BOARD OF HEALTH UPDATE: COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

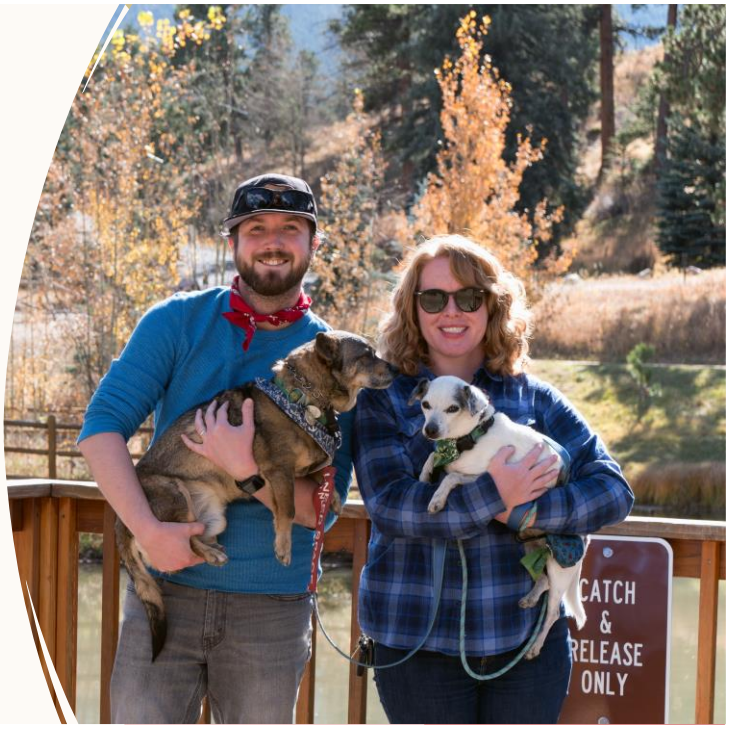
December 21, 2023

1

WELCOME, JULIA!

Julia is our new Special Projects Coordinator Health Equity and Strategic Initiatives!

We are so happy to have her!



2

PURPOSE

Update you on the process:

- What we've learned!
- With whom we've worked!
- Where we're headed!

Give you a preview of our final priorities

Answer questions and get feedback

3

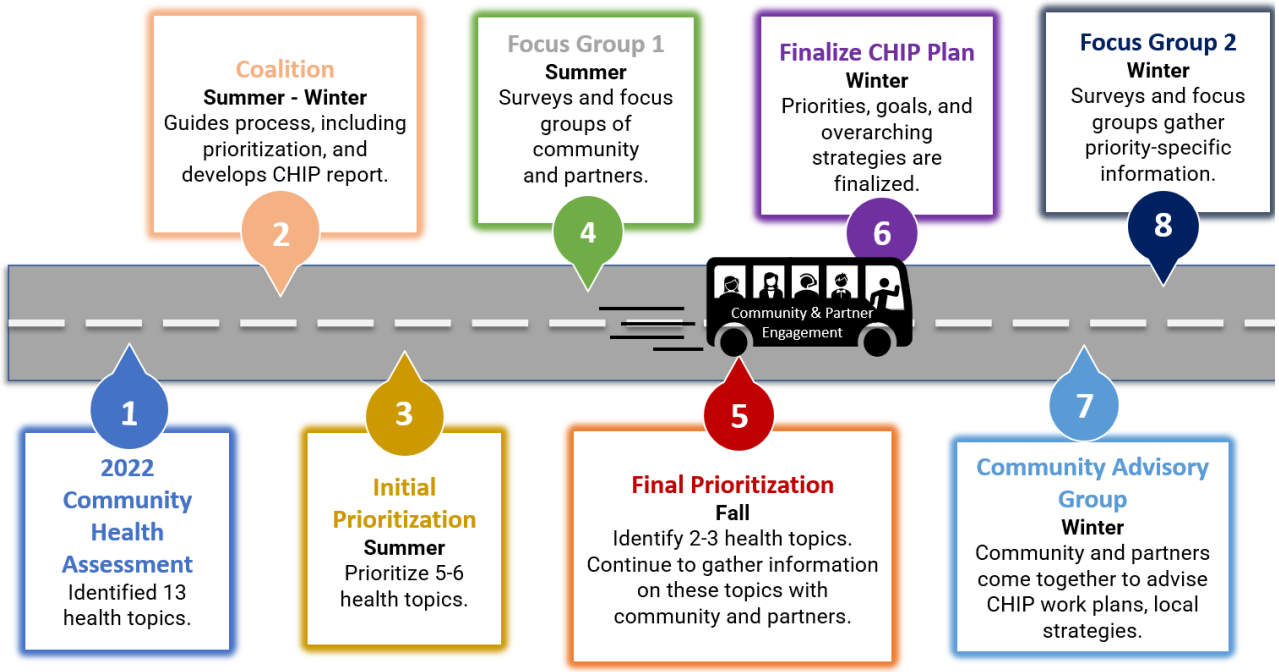
WHAT IS A CHIP?

