

2025-2029 Adams County ***COMMUNITY HEALTH IMPROVEMENT PLAN***

Full Report



ADAMS COUNTY
**THRIVING COMMUNITIES
COLLECTIVE**
Creating a Healthier Future Together

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*Appendices A, B, D, E, F, K, L are available online at
 ACHD's [Our Community Health Status and Priorities](#)



LETTER FROM THE EXECUTIVE DIRECTOR

Dear Adams County Community,

I am pleased to present the inaugural Adams County Health Department (ACHD) Community Health Improvement Plan (CHIP). This plan is the result of over a year's collective efforts of our planning team, community partners, community members, and our County government partners.

From the beginning, we have approached this collective impact process with the knowledge that health is supported and highly influenced by the communities and systems in which we live. "The preconditions of everyone's health are communal and systemic," and we strongly believe, as the Public Health Code of Ethics advises, "[that] the field of public health must address them as such."¹ We have also been guided by Public Health 3.0: the most recent model for a modern, effective public health system that calls for a shift in practice to identify root causes of health, to work together across sectors more strategically, and to address improvements through policy, systems, and environmental changes. We believe, "Public health is what we do together as a society to ensure the conditions in which everyone can be healthy."²

Together, we are working towards a healthy, happier, and more thriving community. Since its inception in July 2023, the Adams County Thriving Communities Collective (ACTCC) has brought together community members, community-based organizational partners, municipal partners, county staff, and health department staff; the ACTCC has been the guiding force and decision-making body throughout the development process. The ACTCC elevated three community health priority areas, which were approved in January 2024 by the Adams County Board of Health: Access to Care, Economic Security, and Housing.

This Community Health Improvement Plan reflects the collective efforts that created it. Aligning work across the county, we are leveraging capacity, momentum, and resources for greater impact. Our intention is to not only address some of the immediate needs of our community but work towards long-term solutions. We recognize that meaningful, lasting change takes time, strategic collaboration, and thoughtful alignment of work. Some of our goals, therefore, are longer than the traditional five-year health goals and acknowledge our commitment



to meaningfully addressing these complex community health priorities.

This report describes the CHIP development process, our community engagement and partnership, and the plans of the ACTCC to address Access to Care, Economic Security, and Housing in Adams County. For more information on the CHIP, to follow our progress, or to get involved, please visit the ACHD's "Our Community's Health Status And Priorities" webpage.

Sincerely,

Kelly N. Weidenbach

Dr. Kelly N. Weidenbach, DrPH, MPH
ACHD Executive Director

ACKNOWLEDGEMENTS

Partnership with our community members, community-based organizational partners, and county staff has been a priority from the beginning. We are so thankful for the people and organizations who have contributed to the development of this plan. You have challenged us to do better, work in partnership with others, and not let fear of failure stop us from setting difficult goals. This plan is better for your partnership, and we look forward to this work together during implementation. The organizations with which our partners are affiliated are listed below.

List of Partnering Organizations

ACCESS Housing	Communities That Care - Bennett Park & Rec
Adams 12 Five Star Schools	Crawford Elementary School, Aurora Public Schools
Adams County Department of Human Services	Denver Regional Council of Governments (DRCOG)
Adams County Community & Economic Development	Early Childhood Partnership of Adams County
Adams County Community Safety & Well-Being	East Colfax Community Collective
Adams County Health Department	The Family Tree
Adelante Community Development	Food for Hope
Almost Home, Inc.	Good Shepherd Presbyterian Church Food Pantry
Arapahoe County Public Health	Growing Home
Aurora Economic Opportunity Center	Henderson Community Church
Aurora Public Schools	Intermountain Health Platte Valley Hospital
The Aurora Housing Authority	Maiker Housing Partners
Bennett Park & Recreation District	Montview Elementary School, Aurora Public Schools
Brothers Redevelopment, Inc.	NAMI Colorado
Caring & Sharing	Northglenn United Church of Christ
City of Commerce City	Rocky Mountain Partnership
City of Westminster	St. Anthony North Hospital
Clinica Family Health & Wellness	UCHealth
Colorado Access	Village Exchange Center
Community Reach Center	



A very special thanks to our participating community members!

Members who have given us permission to list their names include:

- Beth Inman-Daniel, I-70 Corridor Communities That Care
- Dion Miller, Recovery Advocate, Trudging Together
- Stella L.
- Ana Ruiz Ortiz, Commerce City resident
- Chrystal Flaxbeard, Henderson Community Church Food Pantry

EXECUTIVE SUMMARY

What is Public Health?

“The preconditions of everyone’s health are communal and systemic, and the field of public health must address them as such.”

– APHA Public Health Code of Ethics¹

“Public Health is what we do together as a society to ensure the conditions in which everyone can be healthy.”

– Public Health 3.0²

The purpose of public health is to “protect and promote the health of all people in all communities.”³ Prior to 2023, the health of people in Adams County was protected and promoted by Tri-County Health Department. ACHD officially opened its doors in January 2023 as the local governmental public health agency serving Adams County, Colorado to continue to safeguard and improve the community’s health and well-being, believing that all people deserve the opportunity to be healthy, valued, safe, and thriving. A person’s health is determined by many factors that are both within and outside of that person’s control, including physical environment, social status, income, education, opportunity, social supports, genetics, access to health services, and individual behaviors. Public health can help improve the health of a community by addressing many of these factors influencing health.

What is a Community Health Improvement Plan?

One of the first activities of ACHD was to collaborate closely with community to identify Adams County’s health priorities and to develop the 2025-2029 Community Health Improvement Plan (CHIP). A CHIP is a community-owned strategic plan to address community health needs and public health challenges identified through a Community Health Assessment (CHA). The CHIP is a guiding light, embodying the long-range vision for the Adams County community. Local public health departments are required by the 2008 Colorado Public Health Act to build a CHIP as part of the Colorado Public Health Assessment and Planning System ([CHAPS](#)). The [2022 Adams County CHA](#) was completed by Tri-County Health Department, for Adams County, in late 2022.

What is a CHIP?

- Community-centered plan to address Adams County’s health priorities for the next 5 years
- County-wide priorities with potential for local strategies and local action
- Guided by and implemented through collective action
- Addresses health concerns identified through the Adams County Community Health Assessment
- Required by the state of Colorado every 5 years

Who is involved in our CHIP?

- Created, guided, and implemented by a community-led coalition: the Adams County Thriving Communities Collective (ACTCC)
- Facilitated and evaluated by ACHD

The Adams County Community Health Improvement Plan exemplifies the vision and values of ACHD:

ACHD VISION STATEMENT

A community-led county where everyone has the opportunity to be healthy, valued, safe, and thriving.

Values

ACHD realizes our vision through [our values](#), embedded into this planning process.



What are Our Community Health Improvement Priorities for Adams County?

After extensive community engagement, research, and discussion throughout 2023, the Adams County Thriving Communities Collective selected three priority areas for the 2025-2029 Community Health Improvement Plan: Economic Security, Housing, and Access to Care. The Adams County Board of Health approved these priority areas in January 2024.

Our Priority Areas



Economic Security



Housing



Access to Care

How do we define Economic Security, Housing, and Access to Care?

Economic Security:

The ability of individuals, households, and communities to meet their basic and essential needs sustainably; these needs include food, shelter, clothing, health care, education information, livelihoods, and social protection.⁴

Housing:

The spaces where people live and call home. A home can be an apartment, mobile home, house, shelter, car, hotel, condo, townhome, or a tiny home.

Access to Care:

The ability of people to get timely health care they need that meets their individualized needs, including primary care, mental and behavioral care, urgent care, dental care, vision care, and specialty care.



*I am excited to present ACHD's inaugural Community Health Improvement Plan. The goals presented here are the result of thoughtful planning, honest conversation, and the hard work of so many in our community: residents, organizational partners, and County staff. By dedicating time, partnership, and resources to **Economic Security, Housing, and Access to Care**, we will improve the health and wellbeing of Adams County today and for years to come.*

Dr. Kelly N. Weidenbach, DrPH, MPH
ACHD Executive Director

DATA PRESENTED IN THIS PLAN

The data in this report supplement the 2022 Adams County CHA. The data were compiled from a variety of both primary (collected for local health assessment purposes) and secondary data sources (collected for another purpose, usually by another organization/institution). This report includes both quantitative and qualitative data. Quantitative data are described numerically, such as the percentage of people who make a certain income. Qualitative data are attributes and characteristics described by people in the community through surveys and focus groups, such as perceptions of what makes up a healthy community.

At the time of this writing, the most recent data available from each source were used. Secondary data sources included in this Plan:

SECONDARY DATASET	SOURCE	YEAR(S) USED IN THIS REPORT
Adams County Eviction Data	17th Judicial District Court	2024
American Community Survey (ACS)	U.S. Census Bureau	1-Year Estimates: 2022, 2023 5-Year Estimates: 2017-2021
Behavioral Risk Factor Surveillance System (BRFSS)	Colorado Department of Public Health and Environment (CDPHE)	2020-2023
Colorado Health Access Survey	Colorado Health Institute	2023
Eligible But Not Enrolled Population	Colorado Health Institute	2019
Point in Time Survey	Metro Denver Homeless Initiative	2024
State Demography Office	Colorado Department of Local Affairs	2023

Data Limitations

There are limitations to all data. Although we have made every effort to ensure the quality of the data used in this report, some limitations and weaknesses exist.



Timeliness

There is often a lag between when data are collected and released. For instance, data collected in one calendar year may not be available for six months, or longer, after the close of that year. By combining years of data together, we can often create stable estimates or protect confidentiality. However, this can hide recent trends.



Accuracy

Data can be inaccurate due to measurement errors, coding errors, or analytic errors. Response bias and recall bias can also affect accuracy. We do not always know if people who respond to surveys are similar to or different from those who do not respond; people who decide to respond may do so because of a motivation that someone else may not have. The error that may occur due to the people who respond—and their unknown motivations—is called response bias. Similarly, recall bias can occur when people are asked about things that may have occurred in the past.



Geographic relevance

Most data are collected at particular geographic scales and therefore may be hard to apply to smaller or larger areas of interest. For example, most of the large, national survey-based systems in this country focus data collection at the state level; therefore, data at the county, city, or neighborhood level may be limited or even unavailable.



Completeness

Data can be incomplete for various reasons related to data collection. Specific questions or question wording can change year-to-year, specific populations may not be counted consistently or at all, and data entry errors can occur.



Small Numbers

Most of the data used in this report are based on samples of the population. If a sample is very small it can create unstable estimates. Caution must be used in their interpretation. Small samples or events that occur to a small portion of the population need to be displayed carefully so as not to identify an individual.



Misrepresentation or Underrepresentation of Demographic Data

It is important to measure patterns of health among subgroups of the population. Critical health differences can vary depending on age, race and ethnicity, sex, and personal identity. The data used in this report have the potential to misrepresent people's true identities due to the way data collection tools are written and interpreted. The choices for respondents to select in data collection tools, including surveys, may not match the way a respondent would self-identify. Misidentification and underrepresentation may also be weaknesses of race and ethnicity data because the choices provided to respondents may be too limited or inaccurately describe their experiences. For example, a person may not feel that any of the race or ethnicity choices are appropriate for them, so they have to choose a category that is not as accurate.

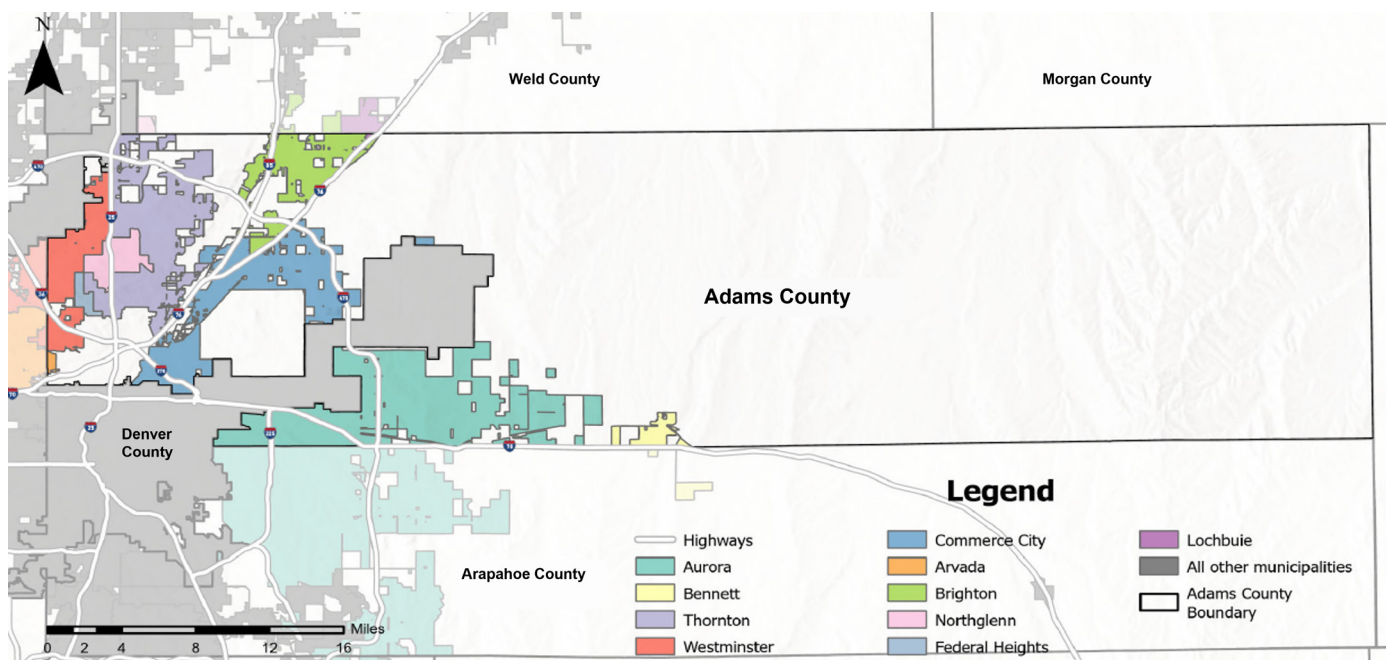
ADAMS COUNTY DEMOGRAPHIC PROFILE

Adams County, Colorado, is located in the northeastern Denver Metropolitan Area; about 533,000 people called Adams County home in 2023.⁵ The population is expected to grow by 11% to 591,462 people by 2040.⁵ Proud of our rich history and traditions, Adams County is a celebration of peoples and cultures. From the rural eastern parts of the county to the urban and suburban west, people in Adams County have a wide range of backgrounds and perspectives. Adams County is home to the cities of Brighton, Commerce City, Federal Heights, Northglenn, and Thornton; portions of Arvada, Aurora, and Westminster; the town of Bennett; and a portion of the town of Lochbuie. Unincorporated areas include Henderson, Strasburg, and Watkins. See the Community Health Assessment for additional demographic and community data.

Table 1. Community Characteristics

CHARACTERISTIC	ESTIMATE
Total Population⁵	533,580 people
Median age⁶	35 years
Under 5 years	6%
5-17 years	18%
65 years and over	12%
People living below the federal poverty line⁶	10%
People without health insurance⁶	9%
Median household income⁶	\$97,706
Hispanic population, of any race⁵	41%
Non-Hispanic population, by race⁵	58%
White alone	46%
Asian alone	4%
Two or more races	4%
Black or African American alone	3%
American Indian and Alaska Native	<1%
Native Hawaiian or Pacific Islander	<1%
People who speak a language other than English at home⁶	29%
People who speak Spanish at home	24%

Map 1. Adams County Boundary and Jurisdictions within Adams County⁷



CHIP DEVELOPMENT PROCESS

Process Overview

The [Colorado Health Assessment and Planning System \(CHAPS\)](#) is the eight-phase process developed by the Colorado Department of Public Health and Environment to guide local public health agencies through required public health assessment and planning processes and ensure public health continually addresses the public's health priorities in addition to providing core public health services. Activities described in this report primarily relate to phases directly tied to the development of the CHIP: phases four through six. However, we will include additional details relevant to other phases because our process was a little less traditional due to the dissolution in December 2022 of Tri-County Health Department (previously serving Adams, Arapahoe, and Douglas Counties) and the establishment of ACHD in January 2023. We also want to note that phases were not always completed in sequential order and, in fact, sometimes repeated, such as phase two: community engagement. Knowing that ACHD intends to become an accredited public health agency, we also followed best practices outlined by the [Public Health Accreditation Board](#).

