Chaffee County Public Health

Chaffee County Community Health Assessment

Includes the report: Methamphetamine, Alcohol, and Other Drugs

Chaffee County Public Health
6/26/2009

This report contains information believed to be reliable. The data in this report is valid for a short period of time.

Table of Contents

Executive Summary 3

Community Health Needs Assessment Key Findings 5

Summary of Additional Findings 10

Full Report 14

- **Secondary data** 16
- **Key Informant Findings** 30
- **Public Survey Findings** 48

References and Resources 87

Appendix A

- **Methamphetamine, Alcohol and Other Drugs** 90

Appendix B

- **Key Informant Questionnaire (In-person)** 148
- **Key Informant Questionnaire (Online Version)** 150

Appendix C

- **Public Survey Instrument** 153

Appendix D

- **Data from Key Informant Questionnaire (Online Version)** 162

Appendix E

- **Comments from Respondents of Public Survey** 200

Executive Summary

Introduction

In 2008-09, Chaffee County Public Health began a community health assessment of Chaffee County. The following executive summary provides an overview of the process and the three priority areas identified, based on the findings of the assessment. The full report of the findings of the assessment follows this summary.

The community health status assessment was based on three specific components:

- A convenience survey of 582 county residents.
- Key person interviews with 38 knowledgeable community members.
- A review of existing data already available in the community, region and state.

Epi Info, a tool initially designed by the US Centers for Disease Control and Prevention (CDC), was used for data analysis.

Data Collection

The key findings of this assessment focus on opinions and perceptions of those individuals willing to participate in the process.

Key Person Interviews

A list of 65 potential interviewees was identified by staff members of Chaffee County Public Health. Knowledgeable community members were asked to participate in the assessment. Key individuals were given the option to have a face-to-face interview or complete an online survey. Two members of the Chaffee County Public Health staff conducted the face-to-face interviews to identify current attitudes and perceptions pertaining to health and health-related issues. The twelve individuals who agreed to face-to-face interviews were asked to respond to 22 open-ended questions about the health status of the county.

The 22 open-ended questions were adapted for use as an online survey and 23 individuals completed this survey.

In general, the key informants have lived and/or worked in Chaffee County for many years and have participated in a previous community health assessment. All interviews were conducted in January and February, 2009.

The survey instruments are in Appendix B.

Resident Survey

The survey instrument used to collect information from Chaffee County citizens was adapted from a survey used in Grand County, Colorado. The survey was designed to collect an individual's opinions and perceptions about health status indicators in Chaffee County. These health indicators included:

- demographic/educational/socioeconomic
- environmental health
- health care system
- maternal and child health
- prevalence of infectious disease
- prevalence of chronic disease
- public safety

Surveys were collected in the fall of 2008 by Chaffee County Public Health staff with assistance from several nursing students from Adams State College. Potential survey respondents were any Chaffee County resident 15 years and older who were willing to complete the survey.

The survey instrument consisted of nine questions soliciting demographic information, six questions about health care including health insurance and health information, twelve questions on general health topics allowing the individual to choose as many responses as needed and seven questions asking the respondent to rank their opinion about the adequacy of selected resources in the community. Survey respondents were also asked to identify the three most important health problems in the county.

The survey instrument is in Appendix C.

Review of Secondary Data

This report relies on data compiled from both primary and secondary sources. The secondary data was collected and reviewed by the principal author of the report, Betty B McLain, RN, MSN. Data was compiled from local, regional, state and national sources. These sources are documented in the report and/or contained in the appendices.

Community Health Needs Assessment Key Findings

The key findings were based on the data obtained from the key informant and public surveys and the relevant data available at the local, regional, state and national levels. The identification of the key findings of the data is subjective and the reader may reach other conclusions about the findings after reviewing the data.

#1 - Access to Care: Affordability and Availability of Health Care and Health Insurance

Health care is accessible for those with health insurance either provided by the government (Medicare, Medicaid, CHP+, etc.) or private organizations. Lack of access to health care for the underinsured and the uninsured has been and will continue to be an issue for the county in the future. It is known that the number of individuals without insurance increases in tough economy times. It is also anticipated that health care costs in the United States will continue to spiral upward. It is unknown how the State of Colorado, which is experiencing budget constraints, will be able to pay its share of the Medicaid expense as the demand for insurance coverage increases. At the local level, more individuals will have difficulty paying for health care and will delay getting needed care which may mean that when they finally obtain care the condition may be more serious and thus, costly. These factors all combine to put a financial strain on health care providers – physicians, pharmacists, hospitals, communities, etc. as uncompensated costs rise.

Individuals have limited options for obtaining health insurance. In the United States, health insurance benefits are generally not offered to individuals in low paying jobs. Since the average cost of health insurance for a family is $12,000, purchasing health insurance is not affordable for most families. An employee with job-based insurance coverage can continue coverage by paying the full health insurance premium themselves, purchasing private insurance or seeking public coverage. Paying the full health insurance premium is not an option for many families who are losing their jobs or having their work hours reduced. In Colorado, public insurance is limited to all children who meet Colorado eligibility requirements, and to adults with severe disabilities. The effect of this limitation is that more adults will become uninsured.

Two of the three most important health issues in Chaffee County identified by key informants were affordability of health care and lack of affordable health insurance. In addition, fifty-four (54) percent of the public survey respondents ranked lack of affordable health insurance as a priority health problem in the county.

The respondents to the public survey indicated that currently someone in the household was having difficulty obtaining medical care due to:

- Cost of medical care 33.3 percent
- Lack of insurance coverage 23.9 percent
- Cost of prescription drugs 21.5 percent
- Inadequate insurance coverage 15.0 percent

It is noteworthy that forty-seven (47) percent of the survey respondents did not answer this question. It is possible that the choices listed did not affect them.

Seventy-one (71) percent of survey respondents thought that the community did not have adequate resources for jobs that offered reasonable health insurance.

Sixteen (16) percent of respondents thought that there were not enough doctors to see people without health insurance and selected that as one of the most important health problems in Chaffee County.

Another eleven (11) percent of survey participants indicated that lack of access to a family physician and health care services was a priority health problem in the county.

Other counties in Colorado are struggling with the same issues. The Summit County Chamber of Commerce in collaboration with the insurance market developed a plan to offer quality affordable health insurance that is competitively priced through the formation of a larger group structure. The community-based health plan emphasizes wellness and is available for small businesses and non-profits.

It is known by some members of the county that the Latino community has difficulty accessing health care and many families are without health coverage, but there is no data to document the extent of this problem.

The People's Clinic is providing health care to underinsured county residents. A key informant supported the need for a clinic, "With a new executive director starting at the People's Clinic, I think expansion of their hours would be extremely beneficial . . . Colorado is looking to universal health care for everyone. People should not have health care dependent on a job."

Among the key informants there was a concern about the lack of access to medical specialists in the county. One informant stated, "We have enough primary care providers but it would be helpful to have more diversified specialties among them – at least two internists who want to take care of outpatients, one pediatrician and an obstetrician. I do not think the free clinic was a positive step. Care of the uninsured should be in the mainstream and not a second tier system of limited availability and continuity." A need for a pediatrician was mentioned several times by key informants.

The lack of access to specialty health care services was ranked as a priority health problem by seven (7) percent of the public survey respondents. The reality is that the economy might not be able to support expanding specialty services. To meet the need for specialty health care, some rural communities are implementing telemedicine.

#2 - Jobs and Affordable Housing

Jobs and affordable housing were the areas most frequently mentioned by key informants as needing improvement.

Key informants stated:

- "Jobs. Bringing them to the area is key to people being able to afford to live here."
- "Affordable housing according to community income – not government idea!"
- "...ECONOMY (jobs that pay a livable wage for working families) AFFORDABLE HOUSING (housing that working families can buy to remain in this community".
- "We need to bring in jobs that pay much better wages and not be so dependent on retail and tourism which are low wage jobs."

The overwhelming response from residents completing the survey was that the county did not have adequate resources related to jobs. Respondents thought that resources were inadequate for jobs with career growth; opportunities to earn a living wage; opportunities for job training; and opportunities for higher education.

Forty-nine (49) percent of survey respondents ranked low paying jobs with no benefits as a priority health problem in the county.

Lack of affordable housing was a common theme among the key informants and the public survey respondents. Affordable housing is defined as housing for the community's workforce and there is a segment of the population that is not in favor of affordable housing.

Eighty-one (81) percent of survey respondents disagreed that community resources were adequate for affordable housing. Another fourteen (14) percent of respondents indicated that lack of affordable housing was an issue for their household during the past five years. And twenty-nine (29) percent of respondents ranked affordable housing as one of the three most important health problems in Chaffee County.

Key informants offered these comments:

- "We need to focus on a sustainable and reasonable growth pattern - not just chopping up every remaining parcel of land for McMansions. There is a serious shortage of quality-constructed homes, not just for those needing "affordable housing" but for anyone looking for something under the $500,000 mark. There are numerous trailer parks that are nothing more than shanty towns that should probably be condemned. "
- "Housing is limited to the very high end resident and rental property prices have become so expensive that the fixed income and 'wage earners' expend a large portion of their expendable income on housing forcing them to rely on public assistance for many of their other services - or to move from the area."
- "I think that housing and development should be allowed to continue with minimal government intrusion. Stick to planning guidelines already in place, or adjust them for everyone rather than so many PUD's. Development should be consistent with local style and heritage."

The county government recognized the need for affordable housing and has been actively working to address the issue. In response to the growing affordability gap, the Chaffee County Housing Task Force was formed, a Chaffee County Needs Assessment Survey is ongoing and recently, the Chaffee Housing Trust was formed.

#3 - Substance Abuse

As the research continues on the effects of substance abuse on the individual, the family and the community, there is an increased awareness of the consequences of substance abuse. It is recognized that smoking contributes to many health diseases; that alcohol and drug abuse may affect brain development in the adolescent and young adult; and that the younger an individual is when he or she starts to drink, the higher the chances are he or she will have alcohol-related problems later in life.

Citizens need to be aware of the new marketing campaigns released by the tobacco companies aimed at women and girls that depict cigarette smoking as feminine and fashionable rather than harmful and addictive. "The nation's latest cancer statistics, released in December 2008, showed that while lung cancer death rates are decreasing for men - and overall cancer death rates are decreasing for both men and women - lung cancer death rates have yet to decline for women." Lung cancer is now the leading cause of cancer deaths in women. "Virtually all lung cancer deaths and a large portion of heart disease, two of the leading killers of women, are caused by smoking..." (Source: Deadly in Pink: New Report Warns Big Tobacco Has Stepped Up Targeting of Women and Girls, Robert Woods Johnson Foundation, 2009)

Chaffee County has a substance abuse problem. The results of the public survey support the selection of substance abuse as a key finding of the community assessment. Respondents were asked if they believed that tobacco, alcohol and other drugs were a problem in Chaffee County. If the respondents believed that these substances were a problem, the respondents were to indicate why the problem exists.

Tobacco use was a problem in the county for ninety (90%) percent of the respondents. Eighty-six (86) percent of survey participants thought that too many young people smoked or used chewing tobacco. Seventy (70) percent of survey participants thought that too many adults smoked or used chewing tobacco. A person smoking in their cars or homes was perceived as an issue by twenty-seven (27) percent of respondents.

There was no consensus as to the reason for the tobacco problem in Chaffee County.

Alcohol and drug use is prevalent in Chaffee County. Alcohol and other drugs were regarded as a problem in Chaffee County by ninety-five (95) percent of the respondents. Using alcohol is part of the community's culture. Respondents (forty-seven [47] percent) thought the acceptability of the use of alcohol and other drugs among youth contributed to the problem. Forty-two (42) percent of the respondents indicated that the acceptability of alcohol and drug use among adults contributed to the problem. Other contributing factors of importance were: lack of resources for people seeking

treatment; lack of enforcement of existing laws; lack of education in schools about alcohol and other drugs and the rural nature of Chaffee County.

A key informant stated, “Law enforcement is somewhat indifferent about teen partying. Everyone knows it’s going on, but it is not enforced.”

Another key informant wrote, “The substance abuse treatment system is woefully inadequate.”

When ranking the most important health problems in Chaffee County, seven (7) percent of participants selected tobacco use as a priority health problem and twenty-three percent of respondents selected alcohol and illicit drug abuse as a priority health problem within the county.

Alcohol abuse is reported to be a problem in the Latino population.

Many individual organizations in the county have addressed the problem of substance abuse and are working to solve the problem. However, there needs to be a coordinated community (parents, schools, government, all organizations that interact with youth and youth themselves) effort to recognize the problem and develop action steps to tackle the problem of underage drinking. One of many comments received from survey respondents, “alcohol is the major drug problem, and should be viewed as such...” and a key informant wrote that Chaffee County has a “very alcohol based culture.”

There is a general lack of services available for substance abusers and no detoxification facility in the county.

The reader is referred to the comprehensive report prepared by Janet Lastovica for Chaffee County Public Health on substance abuse in Chaffee County entitled “Methamphetamine, Alcohol and Other Drugs included in Appendix A, page 90.

Summary of Additional Findings

Children's Services. When asked about the adequacy of services for children in the county, the responses were varied:

- 63.6 percent agreed with the educational services provided
- 51.9 percent agreed that there were adequate preschool facilities
- 49.0 percent thought that after school programs were adequate

Respondents **did not agree** that there were adequate resources for child care, for children with special needs, recreational programs, neighborhood playgroups or health education in schools. Less than one (1) percent of the respondents identified child health as a priority health problem in the county.

An average of thirty-four (33.7) percent of the respondents did not know about the adequacy of the services offered.

A number of key informants thought that education had been neglected and that schools needed improvement in all areas. One key informant stated, "I wish I could say that education was a prevailing value."

Chronic Diseases. Forty-five (45) percent of respondents indicated that they had not experienced any of the chronic diseases listed in the survey in the past 5 years. The most frequent chronic disease affecting residents (24.7 percent) was high blood pressure.

One point five (1.5) percent of participants ranked lack of diabetic education as a priority health problem in the county.

Community. A key informant summarized life in Chaffee County, "Chaffee County is a very beautiful place to live; a rural area nestled in the mountains. The community is very active and energetic and involved in a variety of local and international service efforts. Living here is very pleasant, as long as you have a year round livable wage job, which is difficult to obtain. Access to affordable health insurance, when not provided by an employer, is virtually impossible. "

Another informant commented, "It is an excellent place for those who love the outdoors and an active lifestyle. Unfortunately the lack of decent paying jobs is a barrier for young people that need to make a living here. "

Respondents (67.5 percent) of the public survey agreed that relationships among neighbors were good. About twenty-five (25) percent of respondents indicated that they had no knowledge of the community support groups or human service organizations within the county.

Family Planning. In Chaffee County, the percent of all births that were unintended, for the period 2003-2007, was 30.2% which is below the Colorado measure of 39.4%. The survey respondents did not identify any family planning concerns. Less than one (1) percent of the respondents identified reproductive health services as a priority health problem in the county. As the economy declines, the

need for family planning services may increase as families opt for assistance with family planning information, birth control or other reproductive services.

Mental Health. Several questions on the survey elicited information about mental health and mental health services. About twenty-four (24) percent of participants revealed that depression/anxiety and stress had affected their household in the past 5 years. Two (2) percent of respondents indicated that lack of access to mental health services was a priority health problem in the county.

It was perceived by many of the key informants that the availability of mental health services in the community is lacking for the underinsured and the uninsured. Key informants also thought that residents were reluctant to seek mental health services because it was impossible to receive services anonymously. One key informant stated that he had heard many complaints about the adequacy of care. Another key informant wrote, "I have seen great improvement in the accessibility and adequacy of mental health in Chaffee County in the past 6 months. People are able to make appointments, continue with the same therapist, and get the help that they need. "It was stated that the mental health community has not placed enough emphasis on prevention and education."

There are very limited mental health resources for children and adolescents. There is a child psychiatrist that practices at the West Central Salida office one day per month. She sees clients in Canon City the rest of the time.

Safety Issues. Most survey respondents (61 percent) indicated that there were no concerns related to safety. No one ranked neighborhood crime as a priority health problem in the county. Participants overwhelming agreed that county resources were adequate for emergency medical services, fire protection and law enforcement.

A small number of participants stated that ten (10) percent of their households had experienced a fall and fourteen (14) percent of households had had a sports injury in the past 5 years.

Infectious Disease and Immunizations. The majority of respondents did not experience an infectious disease in the past five years. Eleven (11) percent of participants thought they had had influenza in the past five years. It is not known if these individuals were diagnosed with influenza by a medical professional or if this was a self-diagnosis.

The survey did not elicit any concerns parents had experienced getting their child/(ren) immunized.

The immunization status for Chaffee County children ages 24 – 35 months is unknown. The Immunization staff at the Colorado Department of Health and Environment has not completed an assessment of the immunization rates for this age group since 2004. A current assessment is needed to determine the immunization status of the county's children prior to any planning process associated with the immunization program.

Physical activity. Fifty-four (54) percent of participants indicated that they had not experienced any issues related to an inability to get enough physical activity. The most frequently cited reason for lack of physical activity was lack of time.

One individual wrote on the survey, "Nobody wants to exercise! Basically, I think, as a whole, the most important overall health problem in this county is people not wanting to live healthy!" An informant wrote there is "not board community support for healthy lifestyles".

Survey respondents agreed that the county had adequate access to open space, parks, sidewalks and paved trails. Residents **did not agree** that the county had adequate recreational programs for adults or adequate bike lanes on roads.

Emergency Preparedness. Key informants and survey respondents were asked to comment on the county's ability to respond to any type of disaster. The responses to this question were varied. When respondents were asked about the adequacy of disaster response plans, forty-eight (48) percent did not know. Two (2) percent of respondents ranked lack of emergency preparedness as a priority health problem for the county.

Key informants were asked what they knew about emergency preparedness in Chaffee County.
The informants opined:

- "A bit. I think we are fairly well prepared but certainly need to maintain and upgrade abilities as warranted. "
- "It is terribly lacking to the point of being totally insufficient. Emergency responders have been extremely lucky that there has not been a true large scale weather, hazardous materials or other natural or man made disaster. "
- "Emergency preparedness (anywhere) starts with a prepared population. All the high tech gizmos in the world will not provide protection to a population which is not ready to care for itself (even briefly) during the onset of an emergency."

The key informants were then asked how prepared they thought people, clinics, hospitals, and government agencies were for a future disaster.

- "I can tell you that we have at least 2 emergency preparedness drills a year at the hospital (as well as real incidents most years). In recent years, these drills have involved city and county agencies and are very realistic. The last drill involved shootings at the high school. We activate the hospital ICS during these drills. Outside observers have told us that we are far ahead of other hospitals in the state."
- "They are not. The local jurisdictions are not prepared and you cannot expect the public to be prepared if the jurisdictions are not leading the way."
- "Well prepared. "

Environmental Issues. Four questions on the survey asked respondents about the environment. Most residents (56 percent) did not have any concerns about the environment.

When asked about the adequacy of resources related to the environment, residents agreed that resources were adequate for water and air quality, waste management, sewer treatment systems and protection from second hand smoke. However, thirty-seven (37) percent of residents **did not agree** that resources are adequate for food inspection and safety programs and forty (40) percent of respondents stated they did not know if resources were adequate for any of the above.

The response to the adequacy of the county's growth and development plans were fairly evenly distributed with thirty-four (34) percent agreeing with the adequacy of the resources; thirty-two (32) percent disagreeing with the adequacy of the resources and twenty-nine (29) percent indicating they didn't know if resources were adequate.

Nutritional Issues. Poor nutrition at home was ranked as a priority health problem by six (6) percent of survey respondents. The response to another nutrition related question showed that nineteen (19) percent of respondents had someone in their household who was overweight or obese during the past 5 years. The cost of healthy food was an issue for twenty (20) percent of respondents and fifteen (15) percent of respondents indicated a lack of knowledge about nutrition. It is noteworthy that forty-six (46) percent of survey respondents did not respond to this question.

Seniors. When respondents were asked about the adequacy of resources for seniors, on average thirty-four (33.5) percent of participants did not know whether services were adequate or inadequate. The resources for housing, transportation, recreation and assisted living facilities were viewed as inadequate. The only resource thought to be adequate for seniors was support services.

Lack of community care for frail elders was chosen as a priority health problem by five (5) percent of respondents.

Health Information. Survey respondents specified an array of methods for obtaining health information. The most frequently used medium for obtaining information were health care providers, friends and family, local newspapers, the internet and TV news. Respondents also obtained health information at work and from books and magazines.

Full Report

Chaffee County is on the southeastern slope of the Rocky Mountains in central Colorado. Bordered on the west by the Sawatch Range, including the 14,000 foot Continental Divide, the eastern boundary of the county follows the Mosquito Range, descending toward the south. The county is located high in the Upper Arkansas Valley and the Arkansas River flows between the two mountain ranges. The elevation of the area ranges from just under 7,000 to over 14,000 feet on its highest peaks, providing some of the most spectacular views to be seen anywhere in the world. In fact, Chaffee County has more mountain peaks of 14,000-foot or more than any other county in Colorado and is often referred to as the"Fourteener" Region. This unique and impressive combination results in thousands of people visiting the county for recreational use year-round. Every June the county holds the annual Blue Paddle FIBArk Whitewater Festival, which is a five day event where the county plays host to over 25,000 people coming to enjoy the outdoor recreational activities.

Chaffee County spans 1,013 square miles and has a population of 16,900 (2006 estimate), 6,584 households, and 4,365 families residing in the county. The majority of the population lives in the towns of Buena Vista (13.5%) and Salida (33.9%); however, Poncha Springs (2.9%) and the surrounding Monarch ski area also host local populations. In addition there is a significant subset of the population (49.7%) that lives in rural Chaffee County (outside city limits). Public Health offices are located in Buena Vista and Salida, with the latter being the home office. The county seat is also located in Salida.

The area is the crossroads for the three interstate highways: U.S. 24, 50 and 285. Driving distance from Denver is approximately 144 miles, 102 miles from Colorado Springs and Pueblo, and 65 miles from Gunnison. This presents a potential issue due to the limited access in and out of the county. During winter weather these roads are occasionally closed.

The age distribution of county residents:		
	0 – 5 years	04.4%
	6 – 17 years	17.4%
	18 – 24 years	05.6%
	25 – 44 years	28.0%
	45 – 64 years	27.5%
	65+ years	17.1%

Forty (40%) percent of the population in Chaffee County are 25 to 54 years of age and twenty-three (23%) percent of the population are active retirees from ages 55 – 74 years.

Twenty (20%) percent of the population earn between $35,000 and $49,999. Another eighteen (18%) have an income between $50,000 and $74,999.

The ethnicity of the population is estimated to be:

87.7%	white/non-Hispanic;
08.6%	white/Hispanic
01.8%	black
00.6%	Asian American/Pacific islander
01.3%	American Indians/Native Alaskan

(Source: CDC/NCHS 2007-based, bridged-race population estimates, 2007)

It is estimated that 12.8% of the total population (all ages) in Chaffee County live in poverty. (Source: United States Census Bureau, Small Area Income and Poverty Estimates, (SAIPE), 2005)

Data Collection

In 2008, the Chaffee County Public Health Department began a process to conduct a community health assessment for Chaffee County. A comprehensive assessment is required by the Colorado Department of Public Health and Environment for all Colorado counties every five (5) years.

Three survey instruments were used to collect the data for the assessment. The survey instrument used to collect data from the residents of Chaffee County was adapted from a survey previously used in another Colorado county and was designed to assess attitudes and perceptions of county residents pertaining to health care in the county. The survey tool used to interview key informants was adapted from an instrument used in Chaffee County in 2003.

The surveys were collected by nursing students from Adams State College and Chaffee County Public Health staff in the fall of 2008. Participants were chosen based on convenience and their willingness to complete the survey. The 35-survey questions included demographic information and questions about the respondent's household experiences in the past five years related to the following health indicators: access to health care, insurance coverage; child health; family planning; chronic disease; mental health; safety; immunization; physical activity; environment; nutrition; tobacco and alcohol and drugs. One survey question asked respondents to identify the three most important overall health problems in Chaffee County. Individuals completing the survey were also asked to grade services available within the community by a ranking of agree, disagree or I don't know. These questions began with 'My community has adequate..."

The survey population consisted of all Chaffee County residents' ages 15 and up. There were 16,500 potential Chaffee County residents included in the survey population. A total of 604 surveys were completed, 582 of which were included in the data analysis (22 surveys were completed by individuals not living or working in Chaffee County). It is noteworthy, that 89% of the people who work in Chaffee County also live in the county. (Source: Chaffee County Housing Needs Assessment, 2007.) For characteristics of the respondents, see pages 79-86.

In addition to the public survey, individuals with extensive knowledge, expertise, and/or role in the community were given the opportunity to be interviewed or respond to an online questionnaire.

(Potential informants were selected by the Chaffee County Public Health staff.) Again, those key informants who were willing to complete the questionnaire are included in this report. These key informants were asked a series of 22 open-ended questions. The interviews lasted on average 30 minutes and were conducted by Chaffee County Public Health staff. The interview instrument was adapted from the tool used during the 2003 Community Health Assessment conducted for Chaffee County Public Health by nursing students from the University of Colorado. Demographic data for the key informants was not collected.

Number of interviews	38
Interview mode	In-Person and Online
Length of interviews	Approximately 30 minutes
Interview Content:	
In-Person	Refer to Appendix B
Online	Refer to Appendix B
Respondents	Individuals with expertise and knowledge of community
Time frame	January and February, 2009

The third component of the community assessment was a review of the secondary data available for Chaffee County, the region, the state and the United States related to demographics and health indicators. The data was used to provide additional information and insight into the community. The relevant reports are included in the reference section of this report. The reader is encouraged to go on-line to review the complete findings of these reports.

And finally, a determination of the priority status of local need is made based on the findings of the key informants, public surveys and secondary data.

Secondary data - Health Indicators

Information was obtained from local and state governments, local and state programs, federal, state and local websites, and various professional publications.

Health-related Indicators

Economic Indicators (*Source:* ***EPS, 2009)***

- The average earnings per job in Chaffee County were somewhat low. In 2006, the average earnings per job in Chaffee County ($24,400) were lower than the State ($24,832) and the United States ($47,286). Wages in the public sector, exceeded wages in the private sector.
- The per capita income in 2006 was roughly average. The per capita income in Chaffee County was $28,113, 71% of per capita income in Colorado ($39,491) and 77% of per capita in the United States ($36,714). Non-labor sources of income such as age-related sources (retirement, disability, insurance payments, Medicare, dividends, interest, rent, etc.) can cause per capita income to rise, even if people are earning less per job.
- Rich to Poor ratio* was roughly average.

  **(for each household that made over $100K, how many households made less than $30K)*
- According to the Bureau of Labor Statistics the unemployment rate in 2007 was somewhat low. In 2007, the unemployment rate for Chaffee County varied from a low of 3.2% in May 2007 to a high of 4.8% in December 2007. The unemployment rate in 2007 was equivalent to the state rate and less than the United States' rate (4.6%). The unemployment rate in 2009 for the United States was 7.6% in January and 8.1% in February. The seasonally adjusted unemployment rate in Colorado for January, 2009 was 6.6%.
- The unemployment rate for Chaffee County in March, 2009 was 7.6% and 6.6% in April, 2009, not seasonally adjusted. The five year annual average, 2004 – 2008, was 4.8%, not seasonally adjusted. (Source: Colorado LMI Gateway – Labor Force Information) (County-level data are not available in adjusted format from the Bureau of Labor Statistics web site.)

Housing

- Housing has become less affordable from 1990 – 2000.
- The average home price in Chaffee County in 2006 was $267,000.
- "An influx of higher income households, telecommuters, and a growing second home market are placing upward pressure on housing prices." (Chaffee County Housing Needs Assessment, 2007).
- Based on the average price of a home, approximately 2.5 jobs earning the average wage would be required to afford a typical home In Chaffee County.
- The median family can not afford the median house. The household survey conducted as part of the Chaffee County Housing Needs Assessment found that 21% of owner households and 32% of renter households were paying more that 30% of their gross annual income on rent or mortgage payments, not including utilities, taxes or associated costs. (Chaffee County Housing Needs Assessment, 2007.)

- Almost all of the renter households earned less than 60% of the area median income.
- Subsidized rental properties helping households earning 30% to 60% of the area median income ($40,352 in 2005) are fully occupied. (Chaffee County Housing Needs Assessment, 2007.)

Perinatal and Infant Health

(Colorado Regional Health Profiles, Chaffee County, Colorado Department of Public Health and Environment. The source for this data is the Vital Statistics Unit, Health Statistics Section, CDPHE, 2005-2007)

The average live births in Chaffee County was 138 and 73.9% of these women received adequate prenatal care. This percentage is higher than Region 13 (65.8%) and the State of Colorado (64.7%).

The percentage of live births less than 2500 grams in Chaffee County was 11.1% which is comparable to Region 13 at 11.2% and slightly above the State (9.1%). This measure is the low birth rate for 2005-2007.

The percentage of live births that resulted from an unintended pregnancy is unavailable for Chaffee County, but for Region 13 which includes Chaffee, Custer, Fremont and Lake Counties the percentage was 30.2 which is higher than the State of Colorado at 39.4%. (Source: Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, Health Statistics Section, CDPHE, 2003-2007.)

The infant mortality rate for Chaffee County was 4.2%. The percentage for Region 13 was 5.7% per 1,000 live births which is slightly less than for the State of Colorado (6.1%). (Source: Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, Health Statistics Section, CDPHE, 2003-2007.)

Data obtained from the Colorado PRAMS, 2003-2007, suggested that 20.7% of female respondents in Chaffee County smoked during the three months before their pregnancy and 17.0% smoked during the last three months of the pregnancy.

The data is not available for Chaffee County related to Medicaid and prenatal care. However, 54.4% of women in Region 13 were covered by Medicaid for prenatal care. (Source: Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, Health Statistics Section, CDPHE, 2004-2006)

Health Status: Children

In 2004, the Colorado Department of Public Health and Environment conducted a random-digit-dialing telephone survey to assess the health of Colorado children. The survey targeted parents of 1-14 year-olds who were willing to complete the Child Health survey. Survey results are available for 2005-2006 and 2007. In 2007, 85.6% of parents described their child's health as excellent or very good. The question was not asked on earlier surveys.

Health Insurance

According to the 2005-2007 survey results, 89.6% of Colorado children ages 1-14 have health care coverage. In Region 13, 83.7% have some type of health insurance coverage. In February, 2009, the Colorado Office of Health Care Policy and Financing estimated that 30.8% of Chaffee County children

(N=3442) were eligible, but not enrolled in Medicaid or CHP+. The analysis was reported by county for 2005-07.

Health Care

Data compiled from the 2004 survey determined that 86.6% of children in Colorado have a personal health care provider. The latest Child Health Survey (2005-2007) indicated that only 61.8% of Colorado children have a regular health care provider. The percentage of children in Region 13 (Chaffee , Custer, Fremont and Lake counties) who have a regular health care provider is 81.2% well above the state figure. When asked if their child had ever gone without health care, 9.6% of parents said yes. The reasons given for lack of care were: cost (34.5%) and lack of health insurance (30.7%).

Dental Care

According to the respondents surveyed in Colorado, 91.5% of children ages 1-14 received needed dental care in the past 12 months (2003). Another 8.5% of respondents in 2005-2006 said that their child needed dental care but did not receive the care. Hispanics reported the highest lack of care at 17% and 10.8% of children not receiving needed dental care lived in a rural area. In 2007, in Colorado, 7.1% of parents participating in the survey indicated that their child did not get needed dental care. Also, in 2007 parents responded that 88.1% had a regular source for dental care and another 15.3% stated that their child had never been seen by any dental professional. (Source: 2004 Colorado Child Health Survey)

The data for children on Medicaid who received dental services is only available at the regional level. Chaffee County is part of a region that includes Custer, Fremont, Gunnison, Lake and Park counties. The latest data available is for the State FY 2004. In the region, twenty-nine (28.7) percent of children on Medicaid received dental services and thirty-one (31.1) percent of children on Medicaid in Colorado received dental services. (Source: Colorado Department of Health Care Policy and Financing)

There is only **one** (1) dental group in Chaffee County that provides dental services to CHP+ or Medicaid insured children.

Immunization

The latest data available for immunization rates is 2004-05. The rates reflect those children who are up-to-date for the recommended vaccines for age. Immunization rates for children at kindergarten entry for the Southeast Region which includes Chaffee County was eighty-two (81.5) percent for the school year 2004-05. About eight (8) percent of those students entering kindergarten had signed an exemption for immunizations. (Source: Colorado 2004-2005 School Immunization Survey, Colorado Department of Public Health and Environment, Immunization Program.)

As of October 2008, sixty-seven (66.7) percent of Chaffee County immunization providers were linked to the Colorado Immunization Information System. The Colorado Healthy People goal is to have 100% of immunization providers linked to the system by 2010. (Source: Colorado Immunization Information System October 2008 Report to Prevention Services Division, Colorado Department of Public Health and Environment.)

Physical activity

Drs. Corbin and Pangrazi are the lead authors of the revised Physical Activity for Children: A Statement of Guidelines for Children Ages 5-12 which provides direction for increasing physical activity for children. These guidelines were used in the Colorado Child Health Study to measure physical activity.

According to the 2007 Colorado Child Health Study, 27.3% of Colorado children 5-14 years of age got less than five hours of physical activity per week. In Region 13, 30.3% of children age 5-14 engaged in physical activity less than 5 hours per week. Of the Colorado children included in the study, 68.5% of children played 2 hours of video games, watched television or used a computer per day.

Dr. Corbin states "Perhaps the single most important time to increase physical activity and decrease sedentary activities such as television watching and computer time is after school between 3 and 6 p.m. This is a time when children can be active, but often are not. Many children are inactive during this time period through no fault of their own. Parents must help their children find safe and enjoyable opportunities to be active during this time period. Unless a special time is set aside each day, the opportunity to be active will slip away because barriers to physical activity are often great."

Nutrition

In the 2007 Colorado Child Health Survey, 30.6% of children ages 1-14 years consumed five plus (5+) servings of fruits and vegetables per day and 35.9% of this group consumed two or more daily fruit servings per day. About 50% of these children consumed three or more servings of dairy products per day. Colorado children (47.4%) had at least 3 servings but less than 5 servings of dairy products per day.

The cost of food also influences nutritional practices. In the fall of 2008, 30% of children attending school in Buena Vista R-31 School District participated in the free and reduced lunch program and in Salida R-32, 37.4% of the students received free or reduced lunches at school. The county rate of participants (33.9%) is lower than the state percentage (35.8%) for free and reduced lunches. (Source: Colorado Department of Education, 2009.)

Eligible low income infants and children up to age 5 who are found to be at nutritional risk may participate in the WIC program. (WIC is the common abbreviation for Special Supplemental Nutrition Program for Women, Infants and Children.) In addition, the program provides supplemental foods; nutrition education for low income pregnant, breast feeding and non-breast feeding post partum women; and health care referrals for those families served by the program. In Chaffee County, the number of WIC participants increased 9.7% from March, 2008 to March, 2009.

Overweight/Obesity

Concern about childhood obesity has been the focus of much research and discussion by health experts and educators. It is known that physical inactivity is connected to an increase in obesity and associated diseases in youth. At least 60 minutes per day of moderate-to-vigorous physical activity is recommended. The Centers for Disease Control and Prevention defines moderate physical activity as

walking briskly, dancing, swimming, or bicycling on level terrain. Jogging, high impact aerobic dancing, swimming continuous laps or bicycling uphill is vigorous exercise.

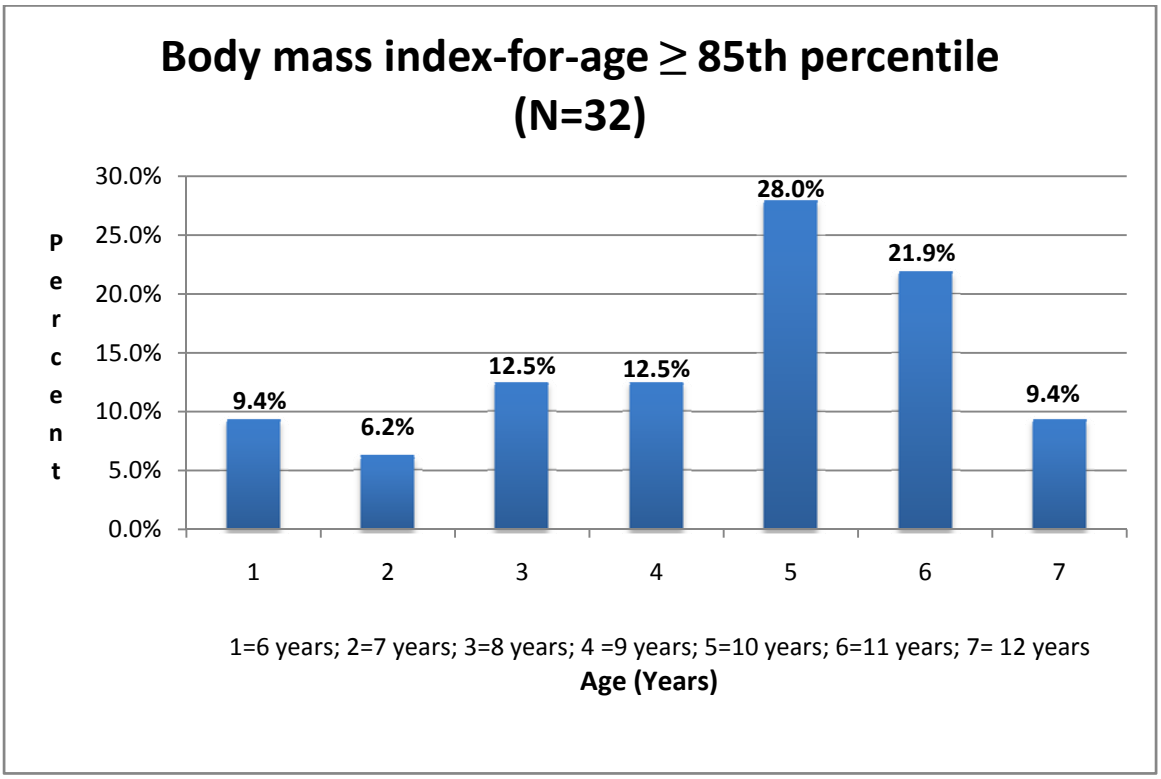
A 4-year longitudinal study of 1000 youths between the ages of 9 and 15 years provided a blueprint of physical activity of youth. The researchers found that moderate-to-vigorous exercise sharply declined by age 15. In fact by age 15, only 31% of teens met this recommendation on weekdays and only 17% of teens met this standard on weekends. (Source: Moderate-to-Vigorous Physical Activity from Ages 9 to 15 Years. Nader et al, 2008.)

A study published recently in the Archives of Pediatrics and Adolescent Medicine found that obesity prevalence among 4-year-old children in the United States was eighteen (18.4) percent. Obesity was defined as Body Mass Index (BMI) at or above the 95th percentile for age of the sex-specific Centers for Disease Control and Prevention growth charts. The study also found obesity prevalence differed by racial/ethnic groups: American Indian/Native Alaskan, 31.2%; Hispanic, 22.0%; non-Hispanic black, 20.8%; non-Hispanic white, 15.9%; and Asian, 12.8%.

The Body Mass Index is calculated from a child's weight and height. It is a reliable indicator of body fat for most children over two (2) years of age and teens. Children or adolescents with a BMI ≥ 85th percentile but less than the 95th percentile are considered overweight.

Using the BMI as the standard, 74.2% of Colorado children ages 2-14 are normal weight or underweight. (Source: 2007 Colorado Child Health Survey.)

Based on data compiled from one elementary school (N=282) in Chaffee County, thirty-two (32) or eleven (11%) percent of the students had a BMI greater than or equal to the 85th percentile. The following chart illustrates this data by age in years.



Unintentional Injury

Crash injuries are the leading cause of death among children ages 1-14 years.

In Chaffee County, the rate of hospitalization for injuries per 100,000 was 212.1 for children ages 0-14. The rate for Colorado children ages 0-14 was 178.1. (Source: Injury Epidemiology, Prevention Services Division, Colorado Department of Public Health and Environment, 2003-2007.)

The 2003-2007 rate of hospitalization for injuries per 100,000 for teens ages 15-19 was 449.7 for Chaffee County and 495.8 for Colorado teens. The Colorado Healthy People 2010 goal is 450.0. (Source: Injury Epidemiology, Prevention Services Division, Colorado Department of Public Health and Environment.)

The rate of hospitalization for injuries per 100,000 Chaffee County children and adolescents ages 0-19 for 2003-2007 was 282.0. The rate for Colorado children and adolescents was 260.9. (Source: Injury Epidemiology, Prevention Services division, Colorado Department of Public Health and Environment.)

Behavior/Mental Health

During 2005-2007in Colorado, 27.7% of children ages 1-14 had some difficulty with emotions, concentration, behavior, or getting along with others. In Region 13, 39.9% of parents reported behavioral or mental health problems in this age group. No data is available for Chaffee County. (Source: Child Health Survey, Health Statistics Section, CDPHE, 2005-2007.)

It is difficult to obtain mental health services for children living in Chaffee County who have Medicaid insurance. Those children/adolescents needing mental health services are often referred to Summit County, Pueblo and/or Colorado Springs. A telephone survey of a few mental health providers in private practices in Chaffee County revealed that several providers do provide treatment for children with mental health disorders on a sliding fee scale. One private practice will bill Medicaid insurance.

West Central Mental Health will provide psychiatric services to an individual who is a client in their system. This requires a mental health practitioner to transfer the child's/adolescent's care to a psychiatrist within the West Central Mental Health system.

Child Abuse

The county rate of child maltreatment in 2005 was 6.4 compared to the Colorado rate of 9.2. The value shown reflects the number of unique substantiated cases per 1000 children less than 18 years of age. Maltreatment includes emotional abuse, physical abuse, sexual abuse, and/or neglect. (Source: Numerator: Colorado Central Registry, Colorado Department of Human Services. Denominator: Demography Section, Colorado Department of Local Affairs.)

Adolescent Health

The average rate of teen (ages 15-17) fertility in Chaffee County was 13.3. The Colorado rate was 24.4. The measure is the rate of births per 1000 teens ages 15-17 for 2003-2005. (Source: Numerator: Health Statistics and Vital Records, Colorado Department of Public Health and Environment. Denominator: Demography Section Colorado Department of Local Affairs.)

Alcohol, Tobacco and Other Drugs (ATOD)

Tobacco: Youth

Tobacco is the entry drug to other drugs of abuse such as marijuana and alcohol. In Colorado 49% of high school students reported ever trying cigarette smoking. (Source: 2005 Youth Risk Behavior Survey [YRBS]) On surveys completed by students in the school years for 2005/06, 2006/07 and 2007/08, Buena Vista high school students 77% (2005/06); 68% (2006/07); and 90% (2007/08) and middle school students (31%, 15% and 37% respectively) stated that cigarettes were easy to get. (Source: Health Kids Colorado Survey, www.omni.org) In Salida, 72% of high school students in 2005/06); 73% of students in 2006/07 and 71% of students in 2007/08 and middle school students (35%, 33%,and 36%) reported cigarettes were easy to get. (Source: Salida Build A Generation Report)

In June, 2009, the City of Salida passed an ordinance that should make it more difficult for teens to get tobacco products "while not unduly restricting business interests in the City". The ordinance eliminates self-service tobacco products; does not allow tobacco vending machines in places where those under 18 are allowed; and makes it unlawful to give free samples of tobacco products at any public place or event or give coupons away for the same purpose.

Tobacco: Adults

The percentage of current smokers has been slowing declining over the past 10 years. In Colorado, 4400 residents die annually from disease conditions attributed to smoking and according to Ned Calonge, chief medical officer at the Colorado Department of Public Health and Environment, it is estimated that it costs $1.3 billion a year (in Colorado) to provide health care for diseases related to smoking. Quitting can save the average Colorado smoker $1,800.00 per year.

The Chaffee County Tobacco Snapshot: 2005 indicates that between 10% and 25% of the population are current smokers. *(Current smokers: adults who have smoked at least 100 cigarettes in their lives and report currently smoking daily or some days.)* This estimate is based on The Tobacco Attitudes and Behaviors Survey (TABS) of 97 Chaffee County adults. Survey respondents implied that 80 % (estimated) never allowed smoking in the home and 73% never allowed smoking in a personal vehicle.

The Colorado Regional Health Profile of Chaffee County stated that 10.6% of the respondents indicated they were current smokers which were below the Region 13 percentage of 20.7% and the State percentage of 18.8%. (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2005-2007.)

Alcohol

In 2003, a public health Community Health Assessment conducted by students from the University of Colorado Health Sciences Center School of Nursing reported that Chaffee County was above the state average for adult drunken driving arrests; alcohol use during pregnancy; adults in alcohol and other drug treatment; juvenile alcohol-related arrests and juvenile DUI arrests. Key informants in 2003 identified teen alcohol/drug use and adult alcohol abuse as the second and third top health concerns in Chaffee County. In 2008, a report on Methamphetamine, Alcohol and Other Drugs concluded that "Chaffee County has a substance abuse problem". (Source: "Methamphetamine, Alcohol and Other Drugs, Chaffee County, Colorado, A Report, 2008.) The author recommended the formation of a "community-wide coalition to work towards a comprehensive systemic approach to prevention, intervention and treatment for people of all ages who abuse any substances." To date, no action has been taken to implement the recommendation.

Until recently, scientists thought that the brain was fully mature by the age of 10 or 12. Now there is evidence that the teenager's brain is still developing during the teen years and even into the 20's. There is also evidence that alcohol use affects adolescents and adults differently. Duke University scientists say "the available research suggests that adolescents are more vulnerable than adults to the affects of alcohol on learning and memory". (Source: White, 2001.) The research also suggests that teens who are alcohol abusers can suffer long-term effects. These studies highlighting this new information should be used cautiously as more analysis and understanding is needed. However, "if the choices adolescents make about using drugs and alcohol. . .have long-term and irreversible consequences for the development of their brains, then discouraging harmful choices and encouraging healthy ones is all the more urgent." (Source: Adolescent Brain Development, ACT for Youth, Upstate Center for Excellence, May, 2002.)

"**Negative consequence of underage drinking**: Data demonstrates that underage drinking has a devastating impact on society, including the following short list of examples:

Mortality: It is estimated that underage drinking is responsible for the deaths of approximately 5,000 people under the age of 21 each year – including 1,900 deaths from other vehicle accidents (Hingson and Kenkel, 2004). The National Highway Traffic Safety Administration (NHTSA) found that drinking drivers under the age of 21 are involved in fatal crashes at twice the rate of adult drivers (NHTSA, 2002).

Student violence: Every year, alcohol is the cause of more than 696,000 assaults, and 97,000 instances of sexual assault or date rape among college students (Hingson, et al., 2005). In addition, 11 percent of students damaged property while under the influence of alcohol (National institute on Alcohol Abuse and Alcoholism [NIAAA], 2008).

Academic problems: According to the Department of Education (Dept. Ed.), alcohol abuse creates academic problems among 25 percent of college students, including lower grades, poor performance on exams or papers, missed classes and failure to keep pace with assignments (Dept. of Ed., 2008). (Source: Statement by the National Association of State Alcohol and Drug Abuse Directors [NASADAD], National Prevention Network [NPN], and National Treatment Network [NTN] Regarding a Dialogue on Underage Drinking 2008.)

Economic costs: According to the Institute of medicine (IOM), the economic costs associate with underage drinking equals $53 billion annually due to violent crime, traffic crashes, alcohol poisoning and other factors (Reducing Underage Drinking: A collective Responsibility, IOM, 2003)." (Source: Statement by the National Association of State Alcohol and Drug Abuse Directors [NASADAD], National Prevention Network [NPN], and National Treatment Network [NTN] Regarding a Dialogue on Underage Drinking 2008)

In Chaffee County, 8.5% of adults reported binge drinking in the past 30 days. This percentage is lower than that reported by respondents in Region 13 and the State of Colorado. (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2005-2007)

In 2008, the emergency room at the Heart of the Rockies Medical Center admitted one hundred sixty-nine (169) individuals with either a primary or secondary diagnosis related to alcohol. There were one hundred thirteen (113) male patients and fifty-six (56) female patients ranging in age from 14 – 75 years who received treatment. Eight patients were transferred for additional treatment and the other patients were discharged to home.

Further information about alcohol and other drugs related to adults can be found in Appendix A: "Methamphetamine, Alcohol and Other Drugs, Chaffee County, Colorado, A Report, 2008.)

Health Status: Adults

Chronic Disease

More than 25% of health care costs are related to obesity, overweight, and physical inactivity due to associated health problems – diabetes, some forms of cancer, heart disease and hypertension. In 2005-2007, the number of deaths caused by cerebrovascular diseases/strokes for Chaffee County residents

was 31.7; for Region 13, the rate was 45.7; for Colorado the rate was 42.1; and for the United States the rate was 47. These are age-adjusted rates per 100,000 U.S. standard populations. (Source: Colorado Regional Health Profiles, Health Statistics Section, Colorado Department of Public Health and Environment.)

The age-adjusted rate of mortality due to heart disease reported by Chaffee County was 179.8. This rate is higher than the rate for the Region (177.3) and Colorado (160.6). (Source: Colorado Regional Health Profiles, Health Statistics Section, Colorado Department of Public Health and Environment.)

A doctor had told 4.4% of survey respondents that they have diabetes compared to about 5% of Region 13 and Colorado residents. (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2005-2007.)

The age-adjusted rate of mortality due to diabetes mellitus reported by Chaffee County was 8.1. This rate is far below the rates for Region 13 (16.9) and the State of Colorado (18.0). (Source: Colorado Regional Health Profiles, Health Statistics Section, Colorado Department of Public Health and Environment.)

A health care provider had told 25.8% of Chaffee County survey respondents that they have arthritis. Region 13 survey respondents (27.4%) reported being diagnosed with arthritis and 23.5% of survey respondents in Colorado had been told by a doctor that they have arthritis. (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2005-2007.)

In Colorado, the percentage of adults aged 21-64 years who reported a disability in 2007 was 11% and in the United States 13%. (Source: http://www.statehealthfacts.org)

Dental Care

Seventy percent of survey respondents in Colorado and United States reported visiting a dentist or dental clinic within the past year. (Source: http://www.statehealthfacts.org)

Health Care Access

The People's Clinic was established in Chaffee County to offer health care to uninsured individuals. In 2007 (the first full year of operation) there were a total of 940 patient visits and in 2008 there were 1117 patient visits. The 2008 figure represents 473 individual patients and 70% of those individuals were employed full or part-time. To meet the increased demand for services, the Clinic has expanded its hours of operation and hired additional staff.

Health Insurance

According to the data from the Colorado Regional Health Profiles, Chaffee County, 80.9% of survey respondents had some type of health care coverage. This percentage is higher than the Region (75.5%) and lower than the Colorado percentage of 83.1%. (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, Colorado Department of Public Health and Environment, 2005-2007.)

Emergency departments often serve as a source of care for uninsured patients. It has long been assumed that the uninsured receiving health care at hospital emergency departments (ED) are the

principal cause of ED overcrowding. In a research project published in the Journal of the American Medical Association, the researchers found that more individuals of all kinds were choosing to visit emergency rooms. Individuals with government insurances (Medicaid, Medicare, etc.) are primary users of emergency room services because other health care providers are limiting or refusing to accept these insurances because of the low reimbursement rates. (Source: JAMA 2008; 300(16):1914-1924.)

In Chaffee County, all primary health care providers accept private and public insurances.

Intentional Injury

The age-adjusted rate for mortality due to suicide in Chaffee County is 22.9. This rate is lower than Region 13 at 27.9, but higher than the Colorado rate at 16.0. (Source: Colorado Regional Health Profiles, Health Statistics Section, Colorado Department of Public Health and Environment)

Unintentional Injury

The age-adjusted rate of mortality due to unintentional injury was 56.3 for Chaffee County; 54.1 for Region 13; and 43.5 for Colorado. (Source: Colorado Regional Health Profiles, Health Statistics Section, Colorado Department of Public Health and Environment.)

Mental Health

On the Behavioral Risk Factor Surveillance System survey, 2007, adults were asked to report having poor mental health between one and 30 days in the past 30 days. In Colorado, thirty-five (35) percent of respondents indicated poor mental health which is slightly higher than the thirty-three (33) percent reported in the United States. On the survey, adult males thirty (30) percent reported poor mental health less often than female adults thirty-nine (39) percent.
(Source: www.statehealthfacts.org)

West Central Mental Health Center provides mental health services to Medicaid clients. Currently, the Center has a patient base of 225. Thirty-one (31) percent of the patient population has Medicaid insurance. Recently, the Center began to bill private insurances.

Nutrition

Thirty-one (31) percent of participating adults in Chaffee County reported eating 5+ servings of fruits and vegetables per day. The percentage is higher than Region 13 (23.5%) and higher than Colorado (25.1%). (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2005-2007)

Older adults in the Central Mountain Region (Chaffee, Custer, Fremont and Lake Counties) eleven (11) percent reported they ate at least two complete meals a day and ninety-five (95) percent were able to afford enough food to eat. These percentages are slightly higher than the overall percentages for the Region. (Source: Strengths and Needs Assessment of Older Adults in the State of Colorado, September 2004.)

