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Dear Residents, Partners, and Staff:

The mission of Tri-County Health Department (TCHD) is to **promote, protect and improve the lifelong health of individuals and communities in Adams, Arapahoe, and Douglas Counties through the effective use of data, evidence-based prevention strategies, leadership, advocacy, partnerships, and the promotion of health equity.** In line with our mission, the Centers for Disease Control and Prevention’s Essential Public Health Services, and Colorado’s Public Health Improvement Act of 2008, following our Community Health Assessment, TCHD and our community partners periodically work together create a Public Health Improvement Plan (PHIP). The purpose of the plan is to organize and coordinate a systematic effort to address the top health issues identified in the Community Health Assessment and prioritized by our partners, our community members, and our staff. While the Public Health Improvement Act requires that Local Public Health Agencies, such as TCHD, update their PHIPs every five years, the Colorado Department of Public Health and the Environment allowed us to slightly modify this timeframe and instead design a six-year plan with a review and update after three years. This timeframe allows us the flexibility to align our work with that of a key segment of our community partners – our not-for-profit hospitals – who develop Community Benefit Plans every three years.

Our 2019-2024 Public Health Improvement Plan includes three primary Priority Areas and one developmental Priority Area. These include: Access to Mental and Physical Health Care Services, Mental Health, Health and Food, and, the developmental Priority Area, Health and Housing. These four Priority Areas will influence our own work at TCHD and it is our hope that we can better support and align with our partners’ work in these areas as well as influence their priorities and activities.

As encouraged by the visionary document on public health in the 21st century, Public Health 3.0, TCHD strives to play an effective role as a Chief Health Strategist for our communities, mobilizing efforts to form and strengthen strategic partnerships. We hope that by naming these issues Priority Areas, we call attention to the connection between seemingly disparate systems and population health, and that our goals and strategies are such that over the next six years we, as a community, will find that substantial progress has been made in each Priority Area. Believing that “Public Health is what we do together as a society to ensure the conditions in which everyone can be healthy,”¹ we look forward to working together with our partners and our community members on this, our 2019-2024 Public Health Improvement Plan.

Sincerely,

John M. Douglas, Jr., MD
Executive Director

Executive Summary

We are excited to share the 2019-2024 Tri-County Health Department (TCHD) Public Health Improvement Plan (PHIP) for Adams, Arapahoe, and Douglas Counties. In 2018, TCHD completed a Community Health Assessment (CHA) that was the starting point for our PHIP process. The CHA highlighted twelve health issues that were identified by our partners, our community members, and TCHD staff. The CHA and the ensuing health improvement planning process led to the creation of the PHIP.

With the input of numerous community members, stakeholders, and partner organizations, TCHD staff prioritized four areas that will be the focus of our community plan over the course of the next six years. The Priority Areas are:

.Priority Area 1: Access to Mental and Physical Health Care Services

  Goal 1  Improve access to care through advocacy, policy development and implementation, and alignment of quality and/or performance measures
  Goal 2  Improve access to care through health insurance enrollment support and health care system navigation
  Goal 3  Decrease barriers to care

.Priority Area 2: Mental Health

  Goal 1  Improve mental and behavioral health through advocacy, policy development and implementation, and shared performance measures
  Goal 2  Reduce poor health outcomes related to mental health

.Priority Area 3: Health and Food

  Goal 1  Increase access to safe, nutritious, affordable and culturally relevant food, especially in communities with limited resources and communities of color
  Goal 2  Promote food security and healthy eating habits through messaging, education, advocacy, and policy development

.Priority Area 4: Health and Housing (Developmental)

  Goal 1  Improve quality of housing for TCHD population, especially for those most vulnerable in our communities.*
  Goal 2  Improve access to attainable housing for TCHD population, especially for those most vulnerable in our communities.
  Goal 3  Prevent displacement of TCHD populations, especially for those most vulnerable in our communities.

*The most vulnerable in our communities often include people of color, immigrants and refugees, and people with insufficient income.

This plan describes community characteristics, public health priority areas—including goals and objectives—and describes the process used to create the plan and identify these goals and objectives. Also included is a description of the next phases: implementation and evaluation. This plan will be used to encourage collaboration and alignment with partners to build healthier communities across Adams, Arapahoe, and Douglas Counties.

To the community members, community partners, and TCHD staff for their contributions to the plan and dedication to Building Healthy Communities across our jurisdiction: thank you.
In 2008, Colorado’s Public Health Act was signed into law (C.R.S. 25-1-505). The purpose of the Act is to assure that core public health services are available to every person in Colorado, regardless of where they live, with a consistent standard of quality.

One of the requirements of the Act is that every five years the Colorado Department of Public Health and the Environment (CDPHE) develop a statewide Public Health Improvement Plan (PHIP). Following completion of the statewide plan, the statute directs each local health department to assess community health and local public health capacity, and use the results of the assessments to develop a five-year, local Public Health Improvement Plan that engages community partners in improving the health of their communities.

To guide the development of local plans, CDPHE created the Colorado Health Assessment and Planning System (CHAPS). CHAPS provides a standard mechanism for assisting local health departments in meeting the assessment and planning requirements of the Public Health Act of 2008 and the national Public Health Accreditation Board. CHAPS includes an eight-phase, collaborative community health assessment and public health improvement planning process, which all local health departments must complete. The phases are:

1. Plan the Process
2. Identify and Engage Stakeholders
3. Conduct a Community Health Assessment
4. Conduct a System-wide Capacity Assessment
5. Prioritize Issues
6. Develop a Local Public Health Improvement Plan
7. Implement, Promote and Monitor the Plan
8. Inform and Participate in Statewide Public Health Improvement Planning

This document discusses Tri-County Health Department’s efforts in all eight Phases of the CHAPS process for the jurisdiction comprised of Adams, Arapahoe and Douglas Counties.

Jurisdiction

Tri-County Health Department (TCHD) serves over 1.5 million people in Adams, Arapahoe, and Douglas Counties, comprising 26% of Colorado’s population, and offers over 60 programs and services. The region covers more than 3,000 square miles, and includes 26 municipalities, 12 hospitals, and 15 school districts. The three counties cover a wide range of geographies: urban, suburban and rural. Appendix A includes a more detailed summary of key characteristics of our communities.
The steps taken to complete the planning phases for the TCHD 2019-2024 Public Health Improvement Plan are described below. The steps outlined follow the process recommended for CDPHE’s CHAPS process.

Phase 1: Plan the Process
In this phase, TCHD developed an internal planning team and designated a coordinator to lead the Public Health Improvement Planning process. The planning team created a work plan and timeline to guide subsequent phases.

Phase 2: Community Stakeholder Engagement
In Phase 2, TCHD strategically engaged community stakeholders and partners that represented diverse sectors and populations and asked them to participate in the planning process. The purpose of this phase was to identify key stakeholders and key TCHD staff, and define both of their roles in the plan as well as identify ongoing community efforts to which with this process could link and/or align. Additional community engagement methods and strategies are shared in the Phase 3-6 sections of this document.

Phase 3: Community Health Assessment
To complete the third phase, in 2018 TCHD led the development of the 2018 Community Health Assessment (CHA). The purpose of the CHA was to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community assets and resources that could be mobilized to improve population health.

CHA PROCESS

Step 1. Previous health assessments conducted by TCHD in the recent past were reviewed in order to identify significant findings from previous years and to investigate significant changes or trends. Health needs assessments conducted by other organizations in the community were also reviewed to supplement the assessment, prevent duplication of effort, and help determine which additional community-specific data or information were needed. Colorado’s Statewide Health Assessment and State Public Health Improvement Plan were also reviewed to ensure alignment with state priorities.

