

North Fork Ambulance Health Service District

Community Health Needs Assessment 2024



January 2025

Triple Point Strategic Consulting

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**North Fork Ambulance Health Service District
Community Health Needs Assessment 2024**

Prepared for:

**North Fork Ambulance Health Service District
dba North Fork EMS
110 East Hotchkiss Avenue
Hotchkiss, Colorado 81419**

Prepared by:

**Triple Point Strategic Consulting
PO Box 985
Crested Butte, Colorado 81224**

January 2025

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Table of Contents

1 Introduction.....	1
1.1 Objectives.....	1
1.2 North Fork EMS Community Health Division Mission and Vision.....	2
2 Methodology	5
2.1 Interviews and Focus Groups.....	5
2.2 North Fork Community Health Survey 2024.....	5
2.3 Data Collection and Research	5
2.4 Assumptions and Uncertainties	5
3 Key Stakeholders.....	7
3.1 North Fork Ambulance Health Service District (dba North Fork EMS)	7
3.2 Delta Health	7
3.3 West Elk Clinic in Hotchkiss.....	7
3.4 Delta Health Outpatient Therapies and Sports Performance.....	7
3.5 Delta Health Home Health	8
3.6 PACE Program	8
3.7 Axis Health System.....	8
3.8 HopeWest	8
3.9 Delta County Health Department/Adult Protection Services.....	8
3.10 Delta County Human Services.....	9
3.11 North Fork Senior Connections.....	9
4 Demographic Trends	11
4.1 Population.....	11
4.2 Population Components of Change	14
4.3 Race and Ethnicity.....	15
4.4 Age Distribution	17
4.5 North Fork Public School Enrollment Trends.....	19
5 North Fork Health Trends	21
5.1 Overview	21
5.2 North Fork MIH/CP Survey.....	21
5.2.1 Representative Sample	21

5.2.2 Health Concerns.....	23
5.2.3 Transportation	24
5.2.4 Socioeconomics.....	25
5.2.5 Behavioral Health.....	25
5.3 North Fork ESO Data	27
5.3.1 Dispatch Volume Trends	27
5.3.2 Patient Age Distribution.....	30
5.3.3 Distribution of Zip Codes Served.....	32
5.3.4 Primary Impressions.....	32
5.4 Health Insurance	37
6 Regional Health Research	39
6.1 West Central Public Health Partnership Surveys	39
6.2 County Health Rankings	44
6.3 Social Vulnerability Index.....	45
6.4 Colorado Health Institute.....	47
6.5 Colorado Center for Health and Environmental Data.....	47
6.6 Colorado Behavioral Risk Factor Surveillance System	48
7 Socioeconomic Trends.....	51
7.1 Delta County Economy.....	51
7.2 Coal Production.....	52
7.3 Employment.....	53
7.4 Free and Reduced Meals.....	53
7.5 Family Incomes.....	54
7.5.1 Area Median Income Ranges for Delta County.....	54
7.5.2 Delta County Cost of Living: The Self-Sufficiency Standard	55
7.5.3 Comparison of CHFA Income Limits and Self-Sufficiency Standards	57
7.5.4 North Fork and Delta County Family Incomes	59
7.5.5 Poverty.....	60
7.6 Housing	61
7.6.1 Self-Sufficient Housing Cost Trends	61
7.6.2 Rent-Burdened Households.....	62
7.6.3 Home Values	62

7.6.4 Housing Inventory and Population Growth 64

8 Hispanic Community Health Needs 65

8.1 Hispanic Community Focus Group 65

8.2 Key Takeaways 65

8.3 Awareness and Accessibility of Community Paramedicine 65

8.4 Health Barriers and Needs for Hispanic Community 66

8.4.1 Cost and Language 66

8.4.2 Transportation 66

8.4.3 Immigration and Employment 66

8.4.4 Health Conditions and Health Beliefs 67

8.4.5 Desire for More Education..... 67

8.4.6 Mental Illness, Stigma, and Therapy..... 67

8.4.7 Preferences for Traditional Care..... 68

9 Community Paramedic Interviews 71

9.1 Successes..... 71

9.2 Persistent Gaps 72

9.3 Key Takeaways..... 72

10 Best Practices..... 75

10.1 Bolstering Care through Peer Support Professionals..... 75

10.1.1 What is Peer Support? 76

10.1.2 Senior Peer Support..... 77

10.1.3 Case Study: Senior Peer Support at the Aging Clinic of the Rockies..... 77

10.1.4 Example of Community Paramedicine Programs Using Peers..... 77

10.2 Community Health Workers 78

10.2.1 Case Study: Cross-Training Community Paramedics as Community Health Workers 79

10.2.2 Comparison of Community Health Workers and Peer Support..... 79

11 Recommendations 81

11.1 Increase Awareness and Outreach 81

11.1.1 Public Awareness Events..... 81

11.1.2 Greater Collaboration with Area Partners..... 81

11.1.3 Referral Pipeline..... 82

11.1.4 Website Enhancements 82

11.1.5 Hispanic Community Outreach 83

11.2 Integrating a Peer Support Professional/Specialist 83

 11.2.1 Funding Peer Support Expansion – Colorado Health Foundation Grant 84

 11.2.2 Expanding Peers via the Pathways Apprenticeship Program 84

 11.2.3 Senior Peer Support Counselors 85

 11.2.4 Peer Support for the Hispanic Community 85

11.3 Integrating a Community Health Worker 86

 11.3.1 Colorado Public Health Works AmeriCorps and Apprenticeship Programs 86

 11.3.2 Bilingual Community Health Worker Consideration..... 88

11.4 Data Collection, Organization, and Monitoring 88

11.5 Financial Sustainability..... 88

 11.5.1 Potential Funding Opportunities 89

12 Future Considerations 91

 12.1 North Fork Health Coalition 91

 12.2 Addressing Hispanic Community Health Needs..... 91

 12.2.1 Develop Hispanic Community Leaders 92

 12.2.2 Hire Bilingual Health Educators and Providers 92

 12.2.3 Provide Culturally Relevant Mental Health Services 92

 12.2.4 Integrate Traditional Healing Practices..... 92

 12.3 Unified Approach to Addressing Stigma 93

 12.4 Expand Screening Options for Health Conditions..... 93

 12.4.1 Health Information Exchange 94

 12.5 Suicidality, Crisis Response, and Long-Term Goals 95

 12.6 The Next Generation..... 95

13 Conclusion 97

14 References 99

Appendix A – Service Area..... 101

Appendix B – Health Survey 105

Appendix C – Open Comments 111

List of Tables

Table 5-1. Distribution of Respondent’s Primary Residence Zip Code	21
Table 5-2. Age Class Distribution of Surveys Asking Age Class	22
Table 5-3. Health Concern Ranking Set of Four	23
Table 5-4. Health Concern Ranking First Set of Three	23
Table 5-5. Health Concern Ranking Second Set of Three	23
Table 5-6. Would You Benefit from More Information About Any of the Following?.....	24
Table 5-7. Do You Have Safe Storage for Your Firearms?	24
Table 5-8. Location of Physicians Seen	25
Table 5-9. Financial Hardship.....	25
Table 5-10. How Is the Financial Hardship You Are/Have Been Experiencing?.....	25
Table 5-11. Do You Smoke Marijuana? Do You Drink Recreationally?.....	26
Table 5-12. Awareness of Suicide and Domestic Violence	26
Table 5-13. Awareness of Suicide and Domestic Violence with Financial Hardship.....	26
Table 5-14. North Fork Run Types and Categories	27
Table 5-15. ESO Age Data by Run Type.....	31
Table 5-16. Distribution of Primary Impressions	33
Table 7-1. North Fork Public Schools Free and Reduced Meal Program, 2024/25.....	54
Table 7-2. Delta County Area Median Income Ranges, 2024	55
Table 7-3. Self-Sufficiency Standards for Two Family Configurations in Delta County, 2024	56
Table 7-4. Comparison of Housing Cost to Income Limits and Rent Maximums, 2024.....	57

List of Figures

Figure 1-1. Organization of the North Fork Ambulance Health Service District.....	3
Figure 4-1. North Fork Municipal and Delta County Population Growth	11
Figure 4-2. North Fork Valley and Delta County Population Growth	12
Figure 4-3. Population Growth Indices	13
Figure 4-4. Delta County Components of Change	14
Figure 4-5. North Fork Valley Population by Race	15
Figure 4-6. Index of Population by Race in the North Fork Valley.....	16
Figure 4-7. North Fork Valley Age Class Distribution.....	17
Figure 4-8. North Fork Valley Age Class Trends	18
Figure 4-9. North Fork Public School Enrollment.....	19
Figure 5-1. Age Distribution of Surveys Asking Age Specifically	22
Figure 5-2. Annual ESO Calls by Type.....	28
Figure 5-3. Growth of Total Runs Relative to Growth of Total Regional Population.....	29
Figure 5-4. Monthly ESO Calls by Type	30
Figure 5-5. Age Distribution of ESO Responses	31
Figure 5-6. Run Type per Zip Code.....	32
Figure 5-7. Number of Runs per Year Observing Alcohol/Drug Use.....	34
Figure 5-8. Number of Runs per Month Observing Alcohol/Drug Use	35
Figure 5-9. Distributions of Primary Impressions by Alcohol/Drug Presence.....	36

Figure 5-10. Index of Health Insurance Coverage of North Fork Residents 37

Figure 6-1. WCPHP Accessibility of Services 40

Figure 6-2. WCPHP Isolation of Delta County Residents 41

Figure 6-3. WCPHP Difficulty Understanding Medical Needs..... 42

Figure 6-4. WCPHP Safety Concerns for Delta County Residents 43

Figure 6-5. Preventable Hospital Stays 44

Figure 6-6. Social Vulnerability Index: Household Characteristics..... 45

Figure 6-7. Social Vulnerability Index: Housing Type/Transportation 46

Figure 6-8. Number of Suicides in Delta County 2006 to 2023..... 48

Figure 7-1. Delta County Base Industries, 2022 51

Figure 7-2. Monthly Coal Production and Employment 52

Figure 7-3. Labor Force Status of the Three North Fork Municipalities Combined 53

Figure 7-4. Family Income Trends Relative to Self-Sufficiency 59

Figure 7-5. Delta County Poverty Rate..... 60

Figure 7-6. Self-Sufficiency Standard for Delta County Housing Expense 61

Figure 7-7. Percent of Rent-Burdened Households Within the Three Municipalities 62

Figure 7-8. Zillow Home Value Index for North Fork Zip Codes and Colorado 63

Figure 7-9. North Fork Valley Housing and Population Trends..... 64

Figure 10-1. Peers vs. CHWs 80

Acronyms and Abbreviations

ACS	American Community Survey
AMI	area median income
BRFSS	Behavioral Risk Factor Surveillance System
CARES	Community Assistance Referral and Education Services
CDPHE	Colorado Department of Public Health and Environment
CHFA	Colorado Housing and Finance Authority
CHNA	Community Health Needs Assessment
CHW	community health worker
CMWN	Colorado Mental Wellness Network
CP	Community Paramedicine
CRN	Community Resource Network
DCMH	Delta County Memorial Hospital
EAP	Employee Assistance Program
EMS	Emergency Medical Services
FPL	federal poverty level
HIE	Health Information Exchange
HUD	Department of Housing and Urban Development
MIH/CP	Mobile Integrated Healthcare/Community Paramedicine
NAEMT	National Association of Emergency Medical Technicians
PACE	Program of All-Inclusive Care for the Elderly
PORT	Post Overdose Response Team
PSP	peer support professional
SAIL	Stay Active and Independent for Life
SPC	senior peer counselor
SVI	Social Vulnerability Index
TPSC	Triple Point Strategic Consulting
WCPHP	West Central Public Health Partnership

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January 7, 2025

EXECUTIVE SUMMARY

Re: 2024 North Fork Ambulance Health Service District Community Health Needs Assessment

Dear Stakeholders,

I am writing to share an update on the significant progress and future direction of North Fork EMS, established as your North Fork Ambulance Health Service District in 2018. Our organization continues to evolve and adapt to meet the diverse healthcare needs of our community through two essential divisions.

Our 911 Division maintains a critical emergency response infrastructure across three counties, covering 1,500 square miles from three strategically positioned stations. Working alongside this traditional emergency response framework, our innovative Community Health Division has transformed how we deliver healthcare services, focusing on prevention and accessibility through Mobile Integrated Healthcare/Community Paramedicine (MIH/CP), Community Assistance Referral and Education Services (CARES), and our Medical Rides program.

The 2024 Community Health Needs Assessment has highlighted both our achievements and the challenges ahead. We have successfully reduced emergency call volumes while expanding access to in-home healthcare services. However, we recognize the evolving needs of our growing elderly population and the importance of improving healthcare accessibility for our Hispanic community members.

In response, we are implementing several key initiatives. In the short term, we will enhance digital accessibility through bilingual resources and implement new data tracking systems. We are considering integrating Community Health Workers and Peer Support Specialists into our programs while we strengthen our partnership with Delta Hospital and community health leaders. Looking ahead, we plan to establish a regional health coalition to coordinate comprehensive healthcare delivery across the valley.

These ambitious goals will be achieved through careful financial stewardship, leveraging existing apprenticeship programs and grants to maximize community benefit. As we continue to reimagine emergency medical services, North Fork EMS remains committed to proactive community health management that will serve our growing and diverse population for years to come.

Sincerely,

Kathy Steckel, District Chief

North Fork Ambulance Health Service District dba: North Fork EMS
110 East Hotchkiss Ave. PO Box 687 Hotchkiss, CO 81419 (970) 872-9111

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Key Findings

Introduction

North Fork Ambulance Health Service District (dba as North Fork Emergency Medical Services [EMS]) is committed to provide compassionate, excellent, and timely emergency medical services to all people within our service area, and to promote greater health and wellness in our community through non-emergent services and educational programs.

The 2024 Community Health Needs Assessment (CHNA) will identify remaining or newly unmet community health needs in the North Fork region and guide the ongoing development of the North Fork EMS Community Health Division, which includes Mobile Integrated Healthcare/Community Paramedicine (MIH/CP), Community Assistance Referral and Education Services (CARES), and Prevention programming, over the next 3 to 5 years.

Methodology

This CHNA is based on interviews, focus groups, a survey, and a literature search. Various datasets were analyzed including a North Fork health survey and other survey data. Key stakeholders from around the North Fork Valley and Delta County were engaged in this process.

Demographic Trends

- The North Fork's population decline reversed in 2020, primarily driven by in-migration of seniors and Hispanic people.
- The population continues to age; almost 40 percent are older than 60 years.

North Fork Health Trends

- Heart health and sleep quality are top concerns.
- A quarter of homes with firearms do not have safe storage.
- Resident's health-care providers are distributed across the Western Slope and most state they have safe transportation, though given median ages, further research is recommended.
- About a quarter of the population has experienced or observed suicidal ideation and/or domestic violence.
- For the quarter of the population that has experienced financial hardship, the rate of suicidal ideation and/or domestic violence doubles.
- The North Fork health survey ranked trauma, respiratory, behavioral/mental state, and cardiac highest among health concerns.
- North Fork EMS MIH/CP services have increased the number of home visits from 2022 and this correlates with a reduction in 911 emergent calls for service, ambulance transports, and Emergency Department admissions.
- The introduction and expansion of the NF EMS Community Health initiatives correspond to growth of the senior population.

- Census data shows health insurance coverage increased through 2020, before declining slightly through 2022. Other data shows 95 percent of adults 65 years and older are covered by Medicare/Medicaid, but many may be underinsured, with premiums around \$700 per month due to limited competition.

Regional Health Research

- West Central Public Health Partnership research identified dental care, access, mental health, and in-home care as the most critical Delta County health-care needs.
- More than a quarter of young adults in Delta County are experiencing isolation and suffer from limited opportunities. Seniors who are 55 years and older experience social loss, mobility issues, and limited resources.
- Suicides in Delta County are predominately older males and involve firearms. Alcohol is the most frequent contributing factor, followed by poor physical and mental health, and relationship problems.
- Only 60 percent of Delta County adults 65 years and older are up to date on preventive services. Falls, poor mental health, asthma, and chronic obstructive pulmonary disease are other concerns.
- Preventable hospital stays for residents 65 years and older have declined.

Socioeconomic Trends

- At nearly 25 percent, Delta County has a large share of retirees—double the Denver-Boulder share. A significant portion of the adult population (41 percent) is not in the labor force.
- Coal production is a third of the level it was a decade ago.
- Over 40 percent of North Fork students receive subsidized meals, suggesting younger families are under financial strain.
- Median incomes in Paonia and Delta County are generally enough to be self-sufficient, indicating half of those incomes, those that are less than the median, are not considered self-sufficient. In Crawford and Hotchkiss, median incomes are less than self-sufficiency standards.
- Delta County's poverty rate rose to 14.6 percent in 2022, with likely higher rates in Hotchkiss and Crawford. University of Washington research suggests the Census underestimates poverty.
- A single parent with two young children would need to earn at least \$40 per hour to be minimally self-sufficient.
- Many households are rent-burdened and not financially self-sufficient.

Hispanic Community Health Needs

- There is a lack of awareness and accessibility of the North Fork EMS Community Health initiatives.
- Health barriers exist as they pertain to cost, language, and transportation.
- There is a need for increased health education for chronic health issues like diabetes.

- There is a mental health stigma and a desire for mental health services in Spanish.
- Unique cultural preferences for health-care services exist, such as the desire for traditional healers.

Community Paramedicine

- According to interviews with North Fork EMS Community Paramedics, the North Fork EMS Community Health initiatives have reduced unnecessary use of 911, addressed social needs of clients (especially seniors), and provided valuable education and fitness (e.g., Stay Active and Independent for Life classes).
- Mental health, elderly isolation, substance abuse, and respiratory and cardiac care are areas needing continued and expanded (if possible) focus.

Best Practices

- Peer support professionals (PSPs) are individuals who have firsthand experience dealing with issues such as substance use or mental illness. Now that they have successfully overcome these challenges and are in active recovery, PSPs use their lived experience to offer guidance and support to others facing similar struggles.
- Senior peer counselors (SPCs) are elders who support fellow senior peers through grief, caregiving, aging, and physical challenges. They enhance seniors' well-being by reducing isolation by fostering group support sessions.
- Community health workers (CHWs) improve health-care navigation, education, and cultural understanding.
- There are growing opportunities for apprenticeship programs that can help reduce the cost of training and paying for CHWs and PSPs.
- CHWs and PSPs address distinct health needs but together provide comprehensive care. These roles could be instrumental in growing the North Fork EMS Community Health Division.
- Bilingual CHWs and/or PSPs could help address key issues the Hispanic community face.

Short-Term Recommendations

- Increase access to health care through MIH/CP home visits
- Chronic disease education
- Increase awareness/outreach efforts, with an emphasis on targeting the Hispanic community.
- Integrate PSPs.
- Integrate CHWs.
- Improve data collection, organization, and monitoring.
- Pursue grant funding and partnership programs more intentionally.

Future Considerations

Longer-term initiatives include the development of a regional health collaboration (e.g., a health alliance or Gunnison County's Health Coalition), expanded screening services, and crisis response. By job training

and paying wages sufficient to meet current living standards in the area, North Fork EMS would help to create desirable career opportunities.

Conclusion

The North Fork Valley faces unique challenges in meeting the diverse needs of its community. A significant elderly population drives demand for health and social services, while younger families often face financial hardship due to economic pressures. Although economic development is not the primary mission of North Fork EMS, the integration of CHWs and PSPs (with support via apprenticeship programs) can indirectly support economic growth by offering meaningful employment opportunities and work experience, reducing health-care costs through proactive relational care, while still improving overall community well-being.

By expanding its workforce, increasing awareness and outreach (particularly to the Hispanic community), expanding data tracking, and pursuing grant funding and partnerships, North Fork EMS can continue to succeed in its health and wellness goals.

Looking ahead, long-term initiatives—such as forming regional health collaborations, expanding screening services, and bolstering crisis response—may enhance the North Fork EMS Community Health Division. By aligning these efforts with its mission, North Fork EMS is well-positioned to improve health outcomes and advance its vision of comprehensive, accessible care for all community members.

About the Authors

Jeff Moffett, Ph.D., is Principal of Triple Point Strategic Consulting. Triple Point specializes in developing custom economic and financial models. Focus areas are renewable energy, affordable housing, health assessments, sustainable tourism, and economic development. Triple Point is active across the western United States and Canada. Recent projects include determining the economic impacts of numerous utility-scale energy and transmission projects across the west, creating an economic model for the Aspen School District, conducting a six-county housing market study in western Colorado, developing a model of Lake Tahoe Basin’s tourist economy for sustainability planning, preparing a large-scale economic development plan within the Navajo Nation, modeling the “water economies” of several counties in Idaho, and conducting municipal financial forecasting of many ski resort communities.

John Powell grew up in Gunnison and is currently working for Gunnison County as the Data and Communications Coordinator. He graduated from Western Colorado University (WCU) in 2016 with a double major in math and sociology. His interest in data analytics started during his time at WCU where he learned about the usefulness of combining math and sociology to provide insight into the world. While at WCU he gained knowledge and experience in survey writing, data collecting, data analysis, and data visualization. John has traveled around many parts of Asia and spent a year teaching English before returning to Gunnison to start working. John is currently working on a Master’s of Public Health at the University of California, Berkeley.

Cole Cooper recently earned a Master of Behavioral Science degree, with a focus on rural community health. His master’s project centered on facilitating community dialogues to better understand the health-care beliefs and needs of the Indigenous Cora community. Cooper serves as the Principal of Desert Spring Health Consulting, where he continues to collaboratively champion health-care equity initiatives with the Cora community while also engaging in broader health-related research and consultation projects. Recently, he was awarded a year-long contract to co-facilitate the Southwest Colorado Opioid Regional Council. In this role, he oversees and supports various cross-county projects addressing substance use, spanning prevention, harm reduction, treatment, and recovery support. In addition to his consulting work, Cooper is a professor at Western Colorado University, where he teaches a self-designed upper-level sociology course, “Depressions, Addictions, and Community Health.”

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1 Introduction

North Fork Ambulance Health Service District (dba North Fork Emergency Medical Services [EMS]) seeks to further develop and advance its Mobile Integrated Healthcare/Community Paramedicine (MIH/CP), Community Assistance Referral and Education Services (CARES), Prevention programming, and Medical Rides initiatives in a financially sustainable manner. Together these initiatives form the Community Health Division. The information provided by the 2024 Community Health Needs Assessment (CHNA) will help North Fork EMS achieve these objectives. Figure 1-1 shows these objectives in the context of the North Fork Ambulance Health Service District organization.

In 2020, Triple Point Strategic Consulting (TPSC) conducted a CHNA for North Fork EMS. The CHNA guided the establishment of the MIH/CP program. A primary recommendation of the 2020 CHNA was the need to effectively expand health and primary care by using existing resources more efficiently. Paramedics with Community Paramedic Licensure work in expanded roles by assisting with public health and primary health care and preventive services to assist underinsured, uninsured, and underserved populations in the community. The North Fork EMS Community Health initiatives have improved access without duplicating existing services.

The 2020 CHNA also identified financial hardship and stress was resulting in poor behavioral health for many in the community. More recently, the western half of the North Fork EMS service area has been categorized as disadvantaged by the Council on Environmental Quality's Climate and Economic Justice Screening Tool as a result of low incomes and declining population.

1.1 Objectives

In 2024, North Fork EMS seeks to update the 2020 CHNA to monitor areas of improved community health and understand current challenges. The 2024 CHNA will identify remaining or newly unmet community health needs in the North Fork region and guide the ongoing development the North Fork EMS Community Health Division over the next 3 to 5 years. Specifically, the 2024 CHNA will focus on identifying the at-risk populations for preventable health decline by risk. Aspects of this objective are described below.

- Identify remaining or newly unmet community health needs
- Guide the North Fork EMS Community Health initiative programs
- Identify seasonal and predictable trends to improve efficiency
- Examine cost of living as it relates to hiring recent high school and post-high school graduates
- Evaluate awareness of the North Fork EMS Community Health initiatives

1.2 North Fork EMS Community Health Division Mission and Vision

Mission

The mission of the North Fork EMS Community Health Division is to promote greater health and wellness in the North Fork Valley.

- Partnering with the individual in support of their physical, mental, social, and financial health care needs
- Advocating for comprehensive care by integrating with the local health care systems
- Optimizing education, appropriate interventions, and provision of resources

Vision

To improve the health of the community, one person at a time.

Core Values

Excellence in:

- Compassion
- Servant Leadership
- Partnership
- Communication
- Integrity

North Fork Ambulance Health Service District
Organizational Chart

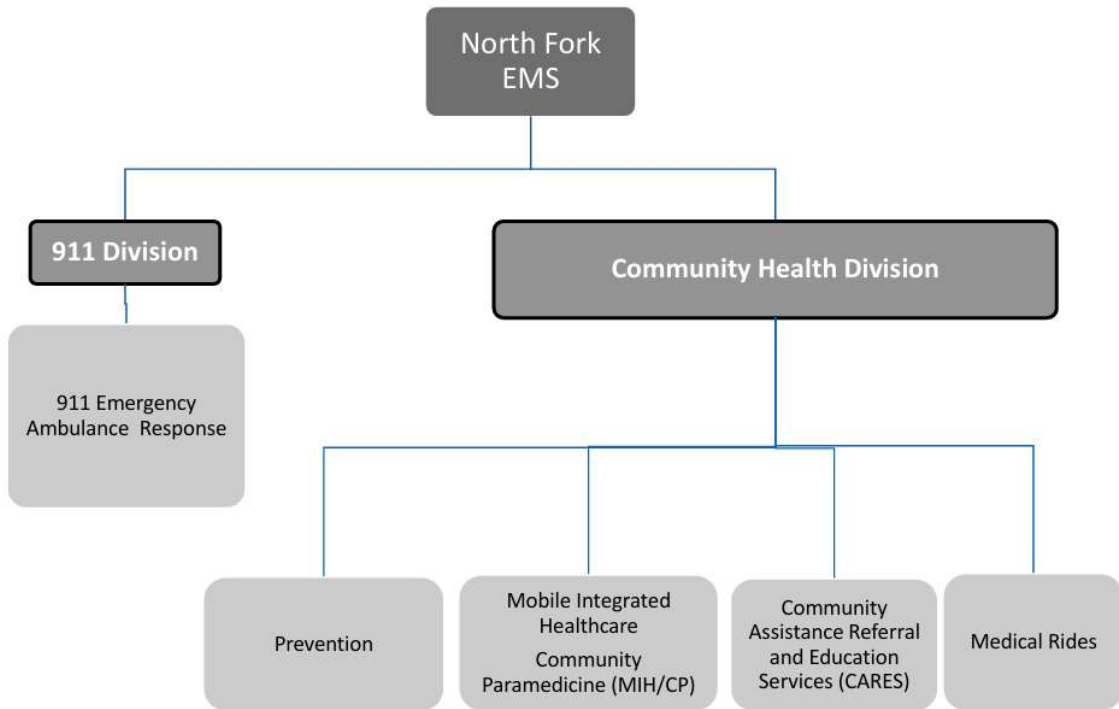


Figure 1-1. Organization of the North Fork Ambulance Health Service District

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2 Methodology

This CHNA is based on interviews, focus groups, a survey, and a literature search. Various datasets were analyzed including a North Fork health survey and other survey data. Every attempt was made to gather, analyze, and study data specific to the North Fork region; however, in some cases only county-level resolution was available. This study provides an assessment of the North Fork’s health and socioeconomic conditions by “triangulating” many different data points. The sequence of research and community involvement was designed to take advantage of local knowledge and research.

2.1 Interviews and Focus Groups

Eight phone and virtual interviews were conducted from July through October 2024. On September 30, 2024, a roundtable discussion among key stakeholders was held at the North Fork EMS headquarters to review preliminary findings.

On October 11, 2024, a Spanish-language focus group with the local Hispanic community was held at North Fork EMS headquarters with over 20 in attendance. The purpose of this focus group was to gather insight on how the North Fork EMS Community Health Division can better serve the Hispanic community, as well as to increase awareness and use of these services.

2.2 North Fork Community Health Survey 2024

During the spring of 2024, the North Fork MIH/CP team began deploying an intercept survey at several community events. A total of 356 surveys were collected at several community events between May and September. Sixteen surveys were collected in Spanish during the Spanish-language focus group.

2.3 Data Collection and Research

Data and previous research are valuable inputs. A key aspect of this research will be to monitor changes in the trends showing in the 2020 CHNA. What is improving? What is getting worse? For the 2024 update, we incorporated additional data sources, including the University of Washington’s Woman’s Welfare Center Self Sufficiency Standard to better understand the cost of living in the region.

As in 2020, TPSC conducted a literature review for pertinent information at the local, state, and national levels. Surveys and other datasets from local and regional health-care providers were acquired. Other publicly available data from the U.S. Census, Colorado Demography, and the Colorado Health Institute were also collected and analyzed.

2.4 Assumptions and Uncertainties

This CHNA relies heavily on qualitative information and available data. Personal opinions may bias interviews, focus groups, and survey responses. In many cases, the most current available data lags the present by 1 or 2 years. Much of this information was not originally gathered for this study. Inconsistent estimates, data gaps, and other anomalies are common. Note that many figures reported are estimates from surveys and extrapolations from the U.S. Census Bureau. Thus, federal, state, and county figures do

not always match and must be “triangulated” or averaged. However, by considering all of the available information, patterns and trends emerge. Such patterns and trends represent the basis for this analysis, and the recommendations and conclusions provided.

3 Key Stakeholders

Many care providers serving the North Fork Valley are listed below. Representatives from the larger organizations were interviewed and/or invited to the stakeholder discussion in September.

3.1 North Fork Ambulance Health Service District (dba North Fork EMS)

North Fork EMS, established in 2018 as a Health Service District, operates through two primary divisions. The 911 Division provides emergency response to all 9-1-1 calls across three counties, covering a service area of 1,500 square miles and maintaining three stations throughout the North Fork region (see Appendix A). The Community Health Division focuses on preventive health care initiatives, providing Mobile Integrated Healthcare and Community Paramedicine (MIH/CP), offering Community Assistance Referral and Education Services (CARES), and operating a Medical Rides program.

3.2 Delta Health

Delta Health, formerly Delta County Memorial Hospital, is a comprehensive health care system that has served Western Slope residents for over a century, now operating a 49-bed hospital with multiple clinics located throughout Delta County. As a community-based organization dedicated to serving all residents and visitors seeking medical care, Delta Health provides a wide range of services from cardiac rehabilitation to emergency services, delivered by a professional team committed to exceptional care. The organization operates under a strategic plan focused on health equity across four key domains: identifying priority populations, establishing equity goals and action plans, allocating resources for achieving these goals, and fostering community engagement. Guided by their mission to inspire hope through remarkable care in a healing environment and their vision of providing trustworthy, compassionate health care, Delta Health continues to meet the diverse medical needs of community members at all stages of life.

3.3 West Elk Clinic in Hotchkiss

Delta Health West Elk Hotchkiss clinic delivers comprehensive family health care through a patient-centered medical home model, offering services ranging from infant and pediatric care to women's health, maternity services, adult and geriatric medicine, behavioral health, and preventative care, with both in-person and telehealth options available to ensure accessible, team-based care focused on optimal patient wellness.

3.4 Delta Health Outpatient Therapies and Sports Performance

Delta Health's Outpatient Therapies and Sports Performance clinic delivers quality care for patients of all ages with mobility-limiting conditions. Licensed therapists develop personalized treatment plans to reduce pain, restore function, and improve daily activities across inpatient, outpatient, and home health settings. Through specialized techniques and individualized exercise programs, Delta Health's outpatient clinic helps patients achieve maximum independence and maintain their fitness long-term.

3.5 Delta Health Home Health

Delta Health Home Health provides care for children and adults of all ages with compassion, skill, and a dedication to making life comfortable in their own home. Home Health is a popular and highly effective form of care, particularly for individuals recovering from surgery or illness, or those managing chronic health conditions. This service brings medical, rehabilitative, and therapeutic care directly to a patient's home, offering a range of benefits that contribute to improved health outcomes and overall well-being.

3.6 PACE Program

The Program of All-Inclusive Care for the Elderly (PACE) is a comprehensive health care initiative in Colorado that helps seniors age in place within their communities. Available to residents aged 55 and older who require nursing-facility level care but can safely live in a community setting, PACE provides a wide range of services including medical care, therapy, home care, transportation, and social services. To be eligible, individuals must live within a PACE program's service area and receive all their health care services through the PACE organization's network. The program is monitored by the Centers for Medicare and Medicaid Services in cooperation with the Colorado Department of Health Care Policy and Financing, and its expansion aligns with Colorado's growing senior population, projected to reach 18.4 percent over age 55 by 2030.

3.7 Axis Health System

Since 1960, Axis Health System has served southwestern Colorado as a Community Mental Health Center, expanding in 2011 to include physical health care through five federally designated Community Health Centers. As a comprehensive health care provider serving a Medically Underserved Area, Axis offers integrated mental and physical health services on a sliding-fee scale, ensuring care is accessible to all community members regardless of their ability to pay, insurance status, gender, ethnicity, race, or socioeconomic level, with a particular focus on reaching those facing economic, social, or environmental disadvantages across the region's rural communities.

3.8 HopeWest

For 30 years, HopeWest has been providing comprehensive support to western Colorado communities through hospice, palliative care, grief counseling, and PACE programs, helping individuals and families navigate the challenges of aging, serious illness, and loss. As a nonprofit organization sustained by grants, donations, retail businesses, and community support, HopeWest is committed to addressing the physical, emotional, and spiritual needs of patients and families with compassion and expertise, ensuring no one faces these difficult moments alone.

3.9 Delta County Health Department/Adult Protection Services

Delta County Public Health proudly serves over 30,000 residents with comprehensive health care and environmental services. Under its mission to promote, protect, and improve community health, it offers essential programs including immunizations across all age groups, reproductive and sexual health services, maternal and family health support, and the Women, Infants, and Children Program. The Environmental Health Division works diligently to ensure public safety through food and water quality

monitoring, proper waste management, and vector disease control, while their team of dedicated professionals remains committed to creating optimal health outcomes for everyone who calls Delta County home.

3.10 Delta County Human Services

Human Services is dedicated to protecting vulnerable individuals from abuse and neglect while providing essential support and assistance to eligible community members in need. Through comprehensive programs including Adult Protection Services, Child Welfare, and Public Assistance, the department works to enforce parental responsibility, safeguard at-risk populations, and enhance public health through both personal and environmental initiatives. The department maintains a robust reporting system for suspected abuse/neglect cases and offers long-term care options, ensuring a coordinated approach to promoting community well-being and safety.

3.11 North Fork Senior Connections

North Fork Senior Connections, a 501(c)(3) nonprofit based in Colorado's Western Slope region, serves seniors throughout the North Fork Valley, including Paonia, Hotchkiss, Crawford, and surrounding areas. The organization is dedicated to empowering older adults to age in place while maintaining active engagement in community life, operating on the fundamental belief that seniors deserve the choice to remain in their homes and that their unique perspectives and contributions are vital to the broader community fabric.

