



Douglas County Public Health Department

**Douglas County Board of Health
Community Health Assessment (CHA) Update**

Project Progress

- ✓ Planning the Process
- ✓ Identify and Engage Stakeholders
- ✓ Conduct the CHA

• Finalize the CHA Report!

Framing the Discussion

1. Do the public health priorities we are recommending for Douglas County make sense to carry forward into the PHIP process?
2. Is there anything that you want us to consider as we finalize the report?
3. How would you like to be involved in the PHIP community meetings which will focus on the recommended priorities and the community members thoughts about how to address these priority issues?



Community Health Assessment (CHA)

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

- The purpose of the community health assessment is to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.
- The development of a community health assessment involves the systematic collection and analysis of data and information to provide a sound basis for decision-making and action.
- Community health assessments describe the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.



Public Health Accreditation Board

STANDARDS
& **Measures**



Community Health Assessment (CHA) Methodology

A thorough CHA should answer the following questions:

1. What are the health problems in a community?
2. Why do health issues exist in a community?
3. What factors create or determine the health problems?
4. What resources are available to address the health problems?
5. What are the health needs of the community from a population-based perspective?

Douglas County CHA Data Sources

Community Voices

Qualitative data from community members through an electronic survey, community meetings, key informant interviews and focus groups

Priority Areas for Public Health Improvement

Health Indicators & Outcomes

Quantitative data related to health status, quality of life, and risk factors

CHA Data Sources

Colorado Health Statistics and Vital Records (death data, hospitalization data, emergency department data)

Colorado Violent Death Reporting System (CoVDRS)

Colorado Behavioral Risk Factor Surveillance System

Healthy Kids Colorado Survey

Colorado Child Fatality Prevention System (CFPS)

Tri County Health Department

Douglas County Human Services

Decennial Census

American Community Survey

Colorado Health Access Survey

Community Performance Center - Child welfare data

Colorado Crime Statistics - Uniform Crime Reporting Data

National Provider Identifier Registry

CIVHC

Feeding America

Douglas County Citizen Survey

CDOT

Important Terms

Crude Rate: Actual rate or the total number of events, or count, divided by the population of the selected geography and population characteristic

- Rates help users understand the meaning of a frequency within the context of the actual population

Age Adjusted Rate: Rates *would* be if the time periods or the different geographies had the same composition of ages

- Age-adjusted rates help users fairly compare rates across different geographies or periods of time, when age is associated with an outcome, such as falls, and when the underlying age distribution in the different geographies or time periods vary.





Community Voice Survey Results

6,867 people opened and started the survey.
HMA analyzed 4,632 surveys where respondents had
greater than 75% completion.

Community Survey Respondent Demographics



Majority are female



Majority have a Bachelor's degree or higher



Majority are 45 years of age or older



Over 50% with an annual income >\$125K

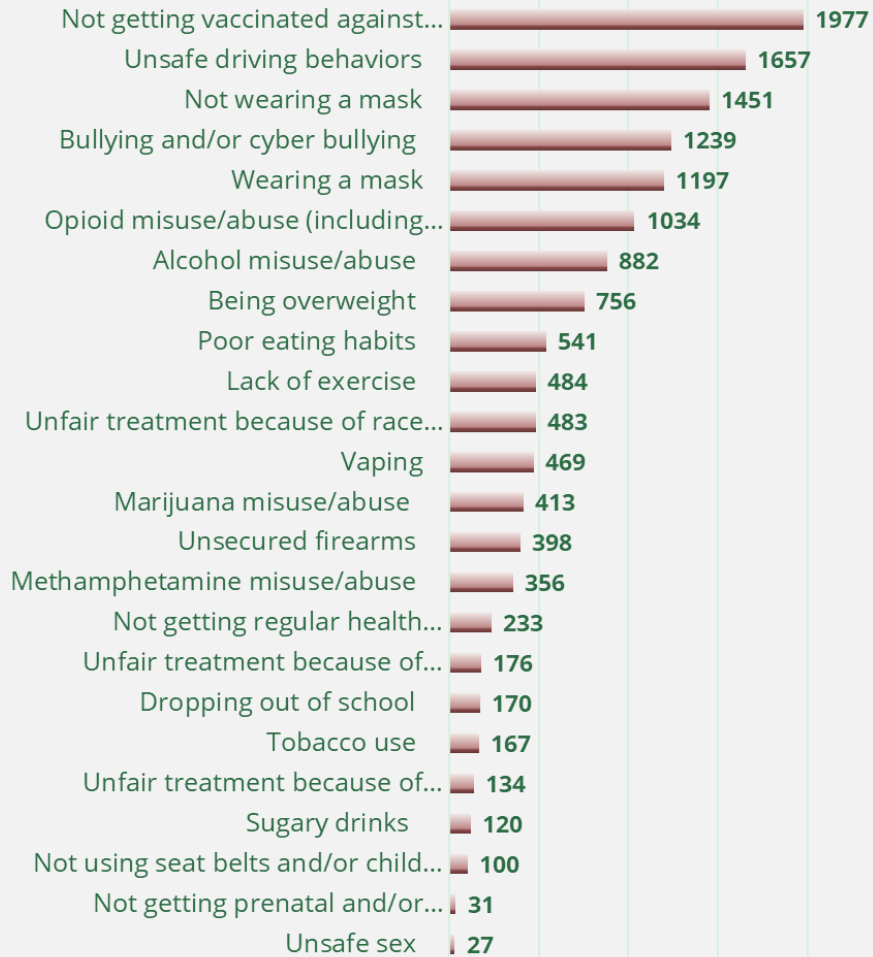


2/3 are married

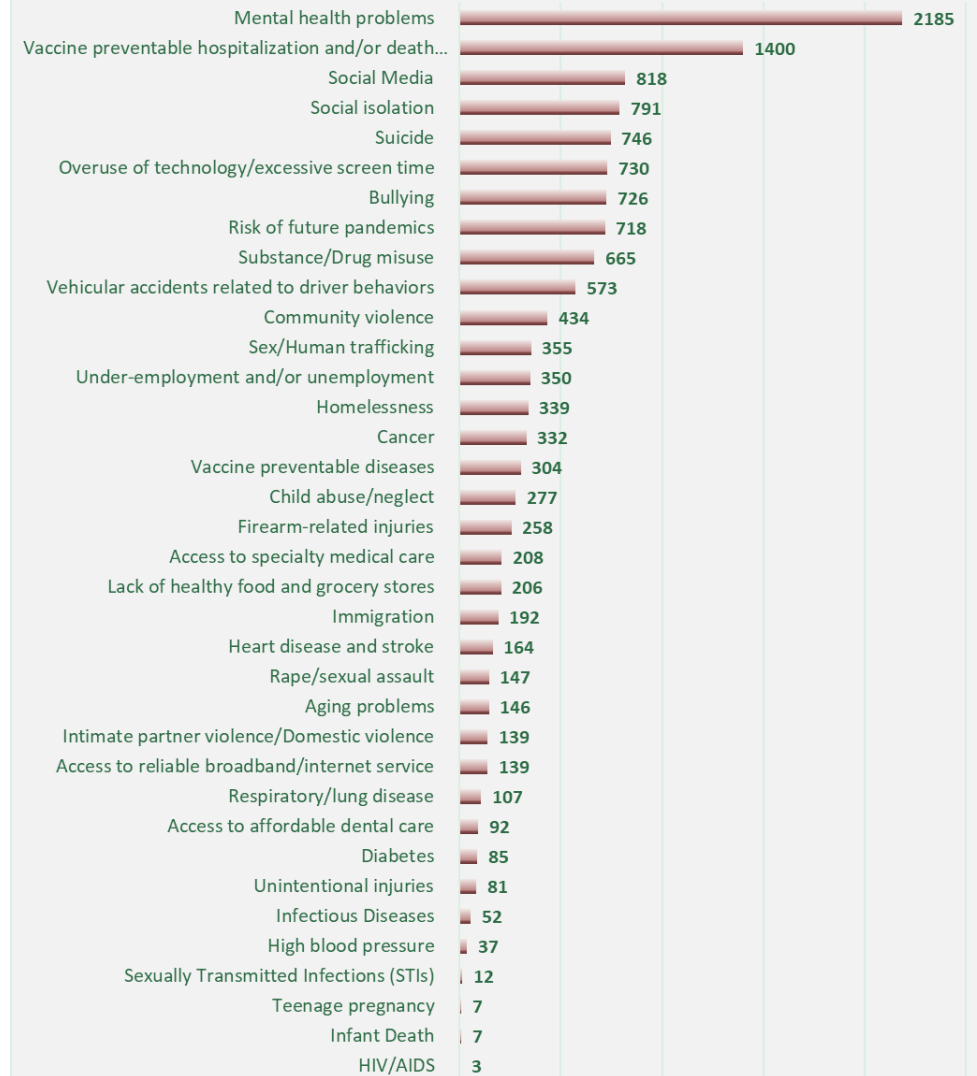


Less than 10% are not covered by health insurance

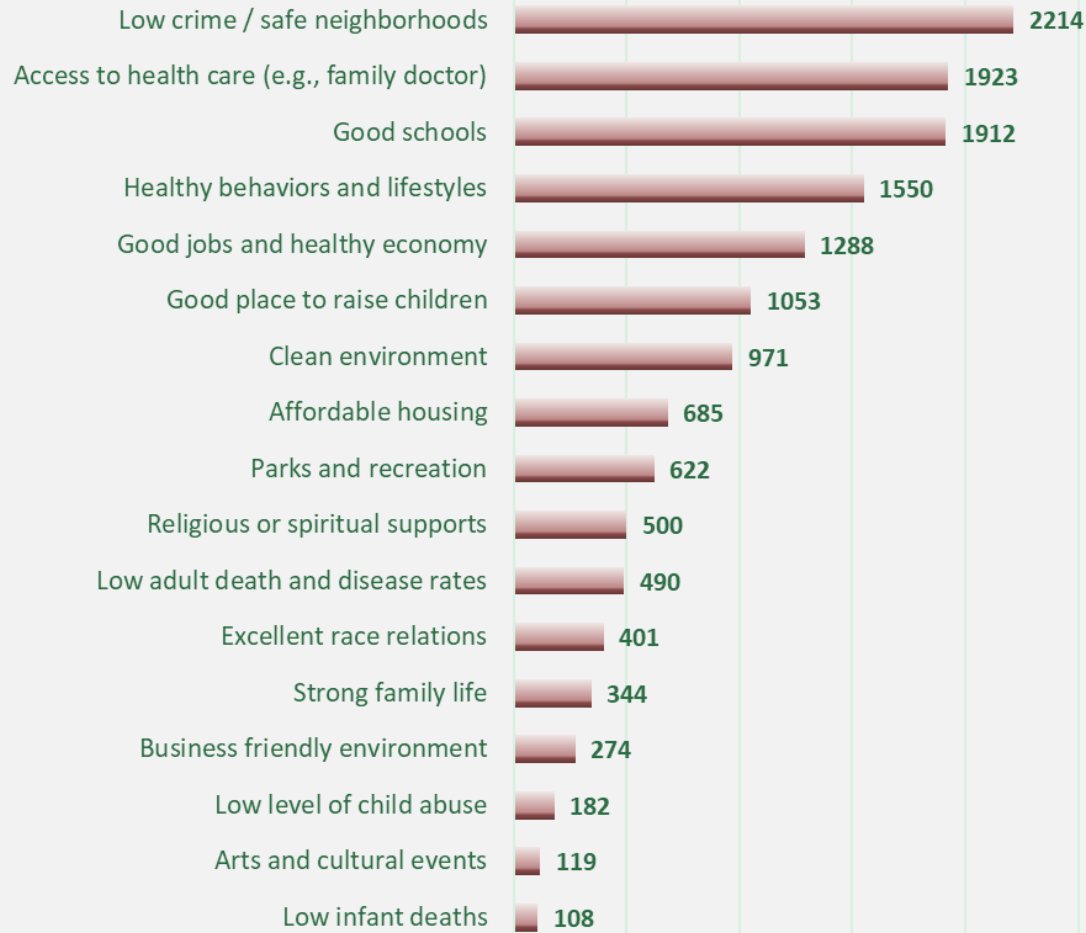
The Three Most Risky and/or Harmful Behaviors Happening in the Community



