Summit County
Community Health Assessment

July 2022

Photo credit: Lucas Ludwig

OMNI

SUMMIT COUNTY Public Health

centura St. Anthony Summit Hospital

July 2022

Summit County
Community Health Assessment

For more information, please contact:

Amy Wineland
Director
Summit County Public Health
Amy.wineland@summitcountyco.gov

Rev. Godwin (Tema) Nnamezie
St. Anthony Summit Medical Center
Centura Health
GodwinNnamezie@Centura.Org

Bryan Trujillo
Group Director, Community Health Improvement
Greater Colorado & Kansas Group
Centura Health
HaroldTrujillo@Centura.Org

OMNI Project Team: Lauren Barrette, Ona Crow, Charlotte Gray, Holen Hirsh, Ivonne Parra, Becca Ruiz

Acknowledgements:
OMNI Institute wants to thank the more than 300 members of the Summit County, Colorado community who contributed their time and expertise for this report through sharing their insights with our research team on key health concerns and assets via interviews, focus groups, survey, photovoice.

Suggested Citation: OMNI Institute (2022). Summit County Community Health Assessment. Submitted to Summit County Public Health & St. Anthony Summit Medical Center, Summit County, Colorado.

OMNI

Summit County
Community Health Assessment

Table of Contents

OMNI

Summit County
Community Health Assessment

This report includes data on key health indicators for Summit County, Colorado residents based on an analysis of available secondary data sources as well as primary data sources, such as a community health survey and key informant interviews. OMNI Institute prepared this report in the summer of 2022 for Summit County Public Health.

Introduction

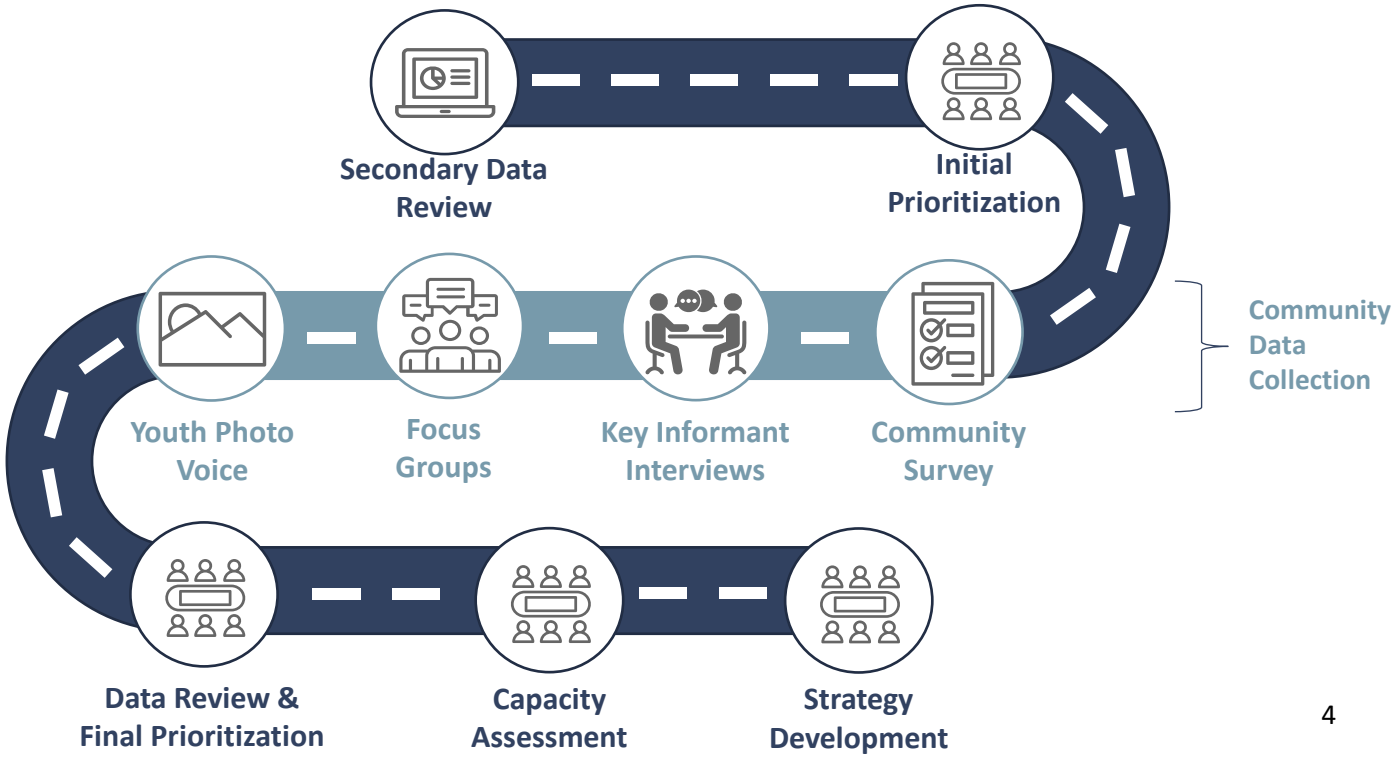
Every five years, all public health agencies in Colorado are required to follow the Colorado Health Assessment and Planning System (CHAPS) process to create a public health improvement plan for submission to the Office of Public Health Practice, Planning, and Local Partnerships. Summit County, Colorado's last public health improvement plan was for 2017 - 2022.[1,2] In 2022, Summit County Public Health and St. Anthony Summit Medical Center, Centura Health partnered with OMNI Institute to conduct Summit County's community health needs assessment and corresponding strategic Community Health Improvement Plan for 2023 - 2028.

The community health needs assessment process took place between February and May of 2022 and included comprehensive input from community leaders and community members. The work of the assessment was guided by a Steering Committee comprised of members from the Summit County Health Care Collaborative, with the addition of other leaders from organizations across the county who have a voice in shaping programs and policy related to community health. This report details the health assessment process; data from a community survey, key informant interviews, community focus groups, and a youth photovoice project. This report will accompany the Summit County Community Health Improvement Plan.

Methods

The community health assessment and public health improvement planning processes rely on data from a number of sources. This section of the report details methods used for data collection and setting areas of focus for the health assessment.

The Health Assessment & Community Health Improvement Planning Process



Introduction

Secondary Data Review

OMNI's research team began the assessment process by summarizing available secondary data for Summit County on various health topics (e.g., chronic disease, substance use, mental health, injury prevention, sexual health, housing, healthy eating/active living, environmental health, etc.). Data were pulled from a number of secondary data sources, including Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment (CDPHE) Colorado Health Indicators, U.S. Census, Colorado Office of Early Childhood, CDC's BRFSS dashboard, and local community surveys, and ultimately organized into six primary health domains with 27 subdomains. Review and analysis of secondary indicator data included: key trends in terms of disparities across different subpopulations, changes in indicator data over time, and comparisons to the state or similar counties to highlight both county strengths as well as areas of need. Indicator data were catalogued by domain/subdomain[a] as well as organized into "snapshot" format, with key data trends highlighted, for presentation and review by the Steering Committee.

Initial Prioritization Process

The Steering Committee engaged in a data review process focused on data for Summit County health indicators in six primary health domains: Clinical Care, Health Outcomes, Social & Economic Factors, Physical Environment, and Health Behaviors. Through discussion about the data, as well as known needs based on Steering Committee members experience working and living in the community, the following areas emerged as top areas of needed focus for primary data collection for the needs assessment:

- Housing
- Mental Health, including Suicide Prevention
- Economic Mobility & Living Wages
- Substance Use
- Provider Availability
- COVID-19 Recovery [b]
- Social Factors (ethnic/racial identity, segregation, among others)
- Food Security (with a focus on structural issues)
- Childcare

[a]: A full catalog of secondary indicator data is available upon request from Summit County Public Health.
[b]: COVID-19 was not explored as a separate focus area but instead throughout all focus areas.

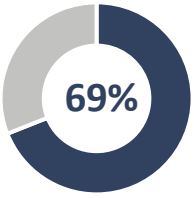
Introduction

Community Survey

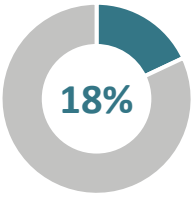
Guided by the focus areas identified by the Steering Committee, OMNI's research team developed a custom survey designed to better understand pressing health issues in Summit County. The survey was comprised of primarily closed-ended questions within each area of focus, as well as some open-ended questions to gain more nuanced insight into community members' perspectives on community health needs. A full copy of the survey is available upon request from Summit County Public Health.

The survey was made available in an online format on the Qualtrics survey platform in both English and Spanish and was distributed to the community via a convenience sample methodology. Participants accessed the survey via SlickText, a tool that allows one time access to the survey link via text messaging. Members of the Steering Committee distributed the survey through their community networks and the survey was advertised through the local newspaper, the Summit Daily. Participants were offered the opportunity to receive a $10 incentive for participation. On average, the survey took 34 minutes for participants to complete.

Ultimately, **276 community members** participated in the survey:



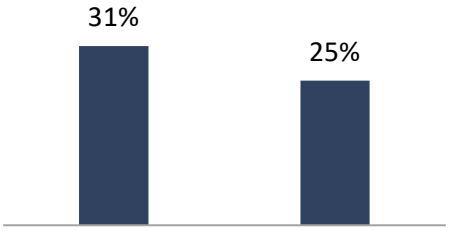
identified as **women**



were **Hispanic/Latinx**

89% were full-time Summit County residents

31% were 25-34 years old and **25%** were 35-44 years old.



[a]: SlickText allows for participants to only access the survey link once and reduces likelihood of duplicate responses or invalid response via "bots" or other online scammers who often access online surveys that have incentives attached.

Introduction

Key Informant Interviews

Key informant interviews were also conducted to understand how the areas of focus for the health assessment manifest as challenges related to community health, what barriers exist to addressing health priorities, and what assets and collaborations the community can be called on to address and improve areas of health need in Summit County. Key informant interviews were conducted by OMNI's research team either in 1-1 interviews or in small group interviews, with participants grouped by organization or professional topic areas. Interviews ranged in length between approximately 30 and 90 minutes. In total, 29 individuals were interviewed and represented the following organizations/groups: Public Health, St. Anthony Summit Hospital, Family & Intercultural Resource Center, School District, SMART Program with the Summit County Sherriff's Office, Housing Authority, Human Services, Community Care Clinic, Building Hope, Early Childhood Options, and other Steering Committee members (community members, County Commissioner, Assistant County Manager, etc.)

Focus Groups

Three community focus groups were conducted by the Colorado Health Institute to gain a qualitative understanding of how health focus areas addressed in the survey impact the community. The first focus group included 11 community participants and was focused on health needs. The subsequent two focus groups included 9 participants total and focused on strategies to address health priorities. Data and themes from the focus groups are integrated into this report. Summaries of the focus groups provided by the Colorado Health Institute are available upon request from Summit County Public Health.

Youth Photovoice & Focus Group

In order to gain youth insight on health priorities for the community, OMNI led a youth photovoice data collection component to the project. Photovoice is a creative, qualitative, and community-based participatory research methodology that allows participants to share their perspective on topics through visual and written mediums. Through a simple and easy to use online survey, youth in the community were invited to upload imagery in response to key prompts for the assessment, for example: "How does health show up in your community?"; "What are the places where you feel like you most belong in your community?"; "What would you like to show about your community that people may not know?" OMNI collaborated with the YESS Coalition and other youth serving agencies in the county to recruit youth to participate. A focus group was also conducted to dive deeper with youth participants to understand youth perspective on health issues in the community. Six youth participated in the photovoice project and 6 youth participated in the focus group. The photovoice and youth focus group data collection was completed after the development of this report and findings are presented in Appendix B.

Introduction

Social Determinants of Health Importance

The Public Health system's role is to prevent and reduce the burden of disease and negative health outcomes. To achieve this goal, public health focuses on both "upstream" and "downstream" factors that affect health outcomes. Upstream factors may appear unrelated to health, but they are strongly connected to a population and individuals' health outcomes. Downstream factors tend to be what have more traditionally been focused on of as individual-level predictors of health.

There are many public health models showing how multiple spheres of influence impact health outcomes and inequities.[3,4,5] This Community Health Assessment incorporates these models into a general model of upstream-downstream ideology, acknowledging the heavy influence that structural and social factors have on health outcomes and inequities.

Social Inequities

Social inequities create the foundation for inequitable and disparate resource distributions and resulting health outcomes. Social inequities include, but are not limited to, socioeconomic status (education, occupation, income), race/ethnicity, immigration status, gender, and sexual orientation.

Institutions

Institutions hold power and influence over how our social and physical environments are shaped. Institutions include government agencies and their laws/policies, corporations and businesses, schools, and religious organizations.

Living & Community Conditions

Where we live dictates a lot about our lives. Where our home and community are situated can have environmental impacts (e.g., exposure to toxins), social impacts (e.g., school funding, community violence), and economic impacts (e.g., employment opportunities) that have large influence on our health.

Health System

Access to affordable, unbiased, timely, and physically proximate health care is imperative for receiving preventative care and treatment of health issues. This includes physical health services, mental and behavioral health treatment, and oral health care. Many aspects that are further upstream (e.g., social inequities, government policies, community infrastructure) impact a community's health system.

Health Behaviors & Biological Factors

Health behaviors, such as substance use, nutrition, physical activity, and sexual behaviors, have a direct impact on our health outcomes. Much of individuals' health behaviors are influenced heavily by further upstream factors (e.g., social behavior norms, access to healthy foods and green space, community proximity to liquor stores). Biological factors such as age, sex, and genetics may also increase or decrease risk for certain health outcomes.

Health Outcomes

Individual health outcomes are influenced by all of the upstream factors described above.

Introduction

Social Determinants of Health & Selected Focus Areas

The Steering Committee selected focus areas during the initial prioritization process across the spectrum of the upstream-downstream public health model. It should be noted that all focus areas are impacted by social inequities, meaning there are disparities and inequities across social identities that influence health outcomes. This acknowledgement was discussed with the Steering Committee and is a lens used throughout this report.

Housing is an upstream focus area and can have a strong influence on an individuals' health. Examples of ways in which housing can impact health outcomes include the quality of one's home (e.g., the presence of lead in a home can result in anemia and brain damage[6]) and the location of one's home (e.g., proximity to grocery stores can impact one's ability to access healthy foods and other health-promoting resources[7]).

Economic Mobility & Living Wages is an upstream focus area. Families who have low-income have reduced access to health-promoting resources (e.g., healthy foods, medical care, quality housing[8]) and this has been shown to be strongly associated with negative health outcomes. For example, individuals living in poverty have lower rates of obtaining preventative services (e.g., mammograms, colorectal tests) and higher rates of negative health outcomes (e.g., psychological distress, chronic diseases).[9]

Food Access is mid- to upstream focus area. Access to healthy foods is imperative for healthy child development (e.g., children that are food-insecure are 1.4 times more likely than children that are food-secure to have asthma) and health promotion across all ages.[10,11]

Childcare is an upstream focus area with health implications for both children and their caregivers. Childcare provides employment stability and economic mobility opportunities. For children, early childcare is important for healthy socioemotional and cognitive development, which not only predict later success in school, but also better health outcomes.[12,13]

Mental Health is influenced by an assortment of downstream and upstream factors. Examples of more upstream factors that influence mental health include the safety of one's home and living situation, a community's health system and health insurance coverage, and access to childcare to promote healthy development.[14]

Substance Use is influenced by an assortment of downstream and upstream factors. Upstream factors include economic and employment opportunities, community norms related to substance use, health system's prescribing policies, and social stigma towards individuals who use drugs.[15]

Provider Availability is a more downstream focus area, directly impacting individuals' ability to access necessary and culturally competent medical care for illness and preventative services. This is impacted largely by more upstream factors, such as insurance policies, housing availability for providers, and non-English speaking provider availability.[16]

Inclusive Community is an upstream focus area, encompassing social inequities that are embedded in a community and society at large. These inequities persist throughout all focus areas and can directly result in negative health outcomes (e.g., provider bias impacting services received, internalized racism impacting mental health).[17,18]

Introduction

Navigating this Report

The remainder of this report summarizes Summit County data for the eight selected focus areas. Each section begins with a summary of survey participant data from the community survey, contextualized by secondary indicator data from publicly available data sources (i.e., not collected as part of this assessment). This is followed by a summary of themes identified in the key informant interviews and focus groups. Below are important notes regarding how data are presented:

Understanding Secondary & Community Survey Data

- Data from the community survey and the secondary indicator data are presented on pages titled "Health Assessment Findings: Secondary & Survey Data."
- Data from secondary sources are presented in orange boxes, like in the example below:

Secondary indicator data are presented in a box that looks like this.

