



## Peak Progress (Quality of Life Indicators)

### HEALTH REPORT

#### **Health Summary:**

While Coloradans have traditionally enjoyed good health compared to residents of other states, we are developing more complex physical and mental health problems which, if not addressed, will influence the health of our community in the future. Data can better help us understand critical indicators surrounding our health and influence our trajectory. Those indicators include adult and childhood obesity, behavioral health (particularly suicide and substance use), and access to care.

Understanding the Pikes Peak region's health is a complex endeavor. Historic and current day policies and practices influences a complex interplay of factors that shape our health status and outcomes. As a result, it is difficult to make sensible generalizations about a community's health. Instead, this complexity invites us to look more closely at the different factors influencing health to understand our region's strengths and opportunities for improvement. This often involves analyzing health issues in a disaggregated fashion to detect health disparities among demographic groups or geographic regions, which we have reflected in the presentation of health data in this section.

- El Paso and Teller Counties have a significantly higher rate of premature death relative to the state overall.
- In El Paso and Teller Counties, the proportion of the adult population estimated to be obese was 28% in 2020, an increase from 21% in 2015.
- Data from 2020 indicates that 15% of El Paso County individuals (ages 5+) reported 14 or more days of poor mental health within the previous 30 days.
- In El Paso County, drug-related deaths jumped from 130 to 186 between 2019 and 2020.
- Colorado Springs has a higher age-adjusted suicide rate than the state overall as well as peer communities in Colorado.
- In 2019, Colorado Springs had 61.8 primary care physicians per 100,000 population or 1 for every 1,620 residents.
- 9% of Colorado Springs residents under age 65 lacked health coverage in 2019.
- The pandemic affected primary care utilization, resulting in a 25% drop in visits to care providers.
- More than 25% of Colorado Springs MSA residents have contracted COVID-19.

## COLORADO SPRINGS HEALTH



OF COLORADO SPRINGS  
RESIDENTS UNDER AGE 65  
LACKED HEALTH COVERAGE  
IN 2019



IN EL PASO COUNTY, DRUG-RELATED  
DEATHS JUMPED FROM 130 TO 186  
BETWEEN 2019 AND 2020.



OF COLORADO SPRINGS  
MSA RESIDENTS HAVE  
CONTRACTED COVID-19



OF ADULTS ESTIMATED TO BE OBESE  
IN EL PASO AND TELLER COUNTIES  
IN 2019

### **Key Indicators:**

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>1</sup> Good health allows us the opportunity and ability to pursue and achieve life’s delights, interests and goals. Five determinants of health that are widely accepted as influencing length and quality of life include the following:<sup>2</sup>

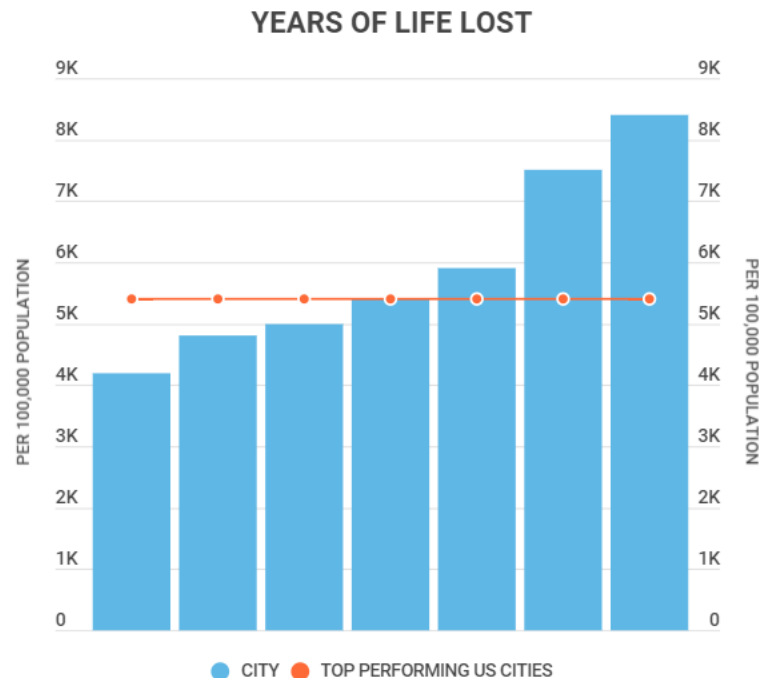
- Health behavior (such as nutrition, physical activity, and substance use)
- Healthcare access and quality
- Genetics
- Social and economic factors
- Physical environment

This report looks at length of life, along with health behaviors and healthcare access.

### **Length of Life**

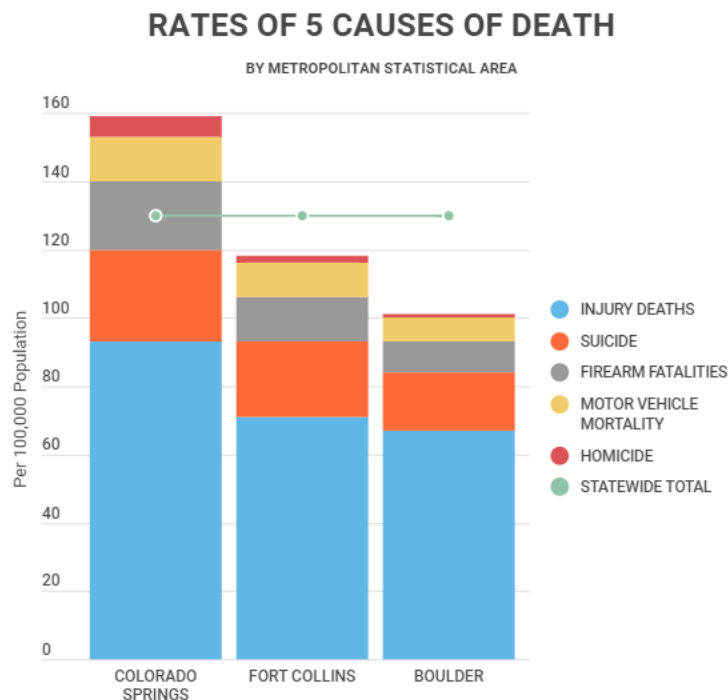
A key measure of community health is the rate of premature deaths—that is, the years of potential life lost before age 75<sup>3</sup>. The fewer premature deaths experienced, the healthier the community. This measure focuses attention on preventable causes of death among people in their younger and middle years. Colorado Springs Metropolitan Statistical Area (MSA) has a significantly higher rate of premature death than the state overall. It ranks 5th of 6 peer communities.

Between 2015 and 2019, Colorado Springs fared worse than peer Colorado communities in rates of preventable deaths. Additionally, Colorado Springs' COVID-19 death rate up to April 2022 has exceeded Boulder's by 91% and Fort Collins' by 55%.



