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# PARK COUNTY

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Community Health Assessment



2018-2022

## PARK COUNTY COMMUNITY HEALTH ASSESSMENT 2018

### Letter from the Director

Park County Public Health is pleased to publish the Park County 2018 Community Health Assessment Report and Public Health Improvement Plan. This report provides an opportunity to take pride in the health of our community while identifying areas that we can collectively work to improve. This report summarizes health trends derived from analyzing a variety of data. The Community Health Assessment is a systematic process in which information is collected from data bases and community members. It reveals health gaps, community concerns and strengths within the community.

The Park County Community Health Assessment was conducted as part of a five-year process with the Colorado Department of Public Health and Environment. Every five years all local public health agencies complete a Community Health Assessment and develop a Public Health Improvement Plan to continuously monitor and improve areas of health concern. This information is provided to the Colorado Department of Public Health and Environment and is incorporated into the statewide plan. For more information about Colorado's Health Assessment and Planning process please visit [www.colorado.gov/pacific/cdphe-lpha/chaps](http://www.colorado.gov/pacific/cdphe-lpha/chaps).

The Park County Community Health Assessment Report addresses a myriad of health indicators including air and water quality, oral health, social determinants of health such as poverty, income and education, acute and chronic diseases, and injuries. This report will be distributed to the community at large via the Park County website at [www.parkco.us/publichealth](http://www.parkco.us/publichealth). This document serves as a reference to develop strategies to mobilize the community to address key health issues. Releasing the findings of the Park County Community Health Assessment is an important first step in the process of creating a healthier community. The hope is that community leaders, agencies and citizens will collectively work together to ensure that Park County is a healthy place to live.

Thank you for your interest in the health of the community and for taking the time to read this report. Please visit the website for updates to the plan. We welcome your interest and engagement in the health of Park County.

*Lynn Ramey*

Lynn Ramey RN, BSN  
Director  
Park County Public Health

PARK COUNTY COMMUNITY HEALTH ASSESSMENT 2018

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Executive Summary

In line with the Colorado’s Public Health Act of 2008 that directs the public health core services in Colorado, the Park County Public Health Agency is excited to present the 2018 Community Health Assessment. Every five years, Park County Public Health assesses resources and convenes community members to evaluate the health needs of Park County. These needs as presented in this document set the agenda for the Public Health Improvement Plan. Park County Public Health produced the community health assessment in accordance with the Colorado Health Assessment and Planning System (CHAPS) framework provided by the Colorado Department of Public Health and Environment (CDPHE).

The Community Health Assessment is a conglomerate of health indicators that work together to represent health across the lifespan of Park County residents. Data was collected based on Colorado’s 10 Winnable Battles evidence-based framework. Data collection included both primary and secondary sources. Key informant interviews and community meetings supplied a majority of the qualitative data, while online databases and state and local agencies provided the quantitative data found in this report.

Key findings reveal that most Park County residents exhibit healthy behaviors. Community members don’t drink excessively. They are active, involved in the community, and have health insurance. The areas for improvement are consistent with typical rural communities. Access to care and lack of mental health services were the leading health concerns identified in the Community Health Assessment. The mountainous terrain limits the reach of health services, which can lead to myriad health issues. Deaths from cancer, heart disease, and suicide rank in the top five for Years of Potential Life Lost (YPLL) in Park County. YPLL is characterized by premature death and represents the total number of years not lived by individuals who die before reaching a given age. More information needs to be obtained about pregnancy-related depression and the overall mental health of Park County citizens. Coroner reports over the last four years show suicide continues to be a public health concern in Park County, but additional data shows that Park County residents are less depressed than their state counterparts. The limited number of mental health services may affect how many people are accurately reporting their symptoms of depression. These findings were apparent in the statistical data collected and were echoed by community members, key informants, and the Park County Public Health steering committee.



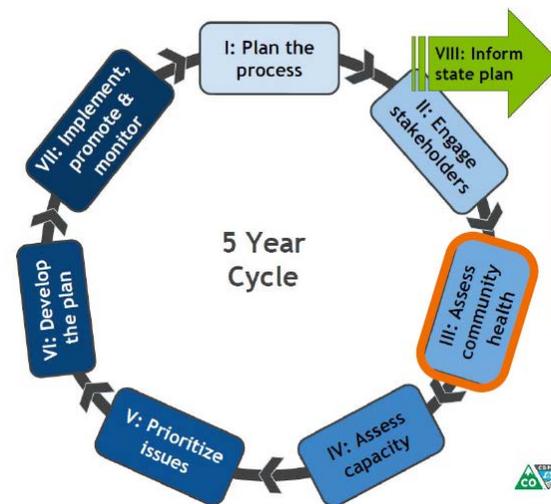
Introduction

Colorado core services directs local public health agencies to assess and manage the health of its communities. In an effort to apply best practice to this assessment, standard procedures were developed and implemented after the development of the Colorado’s Public Health Act of 2008. In accordance with this act, county level public health agencies must assess their constituents’ health every five years. The findings are primarily used as the foundation for the planning process to improve health, known as the Public Health Improvement Plan. There are a variety of supporting materials needed to assist local public health agencies in the assessment and improvement process. The process was refined by the Colorado Health Assessment and Planning System (CHAPS), which the Colorado Department of Public Health and Environment (CDPHE) developed. The framework supplies a step-by-step guide to working with communities, collecting data, assessing capacity, prioritizing significant needs, developing the plan, and implementing it over a five-year period. Park County Public Health utilized this framework, in conjunction with Colorado’s 10 Winnable Battles, to develop its Community Health Assessment. The health topics included in the Winnable Battles have operational and successful solutions. By using these frameworks, Park County Public Health ensures their resources are well utilized to make an impact on the county’s public health.

Colorado’s 10 winnable battles are:

- |                                      |                          |
|--------------------------------------|--------------------------|
| 1. Healthier Air                     | 6. Obesity               |
| 2. Clean Water                       | 7. Oral Health           |
| 3. Infectious Disease Prevention     | 8. Safe Food             |
| 4. Injury Prevention                 | 9. Tobacco               |
| 5. Mental Health and Substance Abuse | 10. Unintended Pregnancy |

Figure 1 Colorado’s Health Assessment and Planning System



## PARK COUNTY COMMUNITY HEALTH ASSESSMENT 2018

In the second phase of CHAPS, Park County Public Health selected the board of Park County Mental Health Alliance to act as the steering committee, which is crucial to supporting the community health assessment process. Members of the board were selected due to their knowledge of the community, as well as the diversity among them. The board included members from Park County Sheriff's Office, Human Services, Victims' Advocates, Regional Health Coordinators, private mental health providers, and community members. Throughout the assessment process, the steering committee provided Park County Public Health with data, insight, and advice to assess the community.