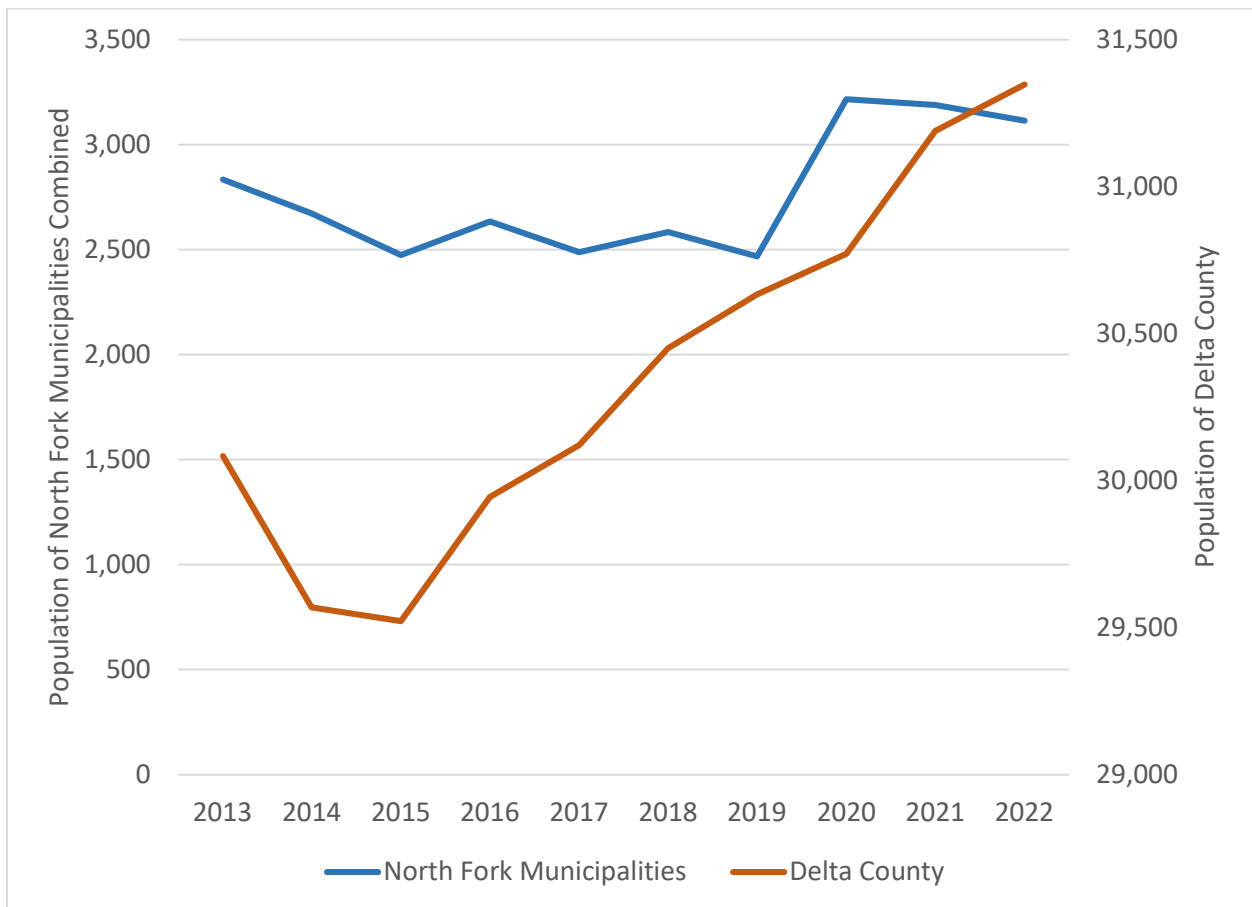
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4 Demographic Trends

The North Fork region of Delta County has experienced significant demographic shifts in recent years, reflecting broader trends seen in rural communities across the country. Since 2015, the county has seen steady population growth, driven in part by an influx of retirees and older adults attracted to the area’s natural beauty and slower pace of life. Additionally, the Hispanic population has been growing, contributing to an increasingly diverse community, and influencing local cultural and economic dynamics. These trends, along with an aging population, present both opportunities and challenges.

4.1 Population

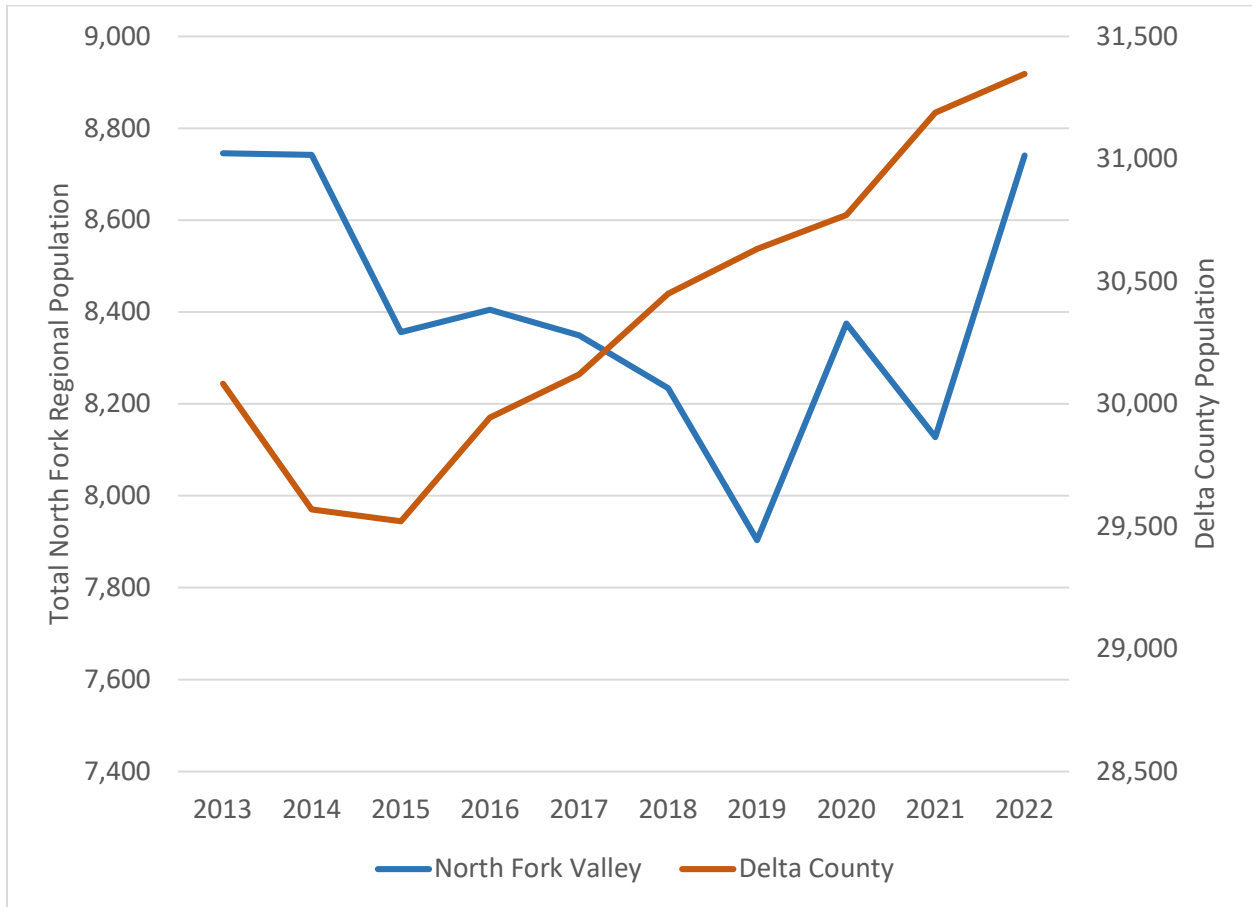
Figure 4-1 shows U.S. Census data demographics from 2013 to 2022 for the three North Fork municipalities combined and Delta County. The North Fork municipalities experienced a slow decline through 2019, likely resulting from reduced mining activity, followed by a spike in 2020, likely the result of the pandemic-caused urban flight. In 2022, the North Fork municipal population was just over 3,100 or 10 percent of the county’s population.



Source: U.S. Census

Figure 4-1. North Fork Municipal and Delta County Population Growth

Figure 4-2 shows the population change from 2013 to 2022 in the North Fork Valley, which includes the municipalities and unincorporated areas surrounding Hotchkiss, Crawford, and Paonia. About two-thirds of the region’s population (5,628 in 2022) reside in unincorporated areas. Similar to North Fork municipal trends, the unincorporated parts of the county declined through 2019, followed by an 11-percent increase in 3 years. By 2022, the North Fork region’s population had almost reached its previous peak of 8,746 in 2013.



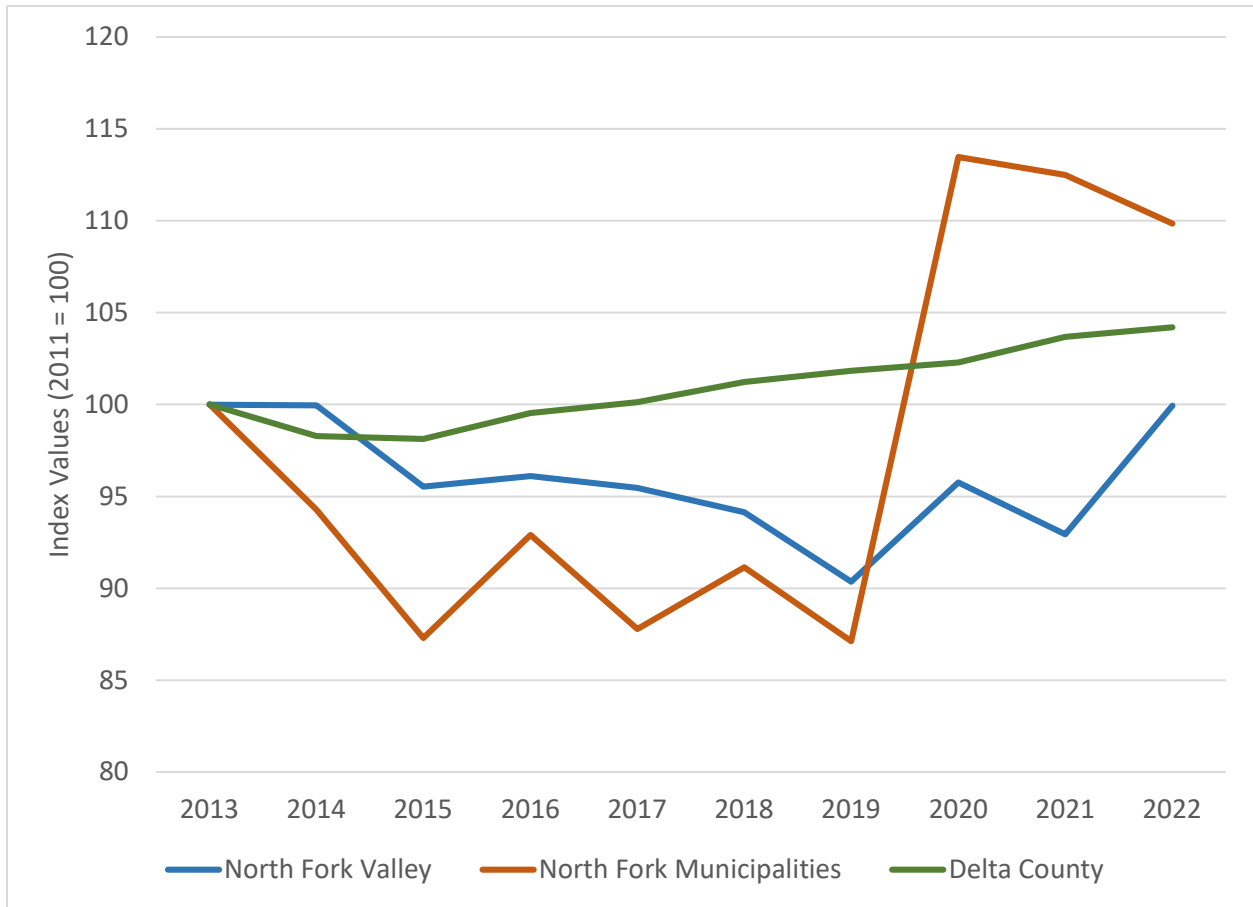
Source: U.S. Census

Figure 4-2. North Fork Valley and Delta County Population Growth

The pandemic reversed several years of population decline in the North Fork region, which has increased significantly in recent years.

Figure 4-3 shows an index of population change for North Fork municipalities, North Fork Valley as a whole, and Delta County. Delta County has seen an almost 5 percent population growth since 2013. The North Fork municipal population declined 13 percent through 2019 and has since increased to 10 percent more than in 2013. The unincorporated population also declined through 2019, before recovering to the 2013 level.

Indexing numerical data allows for quick comparison and is common in economic and financial analysis. By normalizing data to a common starting point, the relative rate of change of variables over time is easily observed. Indexing enhances perspective of economic trends.

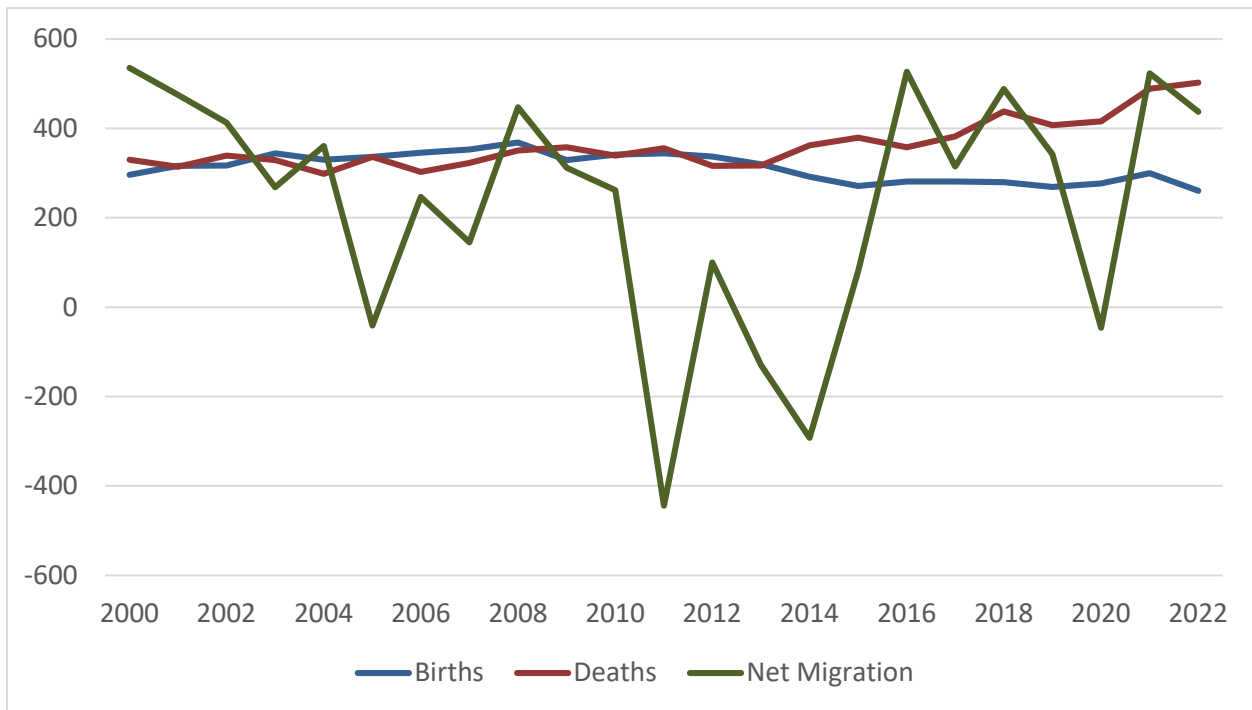


Source: U.S. Census

Figure 4-3. Population Growth Indices

4.2 Population Components of Change

Figure 4-4 shows births, deaths, and net migration of Delta County’s population from 2000 to 2022. There has been a steady decline in births in Delta County since 2008, while simultaneously there’s been a steady growth in deaths from 2012, consistent with the aging population. There is a sharp divergence of births and deaths after 2014, which might indicate that the population in Delta County is aging and/or younger families are leaving the community. The net migration in Delta County has remained mostly positive since 2015, accounting for all of the population growth. During and after COVID, people moved into Delta County, mostly likely for retirement or work.

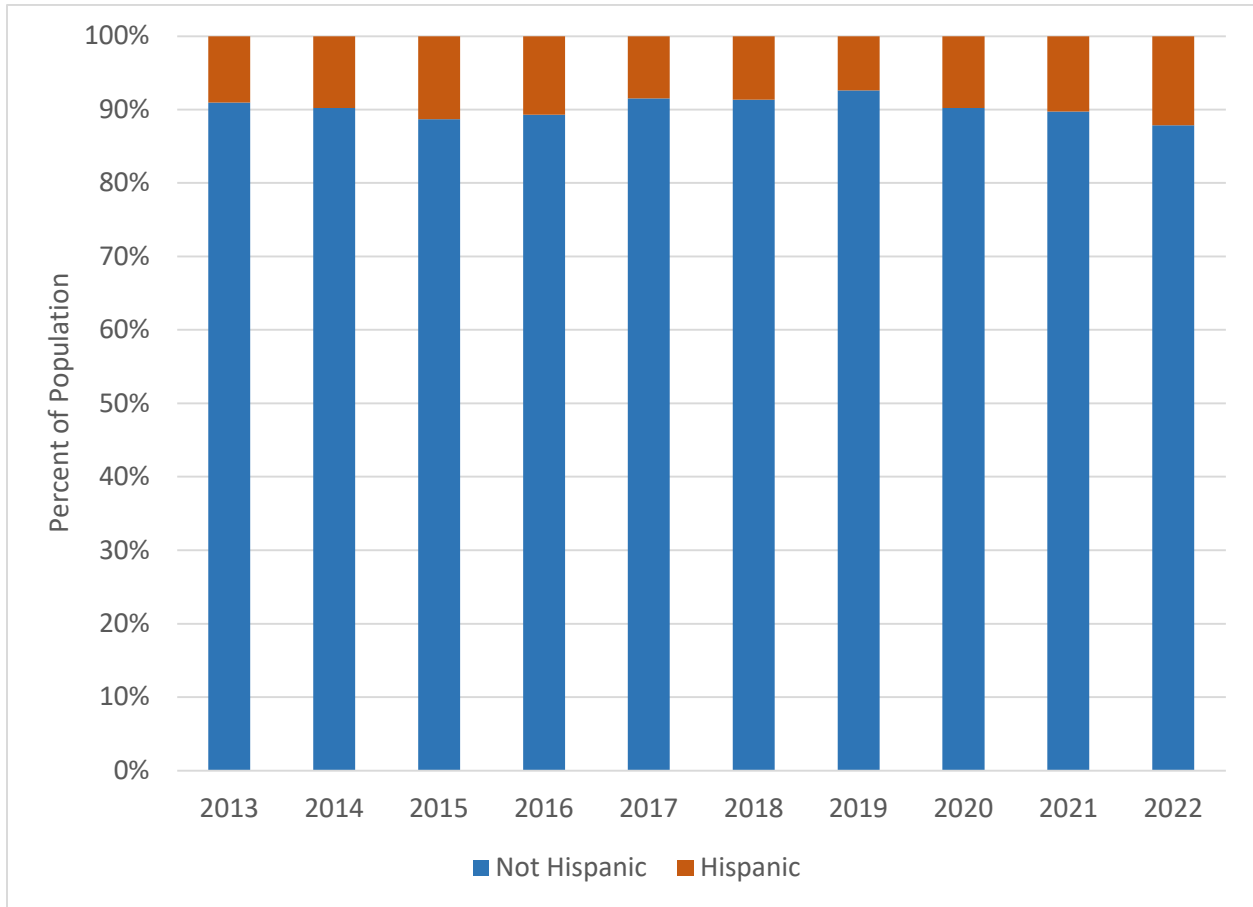


Source: Colorado State Democracy Office

Figure 4-4. Delta County Components of Change

4.3 Race and Ethnicity

Figure 4-5 shows the Hispanic share of the region’s population growing over the past decade, from 9 percent (792 persons) to 12 percent in 2022 (1,064 persons).

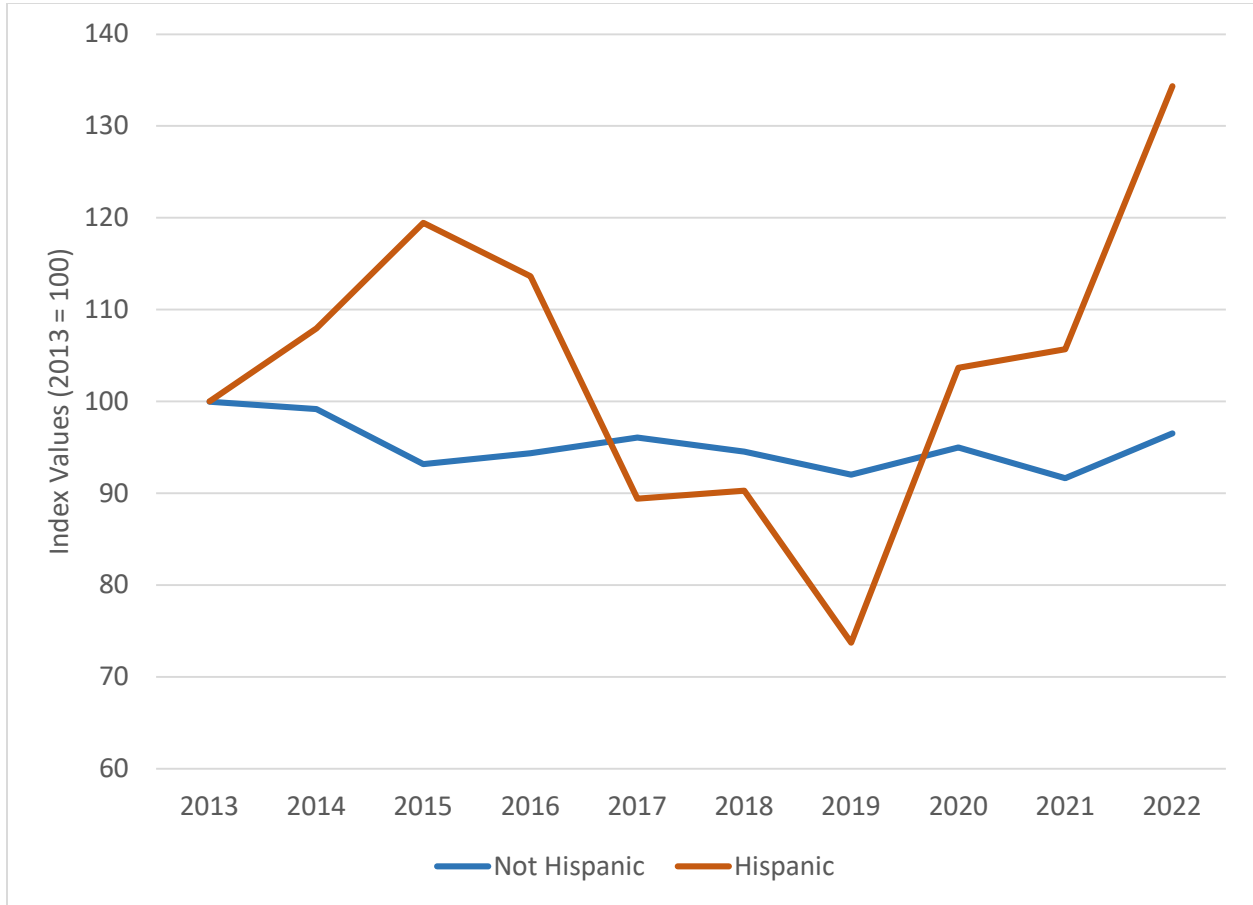


Source: U.S. Census

Figure 4-5. North Fork Valley Population by Race

Delta County has seen notable changes in its racial and ethnic composition in recent years, with a significant increase in the Hispanic population. While most of the county's residents continue to identify as white, the Hispanic community has grown steadily, contributing to the area’s cultural and demographic diversity. This shift reflects broader statewide and national trends as Hispanic populations continue to expand in rural regions. The growing diversity in Delta County is shaping local schools, businesses, and community life, prompting both opportunities and challenges in fostering inclusion and meeting the needs of a changing population.

Figure 4-6 shows the growth of the Hispanic population relative to the slight, but steady, decline of the population that is not Hispanic. Data from the U.S. Census also report that the majority of Hispanic people moving into Delta County are younger, with the median age being 31 years old (U.S. Census Bureau 2022).



Source: U.S. Census

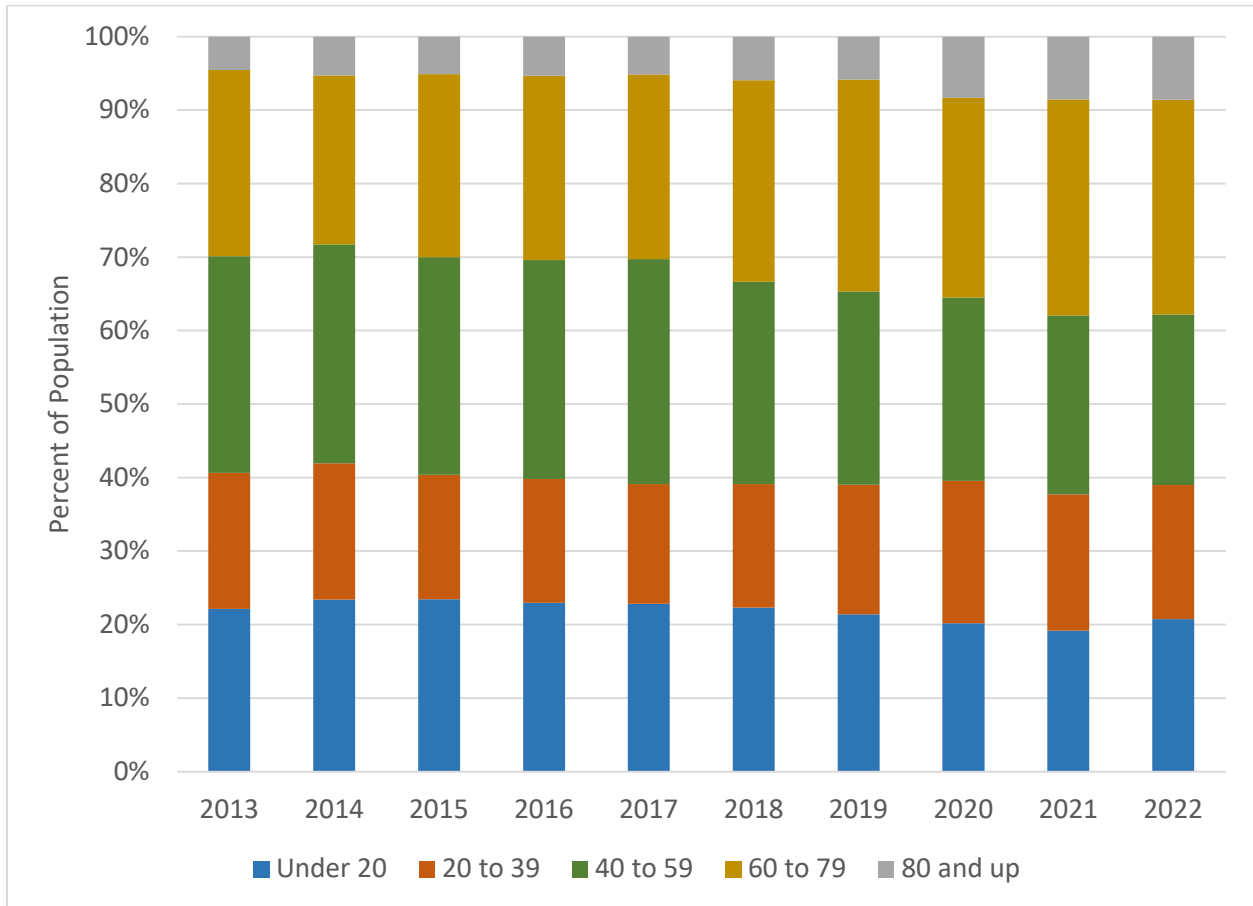
Figure 4-6. Index of Population by Race in the North Fork Valley

The North Fork Valley's population is becoming more diverse with implications for resource allocation, cultural representation, and regional service needs.

4.4 Age Distribution

Figure 4-7 shows the age class distribution of the North Fork Valley from 2013 to 2022. The North Fork area has a growing aging population, a trend that will impact health resources in the region. The age class from 60 to 79 has grown by 15 percent since 2013 and the population of those 80 years and older has grown 88 percent over the same time span. About 38 percent of the North Fork’s population is 60 years and older, 8 percentage points higher than in 2013.

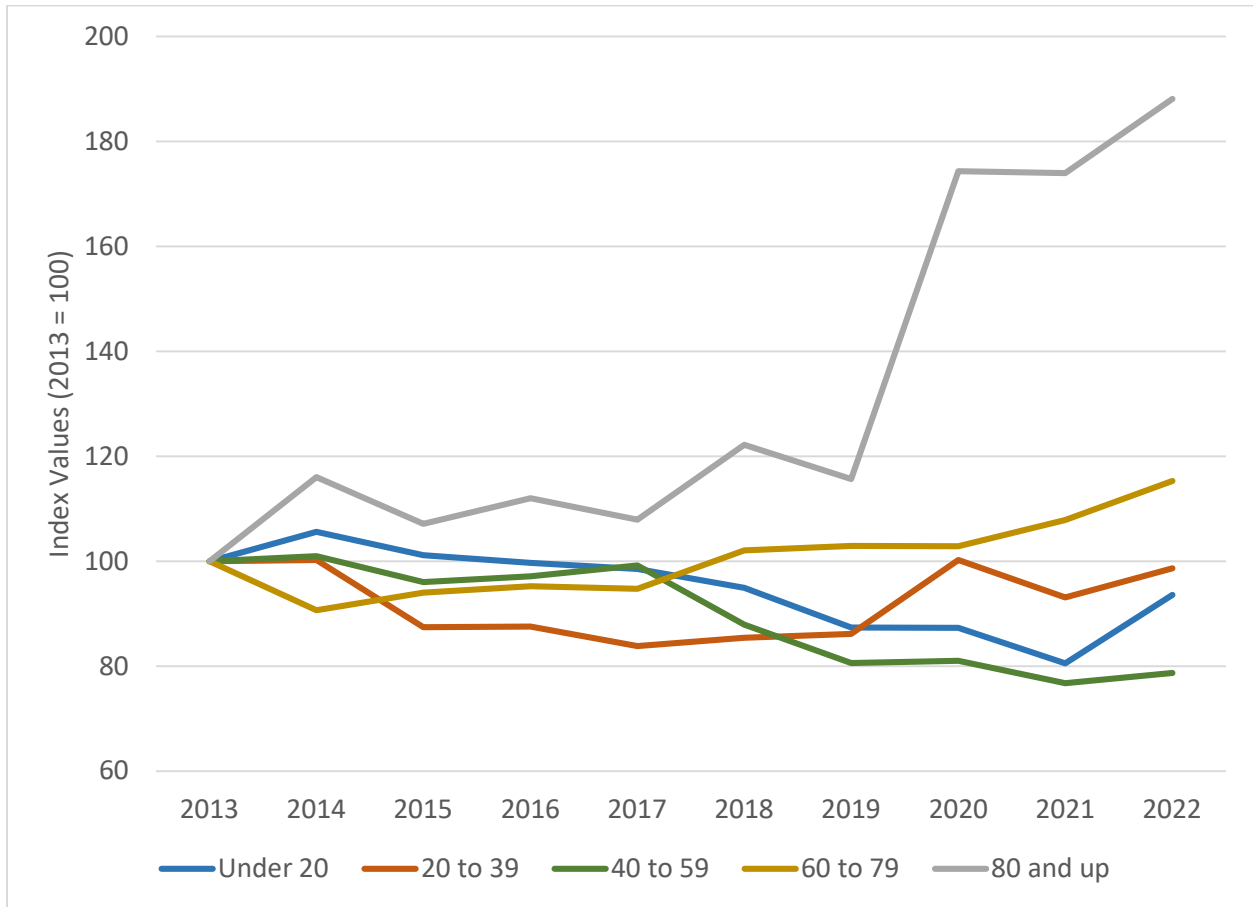
The region’s population of those under 20 years old declined 6 percent, while young adults (20–39) decreased 1 percent. Adults in their peak income-earning years (40–59) declined 21 percent.



Source: U.S. Census

Figure 4-7. North Fork Valley Age Class Distribution

Figure 4-8 shows how the region has been aging over the past 10 years. The 88-percent increase in residents aged 80 and older is likely to put significant pressure on local health resources. Older adults generally require more frequent and specialized health care, leading to increased demand for services like primary care, geriatric specialists, and long-term care facilities. This age group is also more susceptible to chronic conditions, such as heart disease, arthritis, and dementia, necessitating expanded access to specialized medical care, physical therapy, and mental health support.



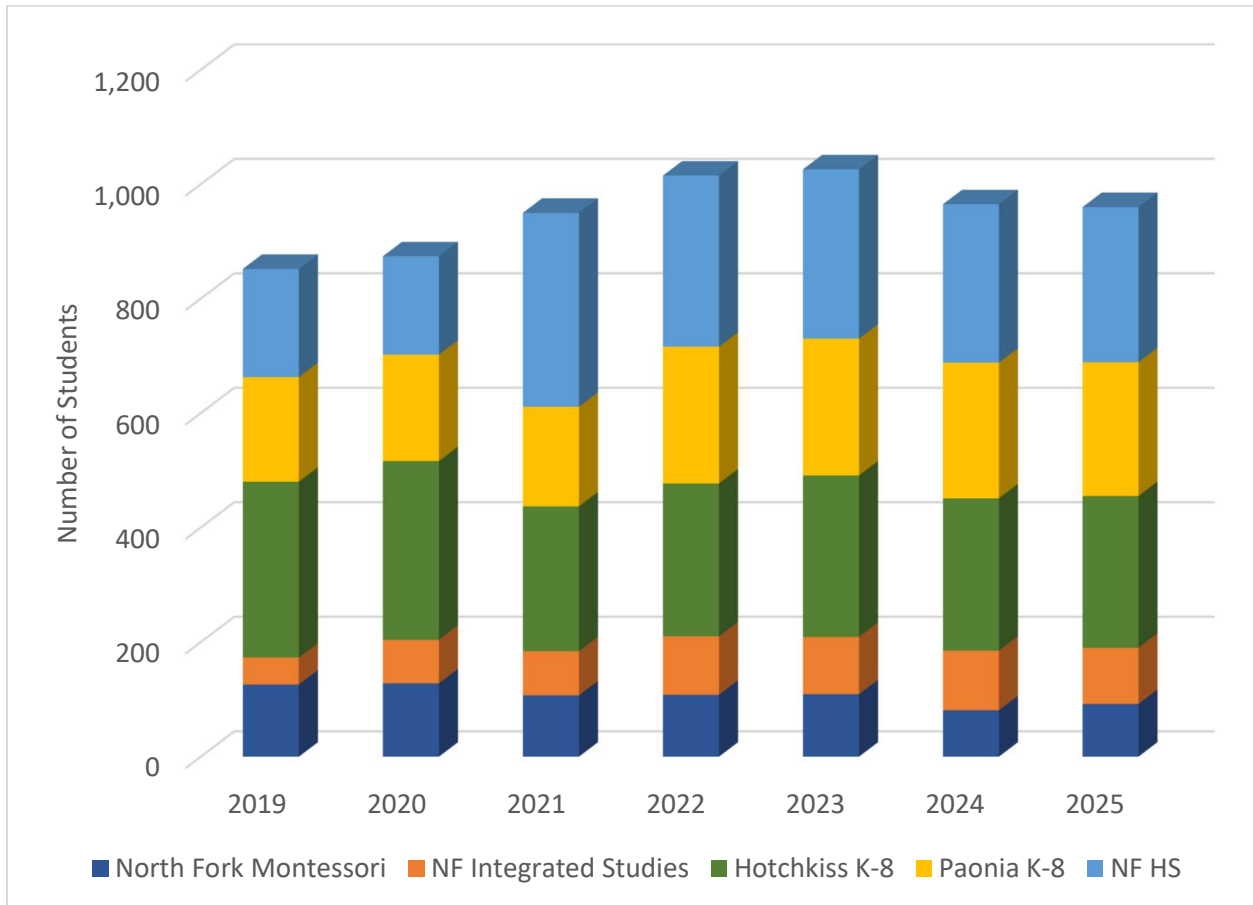
Source: U.S. Census

Figure 4-8. North Fork Valley Age Class Trends

With the significant increase in residents aged 80 and older, North Fork EMS and its programs are essential for meeting the community's needs.

