PIONEERS MEDICAL CENTER

RANGELY DISTRICT HOSPITAL
OUR MISSION IS YOUR HEALTH

RIO BLANCO COUNTY Colorado

Rio Blanco County 2025

Community Health Needs Assessment

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Executive Summary

Pioneers Medical Center, Rangely District Hospital, and Rio Blanco County performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served 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 organizations solicited and considered input received from persons who represent the broad interests of the community they serve;

4) commentary on the 2022 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 was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The health priorities identified from this assessment are:

- Affordability of Healthcare Services
- Disease Prevention and Healthy Living
- Mental and Behavioral Health
- Access to Senior Services

In the Implementation Strategy section of the report, these areas are addressed through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment
Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

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

CHNA Process

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

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 through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses 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 community members cooperating in this study are displayed in the CHNA report appendix.

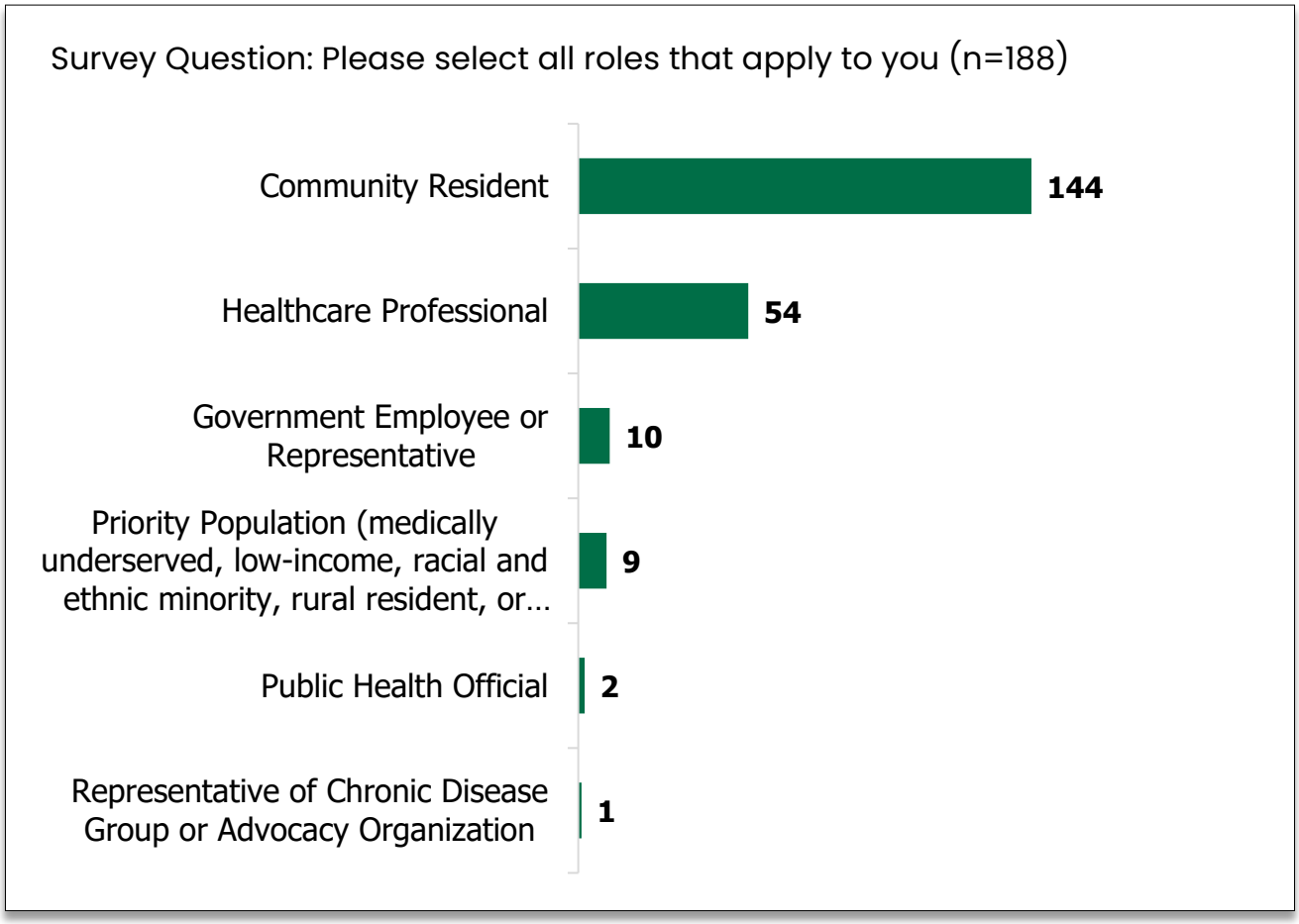
All data sources are detailed in the appendix of this report, with the majority of the data used in this assessment coming from:

- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC

A standard process of gathering community input was utilized. 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 desire to represent the region's economic, racial, and geographically diverse population. One hundred eighty-eight (188) survey responses from community members were gathered in October and November 2025.

Community Input

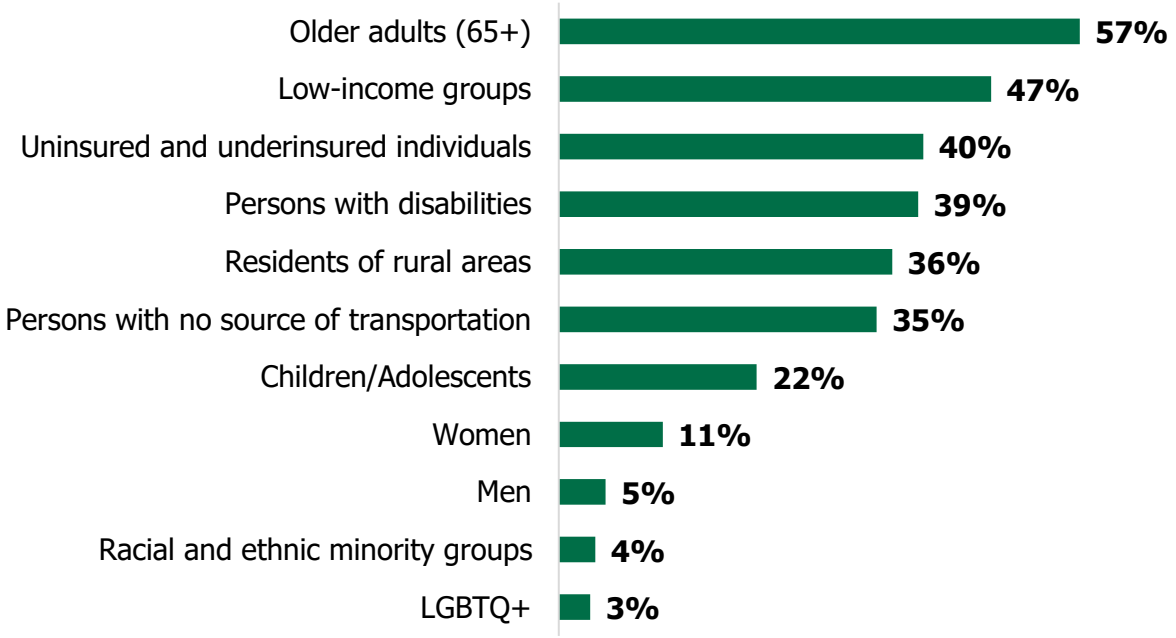
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The survey asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The survey assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (n=176)



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

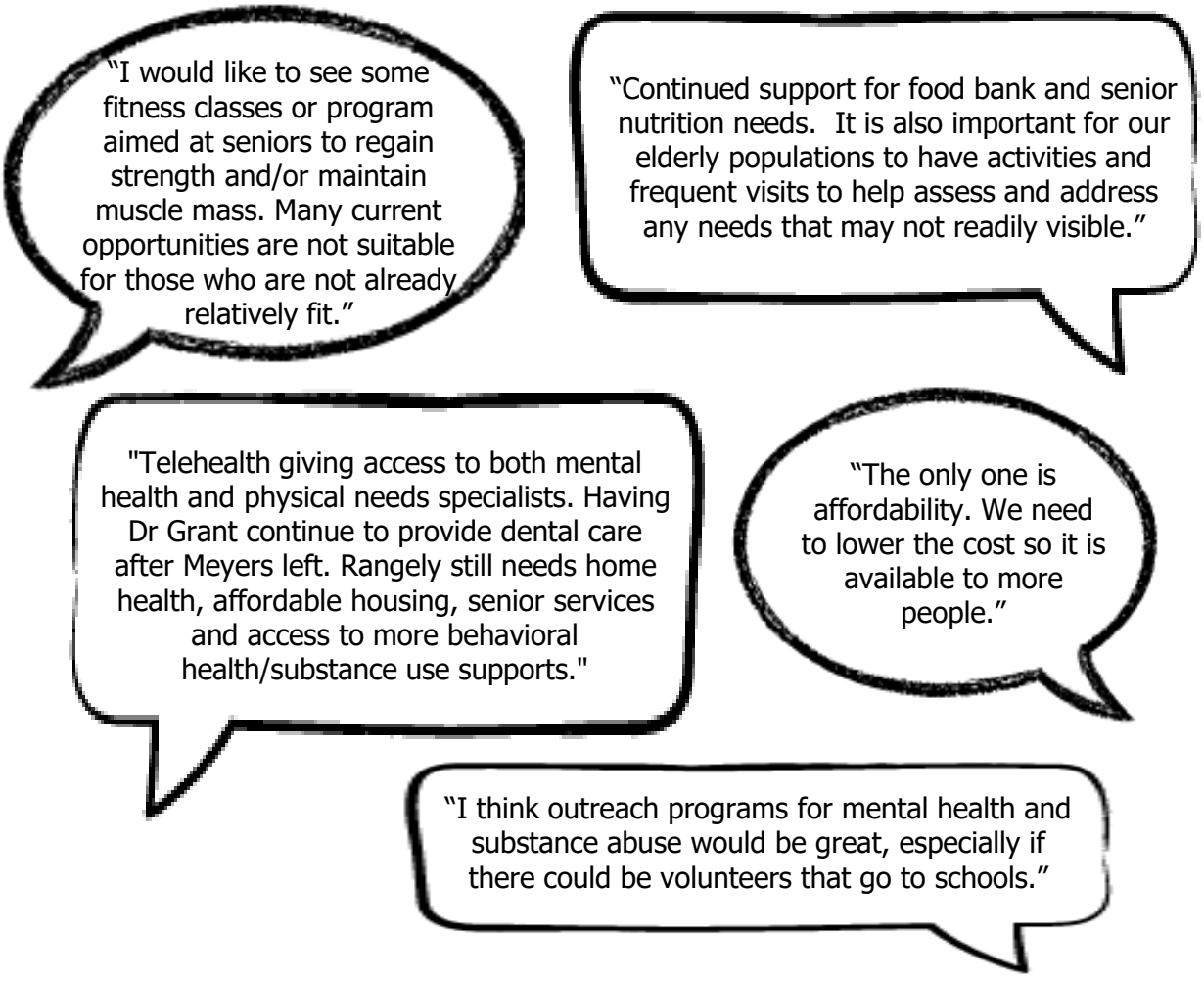
- The top three priority populations identified were older adults (65+), low-income groups, and un/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Limited Financial Resources | Access to Health Services | Inconsistent Transportation

Input on the Actions Taken Since the 2022 CHNA

Rio Blanco's healthcare organizations considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below with a selection of survey responses.

