

Public Health Improvement Plan 2025 - 2030

Las Animas and Huerfano Counties



Las Animas | Huerfano Counties
DISTRICT HEALTH DEPARTMENT

Table of Contents

3. Background

3. About Public Health Improvement Plans

4. Introduction

4. Assets + Resources

Outdoor Recreation

Medical Community

5. Demographics

Population

Age Distribution

Race/Ethnicity

Education

Income and Employment

Housing

Access to Healthcare

7. Health Status + Risk Factors

7. Identifying Focus Areas

8. Alignment with Statewide Priorities

9. Public Health Improvement Plan 2025 - 2030

10. Behavioral Health

12. Social Determinants of Health

15. Community Health

18. References



Background

About Public Health Improvement Plans

In 2008, Colorado’s Public Health Act was signed into law (C.R.S. 25-1-505). The purpose of the Act is to ensure that core public health services are available to every person in Colorado, regardless of where they live, with a consistent standard of quality. One of the requirements of the Act is that every five years the Colorado Department of Public Health and the Environment (CDPHE) develop a statewide Community Health Improvement Plan (CHIP).

Following completion of the statewide plan, the statute directs each local health department to assess community health and local public health capacity and use the results of the assessments to develop a five-year, local Public Health Improvement Plan (PHIP) that engages community partners in improving the health of their communities. To guide the development of local plans, CDPHE created the Colorado Health Assessment and Planning System (CHAPS). CHAPS provides a standard mechanism for assisting local public health agencies in meeting the assessment and planning requirements of the Public Health Act of 2008 and the National Public Health Accreditation Board.¹

As a health strategist, the Las Animas Huerfano Counties District Health Department (LAHCDHD) supports strategy sessions with partners, leaders, and community members to chart a clear path forward. After identifying community goals and priorities, LAHCDHD coordinates efforts to create and implement actionable plans for collaborative initiatives. Every member of the community—residents, leaders, and agencies—contributes to achieving the shared goals and objectives that will ensure everyone in Las Animas and Huerfano counties has the opportunity to lead a healthy life.

Introduction

The Las Animas Huerfano Counties District Health Department (LAHCDHD) is pleased to share the 2025-2030 Public Health Improvement Plan. This plan was developed based on findings from a community health needs assessment (CHNA) survey conducted in the bi-county region and focus groups conducted with residents from both counties. Details on past and current work conducted in Huerfano and Las Animas counties associated with the 2019-2024 PHIP were also used to inform the development of this five-year plan. The priorities identified in this PHIP serve as points of mobilization for public health, community partners, and residents to drive the action and direction for change. Collectively, we can better address the issues facing our communities and counties. This plan contains information and data on assets, resources, demographics, health status, and risk factors which led to prioritizing three focus areas: Behavioral Health, Social Determinants of Health, and Community Health. Goals, objectives, and strategies were developed for each priority area to inform collaborative efforts at local and county levels, in addition to alignment with state-level priorities.

Assets + Resources

Recreation

Huerfano County

- Huerfano County is known for outdoor spaces, including its proximity to the Great Sand Dunes National Park and the 14,000-foot peaks in the Sangre de Cristo Mountain Range. Within the county, there are more than 20 public hiking trails, multiple fishing access sites, campsites, and challenging cycling routes.
- The Cuchara Mountain Park project has transformed the site of a former ski resort into a space for year-round activities.
- Lathrop State Park is located 3 miles west of Walsenburg. The state purchased the property in 1962 and opened Colorado's first state park here later that same year. It is named after Harold Lathrop, the first director of state parks.
- Huerfano County has two community centers, one in Walsenburg and one in Gardner available for use by community members.

Las Animas County

- Las Animas County is recognized for beautiful outdoor spaces, including Trinidad Lake State Park. These resources provide healthy recreational opportunities for residents as well as draw tourists from the Front Range and beyond.
- The Trinidad Outdoor Club builds community while promoting healthy lifestyle options, including wilderness yoga, cross-country skiing, and group dog walking.
- Trinidad's Community Center provides opportunities for both youth and adult fitness and water sports.
- A new state park near Trinidad at Fishers Peak is currently being developed. At 19,000 acres, it will be the second-largest state park in Colorado. Currently, 1,000 acres are open and contain thirteen miles of trails for hikers and mountain bikers.
- The park and adventure course at the Las Animas County Fairgrounds are supported by KaBoom and the Colorado Health Foundation.
- Monument Lake, located in Weston, Colorado, and owned by the City of Trinidad, offers many outdoor opportunities, including fishing, hiking, and boating.

