 Community Health Assessment.

Public Health Improvement Plan Goals
Elder housing and care
Oral health
Mental and behavioral health

Table 3. Key Questions That Will Be Addressed By The 2021 Community Health Assessment.

Key Questions -- 2021 CHA
What are the current demographics and health datasets of Chaffee County (and region if county-level data are not available)?
What are the most timely and pressing health and wellness issues that Chaffee County faces?
Focusing on those priorities, what activities support them? Who needs to participate in them?
What are SMART goals associated with these priorities?
What does success look like?
How can we achieve greater health equity in Chaffee County?

Table 4: Methods Used For Data Collection For The 2021 Community Health Assessment.

Methods Used
Nominal Group Technique
Key Informant Interviews
Community Health Status Surveys (English and Spanish)
Senior Survey
Secondary data collection (state and local databases)

Project Goals:

The goal of the 2021 CHA is to provide the current status of Chaffee County’s health concerns and assets. The CHA will help CCPH realize its 5-year public health improvement plan. The plan sets the stage for how CCPH will define goals, secure funding and support the overall health and wellbeing of Chaffee County residents.

Project Timeline:

Table 5. Project Timeline For The 2021 Community Health Assessment Deliverables And Role Assignments

Deliverable	Deadline	Leadership Responsibility	Support Roles
Finalize Updated SOW	Tuesday, Sept 28	Daphna	
Senior Survey data received	Thursday, Oct 7	Monica	
KII list -- names, contact information	Friday, Oct 8	Daphna	DeAnna
Draft NGT Guide	Friday, Oct 8	Mustafa	Karryn
NGT & KII date options and locations	Monday, Oct 11	Daphna	DeAnna
Draft KII Guide	Monday, Oct 11	Mustafa	Karryn
Finalize NGT and KII guides in class	Tuesday, Oct 12	Mustafa and Karryn	Team in class
Deliver NGT and KII guides to partner	Friday, Oct 15	Mustafa and Karryn	
Secondary data initial draft	Friday, Oct 15	Daphna	DeAnna
Detailed Team Project Report Outline & check in on status of NGT, KII, survey and secondary data	Tuesday, Oct 19	Daphna	DeAnna
NGT event and KII scheduling	Before the event	Mustafa	Karryn, DeAnna
NGT and KII confirmation communication	Before the event	Mustafa	Karryn, DeAnna
NGT event	Wednesday, Oct 20	Mustafa	Karryn, DeAnna

Key Informant Interviews	Oct 18 – Nov 1	Mustafa	Karryn, DeAnna
Senior Survey and Secondary data delivered	Tuesday, Oct 26	Daphna	DeAnna
Final Scope of Work for Team Project	Tuesday, Oct 26	Daphna	
Request survey data for analysis	Friday, Oct 29	Monica	Karryn
Transcription of NGT and KII	Tuesday, Nov 2	All	All
Coding and Thematic Analysis of Survey	Friday, Nov 5	Monica	Karryn
Peer editing of near final report	Tuesday, Nov 9	All	N/A
Coding and Thematic Analysis of NGT	Friday, Nov 12	Karryn	Mustafa, Monica
Coding and Thematic Analysis of KII	Friday, Nov 12	Karryn	Mustafa, Monica
General updates on report, visualization	Tuesday, Nov 16	Monica	All
Draft one page info sheet	Friday, Nov 19	Daphna	
Revised near final report	Tuesday, Nov 23	Monica	Daphna
Final team project presentation and report (including slides & one page sheet included in the appendices)	Tuesday, Dec 7	Monica	Daphna, Karryn
Last Revisions to final team project report	Friday, Dec 17	Monica	Daphna

For the complete Scope of Work, see Appendix A: Scope of Work.

5.2 Background/Context of the Community Health Assessment

A. Summary of 2016 CHA:

In 2016, ColoradoSPH students and their advisor collaborated with CCPH to conduct a CHA to identify the top health concerns and top community strengths and assets of Chaffee County. Their findings then led to recommendations, which were used by the community partner to create and implement a public health improvement plan.

In accordance with Colorado Public Health Reauthorization Act, SB 08-194, every county in Colorado is required by law to conduct a CHA every five years. The Public Health Reauthorization Act became law in 2008 under Gov John Hickenlooper to support the goal that every Colorado resident deserves and should have access to public health services no matter where in the state they live. The mandate further instructs that local public health agencies must produce a public health improvement plan based on the findings of the CHA.

The 2016 CHA employed similar data collection methods including NGT process, KII and surveys. The assessment team found the following were top health concerns: availability of providers, substance use, lack of assisted living, lack of affordable housing, and mental health. The top community health assets identified in 2016 included strength of the community, their natural surroundings and access to the outdoors. Heart of the Rockies Regional Medical Center, Chaffee County's primary medical facility, and CCPH were also recognized as community health assets.

Ultimately the findings in the CHA were employed by CCPH to prioritize lack of assisted living and elder care, oral health and mental health and behavior in the public health improvement plan.

B. Community Description:

Chaffee County is located on the eastern slope of the Rocky Mountains in Central Colorado. The Sawatch Range covers the county’s western border while the Mosquito Range makes up the eastern border. Down the middle, between the two ranges is the Arkansas Valley where the Arkansas River flows. Chaffee County claims more “fourteeners,” peaks measuring 14,000 feet or higher, than any other county in Colorado. The county covers 1,013 square miles, 80% of which is publicly owned land.

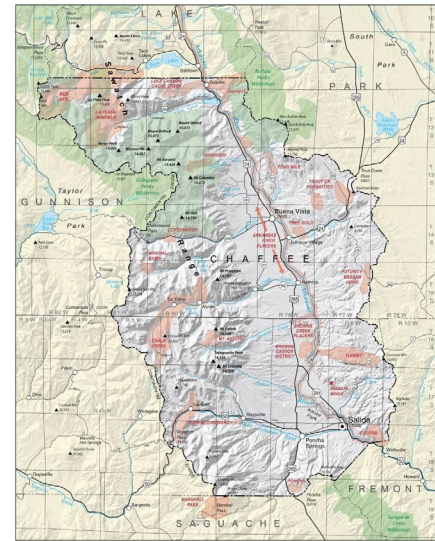


Figure 1. Map of Chaffee County (retrieved from Colorado Geological Survey).

Chaffee County’s stunning and iconic Colorado mountain landscape makes it an ideal destination for outdoor recreation all year round. Residents and visitors alike enjoy hiking, biking, skiing, whitewater rafting, kayaking and climbing. This picturesque landscape and these outdoor pursuits fuel the retail, accommodation and food service industries that are the backbone of Chaffee County’s economy.

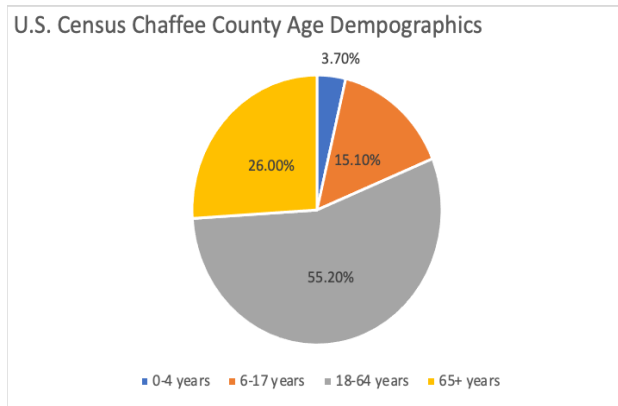
Chaffee County has a population of [19,476](#), which comprises 0.3% of the state’s population of [5,773,714](#) (US Census Bureau, 2020). The primary population centers are the towns of Salida and Buena Vista.

Table 6. The Primary Population Centers Of Chaffee County And The Populations.

Name of town	Population
Salida	5791
Buena Vista	2782

Data retrieved from US Census Bureau, 2019

This section will provide an overview of the age distribution, racial distribution, housing value, income, poverty level and internet penetration in Chaffee County compared with the state of Colorado.



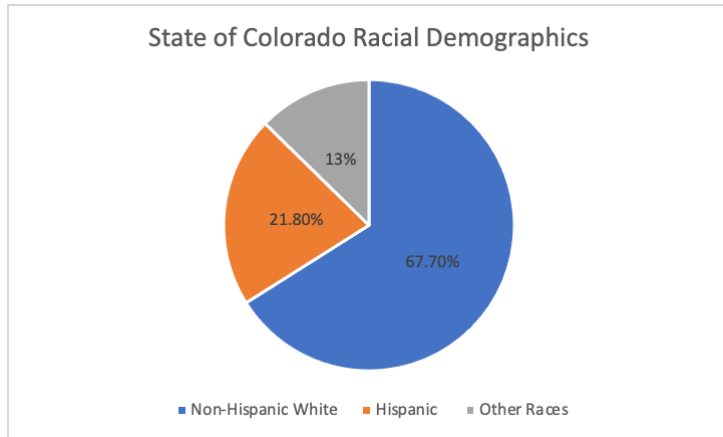
Age Distribution: The age category where Chaffee County's distribution outweighs the state is in the 65 and over age group at almost 2:1. This age group accounts for 26% of Chaffee County's population while it accounts for 14.6% of Colorado's population.

Figure 2. Age Distribution. The percentage of people in the under 5 and under 20 categories is higher for the Colorado population than the Chaffee County population by at least two percentage points. In the 20 to 64 category, the proportions are also a few percentage points higher in Colorado at [61%](#) and [58%](#) for Chaffee County. *Data retrieved from US Census Bureau, 2020.*

Race Distribution: Both Chaffee County and the State of Colorado's racial distribution is mostly Non-Hispanic White, with Hispanics of any race being the second most prominent racial/ethnic group. However, the percentage of Hispanic (of any race) Chaffee County residents is less than half that of the percentage of Coloradans who identify as Hispanic.

The majority of Chaffee County residents identify as Non-Hispanic White (85.2%). Residents who identify as Hispanic of any race account for 10% of the Chaffee County population.

Residents who identified themselves as belonging to one of the remaining racial categories make up a little more than 5% of Chaffee County's population.



Non-Hispanic Whites make up 67.7% of Colorado, which is notably less than the percent of Non-Hispanic Whites in Chaffee County. Hispanics of any race are the second most populous race in Colorado at 21.8% with the other race making up to 13%

Figure 6. State of Colorado Racial Demographics. of the state population.

Data retrieved from US Census Bureau, 2020.

Changes in the racial makeup of Chaffee County’s population have been incremental similar to the state over the last 10 years. Groups that identify as other races besides White are growing in Colorado.

Income and Housing: Like many other counties in Colorado, Chaffee County is experiencing a shortage of affordable housing. According to a 2021 survey done by the Chaffee Housing Authority, 59% of respondents who were seeking to buy housing were unable to find affordable housing for sale. Among the respondents, 21% earn between almost \$62,000 and \$103,000 in annual household income. Survey respondents claim they earn too much to qualify for assistance and not enough to afford available homes in the current market. Additionally, the Chaffee Housing Authority survey shows that 40% of respondents work in healthcare.

Seventeen percent of Chaffee County residents are considered cost burdened by housing, meaning they pay more than 30% of their income in housing [costs](#) (Colorado Department of Local Affairs , 2019). The age group hit the hardest are single 18 to 64-year-olds with 84% paying more than 50% of their income in housing costs.

Median household income in Chaffee County is also lower than in the state of Colorado while median home value at \$357,800 is notably higher in the county than the state where median home value is \$343,300.

On an annual basis, average monthly housing costs are in excess of 30% of median household income, which makes it difficult to enter the housing market. In other words, the average homeowner with a mortgage in Chaffee County pays more out of pocket on housing expenses per month than in the rest of the state. As seen in Table 7, in Chaffee County, the median monthly owner costs are about \$1,551 per month for those with a mortgage. The median household income is about \$55,771 in Chaffee County (US Census Bureau, 2020). On an annual basis, housing costs with a mortgage represent approximately 33.3% of median household income in Chaffee County compared to approximately 28.9% in Colorado. Anything over 30% of median household income is considered excessive (Chaffee Housing Authority, 2021).

For those renting, monthly housing costs are about \$931 in Chaffee County compared to \$1,271 in the state. That represents about 20% of income versus 21% of income respectively.

According to the 2021 Chaffee Housing Authority survey, respondents paid between \$700 - \$1,800/month in rent alone. Most respondents agreed that the cost/expense is the most significant barrier to housing.

Table 7. Factors Contributing To The Access To Affordable Housing In Chaffee County And Colorado

	Chaffee County	Colorado
Median household income	\$55,771	\$72,331
Median home value	\$357,800	\$343,300
Median selected monthly owner costs with a mortgage	\$1,551	\$1,744
Median gross rent, 2015 - 2019	\$931	\$1,271

Data retrieved from US Census Bureau Quickfacts, 2020.

Income and Poverty: According to the BARHII model, income is a factor of living conditions, which play a role in determining health outcomes. Eleven percent of Chaffee County residents live below the Federal Poverty Level (FPL) as opposed to 9.3% in the state of Colorado. This represents a county-wide increase of over 3% since [2013](#) (CHI, 2021).

Table 8. Percentage Of The Population That Falls Below The Federal Poverty Level In Chaffee County.

Year	Percentage Below FPL
2013	7.7% or 1,391 residents
2019	11% or 2,142 residents

Data retrieved from Colorado Health Institute, 2021

Internet Reach: According to the BARHII model, internet availability is a determinant of health inequity that falls under living conditions. Like many rural counties in Colorado, Chaffee County has a lower percentage of homes with broadband access as compared to the state. Limited internet and computer access may have inequitable impact on access to healthcare.

Table 9. Percentage Of Chaffee County And Colorado Residents Who Have Internet Access

Internet Access	Chaffee County	Colorado
Broadband	81.2%	87.6%
Houses with a computer	88.5%	93.9%

Data retrieved from US Census Bureau Quickfacts, 2020.

6. Health Factors

The Health Indicator Summary tables below highlight a series of health indicators in Chaffee County compared to the state of Colorado data. The tables provide a valuable comparison with the state and help provide perspective on the most up to date health status of Chaffee County. Health indicators that are relevant to the findings from this community health assessment will be discussed in further detail in the Key Findings Section.

The Health Factors were updated using those identified in the 2016 Community Health Assessment. The most up to date data are displayed in the charts below. The secondary data were collected from the Colorado Health Institute and the Colorado Department of Public Health and Environment. Chaffee County is a member of the Health Statistics Region 13 (HSR 13), which includes Chaffee, Custer, Fremont, and Lake Counties. When indicated, the secondary data represent HSR 13, otherwise the data represent Chaffee County. There are limited data surrounding mental and behavioral health in Chaffee County. This highlights a gap that was also identified through the primary data collection methods regarding residents' concern for mental health of themselves, others, and available resources.

Table 10. Access to Care

2021 Colorado Health Institute, Colorado Health Access Survey²	Health Statistics Region (HSR) 13	Colorado
Insured	86.8%	93.4%
Private Insurance	41.6%	56.5%
Employer-Sponsored Insurance	36.4%	49.8%
Individual Market	5.2%	6.3%
Public Insurance	45.2%	37.1%
Medicare	18.3%	11.5%
Medicaid/Child Health Plan Plus (CHP+)	26.9%	25.6%
Uninsured	13.2%	6.6%
Use of Healthcare Services		
Did not visit a general doctor in the past 12 months	24.7%	24.7% (2015)
Had visit for a check-up, examination/ other preventive care in past year	73.7%	75.4%
Visited a specialist in the past 12 months	43.7%	41.9%
Has a usual source of care	83.3%	85.0%
Barriers to Healthcare		
Told by a doctor's office or clinic not accepting new patients	6.1%	6.6%
Unable to find transportation to doctor's office or too far away	7.6% (2015)	2.2%
Unable to make an appointment because could not leave work (Employed adults 18+)	15.2% (2015)	10.5%
Affordability		
Did not fill a prescription for medication due to cost	4.1%	9.7%
Skipped some type of care due to cost	32.7%*	19.5%
Had a surprise medical bill	20.3%	33.7%
Healthcare Meeting Family's Need		
Current health system is meeting the needs of family (strongly agree/agree)	70.9% (2015)	74.6% (2015)

Data retrieved from the Colorado Health Institute, Colorado Health Access Survey 2021.

Table 11. General Health Status

General Health Status	Data Year(s)	HSR 13: Chaffee County	Colorado
Adults who reported that their general health was fair or poor	2021	14.4%	12.6% (9.7-21.7%)
Limited in any way in your ability to work because of a physical, mental, or emotional health problem (Ages 18 and older)	2015	HSR 13: 32%	19.9%

Data retrieved from the Colorado Health Institute, Health Access Survey 2021.

Table 12. Leading Causes of Death per 100,000 (2013-2015)

Cause of Death	County	State
1. Malignant Neoplasms	155.2	135.1
2. Heart Disease	120.6	126.3
3. Chronic lower respiratory disease	35.1	46.5
4. Unintentional injuries	42.6	47.0
5. Cerebrovascular disease	28.0	32.9
6. Influenza and pneumonia	20.7	12.4
7. Diabetes	15.2	15.3
8. Suicide	19.7	19.1
9. Kidney disease	11.1	8.6
10. Septicemia	9.3	8.0
All cause	614.6	657.2

Data retrieved from the Colorado Department of Public Health and Environment.

Table 13. Leading Causes of Death (Adults 65+) per 100,000 (2013-2015)

Cause of Death	County	State
1. Unintentional injuries	908.9	794.5
2. Malignant neoplasms	354.0	443.9
3. Heart disease	375.3	443.9
4. Suicide	401.3	473.9
5. Influenza and pneumonia	194.4	46.8
6. Chronic liver disease and cirrhosis	52.7	146.9
7. Chronic lower respiratory diseases	43.4	44.1
8. Diabetes	66.8	58.8
All cause	3,514.3	3,577.0

Data retrieved from the Colorado Department of Public Health and Environment.

Table 14. Smoking Status

	Data Year(s)	Chaffee County	Colorado
Smoking cigarette among adults 18+	2013-2015	17.4%	16.3%
High school students currently smoking	2015	HSR 13: 19.5%	8.6
Kids ages 1-14 rode in car with smoker	2013-2015	HSR 13: 13.5%	3.3%
Kids ages 1-14 live with smoker	2013-2015	HSR 13: 20.8%	2.8%

Data retrieved from the Colorado Department of Public Health and Environment.

Table 15. Healthy Eating and Active Living

	Data Year(s)	Chaffee County	Colorado
Adults eat at fast food 1 or more times per week	2011	63.5% (45.62-81.33)	66.6% (64.65-68.54)
Rate of fast food restaurants per 10,000 residents	2015	10.2%	7.4
People with sidewalks to safely walk/run	2011	78.6% (65.46-91.75)	82.7% (81.23-84.25)
Kids overweight or obese (ages 2-14, Body Mass Index= 85 th percentile)	2011-2013	HSR 13: 25.9% (2011-2013)	23.5% (2013-2015)
Kids obese (ages 2-14, Body Mass Index= 95 th percentile)	2011-2015	HSR 13: 14% (2011-2013)	10.1% (2013-2015)
Kids (ages 1-14) ate 2+ fruits & 3+ veggies/day	2015	HSR 13: 12.9%	13.4%
Adults who are obese/overweight	2013-2015	50.0%	56.8%
Adults who are obese (Body Mass Index = 30)	2013-2015	17.6%	20.9%

Data retrieved from the Colorado Department of Public Health and Environment.

Table 16. Healthy Aging

	Data Year(s)	Chaffee County	Colorado
Adults 65+ had flu shot in past 12 months	2021	55.8% (2013-2015)	68.4% (2021)
Adults 65+ pneumonia ever had shot	2021	59.5% (2013-2015)	78.3% (2021)
Adults 65+ had fall past 12 months	2021	HSR 13: 35% (25.08-45.61)	25.9%
Rate of hospitalization 65+ influenza per 100,000	2011-2013	51.4 (CI: 34.09-72.16)	71.8 (CI: 71.31-72.32)
Population vaccinated against COVID	2021	58.0%	61.3%

Data retrieved from the Colorado Department of Public Health and Environment and Colorado Health Institute Health Access Survey 2021.

Table 17. Oral Health

	Data Year(s)	HSR 13: Chaffee County	Colorado
Adults visited dentist/dental hygienist	2021	56.7%	67.1%
Adults with dental insurance	2021	61.0%	76.8%
People who reported poor dental health	2021	19.6%	-
Adult with tooth lost due to tooth decay/periodontal disease	2014	40.1%	37.0%
Kids ages 1-14 w/ fair/poor teeth condition	2013-2015	HSR 13: 6.4%	5.7%

Data retrieved from the Colorado Department of Public Health and Environment and Colorado Health Institute Health Access Survey 2021.

