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**Author: Matthew T. Klick**

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# Immigration, Community Integration and Public Health in Colorado's Rocky Mountains: An Overview and its Governance

**Matthew T. Klick**
Arctic and Mountain Regions Development Institute
University of Denver, USA
matt@amrdi.org

## Abstract

This paper explores the link between new immigration to Colorado (USA) mountain communities and public health service access with a case study focus on Lake County, Colorado. It utilizes a combination of key informant interviews—with county commissioners, health providers, locally-based organizations and civic leaders—and focus groups with community members, in order to examine how disparities in access and representation across sub-populations translate into health outcomes. This paper makes several arguments. Specifically, this paper recognizes important efforts taking place within the community to better integrate the Latino population, and to include its input on evolving public health and youth empowerment/well-being initiatives. Nevertheless, the Latino population remains isolated, based on a combination of economic and social factors that structurally limit the participation of the greater Latino population in civic affairs. Certain culturally-relevant attributes, and Latino agency, provide opportunity as well, however, and this paper isolates several pathways through which local governance can merge formal and informal processes in order to better bridge between the self-identified needs and desires of the Latino population and health access and outcomes. The paper concludes with a note on the emerging "socio-economic ecosystem" of Colorado mountain regions, which distinguishes employee-housing communities from resort communities, augmenting disparities in services and deepening the structural exclusion of minority immigrant communities from adequate healthcare.

Keywords: immigration, public health, resort-based economies, structural exclusion, environmental health, Colorado

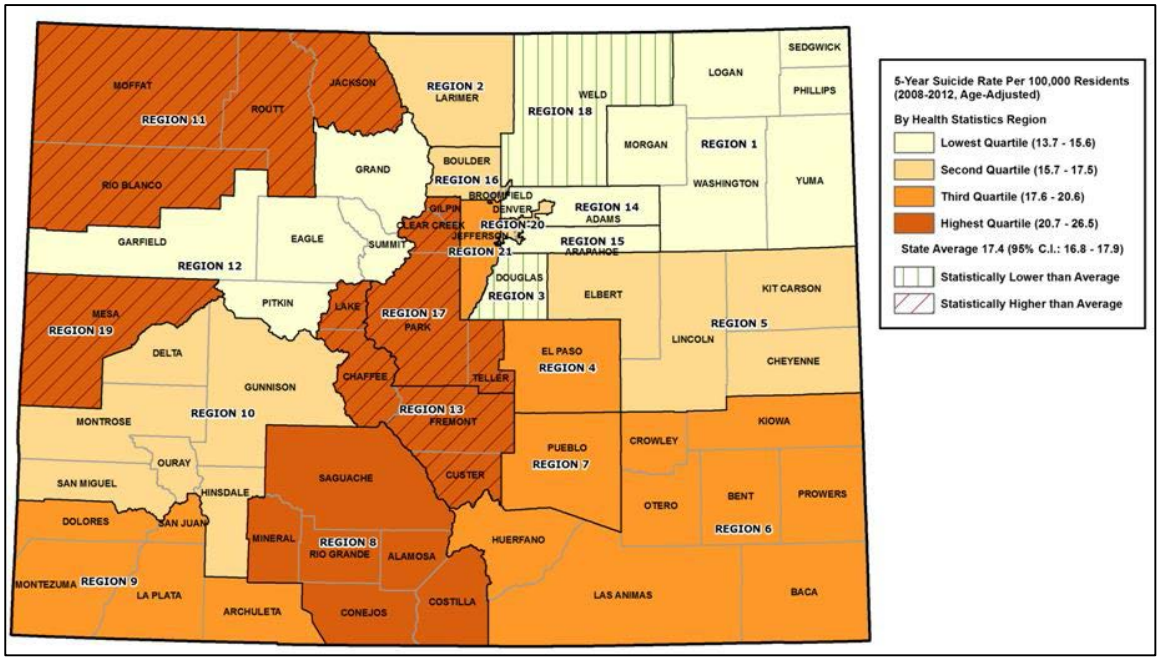
## 1.0 Introduction: Latinos in Leadville: Immigration to the CMW and Public Health

Leadville, Colorado—seat of Lake County, and overwhelmingly its population base—is the highest incorporated town in the United States. At just over 10,000 feet in elevation, relatively isolated, and now known from the outside more for its exotic endurance events than its economic hardships that followed a mining industry collapse in the 1980s, Leadville's immigration experience is generally misunderstood, overlooked, or dismissed as trivial—unless you live in Leadville. The town of 2500[1] has an official Latino population of almost 40 percent—a 99

[1] This is based on 2013 Census numbers, though Leadville is the only municipality in Lake County (with 7000 inhabitants in 2010), and most of the county population clusters around Leadville the city.

percent increase since 1990 (US Census[a]), with "new" immigrants drawn largely by low-cost housing options within driving distances from ski resorts and their associated service and construction industry jobs (see Figure 1). Official statistics likely diminish the proportion of Latinos in Leadville, however, given the prevalence of undocumented immigrants not captured by the census[2]—45 percent of Lake County school district students live in homes where a language other than English is spoken.[3] As a community, Leadville contends with higher than state average household poverty rates, childhood poverty rates, domestic violence and, tragically, suicide rates (Lake County Build a Generation, 2013).[4]

*Figure 1:* Map of Age-adjusted Suicide Rate by Health Statistics Region, Colorado Residents, 2008-2012.




Source: Colorado Violent Death Reporting System (CoVDRS). Lake County is just left of center in the map.

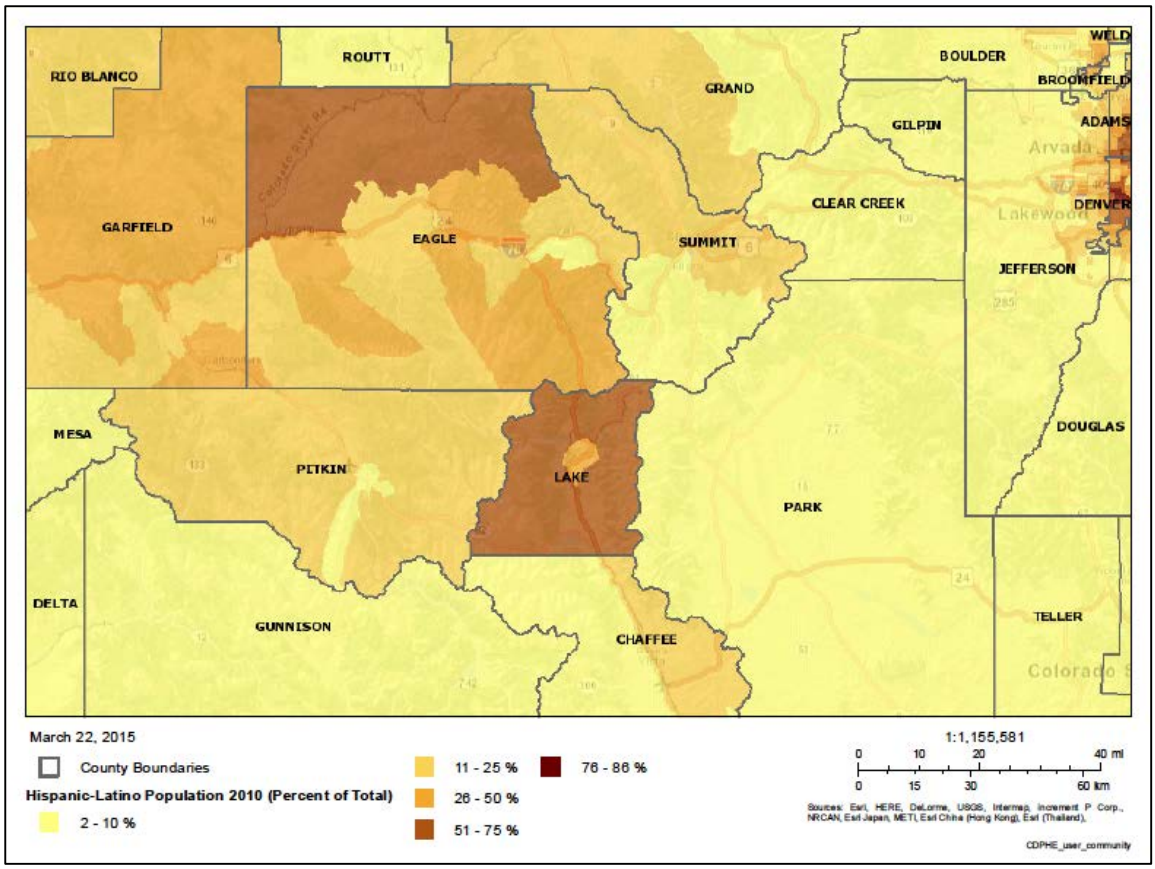
At the same time, Leadville has also been struggling with its public health profile. The University of Wisconsin ranked Lake County 48th out of 59 Colorado counties in its 2014 County Health Rankings report (University of Wisconsin 2014). This low ranking – though, importantly, up from previous years – hinges most on very low "quality of life" scores (it was ranked 59th overall among 59 counties in this category), which in turn are based on low birth weights and above average "poor physical health days" and "poor mental health days." This, in combination with a poor "clinical care" ranking (51st) among counties, drags the County down despite higher than average access to outdoor amenities and