Medical Community

- Huerfano and Las Animas Counties' Veteran Services Officers provide support to veterans seeking a range of services, including assistance in the processing of disability claims, pensions, death benefits, educational benefits, medical assistance, and advocacy on behalf of veterans on issues affecting them and their dependents.
- Huerfano County is mainly served by Spanish Peaks Regional Health Center/Veterans Community Living Center (SPRHC), which is a 20-bed hospital, with a trauma center, emergency room, onsite pharmacy, and clinics that provide primary care, specialist services, and women's health and wellness services.
- SPRHC received a grant for a Mobile Unit to care for the community. The Mobile Unit will allow SPRHC to have a larger outreach to smaller rural areas in Huerfano County and provide care to those who cannot access the facility.
- Las Animas County is mainly served by Mt. San Rafael Hospital and Clinic (MSRHC), a 25-bed critical access facility serving the medical and surgical needs of Trinidad, Colorado residents and the surrounding areas.
- SPRHC and MSRHC providers perform routine surgeries and have a 24/7 Emergency Department, reducing the time to provide potentially life-saving care for area residents.

Demographics

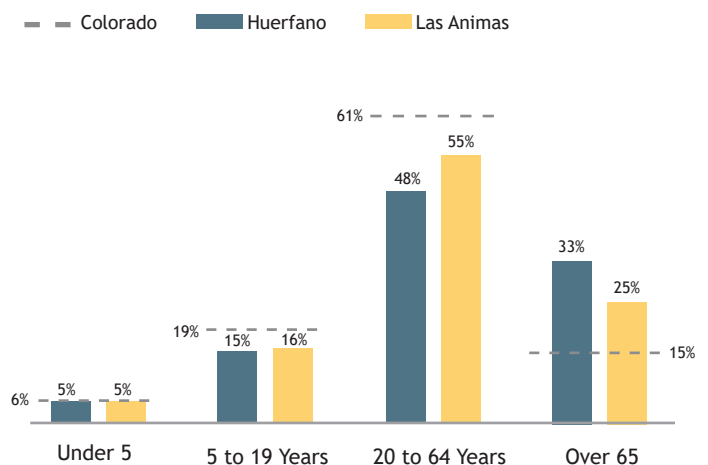
Huerfano and Las Animas counties are located in Southern Colorado. Both counties are designated as frontier counties due to low population density. Sparsely populated areas such as these tend to be isolated from resources, including services needed to optimize health. Both counties are served by a single public health department, Las Animas Huerfano Counties District Health Department, but the counties vary in some important ways.

Population

Huerfano County has fewer people but is more densely populated than Las Animas County. In 2022, the population of Huerfano County was estimated to be 6,896. By contrast, the population of Las Animas County was estimated to be 14,422 in the same year.² Las Animas County is the largest county in Colorado by area, covering 4,775 square miles, leading to an average of just 3 people per square mile.

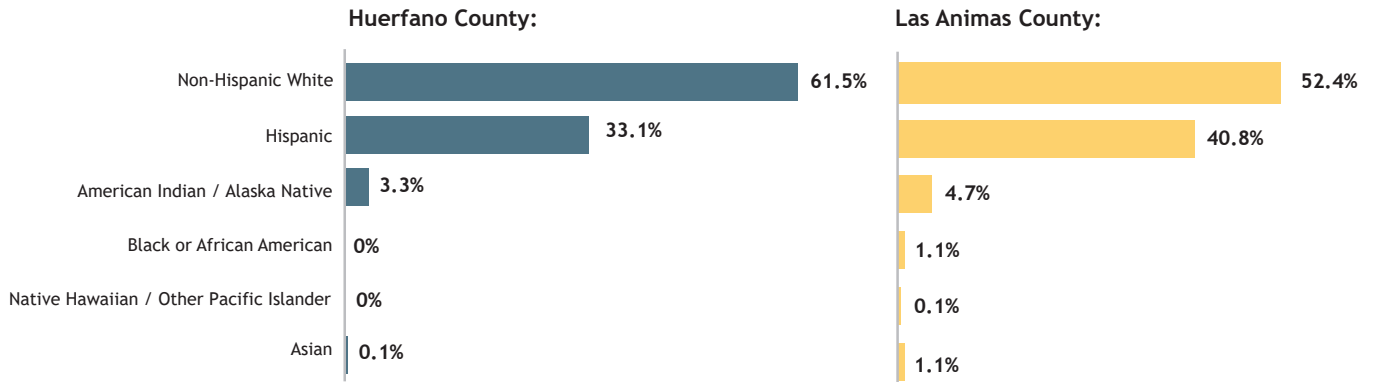
Age Distribution

On average, the population of Huerfano County is slightly older than the population of Las Animas County. About half of the population of Huerfano County is over the age of 55, compared to 40% of Las Animas. The age of both counties skews higher than Colorado as a whole; the median age in Huerfano County is 55.4 years and 46.8 years in Las Animas County, compared to 37.8 years in Colorado overall.³ This has potentially consequential implications for the size of the workforce available in the region, especially in Huerfano County. Also, the prevalence of chronic disease is typically greater in older populations, impacting the level of healthcare needs.