Based on a body mass index (BMI) greater than or equal to 25.0 kg/meters squared, 53% of Coloradoans and 60% of adults in the United States reported themselves as overweight or obese. (Source:

www.statehealthfacts.org) In Chaffee County, fifty-five (54.5) percent of survey respondents reported being overweight or obese. In Region 13, 56.6% survey respondents reported being overweight or obese. (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2005-2007.)

Physical Activity

Fifty-five (55) percent of surveyed Colorado adults reported participating in moderate or vigorous physical activities as compared to 49% of adults in the United States. (Source: www.statehealthfacts.org)

Eighty-six (86) percent of Chaffee County survey respondents reported leisure time physical activity in the past 30 days. This percentage is higher than Region 13 at 80% of respondents and Colorado at 83% of respondents. (Source: Behavioral Risk Factor Surveillance System (BRFSS) Survey, Health Statistics Section, CDPHE, 2005-2007.)

In 2007, the average number of days a person indicated their activities were limited due to physical health difficulties was 3 days in Colorado and 4 in the United States. (Source: www.statehealthfacts.org)

Seniors

As we age, individuals face many problems that may diminish their health and well-being. These problems include but are not limited to physical health; affording prescribed medications; financial problems and depression. And generally, these problems increase with age.

Colorado's older population is growing as the baby boomers turn 60. It is projected that the state's older population will increase by fifty (50) percent between 2000 and 2012. The projected change of the older population in the Central Mountain Region (*Area Agency on Aging Region*: Chaffee, Custer, Fremont and Lake counties) is an increase of fourteen (14) percent. Older adults, 60+ years, comprise two and a half (2.5) percent of the population of the Central Mountain Region. Of that population, the proportion of adults 60+ years is nineteen (19) percent and thirty-three (33) percent live in rural areas as defined by the Census Bureau. (Source: Strengths and Needs Assessment of Older Adults in the State of Colorado, September 2004) In 2007, it was estimated that adults 65 and older comprised 9.7% of Colorado's population and 18.6% of the population in Chaffee County. (Source: Data Center at the Colorado Health Institute.)

The median income for seniors 65 years and older is highest in the Central Mountain Region at $24,033. In the State of Colorado, seventy-one (71) percent of seniors had incomes below 150% of the Federal Poverty Level (FPL) and twenty-six (26) percent of seniors had incomes below 200% of the FPL.

Older adults also contribute to a community. In the Central Mountain Region, 44% of older adults volunteer in community programs/activities; 17% are caregivers (usually for family or friends) and 18% are employed. The volunteerism percentage is comparable to older adults in the Colorado, but care giving activities and employment percentages are lower that those in the State. As a group individuals who own their home and live with others tend to have higher percentages in these activities than the State averages. (Source: Strengths and Needs Assessment of Older Adults in the State of Colorado, September 2004.)

The survey identified twelve strengths that correlated with aging well. These strengths were grouped into three categories. Older adults with more strengths were able to have a higher quality of life and health. In the Central Mountain Region, 42% of older citizens identified 9 -12 strengths as compared to an overall total of 49% for all Regions within the State. Five – eight strengths were identified by 49% of respondents in the Central Mountain Region and by 43% of older adults in all the Regions. (Source: Strengths and Needs Assessment of Older Adults in the State of Colorado, September 2004.)

Health Information

According to an iCrossing, a digital marketing company, study commissioned in 2007, fifty-nine (59) percent of adults use the Internet as a resource for health information. The study also found that primary care doctors are the consumers' most trusted source for health information. Adults over the age of 65 years demonstrated less trust in online resources and are less likely to use these services as a health and wellness resource.

When asked which resources were used to find or access health- and wellness-related information in the past 12 months respondents replied (in order of usage): Internet resources; primary care/specialist physician; relatives/friends/co-workers; and newspapers/magazines and television. Interestingly, less than then (10) percent of respondents obtained information from disease association/support groups.

Internet resources included web sites; search engines, advertisements, blogs, forums and other social networks.

This study revealed some notable demographic disparities with regard to health-related searching activity. The reader is referred to www.icrossing,com for an in-depth analysis of this information.

A telephone survey of 8,903 adults 60 years and older conducted by the Colorado Department of Human Services, Aging and Adult Services Division, found that access and understanding of the Internet among older adults is limited. In the Central Mountain Region (Chaffee, Custer, Fremont and Lake Counties) 87% of survey respondents used the television, word of mouth and the newspaper as their information sources. These findings are consistent with the senior population of Colorado. Only thirty-eight (38) percent of these respondents used the Internet as a resource for information. This percentage is lower than seniors throughout Colorado who reported using the Internet forty-five (45) percent of the time. (Source: Strengths and Needs Assessment of Older Adults in the State of Colorado, September 2004.)

According to Humphrey Taylor, Chairman of the Harris Poll, "the Internet continues to be an important source of health care information for very large numbers of people (66% in 2008), and most people (86%) trust the information they obtain and find it useful." (Source: Harris Interactive inc. 2008.)

For Spanish speaking individuals who have access to the Internet, there is a Spanish health web site. The web address is www.enfermeros.org.

Key Informant Findings

Thirty-eight (38) individuals responded to the key informant questionnaire. Of the thirty-eight individuals, twelve individuals agreed to a face-to-face interview, one individual was interviewed by telephone and the remaining individuals responded to the online questionnaire.

1. Please describe what it is like to live in Chaffee County.

The majority of the key informants cite the small town atmosphere, weather, recreational opportunities and the beauty of the area when describing life in Chaffee County. They used "great", "vibrant" and "wonderful" to describe their life. In addition, many individuals mentioned that it was also difficult to live in Chaffee County.

"Small town atmosphere with abundant outdoor activities, beauty"

"It is great fun and there is a lot of outdoor things to do here....limited activities for children...the joke is 'it is a great place to live, but bring your job with you'...difficult to make a living"

"It is beautiful but challenging."

"Beautiful scenery. Safe for raising a family. Nice sense of community."

"Chaffee County is a very beautiful place to live; a rural area nestled in the mountains. The community is very active and energetic and involved in a variety of local and international service efforts. Living here is very pleasant, as long as you have a year round livable wage job, which is difficult to obtain. Access to affordable health insurance, when not provided by an employer, is virtually impossible."

"Chaffee County is a beautiful place – mountains, forest, rivers, and open spaces. The towns have charm that is rooted in the old west and yet are rediscovering themselves in the 21st century. People are here because they want to be here. There is a great deal of community awareness and involvement."

"Living in Chaffee County is peaceful, relaxing, inviting, welcoming and very difficult."

2. What are the greatest strengths of Chaffee County?

The respondents mentioned numerous strengths of Chaffee County and the most frequently mentioned strengths were the County's natural beauty and the friendly people. A sense of community was often noted. Respondents used words, such as, "very little traffic", "health-conscious citizens", and "safe environment for children and families" to describe the strengths of the County.

"Chaffee County is a great place to live from the perspective of neighbors looking out for each other and outdoor recreation."

"It is a great place to play but not such a great place to work. While the community offers many pluses for children, including safety, recreation and caring adults, it also fails them in terms of excellent educational, employment opportunities and cultural diversity."

"People are very friendly, helpful, and they seem to take pride in their community. I like the diversity of agriculture and the arts."

"Tourism is certainly an important piece of the local economy. I also believe that the friendliness of the people and charm of the communities are strengths."

"Outdoor recreational opportunities, small town atmosphere, "regular" people rather than resort town 'elites'."

"Citizens interested in seeing the community grow and be on the cutting edge."

3. To follow up on that question, what are areas in need of improvement in Chaffee County?
When asked about areas in need of improvement, respondents offered various opinions. Concerns about education, housing, health care and jobs, were the dominate themes.

"More in town bike trails. The aquatic center needs repairs badly. The community needs a recreation center which would be available to all ages/income level."

"We need to bring in jobs that pay much better wages and not be so dependent on retail and tourism which are low wage jobs. There are some greedy developers and real estate people who do not think of the long term good of the county. Law enforcement is somewhat indifferent about teen partying. Everyone knows it's going on, but it is not enforced."

"Sustainable jobs at a living wage, diversity of entertainment and cultural options."

"Accessibility to medical specialist. Public transportation. Protection of views. Preservation of open spaces. Low cost housing. Assisted living facilities."

"Assumption of leadership for fostering community collaboration regarding access to health care and the integration of other human service agencies beyond DHH. While the size of the county would seem to lend itself to groups really working together that doesn't seem to be the reality."

"Jobs. Bringing them to the area is key to people being able to afford to live here. Some of our businesses seem to take the attitude that they are the only game in town and therefore their customer service needs improvement. Amenities such as the pool need a lot of work. The pool is a great resource."

"Promote an industry that could bring some year round stability to economy."

<u>About education</u>. . .

"Need for much improved educational system and the funds to support that effort."

"More cultural events, a nice movie theater, a recreation center. Our schools need improvement in all areas."

"Education and infrastructure have been neglected. This includes our schools, our roads, and our recreational facilities – not private gyms but county facilities."

4. How would you describe the culture of Chaffee County? In what ways is our county diverse?
Diversity may refer to multiculturalism, politics, business and other differences within a community. Descriptive words that some respondents used to describe the culture included: recreational, religiously conservative, religiously suspicious, well educated people, fearful of change, and old timers vs. new people.

"Mixture of Hispanic and Caucasian - although there is some overlap I think overall they are distinct communities - these barriers need to be broken down."

"I think there are several different cultures in Salida. There is a large art community, a large faith based community and a large group of people whose parents and grandparents grew up in Salida."

"The culture of Chaffee County is becoming much more 'elitist' with less room for the voices of a variety of income, educational and social levels to be considered and respected."

"I see the culture as a welcoming community. The county is certainly politically diverse, with a very close vote for President in the last election and a mix of both parties in local office. There is also diversity regarding the desire for change. There are those who do not want any change at all and those who champion change."

"The strong rivalry between BV and Salida is very counterproductive. The culture in general is "We know what we are doing and how to do it. We don't need other approaches or ideas."

"Southern and north have different values. BV more redneck – Salida more liberal."

"Resistant to change."

5. What are some of the prevailing values and beliefs in Chaffee County?
The two words that summarized the values and beliefs in the county would be diversified and polarized. One respondent stated "a segment of the older population is conservative and skeptical of new comers." Another stated that Chaffee County is not a place to grow extremely old. And another respondent mentioned that residents were hard working and supportive of the Old West Code.

"Concerned about environmental issues, land usage, children needs and opportunities."

"Love of nature and outdoor things - more liberal than conservative - most all have a vested interest in children and families."

". . . In general, I do think residents believe we have something special here and a way of life that is worth protecting."

"Lots of differing opinions makes this hard to pin down. There is a lot of disagreement over land use and water issues."

"Beliefs & values - personal self focus, politically very liberal, material possessions of great importance."

"Do not want government involvement or control unless it serves the individual's purpose."

"Don't change anything – we like it the way it is. Don't want too many people to like it here because then they will move here. 'Good old boy' attitude."

"We take care of our own - those we have known for a number of years. Protection of long-term residents – 'job protection'."

6. What are the three (3) most important health issues in Chaffee County?
The following four (4) health issues were of upmost importance to the respondents: lack of affordable health insurance; need for affordable health care; substance abuse and the need for affordable dental care for children. One respondent thought there was "a disconnect between services and community."

Health Issues	Count
Advanced medical care facilities – i.e., *radiation therapy, dialysis*	3
Affordability of health care	13
Affordability of dental care for adults	8
Affordability of dental care for children	11
Attitude toward immunizations	1
Cancer	1
Children's health care	5
Competent physicians	2
Co-pay too high for dental and health care	1
Elderly care	1
Health care for the Latino population	1
Lack of affordable health insurance	17
Lack of qualified specialists	8
Low wages	1
Mental health	5
More assistance for developmentally disabled	1
Need for assisted living facilities	1
Nutrition	2
Obesity	2
Pediatrician	2
Pregnancy among teens and single women	1
Preventive health education and support	2
Substance Abuse – alcohol, drugs, tobacco	11
Transportation to medical appointments for elderly and disabled	2
Universal health care	1
Use of the emergency room for primary care	1

7-a. How accessible and adequate are primary health care and other human services in Chaffee County?
There is a diversity of opinion among the respondents about this issue. Many of the concerns listed in question 6 – the three most information health issues in Chaffee County - were repeated by the individuals answering this question. Another strength in the community is the "Department of Human Services, multiple non-profit agencies and churches that are responsive to the needs of the people seeking services."

"Primary health care easily accessible for family practice. Fragmented services in this county – difficult for residents to figure out the 'system' of using the services."

"We have enough primary care providers but it would be helpful to have more diversified specialties among them – at least two internists who want to take care of outpatients, one pediatrician and an obstetrician. I do not think the free clinic was a positive step. Care of the uninsured should be in the mainstream and not a second tier system of limited availability and continuity."

"There are no pediatricians! Very challenging for children, especially those with special needs."

"It's a mixed bag. Chaffee People's Clinic needs a stronger marketing arm and face in the community - accessibility is affected by that. The hospital does not enjoy a reputation as a leader in the community regarding access to health care. The substance abuse treatment system is woefully inadequate."

"Health care seems to be accessible if you have insurance. I have doubts about the availability of primary care if you aren't insured. I also know that sage counsel and advice are not forth coming from some of the primary care providers in the area. Human services seem to be bogged down in the endlessly changing spectrum of federally mandated programs and regulations concerning those programs."

"Compared to other rural areas where I have lived, we have many more primary care providers for our population. I believe we definitely have a shortage of mental health providers and services."

"Access to health care is great if you have money and/or health insurance. Unfortunately, many people don't. Human services are pretty visible and have moved toward trying to prevent problems."

"I believe services are adequate for a community of this size and location and are almost immediately accessible. I foresee that we will experience again a shortage in medical professionals."

"Health care is accessible, workable but not free."

"It seems fairly accessible, even to those without money; for the more serious illnesses most people I know go to the city."

"CPC referrals difficult."

7-b. If you view primary health care or human services as inadequate, how might the need be addressed?
The responses to this question focused more on the inadequacy of services than addressing how to improve health care or social services.

"Not a lot of resources for older people."

"For older people there are not enough resources, especially in mental health."

'The issue is financial assistance, not availability."

"Health care is a much larger nationwide issue that needs to be addressed to make health insurance accessible and affordable for working class families in our country. I think that human services staff need to be trained in a lot of issues including culture of poverty, domestic violence, empathy, and respecting where people come from. "

"Get the word out that there is a problem!!!!! Not just a newspaper article but a concerted effort that fosters a community dialogue and action plans."

"With a new executive director starting at the People's Clinic, I think expansion of their hours would be extremely beneficial. However, they need more care providers and that takes time to get grants for funding. Colorado is looking to universal health care for everyone. People should not have health care dependent on a job."

"Recruit specialists. Recruit assisted living facility. Recruit bus service between Canon and Leadville, more than once a day. Run the Chaffee Shuttle between Salida and BV on a regular basis, particularly for commuters."

"Do PR and marketing of what services are available. Streamline services with community partners so residents can easily access services. Get rid of the 'deadwood' that hinders residents from getting basic services."

"Need systems building to get everyone involved."

"Better attempt to engage and educate the young and the poor. We are a reflection of the county - great health care if you have great wealth."

"Resolve to make Chaffee County a regional health center (as we are some what now) but of such quality that people won't need to go elsewhere."

"Can't attract doctors if poor school systems."

"Market to young physicians."

8. How adequate and accessible are mental health services within Chaffee County?
The majority of the respondents expressed concerns about the access and adequacy of services provided by the mental health center. Some individuals did acknowledge that services had recently improved. There are numerous private practices providing services to adults with insurance or with the ability to pay out of pocket.

"In the past, it has seemed limited. People have not been satisfied with the system; accessibility and effectiveness."

"Adequate outpatient services and becoming more easily accessible."

"I have seen great improvement in the accessibility and adequacy of mental health in Chaffee County in the past 6 months. People are able to make appointments, continue with the same therapist, and get the help that they need."

"Limited services for children. Mental Health Center hasn't done adequate job reaching out to community."

"Services available through the local center are very limited and hard to access in a timely fashion. Families find it difficult to afford alternatives."

"Accessible, yes, (West Central); but I've heard many complaints about adequacy of care."

"Better accessibility is needed."

"Substance abuse – big problem. No detox facility."

"They are not. One of biggest gaps – especially for kids."

"This is an issue. It is often difficult to find a provider who fits a patient's specific needs, who is affordable, and can be seen fairly quickly."

"More assistance needed for young people with alcohol/drug related issues."

9. How adequate and accessible are dental services for children in Chaffee County?
When questioned about dental services for children in the county, many respondents responded with "I don't know" or "Not sure". There are no dental providers for adults with Medicaid in Chaffee County. There is a need for more providers who will provide services to children with Medicaid.

"Only one practice (3 dentists) accept Medicaid. No pediatric dentist in town. Out of town travel greatly decreases likelihood of children getting extensive dental care. Miles for Smiles Dental Van available, but not adequate."

"They seem to be available for much of the routine items but are very expensive."

"I sense that it has improved lately but some families skip care because of its high costs."

"I am not certain but would guess it is not a problem for those with insurance or money but very problematic

for those who have neither."

"Adequate and accessible."

10. Does Chaffee County have adequate programs which promote healthy lifestyles? Yes No
How do residents obtain information about these programs?
Key informants thought that the recreational facilities in the county were accessible for those with adequate finances. However, membership costs and fees prevented the average resident from using these private facilities. Another common theme was the need for a recreation center in the County and the need to repair and update the "hot springs" pool.

"No. More needs to be available for young people ages 14 – 18."

"BV needs a recreation center. BV needs to promote programs for kids to ski at Monarch. BV needs a place for seniors (and small children) to swim safely. BV needs a climbing gym."

"Well, yes and no. If you have money there are lots of classes and gym/pool memberships....but the cost puts them out of reach for many working people. There is a pretty strong healthy lifestyle culture, but some people get left behind."

"No. I am not a huge proponent of stand-alone wellness programs but I do think we need much more investment in our recreational department and not be afraid of competing with local businesses. Our rec center and lack of facilities and programs is an embarrassment. Communities all around us with less money put us to shame."

"Newspaper, radio, bulletin boards, internet and posters everywhere in town."

"Need more senior activities."

"Need nutrition classes."

11-a. Please identify any environmental concerns or hazards in Chaffee County.
This question elicited a variety of responses. There was not one dominate response. There were concerns expressed about road conditions, inadequate sidewalks and street crossings, potential for lack of water in the valley, parents smoking in their cars/homes, pine beetle infestations and sub-par septic systems.

"Air quality particularly in the cooler months."

"The concern that some developers and real estate companies do not think of the long term consequences of over development."

"Disposal of hazardous materials. None of the jurisdictions seem concerned about the disposal of hazardous materials at the landfills or on property."

"In general, people seem to live fairly long full lives within the county. With that fact in mind, the number of hazards seems to be less significant than in some of the more industrialized and populated areas. Concerns need to be voiced concerning radon (but should be tempered, not just howled about) – again look at how long some of the residents have lived in older homes in the community; some concern must be voiced about the items in statement 6, water quality from springs and streams should also be looked at; with much more emphasis on sun damage to susceptible people of northern European descent."

"Very alcohol based culture."

"Many on well water – potential hazard. Water tests are expensive."

11-b. What has been the response to these issues?

Fifty-six percent (56%) of respondents indicated that they "didn't know", "were unsure" or did not answer the question. Some respondents stated that "not much" had been done in response to environmental issues.

"I have attempted to get each jurisdiction to put money in a fund to do a community collection day without success."

"A lot of debate over the consequences of development without strict guidelines."

12. What are your thoughts about housing and development for Chaffee County?

All respondents agreed that there is a need in the county for affordable housing. Respondents noted that there is a waiting list for senior housing and Section 8 housing, and that affordable housing is not available for the Latino population in the county. It was also acknowledged that to rent a home/apartment is very expensive.

"Need affordable housing for working families and others who struggle to make it here."

"Not enough interest in having affordable housing or eco-friendly homes."

"We need to support Chaffee Housing Trust or we will become an economically segregated area."

"Expensive, segment in community not in favor of affordable housing."

"'Inflation in housing' out of proportion to value of home."

"We need to focus on a sustainable and reasonable growth pattern-not just chopping up every remaining parcel of land for McMansions. There is a serious shortage of quality-constructed homes, not just for those needing "affordable housing" but for anyone looking for something under the $500,000 mark. There are numerous trailer parks that are nothing more than shanty towns that should probably be condemned."

"I was involved with Habitat for Humanity and had opportunity to visit people in trailer parks. Where are the housing inspectors? These were some of the most deplorable conditions I've ever seen and I've worked in home based delivery of services in other states in the past. These units were not safe for human habitation."

"Housing is limited to the very high end resident and rental property prices have become so expensive that the fixed income and 'wage earners' expend a large portion of their expendable income on housing forcing them to rely on public assistance for many of their other services - or to move from the area."

"There needs to be much more focus on working class housing as opposed to building high end houses for the more affluent."

"Affordable housing related to the wages does not exist. . ."

"I think that housing and development should be allowed to continue with minimal government intrusion. Stick to planning guidelines already in place, or adjust them for everyone rather than so many PUD's. Development should be consistent with local style and heritage."

13. What is your overall impression of the local economy?

Respondents used terms such as "poor", "anemic", "bad", "scary" and "pathetic" to describe the local economy. Most individuals expressed concern about an economy based on tourism and construction.

"The local economy is pathetic. There are no real jobs, and if a person is able to find one, the pay compared to the rest of the state is quite minimal. There has been an acceptance that "that's good for Salida/BV". I think that this mindset is unacceptable. If we want quality people doing professional jobs in our community, we have to pay them to stay here."

"Poor. The only reason the county has as much to offer as it does is because of three groups: the successful, long term ranchers; the healthy and relatively wealthy retirees; and the professionals who have chosen to live here for lifestyle reasons. That probably only constitutes a small fraction of the community. The rest are hard pressed to find good jobs, with livable wages and benefits. To improve any of the concerns discussed herein will require building jobs. Take a look at the number of empty buildings around town and I think it would be difficult to claim the economy is doing well."

"Not dynamic, but relatively stable. Primarily tourist and service based."

"This is a particularly bad time for the economy most everywhere in the country. Even in good times it is concerning that the economy relies to such a great extent on tourism."

"The local economy has lost much of the infrastructure which supported the people 40+ years ago. While that is sad, it should be noted that most of the jobs in the area 40+ years ago paid sub-standard wages with just a few people reaping the rewards. Everyone moans about Wal-Mart but the pay is above minimum wage which most of the jobs here in the 30's, 40's, 50's and 60's did not provide that adequate a wage. The local economy never seemed to go through the boom phases, but it also seems to miss (for the most part) the busts."

"Focus is currently on the very wealthy or high-end consumer for goods and services (i.e. the wealthy tourist). This does support the infrastructure but creates great hardship for the low and middle class. The vast majority of jobs are very poorly paid and the current government has a focus that does not include promotion of jobs that provide good pay and benefits."

"It's a mixed bag."

"Salida is somewhat insulated. Housing market is steady. We are doing better than rest of country."

14. How affordable is it to live in Chaffee County?

The terms used to describe affordable living in Chaffee County included "expensive", "not very" and "it's not". There is general agreement that housing costs are high and salaries are low.

"For many it is not affordable. We have many employees driving long distances because they cannot afford to live close to Salida."

"Very unaffordable. The food prices just keep getting higher and the inflated housing prices are not going down."

"Not bad if you are older and have saved up some money. It is impossible if you try to buy a home on local wages."

"It is not affordable 'move here with a large fortune' is something I have heard for years. The cost of a house has increased nearly 10x and wages have doubled in the last 25 years that should indicate affordability."

"Somewhat unaffordable."

15. What are the transportation needs of people in Chaffee County?

According to one respondent the transportation needs in Chaffee County are immense. There are some agencies that provide transportation for their clients for appointments, but most residents have to rely on their own vehicles to get anywhere in and out of the county. The Neighbor-to-Neighbor service meets some of the needs in the county and there is bus service to Denver/DIA. There is no taxi service.

"Regular public transport would be good. Advocate bicycle riding and establish good cross town bike routes."

"Since it is such a small town, it seems like promoting more biking, and making that easier for pedestrians would be a good idea."

"Need trains to bring people in and out and keep people from bringing traffic problems to valley. Bus between Salida/BV daily."

"Public transportation is lacking especially for the elderly and handicapped. Very little planning on subdivision development - this is leading to significant emergency preparedness issues."

"As with most rural areas, we struggle with transportation within the towns and between towns and destinations outside the county. If you don't have a driver's license and vehicle it is very difficult to get around. There are older people on the road who should not be driving any more, but taking their license or car robs them of any independence. The Chaffee County Shuttle is a big help during the hours it runs."

"Most transportation is possible via personal vehicle or human powered needs within individual communities. New bus service and local non-profits provide transportation for those without means. Salida recreation provides transportation for travel to Monarch in winter. Some local residents utilize vehicle sharing."

16-a. What do you know about emergency preparedness in Chaffee County?

Many of the respondents indicated that they were not informed or knew nothing about emergency preparedness in the county. One respondent stated (s)he only knew there was one guy part-time.

"Enough to know the county needs to be better prepared for a large disaster."

"A joke. If there is a County plan it has not been disseminated."

"A written plan is only a start and more communication with potential partners is needed."

"I have been involved and I believe the focus is incorrect. Wild land fire or earthquake is more likely than terrorism."

"It is terribly lacking to the point of being totally insufficient. Emergency responders have been extremely lucky that there has not been a true large scale weather, hazardous materials or other natural or man made disaster."

"A bit. I think we are fairly well prepared but certainly need to maintain and upgrade abilities as warranted."

"I know there have been trainings but I don't think the general population has emergency preparedness training."

"I think that the Sheriff's office, SPD, BVPD, the school system, and the hospital have a preparedness plan?"

"I can tell you that we have at least 2 emergency preparedness drills a year at the hospital (as well as real incidents most years.) In recent years, these drills have involved city and county agencies and are very realistic. The last drill involved shootings at the high school. We activate the hospital Incident Command System during these drills. Outside observers have told us that we are far ahead of other hospitals in the state."

16-b. How prepared do you think people, clinics, hospitals, and government agencies are for a possible future disaster?

When responding to this question, most respondents indicated that they had no idea of the preparedness level of people and organizations.

"The hospitals, public health and government agencies are most likely prepared. Private sectors probably no clue."

"I know they have been trained."

"The hospital and EMS staffs participate in disaster preparedness training."

"People are well ahead of most agencies. Most people can survive for a few days without resupply if they can deal with more basic environmental concerns (heat, lights, etc.) Other areas (clinics, hospitals, and governmental agencies) seem to spend too much time dreaming about the newest whatzit and too little time planning to deal with the situation with the resources on hand."

"Adequately prepared."

"Somewhat prepared but we can't prepare for everything and I don't think we should spend significant resources on this. There are too many other real, not just potential, threats that need to be addressed."

"They are not. The local jurisdictions are not prepared and you cannot expect the public to be prepared if the jurisdictions are not leading the way."

"I'm not sure anyone is prepared – when there are bad snows – we don't get trucks here for supplies."

17. How do residents of Chaffee County obtain information about community resources?

Respondents mentioned several community resources for information, such as, the Chamber of Commerce, the Rotary, Area Agency for Aging, Child Find, the Recreation Center at the pool and an outdated resource guide. It was also mentioned that the media should have more awareness about events occurring throughout the county and not only in one community. This is also an area that respondents thought needed improvement.

"Radio, family, newspaper, bulletin boards, library, internet, contacting county offices, and asking their neighbor."

"Other agencies they're connected with, flyers in offices, newspapers, radio, word of mouth, friends/family."

"Almost exclusively through some agency representative."

"More information seems to be available through local contacts on a personal level (word-of-mouth). That is also the most reliable channel for aid and assistance."

18. How could information be better disseminated in Chaffee County so that more people would be informed about community resources and opportunities?

Most comments centered on the need for a central location for obtaining information although one individuals thought "it is the individual's responsibility" to obtain the needed information.

"Better PR and marketing and updating web sites."

"I think that if community agencies were fully aware of what other agencies do, they could better inform people who may be involved in the system, what their options are."

"More use of local cable channels to get information out."

"Central resources information center have been set up in county several times over the years. Make it the responsibility of each service to provide updated information to central site in a timely manner."

"Someone/agency in the county should be the responsible person (with enough designated time) for updating, coordinating and disseminating the information including in the newspapers. Posters, radio etc."

"A welcome center – centrally located."

"Through local churches, libraries, and organizations and media on a more regular basis."

"A 'one stop shop' for non-profits and services - located in the old hospital."

"Neighborhood forums."

19. What do the people in Chaffee County do for leisure and recreation?
While all respondents referred to the many outdoor activities available in Chaffee County, there was mention of alcohol, "woodsy", and drinking and eating as pastime activities.

"Anything outdoors, Arts and work."

"Outdoor activities. The Aspen Music series is here in the summer and the Steamplant has a variety of venues. There is every imaginable outdoor activity available."

"Anything related to the mountains-fishing, skiing, snowshoeing, biking, and hiking. Many more would swim if our facilities were improved. Unfortunately, a sizeable number of residents believe snowmobiles and AVs constitute sport. They may be recreational but we need to get people out moving not sitting!"

"A variety of cultural, outdoor activities, school and community activities."

"Ideal – hiking, hunting, whitewater rafting, camping, etc. Truthfully, computer games, internet browsing, drinking, drugs, and more sedentary pursuits."

20. Do recreational opportunities cater to Chaffee County community members or to tourists? *Please explain.*
Most respondents agreed that recreational opportunities catered to tourists as well as Chaffee County residents. However, local residents were often limited in their ability to participate in these opportunities because of the cost.

"Right now it is a good balance. I think we need to take better advantage of tourism dollars supporting local assets – upgrading the pool, paths, Steamplant, etc."

"I think that our recreational opportunities cater to the wealthy. Most of the healthy recreational opportunities cost a lot of money to get started and to maintain."

"Both, but mainly to tourists due to similar expenses for locals and tourists."

"That depends on which opportunity you refer to. Monarch has done a lot in the last couple years to promote community involvement but there are numerous businesses that exist only to serve tourists. The Rec department has certainly focused on locals."

"More to tourists. It is a tourist town and without their support and money, we would be a shadow of a community. Some places have specials for community members, but not frequently."

"Both, since Chaffee County members can participate in everything available to tourists."

"Both, but I think Monarch needs an affordable ski program for local kids. It would be great if they had a program for kids with disabilities. Need a rec center in BV."

21. How adequate and accessible are the recreational activities, programs and facilities for residents of Chaffee County?

Generally, respondents thought that more activities were needed for youth especially for young children. Many respondents mentioned the need for the availability of indoor activities. Responses ranged from "good" to "woefully inadequate". The need for a recreation center is mentioned several times by residents of Buena Vista and Salida.

For youth

"Inadequate. If it weren't for Boys and Girls Club, it would be poor. BV needs rec center and regular public transportation."

"Planned activities a problem on north end (of County)."

"There is a lot to do here but it needs to be fostered through school and youth programs. Kids need to know and experience a lot more besides video games."

"Very inadequate due to cost."

"Better now that we have a Boys and Girls Club. We could use more low cost activities. It costs a lot to use the Salida Pool."

"There are multitudes of recreational opportunities right here in the county for any age group, if they are interested in an active lifestyle."

For adults

"Plenty of opportunities if you have money. Unaffordable for working class people. We could use a rec. center."

"For a community of this size generally you can find what you are looking for."

"Independent activities are readily available, but ones utilizing facilities, etc. limited and expensive."

"Another poorly defined group. Activities are as diverse in this group as in the youth (group). Afraid that there is not a way that you can either quantify or identify a unifying theme. Scrapbooking, painting, woodworking, sewing and reading are just a few of the pursuits in addition to less socially acceptable items which seem to draw 'adults'."

"Adequate but cost is very limiting as to accessibility."

"Woefully inadequate."

For seniors

"Slightly better because of the rec center program, silver sneakers, and the senior center."

"For low income seniors, I think a rec center would be helpful. There is the senior center, but activities are somewhat limited - from what I have been told."

"Not much once they get past 65-70 and become less active."

"Need assisted living; increased senior day care."

"Not very accessible in winter months."

"This is the growing area of need. How about activities like yoga and swimming that are at hours of the day when seniors are more likely to use them. And not just sponsored by the senior center. I'm hoping that with the new bus service to Denver those groups will go up that way."

"A problem for seniors due to transportation."

22. Is there anything else you would like to discuss about living in Chaffee County that was not addressed in this document?

"We have what we need in the County as far as amenities. We lack employment opportunities for the local people. They pay too much for groceries and housing. People hang on by a thread because they love this valley. We have a lot of churches, and that helps a lot. We have a lot of people that care about people. Like most Counties, we are all trying to survive."

"Substance abuse treatment and prevention - recognition of the problem and a community effort to address it for all ages."

"There seems to be some over arching belief within governmental agencies that lifestyle and orientation can be quantified and directed. Within a free society it can't and shouldn't be."

"The community really needs to address the cost of housing here. It is difficult for young people and young families to live here. Without them, a community becomes less diverse and loses in many ways. Passing taxes which support the schools is imperative and didn't happen in the last election. And there were fewer children enrolled in Chaffee County schools than last year."

"I think that one of the biggest assets we could provide the community would be a recreation center for all age groups. A healthy place where children, youth, and adults could go exercise, congregate, gain support, socialize and get respite from daily activities. This is an issue that has been repeatedly discussed but never went anywhere. I think it's very important to start working on this very important issue."

"Would love for it to stay small and quiet."

"Assisted living is needed for senior citizens."

"Chaffee County reflects the country. We waste money on anti-terrorism while pouring money into for profit medicine. A co-cooperative approach between all would be better for everyone. Easily stated – hard to do.

"A lot of the problems would be solved if we had better paying jobs with health insurance."

"Finding more opportunities for seniors to feel needed plus stretching their minds: life long learning and meaningful volunteering."

"Community needs to take responsibility for the communities they live in not expect 'they' to do it."

"Not really. It's a privilege to live here."

"This community invites a large amount of disabled (mentally and physically) into the community, but then doesn't acknowledge them."

"Did I mention we need train service!!!?"

"Good survey, you can use my name for the results of the survey."

Public Survey Findings

This section of the report contains information from the survey completed by Chaffee County residents. The questions were asked to gather residents' opinions and perceptions about a number of health care indicators in Chaffee County.

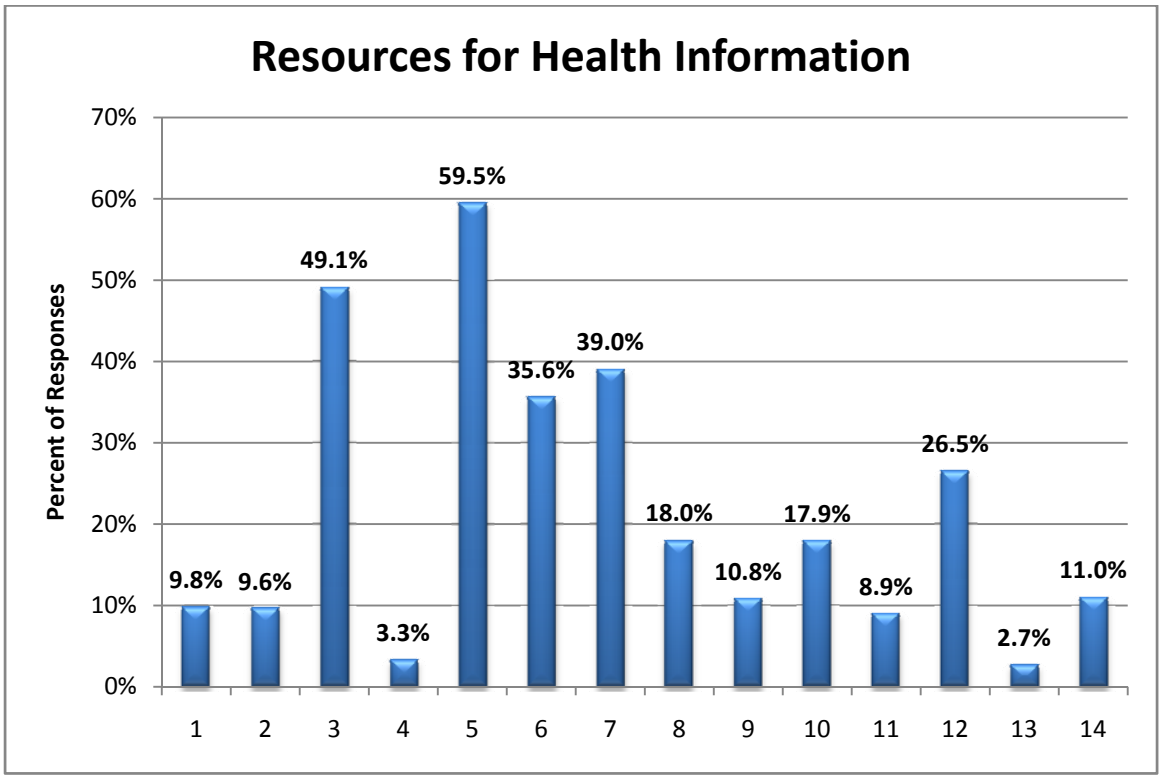
The following pages depict the results for each question. The findings begin with question 10. Questions 1 – 9 which define the demographics of the respondents begin on page 79. Questions 10, 11, 14, 15 and 16 – 27 allowed respondents to check as many responses that applied to the questions and their household. Respondents were also given the opportunity to add additional responses to a question as well as general comments about health issues within Chaffee County. These comments are incorporated into the findings of each question as appropriate.

Question 10. Where do you get health information (e.g. information on local health care resources, educational information, etc.)?

Chaffee County respondents obtain health information from a variety of sources. Overall, respondents rely on health care providers (59.5%) and friends/family (49.1%) for health information.

Local newspapers (39%) and the internet (35.6%) were other sources of information for the surveyed population.

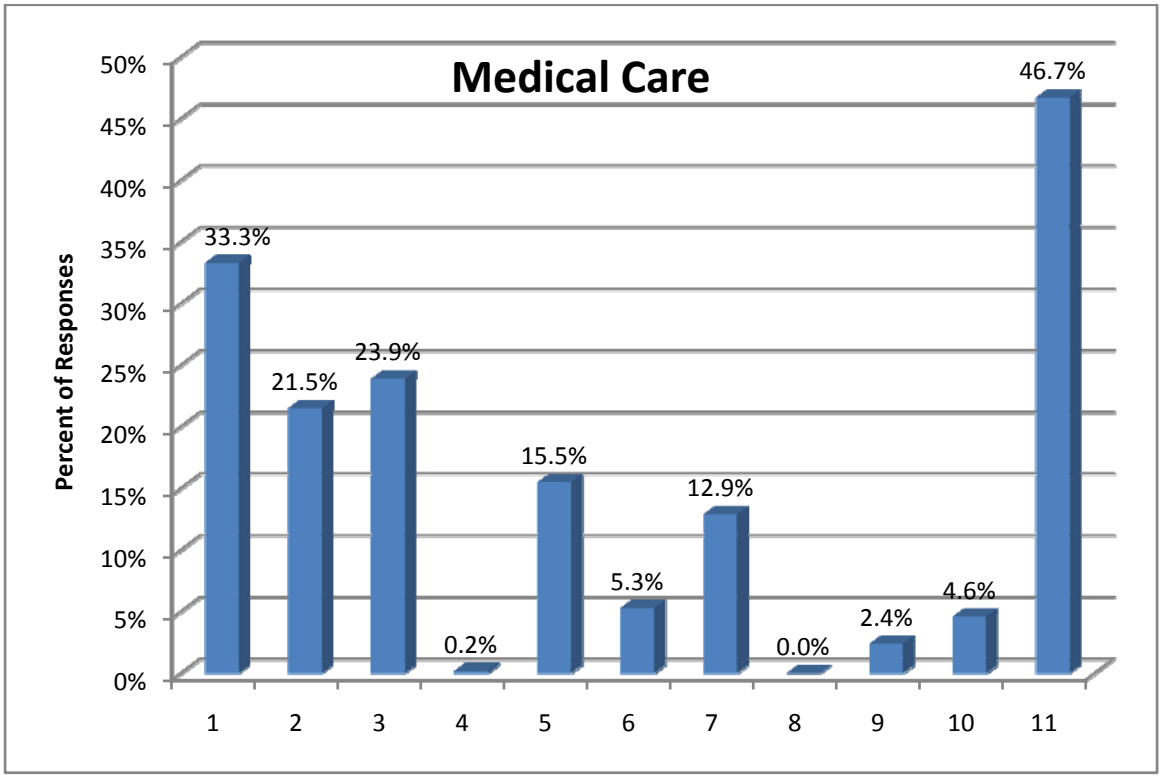
In addition, 11% of respondents obtain health information from books, magazines, Denver newspapers and national newspapers.



1= Bulletin Boards; 2=Churches; 3=Friends/Family; 4=Grocery stores; 5=Healthcare providers; 6=Internet; 7=Local newspapers; 8=Newsletter; 9=Posters; 10=Radios; 11=Social Services Office; 12=TV news 13=WIC; 14=Other

Question 11. Is anyone in your household currently having trouble getting medical care, due to the issues listed below?

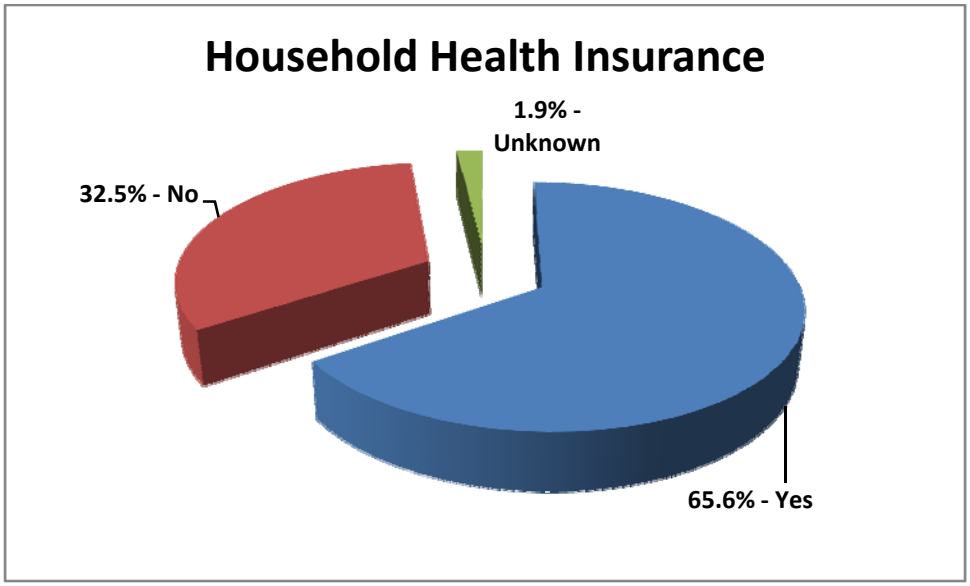
Approximately 47% of respondents did not respond to this question. Of those responding to the question 33.3% declared that the cost of medical care was an issue. Closely following that issue were concerns about the lack of insurance coverage (23.9%) and cost of prescription drugs (21.5%). Inadequate insurance coverage (15.5%) was also cited as a factor in obtaining medical care.



1=Cost of medical care; 2=Cost of prescription drugs; 3=Lack of insurance coverage; 4=Language or cultural differences; 5=Inadequate insurance coverage; 6=Lack of information about available medical resources; 7=Deductible to high; 8=Fear of deportation; 9=Transportation; 10=Other; 11=No response

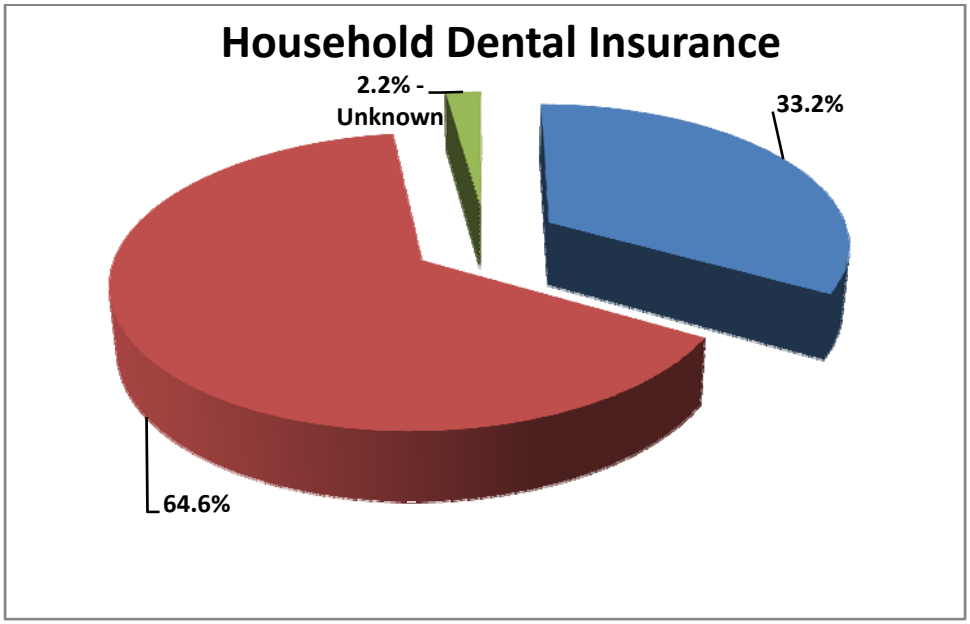
Question 12. Does everyone in your household have health insurance?

Survey respondents indicated that 65.6% of the households represented had health insurance.



Question 13. Does everyone in your household have dental insurance?

Survey respondents indicated that <u>only</u> 33.2% of their households had dental insurance.



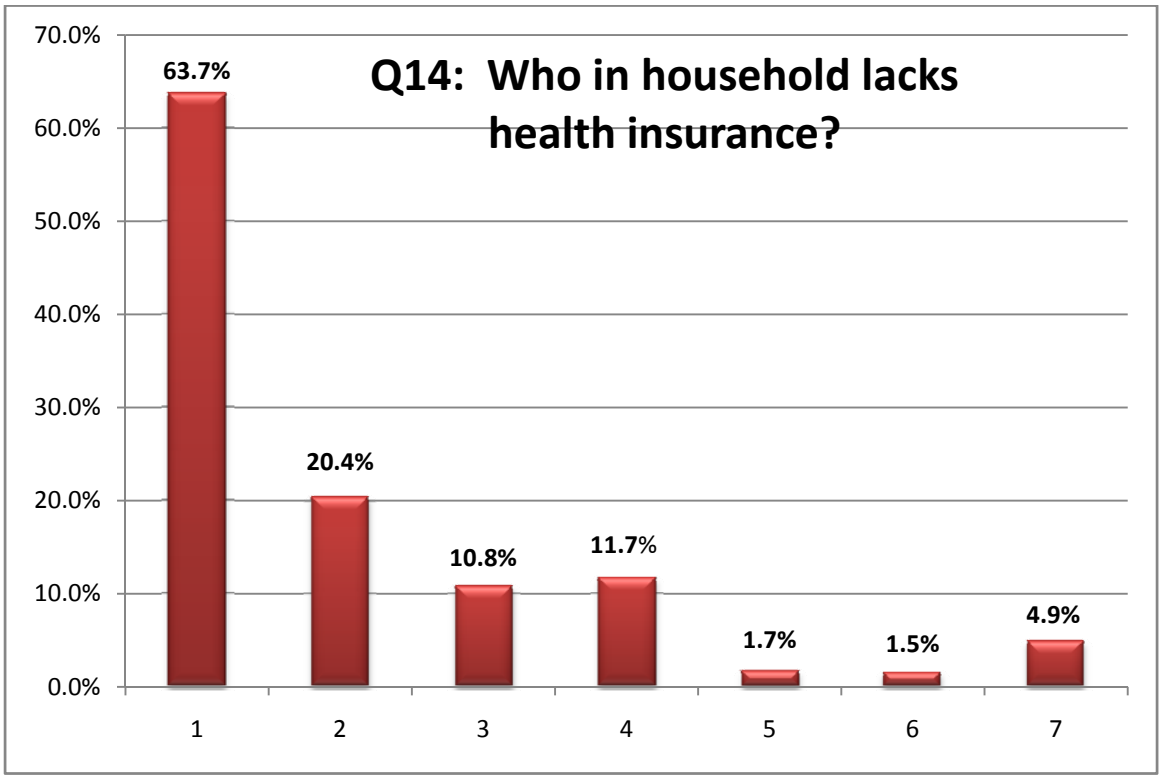
Questions 14 and 15 - Survey participants were asked to indicate the lack of insurance coverage for each household member. Therefore, the percentages of responses total more than 100%.

Question 14 – This question was confusing to survey respondents who often indicated that all household members were covered by health insurance (question 12) or dental insurance (questions 13) and then indicated on question 14 that household members were lacking health or dental insurance.

Question 14. Who in your household lacks health and/or dental insurance?

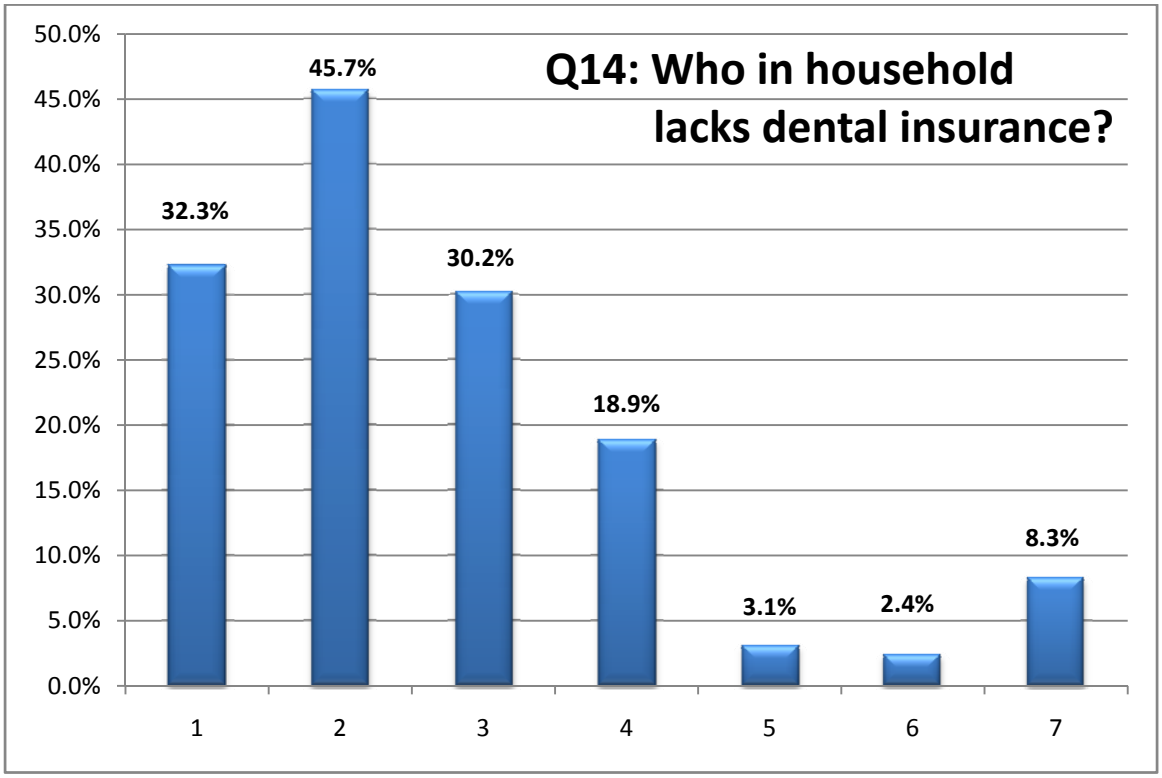
About 64% of households indicated that this question wasn't applicable because the household members had health insurance. (For question 12, respondents indicated that 65.6% of households had health insurance coverage.)

Twenty percent of respondents did not have health insurance and 10.8% of the respondents' spouses/partners and 11.7% of the children in the household were not covered by health insurance.