CHAPS Phase 2: Community Engagement

Overview of Community Engagement

We engaged with community partners, colleagues, and community members throughout the process. Community surveys allowed us to gather input from a larger part of the community while respecting community time. By partnering with trusted community-based organizations, focus groups allowed us to gather detailed information, have honest conversations, and hear personal experiences from participants. This plan better addresses community needs thanks to the participation and leadership of our community partners and community members. Our community engagement process is summarized in Table 2.

To help inform the 2022 CHA, the qualitative data-gathering process included 2021 survey data from 1,259 people living in and/or serving Adams County and input from seven focus groups. We conducted additional surveys in 2023 with 84 partners and 1,333 community members, as well as coordinated additional 16 focus groups with the support and thoughtful partnership of local organizations with existing trusted relationships with the community. During the summer and fall of 2023, staff participated in six convenience-sample road shows by presenting at existing community-based group meetings by invitation.

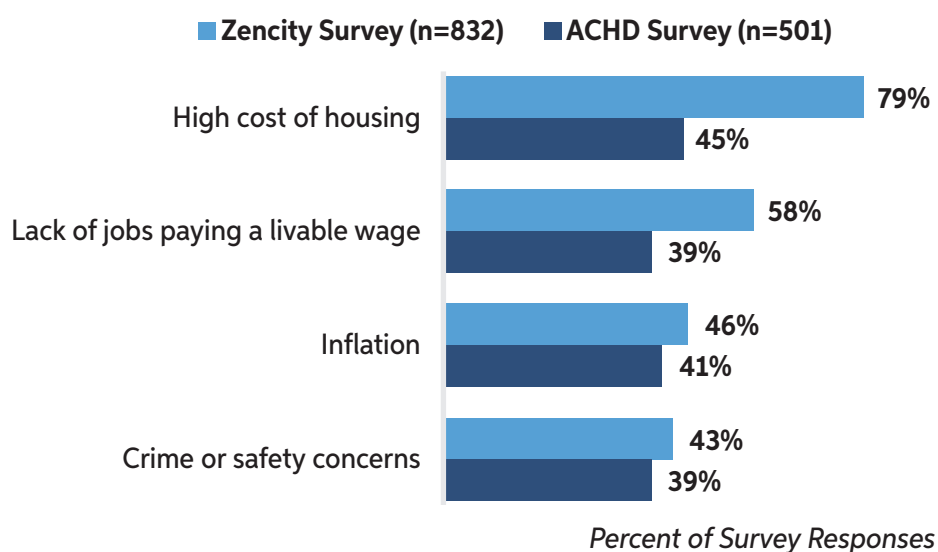
Table 2. Summary of Community Engagement

COMMUNITY ENGAGEMENT	YEAR	DATA-GATHERING PROCESS	NUMBER OF PEOPLE OR GROUPS
Community Surveys	2021	Survey conducted as part of 2022 CHA	1,259 people living in and/or serving Adams County
	2023	ACHD Partner Survey	84 partners serving Adams County
		Survey in partnership with Adams County Community & Economic Development, Crescendo Consulting Group, and Zencity	1,333 people living in Adams County
Focus Groups	2021	Focus Groups conducted as part of 2022 CHA	7 groups (45 people)
	2023	Focus Groups	16 groups (131 people)
	2024	Focus Groups	2 groups (55 people)
Road Shows	2023	Road show presentations	5 meetings
	2024	Road show presentation	1 event

Community Surveys

A community survey was created in partnership with Adams County Community and Economic Development (CED)'s Community Services Block Grant (CSBG) program, community partners, and Crescendo Consulting Group (who conducted the CSBG assessment). This partnership allowed Adams County to align required community assessments and, therefore, gather more robust input while respecting community time and input. The survey was open July - October 2023 and was available to respond online in English and Spanish. ACHD also partnered with Zencity, which recruited community survey respondents to respond online through targeted advertisements using social media/apps. A total of 1,333 respondents from Adams County completed both surveys (Appendix A & B: Survey Results). For a detailed comparison of the two survey samples, refer to Appendix C: Comparison of 2023 Community Survey Samples.

Figure 1. Top Conditions that Prevent Communities from Thriving by Survey Distribution Method, 2023



Focus Groups

ACHD was pleased to partner with five community-based organizations to conduct focus groups with community. As trusted members of the community, these organizations were able to recruit participants among priority populations, have honest conversations, and summarize their findings (Appendix D: Priority Populations). They held 16 focus groups in the fall of 2023, with 131 participants. Focus groups were done in partnership with Intermountain Health Care. (Appendix E: Focus Group Summaries)

Partnering Organizations

1. Bennett Park & Recreation District and the Communities That Care - Bennett Park & Rec partnership
2. Caring & Sharing
3. Early Childhood Partnership of Adams County (ECPAC)
4. Montview and Crawford Community Elementary Schools, Aurora Public Schools
5. National Alliance for the Mentally Ill (NAMI) Colorado

Additionally, ACHD staff conducted a focus group in 2024 with the staff of Atlantis Community, Inc., an organization serving the disability community in the Denver Metro Area.

Organizational Partner Survey

In December 2023, ACHD surveyed partner organizations serving Adams County residents; 84 organizational partners responded. In addition to providing feedback on community strengths, health problems, and characteristics of a thriving community, partners were asked to rate interest in working together on health priority areas as well as select levels of current work in these areas (Appendix F: Partner Survey Results). Additional detail is provided in Appendix G: Capacity Assessment Matrix.

Road Shows

ACHD staff met with various partner groups at six road shows in the summer and fall of 2023 to present CHA findings and discuss community needs through convenience sampling.

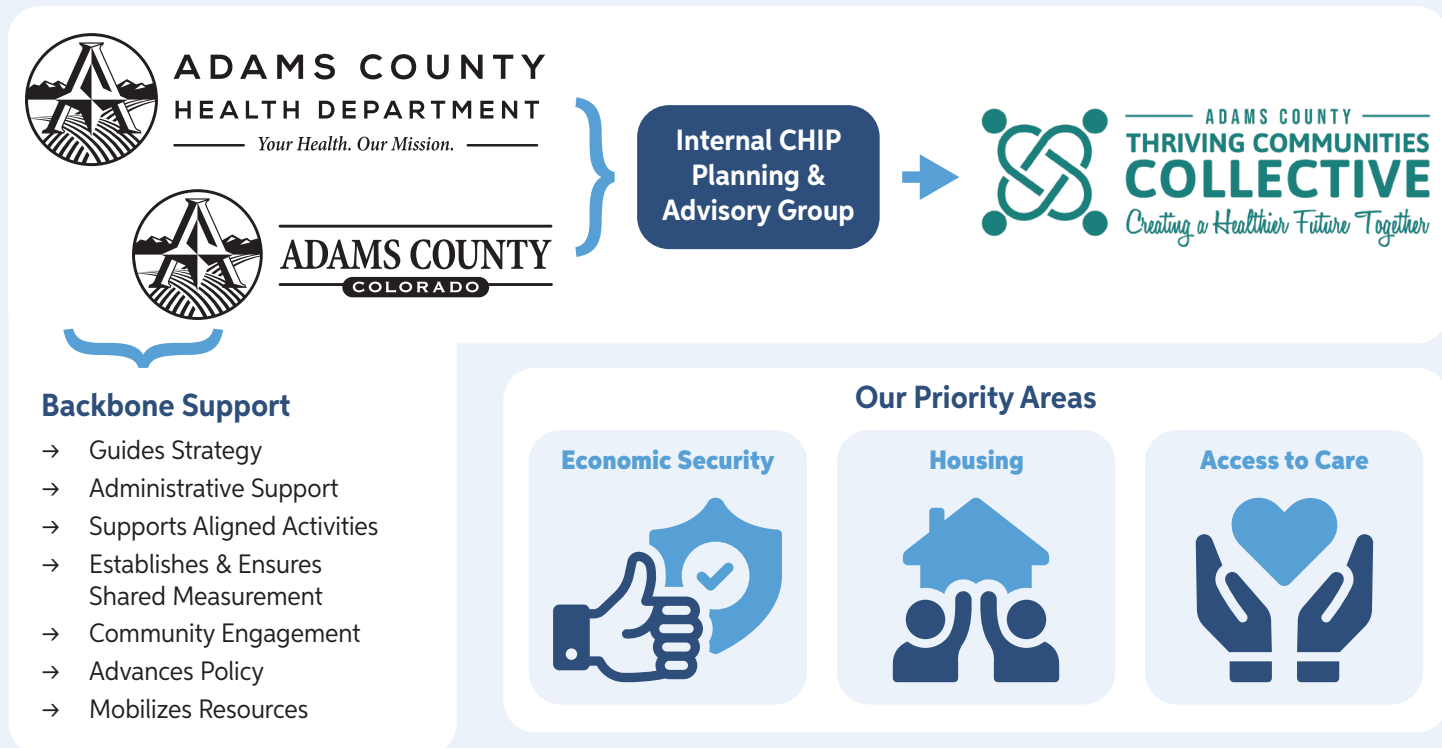
1. Adams County Health Alliance Steering Committee Meeting	April 20, 2023
2. Adams County Regional Accountable Entity (RAE)/FQHC Check-In Meeting	May 11, 2023
3. Adams County Behavioral Health Coalition Meeting	June 20, 2023
4. Adams County Health Alliance Community Quarterly Meeting	June 23, 2023
5. Adams County Nursing Home Visitation Meeting (NSP)	July 18, 2023
6. Montview Elementary School Community School Family Meeting	April 30, 2024

Adams County Thriving Communities Collective



In addition to direct community engagement, ACHD established a community-centered group to direct the CHIP development process. The Adams County Thriving Communities Collective (ACTCC), first established in July 2023 as the Adams County Community Health Improvement Coalition, is the community-based decision-making group behind the CHIP. The ACTCC currently consists of 41 organizations and over 70 people who come together monthly to collectively address our community health priorities. In addition to organizational partners, the ACTCC has included seven community members. ACHD recognizes and values lived experience and community leadership and pays community members for their time and expertise.

Once the three priority areas were approved by the Adams County Board of Health in January 2024, ACTCC members opted into one of the three work groups or chose to participate in regular, larger ACTCC meetings (Figures 2 and 3). The ACHD Planning and Evaluation Team facilitated and coordinated the groups, supported by subject matter experts in each group. These internal-to-the-County subject matter experts—the Internal Planning and Advisory Group—regularly convened to advise activities and planning, and coordinate between work groups.

Figure 2. Adams County Thriving Communities Collective (ACTCC) Structure**Figure 3. ACTCC Work Group Membership,* 2024**

*Not all ACTCC members participate in a work group

ECONOMIC SECURITY	HOUSING	ACCESS TO CARE
ACHD	ACHD	ACHD
AdCo Community & Economic Development	Adams 12 School District	AdCo Community Safety & Well-Being
AdCo Community Safety & Well-Being	AdCo Community & Economic Development	Adelante Community Development
AdCo Dept. of Human Services	AdCo Community Safety & Well-Being	Aurora Public Schools
Adelante Community Development	Almost Home, Inc.	Clinica Family Health & Wellness
Aurora Economic Opportunity Coalition	Arapahoe County Public Health	Colorado Access
Aurora Public Schools (Montview Elementary)	Aurora Housing Authority	Community Reach Center
Bennett Park & Recreation	City of Westminster	Henderson Community Church
City of Westminster	Colorado Access	Intermountain Health Platte Valley Hospital
Colorado Access	Growing Home	St. Anthony North Hospital, CommonSpirit Health
Communities That Care, Bennett	Henderson Community Church	UCHealth
Early Childhood Partnership of Adams County	Intermountain Health Platte Valley Hospital	Community Members

Figure 3, continued

ECONOMIC SECURITY	HOUSING	ACCESS TO CARE
Food for Hope	Maiker Housing Partners	
Intermountain Health Platte Valley Hospital	St. Anthony North Hospital, CommonSpirit Health	
Rocky Mountain Partnership	The Family Tree	
St. Anthony North Hospital, CommonSpirit Health	UNE Colorado	
Community Members	Village Exchange Center	
	Community Members	

ACTCC members not actively participating in a work group

- ACCESS Housing
- Caring and Sharing
- City of Commerce City
- Denver Regional Council of Governments (DRCOG)
- East Colfax Community Collective
- Good Shepherd Presbyterian Church Food Pantry
- NAMI Colorado
- Northglenn United Church of Christ

Community partners consulted but not actively participating in the ACTCC

- Brighton Housing Authority
- Brothers Redevelopment
- Colorado Fiscal Institute

CHAPS Phase 3: Community Health Assessment

The 2025-2029 CHIP grew from data and research shared in the [2022 Adams County Community Health Assessment](#) (CHA) completed by Tri-County Health Department (the local public health agency previously serving Adams County). The purpose of the CHA was to better understand the community: the health of the population, contributing factors to higher health risks or poorer health outcomes, and community assets and resources that could be mobilized to improve population health. Through robust community engagement and analysis and interpretation of over 25 secondary data sources, the assessment summarized health information and community data into 13 topic-focused chapters (listed below) and was the product of the third of eight phases that make up CHAPS.

The 13 Health Topic-Focused Chapters of the 2022 Adams County Community Health Assessment

CHAPS Phases 4 and 5: Capacity Assessment and Prioritization

In July 2023, ACHD first convened a group of partners—the Adams County Community Health Improvement Coalition—which would soon become the Adams County Thriving Communities Collective (described in [CHAPS Phase 2 section](#)). Through a series of presentations, discussions, surveys, and exercises, between August 2023 and January 2024, the group prioritized the 13 health topics from the CHA down to three (Figure 4) and completed the initial capacity and interest assessment (Appendix G: Capacity Assessment Matrix).

From 13 to 11 Health Topics

JULY 2023: The group that is now the ACTCC reviewed the 2022 CHA and decided to remove COVID-19 and Health Behaviors and Outcomes from the list of 13 possible health topics. The decision not to include COVID-19 was made because of the official end of the COVID-19 public health emergency in May 2023. The group decided not to prioritize Health Behaviors and Outcomes primarily because of our intention to focus on social factors influencing health and root cause topics and, secondarily, because many of these behaviors and outcomes are connected to other topics (for example, substance use, mental health, and access to care).



From 11 to 5 Health Topics

AUGUST 2023: The ACTCC crafted Group Agreements to guide its work and group practices, including to work collaboratively, welcoming a learning mindset, and to be aware of unintended consequences (Appendix H: Group Agreements).

AUGUST 2023: The ACTCC participated in a root-cause analysis discussion in small groups using the 5 Why's tool (Appendix I). The Coalition discussed the 11 health topics based on a variety of characteristics. Health topics were prioritized if they were social factors influencing health, contribute to differences in population health, and were important and urgent to the Adams County community, as well as the benefit of recognizing and elevating the topic as a public health issue and demonstrating commitment to the issue.

AUGUST 2023: Following the August meeting, the ACTCC voted to prioritize 5 health issues: Housing, Economic Security, Access to Care, Food Access and Security, and Mental Health.



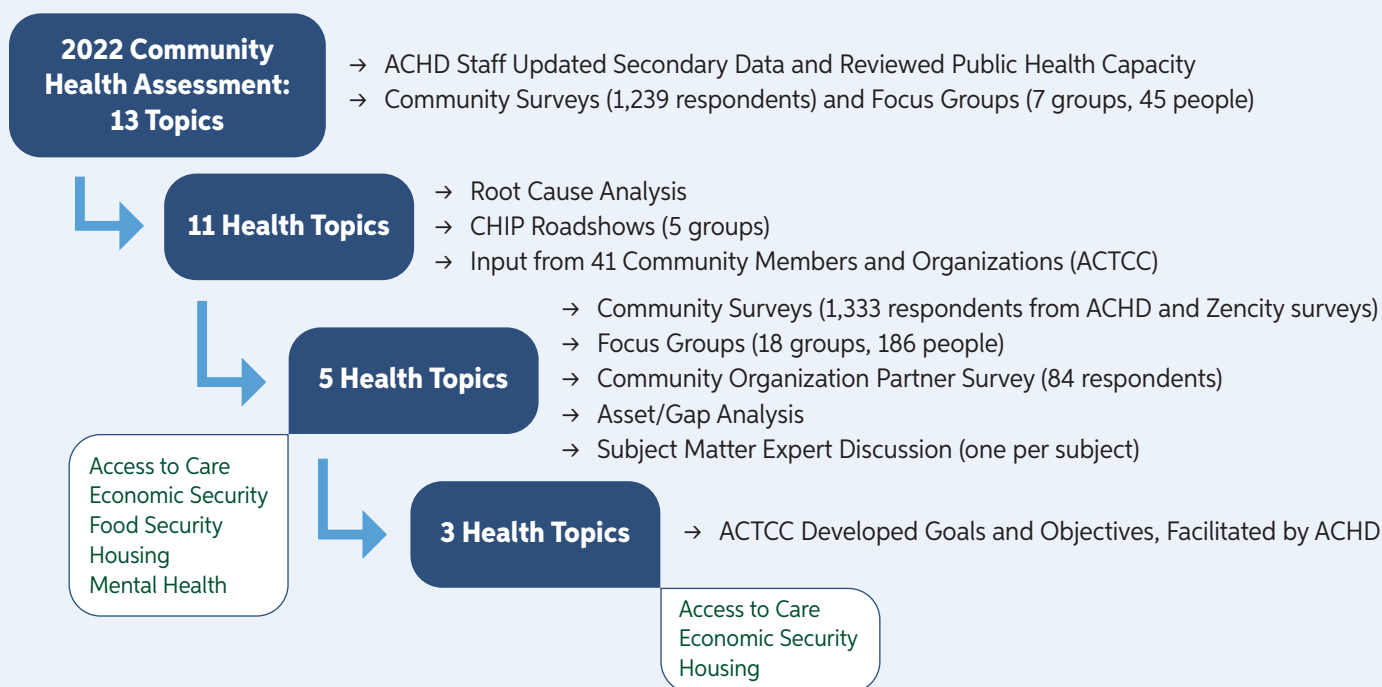
From 5 to 3 Health Topics

SEPTEMBER 2023: Subject Matter Experts presented on the current landscape of work related to the five prioritized health issues to the ACTCC. Among the many learnings, this helped the group understand current community capacity. The information presented included partnerships and strengths related to the topic, challenges and gaps to address the topic, systemic factors, missing groups or partnerships, and missing strategies.

