



# Pioneers Medical Center 2022 *Community Health Needs Assessment*

Approved by PMC Board of Directors on November 22, 2022



# Table of Contents

Executive Summary.....	4
Overview of Community Health Needs Assessment .....	5
Process and Methods.....	6
Community Representation.....	8
Overview of Priority Populations.....	9
Community Health Needs Assessment Subsequent to Initial Assessment .....	10
Definition of Area Served by the Hospital .....	11
Demographics of the Community.....	11
Community Health Characteristics.....	13
Methods of Identifying Health Needs.....	15
Ranked Health Priorities.....	16
Evaluation & Selection Process.....	20
Overview of Priorities.....	21
Implementation Strategy.....	31
Appendix.....	38
Detailed Demographics.....	40
Leading Causes of Death.....	41
County Health Rankings.....	42
Detailed Approach.....	43
Data Sources.....	49
Survey Results.....	51

# A Message to Our Community

Dear Community Member:

At Pioneers Medical Center, we have spent more than 70 years providing high-quality, compassionate healthcare to the Meeker community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan for how our hospital will respond to such needs. This document illustrates how we meet our obligations to deliver medical services efficiently.

In compliance with the Affordable Care Act, all not-for-profit hospitals must develop a report on their communities' medical and health needs. We welcome you to review this document as part of our compliance with federal law and our continuing efforts to meet your health and medical needs. Pioneers Medical Center will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We need adequate resources to solve all the problems identified. Some issues are beyond the hospital's mission, and action is best suited for a response by others. Some improvements will require personal efforts by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community; together, we can make our community healthier for everyone.

Thank You,

Liz Sellers MSN, MHA

Chief Executive Officer  
Pioneers Medical Center

# Executive Summary

Pioneers Medical Center (“PMC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.

This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
- 5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the broad community was performed to review and provide feedback on the prior CHNA and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

***The 2022 Significant Health Needs identified for Pioneers Medical Center are:***

- Behavioral Health: Mental Health, Drug/Substance Abuse
- Affordability of Healthcare
- Access to Senior Services

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

# Community Health Needs Assessment (CHNA) Overview

## CHNA Purpose

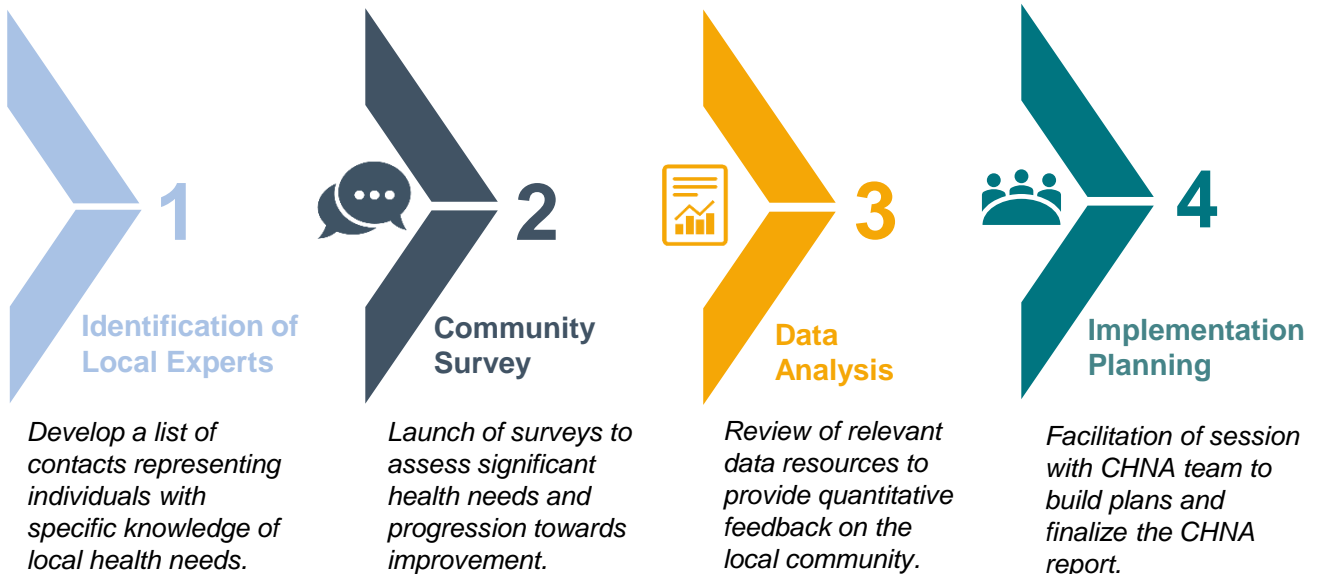
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



## Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

## The CHNA Process



# Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.
- Augmentation of data with community opinions.
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

## Data Collection and Analysis

The Hospital relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- *Stratasean*
- *[www.countyhealthrankings.org](http://www.countyhealthrankings.org)*
- *[www.worldlifeexpectancy.com/usa-health-rankings](http://www.worldlifeexpectancy.com/usa-health-rankings)*
- *U.S. Bureau of Labor Statistics*
- *NAMI*
- *Mental Health Colorado*
- *Economic Policy Institute*
- *Center for Housing Policy*
- *The U.S. Census Bureau*
- *National Cancer Institute*

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. 57 survey responses from community members were gathered in August 2022.

## **Prioritizing Significant Health Needs**

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

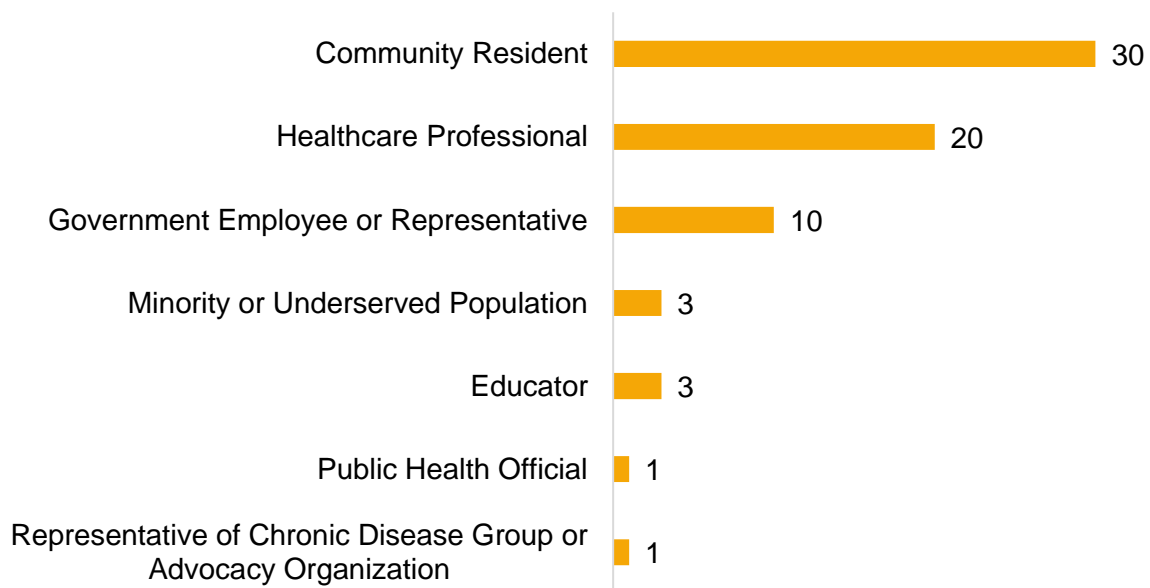
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them. This plan was developed through a series of work sessions where relevant stakeholders from the Hospital and other community organizations were present.

## **Input from Persons Who Represent the Broad Interests of the Community**

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Participants self-identified into the following classifications:

- 1) Public Health Official
- 2) Government Employee or Representative
- 3) Minority or Underserved Population
- 4) Chronic Disease Groups
- 5) Community Resident
- 6) Educator
- 7) Healthcare Professional
- 8) Other (please specify)

**Survey Question: Please select all roles that apply to you (n=57)**

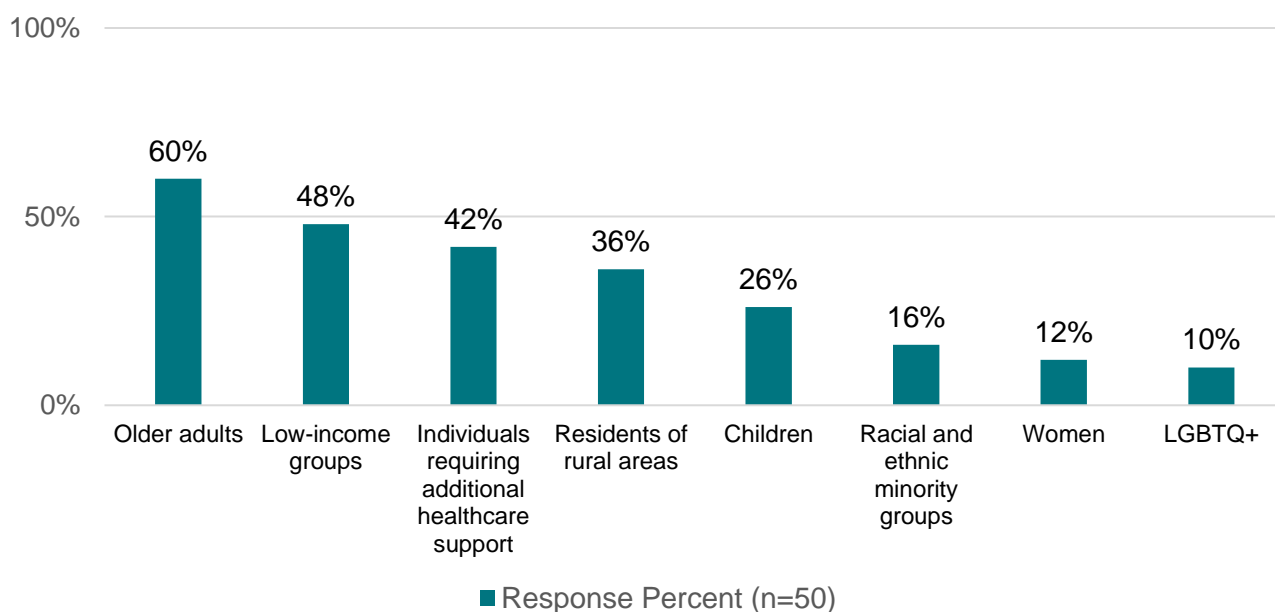




## Input on Priority Populations

Information analysis augmented by local opinions showed how PMC compares to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) would benefit from additional focus and elaborated on their key needs.