- Behavioral Health
- Affordability
- Access to Senior Services



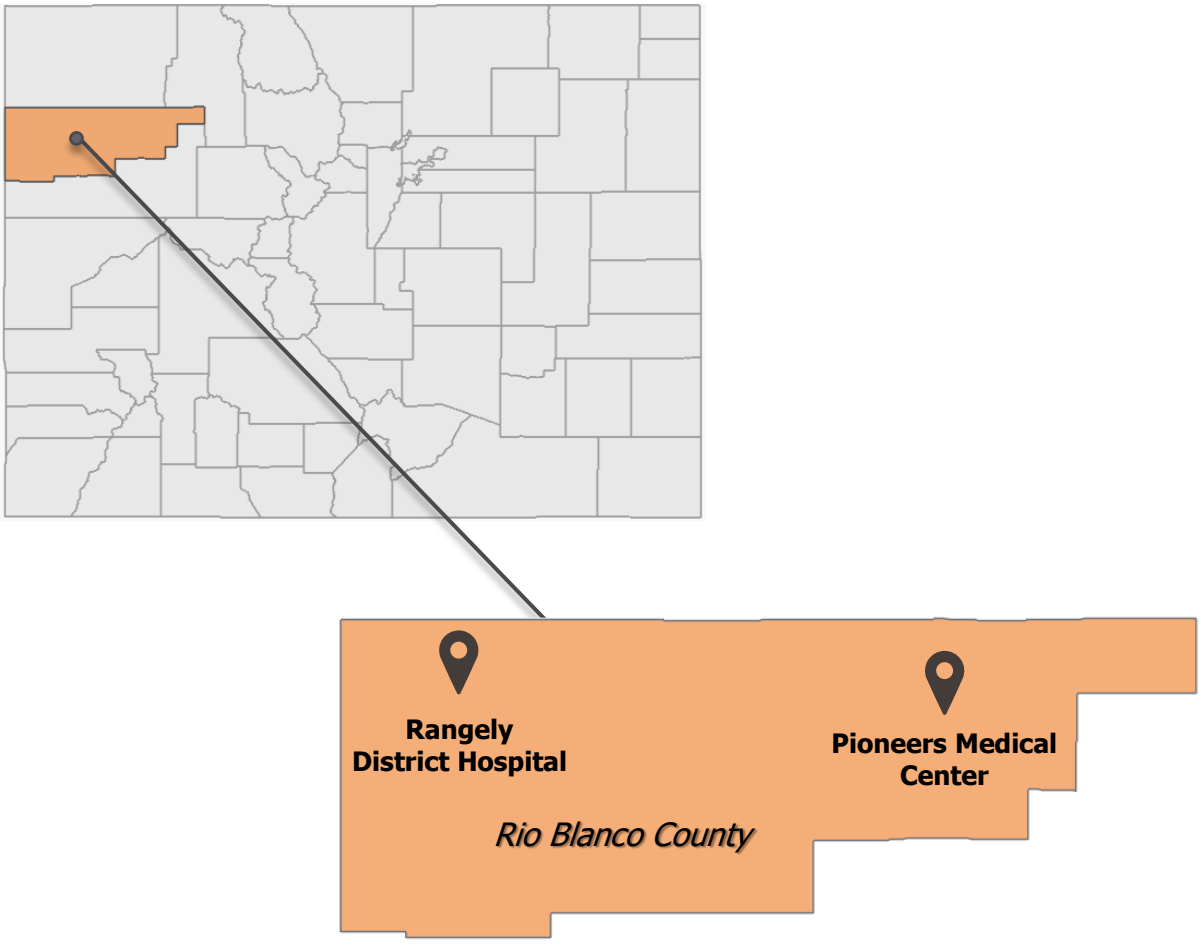
Community Served

For the purpose of this study, the service area is defined as Rio Blanco County in Colorado. The data presented in this report is based on this county-level service area and compared to state averages.

Service Area

Rio Blanco County

Total Population: **6,569**



Source: County Health Rankings 2025 Report, ArcGIS

Service Area Demographics

	Rio Blanco	Colorado
Demographics		
Total Population	6,569	5,877,610
Age		
Below 18 Years of Age	23.2%	20.7%
Ages 19 to 64	57.3%	63.3%
65 and Older	19.5%	16.0%
Race & Ethnicity		
Non-Hispanic White	83.5%	66.1%
Non-Hispanic Black	1.4%	4.2%
American Indian or Alaska Native	1.7%	1.7%
Asian	0.6%	3.8%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%
Hispanic	11.0%	22.7%
Gender		
Female	48.7%	49.4%
Male	51.3%	50.6%
Geography		
Rural	100.0%	14.0%
Urban*	0.0%	86.0%
Income		
Median Household Income	$72,100	$92,800

*Notes: *Urban is defined by the US Census Bureau as census blocks that encompass at least 5,000 people or at least 2,000 housing units*
Source: County Health Rankings 2025 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

188 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

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 this process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), 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 organizations analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

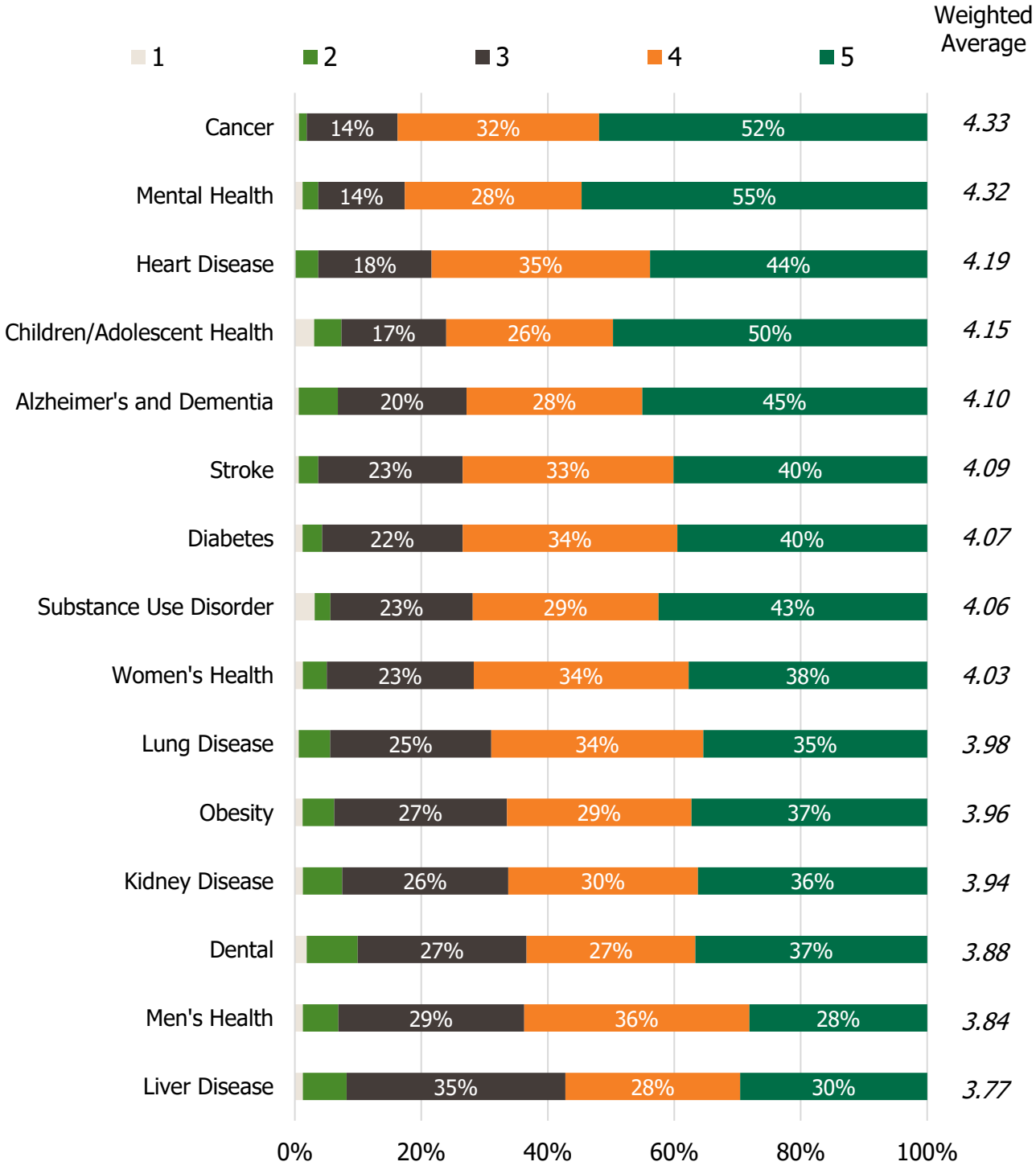
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given that they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions 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. The results of the health priority rankings are outlined below:

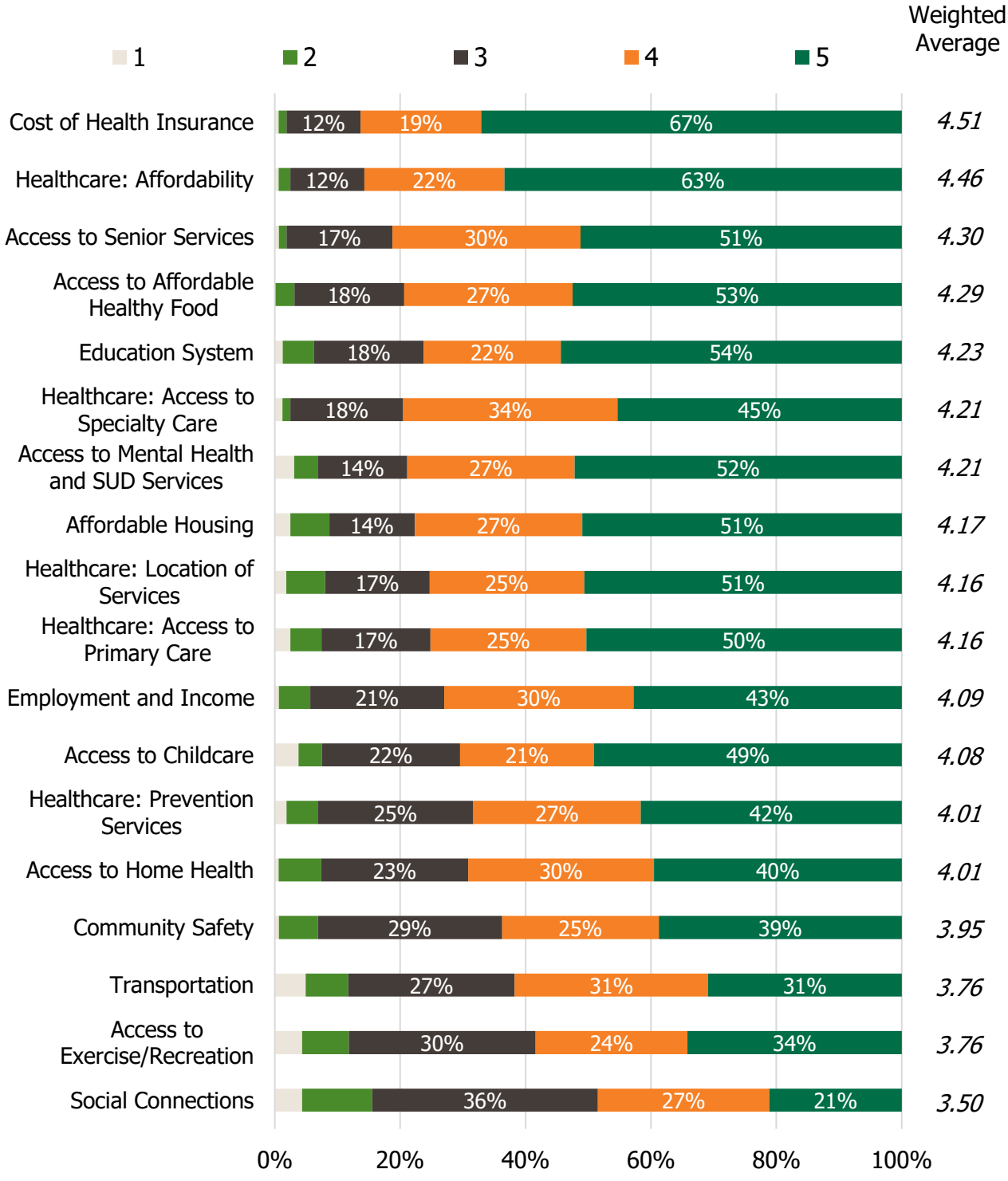
Health Factors

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



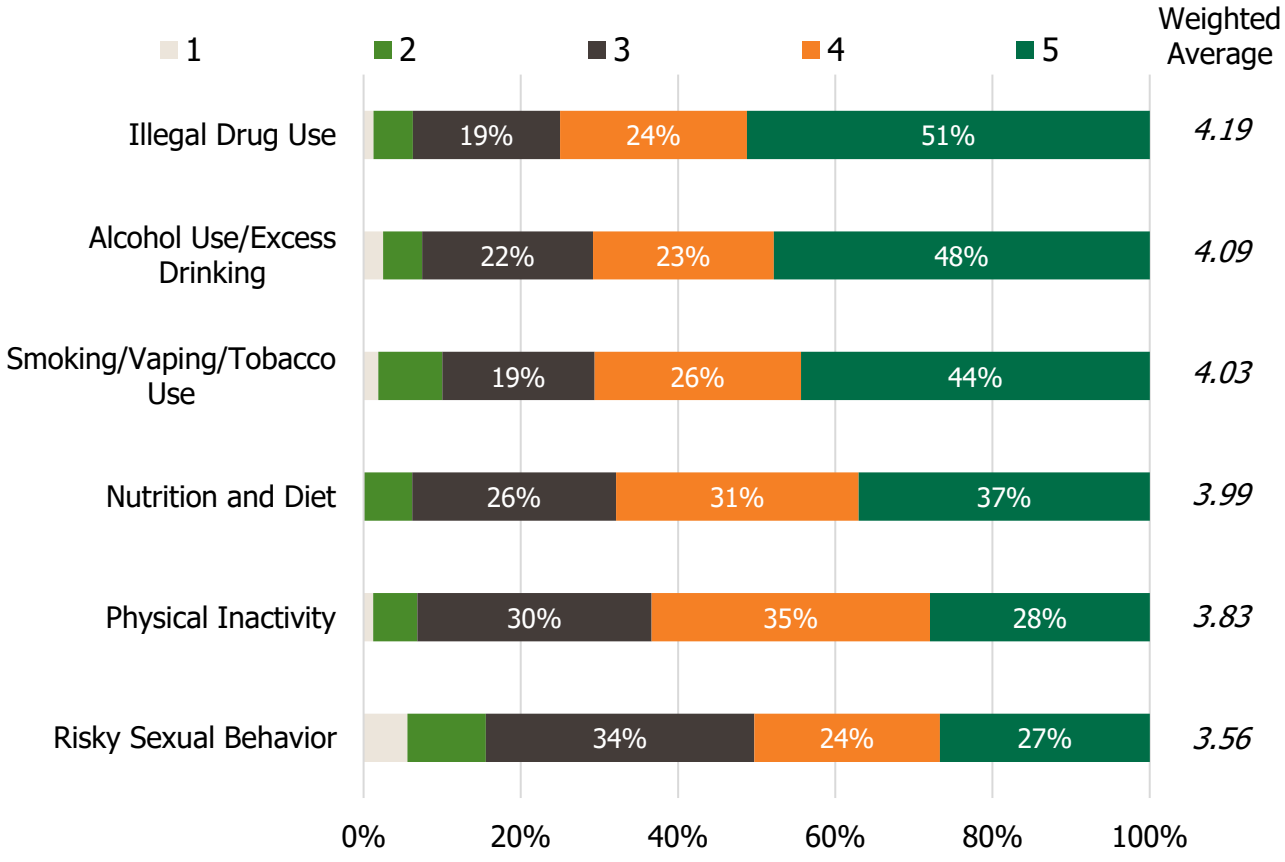
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Cost of Health Insurance	4.51	86.3%
Healthcare: Affordability	4.46	85.7%
Cancer	4.33	83.8%
Mental Health	4.32	82.6%
Access to Senior Services	4.30	81.3%
Access to Affordable Healthy Food	4.29	79.4%
Education System	4.23	76.3%
Access to Mental Health and SUD Services	4.21	78.9%
Healthcare: Access to Specialty Care	4.21	79.5%
Heart Disease	4.19	78.4%
Illegal Drug Use	4.19	75.0%
Affordable Housing	4.17	77.6%
Healthcare: Access to Primary Care	4.16	75.2%
Healthcare: Location of Services	4.16	75.3%
Children/Adolescent Health	4.15	76.1%
Alzheimer's and Dementia	4.10	72.8%
Stroke	4.09	73.5%
Employment and Income	4.09	73.0%
Alcohol Use/Excess Drinking	4.09	70.8%
Access to Childcare	4.08	70.4%
Diabetes	4.07	73.5%
Substance Use Disorder	4.06	71.9%
Women's Health	4.03	71.7%
Smoking/Vaping/Tobacco Use	4.03	70.6%
Access to Home Health	4.01	69.1%
Healthcare: Prevention Services	4.01	68.3%
Nutrition and Diet	3.99	67.9%
Lung Disease	3.98	68.9%
Obesity	3.96	66.5%
Community Safety	3.95	63.8%
Kidney Disease	3.94	66.3%
Dental	3.88	63.4%
Men's Health	3.84	63.8%
Physical Inactivity	3.83	63.4%
Liver Disease	3.77	57.2%
Access to Exercise/Recreation	3.76	58.4%
Transportation	3.76	61.7%
Risky Sexual Behavior	3.56	50.3%
Social Connections	3.50	48.5%

Survey Ranking Comparison from 2022 to 2025

Between 2022 and 2025, the community's identified health priorities shifted somewhat, with some health needs rising on the list and others falling down the ranking of importance. The 2025 results provide a positive picture for community engagement due to the increase in survey participation (from 57 to 188 respondents). In 2025, concerns related to healthcare affordability rose into the top tier of priorities, including the cost of insurance and affordability of healthcare services overall. Mental Health and Drug/Substance Abuse concerns fell down the rank order, suggesting positive results from efforts to address this need in the years following the prior CHNA.

2025 Survey (n=188)	
Top 10 Health Priorities	Rank
Cost of Health Insurance	*4.51*
Healthcare: Affordability	*4.46*
Cancer	*4.33*
Mental Health	*4.32*
Access to Senior Services	*4.30*
Access to Affordable Healthy Food	*4.29*
Education System	*4.23*
Access to Mental Health and SUD Services	*4.21*
Healthcare: Access to Specialty Care	*4.21*
Heart Disease	*4.19*

2022 Survey (n=57)	
Top 10 Health Priorities	Rank
Mental Health	*4.62*
Drug/Substance Abuse	*4.43*
Access to Childcare	*4.37*
Healthcare: 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*

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Rio Blanco County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report, with trended data included where available. A scorecard that compares the population health data of the service area county to that of Colorado can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #4 community-identified health priority, with 83% 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).

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	Colorado
Suicide Mortality Rate per 100,000 (2019-2023)	N/A	21.7
Poor Mental Health Days past 30 days (2022)	5.8	5.3
Population per 1 Mental Health Provider (2024)	440:1	190:1
Frequent Mental Distress (2022)	19%	16%

Source: NIH: HDPulse, County Health Rankings 2025 Report, PLACES: Local Data for Better Health, America's Health Rankings

Drug, Substance, and Alcohol Use

Rio Blanco County has the same excessive drinking rate as Colorado (both 22%). The County does have higher rates of Alcohol-Impaired Driving Deaths and Adult Smoking than the state.

	Rio Blanco	Colorado
Drug-Related Overdose Deaths per 100,000 (2021-2023)	N/A	32.0
Excessive Drinking (2022)	22%	22%
Alcohol-Impaired Driving Deaths (2018-2022)	44%	36%
Adult Smoking (2022)	17%	11%

Source: CDC National Vital Statistics System, County Health Rankings 2025 Report

Chronic Diseases

Cancer

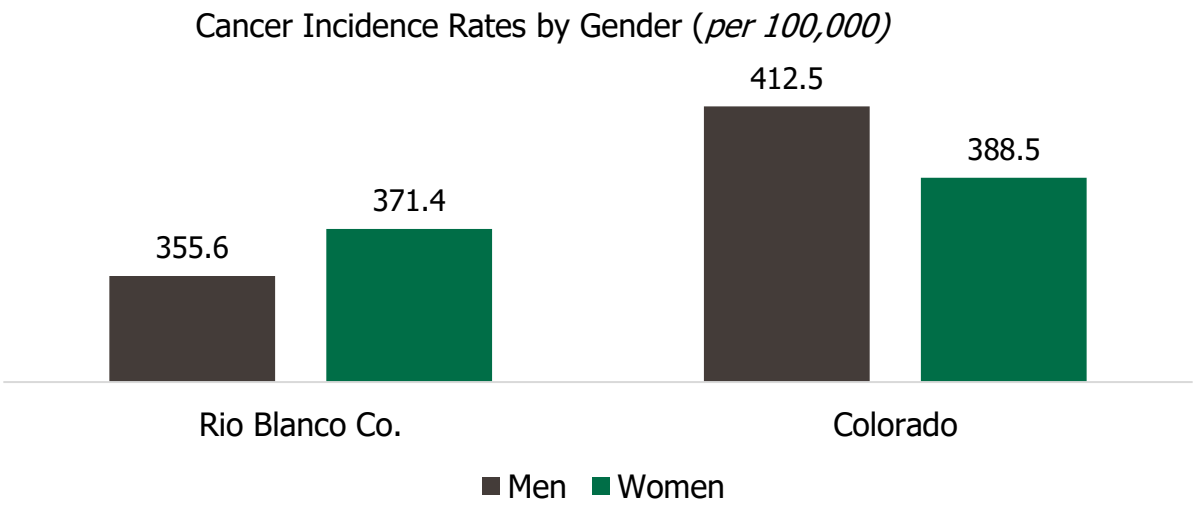
Cancer was identified as the #3 community health concern, with 84% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Rio Blanco County. Additionally, 34% of survey respondents said they would like to see additional access to cancer care locally.

While Rio Blanco County has a higher cancer mortality rate than Colorado, its cancer incidence rate is lower. A higher cancer mortality rate with a lower incidence rate suggests late diagnoses or limited access to quality care. This pattern often indicates barriers to early detection and treatment, particularly in underserved communities.

When evaluating health disparities across gender, men have lower incidence rates of cancer compared to women in the county, but higher incidence rates than women in the state. This disparity at the county level can be due to a multitude of factors, including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

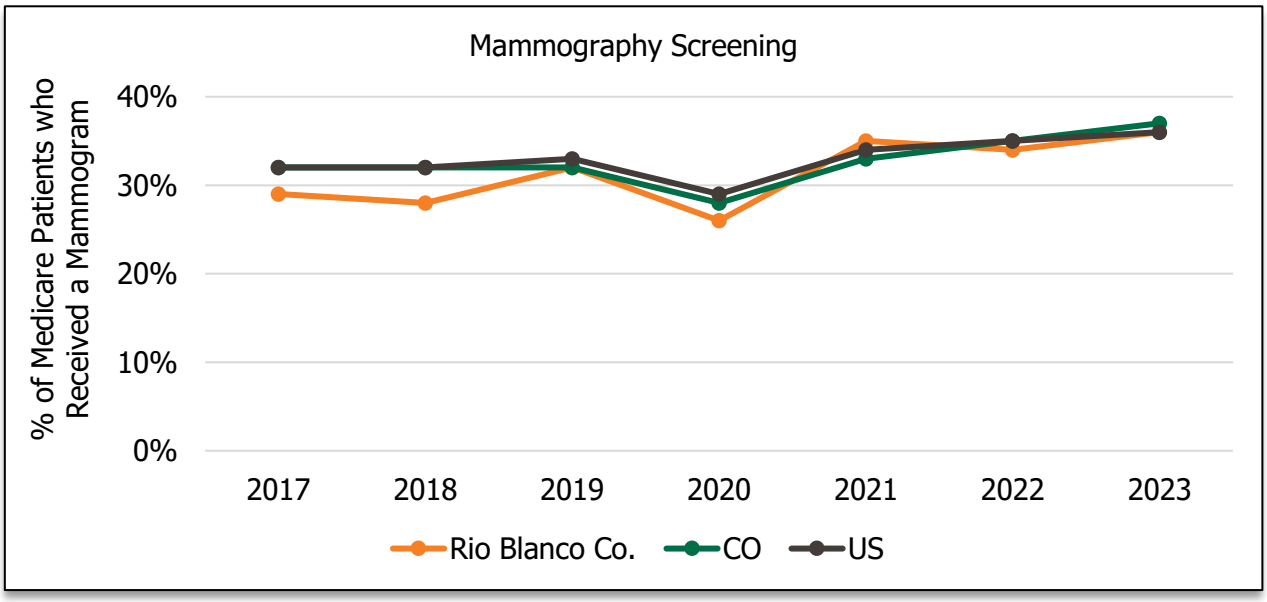
	Rio Blanco	Colorado
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	361.5	395.2
Cancer Mortality Rate per 100,000 (2019-2023)	142.1	127.6

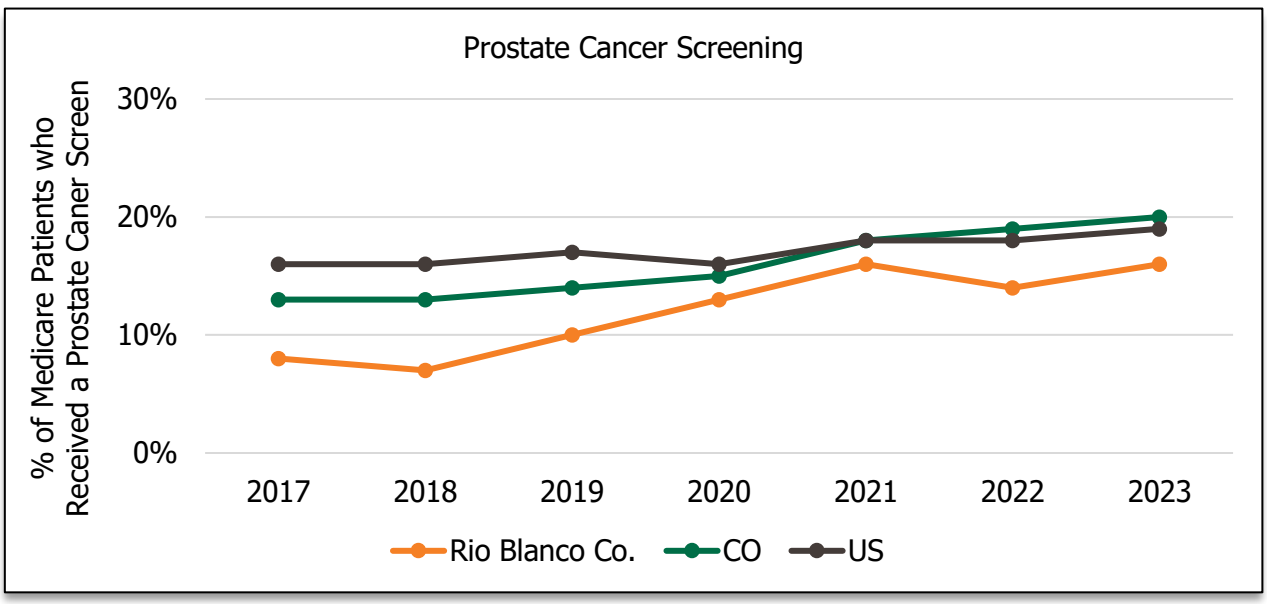
Source: NIH: HDPulse, National Cancer Institute



Source: National Cancer Institute

The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is slightly lower in Rio Blanco County than in the state (36 and 37%, respectively). These rates have increased in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Rio Blanco County has lower rates of prostate cancer screening compared to the state (16% compared to 20% respectively).