Throughout 2017, Park County Public Health worked through CHAPS Phase III to collect and assess the health of Park County residents. Because of the dynamic state of health for every individual, a variety of data sources were collected to inform Park County Public Health of the health status of the county. Numerical data were compiled using CDPHE databases and data previously collected from local agencies, and descriptive data was acquired through key informant interviews and community meetings. *Appendix B* presents the results from the community meetings. Given the limitations of numerical data for small populations like Park County, the voice of community members filled gaps in the data and helped evaluators hear the health concerns present in Park County firsthand. Furthermore, both quantitative and qualitative forms of data were imperative to understanding the health of all groups of people. Health was evaluated across the lifespan, from pregnancy and birth to old age, with attention to social economic class. In addition, with the uniqueness between communities in Park County, each community had the opportunity to voice its specific health concerns and needs. Disparities may lead to a loss of health equity and suggest that the reach of public health services needs to be intentionally extended to these groups. Park County Public Health used this full compilation of data to evaluate the health of Park County.

It is widely accepted that improvements to health are most sustainable when intervention originates in the community. This is why CHAPS Phase IV, assessing the community's capacity to address health concerns, occurred simultaneously with all other phases that engaged the community. Public Health included questions specifically identifying the potential for collective action in its key informant surveys and community meetings. Community meetings also supported discussions that allowed residents to share potential resources and solutions to their health problems. These findings will help guide the Public Health Improvement Plan, which aims to mobilize community resources.

Priorities of the 2018-2022 Public Health Improvement Plan were established with the help of the steering committee. The committee made an informed decision to focus on mental and behavioral health, and access care and resource awareness. These priorities will be supported through the final phases of CHAPS, which will take place in the upcoming years.

The result of this Community Health Assessment will support future actions taken by Park County to improve its overall well-being. This assessment will be viewed as a product of the reciprocal relationship between public health and the community. The strength of that relationship results in best practices to create better futures and healthier lives.

Park County Profile

Park County comprises eight communities — Alma, Bailey, Como, Fairplay, Guffey, Hartsel, Lake George, and Pine Junction. The communities are spread across Park County with an average distance of 30 miles. Alma and Fairplay are the only incorporated towns. Fairplay serves as the county seat.

**Geographically**

Park County is centrally located in Colorado amidst the Rocky Mountains. The county's altitude ranges from 7,000 feet to 14,000 feet. The county covers about 2,166 square miles, stretching approximately 45 miles east to west and roughly 60 miles north to south. There are a number of mountain ranges and wilderness areas that decorate the county's landscape. The natural landscape lends itself to harsh seasonal conditions. Central Park County is subject to the worst conditions and experiences high winds and deep snow during the winter and spring months. See *Appendix A* for a detailed map of Park County.



**Demographically**

**Population.** Park County is home to 17,285 people, with the population growing 6% between 2010 and 2016. The rise in population is expected to continue; however, it is unclear to what extent. According to the U.S. Census Bureau, there are 7.4 people per square mile, but the population is unequally dispersed across the county. Bailey residents account for roughly 65% of the county's population, and the population density of Bailey is about 25 people per

square mile. The seven other communities house the remaining 6,000 Park County residents, with about 2,719 in the Fairplay area. Park County is also home to 1,881 veterans.

**Ethnicity and sex.** Park County is relatively homogenous, with 5.5% identifying as an ethnicity other than white and only about 1% identifying as gay, lesbian, or bisexual. Within the population, 47% are female and 53% are male.

**Age.** Of those living in Park County, the majority of residents (46.81%) fall within the 50-70 years old range.

Table 1

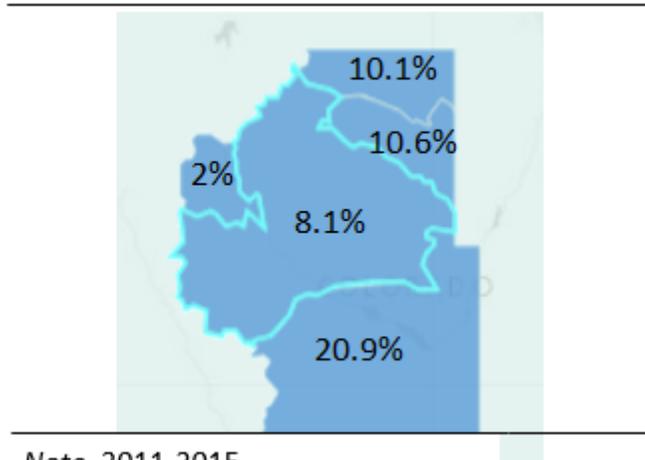
| Population by Age |         |        |
|-------------------|---------|--------|
| Age               | Percent | Number |
| Less than 5       | 3.67%   | 634    |
| Between 5 and 19  | 15.60%  | 2696   |
| Between 20 and 64 | 62.97%  | 10884  |
| 65 and older      | 17.76%  | 3070   |

Source. State Office of Demography

**Disability.** A closer look at Park County’s population shows there are 1,644 individuals with a disability, which is about 10% of the total population. Figure 2 shows the distribution of the percentage of people in a given area living with at least one disability.

Figure 2

Percent of the Localized Population with a Disability

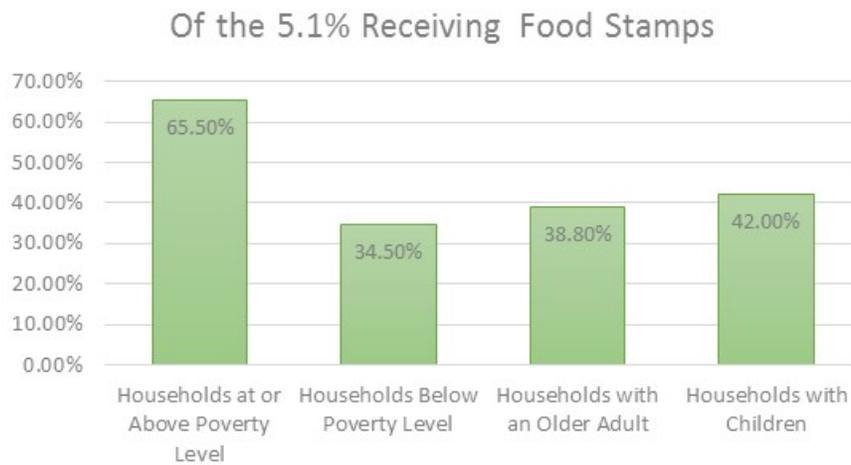


Note. 2011-2015

**Income.** The average household in Park County earns \$63,319 a year. About 9.2% of Park County residents fall below the poverty level, with 14.7% children younger than 18 living in