4.5 North Fork Public School Enrollment Trends

Figure 4-9 shows school district enrollment increasing through the pandemic with only a modest decline in recent years. High school enrollment accounts for most of the variation. The overall elementary and middle school enrollment trends are rather stable.



Source: Delta County School District (50)

Figure 4-9. North Fork Public School Enrollment

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5 North Fork Health Trends

5.1 Overview

This section describes the health of the North Fork population based on a 2024 North Fork MIH/CP health needs survey and an analysis of ESO data from the past 12 years. These two sources of information provide the most comprehensive characterization of health needs specific to the North Fork EMS service area over time and in the present (see Appendixes B and C).

5.2 North Fork MIH/CP Survey

During the spring, summer, and fall of 2024, the North Fork EMS staff conducted a health needs survey. Surveys were primarily collected at large area festivals and gatherings, such as Pioneer Days and the Fourth of July. Additional surveys were collected at the City Market in Hotchkiss and at the Spanish-language focus group. Several similar versions of the survey were deployed. A total of 356 surveys have been uploaded into a Microsoft Access database to maximize consistency of analysis. See Appendix B for a representative survey instrument.

5.2.1 Representative Sample

An informal review of respondent zip codes, race, and age suggests the North Fork survey is representative the area’s population. Table 5-1 shows the primary residence zip codes of the respondents. Overall, 4.5 percent of the surveys were completed in Spanish. While the share is likely under represented, additional information has been acquired through a dedicated focus group (see Section 8). Overall, 3.7 percent were second homeowners.

Table 5-1. Distribution of Respondent’s Primary Residence Zip Code

Zip Code	Percent
81415	19%
81419	32%
81428	38%
81434	2%
Other	8%

Figure 5-1 shows the distribution of ages based on 194 surveys that asked for age specifically. People of all ages are adequately represented and the skew to seniors is characteristic of the area’s demographics. The mode is 68, the average 57.3, and the median is 62 years.

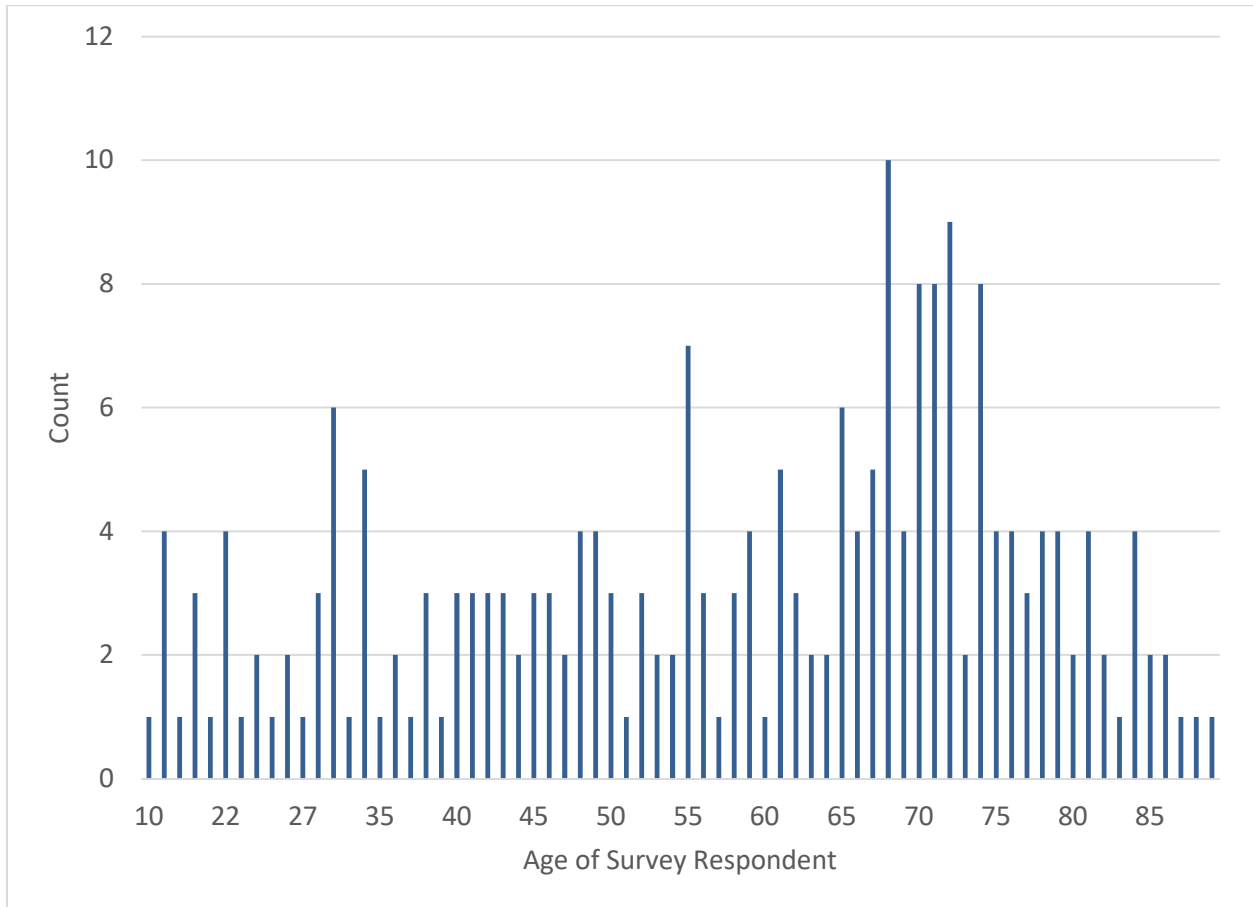


Figure 5-1. Age Distribution of Surveys Asking Age Specifically

An additional 122 surveys asked for age class (Table 5-2), with results consistent with Figure 5-1.

Table 5-2. Age Class Distribution of Surveys Asking Age Class

Age Class	Share
14–26	4%
26–38	11%
38–50	16%
50–63	21%
63–78	34%
78–90	12%

5.2.2 Health Concerns

Respondents were asked to rank three sets of health concerns. In the first set, four concerns were ranked on a scale of 1 to 4, with 1 being the MOST concerning and 4 being the least concerning (Table 5-3). Heart health scored the most concern with 61 percent ranking it most concerning. Half of respondents ranked fatigue most concerning. The populations’ concern for cancer is pretty evenly distributed and diabetes is less of a concern.

Table 5-3. Health Concern Ranking Set of Four

Rank	Heart Health	Fatigue	Diabetes	Cancer
1 (Most Concerning)	61%	50%	21%	31%
2	18%	12%	15%	26%
3	9%	15%	25%	23%
4 (Least Concerning)	12%	24%	39%	20%

Table 5-4 asks respondents to rank a set of three health concerns: weight management, mobility/balance, and strength. In the case of weight, it is either most or least concerning. The fact that half of the respondents give weight a rank of most concerning and yet only 21 percent give diabetes a rank of most concerning, suggests a need for greater diabetes education and awareness in addition to weight management.

Table 5-4. Health Concern Ranking First Set of Three

Rank	Weight Mgt	Mobility/Balance	Strength
1	50%	55%	50%
2	8%	27%	34%
3	42%	17%	16%

Table 5-5 shows sleep quality is more concerning than hearth health. Testing for sleep apnea and researching issues that are precluding quality of sleep would help to create solutions for this concern. Organizing tasks is less of a concern for many, though still most concerning for a quarter of the population.

Table 5-5. Health Concern Ranking Second Set of Three

Rank	Ability to Breathe	Organizing Tasks	Sleep Quality
1	47%	23%	64%
2	20%	30%	25%
3	33%	47%	11%

When asked about interest in additional information, heart disease received 120 “yes” responses (Table 5-6), consistent with the level of concern. Cognitive function received the most (140) “yes” responses in spite of the lower level of concern for organizing tasks. Diabetes received less interest.

Table 5-6. Would You Benefit from More Information About Any of the Following?

Topic	Count
Heart Disease	120
Diabetes	88
Medications	98
Cognitive Function	140

Only 17 percent of respondents replied “N/A” to a question about firearm storage, indicating 83 percent of the population has firearms at home (Table 5-7). About a quarter of homes with firearms do not have safe storage. North Fork EMS recently received a Byrne State Crisis Intervention Program grant to promote firearm safety by distributing safety equipment and information, which should help improve these statistics going forward. Safe storage of valuable medical equipment and prescriptions may be needed as well.

Table 5-7. Do You Have Safe Storage for Your Firearms?

Response	Percent
Yes	64%
No	19%
N/A	17%

5.2.3 Transportation

Most residents (84 percent) have a primary care physician and for most the travel time is 1 hour or less. Table 5-8 shows the count of physicians’ offices by city. This data suggests that the North Fork area does not have an adequate number of primary care providers as most people are leaving the area to see a physician.

Over 80 percent travel by themselves or with family. Others use a variety of paid and free rides and 98 percent indicated they had reliable rides. Given the aging population, having more elderly people driving themselves across the county or to cities along the Western Slope becomes a safety concern itself. Thus, just because respondents claim to have a safe ride by driving themselves, does not ensure safety. The benefits of safe ride programs should be encouraged throughout the community.

Table 5-8. Location of Physicians Seen

City	Count
Grand Junction	53
Delta	39
Montrose	31
Hotchkiss	24
Denver	20
Other	18

5.2.4 Socioeconomics

Questions regarding socioeconomic conditions at home are shown in Table 5-9. Over a quarter of the population has experienced financial hardship (food insecurity, housing insecurity, financial difficulty) in the past 5 years.

Table 5-9. Financial Hardship

Response	1 Year	5 Years
Yes	22%	26%
No	78%	74%

Another question asking about the change in conditions over the past 5 years showed a somewhat favorable trend (Table 5-10).

Table 5-10. How Is the Financial Hardship You Are/Have Been Experiencing?

Response	Percent
Better	35%
Same	48%
Worse	17%

As shown in Section 7.3 , most respondents are either employed or retired, further validating the survey’s representativeness.

5.2.5 Behavioral Health

Recreational drinking is more prevalent than using marijuana. Occasional consumers are more likely to drink. Relatively few consume marijuana and/or alcohol daily (Table 5-11).

Table 5-11. Do You Smoke Marijuana? Do You Drink Recreationally?

Frequency	Marijuana	Alcohol
Daily	10%	14%
Occasionally	11%	39%
None	80%	47%

About 17 percent use nicotine products. Cigarettes are most common (53 percent) among users, followed by chewing and pouches (31 percent), with vaping comprising most of the balance.

When asked “have you or someone close to you experienced thoughts of suicide” or “have you or someone you know experienced domestic violence,” a quarter of the respondents answered yes to each (Table 5-12). These findings follow from the 2020 North Fork CHNA, which found 18 percent experiencing thoughts of suicide in the previous 12 months and 48 percent ranking suicide as a major public health concern in another question. In 2020, 5 percent had experienced domestic violence within the previous 12 months.

Table 5-12. Awareness of Suicide and Domestic Violence

Response	Suicide	Domestic Violence
Yes	25%	28%
No	75%	72%

With the subgroup that has experienced financial hardship within the previous 5 years, the experience or awareness of suicide and domestic violence is twice that of the overall population (Table 5-13). This finding points to a correlation between economic stress and poor behavioral health.

Table 5-13. Awareness of Suicide and Domestic Violence with Financial Hardship

Response	Suicide	Domestic Violence
Yes	48%	54%
No	52%	46%

Almost 90 percent of the population exercises on a regular basis, especially by walking, biking, and participating in Stay Active and Independent for Life (SAIL) programs. About 44 percent exercise daily and another 44 percent exercise two to three times per week. Most people are spending time indoors and outdoors, without spending much time at the computer.

5.3 North Fork ESO Data

North Fork EMS uses the ESO software system for managing operations and tracking performance (ESO 2024). The data collected by this system can be translated into valuable insight as to why, when, and who is calling 9-1-1 and what happens in response to those calls.

5.3.1 Dispatch Volume Trends

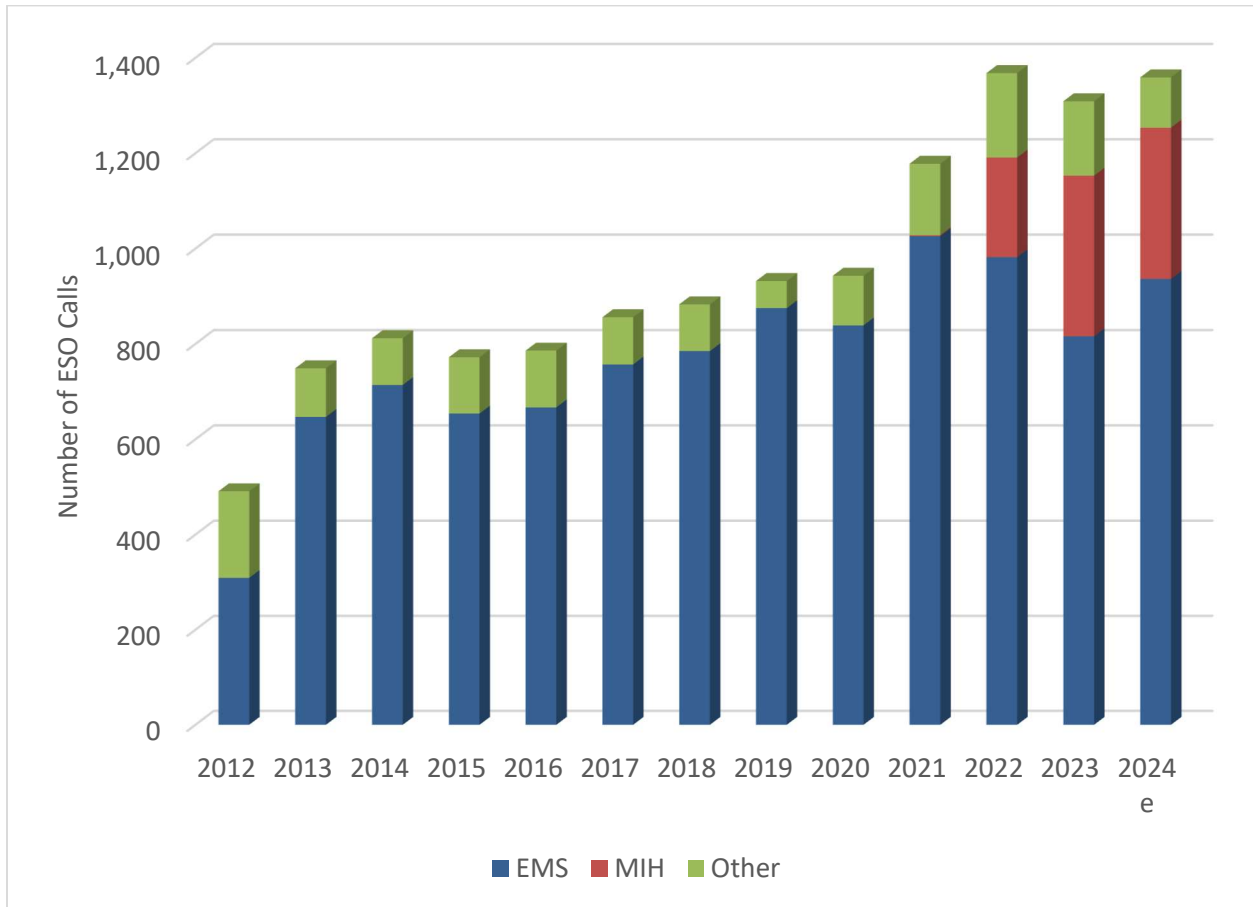
This report relies on 12,276 call records that have been merged in a single database spanning the years 2012 through October 2024. For the purpose of this analysis, the 14 unique run types have been grouped into three categories as shown in Table 5-14.

Table 5-14. North Fork Run Types and Categories

Run Type	Run Type Category	Count
911 Response	EMS	8,314
Emergency Response (Primary Response Area)	EMS	1,585
MIH Visit	MIH	832
Run Type Not Specified	Other	852
Hospital to Non-Hospital Facility Transfer	Other	8
Intercept	Other	53
Medical Transport	Other	84
Mutual Aid	Other	18
Non-Emergency Interfacility Transfer	Other	99
Non-Hospital Facility to Hospital Transfer	Other	1
Non-Hospital Facility to Non-Hospital Facility Transfer	Other	1
Public Assistance/Other Not Listed	Other	227
Standby	Other	191
Support Services	Other	11

Source: North Fork EMS

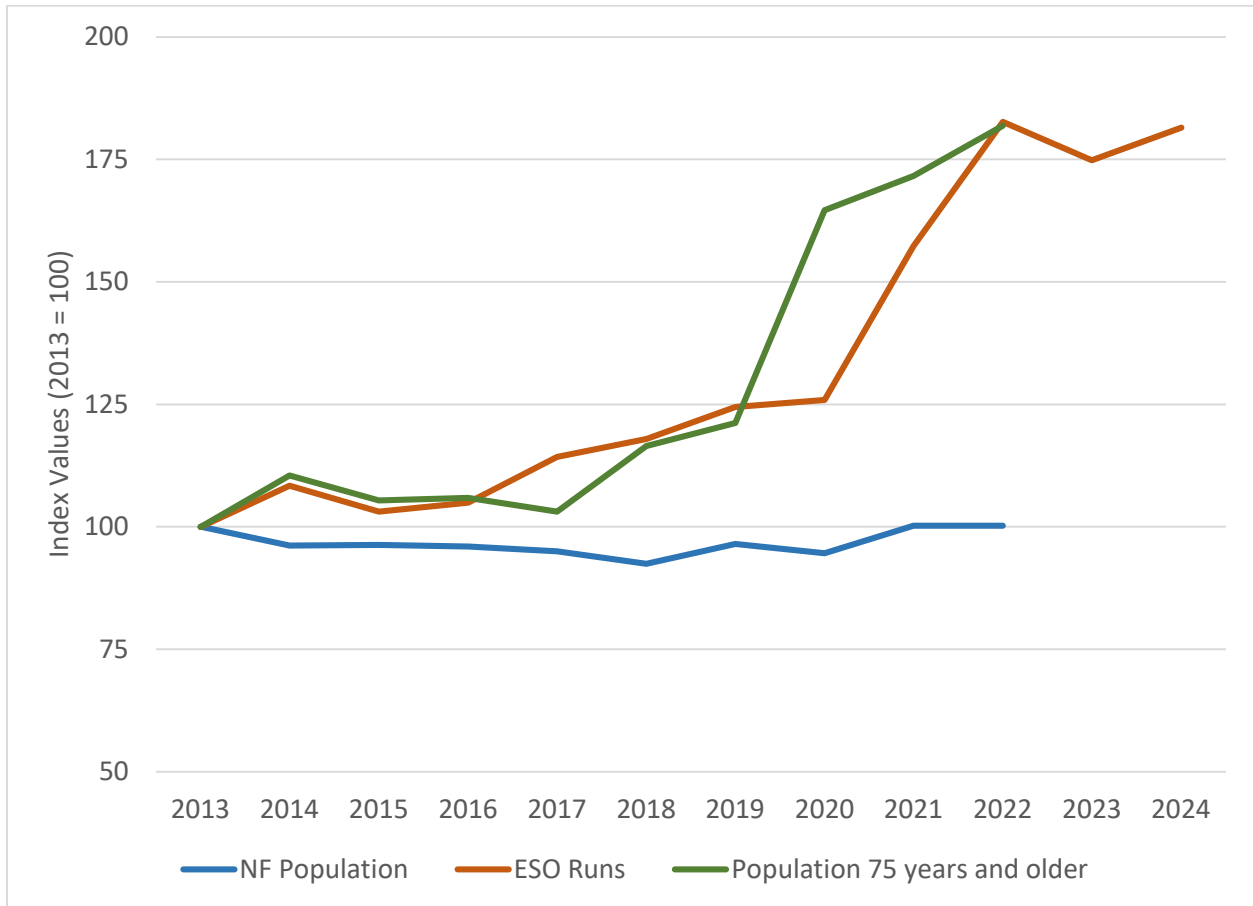
Figure 5-2 shows the growth of runs by type over the same period. Volume increased roughly 40 percent following the pandemic, primarily as a result of introducing the MIH/CP program. More importantly, Figure 5-2 shows the introduction of MIH/CP corresponds to a decline in EMS runs, from a peak of 1,026 in 2021 to low of 816 in 2023, followed by an estimate of 936 runs for 2024. The observation that the MIH/CP program has contributed to a decline in Delta County Hospital emergency department visits was mentioned several times in interviews conducted for this assessment.



Source: North Fork EMS

Figure 5-2. Annual ESO Calls by Type

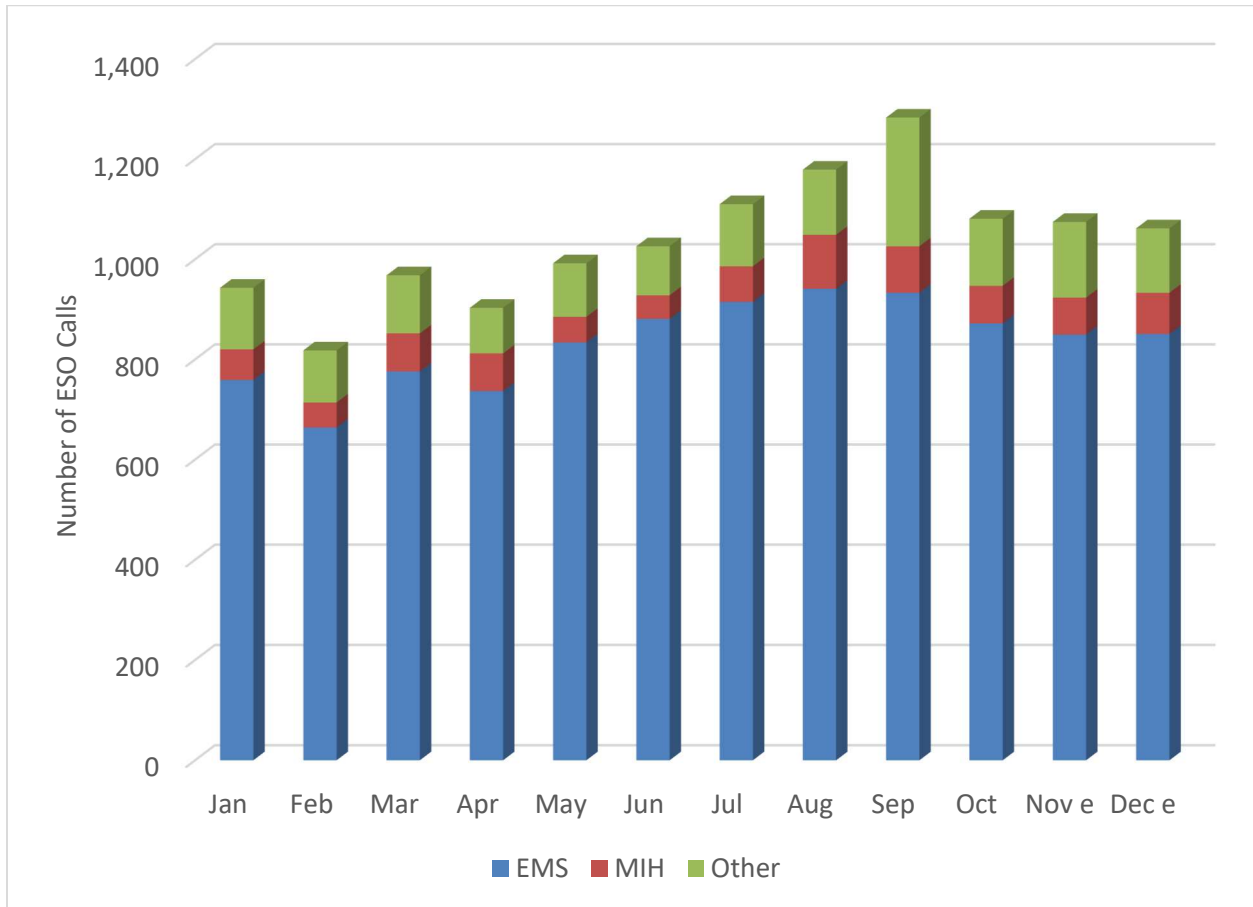
Figure 5-3 compares the growth of runs to population growth by age group. Although the total population has remained flat, the population age 75 and older increased by more than 80 percent from 2013 to 2022. The number of ESO runs increased by the same amount over this period. The sharp growth in runs and senior population from 2019 correlates with the expansion of MIH/CP during this time.



Source: North Fork EMS

Figure 5-3. Growth of Total Runs Relative to Growth of Total Regional Population

Figure 5-4 shows the share of each call type is generally consistent throughout the year. EMS calls are more common June through September, and MIH/CP calls occur more often August through December. September is the outlier with twice the number of “other” calls compared to the other months.



Source: North Fork EMS

Figure 5-4. Monthly ESO Calls by Type

5.3.2 Patient Age Distribution

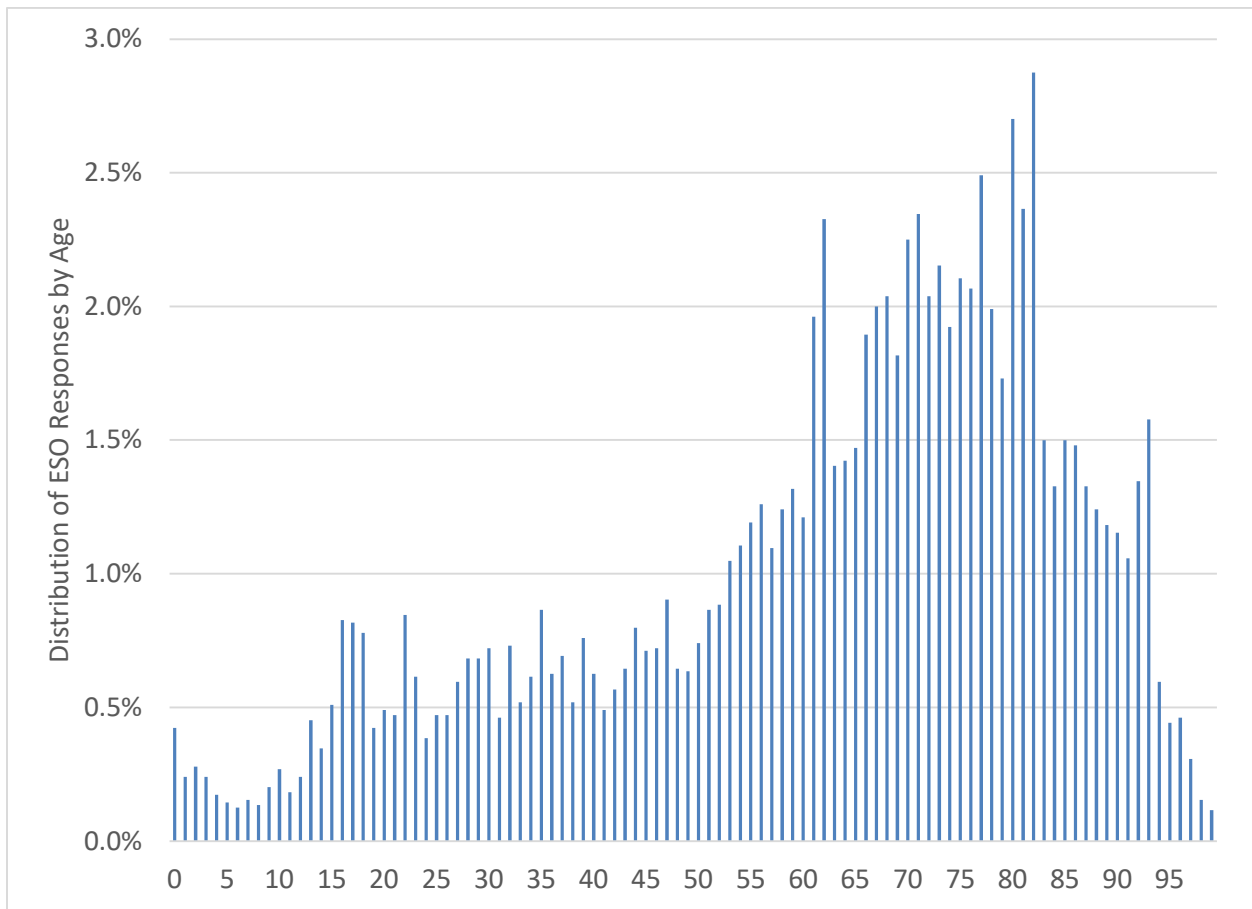
Table 5-15 shows age statistics for all of the ESO records in the database by run type, and Figure 5-5 shows the distribution of all records combined. The distribution resembles the survey responses and population overall. MIH/CP patients are noticeably older, with a median of 80 years.

Sixty-three percent of all responses are to people of age 60 and older. However, referring back to Figure 4-7, in 2022 about 38 percent of the regional population was 60 and older. Thus, North Fork EMS appears to be disproportionately serving seniors, which is not surprising given this age group typically has a greater need for health care services.

Table 5-15. ESO Age Data by Run Type

Category	Mean Age	Median Age
EMS	60.5	66
MIH/CP	73.7	80
Other	65.8	71
Combined	61.8	67

Source: North Fork EMS

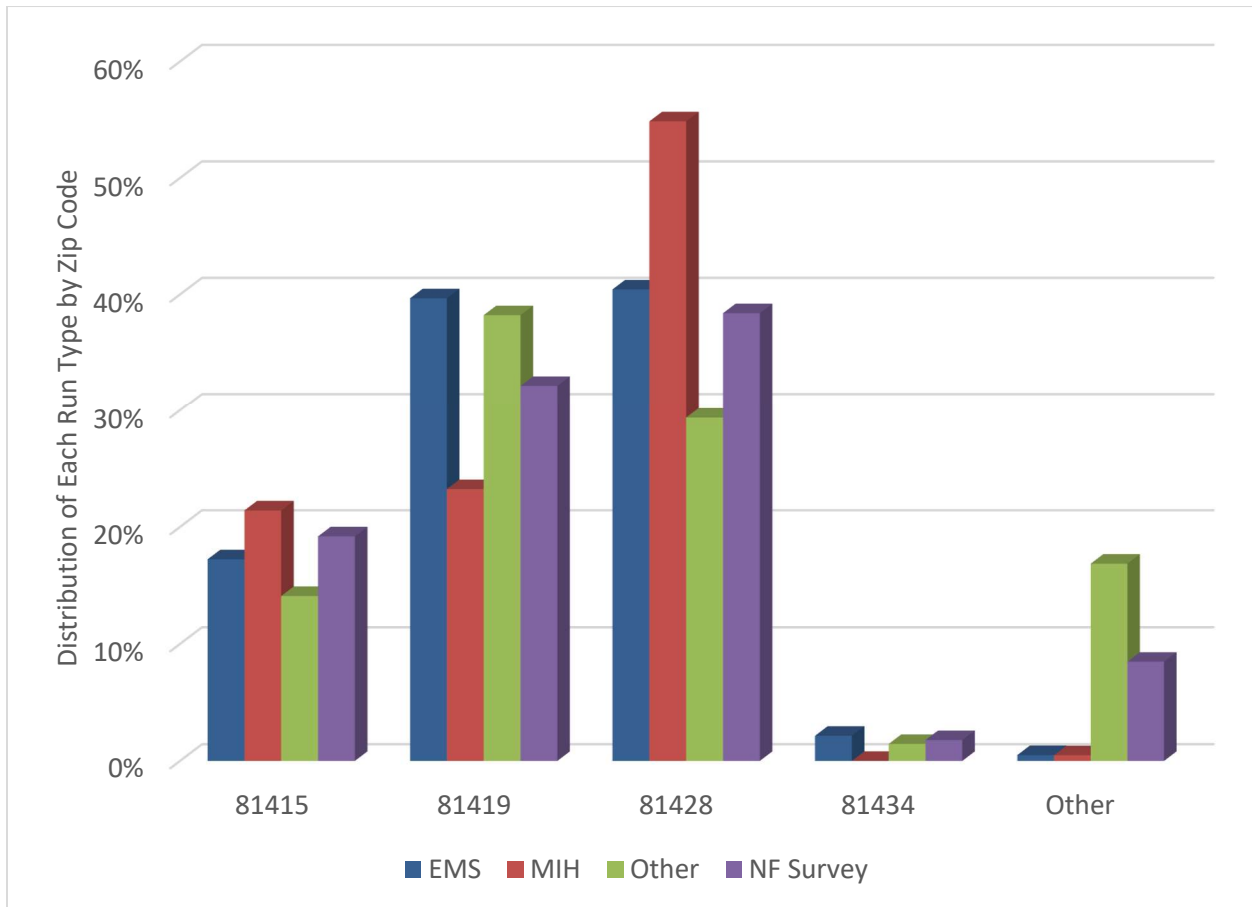


Source: North Fork EMS

Figure 5-5. Age Distribution of ESO Responses

5.3.3 Distribution of Zip Codes Served

The number of runs per zip code generally corresponds to the population of the municipality in each. The 81428 (Paonia) zip code receives the most, with over 50 percent of the MIH/CP runs. The 81419 (Hotchkiss) zip code receives disproportionately fewer MIH/CP runs and more EMS runs. Figure 5-6 also presents the share of survey responses generally corresponding to population distribution.