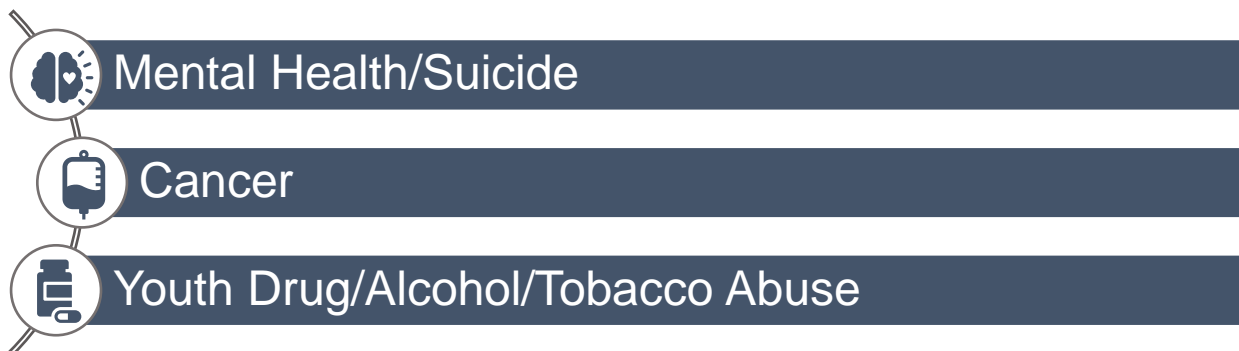
**Survey Question: With regard to healthcare, which groups would you consider to have the greatest health needs in your community? (please select all that apply)**



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following “take-away” bulleted comments:
  - The top three priority populations identified by the local experts were older adults, low-income groups, older adults, and individuals requiring additional healthcare support.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Lack of consistent primary healthcare access
    - Assisted living/ home health care options
    - Affordable healthcare

## Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to PMC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



### The impact of actions taken since the immediately preceding CHNA:

#### *Mental Health/Suicide*

- Hired 2 licensed clinical social workers (LCSW) who provide outpatient services and group counseling
- Added telepsychiatry services through a partnership with One Health to provide psychiatric counseling and assistance in placing patients in inpatient facilities

#### *Cancer*

- Added a visiting oncologist once a month to provide cancer services to patients close to home
- Updated mammography services and treatment options
- Shared education and screening resources on the Hospital's social media page during cancer awareness months

#### *Youth Drug/Alcohol/Tobacco Abuse*

- Partnered with the Rio Blanco County Sheriff's Office to promote National Prescription Drug Take Back Day

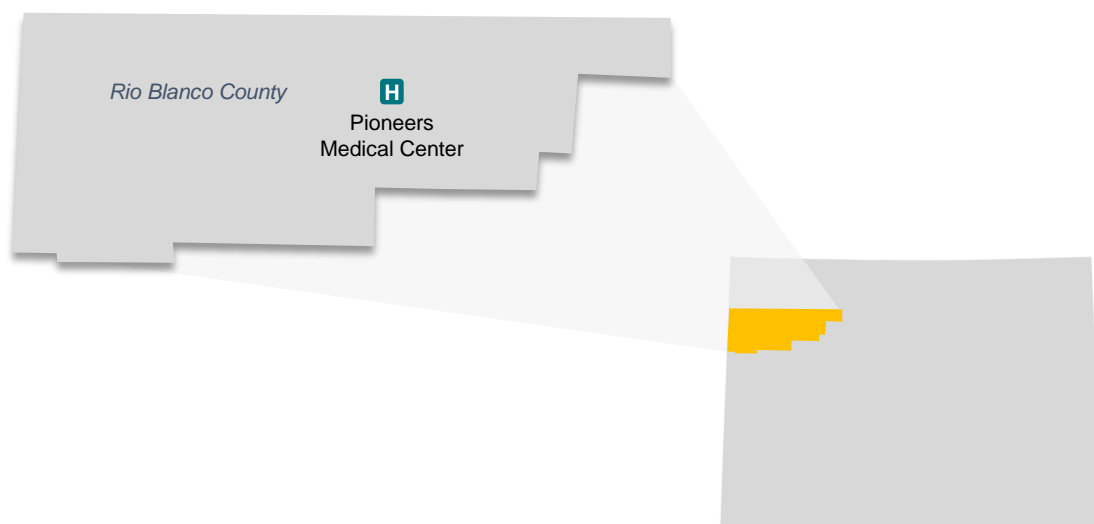
# Community Served

For the purpose of this study, PMC defines its service area as Rio Blanco County in Colorado which includes the following Zip codes:

81648 – Rangely      81650 – Rifle      81641 – Meeker

During 2021, PMC received 56% of its inpatients from this area. In 2019, prior to the COVID-19 pandemic, PMC received 74% of its inpatients from Rio Blanco County. The other hospital facility that serves this county is Rangely District Hospital in Rangely.

## Rio Blanco Demographics



Current Population :

**6,463**

### Age

	Rio Blanco	Colorado
0 – 17	24.1%	22.4%
18 – 44	33.2%	37.1%
45 – 64	26.5%	24.8%
65 +	16.3%	15.6%

Source: Stratasan, ESRI (2022)

## Race/Ethnicity

	Rio Blanco	Colorado
White	87.0%	70.2%
Black	0.5%	4.1%
Asian & Pacific Islander	0.4%	3.7%
Other	12.1%	22.0%
Hispanic*	9.6%	22.0%

\*Ethnicity is calculated separately from Race

## Education and Income

	Rio Blanco	Colorado
Median Household Income	\$74,257	\$84,521
Some High School or Less	6.6%	6.6%
High School Diploma/GED	31.9%	21.2%
Some College/ Associates Degree	35.9%	27.6%
Bachelor's Degree or Greater	25.6%	44.6%

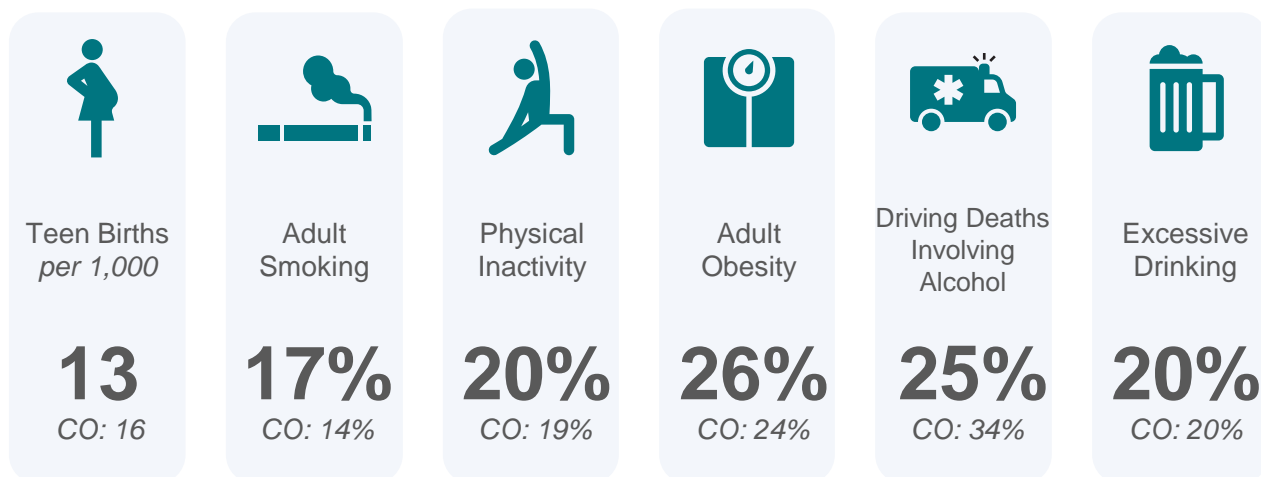
Source: Stratasen, ESRI (2022)

# Community Health Characteristics

The data below provides an overview of Rio Blanco's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

## Health Status Indicators

### Health Behaviors



### Quality of Life

**Suicide Rate: 28.5**

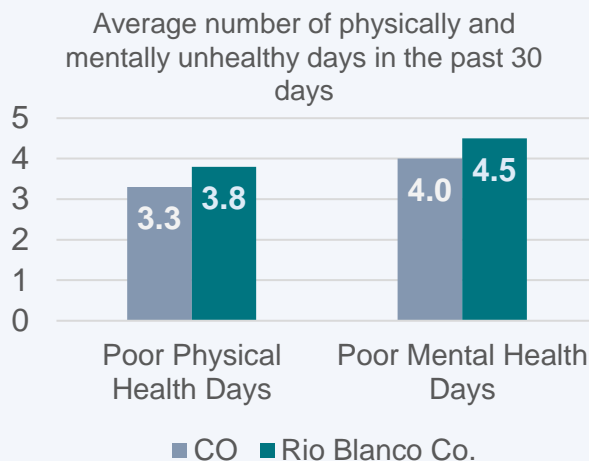
*Per 100,000  
Compared to 21.5 in CO*

**Poor or Fair Health: 16%**

*Compared to 14% in CO*

**Low Birthweight: 9%**

*Compared to 9% in CO*



Source: County Health Rankings 2022 Report, [worldhealthranking.com](https://www.worldhealthranking.com) (2020)

## Socioeconomic Factors



Income  
Inequality\*

**4.3**

CO: 4.4



Unemployment

**5.2%**

CO: 5.4%



Children in  
Single Parent  
Households

**18%**

CO: 21%



Children in  
Poverty

**11%**

CO: 11%



Violent  
Crime  
per 100,000

**97**

CO: 326



Injury  
Deaths  
per 100,000

**94**

CO: 83

## Access to Health

**Uninsured: 11.0%**

Compared to 7.7% in CO

**Preventable Hospital  
Stays: 3,152**

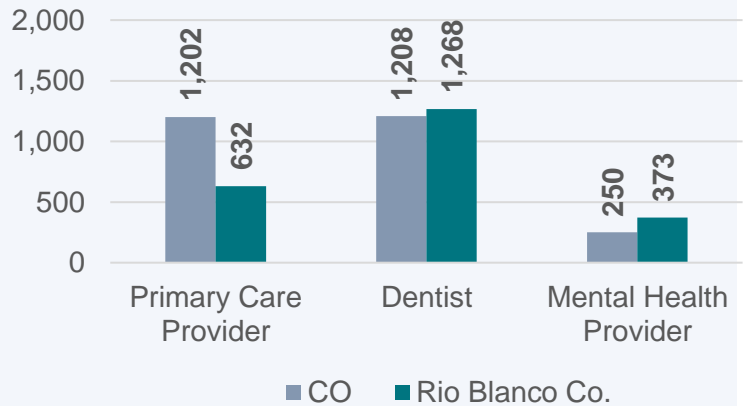
Per 100,000

Compared to 2,337 in CO

**Access to Exercise  
Opportunities: 87%**

Compared to 88% in CO

Number of People per 1 Provider



## Physical Environment



Air Pollution  
( $\mu\text{g}/\text{m}^3$ )

