**Purpose of Tour:** New Foundation President and CEO, Karen McNeil-Miller, set out to tour the entirety of Colorado in order to learn about health needs and concerns within communities across the state. The #HealthiestCO Statewide Listening Tour was an opportunity for grantees, community residents and local leaders to come together and share their perspectives on health. Karen spoke with community members about the major assets as well as barriers to good health that exist within communities across Colorado. Karen’s philosophy is that health is everyone’s business, not just that of individuals working directly in health, and will continue engaging with communities and other sectors in similar conversations. Karen and the Foundation will use the information shared over the course of the tour to inform their statewide and community-based funding strategies. The following report summarizes information and perspectives heard throughout the tour.

**Who participated?** During each of the 11 regional tours, the delegation included various staff members from the Foundation and Community Resource Center (CRC). We invited professionals and community members across various sectors to join the conversation. We heard from a diverse group of individuals, including public health officials, school administrators, early childhood councils, nonprofit leaders, law enforcement, county commissioners, town mayors, nurses, physicians and many others. The wide array of individuals that participated in the Statewide Listening Tour shared their unique perspectives and contributed to rich and informative conversations. Overall, the tour reached more than 930 individuals across the state.

**Where did we go?** The Statewide Listening Tour took place over the course of six months beginning on Sept. 30, 2015 in the Western Slope region and concluding on March 7, 2016 in the Denver Metro region. The delegation met with individuals from 46 counties and 55 towns and cities across Colorado. Eleven regional tours were conducted, including the Western Slope region, Mountain region, Northern region, Northeast region, Southern region, Southwest region, San Luis Valley region, Southeast region, Northwest region, Eastern Plains region and Denver Metro region. A full list of tour sessions and site visits can be found in Appendix A. Blog recaps and regional tour reports can be accessed on the Foundation’s website at www.ColoradoHealth.org.
What did we do? The Foundation sought to start an ongoing conversation with communities across Colorado to more effectively address the health needs of residents within the state. In open discussions, community leaders described the region’s character, existing needs and efforts currently underway to address a variety of health-related challenges. Additionally, the tour delegation was given the opportunity to participate in several site visits and informal meetings during regional tours. At each tour session, participants were provided materials to continue the conversation, including a county-level Colorado Health Report Card Data Spotlight, disposable cameras and activities to share with youth, clients and the community at large. Included in the report are some of the photos and comments that were shared with us. To view additional photos and each of the 64 county-level Data Spotlights, visit www.ColoradoHealth.org.

