

**PIONEERS MEDICAL CENTER  
MEEKER, COLORADO**

**2012 COMMUNITY HEALTH NEEDS ASSESSMENT**

**PRESENTED TO PMC BOARD—AUGUST 2012**





Dear Community Resident:

Pioneers Medical Center (PMC) welcomes you to review this document as one way we are meeting the health and medical needs in our community. All not-for-profit hospitals are required to develop this report as part of their compliance with the Accountable Care Act. PMC is organized as a district hospital, and as such, is not required to comply with the tax reporting requirements mandating this report.

The "2012 Community Health Needs Assessment" is our response to the identification of local health and medical needs. It provides a plan indicating how the Hospital will respond to such needs. It suggests areas where other local organizations and agencies might work with us to achieve needed improvements.

This document illustrates one way we, PMC, are meeting our obligations to efficiently deliver the medical services the area needs.

PMC will conduct this effort at least every three years. As you review this plan, please see if in your opinion we have identified our more pressing needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all problems identified. Some issues identified are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this plan as providing guidance around how we along with other organizations and agencies can collaborate to bring the best each has to offer in addressing the more pressing identified needs.

The report is developed as if the hospital needed to respond to a federal requirement of a not-for-profit hospital to identify the community benefits it provides in responding to documented community need. The purpose of most footnotes is to provide an answer to a specific tax form question. For most purposes, you can ignore the footnotes. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please be thinking about how to help us improve the health and medical services the area needs. I invite your response to this report. Together we all live and work in this community. Our joint efforts can make living here more enjoyable and healthier.

Thank you

## Table of Contents

Executive Summary .....	1
Project Objectives .....	2
Brief Overview of Community Health Needs Assessment .....	2
Financial Opportunity Summary .....	4
Approach.....	5
Findings .....	9
Definition of Area Served by the Hospital Facility .....	10
Existing Health Care Facilities and Resources .....	16
Overall Community Need Statement and Priority Ranking Score:.....	23
Management Action Plan .....	26
Appendix .....	42

## EXECUTIVE SUMMARY

## Executive Summary

Pioneers Medical Center (PMC) is organized and governed as an asset of the Eastern Rio Blanco County Hospital Health Services District. A “District hospital” is a government organization, and as such, is not required to produce evidence of providing an adequate amount of “community benefit” to justify retention of their not-for-profit tax status. However, PMC has elected to voluntarily complete a Community Health Needs Assessment to assure it is responding to the primary health needs of its residents. This study is designed to comply with standards required of a not-for-profit hospital. We assume PMC acts as a not-for-profit hospital solely for purposes of producing this report. Tax reporting citations in this report do not apply to PMC.

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 their tax-exempt status. In addition to completion of a CHNA and funding any needed improvement, a not-for-profit Hospital must document the following:

- Financial Assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- 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

Pioneers Medical Center (PMC) partnered with QHR for the following:

- Complete a Community Health Needs Assessment report, compliant with IRS – Treasury;
- Provide the Hospital with information needed to complete the IRS – 990h schedule; and
- Produce the information needed for the Hospital to issue an assessment of community health needs and document how it intends to respond to the needs.

### Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, as 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 to the less fortunate without 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:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organizations 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 ideally downloadable from the hospital web site;
- Failure to complete a community health needs assessment in any applicable three-year period results in a penalty on the organization equal to \$50,000. For example, if a facility does not complete a community health needs assessment in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a community health needs assessment 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); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.<sup>1</sup>

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<sup>1</sup> Section 6652

## Financial Opportunity Summary

In the last 12 months, PMC devoted \$311,991<sup>2</sup> in “charity care” and donations for community benefit in response to its potential Community Benefit<sup>3</sup> obligations (See chart below). While no statistical percentage of Community Benefit is required by statute, many states and a federal committee report issued in drafting proposed legislation (which did not progress out of committee discussions), suggest an adequate amount of benefit would require expenditures between 3% and 5% of Net Revenue. PMC, if it were subject to such standards, would be in compliance.

