Overview: Adams County 2022 Community Health Assessment & Planning

Find the full report online at: **https://adamscountyhealthdepartment.org/our-communitys-health-status-and-priorities**

Tri-County Health Department

November 17, 2022

ADAMS COUNTY HEALTH DEPARTMENT
Your Health. Our Mission.

2022 CHA Format

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2022 Community Health Assessment

Tri-County Health Department

Adams County | Colorado

Released: May 2022

ADAMS COUNTY COLORADO

Tri-County Health Department May 2022

Social Connections and Health

A healthy community is where building a sense of belonging and social connection is a priority and where diversity and support for people of all ages, race and ethnicities, and abilities are valued.

Adams County

Key Insights

- Positive social relationships are important for mental and physical health, and overall wellbeing.
- The COVID-19 pandemic highlighted the importance of social connection for many Adams County residents.
- In our community survey, we heard from residents who felt disconnected from each other and from social, political, and economic systems in their communities.

"Social ties can instill a sense of responsibility and concern for others that then lead individuals to engage in behaviors that protect the health of others, as well as their own health. Social ties provide information and create norms that further influence health habits. Thus, in a variety of ways, social ties may influence health habits that in turn affect physical health and mortality."

Source: J Health Soc Behav. 2010 ; 51(Suppl): S54–S66. doi:10.1177/0022146510383501

[1] http://www.apa.org/pi/lgbt/programs/safe-supportive/school-connectedness/default.aspx

Overwhelmingly, our community members, partners, and staff said that community connection and belonging were not only key factors of a healthy, happy, and thriving community—but that they needed connection with others to be their happiest, healthiest selves. Specifically, they mentioned the importance of being with family and friends, kindness, social support, respect, and unity. While social connection was a key theme in the 2018 Community Health Assessment, isolation from others and fear felt by community members during the COVID-19 pandemic brought home the importance of belonging and support for many community members.

Social connection is related to health in several ways. First, simply being around people who watch out for each other can reduce the risk of poor health outcomes occurring or the chance that an accident will lead to serious injury or death. There is safety in numbers. Second, connection and belonging can be protective against the development of certain behaviors that increase risk for poor health outcomes. Social connection has long been recognized as a factor that can reduce the chance that people will engage in less-healthy behaviors such as heavy drinking, substance use, and overeating or eating unhealthy foods. In fact, research shows that social connectedness increases the chances that children will be engaged in school,[1] and that people who do not want to become parents will use effective birth control; it also reduces the risk of suicide attempt.[2] Finally, connection reduces the chance of experiencing isolation and loneliness. In their 1988 article, House, Landis, and Umberson show the relationship between poor social

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Social Connections and Health

A healthy community is where building a sense of belonging and social connection is a priority and where diversity and support for people of all ages, race and ethnicities, and abilities are valued.

Adams County

"I would say one thing I need is having a support network. Family and friends where I can get help getting my needs met. Another thing that is incredibly valuable is a community that is inclusive, supportive, diverse, and healthy."

Source: Tri-County Health Department, CHA Community Engagement Process, 2021

"deaths of despair" which are characterized by deteriorating economic, social and behavioral conditions, such as under- or unemployment, stress and hopelessness, isolation, family dysfunction, poor social support, and addiction.[10] Enhancing social connection could have an effect in mitigating this increase in deaths of despair.

Finally, civic engagement is important to health. Voting is related to health in a few ways: by building community connectedness and civic engagement, by enhancing self-efficacy, and, more directly, by giving citizens the ability to vote on matters impacting health. Voting is one way that people can shape their environments rather than simply being shaped by them. Kawachi and Berkman (2000) note the relationship between political activities, like voting, and social capital – social resources, connection, and collective action. "Within the United States, levels of civic trust and group membership are strongly correlated with geographic variations in voter turnout at elections."[11] Voting is a social determinant of health and has been recognized by the U.S. government's Healthy People 2020 as well as by the American Public Health Association, health research groups, health foundations, and health departments across the country. In the November 2020 election , 71.3% of people eligible to vote in Colorado were registered to vote, and 67.6% of people eligible to vote actually voted (94.8% of those who were registered voted).[12] In Adams County, 85% of registered voters voted in the 2020 general election, up from 72% in 2016.[13] Increasing the voter activity of registered voters and engaging eligible citizens to register to vote can help promote civic engagement and community connectedness and, ultimately, health in our communities.

Social connection, belonging, and engagement are important to our health. By supporting each other and our neighbors, we can improve the health and wellbeing of our communities.

[9] Rising midlife morbidity and mortality, US whites. Anne Case, Angus Deaton. Proceedings of the National Academy of Sciences Dec 2015, 112 (49) 15078-15083; DOI: 10.1073/pnas.1518393112

[10] Stein, E. M., Gennuso, K. P., Ugboaja, D. C., & Remington, P. L. (2017). The Epidemic of Despair Among White Americans: Trends in the Leading Causes of Premature Death, 1999–2015. American Journal of Public Health, 107(10), 1541–1547. http://doi.org/10.2105/AJPH.2017.303941

[11] Kawachi, I., and Berkman, L. (2000) Social Cohesion, Social Capital, and Health. In: Berkman, L.F. and Kawachi, I. Eds., Social Epidemiology, Oxford University Press, New York, 174-190.

[12] https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-585.html

[13] https://www.adamsvotes.com/past-elections/#Election

What Our Community Said

- Over two in five comments from the community (42.7%) related to social factors or social connection or connectedness.
- Of these comments, one in four (25.1%) comments specifically mentioned the importance of connection to family.
- Many community members noted how important their family and friends were; isolation and quarantine during the COVID-19 pandemic made this clearer to many people.
- Many people mentioned concern about the social, moral, and political fabric of society.
- Community members specifically mentioned racism as a social problem contributing to poor health.

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What is Health Assessment?

Assess and Monitor Population Health is one of the 10 Essential Public Health Services

- Maintaining an ongoing understanding of health in the jurisdiction by **collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues**, with a particular emphasis on disproportionately affected populations
- Using data and information to **determine the root causes of health disparities and inequities**
- **Working with the community** to understand health status, needs, assets, key influences, and narrative
- Collaborating and facilitating **data sharing** with partners, including multi-sector partners
- **Using innovative technologies, data collection methods**, and data sets
- Utilizing various methods and technology to **interpret and communicate data** to diverse audiences
- **Analyzing and using disaggregated data** (e.g., by race) to track issues and inform equitable action
- **Engaging community members** as experts and key partners

https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

Community Health Assessment and Public Health Improvement Plan

Purpose

- A formal planning process mandated by state statute and Public Health Accreditation Board (PHAB)
- Used to understand and plan to improve community health

Principles

- Guided by principles of inclusiveness and transparency
- Community engagement is a core tenet

Process

- Often uses an assessment and planning framework
- Requires the use of multiple data sources and multiple types of data (quantitative and qualitative)

Results

- Used in prioritizing and investing in evidence-based interventions, while allowing for innovative interventions that can improve health
  - Interventions may include services, policy/advocacy strategies, and systems-based solutions
- Evaluating the results of investments and incorporating these results into an ongoing cycle of evidence-based assessment and improvement

Colorado Health Assessment and Planning Process (CHAPS)

CHA Cycle and Requirements

- Required every five years (Colorado state law; PHAB)
- Guided by the Colorado Health Assessment and Planning Process

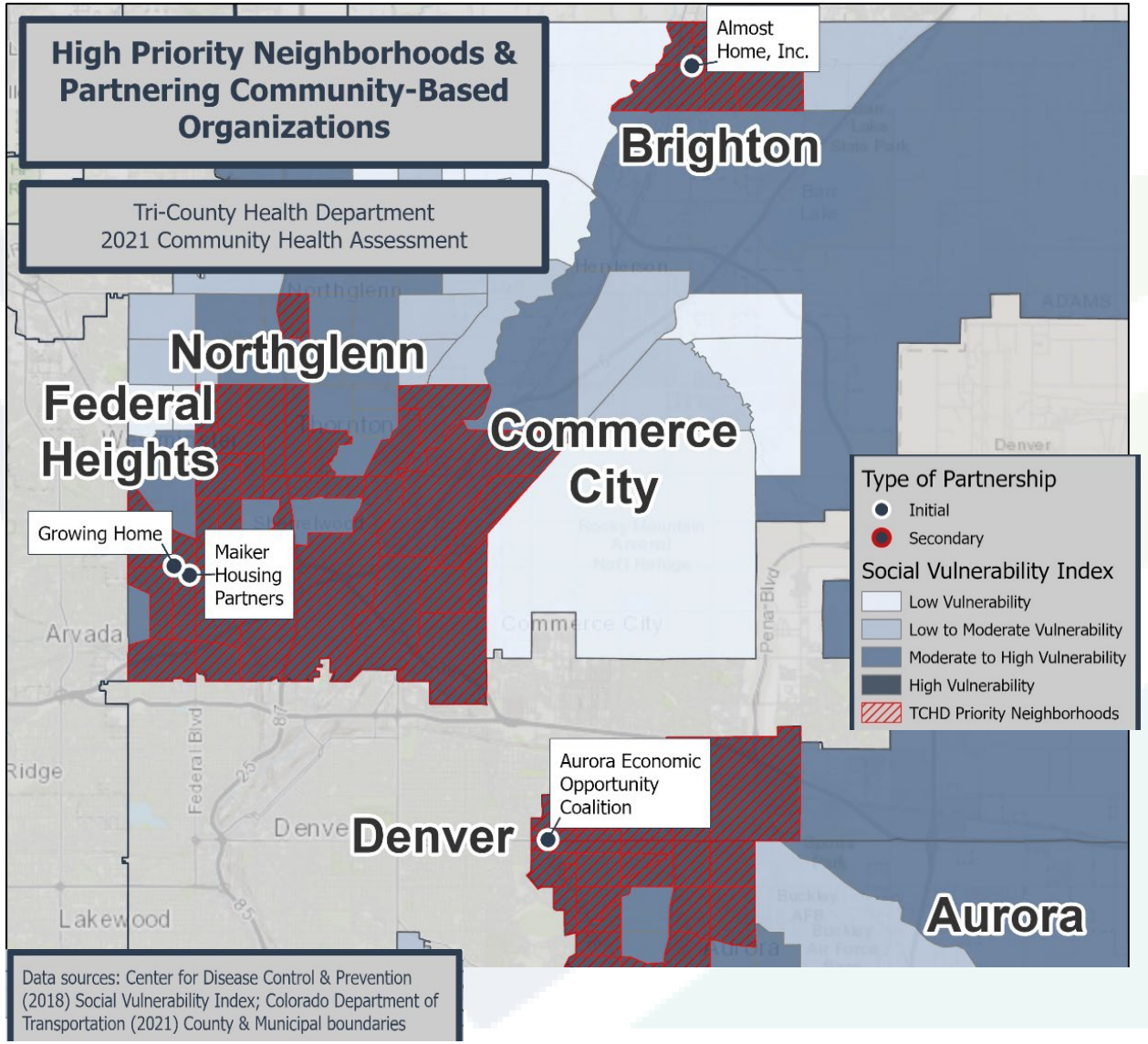
CHAPS Process

guidance from CDPHE Office of Public Health Practice, Planning and Local Partnerships (OPHP)