What did we hear? At each tour session, attendees voiced their concerns and highlighted the barriers that exist in their communities to prevent individuals from leading healthier lives. We also learned about the regions’ defining characteristics and the plentiful assets present in communities across the state. While each region and community has its own unique perspective and set of barriers, we found many consistent themes throughout Colorado. During the tour, we heard several “buzzwords” about key topics and issues that affect communities. We were able to gain valuable insight into specific communities and pinpoint both the greatest needs and assets. Additionally, we were given the opportunity to hear both urban and rural perspectives and deepen our understanding of the differences between Front Range communities and rural regions in the state.
<table>
<thead>
<tr>
<th>Region</th>
<th>Assets</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Western Slope</strong></td>
<td>• Supportive community</td>
<td>• Lack of access</td>
</tr>
<tr>
<td>Delta, Garfield, Gunnison,</td>
<td>• Quality of life</td>
<td>• High costs of health insurance</td>
</tr>
<tr>
<td>Mesa, Montrose and Pitkin</td>
<td>• Access to unique terrain and beautiful landscape</td>
<td>• Underserved populations</td>
</tr>
<tr>
<td>counties</td>
<td></td>
<td>• High cost of child care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Behavioral health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Job availability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Aging population</td>
</tr>
<tr>
<td><strong>Mountain</strong></td>
<td>• Closer-knit community</td>
<td>• Lack of access</td>
</tr>
<tr>
<td>Chaffee, Clear Creek, Eagle,</td>
<td>• Passion to create a healthy environment</td>
<td>• High cost of living</td>
</tr>
<tr>
<td>Gilpin, Grand, Jackson, Lake,</td>
<td>• Access to variety of outdoor and recreational activities</td>
<td>• High costs of health insurance</td>
</tr>
<tr>
<td>Park, Routt and Summit</td>
<td></td>
<td>• Underserved populations</td>
</tr>
<tr>
<td>counties</td>
<td></td>
<td>• High costs of child care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Behavioral health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Aging population</td>
</tr>
<tr>
<td><strong>Northern and Northeast</strong></td>
<td>• Invested community</td>
<td>• Lack of access</td>
</tr>
<tr>
<td>Boulder, Larimer, Logan,</td>
<td>• Local community colleges and universities</td>
<td>• Job availability and recruitment of qualified professionals</td>
</tr>
<tr>
<td>Morgan, Phillips, Sedgwick,</td>
<td>• Network of services and providers</td>
<td>• Affordable and available housing</td>
</tr>
<tr>
<td>Washington, Weld and Yuma</td>
<td></td>
<td>• Food insecurity and nutrition education</td>
</tr>
<tr>
<td>counties</td>
<td></td>
<td>• Behavioral health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Access to outdoor and recreational activities</td>
</tr>
<tr>
<td><strong>Southern</strong></td>
<td>• Access to outdoor and recreational activities</td>
<td>• Behavioral health</td>
</tr>
<tr>
<td>Custer, El Paso, Fremont,</td>
<td>• Quality hospitals, clinics and health departments</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td>Huerfano, Las Animas, Pueblo</td>
<td>• Local community colleges and universities</td>
<td>• Community-based prevention efforts</td>
</tr>
<tr>
<td>and Teller counties</td>
<td></td>
<td>• Lack of public transportation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of public transportation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Senior services</td>
</tr>
<tr>
<td>**Southwest and San Luis</td>
<td>• Access to outdoor and recreational activities</td>
<td>• Growing health and wellness initiatives in schools</td>
</tr>
<tr>
<td>Valley**</td>
<td>• A large variety of clinical and community-level services</td>
<td>• Lack of job opportunities</td>
</tr>
<tr>
<td>Alamosa, Archuleta, Costilla,</td>
<td>• Strong spirit of volunteerism</td>
<td>• Lack of public transportation</td>
</tr>
<tr>
<td>Conejos, Dolores, Hinsdale,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Plata, Mineral, Montezuma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ouray, Rio Grande, Saguache,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Juan and San Miguel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>counties</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of child care services</td>
</tr>
<tr>
<td><strong>Southeast</strong></td>
<td>• Growing health and wellness initiatives in schools</td>
<td>• Lack of recreation centers</td>
</tr>
<tr>
<td>Baca, Bent, Crowley, Kiowa,</td>
<td>• New partnerships among community organizations</td>
<td>• Lack of access to health care services</td>
</tr>
<tr>
<td>Otero and Prowers counties</td>
<td></td>
<td>• Recruitment of qualified professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of public transportation</td>
</tr>
<tr>
<td><strong>Northwest</strong></td>
<td>• Access to hospitals and recreation centers</td>
<td>• Lock of child care services</td>
</tr>
<tr>
<td>Moffat and Rio Blanco</td>
<td>• Strong faith-based community</td>
<td></td>
</tr>
<tr>
<td>counties</td>
<td>• Access to outdoor and recreation activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of public transportation</td>
</tr>
<tr>
<td><strong>Eastern Plains</strong></td>
<td>• Community connection and a sense of security</td>
<td>• Lack of recreation centers</td>
</tr>
<tr>
<td>Cheyenne, Elbert, Kit</td>
<td>• Youth programs</td>
<td>• Lack of access to health care services</td>
</tr>
<tr>
<td>Carson and Lincoln counties</td>
<td>• Quality emergency care and critical care</td>
<td>• Recruitment of qualified professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of public transportation</td>
</tr>
<tr>
<td><strong>Denver Metro</strong></td>
<td>• Commitment to a school-based health agenda</td>
<td>• Lack of affordable housing</td>
</tr>
<tr>
<td>Adams, Arapahoe, Broomfield,</td>
<td>• Access to a wide range of nonprofit organizations,</td>
<td>• High rates of homelessness</td>
</tr>
<tr>
<td>Denver, Douglas and Jefferson</td>
<td>health care providers and public health agencies</td>
<td>• Behavioral health</td>
</tr>
<tr>
<td>counties</td>
<td>• Access to local community colleges and universities</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td>• Entrepreneur and innovative spirit</td>
<td>• Culturally competent health care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statewide Themes