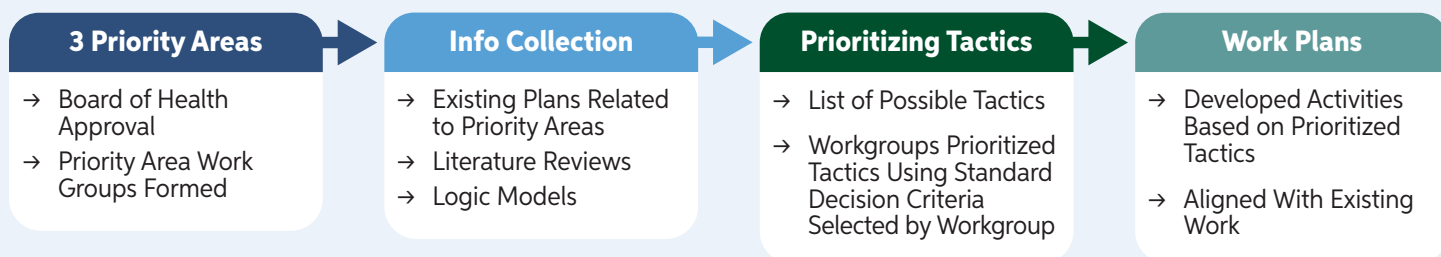
OCTOBER 2023: Topic-specific discussions, reviewing and adding to information presented during the subject matter presentations.

NOVEMBER 2023: ACTCC reviewed all synthesized data.

DECEMBER 2023: Partner organizations completed partner survey; results reviewed by ACTCC. ACTCC voted on the three final priority areas, developed vision statements for each, and drafted preliminary goal areas for each priority area (Appendix F: Partner Survey Results, Appendix G: Capacity Assessment Matrix).

Figure 4. Process of Health Topic Area Prioritization in 2023**CHAPS Phase 6: Develop a Plan**

In January 2024, the Adams County Board of Health approved the three ACTCC-recommended priority areas: Access to Care, Housing, and Economic Security. Beginning in February, the ACTCC formed a work group for each priority, and each started to focus on continuing to understand existing work and community momentum, community (not just health department) capacity, and logical first steps to tackle these broad health priorities. By systematically gathering and synthesizing information, conducting literature reviews and drafting logic models, and further prioritizing and refining, the ACTCC has identified goals, tactics, and activities for the 2025 work plans of the CHIP (Figure 5).

Figure 5. Process of Capacity Assessment and Work Plan Development in 2024



Information Collection

JANUARY 2024: ACTCC reached out to additional organizations and individuals identified as “important and missing from the initial conversation.”

FEBRUARY 2024: Initial meetings of priority area work groups. Reviewed group purpose, reviewed and refined group agreements, and reviewed draft goals for each priority area.

MARCH - MAY 2024: Collective work groups continued goal refinement and the development of work plans for 2024. ACHD staff initiated the information-collecting process of reviewing existing plans related to priority areas, conducting background research, and synthesizing the information into different themes.

JUNE 2024: Themed, synthesized strategies for each priority area were presented to the work groups. ACHD facilitated interactive discussions, using an online collaboration tool, to identify missing information and to place strategies along feasibility-urgency matrices (Appendix J: Feasibility/Urgency Strategy Matrices). Staff worked on logic models behind the scenes (Appendix K: Logic Models).



Prioritization of Tactics

JULY 2024: Each work group created a list of decision criteria by which to prioritize 2025 tactics for each goal under each priority. Both shared criteria and work group-specific criteria were developed.

AUGUST 2024: ACHD staff inputted 2025 tactics into prioritization matrix and work groups reviewed (Appendix L). Work group members, using decision criteria, completed individual prioritization matrices which were averaged for each work group.

SEPTEMBER 2024: ACHD staff placed prioritized tactics into draft 2025 work plans and reviewed with the ACTCC. While work group meetings were an effective space to review overarching strategies and tactics, it became clear that they were not the best places to have more detailed discussions about each individual organization’s work, capacity, and alignment to the 2025 plans.

OCTOBER 2024: ACHD staff began meeting with individual work group members one-on-one to discuss organizational alignment to ACTCC work plans. Work groups continued to prioritize a larger list of tactics down to a smaller list.



Creation of 2025 Work Plans

NOVEMBER 2024: ACHD staff continued meeting with individual work group members one-on-one. Work groups made final list of prioritized tactics for 2025 during a facilitated discussion and with an interactive, online platform.

DECEMBER 2024: ACHD staff created final drafts of work plans, identified points of accountability, clarified roles and responsibilities, and made activities specific and timebound, using SMARTIE language. 2025 Work Plans include SMARTIE activities; however, this level of detail is not shared in the report.

OUR COMMUNITY HEALTH IMPROVEMENT PLAN



2025-2029 Adams County COMMUNITY HEALTH PRIORITY



ACCESS TO CARE

OUR VISION: In a thriving Adams County, every individual has access to timely, compassionate, and person-specific, whole-person health care.



WHAT IS ACCESS TO CARE?

By Access to Care, we mean the ability of people to get the timely health care they need when they need it; this includes primary care, mental and behavioral health care, urgent care, vision and dental care, and specialty care.

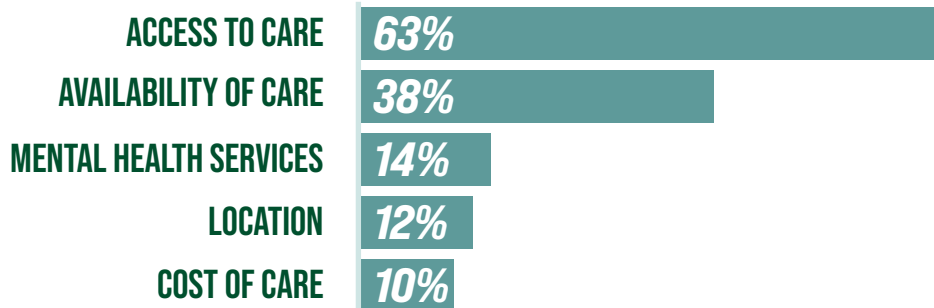
HOW IS ACCESS TO CARE RELATED TO A PERSON'S HEALTH AND WELLBEING?

Being able to afford and access timely, comprehensive, high-quality, whole-person health services continues to be identified as one of the most notable health problems by community members and organizations across Adams County. The COVID-19 pandemic highlighted the continued importance of sufficient health insurance coverage and access to care. It also reminded us that the individuals most in need of care are often those who encounter significant obstacles to obtaining sufficient coverage and navigating the complex health system. Perhaps not surprisingly, it highlighted the importance of trusted messengers of health information, the importance of the methods in which people receive health information, and the factors that influence how people interpret health information.

In Adams County, people in our community struggle to pay for health services, even with insurance, and sometimes delay or go without vital care. Health care services do not always meet the different cultural, linguistic, and individualized needs of all people. Not only does the disconnection within the health care system make navigating care difficult for our community, but capacity and resource shortages facing health care providers in our community, especially those providing care to people encountering the greatest structural obstacles in our communities, make providing timely care even more difficult. Together, we are working towards an Adams County where every individual has access to timely, compassionate, and person-specific, whole-person health care.

WHAT DID THE ADAMS COUNTY COMMUNITY TELL US ABOUT ACCESS TO CARE?

When asked about the needs of their community⁸ survey respondents specifically mentioned:



31% of survey respondents said that **DIFFICULTY ACCESSING HEALTH CARE SERVICES** prevented their communities from thriving.⁸

It's difficult and sometimes impossible to get appointments.

– Community Survey Respondent

Los niños están enfermos—nosotros como papas no tenemos el dinero suficiente para pagar la atención de los niños.

The kids are sick and we as parents don't have enough money to give them/pay for them to have the medical attention they need.

– Focus Group Participant

People with disabilities can be “met with misinformation, improper treatment, additional trauma, and gaslighting” from providers.

– Focus Group Participant

It's hard to go to a doctor because it is so expensive.

– Focus Group Participant

WHAT DID THE ADAMS COUNTY COMMUNITY IDENTIFY AS MAJOR NEEDS RELATED TO ACCESS TO CARE?⁸

Community members listed the following access-to-care issues: untreated mental health conditions or substance use disorders, difficulty accessing affordable health care services, limited availability of timely appointments, and difficulty connecting with health care staff due to language obstacles. We also heard:

- There is too little culturally humble and linguistically appropriate care
- There are too few and/or inaccessible specialty services, including geriatric care
- There are not enough mental or behavioral health providers and resources to meet the need
- People are not able to get care as quickly as they need it (resulting in going without care or misuse of the emergency department)
- There are limited methods of delivering care (insufficient telehealth services and after/alternative-hours care).

- Some of the historical, “extra” services are no longer offered by the health care system due to capacity and resource limitations
- All people need and deserve comprehensive, best-practice care
- There is insufficient respite care for people who are currently unhoused
- People need more navigational support to understand their eligibility, coverage, the health system, additional support services and resources, and how to connect to them
- There is insufficient health coverage through Medicaid and OmniSalud

WHAT DO THE DATA TELL US ABOUT ACCESS TO CARE IN ADAMS COUNTY?

This is a snapshot of the data available in the Community Health Assessment. For more information on Access to Care and Health in Adams County, please see the Access to Mental and Physical Health Care Services Chapter of the [2022 Adams County Community Health Assessment](#).

Health Care Coverage is insufficient:

1 in 11

people in Adams County

DID NOT HAVE HEALTH INSURANCE

in 2023.⁶

1 in 9

people in Adams County

WERE ELIGIBLE BUT NOT ENROLLED

in Medicaid, Child Health Plan Plus (CHP+), or Advanced Premium Tax Credits (APTC) in 2019.⁹

Obstacles to Care Reduce Access and Use:

1 in 12

people could not get an appointment because the doctor

DID NOT ACCEPT THEIR INSURANCE.¹⁰

1 in 20

people in Adams County did not get health care because they

DID NOT HAVE A WAY TO GET TO THE DOCTOR'S OFFICE OR CLINIC

in 2023.¹⁰

1 in 3

people in Adams County had a health care appointment by

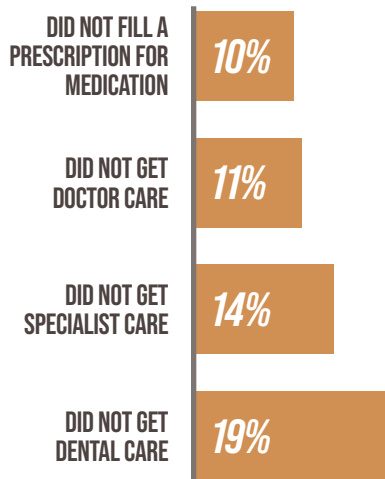
VIDEO OR PHONE

in 2023.¹⁰

Three Central Challenges for Telehealth Providers in Colorado in 2022¹¹:

1. Broadband Access and Connectivity
2. Patient Education and Digital Literacy
3. Information Sharing and Data Privacy and Security

Percent of People in Adams County Unable to Get Certain Types of Care due to Cost in 2023¹⁰



Tailored Care is a Need: Cultural, Linguistic, and Individualized Needs

Top Language Needs Identified by ACHD's Language Access Project: based on data on limited English proficiency¹² and language line usage¹³

SPANISH • RUSSIAN • CHINESE • DARI • PASHTO • HMONG • NEPALI • SWAHILI • VIETNAMESE

American Sign Language (ASL) needs will also be explored in 2025

1 in 9

people in Adams County **HAD A DISABILITY** in 2023.⁶

1 in 8

people in Adams County felt a health care provider **IGNORED, DISMISSED, OR FAILED TO ADDRESS** their medical concerns in 2023.¹⁰

HOW WILL THE CHIP ADDRESS THE COMMUNITY'S CONCERNS?

The Adams County Thriving Communities Collective set goals to address both the immediate needs of our community as well as address the policy, systems, and environmental factors that influence access to care in the county. Our 2025 work plan highlights work ACHD and our partners are doing around the county under each of our four goal areas:

GOAL 1

By 2029, the impact of the fragmentation of the health care system is less noticeable for people living in Adams County.

GOAL 3

By 2029, more health care services are tailored to meet the cultural, linguistic, and individualized needs of people living in Adams County.

GOAL 2

By 2029, there are fewer obstacles to offering and accessing care for people living in Adams County.

GOAL 4

By 2035, the health care system has the capacity to provide people living in Adams County the care they need when they need it.



2025 ACCESS TO CARE WORK PLAN

GOAL 1

By 2029, the impact of the fragmentation of the health care system is less noticeable for people living in Adams County.

In other words: Connecting and simplifying complex, disconnected health care systems in Adams County will improve individual patients' ability to navigate care.

OBJECTIVE 1: SUPPORT WORKERS WHO HELP WITH HEALTH CARE SYSTEM NAVIGATION.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Identify and take action on opportunities for ACHD to support recommendations coming from CDPHE and Metro Area Health Alliance's assessment of gaps in the health care services system related to peer support professionals, promotores, Behavioral Health qualified assistants, and Community Health Workers.	ACHD: Regional Health Connector (RHC), Behavioral Health	Vuela for Health; Kids First Health Care; Colorado Access
<i>Tactic B.</i> Advocate for multilingual trainings and tests for Community Health Workers and Certified Lactation Counselors.	ACHD: RHC	ACHD: Behavioral Health; Clinica Family Health & Wellness (CFHW); Community Reach Center; Intermountain Health/Platte Valley Hospital (IM/PVH); Colorado Access
<i>Tactic C.</i> Support ACHD and partner organization staff assisting with patient navigation by providing timely, relevant information and resources.	ACHD: Nursing, RHC	ACTCC Access to Care Work Group; ACHD: Nursing; Language Access Work Group

OBJECTIVE 2: STREAMLINE NAVIGATION OF NEEDS RELATED TO SOCIAL FACTORS INFLUENCING HEALTH..	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Understand the relevant screening tools for social factors influencing health currently used by CBOs and service providers in Adams County.	ACHD: RHC	Adams County Health Alliance (ACHA), ACHD: Strategic Plan Team
<i>Tactic B.</i> Participate in statewide Social Health Information Exchange (SHIE) Regional Proof of Concept "Hub" project to improve system interoperability in order to facilitate referral, connection to services, receipt of services, and follow up.	ACHD: RHC, Colorado Access	ACHD, Adams County; Colorado Dept. of Health Care Policy & Financing; CDPHE; Colorado Office of eHealth Innovation; Adams County Criminal Justice Coordinating Council (CJCC) Subcommittee; SHIE Regional Hub Work Group; Colorado Governor's Office of Information Technology (OIT)

GOAL 2

By 2029, there are fewer obstacles to offering and accessing care for people living in Adams County.

In other words: Adams County supports infrastructure improvements related to care provision and ease of access so health care systems can meet the needs of people in Adams County (including improvements to office hours, insurance coverage, and transportation).