[2] Based on interviews and extensive focus group feedback, March 2015.
[3] Leadville, partially as a result of its mining history, has always been a culturally diverse community, with immigrant populations from Germanic European countries as well as Mexican-Americans. There are thus multi-generational Latino families in Leadville that distinguish themselves from the 'new' immigrant populations.
[4] I use Leadville and Lake County interchangeably throughout the paper, unless specifying a government entity.

exercise opportunities. The community also has among the highest rates of suicide in the state (Colorado Department of Public Health and the Environment 2013).[5] Though 10 counties now score worse, the other counties are clustered in yet more rural San Luis Valley and in Southeast Colorado. Lake County, it should be noted, is in some ways an island of under-performance in a sea of relative prosperity (see Figure 2). Thus despite physical beauty, a robust and diverse recreation economy, and a growing tax base thanks to renewed but limited activity at the Climax molybdenum mine, Lake County continues to struggle with tackling its public health challenges.

In its own 2012 "Public Health Assessment and Improvement Plan," Lake County connects its low rankings to "health disparities" across socio-demographic divisions, and on the "social determinants of health" that complicate service delivery (Lake County, 2012). Despite this assessment – which by now is generally agreed upon between local government, the local non-profit sector and health providers alike – there is little work tracing, or linking, social determinants and public health, nor adequate data with respect to the health experiences of Latinos compared against their non-Latino counterparts in Leadville.

*Figure 2:* Latino Population by Census Block in Colorado's Central Rockies.




Source: CDPHE.

[5] It is important to note that low birth weights in Leadville are almost certainly a function of altitude on some level, and not social determinants solely (Jensen and Moore, 1997; Krampl, Lees, Bland, Dorado, Gonzalo & Campbell, 2000; Lichty, Ting, Bruns and Dyar, 1957; Unger, Weiser, McCullough, Keefer & Moore, 1988).

This paper reflects an initial phase in an ongoing project to better understand how immigration, identity and public health are linked in Colorado's mountain communities, and crucially, how communities respond. This paper specifically asks, *what are the public health experiences of foreign-born Latino populations within communities in Leadville and the Colorado Mountain West* (CMW henceforth)? This paper also examines how local governance can evolve in order to maximize resources and public health for all citizens—Latino or otherwise—which is informed through a combination of 15 semi-structured key-informant interviews as well as focus groups and informal interviews with "ordinary citizens" (N=47).

Key informants included leaders of area non-profit organizations, county and city elected officials as well as officials at the state level familiar with Leadville demographics and public health matters. Officials, importantly, spanned political parties, and shared different perspectives regarding immigration and local economic development. Focus group participants were recruited over several months of delicate inquiry. As a potentially vulnerable population, there was reticence on the part of local organizations to introduce me to Latino clients and program participants. Fortuitously, I was invited directly to participate in several community meetings organized by Latinos themselves, which resulted in a snowballing of contacts and willing participants. Focus groups were organized in order to maximize the availability of participants already gathered for weekly events. Focus groups were conducted in a familiar, safe and controlled environment for participants and spanned age groups, though they were populated disproportionately by women. All efforts were made to accommodate and record contradictory opinions or insights, and questions were designed in order to elicit objective feedback rather than political opinion or impressions. Findings detailed below reflect broad consensus emerging from across multiple focus groups and interviews. Finally, the University of Denver's Institutional Review Board (IRB) approved this project, and precise measures were taken to protect the privacy of participants, minimize risk and guarantee informed-consent prior to participation.

The result of these efforts is that this paper ultimately (a) adds needed nuance to the popular depiction in the United States of the immigrant experience as largely urban (b) highlights the peculiarities of the immigrant experience in the CMW while exploring the linkages between day-to-day living conditions and public health outcomes at the local level and (c) puts forth a theoretical, yet practical, approach to maximizing local resources for public health in rural communities adapting to shifting demographics. It concludes by exploring how the greater CMW "socio-economic ecosystem" is currently evolving into a patchwork of resort-based employment hubs, with high-cost housing, and lower-cost labor-supply nodes. An increasingly bifurcated CMW exacerbates inequalities across communities, even within mountain regions, and complicates local responses to health and wellbeing—given a spatially-driven demand for services divorced from locally-sited wealth and revenue generation.

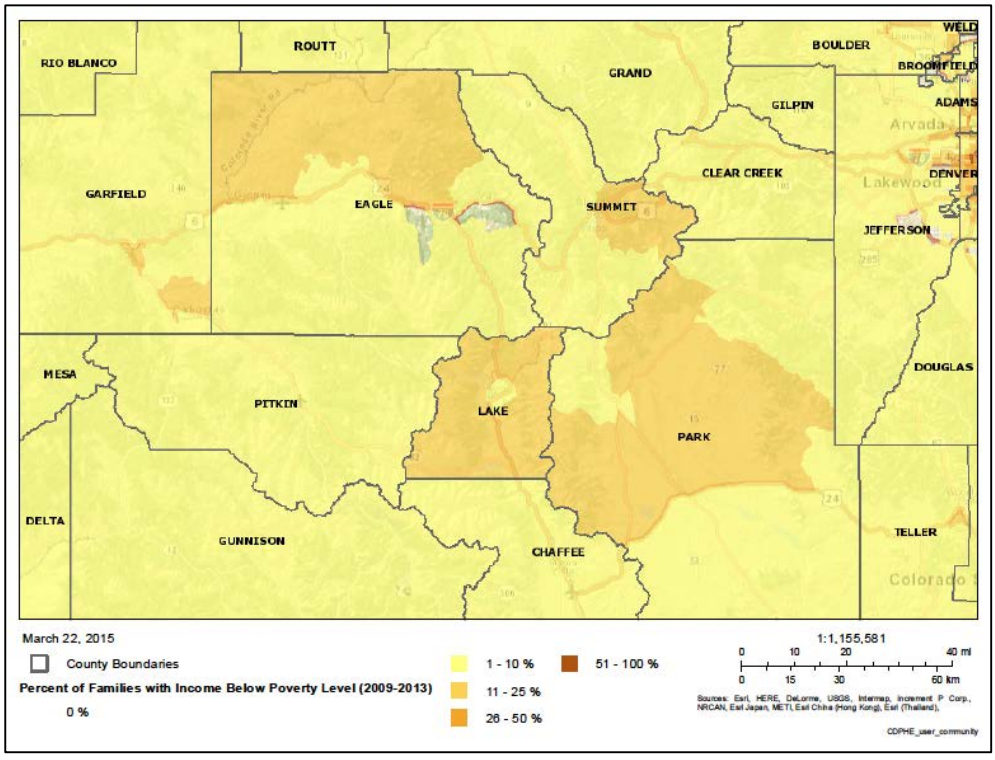
## 2.0 The New Immigrant Experience and Public Health in the CMW

The relationship between race, identity and disparities in public health – depicted as "structural violence" or more passively as the social determinants of health inequities—has been well demonstrated within the United States (Farmer, Nizeye, Stulac & Keshavjee 2006; Marmot, 2005; Williams, Neighbors & Jackson, 2003;

Williams, 2012). Work within Latino populations has similarly demonstrated how structural barriers related to identity and immigration status impact health negatively (Castañeda & Melo, 2014; Stimpson, Wilson & Su, 2013). Work is more limited with respect to how foreign-born immigrants interface with health services in rural or mountainous communities, though research based on Latino experiences in southern Appalachia does illustrate the challenges immigrants face accessing adequate healthcare (Lippard & Spann, 2014). Cost and discrimination, for example, impede Mexican immigrants from accessing health care in western North Carolina. Many communities in the Appalachian region, however, were already experiencing difficulties supplying health services before an increase in Spanish-speaking migrant workers, as is the case in Leadville (Lippard & Price, 2011). Other work has more broadly demonstrated how a lack of health insurance among Latinos, driven by myriad factors, impedes access to adequate healthcare (Ku & Matani, 2001). Underscoring the complexities of health in rural communities more generally, *The Economist* (2015) recently reported that, though the income gap between Appalachian counties and the U.S. average had closed over the last 20 years, disparities in life expectancy have grown.

