



Chaffee County Community Health Assessment 2016



Colorado School of
PUBLIC HEALTH



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This assessment could not have been done without the contribution of numerous community members who participated in the community engagement activities. We would like to thank them for volunteering their time to helping make this assessment possible.

1. Executive Summary

1.1 Purpose

The purpose of this community health assessment was to identify major health concerns, describe community strengths and assets, and assess community challenges in Chaffee County. Additionally, this project aimed to engage community members in local public health decision-making and ensure that diverse perspectives were shared.

1.2 Partnership

The Chaffee County Department of Public Health and Environment collaborated with a team of students and faculty from the Colorado School of Public Health (CSPH) to conduct a community health assessment.

1.3 Methods

Data Collection

The three data collection methods used in this Community Health Assessment (CHA) were adopted from the 2012 Chaffee County CHA. In the spring of 2016, Chaffee County residents participated in a Nominal Group Technique (NGT) Process, Key Informant Interviews, and a Community Survey. The NGT Process is a shared decision-making technique in which community participants brainstorm ideas and then anonymously rank them to identify the top ideas. It's designed to ensure that all participants have an equal voice and equal opportunity to share their perspectives. The purpose of these three methods was to answer the following questions:

- What are the key health concerns in Chaffee County?
- What are the strengths and assets in Chaffee County that can be used to improve the health of the population?
- What are the challenges and barriers in Chaffee County that hinder progress in addressing the key health concerns?

Data Analysis

Top health concerns and community strengths/assets were first identified through the NGT Process. The list of themes generated through this process provided the basis for the analysis of the Key Informant Interviews. During the analysis of the interviews, additional themes were added to the list as they emerged. The final list of themes was then used to analyze the Community Survey responses.

The top five health concerns and top five community strengths/assets identified by each data collection method were scored. Scores were then tallied across all three data collection methods and a final score was assigned to each top health concern and top strength/asset. The health concerns and community strengths/assets with the highest overall scores are described in detail in the [Key Findings](#) section of this report.

In order to develop recommendations for which health concerns Chaffee County should address in its upcoming Public Health Improvement Plan, the top health concerns identified in the previous step were scored based on the magnitude of the problem, severity of the problem, practicality/feasibility of addressing the problem, and how Chaffee County compares to the rest of the state in terms of quantitative data. Items with the highest overall scores indicate the health concerns that the CHA team recommends Chaffee County prioritize.

1.4 Key Findings

The results from this assessment indicate that Availability of Healthcare Providers, Substance Use, Lack of Assisted Living, Mental Health, and Lack of Affordable Housing were the top five health concerns in Chaffee County. The top assets that were identified include a Strong, Generous, and Engaged Community; the Natural Environment and Outdoor Recreation; the Hospital; Chaffee County Public Health and their Prevention Programs; and access to Gardens and Local Food.

Health Concerns

Availability of Providers was identified as a key health concern across all three data collection methods and was identified as the top health concern in the Key Informant Interviews. This theme includes availability of primary care providers, specialists, and dentists. Lack of availability forces more residents to travel to the Front Range to access services, which is an additional barrier to care particularly for low income and elderly residents.

Substance Use, including alcohol, marijuana, and illegal drug use, was also a top concern identified by Chaffee County residents and was the top health concern identified in the Community Survey. Although the specific factors leading to drug use in Chaffee County were not identified, community members agreed that both the presence of substance use and the lack of treatment resources are critical health concerns.

Chaffee County has a growing senior population. In both the NGT Process and Key Informant Interviews, **Lack of Assisted Living** for this growing population was identified as a top concern as there is no transitional housing for older adults in between living independently and holding residence at Columbine, the local skilled nursing facility.

Lack of Affordable Housing was identified as a top concern in both the NGT Process and Key Informant Interviews. Community members reported that the lack of affordable housing causes some residents to neglect healthcare expenditures in order to pay for housing or to live in unsuitable living conditions in order to live in Chaffee County.

Finally, **Mental Health** was identified as the top health concern in the NGT Process. Participants often referred to mental health issues as a broad concern, while some specified conditions ranging from depression to serious mental illness requiring psychiatric care. The themes of substance use and the limited availability of mental health providers were also often discussed along with mental health.

Each of these health concerns were identified as priorities in at least one data collection method (NGT Process, Key Informant Interviews (KII), and Survey). The table below displays the data collection method(s) in which each health concern was identified as a top priority, as well as the concern’s overall rank.

Top Health Concerns in Chaffee County by Data Collection Method				
	NGT	KII	Survey	Rank
Availability of Providers	X	X	X	1
Substance Use		X	X	2
Lack of Assisted Living	X	X		3
Lack of Affordable Housing	X	X		4
Mental Health	X			5

Table 1. Relative ranks of each theme for each of the data collection methods.

Community Strengths & Assets

Residents shared that they felt Chaffee County is a Strong, Generous, and Engaged Community. The Natural Environment and access to Outdoor Recreation opportunities were also seen as important, positive assets of the community. Additional strengths identified were: Heart of the Rockies Regional Medical Center, Chaffee County Public Health and their Prevention Programs, and Access to Gardens and Local Food.

1.5 Key Recommendations

Prioritization Recommendations

A prioritization matrix (See [Appendix E: Prioritization Matrix](#)) was created in order to determine which of the community-identified health concerns should be prioritized in the upcoming Chaffee County Public Health Improvement Plan. The final prioritization of health concerns will be based on feedback from the Chaffee County Health Coalition Leadership Team. Based on current inputs for the matrix, proposed prioritized health concerns for Chaffee County include **Lack of Assisted Living, Availability of Providers, and Oral Health.**

Lack of Assisted Living and **Availability of Providers** were identified as top health concerns in each of the data collection methods. **Lack of Assisted Living** ranked as the highest priority because it is something that affects Chaffee County more than the rest of the state and was determined by the CSPH team to have high feasibility and practicality. Providing transitional housing for aging community members who are no longer able to live independently, but are not in need of full nursing home care would ensure the safety and overall health of this population.

Availability of Providers ranked second in priority because it is a condition that affects everyone in the community and is a greater problem in Chaffee County than in the rest of the state. Although solutions to this health concern may present significant challenges, the Chaffee County CHA identified Heart of the Rockies Regional Medical

Center and the Public Health Department as community assets. These two entities could also engage a wide range of dedicated community partners to address this issue.

Although **Oral Health** is one of the top-ranked priorities, it is not one of the top five health concerns described in the Key Findings; it was only identified as a top health concern during the Key Informant Interviews. However, **Oral Health** was a major priority of the last Chaffee County Public Health Improvement Plan (PHIP) in 2013, so significant work has been done to bring stakeholders together to address this issue. Therefore, the practicality and feasibility of addressing oral health concerns are both high. Since the 2013 PHIP, Chaffee County has made significant progress in meeting its **Oral Health** targets. Given the community-perceived lack of access to dental providers that accept Medicaid, it would benefit Chaffee County to continue its great work in the area of **Oral Health** for this PHIP.

Recommendations on the Overall Community Health Assessment Approach

- Continue implementing consistent methods common between community health assessments. This CHA utilized the same approach as the one conducted in 2012 for the 2013 Chaffee County Public Health Improvement Plan. The same three methods were used to gather community perspectives: The NGT Process, Key Informant Interviews, and a Community Survey. The research questions also remained consistent:
 - What are the major health concerns in Chaffee County?
 - What are the strengths and assets in Chaffee County that can be used to improve the health of the community?

Consistent implementation of methods between CHAs allows for:

- Greater reliability and ease of implementation.
 - Ability to examine how community-perceived health concerns are changing over time.
- Ensure consistent demographic questions are asked of community members participating in all data collection methods.
 - Engage a diverse cross-section of community residents to participate in data collection methods.
 - Consider alternative methods for recruiting diverse community residents.
 - Look at offering a wider range of time slots for Key Informant Interviews so that a greater number and a more diverse cross-section of the community may participate.

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3. Background

In 2008, the Colorado State Legislature enacted Senate Bill 08-194 which overhauled the Colorado public health system. This bill is known as Colorado's Public Health Act, and requires local public health agencies throughout the state to conduct a community health improvement plan (CHIP) every five years. These community-level assessments are used to identify health concerns of local importance in an effort to leverage resources to improve overall community health by focusing on specific areas of improvement.

The Chaffee County Department of Public Health and Environment collaborated with students and faculty of the Colorado School of Public Health to conduct their third community health assessment. The students who participated in this project are pursuing their Master of Public Health with a concentration in Community and Behavioral Health. This project is part of the Community Health Assessment course (CBHS 6624) taught by Holly Wolf, PhD, MSPH; Patricia Valverde, PhD, MPH; and teaching assistant Kate Boyd, MPH.

Three methods of data collection were employed for this assessment: Nominal Group Technique (NGT) Process, Key Informant Interviews, and a Community Survey. Participants of the NGT Process were asked to identify the following: 1) main health concerns; and 2) strengths and assets of Chaffee County in addressing the health concerns. Participants who took part in the Key Informant Interviews were asked to identify the same concerns and assets as the participants in the nominal group, with the inclusion of the limitations and challenges they saw that could impact the health concerns. The Community Survey addressed the same questions as the ones asked of the key informants.

The Chaffee County Department of Public Health and Environment staff initiated contact with the participants of the NGT Process, identified key informants, and communicated to the residents about the Community Survey. The staff scheduled interviews, meetings, and provided regular communication to make this community health assessment possible. The students' roles were to gather the data using these three methods and analyze the results. The students interviewed key informants and launched the online survey. The students used the data to identify strengths and assets in Chaffee County and to provide key recommendations to improve the overall health of Chaffee residents.

The collaboration between the Chaffee County Department of Public Health and Environment and the students and faculty of the Colorado School of Public Health addressed the goals of the community health assessment by identifying strengths and assets within the community and addressing challenges that could impact the health concerns for Chaffee County. Please refer to the [Appendix A: Scope of Work](#) for further information.

4. Community Description

Chaffee County is located southeast of the Rocky Mountains in Central Colorado. It spans 1,013 square miles and borders the Sawatch Range and Mosquito Range (Chaffee County Community Health Assessment, 2009). The unique location between two mountain ranges allow for numerous outdoor recreational activities during the summer and winter sports during the colder months. Additionally, the tourism industry is bolstered by the county's stunning natural beauty and scenic mountain vistas.

Chaffee County has a population of 18,363, which comprises 0.3% of the state's population of 5,456,574 (US Census Bureau, 2014). This section will provide an overview of the age distribution, gender distribution, racial distribution, housing value, income, number of housing units, and the number of households in Chaffee County compared with the state of Colorado.

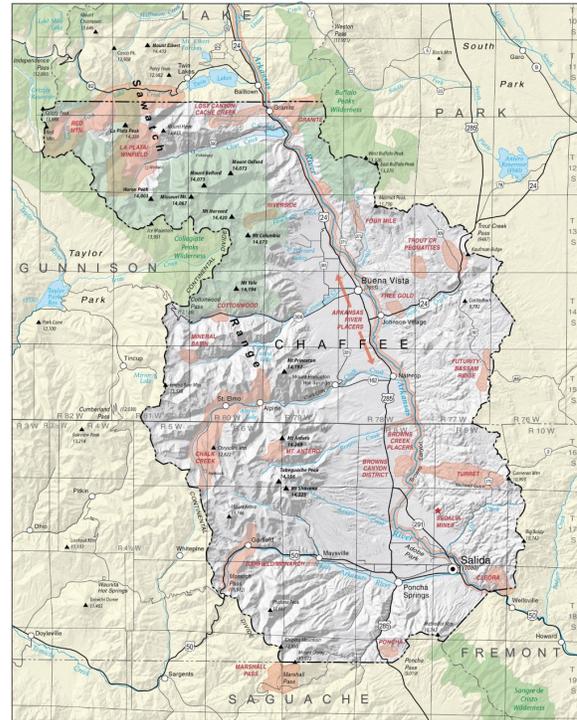


Figure 1. Map of Chaffee County (retrieved from Colorado Geological Survey).

A. Age Distribution:

The age distribution of Chaffee County differs from that of the state of Colorado because Chaffee's population is more heavily weighted in the 65 and over age groups. This concentration of older, retirement age residents suggests that the health concerns of Chaffee County will center around topics impacting the aging community. With an older community, health concerns targeting young children are not likely to be common. Therefore, health concerns will likely include topics of specialty care and healthy aging rather than breastfeeding and safe routes to schools.

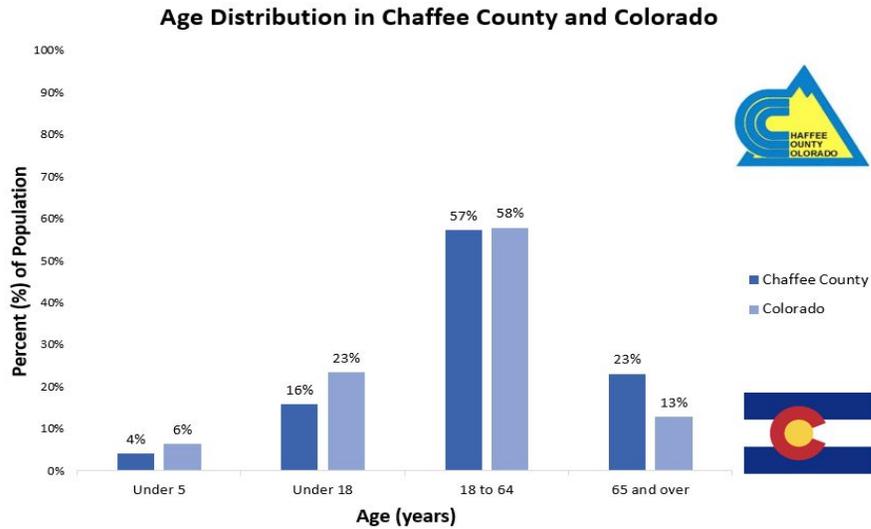


Figure 2. Age Distribution. The percentage of people in the under 5 and under 18 categories is higher for the Colorado population than the Chaffee County population by at least two percentage points. In the 18 to 64 category, the proportions are about the same with 58% for Colorado and 57% for Chaffee County. In the 65 and over category, Chaffee County has a much higher percentage (23%) compared to Colorado (13%). *Data retrieved from US Census Bureau, 2014.*

B. Gender Distribution:

Chaffee County is more predominately male than Colorado overall, but this difference is not large enough to suggest male gender-specific health concerns will emerge as primary health concerns.

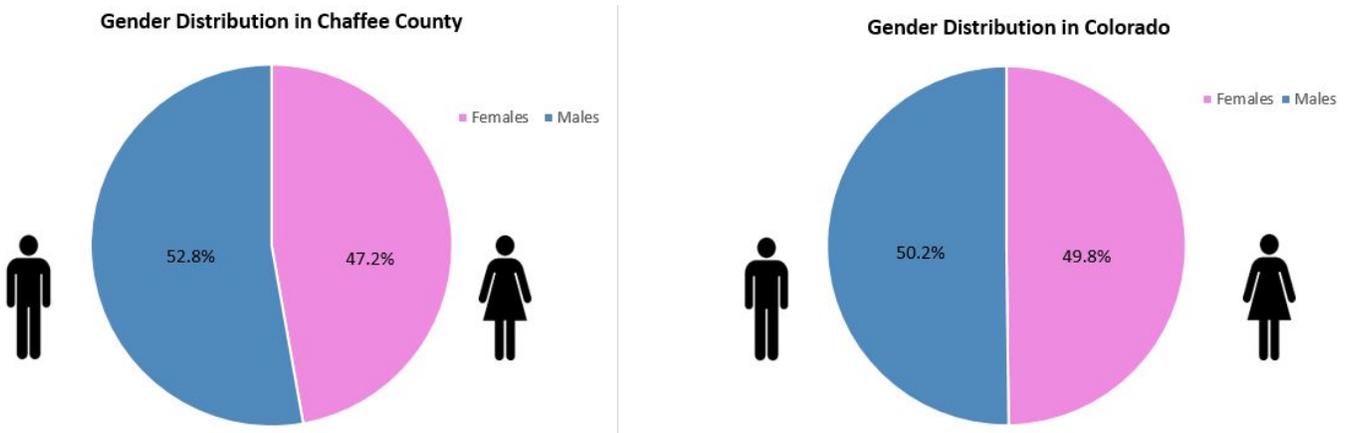


Figure 3. Gender Distribution. The percentage of males in Chaffee County is higher than in Colorado at 52.8% and 50.2% respectively. The percentage of females in Chaffee County is lower than in Colorado at 47.2% and 49.8% respectively. The ratio of males to females in Chaffee County is about 1.1 while almost 1.0 in Colorado. *Data retrieved from US Census Bureau, 2014.*

C. Race Distribution:

Both Chaffee County and the State of Colorado’s racial distribution is mostly Non-Hispanic White, with Hispanics of any race the second most prominent racial/ethnic group. However, the percentage of Hispanic (of any race) Chaffee County residents is half that of the percentage of Coloradans who identify as Hispanic. Given that Chaffee County has less minority representation than the state overall, it is unlikely that racial/ethnic-specific health concerns will arise during community engagement events. In some parts of Colorado, there is a large Hispanic population, so there are concerns about access to bilingual health providers and services for the undocumented. It is unlikely that these concerns will emerge in Chaffee County.

