



# 2007 SUMMIT COUNTY HEALTH NEEDS ASSESSMENT

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## EXECUTIVE SUMMARY

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SUMMIT COUNTY HEALTH NEEDS ASSESSMENT  
EXECUTIVE SUMMARY

**INTRODUCTION**

In 2006, Corona Research was retained by the Summit Prevention Alliance to provide a community health needs assessment for Summit County, CO. The following executive summary provides an overview of the study methodology and the ten priority needs areas identified, based on the study team's conclusions. A separate full report contains the full findings of the health needs assessment.

The full analysis was based on four specific components, which include:

- Key-person interviews with 19 knowledgeable practitioners or experts in the community
- Four focus groups with members of the general public – three in English and one in Spanish
- A review of existing research already completed in the community
- A public survey of 528 county residents, including an oversample of Hispanic residents (primarily Spanish-speaking) to gather statistically valid data for both Non-Hispanic and Hispanic residents, as well as the entire county population.

Each of these components can be viewed in the full report as a stand-alone document, but key findings from all components have been combined in this executive summary to form a complete and comprehensive summary of identified key issues.

**METHODOLOGY**

The methodology of the various research components is described in this section of the summary. Additional details are available in the full report.

It should be noted that the key findings reflect the findings of this research, which focuses on opinions and perceptions. No empirical data was gathered on any of the issues examined.

**PART 1. KEY PERSON INTERVIEWS**

Corona conducted key-person interviews with a diverse mix of key community leaders to capture current attitudes and perceptions pertaining to health care in Summit County.

A total of 19 interviews were conducted for the key person interview component of the health needs assessment. A diverse group of interviewees were selected for this component of the health needs assessment in order to capture opinions and viewpoints from multiple areas of the community. In general, the majority of the group had been working in Summit County for several years and had in-depth knowledge of current and future health issues within the county.

Interviewees were initially identified and prioritized by the project steering committee, which consisted of a number of health officials and other key stakeholders in the county. None of the members of the steering committee were among the interviewees. As part of the interview process, interviewees were offered confidentiality in terms of comments, so the specific interviewees are not associated with any particular findings. Rather, the findings reflect the sum of all opinions, concentrating on patterns observed throughout the interviews and on selected key points that may have been made by one or more interviewees.

Interviews were conducted in February and March of 2007. Each interview lasted approximately 40 minutes.

## **PART 2. PUBLIC SURVEYS**

In order to complete a full assessment of health in Summit County, Corona recommended performing a diverse mixture of quantitative and qualitative research tasks to capture the current and future health needs of Summit County residents. As part of this overall process, Corona conducted a public health survey of Summit County residents. The survey was designed to assess the attitudes, behaviors, and preferences of Summit County residents pertaining to health care in Summit County.

Surveys were collected using two distinct survey methods. A telephone survey was conducted, using a randomly generated sample of telephone numbers for Summit County residents. Potential survey residents were defined as anyone with a landline, home telephone number who lived within the Summit County boundary. Randomized intercept surveys were also used to collect data for this public survey report. The intercept surveys were specifically geared towards obtaining data from Spanish-speaking Hispanic Summit County Residents.

Both survey components were completed in the February through April time period of 2007.

To develop a statistically strong sample Summit County residents, a total of 403 telephone surveys and 125 Hispanic intercept surveys were completed (528 total surveys were completed). Of the 403 telephone surveys, 11 were completed with Hispanic respondents, and were combined with the results of the intercept survey when analyzing that population.

The survey instrument used for the intercept surveys was based on the telephone survey, and approximately 80 percent was exactly the same. The other 20 percent of the survey asked questions specifically aimed at examining health care for Hispanics in Summit County. The intercept surveys were administered by Summit Prevention Alliance employees, and surveys were available in both English and Spanish. The surveys were obtained at various locations throughout Summit County, but the majority of the surveys were administered at the weekly practice sessions of a local soccer league that is popular among the local Hispanic population. Hispanic residents who participated in the survey were given a dollar for completing the survey.

### **WEIGHTS**

Telephone and intercept surveys, like any other type of survey, do not precisely reflect the entire population when merely summed and totaled. Older women, for example, are more likely to respond to telephone surveys than are younger women. Other biases could occur as well. To account for these potential biases, the study team developed a unique weighting factor for every survey response, which adjusted that person's representation in the survey to account for age, gender, and ethnicity. Individual weights were based off of Summit County residential percentages for age,

gender and ethnicity. The responses of groups that were underrepresented in the group of survey participants were therefore weighted more heavily than the responses of people whose traits were overrepresented among the survey participants (a limit was also set so that no individual response had a weighting factor of more than ten times that of any other single response). For this reason, the survey findings represent a much more complex, but also more accurate, analysis than would a mere tabulation of the raw data.

<b>Margins of Error</b>	
<b>Overall survey margin of Error (All Respondents)</b>	<b>4.2</b>
<b>Non-Hispanic Respondents</b>	<b>4.9</b>
<b>Hispanic Respondents</b>	<b>8.1</b>

### **PART 3. FOCUS GROUPS**

A total of four focus groups were conducted for this qualitative component of the health needs assessment. All of the focus group participants had previously participated in the public survey component of the needs assessment and had indicated they were interested in participating in focus groups pertaining to health care in Summit County. Interested survey participants were then randomly selected to participate in the focus group.

Three of the four focus groups were conducted in English, and the fourth group was conducted in Spanish. The Spanish focus group participants were recruited from the Latino Health Intercept Survey, which was an augment to the random public survey.