Phase 1: Plan the process
Phase 2: Equity and community engagement
Phase 3: Conduct a community health assessment
Phase 4: Assess capacity
Phase 5: Prioritize issues
Phase 6: Develop a plan (Public or Community Health Improvement Plan, PHIP/CHIP)
Phase 7: Implement, promote, and monitor
Phase 8: Participate in statewide public health improvement opportunities

Qualitative Data

- Community Engagement
  - Focus groups
    - TCHD funded CBOs to conduct focus groups
  - Community member surveys
    - English and Spanish
- Elected Official and Government Leaders Engagement Survey
- Partner Engagement Survey
- Staff Survey (TCHD staff providing services in Adams County)
- Environmental scan and literature review



Secondary data analysis

30+ external data sources to provide comprehensive look at health indicators

- From state and national sources (e.g., Census Bureau, DOLA, CDOT, CDHS, CDPHE, CHA, CHI, EPA, etc.)
- Data sources have different cycles: some are annually, some are every-other-year
- Data are released at different times throughout the year

- American Community Survey (ACS), U.S. Census Bureau
- Centers for Disease Control and Prevention
- Colorado Bureau of Investigations
- Colorado Department of Education
- Colorado Department of Human Services
- Colorado Department of Public Health and Environment (CDPHE)
  - Colorado Behavioral Risk Factor Surveillance System
  - Colorado Electronic Disease Reporting System
  - Colorado Vital Records
  - Colorado WIC Program (The Special Supplemental Nutrition Program for Women, Infants, and Children)
  - Health eMoms Survey
  - Healthy Kids Colorado Survey
  - Pregnancy Risk Assessment Monitoring System
  - STI/HIV/Viral Hepatitis Branch
  - Tuberculosis and Refugee Health Program
- Colorado Department of Transportation
- Colorado Discharge Data Set, Colorado Hospital Association
- Colorado Health Access Survey, Colorado Health Institute
- Colorado Health Foundation Pulse Survey
- Colorado Health Observation Regional Data Service
- Colorado Immunization Information System
- Environmental Protection Agency
- Feeding America
- Metro Denver Homeless Initiative
- State Demography Office, Colorado Department of Local Affairs
- U.S. Bureau of Labor Statistics
- United States Department of Agriculture

Community Engagement: Findings

Community Engagement

COMMUNITY SURVEY

1250+ people living in or serving Adams County

- 968 residents
  - 20% responded in Spanish
- 13 elected officials and county leaders
- 248 TCHD staff
- 30 partners

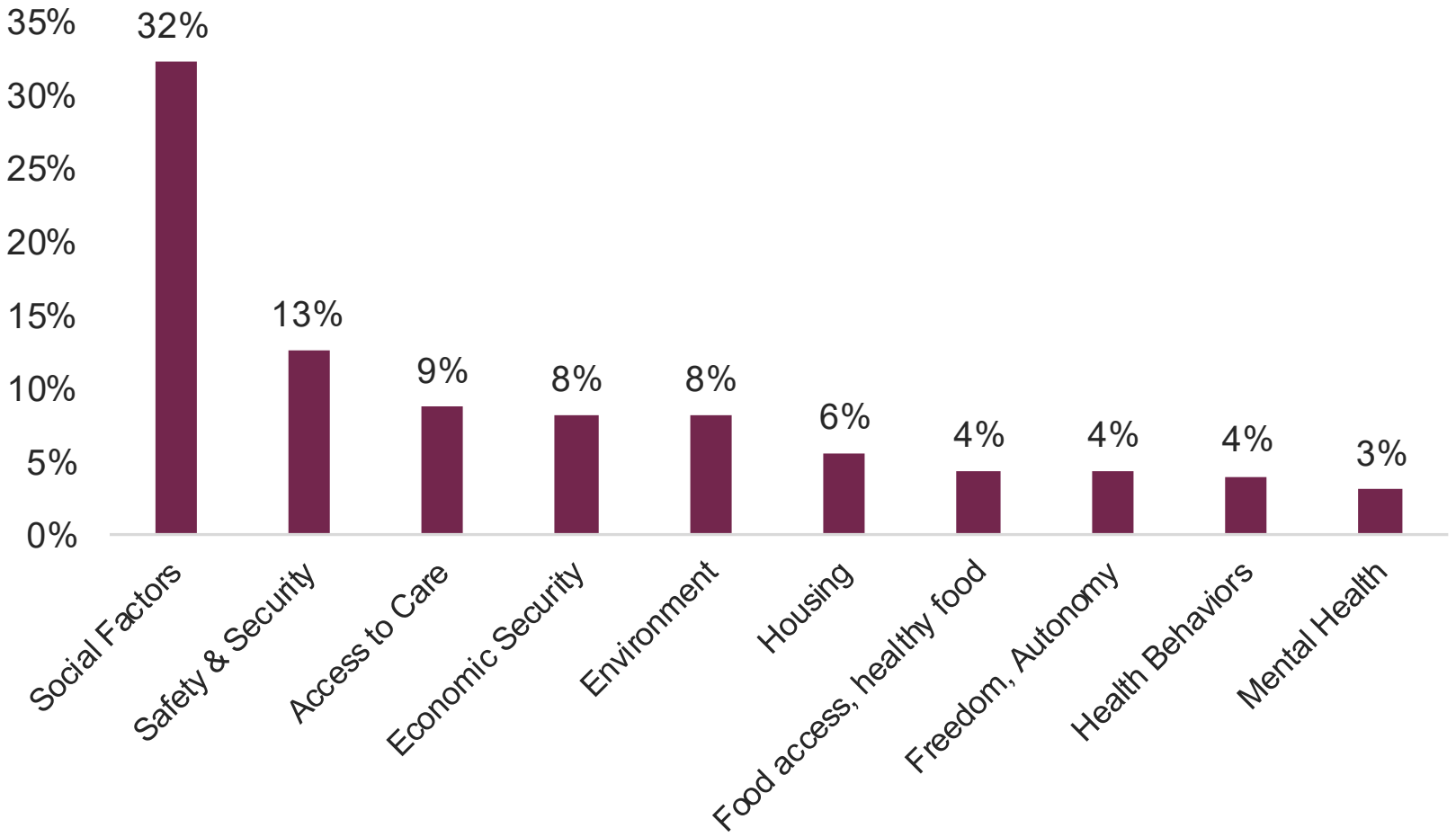
FOCUS GROUPS

45 Adams County and Aurora residents

- Facilitated by CBOs funded by TCHD
- 7 focus groups
- English and Spanish-speaking

Community Engagement: Findings (all stakeholders)

What are the three most important characteristics of a happy, healthy, and thriving community? Adams County, 2021

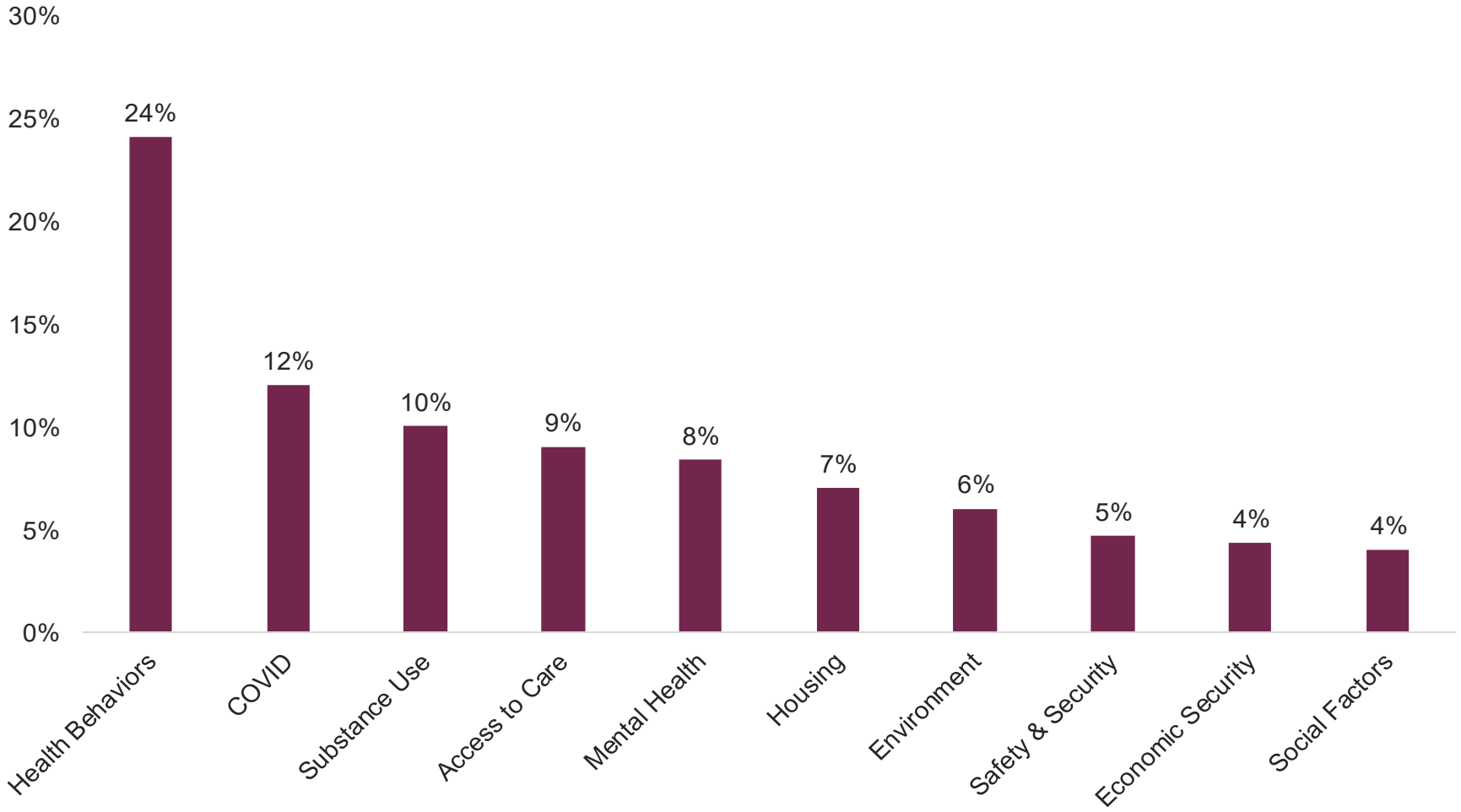


Top Characteristics:

1. Social Factors
2. Safety
3. Access to Care
4. Economic Security
5. Environment
6. Housing
7. Food access
8. Freedom/Autonomy
9. Health Behaviors
10. Mental Health

Community Engagement: Findings (all stakeholders)

What are the three most important health problems in your community? Adams County, 2021



Top Problems:

1. Health Behaviors
2. COVID-19
3. Substance Use
4. Access to Care
5. Mental Health
6. Housing
7. Environment
8. Safety
9. Economic Security
10. Social Factors

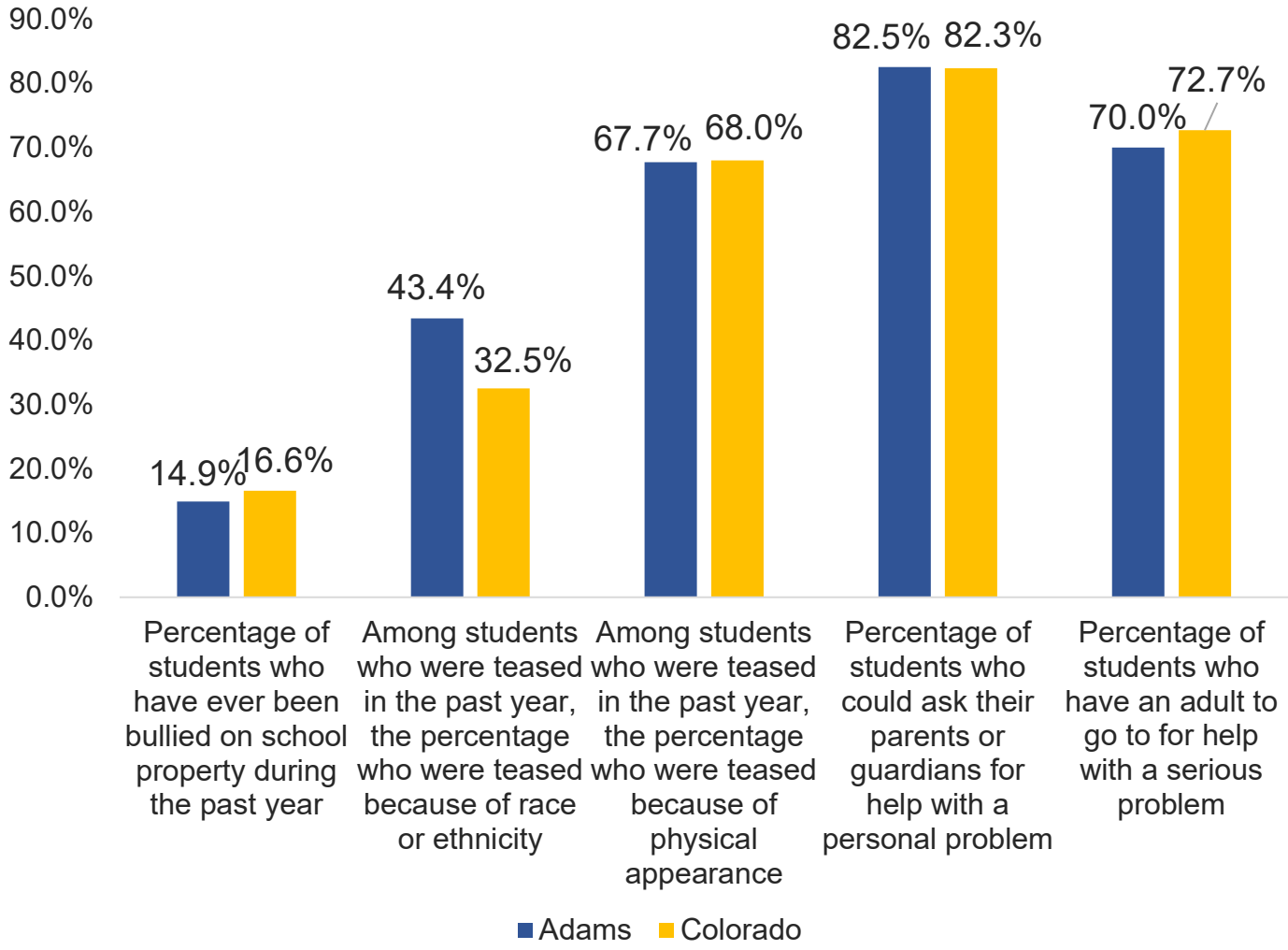
Secondary Data Analysis: Findings

Social Connections and Health

Social Connections and Health

- Positive social relationships are important for mental and physical health, and overall wellbeing.
- The COVID-19 pandemic highlighted the importance of social connection for many Adams County residents.
- In our community survey, we heard from residents who felt disconnected from each other and from social, political, and economic systems in their communities.
- Not all youth have a trusted adult in their lives or feel like they can ask parents/guardians for help with a personal problem.

Connection and Belonging among High School Students, 2019



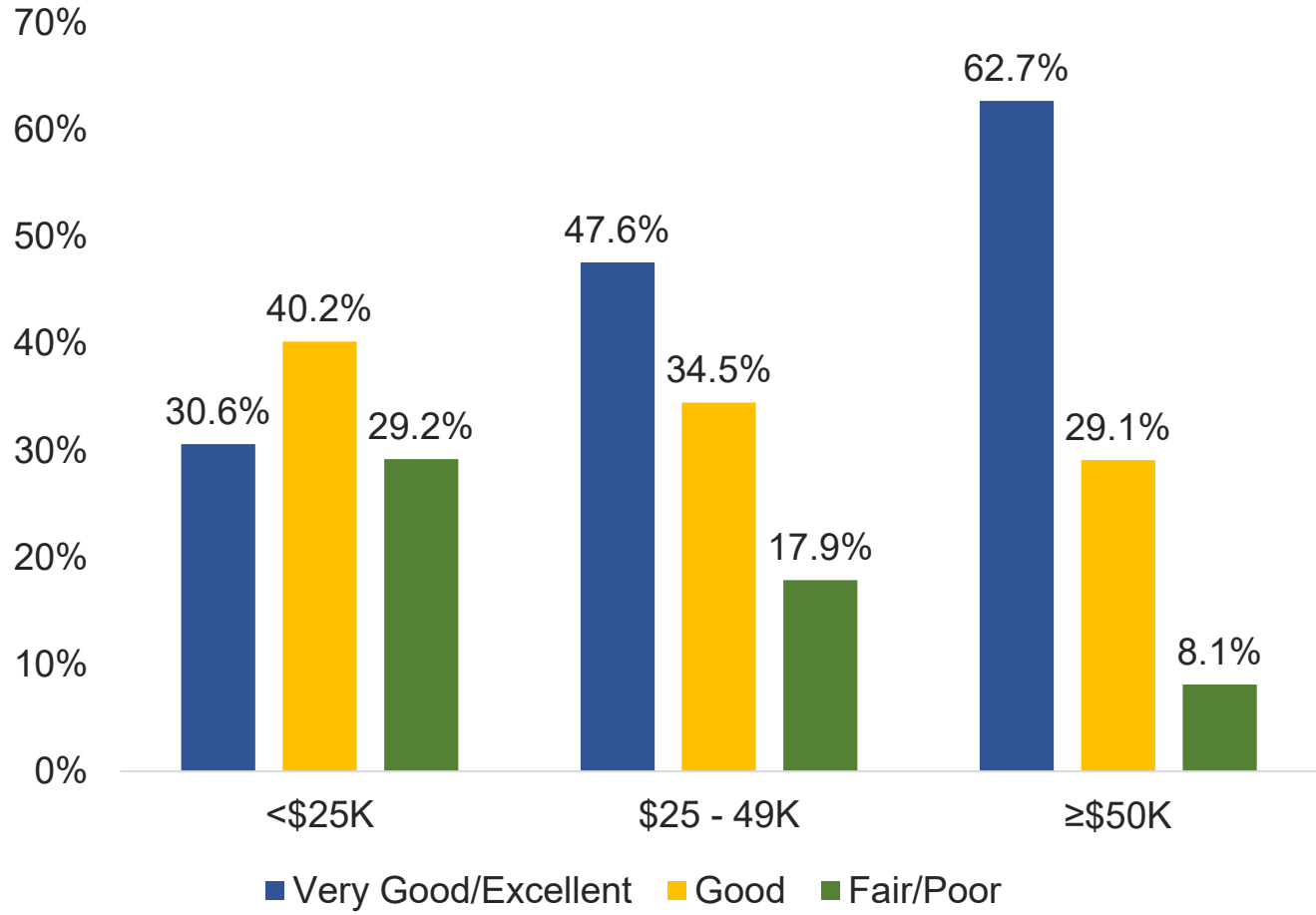
Source: Healthy Kids Colorado, CDPHE, 2019

Economic Security and Health

Economic Security and Health

- Income is a fundamental social determinant of health
- Economic security and income has a direct, positive relationship to mental and physical health and wellbeing.
- Income impacts nearly all aspects of a person's life and, thus, their decision-making processes, opportunities, and the way they live their lives.