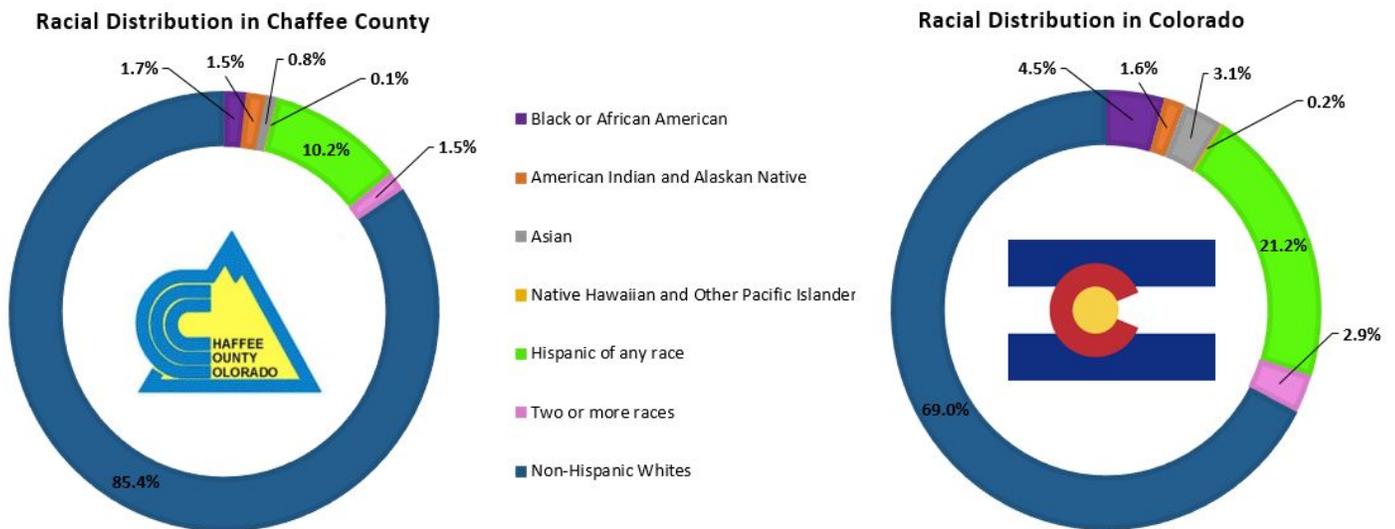


Figure 4. Racial Distribution. The majority of Chaffee County residents identify as Non-Hispanic Whites (85.4%). Residents who identify as Hispanic of any race account for 10.2% of the Chaffee County population. Residents who identified themselves as belonging to one of the remaining racial categories make up close to 5% of Chaffee County’s population. Non-Hispanic Whites make up 69% of Colorado, which is significantly less than the percent of Non-Hispanic Whites in Chaffee County. Hispanics of any race are the second most populous race in Colorado at 21.2% with the other races making up close to 10% of the state population. *Data retrieved from US Census Bureau, 2014.*

D. Income and Housing:

Taking the median home value and median income data into consideration together, it is apparent that the cost of living is higher in Chaffee County than in Colorado overall: income is lower and homes are more expensive. The proportion of the median home value covered by one year’s median household income in Chaffee County is .18 (\$48,012 / \$262,300), while in Colorado, it is .25 (\$58,942 / \$236,200). Given the high cost of living in Chaffee County, major health concerns related to cost of care are likely to be important to residents.

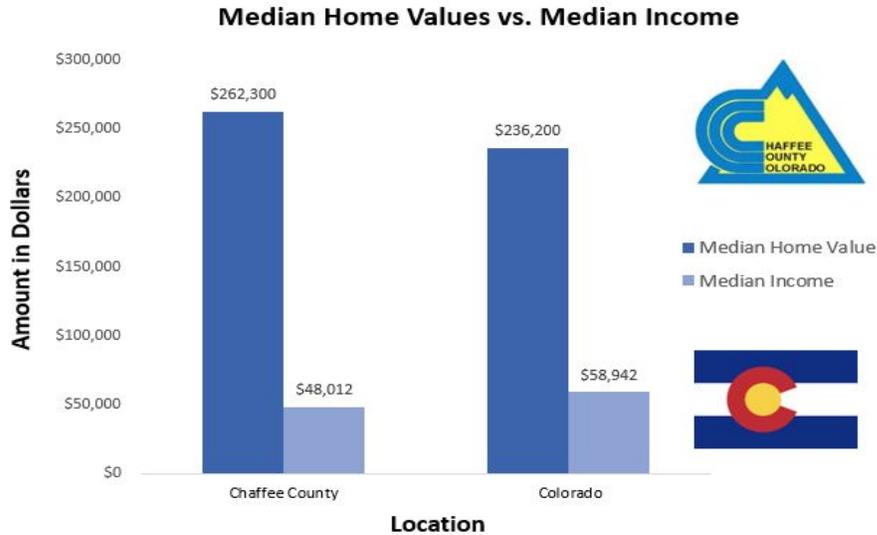


Figure 5. Median Home Values compared with Median Income. The 2013 median income in Chaffee County is about 22% lower than the median income for Colorado. The median home value in Chaffee County is about 11% higher than the median home value in the state. *Median Home Value is an estimate of values from 2009-2013. Data retrieved from Colorado Department of Public Health and Environment (CDPHE).*

E. Housing Units and Households:

There is little difference in the number of households per housing unit in Chaffee County as compared to Colorado overall. Chaffee County has a slightly less dense housing situation with fewer households per housing unit. Therefore, no specific health concerns related to the overall availability of housing are expected.

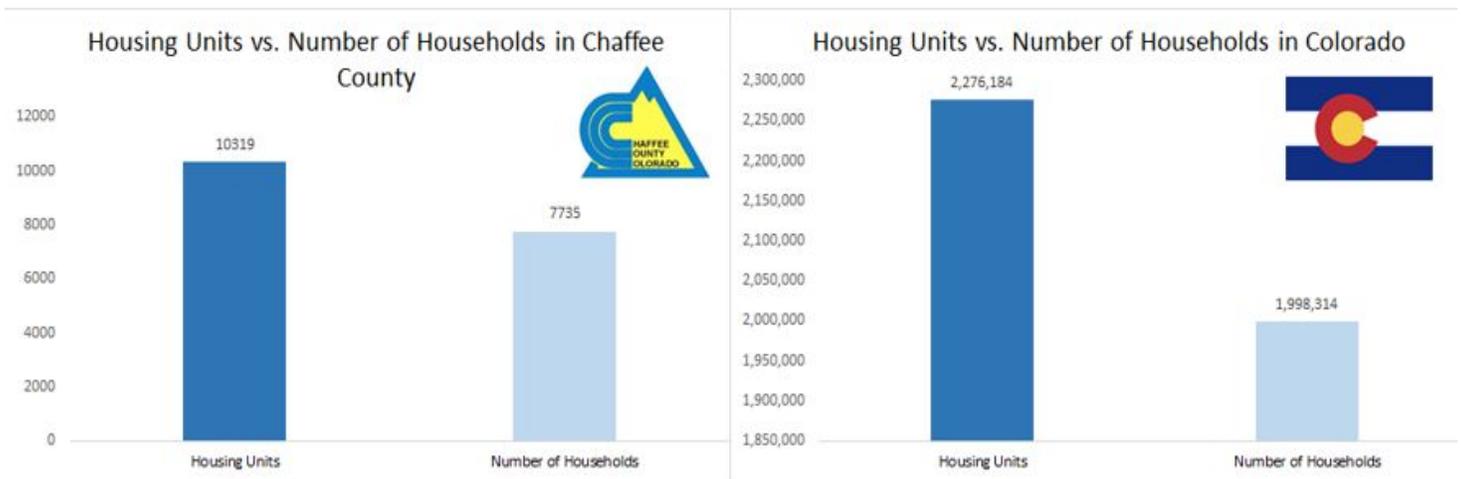


Figure 6. Number of housing units compared with the number of households. The ratio of housing units to family households in Chaffee County is 1.3 while it is 1.1 in Colorado. *Data retrieved from US Census, 2014.*

5. Health Factors

The Health Indicator Summary tables below highlight a series of health indicators in Chaffee County and compare them with state-level data. They provide a valuable comparison with the state and help provide perspective on the health status of Chaffee County’s residents. Chaffee County is part of Health Statistics Region (HSR) 13 along with several other small counties in the region; when data specifically for Chaffee County are not available or not statistically significant, the tables report the HSR 13 data instead. The indicators highlighted in green are favorable while those highlighted in yellow are a cause for concern. Health indicators that are relevant to the findings from this community health assessment will be discussed in further detail in the Key Findings section.

Chaffee County Health Indicator Summary

Yellow = Concern **Green** = Favorable HSR13 = Health Statistics Region 13: Chaffee, Custer, Fremont, & Lake Counties

Access to Care

2015 Colorado Health Institute, Colorado Health Access Survey ²	Health Statistics Region (HSR) 13	Colorado
Insured	93.2%	93.3%
Private Insurance	41.7%	59.2%
Employer-Sponsored Insurance	33.2%	50.9%
Individual Market	8.4%	8.2%
Public Insurance	51.5%	34.2%
Medicare	24.9%	12.9%
Medicaid/Child Health Plan Plus (CHP+)	26.6%	21.3%
Uninsured	6.8%	6.7%
Underinsured	13.2%	16.4%
Place of employment offers health insurance (Employed adults ages 19-64)	76.5%	84.3%
Use of Healthcare Services		
Did not visit a general doctor in the past 12 months	20.0%	24.7%
Had visit for a check-up, examination/ other preventive care in past year	64.8%	66.1%
Visited a specialist in the past 12 months	46.3%	37.8%
Has a usual source of care	86.1%	86.6%
Barriers to Healthcare		
Told by a doctor's office or clinic not accepting new patients	13.5%	9.2%
Unable to find transportation to doctor's office or too far away	7.6%	4.7%

Unable to make an appointment because could not leave work (Employed adults 18+	15.2%	12.2%
Affordability		
If you were eligible for health coverage through a public program at no cost to you, you become enrolled. (Uninsured Coloradans)	75.9%	85.7%
Did not fill a prescription for medication due to cost	11.1%	9.8%
Healthcare Meeting Family's Need		
Current health system is meeting the needs of family (strongly agree/agree)	70.9%	74.6%

General Health Status

	Data Year(s)	Chaffee County	Colorado
Adults who reported that their general health was fair or poor ¹	2011-2013	12.3% (7.01-17.49)	13.8% (13.35-14.31)
Limited in any way in your ability to work because of a physical, mental, or emotional health problem (Ages 18 and older) ²	2015	HSR 13: 32%	19.9%

Healthy Aging

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
Adults 65+ had flu shot in past 12 months ¹	2011-2013	61% (50.15-72.42)	67% (65.54-67.80)	90%
Adults 65+ pneumonia ever had shot ¹	2011-2013	65% (54.14-75.48)	75% (73.39-75.54)	90%
Rate of hospitalization 65+ influenza per 100,000 ¹	2011-2013	51.4 (34.09-72.16)	71.8 (71.31-72.32)	
9 th cause of death: influenza & pneumonia ¹		13.7 (5.6-25.3)	11.9 (11.3-12.5)	
Adults 65+ had fall past 12 months ¹	2012	HSR 13: 35% (25.08-45.61)	27% (25.55-29.28)	

Cancer Screening and Prevention

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
Mammography in last 2 years 40 years old +	2012	HSR 13: 57% (46.90-67.47)	68% (66.31-69.64)	
Pap smear in last 3 years	2012	HSR 13: 64% (49.23-78.67)	79% (77.11-80.40)	93%
CRC screening 50+	2012	69% (57.63-80.51)	66% (64.41-67.37)	70.5%
1 st cause of death: cancers per 100,000		147.5 (121.4-173.5)	141.13 (139-143)	
Adults sun protection use	2012	HSR 13: 31% (22.13-40.35)	41.6% (39.87-43.39)	
Age-adjusted rate invasive melanoma per 100,000	2009-2011	37.6 (23.08-52.02)	22.1 (21.31-22.83)	

Smoking

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
Smoking cigarette among adults18+	2011-2013	24.2% (15.84-32.55)	17.9% (17.31-18.47)	12%
High school students currently smoking	2013	HSR 13: 19.6% (18.02-21.13)	10.7% (10.01-11.40)	16%
Kids ages 1-14 rode in car with smoker	2011-2013	HSR 13: 7.4% (1.79-12.95)	4.9% (3.91-5.86)	
Kids ages 1-14 live with smoker	2011-2013	HSR 13: 13.9% (3.14-24.75)	3.3% (2.33-4.19)	

Mental Health and Substance Abuse

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
High school students reported bullied @ school ¹	2013	HSR 13: 24.5% (21.98-26.71)	20% (19.20-20.85)	17.9%
Age-adjusted rate of suicide hospitalization per 100,000 ¹	2011-2013	33.7 (16.68-152.26)	51.9 (50.71-52.99)	
Rate of liquor stores per 10,000	2012	4.96	2.38	
Adults reported binge drinking	2011-2013	10% (5.69-15.12)	19% (18.63-19.84)	24.3%
High school student binge drinking (5+ drinks)	2013	HSR 13: 22.6% (20.11-25.03)	16.6% (15.62-17.63)	8.5%
High school student marijuana use	2013	HSR 13: 22.95% (21.23-24.67)	19.7% (18.71-20.64)	6%
High school students drive when drinking	2013	HSR 13: 9.15% (8.22-10.09)	7.7% (6.93-8.40)	

Oral Health

	Data Year(s)	Chaffee County	Colorado
Adult with tooth lost due to tooth decay/periodontal disease ¹	2012	47% (32.27-61.74)	37.7% (36.60-38.89)
Kids ages 1-14 w/ fair/poor teeth condition ¹	2011-2013	HSR 13: 12.4% (3.37-21.34)	7.4% (6.05-8.72)
Adults visited dentist/dental hygienist ¹	2012	56.2% (46.41-74.94)	65.2% (64.08-66.42)
Adults with dental insurance ²	2015	HSR 13: 60%	70.6%

Prenatal Care

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
Adequate prenatal care ¹	2011-2013	62% (56.91-66.28)	63.3% (63.09-63.53)	
Low birth weight babies (< 2500 grams) ¹	2011-2013	9.8% (6.97-12.69)	8.8% (8.66-8.91)	7.8%
Rate of infant deaths (< 1 yr) per 1,000 live births ¹	2011-2013	7.2 (1.36-17.56)	5.1 (4.76-5.39)	6
Smoked during last 3 months of pregnancy ¹	2009-2011	18.2% (2.04-34.31)	8.4% (7.38-9.31)	

Injury Prevention

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
Seatbelt use among adults 18+	2011-2013	66.7% (57.41-75.89)	84.7% (84.10-85.19)	92.4%
Rate of work-related hospitalization per 100,000	2011-2013	50 (31.12-68.96)	35.9 (34.93-36.79)	

Chronic Disease Management & Prevention

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
Rate of new pertussis cases per 100,000	2011-2013	16.5 (7.50-29.10)	21.1 (20.33-21.77)	
Adults told has high blood pressure	2011, 2013	31% (22.37-39.56)	25.6% (24.98-26.31)	26.9%
Adults told has high cholesterol	2011, 2013	35% (26.89-43.43)	34% (33.41-35.00)	13.5%
Cholesterol screen in past 5 years	2011, 2013	78% (68.29-88.02)	76% (74.73-76.37)	82%
Adults ever had heart attack	2011-2013	3.7% (1.85-5.61)	2.9% (2.74-3.11)	
Adults ever had angina/coronary artery disease	2011-2013	4% (2.30-5.76)	2.7% (2.51-2.87)	
Age adjusted rate of acute myocardial infarction hospitalizations per 100,000	2011-2013	167.5 (139.35-195.65)	162.5 (160.48-164.52)	

2 nd leading cause of death: heart disease per 100,000		119.85 (96.7-143)	127.1 (125.2-128.9)	
4 th leading cause of death: Cerebrovascular disease per 100,000		37.3 (23.1-51.5)	32.72 (31.8-33.7)	
6 th leading cause of death: diabetes per 100,000		13.6 (5.9-21.4)	15.6 (15.0-16.3)	
8 th leading cause of death: other diseases of circulatory system per 100,000		12.8 (5-24)	Not listed	

Health Eating and Active Living

	Data Year(s)	Chaffee County	Colorado	Healthy People 2020 Goal
Adults eat at fast food 1 or more times per week ¹	2011	63.5% (45.62-81.33)	66.6% (64.65-68.54)	
Rate of fast food restaurants per 10,000 residents ¹	2012	12.13	7.4	
People with sidewalks to safely walk/run ¹	2011	78.6% (65.46-91.75)	82.7% (81.23-84.25)	
Kids overweight or obese (ages 2-14, Body Mass Index= 85 th percentile) ¹	2011-2013	HSR 13: 25.9% (13.23-38.55)	28.1% (25.96-30.32)	
Kids obese (ages 2-14, Body Mass Index= 95 th percentile) ¹	2011-2013	HSR 13: 14% (6.01-21.96)	15.5% (13.65-17.25)	14.6%
Kids (ages 1-14) ate 2+ fruits & 3+ veggies/day ¹	2011-2013	HSR 13: 6.4% (0.43-12.46)	11.1% (9.58-12.56)	
Adults who are obese/overweight ¹	2011-2013	52% (43.70-60.22)	56.1% (55.36-56.77)	
Adults who are obese (Body Mass Index = 30) ¹	2011-2013	20.5% (13.84-27.06)	20.8% (20.25-21.39)	30.6%

Data Sources: 1. Colorado Department of Public Health and Environment, Colorado Health Indicators at <http://www.chd.dphe.state.co.us/HealthIndicators/> Accessed January 8, 2016 2. Colorado Health Institute, Colorado Health Access Survey at <http://www.coloradohealthinstitute.org/data-repository/detail/county-data-workbooks-1>

Table 2. Health Indicator Summary. Table generated by Dr. Patricia Valverde. These data are drawn primarily from ¹Colorado Department of Public Health and Environment, Colorado Health Indicators and ²Colorado Health Institute, Colorado Health Access Survey.

6. Community Perspectives

6.1 Purpose

Gathering the viewpoints of a variety of community stakeholders during the data collection phase ensures that the overall findings are influenced by many opinions and experiences. Community members were specifically asked to provide their perspectives on the important health concerns of Chaffee County, the strengths and assets to address these concerns, and the barriers to successfully combat them.

6.2 Methods

A. Nominal Group Technique (NGT) Process:

a. Data Collection:

The NGT Process session was a two-hour event held in Salida, CO, to identify the community's health concerns and assets in an equitable way. Another benefit of employing this technique is that it allowed the CSPH team to determine the top-ranked concerns and assets in a time-efficient manner. Participants were identified by Chaffee County Public Health Staff. Every effort was made to include representation from the hospital (Heart of the Rockies Regional Medical Center), primary care offices, county programs and organizations (including Human Services, Public Health, and local government), non-profit organizations, and business owners in both Salida and Buena Vista.

