

**DRAFT GRAND COUNTY COMMUNITY HEALTH ASSESSMENT REPORT
MARCH 8, 2007
VERSION 1.6**

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I. Introduction to Grand County Community Health Assessment

A. Grand County

Grand County is a rural county in northwestern Colorado, covering 1,847 square miles. The population of approximately 13,253 people (US Census, 2004) is spread out with a density of 7.1 people per square mile (compared to 35.9 statewide). The 2000 Census counted 5,075 households across the county. The county is growing at a slower rate than the statewide average (6.2% increase from Apr 1 2000 through July 1 2005, compared to an 8.4% increase statewide). (Table 1) 6.3% Grand County residents in 2004 were under the age of 5, and 21.2% were under the age of 18. (US Census, 2004) Grand County has fewer older adults than the statewide average – 8.2% of Grand County residents are over the age of 65, compared to 9.8% of Coloradoans. (CHI, 2005)

	April 2000	July 2001	July 2002	July 2003	July 2004	July 2005	Population Change	
							2004 to 2005	
							Amount	Percent
COLORADO STATE	4,301,261	4,446,928	4,521,852	4,586,798	4,653,001	4,722,755	69,754	1.5%
GRAND COUNTY	12,442	13,253	13,421	13,732	13,943	13,906	-37	-0.3%
Fraser	910	947	962	996	1,020	1,039	19	1.9%
Granby	1,525	1,577	1,603	1,670	1,746	1,758	12	0.7%
Grand Lake	447	468	476	484	482	469	-13	-2.7%
Hot Sulphur Springs	521	539	549	569	597	600	3	0.5%
Kremmling	1,578	1,631	1,657	1,650	1,641	1,597	-44	-2.7%
Winter Park	662	835	827	828	830	827	-3	-0.4%
Unincorp. Area	6,799	7,256	7,347	7,535	7,627	7,616	-11	-0.1%

While Grand County is experiencing an increase in the number of Hispanic and Spanish speaking residents, this increase has not been as dramatic as its neighbors along the I-70 corridor. 2004 population estimates for Grand County found 97.6% of residents were White, 4.9% were Hispanic, and 95.1% were non-Hispanic. In 2000, approximately 3.4% of residents were foreign-born (compared to 8.6% statewide), and 6.1% of residents over the age of 5 spoke a language other than English at home (compared to 15.1% statewide). (US Census, 2000)

In general, Grand County residents are less likely to be unemployed, and less likely to be living in poverty than residents across the state – although the median household income is slightly lower than the median income statewide. In Grand County in 2004, 4.3% of residents were unemployed and 7.6% were living at or below the Federal Poverty Level.¹ In Colorado in 2004, 5.5% of residents were unemployed and 10% were living at or below the Federal Poverty Level (Table 2).

¹In 2007, the Department of Health and Human Services defines the Federal Poverty Level at \$20,650 for a family of four. In 2004, the FPL was \$18,850 for a family of four.

Table 2. Demographic Indicators – Grand County Data & Colorado Data (CHI, 2005)	Grand	Colorado
Rural/Urban/Frontier	Rural	N/A
Total Population (July 2004)	13,253	4,601,403
Median Household Income (2003)	\$48,262	\$49,248
Unemployment Rate (2004)	4.3%	5.5%
Population over 65 (2004)	1,090	452,671
Percent Population over 65 (2004)	8.2%	9.8%
Population Density – People / Square Mile (2004)	7.1	35.9
Percent Hispanic (2004)	4.9%	18.6%
Percent Non-Hispanic (2004)	95.1%	81.4%
Percent White (2004)	97.6%	91.2%
Percent Black (2004)	0.5%	3.7%
Percent American Indian (2004)	0.6%	1.2%
Percent Two or more Races (2004)	0.5%	1.7%

The economy in Grand County is driven largely by construction and businesses associated with tourism such as food services and retail trade. The top five job categories for 2002 in Grand County were: construction, retail trade, real estate and rentals/leasing, accommodations and food services, and government. (NWCCOG, 2005) A 2005 report published by the Northwest Colorado Council of Governments includes a comparison of various economic indicators for eight counties in the northern and central mountains of Colorado. In 2002, Grand County fell towards the bottom of these eight counties in terms of average wages, median family income and median household income. (Table 3)

Table 3. 2002 Average Wage and Median Family Income for Colorado and Eight Counties in Northern and Central Mountains. (NWCCOG, 2005)		
Average Wage	County	Median Family Income
\$38,012	Colorado	\$55,883
\$35,776	Pitkin County	\$75,048
\$32,084	Eagle County	\$68,226
\$31,252	Garfield County	\$53,840
\$29,796	Clear Creek County	\$61,400
\$26,832	Summit County	\$66,914
\$23,712	Grand County	\$55,217
\$22,984	Lake County	\$41,652
\$22,412	Jackson County	\$37,361

B. Grand County Community Health Assessment

A Community Health Assessment is an important tool used to prioritize health issues and concerns to be addressed by agencies and organizations, and to foster existing and new collaborative efforts to improve the health and well-being of a community. The 2006-2007 Grand County Community Health Assessment is a partnership between Grand County Public Health, the Grand Futures Prevention Coalition, and the Grand County Tobacco Prevention Program. These partners teamed up to bring in

Deb Kleinman as a consultant to drive the process.

The team began planning the Grand County Community Health Assessment (GCCHA) during the summer of 2006. The major components of the CHA include: a review of existing health indicator data and other relevant community information; a Community Health Survey; a series of focus group discussions and interviews with members of the community addressing a range of topics; and beginning in February or March of 2007, a community visioning and strategic planning process to identify strategies to address health priorities identified throughout.

An initial Kickoff Meeting with approximately 25 individuals representing a cross-section of Grand County residents, agencies, and organizations was held on September 25, 2006. Over breakfast, participants reviewed existing data on Grand County, and engaged in a lively discussion about what makes Grand County a special place to live and their visions and dreams for the future of their community.

After the Kickoff Meeting, the Community Health Survey was launched with a goal of 400 surveys completed. A web-based version of the survey was mounted on Survey Monkey (a web-based survey tool). A paper version was developed in English and Spanish, and distributed widely through community partners around the County. Efforts were made to achieve a fairly representative sample by geography, age, race and ethnicity, and income, and to achieve an oversample among the Hispanic community.

When the survey was closed on December 1, 2006, 437 surveys had been completed by a decent cross-section of the community. (Figure 1) The vast majority (96.3%) were full-time residents of Grand County, and about 88% were long-time residents, having lived in the county for at least six years.

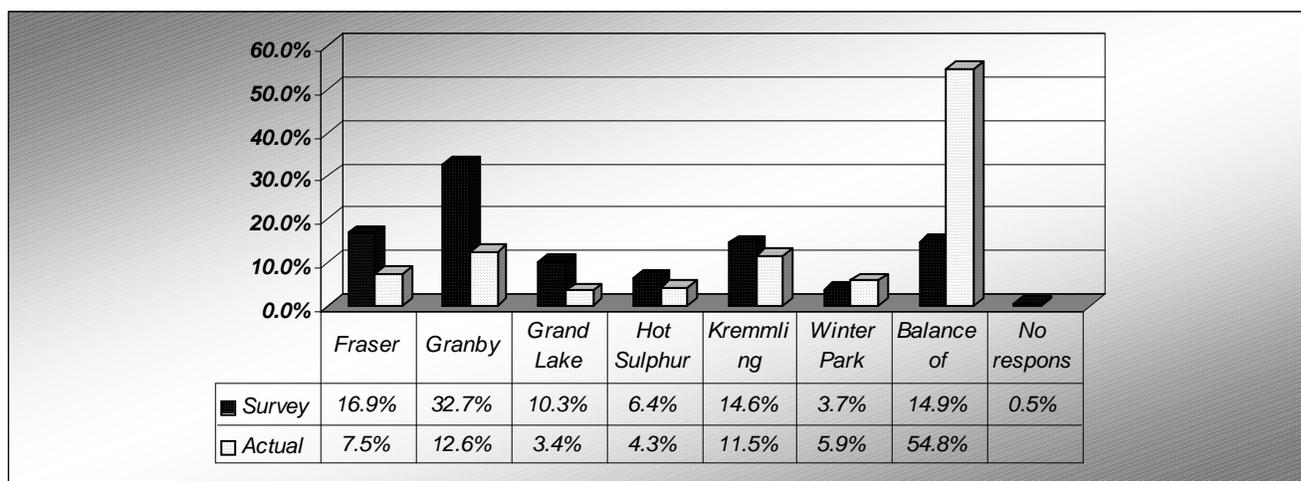


Figure 1: Grand County Health Survey Respondents by Residence, Compared to Actual Population

About thirteen percent of all respondents were Hispanics, versus an estimated 4.9% in Grand County. Over twelve percent of those surveyed speak Spanish at home. Of the 9 respondents who selected more than one response, three identified as American Indian/Alaska Native and White; three identified as Hispanic or Latino and White; and two identified as Asian and White. Survey respondents were also distributed fairly well by income level. (Figure 2)

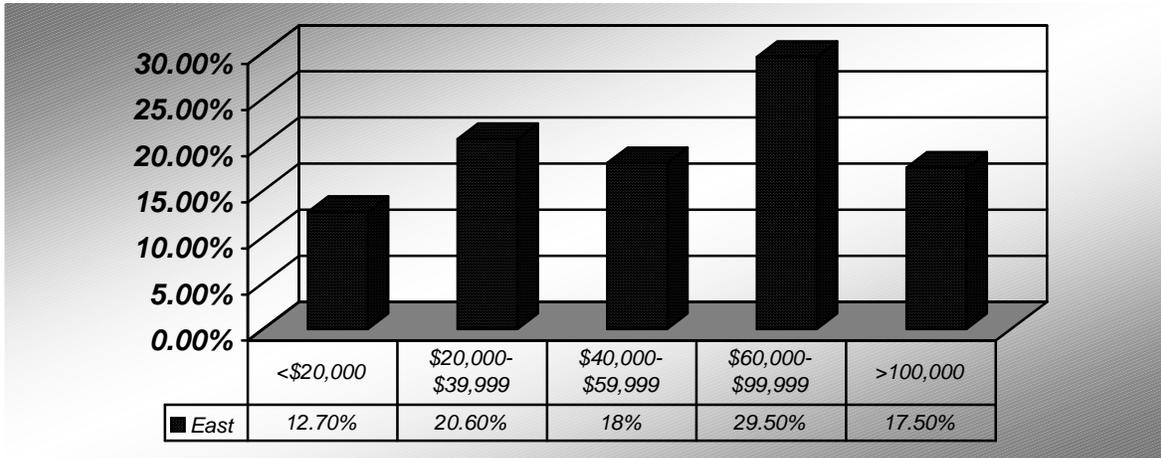


Figure 2: Income Distribution of Survey Respondents, Grand County Community Health Survey

A number of focus groups were conducted, addressing issues of concern to the CHA partners.

- ❑ Two focus groups were held with 9th and 10th graders, addressing issues of social norms, substance abuse, and the degree to which communities support youth;
- ❑ Two focus groups were held with community members interested in discussing tobacco prevention and control;
- ❑ Two focus groups were held with parents of Grand County youth to discuss substance use prevention and control;
- ❑ One focus group was held in Spanish with members of the Spanish-speaking Hispanic community, addressing health concerns and barriers to accessing health care experienced by members of the local Hispanic community;
- ❑ and one focus group was held with members of the Grand County Rural Health Network Board of Directors, to discuss issues around the health care delivery system.

In addition, individual conversations were held with parents of children with special needs to understand the resources available to their families, and barriers to accessing needed services in Grand County. Interviews with key informants around priority health issues are still in progress (January 2007).

II. Existing Health Indicators, Grand County

Grand County residents are in general healthier than Colorado residents, based on standard health indicators.