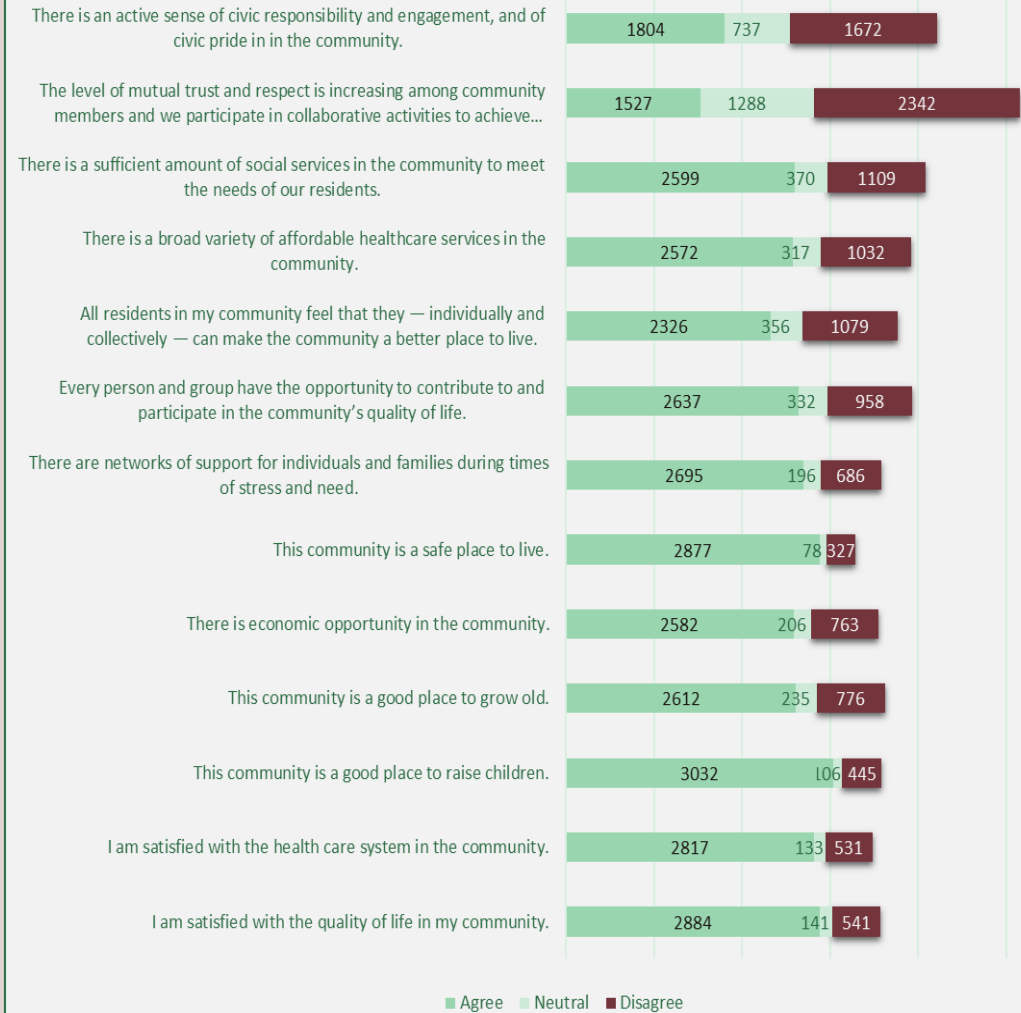
The Three Worst "Health Problems" in the Community



The Three Most Important Factors for a “Healthy Community”



Douglas County Community Connectedness





Health Indicators & Outcomes

What is happening in the communities of Douglas County?

RISK FACTORS & OUTCOMES

THE MOST COMMON HEALTH
RISKS AND ASSOCIATED POOR HEALTH
OUTCOMES

Creating a Healthy Community

Access to Social & Economic Resources

- Education
- Economic opportunity

Access to Care

- Provider ratios
- Barriers to care
- Insurance coverage

Community Connectedness

- Violent crime

Built Environment

- Access to healthy food
- Opportunity for physical activity
- Safe and affordable housing
- Transportation
- Clean air and safe water



Creating a Healthy Community

Douglas county has access to great open spaces for physical activity (2021)

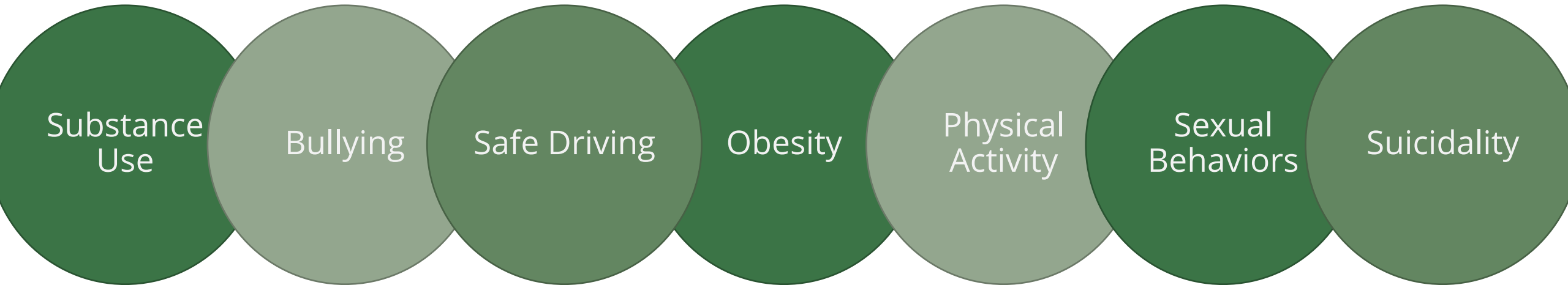
Transportation issues, including traffic intensity (2020), long commute times (2019), and access to public transportation (2021) – especially in some parts of the county

In the CHA Community Survey, there were a lot of positive response to indicators of community connectedness (2021)

A high percentage of people have health insurance; however, people who are eligible for Medicaid but not enrolled was higher in Douglas County than in Colorado (2019)

Health Behavior Indicators

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.*



Health Outcome Indicators

Health Outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well.

Cancer

Chronic
Disease

Mental
Health

Injury

Maternal,
Infant, and
Child Health

Communicable
Disease

General Health Status

Length of Life in Douglas County

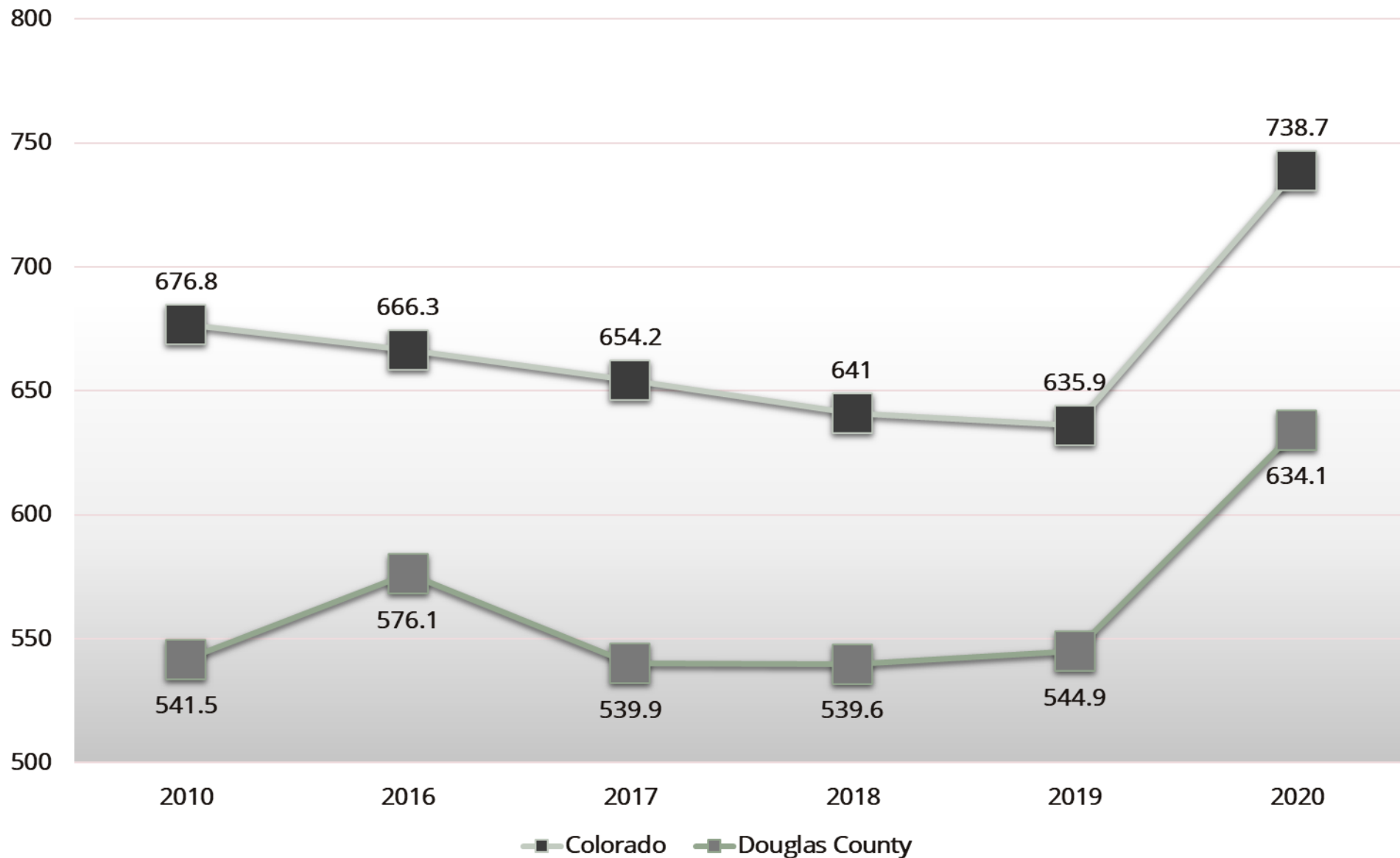
Life expectancy from birth is a frequently utilized and analyzed component of demographic data for the country. It represents the average life span of a newborn and is an indicator of the overall health of a community.

