

2017 Community Health Needs Assessment

Research Report



St. Anthony
Summit Medical Center



Overview of Contents

Overview	<u>7</u>
Key Expert and Practitioner Survey	<u>16</u>
Executive Summary	<u>17</u>
Detailed Results	<u>20</u>
Public Survey of English Speakers	<u>50</u>
Executive Summary	<u>51</u>
Detailed Results	<u>57</u>
Survey of Spanish Speakers	<u>78</u>
Executive Summary	<u>79</u>
Detailed Results	<u>82</u>
English and Spanish Focus Groups	<u>103</u>
Executive Summary	<u>104</u>
Detailed Results	<u>107</u>
Review of Existing Data	<u>127</u>
Appendix - Methodologies	<u>182</u>

Index by Topic

Access to Health Care	25 , 26 , 29 , 40 , 45 , 46 , 62 , 70 , 71 , 88 , 106 , 111 , 112 , 113 , 119 , 126 , 138 , 141 , 143 , 148 , 153 , 168 , 169 , 170
ADD/ADHD	32
Alcohol	19 , 32 , 33 , 34 , 35 , 36 , 37 , 38 , 39 , 42 , 54 , 69 , 75 , 95 , 100 , 107 , 115 , 116 , 117 , 121 , 137 , 146 , 147 , 148 , 152 , 163 , 168 , 169 , 170 , 173 , 177
Alzheimer's	19 , 32 , 34 , 37 , 38 , 42 , 69 , 95
Anger or Oppositional Defiance	32 , 54 , 69 , 95 , 115
Anxiety	19 , 32 , 33 , 34 , 35 , 36 , 37 , 38 , 54 , 69 , 75 , 81 , 95 , 100 , 108 , 115 , 116 , 120 , 121 , 122 , 123 , 124 , 125 , 146 , 147 , 163
Autism	32 , 33 , 69 , 95
Bipolar Disorder	32 , 33 , 69 , 95
Cancer	63 , 89 , 111 , 147
Childhood Vaccination	75 , 100 , 147
Clean Air and Water	63 , 89 , 148 , 173
Cost of Living	40 , 45 , 113 , 123 , 136 , 137

Index by Topic

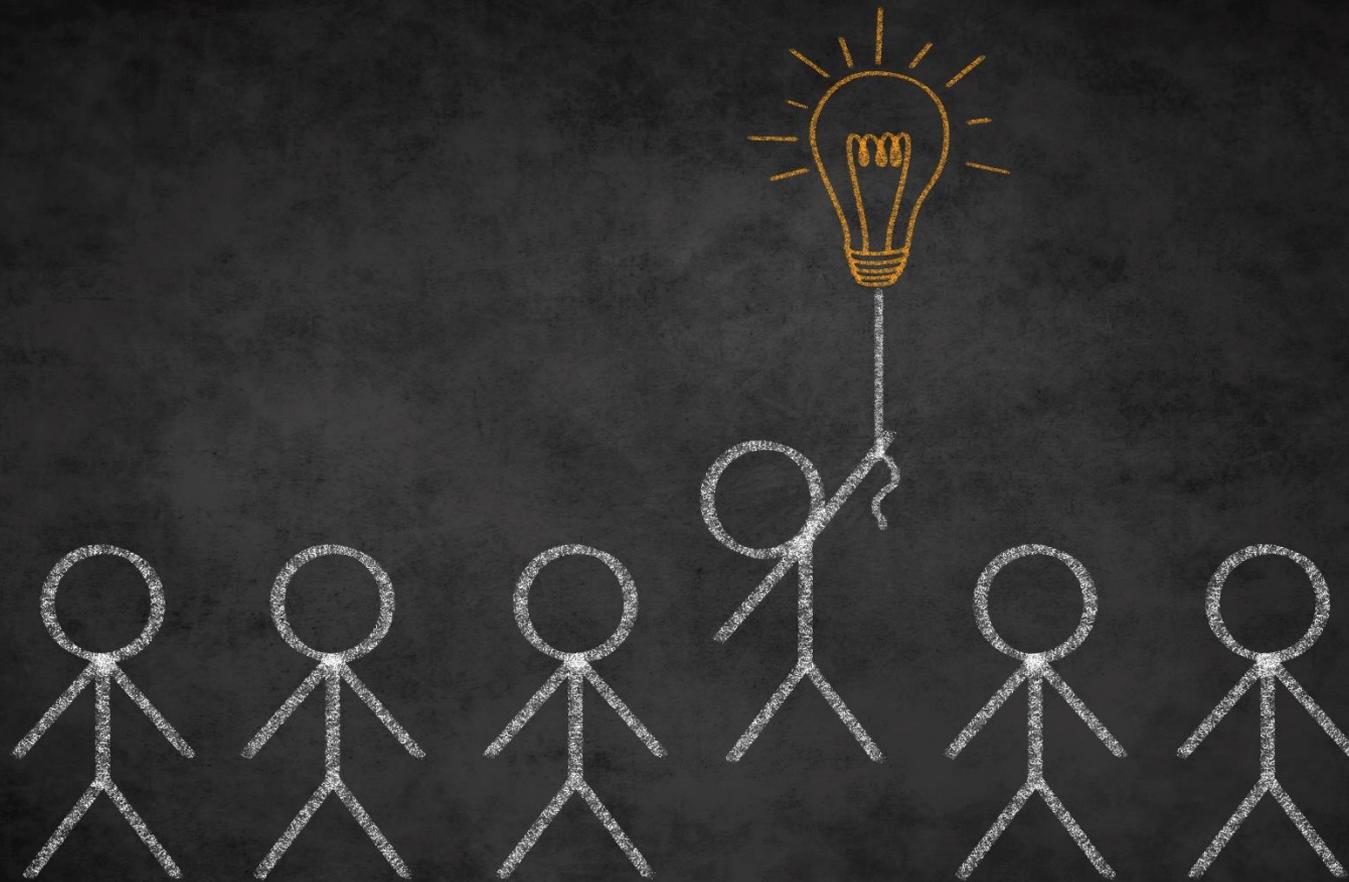
Issue	Page
Eating Disorders	32 , 69 , 95
Exercise	19 , 26 , 27 , 28 , 55 , 75 , 81 , 100 , 138 , 147 , 148
Health Coverage	45 , 73 , 74 , 98 , 99 , 108 , 113 , 138 , 144 , 147
Heart Disease	63 , 89 , 147
Household Incomes	49 , 53 , 61 , 62 , 69 , 88 , 132 , 135 , 138 , 141 , 143 , 148
Housing/Transportation	62 , 88 , 148
Illegal Drug Dependence	32 , 33 , 37 , 38 , 41 , 69 , 95 , 115 , 116 , 117 , 171 , 173
Impaired Driving	75 , 100 , 146 , 170 , 176
Infectious Disease Prevention	63 , 89
Injury Prevention	19 , 26 , 28 , 63 , 75 , 89 , 100
Language	82 , 83 , 84 , 85 , 86 , 87 , 88 , 89 , 90 , 91 , 92 , 93 , 94 , 95 , 96 , 97 , 98 , 99 , 100 , 101 , 102 , 105 , 106 , 107 , 108 , 112 , 116 , 118 , 119 , 124 , 126 , 131 , 134 , 135
Major Depression	19 , 32 , 33 , 34 , 35 , 36 , 37 , 38 , 40 , 54 , 67 , 69 , 75 , 81 , 95 , 100 , 107 , 108 , 115 , 120 , 121 , 122 , 123 , 124 , 125 , 126 , 142 , 146 , 147 , 163

Index by Topic

Issue	Page
Marijuana Dependence	32 , 33 , 38 , 42 , 54 , 69 , 76 , 81 , 95 , 101 , 107 , 115 , 116 , 146 , 147 , 171 , 172 , 173 , 174 , 175 , 176 , 177
Mental Health (General)	25 , 47 , 48 , 49 , 61 , 63 , 66 , 70 , 71 , 89 , 91 , 96
Non-Opioid Prescription Drug Dependence	38 , 69 , 77 , 95 , 102 , 116 , 171
Nutrition	19 , 26 , 27 , 28 , 55 , 75 , 88 , 100 , 147
Obesity	63 , 75 , 81 , 89 , 100 , 138 , 147 , 148
Obsessive Compulsive Disorder	32
Opioid Prescription Drug Dependence	19 , 32 , 33 , 34 , 35 , 36 , 37 , 38 , 41 , 42 , 43 , 69 , 77 , 95 , 102 , 115 , 116 , 171 , 173 , 177 , 178 , 179 , 180 , 181
Oral Health	63 , 75 , 89 , 100 , 113 , 148
Post-Traumatic Stress Disorder (PTSD)	32 , 33 , 38 , 54 , 69 , 95
Pregnancy	63 , 89 , 147
Preventative Screenings	22 , 46 , 75 , 100
Quality of Life	34 , 35 , 36 , 37 , 53 , 61 , 62 , 81 , 86 , 87 , 88 , 148

Index by Topic

Issue	Page
Safe Food	63 , 89 , 148
Safe Sex	75 , 100
Schizophrenia	33 , 33 , 37 , 69 , 95
Seat Belt Use	75 , 100
Seniors	61 , 65 , 133 , 150
Social Connections	49 , 62 , 88 , 146 , 148
Substance Abuse (General)	25 , 26 , 30 , 39 , 47 , 48 , 49 , 63 , 67 , 75 , 89 , 93 , 121 , 146 , 168 , 169
Suicide	40 , 67 , 93 , 115 , 119 , 161 , 162 , 163 , 164 , 1665 , 166 , 167
Tobacco Dependence	32 , 33 , 38 , 53 , 54 , 63 , 69 , 75 , 81 , 89 , 95 , 137 , 147 , 148 , 173 , 177
Use of Violence	32 , 33 , 38 , 41 , 42 , 46 , 49 , 53 , 63 , 69 , 88 , 89 , 95 , 100 , 151 , 152 , 153 , 154 , 155 , 156 , 157 , 160 , 164
Youth	45 , 49 , 53 , 61 , 62 , 65 , 75 , 76 , 83 , 88 , 100 , 101 , 112 , 113 , 133 , 146 , 158 , 159 , 160 , 174 , 177



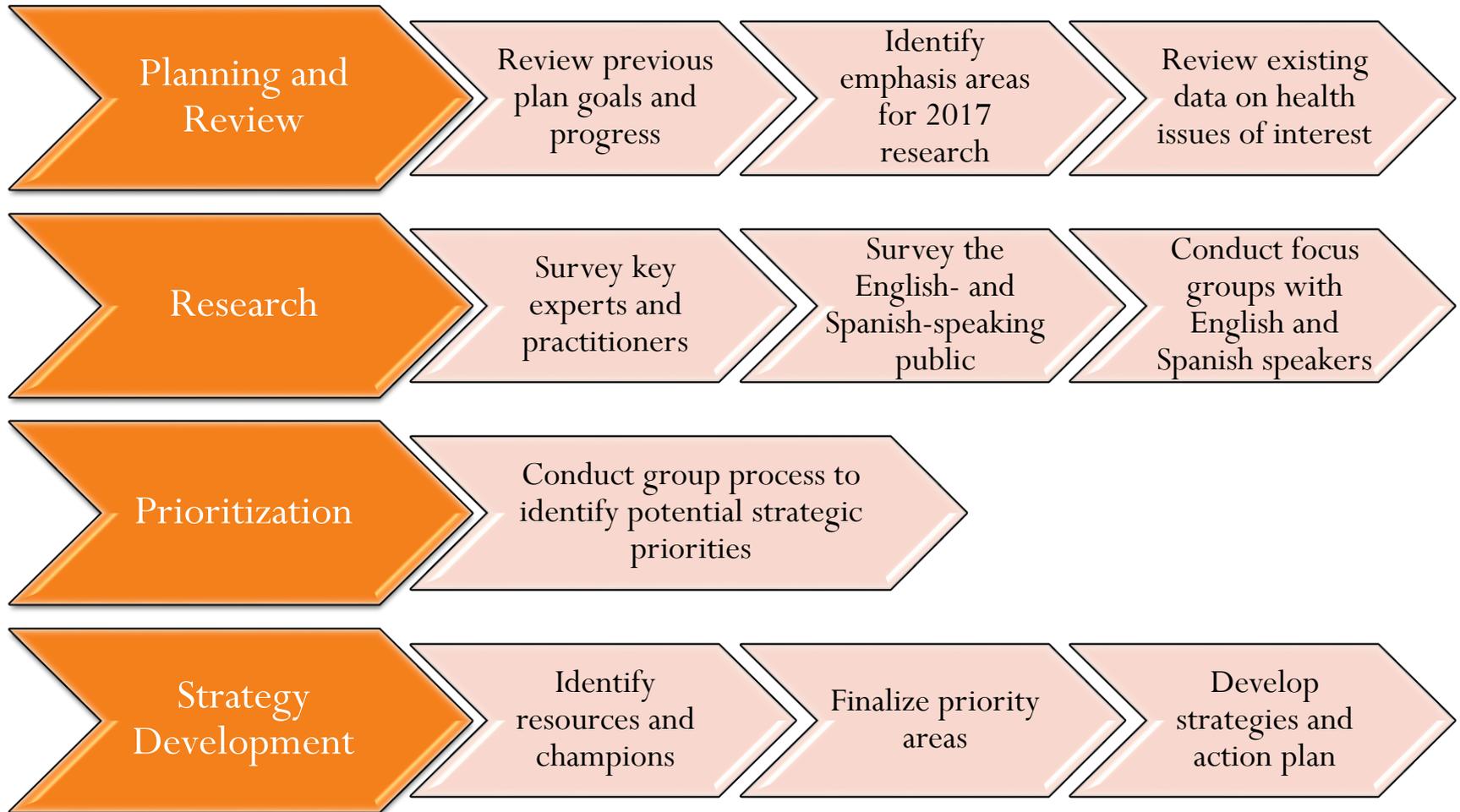
Overview

Goal and Context

The 2018-2022 Community Health Needs Assessment (CHNA) was conducted for the purpose of developing a five-year Community Health Improvement Plan for public health improvement in Summit County.

This took place via a four-phase (ten-step) process, as described on the next four pages.

Strategy Development Process



Process Description – Phase 1

Phase	Step	Description
1 – Planning and Review	1a – Review previous plans and goals	A steering committee of key experts and practitioners met to review the previous plan and goals.*
	1b – Identify emphasis areas for 2017 research	In the review process, the committee observed that mental health was frequently a priority issue, but was addressed broadly. In the 2017 study, the committee decided to emphasize mental health as a research priority to better understand this issue.
	1c – Review existing health data	The committee produced existing data and research documents on public health issues. Corona Insights, the research consultant, reviewed the various documents.

*Throughout this report, various steps involved “key experts and practitioners.” This was not a rigidly defined group, as different people participated in different phases.

Process Description – Phase 2

Phase	Step	Description
2 – Research	2a – Survey key experts and practitioners	A total of 26 key experts and practitioners in the community responded to a survey to examine progress on key issues from the previous plan, and to provide input on mental health issues. (These practitioners included, but were not limited to, members of the steering committee.)
	2b – Survey the English and Spanish-speaking public	A scientifically valid survey was conducted of 400 English-speaking residents of the county. A similar public input survey was conducted among a convenience sample of 88 Spanish-speaking residents of the county who used various public health services.
	2c – Conduct focus groups with English and Spanish speakers	Two focus groups were conducted with community members, one in English and one in Spanish. Participants were recruited from respondents to the surveys above.

Process Description – Phases 3 and 4

Phase	Step	Description
3 – Prioritization	3a – Survey key experts and practitioners	Over 30 key experts and practitioners in the community came together in a half-day retreat to review the detailed data and identify top priority areas for the Community Health Improvement Plan.
4 – Strategy	4a – Identify resources and champions 4b – Finalize priority areas 4c – Develop strategies and action plans	Approximately 30 key experts and practitioners in the community came together in a second half-day retreat to review the resources and capabilities available to address the top priority areas, and to identify strategies to address those priority areas. Upon identifying strategies, the group developed action plans to move forward for the next five years.

Reporting – Three reports



Planning Stage

In this phase of the project, the steering committee came together to discuss the general concept of the process. The primary outcome, as mentioned earlier, was a decision to develop a deeper understanding of the myriad issues that fall under the umbrella of “mental health and substance abuse.”

While the study gathered information and considered priorities on a number of issues, and those issues were considered with equal care, the research process in the 2017 study provided more detail than did past studies on the various issues that collectively comprise mental health and substance abuse.

Research Topic Areas

The study examined numerous topics, as shown below and documented in the research report.

Access to Health Care

ADD/ADHD

Alcohol

Alzheimer's

Anger or Oppositional Defiance

Anxiety

Autism

Bipolar Disorder

Cancer

Childhood Vaccination

Clean Air and Water

Cost of Living

Eating Disorders

Exercise

Health Coverage

Heart Disease

Household Incomes

Housing/Transportation

Illegal Drug Dependence

Impaired Driving

Infectious Disease Prevention

Injury Prevention

Language

Major Depression

Marijuana Dependence

Mental Health (General)

Non-Opioid Prescription Dependence

Nutrition

Obesity

Opioid Prescription Dependence

Oral Health

Physical Activity and Nutrition

Post-Traumatic Stress Disorder (PTSD)

Pregnancy

Preventative Screenings

Quality of Life

Safe Food

Safe Sex

Schizophrenia

Seat Belt Use

Seniors

Social Connections

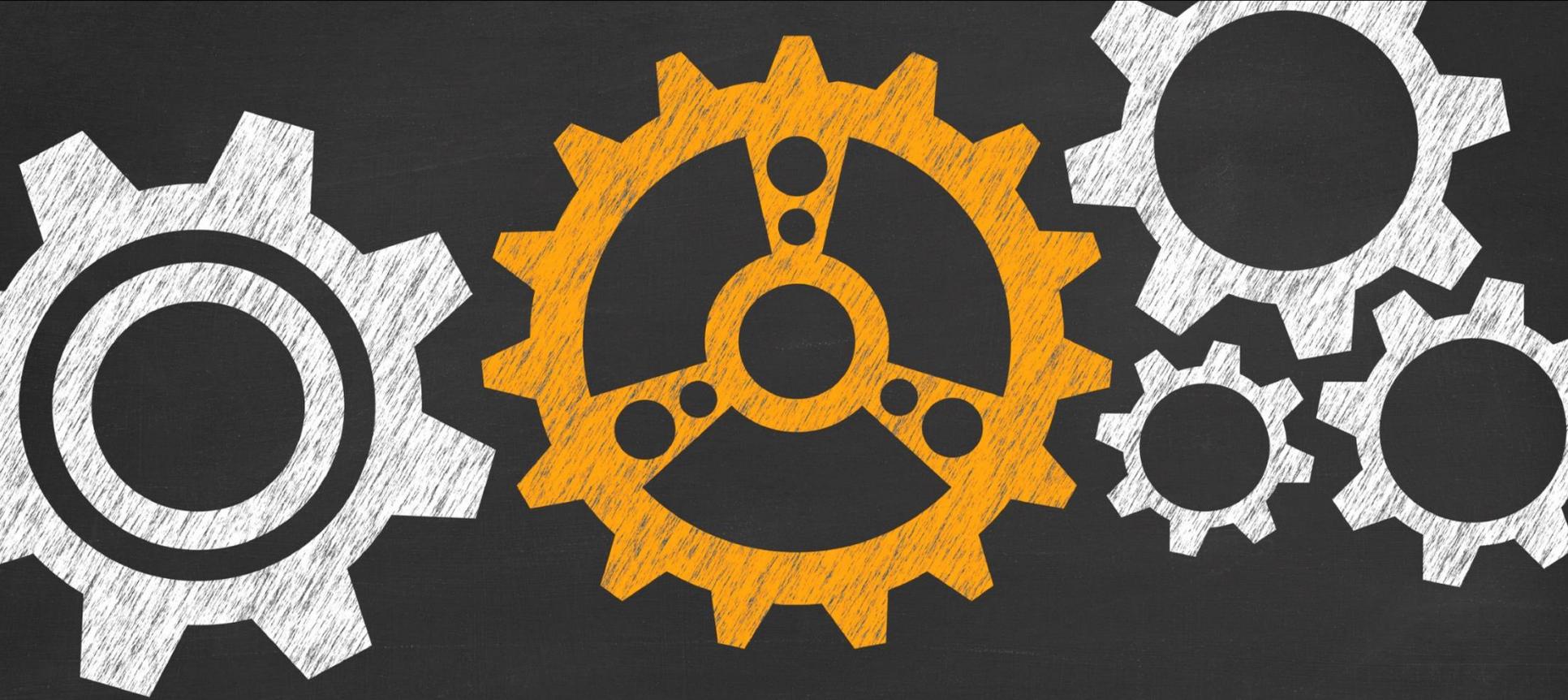
Substance Abuse (General)

Tobacco Dependence

Tobacco Use

Use of Violence

Youth



Key Local Expert and Practitioner Survey



Executive Summary – Key Expert Survey

Overview

As part of the data-gathering process for the 2018-2022 Community Health Needs Assessment (CHNA), Corona Insights conducted a survey of key health leaders in the Summit County community in late September/early October 2017.

This survey was designed to understand their perceptions regarding the progress that has been made in key areas since the 2012-2017 CHNA, and the areas where more focus is needed in the coming years. The research team used the results of this survey to inform the overall CHNA process and, in particular, the design of the public survey conducted in November 2017.

In total, 26 community health leaders responded to the survey, and a full description of the methodology used is included in the [appendix](#).

Key Findings

- **Mental health and substance abuse clearly remain top priorities for Summit County.** Even before being presented with specific potential priorities to consider, respondents frequently mentioned mental health and substance abuse as a top priority. In addition, access to health care was also believed to be a high priority for the County.
 - > Supporting this pattern, many believed that the situation in Summit County has improved in the past five years with regard to physical activity and nutrition, as well as injury prevention, but responses were more mixed with regard to access to health care and behavioral health and substance abuse.
- **Alcohol use, major depression, anxiety, and opioid use were all believed to be relatively common in Summit County and had major impacts on those affected by them.** While other issues, such as Alzheimer's disease, cocaine use, and meth use were believed to have major impacts, they were relatively uncommon, making them a lower priority to address.
- **Most believed that the County's support would be most beneficial to care providers.** Respondents generally preferred early intervention strategies to improve mental health, so they felt that resources allocated to mental health facilities and general health facilities would have the most positive impact.



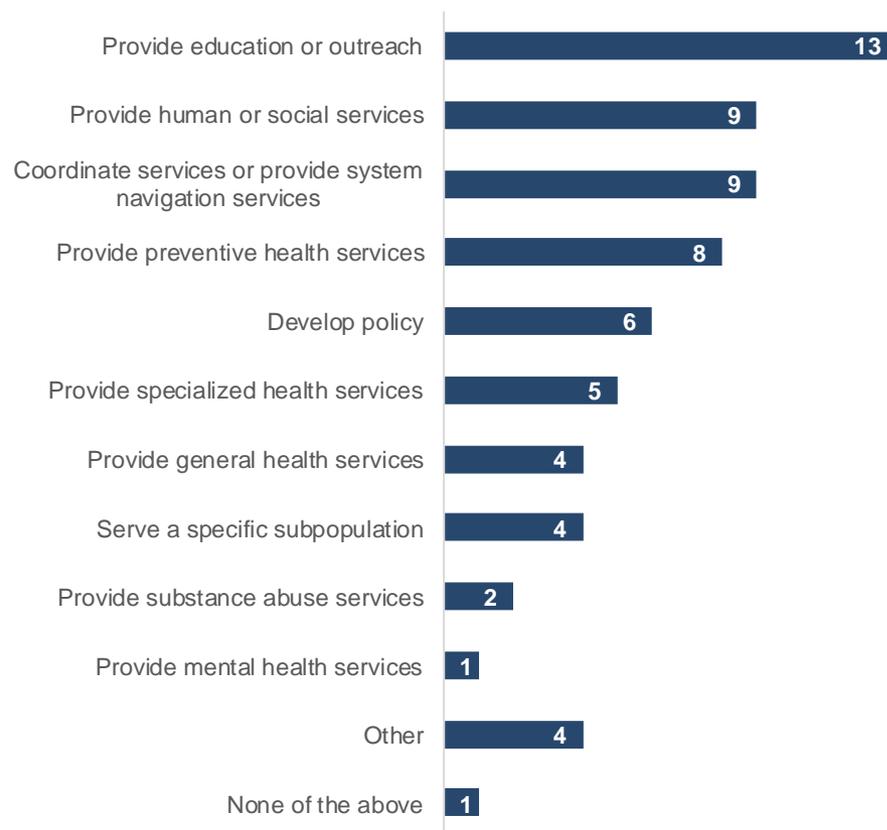
Detailed Results – Key Local Expert Survey

Respondent Profile

Respondents were primarily educators or providers of system navigation, health services, or social services

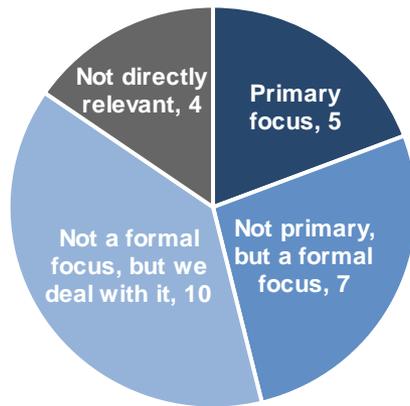
- ➔ Survey respondents tended to wear many different hats, as evidenced by the variety of organizational roles selected.
- ➔ However, the most common roles were providing education or outreach, providing human or social services, coordinating services, or providing preventive health services.
- ➔ In addition to those listed in the survey, “other” roles mentioned by respondents included workplace wellness, municipal government, emergency response, and coroner services.

Organization Roles

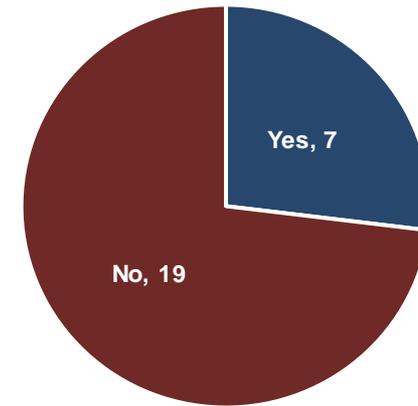


Roughly one in four respondents provided mental health services

Focus on Mental Health and Substance Abuse



Provides Mental Health and Substance Abuse Services



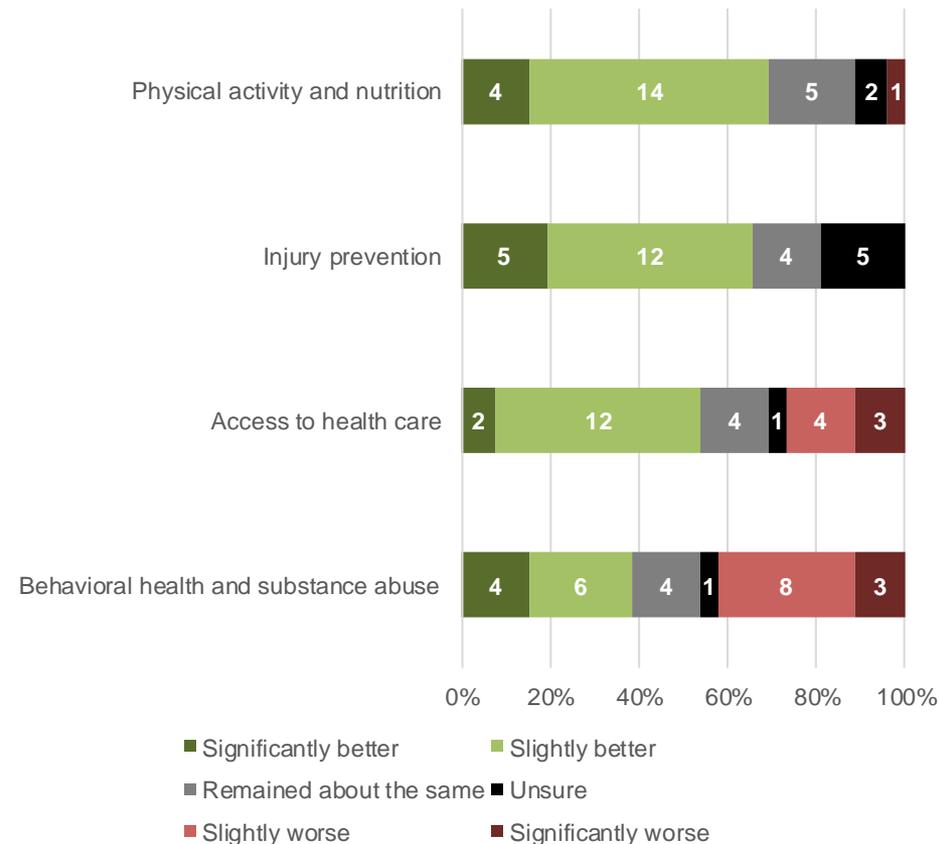
- ➔ Of the 26 survey respondents, 7 provided mental health and substance abuse services.
- ➔ However, even among those who did not provide services, a majority (22 out of 26) said that they at least deal with mental health and substance abuse issues even if it is not a primary focus of their organizations.

Progress on 2012-2017 Priorities

Respondents believed that progress has been made in all areas except behavioral health and substance abuse

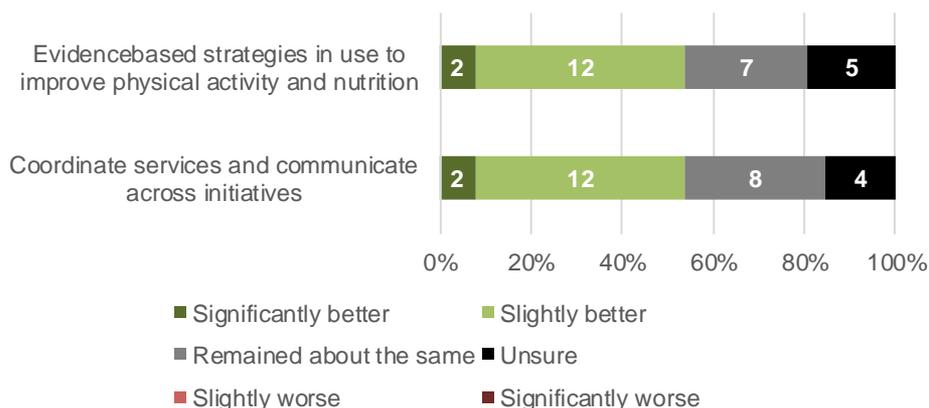
- ➔ A majority of respondents believed that the situation has gotten at least “slightly better” in Summit County with regard to physical activity and nutrition, as well as injury prevention.
- ➔ Though perceptions of access to health care were somewhat mixed, more believed that the situation has improved than believed it has declined.
- ➔ However, respondents were split with regard to behavioral health and substance abuse, with roughly the same number believing this area has gotten better as believing it has gotten worse.

Perceived Progress on Priorities

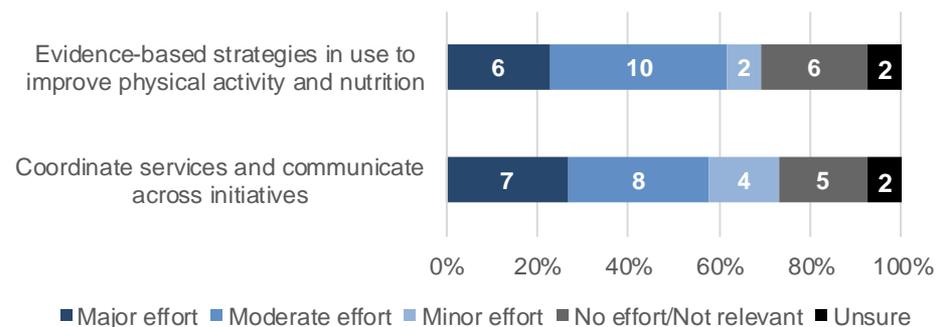


Respondents generally believed that progress has been made in both areas of physical activity and nutrition

Perceived Progress on Activity and Nutrition



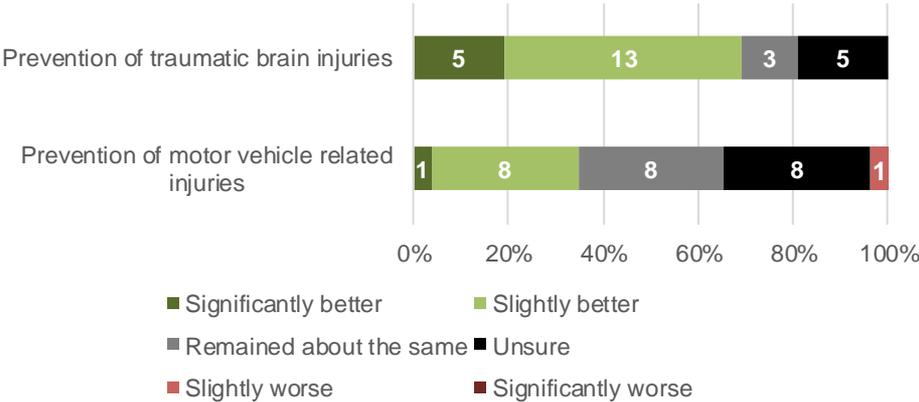
Perceived Effort on Activity and Nutrition



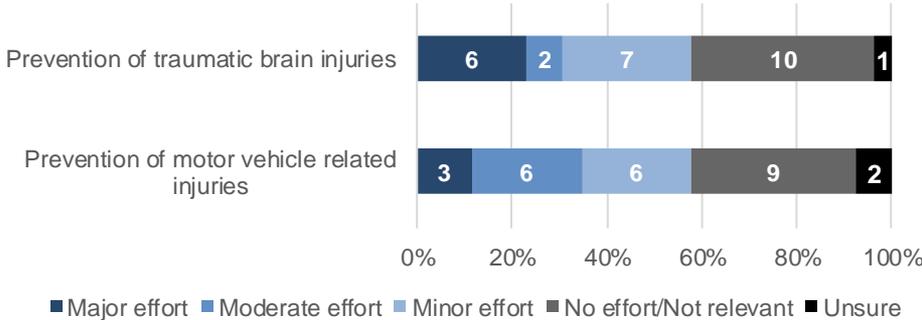
- ➔ Around half of respondents said that their organizations had put at least “moderate effort” toward both evidence-based strategies to improve physical activity and nutrition, as well as coordinating services across initiatives.
- ➔ Respondents also generally believed that the situation has gotten at least “slightly better” in most of these areas.