Self-Reported General Health Status by Annual Household Income, 2018-2020, Adams County

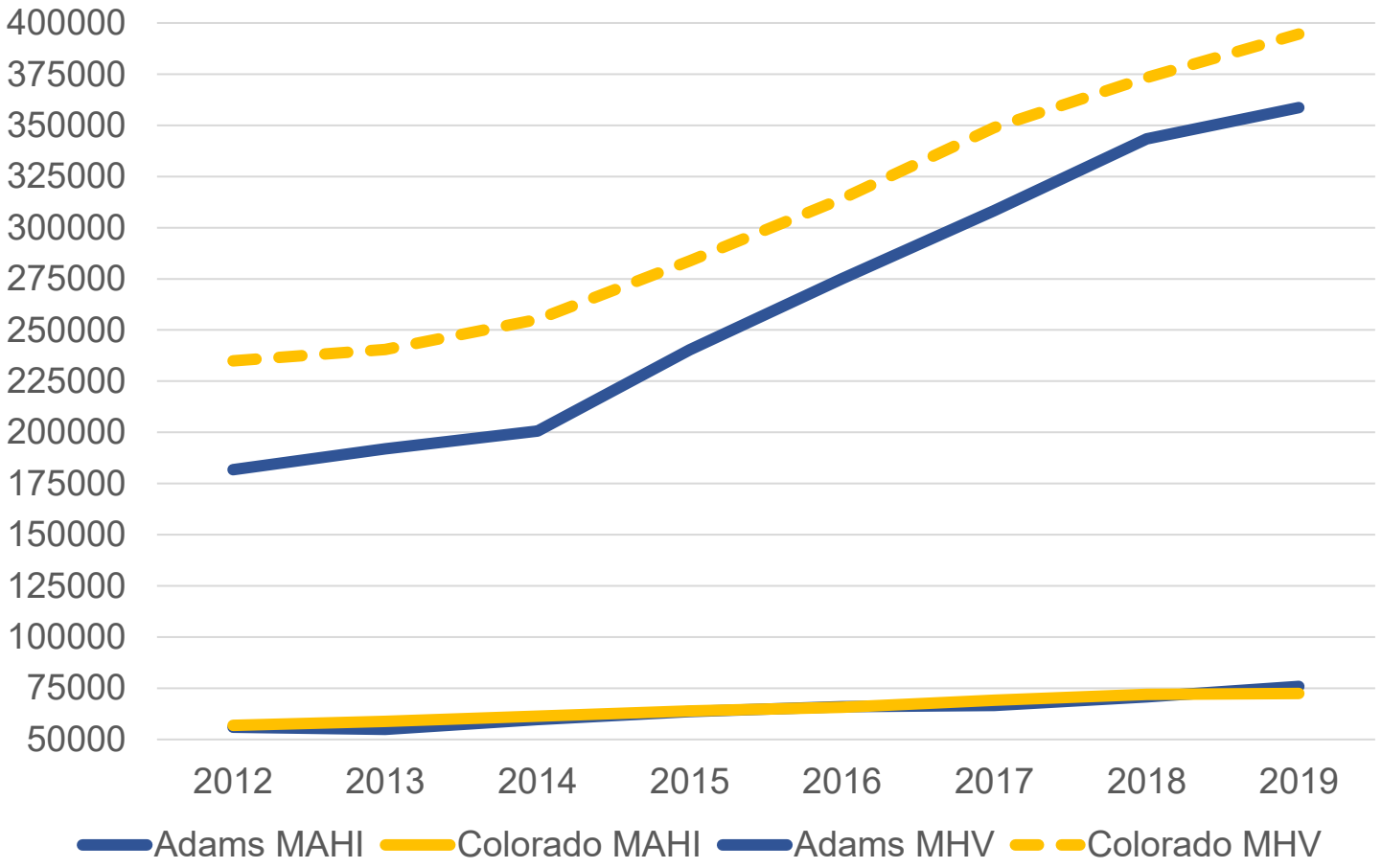


Source: Behavioral Risk Factor Surveillance System, Colorado Dept. of Public Health and Environment, Analyzed by Tri-County Health Department

Economic Security and Health

- Income increases are not keeping pace with the increasing cost of living expenses, challenging upward economic mobility.
- Between 2012 and 2019, household income increased 36% while median home value increased 97%.
- The COVID-19 pandemic negatively impacted our economies and the economic security of our residents.

Trends in Median Home Value (MHV) and Annual Median Household Income (MAHI), 2012-2019



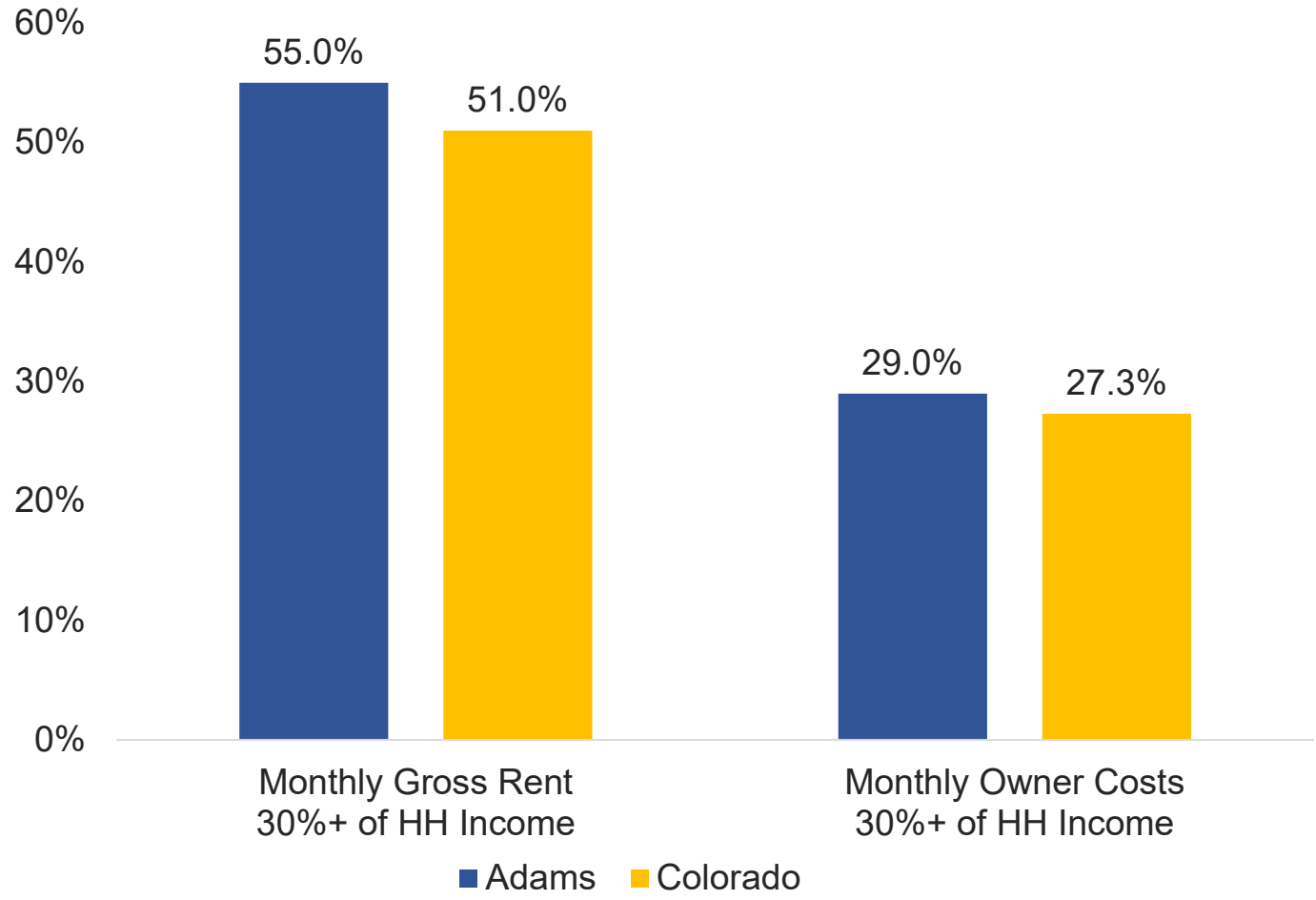
Source: American Community Survey (ACS), U.S. Census Bureau

Health and Housing

Health and Housing

- Community members and partners reported that finding affordable housing is a significant problem facing their communities.
- The cost of housing is outpacing wages in Adams County.
- More than half (55%) of renters in Adams County pay 30% or more of their monthly income on housing.
- Homelessness and homeless camps were mentioned by community members when talking about “housing” as well as “safety.”

Comparison of monthly renter and owner housing costs exceeding 30% of household income, 2019

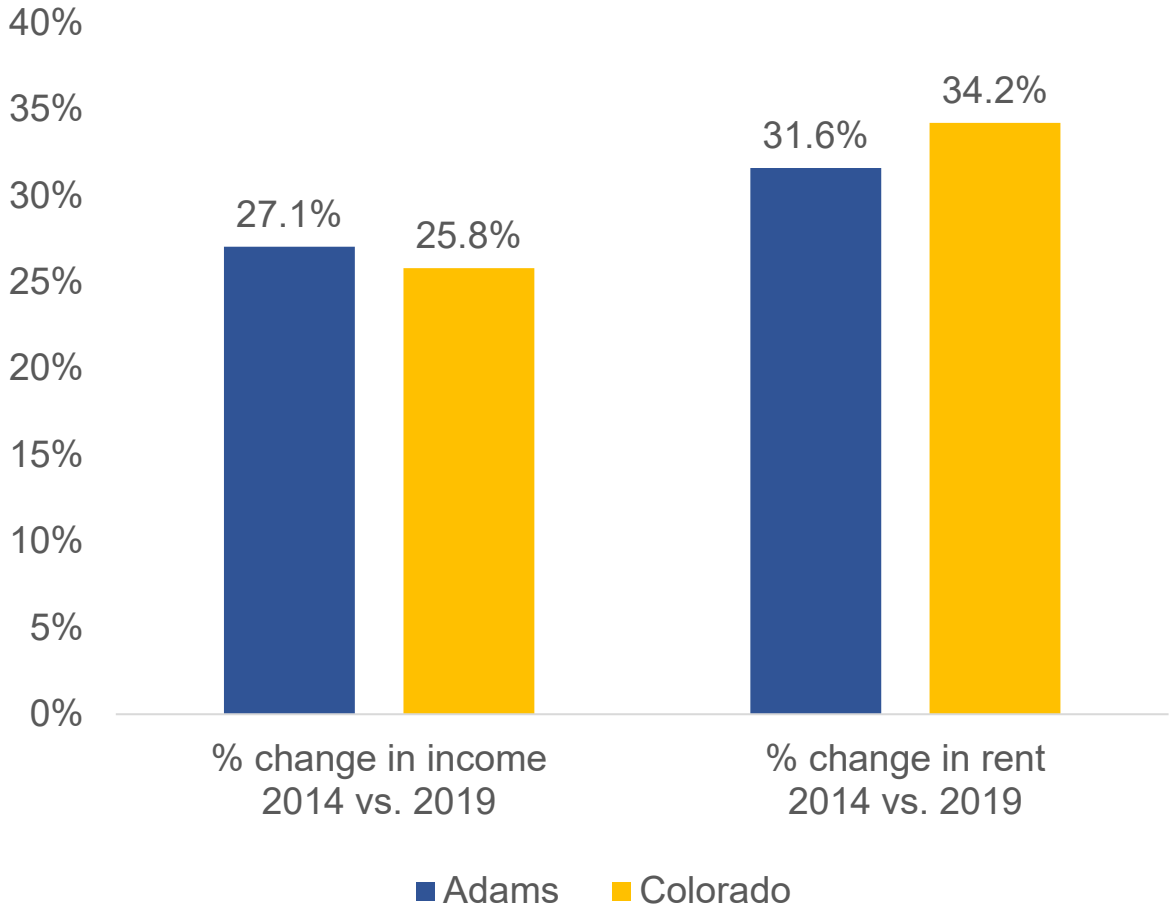


Source: American Community Survey, U.S Census Bureau,

Health and Housing

- Safe, stable, affordable, healthy housing is directly related to health.
- Unstable, unhealthy housing impacts health behaviors, outcomes, and access to care
- There were 1.3 times the amount of persons experiencing sheltered homelessness in 2021 compared to 2020.*