Life expectancy can fall due to problems like hunger, injury, disease and chronically poor health.

Improvements in health and welfare increase life expectancy.

The higher the life expectancy, the better shape a community is in.

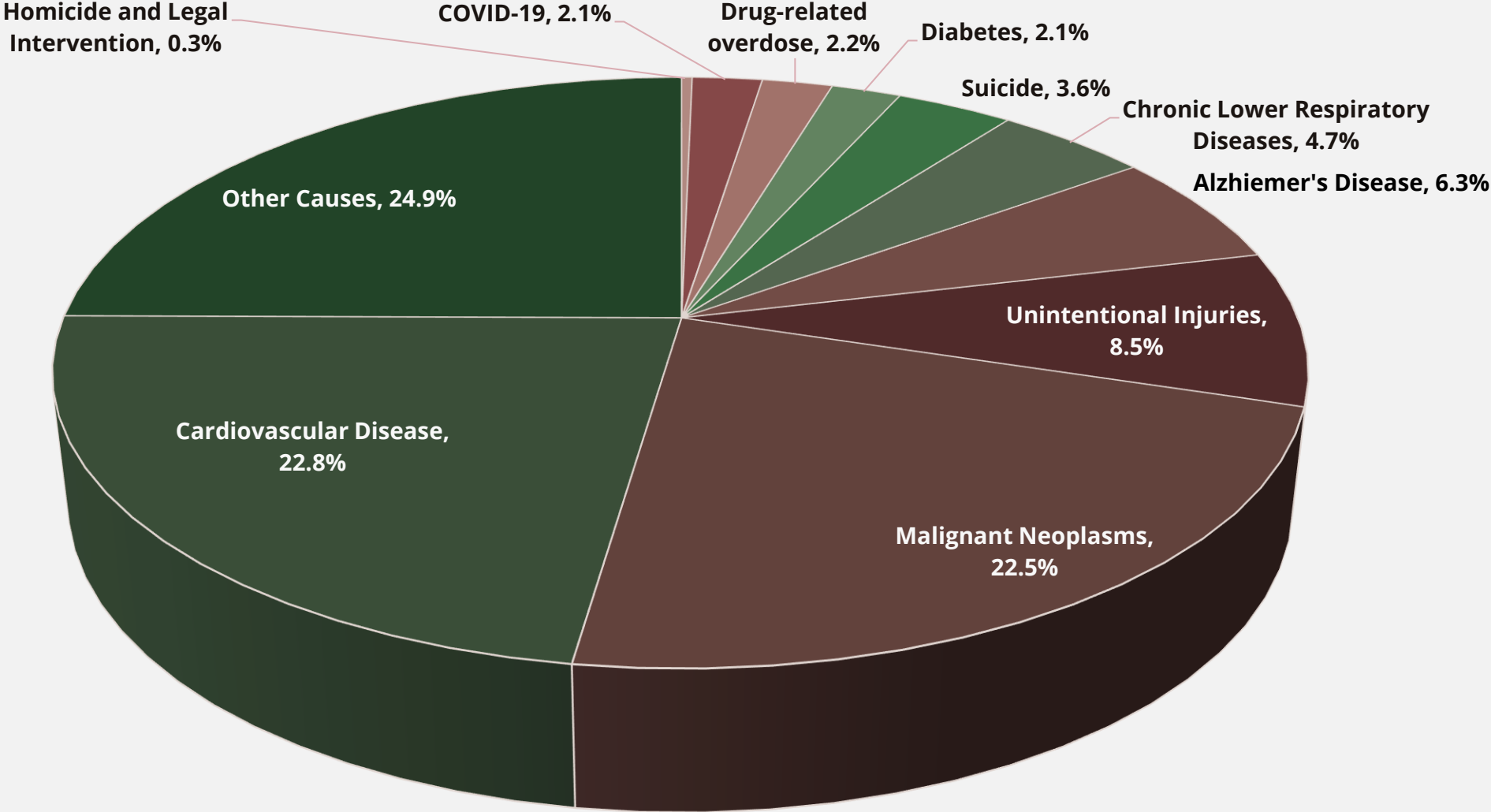
Age-Adjusted Death Rate per 100,000



Mortality data provides a snapshot of current health problems, suggest persistent patterns of risk in specific communities, and shows trends in specific causes of death over time.

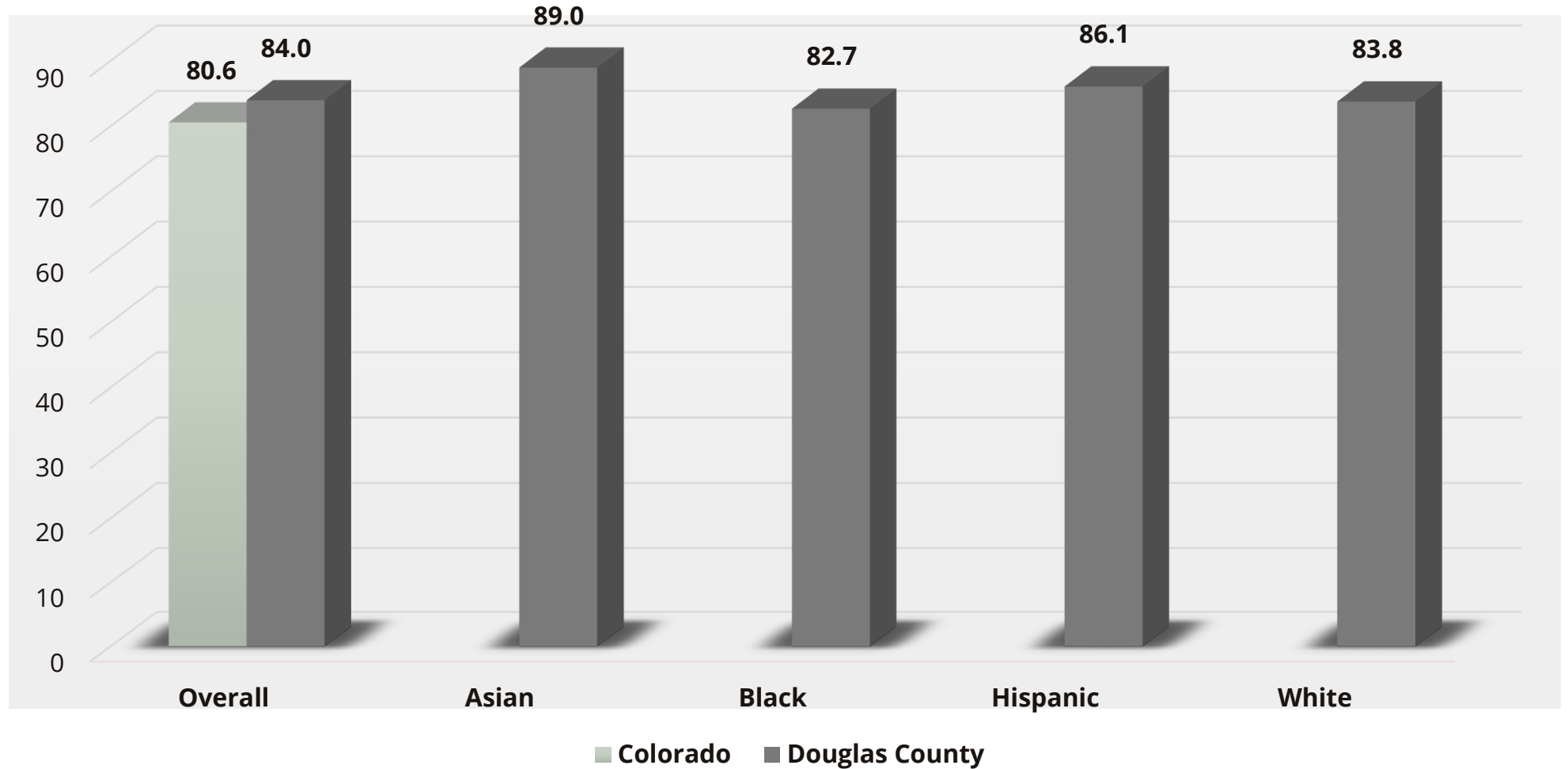
Many causes of death are preventable or treatable and, therefore, warrant the attention of public health prevention efforts.

Percent of Deaths by Cause, 2016-2020 Combined Estimates



Life Expectancy, 2017-2019

Average number of years a person can expect to live



Douglas County has longer life expectancy rates compared to Colorado.

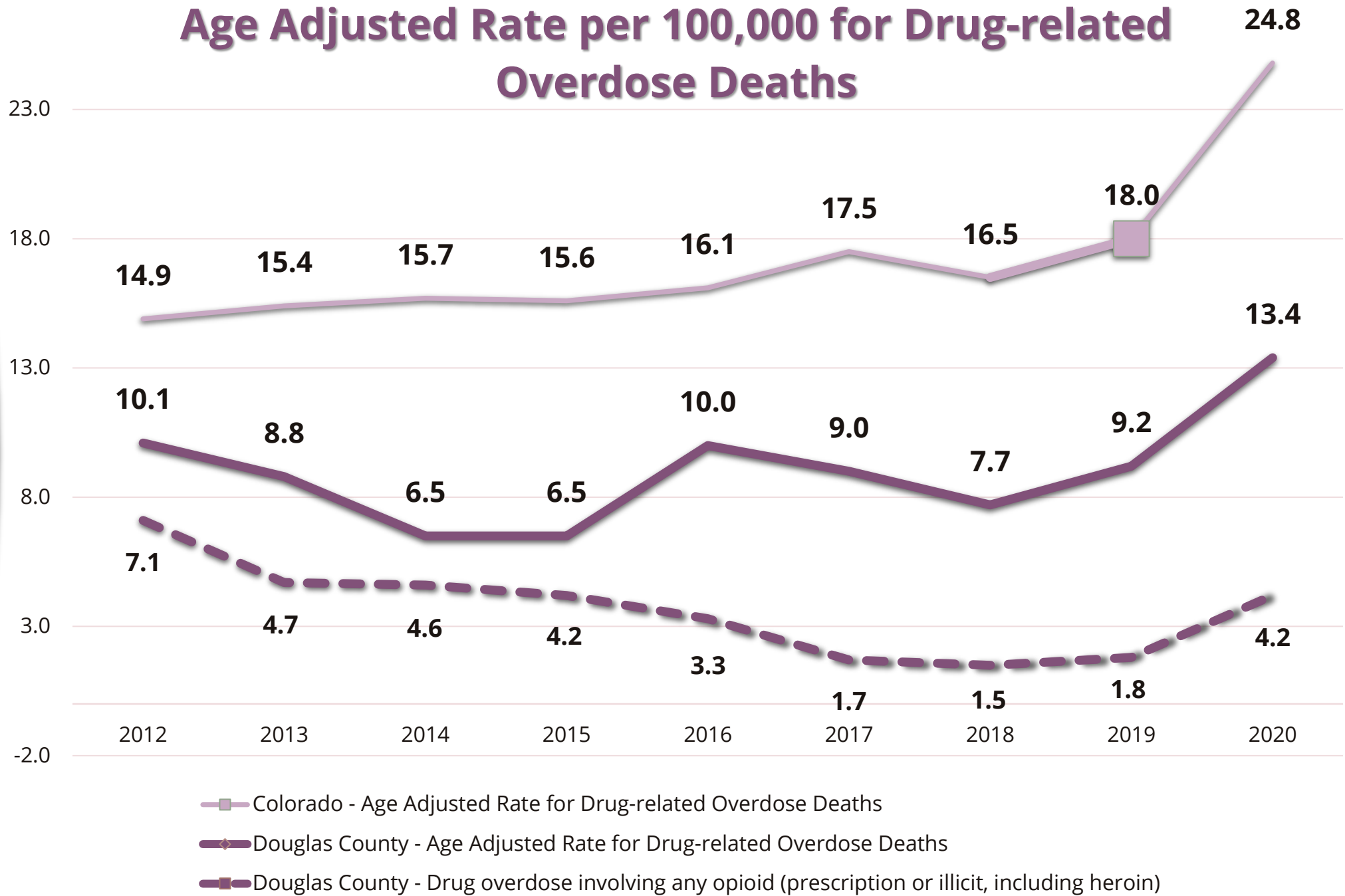
Differences across race and ethnicity exist.

