



# ***New Millennium Scan***

## ***Executive Summary***

WRITTEN FOR  
**THE COLORADO TRUST**

By

**REFT INSTITUTE, INC.**  
DORA LODWICK, PH.D.  
JULIE CARNAHAN, PH.D.  
JEANNETTE SUTTON, M.DIV.

**NOVEMBER 2000**

**The Colorado Trust**  
1600 Sherman Street  
Denver, CO 80203-1604  
303-837-1200  
Toll-Free 888-847-9140  
Fax 303-839-9034

[www.coloradotrust.org](http://www.coloradotrust.org)

“The Colorado Trust” is  
registered as a trademark  
in the U.S. Patent and  
Trademark Office.

# New Millennium Scan

## Executive Summary

### **REFT Institute, Inc.**

**Dora Lodwick, Ph.D.**

**Julie Carnahan, Ph.D.**

**Jeannette Sutton, M.Div.**

897 East Panama Drive, Suite 404

Littleton, CO 80121-2531

303-347-1498

November 2000

#### **Contents**

Introduction .....	1
Information Gathering .....	1
Summary of Findings .....	5
Interpretation of the Findings .....	9
Endnotes .....	14
References .....	15

## Introduction

The Colorado Trust is a grantmaking foundation dedicated to improving the health and well being of the people of Colorado.<sup>1</sup> The Trust consults regularly with the citizens of the state, through diverse means, as it develops its grantmaking priorities. The purpose of the New Millennium Scan is to inform The Colorado Trust's planning process as the foundation develops its grantmaking programs for the first decade of the new millennium. Community leaders and citizens across the state provided input to The Trust as they gathered to talk about the health-related concerns, trends and issues facing their regions and communities.

## Information Gathering

The New Millennium Scan was designed to utilize two main methods of gathering information. One method involved conducting planning charettes in six diverse Colorado communities, a process that was supplemented by individual interviews with community leaders who had been unable to attend the charettes. The second method of gathering information for the scan involved an in-depth review of Colorado-focused, health-related research studies.

Information for The Colorado Trust's New Millennium Scan was gathered and analyzed by REFT Institute, Inc.

### The Planning Charette

A planning charette brings together knowledgeable community members who have a richness of diverse experiences to hold a conversation about what they are experiencing in their communities. Since the New Millennium Scan would include input from six planning charettes across Colorado, it was important to choose sites and participants that would reflect the perspectives of diverse Colorado citizens as closely as possible. The Trust was especially interested in hearing the voices of those who often do not participate in community discussions – youth, seniors and people of color.

The site selection process for the New Millennium Scan began with a search for communities where citizens had had only limited opportunities to voice their concerns to The Trust over the last ten years. In addition, counties with varied growth and economic patterns, distinct age profiles and presence of people of color were identified as potential charette sites. The locations of recent Trust initiatives as well as state demographic and census information assisted in narrowing down the final recommendations for site visits.

Trust program officers and other staff then developed additional criteria for site selection: diverse geographic areas, economic variations (including resort and ski areas), population growth variations, different ethnic groups and urban, rural and suburban areas. Using these criteria and regional preferences identified by The Trust, the REFT Institute proposed the following planning charette<sup>2</sup> groupings. Seniors and young people were sought out in each area:

- *African Americans.* African American community members within the Denver Metropolitan area were selected as an under-represented voice.
- *Costilla, Conejos, and Huerfano Counties.* These counties showed low-to-declining growth rates, high levels of poverty and a large population of people of Latino and Hispanic descent. Two of the counties are

part of the six-county San Luis Valley, a largely agricultural area that also experiences some tourism.

- *San Miguel County and the Telluride resort and ski area.* This rapidly growing region was selected to represent resort areas and their effects on surrounding rural communities.
- *Larimer County.* Selected to represent a suburban site, Larimer County is characterized by high growth rates, a diverse population, a large state university and rural resort areas.
- *Baca County.* Baca County was chosen to bring together several communities in the agricultural Arkansas River Valley. This area has experienced no growth, widespread poverty and a high percentage of seniors in its population.
- *Native Americans.* Native Americans from the Denver Metropolitan area contributed their experiences which are very different from that of Native Americans who live on reservations.