<sup>4</sup> National Center for Health Statistics – Mortality Files, as cited by County Health Rankings

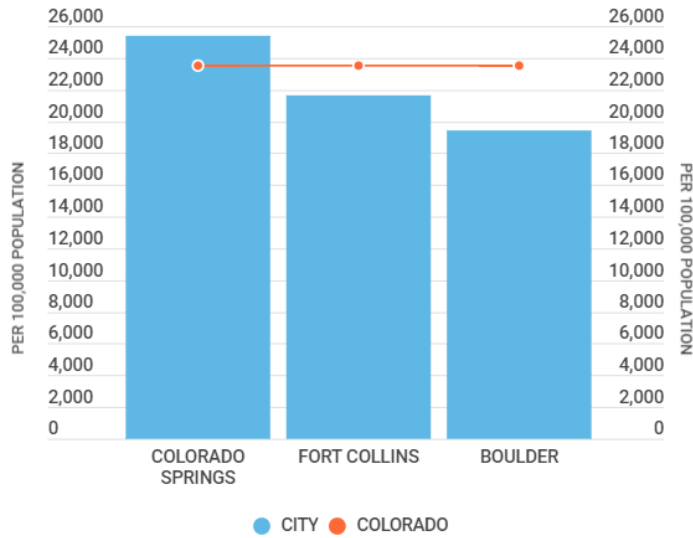
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<sup>5</sup> National Center for Health Statistics – Mortality Files, as cited by County Health Rankings

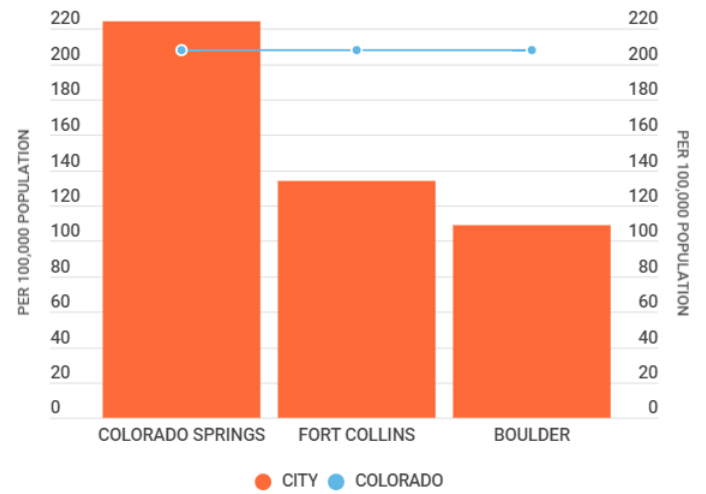
## COVID-19 RATES

(INCEPTION TO APRIL 2022)



## COVID-19 DEATHS

(INCEPTION TO APRIL 2022)



<sup>6</sup> CDPHE/Colorado State Emergency Operations Center

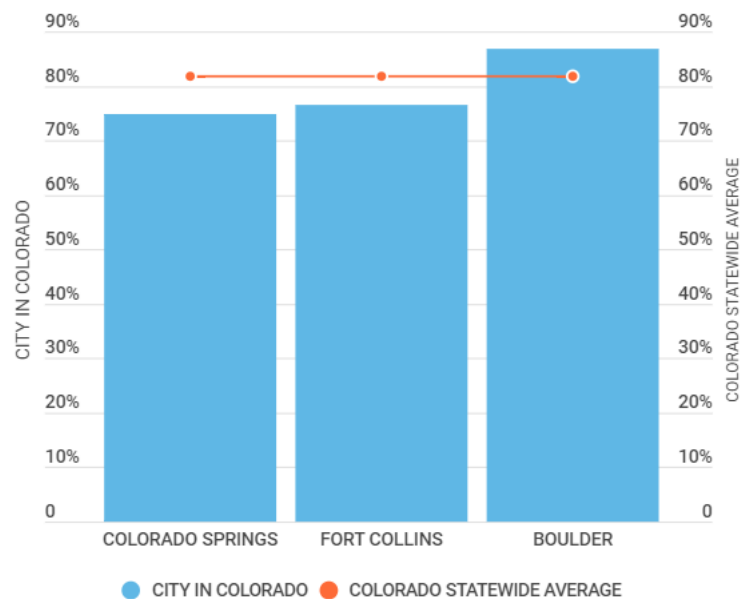
Vaccine availability has been extremely helpful toward protecting people from infection, serious illness, and death; however, a significant portion of the Colorado Springs community remains unvaccinated.

This report was prepared during the timeframe in which COVID-19 began circulating in the Pikes Peak region. As of April 6, 2022, El Paso County had experienced 175,679 COVID-19 cases, 7,498 COVID-19 hospitalizations and 1,606 COVID-19 deaths<sup>i</sup>. More than 25% of Colorado Springs MSA residents have contracted COVID-19. Case rates and death rates for Colorado Springs are higher than in Colorado peer MSAs.

El Paso County Public Health and Teller County Public Health and Environment track and report numerous COVID-19-related statistics.

## COVID-19 VACCINATION RATE

(AGE 5+, AT LEAST ONE DOSE)



These data change continuously, and we encourage the reader to explore their websites to obtain the latest picture of how the disease affects our region.<sup>ii</sup>

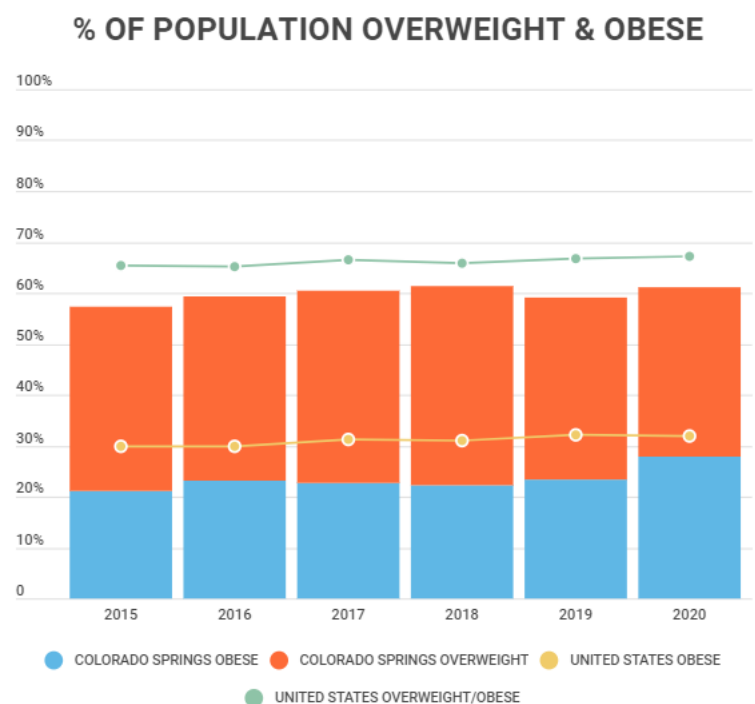
### **Health Conditions & Behaviors**

Many health factors are within an individual's control, including diet, exercise, personal hygiene, and preventive care. People can also avoid unhealthy behaviors such as overeating, substance abuse, and self-harm. Health behavior is estimated to account for at least 36% of health outcomes. Social circumstances—including where in the community people live—influence 24% of health outcomes.<sup>7</sup>

#### *Complicating Factor: Obesity*

Being overweight or obese increases the risk of chronic disease, cancer, heart disease, stroke, diabetes, and other metabolic diseases. Body Mass Index (BMI) is used to measure this factor.<sup>8</sup> Though Colorado Springs and the state of Colorado historically have been among the healthiest in the nation, more people in the community are becoming overweight and obese. In 2020, more than six in 10 adults in the community were in an unhealthy weight category,<sup>9</sup> and 28% were estimated to be obese,<sup>10</sup> up from 21% in 2015.<sup>11</sup>

One in four youth in El Paso County has elevated weight,<sup>13</sup> and in 2019-2020, 11% of local high school students were obese (vs. 16% nationwide).<sup>14</sup> Obesity leads to many chronic conditions. The incidence of these in Colorado Springs and peer communities can be found in the Chronic Conditions supplement button below.