Table 18. Injury Prevention

	Data Year(s)	Chaffee County	Colorado
Seat Belt use among adults 18+	2013-2015	73.3%	85.1%
Rate of work-related hospitalization per 100,000	2013-2015	HSR 13: 35.3%	27.4%

Data retrieved from the Colorado Department of Public Health and Environment.

Table 19. Cancer Screening and Prevention

	Data Year(s)	Chaffee County	Colorado
Mammography in last 2 years 40 years old +	2014	63.2%	61.4%
Pap smear in last 3 years	2014	70.2%	75.9%
CRC screening 50+	2014	65.2%)	66.5%
Adults sun protection use	2014	86.2%	70.8%

Data retrieved from the Colorado Department of Public Health and Environment.

Table 20. Mental Health and Substance Abuse

	Data Year(s)	Chaffee County HSR 13	Colorado
High school students reported bullied @ school	2013	24.5% (21.98-26.71)	20% (19.20-20.85)
Age-adjusted rate of suicide hospitalization per 100,000	2011-2013	33.7 (16.68-152.26)	51.9 (50.71-52.99)
Rate of liquor stores per 10,000	2015	5.9%	2.4
High school student marijuana use	2013	22.95% (21.23-24.67)	19.7% (18.71-20.64)
High school students drive when drinking	2013	9.15% (8.22-10.09)	7.7% (6.93-8.40)

Data retrieved from the Colorado Department of Public Health and Environment.

Table 21. Prenatal Care

	Data Year(s)	Chaffee County	Colorado
Adequate prenatal care	2013-2015	64.7%	63.2%
Low birth weight babies (< 2500 grams)	2013-2015	9.0%	8.9%
Infant mortality rate	2013-2015	County: 0.0% HSR 13: 2.2%	4.8%
Smoked during last 3 months of pregnancy	2012-2014	HSR 13: 13.3%	7.6%

Data retrieved from the Colorado Department of Public Health and Environment.

Table 22. Behavioral Health

	Data Year	Chaffee County*	Colorado
Reported Poor Mental Health (5 and older) *8 or more days*	2021	18.6% (2019)	23.7% (2021)
Children who need mental health care	2014	6.7%	15.3%
Mother who reported postpartum depression symptoms	2015-2017	15.3%	11.2%
High schoolers who seriously considered suicide	2017	19.7%	17.0%
Adults diagnosed	2017	18.3%	17.4%
Adults who reported binge drinking	2017	20.3%	18.9%
High schoolers reported binge drinking	2017	21.2%	16.0%
Overdose deaths involving opioids	2014-2018	56%	17.1%

Data retrieved from the Colorado Data Dashboard from Mental Health Colorado.

7. Methods for Data Collection and Analysis

Purpose:

Several methods of data collection were employed to gather a comprehensive understanding of the health of the Chaffee County community. The community partner, on behalf of the SAT, contacted community members from various backgrounds to partake in the assessment to gather diverse perspectives.

Data Collection Methods:

a. Nominal Group Technique

i. NGT Data Collection

The Nominal Group Technique allowed the student team to gather insights from community members on health concerns and community strengths and assets in an efficient and timely manner. One major benefit to this technique was that prioritization of top-ranked concerns and strengths/assets happened in real-time. Participants were recruited by the Chaffee County Public Health. Participants had backgrounds from various organizations in the county, including Emergency Medical Services, the Chaffee Housing Authority, Heart of the Rockies Regional Medical Center, the Board of Commissioners, Chaffee County Public Health itself, and more. Two-hour sessions were held in Salida and Buena Vista, with one table of participants in each location.

Members of the SAT guided participants through the NGT process, as outlined in Appendix B-2. The process uses an exhaustive round robin style to provide each participant the opportunity to respond to questions about top health concerns and assets in Chaffee County. One member of the student team served as a note-taker throughout the process to record each idea. After each participant voiced all of their ideas, the participants anonymously ranked ideas to determine the top concerns and assets. Participants chose their top five concerns and top five assets and ranked these, giving five points to their number one concern and one point to

the least important of the top five concerns. Scores were recorded on notecards, and then turned into the student team for counting. This process was used to rank ideas for the following two questions: “What are the main health concerns in Chaffee County?” and “What are the strengths and assets in Chaffee County that can be used to improve the health of the population?”

ii. NGT Data Analysis

As previously stated, much of the data analysis for the NGT occurred during the data collection process. To reiterate, members of the student team totaled the votes for each idea submitted. They used these counts to determine which health concerns and which community assets were the priorities according to the participants. During this process, the students calculated a baseline score based on how many ideas were expressed and how many individuals participated. This calculation eliminated the ideas that were not statistically significant. The team was then able to rank concerns. In the event of a tie, the idea that had more votes was ranked higher. If the ideas had an equal number of votes, they were declared a tie. After determining each score, ideas that fell under the same theme were combined in one table. The ideas were then ranked by average score to determine the group’s top health concerns and community assets.

b. Key Informant Interviews (KII):

i. KII Data Collection

Three members of the Student Assessment Team (SAT) conducted one-on-one semi-structured interviews with key informants identified by CCPH. The team used the interview guide from the previous assessment done in Chaffee County, with the addition of questions about the environmental impacts on health. The interview guide included seven questions across three domains (i.e., population health, capacity, and environmental health) to elicit responses about the community’s health concerns, strengths and assets, and environmental

impacts on health. (Please see Appendix C-1 for the full interview guide). The questions asked during the KIIs to address the three main domains were the following:

Table 23. Question Domains Used To Develop Questions Asked During The Kiis

Question Domains
What are the major health concerns in Chaffee County?
What are the major strengths or assets of Chaffee County?
What are the main concerns about the impact of the environment on health in Chaffee County?

The interviews were conducted over Zoom, and both the participants and student team had web cameras enabled throughout the interview. The interviewers acquired informed consent, and then started recording the interviews. Each interview lasted approximately 30 to 45 minutes. Thirteen key informants participated in these interviews including five educators, five working in healthcare, one person from Chaffee County Equity Coalition, and one person from the Partnership For Community Action (PFCA) representing “Rural Queer” people.

ii. KII Data Analysis

The SAT uploaded the KII recordings to Otter.ai, an automated transcription service, and manually reviewed the transcripts. An inductive, iterative approach was used by three of the SAT members to code the transcripts. Codes that were identified in the NGT were applied to the KII transcripts, and after coding the KII transcripts, the NGT codes were re-reviewed to apply new codes identified in the KIIs and the Community Survey to ensure consistent use of all codes . After the KII coders reviewed the responses, the group organized the codes into categories, added additional inductive codes, discussed decision criteria, and defined all codes to produce a final coding scheme. Coding differences were resolved by reviewing the coding

scheme definitions and coming to consensus. Additionally, any coding differences were brought to the SAT for discussion.

The SAT then organized codes into major themes and subthemes, according to the thematic analysis framework. The SAT also used classic content analysis to determine major themes according to the score assigned to each code and the frequency of the codes across all three data collection methods. The codes used most frequently were determined to be the major themes across all three data collection methods. Subthemes were included in the development of the major themes to provide defining properties and further explanation.

c. Community Health of Chaffee County Survey (Community Survey):

i. Survey Data Collection

CCPH designed the Community Survey using Google Forms. The survey included four Likert scale/multiple choice questions and 19 short answer questions. Respondents were asked to share demographic data at the end of the survey. CCPH offered participants an opportunity to win a gift card as an incentive for their participation if they chose to enter their contact information. The surveys were disseminated at flu clinics, online through the CCPH website and through email invitations. CCPH also sent out links to the survey to community members via various collaborators and stakeholders including members of the Chaffee County Health Coalition and the Equity Coalition.

The questions included in the survey focused on the following topics: top five health concerns, top five environmental health concerns, top five community assets, overall personal well-being, and the county's response to the on-going COVID-19 pandemic. Some of the questions included were "On a scale of 1-10, how healthy do you think Chaffee County residents are?," "What is the number one health concern facing Chaffee County?," "On a scale of 1-10 in your opinion, how much has COVID impacted the physical health of Chaffee County?" and "In

what ways did Chaffee County struggle in our response to the COVID-19 pandemic?" A full list of questions included in the Community Survey can be found in Appendix D.

The survey went live online on October 6th and closed on October 29th. Two-hundred and eighty three respondents participated either online or through a paper format. It was available in English and Spanish. CCPH translated the Spanish survey responses. CCPH shared survey responses with the SAT through Google Forms and an Excel spreadsheet.

ii. Survey Data Analysis

On a scale of 1 to 10, how healthy do you think Chaffee County residents are?	Why did you choose that rating?	Code Q2	How would you rate your own personal emotional well being?	Why did you choose that rating?	Code Q4	What is the number one (#1) health concern in Chaffee County?
xxxxx	xxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx

Figure 7. Coding Spreadsheet. The figure displays an example of the rows and columns used for the coding process of the Community Surveys.

The short answer responses were divided between two team members. Each team member coded half of the responses. As the coding process progressed, the team members collaborated to discuss and compare codes to ensure consistency particularly when differentiating between positive and negative responses. The students coded approximately 5000 short answer responses to distill the top health concerns, strengths, and assets of Chaffee County. After the coding process was completed, the students added their codes to the master codebook that included the codes developed by the NGT and KII data collection team. Once the

SAT had identified all the codes within the master codebook, the team collaborated to group the codes into two categories: needs and assets. The two categories included themes from the Community Surveys, KIs, and NGTs.

For the next stage of qualitative analysis for the Community Surveys, the students created an independent file for each of the 19 short answer questions. Each sheet was named according to the question it represented on the original survey (i.e., Code Q2, Code Q4). Using the themes developed by the SAT, the students responsible for coding the surveys created a table that was used to track the use of each theme in each of the 19 question files. The students used the find function (i.e., Command + F) on Excel to identify how many times the theme appeared in the responses. The number of times the theme appeared in the responses correlated to a score. The scores from each question were summed to determine the frequency of the theme across all questions.

Respondents were asked to list what they thought were Chaffee County's top five health concerns, top five environmental concerns, and strengths/assets of the community. For these question sets, students created a new sheet within the code Excel spreadsheet with the same theme table that showed the total scores for each category: top health concerns, top environmental concerns, and top strengths. The students then introduced these results to the rest of the SAT to develop the overall health concerns and strengths.

In addition to the ranking questions and the top five lists, the survey also asked respondents to reflect on the county's response to the pandemic. These responses were also coded according to the themes identified. Results can be found in Appendix D.

d. Senior Survey

i. Data Collection

CCPH designed the 2021 Chaffee County Community Health Assessment Senior Survey (Senior Survey) using a paper, hardcopy format. The survey included four main questions and three sub-questions (i.e., 1a., 1b., and 1c.). Questions included in the survey focused on the following topics: their main health concerns in Chaffee County, the top three public health concerns, and which health concern is the most and least important to the respondents. Nineteen respondents participated in the survey, but most of the surveys were not completed in their entirety, leaving some questions blank.

ii. Data Analysis

One of the members of the SAT completed the data analysis of the Senior Surveys. The questions and sub-questions were added to individual columns in an Excel spreadsheet and each of the responses were added to the rows. The questions were coded individually by the SAT member and a list of codes was developed. The Senior Surveys were the first method of data collection to be analyzed, so the codes were identified independent of the other primary data collection methods. Due to the limited data retrieved from the Senior Surveys, potentially due to the small sample size, and the differences in questions compared to those asked in the other data collection methods, the codes were not included in the final codebook, but the SAT felt that the concerns that were brought up by the Senior Survey responses were adequately encompassed in the final list of themes.

8. Key Findings

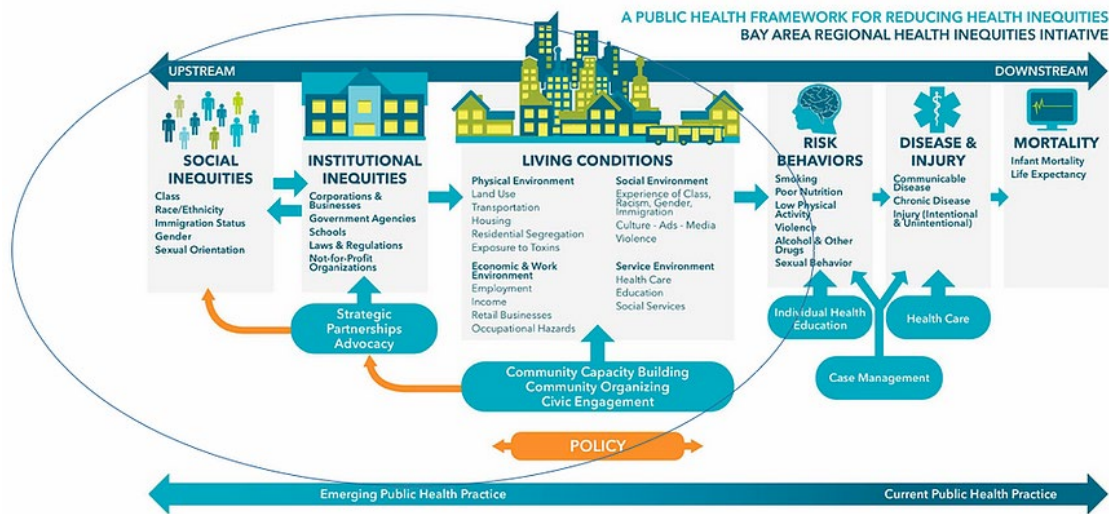
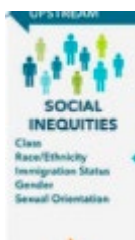


Figure 8. BARHII Model.

The SAT applied the BARHII model to the identified themes that informed the key findings to better understand how social and institutional inequities, living conditions and risk behaviors may affect the health outcomes amongst all residents of Chaffee County.



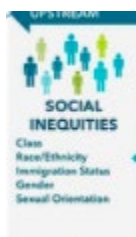
Social inequities: Mental Health & Healthcare Access

The BARHII model identifies social inequities like race and ethnicity, sexual orientation, gender, immigration status and class as barriers to positive health outcomes. The SAT determined that social inequities like race and ethnicity may pose a barrier to mental health resources due to a lack of bilingual and culturally appropriate mental health and healthcare providers.

Limitations based on sexual orientation were also considered a social inequity according to the BARHII model. The SAT found evidence during qualitative data collection that identified the influence that a resident's sexual orientation and gender identity had on their access to healthcare. Chaffee County's LGBTQIA+ community suffered from limited access to

healthcare during the COVID-19 pandemic. For example, transgender residents were not able to receive hormone replacement therapy because the treatment was categorized as an elective, non-essential medical procedure as seen in the quote below:

Well around COVID. With the lockdown began, how many trans people had difficulty accessing care, because it was considered by many doctors as non-essential. And so a lot of people there, were people actually starting to, to have hormonal issues because of the gap in access with doctors or prescriptions...



Social inequities: Housing, Cost of Living & Environmental Health

Race and ethnicity influenced the cost of living in Chaffee County according to secondary data (CDPHE, 2017). The eastern part of the county had the highest proportion of Chaffee’s non-White population as well as its highest rate of poverty at 13.1%. There were no county-level data available about the impact of social inequities like gender, race and ethnicity, and sexual orientation on environmental health and housing affordability and availability, specifically. Though there were state-level data to support the role social inequities played in affordability of housing. According to a 2019 report by the Colorado Health Institute, 35% of non-White Coloradans were more likely to live in cost burdened households than their White neighbors.



Institutional Inequities: Mental Health, Access to Healthcare, Housing, Cost of Living, Environmental Health

The BARHII framework defines institutional inequities as a barrier to health equity caused by a lack of businesses, government agencies, non-profit organizations to support, advocate and represent the community in need. One institutional inequity that appeared across all three data collection methods and was supported by secondary data was the limited access to urgent care in Chaffee County. The 2021 Snapshot of Rural Health in Colorado showed that Chaffee County has one critical access hospital (CAH) in the southern

part of the county and a rural health clinic in the eastern part of the county (Colorado Rural Health Center, 2021). Also, survey respondents noted that getting to a walk-in facility in the northern part of the county posed a barrier. Within the same category was the lack of substance abuse treatment facilities. For both services, Chaffee County residents were forced to leave the county, sometimes traveling great distances to reach care.



Living Conditions: Mental Health, Access to Healthcare, Housing, Cost of Living

Under the BARHII framework, living conditions are defined as the social, physical, built, and natural environment in a community that pose a risk to both physical and mental health. Included within this definition are barriers such as lack of

employment opportunities, lack of transportation, and limitations on land use. Also included under living conditions are prejudices within the social environment that make life more difficult for some in the community.

The BARHII framework supported the SAT’s findings in the literature, quantitative data, and qualitative data when considering the role of income and insurance on mental health. According to the literature, those with public insurance and those with low income were less likely to have access to mental health resources (CHI, 2021). As seen in Section 3.2. Health Factors, 45.2% of Chaffee County’s residents used Medicare and other public insurance, compared to the state’s rate of public insurance of 37.1%. This inequity may play a role in accessing mental health providers in Chaffee County, a concern identified by the residents across all three data collection methods.

Similarly, the SAT found that a lack of transportation to healthcare providers, specifically to the main medical center serving Chaffee County, limited the ability of some residents to

access healthcare. According to data in Table 10, 7.6% of residents in HSR 13 that includes Chaffee County were unable to access care due to lack of transportation. Survey respondents also identified the “distance to front range (medical) services” as a top health concern.

Access to healthcare was also limited by a lack of internet access which was more common in Colorado’s rural counties like Chaffee County than in urban areas of the state. Secondary data supported this inequity of the physical environment that comes under living conditions in the BARHII model. Eighty-one percent (81.2%) of Chaffee County’s residents had internet access compared to 87.6% in Colorado. Computer access in Chaffee County was also lower at 88.5% as compared to access in the state of 93.9%.

When considering housing, the secondary data supported what was identified in the qualitative data. According to the BARHII model, land use is a limiting factor under living conditions that impact health outcomes. In Chaffee County, 80% of the land is publicly owned, meaning the government owns the land; it cannot be used to expand the built environment to support the growing population. This limitation impacted housing availability and affordability creating housing instability which was a contributing factor to stress and anxiety (CHI, 2021).

The SAT also found that while income certainly played a role in housing affordability, it was not the only factor impacting housing concerns. Availability of affordable housing had an impact at numerous income levels including extremely low to moderate. According to the Colorado Housing Affordability Data Explorer, there was a shortage of affordable rental stock at the extremely low to low income brackets. Similarly affordable houses for ownership were in short supply for those earning less than \$75,000.

Another barrier to housing influenced by income impacted those earning just below and above the median household income level meaning in the range of \$50,000 to \$103,000. According to survey data, these residents fell into a gap of not earning enough to afford what housing was available and earning too much to qualify for assistance. Evidence from secondary

data and primary qualitative data supported this finding. During NGT, representatives from the hospital commented that the parking lot looked like an “RV park” because of the number of “licensed” providers who were not able to find affordable housing. Secondary data from the 2021 Chaffee Housing Authority Survey also supported the affordable housing gap as described below by one respondent:

Affordable, livable homes for sale within 20 min of Salida/Poncha Springs. We both make more money in Salida than we've ever made anywhere else. We make way too much to qualify for any assistance or affordable housing programs. We are having a child soon and are faced with the decision of abandoning our jobs and moving in order to buy a home somewhere we can afford to live.

Housing costs influenced the cost of living at every income bracket with those at the lowest levels of income experiencing the greatest burden. About 64% of these residents paid more than 50% of income in housing costs (Colorado Department of Local Affairs, 2019). The more money spent on housing and healthcare left little for other necessities.

Survey respondents expressed concern related to air quality, water quality and availability, and wildfires/smoke. “Smoke from wildfires,” “air quality from forest fires,” and “concern over the quality and supply of adequate water” were among the top responses from survey respondents when asked to name Chaffee County’s top environmental health concerns. Many of these concerns represent environmental impacts that are beyond their control and can be found under the “physical environment of living conditions” of the BARHII model. While living among the natural beauty of Chaffee County was seen as a positive, respondents and participants in primary data collection also expressed anxiety related to the very real health effects of living with smoke, wildfires, waste management, and air pollution.

The social environment of Chaffee County residents falls under living conditions in the BARHII model. Based on feedback from the participants and respondents across all three data collection methods, the SAT determined there were concerns regarding the rising tensions and

divisiveness in the wake of the pandemic, which has made the social environment challenging for many residents. The polarization has created social division that respondents noted had not existed before. While this was not cited as a top health concern, it was noteworthy that respondents in all three data collection methods cited this concern. Under the same heading, KII respondents also noted an increase in the presence of extremist groups.



