



Community Health Needs Assessment



Final Summary Report
September 2019

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Vail Health Commitment to Community Health

Vail Health is a nonprofit community health care system serving patients and guests from around the world. Our mission is to provide superior health services with compassion and exceptional outcomes. Vail Health takes pride in providing excellence in health care science, safety, and service to our patients, families, and communities in their time of need.

Vail Health has been a cornerstone of this incredible community for more than 50 years, and we are proud of our contributions, not only to the health and well-being of our locals and guests, but in supporting those who share our goal of making Eagle County a great place to be. We are dedicated to reinvesting in health care services right here in Eagle County, where locals live, play, and need them most.

In 2018, Vail Health gave back over \$14 million to the community. We have provided continued support to the following local initiatives:

- > Charity care for locals in need
- > Funding for the MIRA (Mobile Intercultural Resource Alliance) mobile resource bus
- > Funding for medical & social detox programs
- > Eat Chat Parent speaker series in partnership with Eagle River Youth Coalition
- > Reduced cost care, including Mind Springs Health and Mountain Family Health
- > Senior care, including Castle Peak Senior Care and Home Care & Hospice of the Valley
- > Eagle County Schools & The Education Foundation of Eagle County
- > InteGreat! summer lunch program for school children
- > Safety programs and services, including Sun Safety program in local schools and distribution of defibrillators and ski and bike helmets
- > Free Speaker Series in Eagle & Summit counties
- > Funding for free high school physicals & athletic trainers
- > Partnership with Colorado Mountain College to offer the Surgical Technology program
- > Steadman Philippon Research Institute & Vail-Summit Orthopaedic Foundation

To guide our community benefit and health improvement efforts across the community, Vail Health conducts a comprehensive Community Health Needs Assessment (CHNA) every three years. The 2019 CHNA builds upon our 2013 and 2016 studies. The CHNAs are one way we monitor health status across Eagle County and identify emerging health concerns through statistical data and community feedback. A key component of the CHNA is stakeholder input that allows us to hear directly from local residents about health concerns and recommendations to improve community health.

This report outlines findings from the 2019 CHNA and highlights strengths and opportunities across the Vail Health service area. The findings will be used to guide services at Vail Health, as well as serve as a community resource for grant making, advocacy, and to support the many programs provided by our community health and social service partners.

To learn more about Vail Health's work to improve the health of our community, visit vailhealth.org or contact Debbie Morris, Vail Health Quality Director, deborah.morris@vailhealth.org.

CHNA Executive Summary

Background

CHNA Leadership

The 2019 CHNA was led by representatives from Vail Health to oversee research and stakeholder engagement. CHNA findings were reviewed with a wide representation of local and regional partners. Steering Committee members are listed below. Vail Health engaged Baker Tilly to assist with the CHNA including project management, data collection and analysis, and report writing. The Baker Tilly CHNA Team is nationally recognized for its work in conducting CHNA and stakeholder research and has worked with more than 100 hospitals in thousands of communities across the country.

2019 Vail Health CHNA Steering Committee Members

Mary Crumbaker, Chief Ethics and Compliance Officer

Harold Dupper, Chief Financial Officer

Debbie Morris, Quality Director

Amy Lavigne, Clinical Quality Specialist/Transition to Practice Program Coordinator

Emily Tamberino, Communications & Publications Manager

Baker Tilly CHNA Team

Colleen Milligan, MBA, Director, CHNA Services

Catherine Birdsey, MPH, CHNA Project Manager

Jessica Losito, BA, Research Consultant

Vail Health Service Area Description

For the purposes of the CHNA, Vail Health examined its primary service area of Eagle County, Colorado. Vail Health is located in Vail, home to popular vacation ski resorts that draw visitors nationally and internationally. In FY2018, Vail Hospital had a total of 83,023 visits, 57% by Eagle County residents and 40% by visitors from across the US.

CHNA Methodology

The 2019 CHNA was conducted from January to June 2019 and included quantitative and qualitative research methods to determine health trends and disparities within Eagle County as compared to health indicators across Colorado and the nation. Primary study methods were used to solicit input from health care consumers and key community stakeholders representing the broad interests of the community. Secondary study methods were used to identify and analyze statistical demographic and health trends.

Specific CHNA study methods included:

- > An analysis of secondary data, including health, demographic, and social measures
- > A Key Informant Survey of representatives from health, social services, education, economic, and other community based organizations
- > Focus Groups with local residents
- > Partner Forums with representatives from community organizations to discuss CHNA findings and opportunities for collaboration

Reporting Requirements

The CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA). The process for conducting the CHNA, study findings, and our plan to address community health needs were also submitted to the Colorado Hospital Transformation Program. The most recent and preceding CHNA were posted on the Vail Health website for public review and comment. No written comments were received from the previous CHNA.

Community Engagement

Community engagement was an integral part of the CHNA. Vail Health solicited and received input from persons who represent the broad interests of the community, including underserved, priority, or minority populations. Through this input we received wide perspectives on health trends, expertise about existing community resources and gaps in services, and insights about issues that contribute to health disparities.

Summary CHNA Findings

As a whole, Eagle County positively leads Colorado in many measures of health and social status. The Eagle County median income is higher compared to the state, while poverty and unemployment rates are lower. Nearly half of the Eagle County population has earned a bachelor's degree or higher. Residents have fewer risk factors for disease and overall, experience fewer chronic diseases. Life expectancy is higher than the state average, and there are fewer deaths due to heart disease, cancer, and other leading causes.

As a whole, Eagle County positively leads the state in many measures of health and social status

While the county as a whole compares favorably to state and national benchmarks, health disparities are evident among minority and underserved populations. Specifically, areas of opportunity across Eagle County continue to be centered on health and social disparities among the Latinx population; behavioral health needs, particularly among youth; chronic health needs, with a focus on seniors; and affordability of housing and health care.

Latinx Health Disparities

All Eagle County residents do not share in the same opportunities for optimal health and wellness. Health disparities primarily impact Latinx residents, who comprise 29% of the population, and are driven by social influencers of health. The percent of Latinx residents in Eagle County living in poverty is nearly twice the percent for White residents. Only 13.4% of Latinx adults have completed a bachelor's degree compared to 46.8% of Whites. Latinx residents have the highest uninsured rate in Eagle County (32.4%), and a higher uninsured rate than their peers statewide (18.7%) and nationally (21.2%).

Latinx residents experience, greater health and social disparities than other residents

Eagle County Latinx residents are generally younger than White residents, as evidenced by a median age of 26.4 versus 37.4. Latinx youth living in Eagle County experience notable

disparities, including lower educational attainment and higher obesity. Fewer than 62% of Latinx students graduate high school compared to 90.8% of White students. The obesity rate among Latinx high school students (12.6%) is more than four times higher than the rate for White students (2.8%). Obesity is strongly correlated with diabetes among Latinx. Across Colorado, the diabetes death rate among Latinxs is nearly three times higher than for White residents.

Non-Hispanic White and Latina mothers give birth in similar proportions in Eagle County, but do not share in equitable birth outcomes. Latina mothers are less likely to enter prenatal care in the first trimester (68.7% versus 85.2%) and are more likely to give birth to a low birth weight (9.7% versus 8.5%) or preterm baby (12.3% versus 7.4%) than White mothers. Poor maternal and child health outcomes have lasting effects on the health of individuals and communities.

Behavioral Health

Mental distress and demand for mental health services is increasing among Eagle County residents. The county averaged one suicide attempt per day in 2018 with a total of 324 suicide-attempt calls to 911. The number of suicide deaths increased 183% from 2016 (n=6) to 2018 (n=17). From 2013 to 2018, the number of emergency department visits to Vail Health rose 122% for suicidal/homicidal patients and 360% for anxiety/depression patients.

Vail Health ED visits for suicidal/homicidal patients rose 122% from 2013 to 2018

Eagle County has fewer drug-related deaths than the state and the nation, but alcohol abuse is increasing. More adults in Eagle County report heavy drinking (11.4%) than the state (6.4%) and the nation (6.3%), and death due to DUI is rising. The number of emergency department visits to Vail Health for alcohol intoxication rose 381% from 2014 to 2018.

Nearly 1 in 4 middle school students and 1 in 5 high school students seriously considered suicide in 2017, up from previous years and higher than state averages. One-quarter of high school students report binge drinking and 32% report using marijuana, compared to 16% and 26%, respectively, for the state as a whole. Eagle County students are also more likely to report vaping or e-cigarette use with 34% to 44% reporting current use.

Eagle County teens are more likely to consider suicide, and use alcohol, marijuana, and e-cigarettes at higher rates than Colorado overall

Eagle County is a designated Health Professional Shortage Area for behavioral health care. The rate of behavioral health providers per 1,000 residents is nearly half the state rate and lower than neighboring counties, contributing to delayed detection and treatment of conditions.

Chronic Health Needs

Chronic diseases continue to be the leading causes of morbidity and mortality among Eagle County residents. Heart disease and cancer are the top causes of death in Eagle County, although death rates are lower than state and national comparisons.

Individual health behaviors often contribute to or reduce the chance of chronic disease. One indicator of poor health behaviors is obesity. Obesity among Eagle County adult residents is half

13% of children in Eagle County are food insecure; 41% are eligible for free or reduced-price lunch

the state average (11% vs. 22%), but increased nearly 6 points over the past four years. Food insecurity is a primary driver of obesity, and disproportionately impacts youth. Approximately 13% of children in Eagle County are food insecure and 41% are eligible for free or reduced-price school lunch, similar to state averages.

As more seniors choose to remain in the area or retire to Eagle County, health and social needs are increasing among this population, particularly related to chronic health needs. Approximately 1 in 5 seniors report a disability, and 44% of seniors have two or more chronic conditions. Heart conditions continue to be the leading cause of morbidity among Eagle County seniors. Depression is a growing concern, affecting about 10% of the senior population.

The Eagle County senior population is growing and has increasing health and social needs

Seniors who participated in focus groups as part of the CHNA research expressed concerns for a lack of senior health services within Eagle County, including geriatricians and other specialty care, home health, assisted living, and nursing facilities. Specialty care providers were seen as limited for all populations but of particular concern to seniors. Seniors in the focus groups regularly traveled out of the area to Grand Junction or Denver to access specialty services. The commute was regarded as inconvenient with most requiring an escort or driver, and of greatest concern in winter when weather closed Vail Pass or seniors were disinclined to travel. In addition to increased provider and service availability, seniors recommended patient advocates and care coordinators to assist older adults in accessing and managing their care, communicating with providers and understanding medical terminology.

Affordable Housing and Health Care

Eagle County has a high cost of living, and health care and housing costs were identified as the biggest contributors to financial stress. One Key Informant Survey respondent stated, “Rising cost of health care is a far greater factor than availability of health care.” Another key informant stated, “Cost of living issues, particularly housing, preclude many residents from attaining middle class status with what should be middle class wages.”

The percentage of uninsured Eagle County residents (16.9%) is greater than the state (9.4%) and the nation (10.5%). Under enrollment in free or low-cost health coverage options is a key contributor to this disparity. Approximately one-quarter of adults eligible for Medicaid and nearly half of children eligible for the Child Health Plan *Plus* are not enrolled, double the state averages for under enrollment.

One-quarter of eligible adults and half of eligible children are not enrolled in free or low-cost insurance programs

Among Latinx residents, under enrollment trends across the state and nation are increasing due to fear of repercussions or deportation of themselves or family members. While these concerns are predictively similar across the state, the uninsured rate among Eagle County Latinx is nearly double the state rate. Partner Forum participants questioned why this fear is potentially greater within Eagle County or if other barriers exist that discourage enrollment for eligible residents, such as changing employment status based on seasonal work.

Affordable housing was identified as the #1 missing resource in Eagle County by 92% of Key Informant Survey participants. Statistical data supports this perception. The median home value in Eagle County is more than 60% higher than the state median and 200% higher than the national median. Approximately 66% of Eagle County residents own their home; one-third of these homeowners are considered cost burdened, higher than the state and nation. Consistent with the state and nation, about half of all Eagle County renters are cost burdened, however, this percentage is increasing, contrary to state and national trends.

More households in Eagle County are burdened by housing costs than in other parts of the state or nation

Community Health Priorities

To work toward health equity, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, Vail Health solicited input from community partners and stakeholders.

Using this feedback and taking into account the hospital's expertise and resources, Vail Health will focus efforts on the following community health priorities:

- > Increasing access to quality, affordable, comprehensive care
- > Addressing behavioral health needs, including mental well-being and substance use disorder
- > Reduce risk factors and improve outcomes related to chronic disease
- > Improve health equity, targeting Latinx residents and seniors

Identified Community Health Needs and Contributing Factors Across Eagle County

SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY		
Health Needs: Access to Care	Health Needs: Behavioral Health	Health Needs: Chronic Conditions
Contributing factors and opportunities for improvement as identified in CHNA research		
Latinx Health Disparities	Adult Alcohol Use Disorder	Overweight/Obesity
Medicaid Enrollment	Behavioral Health Services Availability	Senior Chronic Disease Comorbidities
Prenatal Care	Mental Health (anxiety, depression)	Youth E-cigarette/Vaping Use
Uninsured/Under-insured	Suicide Attempts, Death	
	Youth Substance Use (alcohol, marijuana)	

Board Approval

The Vail Health 2019 CHNA Final Report and corresponding Implementation Plan were reviewed and approved by the Board of Directors on October 7, 2019. The report and plan are available for review and comment on the Vail Health website.

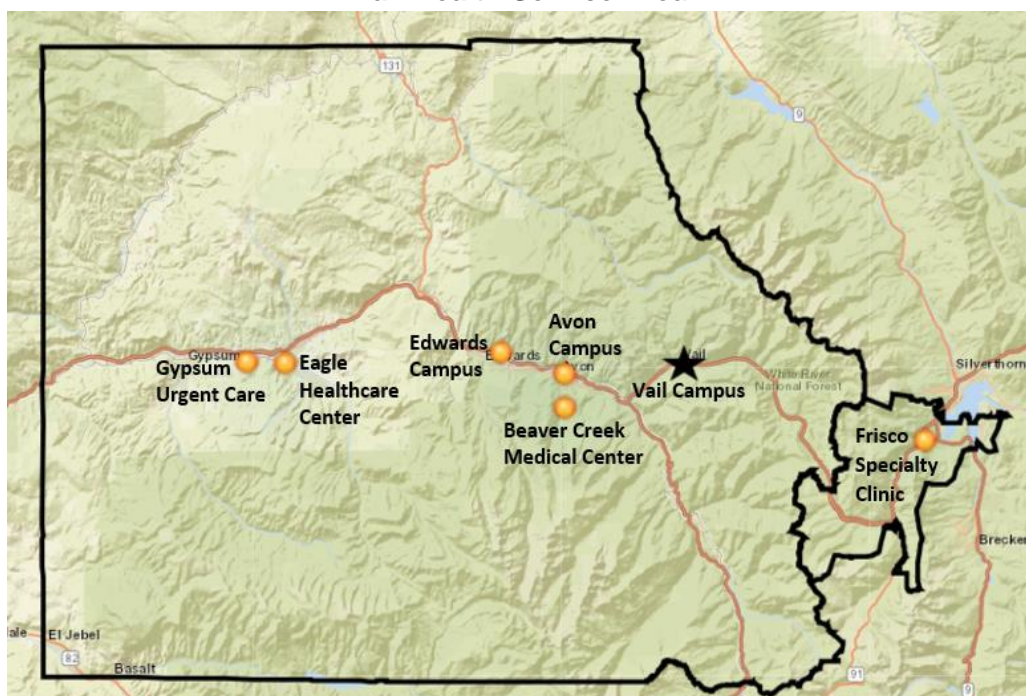
Full Report of CHNA Findings

The Vail Health Service Area

Vail Health primarily serves residents of Eagle County in Colorado. The health system includes a 56-bed hospital located in Vail, as well as medical centers and urgent care clinics located in Eagle County's Avon, Beaver Creek, Eagle, Edwards, and Gypsum. Vail Health also operates a multispecialty clinic in neighboring Summit County's Frisco. Demographic and socioeconomic data for Frisco are highlighted in this report, however, for the purposes of the CHNA, public health data focuses on Eagle County. The map below depicts the Vail Health service area and locations.

Eagle County is home to popular vacation ski resorts at Vail and Beaver Creek. The county is primarily a rural resort community with tourism and multiple home ownership as the major economic industries. According to the US Census, 44% of housing units in Eagle County are vacant compared to 10% statewide. Of the vacant housing units in Eagle County, 87% are for seasonal, recreational, or occasional use. Residents primarily live along I-70, the major roadway traversing the center of the county.

Vail Health Service Area



Vail Health Service Area Demographic Data Analysis

Analyses of demographic and socioeconomic data are essential in understanding health trends and determining key drivers of health status. Socioeconomic indicators play a significant role in community and individual health. Known as **social determinants of health**, they are defined as factors within the environment in which people live, work, and play that can affect health and quality of life. Social determinants of health are often the root causes of **health disparities**. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, or environmental disadvantage.”

Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life

Eagle County data are presented with Colorado and national data sets to demonstrate broad trends and areas of strength and opportunity. Demographic analysis by zip code follow the county level analysis to provide a detailed view of population statistics. All reported data were provided by ESRI Business Analyst, 2018 and the US Census Bureau unless otherwise noted.

Population Trends

The 2018 population of Eagle County is 57,195. The population increased nearly 10% from the 2010 Census, and is projected to increase an additional 6.1% by 2023. The Eagle County population is growing at a similar pace as the state overall, and both are growing at a faster pace than the nation.

Population Growth

	2018 Population	% Growth 2010-2018	% Growth 2018-2023
Eagle County	57,195	9.6%	6.1%
Colorado	5,711,572	13.6%	7.9%
United States	330,088,686	6.9%	4.2%

Source: ESRI, 2018

The Eagle County population has a different racial and ethnic profile than Colorado or the nation. The population is predominantly White with fewer Black/African American or Asian residents. Nearly 30% of residents identify as Latinx compared to 22% statewide and 18% nationally. Nearly 1 in 3 households report speaking a primary language other than English, mainly Spanish. Based on US Census population projections, the population of Eagle County is predicted to retain a similar racial and ethnic composition through 2023.

2018 Population Overview by Race/Ethnicity and Primary Language

	White	Black or African American	Asian	Some Other Race	Latinx (any race)*	Primary Language Other than English**
Eagle County	83.1%	0.7%	1.1%	12.2%	29.3%	28.5%
Colorado	79.7%	4.3%	3.2%	7.6%	21.7%	17.0%
United States	70.0%	12.9%	5.7%	6.9%	18.3%	21.1%

Source: ESRI, 2018

*Race and ethnicity percentages do not add up to 100%. Latinx residents may be of any race.

**Data are reported for 2012-2016 based on availability.

Population by Race/Ethnicity as a Percentage of Total Population (Projected Change)

	White		Black/African American		Asian		Latinx (any race)	
	2010	2023	2010	2023	2010	2023	2010	2023
Eagle County	83.2%	82.7%	0.7%	0.7%	1.0%	1.1%	30.1%	29.9%
Colorado	81.3%	78.5%	4.0%	4.4%	2.8%	3.6%	20.7%	22.8%
United States	72.4%	68.2%	12.6%	13.0%	4.8%	6.4%	16.4%	19.8%

Source: ESRI, 2018

The predominance of the Latinx population in Eagle County is seen in the higher proportion of residents born outside the US compared to Colorado and the nation. Among foreign-born Eagle County residents, roughly 1 in 4 are naturalized US citizens compared to 1 in 2 nationally.

Nearly 20% of Eagle County residents are foreign born, and three-quarters of foreign born residents are non-US citizens

Population by Place of Birth

	Born in United States	Foreign Born	Born in Puerto Rico/US Islands/ Abroad to American Parents
Eagle County	81.0%	17.7%	1.4%
Colorado	88.7%	9.8%	1.5%
United States	85.1%	13.4%	1.5%

Source: US Census Bureau, 2013-2017

US Citizenship Status for Foreign Born Residents

	Naturalized US Citizen	Not a US Citizen
Eagle County	23.9%	76.1%
Colorado	40.0%	60.0%
United States	48.1%	51.9%

Source: US Census Bureau, 2013-2017

Age distribution is an important factor in determining allocation of resources for health promotion services and activities. The Eagle County median age is lower than state and national medians. Eagle County has proportionately more residents age 25 to 54 and fewer residents age 65 or over. When age is stratified by the two most populous ethnic groups in Eagle County, Latinx residents tend to be younger than non-Hispanic White residents.

Within Eagle County, the median age of Latinx residents is 10 points lower than the median age of White residents

2018 Population by Age

	Under 15	15-24 years	25-34 years	35-54 years	55-64 years	65+ years	Median Age
Eagle County	19.8%	12.2%	17.4%	29.4%	12.1%	9.2%	35.4
Colorado	19.2%	13.3%	14.4%	26.1%	12.9%	14.2%	37.3
United States	18.6%	13.3%	13.9%	25.3%	13.0%	16.0%	38.3

Source: ESRI, 2018

Eagle County Population by Age and Race/Ethnicity

	Under 15	15-24 years	25-34 years	35-54 years	55-64 years	65+ years	Median Age
White, Non-Hispanic	18.1%	11.2%	17.0%	29.9%	13.5%	10.4%	37.4
Latinx (any race)	30.3%	17.0%	19.5%	25.5%	4.7%	3.1%	26.4

Source: ESRI, 2018

While fewer Eagle County seniors experience disability when compared to seniors in Colorado or the nation, nearly 1 in 5 seniors are impacted. Consistent with the state and nation, the most common disabilities among Eagle County seniors are ambulatory (walking) and hearing.

Population with a Disability by Age

	Total Population	Under 18	18-64 years	65+ years
Eagle County	4.6%	1.8%	4.0%	15.6%
Colorado	10.6%	3.3%	8.7%	32.8%
United States	12.6%	4.2%	10.3%	35.5%

Source: US Census Bureau, 2013-2017

Disability Type among Seniors Age 65 or Over

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Eagle County	6.4%	5.0%	1.3%	6.4%	3.5%	3.2%
Colorado	16.0%	5.9%	7.5%	19.0%	6.0%	11.9%
United States	14.8%	6.5%	8.9%	22.6%	8.2%	14.8%

Source: US Census Bureau, 2013-2017

There is great demographic variability among the zip codes comprising Eagle County in terms of population size, age, race, and ethnicity. Generally, zip codes with a more ethnically diverse population are also home to younger people.

Demographic Indicators by Zip Code*

	Pop. Count	White	Black/ African American	Latinx	Under 15	15-24	25-34	35-54	55-64	65+
Eagle County	57,195	83.1%	0.7%	29.3%	19.8%	12.2%	17.4%	29.4%	12.1%	9.2%
80463, McCoy	77	66.2%	1.3%	49.4%	23.4%	14.3%	14.3%	26.0%	11.7%	10.4%
80423, Bond	179	68.7%	1.1%	49.2%	22.9%	13.4%	14.5%	27.9%	11.7%	9.5%
81621, Basalt	6,307	80.9%	0.7%	28.6%	19.6%	11.3%	14.3%	29.9%	14.4%	10.6%
81632, Edwards	11,691	86.6%	0.6%	30.1%	20.4%	11.9%	15.8%	29.4%	12.9%	9.6%
81620, Avon	10,687	81.5%	1.6%	36.9%	17.0%	14.2%	22.7%	28.8%	10.0%	7.4%
81637, Gypsum	8,756	71.3%	0.4%	43.3%	25.6%	12.3%	15.1%	28.8%	11.2%	6.9%
81623, Carbondale	16,733	79.6%	0.9%	30.2%	19.5%	12.7%	13.9%	27.5%	13.7%	12.8%
81631, Eagle	8,583	88.6%	0.4%	18.9%	25.0%	11.2%	11.2%	31.8%	12.2%	8.6%
81657, Vail	5,860	93.3%	0.5%	7.0%	8.2%	11.2%	27.3%	27.4%	11.8%	14.1%
81645, Minturn	1,675	88.7%	0.7%	23.9%	13.4%	10.8%	21.0%	31.0%	12.4%	11.5%
81649, Red Cliff	365	85.8%	0.8%	32.9%	15.6%	11.0%	17.0%	31.8%	12.9%	11.8%
81655, Wolcott	324	90.1%	0.3%	14.2%	19.5%	10.5%	10.2%	30.9%	17.3%	11.7%
Summit County	30,793	89.3%	1.1%	13.5%	14.5%	10.9%	18.9%	29.9%	13.7%	12.1%
80443, Frisco	4,042	93.0%	0.9%	5.3%	11.0%	8.7%	16.7%	30.6%	14.7%	18.4%
Colorado	5,711,572	79.7%	4.3%	21.7%	19.2%	13.3%	14.4%	26.1%	12.9%	14.2%

*Cells highlighted in yellow are more than 2% points higher than the county statistic, but not necessarily statistically significant. Zip code 80426, Burns is excluded due to a low population count.

Note: Race and ethnicity percentages do not add up to 100%. Latinx residents may be of any race.

Economic Measures

Eagle County is generally a more affluent area. The median household income for the county exceeds the state and nation, and fewer residents live in poverty.

Eagle County overall has lower poverty than the state and nation, but the poverty rate among Latinxs is nearly double that of Whites

Economic stability is not shared equally by all residents.

When stratified by race and ethnicity, the percent of Latinxs living in poverty is nearly twice the percent for White

residents. This income disparity can affect health outcomes and quality of life for all residents.

Median Household Income and Poverty Indicators

	Median Household Income	People in Poverty	Children in Poverty	Households with Food Stamp/ SNAP Benefits
Eagle County	\$79,136	7.7%	10.0%	2.9%
Colorado	\$65,782	11.5%	14.5%	8.2%
United States	\$58,100	14.6%	20.3%	12.6%

Source: ESRI, 2018; US Census Bureau, 2013-2017

Poverty Rates by Race and Ethnicity

	Eagle County		Colorado
	Count	Percentage	Percentage
White	3,644	7.7%	10.4%
Black/African American	24	5.2%	19.9%
Latinx (any race)	2,232	14.2%	19.3%

Source: US Census Bureau, 2013-2017

Unemployment in Eagle County is low, even when stratified by race and ethnicity. Less than 3% of any reported population is unemployed. While most Eagle County workers are engaged in white collar workforce, workers are slightly more likely to hold blue collar jobs than workers in Colorado or the nation, consistent with a predominantly tourism economy.

Eagle County unemployment is about 1%; and equal among White and Latinx residents

Population by Occupation and Unemployment

	White Collar Workforce	Blue Collar Workforce	Unemployment Rate
Eagle County	57.0%	43.0%	1.4%
Colorado	63.0%	37.0%	3.4%
United States	61.0%	39.0%	4.8%

Source: ESRI, 2018

Unemployment Rates by Race and Ethnicity

	Eagle County		Colorado
	Count	Percentage	Percentage
White	1,050	2.7%	4.9%
Black/African American	0	0.0%	8.6%
Latinx (any race)	303	2.8%	6.7%

Source: US Census Bureau, 2013-2017

Housing Measures

Homeownership and housing affordability are indicators of community and economic stability. The median home value in Eagle County is high, exceeding the Colorado median and more than double the national median. While Eagle County residents are slightly more likely to own their home, they are also more likely to be cost burdened by their home than owners in Colorado or the nation.

The median home value in Eagle County is more than 200% higher than the nation

Eagle County renters are just as likely to be cost burdened by their rent as renters in Colorado or the nation, but the percentage of cost burdened renters increased, contrary to state and national trends. From 2010-2014 to 2013-2017, the percentage of cost burdened renters in Eagle County increased from 46.5% to 50.6%. During the same time period, the percentage of cost burdened renters remained stable in Colorado and decreased slightly in the US.

The percentage of cost burdened renters in Eagle County increased, contrary to state and national trends

Population by Household Type and Housing Cost Burden

	Renter-Occupied	Renters Paying 30% or More of Income on Rent*	Owner-Occupied	Median Home Value	Mortgages Costing 30% or More of Household Income*
Eagle County	34.2%	50.6%	65.8%	\$540,887	34.2%
Colorado	36.1%	51.2%	63.9%	\$329,734	28.1%
United States	36.9%	50.6%	63.1%	\$218,492	29.5%

Source: ESRI, 2018; US Census Bureau, 2013-2017

*Data are reported for 2013-2017 based on availability.

Water Quality

Clean, safe water is essential for good health and everyday activities such as cooking, cleaning, and bathing. Disparities in water quality exist across the nation, and historically impact lower-income communities at a higher rate than affluent areas.

The Colorado Water Quality Control Division regulates and inspects public water suppliers. Eagle County is served by five public water suppliers: Eagle River Water and Sanitation District; Town of Eagle; Town of Minturn; Town of Basalt; and Mid-Valley Metropolitan District.

Most recently available water quality testing results (2017-2018) for all public water suppliers except the Town of Minturn indicate no violations of drinking water regulations. The Town of Minturn reported several violations and/or deficiencies for 2018. Additional information is available in the Minturn Town Water Confidence Reports available [here](#).

Minimum safety standards for drinking water may not address aesthetic issues. Recent reports by residents of the Eagle River Village mobile home park indicate that their tap water is undrinkable because it tastes, looks, and smells bad. Eagle River Village operates on a well system and is its own water provider. The water system meets minimum safety standards per the federal Safe Drinking Water Act, but policy officials are exploring options to improve aesthetic issues, which may prohibit residents from drinking water and/or contribute to financial stress with residents purchasing bottled water versus using tap water.

Education Measures

Higher levels of education are associated with better health outcomes and quality of life, and are one of the most robust indicators of economic opportunity. When viewed as a whole, Eagle County residents are highly educated. Nearly half of adults have completed a bachelor's degree or higher, exceeding the state and national percentages. Only 1 in 10 Eagle County adults have not completed high school, fewer than the nation.

Nearly 50% of White Eagle County adults have at least a bachelor's degree compared to 13% of Latinx adults and 4% of African American adults

Population (25 Years or Over) by Educational Attainment

	Less than a High School Diploma	High School Graduate/GED	Bachelor's Degree or Higher
Eagle County	10.2%	18.0%	46.8%
Colorado	8.3%	22.0%	40.4%
United States	12.3%	27.0%	31.8%

Source: ESRI, 2018

When stratified by race and ethnicity, education data in Eagle County indicate notably disparity. White adults are more likely to have completed a bachelor's degree than their peers throughout Colorado, but Latinx and Black/African American adults are less likely to have completed a bachelor's degree than their respective Colorado peers. Additionally, White adults are three times more likely to have completed a bachelor's degree than Latinx adults, and ten times more likely than Black/African American adults.

Bachelor's Degree or Higher by Race and Ethnicity

	Eagle County		Colorado
	Count	Percentage	Percentage
White	16,325	47.4%	41.2%
Black/African American	12	4.1%	24.2%
Latinx (any race)	1,151	13.2%	14.6%

Source: US Census Bureau, 2013-2017

Education disparity exists when stratified by age as well. When stratified by ethnicity, only 61.5% of Latinx students in Eagle County graduate from high school, fewer than the percentage of Latinx students across Colorado (73.4%) and far less than among White Eagle County students (90.8%). Some of this disparity may be explained by the large number of English language learners in the Eagle County RE 50 School District compared to the state.