Poverty
Poverty affects nearly every aspect of one’s health but often seems too large of an issue to tackle. Participants discussed feeling paralyzed when trying to figure out how to solve or rid their communities of poverty. Tour attendees were encouraged to unpack the topic of poverty by examining the various social determinants of health that impact low-income individuals and families. Attendees spoke of barriers such as access to healthy foods, affordable housing, public transportation options, education, economic and job opportunities, availability of community-based resources and opportunities for recreational activities. As social determinants of health touch all aspects of our lives, it is crucial that professionals across all sectors are engaged in conversations and actions to address these social barriers that prevent communities from being the healthiest that they can be.

Access to Primary and Specialty Care Services
Overall access to care is a concern across the state. In rural regions, there is a general lack of providers available. While some rural communities may have a local physician or two, there often are not enough providers to serve the needs of the entire community. Additionally, it is even more challenging to find a provider of specialty care services in rural communities, forcing residents to travel great distances, often to the Front Range, in order to receive specialty care. While options for health care providers is certainly greater in urban and suburban counties, residents still struggle to access services and highlighted the lack of providers currently accepting Medicaid and Medicare. The few providers that do accept Medicaid and Medicare take a limited number of patients and quickly reach capacity, leaving many vulnerable individuals without access to care. In both rural communities and underserved urban communities, there is a challenge in retaining an adequate number of both primary care and specialty care providers – creating a cycle of high turnover within the field.

Cost of Health Insurance
With implementation and expansion of the Affordable Care Act, more people than ever are insured in Colorado. However, because many health insurance plans have high deductibles, a large number of insured individuals are not accessing services they desire or need. Attendees spoke of the extreme strain that high health insurance premiums take on their overall annual income. Many families cannot afford to pay their deductibles and other out-of-pocket expenses in addition to their already high health insurance premiums, and many uninsured or underinsured tend to rely heavily on costly emergency care services. This is not a challenge unique to residents in Colorado, but rather a barrier felt nationwide and may only be solved through system-wide reform.
Behavioral Health and Substance Abuse
Access to quality, affordable and convenient behavioral health care was one of the most prominent themes heard throughout the state. Mental health issues and substance use cut across all ages and populations within Colorado. Youth and adolescent behavioral health was an area with extreme need, as Colorado has one of the highest adolescent suicide rates in the nation. Mental health services and prevention efforts are needed within schools and early childhood service organizations in order to reach children and families at a young age.

Integration of care was a topic of conversation in many communities. Attendees spoke of many recent efforts to integrate behavioral health care into the primary care setting, creating a “one-stop shop” through which individuals can access a variety of support services. Integration of mental health and substance use services into a primary care setting would also help to decrease the stigma often associated with accessing these services, especially in small communities.

