

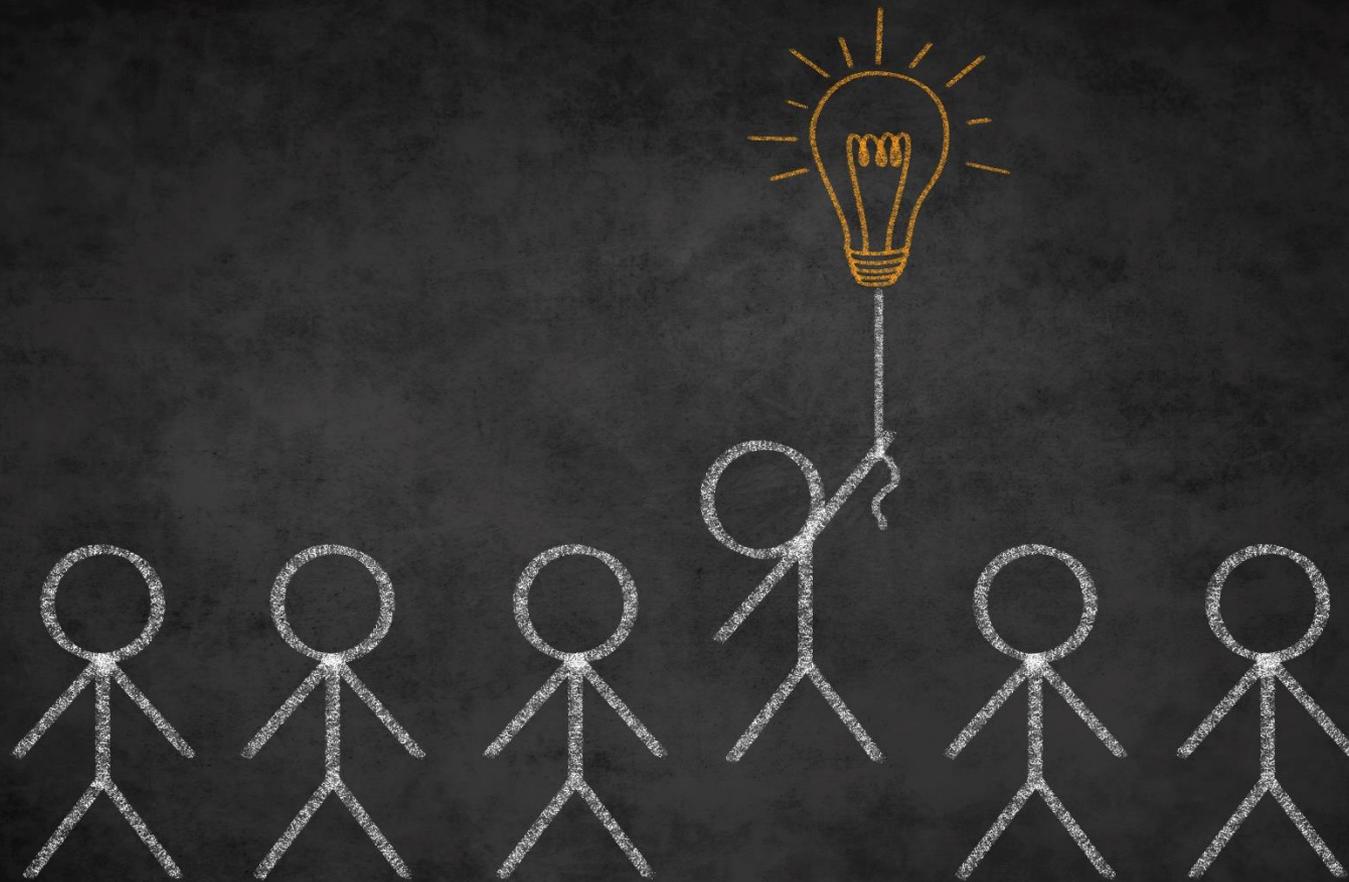
2017 Community Health Needs Assessment

Key Research Summary and Prioritization Report



Contents

| | |
|--|------------------|
| Overview | <u>3</u> |
| Identified Priority Areas | <u>10</u> |
| Data Informing Prioritization Process | <u>15</u> |
| Substance Abuse | <u>17</u> |
| Social Determinants | <u>25</u> |
| Family Mental Health | <u>29</u> |
| Family Violence | <u>34</u> |