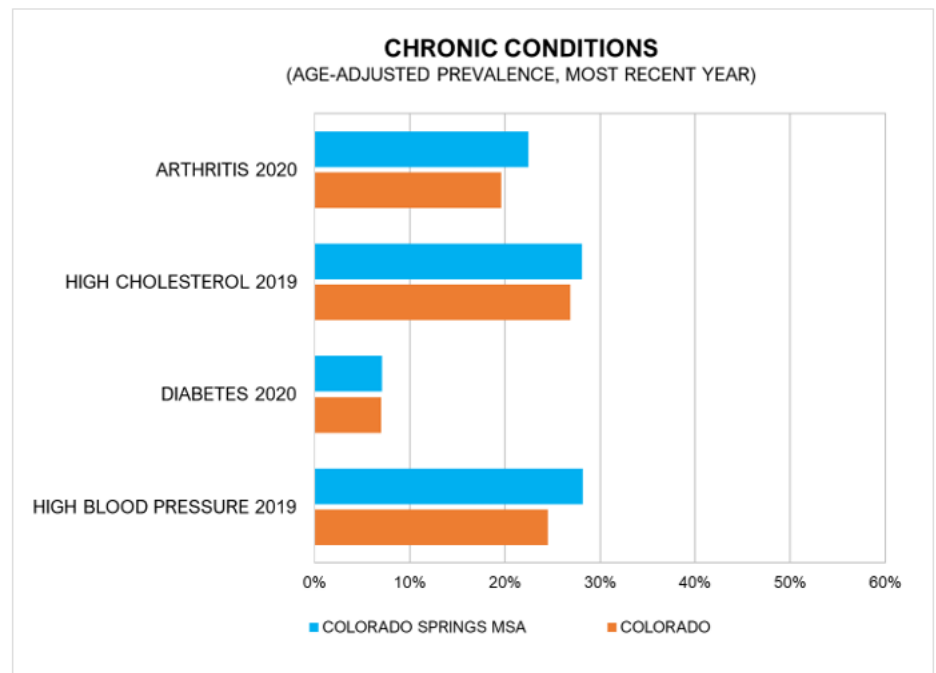
<sup>12</sup> CDC's Behavioral Risk Factor System

#### *Learn More: Chronic Conditions*

Elevated BMI and being overweight and/or obese increases the risk of chronic disease and morbidity (incidence of other diseases) and decreases life expectancy. The risk of cancers, heart disease and stroke, as well as other cardiovascular conditions such as hypertension, atherosclerosis, angina, and myocardial infarction are at an increased risk due to being overweight or obese. The rates of metabolic diseases, such as diabetes and hyperlipidemia, are increased with a BMI of 25 or more. Quality of life is also affected due to degenerative changes

in the joints resulting in arthritis and pain that limit mobility and functionality.<sup>iii</sup> The graph below highlights the prevalence of four of these chronic conditions in our community and state.

It is important to recognize that the prevalence of conditions increased by elevated BMI correlate with many of the top causes of mortality and morbidity within the country, Colorado, and El Paso and Teller Counties. Being overweight and/or obese threatens quality and duration of life, but also strains the healthcare system. The seriousness of obesity has been further highlighted by COVID-19 – individuals who have elevated BMIs are at increased likelihood of hospitalization and death.<sup>v</sup>



<sup>iv</sup> CDC, Behavioral Risk Factor Surveillance System

### *Nutrition*

Obesity can be combatted by good nutrition, including a diet that matches calories consumed with calories burned. The [Dietary Guidelines for Americans](#) promote eating foods that are nutritionally dense and low in calories such as vegetables, whole fruits, and whole grains.

The Healthy Eating Index (HEI) is a measure of diet quality. Since 2015 HEI scores have indicated poor diet quality across all populations.<sup>15</sup> In 2019, four of five Colorado Springs adults reported consuming one or more vegetables a day.<sup>16</sup> That proportion parallels state and national rates but ranked only 3rd out of 4 peer communities for which data was available. Those with household income below \$50,000 had a much lower rate of vegetable consumption than those making \$50,000 or more.<sup>17</sup>

### *Exercise*

For substantial health benefits, children should have one hour of activity daily for at least five days per week, and adults should have 30 minutes or more of activity at least five days a week to maintain a healthy lifestyle and decrease the risk of cardiovascular and chronic disease.

Only 46% of high school students in El Paso County reported being sufficiently physically active for a total of at least 60 minutes per day for five or more days within the past week.<sup>18</sup>

### *Next Steps*

Each individual has the responsibility to eat healthy and exercise, but policy makers, local organizations, employers, and elected leaders can all help to create an environment that supports healthier lifestyles and that reduces risk factors. Steps can be taken to increase access to exercise options (trails, open space, safe neighborhoods) and affordable healthy foods (fresh fruits and vegetables in stores accessible by walking and/or public transportation), and to improve education about nutrition. Public policy should support regular physical activity, increase affordable dietary choices, promote reduction of sugar, fat, salt, and preservatives in processed and fast foods, and restrict marketing to youth of foods and beverages high in sugar, fats, and salts.

### **Behavioral Health**

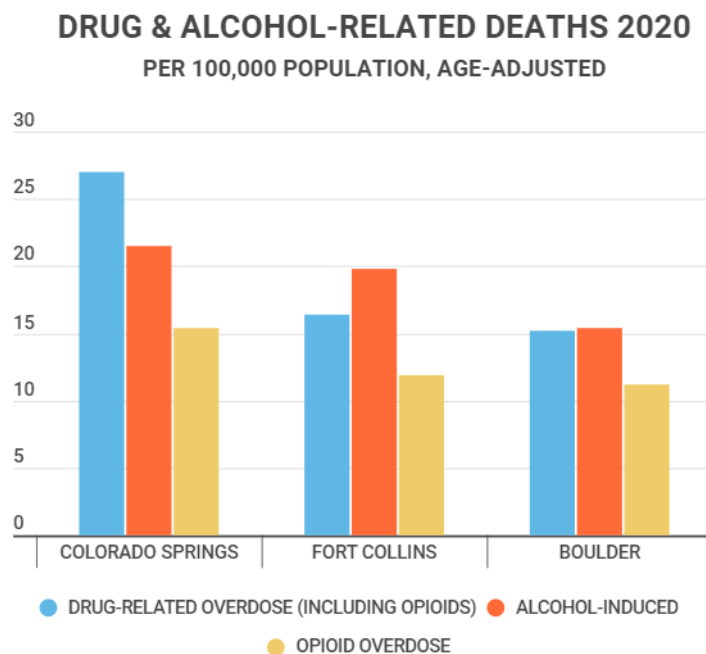
Behavioral health “refers to the promotion of mental health, resilience, and well-being; treatment of mental and substance use disorders; and support of those who experience and/or are in recovery from these conditions, along with their families and communities.”<sup>19</sup> In short, behavioral health includes both mental health and substance use, and this section will review those topics along with suicide.

### *Mental Health*

Self-reported health status, specifically poor mental health days, is often used as a general measure of health-related quality of life in a population.<sup>20</sup> Data from 2020 indicate that 15.6% of Colorado Springs individuals (ages 5+) reported 14 or more days of poor mental health within the previous 30 days, which is notably higher than the State target level of 10.3%. Among peer communities for which data was available (Albuquerque, Austin, and Boise), Colorado Springs ranked 4th of 4.<sup>21</sup>

### *Substance Use Disorder*

SAMHSA’s [2020 National Survey on Drug Use and Health](#) (NSDUH) reports that approximately 19.3 million people aged 18 or older had a substance use disorder in the past year. In El Paso County, drug-related deaths jumped from 130 to 186 between 2019 and 2020.<sup>22</sup> Among Colorado peer communities, Colorado Springs ranked 3rd of 3 in each of three key categories of drug-related deaths.



<sup>23</sup> Colorado Health Information Dataset (COHID)

### *Alcohol*

Alcohol is the most used substance nationally and in the state. In 2021, 18% of adults in the Colorado Springs MSA reported binge drinking or heavy alcohol consumption.<sup>24</sup> That ranked 2nd best of 6 peer communities.

In 2019 the percentage of El Paso County high school students reported binge drinking in the previous 30 days was 10.6%, compared to 14.2% statewide.<sup>25</sup> That ranked 1st of 3 Colorado peer communities for least binge drinking among high school students.

