

**KEY STAKEHOLDER
INTERVIEW FINDINGS**

**GILPIN COUNTY
COMMUNITY HEALTH
ASSESSMENT PROJECT**

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The Gilpin County Community Health Assessment

Key Stakeholder Interview Findings

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Prepared by:
Jennifer Lavelly, Director
Gilpin County Public and Environmental Health Services

With much appreciation for Peggy Rothe for her many donated hours

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Executive Summary

Structured interviews were included as part of the Gilpin County Community Health Assessment in order to provide an additional method for discussion of the perceptions of health and public health and respective priorities, factors that influence health, and the health system and health resources in the County.

Interviews were conducted with persons from the following groups:

- County administrative employees
- Gilpin County's Sheriff's Office, Black Hawk and Central City Police Departments
- Gilpin County Human Services
- Fire Departments
- Denver Regional Council of Governments; Area Agency on Aging Representative
- Community Center employees
- Black Hawk and Central City Council members and staff
- Girl Scouts
- Boy Scouts
- Churches
- Gilpin County elected officials
- Mountain Family Health Center Staff (nurses, doctors, and board members)
- Casino representatives
- Local business owners
- Gilpin County RE-1 School District – school board, staff
- Gilpin County paramedics
- Support Groups, counselors, therapists
- Home school organization
- Local clubs, organizations

As a preface to exploring specific, broad-ranged health topics, the key stakeholder interviews began with five questions concerning the perceived scope of health and healthcare, definition of good and poor health, availability of resources, and specific roles each interviewee would take to support public health efforts in Gilpin County. The core questions were designed to get more information about key stakeholders' general understanding and expectations of health, public health, and the healthcare system.

Respondents were generally in agreement with their definition of health, describing it as a state of well-being: multi-faceted and holistic. Defining the scope and role of public health engendered complex responses about the varied functions involved in the practice of public health. Respondents all supported a "health at a population level"-theme and were consistent in their view of public health as an essential health informant for the community. Access to healthcare, including transportation and insurance status, was the factor most often cited by respondents regarding health status. Isolation was the single most named factor related to poor health and, paradoxically, highly prevalent amongst the responses for components of good health.

Recreational opportunities and the availability of health education in the County were most often cited as community strengths regarding available resources. Respondents discussed quality of available healthcare and an overall lack of health services as resources which could stand to be improved in Gilpin County. All respondents agreed to support public health efforts within the County; the extent to which they would help varied, but none reported opposition.

Introduction

Phase III of MAPP, *Mobilizing for Action through Planning and Partnerships*, is comprised of four different assessments. The *Community Themes and Strengths Assessment* gathers community thoughts, opinions, and concerns. This information provides insight into the issues of importance to the community and answers the questions: “What is important to our community?”, “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?” Key stakeholder interviews, in addition to community opinion surveys, were chosen as the best approaches for gathering such information from representative segments of the population.

Experience has taught us that effective, sustainable solutions to health issues are those which are perceived to be most important (ownership) by the people (e.g., residents of Gilpin County) involved/affected. It is, therefore, critical that a thorough and thoughtful conversation regarding community health include the views of people who are close to the issues and can assist in recognizing the likely consequences of various options. As such, key stakeholder interviews were used to promote discussion and collect public opinion about broadly defined, health and healthcare issues. It is important to realize, however, that the range and potential of various issues raised during the interviews is complex.

Keeping this qualification in mind, the key stakeholder interviews were used to ascertain opinions from a broad range of individuals identified as being likely or positioned to take action on behalf of community needs and, thus, the agreed-upon definition of key stakeholder. Therefore, interviews were conducted with, to name a few, County employees, sheriff/police departments, elected officials from Gilpin County, Black Hawk and Central City; fire departments; priests; teachers; school bus drivers; business owners; clubs and/or local organizations; and private citizens. During the interviews, participants’ views were obtained concerning the perceived scope of health and healthcare, definition of good and poor health, availability of resources, and specific roles each interviewee would take to support public health efforts in Gilpin County. Additionally, respondents were asked to identify their three to five highest and lowest priority areas from a listing of specific healthcare topics, if there were any questions they had of the interviewer, and if they had recommendations for other people to contact via the interview process.

