

COMMUNITY HEALTH ASSESSMENT

2018 - 2022



TELLER COUNTY PUBLIC HEALTH
AND ENVIRONMENT

Teller County’s community health assessment was conducted for Teller County Public Health & Environment (TCPHE) by students in the 2017 Community Health Assessment course (CBHS 6624) at the Colorado School of Public Health (ColoradoSPH). Following the guidance of the Colorado Health Assessment and Planning System (CHAPS), created by the Colorado Department of Public Health and Environment, data collection and compilation for Phases I – III were performed by University of Colorado School of Public Health students. Phases IV & V of the process were facilitated and reported by Dr. Patricia Valverde from the Colorado School of Public Health. Edits and completion of the CHAPS Phases I-VI were done by TCPHE Director and TCPHE Staff.

Authors:

Students: Alice Choi, Auburn Dush, Kateri Evans, Kallista Hammer, Amy Keith, Hanna Mortimer, Stacey Quesada, Jocelyn Robinson, Kelsie Sereno and Ashley Wilson

Faculty: Dr. Patricia Valverde, Dr. Holly Wolf, and graduate assistant Olivia Kenney

TCPHE Director: Jacqueline Revello, RN, MA

CHAPS Project Coordinator: Martha Hubbard, RN, BSN

TCPHE Staff: Karissa Smith, RN, BSN, PH Nurse III, Lori Ptak, RN, BSN, PH Nurse II and Tami Clark, PH Program Manager



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From the Public Health Director

Assessment, planning, and communication are among public health's core services in Colorado. To that end, we are proud to present the Teller County's Community Health Assessment Report 2018-2022, which is a comprehensive collection and analysis of data related to the health issues, concerns, and needs of the residents of Teller County.

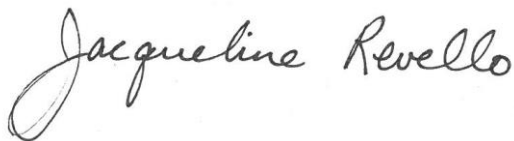
Teller County Public Health & Environment's mission is to protect the health of Teller County residents by preventing disease, promoting healthy lifestyles, and collaborating with individuals and organizations to improve health and environment. We express gratitude to those in the community - our professional partners, social service agencies, businesses, healthcare providers, and individuals who helped make this report possible. The information in this report will enable us to strategically establish priorities, implement strategies, and commit resources to improve the health of our communities. It will build upon our last assessment and align with existing local, state, and national efforts to establish a road map for improving public health and environment over the next five years.

Public Health relies on timely data that is locally relevant and looks beyond the health of a single person to promote healthy communities. Despite great strides in the last several years in access and quality of care, individuals continue to struggle with understanding health, practicing preventative care, and navigating the healthcare delivery system. This report reveals Teller County's greatest needs and strengths and will act as a reference for individuals, providers, hospitals, coalitions, and government agencies to improve health outcomes.

Creating and maintaining a healthy community is a team effort to which we all must put forth time, effort, and dedication in order to cause change that can improve lives by improving health. Teller County Public Health & Environment will work with its partners to implement, monitor, and evaluate this community health improvement plan.

To read the full report or to get involved, please visit our website at <http://www.co.teller.co.us/publichealth> .

Live well,

A handwritten signature in cursive script that reads "Jacqueline Revello". The signature is written in black ink and is positioned above the printed name.

Jacqueline Revello, RN, MA

Teller County Public Health & Environment Director

Acknowledgements

The students from the Colorado School of Public Health (ColoradoSPH) who compiled Phase I-III of this report would like to thank the staff at Teller County Public Health and Environment (TCPHE) for their efforts in facilitating this work and allowing us to contribute to their community health assessment. Jacqueline Revello, Director of TCPHE, and Martha Hubbard, CHAPS Project Coordinator, were crucial contributors to the health assessment of Teller County. We would like to thank them specifically for their efforts organizing the nominal group technique events, including sending out invitations, reserving the two locations for the event, and providing food. They also worked hard recruiting key informants for interviews and disseminating surveys to residents in both the northern and southern parts of the county. Their knowledge of the county and relationships with community stakeholders provided the ColoradoSPH team with an invaluable resource.

The students would also like to thank their instructors at ColoradoSPH, Dr. Patricia Valverde, Dr. Holly Wolf, and graduate assistant Olivia Kenney, for sharing their expertise and guidance throughout this project. Without their mentorship, this assessment would not have been possible.

Superintendents of the Cripple Creek-Victor RE-1, Leslie Lindauer, and Woodland Park RE-2, Dr. Jed Bowman, School Districts generously submitted their schools' Healthy Kids Colorado Survey Data to the assessment team for review. The authors of this report would like to extend their gratitude and appreciation to the superintendents for allowing them to review this data and include it in the report.

TCPHE and ColoradoSPH students and instructors would like to extend our greatest appreciation to the community members of Teller County who openly shared their knowledge and opinions which provided the foundation for this project. Additionally, support and contributions from the Teller County Board of Health, Commissioners Norm Steen, Marc Dettenrieder and Dave Paul and the Teller County Administrator, Sheryl Decker, strengthened this process. Our hope is that this assessment helps contribute to the wellbeing of this beautiful county. From this assessment and prioritization, the Community Improvement Plan is designed to be utilized by county agencies, community organizations, healthcare providers and facilities and leaders to improve the health of our community.

Community Participants

Organization	Participant
Bronco Billy's Casino	Debi Solomich, Training & Development Manager
Choices (Pregnancy Resource Center)	Kathryn Perry, Woodland Park Jean Peck, Cripple Creek
City of Woodland Park	David Buttery, City Manager
City of Woodland Park, Parks and Recreation	Cindy Keating, Director
City of Woodland Park, Police Department	Chris Adams, Commander Jim Halloran, Commander
Community of Caring	Alicia Petri, Financial Health Assistant
Community of Caring Aspen Mine Center	Ted Borden, Director
Community Partnership Family Resource Center	Jodi Mijares, Director Kathy Cefus, Program Manager Amy Payne, Program Manager
Cripple Creek Care Center	Lawrence Cowen, Director
Cripple Creek Children's Church	Jamie Johnston, Coordinator
Cripple Creek Fire Department	Kat Pedersen, Engineer
Cripple Creek Parks and Recreation	Connie Dodrill, Director
Cripple Creek Police Department	Mike Rulo, Chief of Police
Cripple Creek Victor School District & SBHC	Leslie Lindauer, Superintendent Laureen Murray, Nurse and SBHC Coordinator
Day Break Adult Day Program	Paula Levy, Executive Director
Families and Communities Together (F.A.C.T.)	Maren Fuller, Coordinator
Gold Belt Build a Generation	Lisa Noble, Coordinator
Little Chapel Food Pantry	Judy and Ken Hesselberg, Directors
Mission Possible	Heidi Troxell, Implementation Specialist
North Teller Build A Generation, City of Woodland Park	Karen Casey, Coordinator
North Teller Community Member, Florissant	Neil Botting, Resident
North Teller Community Member, Woodland Park	Ron Hubbard, Resident
Peak Vista Community Health Center, Divide	Dee Hylton, Manager
Pikes Peak Community Health Partners	Darlyn Miller, Regional Health Connector

Organization	Participant
Pikes Peak Regional Hospital	Johannes Winfrey, Educational & Disaster Manager
South Teller Community Member/Realtor Specialist	Donna Brazil, Realtor
Southwest Teller County Emergency Medical Service	Candy Shoemaker, Director
Teller County Department of Human Services	Kim Mauthe, Director Mary Longmire, Administration
Teller County Government	Norm Steen, County Commissioner
Teller County Health Department/ Physician	Susan McMaster, DO
Teller County Public Health and Environment	Jacqueline Revello, Director
Teller County Sheriff Office	Jerry Sloan, Lieutenant Renee Bunting, Deputy
Teller Senior Coalition	Leni Stevenson, Case Manager Kathy Lowry, Office Manager
Wildwood Casino	Galene Nedjoika, H R Director
Woodland Park School District	Adric Arndt, Student Services Director Dr. Jed Bowman, Superintendent
Woodland Park Senior Citizen Organization	Pamela Argo, Activities Director

Community Health Assessment, Prioritization and Improvement



Community Health Assessment Plan Summary

Goals

The goal of this community health assessment (CHA) is to identify the most pressing health concerns and the most valuable strengths and assets within Teller County. By accomplishing this, the community can work toward improving the health of its population. The following objectives were defined to achieve this goal:

- Collect and analyze secondary data to identify key health concerns
- Engage with stakeholders to rank perceived health concerns for the community
- Engage with stakeholders to identify community assets and strengths that can be used to address the main health concerns

A Collaborative Effort

Ten students from the Colorado School of Public Health (ColoradoSPH), at the University of Colorado at Denver, partnered with Teller County Public Health and Environment (TCPHE) to complete this CHA. Martha Hubbard, the CHAPS Project Coordinator, was the primary point of contact at TCPHE. The collaboration was mutually beneficial for ColoradoSPH and TCPHE. It served to satisfy activities required for the students' CHA course and fulfilled the legislative requirement for Teller County to perform a CHA every five years.

Methods: Data Collection

Quantitative and qualitative data collection methods were used for this assessment. The team collected a suite of existing (i.e., secondary) quantitative data. Data included key indicators measuring the socio-demographic characteristics and the health status of the county. For qualitative data, the team carried out Nominal Group Technique (NGT), Key Informant Interviews, and a Community Survey. The qualitative data collection efforts were all designed to address the following questions:

- What are the key health concerns for Teller County?
- What are the strengths and assets of Teller County that could be used to improve the health of the population?

Methods: Data Analysis

Various data analysis methods were utilized, including:

- Secondary health indicator data was evaluated and compared to state levels and national targets. Indicators were also assessed for their potential impact on the health of the county. This led to a list of focused health indicators and, from there, a list of key health concerns.
- Nominal Group Technique data was analyzed and coded to identify and rank the most prominent health concerns and strengths/assets for Teller County.
- Key Informant Interviews and Community Survey responses were coded using a deductive coding scheme. Codes were analyzed to identify and rank the county's top health concerns and strengths/assets.
- Health concerns identified through each method were combined and categorized into two tiers based on the following criteria:
 - **Tier 1 Criteria:**
 - Item was ranked as one of the top five health concerns in all three qualitative methods **OR**
 - Item was ranked as one of the top five health concerns in two qualitative methods **AND** item was identified as a key health concern through secondary data analysis.
 - **Tier 2 Criteria:**
 - Item was ranked as one of the top ten health concerns in two qualitative methods **OR**
 - Item was ranked as one of the top ten health concerns in one qualitative method **AND** item was identified as a key health concern through secondary data analysis.
- County strengths/assets were scored according to their rankings within each method. High-ranked items received more points and low-ranked items received fewer points. Each item's scores were then summed across methods and items were ranked according to their total scores. This ranking revealed the top strengths/assets for Teller County.

Key Findings

Tier 1 Health Concerns

Four health concerns were identified using the criteria for Tier 1 health concerns:

- Behavioral and mental health
 - Behavioral and mental health was identified as a key health concern in all data collection methods. Health data suggests increasing suicide rates, a lack of mental health providers, and difficulty accessing mental health care. Community members express concerns

regarding the quality of mental health providers, the isolation of many residents, and undiagnosed mental problems for many people in the county.

- Substance use and abuse
 - Compared to the state, Teller County has a higher age-adjusted rate of drug-induced deaths. The rate of hospitalizations for heroin, opiates, and narcotic overdoses in Teller County is more than double the rate for Colorado. Additionally, many community members discussed problems with substance use and abuse among teenagers in the county.

- Access to care
 - Primary care and specialty care is somewhat lacking in Teller County. The number of practicing physicians per 100,000 people in Teller County is nearly three times smaller than the number for Colorado. There is also a lack of prenatal and antenatal care in the county as evidenced by health data and community sentiment.

- Injuries and violence
 - Child maltreatment and elder abuse rates are nearly double the rates for Colorado. Community members cite concerns regarding the link between gaming and domestic violence. Adolescent health data also suggests a high prevalence of weapons in schools.

Tier 2 Health Concerns

Using the criteria for Tier 2 health concerns, the following nine health concerns were identified:

- Senior health and healthy aging
- Chronic disease
- Access to food
- Smoking
- Oral health
- Alcohol use
- Poor family dynamic
- Transportation
- Healthy environment

Community Strengths/Assets

Teller County residents identified several strengths and assets inherent to their community. The top strengths and assets identified through this assessment include:

- A strong, engaged, and generous community
 - Community members felt a major strength of Teller County is the strength and kindness of its community members. Participants cited kindness, generosity, and loyalty when discussing the residents of Teller County.
- Resource centers/programs

- Several resource centers and programs were identified as community assets by residents. These included, but were not limited to, Aspen Mine Center, Community Partnership Family Resource Center, and Teller Senior Coalition.
- Agency collaborations
 - Several participants highlighted successful interagency collaborations as a strength for Teller County. Among the most frequently mentioned collaborations were the Build a Generation coalitions in north and south Teller County.
- The natural environment and outdoor recreation
 - Many participants in this assessment discussed the beauty of the natural environment and the access to outdoor recreation as an asset for Teller County. Several individuals discussed the abundance of state and national parks as well as the presence of numerous hiking and cycling trails.
- Air and water quality
 - The abundance of fresh mountain air and water was discussed by several participants in this assessment. Many spoke about the lack of pollution as well as the absence of chemical industrial plants as being factors that contribute to the clean air and water in Teller County.

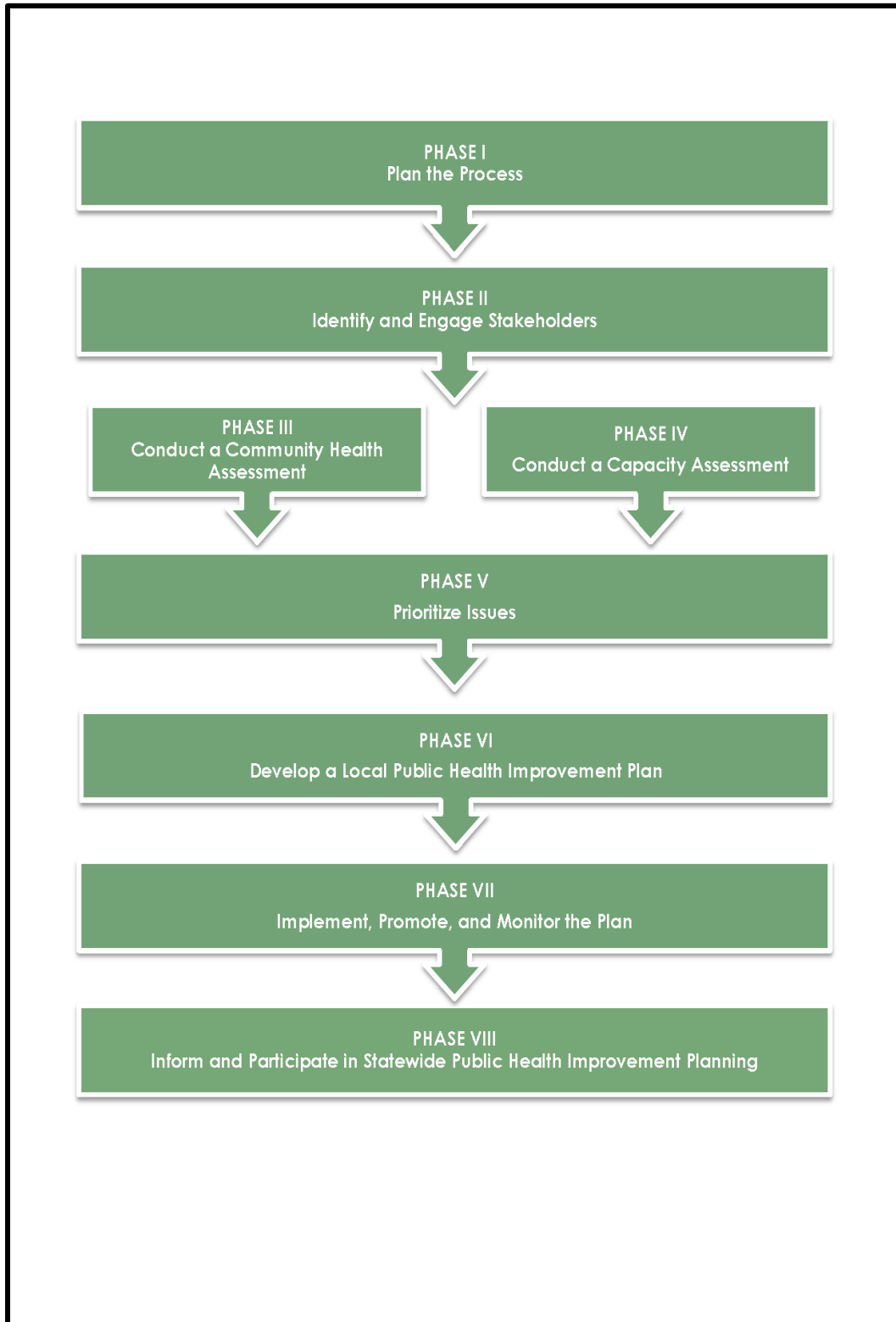
Community Health Assessment Prioritization Summary

Teller County Public Health & Environment (TCPHE) completed the community health assessment process for the 2018-2022 cycle. Thirteen health concerns were identified by a process comparing results from health indicator data, normative group technique, key informant interviews and a community survey completed by TCPHE and a student team from the Colorado School of Public Health (CSPH). After further discussion, the list was narrowed to eleven by combining alcohol use with substance use and eliminating transportation barriers, a social determinant of health. The remaining eleven health conditions were rated by a Teller County prioritization committee selected from NGT and Key Informant participants to narrow down to the top two health concerns to be addressed through the Community Health Improvement Plan.

Community Health Improvement Plan (CHIP) Summary

The Community Health Improvement Plan will focus on the top health concerns that were identified by the committee and will provide a road map for community partners to make improvements to the health care system and ultimately the population's health. This plan will assist in developing policies and defining actions to target efforts that address the priority health concern(s). It will be used in collaboration with community partners to set goals and coordinate and target resources.

CHAPS Phases Flow Chart



Phase I: *Plan the Process*



Background

In order to increase the efficiency and effectiveness of the public health system through the assurance of quality public health services, the Colorado State Legislature enacted the [Colorado Public Health Act of 2008](#), Senate Bill 08-194 (The Act). Under The Act, Colorado public health officials at all levels are required to collaborate on the Statewide Public Health Improvement Plan that serves as a model for Local Public Health Improvement Plans. At the local level, The Act requires Local Public Health Agencies to complete a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) every five years (CDPHE, 2017). Respectively, the CHA and the CHIP identify the main health concerns of a community and outline the goals and strategies that will be implemented to address those health concerns.

In the spring of 2017, the Colorado School of Public Health (ColoradoSPH) collaborated with Teller County Public Health and Environment (TCPHE) to conduct TCPHE's 2017 Community Health Assessment. The standardized Colorado Health Assessment and Planning System (CHAPS), developed by the Colorado Department of Public Health and Environment, served as a guide for this process. The effort described in this report was specifically aimed at accomplishing the Community Health Assessment Phase of the CHAPS process, Phase III.

The ColoradoSPH team consisted of ten students who are pursuing their Master of Public Health degree with a concentration in Community and Behavioral Health. This project is a major component of their Community Health Assessment course, CBHS 6624, taught by Patricia Valverde, PhD, MPH, and Holly Wolf, PhD, MSPH, with support from teaching assistant Olivia Kenney. The TCPHE team consisted of Jacqueline Revello, Director of TCPHE, and Martha Hubbard, CHAPS Project Coordinator.

The overall goal for this health assessment was to identify the most pressing health concerns as well as the most beneficial assets and strengths within the community so that Teller County can work effectively toward improving the health of its population. In order to achieve this goal, the ColoradoSPH team defined the following project objectives:

- Collect and analyze secondary data to identify ten key health concerns for Teller County
- Engage with stakeholders in Teller County to rank perceived health concerns for the community
- Engage with stakeholders in Teller County to identify community assets/strengths that can be used to address the main health concerns

Toward these ends, four modes of data collection were employed: 1) secondary data collection; 2) nominal group technique (NGT); 3) key informant interviews; and 4) community surveys. Participants of the NGT events, key informant interviews, and community surveys were all asked to identify what they perceive to be the community's main health concerns as well as the top strengths and assets that can be used to address those health concerns. The key informant

interviews and the community surveys also asked questions about the gaming industry's impact on health and about any other perceived facilitators or barriers to health in Teller County.

Phase II: Identify and Engage Stakeholders



TCPHE Outreach to Teller County

TCPHE was responsible for recruitment and scheduling for all community engagement activities as well as dissemination of the community survey. TCPHE Director and Chaps Project Coordinator reviewed extensive community representation. A broad spectrum (86) of Teller County agencies and individuals were contacted to participate with the Community Health Assessment. Thirty-nine agencies participated with the Nominal Group Technique Community Health Assessment and seven Key Informants identified from crucial agency members that were unable to attend the NGT Meetings. Sixteen Agencies participated with the Prioritization Process. The Community Survey was supported by the four Teller County Public Libraries (Woodland Park, Cripple Creek, Victor and Florissant) by providing computer lab access to the community as well as offering participation with hard copy outreach opportunities at grocery stores in Woodland Park, Divide and Cripple Creek.

ColoradoSPH students were responsible for facilitating weekly conference calls with TCPHE, gathering all pertinent secondary data, developing materials for primary data collection activities (guides, agendas, etc.), facilitating the NGT events and key informant interviews, developing the community survey, and analyzing and integrating data from all data collection methods. From their analysis, ColoradoSPH identified Teller County's top health concerns as well as their most important assets and strengths for addressing those health concerns. Lastly, ColoradoSPH students provided key recommendations for improving the health of Teller County residents. See [Appendix A: Scope of Work](#) for the detailed Scope of Work.

The 2012-2017 Community Health Assessment is available at:

<http://www.co.teller.co.us/PublicHealth/>

Phase III: Conduct a Community Health Assessment

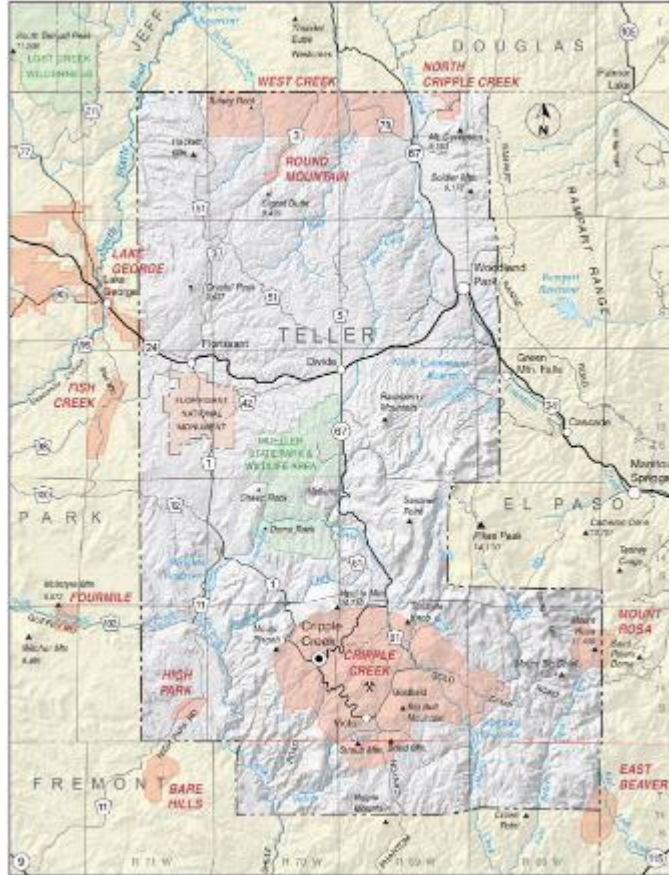


Figure 1. Map of Teller County, Retrieved from Colorado Geological Survey.

Community Description

Teller County is one of 64 counties in Colorado. It has a total area of 559 square miles (1,450 km²), of which 557 square miles (1,440 km²) is land and 1.9 square miles (4.9 km²) (0.3%) is water. There are five cities in the county: Woodland Park, Cripple Creek, Victor, Divide and Florissant. Woodland Park, Cripple Creek, and Victor are incorporated while Divide and Florissant are unincorporated.

Teller County is located 20 miles west of Colorado Springs, almost directly in the center of the state of Colorado. The county has an elevation range of 8,000 feet in Woodland Park to over 14,000 feet just below Pikes Peak. The county was once a division of El Paso County. However, in 1899, Teller County was carved from the western slope of Pikes Peak, and was named after United States Senator Henry M. Teller.

There are several national and state protected areas and parks located in the county that offer outdoor recreational activities for tourists and residents alike. Teller County can be considered a mining county as mining is the county's main source of income.

According to the U.S. Census Bureau's 2016 Population Estimates Program, the estimated population of Teller County is 24,403. Over 18% of the population is under 18 years of age and 19% is over the age of 65. There are two school districts in Teller County: Cripple Creek-Victor RE-1 in the south and Woodland Park RE-2 in the north. There are 325 K-12 students enrolled in Cripple Creek schools and 2,396 students enrolled in Woodland Park schools.