Asian and Hispanic residents in Douglas County have longer life expectancies compared to Black and White residents.



Priority Area #1 Behavioral Health

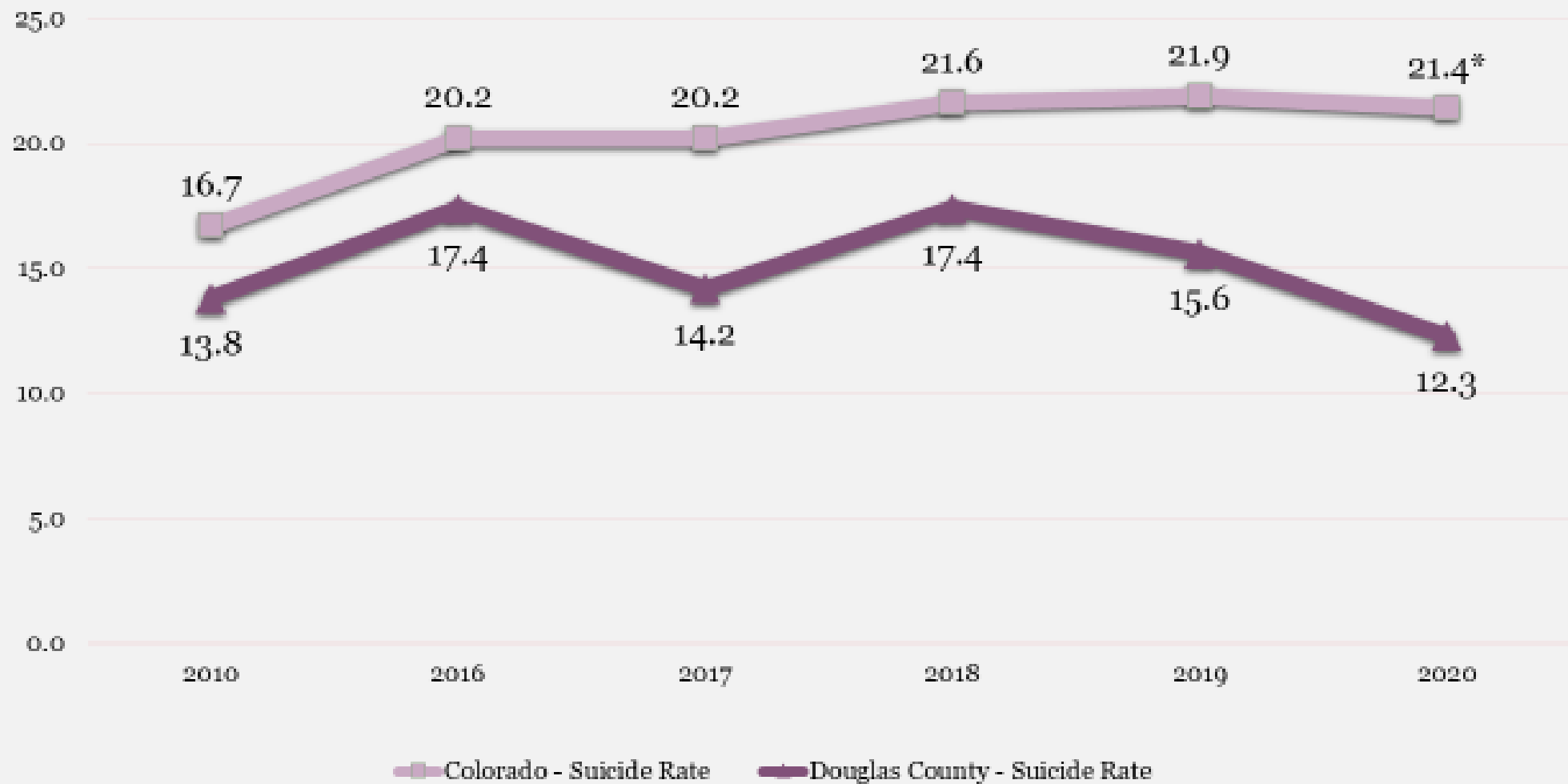
Age Adjusted Rate per 100,000 for Drug-related Overdose Deaths



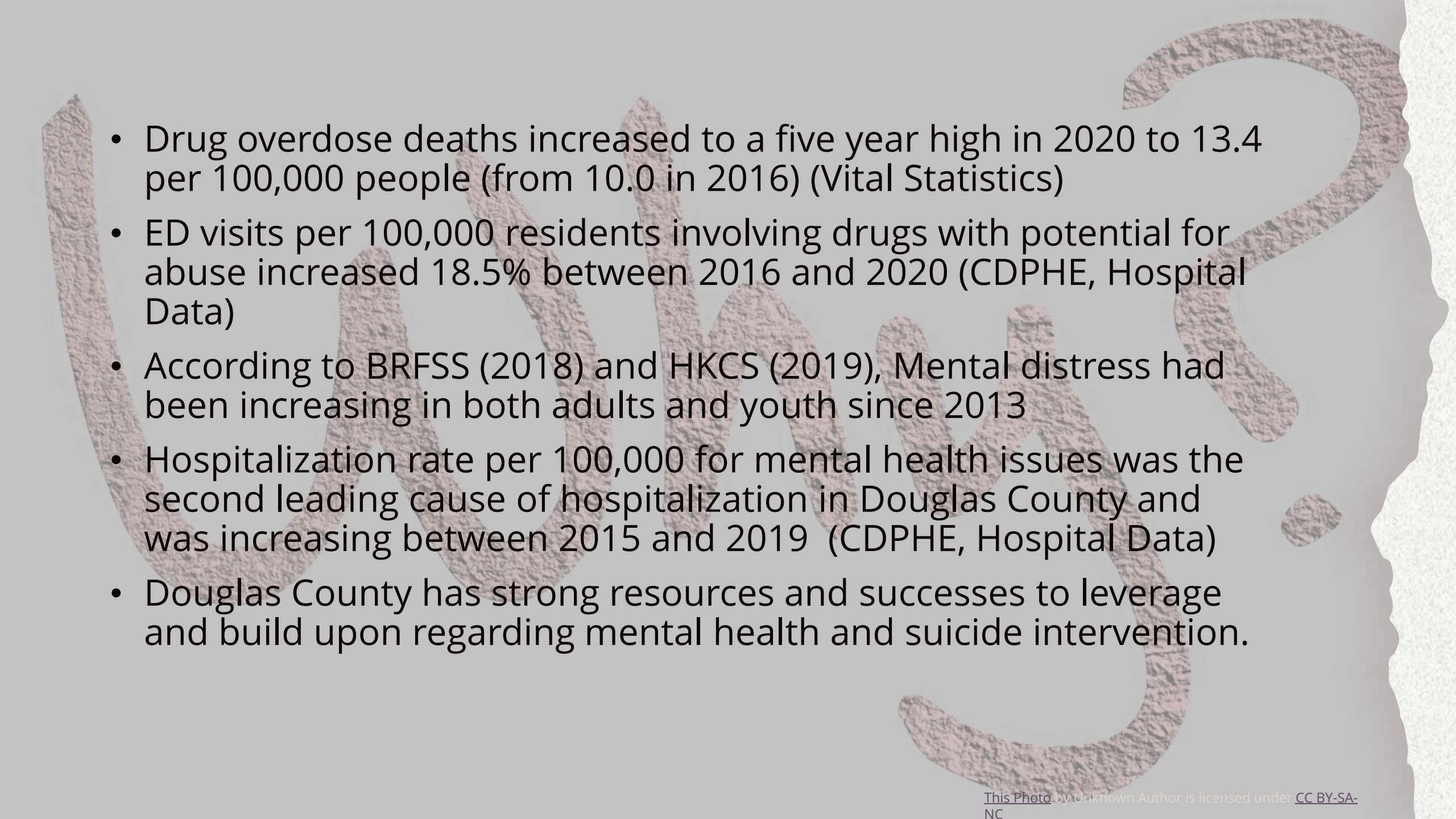
The trend in drug related overdose deaths in Douglas County was lowest in 2014 and 2015, however **the lowest point for overdoses involving opioids was in 2018.**

An increase for all overdose deaths happened in 2016 and again in 2020, which includes an increase in opioid related overdose.