### **Selection of Charette Participants**

A listing of representative community groups helped guide the selection of participants in each planning charette. These groups included youth, seniors, medical and public health personnel, educators, law enforcement personnel, social services professionals, representatives of the faith community, persons of color, members of the business community and elected officials. In addition, local community members proposed additional groups of people. In some locations, a community liaison also identified possible participants and facilitated local arrangements for the day-long charette.

The REFT Institute personnel sent letters of invitation to identified community members along with a response card, information about The Colorado Trust, an agenda for the charette and an exercise sheet to encourage some conversations and thinking about health issues prior to the gathering. In addition, REFT personnel and/or the community liaison made telephone calls both before and after the mailing to encourage participation and confirm attendance.

A Trust staff member joined the REFT Institute team at each charette. In addition, African American and Latino facilitators helped guide the charettes of people of color. The charette locations were as varied as the regions, being held in community centers, an Elks Lodge, a conference center and a hospital basement.

### **The Charette Process**

While the planning charettes reflected the culture of each community, similar processes guided their work. Each charette began with a re-statement of the purpose of the gathering, after which The Colorado Trust's mission was described and The Trust representative answered questions about the work of the foundation. The charette continued with the following activities:

- A brainstorming session helped to identify health-related issues of concern to participants. Many participants had prepared their list of concerns in advance. These sessions generated between 40 and 70 separate as well as overlapping issues.
- The participants were then divided into smaller groups to provide details about the brainstormed ideas in their own communities or region. For instance, one common theme was "access to health care." Various

groups described this concern differently. To some it meant a lack of affordable health care, while to others it meant a lack of transportation for elderly, a lack of services within the community, and so on.

- The small groups reported back to the group as a whole, describing their key issues and providing their interpretation of each issue. The discussions generated by the small group presentations often stimulated conversations about potential solutions to the issues.
- Following these presentations, the group as a whole decided whether to rank the key issues or to accept all of them. The majority of the charettes chose to accept all of the issues identified by the small group participants.
- Participants were repeatedly asked to think about the “missing voices,” those community members who were not present, and to include those perspectives if possible in their discussions. Toward the end of the charettes, participants were asked to list those missing voices.
- Finally, participants were asked to list vehicles of communication (i.e., local newspapers, newsletters, etc.) that The Trust could use to provide information to members of their communities.

In at least three of the sites, participants said they were glad to have participated in the charette because they rarely had the opportunity to have an open discussion with others in their region, especially with people in other counties. “Even if nothing else happens with this, the process was valuable because we did something we have to do anyway,” said one participant, reflecting the comments of several others. Charette participants asked for the addresses of all who participated in their region so they could follow-up with each other at a later date.

### **Individual Interviews and Feedback**

Several individual interviews were held outside of the charettes due to scheduling conflicts that prevented some people from attending the day-long meetings. These interviews, which involved educators, community health providers, hospital and clinic personnel, social service workers and others, provided specialized perspectives on health-related issues. Generally the interviews validated the priorities of the charettes. However, they also provided insights into issues that participants chose not to discuss in a public meeting.

REFT Institute personnel sent a description of each charette to its participants and to those interviewed in that region, asking them whether the description accurately reflected the issues and the meanings they gave to those issues; The Trust representatives also provided feedback. Participants from all but one charette responded with letters, notes and telephone calls. The overall feedback indicated that REFT personnel had adequately captured the communities’ ideas and meanings.

### **Health-Related Research Studies**

In addition to the charettes, the REFT Institute conducted an in-depth review of health-related research studies that focused on youth, seniors, people of color, rural residents and general information about Colorado. All of the studies reviewed were no more than two years old, having been conducted between 1998 and 2000.

