

Community Needs Assessment

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Community Needs

Community needs assessments are done to determine where strengths and weaknesses lie. It is the chance to evaluate what changes should be made and where efforts should be focused. Assessments can be focused on a small, very specific population or focused on a broader population.

Jefferson County

Jefferson County, Colorado (often referred to as Jeffco) is one of the most populous counties in Colorado. Its larger geographic area encompasses multiple municipalities. It stretches from the edge of the mountains on one side to border the City and County of Denver on the other. Many individuals desire to live in Jefferson County, and it has many resources that other counties do not because of the size of the county.

Reasons

The needs assessment was conducted on the entire community of Jefferson County. While this is a geographically large choice, most of the resources and funded programs are county-wide efforts. Each city borders the next by simply crossing a street. Funding is given to the county and not individual municipalities for the programs of interest. Changes to programs are implemented county-wide. Analyzing the entire county allows for better determination of what changes to make among its many programs and initiatives.

Data Collection

To begin data collection, A. Marin-Cachu, Jefferson County's epidemiologist, agreed to sit down for an interview (May 2014). She discussed what efforts have been implemented throughout the county previously to conduct a needs analysis. She provided multiple websites that are used for data collection, as well as websites that contain information collected by herself and her co-workers. She spent time discussing what issues there are in the county that sometimes get in the way of funding or support for community programs. She provided names of other county managers who might have information unavailable on the internet and how to contact them for that information. Appendix A contains a table of all the information collected.

Background Information –Cultural/Political

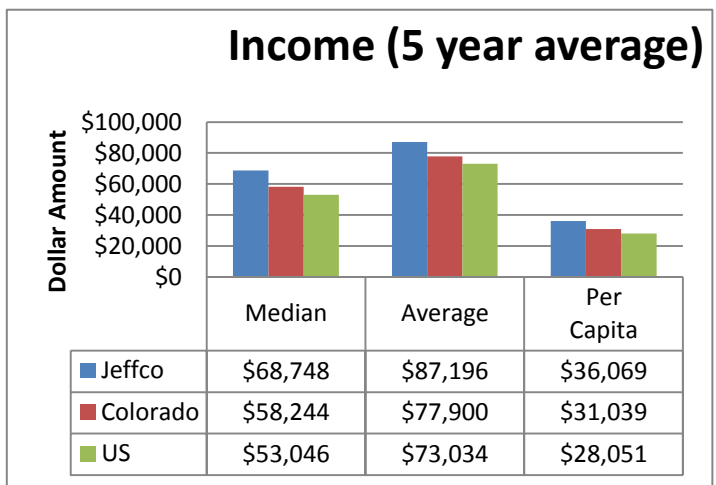
During the interview with A. Marin-Cachu, the political and cultural climate of Jefferson County was discussed (May 2014). One of the main issues that exists within Jefferson County is the belief that poverty and need does not exist within the county. Jefferson County is one of the three wealthiest counties in the state of Colorado.¹ According to Marin-Cachu, community surveys and meetings have found that many people move to the county for the benefits that moving to wealthier communities provides (May 2014). She stated that these often include better schools, a safer community, more opportunities for recreation, and a higher “home-town pride” (May 2014). However, with the money that many in the county have, it is hard for them to recognize that there is need in the community. Most politicians do not come from poverty but come from these wealthier families (May 2014). Marin-Cachu stated that the

hardest part of getting funding or having laws created or changed to help those in need is the belief that there are not people in economic need in the area (May 2014).

Demographic Data

Jefferson County is on average a wealthier, older, more educated, and less diverse community than statewide or nationwide. The median age in Jefferson County is 40.7, which is about 4 years older than the state median and 3 years older than the national median.²

89.8% of the population is white, while statewide 81.3% are white and nationwide 72.4% are white.^{1,2} Jefferson County has a similar Hispanic population to the United States, but is lower than the number in



Colorado.^{1,2} The median annual income in Jefferson County is over \$10,000 more than Colorado and \$15,000 above the United States at \$68,748.¹ This is represented in the graphic on the right. This income places Jefferson County as the third wealthiest county in the state of Colorado.¹ 93% of the population have graduated high school and 40% of the population have at least a Bachelor's degree.¹ In comparison, Colorado has 90% of the population as high school graduates and the United States averages 86%.¹ Almost 37% of the population in Colorado have at least a Bachelor's degree, while nationwide only 28.5% of the population have that level of education.^{1,2} Only 8.6% of the population is at or below 100% of the poverty level, compared with 12.9% statewide and 14.9% nationwide. However, the average rate of unemployment

from 2008-2012 was higher for Jefferson County than it was for either Colorado or the United States at 7.6%.¹