61.5% of Latinx students graduate from high school compared to 91% of White students

High School Graduation Rates by Race and Ethnicity

	Eagle County		Colorado
	Count	Percentage	Percentage
All Students	412	74.9%	80.7%
White	218	90.8%	85.3%
Latinx (any race)	174	61.5%	73.4%

Source: Colorado Department of Education, 2017-2018

2017-2018 English Language Learners

	Percentage
Eagle County RE 50 School District	31.4%
Colorado	14.1%

Source: Kids Count Data Center, 2017-2018

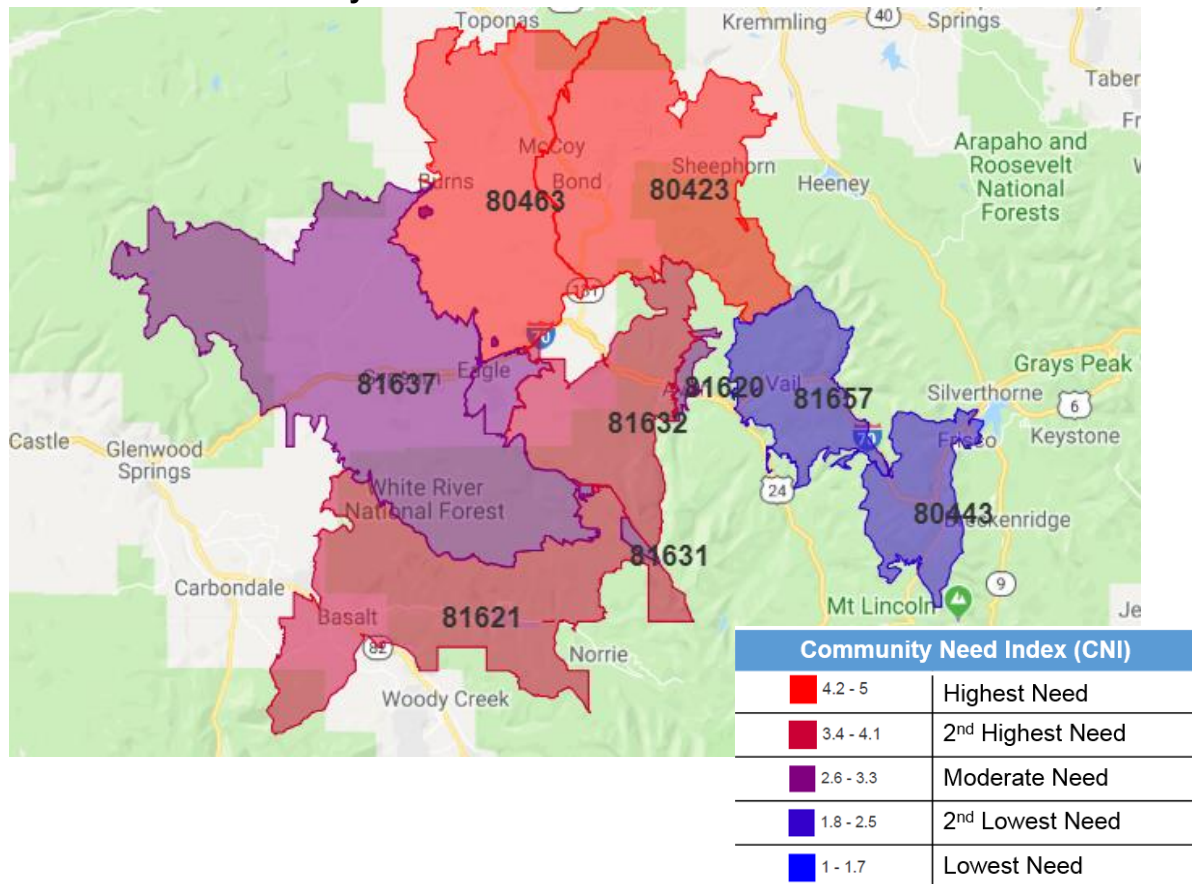
Vail Health Service Area Zip Code Analysis

Zip code of residence is one of the most important predictors of health disparity; where residents live matters in determining their health. The Community Need Index (CNI) was developed by Dignity Health and Truven Health Analytics to illustrate the potential for health disparity at the zip code level. The CNI scores zip codes on a scale of 1.0 (low need) to 5.0 (high need) based on 2015 data indicators for five socioeconomic barriers:

- > Income: Poverty among elderly households, families with children, and single female-headed families with children
- > Culture/Language: Minority populations and English language barriers
- > Education: Population over 25 years without a high school diploma
- > Insurance coverage: Unemployment rate among population 16 years or over and population without health insurance
- > Housing status: Householders renting their home

The weighted average CNI score for Eagle County is 3.0, indicating moderate overall community need. Note: There are 13 zip codes fully or partially within Eagle County; CNI scores are only reported for 9 of the zip codes, likely due to low population counts. The CNI score for Frisco, zip code 80443, is 2.4 indicating lower overall community need.

Community Need Index for Vail Health's Service Area



The following tables list the social determinants of health that contribute to zip code CNI scores and are often indicative of health disparities. Zip codes are shown in comparison to their respective county and the state, and are presented in descending order by CNI score. Cells highlighted in **yellow** are more than 2% points higher than the county statistic, but not necessarily statistically significant.

These data indicate that there is variability between the zip codes comprising Eagle County. Zip codes 80463 (McCoy) and 80423 (Bond) have the greatest documented need, with the greatest proportions of households in poverty, unemployment, and adults without a high school education. Also of note are zip codes 81620 (Avon), 81637 (Gypsum), and 81623 (Carbondale) where 1 in 5 residents are uninsured. Uninsured rates in Avon and Gypsum in particular are likely impacted by the Latinx population, which comprises more than 1 in 3 residents and experiences higher uninsured rates than other population groups.

Social Determinants of Health Indicators by Zip Code

	HHs in Poverty	HHs Receiving Food Stamps/ SNAP	Children in Poverty	Language Other than English Spoken at Home	Unemployment	Less than HS Diploma	Without Health Insurance	CNI Score
Eagle County	5.9%	3.0%	11.2%	28.5%	1.4%	10.2%	18.4%	3.0
80463, McCoy	12.5%	0.0%	0.0%	56.2%	7.3%	25.0%	21.1%	4.6
80423, Bond	9.9%	1.4%	NA	54.9%	7.3%	21.9%	21.6%	4.4
81621, Basalt	7.9%	1.6%	13.9%	33.8%	3.4%	16.2%	19.0%	3.4
81632, Edwards	5.7%	4.3%	11.5%	26.8%	0.5%	12.9%	18.5%	3.4
81620, Avon	9.3%	2.3%	16.3%	37.9%	1.2%	7.2%	22.4%	3.2
81637, Gypsum	6.8%	2.9%	16.1%	38.3%	2.3%	17.6%	20.0%	3.2
81623, Carbondale	9.7%	4.2%	7.9%	30.4%	2.4%	12.5%	21.8%	3.0
81631, Eagle	1.5%	5.3%	10.6%	14.2%	1.4%	6.9%	17.3%	2.6
81657, Vail	5.2%	1.5%	1.0%	13.9%	0.9%	1.1%	9.4%	2.6
81645, Minturn	3.8%	1.3%	17.4%	17.5%	0.6%	7.3%	16.0%	NA
81649, Red Cliff	3.8%	1.5%	6.3%	18.5%	0.8%	10.8%	18.3%	NA
81655, Wolcott	2.7%	0.9%	0.0%	20.5%	1.0%	4.4%	11.6%	NA
Summit County	10.4%	3.5%	12.6%	14.8%	2.5%	4.8%	19.5%	2.8
80443, Frisco	3.6%	0.0%	0.0%	5.4%	3.0%	0.6%	17.0%	2.4
Colorado	11.5%	8.6%	15.7%	17.0%	3.4%	8.3%	10.9%	

*Zip code data are reported for 2012-2016. Exception: Unemployment and education data are reported for 2018.

**Zip code 80426, Burns is excluded due to low population count.

Statistical Analysis of Health Indicators

Background

Health indicators were analyzed for a number of health issues, including access to care, health behaviors and outcomes, chronic disease prevalence and mortality, mental health and substance use disorder, and maternal and child health. Data were compiled from secondary sources including the Colorado Department of Public Health & Environment, the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS), and the University of Wisconsin County Health Rankings & Roadmaps program, among other sources. A comprehensive list of data sources is provided in Appendix A.

Health data focus on county-level reporting which is generally the most recent and most consistent data available. Health data for Eagle County are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable, to provide benchmark comparisons. Healthy People is a US Department of Health and Human Services health promotion and disease prevention initiative that sets science-based, 10-year national objectives for improving the health of all Americans.

Age-adjusted rates are referenced throughout the reporting to depict a comparable burden of disease among residents. Age-adjusted rates are summary measures adjusted for differences in age distributions so that data from one year to another, or between one geographic area and another, can be compared as if the communities reflected the same age distribution.

The BRFSS is a telephone survey of residents age 18 or over conducted nationally by states as required by the CDC. A consistent survey tool is used across the US to assess health risk behaviors, prevalence of chronic health conditions, access to care, preventive health measures, among other health indicators. BRFSS results included within this report were provided by the Colorado Department of Public Health & Environment.

The most recent data available at the time of this study were used unless otherwise noted.

Access to Health Care

Eagle County received the following ranking for clinical care out of 64 counties in Colorado, as reported by the 2018 University of Wisconsin County Health Rankings & Roadmaps program. The rankings are based on a number of indicators, including health insurance coverage and provider access, with a rank of #1 being the best in the state. Eagle County dropped four positions in the rankings from the time of the 2016 CHNA.

2018 Clinical Care County Health Rankings
#22 Eagle County (#18 at time of 2016 CHNA)

Health Insurance Coverage

While the proportion of uninsured people in Eagle County is decreasing, lack of health insurance is still a barrier for residents. Nearly 1 in 6 people are lacking insurance, compared to roughly 1 in 10 in Colorado and the nation. The uninsured in Eagle County tend to be young, with notable percentages of youth and adults under age 65 without health insurance.

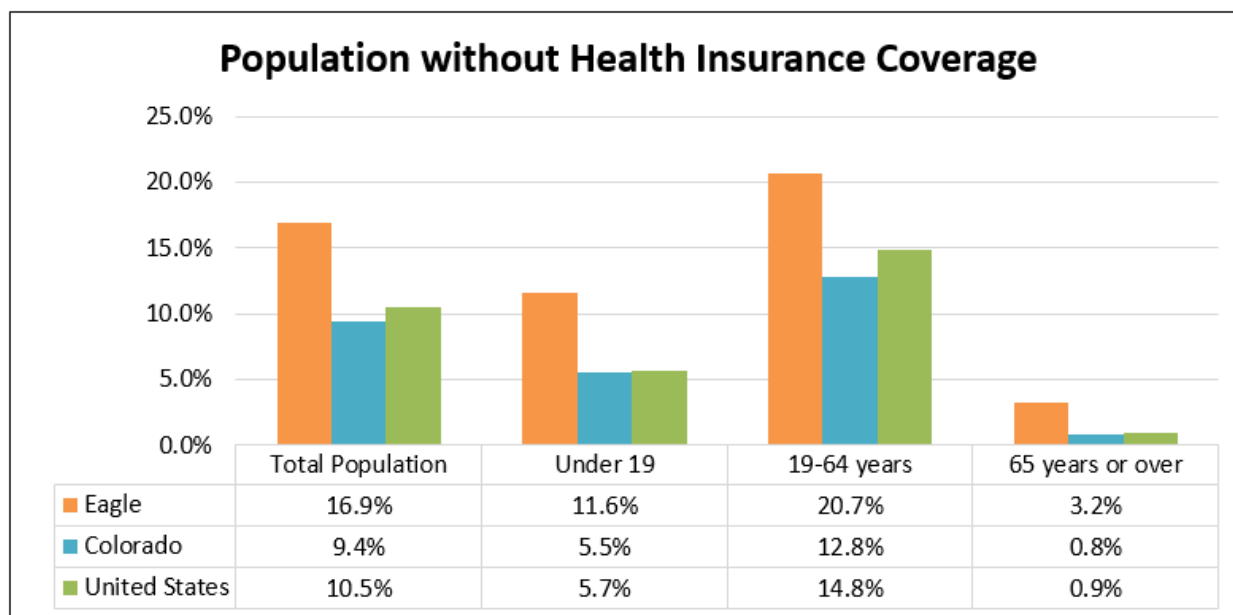
Nearly 1 in 5 Eagle County residents do not have health insurance; twice as many Latinx residents are uninsured as Whites

When stratified by race and ethnicity, Eagle County residents are less likely to be insured than their peers in Colorado and the nation in all categories. Latinxs experience the greatest disparity with an uninsured rate that is two times higher than Whites, and higher than for other Latinxs living across Colorado and the nation. More than 1 in 3 Eagle County Latinx residents are without insurance.

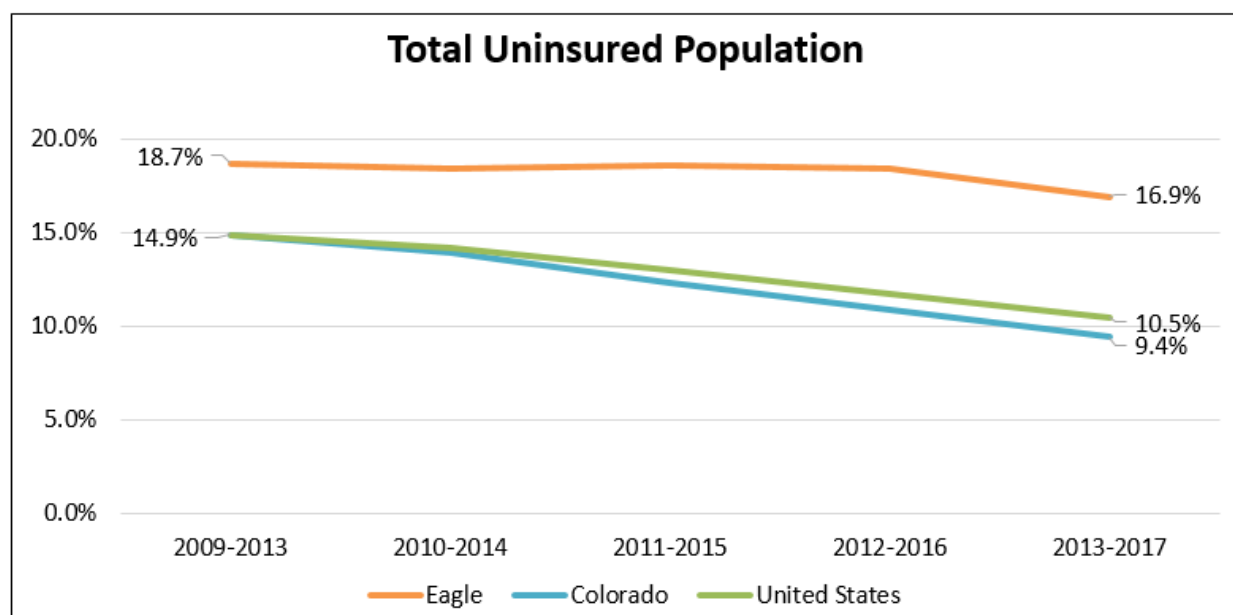
Medicaid and the Child Health Plan *Plus* are free or low-cost health coverage options for Colorado residents. Among uninsured residents in Eagle County who are eligible for these programs, fewer residents are enrolled when compared to Colorado overall. Of particular note is the percentage of Eagle County children who are eligible, but not enrolled in Child Health Plan *Plus* (45%) compared to Colorado (23%).

45% of Eagle County children who are eligible for Child Health Plan *Plus* are not enrolled

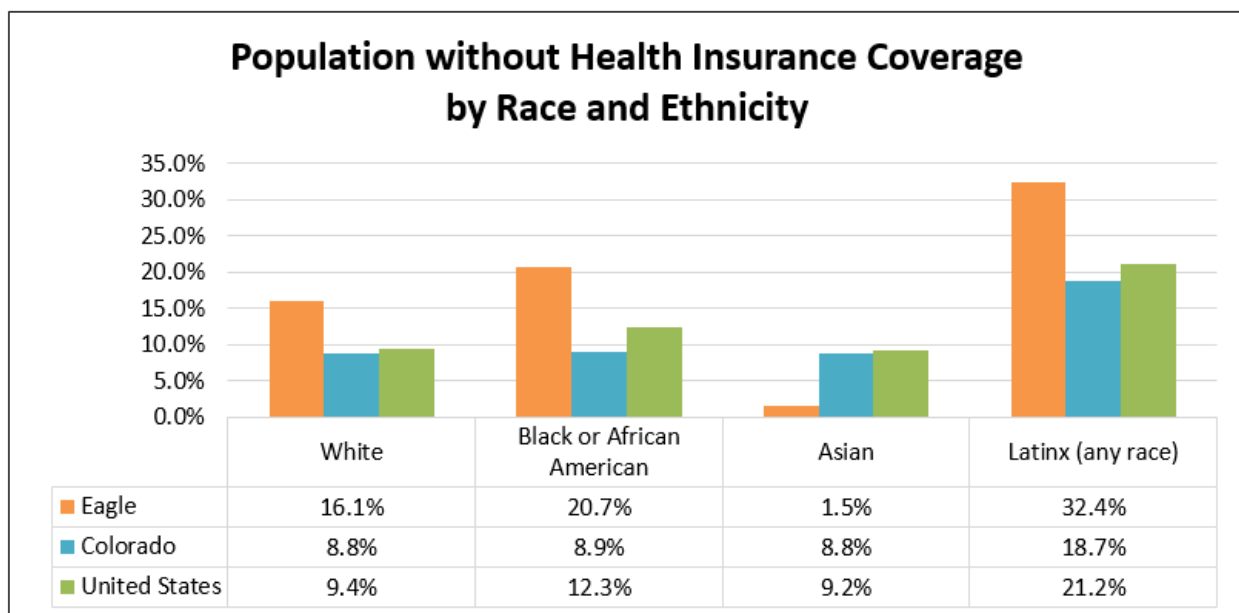
An encouraging feature of the insured population in Eagle County is that twice as many residents have self-purchased their insurance compared to their peers across Colorado. This finding suggests that if an affordable option is available, Eagle County residents will make health insurance a priority.



Source: US Census Bureau, 2013-2017



Source: US Census Bureau, 2009-2013 - 2013-2017

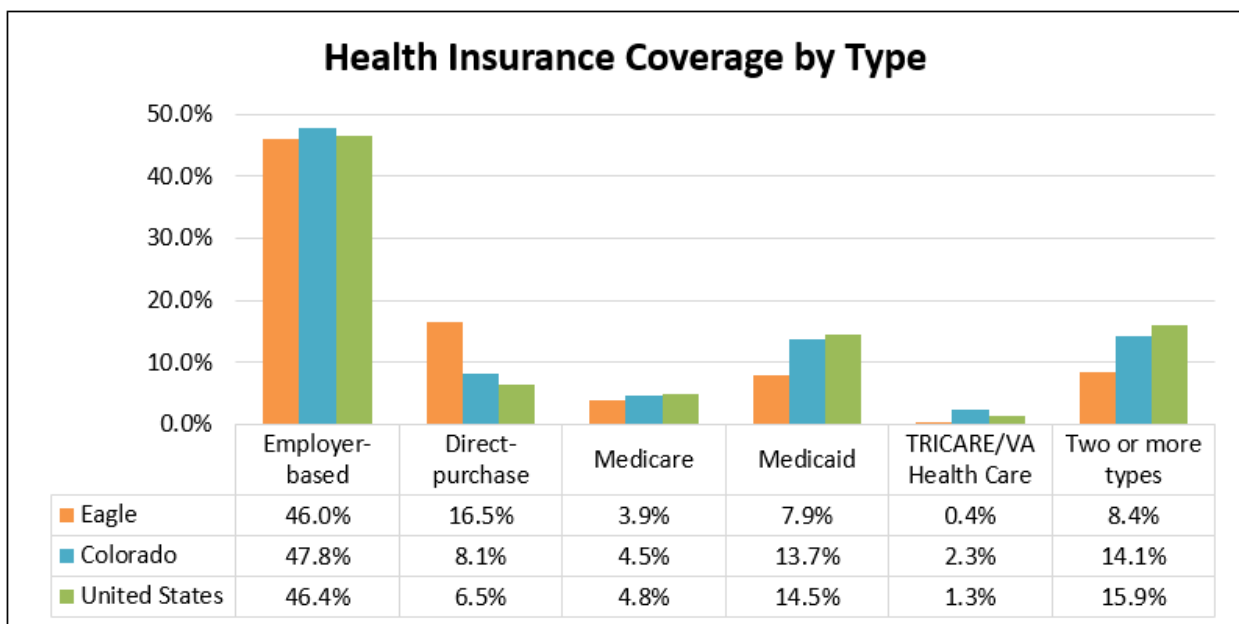


Source: US Census Bureau, 2013-2017

Eagle County Population without Health Insurance (Counts)

	Percentage
White	7,696
Black or African American	95
Asian	7
Latinx (any race)	5,138

Source: US Census Bureau, 2013-2017



Source: US Census Bureau, 2013-2017

Residents Eligible for Medicaid but not Enrolled

	Eagle County		Colorado	
	Count	Percentage	Count	Percentage
Children eligible but not enrolled in Medicaid	135	3.2%	14,702	2.6%
Children eligible but not enrolled in Child Health Plan <i>Plus</i>	573	45.4%	15,256	23.3%
Adults eligible but not enrolled in Medicaid	1,096	26.3%	99,542	13.5%

Source: Colorado Health Institute, 2015

Provider Access

Provider rates are measured as the number of providers in an area per 1,000 people. The rate of licensed providers in Eagle County increased from 2013 to 2017, with the exception of physicians and respiratory therapists, but Eagle County generally has fewer providers than Colorado overall. The exceptions are certified nurse midwives, physical therapists, and physicians, which exceed Colorado rates of availability.

Actively Licensed Professionals in the Health Care Workforce per 1,000

	Eagle County (2013)		Eagle County (2017)		Colorado (2017)
	Number	Rate	Number	Rate	Rate
Certified Nurse Midwives	4	0.07	5	0.09	0.07
Clinical Social Workers	15	0.27	22	0.39	0.85
Dentists	31	0.56	33	0.59	0.68
Licensed Social Workers	5	0.09	9	0.16	0.20
Nurse Practitioners	17	0.31	27	0.48	0.71
Occupational Therapists	15	0.27	18	0.32	0.47
Optometrists	6	0.11	7	0.12	0.18
Physical Therapists	83	1.49	90	1.60	0.97
Physician Assistants	18	0.32	25	0.44	0.51
Physicians	169	3.04	168	2.99	2.77
Psychologists	12	0.22	16	0.28	0.47
Registered Nurses	398	7.16	443	7.88	10.93
Respiratory Therapists	5	0.09	5	0.09	0.40
Speech Language Pathologists	NA	NA	13	0.23	0.35

Source: Colorado Health Institute, 2013 & 2017

The Health Resources & Services Administration (HRSA) is responsible for designating Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs). Shortage areas are determined based on a defined ratio of total health professionals to total population. Medically underserved areas identify geographic areas with a lack of access to primary care services. Eagle County is a behavioral health HPSA and a Medically Underserved Area for the low income population.

Eagle County is a behavioral health HPSA, as well as a MUA for low income populations

Federally Qualified Health Centers (FQHCs) are defined as “community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.” Services are provided on a sliding fee scale based on patient ability to pay. FQHCs are critical to serving the health care needs of medically underserved populations. Eagle County has five FQHC locations, four located along I-70 and one in El Jebel. FQHC locations are listed in Appendix D.

The percentage of Eagle County adults with a personal doctor is decreasing

Routine Health Care Access

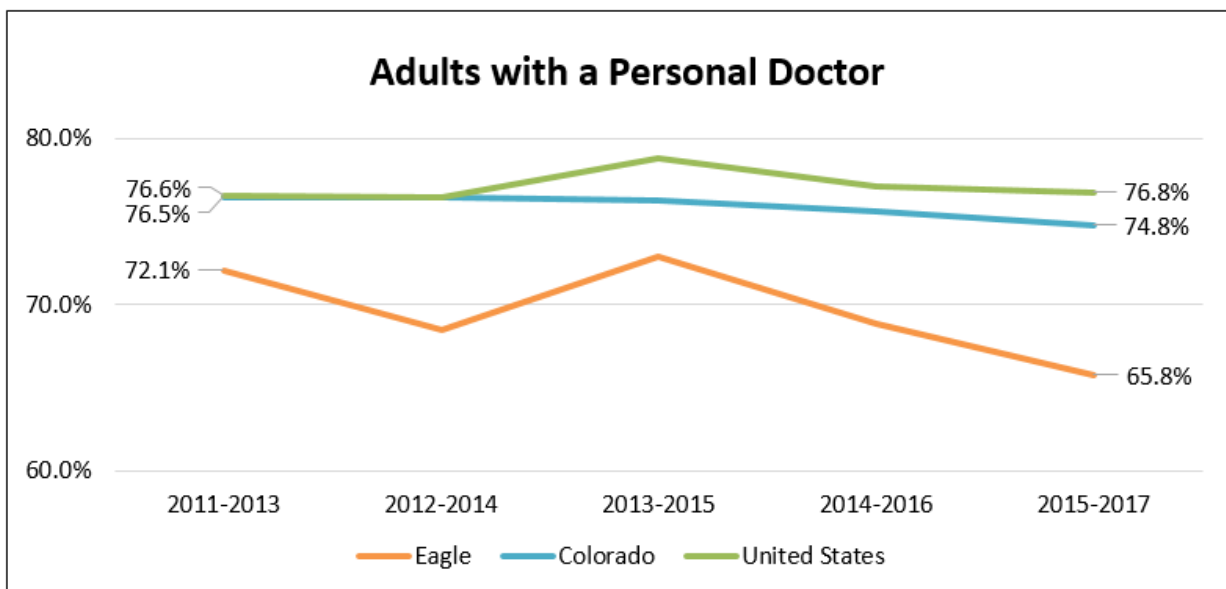
Health insurance coverage and provider availability can impact the number of residents who have a primary care provider and receive routine care. In Eagle County, roughly 2 in 3 adults report having a personal doctor, fewer than state and national benchmarks. Additionally, the percent of Eagle County adults who report having a personal doctor has been decreasing. Reversing this trend to connect more adults with a medical home may improve health outcomes for individuals and the community.

Adult Health Care Access
(Red = Lower than State and National Benchmarks)

	Have a Personal Doctor	Had a Dental Visit in Past Year
Eagle County	65.8% (2015-2017)	68.6% (2014 & 2016)
Colorado	74.8% (2015-2017)	67.0% (2014 & 2016)
United States	76.8% (2017)	66.4% (2016)

Source: Centers for Disease Control and Prevention, 2016-2017; Colorado Department of Health and Environment, 2014-2017

*Eagle County and Colorado data are reported as a three-year aggregate. Single-year national data are provided for comparison purposes.



Source: Centers for Disease Control and Prevention, 2013-2017; Colorado Department of Public Health & Environment, 2011-2017

*Eagle County and Colorado data are reported as a three-year aggregate. Single-year (2013-2017) national data are provided for comparison purposes.

Overall Health Status

Eagle County received the following ranking for health outcomes out of 64 counties in Colorado, as reported by the 2018 University of Wisconsin County Health Rankings & Roadmaps program. Health outcomes are measured in relation to premature death (before age 75) and quality of life, with a rank of #1 being the best in the state. Eagle County improved in the rankings over the past three years.

2018 Health Outcomes County Health Rankings
#4 Eagle County (#8 at time of 2016 CHNA)

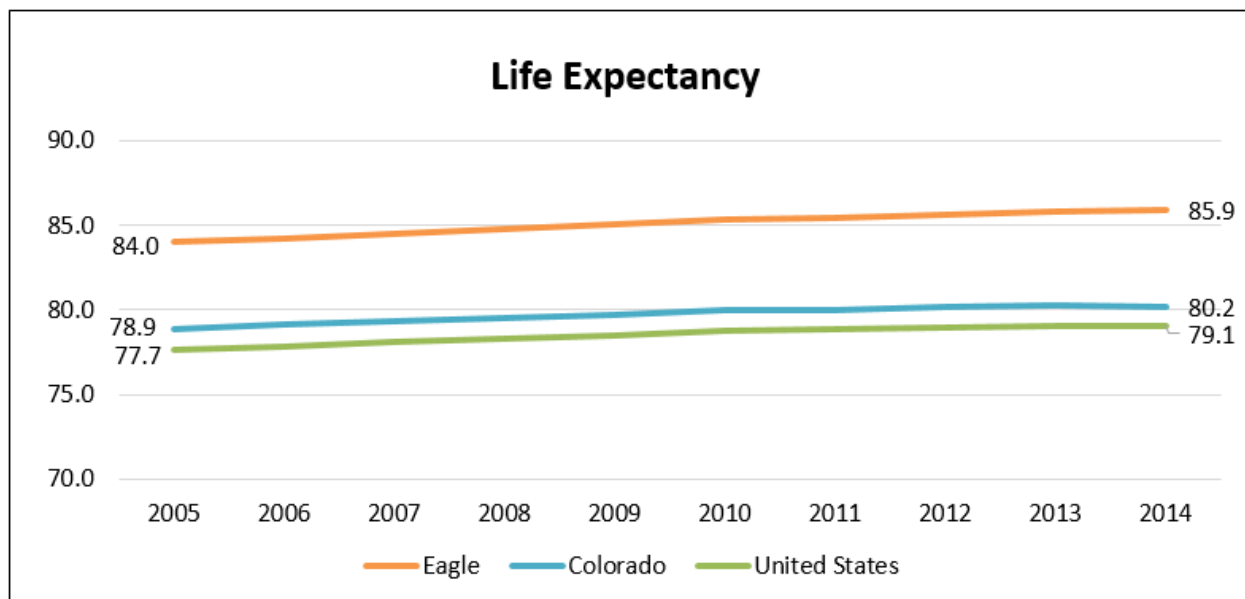
Residents of Eagle County live longer lives compared to residents of Colorado and the nation, as evidenced by the premature death rate and overall life expectancy. Additionally, Eagle County residents are less likely to report “poor” or “fair” health status or poor physical or mental health days than their peers, indicating higher quality of life among residents.