**8.5**

CO: 5.6



Severe Housing  
Problems\*\*

**11%**

CO: 16%



Driving to Work  
Alone

**75%**

CO: 73%



Broadband  
Access

**87%**

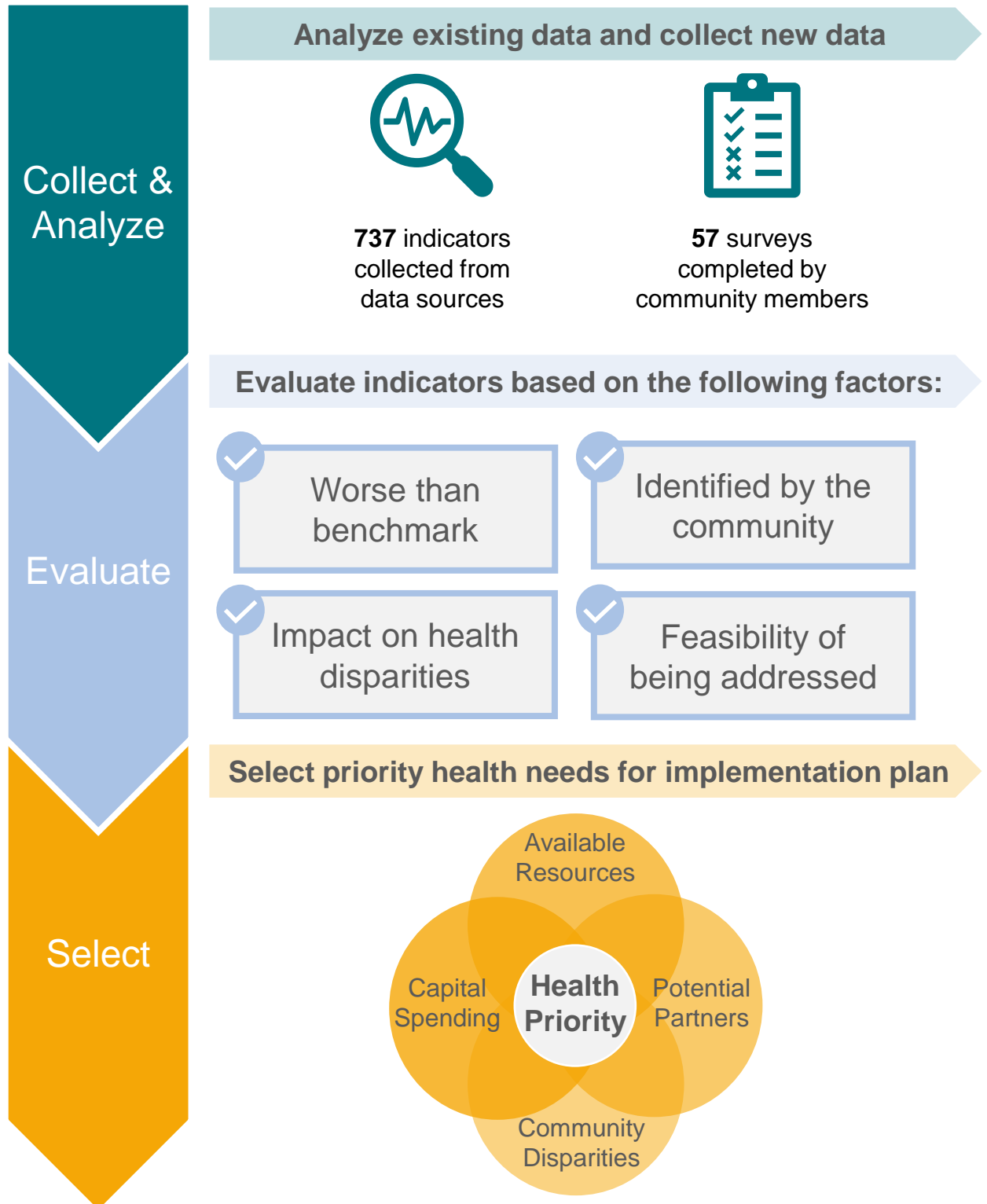
CO: 90%

Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

Notes: \*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

# Methods of Identifying Health Needs



# Ranked Health Priorities

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. Results of the health priority rankings are outlined below:

## Health Factors

***Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).***

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.62
Drug/Substance Abuse	4.43
Obesity	4.22
Cancer	4.19
Women's Health	4.13
Heart Disease	4.11
Stroke	4.05
Diabetes	3.86
Alzheimer's and Dementia	3.81
Lung Disease	3.81
Liver Disease	3.62
Dental	3.59
Kidney Disease	3.59
Other (please specify)	See appendix



## Community Factors

*Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).*

Answer Choices	Weighted Average of Votes (out of 5)
Access to Childcare	4.37
Healthcare Services: Affordability	4.35
Access to Senior Services	4.24
Affordable Housing	4.21
Healthcare Services: Prevention	4.19
Healthcare Services: Physical Presence (location, services, physicians)	4.11
Access to Healthy Food	4.03
Education System	4.03
Employment and Income	3.92
Community Safety	3.79
Access to Exercise/Recreation	3.71
Transportation	3.68
Social Connections	3.43
Access to Childcare	4.37
Other (please specify)	See appendix

## Personal Factors

*Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).*

Answer Choices	Weighted Average of Votes (out of 5)
Excess Drinking	4.03
Livable Wage	3.95
Diet	3.92
Smoking/Vaping/Tobacco Use	3.89
Physical Inactivity	3.65
Risky Sexual Behavior	3.24
Other (please specify)	See appendix

## Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.62
Drug/Substance Abuse	4.43
Access to Childcare	4.37
Healthcare Services: Affordability	4.35
Access to Senior Services	4.24
Obesity	4.22
Affordable Housing	4.21
Cancer	4.19
Healthcare Services: Prevention	4.19
Women's Health	4.13
Heart Disease	4.11
Healthcare Services: Physical Presence	4.11
Stroke	4.05
Access to Healthy Food	4.03
Education System	4.03
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Lung Disease	3.81
Community Safety	3.79
Access to Exercise/Recreation	3.71
Transportation	3.68
Physical Inactivity	3.65
Liver Disease	3.62
Dental	3.59
Kidney Disease	3.59
Social Connections	3.43
Risky Sexual Behavior	3.24

# Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

## Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Access to Childcare	✓	✓		✓
Health Services: Affordability	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Affordable Housing		✓		✓
Cancer	✓	✓	✓	✓
Health Services: Prevention	✓	✓	✓	✓
Women’s Health	✓	✓	✓	✓

# Overview of Priorities

## Mental Health

Mental health was the #1 community-identified health priority with 89% of respondents rating it as important to be addressed in the community (“important” is categorized as a 4 or 5 rating on the community survey). Mental health was identified as a top health priority in the 2019 CHNA report. Suicide is the 7<sup>th</sup> leading cause of death in Rio Blanco County and ranks 9<sup>th</sup> out of 64 counties (with 1 being the worst in the state) in Colorado for suicide death rate ([CDC Final Deaths](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

While it’s difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Rio Blanco Co.	Colorado
Average number of mentally unhealthy days (past 30 days)	4.5	4.0
Number of people per 1 mental health provider	373	250
Suicide death rate (per 100,000)	28.5	21.5

*Source: County Health Rankings (2019, 2021), CDC Final Deaths (2020)*

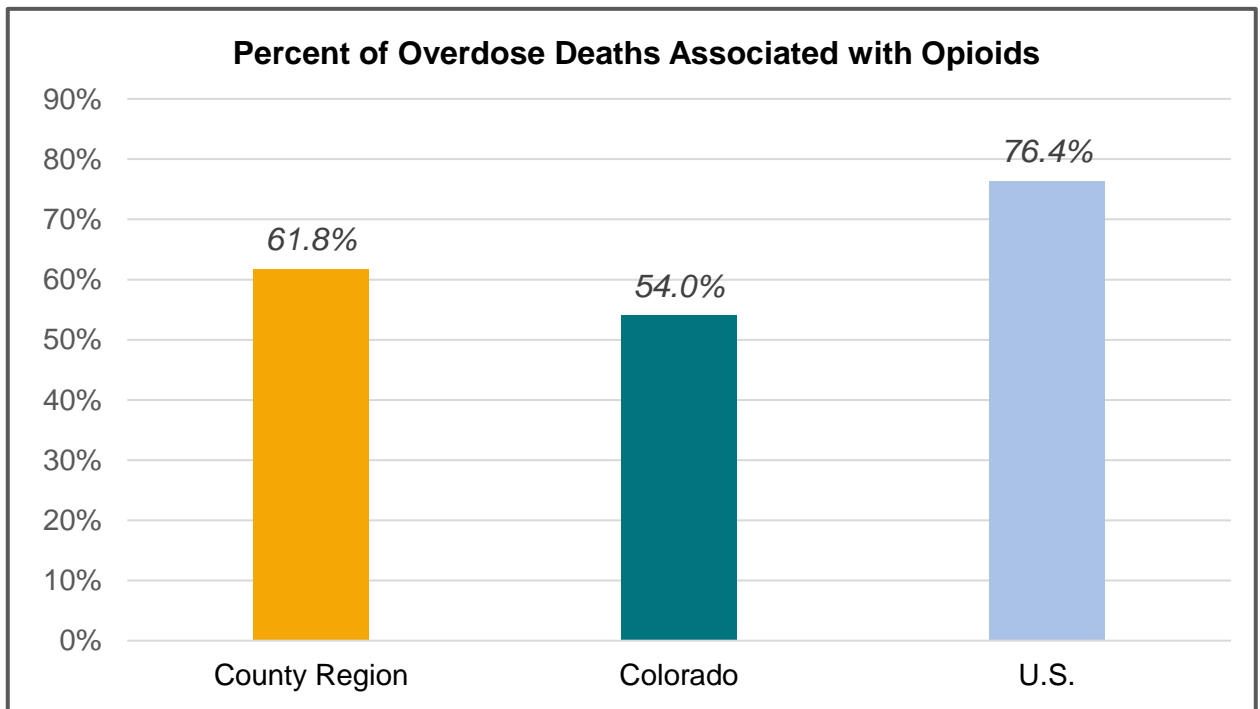
## Drug/Substance Abuse

Drug and substance abuse was identified as the #2 health priority with 89% of survey respondents rating it as important to be addressed. Drug and substance abuse was identified as a top health priority in 2019.

Rio Blanco County has higher rates of adult smoking and lower rates of driving deaths with alcohol involvement compared to Colorado. When looking at all the counties in Rio Blanco's region (Moffat, Routt, and Jackson), these collective counties have a higher average percentage of overdose deaths attributed to the use of opioids than the state average.