Mortality: The overall annual average age-adjusted death rate in Grand County in the years 2000-2004 was 681.2 per 100,000 residents, compared to a statewide rate of 766.9. While the leading causes of death during that time period for Grand County and Colorado were the same, the death rates were higher in Grand County for several specific conditions, including cardiovascular disease, heart disease, and unintentional injuries. (Figure 3)

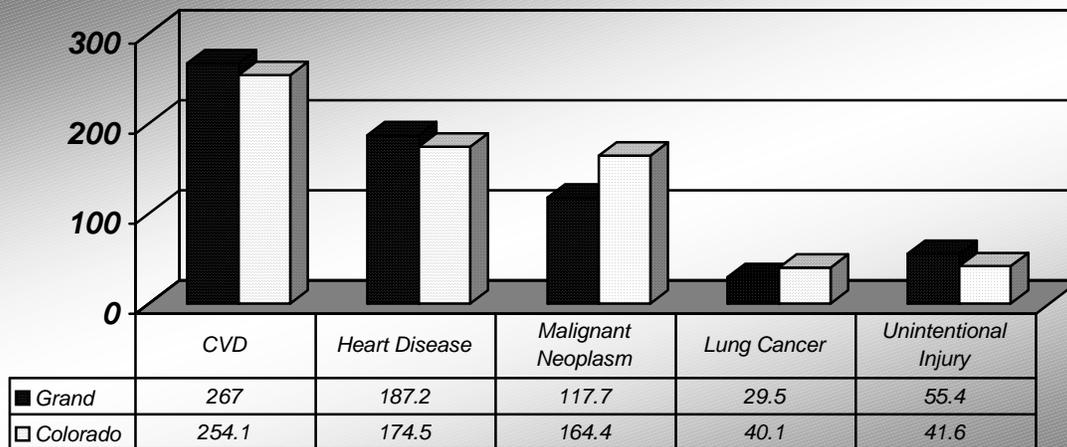


Figure 3: 2000-2004 Annual Average Age-Adjusted Death Rates, Grand County and Colorado (CDPHE Vital Statistics, 2006)

Chronic Disease: The community health survey asked respondents to identify a number of health and social issues that had affected members of their households in the previous five years. Almost 40% of respondents said that someone in their household had been recently affected by a chronic disease. The most frequently experienced chronic diseases were high blood pressure (n=76), asthma (n=58), diabetes (n=28) and heart disease (n=24). (Figure 5)

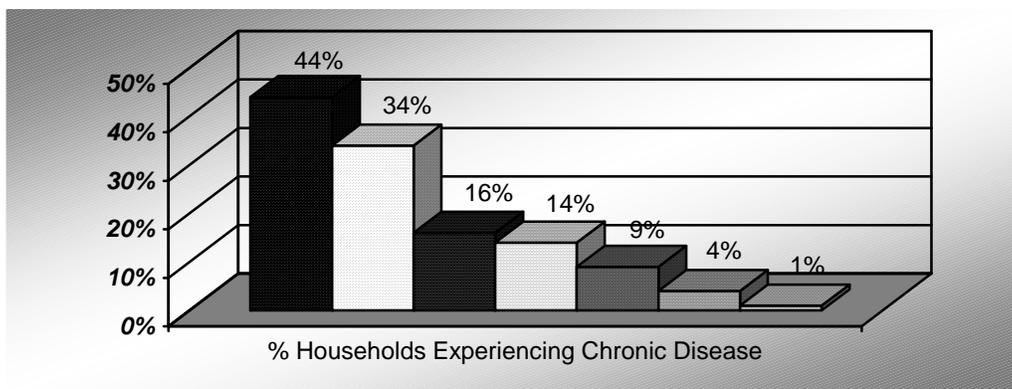


Figure 4: Household experience of chronic disease (past five years) out of households experiencing any chronic disease.

Unintentional Injuries: Unintentional injuries represent a major cause of morbidity and mortality in Grand County for all age groups. Overall, Grand County has significantly higher rates of hospitalization due to injury – primarily unintentional injuries - than the rate for the state. Major causes of injury include transportation (including motor vehicles and other transportation) and falls. (Colorado Injury Hospitalization Statistics, CDPHE, 2006) Children as a group experience a higher rate of hospitalization for injuries than children statewide, and Grand County consistently falls short of the Colorado FY 2010 Goals. (Figure 6) Most of these hospitalizations occur among children ages 15-19. However, injury hospitalizations due to intentional injury (including suicide/self-inflicted injuries and assault/legal intervention) are significantly lower than intentional injury rates statewide.

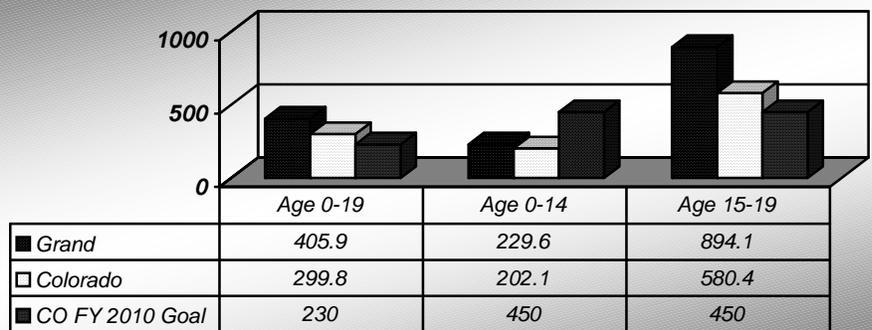


Figure 5: Child Injury Hospitalization Rates, per 100,000 children, 2000-2004. Grand County, Colorado, and Colorado FY 2010 Goals. (Colorado Maternal and Child Health County Datasets, 2006)

Maternal Health Indicators: Many of the maternal and child health indicators reflect positively on the health and well-being of women and children in Grand County. Over 85% of pregnant women receive first trimester prenatal care in Grand County, compared to 80% statewide. More women in Grand County breastfeed their infants, and fewer single women give birth. The teen fertility rate in Grand County is lower than the statewide rate: the fertility rate for girls ages 15-17 per 1,000 in the years 2002-2004 was 5.0 compared to 25.0 in Colorado. (Maternal and Child Health County Datasets, 2006)

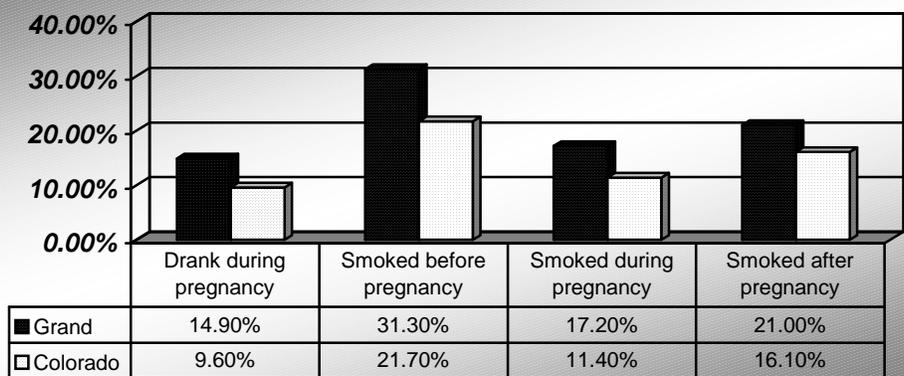


Figure 6: Percent of Women in Grand County who Drank Alcohol and Smoked during Pregnancy, 1997-2005. (Colorado PRAMS, 2006)

However, data from 1997-2005 show that women in Grand County are more likely to drink alcohol

during pregnancy, and more likely to smoke before, during and after pregnancy than women in Colorado overall. (Colorado PRAMS, 2006). In addition, the percent of births that are low birth weight and very low birth weight are higher in Grand County than Colorado. (Maternal and Child Health County Datasets, 2006) (Figure 6)

In the Community Health Survey, only 11% (n=49) of respondents said that a member of their household had had a problem with family planning or reproductive health in the previous five years. Of these, 45% (n=22 or 5% of the total sample) had been affected by an unplanned pregnancy, and 35% (n=17) by teenage sexual behavior. Very few households in the survey reported being affected by an inability to get information about family planning and other reproductive health issues (n=9), access to prenatal care (n=5), teenage pregnancy (n=3), or other issues related to family planning and reproductive health care.

Oral Health Among Children: Children in the northwest region of Colorado (which includes Grand County) do fairly well compared to Colorado in terms of dental health, although both fall short of the Healthy People 2010 Goals in terms of cavities and dental sealants. Access to dental care for low-income youth in Grand County is a particular issue. Only 18.6% of children in the region including Grand County on Medicaid received dental services during Fiscal Year 2004, compared to 31% of Medicaid-enrolled children statewide. The HP 2010 Goal for the Medicaid Dental Services Rate is 57%. (Maternal and Child Health County Dataset, 2006) (Figure 7)

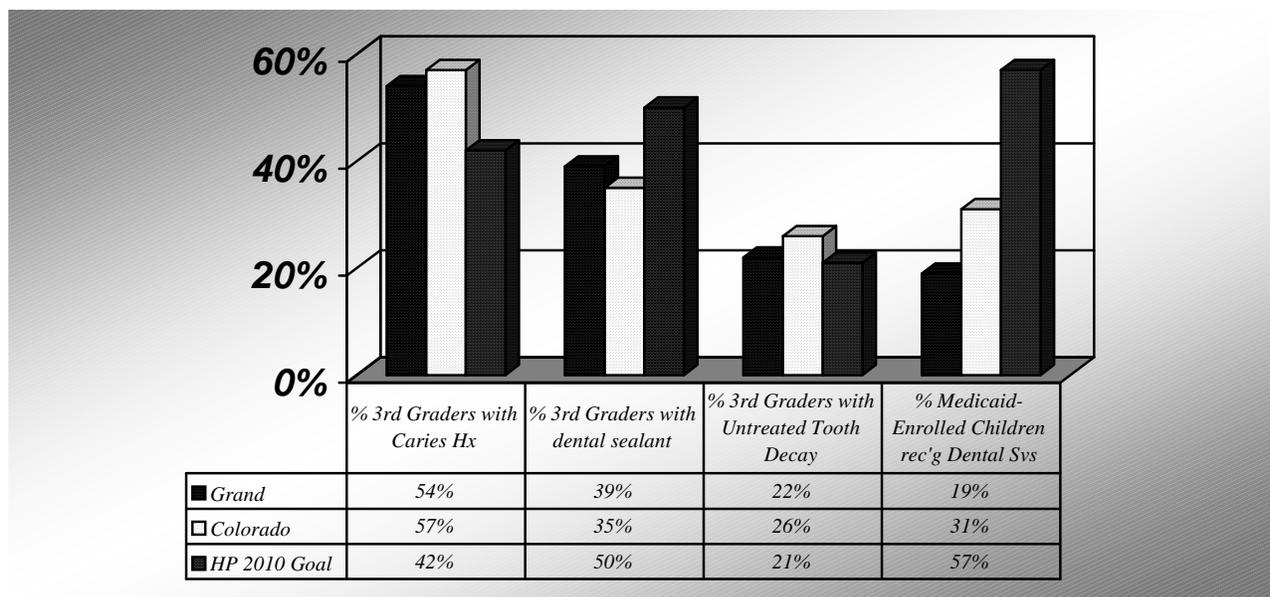


Figure 7: Children's Oral Health Indicators, 2004. Grand County, Colorado, and HP 2010 Goals. (Medicaid data is for region including Eagle, Grand, Jackson, Pitkin, Routt and Summit Counties. (Maternal and Child Health County Dataset, 2006)

However, a survey conducted from October 2004 through January 2005 by Grand County Public Health indicates that access to dental care for local youth may be more of a problem than is apparent by looking at regional data. In their survey of 157 children of local families, only 45% of children had ever been to a dentist. A stark disparity existed between Spanish and English speaking children in Grand County: 50% of English speaking children had been to a dentist at least once, compared to only 5% of Spanish speaking children. Families who make more than \$50,000 a year were more likely to have

children that had had a dentist visit, compared to lower income families. (Grand County Public Health, 2005)

Mental Health and Illness

It is difficult to obtain data on mental illness in rural areas of Colorado. Statewide, about 20% of Colorado residents need mental health services every year, and less than one third receive any care. Rates of severe need (individuals with severe mental illness and/or severe emotional disturbance) vary across the state, and are highest in Denver and on the Western Slope (including Grand County). Current data estimate that about 5.8% of the population of Grand County (or 892 residents) are in need of services for severe mental disorders (severe mental illnesses/severe emotional disturbances, or SMI/SED). This is slightly lower than the estimated 6.1% of residents statewide. (TriWest Group, 2003)

In general, residents of rural areas experience similar rates of mental illness as the rest of the state. However, access to mental health services remains a significant concern in Colorado’s rural areas, including the Western Slope (including Grand County). Major barriers to mental health care in rural areas include accessibility (‘getting there and paying’), availability (‘someone there when you are’), and acceptability (‘choice, quality, knowledge’). (TriWest Group, 2003)

In the Community Health Survey, 37% of respondents identified at least one mental health issue that had been experienced by a household member in the previous five years. By far the most frequently mentioned mental health issues were stress (n=127) and depression/anxiety (n=114) (it is impossible to distinguish based on the survey question between situational mild depression and serious or clinical depression). Table 10 illustrates the breakdown of household mental health concerns in Grand County, based on the survey.

