



Summit County, Colorado
2018-2022 Community Health Improvement Plan



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EXECUTIVE SUMMARY

Summit County Public Health, in partnership with St. Anthony Summit Medical Center, is pleased to present the 2018-2022 Community Health Improvement Plan (CHIP). A CHIP and Community Health Needs Assessment (CHNA) are customary practices of Public Health, a national standard for all public health departments, and a requirement for not-for-profit hospitals. Our 2017 assessment and planning process were modeled after the Colorado Health Assessment and Planning System (CHAPS).

Measuring the health of Summit County was a large undertaking. Our process was a collaborative effort that included representation from more than 30 organizations and stakeholders. The Community Health Assessment (CHA) is comprised of secondary data as well as robust community input collected via surveys and focus groups. Together, these assessments illustrate the community's health status, strengths, and opportunities for the future. Not only does the assessment present objective data on the health status of Summit County residents, it also offers valuable insights and opinions on how residents view the quality of life here. Our approach ensured that the process resulted in a community-driven and -owned CHIP. Readers may review the 2017 CHA at the Summit County Public Health website, www.SummitCountyCO.gov/PublicHealth.

From the assessment process, community leaders identified the following priorities to improve health, reduce disparities, and advance equity in the community:

- Mental Health (focus on families)
- Substance Abuse (focus on opioids)
- Health Equity and the Determinants of Health

Although many other health needs are important for Summit County, these three priorities are supported by the data analysis and were relevant to the majority of community input. Improving community health is not just the work of public health. No one agency can tackle these complex issues alone, but the collective impact of multiple partners aligning their efforts toward a common goal is a powerful tool. Fortunately, Summit County enjoys a long history of community partners collaborating successfully to address community-wide objectives. By focusing on closing gaps in opportunities and improving outcomes for vulnerable populations, we can create a healthier community that benefits everyone.

Respectfully submitted,



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“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.”—Margaret Mead

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“If you want to walk fast, walk alone. If you want to walk far, walk together.”—African proverb

This Health Improvement Plan would not have been possible without the fiscal partners involved in the 2017 Community Health Assessment, including Colorado Department of Public Health and Environment, Building Hope Summit County (BH), St. Anthony Summit Medical Center (SASMC), Summit Community Care Clinic (SCCC), the Family and Intercultural Resource Center (FIRC), and Summit County government.



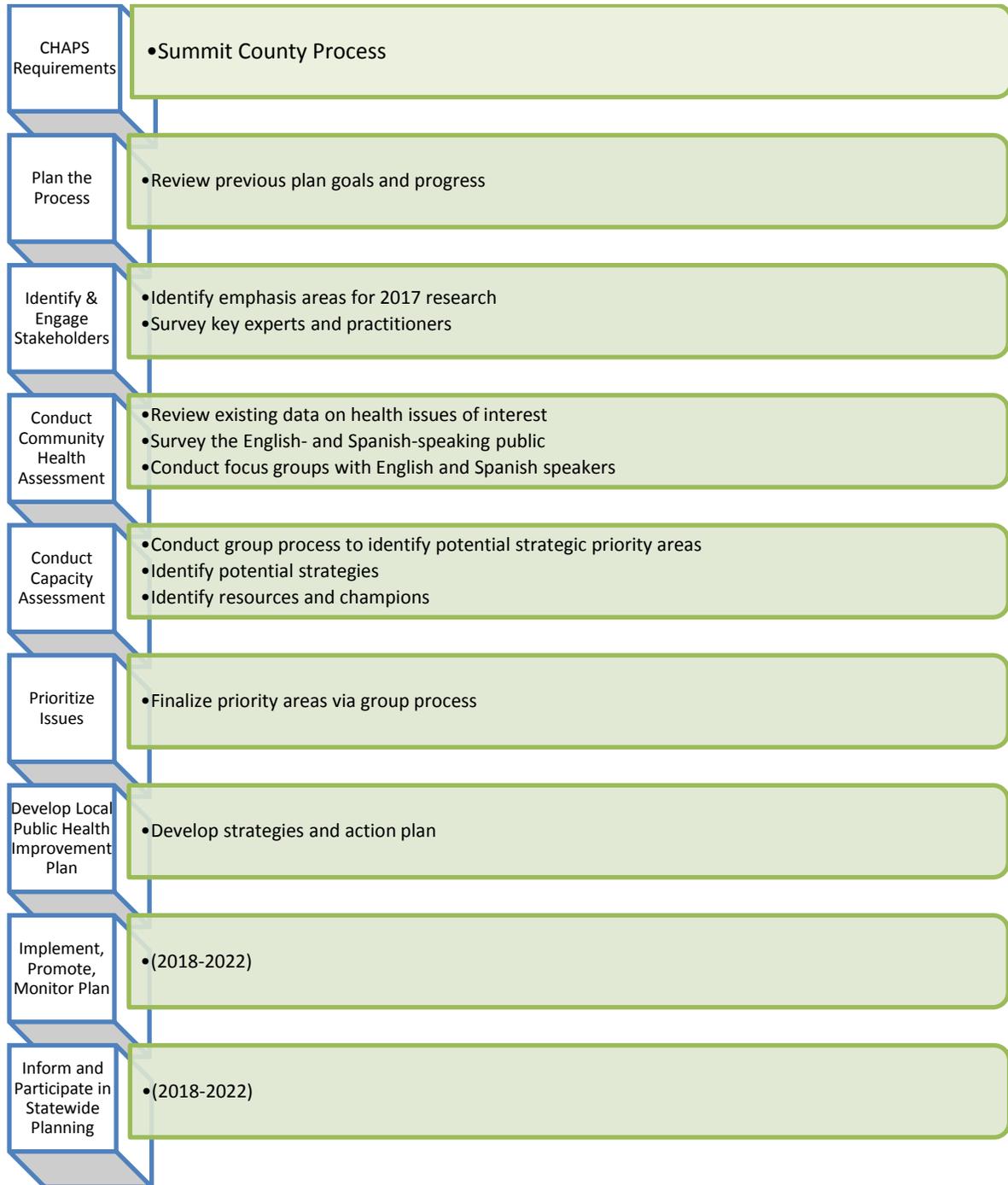
summit community
CARE CLINIC



Data in the analysis was compiled by Corona Insights, an independent research and strategy firm.

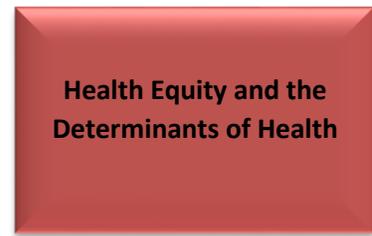
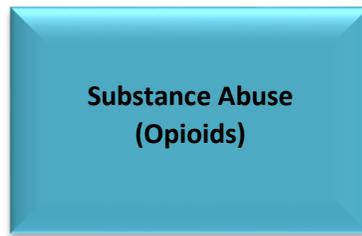
INTRODUCTION

To develop the 2018-2022 Summit County Health Improvement Plan, we used the following 11-step process. This is presented in juxtaposition to the process requirements of the Colorado Health Assessment and Planning System (CHAPS):



To initiate the process, we formed an 18-member steering committee in 2017. Committee members were recruited because of their interest in and commitment to improving the health and safety of our community. Over several months, the committee met with Corona Insights, which conducted and produced the 2017 Summit County Community Needs Assessment. The assessment included review of existing research and data, public surveys in English and Spanish, public focus groups in English and Spanish, and a key informant survey.

We initially investigated more than 50 issues, and during the course of the process, these were narrowed down into the highest priority areas over the course of several steps, as listed above. The final three priority areas included in this plan are:



Each of these priority areas is discussed in more detail in subsequent sections of this document.

COUNTY PROFILE

Summit County is located in the high Rockies, with elevations ranging from just under 8,000 feet above sea level to a high point of 14,270 feet. The county is home to slightly more than 30,000 people, approximately half of whom live in unincorporated areas of the county. The largest incorporated town is Breckenridge, with 5,000 residents, followed closely by Silverthorne with 4,400 residents. (1)



Among Colorado’s 64 counties, Summit County is the 19th largest in terms of population, and the 55th largest county by land area, roughly half the size of Rhode Island. Approximately 80 percent of land in the county is federal public land.