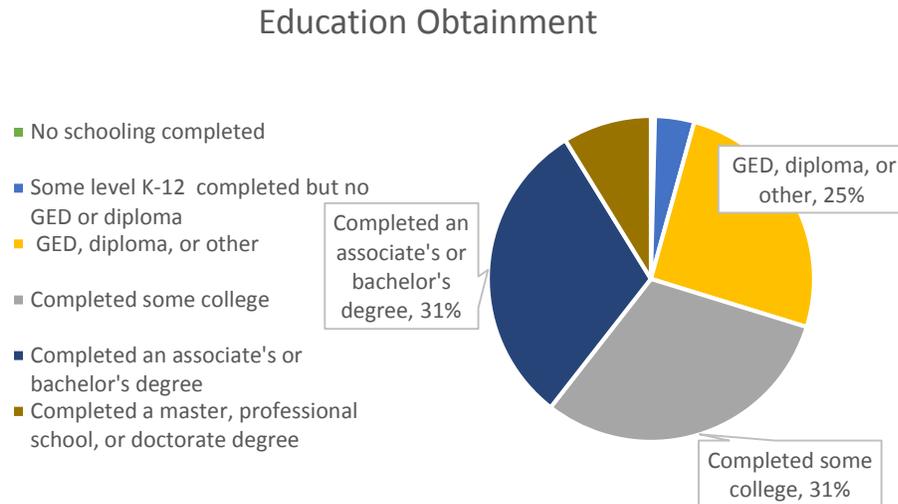
poverty. The Robert Wood Johnson Foundation (2017), which rates counties based on health factors and outcomes, reports that 37% of children in Park County were eligible for free or reduced lunch in 2015. The greatest concentration of poverty-stricken families is in the central region, while fewer people in the northeastern regions live in poverty. Income inequality, which describes the gap between highest income earners and lowest income earners, is illustrated by a ratio of income. Higher ratios reflect greater disparity. In 2015, Park County held an income ratio of 3.9, compared to 3.7 for the state, which has one of the lowest income inequalities in the nation, according to the Robert Johnson Foundation (2017). About 2.6% of Park County residents are unemployed. Northern Park County experiences unemployment rates of 7.7%, according to state projections. Food stamps are distributed to 5.1% of the county population. *Figure 3* breaks down the demographics of those who receive food stamps.

*Figure 3*



**Education.** According to CDPHE’s Health Indicators, 25.5% of Park County citizens have earned a high school diploma or the equivalent, and 62.5% had attended college as of 2015.

Figure 4



Note. 2011-2015

### Built Environment

Park County has very few man-made infrastructures or built environments. Many residents rely on surrounding counties to provide them with jobs, groceries, health care and other services. Other counties are accessible by several highways that cross the county. Highway 285 runs north/south and connects Park with Jefferson and Chaffee Counties. Highway 24 runs east/west and provides access to Teller and Chaffee Counties. Highway 9 runs northwest/southeast, leading residents to Fremont and Summit Counties.

Although the county's infrastructure is limited, many Park County communities are unique and charming. The more developed areas have some conveniences. Fairplay is home to the historically registered South Park City and many other 19<sup>th</sup> century mining structures. The town's grocery store and recreation center provide access to healthy behaviors like eating well and exercising. No other Park County community has a similar recreation center or grocery store within twenty miles. The excessive distance that many residents face to get groceries is often referred to as a food desert. Food deserts can create unhealthy eating habits, such as eating out often and choosing shelf-stable foods that tend to lack nutrients. Statistically, there are 0.6 healthy food outlets and 2.4 fast food outlets per every 10,000 people, compared to the state's average of 7.4 healthy food outlets per 10,000 people.

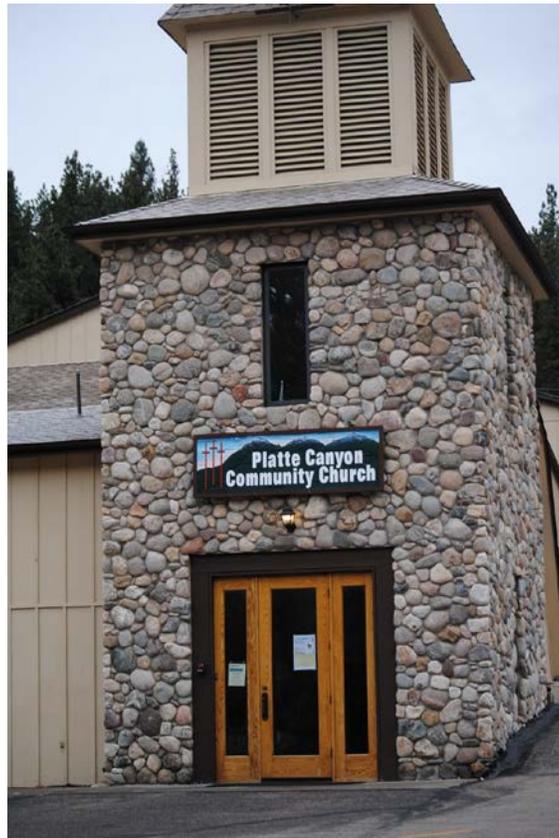


**Health Care Systems.** Health care services have been historically difficult to sustain within Park County. Currently, there is only one dentist and two hygienists. Without a hospital or practicing doctor in the county, emergency services are the primary health care provider. The health care environment is expected to change given the results of the 2017 local election in which voters approved a tax to form a special healthcare district to support a clinic in Fairplay.

**School Systems.** Park County is home to two school districts, which comprise eight schools. The Park County Re-2 District consists of Edith Teter Preschool and Elementary School, South Park Middle and High schools, Guffey Community Charter School, and Lake George Charter School. Platte Canyon District #1 comprises Deer Creek Preschool and Elementary school, Fitzsimmons Middle School, and Platte Canyon High School. In 2016, the completion rate was 78%, and the dropout rate was 2% for Park County high schools.



**Social Networks.** Social networking in Park County has been evaluated with the consideration of the lack of physical common gathering places for the community. On average, there are eight membership associations per every 100,000 people in Park County (Robert Johnson Foundation, 2017). The average for Colorado is 8.8 memberships.



On a national scale, the highest average for a county is 22 memberships. These findings are based on the theory that the more social networks a person is a part of, the more connected he or she feels to his or her community, which translates into feelings of support and happiness. Results from the key informant interviews further show the connectedness of Park County residents. Of those 34 individuals who participated in the key informant interviews, only 6.06% did not participate in any community service activities. An overwhelming 60.5% participated in more than six hours of these types of activities per month.



Hours of community service activities can lead to greater life satisfaction and is thus entwined with the emotional health of residents. Neighborhood dynamics may also support social networks. According to the key informants, 58.9% of respondents felt people could safely go to their neighbors for support when needed; 32.4% of respondents were neutral about this concept. Participants in the community meetings also felt a strong sense of community within their town or area. Residents in Lake George and Fairplay expressed the strongest sense of community. In contrast, Guffey and Hartsel's sense of community seemed impacted by the lack of local meeting spaces and the prevalence of independent attitudes. It is difficult to comment on the sense of community in the other areas. The commuter lifestyle that exists in many areas of the county can complicate community dynamics. With 68% of the population traveling long distances to work, it is likely that Park County residents have an opportunity to find community in other aspects of their daily lives.

Park County is characteristically unique. The expansive rural landscape isolates communities from one another, leaving each one with its own developed identity. It is important to be conscious of these characteristics when reviewing the many indicators that summarize health.

Health Indicators

Park County Public Health measured overall, physical, mental and social well-being through various health indicators that allude to the health status of residents. The following tables express the current health outcomes in Park County.