- A CHIP is a community-centered plan to address the county's health priorities
- County-wide priorities with potential for local strategies
- Guided by and implemented through collective assessment and action
- Created in line with CDPHE CO Assessment and Planning System (CHAPS) guidelines and Public Health Accreditation Board (PHAB)

Who?

- Created in partnership with community
- Facilitated and evaluated by ACHD
- Guided and implemented by a community-led coalition
- Advised by community members with lived experience

4



5

6

"THE PRECONDITIONS OF EVERYONE'S HEALTH ARE COMMUNAL AND SYSTEMIC, AND THE FIELD OF PUBLIC HEALTH MUST ADDRESS THEM AS SUCH."

Public Health Code of Ethics, APHA, 2019

6

> **PUBLIC HEALTH IS WHAT WE DO TOGETHER AS A SOCIETY TO ENSURE THE CONDITIONS IN WHICH EVERYONE CAN BE HEALTHY.**

Public Health 3.0, OASH, DHHS

7

PARTNERSHIPS

8

COMMUNITY PARTNERS

Access Housing
Adams County Department of Human Services
Adams County Government: Community Safety and Well Being
Adams County Health Department
Adelante Community
Aurora Public Schools
Bennett Parks and Recreation District
Caring and Sharing
City of Commerce City
City of Westminster
Clinica Family Health
Community Reach Center
DRCOG
Early Childhood Partnership of Adams County
East Colfax Community Collective
Food for Hope
Growing Home
Henderson Community Church
Maiker Housing Partners
Montview Elementary School, Aurora Public Schools
NAMI Colorado
Northglenn United Church of Christ
Platte Valley Medical Center/ Intermountain Health
Resident Leaders
St. Anthony North Hospital
UCHealth
Village Exchange Center

9

ADAMS COUNTY STAFF

Diana Altermatt, ACHD
Jennifer Alvarez, ACHD, Comms
Julia Brennan, ACHD
Monica Buhlig, ACHD
Tessa Cushman, ACHD
Paolo Diaz, CSWB
Lindsey Earl, CSWB
Amber Ferguson, Communications
Esther Fierro, DHS
Dindi Gaines, ACHD
Emma Goforth, ACHD
Maria Gonzalez, ACHD
Julia Jackson, Communications
Sylvia Kamau-Small, ACHD
Karla Ojeda, DHS
Erin Phillips, ACHD
Sarahy Plazola, ACHD
Callie Preheim, ACHD
Gabriela Reyes, ACHD
Jamie Rodriguez, ACHD
Natalee Salcedo, ACHD
Ruhani Sansoya, CSWB
Alyssa Thomas, ACHD
Suriya Vijayasarathy, ACHD
Kelly Weidenbach, ACHD
Sadie Wych, ACHD
Michael Young-Hall, ACHD

10

ADCO COALITION FOR HEALTH IMPROVEMENT

Who

- Working group of partners and resident leaders

What

- Meet monthly+ since July to develop CHIP, guide process

Status

- Prioritized 3 health topic areas 12/1
- Currently building out vision and goal statements for each area

Next

- Transition to topic-focused working groups in new year
- Will build out work plans after additional community engagement

11

COMMUNITY SURVEY

Who

- Community partners funded by ACHD
- Adams County Human Services

What

- Survey distributed by
  - Community-based organizations
  - Adams County Human Services
  - Adams County Health Department
  - Adams County Communications

Status

- 863 responses
- High-level analysis completed

12

COMMUNITY-BASED ORGANIZATIONS (CBOS)

Who

- Community partners funded by ACHD

What

- Conducted focus groups, as trusted leaders, with community members (Fall 2023)

Status

- 16 Focus Groups; 131 participants
- Findings included in data analysis and utilized by Coalition in discussions and decision making

Next

- Will follow up with partners and residents to inform them of CHIP process; share additional ways to participate

13

WHAT DID WE LEARN?

