



Community Health Improvement Plan (CHIP) Prioritization Process

5 Top Health Issues in Weld County for Prioritization

Meeting Agenda

- Introduction and summary of previous prioritization work
- Review ranked top 5 health issues
 - Brief summaries of data and possible broad strategies
- Facilitated Group Prioritization
 - Size of issue
 - Seriousness of issue
 - Disproportionate impact
 - Ability to change
 - Importance of issue in Weld County
- Next steps in Prioritization Process



What is the Point of Choosing Priorities?

- **Limited resources** - Intensive focus on a few areas, can make a difference
- **Alignment** - No single agency can do it alone, so we need to garner resources and energy from multiple sectors
- **Collective focus** - Identifying a few key areas to work on results in improvement plans that are achievable and can have the most impact
- **Directed communications** - Talking points need to be direct and focused



Why is **YOUR** input important?

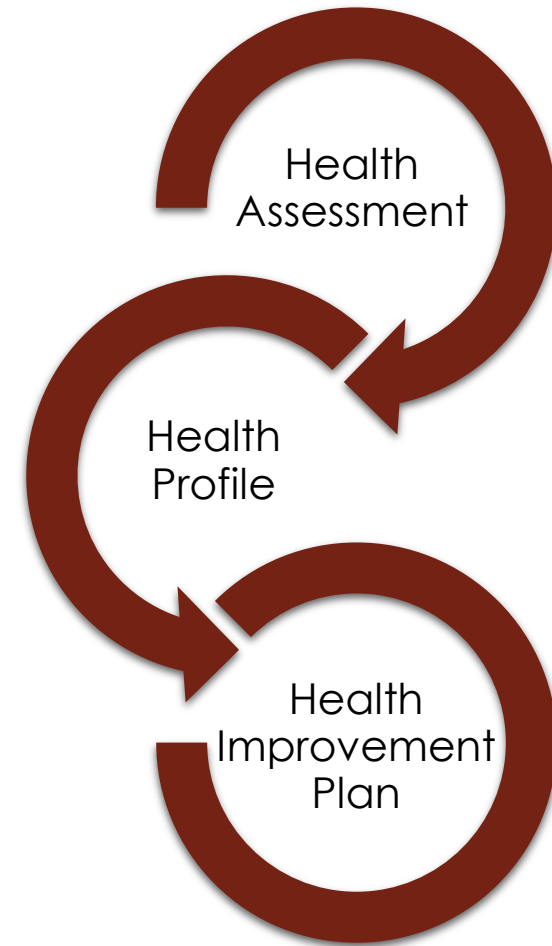
- **Community partnership** - You are a community partner in health of residents
- **Community Driven** - We all decide what the priority areas for Weld County should be as well as collectively develop action plans and strategies to implement in order to alleviate the issues
- **Collective work** - We cannot do the systems-level work that needs to be completed in order to create sustainable, effective changes unless we work together to solve these problems.



What is a CHIP?

- A community health improvement plan, or CHIP, is a community-driven strategic plan intended to mitigate identified health issues.
- It describes long-term, collaborative efforts to address community health issues. The health issues are typically identified by conducting a comprehensive community health assessment that includes examining other local, state, and national priorities.
- A CHIP is considered part of a national standard for all public health departments.

Population Health Improvement Cycle

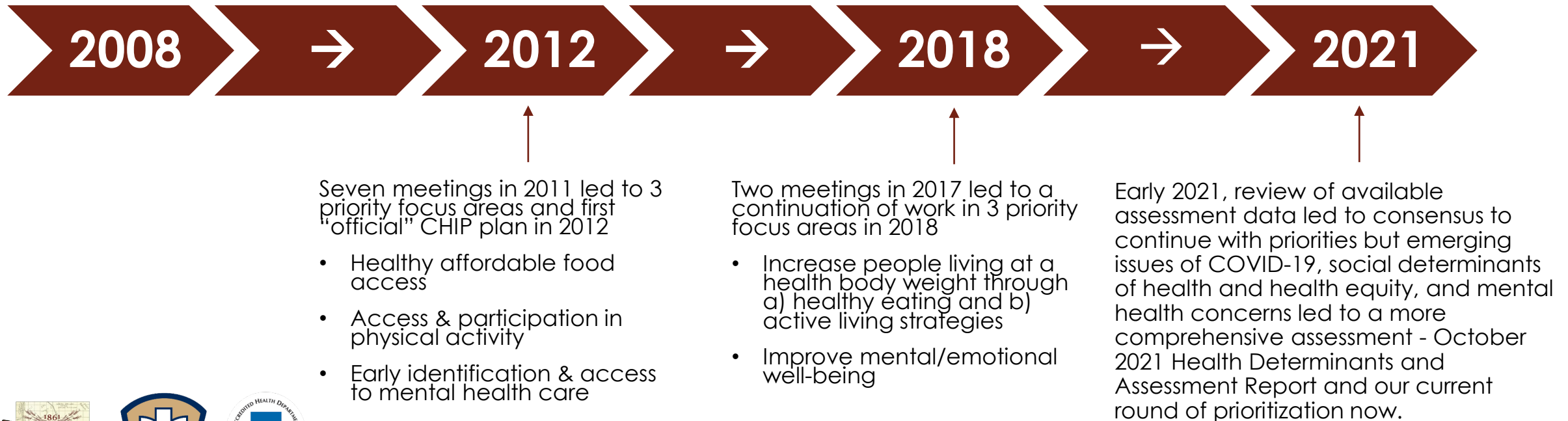


Where we Have Been....



Weld County's CHIP has been continually reviewed and revised

Practice Issue
Prioritization and
Planning Process



CHIP and Thriving Weld

- CHIP efforts supported by multiple grants and multiple agencies beginning in 2013
- WCDPHE, NCHA, and NRBH initially began collectively working on priorities; UWWC joined in 2015
- Thriving Weld website launched in 2015 highlighting six issue areas of collective effort

- **Healthy eating**
- **Active living**
- **Healthy mind and spirit**
- **Access to care** – NCHA lead
- **Education**
- **Livelihood**

United Way lead

Thriving
Weld

Thriving Weld and other priorities will not go away!