Race/Ethnicity

Over 90% of the residents in both counties are either Non-Hispanic White or Hispanic. Both Huerfano and Las Animas counties have a relatively high proportion of Hispanic residents (33% and 41%, respectively) compared to the state (22%). Other minority groups make up very small proportions of the general population.²



Education

Huerfano and Las Animas counties have educational attainment levels similar to those of Colorado. Statewide, 92.7% of adults 25 years or older have completed at least high school and the same is true for 93.2% of adults in Huerfano County and 89.1% of adults in Las Animas County.³

Percent of Adults Who Are a High School Graduate or Higher

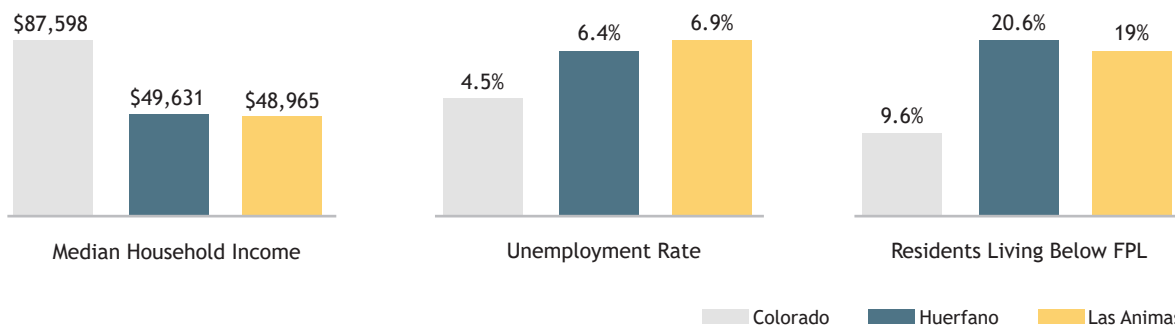


Income and Employment

When looking at the overall economy of an area, income is an important driving factor. The median household income for Huerfano (\$49,631) and Las Animas (\$48,965) counties is well below the state of Colorado (\$87,598).⁴

Colorado has consistently maintained an unemployment rate below the country's overall average. In 2022, the state unemployment rate was 4.5%. The unemployment rate in both counties was slightly higher than statewide (6.4% in Huerfano County and 6.9% in Las Animas County).⁵

Lower wages and higher unemployment can create economic hardships for families and communities. Poverty levels are higher in the bi-county region than in Colorado overall. In Huerfano County, 20.6% of residents live below the poverty level, and in Las Animas, 19% live below the poverty level, compared to 9.6% of the state overall.⁵ More residents receive Supplemental Nutrition Assistance Program (SNAP) benefits in Huerfano (25.6%) and Las Animas (22.3%) counties than in Colorado generally (9.4%).⁶



Housing

Unsurprisingly, lower employment and lower income compared to the state creates challenges regarding housing costs. Across Colorado, housing costs, availability, and quality are commonly of high concern. Among housing unit owners with a mortgage, 33.5% in Huerfano and 38.3% in Las Animas have costs totaling 30% or more of household income. This is contrasted by 28.3% of Colorado's statewide average having housing costs totaling 30% or more of household income.⁷

Renters are also facing challenges related to the cost of housing. Among housing units without a mortgage, 14.6% of renters in Las Animas County and 15.3% of renters in Huerfano County are spending more than 30% of household income on rent, compared to 11.6% of renters statewide.⁸

Access to Healthcare

A person is more likely to access needed care if he or she has health insurance coverage. Statewide, 7.8% of the population is uninsured; 6.1% in Huerfano County and 8.9% in Las Animas County are uninsured.⁹ Other factors, like the ability to afford copays or transportation, also play a role in accessing health care for those with coverage. Huerfano and Las Animas counties are part of Health Statistics Region (HSR) 6.* In 2023, 12.5% of residents of Health Statistics Region (HSR) 6 reported that they had problems paying or were unable to pay a medical bill in the last 12 months, which is approximately in line with the state average (11.3%).¹⁰

Availability of providers also seems to be a challenge for the region, with 31.2% of HSR 6 residents reporting that they were unable to get an appointment with their doctor as quickly as they felt was needed (compared to 28.3% of Colorado residents overall).¹¹ Further, both Huerfano and Las Animas Counties are federally designated Mental Health - Health Professional Shortage Areas (HPSAs), meaning there are not enough health professionals in the area to meet the needs of residents.¹²

Health Status + Risk Factors

The prevalence of many chronic conditions varies by demographic factors (e.g., age, sex, race, ethnicity, income and education levels, sexual orientation, and geography). Certain populations bear more chronic disease burden than others. For example, based on statewide data, more than half of adults over 65 years old (52%) have been diagnosed with high blood pressure.¹³