Risk behaviors are defined in the BARHII model as smoking, drinking, substance abuse, and suicidality, which negatively impact health outcomes. All of these behaviors were identified as causes of concern across all data collection methods. The secondary data also supported these findings. Respondents and

participants noted particularly an increase in suicidality, excessive drinking, and substance abuse. Some Community Survey respondents suggested that substance abuse may be in response to the mental health effects of social isolation during the pandemic. “Binge drinking,” “substance abuse,” and “drug addiction” were a few of the responses in the Community Survey indicating substance abuse/use as a growing health concern in Chaffee County.

8.1 Chaffee County Community Areas of Improvement

Below are the themes and subthemes identified by the SAT. First the SAT assigned codes to the responses across all three data collection methods. Then the codes were grouped into subthemes and then themes. A theme was defined as a grouping of related codes that were identified across the three data collection methods. Subthemes were groupings of codes that were less frequent but helped define the major themes. Twenty-six themes and 80 subthemes were defined during the thematic analysis. The final lists of themes and subthemes can be seen in the tables below.

Table 1. Themes, Subthemes, And Minor Themes Identified Through Thematic Analysis Of The Data Collected Across The Three Data Collection Methods For The Top Health Concerns Of Chaffee County.

Themes	Subthemes
Mental Health	Pediatrics Adults Geographic isolation Occupational stress Suicide
Housing	Security Affordability
Safety	Interpersonal (i.e., domestic violence) Traffic Bike Gun Pedestrian
Polarization	Politics Divisiveness Social Media
Access to Healthcare	Quality Transportation Cost Lack of providers including specialties Insurance

Transportation	
Substance Abuse	Rehab Lack of treatment Use (alcohol, drugs, vaping, smoking)
Chronic Disease Management	
Environmental	Water quality Air quality Wildfire risk Climate change Sustainability Lack of recycling Not enough funding/staff for parks and rec
COVID	Vaccines Mandates (masks, vaccines, schooling) Variants Misinformation Economic impact
Resources	Family Youth Childcare Homeless Elderly (lack of providers, lack of assisted living facilities) Disabled
Childhood Health	Vaccinations Sexual health
Cost of Living	Poverty
Diversity, equity, and inclusion (DEI)	Discrimination against the LGBTQIA+ community Increasing welcoming behavior
Aging Population	Health concerns Lack of resources (social services)
Food Insecurity	Lack of healthy options that are affordable Not enough farmer's markets WIC
Population Growth	Impacts on infrastructure Impacts on way of life Impacts on housing

8.2 Chaffee County Community Strengths and Assets

Table 2. Themes, Subthemes, And Minor Themes Identified Through Thematic Analysis Of The Data Collected Across The Three Data Collection Methods For Chaffee County Community Strengths And Assets.

Themes	Subthemes
Collaboration	People and organizations working together Social networks Administrative support Local government responsiveness Public/private partnerships Nonprofits are active and provide program funding
Parks and Rec	Fire mitigation Trail maintenance Pool Skate Park
Community Identity	Community events "Small town feel" Faith based organizations
Public Health	Department COVID (clinics, testing, vaccines, informed response) Prevention Programs
Natural Resources	Trails Mountains River
Active Lifestyle	Physical activity Healthy food awareness
Hospital	Positive perception of healthcare
Education	
Geographically Centralized	Can drive nearby to get healthcare Major thoroughfare

Below is the breakdown of top health concerns and top assets identified through classic content analysis by each method of data collection:

Nominal Group Technique:

Table 3. Chaffee County’s Top Health Concerns and Assets from NGT

Concerns	Assets
Housing	Collaboration
Mental health	Natural environment
Childcare	Professional network
Suicide	Community identity
Cost of living (middle class squeeze)	Hospital

Key Informant Interview:

Table 4. Chaffee County’s Top Health Concerns and Assets from KIIs

Concerns	Assets
Access to healthcare	Collaboration
Cost of living	Active lifestyle
Housing	Public health
Environment	Natural resources
Mental health	Hospital

Community Survey:

The Community Survey asked respondents to rank the health of Chaffee County on a scale of one to 10. The average of these rankings placed Chaffee County's overall health at 7.2. A sampling of responses justifying this above average rating included the outdoor environment, an active lifestyle and a strong social network.

Table 5. Chaffee County's Top Health Concerns and Assets from Community Surveys

Concerns	Assets
COVID-19	Natural environment
Access to healthcare	Collaboration
Mental health	Active lifestyle
Substance use	Community identity
Housing	Public health

The community survey also identified top environmental health concerns as follows:

Table 6. Chaffee County Top Environmental Health Concerns

Top Environmental Health Concerns
Air quality
Water quality and availability
Wildfires and smoke
Waste management including lack of recycling options

Senior Survey:

Due to the small sample size, the health concerns identified through the Senior Surveys were not pared down to identify a top five. All of the health concerns identified from the Senior Survey results are displayed in the table below. The respondents were not asked to identify the top community assets, so assets were not identified through this data collection method.

Table 7. Chaffee County's Top Health Concerns from the Senior Surveys

Concerns	
COVID-19 virus and vaccines	Housing upkeep
Access to healthcare	Transportation
Lack of assisted living	Socialization
Occupational health	Personal health status
Education	Environmental health
Top Assets	
The Senior Survey did not ask respondents to identify top community assets.	

8.3 Key Findings: Triangulation of Data Analysis

Top Health Concerns: The following table shows the top health concerns gathered from the NGT, KII, and Survey responses.

Top Health Concerns
Access to healthcare
Cost of living
Housing
Environmental
Mental health

The following section outlines the top health concerns and assets identified by the data collection methods. Definitions of each concern and asset are outlined below with supporting quotes from community members that provided context through analysis of related health concerns.

Access to Healthcare was identified as a top health concern in the Key Informant Interviews and the Community Surveys. This theme included access to transportation to and from the Front Range for medical care, the lack of providers in Chaffee County, the quality of care, cost of healthcare, the lack of specialty providers (i.e., mental health, dentists, and geriatricians), and difficulty with insurance (affordability and access). The lack of available providers, both quantity and time, resulted in an additional barrier of transportation to care outside of Chaffee County. For instance, one of the KII respondents was concerned about the long wait times to get an appointment with specialists. They described the long wait time to get an appointment:

[My partner [censored name] was trying to get an appointment today with a dermatologist and the first available appointment was in April. I've been looking for a neurologist, and last time I called it was [the appointment] 16 weeks. So most of the time it's just access itself is so limited...

Another participant expressed their concern about the dental provider shortage in Chaffee County. They reasoned that the shortage was due to the high retirement rates among dentists in the county, especially for providers who accept Medicaid and/or provide services to children:

[W]e had some dental offices close and dentists retire, quite a few. We've lost a Medicaid provider, a dental Medicaid provider, and there's only, there was only three, total, and two now. And none of these, no dental provider in the county will see children under three. So there's a whole issue around that.

The cost of healthcare services was also identified as a barrier to accessing healthcare:

[T]he most expensive place to get that service was my hospital in Salida.

Cost of Living was identified as a top health concern in the Nominal Group Technique and the Key Informant Interviews. This theme included mentions of living wages and poverty. According to secondary data, the number of residents living in poverty has increased more than three percent since 2013. This theme was related to the top concern of housing, but the SAT felt the residents brought this up as a separate concern. One participant described this concern as driving the economic challenges to living in Chaffee County:

We've got folks who have more economic challenges to living here as cost of living really increased and, and it's just the... It's well established that it's hard to work here and to live here.

The participant also described how cost of living may impact access to healthcare:

And I know that therefore has a ripple effect on access to health care, maybe even priority on health care.

Housing was identified as a top health concern across all three data collection methods. This theme included housing security of residents already living in Chaffee County as well as the affordability of housing. Participants from the NGT noted that healthcare workers were unable to afford housing in Chaffee County, which resulted in alternative methods such as RVs in the

hospital parking lot. Additionally, homelessness was a growing concern due to the lack of affordable housing.

Seven out of the 13 key informants ranked housing as their top health concern in Chaffee County. One participant expressed their concern about the availability and affordability of housing in Chaffee County:

Not only is housing difficult to come by here, but it is also incredibly expensive. And is out of reach for many people.... There's no place for people to live, and so, like if you don't have a place to live then you can't take care of your basic needs and it just snowballs.

Seventeen percent of Chaffee County residents were "housing cost burdened." This meant they were spending more than 30% of their income on housing costs (Colorado Department of Local Affairs, 2019). According to a survey conducted in 2021 by the Chaffee County Housing Authority, 90% of respondents said that housing was too expensive in Chaffee County. Among respondents, about 40% earned more than the median household income in Chaffee County of \$55,771. Since the 2016 CHA, median home values in Chaffee County have increased by approximately 36% while median household income has increased by about 16%.

The availability of housing was also connected to the ability to access healthcare by some participants. One respondent, when asked to rank the top health concern, demonstrated how the availability and affordability of housing impacted access to healthcare in terms of the medical provider shortage:

I think the housing because this is why access [to healthcare] is being affected by housing, our housing are so expensive, I think it's hard to get workforce to come in, we have low inventory of homes, and we have a very low inventory of homes that are in the affordable range...we can't get providers to come in... It's kind of like, like connected. So you see how they're all connected..

Environmental Health was identified as a top health concern in the Key Informant Interview and the Community Health Surveys. While questions were specifically asked in the surveys, this was a theme that was brought up across all data collection methods. This theme included water quality, air quality, wildfire risk and smoke, climate change, sustainability, waste management, and staffing for parks and recreation services.

One KII participant emphasized how rural areas, such as Chaffee County, were more impacted by environmental health than urban areas. Thus, maintaining a healthy natural environment was very important in Chaffee County:

[[It's really important here. I mean, because it's, it's a part of our daily life that surrounds us. So it's not the same as being in an urban area. So it really does affect us..

Mental Health was identified as a top health concern across all three data collection methods. This theme included pediatric and adult mental health, mental health associated with or as a result of the COVID-19 pandemic, mental health related to geographical isolation, occupational stress, and suicide. Participants also shared concerns regarding the lack of access to mental health care providers among the residents in Chaffee County.

One notion expressed during the NGT was the idea of Chaffee County as the *“end of the road.”* This expression meant that people expected that moving to Chaffee County would fix their problems. However, when their problems persisted, they felt like there was not anywhere else to turn. This failed expectation was likely to exacerbate underlying mental health problems.

The graph below illustrates the increase in suicides by all methods in Chaffee County between 2004 - 2021. Between 2017 and 2021, the number of suicides more than doubled.



Figure 9. Suicides by all methods in Chaffee County between 2004 - 2021.

Data retrieved from CDPHE, Colorado Health Indicators, 2021.

The graph below represents the state suicide level for the same time period. Suicide in the state increased by less than 2% during the same time period.

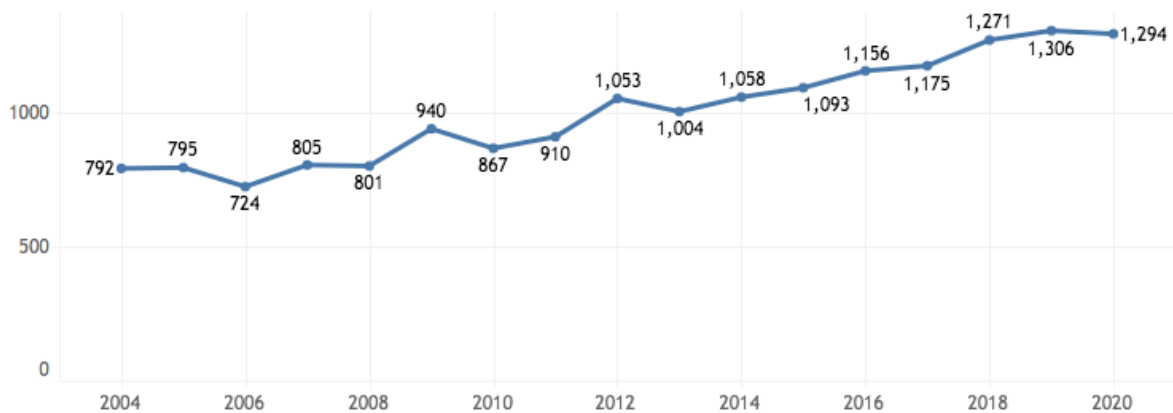


Figure 10. Suicides by all methods in the state of Colorado between 2004 - 2021. *Data retrieved from CDPHE, Colorado Health Indicators, 2021*

Additional Health Concerns: The following section will discuss the additional health concerns that were identified by Chaffee County residents including substance use, lack of resources, DEI, and polarization. Although these health concerns were not as prevalent as those identified as

top health concerns, the SAT felt that they were worth mentioning to ensure inclusion of all voices and concerns.

Substance Use: The major substance use concern raised by the community was access to treatment. Like access to healthcare, the theme of substance use concerns includes shortages of therapists and facilities:

Inpatient substance abuse treatment is lacking, we need to build more inpatient facilities. There is a lack of therapists nation and state wide..

And then the wait times to get into a residential facility can be a month to two months long. So somebody that needs a high level of care is living in our community without the resources to meet that need...

Lack of Resources was also among the top health needs in Chaffee County. Lack of resources included lack of services to youth, elderly, disabled, and homeless. Some community members brought up the lack of services to individuals with disabilities:

I just would have to say, with allowing for and holding space for disabled....because I think so often, our disabled suffer in that , that realm, and I and I just think paying closer attention to it..

The participant added that the infrastructure should be improved to be disability friendly:

Sidewalks, roads, bathrooms, buildings in general, you know, in rural areas, the infrastructure is so old often, that everything is grandfathered in. And so people who are disabled, a lot of times have to move to more urban communities.

DEI: As mentioned earlier, transgender residents of Chaffee County had difficulty accessing their hormone replacement therapy (HRT) during the COVID-19 pandemic as some physicians considered it elective or non-essential:

Well around COVID. With the lockdown began, how many trans people had difficulty accessing care, because it was considered by many doctors as non-essential. And so a lot of people there, were people actually starting to, to have hormonal issues because of the gap in access with doctors or prescriptions,...

The KIIs identified a lack of education around the LGBTQIA+ community's healthcare needs as a contributing factor to the discrimination of this minoritized group:

More specifically, from an LGBTQ lens, is access to doctors with any knowledge of LGBTQ or gender affirming care, like, there are so few [that have knowledge about LGBTQ issues]. And they literally can be counted on two fingers.

I don't believe there's a person in our county that knows or has experienced what LGBT or gender affirming care is, so I feel like education is key in our county.

Additionally, a Key Informant asked the following question regarding the perception of safety experienced by people of color living in Chaffee County:

Does somebody, a person of color, feel comfortable out here?

Polarization: Another concern that was brought up across all three data collection methods was polarization. This theme included mentions of politics, divisiveness within the county, and social media. KII participants identified concerns about the “charged” environment that led to safety concerns and the overall divisiveness in the community:

We have a very charged community environment. We have a white nationalist group that organizes in our area. And so there's a lot of militia and things like that...and I know, that really affects a lot of people. We have people that stand on the road with guns, you know, and it's just bizarre stuff.

Well, I think things were deteriorating emotionally for the past four years and then you know, I mean, the divisiveness that's going on across the country, the state...it's just such a divide and, and it just feels like there's so much ugliness.

Strengths and Assets:

Major strengths and assets of Chaffee County were identified across all three data collection methods. The SAT recommended using the county’s strengths and assets to address top health concerns. The following table shows the top five strengths and assets that were identified from the NGT, KIIs, and survey responses.

Top Strengths and Assets
Collaboration
Active lifestyle
Public health
Natural resources
Community Identity

Collaboration was identified as a top asset across all three data collection methods. This theme included how the residents and organizations of Chaffee County worked together, social networks among the residents, administrative support, the responsiveness of the local government, public and private partnerships, and the non-profit organizations for all age groups. Numerous community members emphasized that the commitment of the community is a strong asset in Chaffee County:

I think we have a very committed community ... we have a lot of volunteers. And what I see happening is that we collaborate across disciplines, so all of us coming together...

During the COVID pandemic, we had to come together as a community to figure out how we were going to vaccinate our population. And we had community organizations volunteer to be at clinics all winter long, we had county employees, we had people dropping off food and warm clothes for people to wear. So when faced with a community challenge, everybody pitched in.

Active Lifestyle was identified as a top asset from the Key Informant Interviews and Community Health Survey. This theme included residents' physical activity and awareness of healthy foods. Physical activity was defined as both indoor and outdoor recreation:

So instead of kind of starting from a deficit, we've got a lot of health conscious people who...practice preventative health, or at least know limits of it...understand what the health preventative steps are. So there's an education and affluence factor. And then I just, an intrinsic motivator- people want to age well, they want to age independently and enjoy their grandkids and not in assisted living. And so they see the decisions they're making today help for that future.

Public Health or Chaffee County Public Health was identified as a top asset in the Key Informant Interviews and the Community Health Surveys. This theme included the COVID-19 pandemic, vaccines and vaccine clinics, mask mandates, testing, communication, response time, and prevention programs. Additionally, it included Chaffee County Public Health as a whole and specific individuals within the department.

Some community members brought up the strength and influence of CCPH. One KII participant mentioned that the director of CCPH was an asset because of the “solid relationships” with other decision makers in the county:

If we're talking about our county, our public health director has a very solid relationship with our county commissioners, ...I think that's really important, because it does play out in people's health.

Another KII participant identified the successful COVID-19 vaccination campaign of CCPH:

That's also something Public health has had a large campaign and then really effective and getting Chaffee County vaccinated. We're almost at 70%.

Natural Resources was identified as a top asset across all three data collection methods. This included mentions of hiking and biking trails, ski resorts, mountains, rivers, and open land space. The natural resources were highlighted as a major selling point for many residents

maintaining their mental health through the COVID-19 pandemic and the appeal of Chaffee County:

We have great outdoor facilities, skiing within 25 minutes, and I can walk to the river, three minutes from here. We have great outdoors, it's beautiful. We have a great art scene. We have a circus, a local circus, and we're a little town. I mean, we're pretty. Everybody's like, Salida is cool.

Community Identity was considered an asset of Chaffee County. This theme included “small town feel,” strength of social networks, arts and cultural events, and presence of faith-based organizations like churches. Respondents across all three data collection methods highlighted the power of Chaffee County’s community identity. Survey respondents noted the “friendly, helpful and peaceful community residents,” “art and music for inspiration and enjoyment,” and a “welcoming community.” Key informant interviews further described the “small town feel” as a feature that distinguishes Chaffee County from other beautiful Colorado mountain communities.

Additional asset:

The Hospital, Heart of the Rockies Medical Center, was highlighted as an asset of Chaffee County. This theme was identified as a top asset in the KIIs and NGTs but not the surveys. It encompassed positive viewpoints of the healthcare system. The residents had differing opinions about the hospital. While they appreciated having this resource in the county, they expressed concern about the long wait times for appointments, sometimes weeks or months, and the expensive price of care. One respondent noted that they had to pay for a COVID-19 test that they were told would be free through their insurance; this tainted their view of the hospital.

9. Recommendations for Chaffee County

The following recommendations are derived from the findings of the quantitative and qualitative data analyses. The top concerns identified during the analysis of the data across collection methods including NGT, KII, and surveys are found below. Each concern will be addressed separately with recommendations focused on support within that area.

Suggested Immediate Recommendations

Chaffee County is uniquely positioned to implement solutions to some of the health concerns that the community is currently facing. In October 2020 Chaffee County created a housing authority which is currently looking at the disproportionate impact of housing on minority members and low-income individuals. The housing authority is tasked with looking at housing through an equity lens and has been moving forward with work in this area. Additionally, there is an equity coalition that was recently created and is exploring many aspects of equity including healthcare, housing, and accessibility within the community. Capitalizing on these recent developments would be advantageous to address the expressed needs of citizens who were under-represented in the CHA data gathering process. These sources should be utilized to gather information, disseminate information at future community events, collaborate with other embedded and trusted organizations and signal to others that the needs of these marginalized community members do impact the overall health of the county. This would address some of the largest issues listed below.