12 Months Ending April 2012	
Net Revenue	\$10,956,125
Bad Debt	\$585,655
Total Net Revenue	\$10,370,470
<b>Community Benefit Goal Maximum 5% Total Net Revenue</b>	\$518,523
<b>Community Benefit Goal Minimum 3% Total Net Revenue</b>	\$311,114
Current Charity	\$193,049
Response to Community Benefit	\$120,942
<b>Total Provided Community Benefit</b>	<b>\$311,991</b>

<sup>2</sup> Response to Schedule H (Form 990) Part V B 6 f

<sup>3</sup> The term “Community Benefit” is defined as the term is used in the Accountable Care Act and by the IRS 990 instructions. This term may be defined differently by the Hospital when complying with reporting requirements of “Community Benefit” or “Charity” as defined by the State. Amounts shown are for planning and budgetary purposes only. Actual dollar allocations will vary year to year and are documented on the Corporate 990 return.

## APPROACH



## Approach

To complete a CHNA, the Hospital must:

- Describe the process and methods used to conduct the assessment, including:
  - Sources of data, and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identify with whom the Hospital collaborated.
- Describe how the hospital gained input from community representatives, including:
  - When and how the organization consulted with these individuals;
  - Names, titles, and organizations of these individuals; and
  - Any special knowledge or expertise in public health possessed by these individuals.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses, based on secondary source data, augment this with local survey data and then resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data and most secondary sources using the county as the smallest unit of analysis. Since the service area does not comprise the entire county, we asked local residents to note if they perceived the problems, or needs, identified by secondary sources to exist in their portion of the county.<sup>4</sup>

The data displays used in our analysis are presented in the Appendices. Data sources used include:<sup>5</sup>

- [www.countyhealthrankings.com](http://www.countyhealthrankings.com) – to assess the health needs of Rio Blanco County compared to all Colorado counties;
- [www.Communityhealth.hhs.gov](http://www.Communityhealth.hhs.gov) – to assess the health needs of Rio Blanco County compared to its national set of “peer counties”;

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<sup>4</sup> Response to Schedule H (Form 990) Part V B 1 i

<sup>5</sup> Response to Schedule H (Form 990) Part V B 1 d

- Thomson Market Planner – to assess characteristics of the Hospital’s primary service area, at a zip code level, based on the classification of the population into various socio-economic groups, determining the health and medical tendencies of each group, and then creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size and socio-economic characteristics;
- [www.capa.org](http://www.capa.org) – to determine the availability of Palliative Care programs and services in the area; and
- <http://apps.nccd.gov> – to determine the potential importance of stroke and heart attack comorbidities, complications, and death rates, and, cholesterol checking.

In addition, we deployed a Community Health Needs Assessment survey within the local population for any resident to complete.<sup>6</sup>

- 137 area residents completed our opportunity to provide community input. Respondents replied to the survey starting Thursday November 10, 2011 at 11:03 AM with the last response on Saturday December 17, 2011 at 9:35 PM.;
- The terms of gaining input stipulated each respondent would remain anonymous;
- The administration of an internet-based survey was promoted through a paid advertisement in a local newspaper and was distributed to local civic and health organizations with a request for participation. Preliminary conclusions were presented to a local group of experts, who were asked to validate prior assessments and to establish priority among various identified health and medical issues<sup>7</sup>; and
- Analyzing the information showing how Rio Blanco County related among its peers in terms of primary and chronic needs and other issues of uninsured persons, “low-income persons and minority groups” was augmented by local opinion from respondents commenting on “did they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what.”<sup>8</sup>

After analyzing the preceding data and information, we put the information and summary conclusions before our local group of experts. Local Experts<sup>9</sup> were asked to agree or disagree with the summary conclusions. They were also at liberty to augment potential conclusions with additional statements of need. New needs could, and did, emerge from this consultation.<sup>10</sup> Consultation with our Local Experts occurred again via an internet-based survey as explained below, during the period beginning Tuesday January 10, 2012 at 9:30 AM and ending Friday January 20, 2012 at 11:43 AM.