Table 2

| Leading Causes of Death, 2013-2015 |                                   |                    |           |       |
|------------------------------------|-----------------------------------|--------------------|-----------|-------|
| Position                           | Cause                             | Deaths Per 100,000 |           |       |
|                                    |                                   | Park County        | Region 17 | State |
| 1st                                | Malignant neoplasms               | 107.3              | 112.9     | 135.1 |
| 2nd                                | Heart disease                     | 96.2               | 134.5     | 126.3 |
| 3rd                                | Unintentional injuries            | 55.5               | 55.7      | 47    |
| 4th                                | Chronic lower respiratory disease | 18.8               | 32        | 46.5  |
| 5th                                | Suicide                           | 26.3               | 34.6      | 19.1  |

Source. Health statistics and vital records

Note. Health Statistic Region: 17: Teller, Park, Gilpin, and Clear Creek Counties.

Table 3

| Age-Adjusted Leading Causes of Years of Potential Life Lost by age 65, 2013-2015 |                                     |                    |           |       |
|--|-------------------------------------|--------------------|-----------|-------|
| Position   | Cause                               | Deaths per 100,000 |           |       |
|  |                                     | Park County        | Region 17 | State |
| 1st  | Heart disease                       | 535.3              | 766.8     | 299.4 |
| 2nd  | Suicide                             | 677.3              | 1127      | 473.9 |
| 3rd  | Unintentional injuries              | 332                | 830.7     | 794.5 |
| 4th  | Malignant neoplasms                 | 167.7              | 379.5     | 443.9 |
| 5th  | Chronic liver disease and cirrhosis | 146.2              | 162.4     | 146.9 |
| 6th  | Chronic lower respiratory diseases  | 95.6               | 40        | 44.1  |

Source. Health statistics and vital records

Note. Health Statistic Region: 17: Teller, Park, Gilpin, and Clear Creek Counties. Notice, position measures the total number of deaths, as opposed to the Years of Potential Life Lost.

Health Outcomes

When a person’s health is not maintained or social determinants weigh heavily on someone’s life, the result is an increase in more serious health outcomes. The following reveals prevalent health outcomes across the lifespan. About 11.7% of newborns are born with a low birth weight, and 1.7% of infants are born with a very low birth weight. Low birth weight can range in severity of long-term effects, which makes these infants more likely to develop health

complications later on in life. Without extensive studies on Park County, the cause of low birth weight is difficult to identify. Known factors for low birth weight include tobacco and alcohol use during pregnancy; young mothers; pre-term births, which Park has a high rate (13.5%) of; and other factors that influence a mother's health, such as high stress rates. At this time, about 66.6% of mothers in Park County receive adequate prenatal care, which is on track to reach the national objective of 77%, set by Healthy People 2020 and the Office of Prevention and Health Promotion. It is essential to measure the health of infants and mothers in order to better understand how their health histories manifest as adults.

Adults may experience more health concerns as they progress in age. For adults in Park County, 76.6% live with at least one chronic condition. Chronic conditions require maintenance to prevent exacerbation. This maintenance can be influenced by factors such as income, busy schedules, career paths, access to care, and attitudes. Some of the most concerning chronic conditions are those that affect the heart. In Park County, roughly 53.5% of adults have high cholesterol. A statistically significant 9.7% of adults have been diagnosed with coronary artery disease or angina. Heart disease is the second leading cause of death in Park County, shown in *Table 2* above. Similarly, *Table 3* (above) represents the leading causes of death in conjunction with the cumulative number of years that death occurred before 65 years of age or potential years of life lost (YPLL). With heart disease being more prevalent in Park County, heart disease rose from the fourth leading cause of years of potential life lost in 2011, to the first in 2016. The findings of these health outcomes are best understood through further explanation of the health factors and behaviors that have unhealthy results. Colorado's 10 Winnable Battles provides a framework to present this context.

#### Colorado's 10 Winnable Battles

**Healthier Air.** Poor air quality has many adverse effects on health, including causing asthma and other respiratory diseases. Radon is one air pollutant that has received national and statewide concern due to the strong correlation it has to lung cancer (CDPHE, 2017a). Radon occurs naturally as uranium in the soil breaks down. During the process, radon is admitted into the air as a radioactive gas. Concentrations within buildings can be minimized through intentional efforts in infrastructure construction. In Park County, 65% of houses tested in 2015 had above the recommended safe level of 4 pCi/L. On average 53.97% of houses in Park County have more than 4 pCi/L of radon. Elevated radon levels were a priority in the 2013 Community Health Assessment. In an effort to bring awareness to the dangers of radon, Park County Public Health held educational sessions to help residents understand their risk. Radon testing kits are also available free of charge through the public health agency. Park County Public Health will continue its radon education efforts.

**Clean Water.** In support of public health, Colorado places a focus on maintaining and improving the quality of all bodies of water in Colorado. Park County contributes to this goal in a variety of ways. There are five water storage reservoirs throughout the county that are maintained and protected with a 1% county sales tax. For local drinking sources, the majority of Park County residents receive their water from private wells, which can be subject to environmental factors and changes. Due to undesirable conditions in some wells, residents

purchase water tanks from both within and outside the county. Data about private wells is limited, but the Park County Public Health Agency provides water-testing kits. Park County does sustain eight community water sources; water testing data of these sources shows that harmful contaminants are minimal. The Shawnee water source was the only outlier, showing concentrates of trihalomethanes of 66.8ug/L and nitrates of 6 mg/L in 2016. No other key water contaminants were found in excess in Park County public water sources.

**Infectious Disease Prevention.** Diseases that spread through contact or are airborne pose a threat to many populations but especially to infants and seniors. Public health actively reduces the risk of infectious diseases by providing vaccinations and educational materials, such as brochures and posters. The risk of infectious disease is statistically measured by the rates of vaccines distributed for flu and other illnesses.

Table 4

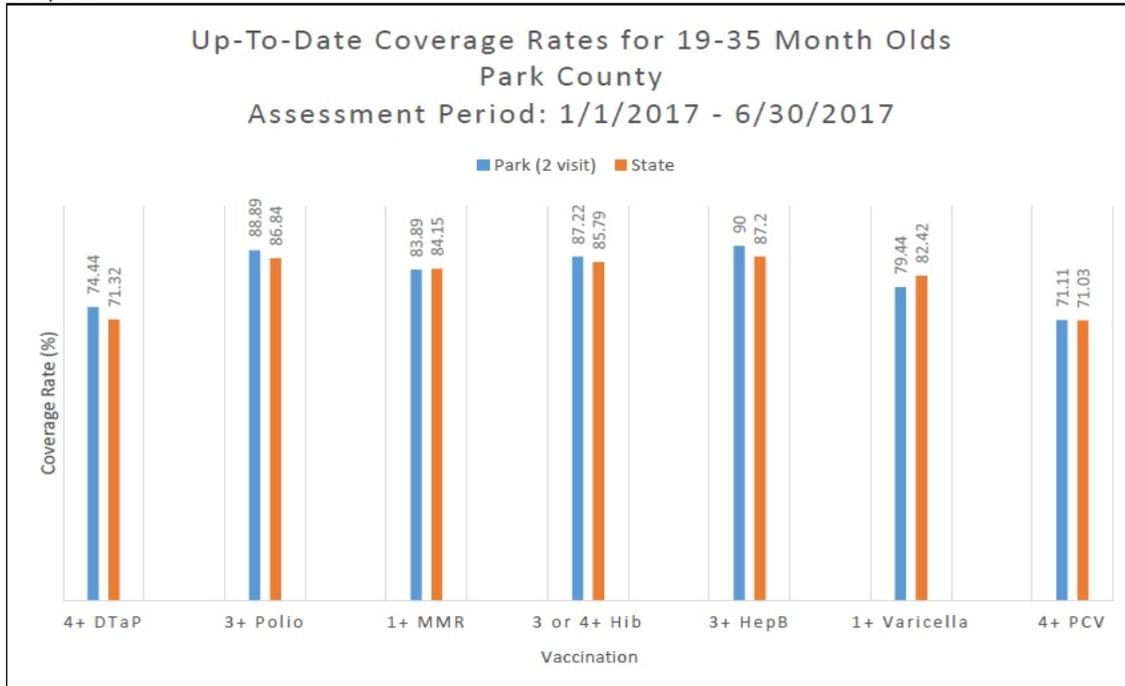
| Percent of Park County Residents who Received Immunization in 2016 |                              |         |
|--|------------------------------|---------|
| Age  | Vaccine                      | Percent |
| Adults 18 and older  | Influenza (within 12 months) | 32.10%  |
| Adults 65 and older  | Influenza (within 12 months) | 59.80%  |
| Adults 18 and older  | Pneumonia Immunization       | 31.20%  |
| Adults 65 and older  | Pneumonia Immunization       | 62.40%  |