Access to Healthcare: It was mentioned as a health concern in the KIIs and survey. The concerns that were expressed included transportation to appointments, insufficient transportation to and from facilities outside of the county, a lack of bilingual providers, a dearth of appointments on nights and weekends, insufficient providers in specialty areas including pediatrics, and a lack of payor sources for families who fall between the gaps of Medicaid and

private insurance. Additionally, the healthcare providers are in need of support, especially housing. Healthcare providers reported that housing costs put additional pressure on them and result in a “makeshift mobile home park” in the parking lot of the hospital. They report that this leads to challenges with retainment and recruitment of healthcare providers. To address some of these concerns the following recommendations are being made.

a. Telehealth/Virtual Medical Services: The use of Telehealth systems aids the convenience of diagnosis, consultation, education, the transfer of medical information, and treatment of medical conditions. This method of communication can involve virtual consultations, as well as patient monitoring, which provides a less expensive, more accessible, and convenient alternative to traditional (in-office/in-person) care. Such an approach could increase access and affordability to primary care physicians, specialists, oral health providers, and mental health providers. Utilizing this approach could also allow for Tele-Prevention, in which virtual care is used for enhanced disease prevention and whole-person health. As such, medical teams would be focused on the proficient and efficient delivery of preventive care, while interprofessional care teams would be focused on reducing negative health outcomes through needs-based service planning. One of the strengths that was mentioned in the data was the ability for agencies to collaborate. Additionally, at the outset of the COVID-19 pandemic, HRRMC started adding telehealth services to provide safe ways for patients to meet with doctors. Therefore, telehealth already has a foundation in the community, on which public/private partnerships could build upon to create a scalable network that would serve Chaffee County residents and increase access to healthcare. The passing of the Build America Act of 2021-2022 provides funding for investment in internet and connectivity in communities that are currently under-resourced in this area. This would allow for the

strengthening of broadband resources in the development of telehealth practices within Chaffee County.

Teledentistry has historically struggled with adoption because of the existing or lack of reimbursement policies. However, the Colorado legislature passed SB20-212, which is a bill passed during the 2020 regular session that allocates funds to reimburse the provider for telemedicine visits at the same rate as an in-person visit, thereby setting the stage for the adoption of SB21-139 which applied to teledentistry and reimbursement models. SB21-139 was passed 11-1 in the 2021 regular session.

b. Enhancing the use of mobile resources for the delivery of healthcare is also a recommendation. Mobile healthcare services can include, but are not limited to, vaccine clinics, urgent care services, and COVID-19 testing. This would allow for flexible access in the rural community, a way to deliver services within minority communities, who may be underserved, and increase the access to healthcare.

c. Concierge Medical Services: A concierge delivery service for healthcare could also be utilized for the aging members of the population. Concierge medical practices provide healthcare services at an out-of-pocket rate/cash pay. This option of healthcare typically does not bill insurance and could be a method to address the gaps in care as a result of inadequate or absence of insurance. This type of model has been successful in delivering services in-home and ensures more control and faster access to providers for the patient. Concierge healthcare services will also help address the needs of the aging population regarding transportation to medical appointments/services and the need for caregivers in the home.

Cost of Living: Participants who mentioned cost of living related it to wages being out of sync with housing and the costs of medical care. A recommendation identified by the SAT would be to reach out to neighboring rural resort towns and learn how they address living wages for their most vulnerable populations, including the low- and middle-class residents. There is a potential for further exploration of a wage increase for Chaffee County due to its high cost of living and the impact the imbalance has on Chaffee County residents. More research is needed in this area to fully address this health concern. It is recommended that Chaffee County contact the state's Department of Labor to determine if there are opportunities to increase the hourly wage for seasonal workers and entry-level workers in order to support their living needs. Due to the importance of tourism to support the local economy, prices will continue to increase, so efforts need to be made to ensure permanent residents can maintain their lives in Chaffee County.

Housing: The Chaffee County Housing Authority, established in October 2020, has existing efforts underway to examine the issue of housing affordability at every level: extremely low income, very low income, low income, etc. The Authority is actively engaged in discussing the issues related to housing prices, inventory and challenges within Chaffee County. In order to bring awareness to the community, the Chaffee County Housing Authority created a podcast that is a resource for housing information.

The board includes representation from the public health sector, housing, developers, and an equity coalition. A housing recommendation from the SAT is to include a participant/resident representative as an advisory board member. This will create a mechanism for feedback from community members who are experiencing challenges related to housing.

Another recommendation is to coordinate with surrounding counties in HSR 13 to discuss solutions that positively impact residents focused on housing security. The SAT identified a successful program that rehabs and readapts existing housing inventory, including

old facilities, hotels, and houses. Adaptive Reuse is the practice of changing commercial properties to residential units. It requires rezoning and can utilize funds from PACE loans as well as other funding mechanisms if the building is listed as historical. Additionally, CCPH can partner with the Colorado Resiliency Office to gain additional support for addressing the most pressing housing concerns. This may create solutions to the affordable housing shortages and allow for the use of existing structures thereby reducing the time and cost of new construction where land and permitting may cause barriers.

The Sunshine Home Share is an existing housing program in other counties that pairs individuals who are older or are experiencing difficulty living on their own due to a disability, with another adult who is looking for a place to live at a reduced rental rate. This program has been successful in keeping aging adults in their homes thereby reducing healthcare costs for higher levels of care. Additionally, it creates opportunities for affordable housing in areas where inventory is low. This also helps address the need for an assisted living facility for the aging Chaffee County residents as the adults looking for housing act as caregivers, another health concern.

Environmental: Chaffee County residents reported concerns related to fire mitigation and the stewardship of the land that not only houses Chaffee County residents but also provides the economic engine for the community. Residents voiced concerns over resource allocation in dollars and human capital. Speaking with city council and state representatives about increasing funding mechanisms for the Park and Recreation Department would be seen as advantageous. Additionally, increasing awareness around health issues related to climate change through school programs in coordination with the Parks and Recreation Department is recommended. There is an opportunity to pilot an established program that incorporates youth on the trails that has been successfully implemented in other counties across Colorado.

Colorado Youth Corps Association has partnered with other counties in Colorado to bring evidenced based programming to youth ages 14-17 that promotes stewardship of the land and strong civic engagement. This type of program would support the engagement of youth programs, another area of concern, and address the concern of environmental health.

Increasing the number of community gardens could also be utilized to facilitate engagement in sustainable land management, provide access to healthy food options, and aid in addressing the food security issues that impact residents. Salida currently has one community garden but Buena Vista does not. The price of a plot may be a barrier for residents who are concerned about cost of living wages. There is an opportunity for partnering with the Chaffee County school district and utilizing space on the school property to grow food, teach land management and sustainable growth practices while supplementing healthy food choices for residents.

Lastly, residents voiced concern over waste management and recycling practices in Chaffee County. Survey respondents stated that they do not have access to a free recycling center. They are also concerned about the trash left behind by tourists and campers. Other counties have created mechanisms that are paid for by residents (a concern of Chaffee residents), but there is also an opportunity to add an additional sales tax on room rentals which would generate dollars to pay for recycling and waste management on the trails and streets.

Mental Health: Residents reported that there is a shortage of adolescent and pediatric providers, which is supported by the [Mental Health Colorado Fact Sheet](#). When speaking to community members they recognized that there is a dearth of bilingual and culturally trained providers that would benefit underserved segments of the population. The SAT recommends further assessment to better understand the barriers to accessing mental health resources. The utilization of community-based participatory research methods for a community mental health

assessment would be advantageous when CCPH creates their public health improvement plan. It is not known if the barriers are related to the quality of providers, affordability and insurance coverage, stigma, or inability to access based on another unidentified factor. The Community Survey identified that residents of Chaffee County felt their mental health was negatively impacted by the COVID-19 pandemic. On a scale of 1-10, the average response was 8.3, meaning residents' mental health was very affected by the pandemic.

A recent trend is to co-locate mental health providers in primary care practices so that a referral can be made and an appointment set up without the possibility of losing the patient to follow-up. Additionally, community members involved in the school district report a positive relationship with collaborating mental health focused organizations and providers that can be extended to include more mental health screenings and support in the school setting. There is a funding and policy mechanism since the Colorado legislature passed a bill HB21-1068. The bill mandates that insurance providers also cover an annual mental health visit for up to 60 minutes with a qualified provider. Peer supports are an effective and affordable option for filling the gap of accessing mental health providers. Peer support models, including the use of community health workers, have been created to serve various populations. Peer modeling, similar to the work that Scott Bellini does in '*Building Social Relationships*' could be an effective tool to support children who are experiencing maladaptive behaviors which impact their ability to access the learning environment.

Lack of Resources: Although the participants reported that Chaffee County collaborates well with other organizations and businesses within the county, there was also the realization that the population size, growth, and remoteness/seclusion can create barriers to resources. Participants mentioned a lack of resources for youth, the aging population, families, individuals with lower incomes, people experiencing homelessness, minority populations, LGBTQIA+ members, and individuals with a disability. The SAT recommends partnering with the state and grantors to determine if there are funding mechanisms for programming that will properly target these groups. Some grantors could include The Colorado Health Foundation, Caring for Colorado Foundation, Colorado Community Health Alliance and the Salazar Family Foundation, to name but a few. In addition, there are members of the underserved populations that could become part of a Community Advisory Board to provide input on specific areas of support that are needed and the way those services could be delivered.

Substance Abuse: Substance abuse was seen as an area of concern among participants. Those who cited concerns reported that there was a lack of rehabilitation and harm reduction services, in addition to a concern of the selling, distribution, and use of illicit drugs in the county. The healthcare providers in the community voiced concerns about funding models to maintain a facility geared toward this population. The providers reported that they were not sure there were enough individuals who would utilize this type of service to make it financially viable in a small rural resort community. The SAT recommends that Chaffee County reach out to neighboring counties to determine if there is a way to combine patient populations and funding streams so that residents who needed substance rehabilitation services could have an option closer to their community of origin.

DEI (Diversity, Equity and Inclusion): The population of Chaffee County is growing and there is an increasing demand for a raising of awareness of the diverse community members that will comprise the future. The SAT recommends increased training on culturally appropriate care practices as well as an advisory board and community led coalitions that will be able to share input regarding needs, strengths, and a vision for the future of Chaffee County. It is important to note that the diversity of the population was not adequately highlighted in the data collection methods, so additional outreach and research is suggested to ensure all resident concerns are addressed. One of the ways to do this would be to partner with the Community Equity Coalition in Chaffee County and the Chaffee County Early Childhood Council. These groups are working closely with populations that are struggling the most including families with young children and minority groups.

Childhood Health: Participants reported that childhood vaccinations were not consistent and were therefore impacting childhood health outcomes. The SAT recommends the consideration of a mobile clinic for vaccinations that could be deployed to schools and childcare centers. Additionally, the development and implementation of health fairs at the beginning of the school year could include vaccine clinics in addition to adult chronic disease health screenings to address resident concerns of cancer, diabetes, hypertension, and other diseases associated with aging. These types of health screenings have been shown to be effective at educating people about early signs and symptoms of chronic diseases. This allows for the opportunity to address chronic diseases early on, resulting in a higher rate of positive outcomes.

Polarization: Divisiveness in the community has been fueled by social media, politics, and the national tensions surrounding COVID-19. Residents are concerned over the growing discord, its impact on community cohesion, and the disruption to their way of life in Chaffee County. The SAT recommends creating opportunities for community engagement that support cohesion. This can take the form of creating exercises whereby people are asked to build empathy for other groups. It can be fostered by sharing stories of outside group members and facilitating a thought experiment whereby the reader is asked to walk a proverbial mile in that person's shoes. These kinds of media campaigns have been proven to be effective in other areas. Community identity was listed as an asset and this should serve as a motivator for community members to engage in community building activities that foster a safe space to speak openly and civilly to one another.

10. Limitations

The key findings presented above offer valuable information about the health of Chaffee County based on both qualitative and quantitative data. There are, however, limitations to the 2021 CHA. The qualitative dataset contained responses from a variety of settings and instruments of collection. These data were then distilled into codes, sub-themes, and themes. However, as robust as the data collection was, there were segments of the population within Chaffee County who were either under-represented or missing. Therefore, the responses may not be fully reflective of the needs of all Chaffee County residents.

Additionally, the Senior Survey contained questions that were not asked anywhere else within the data collection process. These open-ended responses provided insight into the needs of the aging citizens within Chaffee County, but because they were not matched with any other data collection methods it was difficult to determine how to best interpret or utilize the responses. Unlike the Community Health survey, the Senior Surveys did not ask about environmental health concerns or the effects of COVID on the populations' mental and physical health. Within the community-launched survey there were 122 participants who self-identified as "seniors" (over the age of 65 years old). There was also a Senior Survey tool utilized which was an abbreviated version of a previous survey tool created by past Colorado School of Public Health Students. This tool was crafted from questions used in key informant interviews from the 2016 CHA. The questions were provided by the Senior Master Plan committee which is now called Age Strong Chaffee. The SAT found that the questions did not all target the needed information, were not all easily understood/comprehended, and the survey exceeded the recommended time (approximately 15-20 minutes).

The SAT found that there was a sampling bias and underrepresentation of the residents living in Chaffee County. There were limited mono-lingual Spanish speakers who were queried and a majority of the participants identified as White/Caucasian. It is important to note that 15%

of the population of Chaffee County identifies as a race other than White, but again, this population was not represented in the data collection.

Additionally, there was an environmental question on the KII which was challenging to answer as evidenced by several participants voicing that they did not know what was meant by “environmental health”. The SAT was instructed to define environmental health as “ranges from sustainability to food safety and licensing to child care and schools (including camps) to toxicology and environmental and epidemiology.” The respondents were unsure how to answer this question and, therefore, were unable to give valuable information in this area.

Lastly, the questions asked during the NGTs, KIIs, and, Senior Surveys, Community Surveys were not the same. While there was some overlap among questions, allowing for comparative analysis, some questions were unique to specific methods of data collection.

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12. Appendices

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Appendix A: Scope of Work

CBHS 6624 Scope of Work Template for Chaffee County CHA Team Project

1. Project Team Information:

Please include the community partner's name and contact information as well as each student's name and contact information.

Name	Email	Phone
<i>Community Partner</i>		
Andrea Carlstrom	acarlstrom@chaffeecounty.org	(719) 207-1399
Emily Anderson	eanderson@chaffeecounty.org	(719) 207-1399
<i>Faculty Coach</i>		
Virginia Visconti	virginia.visconti@cuanschultz.edu	(303) 724-9208
<i>Student Assessment Team</i>		
Mustafa Al-Mafrachi	mustafa.al-mafrachi@cuanschultz.edu	(346) 256-5317
Karryn Christiansen	karryn.christiansen@cuanschultz.edu	(203) 856-1667
Monica Maly	monica.maly@cuanschultz.edu	(720) 372-8922
Deanna Rumsey	deanna.rumsey@cuanschultz.edu	(714) 376-4845
Daphna Rubin	daphna.rubin@cuanschultz.edu	(202) 256-6435

2. Project Team Biographies



Monica Maly is a Master of Public Health student at the Colorado School of Public Health within the Community and Behavioral Health concentration. She earned her bachelor's degree in Integrative Physiology with a certificate in Public Health from the University of Colorado Boulder in 2018. Her passion for public health is focused on transition and quality of care for the aging population and chronic disease management and prevention. Monica has experience in both the clinical/medical setting and public health sectors and will bring a unique insight to this team and the Chaffee County Community Health Assessment. Outside of her education and professional work, Monica enjoys cooking, trail running, skiing, and exploring the Denver food and coffee scene.



Karryn Christiansen is a second-year Master of Public Health student within the Community & Behavioral Health and Global Health concentration. She completed her bachelor's degree in nursing at Boston College. Since graduating, Karryn has worked as an Oncology/Bone Marrow Transplant nurse for the past five years. Karryn is from the East Coast but was very excited to move to Colorado when she finished nursing school so that she could explore the mountains and live life more outdoors. Since moving to Colorado, Karryn has spent a lot of time recreating around the state, especially in Chaffee County, and is excited to learn more about the community!



Daphna Rubin is pursuing a Master of Public Health with a Community and Behavioral Health concentration, which represents a career pivot for her. She brings 25 years of experience from her work as a documentary filmmaker. During the recent COVID-19 pandemic, Daphna volunteered with Boulder County Public Health on a survey about compliance and enforcement of non-pharmaceutical interventions. Her skill set includes leading teams of professionals toward a common goal, building relationships with people from all walks of life, extensive research on a variety of subjects, and a passion for creating impact. Daphna currently lives in Boulder with her family. In addition to school and work, she also volunteers, hikes, skis and backpacks.



DeAnna Rumsey received her B.S. in Occupational Therapy from Boston University with a certificate in Latino Health and is a Master of Public Health candidate at the Colorado School of Public Health. During her 25 years in healthcare, DeAnna has been honored to work in a variety of areas including hospitals, schools, community clinics and tribal lands. She has worked with all populations including people experiencing mental health challenges and substance use disorders. She is passionate about supporting people to live independent lives with health and dignity. DeAnna is currently a Community Organizing Specialist at The Independence Center located in Colorado Springs, Colorado. Her work focuses on creating equitable public policies and advocacy both on a systemic and individual level.



Mustafa Al-Mafrachi is a dentist and current Master of Public Health (MPH) student in the Community and Behavioral Health Concentration. He is interested in the intersection of the two fields and eager to put his knowledge to use in promoting not just oral health but overall health. Mustafa has worked in a community dental clinic for two years and worked with the Oral Health Unit (OHU) at the CDPHE on projects concerning access to dental care for underserved populations in Colorado. He truly believes that access to comprehensive healthcare is a right, not a privilege. In his free time, Mustafa enjoys the Colorado mountains, reading, and meeting new people.

3. Description of the Community:

Chaffee County is a small, rural county of over 20,000 residents found in the south central part of Colorado. It is known for its outstanding outdoor recreation, including rafting, kayaking, and fly fishing, as well as its natural beauty of the Arkansas River and Sangre de Cristo mountain range. The local economy is diverse, but is mainly supported by a mix of tourism, the arts, and entrepreneurship. Recent data indicate that Chaffee County's population is aging, including at least 25% of residents who are 65 and older. The moderate weather, abundance of activities, and surrounding natural resources make retirement in Chaffee County appealing. Unfortunately, as a result, Chaffee County's cost of living has continued to soar, especially the housing market. Therefore, many local residents, seasonal and lower paid workers, and young families find it increasingly difficult to live and thrive here. Additionally, there is a significant gap between the "haves" and the "have nots," which perpetuates the cycle of poverty and health disparities. Fortunately, Chaffee County is rich in governmental and nonprofit resources that have a long history of blending and braiding funding and resources while coordinating and collaborating on health and wellness initiatives. All of which are guiding efforts to address the health disparities experienced by residents in Chaffee County.

Chaffee County Public Health (CCPH) is overseen by the Director of the Department and governed by the local Board of Health. Recently, CCPH appointed a Deputy Director to be included in the leadership structure. CCPH manages over 30 programs that work to elevate the health and wellness needs of the county's residents and visitors while finding innovative solutions to address them. Despite the pandemic, CCPH, along with key stakeholders and partners, have made significant strides in affordable housing, services and support for older adults, behavioral health, chronic disease prevention and management, and immunizations over the past year. The county is primed to participate in our next community health assessment and improvement plan for 2022-2027.

Reference: Carlstrom, A. & Visconti, V. (2021). *Scope of Work for CBHS 6624 Community Health Assessment (CHA)*.

4. Project Description:

Community Goals:

The 2021 Chaffee County Community Health Assessment (CHA) will help CCPH lead the 5 year strategic Community Health Improvement Plan (CHIP) in 2022-2027. This plan will set the stage for how Chaffee County makes decisions, secure funding, and ultimately, make a significant impact on the health and wellness of the residents.

The 2016 health assessment identified the following key health concerns:

- Availability of providers
- Substance use
- Lack of affordable housing
- Mental health

Using these key indicators, CCPH then focused their CHIP on goals identified as achievable with available partners and resources. These goals were:

- Elder housing and care
- Oral health
- Mental and behavioral health.

Assessment Questions:

1. What are the current demographics and health datasets of Chaffee County (and region if county-level data are not available)?
2. What are the most timely and pressing health and wellness issues that Chaffee County faces?
3. Focusing on those priorities, what activities support them? Who needs to participate in them?
4. What are SMART goals associated with these priorities?
5. What does success look like?
6. How can we achieve greater health equity in Chaffee County?

Data Collection Methods:

Through conducting Key Informant Interviews (KII), Nominal Group Technique (NGT) events, a community-wide survey, and a Senior Survey, top priorities should arise to help develop a thoughtful and inclusive multi-year action plan with a multitude of partners to ensure activities are conducted, progress is made, and goals are achieved.

To achieve this, the team will:

1. Conduct research through a variety of sources including census, Colorado Health Institute, Colorado Department of Public Health and Environment databases, other state databases, local market analyses and studies, local assessments
2. Conduct, code and analyze key informant interviews with various stakeholders
3. Analyze community-wide survey (both online and paper) in both English and Spanish with various stakeholders
4. Conduct and analyze data from Nominal Group Technique events with stakeholders from throughout the county

5. Project Deliverables:

Timeline: What tasks need to be accomplished by the SAT and by when/due date.