1=Not applicable; 2=You; 3=Spouse/partner; 4=Children; 5=Parent(s); 6=Roommate(s); 7=No response

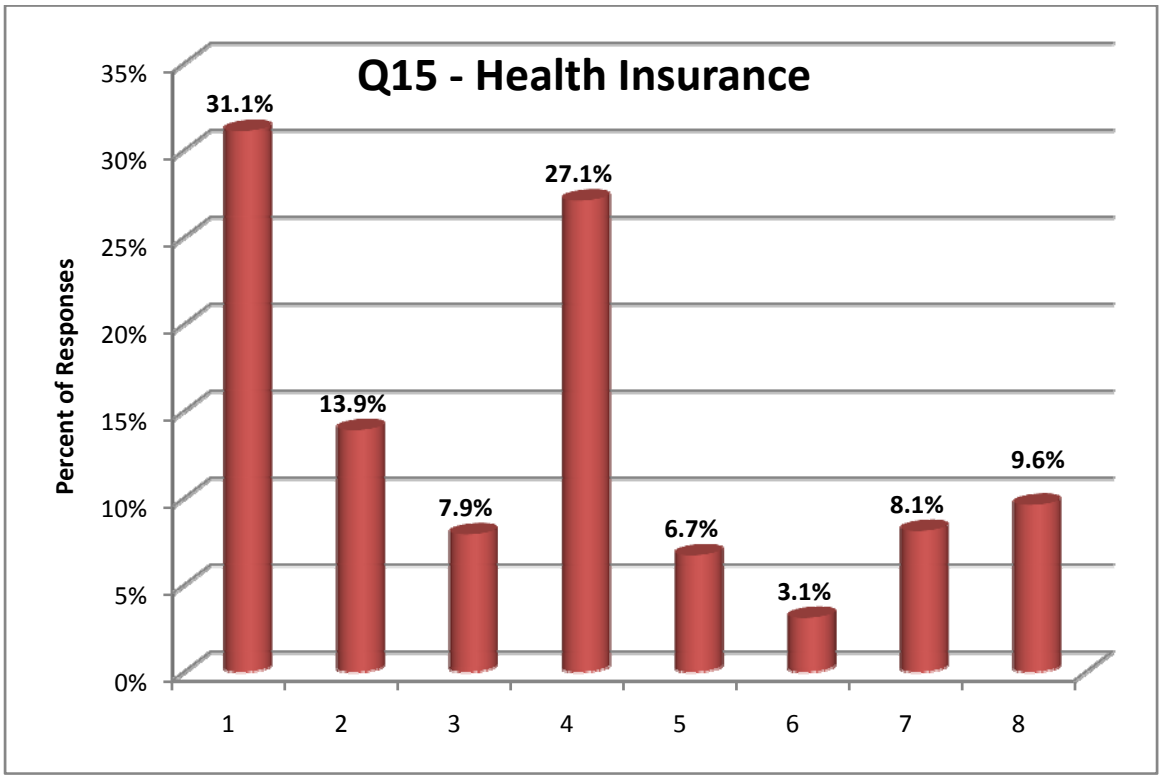
As expected, the majority of households did not have dental insurance. Of the households participating in the survey, 32.3% have dental insurance. About 46% of respondents, 30.2% of spouses/partners and 18.9% of children in the household were not covered by a dental insurance plan.



1=Not applicable; 2=You; 3=Spouse/partner; 4=Children; 5=Parent(s); 6=Roommate(s); 7=No response

Question 15. Why do people in your household not have health insurance?

About 31% of respondents specified that this question was not applicable to their households and 9.6% of the respondents did not answer the question. For those households without medical insurance, 27.1% of respondents indicated that they couldn't afford individual health insurance and 13.9% of respondents said their employer did not provide health insurance.



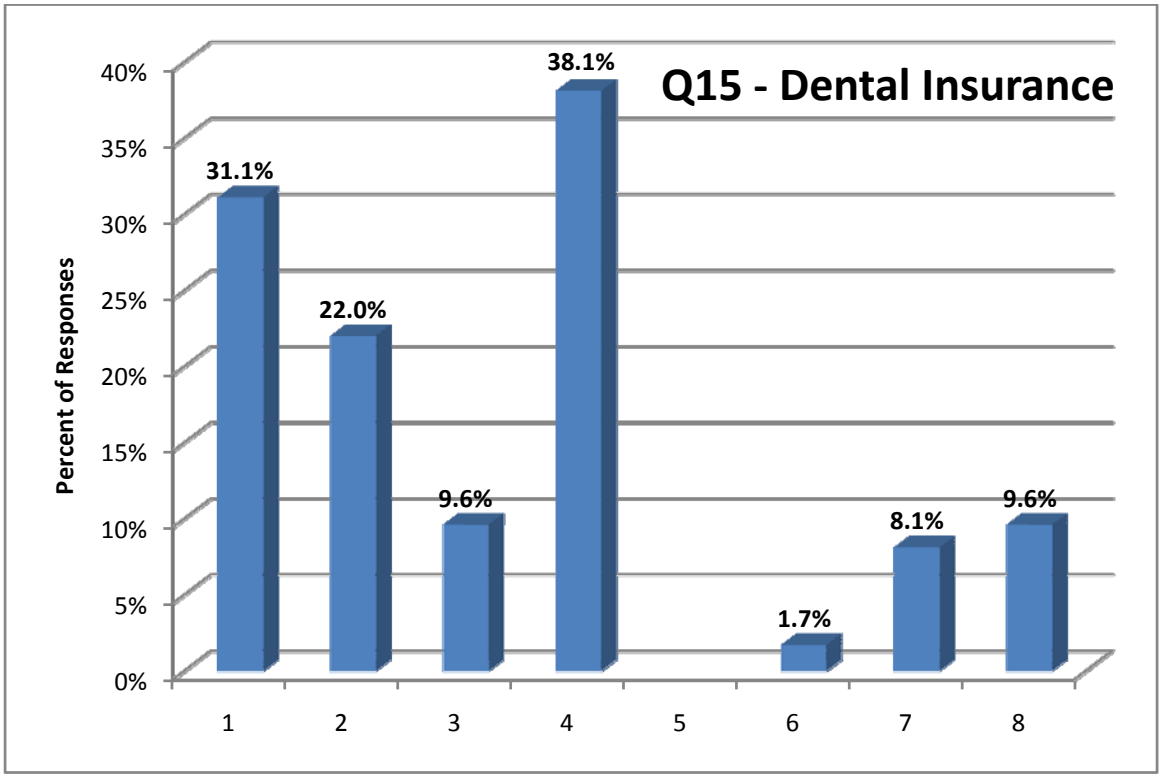
1=Not applicable; 2=Employer doesn't offer insurance; 3=Can't afford employee contribution to employer's insurance package; 4=Can't afford individual insurance; 5=Can only afford catastrophic insurance (health only); 6=Rejected or dropped from individual plan due to pre-existing conditions; 7=Other; 8=No response

Other reasons for lack of insurance coverage were included in the comments of 8.1% of respondents. A sampling of these comments follows:

- *"For many years (before age 65) we carried our own health insurance and put off necessary care because of increasingly high deductibles.*
- *Have to work 3 years before insurance kicks in;*
- *I'm self employed and pay for my own health insurance.*
- *Student in college can't afford insurance plus tuition costs."*

Question 15. Why do people in your household not have dental insurance?

Overall, 31% of respondents specified that this question was not applicable to their households and 9.6% of the respondents did not answer this question. For those households without dental insurance, 38.1% of respondents indicated that they couldn't afford individual insurance.



1=Not applicable; 2=Employer doesn't offer insurance; 3=Can't afford employee contribution to employer's insurance package; 4=Can't afford individual insurance; 5=N/A; 6=Rejected or dropped from individual plan due to pre-existing conditions; 7=Other; 8=No response

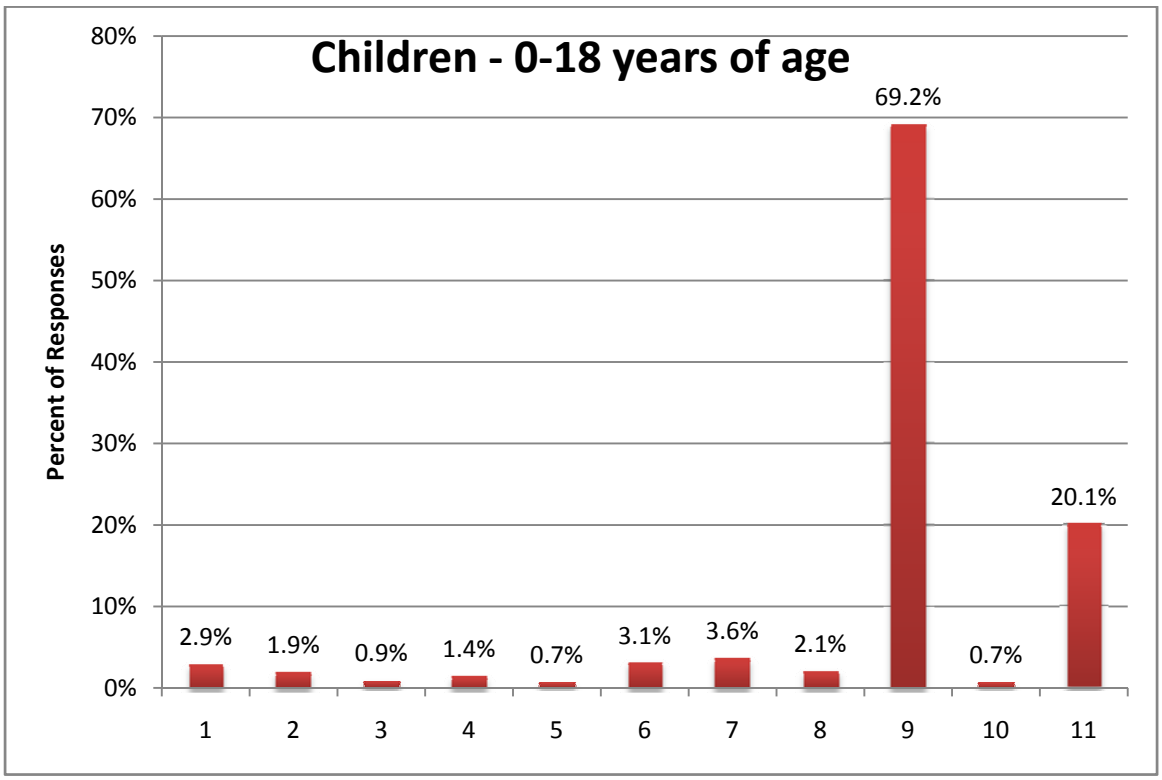
Other reasons for lack of insurance coverage were included in the comments of 8.1% of respondents. A sampling of these comments follows:

- *"Cheaper to pay dentist than get insurance;*
- *Choose not to purchase;*
- *Dental insurance does to have good coverage compared to premium;*
- *Employer offers dental insurance – no local providers and it is expensive;*
- *Recently lost dental insurance due to wife's retirement;*
- *Self-employed – dental insurance inadequate coverage for cost;*
- *We carry individual health insurance (not through an employer) and opted not to carry dental insurance. Our dental health is good and premiums seemed high for our needs.*
- *We don't feel that dental insurance is a good value."*

The following questions, 16 – 25, asked respondents to indicate the issues that affected their households during the past five (5) years. A respondent could choose multiple issues that applied to their households. Therefore, the percentages of responses total more than 100%.

Question 16. Have there been any children (0-18 years of age in your household who have been affected by any of the following issues in the past five years?

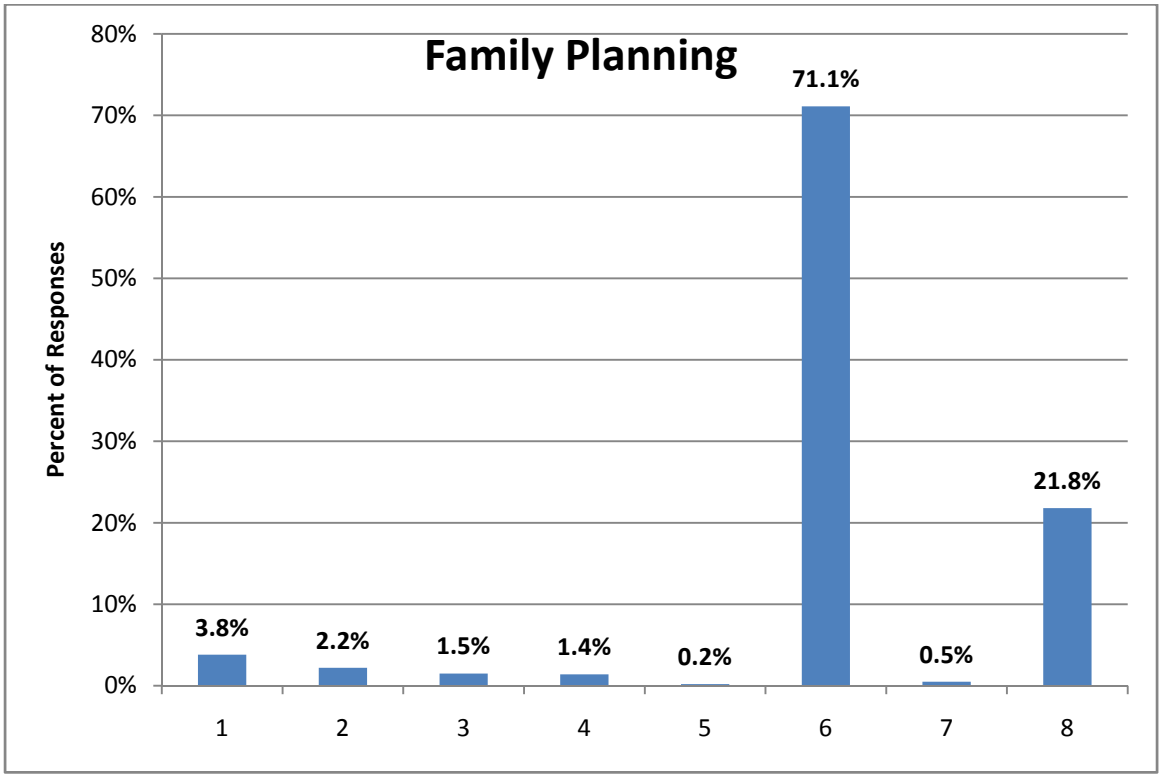
This question did not elicit many responses from survey participants. Most of the respondents (69.2%) indicated that this question did not apply to their households. Another 20.1% did not respond to the question.



1=Developmental delays; 2=Childhood obesity; 3=Out of home care for special needs; 4=Behavioral delays; 5=Inadequate nutrition; 6=Need for screening and diagnosis; 7=Mental health issues; 8=Physical limitations; 9=None; 10=Other; 11=No response

Question 17. Has anyone in your household been affected by any of the family planning issues below during the past five years?

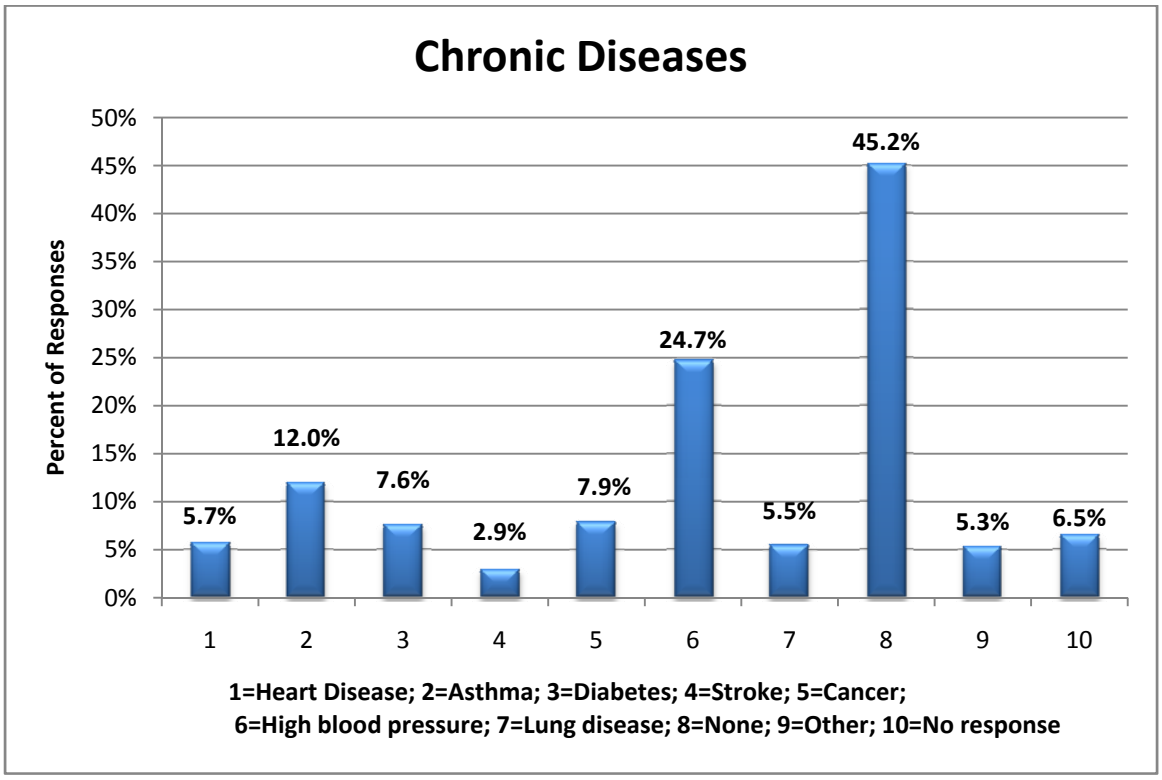
Most of the respondents (71.1%) indicated that their households were not affected by family planning issues. Another 21.8% did not respond to the question.



1=Teenage sexual activity; 2=Unplanned/mistimed pregnancy; 3=Teenage pregnancy; 4=Inability to get family planning information, birth control or other reproductive health services; 5=Inability to get prenatal care; 6=None; 7=Other; 8=No response

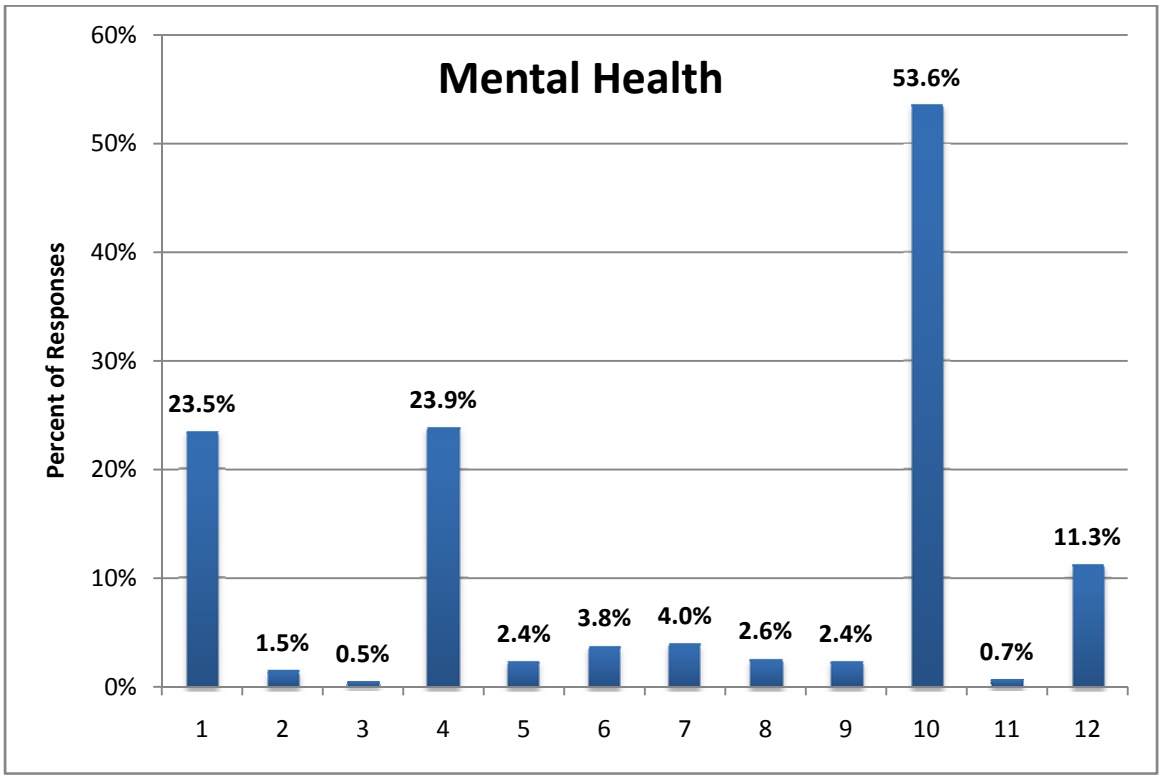
Question 18. Has anyone in your household been affected by the chronic diseases listed below in the past five years?

The survey responses (45.2%) showed that these chronic diseases have not affected most of the responders during the past five years. Of the chronic diseases evaluated, the responders (24.7%) indicated that they were affected by high blood pressure.



Question 19. Has anyone in your household been affected by the mental health issues listed below during the past five years?

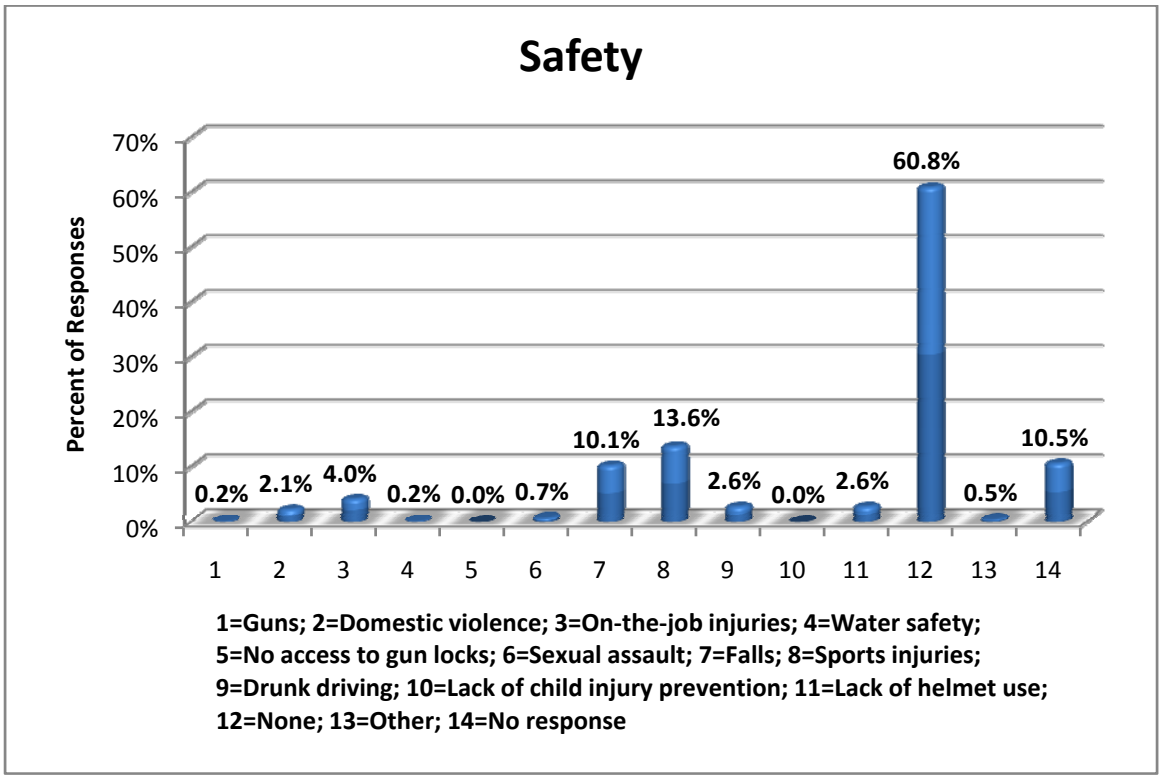
This question revealed that 64.9% of the respondents either were not affected by mental health issues or chose not to answer this question. Survey responders were affected by depression/anxiety (23.5%) and stress (23.9%).



1=Depression/anxiety; 2=Eating disorders; 3=Child abuse/neglect; 4=Stress; 5=Suicide or suicide attempts; 6=Lack of affordable mental health services; 7=Diagnosed mental illness; 8=Inability to maintain employment due to mental illness; 9=Lack of quality mental health services; 10=None; 11=Other; 12=No response

Question 20. Has anyone in your household been affected by any of the following safety issues listed below during the past five years?

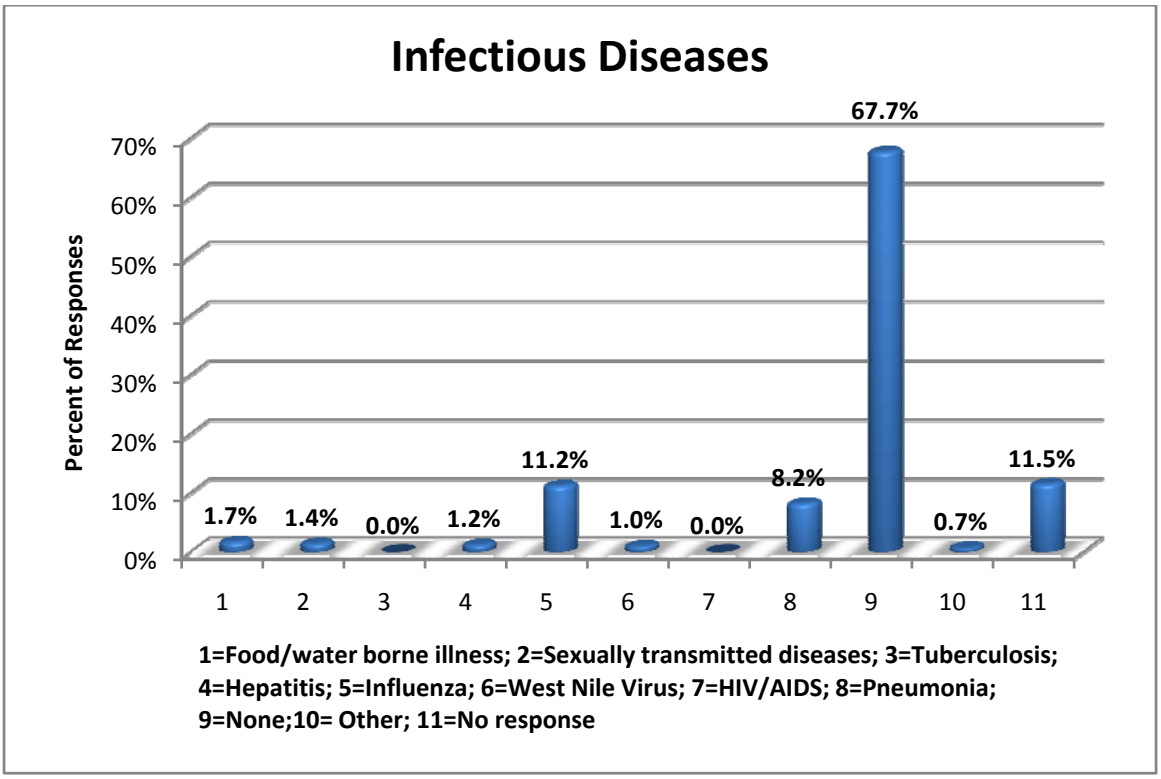
Again, a significant number of respondents (71.3%) were not affected by these safety issues or chose not to answer the question. Ten percent (10.1%) of respondents indicated their households were affected by falls and 13.6% of households were affected by sports injuries.



Question 21. Has anyone in your household been affected by the infectious diseases listed below in the past five years?

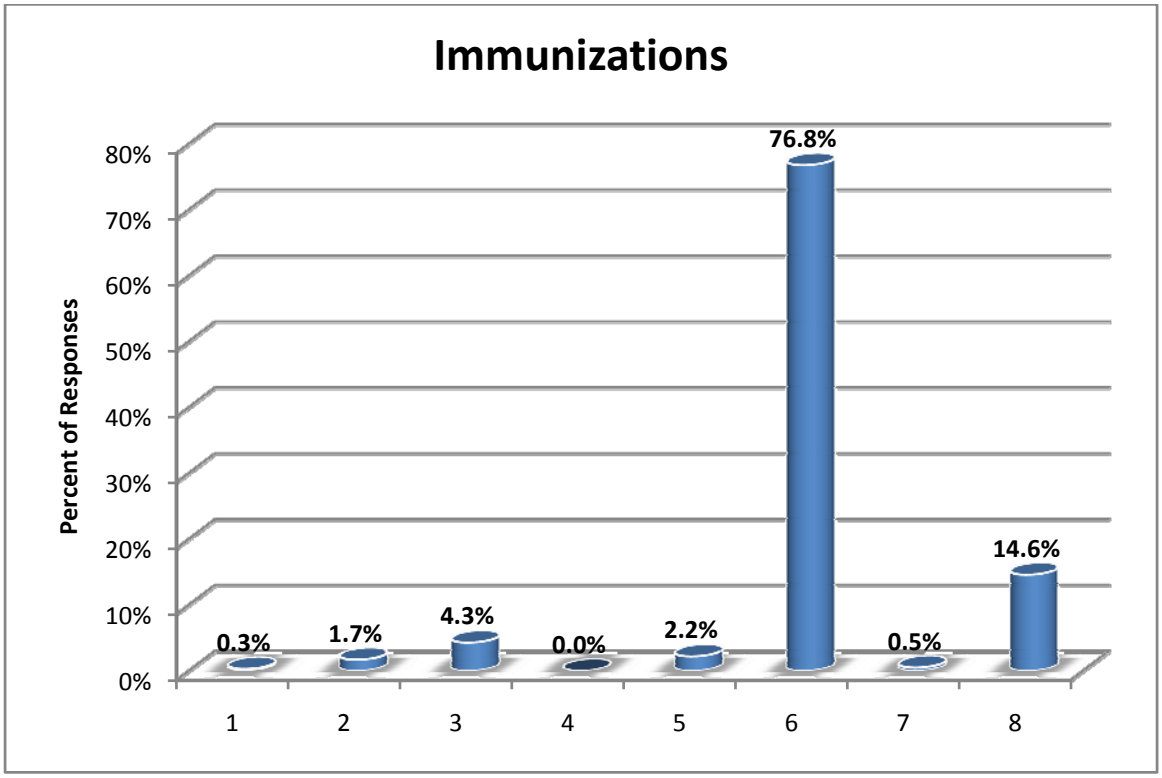
Overall, infectious diseases affected 6.0% of the respondents' households. Respondents replied that 11.2% of their households were affected by influenza and 8.2% were affected by pneumonia.

There were 11.5% of respondents that did not respond to this question.



Question 22. Has anyone in your household been affected by any of the vaccine and immunization issues listed below in the past five years?

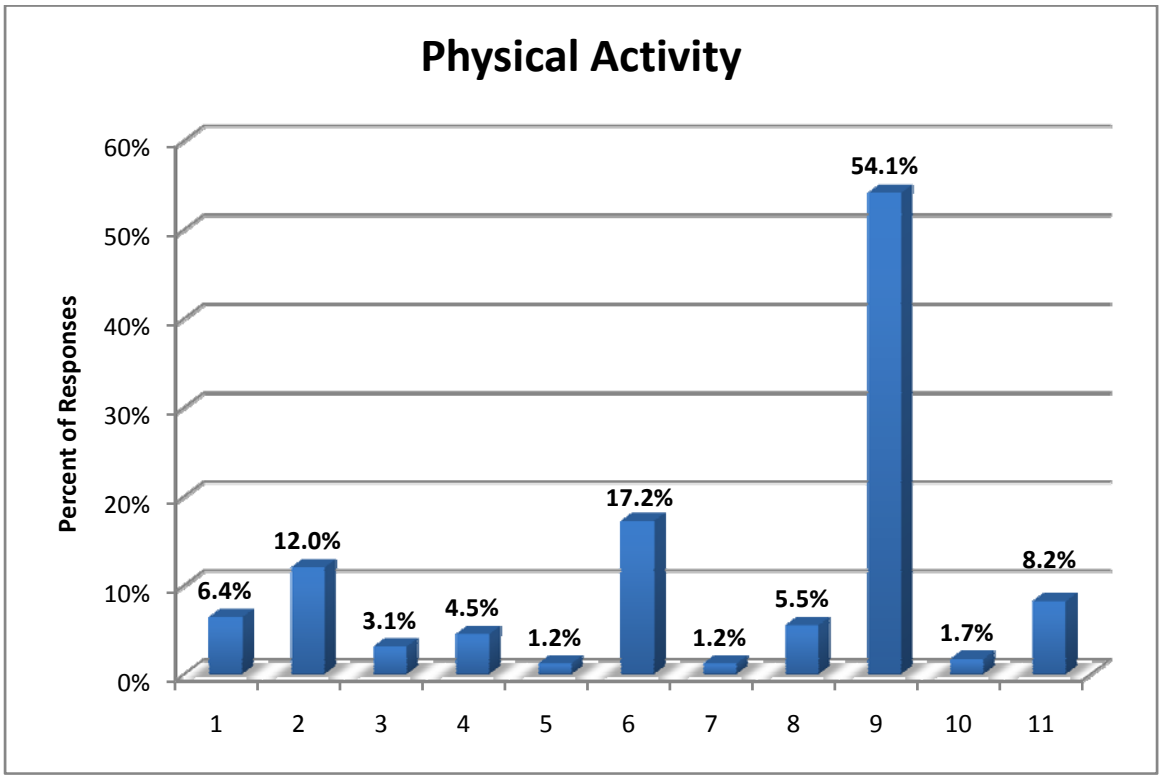
About seventy-seven percent (76.8%) of respondents did not experience any issues with vaccine and immunization issues in the past five years. Also, there was a 14.6% no response rate to this question.



1=Problems getting children immunized; 2=Problems getting adults immunized; 3=Don't know where to get free/reduced cost immunizations; 4=Child did not get immunized for religious reasons; 5=Child did not get immunized for other reasons; 6=None; 7=Other; 8=No response

Question 23. Has anyone in your household been unable to get enough physical activity due to the issues below during the past five years?

When asked about physical activity, 54.1% of respondents indicated that the issues surveyed did not affect them. Other respondents (17.2%) indicated that a lack of time for physical activity was a problem for them.

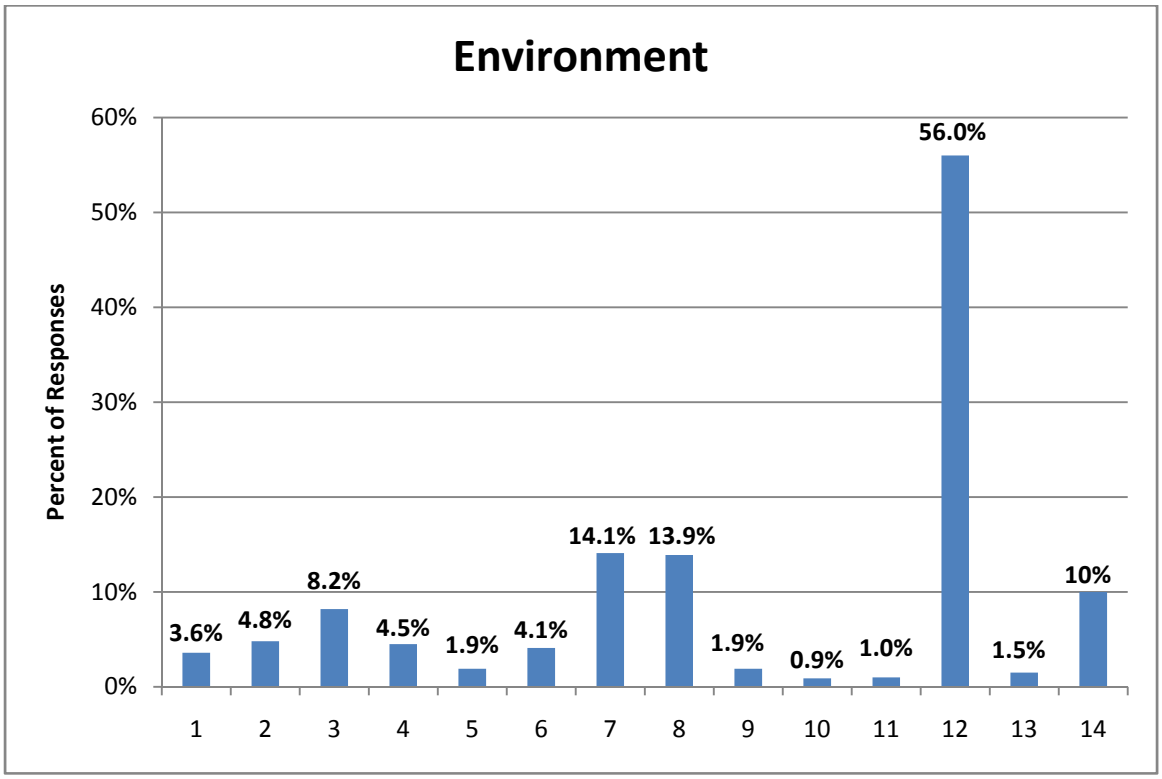


1=Overweight/obesity; 2=Physical limitations; 3=Unaddressed medical issues; 4=Lack of recreation programs/facilities; 5=Lack of a close neighborhood playground for children; 6=Lack of time; 7=Not enough access to parks/open space; 8=Not enough access to paved trails/sidewalks; 9=None; 10=Other; 11=No response

Question 24. Has anyone in your household been affected by any of the environmental issues listed below during the past five years?

Of the environmental issues surveyed, 56% of respondents indicated the issues did not affect them. Some respondents revealed that they were affected by lack of affordable housing (14.1%) and had trouble affording heating bills (13.9%).

It is noteworthy that 10% of the respondents chose not to respond to this question.

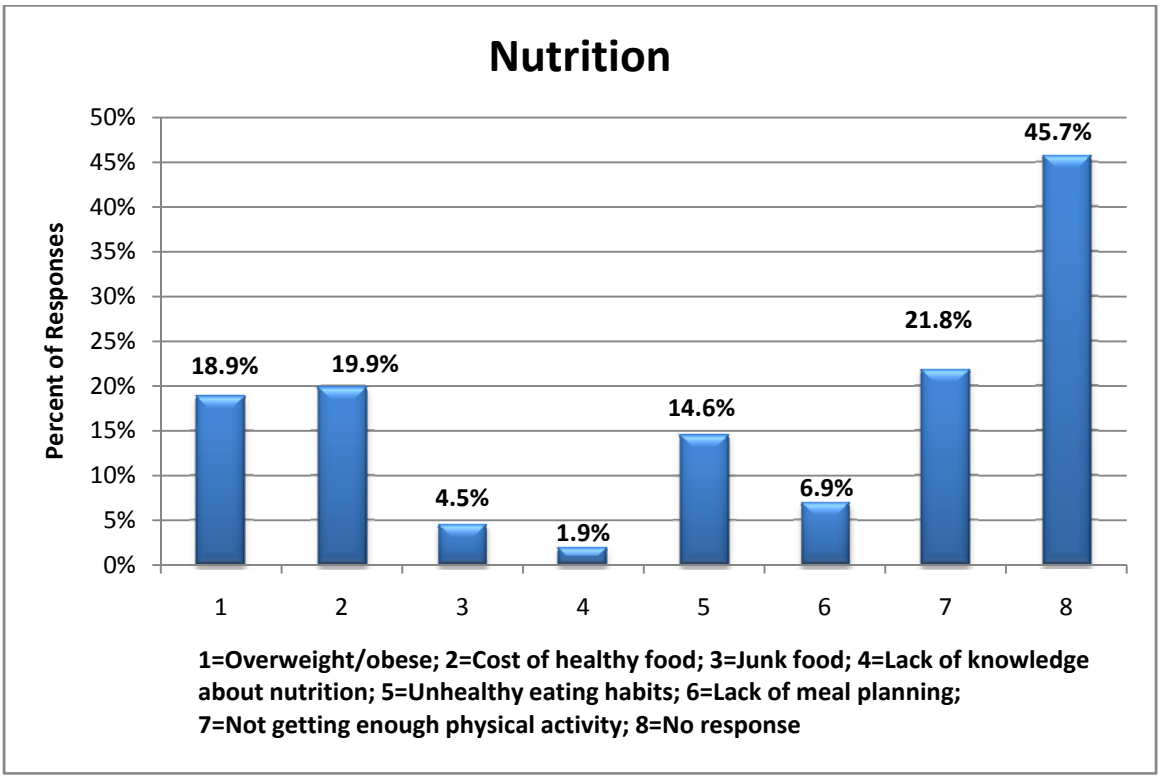


1=Outdoor air quality; 2=Noise; 3=Sun exposure; 4=Lack of access to transportation; Water quality; 6=Mold; 7=Lack of affordable housing; 8=Trouble affording heating bills; 9=Bug or rodent infestation; 10=Workplace exposure to hazardous materials; 11=Inaccessibility of public places for people with disabilities; 12=None; 13=Other; 14=No response

Question 25. Has anyone in your household been affected by any of the following nutritional issues in the past five years?

When responding to the question about nutritional issues, 21.8% of respondents answered that not getting enough physical exercise was an issue for household members. Other issues of concern were: cost of healthy food (19.9%), overweight/obesity (18.9%) and unhealthy eating habits (14.6%).

It is notable that 45.7% of respondents did not reply to this question.

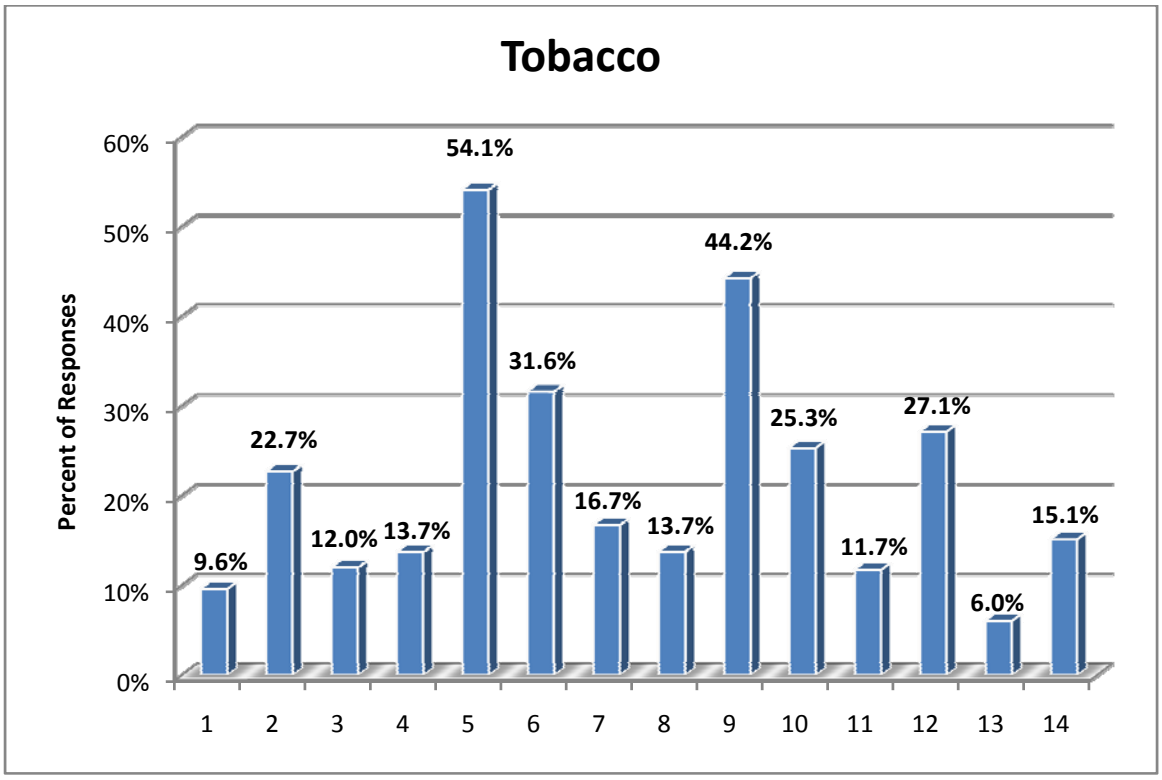


Question 26. Do you believe that tobacco use is a problem in our county, and if so why?

Survey respondents indicated that too many young people smoke (54.1%) or chew (31.6%) and that too many adults smoke (44.2%) or chew (25.3%). Other problem areas were people smoking at home or in their cars (27.1% of respondents) and too many pregnant women smoking (22.7% of respondents).

Again, it is worth mentioning that 15.1% of respondents chose not to respond to this question.

The comments made by survey participants are noted on the following page.



1=Tobacco is not a problem in my community; 2=Too many pregnant women smoke; 3=Not enough education about tobacco; 4=Not enough resources for people trying to quit; 5=Too many young people smoke; 6=Too many young people use chewing tobacco (spit); 7=Lack of enforcement of rules about minimum age for purchasing tobacco; 8=Not enough social or professional support for people trying to quit; 9=Too many adults smoke; 10=Too many adults use chew; 11=Lack of enforcement of smoking ban; 12=People smoke at home or in their cars; 13=Other; 14=No response

The question about tobacco prompted comments from 6% of the respondents. A sampling of these comments follows:

- *"Addiction is the right of weak people;*
- *Generally we have lower smoking rates but any tobacco use is still a problem in my mind;*
- *I don't make judgments if I can help it;*
- *I feel there are fewer people smoking in our age group;*
- *I think tobacco is an issue, however, our county and state are doing quite will in comparison to other counties/states;*
- *I am a smoker (soon to be a non-smoker) and it is none of my business what other people do;*
- *If they chose to smoke, I don't have to be around it! It's their body! No education is going to help and any type of government control is not good!*
- *Insurance is unwilling to help people quit by covering the cost of treatment plans;*
- *Media target our children and teenagers who are very vulnerable to marketing tactics. Too much TV;*
- *Of course, smoking is a problem. People are responsible for their own actions – not government/taxpayers;*
- *People are standing outside at 7-11, grocery store, restaurant smoking;*
- *Smoke in an apartment complex travels to other's apartments;*
- *Too many people employed in cessation programs;*
- *Too many sports figures smoke and chew;*
- *Why do we allow addiction to be legal?*
- *Not enough true information reference smoking"*

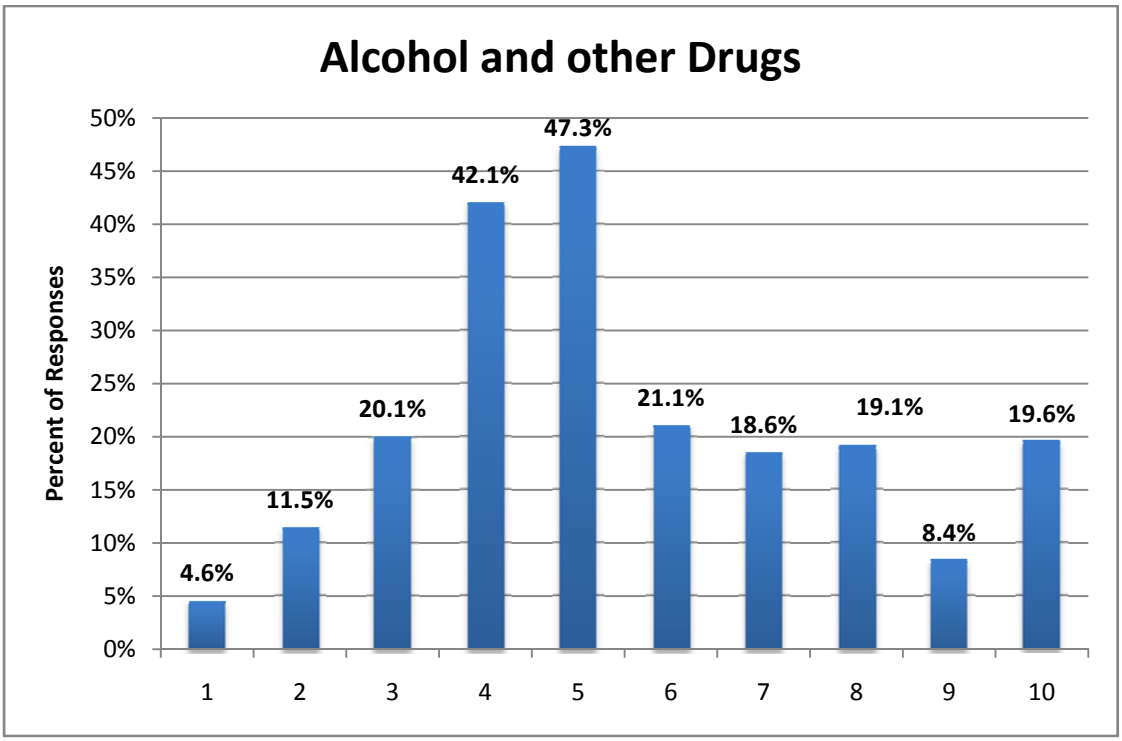
Question 27. Do you believe that alcohol and use of other drugs is a problem in our county, and if so why?

The acceptability of alcohol and other drug use among adults and youth was viewed as a problem in Chaffee County. Forty-two (42.1) percent of respondents were concerned about alcohol and drug use among adults and forty-seven (47.3) percent of respondents were concerned about alcohol and drug use among youth. Only 4.6% of respondents indicated that alcohol and other drugs were not a problem in the community.

With the exception of the educational issues, the other factors that may explain why alcohol and drugs are a problem in Chaffee County were a concern for approximately 20% of the respondents.

Yet again, it is noteworthy that 19.6% of respondents did not answer this question.

The comments made by survey participants are noted on the following page.



1=Alcohol and other drugs are not problems; 2=Not enough public education on alcohol and drugs; 3=Not enough resources for people seeking treatment; 4=Acceptability of use of alcohol and other drugs among adults; 5=Acceptability of use of alcohol and other drugs among youth; 6=Not enough enforcement of existing laws; 7=Rural nature of Chaffee County; 8=Not enough education in schools about alcohol and other drugs; 9=Other; 10=No response

The question about alcohol and drug use in prompted comments from 8.4% of respondents. A sampling of those comments follows:

- *'"Recreation' as people visit includes drug and alcohol abuse;*
- *Alcohol is the major drug problem. Should be viewed as such. . .*
- *Drugs a problem, not alcohol;*
- *Drugs seem to be available easily around town. Just read the front page of the Mountain Mail today 9/23. I feel this is a huge problem.*
- *Find out where the drugs are from and how our economy would be affected if the government stopped their entry.*
- *I don't drink alcohol – what others do is their business – doesn't bother me*
- *I feel these issues are very serious and they need to provide more treatment for addicts instead of sending them to prison;*
- *It is a choice per person – the freedom of choice makes people do harm to self;*
- *Judges too lenient with minors and repeat offenders;*
- *Kids need more to keep them busy and we need better jobs and good pay. Poverty causes drug use and domestic violence.*
- *Lack of moderation. Over indulgence is typical of Americans;*
- *Need more recreational planning for young citizens because we do live in a rural area. This affects our youth tremendously.*
- *No problem getting drugs in Salida;*
- *Not sure what the statistics are for drug use. However, it seems there are a lot of people who drink alcohol.*
- *Resort community – lower percentage of people who want to work – have free time plus means ($);*
- *View of alcohol in our society is a problem*
- *Why are you grouping legal and illegal activities together?*
- *There are too many young kids that drink and use other prescription drugs in our community."*

Question 28. What do you think are the THREE most important overall health problems in this county? (Those problems that have the greatest impact on overall health).

Many of the respondents to this question did not rank the health problem. Those individuals chose to use a check mark (√) to select the problem. In the following table, those responses are noted in the "Not Ranked" column.

In addition, 5.2% of respondents selected too many health problems (those choices are not included in the table) and 5% chose not to respond to the question.

The three most important problems affecting health were related to economics: lack of affordable health insurance (ranked #1); low paying jobs with no benefits (ranked #2) and lack of affordable housing (ranked #3). A table of all the health problems with rankings is on page 71.