	Rio Blanco Co.	Colorado
Adult smoking	17.3%	13.6%
Driving deaths with alcohol involvement	25.0%	34.0%
Excessive drinking	19.5%	20.1%

Source: County Health Rankings (2018-2020)

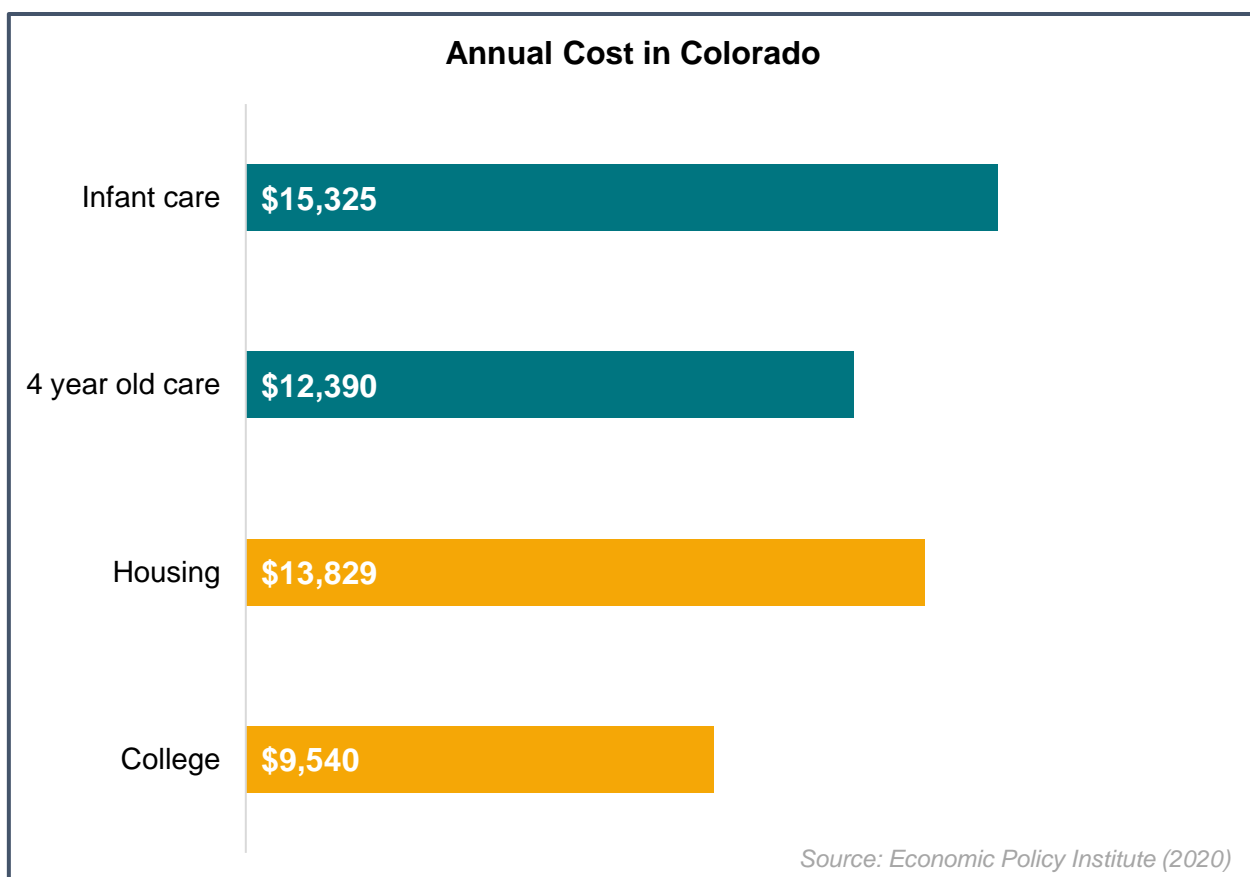


Source: Mental Health Colorado (2019)

Note: County Region includes Rio Blanco, Moffat, Routt, and Jackson Counties.

## Access to Childcare

Access to Childcare was identified as the #3 health priority with 82% of survey respondents rating it as important to be addressed. The average yearly cost of childcare in Colorado is \$15,325. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income ([Economic Policy Institute](#)). In Rio Blanco County, 17% of household income is required for childcare expenses. There are 5 childcare centers for every 1,000 population under 5 years old in Rio Blanco County compared to the Colorado average of 9. Additionally, 11% of children live in poverty and 18% live in single-parent households ([County Health Rankings](#)).



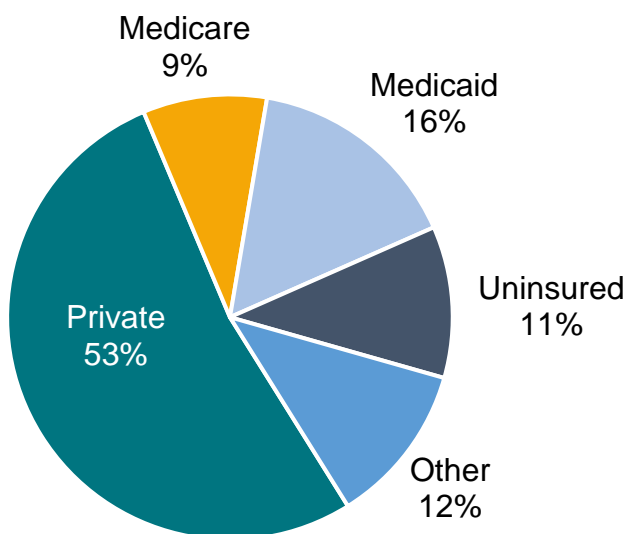
## Healthcare Services: Affordability

Affordability of healthcare services was the #4 identified health need in the community with 81% of survey respondents rating it as important to be addressed. 11% of Rio Blanco County's population is uninsured, above the Colorado average (Stratason, ESRI). Additionally, low-income groups were identified as the top priority population in the community making the affordability of healthcare services an important need.

	Rio Blanco Co.	Colorado
Uninsured	11.0%	7.7%
Median household income	\$74,257	\$84,521

Source: Stratason, ESRI (2022)

### Rio Blanco County Insurance Coverage Estimates



Source: Stratason, ESRI (2022)

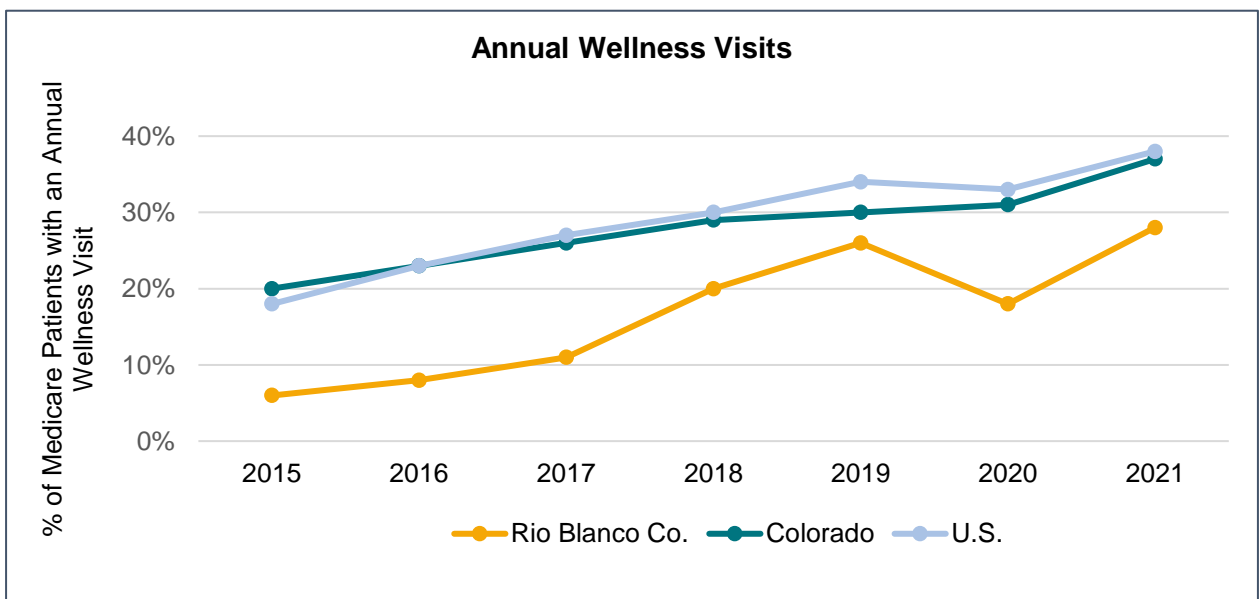


## Access to Senior Services

Access to senior services was identified as the #5 health priority with 68% of respondents rating it as important to address. Over 16% of Rio Blanco County residents are over age 65, and this percentage is expected to increase by 15% over the next 5 years (Stratasan, ESRI). For Medicare enrollees (65+) in Rio Blanco County, 28% had received an annual wellness visit in 2021, representing an increase from 2020. Additionally, older adults were identified as the top priority population in the community making access to senior services especially important.

	Rio Blanco Co.	Colorado
Population 65+	16.3%	15.6%
Projected 5-year population growth in people aged 65+	15.2%	16.3%
Annual wellness visits	28.0%	37.0%

*Source: Stratasan, ESRI (2022), Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population (2021)*



*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

## Obesity

Obesity was the #6 health priority identified in the community survey with 76% of respondents rating it as extremely important to address in the community. Rio Blanco County has higher rates of obesity and physical inactivity than Colorado. Additionally, Rio Blanco County residents have a higher rate of food insecurity than the state average.

	Rio Blanco Co.	Colorado
Adult obesity	26.2%	23.6%
Physical inactivity	20.3%	18.7%
Access to Exercise Opportunities	87.2%	88.4%
Food insecurity	11.0%	9.8%

*Source: County Health Rankings (2019)*

*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

## Affordable Housing

Affordable housing was identified as the #7 priority with 76% of respondents rating it as important to address in the community. While affordable housing is not traditionally a health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare ([Center for Housing Policy](#)).