Population and Population Growth

The population of the county has increased at an average rate of 1.0 percent per year since 2000. This represents a slower growth rate than the state is seeing as a whole (1.5 percent per year). (2) (Figure 1 & 2)

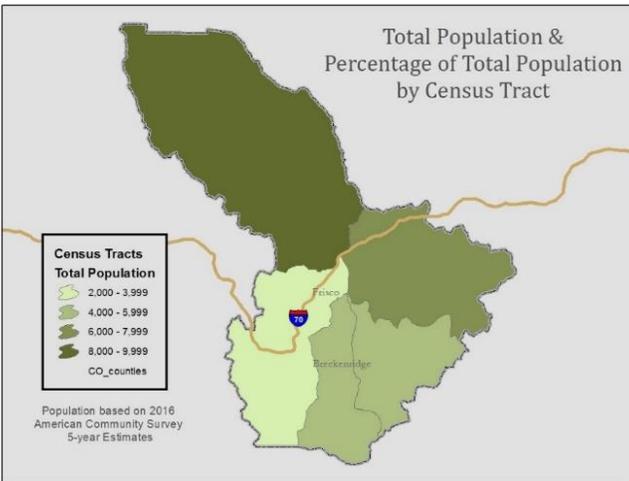


Figure 1

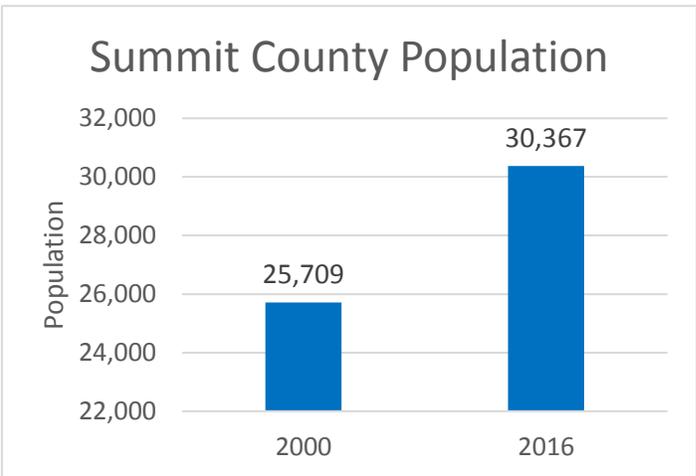


Figure 2

Within Summit County, a slight majority of the population lives in unincorporated areas. However, the Town of Breckenridge is the jurisdiction in which the largest proportion of growth has occurred since 2000; the Town of Silverthorne has also seen significant growth. (2) (Figure 3)

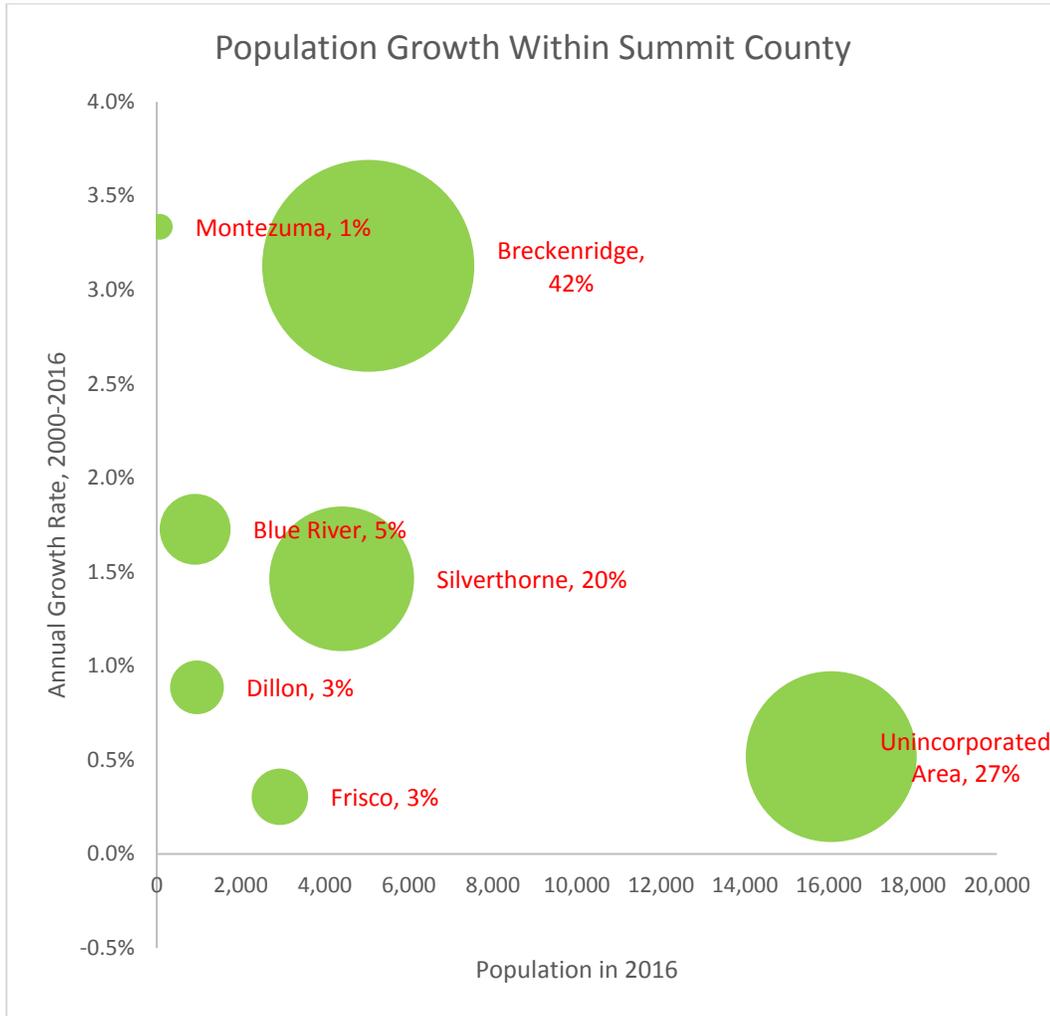


Figure 3: The size of each bubble represents the proportion of the county's population growth that has occurred in each area since 2000. For example, 42 percent of population growth has occurred in Breckenridge. The X (horizontal) axis represents the 2016 total population, and the Y (vertical) axis represents the annual population growth rate of each area since 2000.

Workforce

Summit County has a workforce that predominantly supports the tourism and recreation industry. Fifty-two percent of jobs are in the recreation and arts industry and in food services/accommodations, compared to 14 percent of jobs statewide. For this and other reasons, the average payroll per job in Summit County is approximately \$29,000 per year, compared with \$52,000 statewide. (3) (Figure 4)

Figure 4: Top Five Employment Sectors Colorado vs Summit County (Percent of Jobs)

Industry	Colorado	Summit County	Industry
Health care/social assistance	13%	31%	Accommodation/food services
Accommodation/food services	12%	20%	Arts/entertainment/recreation
Retail trade	12%	17%	Retail trade
Administrative	11%	6%	Real estate
Prof., scientific, and tech. services	8%	5%	Health care/social assistance

The most recently reported unemployment rate from the Bureau of Labor Statistics is 1.5 percent for Summit County, compared to 2.5 percent for the state. (2)

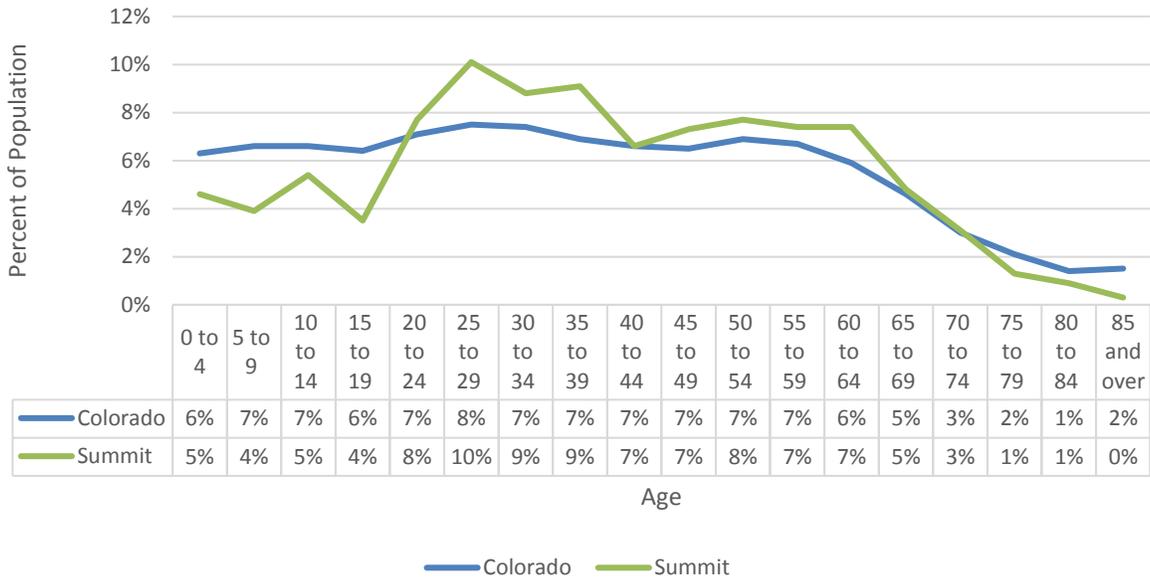
Income and Age

Summit County households have slightly above-average incomes. Despite holding lower-paying jobs, Summit County households actually slightly outearn the statewide average, with proportionally more middle- and higher-income households and fewer low-income households. (4) (Figure 5) The higher household income is due in part to a large proportion of the workforce having multiple jobs because of the high cost of living. Additionally, Summit County has a higher proportion of working age adults than the state in general, as shown in the following graph. (4) (Figure 6)

