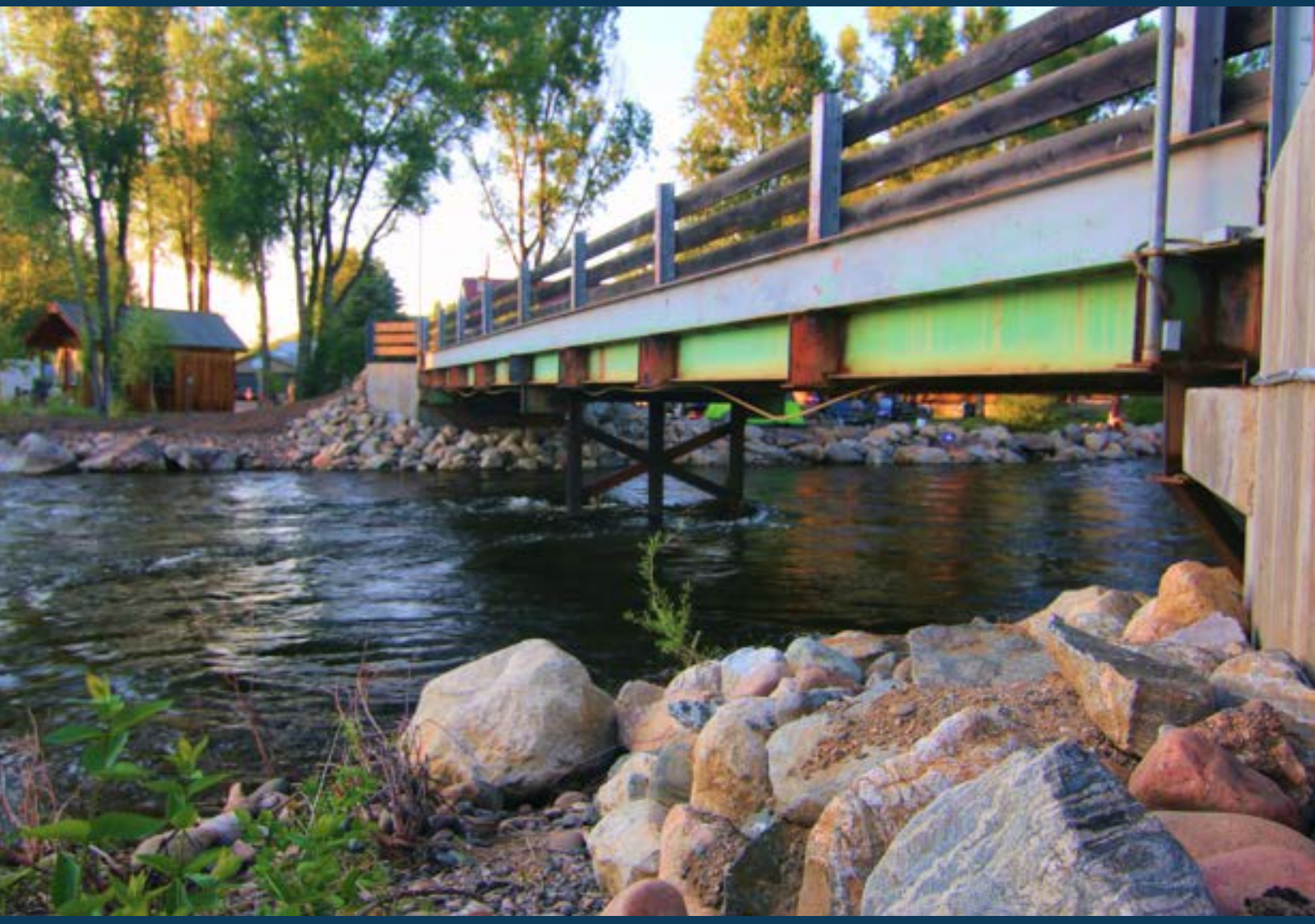
The Health Partnership, Memorial Regional Health, Northwest Colorado Health, Routt County Public Health, UCHealth Yampa Valley Medical Center, and United Way

Yampa Valley Community Health Needs Assessment

2022



Prepared by
Health Management Associates

Letter to the Community

Dear community member,

The 2022 Yampa Valley Community Health Needs Assessment (CHNA) is an opportunity for public health agencies, hospitals, community health centers, and other vital partners are committed to prioritizing the community's health to identify health priorities and to aid the Yampa Valley in program planning and resource allocation over the next three to five years.

The CHNA results from a process that would not have been successful without community engagement and input. Your participation reflected our shared diversity- from how long you've lived in the region, your age, gender, sexual orientation, race, and ethnicity to your ideas about our strengths and challenges. We thank you for your time, energy, and wisdom.

We invite you to review this document as part of our continuing efforts to learn how we might best meet your health and well-being needs.

We hope you find the information useful, easy to access, and representative of the strengths and opportunities within the Yampa Valley region to improve health and well-being for all. We hope it catalyzes change and improvement, so our communities get the services and support needed to thrive.

,

Brittney Willburn
The Health Partnership

Meghan Barrett
The Health Partnership

Paula Belcher
Memorial Regional Health

Kyle Miller
Memorial Regional Health

Jenny Fox
Northwest Colorado Health

Annette Alfano
UCHealth

Madysen Jourgensen
Routt County Public Health

Kate Nowak
United Way Routt County

Table of Contents

Executive Summary

Many different factors within a community decide community health. The Community Health Needs Assessment (CHNA) process is a collaborative effort of The Health Partnership, Memorial Regional Health, Northwest Colorado Health, Routt County Public Health, UCHealth Yampa Valley Medical Center, and United Way. The partners contracted with Health Management Associates (HMA) to help complete the CHNA.

The CHNA was informed by the following:

- Community survey
- Community meetings
- Existing public health and socioeconomic data

Bringing together community voices and findings from secondary data sources, the CHNA identified two health priorities for the Yampa Valley.

- Behavioral health
- Access to culturally and linguistically responsive health care

In recognizing that there are many factors that drive outcomes related to behavioral health and access to culturally and linguistically effective health care, the CHNA also identified four drivers of health:

- Access to healthy foods
- Affordable housing
- Economic opportunity, including jobs and wages
- Transportation

The drivers of health are important to consider when the agencies listed above and public health partners develop their health improvement plans focused on the two health priority areas.

The CHNA is also made available as a resource to the broader community. It is hoped that, in this way, the CHNA be a useful resource for further communitywide health improvement efforts.

Community Health Needs Assessment Approach

Bringing together community voices to identify health priorities for the Yampa Valley.

Many different factors within a community determine the community health status. The Community Health Needs Assessment (CHNA) process is a collaborative effort of The Health Partnership, Memorial Regional Health, Northwest Colorado Health, Routt County Public Health, UCHealth Yampa Valley Medical Center, and United Way.

The partners contracted with Health Management Associates (HMA) to help complete the CHNA.

The Process

The purpose of the CHNA is to uplift the health needs and experiences of communities in Routt and Moffat Counties through systematic, comprehensive data collection, analysis and reporting. The CHNA answers the following questions:

- What are the most important health issues in the community?
- What are the most unhealthy behaviors in the community?
- What are the most important factors for the community and personal health?

Data are collected in many ways, including qualitatively through community meetings and a community health survey, and quantitatively through existing public health and socioeconomic data (Figure 1). These data come from hospitals, education systems, local community-based reports, as well as county and state data. These data are referred to in this document as secondary data.

Learnings from the data will be used to identify health priorities and to support the development of Community Health Improvement Plans for the region. These plans will aid the Yampa Valley in program planning and resource allocation over the next three years.

The CHNA process occurred between November 2021 through June 2022, and included the following key components:

- Community health survey
- Community member meetings
- Secondary data review and analysis

Figure 1

Community Health Survey

The purpose of the Community Health Survey was to identify the most pressing health problems and issues and to hear the community's input about the quality of life in the Yampa Valley. It was an online survey, open from February 1-22, 2022, in English and Spanish. CHNA partners relied on community members to disseminate information about accessing the survey to ensure broad representation from the Yampa Valley communities in the data collected. CHNA partners and other Yampa Valley organizations shared and marketed the online survey in the following ways:

- Through existing collaboratives or coalitions.
- At planned community events.
- Through newsletters and/or on social media.
- Other media, such as local news channels, radio, and newspaper.

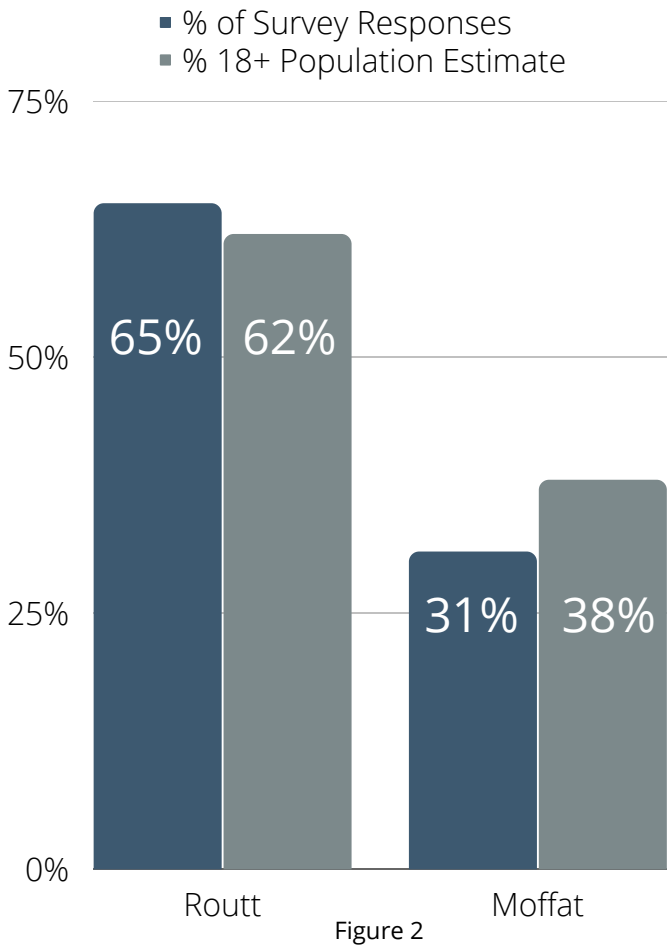


Figure 2

(Source: CHNA Community Survey. Source for population estimates: ACS, 2015-2019)

There were 1,167 community members who responded to the survey. Figure 2 describes response rate by county in comparison to the estimated 18 years or older population. For the results of the community survey, see Appendix A.

CHNA COMMUNITY SURVEY 2022

81% of respondents live in the Yampa Valley more than nine months/year or full time

67% of respondents were women

41% are raising children in the Yampa Valley

22% of survey respondents were LGBTQ+

16% were BIPOC (higher than the 18+ population estimate of 14%)

13% were Latinx or Hispanic (higher than the 18+ population estimate of 10%)

4% of respondents have no health care coverage, lower than the 10% estimate of the population

Top Five Ways Community Members Heard of the Survey (N=1,167)

Email 34%
Workplace 15%
Facebook 11%
Newspaper 7%
Personal Contact 6%

Community Meetings

Five community meetings were held March to April 2022, with the purpose to:

1. Review findings from the community survey and from secondary data.
2. Collect feedback from community members about what makes the Yampa Valley community healthy.
3. Spend time in small groups reflecting on health challenges and community assets and strengths.

There were 62 participants in the community meetings. Table 1 shows the number and percent of participants for each of the five meetings. For a thematic summary of the community member meetings, see Appendix B.

Percent of Participants by Meeting	Number	Percent
March 22nd Meeting in Steamboat Springs	12	19%
March 24th Meeting in Craig	8	13%
March 29th Virtual	24	39%
April 12th Virtual (in Spanish)	10	16%
April 13th Virtual	8	13%
Total	**62**	**100%**

Table 1

Secondary Data Collection

Health factors, behaviors, and outcomes data were reviewed and analyzed. Data sources included Colorado Department of Health and Environment (CDPHE) Colorado Health Indicators database (COHID) , which includes the Healthy Kids Colorado Survey (HKCS), Behavioral Risk Factor Surveillance System (BRFSS), and Colorado Vital Statistics and Health data. The American Community Survey (ACS) data were used to understand the socioeconomic status of the Yampa Valley residents and the Colorado Health Access Survey (CHAS) to understand regional values of access to care indicators. See Appendix C for list of all data sources used in this CHNA.

Indicator values for Moffat and Routt Counties, together referred to as "the Yampa Valley", are shown when data is allowed. Values were then compared to the appropriate Health Statistics Region (HSR 11) and to Colorado overall. HSR 11 includes counties Moffat, Routt, Rio Blanco, and Jackson. A significance test using confidence intervals was conducted to identify where and how the Yampa Valley and/or HSR 11 is different today than five years ago (trend analysis) and/or different compared to Colorado (comparison analysis). Detailed data tables are available in Appendix D.

The following health related indicators were examined:

- Demographics and socioeconomic status
- Health care access and services
- Health behaviors (includes unintentional injury)
- Nutrition, physical activity, and body mass index
- Maternal and child health
- Mental health (including suicide hospitalizations and mortality)
- Substance use
- Specific health conditions, including hospitalization, morbidity, and mortality rates

Demographic Profile

Race and ethnicity, age, and language are closely linked to health outcomes.

The demographic characteristics of a population are important in understanding the health risks, challenges, strengths, and opportunities of a region. Characteristics such as race and ethnicity, age, and gender are closely linked to health outcomes. Socio-economic factors such as income and education are likewise associated with health risk and protective factors and outcomes. This section displays key demographics of the Yampa Valley. Appendix D includes demographic data by county.

Age

The birth rate in the Yampa Valley at 43.8 per 1,000 women (ages 15 to 50 years) was lower than Colorado at 49.4 per 1,000 (although not significant different). Routt County had a significantly lower rate at 36.3 per 1,000, Meanwhile, the largest age group in the Yampa Valley was adults ages 40 to 64 years at 34.6 percent of the population.

Additionally, together, adults ages 40 to 64 years and older adults ages 65 and older made up nearly half the population (48.9%). Between 2020 and 2030, it is projected that adults 75 and older will increase more than 100 percent while the population ages 16 to 54 years will only increase 21 percent before 2030. This suggests that the Yampa Valley will have more people who will/do need more expensive and specialized care while there are not enough young people to:

- become caregivers.
- meet the workforce needs.
- generate economic activity.

Age	2015-2019
Infants (0-4 years)	5.2
Juveniles (5-17 years)	15.7
Children (0-17 years)	20.9
Young Adults (18-39 years)	30.2
Middle-Aged Adults (40-64 years)	34.6
Adults (18-64 years)	64.8
Seniors (65 and older)	14.3

Table 2
(Source: ACS, 2015-2019)

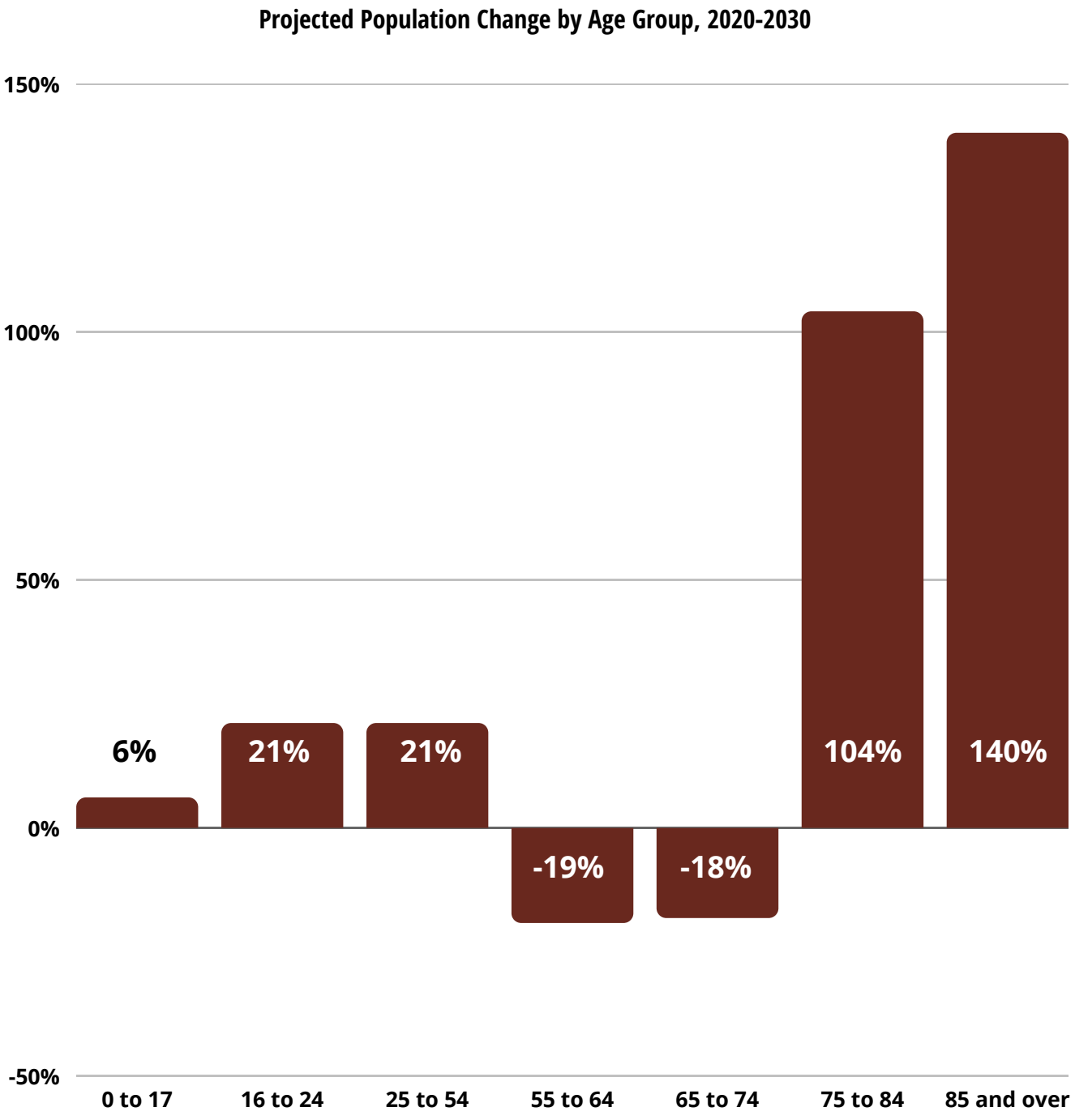


Figure 3
(Source: Colorado Demographers Office)

Race & Ethnicity

Figure 4 shows the changing racial and ethnic composition of the Yampa Valley.