Step 2. In considering the scope of the assessment, the CHA team gathered input from the community as an initial step. In February 2018, 70 community members and 139 partners and stakeholders provided input into the assessment by responding to a survey which asked them to name the three most important characteristics of a happy, healthy, and thriving community (Figure 1) and the three most important health problems in their communities (Figure 2). Community members were invited to participate in the survey through an advertisement on the TCHD website, Facebook Site, Twitter, and through links disseminated by partner organizations and the Public Information Officers at Adams, Arapahoe, and Douglas Counties. In addition, nearly 200 TCHD staff also gave input by responding to the survey, for a total of 399 respondents.
Figure 1: What are the three most important characteristics of a happy, healthy, and thriving community? (N=399)

Source: Tri-County Health Department Community Input Survey, All Respondents, All Counties, 2018
Planning Process: Phase 3

Based on community input, the diagram below was developed to depict the five key components of a healthy community. The CHA was designed to reflect the status of TCHD’s communities in light of this image of a healthy community. The CHA was organized into 12 chapters (listed below the diagram) and designed to provide context and data reflecting the health status of the areas covered by each.

What influences my health?  How can a community support health?


Step 3. In selecting the indicators included in the assessment for each chapter, a wide range of measures were considered from a variety of sources including:

- Healthy People 2020
- The Center for Disease Control and Prevention’s Winnable Battles
- America’s Health Rankings
- County Health Rankings and Roadmaps
- Indicators of Health Inequalities
- Colorado Health and Environmental Assessment 2013
- Colorado Health Indicator Set
- Public Health Assessments by other local public health departments
- Other local assessments
- Citizen’s Surveys from each county in TCHD’s jurisdiction

Community priorities; repeated key national, state, and local indicators; and TCHD’s epidemiologic analysis of key health problems facing our communities resulted in the final list of indicators included in this report.

Primary data sources included our community and staff input surveys as well as a Youth Photo Voice Project. High school youth participating in Substance Abuse Prevention Coalitions in each of our three counties were encouraged to consider their own health and the health of their families and contributing factors, and their school, home, and community environments, and to express those thoughts through photos, original art work, poems or quotes. Their voices were used to illustrate the assessment. Secondary data sources from a range of national, state, and local surveillance systems and databases were also used. Appendix A outlines key demographic characteristics of our counties.
The Community Health Assessment included a description of the demographics of the population of the jurisdiction served by TCHD, a description of the health issues of the population and their distribution, including the existence and extent of health disparities between and among specific populations. The assessment also included a discussion of the contributing causes of the health challenges and community factors that contribute to higher health risks and poorer health outcomes of specific populations.

**Step 4.** After the CHA was drafted, community members and partners were asked to provide input into the preliminary findings. The draft report was posted on Tri-County’s website and the link was mailed to partners and community members who had participated in the initial input survey. Over 400 people responded to the survey, and over half of these were community members (224 community residents; 64 organizational partners; 119 TCHD staff members). Based on this feedback, indicators related to older adult health and oral health were added to the assessment. The final CHA can be found [here](#).

**Phase 4: Capacity Assessment**

TCHD conducted capacity assessments at several points throughout the CHAPS process. In completing the CHA (Phase 3), we inventoried assets in a range of sectors across our communities addressing the five key components of a healthy community; this inventory is included in Appendix B.

In addition, once we completed the prioritization process, we worked with key partners not only to develop goals and objectives for the priority areas of the PHIP (Phase 6), but also to identify capacity that they had to support the goals and objectives. Stakeholders were asked to provide guidance on the direction of work, role clarity, and resource gaps to gauge collective capacity in these areas. During this phase, TCHD staff collected partner feedback using a questionnaire, the process used is described in more detail in Phase 6 of this document (page 12). Thus, assessment of capacity in both phases helped to inform prioritization of issues as well as to identify resources to support the plan implementation.

**Phase 5: Prioritization Process and Results**

The purpose of the prioritization process and results phase was to further prioritize the 12 top issues that arose during the assessment to determine a few focus areas for the PHIP.

As noted in the Community Health Assessment (Phase 3), we started with 12 health topic areas. In June of 2018, 224 community members, 64 community partners and stakeholders, and 119 TCHD staff members provided input by responding to a survey asking them to rank in order of importance the top 5 most important health problems in their community. Total votes are presented as weighted totals: 5 points for #1, 4 points for #2, and so on (Figure 3). Community members and stakeholders were invited to participate in the survey through an advertisement on the TCHD website, Facebook Site, Twitter, and through links disseminated by partner organizations and the Public Information Officers at Adams, Arapahoe and Douglas Counties.
With the results of the survey tabulated, we narrowed the prioritization to the top six health topic areas of:

- Access to Mental & Physical Health Care Services
- Health and Housing
- Mental Health
- Health and Economic Security
- Health and Food
- Health and Social Connections

After the top six areas were chosen, we facilitated focused discussions with community members, partners, elected officials and TCHD staff to gather more feedback and input on the six areas. We held three community-focused discussions made up of seven community members, 21 partners, and 11 elected officials. In addition, we held a focused discussion with the Human Services staff from Adams, Arapahoe, and Douglas Counties and, lastly, we held two focused discussions with TCHD staff to help prioritize the health topic areas for the plan. At the end of each discussion, we asked participants to consider all of the information presented and discussed, and to rank the health topic areas in order of importance. The results were tabulated and the ranked order of topics is shown in Figure 4.
Considering the results of the health topic rankings, the data from the Community Health Assessment, and the assessment of the capacity of the community and TCHD staff, TCHD decided to focus on three Priority Areas: Access to Mental and Physical Health Care Services, Mental Health, and Health and Food. TCHD recognizes the importance of Health and Housing for our communities, and although we have less experience in addressing this topic, decided to include it as a fourth “Developmental” Priority Area. During the first two years of development, TCHD will take time to review literature around affordable housing best practices, research the roles that public health agencies around the country are taking in working on affordable and healthy housing efforts, and develop relationships with community and partner organizations also working in this arena. After working with our community stakeholders and conducting internal research, we will reevaluate this Priority Area to determine whether Health and Housing will continue to stay in our plan as a more fully designated Priority Area. While economic security and social connections were recognized as priorities, we felt that we had relatively less capacity to address them as part of this plan.

Phase 6: Develop the Public Health Improvement Plan
Based on the prioritization results, TCHD and community stakeholders developed a PHIP for Adams, Arapahoe, and Douglas Counties focusing on the four Priority Areas noted above: (1) Access to Mental and Physical Health Care Services, (2) Mental Health, (3) Health and Food, and (4) Health and Housing (Developmental). Priority Area vision, goals, and objectives were created based on feedback collected from community members, community partners and stakeholders, and TCHD staff during the prioritization process. Community partners and stakeholders provided guidance on the direction of the work, role clarity, resource gaps, missing partners and work, and overall capacity (Figure 5). This feedback was collected by TCHD staff using a questionnaire that was administered in a variety of ways including: in person meetings, phone calls, email, and coalition settings. Thirty-one community partners and stakeholders were contacted through this process and their valuable feedback shaped the final goals and objectives that are included in the PHIP. A more detailed implementation plan for each Priority Area will be developed in the first half of 2019.
### Figure 5: Organizational Partners Contacted during PHIP Phases 1-6, Partner Priority Areas

<table>
<thead>
<tr>
<th>Organizational Partner</th>
<th>Access to Mental and Physical Health Care Services</th>
<th>Mental Health</th>
<th>Health and Food</th>
<th>Health and Housing</th>
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Phase 7: Implementation & Evaluation

Critical components of the PHIP include oversight of the plan’s implementation and evaluation of its progress. The group responsible for ensuring full implementation of the PHIP is the TCHD PHIP Coordination Team. This team is comprised of one lead staff member and other key staff working in each priority area, and members of the Executive Management Team. The Coordination Team is supported by the Planning Initiatives Coordinator and two additional health planning and data staff. The Coordination Team meets once per month to review progress, share information, and problem-solve. Each priority area also has a dedicated internal work group comprised of staff at all levels of the organization (including two executive sponsors) responsible for various strategies in the plan. These work groups meet as needed.