Understanding Key Informant Interview & Focus Group Data

- Data from the key informant interviews and focus groups are presented on pages titled "Health Assessment Findings: Key Informant Interview & Focus Group Data." Each focus area's key informant interview and focus group data are presented in the same order:
  1. **Key Local Groups Impacted:** Participants shared key local groups impacted by each focus area.
  2. **Challenges and Barriers:** Participants shared challenges and barriers in how the focus area affects key local groups and the community, as well as barriers in Summit County to addressing needs.

Challenges and Barriers are indicated with an icon that looks like this.

  3. **Potential Strategies and Collaborations:** Participants identified strategies and collaborations to address each focus area's challenges and barriers in order to improve residents' overall health and well-being.

Potential Strategies and Collaborations are indicated with an icon that looks like this.

- Key quotes from discussions are incorporated throughout the report in light blue boxes. Here is an example:

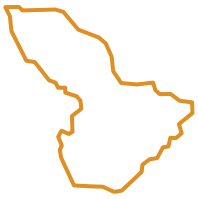
Participant quotes are presented in a box that looks like this.

Inclusive Community is a lens through which the survey data were analyzed (for example, by examining trends for participants who identified as members of different demographic groups) and a focus in interviews and focus groups through discussion of key local groups impacted. Key informant interview and focus group discussions related to social and health disparities are included in the *key local groups*' sections of all the focus area sections. While there were not discussions focusing only on inclusive community strategy efforts, strategies and collaborations for each of the other focus areas were discussed to support key groups.

Summit County Overview & Public Health Background

Geography & Culture

Summit County is nestled in the Colorado Rockies and comprised of six municipalities—Blue River, Breckenridge, Dillon, Frisco, Montezuma, and Silverthorne. Breckenridge is the largest town, with a population of 5,078 in 2020, followed by Silverthorne (4,402), Frisco (2,913), and Dillon (1,064). Blue River and Montezuma each had a population of fewer than 1,000 residents in 2020. Overall, these six municipalities account for 47% of the county's residents. The remaining 53% live in unincorporated areas.[19,20]



Summit County is a popular tourist destination, with an estimated 2 overnight visitors per resident in busy months (e.g., July). Tourism has many impacts on the community, creating economic stimulation as well as contributing to wealth and housing disparities.[21]

Demographics

According to the 2020 Census Count, **31,055** people live in Summit County. Due to the unique nature of Summit County as a tourist destination, the seasonal nature of the workforce, as well as potential issues with the 2020 Census count, this population estimate as well as the statistics cited from the 2020 Census below should be viewed as estimates and may not fully reflect the characteristics of the population.[22]

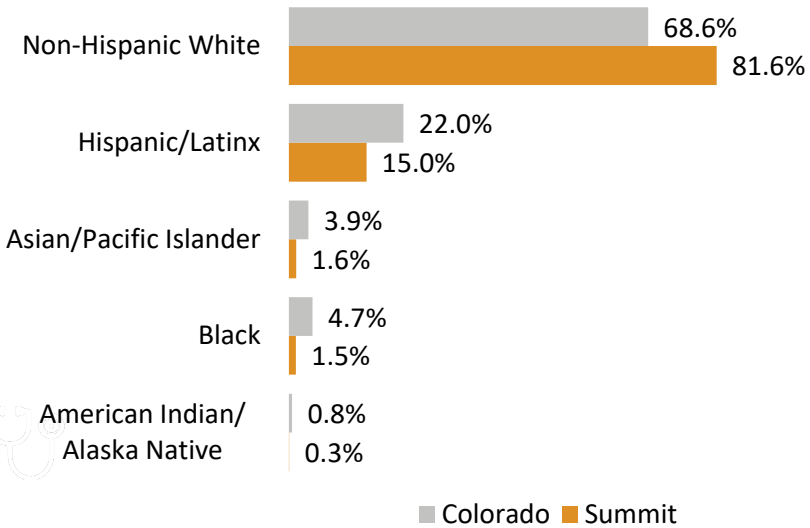
20% of the Summit County's population lives in a **rural area.**[23]

14% of Summit County residents are **below 18 years old** (22% for Colorado)**. 13%** of Summit County residents are **65 years or older** (15% for Colorado).[23]

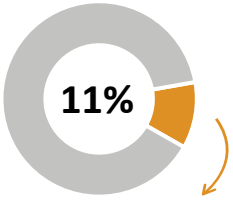
45% of Summit County's population identifies as **female**[23] (50% for Colorado; **47%** for Summit School District).[24]

4% of Summit County residents are not proficient in English;[23] **26%** of Summit School District Students are in the English Language Learner Program.[24]

The majority (81.6%) of **Summit County** identifies as non-Hispanic White, a larger share than **Colorado** overall (68.6%).[23,a]



11% of Summit County's population are foreign-born[25]



These individuals were born in:[25]

- 61% Latin America
- 23% Europe
- 8% Africa
- 5% Asia

Three-quarters of foreign-born residents are not United States citizens, and the majority (78%) entered the U.S. before 2010.[25]

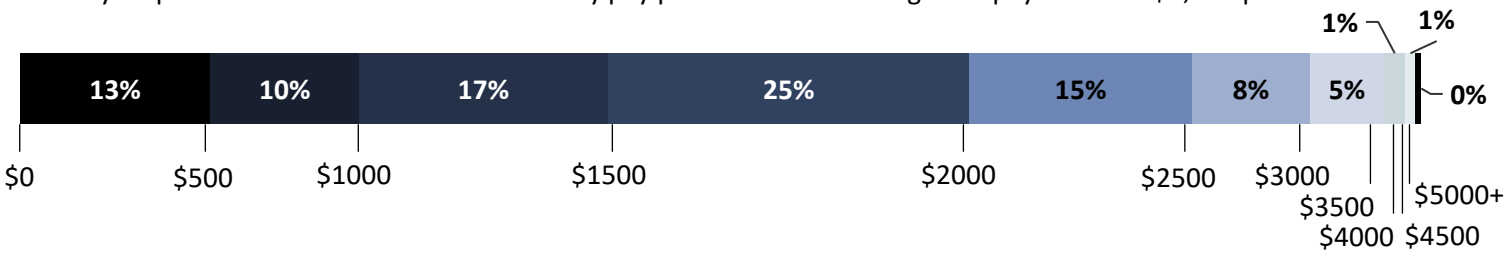
[a]: Population Estimates were used in lieu of 2020 census data.

Focus Area 1: Housing

Health Assessment Findings: Secondary & Survey Data

The first set of data displayed in this section of the report include survey participant data from the community survey, contextualized by secondary indicator data from publicly available data sources, focused on housing issues in Summit County. **54%** of survey respondents had lived in Summit County for more than 10 years.

Survey respondents were asked how much they pay per month on housing. **65%** pay less than $2,000 per month:

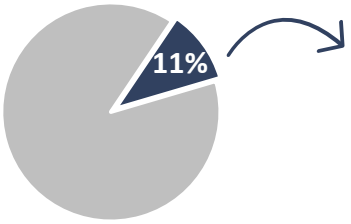


Survey respondents were asked how affordable they think their monthly housing payment is:

- **46%** think their housing cost is **higher than what is affordable**
- **42%** think their housing cost is **affordable**
- **12%** think their housing cost is **lower than what is affordable**

14% of Summit County and Colorado households spend 50% or more of their household income on housing.[26]

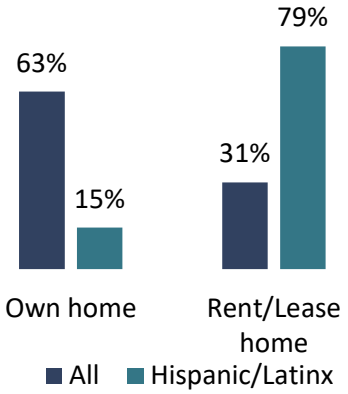
11% of survey respondents were living on the street, in a car, RV, or in temporary housing in the past two years



63% of these individuals found it difficult to access stable housing after experiencing homelessness

15% of Summit County adults are worried that in the next 2 months they may not have stable housing, compared to 7% of all Coloradoans.[27]

63% of all respondents own their home, compared to **15% of all Hispanic/Latinx** respondents



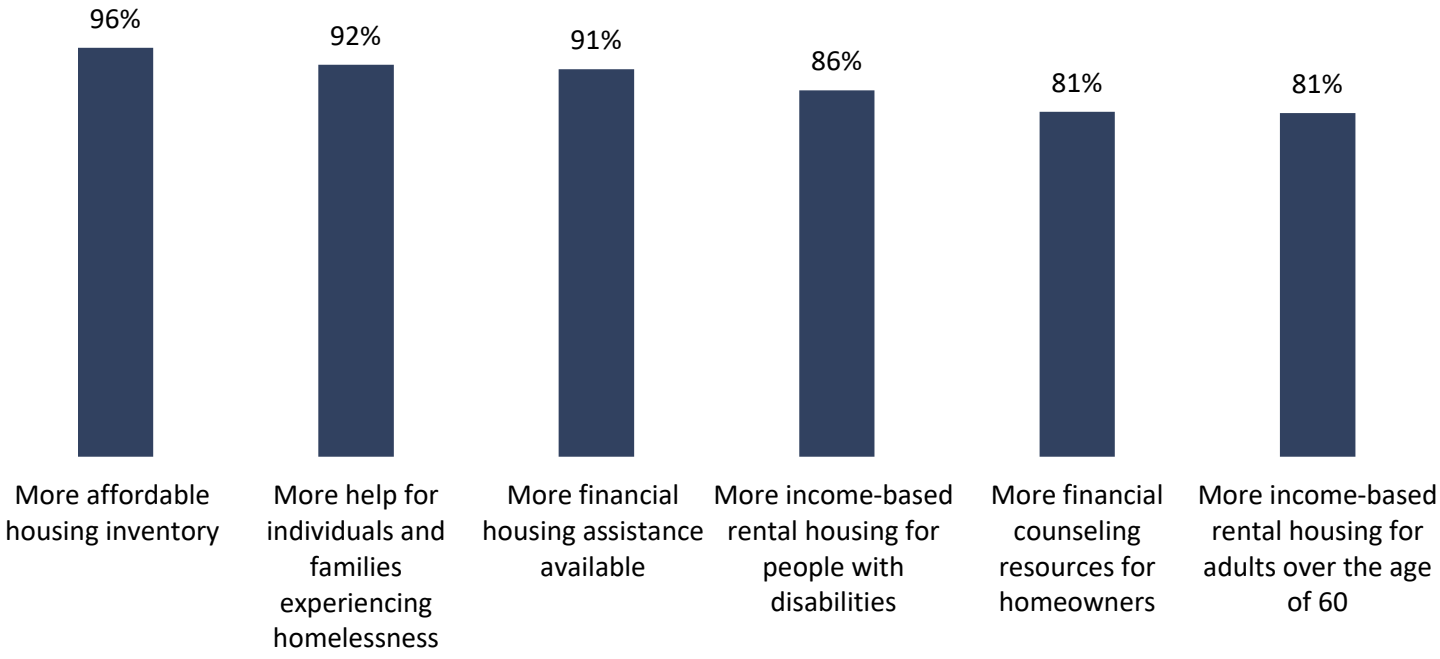
68% of Summit County housing units are owner-occupied and 32% are renter-occupied.[28]

> One of the issues that I foresee is 1) medical providers, including EMS and nursing staff not being able to live in this community due to cost and 2) pushing our teachers out due to cost of living. **What happens when there is no one to take care of us, and also teach our children?**
>
> *- Survey Respondent*

Focus Area 1: Housing

How important is it for Summit County to focus on the following housing related issues in the next three years?

The percent of survey respondents that indicated 'somewhat important' or 'very important':



> **Affordable housing for ALL incomes will improve the health for the county** overall, otherwise we are risking having no professionals to run this county (teachers, child care providers, social workers, therapists, medical staff).
>
> *- Survey Respondent*

Focus Area 1: Housing

Health Assessment Findings: Key Informant Interview & Focus Group Data

The following report section includes data shared by participants in key informant interviews and community focus groups. Data highlight key contextual considerations surrounding barriers and challenges related to housing and potential strategies and collaborations related to housing.

Key Local Groups Impacted

The key informants and focus group participants shared key populations impacted by housing costs and access in Summit County:

A large share of the **Hispanic/Latinx population** work in the hospitality industry with low wages and may not be eligible for workforce housing due to limited hours. Hispanic/Latinx and **immigrant communities**, as well as **residents who do not speak English fluently**, are more likely to have multi-generational and, in some cases, overcrowded homes.

Low-to-moderate-income residents may work multiple jobs, yet struggle to afford move-in costs, such as deposits.

Service providers and the general workforce face a lack of workforce housing units.

Younger families or people who want to start a family may struggle to transition into housing that meets their needs (e.g., no longer living with roommates).

Seniors are being forced out of the county because there is no senior housing. There are no long-term care facilities and very limited hospice care options available.

People with disabilities who cannot work are not eligible for workforce housing. If someone has deed-restricted housing and becomes disabled, they must leave within a year.

Challenges and Barriers

Key informants and focus group participants discussed challenges and barriers surrounding housing in the county:

Home values have more than doubled since the start of the COVID-19 pandemic. This is partly due to remote work making it possible for people to move to secluded areas like Summit County while still maintaining their jobs. The increase in home values has prevented many people from purchasing a home, especially the local population.

Wages are not keeping pace with increases in housing costs, including renting and buying homes, and this lowers the likelihood of being able to afford to live in the county. The quality of housing is also impacted as people may choose a property of lower quality to save on housing costs. Employers struggle to hire and maintain workers, despite providing wage increases, due to the high cost of living.

Focus Area 1: Housing

Challenges and Barriers (continued)

There has been an increase in short-term rentals (STRs). Investors are incentivized to use properties for STRs as opposed to long-term rentals because it is more lucrative. In addition, STRs are taxed at residential rates rather than commercial rates (which are higher rates). The increase in STRs has a variety of impacts:

- **STRs have reduced long-term rental options and accelerated the cost of homes**, which are now seen as a commodity/investment to maximize returns as opposed to a residence.
- **Traditional neighborhoods that have historically been workforce housing are rapidly being converted into STRs**, making it more difficult for the working population to secure housing.
- **Investors in STRs from outside the county do not have a stake in the local community**, impacting the county's culture.

> [People] within the Front Range [can] potentially pull some equity out of their home, use it for a down payment to buy a small condo, and then use that condo for ski weekends and trips. And then when they're not using it, they can short-term rent it and probably make money, if not break even, on their mortgage payments for that condo.
>
> — Key Informant Interview Participant

There is has been growth second home occupancy driven by people with more resources than the local population, more flexibility in their work schedules, and jobs that are oftentimes remote and high-paying. Many second homes are purchased as an investment and sit empty for most of the year. This has decreased the supply of available housing units for locals and contributed to increased home prices. Second homeowners may not know about the housing crisis occurring in the Summit County community.

> It always used to be a question of whether or not you could afford housing. Now it's a question of whether or not you can afford housing and whether or not you can even find housing. It always used to be, could you find a slot, and now there are more families in Summit County and fewer slots.
>
> — Key Informant Interview Participant

There are a lack of affordable housing units. Even though affordable housing is being built, it is not keeping up with demand. For example, a new development in Silverthorne received more than 260 applications for 70 units. Due to narrow income requirements, it can also be challenging to qualify for affordable housing, impacting families who do not qualify, yet cannot afford a market-rate home.