In an effort to thank participants for their time and to encourage participation, lunch was provided at the start of the session. Participants listened to a brief summary of existing quantitative Chaffee County health data prior to beginning the NGT Process.

Participants were seated at seven tables (with approximately seven people per table) and guided through the NGT Process by trained facilitators (See [Appendix B-1: NGT Process Guide](#)). The process used a round robin technique to obtain the participant's main health concerns in Chaffee County and Chaffee County's strengths and assets. The round robin technique was followed by an anonymous ranking method into to determine the top health concerns and top strengths and assets. A note-taker was present at each table to ensure accurate record-keeping. Participants were first asked to individually brainstorm their answers to the following question:

What are the main health concerns in Chaffee County?

The facilitator then went around the table and asked each participant to state one of the health concerns they had brainstormed. This "round robin" style of sharing answers ensured that every participant had an equal voice. During this

process, a note-taker recorded the answers on a flip chart. The facilitator continued going around the table until no new health concerns could be identified from the participants' lists.

Each participant was then given five index cards. Then, using the brainstormed list on the flip chart, each participant individually chose the five main health concerns for Chaffee County and wrote one issue on each index card. The facilitator then asked each participant to rank these five concerns in order of importance (five as most important through one as least important). The rank also served as the "score" for each item (i.e. a health concern ranked with a "five" received five points). The note-taker tallied the scores and reported them on the flip chart for the entire table to see.

Each table then repeated these steps of brainstorming, ranking, and scoring for the second question:

What are the strengths and assets in Chaffee County that can be used to improve the health of the population?

For a more thorough explanation of how the nominal group session was conducted, please see [Appendix B-1: NGT Process Guide](#).

b. Data Analysis:

First, the data analysis team input the brainstormed responses and ranking data from each table of nominal group participants into a spreadsheet. The analysis team then used a pre-determined ranking scheme to identify the top health concerns for each group. For a full explanation of how the data analysis was conducted, please reference [Appendix B-2: NGT Process Analysis Steps](#). In summary, the team then tallied the total score for each brainstormed item, as well as the total number of votes that it received. Additionally, a baseline score, which describes the average score of each item, was calculated and the total score of each item was compared to the baseline. Items with a score that was below the baseline were not considered for inclusion as a top health concern.

The team then ranked the items based on their total scores, with the highest score being the most important. If there was a tie in score, ranking was determined by the number of votes each item had. Using the results of this process, the analysis team was able to identify the top health concerns for each group. The top 10 health concerns from each group were then combined into a new spreadsheet where the team took the brainstormed concerns from the entire group and organized similar concerns into categories (i.e. all the concerns related to mental health were organized into a category entitled "Mental Health Concerns"). This list is available [Appendix B-3: NGT Process Analysis Workbooks – Top Health Concerns](#). If a concern did not fit into a category, it remained as a stand-alone item. Total scores and total numbers of votes were tallied for each of these new categories and reported in a final spreadsheet. This final ranking process was used to identify 10 of the top health concerns in Chaffee County. Finally, the analysis team integrated this data with other

primary data from the interviews and surveys to generate the key findings and recommendations. This entire process was repeated for question number two, which asked participants to brainstorm Chaffee County’s strengths and assets. The list is available in [Appendix B-4: NGT Process Analysis Workbooks – Top Strengths and Assets](#).

B. Key Informant Interviews:

a. Data Collection:

An eight-question semi-structured interview guide (See Appendix C-1: Key Informant Interview Guide) was developed to elicit answers about Chaffee County’s health concerns, strengths and assets, and barriers or challenges from key informants. The interview guide was developed using the past Key Informant Interview Guide from Chaffee County Public Health and the NGT Process questions described above. Prompts to questions were added to allow key informants to elaborate more on important concerns and strengths. Thirty-three key informants were identified by Chaffee County Public Health staff. The major questions asked in these interviews were:

- **What are the major health concerns in Chaffee County?**
- **What are the major strengths of assets of Chaffee County to address these health concerns?**
- **What are the limitations or challenges within Chaffee County that impact these health concerns?**

The interviews were conducted by five trained interviewers over the course of three days in early March, 2016. Each interview was approximately thirty minutes long. Most interviews were conducted in-person, with one interviewer asking the questions and simultaneously taking notes on the respondent’s answers. Four of the thirty-three interviews were conducted via phone to accommodate participants who were unable to meet in person.

b. Data Analysis:

Notes from the Key Informant Interviews were aggregated together by question and were coded using *a priori* and inductive techniques (see [Appendix C-2: Key Informant Analysis Code List](#)).

The original *a priori* coding scheme was developed using themes discovered during the NGT Process and from the domains and subdomains listed in the Health Equity Model used by CDPHE. Important phrases from the interviews themselves were also added as codes. After coders reviewed responses, the group organized codes into categories, added additional inductive codes, discussed decision criteria, and defined all codes to produce a final coding scheme.

Six people coded the interviews in three teams of two. All responses to each question were combined into singular documents, creating separate documents for each question or string of related/follow-up questions (i.e. all the responses to question two were pasted into one document). Each document was then assigned to a pair of coders. Each person coded the documents individually before meeting with their coding partner to discuss any differences. Coding differences were resolved by reviewing the coding scheme definitions and coming to consensus. Any coding differences that could not be resolved within the coding pair were brought to the larger coding team for discussion.

Major themes were determined based upon the frequency of codes. The codes used most frequently determined the major themes. Themes were categorized according to general topics with multiple codes in each theme category. The top five themes for health concerns, community strengths/assets, and community challenges/barriers include the five theme categories with the highest frequency count.

C. Community Survey:

a. Data Collection:

A 12-question survey was developed in order to gather the perspectives of community members not represented in the NGT Process or Key Informant Interviews. The Community Survey was modeled after the 2012 community health assessment online survey and incorporated additional demographic questions to measure its reach. Questions sought to gather similar information as the NGT Process and Key Informant Interviews: **1) what are the key health concerns, 2) what are the community's strengths and assets, and 3) what are the community's challenges in addressing these health concerns.**

The survey was developed electronically and made available through an internet-based survey program (SurveyMonkey). A hard copy was also provided to community members who did not wish to use or could not access the internet survey. The final survey instrument is included as [Appendix D-1: Community Survey](#).

Participants were recruited between March 30, 2016 and April 20, 2016 through the local online newspaper, Chaffee County Public Health Social Media, email blasts to various stakeholder groups, and various heavily-trafficked local establishments. In order to encourage participation and thank residents for their time, several \$5 gift cards to a local coffee shop were raffled to those who provided their contact information.

b. Data Analysis:

Responses from the electronic Community Survey were downloaded to a spreadsheet with one row per response. Paper surveys were collected by Chaffee County Public Health staff and electronic copies were sent to the CSPH

team. These paper responses were manually added to the spreadsheet by one member of the analysis team.

Each column contained all responses to a single question, so the contents of each column were exported to a word processor in separate files to facilitate coding. All responses to a single question were coded together, as with the key informant interviews. Open-ended questions (questions three through six) were coded using the final code list developed for the Key Informant Interviews (see [Appendix C-2: Key Informant Analysis Code List](#)) and the same coding process described above. Responses to closed-ended questions were summed to provide a description of the distribution of response options.

The Community Survey analysis team was comprised of four people: two individuals analyzed the demographic and quantitative data and two coded and analyzed the qualitative data. Each question was analyzed by this pair of coders according to the process described for the Key Informant Interviews. Again, the top five themes for top health concerns, community strengths/assets, and community challenges/barriers were determined based upon the frequency of codes (see [Appendix D-2: Community Survey – Top Health Concerns Results](#) and [Appendix D-3: Community Survey – Top Community Assets Results](#)). The community challenges and barriers results were not tallied as this information was only used to help guide the feasibility/practicality ranking described in the prioritization process below.

D. Process for Comparison and Prioritization:

The top five health concerns and resources/assets from the NGT Process, Key Informant Interviews, and Community Survey were entered into the Key Findings table (see [Key Findings](#)). The top five themes were ranked from 1 through 5, in congruence with the top five themes identified in the analysis of each method described above (NGT Process, Key Informant Interviews, and Community Survey). The most frequently mentioned theme within each data collection process received a rank of “5” and the fifth most frequently mentioned theme within each data collection process received a rank of “1”.

The ratings for each theme across each data collection process were then totaled, yielding a final score. The health concern with the highest total rating score was then given the highest rank (1) as the overall most important health concern, with the next four highest total rating scores determining the rest of the top five overall health concerns.

For the county strengths and assets theme, the top ranked results from the NGT Process, Key Informant Interviews, and Community Survey were summed to provide an overall score and final ranking of the top strengths/assets. This final score and overall ranking of the top strengths/assets was determined according to the same process used for the top health concerns.

The top health concerns of Chaffee County were then prioritized in order to help Chaffee County Department of Public Health and Environment decide where to focus its resources and efforts. This prioritization process included a comparison of

quantitative data for Chaffee County to that of the State of Colorado, a rating of the magnitude of each health concern, the severity of the concern, and the feasibility/practicality of addressing the health concern. The workbook for this prioritization process is in [Appendix E: Prioritization Matrix](#).

Each of the 17 identified health concerns were matched to existing quantitative data available from CDPHE's Colorado Health Information Dataset (COHID) and Colorado Health and Environmental Data's (CHED) Health Indicators information. The Chaffee County data points for each of these indicators was compared to the state data points and given a rating of 1, 3, or 5 according to whether or not the Chaffee County indicator value is better (a rank of "1"), the same (a rank of "3"), or worse (a rank of "5") than the state indicator value. Efforts were made to determine "better" and "worse" than the state using confidence intervals, but given the small population of Chaffee County, and corresponding unstable estimates, confidence intervals were not available for most indicators. Instead, the analysis team used two pre-determined cut-off points: if the value of a Chaffee County indicator was 20% more favorable than the state indicator, then the indicator received a "better than state" rating; likewise, if the value of a Chaffee County indicator was 20% less favorable than the state indicator, then the indicator received a "worse than state" rating."

The magnitude of the problem was assessed for each health concern theme based upon knowledge of the community and an understanding of these health concerns in general. Ratings of 1, 3, and 5 were again used. For magnitude of the health problem, a rating of "1" indicates that the health concern affects no/very few community members, a rating of "3" indicates the concern affects certain segments of the population more than others, and a rating of "5" indicates the health concern affects all members of the community.

The severity of each health concern was assessed based upon knowledge of disease progression and relationships between risk factors and health outcomes. Ratings of 1, 3, and 5 were used for this step of the prioritization process as well. A rating of "1" was assigned to health concerns that can lead to minor morbidity and/or other potentially harmful behaviors; a "3" was assigned to health concerns that can lead to moderate morbidity; a "5" was assigned to health concerns that can lead to death or significant morbidity.

Finally, the feasibility and practicality of addressing each health concern was assessed based upon known logistical challenges of addressing various health issues from a public health perspective, community-voiced challenges and barriers to making health progress, and community-voiced strengths and assets for improving Chaffee County's health. Ratings of 1, 3, and 5 were also used to assess the feasibility and practicality of each health concern where "1" indicates there is little feasibility or practicality to address the issue, "3" indicates there are barriers and some political will to work on the issue, and "5" indicates the issue/condition can be dealt with feasibly and practically.

6.3 Key Findings

Of the three separate data collection methods, 37 individuals participated in the NGT process; 33 individuals participated in the key informant interviews; and 141 individuals responded to the community survey. Through the NGT process, community members identified the following top five concerns: lack of detox/substance abuse treatment facilities, lack of affordable housing, availability of providers, lack of assisted living, and mental health; for more information on how the NGT process was conducted and how the data was analyzed, please see [Appendix B](#). During the key informant interviews, the top five health concerns were: oral health, substance use, lack of assisted living, lack of affordable housing, and availability of providers; for more information about the interview process and analysis, please see [Appendix C](#). In the community survey, participants identified the following top five health concerns: chronic disease, obesity, availability of providers, healthcare affordability, and substance use; see [Appendix D](#) for further information on the community survey.

The previous CHA identified Accessibility and Affordability of Healthcare, Dental/Oral Health, Substance Abuse, Mental Health, and Healthy Eating/Active Living as major health concerns. As shown in the table below in the “Rank” column, the current assessment identified Availability of Providers, Substance Use, Lack of Assisted Living, Mental Health, Lack of Affordable Housing, and Healthcare Affordability as the top health concerns within Chaffee County.

Three health concerns remained major concerns of community members from the 2013 Public Health Improvement Plan to this community health assessment three: Accessibility/Availability of Healthcare/Providers, Mental Health, and Substance Use. The three data collection methods also asked participants to list the top assets in Chaffee County. The top assets that were identified include a Strong, Generous, and Engaged Community; the Natural Environment and Outdoor Recreation; the Hospital; and Chaffee County Public Health and their Prevention Programs. Outline of the major health concerns in Chaffee County are shown in Table 3.

	NGT	KII	Survey	Total	Rank
Availability of Providers	3	5	3	11	1
Substance Use		2	5	7	2
Lack of Assisted Living	4	3		7	3
Lack of Affordable Housing	2	4		6	4
Mental Health	5			5	5
Healthcare Affordability			4	4	6
Obesity			2	2	
Oral Health		1		1	
Chronic Disease			1	1	
Lack of Detox/Substance Abuse Treatment Facilities	1			1	

Table 3. Major Health Concerns of Chaffee County. The numbers in the columns labeled NGT (NGT Process), KII (Key Informant Interviews), and Survey represent the relative importance of each item, with a 5 being the most important and 1 the least important. The items in the table

are listed in order of community-perceived importance. In the final “Rank” column, a rank of 1 signifies the most important health concern identified by the community.

The following sections will outline these top health concerns and assets by providing definitions of each concern and asset, highlighting quotes from community members, and providing context by analyzing related health concerns.

Availability of Providers

The largest concern that was reported by Chaffee County residents was the lack of availability to providers. This includes availability to primary care, specialists, mental health providers, and dentists. Community members described scenarios in which they were not able to get into a doctor for months, in addition to only being able to discuss one health issue at a time at their primary care visits.

“[Availability of providers] is an issue across the board; doesn’t feel like this is an issue just about old folks or young folks, it’s an issue for everyone in the community.”

Data from the Colorado Health Institute supports this concern: 13.5 percent of Chaffee County respondents to the 2015 Colorado Health Access Survey were told by a doctor’s office or clinic that they were not accepting new patients compared to 9.2 percent at the state level (CHAS dataset).

Several community members noted the long waits for providers:

“Most of [the hospital’s] specialty services doctors are booked out for months. There is a big need for specialists in this area because the hospital covers such a wide area – folks coming from farther than just Buena Vista and Salida.”

This issue also extends beyond specialists:

“Access to primary care is an issue too. Everyone would like quicker access - to get in to see a primary doctor faster.”

Lack of availability of providers in Chaffee County is also related to transportation and travel challenges.

“There are some people that can travel to get to specialty care services, but it’s a hardship especially as patients get older.”

“You have to take a whole day off of work to go to Denver or somewhere in the Front Range if you want specialty care services.”

In Chaffee County, 7.6 percent of Colorado Health Access Survey respondents reported that they were unable to find transportation to a doctor’s office or that the office was too far away compared to 4.7 percent at the state level. Additionally, the rate of Chaffee County respondents who said they couldn’t make an appointment because they couldn’t leave work was higher than the state average (CHAS dataset).

These concerns around provider availability can also lead to misuse of the emergency room.

“The lack of primary care providers also affects the ER...because people are coming into the ER with non-emergent issues. That makes it hard to distinguish who in the ER

who really needs emergent care - it messes with the whole triage system...Patients won't get best care in the ER because they are being pushed aside for heart attacks, etc., and this makes people frustrated even though they should be at their primary care provider instead."

Substance Use

Substance Use captures alcohol use, marijuana use, and illicit drug use. Community members identified concerns related to each of these subcategories. In the key informant interviews, many community members who identified alcohol use as a top concern discussed the connection between tourists and alcohol use.

"It's kind of like a college campus here on the weekend."

However, data suggests that Chaffee County residents also have high incidence of alcohol use. CDPHE's Community Level Estimates place four-fifths of Chaffee in the third quartile in the state for heavy drinking (6.4 - 8.1% of those residents report heavy drinking) and one-fifth of Chaffee in the highest quartile in the state for heavy drinking (8.2 - 17.1% report heavy drinking) (CDPHE dataset). Although data on youth drinking is not available specifically for Chaffee County, Chaffee is included in Health Statistics Region 13 (HSR 13). According to the 2013 Healthy Kids Colorado Survey, 22.6% of high school students in HSR 13 reported having five or more drinks within a couple of hours on at least one day in the last 30 days (CI: 20.1, 25.0). This is significantly higher than the state level: 16.6% of youth (CI: 15.6, 17.6) (CDPHE CHI dataset).

Marijuana use was also specifically mentioned in several of the community data collection methods. One mother of teenagers noted particular concern with youth marijuana use and the community's low perception of risk to youth:

"No one is laying down the law and there are no consequences for illegal substance use. There should be stiffer consequences and teens would think about it more, instead it starts in the home. Marijuana is the most concerning – kids think, 'it's legal, so I can do it.' There's a culture that it's no big deal and parents are feeding into it."

This concern is supported by data from the 2013 Colorado Healthy Kids Survey; 22.9% of high school students in HSR 13 (which includes Chaffee County), reported using marijuana one or more times during the past 30 days (CI: 21.2, 24.7). This is significantly higher than use at the state level: 19.7% (CI: 18.7, 20.6). Moreover, both of these rates are more than triple the Healthy People 2020 goal of just 6.0% of high school students reporting using marijuana one or more times during the past 30 days (CDPHE CHI dataset). For further information on these data, please refer to the [Health Factors](#) above.

Methamphetamine was also mentioned 7 times within the 15 times substance use was coded (close to 50%). Mentions of methamphetamine use were also mentioned in conjunction with concerns about drug-related crime and concerns about the deteriorating health of the users themselves. Finally, although lack of substance use treatment resources was categorized as a separate health issue and did not rank in one of Chaffee's top health concerns, it is a related issue that many community members

mentioned as a problem in the county. Community members mentioned specific concerns about both the lack of substance abuse treatment resources and the lack of a detox center.