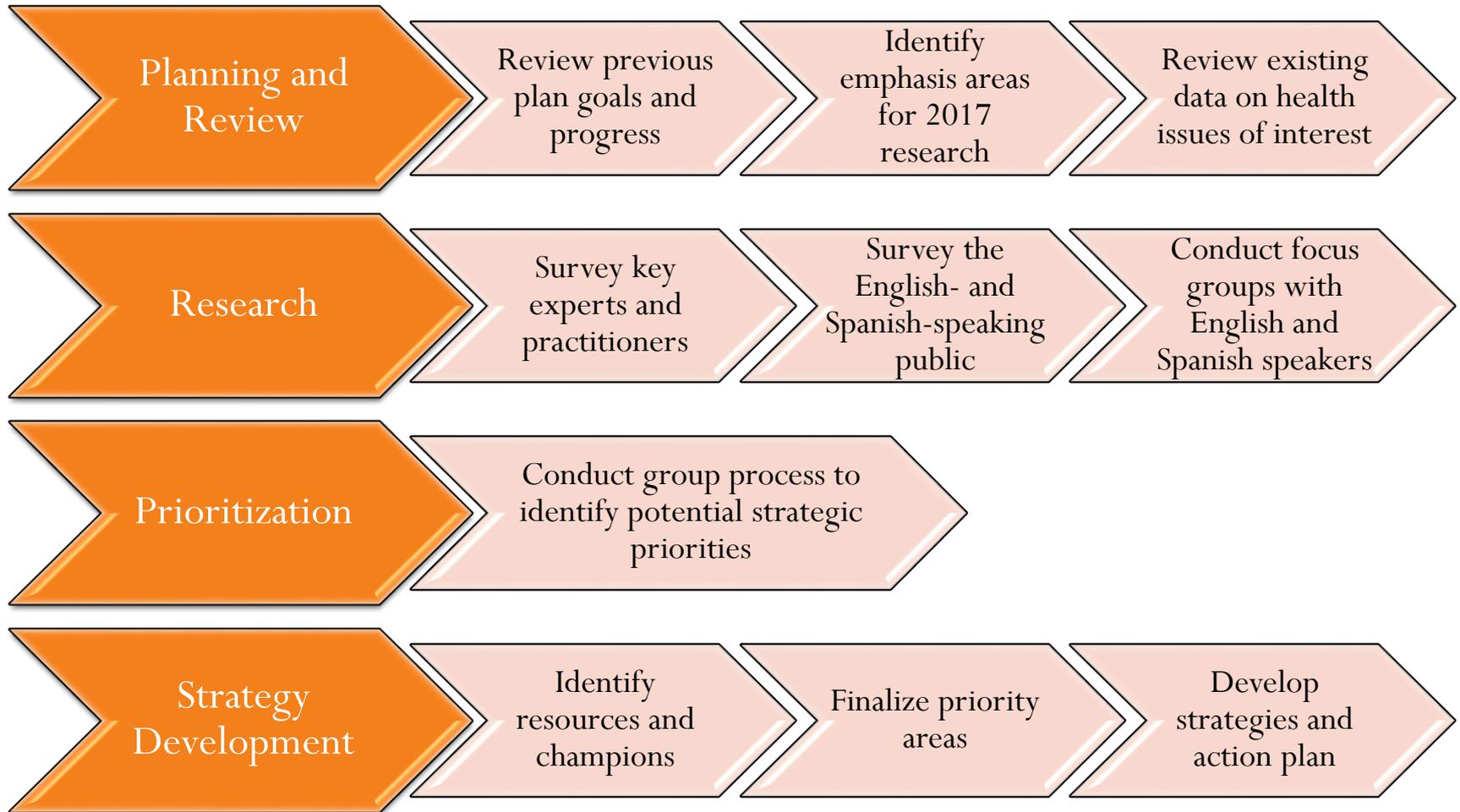
Overview

Goal and Context

The 2017-2022 Community Health Needs Assessment (CHNA) was conducted for the purpose of developing a five-year Community Health Improvement Plan for public health improvement in Summit County.

This took place via a four-phase (ten step) process, as described on the next two pages.

Strategy Development Process



Process Description – Phase 1

| Phase | Step | Description |
|-------------------------|--|--|
| 1 – Planning and Review | 1a – Review previous plans and goals | A steering committee of key experts and practitioners met to review the previous plan and goals.* |
| | 1b – Identify emphasis areas for 2017 research | In the review process, the committee observed that mental health was frequently a priority issue, but was addressed broadly. In the 2017 study, the committee decided to emphasize mental health as a research priority to better understand this issue. |
| | 1c – Review existing health data | The committee produced existing data and research documents on public health issues. Corona Insights, the research consultant, reviewed the various documents. |

* - Throughout this report, various steps involved “key experts and practitioners”. This was not a rigidly defined group, as different people participated in different phases.