The lead staff member for each priority area will continue to coordinate internal and external engagement to ensure plan implementation. Coordination can take different forms depending on the priority area. For instance, there is already a very strong lead agency working on Food and Health – Hunger Free Colorado – and TCHD plays a supportive role in this work. In other priority areas, such as Access to Physical and Mental Health Care Services, TCHD staff play both lead and participatory roles in convening and attending local health alliance meetings, which include a multitude of partners working in the access to mental and physical health care spaces.

A Community Advisory Group will be convened to provide continued input during plan implementation. The group will be coordinated and supported by the Planning Initiatives Coordinator and will be comprised of experts from each of the priority areas as well as community residents from our jurisdiction; the Group will meet a minimum of twice annually.

The Planning Initiatives Coordinator will provide TCHD’s Executive Team and Board of Health with regular updates on the progress of the plan and will call special study sessions in the event that work groups encounter challenges, identify a resource need, or new opportunities lead to a reassessment of the goals and objectives in the plan.

Monitoring and evaluation of the plan will be accomplished through time-specific reporting of progress on the performance metrics of the plan. A public-facing performance management dashboard will be developed to display progress. The Coordination Team will review progress at each monthly meeting, address issues as they arise, and engage in performance improvement processes, as appropriate. Because the dashboard will be public facing, partners will also be able to assess progress.

TCHD has developed a target-setting method for population health outcomes that uses the past performance of the indicator (where data are available) to establish a six-year goal that will be statistically significantly different from baseline, if met. Progress will be assessed annually against the target. If the indicator is moving in the wrong direction, or at a slower pace than anticipated, study will be undertaken to explore environmental conditions as well as current activity of both TCHD and partners that may explain the indicator’s behavior. Strategies can be adapted or changed in response. TCHD’s lead evaluator will support program evaluation. Quality improvement activities will be implemented, as needed. TCHD’s Performance Management Coordinator will support the dashboard and quality improvement work.

Phase 8: Inform and participate in the comprehensive Statewide Public Health Improvement Plan

The objective of Phase 8 is to include local perspective in statewide public health improvement planning and implementation. TCHD staff will continue to participate on the Colorado Assessment and Planning Advisory Council as well as in other opportunities, as they become available. Tri-County will submit this PHIP Report to the Colorado Department of Public Health and Environment to help inform the statewide planning efforts.
2019-2024 Public Health Improvement Plan

Tri-County Health Department
Priority Area 1: Access to Mental and Physical Health Care Services

In a healthy community, all people across the life course, regardless of their income or other circumstances, can access high quality physical health, mental health, and substance use services.
Being able to afford the mental and physical health services needed to be healthy is one of the most important health problems identified by our community members. Lack of specialists and mental health care providers, transportation limitations, and knowledge of how to navigate the health care system are also barriers to good health. Although many factors influence health, people need access to services for prevention, management, and treatment of various health conditions and diseases in different settings. Having health insurance is the main way people pay for health services. The percentage of people without insurance in our three counties started declining after the implementation of the Affordable Care Act in 2012. However, since people without insurance tend to be sicker and die earlier than those who are insured, lack of insurance access remains an important health issue for up to 9% of our counties’ residents (see Figure 1).

Figure 1: Percent of residents with no health insurance, 2009-2017

![Chart showing the percentage of residents with no health insurance from 2009 to 2017 for Adams, Arapahoe, Douglas, and Colorado counties. The percentage starts high in 2009 and decreases over the years, with Colorado showing the highest decrease.]

Source: Colorado Health Access Survey, Colorado Health Institute

Even those with insurance coverage can struggle to pay for services. Insurance varies in the types of services included in each plan as well as in how much of those services it will cover. People may be required to purchase supplemental coverage for services, such as dentistry and vision care. In addition to the premiums (the regular payment people make to pay for their coverage), deductibles and co-pays can lead to additional, high out-of-pocket costs, which can force some people to choose between services, medications, or other basic necessities. Figure 2 represents the proportion of all people who were unable to obtain certain types of care due to cost, regardless of insurance status.
Priority Area 1: Access to Mental & Physical Health Care Services

Figure 2. Percent of people unable to obtain certain types of care due to cost, regardless of insurance, 2017

![Bar chart showing the percentage of people unable to obtain certain types of care due to cost, regardless of insurance, by county and reason.]

Source: Colorado Health Access Survey, Colorado Health Institute

Figure 3. Reasons for not getting mental health care, ages 5+, 2017

![Bar chart showing the percentage of people unable to obtain mental health care due to various reasons, by county and reason.]

Source: Colorado Health Access Survey, Colorado Health Institute
Priority Area 1: Access to Mental & Physical Health Care Services

People with a usual source of care – such as one health care clinic where someone goes or one provider that someone sees most regularly – have been shown to receive more preventive services and have better control of some chronic medical conditions. The vast majority of residents in our three counties report having a usual source of care (Adams 83%, Arapahoe 90%, Douglas 92%); however, many residents still do not get the care they need. Access to mental health care remains a particular concern. The main reasons that people in our counties did not get the mental health they needed are related to the cost of services (even with insurance), not having insurance, and thinking one’s insurance would not cover mental health services (Figure 3). This same survey found that approximately 67,000 Colorado adults also went without needed substance use disorder treatment in the past 12 months.

Access to affordable, high quality mental and physical health care services is necessary to prevent, manage, and treat various health conditions. Preventive health care provides protection to those at risk, treats people who may not have symptoms but have unhealthy conditions detected through screening, and promotes positive health behaviors to keep people from developing illness, such as diabetes or heart disease (Healthy People 2020). Most mental health disorders and substance use disorders can benefit from preventive care, treatment, and support services. Affordable services help ensure that all people in our communities have the mental and physical energy, vitality, and resilience to obtain optimal health.

To improve access to care, we can work to ensure that all people in our three counties are insured with appropriate, affordable coverage; have a regular primary care provider who provides culturally competent services; are able to quickly connect to needed mental health, physical health, and substance use services; and know how to access and navigate the health care system to meet their needs.

Below are some examples of recommendations for addressing access to mental and physical health care. These recommendations, along with additional sources, were considered and explored during our planning process, and some of them are included in our priority area objectives.

**Recommendations from Healthy People 2020:**

- Increasing and measuring insurance coverage and access to the entire care continuum (from clinical preventive services to oral health care to long-term and palliative care)
- Addressing disparities that affect access to health care (e.g., race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location)
- Assessing the capacity of the health care system to provide services for newly insured individuals
- Determining changes in health care workforce needs as new models for the delivery of primary care become more prevalent, such as the patient-centered medical home and team-based care
- Monitoring the increasing use of telehealth as an emerging method of delivering health care

1 Colorado Health Access Survey (CHAPS), Colorado Health Institute
2 https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
Priority Area 1: Access to Mental & Physical Health Care Services

VISION: In a healthy community, all people across the life course, regardless of their income or other circumstances, can access high quality physical health, mental health, and substance use services.