Although the specific factors leading to drug use in Chaffee County were not identified, community members agreed that both the presence of substance use and the lack of treatment resources are critical health concerns. In fact, the lack of substance abuse treatment facilities or a detox center were mentioned in each of the data collection methods.

Lack of Assisted Living

One of the main health concerns not only in Chaffee County, but in the United States as a whole is the growing senior population. Chaffee County has a high rate of older adults and wants to ensure that they are adequately cared for. The lack of assisted living in Chaffee County was identified as a large concern as there is no transitional housing for older adults in between living independently and holding residence at Columbine, the local nursing home.

“Most of the time folks don’t want to go the nursing home because they don’t need that level of care or they find it depressing. They would have to go to another town to access assisted living care facilities.”

“The biggest [concern] is getting [the large retiree population] help once they’re past living independently, so affordable home health or something where people can get assistance with things like bathing themselves. It would be good to have housing for people in that situation because there aren’t any housing options available to folks like that.”

During the NGT process, community members specifically pointed out that it would be critical that an assisted living facility be affordable and accept Medicare/Medicaid. Some additional participants noted a tension between two types of retirees in Chaffee County: those who are quite wealthy and retired in Chaffee because “it’s a lovely place to live” and “those who were born and raised here surviving on social security and barely getting by on that.”

Lack of Affordable Housing

Lack of affordable housing, although not commonly thought of as a health issue, was one of the largest issues brought up by community members.

“Having a place to live adds to the health of the community.”

Community members pointed out that the lack of affordable housing poses additional problems as people spent more money on their housing rather than healthcare.

“The cost of living is expensive and when some people are working two to three jobs to live here, it’s hard for them to take time to be healthy.”

Respondents felt the high cost of housing affects a wide variety of community members, ranging from seasonal workers to healthcare professionals. Some community members

hypothesized that the lack of affordable housing (combined with inadequate wages to afford the available housing) is one of the reasons that the county has a high perceived rate of turnover and low rates of recruitment among doctors, teachers, and other professionals.

“It’s hard to recruit people to live here - housing is too much and wages are too low.”

These perspectives are backed up by the median home value and the median salary in Chaffee County vs. Colorado, which are outlined in the Table 4 below.

Median Home Values vs. Median Income in Chaffee County and Colorado			
	Chaffee County	Colorado	% Difference
Median Home Value (2009-2013)	\$262,300	\$236,200	Chaffee is 11% higher
Median Income (2013)	\$48,012	\$58,942	Chaffee is 22% lower

Table 4. Median Home Values vs. Median Income in Chaffee County and Colorado. The median income in Chaffee County is 22% lower than Colorado, the median home value in Chaffee County is 11% higher than Colorado. *Data was retrieved from CDPHE.*

Finally, several individuals pointed out that some people are forced to live in unsuitable living conditions in order to live in Chaffee County.

“If a building is cheap to live in then it usually has viable health concerns for tenants (rodents, etc.). There is no way really to report rundown buildings.”

Other respondents expressed concern about Chaffee County residents who don’t have any sort of permanent housing:

“I have one client who is living out of an RV in the Walmart parking lot. He can’t get better - healthier - until he has more stable housing. It’s hard to see these folks and not be able to provide them housing.”

Potential solutions that were discussed in the key informant interviews included increasing the number of affordable rental units, opening a shelter or transitional housing facility, increasing wages for city and county employees (thus setting an example for other businesses and agencies), and addressing the high number of units that have become short-term rentals for tourists.

Mental Health

Mental health was a health concern that community members brought up in all three data collection methods. Participants often referred to mental health issues as a broad concern, while some specified conditions ranging from depression to serious mental illness requiring psychiatric care. Likewise, during the NGT process, participants highlighted not only “care for mentally ill,” but also more specific concerns such as the “lack of resources for emergency behavioral health services.” The lack of mental health resources was echoed by several key informant interviewees.

“I think we do need a lot more services specifically for mental health and substance abuse in this community. This is a large gap...we need more support for those with a mental/behavioral health emergency.”

Although coded separately (and thus not counted in the final ranking for the “mental health” category), the lack of availability of mental health providers was frequently discussed in conjunction with mental health. Participants expressed concerns that local mental health providers are booked out months in advance or are not accepting new clients. The lack of mental healthcare for children and youth also arose in both the key informant interviews and the NGT process. One participant also discussed the challenges that the county’s transient population poses in terms of mental health and availability of care:

“At certain times of the year - summer - [Sol Vista] is so taxed with dealing with the mental health/mental illness issues of the transient population that they can’t deal with the local population’s issues.”

Finally, participants often discussed substance use along with mental health, which is not surprising given that mental/behavioral health agencies typically also handle substance use. Given that substance use is also a top five health concern, focusing public health resources and efforts on mental/behavioral health concerns would address multiple community-identified concerns.

Healthcare Affordability

Affordability of healthcare is the final health concern emphasized by those Chaffee County residents, and was the primary health concern among those who participated in the Community Survey. While this concern did not rank highly in either the NGT Process or the Key Informant Interviews, its importance was supported by quantitative data pulled from the Colorado Health Institute’s Colorado Health Access Survey (CHAS).

Often the issue of affordability of care was mentioned in relation to insurance, namely in respect to those who are uninsured and underinsured.

“[For] uninsured and underinsured residents even with insurance, healthcare can be prohibitively expensive.”

Respondents went on to elaborate on the high costs associated with doctor visits, dental care, medication, hospital services and insurance in general. This is underscored by data from the CHAS, which reports the percentage of Chaffee residents who “did not fill a prescription for medication due to cost” at 11.1%, slightly above the 9.8% found statewide.

High healthcare costs also have a direct influence on overuse of emergency services:

“...except for the wealthy individuals and those who have very good insurance, healthcare is too expensive. People go without proactive healthcare because they can’t afford it, so [they] only go when [they’re] really sick.”

This ultimately means higher costs for the patient, but also on the healthcare system which is providing the highest level of care for those issues which could have been more appropriately addressed in a primary care setting.

The issue of segments of the population continuing to be uninsured was also often mentioned.

"[The] Affordable Care Act is not affordable for people and small businesses in Chaffee County. [There is a] large gap between those above and those below the poverty level in regards to 'healthiness.'"

The failure of the Affordable Care Act (ACA) to accommodate those individuals who fall within this gap has a direct effect on the health of Chaffee County residents and their healthcare utilization. Finally, despite the expansion of Medicaid, there are still some who are eligible for this benefit but remain uninsured. As noted by the Colorado Health Institute, within Chaffee County those who were eligible for health coverage through a public program at no cost to themselves, who then became enrolled was 75.9%, compared to 85.7% within the state (CHAS). This means 25% of those who are eligible for Medicaid insurance have not signed up for this benefit, and either forgo care or pay for it out-of-pocket.

Chaffee County Strengths and Assets

This community health assessment also identified major community strengths and assets in Chaffee County that can be used to address the top health concerns. Figure 7 shows the four top strengths and assets.

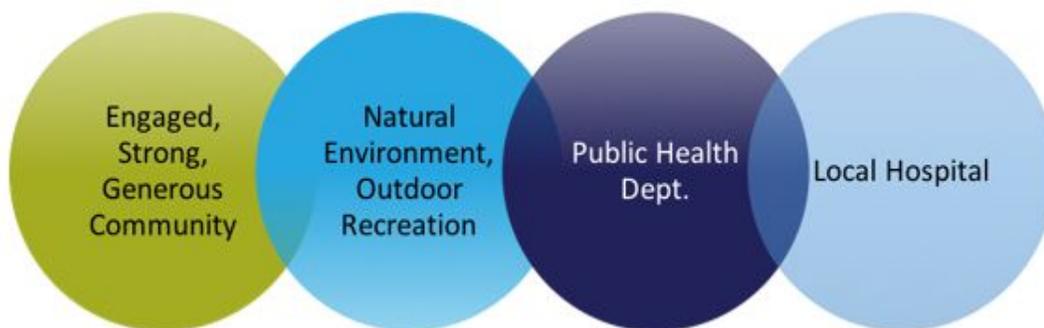


Figure 7. Major Community Strengths and Assets in Chaffee County. Four major strengths and assets were identified for Chaffee County: 1) Engaged, Strong, Generous Community; 2) Natural Environment, Outdoor Recreation; 3) Public Health Department; and 4) Local Hospital.

Strong, Engaged, and Generous Community

Being a strong, engaged, and generous community is a major strength of Chaffee County, mentioned in both the NGT Process and Key Informant Interviews. Chaffee County was viewed by the community as having a wealth of volunteerism and as having a huge base of caring people.

"We have a strong support system in town."

"People in this population are very community oriented, willing to help each other, neighbors are helpful."

Chaffee County was described as being a very engaged community, in which the members are proactive and compassionate. Lastly, Chaffee County was also viewed as having a strong infrastructure in its education system, governmental system, and community organizations.

Natural Environment and Outdoor Recreation

The natural environment and the wealth of outdoor recreation that Chaffee County offers was also mentioned as a major strength of the county in all three processes. This factor was of such importance that it was mentioned over 100 times in the online Community Survey.

“[Chaffee County] has a lot of summer outdoor activities that increase exercise and health.”

“There’s a lot of advantage - trails, hot springs pool, skiing, and snowboarding hiking. Those all contribute to a better lifestyle.”

The easy access to a natural environment offers many types of outdoor recreation, such as skiing, mountain climbing, and rafting. The county also offers many biking and hiking trails that helps support, as one person stated “an active lifestyle.”

Hospital

The hospital system in Chaffee County was also mentioned as an asset in all three processes. It was looked at favorably and described as being involved and willing to make changes, as well as being different than other rural community hospitals.

“Some of the things the hospital is doing are really good —bringing in additional physicians for different issues and scheduling them to come in so people can get different health issues dealt with, without having to leave the county.”

“[It is] a regional medical center that is growing and anticipating the needs of citizens for decades to come.”

Public Health and Prevention Programs

The Public Health Department in Chaffee County and its programs was also mentioned as an asset in the NGT Process and Key Informant Interviews. The Public Health Department was viewed as being strong and having good and helpful programs.

“Programs of the public health department are a strength – diabetes group has been really helpful.”

“[The] Public Health Department is super strong in the community.”

Programs that were mentioned include breastfeeding classes and support groups and the Diabetes Prevention Program. Members of the community also noted that having vaccines available was an asset, as well as having a pregnancy center that helped with the care of children before they are born.

7. Limitations

This community health assessment comes with several limitations. The Chaffee County Department of Public Health and Environment selected the participants for the NGT Process and the key informants for the interviews. While the invitation to participate was not mandatory for invited members, the individuals recruited included greater representation from the public health, government, and healthcare provider communities than from the general population. Since Chaffee County is comprised of small communities, the sample size in the community events could be another limitation. With 37 participants for the NGT Process and 33 key informants for the interviews, the data collected from these events may not fully represent the views of the general Chaffee County population. This makes the data results difficult to generalize for the entire population. However, the Community Survey was designed to have a wider reach and collect data from the general population and included 141 participants. This survey was launched electronically and by hard copy in order to make it accessible to the most community members possible.

The final limitation encountered was the process for analyzing collected data. While qualitative data collection allows for rich data, analyzing it is difficult because categorizing complex issues and relationships into codes may dilute the sentiments originally expressed by the community. Moreover, numerous coders analyzed the qualitative findings, which creates the potential limitation of coders interpreting the data slightly differently. Although the students had primary and secondary coders for each question, the interpretation of the data may vary slightly between the students (who are in the public health field) and other non-public health professionals. However, since each coder coded the data separately and methods to resolve coding differences were in place, the limitation due to data analysis would be minimal.

Regardless of the limitations of this study, the data collection methods and data analysis were conducted meticulously to lessen the degree of error sources that could introduce limitations. Overall, the CSPH team believes that the findings and recommendations in this assessment will help improve the overall health of Chaffee County.

8. Recommendations

Prioritization Recommendations

The Colorado School of Public Health (CSPH) team created a prioritization matrix (see [Appendix E: Prioritization Matrix](#)) in order to determine which of the community-identified health concerns should be prioritized in the upcoming Chaffee County Public Health Improvement Plan. Based upon quantitative data, community-perceived importance of the problem, expert opinion of the severity of the problem, and outsider perspectives of the feasibility and practicality of the problem, the recommended top priorities for Chaffee County are **Lack of Assisted Living**, **Availability of Providers**, and **Oral Health**. These three priorities were identified by the CSPH team assisting in the 2016 Chaffee County Community Health Assessment. The Chaffee County Health Coalition leadership team will fill in the “Chaffee County Feasibility/Practicality” column of the prioritization matrix to yield a final total score for all health concerns. These final scores will determine the final priority ranking of each health concern.

Indicator	Chaffee Data (95% CI)	State Data (95% CI)	State Comparison Rating	Community-Perceived Importance	Magnitude of the Problem	Severity of Condition	ColoradoSPH Feasibility/Practicality	Chaffee County Feasibility/Practicality	Total	Priority Rank
Lack of Assisted Living	HSR 13: 35% (25.08-45.61)	27% (25.55-29.28)	5	3	3	3	5		19	
Availability of Providers	13.50%	9.20%	5	3	5	3	1		17	
Oral Health*	56.2% (46.41-74.94)	65.2% (64.08-66.42)	3	1	3	5	5		17	
Substance Use*	10% (5.69-15.12)	19% (18.63-19.84)	1	3	3	5	3		15	
Mental Health*	3.2 (2.2-4.1)	3.4 (3.3-3.5)	3	3	3	3	3		15	
Obesity	20.5% (13.84-27.06)	20.8% (20.25-21.39)	3	1	3	5	3		15	
Chronic Disease*	24.0 (3.2 - 44.9)	15.6 (15.0-16.3)	3	1	3	5	3		15	
Lack of Affordable Housing	18.31%	24.95%	5	3	3	1	1		13	
Healthcare Affordability*	28.30%	18.60%	5	1	3	3	1		13	
Lack of Detox/Substance Abuse Treatment				1	3	5	3		12	

*Indicates key health concern that is also one of Colorado’s 10 “Winnable Battles” (CDPHE).

Table 5. Prioritization Matrix. The prioritization matrix table represents the community-identified health concerns that should be prioritized in the upcoming Chaffee County Public Health Improvement Plan. **The column for the Chaffee County Feasibility/Practicality will be filled out by the Chaffee County Department of Public Health and Environment. The matrix will be finalized at a later date.

Lack of Assisted Living and **Availability of Providers** were both identified as major health concerns in each of the primary data collection methods (NGT Process, Key Informant Interviews, and Community Survey). **Lack of Assisted Living** ranked as the highest priority because it is something that affects Chaffee County more than the rest of the state, and was determined by the CSPH team to have high feasibility and practicality. As described in the **Community Description**, Chaffee County's 65 and over age population is ten percentage points higher than that of Colorado which is indicative of Chaffee County being an aging community. The **Community Perspectives** shed additional light on this issue, explaining that many people are choosing to retire in Chaffee County from elsewhere, so they do not have access to family help. Additionally, the less-affluent life-long residents of Chaffee may not be able to afford to move to another community with assisted living facilities. Moreover, they do not want to leave their home community. Providing transitional housing for aging community members who are no longer able to live independently, but are not in need of full nursing home care would ensure the safety and overall health of this segment of the population.

Availability of Providers ranked second in priority because it is a condition that affects everyone in the community and is a greater problem in Chaffee County than in the rest of the state. It ranked lower than lack of assisted living because of its low feasibility and practicality. However, there are a multitude of dedicated local organizations that could collaborate to address this concern if Chaffee County Public Health chooses **Availability of Providers** as its major priority. Chaffee County has a number of strengths and assets that could be leveraged to address this concern. The community truly rallies behind efforts and has a "can-do" attitude. The local hospital, Heart of the Rockies Regional Medical Center (HRRMC), and the local healthcare provider community are well-respected by community members, so coordinating efforts across the provider community and public health may be possible. One potential solution to address the provider availability issue is to develop a residency program through HRRMC to attract providers. This is a lower-cost solution than hiring more experienced physicians from outside the community because residents do not demand as high a salary. Additionally, there would be a consistent provider pool because of the residency match program all medical students participate in.

Although **Oral Health** is one of the three top-ranked priorities, it is not one of the top five health concerns described in the Key Findings; it was only identified as a major health concern during the Key Informant Interviews. However, **Oral Health** was a major priority of the last (2013) Chaffee County Public Health Improvement Plan (PHIP), so significant work has been done to bring stakeholders together to address this issue. Therefore, the practicality and feasibility of addressing oral health concerns is high. Since the 2013 PHIP, Chaffee County has made significant progress in meeting its **Oral Health** targets by supporting a comprehensive Cavity Free at Three program, navigating at least 20 residents per week to dental services, and hiring two Medicaid-specific dentists. These Medicaid specific dentists were hired in the months immediately prior to this report, so many community members were not aware of this new, although limited, access to dental services while the CSPH team was gathering community perspectives. Given the community-perceived lack of access to dental providers for Medicaid, it would benefit Chaffee County to continue its great work in the area of **Oral Health** for this PHIP.

The number 4 and 5 priorities, **Substance Use** and **Mental Health** could be addressed together because many interventions to address mental illness include a component of substance abuse education, prevention, or treatment and the most promising programs targeting substance abuse include a component to address underlying or comorbid mental health issues. Behavioral

health, encompassing both substance use and mental health disorders, has been gaining state and national attention in recent years. As such, there are a variety of funding opportunities available to local health agencies and nonprofit organizations to address community behavioral health concerns. The Chaffee County Health Coalition leadership team may wish to explore the possibilities for coordinating county-wide resources to address **Substance Use** and **Mental Health**. However, a comprehensive behavioral health programming strategy must also address the underlying mental health provider availability issue. Additionally, the lack of substance abuse treatment or a detox facility, one of the community-identified health concerns, may need to be addressed.