Life expectancy in Eagle County
 is more than 5 years higher
 than the state and nation

Health Outcomes Indicators (Green = Lower than State and National Benchmarks)

	Premature Death Rate per 100,000	Adults with “Poor” or “Fair” Health Status	30-Day Average - Poor Physical Health Days	30-Day Average - Poor Mental Health Days
Eagle County	4,328	10.6%	2.9	3.1
Colorado	5,732	14.3%	3.4	3.6
United States	6,700	16.0%	3.7	3.8

Source: National Center for Health Statistics, 2013-2015; Centers for Disease Control and Prevention, 2016



Source: Institute for Health Metrics and Evaluation, 2005-2014

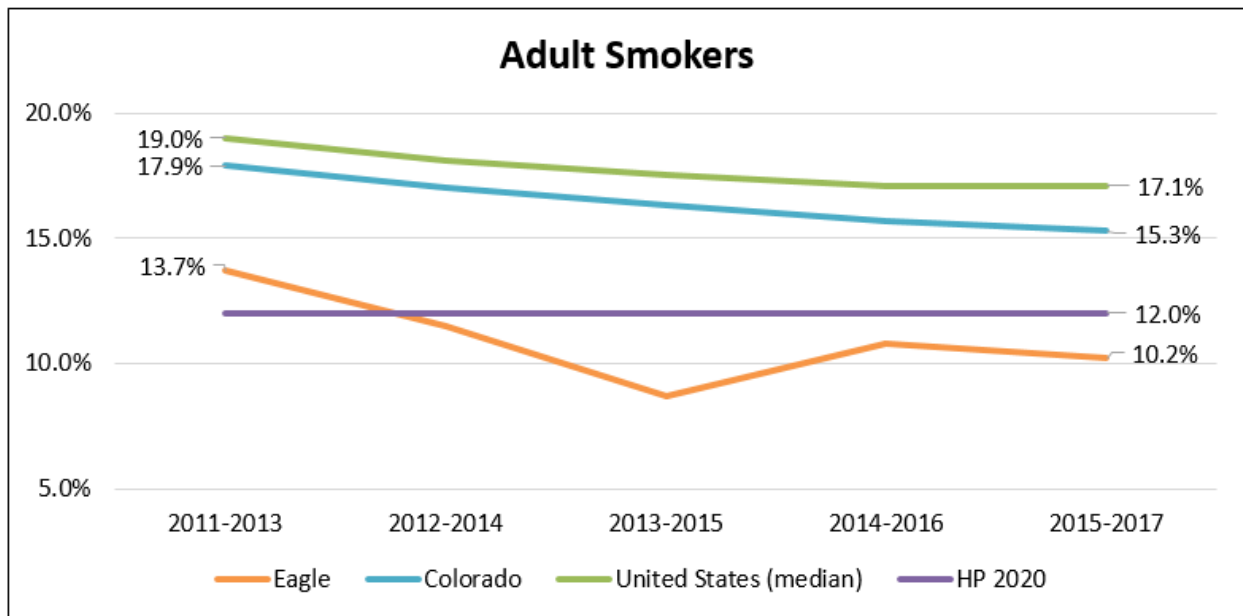
Health Behaviors

Health behaviors may increase or reduce the likelihood of disease or early death. Individual health behaviors include risk factors like smoking and obesity, or health promoting behaviors like exercise, good nutrition, and stress management. The prevalence of these health behaviors is provided below, with benchmark comparisons, as available.

Tobacco Use

Within Eagle County, the proportion of adults who smoke is lower than both state and national percentages, and declining. The percentage of smokers also meets the Healthy People 2020 target.

The percent of adult smokers in Eagle County is lower than the state and nation and decreasing



Source: Centers for Disease Control and Prevention, 2013-2017; Colorado Department of Public Health & Environment, 2011-2017

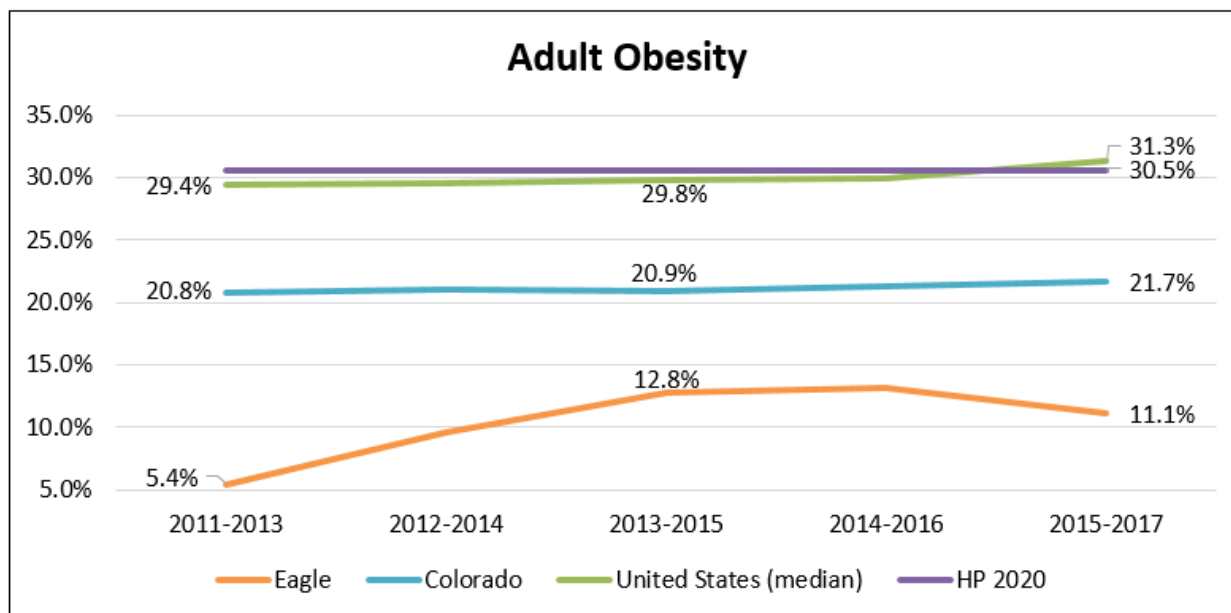
*Eagle County and Colorado data are reported as a three-year aggregate. Single-year (2013-2017) national data are provided for comparison purposes.

Obesity

Obesity is associated with an increased risk of disease and mortality, as well as a reduced quality of life. Healthy People 2020 sets a goal of having no more than 30.5% of all adults obese. Approximately 11% of Eagle County adults are obese, meeting the Healthy People 2020 target and lower than state and national percentages, but the percentage is increasing.

Over the past five years, the percent of obese adults increased nearly 6 points.

The percent of obese adults in Eagle County is lower than the state and nation, but contrary to smoking trends, the percentage is increasing



Source: Centers for Disease Control and Prevention, 2013-2017; Colorado Department of Public Health & Environment, 2011-2017

*Eagle County and Colorado data are reported as a three-year aggregate. Single-year (2013-2017) national data are provided for comparison purposes.

Eagle County youth are also generally less likely to be overweight or obese than youth across Colorado. The exception is obesity among 9th grade students and overweight among seniors in Eagle County.

Eagle County students overall are less likely to be overweight or obese, but percentages are higher among Latinx students

When stratified by ethnicity, Latinx students are more likely to be overweight or obese than other demographic groups. Of particular note, the percentage of obese Latinx students is 10 points higher than the percentage of obese White students.

Overweight and obesity data is also presented for children ages 2-4 enrolled in Women, Infants, and Children (WIC) programming. Latinx children enrolled in WIC are slightly more likely to be overweight or obese compared to all enrolled children. Latinx residents are likely prominent users of WIC services, as evidenced by the preferred language among clients, presenting an opportunity to leverage WIC enrollment for enrollment in other needed services, like health care coverage.

Overweight/Obesity and Physical Activity among High School Students

	9 th Grade	10 th Grade	11 th Grade	12 th Grade
Obese				
Eagle County	11.2%	6.8%	6.9%	3.7%
Colorado	9.4%	9.1%	9.4%	10.6%
Overweight				
Eagle County	10.4%	8.8%	9.9%	14.0%
Colorado	12.3%	12.9%	12.1%	12.0%
Physically active for at least 60 minutes per day on five or more of the past 7 days				
Eagle County	55.9%	50.3%	48.6%	44.3%
Colorado	57.4%	52.2%	48.0%	48.2%

Source: Colorado Department of Public Health & Environment, 2017

Overweight/Obesity among Eagle County High School Students by Race and Ethnicity

	Obese	Overweight
All Students	7.2%	10.8%
White	2.8%	8.4%
Latinx (any race)	12.6%	13.5%

Source: Colorado Department of Public Health & Environment, 2017

Overweight and Obesity among Children Ages 2-4 Enrolled in the WIC Program

	Eagle County	
	Obese	Overweight
All children 2-4 years of age	7.2%	10.8%
Latinx (any race)	7.8%	11.7%

Source: Colorado Department of Public Health & Environment, 2017

Preferred Language of WIC Program Enrollees

	American Indian	English	Spanish	Other	Unknown
Aspen WIC Clinic	NA	17.1%	25.7%	2.9%	54.3%
Avon WIC Clinic	0.5%	22.0%	75.0%	NA	2.5%
Eagle WIC Clinic	NA	44.1%	50.9%	0.5%	4.5%
El Jebel WIC Clinic	NA	13.0%	64.9%	NA	22.1%
Eagle County Public Health	0.3%	26.3%	63.9%	0.3%	9.2%

Source: Colorado Department of Public Health & Environment, 2018

Healthy Eating and Food Insecurity

Food insecurity, defined as being without a regular source of sufficient and affordable nutritious food, negatively impacts the opportunity for healthy eating and healthy weight management. Food insecurity is reflective of a variety of social factors including employment, income, access

to healthy food options, transportation, housing, and other factors. In total, residents of Eagle County are less likely to be food insecure than their peers in Colorado or the nation.

Eligibility for free lunch includes households with an income at or below 130% of the poverty income threshold, while eligibility for reduced priced lunch includes households with an income between 130% and 185% of the poverty threshold.

Approximately 41% of Eagle County children are eligible for free or reduced-price school lunch, consistent with the state overall.

41% of children in Eagle County are eligible for free or reduced-price lunch, similar to the state

Food Insecure Residents
(Green = Lower than State and National Benchmarks)

	All Residents	Children
Eagle County	7.1%	12.5%
Colorado	11.3%	15.1%
United States	12.9%	17.5%

Source: Feeding America, 2016

Children Eligible for Free or Reduced-Price School Lunch

	Percent
Eagle County	40.7%
Colorado	41.8%

Source: National Center for Education Statistics, 2015-2016

Physical Activity

Engaging in regular physical activity contributes to healthy living and positive health outcomes. Residents of Colorado have greater access to physical activity than Americans in general, and residents of Eagle County have greater access than their Colorado peers. Despite greater access to physical activity, adults in Eagle County are slightly less likely to engage in exercise in their leisure time than their peers throughout Colorado.

Eagle County adults have greater access to physical activity, but are less likely to be active compared to their Colorado peers

Physical Activity
(Green = Higher Access than State and National Benchmarks)

	Access to Physical Activity	Adults without Leisure Time Physical Activity
Eagle County	97.9%	20.2%
Colorado	91.2%	17.6%
United States	83.0%	25.6%

Source: Business Analyst, Delorme Map Data, ESRI, & US Census Tigerline Files, 2016; Centers for Disease Control and Prevention, 2017; Colorado Department of Public Health & Environment, 2015-2017

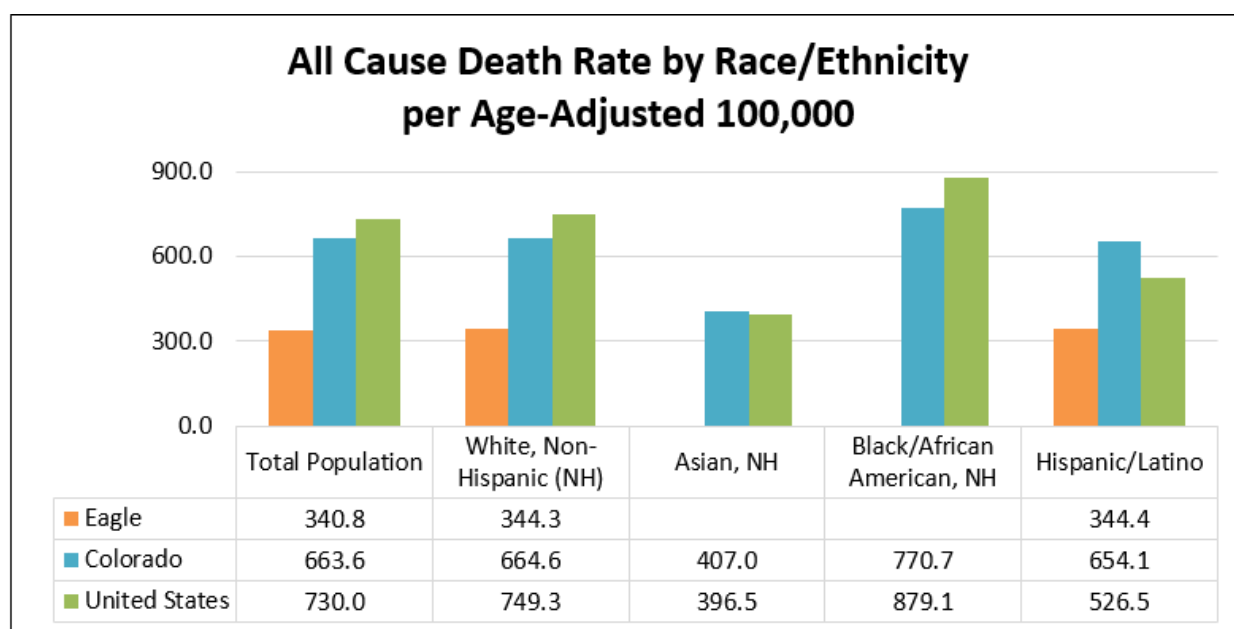
*Eagle County and Colorado physical inactivity data are reported as a three-year (2015-2017) aggregate. Single-year (2017) national data is provided for comparison purposes.

Mortality

The all cause age-adjusted death rate is lower in Eagle County than the state and nation, meaning residents of Eagle County live longer lives in general. The death rate among Non-Hispanic Whites is similar to the death rate among Latinxs when reviewing all causes of death in aggregate.

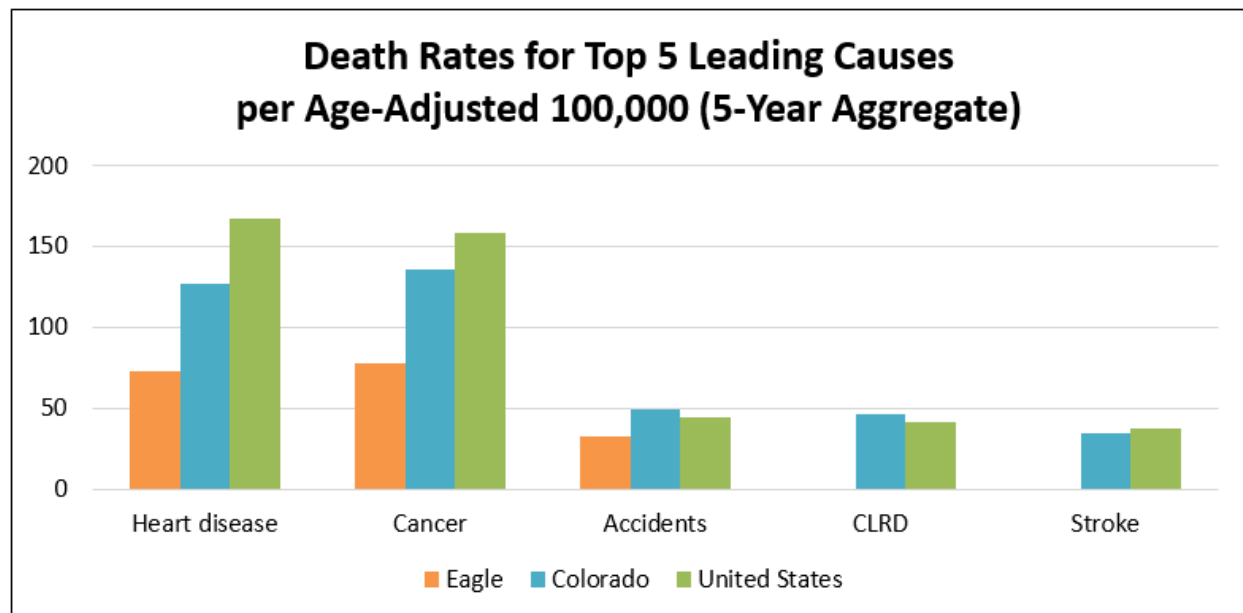
Eagle County has lower death rates than the state and nation

The top five causes of death in the nation, in rank order, are heart disease, cancer, accidents, chronic lower respiratory disease (CLRD), and stroke. Eagle County has lower rates of death due to heart disease, cancer, and accidents compared to the state and nation. Death rates for chronic lower respiratory disease and stroke are not reported for Eagle County due to low death counts.



Source: Centers for Disease Control and Prevention, 2013-2017

*Eagle County death rates by race/ethnicity are reported as available due to low counts.



Source: Centers for Disease Control and Prevention, 2013-2017

*Eagle County death rates for CLRD and stroke are not reported due to low counts, n=16 and 17 respectively.

Chronic Diseases

Chronic diseases are among the most prevalent and costly health conditions in the United States. More than two thirds of all deaths are caused by one or more of these five chronic diseases: heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes. Chronic diseases are often preventable through reduced risk behaviors like tobacco and alcohol use, increased physical activity and good nutrition, early detection of risk factors, and effective primary and community management of disease.

Heart Disease and Stroke

The prevalence of heart disease in Eagle County exceeds the prevalence in Colorado, but it is generally consistent with the nation. Approximately 1 in 5 Eagle County adults have high blood pressure and/or high cholesterol, risk factors for heart disease. While the prevalence of risk factors is lower than state and national benchmarks, it is still notable.

1 in 5 Eagle County adults experience high blood pressure and/or high cholesterol

Heart Disease and Stroke Prevalence among Adults (Red = Higher than State and National Benchmarks)

	Coronary Heart Disease	Heart Attack	Stroke
Eagle County	3.0%	4.2%	3.3%
Colorado	2.8%	3.1%	2.3%
United States	3.9%	4.2%	3.0%

Source: Centers for Disease Control and Prevention, 2017; Colorado Department of Public Health & Environment, 2015-2017

*Eagle County and Colorado data are reported as a three-year (2015-2017) aggregate. Single-year (2017) national data are provided for comparison purposes.

High Blood Pressure and High Cholesterol Prevalence among Adults
(Green = Lower than State and National Benchmarks)

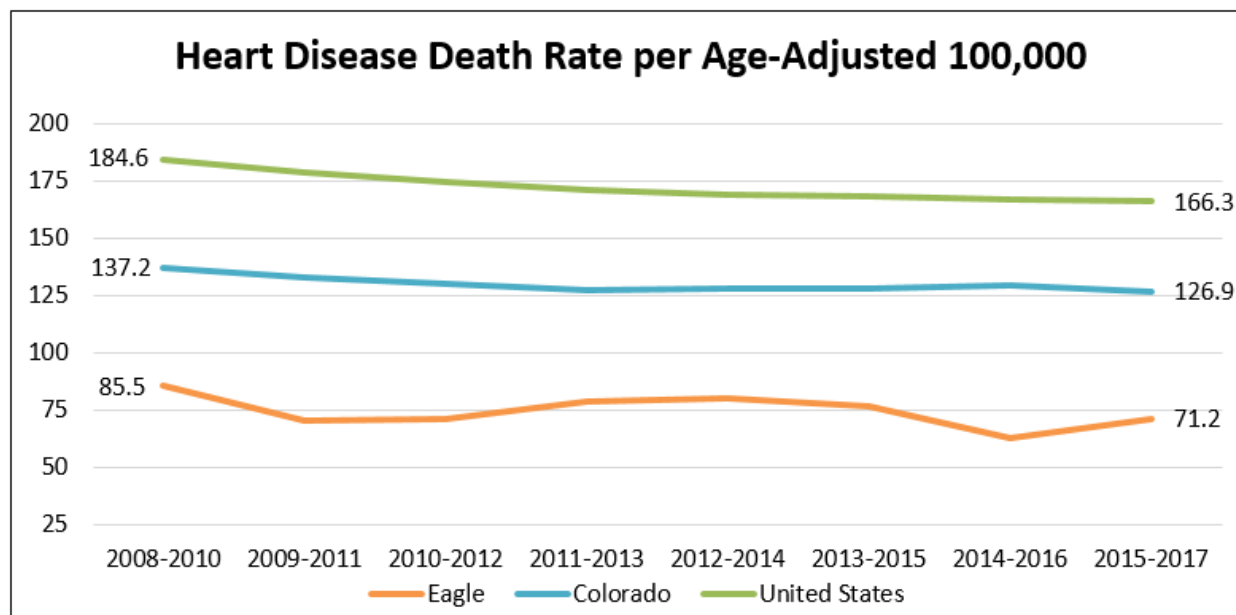
	High Blood Pressure	High Cholesterol
Eagle County	20.0%	22.8%
Colorado	25.8%	31.3%
United States	32.3%	33.0%

Source: Centers for Disease Control and Prevention, 2017; Colorado Department of Public Health & Environment, 2015 & 2017

*Eagle County and Colorado data are reported for 2015 and 2017 combined. Single-year (2017) national data are provided for comparison purposes.

Heart disease is the leading cause of death in Eagle County, Colorado, and the nation, but the rate of heart disease death among Eagle County residents is less than half the national rate and lower than the state rate. The death rate declined slightly over recent years. Eagle County heart disease death rates by race and ethnicity are not reported due to low counts.

The Eagle County heart disease death rate is less than half the national death rate



Source: Centers for Disease Control and Prevention, 2008-2010 – 2015-2017

Coronary heart disease (CHD) is characterized by the buildup of plaque inside the coronary arteries. Several types of heart disease, including coronary heart disease, are risk factors for stroke. The CHD death rate for Eagle County is approximately half the state rate and lower than national benchmarks. While stroke prevalence is slightly elevated in Eagle County, the county has had so few deaths due to stroke (n=17 over five years), that a reliable death rate is not calculated. This finding typically indicates better disease treatment and management.

Coronary Heart Disease and Stroke Death Rates
(Green = Lower than State and National Benchmarks)

	Coronary Heart Disease Death per Age-Adjusted 100,000	Stroke Death per Age- Adjusted 100,000
Eagle County	36.8	NA (n=17)
Colorado	68.2	34.3
United States	97.1	37.1
HP 2020	103.4	34.8

Source: Centers for Disease Control and Prevention, 2013-2017

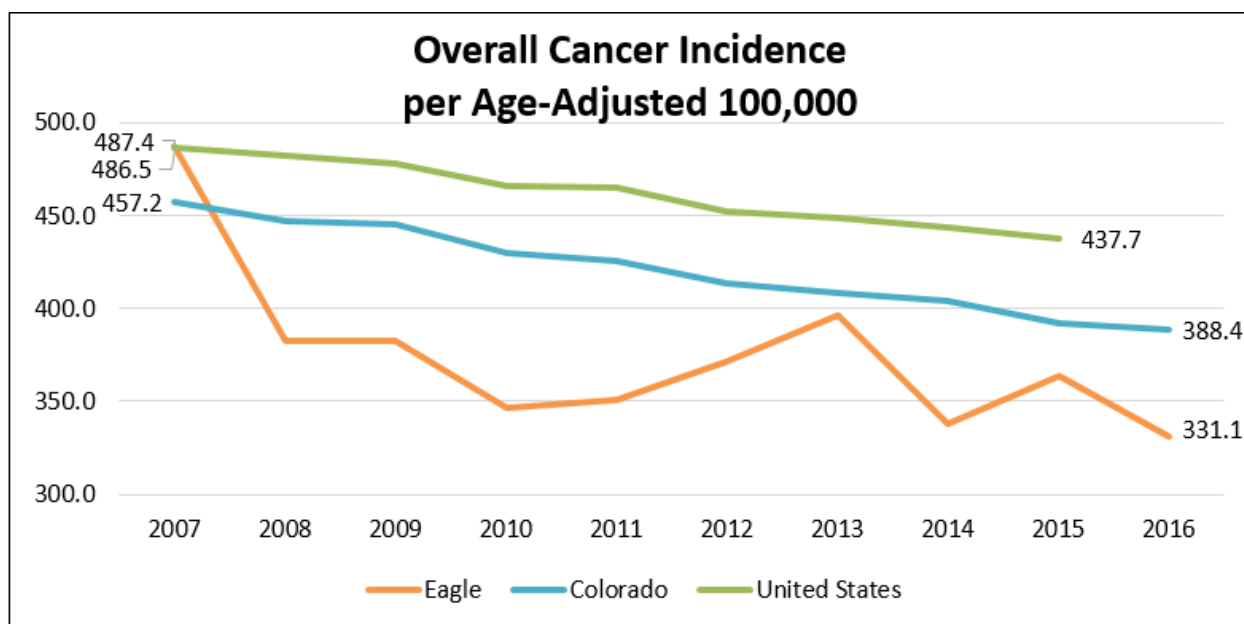
*A stroke death rate is not reported for Eagle County due to a low count.

Cancer

Cancer remains a leading cause of death, but if detected early, can often be effectively treated. The incidence of all cancers in Eagle County is lower than Colorado and the nation. When stratified by common cancer types, Eagle County has lower incidence of all reported cancers than Colorado and the nation, with the exception of prostate cancer. While prostate cancer incidence is higher for Eagle County, the death rate is unreportable due to low counts, indicating it is being detected and treated early.

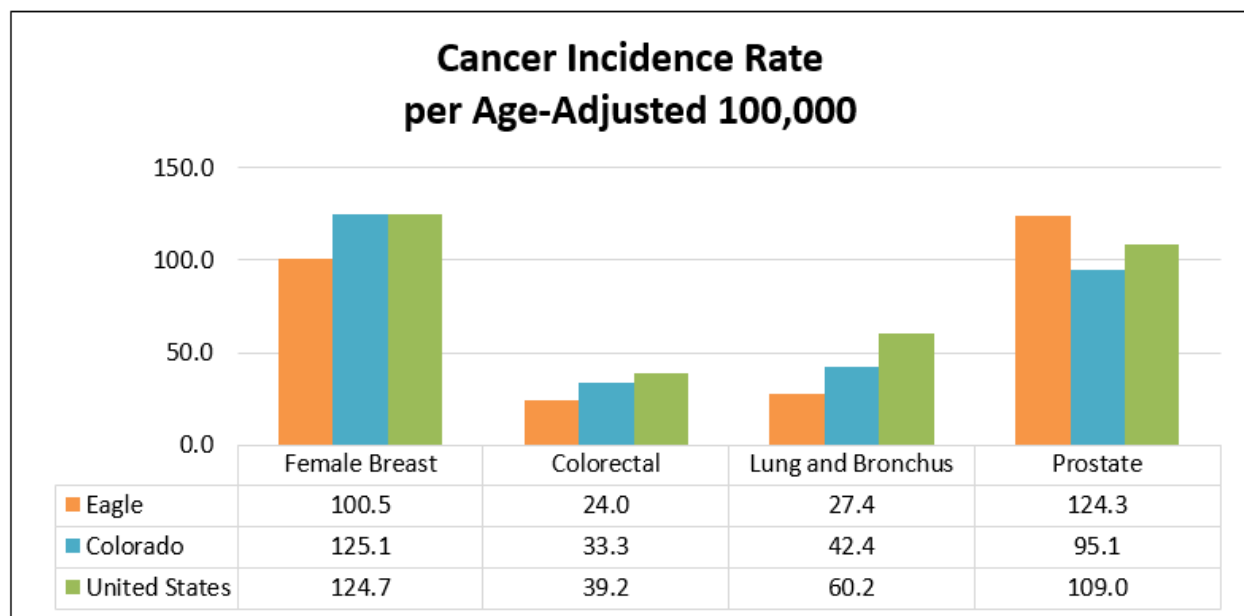
Eagle County has lower cancer incidence and death rates than the state and nation

Note: Cancer incidence and death data by race and ethnicity are not reported for Eagle County due to low counts. The most recent cancer data for the state indicate that Whites have a higher incidence rate than any other racial or ethnic group, but Blacks/African Americans have the highest death rate.



Source: Centers for Disease Control and Prevention, 2007-2015; Colorado Department of Public Health & Environment, 2007-2016

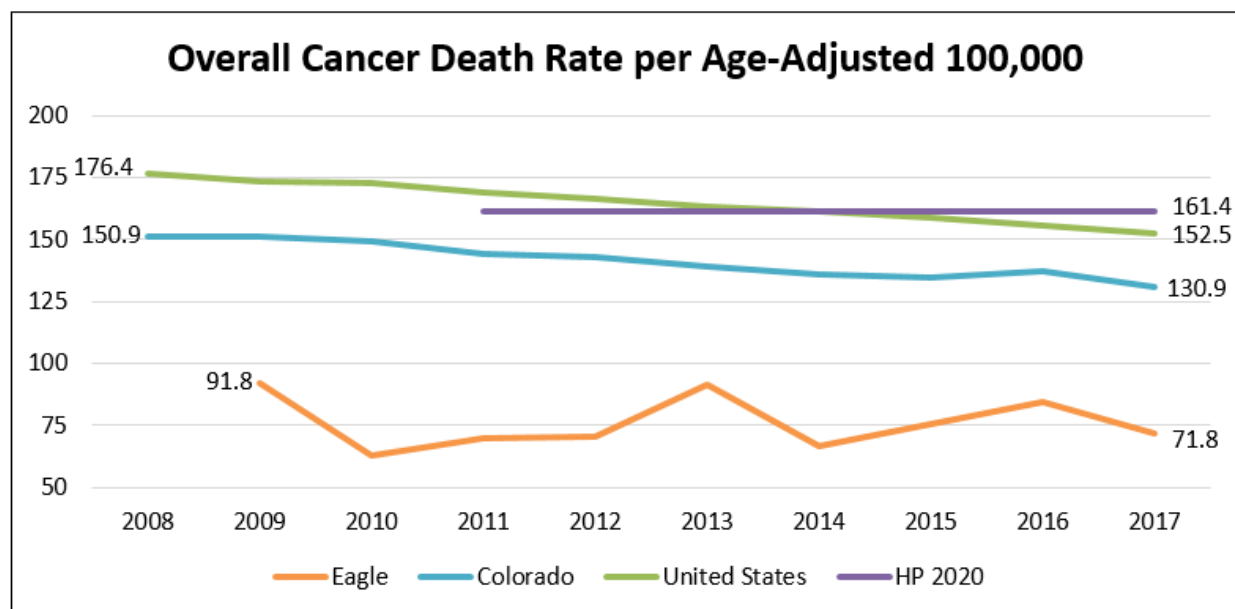
*National cancer incidence rates are not yet reported for 2016.



