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EXECUTIVE SUMMARY

Health and overall well-being are not confined solely within medical offices – in fact, the introduction starts in our homes, schools, places of work, and communities. There are many influences to good health: eating well and staying active, refraining from unhealthy behaviors, adhering to the recommended immunizations and screening tests schedules, and managing mental and behavioral health needs. However, overall health is also determined by numerous social and economic factors: the resources and supports available in our homes and communities (e.g. financial, educational, social and health care); the cleanliness of our water, food and air; the perception and true safety of our communities; and the nature of social relationships.

Kit Carson County residents all deserve an equal opportunity to make the choices that lead to good health – and to ultimately **make the healthy choice the easy choice!** To ensure that that opportunity proceeds with success, advances are needed not only in health care and public health, but also across and throughout the entire community, including: education, housing, community services and planning, and infrastructure.

The Community Health Improvement Plan (CHIP) serves as the first step towards true community-centered planning, integration, and implementation of strategies to improve our community's health. CHIP partners and additional community organizations will work together to promote health equity throughout diverse populations and address social determinants of health to improve health outcomes in four priority areas:

- **MENTAL AND BEHAVIORAL HEALTH**
- **HEALTHY EATING AND ACTIVE LIVING**
- **CHRONIC DISEASE PREVENTION**
- **TEEN SUBSTANCE USE AND ACCESS**

INTRODUCTION

Public health departments across the nation have a long history of monitoring, reporting on, and improving the health of local communities, and this holds true for Kit Carson County Department of Public health and Environment. Additionally, local public health departments are held responsible for the prevention, promotion and protection efforts throughout communities. However, it is widely-known that these efforts cannot be done independently by public health. Public health, healthcare, non-profit organizations, private sector and other community-based sectors need to partner together to : (1) identify community health issues; (2) prioritize issues; and (3) work towards improving community health.

The Kit Carson County community has partnered together to develop one local assessment and planning process to develop two guiding documents: the Community Health Needs Assessment (CHAP) and the Community Health Improvement Plan (CHIP). The assessment and planning process has been created to encompass two main stages: Phase 1 and Phase 2. Throughout both Phase 1 and 2, significant community involvement remains as the highest priority.

Phase 1 of the assessment and planning process is grounded in the efforts that launched the Community Health Needs Assessment and immediate steps that followed. These activities took place from fall of 2017 through the end of 2018 and included:

- Identifying and assessing health indicators
- Prioritizing the health indicators and identifying top community priorities
- Creating a priority workgroup to develop action plans
- Developing broad, community-based strategies that define the Community Health Improvement Plan

Any plan is only practical – and useful, or even helpful – if it makes it to the implementation stage. Phase 2 of the assessment and planning process will revolve around future efforts, beginning in 2019, to: identify and implement community initiatives and activities; and monitor and evaluate the impact on improving the community's health. During this phase, all identified community initiatives and activities will be monitored and assessed for progress. Additionally, adjustments will be made as appropriate to ensure the community strategies and overall Community Health Improvement Plan remains relevant.

This Community Health Improvement Plan serves as a reflection of the community's readiness and eagerness for collective action to improve Kit Carson County's health.

COMMUNITY HEALTH IMPROVEMENT PLAN CONTEXT

Framework

Several best practice frameworks and models influenced and guided the overall assessment and planning process for the Kit Carson County community. One specific framework was not followed in its entirety, however, the combination of all steered the collaborative nature of the overall community process.

Steps and/or phases of the following frameworks were considered and used throughout the assessment and planning process:

- Collective Impact
- Core Public Health Functions and Essential services
- County Health Ranking and Roadmaps
- Health Impact Pyramid
- Colorado Community Health and Assessment Planning process
- Social Determinants of Health Framework

Process

The assessment and planning process began in the fall of 2017 with the formation of the Community Health Needs Assessment/Community Health Improvement Plan Core Group Planning Team. The team continues to be the leadership group guiding the full assessment and planning process. Early on, it was determined that since this community process was new and different from previous planning efforts, (community led, not agency led), that the process would have to be completed and implemented in stages as outlined in the Colorado CHAPS process.

Assess Health Indicators:

With guidance and leadership from the Colorado Dept. of Public Health and Environment Office of Planning and Partnership, a comprehensive Community Health Needs Assessment was completed in early 2018. The assessment process integrated a variety of steps, including: identifying potential health indicators; collecting and analyzing relevant information including data from the Community Health Survey and Community Focus Groups; and the assembly and dissemination of the final document.

Prioritize Indicators:

During the assembly of the CHAPS document, a process was implemented to prioritize the health issues of Kit Carson County. Local data on each issue was presented and shared with community groups which in turn contributed to scores/factors to the full prioritization process.

Develop Community Strategies:

Once the core group was identified, organizations and partners moved into developing broad community plans of action designed to achieve progress towards each community priority. The prioritization/CHIP workgroup met periodically from July, 2018 through May, 2019 to develop these broad community strategies.

Challenges, Assumptions and Themes Identified Throughout the Planning Process:

- Awareness that this is the first true community plan – we need to cast a wide net and be inclusive, but understand what it takes to manage the logistics with limited resources
- Initial effort should be placed on recognizing the tremendous work already happening in the community – while also remembering to look proactively for future collaborative work
- The realization that the CHIP needs to be dynamic and evolving – knowing this is just the start and improvement will come with time
- The overall CHIP and more specifically, the strategies need to be practical and realistic – strive for no more than 2-3 strategies per priority area
- The understanding that each issue is at a different level of complexity, maturity in addressing, data availability to address progress, etc. – therefore, strategies will be at different levels (e.g. process versus operational)
- The need to monitor and evaluate strategies and initiatives is critical, but the maturity of measurement will continue to evolve

This Community Health Improvement Plan serves as the final stages of Phase 1 as the community of Kit Carson County is now ready to move towards and into Phase 2 that revolves around implementation, monitoring and evaluation. Work into the future will strive to continually improve the overall assessment and planning process.

COMMUNITY HEALTH PRIORITIES AND STRATEGIES

Community Priorities

The next several pages are devoted to the community's priorities. This section will focus on a summary of why the health issue is a community priority and then describe community level strategies to ultimately improve the status of the issue in Kit Carson County.

Within the health issue summary, the following will be described:

- **Community Health Importance and Impact**
A description of why the issue is important to the health of the general community and what else is associated and/or impacts the indicator
- **The priority in Kit Carson County**

After the portrayal of the health issue, community level strategies will be broadly described and include:

- **Overarching Goal**
- **Outcome Objectives**
Short – within 6 months
Medium – within 1 year
Long – by end of 5 year planning period
- **Strategies**

COMMUNITY HEALTH PRIORITY:

MENTAL/BEHAVIORAL HEALTH

Community Health Importance and Impact

Mental and behavioral health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental/behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental illness affects every aspect of a person's and their family's life, as it impacts the former's ability to fulfill family, home, community and work roles. For many, mental illness and/or substance use continues to be associated with stigma that prevent discussion of the symptoms and may prevent seeking or receiving appropriate and needed health care services. For those who are chronically mentally ill, this can also disrupt having a home and a sense of any community.

People with both acute and chronic mental health conditions are often under recognized and under treated, leaving them with a significant burden. People with chronic mental illnesses have a shortened life span, a lower rate of full-time and steady employment, and higher rates of homelessness. Mental health problems in children and adolescents have both short term and potentially long term consequences. Long term, children and adolescents with emotional, developmental or behavioral problems are less likely to attend college or trade school, less likely to hold full-time jobs, and more likely to spend time incarcerated. The costs of care for these problems are significant and insurance coverage is often limited.

Mental and Behavior Health Access to Services in Kit Carson County

Through the CHAPS process, it was discovered that there is an inadequate number of mental health professionals available to adequately serve the population of Kit Carson County and the East-Central Region. There are no in-patient facilities available and BOCES has limited resources to serve the pediatric population.

PRIORITY	GOAL		
Mental Health	All Kit Carson County residents will have the ability to access timely and quality MH screening, intervention, treatment, and case management that will improve behavioral/mental health (care/intervention/access) despite the ability to pay.		
MAJOR INDICATORS			
Increase in mental health services within Kit Carson County			
INPUTS		OUTPUTS-REACH	
Community members; public health, health services district, mental health professionals; local/state/federal partners; west end partners.		100% of the residents (across the lifespan) of Kit Carson County.	
Time to conduct work.			
Meeting space; technology; food for partners			
Support staff			
Buy-in from decision makers and community			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Establish a workgroup that will explore Sate Innovation Model (SIM) work currently underway in the State	Understanding by community and stakeholders regarding current state and well as the State Innovation Model (SIM) project and determine if KCC can replicate work that's been ongoing. Seek funding that would assist with initial work.	A mental health provider network has been established for acute care providers to access.	Integrated acute care and mental health services that will assure patient-centered care and access to include behavioral/mental health professionals.
Explore current and future State and Federal funding opportunities.			
Conduct a stakeholder meeting to explore establishment of a provider network within the region.			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Identification potential locations for telehealth implementation	Ways are discovered to better implement telehealth in our rural/frontier environment	Multiple locations have been identified and agreements have been established where telehealth will be accessible within the county.	Telehealth is be readily available at multiple locations throughout the county for crisis services.
Identify current state of telehealth capability within the county.			
Conduct partner meetings to explore willingness to participate in county telehealth network.			
Explore insurance reimbursement funding requirements regarding provider/RN/MHW presence during telehealth sessions.			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Conduct a study to determine the feasibility of creating a regional Mental/Behavioral	Partners are identified to be involved in a study to determine feasibility to create a regional	A financial feasibility study is completed to determine sustainable funding for a regional	Study completed regarding access to mental/behavioral inpatient services within Kit Carson County.

COMMUNITY HEALTH PRIORITY
HEALTHY EATING AND ACTIVE LIVING
(OBESITY)

Community Health Importance and Impact

The overall health and well-being of a community rely heavily on proper nutrition and adequate physical activity. Healthful diets and body weights are directly related to health status. Good nutrition is important to overall physical and developmental growth. Additionally, physical activity can improve the health and quality of life of all ages, regardless of the presence of a chronic disease or disability.

Proper nutrition and physical activity have great community benefits. Healthy diets rich in fruits and vegetables have been shown to reduce many health conditions, including: overweight and obesity, heart disease, high blood pressure, dyslipidemia, type 2 diabetes, oral disease, and some cancers. Furthermore, physical activity can lower the risk of: early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression.

Unfortunately, many people do not meet the guidelines for physical activity or fruit and vegetable consumption; and these people are at an increased risk for obesity. Furthermore, obesity is associated with many additional health-related problems. These problems range from diabetes, heart disease, hypertension, premature mortality to mental health issues. Obesity increases the overall cost of health care placed on society.

Many factors are associated with overeating and inadequate exercise that results in obesity. Factors may include lack of knowledge of caloric intake, lack of access to healthy foods, eating for psycho-social reasons, overfeeding by parents, or lack of safe places to exercise. There are many future health and life risks, implications, and consequences associated with consuming an unhealthy diet, which includes those without adequate fruits and vegetables.

PRIORITY	GOAL		
Healthy Eating Active Living (HEAL)	Development of a Comprehensive Health Network Resource Guide		
MAJOR INDICATOR			
Completion of a comprehensive Kit Carson County Resource guide			
INPUTS		OUTPUTS-REACH	
Workgroup to identify all health-related entities who provide health services		All residents of Kit Carson County	
Technological ability to create and keep the guide relevant and updated			
Identify who/what will be managing entity			
Funding to create and manage the guide			
Staff and volunteer time			
Existing resource guides			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Identify Community Partners	Workgroup will be formed to begin work on the guide. Research how other county organizations have complied, distributed, and promoted local resource guides by September, 2019	Identify categories of resources to include (local public health system partners, community resources, free resources, health services, events, etc. by October, 2019 Resource guide will be completed in draft form by March, 2020	Guide is updated and readily available through a variety of sources including web-based; social media and hard copy. Guide is maintained and updated as needed throughout the year.
Contact local office of economic development to participate			
Engage with economic development groups within the county to assist with management over time			
Identify funding sources both public and private to assist with publishing the first iteration and establish a sustainability plan for long term-management	Partner agencies commit an agreed-upon percentage to pay to create the resource guide.	Create policy/plan for the maintenance and sustainability of the resource guide.	Sustainable funding established for keeping the resource guide fresh and relevant on an annual basis.

PRIORITY	GOAL		
Healthy Eating Active Living (HEAL)	Decrease the incidence of obesity across the lifespan. Establishment of a community coalition to investigate the creation of a formal Recreation and Activities Center (RAC) for the Burlington community. (Use this as a model for other communities in the county)		
MAJOR INDICATOR			
Report on feasibility of a RAC completed			
INPUTS	OUTPUTS-REACH		
Staff time and individuals to be involved	100% of Kit Carson County residents across the lifespan		
Time commitment			
Community experts on healthy living			
City Planner			
Tour of RAC in other similar communities			
Technology modalities for connecting one another			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Convene a focus group comprised of entities interested in the establishment of a RAC and new Kit Carson County Healthy Living Coalition.	Interested individuals/organizations identified and conduct first exploration meeting by June 30, 2020	Clear methods are identified and utilized for connecting, collaborating, coordinating and communicating with each other on a regular basis by January 1, 2021	Work with inter-agency planners both public and private to create a business plan that will include (1) start-up funding (2) sustainability plan (3) location of RAC and (4) community buy-in and support is clearly established.
Creation of the Kit Carson County Healthy Living Coalition.	Meetings are conducted monthly to identify community interest, need in a RAC.		

PRIORITY	GOAL		
Healthy Eating Active Living (HEAL)	<ul style="list-style-type: none">❖ Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.❖ Adequate grocery stores and markets to facilitate locally sourced food and availability of quality fruits and vegetables		
MAJOR INDICATOR			
By 2024, reduce the percentage of Kit Carson County adults who are obese by 10%			
By 2024, reduce the percentage of Kit Carson County adolescents who are obese by 10%			
INPUTS		OUTPUTS-REACH	
Staff, community partners, and individual time		100% of Kit Carson County residents across the lifespan	
Corporate Connections			
Individuals interested in starting “mom and pop” store			
Community experts in grocery stores			
Technology modalities			
Extension service participation			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Strategy 1: Convene a community workgroup from interested public and private business owners, city planners and economic development (city and county) to discuss a feasibility study designed to determine the establishment of a large grocery chain store in the Burlington area that would provide greater access to food	Identify individuals who should be included in the discussion by September, 2019. Conduct first exploration meeting and conversation by November, 2019	Feasibility study begins if enough interest is garnered during the exploration meeting by January 1, 2020	Establishment of a large chain grocery store in Burlington by January, 2024.
Strategy 2: Promote a culture of healthy eating by providing community outreach and education regarding the recommended guidelines for fruit and vegetable consumption at health fairs, county fairs, and other community events in collaboration with extension service, the health services district and other community agencies.	By 2020, inform 100% of Kit Carson County adults about the recommended guidelines for fruit and vegetable consumption	By 2021 seek and secure HEAL funding through grant-writing to promote healthy eating across the lifespan in Kit Carson County.	By 2024, sustainable and integrated collaboration of community partners who work together to promote healthy eating across the lifespan through partnership and communication.

COMMUNITY HEALTH PRIORITY:

CHRONIC DISEASE PREVENTION

(Diabetes, Cancer, Cardiovascular Disease)

Community Health Importance and Impact

Diabetes mellitus (DM) is a disease that affects how your body uses blood glucose, or blood sugar. Individuals who are diagnosed with DM have too much glucose in their blood. There are several different types of DM, including Type 1, Type 2 and gestational diabetes.

Currently, Type 1 DM is not preventable but treatable. Type 2 DM is closely associated with obesity (as is Cardiovascular Disease) and has been increasing in frequency for the past few decades. Type 2 DM key risk factors are a combination of genetic predisposition and obesity. The relative importance of the two is unknown; but preventing obesity can delay or prevent the onset of Type 2 DM

DM impacts all aspects of a patient's life from requiring changes in eating habits and daily monitoring of glucose levels to increasing risk for many other chronic conditions such as cancer and cardiovascular disease. The rapid, often termed epidemic, increase in DM puts high demand on healthcare services including patient education and forces the profession, including public health, to address the wide spread issues of low to modest health literacy. Because DM requires patients to manage their condition on a day to day basis, it is imperative that they understand their condition and self management goals and mechanisms.