Differences also exist by race and ethnicity in behaviors, such as dietary habits, physical activity, and tobacco use. Such behaviors play a role in the development of obesity and other chronic conditions. Based on statewide data, 35.9% of Hispanic adults report consuming one or more sugary drinks per day compared with 26.4% of non-Hispanic, White adults.¹³ HSR 6 has a slightly higher percentage of adults who are obese, 26.3%, compared to that of the state, 25.4%.¹⁴

Access to healthcare plays a critical role in the prevention and treatment of chronic conditions, yet it varies by race and ethnicity according to statewide data. Barriers to accessing care are reflected among Hispanic adults 65 years of age and older who have a lower prevalence of being up to date on core clinical preventive services (47.7%) than White adults 65 years of age and older (57.1%).¹⁴

In Colorado, 15.9% of the adult population indicated poor mental health during 14 or more days of the past 30 days, with HSR 6 at 22.5%.¹⁴ Further, in Huerfano and Las Animas counties, approximately 14% to 15% of adults are considered binge drinkers.¹⁵ Associations exist between mental health conditions, risky behaviors (e.g.,

* Health statistics regions are aggregations of counties developed by the Colorado Department of Public Health and Environment that provide for more stable estimates in areas with smaller populations.

alcohol and tobacco use), and chronic diseases. Diagnoses of depression and diabetes, for example, should be treated in tandem for individuals to improve their mental health and manage their health condition. A healthy mental state contributes to overall health and wellness, and in extreme cases, poor mental health can lead to suicide.

An older population, lack of providers, and poor health behaviors contribute to Huerfano and Las Animas Counties having a higher prevalence of diabetes¹⁴ and high cholesterol in their adult populations than the State of Colorado on average.¹³ Both of these chronic diseases pose serious health risks to those diagnosed with them and are associated with heightened healthcare costs and an increased risk of medical complications and/or death.

Identifying Focus Areas

Identifying focus areas addressed in this PHIP began with conducting an extensive review of available regional data and engagement with community partners. Concurrently, information on local health resources and assets was compiled to establish a clear picture of both health needs in the region and resources that are available to meet those needs.

Based on information gathered in the initial phase of this process, a CHNA survey was developed. Briefly, this survey consisted of open-ended, multi-select, and Likert scale questions. Respondents were asked to provide basic demographic data, identify health issues that they viewed as the most important in this region, and select what health resources they thought the bi-county region could benefit from the most. To ensure that responses were specific to Huerfano and Las Animas counties, only respondents who indicated they were residents of the bi-county region were included in the findings of this survey.

Data collected from the CHNA were analyzed to identify which health issues respondents found to be most important in the area. Similarly, these data were also analyzed to identify the relative need and availability of health resources. Areas of overlap between these survey topics were then assessed to further evaluate the capacity to address important health needs based on resource availability.

Findings from the CHNA survey were presented to community members and focus groups were convened in both Huerfano and Las Animas counties. Focus group participants were asked to provide feedback and further identify potential areas for health improvement in the region. Qualitative data collected from these focus groups were then reviewed and combined with community feedback to finalize needs assessment efforts.

Based on available data, community input, and the needs assessment efforts described above, health issues in this region were prioritized. The goals and objectives associated with these focus areas are described in detail below.

Alignment with Statewide Priorities

The Las Animas Huerfano Counties District Health Department public health improvement plan was developed with knowledge of, and alignment with, other statewide public health priorities. These include 1) the current governor's (Jared Polis) priorities, including health, specifically saving money on healthcare; 2) the state-level Public Health Improvement Plan from the Colorado Department of Public Health and Environment, which includes priorities on behavioral and mental health, social determinants of health, and environmental health.



Public Health Improvement Plan 2025 - 2030

Behavioral Health

Goal 1: Reduce the use and misuse of substances, including alcohol, drugs, and tobacco, among youth.

Goal 2: Reduce the use and misuse of substances, including alcohol and opioids, among adults.

Social Determinants of Health

Goal 1: Reduce food insecurity among community members.

Goal 2: Increase access to childcare services for infants to preschool-age children.

Goal 3: Increase access to healthcare services, including specialty care.

Community Health

Goal 1: Increase participation in health education and healthy living activities.

Goal 2: Promote skill development for healthy family relationships.

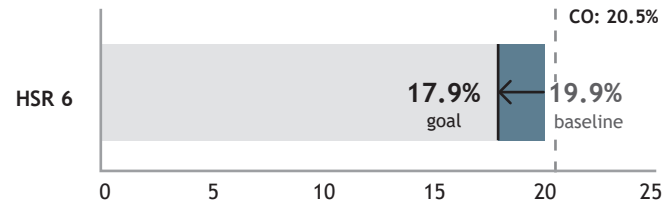
Goal 3: Promote social connections through a positive built environment.

Behavioral Health

Goal 1: Reduce the use and misuse of substances, including alcohol, drugs, and tobacco among youth.