Source: Centers for Disease Control and Prevention, 2011-2015; Colorado Department of Public Health & Environment, 2012-2016

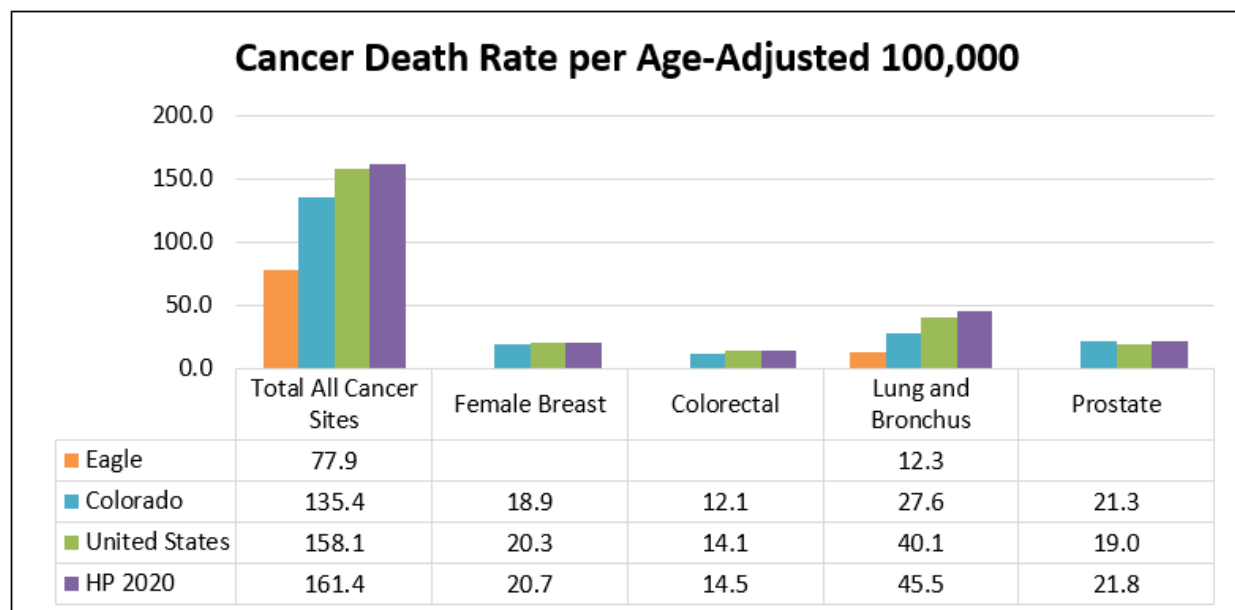
*Cancer incidence data for Eagle County and the state is reported for 2012-2016. US cancer incidence data has not yet been updated and is shown for 2011-2015.

The rate of death due to cancer in Eagle County is also lower than Colorado and the nation, and meets the Healthy People 2020 target. Consistent with the low rate of overall death due to cancer, the number of deaths due to female breast, colorectal, and prostate cancers are so small that a rate per 100,000 cannot be calculated. The lung cancer death rate for Eagle County is less than half of the state rate.



Source: Centers for Disease Control and Prevention, 2008-2017

*The Eagle County 2008 cancer death rate is not available due to a low count (n=17).



Source: Centers for Disease Control and Prevention, 2013-2017

*Eagle County death rates are reported as available due to low counts. From 2013-2017, there were 13 colorectal and 11 prostate cancer deaths. The female breast cancer death count is suppressed.

When detected early, many cancers respond positively to treatment. Female residents of Eagle County are more likely to have mammograms and pap smears to test for breast and cervical cancers than their peers in Colorado and/or the nation. Eagle County residents are less likely to receive recommended colorectal cancer screenings than other Colorado residents.

Eagle County residents receive recommended colorectal screenings less frequently than Coloradans in general

Cancer Screenings
(Green = Higher than State and National Benchmarks;
Red = Lower than State and National Benchmarks)

	Colorectal Screening (ages 50-75)	Mammogram within Two Years (ages 50-74)	Pap Smear within Three Years (ages 21-65)
Eagle County	52.8%	74.6%	86.1%
Colorado	67.2%	73.9%	82.6%
United States	NA	77.6%	79.8%

Source: Centers for Disease Control and Prevention, 2016; Colorado Department of Public Health & Environment, 2014 & 2016

*Eagle County and Colorado data are reported for 2014 and 2016 combined. Single-year (2016) national data are provided for comparison purposes.

Radon, a colorless and odorless gas produced from the decay of radium in rocks, soil, and water, is the second leading cause of lung cancer. The Environmental Protection Agency recommends action to mitigate radon when testing shows radon levels of 4.0 picocuries per liter (pCi/L) or higher.

The Environmental Protection Agency distinguishes counties by radon zones. Eagle County is Zone 2, with predicted average indoor radon levels of 2 to 4 pCi/L. Of the total home samples tested from 2005-2017, nearly half had radon levels of 4 pCi/L or higher.

Radon mitigation systems are commercially available and are effective in reducing the presence of radon in homes and other buildings. Education and advocacy for radon testing and remediation may help prevent lung cancer and other chronic respiratory disease in this area.

Average Indoor Radon Results

	Eagle County
Total Samples	579
Samples over 4 pCi/L	284
Percent of Samples over 4 pCi/L	49.05%

Source: Colorado Department of Public Health & Environment, 2005-2017

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is the third most common cause of death in the nation. CLRD encompasses diseases like chronic obstructive pulmonary disorder (COPD), emphysema, and asthma, all of which contribute to lower quality of life and increased risk of early death. The prevalence of key respiratory diseases, including asthma and COPD, is lower in Eagle County than Colorado and the nation.

The age-adjusted rate of death due to CLRD is higher in Colorado than the nation. Reliable death rates for Eagle County are not reportable due to low death counts. A total of 16 CLRD deaths occurred in Eagle County from 2013 to 2017.

Eagle County adults are less likely to smoke and have a lower prevalence of lung disease

Asthma and CLRD Prevalence (Green = Lower than State and National Benchmarks)

	Asthma Diagnosis (Current)	COPD Diagnosis
Eagle County	6.3%	1.5%
Colorado	9.0%	4.4%
United States	9.4%	6.5%

Source: Centers for Disease Control and Prevention, 2017; Colorado Department of Public Health & Environment, 2015-2017

*Eagle County and Colorado data are reported as a three-year (2015-2017) aggregate. Single-year (2017) national data are provided for comparison purposes.

CLRD Death Rate per Age-Adjusted 100,000 by Race and Ethnicity

	Total Population	White, Non- Hispanic	Black/African American, Non-Hispanic	Asian/Pacific Islander, Non-Hispanic	Latinx
Colorado	46.5	49.4	36.8	17.1	31.1
United States	41.4	46.3	29.8	12.3	17.6

Source: Centers for Disease Control and Prevention, 2013-2017

*Death rates due to CLRD are not reported for Eagle County due to low counts.

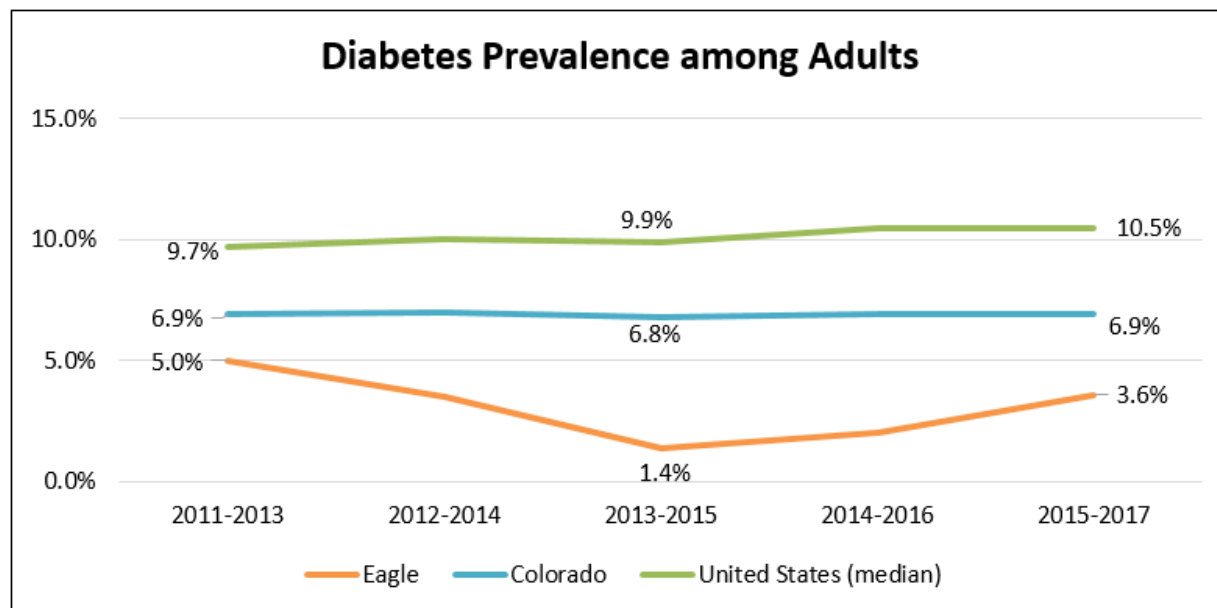
Diabetes

Diabetes is among the top 10 causes of death in the nation. According to the American Diabetes Association, diabetes and prediabetes affect more than 110 million Americans and cost \$322 billion per year. Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise.

The prevalence of diabetes among adults in Colorado and Eagle County is lower than the nation. While Eagle County adults are less likely to be diagnosed with diabetes, the prevalence has been increasing in recent years. Among Eagle County Medicare

The prevalence of diabetes among adults in Eagle County is low, but increasing

enrollees with a diabetes diagnosis, a higher percentage receive an annual recommended hA1c screening compared to the state and nation.



Source: Centers for Disease Control and Prevention, 2013-2017; Colorado Department of Public Health & Environment, 2011-2017

*Eagle County and Colorado data are reported as a three-year aggregate. Single-year (2013-2017) national data are provided for comparison purposes.

The age-adjusted death rate due to diabetes is lower in Colorado for people of all races and ethnicities, except Latinxs. Latinxs living in Colorado are more likely to die from diabetes than their peers throughout the US. The number of deaths due to diabetes in Eagle County is too small to calculate a reliable death rate.

Latinx residents in Colorado have a higher death rate due to diabetes than Latinxs across the nation

Diabetes Death Rate per Age-Adjusted 100,000 by Race and Ethnicity

	Total Population	White, Non-Hispanic	Black/African American, Non-Hispanic	Asian/Pacific Islander, Non-Hispanic	Latinx
Colorado	16.0	13.3	31.8	12.6	31.6
United States	21.2	18.7	38.4	15.8	25.3

Source: Centers for Disease Control and Prevention, 2013-2017

*Diabetes death rates and counts are not reported for Eagle County due to low counts.

Annual hA1c Screenings among Medicare Enrollees 65-75 Years (Green = Higher than State and National Benchmarks)

	Percent
Eagle County	85.8%
Colorado	84.2%
United States	85.0%

Source: Dartmouth Atlas of Health Care, 2014

Senior Health

Chronic Disease Among Medicare Beneficiaries

Seniors face a growing number of challenges related to health and well-being as they age. People over 65 are more prone to chronic disease, social isolation, and disability. The following sections highlight key health indicators for the region's senior population.

According to the CDC, "Among Medicare fee-for-service beneficiaries, people with multiple chronic conditions account for 93% of total Medicare spending." The tables below note the percentage of Eagle County Medicare Beneficiaries who have been diagnosed with a chronic condition.

Eagle County senior Medicare Beneficiaries are less likely to have multiple chronic conditions compared to the state and nation, but 44% are impacted

Eagle County senior Medicare Beneficiaries are less likely to have a chronic condition compared to seniors statewide and nationally, but it is notable that 44% have two or more conditions. Heart disease is one of the leading causes of morbidity among Eagle County seniors, followed by arthritis and depression.

Chronic Condition Diagnoses among Medicare Beneficiaries 65 Years or Over (Green = Lower than the State and Nation)

	Eagle County	Colorado	United States
Alzheimer's Disease	NA*	9.2%	11.3%
Arthritis	27.1%	28.4%	31.3%
Asthma	5.4%	6.3%	7.6%
Cancer	NA*	7.7%	8.9%
COPD	4.1%	9.1%	11.2%
Depression	10.7%	12.7%	14.1%
Diabetes	9.1%	17.8%	26.8%
Heart Failure	5.0%	9.9%	14.3%
High Cholesterol	31.1%	32.4%	47.8%
Hypertension	30.8%	42.0%	58.1%
Ischemic Heart Disease	16.3%	20.1%	28.6%
Stroke	NA*	3.1%	4.2%

Source: Centers for Medicare & Medicaid Services, 2015

*Data are not available due to low counts.

Number of Chronic Conditions among Medicare Beneficiaries 65 Years or Over (Green = Lower than the State and Nation)

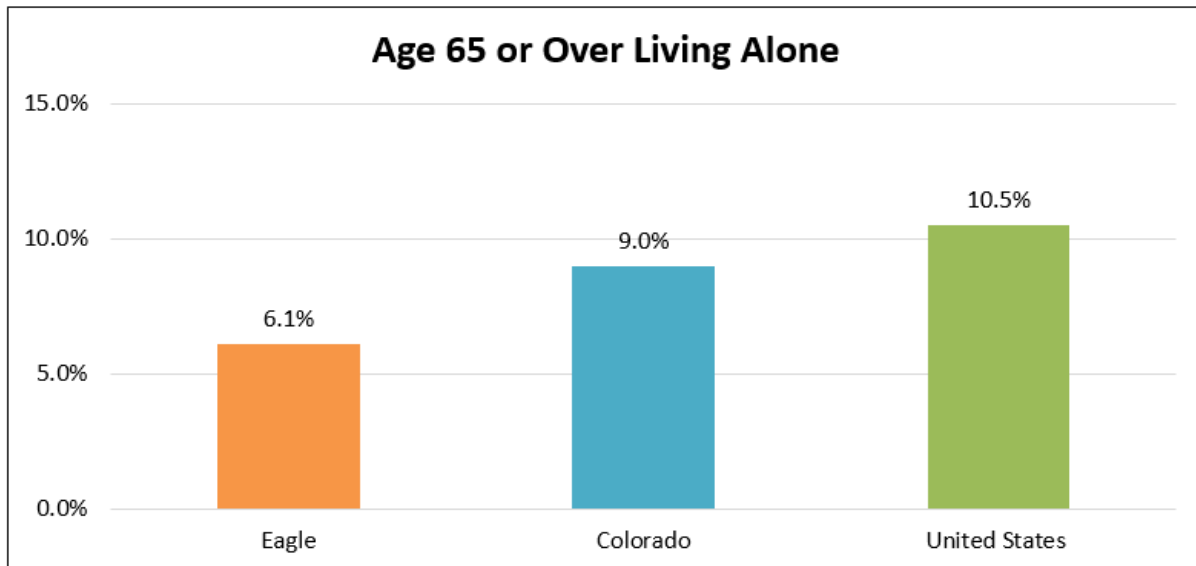
	Eagle County	Colorado	United States
0 to 1 condition	56.1%	45.6%	32.3%
2 to 3 conditions	27.1%	28.6%	30.0%
4 to 5 conditions	12.0%	15.9%	21.6%
6 or more conditions	4.9%	9.9%	16.2%

Source: Centers for Medicare & Medicaid Services, 2015

Social Isolation Among Seniors

As seniors age, they are at risk for isolation due to physical limitations and decreasing social circles. One indicator of isolation is the percentage of seniors age 65 or over who live alone. Seniors in Eagle County are less likely to live alone than seniors in Colorado and the nation, reducing their likelihood of social isolation and promoting greater quality of life.

Eagle County seniors are less likely to live alone than seniors across the state and nation



Source: US Census Bureau, 2013-2017

Immunizations

The Advisory Committee on Immunization Practices recommends all individuals age six months or older receive the flu vaccine, but the vaccine is a priority for older adults.

Vaccination for pneumococcal disease, a leading cause of serious illness among older adults, is also recommended for seniors. More than 80% of Eagle County seniors have received a pneumonia vaccination and/or annual flu vaccination, higher than the state and nation, and nearly reaching the HP 2020 goal.

Eagle County seniors are more likely to receive recommended vaccines than the state and nation

Vaccination Rates among Older Adults Age 65+

	Ever Received a Pneumonia Vaccination	Had a Flu Vaccination in the Last Year
Eagle County	82.0%	82.6%
Colorado	73.0%	67.1%
United States	70.3%	60.8%
HP 2020	90.0%	90.0%

Source: Centers for Disease Control and Prevention, 2014; Colorado Department of Public Health & Environment, 2013-2014

*Eagle County and Colorado data are reported for 2013 and 2014 combined. Single-year (2014) national data are provided for comparison purposes, as available.

Behavioral Health

Mental Health

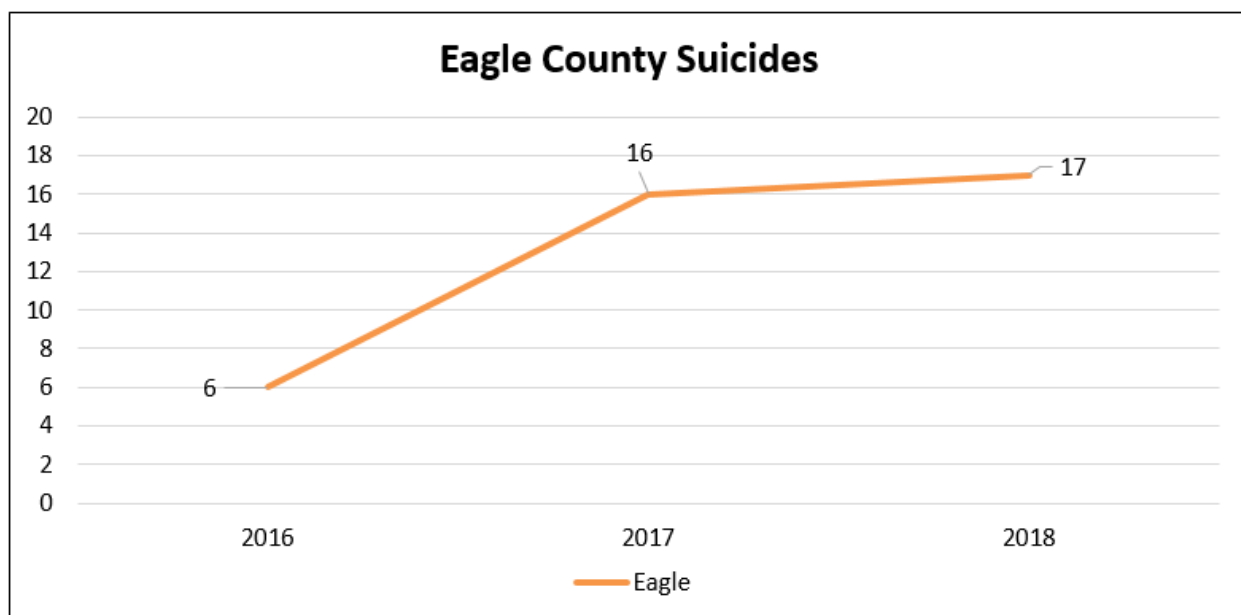
Eagle County's mental health system is not performing to expectations, as evidenced by a climbing suicide rate, increasing mental distress among adults and youth, and increasing utilization of emergency departments for mental health-related needs.

Eagle County experienced growing demand for mental health services, as evidenced by a climbing suicide rate and use of the ED for mental health needs

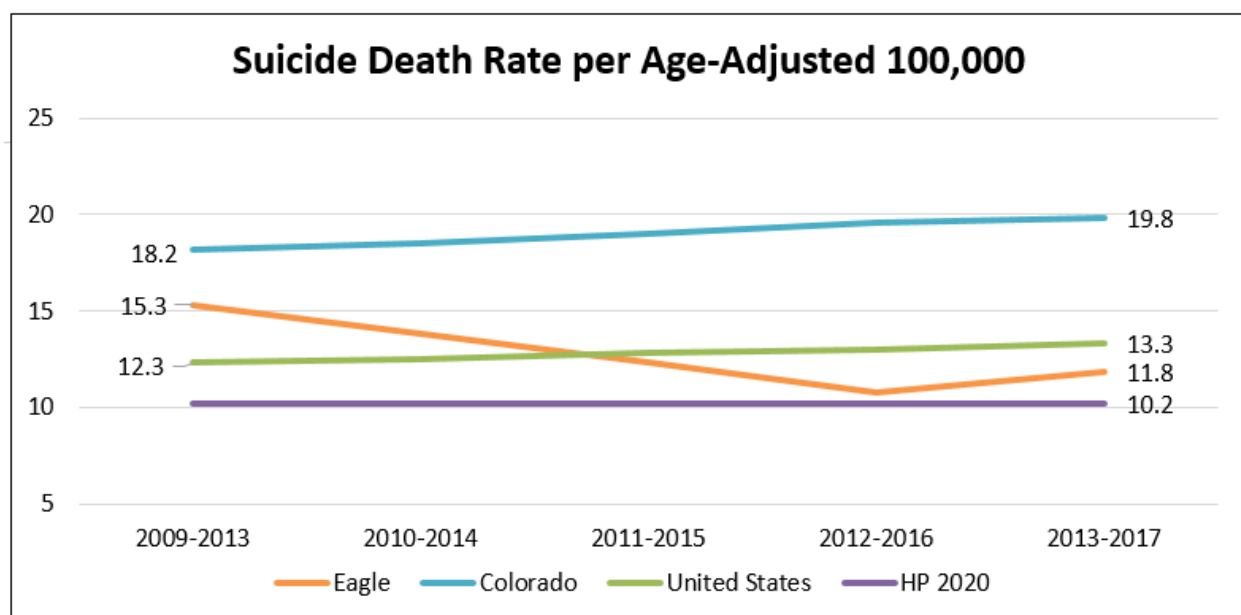
Insights on demand for Eagle County mental health services are evidenced by the following statistics:

- > Seventeen (17) residents died by suicide in 2018, up 183% from 2016.
- > Eagle County averages nearly one suicide attempt per day. In 2018, there were 324 suicide-attempt calls to 911, up 172% from the previous year.
- > The Eagle County rate of death due to mental and behavioral disorders, while lower than the state and nation, increased 5 points from 2012-2016 to 2013-2017. Mental and behavioral disorders include disorders due to psychoactive substance use, anxiety disorders, delusional disorders, and mood or personality disorders.
- > Between 2013 and 2018, the number of visits to the Vail Health emergency department by suicidal/homicidal patients rose 125% (282 visits vs. 125 visits).
- > Vail Health emergency department visits for anxiety/depression rose 360% (from 63 to 290) between 2013 and 2018.
- > Suicide is the leading cause of death for Coloradans aged 10-24. Among Eagle County middle school students surveyed in 2017, 23% ever seriously considered suicide. The percentage represents an increase of 155% since 2006, and is higher than the state average of 19%. Approximately 16% of middle school students made a suicide plan, some in pacts with others. Among high school students surveyed in 2017, 18% seriously considered suicide, up from 15% in 2015. Senior high school students were the most likely to consider suicide; 25% considered suicide compared to 17.5% statewide.
- > The West Mountain Regional Health Alliance, a coalition of health care leaders, providers, and agencies working to improve health in Pitkin, Garfield, and Eagle counties, reported that in 2017, 87.6% of patients were screened for depression, and 66.6% of positively screened patients received follow-up care. The state target values for screening and follow-up care is 100%.

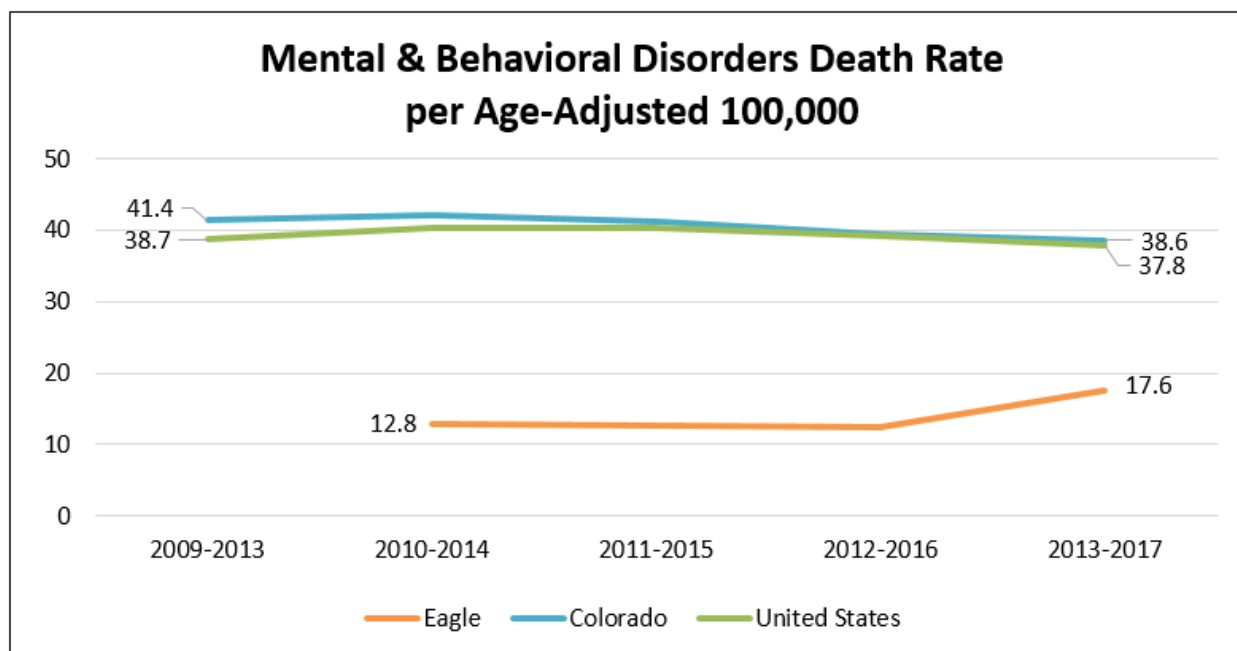
Despite these findings, adults in Eagle County are less likely to have a diagnosed depression disorder (12%) than their peers in Colorado (18.4%) and the nation (20.5%). The percentage of diagnosed adults in Eagle County was consistent from 2011-2013 to 2015-2017. This finding represents an important opportunity to understand and explore the underlying causes of mental distress and suicide in Eagle County, and potential under-diagnosis of mental illness.



Source: Eagle County Public Health Statistics, 2016-2018

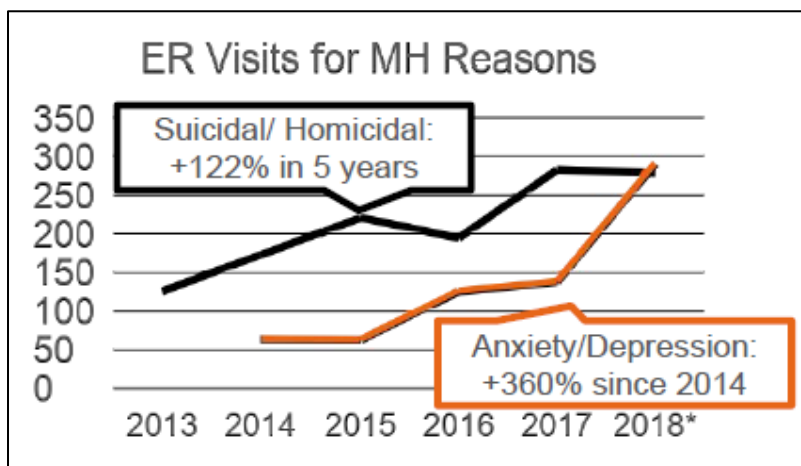


Source: Centers for Disease Control and Prevention, 2009-2013 – 2013-2017



Source: Centers for Disease Control and Prevention, 2009-2013 – 2013-2017

*The Eagle County 2009-2013 mental and behavioral disorders death rate is not reported due to a low count (n=13).



Source: Vail Health, 2013-2018

Mental Health Measures among Middle School Students

	Eagle County	Colorado
Felt sad or hopeless for two or more weeks during the past 12 months	31.2%	24.4%
Ever seriously considered attempting suicide	22.7%	18.8%
Ever made a suicide plan	15.9%	12.6%
Ever attempted suicide	8.5%	7.7%

Source: Colorado Department of Public Health & Environment, 2017

Mental Health Measures among High School Students

	9 th Grade	10 th Grade	11 th Grade	12 th Grade
Electronically bullied during the past 12 months				
Eagle County	17.5%	15.8%	10.1%	13.4%
Colorado	15.8%	16.6%	14.0%	12.9%
United States	16.7%	14.8%	14.2%	13.5%
Felt sad or hopeless for two or more weeks during the past 12 months				
Eagle County	26.8%	30.8%	33.6%	39.5%
Colorado	27.8%	31.2%	32.9%	33.9%
United States	29.8%	32.5%	32.5%	31.0%
Seriously considered attempting suicide during the past 12 months				
Eagle County	20.1%	14.1%	17.0%	25.0%
Colorado	15.5%	16.8%	18.2%	17.5%
United States	16.3%	17.3%	17.5%	17.4%

Source: Centers for Disease Control and Prevention, 2017; Colorado Department of Public Health & Environment, 2017

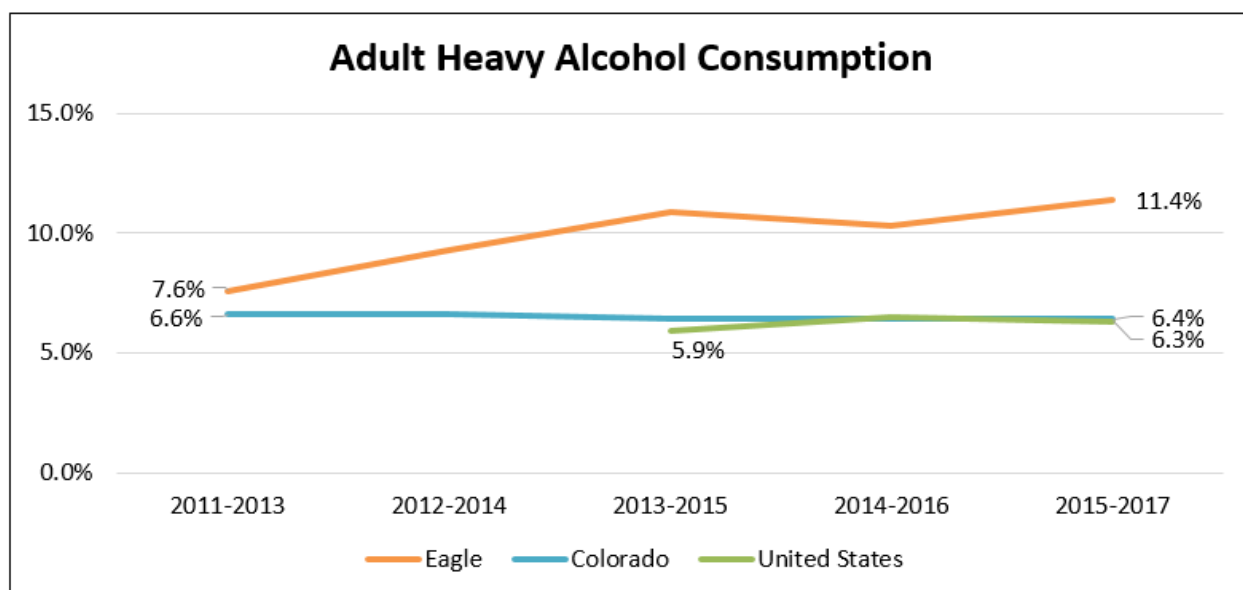
Substance Use Disorder

The category of substance use disorder includes alcohol and drug use, including the use of prescription drugs outside of the prescribed use.

Heavy drinking is defined as two or more drinks per day for men and one or more drinks per day for women. More adults in Eagle County are heavy drinkers than their peers in Colorado and the nation, and the percent of heavy drinkers is increasing. While the percent of Eagle County driving deaths due to DUI (23.5%) is lower than the state (34.6%) percentage, it increased from three years prior (20.8%). The Vail Health emergency department also reported an increase in the prevalence of alcohol use disorder with a 381% increase in visits due to alcohol or intoxication.