### *Substance Use Disorder*

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.<sup>vi</sup> [SAMHSA's 2020 National Survey on Drug Use and Health](#) (NSDUH) reports that approximately 19.3 million people aged 18 or older had a substance use disorder in the past year. The primary types of substance use disorders include:

- Opioid Use Disorder
- Marijuana Use Disorder
- Nicotine Use Disorder
- Stimulant Use Disorder
- Sedative Use Disorder
- Hallucinogen Use Disorder
- Alcohol Use Disorder

### *Alcohol*

In 2020, according to the NSDUH report, 50% of Americans aged 12 or older (or 138.5 million people) used alcohol in the past month (i.e., current alcohol users) and of those, 44% were classified as binge drinkers. The percentage of people who were past month binge alcohol users was highest among young adults aged 18 to 25 (31.4%) compared with 22.9% of adults aged 26 or older and 4.1% of adolescents aged 12 to 17.

In our region and of those self-reporting, the use of alcohol remains high. Alcohol is the most used substance nationally and in the state. In 2021, 18% of adults in the Colorado Springs MSA reported binge drinking (having five or more drinks for men and four or more drinks for women within the past 30 days) or heavy alcohol consumption (more than two drinks for males and more than one drink for females per day).<sup>vii</sup> Colorado Springs ranked 2nd of 6 peer communities for least binge drinking.

### *Marijuana*

According to SAMHSA, “marijuana is the most commonly used illegal substance in the U.S. and its use is growing. Marijuana use among all adult age groups, both sexes, and pregnant women is going up. At the same time, the perception of how harmful marijuana use can be is declining. Increasingly, young people today do not consider marijuana use a risky behavior.”<sup>viii</sup>

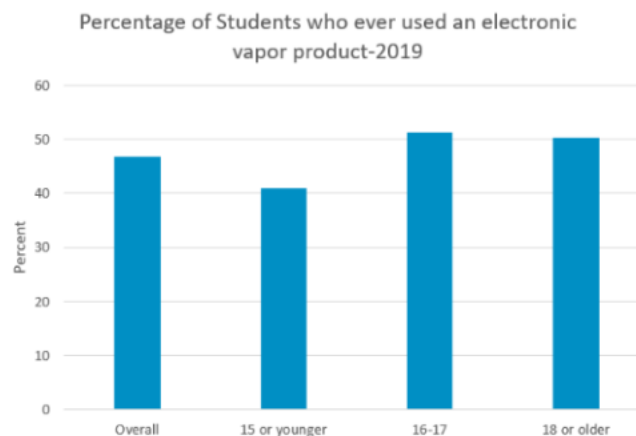
It is difficult to compare Colorado marijuana use to the rest of the country because many states have not legalized marijuana; however, we do know that approximately 1 in 10 people who use



marijuana will become addicted. If they begin to use marijuana before the age of 18, the rate of addiction rises to 1 in 6 people.<sup>ix</sup> From 2013-2019, marijuana use increased across all demographics in El Paso County. For example, in 2013 14.7% of youth reported having used marijuana in the past 30 days. That percentage had increased to 21.5% by 2019.<sup>x</sup> An increasing proportion of females reported usage over this time period, while there was only a slight increase in reported usage among males.<sup>xi</sup> Year-over-year data from Healthy Kids Colorado shows an upward trend in usage for all demographics, and youth identifying as LGB+ demonstrate a higher use rate overall.<sup>xii</sup>

### *Vaping*

According to the Healthy Kids Survey,<sup>xiii</sup> of more than 100,000 Colorado students, nearly 26% of high schoolers said they currently vape nicotine, defined as having smoked an electronic cigarette in the last 30 days. In El Paso County, the percentage was 26.1%. The same survey indicated that most students try vaping by the time they are 15 years old; 40% of students 15 years old or younger reported they had used an electronic vape, and that percentage jumped to 50% by age 17. The graph below shows that in El Paso County, almost 50% of students surveyed in 2019 had used a vaping product.



Access to vaping supplies is relatively easy. Forty-five percent of youth under 15 years old and 80% of young adults 18 years or older were confident they could get an electronic vape. Students reported it was slightly easier to get e-vapes in 2019 than in 2017, although students 15 or younger reported it was much harder.<sup>xiv</sup>

### *Opioid Use and Overdoses*

Opioid overdose deaths in Colorado in 2020 were 16.2 per 100,000 people (age adjusted). The rate for Colorado Springs was slightly lower at 15.4. According to the 2020 El Paso County Coroner's Report,<sup>xv</sup> drug-related deaths increased from 130 in 2019 to 186 in 2020. The table below summarizes the types of substances that were found during autopsy and the associated increase in deaths between 2019 to 2020. Forty percent of drug-related deaths in El Paso County were due to a combination of substances.

Drug	2019 Deaths	2020 Deaths	% Change 2019 to 2020
Fentanyl	21	47	+123%
Methamphetamine	66	91	+38%
Cocaine	20	30	+50%
Heroin	35	43	+23%

Mental Health America data from 2020 show a growing prevalence in substance use due to the extended isolation and stressors of the COVID-19 pandemic.<sup>xvi</sup> Eight percent of Americans now indicate they have a substance use disorder (SUD), while in Colorado, the percentage is closer to 12%.<sup>xvii</sup>

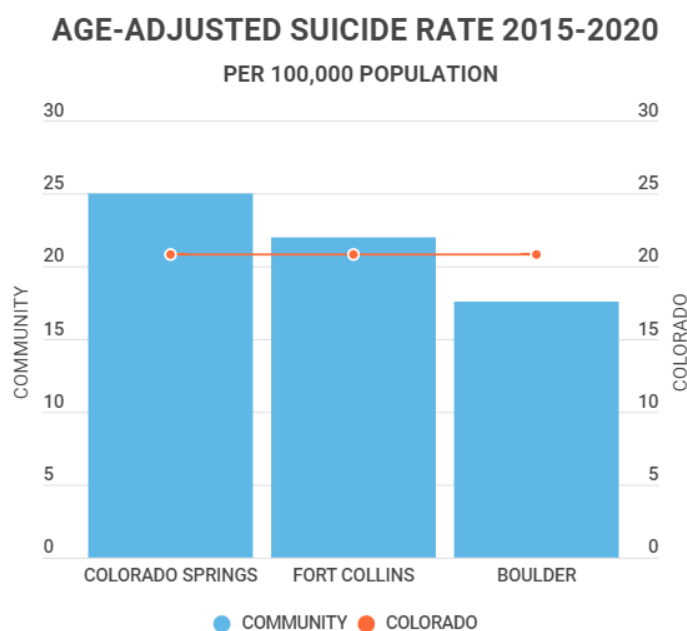
This concerning increase, coupled with a decrease in addiction counselors, underscores the critical need for substance use disorder prevention, treatment and recovery programs in the region. This is especially true for those who are served by Colorado's Medicaid program as there are currently no residential treatment providers within the Regional Accountable Entity (RAE) that serve El Paso and Teller Counties. Lack of a full continuum-of-care often forces residents to seek care outside of the region or state, or, worse yet, forgo treatment.

Reducing barriers to accessing help, including same-day treatment, medication-assisted treatment, and residential treatment when appropriate, can help reduce opioid and drug overdose deaths. Educating the community on Narcan and expanding safe needle exchange programs in the community are evidence-based practices that can help reduce opioid use and deaths.