More than 60 persons, agencies or websites were contacted for information related to issues facing the identified populations within Colorado. In addition to these contacts, charette participants provided some research materials that were included in county studies.

The scan of research literature provided further insights into and clarification of the issues that emerged across the state. It also confirmed the findings of the charettes and of individual interviews. Reviews of the literature were also helpful in identifying issues that were not specifically mentioned in the charettes.

### **Summary of Findings**

This summary of the findings describes the top issues identified by three or more of the charette communities. The summary then compares the community issues with key issues cited in the review of research literature.

The charette communities are categorized first by geographic, economic and population factors, such as rural, resort/tourist and urban/suburban. Then the communities are categorized by individuals or groups who are traditionally under-represented in community decision-making: people of color, seniors and youth.

#### **Findings in Rural Counties**

For this analysis, Baca, Conejos, Costilla and Huerfano counties were defined as rural regions. (The charette that took place in San Miguel County is described under the resort/tourist section.)

##### The charettes:

The charettes in rural regions of the state identified common issues of substance abuse; domestic abuse, as well as the need for family support (for example, parenting classes, child care and home visitation programs); a community event/recreation center; transportation for medical care; health education; health care for the uninsured and the working poor; and economic development.

In addition, Costilla, Huerfano and Conejos counties identified specific concerns regarding youth and seniors, and the need for better coordination of the services that are available in the region.<sup>3</sup>

##### The research literature review:

Studies of rural areas identified many of the same key issues that came from the charettes. For example, overall population decline is the result of a lack of economic opportunity in these rural areas. Lack of access to health care and lack of awareness of the benefits of preventative health screenings in the rural Hispanic community have resulted in high rates of cancer, obesity and related diseases, and heart attacks. Social services workers identified the top issues as the need for day care for seniors, child care, crisis pregnancy services, recreation opportunities and services to address domestic abuse.

The issues noted in the documentary evidence that were not specifically identified by community members in the charettes are housing, youth crime (other than substance abuse) and illiteracy.

#### **Findings in Resort/Tourist Counties**

##### The charette:

The charette in San Miguel County identified the key issues of lack of access to basic health care

(including mental health), emergency care and specialty care; substance abuse; regional collaboration and conflict; senior issues; transportation; and economic stresses on families.

The research literature review:

The documentary evidence related to resort/tourism regions of the state identified problem issues of population growth, transportation congestion due to the high number of commuters, lack of health care for the uninsured and the working poor, and increases in domestic abuse.

Issues cited in the research literature review that were not mentioned specifically in the charette include the aging and disappearance of farmers/ranchers in the region.<sup>4</sup>

**Findings in Urban/Suburban Counties**

The charettes:

The two charettes held in urban/suburban areas – one with the African American community in Denver and one in Larimer County – both identified access to health care and affordable housing, family support/resources, and communication and community building.

In addition, the African American charette identified the key issues of health education and awareness, education, senior issues, economic development, infant mortality and immunization needs, and social justice issues.<sup>5</sup>

The Larimer County charette also highlighted concerns about the availability of mental health care; suicide; substance abuse; health and quality of life for teens and youth; and the need for improved advocacy for victims of sexual assault and domestic abuse.

The research literature review:

The research literature review confirmed many of the issues identified by the charette participants, including significant population growth in urban/suburban parts of Colorado. In addition, the review identified several issues not specifically identified in the charette, including an increase in juvenile arrests, an increase in percentage of people living at or below poverty level, and increased tobacco use.



## **Findings Regarding People of Color**

### The charettes:

The two charettes that were made up predominantly of people of color were the charette in Costilla County (with Hispanic community members) and the charette in Denver (with African American community members). In addition, interviews were conducted with Native Americans living in the Denver area. The common issues of concern raised by these communities that related to their race and culture included lack of understanding of cultural health practices by health care providers; lack of screenings for disease; lack of health education specific to diseases with a high incidence in these communities, such as, diabetes, hypertension, HIV/AIDS, periodontal disease, prostate cancer; social injustice issues; high rates of teen pregnancy; and lack of appropriate communication about health care resources.