Next steps will take place in 2022.



Recap of Current Issues Identified....



- Heart Disease & Risk Factors
- Obesity & Related Diseases
- Housing
- Healthcare Access
- Mental Health Indicators
- Mental Healthcare Access
- Infectious Disease Burden & COVID-19
- Maternal & Early Childhood Health
- Substance Use Disorders
- Environmental Health Indicators

Top 10 Identified Health Issues

Round 1 Prioritization: Top 5 Health Indicators

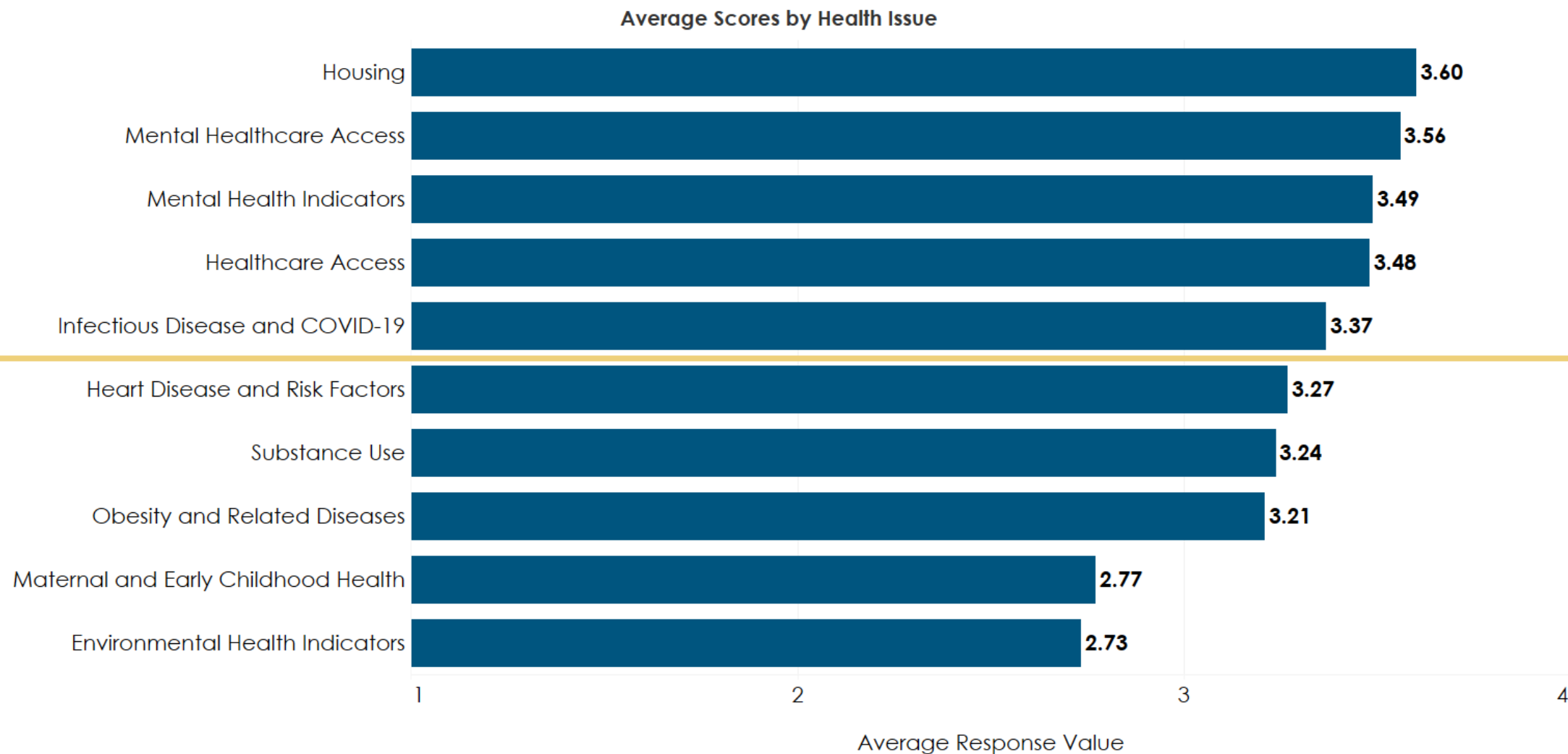
- Housing
- Mental Healthcare Access
- Mental Health Indicators
- Healthcare Access
- Infectious Disease Burden & COVID-19