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

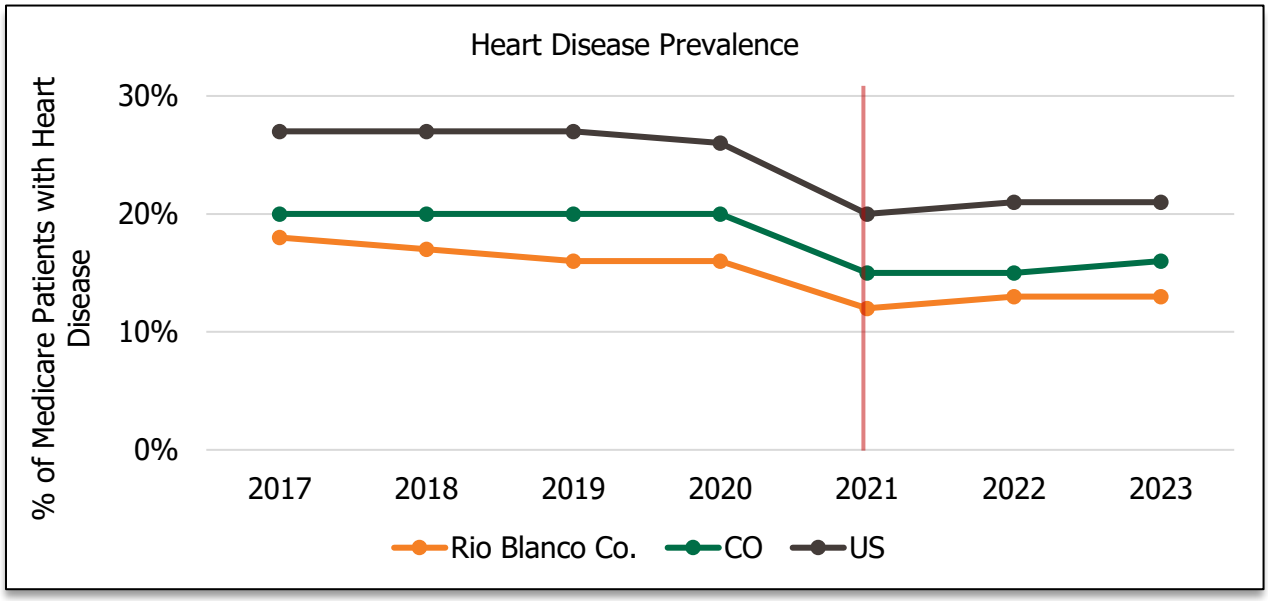
Cardiovascular Health

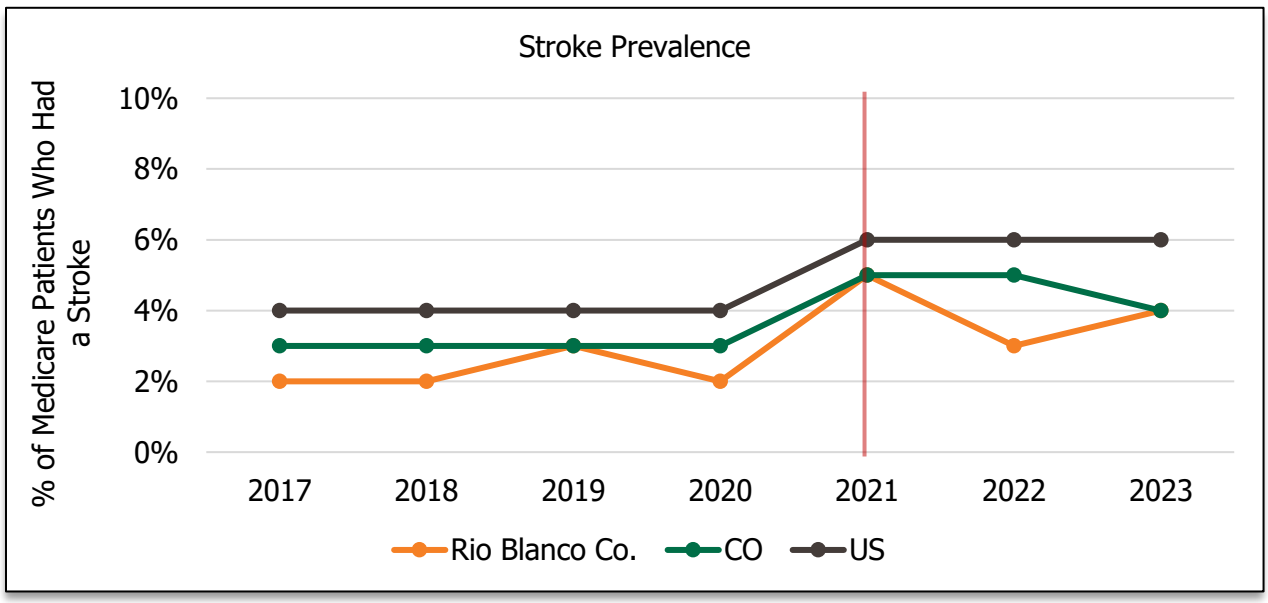
Heart disease is the leading cause of death in Rio Blanco County, and the county has a higher mortality rate for heart disease compared to the state average. Looking at risk factors for negative cardiovascular health, Rio Blanco County has a lower prevalence of high blood pressure and high cholesterol compared to the Colorado averages.

	Rio Blanco	Colorado
Heart Disease Mortality Rate per 100,000 (2019-2023)	164.6	132.9
Stroke Mortality Rate per 100,000 (2019-2023)	N/A	36.0
High Blood Pressure (2023)	55%	51%
High Cholesterol (2023)	38%	53%

Source: NIH: HDPulse, PLACES: Local Data for Better Health, America's Health Rankings

In the Medicare population, Rio Blanco County has a lower prevalence of heart disease compared to the state (13% compared to 16% respectively), while the prevalence of stroke is the same (4%).





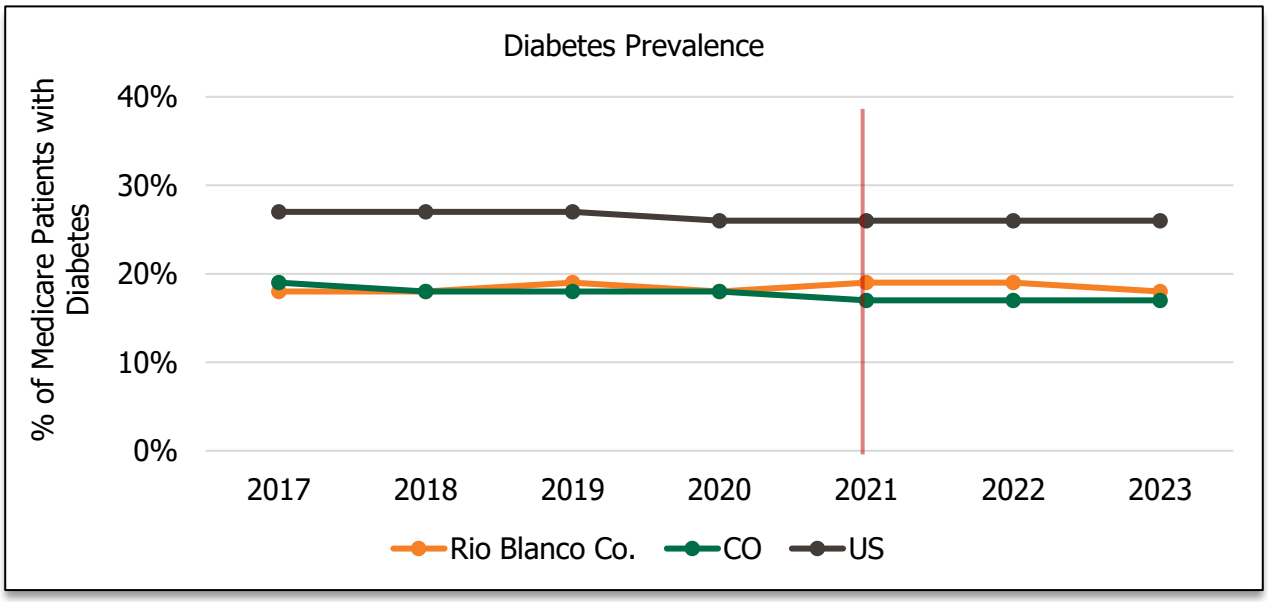
Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Rio Blanco County is the same as the Colorado average. When evaluating the Medicare population, Rio Blanco County has a slightly higher prevalence of diabetes compared to the state (18% and 17% respectively), though rates have remained stable over the past decade.

	Rio Blanco	Colorado
Diabetes Mortality Rate per 100,000 (2019-2023)	N/A	17.9
Diabetes Prevalence (2022)	8%	8%

Source: NIH: HDPulse, County Health Rankings 2025 Report



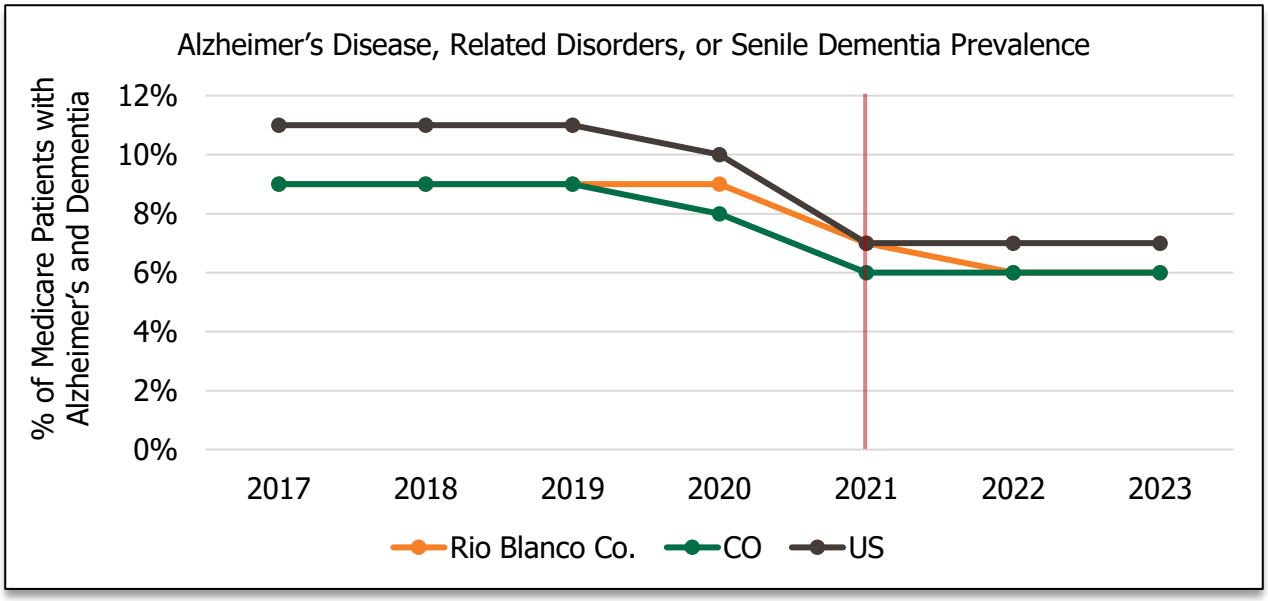
Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Sources: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Alzheimer's and Dementia

73% of survey respondents identified Alzheimer's and Dementia as Important or Extremely Important to address in the community. In the Medicare population, the prevalence of Alzheimer's, related disorders, or senile dementia is 6% which is the same as the state average.