This question prompted comments from 3.8% of respondents. A sampling of those comments follows:

- *"Lack of will power – people pursue unhealthy lifestyles';*
- *Obesity and overweight;*
- *Lack of public transportation;*
- *Lack of education of the public about the importance of drinking water, food allergies, exercise and alternative methods of health care (preventative care);*
- *Lack of pediatrician;*
- *Nobody wants to exercise! Basically, I think, as a whole, the most important overall health problem in this county is people not wanting to live healthy!*
- *Too much left coast thinking;*
- *Hospital doesn't provide some procedures (dialysis and some surgeries);*
- *Affordable housing according to community income – not government idea!*
- *Lack of trails connections to parks, employment, schools. Have to drive, not walk."*

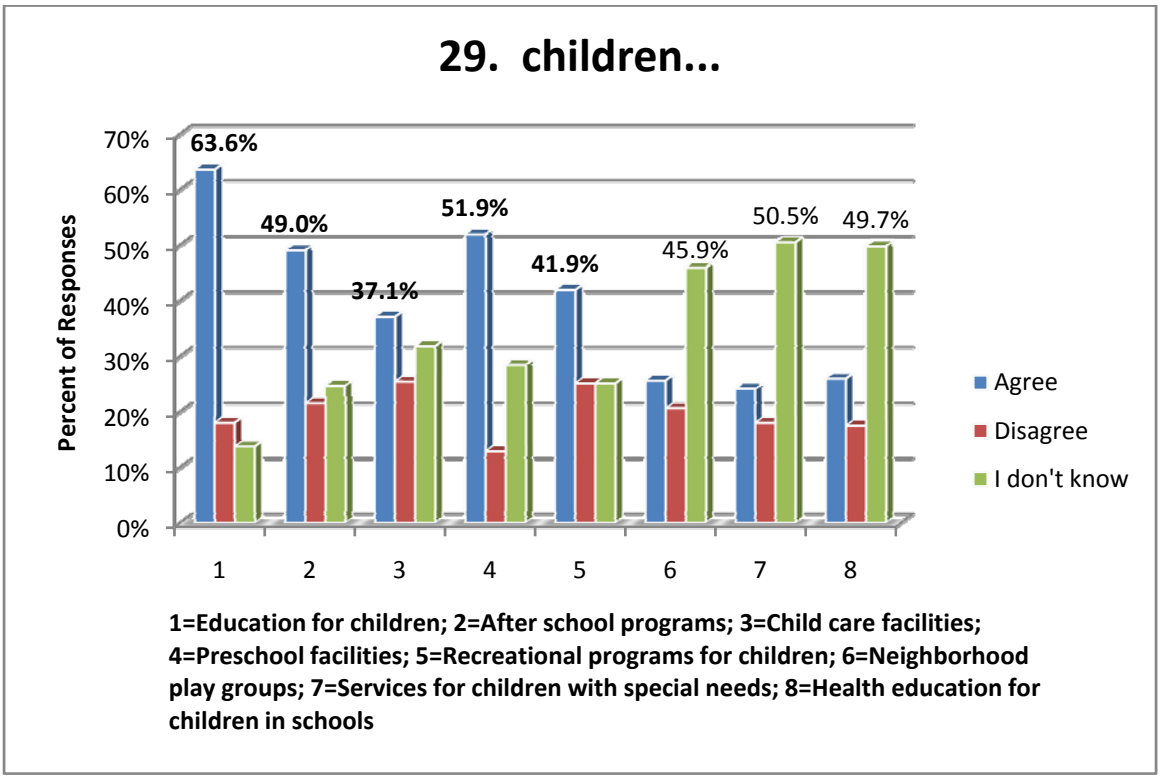
Health Problem	Ranked #1	Ranked #2	Ranked #3	Not Ranked	Total Score
Lack of affordable health insurance	**91**	**38**	**29**	**156**	**314**
Low paying jobs with no benefits	64	57	33	130	284
Lack of affordable housing	30	41	25	73	169
Not enough doctors to see people without health insurance	*6*	*23*	*14*	*51*	*94*
Poor nutrition at home or in school	*11*	*11*	*11*	*40*	*73*
Alcohol abuse	*8*	*13*	*15*	*35*	*71*
Illicit drug use	*6*	*11*	*15*	*31*	*63*
Lack of after-school recreational activities for children and youth	6	8	14	22	50
Tobacco use	5	8	7	22	42
Lack of access to specialty health care services	4	5	11	20	40
Lack of access to health care services	6	8	5	20	39
Lack of community care for frail elders	8	5	7	11	31
Lack of access to family physicians	7	3	3	13	29
Lack of access to mental health services	1	3	8	13	25
Lack of leadership in addressing local health problems	2	4	5	10	21
Lack of diabetic education	1	2	6	11	20
Lack of access to dentists	1	1	3	12	17
Children's health issues	3	2	3	8	16
Child abuse and neglect	1	0	7	8	16
Childhood poverty	1	3	3	8	15
Lack of accurate information about community resources	1	1	5	8	15
High school drop out rates	0	2	3	7	12
Family violence	0	0	5	5	10
Lack of emergency preparedness	0	1	1	8	10
Lack of access to reproductive health care/family planning services	1	1	4	1	7
Lack of prenatal care for pregnant women	0	0	0	4	4
Neighborhood crime	0	0	0	3	3

For the following questions, residents were asked to select the appropriate response based on whether or not they believed the resources listed were adequate for the residents of the community, as a whole. The respondents were given three (3) choices for each statement: “agree”, “disagree” or “I don’t know”.

Question 29. My community has adequate resources for...

Respondents (63.6%) believe that there are adequate resources for educating children. Resources for after-school programs (49%) and pre-school facilities (51.9%) were viewed as adequate. Less that half of respondents (41.9%) thought resources for recreational programs for children were adequate.

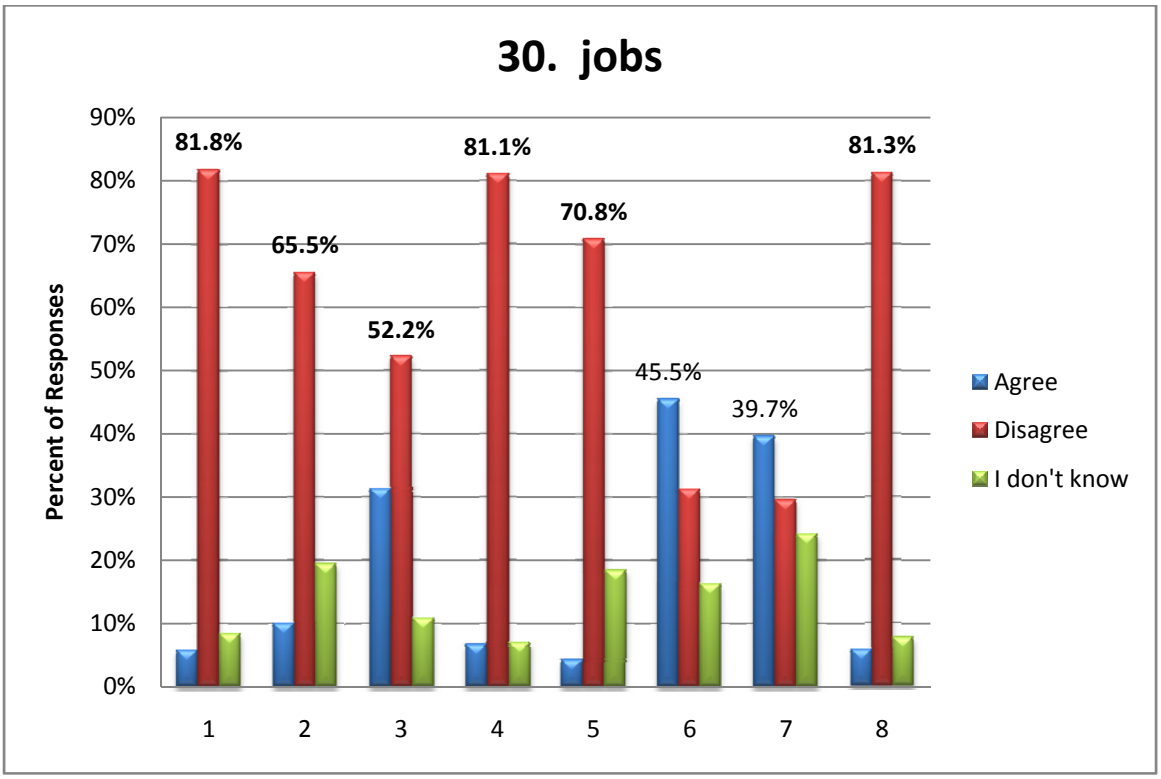
While approximately 25% of respondents agree that resources are adequate for neighborhood play groups, children with special needs and health education in school, 45-50% of respondents did not know about the adequacy of resources for these areas.



Question 30. My community has adequate resources for...

Overall, this question elicited negative responses. Respondents ***strongly disagreed*** *that there were adequate resources for jobs with career growth (81.8%), jobs that offer reasonable health insurance (81.3%) and opportunities to earn a living wage (81.1%).*

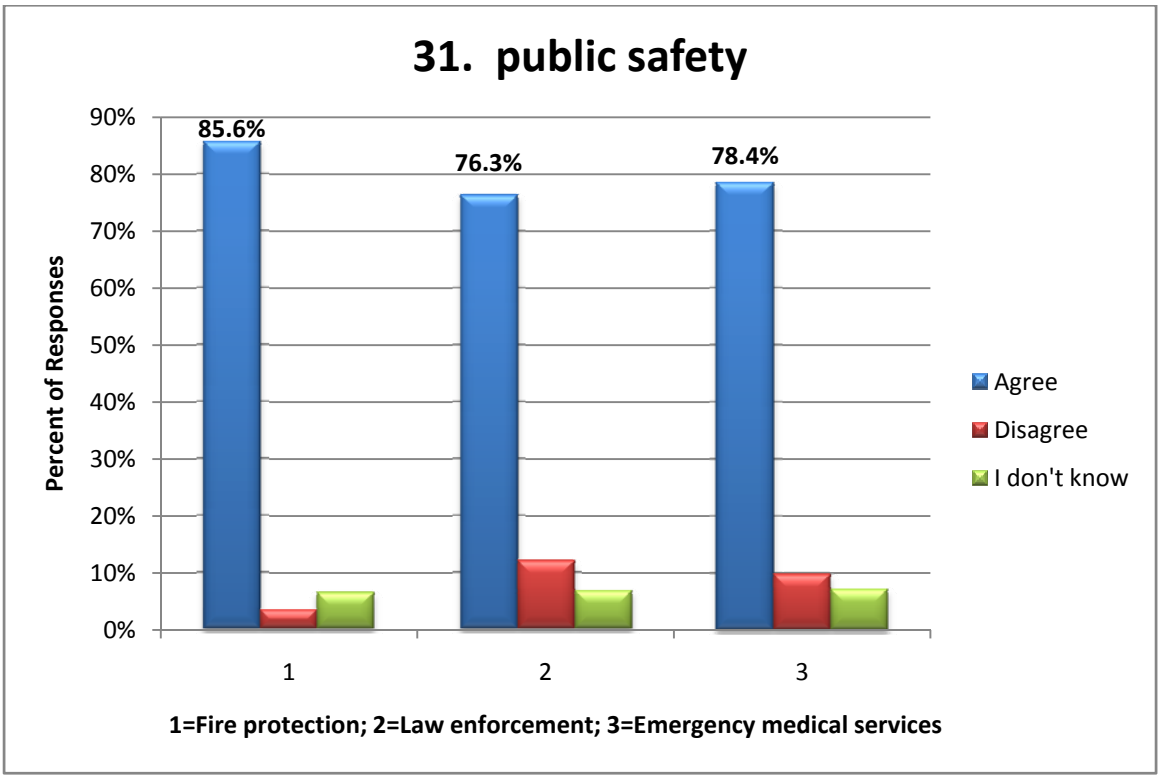
Respondents agreed that Chaffee County residents had jobs with reasonable commutes (45.5%) and 39.7% of respondents agreed that residents supported locally owned businesses (#7 on chart).



1=Jobs with career growth; 2=Opportunities for job training; 3=Opportunities for higher education; 4=Opportunities to earn a living wage; 5=Affordable housing; 6=Jobs with a reasonable commute; 7=Resident support for locally owned businesses; 8=Jobs that offer reasonable health insurance.

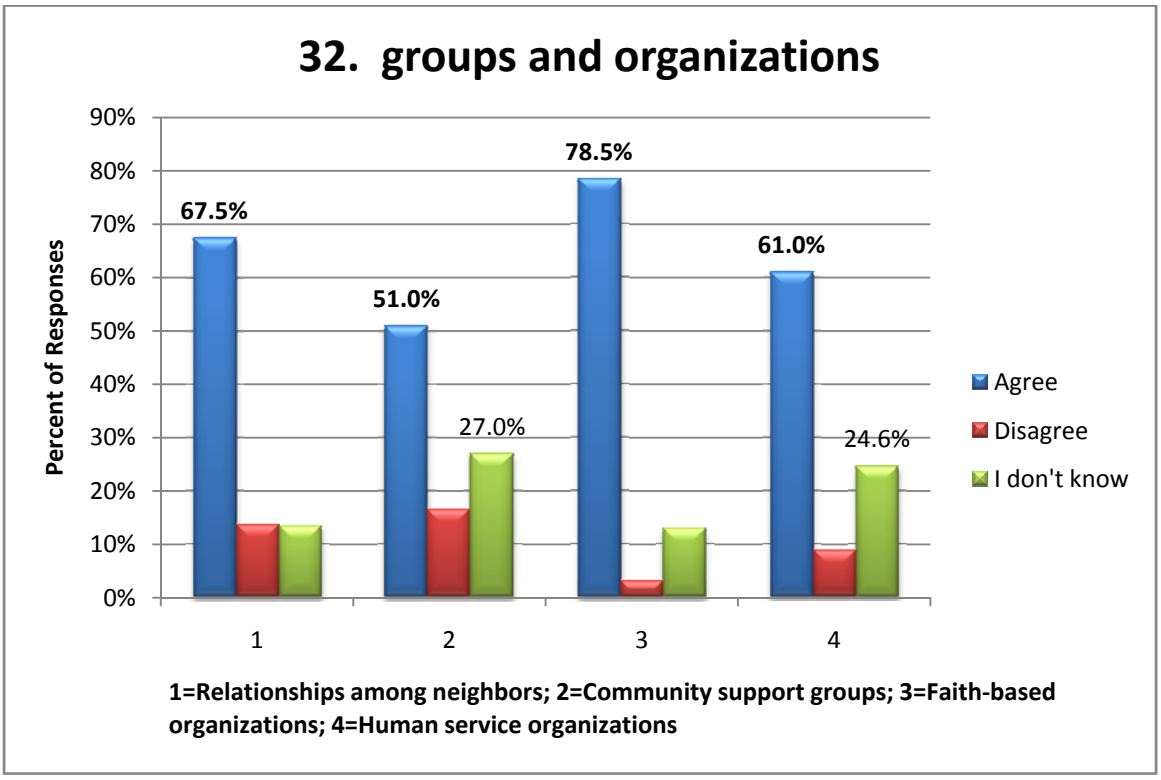
Question 31. My community has adequate resources for...

*In contrast to question 30, respondents **agreed** that Chaffee County had adequate resources for fire protection (85.6%); law enforcement (76.3%) and emergency medical services (78.4%).*



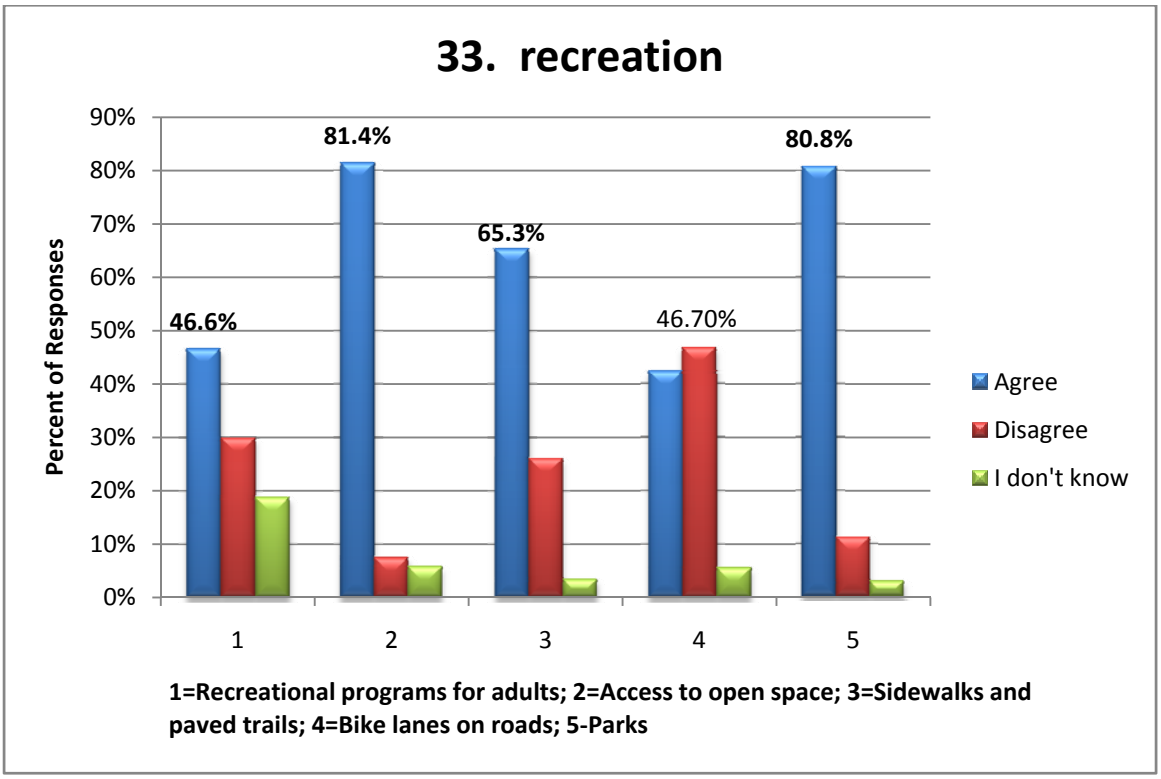
Question 32. My community has adequate resources for...

Over 50% of respondents agreed that the community has adequate resources for groups and organizations. In addition, 67.5% agreed that relationships among neighbors were good. Respondents (27%) indicated they did not know about the community support groups and 24.6% of respondents did not know about the human service organizations within the county.



Question 33. My community has adequate resources for. . .

Respondents strongly agreed that Chaffee County has adequate access to open space (81.4%) and parks (80.8%). Respondents disagreed that there are adequate bike lanes on roads in the county.

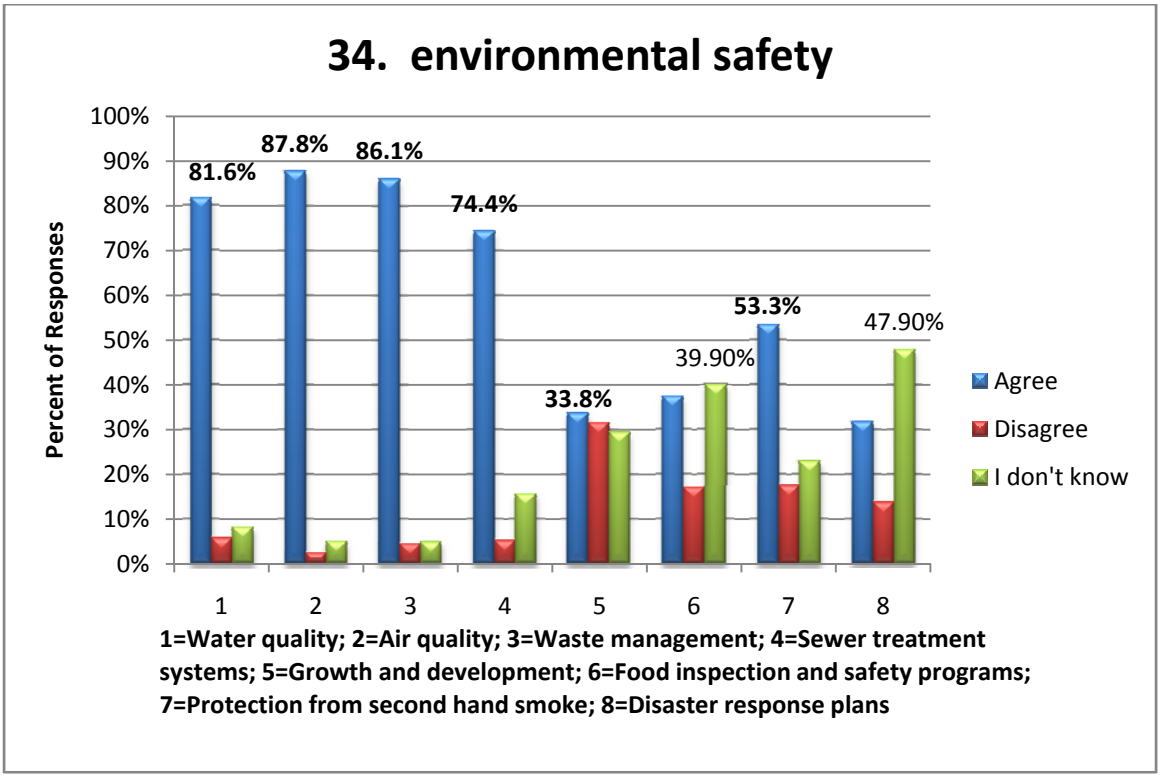


Question 34. My community has adequate resources for...

Overall, survey respondents viewed environmental resources as adequate. Respondents agreed that air quality (87.8%); waste management (86.1%); water quality (81.6%) and sewer treatment systems (74.4%) are adequate.

Growth and development resources received the lowest support at 33.8%.

Respondents (47.9% and 39.9% respectively) indicated a lack of knowledge about disaster response plans as well as food inspection and safety programs.

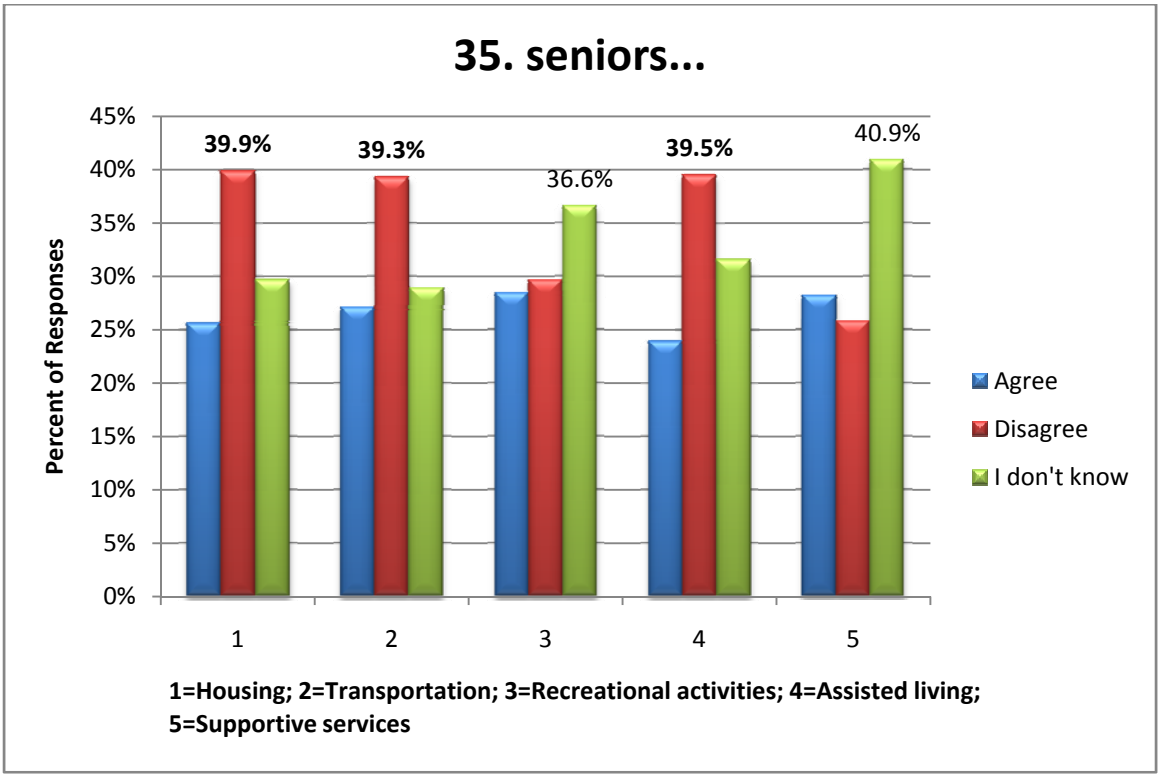


Question 35. My community has adequate resources for...

Respondents either disagreed or indicated they didn't know about the community resources for senior residents.

Survey respondents disagreed that there are adequate resources for senior housing (39.9%); transportation for seniors (39.3%) and assisted living facilities (39.5%).

Respondents did not know about recreational activities (36.6%) or supportive services (40.9%) available for seniors in Chaffee County.

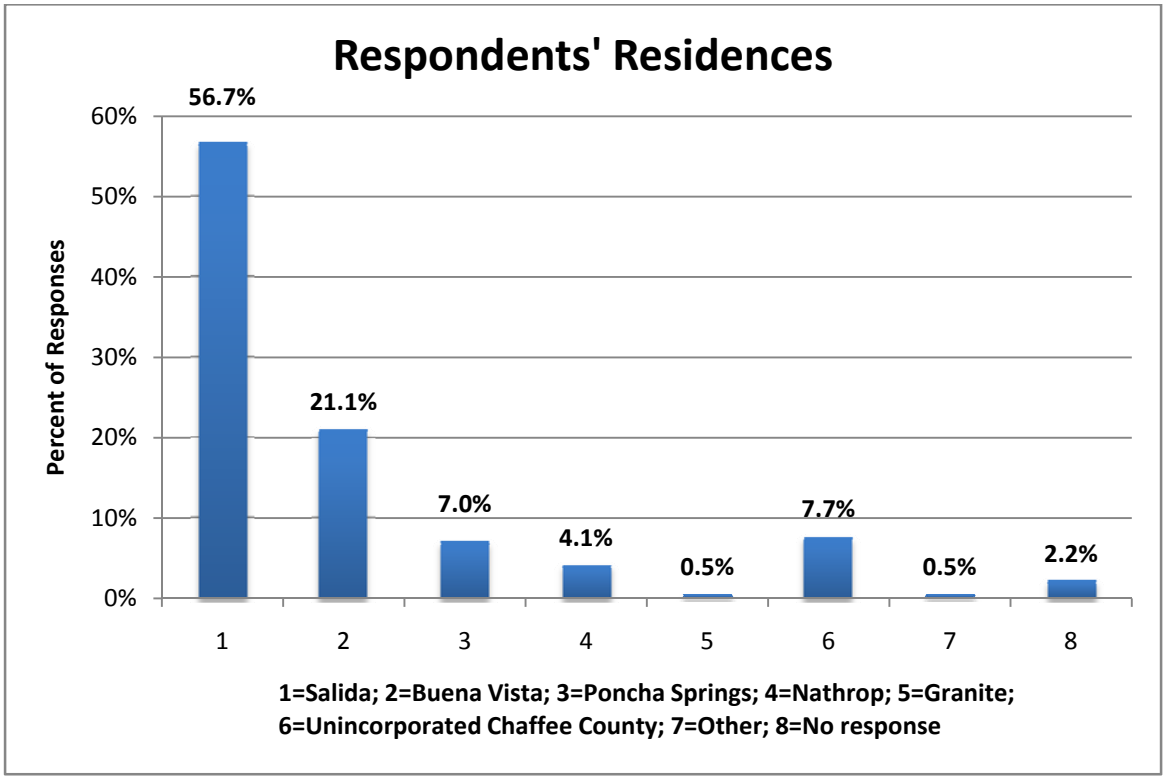


Demographics

In this segment, the demographic characteristics of the survey respondents are examined. The demographic characteristics looked at include area of residence in Chaffee County, gender, age, ethnicity, spoken language, household income, education, full-/part-time residency, and length of time as a Chaffee County resident.

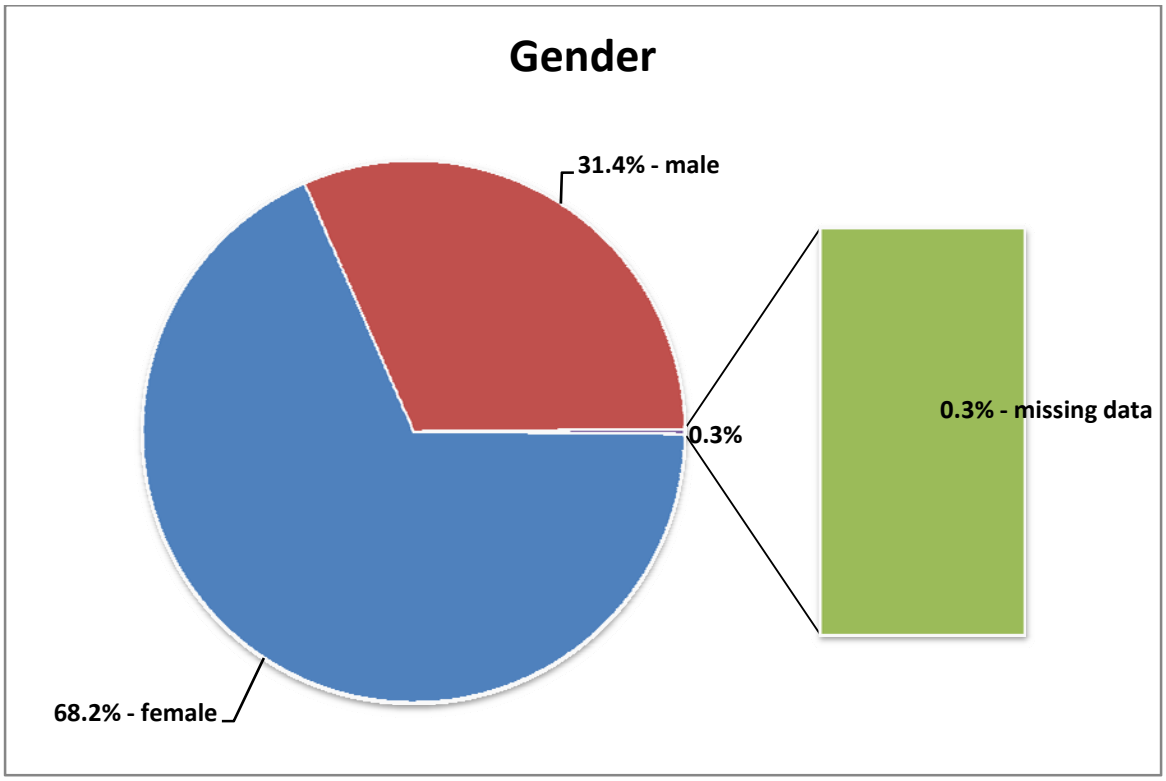
Question 1. Area in which you live or that is closest to your home? If you are a part-time resident, indicate the area in which your part time home is in.

The majority of the respondents (56.7%) were from Salida. Citizens residing in unincorporated Chaffee County were under represented.



Question 2. What is your sex?

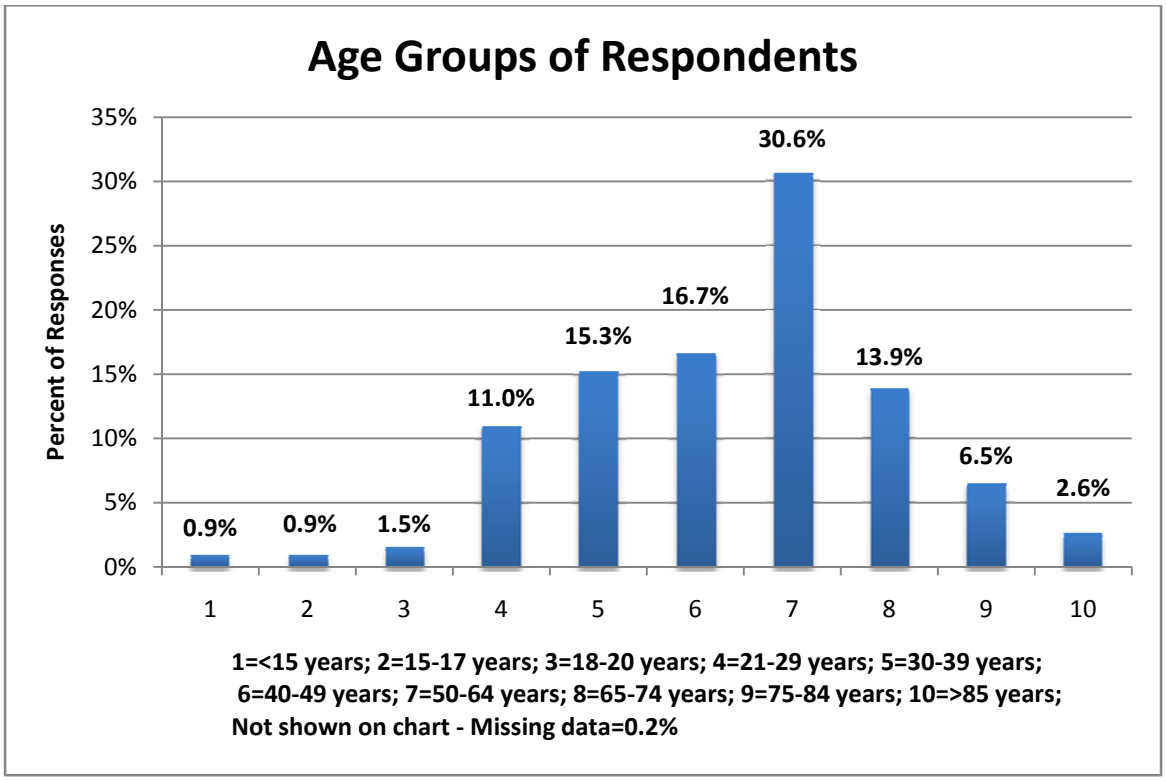
The majority of the survey respondents were female (68.2%) with 31.4% male respondents. Females tend to be over represented in comparison to their proportion of the population. Thus, the raw survey data will be somewhat skewed.



Question 3. How old are you?

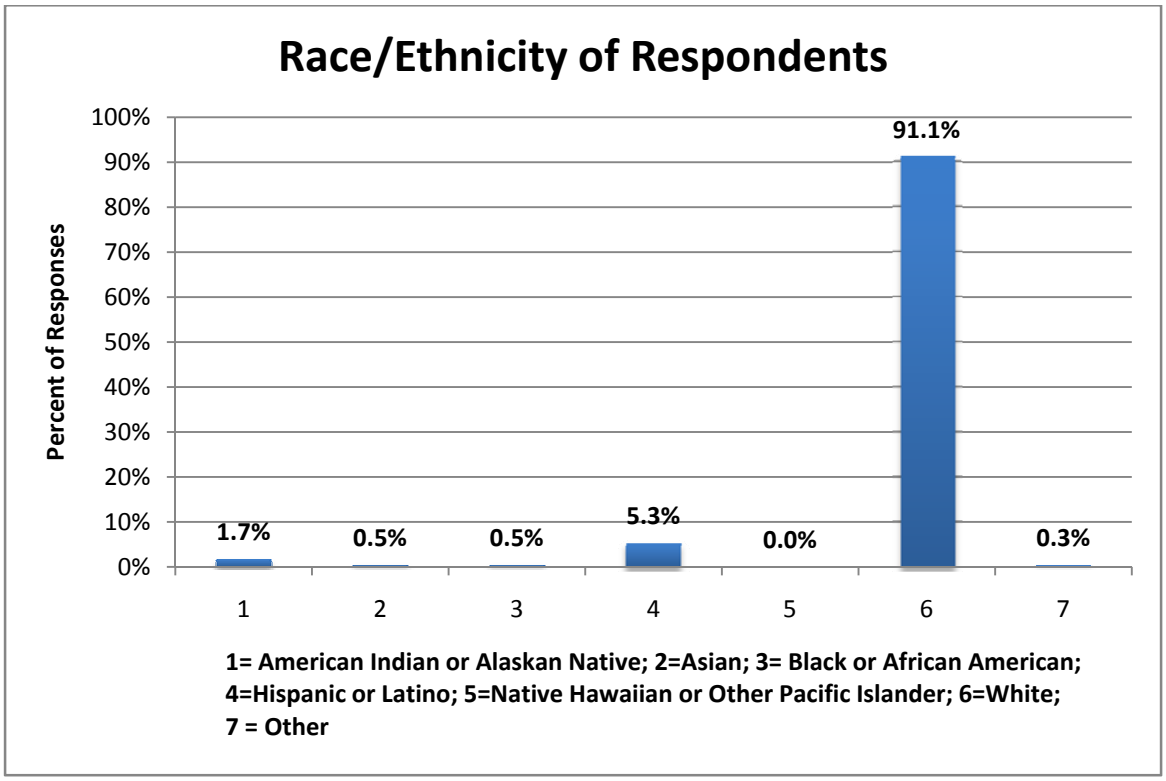
The age group with the highest percentage of survey respondents was the 50 - 64 years of age. The age groups, 30 - 39 years and 40 – 49 years were comparable at 15.3% and 16.7%, respectively.

Although older populations are often over represented in convenience surveys, 53.6% of respondents in this survey were 50 years or older and 44.5% of respondents were 18 to 49 years of age.



Question 4. How do you describe yourself?

The main ethnic/racial group surveyed was white residents (91.1%). The Hispanic or Latino population participating in the survey comprised 5.3% of the respondents. Chaffee County's population is predominately white, non-Hispanic.



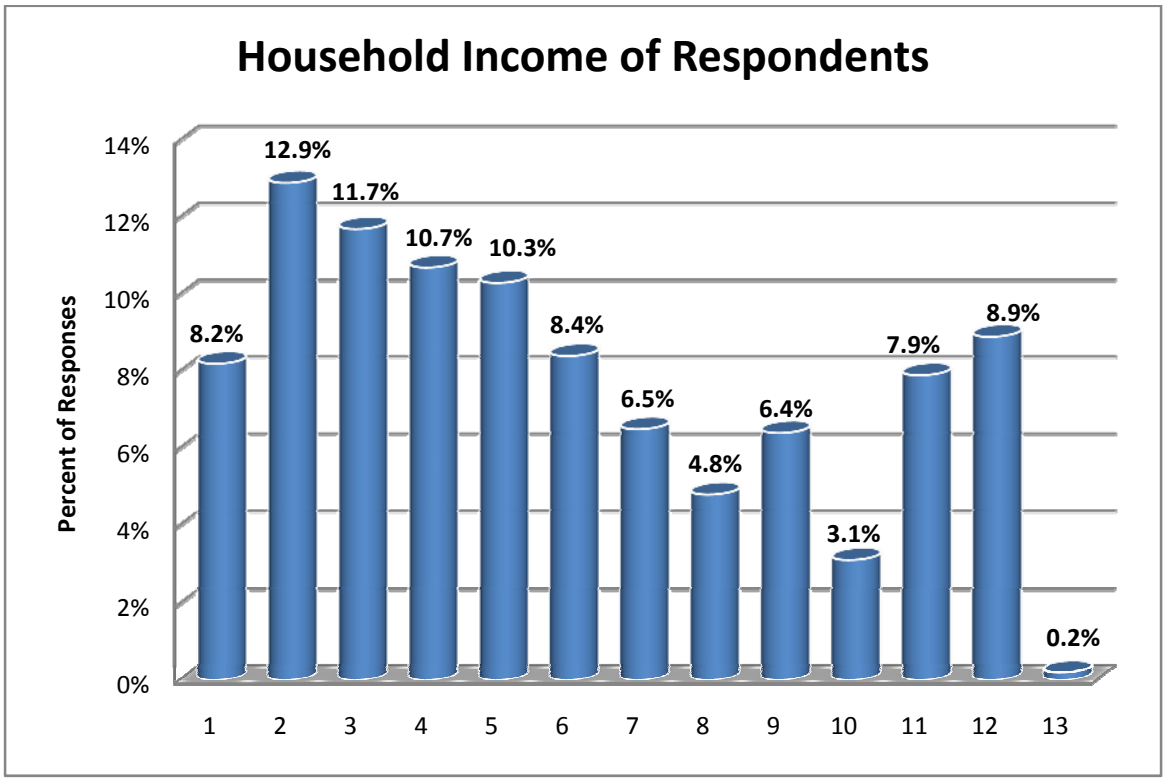
Question 5. What language do you normally speak at home?

Of the survey respondents, 99.5% reported that they spoke English at home. Only 0.3% of respondents' primary language at home was Spanish.

Question 6. During the past 12 months, what was the total combined income of all members of your household before taxes...? (Household refers to yourself and anyone with whom you live.)

There was a wide range of annual household incomes among survey respondents. The household incomes for 54% of respondents range from a low of $10,000 to a high of $59,999. About 8% of the respondents are below the range and 29% of the respondents are above the range. It is also of note that 9% of the respondents did not state their annual household income.

According to the US Census Bureau (2002), the median household income in Chaffee County was $35,366.00.

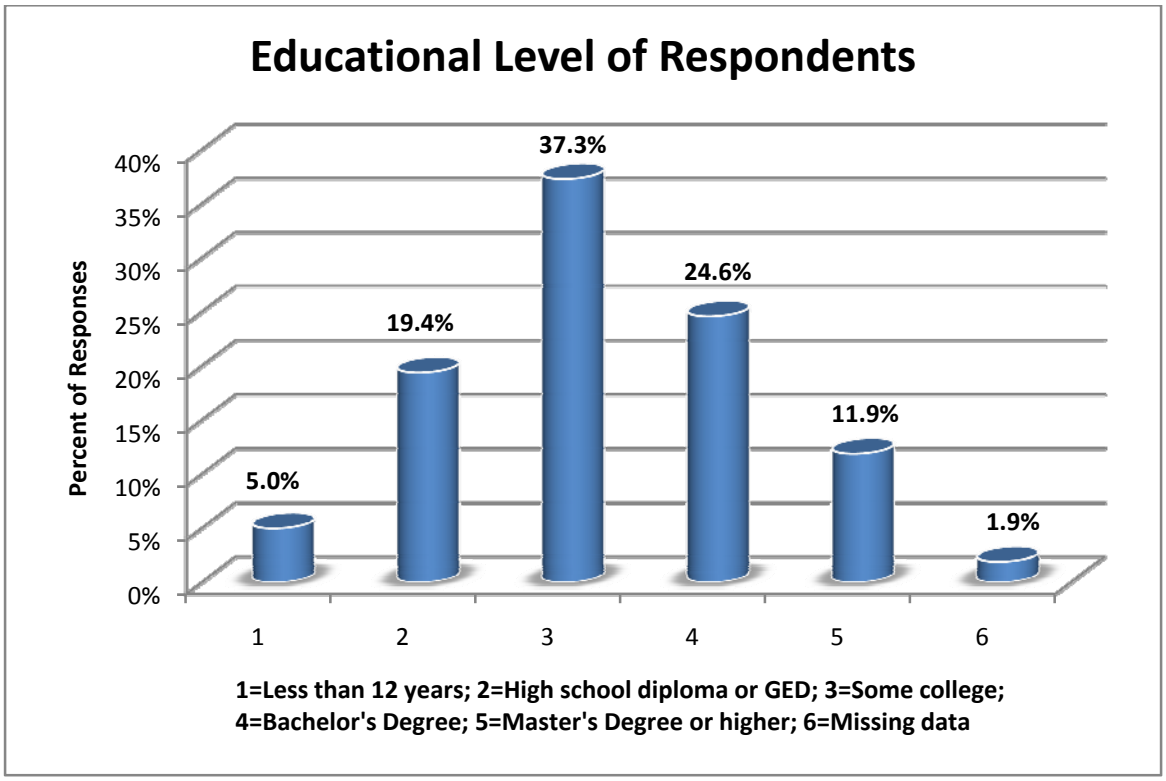


1=Less than $10,000; 2=$10,000 - $19,999; 3=$20,000 - $29,999; 4=$30,000 - $39,999; 5=$40,000 - $49,999; 6=$50,000 - $59,999; 7=$60,000 - $69,999; 8=$70,000 - $79,999; 9=$80,000 - $89,999; 10=$90,000 - $99,999; 11=$>100,000; 12=No response; 13=Missing data

Question 7. Highest educational level completed?

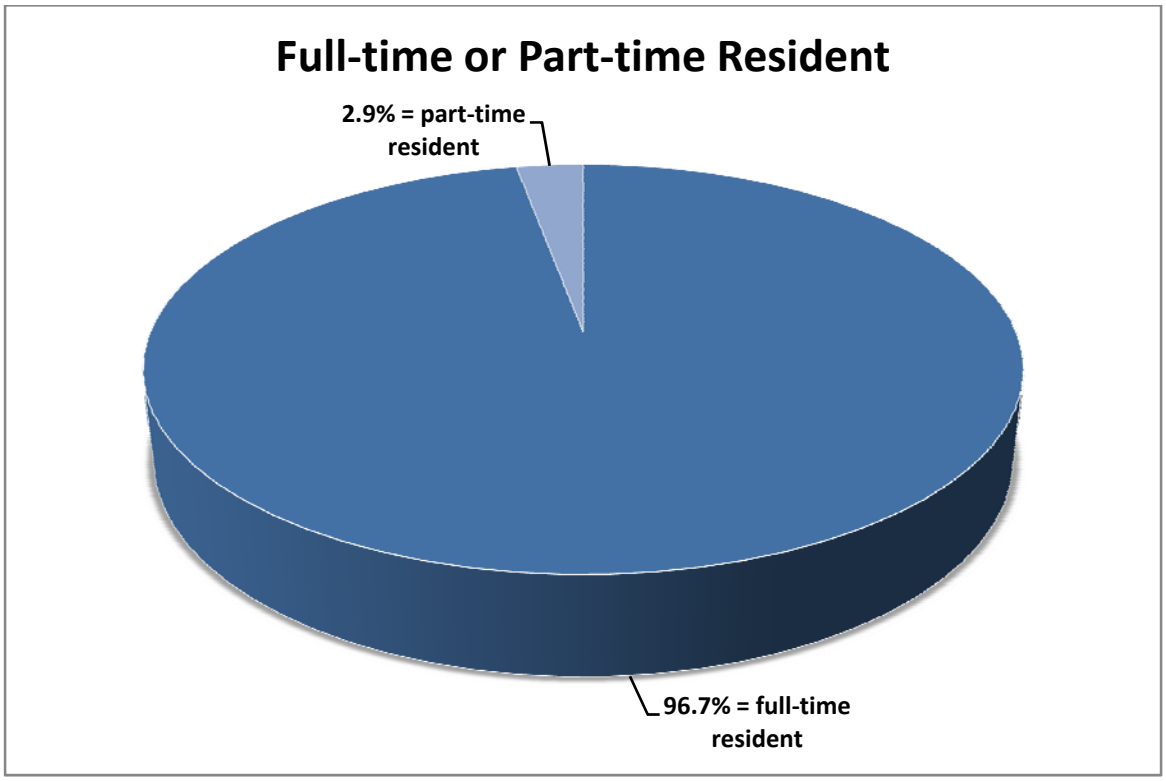
The majority of the respondents, 62%, had some college education (Associate of Arts degree or college course{s}) or a Bachelor's degree.

Data from the US Census Bureau (2000) found that 32.1% of the population age 25 and older had an associates degree or higher.



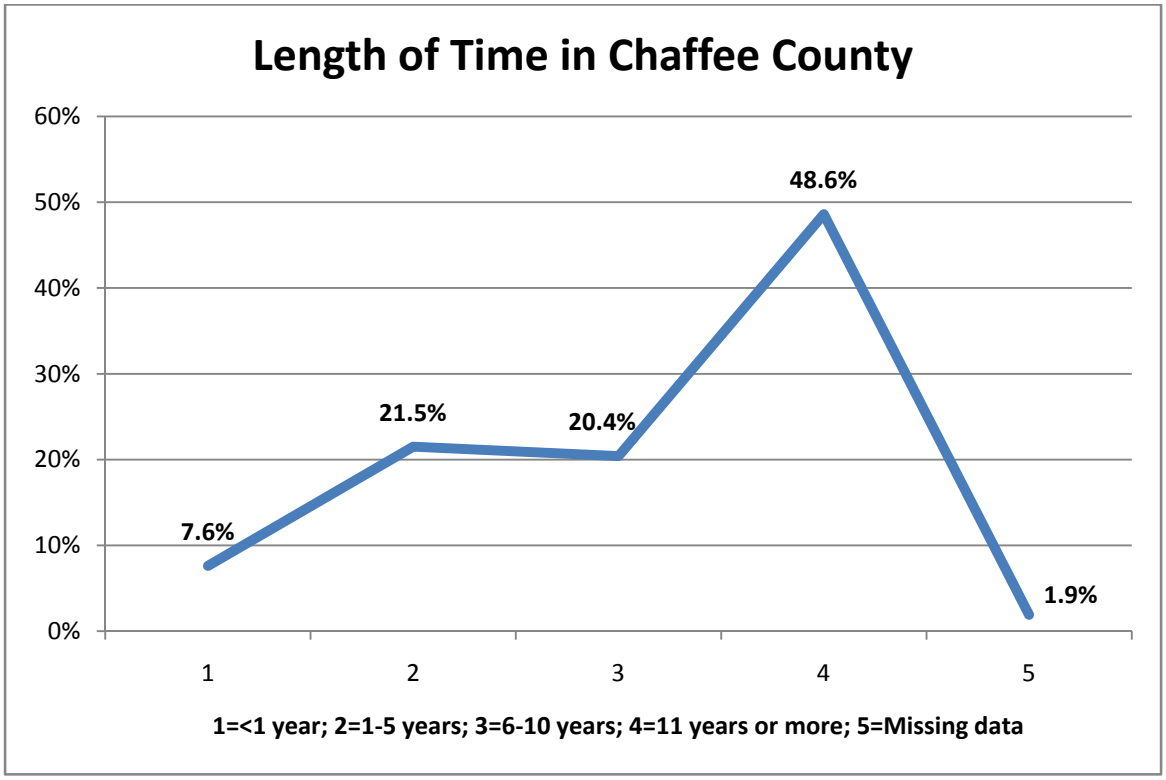
Question 8. Are you a full-time or part-time resident of Chaffee County?

When asked if they lived in Chaffee County full-time or part-time, 96.7% of respondents reported that they lived in the county full-time.



Question 9. How long have you lived in Chaffee County?

About forty-nine percent (48.6%) of the survey respondents have lived in Chaffee County for 11 years or more. The longevity of residency in the County supports the reliability of the respondents' beliefs about and perceptions of the community.



Resources

Adolescent Brain Development, May 2002. Research Facts and Findings.
Available from: http://www.human.cornell.edu/actforyouth.

Anderson LH. Martinson BC, Crain AL, Pronk NP, Whitebird RR, Fine LF, et al. Health care charges associated with physical inactivity, overweight, and obesity. Pre Chronic Dis [serial online] 2005 Oct (March 27, 2009). Available from: http://www.cdc.gov/ped/issues/2005/oct/04_0118.htm

Anderson, Sarah E and Robert C Whitaker. Prevalence of Obesity among US Preschool children in Different Racial and Ethic Groups, Arch Pediatri Adolesc Med. 2009; 163(4):344-348.

A SocioEconomic Profile, Chaffee County, Colorado produced by the Economic Profile System (EPS), February 13, 2009, Headwaters Economics. Available from: http:// www.headwaterseconomics.org

Chaffee County Housing Needs Assessment, Final Report, January 25, 2007.
Available from: http://www.chaffeecounty.org/Page/aspx?PageID=266

Chaffee County MCH Data Set 2009. Colorado Department of Public Health and Environment.
Available from: http://www.cdphe.state.co.us/hs/mchdata/mchdata.html

Colorado Department of Education at http://www.cde.state.co.us/cdechart/download/2008FRL.pdf

Colorado Regional Health Profile – Chaffee County. Available from: www.health.statistics@state.co.us

Chaffee County Tobacco Snapshot: 2005.

Children's Hospital of Philadelphia (2009, February 3). Heavy Marijuana Use May Damage Developing Brains In Teens, Young Adults. *Science Daily*. Retrieved March 13, 2009.
Available from: http://www.sciencedaily.com/releases/2009/02/090202175105.htm

Deadly in Pink: New Report Warns Big Tobacco Has Stepped Up Targeting of Women and Girls (2009), Robert Wood Johnson Foundation.
Available from: http://www.tobaccofree kids.org/deadlyinpink

Demographic Information. Available from: www.coloradoheadwaters.com/chaffee_county/profile.cfm and http://datacenter.colorado health institute.org

Healthy Kids Colorado Survey. Reports provided by Buena Vista School District R-31 and Salida Build-A-Generation organization.

How America Searches: Health and Wellness, January, 2008 iCrossing.
Available from: http://www.icrossing.com

Market Feasibility, Crestone Heights Affordable Housing, Salida, Colorado, February, 2009.

National Association of State Alcohol and Drug Abuse Directors, May 2007.
Available from: http://www.nasadad.org

Number of "Cyberchondriacs" – Adults Going Online for Health Information – Has Plateaued or Declined, Harris interactive, 2008.
Available from: http://www.harrisinteractive.com/harris_poll.

Patient Communication: Solving Today's Hurdles, Leslie r. Kane, MACC, Medscape Business of Medicine. 2009; Posted 02/12/2009.
Available from: http://www.medscape.com/viewarticle/587906

Population and Household profile (2000) Chaffee County, CO – Pop. 16242,
Available from: http://www.uaacog.com

Shupe, Ph.D. Alyson and Jason Gannon, Health Watch, September, 2005, No. 59, Colorado Department of Public Health and Environment, Health Statistics Section.
Available from: http://www.health.statistics@state.co.us

Statement by the National Association of State Alcohol and Drug Abuse Directors (NASADAD), National Prevention Network (NPN), and National Treatment Network (NTN) Regarding a Dialogue on Underage Drinking, September 3, 2008.
Available from: http://www.nasadad.org

Substance Use Among Colorado's Youth.
Available from: www.cde.state.co.us/cdepretention/index.htm

Summary Birth Statistics 2002-2006: Chaffee County
Available from: http://www.cdphe.state.co.us/cohid/

Teenage Brain: a work in progress (Fact Sheet) (2001), NIMH.
Available from: http://nimh.nih.gov/health/publications/teenage-brain-a-work-in-progress-fact-sheet/index/shtml.

Tobacco Use Among Colorado's Youth.
Available from: www.cde.state.co.us/cdepretention/index.htm

Tobacco Attitudes and Behaviors Survey – Colorado Health Information Dataset.
Available from: http://www.cdphe.state.co.us/cohid/tabsdata.html

White, A. (2001) Alcohol and Adolescent Brain Development.
Available from: http://duke.edu/~amwhite/alc_adol_pf.html

Appendix A

METHAMPHETAMINE, ALCOHOL AND OTHER DRUGS

CHAFFEE COUNTY, COLORADO

A REPORT

Janet Lastovica, BS (N), FNP, MS
For Chaffee County Public Health
5/28/2008

This report was prepared under contract to Chaffee County Public Health as part of its' collaboration with the Methamphetamine Coalition of Chaffee County through funding by a grant from the Colorado Children's Campaign "It's About Kids Health" Initiative Grants.