Goal 1  Improve access to care through advocacy, policy development and implementation, and alignment of quality and/or performance measures

Objective 1  Develop materials and mobilize community action for 3-5 policy and/or advocacy initiatives, annually
Objective 2  By the end of 2020, align quality and/or performance measures, and related efforts, across health systems, including the community, to increase the uptake of at least two shared and prioritized population health preventative services (e.g., well-child checks).

Goal 2  Improve access to care through health insurance enrollment support (or assistance) and health care system navigation

Objective 1  By 2020, conduct environmental scan of community and organizational communication strategies, materials, and research of health literacy.
Objective 2  By 2020, implement two, data-driven strategies to increase understanding and improve consumer navigation of the health care system.
Objective 3  By 2021, help implement a sustainable community network to provide consumer assistance that resolves consumer barriers to health insurance enrollment.

Goal 3  Decrease barriers to care

Objective 1  By 2020, help two communities establish integrated and/or co-located models offering services such as WIC, transportation assistance, insurance enrollment, mental health, and others.
Objective 2  By 2021, decrease identified barriers to care in priority populations.
Objective 3  By 2024, implement two community-based initiatives that increase screening and referral for Social Determinants of Health (SDOH).

OUTCOME MEASURES*
• Maintain or increase proportion of persons who are insured
• Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines due to cost
• Increase the proportion of people seeing their regular doctor for routine, preventative care
• Increase the proportion of children receiving well-child checks
• Increase the proportion of adults with mental health disorders who receive treatment

*Data sources are listed in Appendix D
Priority Area 2: Mental Health

In a healthy community, positive mental health and social connections allow people to have the mental and physical energy, vitality, and resilience to live joyfully and cope with the stresses of life, work productively, and make meaningful contributions to their communities.

Tri-County Health Department | Public Health Improvement Plan
Mental health includes our emotional, psychological, and social well-being. Mental health is important at every stage of life: from infancy, childhood, adolescence, and through adulthood. It affects how we think, feel, and act. Mental health also helps determine how we handle stress, relate to others, and make choices. Good mental health is important for personal well-being, familial and other relationships, and the ability to contribute to community or society.

Good mental health is supported by positive social connection: “People who feel more connected to others have lower levels of anxiety and depression. Moreover, studies show they also have higher self-esteem, greater empathy for others, are more trusting and cooperative and, as a consequence, others are more open to trusting and cooperating with them.” 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. Connection also reduces the risk of suicide attempt. The majority of high school students in our three counties report that they do have someone to talk to when they are distressed (Figure 1); however, fewer gay, lesbian, bisexual or those unsure of their sexual orientation report having someone to talk to compared to their heterosexual peers.

Figure 1. Percentage of students who have someone to talk to when feeling sad, empty, hopeless, angry, or anxious, by sexual orientation, by county and Colorado, 2017

Mental health and social connection is important across the life course. In infancy and childhood, positive attachment to caregivers and the building of resiliency is critical for children to reach developmental and emotional milestones and learn healthy coping and social skills. Children who experience consistent stress that is not buffered by positive support from a caregiver are at higher risk for experiencing toxic stress – prolonged or permanent abnormal physiologic response to a stressor with risk of end-organ dysfunction. It is estimated that as many as 1 in 5 children in the U.S. experience a mental health disorder in a given year. In our counties, the estimated prevalence in children ages 1-14 of...
social and emotional difficulties related to emotions, concentration, behavior, or getting along with others is over 10% (Adams 11.0%, Arapahoe 14.4%, and Douglas 11.8%). Among high school youth, nearly one-third report being so sad or hopeless every day for two weeks that they stopped doing some of their usual activities (Figure 2). Social connection and its influence on mental health is also notable in the adult and elderly populations, although local data demonstrating these connections are limited.

Many people experience mental health disorders: health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. According to the National Survey on Drug Use and Health, in 2016, approximately one in six U.S. adults was living with a mental disorder. Disorders can range from mild to moderate to severe and can affect anyone regardless of age, race, sex, or income. Approximately 15% of adults in the Tri-County region have an anxiety disorder. Around 7% of adults in Colorado reported current depressive symptoms as did 10% of adults in Adams County, 19% in Arapahoe County, and 2% in Douglas County.

Figure 2: Mental health indicators among high school students, 2017

Source: Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment

Figure 3: Suicide death rates,* 2006-2017

*Death rates are per 100,000 population and age-adjusted to the US 2000 standard population
Source: Vital Records Unit, Colorado Department of Public Health and Environment
Priority Area 2: Mental Health

Suicide is one of the most tragic consequences of untreated mental health problems. The suicide rate has increased in all three counties and Colorado over time (Figure 3). The increase has been the smallest in Adams County and the sharpest in Douglas County. Males are much more likely to die by suicide than females. Differences are also seen by race and ethnicity, with suicide rates being higher among whites than for any other racial or ethnic group. Suicide rates by age group are highest among those who are 45-64 years of age in Arapahoe County and in Colorado as a whole. They are highest among 15-24-year-olds in Adams County, and among those aged 65 and over in Douglas County. In 2016, approximately half of all suicide deaths involved a firearm.

Mental health and substance use disorders often co-occur. According to the National Institute on Drug Abuse, about half of those who experience a mental illness during their lives will also experience a substance use disorder. One reason for the co-occurrence of mental health and substance abuse disorder is that they share common risk factors, including genetic vulnerability and early exposure to stress or trauma.

Mental and emotional well-being and connection are essential to overall health. Positive mental health and social connection allow people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being and social support from the earliest stages of life helps build a foundation for overall health and well-being.

Below are some examples of recommendations for promoting good mental health. These recommendations, along with additional sources, were considered and explored during our planning process, and some of them are included in our priority area objectives.

Recommendations from the National Prevention Strategy:

- Promote positive early childhood development, including positive parenting and violence-free homes.
- Facilitate social connectedness and community engagement across the lifespan.
- Provide individuals and families with the support necessary to maintain positive mental well-being.
- Promote early identification of mental health needs and access to quality services.
- Support state, tribal, local, and territorial implementation and enforcement of alcohol control policies.
- Create environments that empower young people not to drink or use other drugs.
- Identify alcohol and other drug abuse disorders early and provide brief intervention, referral, and treatment.
- Reduce inappropriate access to and use of prescription drugs.

Priority Area 2: Mental Health

VISION: In a healthy community, positive mental health and social connections allow people to have the mental and physical energy, vitality, and resilience to live joyfully and cope with the stresses of life, work productively, and make meaningful contributions to their communities. Mental health includes emotional, psychological, and social well-being, and is important at every stage of life.

Goal 1 Improve mental and behavioral health through advocacy, policy development and implementation, and shared performance measures

Objective 1 By 2020, strengths and gaps in current mental health promotion resources and initiatives will be confirmed and/or identified through the completion, analysis, and dissemination of an environmental asset scan.

Objective 2 By 2020, develop, disseminate, and evaluate appropriate and consistent framing and language for mental health promotion in areas such as stigma reduction, adverse childhood experiences (ACEs), risk and protective factors, assets, and trauma-informed care.

Objective 3 Annually, 20 schools will implement restorative justice policies and practices (such as policies that offer alternatives to school expulsions) annually through 2024.