Figure 5: Household Incomes - Summit County Versus Colorado



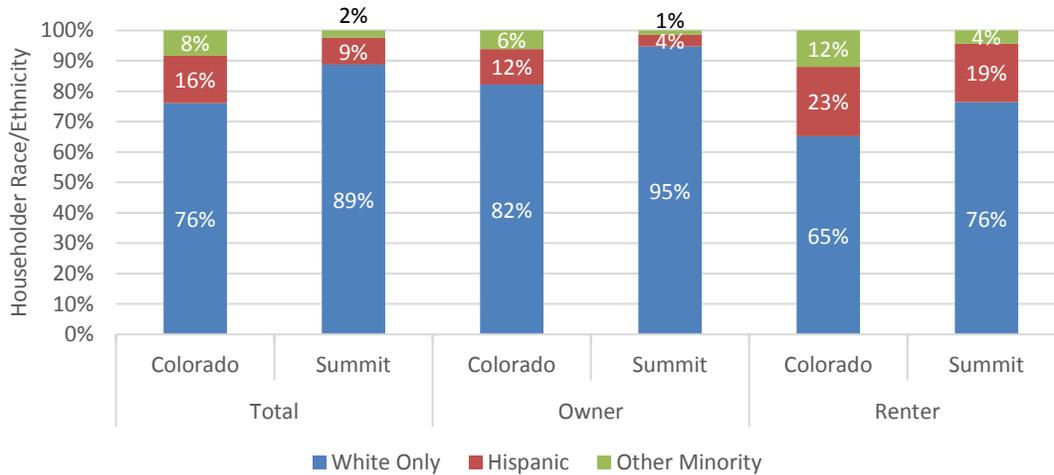
Figure 6: Age - Summit County Versus Colorado



Ethnicity and Home Ownership

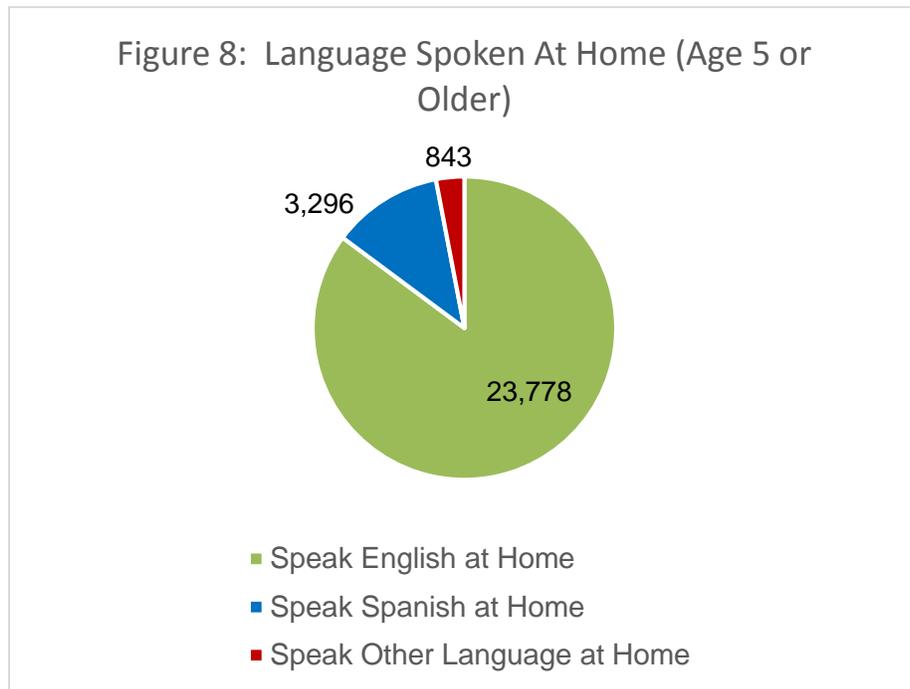
Nearly 9 in 10 households are white and non-Hispanic, and most minority households identify as Hispanic. Because minority households are much less likely to own their own home, they make up 23 percent of renters and only 5 percent of homeowners. (4) (Figure 7)

Figure 7: Ethnicity and Home Ownership

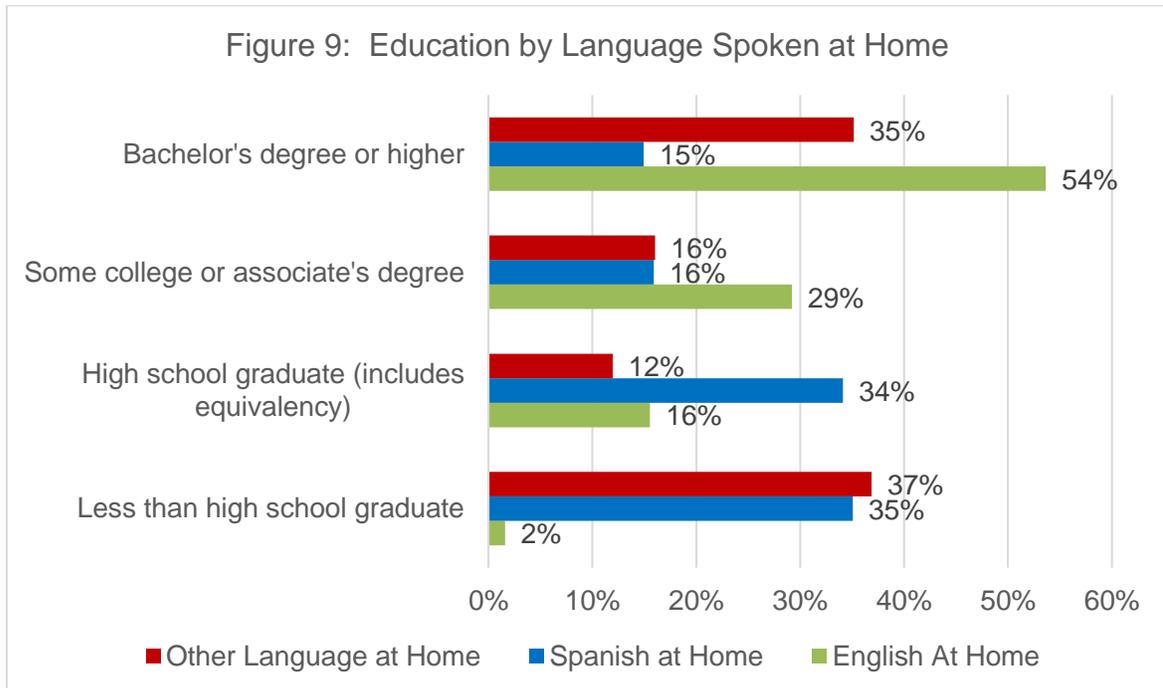


Language and Income

Approximately one in seven (15 percent) Summit County residents speaks a language other than English at home, with Spanish being far and away the most common. (4) (Figure 8)

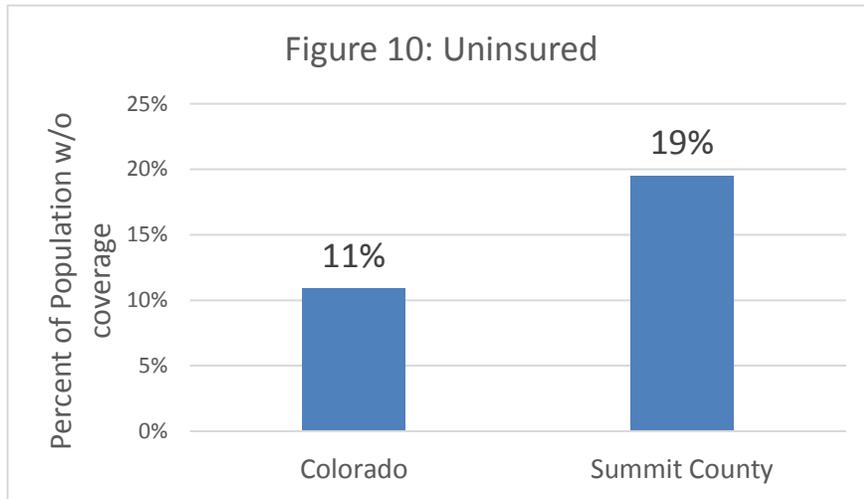


Significant economic disparities exist by language. Spanish speakers are less likely to own homes (29 percent versus 72 percent), less likely to hold a college degree (20 percent versus 54 percent), and more likely to live in poverty (24 percent versus 10 percent). (4) (Figure 9)