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<sup>6</sup> Response to Schedule H (Form 990) Part V B 1 h

<sup>7</sup> Part response to Schedule H (Form 990) Part V B 3

<sup>8</sup> Response to Schedule H (Form 990) Part V B 1 f

<sup>9</sup> Part response to Schedule H (Form 990) Part V B 3

<sup>10</sup> Response to Schedule H (Form 990) Part V B 1 e

With the prior steps identifying potential community needs, the Local Experts participated in a Delphi method. This is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. The experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provide an anonymous summary of the experts' forecasts from the previous round as well as the reasons provided for their judgments. Thus, experts were encouraged to revise their earlier answers in light of the replies of other members of their panel. Typically this process decreases the range of answers with the expert opinions moving toward a consensus "correct" answer. This process stops when we achieve identification of the most pressing, highest-priority community needs.

In the PMC process each Local Expert was asked to allocate 100 points among all identified needs, again having the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. This resulted in a rank order of priorities, with some needs receiving very little support and some needs receiving identical point allocations.

We dichotomized the rank order into two groups; needs having high priority and needs having low priority. The determination of the break point, high as opposed to low, was a qualitative interpretation by QHR and by the PMC executive team of where there was a reasonable break point in rank, as indicated by the weight amount of points each potential need received. This dichotomized high priority need vs. low priority need rank order was presented to the PMC executive team to indicate which needs they considered the Hospital held a high responsibility to respond vs. low responsibility to respond. This resulted in a matrix of needs and guided the hospital in developing its implementation response.<sup>11</sup>

Some conceptually similar needs were combined during the implementation discussion with the PMC executive team. The reason for need consolidation was an effort to facilitate implementation efforts. The contemplated implementation actions were not as discrete as the articulation of need. (i.e. leaving the community for care (#20) and the lack of availability of health services (#19) were combined into Resource Development because the anticipated solutions are virtually the same.) (For a complete discussion of where potential needs were combined please see the discussion in Appendix "C" – Combination of Community Need Priorities).

This process of need consolidation did change the overall rank order of needs but did not compromise the integrity of the opinions obtained from the Local Experts.

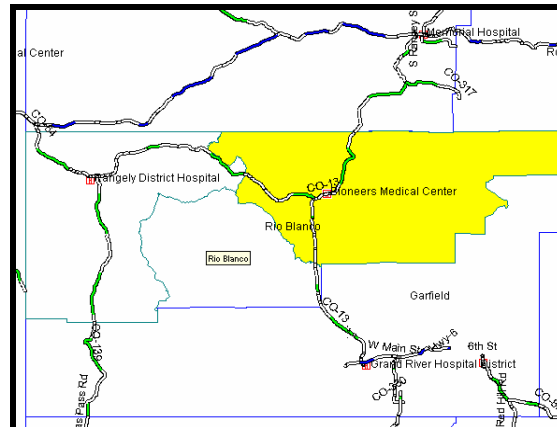
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<sup>11</sup> Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

## FINDINGS

## Findings

### Definition of Area Served by the Hospital Facility<sup>12</sup>



Pioneers Medical Center, in conjunction with QHR, has defined its service area as the following ZIP code:

81641 – Meeker, CO

In 2010, the Medical Center received 87.3% of its patients from this area. This area comprises 57.5% of the population in Rio Blanco County, Colorado. Most information is not available at the geographic level of zip code so we use county data. The demographic information for Meeker and Rio Blanco is similar, differing primarily in the size of the population.