The goal of the project was to define the scope of methamphetamine related issues in the County, make recommendations and develop a resource directory. Within that charge it was necessary to identify prevention activities, treatment services, law enforcement findings and social service related issues. The project encompassed looking at the broader substance abuse picture in the county to be able to compare the extent of Methamphetamine use with other drug and alcohol use and also looking at the county's resources for responding to the substance abuse issues.

The author has a Bachelor's of Science in Nursing from Niagara University College of Nursing, graduated from Hahnamann Hospital's Family Nurse Practitioner program and holds a Master of Science in Counseling from Fitchburg State College (with an internship in a substance abuse treatment agency). Prior to entering the addiction field she had been licensed as a family practice Advanced Registered Nurse Practitioner in NH. Janet obtained national certification as a Certified Addictions Registered Nurse and, as a Licensed Alcohol & Drug Counselor in NH. At the time of her retirement she was Nurse Consultant (for Women's Treatment) to the state of New Hampshire Division of Alcohol and Drug Abuse Prevention & Recovery. In this capacity Janet represented the Division at Federal level conferences and meetings on women's treatment, methadone treatment, presented at statewide conferences, served on DHHS interagency committees, the NH legislative Task Force on Alcohol, Tobacco and Other Drug use in Pregnancy, children's mental health, advocated for services for those affected by Fetal Alcohol Syndrome and for pregnant women in need of methadone treatment, and initiated a statewide alliance on women's substance use.

Janet worked in the substance abuse field for 15 years and for 10 of those years specialized in substance abuse intervention and treatment for pregnant and parenting women and their children in both health care and substance abuse treatment settings in NH. She has experience working in community outpatient treatment, hospital based detoxification, a primary health care center managing a federally funded research model demonstration project for pregnant women, private practice and in a residential treatment program for pregnant and parenting women and their children.

Following their retirement Janet and her husband settled in Colorado.

INTRODUCTION

Chemical dependency is a major public health problem that affects millions of people and, places enormous financial and social burdens on society. It can destroy families, markedly affect the economy, decrease employability and productivity, victimize communities and diminish the effectiveness of the educational, criminal justice, health care and social services systems. It can result in dependence on non-familial support systems for survival and expenses for substance abuse and mental health treatment. (Lastovica, 2003)

In Chaffee County Colorado, there are substance abuse problems affecting families and the community as a whole. Some of these problems may be related to people visiting or passing through the county but, as evidenced by the Healthy Colorado Kids School Survey data, (OMNI, 2008) substance abuse treatment data for Chaffee County, the number of alcohol and other drug related arrests, and conversations with treatment providers, citizens of all ages are grappling with the effects of substance abuse and dependence.

Alcohol is the highest ranked drug cited in the data collected from all sources, with marijuana being the next most common. The rate of treatment admissions for marijuana in the county was higher than for the state during the years 2001-2006 (ADAD, 2008.) Methamphetamine admissions have not risen in the past several years while cocaine use is reported to be rising and nonmedical prescription drug abuse is at 20% of students taking the Healthy Kids Colorado survey, 2007, in one school, remained at the same level in the other and is reported by a treatment provider to have greatly increased with Oxycontin and Vicodin being the most frequently reported. Students are driving under the influence of marijuana and alcohol and are passengers in vehicles driven by people who are under the influence of marijuana or alcohol. (OMNI, 2008) Some say that law enforcement has done such a good job regarding meth use that the users go out of county to use meth now. As evidenced by the arrest and court data adults too are driving under the influence and violating liquor laws.

Treatment providers, when asked what they would want to do if money was available, said that services for adolescents – prevention, intervention and treatment by those who have expertise would be their top priority. Ideas ranged from a teen center to more prevention in the schools, to involving the medical community in prevention particularly with the increase in prescription drug abuse.

Substance abuse treatment providers all report they do not have waiting lists and the six year total for treatment admissions for all county residents receiving treatment in or out of the county is less than 900.

There were comments from a number of professionals in the community about the desire to work more closely with mental health providers in regards to clients/patients who have co-occurring disorders.

The communities in the county are fortunate to have multiple assets in place for prevention and treatment and are moving towards a more highly integrated and responsive system of prevention, treatment and other services for those affected by substances.

This report should be viewed, along with other information developed by resources in the communities, as part of a collaborative effort in a continuum of ongoing assessment and development of responses to changing needs in the county. This report does not have information on the probation and parole population, department of corrections , senior citizen needs or persons in need of services for co-occurring (substance abuse and mental health) disorders. A collaborative effort to assess the level of integrated services in the county would assess those needs.

DATA COLLECTION

Across all disciplines access to data by county was variable and in some cases not available. The author was not able to find integrated data at any level e.g. reviewing possible relationships between substance use, criminal justice and treatment. Because of these data collection difficulties the targeted years used in this report are 2001-2006. Difficulties in obtaining data and in the variability of data were confirmed during a conversation with a member of the state Methamphetamine Task Force whose members are from a range of state level departments.

State and local treatment data was obtained from the Research Analyst at the Colorado Department of Human Services, Alcohol and Drug Abuse Division (ADAD). The information on drug trends in the state was based on and adapted from an online publication by Tamara Hoxworth, of ADAD who was a member of the national Community Epidemiology Work Group (CEWG), published in 6/2007. (Community Epidemiology Work Group, CWEG)

For treatment recommendations current "best practices" in treatment were reviewed.

Prevention based information was obtained from specialists from local and state prevention programs, federal and state websites and publications.

Printed publications distributed with the report were ordered from nacadistore.samhas.gov. or downloaded from a variety of resources on the internet.

Local data and information was obtained from staff at Buena Vista and Salida police departments, Chaffee County Sheriff office, the district attorney's office, Build a Generation programs in Salida and Buena Vista, Family and Youth Initiatives, Alliance Against Domestic Abuse, substance abuse treatment providers, the Department of Health and Human Services and community members.

Other arrest data and court filings were found online. Local coroner, hospital data and Buena Vista drug specific arrest data were not obtainable at this time.

Data shown for treatment admissions is, unless otherwise specified, for treatment admissions for "all drugs, alcohol and DUI and Detox". The treatment data is for those admitted to programs licensed by the state of Colorado Alcohol and Drug Abuse Department. Residents who enter treatment in other states and/or enter non-state licensed programs are not captured in the ADAD data.

Treatment data is presented in this report in two different ways:

1. Admissions for Chafee county residents who received treatment in or out of the county (and excludes non Chaffee residents who received treatment in Chaffee County); this informs the reader about the impact of substances on county residents.

2. Treatment admissions in programs within Chaffee County: This data includes non Chaffee residents who received treatment in Chaffee County. This information provides information regarding the impact on provider services in the county.

Out-of-county treatment data includes Chaffee County residents who were admitted to specialized programs not available in Chaffee County such as Special Connections (assessment and other services for pregnant substance using women) and residential programs. **(ADAD, 2008)**

SUBSTANCE ABUSE

The National Survey on Drug Use and Health (NSDUH) is the primary source of statistical information on the use of illegal drugs by the U.S. population. The NSDUH data for 2006 estimates that 8.3% of the population 12 years or older used illicit drugs including nonmedical use of prescription type psychotherapeutics. The rate of use was similar to 2005. (SAMHSA/NSDUH, 2008)

The study reports that the rate of use of Marijuana, the most commonly used illicit drug declined from 8.2% in 2002 to 6.7% in 2006 youth ages 12-17.

In 2006, of those 12 or older who had used pain relievers nonmedically, 55.7% reported that the source of the drug the most recent time they used it was from a friend or relative for free. Of that group, 80.7% reported that the friend or relative had obtained the drug from just one doctor. (SAMHSA/NSDUH, 2008)

Slightly more than half of the population aged 12 or older reported being current drinkers of alcohol in the 2006 survey. Heavy drinking was reported by 6.9% of the population aged 12 or older. Youth binge and heavy drinking rates were 10.3 and 2.4% respectively – essentially the same as 2005. (SMHSA/NSDUH, 2008)

Methamphetamine, a highly addictive stimulant that affects the central nervous system is easily made in small clandestine laboratories but most of the methamphetamine used in this country comes from foreign or domestic superlabs where it is made with relatively inexpensive over the counter ingredients. This contributes to making it a drug with high potential for widespread abuse. (NIDA, 2006)

Two national surveys done in 2005, the Monitoring The Future (MTF) and the National Survey on Drug Use and Health (NSDUH) found that 4.5% of high school seniors had used methamphetamine in their lifetimes and an estimated 4.3% of the population 12 years or older had tried methamphetamine at some time in their lives. (MTF, 2006 NSDUH, 2006)

The Drug Abuse Warning Network (DAWN) which collects information on drug-related episodes from hospital emergency departments throughout the nation reported methamphetamine accounting for 4 percent of all drug related visits in 2004. In 2004 methamphetamine represented 8% of all treatment admissions. (NIDA, 2006)

METHAMPHETAMINE, THE DRUG

- More potent stimulant than amphetamine
- Cheap, long lasting; rapid tolerance
- Prescriptive use: lower doses
- Euphoria, energy
- Enhance sex drive initially
- Agitated, nervous > violent behaviors
- Cycle of binging , collapsing > rebound effect > intense depression > crave relief
- Psychosis: delusions, paranoia, hallucinations, irrational; memory loss
- Friends, employer, family, parenting
- Affects neighbors, personal affairs

- Affects household and personal cleanliness
- Risks for sexual & physical abuse
- Appetite suppressant > weight loss > malnutrition
- Affects metabolism, organ function, brain tissue, heart, liver or kidney failure

The National Institute on Drug Abuse research which focused on a national comparison of drug use patterns across various types of counties throughout the United States showed that rural adults were more likely to have used methamphetamine and showed higher rates of tobacco use though less likely overall to have used illegal drugs and alcohol than adults in metropolitan areas. Adolescents in rural counties were more likely to have used stimulants and methamphetamine in the past years than their counterparts in metropolitan counties. (SAMHSA, Vol. 16, No.2)

Treatment in rural areas may be affected by:

- Small numbers of clients
- Insurance, poverty
- Number of providers
- Provider recruitment
- Geography: Transportation, distance
- Confidentiality concerns in a tight knit community: family, friends, workplace, school

Serious psychological distress (SPD) was associated with past year substance dependence or abuse in 22.3 of adults. The rate among adults without SPD was 7.7%. (NHSDUH, 2006)

COLORADO

DESCRIPTION:

Colorado was the 3rd fastest growing state in the nation until 2004, when the growth rate declined. The State population more than doubled from 1960 to 2000 but recently the population moving out of Colorado exceeded new arrivals. Colorado is 14th on the list of fastest growing states. Statewide, the population is expected to increase from the 2004 census to the end of 2005 by 1 percent. (CWEG, 2007)

The major industries in Colorado are communications, utilities, agriculture and transportation. In 2005 10.9% of Coloradans lived in poverty and in Denver County the rate was 15.6 %. (U.S. census bureau) The numbers of uninsured in 2000 were estimated to be 15.1% (CHI, 2007.)

Two major Interstate highways I-25 and I-70 intersect in Denver. The easy transit across multiple states via these highways along with the following other factors may influence drug use in Colorado: the area's major international airport is nearly at the nation's midpoint; a growing population and expanding economic opportunities, a large tourism industry , remote rural areas that are ideal for the undetected manufacture, cultivation and transport of illicit drugs, universities and small colleges, a younger population drawn to a recreational lifestyle. (CWEG, 2007)

In 2006 Colorado ranked last nationally in per capita public funding for substance abuse. (Bell, 2006). The state also continues to rank No. 1 in the United States for the percentage of rehabilitation facilities owned by private for-profit companies. "The for-profit ventures recognize the need for such programs and offer treatment, but only to those who can afford it. In fact, in 2006, the state Alcohol and Drug Abuse Division reported that Colorado ranked fourth in the nation for the highest population needing but not getting treatment for alcohol and illicit drug abuse." (Colorado Confidential, 2008). This would clearly affect access to treatment given the number of uninsured and the numbers of people living below poverty level.

Colorado was a leader in initiating specialized services for pregnant and parenting women, establishing a prevention system for Fetal Alcohol Spectrum Disorders through Area Health Education Consortiums (AHEC) and in instituting women's treatment. The state has a structured system in place for substance abuse services for inmates and those who are mandated to treatment.

PATTERNS AND TRENDS IN SUBSTANCE ABUSE IN COLORADO

Substance use during pregnancy, including smoking, alcohol and illicit drugs, is a risk factor for adverse birth outcomes, such as birth defects, developmental disabilities, preterm birth, low birth weight and infant mortality. (March of Dimes, 2008)

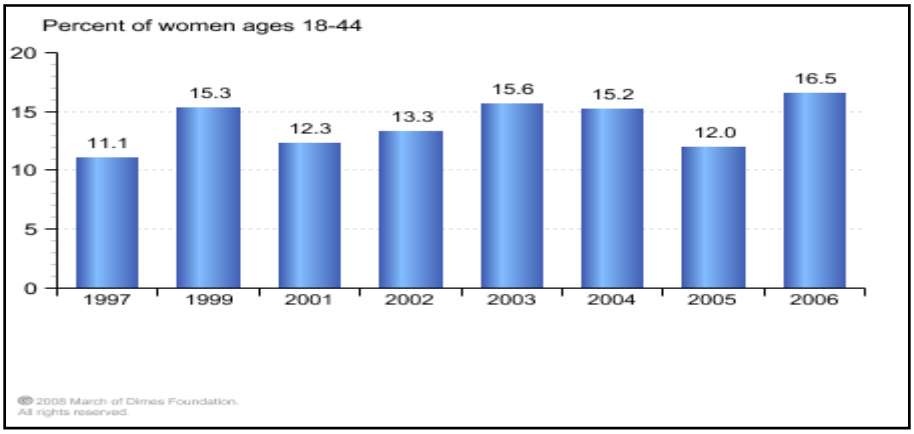
- In Colorado during 2002-2003 (average), 11.1% of men and women ages 12 and older reported using illicit drugs in the

past month, compared to 8.3% overall in the U.S.

- In Colorado in 2006, 19.2% of women of childbearing age (18-44 years) reported smoking, compared to 20.6% of women overall in the U.S.

I n Colorado in 2006, 16.5% of women of childbearing age (18-44 years) reported binge drinking in the past month, compared to 14.8% overall in the U.S. (March of Dimes 2008)

- **March of Dimes: binge drinking in women of childbearing age:**



- **Treatment admissions, 2001-2006:** rose from 60,063 in 2001 to 107,768 in 2006 totaling 511,783 admissions for the six years. (ADAD, 2008)

- **Marijuana, 2006**: First in treatment admissions (excluding alcohol) but gradual decline since 2001; hospital discharge reports declined though remained second in hospital discharges (for illicit drugs) & Emergency Department reports declined; third in poison control center drug related calls, third in illicit drug seizures; remains first in amounts seized ,(CWEG)
  2008: The DEA State Facts" sheet for Colorado states "Marijuana is the most widely abused drug in the state". "The most abundant supply of marijuana is Mexican grown and is brought into and through Colorado by poly-drug trafficking organizations". (DEA)

- **Methamphetamine, 2006**: "for the first time in years, all methamphetamine indicators except amount seized, declined"; second in statewide treatment admissions (excluding alcohol); has surpassed cocaine in number of treatment admissions statewide since 2003; admissions for methamphetamine have second highest proportion of female admissions statewide (46% in the first half of 2005) after admissions for non –heroin opiates; average age of persons admitted to treatment statewide for methamphetamine was 30.2; sixty two percent were ages 25-44. Since

2000 the mean age of onset of use for methamphetamine admissions statewide stayed between 20 and 22. (CWEG)

Those Methamphetamine users in treatment most often use marijuana as a secondary drug followed by alcohol. Stimulant related deaths for 2003-2005 ranged from 48-70 and in 2006 were at 42. Amphetamine related hospital discharges had increased from 16 in 1999 to 49 per 100,000 but dropped in 2006 to 46/100,000. (CWEG, 2007)

In Denver, law enforcement officials report that the Mexican methamphetamine supply has risen to compensate for less local production, there is increased purity & prices perhaps based on increasing competition among Mexican drug trafficking organizations in obtaining supplies. (CWEG, 2007)

2008: The DEA "State Facts" sheet for Colorado reports that most of the methamphetamine available in Colorado originates in Mexico. The potency has increased and the increasing supply of Mexican produced meth may contribute to the diminishment of clandestine local laboratories. (DEA, 2008)

- **Cocaine**: **2006,** third in number of treatment admissions (excluding alcohol) behind marijuana and methamphetamine; **ranked first in ED and hospital discharge reports of illicit drugs and poison control center calls**; second in numbers of deaths caused by illicit drug use. Cocaine related deaths have fluctuated from 116 in 2000 to a high of 217 in 2005. In 2006 there were 206 deaths. The average age of onset of use is 23.5-23.7 years old. Users most often use alcohol as a secondary drug. (CWEG, 2007)

- **Heroin, 2006:** indicators decreased with the exception of seizures. Average age of users admitted to treatment was 37.5. Most often used cocaine as a secondary drug; average of onset of use 22.6. Heroin related emergency department reports: 745. Deaths decreased from 42 in 2005 to 37 in 2006. (CWEG, 2007)

- **Alcohol, 2006: remained Colorado's most frequently abused substance** and accounts for the most treatment admissions, emergency department reports, poison center calls, drug related hospital discharges and drug related mortality. (CWEG)

- **Traffic fatalities, 2005**: alcohol involved in 211 (34.8%) of Colorado's 606 fatalities.

.

- **Other drugs, 2006:** depressants, stimulants; non-cocaine stimulants club drugs; hallucinogens, over the counter, inhalants, steroids and other non-specified drugs accounted for 2 percent (N=16,039) of treatment admissions statewide in 2006. (CEWG)

- **2008, DEA: Pharmaceutical diversion:**
  Vicodin (hydrocodone)
  Oxycontin (oxycodone)
  Xanax, Valium (benzodiazepines)

MS contin, Darvon, Darvocet

- **2008, DEA: Medical professionals:** pharmaceutical opiates/opiods (DEA, 2008)

PARK COUNTY

DESCRIPTION

Park County with a population of 17,157 in 2006 (US Census estimate) nearly the size of Chaffee County (16,918) is included in this report for comparison purposes only.

The geographic center of the State of Colorado is located in Park County. Despite its location in the heart of the Rocky Mountains, Park County is part of the Denver-Aurora Metropolitan Statistical Area and the Denver-Aurora-Boulder Combined Statistical Area. There is heavy tourist traffic. Several major roads cross the county, Rt.285 from the north and Rte 24 from the east.

The population grew by 18.1% from 2000 to 2006. The number of people living below the poverty level in 2005 is estimated by the U.S. Census Bureau to be 7.5% of the county population. In 2000 the number of uninsured was estimated to be 14.2%. (CHI, 2008)

- **Treatment admissions in Park County , 2001 to 2006:** 959
- **Alcohol, 2001-2006**: accounted for 77.3% of all treatment admissions.
- **Marijuana, 2001-2006**: Excluding alcohol accounted for the majority of treatment admissions (16.4%) and the number of admissions overall from 2001 to 2006 ranged from 13 in 2002 to 44 in 2006.
- **Methamphetamine, 2001-2006:** admissions increased overall from 2 in 2000 to the recent high of 15. The numbers rose in 2004. (ADAD, 2008)

CHAFFEE COUNTY

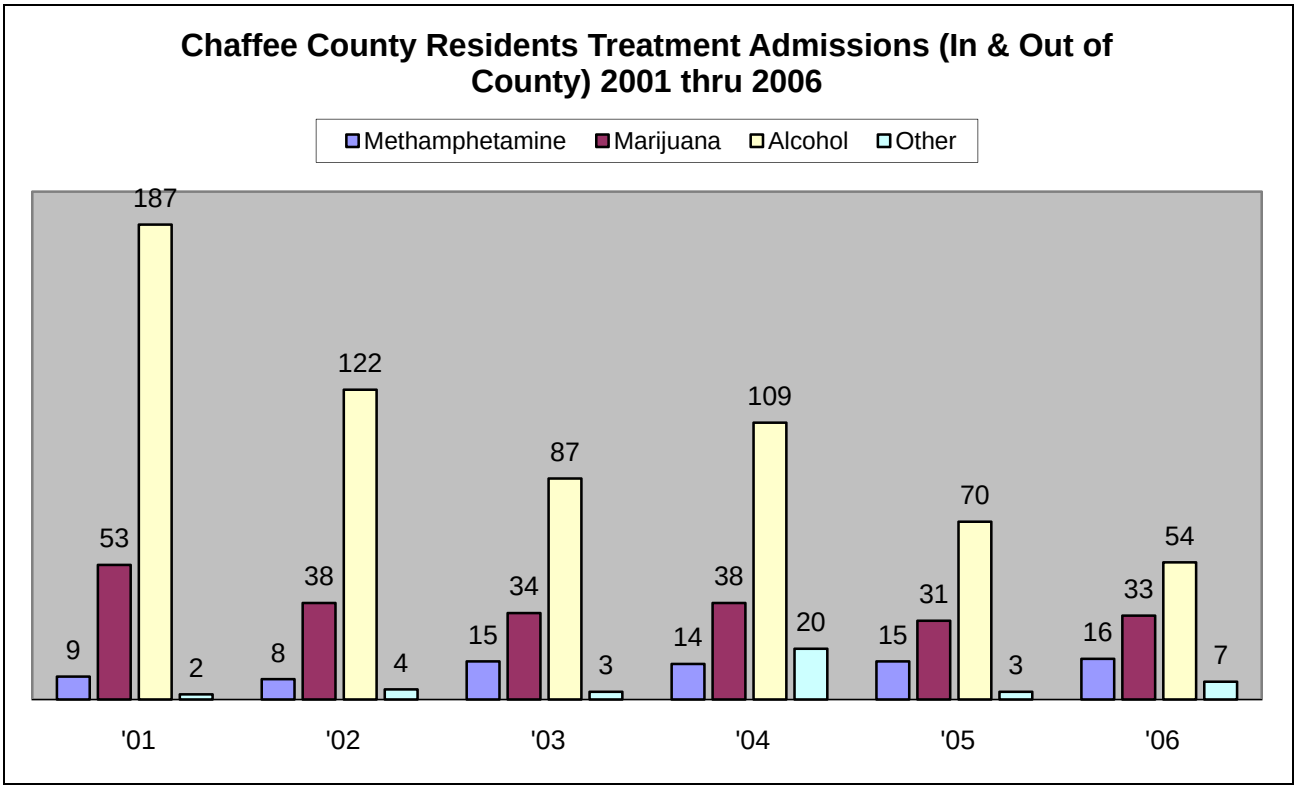
DESCRIPTION

Chaffee County is located at the foot of the eastern slope of the Rocky Mountains in central Colorado. Chaffee County is bordered on the west by the Sawatch Range, including the 14,000 foot Continental Divide, the eastern boundary of the county follows the Mosquito Range, descending toward the south. Located high in the Upper Arkansas Valley, the Arkansas River flows toward the southeast, between the two mountain ranges. (Colorado Headwaters)

Chaffee County is a popular destination for summer vacationers and offers kayaking, river rafting, rock climbing, hiking, camping, fishing and many winter activities. Many college age students work in the area's seasonal recreation enterprises and there is a community college in the county. The area is the crossroads for three interstate highways: U.S. 24, 50 and 285. Driving distance from Denver is approximately 144 miles, 102 miles from Colorado Springs and Pueblo, and 65 miles from Gunnison.

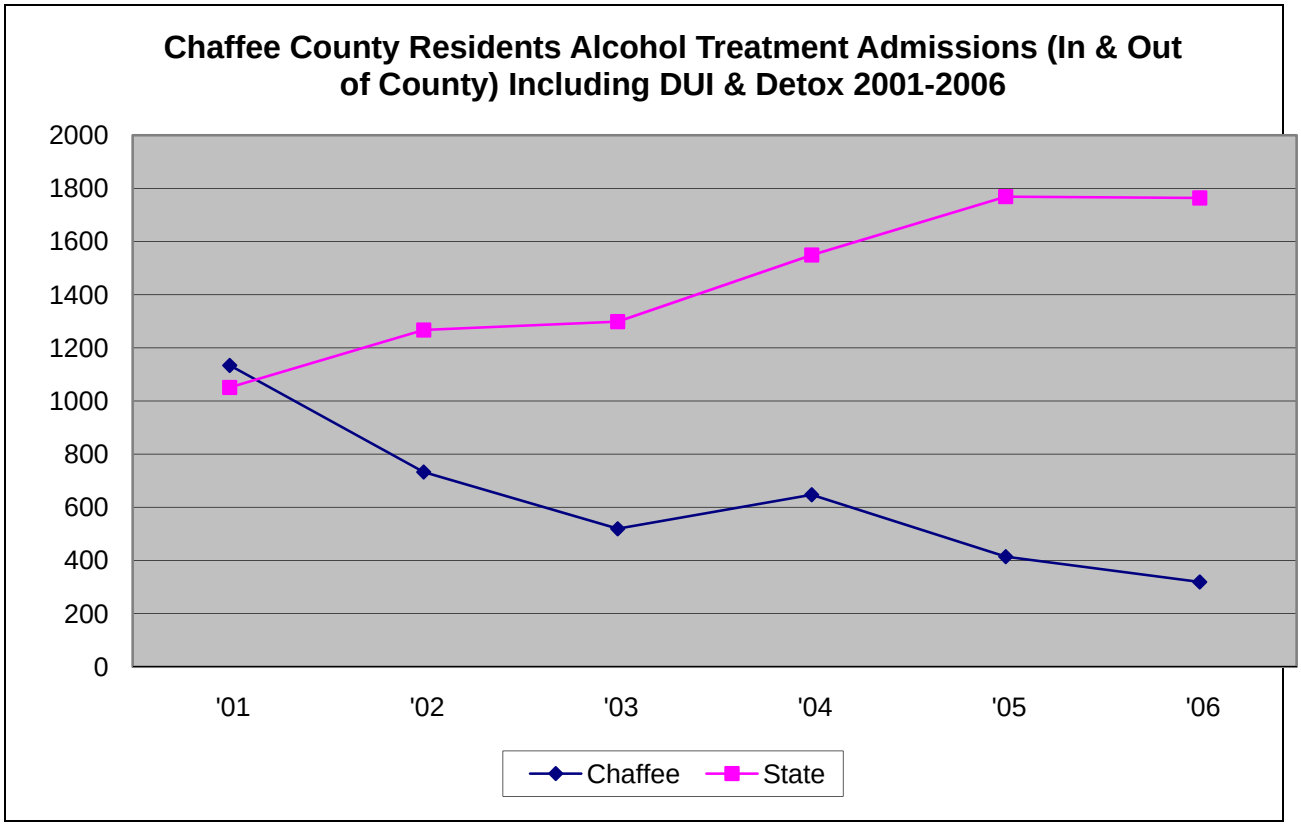
The number of persons living below the poverty level in 2005 is estimated by the U.S. Census Bureau to be 12.8% of the county population. The number of uninsured in 2000 was estimated to be 15.4%. (CHI)

Treatment admissions 2001 through 2006: 972 for residents of Chaffee County who were treated either in or out of the county in a Colorado licensed program. There were 833 admissions to treatment programs in Chaffee County. The spike in 2004 for "other" in the following graph represents an increase in cocaine admissions.

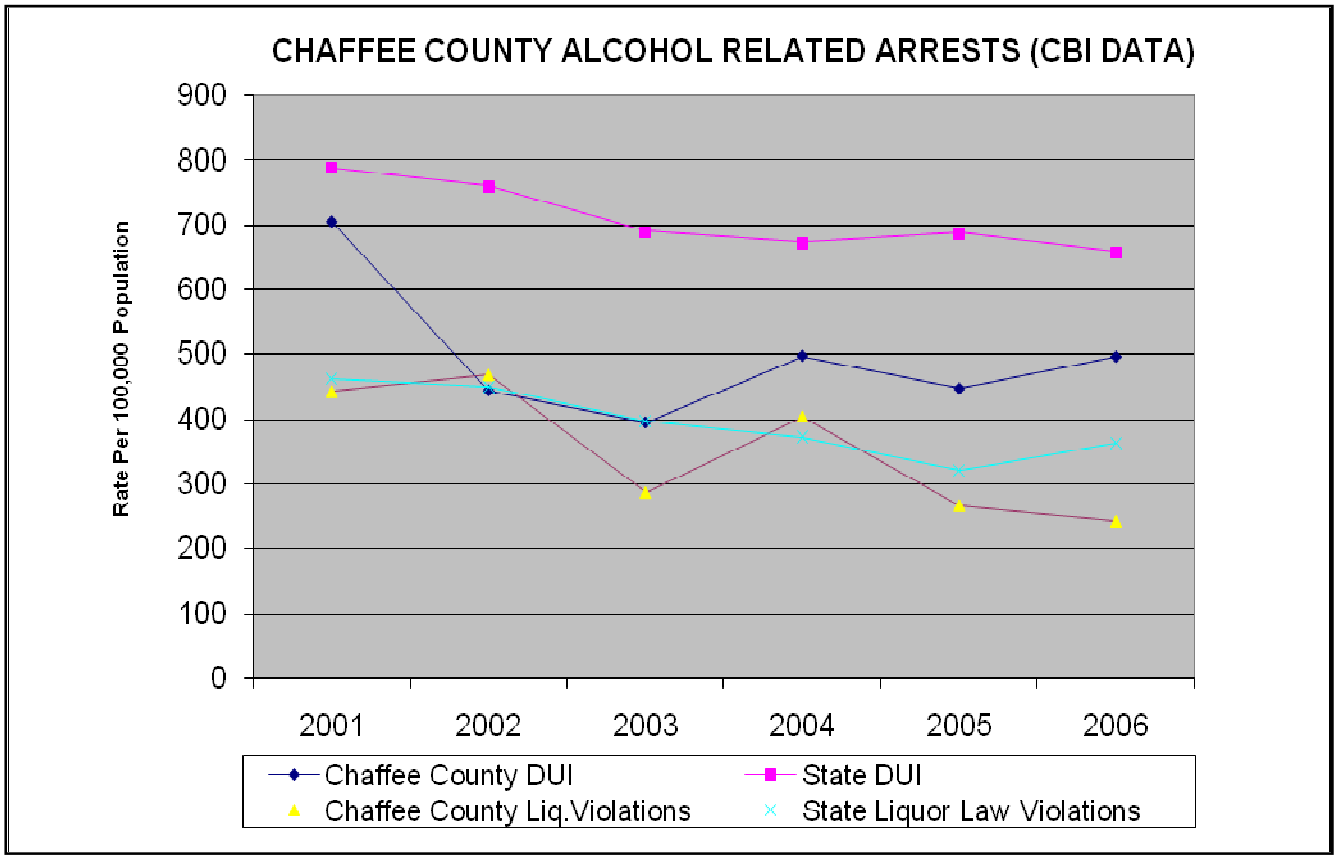


`

- **Alcohol, 2001-2006, treatment:** highest number and percentage of substance abuse treatment admissions for residents of Chaffee County who were treated in Chaffee and in other counties. Alcohol accounted for 525 admissions to treatment programs just in Chaffee County.



Alcohol related arrests, 2001 to 2006: The Colorado Bureau of Investigation: reported arrests by Chaffee County and local law enforcement officials for "liquor law" violations were **353 arrests for the 6 year** period and **576 DUI arrests.**


CHAFFEE COUNTY ALCOHOL RELATED ARRESTS (CBI DATA)
Rate Per 100,000 Population
900
800
700
600
500
400
300
200
100
0
2001
2002
2003
2004
2005
2006
Chaffee County DUI
State DUI
Chaffee County Liq.Violations
State Liquor Law Violations

OTHER ALCOHOL INDICATORS:

Liquor Licenses, October 2007: **there were 85 active "beer, wine, spirituous liquors and 3.2% beer" licenses in Chaffee County.**

Alcohol related causes of death, 2006: three chronic liver disease and cirrhosis (cdphe)

Alliance Against Domestic Abuse: 2006, 53% of clients reported being in a relationship with the offender having an alcohol or other substance problem. In **2007, 39% of clients reported such relationships.**

Alcohol use and pregnancy, 2000-2006: "The Pregnancy Risk assessment Monitoring System (PRAMS) is a population based risk factor surveillance system designed to identify and monitor behaviors and experiences of women before, during and after pregnancy. Colorado continues to have one of the highest low birth weight rates in the nation for total births and for births in all major racial and ethnic groups. PRAMS provides a method for the collection and analysis of perinatal data to better understand not only low birth weight rates, but also maternal behaviors, access to prenatal care, pregnancy "intendedness" and health care delivery to women and infants in Colorado.

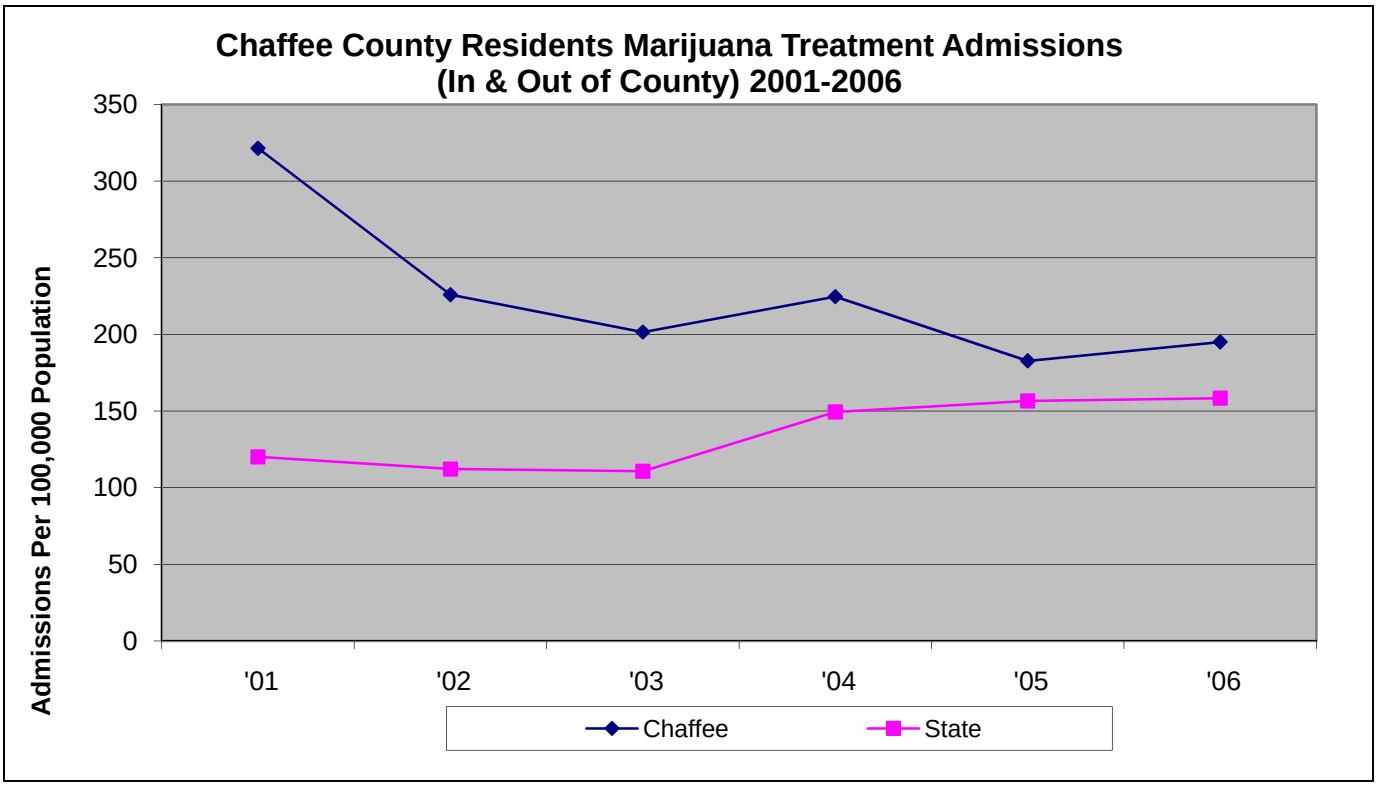
The PRAMS questionnaire is mailed to a sample of Colorado women each month and telephone follow up is conducted with women who do not return the survey by mail. The written questionnaires and telephone interviews can both be completed in English or Spanish. Approximately 240 women in Colorado receive the survey each month, with an expected response rate of at least 70. When large increases are evident it is important to note that the sample size is rather small therefore these increases may be insignificant." (cdphe) The charts below represent only the answers to the question regarding alcohol use in the last 3 months of pregnancy. (CDPH, 2008)

PRAMS DATA 2000-2006

	Colorado		Denver		Park		Chaffee	
	N	%	N	%	N	%	N	%
Yes	1,368	10.1	174	11.1	20	17.3	4	5.3
No	13,255	89.9	1271	88.1	71	82.7	66	94.7

MARIJUANA INDICATORS:

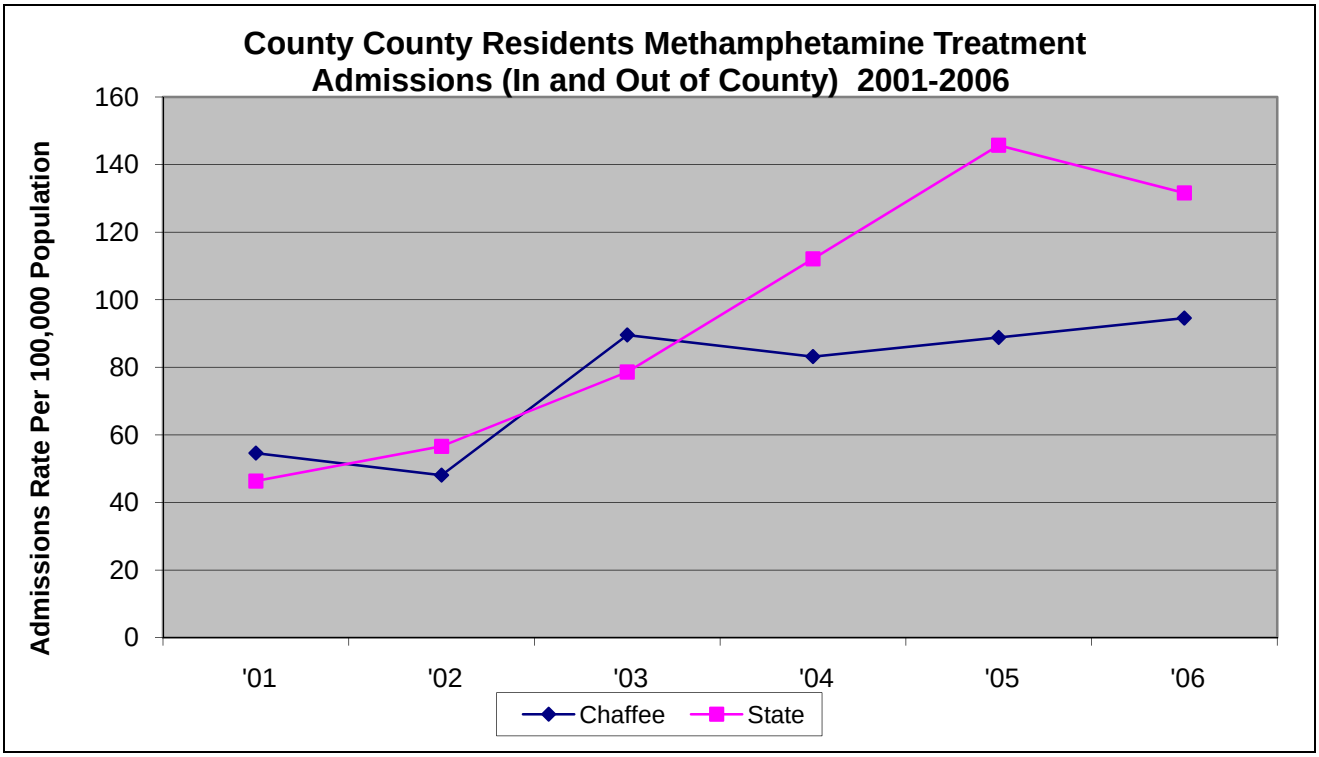
MARIJUANA, 2001 -2006 Excluding alcohol, marijuana accounted for the highest number of treatment admissions for residents treated both in and out of the county and admissions rates per 100/000 remained higher than the overall state rate of marijuana admissions. The number of residents admitted for marijuana treatment declined from 53 in 2001 to 33 in 2006. Additionally, the majority of the 100 adolescents referred to the "Youth At Risk program" in Chaffee County in its' four years of operation for were for "minors in possession" of marijuana.



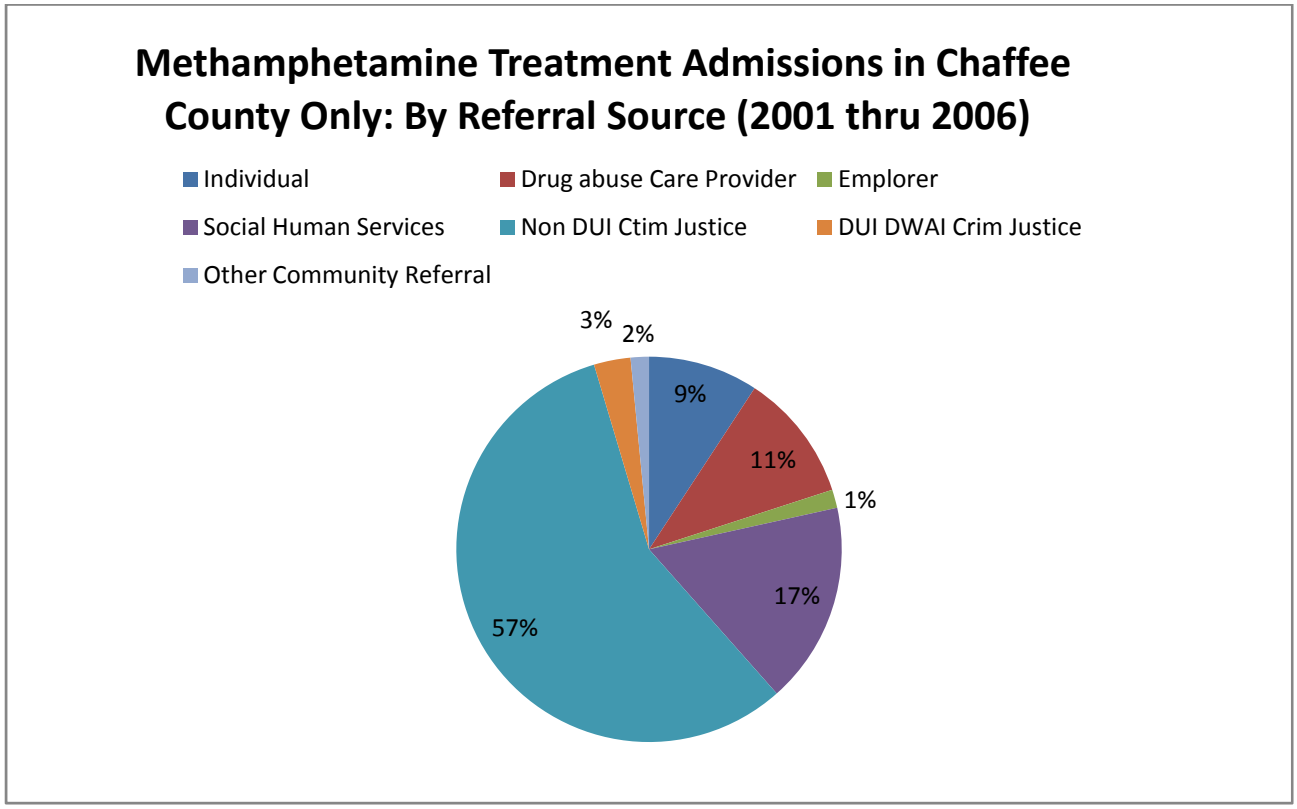
METHAMPHETMINE INDICATORS:

Methamphetamine, **2001-2006**: represented an overall average of 8% of all treatment admissions in and out of county for Chaffee County residents. Admissions where methamphetamine was listed as the drug of choice rose from 9 in 2001 and have ranged from 15-16 through 2006 for a total of 77 treated during those years. Currently, staff in local treatment programs report that admissions of clients with methamphetamine identified as the primary drug have decreased. Local law enforcement authorities report a decline in arrests related to methamphetamine.

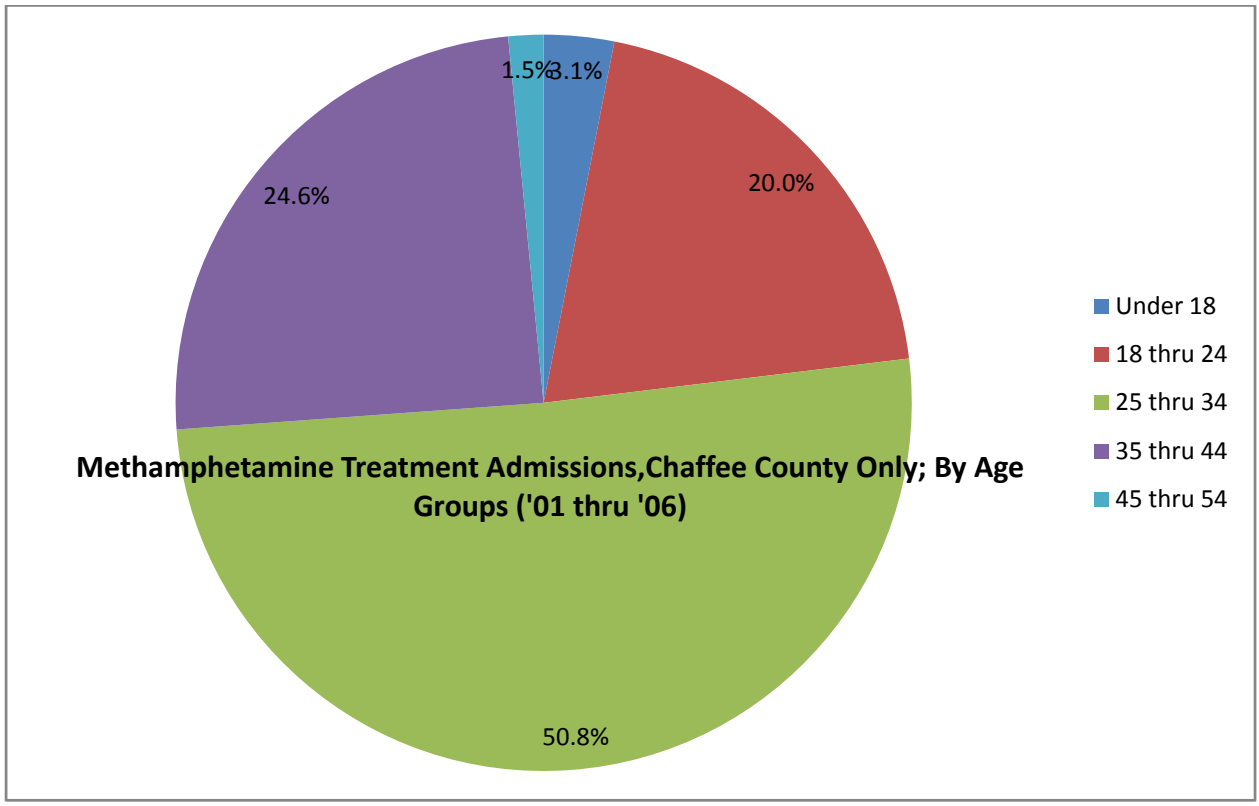
Alliance Against Domestic Violence: 5-8 admissions per yr past 3 yrs probably using methamphetamine.



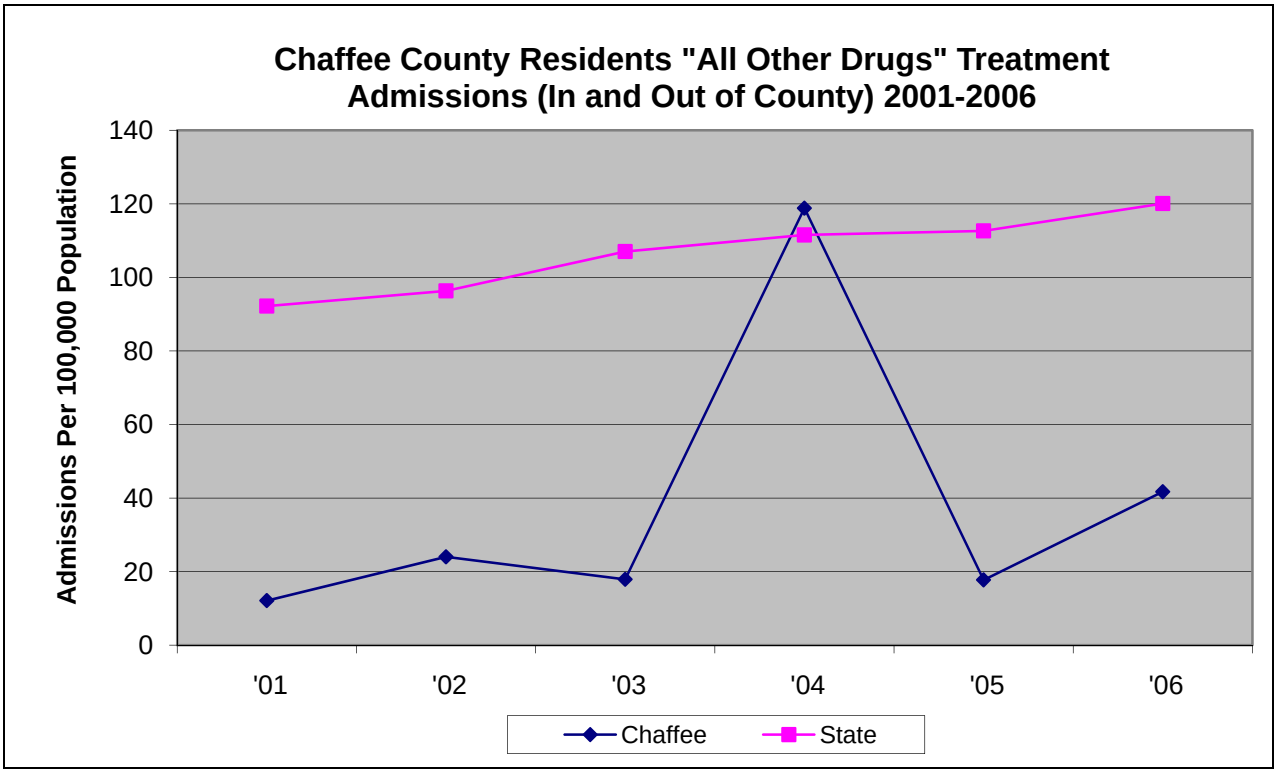
The majority of referrals for admissions for methamphetamine to Chaffee County treatment programs were mandated.



The twenty five through 34 year old age group had the highest percentage of any age group for methamphetamine treatment admissions in Chaffee County programs.



OTHER DRUGS (cocaine, depressants, heroin, non-heroin opiods club drugs, hallucinogens), 2001-2006: This category of drug admissions used here includes all other than methamphetamine, marijuana and alcohol. In the year 2004 there was a spike (N=20) in this category which reflected increases in the number Chaffee County residents cocaine admissions. Other than that the number of admissions per year has ranged from 2-7. Local law enforcement, treatment providers, and the school surveys indicate a rise in cocaine use.