	Rio Blanco Co.	Colorado
Sever housing cost burden*	8.4%	13.5%
Sever housing problems**	10.8%	16.1%
Homeownership	74.3%	66.2%
Median household income	\$74,257	\$84,521
Median home value	\$218,500	\$369,900
Median monthly owner costs - with a mortgage	\$1,364	\$1,808
Median gross rent	\$734	\$1,196

Source: County Health Rankings (2016-2020), Stratasana ESRI (2022), U.S. Census Bureau (2016-2020)

Notes: \*Percentage of households that spend 50% or more of their household income on housing

\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

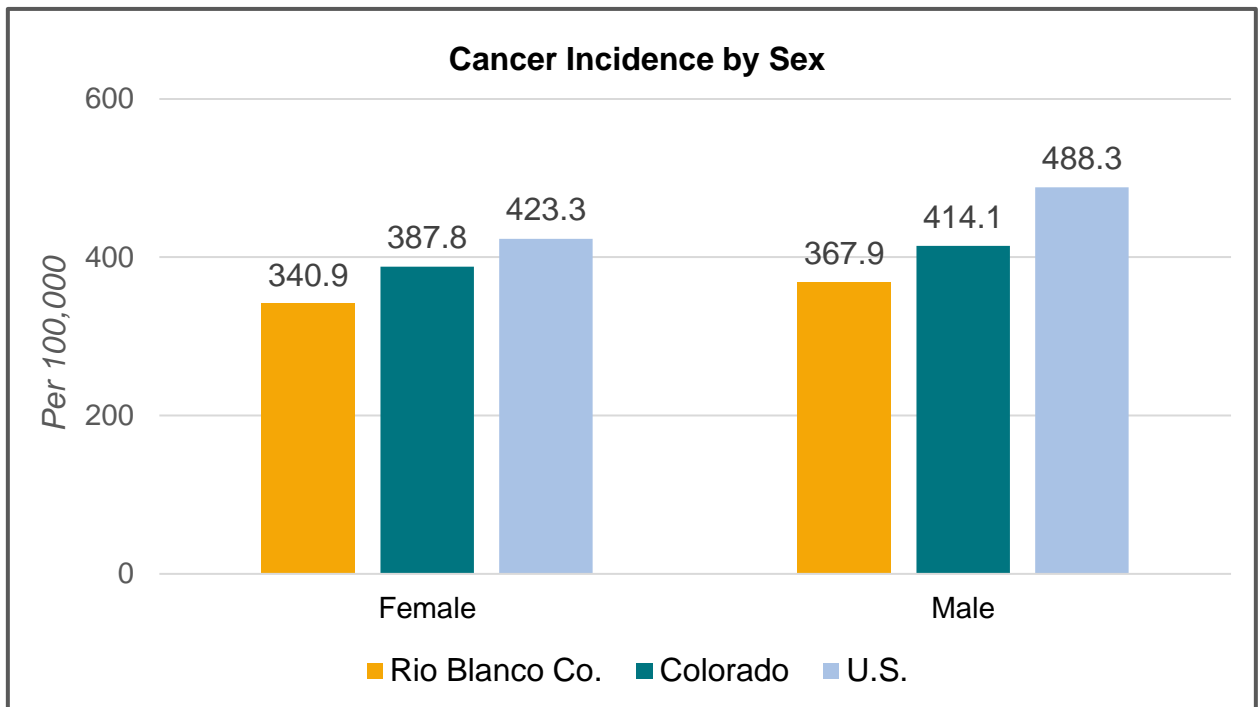
## Cancer

Cancer was identified as the #8 health priority with 75% of survey respondents rating it as important to be addressed. Cancer is the 1<sup>st</sup> leading cause of death in Rio Blanco County and ranks 7<sup>th</sup> out of 64 counties (with 1 being the worst in the state) in Colorado for cancer death rate ([CDC Final Deaths](#)).

Rio Blanco County has a higher cancer mortality rate than Colorado but a lower cancer incidence rate. When looking at cancer incidence rates by gender, males have a higher incidence rate than females in Rio Blanco County, and this difference is seen at the state and country level as well.

	Rio Blanco Co.	Colorado
Cancer mortality (per 100,000)	164.9	127.2
Cancer incidence (per 100,000)	351.0	396.4

Source: CDC Final Deaths (2020), National Cancer Institute (2015-2019)



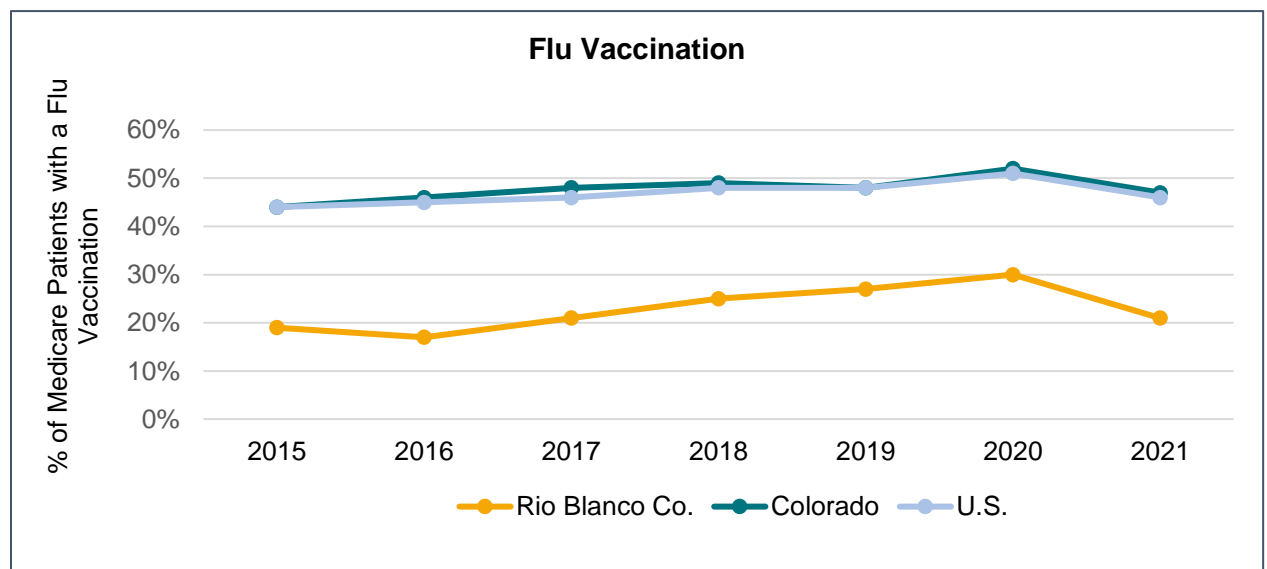
Source: National Cancer Institute (2015-2019)

## Healthcare Services: Prevention

Prevention was the #9 identified health need in the community with 76% of survey respondents rating it as important to be addressed. Among Medicare enrollees, Rio Blanco County had 21% of patients receive a flu vaccination in 2021, down from 30% in 2020. Additionally, Rio Blanco County has a lower primary care physician-to-population ratio than Colorado (note that the primary care physician ratio includes M.D.s and D.O.s only and excludes advanced practice providers).

	Rio Blanco Co.	Colorado
Number of people per 1 primary care physician	632	1,202

Source: County Health Rankings (2019)



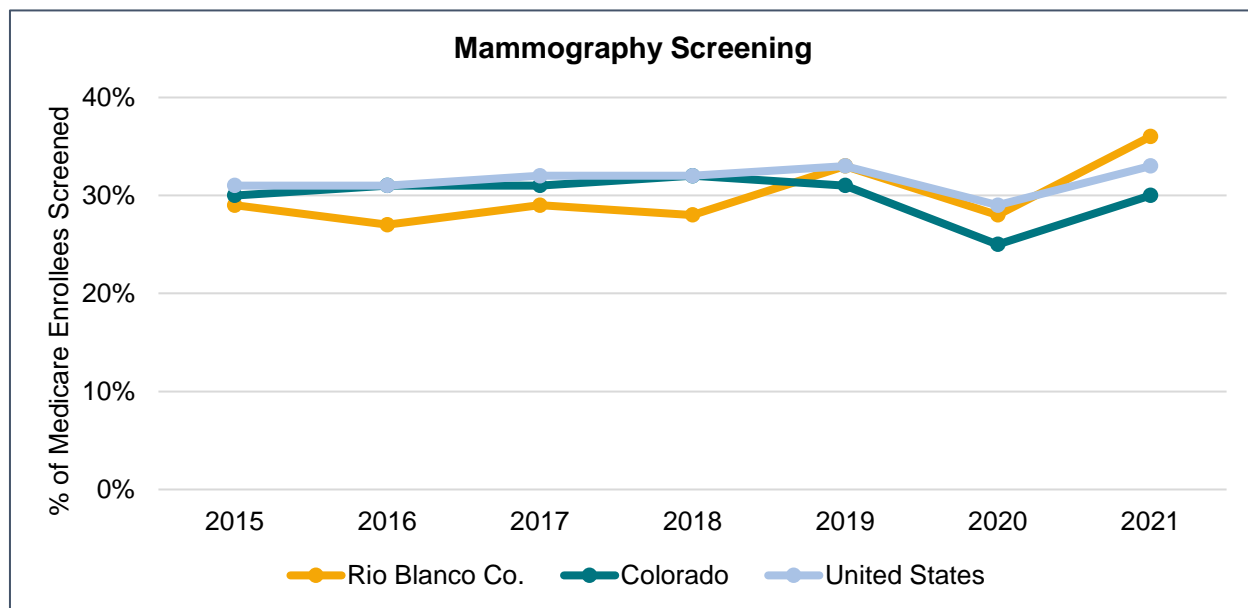
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Women's Health

Women's Health was identified as the #10 health priority with 74% of survey respondents rating it as important to be addressed. About 49% of the population in Rio Blanco County are female with about 19% of the county being females between the ages of 15-44. Among Medicare enrollees, 36% of women in Rio Blanco County received a mammogram in 2021, up from 28% in 2020.

	Rio Blanco Co.	Colorado
Female population	48.7%	50.1%
Female of childbearing age (15-44)	17.7%	19.9%

Source: Stratasan, ESRI



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Source: County Health Rankings (2020)

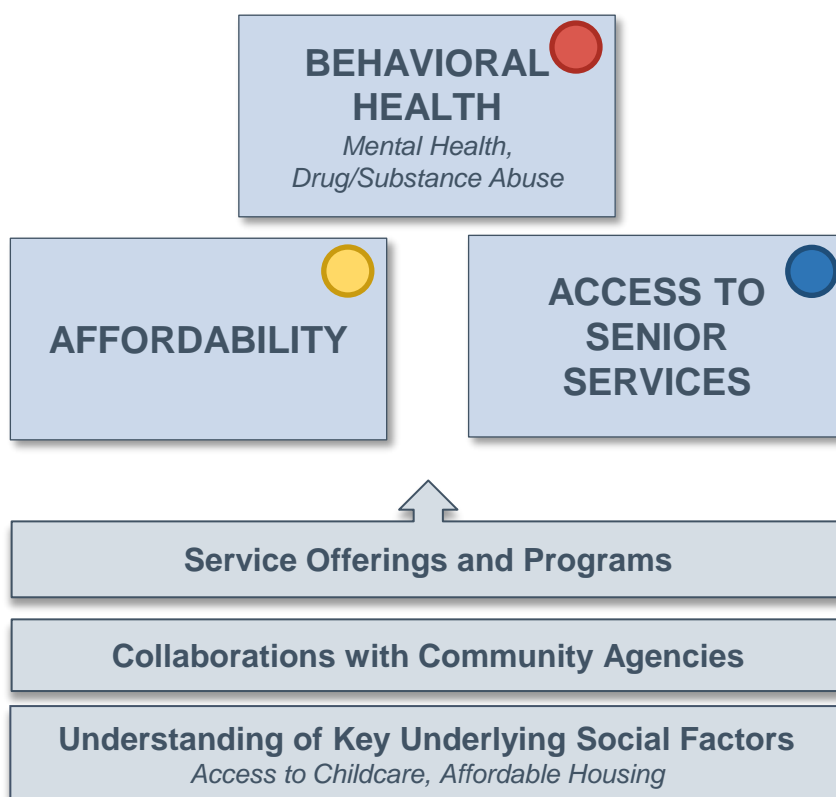
# Implementation Plan Strategy

## Implementation Plan Framework

Based on the top health needs identified by the community, secondary data, and the needs of priority populations in the community, PMC has determined that action plans will be developed to address the following health priorities:

- *Mental Health*
- *Drug/Substance Abuse*
- *Healthcare Services: Affordability*
- *Access to Senior Services*

The Hospital has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources. Note that the Hospital has not chosen to develop programming to address the social determinants of health identified by the community. The Hospital believes there are other organizations in the community better positioned to address the identified community needs and is choosing to focus on the health needs of the community where it feels it can make the greatest impact.