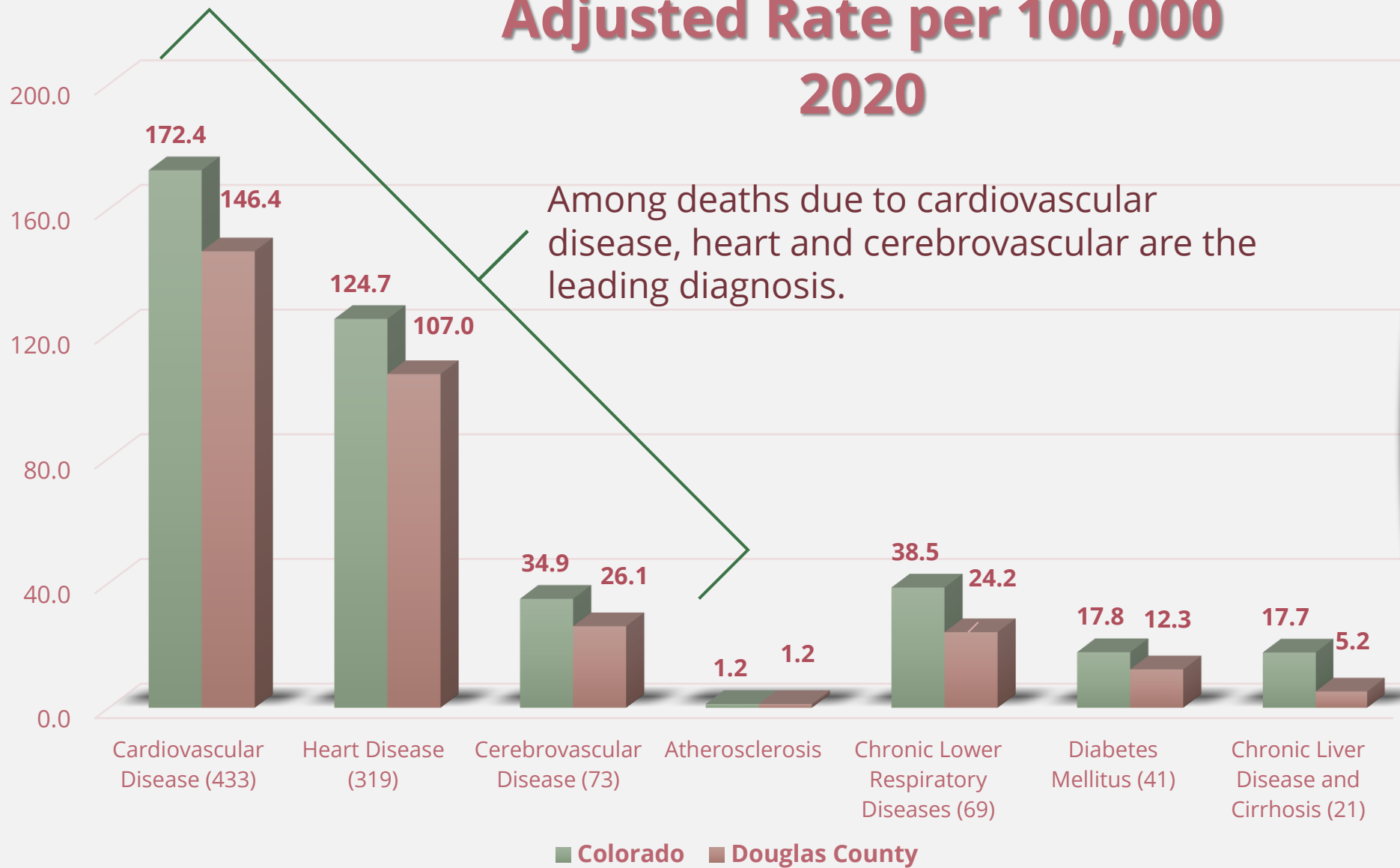
Data Source: Vital Statistics Program, Colorado Department of Public Health and Environment



Age Adjusted Rate per 100,000 for Suicide Deaths

- 
- Drug overdose deaths increased to a five year high in 2020 to 13.4 per 100,000 people (from 10.0 in 2016) (Vital Statistics)
 - ED visits per 100,000 residents involving drugs with potential for abuse increased 18.5% between 2016 and 2020 (CDPHE, Hospital Data)
 - According to BRFSS (2018) and HKCS (2019), Mental distress had been increasing in both adults and youth since 2013
 - Hospitalization rate per 100,000 for mental health issues was the second leading cause of hospitalization in Douglas County and was increasing between 2015 and 2019 (CDPHE, Hospital Data)
 - Douglas County has strong resources and successes to leverage and build upon regarding mental health and suicide intervention.

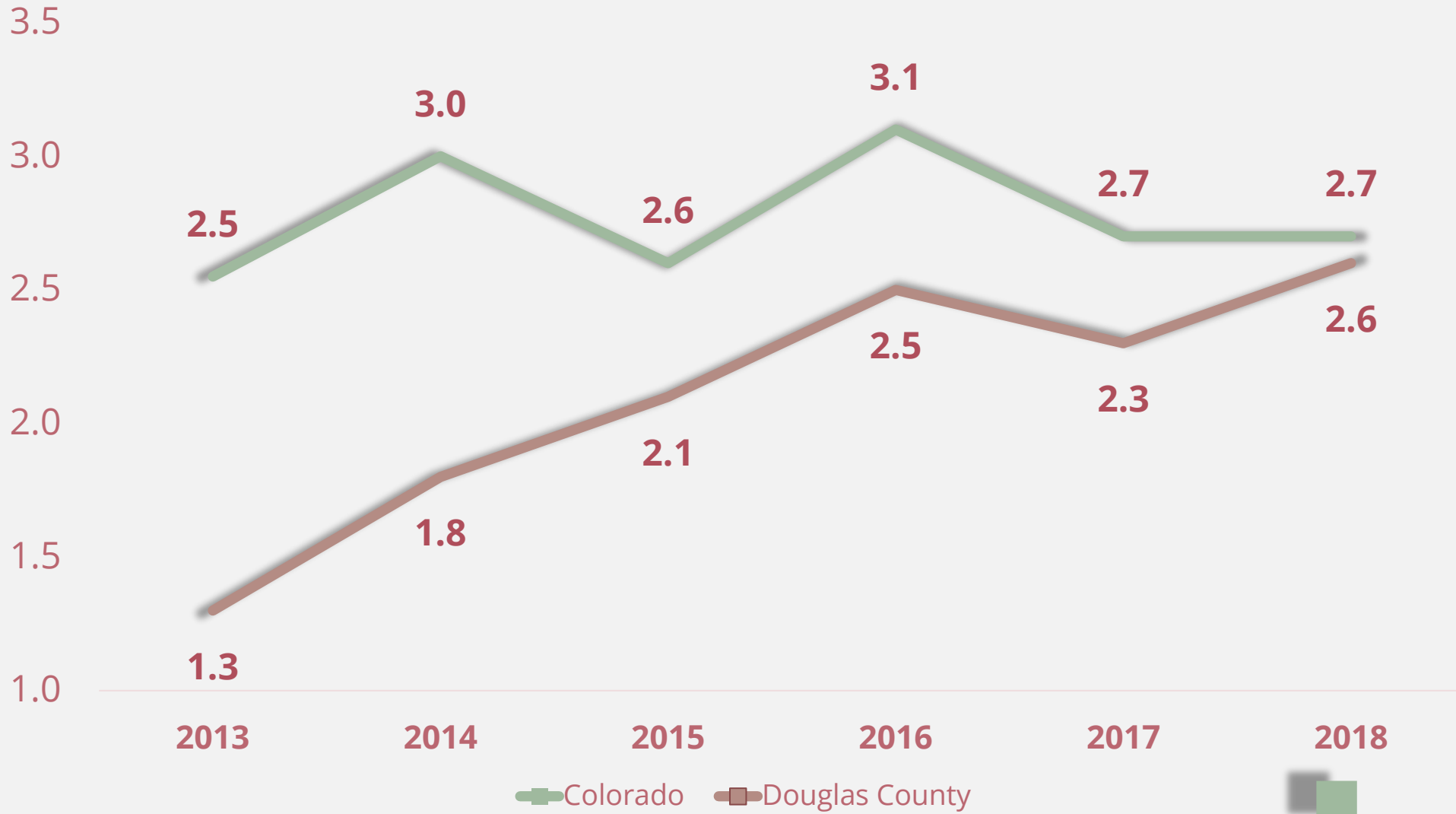
Cause of Death: Chronic Disease Age Adjusted Rate per 100,000 2020



Cause of death due to chronic disease is lower in Douglas County compared to Colorado

Note: (#) represents Douglas County number of deaths in 2020
Data Source: Vital Statistics Program, Colorado Department of Public Health and Environment

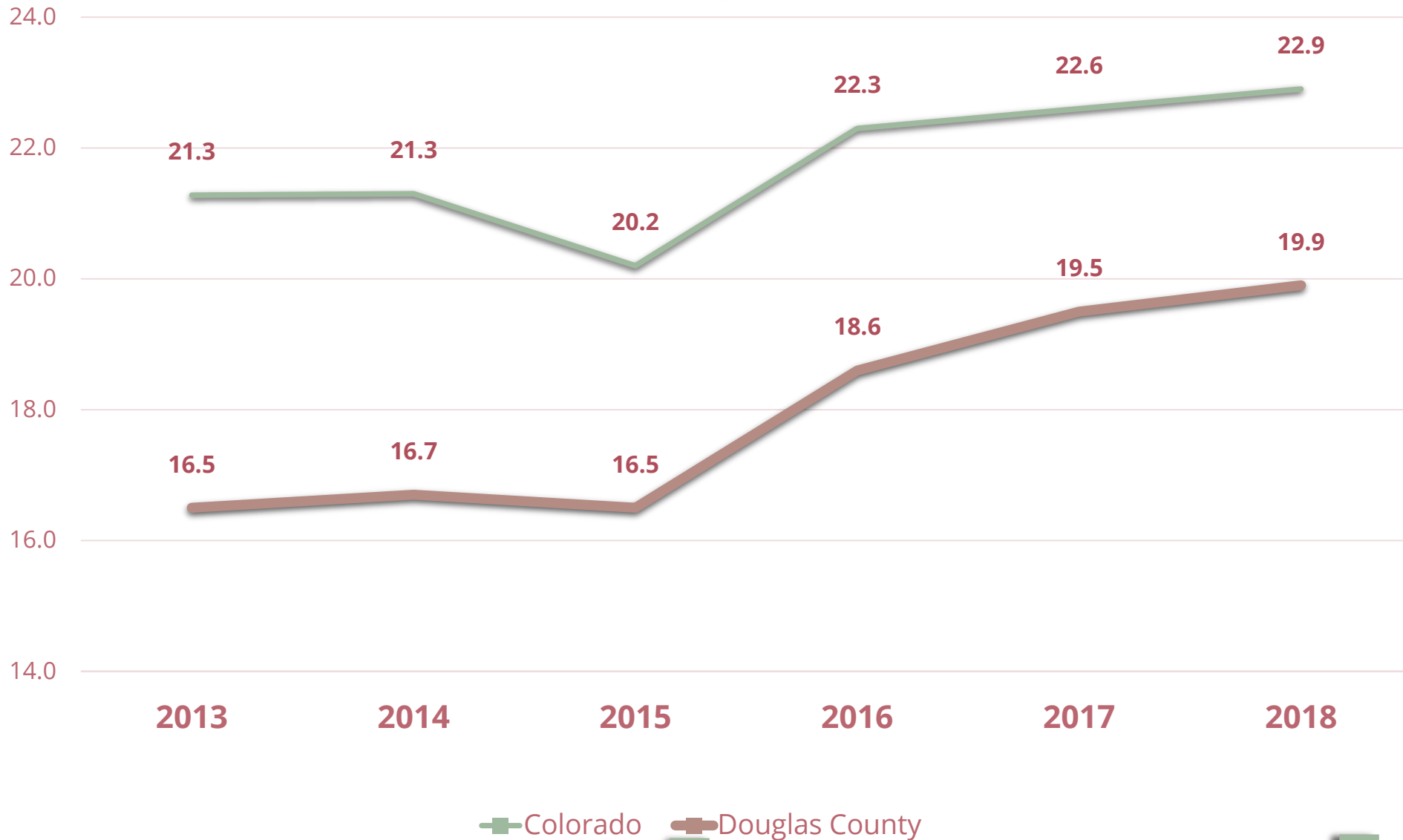
Percent of adults who have ever been diagnosed with coronary heart disease



Douglas County has lower prevalence of heart disease compared to Colorado.