Poverty rates in Colorado's mountain region, reported as percent of families with income below the poverty level by census district, is illustrated below (see Figure 3). Lake County is just below center.

*Figure 3:* Poverty Rates by County in Colorado's Central Rockies.




Source: CDPHE

Lake County, Colorado reveals similar patterns as those reported from Appalachia, though the situation is more complex. While Lake County on the one hand exhibits the most negative outcomes of a bifurcated CMW social ecosystem, it also represents how committed community members—across the spectrum of local and

county government, public health and education services, and non-profit activism and leadership—have progressively addressed public health challenges and have attempted to integrate the Latino population into decision-making and civic activity. The Latino population in Lake County remains isolated[6] from civic engagement and services, physically and politically, but elements within the community are also striving for enhanced local response and inclusivity. Based on a number of ongoing and emerging efforts, the community is poised to make significant gains against its public health challenges – which range from environmental hazards that are the legacy of a historic mining history to teen pregnancy, diabetes and more acute medical emergencies. These efforts are explored more specifically later in this article.

Though the more emotive, race-based 'spatial disjunctures' characterization of Lake County based on earlier work (Hiemstra, 2008, 2010) requires some revision, critical disjunctures do nevertheless remain, with important implications for public health. Given the potentially vast array of determinants of public health, this paper focuses specifically on health through the prism of *access*—to information and essential health services—and *influence*—over local decision-making and over the nature and scope of activities pertinent to public health. From these perspectives, despite progress, Lake County continues to struggle. This reality forces further exploration of what handicaps public health gains for Latinos under conditions of apparently responsive government and strong, locally-based non-profit leadership with robust private and public grant assistance. The answers suggest a combination of obstacles of both macro and micro proportions, each underscoring the structural nature of impediments to achieving maximum wellbeing associated with immigration and/or identity in the CMW.

## 3.0 Micro-Structural Determinants of Public Health Performance

As noted above, the experience of new (i.e., foreign-born) immigrants is changing in Lake County, and it is also diverse. Documented immigrants, for instance, are able to travel more freely back to Mexico[7] in the event of family emergencies or for important holidays. One young focus group participant, in perfect English, relayed a feeling of overwhelming helplessness at the death of an uncle, who had died on what was just his most recent trek across the U.S.-Mexican border. Her inability to attend the funeral alone motivated her to "get her papers," though she seemed unsure how, or even if it was still a possibility. Another more senior member of the Latino population, with over 25 years in Leadville, expressed his own reticence to take part in wider community activities or civic groups. "Maybe now, though, maybe…" he reflected, after recently acquiring his *citizenship*—underscoring the reticence to be engaged in civic matters without the expressed protection that legal documentation brings, and even the lingering reticence after becoming a 'full-fledged,' legal citizen, the same as any native born American.

As has been demonstrated elsewhere, a lack of legal status is also associated with higher rates of stress and anxiety among foreign-born immigrants that are statistically significant (Potochnik & Perreira 2010). More pragmatically, one young

[6] The terminology of "isolated" is purposefully used in place of "segregated," in order to underscore both that there is a conscious effort across districts and stakeholders to work alongside the Latino population, but that structural complications continue to make this challenging. These are discussed in more detail below.

[7] Much of the Latino population originates from either Zacatecas or Chihuahua, Mexico, with some immigrants coming from Honduras and Guatemala.

mother expressed her reservation to go to the hospital or clinic for her child who was sick, even though her son was legal, because she lacked legal documentation and felt as though it were too risky to expose herself to "the system." An interviewee described a pattern of undocumented friends being cheated out of paychecks, or a promised salary, with no viable recourse. This occurrence was confirmed in subsequent interviews.

There are several other key factors that more generally inhibit community and civic engagement, resulting in what Nelson and Hiemstra (2008) call a "parallel world" for Latinos in Leadville. These same forces, by extension, inhibit greater engagement with public health services. Hiemstra (2008), and Nelson and Hiemstra (2008), have isolated many of these factors already, but they remain relevant today. They include the distinct lack of physical and meaningful interaction between Latinos and non-Latinos in the community (Hiemstra's "spatial disjunctures" argument). These disjunctures then overlap with, or reinforce, other omni-present barriers to integration, including a "structurally entrenched socioeconomic hierarchy" and an inability "to negotiate local cultural expectations" (Hiemstra 2008: 101). More tangible obstacles to both community integration and improving access to services, highlighted below, include language barriers, financial insecurity, lack of health insurance and commuting times.

### *3.1 Language Barriers and Financial Insecurity*

Despite a growing number of bilingual Latinos, low-cost ESL educational opportunities and increasing bilingual service providers, newer immigrants remain reticent to engage native English speakers in stores or in public services. For many, this reticence was reinforced following a negative experience with impatient service providers or after confronting racism. The Latino families with whom I met were also universally financially insecure—though there are some individual households that are less precarious than others, largely a function of the nature of employment—in construction or masonry versus fast food service work, for example.

Throughout the country, with Leadville a microcosm, internal migration and settlement has been driven by a search for low-cost housing, even if it means moving farther from employment opportunities (Headwaters Economics, 2014). Similarly, Latinos in Leadville have been attracted by low cost housing options otherwise unavailable in the resort communities where they work—in neighboring Eagle and Summit counties, or "over the hill" in local vernacular. One result is that Latinos have been spatially isolated from the rest of the community, as they have historically clustered in one of the three mobile home communities that lay on the fringes of town, removed from the center by several miles. This is partially represented by maps depicting poverty by census bloc, in which Leadville's city center reflects only modest poverty rates, compared with its surroundings, which capture more of the Latino population living in mobile home parks outside the center, though still within Lake County (see Figure 2). Figure 4 illustrates the relative isolation of mobile home park residents from the community, physically, which hinders community and civic engagement as well.

Despite lower-cost housing, mobile homes and other low-cost housing options are difficult to heat, especially in a high mountain environment, and many interviewees complained about the cost of propane. The cost of propane was in fact the main topic of one local "women's empowerment" group discussion, where Latino women gathered after ESL lessons to discuss shared concerns (discussed more below). Key

informants with familiarity of the situation described a situation in which absentee landlords, with varying degrees of interest in upkeep, further complicate the condition of housing stock in *some* of the mobile home parks. Furthermore, the mobile homes in Leadville are overwhelmingly from the 1960s and thus predate federal standards for insulation and health. They have steel frames that, apart from conducting cold air, collect condensation from showers, cooking or breath in the cold environment, causing the additional health hazards stemming from mold. Though older, wooden frame houses in the city center are also susceptible to health hazards (especially stemming from lead paint), local housing experts agree that the Latino population disproportionately resides in cheap, inadequate housing stock for the local environment and which exposes them to housing-related health hazards.[8]

*Figure 4:* Lake Country Mobile Home Parks (starred) Relative to Downtown

Source: Google Maps


Additional expenses, from transportation costs to school supplies and groceries, stretch monthly budgets and leave little in the way of flexibility in the event of emergency or crisis. Food is an especially pervasive stressor. Focus group participants unanimously complained that the nearest grocery store, and the only one in town, was exorbitant. *Es un robo!* ("It's robbery!"), one woman exclaimed out of exasperation. Most families instead try to shop at Walmart, over 30 miles away, or stock up on supplies at a Sam's Club and at Mexican food stores on a rare trip to Denver, 100 miles away.

[8] This information stems from interviews with, and research conducted by, housing and home energy efficiency experts working in Lake County.

This financial insecurity is compounded by the seasonal nature of employment in resort-based economies, which additionally hinge on local snow conditions – an early season or banner year yielding increased reservations and thus economic activity, a warm December or early thaw doing the opposite, with a corresponding impact on low-skill, low-wage service employment (Burakowski & Magnusson, 2012: 25).