The rate of hospitalizations for communicable diseases such as flu can also identify the risk of communicable disease in an area. The county rate of hospitalizations for flu is unreliable due to a large interval, but regional data shows 61.2 people per every 100,000 over the age of 65 are hospitalized for flu-related symptoms. The regional rate is significantly lower than the state's, with 152.6 people per every 100,000 people over the age of 65 being hospitalized. This suggests the risk of communicable diseases is lower in rural areas such as Park County than it is for urban areas.

For persons under 18 years old, infectious disease is statistically measured by coverage rate percentage of various types of vaccinations. *Graph 1* and *graph 2* are separated by 19-35 month old and 13-17 year olds. Park County percentage of vaccinations for persons under 18 years old is close to the state's, suggesting that most of Park County children are being vaccinated and lowering their risk of illness and infection.

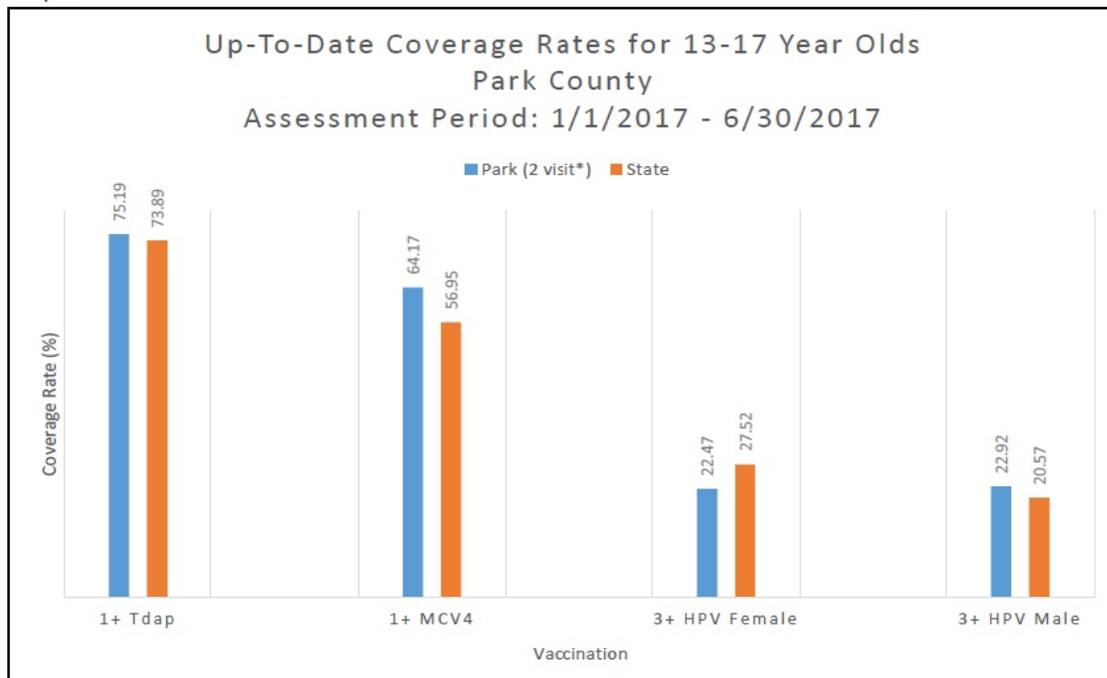
PARK COUNTY COMMUNITY HEALTH ASSESSMENT 2018

Graph 1



\*Note: The two-visit county rate includes patients with two or more non-flu vaccinations and two or more immunization visits in CIIS.

Graph 2



\*Note: The two-visit county rate includes patients with two or more non-flu vaccinations and two or more immunization visits in CIIS.

***Injury Prevention.*** Injuries sustained by accident through falls, motor vehicle accidents, or to children are often seen as preventable with the right education and conditions. Colorado's inclusion of injury prevention in the 10 Winnable Battles represents a statewide effort to reduce the risk of accidental injury across the lifespan. Rates of accident, injury, and death in Park County are discussed in the paragraphs below.



From 2012 to 2016, Park County reported 66 accidental deaths. During the 2016 year, 17 accidental deaths occurred, a statistical incident rate of 99 deaths per 100,000 people. Deaths from motor vehicle accidents, falling, drug overdoses, firearms, and other incidences are all considered accidental. Data shows motor vehicle accidents and falls are the two primary causes of accidental deaths in Park County. On average, there are 14 deaths per 100,000 from motor vehicle accidents in Park County. Motor-vehicle-related hospitalizations occur at a rate of 137.8 per 100,000, compared to the state at 74.1 per 100,000. Although the rate of motor vehicle accidents in Park County is higher than that of the state, of the 28 motor vehicle fatalities that occurred from 2012 to 2016, only eight were Park County residents. The disparity of out-of-county residents dying in vehicle accidents suggests the risk of driving in Park County can be contributed to a host of external factors. Steep inclines, blind curves, and minimal passing lanes in particular characterize U.S. Highway 285 throughout the county. Many of the other main highways in Park County have similar attributes. Motor vehicle accidents were recognized as a priority in the 2013 Community Health Assessment. Efforts were made to educate drivers on the riskiest times of day to drive and road hazards such as wildlife and weather conditions, but infrastructure changes will be vital in reducing the rate of motor vehicle accidents in Park County to the state goal of 8.5 per 100,000 people by 2019.

Injuries sustained during a fall are the second leading cause of accidental death in Park County. In Park County, injuries sustained from falls accounted for 12 deaths between 2012 to

2016. All but one of these fatalities were county residents. Of those 11 locals, eight, or 72%, were over the age of 65, reflecting national patterns that those over the age of 65 are susceptible to the risk of falling.