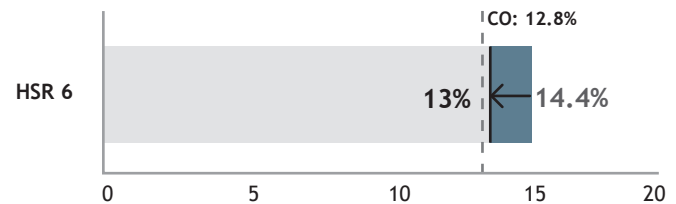
Objective 1.1:

Decrease the percentage of students who had at least one drink of alcohol in one or more of the past 30 days.¹⁶



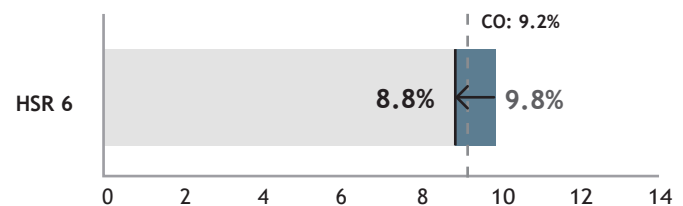
Objective 1.2:

Decrease the percentage of students who used marijuana one or more times during the past 30 days.¹⁶



Objective 1.3:

Decrease the percentage of students who used any tobacco products including cigarettes, electronic vapor products, cigars, chewing tobacco, hookah, pipe, or bidis in the past 30 days.¹⁶



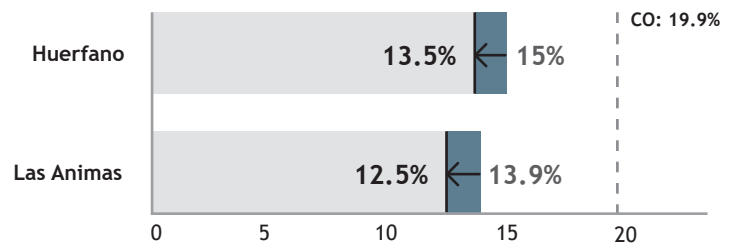
Strategies:

- Expand Botvin LifeSkills Training within preschools, elementary, middle, and high schools.
- Recruit a youth mental health provider to serve Las Animas and Huerfano Counties at LAHCDHD.
- Partner with organizations to expand the availability of accessible and confidential counseling, treatment, and recovery services for youth.
- Develop and promote an anti-stigma media campaign focused on youth.
- Provide parents with resources to increase the knowledge and skills necessary to talk with their children about substance use.
- Develop a student advisory group.

Goal 2: Reduce the use and misuse of substances, including alcohol and opioids, among adults.

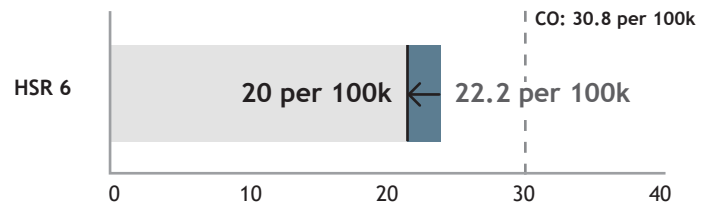
Objective 2.1:

Decrease the percentage of adults aged ≥ 18 years who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.^{14,15}



Objective 2.2:

Decrease the average annual crude rate of drug overdose deaths due to any drug per 100,000 residents.¹⁷



Strategies:

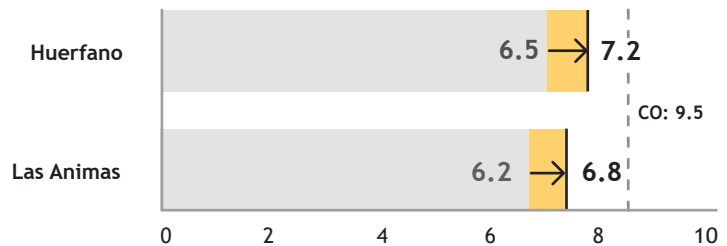
- Provide training for healthcare providers on best practices for implementing prescription drug monitoring programs (PDMP).
- Increase the number of mental health providers trained in Substance Use Disorder and Opioid Use Disorder (SUD/OD).
- Provide training for health care providers to encourage referral to MAT programs.
- Increase and promote the availability of fentanyl test strip distribution programs and naloxone; provide education on the use of fentanyl test strips and administration of naloxone.
- Provide naloxone training to community members, local businesses, and first responders.
- Develop and promote a media campaign focused on reducing stigma surrounding SUD/OD and seeking treatment.
- Provide proper drug disposal programs for residents to dispose of expired, unwanted, or unused medicines to reduce the risk of illicit drug use, unintentional poisoning, and water pollution.
- Increase access to Mental Health First Aid training.
- Promote Safe2Tell, the 988 Mental Health Hotline, and I Matter Colorado.
- Encourage participation in safe activities by promoting local sober events.