METHODOLOGY

As a background to the development of the structured interviews, information, advice, data, and experience from the following groups, individuals or activities were considered:

- The Gilpin County Community Health Assessment Committee
- Commissioner Jeanne Nicholson
- The Gilpin County Community Health Assessment Secondary Data Report
- Interview Guide Examples from the MAPP Toolkit
- Boulder County Health Department
- *The Community Toolkit*, University of Kansas, 2003

Key stakeholders were interviewed by the director of Gilpin County's Public and Environmental Health Services as individuals and as groups. When groups were interviewed, participants were asked to come to a representative consensus for their responses.

Key stakeholders were invited to participate in the interviews by a letter (Appendix A). The first stakeholders were self-selected or, took it upon themselves to call to arrange an interview time upon receipt of the letter. The next stakeholders were contacted and scheduled by the department administrative assistant via phone. Since many of the final stakeholders were deemed highly important with respect to their influence and/or knowledge about health and public health in Gilpin County they were, in addition to a mailed letter, called up to three times by the department administrative assistant and/or were contacted by the interviewer by phone and/or e-mail. The final group of stakeholders interviewed was also comprised of people having been recommended by previous stakeholders.

A structured interview guide was developed for interview participants (Appendix B) and a brief overview of the purpose of the interview was provided before every interview conducted. The purpose of the interview was described as an opportunity to:

- Obtain a better understanding of the community's understanding and expectations of healthcare and public health in the County
- Learn aspects of health that are of greatest concern to stakeholders and their constituencies
- Identify what can motivate stakeholders to commit to help achieve and who are most likely to support the objectives of CHAP, the **C**ommunity **H**ealth **A**ssessment **P**rocess
- Learn how best to meet the needs of County residents
- Gain a context (qualitative data) to the County's already-known, quantitative data

An emphasis was placed on eliciting comments and suggestions within the context of what would work/is needed in Gilpin County.

Respondents were informed that their responses would be recorded in writing and kept strictly confidential. Respondents were assured that only comments relevant to overall themes and concepts of the interview would be in the final report and that no individual attributions would be made.

As a preface to exploring specific public health issues and needs, the key stakeholder interviews began with two questions asking the stakeholders for their definition of health and public health, a question asking for factors contributing to good and poor health in the County, a broad question about health services, and one which asked how the respondent might help Gilpin County Public and

Environmental Health Services. These broad-based questions were designed to get more information about where each identified stakeholder was in his or her understanding of and willingness to help local public health efforts regarding the following key public health issues/topics:

- Access to Quality Healthcare
- Immunizations
- Infectious Diseases
- Injury
- Violence Prevention
- Maternal, Infant, and Child Health
- Mental Health and Mental Disorders
- Nutrition, Overweight, and Physical Activity
- Substance Abuse
- Tobacco Use
- Addiction
- Chronic Disease Prevention
- Environmental Quality
- Education and Community Based Programs

Ample time was allowed to fully explore the interviewee's insight on and desired prioritization of these topics, and each person had time to suggest or recommend other topic areas as well as supplement their answers to previously asked questions.

Interviews closed by the interviewer asking the stakeholder if he/she had any further questions and if the stakeholder had any suggestions for other people who should be interviewed.

SUMMARY OF KEY STAKEHOLDER INTERVIEWS

The Gilpin County key stakeholders were asked broad-based, objective questions regarding how they define health and factors that are associated with good and poor quality of health. They were also asked about community strengths, what is being done well and what yet needs to be accomplished as well as barriers to achieving good community health. They were asked what they considered to be major health priority concerns in Gilpin County chosen from a list of specific health issues.

Approximately 130 individuals who work and/or reside in Gilpin County were interviewed. Some were interviewed in group settings; however the majorities were interviewed individually. Related responses to each of the questions were aggregated into appropriate discrete categories.

DEFINITION OF HEALTH

Question: What is your definition of health?

People generally identified health in terms describing a state of well-being, including descriptors such as disease-free, vitality, wellness, optimal level of function, personal maintenance of one's body, thriving, balance, and the ability to function autonomously without difficulty. The holistic definition that included multi-factors was prevalent. These included emotional, intellectual, mental, personal, physical, and spiritual health.

One's state of mind was the next most described overall category. This included expressions about happiness, contentment, feeling good, self-confidence, the ability to make solid choices, a sense of belonging, coping, and having loving relationships and family. The social component as related to health was not ignored.

Safety and environment was the third major area seen as necessary for health. Several stakeholders expressed the importance of safe environments for children and adults, as was a safe working environment. Knowledge about programs and adequate healthcare options, including immunizations, and access to transportation were less often described, but were also presented.