Focus Area 1: Housing

Challenges and Barriers (continued)

Building restrictions limit the supply of housing. For instance, limited land is available for development as 80% of the land in the county is federal public land. In addition, there are height restrictions for apartment buildings which limit the number of units that can be constructed. Key informants also mentioned issues with towns providing sewer and water.

> Another impediment might be our zoning and planning standards, which require new buildings, particularly commercial buildings, to be in the mountain genre, which means they can't be more than two or three or four stories. And if you're dealing with limited land, restricting the height of buildings in that way can be a concern.
>
> - Key Informant Interview Participant

It is difficult to address supply-side issues because building residences is expensive and takes time. This means that potential strategies may be slow to implement, and shorter-term strategies are needed to address any immediate crises.

Potential Strategies and Collaborations

The key informants and focus group participants shared key populations impacted by the current housing market in Summit County:

General government intervention to regulate housing costs can help to ensure equal access to housing across groups. Key informants shared that government intervention is needed at the county-level to address barriers that other organizations and agencies do not have the power to impact. Different strategies involving regulations that were discussed include:

- **Restrictions on the number of properties purchased by corporations/investors** can reduce the disadvantages locals face when competing with them. Many corporations/investors bid with cash and many locals cannot compete with cash offers.
- **Short-term rental (STR) policy changes**, such as implementing a cap on the number of available licenses and increasing STR taxes to commercial rates, can positively affect the number of houses available for purchase or as long-term rentals. The city of Breckenridge is trying to implement STR regulations, but a county-level policy, is perceived as more effective.
- **Tax initiatives to fund local housing programs** already exist but could include potential taxes on short-term rentals.
- **Regulating multiple-home ownership**, as well as **implementing more caps on allowable rental rate increases**, can limit the rising cost of housing and rent.
- **Pre-determining housing constricted areas and requiring towns and utility districts to collaborate with developers and the county to provide utilities needed to develop these areas** can help increase the supply of housing.

Focus Area 1: Housing

Potential Strategies and Collaborations (continued)

Building additional deed-restricted housing, focused primarily on the 80%-120% average median income (AMI) categories, can help to secure workforce housing units. Locals greatly value deed-restricted housing; many said that without it, they would not be able to afford to live in Summit County.

Businesses can incorporate housing access into their business strategies/efforts and expand collaborative efforts with essential businesses, organizations, and entities to secure housing for employees. Some businesses have provided housing vouchers to employees, while others rent out workforce housing purchased by the business. Breckenridge Grand Vacations (BGV) is a large local employer that has a rental assistance program that provides employees with interest-free loans if they have to move. They are constructing workforce housing with lower payment obligations, such as not requiring first/last month's rent upfront. BGV also has an employee assistance fund that is financed by employee donations. Offering housing assistance to people who work in Summit County but live in an adjacent county can help ease the financial burden they face since these workers do not currently qualify for existing programs.

Incentivizing property owners to provide long-term rentals instead of STRs (e.g., Lease to Locals program) can increase the number of available long-term rental units. However, there is a perception that programs like this can cause backlash from previous long-term rental owners who are not eligible for the incentive program as they have been providing this option to renters for quite some time.

> It's fairly expensive, but we've been able to open up about 60 bedrooms, and several more are in process. We're basically opening up housing stock that wasn't there because it was going to be short-term rented, and we're able to get local workers in those rooms.
>
> — Key Informant Interview Participant

The county can continue purchasing or renting hotel properties and converting them into rentals to address the immediate crises/shortages.

Seeking additional voices in collaborative efforts can better inform policymakers and community leaders on the current landscape and potential solutions. This includes hearing from more and diverse community members about their housing situations/experiences. In addition, community members would like to collaborate with larger businesses (e.g., ski industry) regarding poor quality/crowded employee housing and low wages. Employees working in cleaning and the restaurant industry were also cited as they are the backbone of the community.

Educating and creating public awareness of the issues and cost of the current Summit County housing crisis can increase engagement across the community. Residents, tourists, and second homeowners may benefit from a basic understanding of what is going on, the impacts, and potential solutions.

Focus Area 2: Economic Mobility & Living Wages

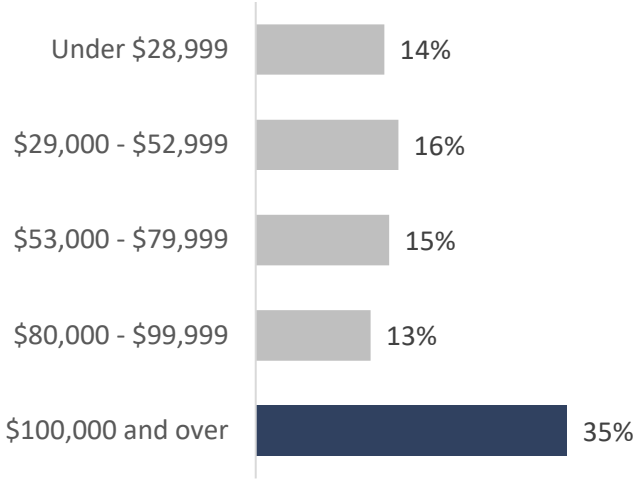
Health Assessment Findings: Secondary & Survey Data

This section of the report focuses on data from secondary data sources, and data collected via the community survey related to economic mobility for residents of Summit County.

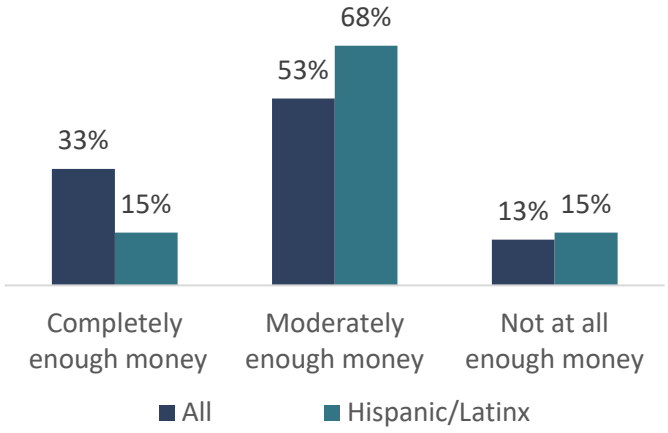
Median household income in Summit County:[26]
- All: **$86,570**
- Hispanic/Latinx: **$67,551**
- White: **$79,991**

7% of Summit County's children live in poverty: [26]
- Hispanic/Latinx children: **28%**
- Asian: **28%**
- White: **1%**

36% of all survey respondents' annual household income was over $100,000.

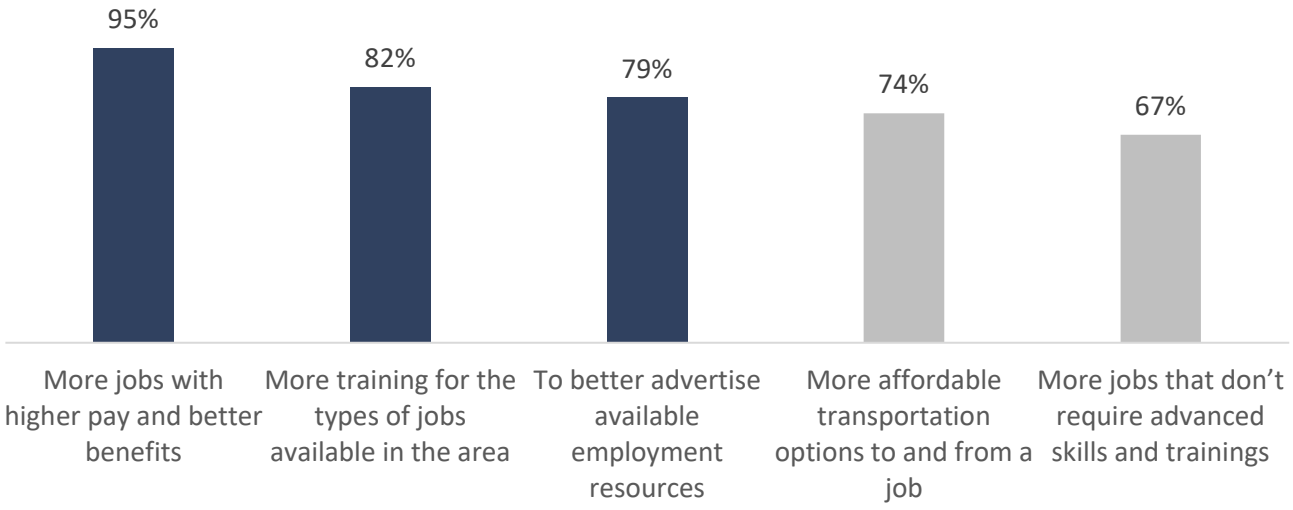


32% of all respondents indicated having **completely** enough money to meet their needs, compared to **15% of Hispanic/Latinx** respondents.



How important is it for Summit County to focus on the following employment issues in the next three years?

Jobs with higher pay, job trainings, and **better job advertising** were seen as most important.



** Percentages represent 'somewhat important' or 'very important' responses*

Focus Area 2: Economic Mobility & Living Wages

Health Assessment Findings: Key Informant Interview & Focus Group Data

Data below includes insights into issues surrounding economic mobility shared by participants in key informant interviews and community focus groups. Data highlight key contextual considerations surrounding barriers and challenges as well as potential strategies and collaborations related to housing.

Key Local Groups Impacted

Key informants and focus group participants shared key populations impacted by the need for economic mobility and living wages in Summit County:

Low-income and working-class residents may struggle to make ends meet or work multiple jobs afford to live in the county. They may also have little or no savings and therefore are less likely to invest in assets that will generate wealth over time.

Middle-income residents may not make enough money to cover all of their expenses, including housing and childcare costs. Yet, their income level is too high to qualify for many assistance programs.

Families with children have lower economic mobility due to a need for increased capital as they grow. In addition to expenses for necessities and childcare, families also tend to need more living space for their children (i.e., additional bedrooms). This can be difficult to afford, especially considering the county's high housing costs.

Challenges and Barriers

The key informants and focus group participants also discussed challenges and barriers to obtaining economic mobility and living wages in the county:

People cannot afford to live in the county. This is true even for people who work in industries that have seen increased wages, as these increases have not kept up with the rising cost of living, including housing and rent costs. This has spillover effects, such as challenges in finding and hiring qualified candidates to provide needed services. It also increases staff turnover and contributes to provider shortages as people transition out of the county to more affordable locations.

> Real estate has doubled in the last three years for most homes, and your wages [are not] going to, but to me, it's somewhat of a barrier, the finance piece, for most people that'd love to be here, and it's simply the fact that most people can't afford to.
>
> — Key Informant Interview Participant

It is difficult to find full-time, year-round work in the county with adequate wages and benefits. This is because the county's economy is largely dependent on the tourism and outdoor recreation industry—industries that are predominantly comprised of low-wage jobs, many of which are seasonal.[29] Seasonal employees also do not always qualify for benefits, such as paid time off or healthcare coverage.

Focus Area 2: Economic Mobility & Living Wages

Challenges and Barriers (continued)

Affordable housing income limits hinder upward mobility over time. Affordable housing eligibility is typically determined by how a household's income compares to the median income of all households in a geographic area, commonly referred to as Area Median Income (AMI). To qualify, a household's income must not exceed a certain percentage of AMI, which typically ranges from 60-120%. While it is important to have housing designated for those with low incomes, this system does have disadvantages. First, many professionals living in the county are not eligible based on the income requirements despite not being able to afford homes selling at market price. Second, if a household that previously qualified for affordable housing earns more income (i.e., experiences upward economic mobility) and no longer meets the income requirements, there are a lack of other housing options within a household's means. This may negatively impact the upward mobility they have achieved as their housing costs increase. It can also disincentivize earning more income if these costs are greater than the additional earnings would be.

> As you move up the ladder, you become over income for these [housing] programs, and then have to leave or [move out]. It dissuades people from moving up the ladder, quite frankly.
>
> — Key Informant Interview Participant

Limited options for affordable healthcare providers, such as Medicaid providers, increase healthcare costs and reduce the amount of funds residents can save or invest. Summit Community Care Clinic, for example, is the only clinic in the area that provides comprehensive primary care to Medicaid patients on a sliding fee scale. It is also one of three dental providers in the county that accepts Medicaid.

Potential Strategies and Collaborations

Key informants and focus group participants discussed potential collaborations and strategies to address economic mobility and living wage issues in Summit County.

Diversify the economy by creating more jobs in sectors other than tourism and outdoor recreation. Since there is a heavy concentration of low-wage jobs in the tourism and outdoor recreation sector, expanding the presence of other sectors could increase the number of higher-paying, year-round jobs.

Create more awareness of the notion that not being able to afford housing or earn a high income is not due to a personal failing/character flaw but rather, a product of the environment. Key informants shared that while this strategy is "just one little drop in the bucket", it can still create the assurance that it is not about the individual person and that they are not alone.

Focus Area 2: Economic Mobility & Living Wages

Potential Strategies and Collaborations (continued)

Continuing to share and provide community services/programs that are income-based support those who are facing financial difficulties and can alleviate some of the financial pressure they experience**.** For example, services provided by the Family & Intercultural Resource Center (FIRC) help connect those who are facing financial hardship with resources around housing, budgeting, medical and dental assistance, among others.

Maintaining collaborations between organizations to share resources with people in the community can provide an essential bridge to services**.** Key informants shared FIRC, Human Services, and the Summit Foundation as examples of existing collaborations that should continue. They also stated that because Summit County is a smaller county, collaboration is more efficient, and there does not tend to be duplication of similar services.

> Our community, I think everyone here would agree, is already very collaborative in nature and loves to work together and use the resources that we have to best support families. And so I think again, that next step of formalizing those systems to make it a really inclusive process where there's no wrong door kind of approach for families coming into the system to get connected to all the different resources that can support them is everybody's goal.
>
> — Key Informant Interview Participant

Expanding income flexibility/eligibility in assistance programs--such as housing programs, SNAP, and WIC—to allow a certain margin of freedom and variation in a household's income level. It can be difficult for Summit County residents to qualify for these programs because wages are higher in the county, but the cost of living is also higher. Expanding eligibility requirements can help bolster economic mobility for those who are working to "climb the ladder".

Establishing policies and legislation to increase the minimum wage and to increase the number of Medicaid providers in the county were also mentioned.

Focus Area 3: Food Access

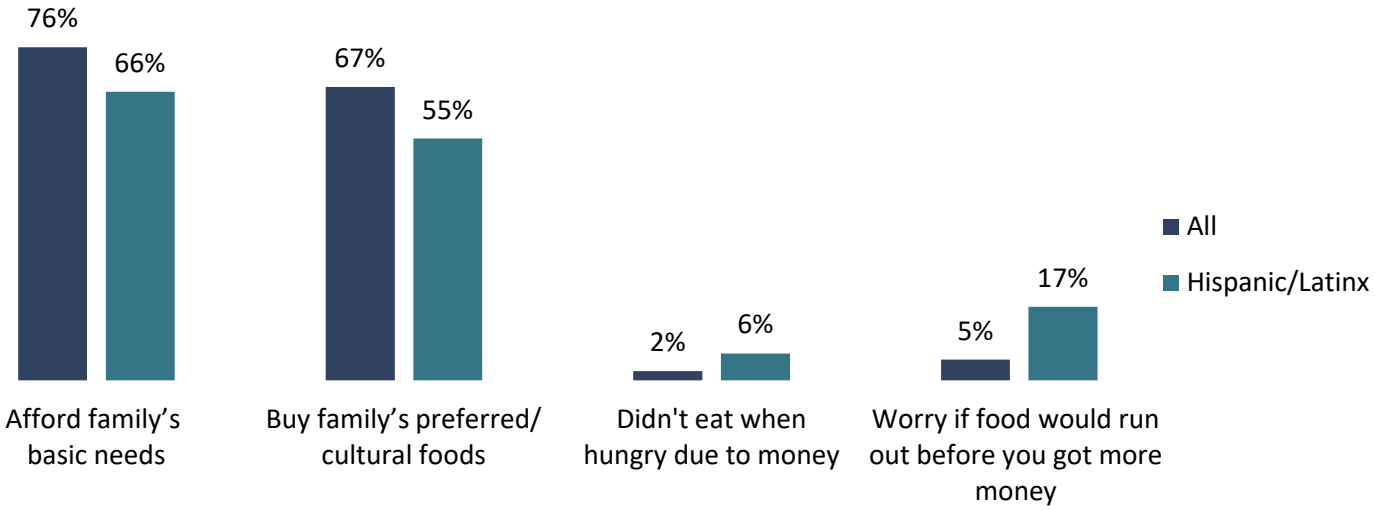
Health Assessment Findings: Secondary & Survey Data

This section of the report focuses on access to food for residents of Summit County using data from secondary data sources, and data collected via the community survey.