Social Determinants of Health

Goal 1: Reduce food insecurity among community members.

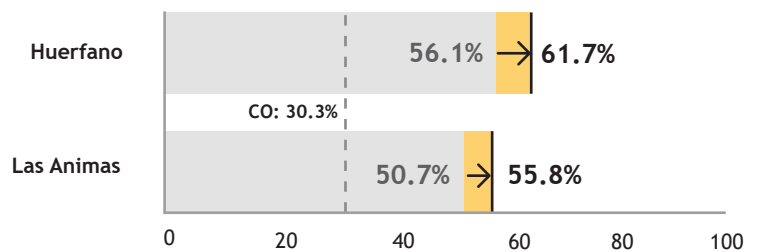
Objective 1.1:

Increase the Food Environment Index score.^{18,19}



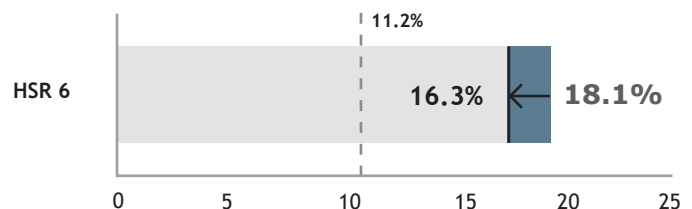
Objective 1.2:

Increase the percentage of households in poverty that receive Supplemental Nutrition Assistance Program (SNAP) benefits.²⁰



Objective 1.3:

Decrease the percentage of people who ate less than they felt they should in the last 12 months due to insufficient money for food.¹⁰



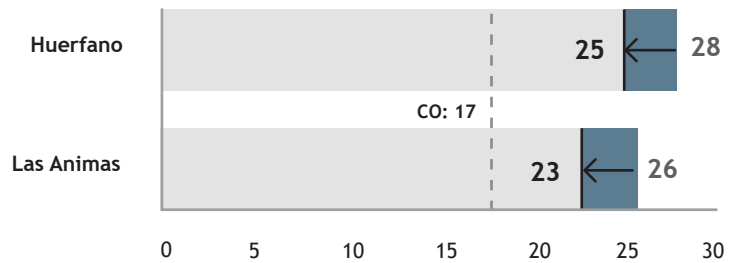
Strategies:

- Partner with school districts and childcare centers to increase access to healthy foods, including partnering with local farms to supply produce for meals and building gardens at schools.
- Partner with Huerfano-Las Animas Counties Early Childhood Advisory Council (HULA) to expand community and school gardens to increase access to healthy foods.
- Partner with local organizations to promote food hubs that aggregate, distribute, and market locally grown and produced foods, and advertise available resources (e.g. SNAP benefits, Double Up Food Bucks, etc.).
- Promote nutrition assistance programs and organizations including Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), and food banks including Care and Share.
- Promote mobile produce markets and food pantries that travel throughout the bi-county region on a regular schedule, reducing transportation-related barriers to accessing healthy foods.
- Partner with HULA to facilitate Cooking Matters to provide recipes, tips, and resources to help families eat better on a budget.

Goal 2: Increase access to childcare services for infants to preschool-age children.

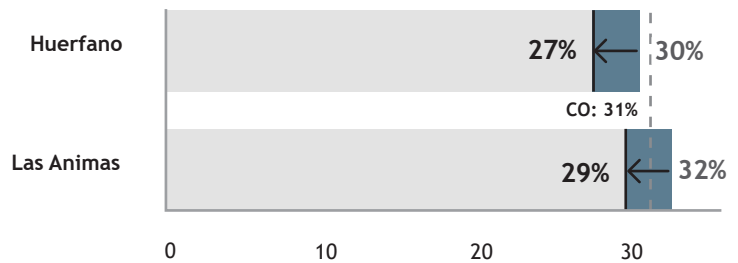
Objective 2.1:

Decrease the number of children (0-5 years) per early childhood education (ECE) professional.²¹



Objective 2.2:

Decrease the cost of childcare for two children, as a percentage of median household income.^{18,19}



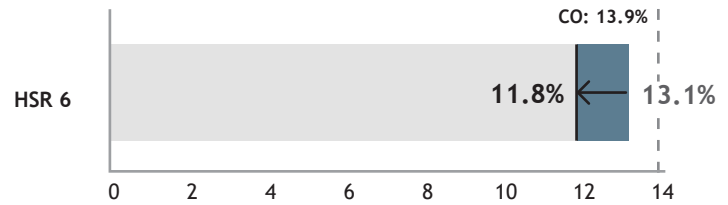
Strategies:

- Assess the availability of childcare and identify gaps in services and specific needs.
- Partner with HULA and other organizations to support existing childcare facilities and invest in new facilities and workforce development.
- Promote the Colorado Universal Preschool and Colorado Child Care Assistance Program (CCCAP) to assist with child care tuition.