"All needs being met" was one person's explanation of health; another answered the question about what is health as "being something I want." Several respondents specifically described health, at least in part, "not needing medication."

DEFINITION, ROLE AND SCOPE OF PUBLIC HEALTH

Question: What is your definition of public health? Role? Scope?

This set of questions engendered unanticipated sophisticated responses about the varied functions involved in the practice of public health. The greatest numbers of responses were about its inherent philosophy. These included: "what really needs to be addressed", "focus on community", "the whole population outlook", and "overall health of people." Commentary regarding the "community as a healthy place to be", "how well the public is doing in general", and "health at a population level" all supported a recurring comprehensive theme.

Encompassed in public health's role of "assurance", comments such as "protecting the public from companies, disease outbreaks, pollution, food problems and unsafe water" again demonstrated a high level of understanding of the entity that is public health. Other comments described assuring resource availability for the community, adequate funding for people to be healthy, referrals, and free or low-cost healthcare.

Key informants were consistent in their view of public health as an essential informant and educator for community particularly about resources as well as all things related to health of individuals and the community.

Additional statements about the roles, scope, and definition of public health were in the arena of analysis, such as monitoring trends; assessment, for example determining who is and isn't healthy in the environment; and policy and enforcement which included topics such as legislation, and clean air regulations.

FACTORS CONTRIBUTING TO POOR HEALTH

Questions:

-In your opinion, what factors contribute to poor health in Gilpin County?

-What barriers, if any, do you see to implementing a program and/or policy aimed at improving those factors you just named?

Barriers and factors contributing to poor health were often perceived to be interchangeable throughout the interviews and, therefore, are combined for the purposes of this summary.

Respondents expressed the greatest concerns in factors categorized in "access to quality health care." These included the insufficiency and low quality of local healthcare options and distance to other providers. Access is impeded by the lack of local transportation and the cost of health insurance. It was reported that seniors are too often not filling necessary prescriptions and that "people tolerate more health problems as access to care is difficult." It was noted that regularly persons with chronic illness or mobility problems have to move from this county.

"Isolation" was the single most named factor related to poor health. Paradoxically, one must note that the same term "isolation" also was prevalent in the section "factors for good health." "People come here to hide" was reported by several informants. In this category "lifestyle choices and values", geopolitical and values disparities based on region of the county in which people reside were discussed. "Individualism" was another repeated descriptor of residents who also were seen to possess anti-social tendencies, remain uninvolved in their community and who demonstrate an unwillingness to admit their problems.

Other less-often described factors for poor health included "growth and development" and "gambling" with its effect on the economy, a changing community lifestyle, and numerous negative factors such as expensive housing and challenges for small business operation. The need to travel long distances for employment, results in a "bedroom community" and a "lack of community cohesiveness." "Altitude", "weather" and sections of the county in which there is "arsenic in the drinking water" were among environmental challenges contributing to poor health.

FACTORS CONTRIBUTING TO GOOD HEALTH

Question: With respect to health and healthcare, what are Gilpin County's strengths? What is being done well?

The most often cited strength by respondents was the availability of recreational activities. Outdoor activities, the community center and the library were frequently indicated as specific strengths in the County.

A close second to recreational activities was the environment, as an asset in Gilpin County. The County Environmental Health Department was of predominant importance in this category with a spattering of references made to "the mountains", water and air quality, open space, insects, and septic system regulations.

Health education, such as those programs that have recently been offered by Gilpin County Public and Environmental Health Services and the health classes offered at the Gilpin County Community Center, was another major strength found in Gilpin County.

Another major factor of good health in the County, indicated by stakeholders, falls into the category of "access to quality healthcare". Interestingly, this factor was respondents' primary concern regarding factors which contribute to poor health in the County. Looking closer at interview details, a clear distinction was made between those aspects of available healthcare which contribute to good and poor health. Availability of services, such as the Gilpin Ambulance, Mountain Family Health Center, the school nurse, and the "9Health Fair", were suggested as factors contributing to good health. In contrast, the amount, breadth, and overall quality of such services were cited as factors for poor health in Gilpin County.

Other less-often mentioned factors for good health in Gilpin County include the senior program, domestic violence counseling services, personal independence, and low stress levels.

LOCAL SOLUTIONS AND BARRIERS TO HEALTH

Questions:

- What do you think should be done to address poor health more effectively in Gilpin County? How could services be improved? What specific services are most needed in our community?