Process Description – Phase 2

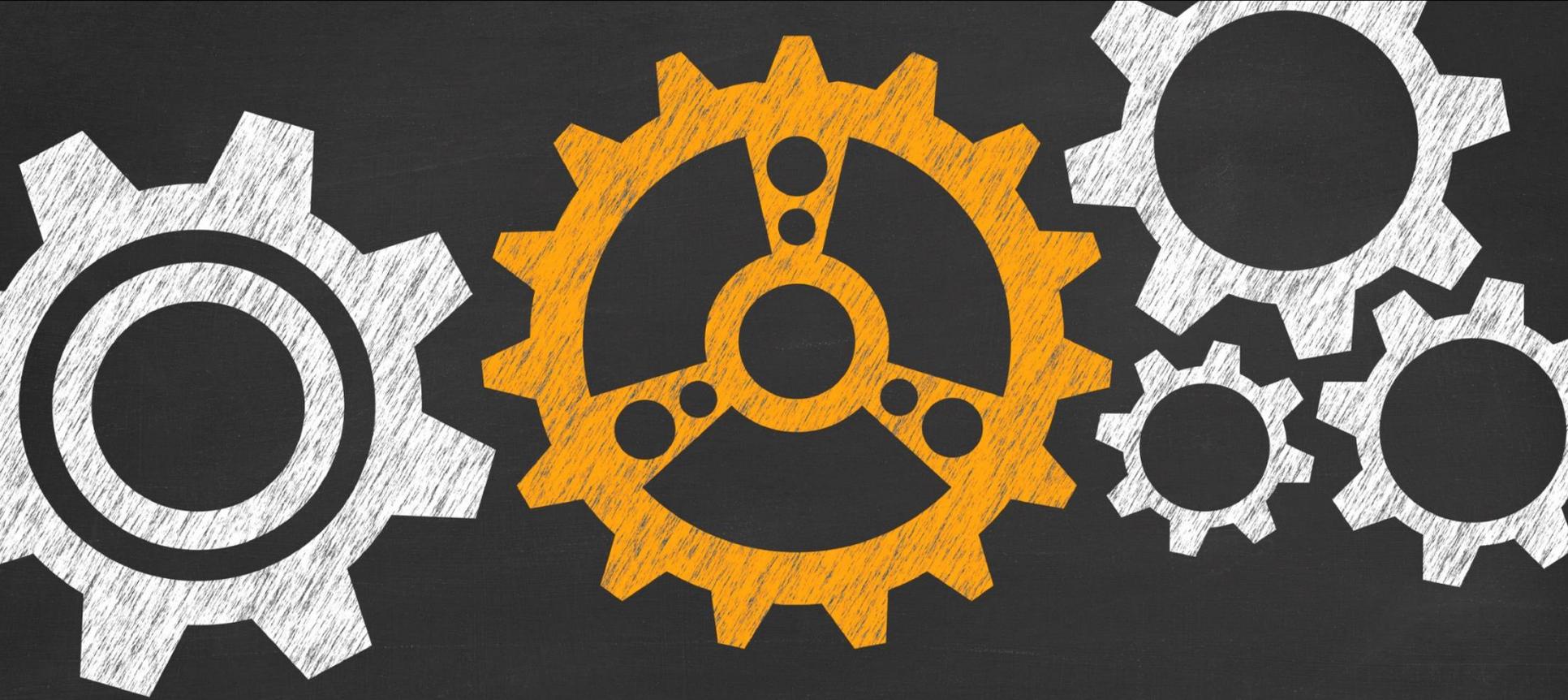
| Phase | Step | Description |
|--------------|---|--|
| 2 – Research | 2a – Survey key experts and practitioners | A total of 26 key experts and practitioners in the community responded to a survey to examine progress on key issues from the previous plan, and to provide input on mental health issues. (These practitioners included, but were not limited to, members of the steering committee.) |
| | 2b – Survey the English and Spanish-speaking public | A scientifically valid survey was conducted of 400 English-speaking residents of the county. A similar public input survey was conducted among a convenience sample 88 Spanish-speaking residents of the county who used various public health services. |
| | 2c – Conduct focus groups with English and Spanish speakers | Two focus groups were conducted with community members, one in English and one in Spanish. Participants were recruited from respondents to the surveys above. |

Process Description – Phases 3 and 4

| Phase | Step | Description |
|--------------------|---|---|
| 3 – Prioritization | 3a – Survey key experts and practitioners | Over 30 key experts and practitioners in the community came together in a half-day retreat to review the detailed data and identify top priority areas for the Community Health Improvement Plan. |
| 4 - Strategy | 4a – Identify resources and champions 4b – Finalize priority areas 4c – Develop strategies and action plans | Approximately 30 key experts and practitioners in the community came together in a second half-day retreat to review the resources and capabilities to address the top priority areas, and to identify strategies to address those priority areas. Upon identifying strategies, the group developed action plans to move forward for the next five years. |

Reporting – Three reports





Identified Priority Areas

Research Topic Areas

The study examined numerous topics, as shown below and documented in the research report.

| | | |
|--------------------------------|-------------------------------|---------------------------------------|
| Access to Health Care | Exercise | Opioid Prescription Drug |
| Alcoholism | Health Coverage | Dependence |
| Alzheimer's | Heart Disease | Oral Health |
| Anger or Oppositional Defiance | Household Incomes | Physical Activity and Nutrition |
| Anxiety | Illegal Drug Dependence | Post-Traumatic Stress Disorder (PTSD) |
| Autism | Infectious Disease Prevention | Preventative Screenings |
| Bipolarism | Injury Prevention | Quality of Life |
| Cancer | Language | Safe Food |
| Childhood Vaccination | Major Depression | Safe Sex |
| Clean Air and Water | Marijuana Dependence | Schizophrenia |
| Cost of Living | Non-Opioid Prescription Drug | Seat Belt Use |
| Drinking and Driving | Dependence | Tobacco Dependence |
| Eating Disorders | Nutrition | Tobacco Use |
| | Obesity | Use of Violence |

Research Priority Areas

After reviewing the collected data, the group of key experts and practitioners selected four major areas for potential prioritization in the upcoming Community Health Improvement Plan. These included:

- **Substance Abuse**
- **Social Determinants**
- **Family Mental Health**
- **Family Violence**

When developing the five-year strategy, the key experts and practitioners were provided with optional subcategories to consider within the four main priorities. These are presented on the following page.