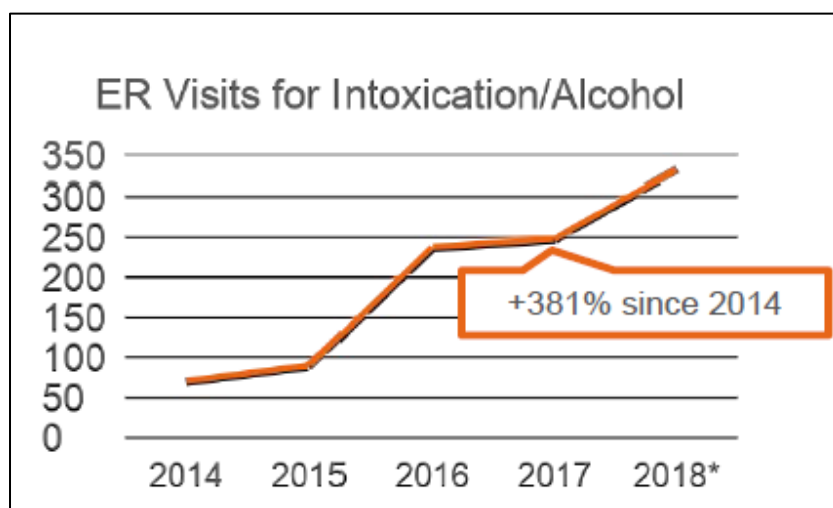
Eagle County saw increases in the percentage of heavy drinkers, driving deaths due to DUI, and ED visits due to alcohol

Thriving Colorado reported that in 2017, 83.1% of West Mountain Regional Health Alliance patients were screened for substance use disorder. Among patients who were screened for substance use disorder and had a positive diagnosis, 65.2% received follow-up care from a behavioral health provider. The target value for the state for both indicators is 100%.



Source: Centers for Disease Control and Prevention, 2013-2017; Colorado Department of Public Health & Environment, 2011-2017

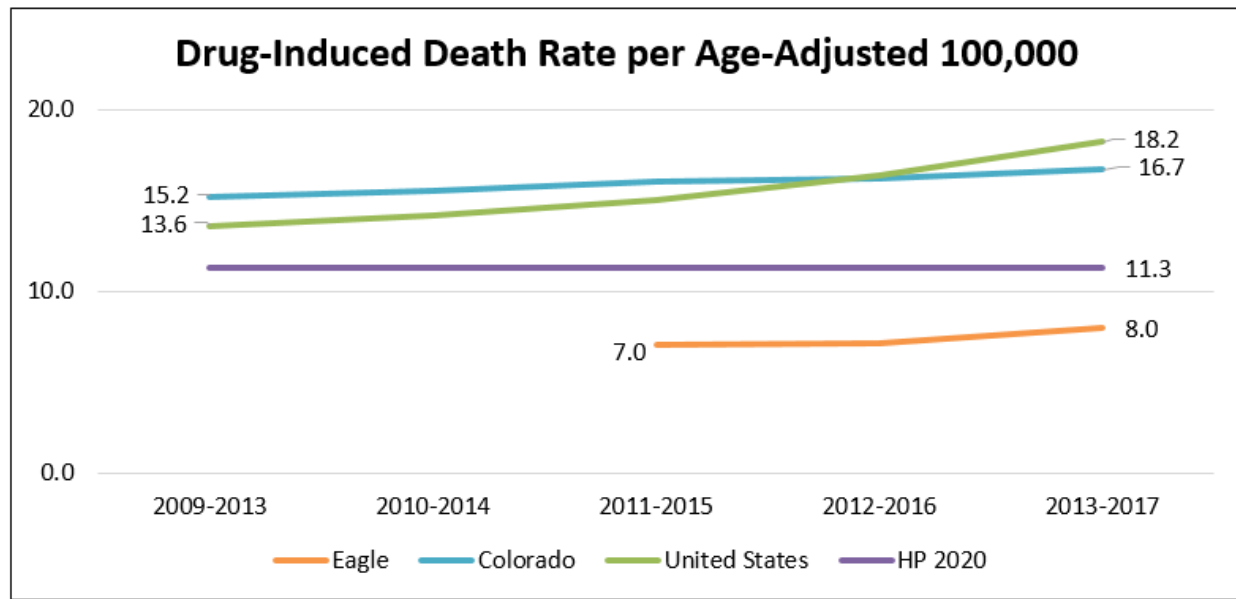
*Eagle County and Colorado data are reported as a three-year aggregate. Single-year (2015-2017) national data are provided for comparison purposes, as available.



Source: Vail Health, 2014-2018

Drug-induced deaths include all deaths for which drugs are the underlying cause, including drug overdoses and deaths from medical conditions resulting from chronic drug use. The Eagle County drug-induced death rate is lower than the state and nation and meets the HP 2020 goal. This finding is a strength for the community, but efforts should be made to ensure it remains strong.

The rate of drug overdose and other drug-induced deaths in Eagle County is less than half of the state death rate



Source: Centers for Disease Control and Prevention, 2009-2013 – 2013-2017

*The Eagle County 2009-2013 drug-induced death rate is 8.0. The 2010-2014 death rate is not reported due to a low count (n=18).

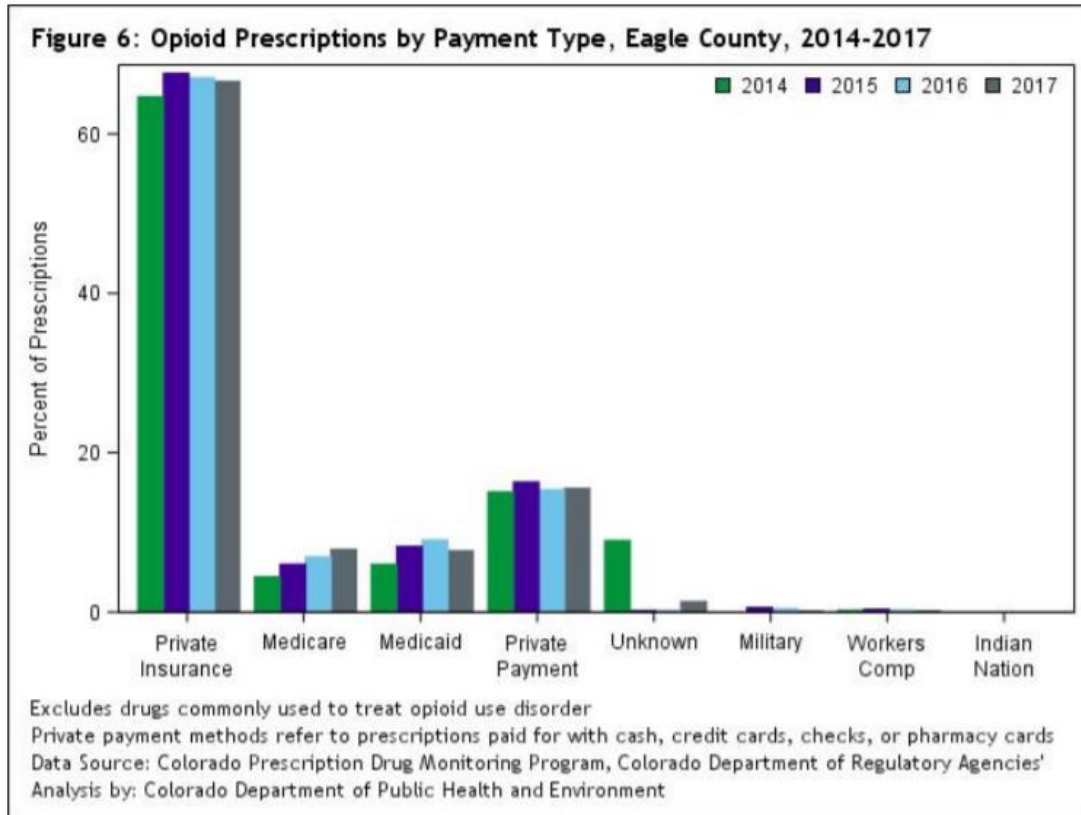
Drug overdose deaths involving prescription opioids increased dramatically in recent decades. Prescription opioids also contribute to addiction to illegal substances, including heroin and fentanyl. Within Eagle County, the number of unique prescribers of opioids increased from 2014 to 2017, but the number of prescriptions dispensed and unique patients decreased. The graph below indicates that private insurance is the most common method of payment for opioid prescriptions, followed by private payment.

Dispensed opioid prescriptions declined in Eagle County from 2014 to 2017

Eagle County Historic Opioid-Related Data

	2014	2015	2016	2017
Number of Prescriptions Dispensed	28,442	27,103	25,938	23,538
Number of Unique Patients	10,563	10,339	10,046	9,201
Number of Unique Prescribers	1,587	1,566	1,753	1,679
Number of Unique Pharmacies	348	316	357	370

Source: Colorado Department of Public Health & Environment, 2014-2017



Middle school and high school students in Eagle County are more likely to use alcohol, marijuana, and/or e-cigarettes than other teens in Colorado. Of particular note is that 1 in 3 senior high school students reported using marijuana and/or binge drinking within the 30 days prior to being surveyed compared to 1 in 4 seniors across Colorado. Additionally, more than 1 in 3 Eagle County students across all grade levels reported using e-cigarettes, a notably higher proportion than both the state and nation.

Eagle County youth report higher usage of alcohol, marijuana, and e-cigarettes than youth across the state

Substance Abuse Measures among Middle School Students

	Eagle County	Colorado
Drank alcohol on one or more of the past 30 days	10.0%	6.4%
Use marijuana one or more times during the past 30 days	4.5%	5.2%

Source: Colorado Department of Public Health & Environment, 2017

Substance Abuse Measures among High School Students

	9 th Grade	10 th Grade	11 th Grade	12 th Grade
Drank alcohol on one or more of the past 30 days				
Eagle County	22.1%	36.8%	40.8%	49.1%
Colorado	16.5%	26.5%	33.3%	40.0%
United States	18.8%	27.0%	34.4%	40.8%
Used marijuana one or more times during the past 30 days				
Eagle County	15.9%	15.9%	24.5%	32.0%
Colorado	11.0%	17.7%	23.7%	25.7%
United States	13.1%	18.7%	22.6%	25.7%
Binge drank (4+drinks for females, 5+ drinks for males, within a couple of hours) on one or more of the past 30 days				
Eagle County	12.7%	21.8%	29.6%	34.9%
Colorado	8.0%	14.2%	19.0%	23.6%
United States	7.3%	11.4%	15.4%	20.9%
Used e-cigarettes in the past 30 days				
Eagle County	34.1%	39.4%	40.9%	43.9%
Colorado	18.5%	25.3%	31.7%	33.6%
United States	9.5%	11.4%	14.1%	18.3%

Source: Centers for Disease Control and Prevention, 2017; Colorado Department of Public Health & Environment, 2017

Behavioral Health Services

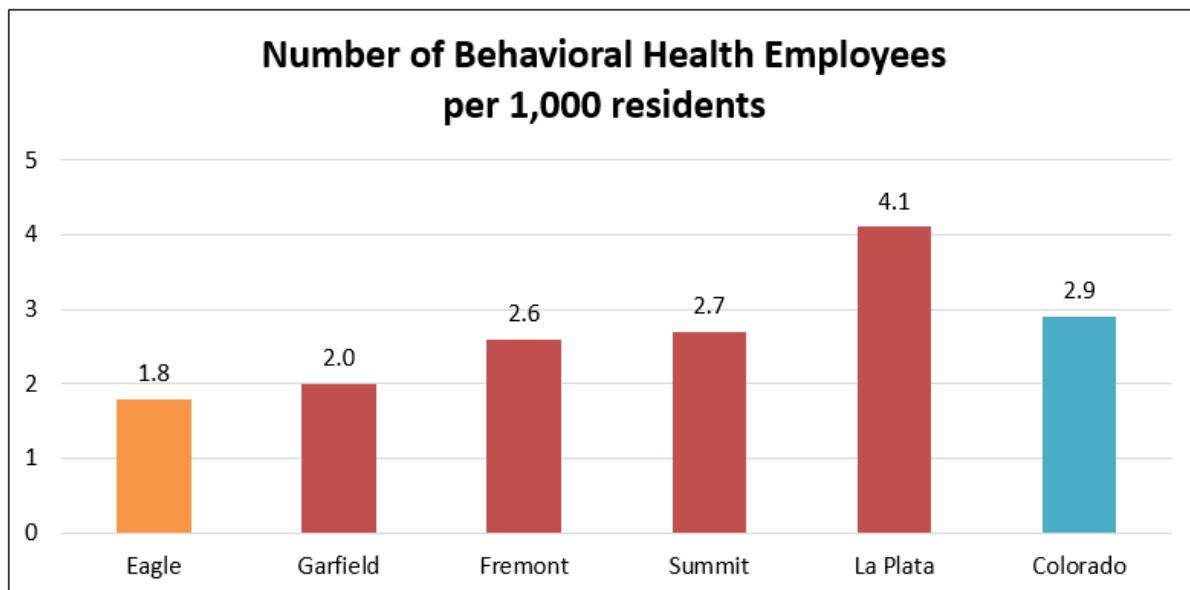
Eagle County is a Health Professional Shortage Area for behavioral health care, impacting the likelihood of early identification and treatment of mental health and substance use disorders among residents. The rate of behavioral health employees per 1,000 residents in Eagle County is nearly half the state rate and lower than neighboring counties. Colorado overall ranks 43rd in the nation, with a rank of #1 being the best, for behavioral health providers per capita.

The demand for mental health services among Eagle County residents is demonstrated by the number of individuals contacting Colorado Crisis Services, a statewide resource for information and referrals. A total of 172 residents in Eagle County contacted the Colorado Crisis Services in 2018. The majority of residents (75%) were between the ages of 27-65, while 14% were 26 or under. Of the 172 residents, 12 individuals had an urgent problem and 65 were referred for follow-up care.

Eagle County is a HPSA for behavioral health care; cost, stigma, and appointment availability are also barriers to receiving care

Across Colorado, cost, appointment availability, and stigma are significant barriers to accessing behavioral health care. Of the respondents who reported needing but not receiving mental health care services in the 2017 Colorado Health Access Survey, 56.1% reported that cost was a barrier, 22% were concerned about what would happen if someone found out they had a problem, and 35% had a hard time getting an appointment.

Of the respondents who reported needing but not receiving substance use disorder services, 54.1% reported that cost was a barrier, 43.9% were concerned about what would happen if someone found out they had a problem, and 20.5% had a hard time getting an appointment.



Source: Mental Health Colorado – Colorado Department of Regulatory Agencies, 2017; American Academy of Child and Adolescent Psychiatry, 2017

Fragmentation prevents a complete understanding of the provider landscape, but Eagle County Public Health, Government Performance Solutions, and the Total Health Alliance collaborated to gather details on 25 organizations within the provider community. Insights around service offerings are included below. All data is self-reported by the participating provider.

Behavioral Health Service Offerings in Eagle County

	Number of Providers
Outpatient treatment	20
24 hour crisis care	3
Addiction treatment	3
Mental health screenings	19
Medication management	8
Social case management/wrap around	7
In home	6
Spanish speaking providers	7
Provide services in other languages	3

Source: Eagle County Public Health, 2019

Behavioral Health Appointment Availability in Eagle County

	Number of Providers
Within one day	13
Next week	7
Two weeks out	1
One month or more out	4

Source: Eagle County Public Health, 2019

Behavioral Health Payment Methods in Eagle County

	Number of Providers
Accept Medicaid	5
Interested in accepting Medicaid	3
Accept private insurance	10
Offer a sliding fee scale	13

Source: Eagle County Public Health, 2019

Distance to Behavioral Health Facilities from Eagle County

	Miles
Adult psychiatric hospital	140
Child psychiatric hospital	140
Adult respite program	140
Adolescent respite program	140
Clinically managed detoxification facility	100

Source: Government Performance Solutions Inc., 2019

Maternal and Child Health**Total Births and Teen Pregnancy**

The birth rate for Eagle County is lower than the state rate. Consistent with the demographics of Eagle County, births are nearly evenly split between White and Latina mothers. The county has a lower percentage of births to Black and Asian mothers compared to the state.

Births in Eagle County are nearly evenly split between White and Latina mothers, consistent with the county demographics

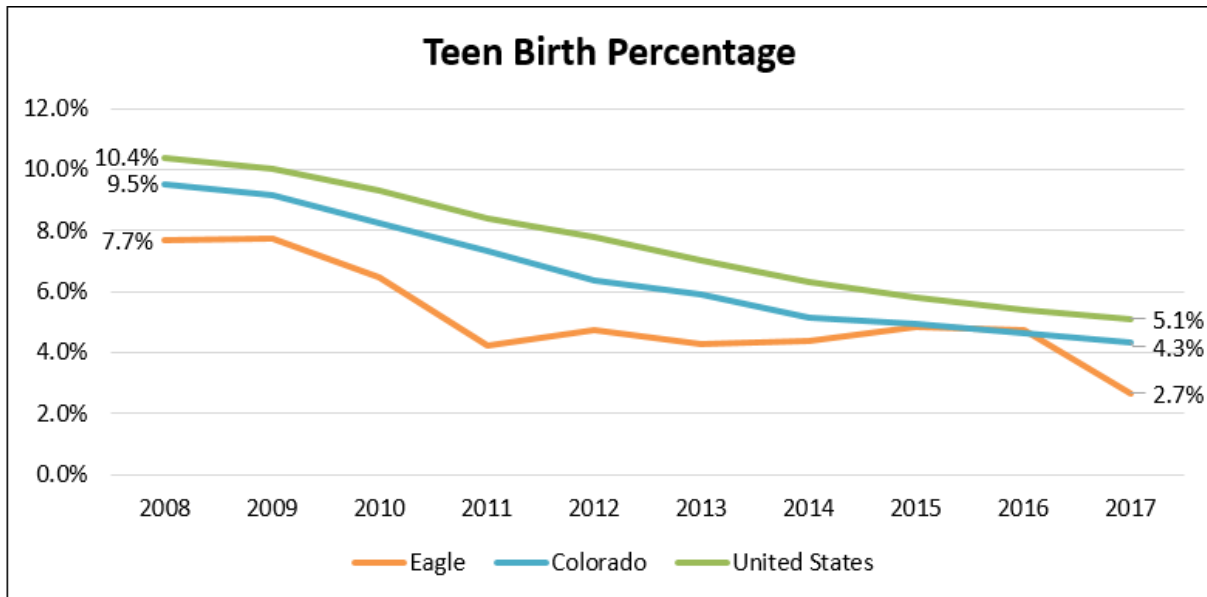
The percentage of births to teenagers has been declining nationally. The teen birth percentage in Eagle County is lower than the state and the nation and also declining.

The infant mortality rate is an important contributor to a community's life expectancy, and an important indicator of maternal and child health. In Eagle County, infant deaths are too rare to calculate a rate. According to the Colorado Department of Public Health & Environment, there were a total of 14 infant deaths in Eagle County between 2015 and 2017.

2017 Eagle County Births by Race and Ethnicity

	Total Births	Birth Rate per 1,000	Total Births to White, Non-Hispanic Mothers	Total Births to Black, Non-Hispanic Mothers	Total Births to Asian, Non-Hispanic Mothers	Total Births to Latina Mothers
Eagle County	564	10.3	50.2%	0.7%	0.9%	47.5%
Colorado	64,385	11.5	59.2%	5.5%	4.6%	28.7%

Source: Colorado Department of Public Health & Environment, 2017

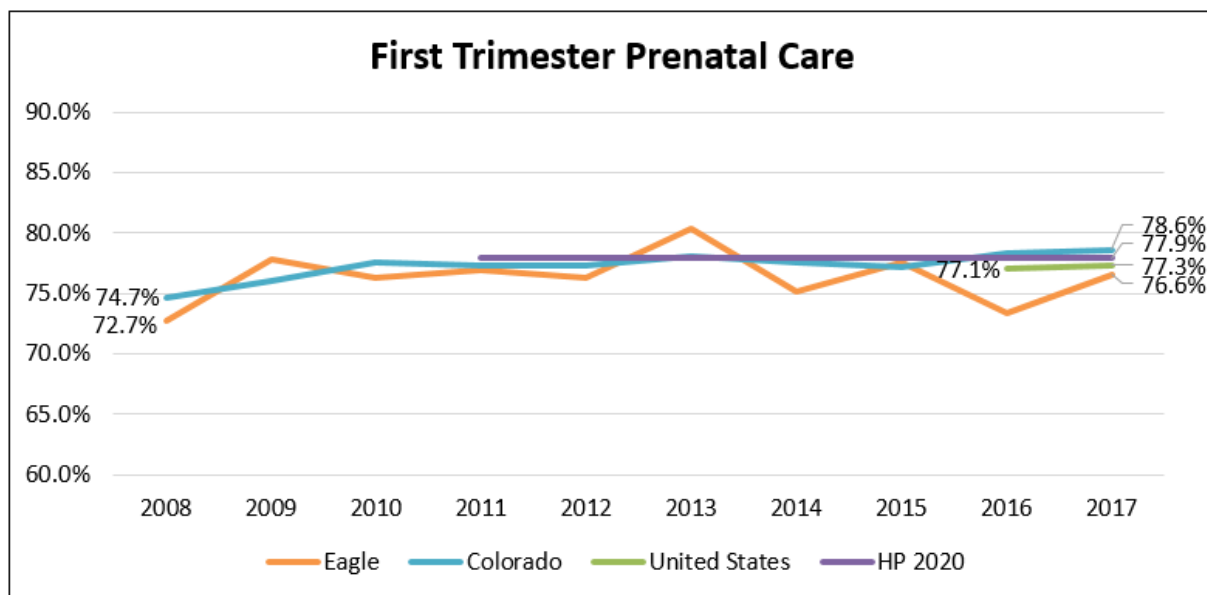


Source: Centers for Disease Control and Prevention, 2008-2017; Colorado Department of Public Health & Environment, 2008-2017

Prenatal Care

Engaging in early prenatal care increases the chances that a mother and her baby will have a healthy pregnancy and a healthy birth. Entry into prenatal care after the first trimester can suggest barriers to accessing care. Healthy People 2020 sets a target of 77.9% of pregnant women accessing first trimester prenatal care. While Eagle County does not yet meet this goal, the percentage of mothers receiving early prenatal care has generally increased.

Eagle County does not meet the HP 2020 goal for first trimester prenatal care, but the percentage is increasing



Source: Centers for Disease Control and Prevention, 2016-2017; Colorado Department of Public Health & Environment, 2008-2017

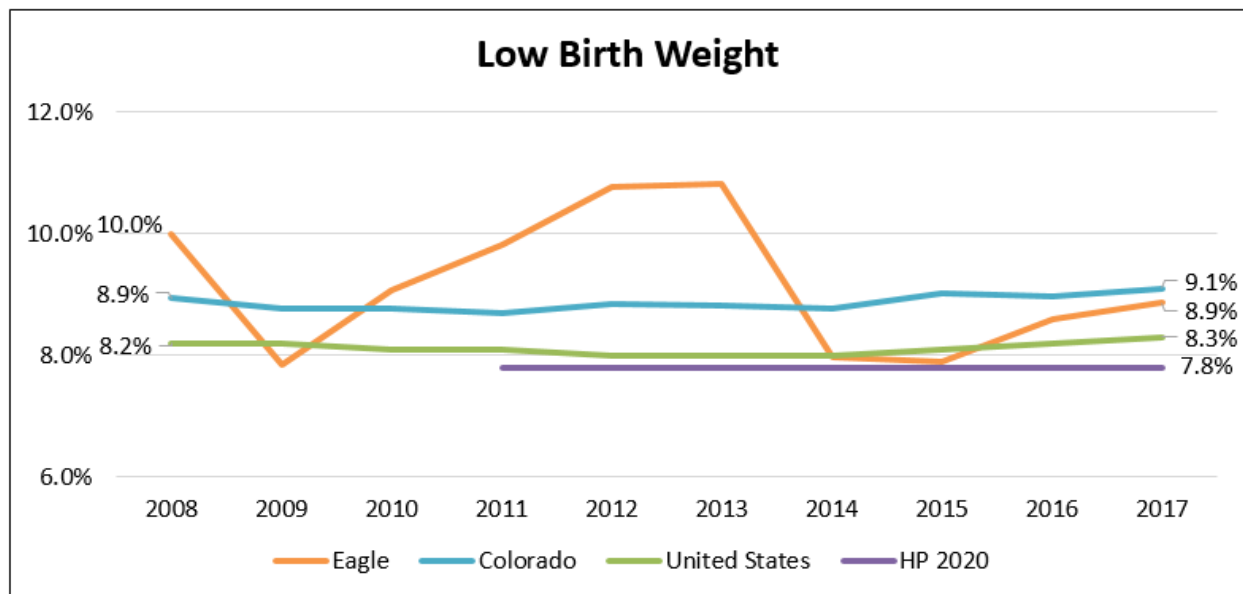
*Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators for timing of prenatal care. Data prior to 2016 are not reported.

Low Birth Weight and Preterm Birth

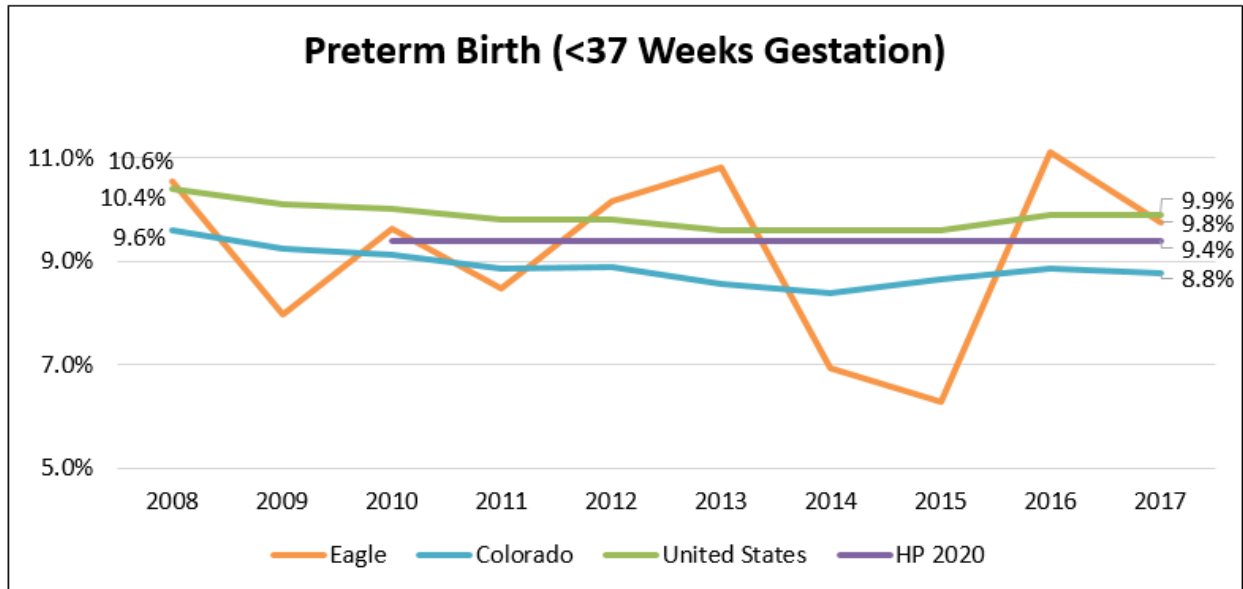
Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. Low birth weight is often a result of premature birth, fetal growth restrictions, or birth defects and can be associated with a variety of negative birth outcomes. Eagle County has experienced wide variability in the percent of low birth weight babies born in the past ten years, but has consistently exceeded the Colorado and/or national percentages, and does not meet the Healthy People 2020 target.

Eagle County does not meet HP 2020 goals for low birth weight or preterm; percentages have widely varied over the past decade

Preterm birth is defined as birth before 37 weeks of pregnancy, and can contribute to infant death or disability. The Eagle County preterm birth percentage has also been variable over the past decade. The current percentage is similar to the national percentage and nearly meets the HP 2020 goal. A total of 55 preterm births occurred in the county in 2017.



Source: Centers for Disease Control and Prevention, 2008-2017; Colorado Department of Public Health & Environment, 2008-2017

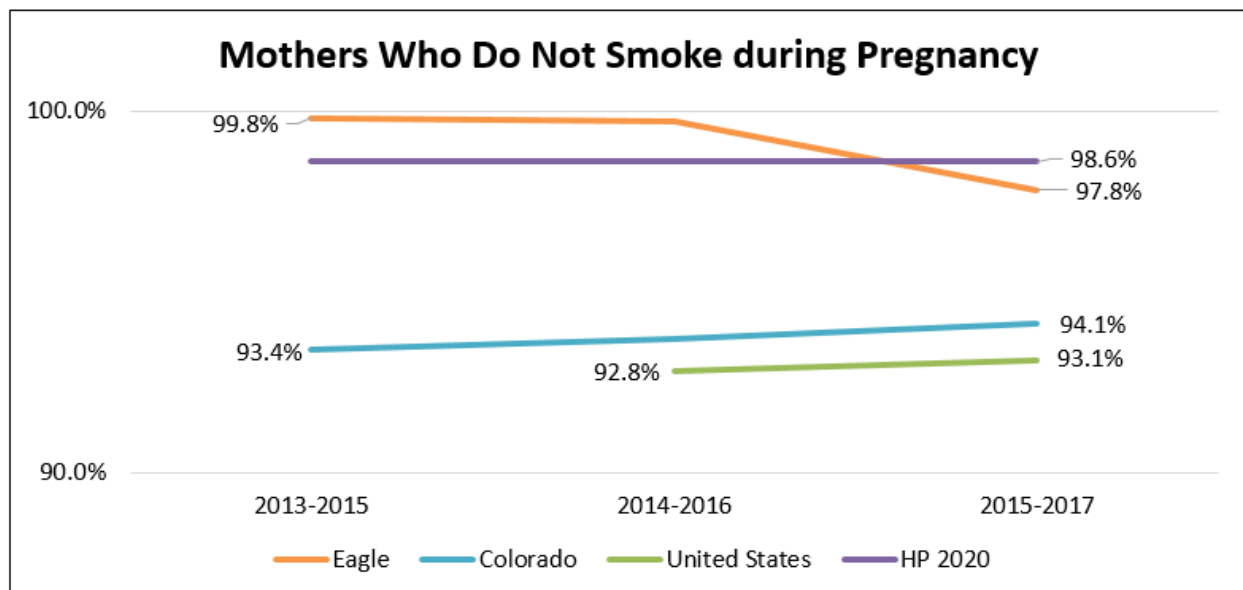


Source: Centers for Disease Control and Prevention, 2008-2017; Colorado Department of Public Health & Environment, 2008-2017

Smoking during Pregnancy

Smoking during pregnancy is associated with a variety of negative birth outcomes. Healthy People 2020 set a goal of reducing the number of pregnant women who smoke to 1.4%. Eagle County historically met this goal, but in 2015-2017, the percentage of smoking mothers increased.