Other substance abuse indicators:

Suicide as cause of death, 2006: five (method not given)

Child welfare clients seen for substance abuse services in CY 06-07: eight

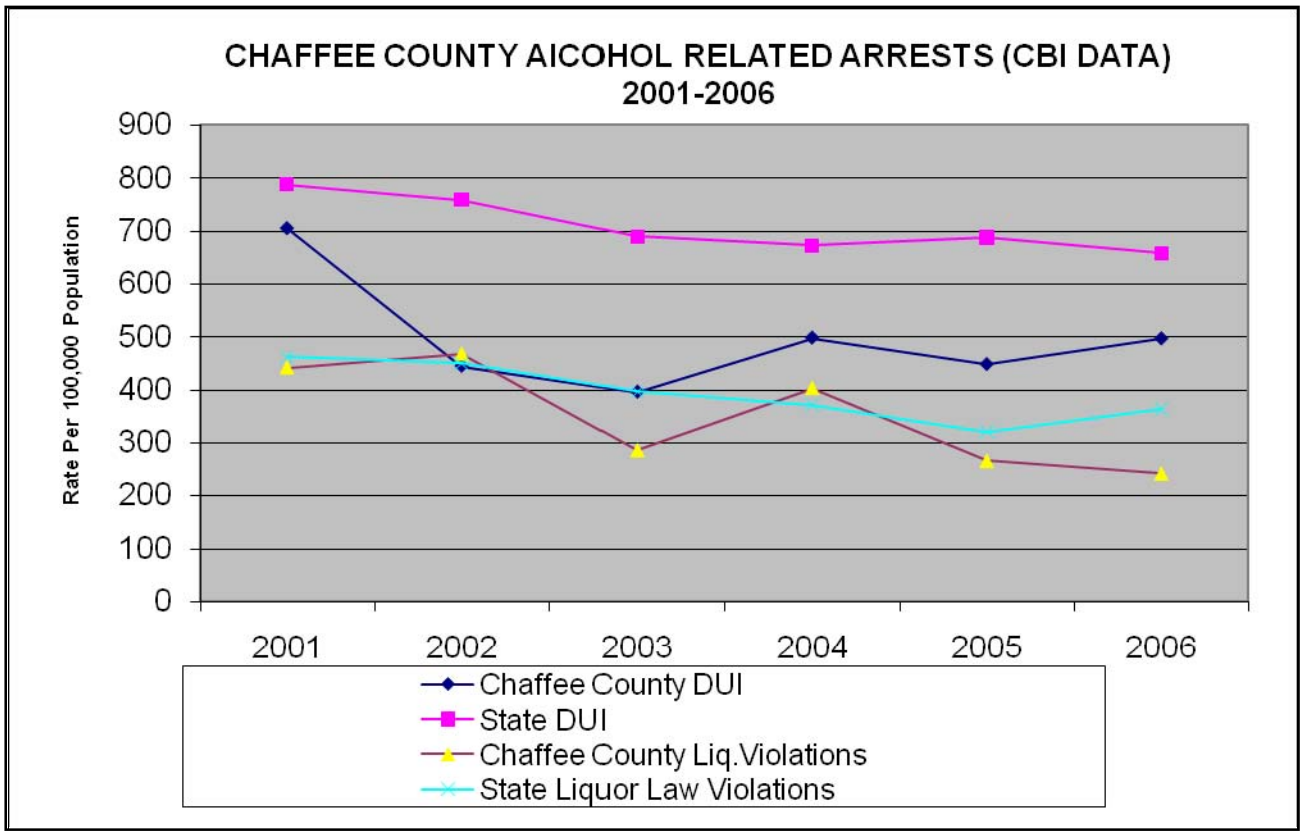
CRIMINAL JUSTICE SYSTEM

No attempt is made in this report to correlate the number of drug and alcohol arrests with numbers of court filings or treatment admissions.

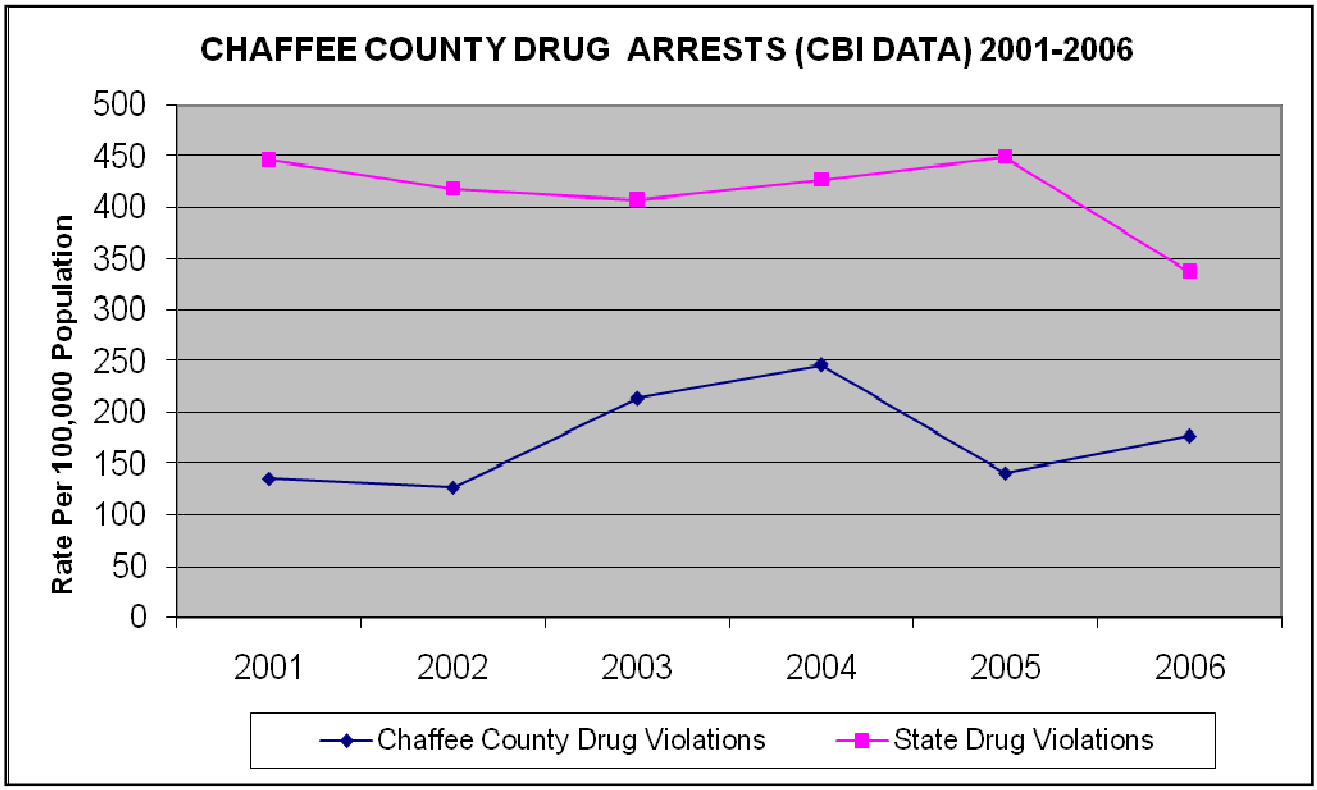
The specific information about marijuana and methamphetamine was provided by law enforcement offices in Salida and the Chaffee County Sheriff office. This specific data was not available from the Buena Vista Police Department. The police departments in Salida and Buena Vista and the Chaffee County Sheriff's office handle the majority of the County's drug related interdictions.

	Six Years Arrest Data Chaffee County Sheriff & Salida P.D.								
	Marijuana			Amphetamine			Combined		
	Adults	Juvenile	Total	Adults	Juvenile	Total	Adults	Juvenile	Total
2001	10	1	11	4	0	4	14	1	15
2002	13	2	15	0	0	0	13	2	15
2003	14	6	20	2	0	2	16	6	22
2004	26	7	33	7	0	7	33	7	40
2005	16	3	19	5	1	6	21	4	25
2006	14	11	25	4	1	5	18	18	30
Totals	93	30	123	22	2	24	115	38	147

The following data is compiled from the Colorado Bureau of Investigation's online site



Chaffee: Driving Under the Influence: total 576; Liquor Law violations: total 353
Drug Violations: 200

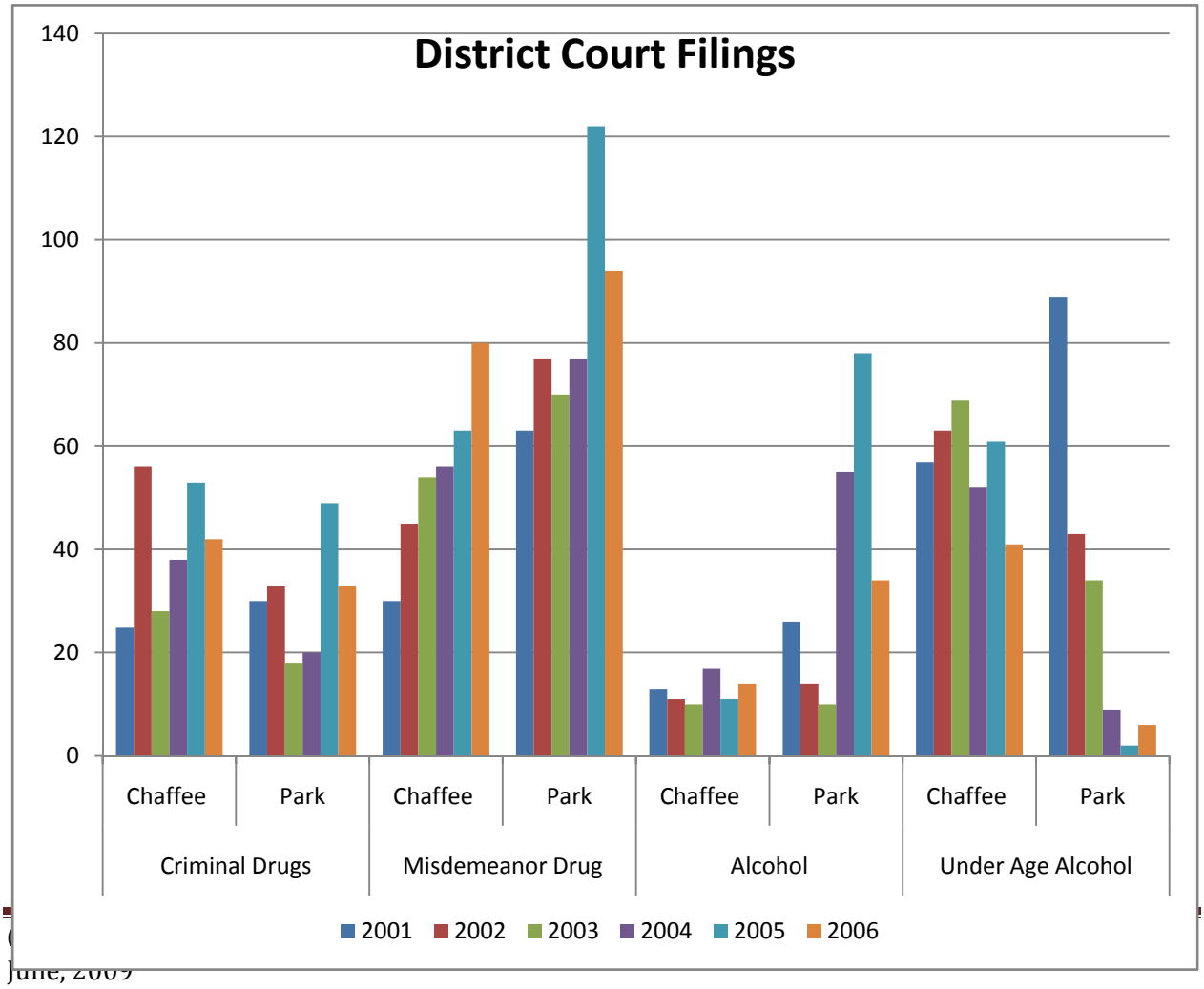

CHAFFEE COUNTY DRUG ARRESTS (CBI DATA) 2001-2006
Rate Per 100,000 Population
500
450
400
350
300
250
200
150
100
50
0
2001
2002
2003
2004
2005
2006
Chaffee County Drug Violations
State Drug Violations

2001-2006 DISTRICT 11 COURT, CHAFFEE COUNTY CRIMINAL FILINGS FOR DRUGS (DCJ);

2001-2006 CHAFFEE COUNTY COURT MISDEMEANOR FILINGS FOR UNDERAGE ALCOHOL, ALCOHOL, DRUGS (DCJ)

The district court DUI/DWAI filings were not available broken down by counties within the district and are not used in this report.

	Criminal Drugs		Misdemeanor Drug		Alcohol		Under Age Alcohol	
	Chaffee	Park	Chaffee	Park	Chaffee	Park	Chaffee	Park
2001	25	30	30	63	13	26	57	89
2002	56	33	45	77	11	14	63	43
2003	28	18	54	70	10	10	69	34
2004	38	20	56	77	17	55	52	9
2005	53	49	63	122	11	78	61	2
2006	42	33	80	94	14	34	41	6
Totals	**242**	**183**	**328**	**503**	**76**	**217**	**343**	**183**



PREVENTION SERVICES

Chaffee Family and Youth Initiatives (FYI), a division of the Chaffee County Department of Health and Human Services, is the umbrella organization for a number of programs aimed at reducing risk factors for youth in the county. The programs include: Chaffee County Mentors, Nurturing Parenting, and Youth @ Crossroads a prevention and intervention program for at risk teens. The FYI Mission is: "to provide proven-effective prevention programs that reduce identified risk factors in youth and promote health behaviors among families and youth with complex needs in Chaffee County". The Build a Generation programs in Salida and Buena Vista provide assessment in an effort to reduce the juvenile problems behaviors of substance abuse, teen pregnancy, delinquency, school dropout and violence. The Chaffee Prevention Partnership is collaboration between Chaffee County Mentors and the Boys and Girls Club of Chaffee County. The organizations serve youth and seek to reduce early initiation of problem behaviors by promoting protective factors.

TREATMENT SERVICES

After this project began one private counseling practice closed when the provider retired and moved away. Several months later the owner of another private practice met an untimely death. This second practice has remained in operation with one counselor. Boundaries, a practice in Buena Vista has opened and closed. Within the county there are currently four (4) outpatient substance abuse treatment sites and only RMBH is a licensed Managed Service Organization provider:

> **Shavano Counseling, Salida, one substance abuse counselor in a private, for profit, state licensed agency which specializes in substance abuse treatment (and had provided treatment for domestic violence). There are services for mandated and self referred clients in group and individual treatment. There are set rates for services. Insurance is not accepted.**
>
> **Rocky Mountain Behavioral Health (RMBH), Salida and Buena Vista: two substance abuse counselors, private, non-profit state licensed agency (organization is based in Canon City) which provides an array of outpatient services in their offices and are for people of all ages. Payment: self pay, (insurance may reimburse some clients directly), sliding scale.**
>
> **Attitude Development Services, Buena Vista: private, for profit, (organization is based in Aurora) state licensed agency. Currently there is one part time substance abuse counselor in BV providing individual and group treatment for mandated clients only. Payment: set fees, self pay.**

The majority of clients referred to treatment in the county are mandated. There are no programs within the county offering residential treatment, supervised detoxification, specialized outpatient methamphetamine treatment, or ongoing women's, or pregnant and parenting women's programs, or specialized adolescent programs though agencies do offer groups for adolescents and women. The state has specific standards to be used when offering services for specialized populations.

Historically, in the country there was a distinctly different focus between mental health and substance abuse services provided to patients who had co-occurring (mental health and substance abuse) disorders. Mental health providers treated mental health problems only after the substance abuse had stopped and substance abuse providers didn't address mental health until after an extended period of sobriety. National recommendations are now that the patient is treated as an individual in an integrated system of care. The perception of a number of professionals in the county is that an integrated model has not been implemented here. Chaffee County is in a position to further develop this much needed system of care which does indeed require providers to develop expertise and there must be a strong commitment for change by both types of services.

ADOLESCENTS AND SUBSTANCE ABUSE

The adolescent brain responds differently to drugs than the adult brain and indications are that the adolescent brain is more responsive to drugs than the adult brain both neuro-chemically and behaviorally. (NIDA, Vol.21)

Gender differences are found in general in the ways girls initiate use, respond to the drugs themselves, course of addiction, types of risky behaviors while using and how respond to treatment. (CASA, 2003)

Girls and young women:

- Use substances for reasons different than boys and young men,
- Signals and situations of higher risk are different
- Are more vulnerable to abuse and addictions: get hooked faster and suffer the consequences sooner than boys and young men.
- Who frequently use alcohol or drugs are likelier to engage in risky sexual behavior than those who experiment with or abstain from alcohol or drugs;
- Are more vulnerable to sexual assault and date rape drugs when under the influence.
- Are more likely than women of any age to smoke, binge drink and use illicit drugs during pregnancy. (CASA, 2003)

Young adolescents with parents who abuse substances are two – three times more likely to try substances. These children are 2.4 to 4 times more likely to have a substance use disorder during adolescence.

Adolescents in rural counties are more likely to have:

- Used stimulants and methamphetamines in past year
- Higher rates of alcohol and tobacco use
- Lower ecstasy use
- Levels of marijuana use that are similar in all types of counties and are higher among youth who used cigarettes and alcohol
- Lived in families with incomes below $20,000 have a greater risk for marijuana use (SAMHSA Vol. 16)

ADOLESENTS, SUBSTANCE ABUSE INCIDENCE

The Monitoring the Future Survey for 2007, the 33rd national survey in the Monitoring the Future (MTF) series conducted by scientists at the University of Michigan's Institute for Social Research found:

- Eighth, tenth, and twelfth graders across the country continue to show a gradual decline in proportions reporting use of illicit drugs,
- Drugs most responsible for this year's modest decline in illicit drug use: ***marijuana*** and various stimulant drugs, including ***amphetamines***, ***Ritalin*** (a specific amphetamine), ***methamphetamine***, and ***crystal methamphetamine***.
- The stimulant drug that did not show a decline this year was ***cocaine***. Cocaine use peaked among teens in the late 1990s, declined for a year or two, and has held relatively level in recent years. Today, annual prevalence ranges between 2 percent and 5 percent in grades 8, 10, and 12.

- Proportions saying that they got drunk in the prior 30 days were 5.5 percent in the 2007 survey showing, some decline with less decline among higher grades - 29 percent of 12th graders acknowledged drunkenness, down about one sixth from their peak rate in 1997. (MTF,2008))

ADOLESCENTS, SUBSTANCE ABUSE PREVENTION, INTEVENTION & OUTREACH,

Unisex prevention programs fail to influence millions of 8-22 year old females. To help girls and young women stay away from tobacco, alcohol and illicit drugs, prevention programs are needed that are aimed at the factors that increase and decrease the risk of using these substances. (CASA, 2003)

Programs need to recognize that girls are more likely than boys:

- to be depressed, have eating disorders or be sexually or physically abused, increasing the likelihood of substance abuse.
- to use alcohol and drugs to improve their mood, enhance sex and reduce inhibitions. (CASA)

To adolescents the concept of death is usually remote and scare tactics have not been found helpful to establishing lifelong sobriety. However because teens can be reached earlier in their substance using life or addiction it has been found that interventions can be effective. (TIP, series 33)

ADOLESCENTS AND ALCOHOL USE

"Developmental patterns in alcohol use, consequences, predictors, and moderators present a convincing case in favor of a developmental approach to underage drinking. Underage drinking is a complex issue, deeply embedded in the developmental, multilevel, dynamic processes operating over time within and between individuals and their contexts. This complexity presents a challenging agenda for those who seek to prevent this problem and to reduce the burden of its effects on individuals, families, and communities. Nonetheless, rapid advances in developmental theory, knowledge, and technologies at multiple levels of analysis (from measuring genes to imaging the brain in action to statistically analyzing growth and change) are making it feasible to examine the processes of development in relation to many problems of great public concern. Advances in developmental science across multiple disciplines are opening new horizons for research on underage drinking, conceptualized as a developmental problem, with the potential for innovative advances in developmentally informed and developmentally strategic solutions. The persuasive *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking* underscores not only the importance of the task but also the quintessentially developmental nature of the action agenda. The time has come for a developmentally informed and sensitive research agenda regarding the causes, consequences, prevention, and treatment of underage drinking." (Masten and Faden, 2008)

Underage drinking is a causal factor in:

- homicide
- suicide
- traumatic injury
- drowning
- burns

- violent and property crime
- high risk sex, STDs
- fetal alcohol syndrome,
- alcohol poisoning
- need for treatment for alcohol abuse and dependence

Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence and are two and a half times more likely to become abusers of alcohol than those who begin drinking at age 21. (IIAA, 2008)

Young adults are most at risk for concurrent or simultaneous abuse of both alcohol and prescription drugs. When they are used together severe medical problems cans result: alcohol poisoning, unconsciousness, respiratory depression and death. College students who used both were more at risk to blackout, vomit, and engage in risky behaviors as drunk driving and unplanned sex. The more alcohol a person drank and the younger drinking started the more likely to report nonmedical use of prescription drugs.
(NIDA, Vol. 21).

ADOLESCENTS AND AMPHETAMINES

Methamphetamine use by adolescents often begins after using other substances. Adolescents tend to be multiple substance users **so when there is an increase in other substances the community should consider that this can be indicative of trends in methamphetamine use as well.** Another factor in the use of teen drug use is that they would usually use drugs that are conveniently available like fast food and are cheap. (TIP, Series 33)

Youths aged 12 to 17 who used stimulants non-medically in the past year were more likely to have used other illicit drugs in the past year than youths who did not use stimulants non-medically in the past year.

Over 71 percent of youths who used stimulants non-medically in the past year engaged in any of six types of delinquent behavior in that period, compared with approximately 34 percent of youths who did not use stimulants nonmedically in the past year

Almost 23 percent of youths who used stimulants non-medically in the past year experienced a major depressive episode in the past year compared with 8.1 percent of youths who did not use stimulants non-medically in that period. (NSDUH, 2/2008)

Effects, Adolescents and Methamphetamine

The impact of use of stimulants can interfere with physical, emotional and mental development. Use can contribute to:

- Psychosis which appears like schizophrenia making diagnosis difficult; paranoia, depression
- Disorganized effect on cognitive functions.
- Agitation, aggressive behavior rapid mood swings, hyperactivity, impulsivity,
- Early onset of anorexia
- Lesion markings on skin
- Dental problems
- Increased risk for participation in risky behaviors as violence, early sexual activity multiple sex partners, unprotected intercourse ; Sexually transmitted diseases
- Teen age pregnancy (California Department of Alcohol & Drug Programs, 2007)

ADOLESCENTS, RISK FACTORS, AND METHAMPHETAMINE

- A study of youth aged 8-22 suggests that females may be more attracted to methamphetamine than males because females are more likely to have higher levels of depression, low self-esteem past physical or sexual abuse and weight concerns.

- Females become dependent upon meth faster; suffer more adverse effects sooner than the males.

- Others suggest that family dysfunction and parental drug use, peer/social pressures, clinical psychopathology or co- morbid diagnoses as well as personality disorders are additional risk factors for initiation and acceleration of methamphetamine use among youth

- Another study suggests that male meth using youth are more likely to exhibit antisocial disordered behaviors and ADD/ADHD whereas females tend to display mood and eating disorders and use to cope with sex inhibitions

ADOLESCENTS, METHAMPHETAINE PREVENTION, INTERVENTION & OUTREACH

Active outreach:

- Identify high-risk youth – characterized by low motivation, dropping out of school, low-level criminal activity; hard to treat psychiatric issues such as conduct disorder, depression and AD/HD.
- Identify the most effective ways to reach them.

Principles:

- Reach these youth as early as possible
- Generally, the more problems identified the more at risk for substance and stimulant abuse and dependence
- Screen for mental health problems
- Mix of professionals involved as referral sources
- Assess risk-taking behaviors vs. dependence
- Comprehensive assessment and treatment matching (TIP Series 33)

ADOLESCENTS, METHAMPHETAMINE, TREATMENT

Adolescents should participate in programs that focus on cessation of use as well as developing life and educational skill they have missed while using substances. This population needs more intensity in programming, such as partial hospitalization or after school treatment. Programs should involve the family, and be developmentally based. (TIP, Series 33)

Approaches:

- School based clinics
- Traditional outpatient
- Long term residential
- Separate schools
- Developmental models
- Multi-systemic therapy
- Experimental therapeutic camps
- Experimental wilderness based programs
- Focus on stopping used as well as developing life and educational skills which were lost while using
- More intensity in programming
- Involve the family
- Comprehensive and integrated to address physical and mental health, family and social issues. (TIP, Series 33)

COLORADO, SUBSTANCE ABUSE, ADOLESCENTS

The Substance Abuse and Mental Health Services Administration (SAMHSA) statistics show that Colorado teens were No. 1 in the nation for depression, along with ranking fourth for alcohol dependence and sixth for abuse of illegal drugs.

Colorado ranks 6th highest among the 50 states for the cost per youth of underage drinking. Excluding pain and suffering from these costs, the direct costs of underage drinking incurred through medical care and loss of work are estimated to cost Colorado $468million each year. (IIAA, 2008)

Youth violence and traffic crashes attributable to alcohol use by underage youth in Colorado represent the largest costs for the State. Other problems such as teens having children affected by fetal alcohol syndrome contribute substantially to the overall cost. (IIAA, 2008)

In 2004, 3,048 youth 12-20 years old were admitted for alcohol treatment in Colorado, accounting for 6% of all treatment admissions for alcohol abuse in the State.

In 2005, according to self-reports by Colorado students in grades 9-12:

- **76% had at least one drink of alcohol on one or more days during their life.**
- **27% had their first drink of alcohol, other than a few sips, before age 13.**

- **47% had at least one drink of alcohol on one or more occasion in the past 30 days.**
- **31% had five or more drinks of alcohol in a row (i.e. binge drinking) in the past 30 days.**
- **6% had at least one drink of alcohol on school property on one or more of the past 30 days.**

In 2005, underage drinkers consumed 16.8% of all alcohol sold in Colorado, totaling $385 million in sales. These sales provided profits of $187 million to the alcohol industry. (IIAA, 2008)

CHAFFEE COUNTY, SUBSTANCE ABUSE, ADOLESCENTS

Adolescents in rural areas are just as likely to use illegal drugs as their counterparts in metropolitan areas. In rural areas there is a greater likelihood of using stimulants.

The following charts represent three year comparison data from the Healthy Kids Colorado Survey" taken by middle and high school students in Buena Vista and Salida for 2003, 2005 and 2007/2008.**The numbers presented here from those surveys represent only a small fraction of the valuable information in these documents which are handled through the Build a Generation offices in Buena Vista and Salida.**

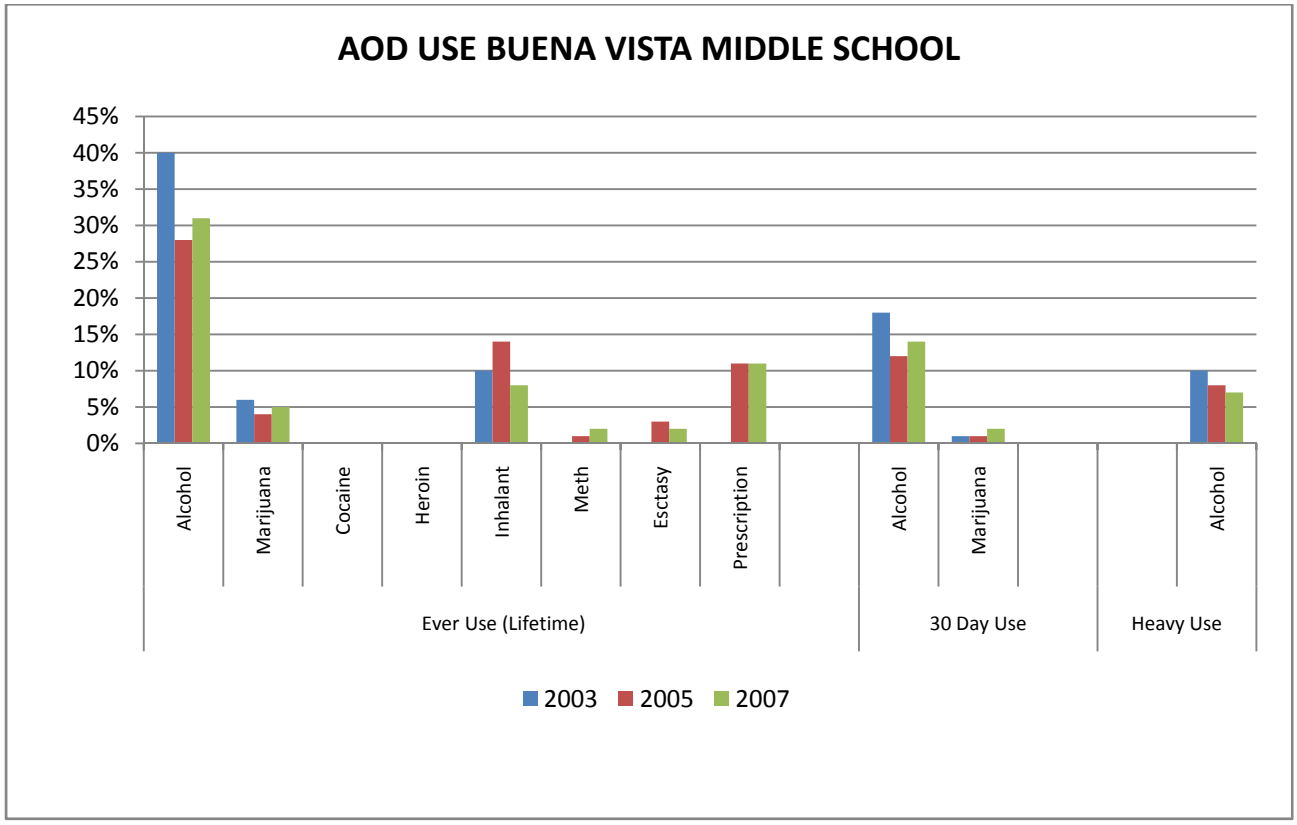
THE "EVER USED (LIFETIME) SECTION OF THE CHARTS SHOWS THE PERCENTAGE OF STUDENTS WHO REPORTED USING THE SUBSTANCE AT LEAST ONCE IN THEIR LIVES.

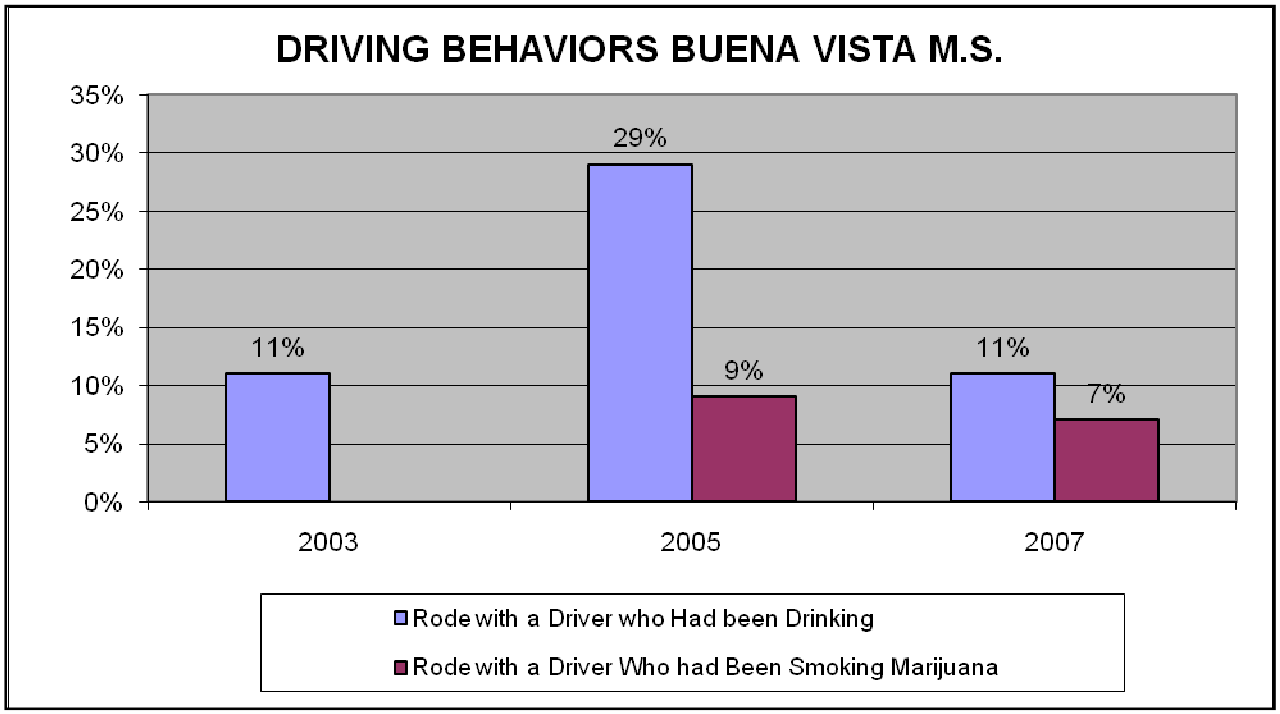
THE "30-DAY USE" SECTION SHOWS THE PERCENTAGE OF STUDENTS WHO REPORTED USING THE SUBSTANCE AT LEAST ONCE IN THE PAST 30 DAYS.

THE "HEAVY USE" SECTION MEASURES BINGE DRINKING, WHICH IS DEFINED AS FIVE OR MORE ALCOHOLIC DRINKS IN A ROW ON ONE OCCASION, TWO OR MORE TIMES IN THE PAST 30 DAYS.

Harry McGinnis Middle School, Buena Vista.

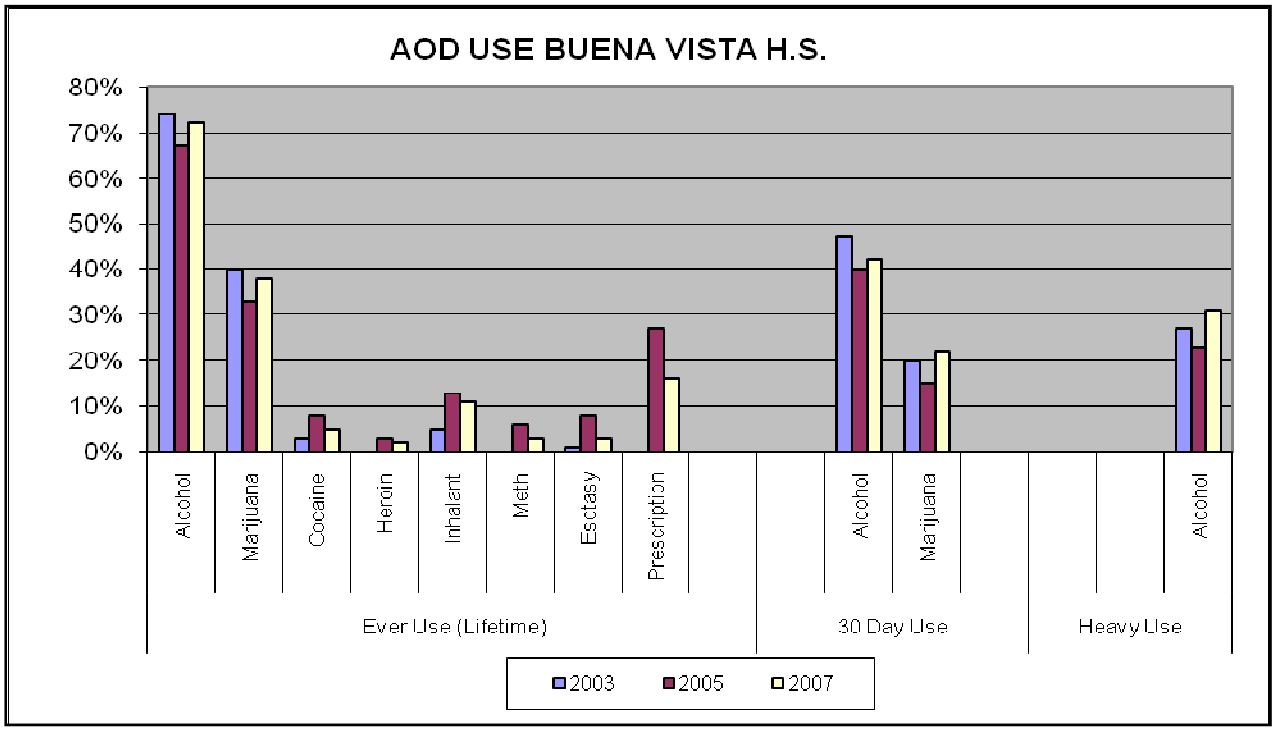
In 2007, one hundred and thirty three (133) of two hundred and five (205) 64.9% of enrolled students in the middle school participated in this survey

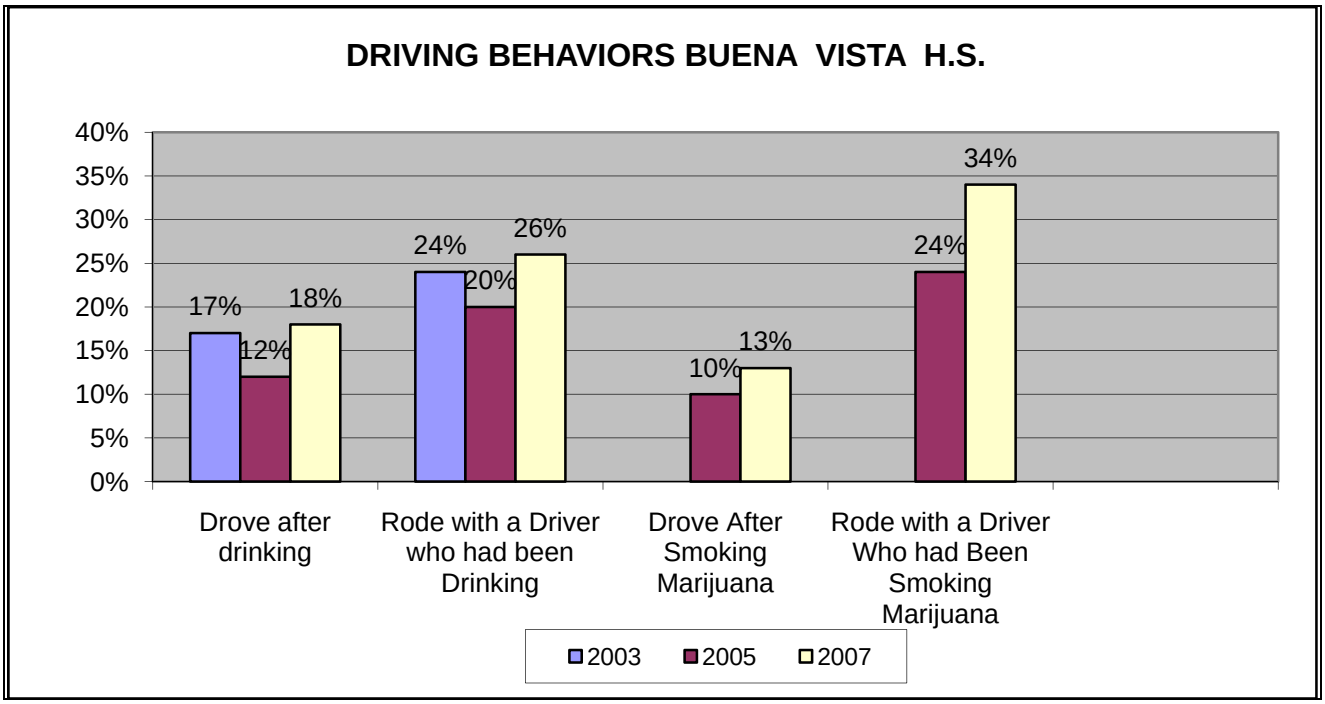



DRIVING BEHAVIORS BUENA VISTA M.S.
35%
30%
25%
20%
15%
10%
5%
0%
11%
29%
9%
11%
7%
2003
2005
2007
Rode with a Driver who Had been Drinking
Rode with a Driver Who had Been Smoking Marijuana

Buena Vista High School

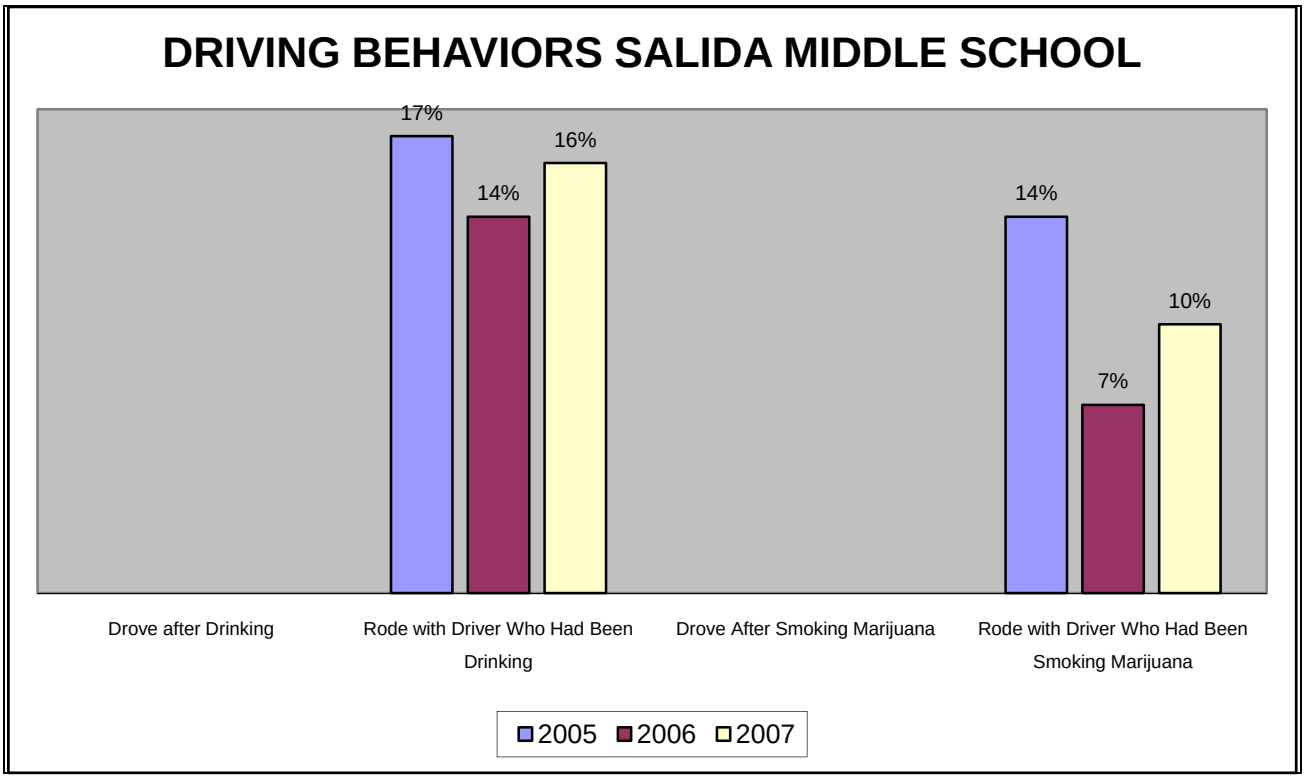
For the 2007/08 survey in the high school 28.7% or one hundred (100) of 348 enrolled students participated. The large majority (N=96) of those taking this biennial test in the high school were 10th and 12th graders.

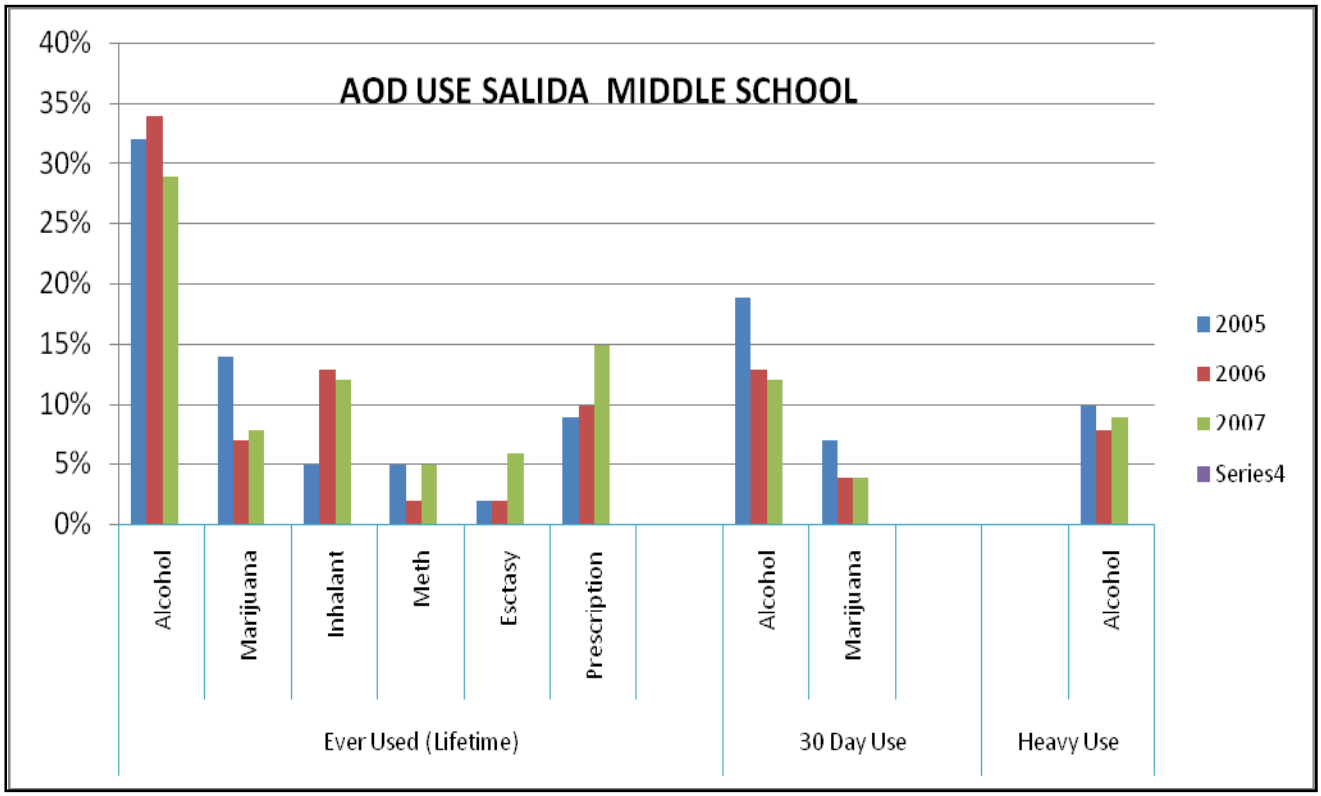



DRIVING BEHAVIORS BUENA VISTA H.S.
40%
35%
30%
25%
20%
15%
10%
5%
0%
17%
12%
18%
24%
20%
26%
10%
13%
24%
34%
Drove after drinking
Rode with a Driver who had been Drinking
Drove After Smoking Marijuana
Rode with a Driver Who had Been Smoking Marijuana
2003
2005
2007

Salida Middle School

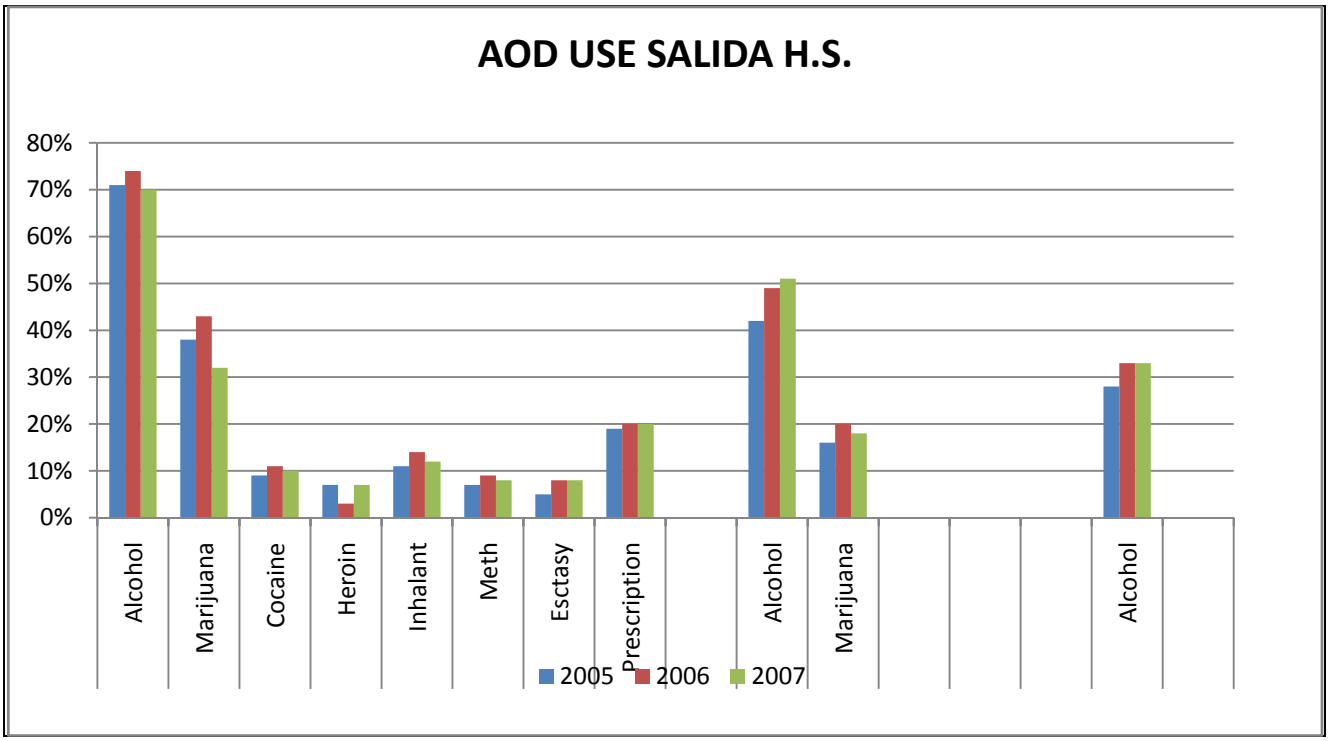
For the year 2007/08 in the middle school one hundred and seventy seven (177) of two hundred and ninety (290) 61% of enrolled students participated in the survey. There were 91.7% of sixth graders, 70.6% of seventh graders and 87.5% of 8th graders participating in this biennial survey in Salida Middle School.

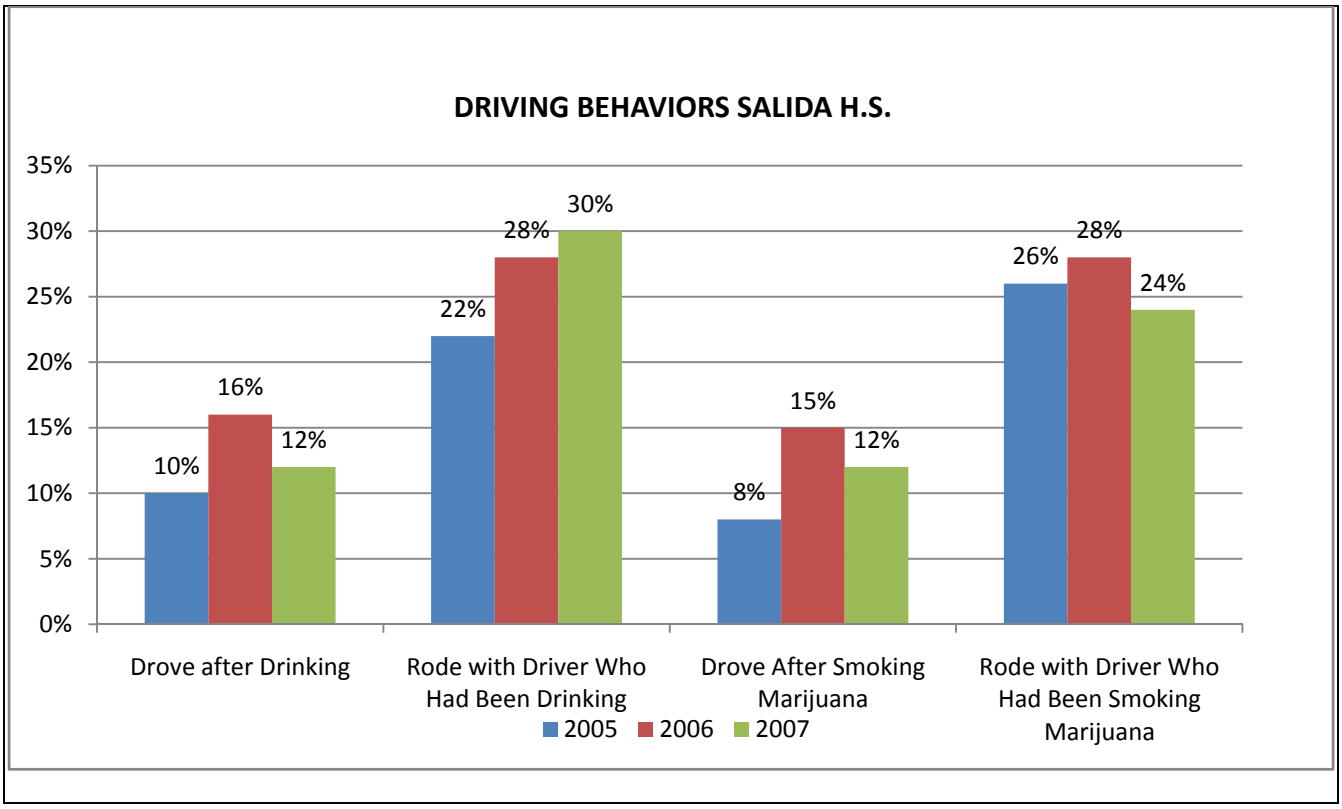



AOD USE SALIDA MIDDLE SCHOOL
40%
35%
30%
25%
20%
15%
10%
5%
0%
Alcohol
Marijuana
Inhalant
Meth
Esctasy
Prescription
Alcohol
Marijuana
Alcohol
Ever Used (Lifetime)
30 Day Use
Heavy Use
2005
2006
2007
Series4

Salida High School

In 2007 approximately three quarters of students in grades 9, 10 and 11 participated and 57.5% of 12th graders participated. The criteria for "Heavy Use" changed this year to 5 or more alcoholic drinks in a row on one occasion two or more times in the past **30 days** whereas in the previous two surveys used for this report it was the amount of use in the previous **2 weeks**.