Source: North Fork EMS

Figure 5-6. Run Type per Zip Code

5.3.4 Primary Impressions

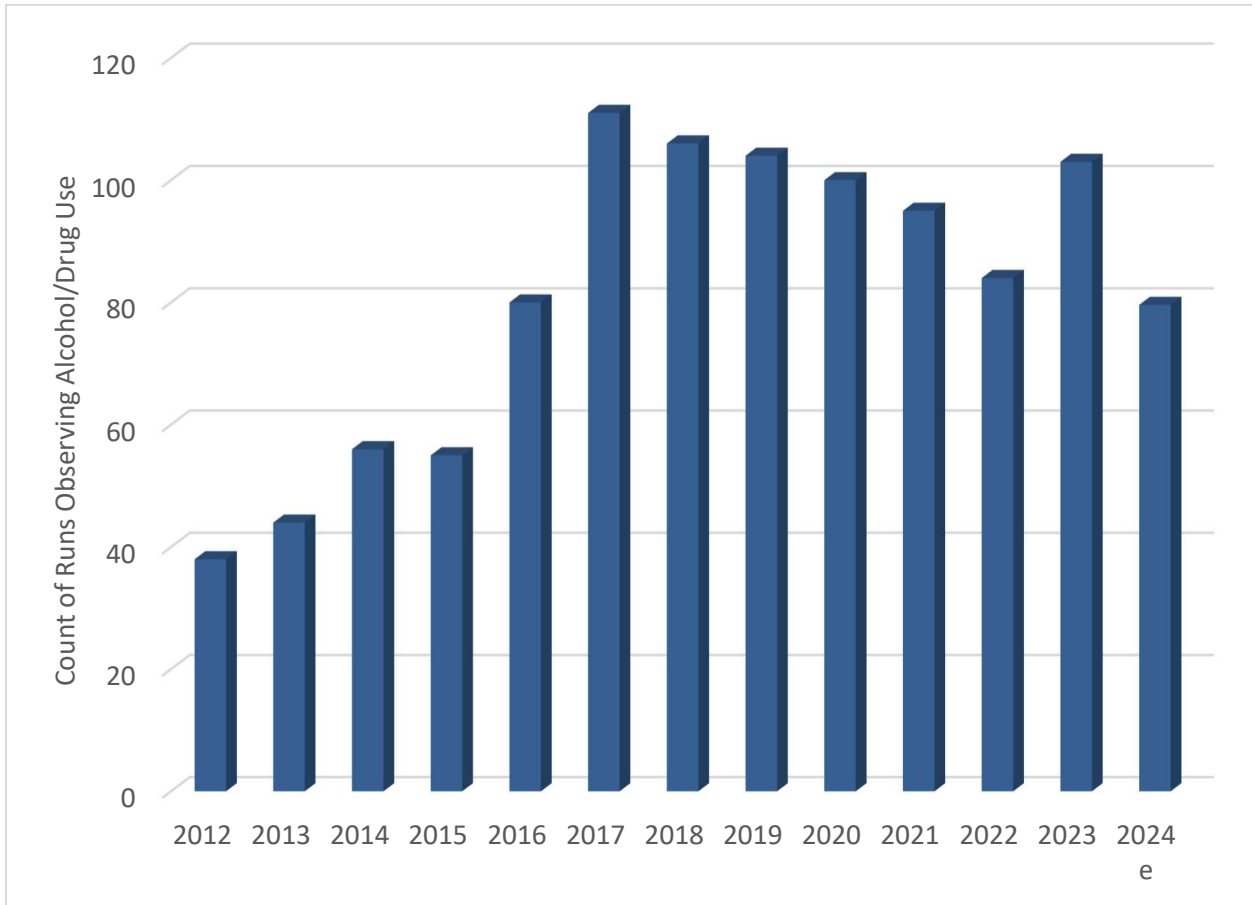
The ESO database records primary impressions for each response. A total of 255 unique impressions have been recorded; these are grouped into 16 categories as shown in Table 5-16. Heart health is a primary concern found in the North Fork survey and at 7 percent it is a frequent response, though not as predominant as the level of concern. Behavioral and altered mental state combined account for 8 percent of the impressions, matching respiratory and greater than cardiac. Falls are 4 percent of responses, which should be reduced over time through continued efforts of the CARES program.

Table 5-16. Distribution of Primary Impressions

Primary Impression	Count	Percent
Medical	2,865	27%
Other	1,298	12%
Trauma	1,161	11%
Respiratory	888	8%
No patient complaint	849	8%
Cardiac	710	7%
Pain	525	5%
Abdominal	459	4%
Behavioral/psych	458	4%
Falls	414	4%
Altered Mental State	401	4%
MV Accident	279	3%
Death	114	1%
Refusal	81	1%
Patient Assist	62	1%
Standby	37	0%
Total	10,601	100%

Source: North Fork EMS

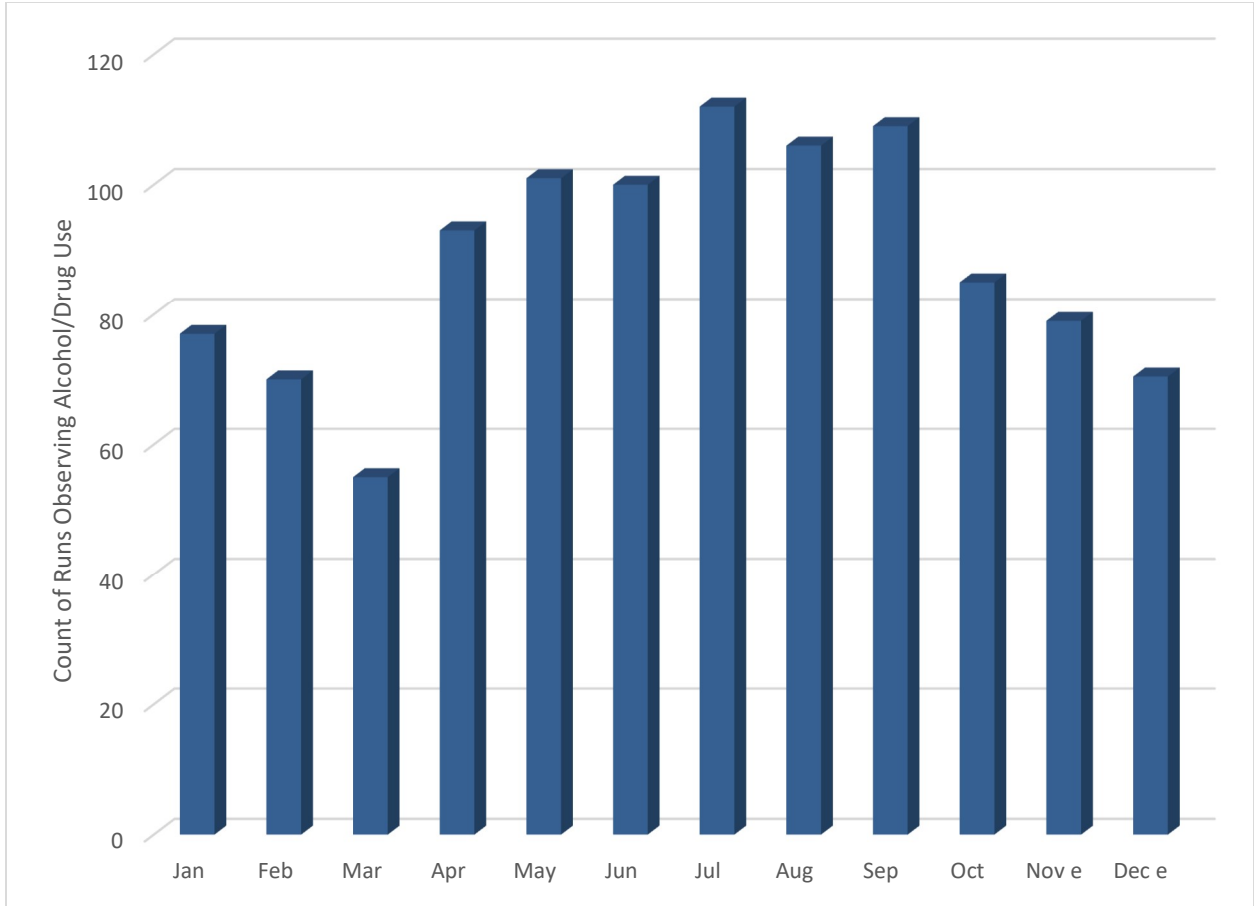
The number of runs observing alcohol and/or drug use roughly follows a similar trend as total EMS calls. The peak occurred in 2017 (Figure 5-7).



Source: North Fork EMS

Figure 5-7. Number of Runs per Year Observing Alcohol/Drug Use

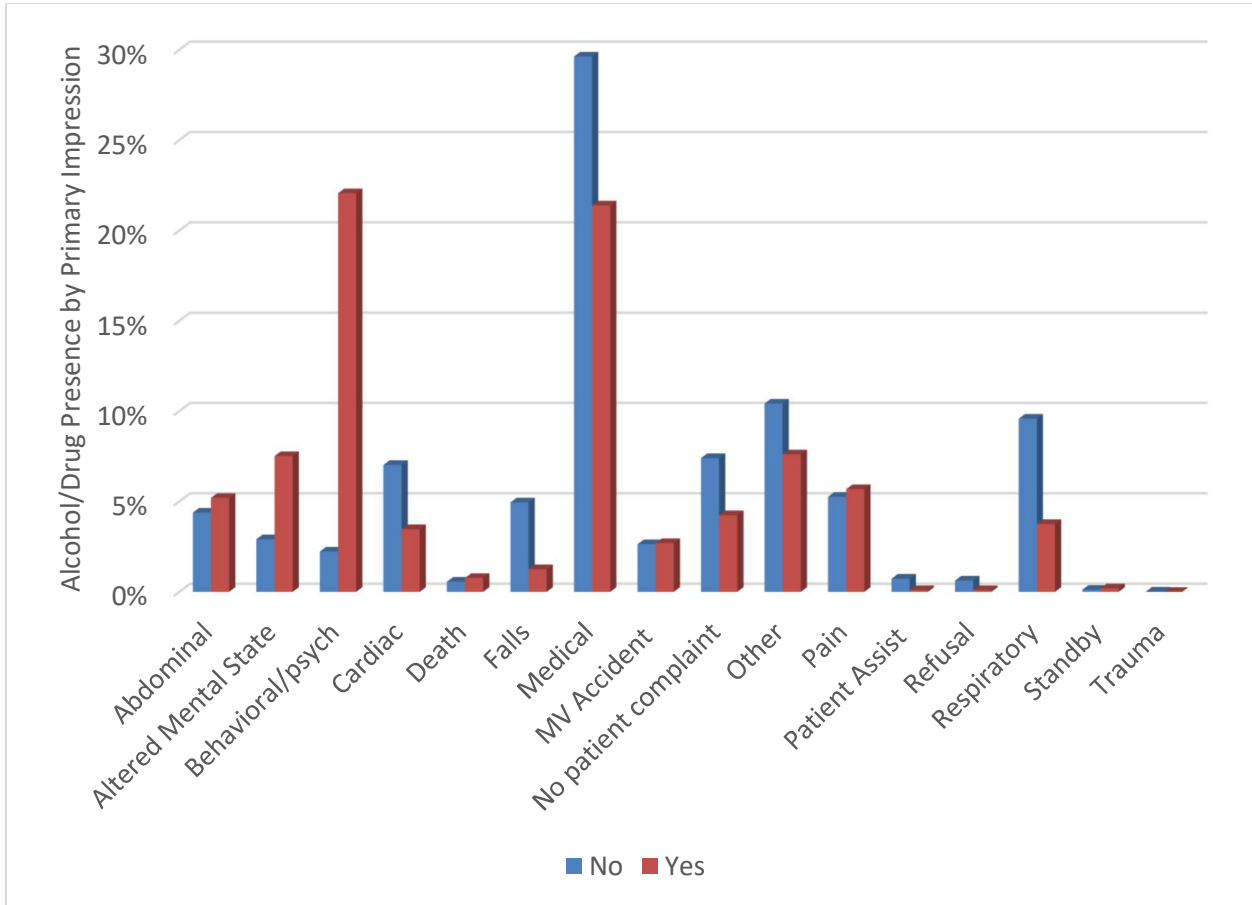
Figure 5-8 shows the monthly distribution of runs observing alcohol and/or drug use roughly follows a similar trend as total EMS calls, with greater occurrence during warmer months.



Source: North Fork EMS

Figure 5-8. Number of Runs per Month Observing Alcohol/Drug Use

Figure 5-9 parses the primary responses by presence of alcohol/drugs. Not surprisingly, for most of the behavioral health responses substance use is present. More than twice as many altered mental state responses involve substance use than do not. Falls and respiratory responses are less likely to have alcohol/drugs present.



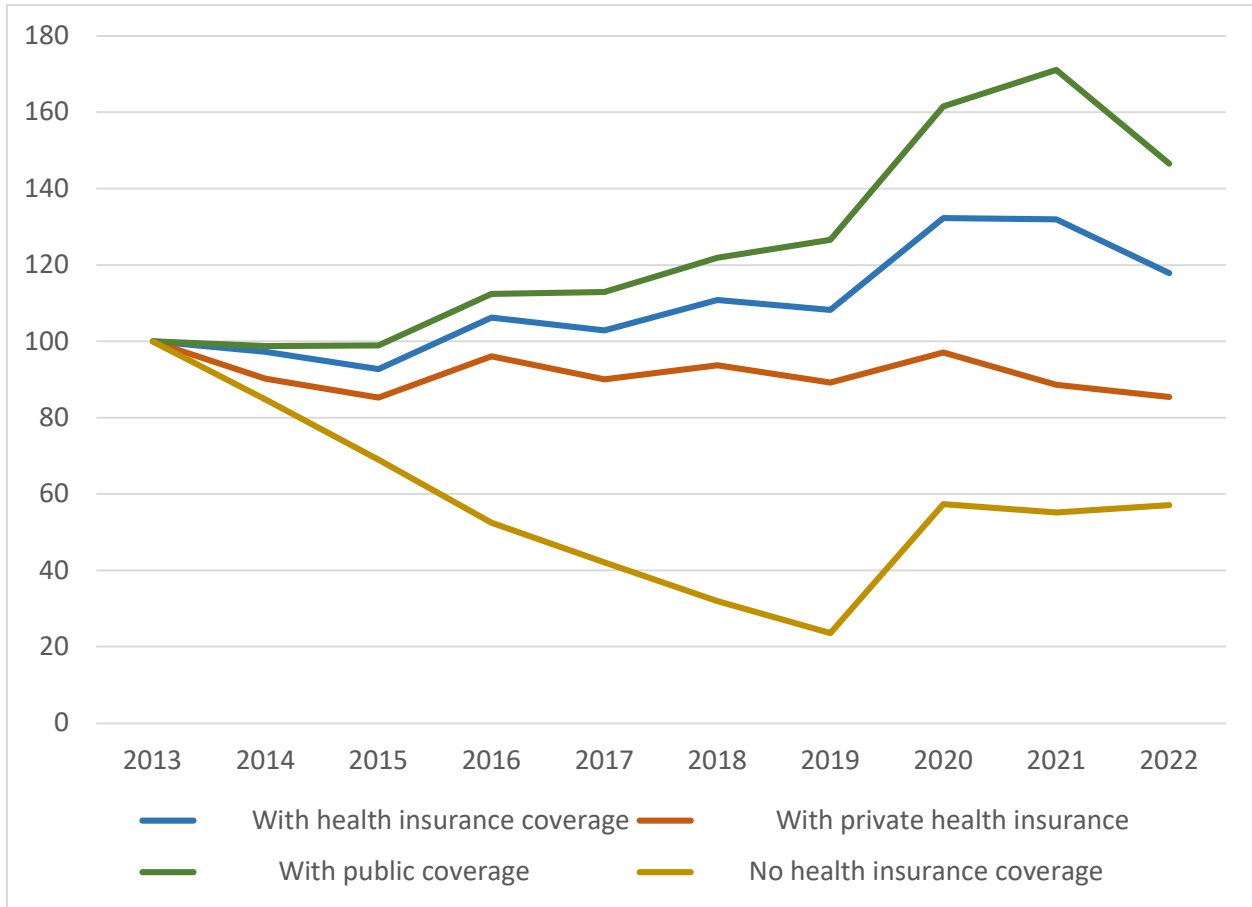
Source: North Fork EMS

Figure 5-9. Distributions of Primary Impressions by Alcohol/Drug Presence

5.4 Health Insurance

Figure 5-10 shows health insurance coverage of North Fork municipal residents. The number covered rose 32 percent from 2013 through 2020, before declining. In 2022, the number of residents with coverage was 18 percent greater than 2013. The figure also shows that the number without coverage spiked from 2019 to 2020.

At the September 30 stakeholder meeting, it was observed that the number of people on Medicare disproportionately exceeded the number of providers accepting Medicare.



Source: U.S. Census

Figure 5-10. Index of Health Insurance Coverage of North Fork Residents

According to the Colorado Health Institute, there was a 42 percent increase in the number of people without health insurance coverage in Delta County, Colorado, from 2018 to 2022; this may be due to various factors, including economic challenges, rising health-care costs, and demographic changes. A decline in employer-sponsored insurance, shifts in the population toward lower-income residents, and difficulties accessing health-care services can also contribute to this trend. Additionally, state or federal health-care policy changes may impact coverage availability and eligibility (Colorado Health Institute 2023).

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6 Regional Health Research

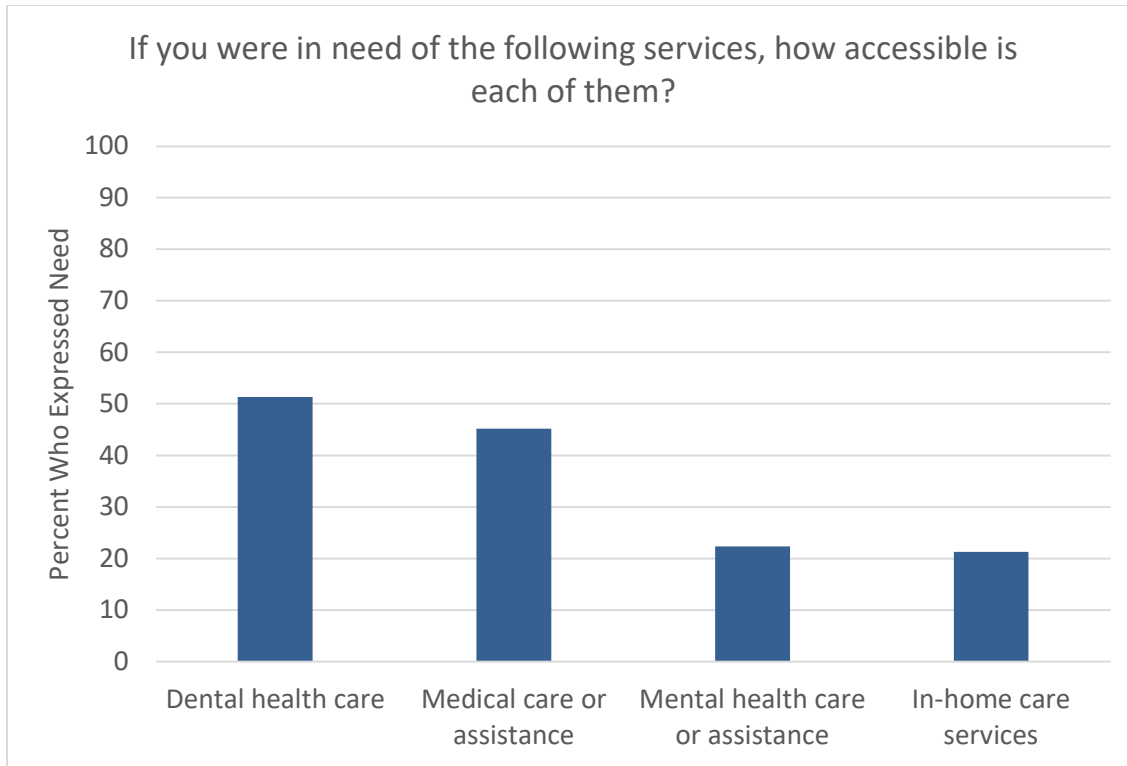
Data from state and local sources helps provide an understanding of the North Fork region's health needs. Sources include a regional survey from the West Central Public Health Partnership (WCPHP), the Colorado Health Institute, and county health rankings from the Robert Wood Johnson Foundation. Although not all data sources are specific to the North Fork area, the insights they provide are still helpful for understanding North Fork's health trends and paint a picture of the health challenges faced by North Fork residents.

6.1 West Central Public Health Partnership Surveys

The 2020 North Fork CHNA relied on a 2019 survey conducted by the WCPHP. Unfortunately, a few questions in the 2022 WCPHP survey corresponded to the earlier survey, precluding a comparison of how health was changing over time. North Fork EMS and MIH staff should consider outreach to WCPHP staff as future surveys are contemplated in order to influence the survey design and assist with collection.

The 2022 WCPHP survey does expand upon the key informant interview themes. Although mental and emotional health were discussed in interviews, other trends emerged through quantitative data. Together, this information helps outline some potential gaps in services that can be addressed by the health-care system in Delta County. Some of the issues go beyond the scope of the North Fork MIH/CP program, such as the need to increase dental care and traffic safety. That said, some of these trends are a direct concern and relevant to the North Fork EMS Community Health Division.

The WCPHP survey highlighted critical health-care needs in the region, with a significant portion of respondents identifying unmet needs (Figure 6-1). According to the survey, 51.3 percent of respondents expressed a need for dental health care, underscoring the widespread issue of limited access to affordable dental services. Additionally, 45.2 percent of respondents indicated a need for medical care or assistance, reflecting broader health-care access challenges. Mental health care or assistance was identified by 22.3 percent of respondents as a critical need, pointing to growing concerns over mental health services in the area. Furthermore, 21.3 percent of respondents reported a need for in-home care services, emphasizing the challenges faced by older adults and those with disabilities in accessing necessary support. These findings reflect significant gaps in the region's health-care infrastructure, particularly for vulnerable populations.

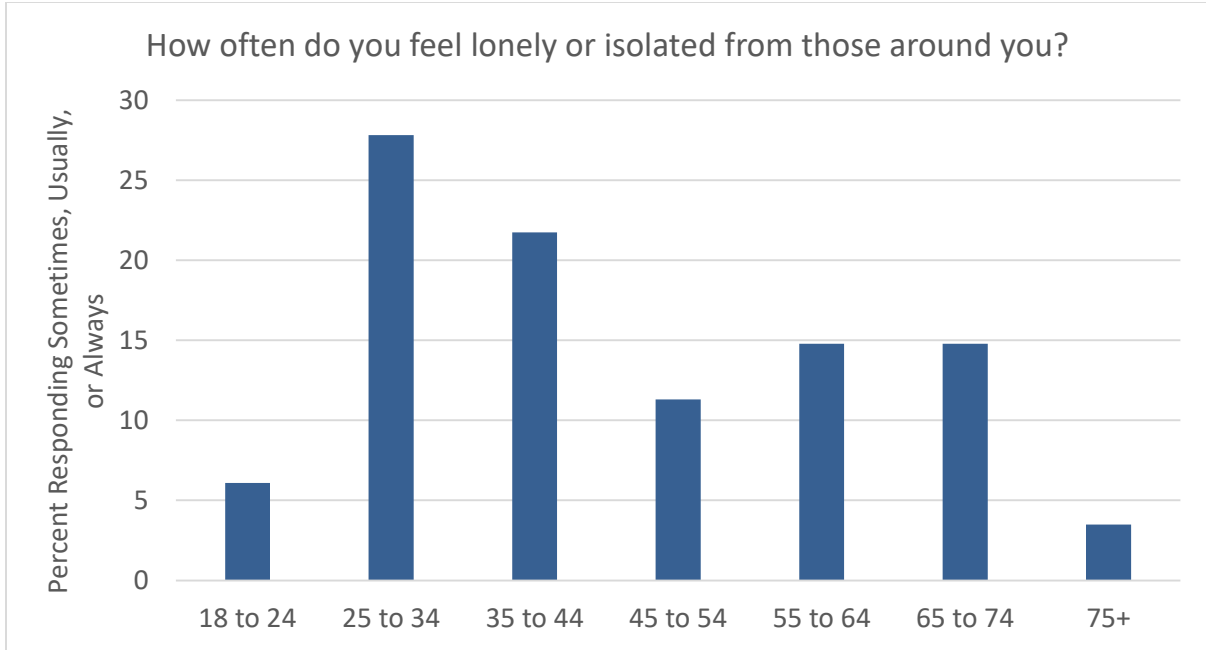


Source: WCPHP Survey

Figure 6-1. WCPHP Accessibility of Services

Delta County respondents experiencing loneliness is most prevalent among those 25 to 44 years old (Figure 6-2), as measured by survey responses of either sometimes, usually, or always in response to the question, “How often do you feel lonely or isolated from those around you?” Feelings of loneliness among that age group in rural communities like Delta County, can stem from factors such as social isolation due to limited social opportunities and economic challenges that prioritize work over social engagement. Additionally, a smaller peer network and potential cultural barriers can make it difficult for individuals to build relationships, while mental health stigma may prevent them from seeking support for their feelings of isolation (Colorado Health Institute 2023).

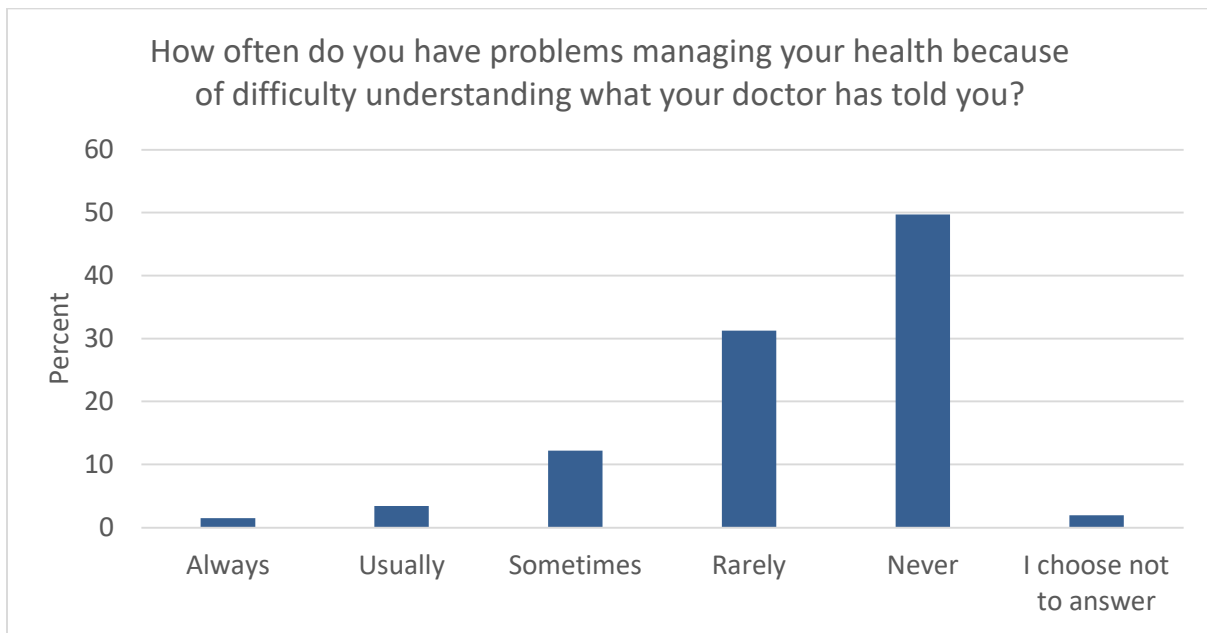
Individuals aged 55 to 74 in Delta County may experience loneliness due to factors such as social isolation from the loss of friends or family, retirement, and reduced mobility that limits their ability to participate in community activities. Additionally, rural areas often have fewer resources and programs tailored to older adults, making it challenging for them to engage socially and maintain connections (Colorado Health Institute 2023). There is a need to continue working through the CARES program to provide socialization, exercise, and connection opportunities.



Source: WCPHP Survey

Figure 6-2. WCPHP Isolation of Delta County Residents

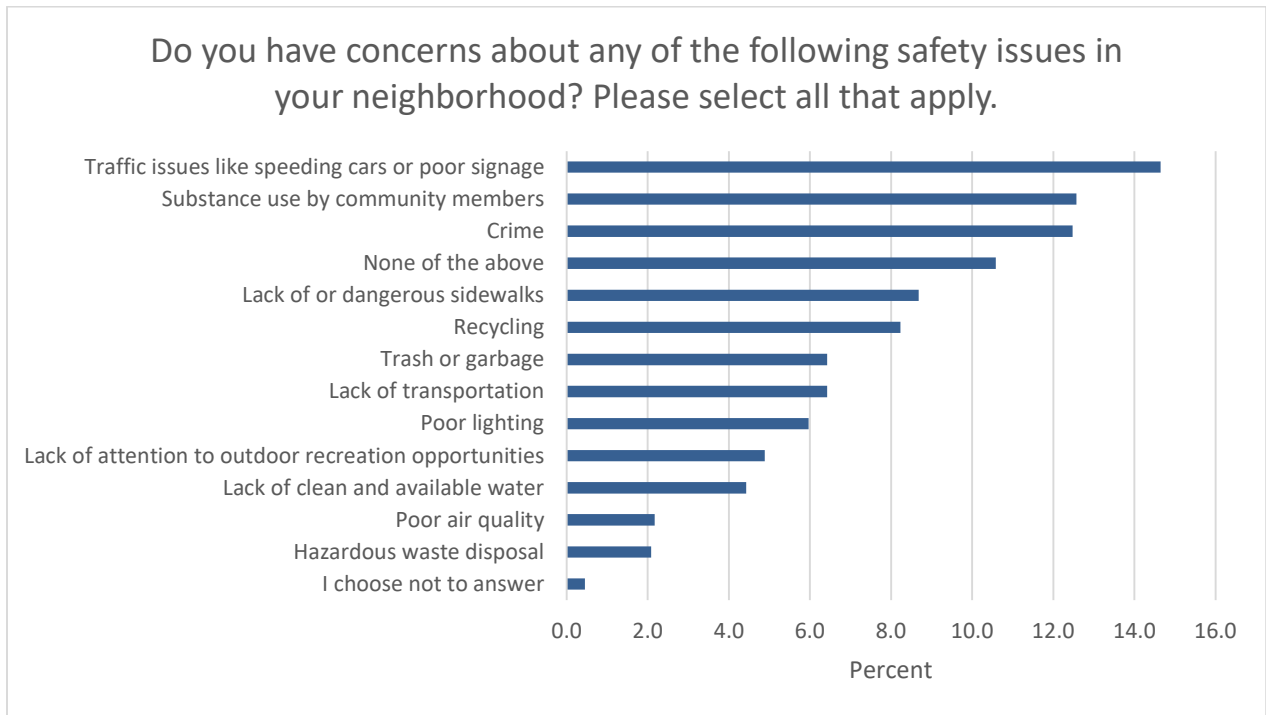
Roughly 17 percent of respondents said they always, usually, or sometimes have problems managing health because of difficulty understanding what their doctor has told them (Figure 6-3). This could be due to language barriers, not understanding medical language, or a person having complex health needs. This is one area where the North Fork EMS Community Health initiatives can continue to contribute to health needs. Interviewees spoke about the importance of the monthly meetings between the West Elk Clinic and the MIH/CP program about clients, their well-being, and their overall health. There could be increased communication through electronic health records along with these monthly meetings. Another possibility, depending on the capacity of the North Fork MIH/CP team, is to increase the frequency of meeting to discuss clients to every other week. Finally, interviewees identified the need to provide educational opportunities on health topics to help patients feel more comfortable discussing their concerns with their doctors.



Source: WCPHP Survey

Figure 6-3. WCPHP Difficulty Understanding Medical Needs

Figure 6-4 ranks safety concerns for Delta County residents. Over 14 percent of respondents report traffic issues like speeding and poor signage as a top concern. Interestingly, substance abuse by community members ranks second, with 12.6 percent of respondents reporting this as a concern. This point was highlighted in key stakeholder conversations with paramedicine program workers. Another theme raised in interviews with key health stakeholders was the transportation needs of North Fork residents. Although this data is a snapshot of Delta County, roughly 6 percent of respondents noted this as a safety issue. Transportation is likely a higher need for North Fork residents because of the long distances to medical care and other basic needs.



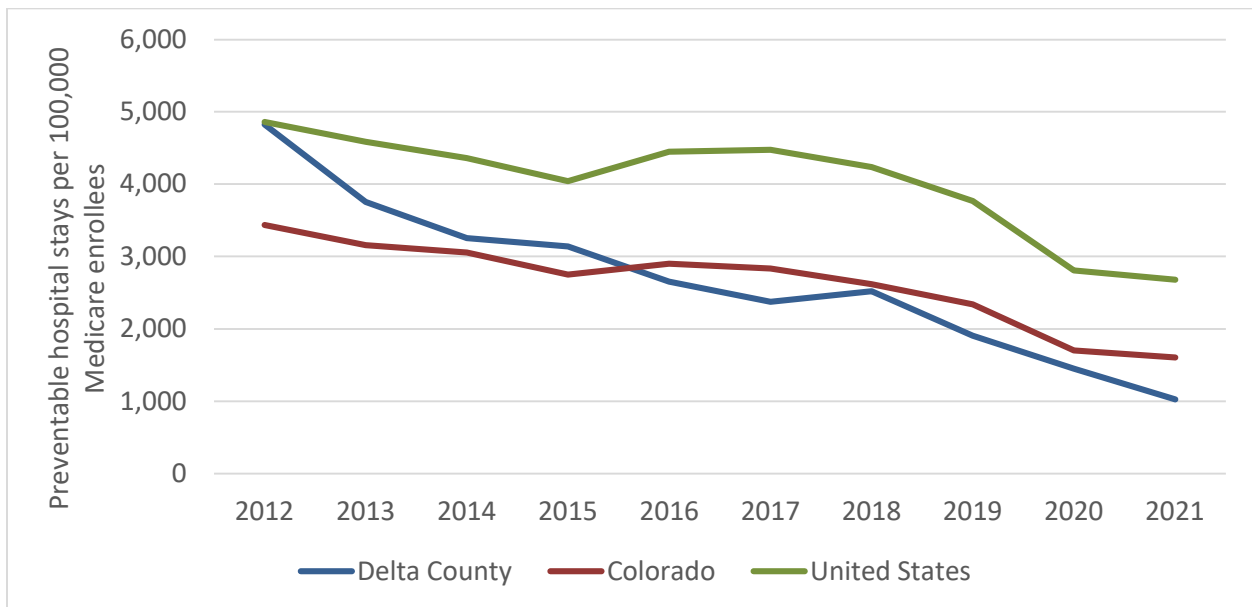
Source: WCPHP Survey

Figure 6-4. WCPHP Safety Concerns for Delta County Residents

6.2 County Health Rankings

The Robert Wood Johnson Foundation annually provides county health rankings. The rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees is an important indicator of both health-care quality and access. These conditions, which are typically treatable in outpatient settings, highlight gaps in accessible primary care when hospitalization is required. A high rate may indicate that individuals cannot access timely or effective outpatient care, leading them to rely on emergency rooms or urgent care as their primary sources of treatment. This measure serves as a proxy for evaluating the quality of outpatient care and the accessibility of primary health-care services. Data from 2021, as reported in the 2024 Annual Data Release, offers valuable insight into these trends (County Health Rankings & Roadmaps 2024).

Delta County has seen a steady decrease in preventable hospital stays per 100,000 Medicare enrollees (Figure 6-5). This encouraging trend shows that efforts to care for people 65 and older have been working to keep people out of the hospital. In general, higher rates of preventable hospital stays can suggest that quality outpatient care is not accessible (County Health Rankings & Roadmaps 2024).



Source: County Health Rankings

Figure 6-5. Preventable Hospital Stays

6.3 Social Vulnerability Index

The Social Vulnerability Index (SVI), derived from U.S. Census data, uses 15 social factors (e.g., poverty, lack of vehicle access, crowded housing) to identify communities needing support during emergencies or disasters. This includes a community's preparedness and ability to respond to natural disasters, disease outbreaks, human-caused threats, and chemical spills (Centers for Disease Control/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program 2024). The SVI data is categorized into four main themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. Delta County is divided into Census tracts that provide a more granular picture than county-level data. Generally, the census tract, which includes the city of Delta, has more vulnerability than other places in Delta County; however, parts of the North Fork region, including Paonia, show high vulnerability in household characteristics and moderate vulnerability in housing type/transportation.

Household characteristics refer to households with children under 18 and the percentage of households with more than one person per room. Figure 6-6 shows that the northeast region of Delta County is the most vulnerable to disasters. This area, which includes the town of Paonia, might have a significant number of people under 18 and multiple people living in one room. The other parts of the North Fork region, which include Hotchkiss and Crawford, fall lower on the vulnerability index for household characteristics (Centers for Disease Control/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program 2024).