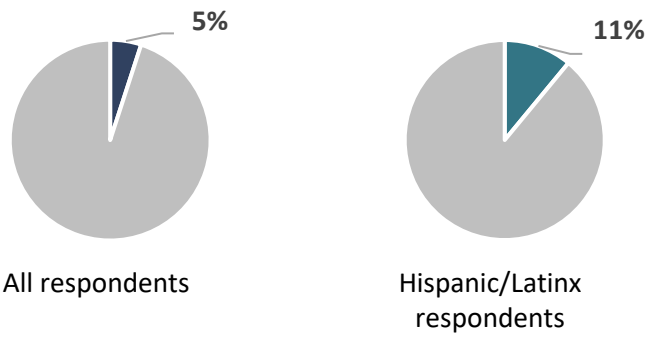
8% of Summit County households experience food insecurity, compared to **9.8%** of Coloradoans.[30]

The average meal in Summit County costs **$4.51**, compared to **$3.35** in Colorado.[30]

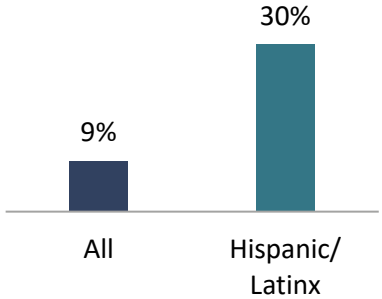
When asked how frequently the following occurred in the past 30 days, **Hispanic/Latinx respondents** were slightly less able to afford their family's basic needs and were more concerned with food access than **all respondents**.



Hispanic/Latinx respondents were more likely to receive benefits from the Supplemental Nutrition Assistance Program (SNAP)

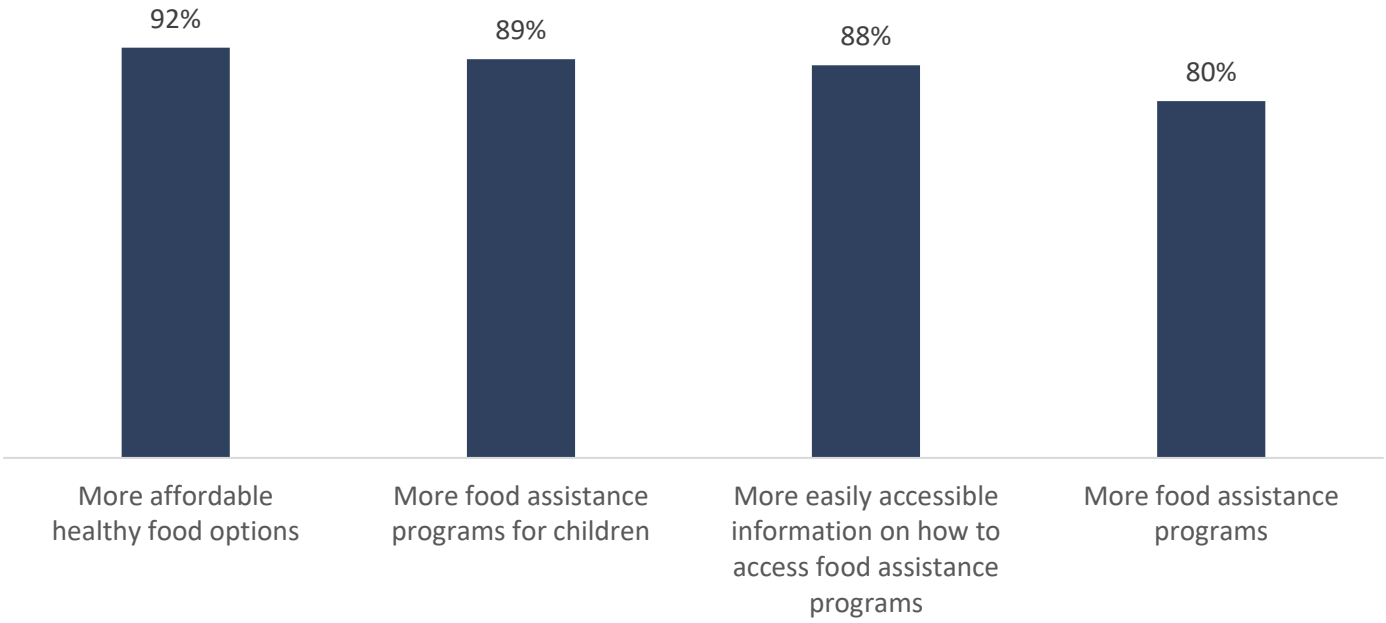


30% of Hispanic/Latinx respondents received free groceries from a food bank, food pantry, church, or other place in the past 30 days



Focus Area 3: Food Access

How important is it for Summit County to focus on the following food related issues in the next three years?
The percent of survey respondents that indicated 'somewhat important' or 'very important':



Health Assessment Findings: Focus Group Data

Food access was not prominently discussed in the key informant interviews but was briefly discussed in the focus groups Key themes that emerged are described below.

Expanding or adding a grocery store in the county would support the community's access to more food supplies throughout the week and weekends. Tourism has increased food supply demands within local grocery stores, impacting food options.

FIRC and Smart Bellies provide healthy food options and resources to the county, like the food bank and weekend food supply. **More community dinners** in partnership with organizations can also increase food security among families and seasonal workers in the county.

Focus Area 4: Childcare

Health Assessment Findings: Secondary & Survey Data

This section of the report summarizes data from secondary data sources and data collected via the community survey related to childcare.

36% of survey respondents had at least one child.

Among participants with children, **45%** had one child and **45%** had two children.

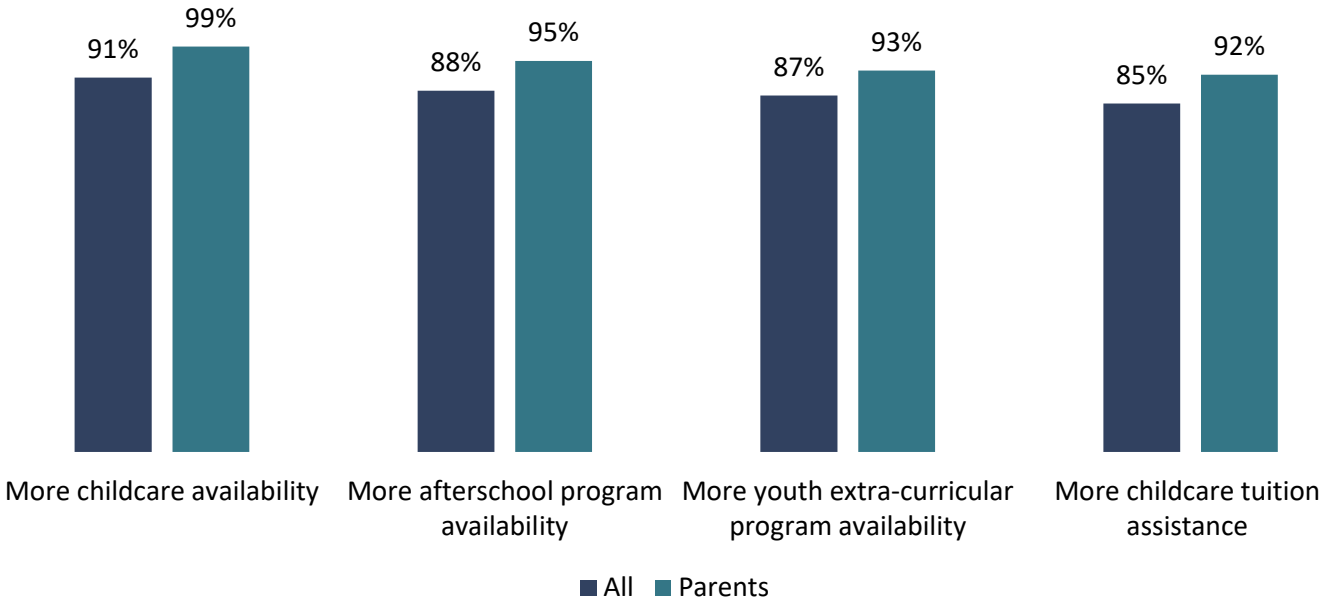
> **Childcare is such a huge issue**. We are on 8+ waitlists and it's a 2 year minimum wait. I'm not sure how anyone expects to be able to live and work when they don't have childcare.
>
> *– Survey respondent*

25% of Summit County families report inadequate care for children under 5.[31]

There are **10.9 children per early childhood educator (ECE)** in Summit County, compared to 17 in Colorado.[32]

How important is it for Summit County to focus on the following childcare related issues in the next three years?

The percent of survey respondents that indicated 'somewhat important' or 'very important':



** "All" includes all survey respondents, including the parent respondents*

Focus Area 4: Childcare

Health Assessment Findings: Key Informant Interview & Focus Group Data

The following report section includes insights shared by participants in key informant interviews and community focus groups. Data highlight key local groups impacted, surrounding barriers and challenges related to childcare, and potential strategies and collaborations related to childcare and childcare providers.

Key Local Groups Impacted

Key informant and focus group participants shared populations impacted by the shortage of childcare and childcare providers in Summit County:

Low-to-income residents are having challenges in affording childcare costs. It has become a burdensome cost for residents like essential workers and families while trying to afford necessities like housing, healthcare, and food security.

New parents and guardians cannot access affordable childcare and cannot return to their employers until childcare is secured, often impacting employer retention rates and hours.

Younger families or people who want to start a family cannot afford childcare and are considering relocating to other areas—or reconsidering their choice in starting a family to meet additional costs like housing.

Challenges and Barriers

Key informants and focus group participants discussed challenges and barriers that key populations encounter when accessing and affording childcare.

There is a shortage of both childcare centers and staffing. Childcare workers cannot afford to live in Summit County because of the rising housing costs and low living wages to support necessities. It was also shared that childcare workers are reaching retirement, and childcare centers are having challenges hiring new providers.

> You are not missing out on some secret plot of childcare that everyone else is getting. I go, "It is hard for everybody. And this is kind of what we got."
>
> -Key Informant Interview Participant

Parents, guardians, and families cannot find affordable childcare options. The affordable childcare shortage is affecting all county residents. Families cannot work full-time at their employers, and some are terminating their employment until childcare becomes available.

> I was just talking to a couple of friends who are looking at childcare costs for this year for their new baby. [He said,] 'Childcare costs $24,000, but when you take all the taxes, we will have to earn $36,000.' So, you know…I think it's really hard for families to live here.
>
> -Key Informant Interview Participant

Focus Area 4: Childcare

Challenges and Barriers (continued)

In-home daycare providers are leaving the county, and providers are selling their homes to benefit from the growing market and to live in more affordable counties. There is also a challenge with licensing requirements being costly for in-home daycare. In-home daycare was an option seen as more affordable for families, and the availability of this option has decreased during the COVID-19 pandemic.

Hours of childcare operations are also limited. Limited child-care centers are open in the evenings and weekends. Extended hours of operation are needed to support non-traditional work hours for families.

Parents, guardians, and families are waiting for long periods to get into the limited childcare that is available in the county. Waiting periods for an available spot can be months to years.

Potential Strategies and Collaborations

Key informants and focus group participants discussed some potential strategies and collaborations to address the shortage of childcare and rising childcare costs.

Funding sources to directly support families with challenges in affording childcare services. New programs in the county provide direct financial support to families for childcare. This will help families so that they can utilize resources for other necessities and support their economic mobility. Scholarships or fundraising events with local businesses or partners can also help childcare centers with their costs.

Using grassroots approaches to train community members to be childcare professionals and obtain their licensure to staff centers. Childcare centers can partner with high schools and the Colorado Mountain College to provide internship opportunities for students to gain professional learning experiences to fulfill licensure requirements.

> So I think if we could really hone in on a partnership between the high school, CMC, and then all of the centers in our community where we can offer some kind of paid internship and learning that happens as they go, that kind of continues into employment in that center or a center in our community, [that] would really best serve our community and hopefully create more childcare staff for the centers that are all struggling to recruit and retain staff right now.
>
> -Key Informant Interview Participant

Focus Area 4: Childcare

Potential Strategies and Collaborations (continued)

Strengthen community navigation services to connect families with childcare services and resources. Parents, guardians, and families may not be aware of the childcare resources available. Community navigators across services that conduct childcare referrals can help parents/guardians make the childcare application process less intimidating, connected to the centralized wait-list, or connected to expanded, free preschool and after school care.

Maintain continued support for the county's workgroup focusing on a county-wide tuition assistance program to support childcare costs for community members living and working in the county. Frisco and Breckenridge provide childcare tuition assistance to families. Families who enroll must meet income requirements, and the childcare costs will go to licensed childcare providers.

> We have an actual working group working with all the municipalities to create a county-wide tuition assistance program. So, it doesn't solve the capacity issue, but at least we can solve the access to care issue and [have] the teachers hopefully make a livable wage. So, I think right there, that's a huge positive for us on that.
>
> - Key Informant Interview Participant

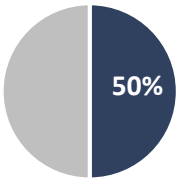
Creating childcare or daycare centers dedicated to county employee families and/or workplaces can allocate slots for employees that work in the county or travel to the county for work.

Focus Area 5: Mental Health

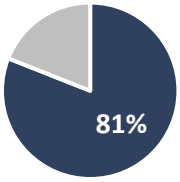
Health Assessment Findings: Secondary & Survey Data

This section of the report summarizes data from secondary data sources and data collected via the community survey related to the mental health status and care of Summit County residents.