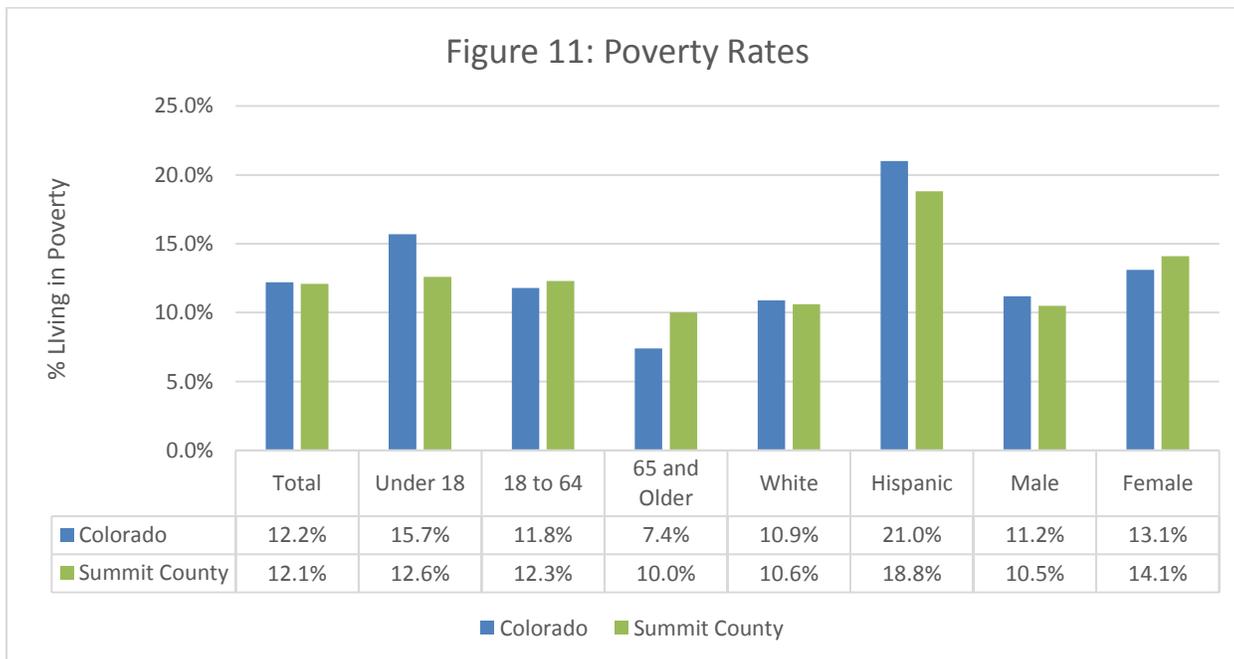
Health Coverage

A majority of Summit County residents have some sort of health coverage, but the uninsured rate is nonetheless double the statewide average. (4) (Figure 10)



Poverty

Overall poverty rates are nearly equal when comparing Summit County to the state. Summit County seniors have a notably higher poverty rate than their peers statewide, while women and working age people have slightly higher poverty rates than their Colorado peers. (4) (Figure 11)



Cost of Living

The state of Colorado prepares cost of living estimates by school district. Among Colorado’s 178 school districts, Summit RE-1 (which encompasses the vast majority of the county) has the second-highest cost of living in the state, with a cost more than 18 percent higher than the statewide average cost of living. (5) (Figures 12&13)

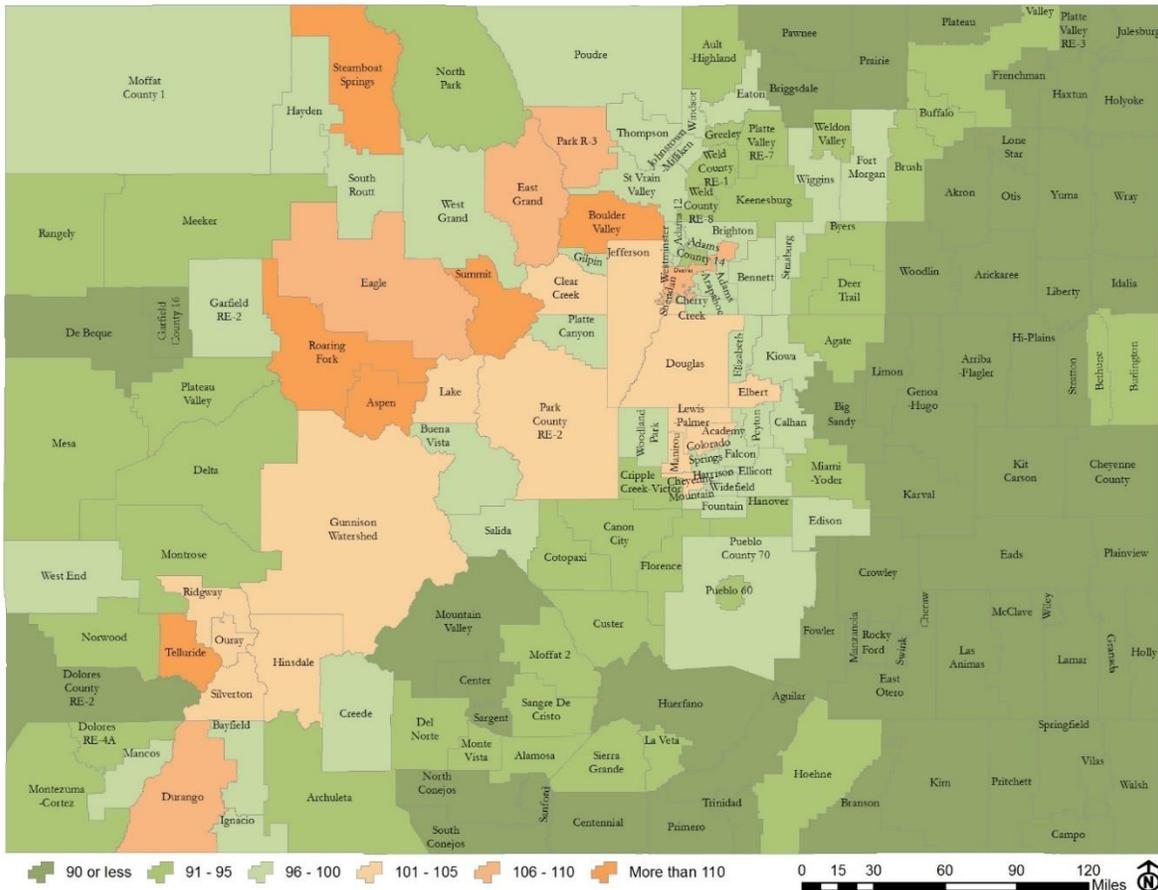
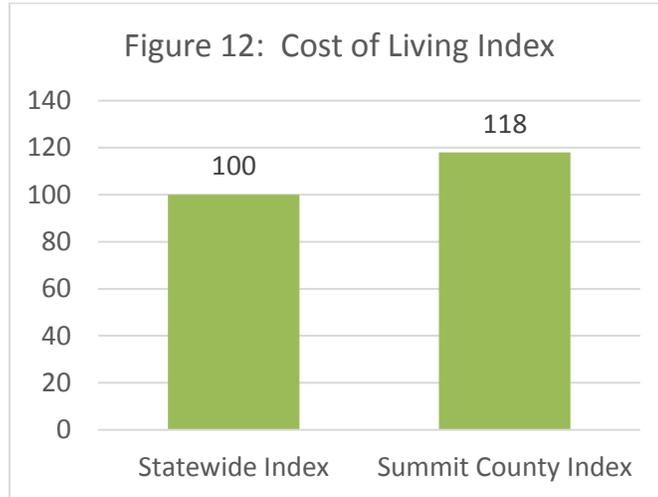


Figure13

PUBLIC HEALTH PRIORITY AREA: MENTAL HEALTH FOR FAMILIES



Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. (6) Nationally,

one in five adults lives with a mental illness; and 21 percent of youth ages 13-18 and 13 percent of children ages 8-15 will suffer from a severe mental disorder in their lifetime. (7) According to Mental Health America, Colorado ranks 43rd in the nation for mental health, and 48th for youth mental health. The World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA) all emphasize the importance of preventive strategies to promote positive mental health and wellbeing. Such strategies can reduce the need for more costly treatment services. It is also recommended that promotion be implemented in a variety of venues, including schools, housing, and health care, to foster social cohesion and community wellness. These efforts can also identify opportunities for prevention, screening, and early intervention.

Why is this issue important in Summit County?

Mental health issues 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 needed help for anxiety, which was more common than any other mental health issue.
- 66 percent of residents know someone who is struggling with mental health of substance abuse.
- 1 in 4 Summit HS students report feeling sad or hopeless almost every day for more than 2 weeks.

Mental health issues have significant impacts on people.