Vital Statistics

Looking at the fertility rate (births per 1000) for 2010, Jefferson County's mothers are generally older than statewide or nationwide. The highest fertility rate in Jefferson County is to women age 30-34.³ Both statewide and nationwide the fertility rate is highest from age 25-29.⁴ Infant mortality is lower than the statewide or nationwide rate. In 2009, Jefferson County had an infant mortality rate of 5.4 while Colorado was closer to the rate in the United States (6.25 and 6.39 respectively).^{5, 6} The leading cause of death was the same across the board and was attributed to cardiovascular disease, with cancer coming in second.^{2, 7}

Health Statistics

For many years, Colorado has had one of the lowest obesity rates in the nation. In 2010, Jefferson County had 20.4% of the population identified as obese, while statewide the number was 21.4%.² Both of these were much lower than nationwide, where 35.7% of the population is considered obese.^{8, 9} Showing a likely correlation, diabetes rates were much lower in Jefferson County and Colorado than they were in the United States (5%, 6% and 11% respectively).^{2, 10} Fruit and vegetable consumption was higher in Jefferson County, with 26% of the population stating they eat at least five fruits or vegetables daily, similar to Colorado's rate of 25% but much higher than the 14% nationwide.^{2, 11} Hypertension rates and use of tobacco was similar for Jefferson County and Colorado, but lower than nationwide.^{12, 13}

Program Participation

The community programs that were evaluated for participation were WIC, National School Breakfast Program, Food Stamps, and Head Start. These are all programs that have similar participants. Many of them try to refer clients to other programs in the community. All of these programs have had increased participation over the last few years with the exception of Head Start, which decreased due to funding constraints. WIC was at 13,989 participants in 2013, up from 13,000 participants in 2009.¹⁴ Eligibility and participation increased for the National School Breakfast Program, however participation is still much lower than those who could be eligible. During the 2010-2011 school year, 31% of students were eligible but only 9.5% participated in the program.¹⁵ Food stamp participation increased from 11,883 in 2011 to 14,682 in 2012.¹ Head Start had 475 children during the 2012-13 school year, reduced from 496 in the 2011-12 school year.¹⁶⁻¹⁷ However, 590 families applied for the 2012-13 school year, indicating that around 115 additional children could have been served with additional funding.¹⁷

Health Resources

Jefferson County has many health resources available. The county has two hospitals within the boundaries. These two hospitals have 767 beds between them.^{18, 19} Statewide there are 101 hospitals split between 64 counties.^{20, 21} One health department covers all of Jefferson County.²² The health department is only responsible for Jefferson County unlike some departments which must split resources between multiple counties. Per 100,000 people, there are 57 primary care physicians and 167 practicing physicians Jefferson County, compared with

63 primary care physicians and 222 practicing physicians in the state of Colorado.²³ Per 100,000 people there are 79 dentists in Jefferson County compared with 70 dentists in the state of Colorado.²³

Community Resources

The county has multiple resources that benefit the community. Colorado is a very active state with multiple outdoor trails and open spaces. Jefferson County has 227 miles of developed walking trails and 28 regional parks.²⁴ According to an email from the Jefferson County Environmental Health Supervisor, Jefferson County has 101 public swimming pools (M Ramig, May 2014). In the same email, she stated that the county has 332 grocery stores and 1446 restaurants (M Ramig, May 2014). According to her, there are 52 organizations that have “preschool” in their name, and 145 childcare centers that do not have “preschool” in their names (M Ramig, personal email, May 2014). In Jefferson County, home preschools and daycares do not need to be publically inspected or licensed, so this number was unattainable (M Ramig, personal email, May 2014). The Jefferson County Public Health Planner is aware of nine farmer’s markets in Jefferson County during the summer months (E Jerme, personal email, May 2014). Jefferson County has a total of 132 public or charter schools and is the second largest school district in the state of Colorado.²⁵

Conclusions

Jefferson County has a lot of resources available to the public. Residents are generally healthier when compared to the rest of the state or country. There are, however, still areas for improvement in the community, especially for lower income families.

Resources Available

Jefferson County has public trails and parks that are free for public use. They are located throughout the county and well utilized by the public. This allows the public to be more active and has likely helped decrease the community obesity rate.

Head Start only has two locations in the county, and utilizes a bus to pick up the children who cannot make it to the program without this transportation.¹⁷ The public schools also have a bus system, including transportation to some of the specialty schools in the district.²⁵

With the public health department only responsible for one county, all county resources are part of the same organization. They help refer to each other, and help inform the public of what organizations the county has by hanging posters and verbally referring clients. Earlier this year, many of the programs moved to one location to be near each other. These included the immunization clinic, one of the WIC offices, a health clinic, and the teams of public health nurses.