The percentage of mothers who smoke increased in Eagle County in recent years



Source: Centers for Disease Control and Prevention, 2016-2017; Colorado Department of Public Health & Environment, 2013-2017

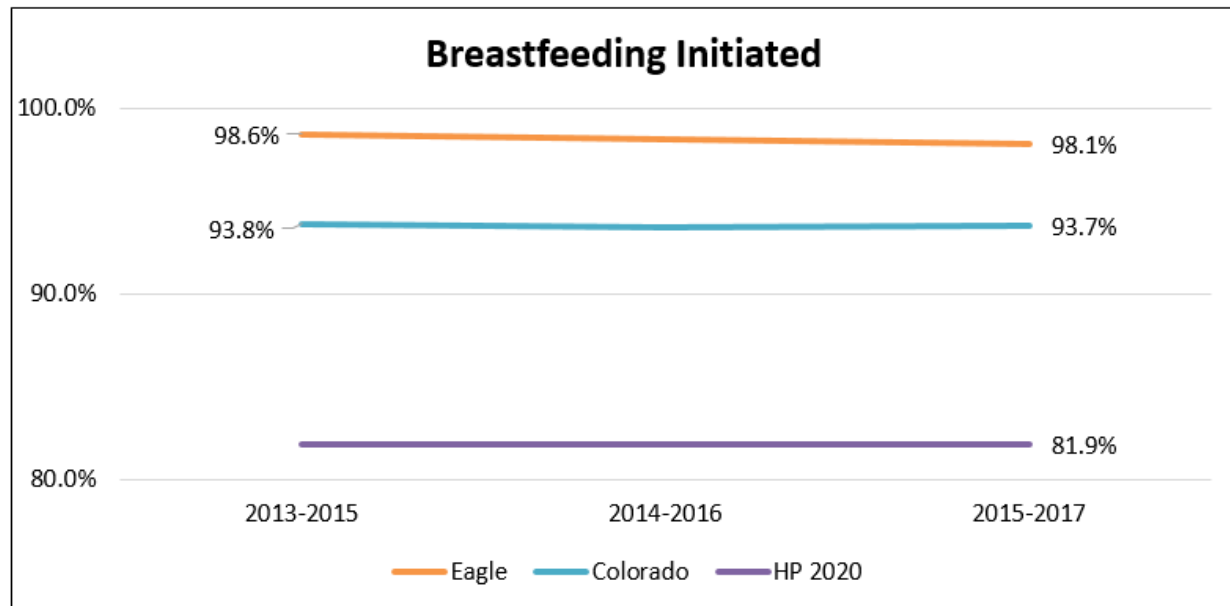
*Eagle County and Colorado data are reported as a three-year aggregate. Single-year (2013-2017) national data are provided for comparison purposes, as available.

**Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators for tobacco use during pregnancy. Data prior to 2016 are not reported.

Breastfeeding

Breastfeeding is recommended to ensure healthy nutritional intake for babies and to promote bonding between mother and child. Healthy People 2020 set a goal of 81.9% of all infants to have initiated breastfeeding at the time of hospital discharge after delivery. Eagle County and the state of Colorado meet the HP 2020 goal.

Eagle County exceeds the state benchmark and HP 2020 goal for breastfeeding initiation



Source: Colorado Department of Public Health & Environment, 2013-2017

Maternal and Child Health Disparities

Maternal and child health indicators are presented in the table below for Non-Hispanic White and Latina mothers. Data for other racial groups are not reported due to low birth counts. In Eagle County, the percentage of Latina mothers receiving first trimester prenatal care is more than 15 percentage points lower than the percentage for White mothers. Latina mothers are more likely to have low birth weight and preterm babies.

Latina mothers are less likely to receive first trimester prenatal care compared to White mothers and experience disparities in birth outcomes

Maternal and Child Health Indicators by Race and Ethnicity

	Eagle County	Colorado
Mothers Who Receive First Trimester Care		
Total Population	76.6%	78.6%
White, Non-Hispanic	85.2%	80.2%
Latina	68.7%	74.0%
Low Birth Weight Infants		
Total Population	8.9%	9.1%
White, Non-Hispanic	8.5%	8.5%
Latina	9.7%	9.2%

Source: Colorado Department of Public Health & Environment, 2017

Maternal and Child Health Indicators by Race and Ethnicity cont'd

	Eagle County	Colorado
Mothers Who Do Not Smoke During Pregnancy*		
Total Population	97.8%	94.1%
White, Non-Hispanic	NA	93.0%
Latina	NA	96.5%
Preterm Births		
Total Population	9.8%	8.8%
White, Non-Hispanic	7.4%	8.3%
Latina	12.3%	9.1%

Source: Colorado Department of Public Health & Environment, 2017

*Smoking data are reported as a three-year (2015-2017) aggregate. All other indicators are reported for 2017.

Pediatric Developmental Disabilities

Data from a study published by the CDC and HRSA, *Trends in the Prevalence of Developmental Disabilities in U.S. Children, 1997-2008*, indicated that “developmental disabilities (DDs) are common: about 1 in 6 children in the U.S. had a DD in 2006–2008. These data also showed that prevalence of parent-reported DDs has increased 17.1% from 1997 to 2008. This study underscores the increasing need for health, education and social services, and more specialized health services for people with DDs.”

Developmental disabilities are also prevalent in Eagle County. According to the Colorado Department of Education, in 2018, 11.7% or 808 children in Eagle County schools were enrolled in special education designed to meet the needs of children with disabilities. The statewide average was 11.2%.

Child Find was established as part of the Individuals with Disabilities Education Act (IDEA) to protect the rights of students with disabilities. According to Eagle County Schools, “The Child Find program evaluates children in a variety of areas, including cognitive functioning, physical functioning, hearing and vision, speech and language, and social/emotional development. Evaluations are free. Once the Child Find evaluation team (including the parents) has gathered sufficient information to determine a child's eligibility for early intervention or preschool special education services, then an Individual Family Service Plan (IFSP, birth to three years of age) or an Individual Education Plan (IEP, three to five years of age) is developed and services begin.”

Children may also receive development disabilities services through a 504 Plan, designed for children attending an elementary or secondary educational institution. The 504 Plan differs from an IEP in that it guarantees accommodations to ensure access to the learning environment versus specialized instruction and related services.

While Child Find is effective in identifying children with disabilities, developmental screening programs and personnel to conduct screenings and evaluations are lacking in Eagle County. Additionally, once children with disabilities are identified, the county lacks adequate professionals to provide needed therapies, particularly occupational and speech therapies. The

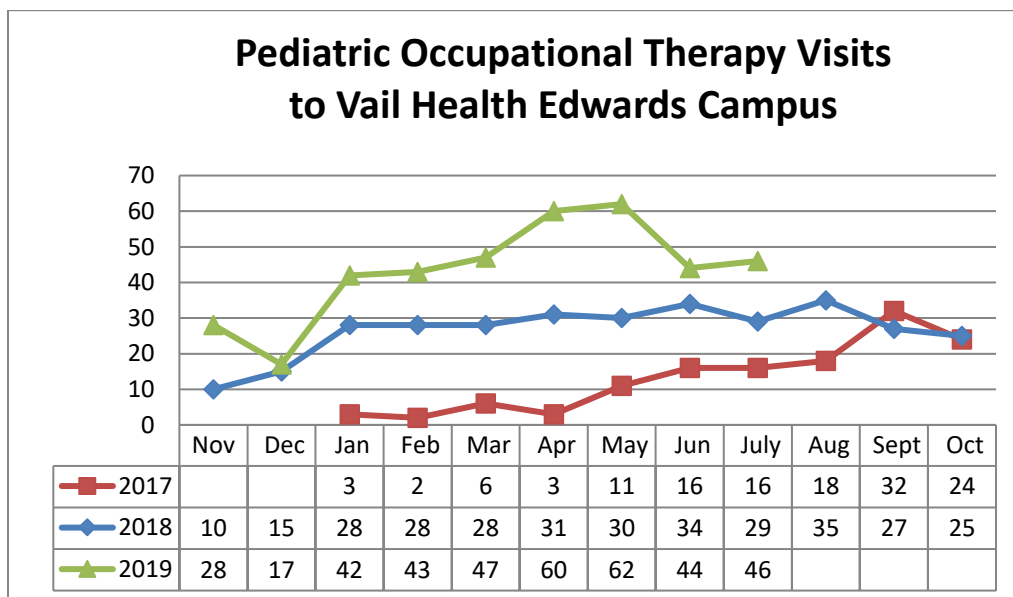
Eagle County rate of occupational therapists (0.32 per 1,000) and speech language pathologists (0.23 per 1,000) is lower than the state (0.47 and 0.35 respectively). Eagle County Schools currently employs two occupational therapists and one certified occupational therapy assistant (COTA). Occupational therapists can conduct assessments and evaluations of students, while may only provide treatment services. Eagle County Schools does not currently employ a speech therapist.

The Eagle County rate per 1,000 of occupational therapists (0.32) and speech therapists (0.23) is lower than the state (0.47 and 0.35 respectively)

The American Occupational Therapy Association identified children and youth as a key practice area for the 21st century. "Pediatric occupational therapy practitioners support societal needs by providing services to infants, toddlers, children, and youth and their families in a variety of settings including schools, clinics, and homes. With the new IDEA regulations, occupational therapy practitioners are also participating in broad new initiatives such as early intervening services and Response to Intervention."

Pediatric occupational therapy (OT) services are offered at the Vail Health Edwards campus two days per week. The number of pediatric OT visits to the Edwards Campus increased 244% from FY2017 (131) to FY2018 (320) and 175% from FY2018 to FY2019 year-to-date (299). Vail Health does not currently offer speech therapy services, but need for these services has been identified across the health system in multiple areas, including pediatrics.

Pediatric OT visits at the Vail Health Edwards Campus increased 244% from FY2017 to FY2018



To address the need for occupational and speech therapists, among others, The Vail Mind Center recently opened in Edwards. The organization is quickly growing, and currently includes two occupational therapists, two speech pathologists, and an art therapist. The Vail Mind Center will look to continue its growth with the addition of behavioral health clinicians within its pediatric and child focused practice.

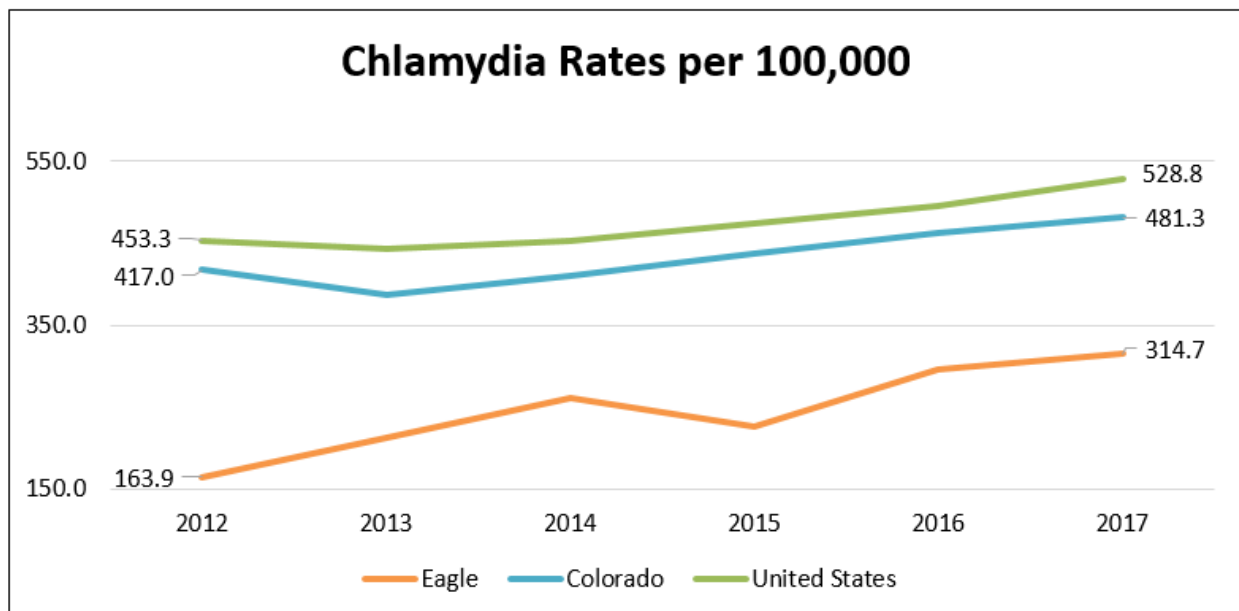
Outside of Eagle County, the Developmental Pediatrics program at the Children's Hospital Colorado in Denver is the leading provider of pediatric evaluations and follow-up care for development, behavioral, and learning differences. These differences include developmental delays and intellectual, learning, and other developmental disabilities, such as autism spectrum disorders. Anecdotal feedback from community stakeholders indicated the waitlist for developmental assessments or Autism evaluations may be several years from the time patients are referred to the program.

Vail Health is actively assessing community need for pediatric occupational and speech therapy services and identifying strategic options for a multidisciplinary team of providers to meet the needs of youth with developmental disabilities.

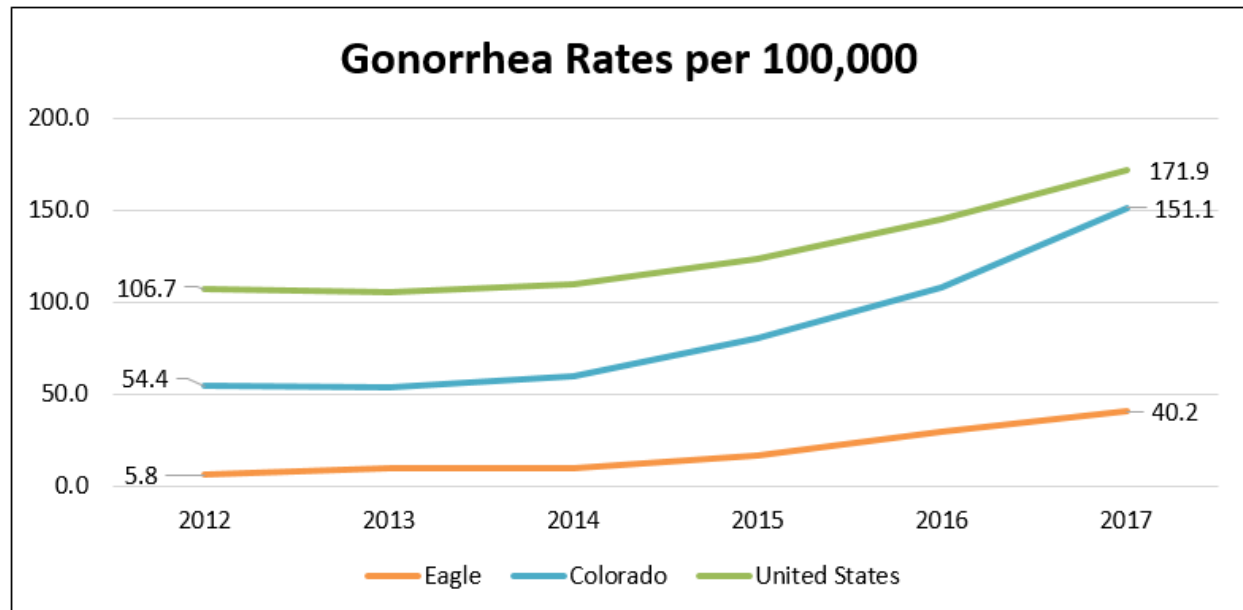
Sexually Transmitted Infections

Sexually transmitted infections (STIs) that require reporting to the CDC and state and local health bureaus upon detection include chlamydia, gonorrhea, and HIV. The Eagle County chlamydia and gonorrhea rates are lower than the state and nation, but increasing.

Eagle County rates of chlamydia and gonorrhea infection are lower than the state and nation, but slowly increasing



Source: Centers for Disease Control and Prevention, 2012-2017; Colorado Department of Public Health & Environment, 2012-2017



Source: Centers for Disease Control and Prevention, 2012-2017; Colorado Department of Public Health & Environment, 2012-2017

HIV prevalence is the number of people living with HIV infection at a given time. According to the CDC, “At the end of 2016, an estimated 1.1 million persons aged 13 and older had HIV infection in the United States, including an estimated 162,500 (14%) persons whose infections had not been diagnosed.” While there is no cure for HIV yet, it is preventable and treatable as a chronic disease if diagnosed.

The rate of people diagnosed with HIV infection is low in Eagle County compared to state and national rates. Nonetheless, this condition represents an opportunity for continued intervention to ensure people living with HIV are accessing consistent and proper care, and that efforts are continued towards prevention, education, and testing.

HIV Prevalence

	Number of Cases	Rate per 100,000
Eagle County	64	144.1
Colorado	11,519	253.6
United States	971,524	362.3

Source: Centers for Disease Control and Prevention, 2015

Secondary data findings were analyzed as part of the 2019 CHNA to inform health priorities for Eagle County. Secondary data is valuable for tracking and benchmarking community health status indicators, as well as for identifying emerging community needs. Additional research collected as part of the 2019 CHNA are summarized in the following report sections.

Key Informant Survey Results

Background

A Key Informant Survey was conducted with community representatives in Eagle County to solicit information about health needs among residents. More than 250 survey invitations were sent to individuals representing health and social service providers; community and public health experts; civic, religious, and social leaders; policy makers and elected officials; and others representing diverse populations including minority, low-income, and other underserved or vulnerable populations. A total of 57 individuals responded to the survey. A list of the represented community organizations and the key informants' respective titles is included in Appendix B. Key informant names are withheld from specific responses or comments for confidentiality.

These "key informants" were asked a series of questions about their perceptions of community health including health drivers, barriers to care, community infrastructure, and missing resources within the community. A summary of findings from their responses is included below.

Summary of Findings

- > Behavioral health conditions, including suicide, were identified as the top community health concern with 90% of informants selecting them among their top three choices and 67% selecting them as their #1 choice. Other top health concerns according to key informants were substance use disorder and cancers, selected as top three health concerns by 65% and 33% of informants, respectively.
- > Ability to afford health care was identified as the top contributing factor to resident health concerns with 67% of informants selecting it among their top three choices and 54% selecting it as their #1 choice. Verbatim comments by informants indicated that health care costs are a significant contributor to uninsured and under-insured individuals foregoing or delaying care. Other top contributing factors to health concerns, according to key informants, were inadequate or no health insurance and drug/alcohol use, selected as top three contributors by 42% and 39% of informants, respectively.
- > Informants described Eagle County as an overall healthy community with above average access to health care and social and recreation opportunities. These resources are not universally available to all residents, with large disparities among low-income, uninsured, seasonal workers, and Latinx populations, in particular.
- > Safe and affordable housing received the lowest mean score (1.89 out of 5) among available community services, indicating lower perceived availability; affordable housing was also ranked as the top missing resource by 92% of informants. Affordable, nutritious foods and public transportation also received lower mean scores (2.75 and 2.81 respectively) for availability and accessibility. Informants noted wide disparity between the "haves and have nots" in their ability to access all three of these services.

- > When asked to rate community dimensions impacting social determinants of health, respondent mean scores were between 2.70 and 3.52 out of 5, indicating overall “average” or “good” ratings. Education and neighborhood and built environment were seen as the strongest dimensions. Economic stability was seen as the weakest dimension, primarily affecting underserved and vulnerable populations.
- > Approximately 88% of informants rated behavioral health services as a missing resource in the community. Informants shared that residents often travel to Denver for these services, isolating them from their family and other support networks.
- > Child care providers and substance abuse services were also identified as top missing resources by 71% and 69% of informants, respectively.

Survey Participants

Nearly half of key informants indicated that they served all populations within Eagle County. The most commonly served special population groups were families, children/youth, Latinx, and low income/poor. “Other” populations served included individuals with low literacy and the business community.

Populations Served by Key Informants

	Percent of Informants*	Number of Informants
Not Applicable (serve all populations)	49.1%	28
Families	42.1%	24
Children/Youth	36.8%	21
Latinx	35.1%	20
Low Income/Poor	33.3%	19
Immigrant/Refugee	24.6%	14
Uninsured/Underinsured	24.6%	14
Women	22.8%	13
Seniors/Elderly	22.8%	13
Men	21.1%	12
Disabled	15.8%	9
Homeless	15.8%	9
Other	15.8%	9
LGBTQ+ Community	10.5%	6
Asian/Pacific Islander	8.8%	5
Migrant Workers	8.8%	5
American Indian/Alaska Native	7.0%	4
Black/African American	7.0%	4

*Key informants were able to select multiple populations. Percentages do not add up to 100%.

Health Perceptions

Choosing from a wide-ranging list of health issues, key informants were asked to rank order what they perceived as the top three health concerns impacting the population(s) they serve. An option to “write in” any issue not included on the list was provided. The top responses are depicted in the table below. The table is rank ordered by the percentage of respondents that selected the issue within the top three health concerns. The number of informants that selected the issue as the #1 health concern is also shown.

Correlation between the percent of informants selecting a health concern within their top three choices and the percent of informants selecting a health concern as their #1 choice demonstrates consistent perspectives regarding the top selection: behavioral health conditions, including suicide. More than 90% of informants chose behavioral health conditions among the top three health concerns, and 67% of informants selected it as the #1 health concern. Substance use disorder was also selected as a top three health concern by 65% of informants, but only 15% of informants selected it as the #1 health concern. Cancer was the third ranked health concern by informants.

Top Health Concerns Affecting Residents

Ranking	Health Concern	Informants Selecting as a Top 3 Health Concern		Informants Selecting as the Top (#1) Health Concern	
		Percent*	Count	Percent	Count
1	Behavioral health conditions, including suicide	90.4%	47	67.3%	35
2	Substance use disorder	65.4%	34	15.4%	8
3	Cancers	32.7%	17	3.8%	2
4	Heart disease and stroke	19.2%	10	3.8%	2
5	Other**	17.3%	9	1.9%	1
6	Diabetes	11.5%	6	3.8%	2
7	Motor vehicle crash injuries	11.5%	6	NA	NA
8	Domestic violence	9.6%	5	1.9%	1
9	Alzheimer's disease/dementia	7.7%	4	NA	NA
10	Overweight/Obesity	3.8%	2	NA	NA

*Key informants were able to select multiple health concerns. Percentages do not add up to 100%.

**Other responses: Affordable health care, sports-related or other trauma injuries, preventive care access and education, nicotine (vaping), childhood nutrition in the underserved population, available and affordable housing, medical issues among the aging population, and social determinant of health needs.

Key informants were asked to similarly rank order what they perceived as the top three contributing factors to the health concerns they had indicated in the previous question. An option to “write in” any contributing factor not included on the list was provided. The top responses are depicted in the table below. The table is rank ordered by the percentage of

respondents that selected the issue within the top three contributing factors. The number of informants that selected the issue as the #1 contributing factor is also shown.

More than two-thirds of informants chose the ability to afford health care (doctor visits, prescriptions, deductibles, etc.) among the top three contributing factors to community health concerns, and 54% selected it as the #1 contributing factor. Inadequate or no health insurance and drug/alcohol use were also selected as top contributing factors by approximately 40% of informants, but only 1 in 10 informants selected them as the #1 contributing factors.

Top Contributing Factors to Community Health Concerns

Ranking	Contributing Factor	Informants Selecting as a Top 3 Contributor		Informants Selecting as the Top (#1) Contributor	
		Percent*	Count	Percent	Count
1	Ability to afford health care (doctor visits, prescriptions, deductibles, etc.)	67.3%	35	53.8%	28
2	Inadequate or no health insurance	42.3%	22	9.6%	5
3	Drug/alcohol use	38.5%	20	9.6%	5
4	Stress (work, family, school, etc.)	17.3%	9	3.8%	2
5	Social support (family, friends, social network)	15.4%	8	1.9%	1
6	Health habits (diet, physical activity)	11.5%	6	NA	NA
7	Other**	9.6%	5	3.8%	2
8	Health literacy (ability to understand health information)	9.6%	5	1.9%	1
8	Quality of housing	9.6%	5	1.9%	1
9	Cultural beliefs/preferences	9.6%	5	NA	NA
9	Number of health care providers available in community	9.6%	5	NA	NA

*Key informants were able to select multiple contributing factors. Percentages do not add up to 100%.

**Other responses: Social media use, lack of available and affordable housing, cost of living, dissolution of traditional community bonds (shared sense of responsibility and meaning), seasonal and transient nature of the population, language and cultural barriers, lack of local mental health services, and stressors that can add to triggers for substance use.

Informants were asked to share open-ended feedback to support their selection of top community health concerns and contributing factors. Many informants spoke to the impact of behavioral health and substance use disorder on the community, as well as lack of affordable health care options. Verbatim comments by key informants are included below.

- > *“Behavioral health issues are a problem for all ages, but teens are particularly affected given the dramatic ups and downs associated with hormone changes in body and brain. Alcohol and substance use as somewhat byproducts of a resort-oriented culture (perhaps). Our aging population will need significantly more services and support in the next two decades.”*
- > *“I think that there are significant concerns with lack of resources for social supports and housing in the valley. I also think that the lack of substance abuse treatment is a major problem.”*
- > *“I think the cost of health care and insurance is on everyone's mind, and that these concerns may lead people to forego care. There seems to be a general lack of knowledge about health that enables people in unhealthy lifestyles, while also making them feel that regular medical exams are unnecessary.”*
- > *“Our youth are impacted because there is a deficit in social emotional learning. They are not being taught how to be resilient, how to embrace failure for growth, and the pillars of empathy. Many of our young adults don't know how to care for themselves. They don't know how to get adequate health insurance and the value of preventive medicine. I believe all of the above health concerns have not only declined but hit rock bottom.”*
- > *“Rising cost of health care is far greater factor than availability of health care. Stress created by financial pressures of living here is substantial, and mental health services to support people coping with these stressors is not adequate.”*
- > *“We continue to see a rise in the amount of patients that abuse alcohol and other substance. Barriers to treatment include accessibility, and cost.”*

Community Access

Key informants were asked to rate their agreement to statements pertaining to access to care and other community services using a scale of (1) “strongly disagree” to (5) “strongly agree.” Their responses are outlined in the table below.

Informants generally “agreed” or “strongly agreed” that Eagle County is a healthy community (84%) and that residents prioritize their health (81%). These statements received the highest mean scores out of all community health and access indicators. Safe neighborhoods received the next highest mean score with 82% of informants “agreeing” or “strongly agreeing” that residents feel safe.

Social determinant of health indicators, including housing, food, and public transportation received the lowest mean scores by key informants. Approximately 84% of informants

“disagreed” or “strongly disagreed” that residents have access to safe and affordable housing, and nearly 50% “disagreed” or “strongly disagreed” that residents have access to affordable nutritious foods or public transportation. Equity among residents, related to race, ethnicity, gender, culture, and religion, also received a lower mean score, with 39% of informants “disagreeing” or “strongly disagreeing” that residents experience equity.

Community Access Indicators in Descending Order by Mean Score

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Mean Score
I would describe Eagle County as healthy.	0.0%	1.8%	14.0%	71.9%	12.3%	3.95
Eagle County residents prioritize their health and wellness.	0.0%	0.0%	19.3%	66.7%	14.0%	3.95
Residents feel safe in their neighborhoods.	0.0%	1.8%	15.8%	71.9%	10.5%	3.91
Residents can receive specialty medical care (i.e. Cancer, Cardiovascular, Neuroscience, Orthopedics, etc.) when they need it.	1.8%	24.6%	14.0%	45.6%	14.0%	3.46
Residents can get help with social needs when they need it.	0.0%	26.3%	31.6%	40.4%	1.8%	3.18
Residents have a regular primary care provider for health care.	0.0%	28.6%	33.9%	37.5%	0.0%	3.09
Residents experience equity related to race, ethnicity, gender, cultural, and religious preferences.	3.6%	35.7%	30.4%	23.2%	7.1%	2.95
Residents can easily use public transportation to get to places in our community, e.g. stores, work, medical appointments, pharmacy, etc.	5.3%	38.6%	26.3%	29.8%	0.0%	2.81
Residents are able to regularly access and afford nutritious foods.	5.3%	42.1%	26.3%	24.6%	1.8%	2.75
Safe housing is affordable and available.	31.6%	52.6%	10.5%	5.3%	0.0%	1.89

Informants provided the following comments related to community access indicators.

- > *“A generally healthy population that misses the mark for much of the Hispanic population. Public transportation outside of free in-town services in Avon and Vail sorely misses the mark.”*
- > *“Cost of living issues, particularly housing, preclude many residents from attaining middle class status with what should be middle class wages.”*
- > *“Disparity exists among citizens regarding access to health care and healthy lifestyle and diet. Mental health continues to be a serious community need.”*

- > *“Eagle County has great civic and social resources. The overwhelming negative force is twofold: cost of housing and cost of health care. The extreme cost of non-group health insurance has led, in my experience, to people having to leave the valley.”*
- > *“I don’t think Hispanic residents are able to afford health care or healthy foods.”*
- > *“I think Eagle County has some of the best health and social resources in the country; however, there are major disparities in access, affordability, and outcomes for lower-income, uninsured, and/or recent immigrant populations.”*
- > *“Our county lacks support for substance abuse. Housing costs are high and many people struggle with accessibility and affordability of substance treatment. Mental health concerns are prevalent as well. If we can transfer someone to a higher level of care to be stabilized, mental health supports are limited in the county. Many providers don’t take insurance and hourly rates for private pay average over \$100.00 an hour.”*
- > *“Overall we live in a very healthy and active county. We are more blessed than most with the access of health care and general support when it is needed.”*

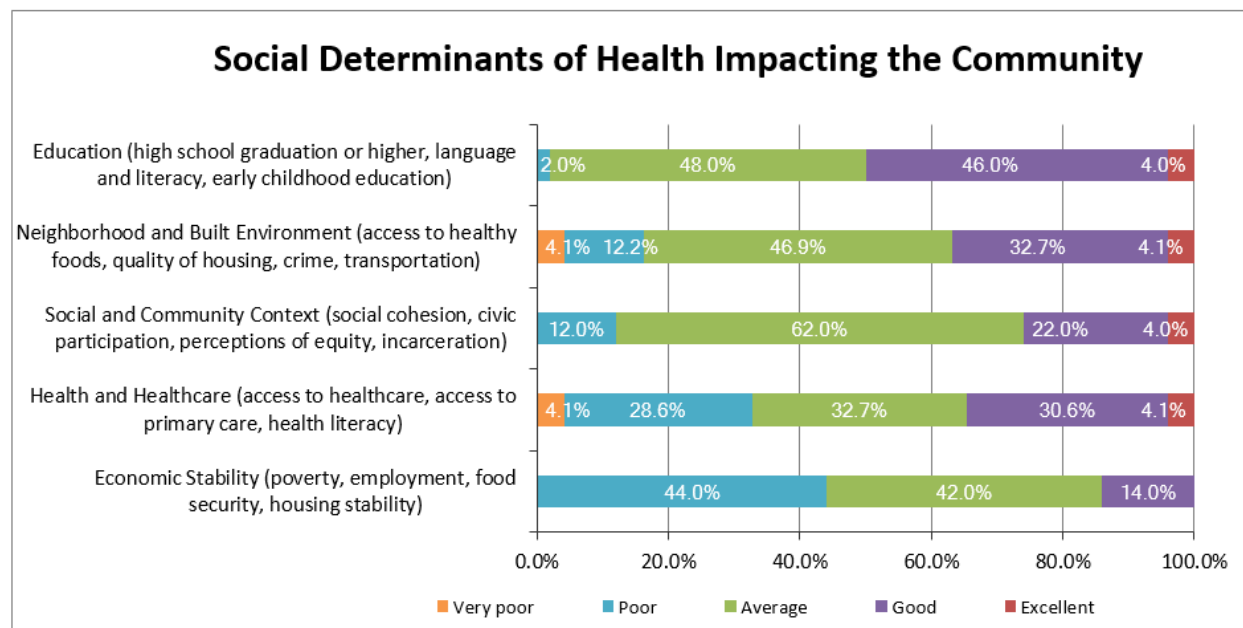
Social Determinants of Health

Healthy People 2020 defines social determinants of health as conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, and quality of life outcomes and risks. Informants were asked to rate five community dimensions that most highly impact social determinants of health: economic stability; education; health and health care; neighborhood and built environment; and social and community context using a scale of (1) “very poor” to (5) “excellent.”