OBJECTIVE 1: REDUCE OBSTACLES TO USING TELEHEALTH SERVICES FOR PROVIDERS AND PATIENTS.	WHO IS LEADING?	WHO IS INVOLVED?
<p><i>Tactic A.</i> Support Colorado Access in providing and promoting self-referral to Behavioral Health services provided through telehealth.</p>	<p>ACHD: Behavioral Health, Colorado Access</p>	<p>CFHW; IM/PVH; Community Reach Center, MDPH/CHI; Colorado Broadband Office; ACHD: Behavioral Health, Nursing</p>
<p><i>Tactic B.</i> ACHD Community Health Workers provide group and one-on-one, telehealth technology use and literacy technical assistance and support to community members to reduce obstacles to using them, increase trust in them, and increase confidence in their own ability to use telehealth services.</p>	<p>ACHD: RHC, Nursing</p>	<p>CFHW; IM/PVH; Colorado Broadband Office; ACHD: Nutrition</p>
OBJECTIVE 2: REDUCE OBSTACLES TO USING MEDICAL TRANSPORTATION SERVICES FOR PROVIDERS AND PATIENTS.	WHO IS LEADING?	WHO IS INVOLVED?
<p><i>Tactic A.</i> Participate in the South Adams County Transportation Committee and support its efforts to improve sustainable transportation in the county.</p>	<p>ACHD: Housing Stability, RHC</p>	<p>IM/PVH; CFHW; Colorado Access; Growing Home/ DRCOG (Southwest Adams/Federal Transportation workgroup); Early Childhood Partnership of Adams County (ECPAC)</p>
<p><i>Tactic B.</i> Provide transportation for outpatient and discharged patients.</p>	<p>IM/PVH; ECPAC; Colorado Access</p>	<p>ACHD: Planning & Evaluation</p>

GOAL 3

By 2029, more health care services are tailored to meet the cultural, linguistic, and individualized needs of people living in Adams County.

In other words: Care is more effective when people access services from those that speak their language, respect their culture, and are aware of and sensitive to lived experiences, identities, abilities, and other unique needs.

OBJECTIVE 1: INCREASE THE NUMBER OF PROVIDERS WHO SPEAK THE PREFERRED LANGUAGES OF THE PEOPLE THEY SERVE.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Support pipeline efforts to attract providers who speak languages other than English by helping employers or job seekers seeking mental health roles understand resources that exist for employers and job seekers.	ACHD: Behavioral Health	ACTCC Access to Care Work Group; IM/PVH
<i>Tactic B.</i> Support pipeline efforts to connect job seekers (including current and prospective health providers and health care staff) who speak languages other than English to employers in Adams County by connecting them to the Adams County Workforce & Business Center (WBC).	Adams County WBC; ACHD: Planning & Evaluation, Behavioral Health	ACHD: Communications, Planning & Evaluation, and Nursing; CJCC Behavioral Health Subcommittee
<i>Tactic C.</i> Increase availability of and full participation in medical interpreter certification trainings by connecting workers to Adams County WBC for training funds.	Adams County WBC; ACHD: Language Access Lead	ACHD: Nursing, Planning & Evaluation
OBJECTIVE 2: INCREASE AVAILABILITY OF UNDERSTANDABLE AND CULTURALLY APPROPRIATE MATERIALS FOR PATIENTS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Work with ACHD's Language Access Work Group to improve staff knowledge and use of culturally appropriate materials for patients.	ACHD: Language Access Lead	ACHD: Language Access Work Group
<i>Tactic B.</i> Transcreate the “Let's Talk” stigma-reduction campaign materials and website for Spanish-speaking community.	ACHD: Behavioral Health	Metro Denver Partnership for Health (MDPH) Behavioral Health Workgroup; Mental Health Ambassador Community-Based Organizations

OBJECTIVE 3: IMPROVE ACCESS TO CULTURALLY HUMBLE, PERSON-CENTERED CARE THAT MEETS PATIENTS' INDIVIDUALIZED NEEDS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Better understand the specific individualized needs of ACHD clients and identify areas of improvement and how well ACHD is meeting those needs.	ACHD: Performance Management & Quality Improvement (PMQI), Planning & Evaluation	ACHD: Survey Development Team, MCFH
<i>Tactic B.</i> The Workforce Development Plan staff training will include training to improve the way ACHD provides resiliency-informed, person-specific care to communities experiencing health disparities.	ACHD: Workforce Development Team	ACHA; IM/PVH; CFHW; Colorado Access

GOAL 4 By 2035, the health care system has the capacity to provide people living in Adams County the care they need when they need it.

In other words: The health care system should have the capacity to effectively meet demand so that people across Adams County can access whatever kinds of care* they need in a timely manner.

*Care includes: primary care, preventative care, specialty care, urgent care, etc.

OBJECTIVE 1: INCREASE HEALTH CARE COVERAGE FOR PEOPLE LIVING IN ADAMS COUNTY.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Advocate for improvements to health insurance options in Colorado by engaging in discussions on legislation around local support of coverage or other efforts to improve the enrollment process, increase the number of available slots, expand eligibility, or increase the sustainability of the program through other means.	ACHD: Health Enrollment Team (HET), Policy	CFHW; Metro Area Health Alliances
<i>Tactic B.</i> Support the local and statewide efforts to systematically fund the safety-net system, both FQHCs and community-based safety-net clinics.	ACHD: HET, Policy	ACHD: Legislative Review Committee

2025-2029 Adams County COMMUNITY HEALTH PRIORITY



ECONOMIC SECURITY

OUR VISION: In a thriving Adams County, there are reliable and resilient economic opportunities that meet people's different circumstances, including assistance as needed, for all people to build a financial future that can adapt to changes in the economy and needs across the lifespan and benefits future generations.



WHAT IS ECONOMIC SECURITY?

Economic Security is the ability of individuals, households, and communities to consistently afford essential needs such as food, housing, health care, transportation, child care, education, and other basic needs.⁴

HOW IS ECONOMIC SECURITY RELATED TO A PERSON'S HEALTH AND WELLBEING?

Economic security, mobility, and stability—in other words, one's income, assets, or financial means—are key factors influencing health. A person's ability to pay for essential needs is closely tied to a person's health and wellbeing. It is more difficult for a person to be healthy and to thrive if their income is not steady or does not meet the costs of living. Income impacts the choices people make almost every day, from the kind of housing they can afford, to the type of food they can buy, to the type of child care they can afford, to whether they can take a day off at work if they are sick or need to see a doctor. When talking about what makes them healthy, community members often mention the importance of stable jobs that pay them enough to live and offer benefits like health insurance and paid time off. People in our community are increasingly having difficulties paying for basic needs and services, including key health services and resources. Together, we are working towards an Adams County where there are reliable and resilient economic opportunities that meet people's different circumstances, including assistance as needed, for all people to build a financial future that can adapt to changes in the economy and needs across the lifespan and benefits future generations.

WHAT DID THE ADAMS COUNTY COMMUNITY TELL US ABOUT ECONOMIC SECURITY?

When asked about the needs of their community⁸ survey respondents specifically mentioned:



When asked about the top factors making it difficult for people to meet their needs⁸:

Survey respondents specifically mentioned:



*Sometimes called the "Cliff Effect," small increases in income or benefits can cause a net loss in income when an increase in income (or an additional benefit) makes a person ineligible for other public benefits.

WHAT DID THE ADAMS COUNTY COMMUNITY IDENTIFY AS MAJOR NEEDS RELATED TO ECONOMIC SECURITY?⁸

Increases in the cost of living are outpacing increases in income, and many people do not make enough to live. Inflation and other necessary costs—such as housing, child care, car or home maintenance, insurance, or utilities—make it difficult to make ends meet. We also heard:

- There are not enough living-wage-paying jobs that are located relatively close to home and match employees' skills
- High-quality job benefits—such as high-quality health insurance or flexible or hybrid schedules—increase job satisfaction and facilitate being a human with complex needs and responsibilities
- We need easier job applications and job application support, particularly for:
 - people without residency status
 - people who benefit from language assistance, and/or
 - people without or with limited access to or knowledge of how to use phones, internet, computers, or other technology
- We need additional services and gap coverage for people who are not eligible for supplemental income assistance but who struggle to make ends meet
- We need more financial literacy and planning programs for people of various socio-economic levels and needs (not just basic planning education or high-dollar investment opportunities, but programs and training for people across the socio-economic spectrum)
- The ability to build wealth and assets for everyone over the lifespan does not exist (including building home equity), but these are key factors to ending generational poverty

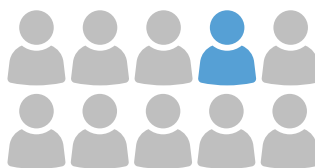
WHAT DO THE DATA TELL US ABOUT ECONOMIC SECURITY IN ADAMS COUNTY?

This is a snapshot of the data available in the Community Health Assessment. For more information on Economic Security and Health in Adams County, please see the Health and Economic Security Chapter of the [2022 Adams County Community Health Assessment](#).

People are Struggling Financially:

50,747 or 1 in 10

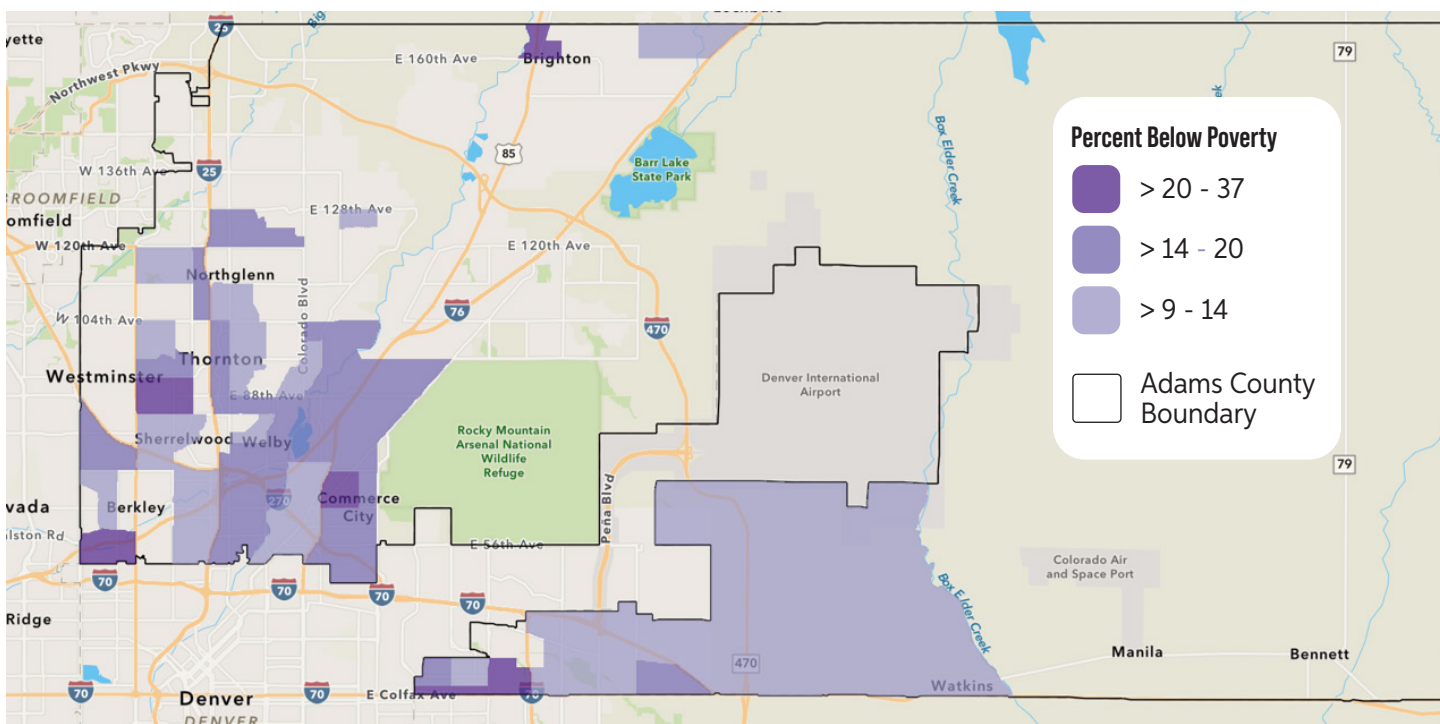
PEOPLE LIVE BELOW THE FEDERAL POVERTY LINE* IN ADAMS COUNTY.⁶



Communities of color experience poverty at higher percentages compared to their representation in the overall Adams County population. For example, people of Hispanic or Latino ethnicity are 66% of the population living in poverty, but only 41% of the total Adams County population.⁶

Map 2. Percent of Population Living Below the Poverty Line* in Adams County, 2021¹⁴

A higher percentage of people live in poverty in Commerce City, Westminster, Federal Heights, Aurora, and Brighton compared to other parts of Adams County.



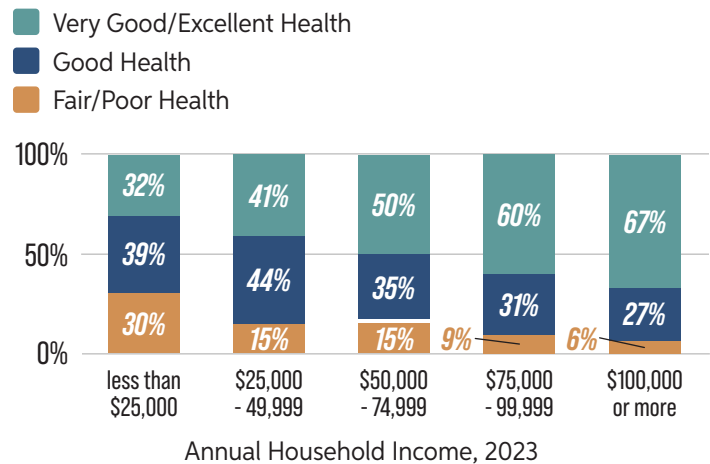
*The U.S. Census defines "living below the poverty line" as having a total family or household income below the federal poverty threshold. The federal poverty threshold in 2021 was an annual household income of \$12,880 for a single individual and \$26,500 for a family of four.

Income has a Direct Relationship to Self-Reported Health Status:

In Adams County, more than half (55%) of people with higher incomes report having “very good or excellent” health, while only about a third (26-38%) of people with lower incomes report having “very good or excellent” health.¹⁵

If a person does not have enough income or savings, they may not be able to afford critical health or urgent needs and their health can deteriorate quickly, even if they were originally in good or excellent health. They are also less likely to be able to afford activities or resources that encourage wellness, such as vacations or wellness classes.

Self-Reported General Health Status by Income Group¹⁵



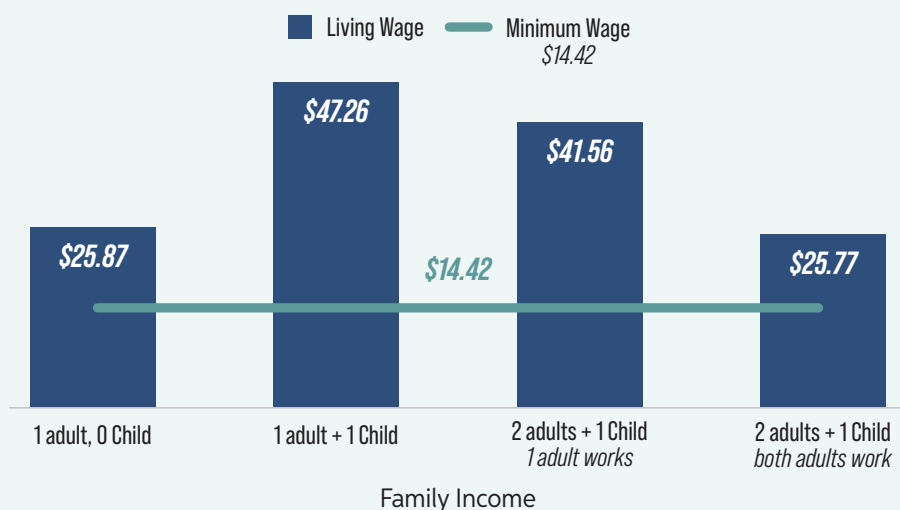
Annual Household Income, 2023

Cost of Living Outpaces Wages:

The Living Wage is much higher than the Minimum Wage for all family sizes.¹⁶

The “living wage” is the hourly rate that an individual in a household working full-time must earn to pay for basic needs for themselves and/or their family. Expenses include food, child care, medical expenses, housing, transportation, annual taxes, and internet/mobile services. In Adams County, an individual would have to make \$41.45/hour to cover the basic needs of two adults and one child, assuming that individual is paying for all expenses. If two adults are working to cover the basic needs of themselves and one child, each individual would have to make \$25.77/hour, or a total of \$51.54/hour, to pay for all expenses.