Priority Areas and Sub-Areas

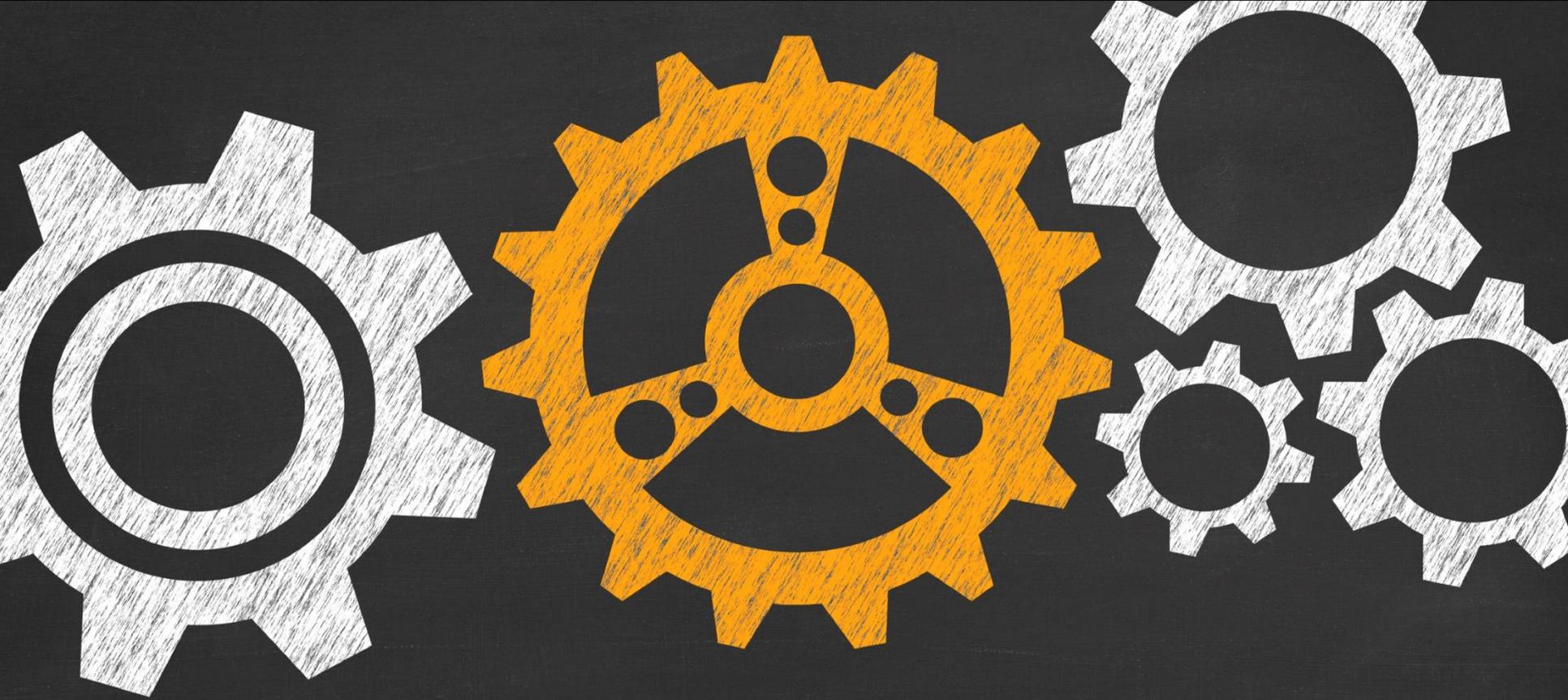
| Substance Abuse | Social Determinants | Family Mental Health | Family Violence |
|---|---|--|--------------------------------|
| Alcoholism | Economic Environment (Food Security, Affordable Housing, Education and Training) | Anxiety | Anger or Oppositional Defiance |
| Illegal Drug Dependence | Physical Environment (e.g., Lighting, Hot Spots, Built environment, Environmental Issues) | Depression | Child Abuse |
| Marijuana Dependence | Social Environment (e.g., Community Connectedness, Safety, Culture, Learning opportunities) | Mental Health Disorder Prevention and Intervention | Family Solvency |
| Non-Opioid Prescription Drug Dependence | | Mental Health for Families | Intimate Partner Violence |
| Opioid Prescription Drug Dependence | | Mental Health for Young Households | |
| Tobacco Use & Dependence | | Mental Health for Children & Youth | |

Prioritization

After reviewing and discussing the potential priority areas and sub-areas, the group of key experts and practitioners selected the following priorities for the 2018-2022 Community Health Improvement Plan:

- Family Mental Health
- Substance Abuse- Opioids
- Social Determinants of Health/Health Equity

The strategies and actions plans are discussed in the final Community Health Improvement Plan document.



Data Informing Prioritization Process

Overview

The following pages describe information from the research that informed the prioritization process, concentrating on the 19 priority sub-areas presented earlier. This document provides the facts, but for the sake of brevity does not include the sources behind each fact. Sources can be found in the research report.

Some areas were not an emphasis area of the initial research, and so less data are available. Those areas are combined in this summary, and are generally related.