	Rio Blanco	Colorado
Alzheimer's Mortality Rate per 100,000 (2019-2023)	N/A	31.9

Source: NIH: HDPulse



Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines Between 2021 and 2023, the County, State, and state data overlap at 7%
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Rio Blanco County, adults have higher rates of obesity than in Colorado on average. However, the county sees greater access to healthy foods and similar access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Rio Blanco	Colorado
Adult Obesity (2022)	28%	25%
Limited Access to Healthy Foods (2019)	2%	5%
Physical Inactivity (2022)	20%	17%
Access to Exercise Opportunities (2020-2024)	89%	90%

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health

Healthcare Access

Access & Affordability

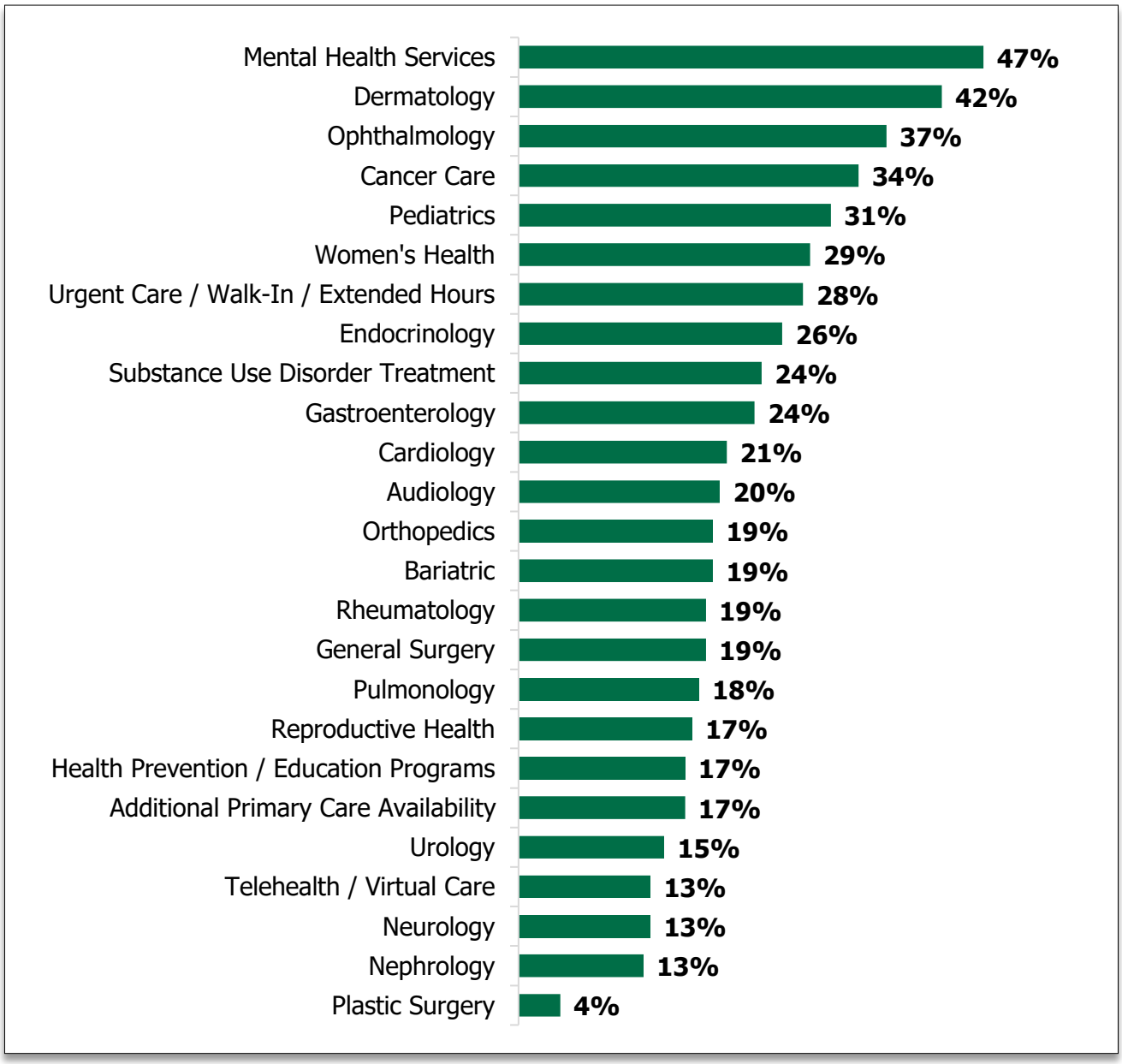
Access to affordable and quality healthcare services is a key driver of improved health outcomes, economic stability, and health equity. In the community survey, 86% of respondents rated the affordability of healthcare services as either Extremely Important or Very Important to address in the local community. Rio Blanco County has a lower household income than the Colorado average and has a slightly higher uninsured population than the state. Additionally, Rio Blanco County has more access to primary care physicians and dentists, but less access to Mental Health Providers as shown in the following provider ratios.

	Rio Blanco	Colorado
Uninsured Population (2022)	9%	8%
Population per 1 Primary Care Physician (2022)	820:1	1,200:1
Population per 1 Primary Care Provider (APP) (2025)	660:1	620:1
Population per 1 Dentist (2023)	1,090:1	1,130:1
Population per 1 Mental Health Provider (2025)	440:1	190:1

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health, American Community Survey

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Mental Health was the top identified service need, with 47% of respondents saying they would like to see it available in their community, followed by dermatology (42%) and ophthalmology (37%).

Survey Question: What additional services/offerings would you like to see available locally? (select all that apply)



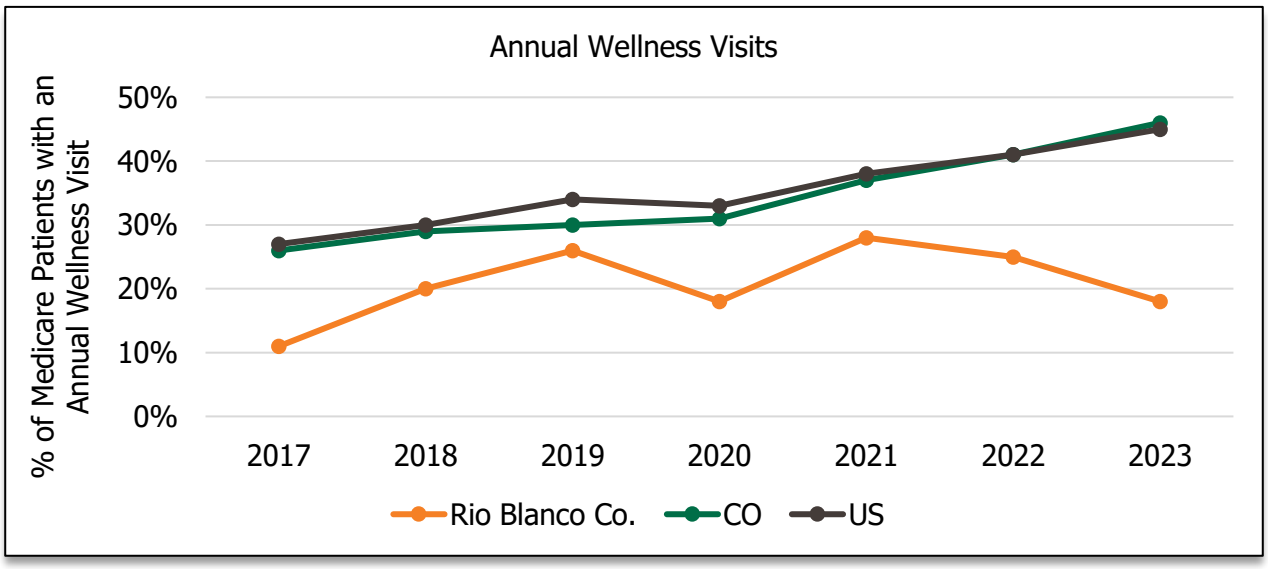
Prevention Services

Prevention services, including routine check-ups, health screenings, and education, can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 17% of respondents said they would like to see additional health prevention and education programs available in the community.

Rio Blanco County has lower flu vaccine adherence rates and slightly lower mammography screening rates than the state. The county has a higher rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is lower in Rio Blanco County than in Colorado, with rates decreasing in recent years.

	Rio Blanco	Colorado
Preventable Hospital Stays per 100,000 (2022)	3,031	1,695
Mammography Screening (2022)	42%	43%
Flu Vaccination (2022)	21%	48%

Source: County Health Rankings 2025 Report



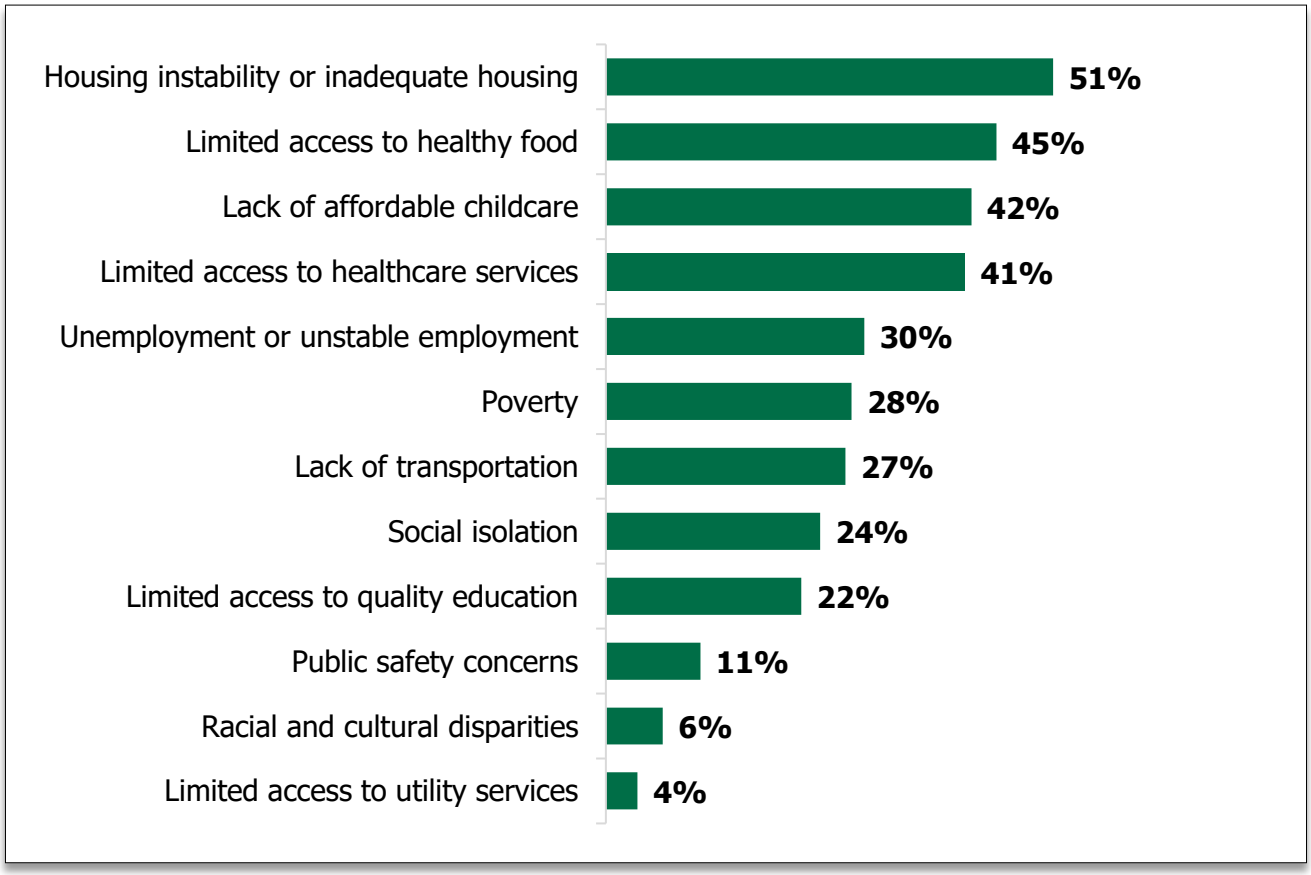
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Determinants of Health

Social determinants of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants (Healthy People 2030).

Survey respondents were asked to identify the key social conditions that negatively impact the community. The top social condition identified was housing instability, with 51% of survey respondents reporting it as negatively affecting the community's health, followed by limited access to healthy food and lack of affordable childcare.

Survey Question: Please select the key social determinants that negatively impact the health of you or your community (select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy).

In the community survey, 51% of respondents indicated housing instability/inadequate housing as negatively impacting the health of the community. However, fewer Rio Blanco County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 8% of Rio Blanco County residents spend 50% or more of their household income on housing.