However, the percent of **adults who have been diagnosed with heart disease was increasing** while Colorado remained stable

Percent of Adults with a Body Mass Index Greater than or Equal to 30



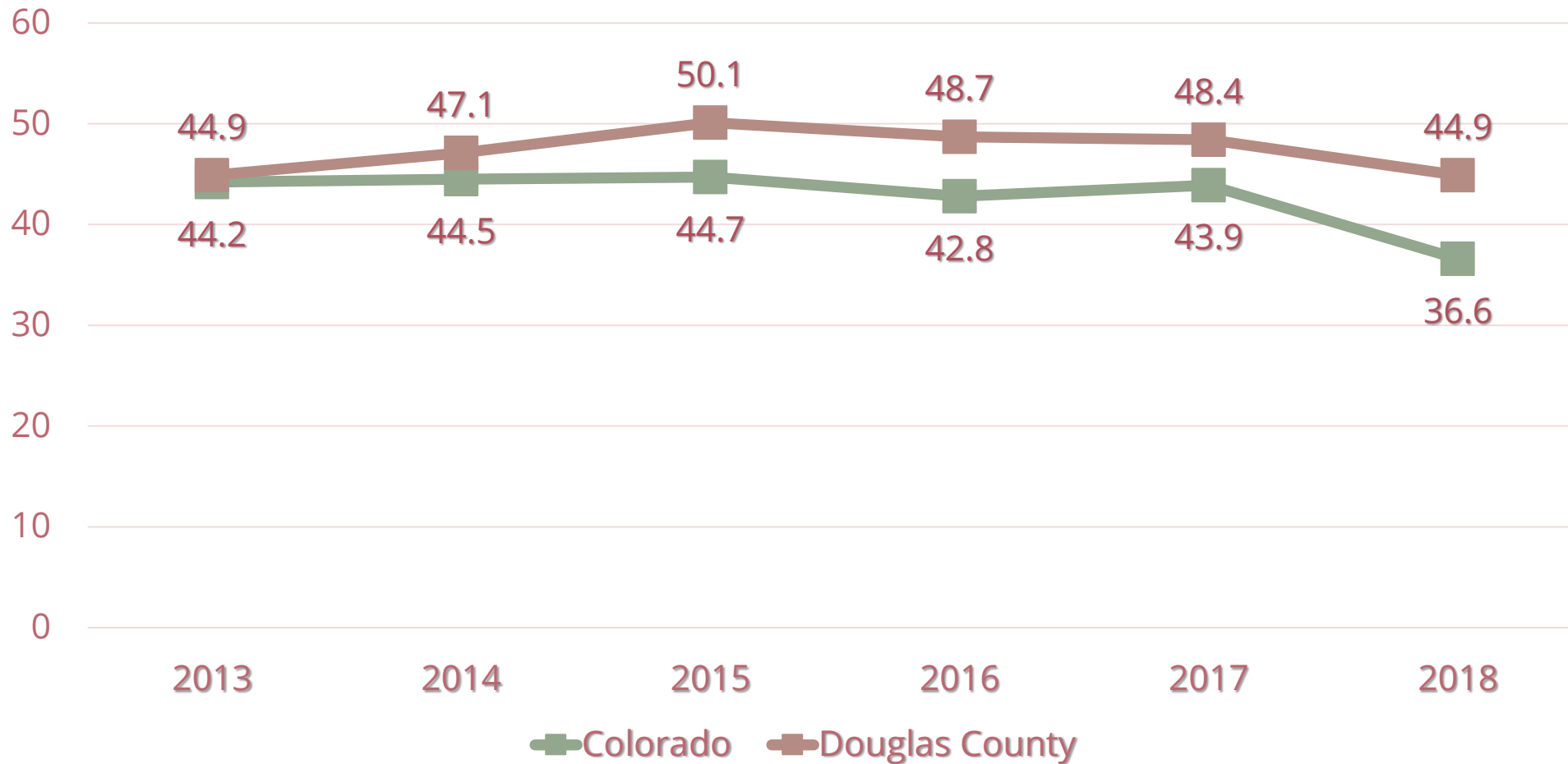
Obesity rates were increasing faster in Douglas County compared to Colorado

16.5% in 2013 up to 19.9% in 2018

There is little geographic variation in rates within the County.

Data Source: Colorado Behavioral Health Risk Surveillance System

Adults (Age 18+) who received a Flu Vaccine (flu shot or a vaccine sprayed in the nose) within the past 12 months



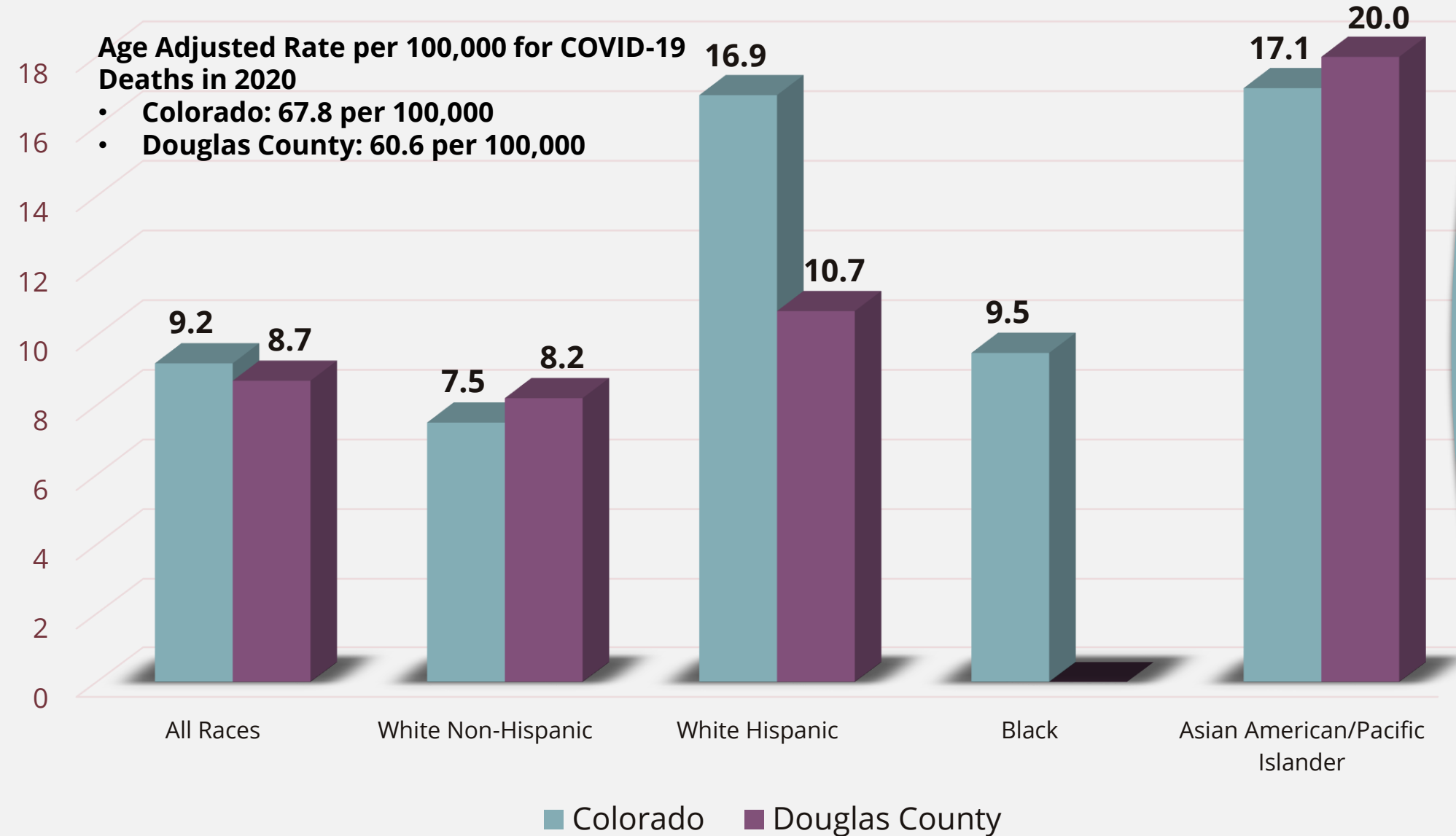
Flu Vaccine rates are higher in Douglas County compared to Colorado.

Cause of Death: COVID-19

Percent of total deaths of each race/ethnicity category 2020

Age Adjusted Rate per 100,000 for COVID-19 Deaths in 2020

- Colorado: 67.8 per 100,000
- Douglas County: 60.6 per 100,000



Douglas County has a lower rate of death due to COVID-19 compared to Colorado.

AA/PI have the highest percent of deaths due to COVID-19 in Douglas County, and experienced the highest percent among all race/ethnicity populations in Colorado, followed by White Hispanic individuals.

Douglas County COVID-19 Data

HOSPITALIZATIONS

1883 Total +50

84 Confirmed , 3 PUI

+6

CASES

42,910 Total

7 Day roll avg. (11/1)

141.4 %

+52% change

INCIDENT RATE

11.62%

Increase + .84%

DEATHS

329 Total

last reported 10/26

+ 4

Avg. Age **79**

VACCINATIONS

487,582 Total

78.6 % Completed

80.1 % Overall

+ 1.5%

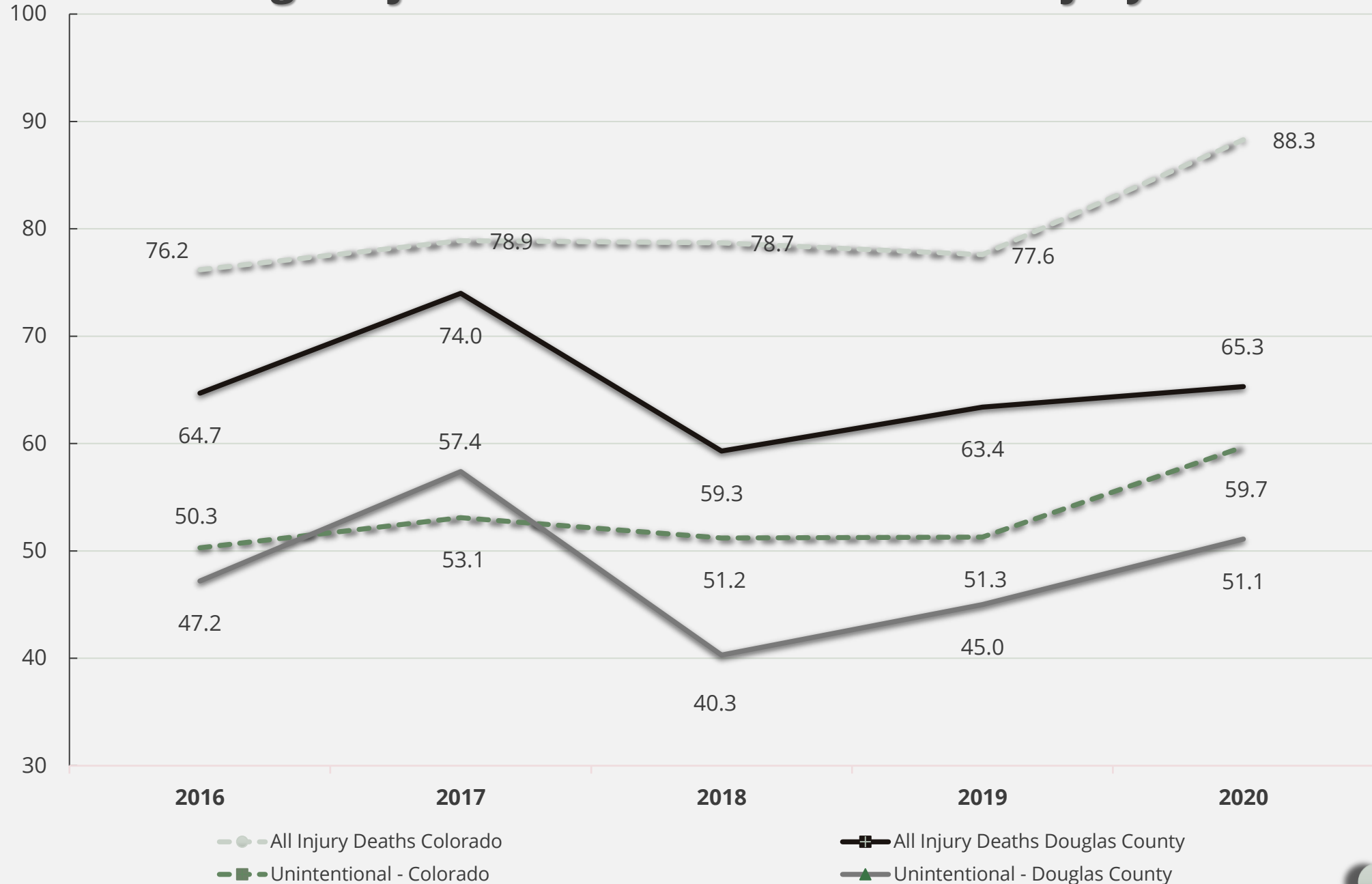
Data Source: TCHD - Weekly
COVID-19 Snapshot 11.8.21