Percent change in average monthly income and average monthly rent cost between 2014 and 2019

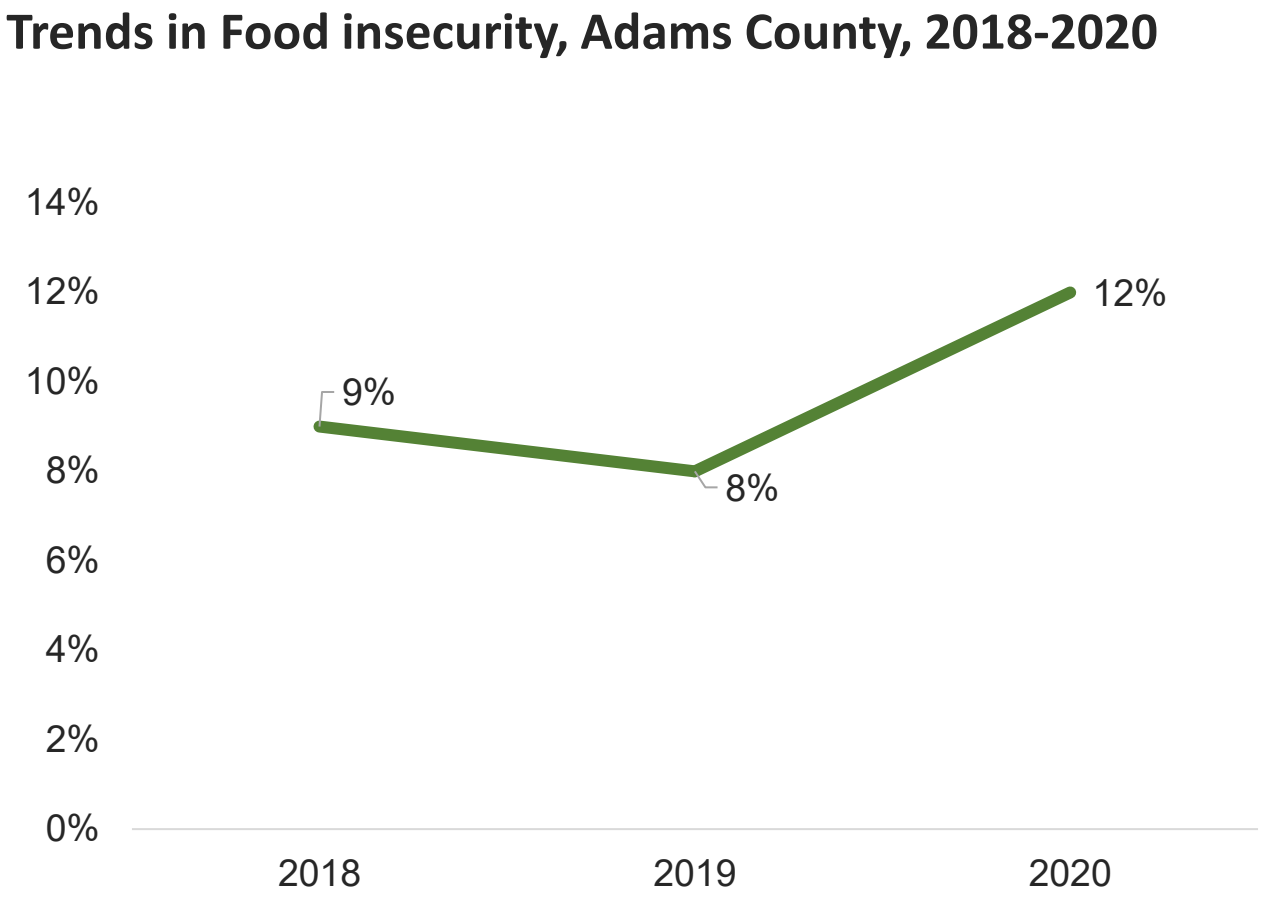


Source: American Community Survey, U.S. Census Bureau
Metro Denver Homeless Initiative: https://public.tableau.com/app/profile/mdhi/viz/2021PITDashboard/Overview
*During point-in-time homeless survey

Health and Food

Health and Food

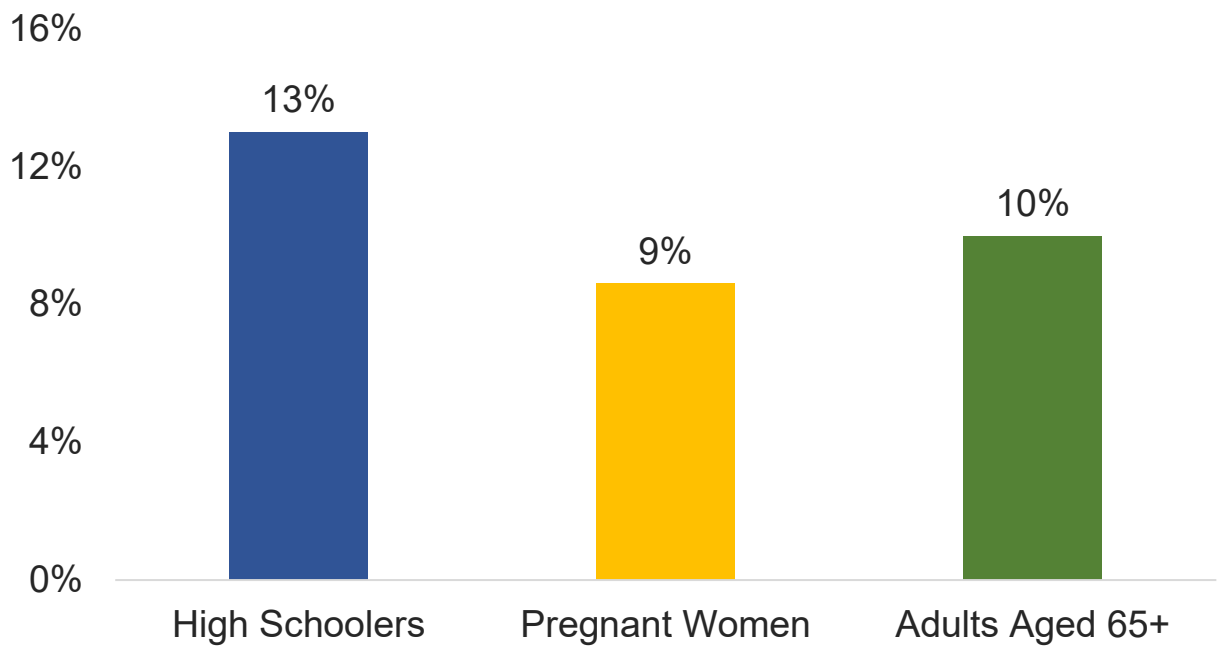
- As fixed costs increase, families can be left with less money to spend on healthy food.
- In 2020, approximately 1 in 8 people were food insecure in Adams County.
- In 2020, 17.3% of children were considered food insecure in Adams County (up from 11.6% in 2019)



Source: Feeding America (2021)

Health and Food

Food Insecurity Among Vulnerable Populations, Adams County, 2019



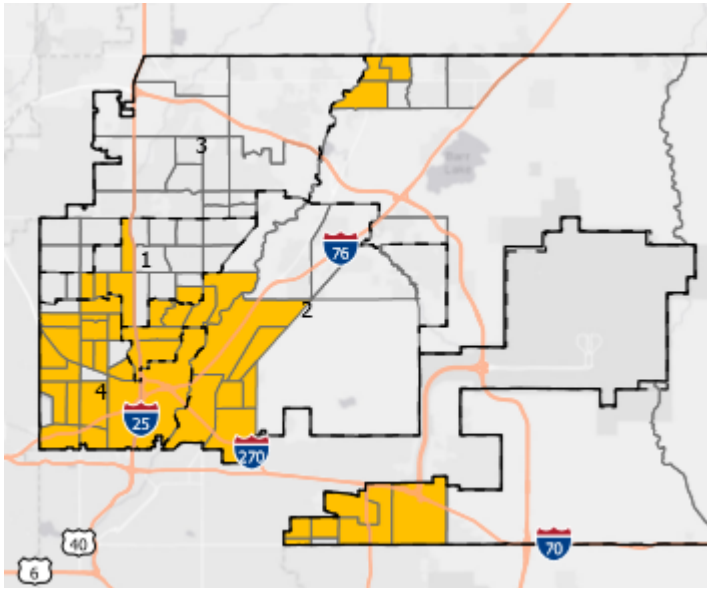
- 1 in 10 pregnant women and adults over the age of 65 were food insecure in 2019.
- As a result of COVID-19, 63% of the Women, Infants, and Children Program (WIC) clients in Colorado stated they experienced household food insecurity.

Sources: Colorado Department of Public Health & Environment: Healthy Kids Colorado Survey (2019), Behavioral Risk Factor Surveillance System (2019) and Pregnancy Risk Assessment Monitoring System (2016-2019)

Health and Food

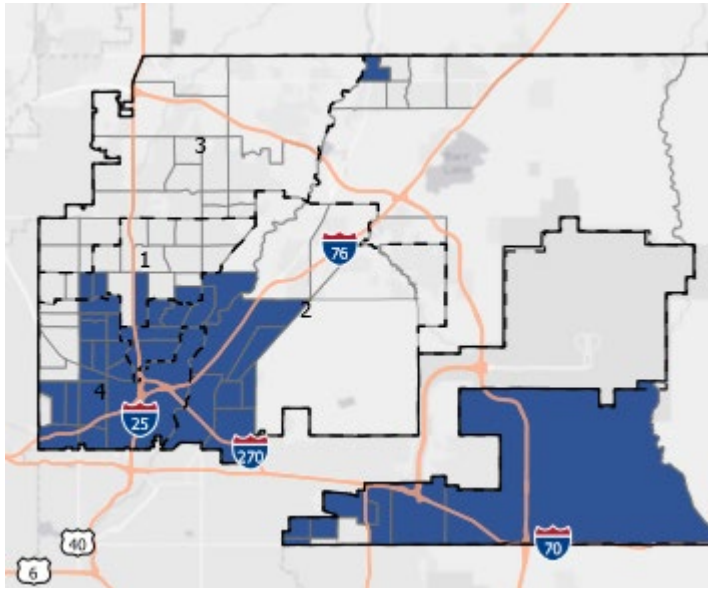
- Not all community members have access to nutritious, affordable food.
- There is a higher density of food deserts in minority neighborhoods in Adams County compared to White, Non-Hispanic neighborhoods.