Table 4. Grand County Household Mental Health Concerns in 2006 Community Health Survey	
Mental Health Concern	Percent Households
Stress	78%
Depression/Anxiety	70%
Affordable Mental Health Care	10%
Lack of Quality Mental Health Services	9%
Eating Disorders	7%
Suicide/Suicide Attempts	7%
Child Abuse/Neglect	5%
Other Issues	5%
Inability to Maintain Employment	2%

III. Community Health Assessment Results

A. Introduction: Assets, Challenges, and Priority Health Problems

Discussion held throughout the Community Health Assessment reveal several common themes about what makes Grand County a good place to live. When asked what they most valued about their community, many residents mentioned the beautiful mountain setting and the clean environment, the endless opportunities for outdoor recreation, the people, and the benefits of living in a small rural community.

“Close access to lakes, streams, mountains, trails, and camping for recreation. Scenic beauty, hearty and friendly people. Lack of vanity for “fashion” – we wear what doesn’t hurt or itch! Lack of crime, feeling of safety.”

“Freedom – clean air, water, lack of noise pollution, mountain vistas and outdoor possibilities, living close to nature.”

“Fellow community members. I love the people and the support they offer.”

“Willingness to pull together when the chips are down.”

(Comments from Kickoff Meeting, September 25, 2006)

High school students participating in several focus groups around Grand County remarked that living in a small town is the thing they like most and like least about their community. While almost all of the students like the snow and related activities, they all remarked that they didn’t like the cold. That is understandable though - one recent morning the temperature had been minus 24 degrees Fahrenheit when they left for school. With some students commuting 20 or 30 miles to come to school, they do sometimes feel isolated from their friends and classmates.

“I like being away from everything, but sometimes it’s too isolated.”

“I like that it’s a small town and there aren’t too many idiots.”

“I like that it’s small and I know everyone, but this is also bad.”

(Youth Focus Group with 9th and 10th Graders, Kremmling, January 2007)

The students participating in the focus groups were also asked, “do you feel like your community values youth?” Interestingly, students from East Grand felt much less valued than students in West Grand. East Grand students felt stereotyped by adults as alcoholics and aimless troublemakers. West Grand students felt very supported by their community, mentioning the attendance of adults at sporting events, theatrical productions, and fundraisers for youth-related activities. West Grand students did complain about the lack of things to do in Kremmling, but were a fairly self-motivated group and talked about how easy it was to find things to do if you look.

“Not exactly. The stereotypical names they put on us. We’re all alcoholics and we are going to grow up to be nothing.”

“They don’t really provide a lot of things for us to do. It’s more geared towards tourism and we are

forgotten about.”

“Nope, people don’t seem to respect you because you are young”

(Youth Focus Group with 9th and 10th Graders, Granby, December 2006)

“Yes, we have a really supporting town. They come to our sporting events even if they don’t have kids. Come to our plays and any event at all. If we are selling stuff for fundraisers, they are always willing to buy stuff.”

(Youth Focus Group with 9th and 10th Graders, Kremmling, January 2007)

Survey respondents were asked to agree or disagree with the degree to which they believed a number of community resources and assets were adequate (don’t know was also a possible response). Resources fell into seven main categories: youth services and supports; economics; emergency services; social support; recreation and open space; environmental quality; and services for seniors.

The results largely support what was identified by key stakeholders in September when asked what makes Grand County special. A clean environment and easy access to wilderness and recreational areas were mentioned by many respondents as positive aspects of Grand County. (Table 5)

Table 5. Community Resources with >40% Approval from Respondents in Community Health Survey, 2006.			
Recreation & Open Space		Environmental Quality	
Access to open space	77%	Air quality	84%
Parks	74%	Waste management	74%
Sidewalks and paved trails	50%	Water quality	70%
Recreational programs for adults	42%	Sewage treatment	60%
Emergency services		Protection from 2 nd hand smoke	53%
Fire protection	78%	Economics	
Law enforcement	71%	Jobs with a reasonable commute	52%
Emergency medical services	68%	Support for local businesses	46%
Youth		Social Support	
Education for youth	65%	Faith Based Organizations	68%
After school activities	45%	Relationships among neighbors	58%

Survey respondents identified several areas as being inadequate in their communities. These included:

- ❑ **Economic opportunity:** Affordable housing (72%); Opportunities for higher education (71%); Jobs with career growth (66%); Jobs that offer reasonable health insurance (65%); Opportunities for job training (56%); and Opportunities to earn a living (47%).
- ❑ **Senior Services (limited to respondents over 50 years old):** Assisted living for seniors (47%); Senior housing (47%); and Senior transportation (46%).
- ❑ **Child care** (51% said child care resources are inadequate)
- ❑ **Recreation and Open Space:** Bike lanes on roads (52%)

However, there was some variation by town within Grand County. For example, Kremmling residents

stood out in both their knowledge of resources available for senior citizens, and had a more positive impression of the adequacy of those resources than other towns in the county.

Several issues related to housing and transportation were identified in the survey as having affecting household members. These included trouble affording heating bills (n=52), a lack of affordable housing (n=51), and a lack of transportation (n=31).

Finally, results indicate confusion or lack of knowledge of available or potential resources in the community, suggesting that some programs and organizations need to improve efforts at educating the community and marketing their programs and services. Some of these services are ones that you would only know about if you needed them, such as services for children with special needs or assisted living facilities for seniors. Others relate to programs or plans that are best implemented with extensive community involvement, such as growth and development plans and disaster response plans.

B. Health Priority Issues In Depth

Top 10 Community Health Problems

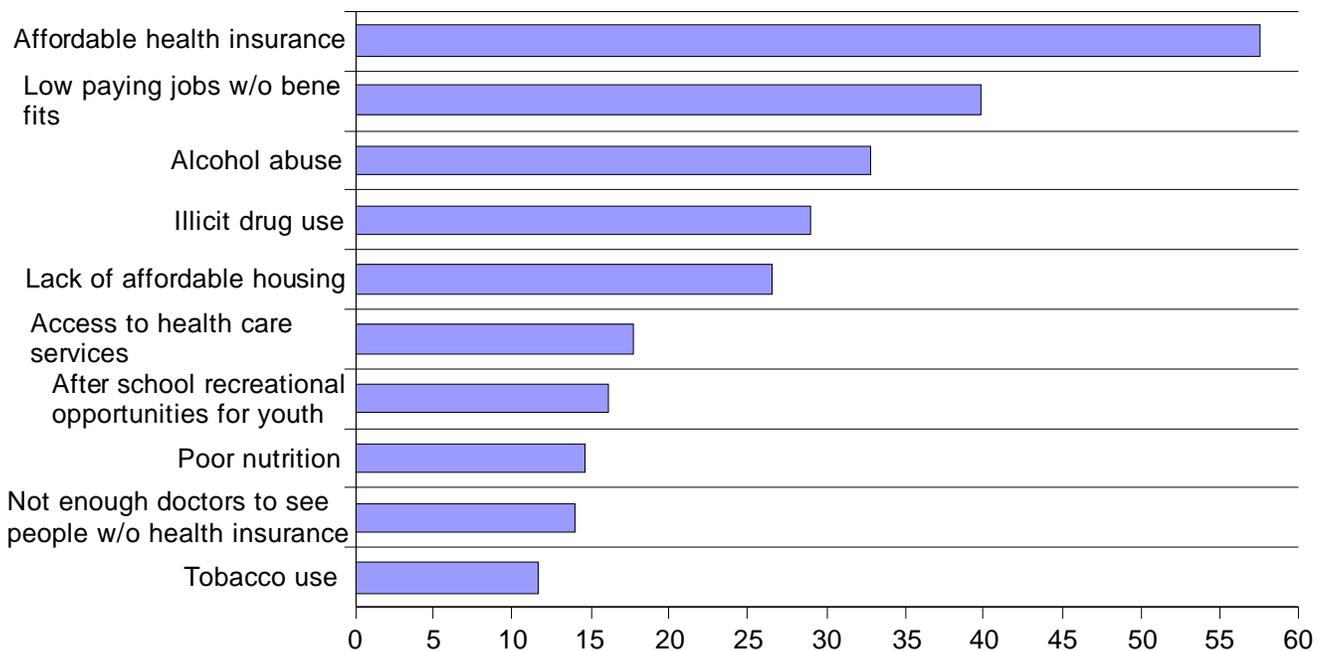


Figure 8: Top 10 Health Priorities for Grand County Survey Respondents (Grand County Community Health Survey, 2006)

Respondents to the Community Health Survey were asked, “What do you think are the THREE most important overall health problems in your community (those problems that have the greatest impact on overall community health)? Figure 8 illustrates the top ten responses for Grand County overall; the breakdown by community is available in the appendix. The top five problems identified by Grand County residents are the same as those identified by rural Colorado residents in a 2005 survey sponsored by HealthOne Alliance (now Colorado Health Foundation), although in a different order: affordable health insurance, low paying jobs without benefits, alcohol abuse, illicit drug use, and lack

of affordable housing. (HealthOne, 2005)

Statewide, access to mental health services was the fifth most important health priority. However, in rural areas and in Grand County, mental health services did not make it into the top 5. (HealthOne, 2005) A complete list of health problems and their relative priority in Grand County appears in the appendices. A number of these issues have been clustered into four major topics, which are explored in depth in the following pages. These four topics are:

Health Priority #1: Access to Health Care and Health Insurance

Health Priority #2: Alcohol and Drug Use

Health Priority #3: Tobacco Prevention & Control

Health Priority #4: Physical Activity and Nutrition

B1. Health Priority #1: Access to Health Care & Health Insurance

Introduction

Across the country, Americans are increasingly concerned about rising health care costs, and increasing barriers to affordable and reasonable health insurance. Grand County is no different. At the kickoff meeting for the Community Health Assessment on September 25, 2006, participants were asked to identify what key efforts would do the most to heighten the health and vitality of Grand County. Each group identified access to comprehensive health care as one of their three wishes. (CHA Kickoff Meeting, September 25, 2006).

The Community Health Survey underscored that concern. Access to health care is the number one concern identified by Grand County residents. When survey respondents were asked to identify their top three priority health concerns for their community, four of the top ten health concerns were related to access to care (Figure 8). The number one health priority in Grand County was access to affordable health insurance (58%).

About half of all survey respondents (49%) reported that a member of their household is currently experiencing a barrier to accessing needed medical care. Almost a third of all respondents identified cost of care, 17% identified cost of prescription drugs, and 16% identified lack of insurance.

This question starkly illustrates the disparities in access to care experienced by the rapidly growing Hispanic community in Grand County. Over four-fifths (86%) of Hispanics identified at least one barrier to medical care, compared to two-fifths (42%) of Whites. In addition, about one quarter of Hispanics said that language and cultural issues presented a barrier to care, 23% said that they lacked accurate information about existing available resources, and 14% said that fear of deportation was a barrier to accessing care for their household.

Major Issues in Accessing Health Care in Grand County

Concerns about access to care break down into several major categories – the need to travel long distances to access care (within the county as well as to Denver or Frisco); issues related to health insurance and cost of services and pharmaceuticals; and disparities in access to care experienced by members of the rapidly growing Hispanic community.

Health Insurance and Cost

According to the Kaiser Family Foundation, in 2004-2005 Colorado ranked 12th out of the 50 states in the number of uninsured. In 2004-2005, 17% of all Coloradoans lacked health insurance, compared to 18% of all Americans. (Kaiser Family Foundation, 2007) The U.S. Census Bureau estimated in 2000 that 14.9% of Grand County residents were uninsured, compared at that time to 15% of Coloradoans. In 2000, Grand County children were more likely to be uninsured than children statewide (14.6% vs. 12.9%). (Colorado Health Institute, 2005)

Out of the 437 Grand County residents surveyed in the fall of 2006, 25% of all respondents said that someone in their household currently lacked health insurance. Hispanic residents were six times as likely to have an uninsured person in their household compared to White residents (90% versus 15%).