Goal 3: Increase access to healthcare services, including specialty care.

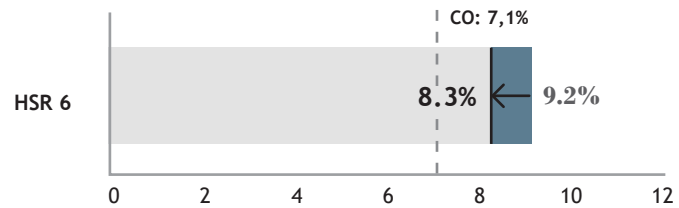
Objective 3.1:

Decrease the percentage of people who did not get specialist care because of cost.¹⁰



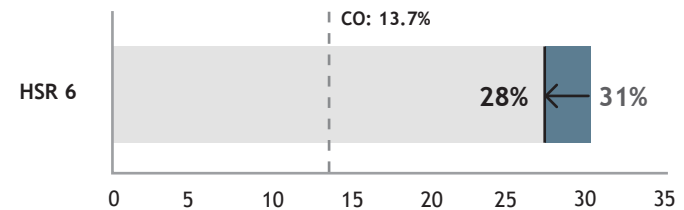
Objective 3.2:

Decrease the percentage of people who did not get specialist care for a reason other than cost.¹⁰



Objective 1.2:

Decrease the percentage of people unable to get an appointment with the doctor's office/clinic due to not being able to take time off work.¹⁰



Strategies:

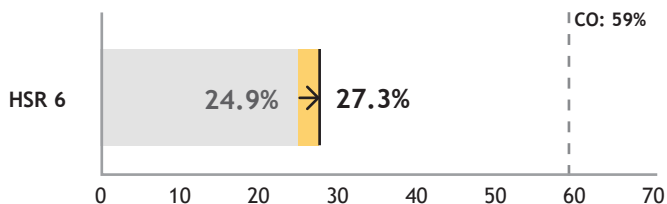
- Promote and expand telehealth services for behavioral health.
- Increase the utilization of mobile healthcare services, such as immunizations.
- Partner with regional health care providers to provide regular services at the local health department, such as endocrinology or cardiology.
- Partner with local healthcare providers to promote the availability of specialty healthcare services in the region.
- Partner with local healthcare providers and other community partners to provide transportation assistance to increase access to healthcare for seniors, people living with disabilities, and other underserved populations.
- Partner with the South Central Council of Governments to identify transportation solutions for community members in need of transportation to medical appointments.

Community Health

Goal 1: Increase participation in health education and healthy living activities.

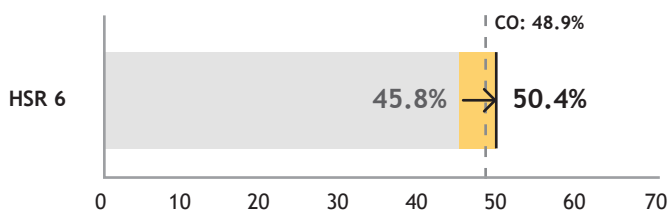
Objective 1.1:

Increase the percentage of adults with diabetes participating in a diabetes self-management course.¹⁴



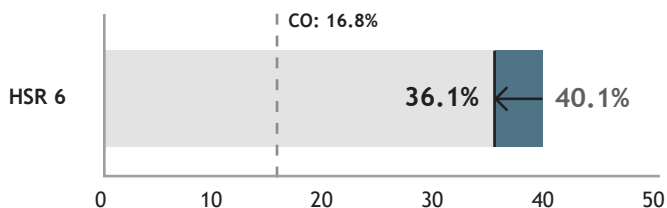
Objective 1.2:

Increase the percentage of adults with high blood pressure who regularly check their blood pressure.¹³



Objective 1.3:

Decrease the percentage of adults with no leisure-time physical activity.¹⁴



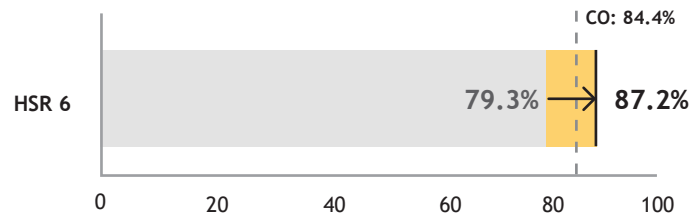
Strategies:

- Increase the availability of health education programs and support resources for individuals managing chronic diseases, such as the Diabetes Prevention Program and Diabetes Self Management Program.
- Attend community health fairs or wellness days that provide individual health screenings and referrals to applicable resources.
- Partner with organizations and health care providers to arrange and promote community activities including fun runs, family fitness events, recreational leagues, or exercise classes.
- Promote the Self-Monitoring Blood Pressure Program.
- Implement community-wide physical activity campaigns to promote physical activity and educate about cardiovascular disease risk factors.
- Incorporate point-of-decision prompts near stairs, elevators, and escalators in public buildings that encourage the use of stairs to increase physical activity.
- Collaborate with local healthcare providers and organizations to educate community members on the importance of screening for chronic diseases, including diabetes, heart disease, and cancer.
- Partner with HULA to facilitate Cooking Matters.