Food Deserts, Adams County, 2019



*This map uses criteria developed by United States Department of Agriculture (USDA), which looks at low-income census tracts where a significant number (at least 500 people) or share (at least 33%) of the populations is greater than 1/2 miles from the nearest supermarket, supercenter, or large grocery store for an urban area or greater than 10 miles for a rural area.

Percent of Population: Non-white Race and/or Hispanic/Latinx, Adams County, 2019



*Highest quartile census tracts of percent of population: minority race and/or Hispanic/Latinx.

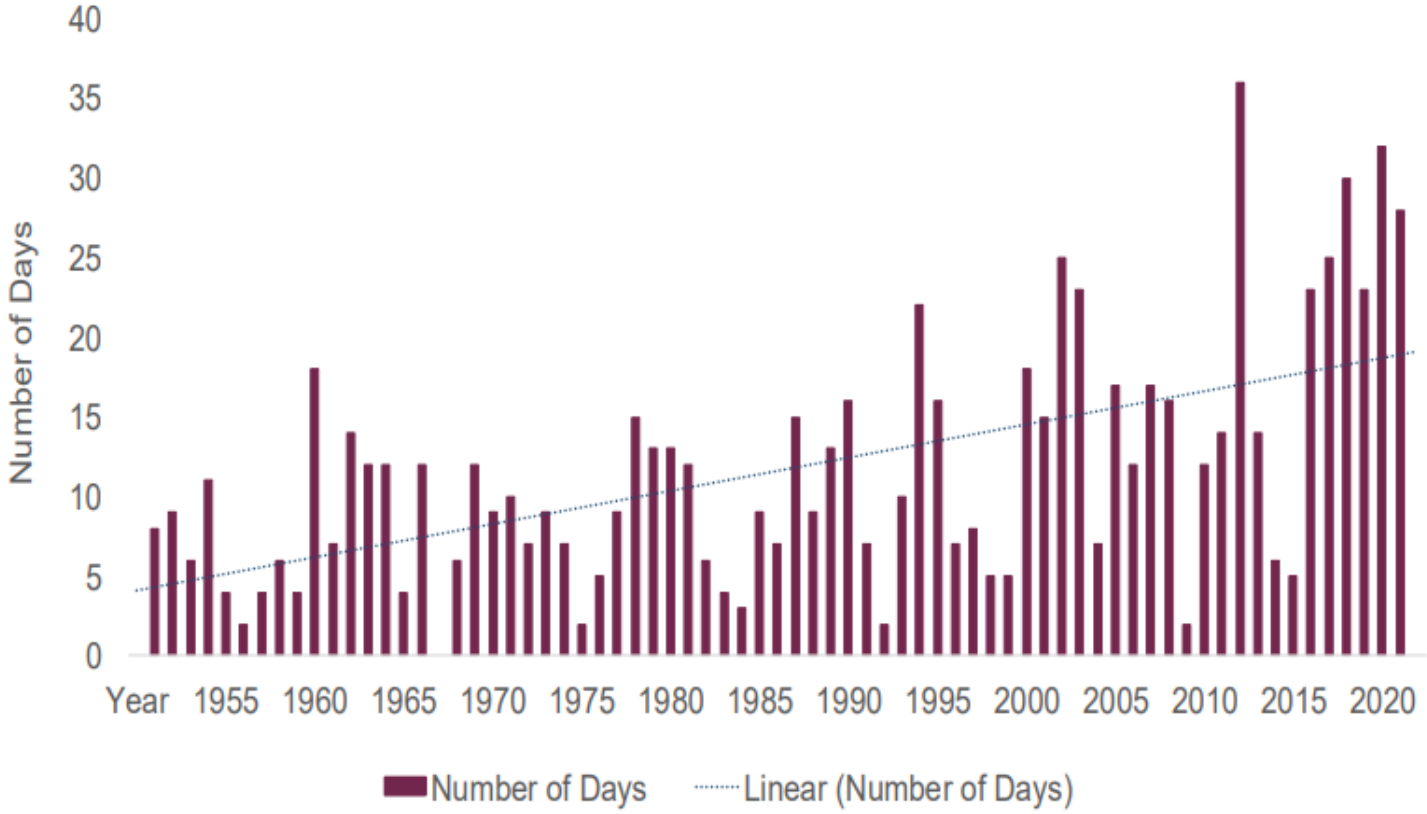
Sources: USDA Food Access Research Atlas (2019), U.S. Census, American Community Survey 5-Year Estimates, 2019

Health and the Environment

Health and the Environment

- Climate change poses a significant threat to health and safety.
- Experts predict the number of excessive heat days to increase as well as the frequency of other extreme weather events.
- Increasingly poor air quality poses health risks, especially older adults, young children, and people with respiratory and cardiovascular health problems.
- Drought and low-humidity increase wildfire risk in Adams County and throughout the metro area.

Number of Days Air Temperature was over 95° F in the Denver Metropolitan Area, 1950-2021



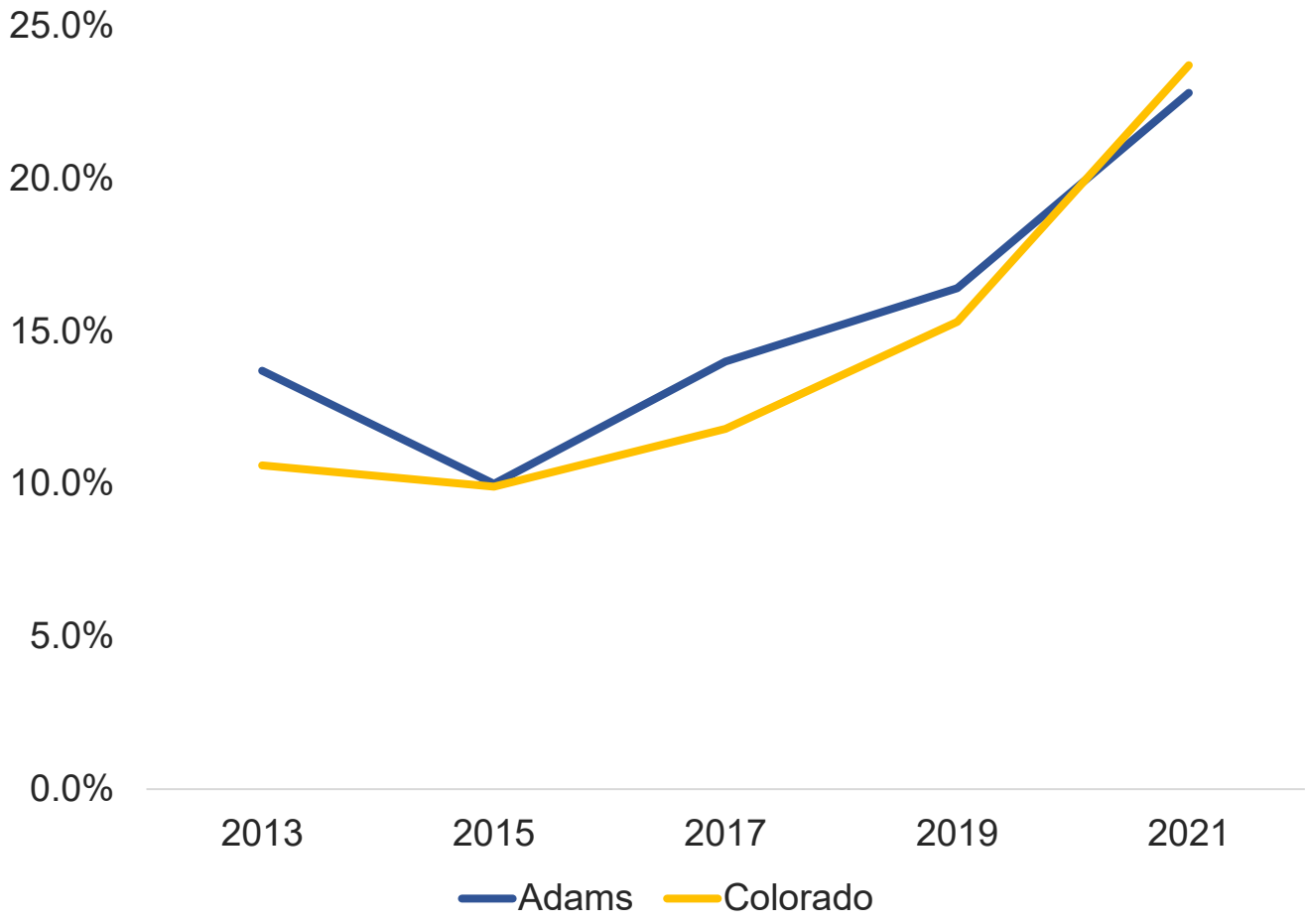
Source: United States. (2006). NOAA online weather data (NOWData): Interactive data query system : public fact sheet. Washington, D.C.: National Oceanic and Atmospheric Administration

Mental Health

Mental Health

- Mental health helps determine how we handle stress, relate to others, and make choices.
- Poor mental health can increase the risk for other chronic health problems such as stroke, diabetes, and heart disease.
- Nearly 1 in 4 (23%) Adams residents reported they were in poor mental heath in 2021.
- One-third (32%) of high school students report mental health distress in 2019.