While the overall population increased by 4%, racial diversity in the region decreased. Between 2010-2014 and 2015-2019 there was a decrease of 22 percent in BIPOC as a proportion of the population. Most notable was the nine percent increase in the Latinx, Latino/a or Hispanic population in the Yampa Valley.

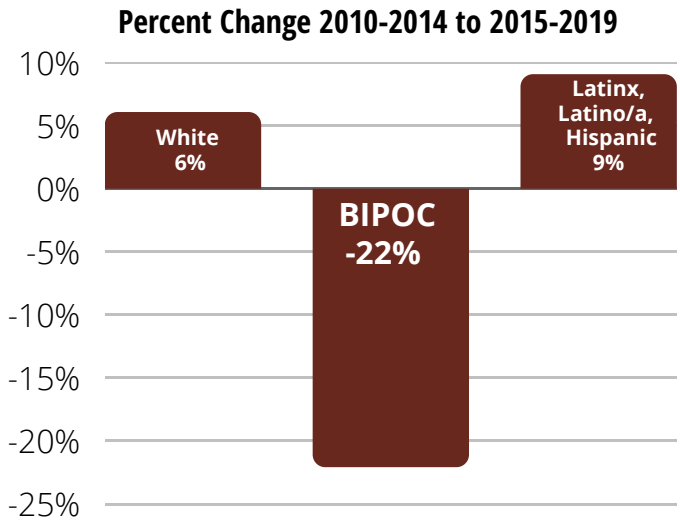


Figure 4
(Source: ACS, Table S0601)

Table 3
(Source: ACS, 2015-2019)

Total Population	38,199
White	95.3%
Black or African American	1.0%
American Indian and Alaska Native	0.4%
Asian	0.8%
Native Hawaiian and Other Pacific Islander	0.0%
Some other race	1.0%
Two or more races	1.5%

Latinx, Latino/a or Hispanic 10% **86% White Alone**

Language Spoken

Just under one in 10 (8.8%) residents speak a language other than English. The population of individuals 5 years and older increased 4.4 percent in the Yampa Valley, the percent of the population that speaks a language other than English increased 17.7%. When thinking about access to services, language is becoming an increasingly important consideration for service delivery.

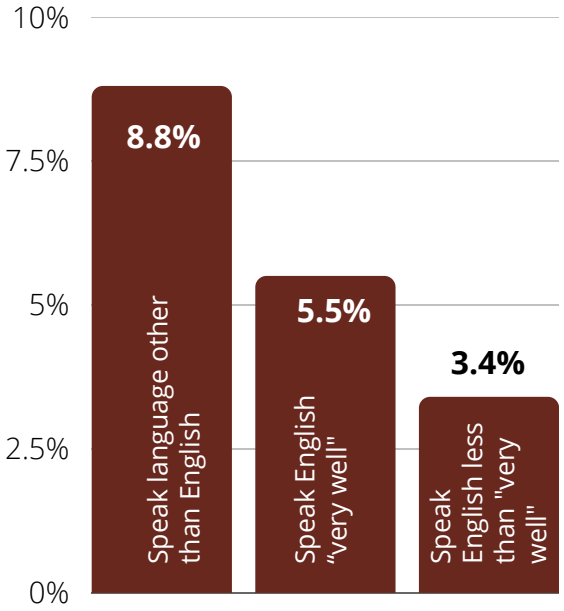


Figure 5
(Source: ACS 2015-2019, Table S0601)

Poverty

Thirteen percent or 4,911 individuals in the Yampa Valley live in poverty. Among these about half (49%) are working age adults (age 25 to 64 years). Another quarter are children and youth under 17 years of age. These age groups experienced a 24 percent and 22 percent increase in poverty between 2010-2014 and 2015-2019. The severity of the poverty also increased. The greatest percent increase in level of poverty were among those living below 100 percent of the poverty level with an increase of 25.5 percent.

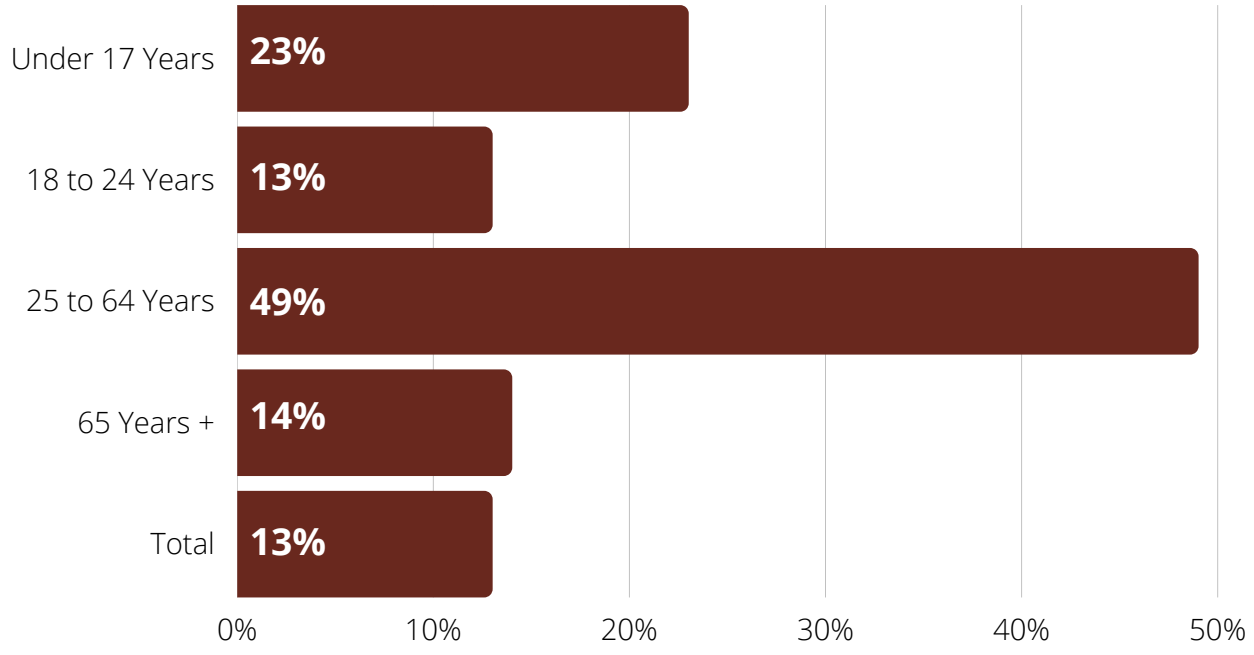


Figure 6
(Source: ACS, 2015-2019, Table S0601))

Strengths of the Yampa Valley

The natural environment, providing clean water and air to the region, is a community strength across the region.

Five regional themes emerged from the community meetings regarding community assets, strengths, and resources:

- Strong sense of community
- Cross sector collaboration
- Access to the "great outdoors"
- Services for older adults
- Improvements in access to care

Strengths of the Yampa Valley

A strong sense of community was articulated as a feeling of shared morals and principles between community members. The community itself was described as "generous, engaged, and passionate." However, because meeting participants from both counties highlighted their "tight-knit community," they were surprised to discover a high percentage of CHNA community survey respondents did not agree with the statement "the level of mutual trust and respect is increasing among community members, and we participate in collaborative activities to achieve shared community goals."

Meeting participants agreed **leveraging strong collaboration between government, local businesses, and nonprofit organizations can support a healthy community by connecting resources to people.** Spanish-speaking meeting participants described the Latinx, Latino/a or Hispanic community as "very united" and agreed this could be leveraged as an asset.

Access to the "great outdoors," and an array of opportunities to recreate outside, was a shared community asset between Routt and Moffat counties. The natural environment, providing clean water and air to the region, was considered a community strength across the region.

Discussions about supporting community health highlighted both Routt and Moffat County's remarkable services for older adults. **The presence of senior centers and social activities, like silver groups, a creative arts community, and free yoga for veterans.** Moffat County community members commented on the "great services [that] are available and well communicated."

There has been a increase in access to care including more providers and specialty services across the Yampa Valley region. The three different medical clinics, located in Moffat County, were noted by meeting participants, including a UCHealth Clinic in Craig which added access to specialty care. In Routt County, community members reflected on their town's "strong provider network and specialists that are increasing as time passes," as well as, "new public health expertise."

In Routt County, there is **strong community leadership** including supportive County Commissioners, health nonprofits and UCHealth. In Moffat County, community members expressed the absence of and need for more decisive leadership from the city and county. Community meeting participants felt that improved communication between local government leadership, community members, and community social service workers deserved more attention.

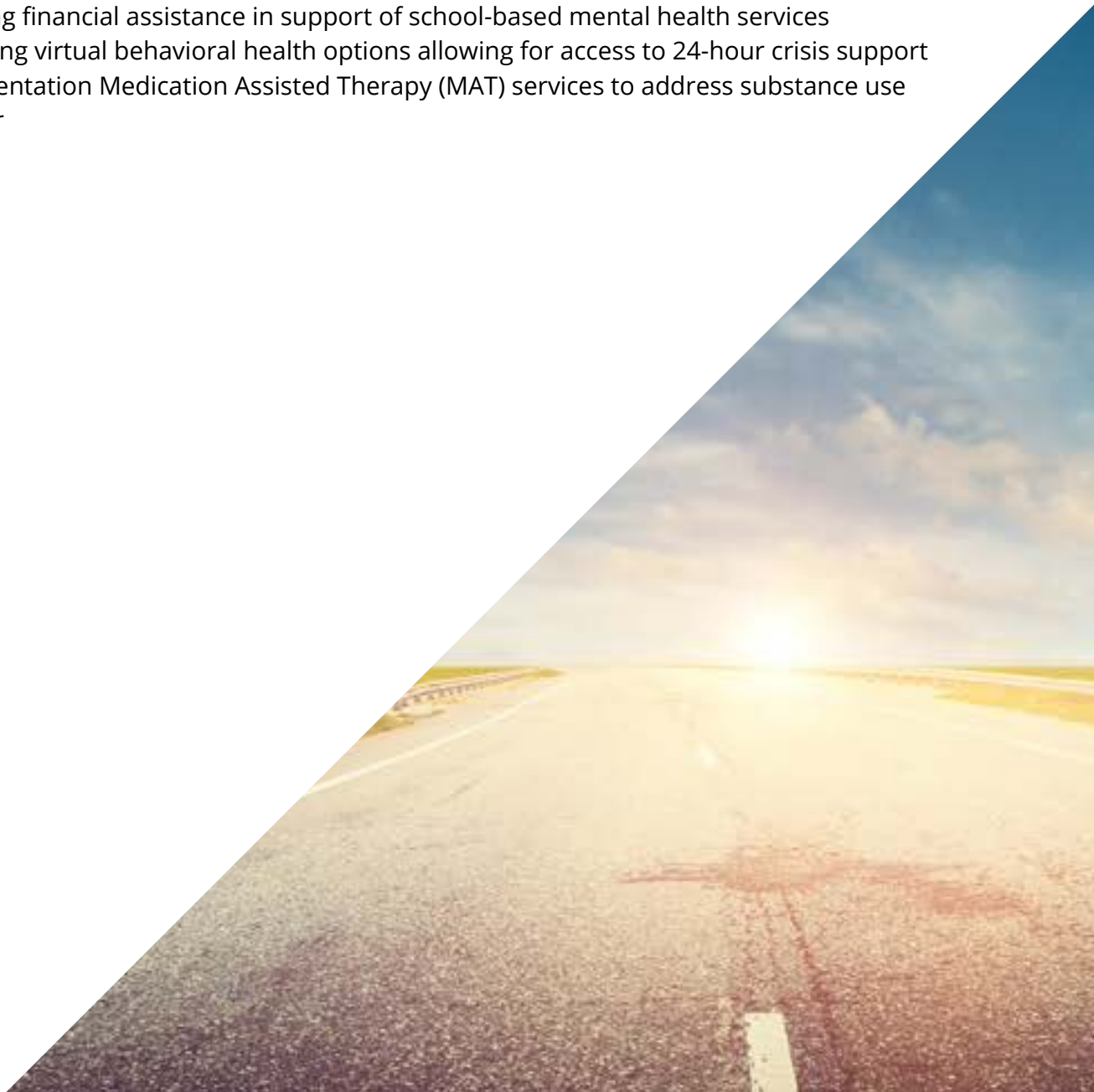
Routt County community members praised new residents for bringing "new energy" and sharing new ideas. Community members participating in the Routt County Steamboat Springs meeting discussed an opportunity to improve public transportation "with access to outlying towns." This was emphasized because new residents are "finally able to explore the community, post-COVID."

Looking Back

The CHNA partners have directed resources to address priority health issues identified in the 2019 CHNA, including mental health/suicide, substance use disorders, and access to care for low-income residents. Specifically, this met a focus on increased access to affordable psychiatry and behavioral health services.

Examples include:

- Establishing an outpatient behavioral health clinic in Steamboat Springs
- Integrating primary care and behavioral health services in Craig
- Providing financial assistance in support of school-based mental health services
- Expanding virtual behavioral health options allowing for access to 24-hour crisis support
- Implementation Medication Assisted Therapy (MAT) services to address substance use disorder



Health Priority Areas

Rarely, if ever, does one factor determine the health of the community.

Bringing together community voices and findings from secondary data sources, the CHNA identified two health priorities for the Yampa Valley.

- Behavioral Health
- Access to Culturally and Linguistically Effective Health Care

Rarely, if ever, does one factor determine the health of the community. Instead, it is a combination of numerous factors. Economic and social insecurity are associated with poor health, as poverty, unemployment, and lack of education affect access to health care services. Employment provides income that increases choices in housing, education, health care, childcare, and food. Family and social support can serve as a protective factor that counters the effects of limited income and the ability to accumulate financial resources.
In recognition that there are many factors that drive outcomes related to behavioral health and access to culturally and linguistically effective health care, the CHNA also identified four drivers of health:

- Access to healthy foods
- Affordable housing
- Economic opportunity, including jobs and wages
- Transportation

Health priorities were determined because both of the following were found to be true for the Yampa Valley in the CHNA:

- Community members expressed concern about the priority.
- Secondary data pointed to either significant differences in the Yampa Valley compared to HSR 11 or Colorado and/or indicated a concerning or worsening trend regarding the priority.

Health priorities were selected using criteria established by the CHNA partners:

- Can the partnership and/or a single organization influence the issue?
- Is there existing community will and/or opportunity to leverage or influence the issue?
- Is measurable change possible within three years?

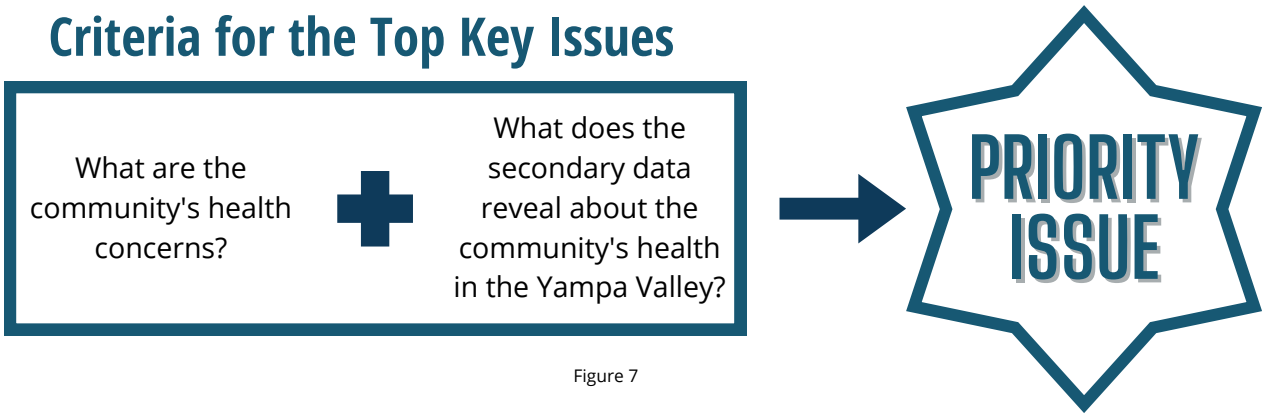


Figure 7

Health issues or concerns identified by the community or in the secondary data but did not meet the prioritization criteria include cancer, specific chronic disease, and preventable or unintentional injury, detailed on pages 21 to 23.

Cancer

Cancer was the 5th worst health problem reported among the Yampa Valley community members.
CHNA Community Survey.

The percent of adults (18 years and older) ever told they had a type of cancer, including skin cancer, in HSR 11 was significantly higher in 2018-2020 (14.4%) as compared to 2013-2015 (5.6%) and was significantly higher compared to Colorado (6.5%) in 2018-2020.
Source: BRFSS three-year estimates calculated by CDPHE.

Generally, the incidence of cancer was increasing between 2017 and 2019 in the Yampa Valley (from 303.5 to 371.0 per 100,000), but not significantly. It was occurring mostly among adults 60 years and older and men had higher rates (although not significantly more).
Source: CDPHE. Colorado Central Cancer Registry.

Between 2011-2015 and 2016-2020, death due to cancer was decreasing in the region, from 132.1 to 111.6 per 100,00, and in Colorado from 136.9 to 125.1 per 100,000. These decreases were not statistically significant.
Source: CDPHE. Colorado Central Cancer Registry.