### *Suicide*

Colorado Springs MSA lost 200 people to suicide in 2020; El Paso County accounted for 183 suicide deaths and Teller County accounted for 17. The 2020 El Paso County Coroner's Report indicated that firearms were responsible for 54% of local deaths by suicide.<sup>26</sup> Colorado Springs has a higher age-adjusted suicide rate than the state overall as well as peer communities in Colorado.<sup>27</sup>

According to the United Health Foundation, Colorado had the highest increase in the teen suicide rate in the U.S. between 2014 and 2017.<sup>28</sup>



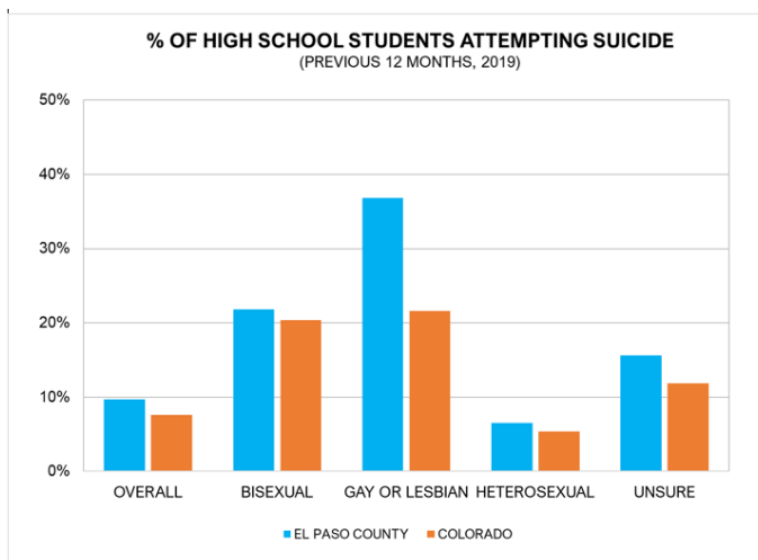
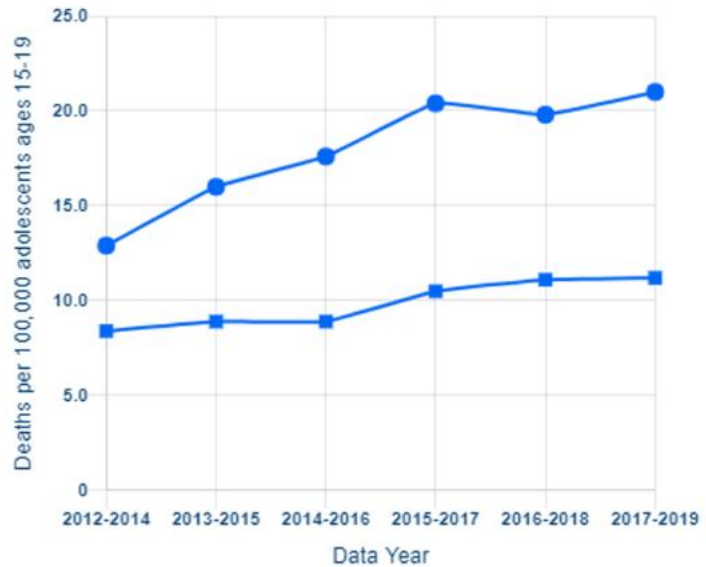
<sup>29</sup> CDPHE/Colorado Center for Health and Environmental Data

### Youth Suicide

According to the United Health Foundation's Health of Children and Women Report 2019, Colorado had the highest increase in the teen suicide rate in the U.S. between 2014 and 2017.<sup>xviii</sup> The graph below demonstrates the year-over-year trend comparing Colorado to the nation overall.

Between 2014 and 2019, teen suicide in Colorado rose from 12.9 to 21.0 deaths per 100,000 adolescents ages 15-19, according to the 2021 report. Overall, that rate put Colorado as the eighth-worst state in the country. Colorado's 2017-2019 rate is nearly double the national rate of 11.2 per 100,000 adolescents ages 15-19.<sup>xix</sup>

While trend data for younger youth are not available, the suicide attempts in 2019 were higher in El Paso County and Health Statistics Region 4 (Teller, Park, Gilpin and Clear Creek Counties) than the state average according to the 2019 [Healthy Kids Colorado Survey](#), and females considered, planned or attempted suicide more often than males. Suicide attempts and deaths are significantly higher for youth who identify as Lesbian, Gay or Bisexual and for transgender youth. The following graph presents a clear picture of variations in 2019 suicide attempts by different demographic groups.



<sup>xx</sup> Colorado Healthy Kids Survey 2019

Data in the 2021 [National Survey on LGBTQ Youth Mental Health](#) further underscores these disparities, noting that 20% of transgender and non-binary youth attempted suicide; 62% of LGBTQ+ youth reported symptoms of major depressive disorder; and that 48% wanted mental health care, but didn't get it. Stress resulting from prejudice and discrimination (e.g., family rejection, bullying, violence) is a known risk factor for suicide attempts among [lesbian, gay, bisexual, and transgender \(LGBT\)](#) youth.<sup>xxi</sup>

Lastly, several studies have documented the need for culturally-competent providers with specific training in addressing the behavioral health needs of LGBTQ+ persons.<sup>xxi xxii xxiv</sup> Although the need to develop a culturally and linguistically competent workforce is ever more important, it is compounded by the ongoing challenges with shortages in most mental health provider types. Behavioral health organizations are working to rapidly build or partner with organizations that can provide unique specialized training to work toward better supporting this need.

The efficacy of suicide-prevention education and specific interventions among teens is uncertain.<sup>xxv</sup> However, expanded access to behavioral health services is vital for improving mental health, with the goal to reduce deaths by suicide. Evidenced-based practices and programs like Mental Health First Aid and CALM – Counseling Access to Lethal Means provide community members, and other healthcare providers, with resources and tools to support upstream prevention work in an effort to decrease deaths by suicide.<sup>xxvi, xxvii</sup>

### **Access to Health Care**

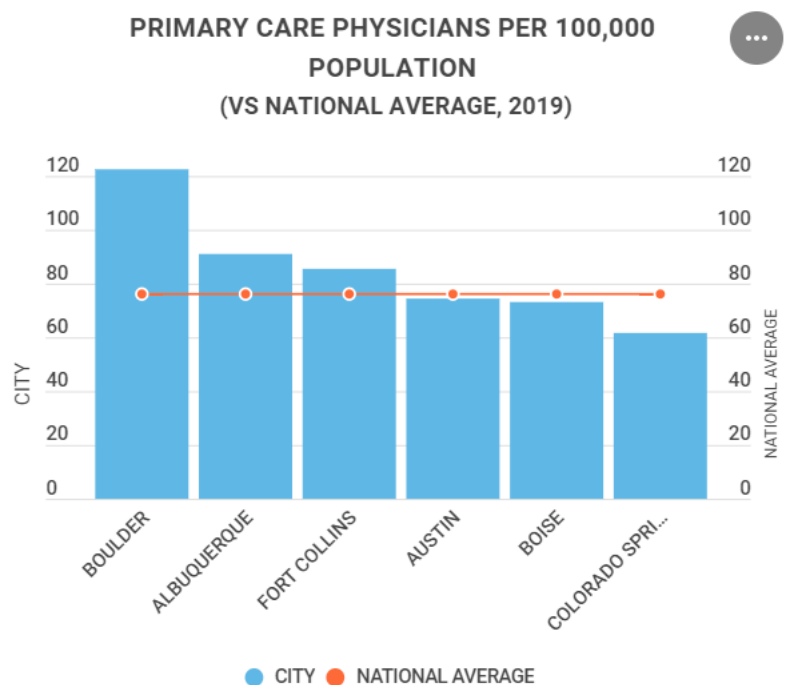
Clinical medical care (access and quality) accounts for 10 to 20% of a person’s total health.<sup>30</sup> Access to care, especially primary care, is a key resource for individuals to meet their potential.

#### *Primary Care Access*

In 2019, Colorado Springs had 61.8 primary care physicians per 100,000 population (1 for every 1,620 residents). While the number grew throughout the 2010s, Colorado Springs still had fewer primary care doctors, relative to population, than the state (82.6) and nation (76.4). Colorado Springs also ranked 6th out of 6 peer communities.

In 2014, the Colorado Health Institute identified the regions containing El Paso and Teller counties as state “hot spots,” that needed more than 120 primary care physicians both for the overall population as well as for people covered by Medicaid.<sup>32</sup>

Colorado Springs also has a shortage of mental health and substance use disorder treatment professionals. As of 2020, Colorado Springs had a mental health professional for every 297 residents, which ranked 4th of 6 peer communities.