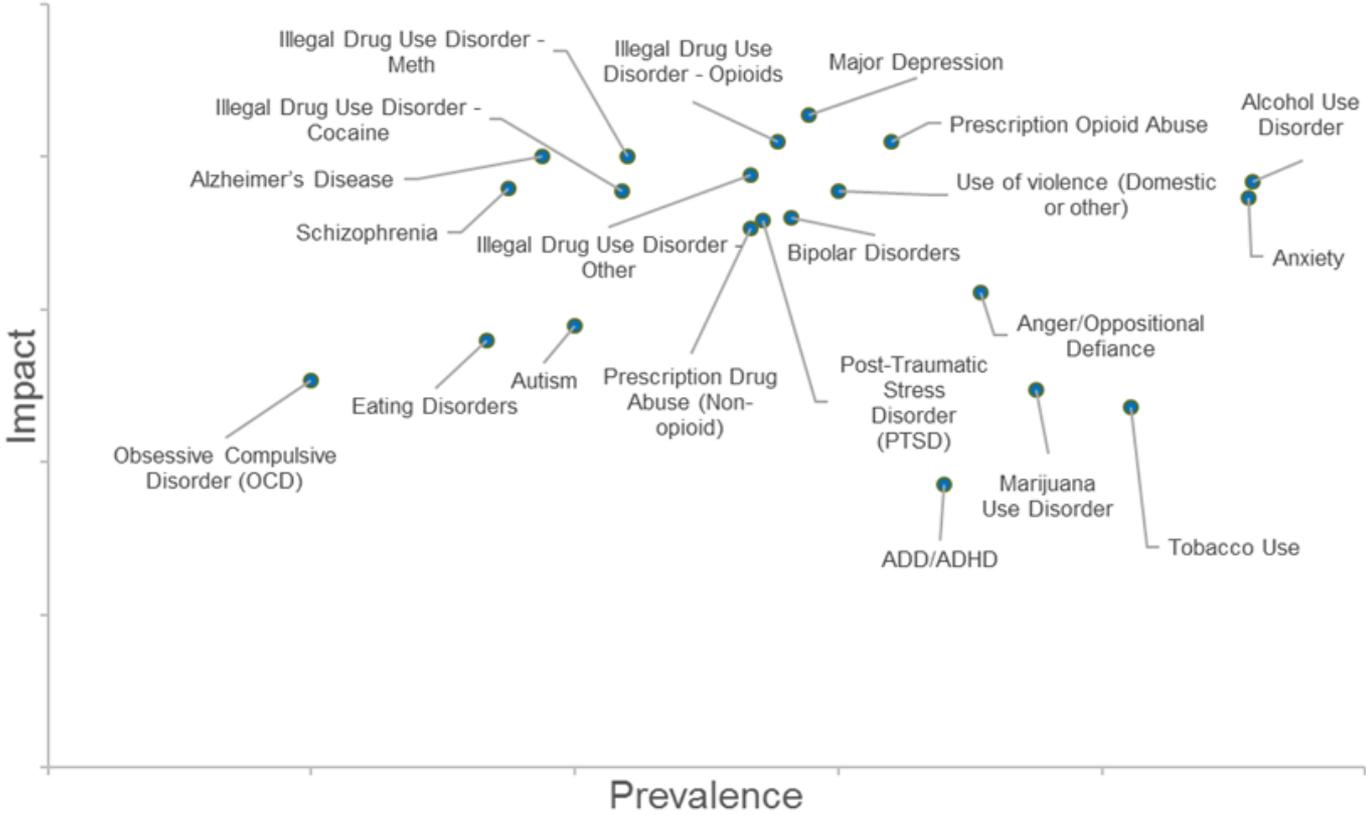
Potential Priority 1 – Substance Abuse

Substance abuse is the umbrella for six particular sub-topics, as discussed on subsequent pages. Overall findings regarding substance abuse in general include:

- **Substance abuse (and mental health) was seen as an area where the county could be doing more.** Among 12 tested areas of public health, mental health and substance abuse ranked lowest in the public’s eyes as areas where the county was “doing enough”. Only 52 percent felt this way. All of the other 11 areas scored 70 percent or higher.
- **Substance abuse is common.** Two-thirds (68 percent) of residents were aware of someone struggling with substance abuse or mental health issues.
- **Substance abuse is a signal for other issues.** 46 percent of residents said that increased use of alcohol, tobacco, or drugs was a “major concern” that the person was struggling with mental health issues. Key experts and practitioners in the community, when surveyed, saw it as the main driver of mental health issues.
- **Substance abuse is an area where progress has not been slow.** Of the four priority areas from the previous strategic plan, only the combined area of substance abuse and behavioral health did not show progress, according to a survey of key experts and practitioners.
- **Substance abuse is disruptive.** The most common 911 calls in the county are intoxication-related (which presumably includes all substance abuse).
- **Alcohol is linked to suicide.** 28 percent of suicides coincided with alcohol use.
- **Substance abuse is linked to death.** Approximately 1 in 12 deaths involves alcohol or drugs.

Potential Priority 1 – Substance Abuse (Continued)

A survey of key practitioners provided the following insights about how substance abuse prevalence and impact are seen among their own clients.