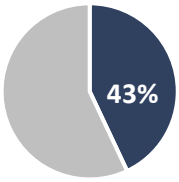
Participants were asked to rate their mental health status. The percentage who said their **mental health was excellent or very good**:



All respondents



65+ respondents



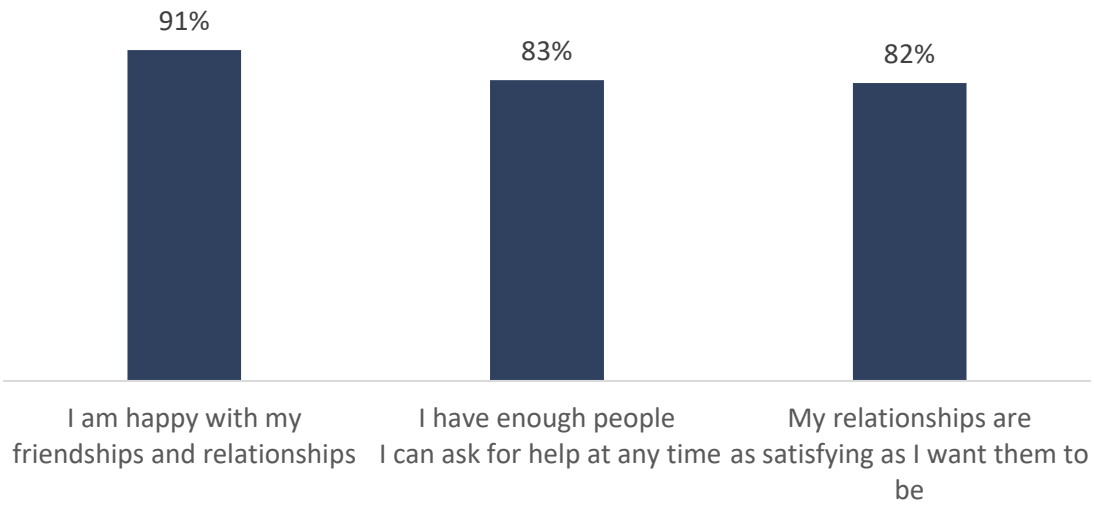
Hispanic/Latinx respondents

36% of all Summit County students and **62%** of students who are bisexual felt so sad or hopeless almost every day for 2 weeks or more in a row during the past 12 months that they stopped doing some usual activities.[33]

16% of all Summit County students and **38%** of students who are bisexual seriously considered attempting suicide during the past 12 months.[33]

68% of all adults and **73%** of Latinx/BIPOC adults agree people in their community are generally caring and sympathetic to people with mental illness.[34]

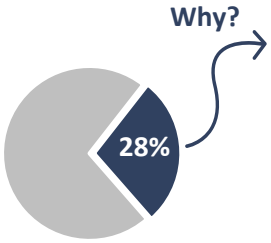
The majority of respondents agree or strongly agreed that they have **strong social supports.**



Focus Area 5: Mental Health

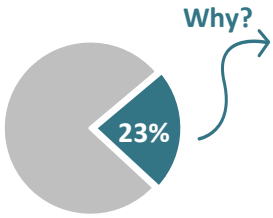
48% of all respondents indicated that they or a loved one had ever received mental health care in Summit County.

28% of all respondents indicated they or a loved one needed mental health care in the past 12 months, but did not get it.



Reason	%
Trouble getting appointment	42%
Cost too much	22%
No doctor/ counselor	11%

23% of Hispanic/Latinx respondents indicated they or a loved one needed mental health care in the past 12 months, but did not get it.



Reason	%
Cost too much	45%
Trouble getting appointment	18%
Stigma	9%

Of all Summit County mental health providers,[34]

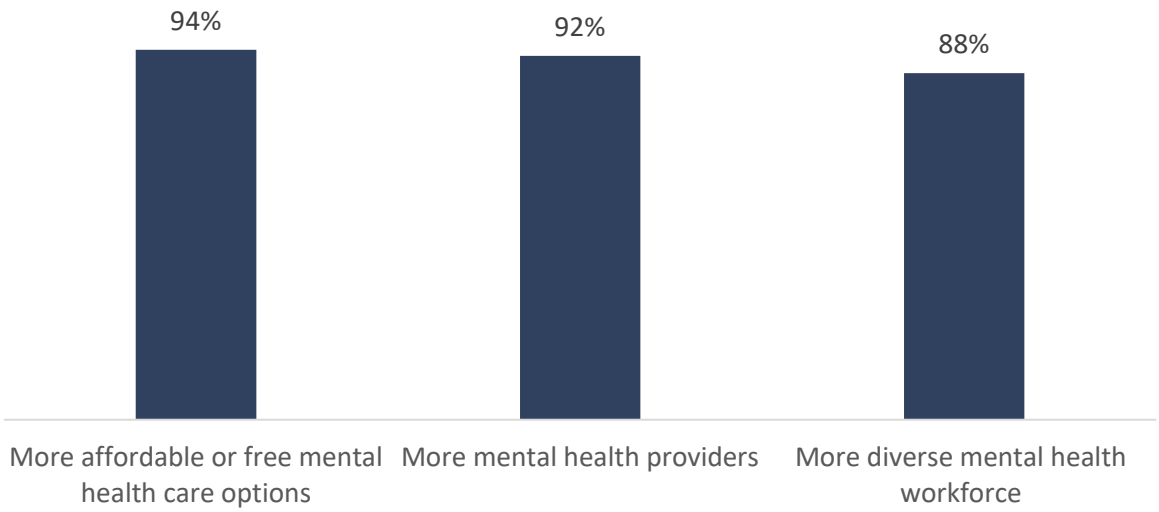
- 83% are heterosexual/straight
- 90% are white and 1% are Hispanic
- 15% provide services in language other than English
- 35% accept Medicaid
- 61% are self-employed

Summit County mental health providers identified the **biggest gaps in care for people in crisis as**:[34]

- 38% identified inpatient mental health treatment
- 21% identified intensive outpatient treatment

How important is it for Summit County to focus on the following mental health related issues in the next three years?

The percent of survey respondents that indicated 'somewhat important' or 'very important':



Focus Area 5: Mental Health

Health Assessment Findings: Key Informant Interview & Focus Group Data

This section of the report includes data shared by participants in key informant interviews and community focus groups. Data highlight key local groups impacted, surrounding barriers and challenges related to mental health, and potential strategies and collaborations related to mental health and access to care.

Key Local Groups Impacted

Key informant and focus group participants shared key populations impacted by the need for mental health services in Summit County:

Latinx and Hispanic communities need more mental health services and programs tailored to their language and cultural values. Mental health stigma reduction efforts are also needed. Not speaking about mental health is often a cultural norm in the community, and more efforts are needed to reduce this stigma and increase awareness.

Resort seasonal workforce cannot always access health care coverage or other care programs as their work hours may be impacted by non-peak periods at resorts, and insurance or programs may require a minimum set of hours. Seasonal workers often live under stress related to meeting economic needs, affecting their mental health and wellness.

Community members experiencing severe and persistent mental illnesses cannot access mental health services in the county as there are limited resources and capacity for new patients.

Seniors experiencing neurological conditions (e.g., dementia) are experiencing crises and may not be connected to preventable mental health care. There are often delays in setting an initial appointment.

Challenges and Barriers

Key informants and focus group participants discussed challenges and barriers that key populations encounter when accessing mental health services.

Key populations face a shortage of care available at affordable community mental health centers and inpatient/outpatient facilities. There is a long waitlist to access care at mental health centers with limited staffing capacity to care for new patients. People with severe mental illnesses and seniors experiencing crises cannot access immediate care and be enrolled in long-term care for their mental health. Participants often described that people are in situations where they cannot wait a month for an appointment, and yet some waited over a year, increasing their likelihood of experiencing a crisis.

> We are severely lacking across the nation and in our community [in] mental health resources. And as [you know], unfortunately, we have some of the higher issues with mental health in the nation, and I think we could probably do better.
>
> -Key Informant Interview Participant

Focus Area 5: Mental Health

Challenges and Barriers (continued)

There is low awareness of the mental health resources or services available in the county. Community members may not be aware of local resources, such as FIRC's Mental Health Navigators and Building Hope, which collaborate to guide community members to help access resources like the Mental Health Scholarships.

There are a lack of funding opportunities to support continuing, comprehensive mental health care. Local agencies are seeking additional funding streams to ensure services can continue to provide resources at an accessible rate. However, many community members are waiting long periods to have an initial visit.

> For mental health, certainly if you have money, you can access other things. But I would say it's not easy for people with a lot of money to find mental health providers either… Having said that I think again, if you have a language barrier or even lower income, you wouldn't even entertain paying a hundred dollars and/or have the patience to navigate finding a therapist.
>
> -Key Informant Interview Participant

There are a lack of culturally responsive mental health services in the county to meet the mental health needs of key communities like the Latinx community. The Latinx community and other communities of color cannot meet their language and cultural needs in care settings or build trusting relationships with staff, limiting their access to care.

Additional challenges or barriers are related to one's social determinants in accessing mental health services: living wages, medical care costs, and stigma impact the community's ability to access mental health care. Key communities address foundational needs within their homes before addressing their mental health. Challenges in affording necessities or being stigmatized are impacting the mental health care of key communities.

> We've done some work around mental health stigma reduction, but still, most people are still real not comfortable really accepting the fact that they have some kind of mental issues going on, or see they end up in the emergency room. So, I think it's an opportunity that I think that we still have to do some work around mental health stigma reduction.
>
> -Key Informant Interview Participant

Focus Area 5: Mental Health

Potential Strategies and Collaborations

Key informants and focus group participants also provide ideas surrounding potential solutions and strategies in support of key populations accessing mental health services.

Continued collaboration with FIRC, Building Hope, SMART team, and organizations that provide mental health services can strengthen how community members find and perceive mental health care as accessible in the county. Key informants shared that maintaining the collaboration of services will reduce working in silos and improve linkages to care for crisis responses.

Stigma-reduction efforts and education can encourage community members also to access care. Stigma can negatively impact an individual's connection to care. Utilizing media health awareness messaging and in-person engagement (e.g., tabling at community events) to share resources can increase the awareness of the importance of mental health care. It was also shared that media campaigns should focus on suicide prevention awareness.

More initiatives to reduce cost-related barriers to increase long-term access to mental health care. Community members, uninsured or underinsured, face more challenges in affording mental health testing and treatment. Building Hope's Mental Health Scholarships were shared as a beneficial payment option to seek help. Initiatives to reduce costs or provide alternative payment options are essential for key populations to afford care.

Developing culturally responsive mental health services and programming for communities of color to access ongoing mental health care. Providing culturally responsive care ensures the language and cultural needs are addressed to encourage communities of color to seek resources and care and build trusting relationships with staff.

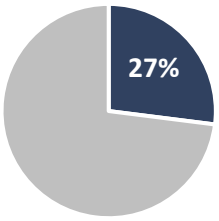
More crisis response and mental health services in emergency settings (e.g., hospital emergency room systems) for community members to seek immediate, professional care. The opportunity to access walk-in centers or mobile transport to mental health crisis services supports non-law enforcement models like the SMART program to address mental health emergencies and be connected to a continuum of care.

Focus Area 6: Substance Use

Health Assessment Findings: Secondary & Survey Data

This section of the report focuses on Summit County residents' substance use and substance use disorder treatment using data from secondary data sources and data collected via the community survey.

The percentage of survey respondents who used substances for at least 1 day in the past 30 days…



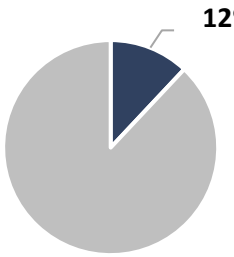
of survey respondents reported binge drinking **alcohol**

Adults

- **77%** of all Summit County adults and **61%** of Latinx/BIPOC adults consumed 1 or more drinks in a typical month.[34]

Youth

- **26%** of Summit County youth consumed alcohol in the past 30 days, compared to 42% of all Colorado youth.[33]
- **70%** of Summit County youth think it would be cool if they drank alcohol.[34]



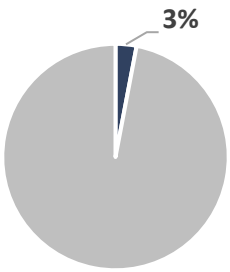
of survey respondents reported using **tobacco products**

Adults

- **8%** Summit County adults currently smoke cigarettes, compared to 15% of all Colorado adults.[28]

Youth

- **85%** of Summit County youth think it would be cool if they smoked cigarettes.[34]



of survey respondents reported using **illicit drugs**

Adults

- **10%** of Summit County adults used marijuana 1 or more times in the past 30 days, compared to 18% of Colorado adults.[28]
- **11.2** drug overdose deaths due to any drug per 100,000 in Summit County, compared to 24.8 in Colorado.[35]
- **88%** of Spanish-speaking parents disapprove of adult use of marijuana, compared to 43% of English-speaking parents.[36]

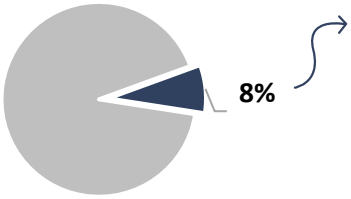
Youth

- **11%** Summit County youth used marijuana 1 or more times in the past 30 days.[33]
- **75%** of Summit County youth think it would be cool if they used marijuana.[34]
- **9 out of 10** Summit County parents thought it was unsafe for youth to use marijuana regularly.[36]

Focus Area 6: Substance Use

5% of all respondents indicated that they or a loved one had ever received substance use disorder treatment in Summit County.

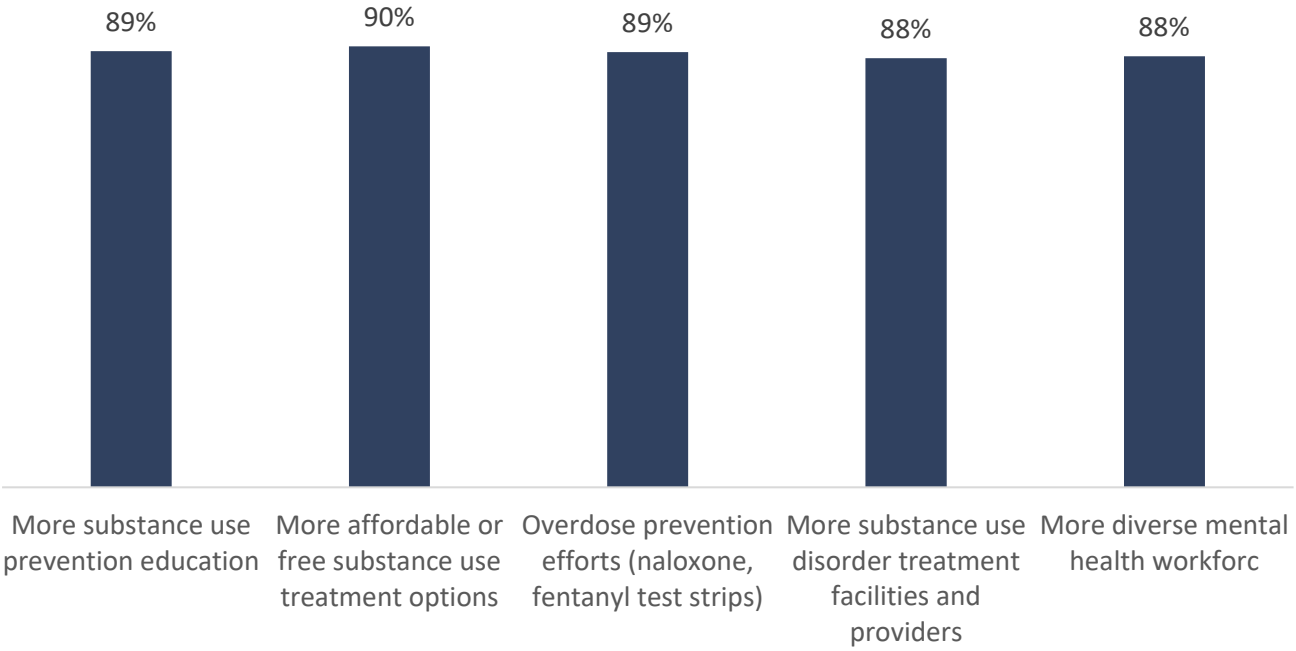
8% of all respondents indicated they or a loved one needed substance use disorder treatment in the past 12 months, but did not get it. There were an insufficient amount of data to examine differences for participants who identify as Hispanic/Latinx.



Reason	%
Don't know where to	33%
Denial/ Disinterest	14%

How important is it for Summit County to focus on the following substance use related issues in the next three years?

The percent of survey respondents that indicated 'somewhat important' or 'very important':



Focus Area 6: Substance Use

Health Assessment Findings: Key Informant Interview & Focus Group Data

The following report section includes data shared by participants in key informant interviews and community focus groups. Data highlight key local groups impacted, surrounding barriers and challenges related to substance use, and potential strategies and collaborations related to substance use and access to treatment.

Key Local Groups Impacted

Key informant and focus group participants shared key populations impacted by the need for substance use treatment in Summit County:

Young adults in the county are developing substance use dependencies. Overdoses of substances with fentanyl are occurring among young adults in the county; it has become easier for youth and young adults to access alcohol and drugs.