The African American community emphasized social injustice in many areas including within the criminal justice system. The lack of safe and affordable housing and discrimination in gaining access to capital development were other areas where African Americans reported social injustice. Native Americans stressed these same issues and added concerns about substance abuse, including alcohol abuse; grandparents raising grandchildren; and lack of emergency support services.

In addition to these two charettes, the charette in Larimer County focused on the lack of adequate mental health care for people of color, specifically the lack of bilingual therapists for the Hispanic community. A lack of cultural sensitivity and cultural awareness was also mentioned as a problem within mental health services.

### The research literature review:

The review of research literature indicated issues similar to those identified by the African American and Hispanic communities, including lack of safe and affordable housing, a high incidence of certain diseases, grandparents raising grandchildren and teen pregnancy.

Additional issues included in the research literature but not identified by charette participants are the need for organ donation initiatives due to the difficulties of finding appropriate matches for persons of color, and the existence of hate crimes.

## **Findings Regarding Seniors**

### The charettes:

All of the charettes identified concerns related specifically to seniors. These concerns highlight the need that seniors have for transportation to health care providers; respite care and senior day care; assisted living; home health care; gerontological health care specialists; and health education regarding wellness, nutrition and available resources. Other issues identified in all the charettes were poverty, senior abuse issues, and grandparents raising grandchildren without financial resources.

### The research literature review:

The research literature review of senior issues echoed the charettes in pointing out that lack of transportation for seniors is a serious concern. Also identified were caregiver issues that included senior day

care, respite care, home health care, senior abuse, assisted living and health education regarding wellness, nutrition and aging.

Also cited in the research literature, but not identified in the charettes, were the need for consumer protection, information and referral, and for affordable housing. In addition, the research literature focused on the inability of seniors to pay for long-term nursing home care, and on self-neglect.

## **Findings Regarding Youth**

### The charettes:

Health and quality of life issues affecting youth were of particular concern for all of the charette communities. Common issues were identified as substance abuse; the need for recreational activities; lack of support for parents in raising children; the need for sex education; high rates of teen pregnancy; lack of integration of youth in community decision-making; and the lack of affordable child care.

Additional issues raised by at least one of the communities included lack of available jobs for teenagers, children at risk due to lack of social and economic resources, “latchkey kids,” the need for resources for early childhood programs, and youth violence.

### The research literature review:

The literature on youth issues reinforced most of the issues identified by the charettes, but did not identify “lack of integration of youth into community decision-making.”

Youth violence was predominant in the research literature, but was not identified by most charette communities as a significant issue. The literature also highlighted child poverty issues, suicide among young people, lack of access to health care (including mental health and dental care), and high school drop-out rates.

## **Interpretation of the Findings**

The issues identified by community members in the charettes and the accompanying research literature reviews point to common and distinct issues across the counties. An analysis of the common issues will be presented first, followed by the issues that are unique to specific communities based on geography, economic base, ethnic or racial background, or other population characteristics.

The issues that surfaced across all communities were **Access to Health Care**, the need for **Communication and Collaboration**, and **Substance Abuse**. The issues of a **lack of affordable housing** and **mental health** were identified by three of the charette communities. Other common issues regarding youth and seniors will be discussed separately below, and common issues identified by the African American, Native American and Hispanic communities will also be discussed separately.

### **Access to Health Care**

Access to health care took on slightly different meanings from community to community, but there were common themes across all communities:

*Lack of affordable health care.* Lack of affordable health care – or having no health insurance – was an issue that was identified in all of the communities. In some of the communities there were no sliding-fee-scale clinics that provided basic health care services. Along with lack of affordable health care, all communities mentioned the high cost of prescription drugs and the fact that the cost of these drugs was not covered by insurance.