The mean score for each dimension is listed in the table below in rank order, followed by a graph showing the scoring frequency. Mean scores were between 2.70 and 3.52 out of 5, with most respondents rating the listed dimensions as “average” or “good.” Education and neighborhood and built environment were seen as the strongest community dimensions, while economic stability was seen as the weakest community dimension.

**Ranking of Community Dimensions Impacting Social Determinants of Health
in Descending Order by Mean Score**

Ranking	Community Dimension	Mean Score
1	Education	3.52
2	Neighborhood and Built Environment	3.20
3	Social and Community Context	3.18
4	Health and Health Care	3.02
5	Economic Stability	2.70



Key informants acknowledged the impact of social determinants as key underlying factors of health issues within the community. Specific comments by informants are included below.

- > *“As per the environment scan done by West Mountain Regional Health Alliance, the mental health access need, social determinant of health need, and silo were the major gaps seen in the communities.”*
- > *“Conditions for the working class are average in our “Happy Valley.” Crowding, housing, access to food, resources, transportation access, etc. needs to improve.”*
- > *“Housing costs are high and options are limited. Many people have a difficult time maintaining housing and year round employment in the valley. This also tends to leave a lot of people uninsured.”*
- > *“I see a wealthy community that is distinctly disconnected from the pillars of a strong society. There are nonprofit organizations popping up all over the area to try and help, but the programs are simply band aids covering up a bigger problem created by a standard of living that does not facilitate an equitable community.”*
- > *“I would recommend Vail Health doing more to partner with other organizations doing work to address the SDoH. We live and breathe this stuff every day and it's a missed opportunity to not collaborate.”*
- > *“These are tough to answer since the community has “haves” and “have nots.” Those who can afford it have healthy lives. Those who cannot work multiple jobs, live in poor conditions, and have less access to services.”*

Leveraging Community Resources to Impact Health

Key informants were asked what resources are missing in the community that would help residents optimize their health. Respondents could choose as many options as they saw as needed. More than 90% of informants chose affordable housing as a missing resource within the community. Behavioral health services were identified as missing by 88% of informants. Child care providers, substance abuse services, and transportation options rounded out the top five selections by informants.

Top Missing Resources within the Community to Optimize Health

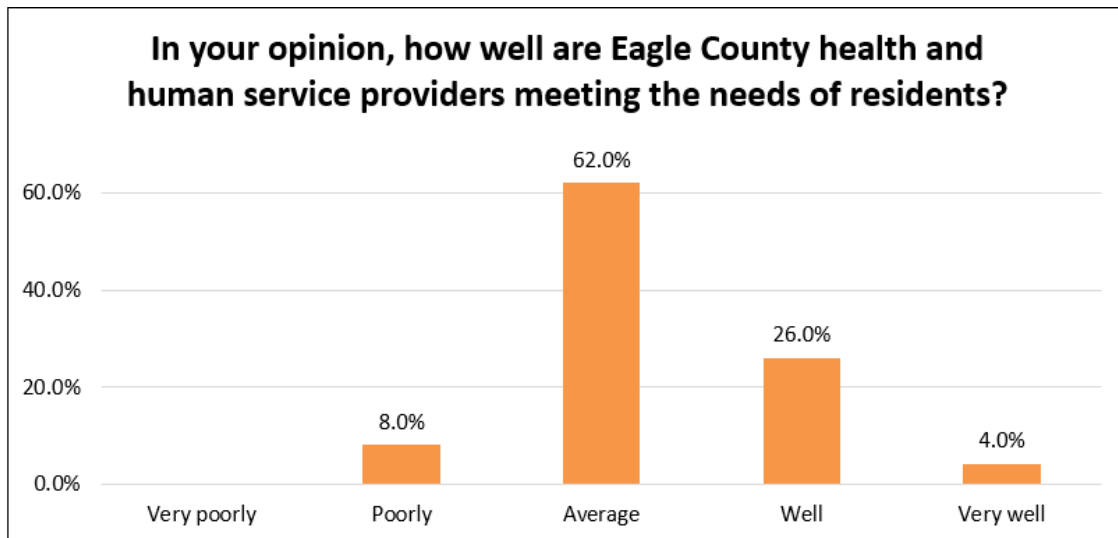
Ranking	Resource	Percent of Informants	Number of Informants
1	Affordable housing	91.8%	45
2	Behavioral health services	87.8%	43
3	Child care providers	71.4%	35
4	Substance abuse services	69.4%	34
5	Transportation options	51.0%	25
6	Multi-cultural or bilingual health care providers	49.0%	24
7	Early childhood education	36.7%	18
8	Social services assistance (housing, electric, food, clothing)	32.7%	16
9	Long term care facilities	30.6%	15
10	Complex care management/Care coordination services	28.6%	14
10	Health and wellness education and programs	28.6%	14
10	Senior services	28.6%	14

Specific comments related to missing resources in the community are included below.

- > *“Childcare and early childhood education options are very limited in our community, even for those with the ability to pay for services. Primary care physicians and many specialty care options are limited.”*
- > *“I marked “outlets for recreation” although a bigger issue is with access. Mountain Rec’s facilities and programs are affordable for a larger portion of the community, but most other indoor recreation options are not. And those who cannot afford Mountain Rec’s facilities and programs may have no access.”*
- > *“I think we are fortunate to have a lot of these resources. However, that doesn’t mean people are aware or taking advantage of them.”*
- > *“The home care issue is one of the biggest impacting people here in the valley. Access to this type of service is important and has little coordination with other health services.”*
- > *“Too many people are forced to be checked into mental health services in Denver etc. as there are few options in the mountains.”*
- > *“Volunteer opportunities, greater civic and community engagement to encourage people to become involved in activities that give them purpose and meaning and connect them to their communities, their neighbors, their schools and improve their social connections.”*

- > *“While we have behavioral health, skilled nursing facilities, home health and hospice, these services are extremely overwhelmed in our community.”*

Informants were asked to rate Eagle County health and human service providers on how well they are meeting the needs of residents, using a scale of (1) “very poorly” to (5) “very well.” More than 60% of informants rated Eagle County health and human service providers as “average,” while 30% said they are doing “well” or “very well.”



Lastly, informants were asked to share any other insights that could help improve health among residents in the Eagle County community. Informants provided the following suggestions.

- > *“Alcohol and drug awareness, prevention, intervention.”*
- > *“Encourage more growth in health care in the areas of need list above. Many patients cannot afford to drive to Denver or Glenwood for care that is not local.”*
- > *“Expanded food programs for children outside of school, as well as for families. Better early childhood support across all income levels. More access to behavioral health services.”*
- > *“We are headed in the right direction, just need more resources, hands on deck and tons more education to reach out to the working class and bilingual options.”*
- > *“We have the opportunity to set a strategic vision for the future to ensure all Eagle County residents have access to affordable, integrated care and well-being.”*

Key Informant Survey findings were considered in conjunction with statistical secondary data to determine health priorities. Key Informant Survey data is valuable in informing community strengths and gaps in services, as well as wider community context for secondary data findings. Additional research collected as part of the 2019 CHNA are summarized in the following report sections.

Community Partner Forums Summary

Background

Two Partner Forums were hosted by Vail Health, one on Tuesday, June 18 in Eagle and one on Wednesday, June 19 in Vail. All individuals invited to participate in the Key Informant Survey were also invited to participate in the Partner Forums. A list of the represented community organizations at the Partner Forums and the participants' respective titles is included in Appendix C. The objective of the forums was to share data from the CHNA and determine consensus on community health priorities, as well as opportunities for collaboration among partner agencies.

Research from the CHNA was presented at the sessions with audience discussion and questions. Large group dialogue was facilitated to identify and discuss priority areas, existing resources to address needs, gaps in services, and opportunities for cross-sector collaboration.

A summary report of the outcomes of the forums follows.

Identified Community Needs

The presentation of CHNA findings culminated with a list of three key community health needs and contributing factors derived from CHNA data analysis. The list of needs is shown below. Social determinants of health and health equity were recognized as cross-cutting factors across all health issues.

Identified Community Health Needs and Contributing Factors Across Eagle County

SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY		
Health Needs: Access to Care	Health Needs: Behavioral Health	Health Needs: Chronic Conditions
Contributing factors and opportunities for improvement as identified in CHNA research		
Latinx Health Disparities	Adult Alcohol Use Disorder	Overweight/Obesity
Medicaid Enrollment	Behavioral Health Services Availability	Senior Chronic Disease Comorbidities
Prenatal Care	Mental Health (anxiety, depression)	Youth E-cigarette/Vaping Use
Uninsured/Under-insured	Suicide Attempts, Death	
	Youth Substance Use (alcohol, marijuana)	

Large Group Discussion

Large group discussion was facilitated by consultants for participants to share takeaways from the research. The following section summarizes key themes and specific comments from the discussion grouped by priority health issue.

Access to Health Care

- > Participants identified the need for increased awareness and information about the Health Insurance Marketplace, as well as enrollment assistance, in the community.
- > Health care applications and forms need to be offered in multiple languages, as well as assessed for reading level and comprehension. Residents may not complete forms, like Medicaid enrollment, because they “don’t know what they’re being asked.”
- > Families in Eagle County are less likely to enroll in eligible programs, as demonstrated by Medicaid enrollment data. Partner Forum participants recommended partnering with schools to develop one form that determines eligibility for all available assistance programs (e.g. Medicaid, free and reduced price meals, scholarships).
- > Seasonal workers are less likely to receive health insurance assistance due to the need to reapply for services throughout the year based on changing employment status.
- > Fear of deportation and other repercussions is a barrier to enrolling in health care and receiving health services, even among legal immigrants. Legal immigrants fear that their information could be used to identify and deport undocumented relatives. Participants suggested a community safety net program that provides health care without documenting patients.

Morbidity and Mortality

- > Participants agreed that Eagle County overall is among the nation’s healthiest communities, but perceived that the health status of the community is skewed by the departure of senior residents when they experience health concerns. One participant stated, “We export death. When people age it becomes harder to live here, so they leave.”
- > Reasons that seniors have historically left Eagle County are proximity and travel constraints to access specialty care, lack of geriatric specialty and assisted living services, the negative impact of the altitude on health conditions, and lack of affordable housing options to “downsize” from larger homes.
- > Focus groups with seniors suggest that past trends in senior migration out of the county is reversing and older residents who have maintained a second home within the region are more often choosing to retire to the area, which will require future investments in senior health and social services.

- > Participants recommended comparing health indicators for Eagle County to other resort communities, including Teton County, Wyoming and Summit County, Utah, for a more accurate benchmark of health status. The following table includes select data indicators related to morbidity and mortality and senior demographics for these communities compared to Eagle County.

**Morbidity and Mortality Indicators for Peer Resort Communities
Compared to Eagle County**

	Average Life Expectancy (2014)	Heart Disease Death per Age-Adjusted 100,000 (2013-2017)	Cancer Death per Age-Adjusted 100,000 (2013-2017)	Senior Medicare Beneficiaries with 2+ Chronic Conditions (2015)
Eagle County, CO	85.9	73.0	77.9	44%
Summit County, UT	82.4	118.8	94.6	NA
Teton County, WY	83.5	74.5	93.3	NA

**Senior Age Demographics for Peer Resort Communities
Compared to Eagle County, 2013-2017**

	Age 60+	Age 65+	Age 75+
Eagle County, CO	15.1%	9.4%	2.5%
Summit County, UT	16.9%	10.6%	3.1%
Teton County, WY	18.7%	12.7%	4.3%

Behavioral Health

- > A number of agencies are engaged in initiatives to address behavioral health needs, including Mountain Family Health (Zero Suicide); SpeakUp ReachOut (Mental Health First Aid); Hope Center (24-Hour Hopeline). Participants indicated that more services were needed because these programs are under-funded or have low capacity to provide services.
- > Health systems are beginning efforts to screen patients for behavioral health needs. Stigma and lack of acceptance of behavioral health as an important part of overall health discourage some patients from receiving screenings. One participant referenced the additional cost for patients due to the screenings not being covered under a standard wellness screening, "They're perceived [by patients] as not as valuable as a typical health screening."
- > The vacation atmosphere of Eagle County is seen as a contributor to higher substance use among local youth. People from all over the world come to the Valley "to party and live the 'rock and roll lifestyle.' Our kids see that and want to emulate it." Other contributors suggested were greater parental acceptance of alcohol, marijuana, and vaping, a risk-taking environment, and more "alone time" among youth due to dual working parents. The last contributor was seen to impact well-resourced and under-resourced families alike.

- > Participants recommended reviewing behavioral health data, as reported by the 2017 Healthy Kids Colorado Survey, by race and ethnicity to identify areas of disparity. Select data indicators are shown in the table below. In general, Latinx youth are more likely to experience mental distress, while White youth are more likely to use substances. Discretionary monies likely play a role in youth's ability to obtain alcohol and drugs.

Eagle County Mental Health Measures Among High School Students

	Electronically Bullied in the Past Year	Felt Sad or Hopeless for Two or More Weeks in the Past Year	Seriously Considered Attempting Suicide in the Past Year
White	14.9%	24.3%	16.1%
Latinx	13.5%	40.7%	19.3%

Eagle County Substance Use Measures Among High School Students

	Used Alcohol in the Past 30 Days	Binge Drank in the Past 30 Days	Marijuana Use in the Past 30 Days	Electronic Vapor Use in the Past 30 Days
White	37.4%	25.9%	24.2%	40.9%
Latinx	37.3%	23.4%	19.4%	38.5%

- > Colorado State cut school funding for social and emotional learning, which has contributed to fewer school-based prevention and support programs. One participant stated, "We've had more than a decade of not talking about these issues." Mental health concerns, specifically suicide ideation, are highest in ninth and twelfth grades, seen as "transition years."
- > Local districts have received grant funding to increase mental health counselors and social support resources in the schools. Recruitment efforts have begun, but cost of living—particularly housing costs—have slowed hiring.

Social Determinants of Health & Health Equity

- > The mountain communities of Colorado are perceived by the rest of the state as not having socioeconomic need or disparities. "They see the resorts, not the reality."
- > Many local health and human service providers use the 200% federal poverty level (vs. 400%) when determining service eligibility to account for the high cost of living in Eagle County.
- > A study by the West Mountain Regional Health Alliance found that food access is the top socioeconomic need among residents, driven by high housing costs that consume household financial resources.

- > Female participation in local recreation center activities is declining, particularly among Latinos. The reason for this trend has not yet been determined. In general, program costs and lack of transportation, due equally to parent work schedules that preclude drop off/pick up, and available public transportation outside of the Rt. 6 bus route, are barriers for all students.
- > When addressing Latinx health disparities, it is important to consider the needs of new residents versus established residents. The St. Clare of Assisi Parish in Eagle serves a wide population of the Latinx community from various ethnic cultures and may be a potential partner in providing services to the Latinx community.

Partner Forum findings were reviewed with the CHNA committee and correlated with statistical secondary data, Key Informant Survey, and focus group findings to inform priority health needs and community health improvement strategies.

Focus Groups Summary

Background

As part of the 2019 CHNA, three focus groups were conducted in June 2019 within Eagle County. The target audiences for the focus groups included individuals identified as underserved by health care services and/or underrepresented by CHNA quantitative data findings, including Latinx and older adults. The objectives of the focus groups were to define barriers to accessing health care services; determine challenges that impact disease management; and identify effective tactics for improved self-care and community engagement. A total of 37 people participated in the discussion groups. Following is a breakdown of the locations and participants per group.

Focus Group Locations and Attendees

Golden Eagle Senior Center, Eagle: 10 attendees

Lake Creek Village Apartments, Edwards: 8 attendees

Vail Valley Partnership, Edwards: 18 attendees

Key Discussion Takeaways

Latinx Residents

- **Participants seek trusted, collaborative relationships with their providers.**
Participants valued providers who take the time to listen and talk with patients. A few participants had recently changed their primary care doctor because they felt that their doctor was not approachable, did not “care about their opinions,” and did not invite questions. “If I had a concern, I felt like I would have to make another appointment.”
- **Spanish interpreters and translation services may not address health literacy.**
Quality interpreter services are available at all medical sites used by participants. These services address language barriers, but they may not address comprehension of medical terminology. One participant made the following recommendation for a Spanish-speaking patient advocate to follow-up with individuals who receive interpreter services:
 - “My dad speaks English, but my mom doesn’t, and neither of them are doctors. They don’t understand some of the terms. I can Google them and try to explain, but they still don’t understand what it means. I think that’s another thing that a patient advocate could do, explain in detail what the doctor is saying and spend more time with them. Ask them, ‘do you understand or do you need me to explain it in a different way?’”

- **All but one participant had a regular primary care doctor, but appointment wait times limit access to care.** Patients of Mountain Family Health Centers, the local Federally Qualified Health Center (FQHC), typically waited two weeks for a primary care appointment. Appointments at non-FQHC facilities, were seen as more readily available.
- **Health care costs were significant barriers to care.** Latinx residents without health insurance avoid care, relying on homeopathic remedies. If emergency care needs arise, uninsured individuals may apply for emergency Medicaid or seek free or discounted care options, traveling as far as Denver. Many Latinx residents will also travel to Mexico for medical procedures or to obtain medications.
 - “Many families travel to Denver for medical attention as they qualify for financial programs at hospitals in the Front Range.”
 - “They [Latinx] look at the price in Mexico to get a surgery done versus here, and say, ‘lets just go to Mexico.’ But it’s hard because then they have to get time off from work, and not everyone has paid time off. It’s also expensive to travel.”
- **Health care providers make assumptions about Latinx residents’ health insurance status and ability to afford care.** One participant stated that when her family went to the emergency room, the receptionist assumed they didn’t have health insurance. The participant forgot to provide proof of insurance and later received a large hospital bill. Other participants shared that providers may not refer them for specialty care if they are uninsured or have Medicaid, believing that they are helping their patients avoid expensive care. Participants found this practice harmful to their health, resulting in misdiagnosis or delayed treatment.
- **Health is important, but it is expensive.** Latinx participants valued eating and sleeping well, exercising, and preventative care, but felt that these practices are “luxuries many don’t have.” Healthy foods and gym or sporting activities are expensive, particularly for traditionally larger Latinx families.
- **The community has good options for free recreation activities, but Latinx families lack awareness of these activities and time to participate. They avoid activities out of fear of getting hurt and incurring medical costs.** Cost of living was seen as high in Eagle County, requiring families to work multiple jobs to afford basic needs. As a result, adults lack the time and energy to participate in free activities with their children. Fear of unexpected emergency medical costs also deters residents from physical activity. One participant stated, “My husband stopped playing soccer with his friends because he broke his foot and it was expensive. It’s an unnecessary expense and we cannot risk it.”

- **Lack of awareness of activities and other community resources is driven by fear over citizenship status and language barriers.** Fear of deportation and other repercussions prevents Latinx residents from asking about or accessing community resources. Additionally, most resources are only promoted in English. Participants recommended that social service organizations promote their resources in Spanish and that medical offices provide a resource pamphlet in Spanish.
- **Lack of transportation limits community engagement by Latinx families.** Most Latinx families have one car, which is typically used by the husband to get to work. Family members will walk to nearby services, but are otherwise isolated.

Older Adult Residents

- **Medicaid is a key safety net program, but barriers to accessing services inhibit health care utilization.** Nearly all participants had Medicare, a few participants had Medicaid. One Medicaid participant had trouble finding a doctor who would accept him as a patient because he was previously uninsured and had not had a recent primary care visit. “It’s not bad now, but for three years I didn’t have a doctor and the only place I could go was the emergency room.” Another Medicaid participant accessed care at community clinics. The individual perceived that primary care was readily accessible at the clinics, but that specialty care had long wait times. Transportation is also a barrier, as noted by one participant. “The RSVP (Retired and Senior Volunteer Program) [for transportation] only reimburses for appointments that are pre-scheduled. I had a kidney stone, which is an emergency. This is despite the fact that the state legislature passed a rule and appropriated money for emergent reimbursement for Medicaid clients.”
- **Specialty care services are limited within Eagle County. Lack of transportation was the top barrier to accessing specialty care in other communities.** Specialty care services identified as missing or lacking in Eagle County included brain injury, dermatology, geriatrics, neurology, retina care, rheumatology, and urology. Many participants traveled to Denver or Grand Junction for these services, among others. Public transportation options for older adults include rideshare programs or volunteer programs like RSVP. Rideshare program require advanced scheduling and are limited to travel within Eagle County. Volunteer programs also require advanced scheduling and are dependent on an available driver.
 - “I needed RSVP for an appointment, but it wasn’t available. I had to reschedule my appointment and wait another four months for the next available one.”
 - “I took the trouble to get to Denver for an appointment, spending money on gas, mileage, and a hotel, and then the doctor cancelled.”
 - “The volunteer ride service is a huge risk to the drivers.”
 - “We don’t have a lot of them [specialists] in the valley. When they do come, the appointments are pushed way out.”

- **Veteran's health care services are also limited within Eagle County.** A few participants were veterans and received veteran's health care benefits. The closest veteran's medical center is in Grand Junction, presenting transportation barriers. Additionally, only one primary care doctor in Eagle County, Dr. Corey Dobson with Valley View Hospital, accepts veteran's health care insurance.
- **Support is key to managing chronic conditions; Shaw Cancer Center support programs are best practice.** Participants were aware of the recent investment by Vail Health in behavioral health services, and anticipated additional supports for individuals with mental illness. Participants identified the need for support, particularly support groups, for individuals with other chronic conditions like diabetes and multiple sclerosis. The support programs offered by Shaw Cancer Center were seen as a model.
- **Patient advocates and care coordinators are needed to assist older adults access care and better communicate with their providers.** Older adults need support to make sure they hear and understand conversations with their providers, receive information and instruction before and after procedures, and have adequate in-home resources to support their recovery. In addition to patient advocates and care coordinators, participants recommended several tools to help older adults communicate with their providers during appointments, including making a list of questions beforehand, recording sessions, and taking a family member with them.
 - "A lot of us grew up in a time when doctors were gods and we did whatever they said. A lot of the seniors are still in that mode."
 - "Seniors need an advocate. They need someone to go to appointments with them to make sure they understand, get instructions, and ask questions."
- **Eagle County was not seen as an age-friendly community, lacking geriatric care, long-term care, and senior living options.** Eagle County is perceived as "youth-oriented." The community lacked foresight of the increasingly aging population and their health and social needs. The community lacks adequate geriatricians, assisted living, home health, and nursing facilities. Health care providers also have an opportunity to provide more age-friendly health care.
 - "Older people have more drug reactions. A lot of times, the reason we end up in the hospital is because of reactions. We process things differently. We need someone who understands that things present differently in us than younger people."
 - "People at the hospital are not trained to deal with older people. They don't explain things correctly. You have to ask them to write down instructions."
 - "You can't get a bed [at Castle Peak Senior Care Community]. They had to ship me down to Pallisade and it was a terrifying experience. There's also a facility in Carbondale, but they didn't have beds either."

- **Medical forms and communication need to be simplified for patient comprehension.** Participants recommended updating medical forms to include layman explanations of medical terms. Other recommendations were to avoid the use of acronyms and to simplify discharge instructions. In regard to discharge instructions, one participant stated, “You get a list and on there are a number of things you have to do. You have all these instructions, but you don’t know what to do with them. They don’t make any sense.”
- **The weather in Eagle County makes it harder for older adults to access care.** Poor winter weather conditions cause patients to cancel their appointments. Participants were frustrated that they were billed or otherwise penalized for cancelled appointments for reasons that are “out of our hands.”
- **Participants were divided in their perception of the use and value of telehealth. Convenience for minor ailments or follow-up care were positives. Quality and lack of internet or computer knowledge were of concern.** In general, participants were willing to try telehealth for minor concerns or follow-up appointments, but were hesitant to use it for advanced conditions or initial diagnostic appointments. Additionally, older adults were concerned that they do not have the resources or knowledge to interface via telehealth. Many were also concerned that health care is becoming too reliant on technology, and that the personal touch is being lost.
 - “I would need help doing the interface. I won’t touch that machine [computer].”
 - “It’d be great if you have a computer and internet. I don’t.”
 - “It’s [telehealth] only suitable if you have already seen the specialist in person. Then later, he would already know who you are.”
- **Participants were also divided in their perceptions of medical portals, some remarking on their convenience and others noting trouble navigating the systems.** Participants recommended that discharge notes and instructions be included in the patient portal.
 - “They’re [portals] quicker than calling the doctor.”
 - “I have trouble with the portals, accessing them and communicating with doctors.”
 - “Doctors want you to use the portals to fill out pre-appointment forms, but seniors have difficulty navigating them. I don’t use it any more. I just go early to my appointment to fill out the paperwork.”

Focus group findings were reviewed with the CHNA committee and correlated with statistical secondary data and Key Informant Survey findings to inform priority health needs and community health improvement strategies.

Evaluation of Community Health Impact from 2016 CHNA Implementation Plan for Community Health Improvement

In 2016, Vail Health completed a CHNA and developed a supporting three year Implementation Plan for community health improvement. The strategies implemented to address health priorities reflect Vail Health's mission to provide superior health services with compassion and exceptional outcomes.

Guided by the findings from the 2016 CHNA and input from key community stakeholders, Vail Health leadership identified the following priorities for 2016-2019:

- > Access to Care
- > Cancer
- > Chronic Lower Respiratory Disease
- > Heart Disease
- > Mental Health and Substance Abuse
- > Unintentional Injury

Vail Health gives millions of dollars back to our community through in-kind programs, services, and financial contributions, including an estimated \$48,244,356 from 2016 to 2018. The following is a summary of the programs and services sponsored by Vail Health to address the health priorities identified by the 2016 CHNA.

Access to Care Strategies Completed:

In July 2018, Vail Health partnered with Eagle County Public Health and the Eagle Valley Foundation to launch MIRA (Mobile Intercultural Resource Alliance), a 40-foot mobile resource bus that travels throughout Eagle County to increase access to existing public health programs. MIRA services are focused on the Latinx community, and the bus is staffed by bilingual workers. Preventative health care education and services are a priority for MIRA, as well as case management services offered by an onsite liaison.

In its first year of operation, MIRA had the following outcomes:

- **2,812** - Number of people who received services and/or connections to resources
- **40** - Number of neighborhood and community locations MIRA has visited
- **6** - Number of Eagle County towns MIRA has visited
- **140** - Total number of days MIRA has been in operation
- **More than 4,250** - Number of services and referral connections provided by MIRA (only leading categories listed):
 - Food services: 1,172
 - Medical services: 1,022
 - Health education: 532
 - Safety services: 462
 - Dental services: 428
 - Education services: 392
 - Financial assistance: 257

- **15 and growing** - Number of community agencies partnering with MIRA
- **Emerging Communities** - El Jebel requested MIRA's consistent presence in their community, and is now a regular part of the rotational schedule

In 2016, Vail Health committed to increasing access to care, including adjusting cost structures to meet the needs of the community. The following actions were taken by Vail Health as part of this commitment:

- Shifted Urgent Care clinics (Avon and Gypsum) from a hospital-based pricing structure to a more traditional urgent care structure, reducing bills by approximately 40% on average.
- Created a new Medical Discount Program for our Urgent Care clinics (Avon and Gypsum) that provides 75% off urgent care visits for uninsured local residents.
- Increased our Financial Assistance Policy from 250% to 350% of the federal poverty guideline in Sept. 2016 and from 350% to 500% in summer 2019.
- Opened a new Walk-In Clinic in Edwards, the geographic center of our valley, with an affordable pricing model. This clinic has, unfortunately, since closed due to low volume (average of 1-3 patients per day).
- In July 2019, Vail Health announced a new partnership with Colorado Mountain Medical, the region's top primary care and specialty provider. The partnership will improve care access and connect patients with the right care at the right time, ensuring seamless care across the entire health care continuum and further promoting integrated behavioral health and primary care services. By proactively keeping the community healthy, we not only improve the lives of those we serve, but also help reduce the cost of health care.

Vail Health partnered with organizations who share our goal of ensuring residents live longer, healthier lives. Partner initiatives to improve access to care and overall well-being included:

- Financial support of our FQHC, Mountain Family Health, a partner nonprofit providing indigent care for the community
- Financial support of The Community Market, a food bank resource of Eagle Valley Community Foundation
- Financial support of Home Care & Hospice of the Valley
- Two community health fairs offering free and low cost general health screenings, cardiac screenings and cancer screenings
- Free Speaker Series offered in Eagle & Summit counties on various health topics
- Placement of 81 public defibrillators (AEDs) across Eagle County in partnership with Starting Hearts. Vail Health also provided educational programs on how to use AEDs and financial support for a smartphone app that enables the public to find the AEDs or receive notifications if there is a cardiac emergency in their area.
- Support for science classroom equipment and STEM programming for Eagle County Schools and The Education Foundation of Eagle County
- Support for the Steadman Philippon Research Institute and Vail-Summit Orthopaedic Foundation

Cancer Strategies Completed:

The 2016 CHNA identified colorectal cancer incidence and late stage diagnosis as growing needs in Eagle County. In response to this need, Vail Health conducted community seminars on the importance of colon cancer prevention. Seminar topics included healthy eating with meal prep strategies; diet and alcohol education; exercise; and weight and weight loss. Seminars were conducted by Vail Health's registered dietician and exercise physiologist.

To increase colon cancer screening rates, Vail Health implemented a process to document patient screenings in the medical record. Vail Health regularly reviews these records for individuals who have not received a screening within the past 10 years and conducts follow-up to educate patients on the importance of screening and encourage screening practices.

Vail Health offers free colon cancer screenings each year as part of their participation in community health events. A total of 38 colon cancer screening kits were provided in 2017, and 85 kits were provided in 2018.

Chronic Lower Respiratory Disease Strategies Completed:

The 2016 CHNA identified an increase in the incidence of chronic lower respiratory disease (CLRD) among Eagle County residents. As indicated in the 2016-2019 Implementation Plan, while Vail Health recognizes the needs of individuals with CLRD, the majority of patients are not able to be managed in Eagle County due to high altitude and resulting lower oxygen levels.

Vail Health partners with Dr. Tim Clark of Boulder Community Health to monitor the number of Eagle County residents receiving care for CLRD and assess their needs. In 2018, Dr. Clark saw a total of 176 CLRD patients. Dr. Clark currently sees patients in Vail on the third Friday of every month and twice per month during the peak winter season (November to March). Vail Health will continue to work with Dr. Clark and others to expand available services within Eagle County.