- What we will do today

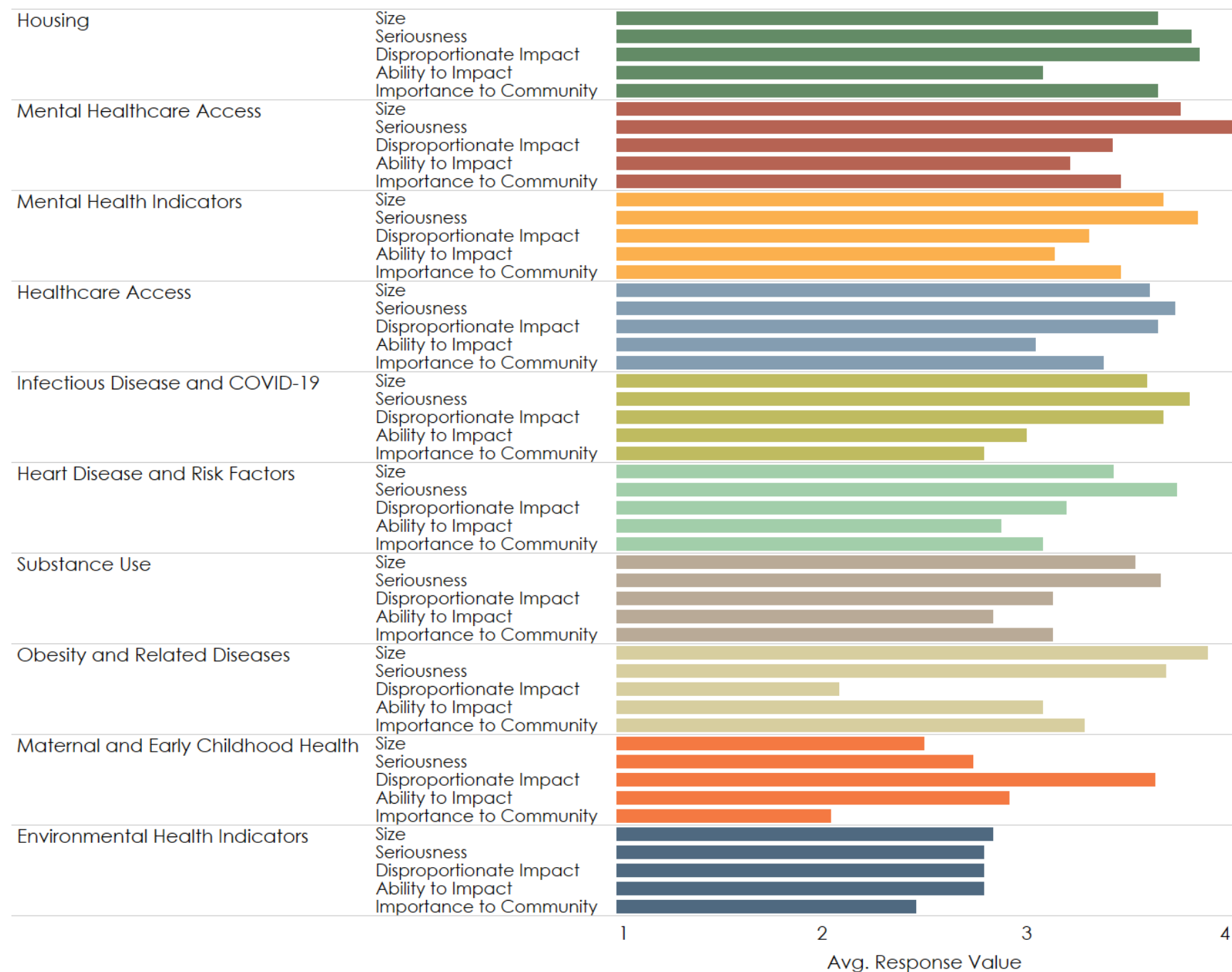
Round 2 Prioritization: Top 2ish Health Indicators



Round 1 Prioritization Results



Average Scores by Health Issue and Criteria



Round 1 Prioritization Results

Additional Background Info on Criteria



As you review the data...

What is the size of the issue?

- How many people are currently impacted, rates of mortality and morbidity?
- How many people are at risk?
- What do trend data tell us?



As you review the data...

How serious is the issue?

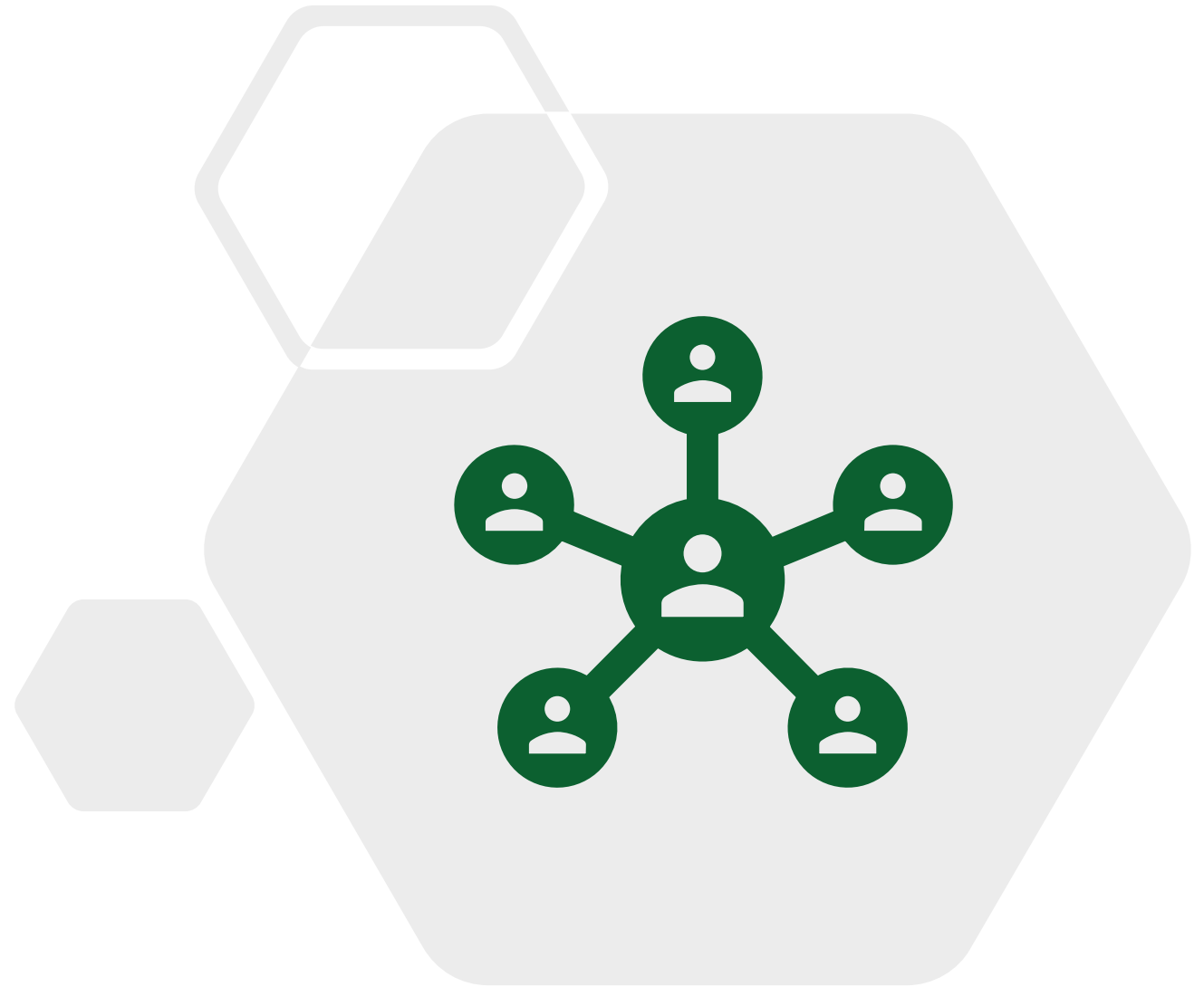
- Does this issue have a severe impact on the quality of life?
- Does this issue have a high rate of years of potential life lost (YPLL)?
- As we consider health care costs, what is the economic burden of this health issue?