	Rio Blanco	Colorado
Severe Housing Problems (2017-2021)	13%	16%
Severe Housing Cost Burden (2019-2023)	8%	15%
Broadband Access (2019-2023)	94%	93%

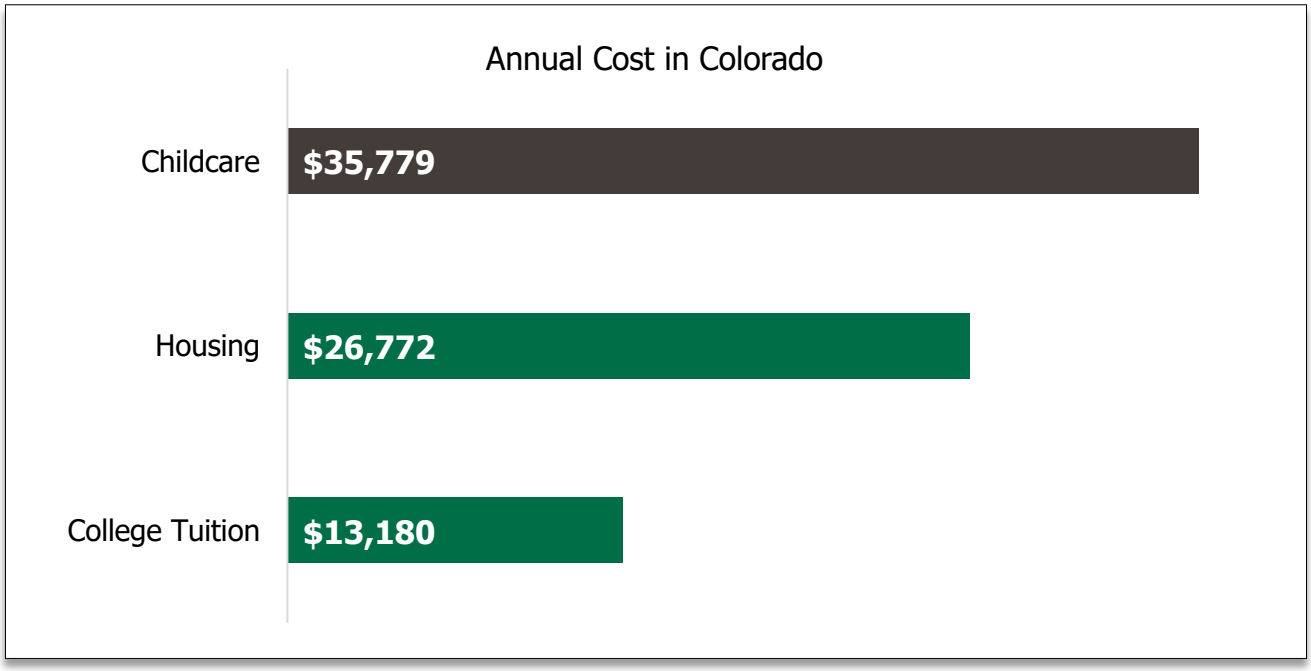
Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in Colorado is $20,978. 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, nearly 45% of household income is required for childcare expenses, and there are about 9 childcare centers for every 1,000 children under age 5 in the county, compared to 12 in the state.

	Rio Blanco	Colorado
Children in Single-Parent Households (2019-2023)	20%	21%
Child Care Cost Burden - % of HHI used for childcare (2023-2024)	45%	33%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	9	12

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives, like safe housing, transportation, childcare, and healthy food.

	Rio Blanco	Colorado
Median Household Income (2023)	$72,100	$92,800
High School Completion (2021-2022)	93%	93%
Some College – Includes Those Who Had and Had Not Attained Degrees (2019-2023)	62%	74%
Unemployment (2023)	3.3%	3.2%
Children in Poverty (2019-2023)	11%	11%

Source: County Health Rankings 2025 Report

Evaluation Process

Worse than Benchmark Measure

Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or U.S. averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions are feasible, and the Hospital could make an impact

Impact on Health Equity

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 Equity
Cost of Health Insurance	✓	✓		✓
Healthcare: Affordability	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Access to Affordable Healthy Foods		✓	✓	✓
Education System		✓		✓
Access to Mental Health and SUD Services	✓	✓	✓	✓
Healthcare: Access to Specialty Care	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

Based on the findings of the Community Health Needs Assessment, the healthcare organizations of Rio Blanco County identified four top community health priorities: (a) Affordability of Healthcare Services, (b) Disease Prevention and Healthy Living, (c) Mental & Behavioral Health, and (d) Access to Senior Services. These priorities were determined through a combination of community input, health data analysis, and facilitated conversations with stakeholders. This plan outlines goals and objectives, and summarizes existing programs that support each priority, ensuring continued alignment with each organization's current work and a path forward to improving access and outcomes.

Affordability of Healthcare Services

Goal: Ensure residents of Rio Blanco County can access and receive necessary healthcare services without severe financial burden.

Disease Prevention and Healthy Living

Goal: Improve community health outcomes by providing healthy living education and resources to residents.

Mental and Behavioral Health

Goal: Increase access to timely, coordinated mental health services and reinforce screening and crisis prevention initiatives.

Access to Senior Services

Goal: Enhance local access to senior services, ensuring older adults can maintain health, independence, and connection to essential resources.

Affordability of Healthcare Services

Rio Blanco County Services and Programs Committed to Respond to This Need

- Both Pioneers Medical Center ("PMC") and Rangely Hospital District ("RHD") offer discounted care to qualifying individuals based on income, insurance status, and other socioeconomic factors
- PMC offers "MYLOANS" payment plan option for patients wishing to repay their balances across an extended period of time
- PMC pharmacist offers Medicare support services to ensure residents understand their insurance options
- Education around plan selection and re-enrollment in Medicaid/Medicare plans is offered by both PMC and RHD
- PMC and RHD participate in local health fairs, offering free and reduced preventive screenings for attendees (A1C, lipid panels, etc.)
- PMC offers free yearly physicals for student athletes at local middle and high schools
- Residents qualifying for SNAP benefits can utilize them at local foodbanks in Meeker and Rangely
- PMC provides free smoking cessation services and education to patients
- Cost estimators and price transparency tools are available on both PMC and RHD websites in both English and Spanish

Goals and Future Actions to Address this Significant Health Need

Goal: *Ensure residents of Rio Blanco County can access and receive necessary healthcare services without severe financial burden*

- Expand educational programs centered around insurance plan selection and eligibility requirements for reenrollment in Medicare/Medicaid products
- Both PMC and RHD have active applications for Rural Health Transformation Fund dollars to improve affordability and access to local services
- Foster partnerships with statewide organizations (ex. Colorado Hospital Association) to connect Rio Blanco County residents with resources and financial assistance programs

Impact of Actions and Access to Resources

- Increased number of patients screened for financial hardship and connected to appropriate support services
- Expansion of charity care dollars contributed
- Decreased frequency of care delays due to financial strain

Affordability of Healthcare Services

Other Local Organizations Available to Respond to This Need

- Meals on Wheels (sponsored by PMC): https://www.mealsonwheelsamerica.org/find-meals-and-services/
- Pioneers Healthcare Foundation: https://www.pioneershospital.org/foundation/
- Rio Blanco County: https://www.rbc.us/
- Meeker Chuckwagon/Area Agency on Aging of Northwest Colorado: https://www.mesacounty.us/departments-and-services/human-services/area-agency-aging-northwest-colorado
- Western Slope In-Home Care (PMC Home Health Partner): https://www.westernslopehomecare.com/
- PeopleCare of Western Colorado: https://www.peoplecarehs.com/

Disease Prevention and Healthy Living

Rio Blanco County Services and Programs Committed to Respond to This Need

- Local primary care physicians provide wellness and healthy living education to patients
- Patients at PMC can enroll in wellness program through partnership with local Accountable Care Organization
- Employees of local healthcare organizations have access to health and wellness resources through employer-sponsored health insurance plans
- As a part of the White River Roundup Program, a dietician with Rio Blanco County reviews meals distributed to senior citizens in need
- Employees of RHD receive free access to local rec center
- RHD's physical therapy and rehab program includes a full-service therapy pool for low-impact rehabilitation exercises

Goals and Future Actions to Address this Significant Health Need

Goal: *Improve community health outcomes by providing healthy living education and resources to residents*

- Explore formal diabetes education/nutrition programs at PMC and RHD
- Create regularly distributed health newsletter centered around specific wellness and healthy living topics
- Host "lunch and learn" sessions in Meeker and Rangely communities to bolster healthy living education for county residents
- Expand partnerships between PMC, Rangely, and Rio Blanco County to educate and provide health and wellness resources to their respective communities

Impact of Actions and Access to Resources

- Increased number of patients in local diabetes specialist panels
- Higher rate of patients screened and educated for Social Determinants of Health (SDoH)
- Reduced frequency of ER visits for uncontrolled chronic conditions

Disease Prevention and Healthy Living

Other Local Organizations Available to Respond to This Need

- Meals on Wheels (sponsored by PMC): https://www.mealsonwheelsamerica.org/find-meals-and-services/
- Meeker Farmers Market: https://meekerchamber.com/meeker-market/
- ERBM Recreation & Park District: https://www.erbmrec.com/
- Colorado Northwestern Community College Athletic Training: https://www.cncc.edu/
- Rio Blanco County White River Roundup: https://www.rbc.us/312/White-River-Roundup

Mental and Behavioral Health

Rio Blanco County Services and Programs Committed to Respond to This Need

- Rangely Hospital District employs a licensed clinical social worker with expertise in med management
- Both PMC and RHD screen for Mental/Behavioral Health and other social drivers of health (SDoH) in primary care settings
- Rangely offers telehealth mental health services and programs via partnership with Fitz Ilias
- PMC Partnership with Mind Springs Health for crisis management
- Rio Blanco County connects residents to "CredibleMind" online resource for mental health
- Rangely hospital employees are offered 4 free visits to behavioral health professionals per year
- PMC is part of the Health Partnership Serving Northwest Colorado which provides various mental health and wrap around services
- Both PMC and RHD provide chronic care management, including mental health diagnosis and med management, in primary care settings

Goals and Future Actions to Address this Significant Health Need

Goal: *Increase access to timely, coordinated mental health services and reinforce screening and crisis prevention initiatives*

- Evaluation of additional mental health personnel/providers at both PMC and RHD
- Exploring alternative transportation options for non-crisis patients
- Creation of "mental health resource guide" to connect county residents to appropriate resources, providing opportunity for further collaboration between various county organizations

Impact of Actions and Access to Resources

- Expanded access and utilization of mental and behavioral health resources for Rio Blanco County residents
- Strengthened relationship and care handoffs with community partners delivering mental and behavioral health services
- Decreased utilization of both PMC and RHD emergency departments for mental and behavioral health presentations

Mental and Behavioral Health

Other Local Organizations Available to Respond to This Need

- Health Solutions West (fka Mind Springs Health): https://healthsolutionswest.org/
- Rio Blanco County Public Health: https://www.rbc.us/282/Public-Health
- The Health Partnership Serving Northwest Colorado: https://thehealthpartnership.org/
- Rio Blanco County Sheriff's Office: https://www.rbc.us/297/Sheriffs-Office

Access to Senior Services

Rio Blanco County Services and Programs Committed to Respond to This Need

- Rio Blanco County runs the White River Roundup program, which provides nutritious meals and social support to seniors aged 60 and over
- Both the Meeker and Rangely communities have public transportation program which residents can use for appointments, visits to grocery stores, etc.
- Pioneers Healthcare Center helps fund the Meals on Wheels program that provides meals to residents 5 days a week
- PMC provides 30 long-term care beds on their hospital campus for residents requiring post-acute care
- Pharmacist at PMC provides education around insurance plan options and benefits to Medicare-eligible patients
- Free "stepping on" course to improve balance, strength, and mobility for seniors
- Telehealth visits provided at both PMC and RHD for various specialties, allowing patients to receive care without needing to travel

Goals and Future Actions to Address this Significant Health Need

Goal: *Enhance local access to senior services, ensuring older adults can maintain health, independence, and connection to essential services*

- Design programming to increase socialization of senior populations in the Rio Blanco County Community
- Continue expansion of telehealth infrastructure to eliminate necessary travel for more specialties
- Strengthen relationships with partner organizations providing senior services in the Meeker and Rangely communities

Impact of Actions and Access to Resources

- Improved Social Drivers of Health (SDoH) among senior populations in Rio Blanco County
- Reduction in ER utilization for uncontrolled chronic diseases among senior populations

Access to Senior Services

Other Local Organizations Available to Respond to This Need

- Rio Blanco County White River Roundup: https://www.rbc.us/312/White-River-Roundup
- Meeker Streaker Transportation Service: https://pioneershealthfoundation.org/programs-events/
- Rangely Rambler Transportation Service: https://agewisecolorado.org/provider/rio-blanco-county-department-of-human-services/
- Meeker Veterans Center: https://theveteranscenter.org/venue/meeker-co/?eventDisplay=past
- Meeker Chuckwagon/Area Agency on Aging of Northwest Colorado: https://www.mesacounty.us/departments-and-services/human-services/area-agency-aging-northwest-colorado
- Meals on Wheels (sponsored by PMC): https://www.mealsonwheelsamerica.org/find-meals-and-services/
- Fairfield Center Apartments: https://meekerchamber.chambermaster.com/list/member/meeker-colorado-civic-improvement-corporation-84