We also heard from several communities struggling to control illicit drug use, specifically methamphetamine, heroin and prescription drugs. In many rural regions of the state, counties may have a very limited pool of mental health providers, who simply do not have the capacity to serve the entirety of the population in need. Often, individuals must travel out of their counties to seek treatment or wait several weeks to schedule an appointment with a provider. Additionally, health education is not required in Colorado public schools, meaning that many children are not introduced to conversations about healthy lifestyle choices and how to seek help if they need it until later on in their lives. It is necessary to address these crucial topics early on in a child’s life in order to help prevent substance abuse and other behavioral health issues. This issue was especially prominent in discussing the recent passage of Amendment 64 and concerns regarding the increasingly casual interaction with, and perception of, legalized marijuana.

Qualified Health Professionals
Rural parts of the state consistently struggle to recruit and retain qualified health care professionals within their communities. We visited several communities and counties that were without a single primary care physician or with diminishing public health departments, creating substantial barriers to accessing care. Counties as far as Chaffee and Kiowa cited traveling to Colorado Springs or Denver to access services such as acute mental health treatment and specialty care.

In many regions employment is limited, and while health care professionals are certainly in high demand, spouses of qualified health professionals often struggle to find work in the area and/or adjust to the rural lifestyle change. The lack of general employment options deter many young families from relocating to rural parts of the state. Several communities expressed the difficulty of drawing in young professionals that were raised in rural regions back to their hometowns after leaving for school or other jobs. Additionally, individuals spoke of high turnover within clinics and social service agencies, creating a disconnect and discontinuity between community members and their providers. Opportunities for student federal loan reimbursement through a commitment of five to seven years in a rural health care setting exists for physicians and health professionals, but many expressed the challenge in keeping those individuals after their loans are paid off. Several communities highlighted new programs within community colleges and high schools that aim to recruit young adults into health-related professions and provide them with exciting opportunities to stay and work in the communities they call home.
Health Care Navigation
Navigating the complexities of the health care system is a national concern not unique to Colorado. During most sessions, individuals shared their frustrations around utilization of health insurance and accessing necessary services. Often times, those that qualify for Medicare and other types of government assistance are unaware of their status or how to apply for and access these vital support services. Countless individuals spoke of the need for more health care navigators within communities – trained professionals that can assist individuals in navigating their health insurance plans – in addition to informing them of the resources available.

Empowering clients to make informed decisions was an important aspect for many attendees. This is especially true among non-English speaking populations. Attendees described the need for more prevalent and available culturally appropriate care and navigation. Many communities highlighted programs in which individuals are trained to work with non-English speaking or other vulnerable populations to better educate and decrease fears associated with accessing care. All too often, these assets cannot meet the growing demand for services. Bilingual providers and navigators are often difficult to recruit and retain.

Individuals also expressed a need for an informational “hub” or community center in which residents could go to find a comprehensive list of services and referrals to available resources. Session attendees spoke of the need to demystify the “black box” that is the health care system and how this must been done not just at the clinical level, but also in churches, schools and other easily accessible community settings.

Affordable Child Care and Options for Out-of-school Programming
Access to affordable child care services was frequently cited as a major barrier for families in achieving good health. In some rural communities, public schools operate on a four day week, leaving working parents scrambling to find child care or recreational activities for their children on Fridays. Boys and Girls Clubs across the state provide valuable out-of-school opportunities to the children within communities that they serve. However, it is clear that more organizations like the Boys and Girls Club need to exist in order to serve the large population of youth during after-school hours and summer vacations. Many residents juggle multiple jobs or shift work to support their families, creating a particular need for child care services that can accommodate extended hours. When, and if, reliable child care is offered within a community, it is often at an extremely high cost. Parents are often forced to choose between keeping their jobs and paying for child care or staying at home. Often, it is a more attractive and the less expensive option for parents to quit their jobs in order to be the primary caregiver at home, than it is to pay for child care while employed.