Following is an overview of the socio-demographic characteristics of the county. This includes discussions on:

- Age

- Gender
- Race/ethnicity
- Income and housing
- Access to healthy food and recreation
- Education
- Veteran status
- Population growth
- Employment and unemployment
- Transportation
- Poverty

In the following sections of the report, data may be presented at the Health Statistics Region (HSR) level. Teller County belongs to HSR 17 which is comprised of Clear Creek, Gilpin, Park, and Teller counties.

Age Distribution

Teller County, Colorado has a very different age distribution compared to the state of Colorado, as can be seen in Figure 2. The population of Teller is much older than Colorado with over half of the population over 45 years old (56.4%) compared to only 38.7% for Colorado. Teller County has a much larger percentage of people in the 45 to 64 age group than Colorado, 37.4% compared to 25.7%. Those 65 and over comprise 19% of Teller County’s total population compared to only 13% of Colorado’s population.

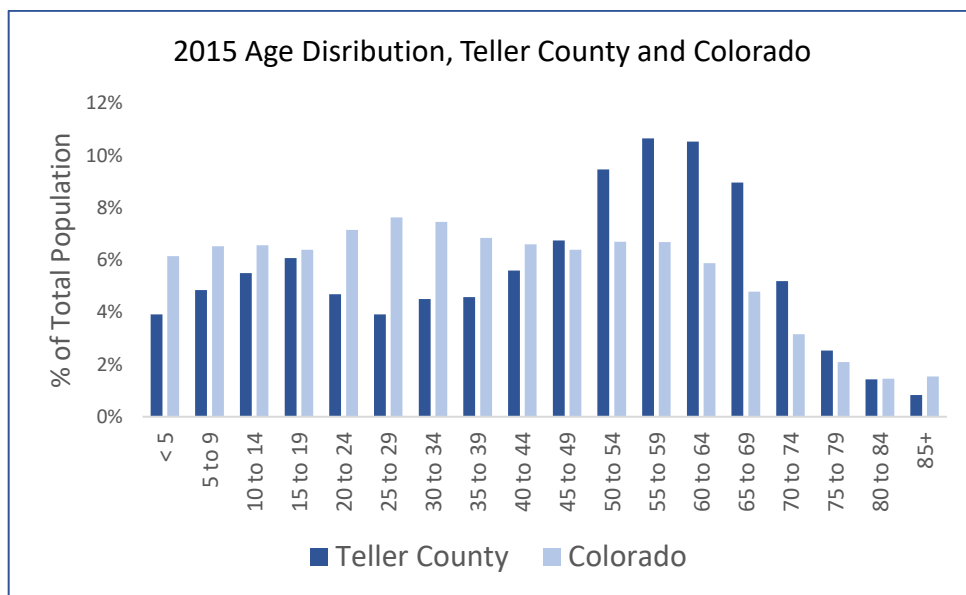


Figure 2. Age Distribution. Data retrieved from U.S. Census Bureau, Population Estimates Program, 2015.

Another way to quantify the burden of a particular age distribution is to measure the age dependency ratio which measures the number of dependents, typically those under 19 and those 65 and over, as a percentage of working age individuals, those between the ages 18 and 64. The old-age dependency ratio, in particular, is the proportion of elderly (ages 65+) to working age individuals (ages 18-64). Since 2010, Teller County’s old-age dependency ratio has been steadily increasing from 19.7% to 30.2% and has been consistently higher than that for Colorado (see Figure 3). A high old-age dependency ratio may lead to an increased burden on the working population to support needs of the aging population.

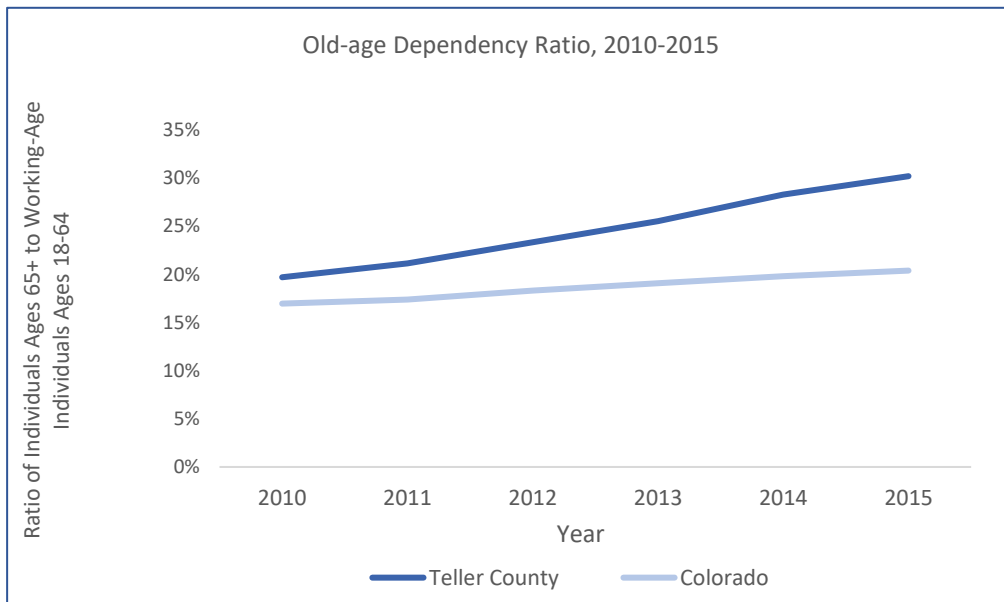


Figure 3. Old-age dependency ratio for Teller County and Colorado, 2010-2015. Calculated from data retrieved from U.S. Census Bureau, Population Estimates Program.

Gender Distribution

Teller County has a similar gender distribution as the state of Colorado. In both populations, the number of males is slightly higher than females. The percentage of males in Teller County is similar to the state of Colorado, at 50.6% and 50.1%, respectively (Colorado State Demography Office, 2014).

Teller County	
Males	50.6%
Females	49.4%

Racial and Ethnic Distribution

According to the 2015 U.S. Census Bureau’s Population Estimates Program, the ethnic and racial distributions in Teller County and Colorado are primarily White Non-Hispanic, at 89.2% and 69.1%, respectively. The second largest group in both populations is Hispanic or Latino (of any race), although the proportion of Hispanic/Latino people in Colorado is over two and a half times greater than in Teller County (17.6% vs. 6.4%). With so few people representing these sub-populations in Teller County, there is not enough data to understand any health disparities they may be experiencing.

Race / Ethnicity	% of Total Population
White	89.2%
Hispanic or Latino	6.4%
American Indian/Alaskan Native	1.2%
Asian	0.9%
Black or African American	0.8%
Native Hawaiian or Other Pacific Islander	0.1%

Table 1. Teller County racial and ethnic distribution.

Income and Housing

The proportion of the median home value covered by one year’s median household income in Teller County is 0.27 (\$62,380 / \$232,300), while in Colorado it is 0.25 (\$61,324 / \$239,400) (see Figure 4).

- The 2015 median household income in Teller County is about 2% higher than the median household income for Colorado.
- The median home value in Teller County is about 4% lower than the median home value in the state.

Taking the median home value and median household income data into consideration together, it is apparent that the cost of living is lower in Teller County than in Colorado. This suggests that incomes are higher and homes are less expensive. Even though the cost of living is lower in Teller County compared to Colorado, major health care costs can be important concerns to residents.

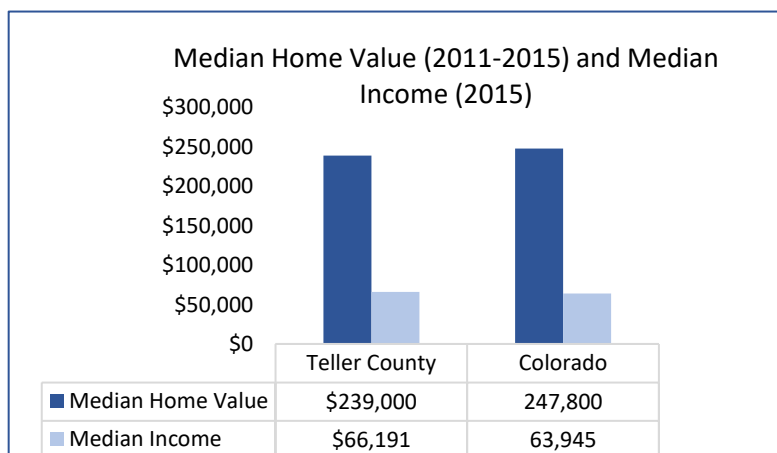


Figure 4. Median home values and median household income. Median home value is an estimate of values from the American Community Survey, 2011-2015 and median income is retrieved from the Small Area Income and Poverty Estimates, 2015.

Access to Healthy Food and Recreation

Compared to Colorado, Teller County has less access to healthy food and recreation (see Figure 5).

- Access to healthy food in Colorado is 4% higher than Teller County, but is not statistically significant.
- Access to recreation in Colorado is 20.3% higher than Teller County, and this difference is statistically significant.
 - The measure for access to recreation in Teller County may be artificially low. This indicator is measured in terms of access to public exercise facilities such as walking or running tracks, basketball or tennis courts, swimming pools, etc.
 - Although Teller County may not have a high density of traditional public exercise facilities, it does boast several national, state, and local parks and protected areas.

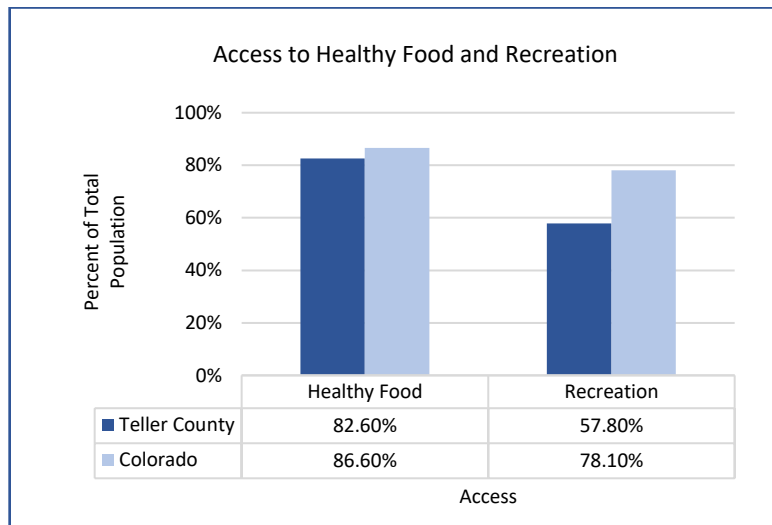
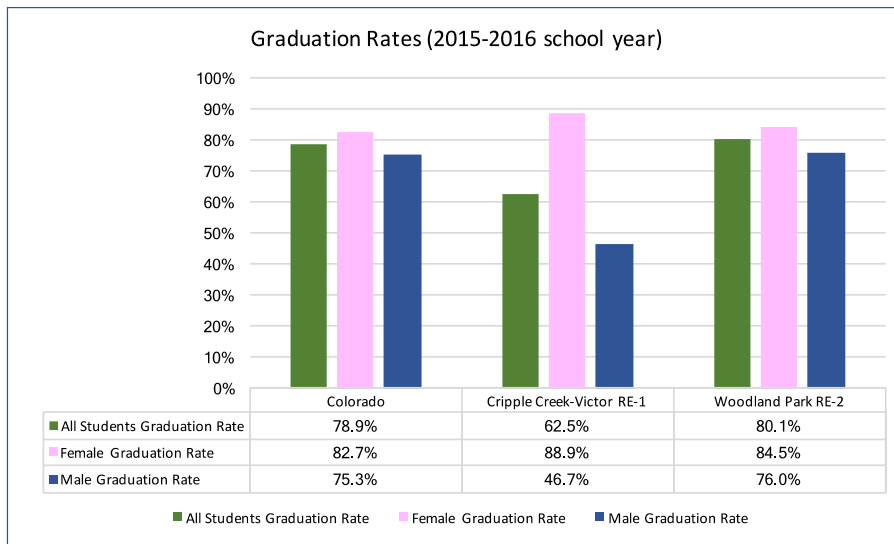


Figure 5. Access to healthy food and access to recreation. Data retrieved from Behavioral Risk Factors Surveillance System, 2011.

Education

More than two thirds (68.0%) of Teller County residents over the age of 25 have more than a high school education, which is nearly equivalent to Colorado (68.6%) and significantly higher than the national level, which is only 59%. Education is an important factor in employment rates and overall health outcomes and, therefore, Teller County stands to benefit from the high educational attainment of its working population.

Current Teller County graduation rates are, for the most part, on par with state rates. However, the graduation rate for males in Cripple Creek-Victor RE-1 is only 46.7%, compared to 76.0% for Woodland Park and 75.3% for Colorado (see Figure 6). More research is warranted to reveal why this is occurring, or if this measure is an artifact of the extremely small number of students in Cripple Creek. Nonetheless, low graduation rates have the potential to lead to long-term increases in unemployment rates. Moreover, as illustrated in the Health Equity Model, social determinants of health such as education and employment pose serious risks to health outcomes.



According to the Bureau of Labor and Statistics (BLS, 2016), the national average unemployment rate for high school dropouts is 7.4% compared to only 5.2% for those with a high school diploma, 3.6% for those with an Associate’s degree, and 2.7% for those with a Bachelor’s degree.

Figure 6. 2015-2016 Graduation Rates for Teller County School Districts and Colorado. Data retrieved from the Colorado Department of Education.

Veteran Status

Veterans often have unique physical and mental health needs due to their service experiences. The nearest Veterans Affairs medical clinic to Teller County is in Colorado Springs, which is in neighboring El Paso County. The nearest Veterans Affairs hospital is in Denver, approximately an hour and a half away. However, Teller County does have a part time Veteran Service Officer to support and advocate for the Teller County Veterans’ access to qualified benefits. There is a large veteran population in Teller County.

- Of the 18,825 civilian individuals who are 18 and over in Teller County, 17.4% (90% Confidence interval (CI); 15.9, 19.2) are veterans (ACS, 2011-2015).
- In Colorado, only 9.8% (90% CI; 9.7, 9.9) of the adult civilian population has veteran status.

Population Growth

Population growth in a community can bring challenges with supporting the expanding population. Teller County is estimated to continue to see population growth through 2025. Although the state of Colorado is also experiencing population growth, the projected rate of growth is expected to be higher in Teller County (see Figure 7). In Teller County, sustained population growth may place strain on already limited health care and social services but can also bring in new assets and a stronger tax base.

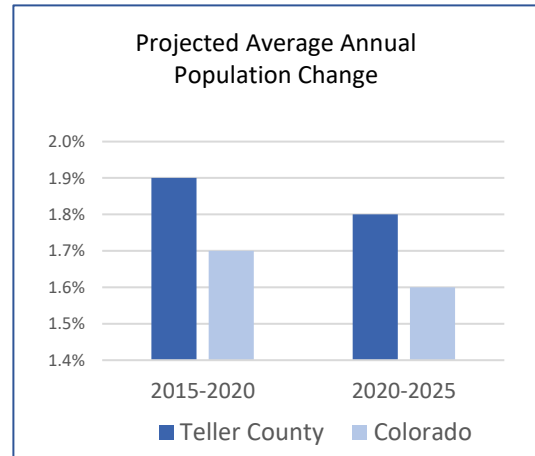


Figure 7. Average projected annual population change. Data retrieved from the Colorado State Demography Office, 2012.

Employment

The five largest business sectors in Teller County, in terms of number of paid employees, are:

- Accommodation and food services
- Retail trade
- Mining and quarrying
- Other services (such as local and county government and education)
- Health care and social assistance.

The business sector distribution in Teller County stands in sharp contrast to the distribution of residents' occupations. The top five occupational categories of Teller residents are:

- Management, business and financial
- Office and administrative support
- Education, legal, community service, arts, and media
- Sales and related
- Computer, engineering, and science.

The difference between businesses in the county and occupations of residents suggests that most Teller residents likely commute outside the county for work and, conversely, that many employees of Teller businesses are likely not residents of Teller County. More detailed lists of businesses and occupations in the county are provided in Tables 2 and 3, below.

Business Sectors in Teller County	Paid Employees
All	5,415
Accommodation and food services	1,571
Retail trade	837
Mining and quarrying	500-999
Other services (except public administration)	443
Health care and social assistance	420
Arts, entertainment, and recreation	413
Professional, scientific, and technical services	259
Construction	233
Finance and insurance	154
Administrative and waste management and remediation	133

Table 2. Business Sectors in Teller County. Data retrieved from U.S. Census Bureau Geography Area Series, County Business Patterns, 2015.

Occupations of Teller County Residents	Estimate
Building and grounds cleaning and maintenance occupations	629
Protective service occupations:	610
Healthcare practitioner and technical occupations	546

Table 3. Occupations of Teller County residents. Data retrieved from U.S. Census Bureau, 2011-2015 American Community Survey.

Occupations of Teller County Residents	Estimate
Employed population ages 16+	11,501
Management, business, and financial occupations	1,791
Office and administrative support occupations	1,508
Education, legal, community service, arts, and media occupations:	1,184
Sales and related occupations	937
Computer, engineering, and science occupations	923
Construction and extraction occupations	826
Food preparation and serving related occupations	746

Transportation

Teller County residents spend significantly more time commuting to work than residents of Colorado overall. On average, the residents of Teller County spend 32 minutes (90% CI; 30.3, 33.7) commuting to work compared to only 25 minutes (90% CI; 24.9, 25.1) for Colorado residents (ACS, 2011-2015). Spending additional time in the car places people at greater risk for motor vehicle accidents.

Unemployment

The average annual unemployment rate for Teller County has been steadily decreasing since 2010 (see Figure 8). As of March 2016, the unemployment rate for Teller County was 4.4% which is higher than the current unemployment rate for Colorado which is 2.5%.

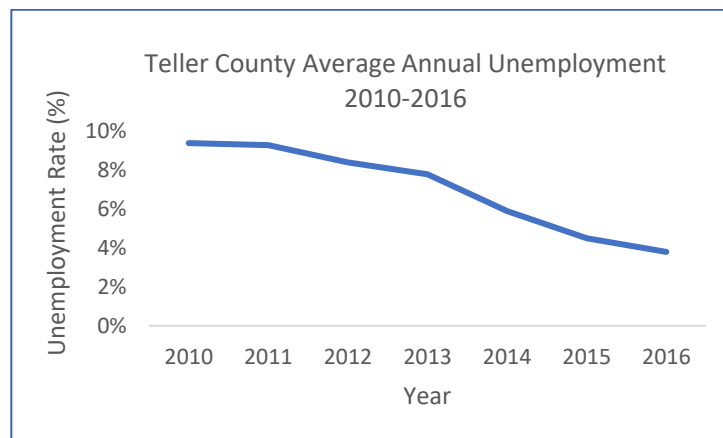


Figure 8. Average annual unemployment rates, 2010-2016. Data retrieved from Bureau of Labor Statistics, Local Area Unemployment Statistics.

Poverty

Teller County has a low overall rate of poverty, however, there are some differences in economic opportunity at the regional level.

- The percentage of individuals living at or below the Federal Poverty Level in Teller county is significantly less than in Colorado, at 7.5% (90% CI; 5.8, 9.2) and 12.7% (90% CI; 12.5, 12.9), respectively (ACS, 2011-2015).
- The percentage of households enrolled in the Supplemental Nutrition Assistance Program (SNAP) is not significantly different between Teller County and Colorado at 7.8% and 8.7%, respectively (ACS, 2011-2015).
- 64% of Cripple Creek-Victor school students and only 31.7% of Woodland Park students are eligible for free and reduced lunches (Colorado Department of Education, 2015-2016) (see Figure 9).

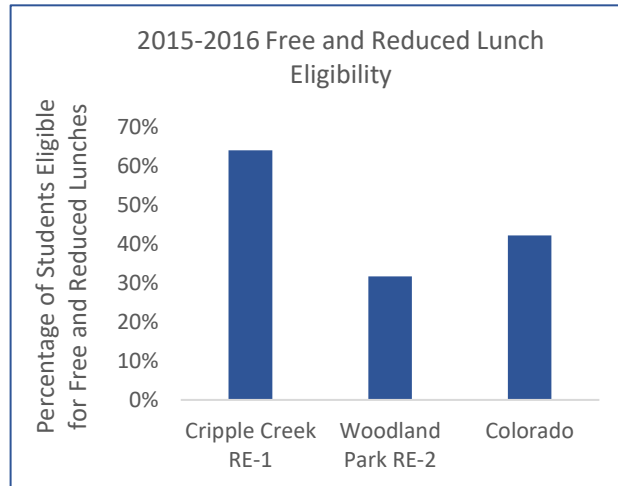


Figure 9. Free and Reduced Lunch Eligibility, 2015-2016. Data retrieved from the Colorado Department of Education.

Methods

Guided by the Colorado Department of Public Health and Environment’s (CDPHE) Colorado Health Assessment and Planning System (CHAPS) process, this community health assessment utilized quantitative, qualitative, and literature review methods for data collection and analysis. Quantitative data is valuable for its objective and measurable nature whereas qualitative data obtained from community members is esteemed for its contextual and personal nature.

Quantitative methods were executed through the systematic retrieval and analysis of secondary data while qualitative data was elicited from community stakeholders and residents by means of Nominal Group Technique, Key Informant Interviews, and a Community Survey. Lastly, given the presence of several casinos in southern Teller County, a rapid literature review of the effects of gaming on community health was conducted to round out the picture of the overall health of Teller County. The specific methods of data collection and analysis are discussed in the following sections.

Secondary Data

Methods for Data Collection

Secondary data was retrieved in the form of key health status indicators for each of the categories of the CDPHE’s Health Equity Model (HEM), including:

- Social Determinants of Health
- Health Factors
- Population Health Outcomes

Secondary data collection consisted of collection of county level and/or Health Statistic Region (HSR) level quantitative data. All data was stored in a workbook where it was organized according to HEM category. Important information such as source, data, and confidence intervals were recorded.

Data sources included but were not limited to:

- United States Census Bureau’s American Community Survey (ACS)
- Colorado Behavioral Risk Factor Surveillance System (BRFSS)
- Colorado Cancer Central Registry (CCCR)
- Colorado Health Access Survey (CHAS)
- Colorado Health Statistics and Vital Records
- Colorado Trauma Registry
- Healthy Kids Colorado Survey (HKCS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)

To assess the regional variability of health concerns within Teller County, census tract data was collected for the following categories (in numerical format as well as maps):

- Population characteristics
- Socio-demographics
- Health behaviors
- Health conditions
- Health care access and utilization
- Functional status

Data sources included:

- CDPHE’s Community Level Estimates
- United States Census Bureau’s American Community Survey
- United States Census Bureau’s 2010 Census

Lastly, given the presence of numerous casinos in Teller County, a rapid literature review was conducted to assess the potential effects of gaming on the community. Relevant articles were found using the PubMed search engine.

Methods for Data Analysis

In order to derive a list of key health concerns based on the quantitative, secondary data, all health indicator values were compared to state level data, state targets, and national targets (Healthy People 2020, when available). Teller County health indicators were flagged if they:

- Differed from state values by at least 20%
- Did not meet state or national targets
- Had a difference from the state value that was statistically significant when confidence intervals were available

Flagged health indicators were then carefully analyzed for potential impact on the health of the community. A list of key health concerns was created based upon this focused list of health indicators. The complete Health Indicator Data (see [Appendix B-1: Health Indicator Data](#))

provides a detailed list of Teller County health indicators. These indicators help to describe the current health status of Teller County. They also provide insight into potential opportunities for health improvement.

Census tracts were ranked according to favorable and unfavorable health indicator values. This was done to determine census tracts that may be considered more high risk or vulnerable in terms of their health status. For each of the indicators, each census tract was assigned a point value (1-6, with 6 being the highest risk and least favorable) based on the value for that indicator. The 1-6 point values for each indicator were totaled for all census tracts. They were then ranked based on this score. The census tract with the highest score ranked number one and therefore had the highest health risk. All census tract level data can be viewed at [Appendix B-2: Complete Census Tract Data](#) and [Appendix B-3: Census Tract Maps and Figures](#).

Nominal Group Technique

Methods for Data Collection

Nominal Group Technique (NGT) events were held at two different locations in Teller County: Woodland Park in the north and Cripple Creek in the south. These two locations were chosen to ensure representation from these disparate regions. Recruitment for the NGT was conducted by TCPHE. Attendees represented the hospital, first response, behavioral health facility, schools, small businesses, resource centers, senior centers, and casinos, among others. The NGT process was selected as the best method to gather consensus among a diverse representation of the community regarding Teller County's main health concerns as well as its greatest assets and strengths. Please see the process guide in Appendix E: Nominal Group Technique Process Guide for a comprehensive understanding of the methods used for the event.

At the beginning of the event, attendees signed in and breakfast was provided at the Cripple Creek location while snacks and beverages were provided at the Woodland Park event in the afternoon. Each participant received an agenda as well as a handout containing a detailed community description and key health indicator data for Teller County. The director of TCPHE welcomed participants and ColoradoSPH delivered a brief presentation on key health data from the community and gave an explanation of the NGT activity.