Resources Needed

While there are many resources that could be added to improve what is offered in the community, two stood out. The first is in relation to the National School Breakfast Program

which is the least utilized resource in the county, and the other is transportation issues for low income families.

Jefferson County Public Schools is part of the National School Breakfast Program. However, there are few families that take advantage of this opportunity. There needs to be a resource for these parents to help get their children to school on time to have breakfast as well as to encourage the use of this program.

Many WIC clients state they are unable to make appointments to come to WIC or go to the grocery store because of lack of transportation. Many do not have cars, or the car they have is used by whoever is at work during the day. There are bus routes, but with the many months of inclement weather in Colorado, it is often inconvenient to take public transit to appointments, especially with infants or small children in tow. Medicaid provides transportation for some non-emergency medical appointments; however it is only for appointments covered by Medicaid and only allows for the person with an appointment or one guardian to ride.²⁶

Recommendations

One recommendation to help with the breakfast program would be to change the time that the busses get to school. Many arrive with little time before classes start. By arriving earlier, children would have the chance to eat breakfast at school without being an additional burden to the family. Another idea would be to serve breakfast during the first class. Some schools already do this, but increasing the number who schedule breakfast this way could help to increase participation. Those who do not qualify for the program and do not want to

purchase breakfast could choose to bring a breakfast themselves. This would increase participation by providing breakfast for all children and helping decrease the stigma that may be associated with eating school breakfast.

Transportation is one of the largest issues for lower income families. Increasing public transit may sound like a good idea, but when there is snow or rain, few people choose to use a system that requires extra walking and standing in the weather, especially from those with small children or infants. One idea would be to hire a few community drivers. These drivers would be able to use county vehicles equipped with car seats. Participants would be able to request a ride to any public health appointment. Also, adding a public health carpool that leaves from certain neighborhoods to grocery stores once or twice a month may be a possibility to help these clients have better access to grocery stores. According to a meeting with the team of home visit nurses from Jefferson County, some programs in the county are starting to pilot programs similar to these, and may increase if they are well utilized (Prenatal Plus Meeting, May 2014).

With these possible improvements and others that are being developed in the county, those families of most need in the county will be able to gain better access to vital services. Jefferson County already provides a large number of great opportunities to the public and will continue to improve what they offer and be a great area to live no matter what income a family may have.

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Personal Communications:

E Jerme, Public Health Planner, email communication, May 30, 2014.

M Ramig, Environmental Health Supervisor, email communication, May 27, 2014.

A Marin-Cachu, Epidemiologist, email communication, May 22, 2014.

Prenatal Plus Nurses Meeting, May 2014.

Appendix A

Community Needs Assessment - Statistics and Numbers

Demographic Data		Jeffco	State	National	Reference
Age -median		40.7	36.2	37.3	2
Gender - % female		50.40%	49.90%	50.80%	1,2
Race					1,2
	White	89.8	81.3	72.4	
	Other	3.4	7.2	6.2	
	Asian	2.6	2.8	4.8	
	Two or more	2.4	3.4	2.9	
	Black or African American	1.1	4	12.6	
	American Indian/Alaskan Native	0.7	1.1	0.9	
Ethnicity (Hispanic/Latino)		14.1	20.7	16.3	
Education (25+)					1,2
	High School	93.1	89.9	85.7	
	Bachelor's or Higher	40.16	36.7	28.5	
Income -5 year averaged 2008-2012					1
	Median	68748	58244	53046	
	Average	87196	77900	73034	
	Per Capita	36069	31039	28051	
Poverty Levels (at or below 100% of the FPL)		8.60%	12.90%	14.90%	1
Type of Employment (2012 5-YEAR AVG)					1
	Civilian Employed	281712	2498972	141996057	
	Management, business, science and arts	122853	991008	50976044	
	Service occupations	41246	422317	25311187	
	Sales and office occupations	71447	615048	35338663	
	Natural resources, construction and maintenance	23434	245650	13186262	
	Production, transport, and material moving	22732	224949	17184392	
Housing (type/price)					1
	Total	230125	2211615	131642457	
	Occupied	219005	1962753	115226802	
	Vacant	11120	248862	16415655	
	Owner occupied	154844	1293951	75484661	
	Renter occupied	64161	668802	39742141	
	OCV (owner occupied value)				1
	<50,000	3395	64133	6507037	
	50,000-99,999	2877	67726	11489242	
	100,000-149,999	9768	135408	11902702	
	150,000-199,999	20604	224141	11341489	
	200,000-299,999	61634	364539	13962144	
	300,000-499,999	40221	288160	12119827	
	500,000-999,999	14412	121552	6546005	
	1,000,000+	1933	28292	1646215	
	Median	260,800	236800	181400	
	GR(gross rent)				1
	Not paying rent	1925	24789	2180030	
	units paying rent	62236	644013	37562111	
	less than 200	386	9286	661898	
	200-299	930	15955	1235834	
	300-499	2029	34459	3081587	
	500-749	11897	146108	8502029	
	750-999	18400	170358	9074445	
	1000-1499	20039	186066	9665632	
	1500+	8555	81781	5340686	
	Median	958	915	889	
Unemployment (2008-2012)		7.60%	5.50%	6%	1
Language spoken (5 years old, 2008-2012 average)					1
	English Only	89.80%	83.20%	79.50%	
	Other	10.20%	16.80%	20.50%	
	Other Speak English Well	68%	60.20%	57.80%	
	Spanish	6%	11.90%	12.70%	
	Spanish Speak English Well	69.30%	57.90%	55.50%	