Living Wage for an Individual by Family Size



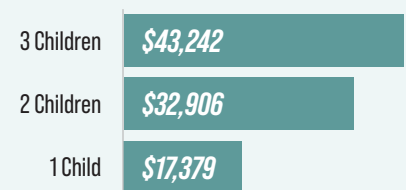
Finding Care is a Burden

As of June 2023, licensed early care and education programs only had the capacity to serve 9% of infants (0-18 months) and 18% of toddlers (18-36 months) in Adams County.¹⁷

...with [early childhood education] costing up to 40 percent of family income, many families cannot afford this expense and either opt to stay out of the workforce or find patchwork [early childhood care and education] solutions including family, friends and/or neighbors.

– Early Childhood Partnership of Adams County (ECPAC)¹⁸

Annual Child Care Costs by Family Size:¹⁶



HOW WILL THE CHIP ADDRESS THE COMMUNITY'S CONCERNS?

The Adams County Thriving Communities Collective set goals to address both the immediate economic security needs of our community as well as address the policy, systems, and environmental factors that influence economic security in the county. Our 2025 work plan highlights work that ACHD and our partners are doing around the county under each of our four goal areas:

GOAL 1

By 2029, workers will have the support and benefits they need to thrive in Adams County.

GOAL 3

By 2029, fewer people living in Adams County will be burdened by the high cost of quality child care.

GOAL 2

By 2029, more people in Adams County will feel more financially secure.

GOAL 4

By 2035, more people living in Adams County will be able to build and sustain assets throughout their life spans.



2025 ECONOMIC SECURITY WORK PLAN

GOAL 1 By 2029, workers will have the support and benefits they need to thrive in Adams County.

In other words: People working in Adams County should be aware of their rights as employees, have access to jobs and working environments that do not jeopardize their health and safety, and have jobs that meet their financial and personal basic needs.

OBJECTIVE 1: SUPPORT JOB SEEKERS WITH JOB SEARCH NEEDS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Raise awareness of the various Adams County Workforce & Business Center (WBC) programs that are available to help job seekers.	ACHD: Planning & Evaluation; Adams County WBC	ACTCC Economic Security Work Group; Adams County Human Services; ACHD: Communications
OBJECTIVE 2: IMPROVE ACCESS TO WORK-BASED LEARNING AND CAREER READINESS EXPERIENCES.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> In partnership with Adams County WBC, increase the number of employers participating in the work-based learning program.	ACHD: Planning & Evaluation; Adams County WBC	ACTCC Economic Security Work Group, Early Childhood Partnership of Adams County (ECPAC); Adams County Community & Economic Development (CED)
<i>Tactic B.</i> Expand availability of work-based learning experiences by increasing the capacity of the Adams County WBC.	ACHD: Planning & Evaluation; Adams County WBC	ACTCC Economic Security Work Group
<i>Tactic C.</i> Expand career readiness opportunities specifically for youth.	ACHD: School & Youth Health; Adams County WBC	Adams 12 Five Star Schools; ACHD: Planning & Evaluation
<i>Tactic D.</i> Expand health care career readiness opportunities specifically for youth by partnering with the Colorado Area Health Education Center (AHEC).	ACHD: School & Youth Health, Planning & Evaluation	Intermountain Health Platte Valley Hospital (IM/PVH); ACHD: Workforce Development Team
<i>Tactic E.</i> Expand early care and education career readiness opportunities specifically for youth by partnering with ECPAC.	ACHD: School & Youth Health, Maternal, Child, & Family Health (MCFH); ECPAC	Adams County WBC; ACHD: Planning & Evaluation

GOAL 2 By 2029, more people in Adams County will feel more financially secure.

In other words: The economic opportunities in Adams County support the financial stability and upward mobility of people working and conducting business in Adams County by supporting small and local businesses, entrepreneurs, and new development.

OBJECTIVE 1: INCREASE WAGES TO COVER THE INCREASED COST OF LIVING.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Support existing county efforts to increase the minimum wage.	Adams County Manager's Office	ACHD: Planning & Evaluation; ECPAC
OBJECTIVE 2: INCREASE INCOME STABILITY FOR PEOPLE IN NEED OF BENEFITS TO REDUCE THE IMPACT OF THE "CLIFF EFFECT."	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Monitor political and organizational readiness for universal basic income.	ACHD: MCFH; Adams County Community Safety and Well-Being (CSWB)	ACHD: Policy; ECPAC
OBJECTIVE 3: "REDUCE SILOS AMONG ADAMS COUNTY PROGRAMS* INVOLVED IN PUBLIC BENEFIT ENROLLMENT AND APPLICATIONS" <small>*Programs include: SNAP, TANF, SSI/SSDI, LEAP, other financial assistance programs, WIC, Unemployment, Health Enrollment (Medicaid), ACHD Client Referral, Child Support, Child Care</small>	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Improve County programs and processes based on client experiences.	ACHD: Operations, Nutrition; Adams County Human Services	ECPAC; Growing Home; Food for Hope; ACHD: MCFH, Health Enrollment, Nutrition, Nursing, Planning & Evaluation

GOAL 3 By 2029, fewer people living in Adams County will be burdened by the high cost of quality child care.

In other words: Adams County prioritizes a high-quality, affordable child care continuum for all children and families in Adams County, as well as the infrastructure that supports these services.

OBJECTIVE 1: INCREASE LOCAL POLICY SUPPORTS FOR CHILD CARE SERVICES.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Explore potential Adams County program to provide property tax rebates for "specific local concerns" as referenced in Colorado SB24-002.	ACHD: MCFH, Planning & Evaluation; Adams County CED	ECPAC; ACHD: Policy; Adams County CED: Policy

OBJECTIVE 2: INCREASE THE NUMBER OF EMPLOYERS PROVIDING CHILD CARE SUPPORTS TO THEIR EMPLOYEES	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Promote incentives for businesses providing employees with child care support.	ACHD; ECPAC; Adams County CED	—

GOAL 4

By 2035, more people living in Adams County will be able to build and sustain assets throughout their life spans.

In other words: People in Adams County should be able to achieve upward financial mobility and/or maintain economic mobility in ways that are meaningful and relevant to their individual life goals.

OBJECTIVE 1: INCREASE AVAILABILITY OF AND FULL PARTICIPATION IN PERSONAL FINANCIAL LITERACY TRAININGS	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Describe lessons learned from the recent ECPAC/ACHD Savings Collaborative Pilot Project.	ACHD: MCFH; ECPAC	ACTCC Economic Security Work Group
<i>Tactic B.</i> Inventory personal financial literacy trainings targeted for the needs of different socioeconomic groups.	ACHD: MCFH, Planning & Evaluation; ECPAC	ACTCC Economic Security Work Group
<i>Tactic C.</i> Improve access to tax services for families with limited resources, ensuring they are able to receive all appropriate tax credits and refunds.	ACHD: MCFH	Colorado Access

OBJECTIVE 2: INCREASE ABILITY OF RESIDENTS TO BUILD AND SUSTAIN ASSETS	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Match resident funding to be used towards first-time home ownership, secondary education, or small business development.	Adams County CSWB	ACHD: Planning & Evaluation

2025-2029 Adams County COMMUNITY HEALTH PRIORITY



HOUSING

OUR VISION: In a thriving Adams County, housing is accessible, affordable, and high quality for all, cultivating a healthy and flourishing community where all residents can remain in place and live with dignity.



WHAT IS HOUSING?

Housing refers to spaces where people live and feel at home including apartments, mobile homes, houses, shelters, apartments, cars, hotels, condos, and tiny homes.

HOW IS HOUSING RELATED TO A PERSON'S HEALTH AND WELLBEING?

People in Adams County are increasingly finding it difficult to afford stable, safe, and healthy housing that meets their needs. Community members are cutting back other basic needs—such as food, health care, or transportation—to be able to spend larger percentages of their income on high housing costs, including rent, mortgage payments, utilities, and insurance. Households spending more than 30% of their income on housing costs are considered cost-burdened by housing. This means they are more likely to have housing-related stress, may not have sufficient income to spend on other basic needs, and are more likely to be unable to afford repairs or modifications, experience substandard or unhealthy housing conditions, or experience housing instability. Unhealthy housing conditions are linked to respiratory infections, asthma, lead poisoning, injury, poor mental health, and other adverse health outcomes. Lack of eviction-prevention support and resources, increasing housing costs, too few lower-income housing units, and lack of comprehensive support and navigation services contribute to housing insecurity, homelessness, and great difficulty in becoming stably rehoused. Homelessness itself can be both a result and cause of poor health outcomes. Together, we are working towards an Adams County where housing is accessible, affordable, and high quality for all—where housing helps cultivate a healthy and flourishing community where all residents can remain in place and live with dignity.

WHAT DID THE ADAMS COUNTY COMMUNITY TELL US ABOUT HOUSING?⁸

When asked about the needs of their community⁸ survey respondents specifically mentioned:



When asked about the top factors making it difficult for people to meet their needs⁸:

42%
of survey respondents
specifically mentioned
**LACK OF AFFORDABLE
AND SAFE HOUSING**

Rents are going up and this makes it hard to rent, but also to save to buy a home.

– Focus Group Participant

I cannot afford anywhere but renting my mom's basement.

– Community Survey Respondent

We have to fight for accommodations.

– Focus Group participant



We don't make enough money for what they are asking [for rent].

– Focus Group Participant

WHAT DID THE ADAMS COUNTY COMMUNITY IDENTIFY AS MAJOR NEEDS RELATED TO HOUSING?⁸

Community members were concerned about housing insecurity or homelessness, limited availability of housing, crime and safety in their neighborhoods, and healthy housing. We also heard the need for more:

- Renters' rights organizations and protection services—including eviction legal services—to meet the current need
- Policies that make housing payments more affordable, such as rent control, property tax increase limits, or insurance increase limits
- Policies and practices that aim to make housing more attainable for residents
- Support for income-limited renters or homeowners with increasing costs, like maintenance, utilities, housing insurance, and ADA accommodations
- Political and social will to rethink housing development in a way that meets all people's needs, but especially those most significantly affected by housing instability

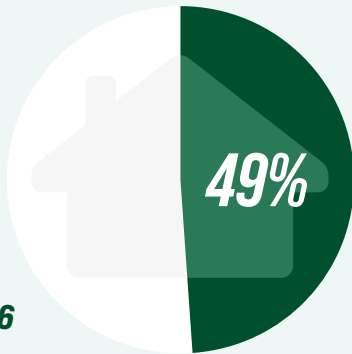
WHAT DO THE DATA TELL US ABOUT HOUSING IN ADAMS COUNTY?

This is a snapshot of the data available in the Community Health Assessment. For more information on Health and Housing in Adams County, please see the Health and Housing Chapter of the [2022 Adams County Community Health Assessment](#).

Health and Safety Needs Remain

Poor housing quality impacts physical health. The health hazards a person might be exposed to because of poor housing conditions include mold, lead, allergens, asthma-inducing particles or gases, carbon monoxide, cigarette smoke or vapor, pesticides, radon, and insufficient temperature control.

**Almost half
[49%] of all
housing
units in
Adams County
were built
before 1990.⁶**



Older housing units, without regular maintenance or updates, or poorly maintained units can cause or exacerbate health issues. Both newer and older homes may create unsafe and unhealthy environments for people with disabilities and older adults if accommodations are not able to be completed by the homeowner or landlord.

Substandard housing conditions impact health and are more commonly encountered by people experiencing housing instability.

– ACHD Housing Stability Program¹⁹

People are Cost-Burdened by Housing

In Adams County in 2023:

55% Renters

32% Homeowners

**COST-BURDENED
BY HOUSING**

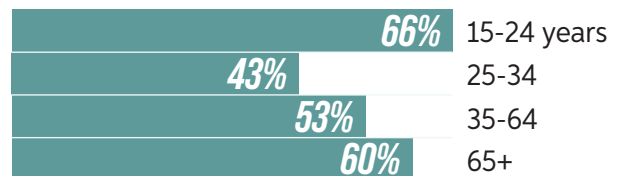
They spend more than 30% of their income on housing costs.⁶

When people have to devote such a large part of their income to pay for housing, they have less money to spend on other basic needs, such as health care, healthy food, child care, and transportation.

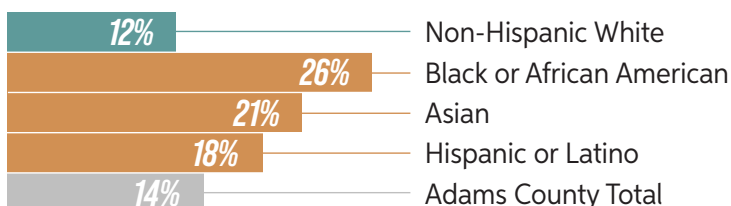
Without adequate housing, people have trouble managing their daily lives. For most people, housing is their greatest monthly expense. Quality, affordable housing is central to individual and community wellbeing.

– ACHD Housing Stability Program¹⁹

Percent of Renters by Age Group Spending 30% or More of Income on Housing Costs in Adams County⁶



Percent of Renters by Race/Ethnicity Spending 50% or More of Income on Housing Costs in Adams County²⁰



Hispanic, Asian, and African American households are more “**severely cost-burdened***” by housing in Adams County compared to White, Non-Hispanic households.²⁰

*“Severely cost-burdened” is defined as spending at least 50% of income on housing costs.

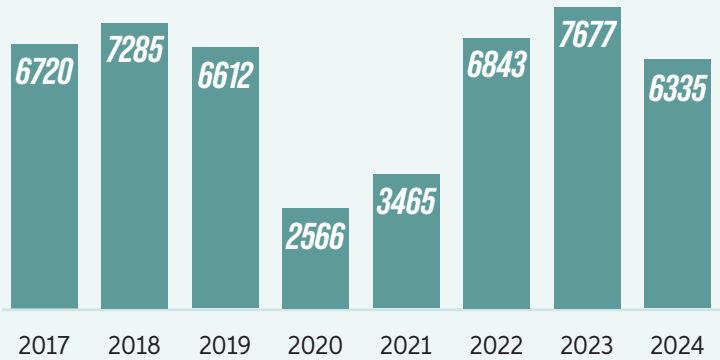
Many People Face Housing Instability

The stress and trauma of experiencing housing instability, the eviction process, and the future repercussions can all harm a person’s health.

There were
7,677
EVICTION FILINGS
in Adams County in 2023.²¹

Count of Evictions Filed by Year* in Adams County²¹

*Note: 2024 eviction counts are for Quarters 1-3.



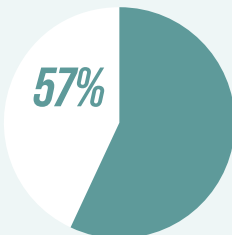
Policies put in place in response to the COVID-19 pandemic helped reduce the number of evictions filed in 2020 and 2021.

People Experiencing Homelessness

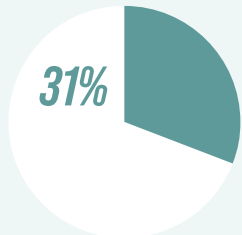
970
PEOPLE EXPERIENCED
HOMELESSNESS
in Adams County on the
night of January 22, 2024.²²



were adults 25 years or older
without children



were in emergency shelters



experienced homelessness
for the first time

Top Three Reasons Why People Experienced Homelessness in Adams County in 2024²²

- 23%** Lost Job/Could Not Find Work
- 20%** Asked to Leave/Evicted
- 20%** Unable to Pay Rent/Mortgage

Homelessness is a solvable issue. However, it takes focus, collaboration, investment, and commitment to homelessness prevention, homelessness services, and the housing continuum to end it.

– Homeward Adams Report, 2023²³

HOW WILL THE CHIP ADDRESS THE COMMUNITY'S CONCERNS?

The Adams County Thriving Communities Collective set goals to address both the immediate housing needs of our community as well as the policy, systems, and environmental factors that influence housing in the county. Our 2025 work plan highlights work that ACHD and our partners are doing around the county under each of our four goal areas:

GOAL 1

By 2029, housing stability programs work together so that services are easy to access and meet the needs of people living in Adams County.

GOAL 2

By 2029, fewer people living in Adams County will be cost-burdened by housing.

GOAL 3

By 2035, homelessness in Adams County is rare, brief, and a single-time occurrence.

GOAL 4

By 2039, people living in Adams County have high-quality, safe, and stable housing that meets their needs.



2025 HOUSING WORK PLAN

GOAL 1

By 2029, housing stability programs work together so that services are easy to access and meet the needs of people living in Adams County.

In other words: All community partners have clear and regular communication so that no matter where people access the system, they get to the right resources to prevent them from losing housing and experiencing homelessness.