***Mental Health and Substance Abuse.*** Quality mental health is pivotal for overall well-being. For this reason, it is imperative to assess the mental health of Park County residents. Mental health is affected by many health factors, including access to services, quality of life, and substance abuse.

The 2013 Community Health Assessment identified mental health concerns as the number one priority of the 2013 Public Health Improvement Plan. Since then, traction progress to increase mental health services in the Park County area has occurred. Prior to 2013, there were minimal services provided in Park County. Currently, therapy-related services are offered by private practices and through Aspen Pointe, an El Paso based organization that supports El Paso, Teller, and Park Counties. The Park County Sheriff's Department responds to mental health needs by implementing Crisis Intervention Training (CIT) for deputies. Rocky Mountain Rural Health (RMRH) secured funding to start the Park County Mental Health Alliance (PCMHA). Park County Public Health collaborates with the PCMHA to offer Mental Health First Aid to agency personnel and community members. RMRH promotes the Colorado crisis hotline at outreach events and provides referrals to mental health providers. They maintain an agreement with mental health providers to cover the therapy sessions at a reduced rate once insurance benefits have been exhausted. Park County residents can call the Crisis Hotline for mental health assistance, substance use and emotional help, and immediate problem solving. The Park

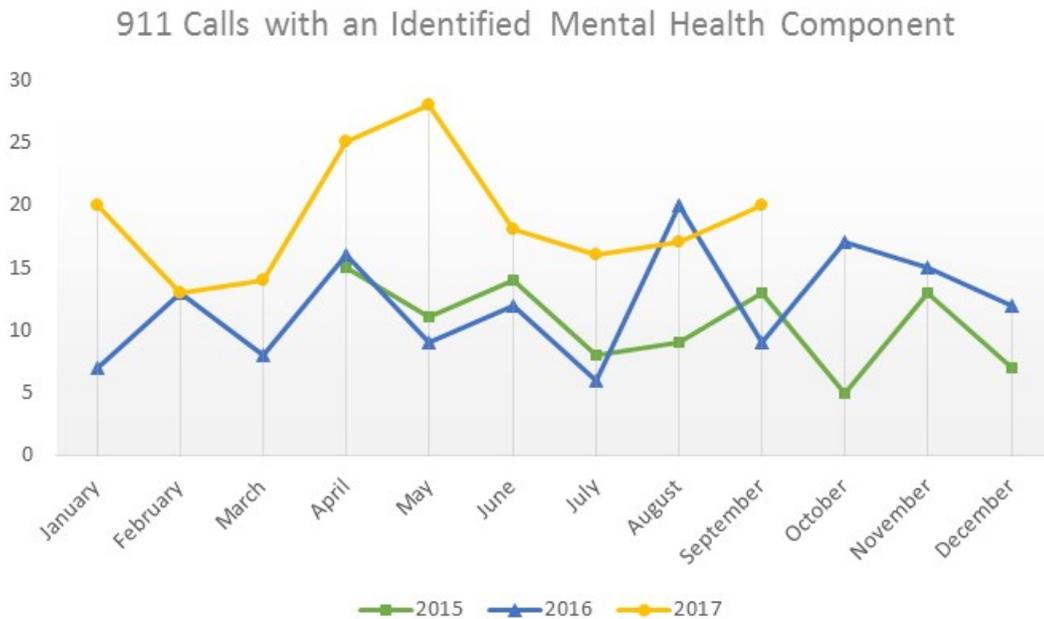


County Mental Health Alliance, which has a mission “to promote a balanced, responsive continuum of behavioral/mental health services for all Park County citizens,” has concentrated additional efforts. Despite efforts, Park County still had a mental health provider ratio of 1500 residents to one provider in 2016. Those areas more successful at providing services, including the state, have a ratio of 350 residents to one provider.

The need for mental health services was identified in many ways when reviewing the data. Mental health and substance abuse were identified by key informants as the most significant health issues Park County residents face. Similarly, data collected by the Mental Health Alliance in 2016 showed 44% of their participants felt that Park County needed more individual, family, and marital therapists. A third of participants wanted more in-home services for those unable to travel, and 25% of participants believed Park County needed better crisis response and treatment for individuals with a mental illness who also had a substance abuse

disorder. Without appropriate mental health services, emergency services can become exhausted by the amount of resources utilized for mental health issues that in other cases would have been preventable or better served by another entity. Park County Communications evaluated 9-1-1 calls over the last three years to determine how many calls entailed a mental health component, shown below in *Figure 5*.

*Figure 5*



Suicide rates further reflect mental health is a major concern in Park County. Data from 2013 to 2015 shows suicide rose from the third leading cause of years of potential life lost in 2011 to the second by 2016 (See *Table 3*). An increase in the number of potential years of life lost indicates younger people dying of suicide. Coroner data validated this, showing 28 of the 42 suicides, or two-thirds, that took place in Park County from the year 2012 to 2015 were by those younger than 65 years of age. Individuals ages 35 to 64 are more likely to commit suicide than any other age group. Additionally, from 2012 to 2014, 31% of Park County adolescents reported feeling depressed, and 18.1% of adolescents had seriously considered suicide within the last 12 months. Park County suicide hospitalizations occur at an age-adjusted rate of 57.2 per 100,000 people, which is slightly higher than the state’s rate of ninth in the nation. An age-adjusted rate accounts for differences in age distributions, which allows comparisons to be made across populations. Colorado is already in the top 10 nationally for deaths caused by suicide, but to have Park County rates surpass the state is troubling and a problem. Despite the

high rate of suicidal activity in Park County, quality of life measures, found in *Table 5*, are continually positive for Park County in comparison to their Colorado counterparts.

*Table 5*

| Mental Health Status for Park County and Colorado  |             |           |        |
|--|-------------|-----------|--------|
| Measure  | Park County | Region 17 | State  |
| Percent of adults aged 18+ years who reported that their general health was fair or poor   | *5.7%       | 10.10%    | 13.40% |
| Average number of days in the past 30 days when adults 18+ reported their mental health was not good   | 2.7         | 2.6       | 3.3    |
| Average number of days in the past 30 days when adults 18+ reported their physical health was not good.  | 2.9         | 2.6       | 3.4    |
| Average number of days of poor physical or mental health that kept adults 18+ years from doing usual activities, such as self-care, work, or recreation. | 1.5         | 2.6       | 2.1    |
| Average number of days of poor physical or mental health that kept adults 65+ years from doing usual activities, such as self-care, work, or recreation. | 2.5         | 2.6       | 2.2    |

*Note.* \*statistically significant, All data comes from 2013-2015

The dissonance in the data suggests mental health needs to be more fully understood in Park County. The lack of data on pregnancy-related depression, mental health conditions, and reporting of mental illness needs to be addressed before the comprehensive picture of mental health in the county is complete.