14

ROOT CAUSES

Who

- Coalition members in August 2023

What

- Five Why's Exercise to develop understanding of root causes of top public health issues

Findings

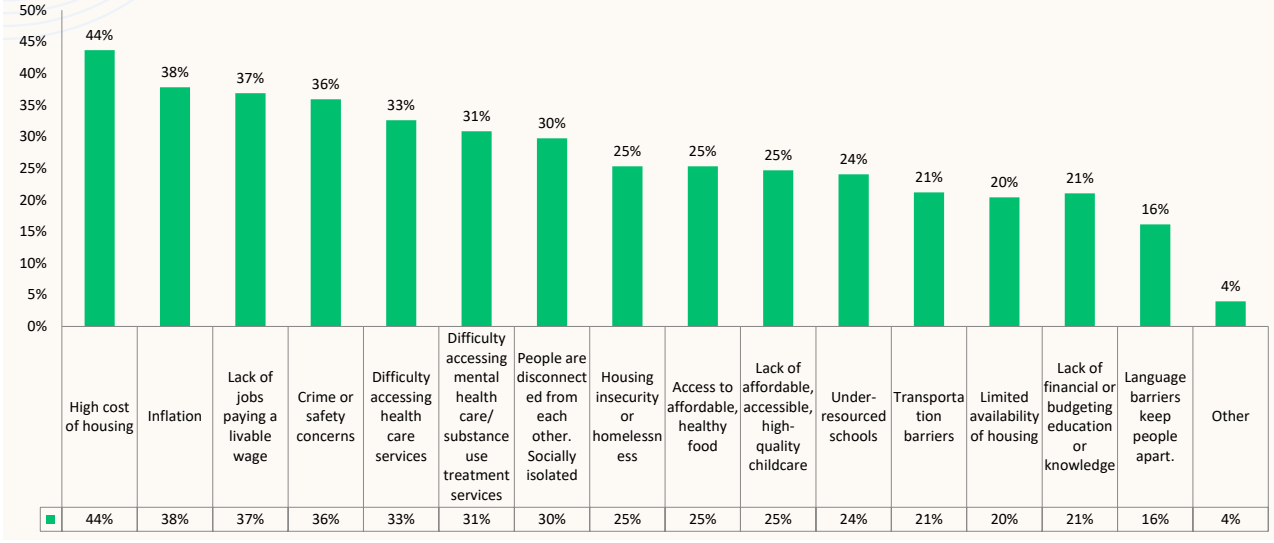
- Helped Coalition understand that many of the root causes of the top issues were related to systems, policies, and the Social Determinants of Health and Equity
- Informed the initial prioritization down to 5 top issues:
  - Food and Health
  - Mental Health
  - Access to Care
  - Housing and Health
  - Economic Security

15

WHAT MAKES YOUR COMMUNITY GREAT?