It became clear that many people in the charette communities simply went without any type of basic health care for one of three major reasons. Either they were unaware of Medicaid/ Medicare programs for which they could qualify, they were uncomfortable being on any type of public assistance, or they did not qualify for assistance because their income was above the maximum income allowed, yet they could not afford health insurance.

*Lack of basic health care and access to specialists.* Lack of basic health care and access to specialists was a problem identified by all communities in the rural counties and San Miguel County. Pregnant women in Baca County, for example, cannot have their babies delivered locally because there are no medical providers. Also, the community cannot respond adequately to victims of domestic abuse or sexual assault because there are no trained people in the community. Needless to say, in rural communities there are no specialists to deal with diseases like cancer, diabetes, infectious diseases, etc., and any type of surgery requires relocation of patient and family to a distant town or city.

*Lack of health education and health screenings.* Lack of health education and health screenings was another issue raised across all communities. For example, rural areas often do not have health screenings available to residents. The African American and Hispanic communities need better communication and education about the need to be screened, especially for diseases that are prevalent in their communities. Citizens from Larimer and San Miguel counties felt there was not enough emphasis on disease prevention and health promotion, including education about fitness and wellness.

*Lack of transportation to health care.* Lack of transportation to medical providers both for basic health care and emergency care was especially problematic in the rural areas (including San Miguel County because of its geographic remoteness). Rural participants said that when residents were sick, they often could not get to the medical facility either because the distance was too far, they were seniors and no longer drove, there was inadequate public transportation, and/or they did not have a vehicle to drive (someone else in the family was using the car). In San Miguel County the problem was exacerbated if there was a need for specialty medical care, because specialists were as much as 200 miles away.

The other transportation issue raised by participants in both urban and rural charettes involved the lack of emergency medical care or ambulance service. Rural areas were struggling with staffing and paying for ambulance services. Residents were also concerned about insurance that disallows coverage for emergency transportation.

In addition to these issues, the African American community was concerned about the availability of emergency responders and emergency response time in their community.

*Lack of cultural awareness among health care providers.* Lack of culturally aware providers was an issue identified by the African American, Native American and Hispanic communities. In the Hispanic community, linguistic issues were noted as well as health care providers' insensitivity to the need to blend Hispanic cultural health practices with Western medicine. In addition, community members believed that health care providers do not give them good and courteous services.

*Lack of affordable mental health care.* Lack of affordable mental health care was often included as an issue in the overall discussion of lack of affordable health care in the communities. Charette participants talked about the lack of mental health services for individuals without health insurance and the trend of health insurance companies and HMOs to provide inadequate coverage for these services. They said that the few mental health care providers available were often overextended and too busy to provide activities such as grief counseling. In addition, people of color expressed a need for mental health support in the workplace.

### **Substance Abuse**

Substance abuse was another issue that surfaced in all of the charette communities. Quite often it emerged as an issue identified primarily with young people, but as the charette communities reflected on the problem, each community concurred that substance abuse encompassed all ages and sectors of their communities. The issue was not only the use and abuse of illegal drugs, but also the abuse of alcohol and prescription drugs.

Participants related this issue to other problems evident in the communities such as family stress and the breakdown of family structure, economic issues, lack of law enforcement, lack of meaningful activities and lack of accountability of parents for their children.

### **Community Collaboration and Conflict**

Community collaboration and conflict was another issue that surfaced in all of the communities. Although it had slightly different meanings across the communities, there were common themes throughout:

*Lack of awareness or coordination of existing services within and between counties.* This was an issue identified in rural communities that had few resources and also an issue in an urban/suburban community that has an abundance of resources.

*Conflict over resources due to resource imbalance.* Two of the charette communities described conflict over resources due to resource imbalance. The resources within the county were rarely evenly divided, charette participants said, and each section of the county was insensitive to those things considered "issues" in the other area of the county. The resource-poor areas were more likely to collaborate because they needed to, while the resource-rich portions of the county were reluctant to or rarely saw a need to collaborate.