- Anxiety and depression are linked to suicide. Twenty-two percent of local suicides coincided with issues regarding anxiety and 47 percent with depression.
- Key health experts and practitioners see anxiety as the most common problem among their clients.
- Key health experts and practitioners see depression as the most impactful problem among their clients. When it occurs, it is seen as the mental health issue most likely to have major or catastrophic impacts on the client.

The public wants more attention focused on this issue.

- Among 12 tested areas of public health, mental health and substance abuse ranked lowest in the public's eyes in terms of areas where the county was "doing enough." Only 52 percent felt that enough is being done, which was significantly lower than all of the other areas tested.
- 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 if they are 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.

There are fewer mental health providers in Summit County than in other areas, but there is positive momentum.

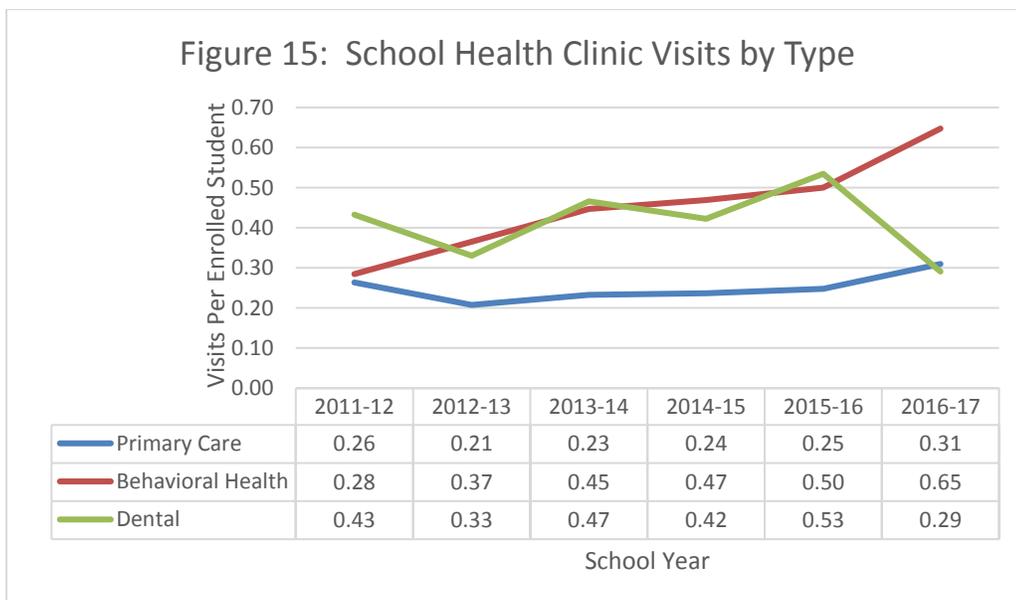
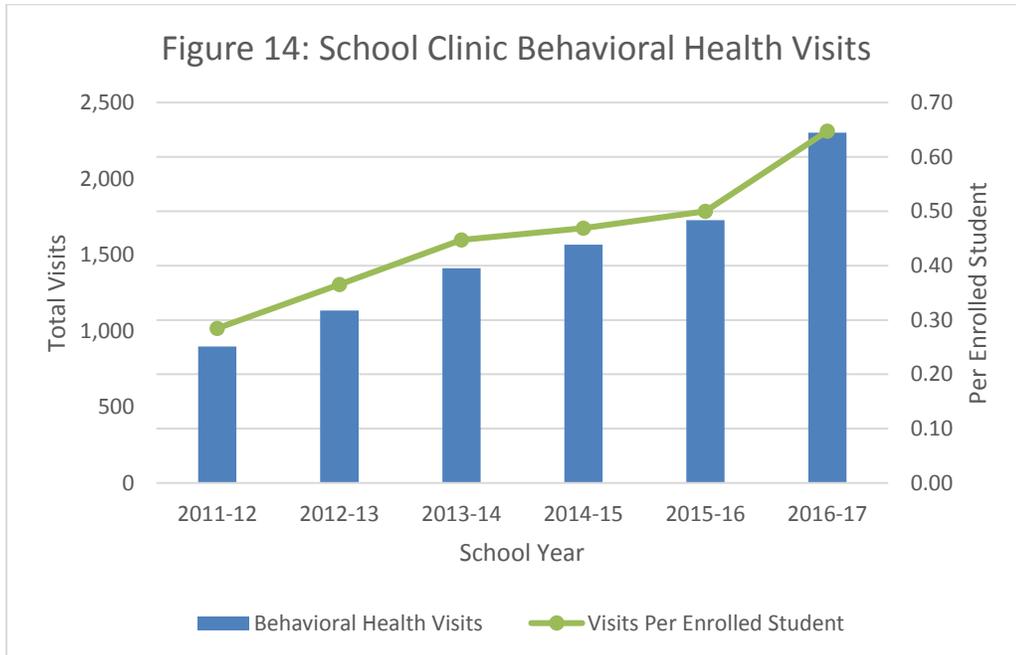
- Colorado's Health Rankings show a below average score for the county in the number of mental health providers per capita.

- Building Hope works to create a more coordinated, effective and responsive mental health system by focusing on three major areas: suicide prevention, stigma reduction through mental health education and improved access to care and support.

Mental health treatment is effective.

- Only 60 percent of local people in households who needed mental health treatment received care, but 90 percent of those who received care found it helpful.

School Based Health Centers have seen a significant increase in utilization of behavioral health services overall and in utilization compared to other visit types. (8)(Figures 14&15)



What can we do about it?

A diagnosis of mental illness like depression or anxiety in one family member affects the whole family. In addition to the effects on the individual, it may cause tension in relationships and be wearing on the other family members. These effects can lead to fractures in families, serious disagreement, and sometimes estrangement. These are not intentional but arise because of differences in understanding what a mental illness is and how to address it. Therefore, a family-based approach that builds on existing strengths and fosters new skills in families with an overall goal of family empowerment is ideal.

How do we move forward?

Goal: Enhance the continuum of available services/resources to address varying levels of behavioral health needs

Objective 1: Deepen our community’s understanding and treatment of the unique needs of high risk populations

Baseline: Currently, there are no intensive outpatient youth services or psychosocial programs in the community

Target: Adolescent intensive outpatient therapy program (IOP) and psychosocial program exist

Data Collection Methods/Sources: Existence of IOP and psychosocial rehab programs; utilization of programs once established; number of Building Hope crisis/out of home placements in community and schools

Strategy 1: Establish Adolescent Intensive Outpatient Therapy Program (IOP)								
Responsible Agencies: SCCC, Building Hope, Mind Springs Health (MSH), Summit School District (SSD)								
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line					
			2018	2019	2020	2021	2022	
Identify community partners	Outcome: An IOP is implemented and addresses the needs of youth who struggle in their day to day lives because of mental health challenges and/ or substance abuse	Process monitoring to determine progress and completion of activities	X					
Pursue/obtain funding sources			X					
Identify/obtain physical space for program				X	X	X	X	
Identify and train BH provider for program				X	X	X	X	
Initiate program				X	X	X	X	

Strategy 2: Establish a half day Psychosocial Rehab Program.

Responsible Agency: Mind Springs Health

Action Steps	Expected Results	Outcome Data Collection Methods	Time Line				
			2018	2019	2020	2021	2022
Identify funding requirements	Outcome: Psychosocial program implemented and addressing the need for restoration of community functioning and well-being of individuals diagnosed with mental health or emotional disorder and/or considered to have a psychiatric disability	Process monitoring to determine progress and completion of activities		X			
Secure funding					X	X	X
Identify space					X	X	X
Identify/train BH providers					X	X	X
Initiate program							X

Objective 2: Improve/enhance the skill sets of families to improve family wellness outcomes

Baseline: Currently there are a few programs in the community that work to improve the wellness of families, but they only serve a small proportion of parents, and the majority of them serve those with children under age 5. Additionally, there has been an increase in the number of BH incidents/crises in the schools and within families.

Target: The community has a continuum of strategies that increase protective factors and improve overall family wellness by reaching out to parents and youth in community-based settings and environments where they already assemble.

Data Collection Methods/Sources: Number of initiatives implemented, number of mental health incidents in schools, public perceptions/observations/experiences

Strategy 1: Implement evidence based initiatives							
Responsible Agencies: FIRC, Building Hope, SCPH, Y&F Service, SSD, and SASMC							
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line				
			2018	2019	2020	2021	2022
Identify community partner members	Outcome: A variety of prevention and educational strategies implemented that will enhance the skill sets of parents, improving family wellness	Process monitoring to determine progress and completion of activities	X	X			
Conduct parent focus groups to assess needs				X			
Determine evidence-based strategies to implement such as community outreach/educational events, marketing campaign, youth peer-peer program, SBIRT, etc.			X	X	X	X	X
Identify /secure funding				X	X	X	X
Implement evidence-based strategies				X	X	X	X

PUBLIC HEALTH PRIORITY AREA: OPIOID MISUSE AND ABUSE



The Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. Nationally in 2017, more than 72,000 people died of drug overdoses; 66 percent of these involved an opioid. This is five times higher than in 1999. (9) Data from the National Survey on Drug Use and Health (NSDUH) show that nearly one-third of people age 12 and over who used drugs for the first time began using a prescription non-medically.