The NGT process began by dividing participants into 4 and 3 tables at Cripple Creek and Woodland Park, respectively, with approximately 6 people at each table. There was one note taker and one facilitator at each table. Facilitators asked their table the following questions in two separate rounds of NGT:

- 1. What are the key health concerns of Teller County?*
- 2. What are the strengths and assets of Teller County that could be used to improve the health of the population?*

Each question was asked individually using the four-step NGT process:

1. **Generate ideas:** To generate ideas, the facilitator presented the question to the group and each participant worked independently by writing down their thoughts on a piece of paper.
2. **Record ideas:** Recording ideas involved a round-robin technique where the facilitator requested one unique idea from one participant at a time, while the note taker recorded the ideas on a flipchart. This process was repeated until all ideas were recorded.
3. **Discuss ideas:** Then, each recorded idea was discussed among the group to allow for clarification and brief discussion.
4. **Vote on ideas:** This step entailed participants choosing what they thought were the top five health concerns for their community. Each person received five index cards to write down the top five perceived health concerns from the comprehensive list, writing one idea per note card. They then scored each idea from 1 to 5, with 5 being the most significant and 1 being the least significant.
5. **Rank ideas:** The note taker then totaled each item's scores on the flip chart and ranked the ideas from highest to lowest with the highest scored item representing the group's most significant perceived health concern.

The same process was repeated to address the second question. At the very end of the event, the ColoradoSPH presented preliminary results collected from the first question to give participants an idea of the variety of, or similarity in, top health concerns among all the tables. To close the event, the CHA Coordinator explained the next steps for CHA process and encouraged participants to disseminate the community survey, assist in the prioritization process and support the development of the health improvement plan.

Methods for Data Analysis

After the NGT event, each table's data was entered into two workbooks - one for the health concerns and one for strengths/assets. Data analysis was then conducted as follows:

1. For each health concern or asset/strength, scores were summed and compared to a baseline score (the score if all available "points" were distributed evenly among all items). Items with scores below the baseline score were excluded from any further analysis.
2. Remaining items were ranked according to their deviation from the baseline score such that the item with the largest positive deviation from baseline was ranked as the top item.
3. If two or more items had the same deviation from baseline, the item with the most votes received the higher ranking. If items also had the same number of votes, the 'winning' item was the one that had the highest individual score (i.e., if one item's highest score was 4 and another item's highest score was 5, then the second item had highest individual score and won the tiebreaker).
4. The top-ranked items (i.e., health concern or asset/strength) from each group were then entered into a separate worksheet and sorted into like categories, or themes.
5. On a third worksheet, each theme's scores were summed within and across groups.
6. An average group score was calculated for each theme by dividing its total score by the number of groups.

7. Themes were ranked according to their average group scores and these rankings were used to identify the top overall health concerns or strengths/assets.

In this manner, the top overall health concerns or strengths/assets were identified for each site (Woodland Park and Cripple Creek), as well as for the overall county by combining the results from both sites. To view the complete workbooks used for the analysis of NGT data, please see Appendix E: Nominal Group Technique Workbooks.

Key Informant Interviews

Methods for Data Collection

A semi-structured interview guide was developed as the Key Informant Interview Guide. The complete interview guide can be viewed in Appendix F: Key Informant Interview Materials. Ten questions were used to gain an understanding of Teller County's overall health concerns, benefits and barriers, as well as strengths and assets in the community from key informants. Additionally, information was collected on whether or not gambling was seen as a health concern in the community. Prompts for each question were added to the interview guide to facilitate conversation. Seven key informants were identified by Teller County Public Health staff.

Primary questions of interest were:

- What are the major health concerns in Teller County?
- What are the major assets of Teller County to address these health concerns?
- What are the challenges within Teller County that impact these health concerns?
- Do you think the gaming industry affects the health of Teller County?
- How do you feel the gaming industry has influenced the health of Teller County?

Interviews were performed by five trained interviewers. The interview sessions were completed through the Zoom web/phone conferencing utility in early April, 2017. Interviewers asked questions and note takers recorded the discussion sessions. On average, interviews lasted about thirty minutes.

Methods for Data Analysis

A deductive coding scheme was used to code key informant interviews. To create a codebook specific to Teller County, codes were added as common topics arose through NGT and survey analysis. The codebook was utilized to track frequency and intensity of responses from the interviewees. Three trained public health professionals coded the seven interviews using the codebook. If new themes emerged during coding, coders added new codes to the codebook. See Appendix F: Key Informant Interview Material for the complete codebook used for this process. To ensure inter-coder reliability, at least 40% of the interviews were coded by two people.

Double coding process:

- Each coder worked independently.
- The coders reconciled any discrepant codes.
 - If the two coders assigned a different code to a topic, definitions of the code were reviewed until a consensus was reached.

Analysis process:

- Codes were tallied for each interview, also known as frequency.
 - Frequency: overall sums for a given condition/concern and asset/strength
 - Identified the main health concerns and assets based on the highest frequency.
- If there was a tie for the top ten health concerns or top ten community assets, intensities were calculated.
 - Intensity: number of unique individual responses for a given condition or concern
 - If two themes had the same frequency, the theme with greater intensity was ranked higher.
- Codes were reviewed to determine if any of the codes could be collapsed under one code.
 - The code for suicide was combined into the code for mental health.
- Codes were grouped under broad topics and the topics that contained the top health concerns include health status/behaviors, access to services, and social and economic factors.
 - These broad topics are commonly referred to as themes.

Community Survey

Methods for Data Collection

A 16-question community survey was created by two public health professionals to allow community members to voice their opinions on Teller County's health status. To view the complete survey, please see Appendix G: Community Survey Instrument. The survey questions were designed to identify the community's top health concerns and how to address them. Following is a list of the steps taken to develop and administer the survey.

- Online survey was developed using SurveyMonkey
- Survey link was dispersed using TCPHE community email LISTSERVS
- Survey was advertised by means of:
 - Flyers at popular organizations around the community, e.g., public libraries
 - Word of mouth
- Paper version of the survey was provided to TCPHE
 - This was available outside the grocery store in Woodland Park
- Survey administration was continued for 15 days, April 6 to April 21, 2017

Methods for Data Analysis

Hard copies of completed surveys were collected by TCPHE staff and these responses were entered into SurveyMonkey by TCPHE prior to the data being downloaded by the assessment team. Responses to the online survey were then downloaded from SurveyMonkey into an Excel spreadsheet for analysis. The complete codebook for this assessment can be viewed in Appendix F: Key Informant Interview Materials.

Three trained public health professionals analyzed and coded 84 survey responses for health concerns and community assets using the following steps:

- Codes were added as needed
- 30% of the responses were double coded
- Discrepant responses were reviewed and agreed upon in the same way as the Key Informant Interviews (see discussion above)
- Descriptive statistics were calculated for the demographics and closed-ended questions

Data Synthesis

Methods for Analysis

Health concerns from all data collection methods were compiled and evaluated against criteria pertaining to:

- The number of qualitative (i.e., community engagement) methods that identified them as a top concern
- Their ranking within each qualitative method
- Whether they matched with one of the key health concerns identified through secondary data analysis.
- Evaluation criteria were used to categorize health concerns into two tiers in Figure 10.

Categorization of Health Concerns

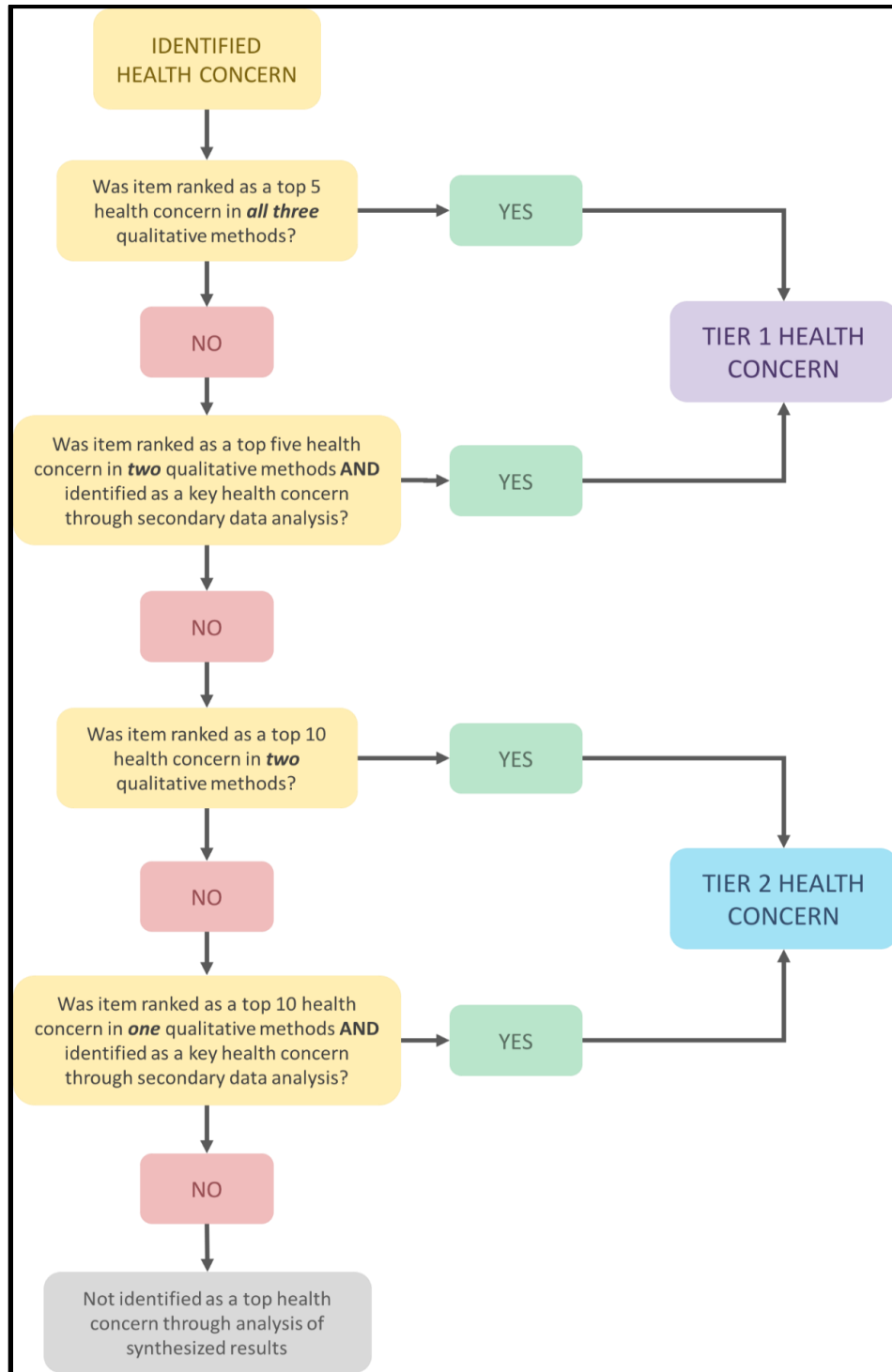


Figure 10. Criteria for the categorization of health concerns identified through one of the data collection methods.

County strengths/assets identified by community engagement methods were scored according to their rankings from each qualitative method. Scores were assigned to each item such that high-ranked items received more points and low-ranked items received fewer points. Each item's scores were summed across methods and then items were ranked according to their total scores, thus revealing the top strengths/assets for Teller County.

Key Findings of Quantitative Data Analysis

Analysis of quantitative, secondary data revealed eleven key health concerns for Teller County: access to health care, chronic disease, healthy aging, healthy environment, mental health, oral health, preventive care, substance use and abuse, suicide, tobacco abuse and exposure, and violence. These are each discussed in more detail below.

Access to Health Care

In Teller County, the availability of practicing physicians is lower than in the state of Colorado. This includes primary care physicians, dentists, social workers, optometrists, and OB/GYNs. Also, fewer people in Teller County are visiting the doctors they need to see.

- Teller County has a much lower rate of practicing primary care physicians compared to the state of Colorado, with 81.6 physicians per 100,000 population in Teller County and 225.9 physicians per 100,000 population in Colorado (CHAS, 2013).
- The same goes for dentists (43 per 100,000 in Teller County versus 70.8 per 100,000 in Colorado), social workers (4.3 per 100,000 in Teller, 13.8 per 100,000 in Colorado), and optometrists (8.6 per 100,000 in Teller County, 17.1 per 100,000 in Colorado) (CHAS, 2013).
- 42.8% of Teller County adults report not having had a routine medical check-up in the last year, compared to 38.2% in Colorado (ACS, 2012-2015).
- In Teller County, only 52.4% of pregnant women received adequate prenatal care, compared to 63.2% in Colorado (Health Statistics and Vital Records, 2012-2014).

Chronic Diseases

Chronic diseases account for 75% of healthcare spending and cause seven out of every ten deaths in the United States (CDC, 2013). Additionally, chronic disease contributes to premature death. Premature death is measured by the years of potential life lost (YPLL) before the age of 75. Teller County's rate of YPLL is 7,900 per 100,000 compared to Colorado's rate of 5,700 per 100,000 and the rate in the United States of 6,600 per 100,000. Five of the leading causes of YPLL in Teller County are chronic disease-related (see Figure 11):

- Heart disease
- Cancer
- Cerebrovascular disease
- Chronic liver disease
- Diabetes

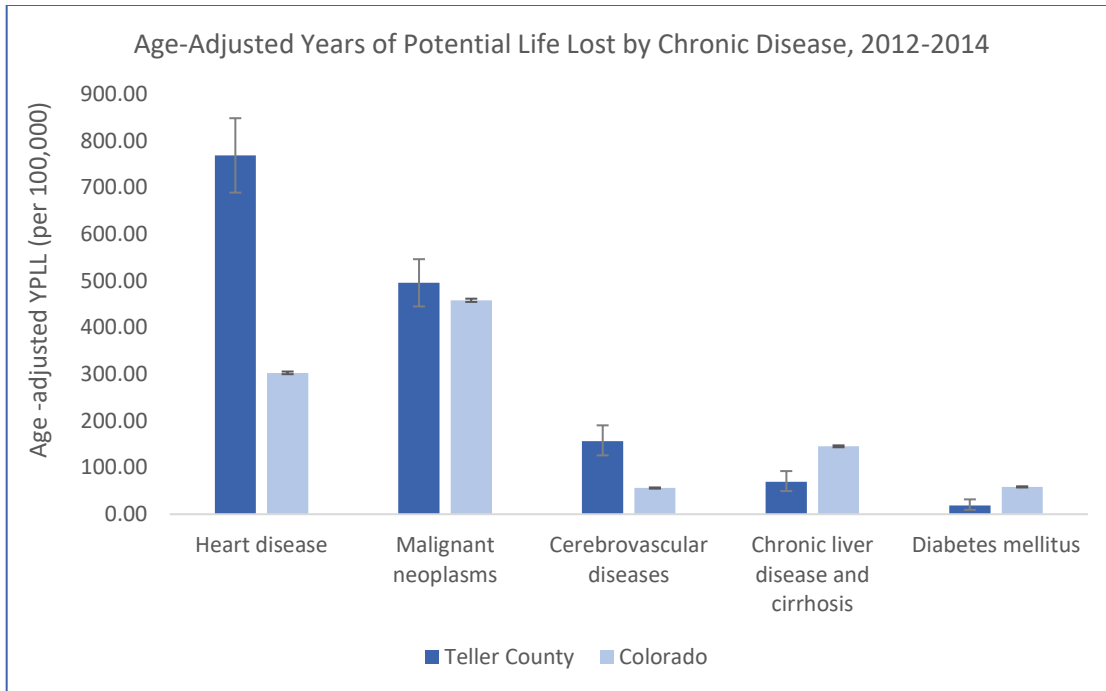


Figure 11. Age-adjusted YPLL due to chronic disease, 2012-2014. Data retrieved from Colorado Health Statistics & Vital Records, Colorado Department of Public Health and Environment.

Chronic diseases also represent several of the leading causes of death in Teller County. Specifically, cancer, heart disease, and respiratory disease are the three leading causes of death in the county (Health Statistics and Vital Records, 2015). Cancers with the highest incidence rates (per 100,000) include breast cancer, male genital system cancer, digestive disease cancer, respiratory system cancer, and melanoma (see Table 4).

Cancer	Teller County	Colorado
Breast	119.1	64.7
Male Genital System	69.6	50.6
Digestive Disease	58.7	68.1
Respiratory System	55.9	45.4
Melanoma	54.4	20.8

Table 4. Cancer incident rates, 2010-2012. Data retrieved from Colorado Central Cancer Registry.

Healthy Aging

The population of Teller County is much older than Colorado with over half of the population over 45 years old (56.4%), compared to only 38.7% for Colorado (US Census Bureau Population Estimates Program, 2015). Aging populations puts a strain on health services and morbidity levels in the county, creating a unique set of issues to address.

- Chronic disease management, falls, abuse and neglect, and access to health and supportive services are important considerations for this population.

- The percentage of the total population enrolled in Medicare in Teller County is 22.3%, which is much higher than the Colorado level of 14% (CHAS, 2015).
- Dental insurance for adults 65+ in HSR 17 (27.2%) is lower than the state level (40.10%) (CHAS, 2013).
- The percentage of adults with arthritis in Teller County is 46% higher than in Colorado (33.2% and 22.7%, respectively) (BRFSS, 2012-2014).

Healthy Environment

Radon is a tasteless, odorless gas that gets into the air when uranium naturally breaks down in soil, rock, and water (CDC, 2016). Exposure to radon primarily happens from breathing radon in the air that enters homes through cracks or gaps. Radon is the second leading cause of lung cancer. Individuals who smoke cigarettes and are exposed to radon are at an even greater risk for developing lung cancer.

From 2011 to 2015, over 450 radon tests were performed in Teller County households. Of those completed tests, over 66% were above the U.S. Environmental Protection Agency's recommended limit (CDPHE Radon Outreach Program, 2011-2015).

Mental Health

Nearly one-fourth (23.3%) of adults in HSR 17 report having been diagnosed with a depressive disorder (BRFSS, 2015). Close to one-fifth (17.6%) of the adults in the same region have reported frequent mental distress (BRFSS, 2015). Additionally, there are several concerning mental health measures among children and adolescents in Teller County:

- The percentage of high school students who purposefully hurt themselves without the intent of death expressed as ratio of the Teller County value to the Colorado value is 1.08 (Teller County 8% higher than Colorado) (HKCS, 2015)*.
- 28.6% of parents in HSR 17 report behavioral or mental health problems in their children aged 1-14 years compared to 21.5% in the state as a whole (HKCS, 2015).

Oral Health

Poor oral health has been associated with chronic diseases such as heart disease and diabetes as well as significant collateral health care costs (CDC, 2015).

- While over 90% of children in HSR 17 have dental insurance, only 63% of adults age 18+, and 27% of adults age 65+, have dental insurance (CHAS, 2015).
- Compared to the state of Colorado, more children (HSR 17: 21.1%; Colorado: 7.6%) and adults (HSR 17: 31.7%; Colorado 24.6%) in HSR 17 report needing, but not receiving, dental care (CCHS 2012-2014; BRFSS, 2012, 2014).

* This HKCS data for Teller County is a composite of Woodland Park and Cripple Creek-Victor school districts and represents a combined ratio of the school districts.

- Teller County is not meeting county targets for tooth loss due to decay or periodontal disease among adults age 18+ (Teller: 39.4%; County Target: 35.6%) (BRFSS, 2012, 2014).

Preventive Care

Preventive care can help individuals stay healthy, avoid diseases, detect diseases at an early stage, keep diseases from becoming worse, and reduce costs (CDC, 2013). Many preventive care measures in Teller County do not meet Healthy People 2020 (HP 2020) goals or clinical guidelines as seen in Table 5, below.

Preventive Measure	Teller County	Healthy People 2020 Goal
Colorectal cancer screening within ten years	58.9%	70.5%
Breast cancer screening within two years	71.2%	81.1%
Cervical cancer screening within three years	63.1%	93.0%
Cholesterol screening in the past five years	78.3%	82.1%
Flu shots within the last 12 months for those 65+	65%	90.0%

Table 5. Rates of preventive measures. Data retrieved from BRFSS, 2012-2014.

Melanoma is the deadliest form of skin cancer and yet, if detected early, can be treated with success. In Teller County, the age-adjusted incidence rate of melanoma per 100,000 is 54.4 and is 20.8 in Colorado (CCCR, 2013). The age-adjusted death rate of melanoma per 100,000 is 10.8 in Teller County and 3.1 in Colorado (Health Statistics and Vital Records, 2015). This is higher than the Healthy People 2020 goal of 2.4 per 100,000.

Substance Use and Abuse

HSR 17 leads the state of Colorado in opioid-related overdose deaths. Figure 12, below, shows that the 2013-2015 age-adjusted opioid-related overdose death rate for HSR 17 lies in the highest quartile (7.01-9.60 per 100,000). Teller County sees higher rates of hospitalizations for drug overdoses and drug-induced deaths than the state.

Substance use and abuse, including alcohol, marijuana, and heroin, is a concern among HSR 17 high school students. Substance use and abuse is also a concern among Teller County high school students, as indicated in Table 6, below.

. Poisoning Deaths Related to Opioid Analgesics

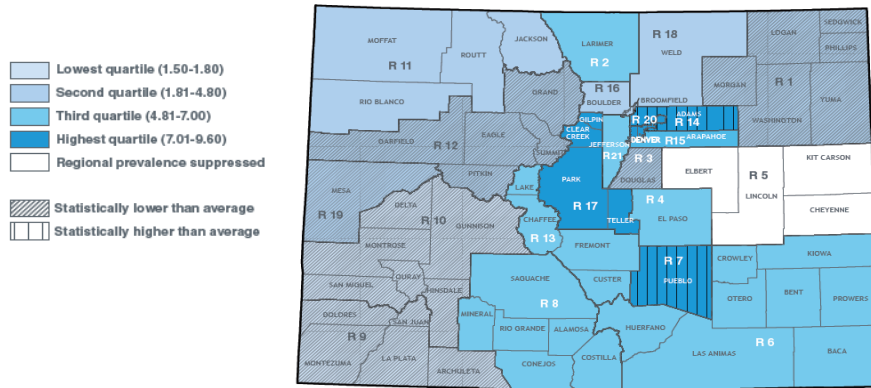


Figure 12. 2013- 2015 age-adjusted rates, poisoning deaths any opioid analgesic per 100,000 by health statistic region. Figured retrieved from CDPHE Examining Opioid and Heroin-Related Drug Overdose in Colorado.

Substance Use Behavior	Ratio of Teller County Rate to Colorado Rate ^{†‡}
Marijuana Smoking	0.967
Cocaine Use	1.36
Heroin Use	22.0
Methamphetamine Use	1.63
Ecstasy Use	1.42
Prescription Drug Use w/o Rx	1.43

Table 6. Relative substance use rate differences between Teller County and Colorado. Data retrieved from Healthy Kids Colorado Survey 2015.

Suicide

Suicide is the fifth leading cause of death in Teller County. The age-adjusted death rate from suicide in Teller County is 58.4 deaths per 100,000 population compared to just 19.5 per 100,000 in Colorado (Health Statistics and Vital Records, 2015). This translates to a suicide death rate that is nearly three times the state rate.

- The crude rate of suicide deaths completed with a firearm was 25.6 in Teller County versus

[†] This HKCS data for Teller County is a composite of Woodland Park and Cripple Creek-Victor school districts and represents a combined ratio of the school districts.

[‡] Positive values indicate Teller County rate is higher than Colorado rate

9.9 in Colorado (Colorado Trauma Registry, 2015). The comparison of crude rates of suicide deaths by “unspecified means” is similar, with 25.6 in Teller County and 10.1 in Colorado (Colorado Trauma Registry, 2015).

- Roughly 14% of high school students in Teller County and in Colorado as a whole made a plan of how they would attempt suicide in the past year. However, a slightly higher percentage of high school students followed through with the plan in Teller County. The relative percentage difference, between Teller County and Colorado, of high school students who attempted suicide one or more times in the past year is 4.7% (HKCS, 2015)[§].

Tobacco Abuse & Exposure

Cigarette smoking causes nearly one in every five deaths in the U. S. (CDC, 2017). It is linked to disability, negative birth outcomes, poor oral health, and numerous diseases including chronic obstructive pulmonary disease, cancer, strokes, and heart disease. It is also the leading cause of preventable death.

- Cigarette smoking among Teller County adults (22.4%) is nearly double the Healthy People 2020 goal (12%) (BRFSS, 2013-2014).
- Smoking is particularly high among pregnant women (Teller: 19.5%; Colorado 8.1%) (PRAMS, 2012-2014).
- Compared to Colorado, the relative percentage difference of Teller County high school students who report they have smoked a whole cigarette is +39.82%, while the relative percentage difference (between Teller County and Colorado) of those who report having smoked a whole cigarette before the age of 13 is +45.52% (HKCS, 2015)[§].
- The relative percentage difference, between Teller County and Colorado, in students who report having smoked one or more cigarettes in the past 30 days is +83.14%. Moreover, the relative percentage difference, between Teller County and Colorado, in students who report they smoked cigarettes on 20 or more of the past 30 days is +107.91%. (HKCS, 2015)[§].
- In comparing Teller County and Colorado, the relative percentage difference in students who report being inside a car while their parent was smoking a cigarette, cigar, or pipe during the past 7 days is +21.76% (HKCS, 2015)[§].