*Lack of resources.* The lack of resources within the community was seen as the case in Baca County. Participants said that while they did an excellent job cooperating and collaborating across the county, they had very few resources in terms of funding and expertise to solve community needs.

## **Lack of Affordable Housing**

Lack of affordable housing was identified by three of the charette communities and is supported by documentary evidence that housing costs are skyrocketing in many parts of Colorado. In Larimer and San Miguel counties, lack of affordable housing has created a multitude of related problems, from workers commuting long distances for employment, to problems associated with “latchkey kids,” and from family stress, to lack of money for food and other necessities. The lack of affordable and safe housing was also an issue for the Native American and African American participants, who related it to other community issues such as access to capital, economic development and local community redevelopment.

## **Unique Issues for People of Color**

While many of the issues related to people of color, seniors and youth were issues identified by all members of the communities, there were also some unique issues. For example, institutionalized racism has created an unequal playing field for the African American, Native American and Hispanic communities, which struggle with economic development issues that affect many other areas of their lives.

Members of the African American community clearly articulated the concept that in order to improve the health or quality of life of the individual, other interrelated factors must be addressed. One of the strongest factors in this community has been the repercussions of social injustice. The myriad issues of concern to this community can be addressed most effectively when the consequences of social injustice on each issue are understood and addressed.

Hispanic community members participating in the charettes also described repercussions from negative external forces that diminish their quality of life, such as cultural insensitivity, racial stereotyping and classism. It is clear that solutions for this community’s issues, like those of the African American community, must also take into consideration the dynamics of social injustice.

## **Unique Issues for Seniors**

As a group, seniors have the most clearly articulated list of health concerns. Senior citizens in the rural areas have the greatest needs, largely because there are fewer resources available to them. Rural communities have trouble staffing their sole nursing home, as well as difficulty finding people and financial resources to operate additional programs such as senior day care, respite care, meals on wheels and senior transportation services.

In both communities of color, seniors experienced the results of a life lived with few assets. High levels of illiteracy, lack of information about medical or other resources and cultural mistrust of external institutions create many issues for these seniors. In addition, African American seniors sometimes face the prospect of raising their grandchildren without essential resources and support.

## **Unique Issues for Youth**

Many important issues were identified by the young people who attended the charettes. Substance abuse was recognized across the board by adult and youth charette participants, and was quite

often coupled with reasons for the substance abuse. The reasons offered included the following:

*Lack of recreational activities.* Citing the lack of recreational activities as a reason for substance abuse seemed reasonable when it came from the people of Conejos, Costilla, Huerfano and Baca counties, considering that there are few formal programs or activities for young people to do in these communities. However, the same reason was offered by the suburban youth from a community with an abundance of recreational, cultural and educational opportunities. The suburban youth pointed to a lack of “meaningful activities.”

*Lack of parental involvement.* A lack of parental involvement was cited as a reason for substance abuse in San Miguel County, a resort/tourist area. Charette participants said this was due to busy, working parents, some who are also commuting long distances. The high school students who participated in the Larimer County charette suggested that lack of parental involvement was quite often the cause of increased at-risk behavior in young people.

*Lack of job opportunities for youth.* Another reason offered by adults and youth in both the rural and urban/suburban communities to explain youth substance abuse was lack of job opportunities.

*Lack of involvement of youth in community decision-making.* Finally, young people in the charettes raised the issue of lack of integration of youth in community decision-making. The teens attending the charettes suggested they were seldom included in community decisions or asked for their opinions, and that they were quite often spoken for as if they didn’t have an opinion. Perhaps this is the heart of the issue for youth of our communities: they feel isolated, segregated and unimportant. The resulting feelings of lack of respect and boredom might be yet another explanation for substance abuse.

The participation by teens in the charettes certainly aided in the identification of issues common among teens. Other issues affecting younger children and families also mentioned in the charettes included lack of quality child care and early childhood programs.