- In 2017, the prevalence of one or more chronic conditions increased slightly between 2013 and 2017 from 58 percent to 63 percent among adults 18 years and older to approximately two in three adults (BRFSS)
- The percent of adults who had ever been diagnosed with diabetes increased from 6.3 percent in 2013 to 10.3 percent in 2019 (BRFSS)
- Hospitalizations per 100,000 residents for heart disease remained a leading cause of hospitalization despite decreasing between 2015 and 2019 (CDPHE, Hospital Data 5-year combined estimates)
- Compared to Colorado, death due to cardiovascular disease, lower respiratory diseases, and diabetes was significantly lower in Douglas County in 2020 (Vital Statistics)(
- More than half of residents within the major cities live within 10-minute walk of a park (Trust for Public Land's ParkScore® index)



Priority Area #3
Injury Prevention

Age Adjusted Rates of Death due to Injury



Injury is common, costly, and preventable – it is the third leading cause of death in Colorado.

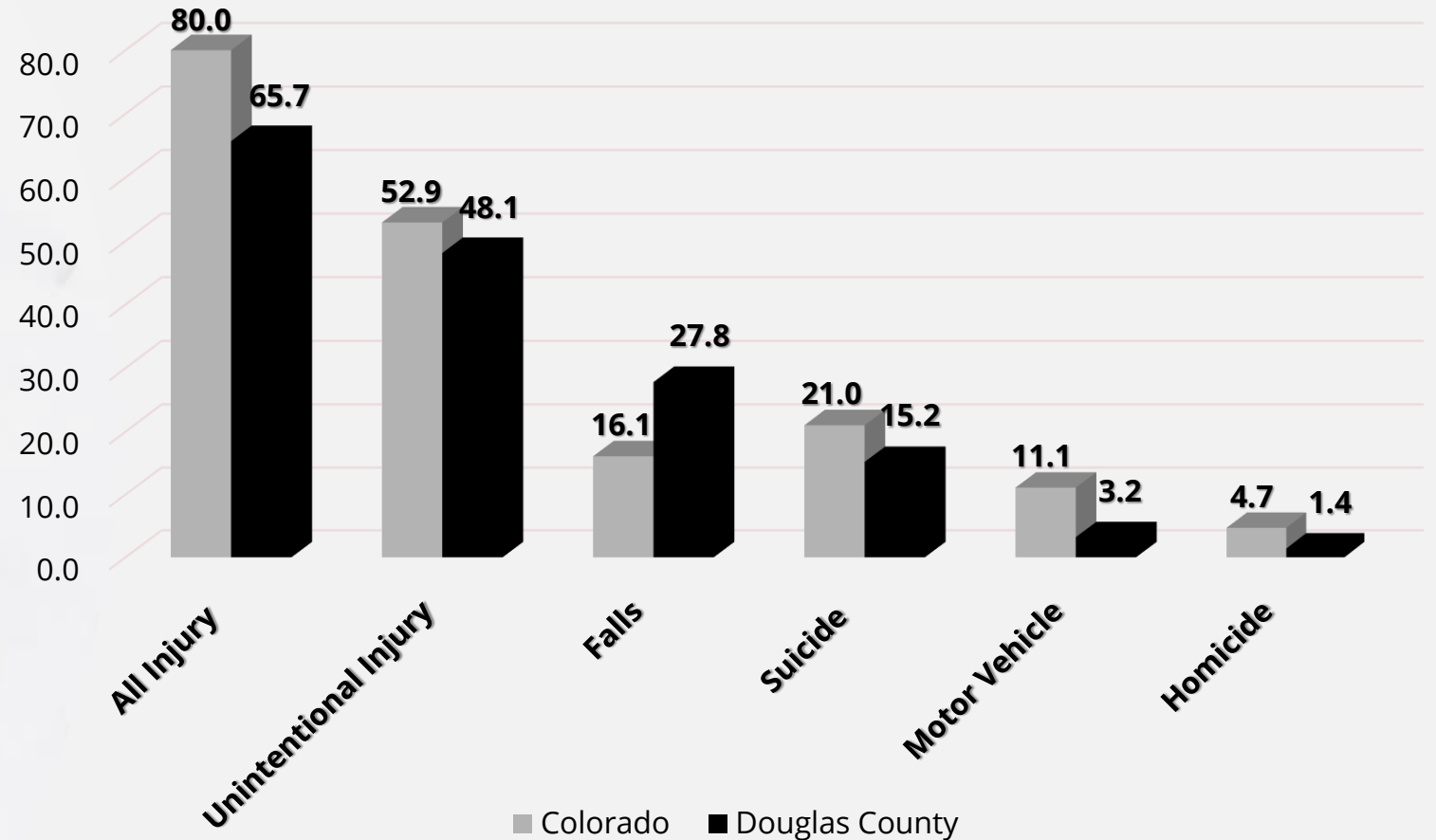
The annual 2016 to 2020 average rate of injury-related death in Douglas County is lower than Colorado.

Between 2018 and 2020, the trend was increasing in both Colorado and Douglas County but less of an increasing trend in Douglas County.

Note: The categories are not mutually exclusive. For example, an individual death may have been both unintentional and due to a firearm injury. In this case, their death may be counted among the "Unintentional injury" and "Firearm Injuries" categories.
 Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard.

Falls are one of the leading cause of injury in Douglas County, and the rate was greater than in Colorado between 2016-2020.

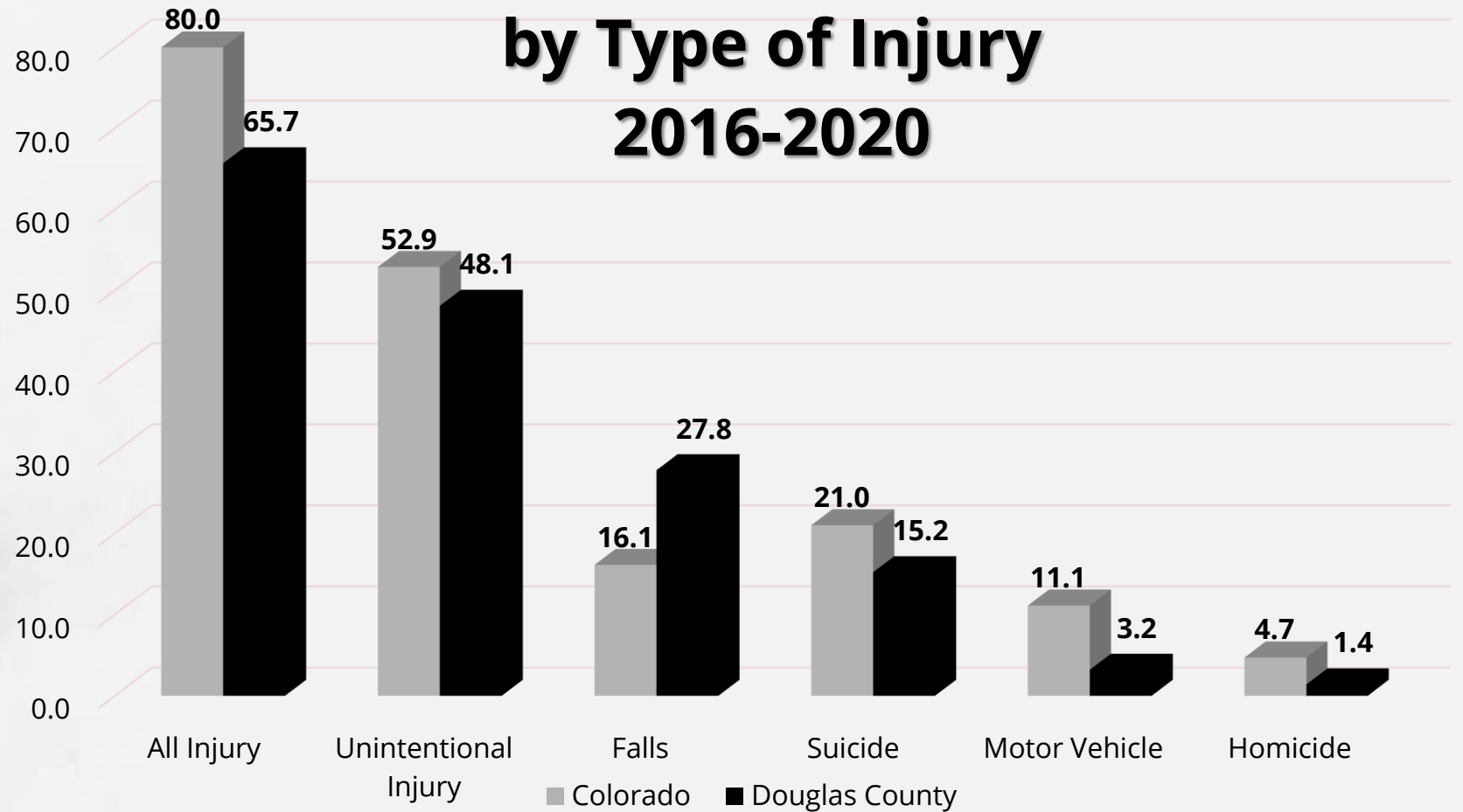
Age Adjusted Injury Rate per 100,000,
by Type of Injury
2016-2020



Note: The categories are not mutually exclusive. For example, an individual death may have been both unintentional and due to a firearm injury. In this case, their death may be counted among the "Unintentional injury" and "Firearm Injuries" categories.
Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard.