What healthy looks like for kids in the Mountain Region — bike rides and playing outside!
Affordable Housing and Homelessness

Rental and homeownership costs are high in most parts of the state and especially high in rural areas when compared to the average annual wage of residents. In “rural resort” communities, it is common to find individuals that live in one county and commute to and from work in another county, often at ski resorts and hotels. As the cost of living rises, many residents are forced out of their homes, contributing to Colorado’s growing homeless population. Front Range residents emphasized the fact that many people who used to reside in Denver or other urban parts of the state are now being pushed into outlying or rural areas, drastically shifting the demographics of certain counties. High housing costs pose a large financial strain for many, decreasing individuals’ abilities to pay for health insurance premiums, child care and other services needed to sustain a healthy lifestyle. Attendees expressed the particular need for low-income housing options. As health care does not follow the individual, it is a challenge to reach and provide services to homeless and displaced individuals.

Transportation

Getting to and from the doctor’s office is a major challenge for many individuals throughout the state. In rural and frontier communities, residents often travel long distances to access basic services or specialty care. Many people from rural parts of the state rely on hospitals and treatment facilities located in the Front Range. Families are often faced with the challenge of having to take time off work just to spend an entire day or more traveling to and from the doctor’s office, depending on limited public transportation or the generosity of friends and neighbors. Geographically isolated counties struggle to address the lack of a well-established public transportation system, needed in order to connect individuals to necessary services. More often than not, transportation is the limiting factor for low-income families and seniors seeking treatment from a health care professional. This barrier leads residents to access fewer preventative care services and more emergency care services, with many isolated individuals not accessing any services at all. A widely used and affordable public transportation system is a challenge not only in rural regions, but also within communities in the Front Range.

Senior Services

There is a growing senior population across Colorado and a lack of skilled nursing homes and assisted living facilities available to support them. In many rural and geographically isolated communities throughout the state, seniors struggle to age-in-place due to their distance from quality primary and specialty care services. Rural communities have fewer skilled nursing facilities and often reach capacity quickly, forcing seniors to leave their homes for adequate care. Seniors often move to communities within the Front Range to be closer to a wider variety of health care providers. We heard the challenges that seniors face in mountain communities related to the high elevation and the need for many elderly individuals to move down to lower elevation when faced with illnesses. Additionally, attendees often spoke of depression due to isolation among seniors. Several communities stated the need for a senior center in which seniors could gather, socialize and engage in classes and physical activities together.
“Invisible” Populations
Throughout the tour, attendees pointed out disenfranchised and underrepresented individuals that make up a large portion of their county’s population. This was especially true in rural resort communities in which income disparities are vast. In many mountain communities, attendees stated there is a growing population of first generation immigrants that live in the shadows. Often, it is hard to see this population, but it is these individuals that largely support resort communities by working in service and tourism sectors. In several regions, attendees discussed the lack of awareness among the general public about the immigrant population that makes up a large part of their communities. While many clinics and hospitals across the state are unrestricted in who they provide service to, undocumented community members are often unaware of resources and services available to them, causing many to rely on emergency care services and ultimately driving up health care costs. It is necessary to bring a voice to these seemingly “invisible” populations and provide them a place at the table.

Lack of Community Will
While a handful of regions had demonstrated successful collaboration across sectors to address local and regional issues, many attendees spoke of the challenges that often come with rallying community members behind a single cause. There seems to be several localized initiatives within communities, but less will or perceived ability to work together on county-wide or regional projects. Tour attendees often cited the fact that organizations continue to work in silos and have trouble committing time, energy and resources to impactful collaborations. There was a recognized need to come together as a region, yet attendees seemed uncertain of how to go about doing so.

Urban Versus Rural
Colorado is diverse in its landscape, culture and natural resources. From mountains to plains to large metropolitan areas, Colorado has it all. This is one of the state’s greatest assets and arguably one of its greatest challenges. There are stark differences between communities in urban regions and those in rural regions, and although we heard barriers that were consistent across the state, it is clear that the impacts and causes of those barriers often differ. Rural communities struggle with retaining health care providers, while urban communities are typically rich in clinics, hospitals and providers. However, both urban and rural communities spoke of the challenges they face in creating awareness of available services. Individuals residing in the Front Range have similar difficulties accessing care due to child care and transportation challenges, even though providers and services are much more plentiful.