The four groups were conducted on April 30<sup>th</sup> and May 1<sup>st</sup>, 2007, and all groups were held at the Summit County Community and Senior Center in Frisco, Colorado.

#### **RECRUITMENT**

Corona Research assumed responsibility for recruiting focus group participants for the three focus groups recruited from the random public survey and conducted in English. The Summit Prevention Alliance was responsible for recruiting all participants for the Spanish-language focus group (All Spanish-language focus group participants were recruited from the Latino Health Intercept Survey).

The final question in both the public and the Latino surveys asked survey respondents if they were interested in participating in a public health focus group, with the promise of a \$60 payment for their time. Survey participants who were interested in participating in the focus groups were asked to provide their name and contact information. Only those survey participants who provided their name and number were eligible to be recruited for the focus groups.

A randomized list of eligible survey participants was then created for both the general public and Latino focus groups. Corona Research contacted participants from this list to recruit for the three general public focus groups, and the Summit Prevention Alliance called participants from the interested Latino focus group list to recruit for the Latino focus group. When potential participants were contacted, they were asked if they were still interested in participating in a health focus group for Summit County. If participants were still interested, they were placed in the focus group time slot that aligned best with their own personal schedules.

**Planning and Logistics.** Other than providing the venue, Corona Research handled all planning associated with conducting the four focus group sessions including on-site set-up and logistics to capture participants' feedback during group sessions. In addition, Corona Research provided the moderators to conduct group discussions. All groups were conducted at the Summit County Community and Senior Center located in Frisco, Colorado. Participants were provided with a light dinner, snacks and drinks. In addition, all group attendees received sixty dollars in cash at the end of their two-hour focus group.

#### **PART 4. REVIEW OF SECONDARY DATA**

As part of the study, the research team gathered and summarized a number of existing research reports that describe specific populations and/or health issues in the county. These summaries are provided in the full report.

**PUBLIC HEALTH NEEDS ASSESSEMENT KEY FINDINGS**

In this section, the research team presents an overview of the ten key needs areas identified through the public health needs assessment study. It should be noted that the rankings and even the identification of needs are subjective on the part of the study team, and others may draw different conclusions. The ten key areas are listed below, and discussed in the remainder of this document.

**Ranked Needs Areas, Based on Study Team Conclusions**

Mental Health
Access to Care: Affordability
Access to Care: Presence of Services
Access to Care: Awareness of Services
Hispanic Population
Specialty Care
Affordable Housing And Health Care
Data Needs
Senior Resources
Diet

## NEEDS AREA #1: MENTAL HEALTH

An overriding concern throughout the research was mental health, both in terms of diagnosis and treatment. Among all of the groups whose opinions were gathered in this study – key practitioners and local experts, members of the general public in the survey and in focus groups, and among Spanish-speaking and English-speaking residents – mental and behavioral health issues stood out as a key need in the area. This definition broadly includes mental health issues such as mental illness and depression, and also behavioral issues such as alcohol and drug addictions.

Evidence to support this as a key need include:

### INTERVIEW FINDINGS:

- ❖ **Increasing mental health care capacity was a common theme throughout the key-person interviews.** When asked to name the biggest current health care issues, over half of all interviewees labeled mental health as being an important issue within the county. Interviewees specifically felt there was a lack of mental health resources currently available in the county, and felt that increases in mental health infrastructure were needed to address mental health issues.
- ❖ **Mental health and care for the aging population were the top future priorities.** When asked about the top future health priorities facing Summit County, mental health care needs and care for the aging population were the most commonly cited rising future needs. The need for increased mental health resources was a continuous theme from the interviews, and interviewees specifically cited an overwhelmed mental health workforce and needs for additional resource/facilities.
- ❖ **Many interviewees offered specific comments about mental health care in Summit County.** One interview characterized mental health and specialty services in Summit County as “overwhelmed.” Another noted that bilingual providers with a diverse array of skills are in demand.

### FOCUS GROUP FINDINGS:

- ❖ **Availability of mental health resources was perceived to be lacking.** In general, participants felt that there weren’t enough local mental health resources and that it was difficult for the uninsured and underinsured residents to afford the resources that were available. A few participants also indicated that they felt Summit County had higher rates of mental health problems than previous counties they had lived. One woman went on to explain, “I’ve never lived in a place where I’ve ever seen this high a ratio of mental health issues.”
- ❖ **Suggestions from participants on how to address the mental health issues in Summit County were varied and no group consensus was reached.** When participants were asked what Summit County needed to do to better serve residents with mental health issues, no tangible theme was found amongst the suggestions. Suggestions ranged from education of mental health issues to the need for a tangible facility. One participant suggested having a soft-resource, such as a mental health hotline that residents could call when they felt they needed help. Another participant

felt that if Summit County did not have enough resources to support its own facility or services, they needed to create partnerships outside the community which would support those Summit County residents in need of mental health services. In short, participants could not note one predominant area where the system is lacking.

- ❖ **Substance abuse (drugs and alcohol) was the biggest health issue amongst Spanish language participants.** When Spanish language participants were asked to list the top three health issues in Summit County, drug and alcohol issues were most frequently mentioned. In total, drugs and alcohol were mentioned by 6 of the 9 Spanish language participants. Participants felt awareness of the consequences of drugs and alcohol abuse needed to be increased. Access and affordability of health care and lack of nutritious foods were other health issues mentioned by Spanish language participants.
- ❖ **Spanish language participants felt more facilities and services were needed.** Several Spanish language participants indicated that depression was an issue. One female respondent added that, “Being in another county” was a cause for depression amongst Spanish language residents. Being away from the family in another county was also brought up by another male respondent (as a cause for depression). Lack of communication was once again cited by the Spanish language group as a barrier.