Objective 4 Annually, policies for assessing and referring children with social-emotional needs for appropriate care will be adopted by a minimum of five early childhood centers.

Goal 2 Reduce poor health outcomes related to mental health

Objective 1 By 2019, depression and anxiety data at the census tract level will be mapped, analyzed, and shared using data from the Colorado Health Observation Data Service (CHORDS).

Objective 2 By 2022, implement a community-wide suicide prevention framework based upon evidence-based and evidence-informed strategies across the lifespan.

Objective 3 Public and private partners will continue to collaborate quarterly to reduce prescription drug misuse and overdose deaths in 2024 by 2%.

OUTCOME MEASURES*

- Increase the proportion of adolescents who report having an adult in their lives with whom they can talk about serious problems
- Increase the proportion of adolescents who report participating in extracurricular and/or out-of-school activities
- Increase the proportion of adults who report having good or better mental health
- Increase the proportion of middle and high schools that prohibit harassment based on a student’s sexual orientation or gender identity
- Decrease the proportion of suicide attempts by high school students
- Decrease the adult death rate from suicide
- Decrease expulsions from kindergarten through 12th grade

*Data sources are listed in Appendix D
In a healthy community, all residents can access safe, nutritious, affordable and culturally relevant food and are able to practice healthy eating habits.
The health benefits of a nutritious diet are clear. Good nutrition helps reduce risk for many health conditions, and maintaining a healthy weight through diet and exercise can help prevent chronic diseases like diabetes, heart disease, and some cancers. A key factor in healthy eating is access to affordable, nutritious food. Food deserts are areas lacking access to fresh fruit, vegetables, and other healthy whole foods; they are often found in low-income communities due to a lack of grocery stores, farmers’ markets, and healthy food providers. These areas tend to have local corner stores or gas stations that provide processed foods high in sugar and fat and very few, if any, fresh fruits and vegetables.

Food insecurity – the limited or uncertain availability of nutritionally adequate and safe foods – has been associated with poor pregnancy outcomes, including low-birth weight and gestational diabetes, as well as stress, anxiety, and depression in pregnant women.\(^1\) Among children of all ages, food insecurity is linked with lower cognitive indicators, dysregulated behavior, and emotional distress.\(^2\) Adults aged 60 years and older face a number of unique medical and mobility challenges that put them at a greater risk of hunger, and a range of health-related conditions. As the baby boomer generation ages, there will be an increasing number of seniors in our communities, many of whom will struggle with food insecurity. Figure 1 shows the proportion of children, adolescents, pregnant women, and older adults experiencing food insecurity in recent years.

**Figure 1: Food insecurity among different groups, by county, varied years**

Source: Colorado Department of Public Health and Environment

*Child Health Survey, 2016-2017 Percentage of parents of children ages 1-14 who sometimes or often relied on only a few kinds of low-cost food to feed their child because they were running out of money to buy food in the past 12 months

**Healthy Kids Colorado Survey. Arapahoe, Douglas, and Colorado 2017, Adams 2015, Percentage of 9-12 grade students who went hungry in the last 30 days sometimes/most of the time/always because of lack of food at home

***Pregnancy Risk Assessment Monitoring System, 2016, Percentage of postpartum women who ever ate less than they felt they should because there wasn’t enough money to buy food during the 12 months before their new baby was born

****Behavioral Risk Factor Surveillance System, 2015, Percent who were sometimes, usually, or always worried or stressed about having enough money to buy nutritious meals
Two nutrition programs funded by the federal government, the Supplemental Nutrition Assistance Program (SNAP or “Food Stamps”) and the Women, Infants, and Children (WIC) Supplemental Nutrition Program, provide assistance to low-income families and their children to purchase healthy foods. Unfortunately, not all those who are eligible for these benefits are enrolled in these programs. Increasing SNAP and WIC enrollment would generate local economic activity from grocery store sales and result in a high return on investment in improved health outcomes and reduced health care costs. The figures below show the percent of people enrolled in these programs out of those who are eligible.

Figure 2: SNAP enrollment, 2014-2016

62% of those eligible are enrolled in Adams County, 61% in Arapahoe County, 37% in Douglas County, and 58% in Colorado.

Figure 3: WIC enrollment, 2014-2016

64% of those eligible are enrolled in Adams County, 54% in Arapahoe County, 26% in Douglas County, and 56% in Colorado.


Other community supports for food insecurity include the DoubleUP™ Food Bucks program, which expands the ability to purchase fruits and vegetables for SNAP participants, and food pantries. The faith community also makes meals available, and offers food pantries, in certain neighborhoods.

Healthy, abundant food is critical for the growth and development of children and the maintenance of health for those of all ages. Good nutrition helps prevent the development of chronic diseases. Increasing access to affordable, high quality, culturally appropriate food is a critical factor in building healthy communities.
Below are some examples of recommendations and goals for increasing access to healthy food. These recommendations, along with additional sources, were considered and explored during our planning process, and some of them are included in our priority area objectives.

**Recommendations from the National Prevention Strategy:**

- Ensure that foods served or sold in government facilities and government-funded programs and institutions (e.g., schools, prisons, juvenile correctional facilities) meet nutrition standards consistent with the Dietary Guidelines for Americans.
- Strengthen licensing standards for early learning centers to include nutritional requirements for foods and beverages served.
- Work with hospitals, early learning centers, health care providers, and community-based organizations to implement breastfeeding policies and programs.
- Use grants, zoning regulations, and other incentives to attract full-service grocery stores, supermarkets, and farmers’ markets to underserved neighborhoods, and use zoning codes and disincentives to discourage a disproportionately high availability of unhealthy foods, especially around schools.

**Goals from the Colorado Blueprint to End Hunger:**

1. Increase public understanding and awareness that solving hunger is vital to the health and well-being of all individuals and families, the Colorado economy and every local community.
2. Increase the number of Coloradans who can access affordable, nutritious food in their communities.
3. Increase the number of Coloradans who can access food assistance and nutritious food through community-based organizations.
4. Maximize SNAP and WIC enrollment to propel Colorado to become a leading state for enrollment in these health and nutrition benefit programs.
5. Maximize participation in federal child nutrition programs, making Colorado a national leader in delivering these vital programs.

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4 https://www.endhungerco.org/
Priority Area 3: Health and Food

**VISION:** In a healthy community, all residents can access safe, nutritious, affordable and culturally relevant food and are able to practice healthy eating habits.

**Goal 1** Increase access to safe, nutritious, affordable and culturally relevant food, especially in communities with limited resources and communities of color

**Objective 1** By the end of 2019, and annually thereafter, develop a strategy map reflecting interrelated systems-level work, including food, housing, transportation, and employment, which identifies gaps and areas for collaboration with partners and community organizations.

**Objective 2** By the end of 2020, establish criteria for complete neighborhood food environments with two neighborhoods within the Tri-County jurisdiction.

**Objective 3** By the end of 2021, increase the number of medical providers and community organizations that screen for food insecurity and refer to federal nutrition programs and community-based nutrition programs by 20 medical/community organizations in the Tri-County jurisdiction.

**Objective 4** Increase SNAP and WIC participation (enrollment and retention) by 3% by December 31, 2020 and 8% by December 31, 2025.

**Objective 5** By the end of 2021, increase Child and Adult Care Food Program (CACFP) and Summer Meals Program (SMP) participation by 5%.

**Objective 6** By the end of 2021, increase the number of food retailers that are eligible and accept SNAP and WIC benefits by 10 retailers in the Tri-County jurisdiction.