The Colorado Rural Health Center identified the additional barriers that Colorado's rural residents face in accessing health insurance and medical services. These include:

- Greater premiums, fewer choices for medical plans, and longer distances to providers compared to urban residents;
- Increased reliance on individual plans or on plans obtained through small employers;
- Decreased opportunity to “shop around” for health plans or providers. (Colorado Rural Health Center, 2003)

The reliance of the local economy on seasonal and service employment puts these employees at a higher risk for being un- and under- insured. Indeed, the second ranked health concern among Grand County residents in the Community Health Survey was low paying jobs without reasonable health insurance. It is not uncommon for residents to work multiple jobs to make ends meet, adding to the high levels of stress and depression reported in the Community Health Survey.

Low-income residents have few options for free or reduced care. Grand County does not have a Federally Qualified Health Center, a community health center set up to serve low-income residents who may not qualify for federal programs such as Medicaid. Residents who rely on Medicaid report that their enrollment changes on a month-to-month basis, frequently without notice. More than one Medicaid-enrolled resident has obtained needed medical care, only to find out after the fact that their Medicaid had been canceled and that they were liable for large medical bills. [Interview with Brene's contact]

Access to Primary and Ambulatory Care

Grand County has been designated as a Primary Care Health Professional Shortage Area by the Health Policy and Services Administration (HPSA), one of 22 counties in Colorado to receive such a designation. This means that in Grand County, there is a population to full-time-equivalent primary care provider ratio of at least 3,500 to 1. Inadequate access to primary care has many ramifications for the health and well-being of individuals, as well as the cost related to hospitalization and treatment of preventable and/or controllable conditions. One marker of access to primary and ambulatory care is called the ambulatory care sensitive condition (ACSC) hospitalization rate. An ACSC is defined as “conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.”² A report published in 2005 examining ACSC rates in rural Colorado found that Grand County had overall higher ACSC rates in two zip codes, a higher adult ACSC rate in two zip codes, and a higher pediatric ACSC rate in one zip code compared to the statewide rates. (Burns et al, 2006) The three zip codes in question account for almost 60% of the population of Grand County.

The difficulties in developing integrated health care delivery systems and recruiting and retaining providers in rural areas has been extensively discussed. Several of the many explanations for the chronic shortage of primary care providers include the greater relative complexity of primary care outside urban areas, due to the shortage of specialists and the issues that need to be addressed by general practitioners; and the social and professional isolation experienced by physicians living and practicing in rural areas. (HealthOne 2005)

² The Agency for Healthcare Research and Quality (AHRQ) defined the following 16 ACSCs which apply to the span of age ranges: short and long term diabetes complications; uncontrolled diabetes; lower extremity amputation among diabetic patients; perforated appendix; pediatric asthma; adult asthma; chronic obstructive pulmonary disease; pediatric gastroenteritis; hypertension; angina without procedure; congestive heart failure; low birth weight; dehydration; bacterial pneumonia; and urinary tract infection.

Geography & In-County Providers

A study conducted by the Grand County Rural Health Network in 2005 found that 70% of Grand County residents go outside of the county for their family’s routine health care needs. Most frequently, residents go to Denver or Steamboat Springs to access services. Reasons why respondents went outside the county for routine health care included personal relationships with providers (32%), a closer or more convenient location (26%), choice of doctors (14%), to access a service not available locally (8%), and to see a specialist (8%). Only 39% of households who had accessed hospital-based services had received that care at Kremmling Memorial Hospital in Kremmling. Of those accessing care at a hospital other than KMH, 43% did so because KMH could not provide needed services, 21% were referred out, and 14% noted the quality of services offered.

Respondents in the 2005 survey were asked a number of questions about the accessibility and availability of physicians within Grand County. Over 60% of respondents thought that there were not enough health care providers in Grand County. Of those, 38% noted a lack of specialists, 31% said that more doctors are needed in general, and 18% that there was a need for more facilities.

Barriers to Medical Care for Grand County’s Hispanic Residents

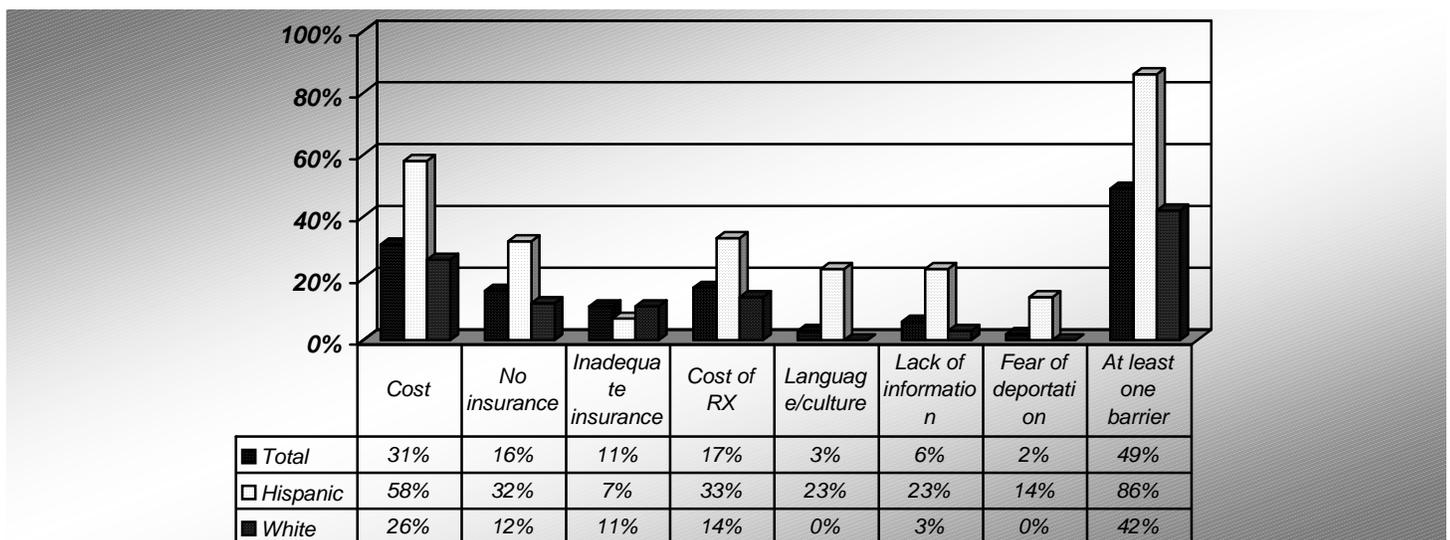


Figure 9. Percent of respondents identifying at least one barrier to accessing medical care. Total percentage, % White and % Hispanic respondents, Community Health Survey, 2006.

Over one quarter of Hispanic respondents (26%) identified language and cultural barriers as significant barriers, and 23% said that they lacked adequate information about available medical resources. (Figure 9; Community Health Survey, 2006) Two discussions with members of the local Hispanic community in October of 2006 and in February of 2007 highlight these issues. Many participants talked about the enormous language barrier they face at most of the health care access points in Grand County. They talked about the challenge in communicating not only with health care providers but also with clinic administrators about cost and billing practices. Participants said that immigrants frequently aren’t aware that clinics are frequently willing to negotiate payment plans, and are surprised by high interest rates and high bills after receiving care. Many Mexican immigrants are unaware that they have the right to request interpretive services. (Hispanic Focus Group Notes, September 28, 2006)

The passage of Colorado’s stringent immigration bill in the summer of 2006 had an immediate impact

on the ability of local immigrants to access medical and other health and human services. Indeed, 14% of Hispanic respondents identified fear of deportation as a barrier to accessing medical care. A discussion about the Community Health Assessment results in February of 2007 with members of the local Hispanic community was an opportunity for residents to share thoughts about the impact this legislation has had on local immigrants. Many residents are unable or unable to travel from one town to the next to access needed services (including medical care), out of fear of being pulled over and targeted for appearing Hispanic. This fear also inhibits local Hispanic residents from accessing a variety of services and prevents them from integrating into the broader community. (Meeting Notes, Discussion of Results with Hispanic Community, February, 2007)

Available Medical Resources in Grand County

Hospitals: The only hospital in Grand County is located in Kremmling, at the northwest edge of the county. Kremmling Memorial Hospital District (KMHD) is a designated Critical Access Hospital (CAH), part of a program created by Congress in 1997 to help alleviate the financial burden on the fragile rural health care delivery system.³ KMHD is the designated Colorado Indigent Care Program Provider and a National Health Services Corps Provider. As a Level IV Trauma Center, Kremmling's hospital provides initial evaluation, stabilization, diagnostic capabilities, and transfer to a higher level of care for emergency patients. Trauma-trained nurses are immediately available on a 24-hour basis, and physicians are available upon patient arrival in the Emergency Room. (Colorado Department of Public Health and Environment, 2007)

In addition to the Emergency Room at KMHD, urgent care is available in Grand County at the Granby Medical Clinic in Granby (also a Level IV Trauma Center) and the 7-Mile Clinic in Winter Park (a Level V Trauma Center).

Medical Clinics: Physician clinics are located throughout Grand County. Family and/or pediatric practices are located in Winter Park, Granby, and Kremmling. Grand County Public Health is located in Hot Sulphur Springs, providing adult and child immunizations, communicable disease control, child health services and referrals, Women, Infants and Children (WIC) services and related nutrition education. Grand County also operates home health nursing services.

A comprehensive resource booklet of Grand County health and social services has been compiled by the Grand County Rural Health Network.

Existing and Potential Strategies to Address Access to Care

Integrated Healthcare System, Grand County Rural Health Network, Inc.: GCRHN is actively working towards an **integrated** healthcare delivery system, in collaboration with providers and health professionals across the county. The plan the network has developed includes the following major elements:

1. New Grand County services and expanded services, including orthopedics, outpatient and inpatient surgery, provider recruitment, increase visiting specialists, additional women's health services (including labor and delivery), and outpatient chemotherapy services;
2. New facilities throughout the county within 10 years, including:
 - A new medical center in Granby (which will include a medical clinic, ER, outpatient day surgical center, cancer outpatient services rehab care, and a health and wellness promotion center)

³ A small rural hospital qualifies as a CAH if it has 25 beds or fewer, and is located at least 35 miles from the nearest hospital. Colorado Rural Health Center, 2004.

- A new hospital in Kremmling (22 beds, outpatient diagnostics, ER, medical clinic, outpatient/inpatient surgery, obstetrics, cancer outpatient services, cardiac rehabilitation, rehabilitation care, wellness, multi-generational campus, long-term care facility).
 - Satellite medical clinics in Fraser Valley and Grand Lake.
3. Health professional recruitment strategy

For more information on the Grand County Rural Health Network, go to www.gcruralhealth.com.

Medical Services for Low-Income and Uninsured Grand County Residents

Grand County Public Health and the Grand County Rural Health Network are actively partnering to develop plans for a free or low-cost clinic which will be available to local residents who experience cost or other barriers to accessing medical care. As of the winter of 2006, preliminary discussions are underway. Results from the Community Health Assessment clearly demonstrate both the need for such a service and the emphasis residents are placing on access to health care as a priority health concern in the county.

The Advocacy for Children's Health and Education Services (A.C.H.E.S.) program is an existing collaborative effort of Grand County agencies and community groups designed to assist low income families and their children under the age of 18 by providing financial assistance for acute, non-emergent services. The program provides a voucher for services to a medical, mental or dental health care provider in the county. A.C.H.E.S. also provides some assistance with prescription drugs that may be prescribed for the child during the office visit. To receive services under the program, the child must be uninsured and under the age of 18.

A new partnership will kick off in the spring of 2007 that will greatly increase access to dental care for Grand County children. Grand County Public Health Nursing, GCHRN, the two school districts in the county, Winter Park Dental, and Silk's Dental Hygiene will sponsor dental screenings in all schools in both school districts. The University of Colorado Health Science Center School of Dentistry will provide dental students to conduct the screenings, and will then bring their new dental van to provide dental treatment for children identified through the screening programs. This dental van will come to Grand County in the spring, summer, and fall of 2007. The schedule after that point will be determined based on the success of the pilot screening and treatment program.

Also new in the spring of 2007, a mobile medical van will begin arriving in Grand County starting in April 2007 and running through the summer of 2007 to provide care to the uninsured and underinsured.

The mobile van will serve Grand County youth newborn to 21 years old, and services will include: physicals and well child care/immunizations; chronic illness care; special needs health care; and sports physicals. In addition, the providers on the van will be prepared to accept walk-in appointments and sick-child visits.