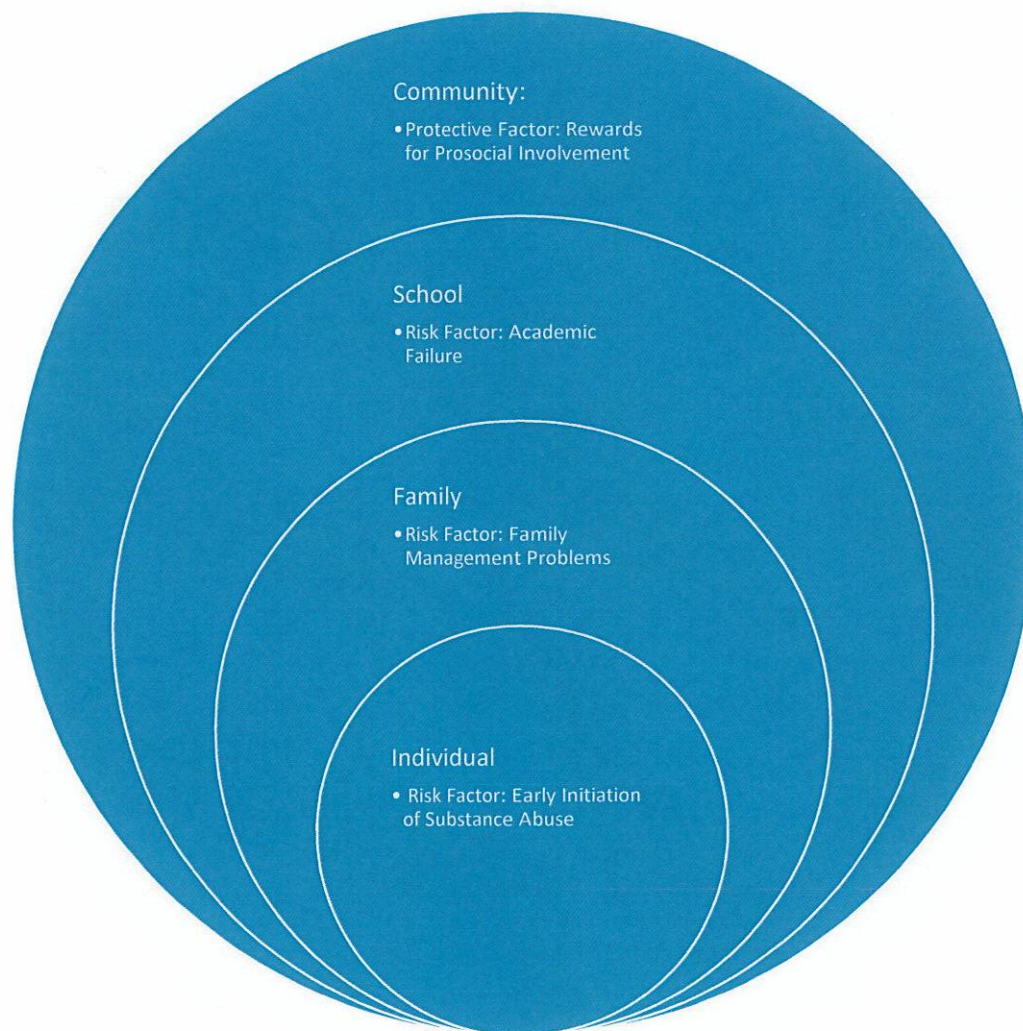
PRIORITY	GOAL		
Chronic Disease Prevention	Creation of a Chronic Disease community collaborative group that is moving in the same direction regarding prevention strategies with the intent to align efforts and decrease duplicity (both public and private partnerships.)		
MAJOR INDICATORS			
Cancer- focus on early identification (Skin Cancer and Neoplasms)			
Diabetes – focus on early identification of risk for developing diabetes			
Cardiovascular- focus on early identification of conditions that lead to heart attack and stroke including lipids, blood pressure, obesity			
INPUTS	OUTPUTS-REACH		
Interested partners and champions	Health providers in the Kit Carson County both traditional and non-traditional		
Structure, Communication, and Lead individual/agency			
DSME, DPP, Sun Safety, Rapid Colorectal Screening, Cardiovascular Risk Screening			
Chronic Disease Prevention Collaborative			
Evidenced-based programming			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Identify and recruit collaborative members.	Following the October Forum, the collaborative will be formed by no later than January, 2020 for continued development.	Implement/support up to three evidenced-based programs that demonstrate collaboration among all sectors of the Kit Carson County Healthcare System	Kit Carson County providers will fully embrace and refer to evidence-based prevention programming located in the community (eg DSME, DPP, Colo-rectal screening, skin cancer education, etc.)
Establish a communications network via technology		By 2020, consensus regarding 3 -4 evidence based programs will be established by the Chronic Disease Collaborative.	At the end of five years, a well-established and functioning Chronic Disease Prevention Collaborative will be operational and impactful
Create the structure needed to be successful and sustainable.			
Conduct in-hospital conversation regarding these programs and potential programs the hospital has been considering.			
Identify additional programs that target individuals younger than 18.			
Identify potential funding sources to assist with sustainability			
Correlate with hospital 3 year plan beginning in 2022.			
Continued identification of key stakeholders including public and private partners.			
Meeting attendance of 75% of the membership will be maintained.			
Collaborative members meet quarterly after the first year of development.			
Review ongoing evidence-based programming for effectiveness and outcomes by conducting qualitative and quantitative analysis			

PRIORITY	GOAL		
Chronic Disease Prevention	Engage with the provider community to support evidence-based prevention programming available within Kit Carson County to move from the focus on existing disease to preventing the disease from occurring.		
MAJOR INDICATORS			
Cancer- focus on early identification (Skin Cancer and Neoplasms)			
Diabetes – focus on early identification of risk for developing diabetes			
Cardiovascular- focus on early identification of conditions that lead to heart attack and stroke including lipids, blood pressure, obesity			
INPUTS		OUTPUTS-REACH	
Communication modalities (technology)		The provider community in Kit Carson County	
Expertise in the areas of prevention			
DSME, DPP, Sun Safety, Rapid Colorectal Screening, Cardiovascular Risk Screening			
Chronic Disease Collaborative		Residents of Kit Carson County	
Governor’s identified prevention programs			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Prepare information regarding existing programs in the county.	By October, 2019, a forum for discussion regarding integration of prevention strategies will be conducted to include: Acute care providers, dentists, vision specialists, chiropractic, and other interested healthcare providers.	Based on quantitative data, a statistically significant decrease in the incidence of chronic conditions is being indicated Inputs	Chronic Disease prevention programs such as DSME, DPP, Sun Safety, Colorectal CA Screenings, Cardiovascular Risk Assessment, etc. are fully integrated into the KCC Healthcare System Including by acute care, dental, vision, chiropractic, natural-pathic providers within the county
Hospital content experts to prepare information regarding their goals for expansion into specialty clinic.			
Make a list of adjunct providers from the community and invite them to provide their thoughts regarding prevention programs they have available.			
Pick a location and date for the forum.			
Identify programs that target individuals younger than 18.		By 2023, quantitative data analysis will provide information regarding effectiveness of programs that are implemented – indication that prevalence and incidence of target chronic diseases have decreased.	By 2024, Chronic Disease Prevention Programs will be in alignment with those identified by the Governor’s Office on Prevention.
Conduct in-hospital conversation regarding these programs and potential programs the hospital has been considering.			
Correlate with hospital 3 year plan beginning in 2022.			
Implemented prevention programs for our community which is aligned with the Governor’s prevention plans and the Colorado Community Health Improvement plan from 2020-2025.			

COMMUNITY HEALTH PRIORITY: TEEN SUBSTANCE USE AND ACCESS

Community Health Importance and Impact

Prevention science research suggests the most effective efforts for preventing adolescent substance use involves addressing both risk and protective factors that exist in every domain of a person's life. Using the social-ecological model, the domains are community/society, school, family, and individual/relationships.



Risk factors are predictors of problem behaviors in adolescence. They are those characteristics or situations that are known to increase the probability of negative health or behavioral outcomes.

Protective factors buffer against risk factors. Protective factors mitigate or protect against negative health or behavioral outcomes.

Risk Factors

Early Initiation of Substance Use (Individual Domain) renamed Preventing Early Initiation of Substance Use

Targeting the individual domain, early initiation of substance use is defined as engaging in alcohol or other substance use at an early age. Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.

PRIORITY	GOAL		
Youth Substance Abuse	To reduce youth substance use by targeting the prioritized risk and protective factors of preventing early initiation of substance use, strengthening families, support success in academics, and rewards and recognition for prosocial involvement using the CTC process.		
MAJOR INDICATORS			
Reduction in youth substance abuse			
INPUTS		OUTPUTS-REACH	
CTC Coalition and process (Key Leaders, Community Board, Community Supporter, YOUTH, and the community)		100% of youth (ages 9-25) in Kit Carson County	
Time to conduct work.			
Meeting space; technology; food for partners			
Support staff			
Buy-in from decision makers and community			
STRATEGIES	SHORT TERM OUTCOME	MID TERM OUTCOME	LONG TERM OUTCOME
Determine gaps in Kit Carson County related to programs and policies for the prioritized risk and protective factors.	The CRAW has been completed for both programs and strategies which allowed for the prioritization of strategies to move to Phase 4 of the CTC process.	The Action Plan has been created in Phase 4 with community collaboration and Phase 5 regarding implementation has started for programs and strategies to target prioritized risk and protective factors in Kit Carson County.	Sections of the Action Plan have been implemented for programs and strategies and using the outcome focused measures, data has shown there has been a decrease in the prioritized risk factors and an increase in the protective factor in the community as evidenced by data mostly through the Healthy Kids Colorado Survey.
Hold community stakeholders meetings to create an action plan			
Train community members to complete necessary tasks related to implementation			
Assist in securing funding for selected programs and policies			

OVERARCHING STRATEGIES

Each of The four Kit Carson County priority areas have issue-specific, broad, community strategies that have been identified. In addition to the issue-specific strategies, it is recognized that it is important to have broad community engagement, data and data sources, communication and policy change. These overarching strategies reach across all four priority areas and therefore will be assessed and addressed at a community level.

Strategy 1: Evaluate local community capacity and improve community-wide partnership and engagement.

Strategy 2: Collect and evaluate local data sources

Strategy 3: Develop community-wide communication and marketing

Strategy 4: Explore policy changes needed to affect change

ALIGNMENT WITH STATE AND NATIONAL PRIORITIES

Throughout the assessment and planning process, Kit Carson County has consistently aligned with State and National processes and priorities.

Based on the statewide health assessment, Colorado emphasizes creating conditions that allow people to be healthy, conditions that assure a healthy start and that set the stage for healthy choices throughout life. In fall 2018, the most common priorities selected by local public health agencies were identified as: behavioral health and mental health; substance abuse; access to care; healthy eating and active living and chronic disease prevention.

The US Department of Health and Human Service's Healthy People 2020 sets 10-year goals and objectives for health promotion and disease prevention. Currently, Healthy people 2020 has 42 topic areas that encompass a wide array of health issues. Locally, all four priority areas are aligned with the national topics and objectives that include: nutrition and weight status, diabetes, mental health and mental disorders, and social determinants of health.

OUR FUTURE HEALTH: FROM PLANNING TO ACTION

Kit Carson County will enter and begin Phase 2 of the community assessment and planning process after dissemination of the Community Health Improvement Plan Community Strategies; Phase 2 will last throughout the 5-year cyclic process.

Throughout Phase 2 of the process (implementation, monitoring and evaluation), local concepts will align and integrate with the logic model framework. By using this framework, the community will be able to answer the following questions:

- What current (and new) initiatives are occurring in the community regarding the four priority areas?
- Who are the partner organizations involved in these initiatives?
- What are the anticipated (and eventual) results of the community initiatives?

In addition, the CHIP partnership will take the current plan and focus on action and sustainability efforts, including:

- Continue to increase community engagement in the overall assessment and planning process
- Identify current initiatives that connect to the broad community-based CHIP strategies
- Monitor status and progress of community activities via quarterly Assessment and Planning community meetings
- Measure and evaluate how well the CHIP was implemented and whether the initiatives improved the health of the community
- Work towards community sustainability efforts for the complete assessment and planning process.

IMPLEMENTATION

The initial step in the implementation phase will be the identification of those organizations that play a role in reaching the community strategies (development of a community collection of assets) and formation of the full community partnership.

Once the community partnership is established, the next step in the implementation phase will include organizations involved in workgroups that will complete all of the corresponding information included in the implementation matrix, which is based on the logic model concept. Items within the table will include the following, and will serve as a preliminary plan of action:

1. Health Priority:

Acts as the table heading; describes the Community Health Improvement Plan community health priority along with the identified community goal and outcome objective.

2. Strategy:

Depicts the identified broad community-based strategy along with the strategy-specific objectives.

3. Initiatives

Describes the comprehensive series of related activities directed towards a related outcome.

4. Key Activities

Portrays those specific activities that will take place to meet an initiative. Key activities will be briefly described with an implementation timeframe, identified if the activity has a policy component to it, and recognize if the activity is based on best practices and/or evidence-based.

5. Contact

Lists those organizations involved in the planning and implementation of the activity and lead contact person.

6. Anticipated Results

Short-term and long-term results will describe and illustrate how these results are upstream from the long-term outcome objective.

Monitoring and Evaluation

In a similar fashion to the CHIP implementation, evaluation will be based on the logic model concept. Within the evaluation stage, priority area workgroups will complete the corresponding information included in the evaluation matrix. Items within the table will include the following, and will serve as a preliminary plan of reporting and communication CHIP efforts and achievements:

1. **Health Priority**

Acts as the table heading; describes the CHIP community health priority along with the identified community goal and outcome objective.

2. **Strategy**

Depicts the identified broad community-based strategy along with the strategy-specific objective.

3. **Initiatives**

Describes the comprehensive series of related activities directed towards a related outcome.

4. **Key Activities**

Portrays those specific activities that will take place to meet an initiative. Key activities will be briefly described with an implementation timeframe and lead contact person/organization. Identification of activity inputs and outputs will also be shared.

5. **Anticipated Results**

Short-term and long-term results will be described and illustrate how these results are upstream from the long-term outcome objective. Specific detail to performance measures and outcomes will be described.

Sustainability

The current CHIP reflects a coordinated health improvement effort that will last multiple cycles, and ultimately many years. In alignment with other initiatives, the Kit Carson County community will follow a five year cyclic assessment and planning process, with a formal 3-year cycle evaluation to align with the Kit Carson County Health Services District CHAP cycle.

Such aligned community initiatives include:

- Kit Carson County Dept. of Public Health and Environment's commitment and compliance with the Colorado CHAPS process
- Kit Carson County Dept. of Public Health and Environment's pursuit of eventual national public health accreditation through the Public Health Accreditation Board
- Kit Carson County Dept. of Public Health and Environment and the Kit Carson County Health Services District observing the Affordable Care Act requirements
- Commitment and charge of the Planning Partnership to continually improve the process, and continued outreach and inclusion of all in the community

In addition to the above mentioned aligned efforts, the following will serve to further support sustained action:

- Integration of the Centers for Disease Control and Prevention's *Sustainability Planning Guide for Healthy Communities* into the assessment and planning process
- Dedicated individuals from all partnership agencies with the goal of helping to sustain the community assessment and planning efforts
- Dedication and engagement from community organizations and individuals to consistently serve on the Data Subgroup
- Quarterly Assessment and Planning community meetings – conveyed, coordinated and facilitated by the Kit Carson County Department of Public Health and Environment.





THANK YOU!

**Questions regarding the
Community Health
Improvement Plan
document or process can
be directed to:**

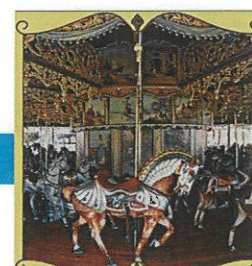
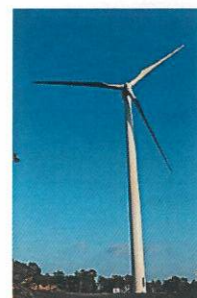
**Kit Carson County Dept.
of Public Health and
Environment**

719-346-7158, ext. 412

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It is our ***vision*** that Kit Carson County is a **thriving** and **safe** frontier community where **essential needs are being met** and we are empowered with the tools needed to lead a **purposeful and healthy life**.

We **value** the vision that everyone in our community will have access to:

- Affordable and stable housing
- Healthy and affordable food
- Adequate educational opportunities
- Adequate employment opportunities
- Knowledge about healthy choices and healthy behaviors
- Health resources and information
- Affordable, quality health care
- Affordable, quality daycare
- An environment that promotes health and wellness
- Social support and connections to support health



KIT CARSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

MISSION STATEMENT:

Promote, protect and improve the health of individuals across the lifespan in Kit Carson County through the effective use of evidence-based prevention strategies, leadership, advocacy, partnerships, and the promotion of health equity.

2017 - 2018 HEALTH IMPROVEMENT STEERING COMMITTEE

Angela Berry	Kit Carson County Department of Public Health and Environment
Valerie Boyd	Kit Carson County Department of Public Health and Environment
Marguerite Distal	University of Colorado, Denver (Doctoral Student)
Corey Fedie	Kit Carson County Health Services District
Karen Hooker	Kit Carson County Health Services District
Alissa James	Kit Carson County Health Services District
Dawn James	Kit Carson County Department of Public Health and Environment
Dee Kaster	Kit Carson County Department of Public Health and Environment
Jessica Schart	Kit Carson County Department of Public Health and Environment
Haley Stewart	Colorado Department of Public Health and Environment (Consultant)
Michelle Thompson	Kit Carson County Department of Public Health and Environment
Susan Vaughn	Kit Carson County Health Services District

"I was taught that the way of progress is neither swift nor easy."

- Marie Curie



Our lives are defined not by the challenges we encounter, but by how we respond to those challenges.

- Jonathan Lockwood Huie

Community Health Assessment and Community Health Improvement Process

The 5 year community health improvement process is a comprehensive approach to assessing community health and developing and implementing action-plans to improve community health through community member and partner engagement. The community health improvement process includes two distinct yet connected components:

- The **community health assessment** – a one year process that engaged community members and partners to collect and analyze health-related data and information from a variety of sources. The findings of the community health assessment informed community decision-making, the prioritization of health problems, and the development and implementation of a community health improvement plan.
- The **community health improvement plan** is action-oriented and outlines the community health priorities (based on the community health assessment and community input). The plan also includes how the priority issues will be addressed to improve the health of Kit Carson County.

This document presents the results of the community health assessment that was conducted by KCCDPHE from October 2017 - October 2018 in collaboration with a Community Health Improvement Steering Committee (see page 4 for a list of members) which held numerous committee meetings over the course of one year. In addition to the committee meetings, focus groups, community forums, and surveys were conducted to complete the community health assessment. KCCDPHE and the steering committee followed the Colorado Health Assessment and Planning System (CHAPS) framework to complete the assessment.

KCCDPHE partnered with the University of Colorado Health Sciences Center to conduct assessments specific to Healthy Living and Active Living (HEAL Strategies). This process was facilitated by CU doctoral student Marguerite Distal, MPH, NP, RN.