Fewer respondents put significant effort into injury prevention relative to other efforts

Perceived Progress on Injury Prevention



Perceived Effort on Injury Prevention



- ➔ Compared to physical activity and nutrition, only a small number (around one-third) said that they put at least “moderate effort” into injury prevention.
- ➔ Even so, most believed that the situation has gotten at least “slightly better” with regard to preventing traumatic brain injuries. And although many weren’t sure about progress regarding preventing motor vehicle injuries, those who had an opinion generally believed the situation has gotten better.

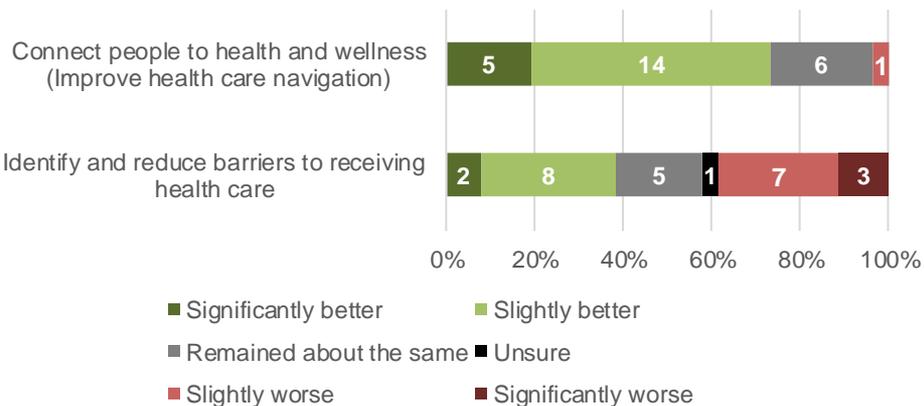


Q7. How has the situation in Summit County changed for the public over the past five years? The situation has [gotten]...

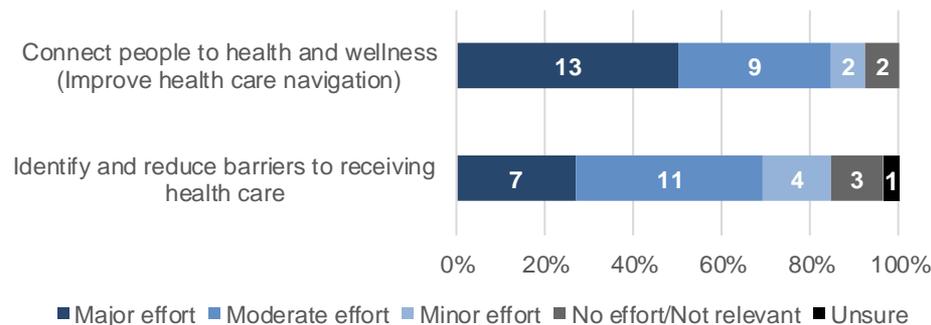
Q8. How much effort do you feel that your organization made during the past five years to address/improve them?

Respondents generally believed that health care navigation has improved, but progress on barriers were mixed

Perceived Progress on Access



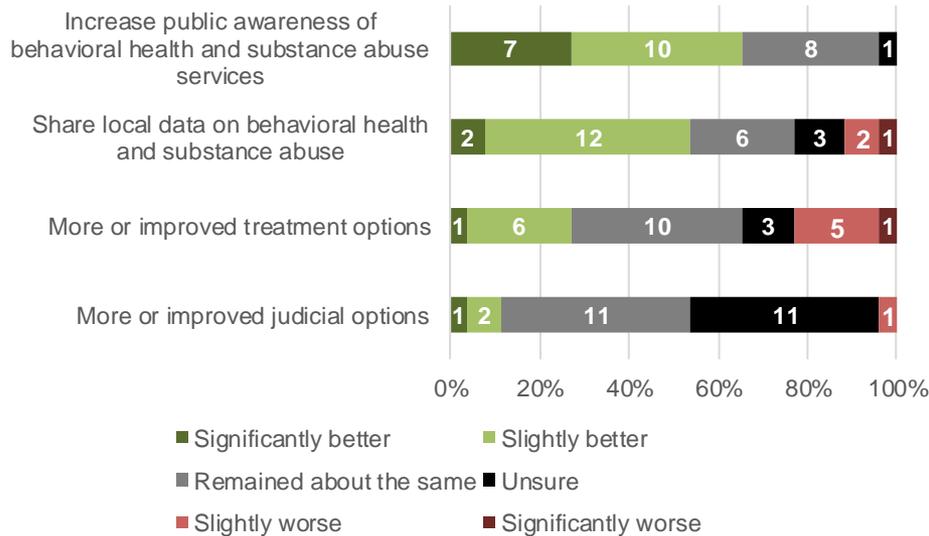
Perceived Effort on Access



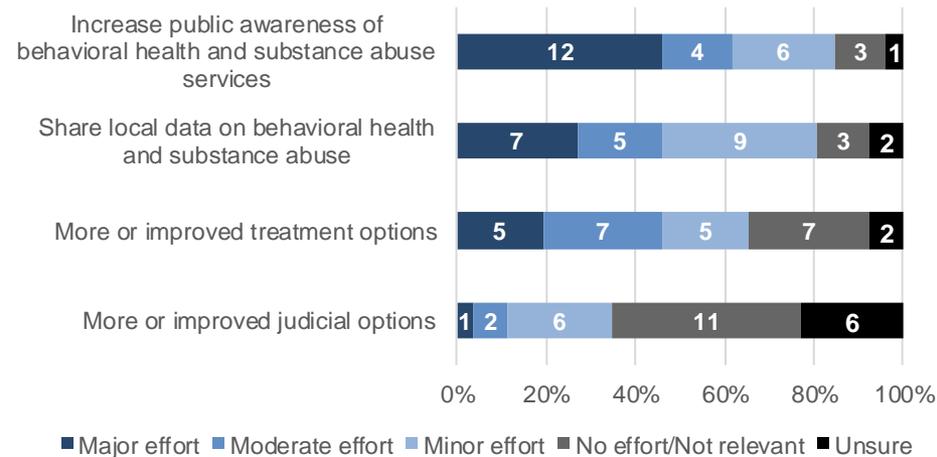
- ➔ Most respondents said that their organization has put at least moderate effort into improving access to health care, and a majority believed that the situation has gotten at least slightly better with regard to health care navigation.
- ➔ However, respondents were mixed with regard to reducing barriers to receiving health care, with as many believing this is an area that has gotten worse as believing it has gotten better.

Despite overall mixed impressions on behavioral health progress, respondents saw improvements in some areas

Perceived Progress on Behavioral Health



Perceived Effort on Behavioral Health



- ➔ In general, respondents believed that the progress made paralleled the efforts being made.
- ➔ In particular, respondents believed that improvements have been made with regard to public awareness and data sharing, but less progress was made with regard to treatment options and judicial options.

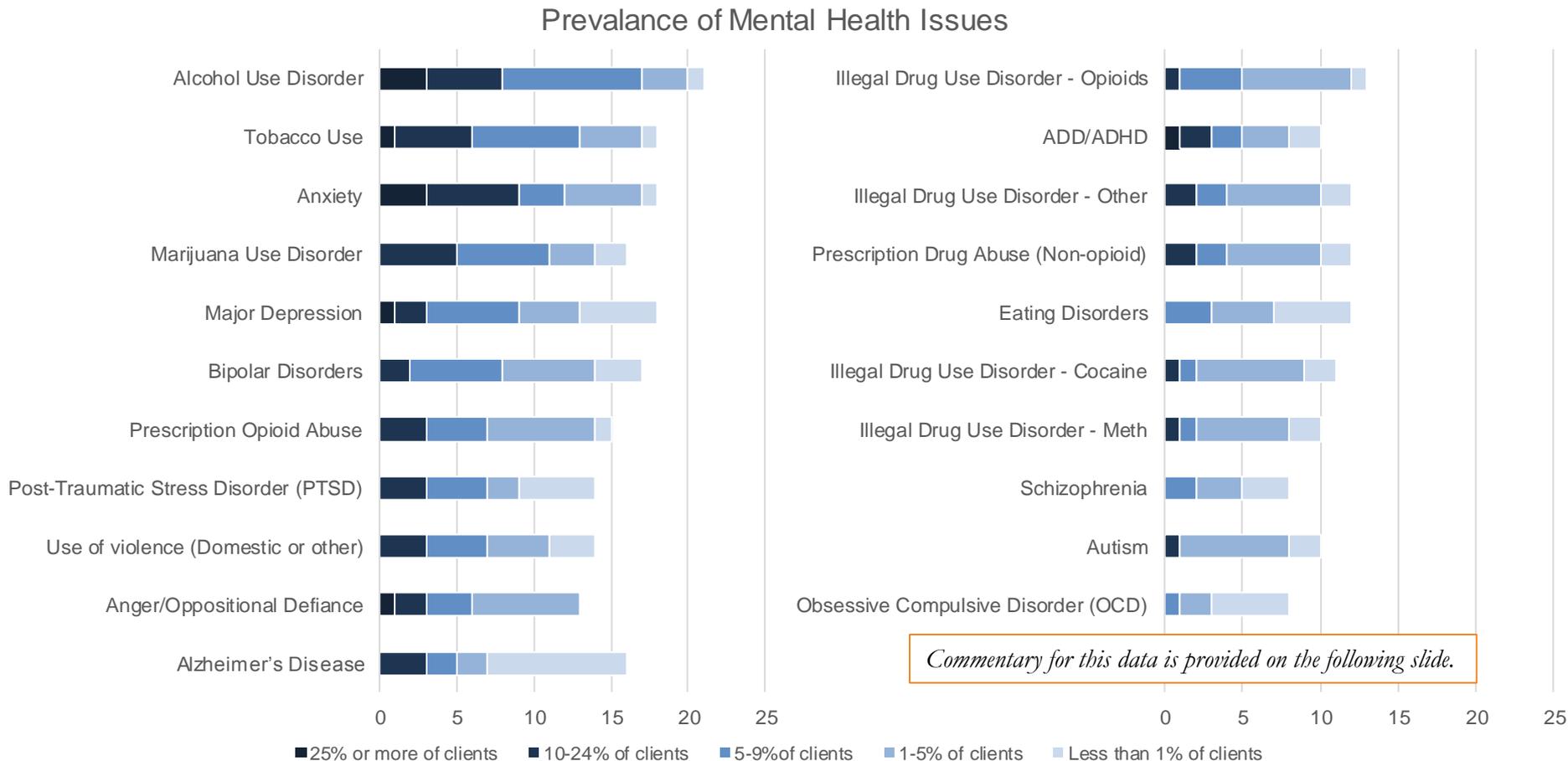


Q5. How has the situation in Summit County changed for the public over the past five years? The situation has [gotten]...

Q8. How much effort do you feel that your organization made during the past five years to address/improve them?

Mental Health and Substance Abuse Priorities

Drug and alcohol use, anxiety, and depression were considered the most prevalent mental health issues



Q11. Based on your best estimate, what proportion of the clients you serve are impacted by the following mental health or substance abuse issues?

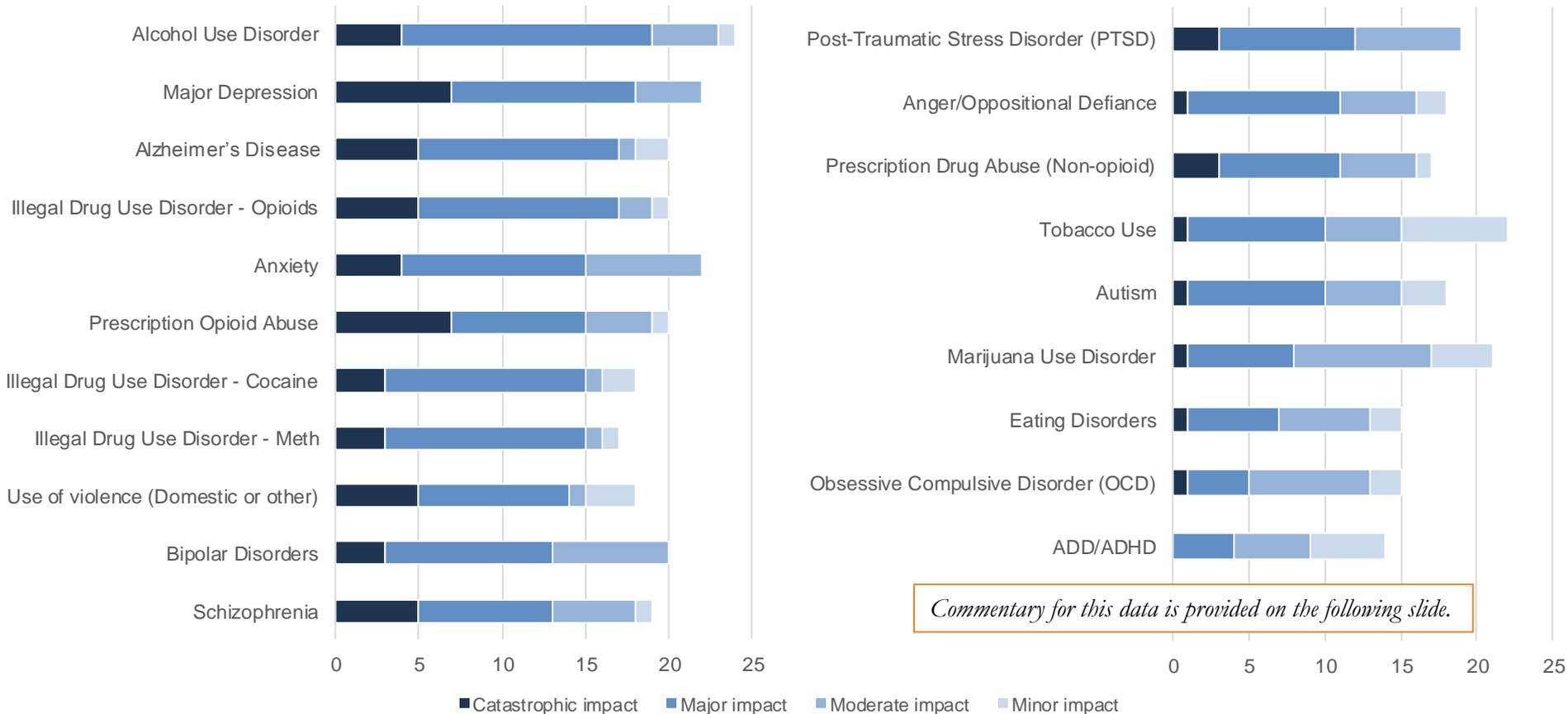
Drug and alcohol use, anxiety, and depression were considered the most prevalent mental health issues

Though many respondents said they “didn’t know” about their clients’ mental health issues (omitted from the charts), the charts are sorted based on the issues most frequently selected as impacting 5% or more of a respondents’ clients.

- ➔ Using this sorting, the most common mental health issues were alcohol use disorder, tobacco use, anxiety, marijuana use disorder, and major depression.
 - > In addition, bipolar disorders, prescription opioid use, PTSD, and use of violence were all relatively common.
- ➔ On the other hand, very few said that many of their clients were impacted by OCD, autism, schizophrenia, or illegal use of meth or cocaine.

Alcohol use, depression, Alzheimer's, anxiety, and opioid use were generally believed to have the biggest impact

Impact of Mental Health Issues



Commentary for this data is provided on the following slide.



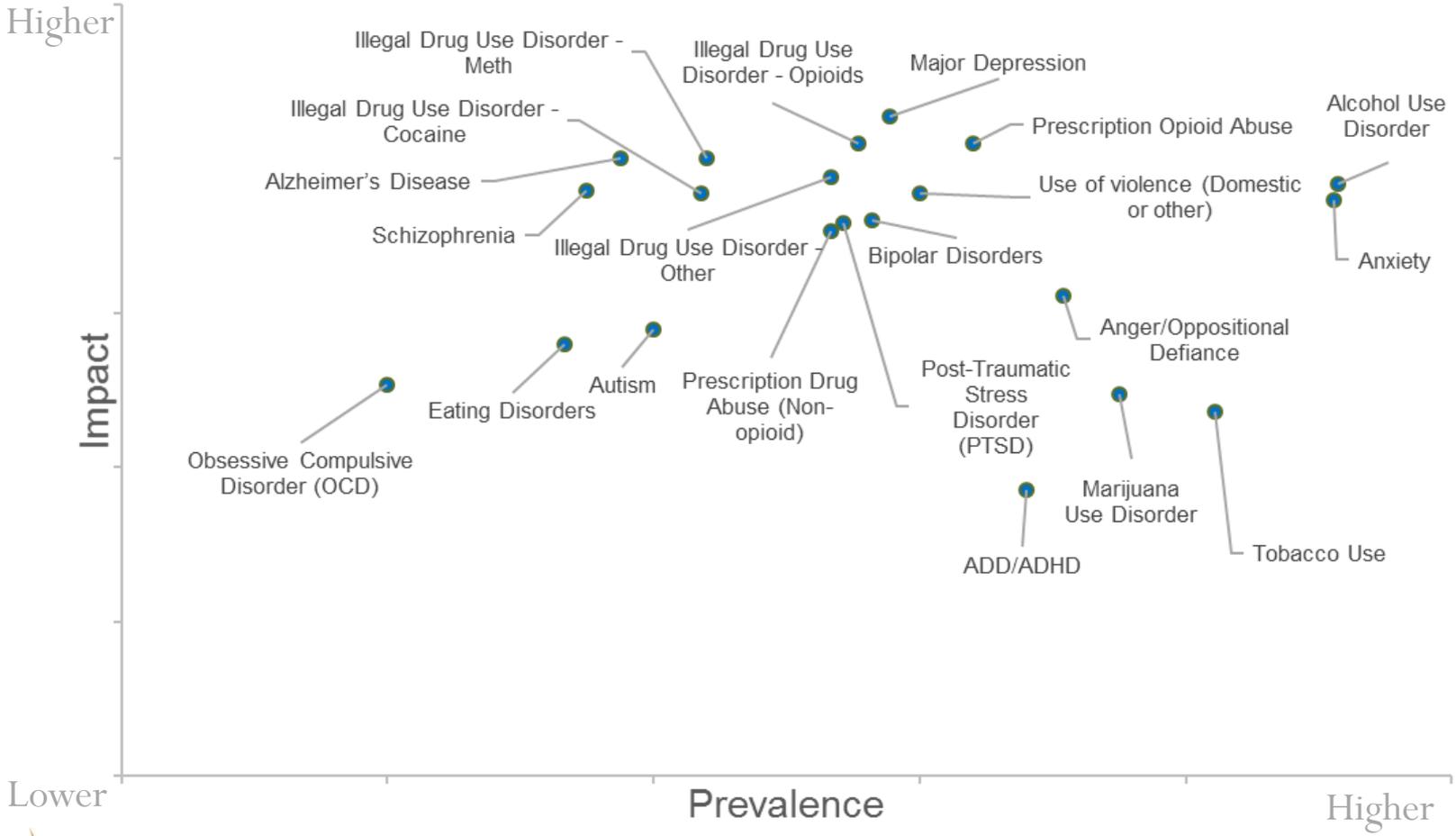
Q12. In your opinion, what is the typical impact on the quality of life for clients who are affected by these issues?

Alcohol use, depression, Alzheimer's, anxiety, and opioid use were generally believed to have the biggest impact

Though many respondents said they “didn’t know” about the impact of mental health issues (omitted from the charts), the charts are sorted based on the issues most frequently selected as having a “major impact.”

- ➔ Alcohol use was clearly viewed as one of the biggest substance abuse issues, as it was both the most frequently occurring issue and was believed to have the greatest impact on those dealing with it. Similarly, major depression, anxiety, and opioid use were all common and had a major impact.
- ➔ While Alzheimer's disease was noted as having a major impact on those affected by it, it is important to note that this was a relatively uncommon issue compared to others noted.

Prevalence Versus Impact



Commentary for this data is provided on the following slide.

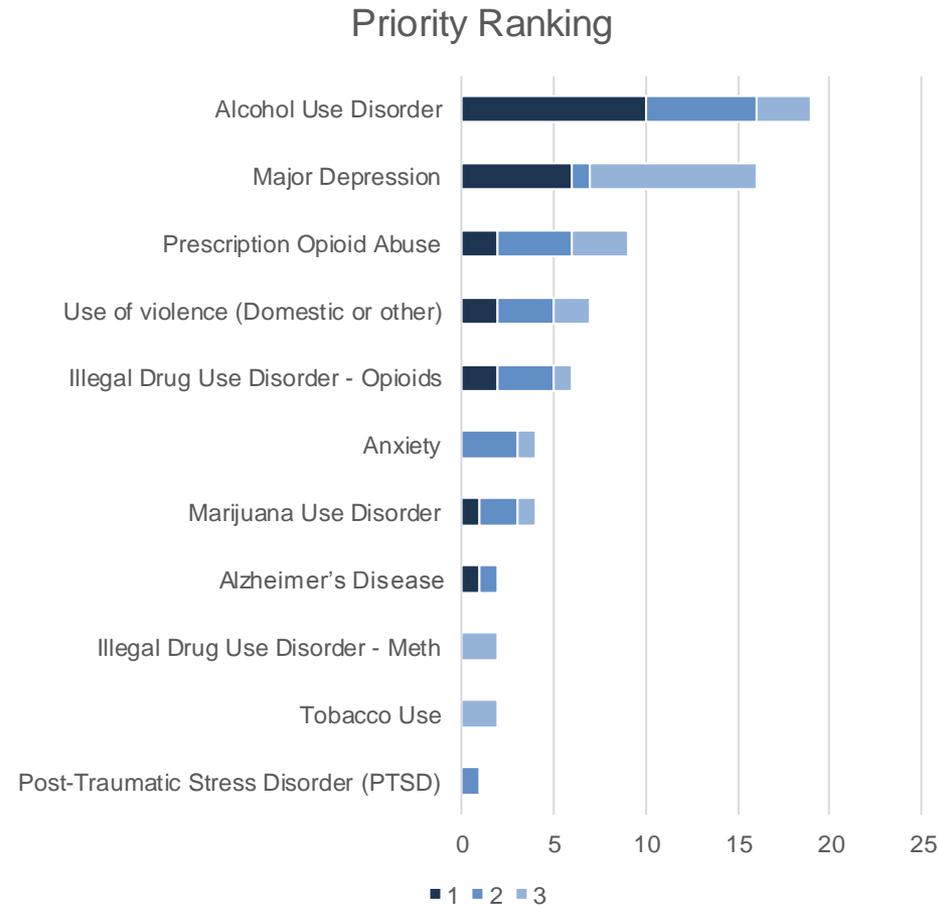
The relationship between impact and prevalence varies

The chart on the previous page is conceptual, and is meant to compare various mental health issues rather than provide direct and measurable figures on impact and prevalence.

- ➔ Four clusters of mental health issues can be discerned from the previous graphic
 - > Alcohol use disorder and anxiety were seen as relatively common, with a significant impact on those they affect.
 - > Depression, opioid use disorder, and illegal drug use were seen as having high impacts, but were less common than the first cluster above.
 - > Alzheimer's Disease and schizophrenia were seen as having large impacts on those they affect, but they're less prevalent than the previous two clusters.
 - > The final cluster consists of all other issues, which varied widely in prevalence but were less impactful on those affected by them.

Respondents widely selected alcohol use and depression as top priorities

- ➔ Out of 26 survey respondents, 10 selected alcohol use as their top priority, and 19 selected this as one of their top three priorities.
- ➔ Similarly, 6 respondents selected major depression as their top priority, and 16 selected this as one of their top three priorities.
- ➔ Though split between prescription use and illegal use, opioid use was also a top priority for respondents.
- ➔ Finally, use of violence was also a top priority for a small group of respondents.



Reasons for Choosing Top Priorities

➔ Alcohol Use Disorder

- “ This was the top priority of the options presented. Anecdotally I know and see the impacts of drinking. These addictions not only impact the user but their families, friends, coworkers and complete strangers (DUI). I also hear that SC has a high number of liquor stores per capita and the drinking rate is high. Drinking can also lead to other addictions.
- “ The use of alcohol is prevalent in our community with both guests and locals. As a result our police department deals in large part with individuals who have consumed alcohol and on many occasions alcohol and some drug. Individuals with underlying mental health issues are often found to be using alcohol and/or other drugs to self medicate.
- “ People who have mental health problems often use alcohol to self medicate, so alcohol is often intertwined with mental health. Alcohol problems affect families and the community at large.
- “ In my time working in Summit County I took care of more alcoholics or acute alcohol abuse related admissions at a significant expense to society than I had in 29 years at my prior location.

This question was open-ended, and representative quotes are provided here.

Q14. You selected _____ as your top priority. Why do you believe this to be the top priority?

Reasons for Choosing Top Priorities

➔ Major Depression

- “ because I believe depression and other mental health disorders can be the precursor to substance abuse.
- “ Because it is a huge contributing factor to suicide, Summit has a high suicide rate, we live in a community that experiences high rates of isolation, long winters, extremely high cost of living, and high levels of substance abuse - all major contributing factors to Major Depression. In my opinion it is our biggest issue
- “ Suicide rate have significantly increased in the past five years. We screen for depression and refer for it frequently.
- “ The majority of the decedents and family members I serve have depression as a negative factor in their lives
- “ The suicide rate here is higher than the state or national average. Depression is treatable if people get access to help.

Reasons for Choosing Top Priorities

➔ Prescription Opioid Abuse

“ We have had high numbers of deaths and arrests and violence associated with opioids abuse

➔ Illegal Drug Use Disorder – Opioids

“ Because it affects a broad population and is not centered on any one age group or demographic.

“ It is an epidemic with not enough treatment options to address to number of addicts.

Reasons for Choosing Top Priorities

➔ Use of Violence

- “ Violence is increasing in our community, drug and alcohol use contribute to most violent occurrences all three need to be addressed
- “ We don't have an affect method in lowering the case of violent in our community

➔ Marijuana Use Disorder

- “ Patient requires more anesthesia and more opioids to control pain

➔ Alzheimer's Disease

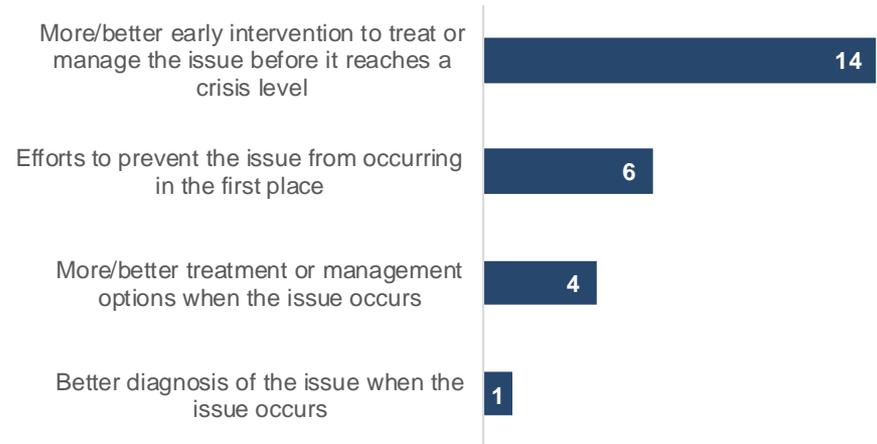
- “ increasing aging population with very little resources

Most respondents believed that early intervention is the most effective strategy for addressing these issues

Though respondents were asked to respond in regard to their top priority, all priorities were combined for this analysis. Trends were generally similar for all individual priorities.

- ➔ Over half of respondents believed that better early intervention to manage an issue is the optimal approach, while prevention and treatment were selected by a smaller group of respondents.
- ➔ Only 1 respondent believed that better diagnosis was the best approach (in this case, with regard to opioid abuse).

Preferred Approach to Management



Mental Health and Substance Abuse Resources and Management

Reasons for stagnating/worsening situation with regard to mental health and substance abuse

- “ Fewer providers. Not enough Spanish speaking providers. People can't afford to get help. Stigma.
- “ Increased financial stress among Summit county combined with system delivery issues.
- “ lack of specialists (Spanish speakers, youth, etc.), transient nature of providers due to high cost of living, lack of providers that take insurance
- “ There are several issues around mental health that seem to have deteriorated over time - stigma has increased or remained the same, access to care has not improved, available resources have not improved, bilingual resources are severely limited. The number of individuals living and visiting Summit County has increased resulting in more individuals needing care.
- “ Low perception of harm and acceptance of substance use among adults and youth. Mental health stigma and low access to treatment
- “ Money and location. SC is a resort community with a number of related problems with employment and a partying culture which needs to be changed.

This question was open-ended, and representative quotes are provided here.

Q16. Earlier in this survey, you mentioned that the situation has _____ for behavioral health and substance abuse in Summit County for behavioral health and substance abuse. What do you think is the major reason for this change?

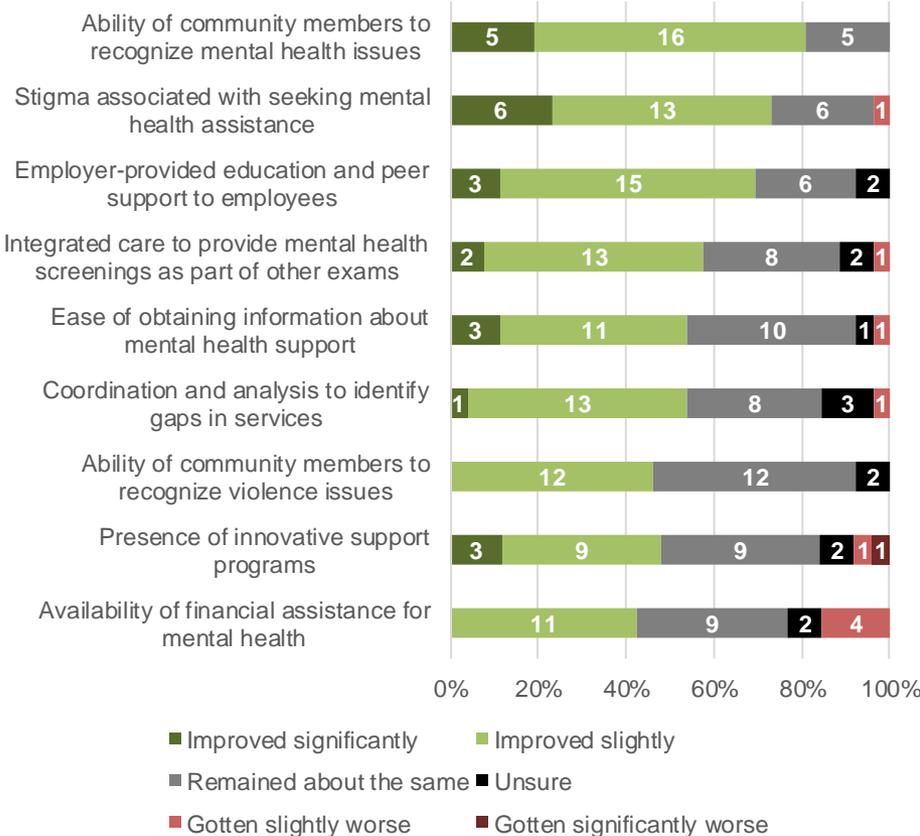
Respondents believed that many areas of mental health have improved in Summit County

➔ In general, most community health leaders surveyed believed that the community’s response to mental health issues has improved in recent years.

> In particular, respondents noted improvements in the ability of the community to recognize issues, the stigma associated with seeking assistance, employer resources, and having mental health screenings as part of other exams.

➔ However, financial assistance, innovative support programs, and recognition of violence issues had somewhat more mixed reactions.

Perceived Community Changes

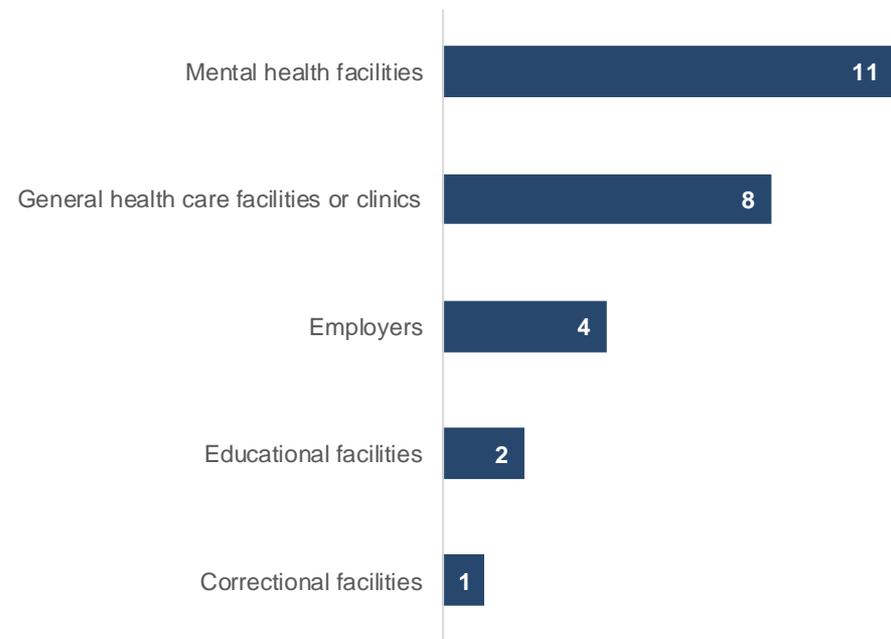


Q17. Over the past five years, how do you think the community’s response to mental health has changed?

Most viewed mental health facilities and general health facilities as having the most need for resources

- ➔ In general, respondents seemed to feel that direct care providers are the most in need of resources to address mental health and substance abuse issues.
- ➔ However, a small number believed that employers, educational facilities, and correctional facilities could use resources as well.
- ➔ While they were offered as a response in the survey, none selected first responders, judicial facilities, or social services providers as being most in need of resources.

Where Resources are Most Needed



Respondents believed that a focus on early intervention and prevention is important for resource allocation

- ➔ When asked why they selected the organization type that most needed additional resources, half of respondents said that a focus on early intervention or prevention was key to their selection.
- ➔ In addition, the ability to diagnose and treat mental health issues was also key for choosing an organization type.