Violence

Violence is a major concern for every age group in Teller County. Experiencing interpersonal violence is associated with an increased risk for sexually transmitted infections, adverse reproductive health outcomes, cardiovascular disease, cancer, chronic lung disease, diabetes, and obesity (Sumner, 2015). Additionally, those exposed to violence are at an increased risk for mental health and behavioral disorders, substance use and abuse, and difficulties with finances and relationships.

- The relative percent difference in child maltreatment and elder abuse between Teller County

[§] This HKCS data for Teller County is a composite of Woodland Park and Cripple Creek-Victor school districts and represents a combined ratio of the school districts.

and Colorado is 55%; Teller County rates are higher than the state and the Healthy People 2020 goal.

- Child maltreatment rates in Teller County are 14.7 per 1,000 compared to 8.4 per 1,000 for Colorado (Colorado Division of Child Welfare, 2012).
- The elder abuse rate in Teller County is 806.4 per 100,000 compared to 452.9 per 100,000 in Colorado (Colorado Adult Protection and Financial Assistance, 2014).
- High school students who report carrying a weapon (gun, knife, club) on at least one of the last 30 days is much higher in HRS 17 than it is at the state level (HSR 17: 29.9%; CO: 15.9%) (HKCS, 2015).
- The percentage of high school students who report being bullied in the last 12 months in HSR 17 (26.6%) is significantly higher than in Colorado (20.1%) (HKCS, 2015).
- The rate of high school students who experienced dating violence in the last 12 months in HSR 17 is 12.3%, which is higher than the Colorado rate of 9.4% (HKCS, 2015).

Census Tract Findings

High Risk Census Tracts

The following are key findings from the census tract risk analysis:

- There was a clear regional difference with **middle and southern regions of Teller County** seeing **higher health risks**. See Figure 13.
- Census tracts **102.01** and **101.06** ranked first and second, respectively, for **greatest risk overall**.
- Census tracts **101.03** and **101.05** ranked fifth and sixth, or **least at-risk overall**.

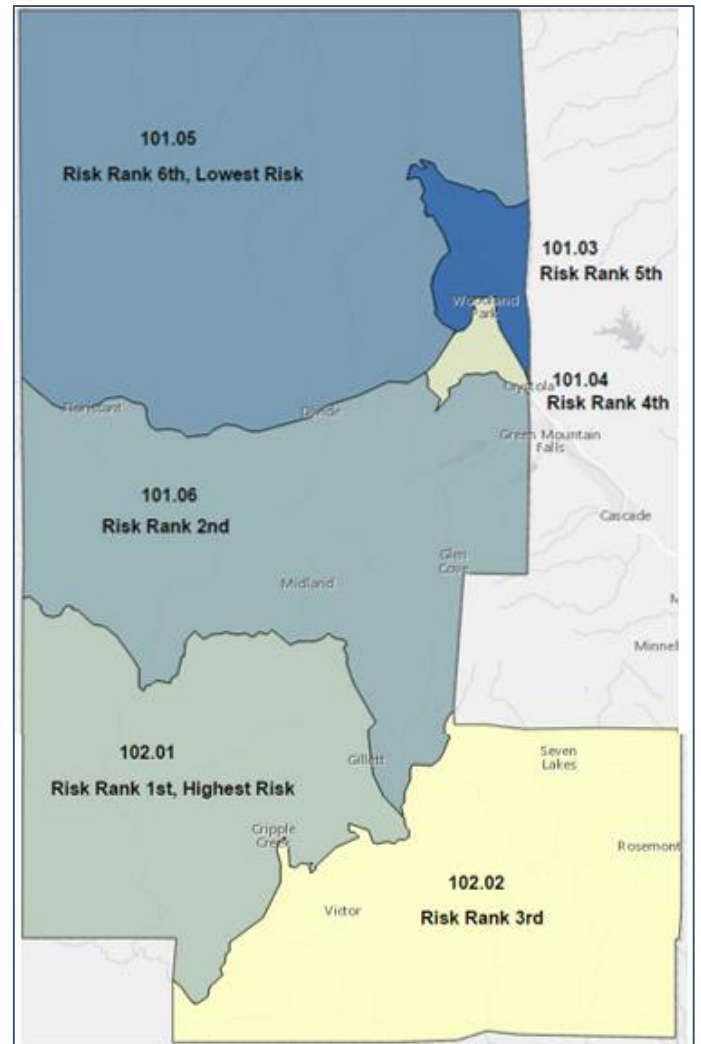


Figure 13. Teller County Census Tracts, Health Risk Ranking Map. Adapted from U.S. Census Bureau.

Table 7 displays the detailed census tract health risk ranking findings. More detailed results from the census tract level analysis can be viewed in [Appendix C: Census Tract Analysis and Results](#).

Health Risk Ranking by Census Tract

Census Tract Health Risk Ranking						
	Census Tract					
	101.03	101.04	101.05	101.06	102.01	102.02
Economic Opportunity						
Percent of population below the poverty level	1	6	3	2	4	5
Percent of households receiving food stamps/ SNAP	1	6	2	3	4	5
Unemployment rate	5	3	4	6	1	2
Percent of population with high school degree or higher	4	1	3	5	6	2
Percent of renter occupied housing units	3	6	1	2	5	4
Economic Opportunity Total	14	22	13	18	20	18
Health Care Access & Utilization						
Percent of population that is uninsured	1	3.5	2	3.5	6	5
Percent of population with public health care coverage	1	3	4	5	6	2
Percent of adults who delayed medical care due to cost	3	4.5	1	4.5	6	2
Percent of adults with no routine medical checkup in last 12 months	2	6	1	3	5	4
Health Care Access & Utilization Total	7	17	8	16	23	13
Health Behaviors						
Percent of adults who reported no leisure-time physical activity in past month	1	4	2	6	5	3
Percent of adults who currently smoke cigarettes	4	3	1	6	5	2
Percent of adults who drink heavily	6	2.5	4	1	2.5	5
Percent of adults who binge drank in past month	4	6	3	1	2	5
Health Behaviors Total	15	15.5	10	14	14.5	15
Functional Status						
Percent of adults who reported their health as fair or poor	4	2	1	5.5	5.5	3
Percent of adults who reported frequent physical distress	5	1.5	1.5	6	4	3
Percent of adults who reported frequent mental distress	6	2	4	1	5	3
Functional Status Total	15	5.5	6.5	12.5	14.5	9

Census Tract Health Risk Ranking						
	Census Tract					
	101.03	101.04	101.05	101.06	102.01	102.02
Percent of adults who are obese	5	3	6	2	1	4
Percent of adults who are overweight or obese	4	2	5	3	1	6
Percent of adults who have been told they have diabetes	4	1	2	6	5	3
Percent of adults who have been told they have asthma	3	1	4	6	5	2
Percent of adults who have been told they have heart disease or angina	1	2	3	6	4	5
Health Conditions Total	17	9	20	23	16	20
	101.03	101.04	101.05	101.06	102.01	102.02
Total Score (higher score = higher risk)	68	69	57.5	83.5	88	75
Risk Ranking (1=highest risk, 6=lowest risk)	5	4	6	2	1	3

Table 7. Census Tract Risk Rankings

Rapid Literature Review on Gaming

The results of the rapid literature review on gaming revealed that the gaming industry has the potential for a variety of positive and negative impacts. According to the literature, potential positive impacts of the gaming industry include:

- **Employment:** Cripple Creek casinos employ over 3,000 individuals and the Colorado casino industry employs over 2,300 Teller County residents (Colorado Department of Revenue, 2015).
- **Economic Development:** Gaming has been utilized as an approach to stimulate economic development (Rephann, Dalton, Stair, & Isserman, 1997). Some gaming communities report rises in tourism activities and related revenues (Kansas Health Institute, 2012). There is conflicting data regarding whether residents of gaming communities also experience this economic growth in terms of per capita income (Gerstein et al., 1999; Rephann, Dalton, Stair, & Isserman, 1997).
- **Decrease in Unemployment and Welfare Spending:** Some gaming communities have reported small declines in unemployment rates, unemployment insurance, and welfare spending (Kansas Health Institute, 2012).

However, the literature also reveals that employees of the gaming industry are at greater risk for:

- **Behavior and Health Conditions:** Those employed in the gaming industry, particularly shift workers, have an increased risk for ulcers, depression, insomnia, stress, accidents, absenteeism, and altered participation in family and social activities (Drake, Roehrs, Richardson, Walsh, & Roth, 2004; Keith et al., 2001).
- **Unhealthy Behaviors:** Casino employees have a higher prevalence of pathological gambling, smoking, and alcohol use as compared to the general adult population (Shaffer, Vander Bilt, & Hall, 1999).

In addition, communities with gaming also see:

Problem and Pathological Gambling: Communities that have access to gambling see higher rates of problem and pathological gambling (Gerstein et al., 1999; Welte, Tidwell, Barnes, Hoffman, & Wieczorek, 2016). Pathological gambling has been associated with higher rates of:

- Child abuse and neglect
- Domestic violence
- Divorce
- Job and financial problems
- Poor physical and mental health
- Involvement in the criminal justice and legal systems (Gerstein et al., 1999; Kansas Health Institute, 2012; Fong, 2005).
- **Population Growth:** Economic and tourism growth can also spur population growth, which can lead to greater traffic volume, potentially impact crime, and require infrastructure planning (Kansas Health Institute, 2012).

The complete results of the rapid literature review on gaming can be found in [Appendix D: Rapid Literature Review of Gaming](#).

Community Input: Key Findings

The top five health concerns identified through each of the community engagement methods are presented in the Table 8, below. More detailed results can be seen in Appendix E: Nominal Group Technique Results, Appendix F: Key Informant Interview Results, and Appendix G: Community Survey Results.

Community Engagement Results: Top Health Concerns			
Rank	Nominal Group Technique	Key Informant Interviews	Surveys
1	Behavioral and Mental Health	Substance Use & Abuse	Substance Use & Abuse
2	Substance Use and Abuse	Mental Health (including Suicide)	Alcohol
3	Senior Health	Lack of health facilities (includes Capacity)	Mental Health
4	Access to Care	Income Issues (includes poverty)	Obesity & Overweight
5	Interpersonal Violence/Abuse	Injury & Violence	Availability of Primary Care Practitioners

Table 8. Top five health concerns identified through each of the community engagement methods.

The top five strengths/assets from each of the community engagement methods are listed in the table below.

Community Engagement Results: Top Community Strengths/Assets			
Rank	Nominal Group Technique	Key Informant Interviews	Survey
1	Resource Centers/Programs	Strong, Engaged, & Generous Community	Natural Environment & Outdoor Recreation
2	Caring Community	Collaborations & Coalitions: Informal	Air & Water Quality
3	Agency Collaboration	Public Health/Prevention Programs	Active, Healthy Living
4	Public Safety	Gaming Money/Jobs brought into Teller	Hospital/Urgent Care/Health Clinic
5	Supportive Government Services	Education & Child Services	Indoor Recreation Facilities

Table 9. Top five strengths/assets identified through each of the community engagement methods.

Synthesis of Findings

Several themes emerged from the synthesis of quantitative and qualitative data, leading to a consolidated list of key health concerns and a list of community strengths/assets that can be used to address health concerns in Teller County. As discussed in [Data Synthesis: Methods for Data](#)

[Analysis](#), health concerns were categorized as **Tier 1** or **Tier 2** health concerns. Following is a discussion of the key findings from the synthesis of qualitative and quantitative data.

Tier 1 Health Concerns

The top health concerns were identified across the different sources of data. Using this criteria, the following four Tier 1 health concerns were identified:

- Behavioral and mental health (including suicide)
- Substance use
- Access to care
- Injuries and violence

Behavior and Mental Health

Mental health was identified as a health priority during TCPHE’s 2013 community health assessment and continues to be a top health concern for Teller County. For this assessment, it is important to note that behavioral and mental health includes suicide. Behavioral and mental health was identified as the number one health concern at both NGT events, the number two health concern in key informant interviews, the number three health concern in the community survey, and was identified as a top health concern through quantitative data analysis.

Suicide is a major concern in Teller County. The age-adjusted death rate due to suicide is 58.4 per 100,000 (CI: 23-93.6) in Teller County which is significantly higher than the suicide rate in all of Colorado (19.5 per 100,000 CI:18.3-20.7) (Health Statistics and Vital Records). Additionally, the age-adjusted death rate due to suicide has been steadily increasing since 2008 as can be seen in Figure 14.

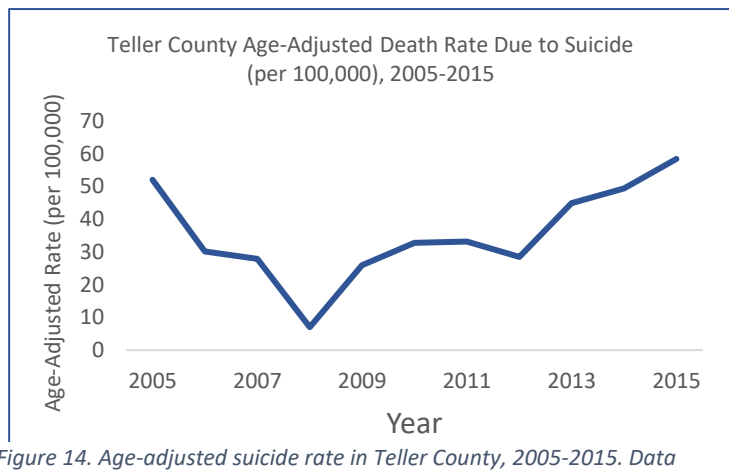


Figure 14. Age-adjusted suicide rate in Teller County, 2005-2015. Data retrieved from CDPHE Health Statistics and Vital Records.

“There is stigma around mental health that deters people from coming in. The most tragic endings are the ones who haven’t sought care and need the most help. You can’t force anyone to access care.”

– Key informant interviewee

In HSR 17, 17.6% of adults reported eight or more poor mental health days in the past 30 days (BRFSS, 2015), compared to 13.9% for Colorado. Out of adults who needed mental health care in the past 12 months, 7.6% did not receive it at the time of need (CHAS, 2015). Community members pointed to a lack of mental health care providers and services, difficulties accessing existing mental health services, and a need for higher quality mental health providers as being specific mental health concerns in the county. Participants also discussed isolation and undiagnosed mental health issues as being additional factors contributing to mental health concerns among community members.

Substance Use and Abuse

Substance use and abuse was ranked number two at the Woodland Park NGT and number three at the Cripple Creek NGT. It ranked as the top health concern in key informant interviews and the community survey. Specifically, substance use was identified 45 times in the survey and was mentioned multiple times during key informant interviews. It also emerged as a top health concern in the quantitative data.

“Marijuana is an issue, meth and heroin is also a big drug problem here. I know it is out there, though I personally I have not seen it.”

– Key informant interviewee

“Aspen Point receives funding for mental health services, but [they] are difficult to access. However, they are still here.”

– Key informant interviewee

“Sort of isolated if you don't have friends or family.”

– Key informant interviewee

The age-adjusted rate of drug-induced deaths in Teller County is greater than in Colorado (Teller: 19.8 per 100,000; Colorado: 16.1 per 100,000) (Health Statistics and Vital Records; CDC/NCHS National Vital Statistics System, Mortality 2015). The rate of hospitalizations for heroin, opiates, and narcotic overdoses is 16.2 per 100,000 compared to Colorado’s 7.2 per 100,000 (Colorado Trauma Registry, 2014).

Many participants specifically mentioned concerns regarding substance use and abuse among teens. In the quantitative data, there are several statistics to support this observation. The percentage of students who have used heroin expressed as a ratio of Teller County to Colorado is 22.0 (HKCS, 2015)**. The percentage of high school students who have taken prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life, also expressed as a ratio of Teller County to Colorado, is 1.43 (HKCS, 2015)**. The percentage of students who feel it would be sort of easy or very easy to get drugs like cocaine, LSD, amphetamines, or any other illegal drug, if they wanted, is also much higher in Teller County than in Colorado (HKCS, 2015)**.

“More and more youth are [experiencing] substance abuse.”

– Key informant interviewee

Access to Care

Among identified health concerns at the NGT events, access to care was ranked fourth at the Woodland Park event and fifth at the Cripple Creek event. It was ranked third in the key informant interviews and fifth in the community survey. Access to care was also a concern identified by the quantitative data analysis.

Many key informants pointed out that health care is readily available in Colorado Springs but that the same is not true for Teller County.

“If there are big health issues, the ER [in Woodland Park] can’t deal with them. There are a lot of things people need to go to Colorado Springs for. It’s not extremely far but a lot of times people go to the local hospital and end up being sent to Colorado Springs.”

– Key informant interviewee

** This HKCS data for Teller County is a composite of Woodland Park and Cripple Creek-Victor school districts and represents a combined ratio of the school districts.

According to the Colorado Health Institute, there are only 81.6 practicing physicians per 100,000 people in Teller County, compared to 225.9 practicing physicians per 100,000 people in Colorado (2013). Community members echoed this in their responses, citing several issues pertaining to access to care, including lack of primary care physicians and specialists.

“[The] hospital that cannot do some basic care.”

- Survey respondent

“[People] have to travel to [Colorado] Springs for specialists.”

- Survey respondent

“[There are] not enough good primary care doctors.”

- Survey respondent

Another notable access to care issue reported by participants is the absence of prenatal care in Teller County. One key informant highlighted the absence of any kind of prenatal or antenatal care in Teller County. According to secondary data, the percentage of women in Teller County who received adequate prenatal care was significantly lower than women in Colorado (Teller: 52.4%, CI: 48.1-56.7; Colorado 63.2%, CI: 63-63.5) (Health Statistics and Vital Records 2012-2014).

“Birth, post, and prenatal care is unavailable. You must drive to Colorado Springs. The nearest place to deliver a baby is 1.5 hours away.”

- Key informant interviewee

Injury and Violence

Injury and violence ranked fifth among health concerns identified through NGT and key informant interviews. It was also found to be a major health concern through quantitative data analysis. Community members’ concerns surrounding injury and violence seem to stem from the prevalence of weapons in schools as well as the potential connection of gaming and violence.

“Minors [have] unsupervised access to guns.”

- Survey respondent

The percentage of high school students who reported carrying a weapon such as a gun, knife, or club on one or more of the past 30 days in Teller County is an increase of 98% relative to the Colorado rate (HKCS, 2015)^{††}.

^{††} This HKCS data for Teller County is a composite of Woodland Park and Cripple Creek-Victor school districts and represents a combined ratio of the school districts.

Teller County's rate of child maltreatment is almost double that of Colorado (Teller: 14.7 per 1,000; Colorado: 8.4 per 1,000) (Colorado Division of Child Welfare, 2012). Community members expressed concern over the association between gaming and violence. Gaming is known to be associated with pathological gambling and pathological gambling is known to be associated with higher rates of child abuse and neglect and domestic violence.

Another indicator for violence in the county is the rate of elder abuse which is nearly double Colorado's rate (Teller: 806.4 per 100,000; Colorado: 452.9 per 100,000) (Colorado Adult Protection & Financial Assistance, 2014).

"Yes, [gaming] absolutely affects the population. [I have] read research and [I] believe there is an increase in substance abuse and domestic violence. The rates rose when [gaming] became involved. It impacts every aspect of familial health."

- Key informant interviewee

Tier 2 Health Concerns

Tier 2 includes health concerns that were ranked in the top ten by at least two qualitative methods or were in the top ten of one qualitative method and emerged as a key health concern through quantitative data analysis. Using this criteria, the following nine health concerns were identified as Tier 2 health concerns:

- Senior health and healthy aging
- Chronic disease
- Access to food
- Smoking
- Oral health
- Alcohol use
- Poor family dynamic
- Transportation
- Healthy environment

Senior Health and Healthy Aging

The health of the aging population in Teller County was the third-ranked health concern in the NGT process and was identified as a key health concern by the secondary data analysis. As described in the [Community Description](#) section, there is a larger percentage of older adults in Teller County compared to the state of Colorado, which puts a unique strain on the community.

One major concern with a large aging population is a lack of health care practitioners who specialize in this population's needs as they experience increasing health problems. Survey responses identified a lack of services and specialty care doctors to service the aging population

as a concern. Two factors identified in the top ten themes for key informant interviews are isolation and transportation concerns.

“Senior care in rural areas is lacking.”

- Survey respondent

A lack of practitioners in the county and the isolation that many residents experience means that health care services could be very far away or difficult to access. Many residents also expressed concern over transportation barriers for older residents. Such a barrier may limit one’s care,

their ability to attend appointments, and the social support that they receive. With no public transportation in the county, many residents are isolated, and this is particularly a concern for the older population. A lack of home health services in combination with isolation was expressed as a health concern by survey respondents.

“Seniors - support, transportation, regular consistent contact.”

- Survey respondent

Special health concerns exist for an older population in Teller County. Arthritis rates are much higher in Teller County than in Colorado (Teller: 33.2%, CO: 22.7%) (BRFSS, 2012-2014). In the survey, a concern for the elderly population with oxygen needs was expressed multiple times as Teller County is at a high elevation.

In the NGT process, participants brought up poor living conditions for older residents. This may be a result of “self-neglect” or they may not have the resources available to improve their housing. Elder abuse and self-neglect were issues mentioned by multiple NGT groups. Data from Colorado Adult Protection and Financial Assistance shows that elder abuse in Teller County has a relative difference of 56% greater than Colorado rates (2014).

Chronic Disease

Chronic disease was identified as a top health concern by community survey respondents and quantitative data analysis. Several chronic diseases were identified, including cancer, heart disease, diabetes, respiratory disease, and arthritis.

“Many people do not know the importance of cancer screening.”

- Key informant interviewee

Participants not only discussed the prevalence of chronic disease, but also highlighted contributing factors such as a lack of preventive care, including screening, and a lack of specialists to treat specific chronic diseases.

Secondary health data for Teller County reveals that Teller County’s top three leading causes of death are chronic diseases: cancer, heart disease, and chronic lower respiratory disease (Health Statistics and Vital Records, 2015). Cancers with the highest age-adjusted incidence rates are breast cancer, male genital system cancer, digestive disease cancer, respiratory system cancer and melanoma (CCCR, 2013). Rates of high blood pressure, high cholesterol, diabetes and arthritis are all higher in Teller County than Colorado (BRFSS, 2014) as seen in Table 10.

“Cancer is the most significant [health concern] because even though more joint replacements are happening, it’s easier for those patients to get back to a normal life after the procedure. Cancer is a physical, emotional, and financial drain that has a more significant impact on people’s lives.”

- Key informant interviewee

Additionally, many of Teller County’s leading causes of years of potential life lost (YPLL) are also chronic diseases (Health Statistics and Vital Records, 2015):

- Heart disease
- Cancer
- Cerebrovascular disease
- Chronic liver disease
- Diabetes

Chronic Condition	Teller County	Colorado
Blood Pressure	35.8%	25.5%
Cholesterol	40.4%	34.3%
Diabetes	8.7%	7.0%
Arthritis	33.2%	22.7%

Table 10. Prevalence of chronic conditions. Data retrieved from BRFSS (2011, 2013, and 2014 for blood pressure and cholesterol data, 2012-2014 for diabetes and arthritis data).

Please see [Results of Quantitative Data Analysis](#) to view data on cancer incident rates and YPLLs due to chronic disease.

Access to Food

Survey results identified access to healthy food as the sixth-ranked health concern for Teller County residents. According to survey respondents, an overall lack of healthy food stores/restaurants and an overabundance of fast food restaurants is resulting in people having poor diets.

“[There are] many fast food restaurants, few healthy option restaurants.”

- Survey respondent

Nominal group results also identified access to food as a top health concern. Stakeholders referred to this issue in many ways including, “food insecurity,” “access to food,” and “access to nutrition/food desert.”

Health data also suggests there are issues with respect to access to healthy food. In Teller County, 46% of adults eat less than one serving fruit per day, compared to 35.7% for Colorado (BRFSS,

2013). Additionally, one in four Teller County children are consuming sugar-sweetened beverages one or more times a day, compared to the statewide average of one in six children (CCHS, 2012-2014).

Smoking

The prevalence of smoking in Teller County was identified as a top health concern by the community survey and quantitative data analysis. In particular, survey respondents expressed concern for the teenage population which seems to be exhibiting high rates of smoking. Many people identified teenagers' access to cigarettes and a lack of smoking interventions for this age group as significant problems. Casinos were also mentioned as potential contributors to the smoking rates in Teller County.

“Where there is gambling there is smoking, drinking and drugs.”

– Survey respondent

Observations by community members is supported by quantitative data for Teller County. Cigarette smoking among adults is nearly double the Healthy People 2020 goals and smoking among pregnant women in the county is also high at 19.5% compared to 8.1% for Colorado (BRFSS, 2012-2014; PRAMS, 2011-2013). Tobacco use among high school students in HSR 17 is prevalent with nearly 15% reporting they currently smoke cigarettes, compared to 9% for Colorado (HKCS, 2015).

Oral Health

The 2013 Teller County Community Health Assessment identified oral health as a top health concern. Although work has been done in this area, residents still identified it as a top health concern during the NGT process and it was a top health concern identified through secondary data analysis.