Utilization of preventative care for cancer in the Yampa Valley compared to people living in the United States was less. This includes cervical cancer screening among adult women aged 21 to 65 years (Yampa Valley 84.6% vs. US 85.5%), mammography use among women aged 50 to 74 years (Yampa Valley 64.7% vs. US 77.8%), older adult men (Yampa Valley 23.25% vs. US 32.7%) and women (Yampa Valley 22.55% vs. US 28.1%) who are up to date on a core set of clinical preventive services including flu shot, PPV shot, and colorectal cancer screening.
Source: BRFSS three-year estimates calculated by CDPHE.

Table 4

Chronic Disease

Heart disease was the 9th worst health problem noted among the Yampa valley community members followed by diabetes as the 10th.
Source: CHNA Community Survey.

More adults (18 years and older) had diabetes in HSR 11 in 2018-2020 (11.7%) as compared to 2013-2015 (4.4%). The rate in 2018-2020 was higher than Colorado at 7.2%. However, significance is unknown due to unstable estimates.
Source: BRFSS three-year estimates calculated by CDPHE.

Adults (18 years and older) who had ever had a heart attack was higher in 2018-2020 as compared to 2013-2015 in both Routt (2.6% to 5.1%) and HSR 11 (3.1% to 4.7%). The HSR 11 rate in 2018-2020 was higher at 4.7% than Colorado at 3.0%. However, significance is unknown due to unstable estimates.
Note: Moffat estimates are unavailable.
Source: BRFSS three-year estimates calculated by CDPHE.

Adults (18 years and older) who had ever had angina or coronary heart disease was higher in 2018-2020 as compared to 2013-2015 in Routt (2.4% to 5.7%) and Moffat (3.3% to 4.4%). The HSR 11 rate in 2018-2020 was higher at 4.1% than Colorado at 2.6%. However, significance is unknown due to unstable estimates.
Source: BRFSS three-year estimates calculated by CDPHE.

Chronic disease was a leading cause of hospitalizations in HSR 11, including heart disease (1,656.5 hospitalizations per 1000 people), congestive heart failure (557.8) and diabetes (551.5).
Source: CDPHE hospitalization and death indicators, 2018-2020.

Table 5

Preventable or Unintentional Injury

Unintentional injury was the 8th worst health problem noted among the Yampa Valley Community members. Sixteen percent of Routt County residents ranked unintentional injuries as a worst health problem, higher than Moffat at 7% of residents.
Source: CHNA Community Survey.

Overall, emergency department (ED) visits for injury were decreasing in HSR 11 between 2016 and 2020 (8,795.3 per 100,000 in 2016 compared to 7026.1 per 100,000 in 2020) and the rate of ED visits for injury was higher in HSR 11 compared to Colorado at 6,493.8 per 100,000.
Source: CDPHE Injury Indicators Dashboard.

Between 2016 and 2020 in HSR 11, falls were the leading cause of injury for ED visits (2,403.1 per 100,000), followed by injuries due to being struck by or against an object or person (924.0 per 100,000) and injuries due to cuts (613.6 per 100,000).
Source: CDPHE Injury Indicators Dashboard.

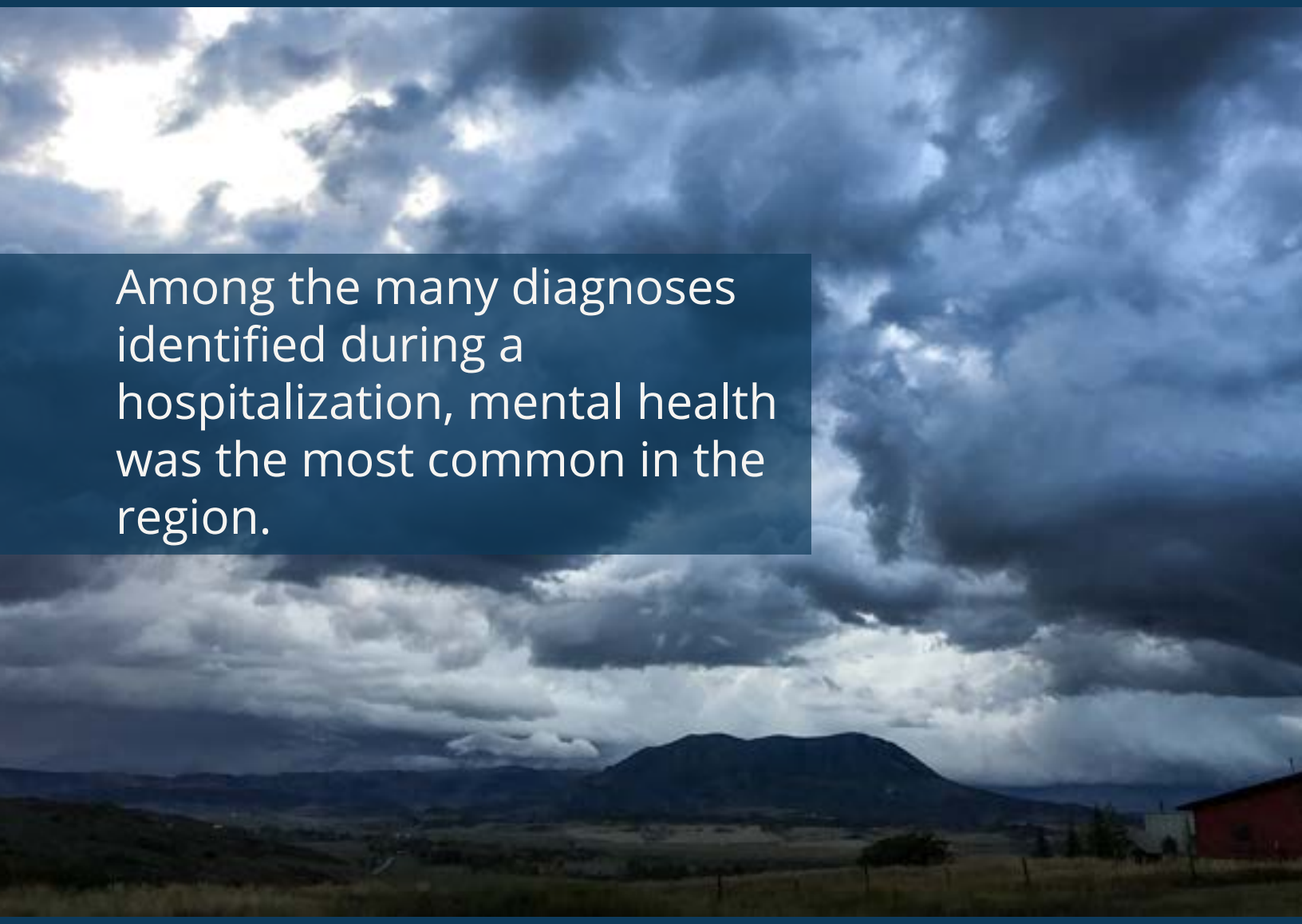
Overexertion injuries significantly increased in HSR 11 from 162.4 per 100,000 to 365.3 per 100,000 between 2016 and 2020.
Source: CDPHE Injury Indicators Dashboard.

Assault injury ED rates in HSR 11 increased 62% between 2016 and 2020 to 217.1 per 100,000 (from 133.8), In Moffat County, there was a 205% increase in assault injury ED rates, from 137.6 to 419.6 per 100,000 residents.
Source: CDPHE Injury Indicators Dashboard.

Motor vehicle injuries decreased in HSR 11 between 2016 and 2020 from 521.3 per 100,000 to 355.3 per 100,000.
Source: CDPHE Injury Indicators Dashboard.

Table 6

Priority Area #1: Behavioral Health



Among the many diagnoses identified during a hospitalization, mental health was the most common in the region.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as “the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders.”

Behavioral Health

Many associations exist between behavioral health and other chronic diseases, such as cardiovascular disease, diabetes, obesity, asthma, and arthritis,[1] so in prioritizing behavioral health, the Yampa Valley will also address the prevalence of chronic disease. Depression is found to co-occur in 17 percent of individuals with cardiovascular disease, 23 percent of individuals with cerebrovascular disease, 27 percent of individuals with diabetes and more than 40 percent of individuals with cancer.[2]

As shown in Figure 8, the four worst health issues reported by the CHNA community health survey respondents were related to behavioral health:

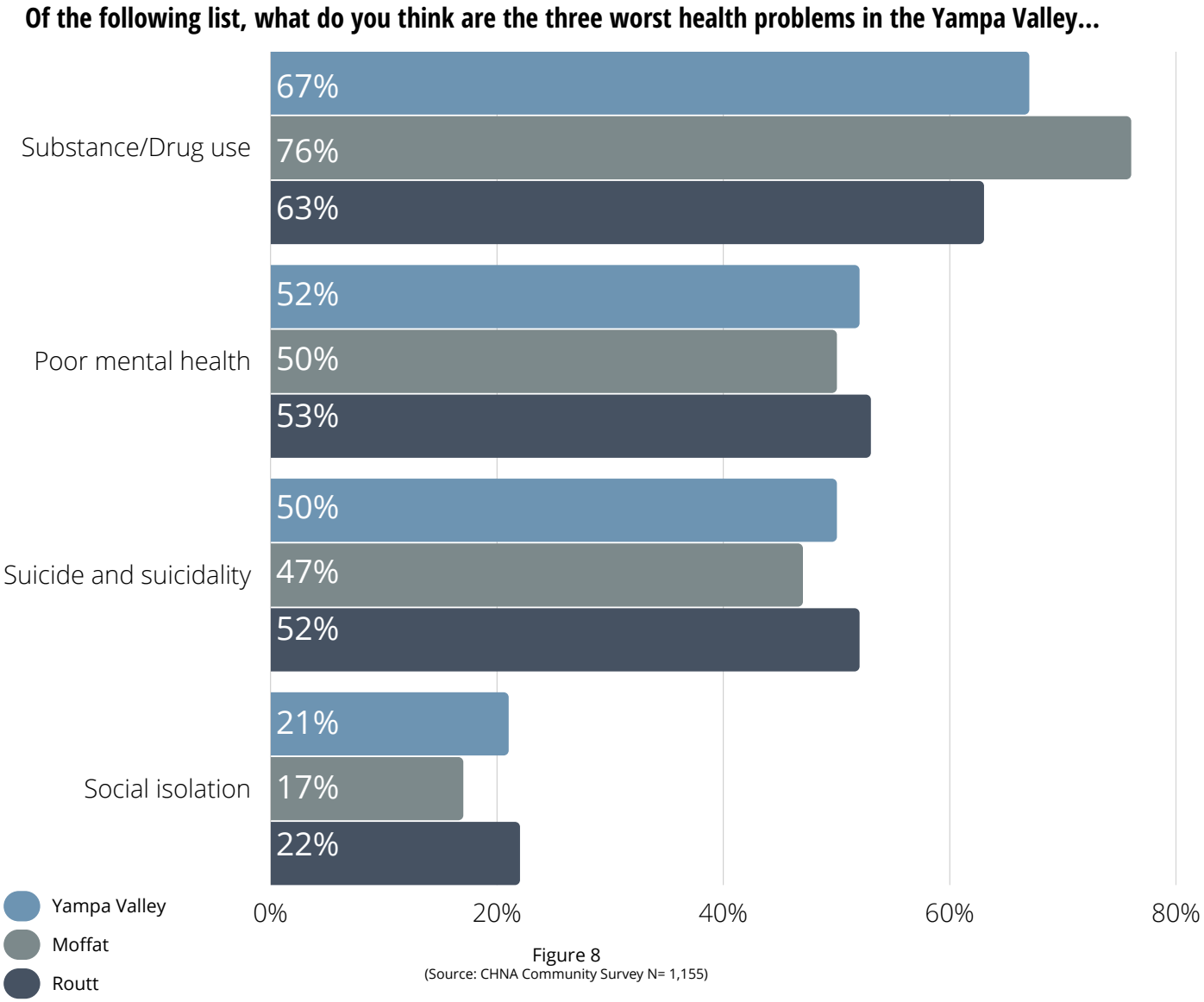


Figure 8
(Source: CHNA Community Survey N= 1,155)

[1] Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Prev Chronic Dis [serial online] 2005; 2(1). http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm
[2] American Heart Association. Depression and Heart Health Web Site, available at https://www.heart.org/en/healthy-living/healthy-lifestyle/mental-health-and-wellbeing/how-does-depression-affect-the-heart

The Yampa Valley had the following concerns about behavioral health:

- The top two risk behaviors or circumstances identified by community members included substance/drug misuse/abuse (56%) and alcohol misuse/abuse (46%).[3]
- The drugs of concern to community members are opioids (68%), alcohol (56%), amphetamines (49%) and methamphetamines (45%).[4]
- Survey respondents were the least likely to report being satisfied/very satisfied with getting help during stressful times (36%) and getting the mental health or substance use care they need (33%).[5]
- During the past 12 months, in HSR 11, the percent of residents who reported needing mental health care but not getting it increased from 9.1 percent in 2015 to 15.3 percent in 2021.[6]

Mental Health

Mental health is a concern among both adults and youth in the Yampa Valley. As shown in Figure 9, HKCS data suggest that students who experience depressive symptoms significantly increased in the region between 2015 and 2019 to nearly one in three (31.5%) high school students (from 23.3%). In Colorado, it also significantly increased from 29.5 percent to 34.7 percent of high school students. Measures of suicidality increased in the region between 2015 and 2019, however, not significantly.

Mental Health Among High School Students in HSR 11, 2015 and 2019

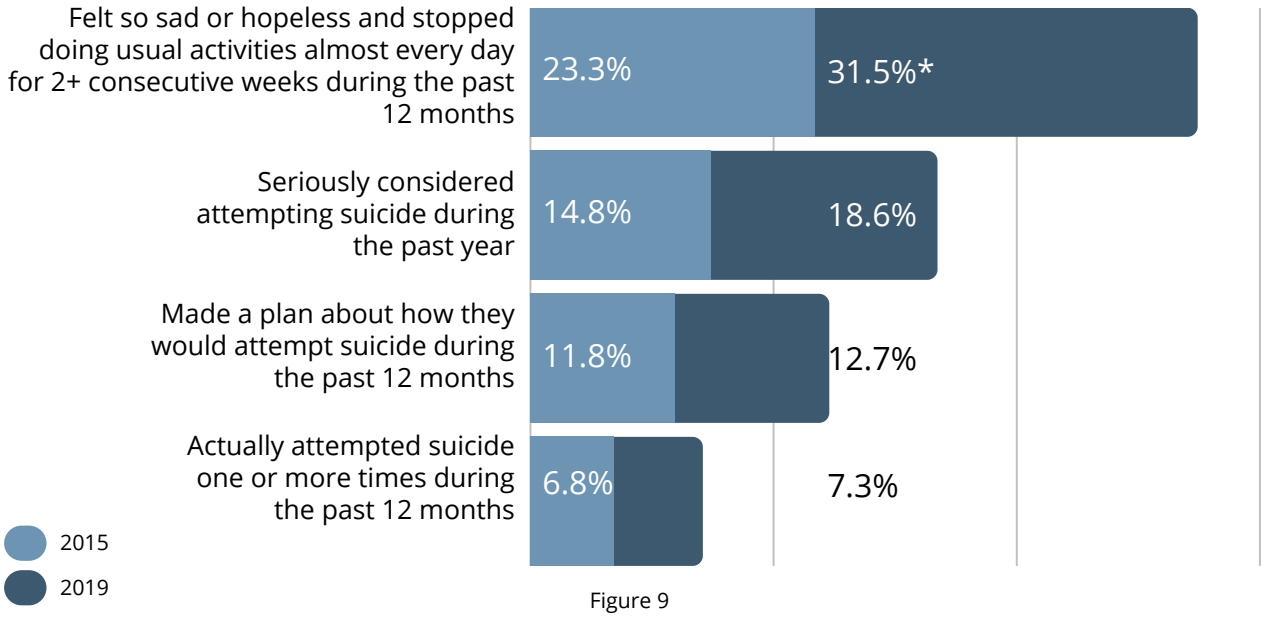
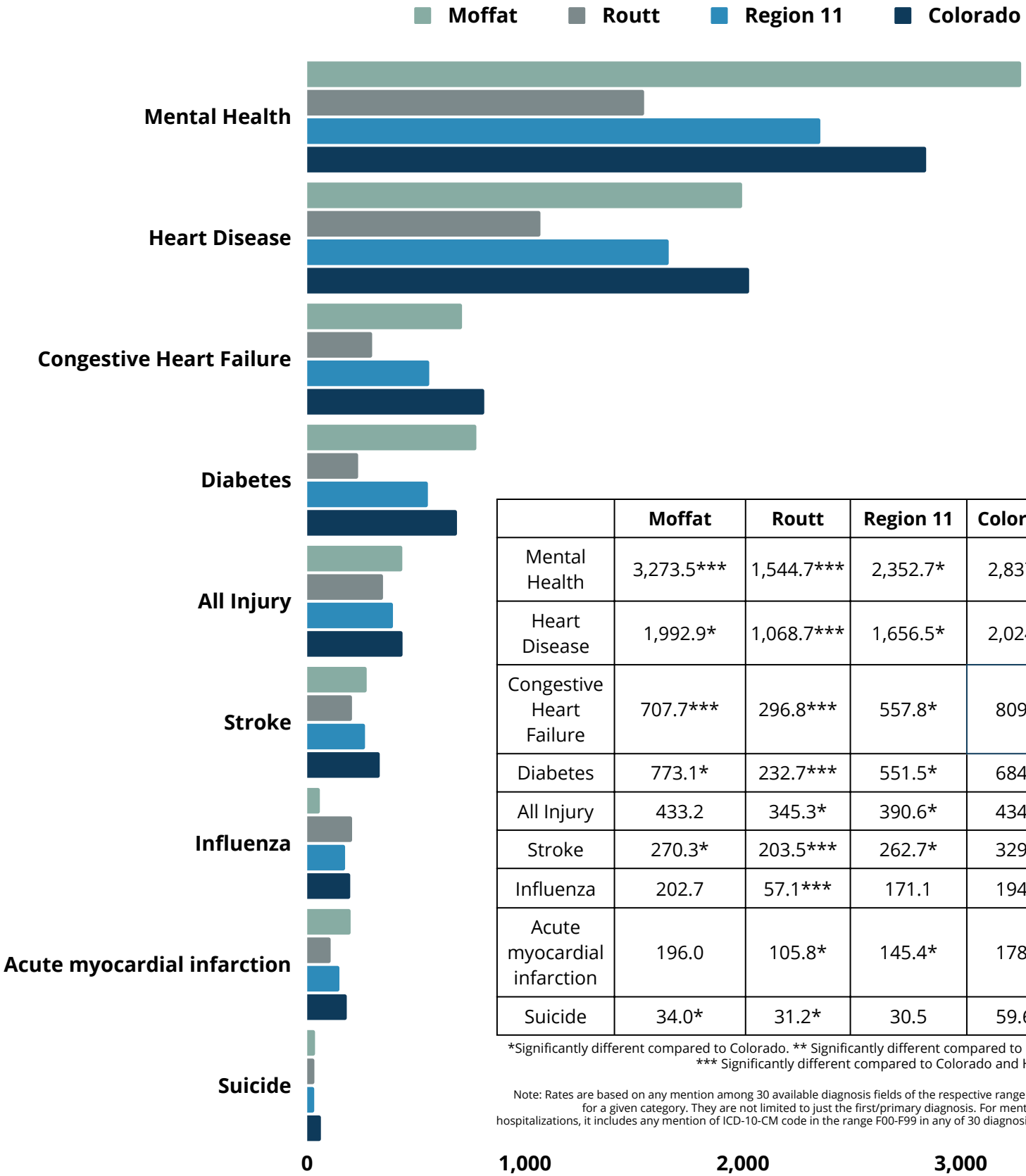


Figure 9

(* Significant change between 2015 and 2019. Source: Colorado Healthy Kids Survey, 2015 and 2019)

[3][4][5] CHNA Community Survey
[6] Colorado Health Institute. 2021. Colorado Health Access Survey.