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. The Leading Causes of Death are listed in the tables below in U.S. rank order. Rio Blanco County's mortality rates are compared to the Colorado state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Rio Blanco	Colorado	U.S.
Heart Disease	164.6	132.9	168.9
Cancer	142.1	127.6	145.4
Accidents	53.9	64.9	59.7
Chronic Lower Respiratory Disease	42.4	39.3	35.9
Cerebrovascular Diseases (Stroke)	N/A	36.0	39.8
Alzheimer's	N/A	34.3	30.8
Suicide	N/A	21.7	13.9
Diabetes	N/A	17.9	23.9
Liver	N/A	17.7	13.1
Kidney	N/A	8.7	13.4
Blood Poisoning (Septicemia)	N/A	7.5	10.0
Homicide	N/A	6.4	7.6
Pneumonia	N/A	5.5	10.7

Note: Limited county population impacting data availability
Source: NIH: HDPulse, CDC (2019-2023)

County Health Rankings

	Rio Blanco	Colorado	US Overall
Length of Life			
Premature Death*	**5,866**	7,405	8,400
Life Expectancy*	**79**	78	77
Quality of Life			
Poor or Fair Health	**16%**	14%	17%
Poor Physical Health Days	**4.3**	3.7	3.9
Poor Mental Health Days	**5.8**	5.3	5.1
Low Birthweight*	**9%**	9%	8%
Health Behaviors			
Adult Smoking	**17%**	11%	13%
Adult Obesity	**28%**	25%	34%
Limited Access to Healthy Foods	**2%**	5%	6%
Physical Inactivity	**20%**	17%	23%
Access to Exercise Opportunities	**89%**	90%	84%
Excessive Drinking	**22%**	22%	19%
Alcohol-Impaired Driving Deaths	**17%**	36%	26%
Drug Overdose Deaths*	**0**	30	31
Sexually Transmitted Infections*	**76**	456	495
Teen Births *(per 1,000 females ages 15-19)*	**11**	13	16
Clinical Care			
Uninsured	**11%**	10%	10%
Primary Care Physicians (MDs & DOs)	**810:1**	1207:1	1,330:1
Other Primary Care Providers (APPs)	**657:1**	654:1	710:1
Dentists	**1314:1**	1161:1	1,360:1
Mental Health Providers	**411:1**	204:1	300:1
Preventable Hospital Stays*	**3,031**	1,695	2,666
Mammography Screening	**42%**	43%	44%
Flu Vaccinations	**21%**	48%	48%
Social & Economic Factors			
High School Completion	**93%**	93%	89%
Some College	**62%**	74%	68%
Unemployment	**3%**	3%	3.6%
Children in Poverty	**11%**	11%	16%
Children in Single-Parent Households	**20%**	21%	25%
Injury Deaths*	**90.5**	93.1	84
Child Care Cost Burden *(% of HHI used for*	**45%**	33%	28%
Child Care Centers *(per 1,000 under age 5)*	**9**	12	7
Physical Environment			
Severe Housing Problems	**13%**	16%	17%
Long Commute - Driving Alone *(> 30 min.*	**18%**	36%	37%
Severe Housing Cost Burden *(50% or more of HHI)*	**8%**	15%	15%
Broadband Access	**94%**	93%	90%

Per 100,000 Population

Key (Legend)
Better than CO Same as CO Worse than CO

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	November 2025	2014-2023
NIH: HDPulse – CDC	Leading causes of death, median household income	November 2025	2019-2023
PLACES: Local Data for Better Health	County level health, socioeconomic, and environmental data	November 2025	2024
America's Health Rankings	National and State level data for health, environmental, and socioeconomic measures	November 2025	2022
American Community Survey, US Census Bureau	Social, economic, housing, and demographic information for States	November 2025	2024
NIH National Cancer Institute	State cancer profiles; incidence rates	November 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	November 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	November 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	November 2025	2019
Healthy People 2030 – OASH	Social Determinants of Health	November 2025	n.d.
Center for Housing Policy	Impacts of affordable housing on health	November 2025	2015
Child Care Aware	Childcare costs	November 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	November 2025	2022

Survey Results

Based on 188 survey responses gathered between October and November 2025.

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

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	76.60%	144
Healthcare Professional	28.72%	54
Government Employee or Representative	5.32%	10
Priority Population (medically underserved, low-income, racial and ethnic minority, etc.)	4.79%	9
Public Health Official	1.06%	2
Representative of Chronic Disease Group or Advocacy Organization	0.53%	1
	Answered	188
	Skipped	0

Q2: Race/ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	94.62%	176
Hispanic or Latino	2.69%	5
Asian or Asian American	1.61%	3
Black or African American	0.00%	0
American Indian or Alaska Native	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
Other (please specify)	2.69%	5
	Answered	186
	Skipped	2

Q3: Gender

Answer Choices	Responses	
Female	79.57%	148
Male	17.74%	33
Prefer not to answer	2.15%	4
Other	0.54%	1
	Answered	186
	Skipped	2

Q4: Age Group

Answer Choices	Responses	
18-24	2.67%	5
25-34	12.30%	23
35-44	24.06%	45
45-54	17.11%	32
55-64	17.11%	32
65+	26.74%	50
	Answered	187
	Skipped	1

Q5: Employment Status

Answer Choices	Responses	
Employed, working at least 40 hours per week	48.39%	90
Retired	23.66%	44
Employed, working 1-39 hours per week	18.82%	35
Not employed, not looking for work	4.30%	8
Disabled, not able to work	2.69%	5
Not employed but looking for work	2.15%	4
Student, not able to work	0.00%	0
	Answered	186
	Skipped	2

Q6: Educational Attainment

Answer Choices	Responses	
Some college, no degree	24.60%	46
Bachelor's Degree(s)	23.53%	44
Graduate Degree(s)	17.65%	33
Associate's Degree(s)	16.04%	30
High school degree or equivalent GED	14.97%	28
Doctoral Degree(s)	2.14%	4
Less than high school degree	1.07%	2
	Answered	187
	Skipped	1

Q7: Age Group

Answer Choices	Responses	
$100,000 to $149,999	21.08%	39
$75,000 to $99,999	20.00%	37
$150,000 or More	14.59%	27
$25,000 to $49,999	14.05%	26
$50,000 to $74,999	14.05%	26
Prefer not to answer	10.27%	19
Less than $25,000	5.95%	11
	Answered	185
	Skipped	3

Q8: What ZIP code do you primarily live in?

Answer Choices		Responses	
81648	Rangely, Colorado	72.5%	132
81641	Meeker, Colorado	22.0%	40
81610	Dinosaur, Colorado	1.6%	3
81650	Rifle, Colorado	1.1%	2
32359	Steinhatchee, Florida	0.5%	1
81625	Craig, Colorado	0.5%	1
82648	Powder River, Wyoming	0.5%	1
28734	Franklin, North Carolina	0.5%	1
81642	Meredith, Colorado	0.5%	1
		Answered	182
		Skipped	6

Q9: How many people live in your household? (including yourself)

Answer Choices	Responses	
1	16.58%	31
2	34.76%	65
3	15.51%	29
4	19.25%	36
5	9.63%	18
6+	4.28%	8
	Answered	187
	Skipped	1

Q10: Do you have consistent utilities at home? (electricity, water, etc.)

Answer Choices	Responses	
Yes	98.39%	183
No	1.61%	3
	Answered	186
	Skipped	2

Q11: Does someone in your household live with a disability?

Answer Choices	Responses	
Yes	19.35%	36
No	80.65%	150
	Answered	186
	Skipped	2

Q12: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses)

Answer Choices	Responses	
Older adults (65+)	56.82%	100
Low-income groups	47.16%	83
Uninsured and underinsured individuals	39.77%	70
Persons with disabilities	39.20%	69
Residents of rural areas	36.36%	64
Persons with no source of transportation	34.66%	61
Children/Adolescents	21.59%	38
Women	11.36%	20
Men	5.11%	9
Racial and ethnic minority groups	3.98%	7
LGBTQ+	3.41%	6
	Answered	176
	Skipped	12

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

- Adequate preventative care. Accurate medical care not pandered to insurance companies or politicians.
- Vaccinations, specialized as we age, ongoing care and support for people with disabilities.
- Affordable healthcare, dialysis, and assistance getting out of town to see specialists.
- Communication in a way that they can access and understand is meant for them
- Nutrition, what to expect when aging, obesity and weight management

- Minorities are treated as less in this community. This community is racist and ignorant. There is zero public transportation aside from the hospital taking you to a Dr. appointment
- Closer parking spaces for the elderly
- We need hormone replacement therapy doctors. Us women suffer from menopause be it natural or surgical like me and suffer every day. Have to drive hours away to hope to find a Dr. that can help.
- Better access to care and financial support through insurance or some other form of aid
- There is no OB/GYN in Rangely. There is no pediatrician.
- I think that the elderly are struggling with getting proper food that is nutritional. We do not have fresh food options in our rural area. Most of their fixed income is going to increased housing and is limiting their needs for food and transportation. Transportation is important for many as they need to get to medical appointments. I think this also correlates to increased depression that spirals into poor choices and harm to themselves and the community.
- I'm concerned about the uninsured or underinsured -- their numbers are about to increase if Congress gives in to demands of the Republicans on the budget showdown. I'm also concerned about rural hospitals, including our own in Rangely and Meeker. I think Low-income groups and older adults on fixed incomes will be affected first, and the cost of insurance will be too much.
- Dental care needs for people on Medicare/medicaid. Help getting on insurance for the uninsured.
- I would think that paying for medical help would be very challenging for people with low income and not insured. And women have a lot of health needs throughout her lifetime
- Low income and under/uninsured need information on how to obtain healthcare for general illnesses. People with disabilities sometimes need services that are tougher to obtain in our rural area.
- Old people due to immune system. Young people due to exposure to other sick individuals and low income due to lack of healthy habits in eating and cleanliness.
- Transportation to and from doctor appointments. For the older adults, have a friend or family member with them when visiting the Doctors, during ER visits, and stays in the hosptial. Often they can not explain or understand everything beling said to them.
- Not enough support offered for disabled, low income seniors.
- I think the working folks and their children get the least they pay their own bills and pay their own insurance. It’s a terrible system!
- OBGYN/prenatal/birth etc. Specialty services such as optometry, dermatology, pediatrics, etc. People travel an hour or more for those services.

Q13: 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
Cancer	1	2	23	51	83	160	4.33
Mental Health	2	4	22	45	88	161	4.32
Heart Disease	0	6	29	56	71	162	4.19
Children/Adolescent Health	5	7	27	43	81	163	4.15
Alzheimer's and Dementia	1	10	33	45	73	162	4.10
Stroke	1	5	37	54	65	162	4.09
Diabetes	2	5	36	55	64	162	4.07
Substance Use Disorder	5	4	36	47	68	160	4.06
Women's Health	2	6	37	54	60	159	4.03
Lung Disease	1	8	41	54	57	161	3.98
Obesity	2	8	44	47	60	161	3.96
Kidney Disease	2	10	42	48	58	160	3.94
Dental	3	13	43	43	59	161	3.88
Men's Health	2	9	47	57	45	160	3.84
Liver Disease	2	11	55	44	47	159	3.77
Other (please specify)						4	
						Answered	163
						Skipped	25

Other:

- Need to start teaching low-carb
- More OB services and gyn are needed
- Menopause
- Sleep apnea

Q14: 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
Cost of Health Insurance	1	2	19	31	108	161	4.51
Healthcare: Affordability	1	3	19	36	102	161	4.46
Access to Senior Services	1	2	27	48	82	160	4.30
Access to Affordable Healthy Food	0	5	28	43	84	160	4.29
Education System	2	8	28	35	87	160	4.23
Access to Mental Health and SUD Services	5	6	23	43	84	161	4.21
Healthcare: Access to Specialty Care	2	2	29	55	73	161	4.21
Affordable Housing	4	10	22	43	82	161	4.17
Healthcare: Access to Primary Care	4	8	28	40	81	161	4.16
Healthcare: Location of Services	3	10	27	40	82	162	4.16
Employment and Income	1	8	34	48	68	159	4.09
Access to Childcare	6	6	35	34	78	159	4.08
Access to Home Health	1	11	38	48	64	162	4.01
Healthcare: Prevention Services	3	8	40	43	67	161	4.01
Community Safety	1	10	47	40	62	160	3.95
Access to Exercise/Recreation	7	12	48	39	55	161	3.76
Transportation	8	11	43	50	50	162	3.76
Social Connections	7	18	58	44	34	161	3.50
Other (please specify)						5	
						Answered Skipped	162 26

Other:

- Senior bus
- Cost of living to wages earned is definitely something that needs addressed. I can go work at McDonald's in Grand Junction for more than what the hospital pays.
- Home Health
- When you are ill you can't see to primary care because they are over worked so we suffer or walk in and flip a coin who you will see what is not the one who knows you
- All need addressing in the highest manner

Q15: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Illegal Drug Use	2	8	30	38	82	160	4.19
Alcohol Use/Excess Drinking	4	8	35	37	77	161	4.09
Smoking/Vaping/Tobacco Use	3	13	31	42	71	160	4.03
Nutrition and Diet	0	10	42	50	60	162	3.99
Physical Inactivity	2	9	48	57	45	161	3.83
Risky Sexual Behavior	9	16	55	38	43	161	3.56
Other (please specify)						1	
						Answered Skipped	162 26

Q16: Please provide feedback on any actions you've seen taken by healthcare organizations in Rio Blanco County to address the significant health needs in your community and what additional actions you would like to see.