Deliverable	Due Date
Nominal Group Technique (NGT) Guide	October 15, 2021
Key Informant Interview Guide	October 15, 2021
NGT In Practice	October 20, 2021
Key Informant Interviews	October 18-29, 2021
Survey Analysis (English)	November 5, 2021
Survey Analysis (Spanish)	November 8, 2021
NGT Coding and Analysis	November 8, 2021
Key Informant Interviews Coding and Analysis	November 12, 2021
Powerpoint Presentation	December 7, 2021
Fact Sheet	December 7, 2021
Final Report	December 7, 2021/delivered to CP Dec. 22, 2021

6. Project Team Organization:

Roles and responsibilities of each member of the team and the community partner, the team's weekly check-in meeting schedule for the liaisons, community partner, and instructor.

Team Member	Role	Primary Responsibilities
Daphna Rubin	Lead Community Liaison, Contributing Writer	<ul style="list-style-type: none"> ● Communication with community partner, team and advisor ● Leading and facilitating meetings ● Final report contributing writer ● Final one sheet writer ● Secondary data collection
DeAnna Rumsey	Second Community Liaison, Data Collection Team	<ul style="list-style-type: none"> ● Note Taking during meetings with partner ● Communication support ● Data collection support for NGT and KII
Mustafa Al-Mafrachi	Data Generator Lead, Data Analysis Team	<ul style="list-style-type: none"> ● Guide developer for NGT and KII ● Data collection facilitator for NGT and KII ● Data analysis for NGT and KII
Karryn Christiansen	Data Analysis Lead, Data Collection Team	<ul style="list-style-type: none"> ● Data analysis lead for NGT and KII ● Data collection for NGT and KII ● Spanish translation support for survey responses
Monica Maly	Writing and Presentation Lead	<ul style="list-style-type: none"> ● Final report editing and visualization ● Data analysis of survey ● Data analysis support ● Powerpoint presentation lead
(All) Monica Maly, Karryn Christiansen, Mustafa Al-Mafrachi, Daphna Rubin, DeAnna Rumsey		<ul style="list-style-type: none"> ● Powerpoint presentation support

Project organization by roles:

Lead Community Liaison: Daphna

- Responsible for scheduling of all meetings with community partner, team and faculty advisor including emails, zoom calls, agendas and reporting to involved parties
- Responsible for maintenance of overall schedule

Secondary Liaison: DeAnna

- Responsible for taking notes during meetings

Secondary Data Collection and Analysis: Daphna and DeAnna

- Responsible for data from state databases, Colorado Health Institute and other valid sources

Data Collection: Mustafa, Karryn, and DeAnna

- Responsible for developing guides for NGT and KII
- Responsible for execution of NGT and KII
- Responsible for note-taking during data collection

Data Analysis: Mustafa, Karryn, Daphna, and Monica

- Responsible for transcribing
- Responsible for coding and analyzing NGT, KII and Survey
- Survey data translation support

Near final report writing: All SAT members

- Responsible for the contribution of individual parts of the final report

Near Final Report Review: Monica and Daphna

- Peers and Dr. Visconti review NFR
- Team incorporates all feedback on NFR
- Team submits final report to Dr. Visconti on December 7, 2021
- Dr. Visconti reviews, provides feedback, and returns to team for last edits
- Team re-submits report on December 17, 2021, and Dr. Visconti grades this report
- Dr. Visconti sends final report to community partner

PowerPoint presentation preparation: Monica and Daphna

- Responsible for preparing powerpoint presentation for class which will be submitted in writing to the community partner

Final report editor: Monica

- Responsible for final visualization and polish writing

Fact sheet producer: Daphna

- Responsible for creating a brief information sheet of final report

Weekly Team Check-In Meeting Schedule

Weekly Meeting Check-In Date & Time	Goals of the Meeting
Wednesday, September 29th @ 8:00 am	<ul style="list-style-type: none"> • Update progress on SOW • Review updated SOW • Schedule confirmation • Questions?
Monday, October 4th @ 10:00 am	<ul style="list-style-type: none"> • Finalize SOW • Update progress on NGT and KII guides • Discuss NGT and KII planning • Questions?
Monday, October 18th @ 10:00 am	<ul style="list-style-type: none"> • Finalize NGT and KII plans • Update overall progress • Questions?
Monday, October 25th @ 10:00 am	<ul style="list-style-type: none"> • Review progress on NGT, KII and survey collection • Update on secondary data • Next steps, next meeting? • Questions?

7. Timeline:

What tasks need to be accomplished by the SAT, what individual is responsible, and by when/deadline.

Deliverable	Deadline	Leadership Responsibility	Support Roles
Finalize Updated SOW	Tuesday, Sept 28	Daphna	
Senior Survey data received	Thursday, Oct 7	Monica	
KII list – names, contact information	Friday, Oct 8	Daphna	DeAnna
Draft NGT Guide	Friday, Oct 8	Mustafa	Karryn
NGT & KII date options and locations	Monday, Oct 11	Daphna	DeAnna
Draft KII Guide	Monday, Oct 11	Mustafa	Karryn

Finalize NGT and KII guides in class	Tuesday, Oct 12	Mustafa and Karryn	Team in class
Deliver NGT and KII guides to partner	Friday, Oct 15	Mustafa and Karryn	
Secondary data initial draft	Friday, Oct 15	Daphna	DeAnna
Detailed Team Project Report Outline & check in on status of NGT, KII, survey and secondary data	Tuesday, Oct 19	Daphna	DeAnna
NGT event and KII scheduling	Before the event	Mustafa	Karryn, DeAnna
NGT and KII confirmation communication	Before the event	Mustafa	Karryn, DeAnna
NGT event	Wednesday, Oct 20	Mustafa	Karryn, DeAnna
Key Informant Interviews	Oct 18 – Nov 1	Mustafa	Karryn, DeAnna
Senior Survey and Secondary data delivered	Tuesday, Oct 26	Daphna	DeAnna
Final Scope of Work for Team Project	Tuesday, Oct 26	Daphna	
Request survey data for analysis	Friday, Oct 29	Monica	Karryn
Transcription of NGT and KII	Tuesday, Nov 2	All	All
Coding and Thematic Analysis of Survey	Friday, Nov 5	Monica	Daphna
Peer editing of near final report	Tuesday, Nov 9	All	N/A

Coding and Thematic Analysis of NGT	Friday, Nov 12	Karryn	Mustafa, DeAnna
Coding and Thematic Analysis of KII	Friday, Nov 12	Karryn	Mustafa, DeAnna
General updates on report, visualization	Tuesday, Nov 16	Monica	All
Draft one page info sheet	Friday, Nov 19	Daphna	
Revised near final report	Tuesday, Nov 23	Monica	Daphna
Final team project presentation and report (including slides & one page sheet included in the appendices)	Tuesday, Dec 7	Monica	Daphna, Karryn
Last Revisions to final team project report	Friday, Dec 17	Monica	Daphna

Appendix B: Nominal Group Technique Process Guide Materials

The materials used for data collection and analysis of the Nominal Group Technique (NGT) process will be presented in this Appendix section.

Appendix B-1: NGT Process Guide

Internal NGT Guide and Script

Chaffee County Community Engagement Event
Nominal Group Activity for Chaffee County Department of Public Health and Environment

Date: October 20, 2021
Time: 10:00am - 12:00pm
Location: Salida Scout Hut
(210 E Sackett Ave, Salida, CO 81201)

Time: 1:30-3:30pm
Buena Vista Community Center
(715 E Main Street, Buena Vista, CO 81211)
Coordinated in partnership with the Colorado School of Public Health

Facilitators: Karryn Christiansen, Virginia Visconti

Notetakers: Mustafa Al-Mafrachi, Deanna Rumsey

Timekeeper: Andrea Carlstrom

Suggested Timeline:

- | | |
|-------------|--|
| 9:30-10:00 | Andrea and ColoradoSPH students arrive and set up: Flip chart, Easels, Paper, Notecards (color by table), Sign-in Sheet, Name tags |
| 10:00-10:10 | Andrea welcomes participants. ColoradoSPH students coordinate sign-in table and indicate group assignment. Assignment will be established by CC leadership prior to the meeting. During sign-in, students will generally monitor to assure that there is an even number of folks in each group.
[ColoradoSPH Students at sign-in table] |
| 10:10-10:30 | Welcome, Presentation, & Introduction to Nominal Group Technique Process
<i>Speakers: Andrea Carlstrom, MBA, Director of Public Health and Environment, Chaffee County; Virginia Visconti, PhD, University of Colorado School of Public Health</i> |

[Facilitators and ColoradoSPH Students assemble at assigned tables.]

After Virginia finishes the introduction to the NGT, discussions will start at each table.

- 10:30-11:00 Nominal group activity: Question #1:
What are the key health concerns in Chaffee County?
[Facilitators and notetakers conduct activities. Andrea serves as timekeeper.]
- 11:00-11:30 Nominal group activity: Question #2
What are the strengths and assets in Chaffee County that can be used to improve the health of the population?
[Facilitators and notetakers conduct activities. Andrea serves as timekeeper.]
- 11:30-12:00 Debrief & Wrap-up
(If Question 2 is running late, we can use this time as a buffer and shorten the debrief.)
[Collate data from all groups and all questions]
- 12:00-12:15 Virginia and ColoradoSPH students pack up supplies.
- 12:15-1:00 Drive to Buena Vista, lunch
- 1:00-1:30 Set up for BV NGT
- 1:30-1:40 table and
Andrea welcomes participants. ColoradoSPH students coordinate sign-in
indicate group assignment. Assignment will be established by CC leadership prior to the meeting. During sign-in, students will generally monitor to assure that there is an even number of folks in each group.
[ColoradoSPH Students at sign-in table]
- 1:40-2:00 Welcome, Presentation, & Introduction to Nominal Group Technique Process
Speakers: Andrea Carlstrom, MBA, Director of Public Health and Environment, Chaffee County; Virginia Visconti, PhD, University of Colorado School of Public Health
[Facilitators and ColoradoSPH Students assemble at assigned tables.]

After Virginia finishes the introduction to the NGT, discussions will start at each table.

- 2:00-2:30 Nominal group activity: Question #1:
What are the key health concerns in Chaffee County?
[Facilitators and notetakers conduct activities. Andrea serves as timekeeper.]
- 2:30-3:00 Nominal group activity: Question #2
What are the strengths and assets in Chaffee County that can be used to improve the health of the population?
[Facilitators and notetakers conduct activities. Andrea serves as timekeeper.]
- 3:00-3:30 Debrief & Wrap-up
[Collate data from all groups and all questions]
- 3:30 Virginia and ColoradoSPH students pack up supplies.
NGT Script:
Hi, I am ____ and I will be facilitating this discussion. [The notetaker's name] will be helping by recording the discussion. Before we start, we just wanted to review consent for this session:

We are students enrolled in a community health assessment course at the Colorado School of Public Health. The course partners with local public health agencies and health systems around the state to plan and conduct community health assessments. This semester, the course has partnered with Chaffee County Public Health.

You are being asked to participate in this community health assessment to gain input from the community. If you join the community health assessment, you will be asked to share your opinions with us. You have a choice about joining this community health assessment. You do not have to participate if you prefer not to.

The data collected during this community health assessment will be used by the Chaffee County Public Health Department to develop a health improvement plan aimed at the promotion of population health.

If you have questions, please direct them to our course instructor Dr. Virginia Visconti at virginia.visconti@cuanschutz.edu.

By participating in this NGT, you are agreeing to participate in this community health assessment.

INTRO AND GROUND RULES

We will be carrying out a process that allows everyone's ideas to be heard related to a specific question and for the group to learn from each other. Together we will get all the ideas out and then have a process to rank these ideas, again where each person has an equal contribution.

- This is a pretty fast process, so please listen to the instructions.
- Remember that we want to hear from everyone, so the facilitator will be direct about how this discussion goes.
- Please be respectful when others are talking, try not to interrupt, knowing your chance to speak will come.

The question we are seeking to answer for Chaffee County is:

1. What are the key health concerns in Chaffee County?

If time permits, notetakers should record any answers related to following questions:

- *What are the forces of change that are occurring?*
- *Specifically, what are the drivers that are occurring or may occur which would affect the health of Chaffee County residents?*
- *What are the challenges and or weaknesses faced in Chaffee County?*

Step 1: Idea Generation - 7 Minutes

Please take 5 minutes to individually list your ideas to the question:

1. What are the key health concerns in Chaffee County?
 - List each idea using a **brief** phrase or a **few words** on your worksheet (emphasize brevity here)
 - Please work independently as this is the opportunity for each of us to make a contribution to the meeting.
 - When I call time, I will ask everyone to share their ideas in a round robin fashion.
 - Are there any questions? Let's get started.

Step 2: Round Robin Recording - 10 Minutes

Okay we are going to go for it as quickly and efficiently as possible. I am going to go around and ask each of you to give me **one** idea from your worksheet

- Summarize your idea in a few words.
- If one of your ideas has already been spoken, give the next one on your worksheet. If yours has an important twist or perspective that is different, then include it separately.
- Our goal is to get all the ideas out onto the chart paper, we will be working fast, and it might take 3 rounds.

Virginia will have index cards in packs of 5 ready in advance.

FACILITATOR/RECORDER ACTIVITY: Use chart paper page(s) that Virginia has drawn the score grid on. We will provide an additional worksheet for you. Please note your group's color and the number of people in your group on the chart (for example: Blue-7; do **not** count the facilitator or notetaker in the group number). As the people list their ideas don't hesitate to probe for clarification.

ITEM NUMBER IDE	Scores	Total of scores
A		
# 1		
....		
#last item		

Step 3: Serial Discussion and Clarification - 5 minutes (Can also be accomplished as the idea is being put up and combined with step 2)

The purpose of this discussion is to clarify the meaning of each item on our list. It is also our opportunity to express our understanding of the logic behind the idea and the relative importance of the item. We should feel free to express varying points of view or to disagree—but this part of the process is for clarification not for resolution.

We will however want to pace ourselves so that each of the items on the chart receives the opportunity for some attention, so I may sometimes ask the group to move on to further items.

Finally, let me point out that the original author of the item need not feel obliged to clarify or explain an item. Any member of the group can play that role.

Step 4: Ranking - 5-10 minutes

Give everyone 5 note cards (1 Color per group)

INSTRUCTIONS: Choose the 5 ideas that you think best answer the question being discussed.

In the upper left hand corner place the # of the item, in the middle of the card write out the brief description of the item. Do this on 5 cards, one for each idea. Please note that you are not ranking the ideas, you are only writing down five ideas.

Show groups the example Virginia has made ahead of time.

Return to group:

Now pick the one item of these 5 that you think is MOST important—Write in the lower right hand corner the number 5. Please hand the card in to us.

Now pick the one item of the remaining 4 that you think is the LEAST important. Write in the lower right hand corner the number 1. Hand cards in.

Now pick the one item of the remaining 3 that you think is the MOST important. Write 4 in the lower right hand corner. Hand cards in.

Now pick the one item of the remaining 2 that you think is the LEAST important. Write 2 in the lower right hand corner. Hand cards in

For the remaining card, write 3 in the lower right hand corner. Hand cards in.

Facilitator and recorder should please

- Sort by ITEM NUMBER IN THE UPPER LEFT CORNER.
- Give a group or 2 of cards (sorted by item number) to participants around the table
- Have the participant read off scores for each item while you record and total on your flip chart paper score sheet.

FACILITATOR/RECORDER ACTIVITY: Chart paper page(s) with the Score Sheet drawn up. *We will provide an additional worksheet for you.*

ITEM NUMBER IDE		Total of scores
A		
# 1		
....		
#last item		

Report back to the group with the top 5 scores. If your time is going well, also highlight the ideas with the greatest number of votes. (this is used if there is a tie for top scores).

Virginia will collect the notecards and flipcharts from each table.

Now we will repeat the process with question 2: What are the strengths and assets in Chaffee County that can be used to improve the health of the population?

CHECKLIST

1. Writing and issuing the invitations – *Andrea*
2. Follow-up – *Andrea*
3. Collecting RSVPs – *Andrea*
4. Organizing agenda-detailed - *ColoradoSPH Students, Andrea, Virginia*
5. Script for event – *ColoradoSPH Students, Andrea, Virginia*
6. Materials needed (Virginia will purchase and transport all supplies, as well as photocopied agendas and scripts.)
 - Sign-in sheet
 - Easels
 - Flip Charts
 - Markers
 - Various colors of 3x5 index cards
 - Pens
 - Name tags
 - Table numbers
 - Various brochures and other giveaways
 - Printed agendas for attendees
 - Printed guide/script for facilitators and students
7. Meeting for facilitators- 10/18
8. Time monitor – *Andrea Carlstrom*
9. Analysis methods, dividing and combining results – *ColoradoSPH Students and Virginia*
10. Report writing and expectations – *ColoradoSPH Students*

Appendix B-2: NGT Process Analysis Steps

1. Start with Question 1. Record all response items and votes for each site to a spreadsheet. The table will include the Item number, the description, the votes it received, and each item's total score.
2. Next calculate each item's Baseline score, and add that in another column. See Workbook1 for the calculation. Subtract the baseline score from the item's total score. Add the adjusted scores in an additional column.
3. Add a final column to rank items according to their adjusted score.
4. Repeat steps 1-3 on another spreadsheet with responses from Question 2. Repeat for each site. See Workbooks #1-4 for an example.
5. Transfer the top 10 significant (above baseline score) items from each small group for each question into a spreadsheet.
6. Use coding with multiple coders to identify themes for each response. Add themes in a column, as seen in Workbooks 5 and 6. Repeat for Question 2.
7. Repeatedly review the themes as you go to ensure consistency and appropriateness.
8. Group responses by theme and assign each theme a 'Factor Number.'
9. In a new table, include each Factor Number, Description, scores received at each site, and total score. Then calculate the 'Average Score,' by dividing the total score by the total number of participating groups.
10. Rank all themes based on this final score to discern the top 10 concerns or assets for the county. See Workbooks 7 and 8 for an example.