Age Adjusted Rate of Hospitalization per 100,000 Residents, 2018-2020



	Moffat	Routt	Region 11	Colorado
Mental Health	3,273.5***	1,544.7***	2,352.7*	2,837.9
Heart Disease	1,992.9*	1,068.7***	1,656.5*	2,024.9
Congestive Heart Failure	707.7***	296.8***	557.8*	809.3
Diabetes	773.1*	232.7***	551.5*	684.5
All Injury	433.2	345.3*	390.6*	434.3
Stroke	270.3*	203.5***	262.7*	329.7
Influenza	202.7	57.1***	171.1	194.3
Acute myocardial infarction	196.0	105.8*	145.4*	178.6
Suicide	34.0*	31.2*	30.5	59.6*

*Significantly different compared to Colorado. ** Significantly different compared to HSR 11
*** Significantly different compared to Colorado and HSR 11.

Note: Rates are based on any mention among 30 available diagnosis fields of the respective range of codes for a given category. They are not limited to just the first/primary diagnosis. For mental health hospitalizations, it includes any mention of ICD-10-CM code in the range F00-F99 in any of 30 diagnosis fields.

Figure 10

(Source: Hospital Discharge Dataset, Colorado Hospital Association. Prepared By: Center for Health and Environmental Data, Colorado Dept. of Public Health and Environment)

Among the many diagnoses identified during a hospitalization, mental health was the most common, followed by heart disease, in the region (see Figure 10, above). This was similar to trends seen in Colorado.

- Moffat County rates of hospitalizations involving at least one mental health diagnosis were significantly higher at 3,273.5 per 100,000 residents compared to the region at 2,352.7 and Colorado at 2,837.0 per 100,000.
- While overall, the region had lower rates of hospitalization involving at least one diagnosis for heart disease, heart failure, diabetes, injury, stroke, and suicide compared to Colorado.

Other indicator values that point to concerns with mental health in the region, include:

- Data suggest frequent mental distress among adults increased between 2013-2015 and 2018-2020 in Moffat (from 7.2% to 12.3%), HSR 11 (from 7.7% to 8.1%), and Colorado (9.6% to 12.1%). However, significance is unknown due to unstable estimates.[7]
- Suicide rate was increasing in HSR 11 but not significantly between 2016 when it was at 25.1 and 2020 at 33.9 per 100,000 people (one-year estimates).[8]
- As shown in Table 7, while Emergency Department (ED) visits generally were decreasing in HSR 11 between 2016 and 2020, ED visits for suicidality increased (not significantly). ED Visits for suicidality were also higher in HSR 11 than Colorado.[9]
- Stigma was cited as a concern among Spanish speaking community members.[10]

	Routt	Routt % Change in Rate 2016 to 2020	Moffat	Moffat % Change in Rate 2016 to 2020	HSR 11	HSR % Change in Rate 2016 to 2020	Colorado	Colorado % Change in Rate 2016 to 2020
Age Adjusted ER Suicide Injury Rates per 100,000	115.6	36%	168.9	85%	134.2	43%	129.5	2%

Table 7
(Source: CDPHE Suicide Dashboard)

Alcohol and Other Drug Use

Alcohol and drug misuse and substance use disorders are health problems that affect many communities. As described in the Surgeon General's Report on Alcohol, Drugs and Health, effects can be direct or indirect:

- Direct effects of substance misuse/use disorders include "motor vehicle crashes, injuries, social and legal problems, impaired health, overdose, deaths, and babies born with neonatal abstinence syndrome or fetal alcohol spectrum disorders".
- Long-term effects of alcohol and drug misuse and substance use disorders include "higher health care costs, the spread of infectious disease, drug-related crime, interpersonal violence, unintended pregnancy, and stress within families".[11]

[7] BRFSS three-year estimates calculated by CDPHE.
[8] CDPHE Suicide Dashboard.
[9] CDPHE Injury Indicators Dashboard.
[10] CHNA community focus group with Spanish speaking residents.
[11] The Surgeon General's Report. Facing Addiction in America: Facts and Recommendations for Communities. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/fact-sheet-communities.pdf

Alcohol Use

Excessive alcohol use and misuse among youth has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Accidental injuries (e.g., motor vehicle crashes, falls, or drownings) and violence (e.g., homicide, suicide, sexual assault, and intimate partner violence).
- Alcohol poisoning.
- Risky sexual behaviors, including unprotected sex or sex with multiple partners.[12]

Long-term, excessive alcohol use can lead to the development of chronic diseases and other serious problems, including mental illness, such as depression and anxiety.[13]

In 2019, as shown in Figure 11, compared to Colorado, HSR 11's high school students:

- Were less likely to think having one or two drinks nearly every day was moderate or great risk of harm. From 2015 to 2019, the rate decreased from 72.5 percent to 63.6 percent.[14]
- Were more likely to have reported binge drinking alcohol at 16.5percent. The rate of binge drinking in Colorado overall was 14.2 percent.[15]

Binge drinking among adults 18 years or older in HSR 11 was 16.0 percent, compared to Colorado at 18.5 percent.[16] Since 2015, the rate has remained stable.

[12][13] CDC. Alcohol and Public Health: Alcohol Use and Your Health. Retrieved from https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm
[14][15] Colorado Healthy Kids Survey, 2019.
[16]CDPHE. BRFSS. 2015-2017 and 2018-2020 combined estimates.

Percentage of High School Students who...

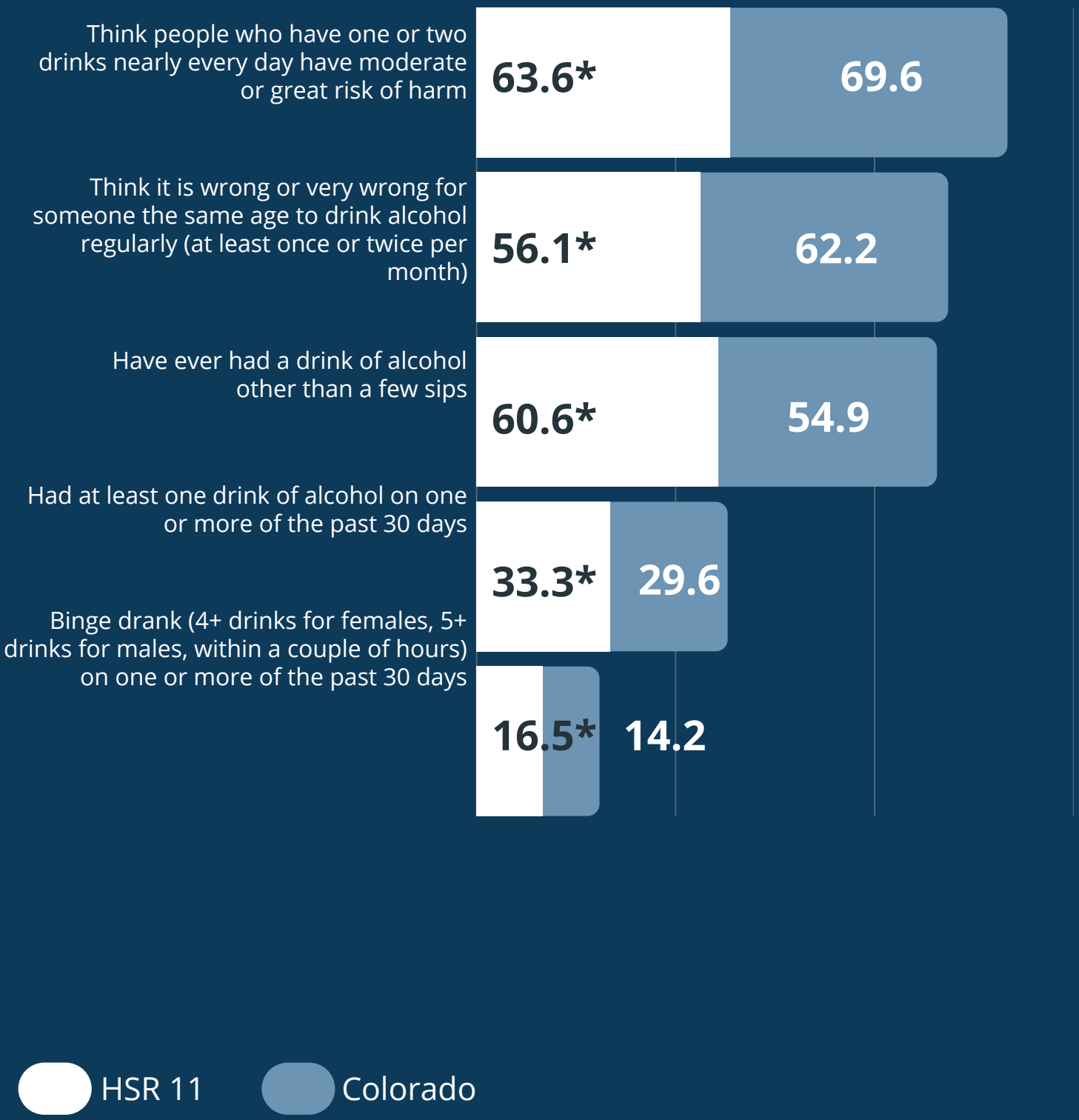


Figure 11
(Source: Colorado Healthy Kids Survey, 2019)

Other Drug Use

The rate of ED visits for overdose includes adverse effects of and underdosing of drugs, substances used in therapy and biological substances, which includes infectious substances that cause permanent disability or a life-threatening or fatal disease in humans.

Overdose in HSR11 is lower than Colorado (per 100,000):

165.1

Overdose from drugs prone to abuse in HSR11 is lower than Colorado (per 100,000)

58.4

Moffat County overdose rate per 100,000 is significantly higher than Colorado

227.5

Figure 12
(Source: CDPHE. Opioid Overdose Prevention Program)

The rate of drug overdose as a cause for ED visits was similar (non-significantly different) for HSR 11 at 165.1 per 100,000 residents compared to Colorado at 187.3 per 100,000.[17]

More than one third (35.4%) of overdose related ED visits were due to drugs with potential for abuse at a rate of 58.4 per 100,000 residents in the region.[18]

Proportionately, the rate of ED visits due to drugs with potential for abuse was slightly lower in the region than Colorado. In Colorado, 39.3 percent of ED overdose visits were due to drugs with potential for abuse with a rate of 73.6 per 100,000 residents.

An important CHNA finding for the region was the rate of ED use for drug overdose which was significantly higher in Moffat at 227.5 per 100,000 residents compared to Colorado at 187.3 per 100,000 residents.

[17] Opioid Overdose Prevention Program, Colorado Department of Public Health and Environment. Drug Overdose Dashboard. Accessed 3/14/22
[18] Drugs with Potential for Abuse Include: Heroin, Amphetamines, Synthetic opioids (includes fentanyl), Hallucinogens, Benzo, Cannabis, Alcohol Poisoning, Barbiturates, Cocaine, Antidepressants, Non-Cocaine stimulants (includes amphetamines), Tobacco.

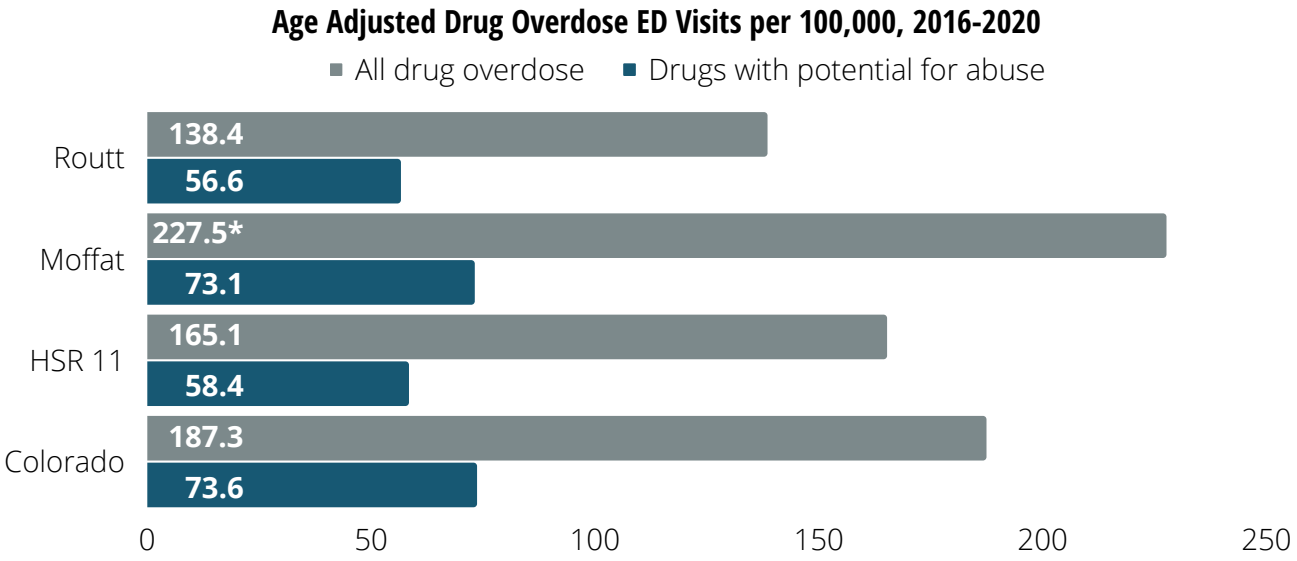


Figure 13
(*Significantly different compared to Colorado. Source: CDPHE. Opioid Overdose Prevention Program)

- Of the known drugs involve in drug overdose related ED visits, benzodiazepines and opioids were the most common.
- Any opioid was, however, still significantly lower in the region at 20.9 per 100,000 residents as a cause of ED visits for drug overdose compared to Colorado at 36.9 per 100,000 residents.
- Data suggest that "other and unspecified drugs" was significantly higher in the region, particularly in Routt County, as compared to Colorado.[19]

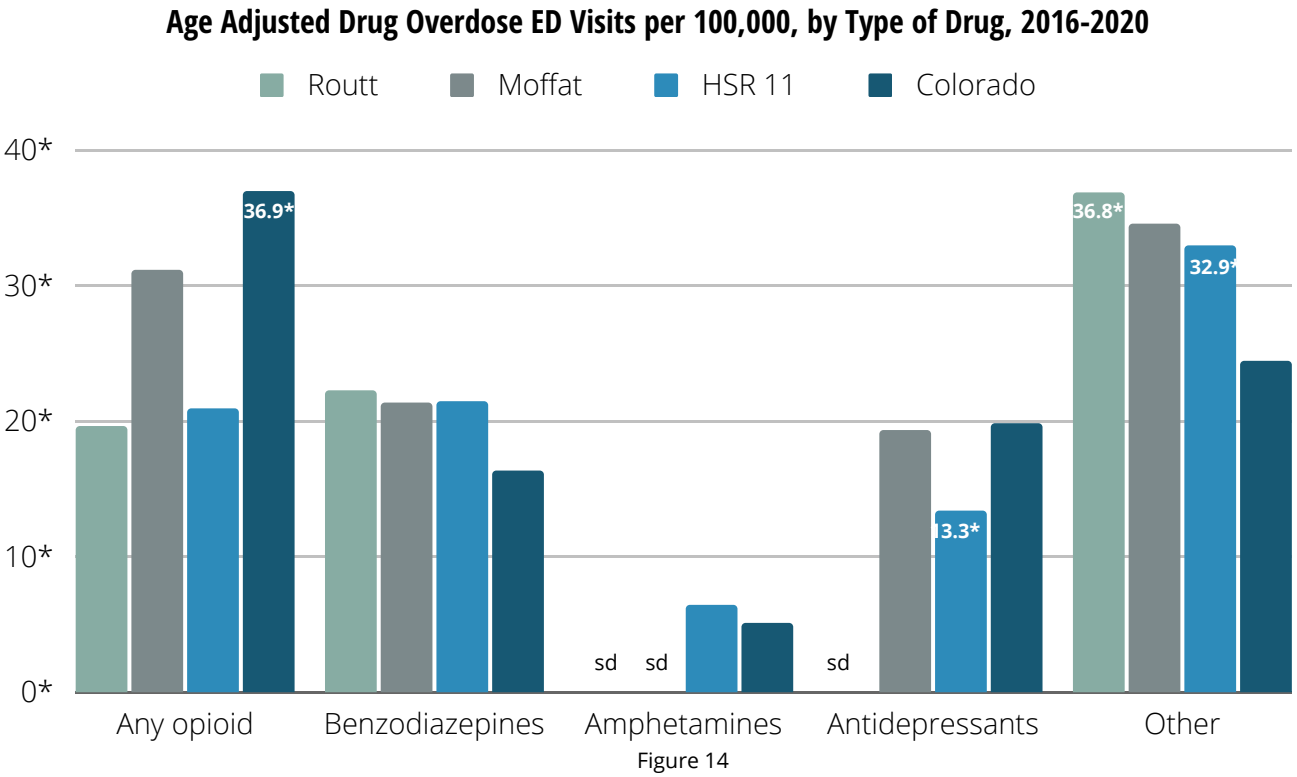


Figure 14
(*Significantly different compared to Colorado. "sd" suppressed data due to small estimates. Source: CDPHE. Opioid Overdose Prevention Program)

[19]Opioid Overdose Prevention Program, Colorado Department of Public Health and Environment. Drug Overdose Dashboard. Accessed 3/14/22
Full data sets for all Figures can be found in Appendix D.