The CSPH team has provided expert opinion on the magnitude and severity of each health concern and provided a feasibility/practicality ranking based upon information gathered from community members. However, the CSPH team members are not the experts on the politics and intricacies of the community. Before any final priorities are chosen, the Chaffee County Health Coalition leadership team will need to assess the practicality/feasibility of each of the community-identified health concerns from a local perspective. This assessment will finalize the total prioritization score and determine the final priority ranking. The CSPH team encourages the Chaffee County Health Coalition to ask questions of the team and discuss the ranking and final prioritization as they see fit.

Recommendations on the Overall Community Health Assessment Approach

This community health assessment followed the same approach as the one conducted in 2012 as part of the 2013 Chaffee County Public Health Improvement Plan. The same three methods were used to gather community perspectives: the NGT Process, Key Informant Interviews, and a Community Survey. The major questions asked also remained consistent: What are the major health concerns in Chaffee County? and What are the strengths and assets of Chaffee County that could be used to address the major health concerns? Given that Chaffee County has only conducted three community health assessments, it makes sense to ask the same basic questions in this assessment. Asking consistent questions helps Chaffee County Public Health identify how community-perceived health concerns are changing over time. In the future, it may make sense to ask specific questions about known, larger, systemic issues by focusing on some of the complex health concerns such as access to care.

Some aspects of the approach used in this CHA could be improved in the future. Many of these issues were identified in the **Limitations** section. For example, ensuring consistent demographic questions are asked of all community members participating in each of the data collection methods would provide a more comprehensive understanding of the perspectives gathered. More effort to solicit input from general community members in the NGT Process and Key Informant Interviews could have provided a more diverse range of perspectives. Specific to the interview process, rather than choosing just one three-day time block, perhaps scheduling two blocks a week or more apart would have allowed more respondents to participate.

With regard to the collaboration between Chaffee County Public Health and CSPH, there were no issues in communication or logistics. The CSPH team was impressed by how well-organized and planned the community events were. It can be difficult for an outside team to enter a community and gather information, but the Chaffee County Public Health Department ensured that the CSPH was welcomed, introduced to the community, and had access to all resources necessary to complete their tasks.

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Appendices

Appendix A: Scope of Work

Objective:

The proposed scope of work will provide a general outline of a student group project in collaboration with Chaffee County Department of Public Health and Environment. This project will explore the main health concerns in Chaffee County, as well as the strengths and assets that can help improve overall health for residents in Chaffee County.

1. Community Information

The report writing team will write an introduction to the community of Chaffee County using the 2013 Chaffee County Public Health Improvement Plan, and the Chaffee County Government site.

Demographics

The report writing team will write an introduction to the demographic data described in this section.

Population

Data to describe the population distribution of Chaffee County will come from the US Census, the 2013 Chaffee County Public Health Improvement Plan, and the Chaffee County Government site.

Race and ethnicity in Chaffee County, 2000-2010

Information on the racial and ethnic breakdown of Chaffee County will come from the US Census and CDPHE.

Overview of Past Assessments

The report writing team will provide a brief summary of the findings of past assessments in this section and list the past assessments reviewed. These assessments include, but are not limited to the following:

1. Strengths and Needs Assessment of Older Adults in the State of Colorado, Central Mountain Region
2. Community Assessment Survey for Older Adults (CASOA)
3. Build A Generation Parent Survey
4. Chaffee County Dental Coalition Needs Assessment
5. LiveWell Chaffee County Needs Assessment
6. Chaffee County Health Assessment (2008)
7. Chaffee County Early Childhood Council Mental Health Providers Resource List

Secondary Data Analysis

The team will use the Health Equity Model to explore the interplay of social determinants of health, social factors, and health factors affects the health of Chaffee Residents. All team members have

investigated different health indicators using the Health Equity Model. These 10 reports will be summarized and synthesized by the report writing team. This information will fit into the following sections on the final report:

Social Determinants of Health (Economic Opportunity, Physical Environment, Built Environment)
Social Factors
Health Factors
Population Outcomes

2. Team Information:

Colorado School of Public Health (CSPH) Students



Jonathan Bentley, BS, MPH Student in CBH

Email: jonathan.bentley@ucdenver.edu

Jonathan is a second year MPH student with a concentration in Community and Behavioral Health. He is a Nationally Registered Paramedic and received a BS in Psychology. He is interested in Veteran's health issues, specifically smoking cessation in Veteran populations living with PTSD. He has experience in data analysis and report writing.



Xian Brooks, BS, MPH Student in CBH

Email: xian.brooks@ucdenver.edu

Xian is a second year MPH student with a concentration in Community and Behavioral Health. He received his BS in Public Health and is interested in cervical cancer education and prevention in the LGBTQ community. Xian has experience in community organizing, working in rural communities, report writing, facilitation and survey design.



Amanda Fenn, BA, MPH Student in CBH

Email: amanda.fenn@ucdenver.edu

Amanda is a second year MPH student in Community and Behavioral Health and has a BA in anthropology. Her interests are focused primarily on sexual and reproductive health and mental health, specifically in rural settings. She has experience in planning evaluations, conducting qualitative interviews, coding, and report writing.



Nicole Harty, BS, MPH Student in CBH

Email: nicole.harty@ucdenver.edu

Nicole is a second year MPH student in Community and Behavioral Health. She received her BS in Neuroscience and worked in education and primate research prior to starting her Masters. She has experience in survey and interview development and analysis, report writing, and data analysis. Her public health interests are in program planning and evaluation, mental health, and American Indian health disparities. Nicole currently works as the evaluator of a youth gang violence prevention program in Aurora, CO and has previously worked in formative evaluation and program training with the Colorado Colorectal Screening Program.



Thu Le, BS, BA, MPH Student in CBH

Email: thu.a.le@ucdenver.edu

Thu is a second year MPH student concentrating in Community and Behavioral Health. She received her BA and BS in Biology, Psychology, and Anthropology. Her public health interests include mental health, health disparities, and quality improvement. She has experience with report writing and administering surveys and interviews.



Hadlai Neff, BA, MPH Student in CBH

Email: hadlai.neff@gmail.com

Hadlai is a second year MPH student in Community and Behavioral Health. She previously received her BA in Biology and Anthropology and her interests include public health and the aging population, chronic diseases, and qualitative methods. She has experience in designing and conducting focus groups, clinical research, and health literacy.



Zar Phyo, BS, MPH Student in CBH

Email: zar.phyo@ucdenver.edu

Zar is a first year MPH student in Community and Behavioral Health. She received her BS in Biology and Certificate in Global Public Health. Zar is interested in health disparities, patient-provider communication, behavioral health, and program planning and evaluation. She has experience with coding and report writing.



Felice Seigneur, MPH Student in CBH and Global Health

Email: felice.seigneur@ucdenver.edu

Felice is a second year MPH student with a dual concentration in Community and Behavioral Health and Global Health. She has previous experience evaluating mental health programs in a community mental health setting. She has a special interest in mental/behavioral health issues, and in quality of care assessment/improvement. She has experience with report writing, survey design/administration, qualitative evaluation, facilitating focus groups, and data analysis.



Elise Waln, MPH Student in CBH

Email: elise.waln@ucdenver.edu

Elise is a second year MPH student concentrating in Community and Behavioral Health. She is interested in program planning and evaluation, technical assistance and training, adolescent health, and health disparities. She has experience with qualitative and quantitative data collection, data analysis, and report writing.

Faculty Advisor:



Patricia Valverde, Faculty Advisor, PhD, MPH Colorado School of Public Health

Email: Patricia.Valverde@ucdenver.edu

Patricia Valverde PhD, MPH is an instructor in the Department of Community and Behavioral Health at the Colorado School of Public Health. She is also Director of the Patient Navigator Training Collaborative, funded from Amendment 35, through the Colorado Department of Public Health and Environment. Her research

concentration is in the use of patient navigators and community health workers in cancer prevention and control.



Holly Wolf, Faculty Advisor, PhD, MsPH Colorado School of Public Health and CU Cancer Center

Email: Holly.wolf@ucdenver.edu

Holly Wolf is an associate professor in Community and Behavioral Health and Epidemiology in the Colorado School of Public Health and teaches community health assessment, program evaluation and project management. She is interested in public health and health reform, especially as it relates to chronic disease prevention and control and community mobilization. She has worked with local county health agencies, nonprofit organizations, primary care clinics and nonprofit hospitals throughout Colorado on community health assessments. She directs the Colorado Colorectal Screening Program for the medically underserved and is principal investigator, project epidemiologist and/or project manager for several research and public health service programs focused on cancer prevention and control including several assessments around cancer screening and delivery of care. She is an active member of state and national coalitions, serving as past Chair and executive committee member of the Colorado Cancer Coalition, as well as the National Colorectal Cancer Roundtable steering committee and Co-Chair of the Policy Task force. She believes it is a very exciting time to increase the role of public health in improving the health of Americans and looks forward to working with you and your community. Dr. Wolf will provide secondary oversight of the CSPH Masters level students for the entirety of this project.

T.A. Advisor:



Kate Boyd, MPH, DrPH Candidate in Community and Behavioral Health Sciences, Colorado School of Public Health, T.A. Advisor

Email: Katherine.boyd@ucdenver.edu

Kate is a first year DrPH candidate at the Colorado School of Public Health. Kate received her MPH at Tulane University School of Public Health and Tropical Medicine, completing her research practicum in the US Peace Corps-Ethiopia. Kate spent the past three years working in Haiti with the Partners in Health mental health team to decentralize mental healthcare and provide a community-based approach to mental health care provision. Her research interests include community based participatory research, global mental health, and public sector systems strengthening.

Chaffee County Department of Public Health and Environment Team

Andrea Carlstrom, MBA, Director, Chaffee County Department of Public Health and Environment

Email: acarlstrom@chaffeecounty.org

Andrea comes to the Chaffee County Department of Public Health and Environment with significant administrative experience in mental health agencies. She took over as Director when Susan Ellis retired in August 2015 and is responsible for overseeing the current Community Health Assessment and Improvement Plan.

3. Project Description: (Goals of the community, Context of the project, Identified project objectives)

Goals of the Community: The goal of the Chaffee County community, with respect to this community health assessment, is to identify the main health concerns of the county and determine the strengths and assets that can be used to improve the health of the county.

Context of the Project: Chaffee County's Community Health Assessment will explore key concerns, strengths, and assets of the County. The project will gather input from community members and professionals through the NGT process, key informant interviews, and an online survey.

Identified Project Objectives:

1. Engage community stakeholders in a process to identify key health concerns in Chaffee County.
2. Identify strengths in Chaffee County that can be utilized to improve health of its residents.
3. Use existing data to identify key health indicators to better understand overall quality of health for residents of Chaffee County.

4. Project Deliverables:

- Community Engagement:
 - Nominal Group Process in Chaffee County: February 18, 2016
 - Analysis and Write-up of NGT Process
 - Key Informant Interviews in Buena Vista and Salida: March 7-9, 2016
 - Interview Guide
 - Analysis and Write-up of Key Informant Interviews
 - Electronic Community Survey: Launch over National Public Health Week (April 4-10, 2016)
 - Survey
 - Analysis and Write-up of Electronic Community Survey Responses
 - Prioritization Matrix: May 17, 2016
- Final Report:
 - Final Integrated Written Report: May 11, 2016; Suitable for Public Release on May 18, 2016
 - Community Presentation: May 17, 2016
 - In-Class Presentation: May 4, 2016 or May 11, 2016
 - Matrix (to be used for prioritization by CCHC leadership): May 17, 2016

5. Team organization:

Team members will communicate primarily via email and in scheduled weekly meetings. Project teams will also communicate primarily via email and will schedule meetings for project specific work as needed. All project documents will be stored in a shared Google Drive folder in order to ensure easy access for all team members.

A. Overall Project Point Person: Nicole Harty

Secondary Project Point Person: Felice Seigneur

Role: Nicole will maintain contact with our community client, Andrea Carlstrom. Felice Seigneur will serve as the secondary contact for this project. Communication between the client and the project team will occur primarily via email or phone conference when necessary. All correspondence between the community client and CSPH team will be cc'd to Holly Wolf (Project Manager) and Patti Valverde (Assistant Project Manager).

B. Chaffee County Department of Public Health and Environment NGT Process Point Person:

Amanda Fenn

Facilitators: Elise Waln, Felice Seigneur, and Hadlai Neff

Note takers: Felice Seigneur, Elise Waln, Hadlai Neff, Amanda Fenn, Jonathan Bentley, and Nicole Harty

Data Analysis: Amanda Fenn, Elise Waln, Felice Seigneur, Jonathan Bentley, Thu Le, and Hadlai Neff

C. Key Informant Interviews in Buena Vista and Salida Point Person: Hadlai Neff

Development of Interview Guide: Elise Waln, Hadlai Neff, and Xian Brooks

Conducting Interviews: Amanda Fenn, Elise Waln, Hadlai Neff, Nicole Harty, and Xian Brooks

Coding and Analyzing Data: Amanda Fenn, Hadlai Neff, Nicole Harty, Thu Le, Xian Brooks, and Zar Phyo

D. Electronic Community Survey Point Person: Felice Seigneur

Survey Development: Felice Seigneur, and Thu Le

Data Analysis: Felice Seigneur, Jonathan Bentley, Nicole Harty, and Thu Le

E. Report Delivery Point Person: Zar Phyo

Scope of Work: Xian Brooks, Thu Le, and Zar Phyo

Report Editing/Finalizing: Amanda Fenn, Elise Waln, Felice Seigneur, Jonathan Bentley, and Zar Phyo

Matrix: Nicole Harty, Amanda Fenn, Zar Phyo, and Elise Waln

Presentation: Elise Waln, Jonathan Bentley, Nicole Harty, and Zar Phyo

6. Timeline: (What tasks need to be accomplished {i.e. big picture deliverables}, what individual is responsible, and by when)

Project Deliverable	Members Responsible	Completion Date
<i>Nominal Group Technique Process</i>		
Nominal Group Technique Process Activity	Facilitators: Felice Seigneur, Hadlai Neff, and Elise Waln Notetakers: Felice Seigneur, Elise Waln, Hadlai Neff, Amanda Fenn, Jonathan Bentley, and Nicole Harty	February 18, 2016
Data entry, Cleanup, Analysis and Write-up of Nominal Group Technique Process	Amanda Fenn, Elise Waln, Felice Seigneur, Jonathan Bentley, and Thu Le	Updated for each Report Draft: March, 16, 2016 April 13, 2016 April 27, 2016 Final by April 13
<i>Key Informant Interviews in Buena Vista and Salida</i>		
Interview Guide	Hadlai Neff, Elise Waln, and Xian Brooks	Sent for Review: March 2 Final: March 4
Interviews	Amanda Fenn, Hadlai Neff, Elise Waln, Xian Brooks, and Nicole Harty	Scheduled: March 7-9 Alternate Date: March 14-17
Data entry, Cleanup, Analysis and Write-up of Key Informant Interviews	Amanda Fenn, Hadlai Neff, Nicole Harty, Thu Le, Xian Brooks, and Zar Phyo	Updated for Report Draft: April 13, 2016 April 27, 2016
<i>Electronic Community Surveys</i>		
Survey	Felice Seigneur and Thu Le	Final survey due in late March Launch over National Public Health Week (April 4-10, 2016)
Data entry, Cleanup, Analysis and Write-up of Electronic Community Survey Responses	Felice Seigneur, Thu Le, Jonathan Bentley, and Nicole Harty	Updated for Report Draft: April 27, 2016

<i>Final Report</i>		
Scope of Work	Thu Le, Xian Brooks, and Zar Phyo	Draft: February 17, 2016 Final: March 2, 2016
Report Outline, with Project Deliverables		March 16, 2016
Report Drafts	Each group responsible for individual deliverables will work on that section of the report	March, 16, 2016 April 13, 2016 April 27, 2016
Final Integrated Written Report	Each group of people is responsible for the individual write-up, however, Elise Waln, Felice Seigneur, Jonathan Bentley, and Zar Phyo are responsible for the finalization of the report.	Drafts on April 13 and April 27, 2016 Due: May 11, 2016 Suitable for public release: May 18, 2016
Presentation	Presentation Production: Zar Phyo, Felice Seigneur, and Jonathan Bentley Community Presentation: Zar Phyo and Nicole Harty In-Class Presentation: Jonathan Bentley and Zar Phyo	Presentation Production: Community Presentation: 11am on May 17, 2016 In-Class Presentation: May 4, 2016 or May 11, 2016
Matrix	Nicole Harty, Amanda Fenn, Zar Phyo, and Elise Waln	May 17, 2016

Appendix B: Nominal Group Technique Process Guide Materials

The materials used in data collection and analysis of nominal group technique process will be presented in this Appendix section.

Appendix B-1: NGT Process Guide

Internal Group Guide & Script

Chaffee County Community Engagement Event:

Nominal Group Activity for Chaffee County Department of Public Health and Environment

Thursday, February 18, 2016

11:30 a.m. – 1:30 p.m.

The Salida SteamPlant Ballroom, 220 West Sackett Ave, Salida, CO 81201

Coordinated in partnership with the Colorado School of Public Health

Facilitators: Sandra Morgan, Cassondra Franco, Emily Anderson, Cheryl Walker, Julie Nutter, Patricia Valverde, Kate Boyd, Felice Seigneur, Hadlai Neff, Elise Waln
Notetakers: Amanda Fenn, Jonathan Bentley, Nicole Harty
Timekeeper: Holly Wolf
Key Observers: Andrea Carlstrom, Holly Wolf

10:00-10:30	Andrea and CSPH students arrive and set up: Flip chart, Easels, Paper, Notecards (color by table), Sign-in Sheet, Name tags
10:30-11:15	Chaffee County Public Health Team arrives. CC Team and CSPH students receive tutorial on NGT process from Holly.
11:15	Food arrives
11:15-11:40	Andrea welcomes participants. CSPH students coordinate sign-in table and indicate group assignment. Assignment will be established by CC leadership prior to the meeting. During sign-in, students will generally monitor to assure that there is an even number of folks in each group. [CSPH Students at sign-in table]
11:15-11:40	Lunch served
11:40-12:10	Welcome, Presentation, & Introduction to Nominal Group Technique Process <i>Speakers: Andrea Carlstrom, MBA, Director of Public Health and Environment, Chaffee County; Patricia Valverde, PhD, MPH - Instructor, Colorado School of Public Health; Holly Wolf, PhD, MSPH - Associate Professor, Colorado School of Public Health</i> [Facilitators and CSPH Students assemble at assigned tables.]