While many Front Range communities have numerous resources and service providers at their fingertips, we heard from attendees the persistent silos that various agencies operate in. On the other hand, we heard and saw authentic and successful collaboration among organizations within regions like the San Luis Valley, one of the most isolated and impoverished areas of the state. Whether Denver County, El Paso County, Delta County or Las Animas County, attendees agreed that the best way to address the disparities existing within their communities is to meet community members and vulnerable populations where they are.
## Top 10 Tour Buzzwords

1. Bootstrapper Mentality
2. Collaboration
3. Community Will
4. Cultural Sensitivity
5. Employee Retention
6. Geographic Isolation
7. Health Literacy
8. Innovative Partnerships
9. Stigma
10. Toxic Stress
Appendix A – Regional Tour and Session Details

Western Slope Tour: Sept. 30 – Oct. 1, 2015

- Sept. 30: Tour Session at Mountain Family Health Center – Rifle Clinic (Garfield County)
- Sept. 30: Tour Session at Aspen Jewish Community Center (Pitkin County)
- Oct. 1: Tour Session at Delta Schools KidzClinic (Delta County)
- Oct. 1: Site Visit at River Valley Health Center (Montrose)
- Oct. 1: Tour Session at Bridges Golf & Country Club in Montrose (Montrose County)
- Oct. 1: Site Visit at Mind Springs Health (Grand Junction)
- Oct. 1: Tour Session at Western Colorado Botanical Gardens in Grand Junction (Mesa County)

Mountain Tour: Oct. 12 – 14, 2015

- Oct. 12: Tour Session at Frisco Day Lodge (Summit County)
- Oct. 12: Tour Session at Park County Fairgrounds in Fairplay (Park County)
- Oct. 12: Tour Session at Heart of the Rockies Regional Medical Center in Salida (Chaffee County)
- Oct. 13: Site Visit at St. Vincent Hospital (Leadville)
- Oct. 13: Tour Session at Colorado Mountain College – Timberline Campus (Lake County)
- Oct. 13: Tour Session at Colorado Mountain College in Edwards (Eagle County)
- Oct. 13: Tour Session at Rollingstone Respite House in Steamboat Springs (Routt County)
- Oct. 14: Site Visit at North Park Medical Clinic (Walden)
- Oct. 14: Tour Session at YMCA of the Rockies – Snow Mountain Ranch in Granby (Grand County)

Northern and Northeast Tour: Oct. 26 – 28, 2015

- Oct. 26: Site Visit at Yuma County Hospital District (Yuma)
- Oct. 26: Tour Session at Wray Rehabilitation and Activities Center (Yuma County)
- Oct. 26: Tour Session at Northeastern 18 Golf Course in Sterling (Logan County)
- Oct. 27: Tour Session at Morgan Community College (Morgan County)
- Oct. 27: Site Visit at Salud Family Health Centers Clinic (Fort Lupton)
- Oct. 27: Site Visit of My Health+Connections Community Outreach and Enrollment Center (Greeley)
- Oct. 27: Tour Session at Kress Cinema and Lounge in Greeley (Weld County)
- Oct. 28: Tour Session at Gardens on Spring Creek in Fort Collins (Larimer County)
- Oct. 28: Site Visit at Sister Mary Alice Murphy Center for Hope (Fort Collins)
- Oct. 28: Tour Session at 17th Avenue Place Event Center in Longmont (Boulder County)
Southern Tour: Nov. 16 – 17, 2015 and Feb. 3, 2016

Nov. 16  Tour Session at Mt. Carmel Health, Wellness, and Community Center in Trinidad (Las Animas County)
Site Visit at Eckhart Elementary School (Trinidad)

Nov. 17  Tour Session at The Abbey Events Complex in Cañon City (Fremont County)
Site Visit at Pueblo Community Health Center – Pueblo Triple Aim
Tour Session at Pueblo Community College (Pueblo County)