Potential Priority 1A – Alcohol Dependence

- **One in ten households is affected.** 10 percent of residents said that someone in their household had wanted or need help with alcohol dependence.
- **Alcohol is proportionately inexpensive.** Despite having the 2nd-highest cost of living in the state, Summit County ranks 64th in the cost of alcoholic beverages.
- **Alcohol is readily available.** Summit County has triple the number of liquor sales outlets as the state average (8.58 liquor stores per 10,000 people compared to 2.4 statewide).
- **Not all parents are on board with limiting alcohol.** 20% of high school students don't feel that their parents would disapprove of alcohol use. This combines with above-average high school use of alcohol, driving after drinking, and riding with a drinker, and below-average high school perceptions of alcohol risks.
- **Excessive drinking is above average.** Colorado's Health Rankings shows positive rankings for Summit County in nearly all areas of measured health behaviors, but offers a low ranking for 'excessive drinking'. (However, DUI deaths gets a positive ranking.)
- **Key health experts and practitioners see it as the second-most common problem among their clients.** Only anxiety is more commonly seen.
- **Alcohol has the public's attention.** When focus group participants were asked to name the most pressing substance abuse issue in the county, alcohol was the most-cited issue.

Potential Priority 1B – Illegal Drug Dependence

- **One in fourteen households is affected.** 7 percent of residents said that someone in their household had wanted or need help with illegal drug dependence.
- **Combined prevalence and impact are powerful in the community.** As seen in the earlier graphic, illegal drug dependence falls into a group of substance abuse issues that represents a powerful combination of prevalence and high impact on affected persons.
- **Illegal drugs have the public's attention.** When focus group participants were asked to name the most pressing substance abuse issue in the county, illegal drugs were the third most-cited issue, following only alcohol and opioid prescription drug abuse.

Potential Priority 1C – Marijuana Dependence

- **Most residents view youth marijuana use as being unsafe.** 80 percent of residents view youth marijuana as very unsafe or somewhat unsafe.
- **One in eight households is affected.** 12 percent of residents said that someone in their household had wanted or need help with marijuana dependence.
- **Marijuana is readily available.** Summit County has 13 retail marijuana shops operating in the county. Over 80 percent of key market segments (young adults, parents) believe that marijuana is easy for youth to obtain.
- **Marijuana is used in conjunction with other activities.** 40 percent of young adults have driven after using marijuana. Young adults in particular are not particularly likely to believe that marijuana increases risks when driving, biking, skiing, or other activities (less than half believe that using marijuana ‘greatly increases’ risks).
- **Not all parents are on board with limiting marijuana.** 14 percent of high school students don’t feel that their parents would disapprove of marijuana use. This combines with below-average high school perceptions of marijuana risks.
- **Marijuana can be a neighborhood issue.** Spanish-speaking focus group participants noted issues around secondhand smoke, and wondered about tenants’ rights when it comes to marijuana consumption in their homes and neighborhoods.
- **Young adults view marijuana use by adults as being comparatively safe.** Young adults are 9 times more likely to say that tobacco use is ‘very unsafe’ and 3 times more likely to say that secondhand tobacco smoke is ‘very unsafe’, in comparison to marijuana.

Potential Priority 1D – Non-Opioid Prescription Drug Dependence

- **Disposal of prescription drugs is uneven.** Only 22 percent of people use prescription drop-offs to dispose of unneeded prescriptions.
- **One in twenty households is affected.** 5 percent of residents said that someone in their household had wanted or need help with non-opioid prescription drug dependence.
- **Combined prevalence and impact are powerful in the community.** As seen in the earlier graphic, non-opioid prescription drug dependence falls into a group of substance abuse issues that represents a powerful combination of prevalence and high impact on affected persons.

Potential Priority 1E – Opioid Prescription Drug Dependence

- **Disposal of prescription drugs is uneven.** Only 22 percent of people use prescription drop-offs to dispose of unneeded prescriptions.
- **One in 25 households is affected.** 4 percent of residents said that someone in their household had wanted or need help with opioid prescription drug dependence.
- **Key health experts and practitioners see it as one of the most impactful problems among their clients.** When it occurs, it is seen as the second-most likely mental health issue to have catastrophic impacts on the client, trailing only major depression.
- **Combined prevalence and impact are powerful in the community.** As seen in the earlier graphic, opioid prescription drug dependence falls into a group of substance abuse issues that represents a powerful combination of prevalence and high impact on affected persons.
- **Opioids have the public's attention.** When focus group participants were asked to name the most pressing substance abuse issue in the county, prescription opioids were the second most-cited issue, following only alcohol.
- **High dosages are declining.** In recent years, the proportion of patients receiving high morphine equivalents have declined, and are below the state average.
- **Opioids are causing deaths.** In 2016, Summit County ranked 11th in the state in opioid deaths.

Potential Priority 1F – Tobacco Dependence

- **Tobacco was seen as an area where the county could be doing more.** Among 12 tested areas of public health, tobacco use ranked 11th in the public’s eyes as areas where the county was “doing enough”. Only the combined area of mental health and substance abuse ranked lower.
- **Use of tobacco is not widespread.** However, 11 percent of surveyed residents said that they use tobacco, 13 percent said that someone in their household had wanted or need help with tobacco dependence.
- **Tobacco is relatively expensive.** Summit County has the 5th-highest cost of tobacco among the state’s 178 school districts (the geographic unit of measurement in the state for cost of living).
- **Key health experts and practitioners see it as the third-most common problem among their clients.** Only anxiety and alcohol dependence are more commonly seen. They tended to see the outcomes as being less major than for some other types of mental health issues.