DESCRIPTION OF KIT CARSON COUNTY

Geography

Kit Carson County is located in the far East-Central region of Colorado. It is 2,163 square miles in size and is designated as a frontier county. There are 7,846 (U.S. Census Bureau Estimate 2017) residents who reside from the Kansas State line to the east, Yuma County to the north, Cheyenne County to the south and Lincoln County to the west. It is situated 166 miles east of Denver on Interstate 70. The county is comprised of range and farmland with agriculture (crop and cattle) as its primary industry. Wind energy has been added as a new industry in the past 5 years. It has a semi-arid climate with an average rainfall of 16 inches per year. It is transected by Interstate 70 east and west and US Highways 385, 24, and 59 north and south.



POPULATION

The county seat is located in Burlington with a population of 3,947. Other incorporated towns include Bethune population 240, Stratton population 658, Vona population 100, Seibert population 220 and Flagler population 612. The remaining residents of the county reside in unincorporated Kit Carson County numbering approximately 2662. (U.S. Census Estimates 2017)



FRONTIER CHARACTER

Kit Carson County is a rural-frontier county with 19% of the population living in unincorporated areas. Population density is about 3.0 persons per square mile compared to 52 people per square mile statewide. Population growth has been declining for the past 5 years after losing a major private employer in 2013. It is estimated as of July 1, 2017 that the population is 7,846 (-4% change from the 2014 US Census). Unfortunately, this means people have been moving out of the county and few have returned to replace those who were lost through the closing of the private prison which was located in Burlington. With that being said, many young families are returning to the area to assume agricultural work for generational farms.

AGE DISTRIBUTION

Because agriculture is the main industry, Kit Carson County has a greater proportion of working-aged adults between the ages of 20 and 44 years old, closely followed by adults between the ages of 45 and 60 years old. Those who are less than 18 years of age make up 25.5% of the population (this is up from 22.5% in 2014). Those who are older than 65 years old represent 19.1% (this is up from 17% in 2014). The population is primarily white, non-Hispanic (78.4%) with the next highest ethnic group being Hispanic (18.4%).



DEMOGRAPHIC MEASURES

Table: Demographics of Kit Carson County

Kit Carson County, Colorado				
Subject	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	7,846	*****	7,846	(X)
Male	4,392	+/-56	56.0%	+/-0.7
Female	3,454	+/-56	44.0%	+/-0.7
Sex ratio (males per 100 females)	127.2	+/-3.7	(X)	(X)
Under 5 years	493	+/-2	6.3%	+/-0.1
5 to 9 years	467	+/-88	6.0%	+/-1.1
10 to 14 years	538	+/-67	6.9%	+/-0.9
15 to 19 years	430	+/-52	5.5%	+/-0.7
20 to 24 years	346	+/-80	4.4%	+/-1.0
25 to 34 years	1,167	+/-78	14.9%	+/-1.0
35 to 44 years	981	+/-97	12.5%	+/-1.2
45 to 54 years	1,027	+/-77	13.1%	+/-1.0
55 to 59 years	524	+/-85	6.7%	+/-1.1
60 to 64 years	508	+/-90	6.5%	+/-1.2
65 to 74 years	732	+/-39	9.3%	+/-0.5
75 to 84 years	423	+/-53	5.4%	+/-0.7
85 years and over	210	+/-56	2.7%	+/-0.7
Median age (years)	38.4	+/-0.9	(X)	(X)
Under 18 years	1,792	+/-83	22.8%	+/-1.1
16 years and over	6,226	+/-78	79.4%	+/-1.0
18 years and over	6,054	+/-83	77.2%	+/-1.1
21 years and over	5,868	+/-102	74.8%	+/-1.3
62 years and over	1,689	+/-82	21.5%	+/-1.0
65 years and over	1,365	+/-35	17.4%	+/-0.4
18 years and over	6,054	+/-83	6,054	(X)
Male	3,396	+/-108	56.1%	+/-1.1
Female	2,658	+/-34	43.9%	+/-1.1
Sex ratio (males per 100 females)	127.8	+/-5.5	(X)	(X)
65 years and over	1,365	+/-35	1,365	(X)
Male	618	+/-27	45.3%	+/-1.2
Female	747	+/-18	54.7%	+/-1.2
Sex ratio (males per 100 females)	82.7	+/-3.9	(X)	(X)

Kit Carson County, Colorado

Subject	Estimate	Margin of Error	Percent	Percent Margin of Error
RACE				
Total population	7,846	*****	7,846	(X)
One race	7,768	+/-77	99.0%	+/-1.0
Two or more races	78	+/-77	1.0%	+/-1.0
One race	7,768	+/-77	99.0%	+/-1.0
White	7,173	+/-171	91.4%	+/-2.2
Black or African American	249	+/-168	3.2%	+/-2.1
American Indian and Alaska Native	11	+/-18	0.1%	+/-0.2
Cherokee tribal grouping	0	+/-17	0.0%	+/-0.4
Chippewa tribal grouping	0	+/-17	0.0%	+/-0.4
Navajo tribal grouping	0	+/-17	0.0%	+/-0.4
Sioux tribal grouping	0	+/-17	0.0%	+/-0.4
Asian	29	+/-44	0.4%	+/-0.6
Asian Indian	0	+/-17	0.0%	+/-0.4
Chinese	0	+/-17	0.0%	+/-0.4
Filipino	7	+/-16	0.1%	+/-0.2
Japanese	0	+/-17	0.0%	+/-0.4
Korean	9	+/-15	0.1%	+/-0.2
Vietnamese	0	+/-17	0.0%	+/-0.4
Other Asian	13	+/-32	0.2%	+/-0.4
Native Hawaiian and Other Pacific Islander	40	+/-93	0.5%	+/-1.2
Native Hawaiian	13	+/-35	0.2%	+/-0.4
Guamanian or Chamorro	27	+/-70	0.3%	+/-0.9
Samoan	0	+/-17	0.0%	+/-0.4
Other Pacific Islander	0	+/-17	0.0%	+/-0.4
Some other race	266	+/-158	3.4%	+/-2.0
Two or more races	78	+/-77	1.0%	+/-1.0
White and Black or African American	20	+/-49	0.3%	+/-0.6
White and American Indian and Alaska Native	4	+/-7	0.1%	+/-0.1
White and Asian	0	+/-17	0.0%	+/-0.4
Black or African American and American Indian and Alaska Native	0	+/-17	0.0%	+/-0.4
Race alone or in combination with one or more other races				
Total population	7,846	*****	7,846	(X)
White	7,250	+/-175	92.4%	+/-2.2
Black or African American	269	+/-136	3.4%	+/-1.7
American Indian and Alaska Native	16	+/-21	0.2%	+/-0.3
Asian	29	+/-44	0.4%	+/-0.6
Native Hawaiian and Other Pacific Islander	42	+/-97	0.5%	+/-1.2

Kit Carson County, Colorado

Subject	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race	318	+/-171	4.1%	+/-2.2
HISPANIC OR LATINO AND RACE				
Total population	7,846	*****	7,846	(X)
Hispanic or Latino (of any race)	1,510	*****	19.2%	*****
Mexican	1,251	+/-142	15.9%	+/-1.8
Puerto Rican	51	+/-60	0.7%	+/-0.8
Cuban	5	+/-7	0.1%	+/-0.1
Other Hispanic or Latino	203	+/-125	2.6%	+/-1.6
Not Hispanic or Latino	6,336	*****	80.8%	*****
White alone	5,984	+/-17	76.3%	+/-0.4
Black or African American alone	249	+/-168	3.2%	+/-2.1
American Indian and Alaska Native alone	9	+/-18	0.1%	+/-0.2
Asian alone	29	+/-44	0.4%	+/-0.6
Native Hawaiian and Other Pacific Islander alone	40	+/-93	0.5%	+/-1.2
Some other race alone	0	+/-17	0.0%	+/-0.4
Two or more races	25	+/-57	0.3%	+/-0.7
Two races including Some other race	0	+/-17	0.0%	+/-0.4
Two races excluding Some other race, and Three or more races	25	+/-57	0.3%	+/-0.7
Total housing units	3,548	+/-171	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	5,476	+/-136	5,476	(X)
Male	2,935	+/-132	53.6%	+/-1.3
Female	2,541	+/-48	46.4%	+/-1.3

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.

Source: Robert Wood Johnson Foundation 2018 County Health Rankings

The 2018 median household income in Kit Carson County is \$44,028 (less than 200% of the FPL), down from \$48,272 in 2017 and compared to Colorado's median household income of \$65,458. Fifty nine percent (59%) of school-aged children are eligible for free or reduced price lunch. The unemployment rate for 2019 is 1.8% - however, there are fewer and fewer jobs available due to businesses closing and lack of new business starts.

Economic Opportunity (Most recent Colorado Health Indicators Data)

Table 1: Income

Measure	Year	KCC	Region 5	Colorado	Source
% of population below poverty level, all ages	2017	11.6%	9.5	12.1	CHI
% of children (< 18 years old) below poverty level	2014	20.2	13.6	15.6	CHI
% of households that received food stamps in the past 12 months with an adult 60+ yr old	2010-2014	19.4	19.0	23.1	CHI
% of households that received food stamps in the past 12 months was at or above poverty level in the past 12 mo.	2010-2014	27.1	49.1	49.6	CHI

Table 2: Education

Measure	Year	KCC	Region 5	Colorado	Source
% of population aged 25+ years that completed an associate or bachelor's degree	2013-2017	15.8	26.9	32.0	CHI
% of population aged 25+ years that completed high school graduation, GED or alternative	2013-2017	86.8%	31.4	22.0	CHI
% of population aged 25+ that completed some level of education in grades K-12, but no high school diploma or equivalent	2010-2014	15.2	9.2	8.8	CHI
Measure	Year	KCC	Region 5	Colorado	Source
% of population aged 25+ that completed a master, professional school or doctorate degree	2010-2014	4.6	6.7	13.7	CHI
% of population aged 25+ years with no schooling completed	2010-2014	1.6	0.4	0.9	CHI
% of population aged 25+ that completed some college	2010-2014	26.7	25.5	22.7	CHI

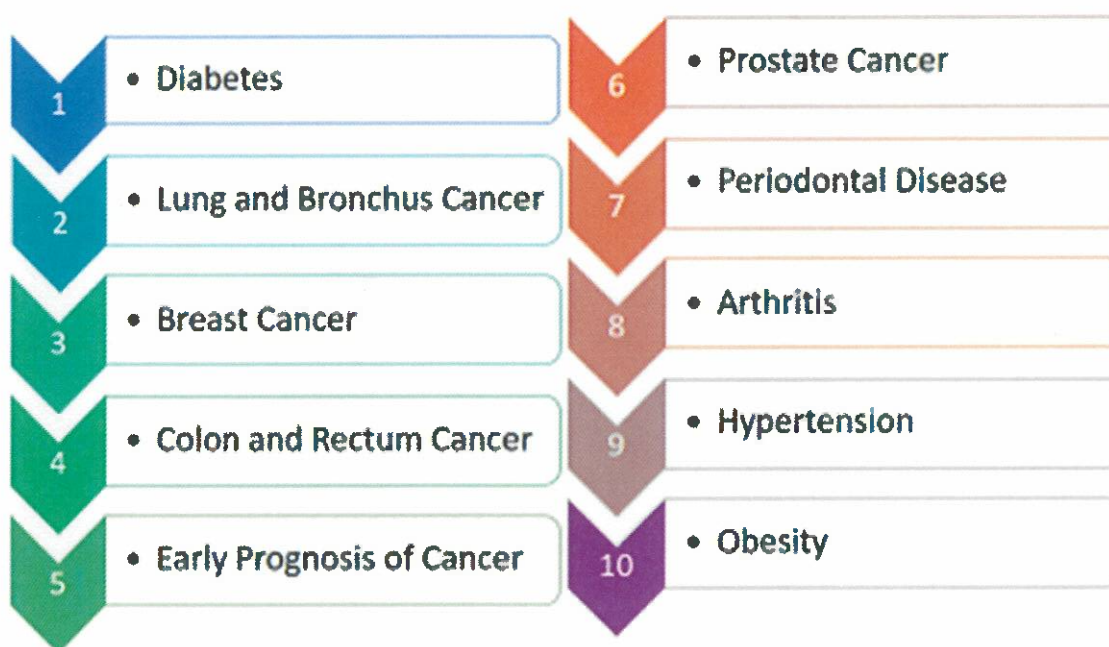
Measure	Year	KCC	Region 5	Colorado	Source
School dropout rate	2014, 2015	2.0	1.7	2.5	CHI
High school completion rate	2015 HP 2020= 82.4	84.8	85.6	78.8	CHI
Measure	Year	KCC	Region 5	Colorado	Source
% of fourth-grade students proficient or above in math	2014	67.3	74.5	71.5	CHI
% of eighth-grade students proficient or above in reading	2014	52.4	68.5	66.4	CHI
% of eighth-grade students proficient or above in math	2014	41.3	52.6	52.4	CHI

*From Kit Carson County Quick Facts: US Census
Education*

iHigh school graduate or higher, percent of persons age 25 years+, 2011-2017	86.8%
iBachelor's degree or higher, percent of persons age 25 years+, 2011-2017	15.8%

HEALTH-RELATED INDICATORS

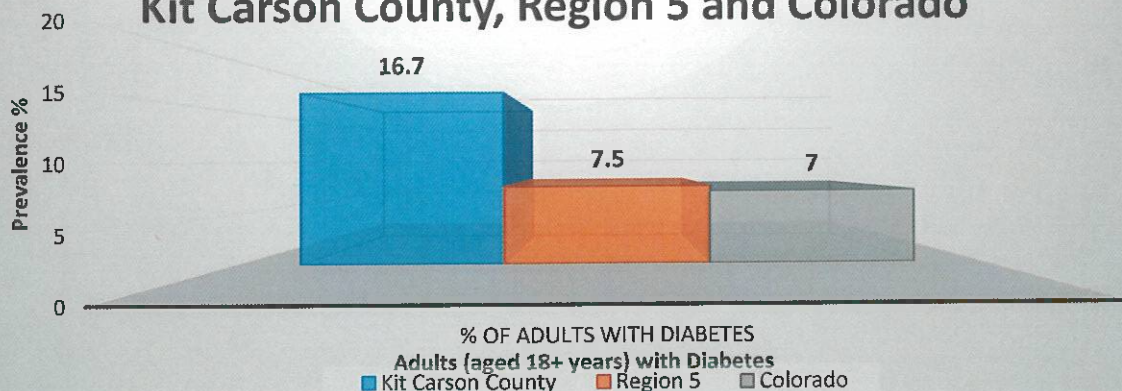
Kit Carson County Top 10 Health Indicators Problem List



Health Problems

Diabetes	Lung and Bronchus Cancer	Breast Cancer	Colon and Rectum Cancer	Early Prognosis of Cancer
% of adults (age 18 or greater) with Diabetes	Age-adjusted mortality rate per 100,000 for Lung and Bronchus Cancer	Age-adjusted mortality rate per 100,000 for Breast Cancer in Females	Age-adjusted mortality rate per 100,000 for Colon and Rectum Cancer	Cancer Type: KCC/Colorado
KCC-16.7% Colorado-7%	KCC males-35.2 Colorado males-38.1 KCC females-46.6 Colorado females-28.3	KCC-36.4 Colorado-19.6	KCC males-not reported Colorado males-14.4 KCC females-26.9 Colorado females-11.2	All Cancers: 39.5/56.4 Female Breast: 45/72.1 Colon and rectum: 15.4/46.6 Lung and Bronchus: 10.5/22.1 Melanoma: 62.5/76

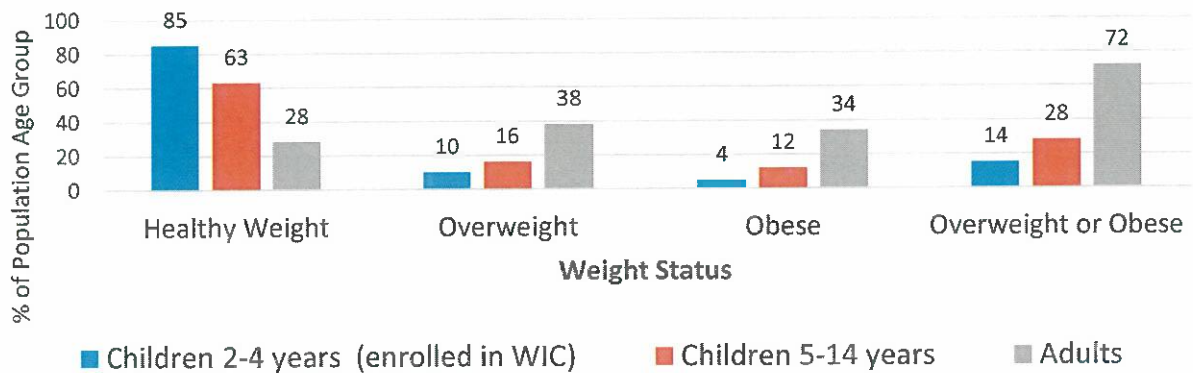
Diabetes Prevalence, 2012-2014 Kit Carson County, Region 5 and Colorado



Health Problems

Prostate Cancer	Periodontal Disease	Arthritis	Hypertension	Obesity
Age-adjusted mortality rate per 100,000 for Prostate Cancer in Males	% of adults (age 18 or greater) who ever lost any teeth due to decay or periodontal disease	% of adults (age 18 or greater) with Arthritis	% of adults that have been told by a doctor, nurse or other health professional that they have high blood pressure	% of adults that are overweight or obese:
KCC-28.0	KCC- 52.3%	KCC-36.9%	KCC-45.6%	KCC-42.7%
Colorado-21.5	Colorado-37.0%	Colorado-22.7%	Colorado-25.9%	Colorado-35.7%
				% of adults that are obese:
				KCC-32.1%
				Colorado-21.3%