As you review the data...

What is the disproportionate burden of the issue?

- Are there certain populations that are disproportionately affected by the health issue?
- What is the degree of health disparities inherent in this area?



As you review the data...

What is our ability to change this area?

- Do evidence-based strategies, promising practices, or best practices exist that can make a difference?
- Are there emerging interventions/strategies to address disproportionate impact across communities?
- Is it likely, that with collective effort, we can make a difference?



As you review the data...

What is the importance of this issue to the community?

- Is there political will and partnerships to support the issue?
- Are there organizations ready and prepared to take a lead on addressing this issue?
- How important is this issue to residents you work with?



Reminders



**Use information
provided**



Take a broad view



Be objective

Top 5 Health Issues in Weld County Data





Housing



Background: Housing

- Having a safe, stable, and reliable home is essential to human health
- Inadequate and unsafe housing can contribute to health issues such as chronic disease and injuries and can have harmful effects on child development
- With Weld County's expected population growth to nearly 550,000 residents by 2040, housing options and affordability are significant concerns for all Weld County residents, but especially low- to moderate-income earners

Available Data: Housing



Size: Projected population growth to nearly **550,000 residents** by 2040 (+69% from 2019 estimates)

Estimates for median gross rent increased by over **40%** while median household income increased by just over **30%** between 2010-2019

Just over **9%** of households in Weld County reported they had an unstable housing situation in 2019 and **17%** reported doubling up

324,249

2019 American Community Survey
Estimates

550,000(+)

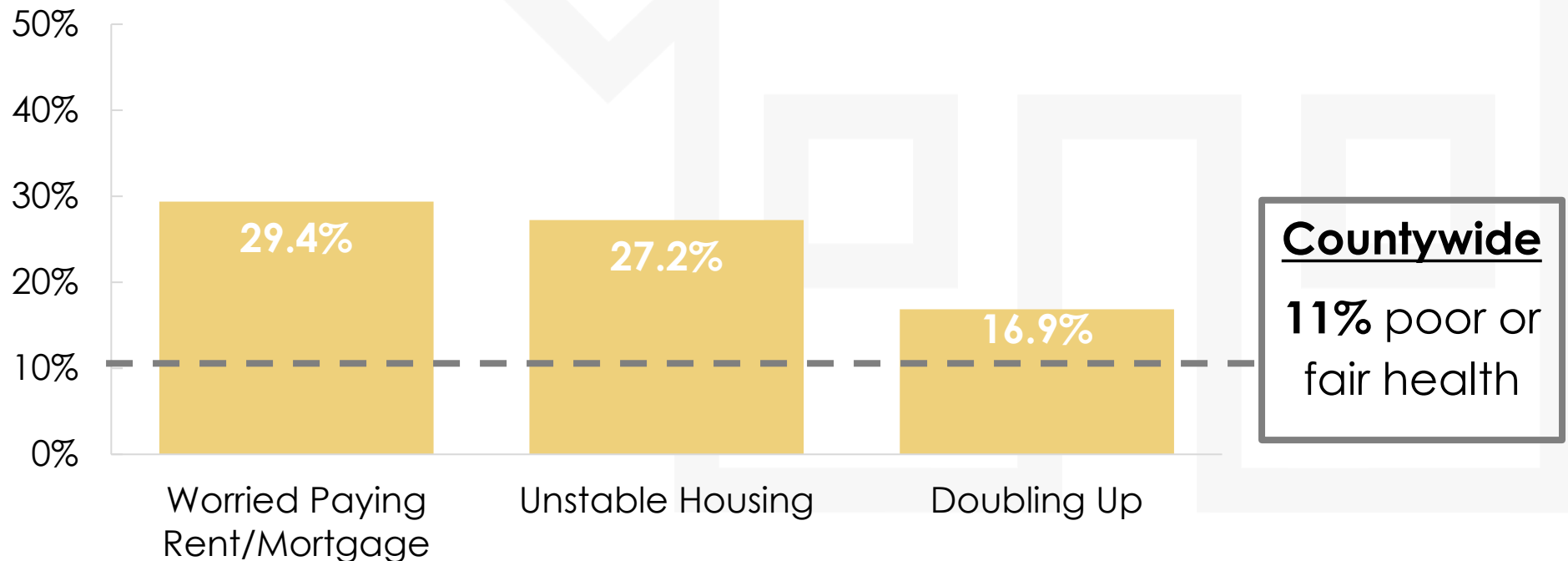
2040 Department of Local Affairs
Projected Population Growth

Available Data: Housing



Seriousness: A **higher percentage of residents** that reported unstable housing, doubling up, and being usually or always worried about paying rent or mortgage also rated their overall health poorer compared to residents not experiencing these housing indicators

Poor or Fair Self-Rated Health by Selected Housing Indicators, 2019



Available Data: Housing



Disproportionate burden: Overpronounced unstable housing indicators in low-income earners in Weld County in 2019

2x as many very low-income residents were worried about paying rent/mortgage compared to those with a higher income level

3x as many very low-income residents reported unstable housing compared to countywide average

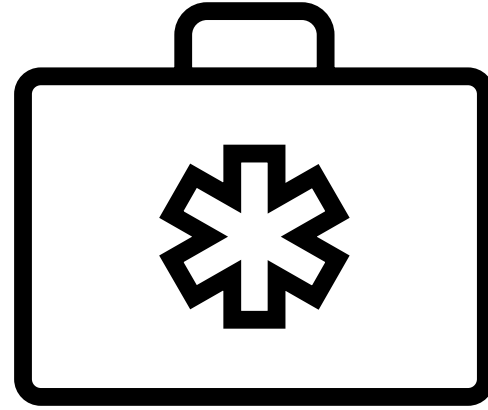
Available Data: Housing



Ability to change: **United Way, WCDPHE, and municipal governments** are working in this area. Weld County has state funding to address and best practices to increase affordable housing are available