Goal 2: Promote skill development for healthy family relationships.

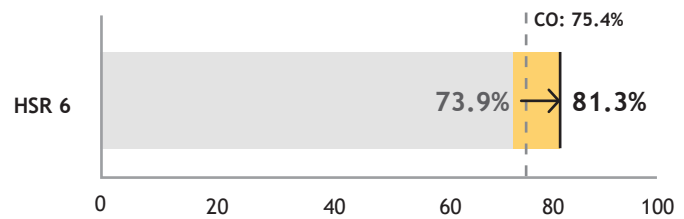
Objective 2.1:

Increase the percentage of students who usually or definitely can ask their parents or guardians for help with a personal problem.¹⁶



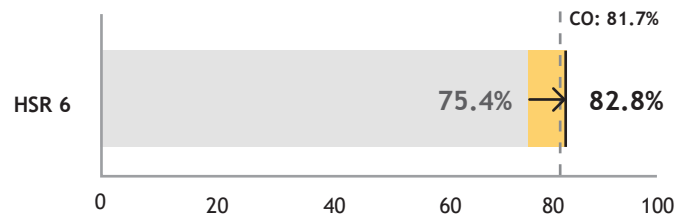
Objective 2.2:

Increase the percentage of students who have an adult to go to for help with a serious problem.¹⁶



Objective 2.3:

Increase the percentage of students who usually or definitely have chances to do fun things with their parents or guardians.¹⁶



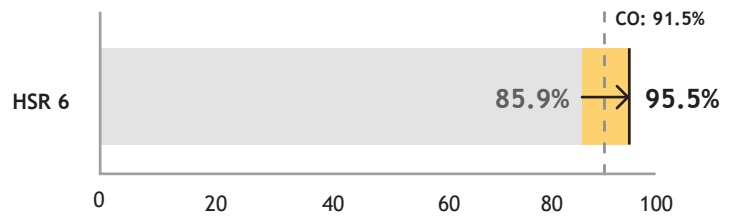
Strategies:

- Partner with local organizations to provide opportunities for family activities.
- Partner with HULA to promote and deliver the Parents As Teachers curriculum to community members.
- Support Nurturing Parenting and home-based parent programs such as Home Instruction for Parents and Preschool Youngsters (HIPPPY).
- Promote mental health campaigns such as Safe2Tell and the Colorado Mental Health Line (988).

Goal 3: Promote skill development for healthy family relationships.

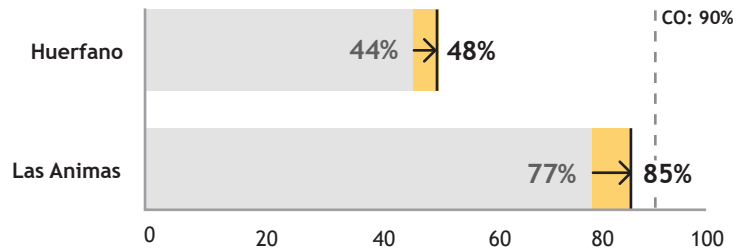
Objective 3.1:

Increase the percentage of students who usually or definitely feel safe at school.¹⁶



Objective 3.2:

Increase the percentage of people with adequate access to locations for physical activity.^{18,19}



Objective 3.3:

Increase the number of membership (civic, religious, sports, and professional) organizations per 10,000 people.^{18,19}



Strategies:

- Establish a youth advisory committee to support and promote ongoing relationships between older youth and younger youth.
- Promote and partner with organized social, art, or physical activities for school-aged youth during and after school hours.
- Increase the accessibility of community and public spaces and promote their use for gatherings, including community parks and gardens.
- Collaborate with city and county officials and community partners to improve the built environment, including the development of inclusive playgrounds, safe parks, and walkable communities.
- Partner with and promote group activity programs for older adults that offer educational, social, creative, musical, or physical activities that encourage community involvement and reduce social isolation.
- Promote community-based organizations to host a community arts program that includes visual, media, and performing arts for community members.
- Build a bi-county health campus to include space for community members to socialize, participate in recreational or educational activities, receive support services, and increase access to technology.
- Support the formation of neighborhood associations, which encourages communities to address neighborhood concerns and host block parties and other neighborhood events.
- Create an online calendar of events for our website to promote health-dependent events and other opportunities available to youth in the bi-county region.

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