### *3.2 Insurance Out of Reach*

Flowing partly from this financial insecurity, but compounded by documentation status, is the near universal lack of health insurance among Latino parents in focus groups and interviews. Almost all participants claimed that they did not have health insurance, and that local service in Leadville—whether at the hospital or emergency care clinic—is prohibitively expensive, and moreover, unwelcoming. Most participants access basic health care at a community health clinic in Frisco, approximately 45 minutes away by bus,[9] where care is charged on a sliding scale.[10] When I asked an expectant mother if she was going to have her baby in Leadville, a chorus of guffaws rang out matched by sneers. A combination of costs, bad experiences with doctors and nurses who were unfriendly (they assumed because they were Latino), limited and expensive pre-natal services, and now the uncertain future of the hospital in Leadville itself (which was temporarily saved from being shuttered, though its future remains in doubt) cumulatively influenced the women present to completely discount the potential role of local services in the delivery of their baby. The hospital confirmed, however, that most expecting mothers throughout the community make arrangements with hospitals in either Eagle (Vail Valley Medical) or Summit (St. Anthony's) Counties, both "over the hill" and inaccessible in the event of an emergency, due to limited services other than those needed in the event of an emergency.

Some focus group participants utilize Medicaid, but neither the Affordable Care Act (ACA) nor long-standing Medicaid eligibility requirements permit undocumented immigrants to access insurance.[11] Even those with legal access are, as previous research has already demonstrated, structurally constrained in accessing insurance, or other public programs, because of the confusing nature of eligibility and application requirements (Perreira et al., 2012).

This situation is illustrated by Sonia, who has applied several times for Medicaid, but who has each time been rejected. She does not understand why, and claims that her last application never received a reply. Notably, this pervasive lack of health insurance within the Latino community stands in contrast to the general public in Lake County, which, thanks to a concerted effort by the State's exchange, has reduced the number of uninsured throughout the County from 23 to 12 percent since ACA was passed.[12] Though this is undoubtedly positive for the County as a whole, the discrepancy in experiences between Latino and non-Latino underscores the structural barriers that make health inequities between groups persistent, and durable, despite new policy.

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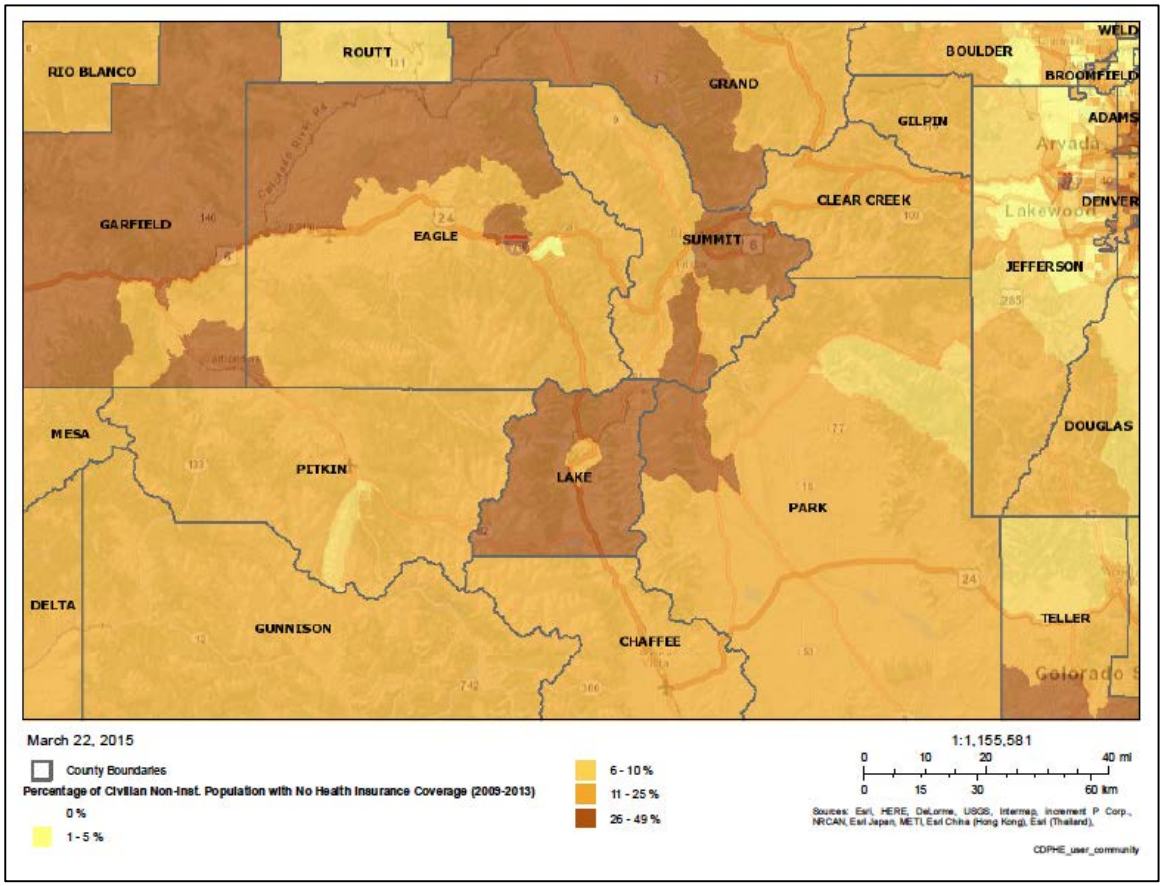
[9] Summit Stage operates a line with several stops in Leadville, including one of the mobile home parks where many Latino families live, to Frisco, at a cost of $5 each way.
[10] See: http://www.summitclinic.org/
[11] The National Immigration Law Center has a synopsis of benefits here: http://www.nilc.org/immigrantshcr.html
[12] See: http://www.cpr.org/news/story/obamacare-enters-second-year-colorado-targets-uninsured

*Figure 4:* Uninsured Population by Census Block 2008-2013, Colorado Central Rockies Region.




Source: CDPHE

## 3.3 Commuting Over the Hill

Again, almost universally, either a spouse, or both heads of a household, rely on employment "over the hill." This is not unique to the Latino population, as lower home prices have attracted a diverse population that depends on the resort-based industry of Summit and Eagle counties. Sixty percent of workers, according to a local survey, commute long distances for work (Lake County Build a Generation, 2013). These commutes, notably, include high mountain passes, dangerous curves and potentially hazardous weather between 10,000 and 11,000 feet above sea level.

Though this is a county-wide phenomenon, it is nevertheless a special challenge for the Latino population, who nationally have disproportionately less access to private automobiles, more frequently share rides, and who are disproportionately more reliant on public transportation (which is understandably delayed in Leadville during winter weather events) (US Census[b]). Focus group participants confirm similar experiences in Lake County. Long commutes by low-wage and largely Latino laborers from affordable housing nodes (including in sometimes uninhabitable flood plains), to resort communities for employment, have also been documented in Colorado's Roaring Fork Valley of Colorado (near Aspen) previously, and is one component of what the authors label systematic "environmental racism" that excludes Latinos from regional amenities for which the region is famous (Park and

Pellow, 2011). The long commute, and restrictive schedule, further shrinks the mobility of Latinos in Lake County compared with car-owners.

Lake County has coordinated with other counties and businesses to bring bus service to Leadville, and there are opportunities to defray costs through employee assistance and subsidies. On the one hand, this is progressive policy that takes cars off the road and connects otherwise isolated Leadville to public transportation, which in turn improves access to services in Summit and Eagle Counties. County commissioners involved in this process were understandably proud of this achievement. On the other hand, this service reinforces Leadville's role as a low-income labor-supply node for more affluent resort communities 40-60 miles away. Resorts and different employers simultaneously help ease the burden of bus fares for low-wage employees by offering discounted passes, and subsidize their displacement and disenfranchisement by encouraging their long commutes and settlement out of the resort community itself. A state official familiar with the CMW and its economy remarked that… "the premise of the resort economy is to hide these people, and to present an image of perfection to visitors."

Commuting times and risk are not only a challenge for over-the-hill laborers. Spouses who stay behind are unable to visit stores or services from the more remotely located mobile home parks (Figure 4). The women in one focus group marveled at "Maria," who is famous for her treks into town by foot over several miles by way of Highway 24, no matter the weather – a decidedly unsafe, and cold, route for pedestrians. But most feel confined to their immediate surroundings. Finally, commute times mean that local health service in Leadville are unavailable after hours, and are even difficult to access in Eagle or Summit counties after reconciling work hours with bus schedules, or as noted above, are difficult to reach come pregnancies or emergencies.