## Behavioral Health

### *Mental Health, Drug/Substance Abuse*

#### **PMC services, programs, and resources available to respond to this need include:**

- Partnership with Mind Springs Health for a grant for a full-time Community Care Coordinator
- All primary care assessment screenings include social determinants (including depression) and tobacco use
- Sitter program for patients presenting with mental distress
- Case managers involved in referrals and transitions of care
- A percentage of hospital staff attend mental health/first aid training
- PMC in part of the Northwest Colorado Community Health Partnership (NCCHP) that works to address mental health in the community
- Provide space to HopeWest (Hospice Palliative Care)
- Provide space for grief counseling (provided by HopeWest) for both youth and adult family members
- Provide chronic care management, including mental health diagnosis, for Medicare patients in the clinic setting
- Collaborate with the Sheriff's office to promote drug take-back events and safe drug disposal at a regular drop-box location
- Smoking cessation program available to anyone at no cost
- Screening during well-child checks for drug, alcohol, and tobacco abuse and exposure

#### **Additionally, PMC plans to take the following steps to address this need:**

- Work to recruit a psychiatrist
- Apply for smoking cessation and drug use grants to provide education and programming in the community

#### **Identified measures and metrics to track progress:**

- Number of patients diagnosed with mental health issues in the Chronic Care Program
- Number of patients referred out to inpatient or outpatient behavioral health services
- Suicide death rate





**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Mind Springs Health	515 28 3/4 Rd, Grand Junction, CO 81501 (970) 241-6023 <a href="https://mindspringshealth.org">https://mindspringshealth.org</a>
Northwest Colorado Community Health Partnership (NCCHP)	<a href="http://nchealthpartnership.org">nchealthpartnership.org</a>
Rio Blanco County Public Health	300 Main Street, Meeker, CO 81641 (970) 878-9520 <a href="http://www.rbc.us/282/Public-Health">http://www.rbc.us/282/Public-Health</a>
HopeWest (palliative care)	575 3rd Street, Meeker, CO 81641 (970) 878-9383 <a href="https://hopewestco.org">https://hopewestco.org</a>
Rio Blanco County Sheriff's Office	355 4 <sup>th</sup> St. Meeker, CO 81641 (970) 878-3127 <a href="https://www.rbc.us/297/Sheriffs-Office">https://www.rbc.us/297/Sheriffs-Office</a>
One Health	
Hospital Transformation Program (HTP)	

## Affordability

### **PMC services, programs, and resources available to respond to this need include:**

- Financial assistance program
- Charity care program
- Payment plan options – Pioneers Payment Plan, “MYLOANS” Payment plan
- Patient Financial Services Department is available to answer billing and insurance questions and assist in applying for financial assistance and payment plans
- All patients are screened for financial assistance and connected with the Financial Services Department
- Certified Application Assistant Site to assist patients applying for Medicaid
- Pricing and self-service estimator tool available on the Hospital website in both English and Spanish
- PMC offers a range of specialty service offerings that allow patients to receive care close to home and not have to travel including the addition of physical therapy and the Cath Lab
- Host a Health Fair on-site and provide health education and low-cost basic blood screenings, lipid panels, thyroid, Vitamin D, PSA, diabetes A1C, and Hepatitis C screening
- Pioneers Healthcare Foundation Cancer Screening Fund helps cover screenings for qualified patients
- Smoking cessation program is available to anyone at no cost
- Free sports physicals provided to 7<sup>th</sup> - 12<sup>th</sup> grade students in Rio Blanco County
- Meeker Drugs at PMC – retail pharmacy that provides access to pharmaceuticals in house
- Pioneers Healthcare Foundation provides health professional scholarships to local students to promote a pipeline of healthcare workers in the local community

### **Additionally, PMC plans to take the following steps to address this need:**

- Increase education and awareness of financial assistance available at the Hospital to help patients access care
- Continue to add services to the community to limit patient's need to travel far for care: electromyography, dermatology
- Assist patients in filling prescriptions at Meeker Drugs to limit the number of community members who must travel out of the area to receive their medications

### **Identified measures and metrics to track progress:**

- Charity Care contribution
- Number of scripts provided through retail pharmacy



**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Pioneers Healthcare Foundation	<a href="https://pioneershealthfoundation.org/">https://pioneershealthfoundation.org/</a>
Heart and Vascular Center at Valley View - Cardiology partner	<a href="https://vvheartcare.org/our-practice/">https://vvheartcare.org/our-practice/</a>
Calaway-Young Cancer Center at Valley View – Oncology partner	<a href="https://vvcancercenter.org/">https://vvcancercenter.org/</a>
Rio Blanco County	<a href="https://www.rbc.us/">https://www.rbc.us/</a>

## Access to Senior Services

### PMC services, programs, and resources available to respond to this need include:

- The Walbridge Memorial Wing provides comprehensive long-term care services
- Comprehensive Home Health Services – skilled nursing, physical therapy, occupational therapy, medication alarm boxes, etc.
- Swing-bed transitional care services
- Social services coordination and case management services are provided to help connect seniors to community resources
- Telehealth offerings allow patients to receive care in their homes without needing to travel
- Monthly foot clinics at the Meeker Veterans Community Center
- Pioneers Healthcare Foundation has a Meals on Wheels program that provides services 5 days a week – on track to serve over 4,000 meals in 2022
- The Meeker Streaker – transportation for patients to appointments through a partnership between PMC and Rio Blanco County
- Free “Stepping On” course to improve balance, strength, and mobility for seniors

### Additionally, PMC plans to take the following steps to address this need:

- Work to increase access to senior services through the exploration of additional assisted living and long-term care offerings
- Increase educational programming for local seniors to promote healthy living and provide awareness of services available at PMC
- Continue to add services to the community to limit senior’s need to travel far for care: electromyography, dermatology, dietetics

### Identified measures and metrics to track progress:

- Number of home health visits
- Number of educational opportunities provided for seniors



**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Department of Human Services – White River Roundup	(970) 878-9650 <a href="https://www.rbc.us/312/White-River-Roundup">https://www.rbc.us/312/White-River-Roundup</a>
Rio Blanco County	<a href="https://www.rbc.us/">https://www.rbc.us/</a>
Meeker Veterans Community Center	290 4 <sup>th</sup> St., Meeker, CO 81641
ERBM Recreation & Park District	101 Ute Rd., Meeker, CO 81641 (970) 878-3403 <a href="https://www.erbmrec.com/">https://www.erbmrec.com/</a>

# Appendix

# Community Data

# Community Demographics

Demographic Profile

	Rio Blanco County				Colorado				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
Population										
Total Population	6,463	6,365	-1.5%	100.0%	5,937,082	6,138,077	3.4%	100.0%	3.6%	100.0%
By Age										
00 - 17	1,555	1,585	1.9%	24.1%	1,330,700	1,355,956	1.9%	22.4%	0.0%	21.7%
18 - 44	2,145	2,069	-3.5%	33.2%	2,204,444	2,275,531	3.2%	37.1%	0.3%	36.0%
45 - 64	1,711	1,499	-12.4%	26.5%	1,475,080	1,429,007	-3.1%	24.8%	-4.3%	24.9%
65+	1,052	1,212	15.2%	16.3%	926,858	1,077,583	16.3%	15.6%	12.8%	17.4%
Female Childbearing Age (15-44)	1,142	1,128	-1.2%	17.7%	1,178,530	1,215,754	3.2%	19.9%	0.0%	19.5%
By Race/Ethnicity										
White	5,620	5,533	-1.5%	87.0%	4,166,683	4,227,480	1.5%	70.2%	-1.3%	61.0%
Black	34	34	0.0%	0.5%	242,292	252,196	4.1%	4.1%	0.8%	12.4%
Asian & Pacific Islander	24	24	0.0%	0.4%	219,810	238,068	8.3%	3.7%	5.6%	6.3%
Other	785	774	-1.4%	12.1%	1,308,297	1,420,333	8.6%	22.0%	7.8%	20.3%
Hispanic*	618	608	-1.6%	9.6%	1,305,279	1,354,005	3.7%	22.0%	3.4%	19.0%
Households										
Total Households	2,567	2,530	-1.4%		2,321,567	2,398,807	3.3%			
Median Household Income	\$ 74,257	\$ 81,662			\$ 84,521	\$ 101,706			US Avg. \$64,730   \$72,932	
Education Distribution										
Some High School or Less				6.6%				6.6%		10.1%
High School Diploma/GED				31.9%				21.2%		27.1%
Some College/Associates Degree				35.9%				27.6%		27.7%
Bachelor's Degree or Greater				25.6%				44.6%		35.1%

\*Ethnicity is calculated separately from Race

Source: Stratasen, ESRI (2022)