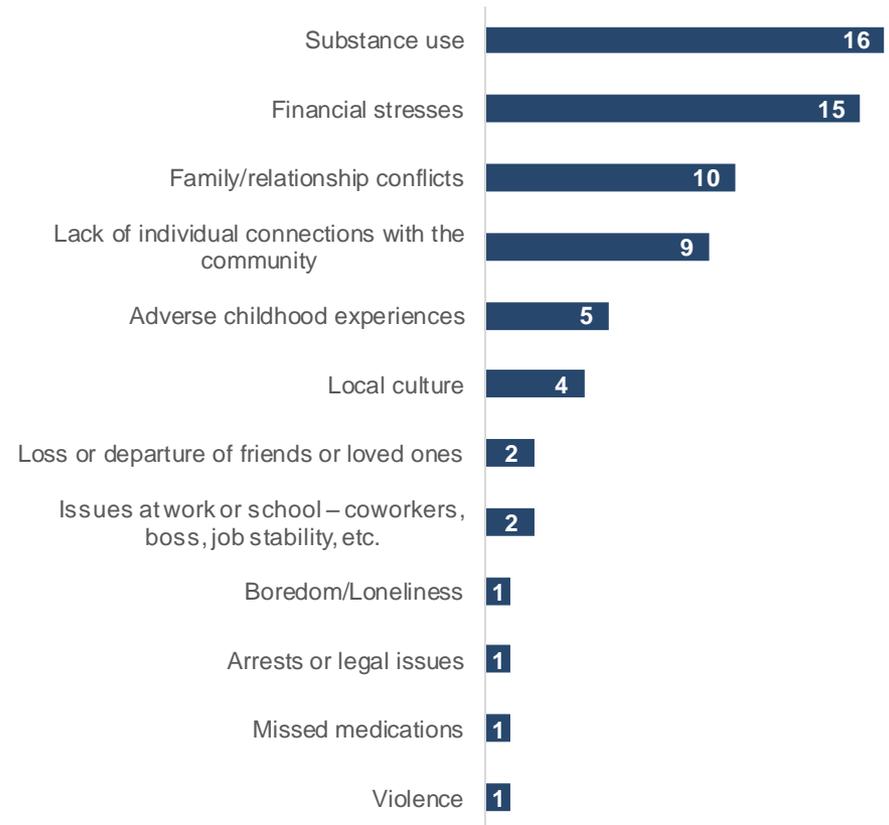
How to Determine Resource Allocation

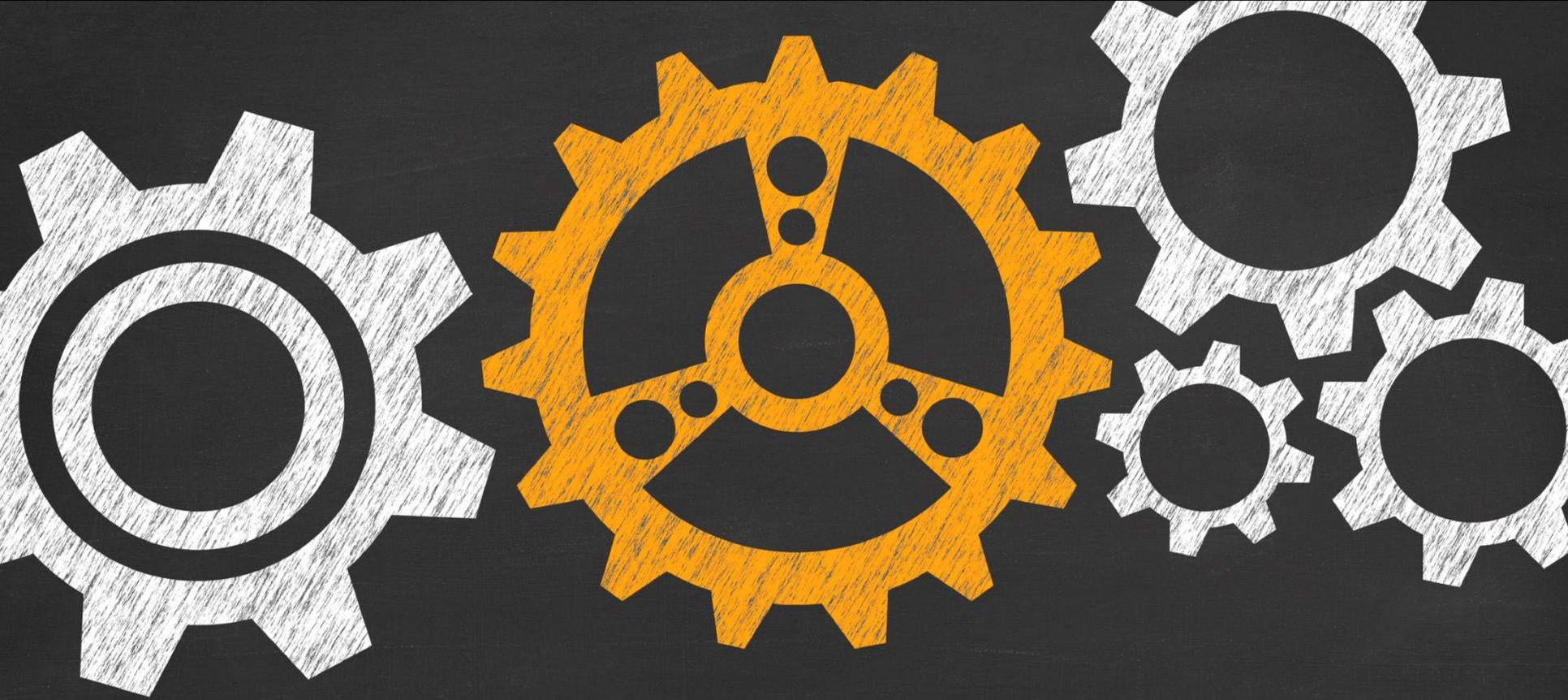


Respondents viewed substance abuse and financial stress as the prominent drivers of mental health issues

- ➔ Over half of respondents selected substance abuse and financial stresses as drivers of mental health issues.
- ➔ In addition, family/relationship conflicts and lack of connections with the community were both frequently selected as top drivers of mental health issues.

Drivers of Mental Health Issues





English-Speaking Public Survey



Executive Summary – English-Speaking Public Survey

Executive Summary: English Public Survey

As part of the data-gathering process for the 2017-2022 Community Health Needs Assessment (CHNA), Corona Insights conducted a survey of the general public in Summit County in November 2017.

This survey was designed to understand public perceptions of the most pressing health needs in Summit County, as well as to measure how prevalent a variety of health issues – particularly mental health issues – are among County residents. The research team used the results of this survey to inform the overall CHNA process and, in particular, the design of the subsequent focus groups conducted in late November and early December 2017.

In total, 400 members of the public responded to the survey, and a full description of the methodology used is included in the [appendix](#).

Executive Summary: English Public Survey

- **Overall, the residents view the quality of life in Summit County as being very good.** However, younger residents, those with lower household incomes, and those with lower education levels all view their quality of life as being lower than their counterparts'. Access to career opportunities, health care, and child care (for those who need it) are areas that can impact quality of life that are lacking in Summit County for some.
- **Many residents believe that the County could do more to address mental health and substance abuse issues.** While most residents felt that the County was doing enough to prevent health issues in most areas, 48% felt that the County could do more with regard to mental health and substance abuse, more than any other area. In addition, significant proportions believed that the County could do more to address tobacco use, unintended pregnancy, and intimate partner violence.
- **Most residents are aware of someone struggling with mental health.** Two-thirds said that they were aware of someone who was struggling with such issues, and 38% had at least one member of their household who had experienced some sort of mental health issue. Younger residents and those with lower household incomes were particularly likely to be aware of people who are struggling with mental health issues.

Executive Summary: English Public Survey

- **Many residents were not aware of where someone should go for a mental health issue.** While most residents believed that a person should go to a hospital, clinic, physician, or Mind Springs (specifically) for help with mental health, 31% simply weren't sure where someone should go. Similarly, among those who had someone in their household who had experienced a mental health issue, 40% never sought care. This lack of awareness of where to go, coupled with the costs involved in obtaining care, were commonly mentioned as barriers to receiving care.
- **Mental health treatments produce positive outcomes in many cases.** Among households where a mental health issues had occurred, a majority of those who did seek care said that it helped.
- **Anxiety is, by far, the most common mental health issue in Summit County.** Over one-fourth of residents (27%) have a household member who had experience anxiety in the past 12 months, while no other issue was even half as common. However, tobacco dependence, marijuana dependence, anger, depression, alcoholism, and PTSD were also experienced by 9-13% of households.

Executive Summary: English Public Survey

- **Aside from mental health, general wellness issues were the most common unhealthy behaviors noted by residents.** In particular, a lack of exercise, unhealthy eating habits, and a lack of regular health screenings were all commonly cited by residents.
- **Lack of exercise and poor nutrition are common health issues.** Nearly one-fourth of people cited each of these as a bad health habit that they engage in.

Additional Files

Along with this report, several supplementary files are available for additional context and detail.

Survey instrument. The full survey instrument used in this study has been provided for reference.

Analysis tables. All results, both overall and by segment, were provided in a separate Excel file. This allows you to see results by question for different segments. Additionally, all open-ended responses are provided verbatim.



Detailed Results – English-Speaking Public Survey

Respondent Profile

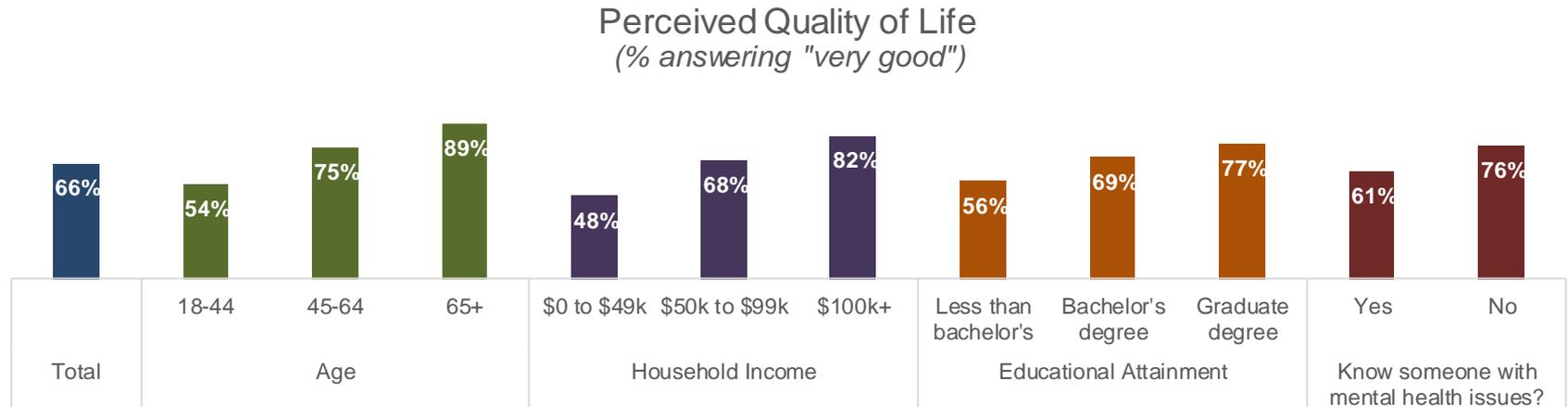
Respondent Profile

➔ The following table summarizes the profile of respondents to the survey. Note that these results have been statistically weighted to better reflect the overall population of Summit County. This survey was conducted in English only; a separate report provides input by Spanish-speaking residents.

Gender		Marital Status		Residency Status	
Male	55%	Single	29%	Full time resident	98%
Female	45%	Married	58%	Seasonal or part-time resident	2%
Age		Family Type		Employment Status	
18-34	34%	Divorced	6%	Working 40 or more hours per week	58%
35-44	18%	Separated	1%	Working less than 40 hours per week	22%
45-54	17%	Widowed	3%	Not employed but looking for work	1%
55-64	17%	Living with a partner	4%	Not employed and not looking for work	19%
65+	14%	Educational Attainment		Household Income	
Ethnicity		Single adult, no kids	19%	\$0 to \$29,999	8%
African American / Black	1%	Multiple adults, no kids	50%	\$30,000 to \$49,999	22%
Asian / Asian American	1%	Single adults with kids	4%	\$50,000 to \$74,999	20%
Hispanic / Latino	7%	Multiple adults with kids	27%	\$75,000 to \$99,999	21%
Native American	3%	Some high school, no diploma or GED		\$100,000 to \$199,999	21%
White	88%	High school diploma/GED	13%	\$200,000 or more	8%
Multi-racial	2%	Some college, no college degree	12%		
Other	1%	Associate's degree	8%		
		Bachelor's degree	40%		
		Graduate/Professional degree	25%		

Quality of Life and Social Determinants

Quality of life in Summit County was higher among those who are older and well-educated



- ➔ Overall, two-thirds (66%) of respondents rated their quality of life in Summit County as being “very good.”
- ➔ However, these ratings were far higher among those who were older, had higher household incomes, and had higher education levels.
 - > This seems to indicate that financial resources are a strong driver of quality of life in Summit County.

Most residents agreed with most statements about the determinants of quality of life in Summit County

➔ A majority of respondents agreed with all of the statements listed that are considered to be determinants of quality of life. However, agreement was weaker with regard to:

- > Personal financial situations
- > Access to health care
- > Career opportunities
- > Access to child care (among those with children)

➔ Similar to the trend seen previously, these ratings tended to be lower for those who were younger and had smaller household incomes, particularly with regard to access to health care (not shown).

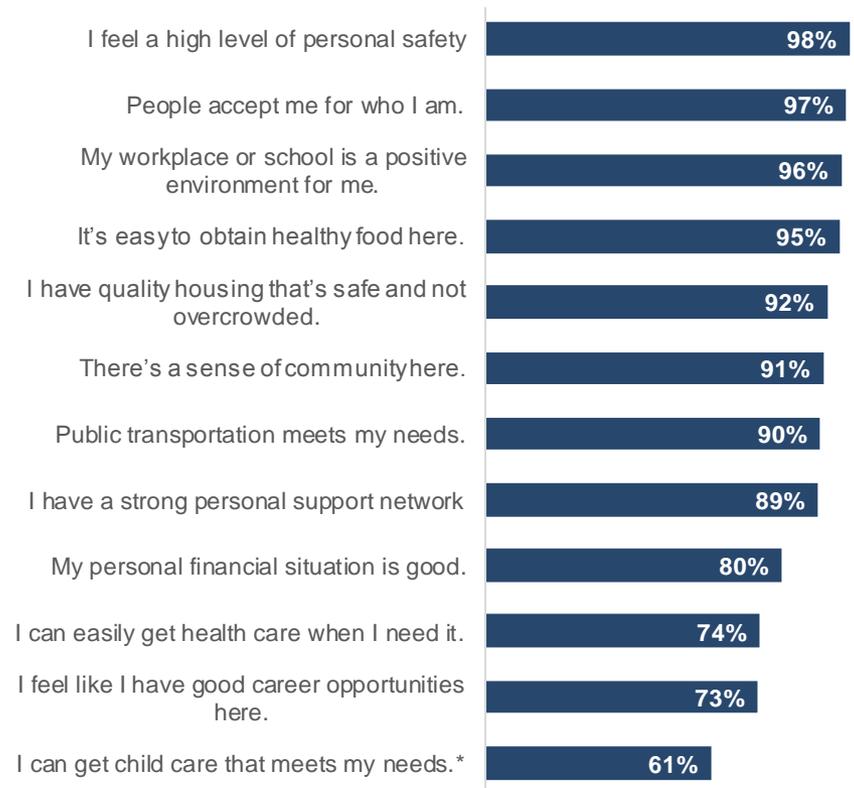
“Don’t know” and “not relevant” responses were removed from this analysis.

** Only asked for those with children (n=124).*



Q6. Please tell me if you agree or disagree [with each statement].

Quality of Life Determinants
(% agreeing with each statement)

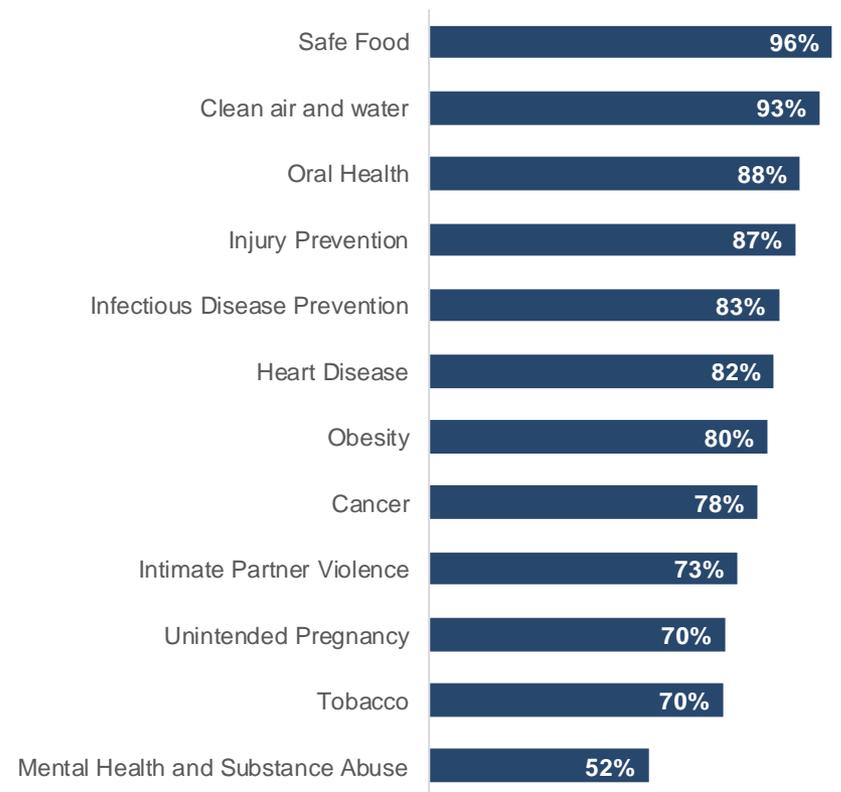


Many residents believed the County could do more with regard to mental health and substance abuse

- ➔ A strong majority of residents believed that the County was doing enough in regard to most health-related areas. However, nearly half of respondents (48%) believed the County could do more with regard to mental health and substance abuse.
 - > This feeling was stronger among younger respondents (not shown).
- ➔ Aside from mental health, a significant minority of respondents believed that the County could do more to address tobacco use, unintended pregnancy, and intimate partner violence.

“Don’t know” responses were removed from this analysis.

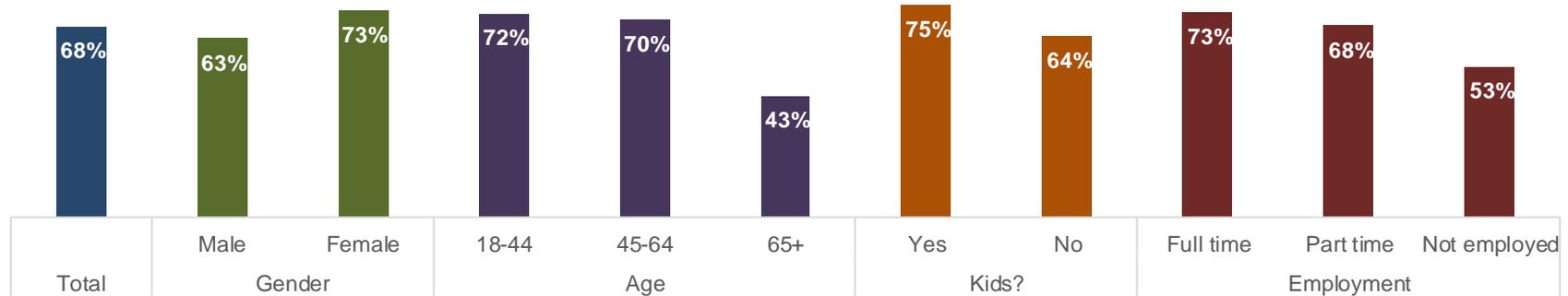
Perceptions on the County Doing Enough
(% answering “yes”)



Behavioral Health in the Community

Two-thirds of Summit County residents were aware of someone struggling with mental health or substance abuse

Awareness of People Struggling with Mental Health
(% answering "yes")

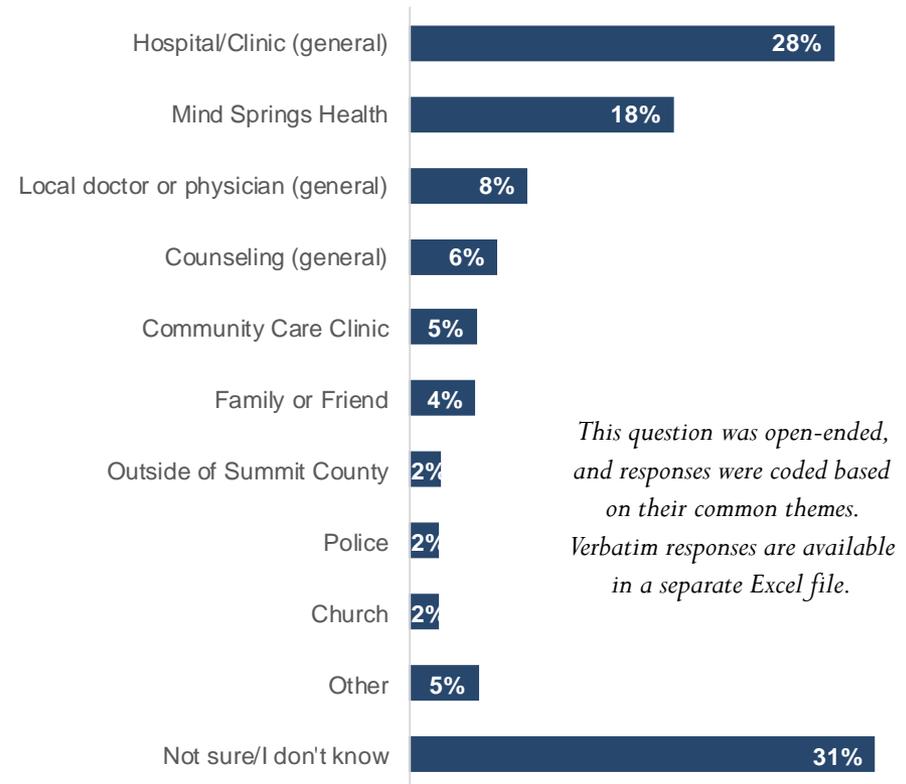


- ➔ In total, 68% of respondents were aware of someone dealing with mental health or substance abuse issues.
- ➔ This was more common among women, younger respondents, individuals with children, and those who were employed compared to their counterparts.

Many residents were unsure where to go for assistance with a mental health or substance abuse issue

- ➔ When asked where they would suggest someone go for help with a mental health or substance abuse issue, nearly one-third of respondents (31%) said that they simply weren't sure.
 - > Younger respondents, who were the most likely to know someone with such issues, were the most likely to say they didn't know where someone should go (not shown).
- ➔ Among those who had an idea, general health providers (hospitals or physicians) were the most commonly mentioned.
- ➔ In terms of specific providers, 18% mentioned Mind Springs as a place they would turn to, and 5% specifically mentioned the Community Care Clinic.

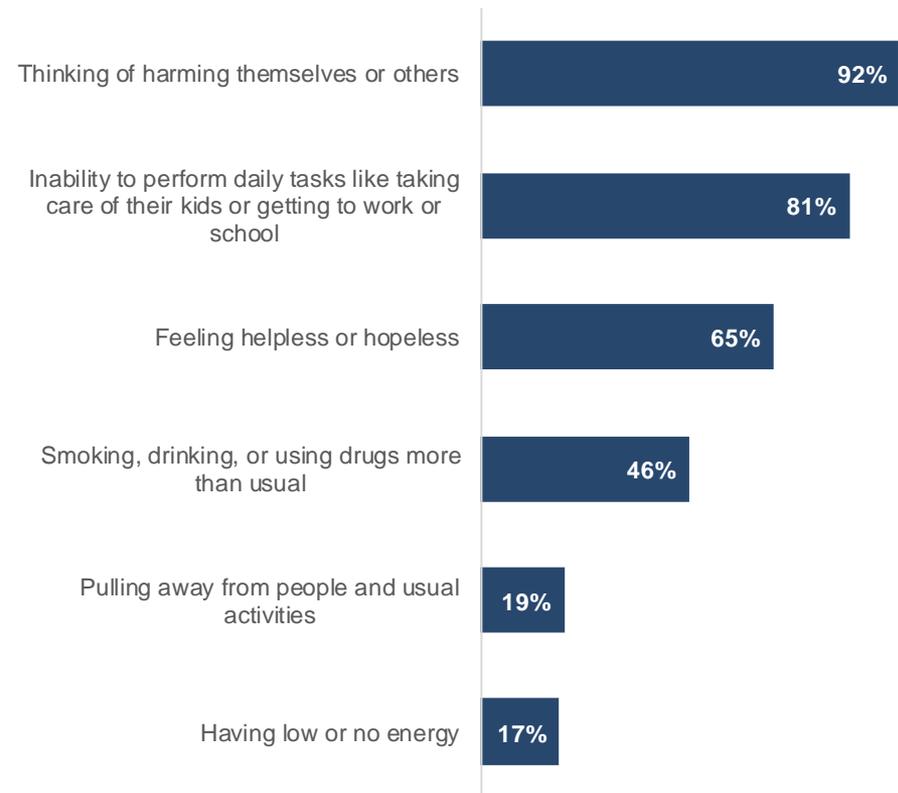
Unaided Awareness of Mental Health Treatment Options



Residents viewed self-harm and the inability to perform daily tasks as red flags for mental health issues

- ➔ A strong majority of respondents believed that thinking of self-harm or the inability to perform daily tasks were “very concerning,” and most believed a feeling of helplessness was a reason for concern.
- ➔ On the other hand, most did not view low energy or pulling away from people to be reasons for concern.
- ➔ Reversing the trends seen in previous slides, older respondents were the most likely to view nearly all of these behaviors as red flags (not shown).
 - > This indicates that, while younger people are more likely to be aware of mental health issues, they are less likely to be concerned about symptoms.

Concerning Mental Health Behaviors
(% answering “very concerned”)



“Don’t know” responses were removed from this analysis.

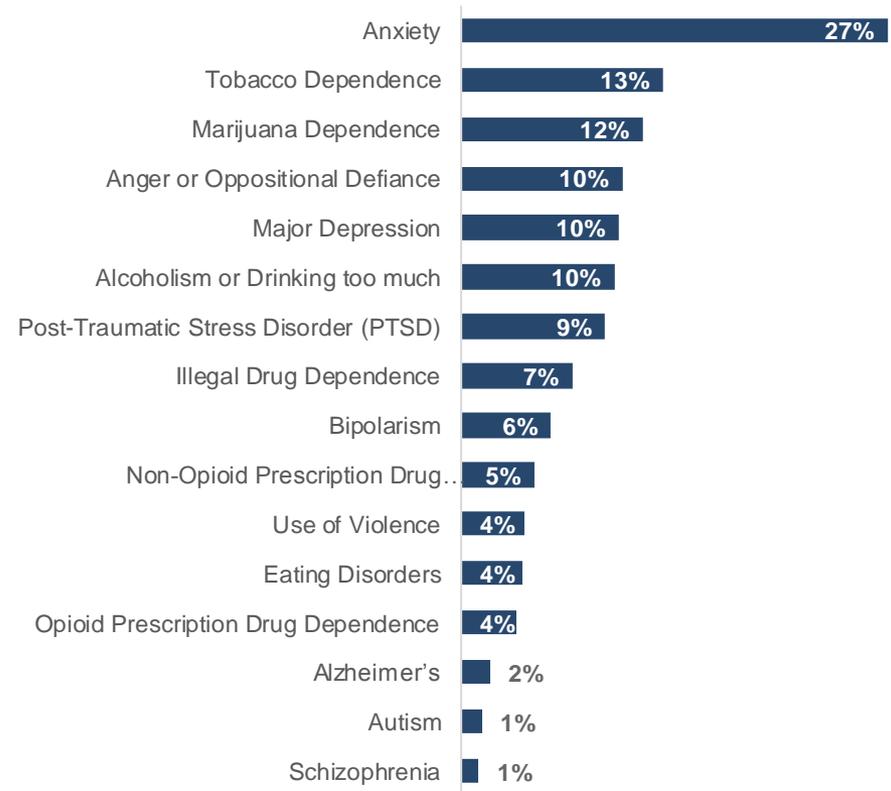
Q10. If a family member, coworker, or close friend of yours started doing these things for a month or more, how concerned would you be that it might be a sign of mental health issues?

Personal Experience with Behavioral Health

Residents were more likely to experience anxiety than any other mental health issue by far

- ➔ Overall, 38% of respondents reported having someone in their household with at least one mental health issue – 47% among those with household incomes lower than \$50,000 (not shown).
 - > Of those who had at least one, 26% had more than one household member experiencing the issues (not shown).
- ➔ Among the specific issues discussed, anxiety was the most commonly experienced, while tobacco and marijuana dependence were also common.
 - > Anger, depression, alcoholism, and PTSD were all relatively common as well.

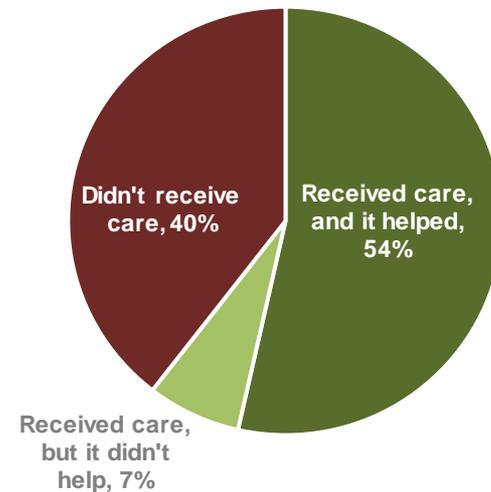
Prevalence of Mental Health Issues
(% answering "yes")



Most of those who sought treatment for mental health said that it improved their well being

- ➔ Among those with a household member who had experienced a mental health issue, 40% did not attempt to find care.
- ➔ However, mental health care seems to be effective when people seek it out; among those who received care, nearly all (54% out of 60%) said that it helped.

Experiences with and Impact of Mental Health Care



Analysis only includes those who had a household member experiencing at least one mental health issue (n=149). "Not sure" responses were removed from this analysis.

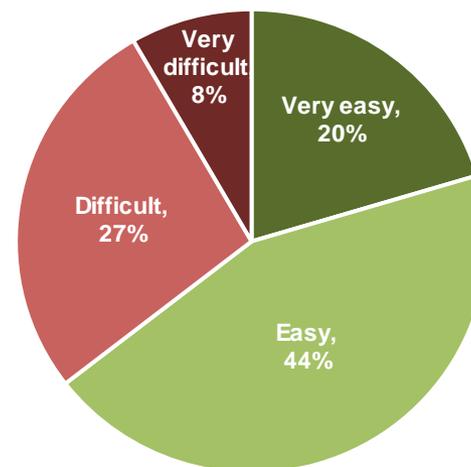
Q13. Has that person received the mental health care that they need?

Q14. Did the mental health care that the person received improve their well being?

Many found it difficult to get help with mental illness

- ➔ Though 20% of those who obtained care for a mental health issue said it was “very easy” to obtain care, around one-third found it to be “difficult” or “very difficult.”
- ➔ Those who found it to be easy frequently mentioned knowing where to go and having the resources to pay for it as reasons why.
- “ I am well-connected in the community. I know who to call, and I have money to go to the person I want to go to. To me and my family, it is not embarrassing to seek help.
- ➔ On the other hand, those who found it to be difficult commonly mentioned these factors as reasons why.
- “ It is because of the lack of quality providers, time available, and work support for mental health issues. It is also because of the cost of having mental health providers.

Ease of Obtaining Mental Health Care



Analysis only includes those who had a household member obtain care for a mental health issue (n=86).

“Not sure” responses were removed from this analysis.

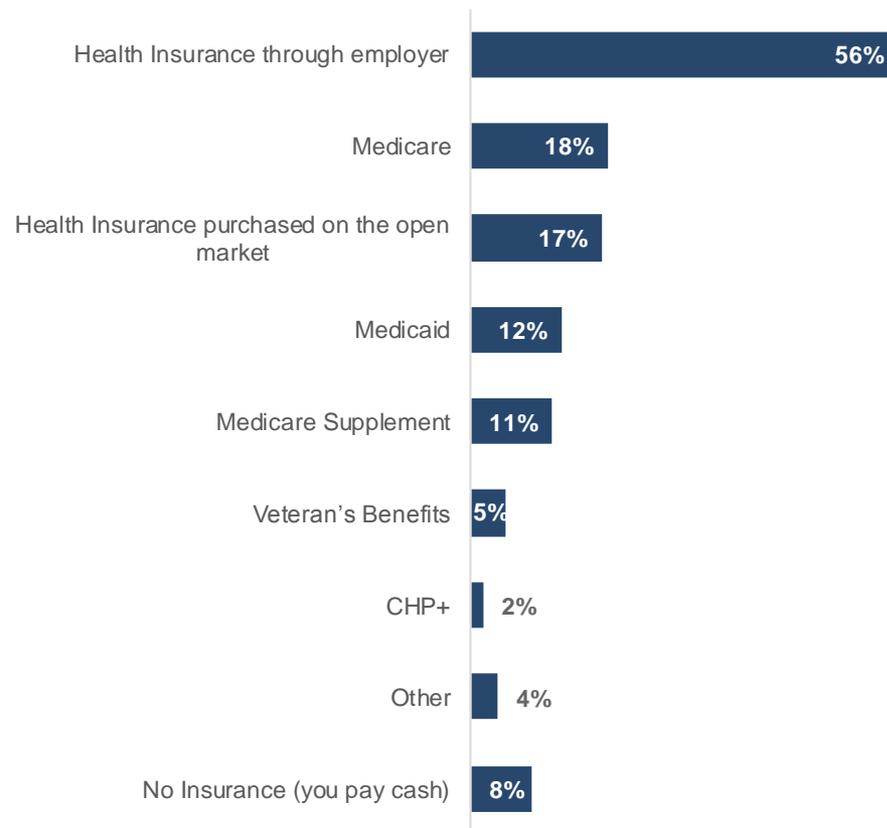
Question 16 was open-ended, and responses were summarized here. Verbatim responses are available in a separate Excel file.

Other Health Issues

Roughly one in twelve residents was uninsured

- ➔ Over half of respondents (56%) had at least one household member with health insurance through their employer, while the remainder had health insurance through a variety of options, such as Medicare (18%), health insurance purchased on the open market (17%), Medicaid (12%), Medicare Supplement (11%), etc.
- ➔ Only 8% of respondents said a household member was uninsured, which is in line with the 7.5% uninsured rate for Colorado as a whole in 2016.