## Endnotes

---

1. "The Colorado Trust Fact Sheet," Scan 2000.
2. Before proposing the final sites, the REFT Institute consulted with people in the proposed sites to explore their perceptions of the viability of holding charettes in those areas. Two counties chose not to have a planning charette in their area because the University of Colorado Health Sciences Center was in the process of conducting a health assessment in the counties. While they offered to share the resultant information, it was not available when the Scan was completed.
3. These issues will be discussed further in the summary of the People of Color section.
4. It should be noted that the issue of housing costs were brought up at the charette in San Miguel. Housing did not appear on the final list from the charette, but problems related to the high cost of housing did, such as substance abuse, regional collaboration and conflict, transportation and decline in family structure.
5. These issues will be discussed further in the summary of the People of Color section.

## References

- The Aurora Project, Inc. (1999), *Aurora Community Indicator Initiative Project* (Aurora, Colorado: The Aurora Project, Inc.).
- Boulder County Healthy Communities Initiative (1998), *Quality of Life in Boulder County, 1998; A Community Indicators Report* (Boulder, Colorado: Boulder County Healthy Communities Initiative).
- Citizens for Lakewood's Future (1997), *Citizens for Lakewood's Future: Community Index Project – Quality of Life Report 1997* (Lakewood, Colorado: Citizens for Lakewood's Future).
- Colorado Children's Campaign (1999), *KidsCount in Colorado* (Denver: Colorado Children's Campaign).
- Colorado Coalition Against Domestic Violence (2000), "Colorado Domestic Violence Fatalities," *Colorado Coalition Against Domestic Violence Newsletter*, February.
- Colorado Coalition for the Homeless (1999), *Homelessness in Colorado*, Colorado Coalition for the Homeless, September.
- Colorado Coalition for the Medically Underserved (1998), *A Plan for Colorado: Meeting the Needs of the Medically Underserved* (Denver: Colorado Coalition for the Medically Underserved).
- Colorado Commission of Indian Affairs (1999), *1998-1999 Colorado Directory of American Indian Resources*, Colorado Commission of Indian Affairs.
- Colorado Department of Human Services (1998), *Homelessness in the Denver Metropolitan Area*, Colorado Department of Human Services, June.
- Colorado Department of Human Services, Division of Aging and Adult Services (1999), *Colorado Four Year State Plan on Aging, 1999-2003* (Denver: Colorado Department of Human Services).
- Colorado Department of Human Services (2000), *Domestic Abuse Assistance Program*, Colorado Department of Human Services, February 15.
- Colorado Department of Public Health and Environment, Health Statistics Section (1999), *Colorado Vital Statistics 1997* (Denver: Colorado Department of Public Health and Environment).
- Commerce City: Mission Possible! (1998), *Community Indicators; Commerce City Community Indicator Project, 1998* (Commerce City, Colorado: Commerce City: Mission Possible!).
- Community Research Services, University of Southern Colorado, and Healthy Pueblo Communities 2010 (1999), *A Community Snapshot: Pueblo Community Indicators Project, Spring 1999, Volume II* (Pueblo, Colorado: Pueblo Community Indicators Project).
- Forster and Associates (1997), *The Uncompahgre Healthy Communities: Working Status*



*Report to the Residents of Montrose and Delta Counties* (Clifton, Colorado: Uncompahgre Healthy Communities Project).

Gage, L. et al. (1998), *The Safety Net in Transition: America's Uninsured and Underinsured: Who Cares?* (New York: National Association of Public Hospitals and Health Systems), p. 12.

Gallagher, K. and J. Drisko (1999), *Building Community Capacity for Teen Pregnancy Prevention: Evaluation of The Colorado Trust Teen Pregnancy Prevention 2000 Initiative* (Denver: The Colorado Trust).

Garnas, J. (1998), "Environmental Inequity within Latino Communities," *Larasa Reports*, March.

Garnas, J. (1998), "Latinos and HIV/AIDS: Trends and Impacts," *Larasa Reports*, July.