Weight Status, % of Population by Age Kit Carson County Residents



NUTRITION FACTS FOR KIT CARSON COUNTY

Source: Colorado Child Health Survey, 2015, BRFSS 2013

23% of children eat less than one vegetable serving per day

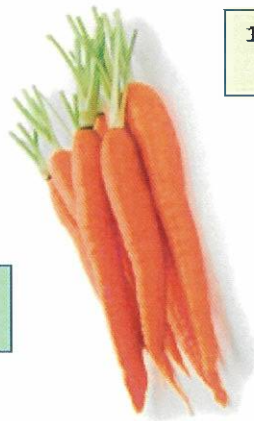
24% of children eat less than one fruit serving per day

24% of children drink 1-5 glasses of 100% fruit juice per day

12.5% of adults eat less than one vegetable serving per day

36% of adults eat less than one serving of fruit per day

16% of children drink 1 or more sugar-sweetened beverages per day

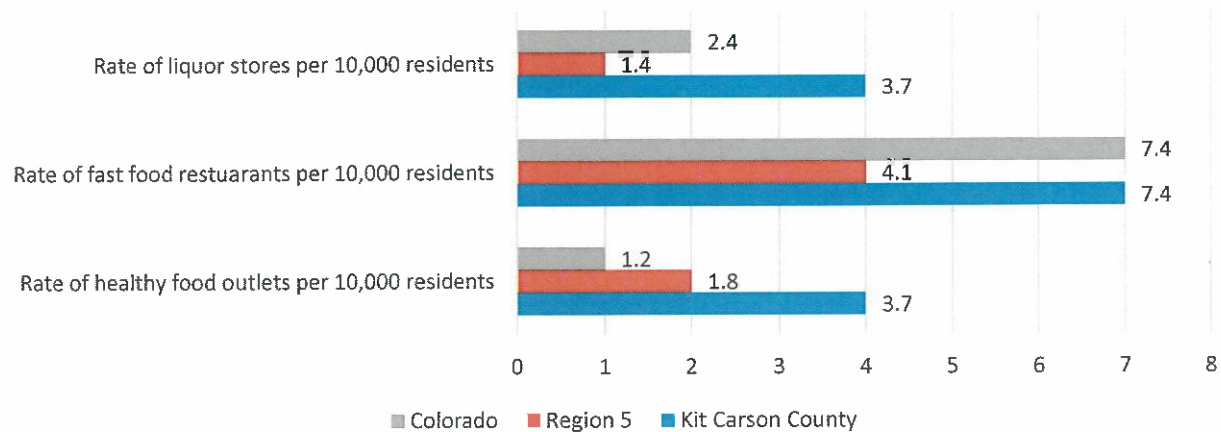


PHYSICAL ACTIVITY INDICATORS IN KIT CARSON COUNTY

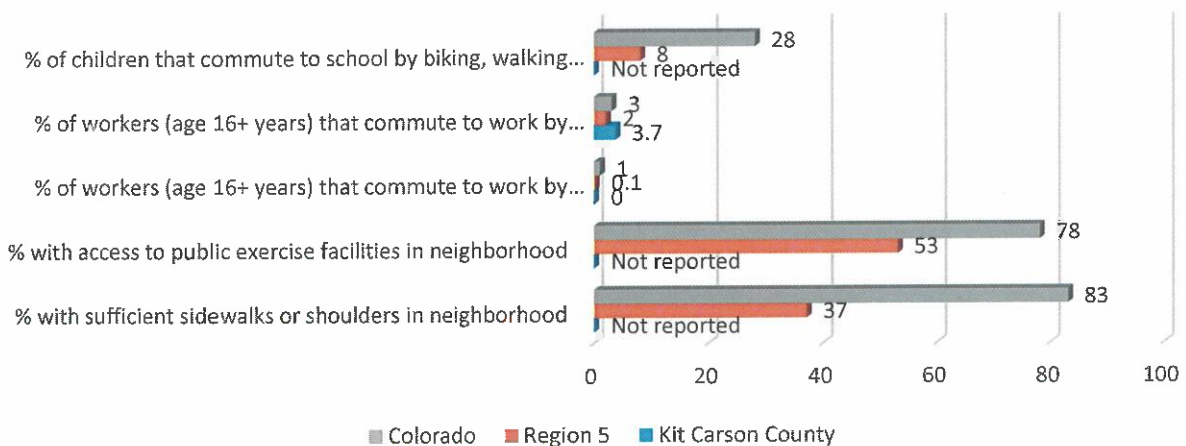
- 44% of children ages 5-14 are physically active for 60+ minutes a day
- On a typical weekend day, 49% of children engage in screen time for more than 2 hours
- 27% of adults report no leisure time activity
- 68% of adults report physical activity other than their regular job in past 30 days
- 44% of adults engage in physical activity that meets aerobic guidelines



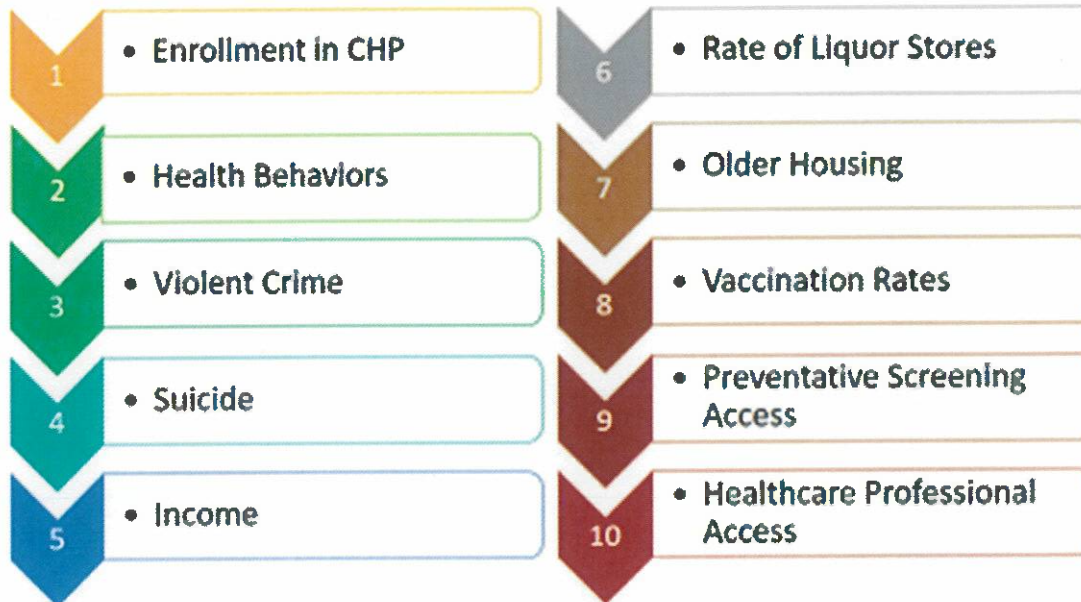
Environmental Health Factors- Healthy Nutrition



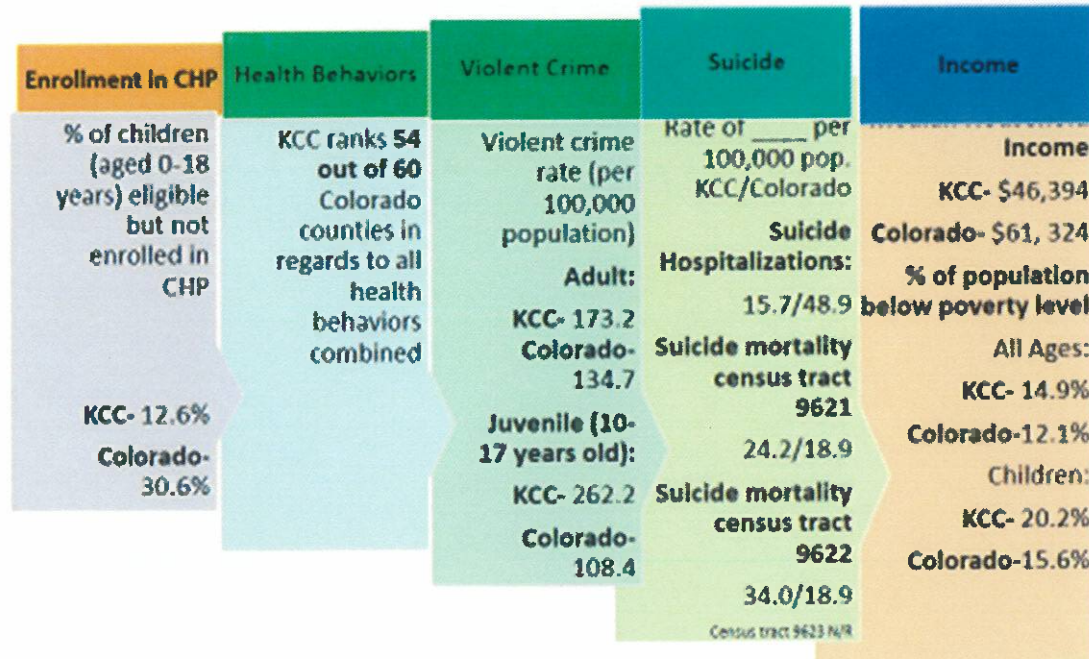
Environmental Health Factors- Physical Activity



Kit Carson County Top 10 Social Indicators Problem List



Social Problems



Social Problems

Liquor Stores	Older Housing	Vaccination Rates	Preventative Screening Access	Healthcare Professional Access
Rate of liquor stores per 10,000 population	% of housing units built prior to 1960 (risk for lead based paint exposure)	Average Up-to-date vaccination rates	Screening Test KCC/Colorado:	Rate of active & licensed KCC/Colorado:
KCC-3.7 Colorado-2.4	KCC- 37.0% Colorado-19.4%	Kit Carson R-1: 42.5% Hi-Plains School District R-1: 80.4% Bethune Public Schools: 91.6% Colorado: 93.4%	% Females Mammograms: 54.0/68.3 % Female Pap Smears: 49.7/77.9 % Adult Colon Cancer Screening: 41.6/66.4	Social Workers: 12.4/75.3 Dentists: 12.4/70.8 Nurse midwives: 0.0/5.6 Nurse Practitioners: 37.3/55.8 Optometrists: 0.0/17.1 Physicians: 49.7/225.9 Psychologists: 0.0/43.9 Physical Therapists: 37.3/94.1 RN's: 807.3/1064.5

Insurance Rates:

The percentage of residents who had no insurance in 2017 is 14%. Of this group, there were 614 uninsured adults and 155 uninsured children.

Leading Causes of Hospitalization:

The leading causes of hospitalization at the Kit Carson County Memorial Hospital in 2018 are listed below.



1. Diseases of the **circulatory system** (heart disease)
2. Diseases of the **musculoskeletal system** and connective tissue (arthritis, osteoarthritis, back)
3. Diseases of the **endocrine system** (thyroid, pancreas)
4. Diseases of the **respiratory system** (respiratory infections, pneumonia)
5. Diseases of the **digestive system** (gastrointestinal)
6. Diseases of the **genitourinary system** (urinary tract infection)
7. **Neoplasms** (prostate cancer, benign tumors, other cancer)
8. **Injury** (trauma, fractures)
9. Conditions originating in the **perinatal** and **post-natal** periods (newborns)

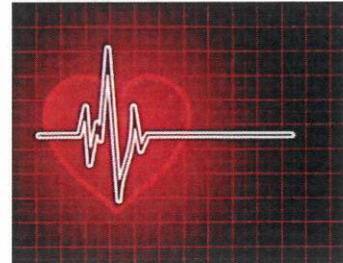


Table 3: LEADING CAUSES OF DEATH

The leading causes of death or mortality in Kit Carson County are listed below.

		N	Age-Adjusted Rate	Lower Limit	Upper Limit
Rank	Cause of Death	68	654.3	496.6	812.0
	All Causes				
1	Malignant neoplasms	14	139.8	66.0	213.6
2	Heart disease	10	86.8	31.4	142.2
3	Chronic lower respiratory diseases	9	78.0	26.9	129.1
4	Other diseases of respiratory system	4	39.8	0.0	80.8
5	Suicide	4	50.1	0.0	100.6
6	Diabetes mellitus	3	28.9	0.0	61.6
7	Cerebrovascular diseases	3	22.3	0.0	47.4
8	Unintentional injuries	3	41.6	0.0	89.8

Deaths and Age-Adjusted Rates with 95% Confidence Limits for Leading Causes of Death, 2017

Colorado and Selected Counties: KIT CARSON

Table 4: Access to Preventive Care Measures

Measure	Year	KCC	Region 5	Colorado	Source
Vaccination					
% of adults aged 65+ years who report having had a flu shot in the past 12 months	2012-2014 HP 2020=90%	66.8	60.8	67.0	CHI
% of adults aged 18+ years who report having had a flu shot in the past 12 months	2012-2014	41.5	43.0	42.9	CHI
% of adults who reported having a dental visit in the past year	2014 & 2016	59.8	Not reported	67.0	CHI
% of adults aged 65+ who report having ever had a pneumonia shot	2012-2014 HP 2020= 90%	74.9	69.5	73.7	CHI
% of adults aged 18+ years who report having ever had a pneumonia shot	2012-2014	37.0	29.7	31.4	CHI
% of adults aged 20+ years who have had cholesterol screening in the past 5 years	2013-2015 2011, 2013= 83.8 HP 2020=82.1%	78.6	76.6-89.1	78.3	CHI
% of females aged 50-74 years who had a mammogram within last 2 years	2014 & 2016 (2012,2014 54.0% for KCC)	56.1	Not Reported	73.9	CHI
% of females aged 18+ years who had a Pap smear with last 3 years	2012, 2014 HP 2020= 93.0	49.7	64.0-81.8	77.9	CHI
% of adults aged 50+ years who had colonoscopy with 10 years or sigmoidoscopy within 5 years or FOBT within last 1 year	2014 & 2016 (2012,2014= 41.6% for KCC) HP 2020=70.5	34.5	48.7-66.2	67.2	CHI

Table 5: Provider Availability Measures

The 2019 Primary Care Provider Rate per capita is 1023:1 (RWJ 2019)

Measure	Year	KCC	Region 5	Colorado	Source
% of adults aged 18+ years who reported having one or more regular health care providers	2014-2016 (2012-2014 91.2% for KCC)	91.4	Not Reported	75.6	CHI
Rate of active, licensed clinical social workers (per 100,000 population)	2013	12.4	20.5	75.3	CHI
Rate of active, licensed dentists (per 100,000 population)	2013	12.4	23.1	70.8	CHI
Rate of active, licensed dental hygienists (per 100,000 population)	2013	74.5	74.3	64.5	CHI
Rate of active, licensed certified nurse midwives (per 100,000 population)	2013	0.0	5.1	5.6	CHI
Rate of active, licensed nurse practitioners (per 100,000 population)	2013	37.3	48.7	55.8	CHI
Rate of active, licensed optometrists (per 100,000 population)	2013	0.0	2.6	17.1	CHI
Rate of active, licensed physician assistants (per 100,000 population)	2013	24.8	23.1	42.2	CHI
Measure	Year	KCC	Region 5	Colorado	Source
Rate of practicing primary care physicians (per 100,000 population)	2013	49.7	28.2	63.3	CHI
Rate of practicing physicians (per 100,000 population)	2013	49.7	43.5	225.9	CHI
Rate of active, licensed psychologists (per 100,000 population)	2013	0.0	12.8	43.9	CHI
Rate of active, licensed physical therapists (per 100,000 population)	2013	37.3	61.5	94.1	CHI
Rate of active, licensed registered nurses (per 100,000 population)	2013	807.3	1050.2	1064.5	CHI
Rate of active, licensed respiratory therapists (per 100,000 population)	2013	49.7	56.4	41.3	CHI
Rate of active, licensed social workers (per 100,000 population)	2013	12.4	5.1	13.8	CHI

Table 6: Mental Health Status Measures

Measure	Year Reported	KCC	CI	Region 5	CI	Colorado	CI	Source
Adult								
% of adults that had ever been diagnosed with a depressive disorder	2014-2016	9.8	4.7-14.8	Not Reported	Not Reported	18.3	17.7-18.8	CHI
% of adults who reported their mental health was not good 14+ days in the past 30 days	2014-2016	7.1	1.5-12.7	Not Reported	Not Reported	10.1	9.66-10.5	CHI
% of adults reporting receiving treatment from a health professional for a mental health or emotional problem	2013-2016	8.7	1.2-16.2	Not Reported	Not Reported	12.9	12.0-13.8	CHI
Antenatal and Perinatal								
% of women who often or always felt down, depressed, sad or hopeless since the new baby was born	2012-2013	Not reported	N/A	12.1	0.0-25.3	9.9	8.3-11.4	CHI
% of women who experienced 1 or more major life stress events 12 months before delivery	2011-2013	Not reported	N/A	70.4	55.5-85.3	71.3	69.5-73.2	CHI
High School								
% of high school students who felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past 12 months	2013	Not reported	N/A	22.7	22.0-23.4	24.3	23.5-25.2	CHI
Childhood								
% of parents who reported behavioral or mental health problems in children aged 1-14 years	2012-2014	Not reported	N/A	22.3	10.0-34.7	21.5	19.8-23.2	CHI
Hospitalizations								
Age-adjusted rate of mental health	2012-2014	1554.5	1406.5-	2007.7	1928.2-2087.3	2731.1	2723.1-	CHI