### Demographic of the Community<sup>13</sup>

The 2011 population for Meeker is estimated to be 3,697,<sup>14</sup> and is expected to grow at a rate of 4.9%, to achieve a 2016 population of 3,879. Rio Blanco County's 2011 population is estimated to be 6,433. It is growing at a slightly slower rate (4.6%), and is anticipated to achieve a 2016 population of 6,728. Almost two-thirds of the growth in the County will be from Meeker. The growth rates are lower than the Colorado state average growth rate (7.2%), but exceed the national growth rate (4%).

According to the U.S. Census Bureau, the 2009 median age for Rio Blanco County was 37.2 years of age, which is older than both the Colorado median age (35.7 years) and the national median age (36.8 years). The 2011 Meeker Median Household Income is \$55,054. This is considerably lower than the Colorado median income of \$72,436 and lower than the national median of \$67,529. The

<sup>12</sup> Responds to IRS Form 990 (h) Part V B 1 a

<sup>13</sup> Responds to IRS Form 990 (h) Part V B 1 b

<sup>14</sup> All population information, unless otherwise cited, sourced from Thomson Market Planner

unemployment rate in Rio Blanco County, as of November 2011, was 5.6%.<sup>15</sup> This is considerably better than the 8% Colorado rate. It is almost half of the national rate of unemployment, which was 8.5%.<sup>16</sup>

The portion of the population over 65 is 14.4%, which is higher than the Colorado average of 13.2%. The portion of the population of women of childbearing age is 18.6% which is lower than the Colorado average of 19.9%. Additional demographic data is presented in Appendix F.

### Findings

Upon completion of the CHNA, QHR identified several issues within the Pioneers Medical Center community, including:

#### **Conclusions from Public Input to Community Health Needs Assessment**

- The most serious concerns focus on not affording health services/insurance [includes affordability of care, medical cost issues, and affordability of health insurance]. Although a third of survey participants reported medical payment problems and about a quarter of participants reported three or more problems, both percentages are better values than national averages;
- A second serious concern was a focus on Youth Drug Abuse;
- Moderate concerns presented by survey participants focused on youth alcohol use, cancer, diabetes and youth smoking;
- While not cited as a concern by survey participants, 30% of survey respondents reported tobacco product use in their household. This value is higher than the statistical expectations for the County (17%) and double the desired 15% benchmark;
- The highest priority cited by survey participants dealt with concerns about issues within their family. About the only potential family or household concern, however, was a minor concern about having a lot of stress or anxiety;
- Resources to help people stay healthy (exercise and population health issues) were suggested as needs;
- Availability of healthcare services was the additional priority suggestion (emergency services, other health facilities, specialty physicians, and assisted living); and
- About 80% report having a primary care physician, and a dentist, and two-thirds report having an eye care provider. Only 14% cite having a mental health adviser. While not presented as a problem, almost 80% of survey participants left the county in search of medical care.

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<sup>15</sup> <http://www.bls.gov/lau/laucntycur14.txt>

<sup>16</sup> November 17 data abstract – Bureau of Labor Statistics, US government

### **Summary of Observations from Rio Blanco County Compared to All Other Colorado Counties, in Terms of Community Health Needs**

In general, Rio Blanco County residents are about as healthy as the typical Coloradoan.

HOWEVER, excessive rates compared to best scores occur in several health factors that are considered in this ranking of counties:

- Premature deaths (death prior to 75) are higher than desired; this indicator is at about the 62nd percentile, worse than most within Colorado;
- Several adverse behaviors including smoking, drinking, and obesity are better than average for Colorado, but some additional improvement is desirable to achieve national goals;
- The number of uninsured is higher than desirable at the 78th percentile among Colorado counties;
- Other social and economic factors are generally positive as unemployment, the portion of the population with inadequate social support, the number of single parent households, the number of children living in poverty, and the homicide rate all present values better than average for Colorado;
- The number of primary care physicians for the population presents a good picture, as a better ratio than among ninety-nine percent of Colorado Counties. However, other clinical indicators are not favorable for Rio Blanco County;
- Only about half the population is screened for diabetes, hospital use is excessive, and the rate for mammography screening is unknown; and
- Morbidity factors need improvement. Rio Blanco residents are in poor or fair health in greater proportions than average in Colorado, and they utilize greater numbers of sick days per month than as typically found among Coloradans. Poor mental health days are typical with other parts of Colorado. The teen birth rate also is typical for Colorado.