Potential Priority 2 – Social Determinants

Research on social determinants show that they have a major impact on public health. Some overall findings include:

- **Social determinants are the largest factor associated with health.** Research by the Robert Wood Johnson foundation concluded that social determinants (education, income, etc.) contribute 40 percent of the variable effects of health, more than any other category.
- **One in eight households speaks a non-English language at home.** These populations have far lower education levels, with only 20 percent holding a college degree compared to 54 percent of English speakers. Non-English speakers also have a far higher poverty rate (24 percent versus 10 percent).
- **According to a study posted in the Journal of the American Medical Association, Summit County has the highest expected life expectancy at birth of any county in the United States.** This is due to the county's combination of:
 - > Social, economic, and demographic factors:
 - > behavioral and metabolic risk factors
 - > health care and health care quality were identified.

Potential Priority 2A – Economic Environment

- **Overall, the residents view the quality of life in Summit County as being very good.** However, younger residents, those with lower household incomes, and those with lower education levels are far less likely to make this claim. The difference is particularly strong for income.
- **Some people lack health insurance.** 8 percent of respondents said a household member was uninsured, which is in line with the 7.5 percent uninsured rate in the state. However, the figure was 50 percent for Spanish speakers, with the caveat that the survey of that population was conducted at community health providers, which likely draw more uninsured patients.
- **One in five has financial problems.** 80 percent of respondents said that their personal financial situation is good. Only 73 percent believe that they have strong career opportunities in the county.
- **Anxiety is more common at lower incomes.** While 35 percent of county residents report that someone in their household wanted or needed help for anxiety, the figure rises to 47 percent among those with incomes below \$50,000.
- **Household incomes skew slightly higher than the state as a whole.** However, this is likely because Summit County has proportionally fewer retired people and more people in the work force.
- **The cost of living is high.** Summit County's school district has the 2nd-highest cost of living of any district in the state. (Cost of living is officially measured by school district in Colorado.)

Potential Priority 2B – Physical Environment

- **Workplaces are positive.** 96 percent of residents believe that their workplace or school offers a positive environment for them.
- **Housing quality is deemed high for the most part.** 92 percent of residents believe that they are in quality and safe housing.
- **Public transportation is generally deemed acceptable.** 90 percent of residents say that available public transportation meets their needs.
- **Housing and water quality are ranked as concerns in the county.** Colorado's Health Rankings offers low scores in these areas, and above average scores in air quality and commuting.

Potential Priority 2C – Social Environment

- **Residents generally feel safe.** 98 percent of residents stated that they feel a high level of personal safety. The figure declines for younger populations, but remains high. Colorado’s Health Rankings affirms this, showing an above average score for the county in terms of violent crime.
- **Residents generally feel accepted.** 97 percent of residents stated that they feel like they’re accepted within the community for who they are. 91 percent believe that there is a sense of community where they live.
- **Most, but not all, have a personal support network.** 89 percent of residents stated that they have a support network.
- **Spanish-speaking residents have additional social forces working against them.** Immigration policy changes and distance from family and friends were seen as factors that may particular impact those populations.
- **Spanish-speaking residents have a lower self-reported quality of life than English-speaking residents.** Only 18 percent said that they have a ‘very good’ quality of life, compared to 66 percent of English-speaking residents.
- **The housing market inhibits social connections.** 70 percent of homes are second homes.
- **Social connections are low.** While Summit County tends to rank high in Colorado Health Rankings on economic factors, low social connections are cited as a factor that is below average.

Potential Priority 3 – Family Mental Health

Family mental health is the umbrella for six particular sub-topics, as discussed on subsequent pages. Overall findings regarding mental health in general include:

- **Mental health (and substance abuse) was seen as an area where the county could be doing more.** Among 12 tested areas of public health, mental health and substance abuse ranked lowest in the public’s eyes as areas where the county was “doing enough”. Only 52 percent felt this way. All of the other 11 areas scored 70 percent or higher.
- **Some parents do not vaccinate their children.** While not a mental health issue, 6 percent of parents said that they do not vaccinate their children. The figure is 13 percent for Spanish-speaking parents.
- **Behavioral health is an area where progress has not been slow.** Of the four priority areas from the previous strategic plan, only the combined area of substance abuse and behavioral health did not show progress, according to a survey of key experts and practitioners. Progress was made on numerous tactical issues, but not overall.

The study did not specifically focus on families, so many of the findings in this section relate to the general population, and can also apply specifically to families.

Potential Priority 3A – Anxiety (Family)

- **Anxiety and depression are common.** 21 percent of residents reported that they themselves have symptoms of depression and/or anxiety. 35 percent of residents reported that someone in their household wanted or need help for anxiety, which was higher than any other mental health issue. Even so, other sources state that Anxiety disorder, depressive disorder, depressive symptoms are less common than average in Summit County.
- **Anxiety is primarily externally driven.** Qualitative research showed that anxiety is primarily produced by external forces – jobs, finances, people, etc.
- **Key health experts and practitioners see anxiety as the most common problem among their clients.**
- **Anxiety problems are linked to suicide.** 22 percent of suicides coincided with issues regarding anxiety.