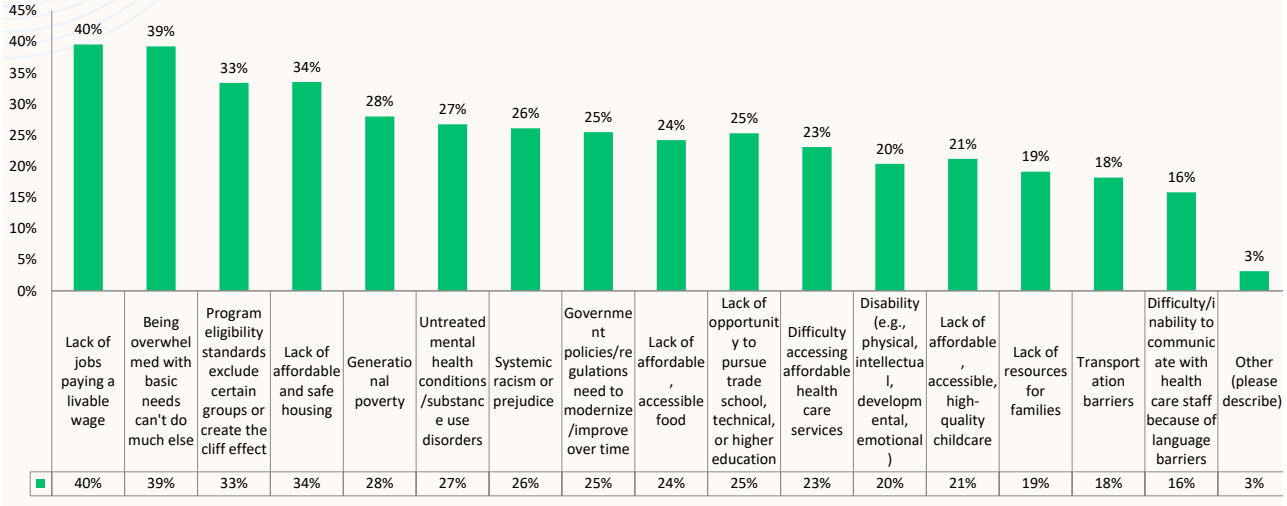
16

TOP CONDITIONS PREVENTING PEOPLE FROM THRIVING (ENGLISH & SPANISH SURVEYS)



17

TOP CONDITIONS MAKING IT DIFFICULT FOR PEOPLE TO MEET BASIC NEEDS/PROVIDE (ENGLISH & SPANISH SURVEYS)

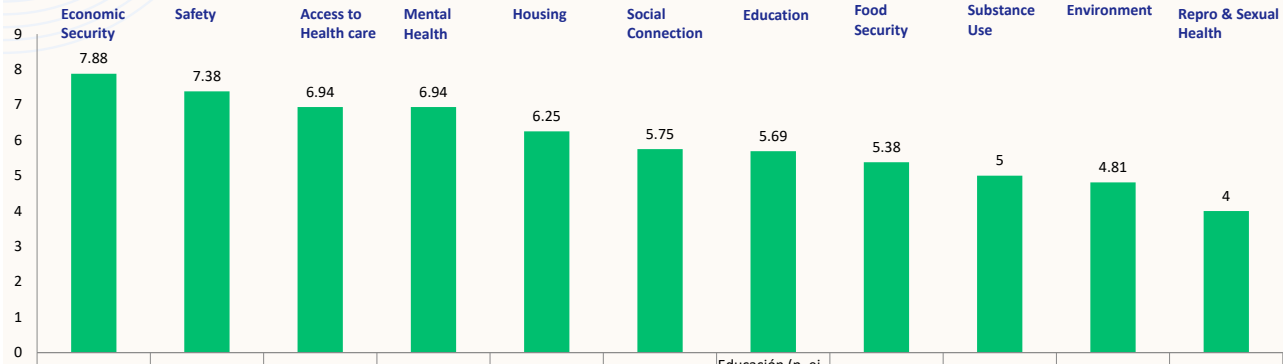


18

¿QUÉ HACE QUE USTED SE SIENTA ORGULLOSO DE SU COMUNIDAD?

Hace
Ciudad
Comunidad
Gusta
Vivo
Donde
Grande
Personas
Buena
Area
Desorden
Honestamente
Cuidada
Considero
Debe
Poco
Mude
Apoyo
Denver
Calles
Algo
Gana
Forma
Conocia
Hacer
Para
Así
Como
Falta
Gente
Cosas
Ciertas
Debian
Cultura
Parquea
Segura
Tranquilo
Participó
Grupos
Escuela
Orgullosa
Bien
Resiliencia
Limpieza
Desordenada
Respeto
Verdad
Hacen
Muy
Limpia
Cuidad
Construcciones
Tener
Siento
Permitir
Habitantes
Programas
Camiones
Inclusión
Hijos
Buena
Hacer
Ciudad
Muchos
Seguridad
Crecimiento
Involucró
Diversidad
Comunidad
Amabilidad
Librería
Debe
Gusta
Honestamente
Debian
Comunicación
Cuidada
Personas
Limpieza
Gente
Conocia
Desorden
Participó
Area
Forma
Grupos
Grande
Escuela
Orgullosa
Apoyo
Bien
Resiliencia
Limpieza
Como
Falta
Muy
Cuidad
Parquea
Construcciones
Tener
Falta
Siento
Donde
Permitir
Considero
Habitantes
Programas
Camiones
Inclusión
Desordenada
Involucró Poco
Desorden
Considero
Vivo
Debe
Donde
Poco
Cuidada
Honestamente
Crecimiento
Seguridad
Verdad
Hacen
Diversidad
Comunidad
Limpia
Muy
Cuidad
Parquea
Construcciones
Tener
Falta
Siento
Donde
Permitir
Programas
Habitantes
Considero
Camiones
Inclusión
Debe
Vivo
Buena
Hacer
Ciudad
Cosas
Ciertas
Hijos
Debian
Considero
Gente
Así
Como
Cultura
Calles
Forma
Conocia
Vivo
Hacer
Para
Personas
Algo
Buena
Mude
Apoyo
Librería
Hace
Debe
Amabilidad
Gusta
Honestamente
Debian
Comunicación
Parquea
Segura
Denver
Calles
Algo
Ciudad
Gana
Area
Forma
Grupos
Grande
Escuela
Orgullosa
Apoyo
Bien
Resiliencia
Limpieza
Como
Falta