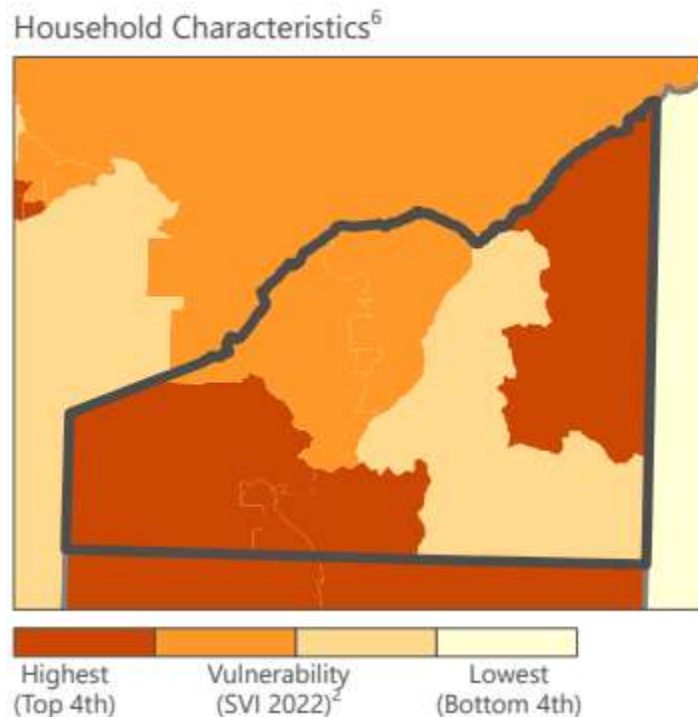


Figure 6-6. Social Vulnerability Index: Household Characteristics

This component looks at factors like the type of housing (e.g., mobile homes, multi-unit buildings), housing density (crowded conditions), and access to personal vehicles in a community (Centers for Disease Control/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program 2024).

Communities with a high proportion of residents lacking reliable transportation or living in inadequate housing are often more vulnerable to the impacts of disasters due to difficulties evacuating, accessing essential services, and recovering after an event. Figure 6-7 shows the west part of Delta County, which includes the town of Delta, has the highest vulnerabilities regarding housing types and access to a reliable personal vehicle. However, the central and northeastern parts of Delta County also have moderately high levels of vulnerability regarding housing types and access to reliable personal vehicles.

This is informative to the North Fork EMS Community Health Division because it reinforces commentary from health stakeholder interviews, which expressed concerns about transportation. People living in the Hotchkiss and Paonia areas seem to be living in more vulnerable housing situations and might not have access to vehicles, which would be imperative for getting to doctors' appointments, obtaining medication, and accessing other basic needs amenities.

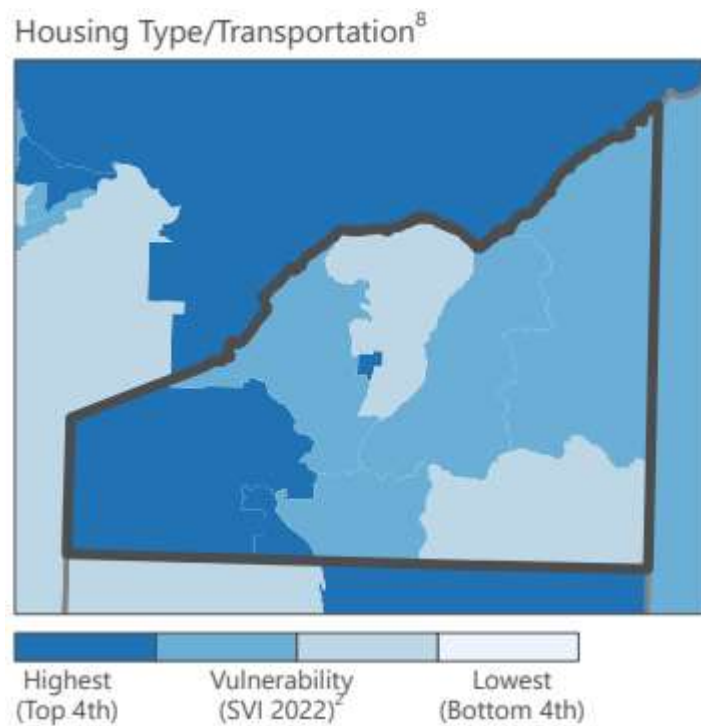


Figure 6-7. Social Vulnerability Index: Housing Type/Transportation

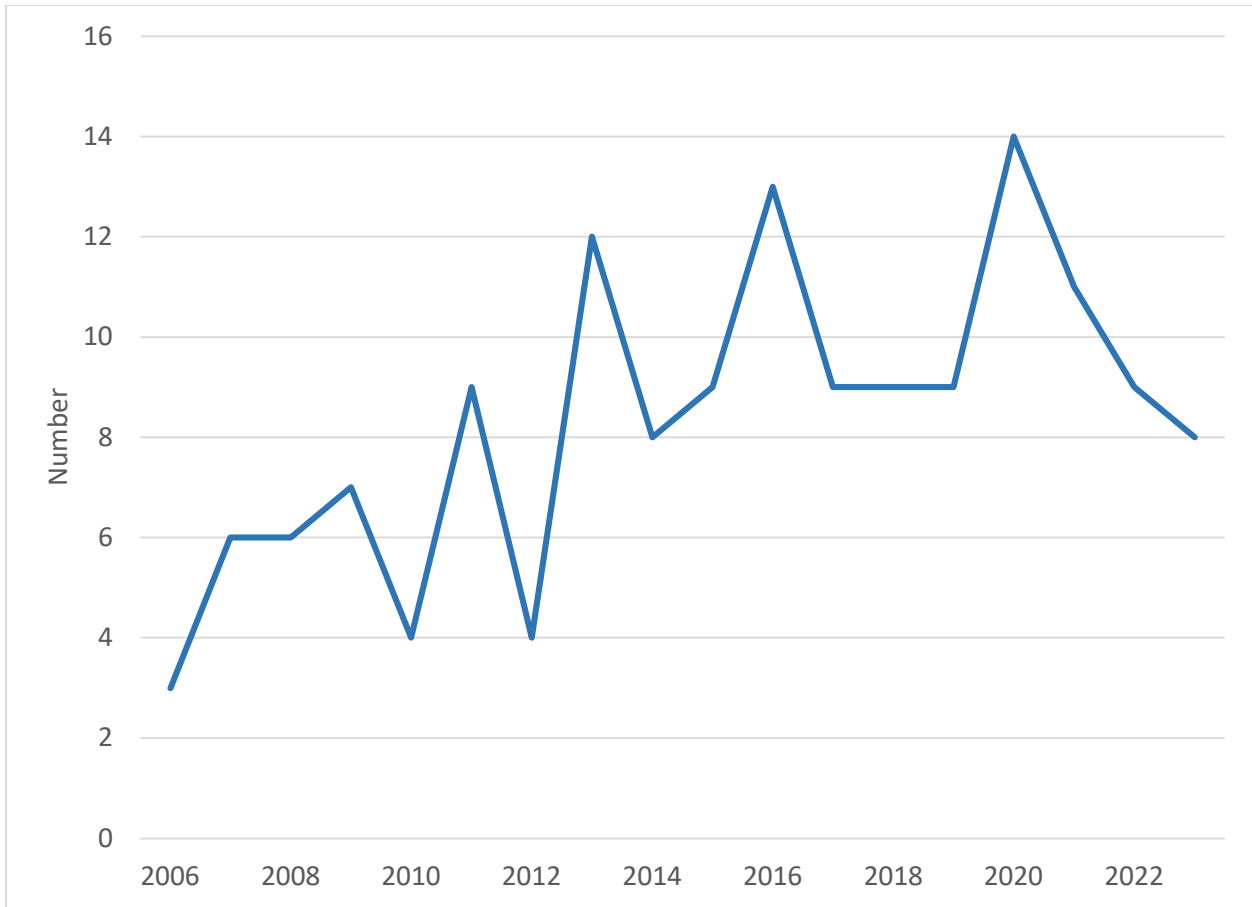
6.4 Colorado Health Institute

A concern reported in the 2020 North Fork Community Health Assessment was the accessibility and cost of health insurance coverage for Delta County residents. A new report published by the Colorado Health Institute shows encouraging news for adults 65+ across the state. Due to public insurance (Medicare and Medicaid), 95 percent of adults 65 and over were insured (Geldens 2024). However, some Delta County residents ages 65+ might be underinsured as it has a disproportionate number of aging adults in comparison to other regions in the state.

Consistent with the North Fork needs assessment findings in 2020, insurance premiums on the Western Slope of Colorado remain among the state's highest. Insurance premiums mainly impact those with insurance other than Medicare or Medicaid. This is largely due to two main factors: a lack of competition among hospitals and insurers, which leads to high costs. The Colorado Health Institute found that five counties across the state had the most expensive premiums, including Delta, La Plata, Montrose, Ouray, and Rio Blanco. Insurance premiums for those in Delta County hover around \$700 per month (Colorado Health Institute 2023). Delta County only has one hospital, and it is also considered to have lower competition among insurance providers, which ultimately drives insurance premiums up.

6.5 Colorado Center for Health and Environmental Data

Figure 6-8 shows the number of suicides in Delta County over an 18-year timespan. Delta County reported its highest number of suicides in 2020. Since 2006, roughly 23 percent of suicides were completed by veterans, 77 percent of suicides were men, and about half were people ages 55 and older. These are consistent findings when looking at more recent suicides from 2020 to 2023. Another consistency in the data is the modality of completion. For Delta County, about 70 percent of deaths involved the use of a firearm from 2006 to 2023. Suicide and substance use are closely related. Of the suicides from 2006 to 2023, alcohol was present in 45 percent of cases, while opiates were present for nearly 1 in 5 deaths. A final point to make is that for this population, about 31 percent of people faced a contributing physical health problem, 30 percent were currently diagnosed with a mental health problem, and 29.8 percent had problems with an intimate partner. These are not mutually exclusive issues, and some of those who completed suicide likely struggled with one or more of these issues.



Source: Colorado Center for Health and Environmental Data

Figure 6-8. Number of Suicides in Delta County 2006 to 2023

6.6 Colorado Behavioral Risk Factor Surveillance System

The Colorado Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing statewide telephone survey of adults (18+). This data is used to monitor ongoing needs regarding the prevalence of health behaviors and preventative health practices (Colorado Office of Public Health Practice, Planning, & Local Partnerships 2023). BRFSS data can give insight into Delta County across a wide range of health outcomes.

Some key findings from the Colorado BRFSS data are described below.

- Percentage of adults 65+ who are current on core clinical preventative services: Delta County (60 percent), Mesa County (51 percent), Montrose County (41 percent), Gunnison County (60 percent), Ouray County (14 percent), and San Miguel County (71 percent).
- Percentage of adults who had one or more falls resulting in injury in the past 12 months: Delta County (13 percent), Mesa County (10 percent), Montrose County (14 percent), Gunnison County (10 percent), Ouray County (9.5 percent), and San Miguel County (5 percent).

- Percentage of adults who provided regular care to a friend or family member: Delta County (7.5 percent), Mesa County (15.7 percent), Montrose County (20 percent), Gunnison County (5 percent), Ouray County (33 percent), and San Miguel County (no data).
- Percentage of adults in Delta County who reported their mental health was not good 14 or more days in the past 30 days: Delta County (10 percent), Mesa County (19 percent), Montrose County (10.5 percent), Gunnison County (20 percent), Ouray County (4.5 percent), and San Miguel County (10 percent).
- Percentage of adults who report currently having asthma: Delta County (15 percent), Mesa County (13 percent), Montrose County (10 percent), Gunnison County (6.5 percent), Ouray County (10.6 percent), and San Miguel County (6 percent).
- Percentage of adults who report they have chronic obstructive pulmonary disease: Delta County (11.6 percent), Mesa County (7.5 percent), Montrose County (11 percent), Gunnison County (1 percent), Ouray County (no data), and San Miguel County (no data).

The Center for Disease Control also highlights the following six important tips for aging adults:

- Eat and drink healthy
- Move more and sit less throughout the day
- Don't use tobacco
- Get regular checkups
- Know your family history
- Be aware of changes in brain health

These tips are all important pieces that the North Fork MIH/CP and CARES programs continue to address. Although the MIH/CP program primarily focuses on wound care, medication management, and other aspects of physical safety around the home, staff report a continuing need to provide opportunities for people to exercise, eat healthy foods, reduce substance use, and be aware of declining cognitive abilities. Much of this work is done through the CARES and SAIL programs. Continuing to expand these opportunities will help older adults both mentally and physically.

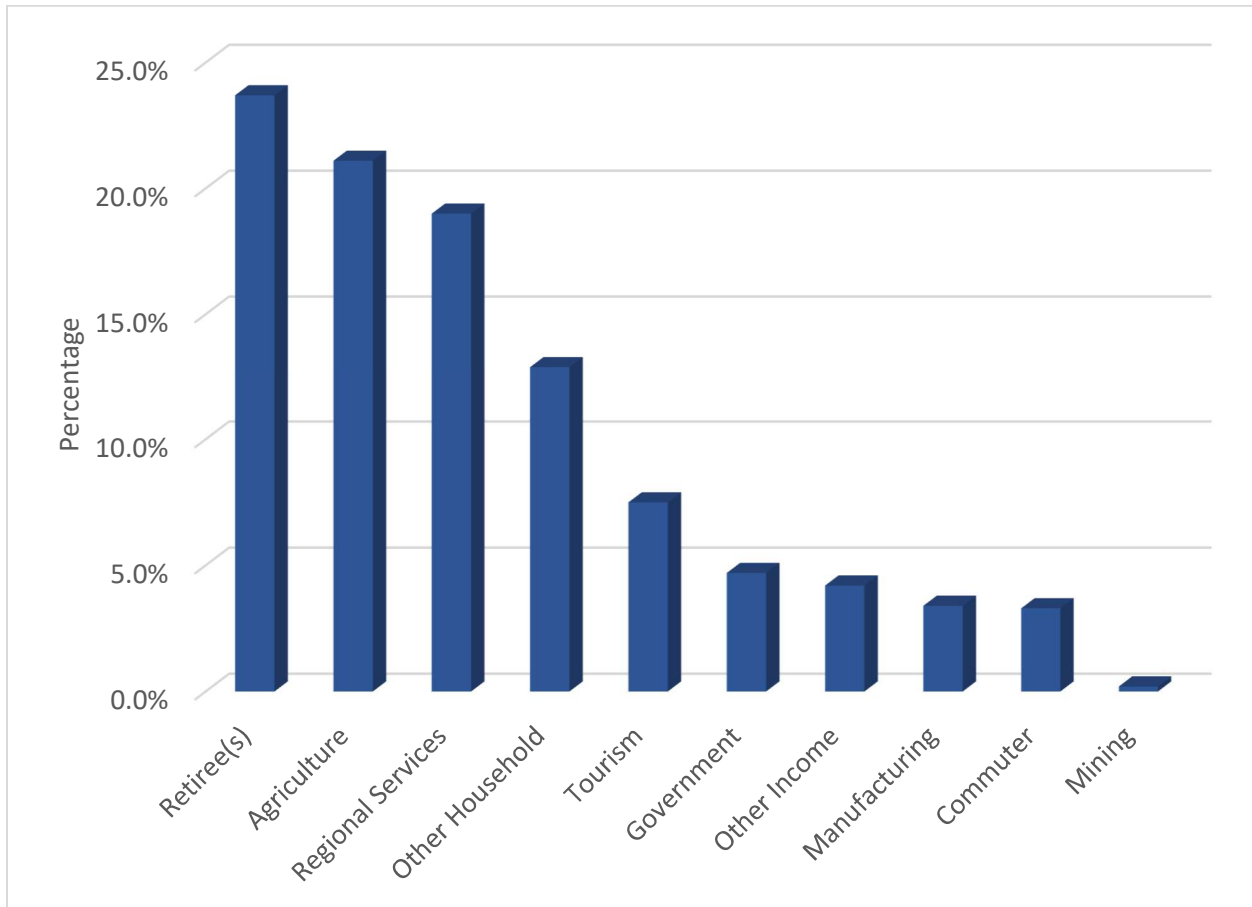
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7 Socioeconomic Trends

The 2020 North Fork CHNA found poor socioeconomic conditions contributing to increased levels of stress, mental health issues, and compromised behavioral health. Survey responses indicated widespread concern for these issues. This section reviews the current state of the region’s economy and socioeconomic conditions. Particular emphasis is given to the cost of living and housing, as well as family incomes.

7.1 Delta County Economy

The State Democracy Office Economic Base Analysis provides insight into the economic activities that bring outside dollars into a community and the additional jobs that result from the spending of those dollars on local resident services. Industries that sell goods or services outside the local area are considered the base of the economy. These “Basic Industries” are responsible for the existence of the local economy as they bring outside dollars to the community. Figure 7-1 shows the distribution of Delta County’s base industries.



Source: Colorado State Democracy Office

Figure 7-1. Delta County Base Industries, 2022

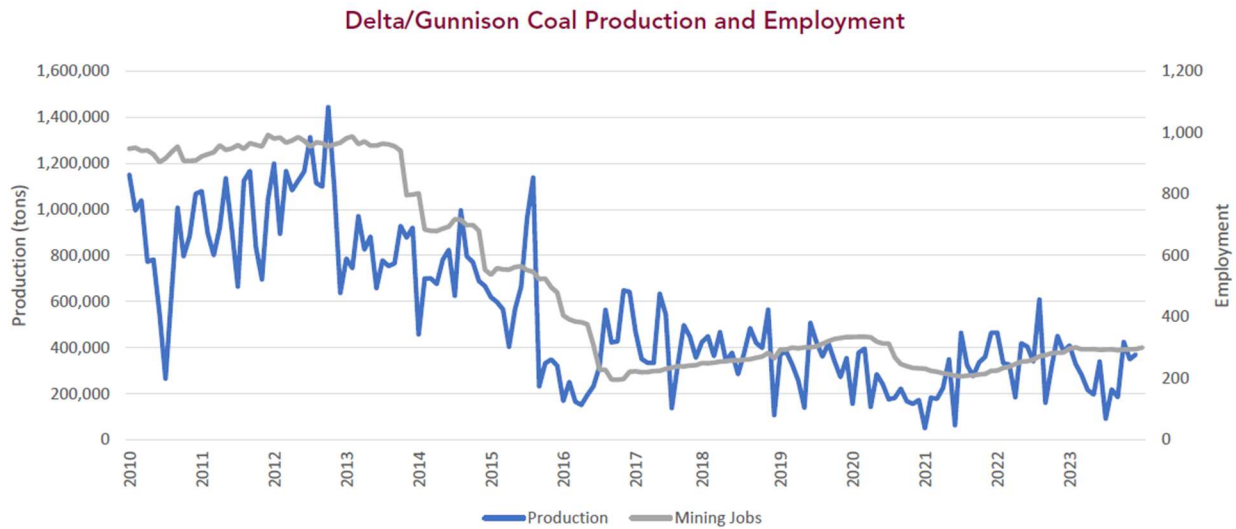
Retirees comprise almost a quarter of Delta County’s “base industries.” In contrast, the Denver-Boulder Metropolitan Statistical Area employment is comprised of 12 percent retirees. The State Democracy Office defines retiree(s) in this way:

Earnings and employment associated with expenditures made by retirees on local resident services. Retiree income includes transfer payments from the federal government to individuals over age 60 and dividends, interest, and rental income earned by individuals over age 60. These consist primarily of retirement and disability insurance benefit payments, income maintenance, and Veterans payments. Also included are Medicare and Military medical benefits that are paid for by the Federal government for retirees.

Regional services include construction, health care, information technology, and other businesses providing services to a region. The Other Household category includes public assistance to all transfer payments from the federal government to those under age 60. Other Income includes unearned income from dividends, interest, and rent.

7.2 Coal Production

The region’s lack of significant economic drivers helps to explain its poor economic conditions. Even though coal mining comprises only a small percentage of area workers (Figure 7-1), the jobs are higher paying and the number of indirect and induced economic activity is more significant. Figure 7-2 shows the downward trend in coal production—which occurred a decade ago—and the current level, roughly a third of the peak in 2013 (Perry 2024).

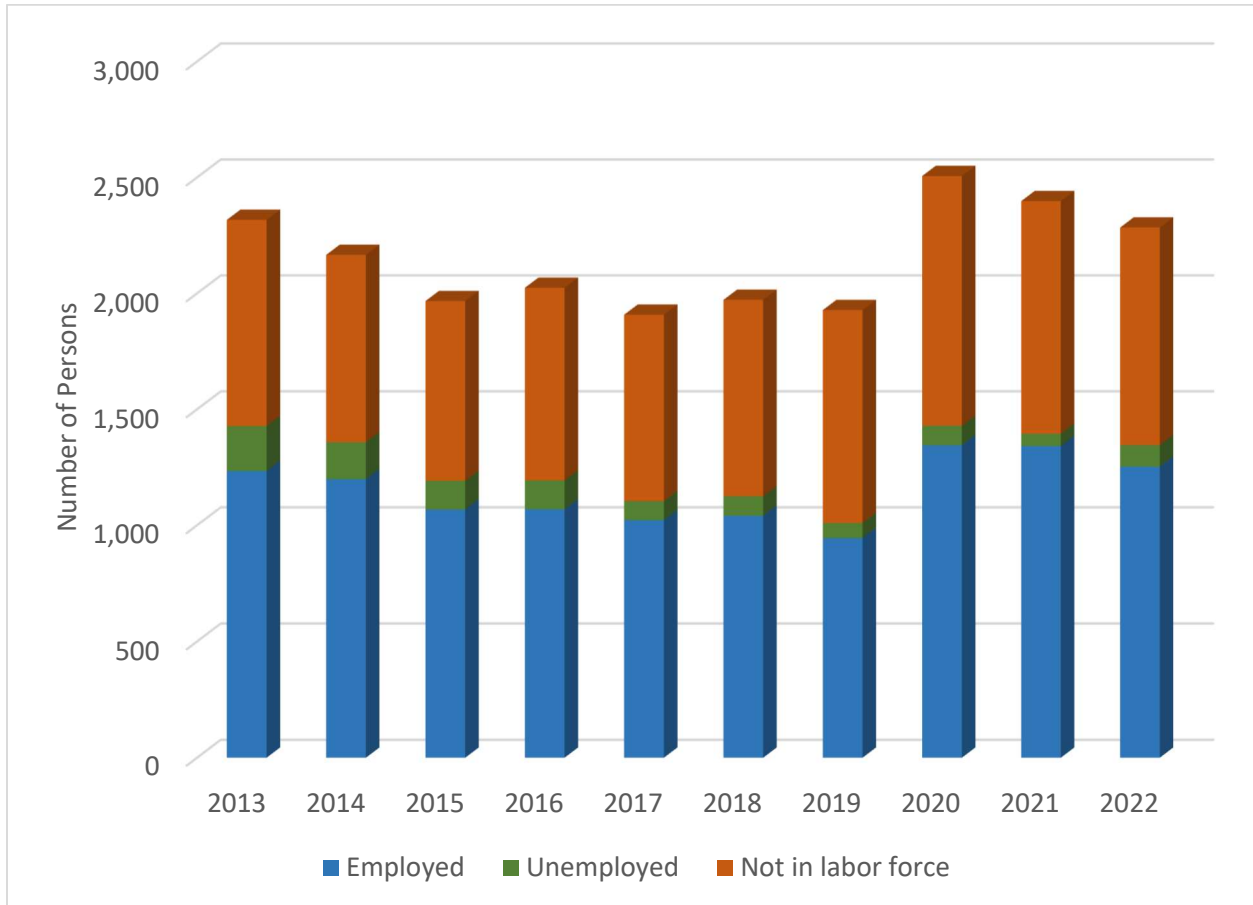


Source: Nathan Perry, Colorado Mesa University

Figure 7-2. Monthly Coal Production and Employment

7.3 Employment

Figure 7-3 shows employment status of the three municipalities over the past decade. The share of persons not in the labor force is 41 percent, compared to 31 percent for Colorado as a whole. The percentage of unemployed persons in the three municipalities exceeded 8 percent in 2013, following the mine closures. By 2022, unemployment fell to 93 or about 4 percent. In spite of low unemployment, wages are not keeping up with the cost of living (see Section 7.5).



Source: American Community Survey

Figure 7-3. Labor Force Status of the Three North Fork Municipalities Combined

7.4 Free and Reduced Meals

The district provides free and reduced-cost meals for students. Understanding the proportion of students participating in this program and trends over time provides another characterization of the North Fork’s socioeconomic condition.

Over 40 percent of North Fork students receive subsidized meals at school. Table 7-1 shows the total enrollment and number of students participating the free and reduced meal programs for each of the schools in the North Fork. High school students are less likely to receive free and reduced meals than

elementary students. This may be the result of older students working or it may be an indication that the household incomes of younger families are under greater pressure.

Table 7-1. North Fork Public Schools Free and Reduced Meal Program, 2024/25

School	Enrollment	Free + Reduced	Percent Share
North Fork Montessori Crawford	92	52	57%
North Fork Integrated Studies	98	45	46%
Hotchkiss K-8	265	110	42%
Paonia K-8	234	110	47%
North Fork High School	271	82	30%
Total	960	399	42%

Source: Delta County School District (50J)

7.5 Family Incomes

This section analyzes the household income and the cost of living with an emphasis on housing affordability. The primary focus of this section is to understand the difference between households with one income earner and those with multiple income earners. The wages of individual income earners are just as important to consider. Several data sources are examined to provide insight into the area’s income trends and ability to afford housing.

Throughout this section, it is important to remember that household income is the combination of all incomes. Individuals may take multiple jobs and/or live with one or more roommates to afford housing.

7.5.1 Area Median Income Ranges for Delta County

The federal government relies on its Department of Housing and Urban Development’s (HUD) area median income (AMI) calculations to determine eligibility for many of its housing programs, including the Low-Income Housing Tax Credit program. Many state and local agencies, affordable housing developers, and property owners depend on these calculations as well for planning and program implementation. In Colorado, the Colorado Housing and Finance Authority (CHFA) distributes income limits and rent maximums for each county. Properties taking part in CHFA programs must adhere to rent and income limits.

HUD calculates AMI annually using family household income data from American Community Survey (ACS) data collected by the U.S. Census Bureau and federal measures of inflation. Because of the lag in releasing ACS data, HUD calculates current-year AMI by projecting the most-recent ACS forward to the current year with inflation data. For example, the 2023 AMI ranges are based on 2021 ACS family income data. In other words, AMI ranges are based on survey data that has been adjusted for inflation multiple times (Teles, Su and Oneto 2023).

The Census defines a family as a group of two or more people—one of whom is the head of household—related by birth, marriage, or adoption and residing together. Family income, as defined by the Census,

includes “money income received on a regular basis...before payments for personal income taxes, Social Security, union dues, Medicare deductions, etc.” received in the past 12 months. Irregular income (such as gifts or capital gains) and noncash benefits (such as food stamps, health benefits, subsidized housing, and goods produced and consumed on a farm) are not included in family income (U.S. Census Bureau 2023).

Table 7-2 shows the county’s AMI for a one-person household is \$66,000 in 2024 and \$84,800 for a three-person household. AMI is derived from family household income data. Family incomes will vary with family size as more people require more income. Larger families have the potential to earn higher household incomes. Thus, HUD’s income tables show income rising with the number of persons in a household. Rent limits are calculated as 30 percent of monthly income.

Conversely, housing affordability is more dependent on family structure than size. Affordability depends on income and expenses. Income depends on the number of earners and expenses vary significantly with the number and age of children. The next section examines this finding in detail.

Table 7-2. Delta County Area Median Income Ranges, 2024

AMI Range	One-Person Household Income	Three-Person Household Income
<50%	\$0 - \$33,000	\$0 - \$42,400
50.1-60%	\$33,000 - \$36,300	\$42,400 - \$50,880
60.1-80%	\$36,300 - \$52,800	\$50,880 - \$67,840
80.1-100%	\$52,800 - \$66,000	\$67,840 - \$84,800
100.1-120%	\$66,000 - \$79,200	\$84,800 - \$101,760
120.1-140%	\$79,200 - \$92,400	\$101,760 - \$118,720
140.1-200%	\$92,400 - \$132,000	\$118,720 - \$169,600
>200%	> \$132,000	> \$169,600

Source: Colorado Housing and Finance Authority.
 AMI=area median income.

7.5.2 Delta County Cost of Living: The Self-Sufficiency Standard

Housing affordability goes beyond housing. Non-housing expenses impact the portion of household income available for housing. The University of Washington’s Center for Women’s Welfare Self-Sufficiency Standard (Standard) “defines the income working families need to meet a minimum yet adequate level, considering family composition, ages of children, and geographic differences in costs. The Standard is an affordability and living wage economic security measure that provides an alternative to the official poverty measure” (Self-Sufficiency Standard at the Center for Women's Welfare, University of Washington 2022).

Accordingly, the Standard is a more realistic measure of poverty than the federal poverty level (FPL). The U.S. Census Bureau’s FPL is the official poverty measure to determine poverty status in the United States (Institute for Research on Poverty 2022). The FPL compares pre-tax cash income against a threshold that

is set at three times the cost of a minimum food diet in 1963 and adjusted for family size. The Census reports the percentage of families and people whose income in the past 12 months is below the poverty level on the basis of comparing FPL to incomes by family size. Thus, many households may exceed the FPL and yet fall short of meeting minimally adequate needs.

Table 7-3 shows the Standard for a single-adult household with two small children and the Standard for a two-adult household with one school-aged child. Both are three-person households, however, the cost structures are considerably different, as are the implications for income and wages.

Presumably each of these households would live in the same sized unit, thus the housing cost is the same. The cost of childcare is much higher for the single adult with two young children, almost five times more expensive. Other expenses are mostly higher for the two adult household as expected, though not even double. Note these are “minimally adequate” budgets with no frills and no savings. The result is that the monthly expense budget for the single adult household is \$7,011 compared to \$5,542 for the two-adult household, primarily driven by the cost of childcare.

The implications for wages are even more skewed. The hourly self-sufficiency wage for the single person must be almost \$40 per hour. In contrast, if each adult in the two-adult household work, the average hourly wage required is just under \$16 per hour. Both scenarios assume the hourly wage is multiplied by 2,112 hours per year. Other wage combinations would work for the two-person household, for example \$20 and \$12 per hour for each adult or one adult earning \$20 per hour full-time and the second adult earning \$16 per hour half-time. Likewise, if the single adult earned more than \$40 per hour and did not work full time, the childcare expense could be reduced.

Table 7-3. Self-Sufficiency Standards for Two Family Configurations in Delta County, 2024

Category	Adult, Infant, Preschooler	Two Adults, One School-Age
Housing	\$1,146	\$1,146
Childcare	\$2,357	\$536
Food	\$643	\$852
Transportation	\$403	\$774
Health care	\$846	\$947
Broadband and cell phone	\$103	\$147
Other necessities	\$540	\$425
Taxes	\$1,407	\$931
Child tax credits (-)	-\$433	-\$217
Total (monthly income required)	\$7,011	\$5,542
Hourly self-sufficiency wage	\$39.84	\$15.74
Annual self-sufficiency wage	\$84,137	\$66,503

Source: Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington.

Households with incomes below the Standard face tough trade-offs and struggle to make ends meet.

7.5.3 Comparison of CHFA Income Limits and Self-Sufficiency Standards

Table 7-4 compares the cost of affordable housing in terms of the Standard with CHFA income limits and rent maximums for two different configurations of three-person households. The income level of the single-adult household is 100 percent of AMI. However, the household is only actually able to afford housing at the 55 percent AMI level. In contrast, the CHFA rent maximum for a three-person household earning 100 percent AMI is \$2,120.

The two-adult household faces this issue too, though not to the same extent. The two-adult household income level is 80 percent of AMI compared to the housing cost at 55 percent of AMI. Given the lower household income, the rent maximum for a two-bedroom unit is \$1,696. The comparison in Table 7-4 highlights the relationship between house size, AMI level, individual wage levels, and housing affordability. In this comparison, the housing cost is the same, yet it is less affordable for the higher AMI household. In a tourism-dependent economy, the lower wages earned by the two-adult household are more common than the self-sufficiency wage required of the one-adult household. However, even the 80 percent AMI household income of the two-adult household only affords housing at the 55 percent AMI level. Indeed, the number of combinations of individual wages and household configurations is extremely large. Income limits are an attempt to standardize the development and operation of restricted housing. For a given household, housing affordability will depend on total household income and non-housing expenses. Each of these amounts may be influenced by the number of people in the household, but neither is solely dependent upon household size.

Table 7-4. Comparison of Housing Cost to Income Limits and Rent Maximums, 2024

Category	Adult, Infant, Preschooler	2 Adults, 1 School-Age
Housing cost	\$1,146	\$1,146
Monthly self-sufficiency wage	\$7,011	\$5,542
CHFA income level (% of AMI)	100%	80%
CHFA income level of actual (affordable) housing cost	55%	55%
Actual housing cost share of income	16%	21%
CHFA maximum rent for two-bedroom	\$2,120	\$1,696
Maximum rent share of income	30%	31%

Source: Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington, CHFA.

AMI=area median income.

This data and comparisons suggest that the 30 percent threshold assumption may not apply to all households, depending on family structure. The Center for Women’s Welfare currently reports the Standard for over 700 unique family structures. A similar comparison of two different configurations of

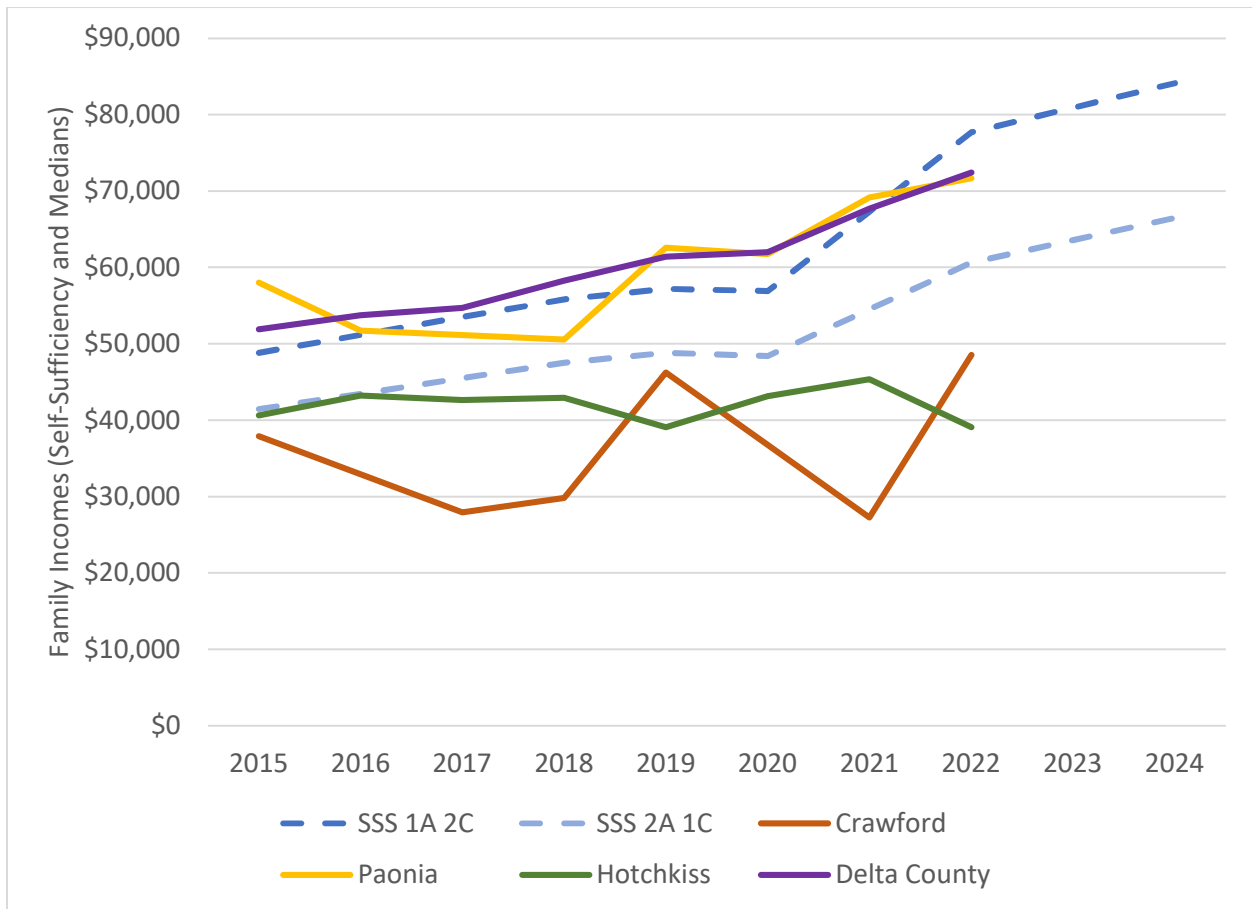
five-person families conducted for this report yielded similar results. The Urban Institute report concluded with a recommendation that “Congress should consider whether 30 percent of the targeted income limit is the right basis for affordable rents for federal programs.”