Appendix B-3: NGT Process Analysis Workbooks – Top Health Concerns, Strengths, and Assets

Workbook #1

Q1: What are the key health concerns in Chaffee County?		Baseline Score: 5.5								
Salida		15 * N (N = number of participants)								
7 participants		number of items/issues								
Item #	Item Description	Scores					Total of Scores	Number of Votes	Above Baseline	Top Ranked
1	Lack of affordable and adequate housing	5	4	3	3	3	18	5	12.5	1
2	Gap in insurance due to employment type	2					2	1	-3.5	
3	Suicide and deaths of despair	5	4	2			11	3	5.5	3
4	COVID-19	3					3	1	-2.5	
5	Unresolved community conflicts that increase anxiety, depression, stress, and violence	5	4	3			12	3	6.5	2
6	Access to healthcare	5	2				7	2	1.5	9
7	Toxic stress -- youth mental health	2					2	1	-3.5	
8	Lifestyle-related disease, diabetes, cancer, CVD, pre-diabetes, obesity	4	4				8	2	2.5	7
9	Need for SUD treatment outpaces what is available	1	1				2	2	-3.5	
10	Workplace-related health consequences, workload	5	4				9	2	3.5	5
11	Impact of social media and polarization, influences social climate	1	1	1	2	2	7	5	1.5	8
12	Free, flexible transportation	1					1	1	-4.5	
13	Evaluation of middle class work/life balance	5	3	2			10	3	4.5	4
14	Ability to age in place with assistance	4					4	1	-1.5	
15	Under-represented, invisible, unmet needs of some community members	5	1	2			8	3	2.5	6
16	Preventable health screening									
17	"End of the road"									
18	Accessible and coordinated pro-social youth activities									
19	Additional access to APS									

Workbook #2

Q2: What are the strengths and assets in Chaffee County that can be used to improve the health of the population?		Baseline Score: 3.9								
Salida		15 * N (N = number of participants)								
7 participants		number of items/issues								
Item #	Item Description	Scores					Total of	Number of	Above	Top
1	Quality "helping" organizations -	3	2	1	5	5	16	5	12.1	2
2	Administrative support	5					5	1	1.1	8
3	Free and accessible community	2	2				4	2	0.1	10
4	Birds	1					1	1	-2.9	
5	Perseverance	4					4	1	0.1	12
6	Engaged population	1					1	1	-2.9	
7	Natural resources and amenities,	3	4	4	1	5	17	5	13.1	1
8	Money	5					5	1	1.1	8
9	Heritage preservation	4					4	1	0.1	12
10	Increasing awareness about local	2	3				5	2	1.1	7
11	Retirees						0	0		
12	People are nice, friendly						0	0		
13	Chaffee County shuttle						0	0		
14	Strong networking; passionate,	1	4	5			10	3	6.1	3
15	Predominantly fairly educated						0	0		
16	Dedicated workforce	1					1	1	-2.9	
17	Culture of art and creativity as well						0	0		
18	Developing a county-wide	3	1				4	2	0.1	10
19	Care about our youth, trying to	3	4				7	2	3.1	5
20	Strong and supportive faith	2					2	1	-1.9	
21	Solvista Health	3					3	1	-0.9	
22	For the size of the population there						0	0		
23	Women's wellness connection						0	0		
24	Regional medical center	3	2	4			9	3	5.1	4
25	Chaffee County Public Health	2	5				7	2	3.1	5
26	Two alternative high schools						0	0		
27	Housing authority						0	0		

Workbook #3

Q1: What are the key health concerns in Chaffee County?		Baseline Score: 3.2						
Buena Vista 4 participants		15 * N (N = number of participants) number of items/issues						
Item #	Item Description	Scores			Total of Scores	Number of Votes	Above Baseline	Top Ranked
1	Assisted living	2	5		7	2	3.8	4
2	Indoor recreation center	3			3	1	-0.2	
3	Senior wellness, access to affordable housing, activities to engage in	3	3	1	7	3	3.8	3
4	Altitude, lack of insurance option for oxygen				0	0		
5	Childcare	4	4	4	12	3	8.8	1
6	Pediatrician, maternal/child wellness				0	0		
7	Affordable housing, living paycheck to paycheck	2	5	5	12	3	8.8	1
8	Local affordability related to healthcare				0	0		
9	Day shelter, homeless taskforce to professionally address chronic homelessness, city and county priority	2	1	1	4	3	0.8	6
10	Mental health programs for maternal population				0	0		
11	Cost of living				0	0		
12	Adult services for IDD and DD population				0	0		
13	Better understanding of trauma informed care	1			1	1	-2.2	
14	More culturally welcoming, providers with cultural responsiveness				0	0		
15	Quality of life	5			5	1	1.8	5
16	Lack of preventive care follow-up				0	0		
17	Level of trust	2			2	1	-1.2	
18	Environmental health	4			4	1	0.8	7
19	SUD supports, robust harm reduction, recovery supports	3			3	1	-0.2	

Workbook #4

Q2: What are the strengths and assets in Chaffee County that can be used to improve the health of the population?		Baseline Score: 3.9						
Buena Vista 5 participants		15 * N (N = number of participants) number of items/issues						
Item #	Item Description	Scores			Total of Scores	Number of Votes	Above Baseline	Top Ranked
1	Outdoor recreation	3	1	3	7	3	3.1	4
2	School system	1	4		5	2	1.1	9
3	Home visitor programs				0	0		
4	Strong culture of exercise	3			3	1	-0.9	
5	Wide variety of health providing opportunities	4	2		6	2	2.1	6
6	Strong sense of community	3	5		8	2	4.1	2
7	Government, county, and municipal coming up with a comprehensive plan	1	5		6	2	2.1	6
8	Benefit of being in a small town at risk people less likely to fall off radar				0	0		
9	Large number of skilled helping agencies	4	4		8	2	4.1	2
10	Highly educated population				0	0		
11	Collaboration between entities	3	2	5	10	3	6.1	1
12	Private sector benevolence	2	5		7	2	3.1	5
13	Strong spirit of volunteerism	2			2	1	-1.9	
14	Easy to communicate, perfect size community	1			1	1	-2.9	
15	Communication to the public through a variety of means	2			2	1	-1.9	
16	Music and the arts				0	0		
17	Lots of transplants coming with different ideas				0	0		
18	Clean air and clean water	4			4	1	0.1	10
19	People take pride in their health and wellness	1	5		6	2	2.1	6

Workbook #5

QUESTION 1		Salida Top 10		BV TOP 10	
ITEM NUMBER	RESPONSE	TOTAL OF SCORES	RANK	CODE	Factor Number
1	Lack of affordable and adequate housing	18	1	Housing	1
7	Affordable housing, living paycheck to paycheck	12	1	Housing	1
5	Unresolved community conflicts that increase anxiety, depression, stress, and violence	12	2	Mental Health	2
3	Suicide and deaths of despair	11	3	Suicide/DOD	3
13	Evaluation of middle class work/life balance	10	4	Middle class	4
10	Workplace-related health consequences, workload	9	5	Occupational Health	5
15	Under-represented, invisible, unmet needs of some community members	8	6	Minorities	6
8	Lifestyle-related disease, diabetes, cancer, CVD, pre-diabetes, obesity	8	7	NCDs	7
11	Impact of social media and polarization, influences social climate	7	8	"Polarization"	8
6	Access to healthcare	7	9	Access to healthcare	9
5	Childcare	12	1	"Childcare"	10
3	Senior wellness, access to affordable housing, activities to engage in	7	3	Aging Population Needs	11
1	Assisted living	7	4	Disability Housing	12
15	Quality of life	5	5	"Quality of Life"	13
9	Day shelter, homeless taskforce to professionally address chronic homelessness, city and county priority	4	6	Homeless Resources	14
18	Environmental health	4	7	Environmental Health	15

Workbook #6

QUESTION 2		Salida Top 10		BV Top 10	
ITEM NUMBER	RESPONSE	TOTAL OF SCORES	RANK	CODE	FACTOR NUMBER
7	Natural resources and amenities, public lands, water	17	1	Natural Environment	1
18	Clean air and clean water	4	10	Natural environment	1
1	Quality "helping" organizations - non-profits and first responders	16	2	Collaboration	2
11	Collaboration between entities	10	1	Collaboration	2
14	Strong networking; passionate, knowledgeable people, ability to change policy	10	3	Professional Network	3
9	Large number of skilled helping agencies	8	2	Professional Network	3
24	Regional medical center	9	4	Hospital	4
6	Strong sense of community	8	2	Community Identity	5
18	Developing a county-wide leadership/identity	4	10	Community Identity	5
19	People take pride in their health and wellness	6	6	Active lifestyle	6
1	Outdoor recreation	7	4	Active lifestyle	6
12	Private sector benevolence	7	5	Private Partners	7
19	Care about our youth, trying to listen to our youth	7	5	Youth	8
25	Chaffee County Public Health	7	5	Public Health	9
5	Wide variety of health providing opportunities	6	6	Health opportunities	10
7	Government, county, and municipal coming up with a comprehensive plan	6	6	Government	11
8	Money	5	8	Finance	12
2	Administrative Support	5	8	Administrative Support	13
2	School system	5	9	Schools	14
3	Free and accessible community events	4	10	Community Events	15

Appendix B-4: NGT Process Final Results

Top health concerns and assets highlighted in yellow.

Workbook #7

<u>Question 1: Health Concern</u>					
Factor Number	Factor Description	Salida	BV	Total of Scores	Average Total Score
1	Housing	18	12	30	15
2	Mental Health	12	0	12	6
10	Childcare	0	12	12	6
3	Suicide	11	0	11	5.5
4	Middle Class	10	0	10	5
5	Occupational Health	9	0	9	4.5
6	Minorities	8	0	8	4
7	NCDs	8	0	8	4
8	Polarization	7	0	7	3.5
11	Aging Population Need	0	7	7	3.5
12	Disability Housing	0	7	7	3.5
9	Access to Healthcare	7	0	7	3.5
13	Quality of Life	0	5	5	2.5
14	Homeless Resources	0	4	4	2.5
15	Environmental Health	0	4	4	2

Workbook #8

<u>Question 2: Assets/Capacities</u>					
Factor Number	Factor Description	Salida	BV	Total of Scores	Average Total Score
2	Collaboration	26	18	44	22
1	Natural Environment	17	4	21	10.5
3	Professional Network	10	8	18	9
5	Community Identity	8	4	12	6
4	Hospital	9	0	9	4.5
6	Active Lifestyle	0	13	13	6.5
7	Private Partners	0	7	7	3.5
8	Youth	7	0	7	3.5
9	Public Health	7	0	7	3.5
10	Health Opportunities	0	6	6	3
11	Government	0	6	6	3
12	Finance	5	0	5	2.5
13	Administrative Support	5	0	5	2.5
14	Schools	0	5	5	2.5
15	Community Events	4	0	4	2

Appendix C: Key Informant Interview Process Materials

Appendix C-1: Key Informant Interview Guide

Key Informant Interview Guide Chaffee County DRAFT: 10/18/2021

Introduction

Thank you for meeting with me today. My name is _____ and I'm part of a student team enrolled in a community health assessment course at the Colorado School of Public Health. The course partners with local public health agencies and health systems around the state to plan and conduct community health assessments. This semester, we have partnered with Chaffee County Public Health to assist them with their 2021 community health assessment. You are being asked to participate in this community health assessment because your feedback will be used to help identify health priorities for the community. If you join the community health assessment, you will be asked questions about health concerns in Chaffee County. The community health assessment is designed to learn more about health concerns, strengths, and assets of the Chaffee County community to improve population health. This conversation should take around thirty minutes. You have a choice about joining this community health assessment. You do not have to participate if you prefer not to. The data collected during this community health assessment will be used by Chaffee County Public Health to develop a health improvement plan aimed at the promotion of population health. Every effort will be made to protect your privacy and confidentiality by:

- Removing your name, your employer's name, or any names mentioned.
- The recording will not be shared with anyone beyond the student team and will be destroyed following the conclusion of the project.
- Your contact information will not be shared with anyone.

If you have questions, you can contact the course instructor, Dr. Virginia Visconti, at virginia.visconti@cuanschutz.edu. By participating in this interview, you are agreeing to participate in this community health assessment.

Before the interview begins, I would like to request your permission to record the interview. I want to be sure that I can document the content of the interview accurately.

Interview Questions

Warm-up Question

1. **Can you tell me your name, your roles within the community, and how long you have lived in the community?**

Population Health

I would now like to ask you about the health of people in Chaffee County.

1. **First, what are the main health concerns in Chaffee County?**

Prompts:

- I. Can you describe those in more detail?
 - II. What does that look like in your community?
 - III. Can you give an example of a time you've seen this in your community?
 - IV. Who exactly does this issue affect?
2. **Based on the concerns you identified, which are the 3 main public health concerns?**

Prompts:

- I. Of those three, which (one) of those health concerns is the most important?
- II. Which (one) of those do you feel is the least important?

Capacity

Now I would like to learn more about the capacity of Chaffee County, its residents and organizations.

1. **1. What are the strengths and assets in Chaffee County that can be used to improve the health of the population?**

If time permits, do these prompts:

- I. Can you describe those in more detail?
 - II. Can you give an example of a time you've seen these assets utilized in your community?
2. **What are some challenges, weaknesses or barriers that Chaffee County faces in improving the health of its population?**

Environmental Health

Now I would like to learn more about the environmental health of Chaffee County, its residents and organizations.

1. What are your main concerns about the impact of the environment on your health in Chaffee County?

Follow-up questions:

- I. Based on those concerns, which are the top three most concerning to you?
- II. Of your concerns, which is the least important to you?
- III. What types of partnerships do you think are essential for Chaffee County to effectively address your environmental health concern?

2. What are the strengths and assets in Chaffee County that can be used to improve environmental health?

3. In your opinion, which measures are appropriate?

4. In your opinion, which measures are effective?

Closing Question:

1. Is there anything else that you would like me to know, or anything else you would like to discuss today?

Thank you for contributing to this project. I greatly appreciate you taking the time with me this morning/evening. My analysis will be shared with my instructor and Chaffee County Public Health to better understand what the priority health concerns and capacities among the Chaffee County community are.

Appendix C-2: Key Informant Interviews – Top Health Concerns Results

The following table shows the top ranked themes and their corresponding number of mentions. Asterisks (*) signify that a Key Informant identified the issue as their most important health concern.

Top Health Concerns
Access to healthcare: 33 **
Cost of living: 22
Housing: 21 ****
Environmental: 17
Mental health: 14*
Lack of resources: 14
Substance use: 8*
DEI: 8
Childhood health: 8
Polarization: 8

Appendix C-3: Key Informant Interviews – Top Community Assets Results

Top Assets
Collaboration: 31
Active lifestyle: 14
Public health: 8
Natural resources: 6
Hospital: 6
Parks and recreation: 2
Geographically centralized: 1

Appendix D: Community Survey Instrument

Appendix D-1: Community Survey

1. **Title:** Community Health of Chaffee County
2. **Summary of Survey:** Local public health agencies are required to conduct a Community Health Assessment every five years that is used to create a five-year Community Health Improvement Plan. In 2016, CCPH completed a community health assessment and plan that prioritized behavioral health, oral health, and senior services and supports. While much progress has been made in these areas, we want to hear from you regarding the current health and wellness landscape of Chaffee County and what sectors our community should be focusing on in 2022-2027.
3. **Directions:** Please take some time to fill out this survey to help us understand how to make Chaffee County a healthier place to live. This survey is anonymous, however if you'd like to be entered into our prize drawings you can leave your name and email at the end of the survey
4. **Closed:** This survey will close on 10/29/21
5. **Responses**
 - a. **English (online):** 277
 - b. **English (paper):** 1
 - c. **Spanish (online):** 6
 - d. **Spanish (paper):** 0
6. **Questions** - 9 Likert Scale/Multiple Choice, 23 Fill in the Blank
 - a. **Section 1**
 - i. On a scale of 1 to 10, how healthy do you think Chaffee County residents are?
 1. English Survey Average (Paper + Online): 7.24
 2. Spanish Survey Average: 7.5
 - ii. Why do you choose this rating?
 - iii. How would you rate your own personal emotional well being?
 1. English Survey Average (Paper + Online): 7.83
 2. Spanish Survey Average: 8.17
 - iv. Why did you choose that rating?
 - b. **Section 2: Overall Health Concerns in Chaffee County**
 - i. **Description:** In this section, you will focus on the health concerns in Chaffee County. In Public Health, the word "health" can be very broad.
 - ii. **Questions**
 1. What is the number one (#1) health concern in Chaffee County?
 2. What is the number two (#2) health concern in Chaffee County?
 3. What is the number three (#3) health concern in Chaffee County?
 4. What is the number four (#4) health concern in Chaffee County?
 5. What is the number five (#5) health concern in Chaffee County?
 - c. **Section 3: Environmental Health Concerns**
 - i. **Description:** Environmental Health is the branch of public health concerned with monitoring or mitigating those factors in the environment

that affect human health and disease. In this section, we will ask you to list your concerns for the environmental health of Chaffee County.

ii. Questions

1. What is the number one (#1) environmental health concern in Chaffee County?
2. What is the number two (#2) environmental health concern in Chaffee County?
3. What is the number three (#3) environmental health concern in Chaffee County?
4. What is the number four (#4) environmental health concern in Chaffee County?
5. What is the number five (#5) environmental health concern in Chaffee County?

d. Section 4: What makes Chaffee County a healthy place?

- i. **Description:** In this section, we would like you to tell us all the good things in Chaffee County that make this a healthy place to live.

ii. Questions

1. Please list a community resource/positive factor that helps make Chaffee County a healthy place to live
2. Please list a community resource/positive factor that helps make Chaffee County a healthy place to live
3. Please list a community resource/positive factor that helps make Chaffee County a healthy place to live
4. Please list a community resource/positive factor that helps make Chaffee County a healthy place to live
5. Please list a community resource/positive factor that helps make Chaffee County a healthy place to live

e. Section 5: The impact of COVID on health

- i. **Description:** COVID has played a large role over the last year and a half. In this section, please help us understand how COVID has impacted the health of Chaffee County

ii. Questions

1. On a scale of 1-10, in your opinion, how much has COVID impacted the physical health of Chaffee County residents
 - a. English Survey Average (Paper + Online): 7.07
 - b. Spanish Survey Average: 6.33
2. On a scale of 1-10, in your opinion, how much has COVID impacted the emotional well-being of Chaffee County residents
 - a. English Survey Average (Paper + Online): 8.27
 - b. Spanish Survey Average: 7.5
3. In what ways was Chaffee County successful in our response to the COVID-19 pandemic?
4. In what ways did Chaffee County struggle in our response to the COVID-19 pandemic?

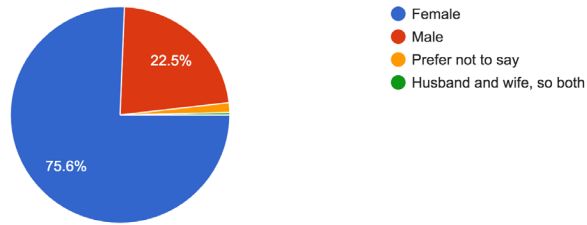
f. **Section 6: Demographics**

i. **Description:** This section is optional but responses are very helpful data collection points.

ii. **Questions**

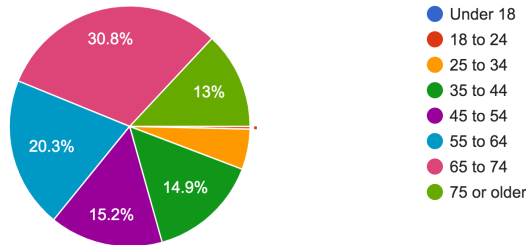
1. What is your gender?

What is your gender?
275 responses



2. What is your age?

What is your age?
276 responses

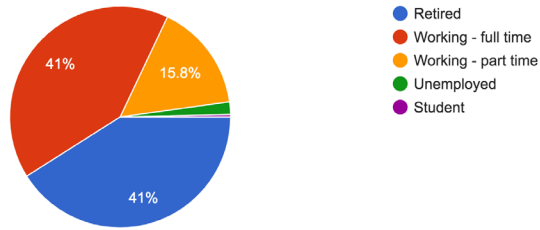


3. Which of the following best describes your race?

- 99.6% of the respondents identified as White
- Race Break Down for English and Spanish Responses, not including the Senior Surveys
 - **White/Caucasian:** 270 respondents
 - **Black/African America:** 0 respondents
 - **American Indian or Alaska Native:** 1 respondent
 - **Asian:** 1 respondents
 - **Native Hawaiian:** 0 respondent

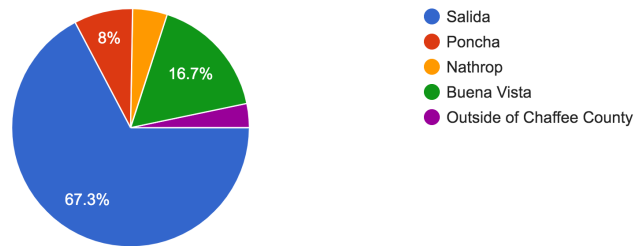
4. Which of the following describes your employment status?

Which of the following describes your employment status
273 responses



5. Where do you live?

Where do you live?
275 responses



6. How many months out of the year do you spend in Chaffee County?

a. English Survey Average (Paper + Online): 11.64 months

b. Spanish Survey Average: 12 months

g. **Section 7:** Thank you for taking the time to complete this survey!

i. **Description:** Your feedback and that of your community will be shared by Chaffee County Public Health in their Community Health Assessment and Public Health Improvement Plan for 2022-2026.

ii. **Questions**

1. Please provide contact information below IF you would like to be entered into a drawing for a \$25 gift card to a local business
2. Name
3. Phone number
4. Email address

iii. The SAT removed the demographic answers to maintain confidentiality of the residents. We felt this information did not add to the data collection.

Appendix D-2: Community Survey – Top Health Concerns Results

Top Health Concerns	Score (# of Mentions)
COVID	151
Healthcare	133
Mental health	119
Substance use	88
Housing	65

Appendix D-3: Community Survey – Top Environmental Health Concerns Results

Top Environmental Health Concerns:

Top Environmental Health Concerns
Air quality and air pollution
Water quality and availability
Wildfires and smoke
Climate change

Secondary Environmental Concerns:

Secondary Environmental Concerns
Impacts of population growth
Waste management and lack of recycling

Appendix D-4: Community Survey -- Top Community Assets Results

Top Community Assets	# of Mentions
Resources – outdoors	195
Collaboration	127
Active lifestyle	120
Community identity	110
Public health	87

Appendix D-5: Community Survey -- County Pandemic Response Successes Results

Community Survey respondents were asked to comment on how the county did in its response to the COVID-19 pandemic. The table below represents the top themes and how frequently they came up in responses. Overall respondents felt that the county did well in its response to COVID-19, the rollout of vaccine clinics, vaccination campaign, informed response and communication, ability to keep everyone safe and work with community partners.