- I would like to see education about ketogenic/ketovore/carnivore diets with REAL information on the mental and physical benefits of those ways of eating. No medical propaganda please. Maybe even start a program and provide a place where there's a regular potluck featuring representative food and a featured program via zoom presented by experts in the field of ketogenic diets.
- We look for consistency and lack of politics via local board to get reactions or recommendations
- I would love to see the county better support the hospital
- Actually, I don't see PMC helping with affordability at all. The current billing practice at PMC and the lack of communication - and seemingly even knowledge or ability to understand - between PMC and AR Services is troubling. As someone that is computer and corporate savvy, I regularly become frustrated with the process. Every older adult that I know struggles with it, often to the point that they seek services elsewhere or refuse to seek service at all. Billing shouldn't be a reason for folks not to seek healthcare.
- We need better stroke intervention due to how far we are to a stroke center. Meds available at local clinics/hospitals to be in the four hour window of having a stroke. Having to decide due to cost if you drive to Junction or have to be flown is ludicrous.
- I would like to see some fitness classes or program aimed at seniors to regain strength and/or maintain muscle mass. Many current opportunities are not suitable for those who are not already relatively fit.
- Increased behavioral health support at MFHC
- Meeker sends way to many people out to Glenwood and Grand Junction. Would be nice if they could stay here to get the correct and decent treatment needed.
- A golf cart to transport elderly to and from hospital to vehicle.
- Nice that we have a dentist. Good that cardiologist comes here monthly. Need a list posted somewhere of what services are available as many don't know especially speciality services. Need an optometrist at least monthly
- I am very thankful to have a fully staffed and diverse hospital here. That being said, healthcare is so incredibly expensive! We went to the ER last December with a wrist fracture and are still paying that bill! That is ridiculous and needs to be changed. It isn't just the cost of healthcare, but also food, housing, insurance, gas, and everything else that exacerbates this. Also, insurance is catastrophic only. I would like to see this change. It would also be good to have more affordable healthy food options in Rangely. White River is expensive and Dollar General has a lot of processed food with little healthy options. I certainly appreciate our doctors and nurses. I know they don't set the prices. They are of great value to our community.
- Just knowing that someone is out there looking out for those that need the help. So they have somewhere to go.
- We need access to better mental health counseling

- We live in a rural area and the drug use is an issue. We need more mental health professionals available in person.
- I see a lot of things being done in the community for senior citizens. I haven't seen much in the way of the other categories
- In Rangely-Having people certified in specialized services, such as wound care, has been very appreciated. Providing visiting specialists, such as cardiac and podiatry, is also a huge benefit. Providing some surgical services is also a huge plus. I would like to see home health brought back. The visiting nurse program helps.
- The only one is affordability. We need to lower the cost so it is available to more people.
- None. Our county does not and has never prioritized mental health, affordability, or the seniors in the community. Almost all services are in Meeker and not in the Rangely end of the county.
- Continued support for food bank and senior nutrition needs. It is also important for our elderly populations to have activities and frequent visits to help assess and address any needs that may not readily visible.
- Rio Blanco County does try to do everything that they can to fill gaps in health care. We need more funding to prop up specialty care such as autism awareness and care along with adolescence special needs in general.
- Telehealth giving access to both mental health and physical needs specialists. Having Dr Grant continue to provide dental care after Meyers left. Rangely still needs home health, affordable housing, senior services and access to more behavioral health/substance use supports.
- There has to be more local services for Mental Health - in person, not Telehealth.
- Rangely District Hospital is very proactive on all the topics. For such a small community and facility, I feel they are very involved in helping their neighbor and the community members receive the care and attention they need. the community is welcoming and helpful to anyone who asks for help.
- Eagle Crest Assisted Living care takers bring in their own form and up to date medication list to the providers with their concerns if they have any. Nothing gets left out and the providers can address concerns properly without confusion. I would like to see more organization and communication within the clinic side of the Rangely Hospital. There have been a couple of instances where the policy hasn't been followed.
- We have telehealth options for mental health. I am unfamiliar with the options for drug/substance abuse, as I've had no need to bring it up with my provider. Being a critical access hospital, the rate that services are charged at needs to be higher to keep the facility running; however, when individuals have high deductibles and out-of-pocket max with co-insurance, and can become quite costly if one has to pay up to that deductible and out-of-pocket max if they need their care here. We are so rural that it is not feasible to just go to a different hospital. It was not financially feasible to do home-health, so that service line was discontinued at RDH, due to a lack of nursing staffing. We are a small community, and paying for travelers all the time was not feasible. Because of that, PT, which was available, could not go into seniors' homes, who may not have good means of coming to the clinic for their treatment. It would be good if we could offer outpatient PT in the home. But due to our CAH status, billing outside the facility may not be allowed.

- It's interesting that if these were the priorities set, that you chose to remove a service line that not only provided mental health services to seniors, but provided mental health education and senior advocacy for the entire community… you might have been in a position to utilize this resource better toward that end, even if it wasn't very profitable - or perhaps the role it played in serving a priority need should have superseded profit. These are hard choices, I understand, but it makes me question how much this survey actually influences priorities. As far as mental health in general goes- RDH clinic has done a good job making therapy services available, but there is still a long way to go in terms of understanding and normalizing mental health care among clinical and hospital staff. They are the most influential force in removing the stigma that will support people in maintaining wellness, seeking care, and finding resources. Knowledge about and referrals to other mental health resources outside of the community could also be improved.
- At Rangely District Hospital we opened up a Behavioral Health Department to provide better care for those who were in need of those services.
- I think outreach programs for mental health and substance abuse would be great, especially if there could be volunteers that go to schools.

Q17: Do you have a reliable way to get to places you need (work, school, appointments, shopping)?

Answer Choices	Responses	
Yes, always	91.50%	140
Sometimes	7.19%	11
No, never	1.31%	2
Rarely	0.00%	0
	Answered	153
	Skipped	35

Q18: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (select all that apply):

Answer Choices	Responses	
Housing instability or inadequate housing	51.08%	71
Limited access to healthy food	44.60%	62
Lack of affordable childcare	41.73%	58
Limited access to healthcare services	41.01%	57
Unemployment or unstable employment	29.50%	41
Poverty	28.06%	39
Lack of transportation	27.34%	38
Social isolation	24.46%	34
Limited access to quality education	22.30%	31
Public safety concerns	10.79%	15
Racial and cultural disparities	6.47%	9
Limited access to utility services	3.60%	5
Other (please specify)	7.91%	11
	Answered	139
	Skipped	49

Comments:

- Colorado is ridiculous with cost of living and living expenses
- None as an individual, but all as a community
- Physicians that act as "used car salesmen" unwillingly to provide definitive care in favor of depleting insurance benefits instead of

- Drugs.
- affordable healthcare and better schools that actually teach and discipline
- lack for elderly care
- Veterans services
- Limited housing in Rangely
- Life choices that people make, drug and alcohol abuse

Q19: What ae the main causes of poverty in your community? (select all that apply)

Answer Choices	Responses	
Lack of affordable housing	65.47%	91
Lack of living wage jobs	63.31%	88
Low education attainment rates	33.81%	47
Other (please specify)	16.55%	23
	Answered	139
	Skipped	49

Comments:

- Regulations, primarily state but feds come right behind depending on who is the boss
- I believe a lot is generational. Younger population wants it all but may not recognize you have to put in the hard work. Work ethic, immediate gratification, must have all the new gadgets, etc.
- There are a lot of jobs available, but the pay is not substantial enough to provide a good living for some people.
- Mental health and disabilities
- Laziness, people not wanting to work.
- Lack of education on how to wisely spend money in difficult times
- Couldn't live on minimum wage
- The cost of living is low enough here, that people in poverty living on government assistance, such as on disability, will move to Rangely. But the level of healthcare services is limited based on our size and may not be enough to meet their complex needs.
- People's choice not to work

Q20: What barriers keep you or anyone in your household from receiving local healthcare services? (select all that apply)

Answer Choices	Responses	
Limited availability of services or specialties	52.34%	67
High cost of services	48.44%	62
Unhappy with previous experience with providers or staff	30.47%	39
Billing issues or lack of clarity in billing statements	26.56%	34
Out-of-network for insurance plans	21.88%	28
Poor communication from providers or staff	20.31%	26
Difficulty getting an appointment (long wait times)	17.97%	23
Perception of low-quality care	17.19%	22
Underinsured/no insurance	14.84%	19
Limited facility hours (inconvenient for working individuals)	13.28%	17
Facilities are too far from home	9.38%	12
Not aware of the local healthcare services or programs	9.38%	12
Language or cultural barriers	1.56%	2
Other (please specify)	10.94%	14
	Answered Skipped	128 60

Comments

- Pioneers billing is horrific. When you receive a bill 10-12 months after the date of service and you don't know what the service was for is a huge issue. There is never an explanation of services provided which often is provided by other health care providers.
- Every time we have visited the clinic the scheduling/office staff is a mess and they do not have proper care for children
- We often avoid going in for things because it is too expensive
- One of my family members has a major medical condition that requires level I trauma center care
- High Deductibles and Coinsurance
- Employee and would rather take my healthcare to an outside source

Q21: What additional services / offerings would you like to see available locally? (select all that apply)

Answer Choices	Responses	
Mental Health Services	46.53%	67
Dermatology	42.36%	61
Ophthalmology	36.81%	53
Cancer Care	34.03%	49
Pediatrics	31.25%	45
Women's Health	29.17%	42
Urgent Care / Walk-In / Extended Hours	28.47%	41
Endocrinology	26.39%	38
Substance Use Disorder Treatment	24.31%	35
Gastroenterology	23.61%	34
Cardiology	20.83%	30
Audiology	20.14%	29
Bariatric	19.44%	28
Orthopedics	19.44%	28
General Surgery	18.75%	27
Rheumatology	18.75%	27
Pulmonology	18.06%	26
Reproductive Health	17.36%	25
Additional Primary Care Availability	16.67%	24
Health Prevention / Education Programs	16.67%	24
Urology	14.58%	21
Neurology	13.19%	19
Telehealth / Virtual Care	13.19%	19
Nephrology	12.50%	18
Plastic Surgery	4.17%	6
Other (please specify)	11.11%	16
	Answered	144
	Skipped	44

Comments:

- A dentist that takes County health insurance and Colorado State Medicaid the current dentist we have in Rangeley doesn't take either in it really Narrows down care for everybody who lives in the county.
- Specialty services are referred out of community
- Dental and Vision. Which are in fact part of healthcare, regardless of insurance companies' malfeasance.
- Stroke Center
- Hematology

- Senior care services
- Services that we all go out of town for
- Home care for elderly patients
- Prenatal care
- Home health care
- OB/GYN/Pediatrics, Men’s Health
- Pharmacy open Saturdays

Q22: Where do you typically get most of your health information (advice about managing health conditions, wellness tips, information about treatment options, recommendations for preventive care)? (select all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	83.78%	124
Websites/Internet (Google, WebMD, Mayo Clinic)	47.30%	70
Hospital or Clinic	44.59%	66
Family or Friends	27.03%	40
Word of Mouth	14.19%	21
Social Media (Facebook, Twitter, Instagram, TikTok)	12.84%	19
Workplace	10.14%	15
Podcasts/YouTube Videos	8.11%	12
Public Health Agencies (Local Health Department, CDC, etc.)	8.11%	12
AI Platform (ChatGPT)	6.76%	10
School/College	6.76%	10
Newspaper/Magazine (Online Publications)	4.73%	7
Television	4.73%	7
Newspaper/Magazine (Print Publications)	2.03%	3
Radio	0.68%	1
Other (please specify)	4.73%	7
	Answered	148
	Skipped	40

Comments:

- Pub Med, research papers, reviewing ingredients other than the antigen in vaccines, government patents etc…deep dive personal research via internet
- Teledoc
- Mayo Clinic, CDC, major medical universities, and other websites of high value and quality. Not to mention 30 years of health care experience.
- Doctors who write health-related articles online.
- God
- Health Insurance Carrier
- Published papers on NIH, JAMA, JEMS, etc