Social Isolation

Research has shown that individuals who have greater social support or who live in neighborhoods with stronger social cohesion live longer, healthier lives than individuals who experience isolation.[20]

Currently, COVID-19 physical distancing spotlights the negative effects of social isolation on mental health, but isolation and the loneliness that can result were a widespread problem even before the pandemic.

A Pew Research Center survey conducted in 2018 found that one in 10 Americans feel lonely or isolated all or most of the time.[21] Social isolation can affect nearly every aspect of your mental health. Studies show that feelings of isolation can be linked to:

- Suicidal thoughts and suicide attempts
- Less restful sleep
- Decreased ability to regulate eating
- More stress, especially in the morning
- Greater difficulty paying attention and doing complex tasks.[22]

Social isolation was the fourth worst health problem of concern to the Yampa Valley Community members.

- One in five community residents identified social isolation as a top-four worst health issues.
- The percentage of teens and young adults ages 16 to 24 years who are neither working nor in school was higher in HSR 11 (12.7%) as compared to Colorado (6.1%). Notably, the percentage in Moffat County was significantly higher at 35.8 percent compared to Colorado.[23]
- Slightly more than 26 percent of seniors live alone in the Yampa Valley. This increases to 32.5 percent in Moffat County.[24]

[20][22] CDC. Alzheimer's Disease and Healthy Aging. Loneliness and Social Isolation Linked to Serious Health Conditions. Retrieved from https://www.cdc.gov/aging/publications/features/lonely-older-adults.html
[21] Bialik, Kristan. (2018, December 3), Americans unhappy with family, social or financial life are more likely to say they feel lonely. Pew Research Center.
[23] ACS, 2015-2019 Table B14005.
[24] ACS, 2015-2019 Table B09020.

Priority Area #2: Access to Culturally and Linguistically Responsive Health Care

In the Yampa Valley residents with language and/or cultural barriers have difficulty accessing care.

Access to Culturally and Linguistically Responsive Health Care

Access to culturally and linguistically responsive health care is when people have access to health care that aligns with their cultural, behavioral, and communication needs. It improves health when people get timely, high-quality health care services. The Yampa Valley community members remarked on the positive change regarding access to care, with more providers and specialty services in recent years.

Community members in Routt County noted the "strong provider network and specialists that are increasing as time passes". However, despite this progress, there is a sense that it is still not enough.

> "Survey respondents identified improving access to care as a priority"

Getting the medical care needed (n=1,145)

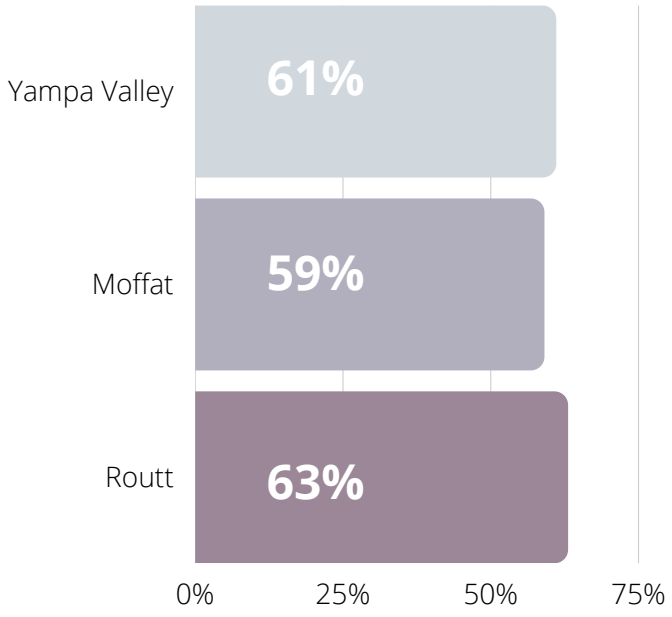


Figure 15
(Source: CHNA Community Survey)

The most common reasons community survey respondents said they did not receive the health/support/services needed were:

- Not easy to access (not easy to get) (54%).
- Not affordable (47%).

Other reasons identified by respondents include:

- Difficult to get due to long wait times or staff shortages.
- High quality but many not affordable or accessible for everyday people.
- Difficult to obtain unless you know where to go to find, how to access, who to ask.
- Healthcare is too expensive, and mental health care is relatively nonexistent.

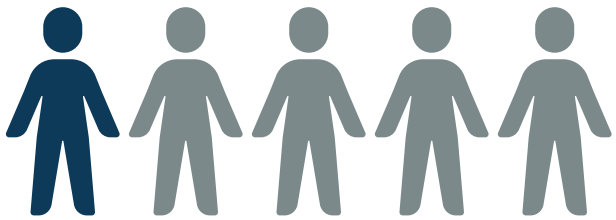
Community Perception & Experience

Percentage who believe there is affordable health care:

38%

Only 38 percent of survey respondents agreed there is a broad variety of affordable health care services in the community. (CHNA Survey)

One in five skipped necessary dental services because of the cost:



One in five residents reported not receiving the dental care they needed because of cost in 2021 (CHAS, 2021).

Percentage who believe there is a need for more behavioral health services:

40%

Almost 40 percent of residents identified a need for more access to mental health and substance use treatment. (CHNA Survey)

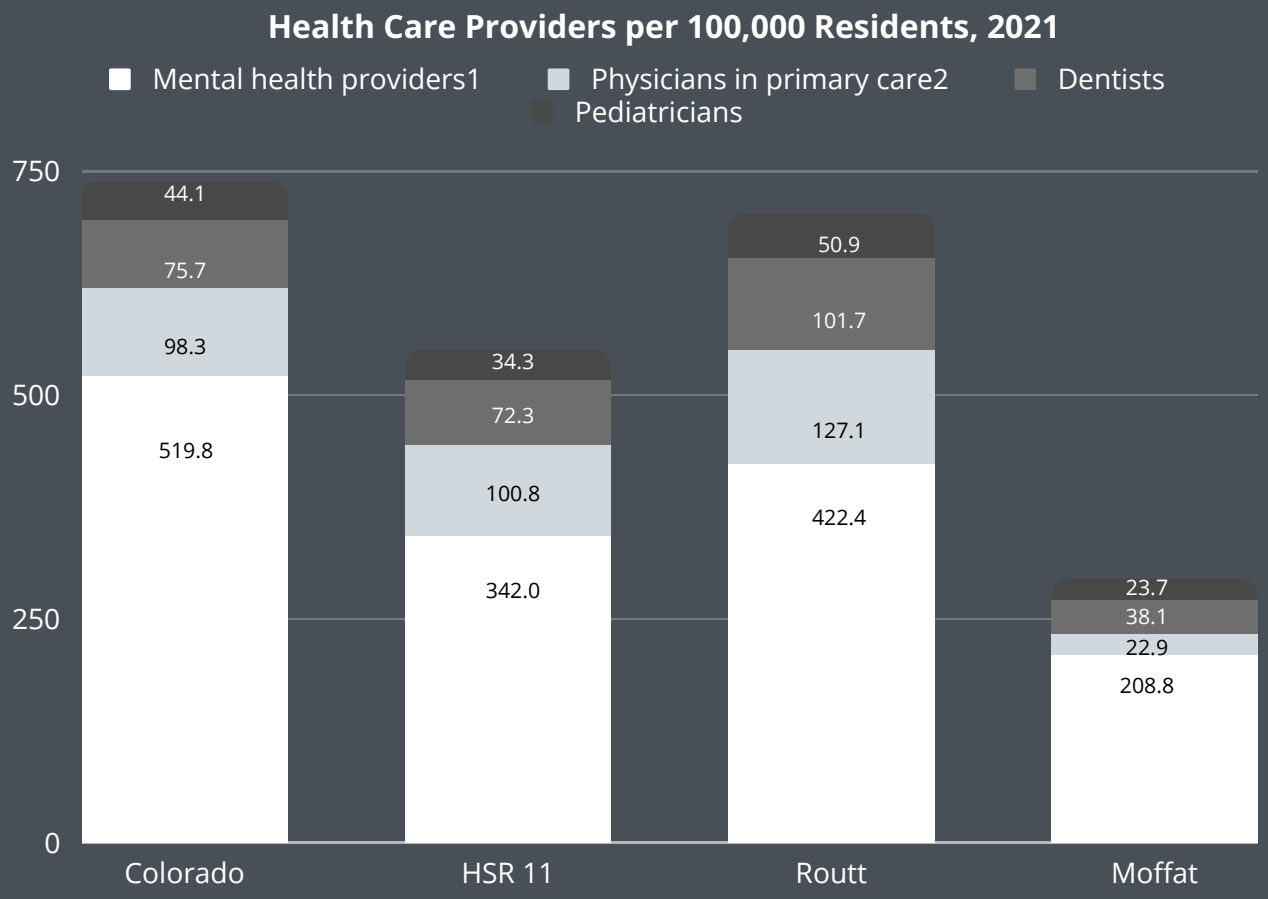


Figure 16

(1. Mental health providers include psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and advanced practice nurses and nurse practitioners. 2. Includes general practice, internal medicine, obstetrics and gynecology, or pediatrics. Source CMS National Provider Identifier (NPI))

The number of providers per 100,000 people in HSR 11 was lower compared to Colorado, as shown in Figure 16. This is especially true for Moffat County. Access to care that is culturally and linguistically responsive and the challenge of not having enough providers is exacerbated for populations in the Yampa Valley with language and/or cultural barriers to care. For example, community members remarked on the following:

- Lack of BIPOC and ethnic representation among health care providers.
- Latinx, Latino/a or Hispanic community members note feeling that providers think they "tend to complain or take too long during visits".
- Lack of linguistically responsive programs for the Latinx, Latino/a or Hispanic population including recreation, nutrition, and healthy habits.

Lower satisfaction with the medical care is felt among BIPOC (47%), LGBTQ+ (46%), and Latinx, Latino/a or Hispanic (47%) populations within the Yampa Valley compared to all CHNA survey respondents (61%). Approximately three in four respondents who identified as BIPOC, LGBTQ+, and/or Latinx, Latino/a or Hispanic reported they have avoided or delayed health care because of worry that their concerns would not be taken seriously, or they would not be treated fairly. This is higher compared to the regional rate of one in three respondents. Appendix A provides additional data on how these groups responded to the survey questions compared to all respondents.

Drivers of Health

In recognition that there are many factors that drive health outcomes, the CHNA also identified four drivers of health:

- Access to healthy foods
- Affordable housing
- Economic opportunity, including jobs and wages
- Transportation

Access to Healthy Foods

The Yampa Valley community member perspective described:

- Limited access to affordable and healthy foods.
- Expand access to more affordable, healthy food was unanimously agreed upon as a top priority in pursuing health equity.

Access to foods that support healthy eating patterns contributes to an individual's health throughout their life.[25] There are barriers to, and disparities in, the accessibility and availability of foods that support healthy eating patterns. Low-income and minority communities often lack convenient places that offer affordable healthier foods. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value.[26]

As shown in Figure 17 (below), the average cost per meal in the region was higher at $4.27 than United States at $3.28 and Colorado at $3.55.

- In 2020, 16.0 percent of residents in the Yampa Valley are food insecure, this was an increase from 9.1 percent in 2018. In 2020, the rate in the Yampa Valley was slightly higher than Colorado at 15.3 percent.[27]
- As shown in Figure 18, the number of individuals living in a food desert was decreasing in the region between 2015 and 2019, this is despite an increase in population. In the Yampa Valley, it was 2,505 individuals (6.7%) which dropped to an estimated 1,963 individuals (4.9%). [28]
- Moffat County was an exception, where there was an 11 percent increase in the population who experience living in a food dessert, from 1,505 individuals to 1,675 individuals, with no change in population. [28]

[25][26] "Access to Healthy Foods." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 10 Sept. 2020, https://www.cdc.gov/nutrition/healthy-food-environments/improving-access-to-healthier-food.html.
[27][28] USDA (Food Access Research Atlas (calculated by Metopio)). Population estimates was based on ACS 2010-2014 and 2015-2019 five-year estimates.

Average Cost Per Meal

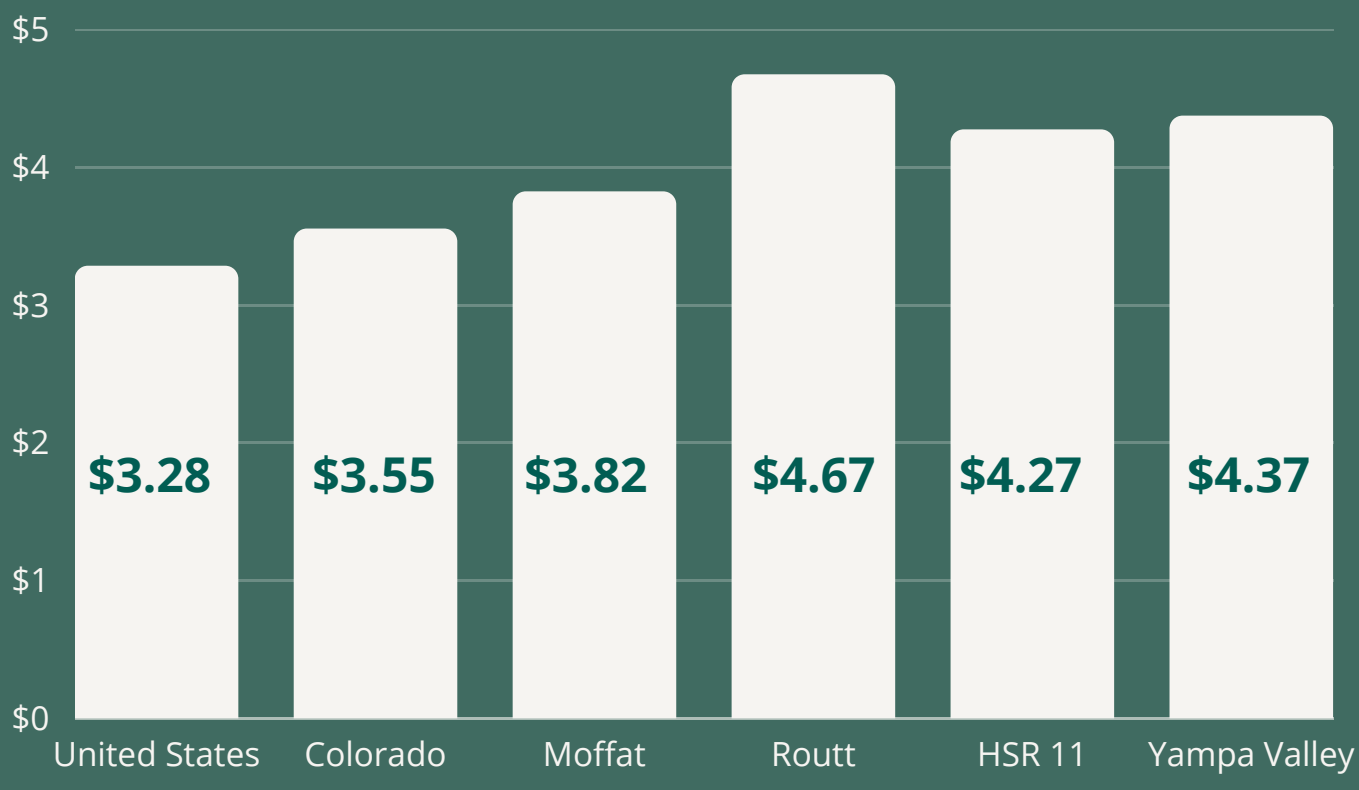


Figure 17

> “Better food resources. Local grocers are often poorly staffed and present food that is almost out of date and not properly refrigerated, or packages have been tampered.” – Routt County Survey Respondent