Survey respondents expressed several concerns regarding oral health, including the lack of low-cost dental care, lack of dental providers who accept Medicare or Medicaid, and an overall lack of dental providers.

“Cripple Creek dentist is only there two days per week.”

– Survey respondent

“[There is] no affordable or Medicaid Dentist”

– Survey respondent

The Colorado Health Access Survey reports the rate of residents with dental insurance decreases as age increases in Teller County. Only 63% of adults and 27% of adults age 65+ in Teller County have dental insurance (CHAS, 2015).

Also, the percentage of residents who report needing but not receiving dental care is higher for both children and adults in Teller County than in the state (see Table 11).

% of Individuals Needing but not Receiving Dental Care		
Age Group	Teller County	Colorado
Children (ages 1-14)	21.1%	7.6%
Adults (ages 18+)	31.7%	24.6%

Table 11. Percentage of individuals who reported they needed but did not receive dental care. Data retrieved from CCHS (2012-2014) and BRFSS (2012, 2014).

Alcohol Use

Alcohol consumption and abuse was identified as a concern by many community members who participated in the community survey and the individual interviews. Frequently, participants simply referred to the broad category of “alcohol abuse” but some identified specific populations who are more likely to be affected, such as the

“Alcoholism is prevalent.”

- Survey respondent

“[There is] more drunk driving after gambling.”

- Survey respondent

gambling population and teenagers.

Some participants hypothesized that the gaming industry promotes drinking and may lead to drinking and driving. One survey respondent even felt that adults are being “overserved” in bars and then allowed to drive home. Another respondent also highlighted the lack of accountability for those using rehabilitation services such as Alcoholics Anonymous.

Results from the Healthy Kids Colorado Survey reinforce community members’ concern regarding teenage alcohol use. In HSR 17, 23.1% of high school students report having their first drink of alcohol before the age of 13, compared to 18.2% in Colorado (HKCS, 2015). In addition, 16% of HSR 17 high school students report having five or more alcoholic beverages within a couple of hours during the last 30 days, which is well above the Healthy People 2020 goal of 8.5%

“Lack of forced attendance at AA meetings. I’ve been at the two local meeting[s] for 10 years and have never had to sign an attendance slip for a single social service person.”

- Survey respondent

Poor Family Dynamic

Family connection or family dynamic was brought up in surveys and key informant interviews. Participants specifically cited a lack of support for parents, lack of facilities or services, and the influence of the gaming industry.

Survey participants cited a lack of parenting skills, lack of support for parents, “non-active

“As a teacher I have had many parents work night in the casinos and aren't at home with kids because of schedule. Not helpful for family environment but they are doing what they have to do. I have had small children have to get up on their own and make their own breakfast & lunch (become resilient and responsible) but have absent parent[s].”

- Survey respondent

“Many of the parents are employed by the gaming industry and they have odd hours which makes them unavailable for their children’s lives.”

- Survey respondent

parenting”, and “poor parenting” as being problems in Teller County. Additionally, some survey respondents and interviewees suggested the gaming industry is contributing to a poor family dynamic for its employees. Casino employees often work odd shifts which causes children to be left alone and, on top of that, “families cannot live off of the wages adequately,” (according to one survey respondent).

Although gaming is seen by many community members as a great way to bring money into the community, it is also seen by many as having repercussions on its employees and their family members. One survey respondent pointed out that the gaming industry brings in a large population of transient workers who have to work odd hours without any reasonable child care options.

Transportation

Transportation, although not typically thought of as a health concern in and of itself, can indirectly affect health by impacting access to medical services, healthy food, and recreation opportunities. Transportation was identified as the seventh most significant health concern by participants in the nominal groups and eighth by survey respondents. Specific transportation issues that were mentioned include the lack of public transportation, especially for the purposes of getting to the pharmacy or a doctor’s appointment, and the lack of transportation options specifically for seniors.

“[There is] no public transportation for those who need to get to the doctor.”

- Survey respondent

Health data also suggest that transportation is an issue affecting not only access to medical providers but also the commuting trends among residents. According to the Colorado Health Access Survey, 7.3% of residents in HSR 17 report being unable to find transportation to the doctor’s office or that the doctor’s office is too far away, compared to 4.7% for Colorado (2015). With respect to residents’ commuting characteristics, Teller County residents spend an average of 32 minutes commuting to work, compared to the statewide average of 25 minutes (ACS, 2011-

2015). Additionally, only 0.4% of Teller County residents report commuting to work by public transportation, compared to 3.2% of workers in Colorado (ACS, 2011-2015).

Healthy Environment

A healthy environment, specifically the indoor environment, was a concern for many survey participants as radon levels in the county are very high. Radon is the second leading cause of lung cancer. Exposure to radon primarily happens from breathing radon in the air that enters homes through cracks or gaps.

Over 66.7% of homes in Teller County had radon levels over the U.S. Environmental Protection Agency's recommended limit (CDPHE Radon Outreach Program, 2011-2015), which is substantially higher than the statewide rate of 43.8% reported for 2009-2013 (CDPHE, Hazardous Materials and Waste Management Division). Individuals who smoke and are exposed to radon are at an increased risk of developing lung cancer, which reinforces the severity of this health concern given that smoking has also been identified as a key health concern for the county (discussed above).

Community Strengths/Assets

Teller County residents identified several strengths and assets inherent to their community. The top strengths and assets identified through this assessment are:

- A strong, engaged, and generous community
- Resource centers/programs
- Agency collaborations
- The natural environment and outdoor recreation
- Air and water quality

A Strong, Engaged, and Generous Community

Nominal Group participants, interviewees, and survey respondents all felt a major strength of Teller County is the strength and kindness of its community members. Participants cited kindness, generosity, and loyalty when discussing the residents of Teller County.

"Residents care about our community through volunteering, etc."

- Survey respondent

"Friendly community helps reduce stress."

- Survey respondent

"People in Cripple Creek and Woodland Park are very loyal."

- Key informant interviewee

Resource Centers and Programs

Various resource centers and programs were identified as county assets by participants in all community engagement methods. The following list includes some of the resource centers and programs that were identified by community members:

- Aspen Mine Center, <http://www.aspenminecenter.org/>
 - A resource center in southern Teller County area that houses more than two dozen agencies; agencies help residents with food, clothes, health care, housing, employment, counseling, and community service
- Community Partnership Family Resource Center, <http://www.cpteller.org/>
 - A family resource center located in Divide
- Teller Senior Coalition, <http://www.tellerseniorcoalition.org/>
 - Provides free assistance with transportation, respite care, meals, utility payments, and safety repairs

“Wonderful resource in Community Partnership and its offerings.”

- Survey respondent

Agency Collaborations

Several stakeholders highlighted successful inter-agency collaborations as a strength for Teller County. Among the collaborations identified were the Build a Generation (BAG) coalitions in north and south Teller County. BAG is a long-term planning process that utilizes a coalition comprised of various partners to address risk factors for substance use and abuse, delinquency, violence, school dropout, and teen pregnancy.

“Agencies in county seem to really care, and have done well at collaborating.”

- Key informant interviewee

Members include school districts, police departments, the Teller County Sheriff’s Department, Teller County Public Health, Teller County Department of Social Services, Community Partnership Family Resource Center, parks and recreation, the faith community, the business community, and several youth representatives, among others.

Natural Environment and Outdoor Recreation

Many of the participants in this assessment discussed the beauty of the natural environment and the access to outdoor recreation as an asset for Teller County. Several individuals discussed the abundance of state and national parks as well as the presence of numerous hiking and cycling trails.

“People move here to be outdoors - love the outside.”

- Survey respondent

“Access to outside trails for hiking and biking.”

- Survey respondent

Air and Water Quality

Many survey respondents wrote about the fresh, clean mountain air and water as being great assets for Teller County residents.

“Good water with adequate resources.”

- Survey respondent

“Rocky Mountain fresh air/low pollution.”

- Survey respondent

“Fresh mountain air.”

- Survey respondent

“Fresh air - no industrial chemical plants.”

- Survey respondent

Limitations of Survey Data

Several limitations were identified while performing this community health assessment for Teller County. These include issues with small sample sizes and artifacts of the small population in Teller County.

Some of the secondary data collected, including census tract and school level data, had small sample sizes thus preventing the data from truly being representative of the entire population of Teller County. Furthermore, due to small sample sizes, Teller County specific data was not available for all health indicators and some regional data had to be used in its place for this assessment.

The NGT process was held in both Cripple Creek and Woodland Park in order to obtain representation from both areas of the county. However, since Teller County is a smaller community, it was difficult to place people at tables where they did not know their table-mates.

This can make it difficult to generate a large variety of ideas and groups can reach saturation of ideas more quickly.

The Cripple Creek region experiences clear disparities and it would have been optimal to obtain a greater representation from this area. Seven key informants limits the generalizability of the results. The interviewees were from various fields of work and represented different sub-communities within Teller County. This allowed for the team to gather a wide array of information. One interviewee mentioned the same idea multiple times during the interview and the team believes that this repetition represents the importance the idea was to the individual. Therefore, the frequency of ideas mentioned was still used as the reporting method for the interviews.

The Survey data was also limited due to a small sample size. It was administered for two weeks to gain as many respondents as possible throughout the entire county. The population that completed the survey did not represent the broader population of Teller County considering that 76% of respondents were female and approximately 74% of respondents had ties to the Woodland Park area.

The ColoradoSPH team conducted all data collection methods carefully to minimize the impact of these limitations. Despite these challenges, the report team is confident that the results presented in this document can be used to assist with the planning, development, and implementation of programs and interventions to promote the health of Teller County.

Phase IV: *Conduct a Capacity Assessment*



Capacity Assessment

Description

Teller County Public Health & Environment (TCPHE) is currently completing the community health assessment process for the 2018-2022 period. Thirteen health concerns were identified by a process comparing results from health indicator data, normative group technique, key informant interviews and a community survey completed by TCPHE and a student team from the Colorado School of Public Health (CSPH). After further discussion, the list was narrowed to eleven by combining alcohol use with substance use and eliminating transportation barriers, a social determinant of health. The remaining eleven health conditions were rated by a committee to narrow down to the top two health concerns to be addressed through the health improvement plan.

Method

Eighteen Teller County professionals met to prioritize the list of main health concerns from the community health assessment. The list was developed by a student team from the Colorado School of Public Health and included:

- Mental Health (including suicide)

- Substance Use (including alcohol use)
- Access to care
- Injury and Violence
- Senior Health/Healthy Aging
- Chronic Disease
- Access to Food
- Tobacco
- Oral Health
- Poor Family Dynamic
- Healthy Environment

Eighteen individuals met in Cripple Creek to conduct the prioritization activity, such as representatives from the health department, school district, parks and recreation, and the police department. The meeting began with a welcome by the director of the TCPHE followed by a presentation on the eleven key health concerns as identified by the methods used by the student team. Following the data presentation, faculty from the CSPH described the prioritization matrix and the process for ranking each health concern for each criteria.

Participants receive a meeting agenda (Appendix H), a handout describing community assets and strengths found in the CHA process as well as descriptions of each of the eleven health concern categories.

The first three columns were pre-populated and the participants were asked to concentrate on the remaining four columns initially. The prioritization matrix was shown on the screen to the participants (Figure 15):

The criteria weight had been determined previously based on priorities, previous work and preferences of the TCPHE. The CSPH faculty explained each of the criteria of the matrix and referred to a handout provided for helpful questions when identifying score (Appendix X). The scoring criteria was 1 for “no”, 2 for “somewhat” and 3 for “yes”. The scoring criteria was chosen for simplicity. Each ranking score was entered for the 18 participants and summed. Then, the average was calculated by dividing the total score by the number of participants (18). The average was entered into the prioritization excel matrix. The prioritization excel matrix then multiplied each criteria average score by the criteria weight and adding all for a total score.

Calculation

SUM(Issue X average score * criteria weight) = Total score

For example, using mental health as the issue and assuming ranking score of “3” across the row for all criteria, the calculation would be:

$$\begin{array}{cccc}
 \text{Significance} & \text{Impact} & \text{Capacity} & \text{Prior} \\
 \hline
 (3*20) + (3*5) & + (3*20) + (3*15) & + (3*15) + (3*15) + (3*20) & + (3*5) = 300
 \end{array}$$

Prioritization Matrix

Colorado Health Assessment and Planning System Prioritization Scoring Tool								
Instructions: Rate each issue according to each criteria on a scale of 1 to 3 with 1=no; 2=somewhat and 3=yes.								
	Significance to Public Health		Ability to Impact the Issue		Capacity to Address the Issue		Prior Priority	Total
	Does the issue impact a large number or high percentage of people in our community?	Are sub-populations more affected than the general public?	Do strategies exist?	Does community support for change exist, including political will?	Is a local organization prepared to take the lead on the issue?	Are sufficient resource *funding, staff and expertise) available or obtainable?	Was the issue a priority in your last public health improvement plan?	
Criteria weight	20	5	20	15	15	20	5	100
Issue 1. Mental Health	3	3	3					
Issue 2. Substance use & Abuse	3	3	3					
Issue 3. Access to Care	2	3	3					
Issue 4. Injuries & Violence	2	1	3					
Issue 5. Senior Health/Healthy Aging	2	3	3					
Issue 6. Chronic Disease	3	3	3					
Issue 7. Access to Food	1	1	2					
Issue 8. Tobacco	3	3	3					
Issue 9. Oral health	3	1	2					
Issue 10. Poor Family Dynamics	1	1	2					
Issue 11. Healthy Environment	1	1	1					

Sub-populations: Age, Low Income, Veterans, 1="0 sub-pop", 2="1 sub-pop", 3="2 sub-pop";

Evidence-Based Strategies: Are evidence-based strategies translatable to Teller County? Unknown

Figure 15: Teller County Public Health Department Prioritization Matrix for Activity

The CSPH faculty asked participants to rank the following domains using the 1-3 scoring criteria:

Domain: Ability to Impact the Issue

Does community support for change exist, including political will? Items to consider include:

- Local community interest and support for the issue

- Local political will

Domain: Capacity to Address the Issue

- Is a local organization prepared to take the lead on the issue? Items to consider include:
 - Local agency interest and support for the issue
 - Organizational Relationships
 - Lead entity in local community
 - Partnerships and collaborations
- Are sufficient resources (funding, staff, and expertise) available or obtainable? Items to consider include:
 - Capacity
 - Structural Resources
 - Staff Time
 - Funding (Current, other sources, opportunities for leverage)
 - Workforce Capacity
 - State and local staff technical expertise (knowledge, skills, abilities)
 - Data/Technology resources (resources that allow for information management and data analysis.)
 - Technical expertise available thru partnerships/collaborations

Domain: Prior Priority

Was the issue a priority in your last public health improvement plan? Previous Public Health Improvement Plan included:

- Mental Health = 3
- Substance Use and Abuse= 3
- All of other health conditions = 1

Participants were given 10 minutes to complete their ranking of the un-populated columns. Once the participants were finished, the group discussed the pre-populated columns to identify scores where there is some level disagreement. After discussion of various scores, participants were given several minutes to make changes to scores in the first three columns.

Domain: Significance to Public Health

- Does the issue impact a large number or high percentage of people in our community? Items to consider include:
 - Incidence/prevalence (# of persons affected)
 - Number of people at risk
 - Urgency (little change, issue increasing or rapid rise)
 - Severity - Health impact of issue on individual/population such as quality of life, short- or long-term disability, death

- Individual health or societal/systems-level consequences of not addressing the issue.
- Lifespan effect (e.g., # of life stages impacted & associated with single vs multiple problems.)
- Are sub-populations more affected than the general public? Consider Health equity – disproportionate incidence/effects among subgroups
 - Elderly
 - Youth
 - Veterans
 - Low-income
 - Score 2 if 1 group
 - Score 3 if ≥ 2 groups

Domain: Ability to Impact the Issue

Do strategies exist? Public Health Strategies to consider include:

- Policy or systems-level approach for population-based impact
- Consistent with mission, conceptual framework, and scope of MCH
- Evidence-based/informed strategies or promising practices available to address
- Ease of implementation/maintenance
- State and local priority

Phase V: *Prioritize Issues*



Prioritization Activity Summary

Results

Figure 16: Teller County Public Health Department Prioritization Ranking with Original Pre-Populated scores for First Three Columns. The completed worksheets were collected and data entered into an excel spreadsheet to calculate the average score for each health concern for each prioritization item. Two scores are reported, the first being the scores with the pre-populated column ratings and the second with updated scores of the first three columns from the participant changes.

Using the pre-populated scores, the top two health concerns are **substance use and abuse and mental health** with oral health one point behind substance use. The remaining health concerns are ranked and shown in Figure 16.

Prioritization Ranking

	Significance to Public Health		Ability to Impact the Issue		Capacity to Address the Issue		Prior Priority	Total	Ranking
	Does the issue impact a large number or high percentage of people in our community?	Are sub-populations more affected than the general public?	Do strategies exist?	Does community support for change exist, including political will?	Is a local organization prepared to take the lead on the issue?	Are sufficient resource *funding, staff and expertise) available or obtainable?	Was the issue a priority in your last public health improvement plan?		
Criteria weight	20	5	20	15	15	20	5	100	
Issue 1. Mental Health	3	3	3	2.78	2.47	2.06	3	270	2
Issue 2. Substance use & Abuse	3	3	3	2.72	2.64	2.22	3	275	1
Issue 3. Access to Care	2	3	3	2.39	2.17	1.94	1	227	7
Issue 4. Injuries & Violence	2	1	3	2.22	2.00	1.72	1	208	8
Issue 5. Senior Health/Healthy Aging	2	3	3	2.44	2.56	2.06	1	236	4
Issue 6. Chronic Disease	3	3	3	2.06	2.11	1.56	1	234	5
Issue 7. Access to Food	1	1	2	2.22	2.17	2.17	1	179	10
Issue 8. Tobacco	3	3	3	1.94	1.89	1.78	1	233	6
Issue 9. Oral health	3	1	2	1.56	1.81	1.56	1	269	3
Issue 10. Poor Family Dynamics	1	1	2	2.28	2.22	2.11	1	180	9
Issue 11. Healthy Environment	1	1	1	1.92	2.17	1.67	1	145	11

Figure 16: Teller County Public Health Department Prioritization Ranking with Original Pre-Populated scores for First Three Columns

The suggested changes of the scores for the first three columns were also entered into the excel spreadsheet and did not greatly change the ranking of the health concerns. Figure 17 shows the prioritization matrix with scoring changes to the pre-populated scores.

Revised Prioritization Ranking

	Significance to Public Health		Ability to Impact the Issue		Capacity to Address the Issue		Prior Priority	Total	Ranking
	Does the issue impact a large number or high percentage of people in our community?	Are sub-populations more affected than the general public?	Do strategies exist?	Does community support for change exist, including political will?	Is a local organization prepared to take the lead on the issue?	Are sufficient resource *funding, staff and expertise) available or obtainable?	Was the issue a priority in your last public health improvement plan?		
Criteria weight	20	5	20	15	15	20	5	100	
Issue 1. Mental Health	3.00	3.00	3.00	2.78	2.47	2.06	3	270	1
Issue 2. Substance use & Abuse	2.72	3.00	3.00	2.72	2.64	2.22	3	269	2
Issue 3. Access to Care	2.00	3.00	3.00	2.39	2.17	1.94	1	227	6
Issue 4. Injuries & Violence	2.00	1.56	3.00	2.22	2.00	1.72	1	211	7
Issue 5. Senior Health/Healthy Aging	2.11	3.00	3.00	2.44	2.56	2.06	1	238	4
Issue 6. Chronic Disease	2.89	3.00	3.00	2.06	2.11	1.56	1	231	5
Issue 7. Access to Food	1.56	1.33	2.00	2.22	2.17	2.17	1	192	8
Issue 8. Tobacco	2.89	3.00	3.00	1.94	1.89	1.78	1	231	5
Issue 9. Oral health	2.89	1.11	2.00	1.56	1.81	1.56	1	268	3
Issue 10. Poor Family Dynamics	1.33	1.17	2.06	2.28	2.22	2.11	1	188	9
Issue 11. Healthy Environment	1.06	1.17	1.06	1.92	2.17	1.67	1	148	10

Figure 17: Teller County Public Health Department Prioritization Matrix with Revised scores for first three columns

Although the top four health concerns did not change when using ranking scores of the participants for the first three columns (Figure 17), the order of the top two health concerns did change. In the revised scoring (second) table, mental health moved to top health concern with the same score as before and substance use moved to second while oral health remained 1 point behind. The remaining health concerns continued to fall over 30 points behind the top three and shifted slightly in order.

Summary of Prioritization

It is clear after using data with pre-populated scores as well as scores from the participants, the three top health concerns are **mental health (including suicide), substance use and abuse** and **oral health**. Following this prioritization process, the Public Health Improvement Plan (CHIP) is developed to reduce the public health impact of two of these three health concerns. The CSPH student team and faculty have provided a list of potential health indicator data that can be used to monitor progress. TCPHE will identify key health indicators that are relevant to the interventions and populations of interest.

Original and Revised Health Concern Ranking

Original	Issue	Revised
2	Issue 1. Mental Health	1
1	Issue 2. Substance Use & Abuse	2
7	Issue 3. Access to Care	6
8	Issue 4. Injuries & Violence	7
4	Issue 5. Senior Health/ Healthy Aging	4
5	Issue 6. Chronic Disease	5
10	Issue 7. Access to Food	8
6	Issue 8. Tobacco	5
3	Issue 9. Oral Health	3
9	Issue 10. Poor Family Dynamics	9
11	Issue 11. Healthy Environment	10

Table 12: Comparison of Health Concern Rankings between Scores with Pre-Populated Scores and Revised Scores

Communities that Care Assessment Report

The *Communities That Care* prevention model is a way for members of a community to work together to prevent youth problem behaviors. A key goal of the *Communities That Care* (CTC) effort is to identify which risk factors, protective factors and problem behaviors are prevalent in a community and implement evidence-based programs that address our community's unique profile.

The assessment was completed using the *2015 Health Kids Colorado Survey* and the *Social Determinants of Health Profile*. The *2015 Healthy Kids Colorado Survey* was administered to students in grades 9-12 in all schools in Teller County in the spring of 2015. To get the most complete picture of our community, the Data Work Group also collected data from public records to measure risk factors and problem behaviors not covered by the survey, which were summarized into the *Social Determinants of Health Profile*.


Based on the analysis of the data and input from the community, the following risk and protective factors were identified as priorities for community attention:

- Risk: Favorable parental attitudes towards substance
- Risk: Availability of substance
- Protective: Opportunities for Pro-Social Involvement

These factors were selected as the initial focused priorities for CTC in Teller County.

It is notable that the findings of this directed assessment are in alignment and support the findings of the broader Community Health Assessment.

Phase VI: *Develop the Plan*



The top two health concerns that were identified by the Prioritization Process are improving mental health and reducing substance use. The Community Health Improvement Plan will focus on the following areas during a period of five years:

Action Areas

- 1. Identify existing community strategies, gaps and opportunities to address mental health in Teller County**
 - a. Interview key informants for insight into accessing care and mental health status of county residents
 - b. Identify preventive and therapeutic services available to residents
 - c. Convene community stakeholders to discuss a mental health care campaign
- 2. Reduce access to prescription drugs in Teller County**
 - a. Expand drug collection kiosks in county
 - b. Continue public awareness campaigns regarding drug take-back campaign to promote the surrender of prescription drugs

- 3. Support existing efforts designed to increase access to quality mental and behavioral health care; increase community awareness and reduce stigma**
- a. Support measures focused on preventing and decreasing youth access to and use of alcohol and marijuana (CTC)
 - b. Support school initiatives and staff focusing on mental health support programs
 - c. Increase awareness, education and training of first responders, health professionals and school staff (UPRAD/MAP, SWTEMS, PPRH, RE1&2)
 - d. Develop public awareness campaign promoting the mental health resources that are available in Teller County
 - e. Support training for diverse workforces and community members to identify persons in need of additional mental health care and referral
 - f. Support positive parenting and violence-free homes through parent education classes
 - g. Broadly disseminate common messaging that promotes mental health care as one part of overall health care
 - h. Implement a public message campaign to reduce stigma and increase awareness of self-guided mental health and substance abuse resources.

Monitoring

Evaluating the implementation of strategies is an important piece of the CHAPS process.

Measurement tools will be utilized for each action area as indicated below.

1. Number of Key Informant Interviews; documentation of available services; stakeholder meeting.
2. Number of additional drug collection kiosks and number of published articles
3. Number of Communities that Care activities for community youth; number of teachers, parents, students, first responders, health professionals and community members reached; brochures developed and dispersed; number of parents attending classes, and number of media messages released.

Evaluation

Assessing the effectiveness of what has been accomplished will help direct future strategies.

Current and annual measurements will be utilized to evaluate the effectiveness of the strategies and action steps detailed in the Community Health Improvement Plan.