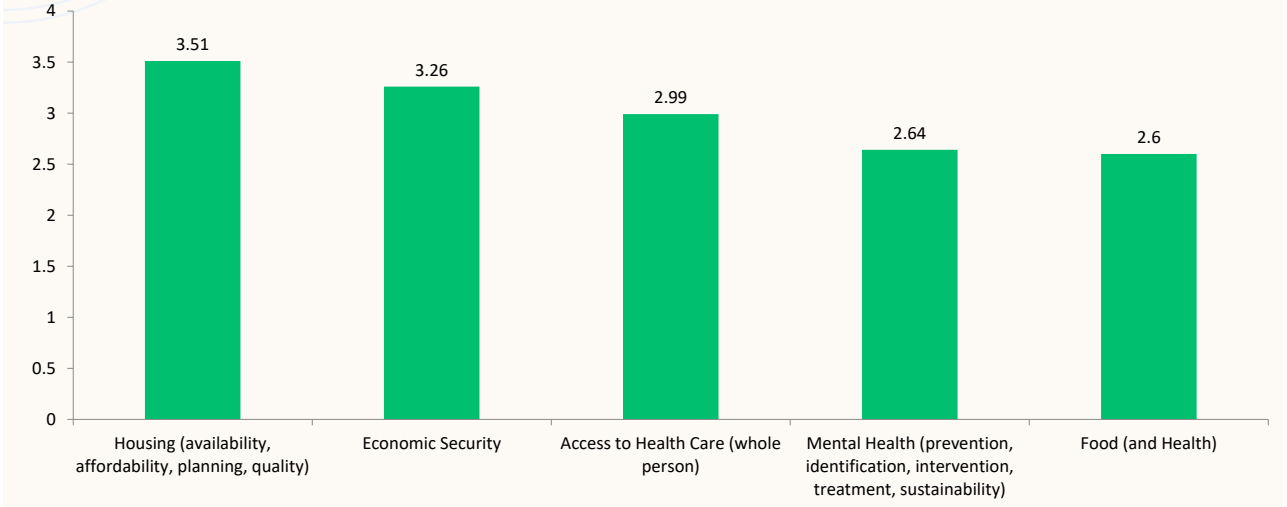
TOPICS MOST URGENT TO COMMUNITY HEALTH & WELLBEING (SPANISH SURVEY)



	Estabilidad económica o financiera	Seguridad	Acceso a servicios médicos y de salud mental	Salud mental	Vivienda asequible y segura	Conexión social (por ejemplo, tener una red de apoyo, comunidades que se apoyan entre sí)	Educación (p. ej., acceso a la educación y los recursos educativos desde la infancia hasta la edad adulta)	Seguridad alimentaria (p. ej., capacidad para comprar alimentos accesibles)	Uso de sustancias ilícitas y salud conductual	Medio ambiente (p. ej., agua y aire limpios, cambio climático)	Salud sexual y reproductiva
core	7.88	7.38	6.94	6.94	6.25	5.75	5.69	5.38	5	4.81	4

21

PRIORITIZATION BY COUNTYWIDE PARTNERS



22

ACCESS TO HEALTH CARE

What have we learned?

- Local services are important and make a difference (including specialty, emergency)
- Access is limited by system capacity, distance and transportation, cost, timely appointments, culturally-appropriate services, language barriers, eligibility, and ability to navigate systems

What's missing?

- Geriatric care and specialty services
- Mental health care and resources
- Health care system capacity
- Comprehensive, best-practice care for all people
- Respite care for unhoused
- With health system financial strain, provided "extras" are cut

23

ECONOMIC SECURITY

What have we learned?

- Cost of living is far outpacing income: people working full time can't expect to make enough to live
- Not all employers offer high-quality health insurance
- The high cost of child care makes it difficult for working parents

What's missing?