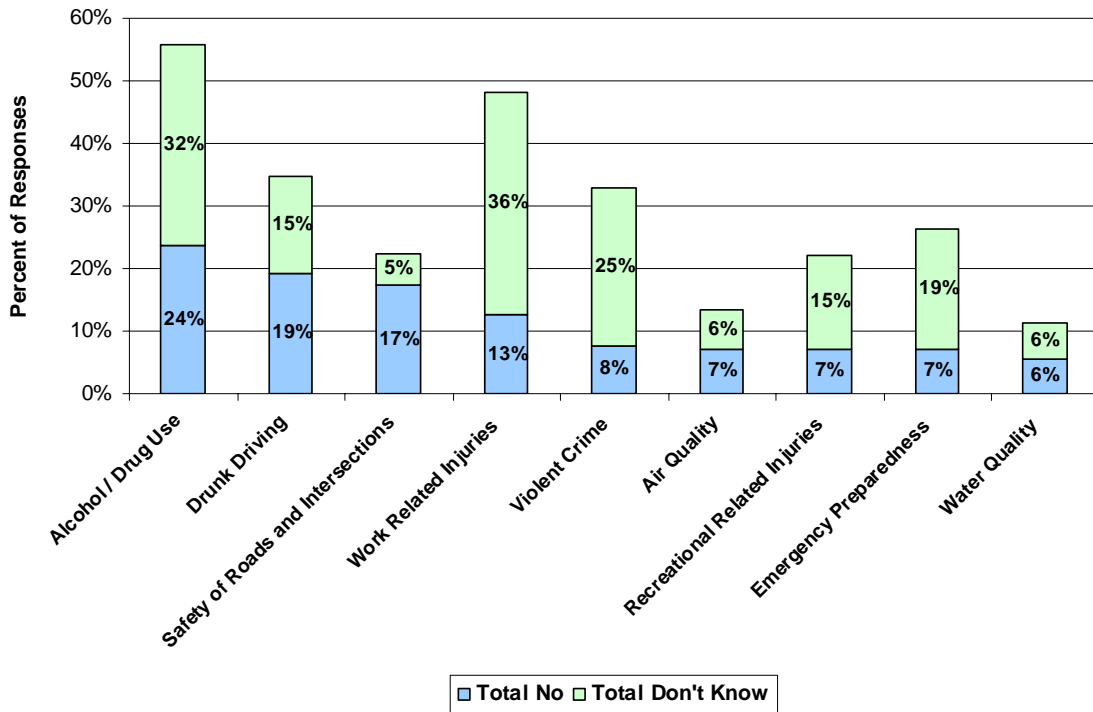
#### SURVEY FINDINGS:

- ❖ **When asked whether they are satisfied with the quality of services available for various services in the community, mental health services ranked 10<sup>th</sup> of 10, and drug/alcohol services ranked 9<sup>th</sup> of 10.** They were the only two areas where satisfaction was below 50 percent.
  - *Satisfied with Quality?*
    - *Hospitals – 82%*
    - *Emergency Services – 79%*
    - *Family Doctor– 77%*
    - *Dentist – 72%*
    - *Alternative Health Care Options – 61%*
    - *Health Service Information Sources – 60%*
    - *Wellness Programs – 55%*
    - *Specialty Physician – 53%*
    - *Drug/Alcohol Treatment Programs – 41%*
    - *Mental Health Services – 39%*
- ❖ **When asked whether they are satisfied with the available choices for services available for various services in the community, mental health services ranked 10<sup>th</sup> of 10, and drug/alcohol services ranked 9<sup>th</sup> of 10.** They were the only two areas where satisfaction was below 50 percent.
  - *Satisfied with Choice?*
    - *Hospitals – 78%*
    - *Emergency Services – 77%*

- Dentist – 73%
- Family Doctor– 68%
- Alternative Health Care Options – 60%
- Wellness Programs – 58%
- Health Service Information Sources – 56%
- Specialty Physician – 50%
- Drug/Alcohol Treatment Programs – 40%
- Mental Health Services – 33%

❖ When asked whether the county (as a whole, not just the government) was doing enough to address various environmental health risks, alcohol and drug issues were at the top of the list. Alcohol/drug use and drunk driving were the two areas where the largest proportion felt that not enough is being done in the county.

Is the county doing enough to address these issues?



## NEEDS AREA #2: ACCESS TO CARE: AFFORDABILITY

Access to health care was a key issue among all of the populations examined. Access fell into three categories, as discussed in Needs Areas 2, 3, and 4, but the first and foremost was affordability: the ability to pay for either insurance or directly for health care.

Evidence to support this as a key need include:

### INTERVIEW FINDINGS:

- ❖ **Access to affordable health care was frequently cited as a negative component of the health care system in Summit County.** Overall, interviewees most frequently cited a limited access to affordable health care as being the most negative health aspect in Summit County. Specifically, the limited ability for low income residents to access health care and the high cost of co-pays and deductibles were cited by interviewees. Other issues that were frequently cited as negative health care aspects included a lack of specialty care services, lack of mental health services/facilities.
- ❖ **Health care access was seen as an economic issue.** When asked to identify populations for whom access was an issue, the most common response was “the working poor”, indicating that affordability was the major issue. The two most commonly cited other populations both typically have below-average incomes for the area: the Hispanic population and transient seasonal workers.
- ❖ **Money, jobs, and economic development are seen as potential solutions.** Both interviewees and focus group participants noted that better-paying jobs is the best way to solve the access problem.