1. Number of Police calls, Emergency Medical Service calls, hospitalizations and Emergency Department visits related to mental health, substance use or suicide attempt
2. Number of patients utilizing available county services, such as counselors, parenting classes, etc.
3. Health Kids Colorado Survey results

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Appendices

Appendix A: Scope of Work

Scope of Work

Colorado School of Public Health

2017 Teller County Community Health Assessment

Phase I: Plan and Organize the Process

1. Community Information:

Teller County, Colorado covers an area of 557 square miles. It includes five cities: Cripple Creek as the county seat, Divide, Florissant, Victor, and Woodland Park as the largest city. Teller County is located 20 miles west of Colorado Springs and is almost directly in the center of the State of Colorado. The county ranges in elevation from 8,000 feet in Woodland Park to over 14,000 just below Pikes Peak. According to the 2015 U.S. Census Bureau, the estimated population of Teller County was 23,385. Over 18% of the population is under 18 years of age and 19% is over the age of 65. Nearly 90% of the population identifies as white, 6.4% as Hispanic or Latino, 0.8% as Black or African American, 1.2% as American Indian or Alaskan Native, and 0.9% as Asian.^{‡‡} Teller County is home to Florissant Fossil Beds National Monument, Pike National Forest, and Mueller State Park.

The student team will write a detailed community description of Teller County for the final report that describes the population distribution, socio-demographic characteristics, and health status of Teller County. Ten priority health concerns will be selected and described. Specific community data will be included in the final report. The Teller County community description will contain the following sections:

- Population Characteristics
 - Data for Teller County's population size, composition, and distribution will be primarily sourced from the United States Census, American Community Survey and Colorado Health Indicators.
- Economic Opportunity
 - Information on the socioeconomic status of Teller County residents including income, education, employment, and housing will be sourced from the United States Census, CDPHE, and the Teller County Government website.
- Physical Environment
 - Information on the built environment of Teller County will be sourced from Teller County Government website, Google Maps and Colorado Health Indicators.

^{‡‡} All demographic data cited from the U.S. Census Bureau, Population Estimates Program (PEP) (2015) at <https://www.census.gov/quickfacts/>.

- Social Factors
 - Data for social factors in Teller County such as violence, organizational networks, political influence, participation and leadership will be sourced from the Teller County Government website, and the CDPHE.
- Health Behaviors and Conditions
 - Information related to health behaviors and conditions including nutrition, physical activity, tobacco use, skin cancer prevention, injury, oral health, sexual health, obesity, high cholesterol, and hypertension will come from CDPHE data sources.
- Mental Health
 - Data for mental health status, substance use and abuse, and functional status will be sourced from the CDPHE
- Access, Utilization, and Quality Care
 - Information on preventive care, health insurance coverage, provider availability, and received needed care will be sourced from the CDPHE and Teller County Government website.
- Population Health Outcomes
 - Data from CDPHE will be evaluated to report on morbidity, mortality, quality of life, and life expectancy of county residents.

Lastly, a rapid review of literature related to gaming effects on the health of communities will be included in the final report as well.

2. **Project Description:** (Goals of the community, Context of the project, Identified project objectives)

Goals of the Community: Teller County Public Health and Environment’s (TCPHE) goals for this health assessment are to identify and rank health concerns within the community so that they may utilize their assets to become a healthier community.

Context of the Project: In 2013, TCPHE completed a Community Health Assessment. It is now time for the county to begin working on its next community health assessment, per the Colorado Public Health Reauthorization Act of 2008, which requires public health agencies to complete community health assessments once every five years. This community health assessment will analyze secondary data on key health status indicators and will obtain community input on health concerns and community assets via nominal groups, key informant interviews, and an online community survey.

Identified project objectives:

- Collect and analyze secondary data to identify ten key health concerns for Teller County
- Engage with stakeholders in Teller County to rank perceived health concerns for the community
- Engage with stakeholders in Teller County to identify community assets/strengths that can be used to address the main health concerns

Appendix B: Secondary Data

Appendix B-1: Health Indicator Data

The Health Indicator Table provides an overview of various Teller County health indicators and compares them to Colorado state-level data as well as national or state targets, when available. These indicators help to describe the current health status of Teller County and provide insight into potential opportunities for health improvement. Select health indicators are highlighted to show favorable and unfavorable statistics. Health indicators highlighted in red indicate a health area of concern, while health indicators highlighted in green are considered favorable. Teller County is a part of Health Statistics Region (HSR) 17, which is a region of Colorado encompassing Clear Creek, Gilpin, Park, and Teller counties. When Teller County specific data is not available, HSR 17 data is reported.

Red = Concern **Green** = Favorable

Social Determinants of Health: Economic Opportunity

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Income				
Median household income ¹	2014	\$62,380 (56,036-68,724)	\$61,324 (60,846-61,802)	-
Percent of population below poverty level ¹	2015	8.8% (6.8-10.8)	11.5% (11.2-11.8)	-
Percent of children (<18 yrs.) below poverty level ¹	2015	15.3% (11.9-18.7)	14.8% (14.2-15.4)	-
Percent of households enrolled in Supplemental Nutrition Assistance Program (SNAP) ²	2011-2015	7.8%	8.7%	-
Percent of households that received food stamps in the past 12 months with an adult 60+ yrs. old ²	2010-2014	37.3% (25.8-44.1)	23.1% (22.7-23.5)	-
Percent of households that received food stamps and income was at or above poverty level in the past 12 months ²	2010-2014	64.3% (55.4-69.6)	49.6% (49.2-50)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of households that received food stamps and income was below poverty level in the past 12 months ²	2010-2014	35.7% (33.2-37.2)	50.4% (49.9-50.9)	-
Percent of households that received food stamps in the past 12 months with children (<18 yrs..) ²	2010-2014	49.8% (42.6-54.1)	57.3% (57-57.6)	-
Percent of public school students (K-12) eligible for free and reduced school lunch ³	2015	35.8%	41.8%	-
Percent of Cripple Creek-Victor school students eligible for free and reduced lunch ³	2015-2016	64%	42.2%	-
Percent of Woodland Park students eligible for free and reduced lunch ³	2015-2016	31.7%	42.2%	-
Employment				
Unemployment rate ⁴	March, 2017	4.0%	2.5%	-
Education				
Percent of population (25+ yrs.) that completed some level of education in grades K-12, but no high school diploma or equivalent completed ²	2010-2014	6.3%	8.8%	-
Percent of population (25+ yrs.) that completed high school graduation, GED or alternative ²	2010-2014	25.9%	22%	-
Percent of population (25+ yrs.) that completed some college (less than one year or more) ²	2010-2014	25.2%	22.7%	-
Percent of population (25+ yrs.) that completed an associate or bachelor's degree ²	2010-2014	28.4%	32%	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of population (25+ yrs.) that completed a master, professional school or doctorate's degree ²	2010-2014	13.6%	13.7%	
School dropout rate ³	2014-2015	1.2%	2.5%	-
High school completion rate ³	2015	79.8	78.8	82.4
Graduation rate, Cripple Creek-Victor RE-1, all students ³	2015-2016	62.5%	78.9%	-
Graduation rate, Cripple Creek-Victor RE-1, female students ³	2015-2016	88.9%	82.7%	-
Graduation rate, Cripple Creek-Victor RE-1, male students ³	2015-2016	46.7%	75.3%	--
Graduation rate, Woodland Park RE-2, all students ³	2015-2016	80.1%	78.9%	-
Graduation rate, Woodland Park RE-2, female students ³	2015-2016	84.5%	82.7%	-
Graduation rate, Woodland Park RE-2, male students ³	2015-2016	76%	75.3%	
Housing				
Percent of occupied housing units ²	2015	75.3%	89.5%	-
Percent of vacant housing units ²	2015	24.7%	10.5%	-
Percent of owner-occupied housing units ²	2015	80.7%	64.3%	-
Percent of renter-occupied housing units ²	2015	19.3%	35.7%	-
Median home value ²	2010-2014	\$232,300	\$239,400	-

Social Determinants of Health: Physical Environment

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Built Environment				
Percent of the population who say fresh fruits, vegetables, and other healthful foods are somewhat or very available in their neighborhood ⁵	2011	82.6% (70.9-94.3)	86.6% (85.0-88.1)	-
Rate of healthy food outlets per 10,000 residents ⁶	2012	1.7	1.2	-
Rate of fast food restaurants per 10,000 residents ⁶	2012	6	7.4	-
Percent of workers (16+ yrs.) who commute to work by walking ²	2010-2014	2.8% (1.6-3.9)	3% (2.9-3.1)	3.1
Commuting time to work (in minutes)	2011-2015	32 (30.3-33.7)	25 (34.9-25.1)	-
Safety				
Rate of liquor stores per 10,000 ⁶	2012	3.9	2.4	-
Adult (18+ yrs.) violent crime rate per 100,000 ⁷	2013	68	134.7	-
Juvenile (10-17 yrs.) violent crime rate per 100,000 ⁷	2013	86.1	108.4	-
Adult (18+ yrs.) property crime rate per 100,000 ⁷	2013	801.9	943.8	-
Juvenile (10-17 yrs.) property crime rate per 100,000 ⁷	2013	775.1	1345.4	-
Percent of parents who feel child is usually or always safe in their community or neighborhood ⁸	2012-2014	HSR 17: 96.30% (90.9-100)	95% (94.1-96)	-
Environmental Quality				
Number of radon tests performed in households ⁹	2009-2013	946	152,590	-
Percent of household radon tests that were above the EPA recommended action limit (4 pCi/L) ⁹	2009-2013	61.1%	43.8%	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of houses built before 1960 [risk for lead-based paint exposure] ²	2010-2014	10.6%	19.4%	-
Percent of residents who report using private well ⁵	2011	46.1% (31.1-61.1)	9.8% (8.6-10.9)	-

Social Determinants of Health: Social Factors

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Violence				
Adult (18+ yrs.) violent crime rate per 100,000 ⁷	2013	68	134.7	-
Juvenile (10-17 yrs.) violent crime rate per 100,000 ⁷	2013	86.1	108.4	-
Child (17yrs. & under) maltreatment rate per 1,000 ¹⁰	2012	14.7	8.4	8.5
Elder (65+ yrs.) abuse rate per 100,000 ¹¹	2014	806.4	452.9	-
Percent of high school students who were bullied in last 12 months ¹²	2015	HSR 17: 26.6% (22.8-30.4)	20.1% (18.7-21.6)	-
Percent of high school students who were electronically bullied in last 12 months ¹²	2015	HSR 17: 15.7% (14.5-16.8)	15.1% (14-16.1)	-
Percent of high school students who were in a physical fight 1+ times in last 12 months ¹²	2015	HSR 17: 24.5% (19.9-29.1)	20.1% (18.6-21.5)	-
Percent of high school students who carried a weapon (gun, knife, club) on 1 or more days in last 30 days ¹²	2015	HSR 17: 29.9% (26.1-33.6)	15.9% (14.7-17.2)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of high school students who carried a weapon (gun, knife, club) on school property on 1 or more days in last 30 days ¹²	2015	HSR 17: 7.6% (6.7-8.5)	3.7% (3-4.4)	-
Among high school students who dated in last 12 months, percent who had been physically hurt by someone they were dating ¹²	2015	HSR 17: 12.3% (11.3-13.4)	9.4% (8.6-10.3)	-
Social Support & Social Network				
Percent of high school students who would most likely talk to parent, teacher, other adult when sad ¹²	2015	HSR 17: 44.9% (39.7-50.0)	40.4% (38.1-42.7)	-
Percent of high school students who could ask parents/guardians for help with personal problem ¹²	2015	HSR 17: 81.9% (80.6-83.2)	82.4% (80.4-84.3)	-
Participation				
Percent of population that are registered public library borrowers ¹³	2012	93.9%	66.9%	-
Percent of high school students who participated in organized community services as volunteer 1+ times last 30 days ¹²	2015	HSR 17: 41.2% (37.6-44.7)	42.7% (39.7-45.7)	-
Organizational Networks				
Rate of registered non-profits per 10,000 ¹⁴	2013	76.8	49.3	-
Rate of religious congregations per 10,000 ¹⁵	2010	9	7.5	-
Percent of religious congregations that are Evangelical Protestant ¹⁵	2010	47.6%	44.1%	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of religious congregations that are Jehovah's Witnesses ¹⁵	2010	4.8%	2.7%	-
Percent of religious congregations that are Mainline Protestant ¹⁵	2010	14.3%	19%	-
Percent of religious congregations that are Latter-day Saint (Mormon) ¹⁵	2010	4.8%	3.7%	-
Percent of congregations that are Roman Catholic ¹⁵	2010	4.8%	6.7%	-
Percent of religious congregations that are other religions ¹⁵	2010	23.8%	20.2%	-
Percent of veterans (out of civilians 18 yrs.+) ²	2011-2015	17.4% (15.9-19.2)	9.8% (9.7-9.9)	-
Leadership				
Percent of women-owned businesses ¹⁶	2007	31%	29.2%	-
Percent of Hispanic-owned businesses ¹⁶	2007	0%	6.2%	-
Percent of American Indian or Alaska Native-owned businesses ¹⁶	2007	0%	0.8%	-
Percent of Black-owned businesses ¹⁶	2007	0%	1.7%	-
Political Influence				
Percent of active registered voters ¹⁷	2013	85.2%	79.8%	-

Health Factors: Health Behaviors

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Nutrition				
Percent of adults who eat fast food 1+ times per week ⁵	2011	76.7% (65.0-88.5)	66.6% (64.6-68.5)	-
Percent of adults who eat less than 1 serving fruit per day ⁵	2013	46% (31.3-60.6)	35.7% (34.6-36.8)	-
Percent of adults who eat less than 1 serving vegetable per day ⁵	2013	17.4% (6.8-28)	18.9% (18-19.9)	-
Percent of children (1-14 yrs.) who eat fast food 1+ times per week ⁸	2012-2014	HSR 17: 48.7% (34.2-63.3)	64.8% (62.7-66.9)	-
Percent of children (1-14 yrs.) who eat fruit 2+ times per day & vegetables 3+ times per day ⁸	2012-2014	HSR 17: 13.6% (3.7-23.5)	11% (9.7-12.3)	-
Percent of children (1-14 yrs.) who consumed sugar-sweetened beverages 1+times per day ⁸	2012-2014	HSR 17: 24.6% (9.7-39.4)	18% (16.4-19.6)	-
Percent of high school students who ate fruit 1+ times per day in past 7 days ¹²	2015	HSR 17: 43.9% (40.4-47.4)	44.6% (42.1-47)	-
Percent of high school students who ate vegetables 1+ times per day in past 7 days ¹²	2015	HSR 17: 41.6% (35.3-48)	44.8% (42.4-47.2)	-
Percent of high school students who drank soda or pop 1+ times per day during past 7 days ¹²	2015	HSR 17: 21.5% (19.7-23.4)	17.1% (15.1-19.1)	-
Percent of high school students who ate breakfast on all past 7 days ¹²	2015	HSR 17: 37.9% (33.6-42.2)	39.2% (37.2-41.2)	-
Physical Activity				
Percent of adults who get 30+ minutes moderate activity per day on 5+ days per week or 20+	2011, 2013	66.5% (58.5-74.5)	61.1% (60.2-62.0)	47.9%

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
minutes vigorous activity per day on 3+ days per week ⁵				
Percent of adults who are physically inactive ⁵	2012-2014	16.3% (10.7-21.9)	17.1% (16.6-17.6)	32.6%
Percent of adults (65+ yrs.) who participate in leisure physical activity last 30 days ⁵	2013-2014	90% (84.5-95.5)	76.9% (75.7-78.1)	-
Percent of high school students who are physically active at least 60 minutes per day for past 7 days ¹²	2015	HSR 17: 36.7% (36.2-37.3)	27.8% (25.9-29.6)	-
Percent of high school students who have 3+ hours total screen time in average school day ¹²	2015	HSR 17: 48.9% (48.2-49.6)	52.1% (49.7-54.5)	-
Percent of children (5-14 yrs.) who are physically active for at least 60 minutes per day for past 7 days ⁸	2012-2014	HSR 17: 61.6% (42.2-81.1)	44.7% (42.3-47.1)	-
Percent of children (1-14 yrs.) who watch TV/videos, play video games/computer 2 hours per day or less on weekends ⁸	2012-2014	HSR 17: 46% (30-62)	53.4% (51.4-55.4)	86.8%
Tobacco Use & Exposure				
Percent of adults (18+ yrs.) who currently smoke cigarettes ⁵	2012-2014	21.5% (13.8-29.2)	17% (16.5-17.6)	12%
Percent of women who smoked during last 3 months of pregnancy ¹⁸	2011-2013	19.5% (0.6-38.4)	8.1% (7.0-9.2)	-
Percent of high school students who currently smoke cigarettes ¹²	2015	HSR 17: 14.9% (13.6-16.3)	8.6% (7.7-9.5)	16%
Percent of high school students who used chewing tobacco, snuff or dip 1 or more days in past 30 days ¹²	2015	HSR 17: 9.9% (5-14.7)	4.9% (4.1-5.6)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of high school students who used electronic vapor product in past 30 days ¹²	2015	HSR 17: 28.4% (26.4-30.5)	26.1% (23.7-29.6)	-
Percent of high school students who smoked cigarettes, smoked cigars, used chewing tobacco, or used e-vapor products on 1 or more days in past 30 days ¹²	2015	HSR 17: 34.9% (33.1-36.7)	30.3% (27.7-32.8)	-
Percent of children (1-14 yrs.) who rode in car with someone smoking ⁸	2012-2014	HSR 17: 8% (1.3-14.7)	4% (3.3-4.7)	-
Percent of children (1-14 yrs.) who live in homes where someone smoked in past 7 days ⁸	2012-2014	HSR 17: 5.5% (1-9.9)	3% (2.3-3.7)	-
Skin Cancer				
Percent of adults who use sun protection ⁵	2012, 2014	40.1% (24.6-55.6)	43.8% (42.4-45.2)	-
Injury				
Percent of adults (65+ yrs.) reported fall in last 3 months ⁵	2012, 2014	22.9% (13.8-32.0)	27.2% (26.0-28.5)	-
Percent of adults (18+) who always used seatbelt ⁵	2012, 2014	85.8% (79.6-91.9)	84.6% (84.0-85.1)	92.4%
Among high school students who rode a bicycle in last 12 months, percent who never or rarely wore a helmet ¹²	2015	HSR 17: 72.8% (69.6-76)	70.8% (65.2-76.4)	-
Percent of high school students who rode in vehicle in past 30 days driven by someone who had been drinking alcohol ¹²	2015	HSR 17: 16% (14.3-17.8)	15.5% (13.8-17.2)	-
Percent of high school students who rode in vehicle in past 30 days driven by someone who had been using marijuana ¹²	2015	HSR 17: 19.9% (17.8-22)	20.4% (18.4-22.5)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Among high school students who drove a vehicle in past 30 days, percent who texted or emailed while driving on 1 or more days ¹²	2015	HSR 17: 31.9% (30.6-33.1)	35.6% (31.8-39.4)	-
Percent of children (1-14 yrs.) that used age-appropriate mode of restraint when riding in vehicle ⁸	2010-2012	HSR 17: 82.4% (72-92.8)	78.7% (76.9-80.6)	-
Sexual Health				
Rate of live births born to women (15-17yrs.) per 1,000 ¹⁹	2012-2014	5.9 (2.5-10.7)	10.6 (10.2-11)	-
Percent of sexually active men and women (18-44 yrs.) using effective method of birth control to prevent pregnancy ⁵	2011, 2012, 2014	HSR 17: 64% (45.9-82)	65.2% (62.8-67.6)	-
Percent of pregnancies resulting in live births that were unintended ¹⁸	2011-2013	48.4% (26.2-70.7)	39.3% (37.3-41.3)	-
Percent of high school students who ever had sexual intercourse ¹²	2015	HSR 17: 36.9% (33.9-39.9)	35.4% (33.4-37.4)	-
Among high school students who had sexual intercourse during past 3 months, percent who drank alcohol or used drugs before last sexual intercourse ¹²	2015	HSR 17: 19.1% (12-26.2)	20.6% (18.2-22.9)	-
Among high school students who had sexual intercourse during past 3 months, percent who used a condom during last intercourse ¹²	2015	HSR 17: 56.3% (47.1-65.4)	60.5% (58.1-62.9)	-

Health Factors: Health Conditions

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of adults (18+ yrs.) with high blood pressure ⁵	2011, 2013, 2014	35.8% (27.9-43.8)	25.5% (24.8-26.2)	26.9%
Percent of adults (18+ yrs.) with high cholesterol ⁵	2011, 2013, 2014	40.4% (32.1-48.8)	34.3% (33.5-35.2)	13.5%
Percent of adults (18+ yrs.) who are obese ⁵	2012-2014	20.8% (13.9-27.6)	21% (20.5-21.6)	30.6%
Percent of adults (18+ yrs.) who are overweight or obese ⁵	2012-2014	55.1% (46.7-63.5)	56.5% (55.8-57.2)	-
Percent of high school students who are obese ¹²	2013	HSR 17: 6.1% (5.2-6.9)	8% (7.4-8.6)	14.6%
Percent of high school students who are overweight ¹²	2013	HSR 17: 7.5% (7.1-7.9)	11.3% (10.5-12.2)	-
Percent of children (2-14 yrs.) who are obese ⁸	2012-2014	HSR 17: 7.3% (0-14.9)	14.8% (13.2-16.4)	14.6%
Percent of children (2-14 yrs.) who are overweight or obese ⁸	2012-2014	HSR 17: 22.5% (8.7-36.4)	27.3% (25.3-29.3)	-
Percent of live births to mothers who were overweight or obese before pregnancy ¹⁹	2012-2014	49.8% (45.5-54.1)	44.9% (44.7-45.1)	-
Percent of live births where mothers gained an appropriate amount of weight during pregnancy ¹⁹	2012-2014	30.4% (26.4-34.4)	34% (33.8-34.2)	-

Health Factors: Mental Health

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Mental Health Status				
Age-adjusted death rate due to suicide per 100,000 ¹⁹	2015	58.4 (23-93.8)	19.5 (18.3-20.7)	-
Age-adjusted rate of suicide hospitalizations per 100,000 ²⁰	2012-2014	38.8 (21.9-55.8)	48.9 (47.8-50)	-
Age-adjusted rate of mental health diagnosed hospitalizations per 100,000 ²⁰	2012-2014	2073 (1960.7-2185.2)	2731.1 (2723.1-2739.1)	-
Percent of adults (18+ yrs.) who were ever diagnosed with depressive disorder ⁵	2015	HSR 17: 23.30%	19.30%	-
Percent of adults (18+ yrs.) who had 8+ poor mental health days in last 30 days ⁵	2015	HSR 17: 17.6%	13.90%	-
Percent of pregnant women who experienced 1 or more major life stress events 12 months before delivery ¹⁸	2012-2013	76.6% (58-95.3)	71.3% (69.5-73.2)	-
Percent of women who often or always felt down, depressed, sad or hopeless since new baby ¹⁸	2012-2013	9.3% (0-19.2)	9.9% (8.3-11.4)	-
Percent of parents who reported behavioral or mental health problems in children 1-14yr ⁸	2012-2014	HSR 17: 28.6% (13.8-43.4)	21.5% (19.8-23.2)	-
Percent of high school students who felt sad or hopeless every day for 2 or more weeks, stopped doing some usual activities during past 12 months ¹²	2015	HSR 17: 31% (29.7-32.2)	29.5% (28.3-30.7)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of high school students who purposefully hurt themselves without wanting to die in past 12 months ¹²	2015	HSR 17: 16.9% (14.5-19.2)	17.3% (15.4-19.2)	-
Percent of high school students who seriously considered attempting suicide during 12 months before survey ¹²	2015	HSR 17: 18.1% (17.9-18.4)	17.4% (16.2-18.6)	-
Percent of high school students who actually attempted suicide 1 or more times in past 12 months ¹²	2015	HSR 17: 7.9% (7.5-8.3)	7.8% (7-8.6)	-
Substance Use and Abuse				
Percent of adults who reported binge drinking in the past 30 days ⁵	2012-2014	16% (9-22.9)	18.4% (17.8-18.9)	24.3%
Percent of women who drank alcohol during last 3 months of pregnancy ¹⁸	2011-2013	0.4% (0-1.2)	11.5% (10.2-12.8)	-
Percent of adults (18+ yrs.) who currently use marijuana ⁵	2014-2015	16%	13.5%	-
Percent of high school students had first drink alcohol before 13 yrs. ¹²	2015	HSR 17: 23.1% (21.3-25)	18.2% (16.3-20.1)	-
Percent of high students who had 5+ drinks alcohol within couple hours during last 30 days ¹²	2015	HSR 17: 16% (14.5-17.5)	16.6% (15.1-18)	8.5%
Percent of high school students who used marijuana 1+ times last 30 days ¹²	2015	HSR 17: 20.8% (19.3-22.3)	21% (19.7-22.7)	6%
Percent of high school students who used any form of cocaine one or more times during their life ¹²	2015	HSR 17: 7% (6.3-7.7)	5.6 (4.8-6.4)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of high school students who used heroin one or more times during their life ¹²	2015	HSR 17: 3.9% (2.7-5)	2% (1.7-2.4)	--
Percent of high school students who used methamphetamines one or more times during their life ¹²	2015	HSR 17: 3.6% (2.5-4.6)	2.4% (2-2.8)	-
Percent of high school students who used ecstasy one or more times during their life ¹²	2015	HSR 17: 7% (6-8)	5.5% (4.9-6.2)	-
Percent of high school students who used prescription drug (OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life ¹²	2015	HSR 17: 17.7% (14.2-21.2)	13.7% (11.8-15.5)	-
Age-adjusted rate of hospitalizations for heroin, opiates, narcotic overdose per 100,000 population ²¹	2014	16.2 (0-32.7)	7.2 (6.5-7.9)	-
Age-adjusted rate of drug-induced deaths per 100,000 ¹⁹	2015	19.8 (5.7-42.4)	16.1 (15.1-17.2)	-
Age-adjusted rate of alcohol-induced deaths per 100,000 ¹⁹	2015	17.5 (4.5-39.1)	14.2 (13.2-15.2)	-
Functional Status & Quality of Life				
Percent of adults who reported fair or poor health ⁵	2013-2014	16.8% (9.8-23.9)	13.3% (12.8-13.8)	-
Percent of adults reporting 8 or more days of poor physical health per month ⁵	2013-2014	19.9% (12.1-27.6)	12.6% (12.1-13.1)	-