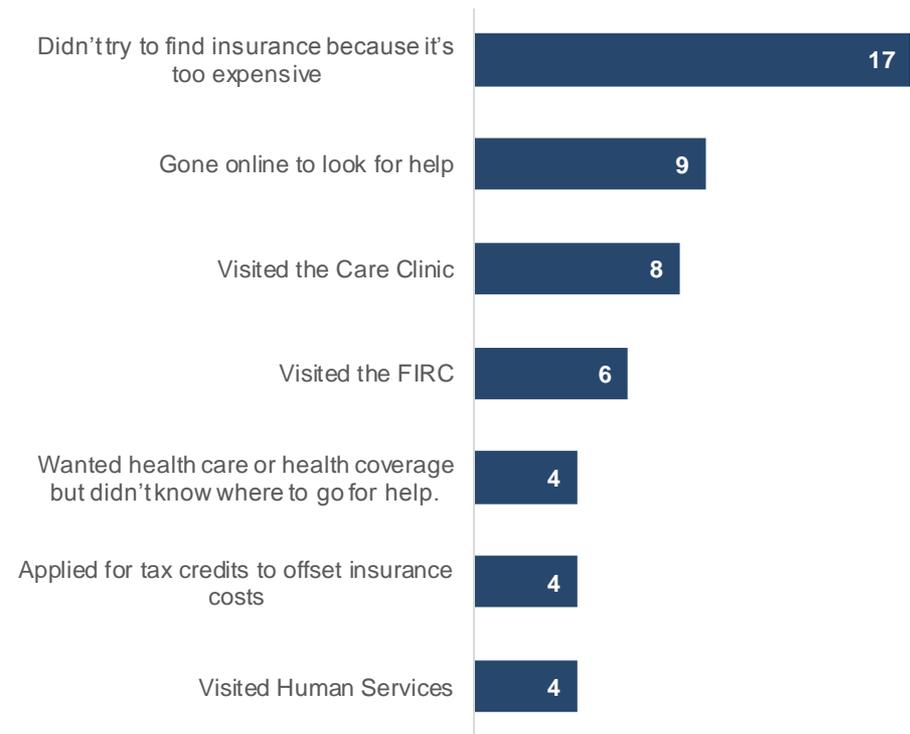
Prevalence of Health Insurance Types



The cost of insurance was a common barrier among those who were uninsured

- ➔ Though only 23 respondents to the survey had a household member who was uninsured, a majority of these (17) said that they didn't try to find insurance because it was too expensive.
 - > That said, 9 out of 23 went online to look for help, and 4 said that they didn't know where to go for help.
 - > Only 4 said they applied for tax credits to offset insurance expenses.
- ➔ Those who do not have insurance do commonly visit the Care Clinic (8), FIRC (6), or Human Services (4).

Actions by Those Without Health Insurance



Asked only for those without health insurance (n=23). Sample size is extremely small, so results should only be interpreted directionally.

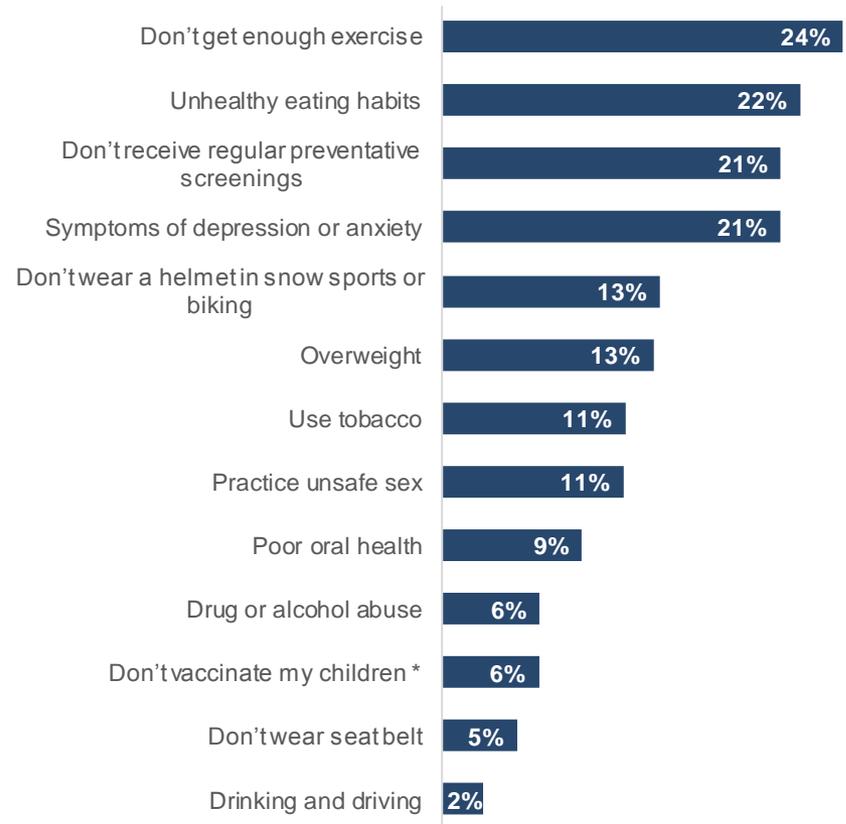
Many residents did not get enough exercise and have unhealthy eating habits

- ➔ The most common unhealthy issues experienced by residents were lack of exercise (24%), unhealthy eating habits (22%), or a lack of regular preventative screenings (21%).
- ➔ In addition, 21% mentioned experiencing symptoms of depression or anxiety.
- ➔ Nearly all of these issues were more common among younger respondents than older respondents (not shown).

“Don’t know” responses were removed from this analysis.

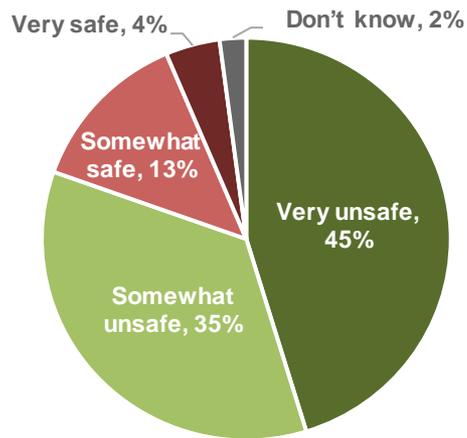
** Only asked for those with children (n=124).*

Prevalence of Unhealthy Behaviors

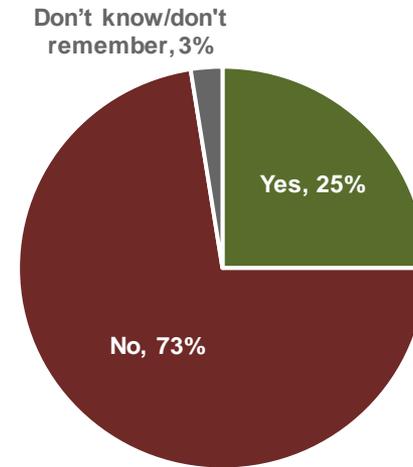


A majority of residents believed that marijuana use by youth was at least “somewhat unsafe.”

Perceived Safety of Youth Marijuana Use



Awareness of the Good To Know Campaign

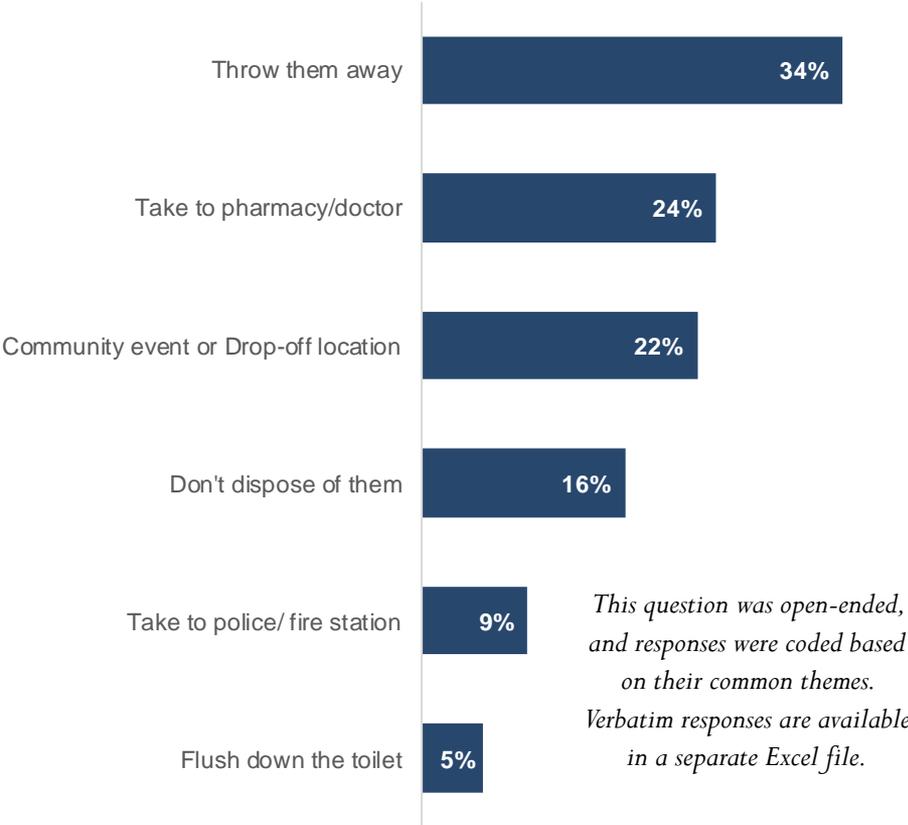


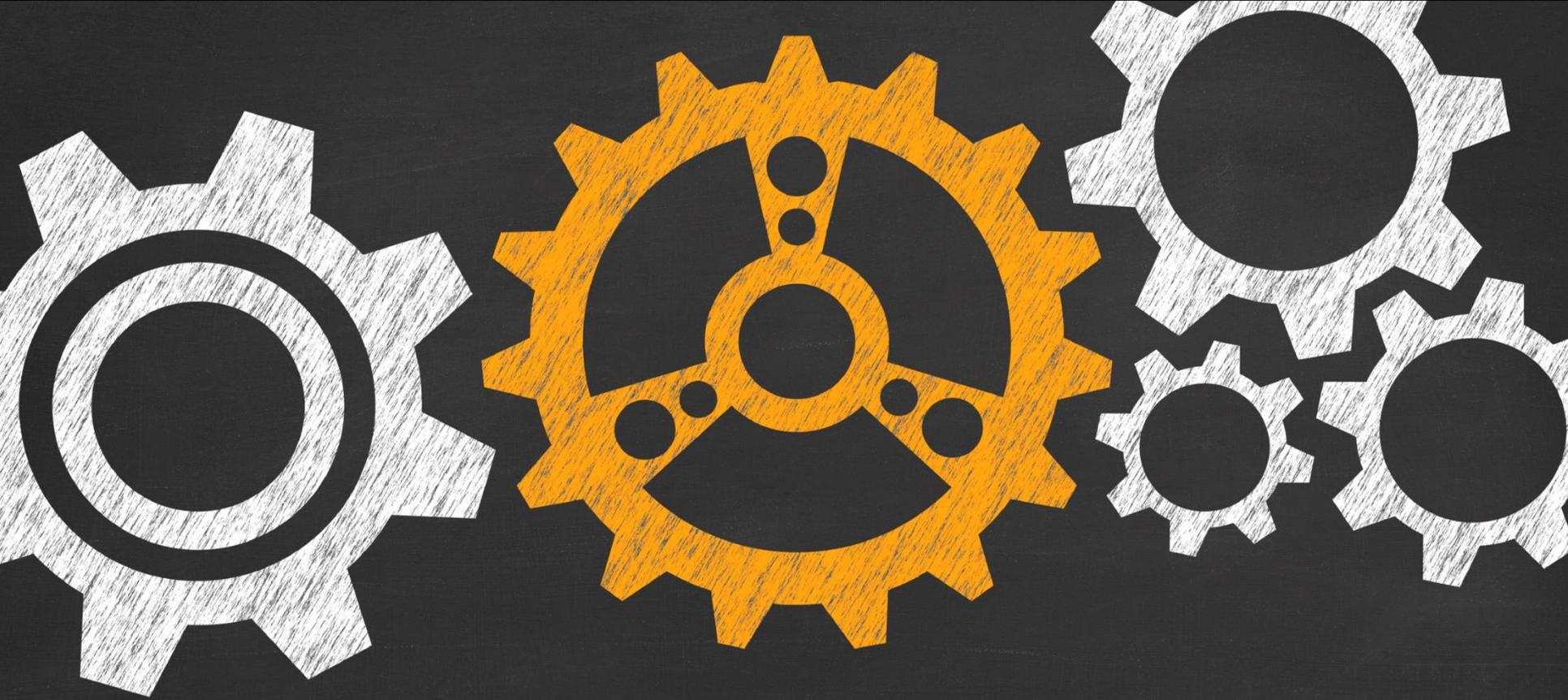
- ➔ 17% of respondents believed that youth marijuana use was either “very safe” or “somewhat safe,” but a vast majority believed that such use was unsafe.
 - > The perception of harm was lower among men, younger respondents, those with lower education levels, and those without children (not shown).
- ➔ Only one-fourth of residents (25%) were aware of the Good To Know campaign.
 - > However, awareness was higher among younger respondents, those with kids, and those with higher educational attainment (not shown).

Many residents simply threw their unneeded prescription medications away

- ➔ When asked how they dispose of unneeded medications, around half said that they either take them to the pharmacy/doctor, take them to a community event, or take them to the police/fire station.
- ➔ However, many do not dispose of their medications properly and instead throw them away or flush them down the toilet. In addition, many simply don't dispose of their medications and instead hold on to them indefinitely.

Disposal of Prescription Medications





Survey of Spanish Speakers



Executive Summary – Survey of Spanish Speakers

Executive Summary: Survey of Spanish Speakers

As part of the data-gathering process for the 2017-2022 Community Health Needs Assessment (CHNA), Summit County conducted a survey of Spanish speakers at care providers in Summit County in November and December 2017.

This survey was designed to understand public perceptions of the most pressing health needs in Summit County, as well as to measure how prevalent a variety of health issues – particularly mental health issues – are among County residents. This survey, in particular, was aimed at understanding any ways in which Spanish speakers in the County might have differing experiences with and perceptions of health priorities. The survey is identical to the survey that was conducted among the general public (which was conducted in English only), and which is documented in a separate report.

In total, 88 residents responded to the survey, and a full description of the methodology used is included in the [appendix](#).

Executive Summary: Survey of Spanish Speakers

⇒ While some small variations in responses between Spanish speakers and those in the public survey were present in the findings, the overall key takeaways from the public survey still apply. More specifically, Spanish survey respondents:

- > Generally had a good quality of life (though perhaps less so than those in the public survey).
- > Believed that the County is doing a good job of preventing health issues (though mental health and tobacco were areas where additional efforts might be helpful).
- > Were less likely to be aware of people experiencing mental health issues than those in the public survey.
- > Considered substance abuse to be a bigger indicator of mental illness than those in the public survey.
- > Were relatively likely to have a household member who had experienced anxiety or major depression.
- > Were likely to have issues with a lack of exercise, unhealthy eating habits, and obesity.
- > Were less likely to believe that marijuana use is safe compared to those in the public survey.



Detailed Results – Survey of Spanish Speakers

Notes and Caveats

- ➔ This survey was conducted in-person at a variety of care organizations in Summit County. While every attempt was made to gather feedback from a wide variety of individuals, the findings herein should not be assumed to be truly representative of all Spanish-speakers in the County, since some may never use the County's health facilities. It likely reflects a reasonable sample of those who use health facilities, which is predominantly women with children.
- ➔ The sample sizes for this survey are small (88 or fewer), so the findings should be considered to be directional rather than as a robust sample for statistical analysis.
- ➔ This report mentions findings from the public survey as a basis for comparison, but in most cases, no charts are included for these public survey responses. See the separate report for the public survey for additional detail.

Respondent Profile

Respondent Profile

➔ The following table summarizes the profile of respondents to the survey.

Gender

Male	27%
Female	73%

Age

18-34	45%
35-44	36%
45-54	10%
55-64	8%
65+	1%

Ethnicity

African American / Black	-
Asian / Asian American	-
Hispanic / Latino	99%
Native American	-
White	1%
Multi-racial	-
Other	-

Marital Status

Single	11%
Married	63%
Divorced	1%
Separated	4%
Widowed	-
Living with a partner	20%

Family Type

Single adult, no kids	-
Multiple adults, no kids	3%
Single adults with kids	1%
Multiple adults with kids	96%

Educational Attainment

Some high school, no diploma or GED	42%
High school diploma/GED	22%
Some college, no college degree	24%
Associate's degree	6%
Bachelor's degree	-
Graduate/Professional degree	6%

Residency Status

Full time resident	89%
Seasonal or part-time resident	5%
Non-resident	6%

Employment Status

Working 40 or more hours per week	40%
Working less than 40 hours per week	35%
Not employed but looking for work	15%
Not employed and not looking for work	10%

Household Income

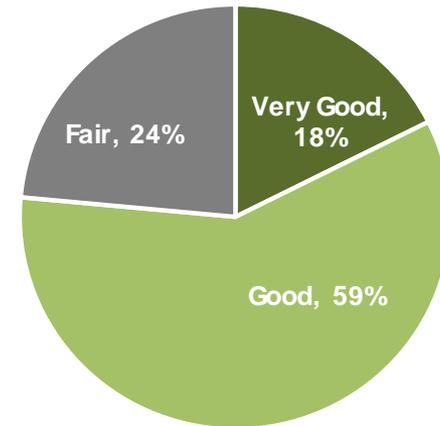
\$0 to \$29,999	50%
\$30,000 to \$49,999	34%
\$50,000 to \$74,999	14%
\$75,000 to \$99,999	2%
\$100,000 to \$199,999	-
\$200,000 or more	-

Quality of Life and Social Determinants

Most Spanish-speaking respondents believed their quality of life was at least “good”

- ➔ Overall, most Spanish-language respondents to the survey believed their quality of life was “very good” (18%) or at least “good. (59%).
- ➔ Even so, it should be noted that 66% of respondents to the public survey believed their quality of life was “very good” – much higher than the perceived quality of life seen here.

Perceived Quality of Life



Most agreed with most statements about the determinants of quality of life in Summit County

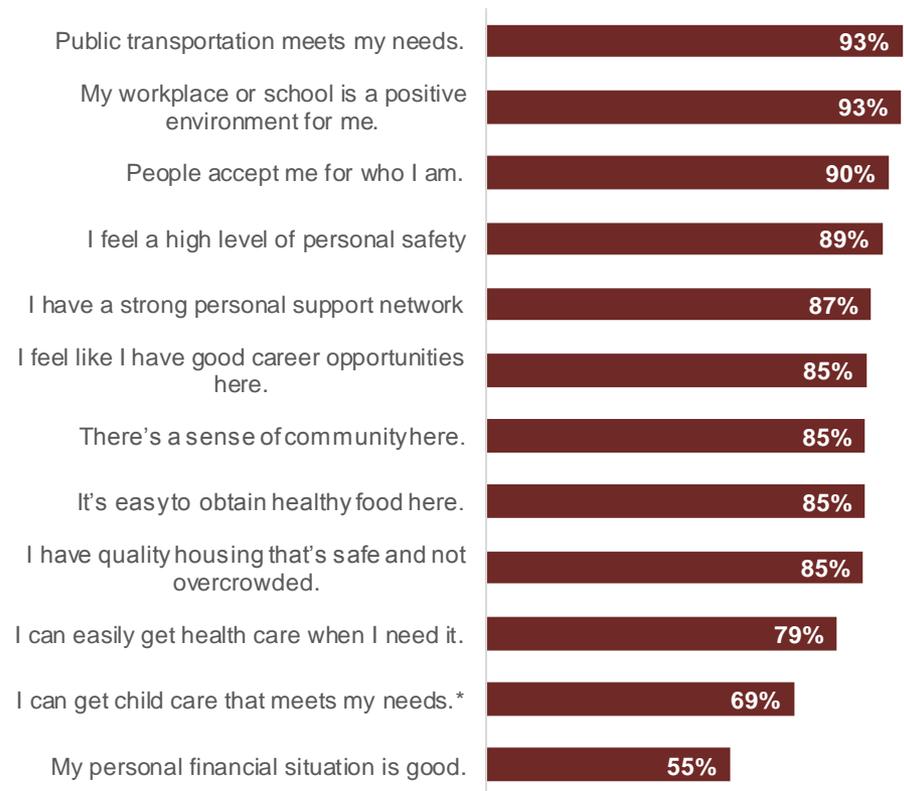
➔ A majority of respondents agreed with all of the statements listed that are considered to be determinants of quality of life. However, agreement was weaker with regard to:

- > Personal financial situations
- > Access to health care
- > Access to child care (among those with children)

➔ In general, these ratings were similar to those seen in the public survey.

“Don’t know” and “not relevant” responses were removed from this analysis.

Quality of Life Determinants
(% agreeing with each statement)

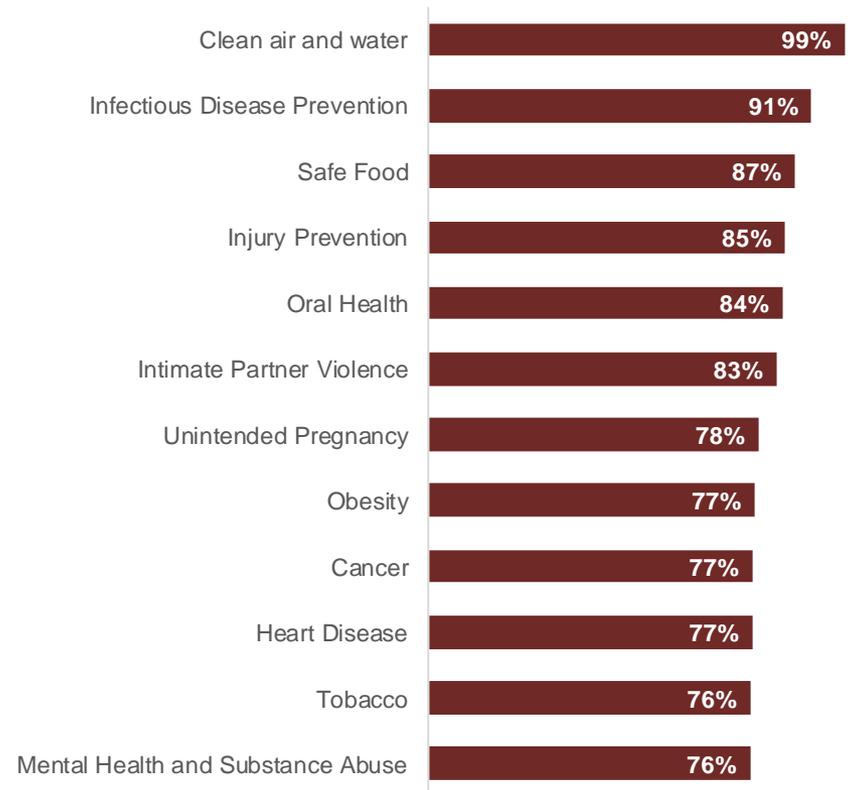


Most Spanish-language respondents believed the County is doing enough to prevent health problems

- ➔ A strong majority of respondents believed that the County was doing enough in regard to most health-related areas.
- ➔ However, as was seen in the public survey, mental health and substance abuse, as well as tobacco, were the two areas with the lowest amount of agreement that the County is doing enough.

“Don’t know” responses were removed from this analysis.

Perceptions on the County Doing Enough
(% answering "yes")

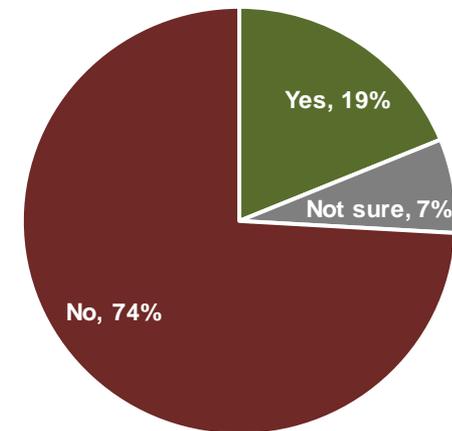


Behavioral Health in the Community

Spanish-speaking residents were relatively unlikely to be aware of anyone struggling with mental health

- ➔ Only one in five Spanish-speaking respondents (19%) were aware of anyone who they thought was struggling with mental health or substance abuse issues.
- ➔ This is considerably lower than the level of 68% seen in the general public survey.

Awareness of People Struggling with Mental Health



FIRC and the Care Clinic were both commonly viewed as a place to go for mental illness

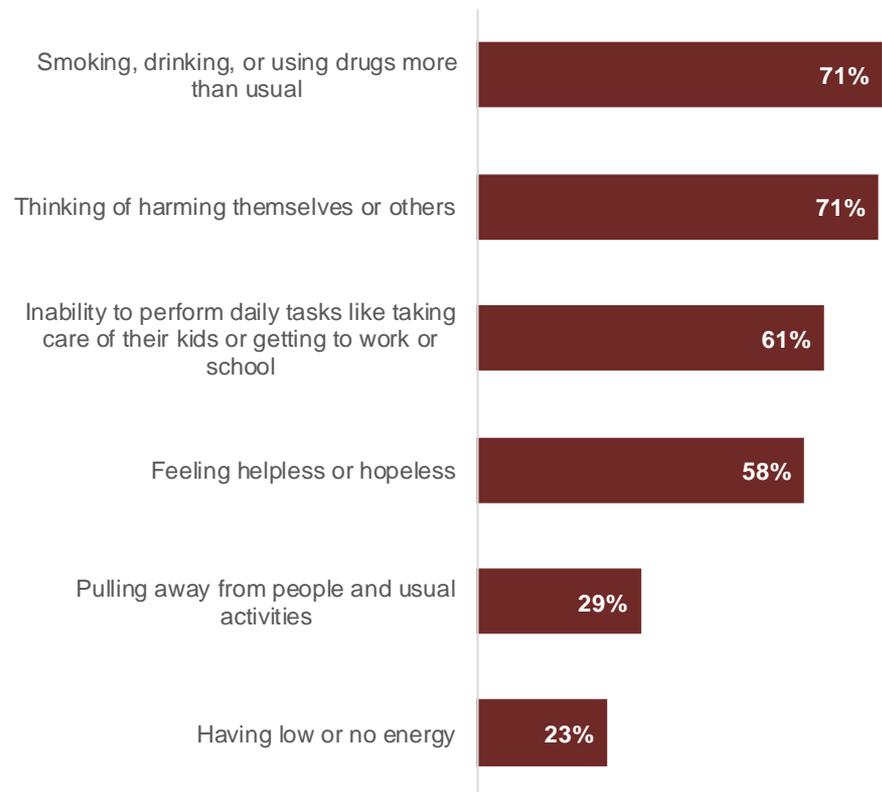
- ➔ Though it is not surprising that FIRC and the Care Clinic were top-of-mind given that surveys were collected in these locations, it is still interesting to note that many respondents believed that these locations would be a good option for someone having a mental health issue.

- ➔ Other options mentioned by a small number of respondents included:
 - > Mind Springs
 - > Support groups
 - > Physicians
 - > Police

Substance use and self-harm were the most concerning behaviors for Spanish-speaking respondents

- ➔ As was seen in the public survey, thinking of self-harm is “very concerning” to a majority of respondents, and most believed that an inability to perform daily tasks and a feeling of helplessness were reasons for concern.
- ➔ Interestingly, Spanish-speaking respondents were somewhat more likely than those in the public survey to believe that smoking, drinking, or using drugs more than usual was a reason for concern (71% vs. 46%).

Concerning Mental Health Behaviors
(% answering “very concerned”)



“Don’t know” responses were removed from this analysis.

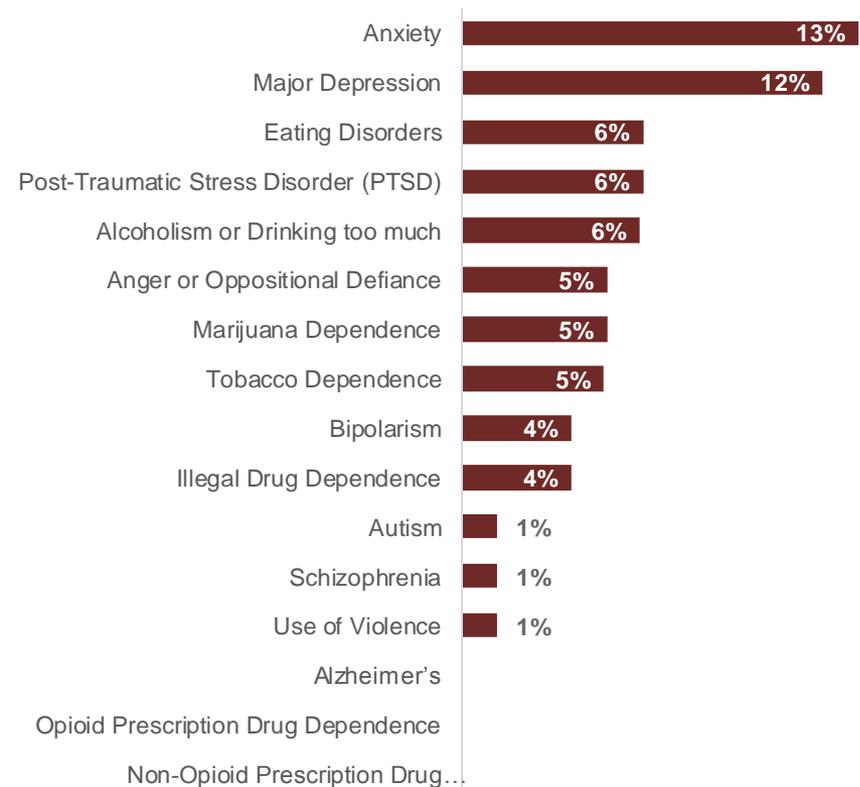
Q10. If a family member, coworker, or close friend of yours started doing these things for a month or more, how concerned would you be that it might be a sign of mental health issues?

Personal Experience with Behavioral Health

Anxiety and depression are common mental health issues

- ➔ In general, Spanish-speaking respondents were less likely than those in the general public survey to have a member of their household who has experienced most mental health issues.
 - > 25% of respondents to the Spanish-language survey had a household member who had experienced at least one of these issues compared to 38% in the public survey.
- ➔ However, anxiety and depression were relatively common among respondents of both surveys, indicating that these are clearly common issues among residents of all types.

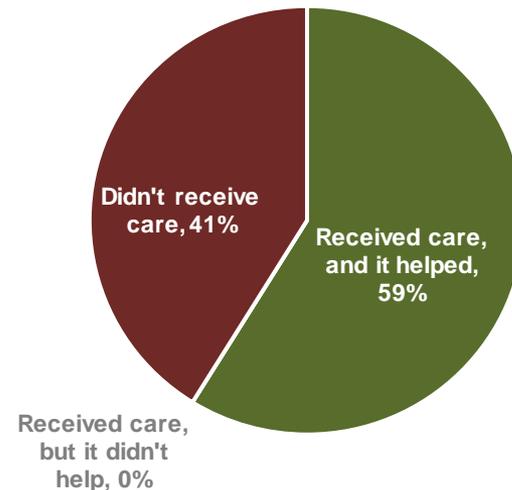
Prevalence of Mental Health Issues
(% answering "yes")



Most of those who sought treatment for mental health said that it improved their well being

- ➔ Among those with a household member who had experienced a mental health issue, only around half (59%) received care (a similar percentage to that seen in the public survey).
- ➔ However, among those who did receive care, all said that it helped. Even so, around half of those who received help said that it was difficult for them to find the health care they needed (not shown).

Experiences with and Impact of Mental Health Care



*Analysis only includes those who had a household member experiencing at least one mental health issue (n=19).
"Not sure" responses were removed from this analysis.*

Other Health Issues

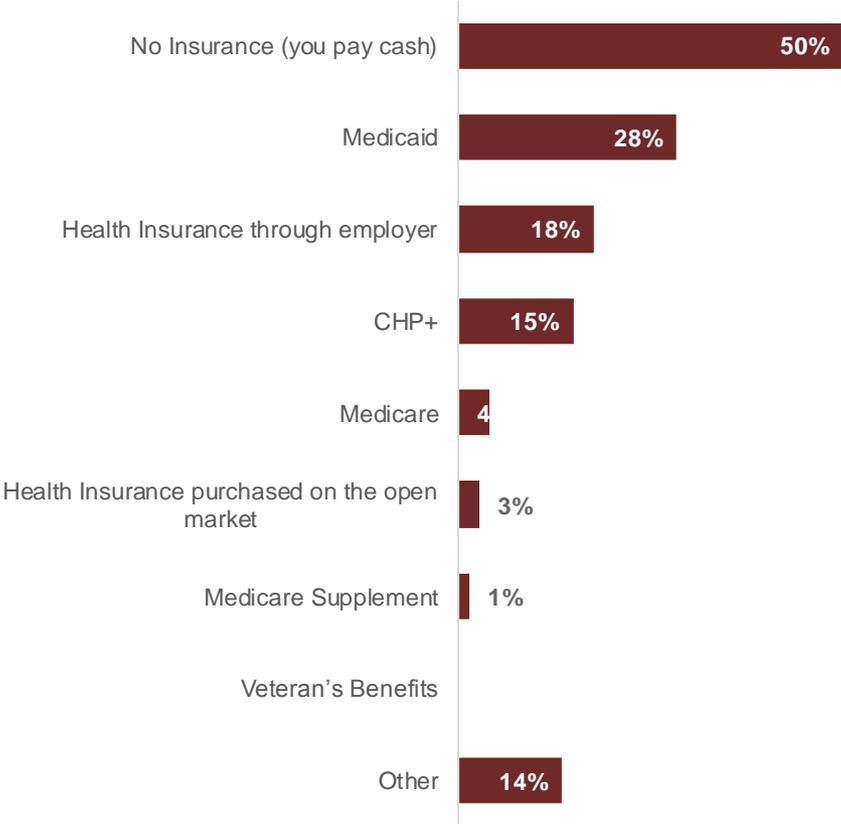
Most respondents were uninsured

➔ Though it is not surprising given the locations where surveys were administered, it is interesting to note that half of Spanish-language survey respondents (50%) had no insurance.

> In the public survey, only 8% were uninsured.

➔ Among those who *were* insured, most were on some form of public assistance (Medicaid, CHP+, or Medicare), while a small portion (18%) were insured through an employer.