Residents Living in Food Deserts

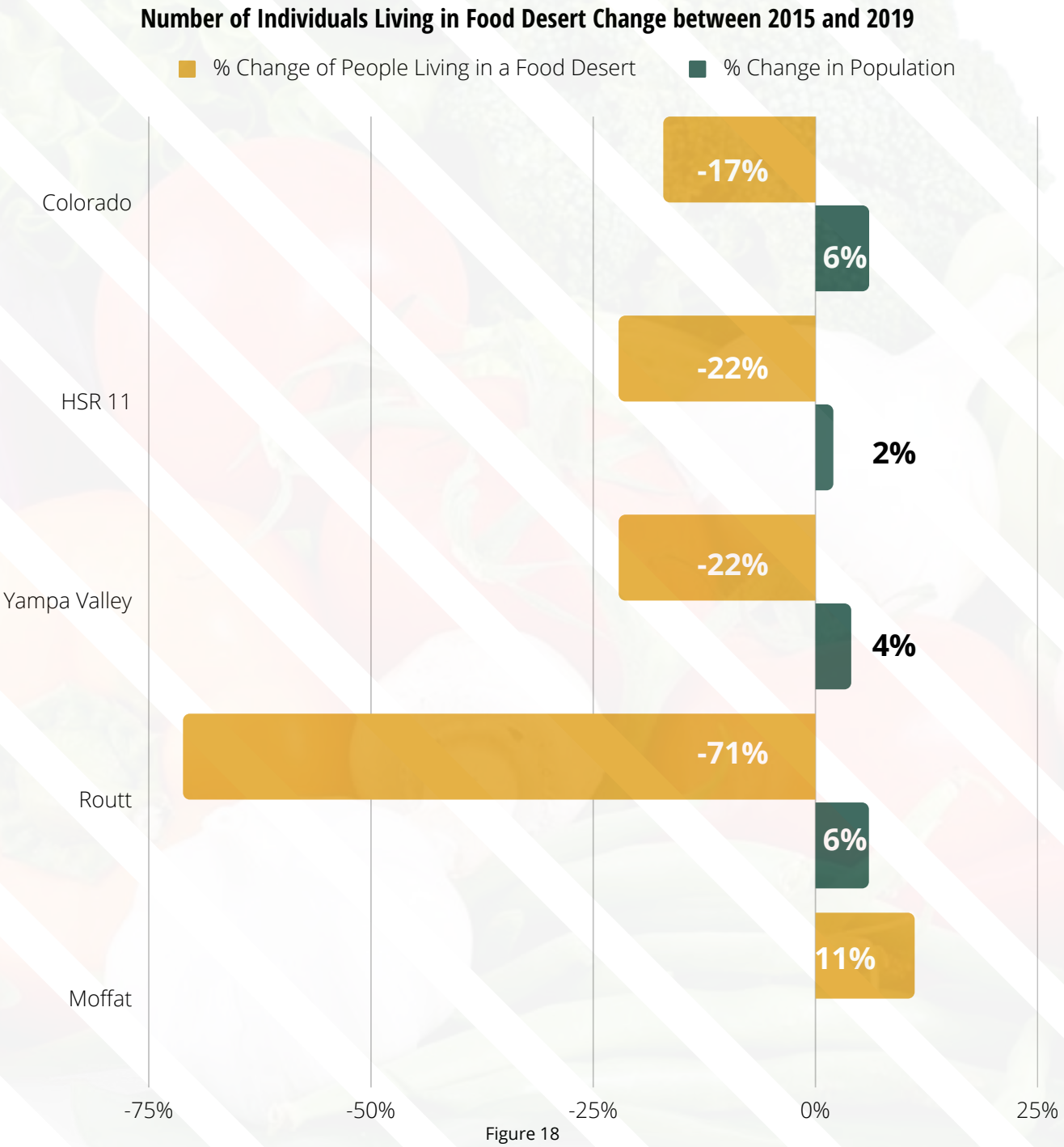


Figure 18

Note: Estimated number of residents who experience living in a food desert, defined as being low-income and further than one mile from a supermarket (urban) or twenty miles (rural). Source: USDA (Food Access Research Atlas (calculated by Metopio)) Population estimates use ACS, 2015-2019.

Affordable Housing

There is strong evidence characterizing housing's relationship to health. Housing stability, quality, safety, and affordability all affect health outcomes, as do the physical and social characteristics of neighborhoods.[29]

The Yampa Valley community member perspective:

- Nearly 30% of survey respondents identified affordable housing as the 3rd most important factor for a "Healthy Community" and nearly half (49%) of the respondents said the region needs more.
- Affordable housing was identified as a driver of workforce capacity in the region.

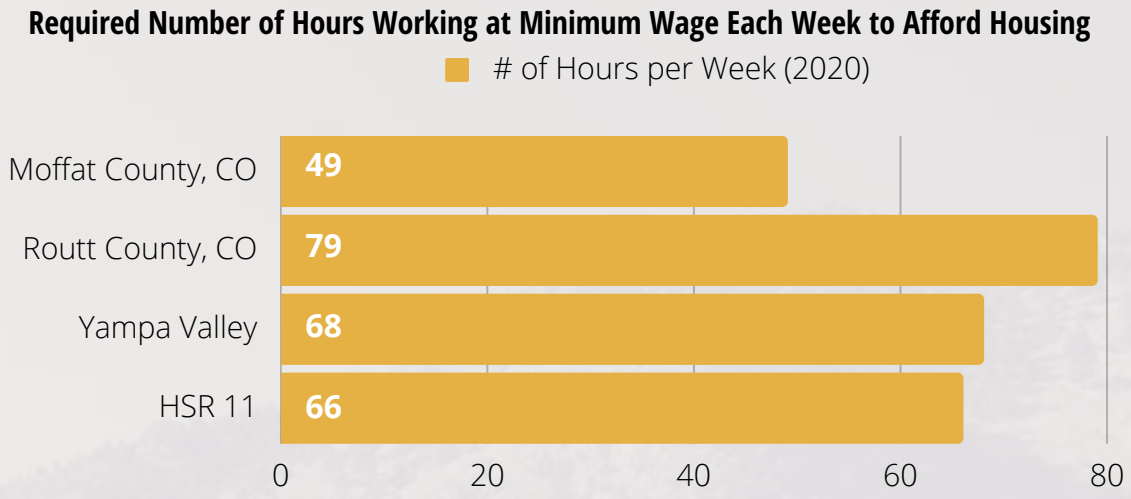


Figure 19

(Note: Weekly hours of work at minimum wage required (working 52 weeks a year) in order to afford the fair market rent for a two-bedroom rental home, without paying more than 30 percent of income. Fair market rent is determined by the Department of Housing and Urban Development. Source: National Low Income Housing Coalition (Out of Reach 2020)

As shown in Figure 19 (above), the number of weekly hours of work at minimum wage required to afford a two-bedroom rental home, without paying more than 30 percent of income, was 68 hours per week in the Yampa Valley. It was higher in Routt County at 79 hours and lower in Moffat County at 49 hours.

Housing cost burden in the region was similar to Colorado. However, as shown in Figure 20, the Routt County cities of Oak Creek, Steamboat Springs, and Moffat County's Craig have higher rates. The percent of households with housing cost burden:

- 41.1 percent households in Oak Creek
- 31.5 percent households in Steamboat Springs

[29] Taylor, Lauren. (2018, June). Housing And Health: An Overview Of The Literature. HealthAffairs.

2015-2019 Housing Cost Burden by Town/City
Percent of Households Spending More than 30% of Earned Income on Housing

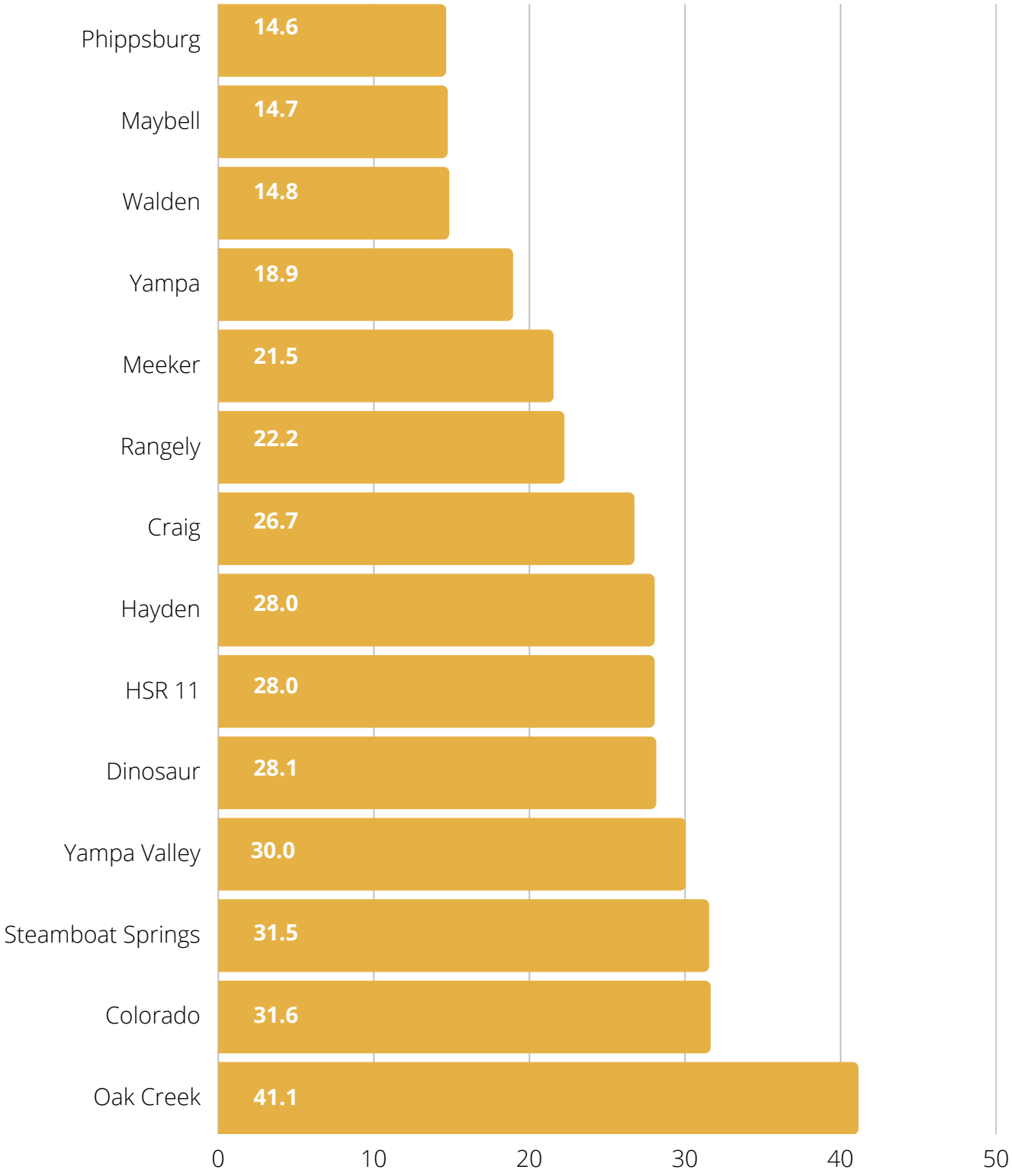


Figure 20

(Source: American Community Survey, 2015-2019, Tables B25070/B25091)

The percent of housing units (apartments, houses, etc.) that have no one living in them was significantly higher in the region compared to Colorado.[30]

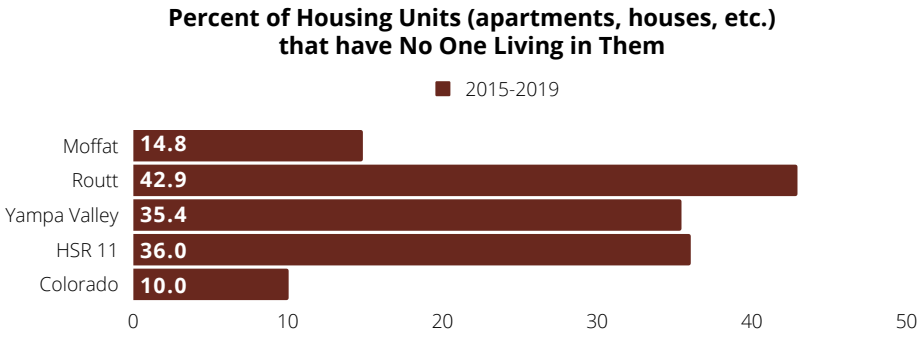
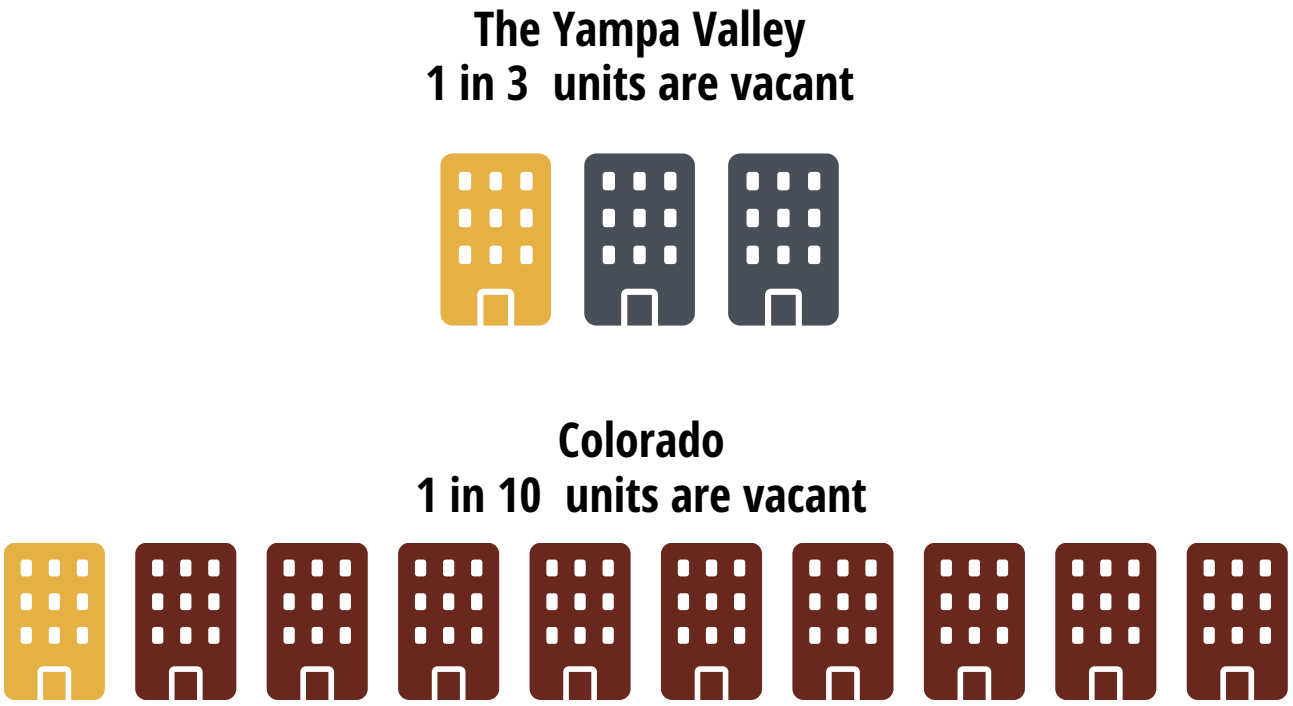


Figure 21
(Source: ACS, 2015-2019, Table B25002.)

In the Yampa Valley, just over one in three housing units (35.4%) have no one living in them compared to one in 10 housing units in Colorado, as shown in Figure 21. A high vacancy rate with high home prices suggests the area is used as secondary homes. Approximately 4.0 percent of vacant homes in Routt County are because the resident lives elsewhere.



[30] A housing unit is vacant if no one is living in it at the time of the interview unless its occupants are only temporarily absent. In addition, a vacant unit may be one which is entirely occupied by persons who have a usual residence elsewhere.

Economic Opportunity

Economic opportunity refers to the belief in upward mobility for everyone. Good and diverse jobs within a community result in better health. Income allows for the purchase of health insurance and medical care, but also provides options for healthy lifestyle choices such as nutritious food and safe housing. The ongoing stress and challenges linked with having a low income can lead to numerous impacts on both physical and mental health. The Yampa Valley community member perspective:

- **Economic factors** were the most ubiquitous and permeated every meeting. Concerns around poverty and economic instability were shared.
- **Good Paying Jobs / Livable Wages** were identified as the most important factors for a healthy community and the top thing survey respondents said the region needs more of.

Economic opportunity is driven by three things: Income, Education, and Occupation.

> **"The Yampa Valley needs more focus on year-round sustainable jobs (more white-collar jobs that are not dependent on tourism, less service sector jobs) – Routt County Community Survey Respondent**
>
> **Need stronger, less service based, economic drivers to allow younger people to start careers that can grow as they do and provide adequate income to remain in the area to raise families. – Routt County Community Survey Respondent"**

Income

Median household income in the Yampa Valley significantly increased from $65,285 in 2010-2014 to $74,669 in 2015-2019. This income is similar to Colorado at $76,723.

- HSR 11 and Moffat County had significantly lower median household income compared to Colorado in 2015-2019.
- The median household income significantly increased in Routt County between 2010-2014 and 2015-2019 as did Colorado.

Among working parents, the income earned has significant implications for whether it is sustainable to work and put young children ages zero to four years in childcare. Without childcare, critical jobs can go unfilled, further hindering economic growth and opportunity. Colorado is one of the few states where the average childcare cost for a four-year-old child is more than $1,000 per month. Families in Colorado can spend up to $50,000 or more on childcare before their child can begin attending school.[31] Just about half of the region's 3- and 4-year-olds are enrolled in preschool, as shown in Figure 22. This is similar to Colorado.

[31] Procare Solutions. (2020, June 24). Child Care Costs by State 2020

Access to affordable childcare and preschool is becoming more challenging with facilities shutting down due to current workforce shortages.[32] As of May 2022, there were 1,757 childcare slots at 45 locations in the Yampa Valley for 1,988 children ages zero to four years.[33]

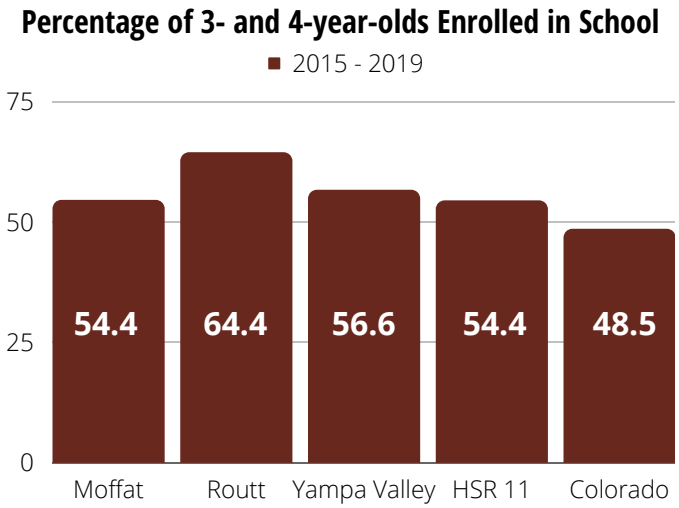


Figure 22
(ACS, 2015-2019, Table B14003.)