Importance to community: We ask you to consider your **organization's knowledge** and **experience, organizational readiness, political will, and importance of this issue** with residents



Mental Healthcare Access



Background: Mental Healthcare Access

- Mental health indicators, such as anxiety, depression and the death by suicide rate continue to grow nationally and locally
- Mental health treatment, such as talk therapy and medication may help many mental health disorders
- Nationally, only 65% of adults with major depressive episodes received treatment in 2018*
- Barriers, such as cost, availability, knowledge, stigma and geographic location may decrease access to mental health care services

*Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/increase-proportion-adults-depression-who-get-treatment-mhmd-05>

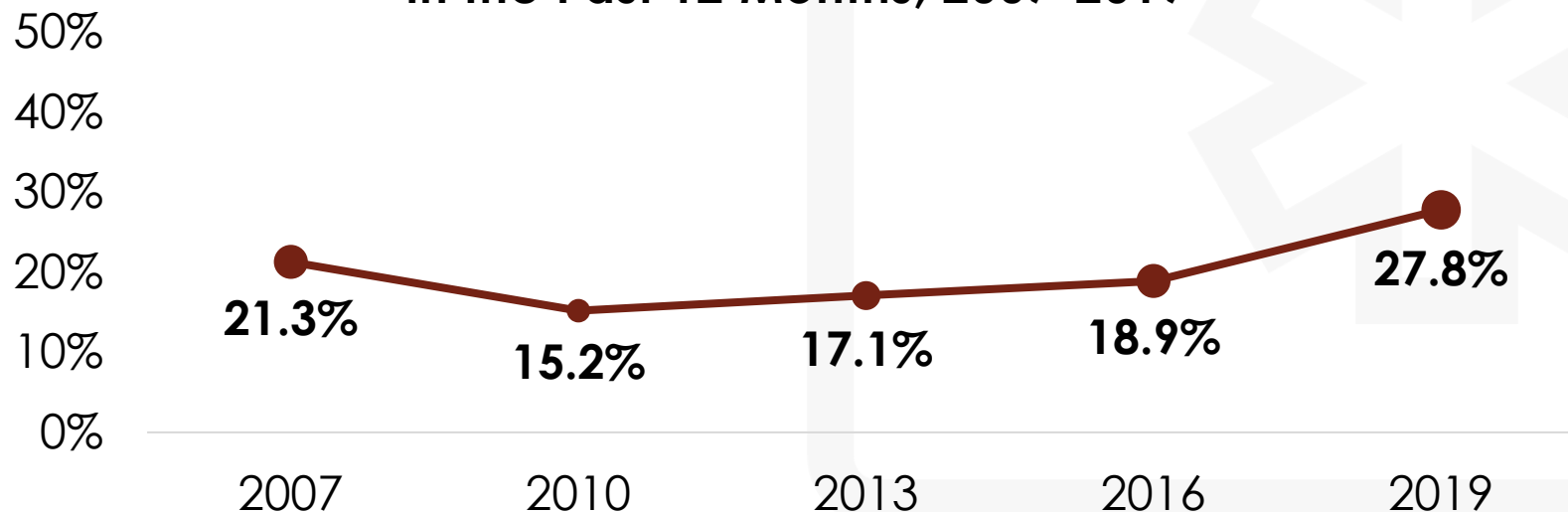
Available Data: Mental Healthcare Access



Size: Nearly **3 in 10** (about 60,000) adult residents reported they thought they needed mental health care services in 2019 (trending up) but only 55% of those residents sought care

Of those that reported they needed mental health care services and did not seek care, **over half** stated they could not afford it (56%), it was not covered by insurance (51%) and/or they didn't know where to seek treatment (51%)

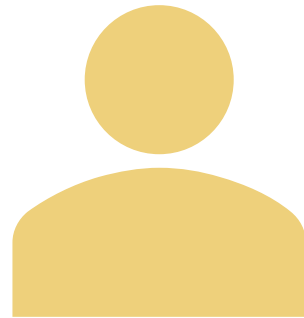
**Percent of Residents Who Reported Needing Mental Healthcare
in the Past 12 Months, 2007-2019**



Available Data: Mental Healthcare Access

 **Seriousness:** Barriers to mental health care services were reported by **half** of the residents who reported they needed mental health care services but did not seek treatment

Growing rates of death due to suicide, anxiety, depression and needing mental health care were observed between 2016-2020

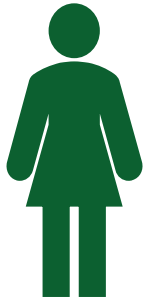


1 in 2 residents who said they needed mental health care services but did not seek out treatment reported cost, insurance and/or not knowing where to seek treatment as a barrier

Available Data: Mental Healthcare Access



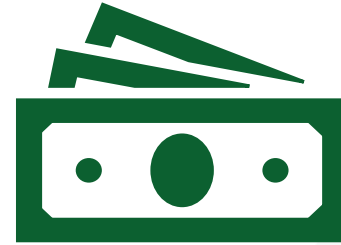
Disproportionate burden



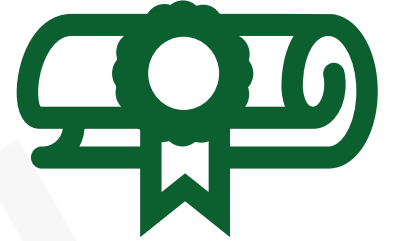
Female residents



Residents aged 18-34



Lower income residents



Residents with some
post-high school or
college education

reported **significantly higher rates** of needing mental
health care services in 2019

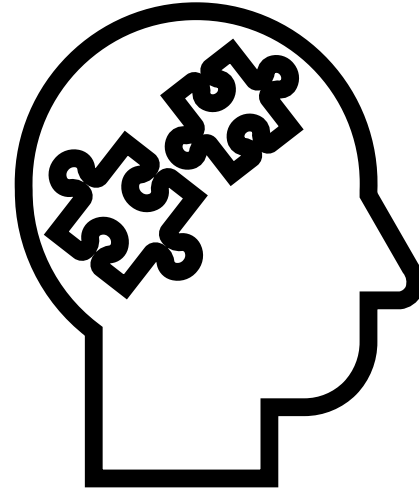
Available Data: Mental Healthcare Access