These mobile dental and medical services will serve as an effective and temporary solution until the long-range goal of a community care clinic can be realized.

Community Health Insurance Plans

Several rural areas in Colorado have come together as a community to create innovative responses to the challenges of ensuring that all its residents have access to quality and affordable health insurance. One example is the Roaring Fork Valley Community Health Plan, a not-for-profit corporation organized to create and promote community-oriented health care plans that are focused on competitive

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pricing, accessibility, and quality outcomes for members of rural communities in Western Colorado. The RFVCHP is available to individuals and businesses through local participating chambers of commerce, and seeks to increase access to insurance plans for the areas' uninsured, as well as to promote wellness and prevention at the community level as a strategy for reducing the overall cost of health care. (See <http://www.rfchp.com/guest/about/>)

More recently, the Summit Chamber of Commerce just south of Grand County has initiated efforts to provide health insurance access to members of that community.

B2. Health Priority #2: Alcohol and Illicit Drug Use

Introduction

Alcohol abuse and use of illicit drugs quickly emerged as priority issues in the Community Health Assessment, ranking third and fourth respectively in the Community Health Survey priority health problems. One-third of all respondents felt that alcohol abuse was a priority health concern, and 29% identified illicit drug use. This is similar to the results from the 2001 Grand County Community Health Survey, when the two issues ranked X and Y. It is also typical of Colorado's rural mountain resort communities, where alcohol and drug abuse are common concerns (see for example Eagle County's CHA, 2006).

The Scope of Alcohol and Drug Use in Grand County and Colorado

The Community Health Survey asked respondents to describe their current use of alcohol, marijuana, cocaine, heroine, ecstasy, and prescription drugs (for purposes other than the reason for which they were prescribed). Respondents could also write in descriptions of drugs not listed. While responses for alcohol appear to be within the bounds of what one could expect, it is likely that the survey underestimates use for all other drugs, including marijuana. Data from the 2002-2004 National Survey on Drug Use and Health, including data from the sub-state region which includes Grand County⁴, is presented here as a comparison.

Alcohol As in many communities across the Colorado Rockies, in particular communities that depend on tourism to sustain the local economy, alcohol is pervasive in Grand County. One Kremmling student remarked, “*alcohol is everywhere.*” Grand County residents appear to consume more alcohol than Colorado Regions 5 and 6, Colorado, and the country as a whole (Figure 10).

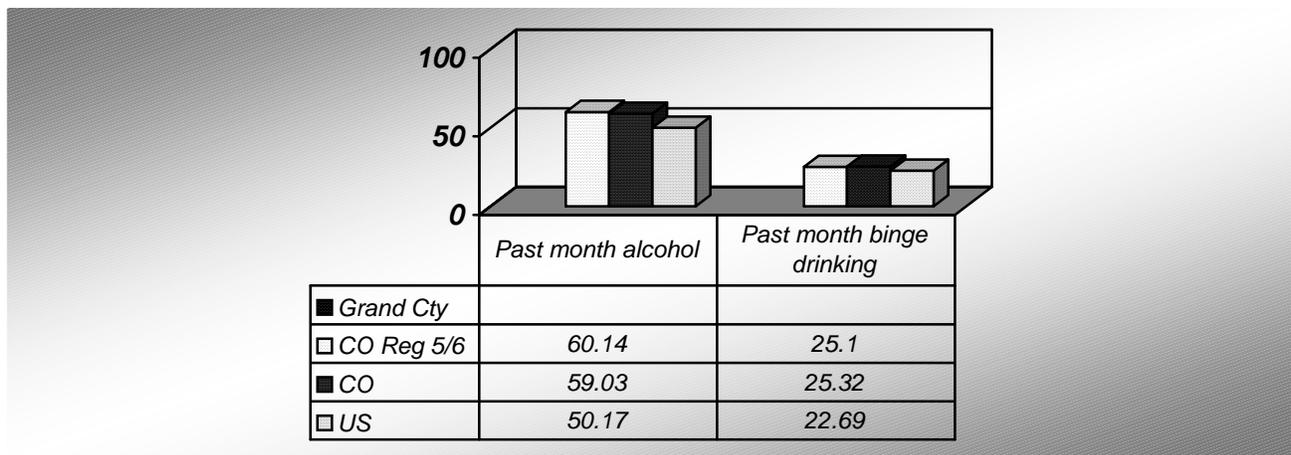


Figure 10: Alcohol Use: Grand County Health Survey (2006) and the National Survey on Drug Use and Health, 2002-2004 for U.S., Colorado, and Colorado Substate Regions 5 and 6 (SAMHSA, 2006)

4 Colorado's State Planning Regions 5 and 6 include the following counties: (Region 5) Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata, Montezuma, Montrose, Ouray, San Juan, and San Miguel; (Region 6) Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt, and Summit. Data is presented for Regions 5 and 6 together due to the small population in those regions.

Marijuana, Cocaine, and Illicit Drugs:

Aside from alcohol, marijuana is the most frequently encountered drug used in Grand County. Data here is presented from the National Survey on Drug Use and Health, since the usage data from the Grand County Community Health Survey appears to have dramatically underestimated use of all substances apart from alcohol and tobacco. (Figure 11)

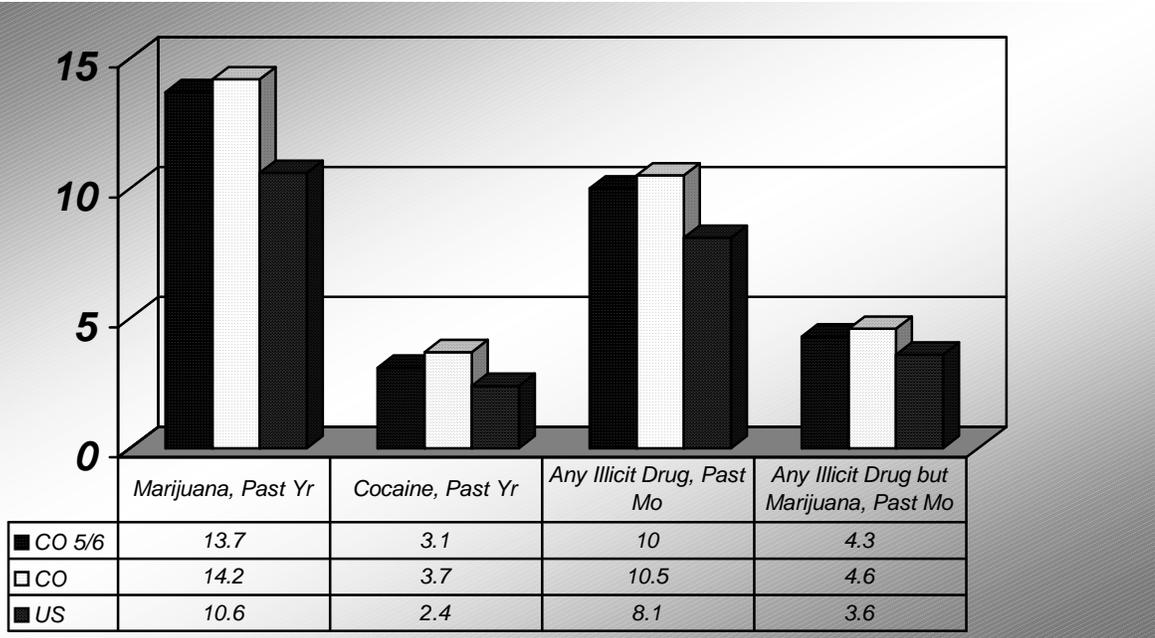


Figure 11: Consumption of Past-Year Consumption of Marijuana and Cocaine, and Past-Month Consumption of Any Illicit Drug, for Colorado Regions 5/6, Colorado, and U.S.. National Survey on Drug Use and Health, 2002-2004.

Youth and Substance Use: Data from East and West Grand School Districts; focus groups

Heavy alcohol use and marijuana is prevalent among youth in Grand County. One hundred percent of 12th graders in Kremmling in 2004 reported having used alcohol at least once in their lives. Seventy-seven percent of West Grand seniors, and 65% of East Grand seniors reported using alcohol at least once in the past 30 days. Fifty four percent of West Grand seniors had engaged in binge drinking and 48% of East Grand seniors reported having gotten drunk at least once in the two weeks prior to taking the survey. (Figure 12) (Communities that Care Youth Survey, 2004; Search Institute, 2005)

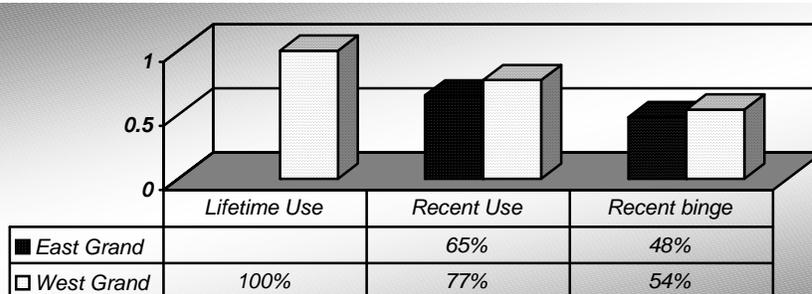


Figure 12:Alcohol Consumption by Grand County Seniors: Lifetime use, recent use (past 30 days), and binge drinking/drunk in past two weeks. East Grand High School Students, 2005.

Rates of drinking and driving are high enough for concern in East Grand. Eighteen percent of high

school students reported having driven a car after drinking once or more in the previous 12 months, and 37% of students had been a passenger in a car where the driver who had been drinking. Tenth and eleventh graders were most likely to be a passenger in such as situation, reflecting students who do not yet have driver’s licenses and are dependent on peers for rides. (Figure 13)

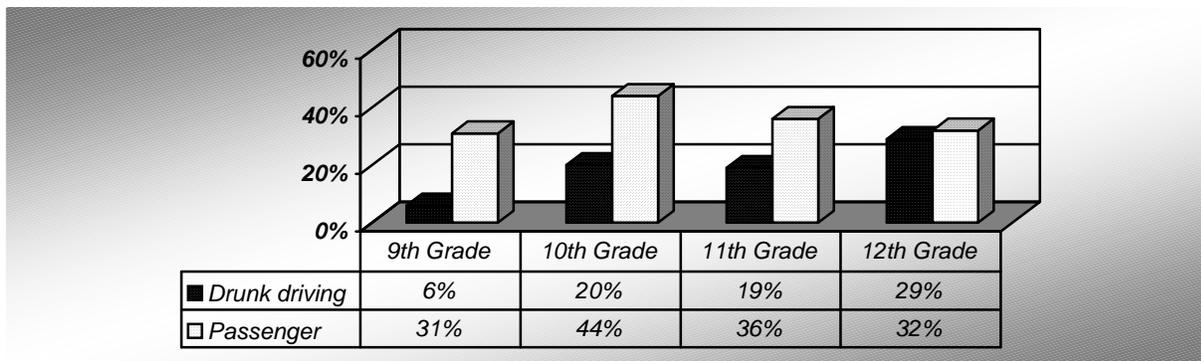


Figure13: Drunk driving and riding in a car with a driver who has been drinking. East Grand High School Students. 2005.

This pervasive positive social norm about alcohol consumption, combined with easy access, contributes to an inaccurate perception of risk of alcohol use among young people. Young people see alcohol as a way to contribute to good times, and believe that because people they trust (i.e. parents) use it, it can’t be dangerous. In the words of one student, “My parents do it so I guess its ok.” (Youth Focus Group, Granby, January 2007)

Another student said, “when you see someone drunk, it looks like they’re having a good time so you want to try it too.” (Youth Focus Group, Kremmling, January 2007) Young people find it easy to procure alcohol, turning to young adults and at times to their own parents or parents of classmates. “I hear about parents that supply kids with alcohol but not pot.” One parent from East Grand said, “My daughter comes home upset because they get “stuff” from their parents. I’ve heard kids get pot and alcohol from their parents.” (Parents Focus Group, Granby, December 2006)

Student use of marijuana is also high in Grand County. By their senior year, 77% of students in West Grand have tried marijuana at least once, and 54% have smoked pot in the past month. (Communities that Care Youth Survey, 2004) In East Grand, 43% of seniors have used marijuana one or more times in the 12 months prior to taking the survey.