Seasonal workers at resorts are also developing substance use dependencies. There is access to substances within the resorts, which is an activity to engage in during off periods. There is a perception that seasonal workers engage with substances as they cope with making ends meet.

People with severe and persistent mental illness and substance use disorders are often co-occurring. As community members find challenges in accessing mental health care, they also have challenges accessing substance use treatment options.

Challenges and Barriers

Key informants and focus group participants discussed challenges and barriers that key populations encounter when accessing substance use treatment.

There is stigma surrounding people who misuse or use substances. It is challenging for the community to understand that substance use affects community members of many different backgrounds and experiences. Stigma impacts the ability of health care providers to advocate for medication-assisted treatment at their facilities or programs that can support their patients.

Substance use is part of the county's cultural norm, and many visitors engage in substance use when visiting the resorts. Seasonal workers may also engage in substance use behavior as an activity because there are limited engagement opportunities. Not only was it described as part of the culture, but also used as a coping mechanism for handling multiple stressors in making ends meet.

> And then with substance use it's certainly part of our culture, but I also just think it's stressful living here. And I know it's stressful living probably anywhere right now. So maybe living here so long, I think that it's a Summit County thing, but I do think, you can't save a lot of money. I'm a professional, I have two master's degree and I'm paycheck to paycheck. So I think it's challenging.
>
> -Key Informant Interview Participant

Focus Area 6: Substance Use

Challenges and Barriers (continued)

The COVID-19 pandemic has increased isolation, domestic violence, employment loss, and mental health needs. These have become stressors for community members and increased the likelihood of substance use. Local agencies are utilizing resources to address pandemic-related basic needs for families, impacting their resources and capacity to connection community members to substance use treatment.

There is a shortage of inpatient and outpatient facilities for recovery/treatment, such as medical detox services. Alcohol use continues to be a concern and is closely related to mental health. There is a 72-hour detoxification facility in the county , but more is needed as community members are traveling to nearby counties or the front range for treatment.

> I think that's something that substance [use] treatment is absolutely essential here and we really have next to nothing for it. And then two, the overdose crisis that's affecting the rest of the world is coming here and soon. And I don't know that we have great resources in place to combat something like that. Although taking steps to get there.
>
> -Key Informant Interview Participant

Potential Strategies and Collaborations

Key informants and focus group participants discussed potential strategies and collaborations to address substance use.

Increasing and expanding access to recovery and secure treatment services through additional funding. Treatment programs like the SMART team can benefit from additional funding to support their case management load in stabilizing community members at home or by referring them to local treatment services. Increasing funding avenues to support behavioral health staff capacity also supports law enforcement and emergency services agencies in addressing their specified needs.

> It would be great if our hospital could identify a couple of beds locally for inpatient treatment because right now, for inpatient treatment, people have to go to Mesa County.
>
> -Key Informant Interview Participant

Expanding secure transport and treatment for people to be safely connected to mental health and substance use treatment facilities. Providing secure transportation and care ensures staff and patients are safely receiving their care. Compared to traditional ambulance services for people experiencing mental health and/or substance use disorder crises, secure transportation connects people to be seen sooner and will not require local police or Sheriff's Office transport.

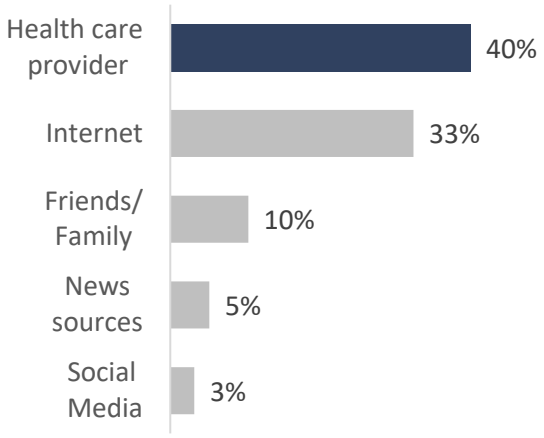
> A secure treatment room within [a] facility would go a long way from keeping people out of the criminal justice system, keeping them safe and keeping their staff safe.
>
> -Key Informant Interview Participant

Focus Area 7: Provider Availability

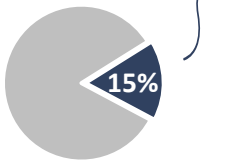
Health Assessment Findings: Secondary & Survey Data

This section of the report focuses on the availability of medical and dental providers within Summit County highlighting data from secondary data sources and data collected via the community survey.

40% of all survey respondents get most of their health information from a **health care provider.**



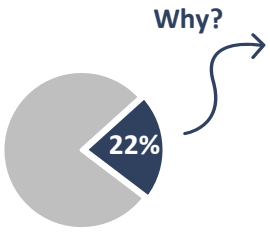
15% of all survey respondents went to a hospital **emergency room** in the past 12 months.



Reason	%
Emergency/ life-threatening situation	47%
After hours/ weekend	28%
Long wait for regular doctor	8%

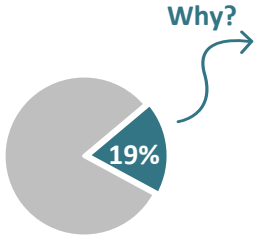
- **14%** of Summit County adults are enrolled in Health First Colorado, compared to 24% of all Coloradoans[37]
- **17%** of Summit County adults are enrolled in Medicaid/CHP+, compared to 20% of all Coloradoans[27]

22% of all respondents indicated they or a loved one needed medical care in the past 12 months, but did not get it.



Reason	%
Cost too much	45%
Trouble getting appointment	27%
No health insurance	7%

19% of Hispanic/Latinx respondents indicated they or a loved one needed medical care in the past 12 months, but did not get it.



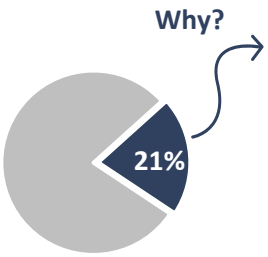
Reason	%
Cost too much	78%
Trouble getting appointment	11%
No health insurance	11%

- The ratio of primary care physicians to Summit County residents is **1:1550**, compared to 1:1211 in Colorado[38]
- The ratio of other primary care providers to Summit County residents is **1:1477**, compared to 1:867 in Colorado[26]

Focus Area 7: Provider Availability

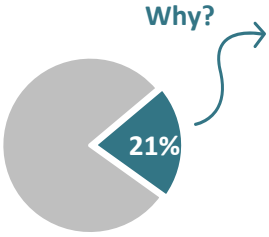
Health Assessment Findings: Secondary & Survey Data

21% of all respondents indicated they or a loved one needed dental care in the past 12 months, but did not get it.



Reason	%
Cost too much	56%
Trouble getting appointment	25%
No health insurance	6%

21% of Hispanic/Latinx respondents indicated they or a loved one needed dental care in the past 12 months, but did not get it.



Reason	%
Cost too much	80%
Limited options in county	10%
No health insurance	10%

The ratio of dentists to Summit County residents is 1:1000, compared to 1:1200 in Colorado[26]

Survey respondents were given the opportunity to share additional information in an open-ended response. Many themes from these responses relate to provider availability, including:

Women and reproductive health care: Limited options, high-cost, lack of contraceptive services, and late sex education in schools.

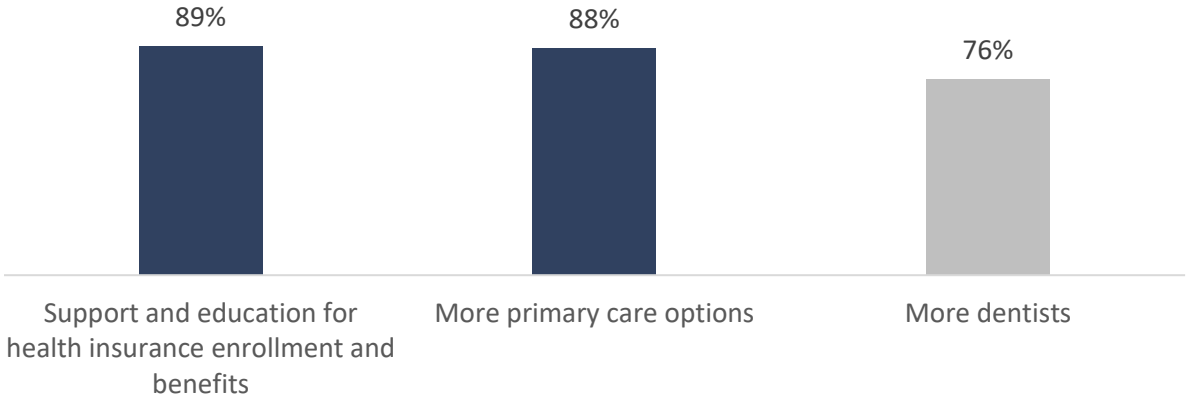
Urgent and emergency care: Urgent care limited availability (closes early) and high cost at the ER.

Mental health care: Limited availability requiring folks to seek help outside of Summit County, and high cost for residential treatment.

Care for Hispanic/Latinx population: Support for Spanish-speaking individuals (especially pregnant individuals), more providers accepting Medicaid.

How important is it for Summit County to focus on the following provider availability related issues in the next three years?

Health insurance enrollment support/education and **more primary care options** were seen as most important.



Focus Area 7: Provider Availability

Health Assessment Findings: Key Informant Interview & Focus Group Data

This section includes data shared by participants in key informant interviews and community focus groups related to provider availability.

Key Local Groups Impacted

Key informants and focus group participants shared key populations impacted by the lack of provider availability in Summit County:

There are a lack of providers specializing in **youth and adolescents**, and there are increased needs among this group.

People in need of services in Spanish or other languages face limited options of providers who can provide services in their preferred language and/or are culturally adept.

Challenges and Barriers

Key informants and focus group participants also discussed challenges and barriers of current provider availability in the county:

There are a lack of services and providers in certain areas of care, including inpatient services, intensive outpatient services, psychiatric-level providers, bilingual providers, Medicaid providers, and providers specializing in adolescents or pediatrics. Due to the shortage of services and providers in these areas, many people travel outside the county to receive the care they need. This is particularly problematic for those in a current crisis and requiring immediate care.

The lack of provider availability escalates problems from prevention to intervention or crisis. For example, screenings occur, but there is nowhere to refer people, and the issues worsen. Consequently, treatment can be more costly as well as more damaging to patient health, resulting in a more extended recovery period.

> I think when you're trying to be preventative using these providers and healthcare navigators to get people to services and then they can't get the services, we see problems escalate… It takes that bar of prevention out, so problems just get bigger, and they become more intervention or even treatment.
>
> — Key Informant Interview Participant

There is a high turnover of private providers due to the lack of affordable and available housing. Providers may briefly move to the community and begin providing needed services before realizing they cannot afford to live in the county, and as a result, they relocate. This leaves a whole patient population to find a replacement provider, which can be highly challenging and, in certain circumstances, unfeasible.

Care navigators are shouldering mental health needs even though handling mental health issues is not their area of expertise, as providers are not available for referrals. Care navigators typically assist patients in finding solutions and navigating the health care system. It can be burdensome for care navigators to connect people with the resources they need.

Telehealth does not solve the issue of access to care. While telehealth can be more convenient and cost-effective, it is only suitable for some types of services. There are many instances, like bloodwork or other testing, where patients require an in-person visit to obtain the care they need.

Focus Area 7: Provider Availability

Challenges and Barriers (continued)

Pandemic and post-pandemic isolation issues continue to affect the community and can negatively impact mental health, increasing the need for services.

Youth depression and suicidal ideation rates have increased. Due to increased needs and the lack of providers specializing in youth and adolescents, there are long waiting lists for this group to be seen. The unmet need for care may result in youth having to leave the county to receive support (which adds to the burden of treatment) or increase the likelihood that youth will experience a crisis. Inadequate care affects the youth and the parents/families who are worried about them.

There is a stigma among community members as well as providers, especially surrounding substance use. This can be an obstacle to bringing programs into the community. Additionally, some providers do not want to offer Medication-Assisted Treatment for conditions such as Opioid Use Disorder due to—at least in part—the existing stigma.

> [There is] not just stigma within the community, but even within healthcare providers, that don't see their role in addressing these issues.
> — Key Informant Interview Participant

Potential Strategies and Collaborations

Key informants and focus group participants shared potential ways to address issues with provider availability in Summit County:

Continuing to support Building Hope in its work to address specialty care and provider availability. Building Hope is a vital resource for the community in the short-term and long-term. Building Hope's mass marketing campaign, "It's okay not to be okay," was highlighted as a successful initiative sparking people's interest in seeking care.

Increase local control over mental health funding and the quality of services provided by allocating Medicaid and state funding for mental health care directly to the county rather than the appointed safety-net behavioral health system.

Existing private providers could begin offering specialty care. This would reduce the number of new providers that would have to relocate to the county or neighboring areas and could be more feasible due to the challenges of attracting and retaining additional providers.

Specialists from around the state could be required to offer one day of appointments and outreach in Summit County (and possibly other rural communities in the state). Having just one additional specialist on-site one day per week would be highly beneficial to the community.

Care could be offered via a rural mobile clinic. Other rural communities have successful models for this, providing treatment for minor injuries and illnesses, as well as prevention services and health education.

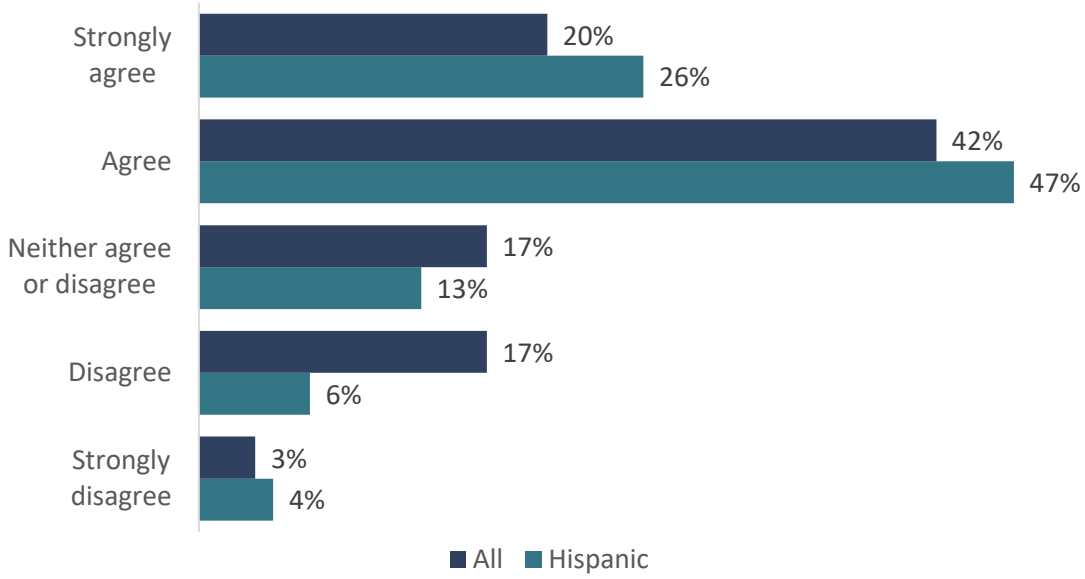
Identifying and offering incentives for practitioners in the area (particularly those with expertise in substance use, emotional disorders, neurology, and gerontology) could encourage them to provide services in the county.

Focus Area 8: Inclusive Community

Health Assessment Findings: Secondary & Survey Data

This section of the report focuses on Summit County's inclusivity using data from secondary data sources and data collected via the community survey.

