



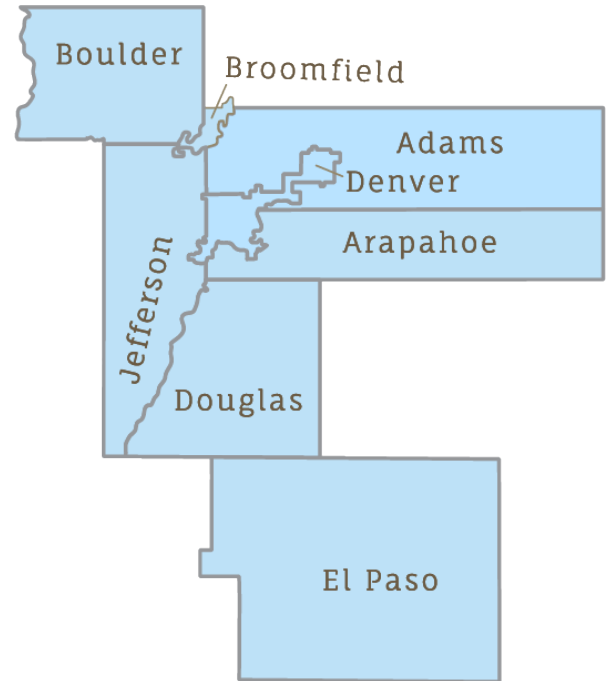
Colorado Community Health Equity Project

Project Overview

Background

There are many different factors that can impact our health and wellbeing. For example, our health can be impacted by our neighborhoods, our homes, our jobs, our education, and our support systems. These factors are called social drivers of health (SDOH). For certain marginalized communities, neighborhoods, and towns, these factors might be worse than they are for others, making it harder for people to stay healthy.

We invited people from eight different Colorado counties, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, and Jefferson Counties, to talk about their health-related needs, experiences, and ideas for a better future. This brief summary includes an overview of the Colorado Community Health Equity Project and highlights some of what we learned, including community-driven suggestions to improve the health of those who need it most.



Goals

1. Understand the **demographics, social drivers, and health outcomes** of communities across the counties
2. **Map resources and services** that improve access to food, transportation, healthcare, mental healthcare, housing, physical activity, community or social support, and support services for aging and disabled populations
3. **Engage** community members and stakeholders to understand:
 - Strengths and challenges communities experience that impact their health
 - Barriers and facilitators to care and accessibility of resources
 - Community-driven ideas to improve community health and wellbeing
4. **Analyze** the quantitative and qualitative results to inform community-driven, strategic recommendations that seek to improve health equity

Health Equity Definition

"The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health care disparities."

Healthy People 2030



Methods



Local residents were encouraged to participate in the following ways:

1. Focus Groups and Community Health Surveys:

Any county residents over the age of 18

2. Key Stakeholder Interviews: Health and social service providers with experience supporting individuals across broad domains.

3. Community Advisory Council: Health and social service providers were also engaged through voluntary participation in a council to guide the project.

Participation

270

Total Participants

219

Community Health Survey

32

Focus Group Participants

13

Key Stakeholder Interviews

6

Community Advisory Council

“

We're trying to just always get to the core of people who actually live and breathe in these communities to give us that insight and not make any assumptions”

Key Stakeholder

Key Findings

SDOH Strengths and Challenges

All communities have strengths and it is important to understand those strengths, and use them as a tool to improve health.

Strengths

Challenges

Recognition and appreciation of cultural diversity
Commitment to diversifying the provider workforce



Diversity

Lack of cultural humility, compassion, and understanding by providers
Underrepresentation of diversity

Greater attention and allocation of resources to address housing needs
More housing for select communities, such as aging and disabled



Housing

Safe and affordable housing is lacking across communities

Local and grassroots initiatives to address food policy
Large number of food pantries in certain areas



Food

Food deserts, or lack of fresh produce, exist in both urban and rural areas
Lack of healthy and diverse food options

On the ground policy for mental health advocacy
Efforts by local service organizations to expand services and outreach to address mental health needs



Mental Health

Lack of mental health providers and limited availability
Stigma and biases in mental health care exist

Community Health Perceptions



When asked about community health and wellbeing, survey respondents rate the community's health a **3.1 out of 5**.

Top 3 SDOH-related concerns for the community:

- 1 Housing costs
- 2 Access to healthcare
- 3 Access to healthier, affordable foods

Accessing Health and Social Care

Top Barriers



Financial Barriers

Medication, insurance, and income eligibility restrictions



Knowledge and Communication Barriers

Lack of awareness, complex application process, technology literacy and access, language barriers



Physical Access Barriers

Resource scarcity, infrastructure, transportation, and provider availability



Psychosocial and Interpersonal Barriers

Cultural barriers, stigma and discrimination, lack of social support

The above barriers disproportionately impact individuals with overlapping marginalized identities, such as being an aging person of color with a disability, for example.

Top Facilitators



Financial support

Financial assistance programs, childcare support



Knowledge and education

Health literacy



Direct access

Convenient locations and hours, transportation, multilingual staff



Psychosocial support

Culturally humble and compatible providers, support groups, patient navigation, community outreach and education

Foundational Considerations

When seeking to improve healthy equity, consider the following:

- Prioritize community partnerships and engagement
- Consider the role of systemic racism and historical injustices on health and SDOH
- Consider the diversity of identity and experiences of
- Leverage data insights
- Advocate for policy changes

Community-Generated Strategic Recommendations

Build provider networks and infrastructure that are set up for success

- ✓ Build a culturally competent, specialized provider network
- ✓ Ensure infrastructure and physical space accommodations are accessible for all members, including aging and disabled
- ✓ Ensure language and communication styles are inclusive and accommodating

Better address SDOH to optimize health outcomes for members

- ✓ Create a social needs network of service organizations
- ✓ Improve transportation benefits for members
- ✓ Utilize a Community Health Worker (CHW) workforce to assess and address SDOH

Advance current and future member engagement and outreach

- ✓ Boost awareness of plan benefits and programs, demonstrating the value the plan brings to the member
- ✓ Address technology barriers to improve access and use
- ✓ Strengthen wellness programs, rewards programs, and other plan perks

Improve engagement of individuals with mental health conditions and comorbidities

- ✓ Enhance mental health screening and identification
- ✓ Foster trauma-informed care
- ✓ Strengthen comorbid condition management

Conclusion

The Colorado Community Health Equity Project helped us to understand how SDOH can affect the health of diverse communities across Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso and Jefferson counties. We talked to a variety of community members and key stakeholders living and working in these counties to better understand what works well in the community, the challenges people face, and ideas to increase health equity for everyone. The experiences and community driven ideas have been shared back, in greater detail, with Select Health so that it can inform their programs, policy and advocacy to advance the health and wellbeing of their plan members.

Acknowledgements

We would like to thank all of the community members and health and social service providers of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso and Jefferson counties for their participation in the focus groups, key stakeholder interviews, and community health survey and providing rich perspectives and ideas. We would especially like to thank the service organizations that co-hosted focus groups for community members, including the Mountain Resource Center, Care Synergy, and Latinas Community Connections Services. We would also like to thank the Colorado Community Health Equity Project Community Advisory Council for their strong contributions to the project and Select Health for their collaboration on the successful completion of this work.