### FOCUS GROUP FINDINGS:

- ❖ **Residents recognize the high cost of insurance.** One focus group member blamed the high cost of living in Summit County as a reason to dump health insurance. Health insurance was seen as a major expense that forces residents to make a choice between insurance and other living expenses.
- ❖ **Lack of affordable housing was an underlying theme.** Lack of affordable housing was a common issue in one of the English language focus groups and the issue was discussed in greater detail for that group. Overall, a number of participants felt the lack of affordable housing was an undercurrent that directly affected health care within the county. While no real consensus was met as to how to address the housing situation, there was a general feeling that federal and state support was needed in addition to local support.

### PUBLIC SURVEY FINDINGS:

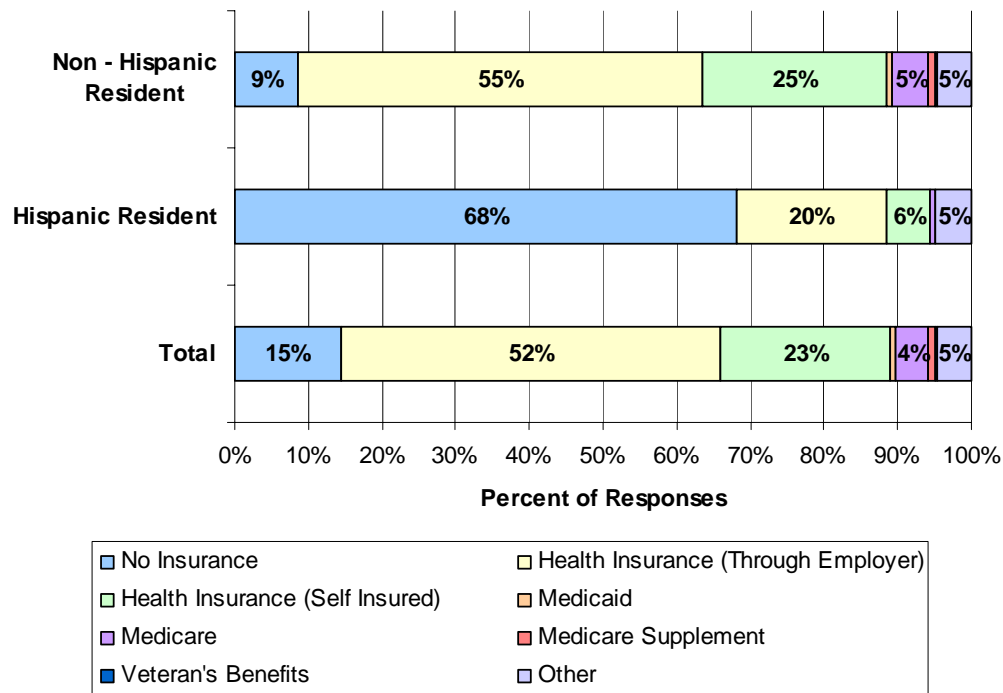
- ❖ **The availability and quality of low-cost health care were labeled “poor” in comparison to other communities most frequently.** When telephone survey respondents (Hispanic intercept survey respondents were not asked this question)

were asked to compare a number of health care aspects with other communities they've lived in, the quality (26 percent) and availability (24 percent) of low cost health care options in Summit County were the aspects most frequently rated poorly. The availability and quality of specialty services were the other two health care aspects frequently rated poorly compared to other communities (22 percent each).

- ❖ **Hispanic respondents perceived cost of health care and language difficulties to be major barriers to obtaining health care.** When Hispanic respondents were asked about a number of potential barriers to health care, cost of health care (43 percent) and language difficulties (32 percent) were the two health care issues most frequently labeled as “Major Barriers” to receiving health care. Hispanic residents were far more likely to lack health insurance than were non-Hispanic residents.

### Health Care Affordability

*Which of the following best describes your current health insurance for yourself?*



### NEEDS AREA #3: ACCESS TO CARE: PRESENCE OF SERVICES

The actual presence of services that are needed are a global issue to Summit County residents. This area of need is more of an issue with specialty care and low-income care, but globally is still an issue that should be considered in a strategic plan.

Evidence to support this as a key need include:

#### INTERVIEW FINDINGS:

- ❖ **Some interviewees felt that due to the small size of Summit County, choices were limited, especially for illegal residents.** Most participants favored expanding local health care capacity even if it means dealing with growth and recognizing that the county would change
- ❖ **Interviewees most frequently wanted data that detailed what kinds of services people were leaving Summit County to receive.** There was a general desire to obtain health care information that detailed what kind of services people were leaving Summit County to receive, which residents were most likely to receive services outside the county and what kinds of specialists were needed in the county.
- ❖ ***Counterpoint: Interviewees felt it was relatively easy to be seen by a doctor in Summit County.*** Overall, interviewees felt it was a relatively easy and quick process to be seen by a medical provider in Summit County, as long as the medical issue is not a specialty issue. Depending on the specialty issue, it can be quite a bit more difficult to see someone in Summit County. Over half of the interviewees who answered this question indicated that a patient was able to go through the health care system in Summit County fairly quickly, and that it was relatively easy to get seen by a doctor in Summit County.