# Leading Cause of Death


























The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Colorado's Top 15 Leading Causes of Death are listed in the tables below in Rio Blanco's rank order. Rio Blanco was compared to all other Colorado counties, Colorado state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in CO (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Rio Blanco County Compared to U.S.)
CO Rank	Rio Blanco Rank	Condition		CO	Rio Blanco	
2	1	Cancer	7 of 64	127.2	164.9	Higher than expected
1	2	Heart Disease	36 of 64	128.1	144.0	Lower than expected
4	3	Accidents	14 of 64	60.5	65.7	Lower than expected
5	4	Lung	18 of 64	39.3	62.0	Higher than expected
7	5	Stroke	4 of 64	35.9	45.2	Higher than expected
3	6	COVID-19	47 of 64	69.6	28.8	Lower than expected
8	7	Suicide	9 of 64	21.5	28.5	Higher than expected
6	8	Alzheimer's	32 of 64	36.9	19.9	Lower than expected
13	9	Flu - Pneumonia	20 of 64	7.2	17.4	As expected
9	10	Diabetes	29 of 64	18.0	16.8	Lower than expected
12	11	Kidney	11 of 64	7.7	14.2	As expected
10	12	Liver	38 of 64	17.7	9.6	As expected
11	13	Parkinson's	25 of 64	10.4	7.1	As expected
16	14	Homicide	12 of 64	5.8	5.8	As expected
14	15	Blood Poisoning	54 of 64	6.9	4.1	Lower than expected
15	16	Hypertension	55 of 64	6.8	2.8	Lower than expected

\*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

# County Health Rankings




	Rio Blanco	Colorado	U.S. Median	Top U.S. Performers
<b>Length of Life</b>				
Overall Rank (best being #1)	<b>21/64</b>			
- Premature Death*	 <b>6,057</b>	6,323	8,200	5,400
<b>Quality of Life</b>				
Overall Rank (best being #1)	<b>32/64</b>			
- Poor or Fair Health	 <b>16%</b>	14%	17%	12%
- Poor Physical Health Days	 <b>3.8</b>	3.3	3.9	3.1
- Poor Mental Health Days	 <b>4.5</b>	4.0	4.2	3.4
- Low Birthweight	 <b>9%</b>	9%	8%	6%
<b>Health Behaviors</b>				
Overall Rank (best being #1)	<b>31/64</b>			
- Adult Smoking	 <b>17%</b>	14%	17%	14%
- Adult Obesity	 <b>26%</b>	24%	33%	26%
- Physical Inactivity	 <b>20%</b>	19%	27%	20%
- Access to Exercise Opportunities	 <b>87%</b>	88%	66%	91%
- Excessive Drinking	 <b>20%</b>	20%	18%	13%
- Alcohol-Impaired Driving Deaths	 <b>25%</b>	34%	28%	11%
- Sexually Transmitted Infections*	 <b>237.2</b>	517.8	327.4	161.4
- Teen Births (per 1,000 female population ages 15-19)	 <b>13</b>	16	28	13
<b>Clinical Care</b>				
Overall Rank (best being #1)	<b>20/64</b>			
- Uninsured	 <b>9.5%</b>	9.4%	11.0%	6.0%
- Population per Primary Care Provider	 <b>632</b>	1,202	2,070	1,030
- Population per Dentist	 <b>1,268</b>	1,208	2,410	1,240
- Population per Mental Health Provider	 <b>373</b>	250	890	290
- Preventable Hospital Stays	 <b>3,152</b>	2,337	4,710	2,761
- Mammography Screening	 <b>39%</b>	40%	41%	50%
- Flu vaccinations	 <b>26%</b>	48%	43%	53%
<b>Social &amp; Economic Factors</b>				
Overall Rank (best being #1)	<b>16/64</b>			
- High school graduation	 <b>92%</b>	92%	90%	96%
- Unemployment	 <b>5.4%</b>	7.3%	3.9%	2.6%
- Children in Poverty	 <b>11%</b>	11%	20%	11%
- Income inequality**	 <b>4.3</b>	4.4	4.4	3.7
- Children in Single-Parent Households	 <b>18%</b>	21%	32%	20%
- Violent Crime*	 <b>97</b>	326	205	63
- Injury Deaths*	 <b>94</b>	83	84	58
- Median household income	 <b>\$64,039</b>	\$77,688	\$50,600	\$69,000
- Suicides	 <b>39</b>	21	17	11
<b>Physical Environment</b>				
Overall Rank (best being #1)	<b>20/64</b>			
- Air Pollution - Particulate Matter (µg/m³)	 <b>8.5</b>	5.6	9.4	6.1
- Severe Housing Problems***	 <b>11%</b>	16%	14%	9%
- Driving to work alone	 <b>75%</b>	73%	81%	72%
- Long commute - driving alone	 <b>16%</b>	36%	31%	16%

\*Per 100,000 Population

\*\*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

## Key (Legend)

-  Better than CO
-  The same as CO
-  Worse than CO

Source: County Health Rankings 2022 Report

# Detailed Approach

Pioneers Medical Center (“PMC” or the “Hospital”) is organized as a not-for-profit organization. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. This study is designed to comply with the standards required of a not-for-profit hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

### **Project Objectives**

PMC partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with the information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the health organizations to issue an assessment of community health needs and document its intended response

### **Overview of Community Health Needs Assessment**

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term ‘Charitable Organization’ is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

## Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

*“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

*...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this assessment.

To complete a CHNA:

*“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;*
- 2) a description of the process and methods used to conduct the CHNA;*
- 3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- 4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- 5) a description of resources potentially available to address the significant health needs identified through the CHNA.*

*... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”*

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing the characteristics of individuals providing written comments but did not maintain identification data.

*“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”*

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the Hospital
- 3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the Hospital facility. Also, in other federal regulations the term Priority Populations, which includes rural residents and LGBT interests, is employed and for consistency is included in this definition
- 4) **Chronic Disease Groups** – Representative of or member of a Chronic Disease Group or Organization, including mental and oral health
- 5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

**Other** (please specify)

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this CHNA report appendix.



Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	August 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	August 2022	2013-2020
CDC Final Deaths	15 top causes of death	August 2022	2020
U.S. Bureau of Labor Statistics	Unemployment rates	September 2022	2021
NAMI	Statistics on mental health rates and services	September 2022	2021
Mental Health Colorado	Overdose deaths associated with opioids	September 2022	2019
Economic Policy Institute	Childcare costs in Colorado	September 2022	2020
Center for Housing Policy	Impact of housing on health	September 2022	2015
The U.S. Census Bureau	County-level statistics for housing	September 2022	2016-2020
National Cancer Institute	Cancer incidence rates	September 2022	2014-2018

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors and the general community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and PMC's desire to represent the region's geographically diverse population. Community input from 57 survey respondents was received. Survey responses started on August 5<sup>th</sup> and ended on August 25<sup>th</sup>, 2022.

Having taken steps to identify potential community needs, the respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

# Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

**Q2: Your role in the community (select all that apply)**

Answer Choices	Responses	
Community Resident	55.56%	30
Healthcare Professional	37.04%	20
Government Employee or Representative	18.52%	10
Educator	5.56%	3
Public Health Official	1.85%	1
Representative of Chronic Disease Group or Advocacy Organization	1.85%	1
	Answered	54
	Skipped	3

**Q3: Race/Ethnicity ( select all that apply)**

Answer Choices	Responses	
White or Caucasian	96.36%	53
Hispanic or Latino	3.64%	2
Asian or Asian American	1.82%	1
	Answered	55
	Skipped	2

**Q4: Age group**

Answer Choices	Responses	
18-24	0.00%	0
25-34	12.73%	7
35-44	30.91%	17
45-54	20.00%	11
55-64	23.64%	13
65+	12.73%	7
	Answered	55
	Skipped	2

**Q5: What zip code do you primarily live in?**

Answer Choices	Responses	
81641 - Meeker, CO	92.45%	49
81321 - Cortez, CO	3.77%	2
81650 - Rifle, CO	1.89%	1
81642 - Meredith, CO	1.89%	1
	Answered	54
	Skipped	3

**Q6: Where do you primarily receive your healthcare services?**

Answer Choices	Responses	
Pioneers Medical Center	69.09%	38
Somewhere other than Pioneers Medical Center (please specify)	30.91%	17
	Answered	55
	Skipped	2

### Comments:

- Grand River Health (5)
- UC Health Steamboat Springs (3)
- Valley View (2)
- Grand Junction (2)
- CEBT Rifle Clinic (1)
- Craig Urgent Care (1)
- Houston, TX (1)

### Q7: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

Answer Choices	Responses	
Older adults	60.00%	30
Low-income groups	48.00%	24
Individuals requiring additional healthcare support	42.00%	21
Residents of rural areas	36.00%	18
Children	26.00%	13
Racial and ethnic minority groups	16.00%	8
Women	12.00%	6
LGBTQ+	10.00%	5
	Answered	50
	Skipped	7

### *What do you believe to be some of the needs of the groups selected above?*

- Assisted living
- Lack of consistent primary health care. Utilize ER too frequently
- Continuation/expansion of Meeker Streaker services. A lot of times they are not available due to various reasons.
- Prenatal care and labor and delivery
- More accessible education concerning assistance available. Examples: what assistance there is to help them with medical and insurance costs.

- Self explanatory; more health issues as you age
- Mental Health, transportation, language barriers, resources for food.
- Specialty care and affordability.
- Reasonably price care in a timely fashion.
- Healthcare cost.
- Low-income encompass families of children on welfare and government support
- More resources for in home care and support if eligible
- Increased resources and support for in home care if qualified
- Hard to get the care they need because of income and insurance
- Inability to access health insurance due to a lack of options and high cost.
- Assisted Living Care
- Ability to see providers
- We need more doctors that have less time out and less meetings to cover the needs of sick people
- Family practice need. To often there are no appointments available
- Health needs cannot be put into a specific group. Health care in all encompassing and needs to be available for everyone, no matter the gender, age, sexual preference, or nationality. Low-income groups will always have a great need, as they are tied to the availability of money for health care, food clothing and housing. As more LGBTQ+ people come to our area, I still fee like there is a stigma that may prohibit them from freely coming for health care assistance.