73% of Hispanic/Latinx Respondents agreed or strongly agreed with this statement: *Summit County is welcoming and inclusive to individuals of all skin colors, cultures, religions, and other personal traits.*



77% of all adults and **68%** of Latinx/BIPOC adults agree they can trust people in their community[34]

More Hispanic/Latinx Respondents experienced instances of discrimination and racism than **all respondents.**

Statement	All	Hispanic/Latinx
Seen your friends or family members treated badly or unfairly because of the color of their skin, language, accent, or because they are from a different country or culture	16%	28%
Treated badly or unfairly at work because of your race or ethnicity	6%	17%
People assumed you are less intelligent because of your race or ethnicity	6%	21%
Watched closely or followed around by security guards or store clerks at a store or mall because of your race or ethnicity	2%	9%

- **6%** of all youth and **15%** of Hispanic youth saw family members treated unfairly because of their race or ethnicity in the past 12 months[33]
- **6%** of all youth and **11%** of multiracial youth were treated badly or unfairly in school because of their race or ethnicity in the past 12 months[33]

Conclusion & Next Steps

Data from the community health assessment are used to inform future programming to improve health in the Summit County, Colorado community and for the creation of the county's five-year Community Health Improvement Plan. In May 2022, the Steering Committee reviewed the community survey, key informant interview, and focus group findings to discuss and reflect on current community health needs. Based on in-depth review of the data, conversation among the committee, and a facilitated priority selection process, the Steering Committee selected two priorities for health improvement in Summit County: economic livability and behavioral health. These priorities will be the focus of the 2023 – 2028 Community Health Improvement Plan (information forthcoming in a subsequent report).

Inclusive Community

The Steering Committee decided that "inclusive community" is an important lens to view all work moving forward. For all health improvement work in Summit County, there will be intentional inclusion of populations with marginalized or oppressed identities (race, disability, LGBTQ+, religion, etc.) with the recognition that when an initiative, program, policy, or strategy is designed for people who are marginalized, everyone benefits.

Economic Livability

Addressing the **root cause** of the interrelated **determinants of health.**

- Housing
- Economic mobility
- Living wages
- Childcare

As well as how these dovetail to impact other key areas of health including food security and provider availability.

Behavioral Health

Addressing both **mental health** and **substance use** across the spectrum from prevention through harm reduction, treatment, and recovery.

References

1. Summit County Public Health. (2017). *Summit County Community Health Needs Assessment.* https://www.scph.org/assessments-reports
2. Summit County Public Health. (2017). *Summit County Community Health Improvement plan.* https://www.scph.org/assessments-reports
3. Centers for Disease Control and Prevention. (2022, January 18). *The Social-Ecological Model: A Framework for Prevention.* https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html
4. World Health Organization. (2010). *A Conceptual Framework for Action on the Social Determinants of Health.* https://www.who.int/publications/i/item/9789241500852
5. Bay Area Regional Health Inequities. (2020). *A public health framework for reducing health inequities.* https://www.barhii.org/barhii-framework
6. Centers for Disease Control and Prevention. (2021, December 8). *Workplace Safety & Health Topics: Lead.* https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html
7. Health Affairs. (2018, June 7). *Housing And Health: An Overview Of The Literature Health Policy Brief*. https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/
8. Office of Disease Prevention and Health Promotion. (2022, February 6). *Poverty.* https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty#:~:text=Residents%20of%20impoverished%20neighborhoods%20or,mortality%2C%20and%20lower%20life%20expectancy.&text=Some%20population%20groups%20living%20in,adverse%20health%20outcomes%20than%20others.
9. American Public Health Association. (2021). *Increase Economic Mobility*. https://www.apha.org/what-is-public-health/generation-public-health/our-work/economic-mobility
10. Office of Disease Prevention and Health Promotion (2022, February 6). *Food Insecurity.* https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity
11. Gundersen, C., & Ziliak, J. P. (2015). *Food Insecurity And Health Outcomes*. Health Affairs, 34(11), 1830-1839. https://doi.org/10.1377/hlthaff.2015.0645
12. Harvard Medical School Center for Primary Care (2020, October 23). *Child Care and Early Education is a Social Determinant of Health—For Children and Adults*. https://info.primarycare.hms.harvard.edu/review/child-care-early-education
13. Office of Disease Prevention and Health Promotion (2020). *Education access and Quality*. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity
14. University of Minnesota Center for Leadership Education in Maternal & Child Public Health (2021) *Mental Health and Well-being Ecological Model.* https://mch.umn.edu/resources/mhecomodel/
15. Minnesota Department of Health (2021). *Social Determinants of Substance Use & Overdose Prevention.* https://www.health.state.mn.us/communities/opioids/prevention/socialdeterminants.html
16. Office of Disease Prevention and Health Promotion (2022, February 6). *Access to Primary Care.* https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary
17. World Health Organization (2022). *Social Determinants of Health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
18. Centers for Disease Control and prevention (2021, November 24). *Racism and Health.* https://www.cdc.gov/healthequity/racism-disparities/index.html
19. Summit County Department of Community Development. (2022*). Summit County Permanent Resident Population*. https://www.summitcountyco.gov/517/Permanent-Resident-Population
20. Summit County. (2022). *About Summit County*. https://www.summitcountyco.gov/570/About-the-Community

References

21. Summit County. (2022). *Mobility Data: Counties with High Tourism.* Available upon request from Summit County Public Health.
22. Wright, E. (2022, May 21) S*ummit County Commissioner Elisabeth Lawrence pushes for an investigation into the county's 2020 census count: Lawrence believes that Summit County's numbers were undercounted.* Summit Daily. https://www.summitdaily.com/news/local/summit-county-commissioner-elisabeth-lawrence-pushes-for-an-investigation-into-the-countys-2020-census-count/
23. Colorado Department of Local Affairs State Demography Office (2022, June 14). *County Data. https://demography.dola.colorado.gov/assets/html/county.html*
24. Summit School District. (2022). *Summit School District Snapshot.* Available upon request from Summit County Public Health.
25. United States Census Bureau. (2019). *Selected Social Characteristics in the United States.* https://data.census.gov/cedsci/table?q=immigration&g=0500000US08117&tid=ACSDP5Y2019.DP02
26. University of Wisconsin Population Health Institute. (2021). *County Health Rankings & Roadmaps 2022.* https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation
27. Colorado Health Institute. (2021). *The Colorado Health Access Survey.* https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-chas
28. Colorado Department of Public Health and Environment. (2022). *Colorado Health Indicators Dashboard.* https://cdphe.colorado.gov/colorado-health-indicators
29. Northwest Colorado Council of Governments Economic Development District (2020, September). *Community Profile for Summit County, Colorado*. http://nwccog.org/edd/wp-content/uploads/2020/10/SummitCountyCommunityProfile_Sept2020.pdf
30. Feeding America. (2022). *Food Insecurity in Colorado Before COVID-19.* https://map.feedingamerica.org/county/2019/overall/colorado
31. Northwest Colorado Council of Governments (2021, May 10). *Regional Assessment of Child Care Industry.* https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/915572/NWCCOG_2021_ECE_Report_____Page_4.pdf
32. Colorado Department of Early Childhood (2019). *Colorado Early Care and Education Workforce Data Dashboard.* https://public.tableau.com/views/OEC_PDIS_BIU_Analytics/Home?%3AshowVizHome=no
33. Colorado Department of Public Health & Environment. (2021). *Healthy Kids Colorado Survey and Smart Source Information.* https://cdphe.colorado.gov/hkcs. 2021 data available upon request from Summit County Public Health.
34. Katz Amsterdam Foundation. (2022). *Shared Measurement Framework Dashboard.* https://public.tableau.com/app/profile/katz.amsterdam.foundation/viz/SMFDashboard/MainNav
35. Colorado Department of Public Health & Environment. (2020). *Colorado Drug Overdose Dashboard.* https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/LandingPage?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no&%3Aorigin=viz_share_link
36. Corona Insights. (2022). *Marijuana Use and Related Beliefs in Summit County. A*vailable upon request from Summit County Public Health.
37. Colorado Department of Health Care Policy & Financing. (2021). *County Fact Sheets. https://hcpf.colorado.gov/county-fact-sheets*
38. Health Resources & Services Administration. (2021). *Area Health Resources Files. https://data.hrsa.gov/topics/health-workforce/ahrf*

References

39. Colorado Department of Public Health & Environment. (2017). *CDPHE Community Level Estimates.* http://www.cohealthmaps.dphe.state.co.us/cdphe_community_level_estimates/
40. Colorado Department of Public Health & Environment. (2021). *State of Colorado 2020/2021 School and Child Care Immunization Data.* https://www.dcphrapps.dphe.state.co.us/Reports/ReportList/Partners
41. Colorado Department of Public Health & Environment. (2022). *Colorado Behavioral Risk Factor Surveillance System (BRFSS).* https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CDPHEVISION/CDPHEVISION?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y
42. Colorado Department of Public Health & Environment. (2022). *Colorado Health Data and Statistics.* https://cdphe.colorado.gov/cohid
43. PRC Custom Research. (2020). *Community Engagement & Behavioral Health Survey Report.* Available upon request from Summit County Public Health.
44. Community Assessment Survey for Older Adults. (2018). *Alpine Area Agency on Aging Report of Results.* Available upon request from Summit County Public Health.
45. Colorado Department of Public Health and Environment. (2020). *Summit County Births and Deaths 2020.* https://drive.google.com/file/d/1h2jBFmzdx3pwPfvH91t3vSqrMibERoXw/view
46. Colorado Department of Public Health and Environment. (2020). *Colorado Births and Deaths 2020.* https://drive.google.com/file/d/1NIJuxgDac2_1aDzmraHlPtxgF7_zvP3L/view
47. Colorado Department of Public Health and Environment. (2020). *Vital Statistics.* https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program
48. Colorado School of Public Health. (2022). *Colorado Population Data Dashboard.* https://www.colorado-data.org/county/summit/immunization
49. Colorado Department of Public Health and Environment. (2022). *Colorado COVID-19 Data.* https://covid19.colorado.gov/data
50. United States Census Bureau. (2019). *American Community Survey*. https://data.census.gov/cedsci/
51. Colorado Environmental Public Health Tracking. (2020). *Explore our Data.* https://coepht.colorado.gov/
52. Colorado Department of Transportation. (2019). *Colorado Motor Vehicle Problem ID Dashboard.* https://www.codot.gov/safety/safetydata/colorado-problem-identification-id-reports
53. Colorado Department of Public Health and Environment. (2020). *Pregnancy Risk Assessment Monitoring System (PRAMS).* https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/pregnancy-risk-assessment-monitoring

Appendix A: Secondary Data Indicators

Clinical Care

Topic Area	Indicator & Source	Data
Provider Availability	Ratio of individuals to mental health providers[26]	• Summit is 316:1 (2018) • Colorado: 269:1 (2018)
Insurance	Adults uninsured[26]	• 12% Summit adults (2018) • 9.4% Colorado adults (2018)
	Children uninsured[26]	• 6.1% Summit children (2018) • 4.8% Colorado children (2018)
	Employer-sponsored insurance[27]	• 46.4% Summit adults (2015-2019) • 52.7% Colorado adults (2015-2019)
Preventative Care	Preventable stays for Medicare enrollees[26]	• 1149 in Summit (2018) • 2617 in Colorado (2018)
	Mammograms[26]	• 45% Medicare enrollees in Summit (2018) • 41% Medicare enrollees in Colorado (2018)
	Flu Vaccinations[26]	• 58% Medicare enrollees in Summit (2018) • 41% Medicare enrollees in Colorado (2018)
	Medical checkups[39]	• 48.5% Summit adults didn't have medical checkups (2014-2017) • 37.4% Colorado adults didn't have medical checkups (2014-2017)
	Childhood vaccinations[40]	• MMR (2020)-- Summit: 94.6%, Colorado: 95.23% • DTaP (2020)-- Summit: 94.93%, Colorado: 95.09% • Polio (2020)-- Summit: 94.34%, Colorado: 94.86% • Varicella (2020)-- Summit: 93.16%, Colorado: 94.42%

Health Outcomes (cont.)

Topic Area	Indicator & Source	Data
Mental Health	Adult depression[41]	• 5.9% Summit adults (2016-2018) • 17.1% Colorado adults (2016-2018)
	Adult anxiety[42]	• 15.7% Summit adults (2016-2018) • 17.7% Colorado adults (2016-2018)
	Adult suicide[28]	• Summit: 15.5 per 100,00 (2020) • Colorado: 21.4 per 100,000 (2020)
	Frequent mental disorder[26]	• 11% Summit and Colorado adults (2018)
	Poor mental health days[43]	• 46.3% Summit residents (2020) • 28.3% Colorado residents (2020)
	Youth depression[33]	• 28.8% HKCS-surveyed high school students (2019) • 35.9% HKCS-surveyed high school students (2021) • 2021 multiracial youth: 55.2% • 2021 bisexual youth: 61.7%
	Youth suicide[33]	• 3.8% HKCS-surveyed high school students (2019) • 5.7% HKCS-surveyed high school students (2021) • 2021 multiracial youth: 15.8% • 2021 bisexual youth: 17%
Physical health	Frequent physical distress[26]	• 9% Summit adults (2018) • 10% Colorado adults (2018)
	Fair or poor health[26]	• 11.9% Summit adults (2018) • 13.8% Colorado adults (2018)
	60+ physical health[44]	• 97% Summit adults (2018) • 93% in 5 surrounding counties (2018)
Maternal health	Low birthweight[45,46]	• Summit: 15.3% (2020) • Colorado: 9.3% (2020)
	Maternal depression[28]	• Summit: 11.7% (2017) • Colorado: 11.3% (2017)
	Prenatal care later than 1s trimester/no care[47]	• Summit: 20.3% (2020) • Colorado: 18.3% (2020)

Health Outcomes (cont.)

Topic Area	Indicator & Source	Data
Chronic diseases	Cancer[28]	• Breast cancer, colorectal, and prostate cancer incidence rates in Summit are all lower than Colorado
	Asthma[28]	• 7.8% Summit adults (2014-2017) • 8.9% Colorado adults (2014-2017)
	Lung disease[27]	• Summit: 0.17 per 100,000 • Colorado: 0.40 per 100,000
	Arthritis[28]	• 13.4% Summit adults (2016-2018) • 22.8% Colorado adults (2016-2018)
	Stroke[42]	• 0.5% Summit adults (2016-2018) • 2.2.% Colorado adults (2016-2018)
	Diabetes[28]	• 6.5% Summit adults (2019) • 7% Colorado adults (2019)
	High cholesterol[41]	• 28.2% Summit adults (2019) • 29.9% Colorado adults (2019)
	Obesity[41]	• 13.1% Summit adults (2017) • 21.5% Summit adults (2019) • 23.8% Colorado adults (2019)
	Heart disease[41]	• 4.2% Summit adults (2019) • 2.3% Colorado adults (2019)
	High blood pressure[27]	• 14.1% Summit county (2017) • 24.4% Summit county (2020)
	Skin cancer[42]	• Summit: 23.8 per 100,000 • Colorado: 23.6 per 100,000

Health Outcomes (cont.)

Topic Area	Indicator & Source	Data
COVID-19	Vaccination[48,49]	• Summit: 81.6% • Colorado: 69.3%
	Case rate per 100,000[48,49]	• Summit: 30,836 • Colorado: 22,839.3
	Total cases[48,49]	• Summit: 9,551 • Colorado: 1,316,450
	Total hospitalizations[48,49]	• Summit: 139 • Colorado: 60,125
	Total deaths[48,49]	• Summit: 14 • Colorado: 12,556
Population outcomes	Premature mortality[26]	• Summit: 145 per 100,000 (2017-2019) • Colorado: 282 per 100,000 (2017-2019)
	Life expectancy[26]	• Summit: 98.9 years (2017-2019) • Colorado: 80.6 years (2017-2019)
	Death rate[42]	• Summit: 317.5 per 100,000 (2020) • Colorado: 738.7 per 100,000 (2020)
	Birth rate[42]	• Summit: 17.7 per 100,000 (2020) • Colorado: 23.8 per 100,000 (2020)

Social and Economic Factors

Topic Area	Indicator & Source	Data
Economic mobility	Unemployment[26]	• Summit: 1.8% (2019) • Colorado: 2.8% (2019)
	Children in poverty[26]	• Summit county: 7% (2019) • Colorado county: 11% (2019) • Asian children– Summit: 28%, Colorado: 11% • Hispanic children– Summit: 28%, Colorado: 21%
	Gross rent as percent of household income[41]	• Summit: 43.4% (2012-2016) • Colorado: 41.3% (2012-2016)
	Ratio of household income at 80th percentile to 20th percentile[26]	• Summit: 3.42 • Colorado: 4.38

Social and Economic Factors (cont.)