Feb. 3  Tour Session at Peak Vista Community Health in Colorado Springs (El Paso County)

Southwest and San Luis Valley Tour: Dec. 7 – 9, 2015

Dec. 7  Site Visit at Pinon Project Family Resource Center (Cortez)
Tour Session at Cortez Integrated Care (Axis Health) in Cortez (Montezuma County)
Site Visit at Montezuma School to Farm Project
Tour Session at The Strater Hotel in Durango (La Plata County)

Dec. 8  Site Visit at Southern Ute Community Action Programs (Ignacio)
Tour Session at Ross Aragon Community Center in Pagosa Springs (Archuleta County)
Site Visit at Conejos Clean Water Action Project/School District (Antonitos)

Dec. 9  Site Visit at San Luis Valley Behavioral Health Group (Alamosa)
Tour Session at Boys and Girls Club of the San Luis Valley in Alamosa (Alamosa County)
Site Visit at Monte Vista Sports Complex (Monte Vista)
Tour Session at Rio Grande County Annex in Del Norte (Rio Grande County)


Dec. 14  Site Visit of Health Navigator Program at Otero Junior College (La Junta)
Tour Session Otero Junior College in La Junta (Otero County)

Dec. 15  Site Visit at Reynolds Park Project (Swink)
Tour Session at John W. Rawlings Heritage Center and Museum in Las Animas (Bent County)
Site Visit of Healthy Places Initiatives (Lamar)
Tour Session at Lamar Community Building (Prowers County)
Site Visit at Wiley School District (Wiley)

Northwest Tour: Feb. 8 – 9, 2016

Feb. 8  Tour Session at Pioneers Medical Center in Meeker (Rio Blanco County)
Tour Session at Colorado Northwestern Community College in Craig (Moffat County)

Feb. 9  Site Visit at Northwest Boys and Girls Club in Craig
Site Visit at Northwest Colorado Visiting Nurse Association (Craig)
Feb. 22  Tour Session at Kiowa Town Hall (Elbert County)
        Site Visit at Fawn Valley Community Park (Kiowa)
        Tour Session at Limon Community Building (Lincoln County)
        Site Visit at Prairie Family Center (Burlington)
Feb. 23  Site Visit at Keefe Memorial Hospital (Cheyenne Wells)

Denver Metro Tour: Jan. 12 – March 7, 2016
Jan. 12  Tour Session at The Franciscan Event Center in Centennial (Arapahoe County)
Jan. 13  Tour Session at Copperleaf Gardens and Event Center in Broomfield (Broomfield County)
Jan. 27  Tour Session at Cielo at Castle Rock (Douglas County)
Jan. 29  Tour Session at American Mountaineering Center in Golden (Jefferson County)
March 2  Tour Session at Bella Sera Event Center in Brighton (Adams County)
March 2  Tour Session at Wellshire Event Center (Denver County)
March 3  Tour Session at History Colorado Center (Denver County)
March 7  Tour Session at History Colorado Center (Denver County)
Appendix B – Post-tour Attendee Survey Data

What is your current relationship with the Colorado Health Foundation?

- Current Grantee: 29.2%
- Former Grantee: 15.3%
- Hopeful Future Grantee: 28.8%
- No Relationship: 26.7%

How did you hear about the #HealthiestCO Statewide Listening Tour?

- Email Invitation: 88.2%
- Postcard Invitation: 5.7%
- Internet Search: 1%
- Word of Mouth: 12.5%

Please indicate your agreement with the following statements:

1. I have a better understanding of the barriers my community faces to be healthy.
2. I have a better understanding of what healthy means to my community.
3. I made meaningful connections with local community members.
4. I have a better understanding of the Foundation’s role in improving my community.
5. I have a better understanding of Karen’s new role within the Foundation.
6. I feel as though I made a meaningful connection with Karen.