Participants in two focus groups with Grand County parents discussed how hard it was to raise children in the face of strong social norms around alcohol and drug use in Grand County. Parents at both ends of the county said that alcohol in particular is everywhere: “*everywhere you go there is alcohol involved. It is a small community and we know what is going on. It’s hard to go anywhere and not be offered alcohol.*” (East Grand Parents Focus Group, December 18, 2006)

Many have struggled to set clear rules for their own offspring with regard to substance use, only to have their efforts undermined by other parents or adults in the community. Many parents and youth had stories about parents buying their children alcohol or marijuana with the idea that if they control access to substances, at least they will know the extent of what their children are doing. In addition, many parents faced criticism and anger from other parents when they make an effort to ensure the safety and

well being of their children.

“I have tried to call parents to confirm the kind of environment my kid is going to hang out in. I have been yelled at about this, almost attacked for judging them. My daughter stopped getting invited to parties because of the fact I call the parents to find out information.” (East Grand Parents Focus Group, December 18, 2006)

A West Grand mother referred to this effort by more involved parents as the “Mamamafia” – the connections between parents who try to keep track of their children.

Access to Treatment Services

Residents of Colorado, including the State Planning Region which includes Grand County, are less likely to receive treatment for alcohol abuse and abuse of illicit drugs when compared to the United States as a whole. The National Survey on Drug Use and Health reports on the percent of individuals age 12 and older in need of alcohol and drug related treatment services who did not receive them – the “treatment gap.” Nationally during the period 2002-2004, 7% of persons age 12 and older were in need of treatment for alcohol use who did not received services, compared to about 9% in Colorado and in Colorado State Planning Regions 5 and 6. (SAMHSA, 2006)

Residents of Grand County in need of crisis stabilization, detox services, or treatment services for alcohol and/or drug use need to travel outside the county for any of these treatment services. The closest clinical detox facilities are in Denver and Glenwood Springs, and the closest treatment facilities are in Denver and Grand Junction. Returning to their home community, individuals in recovery face a multitude of social challenges along with the disruption of their treatment plans.

Defining the Problem: Alcohol and Substance Use in Grand County

Survey respondents were asked, “do you believe that alcohol and use of other drugs (besides tobacco) are problems in our community, and if so, why?” Participants were allowed to selected multiple answers. Only four percent answered that alcohol and other drugs were not problems in their community. Table 6 illustrates the percent of respondents identifying a number of problems related to substance abuse in their community.

Table 6. Percent Respondents Identifying Problems Related to Alcohol and Substance Abuse in Grand County.	
Acceptability of use of alcohol and other drugs among adults	56%
Acceptability of use of alcohol and other drugs among youth	58%
Rural nature of Grand County	32%
Not enough enforcement of existing laws	31%
Not enough resources for people seeking treatment	25%
Not enough education in schools about alcohol and other drugs	23%
Not enough public education about alcohol and other drugs	19%

Addressing Use of Alcohol and Other Drugs in Grand County

Grand County residents responding to the Community Health Survey were asked for feedback on what strategies they believe would help reduce the problems related to alcohol and/or other drugs in their community (Table 7). Over half of all respondents identified access to free counseling and support for individuals seeking treatment (58%) and prevention education in schools (56%). Almost half (47%) argued for enforcement of existing regulations and development of new ordinances targeting alcohol

and other drug use among youth.

Table 7. Percent Survey Respondents Identifying Solutions to Alcohol and Drug Use	%
Access to free counseling/support for individuals seeking treatment	58%
Prevention education in schools	56%
Enforcement of existing regulations and development of new ordinances targeting alcohol and other drug use among youth	47%
Education for adults about existing laws and health risks involved with abuse of alcohol and other drugs	39%
Alcohol and drug prevention campaigns in the local media	38%
Training and education for community members involved in prevention of alcohol and/or drugs	37%
Training and education for health care providers to help them work with their patients	32%
Other strategies to address alcohol and other drug use	10%

Focus groups with County parents and high schoolers asked for suggestions about how to prevent substance abuse among local young people. There was wide-spread consensus among youth and parents that parents need to address their own alcohol behavior as part of ensuring healthy behavior in their children. One West Grand student said, *“You have to start with the parents because everything starts with them – some parents support drinking.”* Another student responded, *“Some parents do it themselves and so the kids think if they do it, than I can do it.”* (West Grand Youth Focus Group, <DATE>)

The parents about the need for more accountability for student behavior at school and in the community. Parents in East Grand remarked that teachers feel unsupported in their efforts to impact the behavior of their students, saying *“[teachers] are getting to the point of just letting it go because they think nothing will happen when they bring [students] to the office. They are also afraid because of parent’s wrath, getting lawyers, and so on.”* (East Grand Parents Focus Group, December 18, 2006)

Youth also complained that there isn’t enough to do. East Grand students talked about the lack of after school activities in general, and students from across the county talked about the absence of “normal” teen age hangouts in their communities. Parents in West Grand suggested addressing the cost barrier moderate and low income families experience to involving their children in activities, noting that fees related to sports become expensive. (West Grand Parents Focus Group, November 27, 2006)

DEB R

- Current discussions about increasing access to treatment, coordination of care etc.
- Deb, what else do you want to highlight?

B3. Health Priority #3: Tobacco Prevention & Control

Introduction

Tobacco use has received enormous attention as a priority health concern for the past fifteen to twenty years. A great deal is now known about the profound threats to human health posed by cigarettes and by chewing tobacco, and about the addictive nature of nicotine. At this point, tobacco use is the leading cause of preventable death and disability in Colorado. In our state, smoking is the cause of 30% of all cancer deaths, and 21% of deaths due to coronary heart disease. Almost 200,000 children a year in Colorado are exposed to second hand smoke at home, leading to asthma and respiratory illness.

Tobacco places an enormous burden on the state health care system and the state's economy. Direct smoking-related health care costs exceed one billion dollars. Each Colorado household pays over \$500 annually in state and federal taxes to pay for smoking-related costs (CDPHE STEPP Program). In the summer of 2006, the state of Colorado passed a comprehensive smoking ban in response to the societal impacts of tobacco. The new law prohibits individuals from smoking in most public places with few exceptions.

Tobacco Use in Grand County

The Community Health Survey asked respondents about their tobacco use, their attempts to quit smoking and quit resources that they used, and their attitudes and beliefs about second hand smoke. Almost forty percent of all respondents said that they had smoked at least 100 cigarettes in their lifetime, and 11% said they had used chewing tobacco at least once. Eleven percent of all respondents, and almost one-third (28%) of individuals who had ever smoked reported that they currently smoked some days or every day.

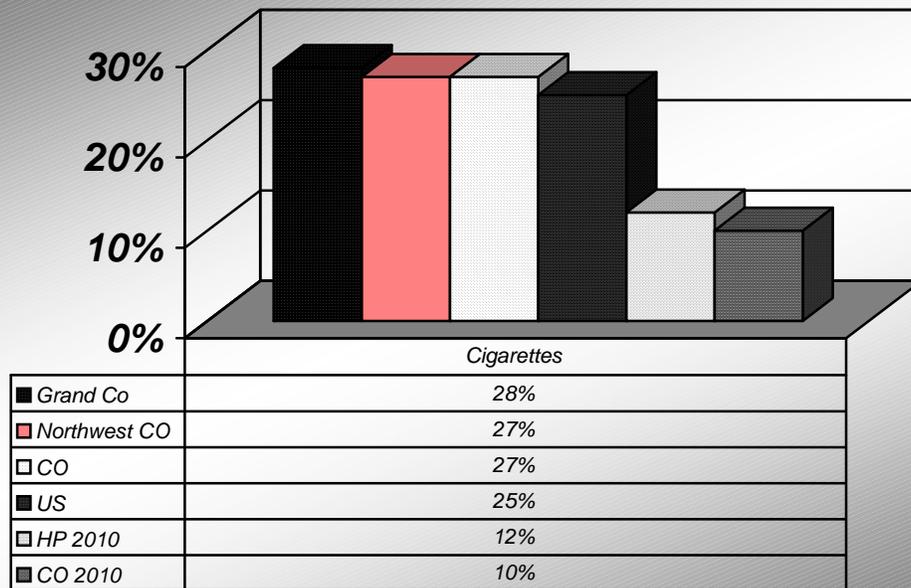


Figure 14: Tobacco Use. Current Use of Cigarettes, Grand County (2006), Western CO (Region 6), Colorado, and US (2002-2004). (Community Health Survey, 2006; SAMHSA, 2006)

Depending on the source, Grand County smoking rates are a little elevated or about equal to cigarette use in Colorado and in the U.S. Current smoking patterns are across the board higher than that called for in Healthy People 2010 and in Colorado Healthy People 2010. (Figure 14)

Many current smokers in Grand County are attempting to quit using tobacco. Of the approximately 170 individuals who had ever smoked in the survey, 27% reported trying to quit in the previous twelve months, 63% reported having quit more than 12 months ago, and only 10% said that they hadn't tried to quit in the previous 12 months. However, only 17% of ever-smokers said that a health care provider had advised them to quit smoking, and only 10% of smokers had received referrals or information on smoking cessation programs from a health care provider.

Research has demonstrated the efficacy of various cigarette cessation strategies for individuals trying to quit using tobacco, and the importance of information and referrals from health care providers in helping individuals access various resources and services. Nicotine patches, hypnosis, and anti-depressants are all now part of an arsenal of tools available to individuals trying to quit. The Colorado Department of Health and Environment uses tobacco tax dollars to provide free nicotine patches for individuals through the Colorado QuitLine. (Figure 15)

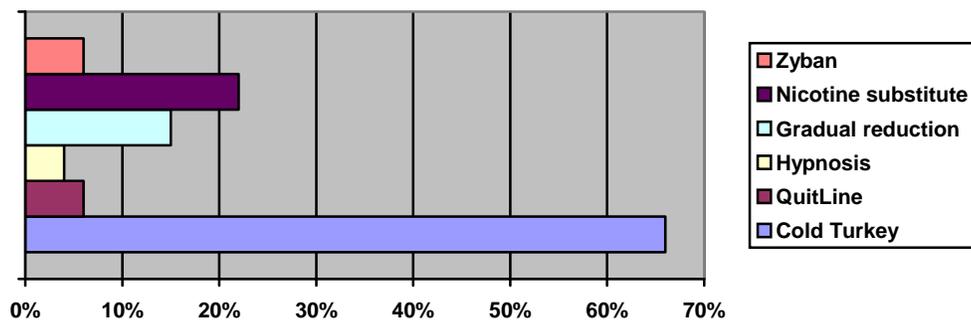


Figure 15: Quit strategies used by Grand County CHS respondents who have ever smoked.

Furthermore, only a fraction of smokers in Grand County reported receiving information or referrals from their health care provider for smoking cessation strategies and programs in the prior 12 months, and only a fraction of individuals who have attempted or successfully quit tobacco used services or supports in the same time period. (Figure 16)

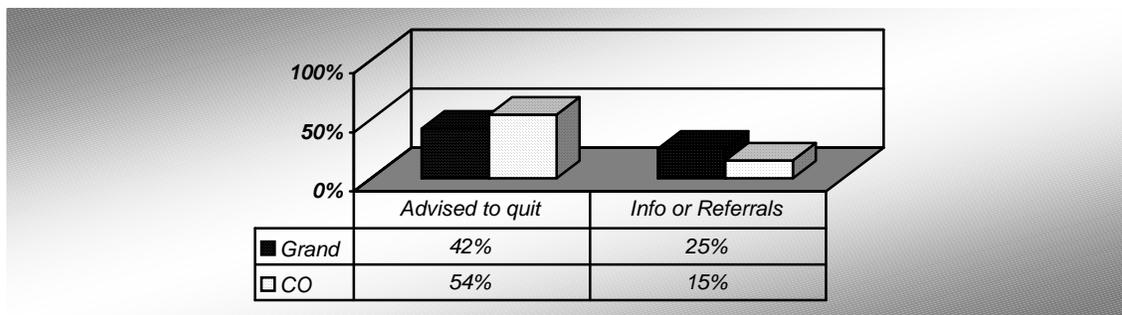


Figure 16: Percent adult smokers who went to a doctor in the past 12 months and were advised to quit, or were given information/referrals for smoking cessation programs. Grand County (2006) and Colorado (TABS, 2001).