- What barriers, if any, do you see to implementing a program and/or policy aimed at improving those factors/areas you just named? What strategies would you suggest for overcoming these barriers?

Due to the repetition of concepts between these questions' analyses, the responses have been combined for summary.

Education and community-based programs were most often identified as solutions for improving health in Gilpin County. Dissemination of information of local services, programs, and events was noted as a key area for improvement. More community gathering places, outreach, directories, and better communication between city and county governments were offered as suggestions for improvement. Increasing health promotion and prevention education programs were identified as needed services.

Again, access to quality healthcare was identified as both a strength and an area in need of improvement; the services that are available are good, but the quality of such and the breadth need much improvement. Improved transportation was suggested as a way to improve access to healthcare, *though it is important to note that over the same time of these interviews, a heated debate regarding County public transportation took place.* Increasing the amount and kinds of healthcare services such as hospice, dental care, and mental health were mentioned as specifically needed services. Visiting nurses, a centrally located clinic, and federal assistance programs (e.g. – WIC, *Medicaid*, and *Medicare*) are good, but need to be expanded/improved.

Much attention was given to the need to educate parents and to provide more opportunities (educational and recreational) for children in the County.

Nutrition and physical activity education and a full spectrum of mental health services are much needed in the County. A local grocery store and school-based programming were, respectively, given as solutions to these needs.

COMMUNITY SUPPORT

Question: What role could you play to help Gilpin County Public and Environmental Health Services implement such projects in our community?

All respondents indicated a willingness to help Gilpin County Public and Environmental Health Services, but the level of commitment varied. When asked the question, many respondents said they could not give any money at this time. When given examples of other ways to help, all respondents agreed to do something, ranging from giving money to implementing a hypothetical program. A good majority indicated they “would help in whatever way the department needed.” No respondents said they would stand in the way of/work to prevent a public health or healthcare effort in the County.

HEALTH ISSUES' PRIORITIZATION (highest to lowest)

At the end of the interview, respondents were given a list of health topics (see Appendix C) and asked to give their top 3 to 5 priority areas and, if possible, their lowest priority areas. When asked the latter, most respondents said that *all* the areas were important; that putting any at the bottom was “impossible” or “unjust”. In return, the interviewer explained that not all issues could be addressed at once given resource shortages such as money and staff. The interviewer found that this exercise was helpful in getting stakeholders to focus on specific health issues for the good of the community versus individual needs or special interests.

Nevertheless, all categories were selected by one or more participants by the end of the interview process. The following ordered list is a summary of the most-often through the least often suggested health topics by stakeholders.

1. Tobacco
2. Education and Community-based Programs
3. Access to Healthcare
4. Nutrition, Overweight and Physical Activity
5. Alcohol and Substance Abuse
6. Immunizations
6. Injury Prevention
7. Violence Prevention
8. Infectious Diseases
8. Mental Health
9. Addiction Programs
10. Environmental Quality
10. Chronic Disease Prevention
11. Maternal, Infant, and Child Health

Often, discussion around each topic took place during the interviews. Some important notes from the interviews include:

- Many stakeholders felt that tobacco prevention and cessation programs were important in the County, but less often for residents than for visitors, especially to casinos. In fact, many stakeholders thought that smoking rates for County residents had gone down over the years.
- Stakeholders had clearly embraced the idea of going somewhere else for services. Many said the local clinic was limited in that which it could provide, and that it was easier to start seeking healthcare outside the County because they knew they would have to be referred there eventually. Many stakeholders, who had tried the local clinic, volunteered their reluctance to seek healthcare again at the clinic in Black Hawk because of a bad experience with the clinic's doctor.
- Recreational injuries such as ATV accidents, motor vehicle accidents, and suicides were key topics mentioned in the discussions around injury prevention.
- The concept of “personal choice” often came up in discussions about immunizations.
- Isolation and lack of local resources were topics around mental health.
- The majority of stakeholders put Environmental Quality towards the bottom of their prioritization list with the disclaimer that, “it's not because it's not important, but because the County is already doing such a good job.” Additionally, most respondents indicated they moved to Gilpin County to get away from poor environmental quality elsewhere.
- A majority of stakeholders felt that Mental Health, Alcohol and Substance Abuse, Violence Prevention, and Addiction Programs were related to one another.