Drug overdoses have become the leading cause of death for those under age 50. (9) (Figure 16) Though the overdose deaths for Colorado are lower than the national average, 16.6 vs. 19.8 per 100,000, Colorado ranks second worst among all states for prescription drug misuse. (10) (11)

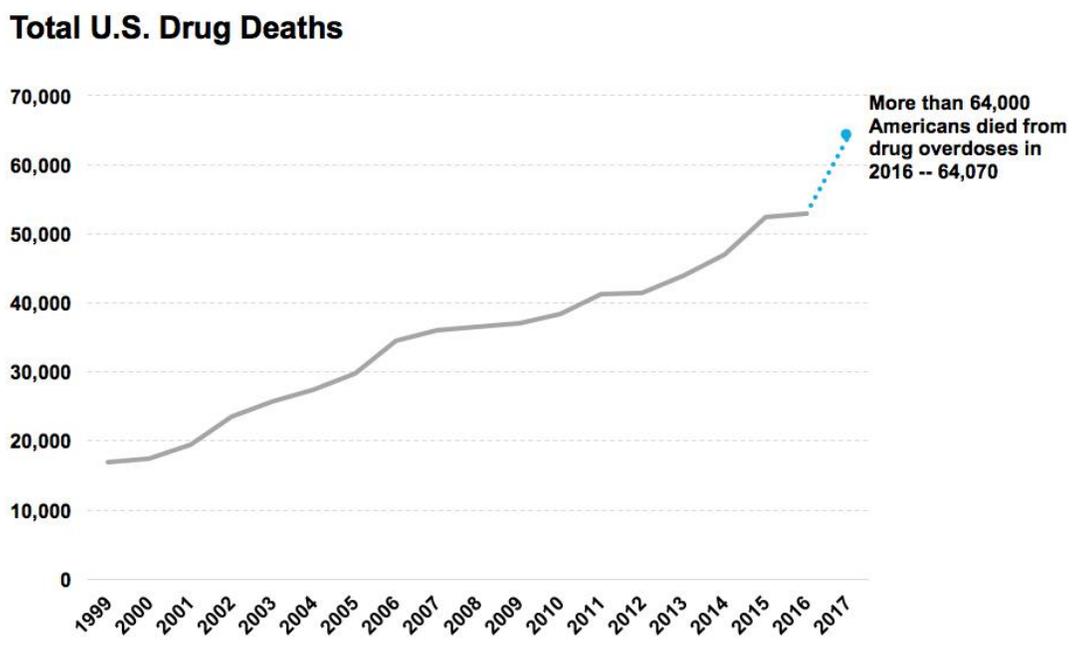


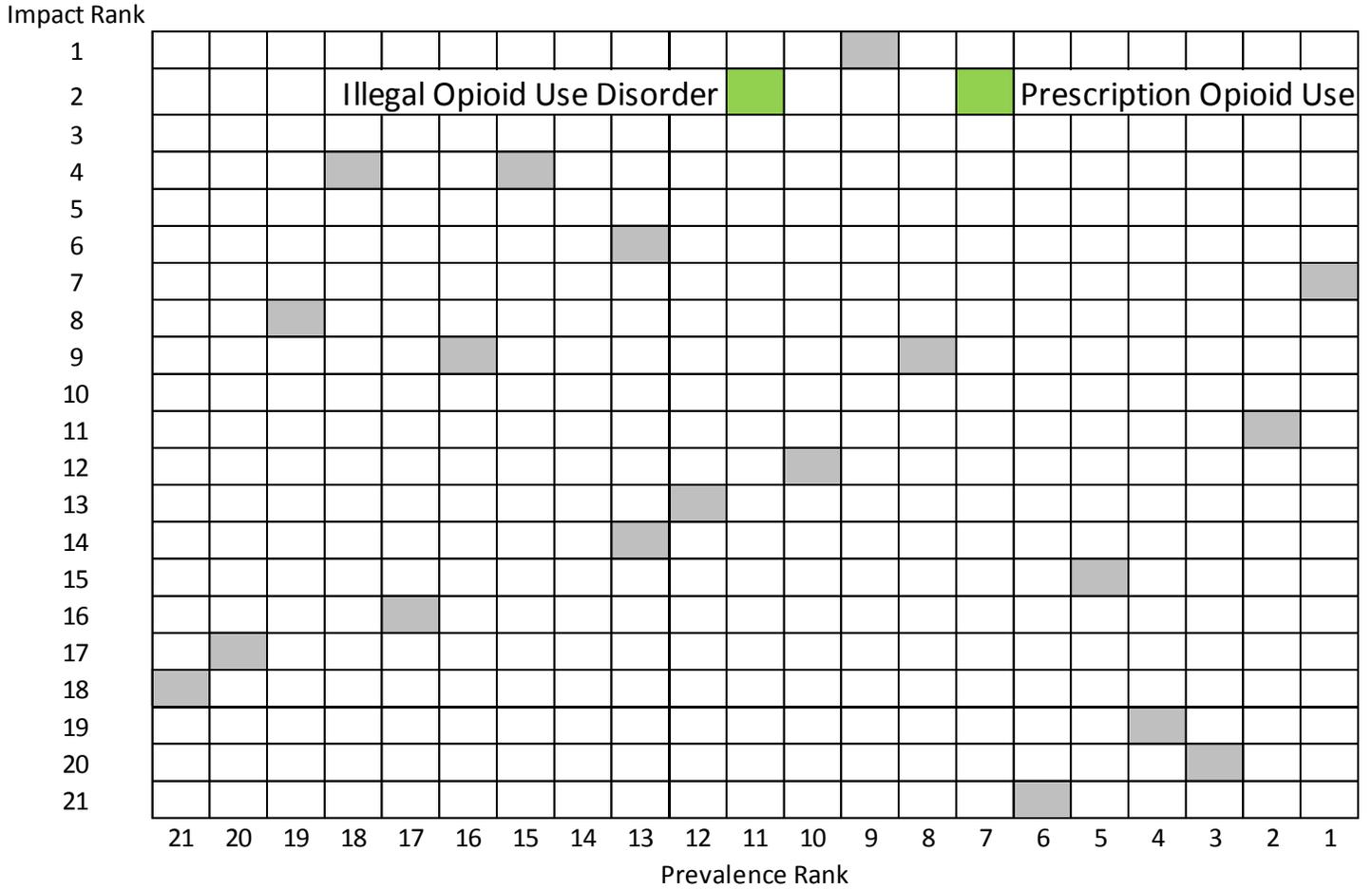
Figure 16: Total U.S. Drug Deaths* - More than 64,000 Americans died from drug overdoses in 2016, including illicit drugs and prescription opioids--nearly double in a decade. Source: CDC WONDER

Why is this issue important in Summit County?

Opioids are a significant problem locally. Select statistics from the 2017 Community Health Needs Assessment include:

- **One in 25 households is affected.** Four percent of residents said that someone in their household had wanted or needed help with opioid prescription drug dependence.
- **Opioids are causing local deaths.** In 2015, Summit County ranked 11th in the state in opioid deaths. (12)
- **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.** Based on a survey of key local experts and practitioners, opioid prescription drug dependence falls into a group of substance abuse issues that represent a powerful combination of both prevalence and high impact on affected persons. (Figure 17)

Figure 17: Ranking Prevalence and Impact of Mental Health and Substance Abuse Issues Among Clients
Survey of Local Experts and Practitioners, Comparing 21 Issues



- **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.
- **Long-acting opioids are prescribed more in Summit County than in the state on average.** Time-scheduled opioids are associated with greater total average daily dosages and increased risk for long term use. In Summit County, 52 percent of opioids are of the long-duration variety given to opioid-naïve patients, versus a corresponding figure of 14 percent statewide. (12)
- **10% of Summit High School students report using a prescription drug that was not prescribed for them** (13)

What can we do about it?

The best ways to prevent opioid overdose deaths are to improve opioid prescribing, reduce exposure to both prescription and illicit opioids, prevent misuse, and treat opioid use disorder. (10)

How do we move forward?

Goal: Increase the number of community resources to support those struggling with opioid dependence while also limiting the number of opioid prescriptions available for diversion, misuse and abuse.