Ability to change: **NCHA, North Range Behavioral Health, Thriving Weld, and local coalitions** (Imagine Zero, Community Grief Center, National Alliance on Mental Illness Union Colony-Greeley) are working in this area



Importance to community: We ask you to consider your **organization's knowledge** and **experience, organizational readiness, political will, and importance of this issue** with residents



Mental Health Indicators



Background: Mental Health Indicators

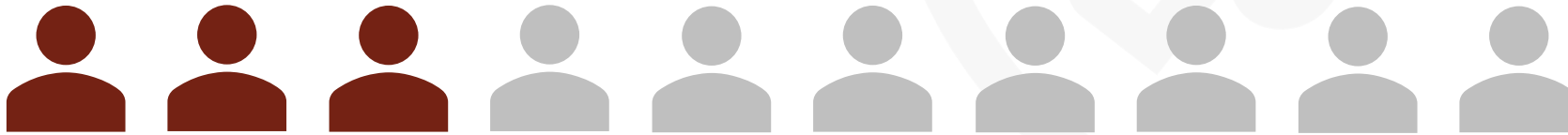
- Selected mental health indicators include adult self-reported anxiety and anxiety, youth electronic medical record anxiety and depression diagnoses, and rates of death by suicide
- Mental health disorders are the leading cause of disability in the US and nearly **1 in 5** adults suffer from mental illness*
- Depression and anxiety affect people's ability to participate in health-promoting behaviors which, in turn, affects physical health

Available Data: Mental Health Indicators



Size: The crude rate of death by suicide for Weld County residents has steadily increased from 2017 after a slight drop the year prior

Nearly **3 in 10** (or roughly **60,000**) adult residents reported they were ever diagnosed with anxiety or depression by a healthcare professional in 2019 (up from 2016)



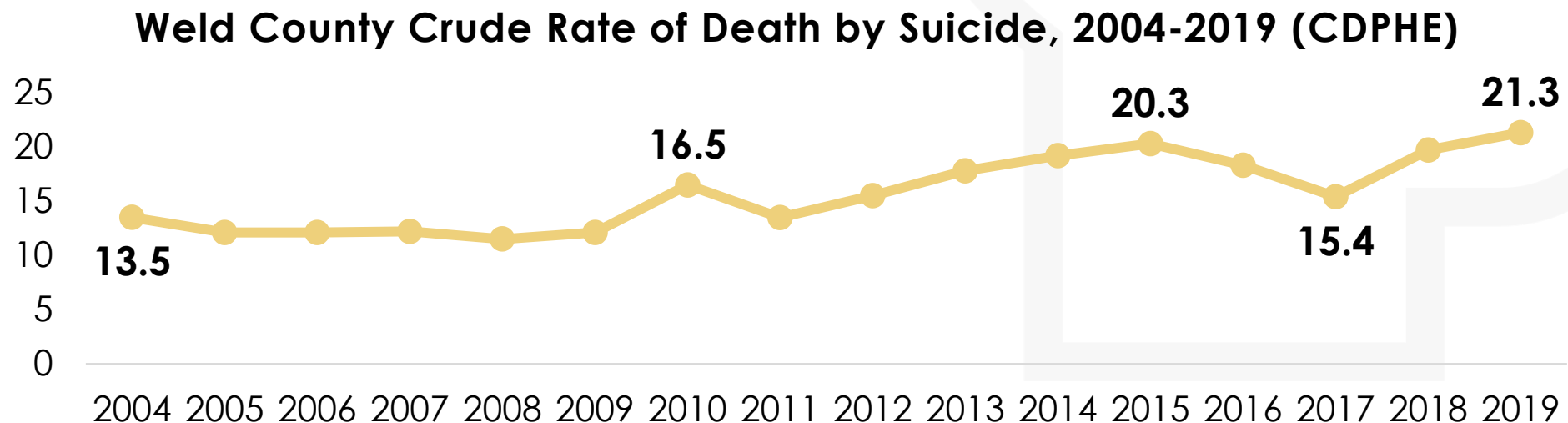
Nearly **1 in 10** (or roughly **2,500**) Weld County adolescents were diagnosed with depression between 2019-2020 and **7% with anxiety**, according to available youth medical record data

Available Data: Mental Health Indicators




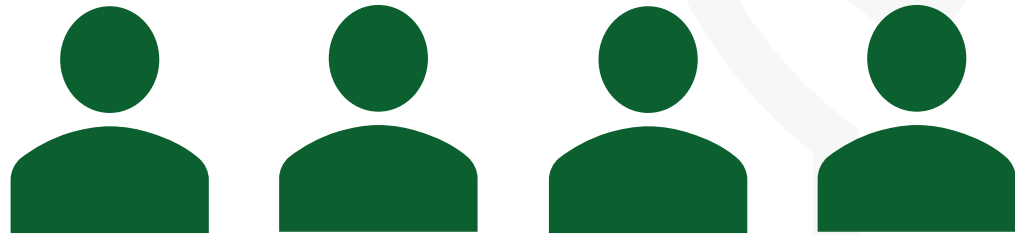
Seriousness: Death by intentional self harm by handgun is the **8th** leading cause of death for Weld County males; death by intentional self harm by hanging is the **9th** leading cause of death for Hispanic or Latino residents

Overall, suicide was the **3rd** leading contributor of years of potential life lost before age 65 for Weld County residents between 2015-2019, accounting for nearly 7,000 years of potential life lost



Available Data: Mental Health Indicators

 **Disproportionate burden:** In 2019, the rate of death by suicide was **4x higher** in Weld County males (34.6 per 100,000 males) compared to females (8.0 per 100,000 females)



Weld County males died by suicide at a rate
4x higher than Weld County females

Available Data: Mental Health Indicators



Ability to change: **NCHA, North Range Behavioral Health, Thriving Weld**, and **local coalitions** (Imagine Zero, Yellow Ribbon Suicide Prevention Chapter, National Alliance on Mental Illness Union Colony-Greeley) are working in this area. Evidence-based treatments and interventions are available