Appendix A
Key Stakeholder Invitation Letter

Date, 2006

Dear ,

Gilpin County Public and Environmental Health Services is in the process of finding out what are the pressing health issues in Gilpin County. This process, the community health assessment, is currently in need of your input. Given your professional role in our community, you have much to add in the way of valuable information for this process. I am writing to arrange a mutually convenient time and location to meet with and hear from you about your opinion of health in Gilpin County. I understand your time is important and so would greatly appreciate it if you could find approximately 45 minutes in your schedule for our discussion.

Please, at your earliest convenience, contact myself, jlavelly@co.gilpin.co.us or (303) 582-5803 x 1, or Carole Cardon, ccardon@co.gilpin.co.us or (303) 582-5444, to arrange a time to discuss our community's health.

I look forward to the opportunity to talk with you!

Thank you,

Jennifer Lavelly, Director
Gilpin County Public and Environmental Health Services
2960 Dory Hill Road, Suite 120
Golden, CO 80403

Appendix B
Key Stakeholder Interview Guide

1. What is your definition of health? Public health (role of? Scope?)?
2. In your opinion, what factors contribute to poor health in Gilpin County? What are the major health concerns/problems here? Strengths?
3. What do you think should be done to address poor health more effectively in Gilpin County? How could health services be improved? What specific health care and health education services are most needed in our community? What is being done well?
4. What barriers, if any, do you see to implementing a program and/or policy aimed at improving those factors/areas you just named? What strategies would you suggest for overcoming these barriers?
5. What role could you play to help Gilpin County Public and Environmental Health Services implement such projects in our community?

****(Do not read out the choices below. Use them as suggestions and as a guide for recording responses)***

- Serve on a coalition, task force/committee
- Public endorsement/testimonial
- Appoint a person to work on the project
- Donate resources – e.g. meeting space, advertising, personnel, funds, etc

6. From the attached list, please choose the five areas that you believe should receive more emphasis in the community than they do now.

****(Choose only 5 and rank them from 1 being the most serious to 5 being the least serious.)***

7. Using the same list, choose five areas that you believe should receive less emphasis in the community than they do now. (Choose only 5)

****(Choose only 5 and rank them from 1 being the most serious to 5 being the least serious.)***

8. Are there any questions you would like to ask me? If not now, then please contact me!
9. Are there other people you think I should talk to in this process?

Thank you for your time and support. I'll be in touch with you again to let you know which priorities are chosen and how you can best help to ensure the success of public health in Gilpin County.

Appendix C
Key Stakeholder Interview Guide-Public Health Topics and Issues

PUBLIC HEALTH EXAMPLE PROGRAM AREAS

The following is a list of possible programs a public health department might take on. This list is not exhaustive and is meant only to serve as an example of the scope of public health activities.

- PROG1. Access to Quality Health Care** - includes health insurance, regular source of primary care, emergency medical services, long term health care, proximity/transportation, costs

- PROG2. Immunizations** – flu shots, childhood immunizations, booster shots, vaccinations, availability, costs

- PROG3. Infectious Diseases** – sexually transmitted diseases, food poisoning, water and animal borne diseases, vaccine-preventable diseases (e.g.-measles, pertussis)

- PROG4. Injury (intentional and unintentional)** – recreational accidents, suicide, motor vehicle accidents, falls, awareness, safe environment

- PROG5. Violence Prevention** – domestic violence, availability of law enforcement, awareness

- PROG6. Maternal, Infant, and Child Health** – premature births, low birth weights, prenatal care, teen pregnancy, awareness/availability of services, cost, accessibility

- PROG7. Mental Health and Mental Disorders** – diagnosis/awareness of depression, suicidal talk/signs, stigma

- PROG8. Nutrition, Overweight, and Physical Activity** – exercise, healthy meals, vegetable and fruit intake, weight loss/maintenance, support, education

- PROG9. Substance Abuse** – binge drinking, illicit drug use, awareness, availability of substances

- PROG10. Tobacco Use** – cigarettes, chewing tobacco, secondhand smoke, availability

- PROG11. Addiction** – alcohol, illicit drugs, tobacco, gambling, awareness

- PROG12. Chronic Disease Prevention** – diabetes, heart disease, cancer, asthma

- PROG13. Environmental Quality** – potable water, sanitation (in particular, having individual sewage disposal systems ISDS or are connected to a city line), air quality – indoor and out

- PROG14. Education and Community Based Programs** – programs targeted at these factors for the improvement of health, school curriculum, coalitions, workshops, community center programming.