Youth Tobacco Use

Tobacco use appears to be slightly more prevalent among young people in West Grand than East Grand, based on recent surveys conducted in the two school districts. Current use (past 30 days) of cigarettes among seniors in West Grand was 15%, compared to 11% in East Grand. Use of chewing

tobacco is appears to be more prevalent in West Grand than East Grand. The percent of students using chewing tobacco in West Grand dropped in 2002 but rebounded by 2004. (Figure 17)

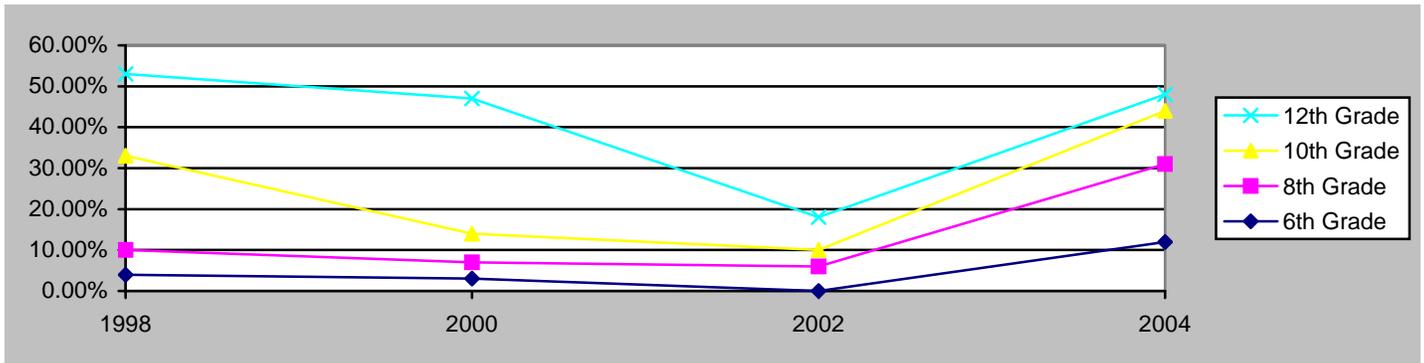


Figure 17: Current (30-day) use of chewing tobacco among West Grand students, 1998-2004. (Communities That Care, 2004)

Students and parents alike acknowledged in focus group discussions in West Grand that chewing tobacco is frequently used by young people and adults, and that the perceived risk may well be less for chewing tobacco than for smoking cigarettes. Many attributed it to the pervasive rodeo culture which persists at that end of the county, and to the lower perceived risk of chewing tobacco compared to smoking cigarettes.

Second Hand Smoke

Exposure to second hand smoke is increasingly known to be a significant health threat for non-smokers, in particular for children whose caregivers smoke. In Colorado, over four thousand cases of pediatric asthma in children 15 years old and younger can be attributed to second hand smoke exposure at home. This exposure causes two million cases of chronic middle ear infections in children across the country every year. (CDPHE STEPP Program) The Community Health Survey asked respondents to identify rules they had about smoking in their home and in their cars. While the majority of respondents had no-smoking rules for both home and vehicle, fewer specifically prohibited smoking inside their cars. (Table 8)

No smoking inside home/no-one in household smokes	87%	Smoking never allowed in car	78%
Smoking allowed in some places/at some times in home	5%	Smoking allowed sometimes in car	6%
Smoking is allowed anywhere in home	1%	Smoking allowed with windows open	4%
No rules about smoking in home	3%	No rules about smoking in car	4%
Don't know/not sure	0.0%	Don't know/not sure	2%

Defining the Problem: Tobacco Use in Grand County

Survey respondents were asked, “Do you believe that tobacco use is a problem in our community, and if so why?” Only 9% of all respondents did not think that tobacco use was a problem in their community. The other 91% of respondents identified a number of problems related to tobacco use in Grand County. (Table 9)

Too many young people smoke	75%
Too many adults smoke	68%
Too many young people use chewing tobacco	48%
Too many adults use chewing tobacco	47%
Too many pregnant women smoke	38%
People smoke at home or in their cars	36%
Lack of enforcement about minimum age for purchase of tobacco	29%
Not enough social or professional help for people trying to quit	23%
Not enough education about tobacco	22%
Not enough enforcement of smoking ban	20%
Not enough resources for people trying to quit	19%

There was a fair amount of variation in responses to this question by town, reflecting some combination of localized perception and differences in actual behavior. For example, the percent of survey respondents who believe that too many pregnant women smoke ranges from 17% in Fraser to 58% in Hot Sulphur Springs. (Table 10)

	Tot al	F	G	GL	HS S	K	P	T	WP	Un
Tobacco use is not a problem in my community	9%	14%	7%	*	*	*	*	*	*	*
Too many young people smoke	75%	63%	83%	91%	63%	67%	75%	82%	60%	65%
Too many adults smoke	68%	55%	70%	77%	75%	74%	63%	66%	60%	71%
Too many pregnant women smoke	38%	17%	48%	46%	58%	38%	*	29%	*	35%
Too many young people use chewing tobacco	48%	28%	55%	40%	63%	53%	*	45%	*	65%
Too many adults use chewing tobacco	47%	28%	59%	40%	67%	48%	*	40%	33%	47%
Not enough education about tobacco	22%	31%	23%	14%	21%	14%	*	24%	*	*
Lack of enforcement of minimum purchasing age for tobacco	29%	25%	31%	43%	38%	22%	*	24%	*	41%
Lack of enforcement of smoking ban	20%	11%	27%	17%	21%	22%	*	24%	*	41%
Not enough resources for people trying to quit	19%	19%	17%	20%	*	14%	*	21%	*	35%
Not enough social or professional support for people trying to quit	23%	17%	21%	29%	42%	19%	*	21%	37%	35%
People smoke at home or in their cars	36%	33%	41%	26%	46%	36%	*	37%	*	35%
Other reasons why tobacco is a problem	8%	11%	6%	0	*	*	*	*	*	*
Total number of respondents		64	128	35	24	58	8	38	15	17

Addressing Tobacco Use in Grand County

Survey participants were also asked what they believe should be done about tobacco use in their community. Two of the top three most frequently mentioned strategies target youth: additional tobacco prevention and education programs for local youth (63%); and enforcement of existing rules and development of new ordinances to target tobacco use among local youth (60%). Over 60% of

respondents identified increasing access to free programs and resources to help people quit. (Table 11)

A number of parents talked about the issue of young people smoking during the school day, on and off school grounds. There was wide-spread support in the two focus groups conducted with parents from east and west Grand for new ordinances targeted minor possession of tobacco products, which would allow city officials to ticket under-age smokers for tobacco use.

A major task for the local Tobacco Prevention Program is to rebuild the Tobacco Coalition that disbanded several years ago. This umbrella entity will allow for more effective coordination of programs, services, and resources across the county, as well as the sharing of best practices and lessons learned.

Table 11. Tobacco Prevention and Control Strategies, Overall Grand County and by Town.										
	Tot al	F	G	GL	HS S	K	P	T	WP	Un
More tobacco prevention and education programs for local youth	63%	67 %	57 %	53 %	74 %	60 %	88 %	67 %	87 %	67 %
Enforce existing rules and develop new ordinances targeting tobacco use among youth	60%	51 %	66 %	68 %	61 %	64 %	63 %	50 %	33 %	60 %
Increase access to free programs & resources to help people quit	61%	76 %	56 %	50 %	70 %	50 %	75 %	69 %	40 %	93 %
Programs for pregnant women who use tobacco	49%	38 %	59 %	38 %	44 %	38 %	* %	33 %	* %	53 %
Educate health care providers around talking to patients about tobacco use	38%	38 %	35 %	38 %	48 %	38 %	* %	42 %	33 %	40 %
Training & education for community members involved in tobacco prevention	34%	35 %	32 %	32 %	30 %	32 %	* %	19 %	33 %	47 %
Community education about risks from 2nd hand smoke	55%	54 %	49 %	62 %	57 %	62 %	63 %	56 %	60 %	67 %
Other strategies (see appendix)	14%	7%	0	*	*	*	*	*	*	*

B4. Health Priority #4: Physical Activity & Nutrition (Health Promotion)

Introduction

Health promotion and education refers to the infrastructure, programs, and activities that support the adoption and maintenance of healthy lifestyle choices. For example, recreation centers and bike paths are physical structures that support physical activity while a healthy cooking class for busy adults would promote a healthy diet. Concerns that fall under this category arose in several different ways in the Community Health Survey as well as focus groups held around the county. After school recreational opportunities for youth and poor nutrition were the seventh and eighth most frequently mentioned health priorities in the survey.

Issues related to nutrition, physical activity and other healthy lifestyle topics came up both in terms of the adequacy of community resources and issues that impact household health. About half of all respondents said that at least one member of their household was having trouble getting enough physical activity, and about the same percentage were having trouble nutrition. Clearly, eating well and getting enough physical activity are issues that many households across Grand County are struggling with.

Physical Activity

As noted in the section describing community assets and strengths, many residents of Grand County believe that part of what makes their community special is the setting and the easy access to a multitude of outdoor and recreational activities. Indeed, 77% of all respondents believe that they have adequate access to open space, and 74% are satisfied with their parks.

However, only about half of respondents felt that they had adequate bike lanes on area roads or sidewalks and paved trails – both of which make walking, running, and bicycling safer and more fun. Only 42% of respondents felt that there were adequate recreational programs for adults, and 45% felt that there were adequate recreational programs for children. Many residents talk about how much they would appreciate having a recreation center in their community, including a facility that offered childcare and had flexible hours for people who work non-traditional hours.

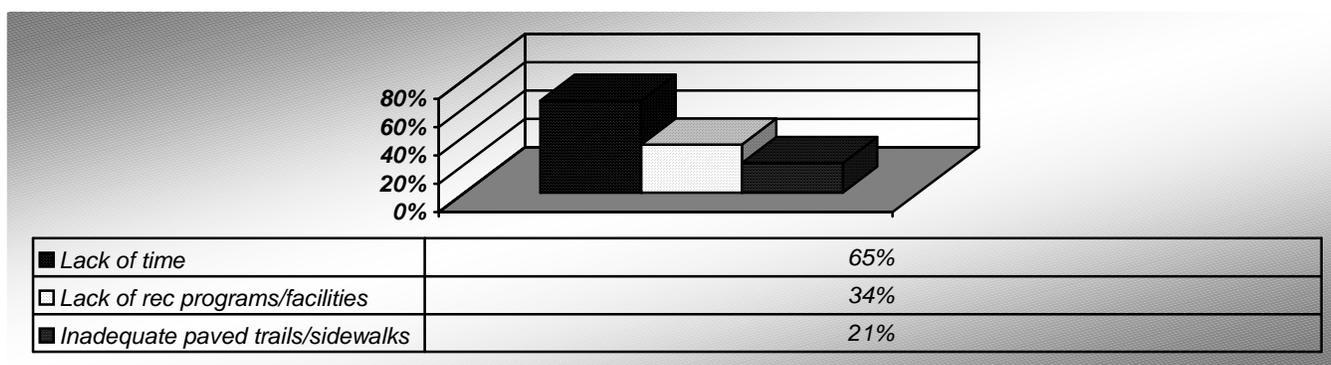


Figure 18: Households experiencing barriers to getting enough physical activity (percentage of households experiencing at least one barrier).

Almost half (49%) of survey respondents identified at least one barrier to physical activity experienced by a member of their household. Out of those 214 individuals, about two-thirds identified lack of time as a major barrier, followed by lack of recreation programs and facilities (34%), and not enough access to paved trails and sidewalks (21%). Fifteen percent of those 214 individuals said a member of their household was limited by being overweight, and an additional 12% identified physical limitations in

general. (Figure 18)

Nutrition

Forty-nine percent of survey respondents identified at least one household member affected by a nutritional issue. Of those 212 individuals, the most frequently mentioned nutritional issue was not getting enough physical activity (54%), evidence that physical activity and nutrition interact. Other major issues were being overweight or obese (41%), cost of healthy foods (40%), unhealthy eating habits (36%), and a lack of meal planning (18%). (Figure 19)

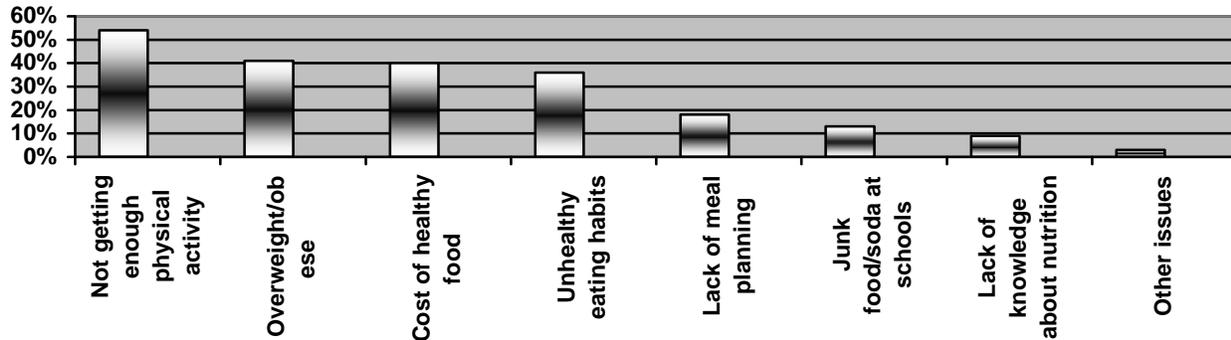


Figure 19: Major nutrition issues experienced by households (percentage out of households with at least one nutrition issue).