Importance to community: We ask you to consider your **organization's knowledge** and **experience, organizational readiness, political will**, and **importance of this issue** with residents



Healthcare Access



Background: Healthcare Access

- Having timely and easy access to needed health services helps individuals maintain overall physical, social, and mental health status
- Not having insurance is a barrier in accessing health care
- Nationally 12.1% of the nonelderly population were uninsured in 2019*
- Other barriers to healthcare access include cost of care, being underinsured, location and geographic access, long appointment wait times and transportation

Available Data: Healthcare Access



Size: In late 2019, 6.5% of adult residents reported they were uninsured; trending down since 2007 but still represents over 13,500 adults that were uninsured

Over **3 in 4** Weld County adult residents reported they had a regular source of care when they were sick or needed health care advice in 2019, but only 38% of the uninsured population had a regular source of care

Countywide, **30%** of adults reported they delayed or went without needed care in 2019; top barriers including cost, scheduling and lack of insurance

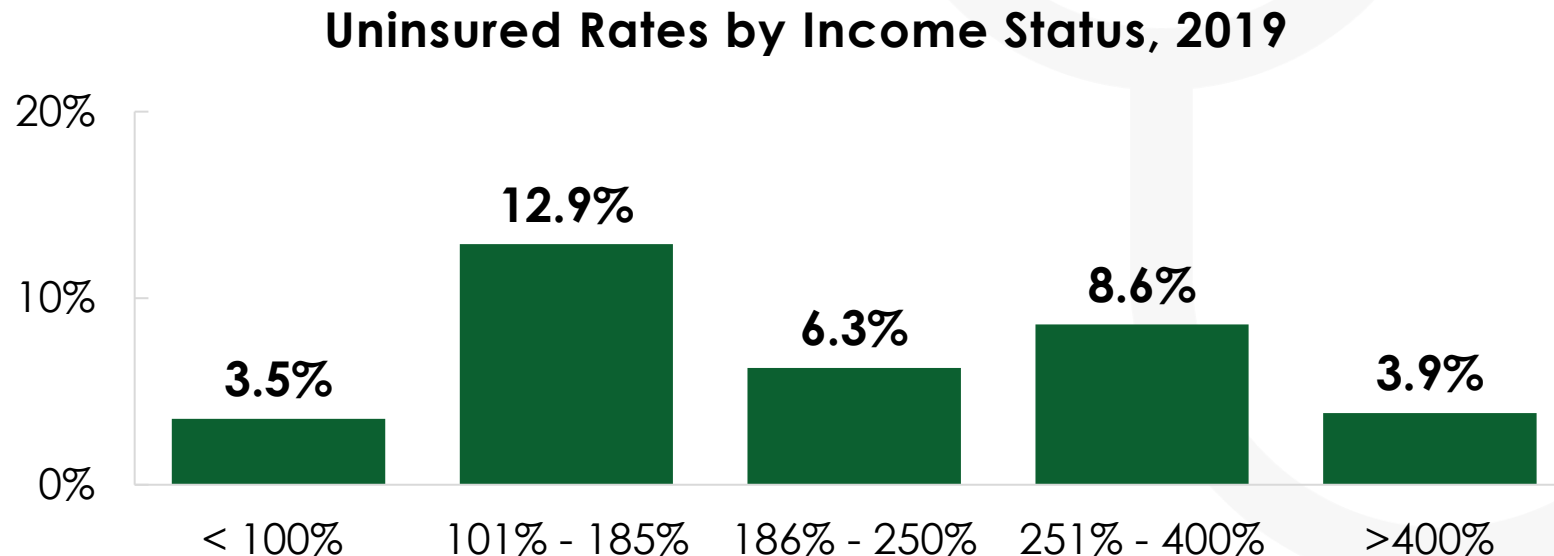


Seriousness: Lack of healthcare can contribute to morbidity and mortality; concern with growing rate of chronic conditions in Weld adults

Available Data: Healthcare Access



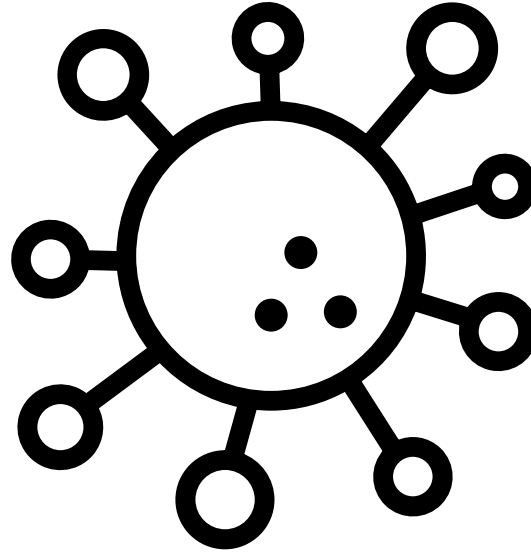
Disproportionate burden: Although most of the uninsured residents in Weld County in 2019 were white, non-Hispanic/Latino, the uninsured rate for Hispanic/Latino residents aged 18-64 (16%) was **3x** the rate of 5% for non-Hispanic/Latino residents of the same age group; also differences by income groups



Available Data: Healthcare Access

 **Ability to change:** Thriving Weld, NCHA, Salud Family Health Centers, Banner, and UCHealth are all working in this area

 **Importance to community:** We ask you to consider your **organization's knowledge** and **experience**, **organizational readiness**, **political will**, and **importance of this issue** with residents



Infectious Disease Burden & COVID-19



Background: Infectious Disease Burden & COVID-19

- First two cases in Weld County reported on March 13th, 2020. Throughout 2020, 20,956 confirmed and probable cases were reported in all areas of the county
- A note on case data source: counts, hospitalizations, demographic data retrieved from the Colorado Electronic Disease Reporting System (CEDRS)
- A note on death data source: death data retrieved from CoHID Database, CDPHE Vital Stats Program, underlying cause of death as stated on the death certificate; all estimates for Weld County residents only

Available Data: Infectious Disease Burden & COVID-19



Size: In 2020, a total of **267** deaths were due to COVID-19 for Weld County residents



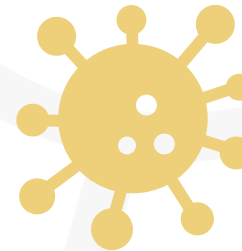
Seriousness: In 2020, COVID-19 was the **3rd** leading cause of death for Weld County residents; the age-adjusted death rate for COVID-19 in Weld County was 83.5 per 100,000 residents; impact of lives lost, disruptions in healthcare, employment, childcare, etc.