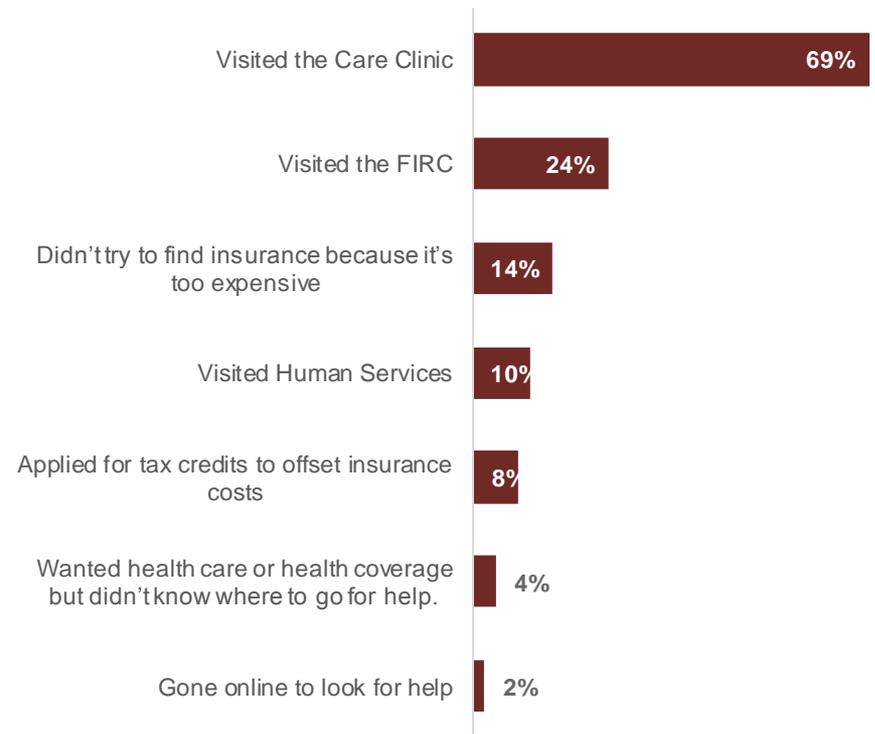
Prevalence of Health Insurance Types



Most respondents without insurance visited the Care Clinic or FIRC

- ➔ Again, it is not surprising that the Care Clinic and FIRC were popular options given the locations where the surveys were collected.
- ➔ However, it is also interesting to note that 14% of respondents didn't try to find insurance due to the cost.
 - > This was also a common action among those without insurance in the public survey.

Actions by Those Without Health Insurance



Asked only for those without health insurance (n=51).

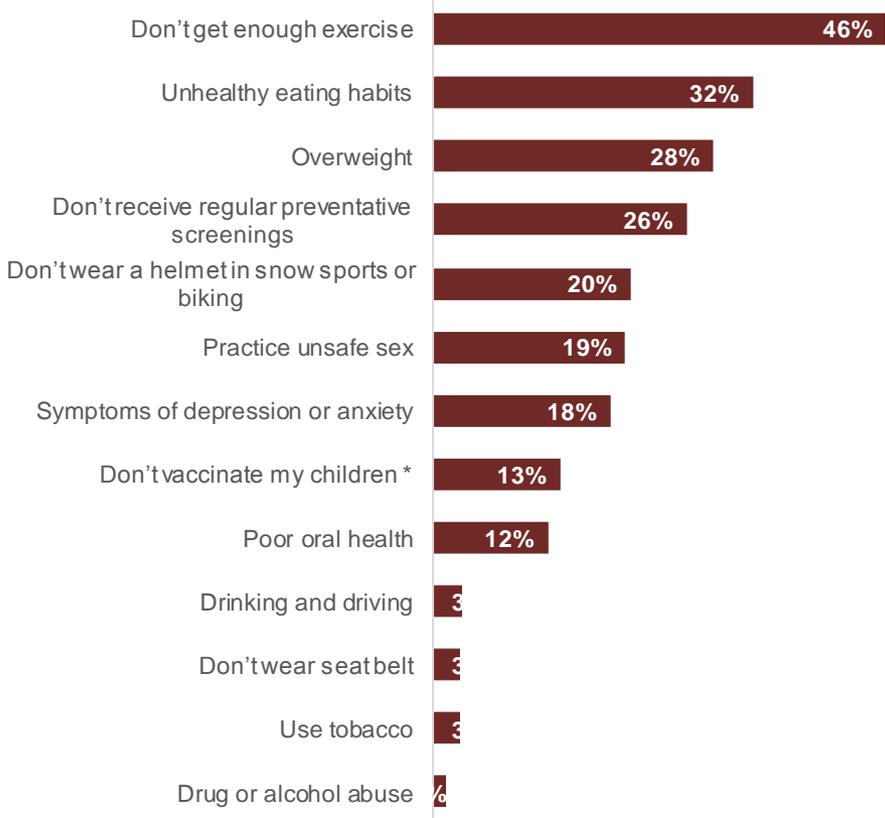
Many residents did not get enough exercise and have unhealthy eating habits

➔ As was seen among respondents to the public survey, a lack of exercise and unhealthy eating habits were common issues among Spanish-speaking respondents.

> These issues were actually considerably more common among Spanish-language respondents than those in the public survey.

➔ In addition, obesity and a lack of regular preventive screenings were also common.

Prevalence of Unhealthy Behaviors



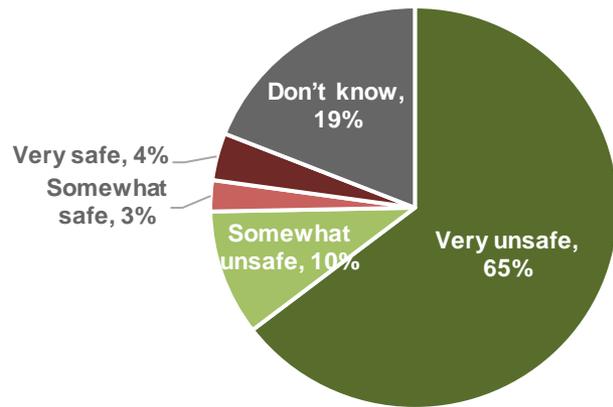
*"Don't know" responses were removed from this analysis.
* Only asked for those with children (n=72).*



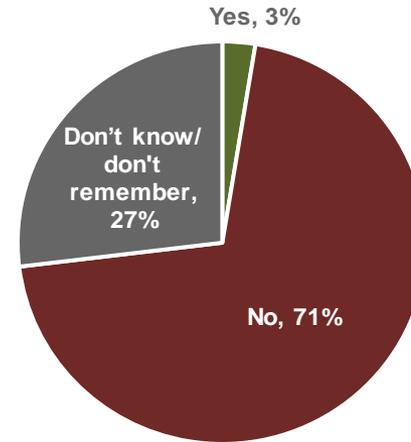
Q19. For each one, please tell me whether or not it applies to you by answering 'true' or 'false' for you.

A majority of residents believed that marijuana use by youth was “very unsafe”

Perceived Safety of Youth Marijuana Use



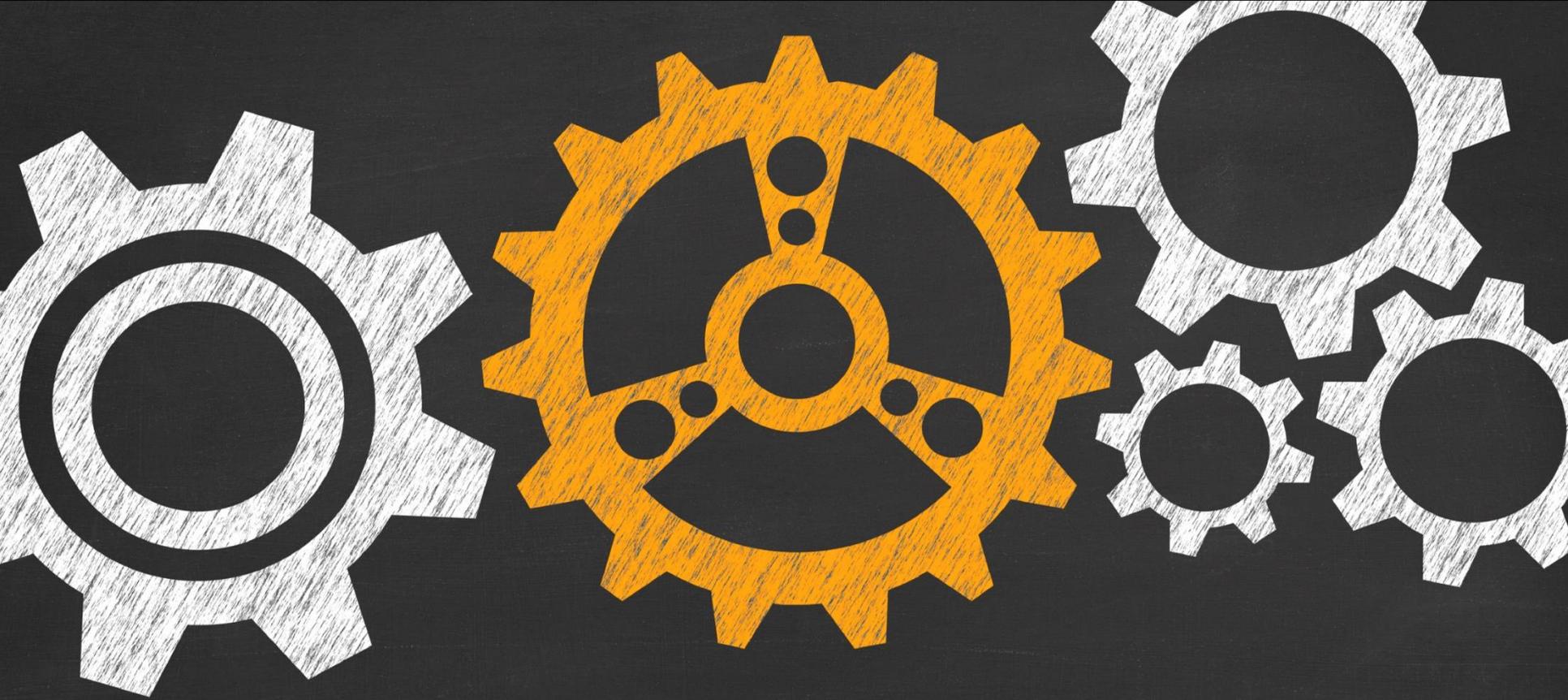
Awareness of the Good To Know Campaign



- ➔ Very few respondents believed that youth marijuana use was either “very safe” or “somewhat safe,” but 19% weren’t sure about their opinion.
 - > Those in the Spanish-language survey were more likely than those in the public survey to respond “very unsafe.”
- ➔ Almost no respondents (3%) were aware of the Good To Know campaign.
 - > 25% were aware of the campaign among respondents to the public survey.

Many residents simply threw their unneeded prescription medications away

- ➔ When asked how they dispose of unneeded medications, a vast majority of respondents simply said that they threw them away.
- ➔ Among those who did something other than throw them away, responses ranged from saving them in case they might need them in the future, taking them to a pharmacy, or throwing them into collection boxes at stores.



Focus Groups (English and Spanish)



Executive Summary – Focus Groups

Executive Summary: Focus Groups

Two focus groups were conducted with Summit County residents to understand health needs in Summit County, with an emphasis on mental health and substance abuse. The first group consisted of English speakers and the second group was conducted with Spanish-speaking community members. A total of 22 community members participated in the focus groups. The full methodology can be found in the [appendix](#).

The goals of this research were to:

- ➔ **Explore** Summit County residents' attitudes and beliefs about health care services in the county
- ➔ **Uncover** residents' perceptions of mental health issues
- ➔ **Identify** effective strategies Summit County can undertake to better serve county residents' health needs

Executive Summary: Focus Groups

- ➔ English-speaking respondents feel that health care provision in Summit County is generally sufficient and meets their needs. Among Spanish speakers, they view health care in Summit County as lacking.
 - > However, English speakers acknowledge that access to specialists is sometimes limited and requires residents to travel out of the county.
 - > English-speaking respondents did not describe the need to travel for specialists as “not meeting their needs” but Spanish-speaking respondents did.
- ➔ The largest barriers to access and quality of care in the county are often systemic and external, such as the high cost of care and relatively low-paying jobs. This was true among both groups.
 - > One oft-cited concern was the perception that medical care costs are inflated. Respondents mentioned they would like more transparency in how costs are calculated.

Executive Summary: Focus Groups

- ➔ English-speaking respondents often identified substance abuse as more pressing than other mental health issues (e.g., depression, self-harm), whereas Spanish-speaking respondents were more likely to identify other mental illness as more pressing than substance abuse.
- ➔ Respondents in both groups pointed out that availability of mental health providers, especially at a low cost, is one area the county can improve upon.
 - > Community awareness of existing county mental health services is limited. Increased advertising of resources such as Mind Springs or Building Hope is perceived to increase mental health care in the county.
- ➔ Substance abuse overall is viewed as a pressing issue in the county. A few respondents noted that “mountain life” can be especially difficult, ultimately pushing people to search for an escape through alcohol, marijuana, or other substances.

Executive Summary: Focus Groups

- ➔ When asked to write or draw what depression and anxiety means to the county, participants had similar responses.
 - > For depression, they offered words and images that evoke a feeling of sadness or helplessness; whereas, for anxiety, respondents were more often to cite tactile factors that lead to anxiety.
- ➔ In addition to increasing awareness of mental health resources available in the county, respondents also suggested integrating mental health into general care.
 - > Mental health care is still stigmatized in many communities but incorporating mental health screenings as part of regular doctor visits was identified as a systemic solution to tackling mental health issues.
- ➔ Spanish-speaking respondents offered a variety of solutions for improving mental health care, including scholarship funds to assist with cost and family insurance plans.
 - > They also expressed a desire for family-oriented community events and for additional programming and resources for the Spanish-speaking elderly in the county.



Detailed Findings – Focus Groups

Healthcare Services

English speakers view Summit County's healthcare supply system as sufficient

- ➔ Participants expressed a belief that the healthcare supply system in Summit County meets most needs for healthy residents.
 - “ I think that the fact that there's a connection to Centura Health, which is a larger health organization, and the clinics that are at each of the ski areas makes a big difference in terms of quickness of service and healthcare
 - “ Yeah ... Summit County's not the big city and to have a nice hospital like this and some clinics around, not bad.
- ➔ Although they acknowledged access to specialists is limited in Summit County, participants do not see that as having a negative impact on quality of care overall.
 - “ My mom goes to Denver for cancer treatment and then her primary care is here. She tried primary care in Fairplay but there wasn't any services to ... your extent. I think it's much nicer here so she comes over here for her primary care.

Spanish speakers were more likely to see healthcare in the county as insufficient

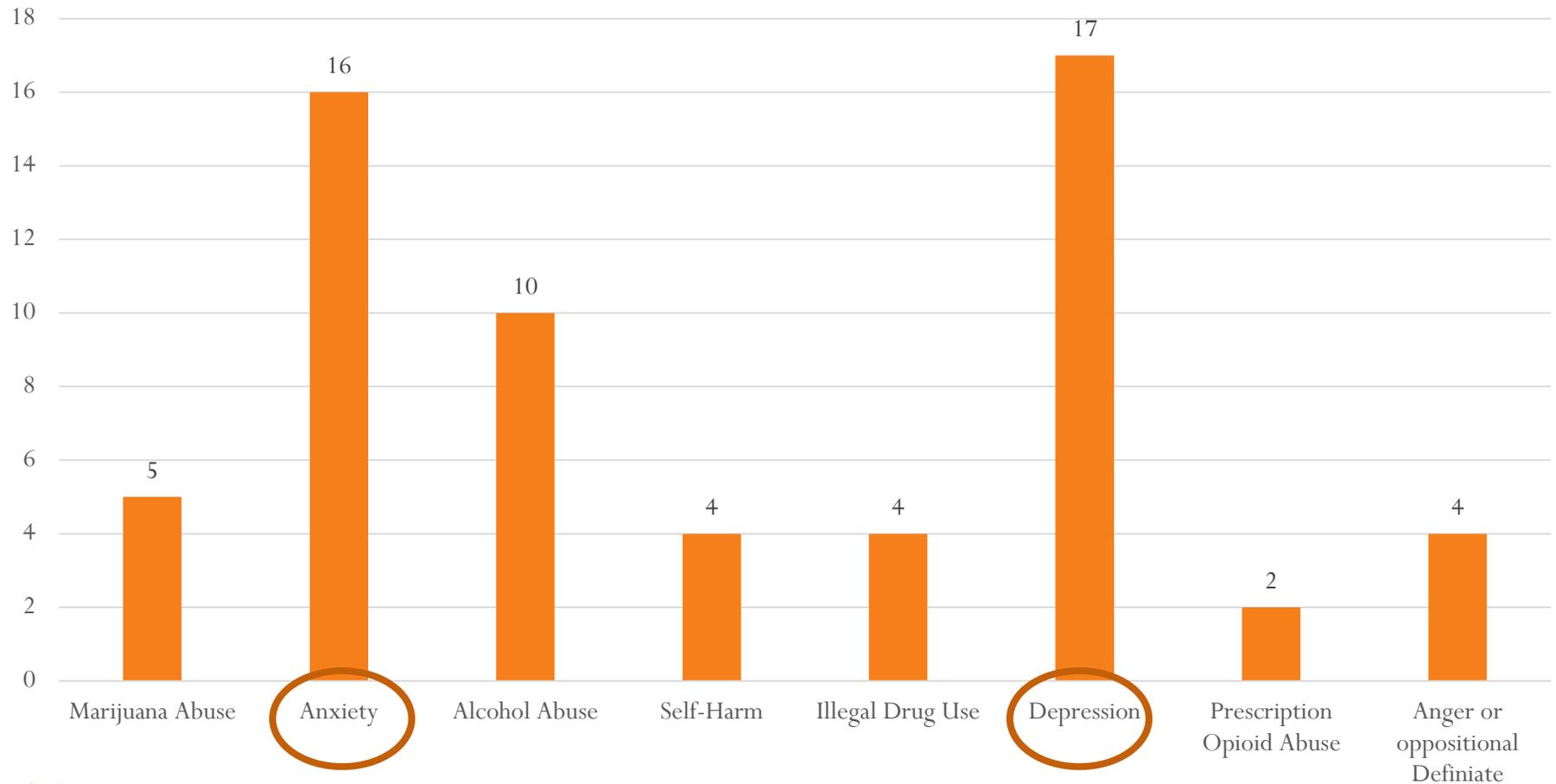
- ➔ Respondents in the Spanish group viewed access of care in Summit County as not meeting their needs.
 - > They noted there was limited access to specialists or comprehensive low-cost care in the county and often have to travel to Denver to receive full care.
 - > For undocumented residents and their children, respondents pointed out it is extremely difficult to get care and undocumented residents are more likely to visit a doctor only in emergency situations.
- ➔ However, they still viewed the quality of healthcare as sufficient as the doctors are well-trained.

External factors impact quality and access to healthcare

- ➔ Participants noted that while there are jobs in Summit County, they are often lower-paying or part-time, making health insurance and care out of reach financially for some.
 - > A high cost of living also exacerbates this.
 - “ Well a lot of the career opportunities are with the resorts and the resorts are not paying high enough wages. Unless you're a full-time year round employee and can get coverage with healthcare and dental and so forth.
- ➔ Concerns over cost of insurance and care may lead people to stay in jobs they are not happy with in order to maintain their benefits.
 - “ I've been with the same employer for four years and have had health insurance and dental and vision through them for three of those years. Wanting to branch out of that career presents a challenge because I don't really know anywhere else in the county that I can receive as good of insurance
- ➔ The high cost of childcare can also impact health by causing financial stress.
 - “ ... I think the stress and the juggling and the trying to figure out childcare. Childcare is extremely expensive in the county. We have some of the highest childcare in the country. Then even like getting childcare, ... if you have an infant and toddler, it's really hard to even get a spot.

Mental Health

Respondents were asked to identify the top three mental health issues they were comfortable identifying symptoms of



Respondents identified substance abuse issues as the most pressing issue in Summit County

- ➔ When asked to rank the most pressing issues facing Summit County, the top three were: Alcohol abuse, Prescription Opioid Abuse, and Illegal drug use.
- ➔ Several respondents acknowledged that substance abuse can be a manifestation of mental health issues.
 - “ I think very often they do go together. That somebody who's depressed starts thinking one or another drug, whether it's a legal or an illegal drug. Frequently they go together but not necessarily.
 - “ If we can work with the mental health we can solve the substance abuse, we can solve anxiety, we can solve many things if you can just get in there. Just work with this person, get, help this person to move on.
- ➔ The Spanish-speaking group also noted the issues unique to marijuana, particularly second-hand smoke.
 - > They stated the need to understand tenants' rights when it comes to marijuana consumption in their homes and neighborhoods.

Participants are more likely to intervene if they can identify symptoms

- ➔ Participants agreed that if a mental health or substance abuse issue arose, they would intervene if it was noticeably affecting the person's daily life. They also stated they would feel more comfortable intervening with issues they were comfortable identifying symptoms of.

“ I think it has to do with if they're causing harm to others in that environment, so I think with a past job that I had it was said, well if they're stoned and they're doing their job okay, then it's okay. But if it's going to cause harm to other people around you and it's really obvious that this is a problem, it's a problem because the tourists might notice then you should probably report it.

- ➔ However, they would be unlikely to intervene if the action is deemed socially acceptable or is not impacting their day to day life (i.e. job, family, relationships, etc.).

“ This is especially true for alcohol abuse. Culturally, alcohol is often seen as an “escape” and people are afraid to interfere.

“ You can go out to a bar and you can get a drink, you can go to a restaurant and get a drink, you can't go to a restaurant and get a joint, or an illegal drug. It's illegal.

Most respondents stated they would offer advice

- ➔ The most salient theme that emerged among participants was they would offer advice if they knew someone suffering from mental health issues.
 - > Participants in the Spanish-speaking group also noted they'd be far more likely to offer advice if they knew the person, and that it would be difficult to confront a stranger or acquaintance.
- ➔ One form of advice would be to encourage the affected person to seek therapy or professional help through mental health professionals.
 - “ I wouldn't state it real bluntly, but just be available for them to talk about whatever they're anxious about and listen to what they want to say.
 - “ Seeing a therapist, is something you have to be more open. [It's] not something people be embarrassed to do it. It's like taking care of your body. In this case of your mind.

Participants identified several available resources and pinpointed a barrier of access for mental health care

- ➔ Respondents were aware of several local resources for mental health issues including Mind Springs, Building Hope, and FIRC.
 - > Spanish-speaking respondents were aware of more resources than those in the English-speaking group
 - “ There's a whole list of things that are going on with support groups and education that's been extremely, extremely helpful. Building hope around suicide, I think the stats have dropped dramatically in the last month around suicide. There's still, the holiday's coming and you know, we don't know what's coming. These were things initiated by the community itself.
- ➔ The stigma of mental health remains a barrier. Respondents asserted that the stigma, coupled with cost and limited awareness of resources, negatively impact how many people seek mental healthcare.
 - “ I'm saying that, like I said before, if we take that tag off ... because you have a mental issue [it's] embarrassing. If we can take that away, things would be a lot easier
 - “ The issue is getting people there, beyond the stigma.

Depression and Anxiety

Residents' reality of depression



➔ The notion of being sad and removed from people and things that bring joy was a common theme in respondents' descriptions.

“ I think it's sad, it's misunderstood, there's anxiety, creates loneliness, stress, powerlessness, hopelessness, you're a victim, you're in constant pain.

➔ Only one respondent mentioned the role of alcohol and/or substance abuse in relation to depression.

“ They often turn to drugs and alcohol, which helps them get through the day but because they're depressants it just makes it worse. They need hope. God is their only hope, sometimes.

Living in Summit County impacts mental health

- ➔ Focus group participants identified aspects of living in Summit County that impact depression and anxiety—both positively and negatively.

Negative Impact	Positive Impact
High cost of living	Beautiful landscape
Limited wage growth	Sense of community
Winter weather and traffic	Ability to explore the outdoors
People moving a lot/transient population	

- ➔ While there was much discussion about the stresses of “mountain living,” participants eventually agreed that the benefits outweighed the costs.

Spanish-speaking respondents also identified unique factors that contribute to depression and anxiety

- ➔ In the current political system, there is fear among immigrant communities.
 - > The fear of deportation was one aspect brought up in the focus group.
- ➔ The Spanish-speaking respondents also stated that being far from their families increases the likelihood of depression and anxiety.

English-speaking participants communicated two main strategies for tackling mental health issues in Summit County

➔ Increasing awareness of current resources, programs, and facilities for mental health care in the community would be beneficial.

“ Let them know what's available because I'm dead serious, I've been here 25 years, I don't know of any, I mean other than just what you mentioned Mind Springs, I don't. I work with a church and I don't know of any, any help available. If I knew it was available maybe... You know, the senior center is probably a good place. Local churches and even through the schools maybe, you know something.

“ They're not going to see it. I mean people really need to be told that it's out there. Not just a public announcement. I don't think that people read things like that on a regular basis.

➔ Implementing a process for regular mental health check-ins or screenings as a part of general care is seen as a potential systemic solution.

“ I just mentioned screening. Work with companies, work with public employees. Just invite everybody to have a moment to talk about what's going on in their life.

“ We talked about community screening and community efforts that are happened... So you screen and you build the field, then what? It's the then what that's really the crucial thing that we need to build systems around. Care Clinic is really making big steps in integrated care, so physical, mental, and financial. It's that whole triangle that Care Clinic is trying to do, to make truly integrated care.

Respondents in the Spanish-speaking group offered several strategies for tackling mental health issues in the county

- ➔ Similar to the other group, Spanish speakers identified a need to increase community awareness about various resources (i.e. Mind Springs, Building Hope, etc.).
- ➔ They also expressed a need for comprehensive lifelong care resources, for example, additional resources for families and the elderly.
 - > One respondent mentioned the need for the County and Senior Center to have inclusive programming for Spanish-speaking seniors in Summit County.
- ➔ Respondents expressed the desire for the county to increase events for families, with activities geared to those of all ages.
- ➔ Assistance with other factors, such as housing, would also alleviate some of the issues with access to care.



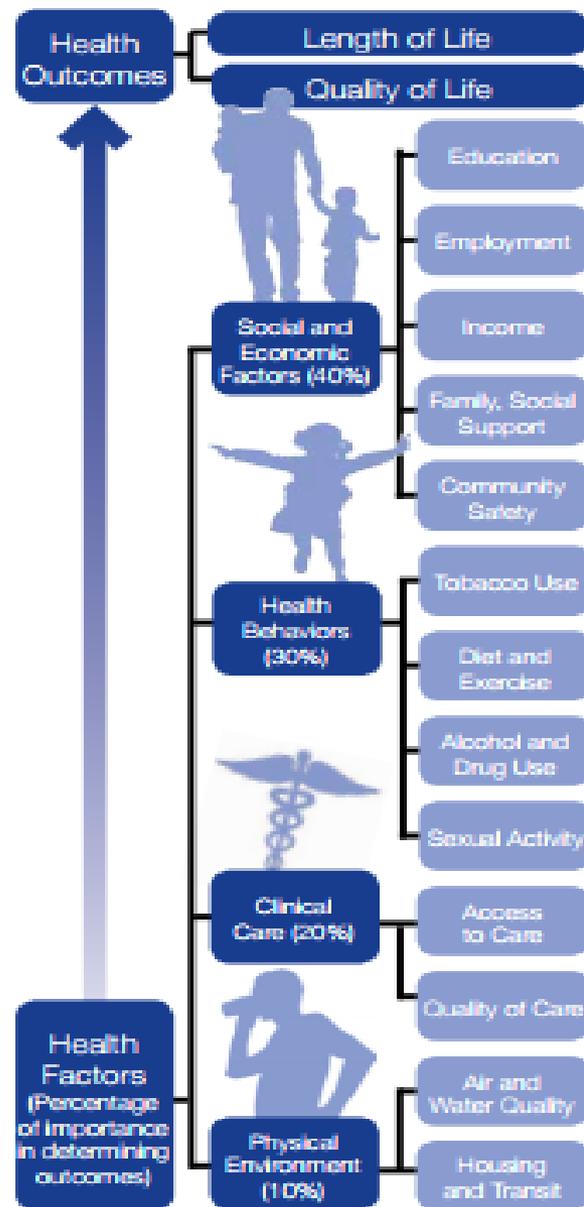
Review of Existing Data

Data Examined in Review

- ➔ This section of the report provides a review of existing data, focusing on the topic areas listed at the beginning of this report. The main efforts focused on summarizing existing data and locating data that fills in gaps in the information needed for the study.

Social Determinants and Demographics

SOCIAL DETERMINANTS MODEL



Weight toward health outcomes and length of life

Social and Economic Factors – 40%

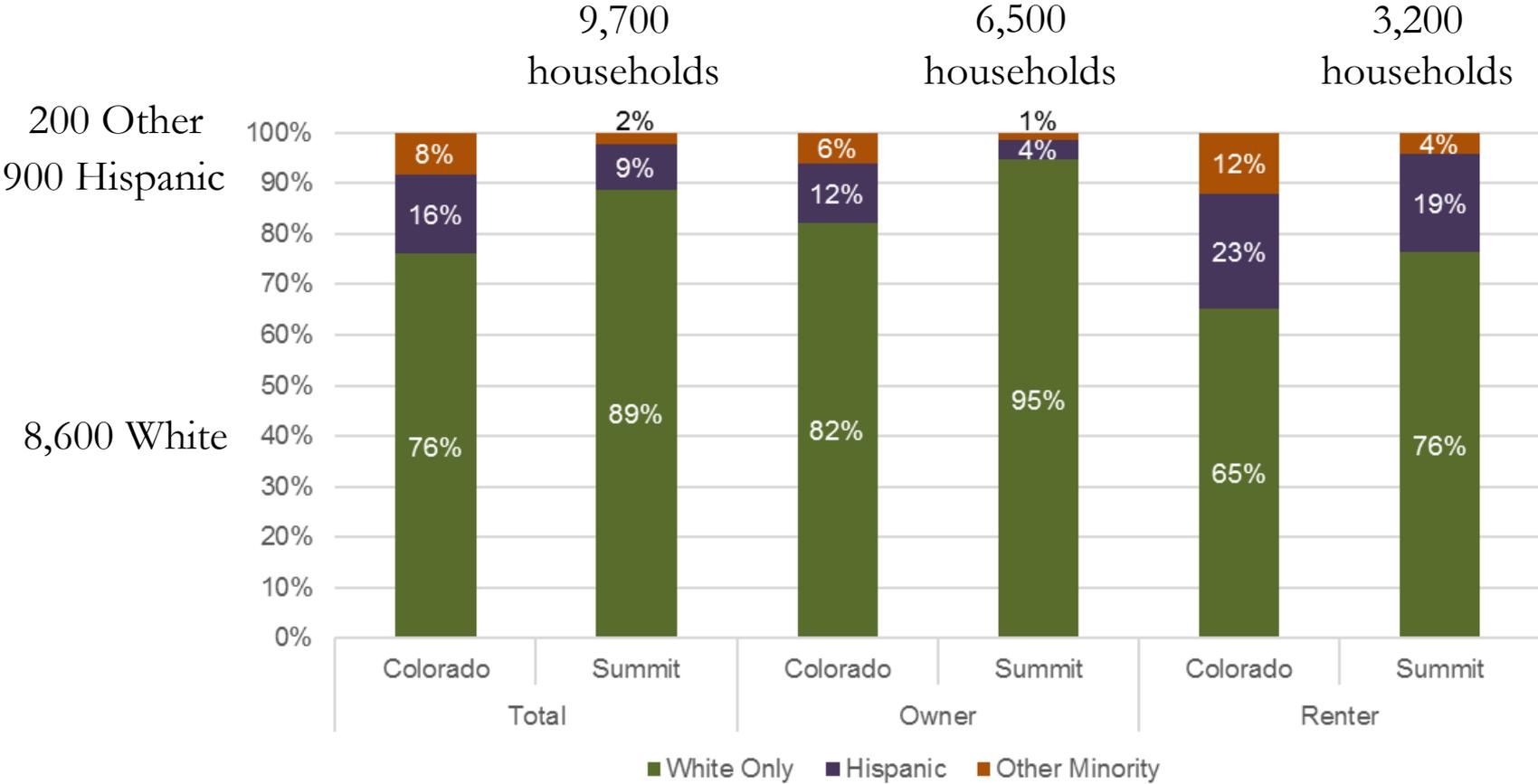
Health Behaviors – 30%

Clinical Care – 20%

Physical Environment – 10%

Households

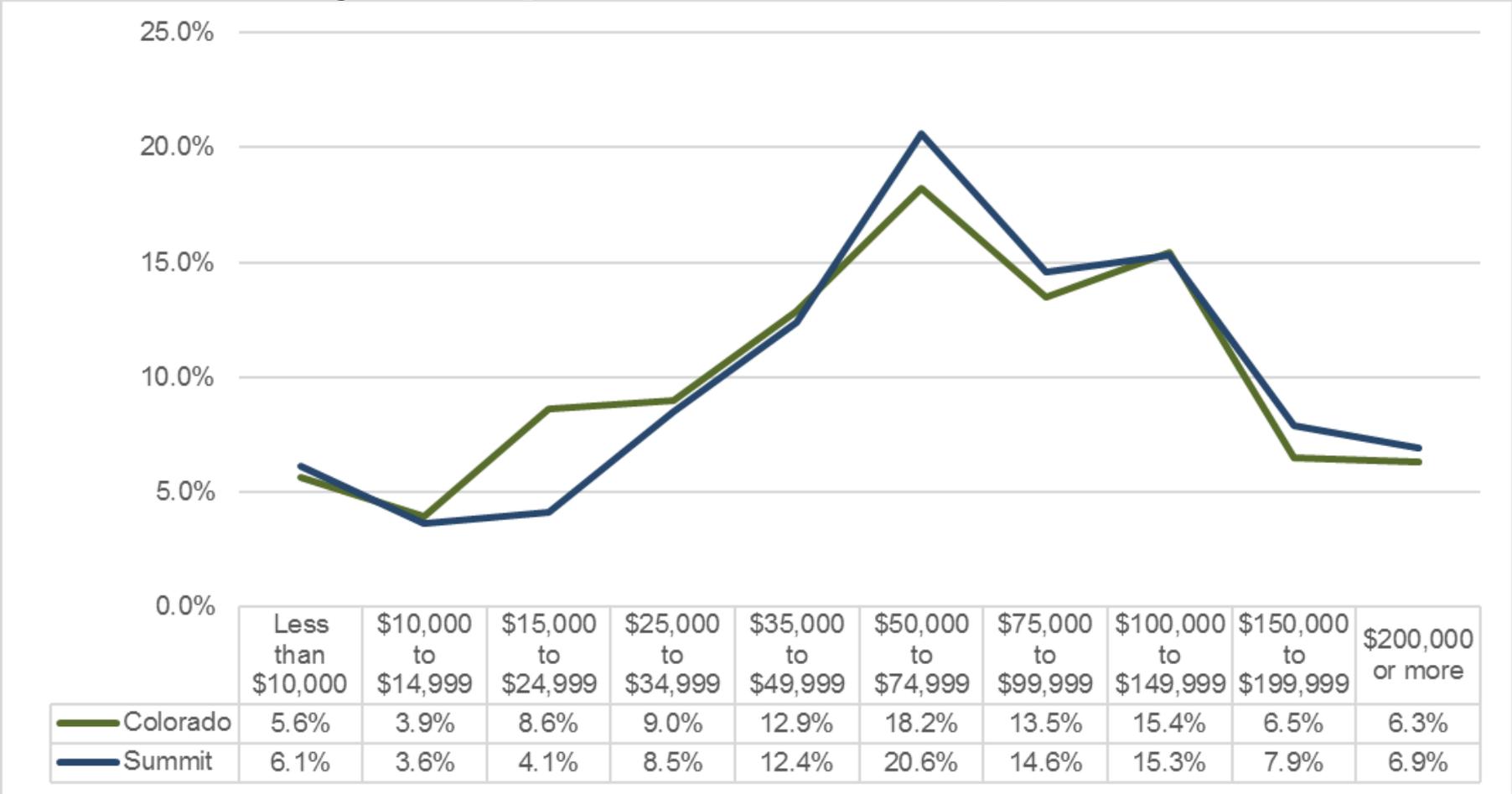
Approximately 1 in 4 renters are minority population members, compared to 1 in 20 homeowners