Mental Health is often quantified by substance abuse due to the strong correlation substance abuse has to the absence of mental health treatments and higher rates of poor mental health (CDPHE, 2017). Substance abuse describes the excessive use of alcohol and illicit drugs. Between 2012 and 2016, the use of alcohol and drugs caused the deaths of nine Park County residents, all of whom were under the age of 65. Misuse of alcohol occurs from binge or heavy drinking. In Park, 15.9% of adults reported binge drinking within 30 days of the survey (i.e., drank more than five drinks on one occasion), and 10.5% of adults in Park are considered heavy drinkers. Collecting data on illicit drug use faces significant difficulties due to the ethics and nature of surveying criminal behavior. While the statistical climate of illicit drug use is

unclear, responses from the community meetings revealed residents believe substance abuse is an issue affecting Park County. Data on alcohol and drug use by adolescents and pregnant mothers supports residents' concerns about this issue. Regional data shows teens are not using cannabis and alcohol more than their Colorado peers; however, those who do use cannabis and alcohol are significantly more likely to use them in a riskier manner. Within Region 17, 40.3% of the 20.8% of adolescents who use cannabis have used a dabbing device. Dabbing is a risky method of ingestion based on the large amounts of the psychoactive THC in one dose. Dabbing also creates a risky situation by combining intoxication with extremely high temperatures. Similarly, while the number of adolescents drinking is not significant, the 8.8% of adolescents who reported driving while intoxicated by alcohol is significant in comparison to their counterparts.



**Obesity.** Obesity is associated with a host of health complications and issues that can affect an individual's quality of life. To prevent poor health outcomes, Colorado's 10 Winnable Battles recognizes that obesity can be largely preventable with an environment and culture that supports healthy behaviors. Consuming a nutritious diet and engaging in at least 30 minutes of physical activity daily are the two leading methods of preventing obesity. The likelihood of becoming obese or overweight can therefore be determined by assessing a community's diet and physical activity.

Table 6

| Factors Related to Obesity by Population Segments                |        |             |          |
|--|--------|-------------|----------|
|  | Adults | Adolescents | Children |
| Obese  | 19.10% | 6.10%       | *2.54%   |
| Overweight   | 52.80% | 9.20%       | *13.67%  |
| Physically Inactive  | 15.20% | NA          | NA       |
| Eating less than the recommended amount of vegetables and fruits | 10.10% | *56.1%      | NA       |
| Consuming sugary beverages                                       | 42.60% | 19.30%      | NA       |

*Note.* \*Data has been regionalized. NA: the sample sizes were too small to analyze or data was not available

Park County’s rural environment has a dynamic effect on obesity. First, Park County is largely a food desert with only one grocery store within its borders. The majority of residents commute outside of the county to grocery shop. Although many residents are accustomed to using other counties’ resources, there are some people limited by the lack of public transportation in Park County. One program that assists residents in getting nutritious groceries for their families is the Women, Infants, and Children (WIC) program that is available through Park County Public Health. Residents may also choose to use a food delivery service. These services are available through online sites and through the Senior Coalition for residents of an advanced age.

Although Park County has limited grocery-shopping options, the natural landscape promotes physical activity. Adults and other populations may partake in the variety of outdoor activities the mountainous terrain offers, including hiking, woodcutting, and mountain biking.



Children in Park County are among the most active, with 36.7% receiving adequate physical activity. Statistically, Park County's obesity rates are in line with the nation. Approximately 52.8% of residents are overweight or obese, compared to the state's 56.8%. Nationwide, only 28.9% of Americans were at a healthy weight in 2014. See *Table 6* for a more comprehensive look at Park County's obesity factors.

**Oral Health.** Quality dental care can reduce many of the oral health issues that can lead to greater health morbidity. Research shows there's a relationship between oral health and overall wellness. Gum disease is linked to a host of illnesses including heart disease such as heart attacks and strokes, diabetes, respiratory disease, osteoporosis, and rheumatoid arthritis.

Table 7

| Poor Oral Outcomes for Children and Adults |   |             |        |
|--|---|-------------|--------|
| Age  | Outcome   | Park County | State  |
| Kindergarteners                            | Caries experience   | 39.10%      | 39.70% |
| Kindergarteners                            | Untreated decay   | 10.80%      | 13.80% |
| Kindergarteners                            | Urgent need for dental care                                   | 1.00%       | 1.50%  |
| Third Graders                              | Caries experience   | 48.20%      | 55.20% |
| Third Graders                              | Sealants on 1 permanent molar                                 | 53.00%      | 44.90% |
| Third Graders                              | Untreated decay   | 10.80%      | 14.40% |
| Third Graders                              | Urgent need for dental care                                   | 0.10%       | 1.50%  |
| Adults                                     | Lost 6 or more teeth from dental decay or periodontal disease | 7.70%       | 7.10%  |
| Adults                                     | Lost all teeth due to decay or periodontal disease            | 2.70%       | 3.20%  |
| Adults                                     | Lost any teeth due to decay or periodontal disease            | 41.60%      | 36.50% |

Note . 2011-2012

Consequently, the quality of oral care Park County residents receive can be described based on the prevalence of dental caries and oral morbidities resulting from poor care. *Table 7* presents these findings.

Access to dental care can significantly affect the health of individuals. There is currently one dentist and two hygienists providing dental care in Park County. Additionally, Park County Public Health Agency and local dentist hygienists offer the Cavity Free at Three Program, which provides screenings and fluoride applications, and can identify if babies and toddlers need care that is more extensive.

Oral health was a priority in the 2013 Public Health Improvement Plan. Under the plan, education about the importance of oral health and fluoridation was actively distributed to Park County residents. However, recent data from WIC patients show that 55.3% received inadequate fluoridation. Many of the private wells that residents use vary greatly from no fluoride to very high levels, and the small community water systems are not cost effective to fluoridate. As an alternative means to water fluoridation, residents may choose to use oral fluoridation methods. Park County Public Health continues to provide the Cavity Free at Three program and promote preventative dental care through the Healthy Communities program.

**Safe Food.** Over the last century, public health has worked diligently to establish food safety standards that help prevent foodborne illnesses. Park County Public Health Agency maintains the same standards. This practice of food inspections follows a risk-based protocol

that identifies methods to prevent foodborne illness. Park County's retail food facilities were 95% compliant in all inspection areas in 2014 and 91% compliant in 2015.



**Tobacco.** Public Health recognizes tobacco use as one of the greatest threats to health for both those who use tobacco and those exposed to second-hand smoke. Healthy People 2020 hopes to see only 12% of adults using cigarettes. In Colorado, 16.3% of adults currently smoke cigarettes, while 11.7% of Park County adults smoke. More exposure and consistent use of tobacco products increases the likelihood of developing an associated disease or disability and can result in death due to the complications it causes. Unfortunately, the addictive properties of nicotine found in tobacco products makes it incredibly difficult to quit using tobacco. Combined, these factors make adolescents' use of tobacco incredibly risky. Statistics show that Park County adolescents use cigarettes at a significantly higher rate than their Colorado counterparts, 14.9% compared to the state's rate of 8.6%. Tobacco cessation and prevention is also important for mothers to be. Smoking while pregnant has been linked to many birth defects including low birth weight of infants. Data from Health Region 17 shows 16.7% of pregnant women admitted to smoking during the third trimester. The statewide goal is to reduce the percent of women who smoke during pregnancy to 6% while Healthy People 2020 hopes that 98.6% of women will abstain from cigarette smoking by 2020.