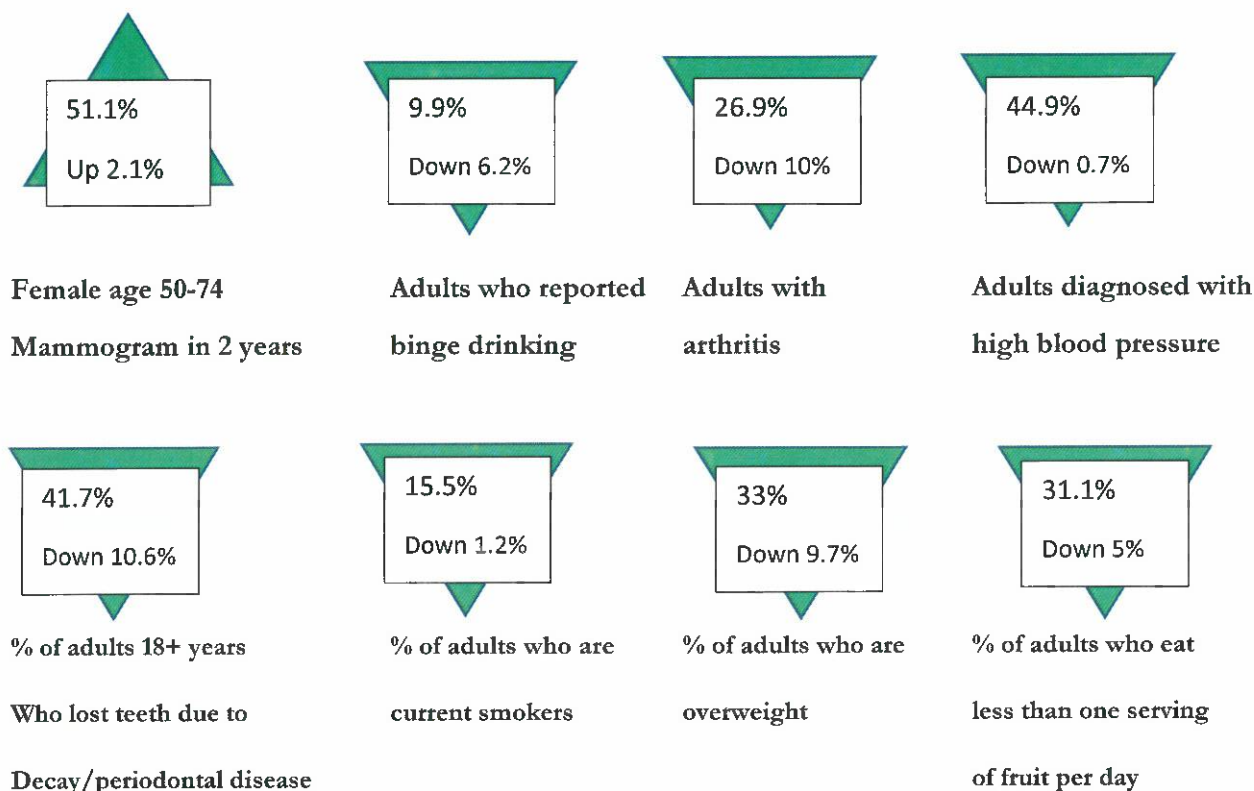
diagnosed hospitalizations (per 100,000 population)			1702.6				2739.1	
Age-adjusted rate of suicide hospitalizations (per 100,000 population)	2012-2014	15.7	3.8-35.6	36.9	25.2-48.6	48.9	47.8-50.0	CHI
Suicide								
Measure	Year Reported	KCC	CI	Region 5	CI	Colorado	CI	Source
Age adjusted suicide mortality rate per 100,000 persons for census tract 9621	2011-2015	24.2	9.3-46.0	Not reported	N/A	18.9	18.4-19.4	CDPHE Comm. Health Equity Map
Age-adjusted suicide mortality rate per 100,000 persons for census tract 9622	2011-2015	34.0	4.4-91.6	Not reported	N/A	18.9	18.4-19.4	CDPHE Comm. Health Equity Map
Age-adjusted suicide mortality rate per 100,000 persons for census tract 9623	2011-2015	Not reported	N/A	Not reported	N/A	18.9	18.4-19.4	CDPHE Comm. Health Equity Map

Table 7: Substance Abuse Measures

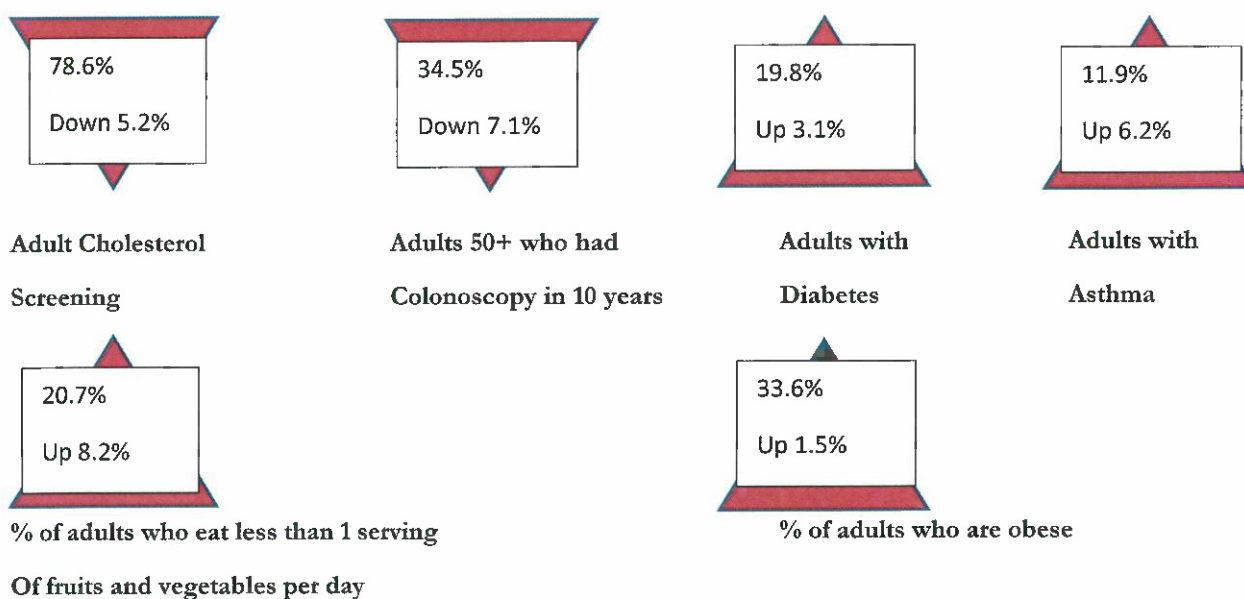
Measure	Year Reported	KCC	CI	Region 5	CI	Colorado	CI	Source
Alcohol								
% of women who drank alcohol during the last 3 months of pregnancy	2011-2013	Not reported	N/A	5.3	0.0-11.8	11.5	10.2-12.8	CHI
% of high school students who had five or more drinks of alcohol within a couple of hours on at least one day during the past 30 days	2013 HP 2020: 8.5	Not reported	N/A	14.3	6.2-22.4	16.6	15.6-17.6	CHI
% of adults who reported binge drinking (males 5+/females 4+ drinks on one occasion in the past 30 days)	2014-2016 HP 2020: 24.3 (2012-2014 16.1% for KCC)	9.9	3.3-16.5	Not Reported	Not Reported	18.0	17.4-18.6	CHI
% of adults who report heavy drinking (men having 15 drinks or women having 8 drinks per week)	2014-2016 (2013-2014 3.5% for KCC)	3.5	0.0-7.7	Not Reported	Not Reported	6.38	6.03-6.73	BRFSS
Marijuana								
% of high school students who used marijuana one or more times during the past 30 days	2013 HP 2020: 6.0	Not reported	N/A	9.4	6.0-12.9	19.7	18.7-20.6	CHI
% of adults 18+ who used marijuana in the past 30 days	2014-2016	3.8	0.8-6.8	Not Reported	Not Reported	13.5	12.9-14.1	BRFSS Infographic
% of adults who reported ever using marijuana	2014-2015	31.5	17.1 - 45.9	Not Reported	Not Reported	49.0	47.9-50.0	

WHAT'S NEW IN THE NUMBERS...

Positive Changes 2012 – 2014/2014-2017



Negative Changes 2012-2014/2014-2017



COMMUNITY HEALTH ASSESSMENT SURVEY AND FOCUS GROUP RESULTS

Community Themes and Strengths

The Community Health Assessment was conducted utilizing a community health survey as well as Community Forums and key informant interviews. Throughout these opportunities over 300 individuals were able to contribute to the assessment. In addition to the Public Health survey, the Kit Carson County Health Services District conducted a Community Needs Health Assessment in the winter of 2019 that utilized an on-line survey as well as comparative analysis with the northeast region of Colorado. There were 134 respondents to the Health Services District on-line survey.

In the 2019 hospital-based survey, the following key themes were identified:

- 80% of respondents rated the overall health of our community as “healthy or somewhat healthy”.
- Less than 10% rated their own health as “unhealthy”
- Under 30% of respondents reported being satisfied with the healthcare system in the community.

The most important health problems were identified as:

- Cancer
- Substance Use
- Diabetes
- Mental Health Problems
- Aging Problems
- Heart Disease and Stroke

The most important factors for health in the community were identified as:

- A good place to raise children
- Access to healthcare
- Good jobs and health economy
- Good schools
- Strong family life
- Low crime/safe neighborhoods
- Affordable Housing
- Religious/spiritual values
- Health behaviors and lifestyles

OVER-ARCHING THEMES – TOP FOUR COMMUNITY CONCERNS

The 2017-2018 Public Health Community Health Assessment survey results revealed the following over-arching themes as the top four community concerns for the health of Kit Carson County:

- **MENTAL AND BEHAVIORIAL HEALTH**
- **HEALTHY EATING AND ACTIVE LIVING**
- **CHRONIC DISEASE PREVENTION**
- **TEEN SUBSTANCE USE AND ACCESS**



**Cancer, Mental Health,
Aging Problems and
Dental Problems**
are the most important health
problems in the community



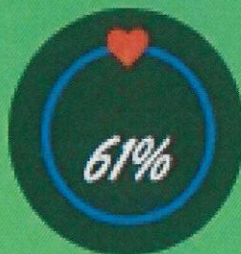
**The manufacture and
distribution of illegal
drugs, drinking and driving
and use of Marijuana by
youth**
are the most serious safety
problems in the community



**Drug/Alcohol abuse and
being overweight**
are the most important
risky behaviors in the
community

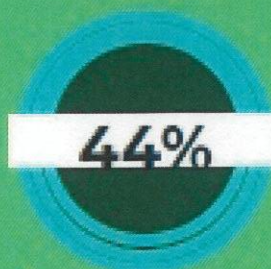
Community Health Survey 2017

Summary of Key Results



**Satisfaction with the
quality of life in our
community**

Respond "Yes" or "Strongly
Yes" on a 5 point Likert scale



**Satisfaction with the
health care system in the
community**

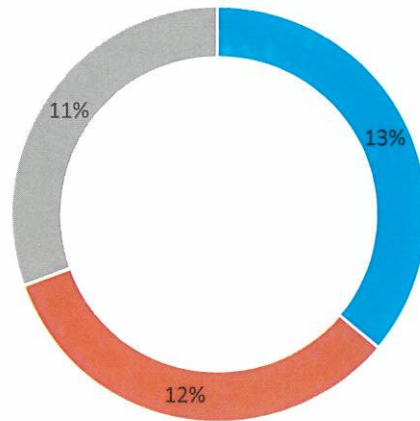


**Impression of "enough"
services in the community
for children with special
health care needs**

SURVEY RESULTS

Question 1: In the following list, what do you think are the three most important factors for a healthy community?

Most Important Factors for a Healthy Community



■ Access to Health Care 13% ■ Good Place to Raise Children 12% ■ Low Crime/Safe Neighborhoods 11%

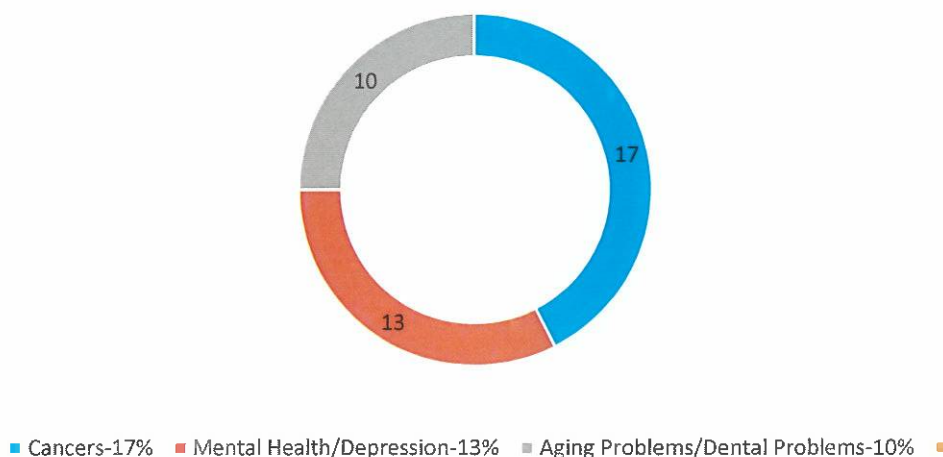
Answer Percentage

Good Place to Raise Children	12%
Low Crime/Safe Neighborhoods	11%
Low level of Child Abuse	1%
Good Schools	10%
Access to health Care	13%
Parks and Recreation	3%
Clean Environment	4%
Affordable Housing	3%
Adequate daycare	1%
Excellent race/ethnic relations	2%
Good jobs and healthy economy	10%
Strong Family life	8%
Healthy behaviors and lifestyles	5%
Low adult death and disease rates	1%
Low infant deaths	0.4%
Religious or spiritual values	8%
Emergency preparedness	1%
Access to affordable healthy food	6%

Arts and Cultural Events not selected by any participants

Question 2: In the following list, what do you think are the three most important health problems in our community?

Most Important Health Problems in the Community

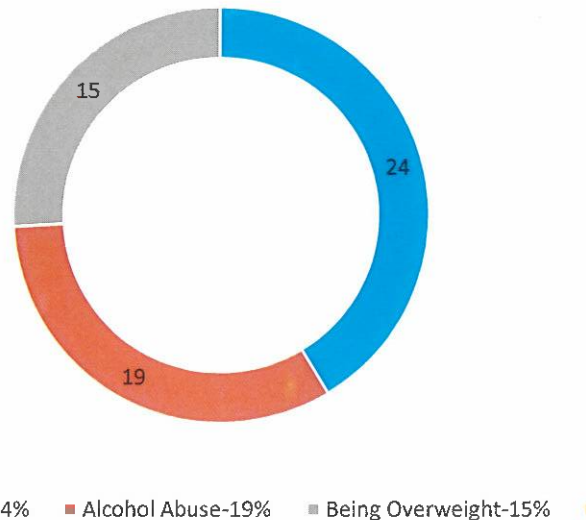


Answer	Percentage
Aging problems	10%
Cancers	17%
Child abuse/neglect	5%
Dental problems	3%
Chronic disease	10%
Access to affordable healthcare	8%
Heart disease and stroke	4%
High blood pressure	5%
Stroke/Heart Attacks	4%
Homicide	0.8%
Infectious disease	0.4%
Mental health/depression	13%
Motor vehicle crash injuries	0.8%
Unintentional injury	0.8%
Respiratory/lung disease	2%
Sexually transmitted disease	0.4%
Suicide	2%
Teenage pregnancy	1%
Pharmacy services	2%
Affordable daycare	4%
Other	3%
Obesity	2%
Drugs Addiction	1%

Firearm-related injuries and infant deaths not selected by any participants

Question 3: In the following list, what do you think are the three most important risky behaviors in our community?

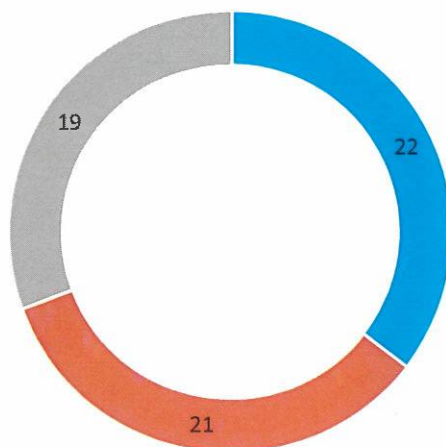
Most Important Risky Behaviors in the Community



Answers	Percentage
Alcohol abuse	19%
Being overweight	15%
Dropping out of school	3%
Drug abuse	24%
Lack of exercise	9%
Lack of maternity care	1%
Poor eating habits	7%
Not getting shots/vaccines	3%
Tobacco use	10%
Not using birth control	2%
Not using seat belts/child safety seats	3%
Unsafe sex	2%
Unsecured firearms	0.4%
Other	1%
Farm chemicals in water	0.4%

Question 4: In the following list, what do you think are the three most serious safety problems for our county?