Source: U.S. Bureau of the Census

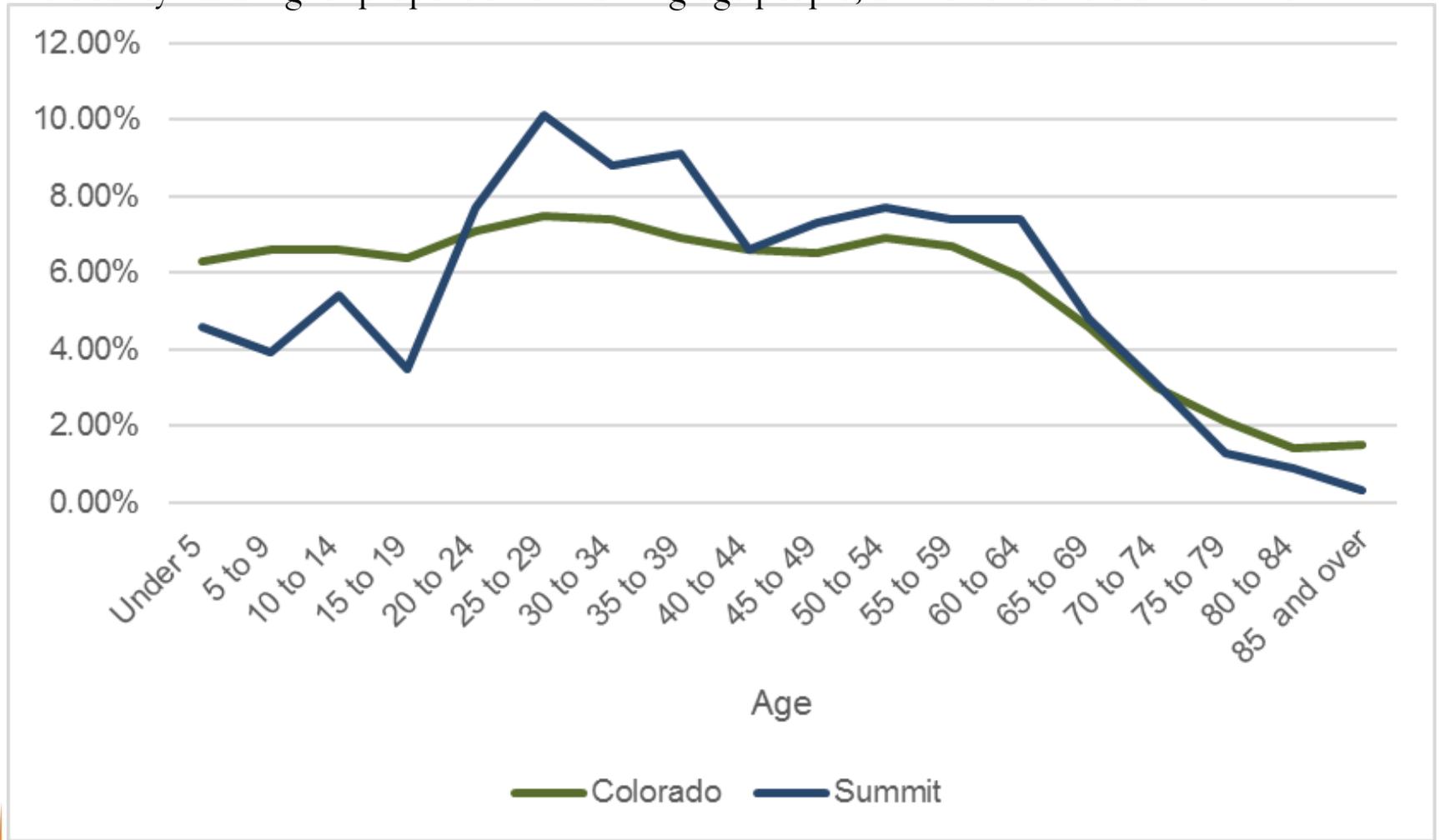
Household Income

Summit County has a higher income profile than the state, but this may be because... (see next slide)



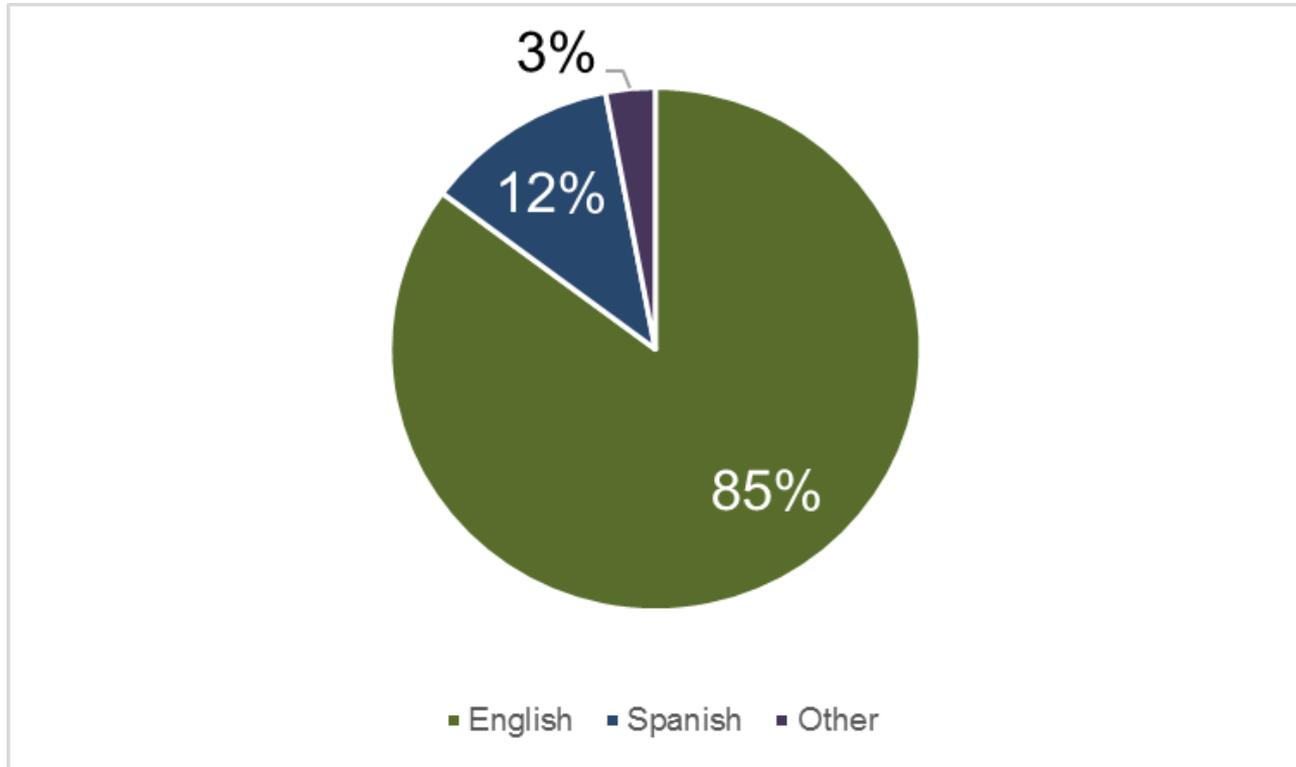
Age

Summit County has a higher proportion of working-age people, and fewer seniors and children



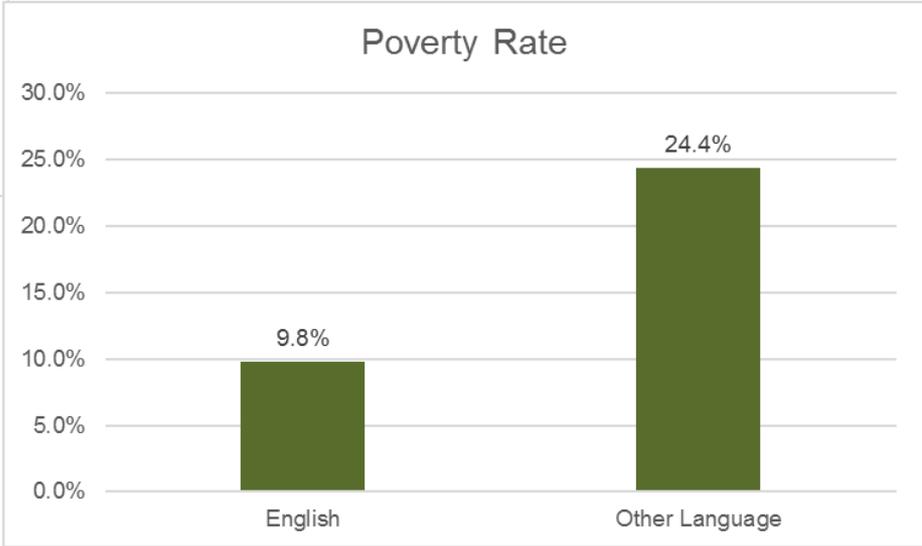
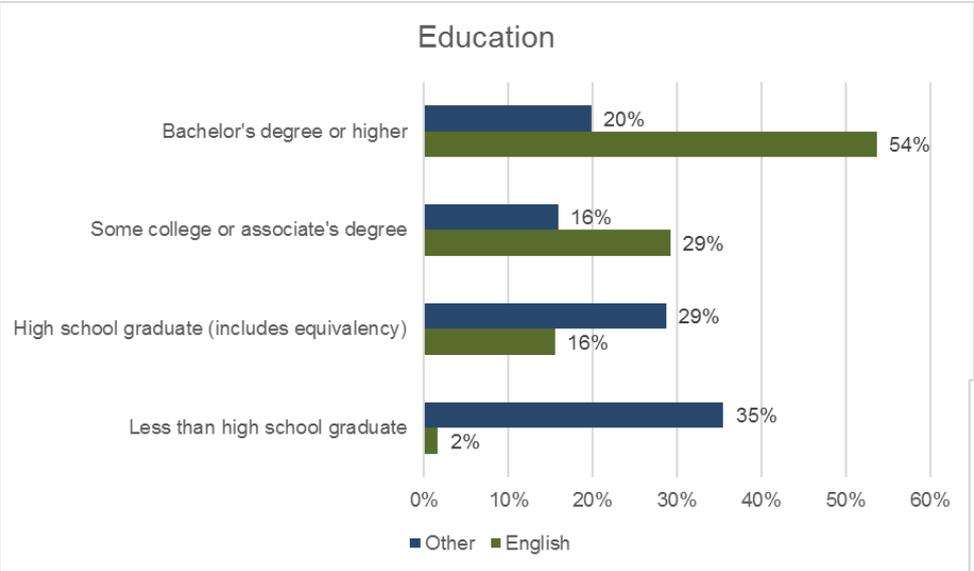
Language Spoken At Home

Approximately one in seven residents speaks a language other than English at home

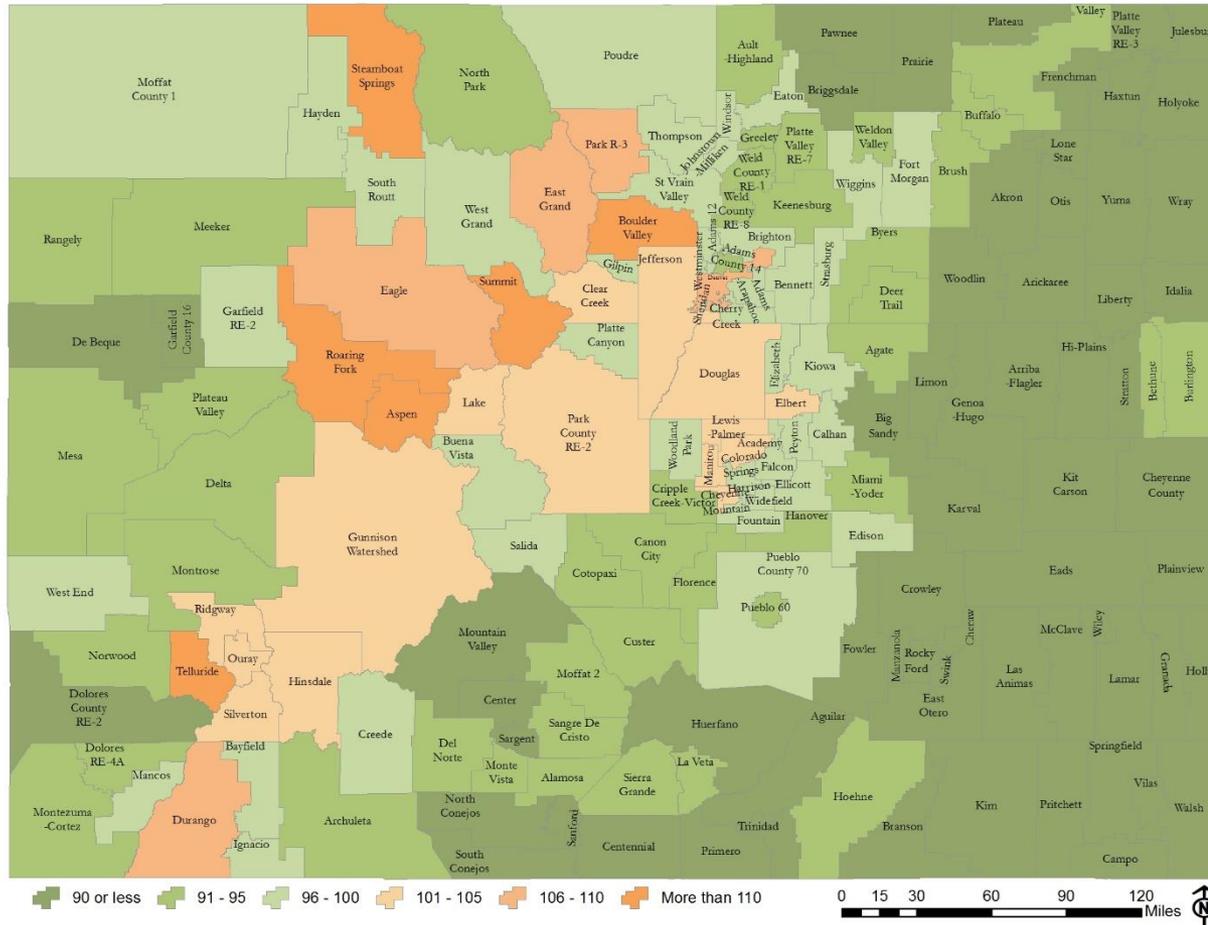


Economics by Language

Non-English speakers have far lower education levels than English speakers, and are more likely to live in poverty



Summit County has a high cost of living



See discussion on following page

Summit County has a high cost of living

- ➔ The Colorado Legislative Council conducts biennial cost of living studies in Colorado's 178 school districts. In the 2013 study (shown on map) and 2015 study, Summit RE-1 School District had the second-highest cost of living in the state. This district encompasses the entirety of Summit County. Summit County's cost of living index was 122.0, which means that the cost was 22 percent higher than the average school district in Colorado.
- ➔ In the comprehensive 2013 study, Summit County's rank among the 178 districts included:

#2 in overall costs

#2 in housing costs

#2 in food away from home costs

#5 in tobacco costs

#6 in personal care costs

#10 in apparel costs

#14 in health care costs

#64 in alcoholic beverage costs

#87 in entertainment costs

#90 in transportation costs

#137 in food at home costs

Journal of the American Medical Association

- ➔ Summit County has the highest expected life expectancy at birth of any county in the United States, due to a combination of:
 - > Social, economic, and demographic factors:
 - poverty rate, median household income, proportion of the adult population who graduated high school, proportion of the adult population who graduated college, the unemployment rate, proportion of the population that are black, proportion of the population that are native American, and proportion of the population that are Hispanic.
 - > behavioral and metabolic risk factors:
 - obesity, leisure time physical inactivity, cigarette smoking, hypertension, and diabetes.
 - > health care and health care quality factors:
 - percentage of the population younger than 65 years who are insured, a quality index that is a composite of variables related to primary care access and quality based on Medicare data analyzed by the Dartmouth Atlas project,²³ and the number of physicians per capita.

Journal of the American Medical Association

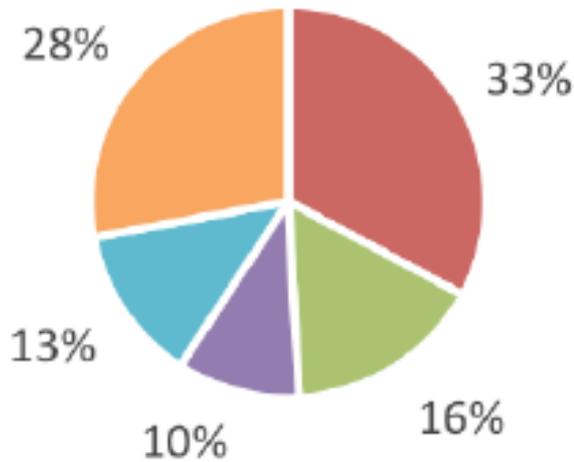
➔ Relation of different factors to life expectancy

- > Social, economic, and demographic factors:
 - Explained 60 percent of variation in life expectancy.
- > Behavioral and metabolic risk factors:
 - Explained 74 percent of variation in life expectancy.
- > Health care and health care quality factors:
 - Explained 27 percent of variation in life expectancy.

Current Services Available

Care Clinic Clients - 2015

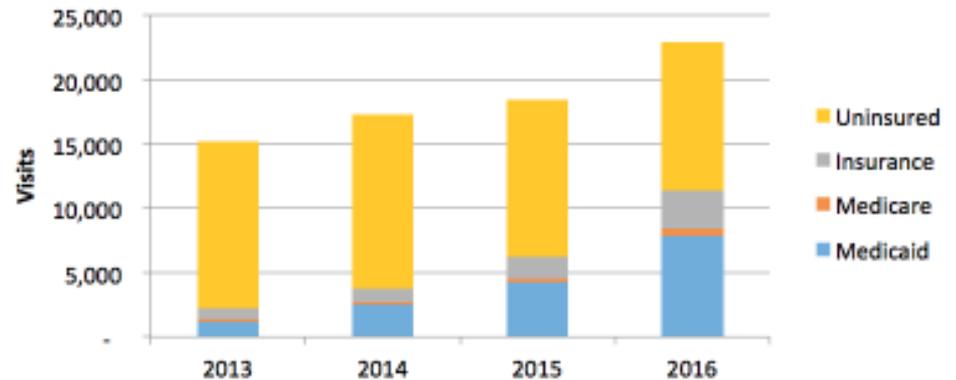
Patients by % of Federal Poverty Level (FPL)



Poverty Levels for a Family of Four

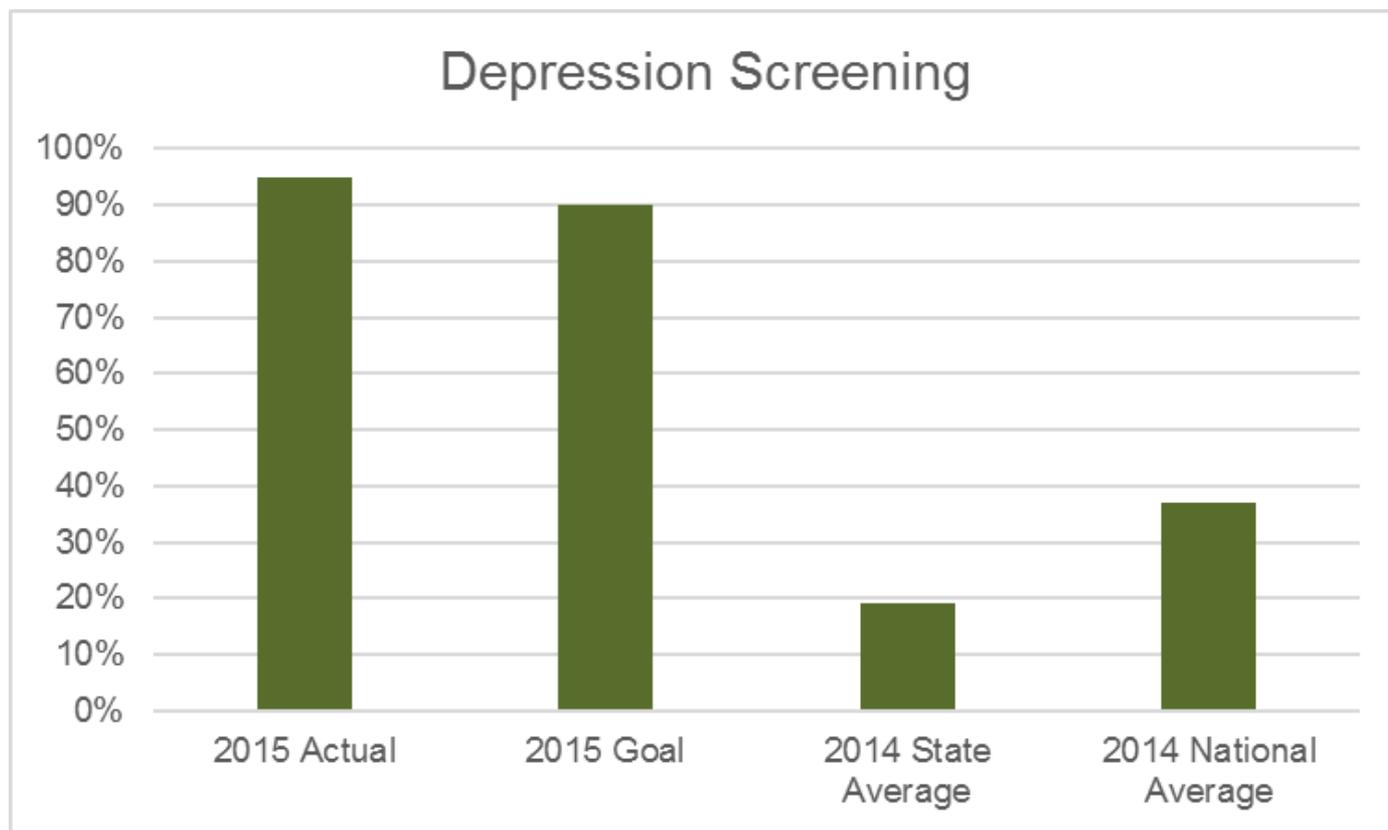
- 100% of FPL and below - less than \$24,250
- 101 - 150% of FPL - \$24,251-\$38,375
- 151 - 200% of FPL - \$38,376-\$48,500
- Over 200% of FPL - more that \$48,500
- Unknown

Payer Mix 2013-2016

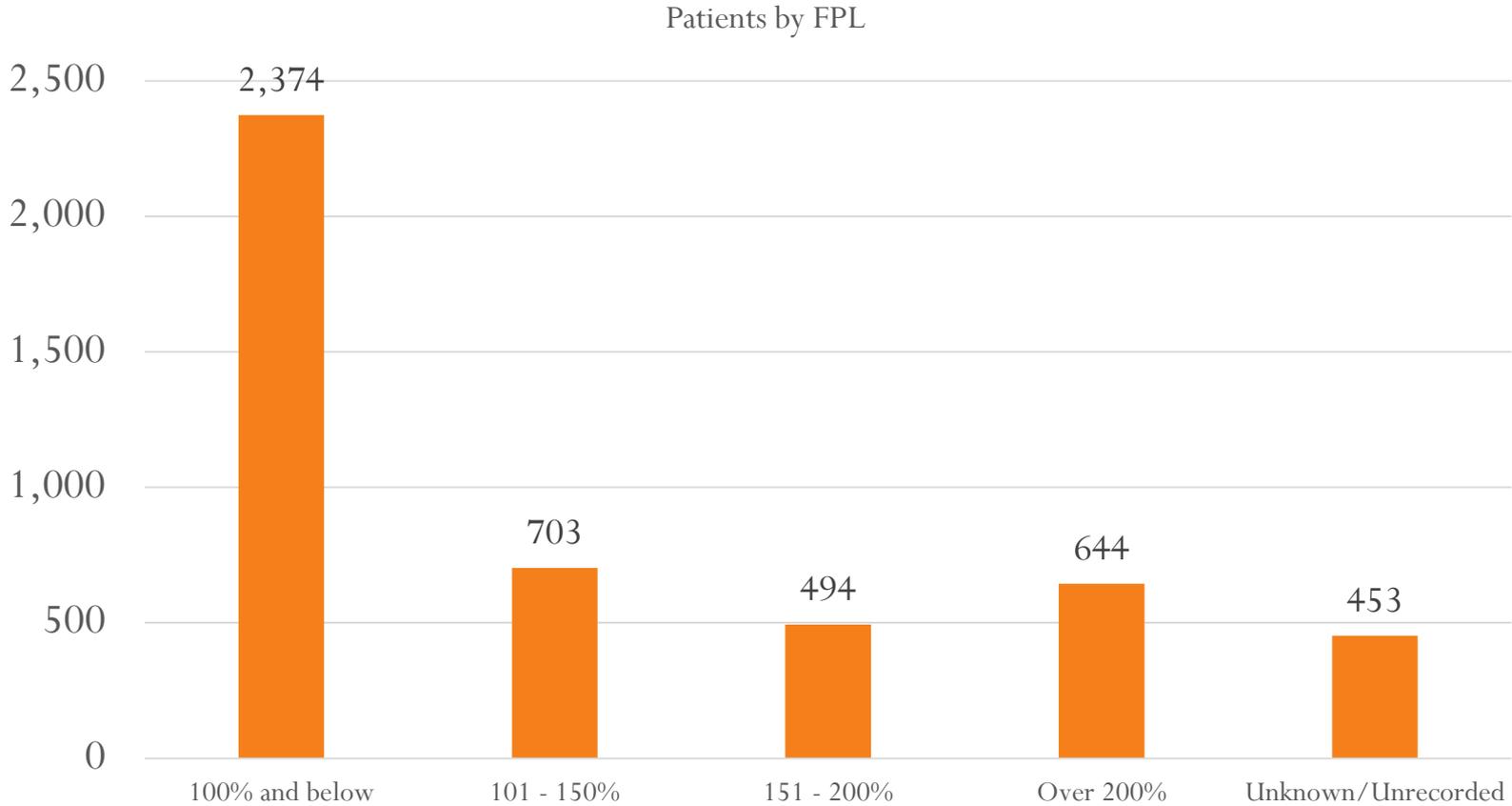


Care Clinic Depression Screening

➔ Ages 12 and older – depression screening has become routine care at the clinic

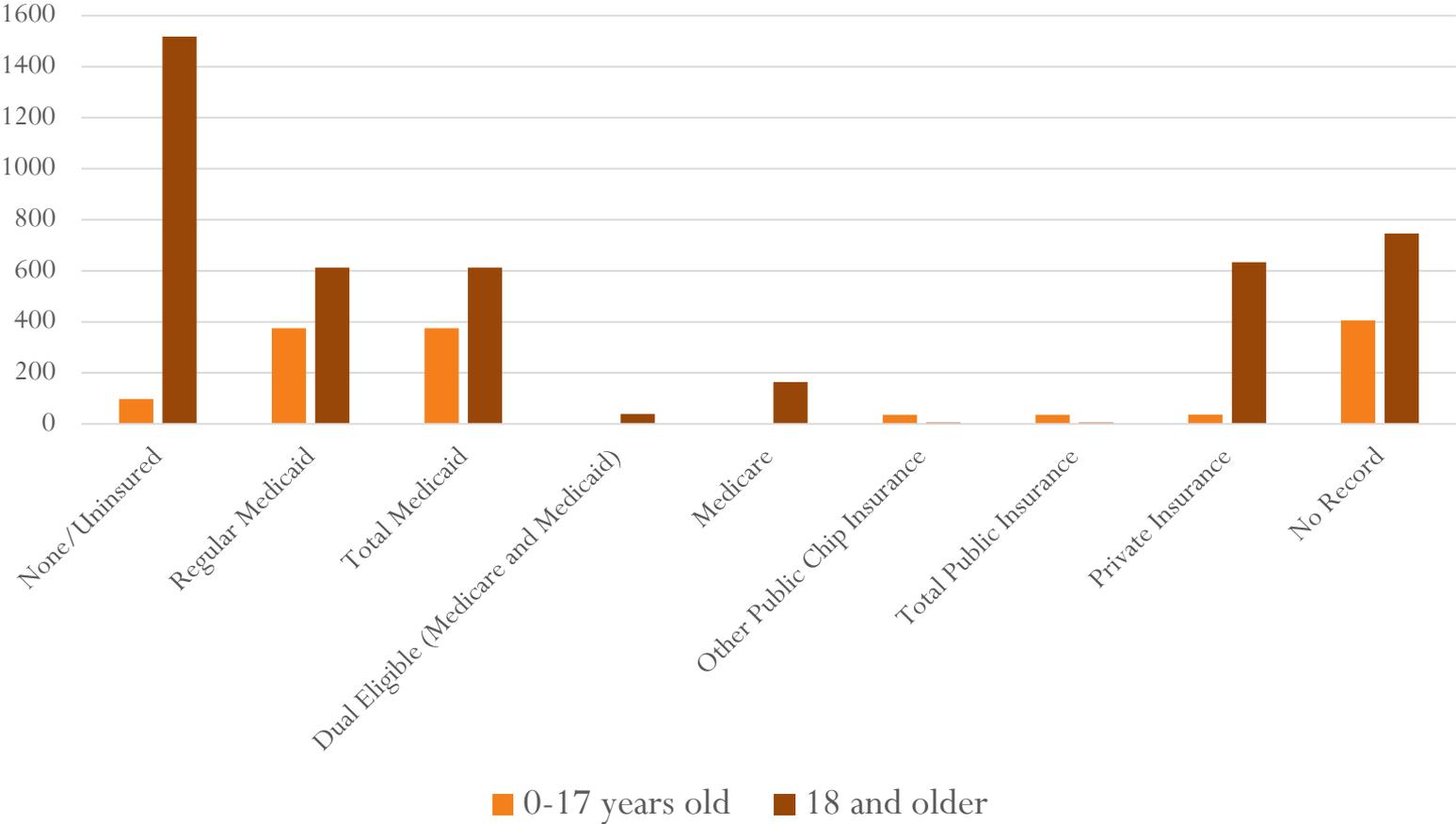


Public Health Clients - 2015



Public Health Clients - 2015

Patients by Payer



Rankings and Ratings

Communities That Care Assessment Report, 2016

- ➔ Recommended Priority Problem Behaviors from this study: Substance Abuse, Depression, Anxiety
 - > Availability of drugs
 - 8.58 liquor stores per 10,000 people compared to 2.4 statewide
 - 13 retail marijuana shops
 - > Community Laws and Norms Favorable to Drug Use
 - One of the highest DUI rates in the state
 - 40% of young adults have driven after using marijuana
 - > Low Neighborhood Attachment and Community Disorganization
 - 70% of houses are second homes
 - Low voter registration and turnout
 - > Favorable Parent Attitudes and Involvement in the Problem Behavior
 - 20% of high school students don't feel that their parents would disapprove of alcohol use and 14% would not disapprove of marijuana use.
 - > Lack of Commitment to School
 - High graduation rate, but below average perception that teachers care about them.
 - > Favorable Attitudes Toward the Problem Behavior
 - Below-average high school perceptions of alcohol and marijuana risks
 - Above-average high school use of alcohol, driving after drinking, and riding with a drinker

Colorado Vision Summary

	Undesirable Traits	Desirable Traits
Above Average	<ul style="list-style-type: none"> Binge drinking, heavy alcohol consumption Marijuana use High cholesterol Maternal depression, prenatal care counseling about maternal depression 	<ul style="list-style-type: none"> Breastfeeding Physical activity Sleep Sun protection Healthy weight
Below Average	<ul style="list-style-type: none"> Cancer rates Coronary heart disease, heart attacks High blood pressure Strokes Anxiety disorder, depressive disorder, depressive symptoms Recent poor mental health (self-reported) Chronic health conditions Sugary drink consumption Sunburn Asthma, COPD Overweight, obese, or morbidly obese Smoker or smokeless tobacco 	<ul style="list-style-type: none"> Having Personal Doctor Health insurance coverage Flu vaccinations Cholesterol screenings Fruit consumption Vegetable consumption Dental insurance

Colorado Health Rankings and Roadmap

Colorado Rank*	Traits
2	Length of life <ul style="list-style-type: none"> Premature death
2	Social and economic factors <ul style="list-style-type: none"> Education, unemployment, poverty, income equality, single-parent households, violent crime, injury deaths Social associations
10	Clinical care <ul style="list-style-type: none"> Doctors per capita, preventable hospital stays, mammography screening Uninsured, dental providers per capita, mental health providers per capita, diabetes monitoring
15	Health behaviors <ul style="list-style-type: none"> Smoking, obesity, food environment, physical inactivity, access to exercise, DUI deaths, STDs, teen births Excessive drinking
27	Quality of life <ul style="list-style-type: none"> Poor physical health days, poor mental health days Low birth weight
33	Physical environment <ul style="list-style-type: none"> Air quality, commuting Housing, water quality