Efforts to reduce the number of people who initiate use and increase the number who quit takes many forms. In Park County, both school districts have a tobacco prevention policy that includes a "No Smoking" code, thus reducing the possibility of adolescent tobacco use. Many tobacco sellers are licensed, which creates more pressure on retailers to ID those purchasing tobacco products. In addition, Park County Public Health advocates for pregnant women to quit smoking and supports this goal with the Baby and Me Tobacco Free program. Further efforts to evaluate tobacco use in Park County is expected to continue with the initiation of the State Tobacco Education and Prevention Partnership (STEPP) program.

***Unintended Pregnancy.*** According to CDPHE, any pregnancy that is unplanned, mistimed, or unwanted at the time of conception is an unintended pregnancy. The consequences of unintended pregnancies vary and are based on circumstances that can result in poor birth outcomes. Many of the mothers who experience an unintended pregnancy are young adults. Conversely, parents in Park County are most often older than 30 at the time of delivery. No babies have been born to women between the ages of 15 to 19 since 2012. Regional data is the best source for understanding how many high school students in Park County are sexually active. Data show 36.9% of high school students in Region 17 are sexually active, and only 28.2% use a form of birth control. Lack of access to birth control or understanding of its use can lead to unintended pregnancies. Education levels may also be a determinant of unintended pregnancy. Only 8.1% of mothers in Park County do not hold a high school diploma or similar. Regional data suggests 46.6% of pregnancies are unintended. For these reasons, there are few unintended pregnancies in Park County, Colorado.

### Access to Care

Arguably, one of the greatest threats to health in Park County is the lack of access to care. Park County does not have the infrastructure or the population to support health care providers. Residents must travel to surrounding counties to receive most medical attention. Emergency services, including ambulances and helicopters, are available for those who need immediate attention. Some preventative or minor care needs are supplemented by the few organizations hosted in Park County. The Public Health Agency provides vaccinations for all ages along with other prevention programs like Cavity Free at Three. Rocky Mountain Rural Health provides blood pressure, blood sugar, heart rate, and oxygen saturation level checks during its outreach across the county. Finally, South Park Ambulance offers its services for consultation purposes. Nonetheless, the dire state of care was acknowledged by 91% of key informants who suggested they were not satisfied with the current healthcare system in Park County. Their concerns were echoed in community voices. In fact, the concern about the lack of access to care was present in every community meeting and was the number one health concern in four of the five meetings. “A medical doctor or nurse practitioner would be bombarded,” suggested one resident, while another stated “not that it would be ‘nice’ but that people legitimately need it here.” Many older residents wanted a consistent place or time to receive basic health checkups. With the long distances to medical care, parents expressed a need for a quick resource that assists parents in making crucial, quick decisions about their children’s health, such as a hotline.



Improving access to care is a dynamic situation reliant on Park County’s capacity to address the situation and the barriers residents face. One positive factor influencing the situation is that 91% of Park County residents have health insurance, with roughly 19.5% of the population on Medicaid. Insurance is the first step to accessing health care (Healthy People 2020, 2017). A 1% sales tax will be levied in the South Park area which will be used to form a special taxing district in order to support a local clinic. The clinic will serve Fairplay and the surrounding communities of Hartsel and Alma. In addition, improving access to care will continue to be influenced by the rural nature of Park County.

The natural setting of Park County translates into a variety of barriers for both residents and those who want to improve the health care climate. Primarily, residents vocalized the need for better transportation to and from doctor’s appointments. Complying with doctor’s appointments can be dependent on road conditions, access to transportation, and coordination of schedules. Although Public Works does its best to keep roads maintained, not every road receives attention, especially during winter months. Further complicating residents’ access to critical care, hazardous road conditions make it difficult if not impossible for residents to leave their homes and for emergency services to access residences. Without access to a vehicle, finding transportation can be problematic due to the lack of public transportation. Providing coordinated transportation comes with its limitations as well. Residents’ place of care varies extensively across the county; the eastern side travels to the Denver metro area, the south side turns toward Fremont and Teller Counties, and the north and west areas receive care in Chaffee and Summit Counties. With so many outlying options, the coordinated transport systems struggle to accommodate everyone. The transportation needs of older and disabled adults also remained a common theme across the county. In conclusion, finding a balance to meet communities’ needs in the rugged landscape of Park County is an ongoing challenge.

### Priorities for the 2018 Public Health Improvement Plan

Once all the data was compiled, the key findings were taken to the steering committee and a few other key individuals for prioritization, Phase V in the CHAPS process. Park County Public Health led the discussion with the aid of a strategy grid (See *Appendix C*). The strategy grid provided need and feasibility as criteria to assessing eight potential health concerns. Health concerns that were considered both high need and high feasibility were set as the top priorities. The steering committee unanimously decided to choose mental health and access to health care as the final priorities for the Public Health Improvement Plan. The following will help distinguish the key factors that went into this decision.

#### Key Findings

Based on the previously collected data, the following eight health concerns were areas in which Park County was significantly lower than its state or national counterparts. Also included in the list were the four priorities from the 2013 Public Health Improvement Plan (highlighted in orange).

1. Access to health care
2. Mental health/Substance abuse
3. Oral health
4. Air quality
5. Motor vehicle accidents
6. Low birth weight/Preterm births
7. Tobacco use among adolescents
8. Resource awareness

#### Mental Health

During the prioritization meeting, mental health was identified as being a high need while being complemented by a high capacity to address the issue. Factors used to make this decision included the high rate of suicides among young people, the number of citizens who identified mental health as a concern, and the significant traction that the mental health priority has gained since the 2013 Park County Public Health Improvement Plan.

#### Access to Health Care

The capacity to increase access to health care is limited, but with such a high need for care in the community, access to health care was elected as a priority. Members of the prioritization meeting chose to include access to care based on the consistent demand from the public for health care services. It was also decided that through access to care, many of the other key findings, such as resource awareness, could be impacted. The hope is that improving access to

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care will be more achievable due to the recent health services district tax that was passed in South Park.



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Appendix A



Appendix B

Community meetings were conducted in five areas across Park County. The meetings were structured to support the nominal group processes. By doing so, health evaluators stimulated conversation and came away with a list of issues prioritized by attendees.

*Priority of Needs in Park County Areas*

| Lake George                 | Guffey                      | Hartsel                                | Fairplay                              | Bailey  |
|-----------------------------|-----------------------------|--|---------------------------------------|---|
| Access to care and services | Access to care and services | Access to care and services            | Access to care and services           | Mental Health/Substance abuse                             |
| Elderly care                | Elderly Care                | Mental Health/Substance abuse          | Mental Health                         | Dissemination of health resources and increased awareness |
| Quality water resources     |                             | Health resources from a trusted source | Centralize source of health resources | Elderly care/transportation services                      |
|                             |                             | Transportation services                | Transportation services               |   |

*Note : These results were collected using the Nominal Group Process technique.*

**Final Results**

- Access to care and resource awareness
- Mental/Behavioral Health

Appendix C

Results from the strategy grid used in the Prioritization meeting.