Health Factors: Access, Utilization, and Quality Care

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Health Insurance Coverage				
Percent of population with health insurance ²³	2013-2014	75.7%	82.1%	-
Uninsured rate, all ages ²²	2014	6.8% [was 15.7% in 2008]	10.6% [was 16.3% in 2008]	-
Percent of population enrolled in Medicaid, all ages ²²	2015	21.5% [was 8% in 2010]	22.8% [was 10.5% in 2010]	-
Percent of adults (18-64 yrs.) eligible but not enrolled in Medicaid ²²	2015	15.6%	25.7%	-
Percent of children (0-18 yrs.) eligible but not enrolled in Medicaid ²²	2015	7.6%	4.6%	-
Percent of children (0-18 yrs.) eligible but not enrolled in CHP+ ²²	2015	48.9%	34.4%	-
Percent of women covered by Medicaid for prenatal care ¹⁸	2010-2014	50.4%	34.3%	-
Percent of population enrolled in Medicare ²²	2015	22.30%	14%	
Percent of children (0-20 yrs.) with dental insurance ²²	2013	HSR 17: 93.30%	77.10%	State Target 84.8%
Percent of adults (21-64 yrs.) with dental insurance ²²	2013	HSR 17: 63.40%	58.70%	State Target 64.6%

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of adults (65+ yrs.) with dental insurance ²²	2013	HSR 17: 27.20%	40.10%	State Target 44.1%
Received Needed Care				
Percent of women who received adequate prenatal care ¹⁹	2012-2014	52.4% (48.1-56.7)	63.2% (63-63.5)	-
Percent of adults who needed mental health care in past 12 months but did not get it at the time ²³	2015	HSR 17: 7.6%	9.8%	-
Percent of children (1-14 yrs.) who needed but did not get dental care in past year ⁸	2012-2014	HSR 17: 21.1%	7.6%	State Target 9.1%
Percent of adults (21+ yrs.) who needed but did not get dental care in past year, adults ⁵	2012, 2014	HSR 17: 31.7%	24.6%	-
Provider Availability				
Percent of adults (18+) who reported one or more regular health providers ⁵	2012-2014	81.6% (74.8-88.5)	76.5% (75.9-77.1)	-
Rate practicing physicians per 100,000 ²³	2013	81.6	225.9	-
Preventive Care				
Percent of adults (50+ yrs.) who report colorectal cancer screening is up to date ⁵	2012, 2014	58.9% (47.6-70.2)	66.4% (65.4-67.4)	State Target 80% Healthy People 2020 70.5%
Percent of females (50+ yrs.) who had clinical breast exam & mammogram in past 2 years ⁵	2013-2014	64.3% (44.2-84.3)	62.8% (60.9-64.6)	State Target 81.1%
Percent of females (18+ yrs.) who had PAP within last 3 years ⁵	2012, 2014	63.1% (46.4-79.7)	77.9% (76.7-79.1)	93%

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of adults (18+ yrs.) who had cholesterol screening in last 5 years ⁵	2011, 2013	78.3% (69.9-86.7)	75.5% (74.7-76.4)	82.1%
Percent of adults (65+ yrs.) who had a flu shot last in 12 months ⁵	2012-2014	65% (54.9-75.1)	67% (65.9-68.1)	90%
Percent of adults (65+ yrs.) who ever had pneumonia shot ⁵	2012-2014	66.4% (56.1-76.7)	73.7% (72.7-74.8)	90%
Percent of high school students who saw or doctor or a nurse for a physical exam or check-up within past 12 months ¹²	2015	67.9% (64.2-71.6)	71.4% (68.7-74.2)	-

Population Health Outcomes: Quality of Life

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
How is your general health? Good/excellent ⁵	2013-2014	83.2% (76.1-90.2)	86.7% (86.2-87.2)	-

Population Health Outcomes: Morbidity

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Cancer				
Age-adjusted incidence rate of invasive cancer (all sites combined) per 100,000 ²⁴	2013	497.8 (405.5-590.2)	395.7 (390.4-401.0)	-
Age-adjusted incidence rate oral cancer per 100,000 ²⁴	2013	9.6 (0.9-18.2)	9.8 (9-10.6)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Age-adjusted incidence rate digestive disease cancer per 100,000 ²⁴	2013	58.7 (26.9-90.5)	68.1 (65.9-70.4)	-
Age-adjusted incidence rate colon & rectal cancer per 100,000 ²⁴	2013	37.4 (10.5-64.3)	33.4 (31.9-35)	-
Age-adjusted incidence rate respiratory system cancer per 100,000 ²⁴	2013	55.9 (22.7-89)	45.4 (43.6-47.3)	-
Age-adjusted incidence rate melanoma per 100,000 ²⁴	2013	54.4 (21.7-87.2)	20.8 (19.6-22)	-
Age-adjusted incidence rate breast cancer per 100,000 ²⁴	2013	119.1 (74.6-163.5)	64.7 (62.5-66.8)	-
Age-adjusted incidence rate female genital system per 100,000 ²⁴	2013	22.3 (5.7-38.9)	22.4 (21.2-23.7)	-
Age-adjusted incidence rate male genital system per 100,000 ²⁴	2013	69.6 (35.7-103.6)	50.6 (48.7-52.4)	-
Age adjusted incidence rate lymphoma per 100,000 ²⁴	2013	9 (0-18.1)	18.9 (17.7-20.1)	-
Age-adjusted incidence rate leukemia per 100,000 ²⁴	2013	19.1 (2.4-35.9)	12.7 (11.8-13.7)	-
Heart Disease and Stroke				
Stroke hospitalizations ²⁰	2012-2014	218.36 (182.63-254.09)	237.85 (235.4-240.29)	-
Heart disease hospitalizations ²⁰	2012-2014	1641.59 (1547.60-1735.59)	2179.13 (2163.17-2177.09)	-
Acute myocardial infarction hospitalizations ²⁰	2012-2014	149.26 (120.2-178.33)	156.57 (154.62-158.52)	-
Heart failure hospitalizations ²⁰	2012-2014	405.3 (354.56-456.05)	647.72 (643.74-651.6)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of adults (18+ yrs.) ever had a heart attack ⁵	2012-2014	3.81% (1.91-5.71)	3.07% (2.88-3.26)	-
Percent of adults (18+ yrs.) ever had angina or coronary heart disease ⁵	2012-2014	2.68% (1.41-3.95)	2.88% (2.7-3.06)	-
Other Chronic Diseases				
Percent of adults (18+ yrs.) with diabetes ⁵	2012-2014	8.7% (5-12.4)	7% (6.7-7.4)	-
Percent of adults (18+ yrs.) currently have asthma ⁵	2012-2014	7.9% (4.5-11.50)	8.7% (8.3-9.1)	-
Percent of adults (18+ yrs.) with arthritis ⁵	2012-2014	33.2% (25.3-40.7)	22.7% (22.2-23.2)	-
Injury				
Percent of adults (65+ yrs.) reported fall in last 3 months ⁵	2012, 2014	22.9% (13.8-32.0)	27.2% (26.0-28.5)	-
Age-adjusted rate unintentional injury hospitalizations per 100,000 ²¹	2012-2014	384.5 (335.8-433.2)	417.2 (413.9-420.4)	-
Age-adjusted rate motor vehicle traffic hospitalizations per 100,000 ²¹	2012-2014	61.4 (41.8-81.0)	53.3 (52.1-54.4)	-
Age-adjusted rate poisoning hospitalizations per 100,000 ²¹	2012-2014	35.8 (20.3-51.2)	29.5 (28.6-30.3)	-
Age-adjusted rate fire/burn hospitalizations per 100,000 ²¹	2012-2014	12.9 (3.6-22.1)	6.3 (5.9-6.6)	-
Adults (65+ yrs.) rate of influenza hospitalizations per 100,000 ²⁰	2012-2014	49.8 (34.7-67.7)	117 (116.5-117.8)	-
Age-adjusted rate natural/ environmental hospitalizations per 100,000 ²¹	2012-2014	16.7 (6.3-27.0)	11.7 (11.2-12.3)	-
Oral Health				

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Percent of adults (18+ yrs.) who lost any teeth due to decay or periodontal disease ⁵	2012, 2014	39.4% (29.9-48.9)	37.% (36.2-37.8)	County Target 35.6%
Percent of adults (65+ yrs.) who lost 6+ teeth due to decay or periodontal disease ⁵	2012, 2014	28.9%	30%	County Target 29.2% Colorado
Percent of adults (65+ yrs.) who lost all teeth due to decay or periodontal disease age ⁵	2012, 2014	13%	10.4%	County Target 11.2%
Percent of children (1-14 yrs.) with fair or poor condition of teeth ⁸	2012-2014	HSR 17: 9.3 (0.6-18)	6.7 (5.6-7.8)	-
Communicable Diseases				
Chlamydia incidence (15-29 yrs.) per 100,000 ²⁵	2012-2014	894.4 (710.4-1078.4)	1649.2 (1635.3-1663.1)	-
Gonorrhea incidence (15-29 yrs.) per 100,000 ²⁵	2012-2014	59.6 (21.5-116.9)	198 (193.1-202.8)	-
Chronic Hepatitis B incidence per 100,000 ²⁷	2012-2014	4.3 (0.8-10.5)	9.5 (9.1-10)	-
HIV incidence per 100,000 ²⁵	2012-2014	0	5 (4.6-5.3)	-
AIDS incidence per 100,000 ²⁵	2012-2014	4.3 (0.8-10.5)	3.7 (3.4-4)	-
Pertussis incidence per 100,000 ²⁶	2012-2014	10 (4-18.8)	26.1 (25.3-26.9)	-
Birth Defects				
Percent live births with low birth weight ¹⁹	2012-2014	10.6% (8-13.2)	8.8% (8.7-8.9)	7.8%
Rate of major congenital anomalies per 10,000 live births ²⁸	2011-2013	620.2 (428-864.2)	646.1 (635.2-657.1)	-
Occupational Health				
Percent of unemployment filing non-fatal lost-time workers' compensation claims ²⁹	2011	1.1%	1.1%	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Rate of work-related hospitalizations per 100,000 employed population ²⁰	2012-2014	36.3 (23.3-49.3)	34 (33.1-34.9)	-

Population Health Outcomes: Mortality

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
1st cause of death: cancers, age-adjusted death rate per 100,000 ¹⁹	2015	93 (57.1-128.9)	133.4 (130.4-136.5)	-
Age-adjusted death rate melanoma per 100,000 ¹⁹	2015	10.8 (-3.9-25.6)	3.1 (2.6-3.5)	2.4 per 100,000
2nd leading cause of death: heart disease, age-adjusted death rate per 100,000 ¹⁹	2015	121.2 (74.1-168.3)	126.9 (123.9-129.9)	-
Age-adjusted death rate all cardiovascular disease, per 100,000 ¹⁹	2015	145.2 (94.5-195.9)	174.5 (171-178)	-
Age-adjusted death rate hypertensive cardiovascular disease per 100,000 ¹⁹	2015	26.5 (4.9-48.1)	7.4 (6.7-8.1)	-
Age-adjusted death rate ischemic heart disease/ acute myocardial infarction per 100,000 ¹⁹	2015	36.5 (10.4-62.6)	18.4 (17.2-19.5)	-
Age-adjusted death rate cerebrovascular disease per 100,000 ¹⁹	2015	20.4 (2.2-38.7)	34.5 (32.9-36.1)	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
3rd leading cause of death: chronic lower respiratory diseases, age-adjusted death rate per 100,000 ¹⁹	2015	69 (34.8-103.2)	47.7 (45.6-49.3)	-
Age-adjusted death rate all respiratory system disease per 100,000 ¹⁹	2015	89.1 (49-129.3)	75.9 (73.5-78.2)	-
4th leading cause of death: unintentional injuries, age-adjusted death rate per 100,000 ¹⁹	2015	58.9 (26.3-91.4)	49.6 (47.7-51.5)	-
Age-adjusted death falls per 100,000 ¹⁹	2015	12.9 (-0.7-26.5)	16 ()	-
Age-adjusted death motor vehicle accident per 100,000 ¹⁹	2015	5.6 (-.08-12.0)	10.5 (9.6-11.3)	-
Age-adjusted death poisoning per 100,000 ¹⁹	2015	19.8 (-1.0-40.6)	14.4 (13.4-15.4)	-
5 th leading cause of death: suicide, age-adjusted death rate per 100,000 ¹⁹	2015	58.4 (23-93.8)	19.5 (18.3-20.7)	-
6 th leading cause of death: cerebrovascular diseases, age-adjusted death rate per 100,000 ¹⁹	2015	20.4 (2.2-38.7)	34.5 (32.9-36.1)	-
7 th leading cause of death: chronic liver disease and cirrhosis, age-adjusted death rate per 100,000 ¹⁹	2015	21 (2.2-39.8)	12.1 (11.2-13)	-
8 th leading cause of death: Alzheimer's disease, age-adjusted death rate per 100,000 ¹⁹	2015	24.2 (0.4-48)	30.9 (29.4-32.4)	-
9 th leading cause of death: influenza and pneumonia, age-adjusted death rate per 100,000 ¹⁹	2015	15.6 (0-34.8)	12.2 (11.3-13.1)	-
10 th leading cause of death: congenital malformations, deformations, and chromosomal abnormalities, age-adjusted death rate per 100,000 ¹⁹	2015	21.2 (0-45.1)	-	-

Indicator	Data Year(s)	Teller County	Colorado	Healthy People 2020 Goal
Infant mortality rate per 1,000 live births ¹⁹	2012-2014	HSR 17: 5 (1.8-9.9)	4.8 (4.5-5.1)	6
Age-adjusted years of potential life lost before the age of 75 per 100,000 (premature death) ¹⁹	2012-2014	7,900	5,700	-
Age-adjusted years of potential life lost before the age of 75 due to heart disease per 100,000 ¹⁹	2012-2014	768.76	302.84	-
Age-adjusted years of potential life lost before the age of 75 due to cancer per 100,000 ¹⁹	2012-2014	495.79	458.31	-
Age-adjusted years of potential life lost before the age of 75 due to cerebrovascular disease per 100,000 ¹⁹	2012-2014	156.56	56.10	-
Age-adjusted years of potential life lost before the age of 75 due to chronic liver disease & cirrhosis per 100,000 ¹⁹	2012-2014	69.36	145.46	-
Age-adjusted years of potential life lost before the age of 75 due to diabetes per 100,000 ¹⁹	2012-2014	18.93	58.53	-

Data Sources

1. Small Area Income and Poverty Estimates, United States Census Bureau
2. American Community Survey, United States Census Bureau
3. Colorado Department of Education
4. Bureau of Labor Statistics: Local Area Unemployment Statistics, United States Department of Labor
5. Colorado Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment
6. County Business Patterns, U.S. Census Bureau
7. Colorado Bureau of Investigation
8. Colorado Child Health Survey, Colorado Department of Public Health and Environment
9. Hazardous Materials and Waste Management Division, Colorado Department of Public Health and Environment
10. Colorado Division of Child Welfare, Colorado Department of Human Services

11. Adult Protection & Financial Assistance, Colorado Department of Human Services
12. Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment
13. Library Research Service
14. National Center for Charitable Services
15. Association of Religion Data Archive
16. Economic Census, United States Census Bureau
17. Colorado Secretary of State
18. Pregnancy Risk Assessment Monitoring System, Colorado Department of Public Health and Environment
19. Colorado Health Statistics & Vital Records, Colorado Department of Public Health and Environment
20. Colorado Health and Hospital Association
21. Colorado Trauma Registry, Colorado Department of Public Health and Environment
22. Colorado Health Access Survey
23. Colorado Health Institute
24. Colorado Cancer Central Registry, Colorado Department of Public Health and Environment
25. Division of Disease Control and Environmental Epidemiology: STI/HIV Section, Colorado Department of Public Health and Environment
26. Division of Disease Control and Environmental Epidemiology: Communicable Disease Epidemiology, Colorado Department of Public Health and Environment
27. Division of Disease Control and Environmental Epidemiology: Viral Hepatitis Program, Colorado Department of Public Health and Environment
28. Colorado Responds to Children with Special Needs, Colorado Department of Public Health and Environment
29. Colorado Department of Labor and Employment

Web-based Sources Accessed

- American Fact Finder, United States Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- Colorado Health Indicators, Colorado Department of Public Health and Environment <http://www.chd.dphe.state.co.us/HealthIndicators>
- Colorado Health Information Dataset, Colorado Department of Public Health and Environment <http://www.chd.dphe.state.co.us/cohid/>
- Colorado Health Institute <http://www.coloradohealthinstitute.org/>

Appendix B-2: Complete Census Tract Data

Population	101.03	101.04	101.05	101.06	102.01	102.02	Teller County	Colorado
Total area square miles ¹	13.41	5.03	184.7	129.82	103.51	122.5	558.96	104,093.67
Population ¹	7,468	1,915	6,045	4,643	2,674	605	23,350	5,029,196
Population density per square mile ¹	557.1	380.6	32.7	36	25.9	5	41.9	48.5
Number of housing units ¹	3,246	965	3,341	2,634	1,878	579	12,643	2,212,898
Housing unit density per square mile ¹	242.1	191.8	18.1	20.4	18.2	4.8	22.7	21.4
Median Age ²	44.9	43.9	52	49.7	53.3	54.5	49.4	36.3
Age dependency ratio ²	62.4	46.9	54.3	53.3	63.2	47.6	56.8	55.6
Old-age dependency ratio ²	23.5	17.5	30.1	29.2	31.9	32.5	26.9	19
Child dependency ratio ²	38.9	29.4	24.2	24.2	31.4	15.1	29.9	36.6
Percent of veterans ²	15.5%	13%	17.1%	21.3%	19.1%	16.2%	17.4%	9.8%
Percent of population with a disability ²	10%	12.9%	14.1%	15.9%	15.5%	19.9%	13.3%	10.4%
Economic Opportunity	101.03	101.04	101.05	101.06	102.01	102.02	Teller County	Colorado
Percent of population below the poverty level ²	4.2%	18%	7.5%	6.9%	9.3%	12.2%	7.5%	12.7%
Percent of households receiving food stamps/ SNAP ²	4.9%	17.5%	6%	8.2%	9.8%	12.7%	7.8%	8.7%
Unemployment rate ²	9.1%	5.6%	7.1%	12.1%	3.6%	4.1%	8.2%	6.9%
Percent of population with high school degree or higher ²	93.8%	96.3%	94.8%	91.5%	86.6%	95.4%	93.0%	90.7%
Percent of owner occupied housing units ²	83%	61%	86%	85%	72%	77%	80.7%	64.3%
Percent of renter occupied housing units ²	17%	39%	14%	15%	28%	23%	19.3%	35.7%

Health Care Access & Utilization	101.03	101.04	101.05	101.06	102.01	102.02	County/ Regional Estimate	State Estimate
Percent of population that is uninsured ²	7.4%	11.6%	10.7%	11.6%	18.8%	16%	10.9%	12.3%
Percent of population with private health care coverage ²	76.4%	63.4%	68.8%	61.1%	53.2%	59%	67.2%	69.7%
Percent of population with public health care coverage ²	27.5%	33%	35%	40.8%	43%	32.9%	34.4%	28%
Percent of adults who delayed medical care due to cost ³	11.6%	12.2%	10.9%	12.2%	12.5%	11%	15.2%	13.8%
Percent of adults with no routine medical checkup in last 12 months ³	41.9%	44.9%	41.2%	42.5%	43.2%	43%	35.1%	38.2%
Health Behaviors	101.03	101.04	101.05	101.06	102.01	102.02	County/ Regional Estimate	State Estimate
Percent of adults who reported no leisure-time physical activity in past month ³	15.7%	17.3%	16%	20.4%	19.9%	17.2%	16.9%	17.3%
Percent of adults who currently smoke cigarettes ³	18.9%	18.7%	17.3%	20.6%	20.2%	18.2%	20%	16.7%
Percent of adults who drink heavily ³	8.5%	7.3%	7.8%	6.8%	7.3%	8.3%	8%	6.4%
Percent of adults who binge drank in past month ³	14.5%	16.3%	14.2%	12.7%	13.4%	15.5%	15.2%	18.2%
Functional Status	101.03	101.04	101.05	101.06	102.01	102.02	County/ Regional Estimate	State Estimate
Percent of adults who reported their health as fair or poor ³	12.9%	11.8%	11.4%	14.5%	14.5%	12.3%	13.3%	13.7%
Percent of adults who reported frequent physical distress ³	12.8%	11.5%	11.5%	12.9%	12.2%	12.1%	13.8%	9.3%
Percent of adults who reported frequent mental distress ³	10.9%	9.7%	9.9%	9.3%	10.1%	9.8%	10%	9.3%

Health Conditions	101.03	101.04	101.05	101.06	102.01	102.02	County/ Regional Estimate	State Estimate
Percent of adults who are obese ³	21.1%	19.3%	21.4%	19%	18.5%	19.6%	20.7%	20.8%
Percent of adults who are overweight or obese ³	57.2%	55.9%	58.5%	56.7%	55.6%	59.1%	55.3%	56.5%
Percent of adults who have been told they have diabetes ³	7.9%	6.5%	7.6%	11.2%	9.6%	7.7%	8.8%	7.0%
Percent of adults who have been told they have asthma ³	6.5%	5.5%	7.2%	9.3%	7.9%	5.9%	8.5%	8.8%
Percent of adults who have been told they have heart disease or angina ³	2.8%	2.9%	3.2%	5.3%	3.6%	3.8%	2.6%	2.8%

Data Sources

1. U.S. Census Bureau. (2010). 2010 Census. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> American Community Survey, United States Census Bureau
2. U.S. Census Bureau. (2015). American Community Survey. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml#>
3. Colorado Department of Public Health. (2012-2015). Community Level Estimates. Retrieved from http://www.cohealthmaps.dphe.state.co.us/cdphe_communit

Appendix B-3: Census Tract Maps and Figures

Population by Census Tract

The census tract populations vary from 605 people in census tract 102.02 to 7,468 in census tract 101.03.

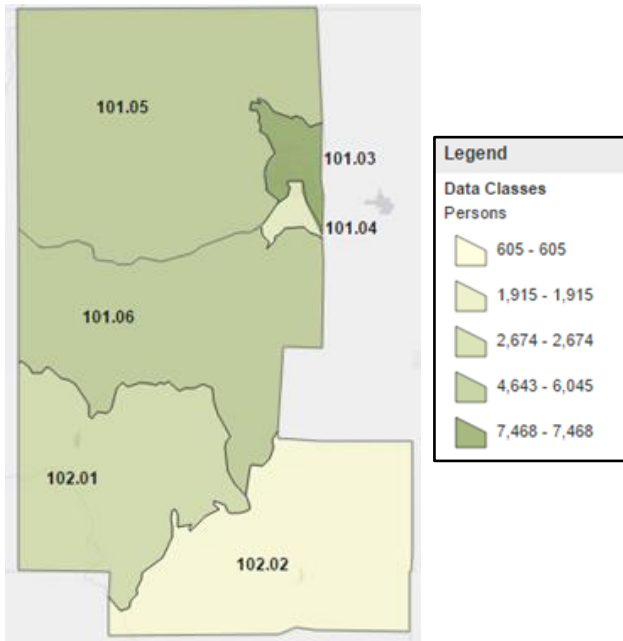


Figure 158. 2010 Teller County Census Tract Population. Retrieved from U.S. Census Bureau.

Poverty by Census Tract

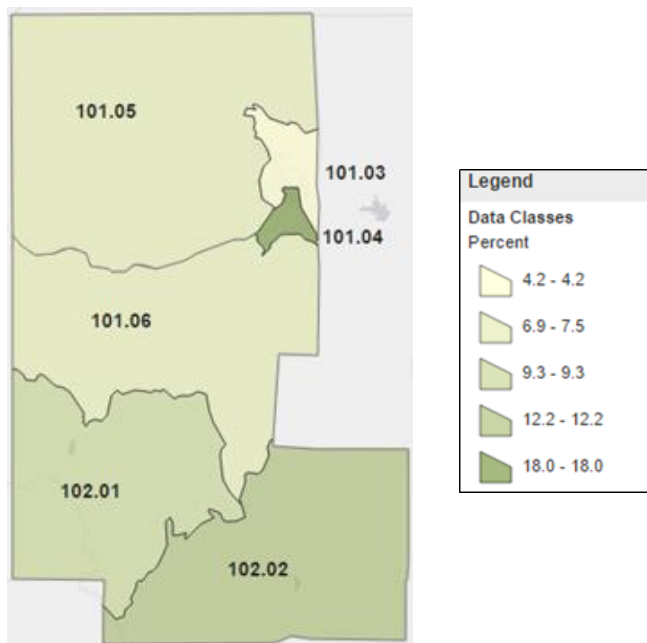


Figure 169. 2010 Teller County Census Tract Population. Retrieved from U.S. Census Bureau.