Approximately 6.0 percent of employed residents in the Yampa Valley live in poverty, as shown in Figure 23. This is slightly higher than Colorado at 5.5 percent; however, it is not significant.

The poverty rate was generally higher in the region compared to Colorado in 2015-2019. This was particular true among people of color. As shown in Figures 23 and 24, people of color are more likely to live in poverty, with greater inequity in Moffat County.

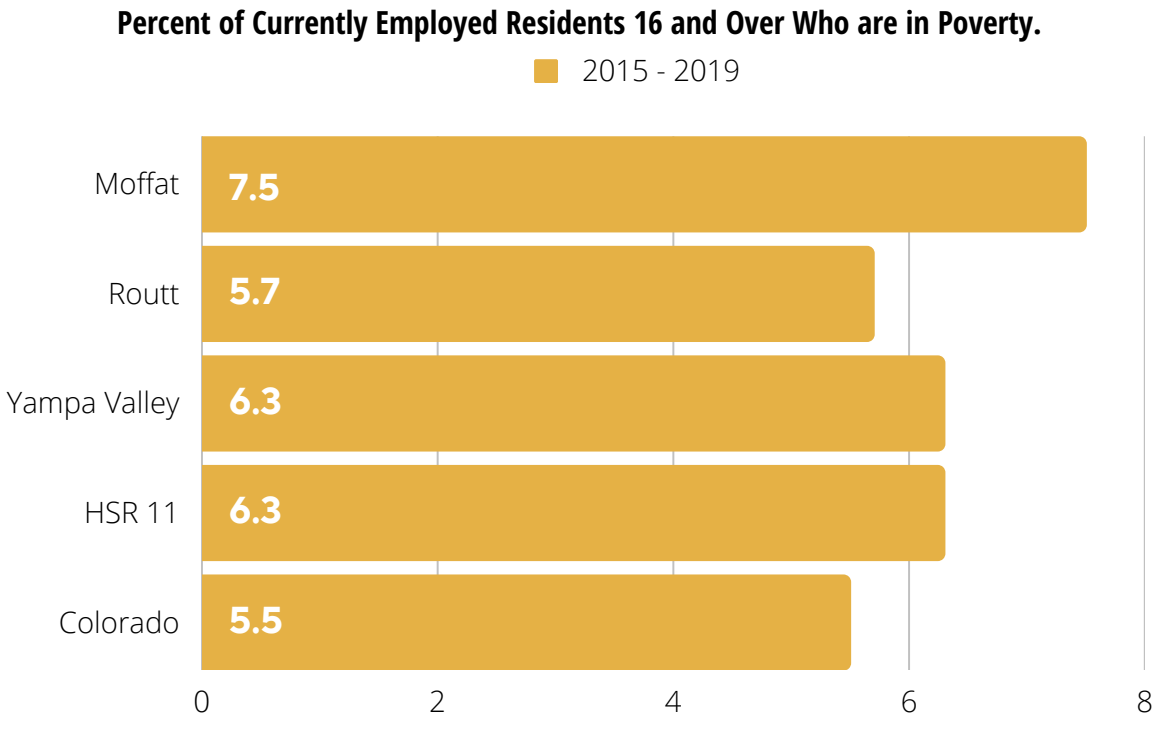


Figure 23
(Source: ACS 2015-2019, Table B17005.)

[32] Najmabadi, Shannon. (2021, August 6) Half of Colorado lives in a day care desert. Here's how that's straining one mountain community.The Colorado Sun.
[33] Colorado Licensed Child Care Facilities Report. Colorado Information Marketplace. Updated May 2, 2022. Retrieved on 5/24/22 from https://data.colorado.gov/Early-childhood/Colorado-Licensed-Child-Care-Facilities-Report/a9rr-k8mu

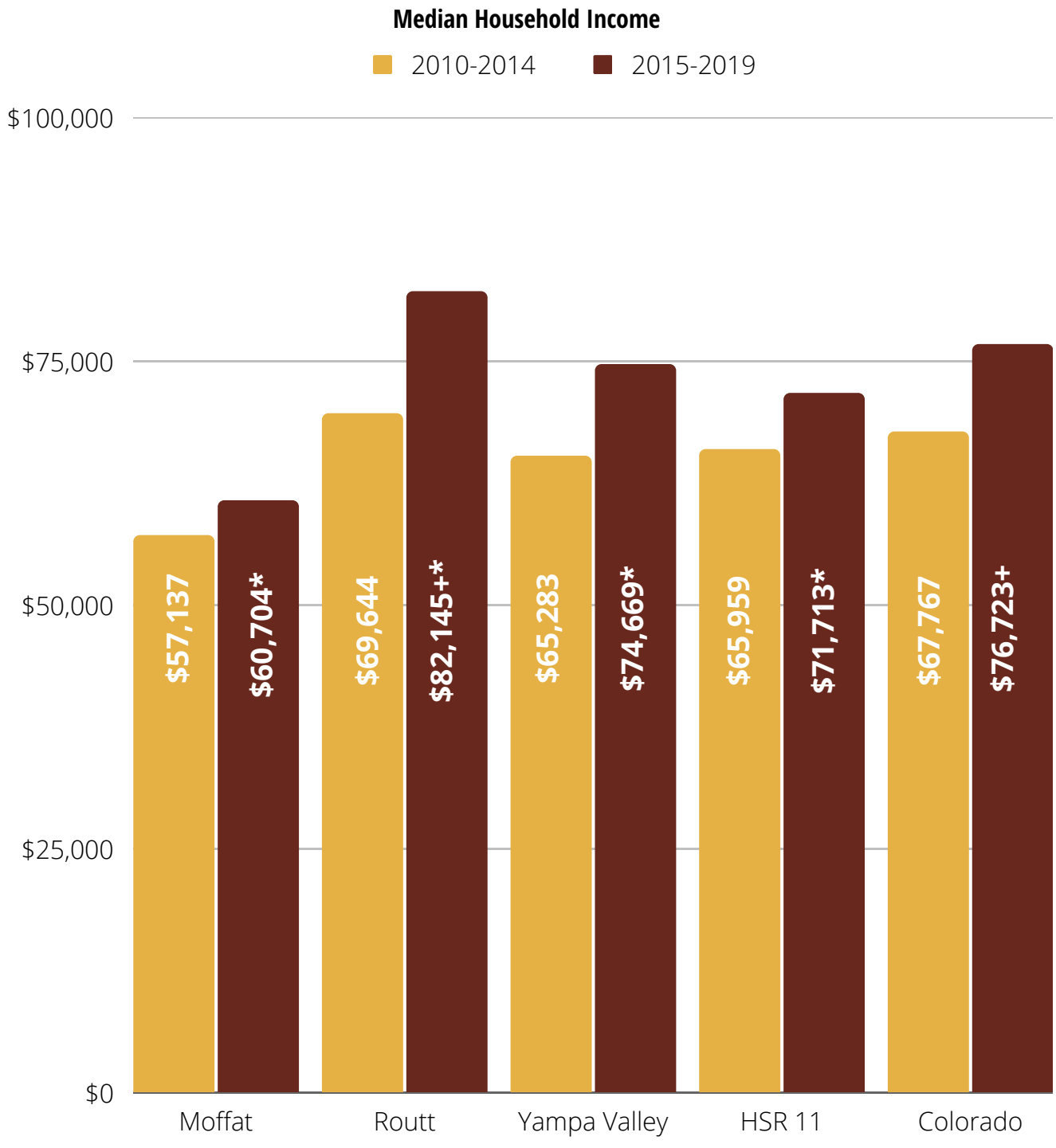


Figure 24

(*Significantly different compared to Colorado in 2015-2019. +Significantly higher in 2015-2019 compared to 2010-2014.
Source: American Community Survey, Table B19013.)

Percent of People in Poverty by Race and Ethnicity, 2015-2019

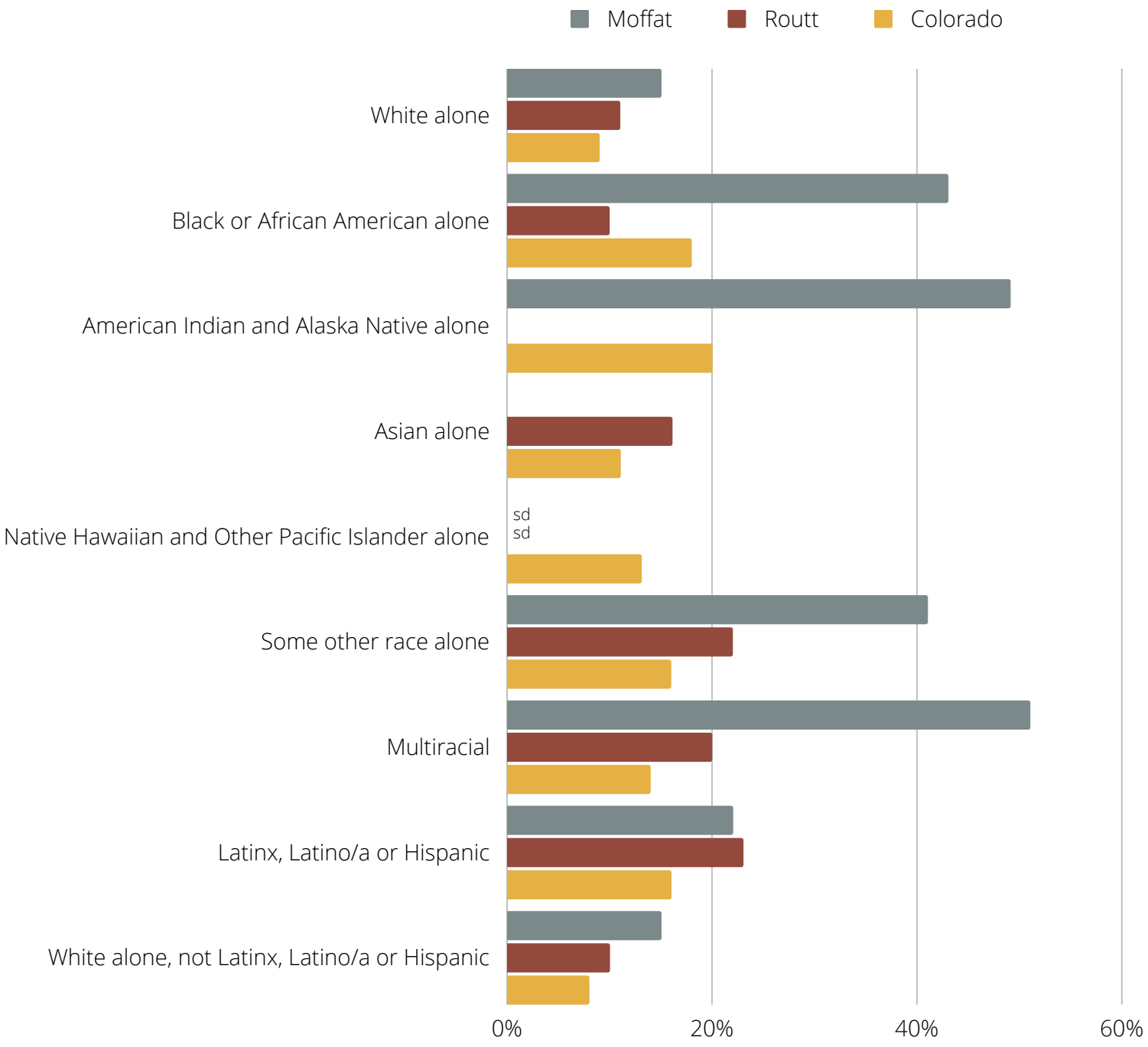


Figure 25

("sd" suppressed data due to small population estimate. Source: ACS, 2015-2019, Table S1701.)

Education

Educational opportunity refers to the belief in quality education for everyone. Education provides benefits to both individuals and society, with more schooling linked to higher incomes, better employment options, and increased social supports.[34]

As shown in Figure 26, the Yampa Valley's high school graduation rate of 94.0 percent of adults 25 years and older is not significantly higher compared to Colorado at 91.7 percent. While the graduation rate increased between 2010-2014 and 2015-2019 in Colorado, from 90.4 percent to 91.7 percent, it remained steady in the Yampa Valley.

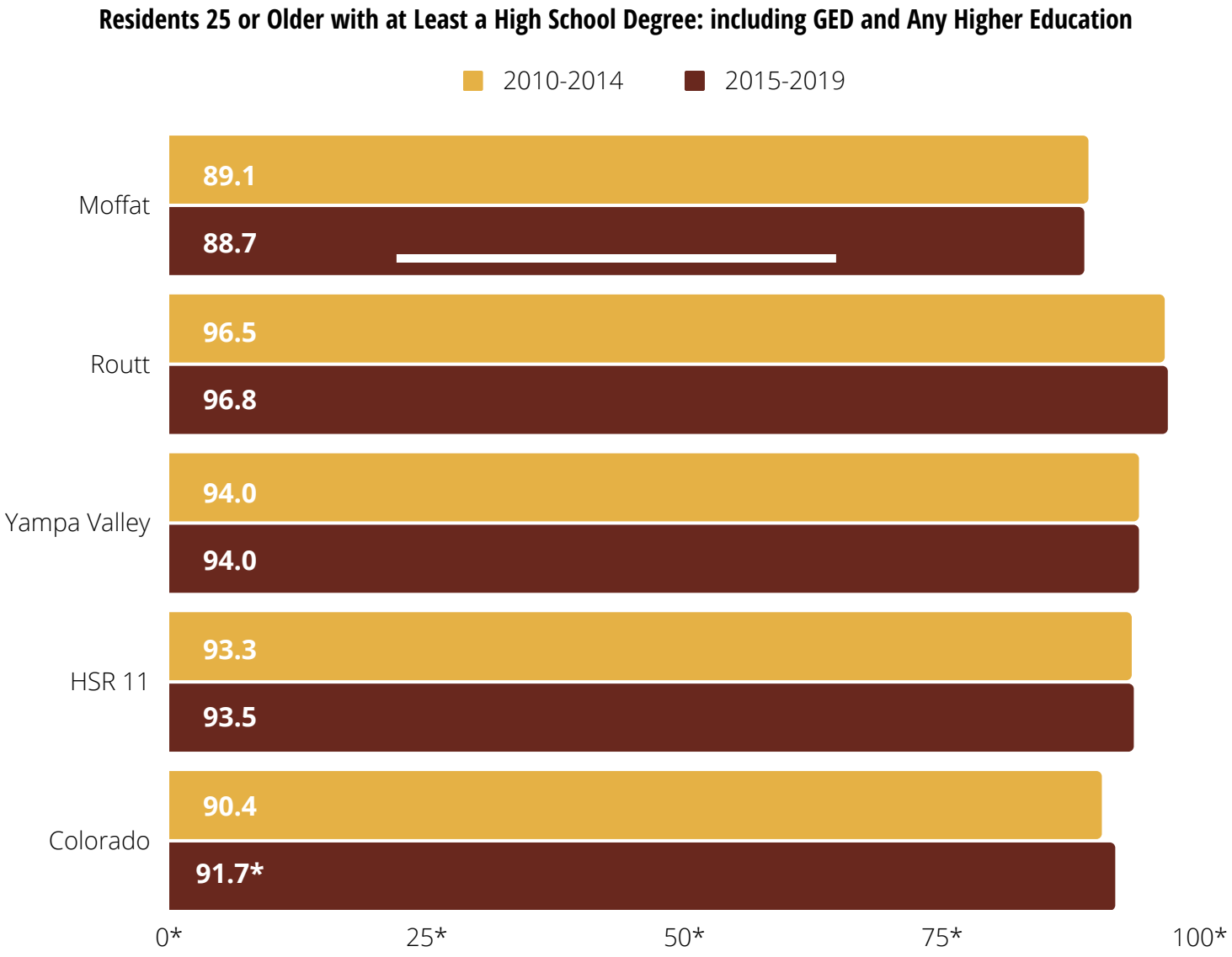


Figure 26

(*Significantly higher in 2015-2019 compared to 2010-2014. Source: American Community Survey, Table B15002.).

[34] Virginia Commonwealth University Center on Society and Health. 2015. "Education: It Matters More to Health and Ever Before."

Occupation

"Good jobs" are "those in which workers earn better-than-average wages for their local community and have access to employer-sponsored health insurance". "Promising jobs" are those which do not provide good pay and benefits but do have a track record of helping their occupants reach a good job within 10 years. Some industries offer greater access to good and promising jobs, in particular, for non-college workers than others. These include utilities, construction, logistics and manufacturing, of which more than 30.0 percent of all jobs are good and promising jobs for non-college workers.[35]

As shown in Figure 27:

- Government, health services, and professional and retail trade are the top three job sectors in Moffat and Routt of which about 20.0 percent of all jobs are good and promising jobs for non-college workers.[36]
- In Moffat County: Government, retail trade, agriculture, mining, and utilities make up a larger proportion of jobs compared to Colorado.
- In Routt County: Accommodation and food, construction, real estate, and arts make up a larger proportion of jobs compared to Colorado.

[35] Berube, A. (2019, January). Three things that matter for upward mobility in the labor market. Brookings.
[36] The State Demographers Office. Data retrieved on 3/10/2022.