## 4.0 Macro-Structural Determinants of Health Inequity

Compounding the individual and household attributes that inhibit access to healthcare in Leadville are more macro-scale factors. These factors include gaps in local finances, in local services, and importantly—despite important efforts to address this factor—limited organization and influence over local politics and decision-making.

### *4.1 Local Financing and a Hospital in Limbo*

Like many rural communities with a limited tax base, public finances with which to address shifting public needs are scarce. This reflects in some ways a nation-wide trend in which declining property tax revenue stemming from the Great Recession have combined with states cutting aid to local governments, forcing them to scale back services (The Pew Charitable Trusts, 2012). These two sources of funding make up more than half of local revenue, and their simultaneous decline had not occurred, until now, since 1980 (Ibid). There are additional Colorado-specific factors putting communities under strain, however.

First, while the architecture of state and local financing in one sense favors local governments, there remain key obstacles to revenue generation. As a state, Colorado's tax regime is one of the most decentralized, ranking 47$^{th}$ among states in revenue collected per $1000. Local governments have had more leeway in raising revenue, mainly through property and sales tax, which ranks Colorado communities

8th, collectively, out of states where tax is collected locally (Colorado Fiscal Institute, 2015). Nevertheless, policy has limited the ability of local governments to change tax regimes to shifting conditions or needs. The Gallagher Amendment (1982, implemented in 1987) established a ratio between residential and non-residential *assessed* values. Because of an increasing discrepancy in the *actual* value of residential and non-residential properties, Gallagher has resulted in a flat tax base even under conditions of increasing residential property values (Ibid: 30). Property taxes, meanwhile, are regressive, though they stay local, and are key to funding basic services like schools, roads, fire and police. Business personal property tax also funds local government, much of it designated for schooling, though here too exemptions have been increasing, lowering its base.

In Leadville, sales tax receipts have been steadily dwindling with closure of several restaurants and other private businesses. According to the *Denver Post*, "business (in Leadville) has been in a spiral for years. Leadville collected about $648,000 in sales taxes in the last fiscal year, compared with just over $754,000 the year before. Sales-tax collections fell from $352,196 in the first quarter of 2013 to $312,662 for the same period in 2014" (Bunch 2014). Sales tax receipts in neighboring Chaffee County, with a similar population size, are roughly double.

Second, essential human services have traditionally been funded by state money that passes through to counties. As discussed above, the state resources with which to fund human services are dwindling, even as need increases across communities. State revenue is disproportionately dependent on income tax, which is notoriously susceptible to economic downturns. The Tax Payer Bill of Rights (TABOR), meanwhile, restricts changes in the tax regime by requiring voter approval for tax increases and new taxes that generate net increases in revenue.[13] Since its passing in 1992, Colorado has enacted only one significant tax increase (on tobacco in 2005) (Colorado Fiscal Institute, 2015: 7).

That said, Lake County could arguably consider itself in favorable territory given these conditions.[14] The county and school district successfully "de-Bruced" in 2011 through a county-wide referendum, meaning that it is no longer bound by the TABOR provisions that have hamstrung revenue generation in so many other communities.[15] This move alone increased the taxable value of county by 65 percent. Separately, both city and county officials gushed at the slew of recently completed projects funded by a combination of competitive grants and state funds derived from gaming, including the new high school, an all-weather football field, a community bike path and a $1 million, award-winning skate park.

The recent re-opening of the Climax molybdenum mine (though on a much smaller scale than before and with an anticipated sunset of approximately 2032) has also increased the value of taxable property and investments, adding approximately 9 million dollars in revenue annually. The Climax mine opted out of a new tax district, however, that had been brokered by city and county officials in order to save St.

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[13] See: http://www.denverpost.com/recommended/ci_22248157 (accessed March 14, 2015). The following is specific to school financing in Colorado: http://www.coloradofiscal.org/wp-content/uploads/2014/08/Colorado-school-finance-timeline.pdf (accessed March 14, 2015).

[14] The 2014 budget is available here: http://www.lakecountyco.com/sites/default/files/20140102100503955.pdf

[15] "De-Brucing" is colloquial for revoking TABOR, which was a state constitutional amendment written by then House District 15 State Representative Douglas Bruce. See: http://douglasbruce.com/

Vincent's hospital from closing.[16] A subsequent mill-levy increase put to the voters in November 2014 also failed, which has since put the only local hospital in limbo (the next closest is 33 miles away in Frisco, over Fremont Pass).[17]

Centura Health, Colorado's largest health network, has temporarily agreed to save the hospital, which remains open under diminished capacity. Centura is currently assessing the situation in Leadville and will not formally announce under what conditions the hospital will function until late 2015. This could mean reduced ambulance service and emergency care. The *Summit Daily* writes that, as of the failed referendum in November 2014, "St. Vincent's closed its long-term care facility and surgery operations in November, followed by its dietary, home oxygen, home health care and physical therapy services" (Langley, 2015).

Lake County finds itself in a position of relative, if short-term, prosperity when it comes to its fiscal health, though few of the aforementioned investments have benefited the Latino population directly, nor do they address the public health disparities under exploration here. They have undoubtedly improved quality of life in town, however, on an absolute scale. Finally, county officials and non-profit leaders alike noted, universally and on their own accord, that they leverage Leadville's "hard luck" reputation, and lackluster student body (see Table 2) and health and well-being statistics to successfully land grant money, even while bristling at negative media portrayals of the area, and refuting negative stereotypes. As other have noted, the precariousness of non-profit financing makes this paradox somewhat inevitable (Allard, 2009), though the same cannot be said for local government. A lack of more meaningful and more impactful investments in closing the public health gap is a function of additional factors, including a glaring gap in formal Latino leadership in community affairs.

### *4.2 Formal Latino Leadership in CMW is Missing*

As noted previously, Leadville and Lake County is the site of purposeful efforts to better understand health inequities across race or class boundaries, and of cross-cultural engagement, mostly on the part of dedicated non-profits dedicated to community development. That said, there remains very little formal Latino leadership in government and even non-government services (See Table 1). Earlier work suggests that one pre-condition for increased Latino participation in politics is increased population size, even using Denver's 18 percent population in the 1960s as one possible explanation for robust political participation compared to other U.S. cities (Hero, 1992 Browning, Marshall and Tabb, 1984). Lake County has obviously surpassed this threshold, but with virtually no political mobilization, nor formal inclusion into the political realm. While this observation is not intended to discount the efforts and well-meaning intentions of local leadership, the absence of formal participation in government marginalizes Latino input, defines issues from an Anglo-perspective, and shapes public policy that depicts the Latino population as the *object* of policy and programs, rather than policy being informed by Latinos as

[16] County Commissioners defended Climax's positive role in the community and economy, however, the mine itself publicizes its community engagement efforts here: http://www.climaxmolybdenum.com/pdfs/sd/Climax_comm_awards_2013.pdf and here: http://www.climaxmolybdenum.com/sd/comm.htm (accessed March 20, 2015).
[17] See: http://www.denverpost.com/news/ci_27048056/leadvilles-lost-hospital-by-product-economic-historical-change?source=infinite (Accessed March 19, 2015).

subjects actively defining their needs and their role as citizens (Schell, Ravenscroft, Gallo and Denham, 2007; Lee, 2013).

This phenomenon extends to business ownership.[18] Unfortunately, U.S. census figures for Summit and Lake Counties are inconclusive, though if they are similar to those reported for neighboring Eagle County, Latino-owned business rates are half the Colorado state average, 1/10th the proportion of the official Latino population, and only 1/3rd the U.S. average of 10.3 percent. And the figure for Eagle County, worth noting, may very well be high since "Hispanic-owned" captures those businesses owned by multi-generational Coloradoans of Hispanic origin whose roots pre-date statehood—a not uncommon phenomenon in Central, Western and Southern Colorado.