**Q8: Please share comments or observation about the actions PMC has taken to address Mental Health/Suicide.**

- Not aware of any
- I have observed no actions
- ER staff (Starla, Heather & Fallon) EXTREMELY valuable and in tune with mental health needs and treatment for patients.
- Secures Alternative screeners for M-1 besides mind springs
- I have not observed this
- None I am aware of
- Not enough. Being in rural areas such population is lost and forgotten

- Not good at all. No improvement
- Unaware of any actions taken on this topic.
- I have not noticed, nor have I been notified of any actions taken by PMC. I know there has been issues with Mind Springs not being in the picture.
- I am not aware of any actions.
- Telehealth availability, although it is not well known amongst the community
- Nonexistent
- Lacking

**Q9: Please share comments or observations about the actions PMC has taken to address Cancer.**

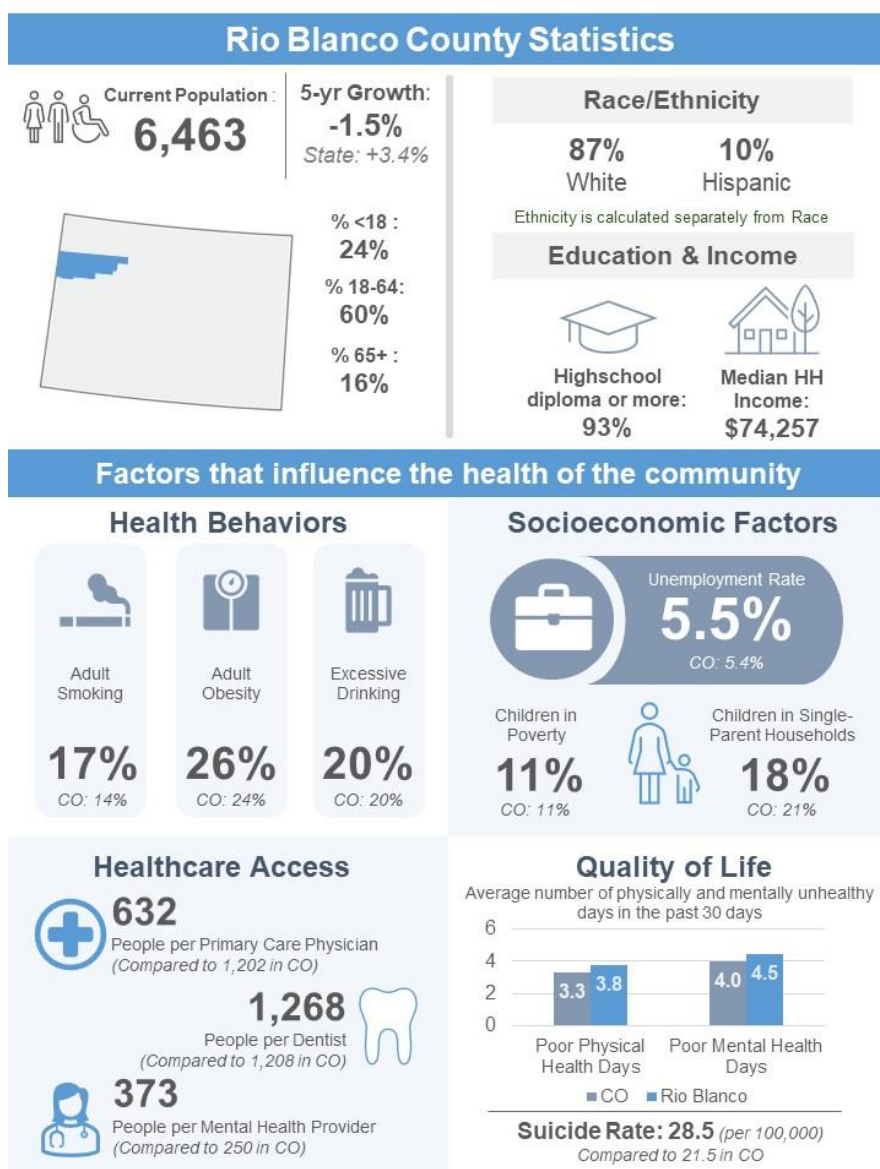
- PMC did a cancer walk? Maybe? Can't remember for sure.
- I have observed no actions
- Gotten better equipment and is able to provide more treatments.
- There is an infusion clinic, I am not aware if they are giving any cancer treatments.
- Breast cancer awareness and mammography
- Cancer treatments are available
- A visiting oncologist and options for local treatments for patients who do not have transportation to out of town appointments would be a positive addition to services.
- Collaborating with Valley View's cancer treatment center
- Adding Mammography services
- I know of none past the ED.
- Cancer awareness events.
- Better than in the past
- Very little besides providing mammography.



**Q10: Please share comments or observations about the actions PMC has taken to address Youth Drug/ Alcohol/ Tobacco Abuse.**

- Better than in the past
- Unaware. However, none in household of this age group.
- None that I have seen.
- In this rural area I see more smoking than cities especially wit the legalized marijuana
- Unaware of any actions taken
- I am not aware of any actions.
- None that I am aware of.
- Nonexistent
- I think there was a good push for a while, but it has tapered off. More team efforts need to be made with schools, hospital and public health dept.

Q11: Do you believe the data below accurately reflects your community today?



Answer Choices	Responses	
Yes, the data accurately reflects my community today	87.18%	34
No, the data does not reflect my community today	12.82%	5
	Answered	39
	Skipped	18

Comments:

- Adult obesity, excessive drinking and children in poverty seem to be under reported
- Not sure how to relate to Meeker
- The Hispanic Population might be a little higher than that but otherwise this looks accurate.
- Suicide rate seems high for this area.
- I agree with most all data presented - however I do not believe the median household income level is as high as \$74,000. I thought it was closer to \$55,000.
- Our population is down from this survey done in 2019, but otherwise is probably pretty much up to date
- Some of it surprising but I believe it would not have been published without accurate statistics

**Q12: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Mental Health	0	0	4	6	27	37	4.62
Drug/Substance Abuse	0	0	4	13	20	37	4.43
Obesity	0	2	7	9	19	37	4.22
Cancer	0	1	8	11	17	37	4.19
Women's Health	0	2	8	11	17	38	4.13
Heart Disease	0	1	7	16	13	37	4.11
Stroke	0	0	12	11	14	37	4.05
Diabetes	0	2	12	12	11	37	3.86
Alzheimer's and Dementia	0	1	14	13	9	37	3.81
Lung Disease	0	2	12	14	9	37	3.81
Liver Disease	1	4	11	13	8	37	3.62
Dental	1	2	18	6	10	37	3.59
Kidney Disease	0	5	12	13	7	37	3.59
Other (please specify)	4						
						Answered	38
						Skipped	19

Comments:

- Note about obesity: Probably most important since many diseases stem from this.
- LGBTQ+
- Health specifically related to the LGBTQ
- Vision

**Q13: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Access to Childcare	2	1	4	5	26	38	4.37
Healthcare Services: Affordability	1	0	6	8	22	37	4.35
Access to Senior Services	0	1	11	3	22	37	4.24
Affordable Housing	2	2	5	6	23	38	4.21
Healthcare Services: Prevention	0	3	6	9	19	37	4.19
Healthcare Services: Physical Presence	1	3	8	4	21	37	4.11
Access to Healthy Food	1	3	7	10	17	38	4.03
Education System	2	1	9	8	18	38	4.03
Employment and Income	0	3	11	9	14	37	3.92
Community Safety	1	4	9	12	12	38	3.79
Access to Exercise/Recreation	2	5	10	6	15	38	3.71
Transportation	1	5	10	10	11	37	3.68
Social Connections	2	4	15	8	8	37	3.43
Other (please specify)						2	
						Answered	38
						Skipped	19

**Comments:**

- Community groups, lgbtq+, weight watchers.
- Addressing mental health issues and making preventative healthcare tests and carefree or sliding scale.

**Q14: Please rate the importance of addressing each individual factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	0	0	10	16	11	37	4.03
Livable Wage	1	2	7	15	12	37	3.95
Diet	1	0	12	12	12	37	3.92
Smoking/Vaping/Tobacco Use	1	1	11	12	12	37	3.89
Physical Inactivity	3	0	12	14	8	37	3.65
Risky Sexual Behavior	3	4	17	7	6	37	3.24
Other (please specify)	2						
						Answered	37
						Skipped	20

Comments:

- Mental Health
- Mental Health

**Q15: Overall, how much has the COVID-19 pandemic affected you and your household?**

Answer Choices	Responses	
Some impact, does not change daily behavior	45.95%	17
No impact, no change	24.32%	9
Noticeable impact, planning for changes to daily behavior	13.51%	5
Significant daily disruption, reduced access	10.81%	4
Severe daily disruption, immediate needs unmet	5.41%	2
	Answered	37
	Skipped	20

**Q16: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)**

Answer Choices	Responses	
Social support systems	44.83%	13
Employment	41.38%	12
Public safety	27.59%	8
Housing	24.14%	7
Food security	24.14%	7
Poverty	20.69%	6
Access to healthcare services	20.69%	6
Childcare	20.69%	6
Education	17.24%	5
Transportation	17.24%	5
Nutrition	13.79%	4
Racial and cultural disparities	13.79%	4
Other (please specify)	17.24%	5
	Answered	29
	Skipped	28

Comments:

- Travel/Vacation
- Please conduct a survey on vaccines; effectiveness and safety

- Trust in public health officials
- Inconsistent messaging surrounding COVID-19 has exacerbated political and social division
- Covid handled pretty well in this community...

**Q17: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)**

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	20.00%	7
All types of healthcare services	14.29%	5
Elective care (planned in advance opposed to emergency treatment)	14.29%	5
Specialty care (care and treatment of a specific health condition that require a specialist)	5.71%	2
Urgent care/Walk-in clinics	5.71%	2
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	2.86%	1
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	2.86%	1
None of the above	60.00%	21
Other (please specify)	2.86%	1
Comments:	Answered	35
	Skipped	22

- Mental Health



**Q18: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)**

Answer Choices	Responses	
Serving as a trusted source of information and education	63.64%	21
Offering alternatives to in-person healthcare visits	54.55%	18
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	48.48%	16
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	30.30%	10
Sharing local patient and healthcare providers stories and successes with the community	24.24%	8
Other (please specify)	12.12%	4
Answered		89
Skipped		78

**Comments:**

- Reaching out better to the community as to what offers/alternatives are available.
- No additional measures needed...

**Q19: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)**

Answer Choices	Responses	
Mental health	72.22%	26
Primary care	66.67%	24
Elder/senior care	61.11%	22
Urgent care/Walk-in clinics	55.56%	20
Chronic disease management programming	47.22%	17
Specialty care	44.44%	16
Emergency care	41.67%	15
Substance abuse services	41.67%	15
Pediatrics/children's health	36.11%	13
Women's health	33.33%	12
Other (please specify)	8.33%	3
	Answered	36
	Skipped	21

**Comments:**

- All are important
- LGBTQ etc. health care
- Address mental health and many social/health issues will be resolved.

**Q20: COVID-19 has led to an increase in virtual and at-home healthcare options, including Telehealth, telephone visits, remote monitoring, etc. What options do you believe would benefit the community most? (please select all that apply)**

Answer Choices	Responses	
Video visits with a healthcare provider	69.70%	23
Smartphone app to communicate with a healthcare provider	54.55%	18
Telephone visits with a healthcare provider	48.48%	16
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	48.48%	16
Patient portal feature of your electronic medical record to communicate with a healthcare provider	48.48%	16
Virtual triage/screening option before coming to clinic/hospital	36.36%	12
Other (please specify)	6.06%	2
	Answered	33
	Skipped	24

**Comments:**

- Go back to in person, that is most beneficial
- Remember that not all people have access to tech

**Q21: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.** We are through COVID 19, CDC has acknowledged. Why is this survey focused on it?

- More in person appointments being made available.
- Shop with a doc, walk with a doc, health and wellness related groups, and mental health groups
- Restore some trust in public health information
- Public Health
- Education, and to keep the virtual visits