OBJECTIVE 1: ESTABLISH AN ADAMS COUNTY HOUSING FORUM BY 2026 TO BRING TOGETHER DIFFERENT PARTNERSHIPS AND EXISTING, DISPARATE, OR TOPIC-SPECIFIC GROUPS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Garner internal and external support of and feedback on a county-wide housing forum.	ACHD: Housing Stability	ACTCC Housing Work Group
OBJECTIVE 2: INCREASE AND IMPROVE ACCESS TO GUIDANCE/ COUNSELING FOR TENANTS PRIOR TO EVICTION.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Promote the use and regular updating of AdamsCountyResources.org, a FindHelp platform.	ACHD: Housing Stability, Maternal, Child, & Family Health (MCFH)	Early Childhood Partnership of Adams County (ECPAC); ACTCC
<i>Tactic B.</i> Support staff at organizations currently doing housing-related case management and navigation by connecting them to secondary trauma resources.	ACHD: Housing Stability	ACHD: Nursing, Behavioral Health, Planning & Evaluation
<i>Tactic C.</i> Increase capacity of organizations currently doing housing-related case management and navigation by advocating for higher (than 10%) indirect rates.	ACHD: Housing Stability, Operations	ACTCC Housing Work Group; ACHD: Nursing, Behavioral Health
<i>Tactic D.</i> Study Guaranteed Right to Counsel policies in Boulder and Denver and learn from them.	ACHD: Policy	ACHD: Housing Stability, Legislative Review Committee

GOAL 2

By 2029, fewer people living in Adams County will be cost-burdened by housing.

In other words: We support efforts to develop and sustain enough attainable housing for all people living in Adams County.

OBJECTIVE 1: ADVOCATE FOR EFFORTS TO ALLEVIATE HOUSING COSTS FOR TENANTS AND HOMEOWNERS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Support expansion of tenant-based rental assistance programs by advocating for more flexible federal funding requirements including simpler or reduced reporting for community-based organizations and more person-centered processes.	ACHD: Housing Stability	ACHD: Policy
<i>Tactic B.</i> Connect clients using rental assistance and other housing assistance programs to mental and behavioral health services and supports to support housing stability.	ACHD: Housing Stability, Behavioral Health	ACHD: Policy

OBJECTIVE 1: ADVOCATE FOR EFFORTS TO ALLEVIATE HOUSING COSTS FOR TENANTS AND HOMEOWNERS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic C.</i> Follow housing-cost-related legislation and support where and when appropriate.	ACHD: Policy	Maiker Housing Partners; Almost Home; Aurora Housing Authority; Brighton Housing Authority; Family Tree; Adams County Community Safety & Well-Being (CSWB); Growing Home
<i>Tactic D.</i> Support reduction in additional housing costs by exploring water shut-off reduction strategies.	ACHD: Policy, Housing Stability	ACHD: Legislative Review Committee

OBJECTIVE 2: INCREASE INCENTIVES FOR DEVELOPERS TO BUILD AFFORDABLE OR ATTAINABLE HOUSING.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Support Adams County Community & Economic Development (CED) Planning and Development activities by participating in long-range planning activities related to housing.	Adams County CED; ACHD: Housing Stability	—
<i>Tactic B.</i> Support CED Planning and Development activities by collaborating on relevant land development processes.	Adams County CED; ACHD: Housing Stability, Environmental Health	—

OBJECTIVE 3: EXPLORE SUSTAINABLE FUNDING SOURCES FOR AFFORDABLE HOUSING, INCLUDING LOCAL SOURCES OR A HOUSING TRUST.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Participate in and support Adams County CSWB's upcoming funding collaborative project.	Adams County CSWB; ACHD: Housing Stability	ACHD: Planning & Evaluation, Operations

GOAL 3 By 2035, homelessness in Adams County is rare, brief, and a single-time occurrence.

In other words: We support efforts to ensure that more people “exit homelessness” and are housed compared to people experiencing homelessness in Adams County.

OBJECTIVE 1: SUPPORT RECOMMENDATIONS FROM CSWB'S HOMELESSNESS ASSESSMENT.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Support recommendations from Adams County CSWB's Homelessness Assessment.	Adams County CSWB; ACHD: Housing Stability	ACTCC Housing Work Group

GOAL 4 By 2039, people living in Adams County have high-quality, safe, and stable housing that meets their needs.

In other words: All people should have housing that supports their health and personal choice of where to live, including youth, older adults, and people with disabilities.

OBJECTIVE 1: CREATE A HOUSING STABILITY PLAN FOR ADAMS COUNTY.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Create a comprehensive list of housing resources for residents and community partners.	ACHD: Housing Stability	ACTCC Housing Work Group
OBJECTIVE 2: IMPROVE POOR HOUSING QUALITY AND INADEQUATE CONDITIONS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Support healthy housing practices by partnering with Adams County CED on home remediation efforts.	ACHD: Environmental Health	Adams County Human Services; ACHD: Housing Stability
<i>Tactic B.</i> Support healthy housing practices by monitoring legislation related to rent control and rent stabilization policies.	ACHD: Housing Stability, Environmental Health, Policy	Adams County CED
<i>Tactic C.</i> Develop 2-4 action steps related to healthy housing practices, gaps, and opportunities to take to municipalities in 2026 based on the 2019 scan of municipal housing codes completed by Tri-County Health Department.	ACHD: Environmental Health	ACHD: Housing Stability; Adams County CED
<i>Tactic D.</i> Provide renters and owners with advocacy tools or liaison support for maintenance and/or repairs.	ACHD: Housing Stability; Adams County CED	ACTCC Housing Work Group
<i>Tactic E.</i> Supplement funding for programs providing support for home repairs, maintenance, and modifications for priority populations identified by ACHD.	ACHD: Housing Stability	Adams County CED
OBJECTIVE 3: ADVOCATE FOR PEOPLE LIVING IN COMMUNITIES WITH UNMET NEEDS OR VULNERABLE SITUATIONS.	WHO IS LEADING?	WHO IS INVOLVED?
<i>Tactic A.</i> Conduct survey or focus groups of mobile home residents on what they need to be able to stay in their homes.	ACHD: Housing Stability, Planning & Evaluation	ACTCC Housing Work Group; ACHD: Policy

NEXT STEPS & CONSIDERATIONS

CHAPS Phase 7: Implement, Promote, and Monitor

Implementation

The CHIP implementation will begin in 2025 in partnership with the ACTCC through a collective impact approach. In this method, organizations come together to purposefully align efforts, leveraging their collective work for greater impact. The 2025 work plans bring together work across ACTCC member organizations, including four county departments. Work is and will continue to be codified through Memorandums of Understanding and formal agreements.

The ACHD CHIP priorities aim to address several root causes of poor health. These health priorities are complex issues, and our intention to have a long-term impact will require time, commitment, and strategy. Some of the goals of this plan go beyond five years; ACHD is committed to making short-term, measurable impacts while never losing sight of our longer-term goals. Implementation of the 2025 work plans will begin in early 2025 after Adams County Board of Health approval.

Work plans lay out each priority area's goals, objectives, tactics, and activities. Single points of accountability are identified for each activity: these are the people who will ensure the work is complete but will not be doing the work alone. (Work plans in this report do not include all details.) CHIP work plans show a cross-section of the work that is happening across the county—internal to Adams County Government—as well as the work of our community-based partners. In this way, we are intentionally aligning work from the community to facilitate moving from a Coordinated Impact (aligned work) to a Collective Impact (collaborative action) approach to community health in Adams County (Figure 6).

ACHD also recognizes the importance and value of continuous community engagement, partnership, and decision-making throughout the implementation. We commit to including community in every step and in every decision, recognizing the expertise of persons with lived experience.

Figure 6. Visualizing Collective Impact²⁴

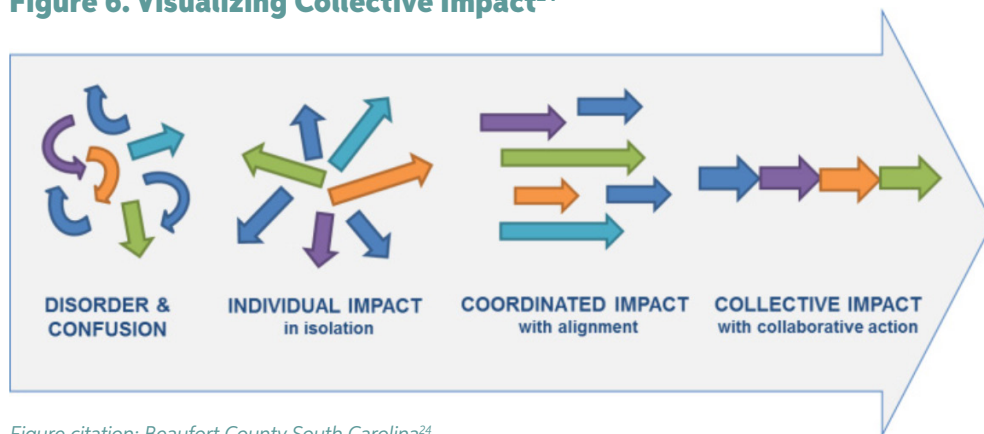


Figure citation: Beaufort County South Carolina²⁴

What can local individuals do to help?

There are many opportunities to inform and/or engage in this work, including participating in upcoming community engagement events, joining a work group as a Resident Leader, or in our Adams County Thriving Communities Collective meetings. Additional opportunities will be shared on our website and by promoting the ACTCC and our CHIP!

For more information, please visit

[Our Community's Health Status And Priorities](#) 

or email CommunityPlan@adcogov.org

Promotion of the Community Health Improvement Plan

Beginning in early 2025, ACHD and Adams County will begin an awareness campaign to introduce the priority areas and how they connect to the health and well-being of our community. From there, the campaign will shift to promote and highlight the activities of ACTCC and of partners across the county. We will strategically align messaging with partners and related public health efforts. Methods will include announcements, articles, and visualizations in our county-wide and department- or program-specific newsletters, messaging through various social media platforms, and direct messaging and communication through regular means of communicating with partners and clients (including in-person events, visits, e-mails, meetings). Additionally, our new CHIP Website will go-live in early 2025. The website, intended for the general public as well as partners, will include an overview of ACTCC, the CHIP development process, the priority areas, summary data, and the work plans.

Monitoring and Evaluation

Each Priority Area has a monitoring and evaluation plan to track progress on each goal, tactic, and activity. Plans include both process metrics and outcome measures. Process metrics help us measure if we are doing what we said we would do and are an important part of project management. Outcome measures help us measure if we are making the population health changes we intend to make and are an important part of public health evaluation. Outcome measures usually take more time to impact; this is because complex and difficult-to-change factors influence them. For example, one of our goals is to reduce homelessness. We can more easily accomplish our process metrics or actions (e.g., the number and type of resources we provided) than we can accomplish our outcome measure (e.g., reducing homelessness). Our evaluation plans will include both process metrics and outcome measures that are connected and will be guided by best practices from the Centers for Disease Control and Prevention (CDC) Evaluation Framework, the Community Toolbox, and the National Association of County and City Health Officials (NACCHO); these evaluation plans will be posted on our CHIP Website following Adams County Board of Health approval of the CHIP.

Financial Sustainability

ACHD receives approximately 41% of its funds from the Adams County General Fund. The remaining 59% of funds are received from contracts with the Colorado Department of Public Health and Environment, fees, and federal insurance reimbursement. ACHD has a budget approved by the Board of Health and the Board of County Commissioners through an annual budget process. These funds, along with in-kind support from ACTCC partners and intentional alignment with existing work will support the activities and tasks associated with the goals set forth in the CHIP. ACHD will allocate funds to assure community organizations are supporting change and removing obstacles. ACHD is also working on a long-term financial sustainability plan for community health-related projects in the county. ACHD is, ultimately, responsible for appropriate use of funds and the associated actions and outcomes.



CHAPS Phase 8: Participate in statewide public health improvement opportunities

The final stage of CHAPS encourages local public health agencies to participate in statewide public health improvement opportunities. ACHD does this in several ways and will continue to seek out opportunities for collaboration and partnership.

Metro Local Public Health Agency Planners Group

ACHD's Planning and Evaluation Team regularly meets with its counterparts across the Denver Metro Area. ACHD joins Arapahoe County Public Health, Jefferson County Public Health, Denver Department of Public Health and Environment, Broomfield Public Health and Environment, and Boulder County Public Health in these meetings to share resources, problem-solve together, and update each other on our work. This group was established in 2024; beginning in 2025, we anticipate further collaboration and strategic alignment.

Denver Metro Collaborative Group

This group is a revival of a former group of Metro Local Public Health Agency planning teams along with local hospital system planning and community benefit coordinators. Recognizing that public health agencies and non-profit hospitals share not only similar requirements, but also similar goals to improve community health, the group aims to identify strategies for improved collaboration.

State Health Improvement Committee

ACHD was pleased to participate on the State Health Improvement Committee and the Navigation Team throughout 2023 and 2024. The Committee advised the development of both the [2023 State Health Assessment](#) and the State Health Improvement Plan.



CITATIONS

1. American Public Health Association. "Public Health Code of Ethics." Washington, DC: American Public Health Association; 2019. https://www.apha.org/-/media/files/pdf/membergroups/ethics/code_of_ethics.ashx
2. DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century - PMC. *Prev Chronic Dis* 2017;14:170017. DOI: <http://dx.doi.org/10.5888/pcd14.170017>
3. Centers for Disease Control and Prevention (CDC). "10 Essential Public Health Services." Accessed December 17, 2024, from <https://www.cdc.gov/public-health-gateway/php/about/index.html>
4. Global Social Development Innovations (GSDI). "Economic Security." Accessed December 17, 2024, from <https://gsdi.unc.edu/our-work/economic-security/>
5. Colorado State Demography Office, Colorado Department of Local Affairs, 2020
6. American Community Survey, 1-Year Estimates, U.S. Census Bureau, 2023
7. Adams County Health Department (ACHD). "Annual Report, 2023." Accessed December 17, 2024, from <https://adamscountyhealthdepartment.org/about-adams-county-health-department>
8. ACHD Community Survey (Distributed by ACHD), 2023
9. Colorado Health Institute. "Eligible but Not Enrolled Colorado 2019," May 2023. Accessed December 17, 2024, from <https://www.coloradohealthinstitute.org/research/eligible-not-enrolled-2019>
10. Colorado Health Access Survey (CHAS), Colorado Health Institute, 2023
11. Center For Improving Value In Health Care (CIVHC). "Mapping Colorado's Telehealth Future," 2024. Accessed December 17, 2024, from https://civhc.org/wp-content/uploads/2024/06/Issue-Brief-3_Colorados-Road-Ahead_FINAL.pdf
12. American Community Survey, 1-Year Estimates, 2022
13. ACHD Maternal and Child Health Program. Language Line Usage Data for Adams County Human Services (2024) and ACHD (10/2022-02/2024)
14. American Community Survey 5-Year Estimates, U.S. Census Bureau, 2017-2021



15. Behavioral Risk Factor Surveillance System (BRFSS), Colorado Department of Public Health and Environment (CDPHE), 2020-2023
16. Massachusetts Institute of Technology (MIT). "Living Wage Calculator," last updated February 2024. Accessed December 17, 2024, from <https://livingwage.mit.edu/counties/08001>
17. Early Childhood Partnership of Adams County (ECPAC). "Increasing Availability of Affordable Infant and Toddler Care," 2024, from https://www.ecpac.org/wp-content/uploads/2024/03/IncreasingAffordable_IT_care_final.pdf
18. Early Childhood Partnership of Adams County (ECPAC). "Affordability and Accessibility of Quality Early Care and Education (ECE) Programs in Adams County," 2019, from <https://www.ecpac.org/wp-content/uploads/2019/07/ECPAC-Affordability-and-Accessibility-of-Quality-ECE-Programs-in-Adams-County-Final-Report-2019-.pdf>
19. ACHD. "Housing Stability Program," from <https://adamscountyhealthdepartment.org/housing-stability-program>
20. Root Policy Research. "2020 Analysis of Impediments to Fair Housing Choice in Adams County," from <https://adcogov.org/sites/default/files/Adams%20County%20AI%20Public%20Comment%20Draft.pdf>
21. Adams County Community Safety and Well-Being Data and Evaluation. Eviction Dashboard, last updated November 2024. Accessed December 17, 2024, from https://public.tableau.com/views/EvictionDashboard_17195161975670/DataDictionary?:language=en-US&:sid=&:redirect=auth&:display_count=n&:origin=viz_share_link
22. Metro Denver Homeless Initiative. Point in Time Survey, counted on January 22, 2024. <https://www.mdhi.org/pit>
23. Adams County Community Safety and Well-Being. "Homeward Adams: Homelessness Reduction Strategic Framework, Version 2023." Accessed December 17, 2024, from https://adcogov.org/sites/default/files/2024-05/Homeward-Adams_v2023.pdf
24. Beaufort County South Carolina Human Services. "Collective Impact." Accessed December 20, 2024 from <https://www.beaufortcountysc.gov/human-services/Collective%20Impact.html>



APPENDICES

- **Appendix A – Community Survey Results, Adams County***
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*Appendices A, B, D, E, F, K, L are available online at ACHD’s [Our Community Health Status and Priorities](#)



APPENDIX C:
COMPARISON OF 2023 COMMUNITY SURVEY SAMPLES

Surveys were completed in mid-to-late 2023 by both ACHD and Zencity. Survey samples were different and are explained below. Only responses from Adams County residents were included. This information is helpful to us as we endeavor to improve our process every year and, to you, as you interpret these findings.