DRIVING BEHAVIORS SALIDA H.S.
35%
30%
25%
20%
15%
10%
5%
0%
10%
16%
12%
22%
28%
30%
8%
15%
12%
26%
28%
24%
Drove after Drinking
Rode with Driver Who Had Been Drinking
Drove After Smoking Marijuana
Rode with Driver Who Had Been Smoking Marijuana
2005
2006
2007

CO-OCCURRING DISORDERS IN ADOLESCENTS AND ADULTS

The National Co-Morbidity Survey (NCS) (Kessler, 1994; Kessler et al., 1996) reported that 51% of persons with a serious mental illness are also dependent or addicted to alcohol or illicit drugs. Of persons with a lifetime history of illicit drug abuse or dependence, 59% had a lifetime mental disorder and 71% also experienced a lifetime alcohol abuse disorder. The NCS results indicated that 79% of total reported disorders were co-occurring disorders. Approximately half of the persons reporting three or more disorders indicated they had never received any treatment and the majority of those getting services received only physical health services rather than mental health and/or substance abuse treatment

The needs of persons with co-occurring disorders in Chaffee County remain to be assessed. Based on comments made by professionals during the course of this assessment there is opportunity to develop a stronger system for integrated care - now.

SUBSTANCE ABUSE TREATMENT

Today's substance abuse treatment seeks to address the needs of the whole person. Providers treat the person within the context of ethnicity, gender, family responsibilities, economic status, age, rural vs. urban environments and changing needs during treatment etc. A key part of treatment planning is assessing where clients are on the continuum of the differing stages of "readiness to change".

Rural community based publically funded treatment programs in Colorado which attempt to address the multifaceted needs of clients must do so within the context of limited funding, limited staffing, and a smaller client population.

Treatment is based on the National Institute on Drug Abuse's key principles of treatment found in a publication entitled "Principles of Drug Addiction Treatment: A Research-Based Guide". This booklet summarizes the principles of effective treatment, answers common questions, and describes types of treatment".

Underlying principles of all substance abuse treatment (NIDA)

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual, not just his or her drug addiction.
- An individual's treatment and services plan must be assessed often and modified to meet the person's changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counseling and other behavioral therapies are critical components of virtually all effective treatments for addiction.
- For certain types of disorders, medications are an important element of treatment, especially when combined with counseling and other behavioral therapies.
- **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**

- Medical management of withdrawal syndrome is only the first stage of addiction treatment and by
  itself does little to change long-term drug use.
- Treatment does not need to be voluntary to be effective.
- Possible drug use during treatment must be monitored continuously.
- Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis, and
  other infectious diseases, and should provide counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
- As is the case with other chronic, relapsing diseases, recovery from drug addiction can be a long-term process and typically requires multiple episodes of treatment, including "booster" sessions and other forms of continuing care.

METHAMPHETAMINE TREATMENT

Research continues into the optimum treatment for methamphetamine users. Other areas of research into substance abuse treatment, which are all inter-related with methamphetamine and general substance abuse treatment, target women, pregnant and parenting women, those in the criminal justice system, adolescents and rural based treatment practices. There are no medications currently approved for the treatment of methamphetamine addiction.

Experienced treatment providers will have adapted their approaches to meet the needs of clients who are being treated for stimulant dependence. However, as the field of substance abuse treatment continues to develop and mature in a different marketplace environment, the need for evidence based treatment has become a necessity. Payment for services requires standards of care. Programs receive reimbursement from private insurances and governmental agencies. Client's benefit from receiving researched based treatment.

Best practices for treating methamphetamine dependent individuals have much in common with those used in treating clients with other substance use disorders, especially cocaine dependence. However treatment providers must address a number of important clinical issues unique to methamphetamine users.

It has also been found that effecting long term abstinence from methamphetamine is possible using standard community based drug abuse treatment. In a large study in California "nine months after beginning therapy 87 percent of patients treated for heavy or long-term methamphetamine abuse in outpatient and residential programs were abstinent from all drugs". The study also found that women began treatment with more severe psychosocial problems than men and benefited more. The women made greater gains in the areas of family relationships and medical problems. The women's gains may have been related to more intensive services and a higher motivation because of family issues. (NIDA Notes)

Research has shown that effective psychosocial treatments for treating cocaine users are also appropriate in treating methamphetamine use, including:

- **Community Reinforcement Approach**
- **12-Step Facilitation Therapy**
- **Manualized individual drug counseling plus group drug counseling**

Evidence also supports several approaches that have been specifically tested on methamphetamine addicted individuals including:

- **Contingency Management**
- **Cognitive Behavioral Therapy**
- **Matrix model**

TREATMENT STRATEGIES FOR METHAMPHETAMINE PROGRAMS

In addition to specific models, a number of fundamental principles for treating methamphetamine users have been supported by empirical evidence:

- Use treatment strategies that enhance treatment engagement. Individuals addicted to methamphetamine enter treatment programs with severe paranoid and anxiety and almost universal ambivalence about stopping their drug use. Clinical techniques, including contingency management and motivational interviewing should be used to promote treatment entry.

- Employ operational procedures that speed the admission process into the clinic (e.g. same day appointments for an initial appointment, evening appointments for working patients and provision of child care services for parents).

- Focus efforts on retention in treatment and promoting program completion. There is a strong relationship between length of time in treatment and positive outcomes (i.e., clients who complete treatment programs have better outcomes than those who do not, and the longer clients stay in treatment the better the outcomes). Consider treatment involvement that is long enough to be effective (4-6 months minimum). But not so long as to make program completion unlikely. Following program completion, encourage and support clients' efforts to stay in long term support activities (e.g.) Alcoholics Anonymous, Narcotics Anonymous, counseling, religious or spiritual activities, and recreational programs.

- Consider urine testing an essential, required component of treatment for methamphetamine users. Urine testing can monitor client progress and provide clear, objective information on drug use status. In addition providing positive incentives as in contingency management techniques, for drug free test results is a powerful tool in promoting drug abstinence. Methamphetamine positive drug test results should alert providers that possible changes in the treatment plan may be needed.

- Promote family involvement in treatment. Helping family members and close friends understand the process of addiction and recovery can be extremely useful in promoting a client's treatment progress. Successfully involving families in the process enhances treatment outcomes, but intensive family therapy is not required to make family involvement useful.

- Firmly encourage abstinence from alcohol and other drugs. Achievement and maintenance of methamphetamine abstinence is strongly related to abstinence from alcohol marijuana and other drugs. (California Department of Alcohol and Drug Programs, 2007)

REFERENCES

1. Treatment for Stimulant Use Disorders; Treatment for Stimulant Disorders, Treatment Improvement Protocol Series, No. 33 Publication NO. (SMA) 99-329, Washington D.C.: Center for Substance Abuse Treatment, U.S. Department of Health and Human Services, 1999
2. S.T. Higgins, A.J. Budney, W.K. Bickel, J.R. Hughes, F. Foerg and G. Badger, "Achieving cocaine abstinence with a behavioral approach," American Journal of Psychiatry, 150, No. 5, 1993, 763-769
3. R.D. Weiss, M.L.Griffen, R.J. Gallop, et al., "The effect of 12-step and self-help group attendance and participation on drug use outcomes among cocaine-dependent patients, "Drug and Alcohol Dependence, 77, No.2 2005, 177-184
4. P. Crits-Christoph, L. Siqueland, J. Baoline, et al., "Psychosocial treatments for cocaine dependence: National Institute on Drug Abuse Collaborative Cocaine Treatment Study, "Archives of General Psychiatry, 56, No. 6 1999, 493-502

5. N.M. Petry, J.M. Peirce, M.L. Stitzer, et al., "Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs; a national drug abuse treatment clinical trials network study," Archives of General Psychiatry, 62, N. 10, 2005, 1148-1156.
6. R.A. Rawson, N.McCann, F. Flammino, etal. "A comparison of contingency management and cognitive – behavioral approaches for stimulant-dependent individuals," Addiction, 101, No. 2, 2006, 267-274.
7. R.A. Rawson, P.Marinelli-Casey, M.D. Anglin, et al., and the Methamphetamine Treatment Project Corporate Authors, "A multi-site comparison of psychosocial approaches for the treatment of methamphetamine dependence," Addiction, 99, No. 6, 2004, 708-717CA (California Department of Alcohol and Drug Programs, 2007)

The Mesa County Methamphetamine Task Force's online document "**Guiding Principles of Effective Treatment, Defining Best Practices"** (Draft 6/15/06) incorporates the NIDA underlying substance abuse treatment strategies. The following are from Mesa County's list and are highly recommended as standards by this author:

- *That treatment needs to be individualized to each person,*
- *Treatment should be provided through a continuum of care,*
- *Services should be comprehensive,*
- *Should be research-based as evidenced through current research, utilizing best practices that have been proved to change behavior,*
- *Should be readily available and affordable,*
- *Should incorporate the use of a multi-disciplinary team,*
- *Case management is a critical element,*
- *Should incorporate regular substance testing,*
- *Should incorporate outcome and quality assurance measures.* *(Mesa County)*

Incorporating the preceding "Guiding Principles" and the Criteria and Strategies for Effective Treatment the Matrix Model is recommended for consideration for use by a program that treats people who have a methamphetamine addiction. This is the model that is used by Rocky Mountain Behavioral Health's women's treatment program in Canon City.

THE MATRIX INTENSIVE OUTPATIENT TREATMENT MODEL FOR PEOPLE WITH STIMULANT DISORDERS (IOP)

This is a structured treatment model which was developed initially in the 1980s when the traditional treatment models were tailored to the treatment of alcoholism. The model is research based and was developed in response to the increased numbers of people entering the treatment system with cocaine or methamphetamine dependence.

The model has been evaluated a number of times including a 1998 multisite study conducted through SAMSHA, the Methamphetamine Treatment Project. The study compared the clinical and cost effectiveness of treatment. No significant differences in substance use and functioning were found between "Treatment as Usual" (TAU) programs and Matrix groups at discharge and at 6 month follow-up. The Matrix model participants: had consistently better treatment retention rates than did TAU participants, were 27 percent more likely than TAU participants to complete treatment and were 31 percent more likely than TAU members to have methamphetamine free urine test results while in

treatment. At 6 month follow up more than 65 percent of both groups had negative urine tests for methamphetamine and other drugs.

Treatment materials draw heavily on other tested treatment approaches. Detailed treatment manuals contain work sheets for individual sessions; other components include family educational groups, early recovery skills groups, relapse prevention groups, conjoint sessions, urine tests, 12-step programs, relapse analysis, and social support groups.

A number of projects have demonstrated that participants treated with the Matrix model demonstrate statistically significant reductions in drug and alcohol use, improvements in psychological indicators, and reduced risky sexual behaviors associated with HIV transmission. These reports, along with evidence suggesting comparable treatment response for methamphetamine users and cocaine users and demonstrated efficacy in enhancing naltrexone treatment of opiate addicts, provide a body of empirical support for the use of the model.

References:

Huber, A.; Ling, W.; Shoptaw, S.; Gulati, V.; Brethen, P.; and Rawson, R. Integrating treatments for methamphetamine abuse: A psychosocial perspective. Journal of Addictive Diseases 16: 41-50, 1997.

Rawson, R.; Shoptaw, S.; Obert, J.L.; McCann, M.; Hasson, A.; Marinelli-Casey, P.; Brethen, P.; and Ling, W. An intensive outpatient approach for cocaine abuse: The Matrix model. Journal of Substance Abuse Treatment 12(2): 117-127, 1995.

The Matrix Outpatient treatment material contains: Counselor's Treatment Manual, Counselor's Family Education Manual, and a CD-ROM which accompanies the Counselor's Family Education Manual, Client's Handbook, and Client's Treatment Companion.

These materials are all available through www.nacadi.smsha.gov. at no cost. They may be downloaded from the site as well.

WOMEN AND FAMILIES

The effects of substance use disorders are exacerbated in women and their families since substances affect women differently. Women's addictions progress more quickly than men's and women develop related diseases earlier than men do. Substance abuse can have permanent, severe and lasting mental health, physical health, and social consequences for pregnant and parenting women and their children and families.

For women, substance abuse is linked to sexual assault, unwanted pregnancies, diseases such as lung cancer, cirrhosis and AIDS, skyrocketing prison populations and child)abuse and neglect. ("ATOD - Women and Girls", July, 1999, New Futures)

"Children of addicted parents are the highest risk group of children to become alcohol and drug abusers due to both genetic and family environment factors." (Kumpfer, K.L., "Children of Addicted Parents", NACOA Newsletter, 2/2000)

Substance abuse is a contributing factor in child abuse and neglect cases for 40% or more of the 1.2 million annual confirmed cases of child maltreatment and in 40-80% of families involved with the child welfare system.

Although women are estimated to comprise 34% of all persons with substance use disorders in the United States psychosocial and financial barriers prevent many women from seeking treatment. There is evidence that increasing the focus of treatment on concerns specific to women such as adding treatment components that specifically address women's issues and increasing female staff; improves treatment outcomes for women. (Clinical Resources: Practical Guidelines, American Psychiatric Association, 6/2000) Single mothers who may lack economic resources in addition to familial support need particular assistance to enter and participate in drug treatment activities. (Grella) Women may seek treatment in response to different social forces and men and men drug users encounter different types of reactions and support from others for entering drug treatment. (Grella and Joshi)

The financial impact of women's substance use disorders extends into every area of the county including: hospital impatient and emergency rooms, obstetrical care, pediatric and neonatal intensive care, all levels of education, child care providers, TANF, Employment Security, Medicaid, Medicare, private health insurance, out of home placements, CPS, foster care, adoptions, home based health services, housing, homeless shelters, domestic violence services, specialized substance abuse treatment, prisons and parole, probation, the courts, and law enforcement. (Lastovica, 2003)

Other issues of importance to the majority of substance use disordered women are:

- Trauma: estimates are that 50%- 75% of women presenting for substance abuse treatment have a history of childhood physical or sexual traumas. Survivors of abuse are also at increased risk of suffering from anxiety, depression and other psychological problems. (Harwood et.al., "Women and Substance Abuse").
- Relationships: Women's primary and traditional relationships are based on giving care to others. (Howell and Chasnoff; 1998) Women view themselves in the context of relationships, which affects treatment needs. Women who abuse substances are more likely than men are to be in

relationships with drug using partners or spouses. These women are less likely than their male counterparts to have someone actively supporting them in treatment. The multiple roles of homemaker, parent, daughter, partner, student and having primary responsibility for childcare often interfere with women's access to substance abuse treatment and earning capacity. (Karutzos, Caddell & Dennis 1994, in Harwood) For many women drinking with their partner was integral to their relationships and more men than women have family support.

- Domestic violence and self-defeating relationships that are a way of life for many substance use disordered women.
- Guilt and shame are issues that pregnant and parenting women bring to their recovery and continue to manage for the rest of their lives.
- Co-occurring (mental health) diagnoses that are different from those of men. Often described are childhoods lacking basic security and safety. (Cosden and Corgez-Izzon)
- Stigma that society confers on women who have substance use disorders.
- Pregnancy: pregnant women with substance use disorders are at high risk for sexually transmitted diseases, hepatitis, anemia, tuberculosis, hypertension and pre-eclampsia. The presence of a substance use disorder can also affect the women's ability to maintain a healthy lifestyle with proper nutrition and obtaining health care. Fetal concentrations of abused substances average 50-100% of maternal levels and in some instances are higher. The circulation of active drug metabolites is another source of fetal exposure to potentially toxic substances.
- Custody of children: Separation of mothers from their infants should be based on an informed policy that helps mothers to get treatment and prepare an appropriate environment for reunification with their children. Anger at the women results in counterproductive responses. And, when children are removed from their care many women will again become pregnant. (Lastovica, 2003)

Gestational exposure to licit and illicit drugs of abuse is the single largest preventable cause of *in utero* developmental compromise of infants in the U.S. today. (Lester and Twomey, 2008)

METHAMPHETAMINE AND WOMEN

As with other drug use there are gender differences in risk factors, effects of the drug, intervention methods and most effective treatment modalities.

The following characteristics are common to women who are using methamphetamine:

- Histories of physical and sexual abuse
- Mental health: depression, anxiety, self-esteem, verbal communication difficulty, hypersexuality, antisocial behavior, paranoia, violence
- Rates of use in women are higher than for other illicit drugs
- Higher proportion of users are women
- Initiation of use of MA for women may be when offered by a boyfriend presenting it as an expression of affection and enhancing partying experiences.
- Appetite suppressant >can result in rapid weight loss.
- Enhances mood and may used to self medicate for depression.
- Increases energy and in early stages of use can increase productivity.
- Dental problems
- Insomnia

- Scarred skin – scratching, trauma
- A way to escape unwanted feelings (abuse, violence, trauma) such that the person may actually feel that those feelings have gone away.
- Risky sexual behaviors> Increased risk for STD, pregnancy and risk of HIV
- Relationship issues: Partners, family, friends, children
- Polydrug use

(California Department of Alcohol and Drug Programs, 2007)

Long term use of methamphetamine may cause a woman to lose sexual desire and the ability to achieve orgasm and this presents a relapse risk. She may relapse in an effort to try to have a satisfactual sexual experience and there may also be pressure to trade sex for food and shelter. (TIP, Series 33)

METHAMPHETAMINE, PREGNANCY AND PARENTING

Prenatal methamphetamine exposure is a serious public health concern. These children will certainly need many of the same services as other high-risk, drug-exposed children: drug treatment for the mothers, early intervention services for the children, and a comprehensive system of follow-up and support for the entire family.

Prenatal exposure:

- Research issues: Poly-drug use, nutrition, prenatal care, age; timing, amount, controls
- Pregnancy: abuse, environmental
- Premature delivery; placental abruption, fetal growth retardation, withdrawal
- Maternal high BP, renal disease
- Birth defects
- Low birth weight
- Learning disabilities
- Developmental disorders
- Cognitive deficits
- Labs – toxic chemicals, toxic fumes, waste, needles, other drugs, drug paraphernalia, weapons, booby traps
- Children - vulnerable - developmental stages
- Neglect, parenting - erratic, paranoia, irritability, chronic neglect, malnutrition > lose children

ALCOHOL, PREGNANCY AND PARENTING

Prenatal exposure:

FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

- 33% of all mental retardation
- Decreased brain development, Fetal Alcohol Syndrome facial features
- Placenta abruption
- Spontaneous abortions
- Premature placental separation
- Growth retardation
- Permanent
- Extraordinary parental stress

(SAMHSA News Vol. 14, #4)

WOMEN'S TREATMENT

CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) GUIDELINES, STANDARDS FOR WOMEN'S TREATMENT:

"Alcohol and drug abuse cannot be separated from the social, emotional and economic conditions in women's lives. These conditions shape both a woman's illness and her recovery. Our chemical dependency prevention and treatment system must become more attuned to the lives of women and children including providing the supports necessary for treatment access and success, such as transportation, housing, parenting supports and childcare without considering such supports as enabling.

At the very least we need to develop ways to offer services to women and children that apply to their relational lives as *family and community members, that are preventive in nature and that offer support services In a community setting such as family support centers. Such a center would be strongly connected to the local community, would presume normalcy not pathology and would work to empower parents as partners, acknowledging their strengths and expertise while providing them, with a range of normal and informal support services from staff as well as from each other. Connection to the long-term support and treatment necessary for families and individuals would be essential.*

In the final analysis we must begin to develop systems that offer America's women, children and families coordinated comprehensive and multidimensional health education and support services if we are to have any hope of preventing and intervening early in alcohol and drug problems in women and children.

While the impact of perinatal substance abuse can be far reaching it is incumbent for policy makers in the chemical dependency and other health and human service fields to ensure those women will be able to access a non-punitive and appropriate system of care. Policy makers and direct providers of services to substance use disordered pregnant women must provide vigorous leadership throughout the state in helping the public and all professionals to understand the brain disorder of chemical dependency particularly in women. Leadership will help to bring others to understand that an accessible, compassionate, continuum of care will help to interrupt progression of the disease and will result in

decreased harm to the woman, her children and other family members and decrease associated financial burdens." (CSAT)

For many women the issues influencing their use and decisions to find help for the addiction are:

- Enormous **guilt and shame** heavily influenced by societal stigma against women who have addictions
- Perceptions of being inadequate inept and unable to achieve personal goals
- Increased likelihood of beginning substance use in response to personal trauma and losses (divorce, infidelity, children leaving home, death, desertion etc. (Perinatal Task Force)
- Sexual issues: may never have had a relationship without alcohol or other drugs
- Faster progression of health effects
- **Fears:** of losing their children, fear of harming fetus by use (so fear of prenatal care), fear of partner
- Treatment programs which do not address women's physical, mental and emotional needs e.g. safety, child care, health issues such as pregnancy risk, menstrual problems, reproductive health, sexual issues, history of abuse.
- Lack of transportation
- Lack of specialized treatment programs
- Lack of children's services e.g. health, transportation

Intervention points in a community's system of care and services for women and families:

- Pediatricians
- Child welfare
- Alliance against Domestic Violence
- Primary care health providers, obstetricians, nurses, public health, clinics
- Criminal justice
- Mental health
- Socials service agencies

PREGNANT & PARENTING WOMEN, SUBSTANCE ABUSE TREATMENT

Perinatal substance abuse is use of alcohol, tobacco, illicit substances, and inappropriate use of over-the-counter or prescribed medications in pregnancy. The degree of risk is dependent on many factors: Dosage, Timing, Individual susceptibility of mother and unborn, Presence of other know risk factors: age, nutrition, physical and emotional conditions (NH Perinatal Alcohol, Tobacco and Other Drug Use Task Force)

One research based intervention/treatment program found that "women referred to this clinic based program had a much higher incidence of multiple life problems and social risk factors (significant mental health problems, inadequate housing, and a history of sexual abuse/domestic violence) than those not referred, had lower average family incomes, and were more often unmarried. The high incidence of multiple life problems among substance using pregnant women complicated their treatment, seriously challenged the time and resources of the counselors, and often overwhelmed the substance abuse issues in the lives of clients. This suggests the need for a more integrated and comprehensive service

approach to assist women for whom substance abuse is likely to be but one of several serious life problems." (Baby Steps to Recovery, 1996)

- Studies are limited by methodological problems including small sample size, many confounding variables, inability to randomize patients to treatment conditions, and unblinded observers.
- There is no "one size fits all' model but there are strategies that can be drawn from different models that can be adapted to a specific population.
- Choice of a specific approach depends, in part, on the circumstances of the particular population - there is consensus that comprehensive treatment is preferred. (Lester and Twomey, 2008)

Approaches

- Treatment that begins during pregnancy.
- Increased length of treatment, whether residential or outpatient.
- Comprehensive treatment including, but not limited to, prenatal care, mental health services, child care, parenting and women's issues.
- Home based
- Motivational interviewing and contingency management.
- Emphasis on the mother-infant relationship.
- Treatment integrated with child protective services and the court, such as the establishment of family treatment drug courts.
- Empowerment
- Integrate trauma informed techniques
- Nutrition, exercise
- Self esteem work related to body image
- Women only venue
- Relapse: meth using partner; sexual
- Family oriented

(Lester and Twomey, 2008)

ASSESSMENT

Chaffee County has a substance abuse problem. Alcohol and marijuana were the drugs responsible for most treatment admissions and arrests. Non-medical prescription medication abuse treatment admissions are rising and use by students is a problem. Methamphetamine related arrests and treatment admissions decreased while cocaine use is seen to be rising again. The rate of treatment admissions for marijuana from 2001-2006 was higher than the state's. Because of data collection issues it is difficult to make direct comparisons with other communities and nationally. Our alcohol use levels, by every measure, are high. What can we really tell from data where Park County's six year total for misdemeanor drug use and alcohol violations is higher than Chaffee's and Chaffee has a higher number of criminal drug filings and arrests for underage alcohol violations. Data is old by the time we can access it. The best way to use the school survey data is to compare it to itself over time. An effective way to find out what is going on in the community is to talk about the issues with the people who are affected by them.

For the people whose lives are affected by substance abuse it's not important if the county has an average or greater than average substance abuse problem. And it is the entire county that is affected by substance use – from the DUIs, alcohol related crashes, to the emergency room, deaths, lost productivity in the workforce, from those who are born with Fetal Alcohol Syndrome to the schools who must educate them, from the disrupted classrooms and learning, to senior citizens living with addiction and so on. The resources of the community are strained by the effects of substance abuse and addiction.

While there is a comprehensive system in place in the county to assess prevention needs and to plan and implement related services there does not seem to be a high level of awareness of those services in the community as a whole. These prevention activities are focused on children and families.

There is treatment available and that system would also benefit from an increased level of community awareness. Sometimes it was difficult to find a program's phone number and it was not always possible to stop by a program because it was closed for a period of time. Other professionals in the community were sometimes not aware of the programs or what kind of service was provided.

The area would seem to be small enough to initiate, develop and maintain an integrated continuum of care for those affected by substances and for those at risk to be affected. An organized interagency community based prevention, intervention, treatment approach to the multiple issues related to substance abuse of people of all ages would be beneficial to those in

need of or potentially in need of services. In such a system people would be able to enter the system whenever and wherever they appear.

Theoretically there appear to be enough outpatient treatment providers but there is little specialized treatment programming for other than male offenders or DUI clients in the county. Substance abuse treatment providers (there are 4 counselors at this time in the practices in the county) all report they do not have waiting lists and the six year (2001-2006) total for treatment admissions for all county residents receiving treatment in or out of the county is less than 900. A further analysis is needed to assess if there are enough clients or potential clients to justify further developing additional programs.

Substance abuse providers could perhaps collaborate on offering services to the smaller populations with unique needs such as pregnant women. With increased staffing/funding perhaps substance abuse treatment administrators would have the time to be more involved in the community.

Prevention, intervention and treatment of substance abuse in women of childbearing and parenting ages are critical. Substance use during pregnancy poses a great risk for the unborn child, the pregnant woman and for parenting. Delivery of quality services to this population requires a high degree of interagency collaboration and training to form a seamless system of care.

Treatment for a pregnant woman is prevention for a child and a community.

RECOMMENDATION

Form a community-wide coalition to work towards a comprehensive systemic approach to prevention, intervention and treatment for people of all ages who abuse any substances.

1. The coalition to include but not be limited to:
    - Health care community – private and public
    - DHS, Public Health
    - Mental Health, Substance Abuse providers
    - Educators, Students
    - Youth prevention providers/specialists
    - College faculty and students
    - Parents, Senior citizens
    - Recovering citizens
    - Criminal Justice System
    - Domestic violence
    - Media

- Businesses e.g. realtors, restaurants, contractors, recreation industries
- Child Welfare services
- Child care programs including Head Start
- Court Appointed Special Advocates, Guardians at Litem.

2. Assess current level of functioning of systemic integration of services. Consider: communication, collaboration, grant writing, barriers to integration, feasibility of agency collaboration to jointly deliver services to smaller specialized populations e.g. women, pregnant women, disabled, ethnic groups, senior citizens, etc. Develop an integrated approach to assessing and treating clients who have co-occurring mental and substance use disorders.

3. Review and decrease barriers to accessing care for substance abuse treatment related services. e.g.:
    - Transportation, Payment, insurances
    - Substance abuse providers deliver onsite services at agencies
    - Increase provider visibility e.g. Phone book, brochures, serving on community committees etc
    - Support services for women's treatment e.g. child care
    - Resource directories distributed to community service providers

4. Broaden prevention programs/activities to targeted adult populations: evaluate the need for adolescent and children's services - additional prevention, intervention and treatment programs.

5. Develop a community wide approach to instituting an integrated system of education and training for health care, substance abuse and other professionals regarding substance abuse interventions.

6. Develop an integrated online data collection system.

Appendix B

Chaffee County
Community Assessment 2008-09

Key Informant Questionnaire

Global Questions

1. Please describe what it is like to live in Chaffee County.

2. What are the greatest strengths of Chaffee County?

3. To follow up on that question, what are areas in need of improvement in Chaffee County?

Core and Culture

4. How would you describe the culture of Chaffee County? In what ways is our county diverse?

5. What are some of the prevailing values and beliefs in Chaffee County?

Health and Human Services

6. What are the three (3) most important health issues in Chaffee County?

7-a. How accessible and adequate are primary health care and other human services in Chaffee County?

7-b. If you view primary health care or human services as inadequate, how might the need be addressed?

8. How adequate and accessible are mental health services within Chaffee County?

9. How adequate and accessible are dental services for children in Chaffee County?

10. Does Chaffee County have adequate programs which promote healthy lifestyles? Yes No
How do residents obtain information about these programs?

Physical Environment

11-a. Please identify any environmental concerns or hazards in Chaffee County.

11-b. What has been the response to these issues?

12. What are your thoughts about housing and development for Chaffee County?

Economics

13. What is your overall impression of the local economy?

14. How affordable is it to live in Chaffee County?

Safety and Transportation

15. What are the transportation needs of people in Chaffee County?

16-a. What do you know about emergency preparedness in Chaffee County?

16-b. How prepared do you think people, clinics, hospitals, and government agencies are for a possible future disaster?

Communication

17. How do residents of Chaffee County obtain information about community resources?

18. How could information be better disseminated in Chaffee County so that more people would be informed about community resources and opportunities?

Recreation

19. What do the people in Chaffee County do for leisure and recreation?

20. Do recreational opportunities cater to Chaffee County community members or to tourists? *Please explain.*

21. How adequate and accessible are the recreational activities, programs and facilities for residents of Chaffee County?

For youth

For adults

For seniors

General

22. Is there anything else you would like to discuss about living in Chaffee County that was not addressed in this document?

Chaffee County
Community Assessment 2008-09

Key Informant Questionnaire On-line

Global Questions

1. Please describe what it is like to live in Chaffee County.

2. What are the greatest strengths of Chaffee County?

3. To follow up on that question, what are areas in need of improvement in Chaffee County?

Core and Culture

4. How would you describe the culture of Chaffee County? In what ways is your county diverse?

5. What are some of the prevailing values and beliefs in Chaffee County?

Health and Human Services

6. What are the three (3) most important health issues in Chaffee County?

7-a. How accessible and adequate are primary health care and other human services in Chaffee County?

7-b. If you view primary health care or human services as inadequate, how might the need be addressed?

8. How adequate and accessible are mental health services within Chaffee County?

9. How adequate and accessible are dental services for children in Chaffee County?

10. Does Chaffee County have adequate programs which promote healthy lifestyles? Yes/No
How do residents obtain information about these programs?

Physical Environment

11-a. Please identify any environmental concerns or hazards in Chaffee County.

11-b. What has been the response to these issues?

12. What are your thoughts about housing and development for Chaffee County?

Economics

13. What is your overall impression of the local economy?

14. How affordable is it to live in Chaffee County?

Safety and Transportation

15. What are the transportation needs of people in Chaffee County?

16-a. What do you know about emergency preparedness in Chaffee County?

16-b. How prepared do you think people, clinics, hospitals, and government agencies are for a possible future disaster?

Communication

17. How do residents of Chaffee County obtain information about community resources?

18. How could information be better disseminated in Chaffee County so that more people would be informed about community resources and opportunities?

Recreation

19. What do the people in Chaffee County do for leisure and recreation?

20. Do recreational opportunities cater to Chaffee County community members or to tourists? *Please explain.*

21. How adequate and accessible are the recreational activities, programs and facilities for residents of Chaffee County?

For youth
For adults
For seniors

General

22. Is there anything else you would like to discuss about living in Chaffee County that was not addressed in this document?

Appendix C

Chaffee County Community Health Survey 2008

This community survey is part of a larger study to help guide health programs in Chaffee County over the next five years. Results will be made available to the public. Filling out the survey should only take 10-15 minutes, and your responses are completely anonymous. Your opinion is important!

Please return this survey to the Chaffee County Public Health Office at 209 E. 3rd St. Salida or 114 Linderman Ave. Buena Vista by Sept. 30th. If you have any questions, please contact our office at 539-4510.

1. Area in which you live or that is closest to your home? If you are a part-time resident, indicate the area in which your part time home is in.

☐ Salida 81201 ☐ Buena Vista 81211 ☐ Poncha Springs 81242 ☐ Nathrop 81236 ☐ Granite 81228
☐ Unincorporated Chaffee County ☐ I don't live in Chaffee County ☐ Other

2. What is your sex? ☐ Male ☐ Female

3. How old are you?

☐ <15 ☐ 15-17 ☐ 18-20 ☐ 21-29 ☐ 30-39 ☐ 40-49 ☐ 50-64 ☐ 65-74
☐ 75-84 ☐ >85

4. How do you describe yourself? You can choose one answer OR more than one.

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ OTHER (Please specify)_____

5. What language do you normally speak at home? ☐ English ☐ Spanish ☐ Other (please specify) _____

6. During the past 12 months, was the total combined income of all members of your household before taxes…(Household refers to yourself and anyone with whom you live)

☐ <$10,000 ☐ $10,000-$19,999 ☐ $20,000-$29,999 ☐ $30,000-$39,999 ☐ $40,000-$49,999
☐ $50,000-$59,999 ☐ $60,000-$69,999 ☐ $70,000-$79,999 ☐ $80,000-$89,999 ☐ $90,000-$99,999
☐ >$100,000

7. Highest educational level completed?

☐ Less than 12 years ☐ High school diploma or GED ☐ Some college ☐ Bachelor's Degree ☐ Master's Degree or higher

8. Are you a full time or part time resident of Chaffee County? ☐ Full time ☐ Part time (live in County less than 9 months a year)

9. How long have you lived in Chaffee County? ☐ < One year ☐ 1 to 5 years ☐ 6 to 10 years ☐ 11 years or more

10. Where do you get health information (e.g. information on local health care resources, educational information, etc.)? Please check all that apply.

☐ Posters ☐ Friends/family ☐ Local newspapers ☐ Churches
☐ Healthcare providers ☐ Newsletters ☐ TV news ☐ Social service offices
☐ Radio ☐ Grocery stores ☐ WIC ☐ Internet
☐ Bulletin Boards

☐ Other (please specify): _____

11. Is anyone in your household currently having trouble getting medical care, due to the issues listed below? Please check all that apply.

☐ Cost of medical care ☐ Lack of insurance coverage ☐ Inadequate insurance coverage ☐ Deductible too high
☐ Cost of prescription drugs ☐ Language or cultural differences ☐ Lack of information about available medical resources ☐ Fear of deportation ☐ Transportation

☐ Other (please specify): _____

12. Does everyone in your household have health insurance?

☐ Yes, everyone has health insurance in my household
☐ No, at least one person in my household does not have health insurance

13. Does everyone in your household have dental insurance?

☐ Yes, everyone has dental insurance in my household
☐ No, at least one person in my household does not have dental insurance

IF EVERYONE IN YOUR HOUSEHOLD HAS BOTH HEALTH AND DENTAL INSURANCE, SKIP TO QUESTION 16.

14. Who in your household lacks health and/or dental insurance? Please check all that apply.

	Health Insurance	**Dental Insurance**
You	☐	☐
Spouse/Partner	☐	☐
Children	☐	☐
Parent(s)	☐	☐
Roommate(s)	☐	☐

15. Why do people in your household not have health and/or dental insurance? Please check all that apply.

	Health Insurance	Dental Insurance
Employer doesn't offer insurance	☐	☐
Can't afford employee contribution to employer's insurance package	☐	☐
Can't afford individual insurance	☐	☐
Can only afford catastrophic insurance (health only)	☐	N/A
Rejected or dropped from individual plan due to pre-existing conditions	☐	☐

☐ Other (please specify): _____

FOR THIS SECTION, CHECK ALL THE RESPONSES THAT APPLY FOR EACH QUESTION.

16. Have there been any children (0-18 years of age) in your household who have been affected by any of the following issues in the past five years?

☐ Developmental delays ☐ Behavioral delays ☐ Mental health issues
☐ Childhood obesity ☐ Inadequate nutrition ☐ Physical limitations
☐ Out of home care for special needs ☐ Need for screening and diagnosis ☐ None

☐ Other (please specify): _____

17. Has anyone in your household been affected by any of the family planning issues listed below during the past five years?

☐ Teenage sexual activity ☐ Teenage pregnancy ☐ Unplanned/mistimed pregnancy
☐ Inability to get prenatal care ☐ Inability to get family planning information, birth control, or other reproductive health services ☐ None

☐ Other (please specify): _____

18. Has anyone in your household been affected by the chronic diseases listed below in the past 5 years?

☐ Heart disease ☐ Stroke ☐ High blood pressure ☐ Diabetes
☐ Asthma ☐ Cancer ☐ Lung disease ☐ None

☐ Other (please specify): _____

19. Has anyone in your household been affected by the mental health issues listed below during the past 5 years?

☐ Depression/anxiety ☐ Stress ☐ Diagnosed mental illness (other than depression/anxiety)
☐ Eating disorders ☐ Suicide or suicide attempts ☐ Inability to maintain employment due to mental health issues
☐ Child abuse/neglect ☐ Lack of affordable mental health services ☐ Lack of quality mental health services
☐ None

☐ Other (please specify): _____

20. Has anyone in your household been affected by any of the following safety issues during the past 5 years?

☐ Guns ☐ No access to gun locks ☐ Drunk driving
☐ Domestic violence ☐ Sexual assault ☐ Lack of child injury prevention programs
☐ On-the-job injuries ☐ Falls ☐ Lack of helmet use (including bicycle, ski, ATV, motorcycle)
☐ Water safety ☐ Sports injuries ☐ None

☐ Other (please specify): _____

21. Has anyone in your household been affected by the infectious disease issues listed below in the past 5 years?

☐ Food/water borne illness (e.g. giardia, salmonella) ☐ Hepatitis ☐ HIV/AIDS
☐ Sexually transmitted diseases other than HIV ☐ Influenza ☐ Pneumonia
☐ Tuberculosis ☐ West Nile Virus ☐ None

☐ Other (please specify):_____

22. Has anyone in your household been affected by any of the vaccine or immunization issues listed below in the past 5 years?

☐ Problems getting children immunized ☐ Child did not get immunized for religious reasons
☐ Problems getting adults immunized ☐ Child did not get immunized for other reasons
☐ Don't know where to get free/reduced cost immunizations ☐ None
☐ Other (please specify): _____

23. Has anyone in your household been unable to get enough physical activity due to the issues listed below during the past 5 years?

☐ Overweight/obesity ☐ Unaddressed medical issues ☐ Physical limitations
☐ Lack of recreation programs/facilities ☐ Lack of a close neighborhood playground for children ☐ Lack of time
☐ Not enough access to paved trails/sidewalks ☐ Not enough access to parks/open space ☐ None

☐ Other (please specify): _____

24. Has anyone in your household been affected by any of the environmental issues listed below during the past 5 years?

☐ Outdoor air quality
☐ Water quality
☐ Bug or rodent infestation
☐ Noise
☐ Mold
☐ Workplace exposure to hazardous materials (e.g. pesticides, chemicals, etc)
☐ Sun exposure
☐ Lack of affordable housing
☐ Inaccessibility of public places for people with disabilities
☐ Lack of access to transportation
☐ Trouble affording heating bills
☐ None

☐ Other (please specify): _____

25. Has anyone in your household been affected by any of the following nutritional issues in the past 5 years?

☐ Overweight/obese
☐ Lack of knowledge about nutrition
☐ Lack of meal planning
☐ Cost of healthy foods
☐ Unhealthy eating habits
☐ Not getting enough physical activity
☐ Junk food/soda at schools
☐ None

☐ Other (please specify): _____

26. Do you believe that tobacco use is a problem in our county, and if so why? Check all that apply.

☐ Tobacco use is not a problem in my community
☐ Too many young people smoke
☐ Too many adults smoke
☐ Too many pregnant women smoke
☐ Too many young people use chewing tobacco (spit)
☐ Too many adults use chewing tobacco (spit)
☐ Not enough education about tobacco
☐ Lack of enforcement of rules about minimum age for purchasing tobacco
☐ Lack of enforcement of smoking ban
☐ Not enough resources for people trying to quit
☐ Not enough social or professional support for people trying to quit
☐ People smoke at home or in their cars

☐ Other (please specify): _____

27. Do you believe that alcohol and use of other drugs is a problem in our county, and if so why? Check all that apply.

☐ Alcohol and other drugs are not problems in my community
☐ Acceptability of use of alcohol and other drugs among adults
☐ Rural nature of Chaffee County
☐ Not enough public education on alcohol and other drugs
☐ Acceptability of use of alcohol and other drugs among youth
☐ Not enough education in schools about alcohol and other drugs
☐ Not enough resources for people seeking treatment
☐ Not enough enforcement of existing laws

☐ Other (please specify): _____

28. What do you think are the THREE most important overall health problems in this county? (Those problems that have the greatest impact on overall health). Please select only three responses and number them 1-3.

☐ Poor nutrition at home or in school	☐ Lack of access to health care services	☐ Lack of after-school recreational activities for children and youth	☐ Neighborhood crime	☐ Tobacco use	☐ Children's health issues
☐ Lack of access to family physicians	☐ Lack of affordable health insurance	☐ Lack of accurate information about community resources	☐ Family violence	☐ Alcohol abuse	☐ Child abuse and neglect
☐ Lack of community care for frail elders	☐ Lack of access to mental health services	☐ Lack of leadership in addressing local health problems	☐ Lack of access to dentists	☐ Illicit drug use	☐ Low paying jobs with no benefits
☐ Lack of access to reproductive health care/family planning services	☐ Lack of prenatal care for pregnant women	☐ Not enough doctors to see people with no health insurance	☐ Lack of affordable housing	☐ Childhood poverty	☐ High school drop out rates
	☐ Lack of diabetic education	☐ Lack of access to specialty health care services			
		☐ Lack of emergency preparedness			

☐ Other (please specify)

_____

For the remaining questions, please select the appropriate response based on whether or not you believe the resources listed below are adequate for the residents of your community, as a whole.

29. My community has adequate…	Agree	Disagree	I don't know
Education for children	☐	☐	☐
After school programs	☐	☐	☐
Child care facilities	☐	☐	☐
Preschool facilities	☐	☐	☐
Recreational programs for children	☐	☐	☐
Neighborhood playgroups	☐	☐	☐
Services for children with special needs	☐	☐	☐
Health education for children in schools	☐	☐	☐

30. My community has adequate…	Agree	Disagree	I don't know
Jobs with career growth	☐	☐	☐
Opportunities for job training	☐	☐	☐
Opportunities for higher education	☐	☐	☐
Opportunities to earn a living wage	☐	☐	☐
Affordable housing	☐	☐	☐
Jobs with a reasonable commute	☐	☐	☐
Resident support for locally owned businesses	☐	☐	☐
Jobs that offer reasonable health insurance	☐	☐	☐

31. My community has adequate…	Agree	Disagree	I don't know
Fire Protection	☐	☐	☐
Law enforcement	☐	☐	☐
Emergency medical services	☐	☐	☐

32. My community has adequate…	Agree	Disagree	I don't know
Relationships among neighbors	☐	☐	☐
Community support groups	☐	☐	☐
Faith-based organizations	☐	☐	☐
Human service organizations	☐	☐	☐

33. My community has adequate…	Agree	Disagree	I don't know
Recreational programs for adults	☐	☐	☐
Access to open space	☐	☐	☐
Sidewalks and paved trails	☐	☐	☐
Bike lanes on roads	☐	☐	☐
Parks	☐	☐	☐

34. My community has adequate…	Agree	Disagree	I don't know
Water quality	☐	☐	☐
Air quality	☐	☐	☐
Waste management	☐	☐	☐
Sewer treatment systems	☐	☐	☐
Growth and development plans	☐	☐	☐
Food inspection and safety programs	☐	☐	☐
Protection from second hand smoke	☐	☐	☐
Disaster response plans (e.g. to natural disasters, disease outbreaks)	☐	☐	☐

35. My community has adequate…	Agree	Disagree	I don't know
Housing for seniors	☐	☐	☐
Transportation for seniors	☐	☐	☐
Recreational activities for seniors	☐	☐	☐
Assisted living for seniors	☐	☐	☐
Supportive services for seniors	☐	☐	☐

GENERAL COMMENTS: Please feel free to add any additional comments about health issues within Chaffee County.

Appendix D

Chaffee County
Community Assessment 2008-09

Key Informant Questionnaire

Global Questions

1. Please describe what it is like to live in Chaffee County.

1. I enjoy the beauty and opportunities in Chaffee County.
2. It is great fun and there is a lot of outdoor things to do here....limited activities for children...the joke is 'it is a great place to live, but bring your job with you'...difficult to make a living
3. It's a rural community living, sometimes isolated. Sometimes lacking culture and access to events, but also quiet with lots of opportunity for reflection, lots of opportunities to enjoy the outdoors through skiing, hiking, biking, rafting, and kayaking.
4. It is a great place to play but not such a great place to work. While the community offers many pluses for children, including safety, recreation and caring adults, it also fails them in terms of excellent educational, employment opportunities and cultural diversity.
5. For one who is financially secure, this is a wonderful place to live. There is a strong sense of community, no problems with heavy traffic, and no problems with air pollution. A down side is that there is no specialist in health care. We do, however, have a hospital in Salida. For those who love the outdoors, this is Grand! The city of Salida never seems too cold or to hot.
6. I don't live in Chaffee County.
7. Mostly quiet, peaceful town. It has grown in size and population, which brings more opinions and adverse effects.
8. I live in western Fremont County, but shop, work, recreate in Chaffee County. Chaffee County is a beautiful place to live and the options for outdoor enjoyment and amenities for restaurants and entertainment are varied and plentiful for a small town. The cost of living is very high and some of the small town qualities seem to be fading away as more people move who desire an environment that is more sophisticated.
9. Relatively safe and stable place to live with unfortunate incursions made by too many people who don't realize that this location is still in the less gentrified west.
10. As I look out the window of my office and my home, I am reminded daily that the natural beauty of this county is matched by very few places in this country. I find the people to be very friendly and welcoming, as opposed to cities and other parts of the country where I have lived. The year round outdoor recreation opportunities are nearly limitless. I do find that many of our residents are struggling with the cost of living, particularly housing. There are not a lot of jobs in the county that pay well.
11. Enjoyable, slower pace than east coast where I moved from.
12. It is beautiful but challenging.
13. Lovely community and a beautiful place to live.

14. Chaffee County is a very beautiful place to live; a rural area nestled in the mountains. The community is very active and energetic and involved in a variety of local and international service efforts. Living here is very pleasant, as long as you have a year round livable wage job, which is difficult to obtain. Access to affordable health insurance, when not provided by an employer, is virtually impossible.
15. Chaffee County is a great place to live from the perspective of neighbors looking out for each other and outdoor recreation.
16. Living in Chaffee County is peaceful, relaxing, inviting, welcoming and very difficult.
17. It is an excellent place for those who love the outdoors and an active lifestyle. Unfortunately the lack of decent paying jobs is a barrier for young people that need to make a living here.
18. Generally a feeling of safety.
19. Beautiful scenery. Safe for raising a family. Nice sense of community.
20. Beautiful, serene, friendly, active involvement with all citizens, proactive problem-solving
21. Chaffee County is a beautiful place – mountains, forest, rivers, open spaces. The towns have charms that are rooted in the old west and et are rediscovering themselves in the 21st century. People are here because they want to be here. There is a great deal of community awareness and involvement.
22. It's okay if you can afford it, have 1 or 2 good jobs, don't have kids, not renting – have roots here.
23. Pleasant, friendly, small town feeling. Rural.
24. Wonderful area, wonderful climate and great people
25. Family has lived in Chaffee County 18 months. Love weather, recreational atmosphere. Hard time getting connected - lots of cliques
26. Pleasant, active, contradictory – for those who have money, Chaffee County is a wonderful place. For those without money, it can be a stressful place.

2. What are the greatest strengths of Chaffee County?

1. Natural beauty and people
2. Outdoor recreational opportunities and the people
3. It mountains and rivers
4. The natural beauty and rugged determinism of many residents
5. Outdoor recreational activities
6. Its people, the number and quality of non-profit organizations; the size of the county which should lend itself to groups working together
7. Close knit community
8. Wide variety of recreation and entertainment that brings the tourist dollar and supports our economy. Relatively good health care system and services and facilities.
9. The people who remember the past and the history of the area.
10. Tourism is certainly an important piece of the local economy. I also believe that the friendliness of the people and charm of the communities is a strength.
11. Pace, multiple different adventure/sports i.e. hiking, camping, bicycling, etc.
12. Outdoor recreational opportunities, small town atmosphere, “regular” people rather than resort town “elites”.
13. People are very friendly, helpful, and they seem to take pride in their community. I like the diversity of agriculture and the arts.
14. Dedicated organizations, staff, and residents who care about their community and the greater good.
15. Chaffee County's greatest strengths are its outdoor recreation opportunities and good year round weather.
16. Outdoor recreation, real contributing active community, safe
17. It is an excellent place for those who love the outdoors and an active lifestyle. Unfortunately the lack of decent paying jobs is a barrier for young people that need to make a living here.
18. Small community atmosphere, beautiful scenery, friendly people, short or no waiting in lines.
19. Scenery. Outdoor recreation. Sense of community.
20. Natural beauty; small town atmosphere; very little traffic; health-conscious citizens and safe environment of children and families
21. Natural resources and beauty. The people. At least for now there is still diversity in age, economic background, and diverse philosophies.
22. Quiet
23. Lots of outdoor activities available
24. Geography
25. Emphasis on outdoor activities; citizens interested in seeing community grow and be on the cutting edge.
26. Natural beauty, involved and interested (in the community) people, quality arts; outdoor recreation

3. To follow up on that question, what are areas in need of improvement in Chaffee County?

1. Affordable housing, child care and services for developmentally disabled (job opportunities, etc.) Indoor recreation activities, social services – mentor programs, etc., JOBS that PAY a living wage
2. More cultural events, a nice movie theater, a recreation center. Our schools need improvement in all areas
3. Education and infrastructure have been neglected. This includes our school, our roads, and our recreational facilities – not private gyms but county facilities
4. Salaries for professionals are very low. Housing and groceries are too costly. There are not enough jobs in this county to keep the local people employed.
5. Assumption of leadership for fostering community collaboration regarding access to health care and the integration of other human service agencies beyond DHH. While the size of the county would seem to lend itself to groups really working together that doesn't seem to be the reality.
6. Politics and policies get in the way of what needs to be done.
7. Return to or renewal of sense of community in which we think of and care for all community members. Inherent in this is a need for housing, service, jobs, etc. which allow those with limited incomes to have a decent quality of life. (cm)
8. Need for much improved educational system and the funds to support that effort.
9. Tighter immigration policies on people from adjacent states.
10. Jobs. Bringing them to the area is key to people being able to afford to live here. Some of our businesses seem to take the attitude that they are the only game in town and therefore their customer service needs improvement. Amenities such as the pool need a lot of work. The pool is a great resource.
11. Cost vs. living, health care specialists, better coordination between jurisdictions.
12. Accessibility to medical specialist. Public transportation. Protection of views, preservation of open spaces. Low cost housing. Assisted living facilities.
13. More in town bike trails. The aquatic center needs repairs badly. The community needs a recreation center which would be available to all ages/income level.
14. Among some, there is an underlying current of intolerance, and/or insensitivity regarding those who are not "born and raised here". There is a racial edge to this insensitivity.
15. Sustainable jobs at a living wage, diversity of entertainment and cultural options
16. Schools, healthy activities for youth, ECONOMY (jobs that pay a livable wage for working families), AFFORDABLE HOUSING (housing that working families can buy to remain in this community)
17. We need to bring in jobs that pay much better wages and not be so dependent on retail and tourism which are low wage jobs. There are some greedy developers and real estate people who do not think of the long term good of the county. Law enforcement is somewhat indifferent about teen partying. Everyone knows it's going on, but it is not enforced.
18. Promote an industry that could bring some year round stability to economy.
19. More funding and support for schools
20. Rec department
21. Plans to maintain balance in population – specifically support of working families (wages, housing, etc.) Plans to protect natural resources while using these assets to our advantage.
22. Jobs, affordable housing, medical and dental care

23. Very stupid of the county to refuse to have a college here.
24. Better schools, health care, support for the needy
25. Resistance to change – fresh ideas not accepted
26. Jobs that a living wage; streets need repaired badly

Core and Culture

4. How would you describe the culture of Chaffee County? In what ways is our county diverse?

1. Diverse ethnicity, land usage, income, age, education, job requirements, recreational interests, housing
2. mixture of Hispanic and Caucasian - although there is some overlap I think overall they are distinct communities - these barriers need to be broken down
3. I think there are several different cultures in Salida. There is a large art community, a large faith-based community and a large group of people whose parents and grandparents grew up in Salida.
4. The county is economically diverse but there is lack of significant racial and ethnic diversity. While there is a strong community spirit, there are also factions that do not readily co-mingle and often have disparate needs and agenda.
5. There is a diverse population.
6. The strong arts community, caring but strongly independent. Diverse in having long time residents as well as newcomers.
7. We have a multicultural county. It has people of different races and backgrounds. We have a transient community for the seasonal recreational activities. This includes people that live in tents to people who have multimillion dollar homes.
8. The culture of Chaffee County is becoming much more 'elitist' with less room for the voices of a variety of income, educational and social levels to be considered and respected.
9. The county is diverse because of its history. Shared by the original nomadic North Americans – later it became a ranching community, then mining and railroading. As time progresses people decided that the climate was better than the one they left and they decided to spend the balance of their days (or retirement) within the County. This has developed into a less desirable immigration from other areas with less depth of historical perspective.
10. I see the culture as a welcoming community. The county is certainly politically diverse, with a very close vote for President in the last election and a mix of both parties in local office. There is also diversity regarding the desire for change. There are those who do not want any change at all and those who champion change.
11. the true cultural diversity does not come from ethnic backgrounds and proportionally there is little diversity (mainly Hispanic and American) bit the diversity is much more economic to include the retiring wealthy baby boomers, struggling working class and youth that have little experience or desire to build a desirable work ethic.
12. Old time Coloradoans/agriculture struggling to maintain their way of life. Newcomers struggling with trying to “shut the door behind them”.
13. The diversity of the ranching community and the artists makes for an interesting mix. The summer influx of youth is nice and a large percentage of the older populations appear to be active. There is a fair amount of tourism, yet the town doesn't feel like a tourist town.
14. The strong rivalry between BV and Salida is very counterproductive. The culture in general is “We know what we are doing and how to do it. We don't need other approaches or ideas."