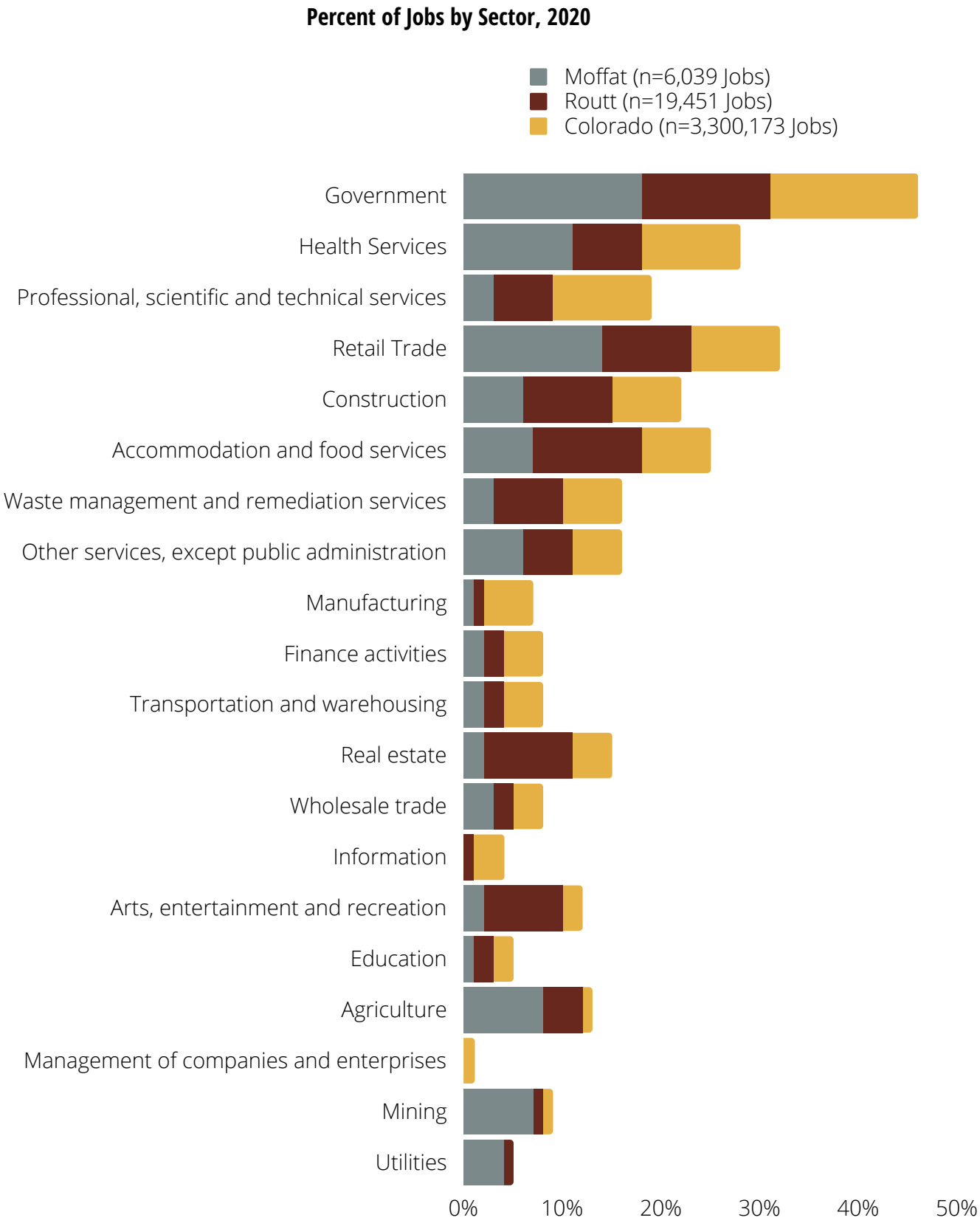


Figure 27

(Source: Colorado's Department of Local Affairs, State Demography Office. County jobs by Sector Lookup, retrieved March, 1, 2022.)

Transportation

Walking, biking, and public transportation in neighborhoods safe for pedestrians (i.e., sidewalks, crosswalks) and with access to outdoor spaces for recreation allow people to get where they need to go. It can also reduce their exposure to air and noise pollution, minimize the risk and severity of crashes, and improve access to a variety of resources that contribute to health, including parks, trails, medical and social services, jobs, and schools.[37] The Yampa Valley community member perspective:

- Transportation assistance was the most reported service "needed but did not use" (55%)
- Access to transportation is needed, including regional transportation (i.e., parking, buses) for Routt County. In Moffat County, it was specifically transportation for vulnerable populations including seniors, people with disabilities, and/or low-income populations (i.e., needing transportation options for doctor visits, groceries, etc.)
- More households in Moffat County did not have a vehicle compared to Colorado, and workers are less likely to take active transportation to work (walking, biking, or public transportation). This population is particularly at risk of not obtaining the things they need to meet their basic needs.

Percent of workers 16 and older who take active transportation to work (walking, biking, or taking public transportation) and percent of households with no vehicles available

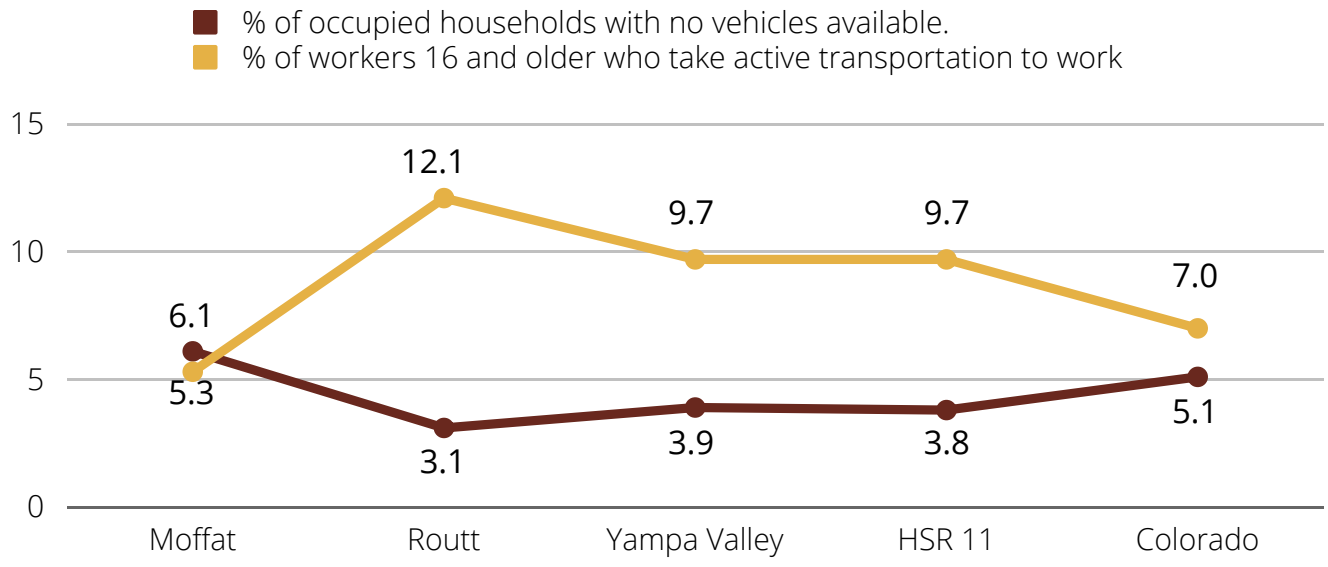


Figure 28

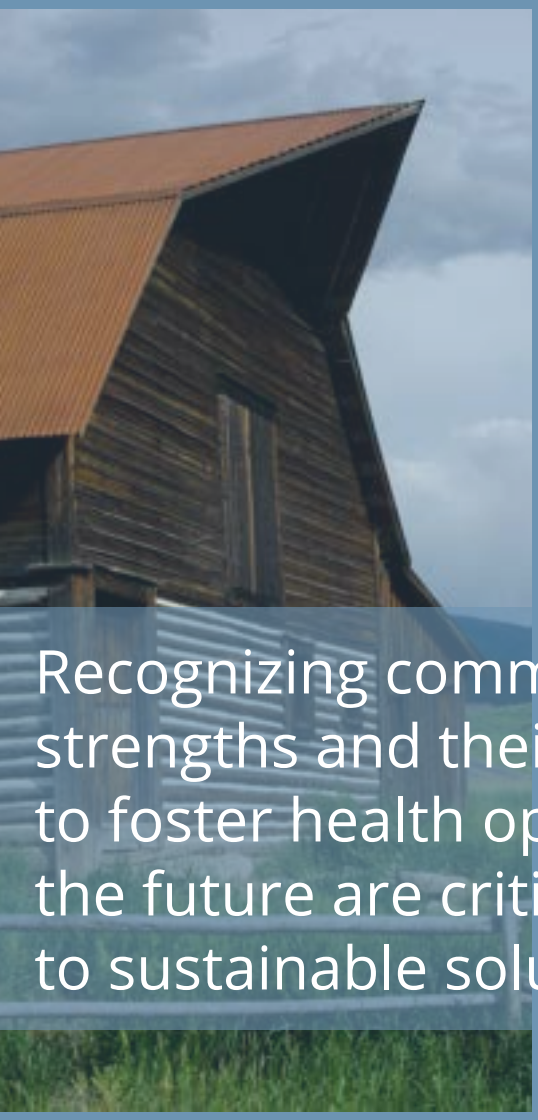
(ource: American Community Survey, Table B08301 and Table B25044.)

[37] Raynault, Eloisa, and Ed Christopher. 2013. "How Does Transportation Affect Public Health." U.S. Department of Transportation Federal Highway Administration Public Roads, May/June: Vol. 76 No. 6.

"A better transportation system especially for the elderly a reliable transportation system for children and young adults going to school and home. - Community Survey Respondent

Reliable transportation that reaches into Moffat County and expands into the town of Craig so that families without cars can still get to and from work, grocery stores, etc."- Community Survey Respondent

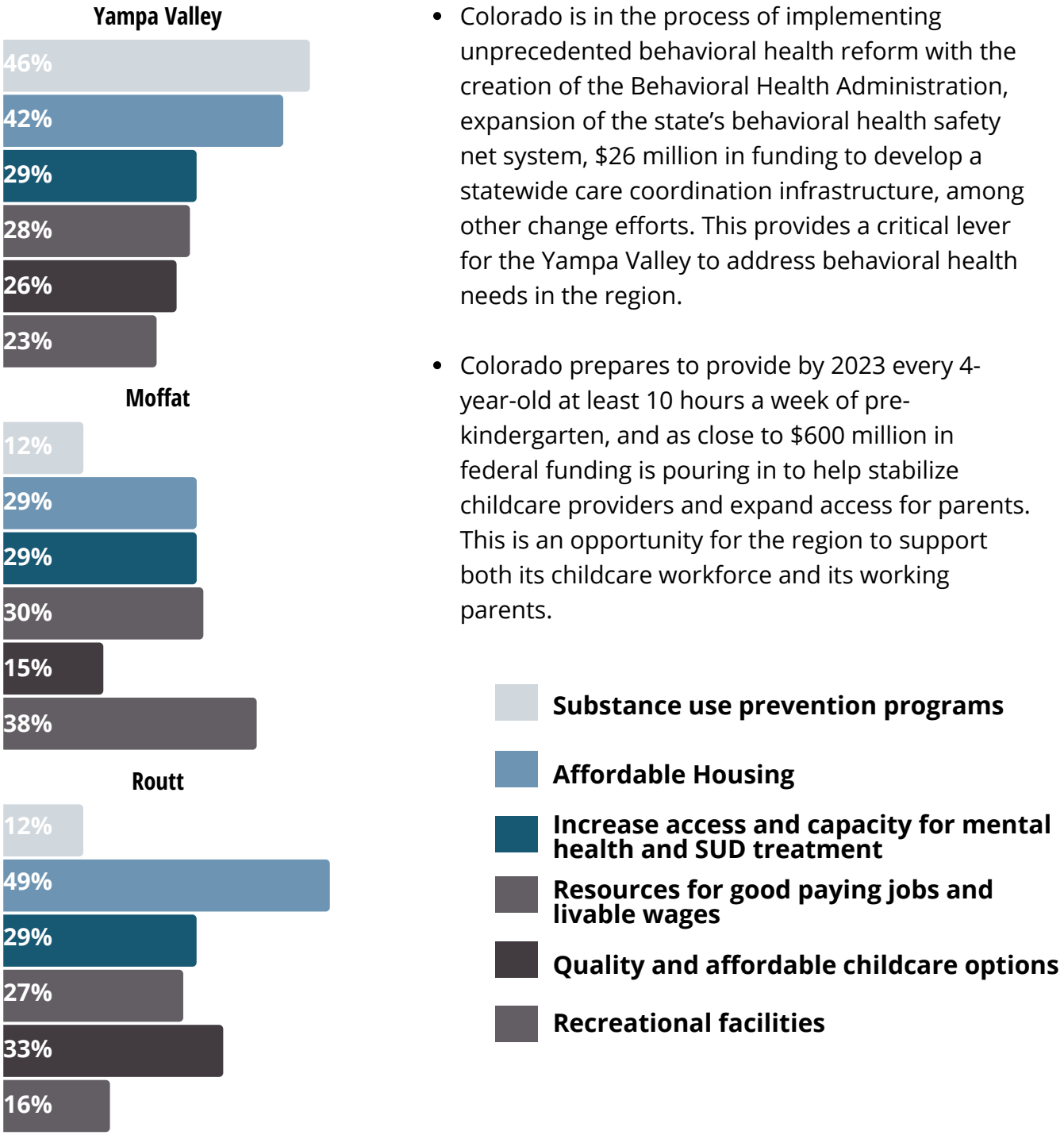
Opportunities to Support Community Health



Recognizing community strengths and their application to foster health opportunities in the future are critical elements to sustainable solutions.

Community Priorities

Community members were asked to select the areas of health and well-being they would want the Yampa Valley to prioritize as it considers where to focus improvement efforts as shown in Figure 29. Community members shared what they believe are the most important considerations or opportunities for the Yampa Valley public health improvement planning effort:



- Colorado is in the process of implementing unprecedented behavioral health reform with the creation of the Behavioral Health Administration, expansion of the state's behavioral health safety net system, $26 million in funding to develop a statewide care coordination infrastructure, among other change efforts. This provides a critical lever for the Yampa Valley to address behavioral health needs in the region.

- Colorado prepares to provide by 2023 every 4-year-old at least 10 hours a week of pre-kindergarten, and as close to $600 million in federal funding is pouring in to help stabilize childcare providers and expand access for parents. This is an opportunity for the region to support both its childcare workforce and its working parents.

Figure 29
(Source: CHNA Community Survey)

- Leverage and grow existing collaboration with social services agencies and nonprofit organizations to create Latino/a/x-focused programs, pride events for the LGBTQ+ community, and engage with minority populations including refugees, BIPOC, and immigrants.
- Support efforts, such as the Brown Ranch affordable housing development outside of Steamboat Springs, in increasing access to housing.
- Support Colorado State University substance use disorder (SUD) programs through their extension campus in Routt, as well as behavioral health programs and community building events to build the behavioral health work force in the region.
- Create pro-social recreation activities and opportunities for youth to address mental health and substance use concerns.

Conclusion and Next Steps

The purpose of this CHNA process was to develop and document key information regarding the health and wellbeing of the Yampa Valley residents. While progress is being made and there are important community assets that exist, the data show that the Yampa Valley struggles to prevent and treat behavioral health challenges and improve access to cultural and linguistically effective health care. In the Yampa Valley, these issues are exacerbated by a lack of affordable and available housing, economic opportunity, transportation, and healthy food.

The CHNA will be used by the contributing agencies and public health partners to develop community health benefit plans. It is also made available as a resource to the broader community. It is hoped that, in this way, the CHNA be a useful resource for further communitywide health improvement efforts.

An Example of Community Change

Routt County Community Dashboard

An emerging strategy among the CHNA partners, as well as Craig Scheckman Family Foundation, Yampa Valley Community Foundation, YVMC UCHealth Hospital Foundation, Human Resource Coalition, and Brown Ranch Development, is the development of a Routt County Community Dashboard.

The community dashboard will serve as NorthStar to align local residents and leadership from government, school districts, nonprofits, foundations, and businesses around targets to make measurable progress in education, financial stability, and health.

The CHNA process helped collect information about potential measures to include in the dashboard and any recommendations to align the dashboard with the final CHNA priority areas.

The CHNA prioritized the following measures that will be considered to be included in the Community Dashboard: kindergarten readiness, third grade reading proficiency, completion of a two-year or technical/trade degree, living wage, percent of income spent on housing, and mental health. The dashboard is an opportunity to show improvement in key measures of change over time.

Thank you to the sponsors of the Yampa Valley Community Health Needs Assessment

CSFF

Health Partnership
Serving Northwest Colorado

memorial regional health

NORTHWEST COLORADO HEALTH

ROUTT COUNTY COLORADO

uchealth

United Way
Routt County United Way

Appendix A

Community Survey Data Book

Appendix B

Community Meeting Thematic Analysis

Appendix C

List of CHNA Data Sources

1. American Community Survey (ACS)
2. Behavioral Risk Factor Surveillance System (BRFSS)
3. Bureau of Labor Statistics, Local Area Unemployment Statistics
4. CDPHE Colorado Health Information Dataset (COHID)
5. CDPHE Injury Indicators Dashboard
6. CDPHE Vital Statistics Program
7. CDPHE, Opioid Overdose Prevention Program
8. Colorado Central Cancer Registry
9. Colorado Health Access Survey (CHAS)
10. Colorado Healthy Kids Survey (CHKS)
11. Colorado Hospital Association (via CDPHE)
12. Colorado Suicide Data Dashboard
13. Colorado Violent Death Reporting System (CoVDRS)
14. Feeding American (Map the Meal Gap)
15. Health Resources & Services Administration (HRSA)
16. National Low Income Housing Coalition
17. National Provider Identifier (NPI)
18. USDA (Food Access Research Atlas)

Appendix D

CHNA Secondary Data Book