Table 1. *Latino or Foreign-Born Presence in Local Leadership Roles*

| **Sector / Statistic** | **Eagle Co.** | **Summit Co.** | **Lake Co.** |
|---|---|---|---|
| Latino Population (%, 2013) | 29.8 | 14.4 | 38.4 |
| County Government (number of Latino County Commissioners and School Superintendents) | 0 | 0 | 0 |
| City Government (number of Latino Town/City Council members and Mayor) | 0 (Vail, Avon, Eagle and Gypsum) | 0 (Dillon, Frisco) | 1 (Leadville) |
| "Hispanic-Owned Firms" (US Census)(%) State (2013) =6.2% U.S. (2002-2007) =10% | 3.6 | "Suppressed" (The U.S. Census determined that their numbers were not reliable) | "Suppressed" |

One familiar example of political inequality is the commonly expressed mistrust of the local police – relayed to me by young and old alike in focus groups. The most common complaint was that the police were reluctant to visit the mobile home parks where many Latinos live, and even refusing, despite pleas, according to some participants. Yet more readily observable was the consistent reluctance on the part of city and county officials to discuss matters of poverty, crime, public health or even the large Latino population. In one ad-hoc interview with a city official, he answered an inquiry into the Latino population with, "What Latino population? They don't live in Leadville," presumably in reference to the fact that the three principle mobile home parks reside outside of city limits, though they surround the city (see Figure 2). He proceeded to disparage the Latino community, though his comments

[18] https://www.census.gov/newsroom/releases/archives/business_ownership/cb10-145.html (Accessed March 22, 2015)

stood out as particularly bigoted compared with others and their more diplomatic language. In fairness, the other officials wanted to highlight the community's developments and achievements rather than dwell on negatives, but the degree to which officials avoided core community concerns, and were otherwise unfamiliar with more precise concerns raised by Latinos themselves, is emblematic of the gap between identity and formal representation in decision-making.

The static and otherwise suppressed nature of Latino political participation and business leadership – well below both state and national averages – is not pre-ordained, and likely remains one significant hindrance to health equity. Previous literature has identified "two-tiered pluralism," in which there is "formal legal equality on the one hand, and simultaneously, actual practice that undercuts equality for most members of minority groups, even if some individuals register significant achievements" (Hero, 1992: 189-190). In Lake County, and throughout the CMW, the gap between tiers is especially stark, suggesting a unique level of marginalization of the Latino population in the context of the more rural, dispersed, and resort-based economy of the Colorado Central Rockies region. This fact also underscores the structural quality of the social determinants of health inequities. Despite outreach efforts and increased access to bi-lingual, health-related literature, it is identity (foreign-born Latino in this case) – including all the micro and macro factors thus far discussed in relation to identity in the CMW – that continues to limit participation and thus more meaningful progress against health challenges that disproportionately concern this same group.

## 5.0 Pathways to Health Prosperity in the CMW: Innovations and Assets for Improved Health

As Williams (2012) among others have lamented, there is an abundance of evidence demonstrating persistent disparities in health and well-being across race or ethnic divisions, but still a need to identify the "optimal interventions that would confront and dismantle the societal conditions that create and sustain health inequalities" (2012: 279). This section highlights important innovations that have evolved from within Leadville with important implications for Latino access to health, as well as participation. These are important developments that, in combination with increased local spending per capita by the county Department of Health, could continue to result in more substantive changes and provide guidance for other communities that are only just coming to grips with shifting demographics and health needs. This section concludes with a more theoretical, and aspirational, suggestion for yet more institutional innovation to address identity-based health inequities in the CMW.

### *5.1 Community-Based Interventions and the Leadville Experience*

Community-based health interventions have previously been divided into one of four categories: community as setting, community as target, community as agent, and community as resource (McLeroy, Norton, Kegler, Burdine & Sumaya, 2003). Based on the results of an initial phase of qualitative research in Leadville and Lake County, the community-based interventions described below suggest that the community is both resource and agent—though the agent component is diminished by both the macro and micro impediments examined above.

*Community as Agent: School-based Health Center* The school district is in many respects the most progressive in actively addressing health disparities by being an

agent of inclusivity and change. The district's student body is adversely affected by poverty, with far higher rates of under-18 poverty and children who qualify for reduced or free school lunches or cash assistance (see Table 2). Despite significant financial and human capital constraints, however, the school has implemented several new programs including a school-based health center.

The school-based health clinic is the most recent effort by the school district, as lead agency, to create a safe and supportive environment for its student body. It consciously provides basic healthcare, outreach and education to a population that might otherwise lack health insurance, safe access to even the most basic resources, and parental support. Though it is too early to know the results of this particular effort, it reflects the most recent piece of a much larger effort by the school district to empower its entire student body. This effort has yielded some important gains. According to a local "Youth Master Plan," the 2008-2010 teen birth rate was 79.8 per 1000 births in Lake County, the second-highest teen birth rate in the state (Lake County Build a Generation, 2013). By 2012, according to *Kids Count in Colorado*, this same statistic hovered just above the state average of 24.3 (Children's Campaign, 2014).

Table 2. *Lake County Student Body Snapshot*

| **Family Economics** | **Lake Co.** | **Colorado** |
|---|---|---|
| 2013 Children Qualifying for Free or Reduced Price Lunch | 66.1% | 41.9% |
| 2013 Children Qualifying for Free Lunch | 52.7% | 34.8% |
| 2013 Children Qualifying for Reduced Price Lunch | 13.4% | 7.2% |
| 2012 Median Household Income | 45,504 | 56,880 |
| 2012 Children (Under 18) in Poverty | 26.6% | 18.1% |
| 2012 School-Aged Children (Ages 5-17) in Poverty | 26.5% | 17.0% |
| 2012 Children Receiving TANF Basic Cash Assistance Payments | 6.8% | 6.1% |
| 2012 Children Receiving WIC Program Voucher | 42.5% | 36.4% |
| 2012 Teen Births (rate per 1,000 female teens 15-19) | 25.0 | 24.3 |
| Fall 2013 English Language Learners | 36.7% | 14.5% |
| 2013 High School Graduation Rate | 76.5% | 76.9% |

Source: Children Campaign's 2014 Kids Count in Colorado Report.

By continuing to innovate its curriculum (including the adoption of an "expeditionary learning" component), leverage grants and matching grants to massively upgrade its facilities (including, along with the health clinic, a remodeled High School) and improve its learning options (the Gates Family Foundation has committed to a four-year program to support school initiatives and learning outcomes[19]), the school district has been an agent of community-based health intervention and education. By coordinating with several particularly active community-based organizations (Build a Generation and Full Circle especially),

[19] See: http://www.gatesfamilyfoundation.org/activity/gff-invests-lake-county-school-district-turnaround-effort (Accessed March 2, 2015)

regional organizations (Gates Family Foundation) and the County, it has helped broaden and deepen the potential impact of its efforts.

With respect to public health across a spectrum of potential illnesses, however, a school district is nevertheless limited as agent given its core focus on childhood education and improving test scores, and limited expertise in diagnosis and treatment. A spokesperson for the hospital, however, which would be the likely source of outreach and agency on community health matters, admitted to having been in "survival mode" for more than a year, having virtually no rapport with the Latino population, and no active outreach efforts either underway or planned. She showed me a bilingual pamphlet for a diabetes testing campaign that had since come and gone as their token effort, before a financial crisis overtook her focus and work.

Current efforts to save the hospital have included research on the part of Centura regarding community needs, though as noted above its fate remains uncertain. The school-based health clinic is thus an essential response to community health challenges in Lake County, especially for teens, though it is insufficient to address the needs of the wider population.

*Community as a Resource: Family Liaison Program* Crucially, and potentially more effective yet, the school district has recently expanded its family liaison program, with one liaison per school now (3 total) versus one total previously. Liaisons visit with families of students with academic or emotional troubles in an effort to bridge the divide between fear, mistrust or disengagement among Latino families and student health and well-being. Liaisons can steer families toward additional resources, and hear from families themselves as to what constraints exist, and what habits might be affecting the student. These efforts reflect both agency on the part of the school district, but also an effort to utilize the community as a resource, and be informed by the low-income families themselves. It is, again, unclear how successful this program will be, but results from the initial phase, with just one liaison, were positive enough to justify expanding.

### *5.2 Lunch Followed by Zumba: Informal Leadership and Collective Action*

Despite their important roles, neither of the above programs move community-wide health assessment and intervention past a model that envisions Latinos as more than what Schell et al. call the "essentialized and disempowered research subject" (2007: 512). Though Schell is critiquing the "traditional" biomedical research community and its approach, which conceptualizes a population sub-set as "passive objects/subjects of our research" rather than active agents or "participants in research who have their own interests, priorities and agendas," the same could be said for community-based interventions in Leadville.[20] The above programs, along with some of the non-profit sectors efforts, still fail to adequately *collaborate* with the Latino population in order to more deeply understand the persistence of health inequities. This, as Schell et al. (2007) would likely note, is not unique to Lake County, and is not intended to discredit those working diligently to affect change there. Collaboration, however, requires patience, and also far more community engagement, at all levels, than is currently observed. Collaboration also means involving the community in training, monitoring, and even interpreting results. As

[20] This project, by working with the Latino population and deferring to local actors, has attempted to embody Schell's "partnership approach" to research in Lake County, with varying degrees of success.

collaborators, the former objects of a study gain potentially useful skills, leadership and capacity with which to further evaluate and even address and *lead* on community health needs (Schell et al., 2007). This is currently not observed.