Percentage of People Reporting 8+ Poor Mental Health Days in Past Month, 2013-2021

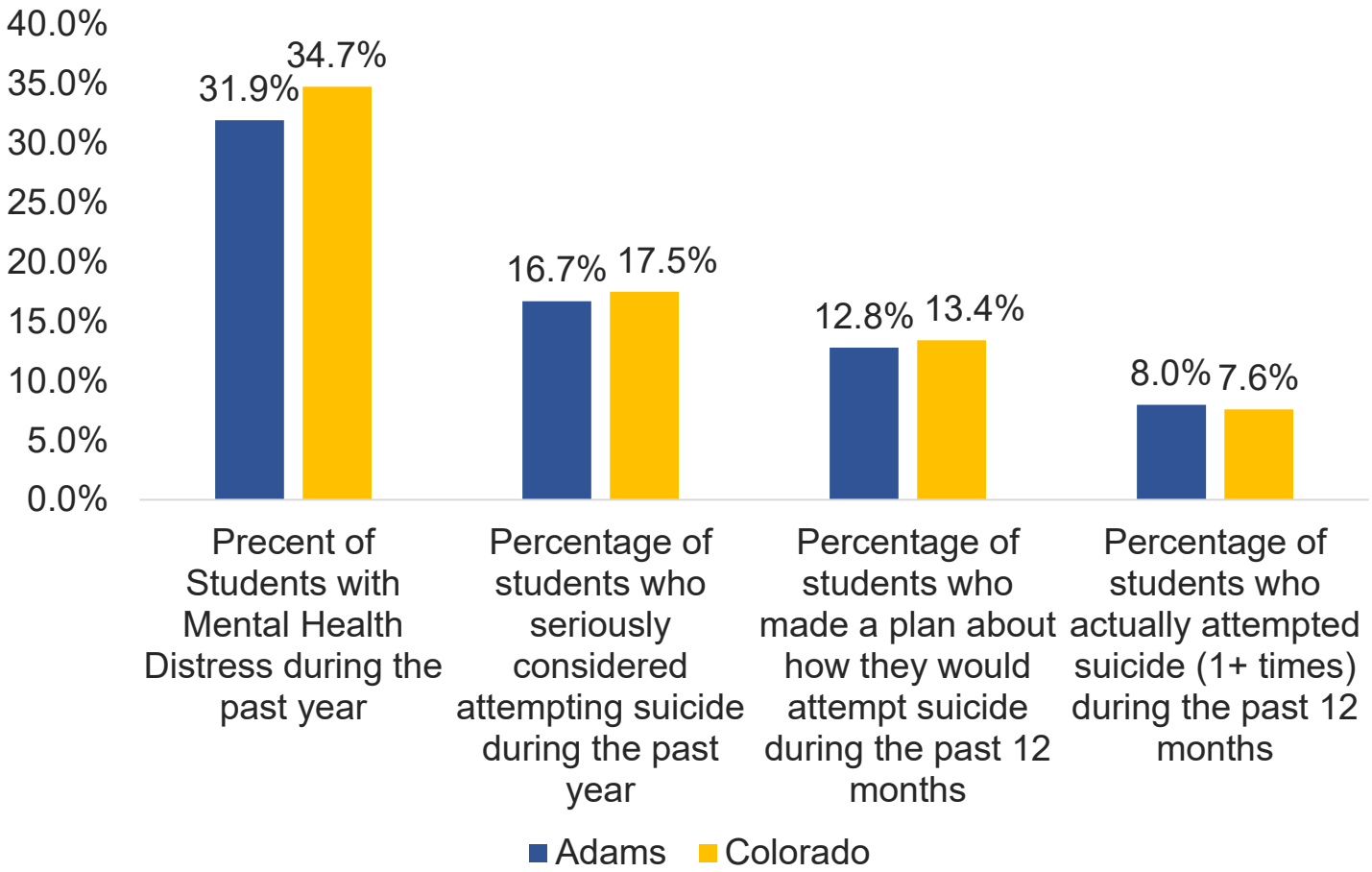


Source: Colorado Health Access Survey, 2021, Colorado Health Institute

Mental Health

- One-third of high school students report mental health distress.
- Mental health is impacted by a complex combination of experiences, biology, and social conditions including exposure to racism, discrimination, violence, and poverty.
- Connectedness to individuals, family, community, and social institutions are protective factors for positive mental health.

Percentage of High School Students Experiencing Mental Health Distress or Suicidal Ideation, 2019



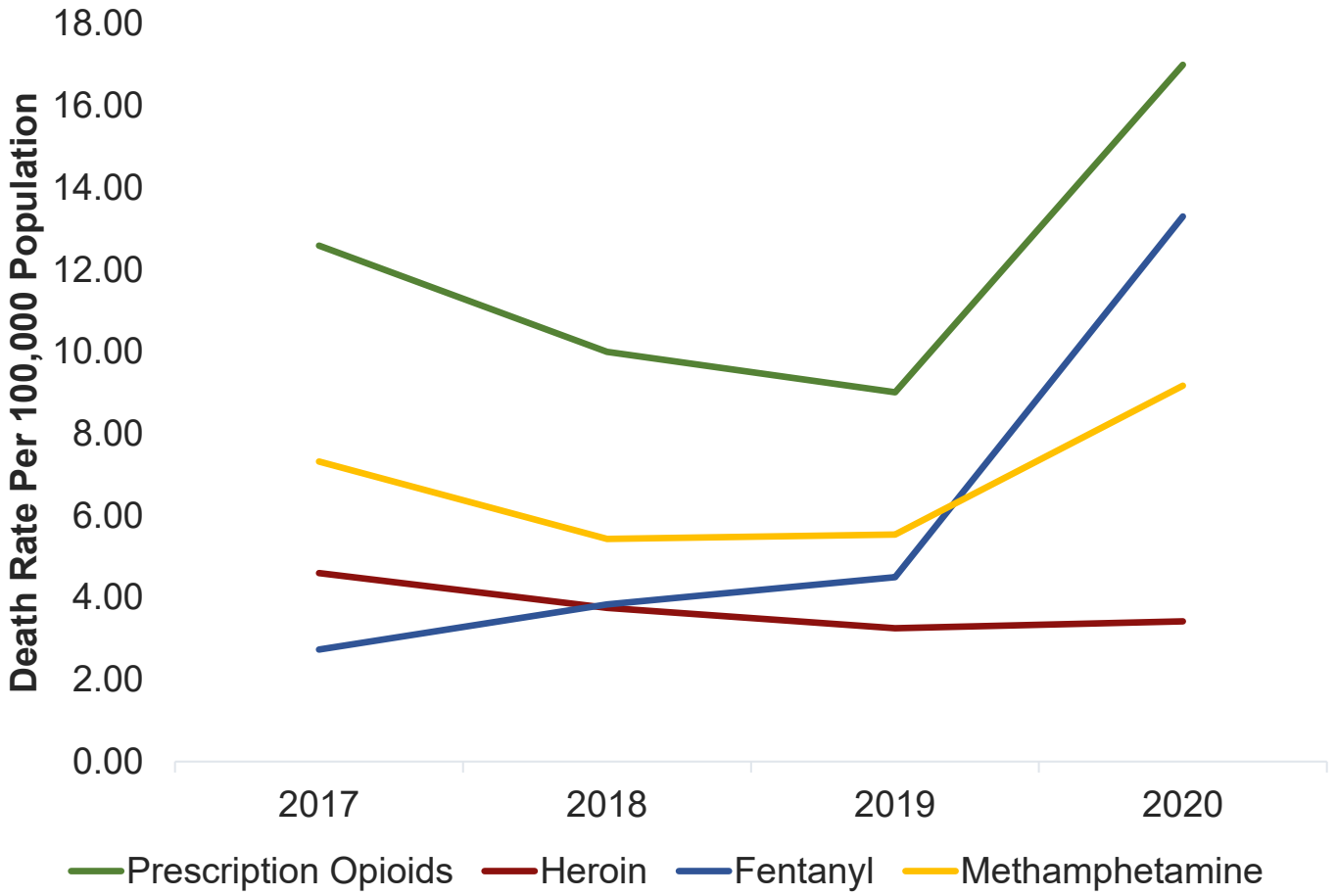
Source: Healthy Kids Colorado, 2019, CDPHE

Substance Use

Substance Use

- Like other diseases, a combination of behavioral and biological factors, as well as one's environment, increase the risk for developing addiction or engaging in substance abuse or misuse
- Overdose deaths due to opioids are increasing, but there are many actions communities can take to prevent further loss.
- Between 2019 and 2020, mortality from prescription opioids (+89%), fentanyl (+198%), heroin (+5%), and methamphetamine (+66%) increased

Age-adjusted death rate per 100,000 population for prescription opioids, heroin, and fentanyl, Adams County, 2017-2020

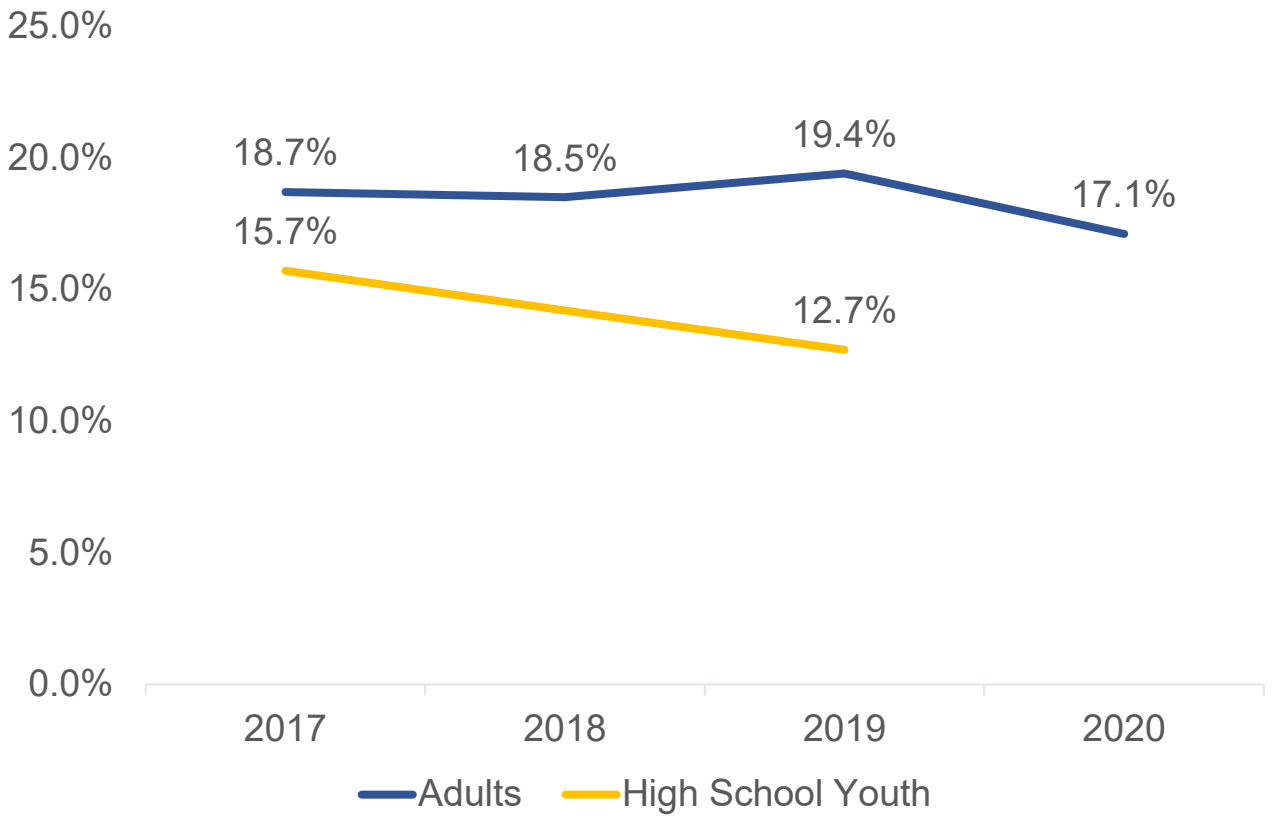


Source: Vital Statistics Section, CDPHE

Substance Use

- Alcohol is the most commonly used substance among teens and adults in Colorado and Adams County.
- Use and misuse of alcohol, marijuana, and tobacco all increase in communities with more retailers and advertisements for substances.
- Impaired driving is responsible for over a third of deaths in fatal car crashes. These deaths are fully preventable.
  - 6% of HS students reported drinking and driving within the past month; 11% reported using marijuana and driving (2019)
  - 16% of HS students reported riding in a car driven by someone who had been drinking alcohol (2019)
  - 18% of HS students reported riding in a car driven by someone who had been using marijuana (2019)