<sup>31</sup> Health Resources & Services Administration

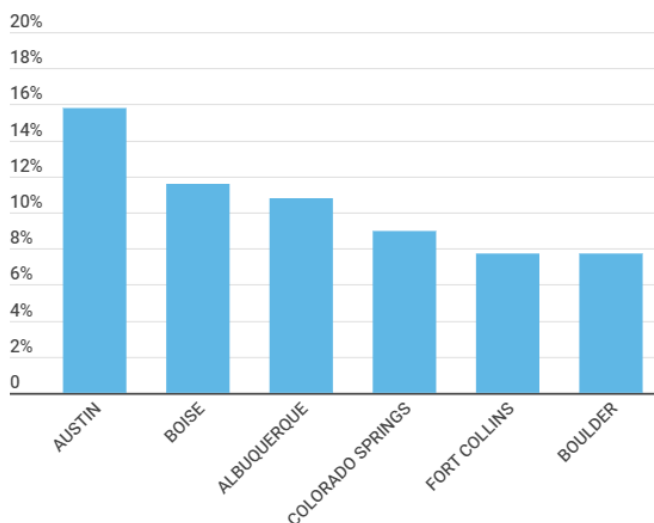
## Health Insurance

Health care costs may be covered through employer-sponsored insurance, individual plans purchased through the Health Insurance Exchange, other insurance and government-sponsored programs such as Medicare for adults aged 65 and over, Medicaid for low-income families, and the Children's Health Insurance Program for young people in low-income settings.<sup>33</sup>

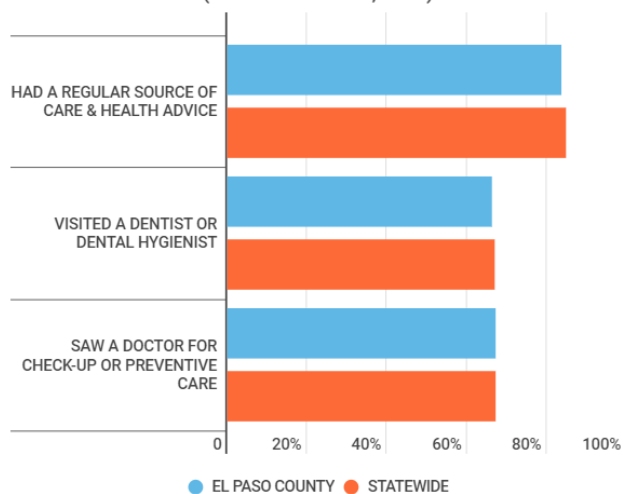
In 2019 Colorado Springs' rate of residents under age 65 who lacked health coverage was 9.0%, which was better than state (10.3%) and the national (10.8%) rates.<sup>34</sup> Colorado Springs ranked 3rd of 6 peer communities for lowest rate of uninsured residents.

The Colorado Health Institute has estimated coverage for all Coloradans in the midst of COVID-19. Between 2019 and 2021 the number of commercially insured El Paso County residents decreased by almost 6 percentage points, while Medicaid enrollment increased from 19.4% to 28.7% of the county's population due to a COVID-related mandate.<sup>36</sup> El Paso County's Medicaid enrollment rate is 4% higher than the national average.

**% OF RESIDENTS UNINSURED IN 2019**  
(UNDER AGE 65)



**PREVENTIVE HEALTH BEHAVIORS**  
(LAST 12 MONTHS, 2021)



## Health Care Utilization

According to the Colorado Health Access Survey 2021, El Paso County falls in the middle of the pack for Colorado regions for accessing health services such as primary care and dental care. El Paso County ranked 3rd of 3 Colorado peer communities for proportion of the population with a source of care and for seeing a doctor for preventive care. However, the county ranked 1st of 3 Colorado peer communities for dentist visits.<sup>37</sup>

The pandemic affected primary care utilization, resulting in a 25% drop in visits to care providers. Once people felt safe

<sup>38</sup> Colorado Health Access Survey 2021

enough to return to their providers, their conditions were more serious and required more invasive interventions in many cases.<sup>39</sup>

### *Healthcare Workforce*

The healthcare environment cannot be addressed without mention of the drastic impact of the pandemic on the healthcare workforce. After anticipating a decline in pandemic-related hospitalizations, numbers ramped up again in El Paso County and statewide. Hospitals and public health departments were challenged with mandated vaccines, burnout, and lack of qualified workforce when staffing. The rapid adaptation to telemedicine, although in process prior to the pandemic, did little to impact workforce needs due to increased training needs, different expertise required, and additional burden on an already overstretched workforce. Additionally, as Tatiana Bailey, Health Care Economist and Executive Director of the UCCS Economic Forum, stated in a June 11, 2021, article from the Colorado Springs Business Journal, “Health care is a very labor-intensive industry. There’s only so much you can automate.”<sup>xxvi</sup>

The University of Colorado’s School of Public Health reports that between 20-30% of front-line U.S. healthcare workers are considering leaving their professions, increasing the workload on those remaining, from housekeepers to nursing staff to physicians.<sup>xxvii</sup> As a result, significant healthcare labor shortages in Colorado are projected through 2026, including:

- 54,000 medical assistants & home-health workers (18th nationally)
- 10,400 registered nurses (3rd nationally)
- 4,400 mental health care workers (5th nationally)<sup>xxviii</sup>

The public health workforce has fared no differently than the clinical workforce, with workers having left in historically high numbers and pandemic fatigue having impacted individuals and systems in ways not seen before. On the bright side has been the wide range of resources that have come to the state and communities to address the pandemic, workforce being a high priority for behavioral health, allied health professions, and home-based services like home and personal care aids and CNAs, positions that had been in dire need for an extended period locally and statewide.<sup>xxix, xxx</sup>

On the positive side of behavioral healthcare access, the use of telehealth increased significantly during the pandemic. Behavioral health care services accounted for 38% of all telehealth services provided in Colorado.<sup>xxxi</sup> The rapid and broad adoption of telehealth has allowed for more creative and efficient use of staffing to meet client needs. This mode of delivery, however, is not appropriate for all types of care and diagnoses, and poor internet access, especially in rural portions of Teller County, has limited this resource as a “meets all needs” solution.

Another promising approach to addressing access issues is the use of peer support specialists, which are seen as innovative and impactful members of treatment teams.<sup>xxxii</sup> Peer specialists can meet people’s mental health and substance use recovery needs in the community without further burdening licensed and medical professionals that are already stretched thin.

## **References**

<sup>1</sup> World Health Organization, <https://www.who.int/about/governance/constitution>, accessed July 10, 2022.

<sup>2</sup> Choi, Edwin, and Sonin, Juhan. Meta-analysis of seven published studies of the relative contribution of five determinants of health categories. Nov. 15, 2018 (v. 3). <https://www.goinvo.com/vision/determinants-of-health/>, accessed April 25, 2022.

<sup>3</sup> This is described as the total per 100,000 population, adjusted for the community's age profile.

<sup>4</sup> National Center for Health Statistics – Mortality Files, as cited by County Health Rankings. Data published in 2021 based on age-adjusted data aggregated from 2017-2019. MSA data was calculated from county data, with each county weighted proportionally based on the population or sub-population referenced. Results rounded to nearest 100. County Health Rankings; Data published in 2021 based on data aggregated from 2017-2019. <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>, accessed April 7, 2022. MSA data was calculated from county data, with each county weighted proportionally based on the population or sub-population. Results rounded to nearest 100.

<sup>5</sup> National Center for Health Statistics – Mortality Files, as cited by County Health Rankings. Rates published in 2021 based on aggregated data from various periods from 2013-2019. <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>, accessed April 7, 2022. MSA data was calculated from county data, with each county weighted proportionally based on population. Suicide rate includes adjustment for age profile of community.

<sup>6</sup> CDPHE/Colorado State Emergency Operations Center. Current data at <https://covid19.colorado.gov/data>.