After Holly finishes the introduction to the NGT at 12:10, discussions will start at each table.

- 12:10-12:45 Nominal group activity: Question #1:
What are the key health concerns in Chaffee County?
[Facilitators and notetakers conduct activities. Holly serves as timekeeper.]
- 12:45-1:20 Nominal group activity: Question #2
What are the strengths and assets in Chaffee County that can be used to improve the health of the population?
[Facilitators and notetakers conduct activities. Holly serves as timekeeper.]
- 1:20-1:30 Debrief & Wrap-up
[Collate data from all groups and all questions]

Hi, I am ____ and I will be facilitating this discussion. [The notetaker's name] will be helping by recording the discussion.

The first question we would like to discuss of the next half hour or so is:

What are the key health concerns in Chaffee County?

Starts by having folks give their names and their professions. Then go into script.

INTRO AND GROUND RULES

We will be carrying out a process that allows everyone's ideas to be heard related to a specific question and for the group to learn from each other. Together we will get all the ideas out and then have a process to rank these ideas, again where each person has an equal contribution.

- This is a pretty fast process, so please listen to the instructions.
- Remember that we want to hear from everyone, so the facilitator will be direct about how this discussion goes.
- Please be respectful when others are talking, try not to interrupt, knowing your chance to speak will come.

The question we are seeking to answer for Chaffee County is:

1. What are the key health concerns in Chaffee County?

*Additionally, **if possible** notetakers should record any answers related to following questions:*

1. *What are the forces of change that are occurring? Specifically, what are the drivers that are occurring or may occur which would affect the health of Chaffee County residents?*
2. *What are the challenges and or weaknesses faced in Chaffee County?*

Step 1: Idea Generation - 7 Minutes

Please take 5 minutes to individually list your ideas to the question:

1. What are the key health concerns in Chaffee County?
 - List each idea using a brief phrase or a few words on your worksheet
 - Please work independently as this is the opportunity for each of us to make a contribution to the meeting.
 - When I call time I will ask everyone to share their ideas in a round robin fashion.
 - Are there any questions? Let's get started.

Facilitator and recorder should organize index cards in packets of 5.

Step 2: Round Robin Recording - 10 Minutes

Okay we are going to go for it as quickly and efficiently as possible. I am going to go around and ask each of you to give me **one** idea from your worksheet

- Summarize with a few words that captures the idea.
- If one of your ideas has already been spoken, give the next one on your worksheet. If yours has an important twist or perspective that is different than include it separately.

- Our goal is to get all the ideas out onto the flip chart, we will be working fast and it might take 3 rounds.

FACILITATOR/RECORDER ACTIVITY: Use Flip chart page(s) with the Score Sheet drawn up. We will provide an additional worksheet for you. Please note your group’s color and the number of people in your group on the chart (for example: Blue-7; do **not** count the facilitator or notetaker in the group number). As the people list their ideas don’t hesitate to probe for clarification.

ITEM NUMBER	IDEA	Scores	Total of scores
# 1			
....			
#last item			

Step 3: Serial Discussion and Clarification - 5 minutes (Can also be accomplished as the idea is being put up and combined with step 2)

The purpose of this discussion is to clarify the meaning of each item on our list. It is also our opportunity to express our understanding of the logic behind the idea and the relative importance of the item. We should feel free to express varying points of view or to disagree—but this part of the process is for clarification not for resolution.

We will however want to pace ourselves so that each of the items is on the chart receives the opportunity for some attention, so I may sometimes ask the group to move on to further items.

Finally, let me point out that the original author of the item need not feel obliged to clarify or explain an item. Any member of the group can play that role.

Step 4: Ranking - 5-10 minutes

Give everyone 5 note cards (1 Color per group)

INSTRUCTIONS: Choose the 5 ideas/characteristics that you think best answer the question being discussed.

In the upper left hand corner place the # of the item, in the middle of the card write out the brief description of the item. Do this on 5 cards, one for each idea chosen. It may be helpful to have an example to show.

Return to group:

Now pick the one item of these 5 that you think is MOST important—Write in the lower right hand corner the number 5. Please hand the card in to us.

Now pick the one item of the remaining 4 that you think is the least important compared to the others. Write in the lower right hand corner the number 1. Hand cards in.

Now pick the one item of the remaining 3 that you think is the most important of those remaining and right 4 in the lower right hand corner. Hand cards in.

Now pick the one item of the remaining 2 that you think is the least important and write 2 in the lower right hand corner. Hand cards in

For the remaining card, write 3 in the lower right hand corner. Hand cards in.

Facilitator and recorder should please

- Sort by ITEM NUMBER IN THE UPPER LEFT CORNER.
- Give a group or 2 of cards (sorted by item number) to participants around the table
- Have the participant read off scores for each item while you record and total on your flip chart score sheet.

FACILITATOR/RECORDER ACTIVITY: Flip chart page(s) with the Score Sheet drawn up. *We will provide an additional worksheet for you.*

ITEM NUMBER	IDEA	Total of scores
# 1		
....		
#last item		

Report back to the group with the top 5 scores. If you times is going well, also highlight the ideas with the greatest number of votes. (this is used if there is a tie for top scores)

Now we will repeat the process with question 2.

What are the strengths and assets in Chaffee County that can be used to improve the health of the population?

Please remember to record the group and number. Please transfer your sheets from Q1 to Holly for consolidation.

While Q2 is being carried out, we plan to have time to summarize the results for Q1 for all the tables to use for the debrief and explaining next steps.

CHECKLIST

1. Writing and issuing the invitations – *Andrea*
 2. Follow-up – *Andrea*
 3. Collecting RSVPs – *Andrea*
 4. Organizing food – *Andrea*
 5. Organizing agenda-detailed - *CSPH Students, Holly, Andrea*
 6. Script for event – *CSPH Students, Holly, Andrea*
 7. Materials needed
 - CSPH Students:
 - Sign-in sheet
 - Holly:
 - Easels done
 - Flip Charts done
 - Markers done
 - Andrea:
 - Various colors of 3x5 index cards
 - Pens
 - Name tags
 - Table numbers
 - Various brochures and other giveaways
 - Printed agendas for attendees
 - Printed guide/script for facilitators and students (15?)
-
1. Orientation for facilitators/recorders – Feb. 18 at 10:30 a.m.
 2. Time monitor – *Holly*
 3. Who is in charge of event – *Andrea, Holly*
 4. Analysis methods, dividing and combining results – *CSPH Students, Holly*
 5. Report writing and expectations – *CSPH Students*

Appendix B-2: NGT Process Analysis Steps

- Step One: Enter data for each group for a single question onto a worksheet, use the 2nd worksheet for a second question. This includes the item number and description as it appeared on the flip chart sheets and the individual scores for each item number.
 - See Nominal Group Analysis Sheet #1 below in [Appendix B-3: NGT Process Analysis Workbooks – Top Health Concerns](#) below.
- Step Two: Calculate baseline score. This describes what the average score for each item if they all received the same total score. (Each person has 15 points to give out) $\text{*times* (number of people in the group) = total points to distribute/divide by/the total number of items this group came up with}$. You need to revise the formula for each group for both the number of persons in the group AND the number of items.
 - See Nominal Group Analysis Sheet #1 below. At the top of each group summary, you will find a small box with the baseline score calculation.
- Step Three: Evaluate the total scores (the sum of the individual scores) for each item. Identify items with the highest scores.
 - See “Total of Scores” column in Nominal Group Analysis Sheet #1 below.
- Step Four: Evaluate the “Most Votes” column (the sum of the number of votes each item received) for each item.
 - See “Most Votes” column in Nominal Group Analysis Sheet #1 below.
- Step Five: Compare the item’s total score to the baseline score by subtracting the baseline score from the “Total of Scores” column for each item. Report this calculation in the “Above Baseline” column. Items that receive a negative score should not be considered a top health concern for that group.
 - See “Above Baseline” column in Nominal Group Analysis Sheet #1 below.
- Step Six: Based on all of these considerations (Steps 3-5) rank the items for final top ranking. You should rank 5-10 items. If two items are tied in total score, but one received more votes, the one with more votes should receive a higher ranking. If two items are tied in total score and number of votes, you can use balanced judgment to rank one item higher than the other if, for example, one item was a similar to several other items that were brainstormed in the group (i.e. If pregnancy prevention and senior services are tied, but several other senior issues were raised in the group, the senior services should receive a higher ranking).
 - See “Top Ranked” column in Nominal Group Analysis Sheet #1 below. Top ranked items for each group are also highlighted in the color assigned to each table.
- Step Seven: Assemble the top ranked health concerns (5-10 items) for each group into another workbook and sort them according to like categories or factors (i.e. all items related to mental health are grouped into a category called “Mental Health Concerns”).
 - See Nominal Group Analysis Sheet #2.
- Step Eight: List the new category/factor and the total scores from each group for each factor. Sum these scores and then average them by the number of groups.
 - See Nominal Group Analysis Sheet #3
- Step Nine: Repeat with Question 2

Appendix B-3: NGT Process Analysis Workbooks – Top Health Concerns

NOMINAL GROUP ANALYSIS SHEET #1

PROJECT: Chaffee County Nominal Group Analysis

Date of Analysis: 2/20/2016

Q1: 1st group
Purple Stripe

Baseline Score:	3.913
15*N (N=size of group)	90
# of issues	23

Item #	Factor Description	Factor Scores				Total of Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Mental Health and Drug Treatment	2				2	1	-1.913		
2	Home Care for Seniors and Resources (Affordable)	5				5	1	1.087	8	Although this tied with Family Cohesion and Whole-Person Care, this received a higher rank because senior issues were a recurring group theme.
3	Insurance Inaccessibility (High Deductibles and Lack of Dental/Vision)	4				4	1	0.087		
4	Mental Health Prevention	1				1	1	-2.913		
5	Senior Housing/Assisted Care for Seniors	1	1	5		7	3	3.087	3	Although this tied with Medicaid/Affordable Assisted Living, this received a higher rank because it received more votes
6	Access to Providers	3	3	3	4	13	4	9.087	1	
7	Hospital Facilities Not up to Standards	2	4			6	2	2.087	6	
8	Cost of Medical Procedures					0	0	-3.913		
9	Medicaid/Affordable Assisted Living	2	5			7	2	3.087	4	Although this tied in total score and votes with Pregnancy Prevention, it received a higher rank because senior issues were a recurring group theme.
10	Health Literacy (insurance, enrollment periods)					0	0	-3.913		
11	Pregnancy Prevention	3	4			7	2	3.087	5	
12	Sex Education (emphasize responsibility)	4				4	1	0.087		
13	Family Cohesion	5				5	1	1.087	10	
14	Affordable Drug Treatment	3				3	1	-0.913		
15	Dental Care for Medicaid	1				1	1	-2.913		
16	Dental Care for Middle Class					0	0	-3.913		
17	Education on Community Resources					0	0	-3.913		
18	Senior Daily Services	3	2			5	2	1.087	7	
19	Patient Navigation					0	0	-3.913		
20	Whole-Person Integrated Care	5				5	1	1.087	9	
21	Chaffee People's Clinic	2				2	1	-1.913		
22	Adequate, Accessible, Reliable Transport	2				2	1	-1.913		
23	Insurance Gap Between Medicaid and Private Insurance	5	1	4	1	11	4	7.087	2	

Q1: 2nd group

Orange

Baseline Score:	3.6
15*N (N=size of group)	90
# of issues	25

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Patient Navigation (Chronic Disease, Oral Health)	4	3	2	5		14	4	10.4	2	
2	High Deductible Insurance	5					5	1	1.4	10	
3	Elderly Home Alone Aging Services	5					5	1	1.4	9	check with Patti - perhaps should get higher score due to mention of assisted living (which got slightly higher ranking)
4	Access to Public Health Services/Primary Care	3					3	1	-0.6		
5	Substance Abuse/Detox	3	4				7	2	3.4	3	
6	Mental Health	3	4				7	2	3.4	3	
7	Integration of Health and Mental Health for All Ages	1	5				6	2	2.4	6	given slightly higher score than assisted living due to high rating of mental health
8	Oral Health Access	5					5	1	1.4	8	check with Patti about mention of oral health in patient navigation
9	Utilization of Health Services Prevention	1	5	4	4		14	4	10.4	1	
10	Unlicensed Help at Home						0	0	-3.6		
11	Health Insurance Education	1	2				3	2	-0.6		
12	Need for Community Paramedic	3					3	1	-0.6		
13	Urgent Care	1	2	3			6	3	2.4	5	
14	Specialty Care/Access to	1	2				3	2	-0.6		
15	Prevention of Child Obesity						0	0	-3.6		
16	Provider Diversity						0	0	-3.6		
17	Access/Coverage Homehealth						0	0	-3.6		
18	Access/Coverage Hospice						0	0	-3.6		
19	Prevention of Domestic Violence	2					2	1	-1.6		
20	School Readiness						0	0	-3.6		
21	Sex Education						0	0	-3.6		
22	Cost of Treatment	1					1	1	-2.6		
23	Access to Safe Recreation						0	0	-3.6		
24	Assisted Living	2	4				6	2	2.4	7	
25	Affordable Housing						0	0	-3.6		

Q1: 3rd group

Green Stripe

Baseline Score:	4.2857
15*N (N=size of group)	90
# of issues	21

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Lack of Access to Primary Care	5	5				10	2	5.7143	4	
2	Lack of Resources for Those Who Don't Qualify for Medicaid But Still Need Resources	2	1	3	5		11	4	6.7143	3	
3	Lack of Comprehensive Health Plan for Diverse Needs	5					5	1	0.7143	9	Person who suggested this didnt even know what this was
4	Lack of Urgent Care	3	4	4	4		15	4	10.7143	1	
5	Lack of Assisted Living	1	4				5	2	0.7143	7	This one is ranked 7 because it has higher number of votes
6	Dental Care for All Ages	5					5	1	0.7143	8	Was a more important issue than #3
7	Lack of Affordable Housing (+/- \$500/Month)	4	5	3			12	3	7.7143	2	
8	Affordable Assisted Living Incorporating Medicaid						0	0	-4.2857		
9	Inpatient Drug and Alcohol Services	3	2	2			7	3	2.7143	5	
10	Lack of Weight Loss/Nutrition Services	3					3	1	-1.2857		
11	Cost of ACA Insurance for Individuals and Small Businesses						0	0	-4.2857		
12	Lack of Outreach for those with Low Income/No Insurance with Health Issues	1					1	1	-3.2857		
13	Care for Mentally Ill	3	1				4	2	-0.2857	10	
14	Pediatrics/Special Services for Children						0	0	-4.2857		
15	Lack of Training Services for Employability	2					2	1	-2.2857		
16	Lack of Detox Services	1					1	1	-3.2857		
17	Transient/Seasonal Employees Medical Services						0	0	-4.2857		
18	Lack of Services to Improve Productivity/Motivation	1					1	1	-3.2857		
19	Homeless Shelter	2	4				6	2	1.7143	6	
20	Lack of Dentists Taking Medicaid						0	0	-4.2857		
21	High Rate of Smoking						0	0	-4.2857		

Q1: 4th group

Blue Stripe

Baseline Score:	4.5652
15*N (N=size of group)	105
# of issues	23

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Affordable Assisted Living - Seniors/Cont. of Care	3	1	4	5		13	4	8.435	2	
2	Resources for Seniors	2	4				6	2	1.435	7	
3	Access - Providers (General)	3	5	5			13	3	8.435	3	
4	Behavioral Health Needs	3	3	2	4		12	4	7.435	4	
5	Substance Abuse Treatment Options	2	1	1	4	5	13	5	8.435	1	
6	Insurance Coverage Gaps	3					3	1	-1.565		
7	Environmental Impact of Substance Use						0	0	-4.565		
8	Obesity	1	5				6	2	1.435	9	
9	Diabetes	3					3	1	-1.565		
10	Approp. Use ER	1					1	1	-3.565		
11	Lack of Urgent Care	2	1	2			5	3	0.435	10	
12	Cost of Care (Barriers)	4	2				6	2	1.435	8	
13	Barriers to Being Seen						0	0	-4.565		
14	Lack of Affordable Housing	4	5				9	2	4.435	5	
15	Unsafe Home Environment	2					2	1	-2.565		
16	Resource Navigation/Knowledge						0	0	-4.565		
17	C.O.L./Wages	5					5	1	0.435		Not included in initial top 10 ranking of "Overall Total Scores" because only 1 vote associated with it.
18	Transportation						0	0	-4.565		
19	Training (P.H. Prof)						0	0	-4.565		
20	Employer Insurance	3	4				7	2	2.435	6	
21	Under 5 Screenings						0	0	-4.565		
22	Marijuana Education	1					1	1	-3.565		
23	Teen Pregnancy						0	0	-4.565		

Q1: 5th group

Green

Baseline Score:	4.7727
15*N (N=size of group)	105
# of issues	22

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Early Childhood Daycare						0	0	-4.773		
2	No Urgent Care/Access	3	5	5			13	3	8.227	3	
3	Access to Mental Health Treatment	2					2	1	-2.773		
4	Tobacco Use	4					4	1	-0.773		
5	Prescription Abuse	3	4	2			9	3	4.227	6	
6	Assisted Living Options	2	4	4	3	5	18	5	13.227	1	
7	Lack of Resources for Behavioral Health Emer. Services	3	1	1	5		10	4	5.227	5	
8	Res. Mental Health Treatment	4	1				5	2	0.227	7	
9	Lack of Transport for Srs. to Services						0	0	-4.773		
10	Substance Abuse Treatment	2	1				3	2	-1.773		
11	Oral Health						0	0	-4.773		
12	Oral Underinsured	1					1	1	-3.773		
13	Pediatric's Access to Mental Health	5	3	3	4		15	4	10.227	2	
14	Increased Homeless Population	1					1	1	-3.773		
15	Access to Affordable Produce						0	0	-4.773		
16	Obesity						0	0	-4.773		
17	Crisis Support (General)	4					4	1	-0.773		
18	Lack of Seatbelt Use						0	0	-4.773		
19	Access to Affordable Recreation	2					2	1	-2.773		
20	Enhanced Home Services	3	2				5	2	0.227	7	
21	Lack of Access to Substance Abuse Detox Services	5	1	5			11	3	6.227	4	
22	Access to Specialty Care - Under Served	2					2		-2.773		