Percentage of People Reporting Binge Drinking, Adults and High-School-Aged Youth, Adams County, 2017-2020



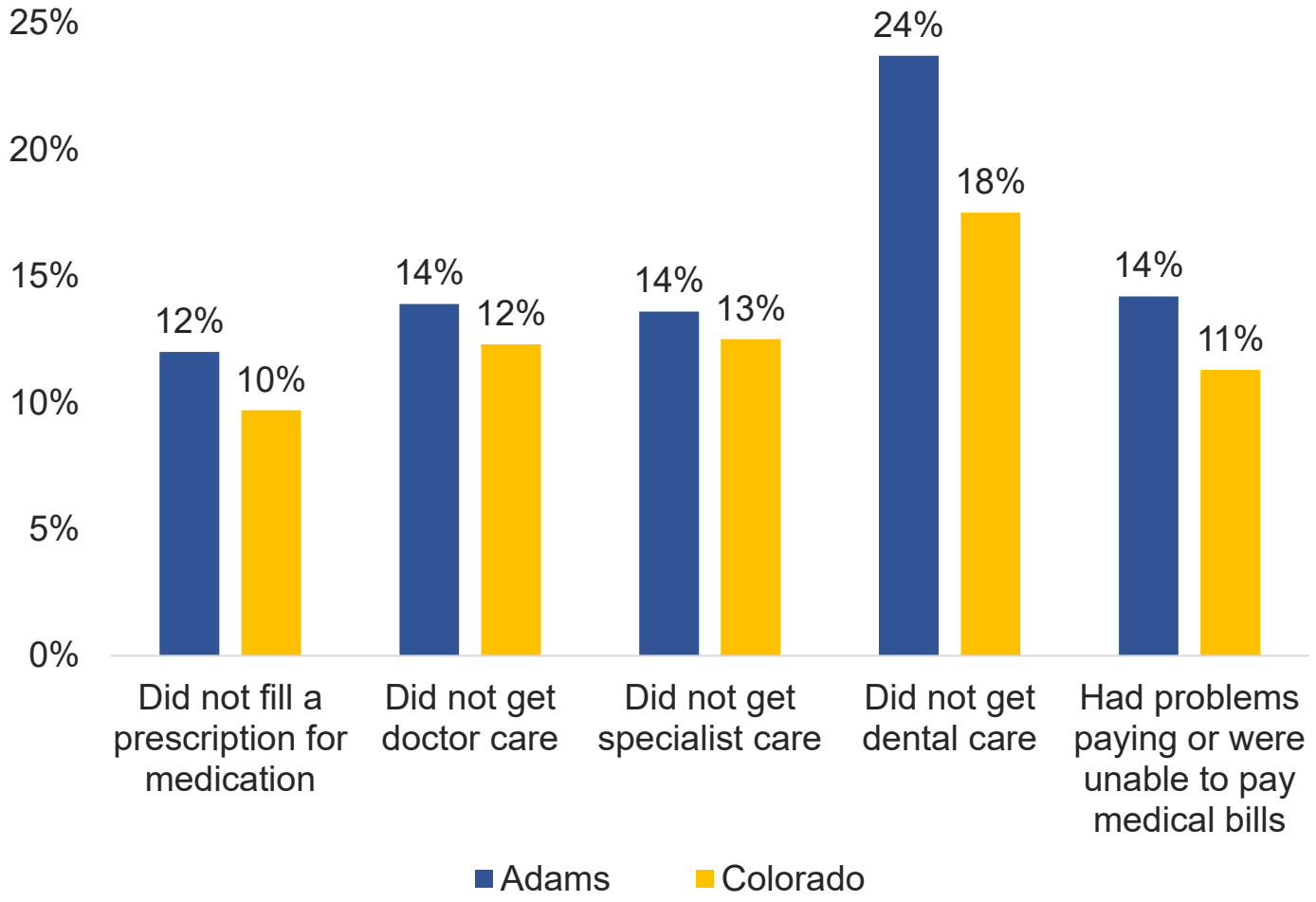
Sources: Healthy Kids Colorado, 2017 and 2019, CDPHE; Behavioral Risk Factor Surveillance System (BRFSS), CDPHE

Access to Care

Access to Care

- Cost remains a primary reason people go without care or services.
- Specialty care, oral health care, and mental and behavioral health care services are less utilized and less accessible than primary physical health care.

Percent of people unable to obtain certain types of care *due to cost* in past 12 months (regardless of insurance status), 2021

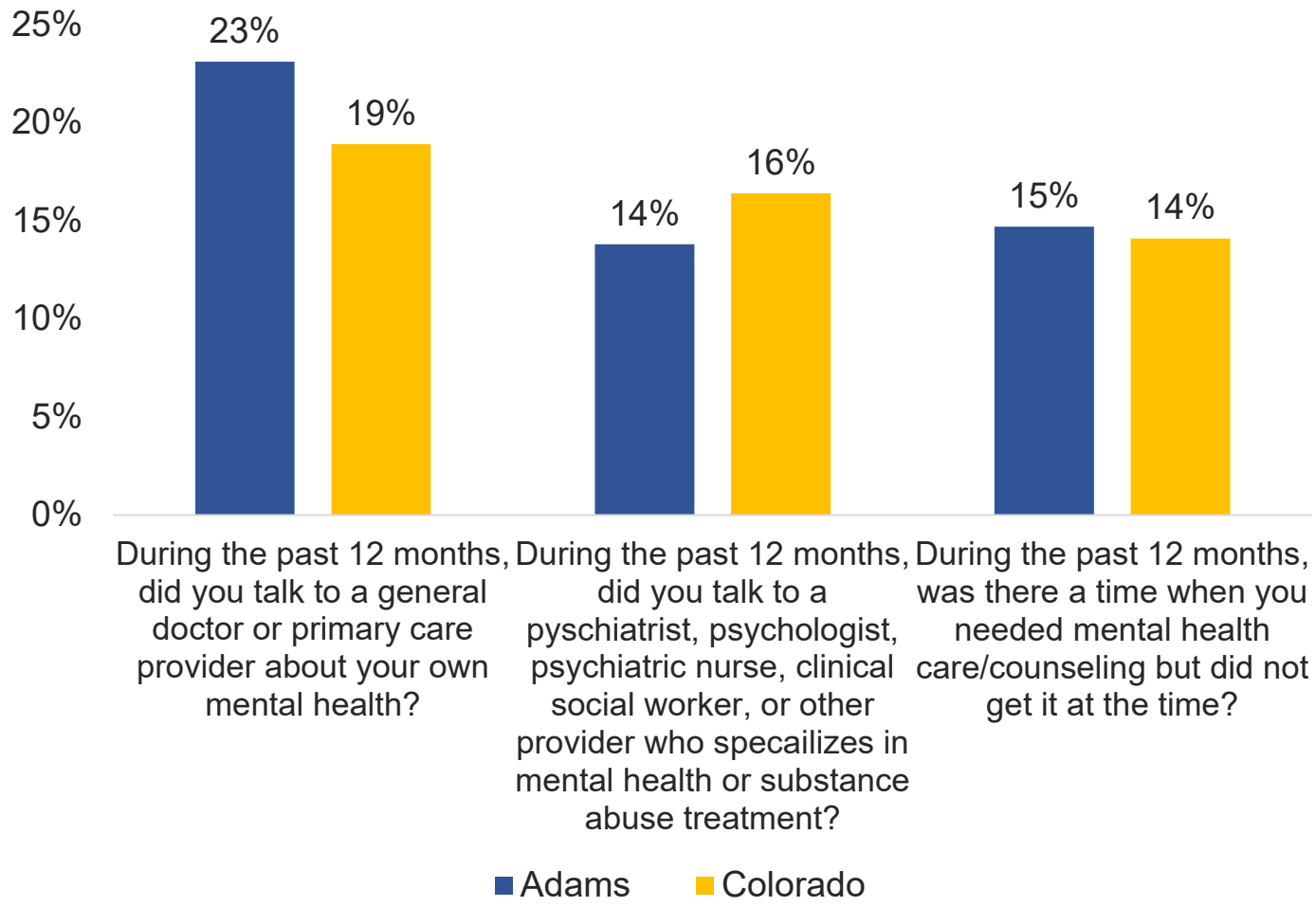


Source: Colorado Health Access Survey, Colorado Health Institute

Access to Care

- 15% of people who needed mental health services did not receive them.
  - 54% said they hard a hard time getting an appointment
  - 52% said it was because of cost
  - 50% said it was because they didn't feel comfortable talking about personal problems
  - 31% said they were concerned what would happen if someone found out
- The better systems and services are connected, the more able people are to use them well and appropriately.
- Specialty care, oral health care, and mental and behavioral health services are less utilized and less accessible than primary physical health care.

Mental Health Care Utilization, Adams County and Colorado, 2021



Source: Colorado Health Access Survey, Colorado Health Institute

What happens next?

CHAPS Process

guidance from CDPHE Office of Public Health Practice, Planning and Local Partnerships (OPHP)

Phase 1: Plan the process
Phase 2: Equity and community engagement
Phase 3: Conduct a community health assessment
Phase 4: Assess capacity
Phase 5: Prioritize issues
Phase 6: Develop a plan (Community Health Improvement Plan, CHIP)
Phase 7: Implement, promote, and monitor
Phase 8: Participate in statewide public health improvement opportunities

What happens next?

Funds from Office of Public Health Practice, Planning, & Local Partnerships (OPHP)

- ACHD awarded funds from OPHP at CDPHE
- Work through Phase 4-5 which include capacity assessment and prioritization
- Partnering with Arapahoe County Public Health on the shared area of the City of Aurora
- Contracting with three community-based organizations (on Adams County side) to conduct focus groups and/or surveys related to prioritization and capacity assessment as well as diving deeper into the needs and wants of the community.

Develop Community Health Improvement Plan (CHIP)

- In coordination and partnership with organizational partners, colleagues, and community members
- CHIPs are typically 5-year plans that prioritize 1-4 health issues
- Health issues are prioritized based on need, community momentum, opportunity, and in order to elevate the issue

Questions?

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Tri-County Health Department

ADAMS COUNTY COLORADO