<sup>7</sup> Choi, Edwin, and Sonin, Juhan. Meta-analysis of seven published studies of relative contributions of determinants of health. Nov. 15, 2018 (v. 3). <https://www.goinvo.com/vision/determinants-of-health>, accessed July 10, 2022. More on health determinants can be found at CDPHE's Health Disparities and Community Grant program, <https://cdphe.colorado.gov/hdcgp>, and in the University of Wisconsin Population Health Institute's County Health Rankings, <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.

<sup>8</sup> BMI is calculated by comparing weight measured in kilograms to height measured in meters squared (kg/m<sup>2</sup>). The World Health Organization considers adults with a BMI of 25 or greater to be overweight; it considers those with a BMI of 30 or greater as obese. Children under the age of two are considered overweight if their BMI is at least two standard deviations above WHO Child Growth Standard Medians; they are considered obese if they are three standard deviations above. Children ages 5-19 are considered overweight if they are one standard deviation above the median and obese if two standard deviations above.

<sup>9</sup> CDC's Youth Risk Behavior Surveillance System, 2019 data, <https://www.cdc.gov/healthyyouth/data/yrbs/data.htm>; <https://www.elpasocountyhealth.org/sites/default/files/files/services/Community-Health-Data-Statistics/Obesity.pdf>, both accessed April 25, 2022.

<sup>10</sup> CDC's Behavioral Risk Factor Surveillance System, 2020, <https://www.cdc.gov/brfss/index.html>; [tinyurl.com/mpj33tfc](https://tinyurl.com/mpj33tfc), both accessed July 10, 2022.

<sup>11</sup> CDC's Behavioral Risk Factor Surveillance System, 2015, <https://www.cdc.gov/brfss/index.html>; [tinyurl.com/mpj33tfc](https://tinyurl.com/mpj33tfc), both accessed July 10, 2022.

<sup>12</sup> CDC's Behavioral Risk Factor Surveillance System, 2015, <https://www.cdc.gov/brfss/index.html>; [tinyurl.com/mpj33tfc](https://tinyurl.com/mpj33tfc), both accessed July 10, 2022.

<sup>13</sup> Healthy Kids Colorado Survey 2019, [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13\\_19HKCSHS\\_Tableau\\_05\\_21sizeTest/Story1?%3Aembed=y&%3AisGuestRedirectFromVizportal=y](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13_19HKCSHS_Tableau_05_21sizeTest/Story1?%3Aembed=y&%3AisGuestRedirectFromVizportal=y), accessed April 26, 2022. Query selections: Reset Filters; Region 4 (El Paso County); Year: 2019; Health Topic: Weight Status; Health Measure: Percentage of students who were overweight or obese.. Results noted for El Paso County only because Teller County is combined with other counties in another region.

<sup>14</sup> State of Childhood Obesity, <https://stateofchildhoodobesity.org>, accessed April 26, 2022.

<sup>15</sup> Dietary Guidelines for Americans, [https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary\\_Guidelines\\_for\\_Americans-2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf), accessed April 26, 2022.

<sup>16</sup> CDC's Behavioral Risk Factor Surveillance System (BRFSS), [https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH\\_BRFSS.ExploreByLocation](https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByLocation), accessed April 6, 2022. Query selections: MMSAs; Location: Colorado Springs MSA; Class: Fruits and Vegetables; Topic: Vegetable Consumption; Year: 2019.

<sup>17</sup> CDC's Behavioral Risk Factor Surveillance System (BRFSS), [https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH\\_BRFSS.ExploreByTopic](https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByTopic), accessed April 6, 2022. Query selections: Class: Fruits and Vegetables; Topic: Vegetable Consumption; Year: 2019; View by: Household Income; Response: One or more times per day.

<sup>18</sup> Healthy Kids Colorado Survey 2019, [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13\\_19HKCSHS\\_Tableau\\_05\\_21sizeTest/Story1?%3Aembed=y&%3AisGuestRedirectFromVizportal=y](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13_19HKCSHS_Tableau_05_21sizeTest/Story1?%3Aembed=y&%3AisGuestRedirectFromVizportal=y), accessed April 26, 2022. Query selections: Reset Filters; Region 4 (El Paso County); Year: 2019; Health Topic: Physical Activity; Health Measure: Percentage of Students who were physically active for a total of at least 60 minutes per day on five or more days in the past week. Results noted for El Paso County only because Teller County is combined with other counties in another region.



<sup>19</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), <https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>, accessed April 27, 2022.

<sup>20</sup> Centers for Disease Control, <https://www.cdc.gov/populationhealth/well-being/index.htm>, accessed April 27, 2022.

<sup>21</sup> CDC's Behavioral Risk Factor Surveillance System [https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH\\_BRFSS.ExploreByLocation&rdProcessAction=&SaveFileGenerated=1&irbLocationType=MSMAs](https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByLocation&rdProcessAction=&SaveFileGenerated=1&irbLocationType=MSMAs), Query settings: MMSAs; Location: Colorado Springs; Class: Days of Poor Health; Topic: Healthy Days; Year: 2020; Data Type: Age-adjusted Prevalence. Accessed April 27, 2022. Comparison community data is available for Albuquerque, Austin and Boise, but not for Boulder or Fort Collins. County-level information from BRFSS is also tracked via dashboard at <http://thrivingcolorado.com>.

<sup>22</sup> El Paso County Coroner's Office, 2020 Annual Report, p. 9. <https://www.elpasocountyhealth.org/sites/default/files/El%20Paso%20County%20Coroner%27s%20Office%202020%20Annual%20Report.pdf>, accessed April 27, 2022.

<sup>23</sup> Colorado Health Information Dataset (CoHID), 2020 data, age-adjusted, with Colorado Springs MSA figures calculated as a weighted average of county statistics based on 2020 population proportions (El Paso County 96.61%; Teller County 3.39%). [https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDFullDeathQuery\\_StateDemographyPopEstimates/MortalityStatistics](https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDFullDeathQuery_StateDemographyPopEstimates/MortalityStatistics), accessed April 27, 2022.

<sup>24</sup> Binge drinking is defined as having five or more drinks for men and four or more drinks for women within the past 30 days, Heavy consumption is defined as more than two drinks for males and more than one drink for females per day.

<sup>25</sup> Healthy Kids Colorado Survey 2019; data reported for El Paso County only because Teller County was included in a separate region with Park, Gilpin and Clear Creek counties. [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13\\_19HKCSHS\\_Tableau\\_05\\_21sizetest/Story1](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13_19HKCSHS_Tableau_05_21sizetest/Story1), accessed April 27, 2022.

<sup>26</sup> El Paso County Coroner's Office, 2020 Annual Report, p. 14 (97 of 178 suicides). <https://assets-coroner.elpasoco.com/wp-content/uploads/EPCCO-2020.pdf>, accessed April 27, 2022.

<sup>27</sup> Colorado Department of Public Health & Environment, [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS\\_12\\_1\\_17/Story1?%3Aembed=y&%3AshowAppBanner=false&%3AshowShareOptions=true&%3Adisplay\\_count=no&%3AshowVizHome=no#4](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/Story1?%3Aembed=y&%3AshowAppBanner=false&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no#4), accessed April 27, 2022.

<sup>28</sup> United Health Foundation, Health of Women and Children Report 2019, 45. <https://assets.americashealthrankings.org/app/uploads/2019-health-of-women-and-children-report.pdf>, accessed April 27, 2022.

<sup>29</sup> CDPHE,  
[https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS\\_12\\_1\\_17/Story1?%3Aembed=y&%3AshowAppBanner=false&%3AshowShareOptions=true&%3Adisplay\\_count=no&%3AshowVizHome=no#4](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/Story1?%3Aembed=y&%3AshowAppBanner=false&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no#4), accessed April 27, 2022.