Seniors

Community Assessment Survey for Older Adults

⇒ Key findings

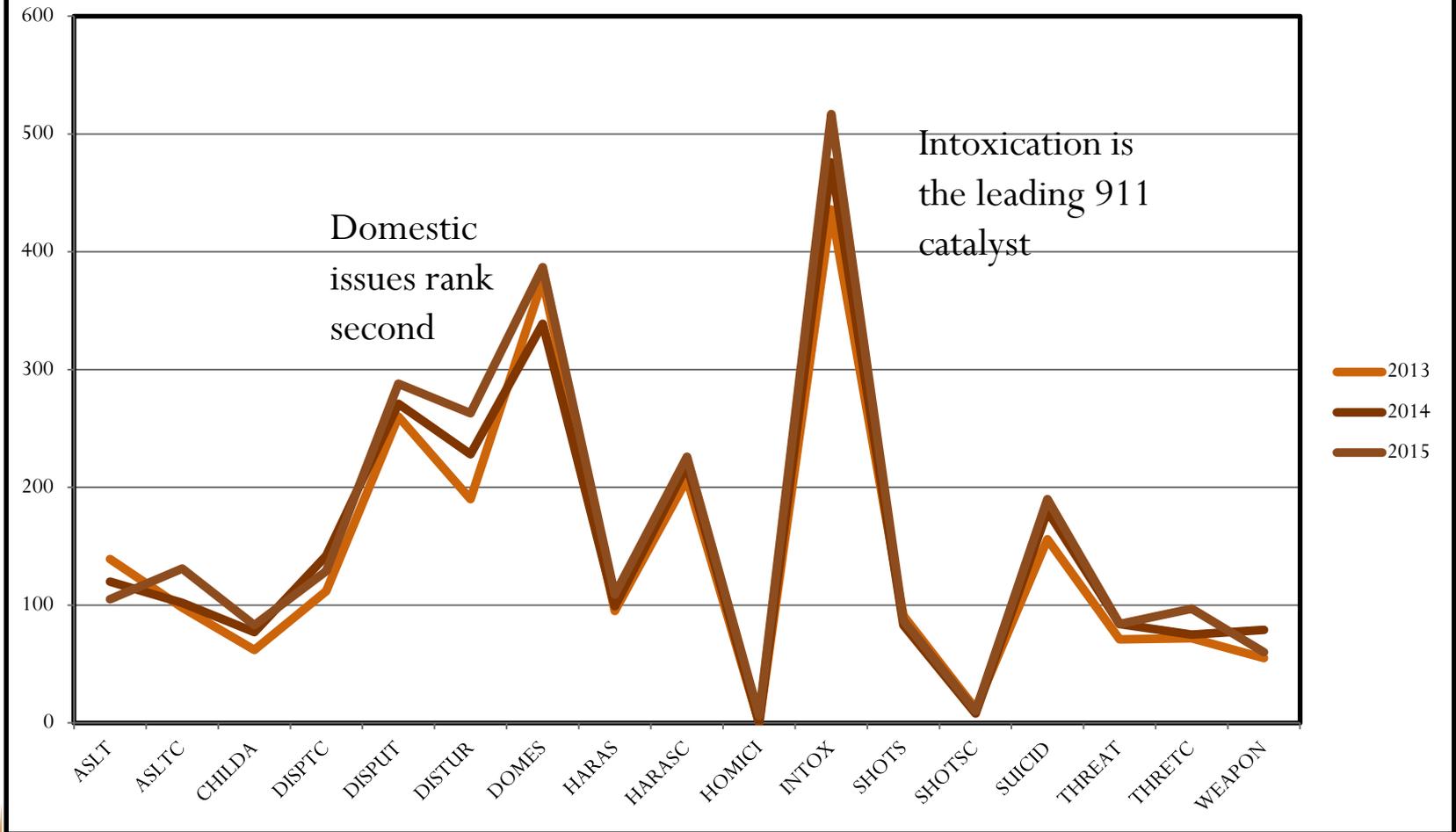
- Older residents rank their communities high as places to live
- 93% feel safe
- 70% report positive sense of community
- 70% are somewhat or very informed about senior services
- 20% have at least minor problems meeting their expenses
- 90% rate mental health as good or excellent
 - Most common problems are losing family members and friends, and feeling depressed
- 40% report problems staying physically fit
- 25% had fallen and injured themselves in the past 12 months
- 10% have problems with independent living

Violence

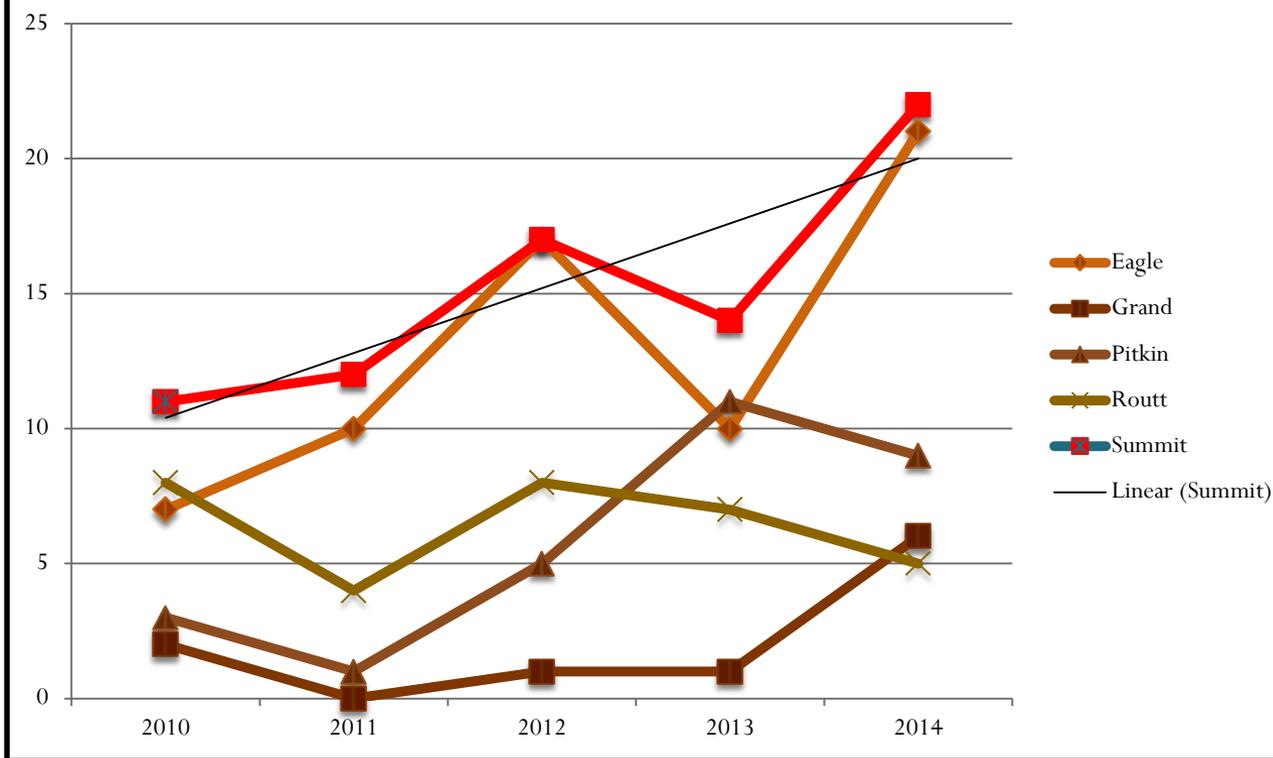
Contributing Factors to Violence

- ⇒ Alcohol (not so much drugs)
- ⇒ Stress – economic, housing, etc.
- ⇒ Lack of coping skills
- ⇒ Lack of information

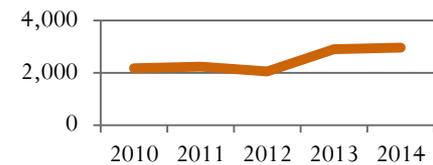
Summit 911 Data by Selected Call Types 2013-2015



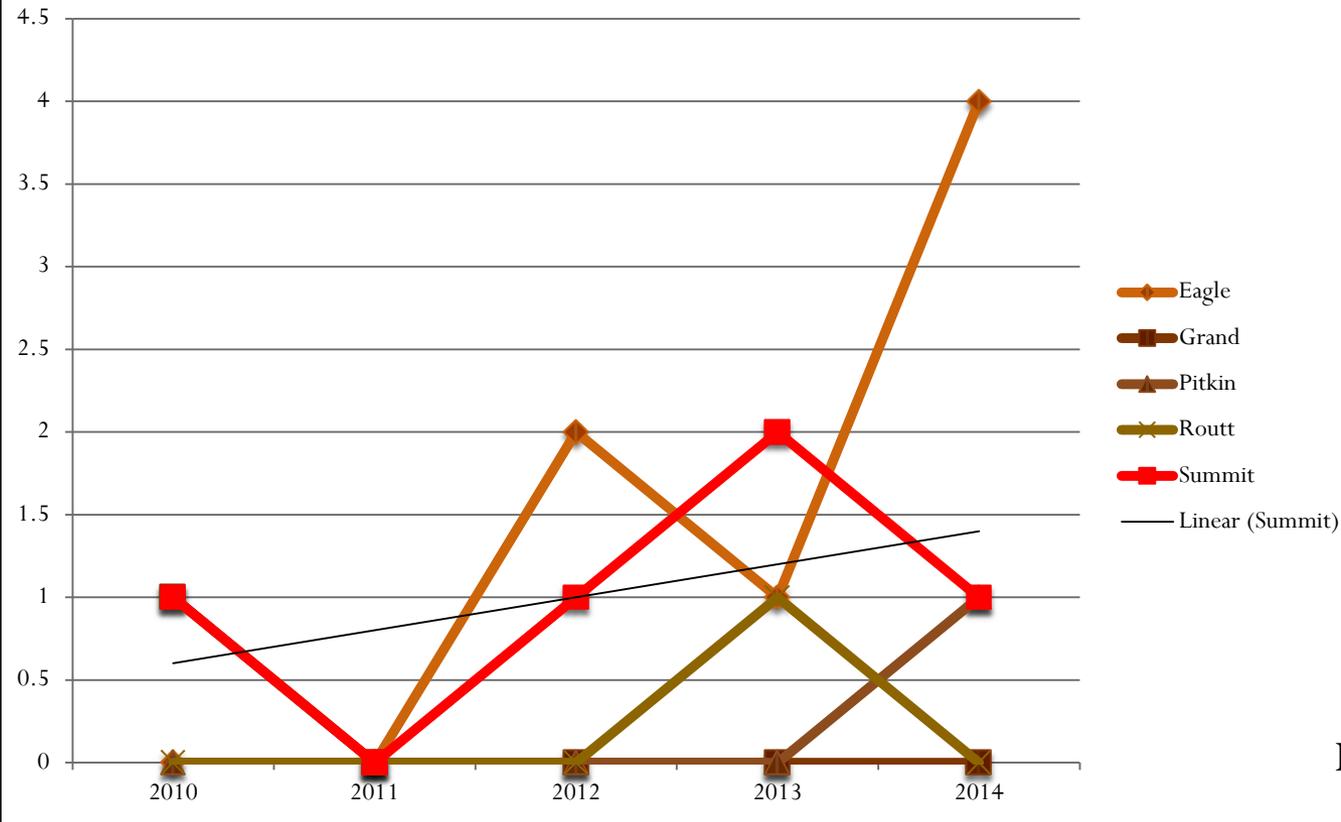
Rape: 2010-2014 UCR County Comparisons



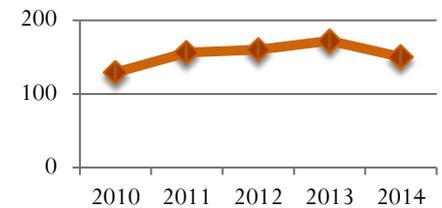
Rape Trend Colorado



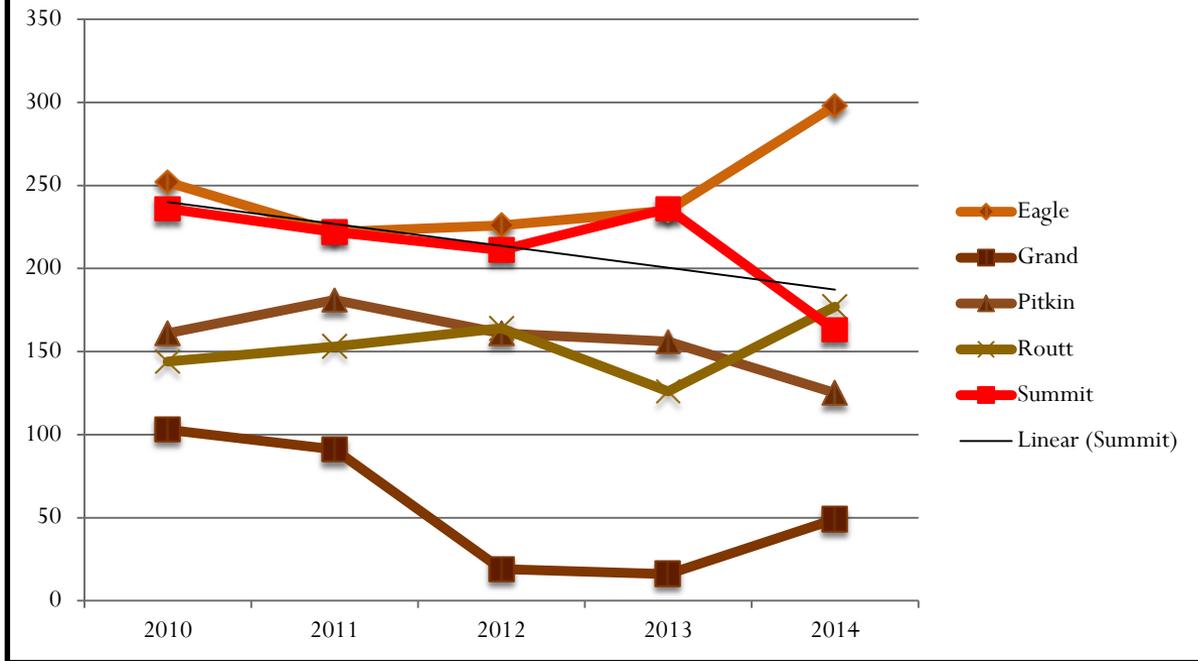
Murder/Manslaughter: 2010-2014 UCR County Comparisons



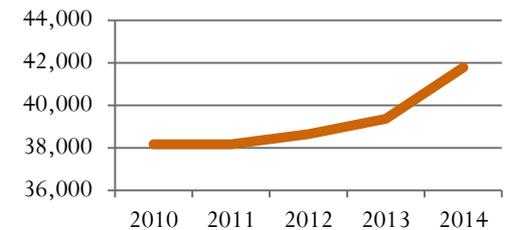
Homicide Trend Colorado



Assaults: 2010-2014 UCR County Comparisons

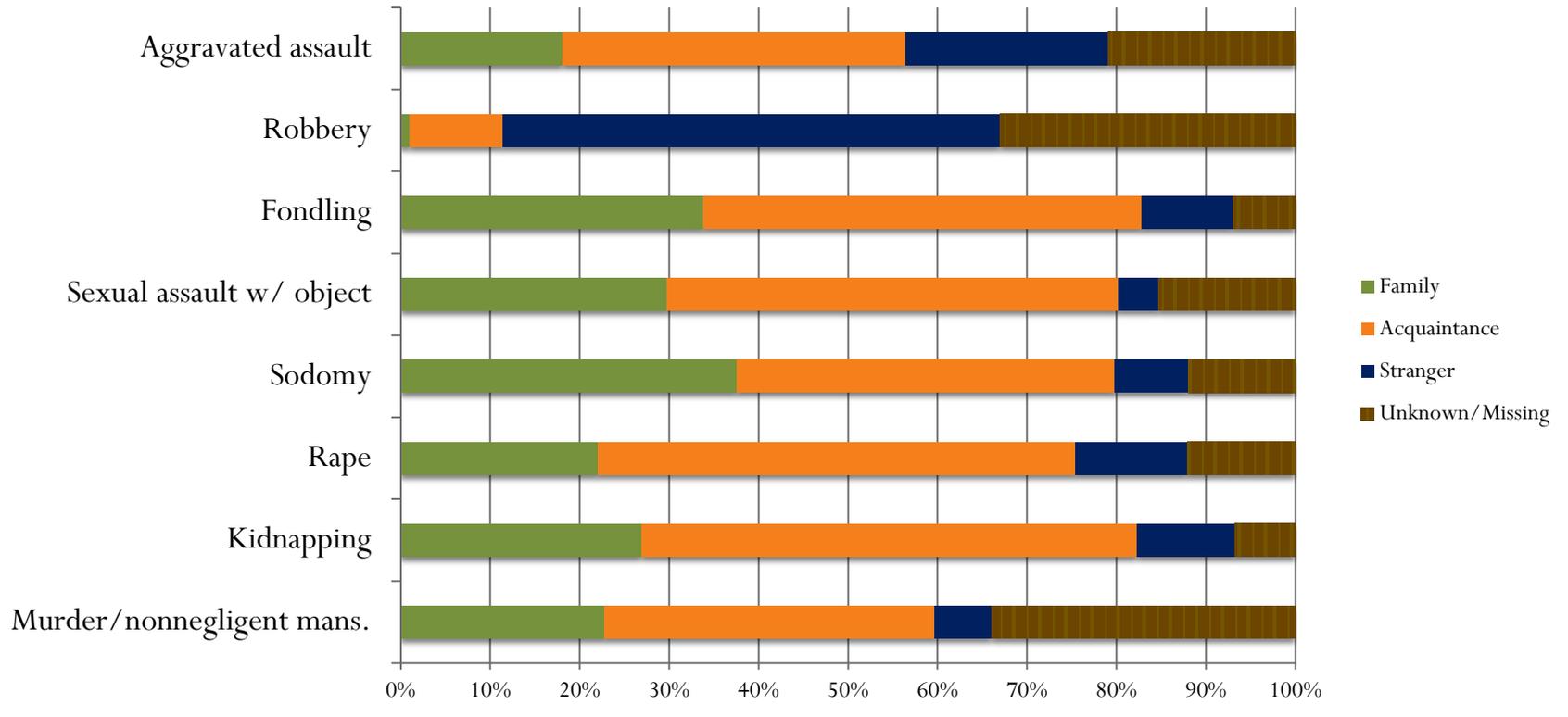


Assault Trend Colorado



Type of Violent Crime by Relationship with Assailant Colorado 2013

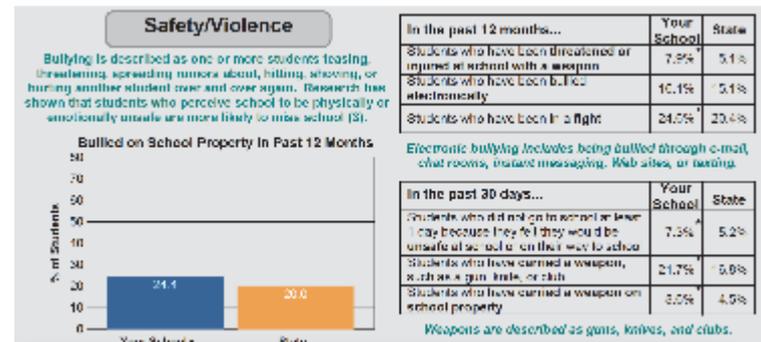
Source: EZANIBRS



Youth Issues

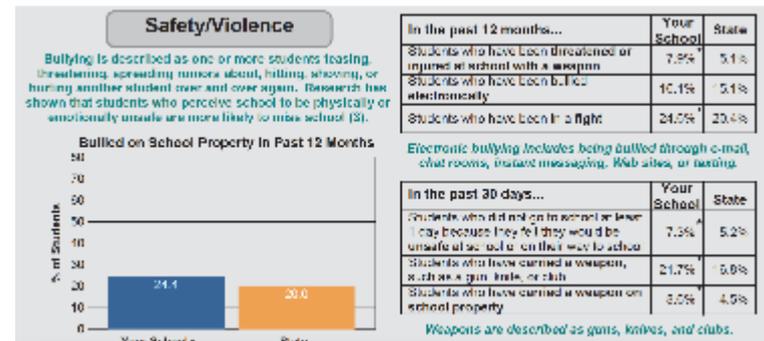
High School YRBS 2013

- ➔ Compared to the State, students at Summit High School are more likely to have:
 - > Been bullied at school
 - > Been in a physical fight
 - > Been threatened or injured at school with a weapon
 - > Carried a weapon
 - > Carried a weapon on school property
 - > Stayed away from school at least one day because of feelings of being unsafe
 - > Been bullied electronically



Middle School YRBS 2013

- ➔ Compared to the State, students at Summit Middle School are more likely to have:
 - > Been bullied at school
 - > Been bullied electronically
 - > Been in a fight
 - > Carried a weapon



Suicide

Suicide

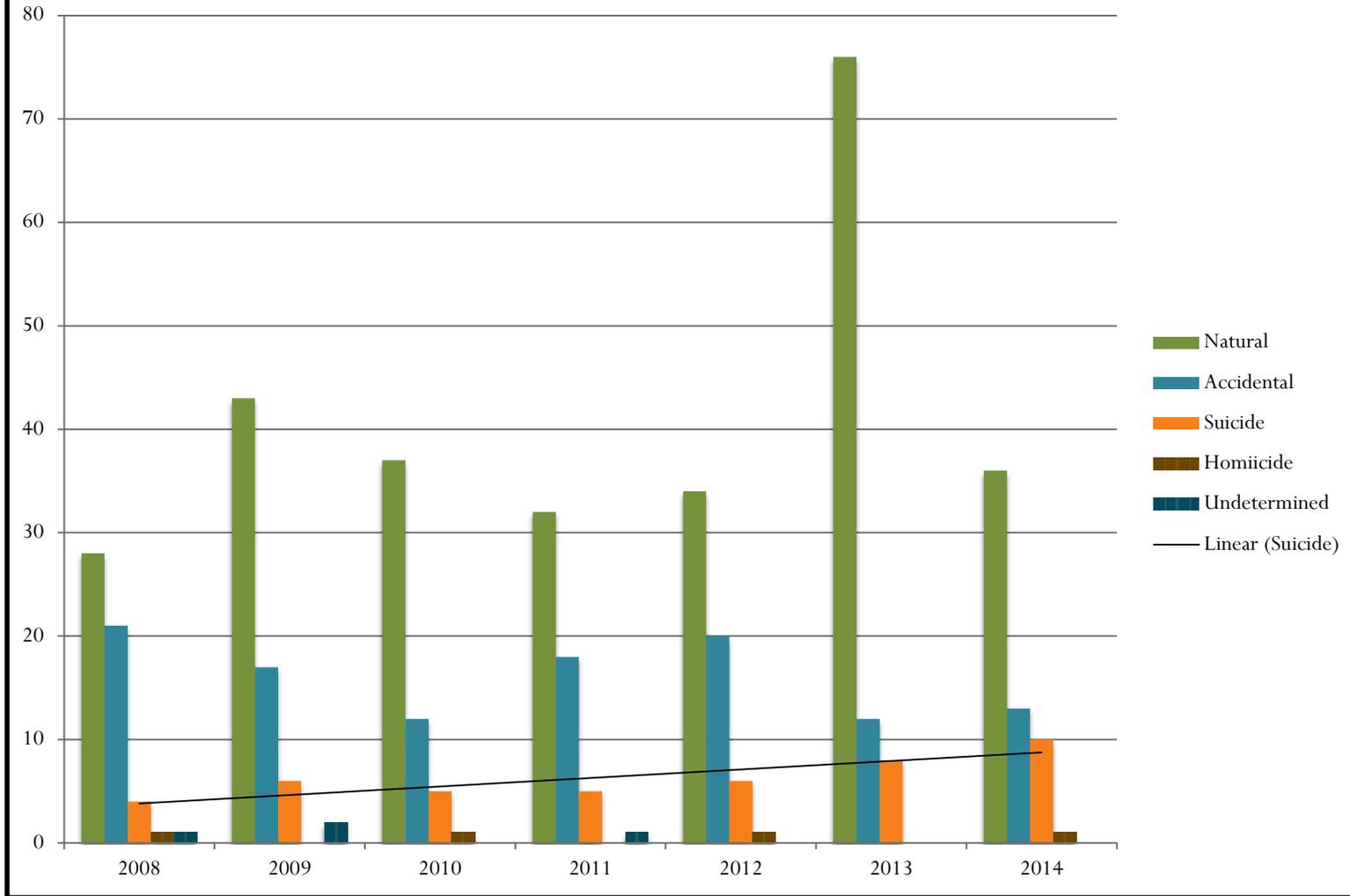
Age-Adjusted Rate Per 100,000 People (2011-2015)

Summit	Colorado
27.3	19.2

Suicide Circumstances

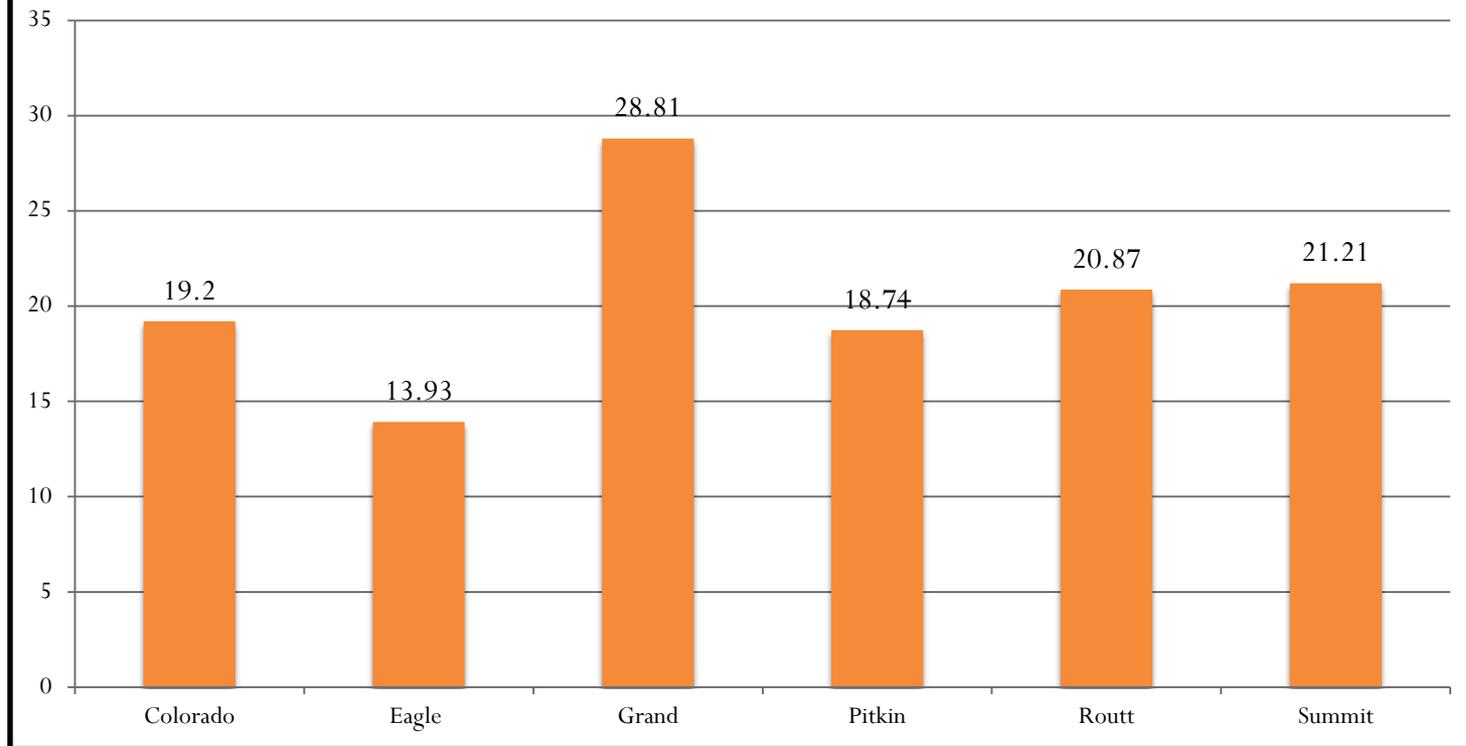
Circumstance	Colorado		Summit	
	N	% of suicides with known circumstance	N	% of suicides with known circumstance
Suicides with 1+ known circumstance	4,625	89.11	32	82.05
Current mental health problem	2,256	48.78	18	56.25
Current depressed mood	2,489	53.82	15	46.88
Diagnosis of depression	1,668	36.06	15	46.88
Left a suicide note	1,646	35.59	14	43.75
Ever treated for mental health problem	1,823	39.42	11	34.38
Crisis in last two weeks	1,212	26.21	11	34.38
Current mental health treatment	1,393	30.12	10	31.25
Intimate partner problem	1,579	34.14	9	28.13
Problem with alcohol	1,255	27.14	9	28.13
Physical health problem	1,487	32.15	8	25
Problem with other substance	805	17.41	7	21.88
Diagnosis of Anxiety	328	7.09	7	21.88
Family relationship problem	687	14.85	6	18.75
Disclosed intent to commit suicide	1,410	30.49	4	12.5
History of suicidal thoughts or plans	1,294	27.98	4	12.5
History of previous suicide attempts	1,248	26.98	4	12.5
Death preceded by argument	1,035	22.38	4	12.5
Contributing criminal legal problem	731	15.81	4	12.5
Financial problem	709	15.33	4	12.5
Job problem	815	17.62	3	9.38
Recent non-suicide death of friend or family	369	7.98	3	9.38

Cause of Death - Summit County

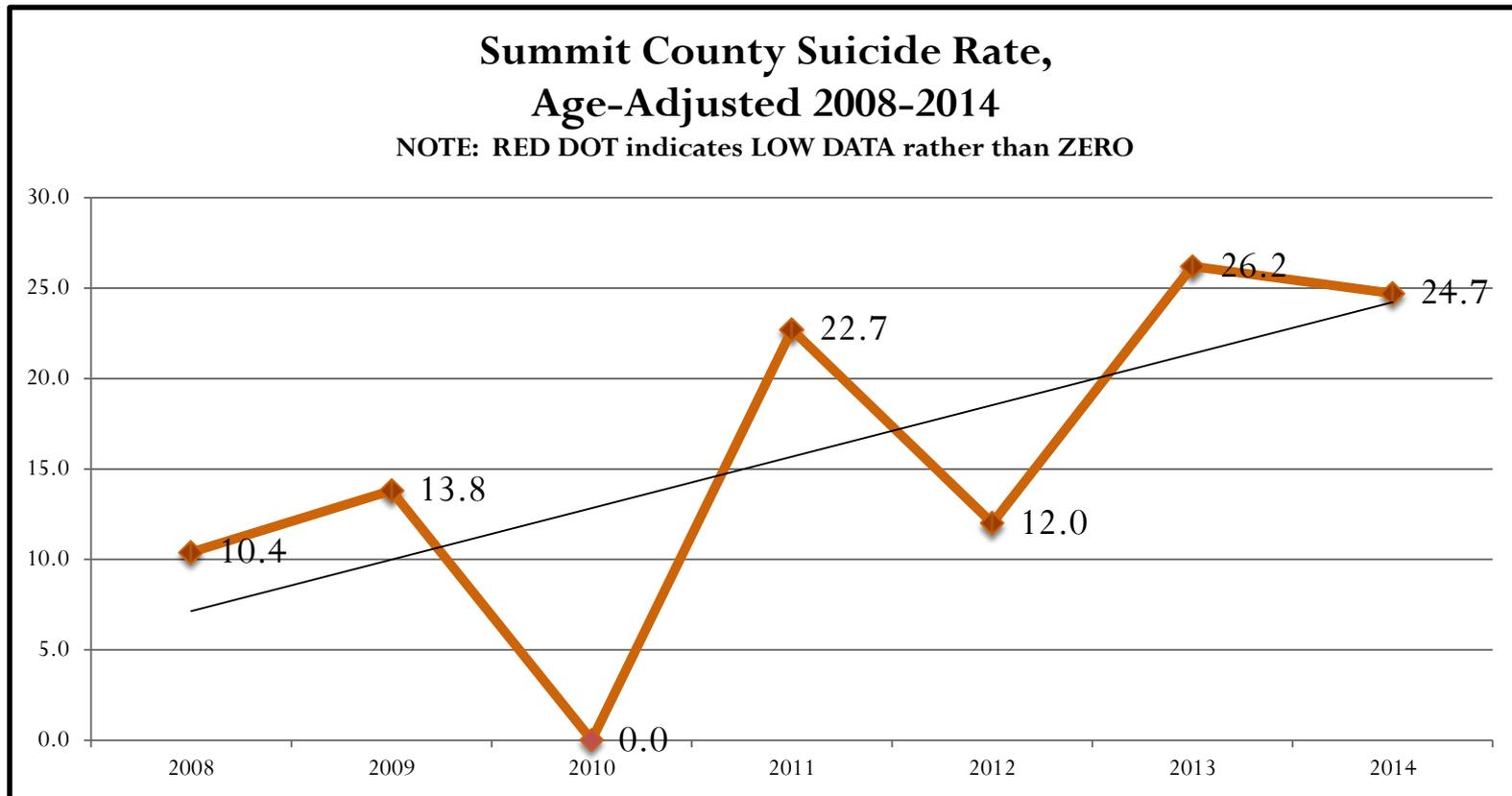


Suicide Rate per 100,000 2012-2014

Source: Need for Assistance Worksheet /
Vital Statistics



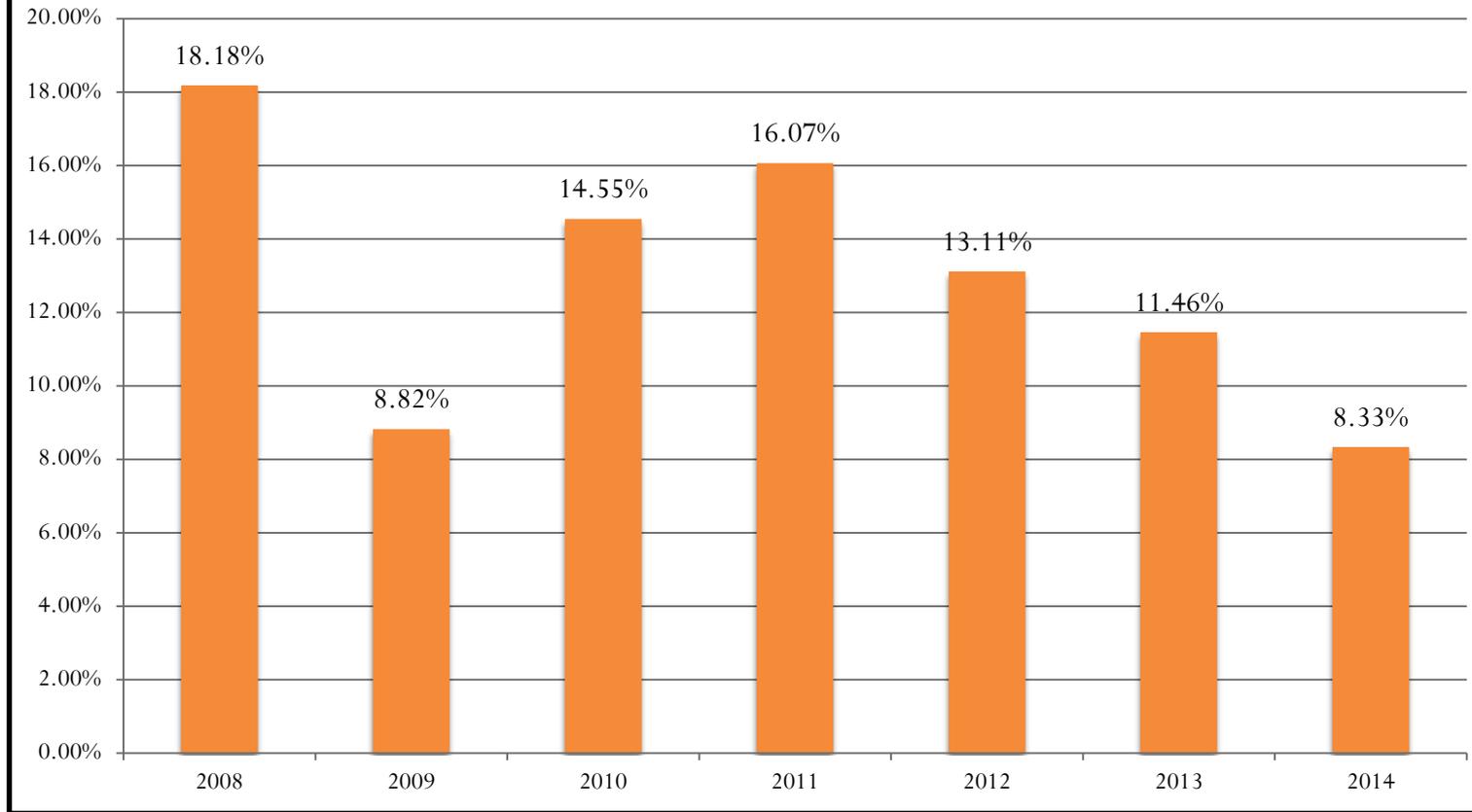
Suicide trend data



Substance Abuse

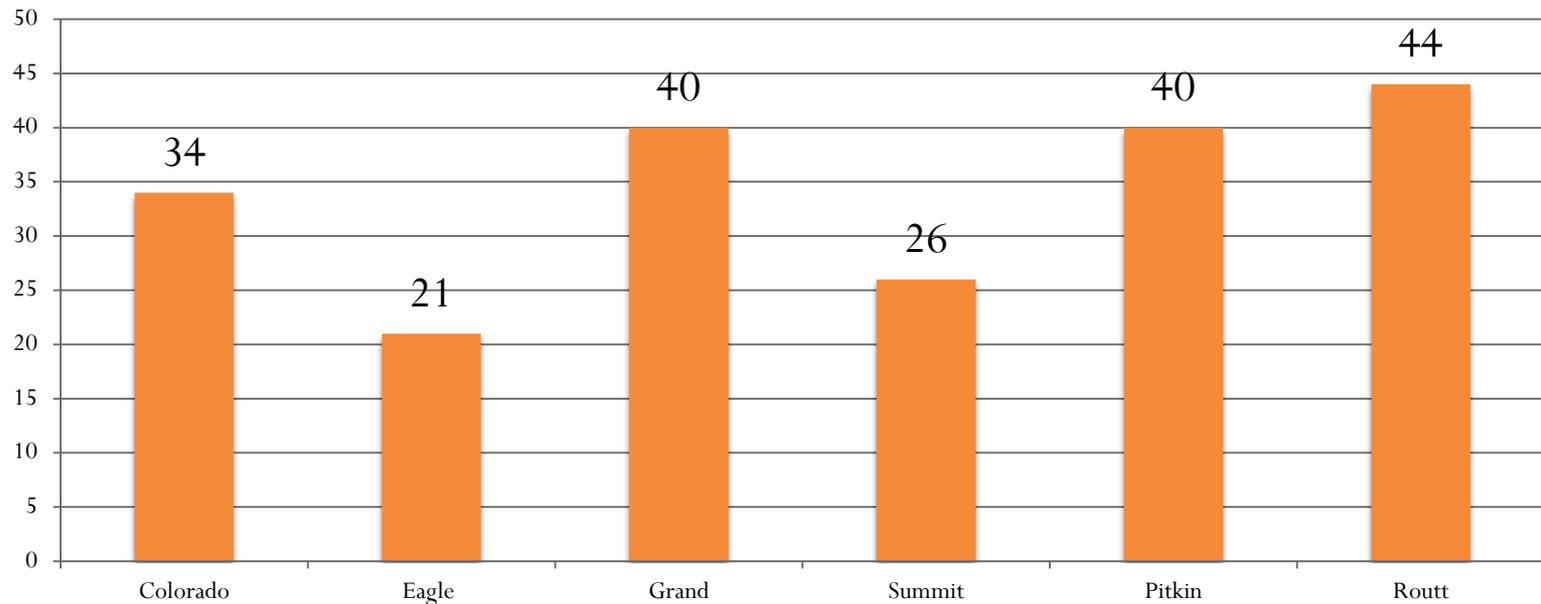
% of ALL deaths in which drugs and alcohol are a factor