Q1: 6th group

Bright Yellow

Baseline Score:	4.6875
15*N (N=size of group)	75
# of Issues	16

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Access to Health Care (Long Wait Time - Specialists, Availability)	5	5	5	4		19	4	14.3125	1	
2	Substance Abuse	1	1	3			5	3	0.3125	5	
3	Diabetes Prevalence	2	3				5	2	0.3125	6	
4	Rehabilitation Centers	5					5	1	0.3125	7	
5	Lack of Assisted Living	2	2				4	2	-0.6875		
6	Healthcare Affordability	2	4				6	2	1.3125	3	This could be slightly more important than Obesity
7	Aging Population	4					4	1	-0.6875		
8	1/3 of Population has High Cholesterol	4					4	1	-0.6875		
9	Lack of Public Transit						0	0	-4.6875		
10	Affordable Housing	1	2	3	5		11	4	6.3125	2	
11	Recreational Injuries						0	0	-4.6875		
12	Falls/Injuries with Aging Population	1					1	1	-3.6875		
13	General Overweight/Obese	3	3				6	2	1.3125	3	
14	Need for Dialysis Unit	1					1	1	-3.6875		
15	Early Childhood/Adolescent Prevention Programs						0	0	-4.6875		
16	Access to Prevention Programs	4					4	1	-0.6875		

Q1: 7th group

Pink

Baseline Score:	6.1765
15*N (N=size of group)	105
# of issues	17

Item #	Factor Description	Factor Scores				Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Affordable Access to Fitness Options for Geriatrics	2	1			3	2	-3.17647		
2	Affordable Housing	3	3	5	5	16	4	9.82353	2	
3	Timely Access to PCPs	2	3			5	2	-1.17647		
4	Substance Abuse Issues	3	5	4	4	2	18	5	11.8235	
5	Lack of Chronic Disease Management Programs	5	1	1			7	3	0.82353	
6	Underinsurance Issues	1	4				5	2	-1.17647	
7	Lack of Community Resources for Behavioral Populations (Health)	5	3	2			10	3	3.82353	4 This was less important than #14
8	Identifying Uninsured	3					3	1	-3.17647	
9	Lack of SNF Beds	4					4	1	-2.17647	
10	High Cost of Meds, Healthcare, and Dental	3	5				8	2	1.82353	5
11	Lack of Education for Whole Health (Social and Mental)	4					4	1	-2.17647	
12	Communication Integration of Healthcare and Community Resources						0	0	-6.17647	
13	Mental Illness in Youth (Suicide and Substance Abuse)	4					4	1	-2.17647	
14	Integration of Bio-psycho social model	4	5	1			10	3	3.82353	3 This was an important theme.
15	Lack of Urgent Care	2	1				3	2	-3.17647	
16	Lack of Medicaid Dental Services	1					1	1	-5.17647	
17	Transitional Care - Assisted - Transitional	4					4	1	-2.17647	

**NOMINAL GROUP ANALYSIS SHEET #2:
Combined Results for Sheet #1**

Factor Description	Individual Groups Factor Descriptions	Total of Scores	Most Votes	Rank	Notes
Lack of Access to Providers (General & Specialist)	Access to Providers	13	4	1	
	Lack of Access to Primary Care	10	2	4	
	Access - Providers (General)	13	3	3	
	Access to Health Care (Long Wait Time - Specialists, Availability)	19	4	1	
Mental Health Concerns	Mental Health	7	2	3	
	Integration of Health and Mental Health for All Ages	6	2	6	
	Care for Mentally Ill	4	2	10	
	Behavioral Health Needs	12	4	4	
	Pediatric's Access to Mental Health	15	4	2	
	Lack of Resources for Behavioral Health Emer. Services	10	4	5	
	Res. Mental Health Treatment	5	2	7	
	Lack of Community Resources for Behavioral Populations (Health)	10	3	4	Jonathan confirmed that this is a mental health issue
Assisted Living for Seniors	Assisted Living	6	2	7	
	Lack of Assisted Living	5	2	7	
	Affordable Assisted Living - Seniors/Cont. of Care	13	4	2	
	Assisted Living Options	18	5	1	
	Medicaid/Affordable Assisted Living	7	2	4	
	Senior Housing/Assisted Care for Seniors	7	3	3	
Resources and Services for Seniors	Resources for Seniors	6	2	7	
	Elderly Home Alone Aging Services	5	1	9	
	Senior Daily Services	5	2	7	
	Home Care for Seniors and Resources (Affordable)	5	1	8	
Lack of Urgent Care	Urgent Care	6	3	5	
	Lack of Urgent Care	15	4	1	
	Lack of Urgent Care	5	3	10	
	No Urgent Care/Access	13	3	3	

Lack of Oral Health	Dental Care for All Ages	5	1	8	
	Oral Health Access	5	1	8	
Insurance Concerns	Insurance Gap Between Medicaid and Private Insurance	11	4	2	
	High Deductible Insurance	5	1	10	
	Employer Insurance	7	2	6	
High Cost of Care	Healthcare Affordability	6	2	3	
	Cost of Care (Barriers)	6	2	8	
	High Cost of Meds, Healthcare, and Dental	8	2	5	
Lack of Affordable Housing	Lack of Affordable Housing	9	2	5	
	Lack of Affordable Housing (+/- \$500/Month)	12	3	2	
	Affordable Housing	11	4	2	
	Affordable Housing	16	4	2	
Obesity	General Overweight/Obese	6	2	3	
	Obesity	6	2	9	
Lack of Whole Person/Integrated Care	Integration of Bio-psycho social model	10	3	3	Jonathan confirmed that this falls into whole person care
	Whole-Person Integrated Care	5	1	9	
Lack of Substance Abuse Treatment	Inpatient Drug and Alcohol Services	7	3	5	
	Substance Abuse Treatment Options	13	5	1	
	Rehabilitation Centers	5	1	7	
	Substance Abuse/Detox	7	2	3	Nicole confirmed that this refers to drug rehab centers
	Lack of Access to Substance Abuse Detox Services	11	3	4	
Substance Abuse	Substance Abuse	5	3	5	
	Substance Abuse Issues	18	5	1	
Other Stand-Alone Items	Lack of Resources for Those Who Don't Qualify for Medicaid But Still Need Resources	11	4	3	
	Lack of Comprehensive Health Plan for Diverse Needs	5	1	9	
	Family Cohesion	5	1	10	
	Pregnancy Prevention	7	2	5	
	Enhanced Home Services	5	2	7	
	Hospital Facilities Not up to Standards	6	2	6	
	Homeless Shelter	6	2	6	
	Patient Navigation (Chronic Disease, Oral Health)	14	4	2	
	Diabetes Prevalence	5	2	6	
	Lack of Chronic Disease Management Programs	7	3	6	
	Utilization of Health Services Prevention	14	4	1	
	Prescription Drug Abuse	9	3	6	Holly says: don't include this with "Substance Abuse" unless other discussions of substance abuse items included discussions of Rx drugs

**NOMINAL GROUP ANALYSIS SHEET #3:
Final Factor Scores for Entire Group**

Factor #	Factor Description	Total Score by each Group							Total of Scores	Average Total Score
		Purple Stripe	Orange	Green Stripe	Blue Stripe	Green	Bright Yellow	Pink		
2	Mental/Behavioral Health Concerns	0	13	4	12	30	0	10	69	9.9
3	Assisted Living	14	6	5	13	18	0	0	56	8.0
1	Lack of Access to Providers (General &	13	0	10	13	0	19	0	55	7.9
9	Lack of Affordable Housing	0	0	12	9	0	11	16	48	6.9
12	Lack of Substance Abuse Treatment	0	7	7	13	11	5	0	43	6.1
5	Lack of Urgent Care	0	6	15	5	13	0	0	39	5.6
7	Insurance Concerns	11	5	0	7	0	0	0	23	3.3
13	Substance Abuse	0	0	0	0	0	5	18	23	3.3
4	Resources & Services for Seniors	10	5	0	6	0	0	0	21	3.0
8	High Cost of Care	0	0	0	6	0	6	8	20	2.9
11	Lack of Whole Person/Integrated Care	5	0	0	0	0	0	10	15	2.1
22	Patient Navigation (Chronic Disease, Oral Health)	0	14	0	0	0	0	0	14	2.0
25	Utilization of Health Services Prevention	0	14	0	0	0	0	0	14	2.0
10	Obesity	0	0	0	6	0	6	0	12	1.7
15	Lack of Resources for Those Who Don't Qualify for Medicaid But Still Need Resources	0	0	11	0	0	0	0	11	1.6
6	Lack of Oral Health	0	5	5	0	0	0	0	10	1.4
14	Prescription Abuse	0	0	0	0	9	0	0	9	1.3
18	Pregnancy Prevention	7	0	0	0	0	0	0	7	1.0
24	Lack of Chronic Disease Management Programs	0	0	0	0	0	0	7	7	1.0
20	Hospital Facilities Not up to Standards	6	0	0	0	0	0	0	6	0.9
21	Homeless Shelter	0	0	6	0	0	0	0	6	0.9
16	Lack of Comprehensive Health Plan for Diverse Needs	0	0	5	0	0	0	0	5	0.7
17	Family Cohesion	5	0	0	0	0	0	0	5	0.7
19	Enhanced Home Services	0	0	0	0	5	0	0	5	0.7
23	Diabetes Prevalence	0	0	0	0	0	5	0	5	0.7

Appendix B-4: NGT Process Analysis Workbooks – Top Strengths and Assets

NOMINAL GROUP ANALYSIS SHEET #4
PROJECT:Chaffee County Nominal Group Analysis

DATE: 2/20/16

Q2: 1st group
Purple Stripe

Baseline Score:	4.7
15*N (N=size of group)	90
# of issues	19

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Strong Community - Helping Mindset	5					5	1	0.3	7	Left this at 7 (and bumped Recreation to 8) because the group discussed the similarities between this item and other highly rated items like "Aware Community" and "Strong Collaborative Relationships"
2	Aware Community	1	4				5	2	0.3	5	
3	Outdoors	1	4				5	2	0.3	5	
4	Types of Recreation	5					5	1	0.3	8	Left this at 8 (and bumped Medicaid with Single Point Entry to 9) because "Outdoors" was rated higher and outdoor recreation was brought up as a type of recreation
5	Strong Collaborative Relationships	5	4	5			14	3	9.3	1	
6	Availability of Programs	4					4	1	-0.7		
7	New Hospital	2	3				5	2	0.3		
8	Variety of Specialists						0	0	-4.7		
9	Medicaid with Single Point Entry - HBCS	5					5	1	0.3	9	
10	Strong Infrastructure (Education, Town/CO Govt, Community Organizations)	1	5				6	2	1.3	3	Left these tied at 3 since "Education System" is mentioned as part of both
11	Public Health Department	2	2				4	2	-0.7		
12	Clean Environment (Air and Water)	3	2	2	4		11	4	6.3	2	
13	Strong Smart Human Resources	4					4	1	-0.7		
14	Medicaid Expansion	1					1	1	-3.7		
15	Availability Home Health	3					3	1	-1.7		
16	Safe Environment	1	3				4	2	-0.7		
17	Strong Pre-School						0	0	-4.7		
18	Strong Education System	3	3				6	2	1.3	3	Left these tied at 3 since "Education System" is mentioned as part of both
19	Strong Age Diversity	1	2				3	2	-1.7		

Q2: 2nd group

Orange

Baseline Score:	4.7
15*N (N=size of group)	75
# of issues	19

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Public Health Services	4	4	4			12	3	7.3	1	
2	Culture of Active Lifestyles	1	3	4			8	3	3.3	4	
3	Local Paper/Radio/Social Media	3	3				6	2	1.3	6	
4	Local Specialty Services						0	0	-4.7		
5	Early Childhood Services	5					5	1	0.3	8	
6	Heart of the Rockies Services	5					5	1	0.3	7	Gave this a rank of 7 because Heart of the Rockies is mentioned too, with a rank of 2 ("HRRMC").
7	Engaged Pool of Providers/Advocats	2					2	1	-2.7		
8	Volunteerism						0	0	-4.7		
9	Chaffee County Health Coalition	1					1	1	-3.7		
10	Collaborations Across Domains	5	4	2			11	3	6.3	2	*
11	Oral Health Program	3					3	1	-1.7		
12	Lack of Unhealthy Food						0	0	-4.7		
13	Shuttle Services						0	0	-4.7		
14	HRRMC	5	5	1			11	3	6.3	2	*
15	Planned Parenthood	2					2	1	-2.7		
16	AADA						0	0	-4.7		
17	Extended Hours	2					2	1	-2.7		
18	VA Services	1					1	1	-3.7		
19	Mental Health Providers	1	2	3			6	3	1.3	5	

Q2: 3rd group

Green Stripe

Baseline Score:	4.5
15*N (N=size of group)	90
# of issues	20

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Wealth of Volunteerism	3	2	5			10	3	5.5	3	gave this one a 3 because it has overall higher scores than #4
2	Huge Base of Caring People	3	5	5			13	3	8.5	2	gave this one a 2 because it had fewer votes than #17
3	Dental Coalition						0	0	-4.5		
4	Chaffee County Health Coalition	4	5	1			10	3	5.5	4	
5	A lot of Good Ideas	2					2	1	-2.5		
6	Regional Medical Center	5	5				10	2	5.5	5	gave a 5 because it had only 2 votes (vs #1 and 4)
7	Variety of Healthcare Specialists	4	2				6	2	1.5	8	
8	Great Sense of Networking	4	1				5	2	0.5	10	
9	Cavity Free by 3						0	0	-4.5		
10	Cross Agency Collaborations	2	3				5	2	0.5	9	Hadlai said this was more important than 8
11	Generous Community	4	3				7	2	2.5	7	
12	Demonstrable Healthcare Improvements						0	0	-4.5		
13	Health and Recreation	1	1	1	1	3	7	5	2.5	6	
14	Love Life in the Valley						0	0	-4.5		
15	Great Home Visitor Programs	2					2	1	-2.5		
16	Engaged Young Adults						0	0	-4.5		
17	Prevention Programs	2	4	4	3		13	4	8.5	1	
18	Breastfeeding Coalition						0	0	-4.5		
19	Immunization Clinics						0	0	-4.5		
20	Carseat Program						0	0	-4.5		

Q2: 4th group

Blue Stripe

Baseline Score:	4.04
15*N (N=size of group)	105
# of issues	26

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Caring Providers	2					2	1	-2.04		
2	F.Y.I.	3	5				8	2	3.96	6	
3	Hospital	4	4	5			13	3	8.96	3	
4	Engaged Community (Proactive, Compassionate)	4	5	5	5		19	4	14.96	1	
5	Active Community	1	2	5			8	3	3.96	5	
6	Beautiful Environment	3					3	1	-1.04		
7	Sol Vista	4	1				5	2	0.96	8	
8	Diabetes Management Program						0	0	-4.04		
9	Healthcare Coalition	5	3	2	1		11	4	6.96	4	
10	U.A.A.A. COG						0	0	-4.04		
11	Hotsprings Pool						0	0	-4.04		
12	Chaffee E.D.C.	1					1	1	-3.04		
13	Faith-based Community						0	0	-4.04		
14	Live Well	2					2	1	-2.04		
15	Boys and Girls Club	1					1	1	-3.04		
16	Headstart	2					2	1	-2.04		
17	Exercise Facilities						0	0	-4.04		
18	Wellness U						0	0	-4.04		
19	Community Activities	3					3	1	-1.04		
20	Employer Wellness Programs						0	0	-4.04		
21	Connect for Health	3	3				6	2	1.96	7	
22	Leadership Group	4					4	1	-0.04		
23	Public Health	4	3	2	4	2	15	5	10.96	2	
24	Resource Website	1					1	1	-3.04		
25	Healthy Eating Awareness	1					1	1	-3.04		
26	Columbine						0	0	-4.04		

Q2: 5th group

Green

Baseline Score:	6.2
15*N (N=size of group)	105
# of issues	17

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
1	Tourism Money into Chaffee	5	2	2			9	3	2.8	7	
2	Volunteerism/Caring Community	5	2	3	2	1	13	5	6.8	3	
3	Large/Stable Family Practice Workforce	5	1	4	5		15	4	8.8	2	
4	Specialists Coming in to See Patients						0	0	-6.2		
5	Supportive School System	1	3	2	4		10	4	3.8	5	
6	Healthcare Community/Hospital involved and willing to make changes	3	4	3	5	2	17	5	10.8	1	
7	Strong Collaboration	1	4	4			9	3	2.8	6	This item was tied with "Tourism Money into Chaffee" in both Total Scores, and Number of votes -the notetaker for this group felt "Strong Collaboration" had a slightly stronger emphasis in conversation in group
8	Easy to Travel/Close Proximity	3					3	1	-3.2		
9	Access to Natural Environment	1	1	1	5		8	4	1.8	8	
10	Retirement Community of Diverse Background						0	0	-6.2		
11	Strong Reg. Hospital, Independent	5	4	3			12	3	5.8	4	
12	Recreation Dept Serves All Populations and Groups						0	0	-6.2		
13	Farm to Table Program						0	0	-6.2		
14	Strong Faith Community	2					2	1	-4.2		
15	Capable EMS	3	4				7	2	0.8		
16	Mild Climate						0	0	-6.2		
17	Chaffee Attracts Active Concerned Population						0	0	-6.2		