Most Serious Safety Problems for the County

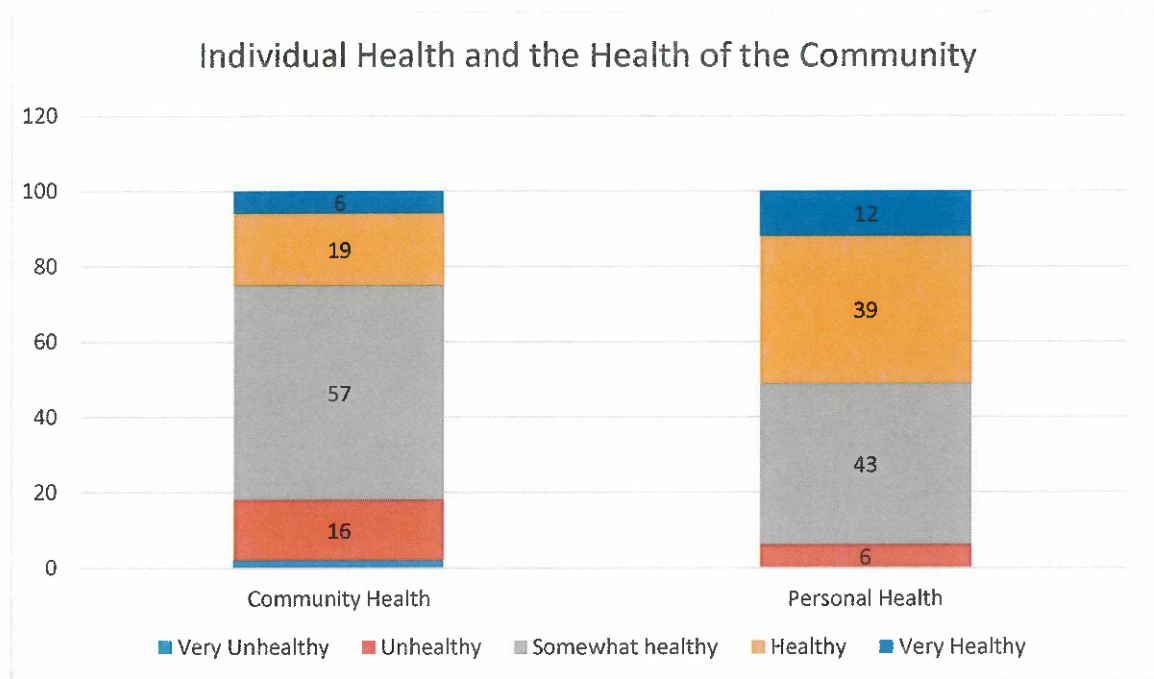


- Manufacture/distribution of illegal and prescription drugs-22%
- Drinking and driving; under the influence-21%
- Use/availability of Marijuana to our youth-19%

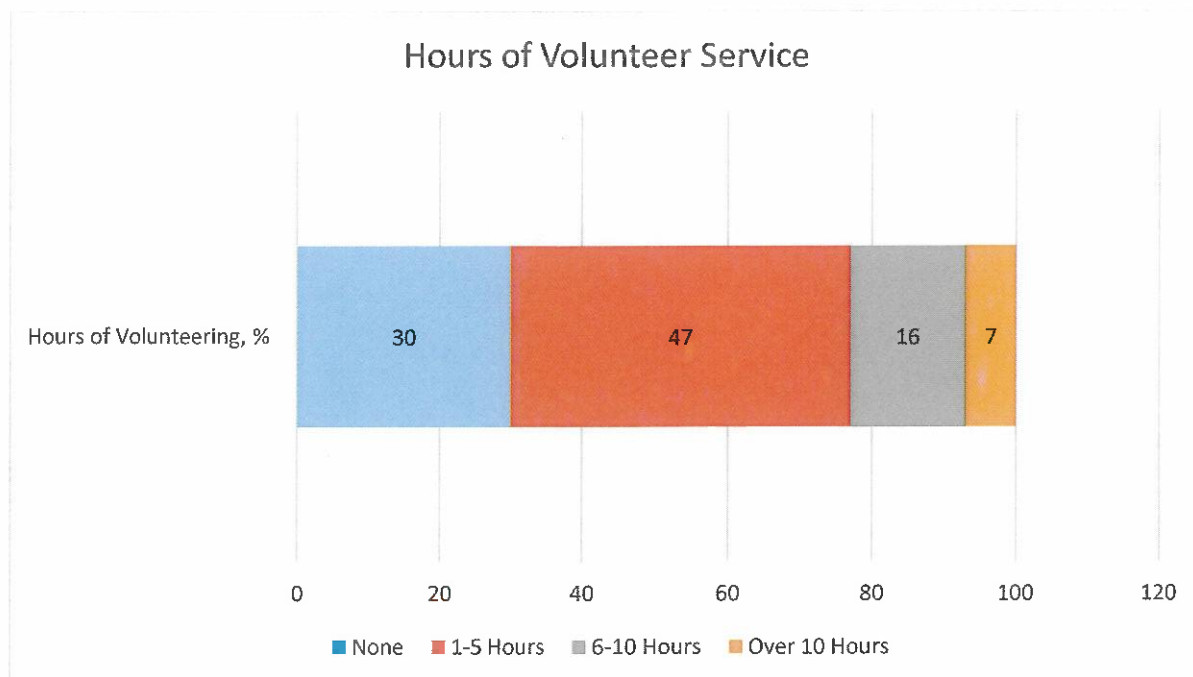
Answer	Percentages
Manufacture/distribution of illegal and prescription drugs	22%
Unsafe roads/sidewalks/Lack of bike lanes	5%
Farm-related conditions including working with livestock and large equipment	4%
Firearms access by children	4%
Unsafe driving and/or not using seat belts; car seats; helmets	10%
Child abuse or neglect	8%
Domestic violence	7%
Drinking and driving; under the influence	21%
Use/availability of Marijuana to our youth	19%

Question 5: How would you rate the overall health of our community?

Question 6: How would you rate you own personal health?



Question 7: Approximately how many hours per month do you volunteer your time to community service?

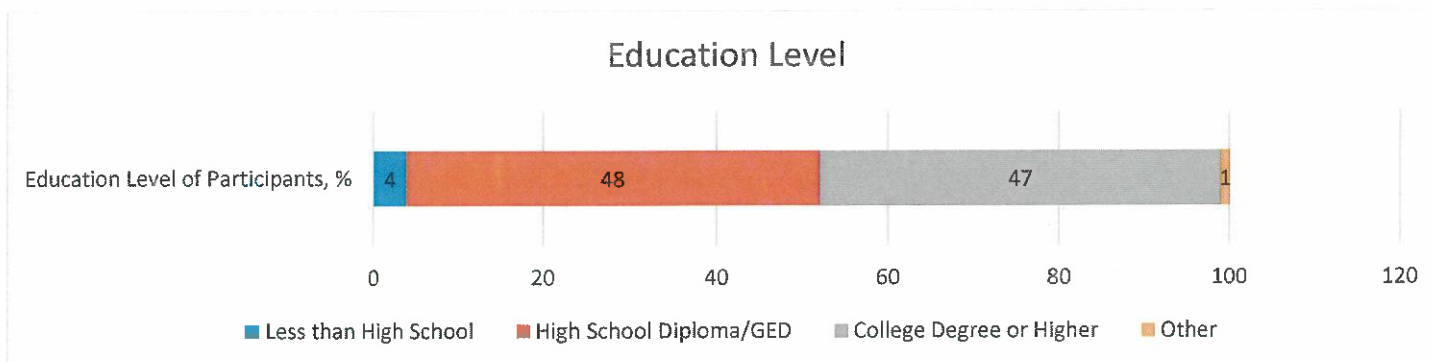
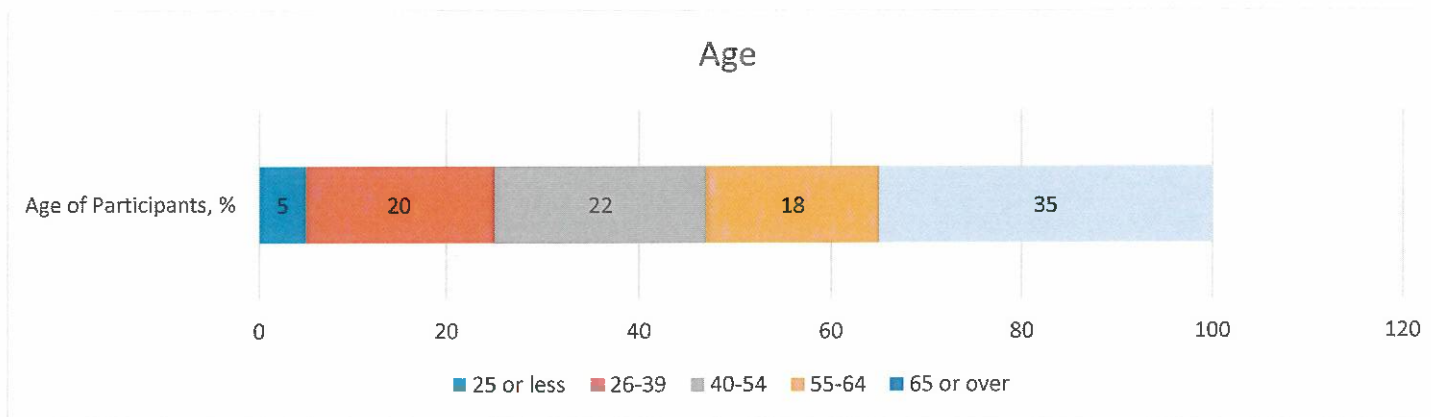
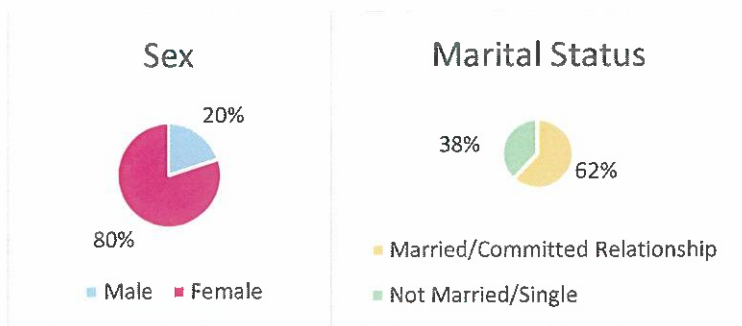


Section 2: Demographics

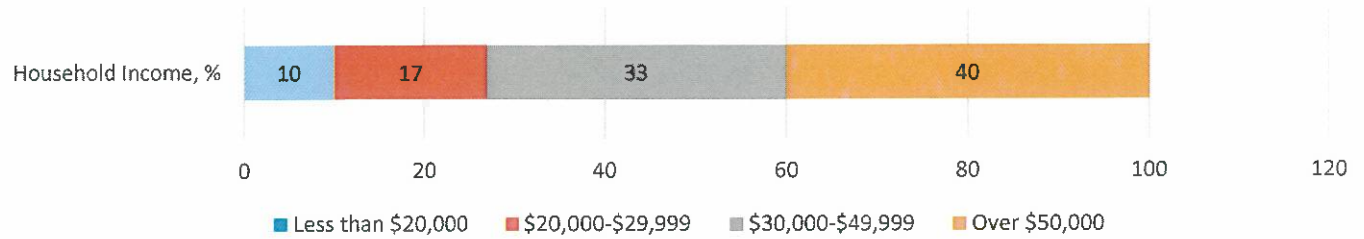
Questions 8-17

Zip Code Where You Live:	Percent of Participants
80805	3%
80807	74%
80815	6%
80834	6%
80836	7%
80861	6%

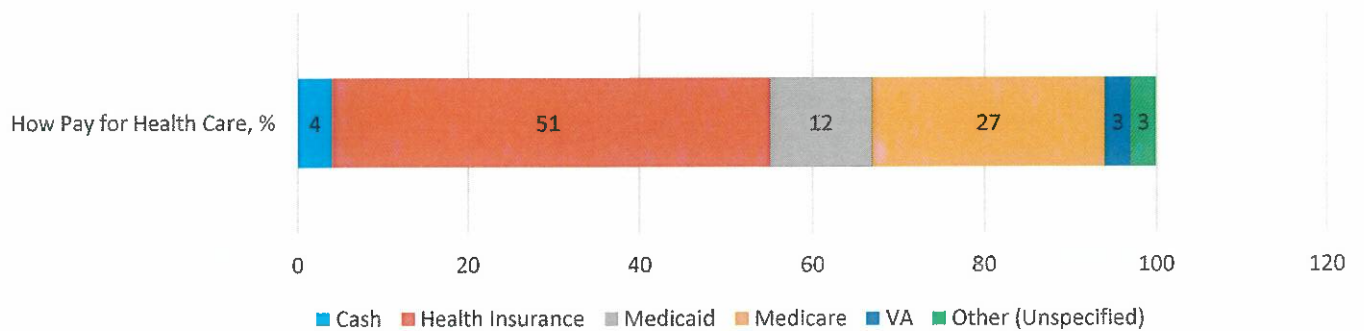
Ethnic Group You Most Identify With:	Percent of Participants
African American/ Black	0.5%
Asian/ Pacific Islander	0%
Hispanic/ Latino	9.5%
Native American	1%
White/Caucasian	85%
Other (Unspecified)	4%



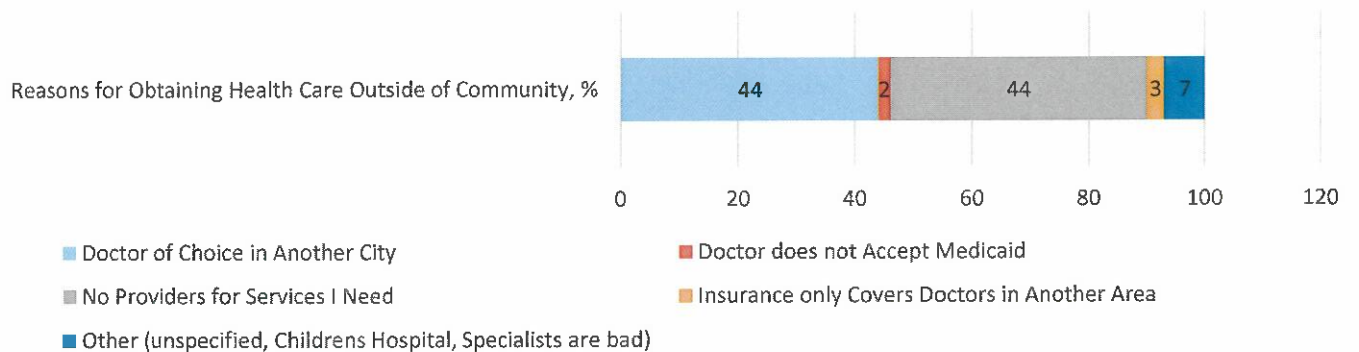
Household Income



Health Care Payment Methods



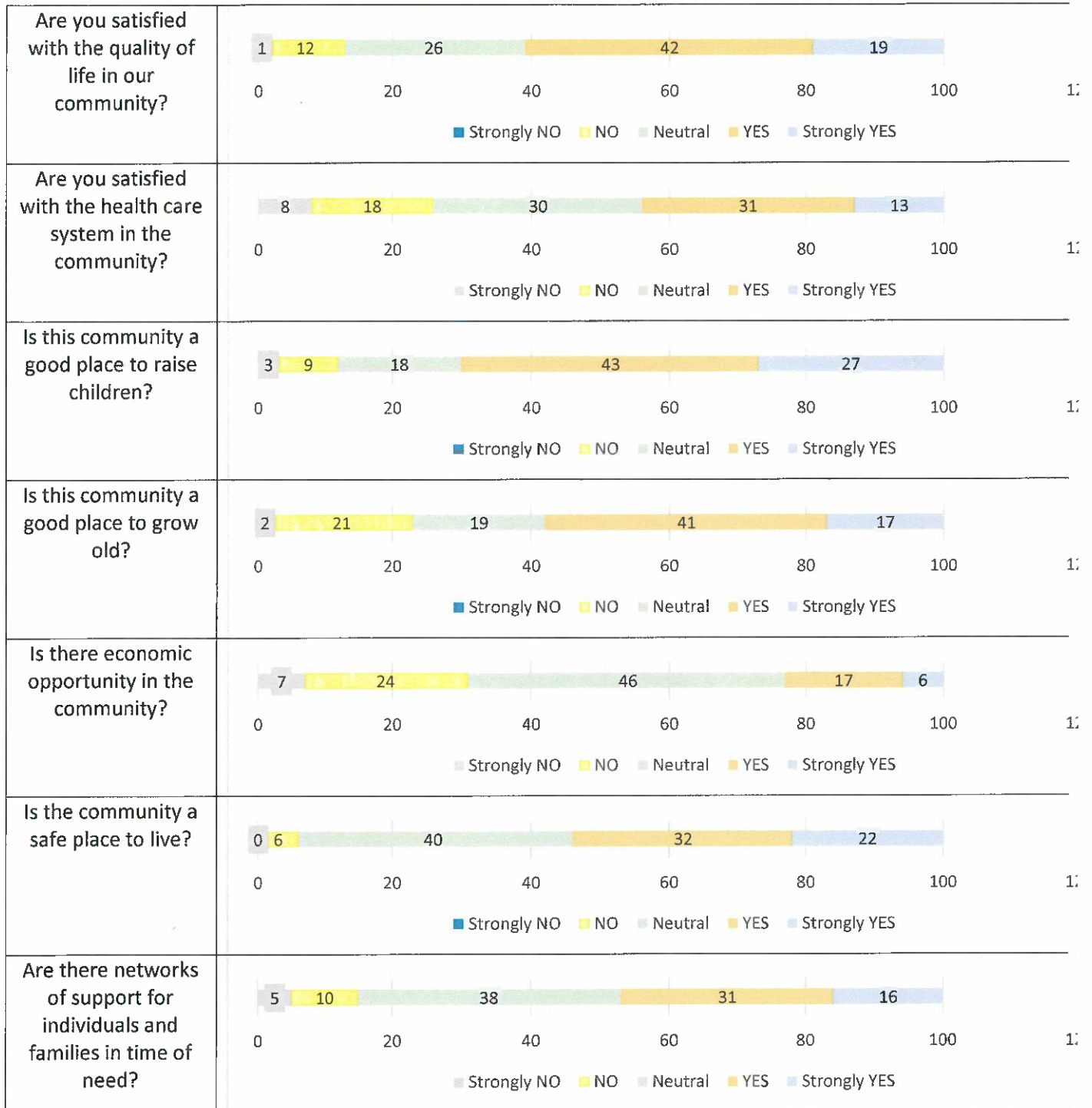
Reasons for Receiving Health Care Outside of Community