Heart Disease Strategies Completed:

In 2017, Vail Health honored Jay and Molly Precourt for their \$10 million gift to the hospital. In recognition of their donation, the medical center's new cardiac catheterization lab was named the Precourt Family Cardiac Catheterization and Electrophysiology Lab. As a result of the Precourts' gift, Vail Health is able to meet the cardiac needs of the community and provide advanced medical services without regard for financial return. Additional financial donations have contributed to the growth of the Vail Health cardiovascular program, including the addition of state-of-the-art equipment.

In FY2019, Vail Health served 221 patients in the Cardiac Catheterization and Electrophysiology Lab. As a result of the program, 50% fewer patients were transported to Denver for catheterization and patients experienced a mortality rate 59% better than the national average.

Vail Health continues to explore opportunities to grow its cardiology team. From 2016 to 2018, three providers were recruited to the practice to support the Vail campus, as well as grow

services in outlying clinics. Vail Health leadership is currently assessing the expansion of catheterization lab hours to further increase access to care.

Mental Health and Substance Abuse Strategies Completed:

In April 2019, Vail Health announced its commitment to \$60 million in funding over the next ten years to transform behavioral health services, including mental health and substance use disorders, in the Eagle River Valley. In partnership with Eagle County and other community groups, a new nonprofit collaborative, Eagle Valley Behavioral Health, has been created to build needed facilities, improve access to providers, and lower barriers to accessing behavioral health care. Eagle Valley Behavioral Health was established to serve as the backbone organization working with all community partners to ensure coordination of services.

Vail Health has purchased land in Edwards and is working with Eagle Valley Behavioral Health and Eagle County to design a comprehensive behavioral health facility. The County is planning to add a bus stop at the campus, linking it into the County's ECO transit system.

Currently, the Eagle River Valley has only 50% of the recommended licensed behavioral health providers as compared to the Colorado state average on a per capita basis. Eagle Valley Behavioral Health aims to attract and retain over 100 new providers over the next 5 to 7 years, bringing the number of providers in the valley well above the national average. Current preliminary plans for the facility include a crisis stabilization unit, a social detox unit, and a psych urgent care with 24/7 walk-in service.

Eagle Valley Behavioral Health will seek to recruit new providers from within the valley, cultivating a workforce among Eagle County youth. The organization is currently working with partners to set up scholarships and assistance programs for local students to gain the training and education needed to work in the behavioral health field.

While Eagle Valley Behavioral Health works to fill the gap of providers, they will supplement the care via telemedicine services. The organization currently partners with three telemedicine providers to provide behavioral health care across the valley. Eagle Valley Behavioral Health aims to streamline these efforts and have a comprehensive telemedical system that supports the behavioral health continuum of care.

In order to increase access and capacity, Eagle Valley Behavioral Health is exploring innovative ways of lowering barriers to accessing behavioral health care. One such program is the community therapist fund, where individuals can seek financial assistance for treatment.

Eagle Valley Behavioral Health is also working with Mountain Family Health Centers and Colorado Mountain Medical to fully integrate behavioral health care into all primary care settings across the valley and to ensure 100% behavioral health screening at all primary care visits.

Additional initiatives by Eagle Valley Behavioral Health and its partner organizations, including Vail Health, include county-wide behavioral health care communication and systems

coordination, prevention and education, crisis response and transition services, and school-based care. As part of the valley's coordinated approach to behavioral health care services, an online dashboard was developed to track all behavioral health-related initiatives and organizations. The dashboard is available [here](#).

In addition to its commitment to Eagle Valley Behavioral Health, Vail Health worked in partnership with community organizations to advance mental health and substance use disorder conversations and education. From 2016 to 2019, Vail Health hosted 12 Eat Chat Parent speaker series in partnership with Eagle River Youth Coalition. These sessions, focused on mental health among children, were conducted with the goal of breaking mental health stigmas, creating conversation, and providing helpful information to improve mental health. Vail Health also provided support for suicide prevention training through SpeakUp ReachOut.

Multi-disciplinary teams at Vail Health have researched improved screening tools for alcohol use, suicide, and depression/anxiety and plan to go live with chosen evidence-based tools in the Fall of 2019. Positive screenings result in referral to the Vail Health social services department for substance abuse consultations, including needs assessments and referrals for treatment.

To promote safe pain medication practices, Vail Health implemented a Pain Management Committee (PMC). The committee exists to review best practices for pain management, ensure the hospital employs these practices, and improve the health and safety of patients and the community at large.

With Vail Health's large orthopedic volume, the PMC focused their initial assessments in the surgical services area. The PMC implemented processes to measure usage among surgery patients. The data was then used to develop standards of care and ultimately reduce opioid use and increase the administration of alternatives to opioids. The PMC further engaged practitioners to discuss opioid prescribing habits and provide education on safe opioid prescribing. The committee conducted follow-up to ensure compliance with safety guidelines.

The PMC provided similar assessments within the Vail Health Family Birth Center and Patient Care Units. In both of these settings, the committee was able to decrease the number of patients exposed to opioids and the number of opioids dispensed. Reducing the use of opioids in the Family Birth Unit is especially rewarding as it positively impacts outcomes for both new mothers and their newborns. Within the Patient Care Units, the PCM is working with nurses to establish comfort menus for alternative pain management (e.g. aromatherapy, music).

The PMC is also collaborating with Howard Head Sports Medicine (HHSM) to increase awareness of their available pain management therapies and to provide physical therapy services directly in the emergency department for pain management patients. Vail Health is working in collaboration with the Colorado Hospital Association to further reduce opioid usage in the ED setting.

Moving forward, the PMC will focus on opioid reduction in the community by educating patients on safe disposal practices. Vail Health is expanding its Take-Back program to include opioid medications and has recently begun to provide opioid drug disposal bags to patients, especially those who may be travelling outside of the immediate area and are therefore unable to take advantage of any take-back opportunities.

In September 2019, Vail Health announced the launch of a locking pill bottle dispensing program in outpatient pharmacies in Vail and Edward. Patients will now be offered Safe Rx's Locking Pill Bottles® for opioids and other controlled substances at no additional cost. Vail Health's pharmacies are the first in Colorado to provide Locking Pill Bottles. This new patient safety tool is proven to reduce pill theft and prevent drug abuse and initiation.

Unintentional Injury Strategies Completed:

Falls from skiing have been identified as one of Eagle County's main causes of trauma. Vail Health collaborated with both Vail and Beaver Creek Resorts to educate skiers and snowboarders on the Skier Responsibility Code and helmet safety. Education programs were based on the ThinkFirst National Injury Prevention Foundation's award-winning, evidence-based curriculum. Vail Health ThinkFirst skier safety programs included "The Snow Safety Ranger Program" and events during National Skier Safety Month.

"The Snow Safety Ranger Program" was delivered at local elementary schools throughout the ski season. To promote National Skier Safety Month in January, events were held at both Vail and Beaver Creek resorts. In 2017, new materials were created to spread the message of "Got a Brain, Wear a Helmet." This message was delivered in the form of stickers for helmets, ski buffs, and signage to raise awareness. In 2018, the Vail Daily featured an article on Skier Safety Month featuring Vail Health and Vail Resorts.

ThinkFirst Skier Safety – "Snow Safety Rangers"

	Number of Events	People Served (estimated)
2016	11	3,300
2017	11	3,300
2018	12	3,500

ThinkFirst National Skier Safety Month – Vail and Beaver Creek Resorts

	Number of Events	People Served (estimated)
2016	2	1,000
2017	3	1,500
2018	3	1,500

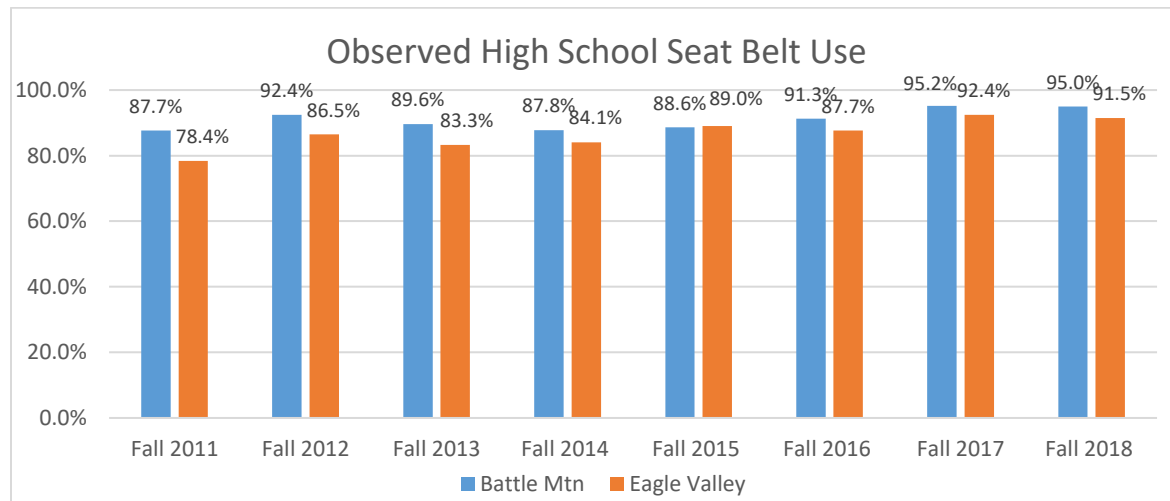
Vail Health's Injury Prevention program addressed motor vehicle and traffic safety through ThinkFirst presentations at Eagle County elementary and high schools. The elementary program focused on bike helmet use and proper seat belt use in the car. The high school program was provided to Eagle County High School Health Classes and featured injured VIP speakers explaining how injuries occur, how they affect the body, and how they can be prevented. Helmets were provided to students in need at these presentations.

ThinkFirst Injury Prevention Programs

	Number of Events	People Served (estimated)
2016	30	1,580
2017	22	1,130
2018	28	1,435

Vail Health is a member of the Eagle County Prevention Committee, a cooperative interagency group that coordinates and facilitates a variety of prevention activities, including Camp 911 and teen driving activities. Since 2011, the Eagle County Prevention Committee has participated in the Central Mountains Regional Trauma Advisory Council's Teen Traffic Safety Challenge. This program is a student led project, where high schools conduct a variety of traffic safety-related activities, including messaging to the public, pledge banners, and safety fairs at the schools.

The Prevention Committee's role also includes data collection for teen seat belt use. Below is a chart of observed seat belt use among students at both Eagle County public high schools. This data is collected in the fall. During the spring, the schools conduct a traffic safety campaign.



The Prevention Committee has worked with high school students for several years to host a safety fair, parent education event, and alternative post-football game event. These events addressed distracted driving, impaired driving including marijuana use, and seat belt use.

Eagle County Prevention Committee Traffic Safety Programs

	Number of Events	People Served (estimated)
2016	2	1,100
2017	4	1,950
2018	3	2,000

Vail Health provides a robust child passenger safety program for both patients in the Family Birthing Center and the larger Eagle County community. Vail Health is listed with Safe Kids and Car Seats Colorado as a fit station for car seats. Community members can schedule an appointment with the Trauma Services Injury Prevention Specialist for an educational session on how to use and install car seats. The Family Birthing Center staff also provides education and assistance to families prior to discharge. In 2018, 77% of families that received a car seat check from Vail Health had previously installed the seat incorrectly, demonstrating the need for this program. Vail Health added two technicians in 2018 to increase access to the program.

Child passenger safety education is provided to the community as requested. From 2016 to 2018, presentations were provided to Eagle County Early Head Start staff and parents of enrolled children. Presentations were also provided to the Teen Mother Program at Red Canyon annually. Vail Health's Injury Prevention Specialist also worked with the Car Seats Colorado State Program to provide new technician training and continuing education updates across Eagle County.

Vail Health Child Passenger Safety Seat Checks

	Number of Checks
2016	253
2017	225
2018	286

Vail Health Child Passenger Safety Programs

	Number of Events	People Served (estimated)
2016	4	240
2017	2	35
2018	3	55

Vail Health's Injury Prevention Specialist is a certified instructor for evidenced base N'balance and Tai Chi for Fall Prevention. Partnering with the Eagle County Healthy Aging program, classes were provided at the Golden Eagle Senior Center in Eagle and the Minturn Senior Center. Below are a listing of the number of classes and people served.

Vail Health Fall Prevention Classes

	Number of Events	People Served (estimated)
2016	3	32
2017	2	23
2018	3	35

The Vail Health ThinkFirst team participated in many other community events, including The Kids Adventure Games, Eagle Flight Days, and Gypsum Daze. At these events, the team educated community members about the brain and how to be safe. They also distributed an estimated 1,000 ski and bike helmets annually.

ThinkFirst Community Events

	Number of Events	People Served (estimated)
2016	6	2,650
2017	8	3,080
2018	10	2,895

Prioritization Process and Identified Priority Areas

Vail Health shared findings from the CHNA research, including health status indicators and socioeconomic measures, with community partners and key stakeholders to solicit input into community health priorities. A formal presentation of data was made to Partner Forum attendees, and members were asked to discuss and come to consensus on community needs based on the research and their experience within the community. The identified health needs are shown below.

Identified Community Health Needs and Contributing Factors Across Eagle County

SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY		
Health Needs: Access to Care	Health Needs: Behavioral Health	Health Needs: Chronic Conditions
Contributing factors and opportunities for improvement as identified in CHNA research		
Latinx Health Disparities	Adult Alcohol Use Disorder	Overweight/Obesity
Medicaid Enrollment	Behavioral Health Services Availability	Senior Chronic Disease Comorbidities
Prenatal Care	Mental Health (anxiety, depression)	Youth E-cigarette/Vaping Use
Uninsured/Under-insured	Suicide Attempts, Death	
	Youth Substance Use (alcohol, marijuana)	

Vail Health leadership reviewed findings from the CHNA research and feedback from Partner Forum attendees, to determine priority health needs for Eagle County and to focus community health improvement efforts. Leadership representatives considered the 2019 CHNA research findings, as well as existing community and hospital services, programs, and areas of expertise. Discussion culminated in the identification of the following priorities to be addressed during the next three year cycle.

- > Increasing access to quality, affordable, comprehensive care
- > Addressing behavioral health needs, including mental well-being and substance use disorder
- > Reduce risk factors and improve outcomes related to chronic disease
- > Improve health equity, targeting Latinx residents and seniors

Following the identification of priority health needs, a subcommittee of Vail Health leaders helped to develop the 2019-2022 Implementation Plan.

Vail Health 2019-2022 Implementation Plan for Community Health Improvement

Vail Health developed an Implementation Plan to guide community benefit activities across Eagle County. As determined through the prioritization process, Vail Health will devote resources and expertise to address access to care, behavioral health, chronic disease, and health equity.

The Implementation Plan builds upon previous health improvement activities and takes into consideration the evaluation of impact from the previous Implementation Plan cycle, while recognizing new health needs and a changing health care delivery environment identified in the 2019 CHNA. Goals, objectives, and strategies from the plan are outlined below.

Access to Care

Goal: Increase access to quality, affordable, comprehensive health care.

Objectives:

- > Increase access to primary and specialty care physicians.
- > Increase the number of residents who have a regular primary care doctor that they visit on an annual basis.
- > Improve screening and treatment options for youth with developmental disabilities.
- > Reduce barriers to receiving care for residents without transportation.

Strategies:

- > Continue recruitment efforts and partnership opportunities to bring specialty care physicians to Eagle County.
- > Explore options and partners to provide transportation to access health and social services.
- > Explore options to increase evaluation services and access to occupational and speech therapies for youth with developmental disabilities.
- > Explore and implement telehealth options to address specialty shortages and transportation barriers.
- > Implement the Colorado Mountain Medical Health Campaign to initiate appointment reminders to all patients 365 days after their last wellness visit.
- > Partner with Colorado Mountain Medical to screen patients to determine if they have a medical home and assist those that do not in finding a PCP.
- > Provide health insurance eligibility and enrollment assistance for uninsured residents accessing services.
- > Provide support for community-based organizations offering free and reduced-cost health care services.
- > Promote and support candidate entry into careers in the health care field:
 - Support the Colorado Mountain College Surgical Technology Program to increase the number of college students pursuing a career as a Surgical Technologist.

- Support the Education Foundation of Eagle County and other community-based organizations to foster pursuit of careers in the health field.
- Offer the Transition to Practice Program for new RN graduates.

Behavioral Health: Mental Health and Substance Use Disorder

Goal: Reduce substance use disorder in our community, and improve outcomes for people with a mental health and/or substance use disorder and their families.

Objectives:

- > Encourage the use of early identification screening tools among patients.
- > Foster integration of behavioral and primary health care services.
- > Increase access to behavioral health services.
- > Increase awareness of behavioral health disorders and promote evidence-based prevention and management strategies.

Strategies:

- > Provide support for Eagle Valley Behavioral Health, a new non-profit initiative to increase behavioral health capacity, ensure 24/7 access, and create behavioral health bed space in the community. The top six initiatives for Eagle Valley Behavioral Health include:
 1. Develop a comprehensive, cross-functional behavioral health facility, with plans to include a bus stop linking the campus to the county's ECO transit system.
 2. Improve behavioral health provider access and capacity by attracting and retaining providers, implementing telemedicine services, exploring innovative ways to lower care access barriers, and integrating behavioral health care into all primary care settings to include behavioral health screenings at all primary care visits.
 3. Promote a county-wide coordinated approach to behavioral health care through continuous communication, systems, and plans among partner organizations, and establishment of a community-wide behavioral health electronic medical record exchange.
 4. Provide prevention and education initiatives to increase protective factors and decrease common risk factors for behavioral health issues, with a focus on civic engagement, social connections, and stigma reduction.
 5. Provide crisis response and transition services to provide care and stabilize behavioral health patients in the field or in the privacy of their home, and connect them to appropriate outpatient services.
 6. Work with Eagle County School District to increase funding to support the placement of additional school-based clinicians and develop a comprehensive wellness curriculum.

- > Convene community partners as part of the Vail Health Complex Patient Committee to address the following shared goals:
 1. Foster a coordinated effort between Vail Health and the community to care for patients with complex behavioral and mental health needs.
 2. Collaborate with community partners to engage complex patients in voluntary wrap around and support services.
 3. Establish and improve upon referral coordination between community partners.
 4. Market community resources and improve access to and availability of resources for complex patients.
 5. Provide a platform for data sharing to track use of current resources, and utilize data to identify and solve gaps in services.
- > Implement evidence-based screening tools for suicide risk and alcohol abuse hospital-wide, as well as depression screenings among prenatal women and new mothers.
- > Provide support for community-based organizations and initiatives offering free and reduced-cost behavioral health services.
- > Support the Education Foundation of Eagle County and other community-based organizations to provide in-school mental health support services.

Chronic Disease

Goal: Reduce risk factors and premature death attributed to chronic diseases, and improve quality of life for individuals with chronic disease.

Objectives:

- > Improve chronic disease management among high-risk populations.
- > Promote a culture of trust and respect among providers and caregivers that encourages patients to interact with available health care.
- > Promote community initiatives that support access to healthy lifestyle choices.
- > Provide community education and outreach that promotes chronic disease prevention.

Strategies:

- > Collaborate with community partners to encourage healthy eating and physical activity among residents.
- > Develop programs to support education, training, and tools to reduce and manage diabetes.
- > Expand the Vail Health Complex Patient Committee to address the needs of medically complex patients with chronic disease.
- > Explore opportunities to increase providers, service locations, and available hours of operation for specialty care, including endocrinology and cardiology.
- > Increase appropriate colorectal cancer screening rates through community education, patient medical record tracking mechanisms, and reduction of care access barriers.
- > Participate in and/or host free community health fairs targeting diverse populations.
- > Provide support for youth summer lunch programs to reduce food insecurity.

- > Provide support groups for patients with chronic disease and their families.
- > Support community initiatives to reduce youth vaping and e-cigarette use.
- > Support Eagle County Paramedics to continue home visits for medication compliance, safety assessments, and the Emergency Triage, Treat, and Transport (ET3) program to address emergency health care needs for Medicare patients.
- > Support Eagle County Schools to offer high school physicals and athletic trainers to increase access to physical activity among youth.

Health Equity

Goal: Improve health-related quality of life and well-being for all individuals, with a focus on Latinx and seniors.

Objectives:

- > Advance local and state dialogue to address affordable housing needs.
- > Improve birth outcomes for at-risk mothers and their children.
- > Increase access to health and social support services for seniors.
- > Increase opportunities for education and health promotion programming among at-risk youth.
- > Increase the number of Latinx residents who have health insurance.

Strategies:

- > Conduct community outreach to assist Latinx residents with eligibility determination and enrollment in subsidized health insurance programs.
- > Partner with the Regional Accountable Entity (RAE) to implement the Accountable Health Communities Model screening tool in the Emergency Department for Medicaid and/or Medicare patients, with patient navigation follow-up care provided by the RAE.
- > Partner with senior care providers to increase access to transitional care and wrap-around support services for senior patients.
- > Partner with the Vail Valley Partnership to support workforce housing initiatives.
- > Promote certification in geriatric care among the health care workforce.
- > Provide health education and screenings, public assistance application support, food resources, workforce development, early childhood education coordination, and physical activity programming within communities, through MIRA and other initiatives.
- > Provide reduced-cost childbirth, breastfeeding, and parenting support classes, targeting at-risk mothers.
- > Support the Education Foundation of Eagle County to promote Science, Technology, Engineering, and Mathematics (STEM) education, targeting underserved youth.

Vail Health will continue its work to improve the health and well-being of Eagle County residents, guided by the 2019 CHNA and our mission to provide superior health services with compassion and exceptional outcomes. We encourage you to visit our website to learn more about the CHNA and our community health improvement initiatives: vailhealth.org.

Appendix A: Public Health Secondary Data References

- Centers for Disease Control and Prevention. (n.d.). *Atlas Plus*. Retrieved from <https://gis.cdc.gov/grasp/nchhstpatlas/charts.html>
- Centers for Disease Control and Prevention. (2017). *BRFSS prevalence & trends data*. Retrieved from <http://www.cdc.gov/brfss/brfssprevalence/index.html>
- Centers for Disease Control and Prevention. (2018). *CDC wonder*. Retrieved from <http://wonder.cdc.gov/>
- Centers for Disease Control and Prevention. (2018). *National vital statistics system*. Retrieved from <https://www.cdc.gov/nchs/nvss/births.htm>
- Centers for Disease Control and Prevention. (2018). *Sexually transmitted disease surveillance 2017*. Retrieved from <https://www.cdc.gov/std/stats17/tables/1.htm>
- Centers for Disease Control and Prevention. (2018). *YRBSS Results*. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>
- Centers for Medicare & Medicaid Services. (2017). *Chronic conditions*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research-Statistics-Data-and-Systems.html>
- Centers for Medicare & Medicaid Services. (2018). *National provider identification file*. Retrieved from <http://www.countyhealthrankings.org/>
- Colorado Department of Education. (n.d.). *Graduation statistics*. Retrieved from <https://www.cde.state.co.us/cdereval/gradratecurrent>
- Colorado Department of Public Health & Environment. (n.d.). *Data by topic*. Retrieved from <https://www.colorado.gov/pacific/cdphe/data-topic>
- Colorado Department of Public Health & Environment. (2017). *Eagle county prescription drug profile*. Retrieved from <https://www.colorado.gov/pacific/cdphe/prescription-drug-data-profiles>
- Colorado Department of Public Health & Environment. (n.d.). *Healthy kids Colorado survey and smart source information*. Retrieved from <https://www.colorado.gov/pacific/cdphe/hkcs>
- Colorado Department of Public Health & Environment. (n.d.). *Query CoHID datasets*. Retrieved from <https://www.cohealthdata.dphe.state.co.us/Data/Details/2>
- Colorado Department of Public Health & Environment. (n.d.). *VISION: Visual information system for identifying opportunities and needs*. Retrieved from <https://www.colorado.gov/pacific/cdphe/vision-data-tool>
- Colorado Health Institute. (n.d.). *Data*. Retrieved from <https://www.coloradohealthinstitute.org/data>

- County Health Rankings & Roadmaps. (2018). *Colorado*. Retrieved from <http://www.countyhealthrankings.org/>
- Dartmouth Atlas of Health Care. (n.d.). *Diabetes monitoring*. Retrieved from <http://www.countyhealthrankings.org/>
- Dignity Health/Truven Health Analytics. (2018). *Community need index*. Retrieved from <http://cni.chw-interactive.org/>
- Environmental Working Group. (n.d.). *EWG's tap water database*. Retrieved from <https://www.ewg.org/tapwater/>
- ESRI. (2018). *Business Analyst*. Retrieved from <https://www.esri.com/en-us/home>
- Feeding America. (2018). *Map the meal gap 2018*. Retrieved from <http://www.feedingamerica.org/>
- Health Resources & Services Administration. (2018). *Area health resources files*. Retrieved from <http://www.countyhealthrankings.org/>
- Health Resources and Services Administration. (2018). *Data warehouse*. Retrieved from <https://datawarehouse.hrsa.gov/Tools/Tools.aspx>
- Healthy People 2020. (2010). *2020 topics and objectives – objectives a-z*. Retrieved from <http://www.healthypeople.gov/2020/topics-objectives>.
- Kids Count Data Center. (n.d.). *English language learners in Colorado*. Retrieved from <https://datacenter.kidscount.org/data#CO/5/0/char/0>
- National Center for Education Statistics. (2018). *Children eligible for free or reduced price lunch*. Retrieved from <http://www.countyhealthrankings.org/>
- National Center for Health Statistics. (n.d.). *Premature death*. Retrieved from <http://www.countyhealthrankings.org/>
- National Highway Traffic Safety Administration. (n.d.). *Fatality analysis reporting system*. Retrieved from <http://www.countyhealthrankings.org/>
- Thriving Colorado. (n.d.). *West mountain regional health alliance*. Retrieved from <http://thrivingcolorado.com/partners/west-mountain-regional-health-alliance/>
- United States Census Bureau. (n.d.). *American community survey*. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Appendix B: Key Informant Survey Participants

A Key Informant Survey was conducted with community representatives in Eagle County to solicit information about health needs among residents. More than 250 survey invitations were sent to individuals representing health and social service providers; community and public health experts; civic, religious, and social leaders; policy makers and elected officials; and others representing diverse populations including minority, low-income, and other underserved or vulnerable populations. A total of 57 individuals responded to the survey. A list of the represented community organizations and the key informants' respective titles is included below.

Key Informant Organization	Key Informant Title/Role
Castle Peak Senior Care	ADON/DHS RN
Colorado Mountain Medical, P.C.	CEO/Physician
Community Care Alliance	Network Development Manager
Eagle County Government	County Commissioner
Eagle County Government	Director of Public Health and Environment
Eagle County Government	Commissioner
Eagle County Government	HR Director
Eagle County Human Services	Director
Eagle County Paramedic Services	Chief Operating Officer
Eagle County Paramedic Services	CEO
Eagle County Public Health	Healthy Aging Supervisor
Eagle County Schools	President, Board of Education
Eagle County Schools	Principal
Eagle County Schools	Principal
Eagle County Sheriff's Office	Community Affairs/Evidence Custodian
Eagle River Water & Sanitation District	Communication
Eagle River Water & Sanitation District	Board Member
Eagle River Water & Sanitation District	General Manager
Eagle River Water & Sanitation District	CFO
Eagle River Water & Sanitation District	Manager
Education Foundation of Eagle County	Executive Director
Hope Center	Crisis Clinician
Kelly Karli Weddings and Events	Lead Event Producer
Literacy Project	Executive Director
Local church	Senior Pastor
Mountain Family Health Centers	Operations Manager
Mountain Family Health Centers	CEO
Mountain Recreation	Executive Director
Patient & Family Advisory Board (Vail Health)	Community Member
Rocky Mountain Health Plans	Manager, RAE Community and Health Neighborhoods
SOS Outreach	Executive Director
SpeakUp ReachOut	Executive Director
Town of Gypsum	Town Clerk
Town of Gypsum	Town Manager
Town of Minturn	Treasurer

Key Informant Organization	Key Informant Title/Role
Town of Minturn	Mayor
Town of Vail	Economic Development Director
Town of Vail	Town Council Member
Vail Daily	Executive
Vail Daily/Swift Communication	President
Vail Fire and Emergency Services	Fire Chief
Vail Health	Administrative Assistant
Vail Health	Director of Development
Vail Health	Social Services Coordinator
Vail Health	Social Services MS, LPC
Vail Health	Senior Director of Development
Vail Health	Hospitalist/Nurse Practitioner
Vail Mountain School	Head of School
Vail Police	Chief of Police
Vail Public Safety Communications	Director
Vail Resorts	Senior Director
Vail Valley Partnership	President & CEO
Vail Valley Partnership	Director of Membership
Vail Health Family & Community Advisory Board Member	Member
Walking Mountains Science Center	Marketing & Communications Director
Walking Mountains Science Center	President
West Mountain Regional Health Alliance	Regional Health Connector

Appendix C: Community Partner Forum Meeting Participants

Partner Forums were conducted with community representatives in Eagle County to share data from the CHNA and determine consensus on community health priorities, as well as opportunities for collaboration among partner agencies. All individuals invited to participate in the Key Informant Survey were also invited to participate in the Partner Forums. A list of the represented community organizations and the participants' respective titles is included below.

Eagle Partner Forum

Partner Forum Participant Organization	Partner Forum Participant Title/Role
Vail Health	Community Outreach and Events Manager
Mountain Recreation	Executive Director
Castle Peak Senior Life and Rehab	Campus Administrator
On behalf of Eagle County Paramedics & Hope Center	Development Consultant
Eagle County Department of Human Services	Director
Castle Peak Senior Life & Rehab	Admissions & Marketing Director
Quality Health Network	Senior Community Advisor
West Mountain Regional Health Alliance	Executive Director
Mountain Family Health Centers	Development Consultant
Eagle County Paramedic Services	CEO
Vail Health	Quality Director
Eagle County Government	Clerk & Recorder
Vail Valley Partnership	President & CEO
Mountain Family Health Centers	Director of Behavioral Health

Vail Partner Forum

Partner Forum Participant Organization	Partner Forum Participant Title/Role
Vail Health	Community Outreach and Events Manager
Colorado Mountain Medical	Chief Strategy Officer
Education Foundation of Eagle County	Executive Director
Vail Health	Quality Director
Vail Valley Partnership	Program Manager
Eagle County	Commissioner
West Mountain Regional Health Alliance	Regional Health Connector
Town of Vail	Economic Development Director

Appendix D: Federally Qualified Health Center Locations

Location	Address
Mountain Family Health Centers Eagle Family Planning	551 Broadway St, Eagle, CO 81631
Mountain Family Health Centers Edwards	320 Beard Creek Rd, Edwards, CO 81632
Mountain Family Health Centers Avon School-Based Health Center	0850 W Beaver Creek Blvd, Avon, CO 81620
Mountain Family Health Centers Avon Family Planning	100 E Beaver Creek Blvd, Avon, CO 81620
Mountain Family Health Centers Dental Van	0020 Eagle County Rd, El Jebel, CO 81623