#### FOCUS GROUP FINDINGS:

- ❖ **Choice is an issue.** While participants noted that most basic services were available, their greater concern was choice. It was felt that choices were somewhat limited, particularly in some particular fields, and that more choice would bring benefits to the community.
- ❖ **Overwhelmingly, focus group participants supported a health care model in Summit County that continued expanding the services available within the county.** Participants were read two different potential health care models for Summit County. Model 1 proposed to continue expanding the specialty services and all other health care services, while likely becoming a health care magnet for residents in the surrounding communities. Model 2 proposed maintaining the current level of health care options, while striving to maintain the small mountain community environment in Summit County.
- ❖ **Language and legal issues hamper access for Spanish-language residents.** Overall, several Spanish-language participants noted that language is an issue, as is

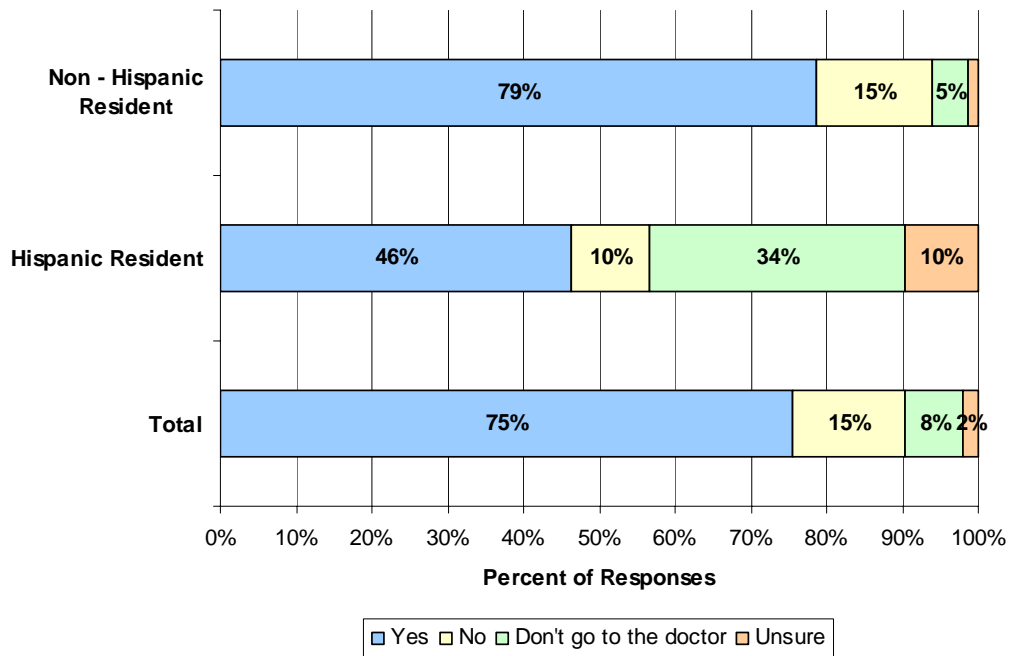
their illegal status in the country. As seen below, more than one-third are simply not obtaining health care.

**SURVEY FINDINGS:**

- ❖ **A majority of all respondents indicated the doctor they typically go to is located in Summit County.** Three-fourths of all respondents said the doctor they typically go to is located in Summit County, while 15 percent indicated they did not typically go to a doctor within Summit County. Hispanic respondents however were significantly less likely to have the doctor they typically go to located in Summit County, but not because their doctors were located outside of Summit County. Instead, a significant portion of all Hispanic respondents (34 percent) indicated they “Don’t go to the doctor”. Similarly, when asked about the last time they received health care, 74 percent of all respondents indicated they received care in the County.

**Health Care Services**

*Is your primary doctor located in Summit County?*



#### NEEDS AREA #4: ACCESS TO CARE: AWARENESS OF SERVICES

As a complement to affordability and presence of services, another key aspect of need is the awareness of services. In this area, a majority of respondents to the public survey felt that they had strong knowledge. However, more in-depth research in the focus groups revealed that many people were not aware of services of interest to them, and learned about them only when others in the group mentioned them. The key finding was that they didn't know about these services, and learned in the focus groups that they were not aware of many resources in the county.

Evidence to support this as a key need include:

##### FOCUS GROUP FINDINGS:

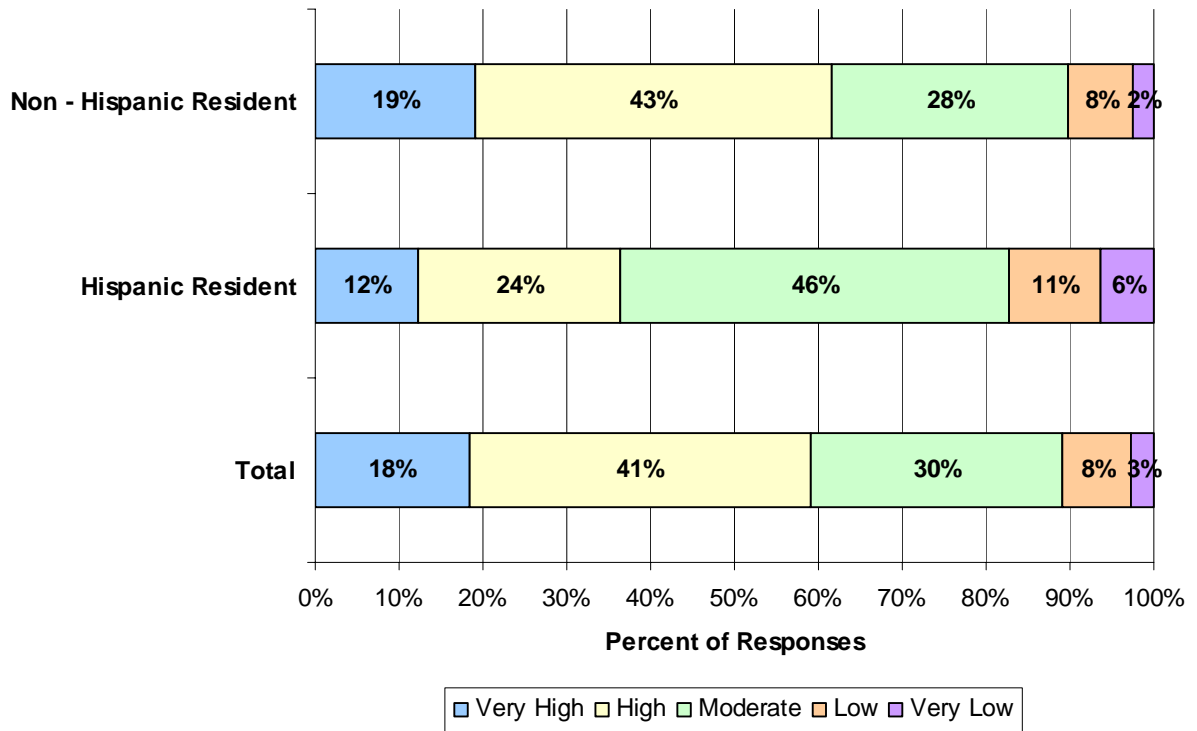
- ❖ **Participants “didn’t know what they didn’t know”.** Several participants were surprised to hear about particular programs in place in the county that were of interest to them, which was a telling indicator that awareness of services is not high. A key example of this was the Summit County Chamber of Commerce Health Plan, which intrigued several participants who were not previously aware of it.
- ❖ **A lack of an easy-to-use information source about the county’s health care services was a perceived issue.** A service to provide information was suggested by one focus group member, while others recalled a past listing in the newspaper that they had found helpful, and which is no longer published.
- ❖ **Lack of communication in Spanish was seen as a critical issue within the community.** The Spanish language group was unanimously in agreement that lack of communication with the Hispanic community kept awareness of health services (and community services as a whole) low among Hispanics in Summit County. It was perceived to be a critical link in the community chain. Many Hispanics lacked the basic knowledge of the health care system that would enable them to begin to seek help.

##### SURVEY FINDINGS:

- ❖ ***Counterpoint: Awareness of the local health care resources available in Summit County was relatively high.*** In total, 59 percent of all respondents felt they had either “Very High” or “High” awareness levels of local health care resources and only 11 percent felt they had either “Low” or “Very Low” awareness of these resources. Significant differences in awareness levels were observed between Hispanic and Non-Hispanic respondents, as Hispanic respondents 63 percent of respondents rated their awareness of local resources as moderate or worse (while only 38 percent of Non-Hispanic respondents rated their awareness or resources as moderate or worse). Note that the focus group findings provided evidence to contradict this self-assessment.

### Awareness of Health Care Resources

How would you rate your awareness of the local health care resources available in Summit County?



## NEEDS AREA #5: HISPANIC POPULATION

The vast majority of Summit County's Hispanic population reported an income under \$30,000, and 90 percent spoke Spanish at home. Overall, the Hispanic community of Summit County had several issues concerning health needs, including limitations brought on by social class and the language barrier.

Evidence to support this as a key need include:

### INTERVIEW FINDINGS:

- ❖ **Working poor, transient workers and Hispanics most frequently had needs unmet.** Interviewees most frequently labeled the working poor, transient/seasonal workers and Hispanics as being large populations with health needs currently unmet in Summit County. In total, 9 total interviewees labeled the working poor as a large population with health needs unmet. Another 8 interviewees labeled the transient workers as a large group with health needs unmet and 7 felt Hispanic residents were a large group with unmet needs.

### FOCUS GROUP FINDINGS:

- ❖ **Lack of communication (in Spanish) was seen as a critical issue within the community.** The Spanish language group was unanimously in agreement that lack of communication with the Hispanic community kept awareness of health services (and community services as a whole) low among Hispanics in Summit County.
- ❖ **Spanish language participants felt more facilities and services were needed.** Several Spanish language participants indicated that depression was an issue. One female respondent added that, "Being in another county" was a cause for depression amongst Spanish language residents. Being away from the family in another county was also brought up by another male respondent (as a cause for depression). Lack of communication was once again cited by the Spanish language group as a barrier to receiving mental health care services.

### SURVEY FINDINGS:

- ❖ **Significant differences in perceptions of quality of life in Summit County were observed between Hispanic and Non-Hispanic groups.** When survey respondents were asked how they would rate their quality of life in Summit County, 92 percent of all survey respondents rated their quality of life as either "Very Good" or "Good". However, Hispanic respondents were significantly less likely than Non-Hispanic respondents to rate their quality of life as "Very Good" (31 percent, compared to 70 percent for Non-Hispanic respondents). Hispanic respondents were significantly more likely to rate their quality of life as "Fair" (22 percent, compared to 5 percent for Non-Hispanic respondents). While this is certainly a much more broad assessment than merely health care, other findings indicated that health care is an issue of concern.