Objective 1: Reduce opioid prescription misuse and abuse

Baseline: 52 percent of patients prescribed long duration opioids vs 13.5 percent statewide

792 pounds of drugs collected at take-back sites and community events in 2017

10 percent of high school students have used prescription drugs without a prescription

Medication Assisted Treatment (MAT) is not available locally

Summit County is 11th in the state for opioid related overdose deaths per capita

Target: 15 percent decrease in opioids prescribed

15 percent increase in pounds of drugs collected at take back sites and community events in 2017

10 percent decrease in high school students who have used prescription drugs without a prescription

Recruit at least two prescribers to provide MAT

10 percent decrease in opioid related overdose deaths

Data Collection Methods/Sources: Summit County Prescription Drug Profile, SASMC prescription data, pounds collected at Take-Back sites and events, Healthy Kids Survey, MAT sites established, coroner reports, Naloxone RX filled

Strategy 1: Provider and prescriber education on CDC guidelines, Opioid Alternatives, Medication Assisted Treatment (MAT) and availability of Naloxone								
Responsible Agencies: SCPH, SASMC, Summit County Drug Take Back Task Force								
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line					
			2018	2019	2020	2021	2022	
Establish baseline data metrics	Outcome: Ability to monitor trends and inform decision making by stakeholders	A variety of reliable local and state data sources identified	X					
Collect and measure baseline metrics			X					

Assess opioid prescribing practices at SASMC	Outcome: Increase the number of providers & prescribers implementing the new CDC prescriber guidelines, using ALTO practices, educating clients on take-back locations and availability of Naloxone Outcome: The number of opioids prescribed at SASMC is decreased by 15%	SASMC prescription data, provider survey	X	X			
Explore feasibility of implementing ALTO in SASMC ER		Meeting held with UC Health on ALTO Pilot		X			
Identify funding requirements		Funding secured	X				
Secure funding				X	X		
Coordinate with Colorado Consortium to provide provider & prescriber trainings		Number of providers and prescribers attending trainings	X	X	X	X	X
Screening for substance abuse and mental health issues in healthcare and other related community settings		SASMC implementing screenings	X	X	X	X	X
ALTO practices implemented at SASMC					X	X	X
Reach out to pharmacists regarding opioid prevention efforts	Outcome: Local pharmacists will distribute take-back brochures when filling opioid prescriptions and discuss availability of Naloxone	Number of pharmacist meetings and number of brochures distributed	X	X	X	X	X

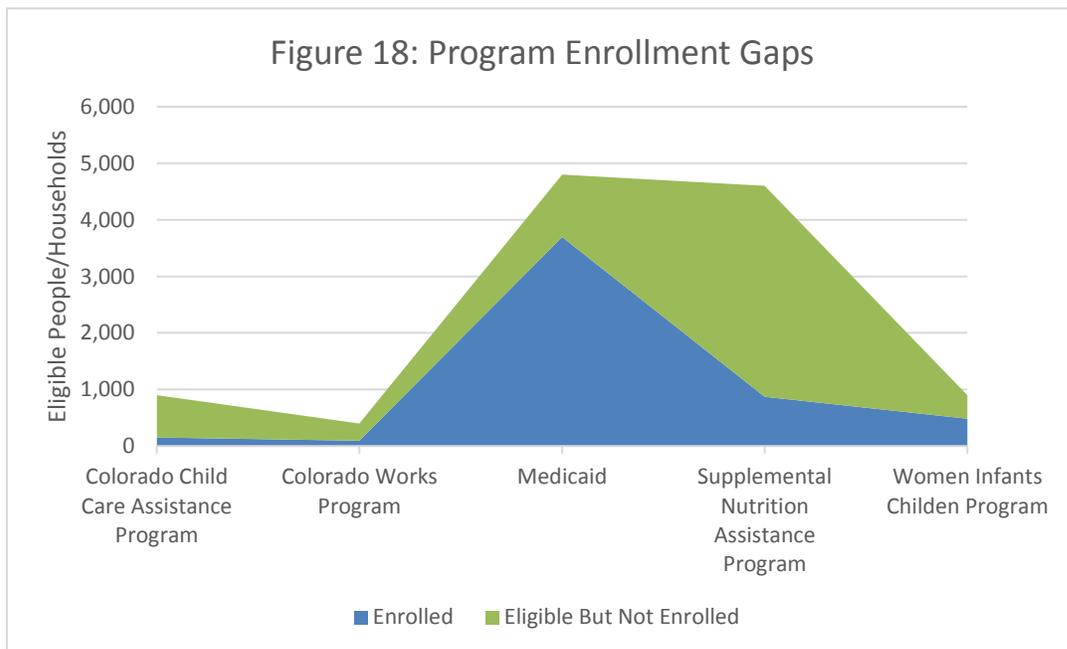
Strategy 2: Establish Medication Assisted Treatment site								
Responsible Agency: SCPH, SASMC, Ebert Family Clinic								
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line					
			2018	2019	2020	2021	2022	
Identify and recruit two providers to provide MAT services	Outcome: Two providers in Summit County that provide MAT services	Process monitoring to determine progress and completion of activities	X	X	X			
Provide training and support to providers identified						X	X	
Implement MAT							X	

Strategy 3: Establish additional Take-Back locations							
Responsible Agencies: SCPH, SASMC, Drug Take Back Task Force							
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line				
			2018	2019	2020	2021	2022
Identify additional site for Drug Take-Back box location	Outcome: At least one more take-back location in the County	Process monitoring to determine progress and completion of activities	X	X	X		
Provide training and support to new site						X	
Implement new Take-Back Site							

Strategy 4: Increase community awareness and education regarding opioid crisis, safe use, safe storage and overdose prevention							
Responsible Agencies: SCPH, SASMC, Drug Take Back Task Force							
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line				
			2018	2019	2020	2021	2022
Identify funding requirements and secure funding	Outcomes: Increased community awareness of safe use/storage/disposal of opioids Increased poundage of drugs collected at take-back locations and events Increased number of Naloxone prescriptions filled Students reporting using prescription drug without a doctor's prescription will decrease by 5%	Funding secured	X	X	X	X	X
Identify locations and events where Safe use, safe storage and safe disposal information can be distributed		Number of location and events where information is distributed	X	X	X	X	X
Utilize existing marketing campaign that targets the general public and overcomes existing obstacles and misperceptions about opioids; provides education on safe use/storage/disposal and availability of Naloxone		Number of ads on buses, radio stations, newspaper ads and articles, etc.	X	X	X	X	X
Provide community awareness presentations about the opioid epidemic and efforts to address it		Number of community awareness presentations	X	X	X	X	X
Provide education to students and parents about the opioid epidemic and risks or misuse of opioids		Events conducted	X	X	X	X	X

The following statistics show the gap (17) (Figure 18):

- Only 17 percent of approximately 900 of those eligible for CCCAP (Colorado Child Care Assistance Program) benefits are enrolled.
- Only 19 percent of approximately 4,600 of those eligible for SNAP (Supplemental Nutrition Assistance Program) benefits are enrolled.
- Only 24 percent of approximately 400 of those eligible for Colorado Works benefits are enrolled.
- Only 54 percent of approximately 900 of those eligible for WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits are enrolled.
- Only 77 percent of approximately 4,800 of those eligible for Medicaid benefits are enrolled.
- 33.3 percent of children in Summit County qualify for Free or Reduced Priced Lunch (18)



We also see evidence in the 2017 Community Health Needs Assessment that this is the case. In particular:

Lower-income households report a lower quality of life. 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 with regard to income.

One in five households say that their personal financial situation is not good. Also, 27 percent believe that they do not have strong career opportunities in the county. These issues disproportionately affect children: 33 percent are eligible for free or reduced lunch at school.

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. Local experts and practitioners believe that anxiety has a notable impact on quality of life among the clients that they see.

The cost of living is high. Cost of living is officially measured by school district in Colorado, and Summit County’s school district has the second-highest cost of living of any district in the state. (5) This means that incomes don’t buy as much in Summit County, placing additional financial stress on households.

What can we do about it?

The most well-intentioned effort to reduce disparities is less likely to succeed if it is not part of a broader culture of equity. (19) Therefore, it is essential to ensure that disparities are openly recognized by community partners and that they are committed to reduce them. Moreover, by being culturally responsive, agencies working with various populations can better understand an individual’s diverse values, beliefs, and behaviors, and customize services and resources to meet social, cultural, and linguistic needs.

Additionally, programs exist to provide assistance to households at the lower end of the income spectrum. These programs serve to increase a household’s “effective income” by providing goods or services at no cost or below-market cost. This assistance can ease financial pressure, which would increase the recipients’ quality of life and decrease anxiety.

How do we move forward?

Goal: Create a community-wide system of Equity to address needs of under-resourced populations

Objective 1: Deepen the community understanding of the complex needs of under-resourced populations

Baseline: Currently there is no coordinated effort to educate community partners on health equity and cultural responsiveness and address the needs of under-resourced populations, and little that includes this population in any leadership capacity.

Target: Increased awareness, understanding and ways to address the needs of under-resourced populations among community partners.