Topic Area	Indicator & Source	Data
Education	High school graduation[26]	• Summit: 95% (2017-2018) • Colorado: 80.6% (2017-2018)
	Bachelor's degree or higher[50]	• Summit: 52.4% (2015-2019) • Colorado: 40.9% (2015-2019)
	Average grade performance[26]	• Reading--Summit: 3.1 (2018), Colorado: 3.1 (2018) • Math—Summit: 3 (2018), Colorado: 3 (2018) • Hispanic (reading): 2.5 • White (reading): 3.4 • Hispanic (math): 2.3 • White (math): 3.4
Community safety	Homicide rate[41]	• Summit: 0 per 100,000 (2020) • Colorado: 5.8 per 100,000 (2020)
	Firearm fatality rate[41]	• Summit: 5.9 per 100,000 (2020) • Colorado: 15.3 per 100,000 (2020)
	Juvenile arrest rate[26]	• Summit: 12 per 100,000 (2018) • Colorado: 15 per 100,000 (2018)
	60+ perceived safety[44]	• Summit: 98% adults 60 and older, 95% adults 60+ in 5 surrounding counties (2018)
	Domestic violence[33]	• Summit: 7.6% high school students (2019) • Colorado: 9.5% high school students (2019)
	Physical fight[33]	• 20.2% HKCS-surveyed high school students (2019) • 13.3% HKCS-surveyed high school students (2021) • Multiracial youth: 27.1% • Bisexual youth: 20.8%
	Bullying[33]	• 16.2% HKCS-surveyed high school students (2019) • 12.8% HKCS-surveyed high school students (2021) • Multiracial youth: 28.8% • Bisexual youth: 22.9%
	Sexual violence[33]	• 4.6% HKCS-surveyed high school students (2021) • Multiracial youth: 10.2% • Bisexual youth: 14.6%

Social and Economic Factors (cont.)

Topic Area	Indicator & Source	Data
Social factors	60+ social opportunities[44]	• Summit: 91% adults 60 years and older (2018) • 83% adults 60+ in 5 surrounding counties (2018)
	Community trust[43]	• Summit: 83% (2020) • U.S. residents: 45% (2020)
	Community as identity[43]	• Summit: 55% (2020) • U.S. residents: 27% (2020)
	Social association rate[26]	• Summit: 5.5 per 100,000 (2018) • Colorado: 8.8 per 100,000 (2018)

Physical Environment

Topic Area	Indicator & Source	Data
Social factors	60+ civic engagement[44]	• Summit: 5% adults 60 years and older (2018) • 15% adults 60+ in 5 surrounding counties (2018)
	Racism[33]	• 6.1% HKCS-surveyed high school students (2021) • Hispanic/Latinx youth: 14.5% • Multiracial youth: 13.3% • White youth: 1.2%
	Residential segregation[26]	• Summit (black and white): 73 (2015-2019) • Colorado (black and white) 62 (2015-2019)
Housing	Homeownership[26]	• Summit: 66% (2015-2019) • Colorado: 65% (2015-1019)
	Broadband access[26]	• Summit: 83% (2015-1019) • Colorado: 88% (2015-1019)
	Rent[50]	• Summit: $1,392 (2019) • Colorado: $1,369 (2019)
	Housing unit occupation[50]	• Summit: 66% (2019) • Colorado: 9.3% (2019)

Physical Environment (cont.)

Topic Area	Indicator & Source	Data
Environmental health	Air pollution[26]	• Summit: 3.9 (2016) • Colorado: 4.9 (2016)
	COPD emergency department visits[51]	• Summit: 9.71 per 100,000 (2020) • Colorado: 23.30 per 100,000 (2020)
Transit	Traffic volume[26]	• Summit: 279 (2019) • Colorado: 554 (2019)
	Driving alone to work[26]	• Summit: 77% (2015-2019) • Colorado: 74% (2015-2019)
	60+ public transit use[44]	• Summit: 36% % adults 60 years and older (2018) • 46% adults 60+ in 5 surrounding counties (2018)
	Motor vehicle fatality rate[52]	• Summit: 19.4 per 100,000 (2019) • Colorado: 10.3 per 100,000 (2019)
	Motor vehicle serious injury rate[52]	• Summit: 129.3 per 100,000 (2019) • Colorado: 55.4 per 100,000 (2019)

Health Behaviors

Topic Area	Indicator & Source	Data
Nutrition and Physical Activity	60+ fruit/vegetable consumption[44]	• Summit: 48% adults 60 years and older (2018) • 48% adults 60+ in 5 surrounding counties (2018)
	Youth vegetable consumption[33]	• 37.5% HKCS-surveyed high school students (2019) • 56.9% HKCS-surveyed high school students (2021
	Food insecurity[26]	• Summit: 8.4% (2018) • Colorado: 9.9% (2018)
	Free or reduced-priced lunch[26]	• Summit: 34.5% (2018-2019) • Colorado: 40.7% (2018-2019)
	60+ physical activity[44]	• Summit: 80% adults 60 years and older (2018) • 72% adults 60+ in 5 surrounding counties (2018)
	Adult leisure physical activity[41]	• Summit: 12.9% (2016-2018) Colorado: 16.1% (2016-2018)
	Youth physical activity[33]	• 53.5% HKCS-surveyed high school students (2019) • 55.3% HKCS-surveyed high school students (2021)

Health Behaviors (cont.)

Topic Area	Indicator & Source	Data
Substance use	Youth tobacco access[33]	• 52.4% HKCS-surveyed high school students (2019) • 39.9% HKCS-surveyed high school students (2021)
	Youth vaping[33]	• 26.4% HKCS-surveyed high school students (2019) • 16.6% HKCS-surveyed high school students (2021)
	Drug overdose deaths[41]	• Summit: 11.2 per 100,000 (2020) • Colorado: 24.8 per 100,000 (2020)
	Drug overdose emergency department visits[41]	• Summit: 119 per 100,000 (2020) • Colorado: 194.7 per 100,000 (2020)
	Opioid simulant and opioid analgesic prescriptions[41]	• Summit: 128.2, 240.5 per 1,000 (2019) • Colorado: 171.4, 489 per 1,000 (2019)
	Driving deaths with alcohol involvement[26]	• Summit: 32% (2015-2019) • Colorado: 34% (2015-2019)
	Bisexual youth marijuana, tobacco, and vaping use[33]	• Marijuana– bisexual: 22.2% (2021), all youth: 11.2% (2021) • Tobacco– bisexual: 55.3% (2021), all youth: 39.9% (2021) • Vaping– bisexual: 28.3% (2021), all youth: 16.6% (2021)
	Prescription pain medicine[33]	• 13.4% HKCS-surveyed high school students (2021) • Multiracial youths: 23.6% • Bisexual youths: 18.2%
	Adult binge drinking[28]	• Summit: 20.7% (2016-2018) • Colorado: 19.5% (2016-2018)
	Youth alcohol use[33]	• 42.2% HKCS-surveyed high school students (2019) • 25.2% HKCS-surveyed high school students (2021)
	Adult marijuana use[34]	• Summit: 11.7% (2016-2018) • Colorado: 15.6% (2016-2018)
	Youth marijuana use[33]	• 24.6% HKCS-surveyed high school students (2019) • 11.2% HKCS-surveyed high school students (2021)
	Adult current smoker status[41]	• Summit: 13.2% • Colorado: 13.5%

Health Behaviors (cont.)

Topic Area	Indicator & Source	Data
Injuries	All injury emergency department visits[41]	• Summit: 6383.8 per 100,000 (2020) • Colorado: 6493.8 per 100,000 (2020)
	Poisoning[41]	• Summit: 15.1 per 100,000 (2020) • Colorado: 26.9 per 100,000 (2020)
	Unintentional injury emergency department visits[41]	• Summit: 5952.3 per 100,000 (2020) • Colorado: 5814.9 per 100,000 (2020)
	Emergency department visits for pedal cyclists[41]	• Summit: 365 per 100,000 (2020) • Colorado: 142.5 per 100,000 (2020)
	Emergency department visits for pedestrians[41]	• Summit: 37.7 per 100,000 (2020) • Colorado: 8.2 per 100,000 (2020)
	Suffocation[41]	• Summit: 14.1 per 100,000 (2020) • Colorado: 8.3 per 100,000 (2020)
	Injury deaths[41]	• Summit: 52.7 per 100,000 (2020) • Colorado: 88.3 per 100,000 (2020)
Maternal behaviors	Breastfeeding ever[53]	• Summit: 96.9% (2017-2019) • Colorado: 93.6% (2017-2019)
	Breastfeeding for 9+ weeks[53]	• Summit: 85.6% (2017-2019) • Colorado: 77.6% (2017-2019)
	Cigarette use during last trimester[53]	• Summit: 4.6% (2017-2019) • Colorado: 6.1% (2017-2019)
	Marijuana use during pregnancy[53]	• Summit: 5.3% (2017-2019) • Colorado: 7.9% (2017-2019)
	Alcohol use during last trimester[53]	• Summit: 19.4% (2017-2019) • Colorado: 14.9% (2017-2019)
	Marijuana use during last trimester[53]	• Summit: 3.1% (2017-2019) • Colorado: 3% (2017-2019)
Sexual health	Chlamydia cases[26]	• Summit: 362.9 per 100,000 (2018) • Colorado: 519.4 per 100,000 (2018)
	Youth sexual intercourse[33]	• 31.6% HKCS-surveyed high school students (2019) • 17.8% HKCS-surveyed high school students (2021) • Bisexual youths: 30.8%
	Teen births[26]	• Summit: 12.4 per 1,000 • Colorado: 17.8 per 1,000 • Hispanic teen birth rate: 33 per 1,000 • White teen birth rate: 5 per 1,000

Appendix B: Youth Photovoice & Focus Group Summary

Youth Photo Voice

A photovoice art competition was implemented to capture youth perspectives related to health in Summit County. Photovoice is a qualitative research method in which participants use photos and artwork to express their views and feelings regarding a topic. Six Summit County youth shared art or photos for the Summit County Youth Photovoice project. Submissions were collected between April and June 2022 and participants were recruited through a flyer shared with various entities in the community, such as schools, recreation centers, and youth art groups. All six participants received a $15 Amazon gift card for their participation. Youth's artwork addressed the following prompts: how health shows up in their community, where they feel they most belong, and what they would like to express about their community that people may not know.

How does health show up in your community?

- Outdoor recreational activities: Half of the youth mentioned spending time skiing and in the outdoors
- COVID-19 precautions, such as masks and social distancing
- Diversity in the community
- One participant said they feel hurt that others believe they cannot ask for help

> My brother and sister and I go skiing just about every day. We like to exercise that way and breathe the fresh mountain air.
> -Youth Photo Voice Participant

Artwork submitted by a photovoice participant.

Where are the places you feel you most belong in your community?

- Skiing or snowboarding
- Outdoors
- School
- The skate park
- The Riverwalk
- The library

> When I snowboard, I feel like I belong, and I've found my people.
> -Youth Photo Voice Participant


Photo submitted by a photovoice participant.

Appendix B: Youth Photovoice & Focus Group Summary

Youth Photo Voice

What would you like to show about your community that people may not know?

- People in the community treat others very well
- There is a need to conserve the environment by picking up trash so wildlife in the area can stay healthy
- Snow skating is a fun winter sport
- The ice-skating rink at Meadow Lake Park is a great place to skate and meet new friends

> Something that people don't know about this community is that the people are super amazing and treat others really well.
> -Youth Photo Voice Participant

Photo submitted by a photovoice participant.

Photo submitted by a photovoice participant.

Photo submitted by a photovoice participant.

Appendix B: Youth Photovoice & Focus Group Summary

Youth Focus Group

Through a partnership with the Youth Empowerment Society of Summit (YESS), six YESS members participated in a focus group to address the same three topics as were addressed in photovoice, in more depth. The focus group was held in July 2022. Participants received $40 Amazon gift cards for their participation.

How does health show up in your community?

Youth view physical health as a priority in Summit County. Youth focus group participants shared that outdoor activities, such as hiking and skiing, are popular hobbies in their community and help support physical and mental health. They highlighted other sports, like rugby, as a way to foster connections between community members. Youth also mentioned that some activities, such as skiing, are costly which can be a barrier to participation.

Youth perceive that mental health services are widely available in the county. Though COVID-19 was a challenge for mental health, youth participants perceive that there are now many more opportunities to find resources for people their age, like Building Hope and bible studies. Support groups are also available, like Forget-Me-Not, a group for youth who have lost a family member. They also noted that there is a lot of mental health appreciation in the community.

Are there other challenges or barriers that can affect people's overall health/wellness in the county?

Youth believe vaping and smoking cause significant challenges for people their age to reach their full potential. Participants shared that vaping and smoking are common among their peers. Vaping and smoking are also costly and can prevent youth from spending their money on healthy activities.

Youth said some of their peers do not join groups or sports because they do not think they would fit in or because many of their friends do not do it.

Youth stated it could be difficult to access resources or identify what resources are available if they are unsure where to look. This is especially true for those who are not very involved in the community. Youth also mentioned people might feel ashamed to ask for help.

Where are the places you feel you most belong in your community?

Many youth said they feel they can be themselves with their friends, in and out of a school setting**.**

Youth feel like they can be themselves around their family.

Many youth also feel comfortable when skiing; many have skied their whole lives.

Appendix B: Youth Photovoice & Focus Group Summary

Youth Focus Group

What would you like to show about your community that people may not know?

Youth said they would like to show all the unseen nature, and not just the popular tourist locations. Focus group participants explained that there is a lot more you can discover about the community simply by going on a hike.

Youth expressed an existing misconception by people from outside the county that all they do is snowboard and ski, but other sports, such as hockey, as well as other activities are a big part of their community.

Youth highlighted that there are a lot of recreational classes offered in the county that many people are not aware of, like cooking classes at the community college.

Youth reflected on the priorities identified through the 2022 Health Assessment process.

Youth were not surprised that economic livability and behavioral health were the two main issues identified in the community health assessment. They expressed that economic issues are very prevalent, especially because Summit County is a tourist destination. People need to have a lot of money to live in the county or work multiple jobs. Youth participants shared that it could be stressful to work two jobs if someone has kids at home. Youth also highlighted how expensive housing is and that second homeowners and short-term rentals are taking away available housing units from people in need of homes in the area. They perceive second homeowners as wealthy people who visit once a year, leaving their houses empty most of the time.

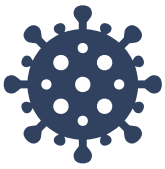
While youth believe the community realizes mental health is an important issue and are trying to offer resources, there is still a stigma around it. They mentioned that people who seek help may be seen as weak. Building Hope is the primary resource youth are aware of, though they know there are some smaller options as well. Youth think the school's counseling department is a strong asset to people their age, partly because the department has reached out to students due to situations they were experiencing.

Appendix B: Youth Photovoice & Focus Group Summary

Youth Focus Group

Youth touched on alcohol/substance use.

Youth shared that a lot of their peers feel like they have to drink and/or smoke to seem cool. The county has a party culture, and many youth expect to gather and drink or smoke. Youth and young adults may also join tourists to party. Participants mentioned that everyone lives busy lives and carries a lot of stress, which might explain why they turn to alcohol and substances as a coping mechanism.



Youth also spoke about the impact of COVID-19.

Youth have been deeply affected by COVID-19. Focus group participants shared that it feels like they missed out on a lot and that everything can be taken away from them in a day. Youth also said COVID-19 made people more carefree and overlook the potential consequences of their actions—in academics, for example—since they did not know what the future would look like.