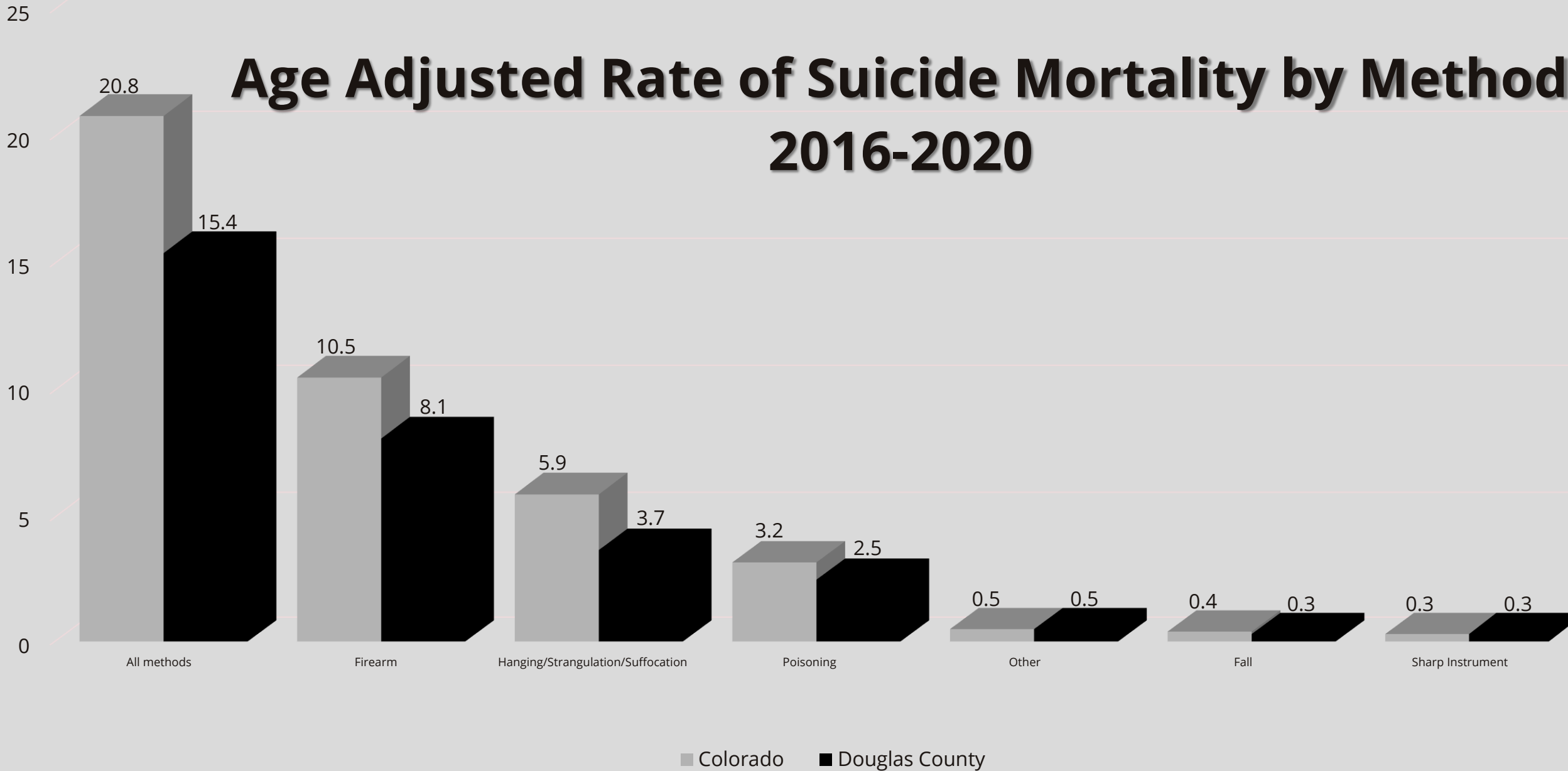
Falls are one of the leading cause of injury in Douglas County, and the rate was greater than in Colorado between 2016-2020.

Age Adjusted Injury Rate per 100,000, by Type of Injury 2016-2020

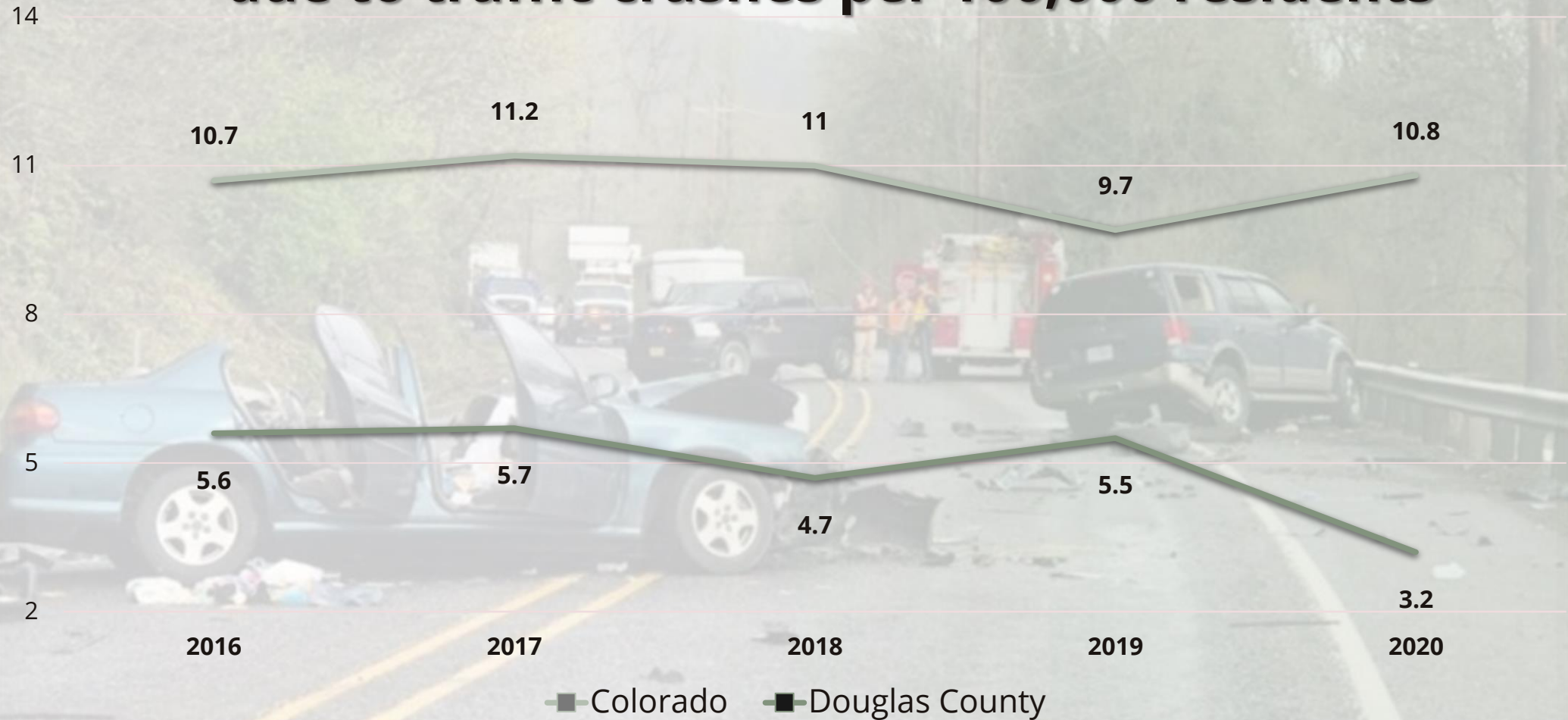


Note: The categories are not mutually exclusive. For example, an individual death may have been both unintentional and due to a firearm injury. In this case, their death may be counted among the "Unintentional injury" and "Firearm Injuries" categories.
Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard.

Age Adjusted Rate of Suicide Mortality by Method 2016-2020



Average annual age-adjusted rate of deaths due to traffic crashes per 100,000 residents



Note: The categories are not mutually exclusive. For example, an individual death may have been both unintentional and due to a firearm injury. In this case, their death may be counted among the "Unintentional injury" and "Firearm Injuries" categories.
Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard.

Age Adjusted Rates per 100,000 of ED Visits by Injury Type	2016	2020	Percent Change
Fall Injuries	1,759.9	1,852.5	5%
Motor Vehicle	452.2	348.4	-23%
Poisoning Due to Drugs	115.3	143.7	25%
Assault	105.6	118.7	12%
Intentional Self Harm	100.3	109.1	9%
Child or Adult Abuse	16.3	21.2	30%

Note: ED visits represent health care events and not unique individuals. It is possible that an individual experienced more than one non-fatal injury within the time period, resulting in multiple events counted in this dashboard.
 Data Source: Injury Epidemiology Program, Colorado Department of Public Health and Environment. Colorado Hospital Association billing claims data

- Community members indicated unsafe driving behaviors are the second most risky or harmful behavior in the County (CHA Community Survey)
- The percent of driving deaths with alcohol involvement was 35 percent, or just over one in three driving related deaths. While total fatalities among all crashes dropped, the fatalities due to alcohol-impacted driving remained the same (CDOT, 2019)
- Among students who drove a car or other vehicle during the past 30 days, the percentage who drove when they had been drinking alcohol one or more times was higher at 7.1 percent than Colorado at 5.9 percent (HKCS, 2019)
- Falls were the leading cause of emergency department visits for non-fatal injuries between 2016 and 2020 (Vital Statistics)

Douglas County Top Causes of Death by Age Group (Age Adjusted Rates per 100,000) 2020

RANK	<1*	1-14	15-24	25-44	45-64	65+
Overall Age Adjusted Death Rate	4.9	**	0.6	1	2.7	31.9
1	Perinatal Period Conditions (3.7)		Unintentional Injuries (0.2)	Unintentional Injuries (0.3)	Malignant Neoplasms (0.8)	All Other*** (10.6)
2			Suicide (0.2)	Suicide (0.1)	Cardiovascular Disease (0.6)	Cardiovascular Disease (7.4)
3			Drug-Induced Deaths (0.2)	Drug-Induced Deaths (0.2)	Alcohol-Induced Deaths (0.6)	Malignant Neoplasms (6.4)
4			All Other*** (0.1)	All Other*** (0.2)	All Other*** (0.5)	Covid-19 (3.4)
5			Cardiovascular Disease (0.1)	Injury by Firearm (0.1)	Unintentional Injuries (0.3)	Alzheimer's Disease (2.5)
6				Alcohol-Induced Deaths (0.1)		Unintentional Injuries (1.8)

*Infant (<1 year) mortality rates are per 1,000 live births. Other rates are deaths per 1,000 population of the age group. **indicates one or two events in the category. Note: The categories are not mutually exclusive. For example, an individual death may have been both unintentional and due to a firearm injury. In this case, their death may be counted among the "Unintentional injury" and "Firearm Injuries" categories.

*** All Other includes all other causes of death not listed as a causes of death in the Birth and Death Stats Report developed by CDPHE Vital Statistics.

Data Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Summary and Next Steps

- Overall, Douglas County is healthier than Colorado. However, what is uncovered after an examination of the 154 health measures, is that there are trends that Douglas County Public Health should consider paying attention to, differences in the health experience of certain people within Douglas County, and opportunities to leverage or maximize.
- BOH to approve recommended priorities for the public health improvement plan process
 - Behavioral Health
 - Management and Prevention of Disease
 - Injury Prevention
- How do you want to be involved in the PHIP community meetings?



Questions or
Comments?