Despite this, opportunities nevertheless remain to initiate such collaboration. The Latino community has key assets that, in combination with more formal-legal resources, and extant interventions, would provide a pathway through which to pursue greater health prosperity. Early evidence from an initial round of surveys, in combination with focus groups and key informant interviews, suggest that the Latino population is generally cohesive, and mutually supportive, despite originating from different states in Mexico, and even different countries. Even issues that are frequently divisive within communities back in countries-of-origin, like ethnic differences or confessional divisions between Evangelicals and Catholics, for example (McCleary & Pesina, 2011), are inconsequential in Leadville. One result is that, within the Latino population, a number of informal and semi-formal arrangements have developed that act as nodes of leadership and empowerment.

One such example is the Woman's Empowerment Group, sponsored in part by Full Circle. This sociable, fun event takes place weekly at one of the local mobile home communities, where moms and Latino women of all backgrounds meet for several hours. Some take part in ESL training first, before everyone gathers for a home-prepared meal and informal conversation. Over a meal, with everyone gathered around a table, the conversation quickly loosens. The discussion might start generally at first – one woman discussing her daughter or recent experience in Denver, but rather quickly turns to several issues that concern everyone. Several themes that reappear regularly are the price of propane, police response, and school uniforms – one idea that has been floated for curbing teen pregnancy. There are no minutes taken, and there is no leader per se (though several local women are instrumental in its organization and continuance), but the women discuss next-steps and display a strong desire to take command of their personal situations, as well as to address the questions they themselves have isolated as key.

Far less civic-oriented, but also empowering, is a now regular Zumba class held in the same location—the "community room" of the very same mobile home community. A dozen or more women—all Latina—show up at 7 pm for an hour of intense exercise. While the groups are disparate, and otherwise not worthy of comparison, on the surface, they both demonstrate a growing sense of Latino agency, pride, and collective action to address civic and health matters that concern them most, but which remain only marginally addressed by more formal processes, or insufficiently by "outsiders." Additionally, local Spanish-speaking churches—Evangelical and Catholic—also share resources and actively coordinate when a member of the parish is in need. As one Pastor relayed to me, they also preach that it is best to avoid public services unless absolutely necessary, so as to avoid cheating the system, and even to avoid the perception of cheating. As a parish, they then actively work to fill the void.

As Schell et al. (2007) had already surmised (and then indeed demonstrated through collaboration with a Mohawk community in Western New York) poor, socially marginalized communities retain interest in mastering their own outcomes. The situation is very much the same in Leadville. There, women especially have, with varying degrees of assistance, come together in health, education and leadership. But will it be enough?

## 6.0 A Bridging-the-Gap Theory: Marrying Community Assets with Rules and Power

Literature from international peace and development has increasingly recognized the important role of non-state actors in delivering essential public goods and services – including health care (Cammett & MacLean, 2014). In the U.S. context as well, some scholarly work has highlighted the significance of non-profit organizations (Allard, 2014), while others question their effectiveness and legitimacy to play such important roles altogether (Reckhow & Weir, 2011; Allard, 2009). Very little work, outside questions of forest or water resource management, has examined how nodes of informal leadership—particularly from within immigrant communities—could be utilized to more effectively build collaboration, or more substantively inform policymakers at the community or state level.

In the mobile home parks of Leadville, it is the women around a lunch table, or those in Zumba class, who can best articulate the pressing needs of their community, and propose solutions. But it was unclear where to go next with their demands. *No hay nadie*, responded several women, when asked if there was someone in local government whom they could trust, or whom they thought could represent their interests effectively. "There isn't anyone!" And yet County government, its health department, the school district and several local organizations with the help of well-financed larger organizations are actively, even collectively, addressing health inequities in Leadville.

This paper argues that formal county and city leadership needs to more purposefully fold in, recruit, or otherwise utilize the several nodes of informal leadership that already exists within the Latino community. This would be an essential step in moving the community further towards a more genuine collaborative approach to building sustainable health equity—beyond the traditional approach, and even beyond the sometimes-utilized consultative approach.[21] What this might look like can vary, but should start by either self-appointed or more official health leaders meeting with the Women's Empowerment Group in the same mobile home community room where it regularly meets. Current projects should be, at least in part, driven by the input of Latino leaders and community members, including the research questions themselves, and the design of interventions. A more structural and long-term approach includes recruiting Latinos into leadership and board director positions.

Finally, another important step would be to extend a collaborative arrangement across county boundaries, to more fully include both the Latino populations, and formal civic leaders, of the greater resort-based economy that revolves around Eagle, Summit and Lake Counties. At the moment, there is no forum that brings together stakeholders, including major resort-area employers. A lack of adequate cross-jurisdictional or regional governance is a distinct disadvantage for Latinos and their advocates. It is also a disadvantage for Leadville more generally, whose population relies upon the economic vitality of area ski resorts directly or indirectly, but which receives little to none of the economic stimulus, or support in serving the families

[21] Schell et al. (2007) designate the "consultative approach" as a tier between the conventional and collaborative approaches to community health analysis.

that provide the labor for resorts.[22] A regional architecture that better reflects the resort economy as a system is increasingly necessary.

## 7.0 Conclusion

This paper provides an overview of the health challenges that confront the "new" (foreign-born and immigrant) Latino populations in Colorado's Mountain West (CMW), as well as the micro and macro impediments to overcoming them. These impediments, highlighted in interviews and in focus groups in Leadville, Colorado, further underscore the structural nature of an immigrant identity in the U.S. West. Conventional approaches to outreach and intervention are inadequate without acknowledging how social status interferes with accessing and utilizing healthcare.

This paper also identifies potential pathways to health prosperity in Leadville, importantly. These combine the assets that a cohesive and proactive Latino population retains with the funding and outreach efforts that an energetic local government and non-profit community provide. At the moment, despite best efforts, the community has still not transcended the threshold of collaboration in health and well-being, however, and Latinos remain locked out of political and civic leadership roles, in Leadville and throughout the central mountain region, which reinforces a pattern of isolation and separation and ultimately leaves their needs and interests underrepresented.

Even more progressive efforts at collaboration and community integration will not fully overcome the challenges, however, which are driven by yet more structural, political-economic forces. The CMW has increasingly fragmented, socially and economically, under a resort-based economy. The state west of Denver could, with some exceptions, be divided by economic zones that center around ski areas or ski area clusters – especially Vail-Beaver Creek, Copper-Breckenridge-Keystone, Aspen, Crested Butte, Steamboat and Telluride. Each of these ski area economic zones is further divided between an economic core—with ample services, ancillary economic generators (restaurants, ski rental businesses, etc.) and expensive housing—and satellite labor-supply nodes. On the fringes of these is where low-wage Latino communities reside.

All of the micro and macro impediments to accessing health resources that are discussed above are further magnified by this model, which reinforces isolation—socially, economically, and politically. Furthermore, this model is unsustainable, hinging on the vagaries of ski area growth under conditions of climate change on the one hand,[23] and on the social and economic marginalization of low-wage immigrant labor on the other. Whether considered from a social and environmental justice perspective, or from a community and regional sustainability perspective, the evolving CMW social ecosystem does not serve its people equitably.

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[22] Vail Resorts provides modest grant support for Full Circle, however, which makes it the only organization outside the Vail valley that it helps fund. There is widespread frustration nevertheless, within Leadville non-profits and government, that the ski areas are not more pro-active in addressing the needs of its low-income labor base.

[23] The recently released *Colorado Climate change vulnerability study* (Gordon & Ojima 2015) reports that snowmelt and peak runoff now occurs 1-4 weeks earlier than historical averages, and that ski area visitations are linearly tied to winter snowfall.

## References

Allard, S. W. (2014). State dollars, non-state provision: Local nonprofit welfare provision in the United States. In M. Cammett &L. M. MacLean (Eds.), *The politics of non-state social welfare* (pp. 237-256). Ithaca, NY: Cornell University Press.