Q2: 6th group

Bright Yellow

Baseline Score:	3.95
15*N (N=size of group)	75
# of issues	19

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes
		2	3	4	5						
1	All The CCPH Programs	2	3	3	4	5	17	5	13.1	1	
2	FYI (Family Youth Initiatives)	1	1	2			4	3	0.1	8	
3	Local Dietician	5					5	1	1.1	6*	
4	Environment for Outdoor Recreation	5					5	1	1.1	6*	
5	Local Managed Hospital Distr.	5	1				6	2	2.1	4*	
6	Department of Human Services (and their programs)	2	2	3	4		11	4	7.1	2	
7	Live Well	5	1	1			7	3	3.1	3	
8	Upper Ark Agency on Aging	2					2	1	-1.9		
9	Availability of Wellness classes/courses (yoga etc.)						0	0	-3.9		
10	Attractiveness of Living Here for Medical Professionals						0	0	-3.9		
11	SolVista (BH Organization)	4					4	1	0.1	10*	
12	Caring and Sharing (thrift shop/homeless and transit housing services)						0	0	-3.9		
13	Small Business Development Center						0	0	-3.9		
14	Active Population	4					4	1	0.1	9	Ranked this at 9 since "Environment for Outdoor Recreation" is ranked 6.
15	Health Coalition						0	0	-3.9		
16	Boys and Girls Club						0	0	-3.9		
17	School Nurse	4					4	1	0.1	10*	
18	Local Doctors	3	3				6	2	2.1	4*	
19	Skilled Nursing Facility						0	0	-3.9		

Q2: 7th group

Pink

Baseline Score:	8.0
15*N (N=size of group)	105
# of issues	15

Item #	Factor Description	Factor Scores					Total Scores	Most Votes	Above Baseline	Top Ranked	Notes	
		2	3	4	5							
1	Strong Infrastructure						0	0	-8			
2	County Resource Guide	2	2	2	5		11	4	3	5		
3	Natural Resources/Climate/Environment	3	4	1	1	5	14	5	6	2		
4	Utilizing Existing Organizations/Services	5					5	1	-3			
5	Visiting Specialists	1					1	1	-7			
6	Chaffee County Health Coalition	3	1	5	5		14	4	6	3	Health coalition more important to group than #8	
7	Access to Healthcare	5					5	1	-3			
8	Chaffee County Public Health	2	4	4	4		14	4	6	4		
9	Regional Hospital	3	3	3	3	2	4	5	23	7	15	1
10	Strong Youth Population						0	0	-8			
11	Attracting Elite Athletes						0	0	-8			
12	Culture of Healthy Living	2	4	4			10	3	2	6		
13	Sol Vista Health (Mental Health)	3	1				4	2	-4			
14	Counseling Services						0	0	-8			
15	Community CPR/AED Education	2	1	1			4	3	-4			

**NOMINAL GROUP ANALYSIS SHEET #5:
Combined Results for Sheet #4**

Factor Description	Individual Groups Factor Descriptions	Total of Scores	Most Votes	Rank
Strong, Engaged, & Generous Community	Strong Community - Helping Mindset	5	1	7
	Aware Community	5	2	5
	Strong Infrastructure (Education, Town/Colorado Govt, Community Organizations)	6	2	3
	Engaged Community (Proactive, Compassionate)	19	4	1
	Volunteerism/Caring Community	13	5	3
	Huge Base of Caring People	13	3	2
	Wealth of Volunteerism	10	3	3
	Generous Community	7	2	7
Active, Healthy Living	Culture of Active Lifestyles	8	3	4
	Health and Recreation	7	5	6
	Active Community	8	3	5
	Active Population	4	1	9
	Culture of Healthy Living	10	3	6
Natural Environment & Outdoor Recreation	Types of Recreation	5	1	8
	Outdoors	5	2	5
	Clean Environment (Air and Water)	11	4	2
	Access to Natural Environment	8	4	8
	Environment for Outdoor Recreation	5	1	6
	Natural Resources/Climate/Environment	14	5	2
Collaborations & Coalitions: Informal	Strong Collaborative Relationships	14	3	1
	Collaborations Across Domains	11	3	2
	Great Sense of Networking	5	2	10
	Cross Agency Collaborations	5	2	9
	Strong Collaboration	9	3	6
Collaborations & Coalitions: Formal	Chaffee County Health Coalition	10	3	4
	Healthcare Coalition	11	4	4
	Chaffee County Health Coalition	14	4	3
	Live Well	7	3	3
Insurance Navigation	Medicaid with Single Point Entry - HBCS	5	1	9
	Connect for Health	6	2	7

**NOMINAL GROUP ANALYSIS SHEET #6:
Final Factor Scores for Entire Group: Question 2**

Factor #	Factor Description	Total Score by each Group						Total of Scores	Average Total Score	
		Purple Stripe	Orange	Green Stripe	Blue Stripe	Green	Bright Yellow			Pink
1	Strong, Engaged, & Generous Community	16	0	30	19	13	0	0	78	11.1
7	Hospital	0	16	10	13	29	6	0	74	10.6
9	Public Health/Prevention Programs	0	12	13	15	0	17	14	71	10.1
3	Natural Environment & Outdoor Recreation	21	0	0	0	8	5	14	48	6.9
4	Collaborations & Coalitions: Informal	14	11	10	0	9	0	0	44	6.3
5	Collaborations & Coalitions: Formal	0	0	10	11	0	7	14	42	6.0
2	Active, Healthy Living	0	8	7	8	0	4	10	37	5.3
8	Practitioners & Specialists	0	0	6	0	15	11	0	32	4.6
12	Education & Child Services	6	5	0	0	10	4	0	25	3.6
10	Mental Health Providers & Sol Vista	0	6	0	5	0	4	0	15	2.1
11	Family Youth Initiatives (FYI) Program	0	0	0	8	0	4	0	12	1.7
6	Insurance Navigation	5	0	0	6	0	0	0	11	1.6
15	County Resource Guide	0	0	0	0	0	0	11	11	1.6
16	Department of Human Services (and their programs)	0	0	0	0	0	11	0	11	1.6
14	Tourism Money into Chaffee	0	0	0	0	9	0	0	9	1.3
13	Local Paper/Radio/Social Media	0	6	0	0	0	0	0	6	0.9

Appendix B-5: NGT Process Final Results

Top Chaffee County Health Concerns: NGT Process	Total Points	Frequency of Mentions
1. Mental/Behavioral Health Concerns	69	23
2. Assisted Living	56	18
3. Lack of Access to Providers (General & Specialist)	55	13
4. Lack of Affordable Housing	48	13
5. Lack of Substance Abuse Treatment	43	14
6. Lack of Urgent Care	39	13
7. Insurance Concerns	23	7
8. Substance Abuse	23	8
9. Resources & Services for Seniors	21	6
10. High Cost of Care	20	6

Top Chaffee County Assets: NGT Process	Total points
1. Strong, Engaged, & Generous Community	78
2. Hospital	74
3. Public Health/Prevention Programs	71
4. Natural Environment & Outdoor Recreation	48
5. Collaborations & Coalitions: Informal	44
6. Collaborations & Coalitions: Formal	42
7. Active, Healthy Living	37
8. Practitioners & Specialists	32
9. Education & Child Services	25
10. Mental Health Providers & Sol Vista	15

Appendix C: Key Informant Interview Process Materials

The materials used in data collection and analysis of Key Informant Interview will be presented in this Appendix section.

Appendix C-1: Key Informant Interview Guide

Key Informant Interview Guide

Chaffee County

DRAFT: 3/1/2016

Introduction

Thank you for meeting with me today. My name is _____ and I'm part of a student evaluation team from the Colorado School of Public Health. We have partnered with Chaffee County Public Health to assist them in their 2016 community health assessment. This conversation should take around thirty minutes. Your feedback will be used to help identify health priorities for the community. I'm going to be taking notes during our conversation so I can be sure to capture all of your feedback. Any personal information you provide us today will be removed from the report so any information you provide to us today will be anonymous.

During this conversation today we are going to be talking about the health concerns and the strengths and assets of the Chaffee County community to improve population health. When we think of community, we are thinking of the entire public health system including health care providers, public health organizations, the hospital, non-profit organizations, and the rest of the community members who care about health – everyone.

Warm-up Question

- 1. Can you tell us your name, your roles within the community, and how long you have lived in the community?**

Population Health

We would now like to ask you about the health of people in Chaffee County.

- 1. First, what are the main health concerns in Chaffee County?**
 - a. Prompts:
 - i. Can you describe those in more detail?
 - ii. What does that look like in your community?
 - iii. Can you give an example of a time you've seen this in your community?
 - iv. Who exactly does this issue affect?
- 2. Based on the concerns you identified, which are the 3 main public health concerns?**
- 3. Of those three, which (one) of those health concerns is the most important?**
- 4. Which (one) of those do you feel is the least important?**

Capacity

Now we would like to learn more about the capacity of Chaffee County, its residents and organizations.

- 1. What are the strengths and assets in Chaffee County that can be used to improve the health of the population?**
 - a. If time, do these prompts:
 - i. Can you describe those in more detail?
 - ii. Can you give an example of a time you've seen these assets utilized in your community?
- 2. What are some challenges, weaknesses or barriers that Chaffee County faces in improving the health of its population?**
- 3. Is there anything else that you would like us to know, or anything else you would like to discuss today?**

Thank you very much for your input. We will be interviewing a number of key informants over the next few days and will be providing a summary of the responses in our report to Chaffee County Public Health in the end of May.

Appendix C-2: Key Informant Analysis Code List

The following list of codes were used to code for primary data gathered from the Key Informant Interviews:

Top Health Issues:

1	Seniors/Aging	22	Injury	36	Lack of Specialist
4	Lack of Assisted Living	23	Nutrition	37	Lack of Detox/SA Tx
5	Lack of Home Health		Obesity	38	Lack of Urgent Care
6	Lack of Senior Centers	24	Active Living	39	Lack of Psych ER
7	Lack of Senior Resources		Mindset	40	Lack of Homeless Shelter
8	Senior Population		Health Education	41	Lack of Transitional Housing
9	Physical Environment		Higher Ed Opportunities		Lack a Rec Center
10	Water Fluoridation	25	Oral Health	42	Misuse of ER
11	Access to Recreation		Mental Health	43	Lack of Awareness of Services
12	Higher Elevation	26	Insurance	44	Lack of School-Based Services
13	Transportation	27	Medical Not Accepting Medicaid	45	Quality of Care
14	Built Environment	28	Dental Not Accepting Medicaid	46	Economic
15	Tourist Town	29	Prescription Cost	47	Lack of Affordable Housing
16	Health Status/Behaviors	30	Healthcare Affordability	48	Income Issues
17	Chronic Disease	31	Access to Services	49	Employment Issues
18	Communicable Disease	32	Availability of PCP	50	Cost of Living
19	Tobacco Use	33	Availability of Specialist		Transients
20	Substance Use	34	Availability of MH		
21	Skin Cancer	35	Lack of Pediatrics		

Health Assets:

101	Strong, Engaged, & Generous Community	107	Active, Healthy Living	114	Department of Human Services (and their programs)
102	Hospital	108	Practitioners & Specialists	115	Tourism Money into Chaffee
103	Public Health/Prevention Program	109	Education & Child Services	116	Local Paper/Radio/Social Media
104	Natural Environment & Outdoor Recreation	110	Mental Health Providers & Sol Vis	117	Air & Water Quality
105	Collaborations & Coalitions: Infor	111	Family Youth Initiatives (FYI) Prog	118	Gardens/Local Foods
106	Collaborations & Coalitions: Form	112	Insurance Navigation		Indoor Rec Facilities
		113	County Resource Guide		

Appendix C-3: Key Informant Interviews – Top Health Concerns Results

Health Concern	Score (Times Mentioned)
Availability of Providers	30
Lack of Affordable Housing	20
Lack of Assisted Living	17
Substance Use	15
Mental Health	14

Appendix C-4: Key Informant Interviews – Top Community Assets Results

Asset	Score (Times Mentioned)
Strong, Engaged, and Generous Community	19
Public Health/Prevention Programs	17
Hospital	14

Appendix D: Community Survey Instrument

The materials used in data collection and results of Community Survey will be presented in this Appendix section.

Appendix D-1: Community Survey



CHAFFEE COUNTY
Public Health

colorado school of
public health

UNIVERSITY OF COLORADO
COLORADO STATE UNIVERSITY
UNIVERSITY OF NORTHERN COLORADO

Community Health of Chaffee County

Introduction

We would like to know your thoughts concerning the health of Chaffee County. The following survey was designed to capture your opinions and was made in partnership with Chaffee County Public Health and the Colorado School of Public Health. Your responses will be kept anonymous and will help guide future public health efforts. This is a short survey, and should take only about 15 minutes to complete. As a community member, your knowledge and experiences are highly valuable.

Thank you for helping to make Chaffee County a healthy place!

* 1. Before we begin, did you participate in any of the following? (Check all that apply)

Chaffee County Community Engagement Event on February 18th 2016

One-on-one Interview

None of the above



Community Health of Chaffee County

Health Needs and Resources

2. On a scale of 1 to 10, how healthy do you think Chaffee County residents are?

Not at all healthy										Extremely healthy
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	
<input type="radio"/>										

3. What are the 5 biggest health concerns of Chaffee County?

-
-
-
-
-

4. What makes Chaffee County a healthy place? (Please include 5 community resources/assets.)

-
-
-
-
-



Community Health of Chaffee County

Health Needs and Resources

5. What other positive factors greatly affect the health of Chaffee County?

1.
2.
3.
4.
5.

6. What other negative factors greatly affect the health of Chaffee County?

1.
2.
3.
4.
5.



Community Health of Chaffee County

Background

7. What is your gender?

8. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

9. Which of the following best describes your race?



Community Health of Chaffee County

Background

10. Which of the following best describes the type of work you do?

11. Where do you live?

12. How many months out of the year do you spend in Chaffee County?



colorado school of
public health

UNIVERSITY OF COLORADO
COLORADO STATE UNIVERSITY
UNIVERSITY OF NORTHERN COLORADO

Community Health of Chaffee County

Thank you for taking the time to complete this survey!

Your feedback and that of your community will be shared by Chaffee County Public Health in their Community Health Assessment and Public Health Improvement Plan for 2017-2021.

13. Please provide contact information below if you would like to be entered into a drawing for a \$5.00 coffee gift card.

*This information is not required, and your responses will not be linked with any of your personal information.

Name:

Phone number:

Email Address:

Appendix D-2: Community Survey – Top Health Concerns Results

Health Concern	Score (Times Mentioned)
Chronic Disease	24
Obesity	25
Availability of Providers	29
Healthcare Affordability	30
Substance Use	45

Appendix D-3: Community Survey – Top Community Assets Results

Asset	Score (Times Mentioned)
Hospital	20
Practitioners & Specialists	21
Active Healthy Living	24
Gardens/Local Food	25
Natural Environment/Outdoor Rec	112

Appendix E: Prioritization Matrix

Community-Perceived Importance	NGT Process, KI Interview, & Survey Results	3 point scale, where 3 is the indicator was a top concern among multiple methods, 1 is the indicator was a top concern from one method, and 0 is the indicator was not a top concern from any method
Local Versus State Comparison:	CHED/COHID Health Indicators	5 point scale, where 5 is worse than the state, 3 is equal to the state, and 1 is better than the state (based upon changes of 20% increase/decrease)
Magnitude of the Problem:	CSPH Team Consensus	5 point scale, where 5 is everyone is impacted, 3 is specific groups are impacted more than others, and 1 is no one is impacted
Severity of the Condition:	CSPH Team Consensus	5 point scale, where 5 is the condition can lead to death or severe morbidity, 3 disease/condition can lead to moderate morbidity; 1 is disease/condition leads to minor morbidity or other potentially harmful behaviors
Feasibility/practicality:	Resources and challenges results + CSPH Team Consensus	5 point scale, where 5 is that the issue/condition can be dealt with (feasibly and practically) and/or little coordination of efforts, 3 is that there are barriers and some political will to work on the issue and/or moderate coordination of efforts, 1 is that there is little feasibility or practicality to address the issue and/or significant coordination of efforts

Indicator	Chaffee Data	State Data	State Comparison Rating	Community-Perceived Importance	Magnitude of the Problem	Severity of Conditions	CSPH Feasibility/ Practicality	Chaffee County Feasibility/ Practicality	Total	Priority Rank
Lack of Assisted Living	HSR 13: 35% (25.08-45.61)	27% (25.55-29.28)	5	3	3	3	5		19	
Availability of Providers	13.50%	9.20%	5	3	5	3	1		17	
Oral Health	56.2% (46.41-74.94)	65.2% (64.08-66.42)	3	1	3	5	5		17	
Substance Use	10% (5.69-15.12)	19% (18.63-19.84)	1	3	3	5	3		15	
Mental Health	3.2 (2.2-4.1)	3.4 (3.3-3.5)	3	3	3	3	3		15	
Obesity	20.5% (13.84-27.06)	20.8% (20.25-21.39)	3	1	3	5	3		15	
Chronic Disease	24.0 (3.2-44.9)	15.6 (15.0-16.3)	3	1	3	5	3		15	
Lack of Affordable Housing	18.31%	24.95%	5	3	3	1	1		13	
Healthcare Affordability	28.30%	18.60%	5	1	3	3	1		13	
Lack of Detox/Substance Abuse Treatment				1	3	5	3		12	

Indicator	State Comparison Data Source
<i>Lack of Assisted Living</i>	2012 Colorado Health Indicators - Healthy Aging - Adults 65+ had fall past 12 months
<i>Availability of Providers</i>	2015 Colorado Health Institute, Colorado Health Access Survey - Barriers to Healthcare - Told by a doctor's office or clinic not accepting new patients
Oral Health	2012 Colorado Health Indicators - Oral Health - Adults visited dentist/dental hygienist
<i>Substance Use</i>	2011-2013 Colorado Health Indicators - Mental Health and Substance Abuse - Adults reported binge drinking
<i>Mental Health</i>	2011 - 2013 Colorado Health Indicators - Quality of Life (Mental) - Average number of days (in the past 30 days) experienced by adults when their physical health was not good 2011-2013
Obesity	2011-2013 Colorado Health Indicators - Health Eating and Active Living - Adults who are obese (Body Mass Index = 30)
Chronic Disease	2014 COHID - Deaths and Age-Adjusted Rates with 95% Confidence Limits for Leading Causes of Death - Diabetes, 2014
<i>Lack of Affordable Housing</i>	2009-2013 COHID - Median Home Value
<i>Healthcare Affordability</i>	2013 CHI analysis of the American Community Survey - Uninsured number and rate, ages 19-64, by county
Lack of Detox/Substance Abuse Treatment	N/A