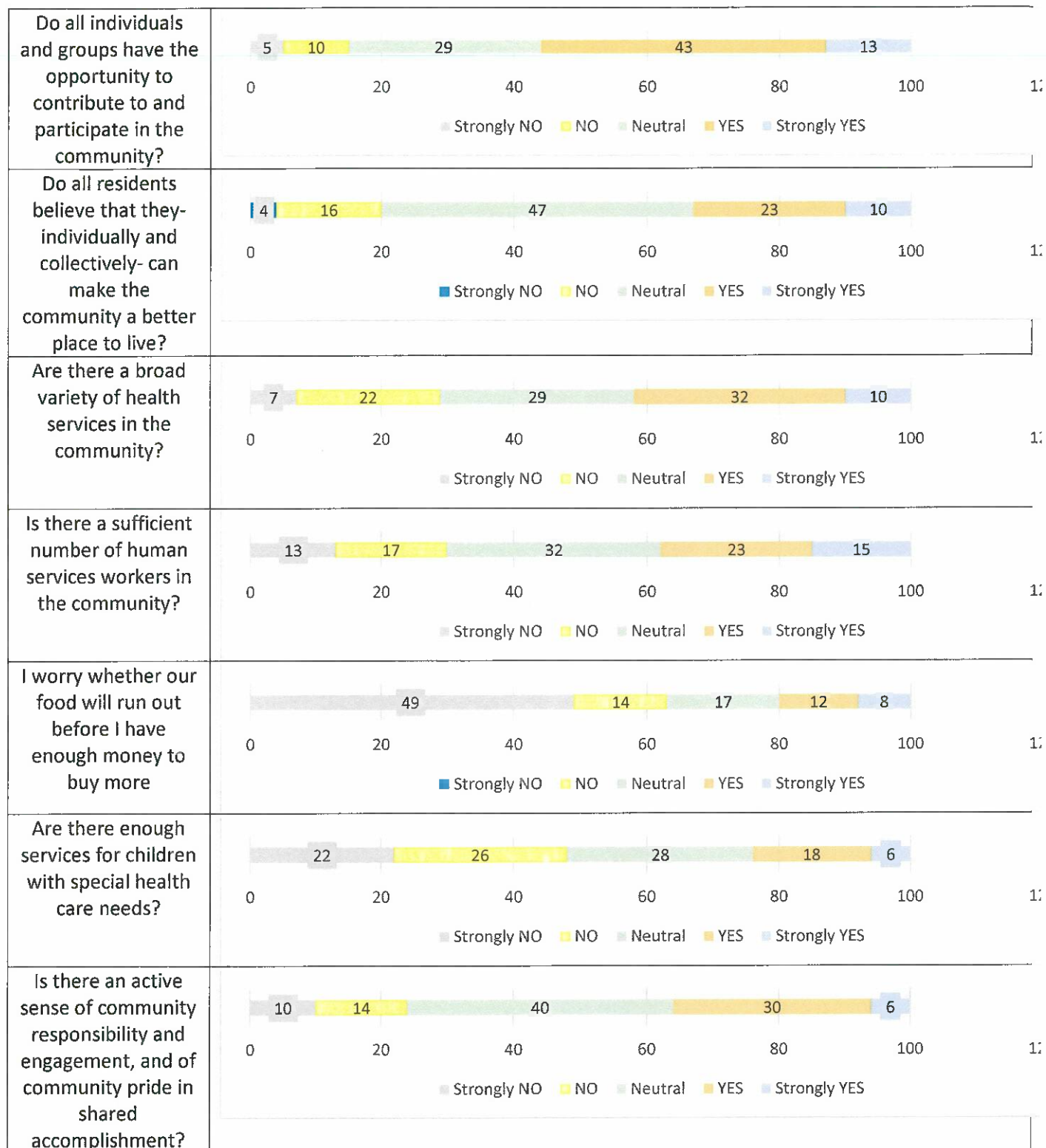


Where did you get this Survey?			
Church	1%	Public Health Office	66%
Community Meeting	3%	Primary Health Provider Clinic	4%
Grocery Store	0%	Personal Contact	5%
Hospital	11%	Workplace	6%
Newspaper	0%	Other: Chiropractor (1), Senior Center (1), Unspecified	4%

Section III: Quality of Life

Questions 18-31 by Percent

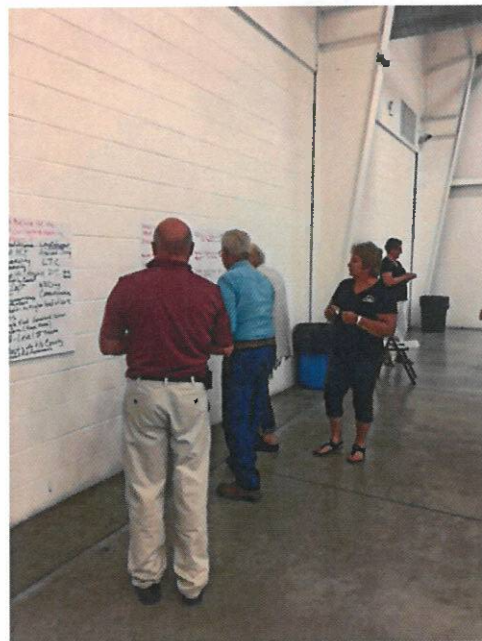
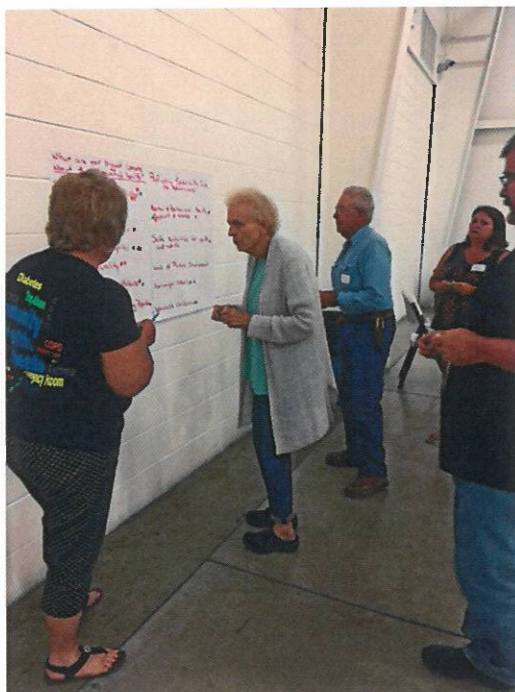




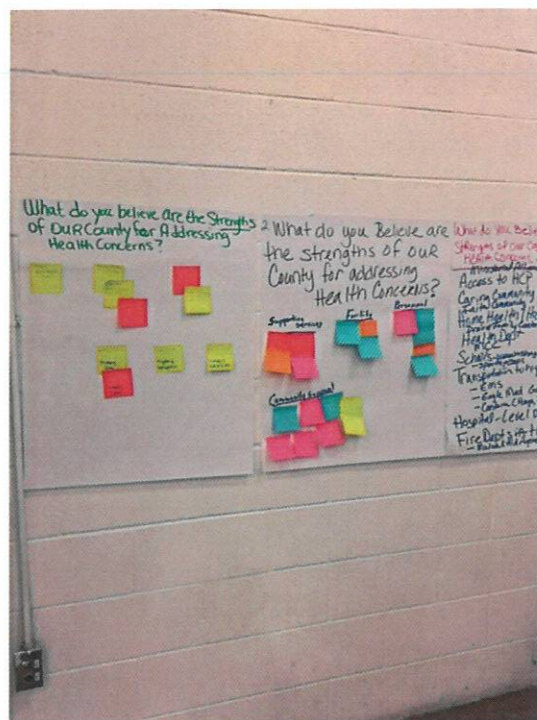
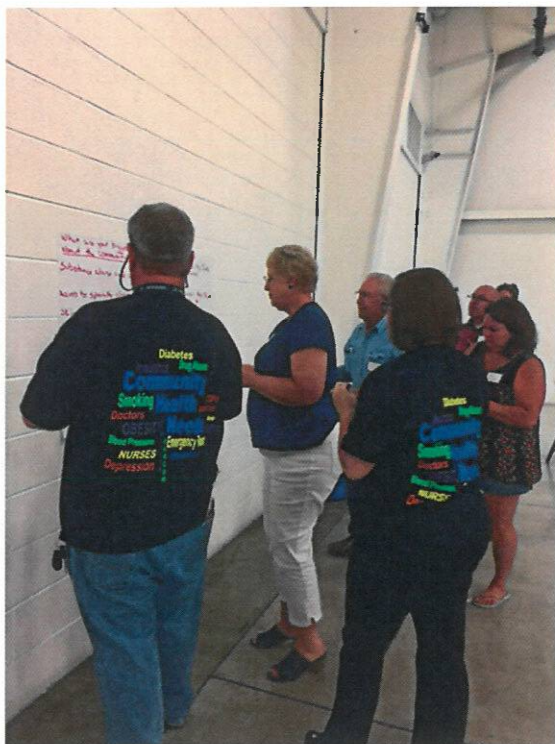
Two open house community forum events were conducted in Burlington and Flagler. Attendees participated in different stations answering questions related to quality of life, community assets, health issues, and factors for a healthy community. Here, facilitators of the event prepare to lead their station.



Participants ranked discussion themes by using dots to indicate the most important issue to them.



This board asked participants to
Identify the strengths of the county
For addressing health concerns.





The group in Flagler going through the Prioritization Process.



HEALTHY EATING AND ACTIVE LIVING FOCUS GROUP OUTCOMES:

Healthy Eating Drivers:

- Cost of Healthy Food
- Work Schedules
- Meat and Potatoes Learned Behavior
- Peer pressure
- Lack of transportation
- Fast food restaurants
- Lack of availability of grocery stores



Active Living Drivers:

- Less physical activity in jobs
- Use of electronic devices
- Distance for people that live out of towns
- Lack of motivation
- Physical ailments
- Lack of safe trails for biking and walking
- No sidewalks in smaller towns
- Lack of year-round swim facility

TOP 5 CAUSES:

1. Eating for comfort
2. Learned unhealthy behaviors
3. Use of electronic devices
4. Lack of biking and hiking trails
5. Lack of understanding of what healthy eating is

RANKING:

1. Lack of Biking/Hiking Trails
2. Lack of Understanding
3. Eating for comfort
4. Learned unhealthy eating
5. Use of electronic devices

SOLUTIONS:

1. Community food banks
2. Community health education
3. Quick access to funds for food
4. GOCO Grant for trails
5. Enclosed swimming pools
6. Walking clubs
7. Support Groups



ACCESS TO HEALTHCARE FOCUS GROUP OUTCOMES

This topic resulted in different ideas based on locations within Kit Carson County. Group 1 was in Burlington/Stratton where most of the healthcare services are located and Group 2 was in Seibert/Flagler where they have limited services and have to travel further to receive healthcare services.

Group 1 Access Drivers:

Need to grow our own through scholarships
 Few options for mental/behavioral health
 Pay sources for all services
 Provider continuing education
 Specialty care availability
 Stigma around Mental Health
 Early Mental Health before crisis

Group 2 Access Drivers:

Lack of public transportation
 Lack of a Community Resource Guide
 Limited resources
 Public/Private competition
 No clear leader in the county
 Lack of specialty providers
 School cooperation for kids going for care

TOP 5 CAUSES

Group 1:

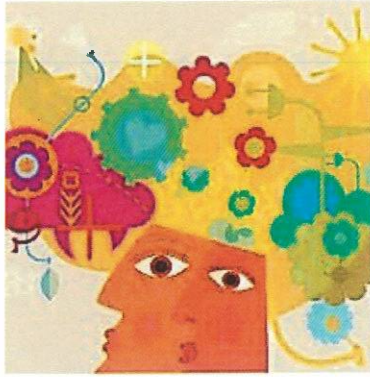
Lack of early intervention before MH/BH crisis
 Few options for MH/BH Practitioners
 Access to medical education for clinical Staff

Group 2:

Insurance coverage for people "in the gap"
 Lack of communication about available Medical and MH/BH resources
 Cost of insurance and cost of care

Combined Ranking:

1. Need for early intervention before a Mental/Behavioral Health Crisis
2. Lack of communication regarding available resources in the county
3. Need for education for local medical/nursing staff to augment their ability to provide local services
4. Few options for Mental/Behavioral Health Practitioners
5. Cost of insurance and cost of care



MENTAL AND BEHAVIORAL HEALTH FOCUS GROUP OUTCOMES

These outcomes are a combination of Group 1 and Group 2 common themes.

Mental/Behavioral Health Drivers

- Genetics
- Access to care/lack of services
- Expense of Care
- Lack of follow-up care
- Lack of providers
- Low wages and inability to take off of work to get Treatment

Drug and Addiction Drivers

- Boredom
- Peer pressure
- Depression
- Overuse of prescription meds
- Lack of coping mechanism

Suicide Drivers

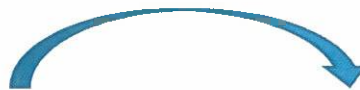
Loss of hope
Lack of support systems/groups
Breakdown of the family
Social media

Depression Drivers

No one to go to
Lack of identification
Loss – family, career, finances
Lack of support/family
Fear of stigma

TOP 5 CAUSES

1. Family/societal dysfunction
2. Loss of hope – job, divorce, family
3. Norming of alcohol/substance use
4. Lack of access to care/lack of MH/BH Specialists
5. Lack of early identification and intervention



SOLUTIONS

More MH/BH specialists in schools and community
Mental health in-patient treatment center in this area
Increase general public awareness of Mental/behavioral health risk

Data Driven for Sustainable Community Change

Prepared by the Kit Carson County Communities that Care Risk and Protective Factor (Data) Workgroup

Jessica Schart, CTC Coordinator

Sarah Ridnour, CTC Program Support

Michelle Thompson-Woller, previous CTC Coordinator

Amanda Thew, Dawn James, Anna Ashcraft, Brenda Rueb, Erin Henschel

Kit Carson County Department of Public Health and Environment

Completed January 2019

Community Assessment Report Outline

I. Executive Summary

II. Introduction

- A. The Kit Carson Communities that Care effort
 - 1. Key accomplishments of Kit Carson County Communities That Care
- B. The Risk- and Protective Factor Assessment
 - 1. Data collection methods
 - 2. How the priorities were identified
 - 3. The Community Assessment Overview

III. The Community Assessment Data: Priority Risk and Protective Factors

- A. Risk factors
 - 1. Early Initiation of Substance Use (Individual Domain)
 - 2. Family Management Problems (Family Domain)
 - 3. Academic Failure (School Domain)
- B. Protective factors
 - 1. Recognition/Rewards for Pro Social Involvement
- C. Other Areas of Discussion

IV. Conclusion

- A. Kit Carson County's Strengths
- B. Kit Carson County's Priorities
- C. Next Steps

Executive Summary

This report describes the results of the risk- and protective-factor assessment completed as part of Kit Carson County Communities That Care effort. The Communities That Care system is a way for members of a community to work together to prevent youth problem behaviors, including substance use, delinquency, teen pregnancy, dropping out of school and violence. This system was developed by Dr. David Hawkins and Dr. Richard Catalano. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

A key goal of the Communities That Care effort is to identify which risk factors, protective factors and problem behaviors are prevalent in the Kit Carson County community, and implement evidence-based programs and community-level strategies that address our community's unique profile. To that end, the Risk- and Protective Factor Assessment Workgroup (Data Workgroup) collected and analyzed data on Kit Carson County. Then, with input from the community, they identified priority risk factors to address, as well as community strengths to build on.

The assessment was completed using the Communities That Care Youth Survey, Health Kids Colorado Survey (HKCS), and publically available data. To get the most complete picture of our community, the Data Workgroup also collected data from the Social Determinants of Health and utilized other public records to measure risk factors and problem behaviors not covered by the surveys.

Based on the analysis of the data and input from the community, the following risk factors were identified as priorities for community attention:

- Early initiation of Substance Use (Individual Domain) renamed Preventing Early Initiation of Substance Use
- Family Management Problems (Family Domain) renamed Strengthening Families
- Academic Failure (School Domain) renamed Supporting Success in Academics

The following protective factor was identified as a priority for community attention:

- Recognition/Rewards for Prosocial Involvement

These risk factors were selected as priorities for prevention action primarily because data indicated they are elevated throughout Kit Carson County. Risk factors were renamed to highlight a strengths based perspective. The data also highlighted Kit Carson County's strengths. For example, the data revealed high levels of "Opportunities for Prosocial Involvement" and low levels of feeling unsafe at school.

This report recommends that Kit Carson County give particular attention to the risk factors noted above when developing the community's action plan to prevent youth health & behavior problems and promote child and youth well-being.

Introduction

The Kit Carson County Communities That Care Effort

In the winter of 2017, Kit Carson County began implementing Communities That Care (CTC) prevention planning system. Developed by Dr. David Hawkins and Dr. Richard Catalano of the Social Development Research Group in Seattle, Washington, the Communities That Care system is a way for members of a community to work together to efficiently and effectively promote positive youth development and prevent youth problem behaviors such as substance use, delinquency, teen pregnancy, dropping out of school and violence.

Kit Carson County Communities That Care Vision is "We will generate positive activities and influences that will promote healthy successful youth and decrease substance use while strengthen and educating our community.

Key accomplishments of the Kit Carson County Communities that Care:

- On January 17 2017, Kit Carson County Public Health and Environment entered into a contact with Colorado Department of Public Health and Environment to implement the Communities That Cares model.
- In February of 2017, the CTC Coordinator attended the CTC Facilitator training.
- The CTC Youth Survey was completed in April 2017.
- On June 27, 2017 the Key Leader orientation was held and Key Leaders signed Commitment Forms.
- In August of 2017, CTC Program Support person was hired.
- On October 16th, 2017, first Community Board Orientation was completed
- In the fall of 2017, HKCS was completed in Kit Carson County.
- On May 15, 2018, the Data Workgroup met and created a short list of priorities.
- The Data Workgroup finalized the risk and protective factors to target on October 22, 2018.
- The priority risk and protective factors were unanimously approved by the Community Board the first week in November.
- Priority risk and protective factors were presented to the Key Leaders on December 4, 2018.