Source: SC Coroner Data



% of Motor Vehicle Crash Deaths with Alcohol Involvement 2009-2013

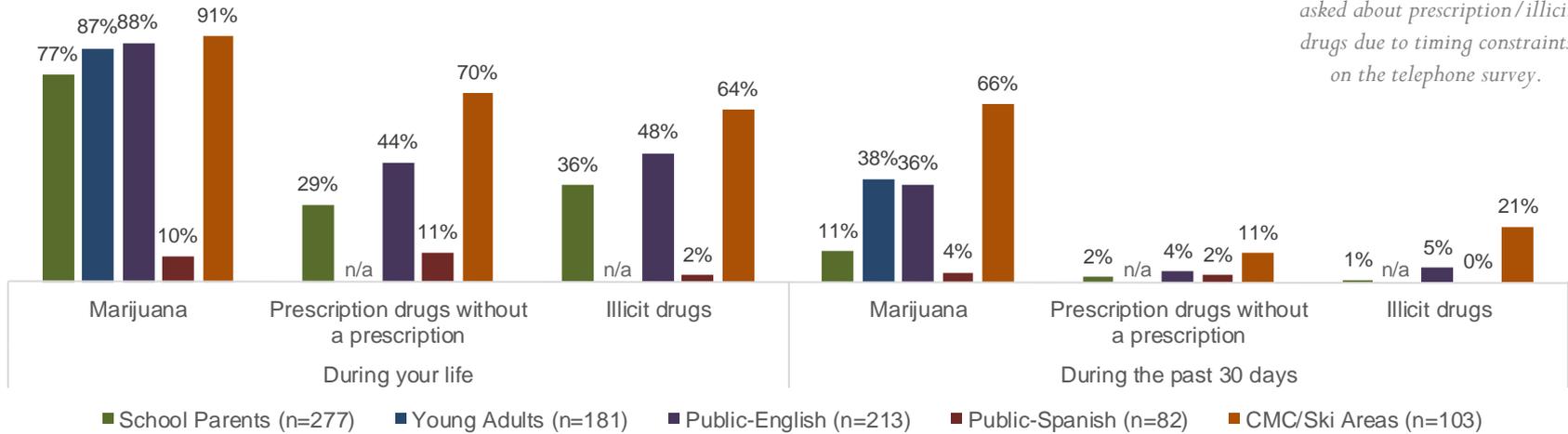
Source: County Data Sets /
Fatality Analysis Reporting System



Drug Use

Personal Experiences with Drug Usage

Note: Young adults were not asked about prescription/illicit drugs due to timing constraints on the telephone survey.

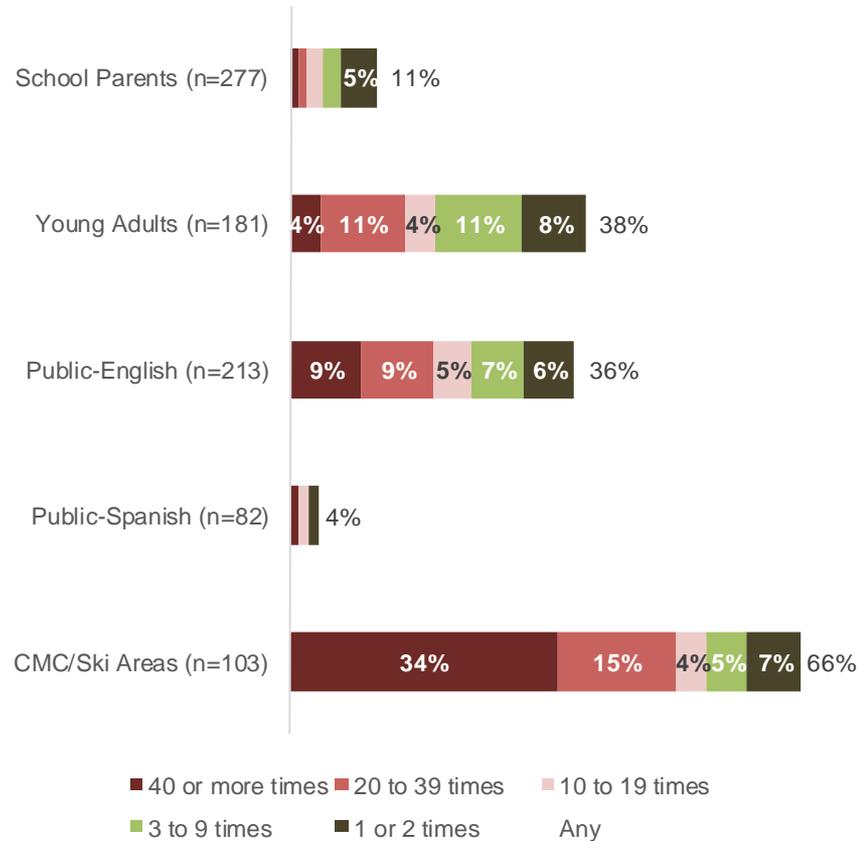


Q13. During your life, how many times have you used each of the following substances?

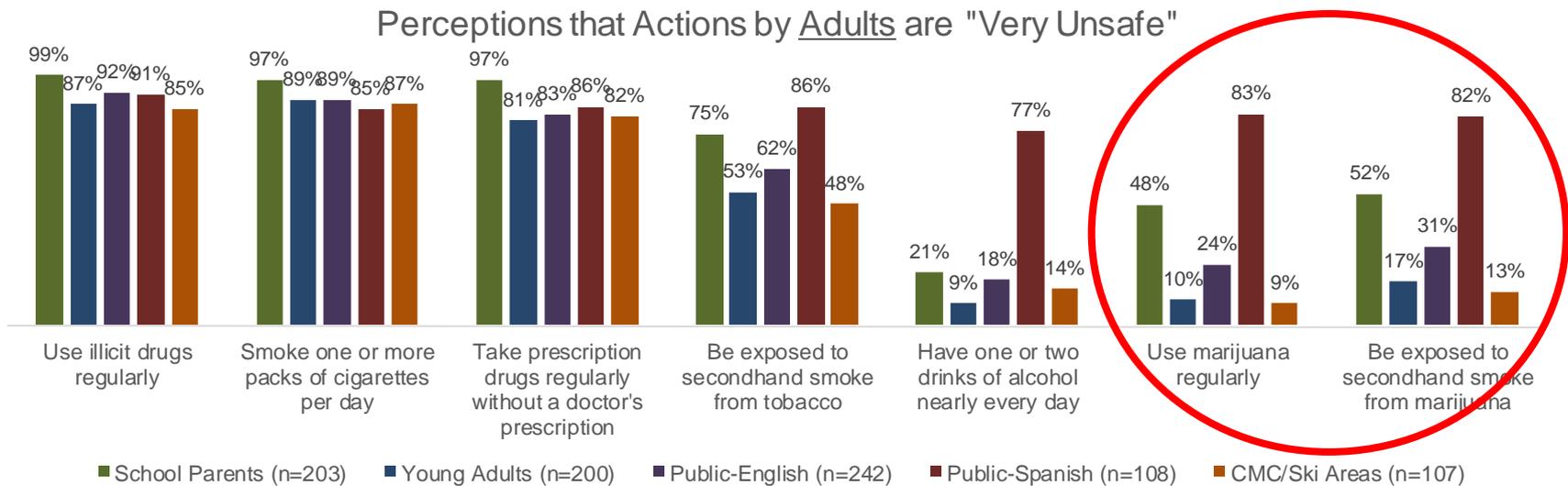
Q14. During the past 30 days, how many times did you use each of the following substances?

15% of young adults in Summit County use marijuana essentially every day

Marijuana Use in Past 30 Days

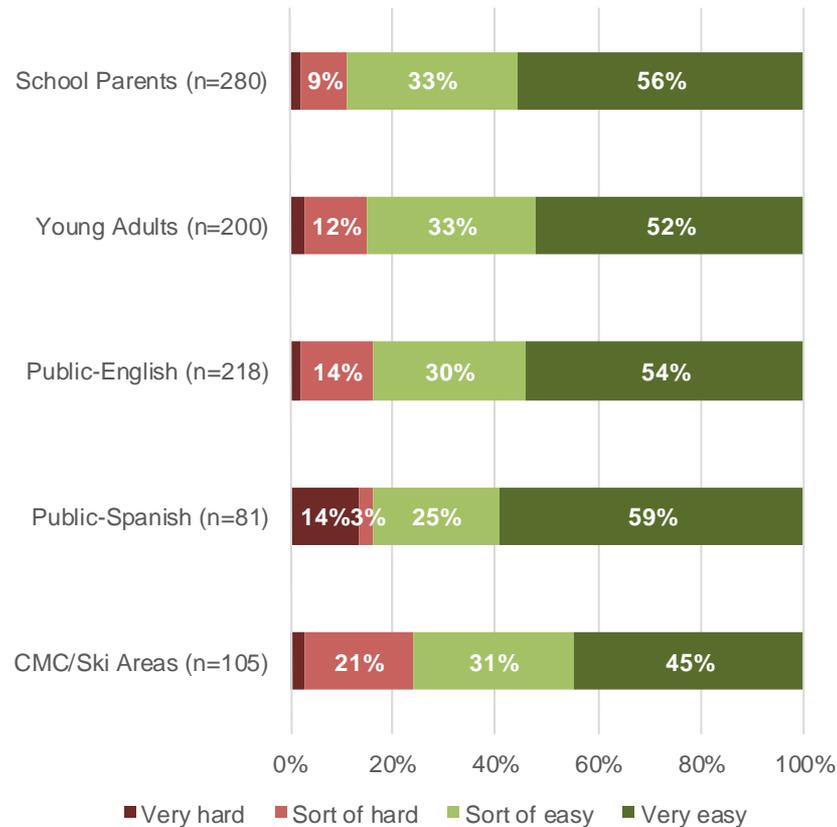


Adult use of marijuana is generally viewed as being safer than all other drugs except alcohol



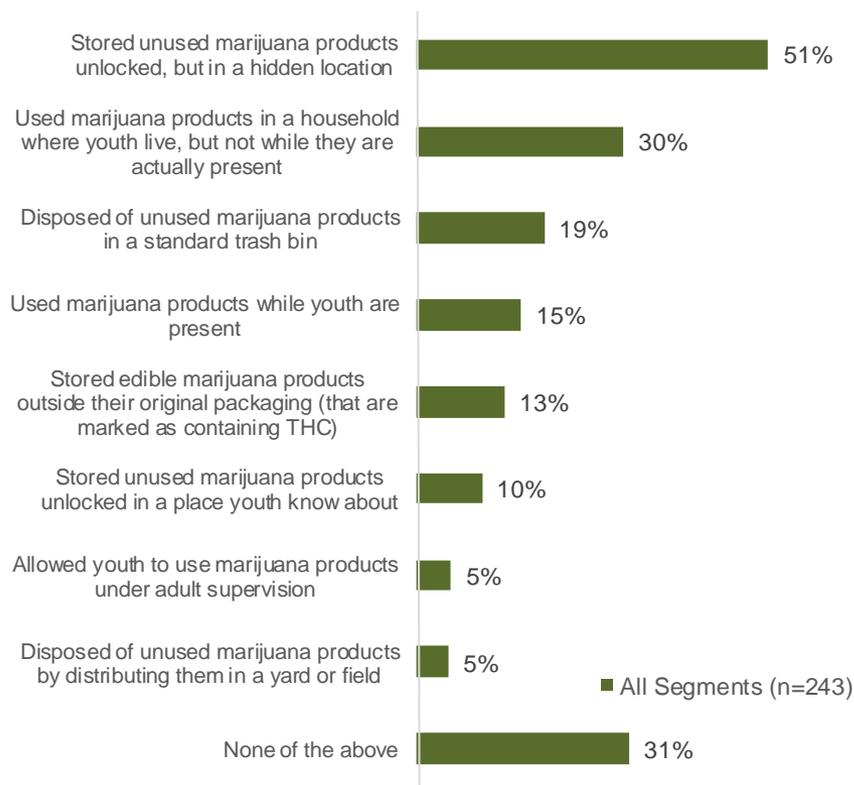
Most residents believe it is easy for youth to obtain marijuana in Summit County

Perceived Difficulty for Youth to Obtain Marijuana



A majority of marijuana users have engaged in at least one of the risky behaviors addressed in the survey

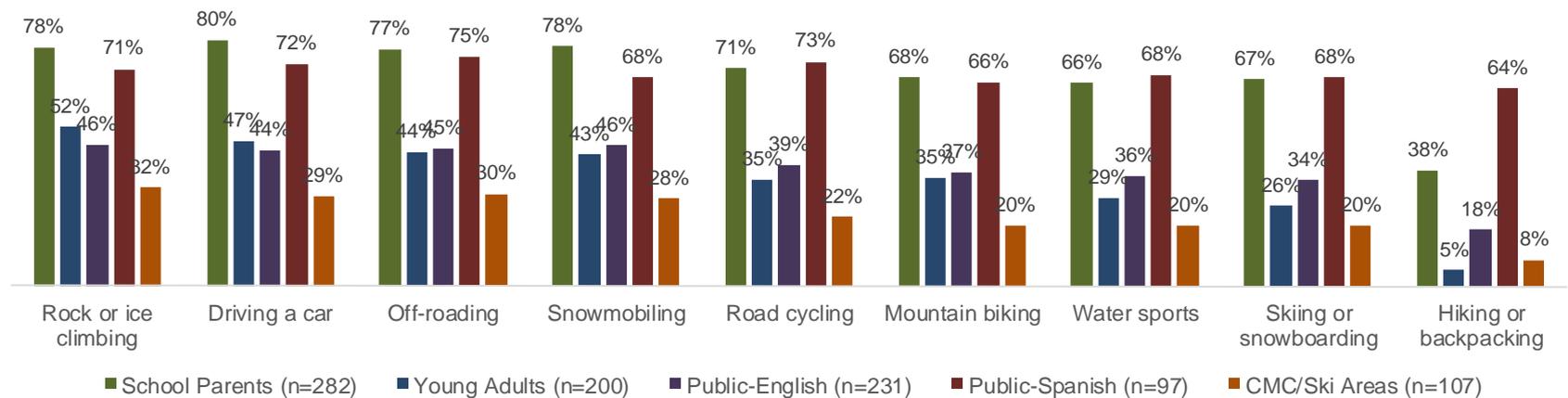
Prevalence of Risky Marijuana Behaviors (among users in the past 30 days)



Note: Due to small sample sizes, responses from all segments were combined for this analysis. Findings are directional in nature.

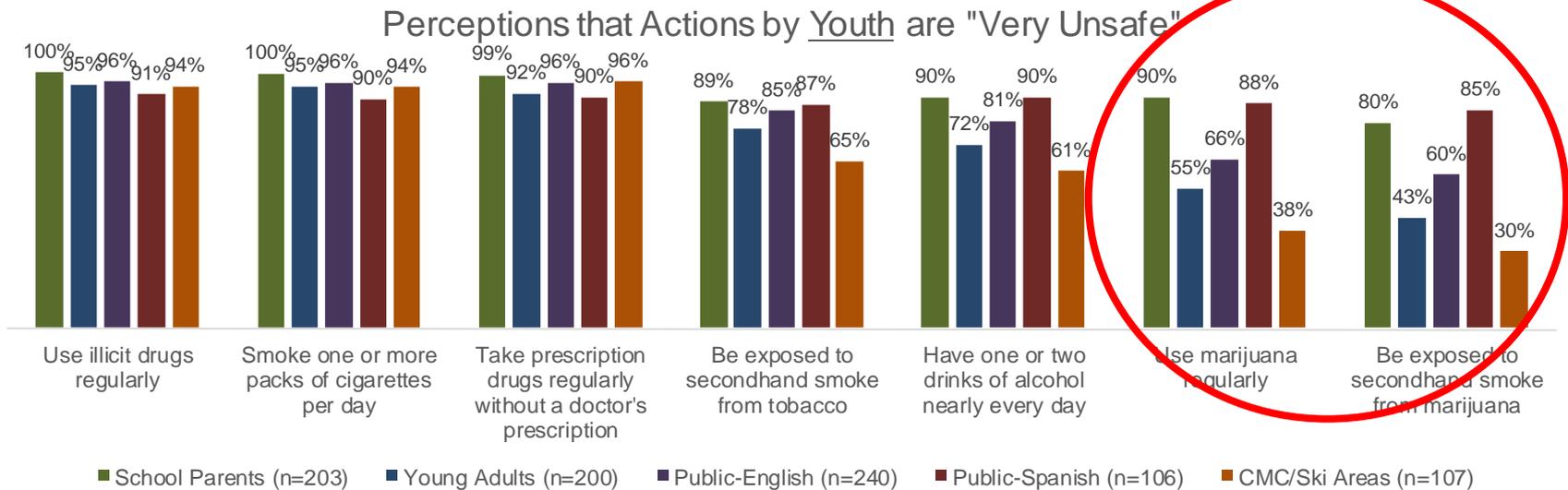
Rock climbing and activities involving motorized vehicles are viewed as being the most risky while using marijuana

Percent that Believe Marijuana Use "Greatly Increases" the Risk of Each Activity



Q5. The following activities all involve some risk to both themselves and others. How do you think using marijuana before or during these activities affects that risk?

Youth use of all drugs is considered to be unsafe by a majority of Summit County residents



Q2. How safe do you believe it is for youth (under age 21) to...?

Source: *Marijuana Perceptions in Summit County, 2015*

Opioids

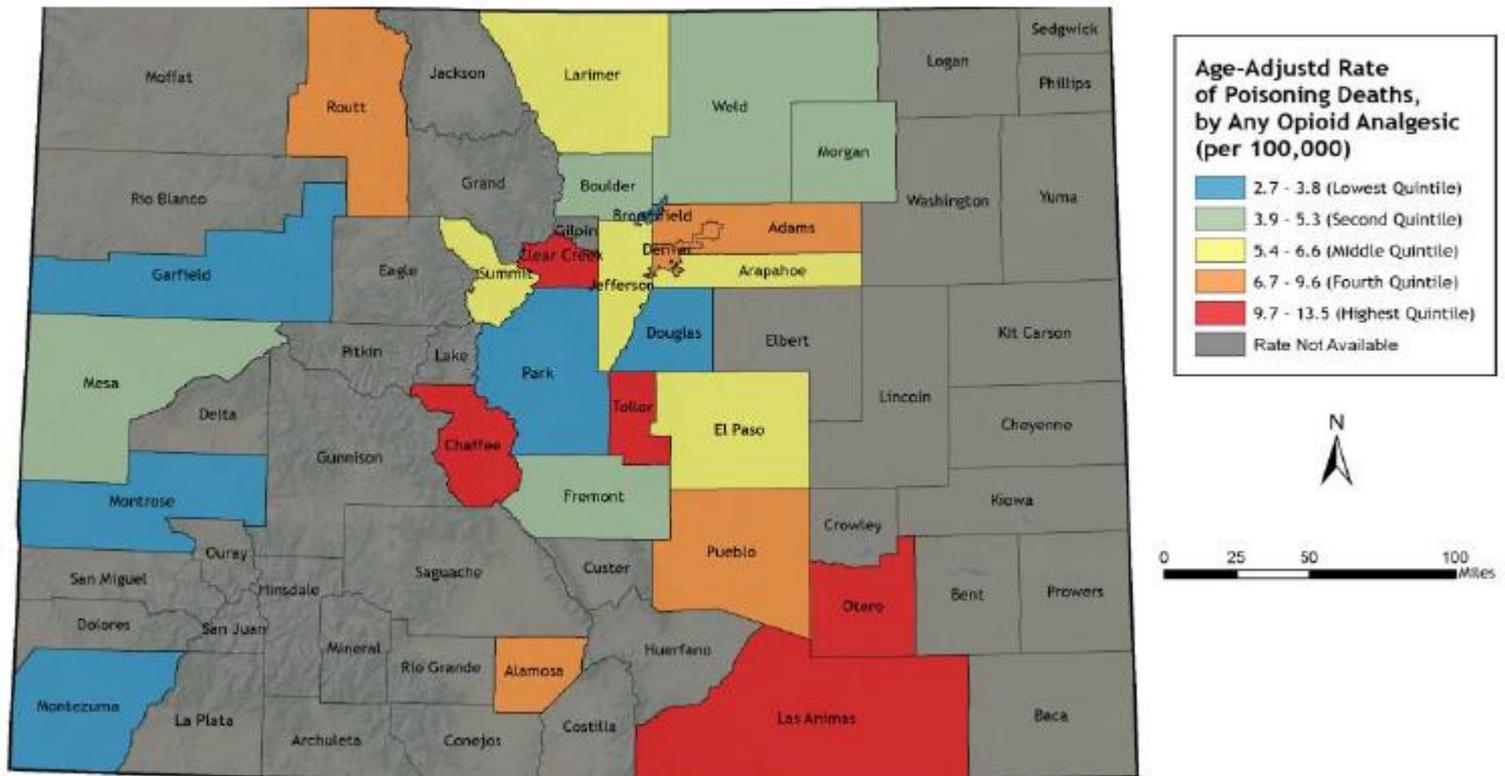
Prescriptions

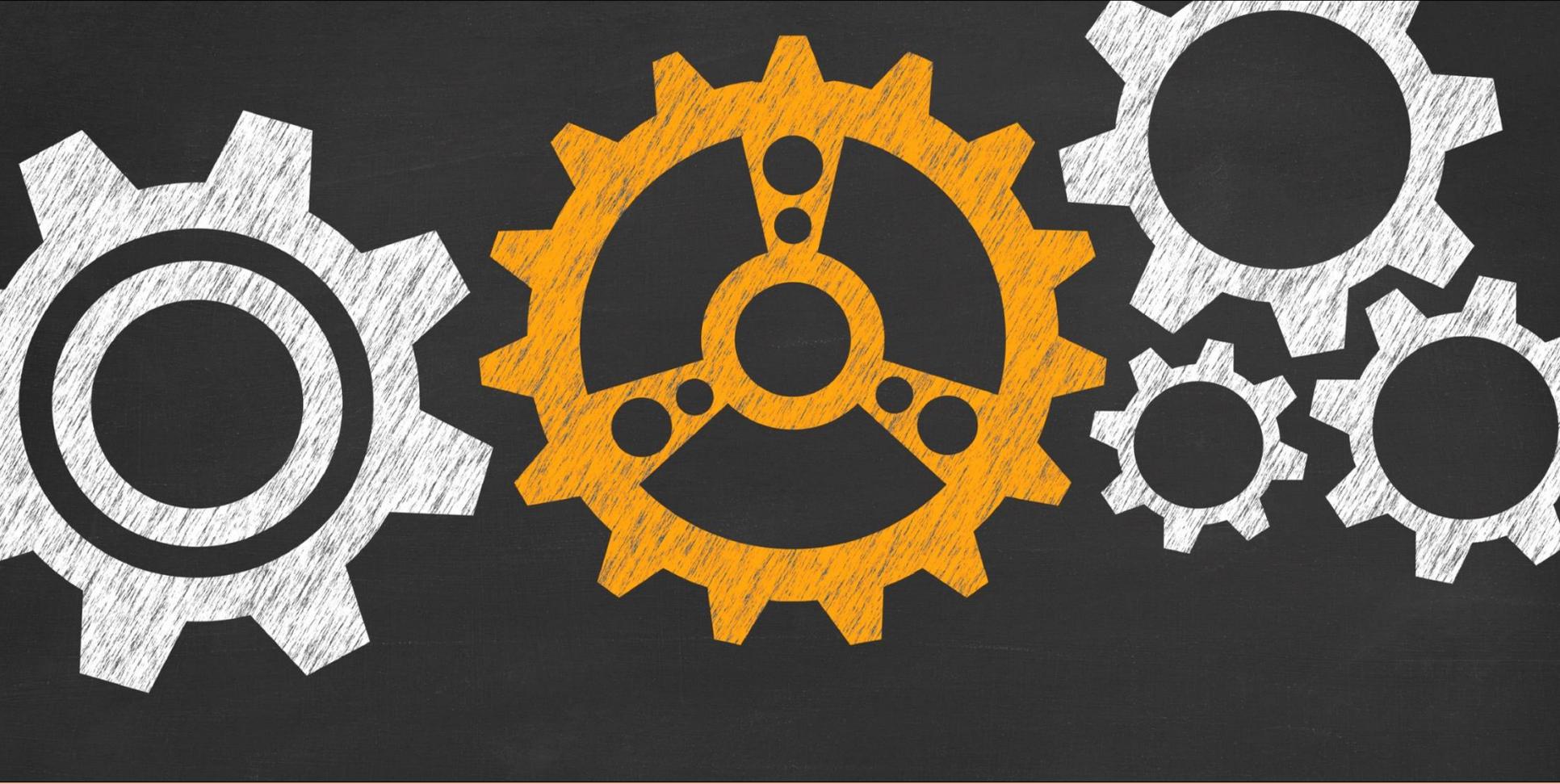
Table 2: High Risk Prescribing Practices and Patient Behaviors, 2014-2016

PDMP Indicator	2014		2015		2016	
	Summit	CO	Summit	CO	Summit	CO
Percent of patients receiving more than 90 morphine milligram equivalents	9.8%	10.3%	9.0%	8.9%	7.6%	8.7%
Percent of patients receiving more than 120 morphine milligram equivalents	3.9%	6.3%	3.2%	5.5%	2.8%	5.2%
*Rate of multiple provider episodes per 100,000 residents	11.9	60.8	3.3	43.1	5.0	32.0
Percent of patients prescribed long duration opioids who were opioid-naïve	59.6%	16.0%	48.5%	15.3%	52.3%	13.5%
Percent of patient prescription days with overlapping opioid prescriptions	20.8%	22.3%	18.0%	21.6%	18.5%	21.2%
Percent of patient prescriptions days with overlapping opioid and benzodiazepine prescriptions	11.2%	12.1%	11.4%	11.9%	11.7%	11.3%

Prescription Drug Data Profile

Figure 6: Age-Adjusted Opioid Analgesic Death Rates among Colorado Residents, Colorado, 2013-





Methodologies

Methodology – Key Local Expert Survey

Background. Corona Insights conducted a survey of key community health leaders in Summit County in September and October 2017.

Survey Design. Corona Insights and Summit County met to discuss the high-level research goals. Based on the results of this discussion, Corona designed a preliminary draft of the survey questions, which were revised based on Summit County feedback. The team then made additional edits to the survey questions until a final version was agreed upon.

Sampling. Summit County provided a list of 52 community health leaders to receive an invitation to the survey, including mental health providers, public health officials, municipal leaders, nonprofit leaders, etc.

Execution. Corona programmed and hosted the survey on an online surveying platform. Summit County sent an initial email announcement to all of those selected to receive an invitation, and Corona followed this announcement with a formal invitation with a link to participate. Corona also sent a reminder to any participant who had not already responded.

Response Rate. In total, 26 responses were obtained for the survey, representing half of those invited to participate.

Methodology – English-Speaking Public Survey

Background. Corona Insights conducted a telephone survey of the general public in Summit County in November 2017 in order to understand perceptions of the County’s health needs.

Survey Design. Corona Insights and Summit County met to discuss the high-level research goals. Based on the results of this discussion, as well as the results of a survey of key leaders in the County, Corona designed a preliminary draft of the survey questions, which were revised based on Summit County feedback. The team then made additional edits to the survey questions until a final version was agreed upon.

Sampling. All potential respondents were drawn from a database of phone numbers in Summit County (including both cell phones and landlines). All respondents were screened to ensure that they did, indeed, live in Summit County. In total, 400 responses were collected.

Execution. All surveys were collected between November 10 – 17, 2017. The average survey length was 16 minutes. In total, 33% of those contacted participated in the survey (cooperation rate), and 80% of those who cooperated qualified for the study (incidence rate). At this sample size, the margin of error for this survey was roughly $\pm 5\%$.

Weighting. Data were weighted to reflect the general population of the County in terms of age and gender.

Methodology – Survey of Spanish Speakers

Background. Summit County conducted an intercept survey of Spanish speakers in the County in November and December 2017 in order to understand perceptions of the County’s health needs.

Survey Design. This survey was largely replicated and translated from the telephone survey of the public conducted in November 2017.

Sampling. All potential respondents were recruited at the Community Care Clinic, FIRC, or Summit County Public Health.

Weighting. Due to the small sample size and convenience sampling approach, no weights were applied to these responses. The results shown herein are simple tabulations of the responses.

Methodology – Focus Groups

➔ Research mode & recruiting

- > Two focus groups were conducted for this research project.
- > English-speaking participants were recruited via a public survey. Survey participants were asked if they would be interested in participating and Corona Insights used randomization processes to identify and recruit participants.
- > Spanish-speaking respondents were recruited from clients of the Family and Intercultural Resource Center (FIRC).

➔ Discussion Guide

- > The moderator's guide for the focus group was designed in collaboration between Corona Insights and the Summit County Public Health Department.
- > Themes and topics for the guide were informed by the public survey.

➔ Execution

- > Both focus groups were held in Frisco, Colorado. There were 22 participants for the focus groups: 10 in the English-speaking group and 12 in the Spanish-speaking group.
- > Corona Insights conducted the English-speaking group, while FIRC staff conducted the Spanish-speaking group.

➔ Analysis

- > Analysis was done using NVivo software. Analysis was done via direct transcripts for the English-speaking group, while the Spanish-speaking group was analyzed from on-site notes. As a result, all quotes in the report were from the English-speaking group.

About Corona Insights

Our founder named the company Corona because the word means “light.” It’s the knowledge that surrounds and illuminates an issue: exactly what we provide. Our firm’s mission is to provide accurate and unbiased information and counsel to decision-makers. We provide market research, evaluation, and strategic consulting for organizations both small and large.

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