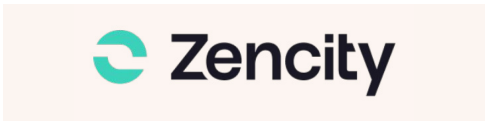
Overview of the Community Surveys:

Adams County-Distributed Survey



Total Respondents: **501** County Residents
Time Period: **July - October 2023**
Platform: **SurveyMonkey**

Zencity-Distributed Survey



Total Respondents: **832** County Residents
Time Period: **November - December 2023**
Platform: **Zencity**

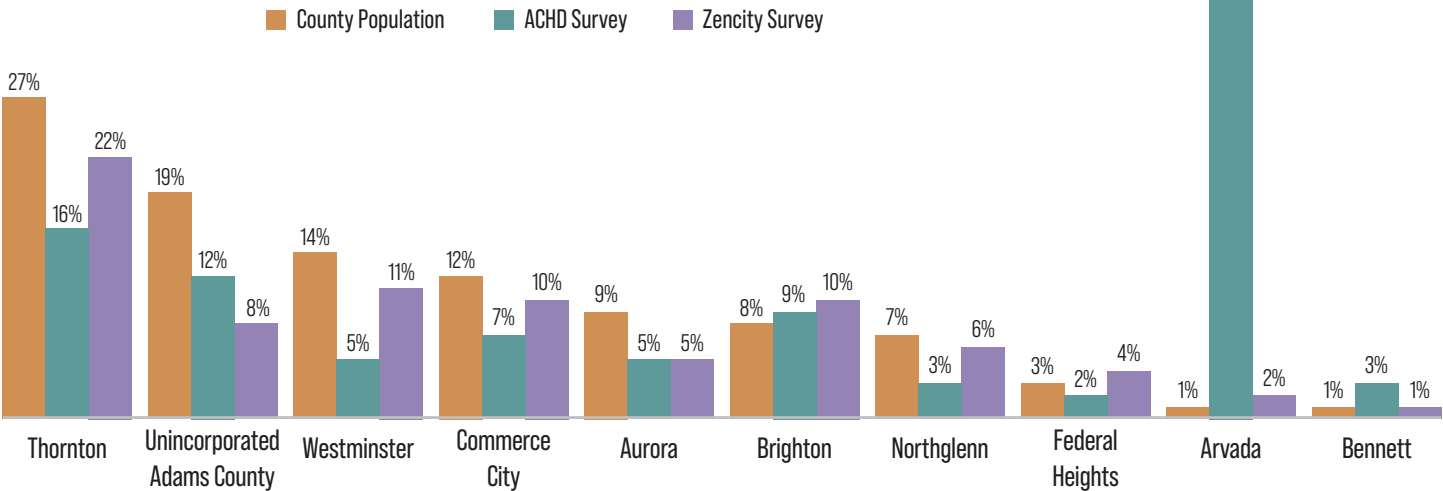
Survey Distribution Methods

Distribution Method	Adams County Survey	Zencity Survey
Online data collection platform	SurveyMonkey	Zencity
Social media page posts	Yes	–
Posters with QR codes	Yes	–
Targeted advertisements (social media, apps)	–	Yes

Geography

The most populated areas in Adams County are Thornton, unincorporated Adams County, and Westminster. However, ACHD survey respondents most frequently lived in Arvada (36%) and Thornton (16%). Arvada only accounts for 1% of the overall Adams County population. Zencity survey respondents most frequently lived in Thornton (16%) and Westminster (11%).

Respondents by Geography

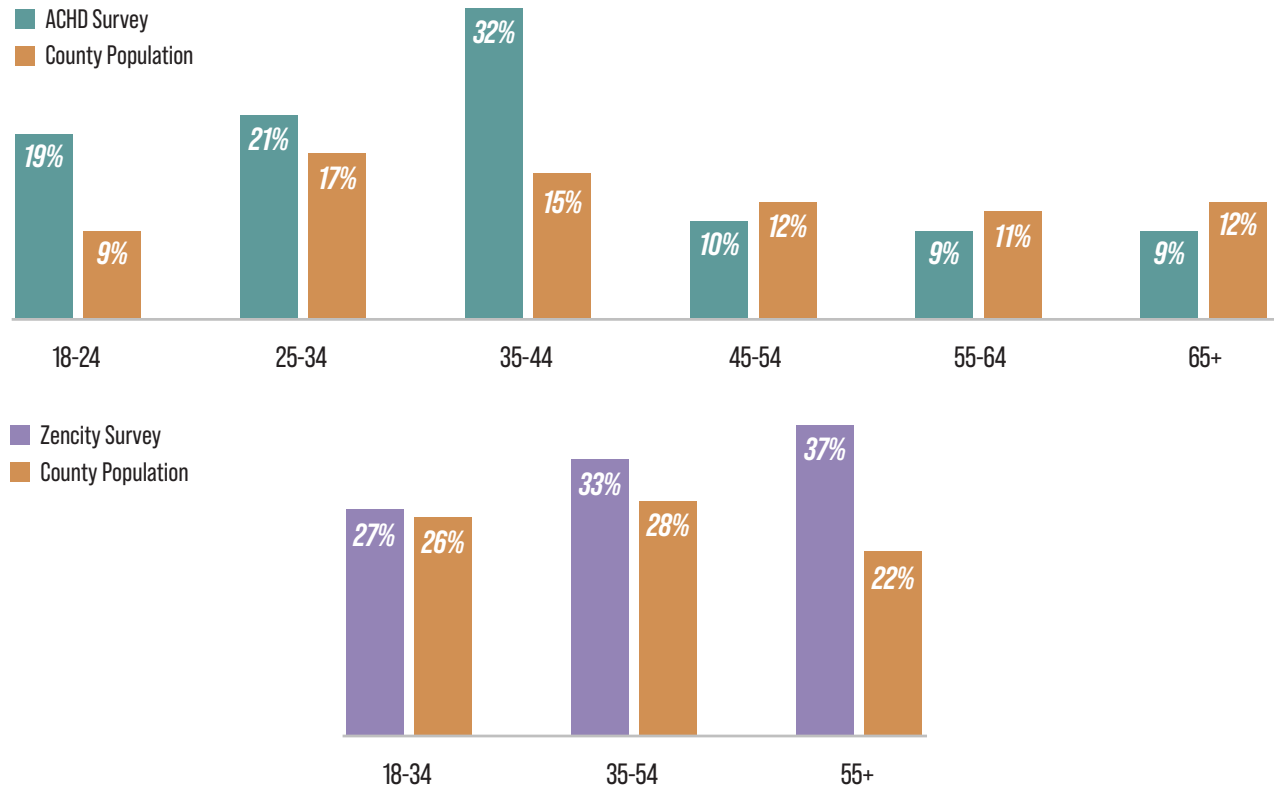


County Data Source: Colorado Department of Local Affairs, 2022

Age Groups

Zencity survey respondents were generally older than the ACHD survey respondents. The most common adult age groups represented were 55+ year-olds in the Zencity survey (37%) and 35-44-year-olds in the ACHD survey (32%). In the overall Adams County population, the most common adult age groups are 25-34-year-olds (17%) and 35-44-year-olds (15%). We provided two bar charts below because the two surveys had different age group answer options.

Respondents by Age Group

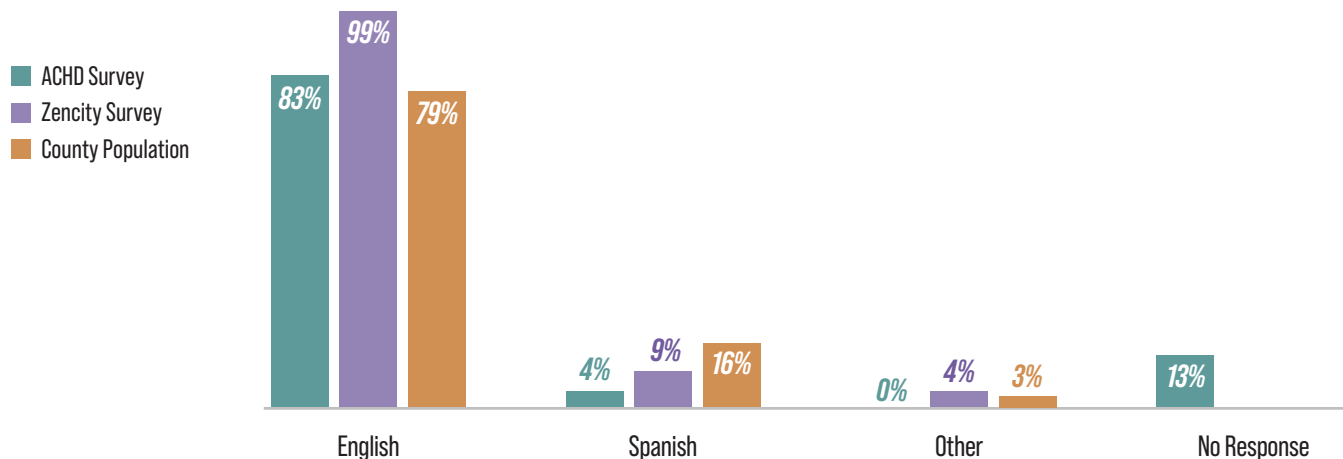


County Data Source: Colorado Department of Local Affairs, 2022

Language Spoken at Home

About 16% of the Adams County population speaks Spanish at home, but both surveys had fewer respondents who spoke Spanish than the county population (ACHD: 4% and Zencity: 9%). Survey respondents could choose more than one language spoken at home. This question was not required by the ACHD survey (13% did not respond).

Respondents by Language Spoken at Home

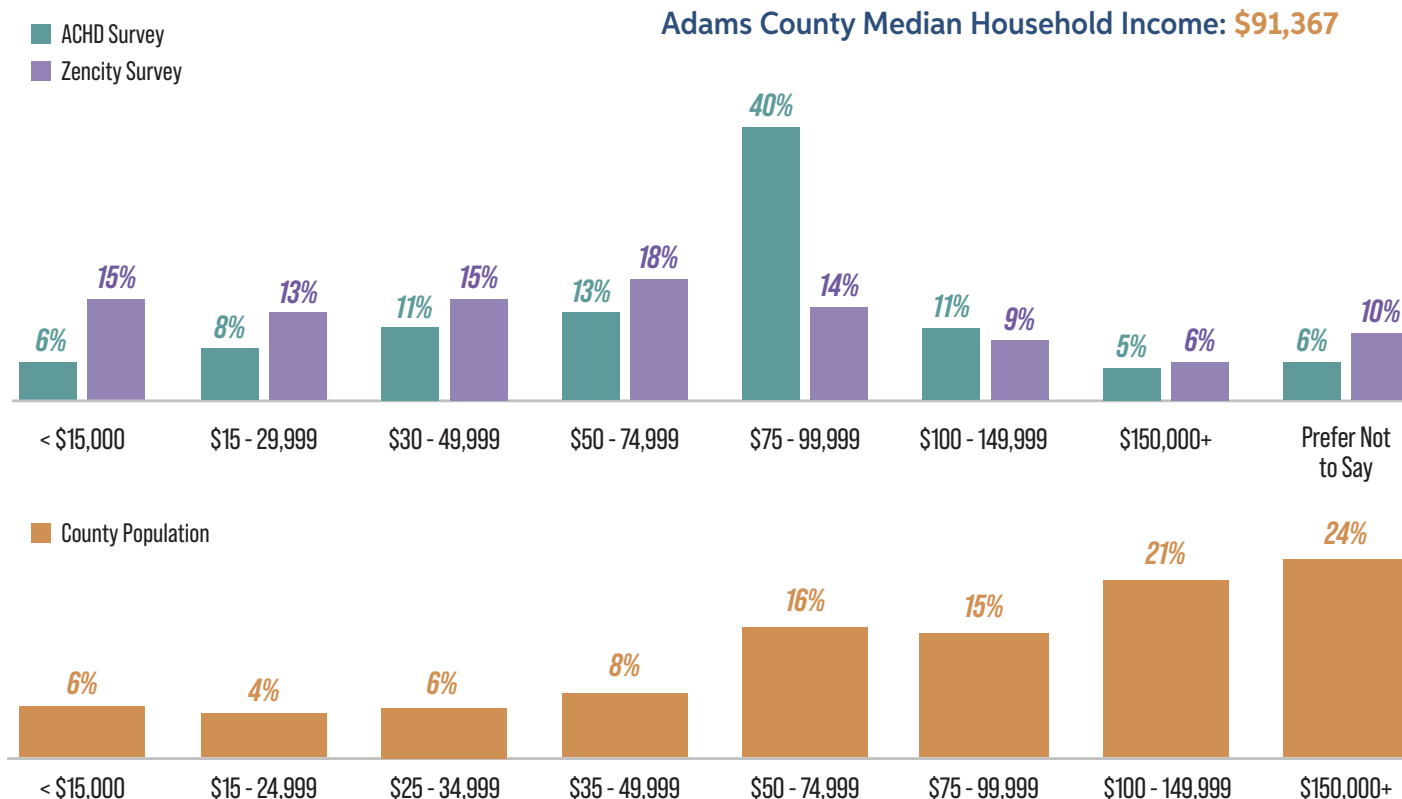


County Data Source: American Community Survey 1-Year Estimates, 2022

Annual Household Income

A little less than half (45%) of Adams County households have an annual household income of \$100,000 or higher. About 40% of ACHD survey respondents reported annual household incomes of \$75-\$99,999, while the Zencity survey respondents represented a more even distribution of annual household incomes.