<sup>30</sup> GoInvo meta-analysis of seven estimates of contribution of determinants of health.  
<https://www.goinvo.com/vision/determinants-of-health/#methodology>, accessed April 27, 2022. Among the top-end estimates (20%) is that of the University of Wisconsin Population Health Institute's County Health Rankings, which excludes genetics.  
<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>, accessed April 27, 2022.

<sup>31</sup> Health Resources & Services Administration <https://data.hrsa.gov/data/download>, Area Health Resources Files, County Data 2020-2021, fields f1467510 to f1467519. MSA-level data created by weighting county level data by population estimates in file, fields f1198411 to f1198420 (figures differ slightly from Census estimates).

<sup>32</sup> Colorado Health Institute, Colorado's Primary Care Workforce: A Study of Regional Disparities. Feb. 12, 2014, 8.  
[https://coloradohealthinstitute.org/sites/default/files/file\\_attachments/Colorados\\_Primary\\_Care\\_Workforce1.pdf](https://coloradohealthinstitute.org/sites/default/files/file_attachments/Colorados_Primary_Care_Workforce1.pdf), accessed April 27, 2022.

<sup>33</sup> Health Resources & Services Administration, <https://data.hrsa.gov/data/download>, Area Health Resources Files, County Data 2020-2021, f1526113 to f1526121. MSA-level data created by weighting county level data by population estimates in file, fields f1198411 to f1198420 (figures differ slightly from Census estimates).

<sup>34</sup> U.S. Census, Small Area Health Insurance Estimates, Downloaded from <https://www.census.gov/data-tools/demo/sahie/#/>, accessed April 19, 2022. Estimates are provided at the county level for total population under age 65. MSA figures are calculated from component county estimates of uninsured persons and population. Checked against same data as reported by the University of Wisconsin Population Health Institute County Health Rankings. Additional perspective can be found in Colorado Health Access Survey data, which considers the percent uninsured in the total population. See <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>, accessed April 19, 2022.

<sup>35</sup> Ibid.

<sup>36</sup> Colorado Health Access Survey 2021 regional data, downloaded via <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>, accessed April 27, 2022. See also <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/index.html>.

<sup>37</sup> Colorado Health Access Survey 2021 regional data, downloaded via <https://www.coloradohealthinstitute.org/research/colorado-health-access-survey-2021>, accessed

April 27, 2022. El Paso County data used because Teller County is included in a separate region with Park and Gilpin counties. For comparisons, Boulder includes combined Boulder and Broomfield counties.

<sup>38</sup> Ibid.

<sup>39</sup> Colorado Health Institute, analysis of Colorado Health Observation Regional Data, <https://www.coloradohealthinstitute.org/news/pandemic-led-25-drop-health-care-visits-new-analysis-data-colorado-health-providers>, accessed April 27, 2022.

<sup>i</sup> El Paso County Health Department, <https://www.elpasocountyhealth.org/COVID-19data-dashboard>, accessed April 27, 2022.

<sup>ii</sup> El Paso County Health Department: <https://www.elpasocountyhealth.org/covid19data-dashboard>; Teller County: <https://www.tellerCOVID.com/>; both accessed April 27, 2022.

<sup>iii</sup> CDC, <https://www.cdc.gov/obesity/adult/causes.html>, accessed April 27, 2022.

<sup>iv</sup> CDC Behavioral Risk Factor Surveillance System, [https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH\\_BRFSS.ExploreByLocation](https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByLocation), accessed July 11, 2022.

<sup>v</sup> Kompaniyets L, Goodman AB, Belay B, et al. Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. *MMWR Morb Mortal Wkly Rep* 2021; 70:355–361. DOI: <http://dx.doi.org/10.15585/mmwr.mm7010e4>.

<sup>vi</sup> Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/>, accessed April 27, 2022.

<sup>vii</sup> County Health Rankings, <https://www.countyhealthrankings.org/app/colorado/2021/measure/factors/49/data>, accessed April 27, 2022.

<sup>viii</sup> Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/marijuana>, accessed April 27, 2022.

<sup>ix</sup> Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/marijuana>, accessed April 27, 2022.

<sup>x</sup> CDPHE, Healthy Kids Colorado Survey, <https://cdphe.colorado.gov/healthy-kids-colorado-survey-data-tables-and-reports>, accessed April 27, 2022.

<sup>xi</sup> CDPHE, Healthy Kids Colorado Survey, <https://cdphe.colorado.gov/healthy-kids-colorado-survey-data-tables-and-reports>, accessed April 27, 2022.

- <sup>xii</sup> CDPHE, Healthy Kids Colorado Survey, <https://marijuanahealthinfo.colorado.gov/health-data/healthy-kids-colorado-survey-hkcs-data>, accessed April 27, 2022.
- <sup>xiii</sup> CDPHE, Healthy Kids Colorado Survey, <https://cdphe.colorado.gov/healthy-kids-colorado-survey-data-tables-and-reports>, accessed April 27, 2022.
- <sup>xiv</sup> CDPHE, Healthy Kids Colorado Survey, <https://cdphe.colorado.gov/healthy-kids-colorado-survey-data-tables-and-reports>, accessed April 27, 2022.
- <sup>xv</sup> El Paso County Coroner's Office  
<https://www.elpasocountyhealth.org/sites/default/files/El%20Paso%20County%20Coroner%27s%20Office%202020%20Annual%20Report.pdf>, accessed April 27, 2022.
- <sup>xvi</sup> Mental Health America, <https://mhanational.org/mha-state-county-data>, accessed April 27, 2022.
- <sup>xvii</sup> Colorado Health Institute,  
[https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/2019%20CHAS%20Substance%20Use%20Brief\\_1.pdf](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2019%20CHAS%20Substance%20Use%20Brief_1.pdf), accessed April 27, 2022.
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<https://assets.americashealthrankings.org/app/uploads/2019-health-of-women-and-children-report.pdf>, accessed April 27, 2022.
- <sup>xix</sup> America's Health Rankings analysis of CDC WONDER, Multiple Cause of Death Files, United Health Foundation, [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen\\_suicide/state/CO](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/CO), accessed April 27, 2022.
- <sup>xx</sup> Healthy Kids Colorado Survey, 2019  
[https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13\\_19HKCSHS\\_Tableau\\_05\\_21sizeTest/Story1?%3Aembed=y&%3AisGuestRedirectFromVizportal=y](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/13_19HKCSHS_Tableau_05_21sizeTest/Story1?%3Aembed=y&%3AisGuestRedirectFromVizportal=y), accessed July 11, 2022.
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<sup>xxvii</sup> Colorado School of Public Health, “The COVID-19 Pandemic: Vaccine mandates and disturbing concerns about healthcare workers with Dr. Marc Moss,” August 16, 2021, <https://coloradosph.cuanschutz.edu/news-and-events/newsroom/deans-notes/public-health-main-site-news/the-COVID-19-pandemic-vaccine-mandates-and-disturbing-concerns-about-healthcare-workers>, accessed July 10, 2022.

<sup>xxviii</sup> Bateman, Tanner, et. al. Mercer Inc. U.S. Healthcare Labor Market white paper, 2021, pp. 4-8. Estimated shortages based on historical and trend data from Emsi (labor data consultancy) and other public sources. <https://www.mercer.us/content/dam/mercer/assets/content-images/north-america/united-states/us-healthcare-news/us-2021-healthcare-labor-market-whitepaper.pdf>, accessed July 10, 2022.

<sup>xxix</sup> The Colorado Springs Business Journal, [https://www.csbj.com/premier/pandemic-boosts-health-care-employment-trends/article\\_75f5cf4a-ca22-11eb-bffd-3785354dc86f.html](https://www.csbj.com/premier/pandemic-boosts-health-care-employment-trends/article_75f5cf4a-ca22-11eb-bffd-3785354dc86f.html), accessed July 10, 2022.

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<sup>xxxi</sup> Center for Improving Value in Healthcare, Telehealth Service Analysis, <https://www.civhc.org/covid-19/telehealth-services-analysis/>, accessed July 10, 2022.

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