- ❖ **Hispanic respondents perceived cost of health care and language difficulties to be major barriers to obtaining health care.** When Hispanic respondents were asked about a number of potential barriers to health care, the cost of health care (43 percent) and language difficulties (32 percent) were the two health care issues most frequently labeled as “Major Barriers” to receiving health care. Also, nearly one out of every two Hispanic respondents answered that they either did not know who to contact or were unsure of who to contact when they (or someone in their family) needed health care.
- ❖ **Hispanics were far less likely than non-Hispanics to have health insurance.** As noted in graphs earlier in this executive summary, 68 percent of Hispanics have no health insurance at all, compared to only 9 percent of non-Hispanics. Additionally, 34 percent of Hispanics “do not go to the doctor”, compared to only five percent of non-Hispanics. (Due to their younger average age, one might expect a lower rate of seeking health care, but probably not to the extent seen.)

*It should be noted that “the working poor” and low-income households were generally perceived to have a greater need than were Hispanics, but the needs of the low-income population are more or less centralized on affordability, which is documented as Need #2. The needs of the Hispanic population go beyond affordability to issues of culture, awareness, legal status, and affordability, and so represents a more complex set of contributing factors.*

## NEEDS AREA #6: SPECIALTY CARE

Summit County residents were mixed on the topic of specialty care. Some felt that the health care technology available to the community was lacking, and that visiting services outside the County was an inconvenience. Others felt that such a small community shouldn't be expected to offer every available treatment. Nonetheless, it was widely noted as an area of need in the community.

Evidence to support this as a key need include:

### INTERVIEW FINDINGS:

- ❖ **The lack of a digital mammography machine was frequently mentioned as a technology gap.** When asked what significant gaps in technology there were in Summit County, interviewees most frequently cited the lack of a digital mammography machine. In total, over half of all interviewees cited the lack of a digital mammography machine as an issue. Medical specialty services were just as frequently cited as being a technological gap within the county. (It should be noted that this is an issue that has been recently widely discussed in the local health care community.)
- ❖ **Neurological, neo-natal and cancer treatments were most frequently sought outside the county.** Overall, a number of specialty care treatments were listed by interviewees. The most frequently cited specialty services interviewees identified were neurological, neo-natal and cancer related specialty treatments. The specialty services detailed by interviewees spanned a wide spectrum of medical areas. Interestingly, a number of interviewees said that Summit County should not be expected to have all medical specialty services available in Summit County. There was a feeling that for a county of its size, there is an impressive array of services currently provided to Summit County residents.

### FOCUS GROUP FINDINGS:

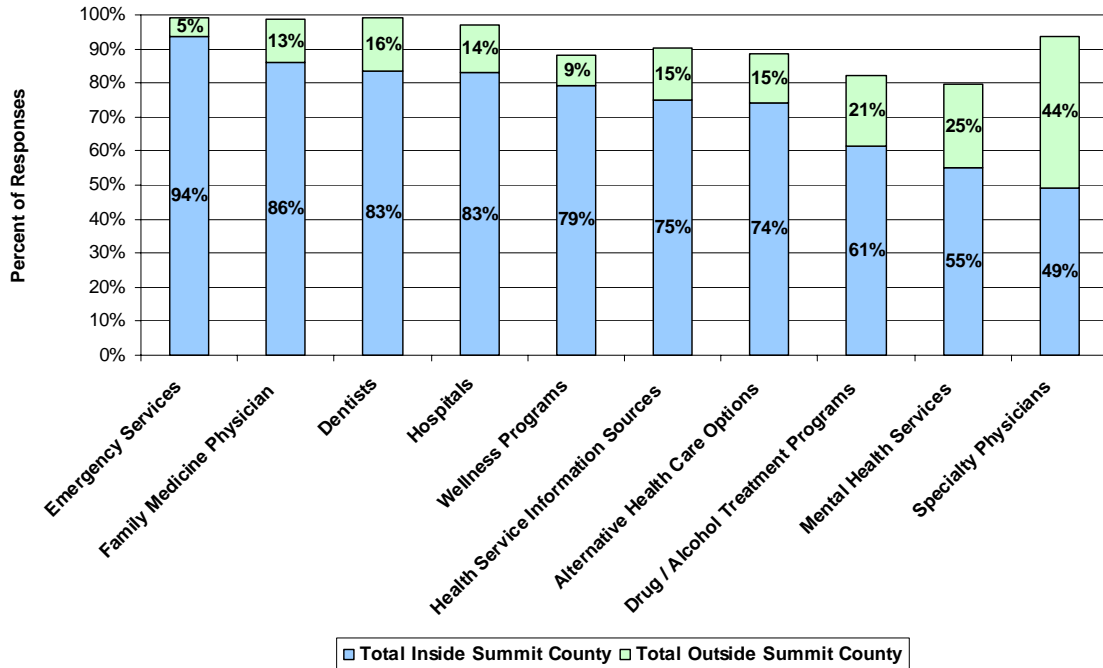
- ❖ **When asked to name the top three health care issues in the county, lack of specialty care was the second most-often identified issue.** After general access to care issues, specialty care was the most often mentioned area for improvement in the English-language groups. Cardiovascular and oncology services were specifically mentioned, with several people telling stories about the efforts made by groups to repeatedly deliver friends to Denver or Edwards for cancer treatments.

### SURVEY FINDINGS:

- ❖ **Respondents were least satisfied with the quality and number of specialty physicians in Summit County.** Out of ten services that were tested in the survey, residents were far more likely to report that they would receive specialty services outside the county than they were to receive any of the other services. Specialty care was the only one of ten areas where less than half said they would likely receive the services inside the county.

## Access to Services

If you needed the following services, would you be most likely to obtain them inside or outside of Summit County?