Unemployment Rate by Census Tract

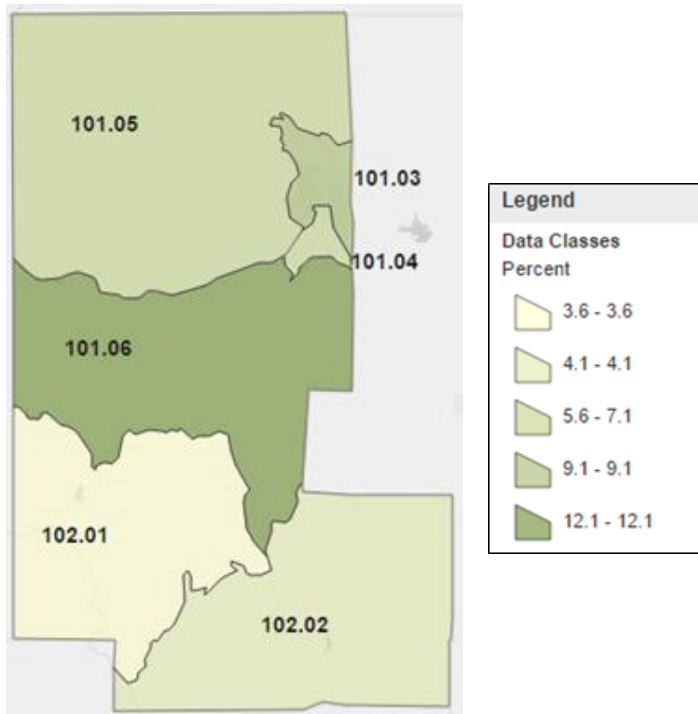


Figure 20. Unemployment Rate, Teller County Census Tract. 2015 American Community Survey. Retrieved from U.S. Census Bureau.

High School Graduation Rate by Census Tract

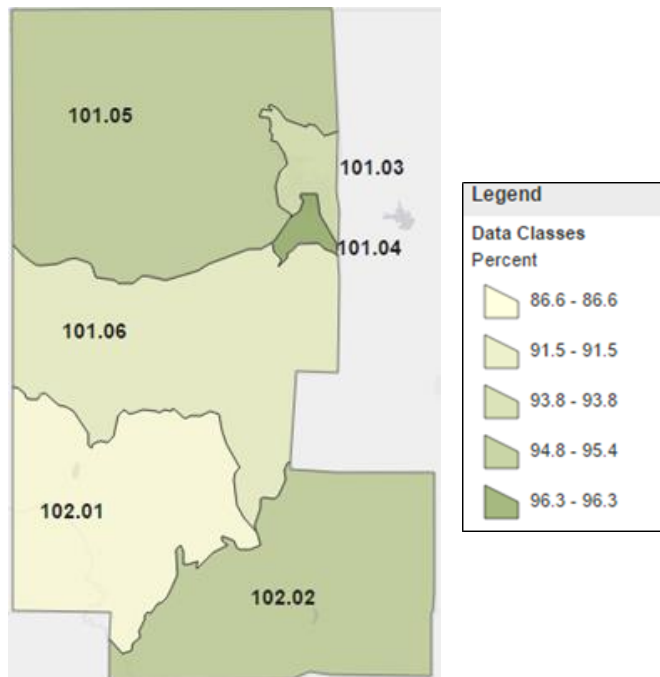


Figure 21. Percent High School Graduate or Higher, Teller County Census Tract. 2015 American Community Survey. Retrieved from U.S. Census Bureau.

Occupied Housing Unit Tenure by Census Tract

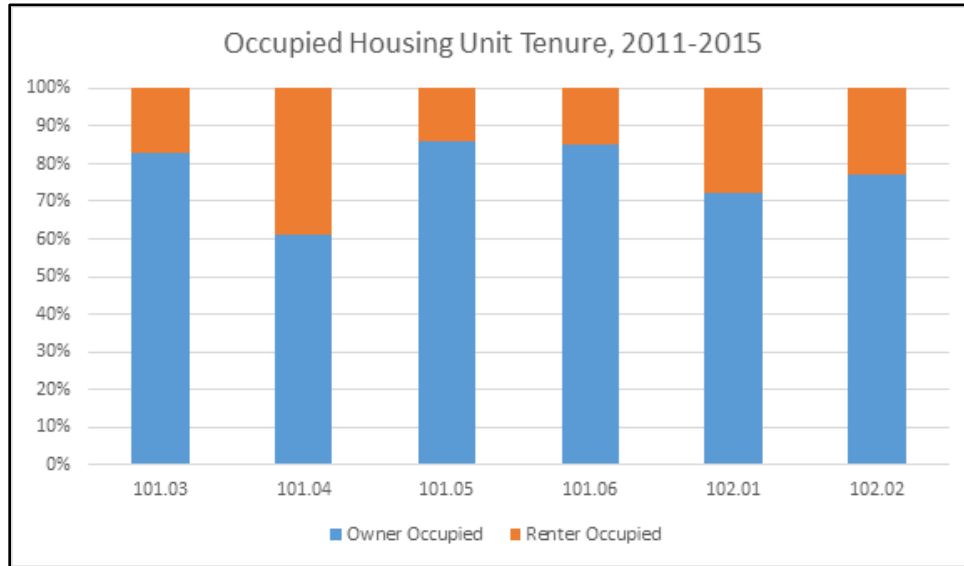


Figure 2217. Percent of owner-occupied housing unit vs. renter-occupied housing units, Teller County Census Tract. 2015 American Community Survey. Retrieved from U.S. Census Bureau.

Percent Uninsured by Census Tract

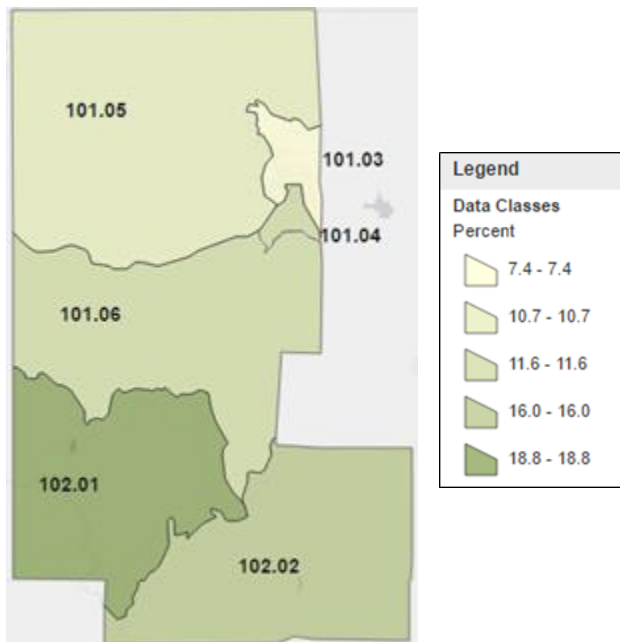


Figure 183. Percent Uninsured (civilian, non-institutionalized), Teller County Census Tract. 2015 American Community Survey. Retrieved from U.S. Census Bureau.

Percent with Private Health Care Coverage by Census Tract

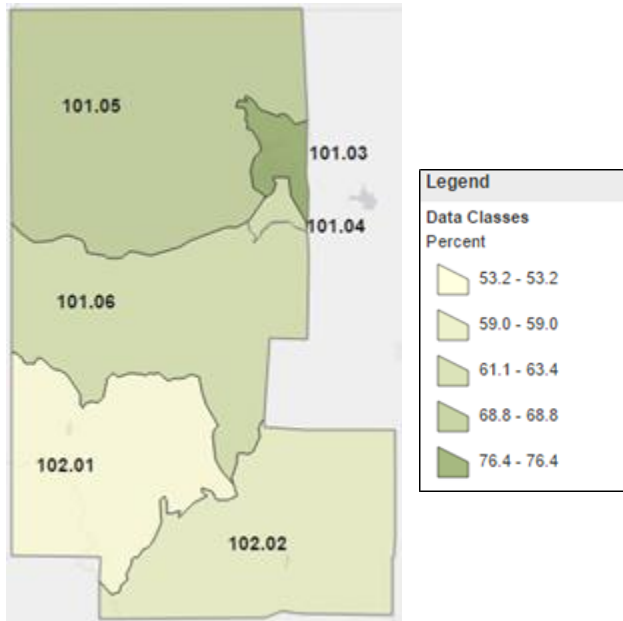


Figure 194. Percent with private health care coverage (civilian, non-institutionalized), Teller County Census Tract. 2015 American Community Survey. Retrieved from U.S. Census Bureau.

Percent with Public Health Care Coverage by Census Tract

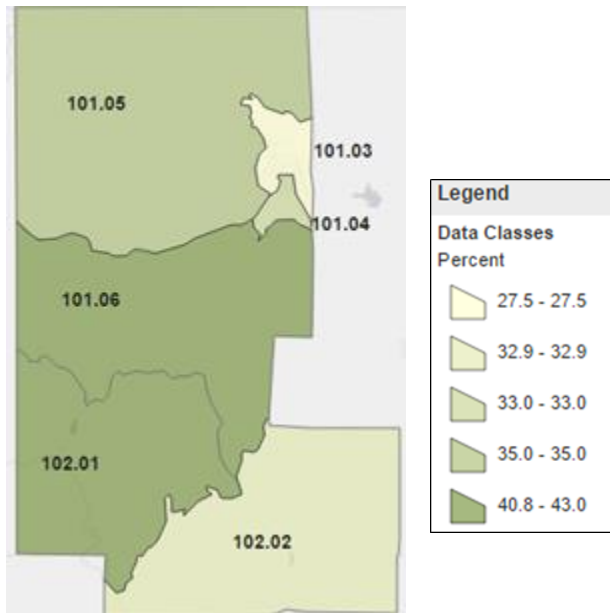


Figure 205. Percent with public health care coverage (civilian, non-institutionalized), Teller County Census Tract. 2015 American Community Survey. Retrieved from U.S. Census Bureau.

Appendix C: Census Tract Analysis and Results

Census tracts are small, relatively stable subdivisions of a county that provide a set of geographic units for the presentation of statistical data (U.S. Census Bureau, n.d.). Census tracts typically have a population size between 1,200 to 8,000 people, with an ideal size of 4,000 people. Visible, identifiable features such as roadways often function as census tract boundaries.

Teller County is currently divided into six census tracts (101.03, 101.04, 101.05, 101.06, 102.01, 102.02). Available census tract population and health indicator data are reported to identify geographic variability within Teller County. This data was also used to rank the census tracts based upon level of health risk. The complete census tract data is available in [Appendix B-2: Complete Census Tract Data](#) and [Appendix B-3: Census Tract Maps and Figures](#).

Area and Population

Census tract 101.03, which encompasses a portion of the county's largest town of Woodland Park, is the most densely populated of the six tracts in Teller County with a population density of 557.1 per square mile. This translates to 7,468 people of the county's total 23,350 residents.

Census tract 102.02 in the southernmost part of the county is the least populated area with just 605 residents. Tract 101.05, as the tract with the largest total area in square miles (184.7 mi²), also provides the county with the greatest number of housing units, containing 3,341 units out of Teller County's total 12,643. Census tracts 101.03 and 101.04 had the youngest median ages (43.9-44.9); whereas, census tracts 102.01 and 102.02 had the oldest median ages (53.3-54.5). Teller County's median age is 49.4 years, significantly older than Colorado's median age of 36.3 years. The largest percentage of veterans reside in census tract 101.06 and census tract 102.02 has the largest percentage of individuals with disabilities.

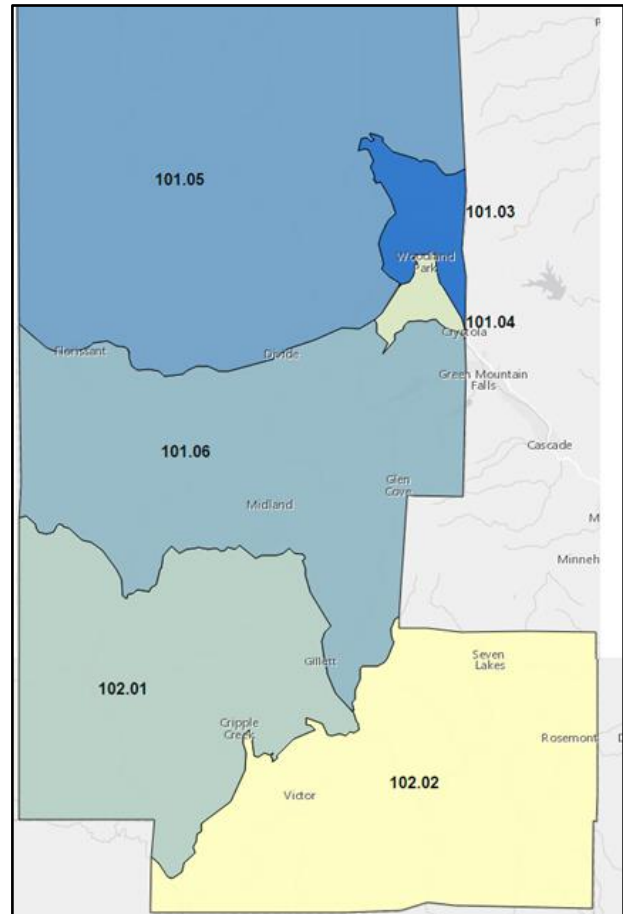


Figure 216. Teller County Census Tracts. Retrieved from U.S. Census Bureau.

Economic Opportunity

An estimated 7.5% of Teller County's population lives below the poverty line, with the highest concentration of poverty in census tract 101.04. In this tract, 18% of the population is living in poverty, with 39% of residents renting instead of owning their homes. The lowest percentage of people living in poverty in the county appears in census tract 101.03. An estimated 8.2% of Teller County's population is unemployed. The highest rate of unemployment (12.1%) in the county appears in census tract 101.06, while census tract 102.01 boasts the lowest unemployment rate. A total of 93% of Teller County's residents have earned at least a high school education. Census tract 102.01 falls slightly behind with 86.6% of residents having obtained at least a high school diploma. Overall, tract 101.04 is at the greatest risk in terms of poor economic opportunity, while tract 101.05 is the least at risk.

Health Care Access and Utilization

In census tract 102.01, 18.8% of the population is uninsured. This is the highest proportion in the county, which is significantly higher than the regional percentage of uninsured of 10.9%. Only tracts 101.03 and 101.05 fall below the regional estimate with 7.4% and 10.7% uninsured, respectively. The majority of Teller County residents have private health care coverage (67.2%), with the largest population of privately insured individuals (76.4%) concentrated in census tract 101.03. The remaining 34.4% of the population of Teller County are covered by a public insurer. In census tract 102.01, 12.5% of adults reported having delayed receiving medical care due to cost. Similar trends were reported across all six tracts. 35.1% of adults living in Teller County report not having had a routine medical check-up within the last year. Census tract 102.01 is at the greatest risk for lacking access and utilization of health care.

Health Status, Health Behaviors, and Health Conditions

Overall, 13.3% of Teller County adults reported having fair or poor health status. Physical distress is experienced most frequently (12.9%) in census tract 101.06, while mental distress is experienced the least (9.3%) in the same tract. Mental distress is experienced most often (10.9%) in census tract 1.03. The greatest number of physically inactive adults and adults who smoke cigarettes reside in census tract 101.06, which is illustrated in Figure 27 below. Adults in census tract 101.06 also have the highest rates of asthma, diabetes, and heart disease as depicted in Figure 28. Interestingly, census tract 101.03 is the most physically active but houses the greatest number of adults who are obese (21.1%).

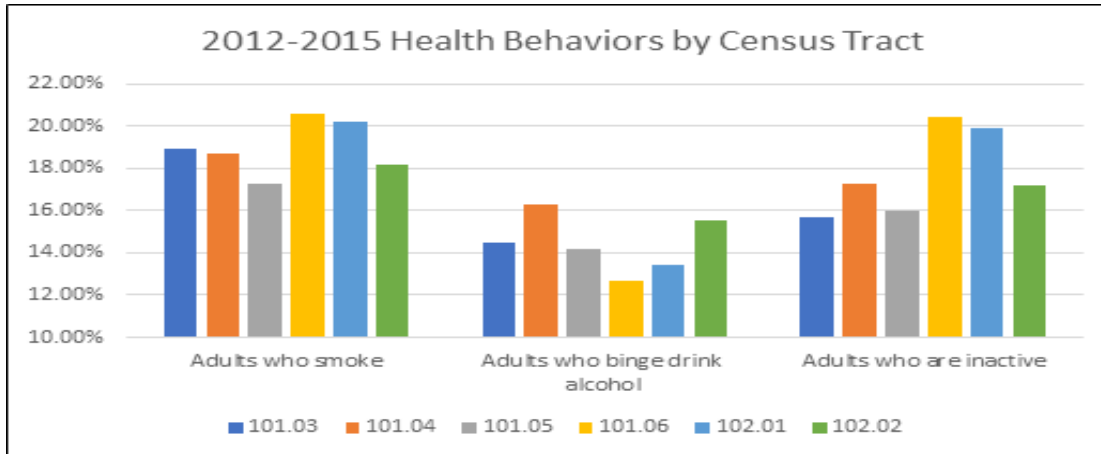


Figure 27. Adults 18+ years who currently smoke cigarettes, who binge drank in last month, and who reported no leisure time physical activity in the last month by Teller County Census Tract, 2012-2015.

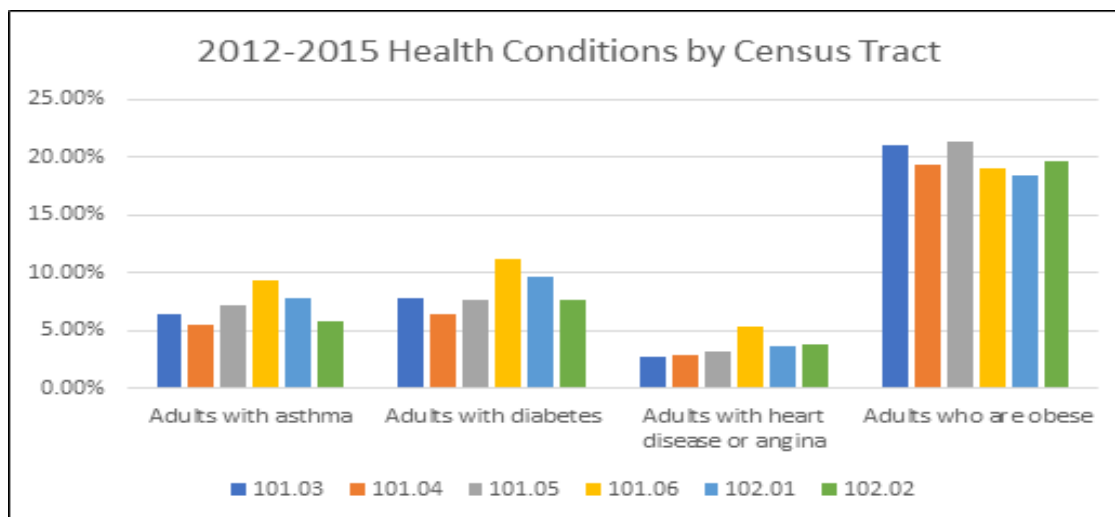


Figure 228. Adults 18+ years who have been told they have asthma, diabetes, heart disease or angina, and who are obese by Teller County Census Tract, 2012-2015. Data retrieved from CDPHE Community Level Estimates

Appendix D: Rapid Literature Review of Gaming

The City of Cripple Creek is home to Teller County's gaming industry, which has become a tourism and economic hub for the county. Limited gaming was legalized in 1991 in an effort to revitalize and preserve Cripple Creek and several other historic towns in Colorado (Teller County Vacation & Visitors Bureau, n.d.). In 2008, Amendment 50 authorized Cripple Creek to raise the maximum bet limit, extend hours, and offer additional games (Colorado Department of Revenue, 2015). A rapid review of literature was conducted to evaluate the effects the gaming industry may have on the health of Teller County. Topics that emerged through the rapid review include gaming employment, tourism and economic considerations, and problem gambling.



Figure 239. The view looking down Bennett Avenue in Cripple Creek, Colorado. Photo retrieved from American Legends.

Employment: According to the Colorado Department of Revenue's Division of Gaming (2015), Cripple Creek casinos employ 3,088 individuals and the Colorado casino industry employs 2,341 Teller County residents. Generally speaking, employment offers the opportunity for steady income and potential benefits such as health care insurance. Unemployment, on the other hand, is considered a social cause of poor health, and individuals with lower income are more likely to experience worse health and shorter life expectancies (Robert Wood Johnson Foundation, 2008). While there are economic and health-related benefits to employment, several occupational health concerns related to the gaming industry have been reported.

Behavior and Health-Related Morbidities: Those employed in the gaming industry, particularly shift workers with sleep disorders, have an increased risk for behavioral and health-related morbidities including ulcers, absenteeism, depression, accidents, and altered participation in family and social activities (Drake, Roehrs, Richardson, Walsh, & Roth, 2004).

Unhealthy Behaviors: In addition, casino employees have a higher prevalence of pathological gambling, smoking, alcohol use, and depression as compared to the general adult population (Shaffer, Vander Bilt, & Hall, 1999).

Occupational Health: Gaming workers also report other occupational health concerns such as repetitive strain injuries, stress, insomnia, hearing loss, and exposure to secondhand smoke (Keith et al., 2001). The majority of casinos in Colorado are smoke-free as a result of the 2008 House Bill 1269, which made all non-tribal casinos smoke-free (Americans for Nonsmokers' Rights, n.d.).

Economic Benefits: Tourism and economic implications of gaming were also noted in the literature. Gaming has been utilized as an approach to stimulate economic development throughout the United States (Rephann, Dalton, Stair, & Isserman, 1997). Some gaming communities have reported rises in tourism activities and related revenues (Kansas Health Institute, 2012). The degree to which residents of gaming communities also experience this economic growth is conflicting. In the *Gambling Impact and Behavior Study*, gaming communities did not see an increase in per capita income (Gerstein et al., 1999). This suggests that while gaming communities may gain jobs, the jobs are not necessarily jobs that can result in a net improvement in standard of living. In contrast, a study in *Tourism Economics* found that gaming resulted in a per capita income increase (Rephann, Dalton, Stair, & Isserman, 1997). Additional economic implications noted in the literature included small declines in unemployment rates, unemployment insurance, and welfare spending among gaming communities (Kansas Health Institute, 2012). Finally, economic and tourism growth were noted to also spur population growth. Community health concerns related to this population growth can include increases in traffic volume, infrastructure planning, and potentially crime (Kansas Health Institute, 2012).

Gambling Addiction: Problem and pathological gambling were also major themes in the rapid review of literature. Communities that have access to gambling see higher rates of problem and pathological gambling (Gerstein et al., 1999; Welte, Tidwell, Barnes, Hoffman, & Wieczorek, 2016). Pathological gambling has been associated with higher rates of child abuse and neglect, domestic violence, divorce, job and financial problems, poor health, and involvement with the criminal justice and legal systems (Gerstein et al., 1999; Kansas Health Institute, 2012). In addition, pathological gambling can result in the development of stress-related health conditions, mental health disorders, impaired decision-making, and troubled interpersonal relationships (Fong, 2005). It is estimated that problem and pathological gamblers cost society \$5 billion annually in the United States alone (Gerstein et al., 1999).

Potential Community Impact: Lastly, the rapid review identified a 1996 survey-based study out of the University of Colorado at Boulder that evaluated the early impacts of gambling on community life in Cripple Creek and three other rural communities (Long, 1996). Although this

study is over twenty years old, for historical perspective it is worth noting the impacts gaming had on the Cripple Creek community at that time. Perceptions of gaming were generally mixed. Study participants felt that crime had increased due to gaming and were concerned about crowding and noise within the community. There was also concern that residents would have less political influence on local government and that residents were moving away because of the gaming industry. Despite these concerns, study participants generally perceived gaming as having a positive impact on the local economy and employment opportunities (Long, 1996).

Appendices E - H are available: <http://www.co.teller.co.us/publichealth/>

Appendix E: Nominal Group Technique Materials

- Nominal Group Technique Presentation
- Nominal Group Technique Process Guide (Agenda)
- Nominal Group Technique Workbooks
- Nominal Group Technique Results
- Nominal Group Technique Handout: Data

Appendix F: Key Informant Interview Materials

- Key Informant Interview Guide
- Key Informant Interview Codebook
- Key Informant Interview Results

Appendix G: Community Survey

Community survey Instrument

- Community Survey Flyer
- Community Survey Codebook
- Community Survey Results

Appendix H: Prioritization Event

- Prioritization Event Agenda
- Prioritization Handout: Strengths and Assets
- Prioritization Handout: Ranking Criteria
- Prioritization Health Issues Presentation Student Team