- Jobs that pay living wages (and are close to home and match people's skills)
- Easier job applications (or support) for people without phones or computers
- Support for people without documentation
- Services/gap coverage for people not eligible for assistance but struggling
- Financial literacy programs
- Data and ROI on universal income and other economic security programs
- Political will to make investments with long-term outcomes

24

FOOD AND HEALTH

What have we learned?

- Inflation and high cost of living impact ability to afford food
- Local resources are important and make a difference (e.g., food banks, gardens, farmers' markets, local produce markets)
- Food assistance (SNAP, WIC) make a difference but there are benefit cliffs difficulty with reduced benefits

What's missing?

- Fresh, affordable food for people in food deserts
- Services that support food access (and are culturally-relevant, in all languages, known to residents)

25

HOUSING

What have we learned?

- High cost of living and housing is really difficult for residents
- Some people in lower-cost housing report facing predatory, unsupportive, or racist housing management, poor living conditions, and safety concerns
- "Not in my Backyard" belief system impacts housing policy
- Will take a multi-sectoral approach

What's missing?

- Renters' rights organizations and services (including legal services)
- Rent control policies
- Support for income-limited homeowners with increasing maintenance costs

26

MENTAL HEALTH

What have we learned?

- People report not enough mental health services (including services in many languages)
- Stigma is still an issue
- Service, system, and coverage navigate inhibits care-seeking

What's missing?

- MH/BH providers
- Timely services
- Services offered in many languages (and culturally-appropriate)
- Services offered outside of regular business hours (when people are working)
- Need more proactive, preventive services
- Geriatric mental health specialists
- LBGTQIA mental health services

27

SAFETY

What have we learned?

- Some residents are scared to spend time outdoors in their neighborhoods
- Some residents feel unsafe in their housing (ex: drug use in hallways)
- Some residents have found that police arrive late or do not come at all
- People are concerned about road safety (drivers and pedestrians)
- People are concerned about gun violence
- People are concerned about drug use (especially locally in places like parks)
- In general, there is concern that safety has declined in recent years and that crime is going up
- Lack of trust in law enforcement
- Limited knowledge of 911 system
- Need better coordination between law enforcement in different jurisdictions
- Mental health and police response needs to be improved
- Human Trafficking

28

FINAL PRIORITIZATION

Rank Order								
	Coalition	Thriving/Comm	Community Eng	Community Span	Partners		AVG Score	Rank
Access to Care	1	3	4	2	3		2.6	3
Economic Security	3	1	2	1	2		1.8	1
Food & Health	5	5	3	5	4		4.4	5
Housing & Health	2	1	1	4	1		1.8	1
Mental Health	4	4	5	3	5		4.2	4

29

VISION STATEMENTS

30

WHY A VISION?

We want to make last change: Our vision helps us remember what where we're headed, guiding our work over time.

Our CHIP is two-prong and will have short-term initiatives and longer-term strategies.

31

ACCESS TO HEALTH CARE

WHOLE PERSON

In a thriving Adams County, every individual has access to timely, compassionate, and culturally-appropriate, whole-person health care.

32

ECONOMIC SECURITY

VISION

An Adams County where there are equitable, reliable, and resilient economic opportunities for all people - and assistance - to build a financial future that can adapt to changes in the economy and needs across the lifespan, benefiting future generations.

33

HOUSING

AVAILABILITY, AFFORDABILITY, PLANNING, QUALITY

VISION

In Adams County, our vision is to provide accessible, affordable, and high-quality housing for all; cultivating a healthy, inclusive, and thriving community where residents can remain in place and live with dignity.

34

DRAFT GOAL AREAS

35

GOALS

ACCESS TO HEALTH CARE
WHOLE PERSON

1. Encourage timeliness of care and capacity of healthcare system
2. Improve navigation between and of complicated systems
3. Address limitations of methods of offering care (e.g., telehealth, office hours, co-location, transportation, etc.)
4. Encourage culturally- and linguistically-appropriate care (reflective of people served)

36

GOALS

ECONOMIC SECURITY

1. Worker-first, workers' rights framework (living wages, wage theft, unions, thoughtful use of public investment resources)
2. Limited job opportunities that match skill, residence, financial needs, benefit needs, work-life balance, remote/hybrid needs, family-friendly policies
3. Limited and low-paying job opportunities for people without documents
4. Address the high cost of childcare
5. *Address inflation and high cost of living*
6. *Address ability for people to equitably build generational wealth*