Recently, the efficacy of AMI levels for planning, developing, and managing affordable housing in Colorado has been brought into question (see Section 7.5 for a comparison). Are the CHFA income limit and rent maximum tables accurate? Other research conducted by TPSC found AMI data to be consistent with actual income distributions within a Colorado county and with ACS data. Another plausible explanation for the apparent mismatch between AMI levels and affordability is that incomes of remote workers and retirees are pushing up AMI levels in rural, mountain counties and thus do not accurately capture income levels of the local workforce. Given the high cost of childcare, it may be likely that the 30 percent threshold and the influence of remote incomes undermines the use of AMI levels.

7.5.4 North Fork and Delta County Family Incomes

Figure 7-4 compares the median family income for each municipality with self-sufficiency standards for two family types. As described above, the income needed for the single adult family is higher, primarily due to childcare costs. Median incomes in Paonia and the county overall are consistent with the higher standard in the figure. However, given that the median is the midpoint of all the household incomes within a given group, the fact that these medians match the self-sufficiency level indicates that half of these incomes are insufficient.

In the case of Crawford and Hotchkiss median family incomes, they fall below self-sufficiency and have not grown at the same rate as the cost of living.



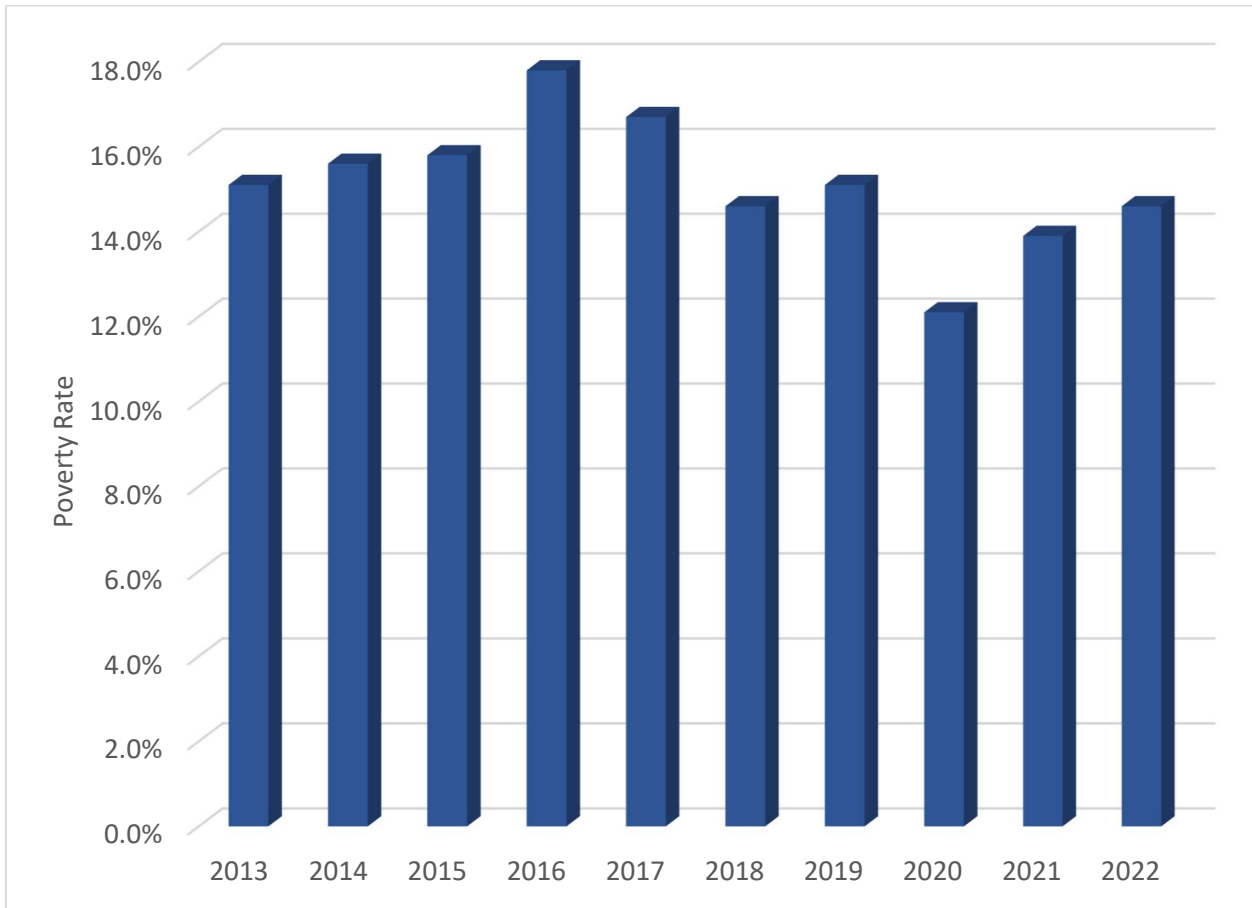
Source: Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington, American Community Survey.

Figure 7-4. Family Income Trends Relative to Self-Sufficiency

Success of recruitment and retention will depend in part on the ability to pay wages at the self-sufficiency level, if not higher.

7.5.5 Poverty

The most recent Census estimate of poverty in Delta County shows the rate rising from 13.9 percent in 2021 to 14.6 percent in 2022 as determined by the Small Area Income and Poverty Estimates Program (Figure 7-5). As mentioned above, the federal measure of poverty underestimates the share of households unable to be self-sufficient. Figure 7-4 suggests that poverty rates would be greater in Hotchkiss and Crawford than in Paonia and the county overall. Figure 7-5 shows the poverty rate remaining rather consistent in Delta County over the past decade (Perry 2024).



Source: Nathan Perry, Colorado Mesa University

Figure 7-5. Delta County Poverty Rate

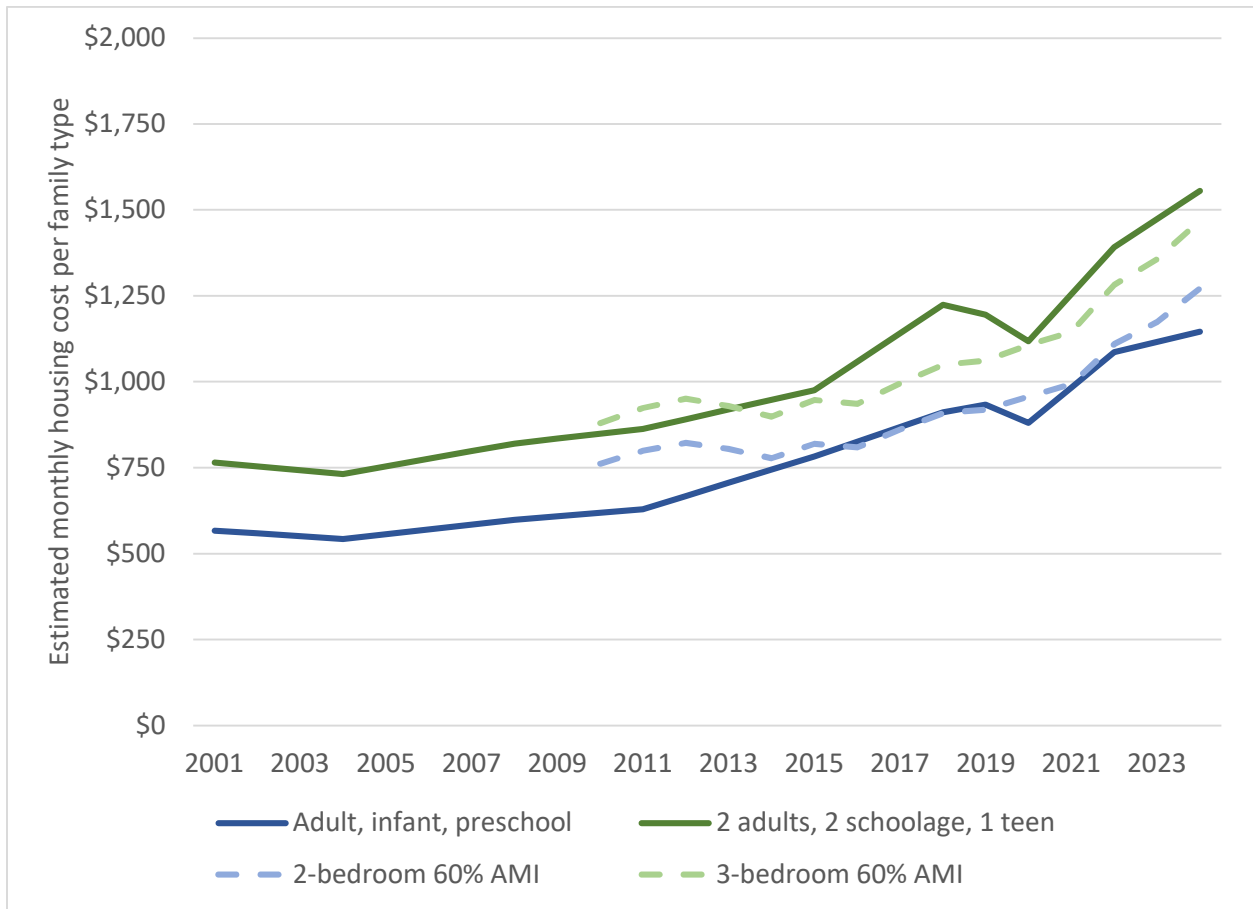
As Colorado Mesa University Professor Nathan Perry observes, “A major negative data point for Delta County is the increase in poverty rate. It is concerning that despite overall [gross domestic product] increasing, employment increasing, and other positive data points, the jobs being created are not paying high enough wages to lift lower income families above the poverty level.”

7.6 Housing

A shortage of affordable housing and the high cost of available housing is impacting all rural mountain communities across the west. In many cases, demand has grown faster than supply, especially as retirees and remote workers migrate to desirable destinations. A 2022 Region 10 study found Delta County had a shortage of 571 housing units and would need to build an additional 891 workforce units by 2032 to keep up with projected job growth. This section summarizes the rising cost of housing in the area, which underlies socioeconomic health and has implications for North Fork EMS efforts to recruit and retain staff.

7.6.1 Self-Sufficient Housing Cost Trends

Figure 7-6 shows the long-term growth of “sufficient” housing from 2001 through 2024. This trend is consistent with the classified data presented above and clearly shows rental rates rising most rapidly following the pandemic. Figure 7-6 also shows two- and three-bedroom maximum rents corresponding to the 60 percent AMI level. Clearly, self-sufficiency corresponds to 60 percent AMI housing.



Source: Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington; Colorado Housing and Finance Authority.

Figure 7-6. Self-Sufficiency Standard for Delta County Housing Expense

7.6.2 Rent-Burdened Households

According to the 2024 North Fork Health Survey (Section 5.2), about 21 percent of area residents rent housing. Figure 7-7 shows the share of renters spending more than 30 percent of household income on rent is high—over 40 percent for most of the last decade. Given the other costs of living described in Section 7.5.2, some households spending less than 30 percent on rent may also be rent-burdened, suggesting 40 percent is a conservative estimate. Households struggling to afford housing are forced to make difficult trade-offs such as sacrificing sleep or exercise to pick up extra work shifts or work overtime.

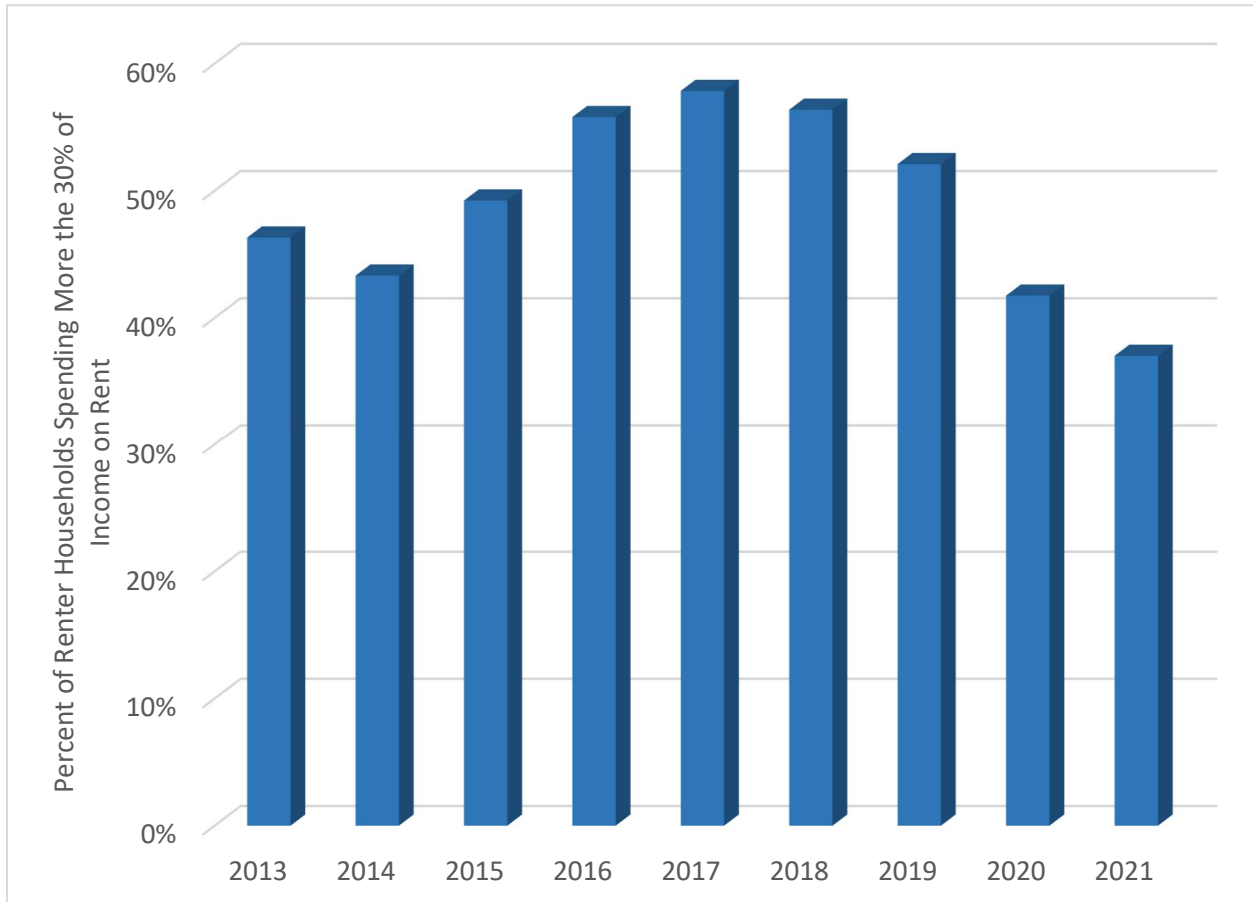


Figure 7-7. Percent of Rent-Burdened Households Within the Three Municipalities

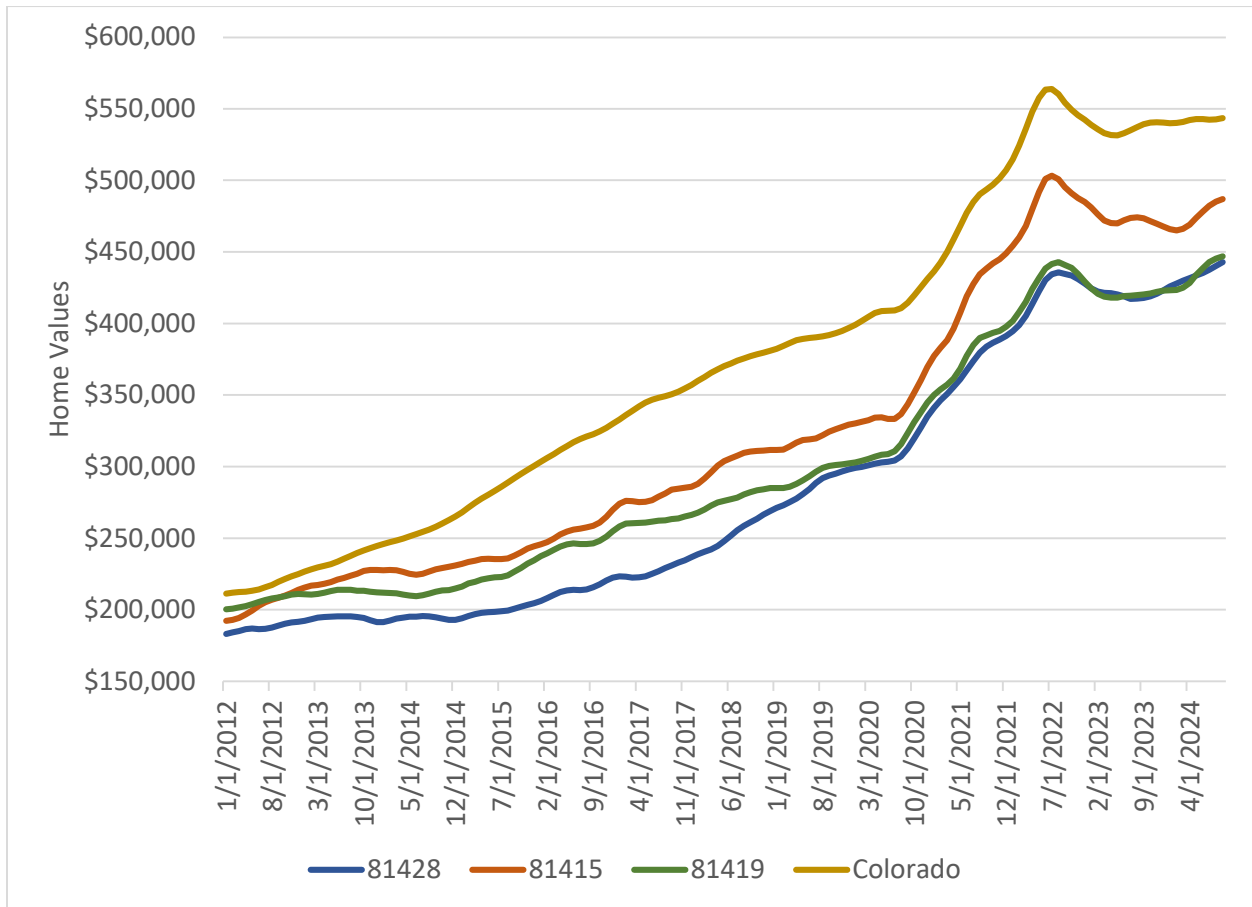
7.6.3 Home Values

North Fork home values rose steadily for the decade prior to the pandemic and then, as with the rest of Colorado’s mountain communities, prices rose rapidly as people fled urban areas to work remotely, driving up the demand for housing and far exceeding supply growth. The Zillow Home Value Index is a measure of the typical home value and market changes across a given region. It reflects the typical value for homes in the 35th to 65th percentile range.

From January 2020 to September 2024, North Fork home values rose 48 percent or approximately 12 percent annually (Figure 7-8). Although North Fork home values are less than Colorado overall, they are catching up as Colorado home values rose 36 percent over the same period.

In contrast, wages have not kept up. From January 2012 to September 2024, North Fork home values rose 139 percent compared to AMI that increased only 55 percent. However, wages did begin to catch up from 2020, rising 33 percent through the end of the period while home values cooled off (Figure 7-8).

From another perspective, a \$445,000 house would require an annual household income of at least \$100,000 to be affordable at current interest rates, assuming a 20 percent down payment and 30 percent of income available for housing. While higher property values can boost local tax revenues, which may enhance public services, they can also make housing less affordable for long-time residents, leading to potential displacement or an increase in housing insecurity. Higher home values often attract newcomers, potentially changing the area's social and economic dynamics, which can strain existing infrastructure and resources. This shift might also lead to gentrification, impacting the rural character and affordability of the community.



Source: Zillow.

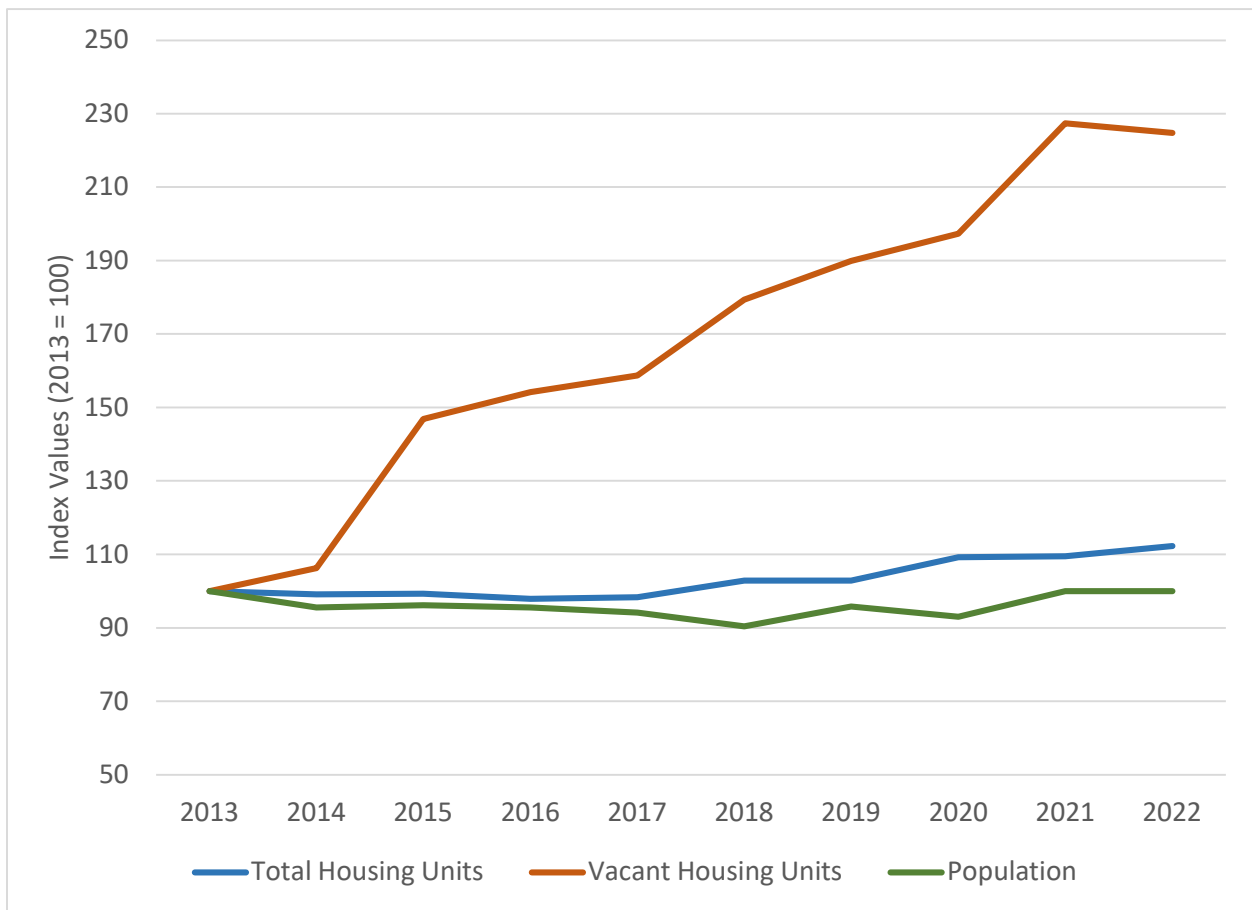
Figure 7-8. Zillow Home Value Index for North Fork Zip Codes and Colorado

The lack of affordable housing, potentially leads to overcrowding, longer commutes if people must live farther away, or displacement of lower-income residents. The strain on available housing can also

impact workforce stability, as workers may struggle to live near their jobs, and may discourage new residents or businesses from settling in the area due to the lack of available housing.

7.6.4 Housing Inventory and Population Growth

Figure 7-9 shows that although the number of occupied housing units has generally trended with population, the number of vacant homes has more than doubled over the past decade. According to the U.S. Census, a housing unit is vacant if no one is living in it at the time of the interview, unless its occupants are only temporarily absent. In addition, a vacant unit may be one that is entirely occupied by persons who have a usual residence elsewhere. In western Colorado, these vacant homes are mostly vacation homes. The increasing number of vacation or second homes in the North Fork Valley places additional demands on the local workforce for services at a time when the local workforce is not increasing.



Source: U.S. Census

Figure 7-9. North Fork Valley Housing and Population Trends

8 Hispanic Community Health Needs

8.1 Hispanic Community Focus Group

This report aimed to not only explore the general health trends of the North Fork Valley but also engage in an important exploration of the health-care gaps and needs of the Hispanic community residing there. Understanding and addressing the unique needs of minoritized communities like the Hispanic population is essential for advancing health equity, as these groups often encounter systemic barriers that hinder their ability to access quality care. Efforts to identify and address these specific health disparities are vital to ensuring that all community members, regardless of background, can maintain well-being and access optimal health care when illness does arise. As such, North Fork EMS sought to understand better how they could increase awareness of their program with the Hispanic community and provide tailored intervention.

On October 11, over 20 Hispanic community members (ages ranging from 20s to 60s) participated in a community discussion with researchers, North Fork EMS employees, and Dr. Marlin from the West Elk Clinic. This discussion sought to gain insight into the Hispanic community's experiences and perspectives on various topics, including access to health care, cultural beliefs around illness, mental health challenges, and awareness of the North Fork EMS Community Health initiatives. The discussion also verged into health education about specific health issues they were facing and a how-to guide for navigating the referral process for the North Fork MIH/CP program.

8.2 Key Takeaways

Several key themes emerged that underscore the health-care needs and gaps experienced by this community:

- Lack of awareness and accessibility of the North Fork EMS Community Health initiatives
- Health barriers as they pertain to cost, language, and transportation
- Incomplete health understandings for issues like diabetes
 - Need for increased health education for chronic health issues like diabetes
- Mental health stigma and desire for mental health services in Spanish
- Unique cultural preferences for health-care services, such as the desire for traditional healers

8.3 Awareness and Accessibility of Community Paramedicine

A central issue identified was the need for more awareness of the North Fork EMS Community Health initiatives among the Hispanic focus group. Almost every participant had never heard of the program or its services. However, once they were informed of the program, many were interested in learning more; some even had family members they wanted to sign up for the services as soon as possible. That said, barriers were evident when the website and in-person referral process were unavailable in Spanish. These barriers were additionally compounded by the fact that there is currently no established Spanish-speaking North Fork EMS employee to receive these calls/referrals.

8.4 Health Barriers and Needs for Hispanic Community

The Hispanic community faces substantial barriers in accessing health care, often due to cultural beliefs and practical constraints. Many tend to minimize health concerns, delaying medical attention in the hope that issues will resolve on their own. Cost, language, time, and transportation all culminated in serious barriers to receiving quality health care.

8.4.1 Cost and Language

The interviews also revealed that some of the most significant barriers to health-care access for the Hispanic community are the high costs associated with medical services and the lack of Spanish-speaking health-care providers or translators. Most participants preferred River Valley Family Health Center in Delta over the West Elk Clinic for health care. Their preference stemmed from perceived affordability and availability of Spanish-speaking staff at River Valley, with many remarking that the center had a “sliding scale” and “when you enter the Center, the front desk person speaks Spanish.”

8.4.2 Transportation

Transportation was another barrier identified. One participant noted, “I don’t know how to drive, and one of my biggest barriers is that I can get there, so I don’t make an appointment.” Others echoed this sentiment about the time and effort it takes to receive health care, which prevents them from seeking care when issues arose.

8.4.3 Immigration and Employment

Additionally, some participants were here “without papers,” and this lack of legal documentation prevented some from seeking health care or worker’s compensation due to concerns related to employment repercussions. As one participant summarized,

“We fall, we get up. We don’t really pay attention to the pain because we think it will go away eventually...If the pain persists, it becomes a bigger concern. We start worrying, wondering, ‘What if it doesn’t get better after four or five days?’ At that point, we realize we might need to get an X-ray and see a doctor, which turns it into a longer process.

There are other complications too, like telling our boss about the situation. That can be stressful, as telling the boss you’re hurt and need time off can upset them. Even if the boss offers to help with medical expenses, saying something like, ‘Bring me the receipt and I’ll cover some of the costs,’ it doesn’t change the fact that in the moment, we still have to pay out of pocket upfront.”

Employment issues compound this reluctance. Even when employers offer assistance with medical expenses, employees are typically required to pay out of pocket first, which can be a significant financial strain, especially for those living paycheck to paycheck. Additionally, taking time off work for medical reasons may not be well-received (upsetting their employer), with many fearing it could jeopardize their job security.

Hesitation in addressing health issues is not only influenced by the cultural mindset to "push through" but is also compounded by the complexities involved in accessing health care. That is, when they seek health care they are also navigating complex logistical, financial, and employment challenges.

8.4.4 Health Conditions and Health Beliefs

Chronic health conditions such as diabetes, arthritis, allergies, and asthma were common among participants. The community's understanding of these conditions often combines genetic, lifestyle, and environmental factors. For example, diabetes was widely seen as hereditary ("runs in the family") but also attributed to "getting old" and "working a long time."

Asthma and allergy issues were seen as being connected to environmental factors like cold weather, changing seasons, working conditions, and exposure to irritants, especially for those working in high-risk environments. For example, one young man shared that his asthma worsened while working at a chicken farm due to the presence of ammonia, a byproduct of manure in poultry houses that can be harmful to the health of chickens, farm workers, and the environment. The exposure continued to aggravate his asthma until the young man ultimately had to leave his job.

8.4.5 Desire for More Education

When asked about their interest in more health education, particularly on topics like diabetes, many community members responded enthusiastically. During the event, they frequently sought advice from Dr. Marlin regarding various health concerns they or their family members were experiencing.

One participant highlighted the value of such education by referencing the brief information Dr. Marlin had shared about diabetes:

"[More health education would be good] because, you know, we come up with our beliefs passed on from our parents and grandparents. They say [something like diabetes] is passed down and don't really mention the impact of food."

While the community's cultural knowledge about diabetes was partly accurate—acknowledging its genetic and familial factors—participants recognized there were gaps in their understanding. They expressed that further health education could provide a more comprehensive understanding of these conditions, ultimately helping them manage their health more effectively.

After learning about the dietary factors impacting diabetes, one participant humorously remarked, "No more tortillas," a comment that was met with appreciative laughter from the group, signaling their openness to integrating new knowledge with traditional beliefs.

8.4.6 Mental Illness, Stigma, and Therapy

During the discussion, researchers explored participants' perceptions and experiences with mental health. When asked if they knew what mental illness was, most remained silent, but one participant shared their knowledge of "anxiety," describing it as "an ugly thing" that they had dealt with in the past. The same participant later mentioned hearing from several mothers that their children showed signs of what could be considered depression, saying, "They don't want to eat, go to school, and those are the ones who have depression."

Participants acknowledged the stigma surrounding mental health in the Hispanic community, which often prevents open discussions or seeking help. One explained,

"You don't want to tell people, especially your children, that you're dealing with something like that. It has to be confidential, with somebody that you trust. In our community, we just criticize each other, so we don't feel like we have the freedom to express ourselves."

Another participant emphasized the need for mental health professionals who speak Spanish, noting that using interpreters at the hospital does not feel the same,

"We can get you an interpreter, but it's not the same thing because we feel like the interpreter is going to tell someone, not be confidential. Also, it's not the same to speak with a provider that speaks your language. Sometimes it feels like the interpreter is not telling the provider everything you're saying."

Participants also noted cultural barriers, with one remarking, "In Mexican culture, right away they'll tell you that you're crazy." This indicates the need for alternative cultural approaches to mental health. Another participant concluded, "If there was an actual psychologist who spoke Spanish, I feel like a lot of Hispanics would go to them."

These passages suggest that the community, particularly its youth, may be facing significant mental health challenges. However, the stigma of being perceived as "crazy" or "criticized" discourages open discussion or help-seeking. Confidentiality is a major concern, with trust issues extending even to interpreters, who are sometimes perceived as failing to fully convey issues or protect privacy. Given these barriers of trust and ableist stigma, participants expressed a strong need for Spanish-speaking mental health professionals. Overall, they emphasized the critical importance of confidentiality, cultural understanding, and the need for more mental health services.

8.4.7 Preferences for Traditional Care

When the North Fork Hispanic community was surveyed about their preferences for traditional and alternative health care, a clear desire emerged for the services of *sobadores*, traditional Hispanic massage therapists. Sobadores use hands-on techniques to address physical ailments, alleviate pain, and promote overall well-being, often incorporating knowledge passed down through generations. One community member shared their view on the practice:

"I think having a sobador here would be good. I fell at work and I'm scared to go to somebody who's not a sobador to rub me or fix me because they could end up making it worse. A sobador here would be nice too, it'd be better cost-wise than having to always go to a doctor."

Another added, "In our culture, when we fall or are ill, we go to a sobador to be massaged. We'll even take our children."

Both quotes emphasize the trust and comfort that comes from familiarity with traditional care. Such care, however, is unavailable in the North Fork area. It seems there may be one sobador in Montrose, but that person is a seasonal worker so availability is limited and infrequent.

The Hispanic Community Discussion highlighted key health-care barriers faced by the Hispanic population in the North Fork Valley, including language, cost, transportation, and cultural differences. Participants emphasized the need for more Spanish-speaking providers, health education on chronic conditions, and traditional care options like sobadores. Addressing mental health stigma and raising awareness of the North Fork EMS Community Health initiatives were also identified as priorities. In summary, the findings underscore the need for culturally tailored, accessible health-care solutions to improve health equity in the community.

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9 Community Paramedic Interviews

In order to gain a comprehensive understanding of the strengths and areas for growth within the North Fork MIH/CP program, we conducted a series of interviews with the North Fork EMS team. Our goal was to assess what aspects of the program are functioning well and to identify gaps that may need further attention. These interviews also helped guide our research into best practices and allowed us to tailor our focus to the most relevant data for North Fork.

For data inquiry, we explored from state and local level data sources to help guide and understand the help needs of Delta County and the North Fork region. For example, we sampled a regional survey from the WCPHP, examined data from the Colorado Health Institute, and explored county health rankings from the Robert Wood Johnson Foundation. Although not all data sources are specific to the North Fork area, the insights they provide for the county are still vital to exploring North Fork's specific health trends. Together, these diverse data sources helped paint a picture of some of the health challenges faced by residents in the North Fork region.

9.1 Successes

The program is successfully meeting its primary objective of reducing non-emergency 911 runs (Figure 5-2), particularly among older adults (60+), who make up the majority of the population they serve. Community paramedics have adopted a hands-on approach to health care by maintaining consistent direct contact with patients in their homes. This allows them to closely monitor patients, sometimes identifying health issues that individuals themselves may not fully recognize. In this capacity, paramedics serve as an informational liaison, ensuring that health-care providers are kept well-informed about patient conditions and needs.