Potential Priority 3B – Depression (Family)

- **Anxiety and depression are common.** 21 percent of residents reported that they themselves have symptoms of depression and/or anxiety.
- **One in ten households is affected.** 10 percent of residents said that someone in their household had wanted or need help with depression. Even so, other sources state that Anxiety disorder, depressive disorder, depressive symptoms are less common than average in Summit County.
- **Depression is primarily internally driven.** Qualitative research showed that depression is primarily produced by internal forces that are more or less independent of the environment.
- **Maternal depression is more common than average.** Compared to the state, maternal depression is more common than average.
- **Key health experts and practitioners see it as the most impactful problem among their clients.** When it occurs, it is seen as the most likely mental health issue to have major or catastrophic impacts on the client.
- **Depression is linked to suicide.** 47 percent of suicides coincided with a depression diagnosis.

Potential Priority 3C – Mental Health Disorder Prevention and Intervention (Families)

- **Mental health and substance abuse is common.** Two-thirds (68 percent) of residents were aware of someone struggling with substance abuse or mental health issues, but the figure rises higher for people under the age of 45, to 72 percent.
- **Knowledge of resources is lower.** Younger respondents were less likely than older respondents to know where to go for help with mental health issues.
- **There are fewer mental health providers than in other areas.** Colorado's Health Rankings shows a below average score for the county in the number of mental health providers per capita.
- **The public wants more routine screenings.** The public feels uncomfortable advising others to seek help for mental health issues unless those issues are seen as a path to harming oneself or others, or they're affecting a person's ability to hold a job. They would like to see routine screenings in the health care system to provide this sort of advice.
- **Spanish speakers emphasized the need for lifelong care resources.** Of particular emphasis was resources for families and for seniors in the Spanish-speaking community.

Potential Priority 3D, 3E, 3F – Mental Health for Families, Young Households, and Children

- **Mental health and substance abuse is common.** Two-thirds (68 percent) of residents were aware of someone struggling with substance abuse or mental health issues, but the figure rises higher for people with children. Of people with children, 75 percent are aware of someone with these issues, compared to 64 percent of people without children.
- **Mental health treatment is effective.** Only 60 percent of people in households who needed mental health treatment received care, but 90 percent of those people were helped. 35 percent of residents said that it was difficult to find help.
- **Intimate partner problems are linked to suicide.** 28 percent of suicides coincided with issues regarding an intimate partner.
- **Drug use among parents is lower than in the rest of the community.** While lifetime experience with marijuana, non-prescribed prescription drugs, and illegal drugs was relatively high among parents (77 percent, 29 percent, and 36 percent), current use is much lower (11 percent, 2 percent, and 1 percent.)

Potential Priority 4 – Family Violence

Family violence is the umbrella for six particular sub-topics, as discussed on subsequent pages.

The study did not specifically focus on families, so many of the findings in this section relate to the general population, and can also apply specifically to families.

Potential Priority 4A, 4D – Anger, Intimate Partner Violence

- **Intimate partner violence was seen as an area where the county could be doing more.** Among 12 tested areas of public health, intimate partner violence ranked 9th in the public’s eyes as areas where the county was “doing enough”. Only unintended pregnancy, tobacco, and the combined area of mental health and substance abuse ranked lower.
- **One in ten households is affected.** 10 percent of residents said that someone in their household had wanted or need help with anger issues or oppositional defiance.
- **Family violence is disruptive.** The second most common reason for 911 calls in the county is domestic incidents (trailing only intoxication as a reason).
- **Family members are common violent offenders.** Nearly 20 percent of aggravated assaults and over 20 percent of murders involve family members. Various sexual crimes range from 25 percent to nearly 40 percent family members as perpetrators.

Potential Priority 4B – Child Abuse

- ➔ **Family members are common offenders.** Over 30 percent of arrests for ‘fondling’ in Summit County involve a family member, along with nearly 40 percent of sodomy arrests. (Note that these are not all related to children.)

Potential Priority 4C – Family Solvency

- ➔ **Unintended pregnancy was seen as an area where the county could be doing more.** Among 12 tested areas of public health, unintended pregnancy ranked 10th in the public’s eyes as areas where the county was “doing enough”. Only tobacco and the combined area of mental health and substance abuse ranked lower.
- ➔ **Single-parent families are less common in Summit County.** Colorado’s Health Rankings shows an above average score for the county in terms of single-parent families (meaning that they’re less common, which may provide more resources for children).
- ➔ **Spanish-speaking parents would like more family events.** Focus group participants cited a need for more activities and events that Spanish-speaking parents can attend with their children.

About Corona Insights

Our founder named the company Corona because the word means “light.” It’s the knowledge that surrounds and illuminates an issue; exactly what we provide. Our firm’s mission is to provide accurate and unbiased information and counsel to decision makers. We provide market research, evaluation, and strategic consulting for organizations both small and large.

Learn more at www.CoronaInsights.com

1580 Lincoln Street
Suite 510
Denver, CO 80203
Phone: 303.894.8246