Respondents by Annual Household Income

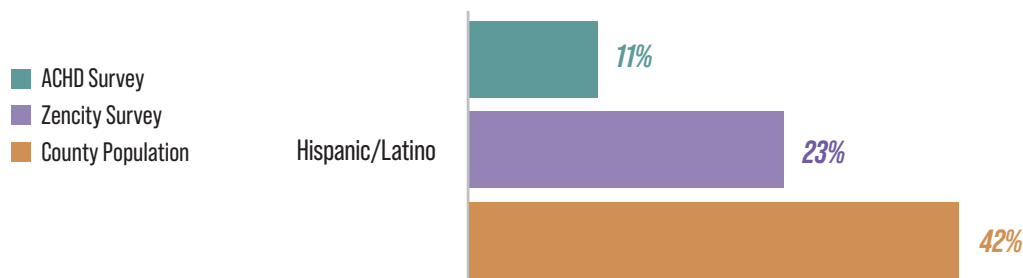


County Data Source: American Community Survey 1-Year Estimates, 2022

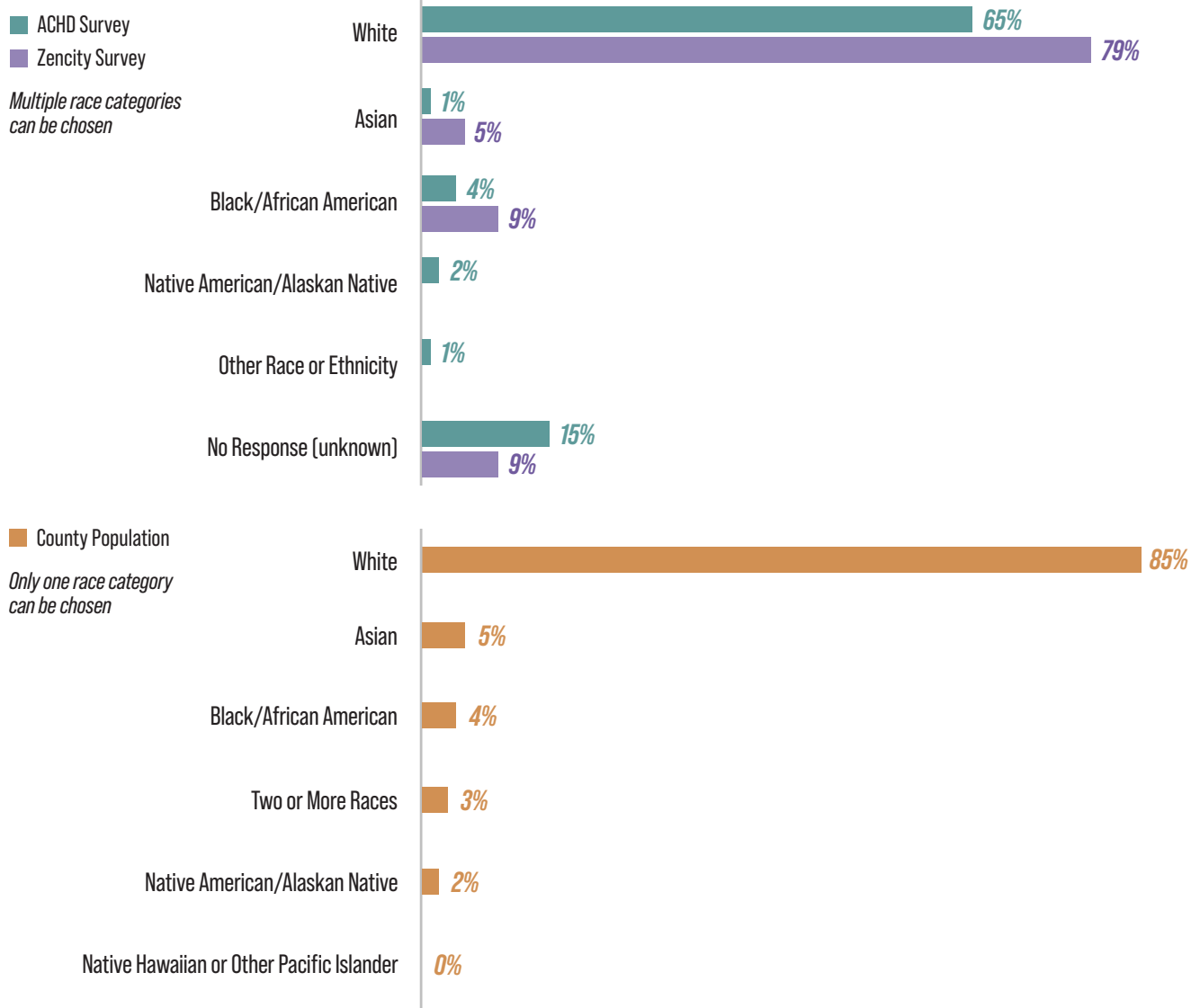
Race & Ethnicity

The majority of respondents for both surveys were white, which aligns with the overall Adams County population (Race: 85% White). The overall Adams County population is also 42% Hispanic/Latino (of any race). Zencity survey respondents represented more communities of color (Asian, Black or African American, and Hispanic) than ACHD survey respondents. This question was optional for both surveys, and more ACHD survey respondents (15%) chose not to respond to this question than the Zencity survey respondents (9%).

Respondents by Ethnicity



Respondents by Race



County Data Source: Colorado Department of Local Affairs, 2022

DISCUSSION OF SURVEY DATA LIMITATIONS

Interpretation of Questions

The way survey respondents interpret the questions can impact the usefulness or accuracy of the results, even if the survey writer carefully crafted the questions. For example, both surveys asked respondents to report the three most important health problems in their community. A respondent's answer to this question could be impacted by their definition of "health" or what they consider to be their "community."

Multiple Responses

The Adams County-distributed survey was anonymous and allowed for multiple survey responses to be submitted on the same device so groups of people who share a single device could participate fully in the survey. As a result, it can be difficult to identify if a single individual took the survey multiple times with slightly different answers because the survey did not collect names or personal identifying information. After reviewing survey responses, there were zero duplicated responses based on demographic information and free response answers provided, as well as a manual review of responses with duplicated IP addresses. Multiple survey responses could share an IP address based on VPN connection and router settings.

Access to Technology

Both surveys were available to be taken using online platforms. A person would need access to a device with Internet access to complete the survey. The Zencity survey was also promoted using targeted online ads. These methods could act as obstacles to participation for people without access to a computer or smart phone, people without adequate Internet access, or people who are less comfortable with technology.

Sample Methods and Weighting

The Zencity survey used quotas of survey respondents to get responses from certain groups in Adams County so that the sample demographics would match the population demographics. Zencity also used rake-weighting methods to ensure an accurately representative sample. The Adams County survey did not use these methods so the sample and results are based on the raw survey responses of the individuals reached by the marketing campaign. The Adams County-distributed survey was distributed and created in partnership with the Adams County Community Services Block Grant (CSBG) program. The survey was distributed through Crescendo Consulting Group's (who conducted the CSBG assessment) Survey Monkey account.

APPENDIX G: CAPACITY ASSESSMENT MATRIX

ORGANIZATION	ACCESS TO CARE		ECONOMIC SECURITY		FOOD AND HEALTH		HOUSING AND HEALTH		MENTAL HEALTH	
	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration
<i>Note: X organizations had multiple respondents</i>										
A Precious Child	X	X	X	X	X	X	X	X	X	X
Adams 12 Five Star Schools	X	X			X	X	X	X	X	X
Adams12 Five Star Schools	X	X		X	X	X	X	X	X	X
Aurora Health Alliance	X	X			X	X	X	X	X	X
Aurora Mental Health and Recovery	X	X						X	X	X
Aurora Mental Health and Recovery	X	X	X	X	X	X	X	X	X	X
Aurora Mental Health and Recovery	X	X	X	X	X	X	X	X	X	X
Aurora Partners for Thriving Youth	X	X							X	X
Aurora Public Schools	X	X				X	X		X	X
Aurora Public Schools	--	--	--	--	--	--	--	--	X	X
Aurora Public Schools - Edna and John Mosley P8	X	X		X	X	X	X	X	X	X
Aurora Public Schools - Montview Elementary School	X	X	X	X	X	X		X	X	X
Benefits in Action	X	X	X	X	X	X	X	X	X	X
Benefits in Action	X	X	X	X	X	X	X	X	X	X
Bennett Park and Recreation District	X	X		X	X	X	X	X	X	X
Boys & Girls Clubs of Metro Denver					X	X			X	X
Byers School District	X				X				X	X
Caring & Sharing		X	X	X	X	X	X	X	X	X
Center for People With Disabilities	X	X	X	X	X	X	X	X	X	X
Children's Hospital Colorado	X		X		X	X	X	X	X	X
Children's Hospital Colorado	X	X	X	X	X	X	X	X	X	X
Children's Hospital Colorado	X	X	X	X	X	X	X	X	X	X
City of Federal Heights									X	X
City of Northglenn Crisis Response Unit	X		X		X	X	X	X	X	X
City of Thornton Fire Department	X	X			X	X		X	X	X
Colorado Access	X	X			X	X	X	X	X	X
Colorado Youth for a Change			X	X						

ORGANIZATION	ACCESS TO CARE		ECONOMIC SECURITY		FOOD AND HEALTH		HOUSING AND HEALTH		MENTAL HEALTH	
<i>Note: X organizations had multiple respondents</i>	<i>Existing Work</i>	<i>Interest in Collaboration</i>	<i>Existing Work</i>	<i>Interest in Collaboration</i>	<i>Existing Work</i>	<i>Interest in Collaboration</i>	<i>Existing Work</i>	<i>Interest in Collaboration</i>	<i>Existing Work</i>	<i>Interest in Collaboration</i>
Community Reach Center	X	X			X	X			X	X
Community Reach Center		X						X	X	
Creative Treatment Options	X	X							X	X
CSWB	X	X	X	X			X	X		X
Deer Trail School District 26J					X	X			X	X
DRCOG	X	X	X		X	X	X	X	X	
El Grupo Vida	X					X		X	X	X
Elephant Circle	X	X	X	X	X		X		X	X
Families Forward Resource Center	X	X	X	X	X	X	X	X	X	X
Food for Hope					X	X				
Food Justice NW Aurora			X	X	X	X		X		X
Gateway Domestic Violence Services					X	X	X	X	X	X
Good Shepherd Presbyterian Church Food Pantry	--	--	--	--	X	X	--	--	--	--
Griffith Centers	--	--		X	--		--	--	X	X
Groundworks Denver			X	X	X	X			X	
Growing Home Inc	X	X	X	X	X	X	X	X	X	
Head Start	X	X	X	X	X	X	X	X	X	
Hope Communities	X		X		X		X	X		X
I-70 corridor	X	X	X	X	X	X	X	X	X	
I70 Corridor Chamber of Commerce			X	X			X	X		X
Immunize Colorado	X	X		X	X	X		X		X
Intermountain Health	X	X		X	X	X	X	X	X	X
Mapleton Public Schools	X	X	X	X				X	X	X
Maria Droste Services of Colorado, Inc.	X								X	
MIEL organization	X	X	X	X	X	X	X	X	X	X
Mile X Health Alliance	X	X				X		--	X	X
Mile X United Way 211 Help Center	X	X	X	X	X	X	X	X	X	X
Mosaic Church of Aurora	X		X	X						X
OFM (Out Front Magazine)	X	X	X	X	X	X	X	X	X	X
Our Lady Mother of the Church	X	X	--	--	--	--	X	X		
Reaching HOPE		X		X		X		X	X	X
Rise Above Colorado									X	X
Sexual Health Clinic	X	X		--		--		--	X	--

ORGANIZATION	ACCESS TO CARE		ECONOMIC SECURITY		FOOD AND HEALTH		HOUSING AND HEALTH		MENTAL HEALTH	
	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration	Existing Work	Interest in Collaboration
<i>Note: X organizations had multiple respondents</i>										
Strasburg School District				X	X	X		X	X	X
Student & Family Outreach Program					X	X	X	X	X	
Sugar Summit	X	X				X				X
The Early Childhood Partnership of Adams County	X	X	X	X	X		X		X	X
Thornton Police Co-Responder Program	X	X	X	X	X	X	X	X	X	X
Town of Bennett	X	X	X	X	X	X	X	X		X
Trailhead Institute	X	X		X	X	X		X	X	X
UHealth	X	X		X		X		X	X	X
University of Colorado	X	X			X	X	X		X	X
University of Colorado ID Clinic	X	X	X		X		X		X	
Westminster Public Schools	X	--	X	--	X	--	X	X	X	--
Westminster Public Schools	X	X	X	X	X	X	X	X	X	X

Note: Dashes (--) indicate no response. Empty cells indicate low or no interest or current work.

APPENDIX H: GROUP AGREEMENTS

Adams County Thriving Community Collective (ACTCC) Group Agreements:

- Improve community health and wellness
- Address the social factors influencing health
- No acronyms. Speak plainly.
- Work collaboratively
- Innovate and think creatively: focus “upstream” (i.e., on prevention)
- Put personal and/or business interests second to community interests
- Step back so others can step forward. Reminder to speak and to listen.
- Agree to come to meetings prepared
- ACHD agrees to make materials, decisions, processes transparent and to clarify what is optional and what is required
- Take risks. Don’t be afraid of “failure learning”
- Include community and consider community throughout the process
- Be aware of unintended consequences. Do no harm.

APPENDIX I: THE 5 WHY'S TOOL

The “5 Why’s” Tool can guide discussion to identify the root causes of an issue. For example, let’s say that you wanted to identify the root causes behind why people are not getting preventative health care in Adams County.

First, you would start by stating the issue: “People are not seeking preventative care in Adams County.” Next, you ask “why” five times to get at the root cause of why that is the case. The 5 Why’s graphic below is an example of how this tool might be used.

We utilized this method in small groups and, as a large group, talked through the root causes groups identified. This helped us decide to focus on social factors influencing health.

People in Adams County are not getting preventative care in Adams County.

WHY?

People are not prioritizing preventative care.

WHY?

People do not make enough to cover all their basic needs.

WHY?

The price of basic needs is increasing.

WHY?

People must pay for other, more urgent needs first.

WHY?

The cost of living is much higher than the minimum wage or average hourly wage in Adams County.

Now, the question is, what can we do about it as a community?

APPENDIX J: FEASIBILITY/URGENCY STRATEGY MATRICES

Example Feasibility/Urgency Strategy Matrix (slide):

Each goal and key strategies were described, with examples, on slides.

GOAL 1 Synthesis: Strategies | Key Themes

Simplify and facilitate housing applications

- Increase awareness; streamline application process
- Increase use of SSI and SSDI process

More financial assistance needed

- Rent assistance, landlord incentives, debt advice, tenant-based housing voucher
- Assistance for moving costs

Expand and modernize eviction prevention and legal assistance

- Housing mediation; tenant rights education; text message coaching; eviction resources guide

Support mobile home park expansion and self advocacy

Create single hub of services for region

Next, work group members talked through strategies, those identified on the slides and others, placing them on a 2x2 matrix through an online, interactive platform based on feasibility and community urgency.

High Feasibility Low Urgency	High Feasibility High Urgency
Low Feasibility Low Urgency	Low Feasibility High Urgency

APPENDIX M: ASSET INVENTORY FROM 2022 CHA

Social Connections

- Arts organizations
- Boys and Girls Clubs
- Citizen's Advisory Boards
- Community gardens
- Community markets
- Community newsletters/newspapers
- Community parks and public spaces
- Counseling and support programs
- County fair grounds
- Family Resource Centers
- Girls on the Run and other after school clubs
- GLBT Community Center of Colorado
- Indoor/outdoor malls and public spaces
- Leadership groups
- Libraries
- Local "meet up" events
- Local community events and festivals
- Neighbors and Next Door
- Places of Worship—synagogues, mosques, churches
- Recreation centers, including yoga and meditation centers
- School playgrounds
- School playgrounds
- Social and Resource Centers (community, seniors, veterans, etc.)
- Service Clubs (i.e., Elks, Rotary, Lions, Optimists, Kiwanis, Sertoma)
- Sporting events, youth sport organizations
- Theaters, restaurants, entertainment venues
- Toastmasters
- Town hall meetings
- Volunteer Organizations

Economic Resources

- AmeriCorps/VISTA/Service Corp programs
- Chambers of Commerce
- City Governments
- County Human Services
- Economic development organizations
- Faith-based organizations
- Legal Assistance
- Low-income Energy Assistance Program (LEAP)
- Major employers
- Small businesses
- Workforce development centers

Educational Resources

- Adult education classes
- CERT Programs
- Colleges and Universities
- Colorado Child Care Assistance Program (CCAP)
- Community Colleges
- Community-centered boards
- Early Childhood Councils
- Community-centered boards
- Early Childhood Councils
- English as a second language (ESL) classes
- Graduate Equivalency Diploma (GED) programs
- Head Start
- Libraries
- Primary and secondary schools
- Vocational and trade schools

Health and Wellness Services

- 12-Step Organizations (AA, NA, etc.)
- Colorado Access
- Colorado Crisis Services
- Colorado Quit Line
- Community Health Centers
- Community Mental Health Centers
- Community Recreation Centers
- Community-based safety-net clinics
- Counselors and therapists
- Dialysis centers
- Domestic violence organizations and shelters
- Health clubs
- Hospitals
- Kids In Need of Dentistry (KIND)
- Local health alliances
- Parks and hiking trails
- Private health care providers
- Regional Accountable entities (RAEs)
- School-based health centers
- Senior Resources Centers
- ACHD
- YMCAs

Neighborhood Connections

- 211
- City Planning Departments
- Community Gardens
- Community recreation centers
- Community-based organizations
- Denver Regional Council of Governments (DRCOG)
- Emergency housing organizations
- Food banks and food pantries
- Habitat for Humanity
- Housing Authorities (subsidized housing)
- Local businesses
- Local non-profit organizations
- Meals on Wheels/Congregate Meals program
- OneHome
- Parks and Recreation Departments, opens spaces, and trails
- Regional Transportation District (RTD)
- Resettlement agencies and refugee/immigrant-serving organizations
- Ride Together, ALIFT
- Schools and universities
- Severe weather shelter networks
- Theaters, restaurants, entertainment venues
- Walking and biking groups

Safety

- 911
- Colorado State Patrol
- Adams County Sheriff's Department
- Emergency Management
- Fire Rescue Services
- Health Department Emergency Preparedness and Response
- Local Police Departments
- Medical Reserve Corps
- Neighborhood Watch programs
- Neighbors
- School Resource Officers (SROs)
- Victims Assistance Programs

JOIN US!

We welcome community members and partners to join the
Adams County Thriving Communities Collective!

Contact the ACHD Planning and Evaluation Team at CommunityPlan@adcogov.org



ADAMS COUNTY
HEALTH DEPARTMENT
Your Health. Our Mission.