The Risk and Protective Factor Assessment

Dr. Hawkins and Dr. Catalano have identified risk factors that predict problem behaviors in youth, and protective factors that help protect young people from those risks. By addressing risk and protective factors, communities can help prevent adolescent problem behaviors and promote positive youth development. A key goal of the Communities That Care system is for communities to develop a profile of the risk factors, protective factors and problem behaviors in their community, and to develop a plan for addressing the risk factors that are most elevated while enhancing protective factors.

This report represents the first step in that process. The Data Workgroup collected data on risk factors, protective factors and problem behaviors in Kit Carson County. With input from the community, the workgroup identified our community's strengths and the priority risk factors to address in the prevention plan.

Data collection methods

The Communities That Care Youth Survey was administered in Spring 2017. The Healthy Kids Colorado Survey was administered in Fall 2017. Both these surveys have been shown to be valid and reliable measures of certain risk factors and problem behaviors. The Social Determinates of Health which covers topics such as population characteristic, economic opportunity, physical environment, social factors, and health factors was used to further inform the decision making process. The Data Workgroup collected data from other local and state agencies to supplement the previously identified data sources.

How the priorities were identified

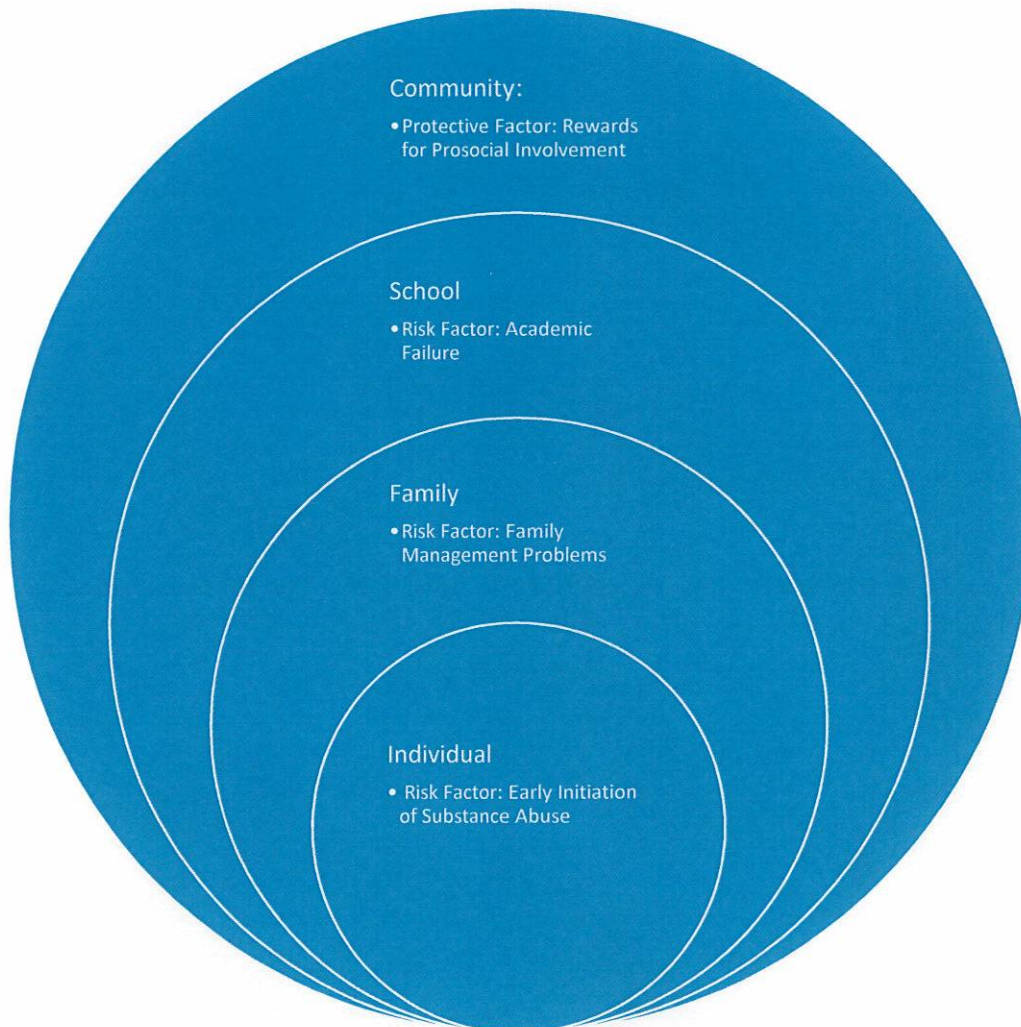
The Data Workgroup met in May 2018 and narrowed down risk and protective factors based upon the Social Determinates of Health and CTC Youth Survey. The short list of Risk and Protective Factors were presented to the community to vote and voice opinions at the Kit Carson County Fair and National Night Out. Once the HKCS 2017 report was made available, the Data Workgroup met again to review the short list and used the HKCS to determine final risk and protective factors. The list was presented to the Community Board. By unanimous consensus, the Community Board finalized the priorities for prevention action in Kit Carson County. The prioritized risk and protective factors of Preventing Early Initiation of Substance Use, Strengthening Families, Supporting Success in Academic, and Recognition and Rewards for Prosocial Involvement were presented to Key Leaders for endorsement.

The Community Assessment Overview

The next sections of the report provide information and analysis of the risk factors, protective factors and problem behaviors in Kit Carson County. The conclusion presents the final list of priorities and recommendations for future action. Due to confidentiality agreements with the CTC Youth Survey, no information contained in that report will be presented in the Community Assessment Report.

The Community Assessment Data: Risk and Protective Factors

Prevention science research suggests the most effective efforts for preventing adolescent substance use involves addressing both risk and protective factors that exist in every domain of a person's life. Using the social-ecological model, the domains are community/society, school, family, and individual/relationships.



Risk factors are predictors of problem behaviors in adolescence. They are those characteristics or situations that are known to increase the probability of negative health or behavioral outcomes.

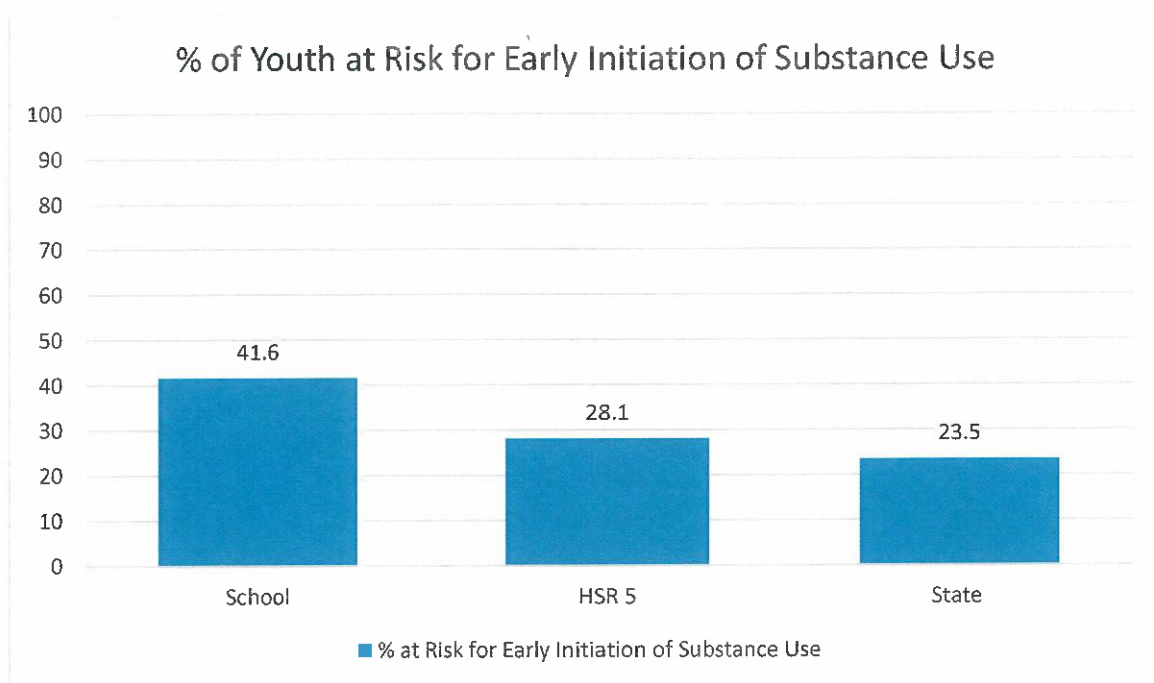
Protective factors buffer against risk factors. Protective factors mitigate or protect against negative health or behavioral outcomes.

Risk Factors

Early Initiation of Substance Use (Individual Domain) renamed Preventing Early Initiation of Substance Use

Targeting the individual domain, early initiation of substance use is defined as engaging in alcohol or other substance use at an early age. Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.

Based upon the HKCS, early initiation of substance use was significantly higher than regional, and state.



Questions on the HKCS which highlighted this area included:

How old were you when you first...?

- smoked a whole cigarette?
- had your first drink of alcohol other than a few sips?
- tried marijuana for the first time?

While community input did not select early initiation of substance use as the first choice, votes centering on substance use accounted for over 54% of the total vote.

The Data Workgroup felt that by targeting early initiation of substance use, it would also target some of the concerns around availability of substances and favorable attitude towards

substances. By focusing on programs which target early initiation of substance use, 5 of the 6 target problem behaviors are being address allowing for great impact of resources.

Problem Behavior	Substance Use	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression and Anxiety
Early Initiation of Substance Use	X	X	X	X	X	

Family Management Problems (Family Domain) renamed Strengthening Families

Focusing in the family domain, parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.

Items on the HKCS which highlighted these questions asked students to what extent they agreed with this the following statements:

- The rules in my family are clear.
- My parents or guardian ask if I've gotten my homework done.
- When I am not at home, one of my parents or guardians knows where I am and who I am with.
- Would your parents or guardians know if you did not come home on time?
- My family has clear rules about alcohol and substance use.
- If you drank some beer or wine or hard liquor without you parents' permission, would you be caught by your parents?
- If you skipped school, would you be caught by your parents?

The HKCS data showed that 43.7% of students answered they would not be caught by their parents if they drank some alcohol.

This risk factor was chosen by the Data Workgroup as it had a significant amount of support from the schools in the area. Increasing school attendance has been identified by the Interagency Oversight Group/Collaborative Management Program (IOG/CMP) as a performance measure in our county schools. Research has shown that family-child relationship can effect absenteeism and school dropouts showing a link between truancy and poor family management. (Şahin, Şeyma & Arseven, Zeynep & Kılıç, Abdurrahman. (2016). Causes of Student Absenteeism and School Dropouts. International Journal of Instruction. 9. 195-210. 10.12973/iji.2016.9115a.)

According to data collected from the Colorado Department of Education regarding chronic absenteeism and habitually truant, two schools within the Kit Carson had "chronically absent" percentages above 30%. In one school district, 15% of students were habitually truant.

Kit Carson County Department of Human Services has also received a significant increase in referrals to be screened for child abuse. In 2017, KCC Human Services received 137 referrals to be screened. That number was 253 in 2018 which amounts to a 184% increase in referrals to be screened. When compared to 44 small counties, Kit Carson had 97 child abuse assigned assessments in a 10 month period. The other 44 counties had 3,601. When averaged, Kit Carson County had 9.7 assessments per month compared to the average of 8.18 assessments over the same 10 month period when compared to the total for the other 44 small counties.

By focusing on programs which target poor family management, 6 of the 6 target problem behaviors are being address allowing for great impact of resources.

Problem Behavior	Substance Use	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression and Anxiety
Early Initiation of Substance Use	X	X	X	X	X	X

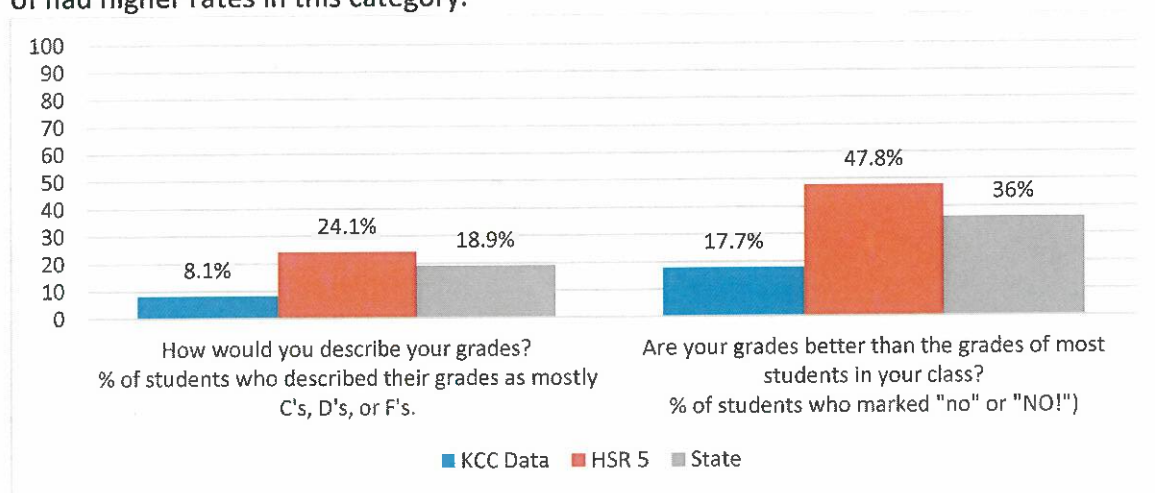
Academic Failure (School Domain) renamed Supporting Success in Academics

This risk factor targets the school domain. Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

Questions on the HKCS which highlighted this risk factor included:

- During the past 12 months, how would you describe your grades in school?
- Are your school grades better than grades of most of the students in your class?

According to the HKCS regional data, Health Service Region 5 which Kit Carson County is a part of had higher rates in this category.



As only one school completed the HKCS in Kit Carson County, the Data Workgroup looked at the regional data to help inform the decision. Along with the information presented in the HKCS,

the Data Workgroup factored in the chronic absenteeism and habitually truant data, as these factors have been linked to academic failure.

Statistics were also pulled from the Colorado Department of Education regarding CMAS English/Language Arts and Mathematics scores. According to the data, schools within Kit Carson County had lower averages than the State of students who did not meet or exceed expectations. The average 2017 CMAS score for the percentage of students who met or exceeded expectations in Kit Carson County was 20.36% for Language Arts/English and 22.79% for Mathematics. The State average is for Language Arts/English was 42.3% and 32.8% for mathematics.

Through analysis of this data, championing efforts geared towards supporting schools for success, 6 out of 6 of the problem behaviors can be addressed.

Problem Behavior	Substance Use	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression and Anxiety
Early Initiation of Substance Use	X	X	X	X	X	X

Protective Factor

Recognition/Rewards for Prosocial Involvement (Community Domain)

Recognition/Rewards for positive behavior is defined as providing recognition for effort and accomplishments to motivate individuals to engage in positive behaviors in the future. Young people experience bonding as feeling valued and being seen as an asset. Youth who feel recognized and rewarded by their community are less likely to engage in negative behaviors, because that recognition helps increase a youth's self-esteem and the feeling of bondedness to that community.

The Data Workgroup wanted to ensure that the CTC effort was addressing all domains and used that to narrow down to the protective factors that targeted the community domain. Opportunities for prosocial involvement was identified as a strength in Kit Carson County as there are numerous activities for youth to participate in through schools and the community. Therefore, recognition for prosocial involvement was chosen.

Other Areas of Discussion

The Data Workgroup thoroughly examined the bodies of data which existed in order to create a picture of the landscape for youth in Kit Carson County. As only 2 of the 5 districts in the county completed a type of standardized survey, the Data Workgroup hopes to engage the community in greater participation of the surveys when they are next made available.

Through the data assessment process, it was determined that Kit Carson County problem behaviors include consistent averages with HSR 5, Colorado and YRBS (Youth Risk Behavior Survey) when it came to suicide attempts for youth; higher levels of bullying at school than Colorado and the YRBS, and higher levels of cigarette use than the HSR 5, Colorado, and YRBS.

Mental health has been identified as a particularly big area of concern with increased importance on males.

As Kit Carson County is considered frontier, distance is often a barrier to service, participation, and recruitment when it comes to implementing strategies. Due to this, the above outcome behaviors will be considered when moving forward to developing a community action plan.

Conclusion and Recommendations

Kit Carson County's Strengths

One of Kit Carson County's greatest strengths is participation in prosocial activities. This includes sports and clubs. The HKCS showed greater participation in Kit Carson County than at the HSR 5 and State level. Organizations throughout the community are actively engaged in trying to promote a better environment for youth. Youth also identified that they have a trusted adult in their life. Other strengths revealed that laws and norms favorable to substance use is not a risk factor for our community as well as feeling unsafe at school. These are just some of the strengths which will be utilized when implementing strategies in the community.

Kit Carson County's Priorities

Based on the analysis of the data and input from the community, the following priority risk factors were identified for the community to focus on over the next several years:

- Preventing Early Initiation of Substance Use (Individual Domain)
- Strengthening Families (Family Domain)
- Supporting Success in Academics (School Domain)

The priority protective factor to focus on is:

- Recognition/Rewards for Prosocial Involvement (Community Domain)

These factors were selected as priorities because the data indicated they are among the most elevated throughout Kit Carson County. We recommend that Kit Carson County give particular attention to implementing strategies or programs to address these risk factors when developing a prevention plan with additional focus on building mechanisms for greater data collection in the community.

Next Steps

The next step in the Communities That Care process is to find out what resources are already in place in Kit Carson County that address the priorities outlined above. The Resources Assessment and Evaluation Workgroup is currently working on collecting the necessary data and will be finishing the process in early 2019. Their assessment combined with this report, will make up the profile of Kit Carson County that will be used to identify programs and strategies to promote child and youth well-being and prevent.