Strategies for Addressing Physical Activity and Nutrition

Community residents and health education experts offered several suggestions for how to address community barriers to physical activity and nutrition in Grand County. These suggestions fall into two main categories: first, foster a built environment and infrastructure that encourages a healthy lifestyle; and second, provide community based health education around nutrition and healthy eating.

Investing in recreation centers across the county, as well as in bike lanes on roads and more paths and paved sidewalks, will all help to encourage physical activity among Grand County residents. Ensuring that activities and centers are open at hours accessible to those working non-traditional hours, providing child care on site, and creating programs to increase access for low-income residents, will all increase the likelihood that these resources would be enjoyed by the entire community.

Creating community education programs in a variety of settings focusing on quick and healthy food, and ensuring that residents have easy access to affordable and healthy food in the county, will help to address the nutritional concerns raised by many survey participants. As with physical activity, lack of time and lack of knowledge resources are major barriers for many Grand County residents seeking to improve the quality of their family’s diet.

The Grand County Public Health Department recently received funding to employ a full time health educator, beginning in February of 2007. It will be the responsibility of this person to work with community agencies and groups across the county to address these and other related health promotion issues.

C. Additional Special Topics

C1. Children’s Issues: Child Care, Preschool, & Children with Special Needs

Childcare and Preschool in Grand County

Fifty-one percent of all survey respondents said that childcare resources in Grand County are inadequate. Over one hundred survey respondents (24% of all respondents) identified at least one issue related to childcare and preschool. Of these, 52% identified the cost of childcare, 43% said they had a problem accessing childcare by a licensed provider, and 31% were affected by the cost of preschool. Problems experienced by those 103 respondents are illustrated in Figure 20.

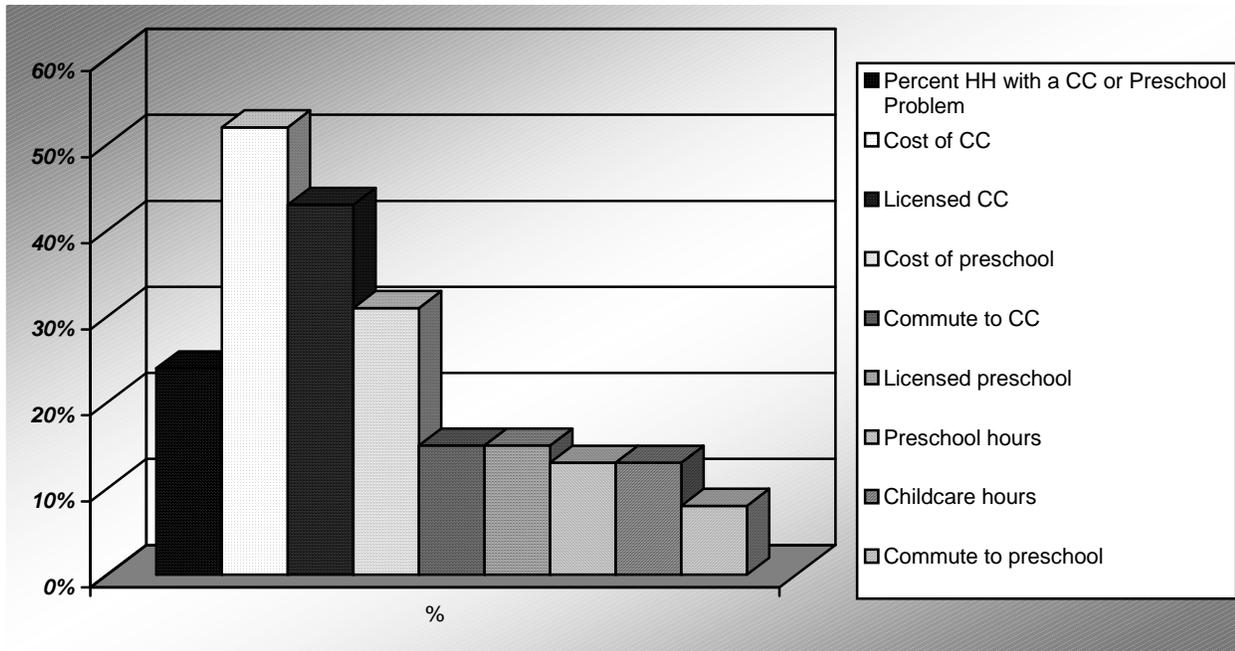


Figure 20: Percent households experiencing problems related to childcare and/or preschool in past five years, out of respondents having at least one problem.

Observations by local parents and other stakeholders substantiate this survey data. Key findings from an early childcare assessment in the rural resort region (a five-county region that includes Grand County) offers further evidence supporting the critical nature of this issue for mountain regions in Colorado. This assessment, begun in 2001, issued four key findings:

1. Demand for childcare needs in the five-county region is greater than existing number of providers, especially for infant/toddler care.
2. Childcare providers are in short supply due to high levels of turnover. There is a need for increased levels of training and education for childcare providers, who need support and opportunities.
3. Cost for childcare is challenging, costing as much as 30% of parents’ income.
4. Employers recognize the problem, but less than one in five offer solutions. (Rural Resort Region Early Childhood Council, 2004)

Children with Special Needs in Grand County

Children with special needs can qualify for early childhood interventions and services from birth until they turn three, under Part C of the Individuals with Disabilities Education Improvement Act (IDEA). Part C is a federal entitlement program, and eligibility is based on a significant developmental delay or the diagnosis of a physical or mental condition that is known to be associated with significant developmental delays. After a child turns three years old, responsibility for delivering services is turned over to the educational system and is primarily administered through preschools until a child enters kindergarten.

Part C programs are administered in Grand County through Horizons, a non profit organization based in Steamboat Springs that provides services in Grand, Routt, Moffatt, Jackson and Rio Blanco Counties. The coordinator for Grand and Jackson Counties is based in Granby.

Interviews with parents of children with special needs in Grand County reveal a high level of satisfaction with services obtained through Horizons. Parents were very happy with the level of personal support, services, and financial assistance available through the organization. As one parent put it, *“Without a program like horizons, there is no way my daughter would be where she is at. If they had to wait until elementary school to get services, I can’t imagine the burden on families and on systems. It’s in the best interest of the community to have services like this.”*

Through Horizons, families are able to access many services for their children, including occupational, speech, and physical therapy, financial aid to obtain durable medical equipment, and other tailored support to help their children.

A major challenge for families appears to occur when the child turns three years old and ceases to qualify for Part C services. The state organization coordinating Part C (Early Childhood Connections) has identified this transition time as an area of focus for upcoming revisions to the Statewide Plan. (Scott, Interview Jan 30)

For parents who wish to enroll their child in preschool and to receive services, options are limited in Grand County. The only preschool in East Grand (? in West) that provides therapeutic services to this population is located in Granby. This preschool is not set up in a way that is “conducive to working families” (in the words of one parent), offering services for only a few hours each morning.

The second major challenge for families with children with special needs is the general level of community awareness about children with special needs and the availability of early childhood services through Horizons. Parents discussed the degree to which they were aware of Horizons in interviews conducted as part of this assessment. One parent said that she was lucky in that a friend of hers had accessed services through Horizons, and had another friend who was a physician who helped her locate support. A second parent said that she was completely unaware of Horizons and its programs until her child enrolled in preschool. She said, *“it would have been helpful to know about various Horizons services, that would have been very helpful. For example, there is an amount of money available each year for families to purchase special equipment etcetera, and I didn’t know that existed.”*

This is another major area of focus for the state. Across Colorado, the number of children birth to one year identified as having qualifying special needs is low, and they attribute this in large part to a general lack of awareness of resources in the community – including among physicians. Early Childhood Connections is developing a specific project to identify communities that are have success in this area and to document those strategies that are working. They are also working with local communities to develop and/or improve local comprehensive public awareness plans.

Sixteen percent (or 71 individuals) of all Community Health Survey respondents identified at least one problem related to the physical, mental, or developmental health and well-being of a child in their household. The most frequently mentioned problems and unmet needs were a need for diagnosis and screening (63%), developmental delays (35%), physical limitations (20%), and mental health issues (17%).

C2. Elderly Population

The population of Grand County seniors as a percentage of the total population has stayed around 10% since 1990. However, during that time period the total population has increased by over 5,000. Therefore, the actual number of seniors living in Grand County has increased from 611 in 1990 to an estimated 1,046 in 2003. (US Census, 2004). As the number of seniors increase, so does the need for certain medical and supportive services.

Many residents are unaware of the degree to which services for seniors in Grand County are adequate to current and projected need, since the general population does not need to worry about those services in the short term. However, about half of all survey respondents over the age of 50 felt that there were inadequate assisted living facilities (47%), senior housing (47%), and senior transportation services (46%).

In 2004, the Northwest Colorado Council of Governments issued a needs assessment report detailing the status of older residents in the North Central Mountain Region (including Eagle, Grand, Jackson, Pitkin and Summit Counties). For Grand County older residents, physical problems were the most frequently mentioned problem (36%), followed by getting needed medications (23%), needed health care (22%), and financial problems (18%). Figure 21 illustrates the major problems currently being experienced by seniors living in Grand County and in the region.

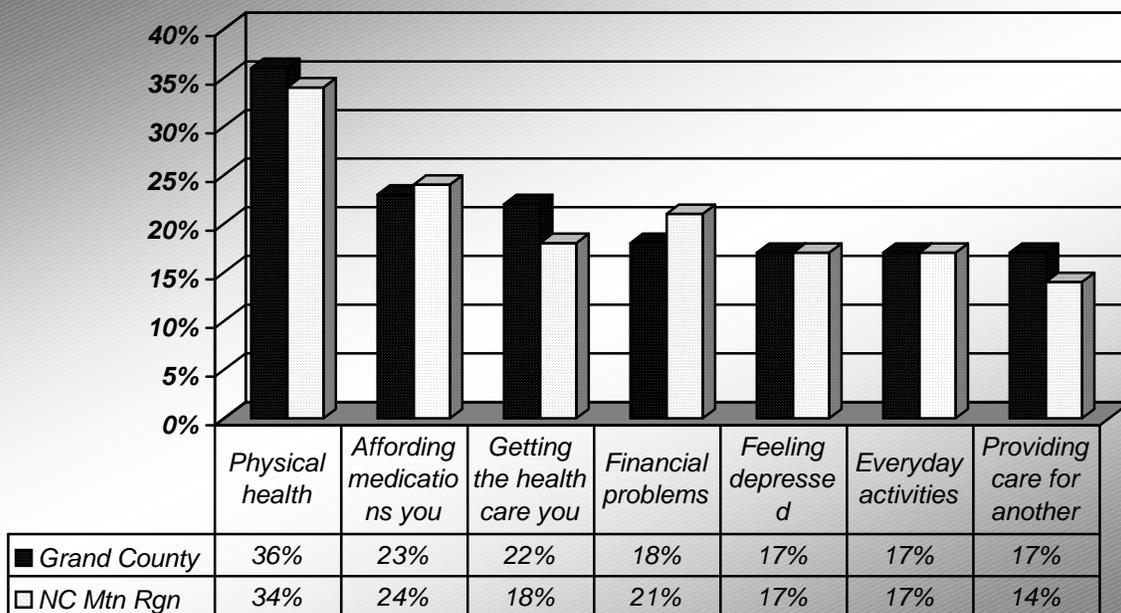


Figure 21: Problems experienced by older residents of Grand County and the North Central Mountain Region (NWCCOG, 2004).

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