## NEEDS AREA #7: AFFORDABLE HOUSING

While seemingly out of place in a health needs assessment, one issue that arose constantly in the interviews and focus groups was the cost of housing in the county. The cost of living (and that of housing in particular) in Summit County was seen as a major barrier to public health needs – both to people in need and people working within the health care industry.

Three main types of impacts were noted:

1. The high cost of housing forces people to make tradeoffs with their income in order to afford to live in the county, according to some focus group participants. Participants noted that health insurance was one of the tradeoffs that is often made.
2. The cost of housing is a deterrent to recruiting doctors and specialists to the county. Focus group participants noted that “even doctors” have a hard time affording a place to live in Summit County, and why should they practice in Summit County when they can have a higher standard of living in other communities?
3. The cost of housing was particularly seen as a deterrent to lower-tier health care workers, such as nurses’ aides and other “hands-on” support staff. It was noted that the pay scale for these positions relative to the cost of housing would make it very hard to staff up a new operation or expand existing operations.

Evidence to support this as a key need include:

### FOCUS GROUP FINDINGS:

- ❖ **Positives and negatives were associated with living in a resort community.** Participants were asked how living in a resort community affected the health care provided in Summit County. Overall, participants indicated that the cost of living was much higher living in a resort community. This higher living made it difficult to financially make it and this negatively affected health care. However, participants felt that they had good, quality resources within the county due to its resort community roots.
- ❖ **Spanish language participants felt medical costs were higher in a resort community.** When Spanish language participants were asked how living in a resort community affected the health care provided in Summit County, the group as a whole felt the cost of medical services were higher in a resort community. One participant also felt that living in a resort community affected the work available, which impacted wages. He went on to say that there was, “More work when there are more people here.”
- ❖ **Residents outlined several issues with the cost of living in Summit County.** Some people were forced to drop health insurance to cover rent. The cost of housing also discourages medical professionals from moving into the community, especially those within the industry that make little more than minimum wage.

## NEEDS AREA #8: UNDERSTANDING DEMAND

Information about health care needs is in high demand among practitioners in Summit County. Practitioners in the community want data on their patients. Even though most believed that there are strong means of sharing information that are already in place, they were really seeking more information that may not be collected at the current time.

Evidence to support this as a key need include:

### INTERVIEW FINDINGS:

- ❖ **A majority of all interviewees felt information sharing was already decent or better in Summit County.** In total, five interviewees indicated that the sharing of information in Summit County was “decent, but could be improved”, while another five interviewees felt that information sharing had improved and was excellent and easily shared. The general sentiment was that the sharing of patient health information was decent, and that the dynamics of living in a small-town environment aided communication amongst Summit County practitioners and physicians. However, this applies to existing data, and the bigger issue is that they would like more data.
- ❖ **Interviewees most frequently wanted data that detailed what kinds of services people were leaving Summit County to receive.** There was a general desire to obtain health care information that detailed what kind of services people were leaving Summit County to receive, which residents were most likely to receive services outside the county, and what kinds of specialists were needed in the county. Specific and detailed mental health data and data detailing alcohol and drug abuse was also desired by a number of interviewees.

*Note that this line of questioning was not included in the focus groups or surveys.*

## NEEDS AREA #9: SENIOR RESOURCES

Summit County's senior population is seen as a key issue where health needs are concerned. According to the public, elderly residents are in need of better care and even those approaching old age are leaving the community in order to secure a more stable future. Many people in the key person interviews and the focus groups pointed it out as a fast-rising issue for the future.

### INTERVIEW FINDINGS:

- ❖ **Mental health and care for the aging population were the top future priorities.** When asked about the top future health priorities facing Summit County, mental health care needs and care for the aging population were the most commonly cited future needs. Commonly noted in the interviews was the perception of an increasing elderly population that is a fast-rising issue.

### FOCUS GROUP FINDINGS:

- ❖ ***Counterpoint: Participants were divided about living in Summit County as a senior citizen.*** Many focus group residents cited senior issues as a particular need in the county, and a need that is increasing quickly. However, when asked if they could or would live in Summit County as a senior citizen, participant responses were mixed. About half of respondents felt they were going to be in Summit County until they died, while the other half said they would leave the county before becoming senior citizens (or shortly thereafter). Those participants who indicated that they would not be staying as senior citizens often cited the difficulties of living at higher elevations at old age or the cost of housing as the reason they would be moving away from Summit County. None mentioned the availability of specific services as being a factor.

## NEEDS AREA #10: DIET

When asked about areas where they could most improve their own health, Summit County residents were concerned about their diet more so than any other health care issue. Not eating healthy foods was an issue for many focus group participants, and they identified it as perhaps the greatest health change they could make; however, none listed it as a priority for county efforts, which perhaps means that they either feel that it's not something that outside efforts can affect, or possibly that they aren't ready to change those habits.

### FOCUS GROUP FINDINGS:

- ❖ **Nutrition education was desired by Spanish language participants.** Similar to alcohol and drugs, participants indicated that education about proper nutrition for Hispanic families (and taught in Spanish) was the proper way to inform Hispanics about nutrition. It was desired from the group that such educational programs would be geared towards all Hispanic families, not just those families in the WIC program.
- ❖ **Stopping smoking, eating healthier and having access to assisted living were the health-related aspects most frequently cited by participants.** A number of focus group participants also indicated that eating healthier would help improve their health. Participants specifically indicated that the availability of quality fruits and vegetables are very difficult to find in certain season in Summit County (winter).