

SEDGWICK COUNTY MENTAL HEALTH: SMALL TOWN, BIG DREAMS

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INTRODUCTION

Sedgwick County is a small county in Northeastern Colorado that shares a border with Nebraska. The population is approximately 2300 people spread throughout three towns: Ovid, Sedgwick, and Julesburg, the county seat. The main industry is agriculture, and it is the historic home of the Cheyenne and Arapaho tribes.

Figure 1. Sedgwick Community Center

The people of Sedgwick face several barriers to receiving mental healthcare, not only because of the rural setting approximately



three hours from Denver. There are no psychologists in Sedgwick, and the burden of mental/behavioral healthcare falls on the primary care physicians. There is one building in town in which there are therapists, but there is stigma around seeking care due to the visibility of entering a building that people recognize. Insurance coverage, gas prices, and increased social isolation also contribute to the unmet behavioral health needs.

Rural residents, especially farmers and ranchers, have a much higher suicide rate than the general population.

INTERNSHIP GOALS

- **Jumpstart a relationship between the people of Sedgwick County and the CSU office of Extension in terms of behavioral healthcare**
- **Ascertain the community interest in engaging in mental health related initiatives**
- **Gather data by listening to community stories, challenges, and strengths to assist the community in developing a team to help support the people of Sedgwick County**
- **Connect with community leaders, perform listening sessions, and disseminate the data to the community**

HOW DOES THIS APPLY TO MY EDUCATION?

In my role in environmental health and epidemiology, I will need to be able to talk to members of the public and engage them on topics that may not be top of mind. This internship was extremely valuable experience in marketing, communication, working on a team, and the planning that goes into holding community events, gathering data, and analyzing that data to make an actionable plan.

WHAT I DID

Initially, the goal was to learn as much about Sedgwick as possible in order to better understand its strengths and opportunities for improvement. This involved reading through public health improvement plans and needs assessments provided by the office of Extension in Julesburg.

I had meetings with the county commissioners to discuss this project and potentially secure funding, and I went out to Sedgwick as much as I could to connect with community members.

Figures 2 and 3. Julesburg Listening Session

I met with members of key groups that we identified who were trusted community members who could get the word out to others about our project. This included the CEO of the hospital system, the Sheriff, the Ambulance Director, the



Julesburg High School Principal, the Economic development office, the director of the local movie theater/event space, local restaurant owners, and physicians at the hospital.

Our group of contributors, Ginger, and I decided that holding community listening sessions led by Jim Kuemmerle was the best way to determine community interest in mental health



initiatives. I then made a Qualtrics survey and a flyer, with input from our team, to inform people of the event. I also held more meetings and canvassed the local businesses and government buildings with the help of Linda Langelo as our marketing campaign.

WHAT I DID, CONT'D

The two listening sessions were held on July 24th and 25th in Julesburg and Sedgwick, respectively.

In total, 10 people participated. While this is fewer than was hoped for, these people had rich stories and experiences, and the listening session was quite productive, and had a positive tone. For example, one community member, when asked about what should be celebrated in the community, stated: **“We’re starting to make improvements... it’s finally happening.”** Another, when asked about the state of mental health in general in Sedgwick, said, **“by and large there’s a lot of empathy in the community but it’s going to take someone brave to say something and open up.”**

Table 1. Listening Sessions Summary

Age	18-24: 1	25-34: 1	35-44: 2	45-54: 1	55-64: 4	65-74: 1
Gender	Female: 7		Male: 3		Other/unidentified: 0	
Race	White: 9		Asian: 1		American Indian or Alaskan Native: 0	
			Black or African American: 0		Native Hawaiian or other Pacific Islander: 0	
Ethnicity	Non-Hispanic or Latino: 9			Hispanic or Latino: 1		
Major themes identified	<i>Going well:</i> “This community shows up for one another,” schools, health center, Hippodrome, engaged community leaders, core of engaged young people, “the emergency manager works his butt off”		<i>Opportunities:</i> Stigma around mental health and asking for help, teen and child mental health, social isolation and loneliness, stigma of showing up for mental health events, “everybody knows what’s going on in that building”		<i>Gaps/needs/barriers:</i> People don’t know how to help themselves or their family, unpredictability of farming, rural location, “we’re left out of all kinds of funding,” lack of reliable transportation	

WHAT I LEARNED & NEXT STEPS

Community engagement is hard! Rural areas have different barriers to engagement than urban areas, for example, wheat harvest happened later than anticipated this year, therefore most people in agricultural roles were busy throughout the time of our sessions. People in rural areas often fill several roles, and therefore their time is very limited.

This is just a starting point to the work that Extension will be doing in Sedgwick to continue to improve mental health. Though our sample size was small, it is encouraging that the community members who participated were engaged and had wonderful ideas for opportunities for improved care. Something akin to the Coffee Break Project could quite possibly be implemented and work in Sedgwick. Long term – integrate mental/behavioral health care into primary care.