Garnas, J. (1998), "Latinos and Literacy: Results and Implications of the National Adult Literacy Survey," *Larasa Reports*, August.

Garnas, J. (1998), "Latina Family Planning and Reproductive Health," *Larasa Reports*, November.

Garnas, J. (1998), "Migrant and Seasonal Workers in the United States," *Larasa Reports*, December.

Healthier Communities Coalition of Larimer County, *Health Status Assessment and Community Perspectives; Executive Summary – Healthier Communities Coalition of Larimer County*.

Healthy Mountain Communities (1998), *Healthy Community Indicators: a tool for sustainable development in the Roaring Fork and Colorado River Valleys* (Glenwood Springs, Colorado: Healthy Mountain Communities).

Lopez, L. (1999), "Hate Crimes," *Larasa Reports*, February.

Lopez, L. (1999), "The Child Health Plan Plus (CHP+): Colorado's Response to Provide Health Insurance for Uninsured, Low Income Children," *Larasa Reports*, May.

Lopez, L. (1999), "Larasa's Project Help: A Novel Approach for Reducing the Risk for Breast Cancer Among Denver's Latina's," *Larasa Reports*, June.

OMNI Institute (1998), "OMNI Institute's Scan Study on Youth Violence," a paper prepared for The Colorado Trust.

Operation Healthy Communities (1998), *Pathways to Healthier Communities: Archuleta, Dolores, La Plata, and San Juan Counties* (Durango, Colorado: Operation Healthy Communities).

Pappas, G. (1997), "Latino Mental Health: A Social and Cultural Perspective." *Larasa Reports*, August.

Pappas, G. (1997), "Incarceration rates of Latinos in Colorado's Prisons", *Larasa Reports*, October.

- Pappas, G. (1997), "An Assessment of Latina Women's Health in Colorado," *Larasa Reports*, November.
- Pappas, G. (1998), "Racial and Ethnic Injustice in the Criminal Justice System," *Larasa Reports*, February.
- Pappas, G. (1998), "The Latino Family and Domestic Violence," *Larasa Reports*, April.
- Pappas, G. (1998), "Latino Dropouts: Explanations and Solutions," *Larasa Reports*, June.
- Pappas, G. (1998), "Diabetes in the Latino Community," *Larasa Reports*, May.
- Project PAVE (1999), "Strategic Plan, Focus Group Notes: Teachers." December.
- Poudre Health Services District (1998), *1998 Community Health Survey: Summary of Results* (Fort Collins, Colorado: Poudre Health Services District).
- The Research Center, Graduate School of Public Affairs (1997), *El Paso County: Community Capacity Assessment, 1997*.
- Research and Evaluation Group, Department of Family Medicine, University of Colorado Health Sciences Center (1998), "Maintaining Independent-Living in the Elderly; a literature review," a paper prepared for The Colorado Trust, November.
- San Luis Valley Community Connections Publication (1999), *A Glimpse of What is Happening in Our Community; A San Luis Valley Community Health Report, 1999* (Alamosa, Colorado: San Luis Valley Community Connections – Healthy Communities Initiative).
- Scales, P., M. Guajardo Lucero, and H. Halvorson (1998), "Voices of Hope: Building Developmental Assets for Colorado Youth." Results of the Colorado Adult and Youth Polls, December.
- U.S. Bureau of the Census (1997), "Current Population Study statistics and 1996 population estimates from the Colorado State Demographers Office," *1995-1997 Census Bureau*, as reported in 1997 Colorado Health Source Book: Insurance Access and Expenditures, pg. 7-8.
- Weld County Citizen Action Network (1997), *Weld County Citizen Action Network – Indicators of Community Health, 1997* (Greeley, Colorado: Weld County Citizen Action Network).
- White, B.J. (1999), *HealthONE Presbyterian/St. Luke's Medical Center Community Assessment; May 1999*.
- Yampa Valley Partners (1999), *The Yampa Valley Partners Community Indicators Project 1999 Report*, Craig, Colorado: Yampa Valley Partners.