**Goal 2** Promote food security and healthy eating habits through messaging, education, advocacy, and policy development

**Objective 1** By the end of 2019, develop a web-based story map site to highlight data related to food insecurity, food safety and related health outcomes.

**Objective 2** By the end of 2019 and annually thereafter, compile policy scans to identify state and regional opportunities for reducing food insecurity and promoting development of complete food environments.

**Objective 3** By the end of 2020, develop appropriate framing and language for food access, food security, and healthy eating habits with system partners and community members.

**Objective 4** By July of 2020, catalogue educational opportunities to increase healthy eating behaviors for residents focused on food skills, nutrition, and food safety.

**Objective 5** By the end of 2021, establish 20 new organizational (e.g., schools, worksites) and municipal policies to promote healthy food consumption.

**OUTCOMES MEASURES**
- Decrease the proportion of priority populations reporting food insecurity (Pregnant women, children ages 1-14, high school students, adults over 60)
- Decrease the proportion of those eligible but not enrolled in WIC and SNAP
- Decrease the proportion of priority populations who are overweight or obese (children ages 5-14, high school students, adults)

*Data Sources are listed in Appendix D*
In a healthy community, quality, attainable housing is available and people have the tools and resources to stay in their communities and feel connected to their neighborhood.
Finding affordable housing of good quality is a significant problem facing our communities. The Denver Metro region’s population has grown and wages have stagnated, resulting in a significant shortage of affordable housing. The cost of housing is outpacing the increase in wages. Between 2012 and 2016, while the median monthly household income for residents in Adams, Arapahoe, and Douglas Counties increased by 15% to 18%, the median monthly rent increased by 26% to 30% and the median home value increased between 35% and 51% (Figure 1). A standard first promoted by the United States National Housing Act of 1937, and still in use today, is that households should not spend more than 30% of their income on rent or a mortgage so enough money remains to cover non-housing-related needs. Because of high cost of living, renters in Adams, Arapahoe, and Douglas Counties are having to spend up to or more than half of their monthly income on rent.

Figure 1. Trends in median home value (MHV) and median annual household income (MAHI), 2012–2016

Source: Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment
Priority Area 4: Health and Housing (Developmental)

These trends make it more difficult for residents both to rent as well as to buy their own homes and build equity. This can be especially true for low-income residents and communities of color who also experience a higher prevalence of substandard housing. In urban areas, this can be a result of redlining (a practice where banks refused to grant home loans in certain neighborhoods based on racial or ethnic composition) which was allowed by the Federal Housing Administration until the 1960’s. Neighborhoods of color were systematically denied access to government-backed home mortgages. This and other policies affecting economic and educational opportunity had generational impacts on economic prosperity, which continue to this day (see Figure 2). Compounding this problem, in times of economic growth, these neighborhoods tend to be more vulnerable to displacement, as they have higher proportions of renters and lower net-worth, making them prime areas for redevelopment.

Figure 2. Percent of home loan applications denied by race, ethnicity, and income, Colorado, 2004-2013

![Bar chart showing the percent of home loan applications denied by race, ethnicity, and income, Colorado, 2004-2013]

Source: Colorado Department of Local Affairs, 2015-2019 State of Colorado Final Report Analysis of Impediments to Fair Housing Choice

Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and poor mental health. The quality of housing includes structural soundness, handicap accessibility, and indoor air quality, among other characteristics. Housing can be a source of exposure to various carcinogenic air pollutants. Radon, a colorless, odorless radioactive gas that forms naturally in soil, is the second leading cause of lung cancer in the United States. In our counties, 54-55% of homes tested for radon between 2011 and 2015 had radon levels about the recommended limit. Radon mitigation is available, although often expensive, and programs to assist low-income persons are underutilized.

Where we live is directly connected to our health and safety. Without adequate housing, people cannot manage their daily lives. For most people, housing is their greatest monthly expense. Quality, affordable housing is central to individual and community well-being. We can reduce the burden of housing costs by working with municipalities and local governments to prioritize mixed-income housing units. In addition to housing policy, multiplicities can also take steps to ensure inclusionary zoning policies and the creation of auxiliary dwelling units, help ensure that all people earn
Priority Area 4: Health and Housing (Developmental)

a livable wage, and reduce the costs of other basic needs, such as utility costs and high quality food. Improving affordable housing availability and quality housing conditions can improve the health of people in our communities.

Below are some examples of recommendations for increasing quality, affordable housing. These recommendations, along with additional sources, were considered and explored during our planning process, and some of them are included in our priority area objectives.

Recommendations from the Robert Wood Johnson Foundation:\(^1\)

- Sustaining and expanding Healthy Homes initiatives at the federal, state and local levels, including public-private collaborative programs.
- Providing support for high utilities costs through the Low Income Home Energy Assistance Program and similar programs that assist households with unaffordable heating, cooling, and electricity bills.
- Strengthening enforcement of fair housing laws, including the Fair Housing Act and other state and local regulations prohibiting racial discrimination in housing markets.
- Exploring private initiatives, such as Habitat for Humanity, to create affordable, healthy housing.
- Continuing federal involvement in lending and fairness standards for banking and loan institutions, and improving banking and lending procedures to create equal opportunities for credit.

\(^1\) https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html
Priority Area 4: Health and Housing (Developmental)

VISION: In a healthy community, quality, attainable housing is available and people have the tools and resources to stay in their communities and feel connected to their neighborhood.

Goal 1 Improve quality of housing for TCHD population, especially for those most vulnerable in our communities (people of color, immigrants and refugees, and people with low income).

Objective 1 By the end of 2019, conduct an internal scan of current activities related to healthy housing at TCHD.

Objective 2 By the end of 2020, perform an external scan of best practices for improving healthy/quality housing.

Objective 3 By the end of 2020, conduct an external scan of partner activities around healthy housing.

Objective 4 By the end of 2020, provide recommendations on TCHD capacity and alignment of resources to implement healthy housing work and opportunities.

Goal 2 Improve access to attainable housing for TCHD population, especially for those most vulnerable in our communities.

Objective 1 By the end of 2020, engage homeless initiative and affordable housing partners to understand their goals around housing issues to determine TCHD’s role.

Objective 2 By the end of 2020, conduct an internal scan of current activities related to affordable housing at TCHD and consult partners to understand framing and language around housing.

Goal 3 Prevent displacement of TCHD population, especially for those most vulnerable in our communities.

Objective 1 By the end of 2020, conduct an internal scan of current activities related to population displacement at TCHD.

Objective 2 By the end of 2020, determine TCHD’s role to support current efforts to prevent displacement.

Objective 3 By the end of 2020, develop a strategy map reflecting the intersection of system level work including food, housing, transportation, and employment that identifies areas for collaboration and gaps.

Objective 4 By the end of 2020, catalogue local and state policy changes that could impact displacement and be able to articulate health impacts of policy changes and what, if any, partners are working on them.

OUTCOMES MEASURES*  
- Decrease the proportion of households with severe problems (households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)
- Decrease the proportion of all households (owner and renter) that spend more than 30% of income on housing; decrease disparity by race/ethnicity
- Decrease the proportion of all renter households under 200% of poverty that spend more than 30% of income on housing
- Decrease the number of homeless people
- Decrease the racial and ethnic disparities in the proportion of home application loans denied

*Data sources are listed in Appendix D
Community Characteristics

The demographic characteristics of the population are important in understanding the health risks and challenges as well as the strengths and opportunities of the community. Characteristics such as age, income, education, and household composition are likewise associated with health risk and protective factors and, therefore, health outcomes.