37

GOALS

HOUSING

AVAILABILITY, AFFORDABILITY, PLANNING, QUALITY

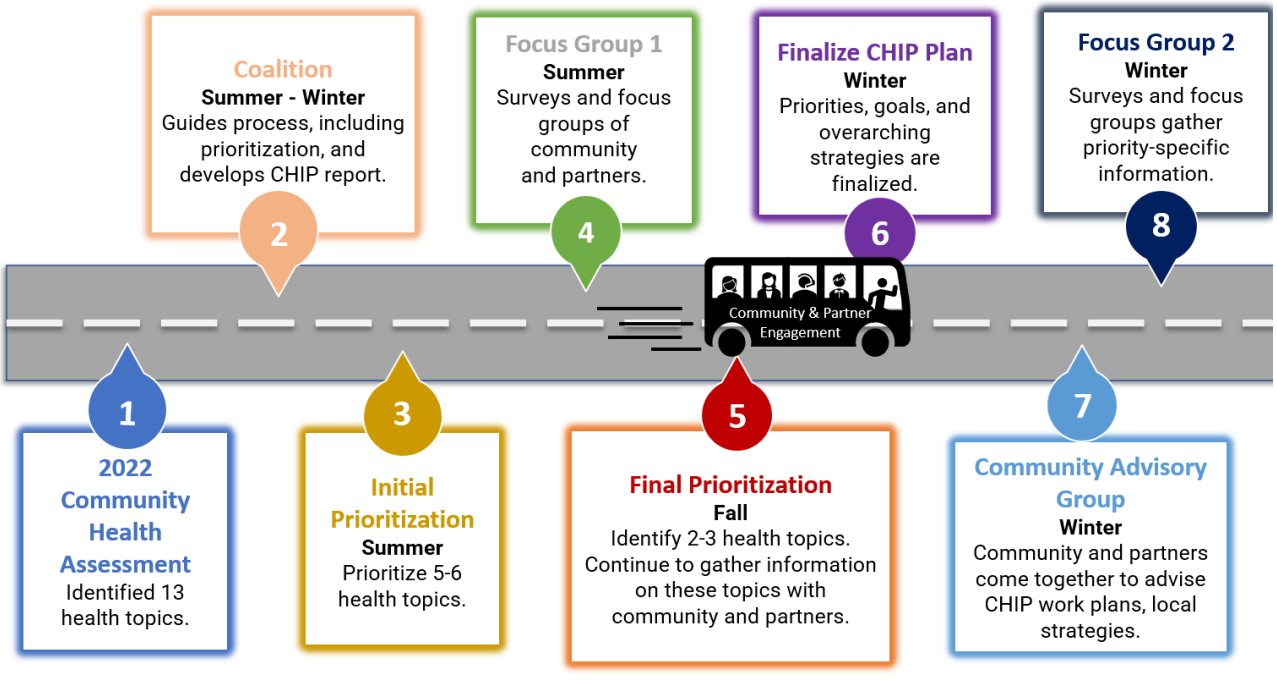
1. Improve housing quality, cultural appropriateness, and safety
2. Increase housing navigation services
3. Expand homelessness and eviction prevention, and make homelessness rare and brief
4. Encourage and incentivize attainable housing development

38

ADAMS COUNTY COALITION FOR HEALTH IMPROVEMENT

ADAMS COUNTY THRIVING COMMUNITIES COLLECTIVE

39



40

NEXT STEPS

- Topic-focused groups will refine the goal areas and craft goal statements
- The Collective will meet once again in January: discussion has been incredibly rich
- Report will be ready for approval at the January BOH meeting; it will include:
  - Final priorities
  - Vision statements
  - High-level goal statements
- Additional community and partner engagement and data collection will inform work plans

41

2024 (TENTATIVE TIMELINE)

42

January 2024

- Finalize report; BOH approval
- Task Forces transition; new members
- Communicate plan and thank you's

Winter – Spring 2024

- Phase II community engagement

Spring – Fall 2024

- Task Forces draft work plans

Fall/Winter 2024

- Begin implementation

42

QUESTIONS?

SUGGESTIONS?

43

THANK YOU!

Callie Preheim, MSPH
Public Health Planning & Evaluation
Senior Advisor
Adams County Health Department
cpreheim@adcogov.org
720-200-1658

44