Heart disease



Cancer



COVID-19

COVID-19 was the **3rd leading cause of death** in
Weld County in 2020

A note on health disruptions due to the COVID-19 Pandemic: Colorado Health Access Survey 2021 Findings

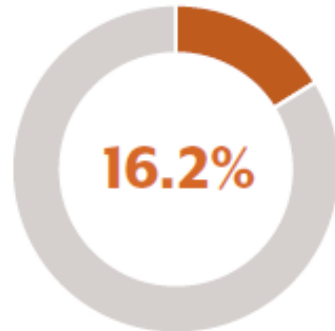
The COVID-19 pandemic had wide-ranging health and social effects. The Colorado Health Access Survey captured evidence of many of these effects, including:

Percentage of Coloradans age 16+ in this region reporting the following effects of the COVID-19 pandemic:



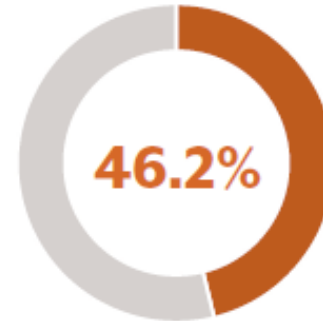
Decline in mental health

Lowest Region: 27%
Highest Region: 49.4%



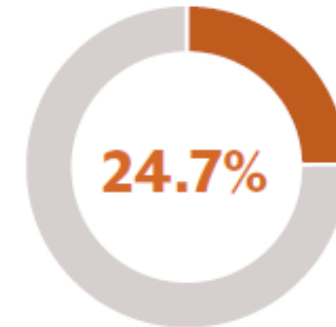
Decline in physical health

Lowest Region: 9.8%
Highest Region: 23.3%



Continued working as an essential worker

Lowest Region: 29.1%
Highest Region: 46.2%



Had reduced hours/income

Lowest Region: 19.4%
Highest Region: 35.7%

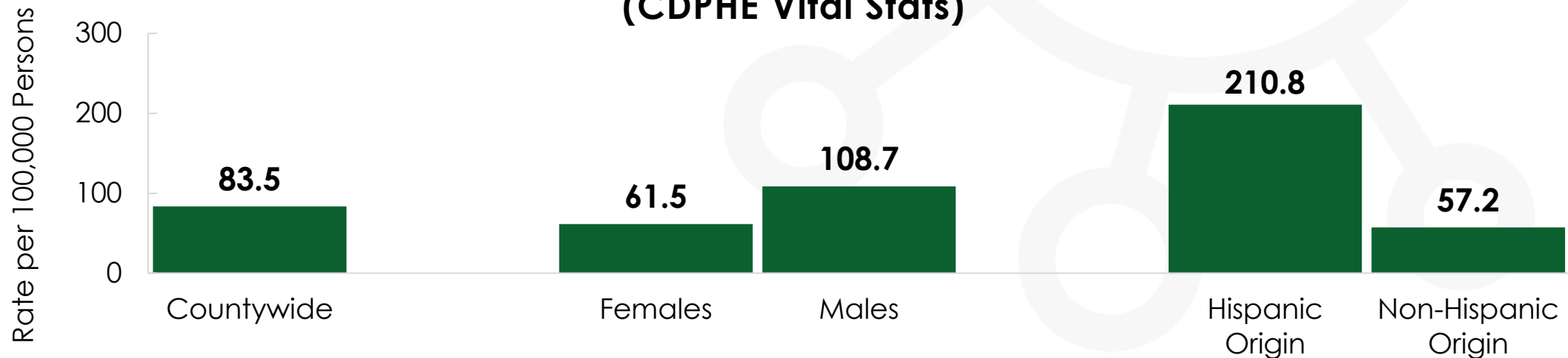
Available Data: Infectious Disease Burden & COVID-19



Disproportionate burden: While Hispanic residents make up an estimated **30%** of Weld County's population, Hispanic or Latino residents accounted for **53%** of all COVID-19 cases in 2020

The age-adjusted death rate due to COVID-19 was **1.5x higher** in Weld County males compared to females; **4x higher** in Weld County Hispanic or Latino residents compared to non-Hispanic or Latino residents

Age-Adjusted COVID-19 Death Rate per 100,000 Residents by Sex and Ethnicity, 2020
(CDPHE Vital Stats)



Available Data: Infectious Disease Burden & COVID-19



Ability to change: **All community partners** have a stake in reducing the burden of COVID-19 through education, testing, vaccination, COVID-19 leave, and various other routes. Evidence-based treatments and interventions are available



Importance to community: We ask you to consider your **organization's knowledge** and **experience, organizational readiness, political will, and importance of this issue** with residents



Any Questions?

Ask your questions in the Q/A box!



Now for the Main Event: Prioritization Process

Ranking of the Top 5 Health Issues | Survey Link Provided in the Chat



Survey Monkey Link:

<https://www.surveymonkey.com/r/CHIPVoting>

The link is also provided in the chat!



It is Time to Vote via Survey Monkey!

1

- Click on the link provided in the chat, or type in the link:
<https://www.surveymonkey.com/r/CHIPVoting>

2

- The link will open in a new browser

3

- Answer the questions on the survey

4

- Remember to **use the information provided, take a broad view, and remain objective!**

5

- **Please stay on the zoom meeting**, we will reconvene in **20 minutes** to discuss next steps



Next steps

Moving Forward



Next Steps

- Data tallied and analyzed
- Results shared with Thriving Weld Steering Committee
- Results provided to all participants after the New Year holiday
- Work groups / action plans
- **Next Thriving Weld Quarterly Meeting:
February 2nd, 2022**



Thank you!