<table>
<thead>
<tr>
<th>Community Characteristics</th>
<th>Colorado</th>
<th>Adams</th>
<th>Arapahoe</th>
<th>Douglas</th>
</tr>
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<tbody>
<tr>
<td><strong>Population</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Population 2017 Estimate</td>
<td>5,609,445</td>
<td>503,375</td>
<td>643,257</td>
<td>335,635</td>
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<tr>
<td>Projected Population 2030</td>
<td>6,892,192</td>
<td>658,864</td>
<td>779,282</td>
<td>413,161</td>
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<td><strong>Race/Ethnicity</strong></td>
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<tr>
<td>White Non-Hispanic</td>
<td>68%</td>
<td>50%</td>
<td>60%</td>
<td>82%</td>
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<tr>
<td>Hispanic</td>
<td>22%</td>
<td>40%</td>
<td>19%</td>
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<tr>
<td>African-American</td>
<td>4%</td>
<td>3%</td>
<td>11%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
<td>4%</td>
<td>6%</td>
<td>5%</td>
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<tr>
<td><strong>Age</strong></td>
<td></td>
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</tr>
<tr>
<td>0-17</td>
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<td>10%</td>
<td>13%</td>
<td>11%</td>
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<td><strong>Income</strong></td>
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<tr>
<td>Median Household Income</td>
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<td>$66,517</td>
<td>$75,357</td>
<td>$111,482</td>
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<td>Individuals Living at or Below Poverty</td>
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<td>4%</td>
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<tr>
<td>Children Living at or Below Poverty</td>
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<td>14%</td>
<td>8%</td>
<td>3%</td>
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<tr>
<td>Unemployment</td>
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<td>4%</td>
<td>4%</td>
<td>3%</td>
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<tr>
<td><strong>Households</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Single Parent Households</td>
<td>27%</td>
<td>31%</td>
<td>28%</td>
<td>17%</td>
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<tr>
<td>Residents Age 65 or Older Living Alone</td>
<td>37%</td>
<td>30%</td>
<td>35%</td>
<td>28%</td>
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<tr>
<td>(of households with one member 65+)</td>
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<td><strong>Educational Attainment</strong></td>
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<td></td>
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<tr>
<td>Less than High School</td>
<td>8%</td>
<td>16%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>High School (Diploma or Equivalent)</td>
<td>21%</td>
<td>30%</td>
<td>21%</td>
<td>12%</td>
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<td>Bachelor’s Degree or Higher</td>
<td>41%</td>
<td>23%</td>
<td>44%</td>
<td>59%</td>
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</tbody>
</table>

Asset Inventory

An asset is a useful or valuable thing, person or quality. Assets improve quality of life. Individuals, communities and institutions all have assets that contribute to quality of life. In keeping with the feedback we received from community members, partners, and TCHD staff regarding the components of a healthy community, these assets are similarly organized. This is not an exhaustive list, but provided a starting point for understanding the strengths of our communities.

### Social Connections
- Arts organizations
- Boys and Girls Clubs
- Citizen’s Advisory Boards
- Community gardens
- Community markets
- Community newsletters/newspapers
- Community parks and public spaces
- Counseling and support programs

### Economic Resources
- County fair grounds
- Family Resource Centers
- Farmers Markets
- Girls on the Run and other after school clubs
- GLBT Community Center of Colorado
- Indoor/outdoor malls and public spaces
- Leadership groups

### Educational Resources
- AmeriCorps/VISTA/Service Corp programs
- Chambers of Commerce
- City Governments
- Adult education classes
- CERT Programs
- Colleges and Universities
- Colorado Child Care Assistance
- Community gardens
- Community recreation centers
- Community-based organizations
- Denver Regional Council of Governments (DRCOG)
- 211
- City Planning Departments
- Community gardens
- Community recreation centers
- Community-based organizations
- County Human Services
- Economic development organizations
- Faith-based organizations
- Program (CCAP)
- Community Colleges
- Community-centered boards
- Early Childhood Councils
- Community Mental Health Centers
- Community Recreation Centers
- Community-based safety-net clinics
- Counselors and therapists
- Dialysis Centers
- Domestic violence organizations and
- Emergency housing organizations
- Foodbanks and food pantries
- Habitat for Humanity
- Housing Authorities
- Local businesses
- Local non-profit organizations
- Emergency Management
- Fire Rescue Services
- Health Department Emergency Preparedness and Response

### Health and Wellness Services
- County fair grounds
- Family Resource Centers
- Farmers Markets
- Girls on the Run and other after school clubs
- GLBT Community Center of Colorado
- Indoor/outdoor malls and public spaces
- Leadership groups

### Opportunities
- County Human Services
- Economic development organizations
- Faith-based organizations
- Legal Assistance
- Low-income Energy Assistance Program (LEAP)
- Major employers
- English as a second language classes
- Graduate Equivalency Diploma programs
- Head Start
- Health Clubs
- Hospitals
- Kids In Need of Dentistry (KIND)
- Local health alliances
- Meals on Wheels/Congregate Meals Program
- OneHome
- Parks and Recreations Departments, open spaces and trails
- Regional Transportation District (RTD)
- Resettlement agencies and refugee/

### Neighborhood Conditions
- 911
- Colorado State Patrol
- County Sheriff’s Departments
- County Human Services
- Economic development organizations
- Faith-based organizations
- Legal Assistance
- Low-income Energy Assistance Program (LEAP)
- Major employers
- English as a second language classes
- Graduate Equivalency Diploma programs
- Head Start
- Health Clubs
- Hospitals
- Kids In Need of Dentistry (KIND)
- Local health alliances
- Meals on Wheels/Congregate Meals Program
- OneHome
- Parks and Recreations Departments, open spaces and trails
- Regional Transportation District (RTD)
- Resettlement agencies and refugee/

### Safety
- 911
- Colorado State Patrol
- County Sheriff’s Departments
- Emergency Management
- Fire Rescue Services
- Health Department Emergency Preparedness and Response
- Local Police Departments
- Medical Reserve Corps
- Neighborhood Watch Programs
## Appendix C

### Goal Alignment with State & National Objectives

A review of Colorado Department of Public Health and Environment and Healthy People 2020 objectives identified areas of alignment in the following areas.

<table>
<thead>
<tr>
<th>Tri-County Health Department Goals</th>
<th>State of Colorado Goals</th>
<th>Healthy People 2020 National Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve access to care through advocacy, policy development and implementation, and alignment of quality and/or performance measures.</td>
<td>Align state and local public health with health care reform efforts to increase access to and utilization of health care and related services for all Coloradans.</td>
<td>Improve access to comprehensive, quality health care services.</td>
</tr>
<tr>
<td>Improve access to care through health insurance enrollment and health care system navigation.</td>
<td>Advise community approaches to improve the social and emotional health of mothers, fathers, caregivers and children.</td>
<td>Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.</td>
</tr>
<tr>
<td>Decrease barriers to care.</td>
<td>Reverse the upward obesity trend by aligning and intensifying efforts to develop a culture of health and creating conditions for Coloradans to achieve healthy weight across the lifespan.</td>
<td>Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.</td>
</tr>
<tr>
<td>Improve mental and behavioral health through advocacy, policy development and implementation, and shared performance measures. Reduce poor health outcomes related to mental health.</td>
<td>Promote food security and healthy eating habits through messaging, education, advocacy, and policy development.</td>
<td>Create social and physical environments that promote good health for all.</td>
</tr>
<tr>
<td>Increase access to safe, nutritious, affordable and culturally relevant food, especially in communities with limited resources and communities of color.</td>
<td>Improve quality of housing for TCHD population, especially for those most vulnerable in our communities.</td>
<td></td>
</tr>
<tr>
<td>Promote food security and healthy eating habits through messaging, education, advocacy, and policy development.</td>
<td>Improve access to attainable housing for TCHD population, especially for those most vulnerable in our communities.</td>
<td></td>
</tr>
<tr>
<td>Prevent displacement of TCHD population, especially for those most vulnerable in our communities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
## Appendix D

### Outcome Measures

The table below outlines the population health outcome measures that will be used to track Priority Area progress, as discussed in the Implementation and Evaluation section.