Allard, S. W. (2009). *Out of reach: Place, poverty and the new American welfare state*. New Haven, CT: Yale University Press.

Browning, R. P., Marshall, D. P., & Tabb, D. H. (1984). *Protest Is Not Enough*. Berkeley, CA: University of California Press.

Bunch, J. (2014, December 2). Leadville's lost hospital a by-product of economic, historical change. *The Denver Post*. Retrieved at: http://www.denverpost.com/news/ci_27048056/leadvilles-lost-hospital-by-product-economic-historical-change?source=infinite

Burakowski, E., & Magnusson, M. (2012). *Climate impacts on the winter tourism economy in the United States*. Natural Resource Defense Council Report. Retrieved at: http://protectourwinters.org/climate_report/report.pdf

Cammett, M., & MacLean L. M. (Eds.). (2014). *The politics of non-state social welfare*. Ithaca, NY: Cornell University Press.

Castañeda, H., & Melo, M. A. (2014). Health care access for Latino mixed-status families: Barriers, strategies, and implications for reform. *American Behavioral Scientist*, *58*(14), 1891-1909. doi:10.1177/0002764214550290

Colorado Children's Campaign (2015). *2015 Kids Count in Colorado Report*. Retrieved at: http://www.coloradokids.org/data/kidscount/2015kidscount/

Colorado Department of Public Health and Environment (CDPHE). (2013). *Suicide in Colorado 2008-2012*. Retrieved at: https://www.colorado.gov/pacific/sites/default/files/Suicide-in-Colorado-2008-2012.pdf

Colorado Fiscal Institute (2015). *Colorado state tax basics 2015*. Retrieved at: http://www.coloradofiscal.org/wp-content/uploads/2015/01/Colorado-State-Tax-Basics-2015.pdf

The Economist. (2015, March 21-27). The Fifty Years War. *The Economist*. Pp. 21-22.

Farmer, P., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLOS Medicine*, *3*(10), 1686-1691.

Gordon, E., Ojima D., (Eds.). (2015). *Colorado climate change vulnerability study*. Boulder, CO: University of Colorado Boulder / Colorado State University.

Headwaters Economics. (2014). Changing migration patterns: A review of popular press and scholarly analysis. Report. Retrieved at: http://headwaterseconomics.org/wphw/wp-content/uploads/migration-literature-review.pdf

Hero, R. (1992). *Latinos and the U.S. political system: Two-tiered pluralism.* Philadelphia, PA: Temple University Press.

Hiemstra, N. (2010). Immigrant 'illegality' as neoliberal governmentality in Leadville, Colorado. *Antipode*, *42*(1), 74-102.

Hiemstra, N. (2008). Spatial disjunctures in the New West: Latino immigration to Leadville, Colorado. In R. C. Jones (Ed.), *Immigrants outside megalopolis* (pp.89-114). Lanham, MD: Lexington Books.

Jensen, G. M., & Moore, L. G. (1997). The effect of high altitude and other risk factors on birthweight: Independent or interactive effects? *American Journal of Public Health, 87*(6), 1003–1007.

Krampl, E., Lees, C., Bland, J. M., Dorado, J. E., Gonzalo, M., & Campbell, S. (2000). Fetal biometry at 4300 m compared to sea level in Peru. *Ultrasound in Obstetrics and Gynecology, 16*(1), 9–18 [PubMed: 11084959].

Ku, L., & Matani, S. (2001). Left out: Immigrant's access to insurance and health care. *Health Affairs, 20*(1), 247-256. doi:10.1377/hlthaff.20.1.247.

Lake County (2012). *2012 Lake County Health Assessment and Improvement Plan*. Retrieved at: http://www.chd.dphe.state.co.us/chaps/Documents/PHIPs/Lake%20County%20Public%20Health%20Assessment%20and%20Improvement%20Plan%202012.pdf

Lake County Build a Generation. (2013). *Vision Leadville: The 2013 Leadville-Lake county youth master plan.* Retrieved at: http://lcbag.org/wp-content/uploads/2010/06/Vision-Leadville.pdf

Langley, A. (2015, February 3). Leadville hospital facing closure could be saved by Centura Health. *Summit Daily*. Retrieved at: http://www.summitdaily.com/news/14910150-113/leadville-hospital-facing-closure-could-be-saved-by-centura-health

Lee, R.V. (2013). *Out of bounds: Medicine and the hundred acre wood*. London: Royal Society of Medicine Press.

Lichty, J. L., Ting, R., Bruns, P. D., & Dyar, E. (1957). Studies of babies born at high altitude. *AMA American Journal of Diseases of Children*, 93(6), 666–669. [PubMed: 13424007]

Lippard, C., & Price, J. (2011). Latino healthcare in Southern Appalachia: A community-engaged examination. *Journal of Applied Social Science, 5*(2), 66–87.

Lippard, C. D., & Spann, M. G. (2014). Mexican immigrant experiences with discrimination in southern Appalachia. *Latino Studies, 12*, 374–398. doi:10.1057/lst.2014.42.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet, 365*(9464), 1099-1104.

McCleary, R., Pesina, J. J. (2011). Religious competition, protestant syncretization, and conversion in Guatemala since the 1880s. Working Paper. Retrieved at: http://www.thearda.com/asrec/archive/papers/McCleary_Religious_Competition_Guatemala.pdf

McLeroy, K. R., Norton, B. L., Kegler, M. C., Burdine, J. N., & Sumaya, C. V. (2003). Community-Based Interventions. *American Journal of Public Health, 93*(4), 529–533.

Nelson, L., & Hiemstra, N. (2008). Latino immigrants and the renegotiation of place and belonging in small town America. *Social and Cultural Geography, 9*(3), 319-342.

Park, S. H., & Pellow, D. N. (2011). *The slums of Aspen: Immigrants versus the environment in America's eden*. New York: New York University Press.

Perreira, K., Crosnoe, R., Fortuny, K., Pedroza, J., lvestad, K. U., Weiland, C., Yoshikawa, H., & Chaudry, A. (2012). Barriers to immigrants' access to health and human services. ASPE Issue Brief 17. U.S. Department of Health and Human Services Office of Assistant Secretary for Planning and Evaluation. Retrieved at: http://www.urban.org/research/publication/barriers-immigrants-access-health-and-human-services

Potochnick, S. R. & Perreira, K. M. (2010). Depression and anxiety among first-generation immigrant Latino youth: Key correlates and implications for future research. *The Journal of Nervous and Mental Disease, 198*(7), 470–477. doi:10.1097/NMD.0b013e3181e4ce24

Reckhow, S., Weir, M. (2011). Building a stronger regional safety net: Philanthropy's role. Metropolitan Opportunity Series Number 19. Washington, DC: Brookings Institution.

Schell, L., Ravenscroft, J., Gallo, M., & Denham, M. (2007). Advancing biocultural models by working with communities: A partnership approach. *American Journal of Human Biology, 19*(4), 511-524.

Stimpson, J., Fernand, P., Wilson, A., & Su, D. (2013). Unauthorized immigrants spend less than other immigrants and US natives on health care. *Health Affairs*. 32(7):1313-1318 doi:10.1377/hlthaff.2013.0113

The Pew Charitable Trusts (2012). The local squeeze: Falling revenues and growing demand for services challenge cities, counties, and school districts. Report for the Pew Charitable Trusts.

United States Census[a] Bureau (n.d.). Retrieved at: http://quickfacts.census.gov/qfd/states/08/08065.html

Unites States Census[b] Bureau (n.d.). Commuting (Journey to Work)" Retrieved at: https://www.census.gov/hhes/commuting/data/commuting.html)

University of Wisconsin Public Health Institute / Robert Wood Johnson Foundation (2014). *County health rankings and roadmaps* Retrieved at: http://www.countyhealthrankings.org/app/colorado/2014/rankings/lake/county/outcomes/overall/snapshot

Unger C., Weiser, J. K., McCullough, R. E., Keefer, S., Moore, L. G. (1988). Altitude, low birth weight, and infant mortality in Colorado. *Journal of the American Medical Association, 259*(23), 3427-3432. [PubMed: 3373680]

Williams, D. R. (2012). Miles to go before we sleep: Racial inequities in health. *Journal of Health and Social Behavior, 53*(3), 279-295.

Williams, D. R., Neighbors, H. W., and Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*(2), 200-208.