COVID-19 Pandemic Response - Positives		
Theme	Subthemes	Score
Vaccines	Vaccine clinics, positive response to vaccines	140
Testing	Drive thru, access, positive response/opinion on testing	28
Communication	Well-informed, up to date, communication from the county	82
Mandates	Masks, safety protocols	25
Public Health	Efforts of the department, keeping it "under control"	75
Contact Tracing	No subtheme	5
Collaboration	Working with local businesses, government entities, schools, keeping schools open	24

Appendix D-6: Community Survey -- County Pandemic Response Struggles Results

Community Survey respondents were asked to consider the county’s weaknesses in terms of COVID-19 response. Overall respondents felt frustrated that not everyone who is eligible has been vaccinated. They also felt the county struggled with encouraging compliance amongst tourists and other visitors. Other areas of concern included the mental health impact, economic impact on local businesses, which some blamed on the restrictive mitigation measures, lack of availability of testing and slow turnaround on COVID-19 test results, confusing communication as the situation evolved, and frustrations with mandates.

COVID-19 Pandemic Response - Negatives		
Theme	Subthemes	Score
Politics	Interfering, not successful	26
Threat	Direct threats to a public health member or the department	1
Vaxx	Not high enough vaccine rates, community members not getting vaccinated, anti-vaxx, COVID-19 deniers	69
Controlling the Spread	Negative, not done well	9
Mandates	Against or lack of compliance, tourism issues, not enough mandates	55
Negative Impact	Mental health, occupation, economical	24
Testing	Lack of availability, slow turnaround time	6
Communication	Misinformation, confusing, coming from a small subset of people	39

Appendix E: Senior Survey

Appendix E-1: Senior Survey

- 1. Title:** 2021 Chaffee County Community Health Assessment
- 2. Senior Survey Participants**
 - 19 respondents
- 3. Response Rates per Questions**
 - 18 respondents provided an answer to 1a
 - 13 responded to Question 1b
 - 13 responded to Question 1c
 - 14 responded to Question 2
 - 16 responded to Question 3
 - 14 responded to Question 4
- 4. Questions - 7 Fill in the Blank (4 main questions, 3 subquestions)**
 - a. What are the main health concerns in Chaffee County?
 - i. Prompts
 1. Can you describe those in more detail?
 2. What does that look like in your community?
 3. Who exactly does this issue affect?
 - b. Based on the concerns you identified, which are the 3 main public health concerns?
 - c. Of those three, which of those health concerns is the most important?
 - d. Which of those do you feel is the least important?

2021 Chaffee County Community Health Assessment

1. What are the main health concerns in Chaffee County?

a. Prompts:

i. Can you describe those in more detail?

ii. What does that look like in your community?

iii. Who exactly does this issue affect?

2. Based on the concerns you identified, which are the 3 main public health concerns?

3. Of those three, which of those health concerns is the most important?

4. Which of those do you feel is the least important?

Appendix E-3: Senior Survey -- Top Health Concerns Results

1. Top Health Concerns: Based on 44 main concerns from 19 respondents, only one response was positive. Six respondents did not answer 1b and six respondents did not answer 1c.

Identified Health Concerns of the Senior Survey
COVID-19 Virus/Variants
COVID-19 Vaccines
Healthcare system/providers
Need for assisted living facilities
Occupational and environmental health
Schooling/education of younger residents
Housing upkeep/personal residence
Transportation
Social networks/social support/isolation
Health status

2. Main Public Health Concerns: After identifying what the respondents believe are the top health concerns of Chaffee County, they were asked to identify what they believe are the top 3 public health concerns. The top two concerns of the aging population in Chaffee County are COVID-19 (including the virus and the vaccine rates) and their personal health status. Secondary was healthcare quality, access, and providers, and mental health. There were respondents who did not provide 3 concerns and respondents who did not provide an answer.

Top Public Health Concerns of the Senior Survey
COVID-19
Health status
Mental health
Social networks
Environmental health
Access to healthcare
Hospitality
Transportation
Overall accessibility
Assisted living facilities

3. Most Important Health Concern: The top 3 concerns that were most important to older adults in Chaffee County were assisted living facilities, COVID-19 vaccines, and mobility.

Most Important Health Concerns
Assisted living facilities
COVID-19 vaccines
Mobility
Isolation
Transportation
Altitude
Access to healthcare
Mental health
Apathy

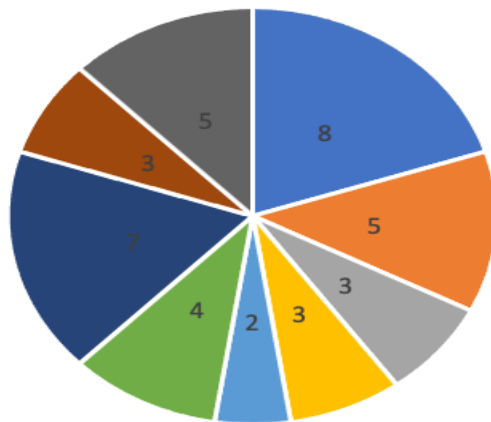
4. Least Important Health Concern: Many of the respondents did not provide an answer or stated that none of their concerns were of least importance.

Least Important Health Concern
None/NA
Environmental health
Balance/falling
Need for assisted living facilities
Access to healthcare
Transportation

Senior Survey Health Concern Codes

Health Concerns of the Seniors	# of Mentions
COVID-19 Virus/Variants/Vaccines	8
Healthcare System/Providers	5
Assisted Living Facilities	3
Occupational Health	3
Other	2
Social Network	4
Health Status	7
Transportation	3
Environmental Health	5

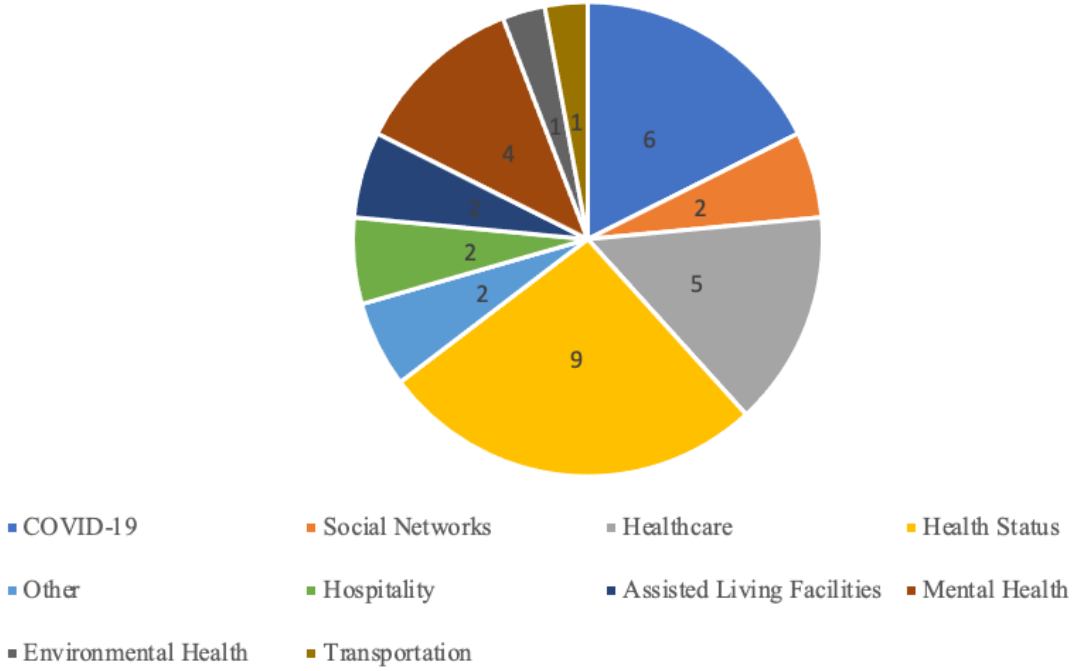
Health Concerns of the Aging Population in Chaffee County



- COVID-19 Virus/Variants/Vaccines
- Healthcare System/Providers
- Assisted Living Facilities
- Occupational Health
- Other
- Social Network
- Health Status
- Transportation
- Environmental Health

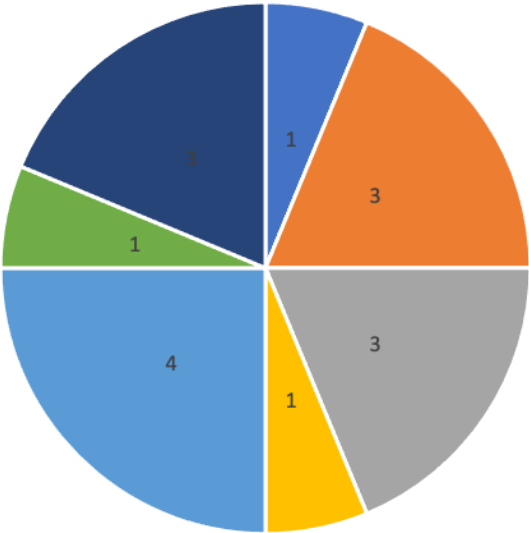
Top 3 Concerns of the Seniors	# of Mentions
COVID-19	6
Social Networks	2
Healthcare	5
Health Status	9
Other	2
Hospitality	2
Assisted Living Facilities	2
Mental Health	4
Environmental Health	1
Transportation	1

Top Concerns of Older Adults in Chaffee County



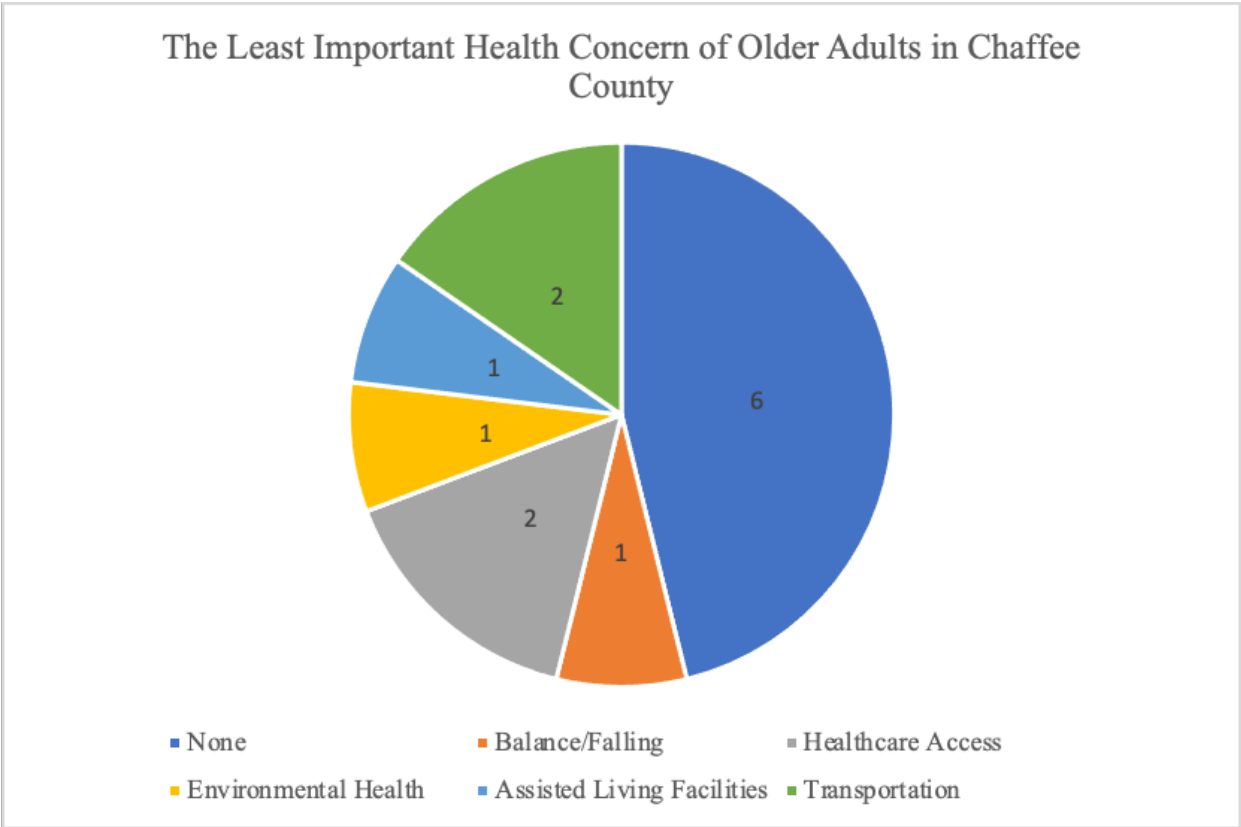
Most Important Concern	# of Mentions
Altitude	1
COVID-19 Vaccines	3
Mobility	3
Transportation	1
Mental Health (i.e., apathy, isolation)	4
Healthcare	1
Assisted Living Facility	3

The Most Important Concerns of Older Adults in Chaffee County



- Altitude
- COVID-19 Vaccines
- Mobility
- Transportation
- Mental Health (i.e., apathy, isolation)
- Healthcare
- Assisted Living Facility

Least Important Concern	# of Mentions
None	6
Balance/Falling	1
Healthcare Access	2
Environmental Health	1
Assisted Living Facilities	1
Transportation	2



Appendix E-4: Senior Survey -- SubQuestion Results

1b. What does this look like in the community?

- Inconclusive data
 - 13 out of 18 respondents provided an answer
 - Limitation: Many did not seem to understand the question or what answer was being asked, which provides a reason for the variety of answers and lack of cohesion.
- Commentary
 - "8,000 ft - is a concern in elevation and oxygen"

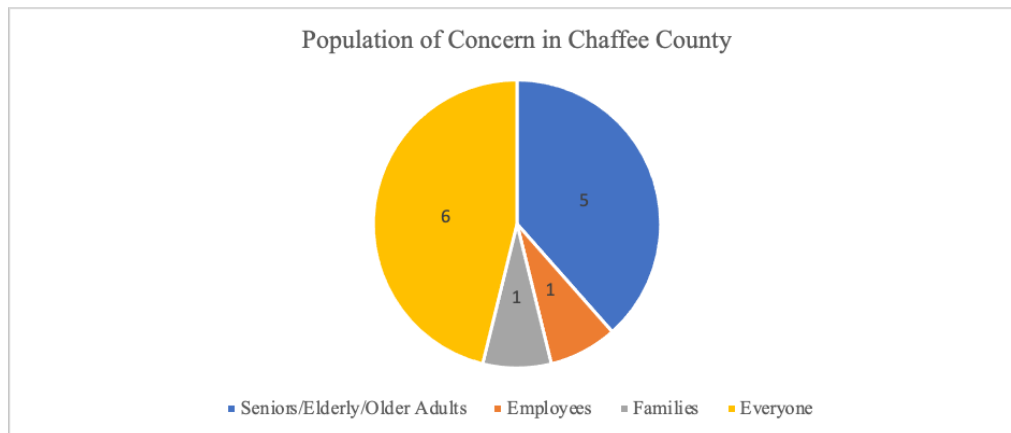
- Helping Medicaid patients
- Getting more COVID vaccines, not sure about the vaccination numbers
- “Love these days”
 - These days = days to which the seniors can be involved in the public health components of the county
 - Ways to connect other than church
- “Not very many good doctors in BV”
 - Need more specialists
 - “Salida has none of the needed facilities :(“
- “Very low moral”
- “Staying inside when the sky is grey”
- Differences between “city folk” and “rural folk”
- “Really good”

1c. Priority Population: Of 18 respondents, 13 provided answers and 5 respondents did not provide an answer. Most were concerned about either the aging population of Chaffee County or all residents of Chaffee County. The outlier was one respondent who indicated concern for employees and their families.

- Seniors/Elderly/Older Adults
- Employees
- Families
- Everyone

Priority Population Question Coding

Population	# of Reponses
Seniors/Elderly/Older Adults	5
Employees	1
Families	1
Everyone	6

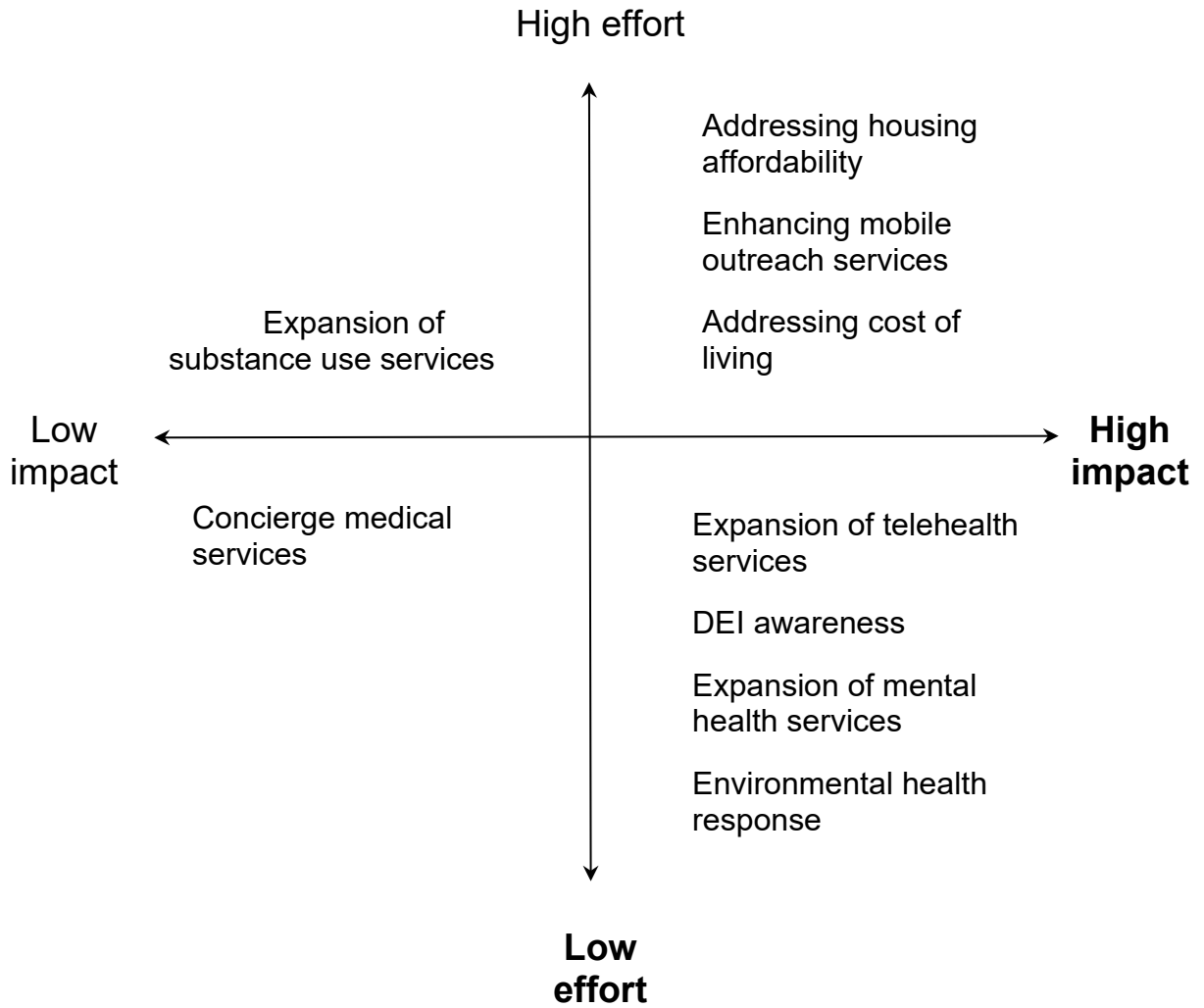


Appendix F: Codebook

The following sub-themes used to code the KIIs and surveys:

- Mental Health Diagnosis
- Rural/Isolation
- Suicide
- Occupational health
- Altitude
- Housing
- Safety
- Polarization
- Cost of care
- Access to healthcare
- Transportation
- Lack of bilingual providers
- Lack of incentives for providers
- Lack of specialties
- Lack of trusted providers
- Hospital staff shortage
- Lack of insurance
- Health equity
- Substance use
- Non-communicable diseases
- Environmental health
- Climate change
- Low water level
- Lack of recreation center
- Public Health
- Diversity, Equity, and Inclusion
- Middle class
- Cost of living
- COVID-19
- COVID-19 criticism
- Vaccinations (routine, not COVID-19)
- Vaccine hesitancy (routine, not COVID-19)
- Aging Population
- Health Foods
- Population Growth
- Childcare
- Homelessness
- Needed resource

Appendix G: Prioritization Matrix



Appendix H: Presentation Slides


CHAFFEE COUNTY Community Health Assessment

Mustafa Al-Mafrachi, Karyn Christiansen, Monica Maly, Daphna Rubin, and DeAnna Rumsey
CBHS 6624 - Community Health Assessment

1

Overview

- Background of the project
- Context of the project
- Scope of Work
- Methods of Data Collection
- Findings of Data
- Recommendations
- Challenges, Successes, and Lessons Learned



2

Partnership

- Student Assessment Team (SAT)**
 - Monica Maly
 - Daphna Rubin
 - Mustafa Al-Mafrachi
 - DeAnna Rumsey
 - Karyn Christiansen, RN
- Academic Advisor**
 - Dr. Virginia Viscione, M.A.T., PhD
- Chaffee County Public Health (CCPH)**
 - Director: Andrea Carlstrom, MBA
 - Emily Anderson, RN



3



Monica Maly
Data Analysis, Outreach, Report Writing, and Presentation Development

Daphna Rubin
Lead Community Liaison, Data Analysis, Outreach, and Report Writing

Mustafa Al-Mafrachi
Data Collection (NGT & KI), Data Analysis, Report Writing, and Presentation Development

DeAnna Rumsey
Second Community Liaison, Data Collection (NGT & KI), Data Analysis, and Report Writing


Karyn Christiansen
Data Collection (NGT & KI), Data Analysis, Report Writing, and Presentation Development

4

Introduction of Chaffee County

Chaffee County is comprised of the towns of Salda, Buena Vista, and Poncha Springs.