The CARES program has been particularly effective in addressing many of the social needs of clients, including transportation barriers, food insecurity, social isolation, and unsafe living conditions. The program has made tangible improvements, such as facilitating home modifications (e.g., handrails and ramps) and connecting individuals to local resources like North Fork Senior Connections, ultimately enhancing the safety and well-being of those they serve.

Additionally, the team provides educational initiatives, including monthly chronic disease management classes and SAIL classes that focus on strength, balance, and fitness for adults 65 and older. These programs not only contribute to clients' health awareness and overall physical well-being but also provide crucial social interaction, reducing feelings of isolation.

As the North Fork EMS Community Health Division continues to grow, there is interest in expanding services in the program's scope to reach a broader demographic, such as the Hispanic community. There is also interest in expanding services to address unmet needs and streamlining the referral process. The team would also like to create more quality, well-paying health-care jobs for local residents, particularly recent high school graduates, who wish to remain in the area.

9.2 Persistent Gaps

Despite the program's successes, there are still gaps and challenges. Interviews with key health stakeholders revealed the following themes that highlight potential issues in care and wellness:

- Mental health challenges, particularly among seniors, remain a significant concern.
- Many elderly individuals face social isolation, loneliness, grief, loss, and depressive symptoms.
- Substance use, particularly heavy drinking, is also prevalent and culturally accepted, further complicating care efforts.
 - Stigma impacts the ability to communicate and address both mental health and substance use challenges in these groups.
- Veterans face overlapping challenges of chronic health issues, mental health struggles, and substance use, which often result in repeated 911 calls.
- The Hispanic community and non-elder populations remain challenging demographics to outreach.
- Transportation and food insecurity remain major challenges.
 - Those who qualify for benefits often must remain at a poverty-income level to receive them, exacerbating these insecurities.
- Chronic disease management, particularly for respiratory and cardiac conditions, is also a pressing health concern.

9.3 Key Takeaways

A significant issue is the lack of social support for the aging population of the North Fork region, which stems from broader cultural and familial dynamics. Many elderly individuals are isolated, especially after the loss of a spouse. Also, given that so many young people in the region are moving for economic and financial opportunities, elderly people often lack the familial networks traditionally relied upon for care and companionship.

Programs like SAIL help to address some of these social and physical health challenges by providing healthy activities and much-needed social interaction, but deeper issues of isolation and mental health issues remain. In response, community paramedics have stepped in to provide informal mental health support, building strong, caring relationships with their patients during home visits. Through their presence and attention, they offer emotional relief and help mitigate loneliness. However, this support is largely informal and reactive, rather than part of a formalized and intentional care plan.

Although the North Fork EMS Community Health initiatives are effectively addressing many physical and social needs, the underlying issues of isolation, substance use, chronic illness, poverty, and mental health challenges reveal opportunities to address gaps, grow the program, and expand services.

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10 Best Practices

For over 700 years, the community of Geel in Belgium has offered a unique and compassionate approach to supporting individuals with mental health issues through their family foster care system. Together, the community finds families who are willing to house people with severe mental illness. These families receive basic training and guidance, as well as compensation, allowing them to offer companionship and a supportive environment for those most in need. While not providing clinic “treatment,” they instead focus on integrating “boarders”/foster guests into everyday life, where they participate in family routines and work appropriate jobs if able. Social workers and professionals provide oversight and support, ensuring that mental health needs are met without the setting becoming overly clinical. All this support helps provide profound relational care while also fostering a sense of normalcy and routine. This model not only fosters a sense of belonging and purpose for the boarders but also promotes social integration and mental stability.

This example is not meant to suggest that North Fork should adopt the same family care model, but to illustrate what a whole-community support system can look like. The Geel system shows how ordinary people, acting as “lay health workers,” can play a vital role in health support, providing meaningful benefits to both those receiving and giving care.

North Fork EMS Community Health initiatives are already broadening care access by pushing support beyond traditional medical settings, providing in-house care and tailored social support. Considering what it would look like to expand support within the North Fork community could further strengthen this approach.

The following best practices, centered on community and lay-worker involvement, draw inspiration from successful initiatives across the U.S., and build on the strengths of the North Fork EMS Community Health Division. By exploring these examples, we aim to offer actionable ideas to address service gaps, expand the local health-care workforce, and improve the overall well-being of the community.

10.1 Bolstering Care through Peer Support Professionals

When speaking with the MIH/CP team, it is clear that they provide more than just physical health-care support like wound care and medication management. As Dr. Marlin articulates,

“[The MIH/CP team] helps connect them to people who can get them groceries, or pick up prescriptions. They may even sit and play piano with them. Many of these things provide reassurance. There are many ‘non-medical’ things that we do that provide a lot of help.”

This “non-medical” care often comes in the form of emotional support for those dealing with the challenges of aging and isolation. One community paramedic confirmed this by noting they personally are “already providing mental health support to folks, even though I am seeing them primarily for things like wound care.”

This sort of behavioral support makes sense given the role of the community paramedics. Through the process their work, they are developing caring relationships with clients that carries with it relational

health benefits. They develop rapport with their clients and in this process provide much-needed social interactions for their clients. Given this context, it makes sense they would both be able to identify and attempt to assuage some mental health issues (e.g., loss of partner, depression, pains of aging, loneliness).

MIH/CP programs that face similar clients (those dealing with social isolation, aging, and/or behavioral health issues like depression) have expanded care to include behavioral health support via a peer support professional (PSP), also known as a peer support specialist or peer support worker.

10.1.1 What is Peer Support?

PSPs are individuals who have firsthand experience dealing with issues such as substance use or mental illness. Now that they have successfully overcome these challenges and are in active recovery, PSPs use their lived experience to offer guidance and support to others facing similar struggles.

Using experience and additional trainings, PSPs meet individuals wherever they are in their journey, whether it involves providing emotional support during challenging times, facilitating access to relevant resources, or assisting in maintaining their ongoing recovery via coaching and life skills sharing (Fortuna, Solomon and Rivera 2022). PSPs prioritize their client's needs by allowing them to set their own goals and agenda, ensuring that the support provided aligns with their current situation and aspirations.

Peer support services are increasingly recognized as essential in expanding behavioral health care, especially in rural areas with fewer providers and limited resources to address mental health concerns. In these settings, PSPs play a critical role not only by complimenting the work of existing health professionals (e.g., emergency department, EMS, counselors) but also by offering a "human factor"/relational care that is not expected or traditionally provided in conventional clinical practices (Fortuna, Solomon and Rivera 2022) (Fortuna, Brooks, et al. 2019) (Davidson, et al. 2013). Their personable approach helps them serve as role models of hope by showing clients that recovery is possible and demonstrating the importance of genuine, caring relationships built on active listening and trauma-informed care (Shalaby and Agyapong 2020). Davidson et al. (2013) also found that those receiving peer support are more likely to report increased self-efficacy and self-care, while simultaneously helping to alleviate depressive symptoms and other mental health challenges. This makes PSPs invaluable in rural communities where mental health services are stretched thin.

A PSP can provide a variety of services under the umbrella of "peer support" work. According to Colorado's State Behavioral Health Services Billing Manual for Medicaid Services, the following are some of the appropriate peer-provided services:

- **One-on-one support, coaching, and navigation services.** PSWs can provide one-on-one support sessions where peers provide emotional support, healthy relationship modeling/mentoring, coping skills development, wellness strategies, care-plan development, and other assistance with achieving recovery goals (e.g., navigating health systems).
- **Group facilitation.** Peers can facilitate support group sessions where individuals with similar experiences come together to share their challenges, successes, and coping strategies in a supportive environment.

For those wishing to become a PSP, there are a variety of peer organizations in the state of Colorado that can provide high-quality peer training. These include trainings from Colorado Mental Wellness Network, EMBARK Academy, and Intentional Peer Support (Colorado Mental Wellness Network 2024) (Embark Peer Coach Academy 2024) (Intentional Peer Support 2024). Training ranges from 50 to 80 hours and covers topics such as ethics of peer work, how to support wellness/recovery in others, and how to engage in active listening and motivational interviewing.

10.1.2 Senior Peer Support

Beyond the standard PSP training outlined above, there are many other types of peer models including a senior peer counselor (SPC). SPCs are typically trained seniors who offer emotional support, guidance, and encouragement to fellow senior citizens navigating the various life changes associated with aging.

These SPCs play a crucial role in helping older adults cope with a variety of challenges, such as the following:

- Help process grief and loss as one ages, including supporting issues around elder isolation.
- Hold space for the emotional impact of diminishing physical abilities, one's role in work/family, and changes in cognitive functioning.
- Provide guidance on caregiving responsibilities for an aging spouse.
- Provide access to community resources and elder care.

SPC services can be essential in supporting senior citizens during times of transition and helping foster resilience, connection, emotional well-being, and quality of life. This model may be relevant to any organization that deals with senior clients, especially those dealing with increased isolation and loneliness.

10.1.3 Case Study: Senior Peer Support at the Aging Clinic of the Rockies

The Aging Clinic of the Rockies is a nonprofit clinic affiliated with the Psychology Department at Colorado State University (Colorado State University, Department of Psychology 2024). It offers counseling and assessment services to community members on an affordable sliding-fee scale. Senior citizens in Larimer County can access the SPC program, staffed by senior citizens who act as "paraprofessional" counselors. These SPCs use their lived experiences to make meaningful connections with clients, foster social connections, provide emotional support, and offer companionship. SPCs typically provide individual peer counseling sessions weekly at convenient locations, such as senior centers, coffee shops, or clients' homes. They also facilitate support groups, where clients can benefit from counselor support while connecting with others facing similar challenges. The SPCs, generally over 60, are trained and supervised by mental health professionals. All services are free for residents of Larimer County and are funded by Colorado State University and the County Office on Aging.

10.1.4 Example of Community Paramedicine Programs Using Peers

Integrating peers and community health workers (CHWs) into Community Paramedicine is not a novel concept. One of the country's first Mobile Integrated Healthcare programs is North Carolina's McDowell County Community Paramedicine program, which has successfully promoted peer support specialists as

a key part of their team. Like the North Fork program, McDowell County’s program objectives are to (1) decrease high use of EMS for non-emergent issues, (2) prevent hospital readmissions by providing follow-up care to patients at high risk of readmission, and (3) improve overall health and wellness in the community by partnering with health-care providers to conduct wellness screenings and events. PSPs often help provide resource navigation and health education, while also building rapport and behavioral health support when needed—especially needed in an area where mental health resources are stretched thin. The director of the CP program, William Kehler, emphasized the importance of peer support stating,

“Our peer support specialist is often the first point of contact. The specialist builds trust with the patient by taking care of the patient’s urgent needs, such as providing food pantry support. Once the peer support specialist builds rapport with a patient, the specialist can meet the patient in person and guide the patient to specific programs. My advice to other community paramedicine programs is to embed a peer support specialist or recovery coach within the program.”

Another more substance-use related example is North Carolina’s Buncombe County CP program that follows the Post Overdose Response Team (PORT) model to tackle overdose deaths. The PORT seeks to link care for social determinants of health, including food security, safe housing, and substance abuse disorder. PORT calls generally relate to overdose but may also involve other systems of care, such as welfare checks. The team consists usually of a team lead, three community paramedics, a mental health counselor, and a peer support specialist. In the case of overdose calls, the peer support specialist follows up within 72 hours of the overdose and for 3 days a week until the client is stabilized. In these follow-ups they help connect these different folks to harm reduction and recovery resources, while also providing peer support.

10.2 Community Health Workers

The North Fork MIH/CP program is taking significant steps to address the social determinants of health, particularly for seniors in the community. Through CARES—by assisting with home modifications (e.g., installing ramps and safety bars to make homes safer for older individuals) and connecting residents with vital resources like Senior Connections, activity events, and health education programs—the North Fork MIH/CP is making meaningful strides to improve the quality of life for vulnerable populations. For other MIH/CP programs that provide similar social welfare support, some have incorporated CHWs into their team.

CHWs, also known as patient/resource navigators, play a critical role in addressing health-care barriers by providing personalized support to individuals and communities. CHWs undergo training at state-certified centers, allowing them to offer Medicaid-reimbursable services.

CHWs typically come from the communities they serve, which gives them a deep understanding of their clients’ unique cultural and social needs. They assist individuals in navigating complex health-care systems by coordinating care, offering referrals, and educating patients on managing specific health conditions. In addition to providing health education, CHWs also serve as cultural mediators, bridging gaps between health-care providers and patients and ensuring care is both culturally relevant and accessible.

According to the Substance Abuse and Mental Health Services Administration and state guidelines, services provided by CHWs generally fall into the following categories:

- **Care Coordination/Navigation and Health Assessment.** CHWs help individuals schedule appointments, follow up on referrals, and ensure continuity of care. They may also conduct health screenings for conditions like hypertension and diabetes, referring individuals for further evaluation and treatment when necessary.
- **Cultural Mediation.** CHWs bridge cultural and linguistic barriers between health-care providers and patients, ensuring services are appropriate and accessible to the diverse needs of their communities.
- **Health Education and Promotion.** CHWs educate community members on preventive health practices, disease management, and healthy lifestyle choices. They raise awareness of health issues, advocate for access to care, and connect individuals with necessary resources.

In these roles, CHWs contribute significantly to improving health outcomes and reducing barriers.

10.2.1 Case Study: Cross-Training Community Paramedics as Community Health Workers

MedStar Mobile Healthcare, the exclusive emergency and nonemergency EMS/MIH provider for Fort Worth and 14 other cities in North Texas, was recognized as the EMS World/NAEMT 2013 Paid EMS System of the Year. Matt Zavadsky, emergency medical technician and chief strategic director, attributes some of the high-quality aspects of their program to CHWs. In MedStar's case, they chose to cross-train all their community paramedics as CHWs. Zavadsky believes this cross-certification enhances the EMS' effectiveness, creating what he describes as a "CHW on steroids: combining evidence-based training, education, and intervention competency with [EMS'] clinical intervention skills."

10.2.2 Comparison of Community Health Workers and Peer Support

While this report recommends adding both CHWs and peer support, and while they share similarities in providing community-based assistance, they do fundamentally provide different levels of support and target different health needs (Figure 10-1). While these roles can provide a more holistic approach to community care, it is important to understand where they overlap and where they diverge. Figure 10-1 was designed to help North Fork EMS differentiate between CHWs and peers.

At a glance: Peer Support Specialists and Community Health Workers

As Colorado expands Community Health Workers (CHWs) and Peer Support Professionals in healthcare settings, it's crucial to understand their overlapping roles and unique differences.

The following diagram aims to clarify how each role contributes to expanding care, promoting better collaboration and effective utilization of these professionals.

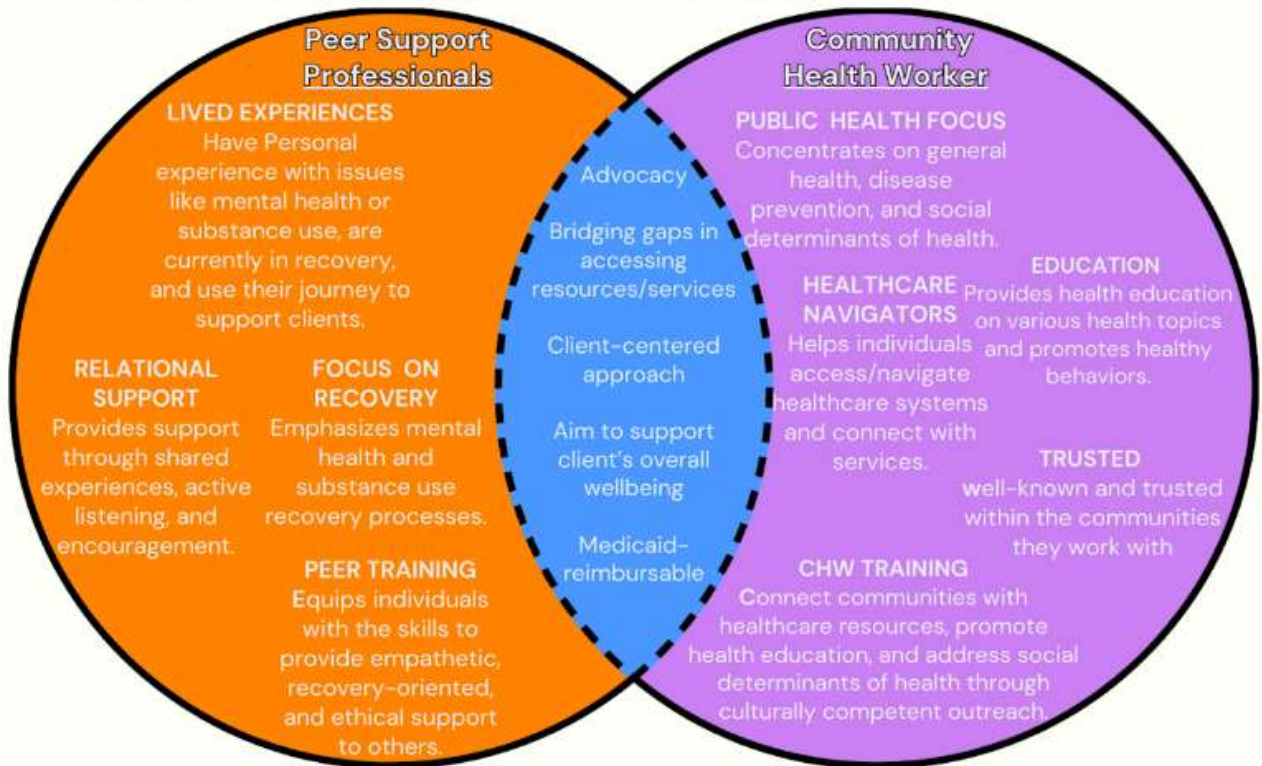


Figure 10-1. Peers vs. CHWs

11 Recommendations

To address the identified gaps in care and enhance the North Fork EMS Community Health Division, several recommendations are proposed. These include the following short-term programmatic improvements and longer-term program development initiatives:

- Increase awareness and outreach efforts
- Integrate PSPs
- Integrate CHWs
- Improve data collection, organization, and monitoring
- Pursue grant funding and partnership programs more aggressively

11.1 Increase Awareness and Outreach

The North Fork MIH/CP program, while consistently used by West Elk Clinic patients, struggles with limited community awareness, especially among the Hispanic population and those who are not elderly or affiliated with West Elk Clinic. The program also faces an identity challenge, as it can be mistaken for the Delta County Ambulance District’s Mobile Integrated Healthcare initiative, leading to confusion and potentially hindering broader engagement.

11.1.1 Public Awareness Events

To boost public awareness, North Fork EMS could consider organizing educational events in collaboration with local organizations. For instance, partnering with popular venues like Big B's to host a "locals only" concert paired with a health-focused event could effectively reach a diverse audience in a familiar and accessible setting. These events could feature health education activities such as free screenings, wellness information sessions, SAIL sign-ups, and on-site referral services, thereby helping to demystify paramedicine, highlight its key differences between other MIH/CP programs in the county, and increase understanding of available resources.

To build on this outreach, it is essential to demonstrate the efficacy of home treatment interventions—showing how proactive care can improve quality of life and reduce the risk of medical decline. By assessing community awareness of MIH/CP services and tracking changes over time, North Fork MIH/CP program can measure the program's impact and refine strategies to reach and support more residents.

11.1.2 Greater Collaboration with Area Partners

To expand outreach and enhance program visibility, the North Fork EMS Community Health Division should strengthen coordination with local health-care providers, such as Delta Hospital. Collaborative efforts could include deepening partnerships with Dan Panzarella and the Behavioral Health Department to support wellness checks, coordinating with hospital discharge teams to assist North Fork patients returning to home who require additional care, and working with the hospital's adult primary care office to establish relevant connections. This effort would complement the above-described recommendations of finding people in each health organization to “champion” the program.

11.1.3 Referral Pipeline

Based on community discussions, professionals were unclear or uncertain about how to make a referral. This uncertainty may lead to confusion and missed opportunities to connect individuals with the North Fork MIH/CP program. Since referrals are likely to come from professionals in hospital or clinical settings, finding one or two key contacts in each organization to be "champions" for the program could be instrumental. By building trust and establishing strong relationships with these designated individuals, the program can create a reliable referral pipeline, ensuring that professionals feel confident and consistent in referring individuals who would benefit from paramedicine services.

11.1.4 Website Enhancements

A well-designed website is crucial for a health organization to effectively increase awareness and use by providing accessible coherent information and resources. The North Fork EMS website is functional and has a coherent design. That being said, the following sections provide several recommended improvements to enhance clarity and user experience.

11.1.4.1 Content and Definitions for Community Paramedicine

- **Describe MIH/CP.** Add a brief overview to explain what MIH/CP is and its purpose.
- **Define CARES.** Clarify what the CARES program entails and how it differs from other MIH/CP services.
- **Use a Flowchart.** Consider incorporating the recently created North Fork EMS flowchart to visually distinguish between CARES and MIH/CP services.

11.1.4.2 Referral Design

- **Separate Pages for Referral Links.** Create individual links for MIH/CP and CARES referrals to avoid confusion. Currently, there is only a single MIH/CP/CARES referral form.
- **Make Referral Changes User-Friendly.** Adjust the referral form so that the "Referring Person or Agency Information" section only appears if the user answers "no" to "Are you referring yourself?"
 - Another more user-friendly approach could involve adding a drop-down menu on the referral form, initially asking if the person is referring to himself or herself or someone else. Based on this selection, the form could guide users to appropriate options for completing the referral.
- **Designate Spanish-Speaking Staff.** Ensure there is a dedicated staff member responsible for responding to Spanish-language referrals.

11.1.4.3 "Who We Are" Page

- **Fix Page Functionality.** Ensure the "Who We Are" page is accessible and functional. It does not currently seem to work.
- **Add Staff Descriptions.** Add descriptions for team members, describing who they are and their roles in the organization.

11.1.5 Hispanic Community Outreach

Targeted outreach efforts specifically aimed at the Hispanic community are also essential. Bilingual flyers, community presentations, and continued health education discussions can help bridge the awareness gap. Collaborating with trusted community leaders like Angeles Mendez could further extend the program's reach by leveraging existing networks to improve credibility and engagement.

Partnering with clinics in Delta County other than West Elk Clinic also presents a valuable opportunity, especially given the Hispanic community discussion found a preference for the River Valley Family Health Center in Delta. Engaging with this health center and others could help increase awareness of the North Fork EMS Community Health initiatives among the Hispanic population and the broader community that may rely on this clinic more than West Elk Clinic.

The North Fork EMS Community Health initiatives should also highlight its transportation services, as transportation barriers were a vocal issue in the Hispanic community discussion.

Ensuring that referral processes are accessible in Spanish, with Spanish-speaking staff available to assist, would greatly enhance inclusivity.

11.2 Integrating a Peer Support Professional/Specialist

Given the rising trend of mental health issues in the North Fork region and the lack of adequate treatment options, and considering the North Fork EMS community paramedics are already seeing/addressing some mental health issues, it may be prudent for the program to expand its team to include PSPs. These specialists could offer more focused and consistent behavioral health support to clients, complementing the work of paramedics and enhancing overall care.

When asked about the potential benefits of adding PSPs or peer support specialists to the team, nearly everyone agreed it would be helpful. One team member emphasized the value of the idea, particularly given the mental health gaps in the community. They noted that adding PSPs could help clarify roles within the care team, explaining:

"If you have an expertise, you want to be working in that expertise. That is, you don't want the therapist doing the social work, and you don't want the community paramedic being the 'counselor' so to speak. It is best when care is well delivered by the appropriate folks—that is big. So for certain care, if that is a peer support specialist, then that sounds promising."

Another team member described it as a "great idea" and stated that having a peer specialist "complements the model well." Overall, the consensus among the team highlights that there may be value of integrating PSPs into the North Fork EMS MIH/CP programs.

11.2.1 Funding Peer Support Expansion – Colorado Health Foundation Grant

As peers are increasingly recognized as an integral part of a changing health workforce, more and more Colorado organizations have contributed funding to expand peer support. In 2024 alone, the Behavioral Health Administration in Colorado granted over \$5 million to expand the peer support workforce (Colorado Financial Services, Procurement Division 2024). Other health organizations in Colorado plan to expand peer funding into 2025 as well. For instance, The Colorado Health Foundation has its February 2025 grant “Supporting Coloradans in Recovery Through Non-Clinical Programs” (The Colorado Health Foundation 2024). This funding opportunity provides up to \$150,000 over 2 years to health organizations offering “non-clinical” services for individuals with mental health and substance use challenges. The focus is on supporting “peer-driven” organizations or programs that are “led by or provided by peers such as a peer support specialist, peer navigator, peer coach, or recovery coach.” This grant would be an ideal opportunity if the North Fork EMS Community Health Division wants to expand peer services and programming.

11.2.2 Expanding Peers via the Pathways Apprenticeship Program

Starting a peer support program can be a daunting and costly endeavor for any organization. The process requires not only financial investment but also a commitment to training, supervision, and program development. For organizations in Colorado, a key resource in establishing peer support programs is the Colorado Mental Wellness Network (CMWN), which offers comprehensive training and support through its PSP program.

The CMWN's PSP training equips participants with the skills and training to become an effective PSP who can provide high-quality support for behavioral health and addiction challenges. Recently, with funding from the Behavioral Health Administration, CMWN is introducing a new initiative called the Pathways Apprenticeship Program (Colorado Mental Wellness Network 2024). This program is designed to grow a resilient workforce of PSPs and educate employer organizations on how to effectively incorporate peer support services. By partnering with agencies across Colorado, the program aims to integrate peer support into existing health services.

The Pathways Apprenticeship Program offers distinct benefits for both PSPs and organizations.

For PSPs, benefits of joining the program are listed below.

- Free Training: CMWN’s 72-hour PSP training, which extensively covers PSP core competencies, ethics, and hands-on role play and skills mastery
- Compensated and Supervised Work Experience: 500+ hours of supervised work experience
- Stipend: A stipend of \$25 per hour, which will supplement rather than supplant the hourly wage from their employer organizations
 - The stipend is to cover the apprentices' time in training and their time apprenticing with the Pathways Apprenticeship Program’s partnering agencies, so the compensation will be for the entire length of the program
- Organizational Support: Coaching and support from employer supervisors and CMWN experts, along with career planning and liaison support services as needed

For organizations, benefits of joining the program are listed below.

- **Manager Training:** CMWN's 8-hour Peer Support Supervisor Training, which extensively reviews best practices for successfully supervising PSPs to ensure successful outcomes
- **Skills Mastery:** To become a peer support employer who employs certified PSPs and understands and upholds peer support values and ethics
- **Collaborative Hiring:** Opportunity to interview and select apprentice candidates alongside CMWN to ensure fit and alignment
- **Consistent Check-Ins:** Monthly cohort group meetings and one-on-one meetings with the Apprenticeship Program Director
- **Clarifications on Peer's Role:** Hands-on support in deepening understanding of the PSP scope and role, helping to reduce widespread confusion

For the North Fork EMS Community Health Division, partnering with CMWN's Pathways Apprenticeship Program could be highly beneficial. They cover the initial cost of training, provide critical living-wage support, and help with the onboarding of a peer while also providing supervision training for the host organization. Additionally, the program's emphasis on ethics, skills mastery, and role clarity would help ensure that peer support is effectively incorporated into the community's health-care framework, ultimately improving the quality of care and resident well-being.

Community members interested in becoming peers and organizations interested in hosting said peers can apply at <https://cmwn.org/apprenticeship/>.

11.2.3 Senior Peer Support Counselors

In addition to the standard training of a PSP, it could be beneficial to consider adding a volunteer SPC. As mentioned, SPCs are typically trained senior volunteers who offer emotional support, guidance, and encouragement to fellow seniors as they navigate the unique challenges of aging. The North Fork EMS Community Health Division could consider expanding its existing services by integrating SPCs to provide additional behavioral health support specifically for seniors. While the program currently has effective senior services like SAIL, which emphasizes physical health combined with social interaction, these SPCs would add a valuable dimension by hosting group meetings for behavioral challenges, providing a structured yet supportive environment to help alleviate feelings of loneliness and isolation. Additionally, like other peers, they could conduct home visits, offering relational, experience-informed support in familiar settings, fostering connection and resilience.

11.2.4 Peer Support for the Hispanic Community

The North Fork Hispanic community has expressed a strong desire for access to confidential, non-judgmental, Spanish-speaking mental health support. PSPs could play a vital role in addressing this need by offering active listening, compassionate presence, and confidential peer support to community members. Although PSPs do not provide formal clinical treatment, they can create a safe and welcoming space where individuals feel heard and understood in their own language, offering appropriate peer support to maneuver through difficult challenges. Integrating PSPs (who are bilingual and have relevant lived experience) could effectively accomplish the following:

- Help reduce stigma by sharing their own experiences with mental health challenges, normalizing conversations about mental well-being, and offering relatable support.
- Act as cultural mediators, providing a bridge between the community’s cultural beliefs and formal mental health services, thus improving engagement.
- Facilitate group sessions or one-on-one support in Spanish, building trust and encouraging individuals to seek help in a confidential and safe environment.

Compassionate support informed by high-quality training could thus be a major benefit to those in the Hispanic community seeking behavioral health support. This approach also aligns with the MIH/CP program to provide more culturally responsive care to the North Fork Hispanic population.

11.3 Integrating a Community Health Worker

The addition of CHWs to the North Fork MIH/CP program could provide crucial support in addressing identified gaps, especially in relation to health navigation, education, and the Hispanic community's needs. While the CARES program already offers key social support and health navigation, CHWs could further strengthen these efforts by providing additional staff support to provide navigation and educational workshops.

Additionally, specifically aiming to hire a bilingual CHW who is deeply connected to the North Fork Hispanic community could address some specific obstacles to care for this population, such as cultural and language barriers. By building trust within the community, CHWs can reduce social isolation, improve health literacy, and ensure that the Hispanic population feels better supported in accessing North Fork services. Integrating CHWs into the MIH/CP program would enhance its capacity to provide more comprehensive and culturally sensitive care while fostering wellness and resilience across the community.

11.3.1 Colorado Public Health Works AmeriCorps and Apprenticeship Programs

The authors acknowledge the challenges of incorporating additional staff into the MIH/CP program, particularly in funding and training. However, a promising solution is for North Fork EMS to become a host site for the CHW apprenticeship in partnership with the Trailhead Institute and AmeriCorps. This AmeriCorps program aims to enhance the capacity of local public health agencies by addressing health disparities, focusing on populations most affected by social, economic, and environmental challenges. The program supports CHW training and placement, typically drawing young people aged 17–25 from local communities for a 12-month term (with multiple terms available).

11.3.1.1 Benefits and Logistics of Partnership

Living Wage, Free High-Quality Training, and Educational Credit

As a host site for the Colorado Public Health Works program, North Fork EMS would receive \$33,000. These funds would, in turn, be distributed to the CHW monthly as a “living allowance.” In addition to this “living allowance,” the program also provides 144 free hours of foundational training from a recognized CHW training center like the Patient Navigator Training Collaborative (Patient Navigation & Community Health Worker Training 2024). These high-quality trainings will equip the CHW with the skills

and tools necessary to excel in their role. The training also prepares them for the Colorado Department of Public Health and Environment's (CDPHE's) CHW assessment, which, if passed, makes their services reimbursable by Medicaid. At the end of the AmeriCorps service term, the apprentice would be eligible for an education award of \$6,493 that can be applied to higher education pursuits. Multiple service terms are possible, meaning the AmeriCorps/Trailhead program could provide these living wages for several years, and the CHW would accumulate stackable education credits.

Flexibility in Setting the Scope and Goals of CHW Partnership

The host site sets the scope of work or criteria (e.g., bilingual) for a candidate CHW, provided the competencies for the apprenticeship and AmeriCorps program requirements are met. The host site has the flexibility to determine these specifics while ensuring compliance with Equal Employment Opportunity and other legal regulations.

Additionally, it was noted that there was interest in pursuing CHW training for the community paramedics. This aligns with what other community paramedic programs are doing across the U.S. Serendipitously, the AmeriCorps program could be a potential avenue for these community paramedics to become trained as CHWs.

Requirements, Expectations, and Costs for Host Site

Local site supervisors and other supervisors are key and expected to ensure CHWs are provided on-the-job learning (for the unique needs of the regional organization's key population) and allow for the required hours of related instruction (provided by Trailhead's partners) as part of their position. Supervisors are also responsible for managing timesheets, completing quarterly surveys, attending monthly learning community sessions, participating in Trailhead's fall and spring summits, and ensuring their members complete all required instruction with the designated learning partner.

In return for this partnership, the host organization would cover approximately \$10,000 in required health insurance and workers' compensation for the CHW. The site is also the primary contact for the scope of work/service, mentoring and supervision, training competencies tracking, timekeeping, living allowance distribution/required benefits, and requesting reimbursements.

Summary of Program

By participating, the North Fork EMS Community Health Division could expand its CARES program and health education efforts while addressing specific community needs. For instance, this AmeriCorps apprenticeship could be used to address Hispanic health disparities by hiring a local, bilingual CHW. This would improve health-care access and quality for underserved populations by empowering trusted community members to join the health workforce and providing essential resource navigation and education.

Overall, this opportunity helps reduce barriers to expanding the local health-care workforce by providing living wages, educational credits, and on-site practical and relevant experience. After the apprenticeship, these CHWs are thus prepared for entry-level public health jobs or higher education. This would strengthen the community's health-care systems and provide valuable opportunities for each local community member to start their journey as budding health-care professionals.

Community members interested in becoming CHWs and organizations interested in hosting said CHWs can learn more and apply via <https://trailhead.institute/colorado-public-health-works-program>.

11.3.2 Bilingual Community Health Worker Consideration

The North Fork Hispanic community has voiced a clear need for accessible health education delivered in Spanish, along with assistance navigating health resources. Hiring a bilingual CHW could be key to addressing these needs, as a CHW could deliver health education in Spanish, facilitate patient navigation, and assist with Spanish-speaking referrals that come to the MIH/CP program.

Given the community's interest in learning more about diabetes and other chronic health conditions, targeted educational workshops in Spanish would be especially beneficial. These workshops, facilitated by a bilingual CHW, could cover important topics like lifestyle management, dietary recommendations, and the hereditary and environmental factors contributing to conditions such as diabetes and asthma. This approach would empower the community with relevant knowledge and resources, ensuring that health education is accessible in a culturally and linguistically appropriate manner.

11.4 Data Collection, Organization, and Monitoring

Gathering consistent and detailed data for the North Fork area has been a challenging aspect of this report. The current data lacks the depth needed for a comprehensive analysis of local health needs. Collaborating with the WCPHP to develop targeted questions that better capture the health needs of Delta County—and specifically those in the North Fork area—would be highly beneficial. Increasing survey responses from North Fork residents could provide a clearer picture of the community's needs. Partnering with a database manager or IT provider to organize and track this data over time would also enhance data management, allowing for regular updates and insights into ongoing trends. While EMS data offers some valuable information, it is not detailed enough to fully understand the needs of community members. Implementing more specific tracking, such as using drop-down menus in the MIH/CP tracking process, would improve consistency and allow for a more nuanced understanding of health trends and service needs.

The North Fork EMS data included two key columns: “Primary Impressions,” which had 256 unique responses, and “Chief Complaint,” which contained 3,629 unique responses. This discrepancy between the two columns made it challenging to perform consistent data analysis. The “Chief Complaint” field in particular included a wide variety of entries, some of which were free-text comments that could not be uniformly categorized or analyzed. For the purposes of this report, this data required extensive sorting and standardization to make it useful, highlighting the need for a more streamlined and structured data entry process. Standardizing these fields in the future would allow for more accurate and actionable insights into community health needs.