15. I would describe the culture of Chaffee County as being middle European in ethnicity and traditional/conservative in values structure
16. Conservative, resistant to change, simple. In comparison to previous statement, a lot of liberal, open-minded, creative people in the community. Diverse economically from extreme poverty to very wealthy class of people who own second homes
17. It is not very ethnically diverse. There are a several subcultures including 1) Active retirees who have moved here in the last 10-15 years. 2) Long term residents. 3) t Young adults working in the service industry who don't have many good job opportunities and are into partying. 4) Young adults who are here because of the active outdoor lifestyle - biking, hiking, running, kayaking, etc.
18. Core population of long term residents, transient/seasonal visitors and workers, seasonal residents. Culture influences by these.
19. Homogeneous. Lacking in ethnic diversity. Politically and educationally diverse.
20. Free-thinking; lots of retired, Italian, Hispanic cultural influence
21. Many involved people. Good energy. Diversity in age, economic backgrounds, lifestyles – yet at risk of losing working families
22. Seniors, retired, wealthy, poor, young families
23. Very Anglo. Not very diverse – rich retirees and poor workers.
24. It is a polarized place culturally – very conservative and very progressive. There are geographical conflicts as well.
25. Not a lot of diversity; Hispanic community – especially Mexican American community underground; recreation/tourism
26. Recreational religiously conservative (the churched community); religiously suspicious (the non-churched community; well educated; fearful of change

5. What are some of the prevailing values and beliefs in Chaffee County?

1. Concerned about environmental issues, land usage, children needs and opportunities
2. love of nature and outdoor things - more liberal than conservative - most all have a vested interest in children and families
3. I wish I could say that education was a prevailing value.
4. This depends entirely on which faction you are referring to. In general, I do think residents believe we have something special here and a way of life that is worth protecting.
5. A very family oriented community for the most part with strong beliefs and values.
6. Independence,
7. We value our community and the people in it. We believe that the beauty of our community is worth preserving.
8. Beliefs & values - personal self focus, politically very liberal, material possessions of great importance.
9. Much too Cali fornicated to begin to list but some include less tied to the grandeur of the environment and more tied to "I can afford it so I buy it and scar the land with my ugly edifice."
10. I see a strong work ethic in the county as well as a strong sense of responsibility and accountability.
11. Do not want government involvement or control unless it serves the individual's purpose.
12. Strong private property beliefs. Independent, but always there to help someone in need.
13. The recent election resulted in about an even divide between Reps and Dems. Traditionally, I have been told the county was conservative, but with a growth in population in the last few years, that seems to be changing. I am told that religion is quite strong here.
14. See 4 above
15. Hard work ethic, help out your neighbor, self sufficiency
16. Quality of life is important, love of the outdoors, belief in gun ownership, religious importance, traditional beliefs
17. Lots of differing opinions makes this hard to pin down. There is a lot of disagreement over land use and water issues.
18. People working together and helping out when need arises.
19. Preserve and protect the natural beauty
20. Sustainability; "green" movement; fresh air – clean air; controlled traffic; small is <u>better</u>
21. Independence, active lifestyles, appreciation of past and present, art, music, recreation, agriculture, environment
22. A place for wealthy – not young families – not enough good paying jobs with benefits (medical, dental, etc.)
23. Don't change anything - we like it the way it is. Don't want too many people to like it here because then they will move here. "Good old boy" attitude
24. Diverse and polarized
25. Attitude of we take care of our own – those we have known for a number of years; protection of long term residents; "job protection" position of power – person in power receives a grant and distributes to its own
26. Independence. The segment I'm familiar with has a strong social justice value

6. What are the three (3) most important health issues in Chaffee County?

1. Children's medical needs, adequate and competent doctors, more assistance for developmentally disabled
2. lack of child centered care, lack of specialists, a disconnect between services and community
3. Low income health care. Access to health specialties.
4. Drug, tobacco, and alcohol misuse (i.e., health risk behaviors). Uninsured individuals. Poverty (not exactly health but very closely related).
5. Children without health insurance, dental insurance or co-pays too high to seek health care.
6. ACCESS to health care which includes: affordability (including support for CICP enrollment and adequate substance abuse treatment), transportation and marketing.
7. 1. No health insurance for many of those who work here. 2. No specialties for the young and the old.
3. Using the Emergency Room for primary care.
8. Affordable services, affordable services, affordable services.
9. Stupidity, Suicide (perhaps a subset of #1) and inadequate insurance (coupled with a much too expensive hospital for this small a population.
10. Affordability of expensive health care services; availability of insurance; lifestyle choices such as diet, smoking, alcohol that lead to many diseases
11. Affordable health care, lack of specialists, limited capabilities of hospital
12. Lack of specialists; limited capabilities of local hospital. No assisted living (Need affordable health insurance, but that's not just a Chaffee County issue.
13. 1) dental care for uninsured adults and children 2) access to health care for under/uninsured 3) substance abuse and access to care for treatment.
14. Not sure.
15. Mental health support, Dental Health, and low income access to care
16. Affordable health insurance for children and families who exceed the guidelines for public assistance
2. Level of accepted alcohol use/abuse 3. Unhealthy/abusive relationships
17. 1) Lack of jobs that provide health insurance. 2) Lots of alcohol and marijuana use among teens and young adults. **3)** Cost of dental care is a deterrent to access for low income families.
18. Substance abuse, low wages and no health benefits
19. Access to affordable health care. Preventive health education and support. Access to affordable dental care
20. Cost of medical care; availability of affordable dental care; transportation to medical appointments for elderly and disabled
21. Alcohol/drug abuse, obesity, good nutrition
22. Affordable health care for people who fall between the cracks
23. Lack of affordable health insurance for adults. Most children qualify for Medicaid, CHP+; lack of qualified specialist; lack of affordable dental care for low income adults
24. Cost of health care, cost of health care, cost of health care
25. Uninsured working folks, no pediatrician (physicians exclude), attitude toward immunizations; lack of preventative are; use of emergency department for care
26. The need for health insurance for everyone; mental health; cancer

7-a. How accessible and adequate are primary health care and other human services in Chaffee County?

1. Dental care is adequate, but primary health care needs to be consistent and competent, more services for the developmentally disabled
2. There are no pediatricians! very challenging for children especially those with special needs
3. Moderately adequate and accessible at best.
4. We have enough primary care providers but it would be helpful to have more diversified specialties among them – at least two internists who want to take care of outpatients, one pediatrician and an obstetrician. I do not think the free clinic was a positive step. Care of the uninsured should be in the mainstream and not a second tier system of limited availability and continuity.
5. We do have an adequate number of primary care providers. We do have human services.
6. It's a mixed bag. Chaffee People's Clinic needs a stronger marketing arm and face in the community – accessibility is affected by that. The hospital does not enjoy a reputation as a leader in the community regarding access to health care. The substance abuse treatment system is woefully inadequate .
7. For those with lower incomes, accessibility is very inadequate. Chaffee People's Clinic is only open a few days a week for a few hours . We need more for this population.
8. Health services are adequate but not accessible because of cost for a large portion of our population. Human services: housing, cost of utilities, food, transport, recreation, etc. are not adequate to meet the needs.
9. Health care seems to be accessible if you have insurance. I have doubts about the availability of primary care if you aren't insured. I also know that sage counsel and advice are not forth coming from some of the primary care providers in the area. Human services seem to be bogged down in the endlessly changing spectrum of federally mandated programs and regulations concerning those programs.
10. Compared to other rural areas where I have lived, we have many more primary care providers for our population. I believe we definitely have a shortage of mental health providers and services.
11. Very limited with limited resources (see #6)
12. We need more qualified specialists (physicians)
13. 1) Human services are very accessible and I think adequate. 2) Access to primary health care is very limited for those who are either underinsured or have no health coverage. The People's Clinic provides care for acute problems, but not daily or on weekends. And, they only see adults. Currently, their focus is not preventative care. I am told that access to the family docs is fine for those with health insurance. The community really needs a pediatrician. An ortho doc is coming in April, which will help tremendously. There are several subspecialty docs who come weekly, but no peds.
14. Affordable child care, especially for babies and young children is very hard to find.
15. For majority of population adequacy and access are good to excellent. Lower income families may have troubles identifying how to engage the system.
16. Health Care is accessible and adequate for the very poor and the very rich. For the poor through Medicaid, CHP and Chaffee People's Clinic. For the wealthy through private health insurance. Human Services are accessible, but sometimes inadequate. I have gotten feedback about differential treatment , not being believed, that caseworkers see something "around town" and may change their treatment approach after

that....The guidelines for qualifying for either social services or public health care leave out a very large chunk of people living in Chaffee County.

17. Access to health care is great if you have money and/or health insurance. Unfortunately, many people don't. Human services are pretty visible and have moved toward trying to prevent problems.

18. I believe services are adequate for a community of this size and location and are almost immediately accessible. I foresee that we will experience again a shortage in medical professionals.

19. Health care is accessible, workable but not free

20. We have lots of general practitioners and mid-level practitioners. Need internists, orthopedic docs – they are reasonably accessible

21. Primary care providers offer daily clinics (Monday – Saturday) and several offer same day appointments.

22. People's Clinic – good; Public Health – limited; DHS – too scary; Starpoint – limited; Dental for Children – bad; WIC – needs more clients

23. Primary health care easily accessible for family practice. Fragmented services in this county – difficult for residents to figure out the "system" of using the services

24. Fine for me – non-existent for others

25. Accessible if you have primary doctor; not an issue if you have insurance

26. It seems fairly accessible, even those without money; for the more serious illnesses most people I know go to the city

7-b. If you view primary health care or human services as inadequate, how might the need be addressed?

1. Primary health care needs to be consistent and available to all (ea)
2. We need a ped *(pediatrician)*!!!!!! as a start
3. Low income health care. Access to health specialists.
4. See above.
5. Children without health insurance, dental insurance or co-pays too high to seek health care.
6. Get the word out that there is a problem!!!!! Not just a newspaper article but a concerted effort that Fosters a community dialogue and action plans.
7. The Family Practices make it hard to see patients who have no money, it is a pay first, then be seen. I understand that they have a business to run, but at the expense of the citizens, it is shameful.
8. Systems that allow all individuals to have medical coverage. Human services will not change until the 'care for community' is the ethic within our local culture.
9. While difficult to grasp as a single structure – perhaps the elimination of poverty would be a start. If that fails, perhaps isolating the program from the politics of both the east coast (Disneyland-On-The-Potomac) and the fringe on the Left Coast would be of some help. Perhaps absorbing a set of goals for minimum human standards by local government then finding the funding for the programs wherever that might come from.
10. Blank
11. Other resources in lieu of ED visits (i.e. physician attended health clinic), affordable with increasing health care costs, more availability of in home care at a reasonable expense of the elderly and chronically ill.
12. Recruit specialists. Recruit assisted living facility. Recruit bus service between Canon and Leadville, more than once a day. Run the Chaffee Shuttle between Salida and BV on a regular basis, particularly for commuters.
13. With a new executive director starting at the People's Clinic, I think expansion of their hours would be extremely beneficial. However, they need more care providers and that takes time to get grants for funding. Colorado is looking to universal health care for everyone. People should not have health care dependent on a job.
14. Blank.
15. Blank.
16. Health care is a much larger nationwide issue that needs to be addressed to make health insurance accessible and affordable for working class families in our country. I think that human services staff need to be trained in a lot of issues including culture of poverty, domestic violence, empathy, and respecting where people come from.
17. Some way to deal with all the uninsured that don't get primary care to prevent and detect things in the early stages.
18. I believe the current medical community is looking to the future.
19. blank
20. Market for persons interested in rural Health settings. Market for young physicians interested in full-time practice – not semi-retired
21. The issue is financial assistance, not availability

22. More compassionate people to respond to needs and more equal opportunities for services
23. Do PR and marketing of what services are available. Streamline services with community partners so residents can easily access services. Get rid of the "deadwood" personnel who hinder residents from getting basic services.
24. Better attempt to engage and educate the young and the poor. We are a reflection of the country if you have great wealth
25. Make a conscious effort to be countywide; need system building to get everyone involved
26. Continue to bring in more and more quality health service. Resolve to make Chaffee County a regional health center (as we are somewhat now) but of such quality that people won't need to go elsewhere

8. How adequate and accessible are mental health services within Chaffee County?

1. More assistance needed for young people with alcohol/drug related issues
2. They are very poor! I have had West Central cancel on me 3 times while trying to get services for my son... I have had others say WC does not return phone calls ... they do not offer services for alcohol/drug abuse they do not offer adequate services for children, I could go on.....everything - policies, procedures. process is constantly changing
3. Not sure.
4. This is an issue. It is often difficult to find a provider who fits a patient's specific needs, who is affordable, and can be seen fairly quickly.
5. We do have West Central Mental Health.
6. I wish you had included a block for substance abuse services. In this day and age an integrated system of mental health and substance abuse is recognized as "state of the art". I am not as familiar specifically with how mental health is administered now but it surely hasn't enjoyed a good reputation in the past. Access to appropriate children's services has been a problem. Where was the leadership in the community?
7. We have services. One important service had to close. I think for those who really need services and want them, have to look hard to find them.
8. Mental health services are becoming much more adequate and accessible but are still completely inadequate for those with severe issues . There are no services for psychiatry in the county.
9. If you are feeling the need, perhaps I can provide you with some names of people that might be able to help!!!
10. As stated above, I believe we have a real shortage in this area, which is a problem share by many rural areas.
11. I am not sure. I have had little dealings with them except through work.
12. I need neuropsych specialist for child with severe learning disabilities, I'm not aware of those services being available locally.
13. Limited services for substance abuse. No detox available here. There are several private practitioners. I am sure it is very difficult if one doesn't have health insurance and must private pay.
14. Services available through the local center are very limited and hard to access in a timely fashion. Families find it difficult to afford alternatives.
15. Care seems limited. Residents uncomfortable reaching out for services for fear of identification in small town.
16. I have seen great improvement in the accessibility and adequacy of mental health in Chaffee County in the past 6 months. People are able to make appointments, continue with the same therapist, and get the help that they need.
17. They have improved recently. They need to be a little more visible in the community.
18. Local community mental health is accessible and does community outreach.
19. Access is limited for child and adult psychiatry, particularly inpatient services
20. West Central MH tries hard, but need more MH clinicians, friendlier hours – the on-call MH worker for crisis is sometimes hard to persuade to come in

21. In the past, it has seemed limited. People have to been satisfied with the system; accessibility and effectiveness
22. Ok – I guess – not very familiar with services
23. Adequate outpatient services and becoming more easily accessible.
24. No personal experience
25. Private practices; limited services for children; MH Center hasn't done adequate job reaching out to community; need for child/adolescent therapy; suicide ideation – director of MH Center said services provided but group disagreed
26. Accessible, yes, (West Central), but I've heard many complaints about adequacy of care

9. How adequate and accessible are dental services for children in Chaffee County?

1. Adequate
2. good
3. Not sure
4. I am not certain but would guess it is not a problem for those with insurance or money but very problematic for those who have neither
5. Adequate dental services. One group does accept Medicaid. For procedures requiring anesthesia, clients would also need to access the services in the Front Range.
6. I don't know.
7. I don't know.
8. Adequate, though for public assistance recipients the wait to receive services can be very long.
9. They seem to be available for much of the routine items but are very expensive.
10. I don't know.
11. Not sure, don't have children (all are grown and gone)
12. Ok so far.
13. There is one dentist who accepts children with Medicaid and there is a dental van which comes, I believe twice a year. There need to be more dentists willing to take children with Medicaid. Perhaps, some kind of sliding scale for those without insurance. From what I have learned, adults have difficulty accessing dentists when they have no insurance.
14. Not sure.
15. Unsure...seems that there are limited opportunities, especially in the northern end of the county and for low income residents.
16. I don't have direct experience with this issue.
17. I sense that it has improved lately but some families skip care because of its high costs
18. Adequate and accessible
19. Problematic for those with limited incomes
20. Many children are uninsured or underinsured. The dentists who do accept MCD and/or CHP+ limit the numbers – so we need more
21. The services are available. I do not know if finances are an obstacle – could be
22. Not good – have to go to Colorado Springs, Pueblo or other cities
23. Only one practice (3 dentists) accepts Medicaid. No pediodontist in town. Out of town travel greatly decreases likelihood of children getting extensive dental care. Miles for Smiles dental van available but not adequate.
24. No experience
25. Problem with Medicaid; only 1 group takes Medicaid; no providers for adults on Medicaid due to poor reimbursements; dental van; need more dental providers
26. Don't know

10. Does Chaffee County have adequate programs which promote healthy lifestyles? Yes No
How do residents obtain information about these programs?

1. No. More needs to be available for young people ages 14 – 18
2. more indoor recreational opps in the winter for small children and their families - offer of childcare at the gyms... the pool is to expensive for many families and does not offer adequate services - need to expand
3. Blank
4. No. I am not a huge proponent of stand-alone wellness programs but I do think we need much more investment in our recreational department and not be afraid of competing with local businesses. Our rec center and lack of facilities and programs is an embarrassment. Communities all around us with less money put us to shame.
5. Health Educator has done cholesterol testing and given $100 certificate to be used for Health Club or Pool.
6. I don't know.
7. Newspaper, radio
8. Blank
9. No yes or no answers. Like everything else, much is in the grey. There is nothing which can be done to encourage some to exercise and eat properly. Others follow their own belief system to inadvertent healthy choices. Legislating lifestyles is about like herding cats. Neither easy nor desirable, afraid that most people get their health style (lifestyle) from advertisements on the boob tube.
10. I am not sure if they are adequate, but if people read the newspaper and listen to the radio I think they would be able to get the information.
11. While there are multiple events, etc. there should be better coordination between jurisdictions for a true marketing (maybe a joint hiring of a marketing director to coordinate efforts). Most cost money and if a jurisdiction wants it to be county wide they need to look at the economy.
12. BV needs a recreation center. BV needs to promote programs for kids to ski at Monarch. BV needs a place for seniors (and small children) to swim safely. BV needs a climbing gym.
13. All forms of media. I think if people are interested, they will seek the information.
14. Word of mouth, newspapers, local organizations they belong to.
15. BV and Salida recreation guides. Local lifestyle, etc.
16. Again, these programs may exist, but for a fee- a fee that many families do not have.
17. Well, yes and no. If you have money there are lots of classes and gym/pool memberships....but the cost puts them out of reach for many working people. There is a pretty strong healthy lifestyle culture, but some people get left behind.
18. Newspaper, radio, bulletin boards, internet and posters everywhere in town
19. Dept of recreation brochures and newspaper ads
20. Newspaper, posters, radio. Need money to participate nothing is free
21. Unsure
22. Paper, WIC, extension office
23. Newspapers, radio
24. Blank
25. Room for more programs; need more work to increase information about programs

Physical Environment

11-a. Please identify any environmental concerns or hazards in Chaffee County.

1. Too many rafting accidents.
2. none I am aware of
3. blank
4. There seems to be a very high rate of certain cancers, especially pancreatic. I do wonder if the mining and all of the land that has been disturbed is posing unknown risks to residents. The lack of a cohesive and reasonable development plan is worrisome for the long term.
5. I am unaware of hazards or environmental concerns.
6. N/A
7. Blank
8. None
9. In general, people seem to live fairly long full lives within the County. With that fact in mind, the number of hazards seems to be less significant than in some of the more industrialized and populated areas. Concerns need to be voiced concerning radon (but should be tempered, not just howled about) – again look at how long some of the residents have lived in older homes in the community; some concern must be voiced about the items in statement 6, water quality from springs and streams should also looked at; with much more emphasis on sun damage to susceptible people of northern European descent.
10. Blank.
11. Disposal of hazardous materials. None of the jurisdictions seem concerned about the disposal of hazardous materials at the landfills or on property.
12. Just typical rural issues (forest fire, ice, snow)
13. There is a lot of trash on the trails in the surrounding mountains. Water is a concern - the lack of it. Which can contribute to fires?
14. Not sure, maybe radon.
15. Water Quality concerns regarding development. Older public buildings present environmental hazards.
16. None
17. The concern that some developers and real estate companies do not think of the long term consequences of over development.
18. Air quality particularly in the cooler months.
19. Pollutants flowing into the river
20. Re-routing of hazardous material trucks through the middle of the Rocky Mountains; Leadville, CO pending mine disaster from underground toxic waste storage
21. Blank
22. A lot of cancer cases, well water not enough fluoride
23. Crematorium installed in a neighborhood without public notice - ? if in compliance
24. Upstream effluents from past mining activities; smog in Salida during winter
25. Can’t think of any
26. Water scarcity

11-b. What has been the response to these issues?

1. Age requirements have to be addressed; however, more training needs to be administered to participants
2. Blank
3. Blank
4. Not much.
5. Blank
6. N/A
7. Blank
8. Blank
9. We have a McDonalds; a Burger King; KFC and Taco Bell. Whoopee.
10. Blank.
11. I have attempted to get each jurisdiction to put money in a fund to do a community collection day without success.
12. Adequate.
13. I have been told that the response to the alpine mud slide was excellent. The three fire depts work together and really seem to be efficient and well run.
14. Not sure, annually information is in the newspaper
15. Unsure.
16. Blank.
17. A lot of debate over the consequences of development without strict guidelines
18. ?????
19. Uncertain
20. Nothing with the trucks. State officials are involved with the Leadville disaster
21. Blank
22. Not sure
23. Not much. The owner is a county commissioner.
24. Leadville has come to peace with EPA but generally land rights trump human responsibilities
25. Blank
26. Blank

12. What are your thoughts about housing and development for Chaffee County?

1. This is a major concern, more affordable housing needs to be available
2. it is growing fast with many 'cookie cutter' homes -
3. Would like to see more affordable housing. I think real estate in Salida is falsely elevated.
4. We need to focus on a sustainable and reasonable growth pattern-not just chopping up every remaining parcel of land for McMansions. There is a serious shortage of quality-constructed homes, not just for those needing "affordable housing" but for anyone looking for something under the $500,000 mark. There are numerous trailer parks that is nothing more than shanty towns that should probably be condemned.
5. Cost of housing too expensive.
6. I was involved with Habitat for Humanity and had opportunity to visit people in trailer parks. Where are the housing inspectors? These were some of the most deplorable conditions I've ever seen and I've worked in home based delivery of services in other states in the past. These units were not safe for human habitation.
7. It was hard for those who have lower incomes to find housing or to buy a house. With the economy the way it is, it is even harder. The developers and real estate agents want to get the most out of the property and have inflated prices.
8. Housing is limited to the very high end resident and rental property prices have become so expensive that the fixed income and 'wage earners' expend a large portion of their expendable income on housing forcing them to rely on public assistance for many of their other services - or to move from the area.
9. We are nearing the saturation point for available water resources and sewer water treatment within the valley. (c)
10. Additional low cost housing needs to be developed. This should be a priority as future developments are approved. There should be a balance between development and maintaining open space; if it is true 80% of the land in the county is public there should be plenty of room for planned development and still leave open space.
11. Lack of affordable housing for working class and there is a real lack of future planning and joint planning between all of the jurisdictions.
12. There is a huge need for affordable housing and assisted living.
13. There needs to be more apartments for low income individuals. The houses are very expensive...twice what they are in Iowa.
14. Need quality affordable housing in the form of apartments
15. I think that housing and development should be allowed to continue with minimal government intrusion. Stick to planning guidelines already in place, or adjust them for everyone rather than so many PUD's. Development should be consistent with local style and heritage.
16. There needs to be more land/housing dedicated to affordable housing in Chaffee County.
17. There needs to be much more focus on working class housing as opposed to building high end houses for the more affluent.
18. Affordable housing related to the wages does not exist. Development needs to include employment other than construction.
19. Affordable housing is needed. Development needs to be well thought out to avoid sprawl.

20. Sprawl – too many developments for affluent only – waste of natural resources – pricing locals out of the market
21. Need affordable housing for working families and others who struggle to make it here.
22. Not enough affordable housing (rent under $500) C.C. is trying to be a mini Aspen or other expensive resort
23. Not enough interest in having affordable housing or eco-friendly homes
24. We need to support Chaffee Housing trust or we will become an economically segregated area
25. Expensive; segment in community not in favor of affordable housing; need to attract other industries that pay higher waters; DHHS has given TANF monies to help with housing issues; ads in paper
26. Blank

Economics

13. What is your overall impression of the local economy?

1. It is depressed
2. low average
3. I don't have an opinion on this
4. Poor. The only reason the county has as much to offer as it does is because of three groups: the successful, long term ranchers; the healthy and relatively wealthy retirees; and the professionals who have chosen to live here for lifestyle reasons. That probably only constitutes a small fraction of the community. The rest are hard pressed to find good jobs, with livable wages and benefits. To improve any of the concerns discussed herein will require building jobs. Take a look at the number of empty buildings around town and I think it would be difficult to claim the economy is doing well.
5. People are feeling the overall crunch. Not sure some of the local people will do well enough in these times.
6. It's a mixed bag.
7. It is poor. We live in a primarily tourist area and the prices of everything reflect that, from food, recreational activities, to housing. It does not reflect the finances of most of the population.
8. Focus is currently on the very wealthy or high-end consumer for goods and services (i.e. the wealthy tourist). This does support the infrastructure but creates great hardship for the low and middle class. The vast majority of jobs are very poorly paid and the current government has a focus that does not include promotion of jobs that provide good pay and benefits.
9. The local economy has lost much of the infrastructure which supported the people 40+ years ago. While that is sad, it should be noted that most of the jobs in the area 40+ years ago paid sub-standard wages with just a few people reaping the rewards. Everyone moans about Wal-Mart but the pay is above minimum wage which most of the jobs here in the 30’2, 40’s, 50’s and 60’s did not provide that adequate a wage. The local economy never seemed to go through the boom phases, but it also seems to miss (for the most part) the busts.
10. This is a particularly bad time for the economy most everywhere in the country. Even in good times it is concerning that the economy relies to such a great extent on tourism.
11. Lack of marketing has limited the development of an economy that is anything but tourist and construction based and without a change in the actual development of a joint county wide marketing strategy it is going to get worse and is subject to potential failure.
12. Fair, given the state of the national economy. Of course, we will always need more stable middle class jobs.
13. I think residents shop locally for most things and try to support our local economy. But, I am sure small business owners are suffering.
14. It is having serious problems with the closing of BBI and the Climax Mine not opening. Recreation is impacted by economic problems outside the community.
15. Not dynamic, but relatively stable. Primarily tourist and service based.
16. The local economy is pathetic. There are no real jobs, and if a person is able to find one, the pay compared to the rest of the state is quite minimal. There has been an acceptance that "that's good for

Salida/BV". I think that this mindset is unacceptable. If we want quality people doing professional jobs in our community, we have to pay them to stay here.

17. Way to dependent on tourism and construction.
18. Too heavily dependent on tourism and construction. We don't produce anything.
19. Anemic
20. Skewed – low wages for local folks – business caters to tourism and wealthy
21. Low wages and high cost of living. You have to be determined and secure to live a quality of life here.
22. Bad
23. Too much based on tourism. Need more stable higher paying jobs
24. Weak economic engine benefitting a few
25. Hurting; not hit as hard as other places
26. Not diverse enough – too dependent on tourism; inadequate salaries and wages

14. How affordable is it to live in Chaffee County?

1. More expensive than the Front Range
2. challenging for many - I know of several families who have moved out as it has gotten too much for them
3. Somewhat unaffordable.
4. Not very. Wages are lower than many other rural areas of the state but housing is considerably higher.
5. It is not affordable. To survive one needs to come with a pool of money in the bank and a career.
6. Not very affordable - that's why we live in western Fremont County.
7. Very unaffordable. The food prices just keep getting higher and the inflated housing prices are not going down.
8. Very unaffordable!
9. It isn't
10. For many it is not affordable. We have many employees driving long distances because they cannot afford to live close to Salida.
11. It is not.
12. Expensive.
13. It is expensive to live here, although the property taxes are much less than in Iowa. Car insurance is more than Iowa. Groceries are more costly here than in Denver.
14. Not very affordable. Especially, housing.
15. Average
16. It's not affordable to live in Chaffee County at all. The wages paid by businesses in Chaffee County compared to the cost of living/housing just does not work. There are few working families that can actually make a mortgage payment here, let alone start a college fund for their children, a retirement account for them and/or their spouses, pay for health insurance etc.
17. Not bad if you are older and have saved up some money. It is impossible if you try to buy a home on local wages.
18. It is not affordable "move here with a large fortune" is something I have hard for years. The cost of a house has increased nearly 10x and wages have doubled in the last 25 years that should indicate affordability.
19. Expensive
20. Housing out the roof; food prices inflated
21. difficult for service oriented workers
22. For buying – houses are over price, land outrageous. For renting – not affordable
23. Not at all. Even if housing costs 200K – average income of Chaffee county resident 20-30K
24. Not very
25. Difficult
26. My wife works 3 jobs, I work 6 days a week at a professional level job – we get by fairly we.. But I wonder if people should have to work this much to survive. Pursue a diversity of high paying, clean industries and Chaffee County will experience year-round sustainable living.

Safety and Transportation

15. What are the transportation needs of people in Chaffee County?

1. Bus to Denver will help, but low income residents have difficulties accessing services in the Front Range
2. in town things are quite accessible on foot for many.... we need our sidewalks better maintained for those in wheel chairs as they are so poor some folks have to use their chairs in the roads which is dangerous
3. Don't know
4. It is still very difficult for those without cars to get around town; it is even more difficult to travel for health care and other needs outside the county
5. Most drive cars or have bicycles. Climate here is good. Neighbor to Neighbor transports locally and they are working on increasing transportation between county and to the Front Range
6. I don't have specific information.
7. I don't know.
8. Public forms of access to metropolitan areas.
9. Regular bus service to adjacent population centers along the Front Range. Local taxi service would be nice.
10. As with most rural areas, we struggle with transportation within the towns and between towns and destinations outside the county. If you don't have a driver's license and vehicle it is very difficult to get around. There are older people on the road who should not be driving any more, but taking their license or car robs them of any independence. The Chaffee County Shuttle is a big help during the hours it runs.
11. Public transportation is lacking especially for the elderly and handicapped. Very little planning on subdivision development - this is leading to significant emergency preparedness issues.
12. See 7B related to transportation... It would be wonderful to have train service between Leadville and Canon City.
13. Neighbor to Neighbor provides a very dependable and safe means of transportation for a small fee. For those people who have to go to the Front Range for health care or whatever, it is more of a challenge if they don't drive. There is a bus service starting to metro Denver and the airport.
14. Blank.
15. Most transportation is possible via personal vehicle or human powered needs within individual communities. New bus service and local non profit provide transportation for those without means. Salida recreation provides transportation for travel to Monarch in winter. Some local residents utilize vehicle sharing.
16. The loss of the Greyhound service was of huge detriment to Chaffee County. In my capacity, I work with many people who need immediate transportation out of town and there are limited options for this kind of travel. Neighbor-to- Neighbor does help, but for quite a suggested fee.
17. Since it is such a small town, it seems like promoting more biking, and making that easier for pedestrians would be a good idea.
18. To and from Front Range, western slope and north end of county. Shopping and medical
19. Regular public transport would be good. Advocate bicycle riding and establish good cross town bike routes.

20. Ned trains to bring people in and out and keep people from bringing traffic problems to valley – Bus between Salida/BV daily.
21. I hope that the buses to the Front Range are successful. More bike/walking paths.
22. To other towns – not good need - bus service (coming)
23. Transport available for Medicare/Medicaid clients for our of town appts
24. Public options necessary. In town still offers sage walk/bike but else where most are welded to this PU
25. NO car – Neighbor –to-Neighbor; bus Salida to Denver
26. Regular bus service (local)

16-a. What do you know about emergency preparedness in Chaffee County?

1. I know there have been trainings but I don't think the general population has emergency preparedness training.
2. ?
3. Not much
4. A bit. I think we are fairly well prepared but certainly need to maintain and upgrade abilities as warranted.
5. We have Chaffee County Emergency Services Council, and Public Health is actively engaged in EPR.
6. N/A
7. Some
8. Have taken the two initial on-line classes.
9. Emergency preparedness (anywhere) starts with a prepared population. All the high tech gizmos in the world will not provide protection to a population which is not ready to care for itself (even briefly) during the onset of an emergency.
10. I can tell you that we have at least 2 emergency preparedness drills a year at the hospital (as well as real incidents most years.) In recent years, these drills have involved city and county agencies and are very realistic. The last drill involved shootings at the high school. We activate the hospital ICS during these drills. Outside observers have told us that we are far ahead of other hospitals in the state.
11. It is terribly lacking to the point of being totally insufficient. Emergency responders have been extremely lucky that there has not been a true large scale weather, hazardous materials or other natural or man made disaster.
12. Adequate.
13. All the county departments are invested in emergency preparedness. The hospital has disaster drills twice yearly. The fire dept has burn and water recovery drills regularly.
14. Not sure.
15. Nothing
16. I think that the Sheriff's office, SPD, BVPD, the school system, and the hospital have a preparedness plan?
17. That there is a group of people working on it....but it is not publicized to the general population.
18. County has county wide plan and have not looked into current for several years.
19. Good
20. I am not informed
21. Nothing
22. Nothing
23. Enough to know the county needs to be better prepared for a large disaster
24. I have been involved and I believe the focus is incorrect. Wild land fire or earthquake is more likely than terrorism.
25. Joke – manager hasn't done his job. If there is a county plan it has not been disseminated. No coordination
26. Not much

16-b. How prepared do you think people, clinics, hospitals, and government agencies are for a possible future disaster?

1. I know they have been trained.
2. ?
3. Have no idea
4. Somewhat prepared but we can't prepare for everything and I don't think we should spend significant resources on this. There are two many other real, not just potential, threats that need to be addressed.
5. If a true disaster occurs, we will need to come together quickly and follow the incident command system. Size will matter.
6. N/A
7. The county will need help from trained outside sources to competently manage a disaster. A small scale disaster occurs and can be handled on a local level.
8. Reasonably well as there have been several trainings that included all involved agencies.
9. People are well ahead of most agencies. Most people can survive for a few days without resupply if they can deal with more basic environmental concerns (heat, lights, etc.) Other areas (clinics, hospitals, and governmental agencies seem to spend too much time dreaming about the newest whatzit and too little time planning to deal with the situation with the resources on hand.
10. See above regarding hospital. Working with government agencies in the past few drills has helped tremendously, but we still do not have an integrated ICS.
11. They are not. The local jurisdictions are not prepared and you cannot expect the public to be prepared if the jurisdictions are not leading the way.
12. Adequately prepared.
13. I think they are as well prepared as possible.
14. Well prepared.
15. I hope at least average.
16. ?
17. Fairly well. I think there has been a little more cooperation in this area lately.
18. Depends on the size of the disaster, if localized I think resources may be available.
19. The hospital and EMS staff participates in disaster preparedness training
20. The hospital, public health, and government agencies are most likely prepared. Private sector probably no clue.
21. Unsure
22. I'm not sure anyone is prepared – when there are bad snows – we don't get trucks here for supplies
23. May be able to handle a small disaster. Lack of leadership and cooperation from designated
24. A disaster is any occurrence beyond the capacity of your response. By definition we cannot be ready for a disaster.
25. Hospital, police, EMS prepared
26. ?

Communication

17. How do residents of Chaffee County obtain information about community resources?

1. Newspaper, radio, tourist bureau publications
2. word of mouth
3. Library?
4. Newspaper, radio, word of mouth.
5. Public radio and newspaper. Health and Human Services provide info.
6. The library and online resource directory of PH but only those people who use the library or think to use the Public Health site would know. The 411 line does not have all the county info and I don't think most people know about it.
7. radio, newspaper, word of mouth
8. Almost exclusively through some agency representative.
9. More information seems to be available through local contacts on a personal level (word-of-mouth). That is also the most reliable channel for aid and assistance.
10. Newspaper, radio, local Salida TV station, email, web site
11. I am not sure except to contact the county building. I have not checked their web site to see if anything is available.
12. Radio, newspaper, flyers
13. Media in all forms.
14. Word of mouth and local organizations, newspapers and radio stations.
15. Primarily internet and television. Also some radio, fewer with newspaper.
16. Other agencies they're connected with, flyers in offices, newspapers, radio, word of mouth, friends/family
17. Local newspapers, word of mouth.
18. Radio, family, newspaper, bulletin boards, library, internet, contacting county offices, and asking their neighbor
19. Newspaper and radio
20. Paper, public health, radio
21. Newspaper, radio, word of mouth, E-mail gaining momentum
22. Paper, Pg Center, WIC, DHS
23. Radio, newspapers, websites
24. Likely word of mouth or employer
25. Local newspaper. Need improvement
26. Mountain Mail; radio; word of mouth

18. How could information be better disseminated in Chaffee County so that more people would be informed about community resources and opportunities?

1. Neighborhood forums
2. a 'one stop shop' for non-profits and services - located in the old hospital
3. Laugh--Our local paper?
4. There is not a lot new to say here. Improved PR!
5. Tap into community events. We need to be visible outside of the office.
6. Someone/agency in the county should be the responsible person (with enough designated time) for updating, coordinating and disseminating the information including in the newspapers, posters, radio etc.
7. flyers, community forums
8. A published booklet or half page in the newspaper and then a vastly improved website.
9. Most effective and efficient is detailed in #17 above. Perhaps a Newcomers Club would help but it would be just as rational to plan on them picking the information up off a well maintained Web site (www.salidacolorado.com)
10. If you find out, please let me know
11. county web site, mass email, community days, community outreach
12. I think it's adequate
13. I think if someone wants the information, he/she will seek it. The Chamber of Commerce is very viable here.
14. through local churches, libraries, and organizations and media on a more regular basis
15. Equal utilization of all resources.
16. I think that if community agencies were fully aware of what other agencies do, they could better inform people who may be involved in the system, what their options are.
17. More use of local cable channels to get information out.
18. Central resources information center have been set up in county several times over the years. Make it the responsibility of each service to provide updated information to central site in a timely manner.
19. Newspaper and radio.
20. Welcome Center centrally located. Website
21. Blank
22. More paper articles, doctors, schools
23. Better PR and marketing. Updating websites
24. Have a central location that gladly gives appropriate advice
25. HHS to have monthly news column – articles from a human interest viewpoint
26. Groups seem to communicate fairly well.

Recreation

19. What do the people in Chaffee County do for leisure and recreation?

1. A variety of cultural, outdoor activities, school and community activities
2. play outdoors
3. Depends-Hunting, fishing, skiing, kayaking, rafting, biking, hiking.
4. Anything related to the mountains-fishing, skiing, snowshoeing, biking, and hiking. Many more would swim if our facilities were improved. Unfortunately, a sizeable number of residents believe snowmobiles and AVs constitute sport. They may be recreational but we need to get people out moving not sitting!
5. Ski, bike, run, walk, raft, hike.
6. Ski, raft, fish, hike, bike, walk, 4 wheeling, swim
7. Various recreational activities through out the year. Skiing, swimming, boating, rafting, climbing, hiking, fishing....
8. Outdoor recreation and some entertainment venues.
9. Ideal – hiking, hunting, whitewater rafting, camping, etc. Truthfully, computer games, internet browsing, drinking, drugs, and more sedentary pursuits.
10. Just about everything. This is a very active population.
11. Variety of outdoor activities – hiking, skiing, bicycling, rafting...
12. I would guess that the majority of us are here for the wide variety of outdoor recreation. Personally my family downhill skis, cross-country skis, hike, mountain bike, road bike, backpack, ride horses
13. Outdoor activities. The Aspen Music series is here in the summer and the Steamplant has a variety of venues. There is every imaginable outdoor activity available.
14. Depends on their age. Most enjoy out door activities.
15. Mountain bike, Road bike, ski, fish, raft, kayak, run, hike, climb, play recreational sports, read, knit, participate in the arts.
16. Hike, bike, ski, fish, drink, drugs, "hang out" with friends, rafting
17. Run, ski, bike, kayak, hike, camp, fish, hunt
18. Anything outdoors, Arts and work.
19. Arts, plays, music, ski, whitewater, bike, fish, hunt
20. Outdoor sports; fine arts centers, bowling
21. Hike, bike, kayak, raft, ski/board, skateboard, art, music, swim, etc.
22. Bowl, golf, ski, raft, hike
23. Hiking, biking, golfing, skiing, rafting
24. Some people are active – boating, cyclists, hikers, while others drink and eat
25. Bars – ETOH accepted cultural thing; “woodsy” – police warn neighborhood; high volume of liquor stores; ETOH recognized as a problem but don’t touch
26. Fish, raft, hunt, ski, hike, camp, run, bike

20. Do recreational opportunities cater to Chaffee County community members or to tourists? *Please explain.*

1. Both, since Chaffee County members can participate in everything available to tourists
2. Both
3. Tourists pay to ski, fish, raft, etc. Not many of these opportunities are available at no or low cost to residents.
4. That depends on which opportunity you refer to. Monarch has done a lot in the last couple years to promote community involvement but there are numerous businesses that exist only to serve tourists. The Rec department has certainly focused on locals.
5. River rafting is the big draw. Areas with hot springs offer soaking, lodging, spa services, and horse back riding, etc.
6. I think both.
7. More to tourists. It is a tourist town and without their support and money, we would be a shadow of a community. Some places have specials for community members, but not frequently.
8. Almost exclusively to tourists.
9. Most things are more tourists oriented. (People travel here for the promoted activities.) Residents are busy making both ends meet.
10. I feel that both populations are sought. There are season and multiple use rates that the local population can more easily take advantage of at Monarch, the pool, Mount Princeton and probably other areas. Group discounts are available for tourist and the marketing is directed toward tourists.
11. Both, but mainly to tourists due to similar expenses for locals and tourists.
12. Both, but I think Monarch needs an affordable ski program for local kids. It would be great if they had a program for kids with disabilities. Need a rec center in BV (
13. Both. I think the community strives to attract tourist to keep the quaint downtown area viable and interesting. And, in doing so, it is nice for residents too. The aquatic center needs to complete repairs to make it more attractive. An indoor tennis facility would be nice.
14. Both.
15. Both equally.
16. I think that our recreational opportunities cater to the wealthy. Most of the healthy recreational opportunities cost a lot of money to get started and to maintain.
17. Tourists
18. I believe they are accessible to all but not affordable so cater more to tourist.
19. Both
20. Both
21. Right now it is a good balance. I think we need to take better advantage of tourism dollars supporting local assets. Upgrading the pool, paths, Steamplant, etc.
22. Tourists, some residents (retired or rich). Working class not able to take advantage during the week or at night.
23. Tourist prices; no local discount
24. To both. Ideally rec possibilities benefit all.

25. Open to both
26. Recreation opportunities cater to both locals and tourists

21. How adequate and accessible are the recreational activities, programs and facilities for residents of Chaffee County?

For youth

1. More needed for youth
2. decent for older children - not good for young children
3. Not very
4. Woefully inadequate.
5. We have the boys and girls club here for the youngsters, and a local pool.
6. There is a lot to do here but it needs to be fostered through school and youth programs. Kids need to know and experience a lot more besides video games.
7. I don't know
8. Very good.
9. Activities for youth are poor. Mainly because "Youth" is a poorly defined group with few ties except Saturday morning cartoons, game boys and play stations.
10. There is a multitude of recreational opportunities right here in the county for any age group, if they are interested in an active lifestyle
11. Unknown
12. Inadequate. If it weren't for Boys and girls club, it would be poor. BV needs rec center and regular public transportation.
13. A rec center for youth would be great. The B&G club offers lots of activities for kids to age 15. There is a skate park. The movie theatre is a little expensive and could be open every day and have matinees for kids.
14. Adequate and accessible year round
15. Good and improving
16. very inadequate due to cost
17. Better now that we have a Boys and Girls Club. We could use more low cost activities. It costs a lot to use the Salida Pool.
18. For small rural community adequate and most are accessible, refer to affordability.
19. Good
20. Boys and Girls club; soccer; other sports; swimming pool – adequate and accessible
21. Seems adequate for all
22. Good – Girls & Boys club; library; ski shuttle; Skateboard Park
23. Where is our community rec center? Only one crowded smelly private gym; "hot springs" pool with cold water, filthy, inadequate changing rooms and toilets. Need more bike paths.
24. Not a kid so have no experience
25. Difficult if not involved in a sports or other school program; cost a factor
26. Extremely accessible and adequate

For adults

1. Adequate
2. good
3. Unsure
4. Woefully inadequate.
5. Adults have access to all kinds of recreation, if they so choose.
6. ok
7. fairly accessible
8. Adequate but cost is very limiting as to accessibility.
9. Another poorly defined group. Activities are as diverse in the group as in the youth group. Afraid that there is not a way that you can either quantify or identify a unifying theme. Scrapbooking, painting, woodworking, sewing and reading are just a few of the pursuits in addition to less socially acceptable items which seem to draw "adults".
10. See above – youth
11. Independent activities are readily available, but ones utilizing facilities, etc. limited and expensive.
12. Adequate, but would prefer public transportation system. The Chaffee shuttle isn't adequate.
13. Lots for adults.
14. not very accessible in winter months.
15. Very good.
16. Same as above
17. Plenty of opportunities if you have money. Unaffordable for working class people. We could use a rec. center.
18. For a community of this size generally you can find what you are looking for
19. Good
20. Adequate/accessible
21. Seems adequate
22. Ok – swimming, skiing, golf
23. Where is our community rec center: ? Only one crowded smelly private gym; "hot springs" pool with cold water, filthy, inadequate changing rooms and toilets. Need more bike paths.
24. More available than most places
25. Rafting; kayaking; trails; cost a factor
26. Extremely accessible and adequate

For seniors

1. Adequate
2. ?
3. don't know
4. Slightly better because of the rec center program, silver sneakers, and the senior center.
5. There is a senior center here. So, they probably have activities. Not sure what those would be.
6. This is the growing area of need. How about activities like yoga and swimming that are at hours of the day when seniors are more likely to use them. And not just sponsored by the senior center. I'm hoping that with the new bus service to Denver those groups will go up that way.
7. I don't know
8. Don't know.
9. I have suggestions but once again this is not a single group. Even the definition of "seniors" is lame.
10. See above – youth
11. Very limited
12. Inadequate. I am taking care of my mother recovering from a stroke. There is no swimming for her in BV, no senior center or adult day care in BV, and the senior center in Salida has limited # of activities. It is a struggle getting her from BV to Salida.
13. For low income seniors, I think a rec center would be helpful. There is the senior center, but activities are somewhat limited - from what I have been told.
14. not very accessible in winter months
15. Unknown.
16. Same as above
17. Not much once they get past 65-70 and become less active.
18. Need assisted living; increased senior day care
19. More activities needed.
20. Adequate
21. Seems adequate
22. Ok – Senior Center
23. Where is our community rec center? Only one crowded smelly private gym; "hot springs" pool with cold water, filthy, inadequate changing rooms and toilets. Need more bike paths.
24. Don't know
25. Senior Center; cost a factor
26. Extremely accessible and adequate

General

22. Is there anything else you would like to discuss about living in Chaffee County that was not addressed in this document?

- We have what we need in the County as far as amenities. We lack employment opportunities for the local people. They pay too much for groceries and housing. People hang on by a thread because they love this valley. We have a lot of churches, and that helps a lot. We have a lot of people that care about people. Like most Counties, we are all trying to survive.
- Substance abuse treatment and prevention - recognition of the problem and a community effort to address it for all ages.
- There seems to be some over arching belief within governmental agencies that lifestyle and orientation can be quantified and directed. Within a free society it can't and shouldn't be.
- The community really needs to address the cost of housing here. It is difficult for young people and young families to live here. Without them, a community becomes less diverse and loses in many ways. Passing taxes which support the schools is imperative and didn't happen in the last election. And there were fewer children enrolled in Chaffee County schools than last year.
- I think that one of the biggest assets we could provide the community would be a recreation center for all age groups. A healthy place where children, youth, and adults could go exercise, congregate, gain support, socialize and get respite from daily activities. This is an issue that has been repeatedly discussed but never went anywhere. I think it's very important to same as above start working on this very important issue.
- A lot of the problems would be solved if we had better paying jobs with health insurance.
- Did I mention we need train service!!!
- Good survey, you can use my name for the results of the survey.
- Assisted living center is needed for senior citizens.
- Would love for it to stay small and quiet
- Chaffee County reflects the country. We waste money on anti=terrorism while pouring money into for profit medicine. A cooperative approach between all would be better for everyone. Easily state – hard to do.
- Board of people's clinic – limited services/times – need to expand
- No specialists to refer to
- Help adults get into insurance program
- Improve relationships with county providers
- Would love to stay small and quiet
- Assisted living center is needed for senior citizens

Appendix E

Chaffee County Community Health 2008

Public Survey

GENERAL COMMENTS: *Please feel free to add any additional comments about health issues within Chaffee County.*

No decent paying jobs with benefits, in private sector. Little interest and no visible action by community leaders to promote private jobs, light industry. Mostly we're an aging retirement community, not enough support of young families.

A list of shot and costs would be helpful for my child in (APE) and location, times, etc.

I have no way (of) knowing what is adequate in all these categories. [In response to question about how adequate community resources were for,,,]

Chaffee County is a great place to live but we REALLY REALLY need assisted living facility -larger population able to care for men and women and transportation, transportation, transportation

Some of these issues (my community has adequate...) are a trade off for where we live and the life styles we choose- jobs are limited up here – housing prices are ridiculous - but that the nature of this

Kids hang out too much at parks and trash them. Restrooms need to be on bike path in Salida.

Our community leadership is so determined to develop all open space and protect nice places like our community pool, for the elite rich that the rest of us can no longer afford to utilize these health giving resources.

More publicity and information on public health nurses.

We are responsible – not the taxpayers. Free markets – don't tell employers what they have to provide.

Survey is extremely broad – need to be more specific at some point.

Get the drugs and alcohol off our streets.

Health issues are a personal problem. Emergencies do happen so, some help may be needed. Health issues are not a social problem. Educate the young to accept their own problems! The young and all adults need to plan their own health, education and welfare.

Need Meals on Wheels in BV. Need ambulances in BV and Salida both. Surely there is a problem when ambulances have to travel from BV to Salida to transport patients to Salida's hospital – or Salida to BV is worse yet.

This is the one place I have lived that I feel is "home". I am disappointed at how much people complain about Buenie, but not one person complaining is trying to make any difference about it. I want change for better. I heard a rumor that John Cogswell was trying to bring change for the better to Buenie and the whole town council voted against it. Why? Is there somebody our there that doesn't want to try and lift some of these poor families out of poverty? This is a rich heartland with too many destitute people. Why? Help us! We need community awareness. It seems we all know each other, but nobody knows what is actually going on in our great little town. ☹

Recently moved from KS to Colorado. Health insurance premiums went from $186.00 per month to $420.00 per month due to address change. No change in coverage or deductible ($10,000.00).

I feel Chaffee County is a wonderful place to live but... We don't have enough help for low income and single moms or parent help. I've been in this county for 5 years and I have struggled the past 5 years. I qualify for every thing but food stamps. I can't afford to live here. I feel Chaffee County is trying to keep up with Aspen, Vail and Breckenridge. If this continues I will not be able to live in Chaffee County. The cost of living is way too high here. That includes the price of rent and propane. Being a single mom is very hard. I know my opinion doesn't matter and whoever reads this will disregard everything that I've said. But I think you should take a good look at what is happening in our county. And turn things around. You all are doing this survey but will you do anything about it? Probably NOT! I also feel that we should have some kind of affordable housing for low income people. Thank you and I hope I see a change because Chaffee County is a beautiful place to live and raise a family.

Too much growth which seems to be only for people with a fat bank account. Chaffee County is sorely lacking affordable housing for the average working family. Chaffee County has become top heavy which seems to resemble Wall Street. The average working family is forgotten, priced out of the housing market and struggling.

Too much dependence on low wage tourism and retail jobs makes Chaffee County an area that is not family friendly.

Compared with cost of living expenses in Chaffee County, which are considerable, wages earned by residents do not cover the expenses.

Cost of medical and dental care inflated - many people cannot afford.

I need oral surgery for a potentially dangerous condition, but insurance does not cover these things. My son needs orthodontics which insurance does not cover. Also, there are not enough qualified specialists for these things in this area; we must go out of town. When chewing becomes a problem one has more health issues such as nutrition, joint and jaw control, strength of teeth and overall self-esteem which can then have an affect on mental health. There are also not enough programs to help with dental and orthodontic problems in our area if there are they are a well kept secret.

Lack of 0 – 2 ½ child care programs.