- Small and rural community
- Population:** about 20,000 residents
- Location:** south-central Colorado
 - Surrounded by rivers and mountain ranges
- Known for its
 - Natural resources and beauty
 - Outdoor recreation



5

Chaffee County Public Health


- Overseen by the Director of the Department
 - Andrea Carlstrom, MBA
- Governed by the local Board of Health
- Manages over 30 programs
 - Focused on health and wellness
 - Solution driven
- Working towards addressing key health concerns
 - Seeking innovation
- COVID-19 response
 - Communication
 - Vaccine Clinics
 - Mandates



6

Demographics of Chaffee County

- Age**
 - 0-4 years old - 3.7%
 - 6-17 years old - 15.10%
 - 18-64 years old - 55.20%
 - 65+ years old - 26.00%
- Gender**
 - 47% female
 - 53% male
- Race and Ethnicity**
 - White - 85.2%
 - Hispanic - 1.0%
 - Other - approx. 5%
- Housing**
 - Median Income - \$55,771
 - Average Home Value - \$357,800
 - Median Rent - \$931
- Poverty Rate**
 - 11%




7

Community Health Assessment

The last CHA was conducted in 2016.

- Purpose**
 - Identify major health concerns
 - Identify community strengths and assets
 - Identify community challenges
 - Identify areas of improvement
- Engage community members in local public health decision making**
- Highlight diverse perspectives**

The goal of the 2021 CHA is to help lead the 5 year strategic Community Health Improvement Plan in 2022-2027.



8

Summary of the Scope of Work

- Meet with the Community Partner and develop a plan
- Engage in the Nominal Group Technique (NGT)
- Complete Key Informant Interviews (KI)
- Analyze the data from community surveys, senior surveys, NGT, and KI
- Determine the:
 - Top health concerns
 - Top community strengths and assets
 - Top environmental concerns
- Triangulate the data
- Provide recommendations
 - Prioritization matrix
- Complete a Community Health Assessment



9

Data Collection Methods

10

Data Collection Methods

- Community Health Surveys
- Senior Surveys
- Nominal Group Technique (NGT)
- Key Informant Interviews (KI)


11

Community Surveys

12

Community Health Survey


- Title:** Community Health of Chaffee County
- Distribution**
 - Online - Google Forms
 - Hard Copy - Paper
- Languages**
 - English
 - Spanish
- Responses**
 - English (online): 277
 - English (paper): 1
 - Spanish (online): 6
 - Spanish (paper): 0



13

Community Health Survey - Questions

- 23 Fill in the Blank/Open Ended Questions
- 9 Likert Scale/Multiple Choice Questions
- 6 different sections
 - Ratings - Status of personal and community health
 - Overall Health Concerns in Chaffee County
 - Environmental Health Concerns
 - What makes Chaffee County a healthy place?
 - The impact of COVID-19 on health
 - Demographics



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Community Health Survey - Top Health Concerns

Top Health Concerns
COVID-19
Healthcare
Mental health
Substance use
Housing

15

Community Health Survey - Top Environmental Concerns

Top Environmental Health Concerns
Air quality and air pollution
Water quality and availability
Wildfires and smoke
Climate change

Secondary Environmental Concerns
Negative impacts of population growth
Lack of waste management and recycling

16


Community Health Survey - Top Community Assets

Top Community Assets
Natural Resource
Collaboration
Active lifestyle
Community identity
Public health

17

Senior Surveys

- Title:** 2021 Chaffee County Community Health Assessment
- Distribution Method**
 - Hard Copy - Paper
- Languages**
 - English
- Responses**
 - English (paper): 19



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Chaffee County's Top Assets

Chaffee County's Top Assets			
Asset	NGT	KII	Survey
Collaboration	X	X	X
Active Lifestyle		X	X
Natural Resources	X	X	X
Community Identity	X		X
Public Health		X	X

37

Recommendations

38

Recommendations-

- Diversify community partnerships, especially among minority communities
- Create opportunities for public/private partnerships
- Adopt other programs that have been shown to be evidence-based and effective in reaching targeted outcomes
 - Ex: Youth Corps
- Utilize funding streams recently passed
 - Ex: The Build Back Better Bill & Colorado HB21-1068
- Recruit influencers within minority communities to assist in shaping and changing health behaviors



39

Prioritization Matrix



40

Challenges, Successes, and Lessons Learned

41

Challenges/Lessons Learned-

- Inconsistent questions between surveys
 - Recommendations
 - Pilot the survey prior to distribution
 - Continuity of questions across surveys
 - Defining "senior" vs. "65 years and older"
- Environmental health question was intentionally open for interpretation by respondents
 - Recommendation: Broad definition about environmental health within the question
- NGT was held on one day and took place during regular working hours
 - Recommendations
 - Multiple collection dates
 - NGT held on weekends or after work hours

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Appendix I: One-pager Information Sheet: Front



CHAFFEE COUNTY Community Health Assessment 2021

What do Chaffee County residents consider top health concerns?



affordable and available housing



mental health including youth mental health, suicide, work stress, isolation



access to healthcare defined as provider availability, quality, cost, transportation



environmental health concerning air quality, water quality and availability, wildfires, climate change, sustainability



cost of living defined as strain on middle class and effects of population growth



17% of Chaffee County residents pay more than 30% of income in housing costs

“We have a very low inventory of homes that are in the affordable range...we can't get providers to come in... So you see how they're all connected..”

7.2

The rating residents gave overall community health on a scale of 1 to 10.

SINCE 2016...



Median home values



Median household income



skipped care due to cost



“[The environment] is really important here...it's a part of our daily life that surrounds us. So it's not the same as being in an urban area.”

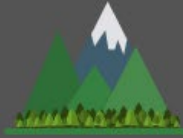


CHAFFEE COUNTY Community Health Assessment 2021

What do Chaffee County residents consider their community's top strengths and assets?



collaboration including public/private partnerships, advocacy, local government, administrative support



natural resources defined as trails, mountains, Parks & Rec



active lifestyle including exercise, health consciousness, healthy food awareness



community identity defined as "small town" feel, cultural events, social networks



public health includes CCPH, COVID-19 response, prevention programs



“ People want to age well, they want to age independently and enjoy their grandkids and not in assisted living. And so they see the decisions they're making today help for that future. ”

“ When faced with a community challenge, everybody pitched in. ”



7.8

The rating Chaffee County residents give their personal, emotional wellbeing on a scale of 1 to 10.

“ I love where I live. The access to nature makes me very happy. ”

For more information, please see the complete 2021 Chaffee County Community Health Assessment available at <https://www.chaffeecounty.org/Public-Health>.



Part Two: Community Health Improvement Plan 2022-2026

Priority #1: Access to Health Care

Overview of Issue: In our rural county, the variety and availability of health care providers is limited. Although our health care stakeholders have made significant progress over the past decade in securing quality care and specialties, the demand is still great. In addition, barriers to health care services due to our rigid systems prevent members of the public from successfully securing what they need to thrive in health and wellness. Our systems expect people to have access to transportation, electronic schedulers, and speak English, among other limitations.

What the Data Says

2021 Colorado Health Institute, Colorado Health Access Survey ²	Health Statistics Region (HSR) 13	Colorado
Insured	86.8%	93.4%
Private Insurance	41.6%	56.5%
Employer-Sponsored Insurance	36.4%	49.8%
Individual Market	5.2%	6.3%
Public Insurance	45.2%	37.1%
Medicare	18.3%	11.5%
Medicaid/Child Health Plan Plus (CHP+)	26.9%	25.6%
Uninsured	13.2%	6.6%
Use of Healthcare Services		
Did not visit a general doctor in the past 12 months	24.7%	24.7% (2015)
Had visit for a check-up, examination/ other preventive care in past year	73.7%	75.4%
Visited a specialist in the past 12 months	43.7%	41.9%
Has a usual source of care	83.3%	85.0%
Barriers to Healthcare		
Told by a doctor's office or clinic not accepting new patients	6.1%	6.6%
Unable to find transportation to doctor's office or too far away	7.6% (2015)	2.2%

Unable to make an appointment because could not leave work (Employed adults 18+)	15.2% (2015)	10.5%
Affordability		
Did not fill a prescription for medication due to cost	4.1%	9.7%
Skipped some type of care due to cost	32.7%*	19.5%
Had a surprise medical bill	20.3%	33.7%
Healthcare Meeting Family's Need		
Current health system is meeting the needs of family (strongly agree/agree)	70.9% (2015)	74.6% (2015)

Next Steps

- Implement a free mobile health clinic that provides flexible and diverse prevention, early intervention, navigation, and referral services throughout the county
- Activate mobile clinic for public health and natural disaster response, relief, and recovery
- Continue to strengthen CCPH's Aging Well program
- Launch health and financial literacy programming
- Incorporate health equity principles in all that we do



Priority #2: Behavioral Health

Overview of Issue: Expanding and building capacity for behavioral health (which includes mental health, substance abuse and misuse, and addiction) in Chaffee County has been a long-time vision of healthcare stakeholders. This need has been exacerbated by the COVID-19 pandemic. We must take a comprehensive approach to addressing the mental health outlook for our young people, isolation felt by our older adult population, harm reduction strategies to save lives, and a continuum of care for those who are on their journey of recovery.

What the Data Says

Behavioral Health

	Data Year(s)	Chaffee County HSR 13	Colorado
High school students reported bullied @ school	2013	24.5% (21.98-26.71)	20% (19.20-20.85)
Age-adjusted rate of suicide hospitalization per 100,000	2011-2013	33.7 (16.68-152.26)	51.9 (50.71-52.99)
Rate of liquor stores per 10,000	2015	5.9%	2.4
High school student marijuana use	2013	22.95% (21.23-24.67)	19.7% (18.71-20.64)
High school students drive when drinking	2013	9.15% (8.22-10.09)	7.7% (6.93-8.40)

	Data Year	Chaffee County*	Colorado
Reported Poor Mental Health (5 and older) *8 or more days*	2021	18.6% (2019)	23.7% (2021)
Children who need mental health care	2014	6.7%	15.3%
Mother who reported postpartum depression symptoms	2015-2017	15.3%	11.2%
High schoolers who seriously considered suicide	2017	19.7%	17.0%

Adults diagnosed	2017	18.3%	17.4%
Adults who reported binge drinking	2017	20.3%	18.9%
High schoolers reported binge drinking	2017	21.2%	16.0%
Overdose deaths involving opioids	2014-2018	56%	17.1%

	Data Year(s)	Chaffee County	Colorado
Smoking cigarette among adults 18+	2013-2015	17.4%	16.3%
High school students currently smoking	2015	HSR 13: 19.5%	8.6
Kids ages 1-14 rode in car with smoker	2013-2015	HSR 13: 13.5%	3.3%
Kids ages 1-14 live with smoker	2013-2015	HSR 13: 20.8%	2.8%

Next Steps

- Make Youth and Adult Mental Health First Aid available to everyone in Chaffee County
- Continue to support youth serving initiatives such as Communities That Care
- Incorporate harm reduction and recovery services through CCPH's free mobile health clinic and outreach efforts
- Build community resiliency and healing through campaigns and messaging



Priority #3: Environmental Health Stewardship

Overview of Issue: There is no doubt that people love to live in and visit Chaffee County due to its natural beauty and abundance of outdoor recreation amenities. However, there is a grave reality that unless environmental health stewardship increases, the air, water, and nature around us will be compromised for not only current but future generations as well.

What the Data Says: Environmental health is dynamic and so is data that illustrates the need for greater environmental health practices. However, the following links will give current outlooks on the areas of environmental health we aim to make progress in.

<https://www.colorado.gov/airquality/>

<https://cdphe.colorado.gov/rivers-lakes-and-streams>

<https://cdphe.colorado.gov/environment/sustainability-programs>

Next Steps:

- Explore environmental and sustainability programs that align with CCPH's capacity and resources
- Collaborate with partners to avoid duplication and identify gaps
- Campaign to demonstrate that environmental health stewardship can be easy and fun

Chaffee County Priority #1 – Access to Health Care

Goals & Objectives: To ensure that everyone in Chaffee County has access to the health care services and supports needed to thrive in good health and wellness.

1. Remove barriers to obtaining prevention, early intervention, direct clinical, and behavioral health services
2. Destigmatize needing financial and administrative support to acquire the above services
3. Ensure that the people of Chaffee County have a free and comprehensive option for accessing health care services
4. Incorporate health equity principles to tailor strategies that meet individuals where they are at in their life's journey

Strategies	Implementation Details	Target Group(s)	Resources & Barriers
<p>Launch a free mobile health clinic that provides prevention, early intervention, outreach, direct clinical, and behavioral health services, including navigation</p>	Retrofit Incident Trailer	All, but specifically for those that are uninsured, underinsured, or are Medicaid members	<p><u>Available Resources</u> CCPH First Street Family Health Solvista Health Local Churches Age Strong Chaffee Substance Abuse Regional Coalition Chaffee County Health Coalition Community Centers Chaffee Housing Authority Community Equity Coalition Partnerships for Community Action School Districts Area Agency on Aging Health Colorado</p>
	Staffing and Programming Plan	Same as above	
	Develop Schedule	Same as above	
	Promote Clinic	Same as above	
	Bill for Services	Same as above	
	Evaluation of Services	Same as above	
	Continued Outreach and Data Collection	Same as above	
<p>In times of public health or natural disaster, utilize the mobile health clinic to provide county with response, relief, and recovery throughout emergency</p>	Ongoing Training	CCPH Team	
	COVID-19 "After Action Report" Utilization and "Recovery"	CCPH Team	
	Ensure PPE, vaccine, and testing inventory	CCPH Team	
	Deployment of trailer when there is a need	All of Chaffee impacted by event	
	Assume Incident Command or ESF8 Lead when it is appropriate to do so	All of Chaffee impacted by event	
<p>Increase access to health systems navigation</p>	Oral Health Navigation	All Chaffee County Residents	<p><u>Potential Barriers</u> Limited funding Limited capacity Outreach and program promotion to some of our county's most needing populations Culturally and linguistically appropriate programming and services</p>
	Aging Well Navigation	The older adults of Chaffee County and their support systems	

Chaffee County Priority #2- Behavioral Health

Goals & Objectives: Ensure optimal mental health and substance abuse treatment for the residents of Chaffee County

1. Advancing policy and community approaches to improve the social and emotional health of mothers, fathers, caregivers, and children
2. Advancing policy and community approaches to improve the mental health and substance abuse treatment system
3. Improving screening and referral practices and reducing the stigma of seeking help for mental health conditions, especially among vulnerable populations
4. Reducing prescription drug and illicit drug use
5. Implementing harm reduction strategies to minimize the morbidity and mortality of chronic drug use

Strategies	Implementation Details	Target Group(s)	Resources & Barriers
To introduce, support, and promote harm reduction efforts in order to reduce morbidity and mortality	Training and distribution of Narcan and Naloxone	Community Partners	<u>Available Resources</u> <ul style="list-style-type: none"> • Solvista Health • Chaffee County Early Childhood Council • Department of Human Services/Family and Youth Initiatives • Private Behavioral Health Providers • Primary Care Providers and Support Staff • HRRMC • Salida and Buena Vista Police Departments • Salida and Buena Vista School Districts • Probation • Full Circle Restorative Justice • CDPHE • Faith-based community • National Alliance for Mental Illness (NAMI) • Health Colorado • Chaffee County Health Coalition • Substance Abuse Regional Coalition
	Piloting safe syringe access program	CCPH Team and Partners	
	Supporting Medication Assisted Treatment providers	MAT Providers	
	Supporting the Substance Abuse Regional Coalition (SARC) for as long as it exists and includes Chaffee County	CCPH Team	
To promote primary protective factors in youth substance abuse prevention through the Communities that Care (CTC) model	Participate in CTC meetings and workgroup efforts	CTC Coalition and Youth and Parents, CCPH Team	
	Continue to represent CCPH on the Leadership Team	CCPH Director	
Organize an annual family wellness summit that will provide education, resources, and support to the families of Chaffee County with a focus on behavioral health	Plan and execute Mountain Mama Summit and Mountain Family Picnic events	Chaffee Families	
	Support Mountain Meet-Ups when they take place	Chaffee Families	
CCPH to participate in behavioral health-related initiatives	CCPH Deputy to participate in Chaffee County Early Childhood Council and its Screening Committee	Chaffee Families	
	CCPH to focus its child fatality review system dollars toward youth mental health, building resiliency, and suicide prevention efforts	Chaffee Families	
	Participation on Opioid Settlement Governance Committee	CCPH Team and Regional Partners	
	Training Instructors (2) on Adult and Youth Mental Health First Aid	CCPH Team	
	Implement Mental Health First Aid training to general community and partners at least 4 times a year	Chaffee Community Members and Partners	
	Behavioral Health Navigation- SARC, MHFA, Opioid Settlement, CTC, mobile services	Chaffee Community Members and Partners	
	CCPH Director serves on the Solvista Health (community behavioral health center) Board of Directors	Chaffee County residents	

- Potential Barriers
- Stigma
 - Budget Cuts/Reimbursement Reductions
 - The system is already at capacity
 - Scarce local resources for a growing need
 - COVID-19

Chaffee County Priority #3- Environmental Health Stewardship			
<i>Goals & Objectives: Ensure that environmental health remains a focus of the local public health system</i>			
<ol style="list-style-type: none"> 1. Coordinating and collaborating with local, regional, and state partners on issues such as air, water, and waste 2. Adopting Colorado Department of Public Health and Environment's environmental health programs when there is an opportunity to do so, such as radon, lead, and waste tire 3. Achieving standardization of the Chaffee County retail food program 4. Assisting in the county's sustainability program if progress is made in that area 5. Building greater awareness of recycling practices 			
Strategies	Implementation Details	Target Group(s)	Resources & Barriers
Remain engaged with local, regional, and state environmental health organizations and efforts	Attend Colorado Department of Public Health and Environment's directors' meetings focused on environmental health (CDEH)	CCPH Director	<u>Available Resources</u> <ul style="list-style-type: none"> • Greater Arkansas Recreation and Nature Association • Southwest Conservation Corporation • The Conservancy • Colorado Department of EH. • Chaffee County Health Coalition <u>Potential Barriers</u> <ul style="list-style-type: none"> • Staffing • Funding • Political Will
	Attend Colorado Food Managers' meetings	CCPH Consumer Protection Specialist	
	Coordination of current environmental health non-regulatory programming through CDPHE, such as lead, radon, and waste tire	CCPH EH Coordinator	
	Explore the launch of an education campaign related to recycling and waste	CCPH EH Coordinator	
	Study for and pass the CDPHE standardization program	CCPH Consumer Protection Specialist	
	Hold quarterly community forums to assess for gaps in environmental health programming and expand programming if deemed needed	CCPH Team	
	Present at Chaffee County Health Coalition meeting at least once a year on an environmental health-related topic	CCPH Team	
	Attend local collaborative meetings related to environmental health when invited	CCPH Team	

To ensure that progress is made toward these priorities in the Community Health Improvement Plan, there will be a standing agenda item to review and report out on it at every Chaffee County Health Coalition meeting and before the Chaffee County Board of Health monthly. On a regular basis, the media will be requested to cover initiatives that are driving the improvement plan.

For further information regarding the 2021 Chaffee County Community Health Assessment and 2022-2026 Community Health Improvement Plan, please contact Andrea Carlstrom, Chaffee County Public Health Director, at 719-530-2564 or acarlstrom@chaffeecounty.org.

Thank you for helping to make Chaffee County the best place to thrive in health and wellness!