Vital Statistics		Jeffco	State	National	Reference
Live births - age of mother, fertility rate (birth per 1000) for 2010					3,4
	10-14	0.8	0.2	0.4	
	15-17	8.8	12.2	14.1	
	18-19	35.6	44.2	51.4	
	20-24	67.2	76.3	83.1	
	25-29	97.6	100.9	106.5	
	30-34	100.6	99	97.3	
	35-39	54.4	52.4	48.3	
	40-49	4.9	5.95	5.55	
Infant mortality - 2009 per 1000 live births		5.4	6.25	6.39	5,6
Death rates- per disease, age adjusted per 100,000 population 2011					
	Cardiovascular Disease	162.6	180.6	227.1	2,7
	Cancer	141.6	143.6	168.6	2
	Unintentional Injury	49.3	46.3	38	2
	Chronic Lower Respiratory Disease	45.8	46.8	42.7	2,7
	Alzheimer's	31.08	29.3	24.6	2,7
	Suicide	17.9	17.4	12	2
	Chronic Live Disease & Cirrhosis	16.37	12.3	9.7	2,7
	Diabetes	13.6	16.4	21.5	2
	Influenza and PNA	13.36	13.1	15.7	2,7

Health Statistics - Age 18+		Jeffco	State	National	Reference
Obesity (2010)		20.40%	21.40%	35.70%	2,8,9
Diabetes (2010)		5.10%	6%	11.30%	2,10
Use of Tobacco (2010)		13.80%	16%	19.30%	2,13
HTN (2009)		23.90%	22%	28.60%	2,12
Dietary Intake -percent of population that reported eating 5+ fruits/vegetables (2009)		26.20%	24.90%	14%	2,11

Program Participation			Local Enrollment	Inc/Dec	Needs Met?	Utilized?	Reference	
WIC -women and children receiving WIC	2013		13989	Inc	Yes	Yes	14	
	2012		13904					
	2011		13785					
	2010		13572					
	2009		13000					
	Nat'l School Breakfast Program				Inc	Yes	No	15
		Eligibility 2009		29%				
		Eligibility 2010		31%				
		Participation 2009-10		8.02% (924,001)				
		Participation 2010-11		9.53% (1,097,669)	1.50%			
Food Stamps (2012 Jeffco)			14682	inc (2011: 11883)			1	
Head Start				Decrease	Yes	Yes		
	Families Served: 2012-13		438				17	
	Children Served: 2012-13		475				17	
	Children Served: 2011-12		496				16	
	# of Funded: 2012-13		406				17	
	# applied: 2012-13		590				17	

Health Resources			Jeffco	State	Reference
hospitals			2	101	18-20
		St Anthony (# of beds)	224		
		Lutheran (# of beds)	543		
		Total (# of beds)	767	12576	
health dept			1	55	21
# of doctors (per 100,000)					22
	psychologists		38.3	42.3	
	licensed physicians		222.2	270.3	
	practicing physicians		167.8	222	
	practicing PCP		57	63.7	
	active, licensed PA		46.3	38	
	Licensed nurse practitioners		65.4	51.9	
	active, licensed dentists		79.3	69.8	

Community Resources		Reference
grocery stores	332	M Ramig_email
farmer's market	9	E Jerme_email
restaurants (includes seasonal but not mobile or temporary)	1446	M Ramig_email
parks	28 regional	24
swimming pools (public, regulated)	101	M Ramig_email
walking trails	227 miles	24
schools -public and public charter		132
	elementary	93
	middle	22
	high	17
preschools (has preschool in name)	52	M Ramig_email
day care (childcare w/o preschool in name, no in home)	145	M Ramig_email