Data Collection Methods/Sources: Number of participants in community presentations/trainings, health equity assessment results, number of partners engaged in implementing a roadmap for health equity.

Strategy 1: Improve community partner awareness of health equity and cultural responsiveness								
Responsible Agency: FIRC								
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line					
			2018	2019	2020	2021	2022	
Develop and cultivate core coalition group by engaging partners across sectors that includes members from under-resourced populations	Outcome: Increased awareness and ability to serve under-resourced populations among community partners	Process monitoring to determine progress and completion of activities	X	X				

Identify funding requirements and secure funding			X	X			
Engage community partners in Health Equity trainings		Number of attendees at trainings	X	X			
Complete community wide training/assessment of organizational leadership and practices in addressing needs of under-resourced populations		Number of trainings					
		Number of organizations assessed		X	X		
Engage community partners in creating and implementing health equity roadmap		Number of organizations participating in implementation			X	X	X

Objective 2: Increase community capacity to address the Social Determinants of Health among community partners.

Baseline: Currently few agencies screen needs related to Social Determinants of Health (SDoH) and there are numerous residents that are eligible but not enrolled (EBNE) in various community, state, and federal programs that address these needs.

Target:

- Increase number of providers who screen for SDoH
- Increase enrollment rates in WIC, Medicaid, SNAP, etc.
- Increase community based strategies to increase trust among disparate populations

Data Collection Methods/Sources: enrollment rates in various programs, utilization of food banks, number of agencies screening for SDoH, establishment of Community Health Workers program

Strategy 1: Address determinants of health by increasing utilization of existing community resources							
Responsible Agencies: FIRC, SCPH, SASMC, SCCC, Ebert Family Clinic							
Action Steps	Expected Results	Outcome Data Collection Methods	Time Line				
			2018	2019	2020	2021	2022
Identify community partners	<p>Outcomes:</p> <p>Increased enrollment in existing programs that address determinants of health</p> <p>Increased number of agencies that are utilizing SDoH screening tool</p> <p>Hispanic community has access to Spanish – language health fair</p> <p>At least two community health workers are actively working in the community to build trust and capacity among disparate populations</p>	Process monitoring to determine progress and completion of activities	X	X			
Develop standardized process for resource referral to bolster enrollment and participation in programs		Number of agencies using screening tool	X	X			
Develop or identify existing screening tool		Enrollment rates in programs	X	X			
Identify agencies/ health navigators to use screening tool		Number of outreach events		X			
Identify /create opportunities to engage with target populations in community based settings		Funding for community health worker model established and workers hired and trained	X	X	X	X	X
Develop scope and business plan for community health worker model		Number of participants in health fair	X	X			
Secure funding				X	X		
Implement a community health worker model						X	X
Identify partners for and organize a Spanish-language Community Health Fair					X	X	
Conduct Spanish-language Community Health Fair					X	X	X

CONCLUSION AND NEXT STEPS

The implementation of the Community Health Improvement Plan will be monitored by the Summit County Care Collaborative. Each priority subcommittee will report out on progress toward meeting set goals and strategies on a bi-annual basis. Updates to the Summit County Board of Health will be provided quarterly by the Public Health Director.

St. Anthony Summit Medical Center has a three year cycle and will review in three years to determine next steps for addressing community health in Summit County. St. Anthony Summit Medical Center is committed to aligning efforts with Summit County Public Health and those of community partners, as community input and coordinated efforts are essential to address the public health opportunities in our community.

Summit County has much to be proud of. We have many valuable resources that contribute to a better quality of life. Overall, our community is a safe and healthy place where residents can live and thrive. Although we scored well on many measures of health outcomes and indicators, there is still opportunity for growth. This improvement plan provides a roadmap to a healthier community by the year 2022. The CHIP is a living document and may be amended and enhanced as work progresses.



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APPENDIX A

Priority Areas Considered

The 2018-2022 Community Health Needs Assessment for Summit County was conducted to inform the development of the priorities for the five-year Community Health Improvement plan for public health improvement in Summit County. The study examined over 50 issues for Summit County to varying degrees of depth.

Issues Considered and/or Investigated

Access to Health Care ADD/ADHD Alcohol Alzheimer's Anger or Oppositional Defiance Anxiety Autism Bipolar Disorder Cancer Child Care Childhood Vaccination Clean Air and Water Cost of Living	Eating Disorders Eligibility for Assistance Exercise Health Coverage Heart Disease Household Incomes Housing/Transportation Illegal Drug Dependence Impaired Driving Infectious Disease Prevention Injury Prevention Job Training Language	Major Depression Marijuana Dependence Mental Health (General) Non-Opioid Prescription Drug Dependence Nutrition Obesity Obsessive Compulsive Disorder Opioid Prescription Drug Dependence Oral Health Post-Traumatic Stress Disorder (PTSD) Pregnancy	Preventative Screenings Quality of Life Safe Food Safe Sex Schizophrenia Seat Belt Use Seniors Social Connections Substance Abuse (General) Suicide Tobacco Dependence Use of Violence Youth
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Supporting Documents

Two other documents exist in addition to this document.

- The 2017 Community Health Needs Assessment Research Report summarizes all of the research that led to this plan.
- The 2017 Community Health Needs Assessment Key Research Summary and Prioritization Report summarizes the prioritization process and capacity summary.

SUMMIT COUNTY BOARD OF HEALTH

SUMMIT COUNTY HEALTH PLAN

APPENDIX A

Numerous counties and towns in Colorado and around the U.S. continue to address the problems associated with the storage, accumulation, collection and disposal of garbage, trash, debris and other discarded materials. The improper control of these materials is a matter of substantial public concern and may create a variety of environmental and public health impacts that can adversely affect the public health, safety and welfare.

One aspect of this problem involves the curbside placement of garbage for pickup by a trash collector. The improper placement of trash for pickup can result in the dispersal of trash and other discarded materials into the environment due to the extreme weather we face in Summit County and the presence of wildlife and other animals that might be attracted to such materials. The resulting dissemination of trash and other debris with all of its attendant adverse public health and environmental impacts requires that Summit County ensure the orderly collection and disposal of such garbage, trash and debris.

“Public health” by definition means the prevention of injury, disease, and premature mortality; the promotion of health in the community; and the response to public and environmental health. C.R.S. 25-1-502(5). Every county in Colorado is to have a board of health harnessed with the powers and duties to “administer and enforce the laws pertaining to public health, air pollution and most importantly in the case, solid and hazardous waste. C.R.S. 25-1-506(3)(b)(IV). Colorado public health laws, including Part 5, Article 1, Title 25, C.R.S., also authorize the Summit County Board of Health to promulgate rules in the unincorporated area of Summit County to protect the public health, safety and welfare.

The Center for Disease Control and Prevention has stated that controlling waste is an important part of public health and safety. Waste that is improperly managed can create conditions that may have severe adverse effects on public health and the environment. Key elements in controlling infectious wastes include proper storage, collection, transportation and disposal of waste. To address the issues of improper solid waste storage, collection and disposal, Summit County’s health plan should include the following rules regarding the disposal of trash:

GARBAGE RECEPTACLES; PLACEMENT OF RECEPTACLES AT CURBSIDE:

I. Definitions:

The term “garbage” as used herein shall refer to garbage, trash, debris, solid waste and other discarded materials.

The term “receptacle” as used herein shall refer to a watertight metal or nonabsorbent container equipped with a tightly fitting galvanized metal or nonabsorbent cover or lid, and shall exclude paper and plastic bags.

II. Garbage may be placed at the curbside for pick up by a trash collector only in accordance with the following rules:

- A.
 1. Garbage may be placed at the curbside for pick up only when fully contained within a receptacle. No garbage may be placed at the curbside in a paper or plastic bag, or other container that is not a receptacle.
 2. Any receptacle placed for curbside garbage pick-up shall be kept closed and secured with no gap between the container and the lid until it has been emptied by the trash contractor and moved back to its normal location.
 3. Receptacles may be placed at the curbside only after six o'clock (6:00) A.M. on the day of pick up. After pick up, each receptacle must be moved back to its normal location by ten o'clock (10:00) P.M. of the same day.
- B. The provisions of this section shall not apply to: (1) a receptacle maintained by a business that is: (a) primarily intended as a convenience for use by the customers of the business (and not the business itself); and (b) designed in such a manner as to discourage wildlife from getting into the receptacle or the dispersal of such debris by weather events; or (2) garbage that consists of recyclable material (defined as only discarded glass, cardboard, aluminum, tin, newspaper and office paper products that are separated from other refuse for the purpose of recycling), that is placed at the curbside for pick up by a trash collector.
- C. The owner of real property and any other person who causes the accumulation of garbage at the owner's property are both individually responsible for any garbage placed, stored, or kept at such property in violation of this section.

III. Violations of these rules shall be unlawful and enforced in accordance with Sections 25-1-516 and 518, C.R.S., as well as all other applicable provisions of Colorado law.