<table>
<thead>
<tr>
<th>OUTCOME MEASURES</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Mental and Physical Health Care Services</strong></td>
<td></td>
</tr>
<tr>
<td>Maintain or increase proportion of persons who are insured</td>
<td>Colorado Health Access Survey, Colorado Health Institute</td>
</tr>
<tr>
<td>Reduce the proportion of persons who are unable to obtain or delay necessary</td>
<td>Colorado Health Access Survey, Colorado Health Institute</td>
</tr>
<tr>
<td>medical care, dental care, or prescription medicines due to cost</td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of people seeing their regular doctor for routine,</td>
<td>Colorado Health Access Survey, Colorado Health Institute</td>
</tr>
<tr>
<td>preventative care</td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of children receiving well-child checks</td>
<td>Child Health Survey, Colorado Dept. of Public Health and Environment (CDPHE)</td>
</tr>
<tr>
<td>Increase the proportion of adults with mental health disorders who receive</td>
<td>Behavioral Risk Factor Surveillance System (BRFSS), CDPHE</td>
</tr>
<tr>
<td>treatment</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of adolescents who report having an adult in their</td>
<td>Healthy Kids Colorado Survey, CDPHE</td>
</tr>
<tr>
<td>lives with whom they can talk about serious problems</td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of adolescents who report participating in extracurricular</td>
<td>Healthy Kids Colorado Survey, CDPHE</td>
</tr>
<tr>
<td>and/or out-of-school activities</td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of adults who report having good or better mental</td>
<td>BRFSS, CDPHE</td>
</tr>
<tr>
<td>health</td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of middle and high schools that prohibit harassment</td>
<td>TCHD Program Data</td>
</tr>
<tr>
<td>based on a student’s sexual orientation or gender identity</td>
<td></td>
</tr>
<tr>
<td>Decrease the proportion of suicide attempts by high school students</td>
<td>Healthy Kids Colorado Survey, CDPHE</td>
</tr>
<tr>
<td>Decrease the adult death rate from suicide</td>
<td>Vital Statistics Program, CDPHE</td>
</tr>
<tr>
<td>Decrease prescription drug misuse and drug overdose deaths</td>
<td>Vital Statistics Program, CDPHE, Colorado Hospital Association</td>
</tr>
<tr>
<td>Decrease expulsions from kindergarten through 12th grade</td>
<td>Colorado Dept. of Education</td>
</tr>
<tr>
<td><strong>Health and Food</strong></td>
<td></td>
</tr>
<tr>
<td>Decrease the proportion of priority populations reporting food Insecurity</td>
<td>Pregnancy Risk Assessment Monitoring System; Child Health Survey; Healthy</td>
</tr>
<tr>
<td>(Pregnant women, children ages 1-14, high school students, adults over 60)</td>
<td>Kids Colorado Survey; BRFSS, CDPHE</td>
</tr>
<tr>
<td>Decrease the proportion of those eligible but not enrolled in WIC and SNAP</td>
<td>Human Services Gap Map</td>
</tr>
<tr>
<td>Decrease the proportion of priority populations who are overweight or obese</td>
<td>Child Health Survey; Healthy Kids Colorado Survey; BRFSS, CDPHE</td>
</tr>
<tr>
<td>(children ages 5-14, high school students, adults)</td>
<td></td>
</tr>
<tr>
<td><strong>Health and Housing</strong></td>
<td></td>
</tr>
<tr>
<td>Decrease the proportion of households with severe problems (households with</td>
<td>American Community Survey, US Census Bureau</td>
</tr>
<tr>
<td>at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of</td>
<td></td>
</tr>
<tr>
<td>kitchen or plumbing facilities)</td>
<td></td>
</tr>
<tr>
<td>Decrease the proportion of all households (owner and renter) that spend more</td>
<td>American Community Survey, US Census Bureau</td>
</tr>
<tr>
<td>than 30% of income on housing; decrease disparity by race/ethnicity</td>
<td></td>
</tr>
<tr>
<td>Decrease the proportion of all renter households under 200% of poverty that</td>
<td>American Community Survey, US Census Bureau</td>
</tr>
<tr>
<td>spend more than 30% of income on housing</td>
<td></td>
</tr>
<tr>
<td>Decrease the number of homeless people</td>
<td>Point in Time Survey, Metropolitan Denver Homeless Initiative</td>
</tr>
<tr>
<td>Decrease the racial and ethnic disparities in the proportion of home application loans denied</td>
<td>2015-2019 State of Colorado analysis of impediments to fair housing choice, Colorado Dept. of Local Affairs</td>
</tr>
</tbody>
</table>
Appendix E

Acknowledgements

The development of Tri-County Health Department’s Public Health Improvement Plan was a collaborative effort. We would like to thank the nearly 300 residents of Adams, Arapahoe and Douglas Counties for their input into the 2019-2024 Public Health Improvement Plan. We would also like to thank the following community partners for their contributions to the plan and dedication to Building Healthy Communities:

Adams 12 Five Star Schools
Adams County Criminal Justice Coordinating Council
Adams County
Adams County Human Services
Amazing Grace Community Church
Arapahoe County Sheriff
Aurora Health Access
Aurora Health Alliance
Aurora Housing Authority
Aurora Mental Health Center
Aurora Public Schools
Byers School District 32J
Castle Rock Fire Dept.
Central Colorado Area Health Education Center
Center for Health Progress
Centura Health
Cherry Creek Schools
Children’s Hospital Colorado
City of Aurora
City of Centennial
City of Federal Heights
City of Greenwood Village
City of Littleton
City of Lone Tree
City of Northglenn
City of Sheridan
City of Thornton
City of Westminster
Clinica Family Services
Colorado Access
Colorado Advisory Council for People with Disabilities
Colorado Children’s Immunization Coalition
Colorado Department of Health Care Policy and Financing
Colorado Department of Public Health and Environment
Colorado Hospital Alliance
Community Reach Center

Denver Regional Council of Governments
Developmental Pathways
Doctor’s Care
Douglas County
Douglas County Early Childhood Council
Douglas County Health Alliance
Douglas County Housing Partnership
Douglas County Human Services
Douglas County Schools
Early Childhood Partnership of Adams County
Enterprise Community Partners
Hunger Free Colorado
Integrated Nutrition Education Program
Innovative Housing Concepts
Kids First Health Care
Littleton Public Schools
LiveWell Colorado
Mapleton Public Schools
Mental Health Colorado
Metro Community Provider Network
National Alliance on Mental Illness
Random Acts of Kindness
Regis University
Rising Star Early Learning Center
Romantix, Inc.
SCL Health
South Metro Fire Rescue
South Metro Housing Options
Telligen
Unison Housing Partners
University of Colorado at Denver
University of Colorado Dept. of Pediatrics
University of Colorado School of Medicine
University of Northern Colorado
YMCA