11.5 Financial Sustainability

Expanding care either by serving an ever-larger population or by providing a deeper level of service to an existing population or both would require a larger budget. North Fork EMS has done an extremely admirable job of increasing care with limited resources; however, there are limits to what can be accomplished with current means. The rising cost of living in the area will also put pressure on the

organization's budget, which will more often find itself needing to pay wages that would allow staff to live in the area, and may be more than what the organization can afford.

As with all businesses, predictability reduces costs and lack of predictability is a challenge. ESO data and improved data tracking and analysis would increase efficiency to a point. The organization's financial model is an excellent tool for planning a budget that would meet all the needs and identify revenue shortfall. The remainder of this section identifies potential funding opportunities.

11.5.1 Potential Funding Opportunities

Expanding a rural paramedicine program in Colorado can benefit from a variety of grant funding opportunities aimed at enhancing health-care accessibility, workforce development, and rural health services. Beyond the Trailhead Institute, CMWN, and Colorado Foundation funding opportunities, this section describes some potential sources for grant funding.

Federal Grants

- The Health Resources and Services Administration offers a wide range of grants to support rural health care, including the following:
 - The Rural Health Network Development Grant Program supports integrated health-care networks that expand access to care in rural communities.
 - The Rural Communities Opioid Response Program provides funding to address opioid use and expand related health services, which may be relevant if substance use disorder is a focus.
 - The Small Rural Hospital Improvement Program helps small hospitals in rural areas implement quality and accessibility improvements.
- The Centers for Medicare & Medicaid Services Innovation Center runs initiatives like the Emergency Triage, Treat, and Transport Model, which supports paramedicine models in rural areas. This could be directly relevant to programs aimed to improve emergency medical services.
- The U.S. Department of Agriculture Development Community Facilities Programs offer grants and low-interest loans to develop essential community facilities in rural areas, including health-care facilities, which could fund paramedicine infrastructure or equipment needs.

State-Level Grants (Colorado Specific)

- CDPHE administers several funding opportunities for improving rural health-care access. Programs like the Colorado Health Service Corps or grants targeting rural and underserved populations may align with these program's goals.
- The Colorado Department of Health Care Policy & Financing oversees Medicaid and may have pilot funding or innovation grants that support expanding rural health services, particularly for underserved populations.
- The Colorado Office of Economic Development and International Trade offers grant programs like the Rural Economic Development Initiative, which could help fund workforce development for paramedicine programs.

Private Foundations

- The Colorado Health Foundation is one of the largest health-focused philanthropic organizations in the state and funds projects that promote health equity, rural health-care access, and workforce development.
- The Caring for Colorado Foundation funds initiatives that improve health-care access in underserved areas, including rural communities. They often support workforce expansion, community health, and innovative health-care models.
- The Robert Wood Johnson Foundation is a national foundation, and offers grants focused on health equity and innovations in health-care delivery, including rural health initiatives.
- The Kresge Foundation is known for supporting community health initiatives, including those in rural areas. Kresge's funding programs could be a fit for paramedicine programs with a focus on public health or social determinants of health.

Corporate and Local Grants

- Partnering with local hospitals or health-care coalitions may provide access to funding from organizations like Anthem Foundation or UnitedHealthcare, which have initiatives supporting rural health programs.
- Colorado-based corporations with charitable programs (e.g., companies such as DaVita or Centura Health) often offer funding for health care-related programs, especially those addressing gaps in access in rural areas.

Additional Resources

- The Colorado Rural Health Center often helps rural health organizations find and apply for grants, offering technical assistance, training, and resources specifically aimed at enhancing rural health care.
- The National Rural Health Association offers resources, advocacy, and sometimes funding opportunities for expanding rural health services, which could support paramedicine initiatives.

The North Fork EMS Community Health Division may also want to explore partnerships with local government, health districts, or community organizations that could provide additional support and enhance the long-term sustainability of the paramedicine program..

12 Future Considerations

Beyond the shorter-term recommendations described in the previous section, longer-term strategic development would further benefit the community over time. These strategies would build on shorter-term accomplishments and require a greater level of regional collaboration.

12.1 North Fork Health Coalition

Some of the pressing health issues faced in the North Fork community—such as suicidality, limited work opportunities, and barriers to health care for Hispanic residents—extend beyond the scope of North Fork EMS. While North Fork EMS can play a crucial role in responding to these issues, addressing the root causes and broader social determinants of these challenges requires a concerted effort across multiple organizations.

In neighboring rural counties like Gunnison County, a "health coalition" model has proven effective for addressing complex socioeconomic and health-related challenges. For example, Gunnison leaders created the Gunnison County Community Health Coalition, which brought together an inclusive, dynamic group of health and human services professionals to collaborate on shared community goals. By pooling expertise, resources, and insights, this coalition created a networked approach to tackling issues that no single entity could handle alone. They improve service accessibility, streamline referral processes, and foster community-wide initiatives that address gaps in care.

An example of this collaborative approach was the development of a Co-op Employee Assistance Program (EAP) in Gunnison County. In partnership with the Gunnison Chamber, Food Pantry, and GRASP Consortium (a county organization focused on addressing substance use issues in the community), the health coalition launched a pilot program that allowed local businesses to collectively fund the EAP, allowing employees across the valley access to a wide range of mental health services at no cost to the employees themselves. This highlights the health coalition's vital role in uniting community resources to provide accessible, cost-effective solutions for widespread health challenges.

Adopting a similar health coalition model in the North Fork could help establish a foundation for further ongoing, coordinated support. Building a coalition around North Fork EMS would encourage broader involvement from local health-care providers, creating a robust, united front to address the diverse health and social service needs in the North Fork area.

12.2 Addressing Hispanic Community Health Needs

Findings from the North Fork Hispanic community discussions underscore the urgent need for culturally competent health-care initiatives that address language barriers, provide chronic health education, expand mental health services, and raise awareness of available medical resources. In the short-term, North Fork should concentrate on "in-house" efforts aimed at improving service to the Hispanic community. Longer-term efforts should be undertaken at the community scale, perhaps through the development of a health coalition. The needs of the Hispanic community are multidimensional and call for a multi-organizational approach. Different aspects of these issues have been integrated into the above recommendation section; however, further actions that all health organizations in the North Fork should consider are described in the following sections.

12.2.1 Develop Hispanic Community Leaders

To effectively address health issues in the Hispanic community, the North Fork region should focus on identifying and empowering local Hispanic leaders through trust-building and inclusive engagement. By hosting community meetings and listening sessions in trusted spaces—such as churches, schools, and local businesses—the region can create opportunities for Hispanic residents to share their unique health challenges and perspectives. This approach can help identify natural leaders in the community who already hold influence and respect. Once identified, these leaders can be further empowered through training and resources that equip them to educate, advocate, and bridge communication between health-care providers and the Hispanic community. Empowering Hispanic leaders in this way not only amplifies culturally relevant health initiatives, but also builds stronger, more-trusting relationships, ultimately improving health outcomes and making the region's health-care system more accessible and responsive to the needs of the Hispanic population.

12.2.2 Hire Bilingual Health Educators and Providers

From the community discussion, it is evident the importance of having readily accessible, Spanish-speaking staff at the first point of contact in health-care settings. Local health organizations should expand efforts to ensure the paramedicine program and other health services have Spanish-speaking staff available. This would help reduce language barriers and build trust.

12.2.3 Provide Culturally Relevant Mental Health Services

It would be helpful to identify relevant health organizations who can develop mental health services that cater to the specific needs of the Hispanic community, such as offering sessions in Spanish and ensuring confidentiality. In addition, employing Spanish-speaking mental health professionals who understand cultural stigmas around mental health can build trust with the community. It is recommended that any mental health professionals come from the local area and are trusted members of the community.

Providing training for existing staff on cultural competence may also help bridge some gaps. This could be as simple as interpreters re-emphasizing that they are sworn to confidentiality and will not share any health information outside the workplace. It could also include being aware of cultural preferences for care and ensuring health professionals are respectful of these preferences.

12.2.4 Integrate Traditional Healing Practices

This is a major challenge, but an important consideration for the Hispanic community in the North Fork Valley. The integration of culturally relevant care, such as traditional practices offered by sobadores (traditional massage therapists), may initially seem secondary in a region where basic health-care access is already limited. However, it is essential to acknowledge the value of these practices and how they can complement conventional care.

This issue may require further discussion with the Hispanic community to explore potential ways to incorporate these traditional services into local health-care options. Offering both conventional and traditional health-care services could encourage more individuals to seek care, enhance trust within the

community, and address some of the cultural and logistical barriers faced by the Hispanic population. This approach could ultimately broaden access to holistic health care and improve the overall well-being of the community.

12.3 Unified Approach to Addressing Stigma

The data trends, community paramedic interviews, and Hispanic community discussions reveal a persistent stigma surrounding mental health and substance use issues, highlighting the importance of a comprehensive health coalition. Such a coalition can bring together diverse partners to expand education on substance misuse and addiction while providing accessible treatment and support services for those in need. With the North Fork EMS Community Health initiatives limited in scope, a coalition would be essential to address these issues through a range of solutions, including fostering healthy environments, offering individualized treatments, and providing relational support. Working together to emphasize that these are complex biopsychosocial health conditions, rather than personal failings, and taking a humanizing approach—one that promotes empathy, reduces stereotypes, and normalizes these challenges—can create a foundation of trust and acceptance. A truly effective collaborative approach will not only expand education but also improve the availability and use of services. Destigmatizing efforts will also encourage community members to seek help, ensuring they can fully benefit from efforts to increase support.

12.4 Expand Screening Options for Health Conditions

The North Fork MIH/CP program could enhance its community health impact by integrating routine screenings for substance use disorders and mental health conditions into its service model. By incorporating these screenings, the program would identify individuals at risk and help connect them to appropriate resources. Communication with local mental health providers, such as Axis Health System, would be essential to establish a referral process for those who screen positive for mental health or substance use concerns, ensuring timely and effective access to services. Collaborating with these providers early on to develop a referral pathway and support structure would create a cohesive network for individuals in need. Additionally, incorporating social determinants of health screenings could provide valuable data on residents' unmet basic needs, laying the groundwork for future interventions that address broader health disparities in the community.

Currently, screenings for mental health and substance use within the North Fork MIH/CP program are typically conducted only with a doctor's order. Expanding these screenings as a routine part of paramedicine services could increase access and early identification of behavioral health needs in the community. By proactively screening individuals and having clear referral pathways in place, paramedics could play a vital role in connecting individuals to services without requiring a prior doctor's order, thus removing a barrier to care.

Integrating routine behavioral health screenings into the North Fork MIH/CP program does not need to happen in the first year, but can be a future goal as the program expands and strengthens its services. Initially, the focus could be on building partnerships with local mental health providers, like Axis Health, to develop referral processes and protocols for those who may need additional support after screening. As the program gains resources and experience, adding regular screenings could enhance the program's impact, allowing paramedics to proactively identify and refer individuals in need of mental health or

substance use support. Taking early steps now to establish these connections will set the stage for future integration, aligning the program with broader community health needs as it grows. Screening capacity should be expanded in proportion to service expansion. Services may need to be expanded first to ensure capacity.

12.4.1 Health Information Exchange

Health Information Exchanges (HIEs) bring a range of benefits to health-care systems by improving communication, coordination, and overall efficiency in patient care. One of the primary advantages is enhanced care coordination. With HIEs, different health-care providers—including hospitals, primary care practices, and specialists—can share patient data securely, which reduces redundancies and ensures that providers have a full view of the patient’s history, treatments, and ongoing needs. This is especially useful in emergency and transitional care settings, where quick access to accurate information is critical for decision-making.

HIEs also reduce administrative burdens by streamlining data access, which saves time and resources. Providers spend less time tracking down patient records and more time delivering care, which can be especially valuable in large, coordinated health systems. The increased access to comprehensive patient information leads to a reduction in duplicative testing and medical errors, thereby improving patient safety and reducing costs. Additionally, HIEs support population health management by providing aggregated data insights that allow health-care systems to track trends, such as the prevalence of chronic diseases, and tailor interventions based on the community's needs.

Moreover, HIEs enhance patient engagement by allowing patients to be more actively involved in their care. When patients see that their information flows smoothly between providers, it fosters trust in the health-care system and encourages them to participate in follow-up care and preventive measures. For health-care providers and systems like Delta County, implementing an HIE can be transformative, helping deliver higher-quality, more-efficient care across the community.

One example of a HIE being used across the Western Slope is Community Resource Network (CRN). CRN, or a similar platform, would be invaluable not only for the North Fork MIH/CP program but for the broader Delta County health system. By connecting health-care providers, social services, and community organizations, a CRN creates a central hub for health information exchange, enabling a comprehensive and coordinated approach to care. For Delta County, this system could improve health outcomes across the community by reducing duplicated efforts and filling gaps in care, as providers would have access to shared information about patient interactions and needs across various sectors, such as medical, mental health, and social services.

For instance, if a paramedic identifies a patient with housing insecurity, they could quickly refer the patient to relevant resources through the CRN, while primary care providers or social workers could see this history and continue the support seamlessly. Such a network not only streamlines individual patient care but also provides data on community health trends, helping the Delta County health system identify and address prevalent issues like substance use, mental health needs, and social determinants of health. This integrated approach would empower Delta County’s health system to respond more effectively to public health needs, maximizing resource use and ultimately enhancing community well-being

12.5 Suicidality, Crisis Response, and Long-Term Goals

Discussions with the North Fork EMS MIH/CP team have clearly highlighted that expanding into crisis response is not a feasible goal within the next 1–3 years. The team has identified valid constraints, including limited workforce, capacity, and resources, which make it challenging to take on such a complex responsibility in the short-term. This thoughtful and pragmatic assessment reflects the current operational limitations the team faces, and it is completely understandable given the existing demands on the system.

That said, given the rising mental health challenges in the community, particularly the increasing rates of suicidality, North Fork EMS could consider developing a crisis response strategy as part of a longer-term vision, potentially over the next 5 years. Although crisis response may not be an immediate priority, the growing need for mental health services, particularly in the realm of suicidality, indicates that a shift in focus could be necessary in the coming years.

Laying the groundwork for a crisis response program now will help ensure a sustainable and effective response when the time is right. This could involve preliminary steps such as training staff in basic crisis intervention, exploring the role of peer support specialists trained in crisis co-response, and assessing the resources needed to expand into a more formal crisis response role.

By proactively planning and preparing, the North Fork EMS Community Health Division can ensure it is positioned to respond effectively as mental health needs continue to rise, creating a more robust and comprehensive service for the community in the future.

12.6 The Next Generation

North Fork EMS is concerned about the challenges youth face in remaining in the valley as they transition into adulthood or return after college or other post-high school experiences. The region's cost of living is rising faster than average income levels, and certain industries, such as coal mining, are in decline. North Fork EMS could position itself as an “employer of choice” and a community champion by offering job training programs, such as AmeriCorps apprenticeships, in high-demand fields like health care. These programs would provide valuable experience and livable wages, creating future opportunities for the region's youth.

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13 Conclusion

North Fork EMS has made commendable progress in addressing significant health challenges by creating the North Fork EMS Community Health Division, which better serves the community and fills key gaps in care. These initiatives have effectively reached many of the most isolated and vulnerable of the region, providing them with expanded home health care, health education, community activities, and the support provided by the CARES program. The addition of the MIH/CP program has corresponded to a decline in EMS runs.

However, the North Fork community faces significant health challenges, especially within its Hispanic population who encounter barriers such as cost, language, transportation, and a lack of culturally relevant health-care providers. Many of the area's health needs are driven by a large and growing senior population. These challenges are further compounded by unmet mental health needs (isolation, depression, substance use, rising suicidality), pressures of an aging population, limited job opportunities, and insufficient wages. Addressing these issues may require short-term program improvements, programmatic expansion, and longer-term community-based strategies.

There are several actionable recommendations that would significantly improve service delivery and program effectiveness:

- Increasing awareness
- Increasing accessibility of website
- Programmatic and staff expansion
- Improved data tracking and management systems
- Increasing collaboration with North Fork and Delta organizations

In the short-term, increasing awareness of available health-care resources and improving website accessibility are immediate priorities. For example, ensuring that the website has clear, bilingual information and provides easy-to-navigate referral forms will make it easier for individuals to access services. Additionally, improving data tracking for services provided would help identify gaps and health trends, and assess the impact of current efforts, allowing for continuous improvement.

In terms of programmatic expansion, integrating CHWs and PSPs into the North Fork MIH/CP program is a highly feasible approach to bolstering care. CHWs can help bridge language and cultural gaps by providing health education, resource navigation, and care coordination. Their integration would expand the capacity of the paramedicine program to address chronic health education, behavioral health, and social issues like loneliness. The addition of bilingual CHWs would ensure that health education is accessible, promote health literacy, and increase the community's ability to access essential services, particularly for the Hispanic community.

PSPs could expand North Fork's ability to address mental health concerns such as depression, suicidality, and substance use. By formalizing peer support, the program could offer consistent, relational care, significantly improving health outcomes for individuals facing isolation and behavioral health challenges. Peers could also collaborate with the West Elk Clinic to further enhance community access to mental health resources.

Additionally, leveraging funding opportunities such as the CMWN's Pathways Apprenticeship and Trailhead AmeriCorps Apprenticeship would reduce the costs of implementing both CHWs and peers, ensuring a way to test these programs without over-committing limited resources.

Looking to the long-term, more community-based strategies will be needed to sustain these efforts and ensure that health-care services are truly responsive to the diverse needs of the North Fork community. A key recommendation is to expand upon existing collaborations while bolstering further partnerships with local health organizations like Delta Hospital, Hispanic community leaders, and other stakeholders. This collaboration could naturally evolve into the formation of a health coalition, which would coordinate efforts and ensure that health services are accessible, culturally relevant, and effectively meet the community's needs.

While these initiatives would require different levels of effort and resources, the combination of short-term programmatic changes and long-term community collaboration offers a comprehensive approach to addressing the health needs in the North Fork. By expanding the capacity of the North Fork MIH/CP program with CHWs and PSPs, and fostering stronger community partnerships, the region can build a sustainable, inclusive health-care system that improves health outcomes for all.

With caring organizations working together and considering the needs of the most vulnerable, the North Fork region can create a more robust system that not only improves access to services but also provides sustainable solutions for the North Fork region's most pressing health and socioeconomic issues.

14 References

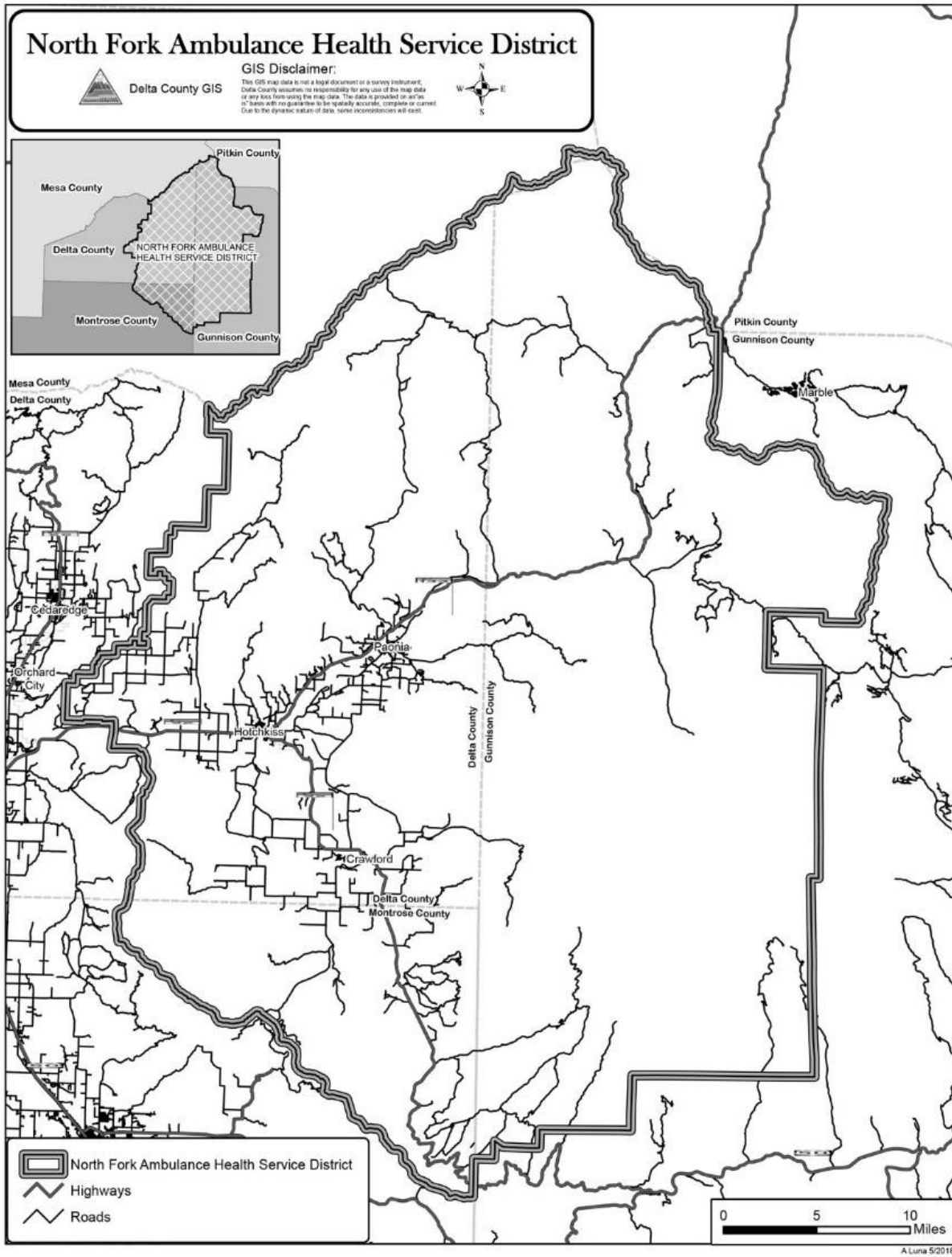
- Centers for Disease Control/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. 2024. *CDC/ATSDR Social Vulnerability Index Interactive Map 2022 Database, Delta County, Colorado*. Accessed August 15, 2024. https://svi.cdc.gov/Documents/CountyMaps/2022/Colorado/Colorado2022_Delta%20County.pdf.
- Colorado Financial Services, Procurement Division. 2024. "Letter from Raven Lopez, Purchasing Agent." February 12. <https://drive.google.com/file/d/13YAl2uFrOasllZcAFovdPFGzVLL3YGDC/view>.
- Colorado Health Institute. 2023. *2023 CHAS: Insurance Coverage*. Accessed November 1, 2024. <https://www.coloradohealthinstitute.org/research/2023-chas-insurance-coverage>.
- . 2023. *Colorado Health Access Survey*. November 26. Accessed November 1, 2024. <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-preview>.
- . 2023. *The Competition Conundrum*. March 17. Accessed August 15, 2024. <https://www.coloradohealthinstitute.org/research/competition-conundrum>.
- Colorado Mental Wellness Network. 2024. *Pathways Apprenticeship Program*. Accessed November 1, 2024. <https://cmwn.org/apprenticeship/>.
- . 2024. *Peer Support Professional Training with CMWN*. Accessed November 1, 2024. <https://cmwn.org/recovery-education/peer-support-professional/>.
- Colorado Office of Public Health Practice, Planning, & Local Partnerships. 2023. *Data Source Details*. Colorado Office of Public Health Practice, Planning & Local Partnerships. January 26. Accessed August 16, 2024. https://drive.google.com/file/d/1U5UU_CVg_vqHOs_ePuFYGwqvlMBz0og/view.
- Colorado State University, Department of Psychology. 2024. *Welcome to the Aging Clinic of the Rockies*. Accessed November 1, 2024. <https://psychology.colostate.edu/acor/>.
- County Health Rankings & Roadmaps. 2024. *Preventable Hospital Stays*. Accessed October 11, 2024. <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/quality-of-care/preventable-hospital-stays?year=2024&county=08029>.
- Davidson, L., C. Bellamy, K. Guy, and R. Miller. 2013. "Peer Support Among Persons with Severe Mental Illnesses: A Review of Evidence and Experience." *World Psychiatry* 123-128. <https://doi.org/10.1016/j.wpsyc.2012.05.009>.
- Embark Peer Coach Academy. 2024. *Recovery Takes Practice Come Practice With Us!* Accessed November 1, 2024. <https://www.embarkpca.net/>.
- ESO. 2024. *Join the Data Revolution - Improve Health and Safety in Your Community*. Accessed November 1, 2024. <https://www.eso.com/>.

- Fortuna, K. L., J. M. Brooks, E. Umucu, R. Walker, and P. I. Chow. 2019. "Peer Support: a Human Factor to Enhance Engagement in Digital Health Behavior Change Interventions." *Journal of Technology in Behavioral Science* 152-161. <https://link.springer.com/article/10.1007/s41347-019-00105-x>.
- Fortuna, K. L., P. Solomon, and J. Rivera. 2022. "An Update of Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients." *Psychiatric Quarterly* 571-586. <https://doi.org/10.1007/s11126-022-09971-w>.
- Geldens, D. 2024. *Older Coloradans Were Healthy, Medicare Access Was a Major Factor*. Colorado Health Institute. September 20. Accessed October 14, 2024. <https://www.coloradohealthinstitute.org/research/older-coloradans-were-healthy-medicare-access-was-major-factor>.
- Institute for Research on Poverty. 2022. *How is Poverty Measured?* Accessed October 2022. <https://www.irp.wisc.edu/resources/how-is-poverty-measured/>.
- Intentional Peer Support. 2024. *Trainings*. Accessed November 1, 2024. <https://www.intentionalpeersupport.org/trainings/?v=b8a74b2fbcbb>.
- Patient Navigation & Community Health Worker Training. 2024. *Community Health Worker Training*. Accessed November 1, 2024. <https://patientnavigatortraining.org/>.
- Perry, N. 2024. "Delta County Economic Update, October 2024." Colorado Mesa University, Grand Junction, CO. <https://www.coloradomesa.edu/business/documents/delta-county-economic-newsletter-q3-2024.pdf>.
- Self-Sufficiency Standard at the Center for Women's Welfare, University of Washington. 2022. *Self-Sufficiency Standard - Colorado*. November. Accessed October 11, 2024. <https://selfsufficiencystandard.org/Colorado/>.
- Shalaby, A. H., and V. I. O. Agyapong. 2020. "Peer Support in Mental Health: Literature Review." *JMIR Mental Health*. <https://mental.jmir.org/2020/6/e15572>.
- Teles, D., Y. Su, and A. D. Oneto. 2023. *Calculating AMI, How Calculation of Area Median Income Affects Housing Policy*. Washington, DC: Urban Institute.
- The Colorado Health Foundation. 2024. *Supporting Coloradans in Recovery Through Non-Clinical Programs*. Accessed November 1, 2024. <https://coloradohealth.org/funding-opportunities/supporting-coloradans-recovery-through-non-clinical-programs>.
- U.S. Census Bureau. 2022. *Demographic and Housing Estimates*. United State Census Bureau. Accessed September 5, 2024. <https://data.census.gov/table/ACSDP5Y2022.DP05>.

Appendix A – Service Area

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The service area currently includes approximately 1,550 square miles, 75 miles of paved two-lane highway, and 300 miles of county roads ranging from paved to primitive. The service from Hotchkiss extends west on Highway 92 to Payne Siding, and east on Highway 133 to Paonia. From Paonia, the service area continues north up Stephen's Gulch to the Mesa County Line, and northeast of Paonia on Highway 133 into Gunnison County through Somerset to the top of McClure Pass. The service area extends southeast from Hotchkiss on Highway 92 through Crawford and into Montrose County, and runs to Mile Marker 56 at the Gunnison County Line on Black Mesa. The three communities currently served are bound together by a powerful landscape that encompasses mountains, rivers, desert, and agricultural land. With elevations that range from 5,000 to 11,000 feet, the area allows for a variety of features, notably Black Canyon National Park; the West Elk Wilderness; the Curecanti National Conservation Area; waterways such as the North Fork of the Gunnison River; and the Gunnison River and its major tributaries, the Anthracite, Muddy, Smith Fork and Leroux Creeks. There are also scenic byways that reach past the recreational areas of Crawford and Paonia State Parks.



Appendix B – Health Survey

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North Fork EMS understands that healthcare does not end when you leave the doctor's office or when you get discharged from the hospital. We have developed a Community Paramedicine (CP) program to help you navigate the sometimes complex nature of your needs and to help you or your loved one at home. CP is conducting this anonymous survey to prioritize the health needs of our communities.

1. What is the zip code of your primary residence? _____
2. If you have a 2nd home in the North Fork Valley, what is the zip code? _____
3. What is your age? _____
4. Rank the following, 1-4, 1 being the MOST concerning to you, 4 the least.
Heart Health ____ Fatigue ____ Diabetes ____ Cancer ____
5. Rank the following, 1-3, 1 being the MOST concerning to you, 3 the least.
Weight Management ____ Mobility/Balance ____ Strength ____
6. Rank the following, 1-3, 1 being the MOST concerning to you, 3 the least.
Ability to Breathe ____ Organizing Tasks ____ Sleep Quality ____
7. Would you benefit from more information about any of the following, Which one/s?
Heart Disease, Diabetes, Medications, Cognitive Function: Yes No
8. Do you have your own reliable transportation? Yes No
9. On a scale of 1 to 10, 1 being very easy, 10 being the most difficult, how hard is it for you to get daily tasks done?
1 2 3 4 5 6 7 8 9 10
10. How do you get to and from medical appointments? Check all that apply.
Self ____ Family ____ Friends ____ EMS ____ Walk ____ Paid Provider ____

Medical rides/All Points ___ Other _____

11. Do you have access to reliable rides? Yes No
12. Do you have safe storage for your firearms? (EMS is seeking sponsorship for household gun safes) Yes No
13. How many dependents do you care for? 0 1 2 3 4 5 >5 _____
14. How many children do you have living with you? 0 1 2 3 4 5 >5 _____
15. Have you experienced financial hardship in the last year (food insecurity, housing insecurity, financial difficulty)? Yes No
16. Have you experienced financial hardship in the last five years (food insecurity, housing insecurity, financial difficulty)? Yes No
17. In the last five years, is the financial hardship you are/have been experiencing getting: Better Worse Same
18. Have you graduated high school? Yes No
19. How do you access the internet?
Home Library Friend/family Other _____
20. Do you have access to wifi on, Circle all that apply
Computer tablet cell phone other _____
21. What is your experience level using a computer:
Beginner No experience Comfortable Using the internet safely
22. Which of the following applies to you:
Unemployed Gainfully Employed Retired
Working Two or More Jobs Other _____

23. In your own words, what is your biggest daily health challenge or personal anxiety:
(Financial, Housing, Employment, Food Security, Illness Other)

24. If you are in High School, upon graduation do you intend to?(please circle all that apply)

Find a Job locally, Leave the area for work, Attend Trade School,
Attend a two or four year college Other _____

25. Do you have a Primary Care Physician? Yes No

26. How long does it take to get to your Doctor's Office (primary care) in travel time?

5-15 min 15-45 min 45 minutes to an hour more than an hour

27. Do you see physicians in?

Denver	How often? _____
Montrose	How often? _____
Grand Junction	How often? _____
Other _____	How often? _____

28. Do you exercise? Yes No

29. How do you exercise? _____

30. If you exercise, how often do you exercise for at least 20 minutes?

1 time a week 2-3 times a week daily

31. Do you spend the majority of your free time:

Indoors On Computer or Device Outdoors

32. Do you smoke marijuana? Weekly Daily None

33. Do you drink recreationally? Weekly Daily None

34. Do you use nicotine products? Yes No

35. Which ones? Cigarettes Vape Chew Cigar Other _____

36. Have you or someone close to you experienced thoughts of suicide? Yes No

37. Have you or someone you know experienced domestic violence? Yes No

THANK YOU SO MUCH FOR YOUR TIME TODAY!

Appendix C – Open Comments

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The North Fork Health Survey asked respondents to describe their biggest daily health challenge “In your own words, what is your biggest daily health challenge or personal anxiety: (Financial, Housing, Employment, Food Security, Illness, Other)”

Many of the descriptors are consistent with the summary findings presented in this report. Financial and behavioral health are as common as physical health concerns such as arthritis, illness, and sleep.

Ability to walk a more than 5 blocks
access to ambulance
access to exercise
Access, continuity and integrative healthcare
achieving personal goals
active and interested life
activity
affordable healthcare, I am in the gap
affordable healthy food
affordable medications
affordable, healthy food not covered in Pesticides
age
aging
Aging
aging
aging
aging and mental health/government
aging gracefully
All
allergies
anxiedad
anxiety
anxiety
anxiety and get dizzy
anxiety/ppd, asthma, celiac
anxiety/sleep
Aphasia(not altered mental status)
arthritis
Arthritis
arthritis
arthritis
arthritis/back pain
asthma
awareness/aging/responsibility
balance
balance and stability
balance/strength
becoming a burden
blood pressure
blood pressure
Cancer survivor worries

financial
financial, cost of living w/kids
financial/anxiety
financial/arthritis/stiffness
financial/employment/food security/illness
Financial/health
Financial/health/caring for family
financial/housing/employment
financial/housing/employment
financial/parenting/stress and access to trails
financial/time for exercise
food security
general health
getting around on bum ankle and kids
getting enough exercise
getting out of bed
government unrest
groceries
H. Insurance
Healing from surgery/distance to PCP
Health
Health
Health
Health
Health
health/and health of children
Healthy diet
Healthy diet
Healthy habits/better trails/bicycle awareness
Healthy lifestyle and mobility
hearth health
hip mobility
housing
housing/financial
housing/financial
Hypertension
illegal immigration, crime and deteriorating economy
illness
illness
illness
illness
illness
illness
illness
illness
insomnia
Insurance
insurance cost/concern for elderly
keeping fit

lack of exercise
living alone/falling/losing eyesight
living alone/help for repairs
Long COVID
long life/end of life/right to die
Losing eyesight/staying independent
losing mind/financial
low back pain
Maintaining health
Major Health event
making sure all kids are taken care of
Medical rides/vaccuming
Meduele los huesos tengo artritis y mi vista
Mental Health
Mental health awareness/chronic disease management
Mi Sobre Peso me es difícil bajar mi peso
Mice and skunk invasion
mobility and pain
mobility
motivation to move and expense of classes
movement and diet
movement especially in winter
moving around/cannot walk
Neuropathic doctor availability plus insurance
no anxiety
no sugar
No time to rest
No walk in clinic on weekends
No walk in clinic on weekends/quality services for people with disabilities
none
none
none
none
none
none
none
none
none
none
none
not drinking
obesity
pain
pain
pain management/mobility
Personally dealing with being alone and anxiety
physical limitations
Political anxiety
political unrest/anger/disrespect

posture and energy
Preocupacion por salud de los jovenes ansiedad economia
Preocupacion por sicolijia en espanol
Problemas para respirar, me siento fatigado todo el tiempo
Que cuando uno ocupe emergencia medica traten de ileger pronto
Regular sleep
Remaining active and pursue hobbies
remaining healthy/financial
renters
safe place outside to workout
scarcity of doctors
school with work on top of it
Severe TBI and blood sugar
Siempre mi miedo es que cuando ocupe de la ambulancia que sea una emergencia alconze a llegar rapido/el costo
Sleep
sleep
Sleep and Diet
sleep quality
social anxiety
stamina and energy
Staying active/work/life balance
staying fit
Strength to get through ADLs
Stress from work
stress/anxiety
structure and meaning in life
TBT?
Tending to business
thinking ahead
torn menisucs
unsure
weight and Pain
weight control
weight loss/cost of insurance
Work interupts sleep
work/life balance and pain
work/rest
worrying all the time