### **Summary of Observations from Rio Blanco County Peer Comparisons**

Health and wellness observations about Rio Blanco County are compared to a national set of "Peer" Counties and compared to national rates. This comparison makes the following observations:

**UNFAVORABLE** observations (Health Status factor values for Rio Blanco County that are worse than values among its Peer Counties and worse than national averages):

- Low birth weight (percentage of babies born weighing less than 2,500 grams);
- Not receiving care in first trimester of pregnancy (percentage of mothers);
- Total infant mortality; white, non-Hispanic infant mortality; neonatal infant mortality; post-neonatal infant mortality (rates of live births to deaths);

- Coronary heart disease rate;
- Motor vehicle injuries (rate);
- Suicide; and
- Unintentional injury.

**SOMEWHAT A CONCERN** observations: (Health Status values which either exceed national rates or present unfavorably in the value among Peer Counties)

- Lung cancer rates;
- Stroke incident rate; and
- Premature births (babies born prior to 37 weeks gestation.)

Performance **BETTER** than among Peer Counties and National rates:

- Percentage of babies born with a very low birth weight (less than 1,500 grams at birth);
- The percentage of births to women under age 18, and, the percentage of births to women age 40 to 54; and
- The percentage of births to unmarried women.

### Conclusions from the Demographic Analysis

The following areas were identified from a comparison of the service area to national averages:

- The population growth rate is slightly higher than the national rate of growth;
- Average household income is below the national average;
- The portion of the population over age 65 (12.1%) is higher than average for Colorado, but is below the national average;
- 85.8% of the population is white, non-Hispanic; less than one percent of the population is self-classified as either black or Asian;
- Chronic high blood pressure and heart disease incidences are higher than average, while the use of cardiac stress testing is below average;
- Diabetes incidence is above average, which seems to relate to below average healthy eating habits as well as above average unhealthy eating habits; and
- Chronic lower back pain incidence is above average while sports injury incidences are considerably below average.

25% or more of the population is impacted by the following:

- Morbid obesity impacts 26% of the population, while 27% are not eating healthily and have chronic high blood pressure (affects 28% of the population);



- Under-utilization of obstetrical and gynecological services (43% of the population);
- Tendencies to under-use cancer prevention services (values range from 25% to 58% of the impacted population, depending upon the screening test), although only prostate screening has a pattern of significantly below average use;
- Chronic low back pain (26% of population); and
- Under-use of cardiac stress testing (28% of population.)

The most extensive adverse finding in this portion of the analysis is the heavy use of cigarettes by 37.7% of the population.

#### **Key Conclusions from Consideration of the Other Statistical Data Examinations**

- Palliative care programs (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do not exist in the area;
- In 2010, cancer was the leading cause of death; however, as a rate of death, the value is just in excess of the state average;
- Total deaths declined between 2000 and 2010. With only 31 deaths occurring in 2010, the impact of statistics and limited case incidents limits meaningful analysis; and
- Primary care physicians' supply establishes the highest rate among surrounding counties.



## EXISTING HEALTH CARE FACILITIES AND RESOURCES

## Existing Health Care Facilities and Resources Within the Community that Are Available to Respond to the Health Needs of the Community

We used the priority ranking of area health needs to organize our search for locally available resources.<sup>17</sup> The following resource list identifies locally available resources corresponding to each priority need.

In general, PMC is the major hospital in the service area. The next closest facilities are outside the service area and include:

- Grand River Hospital in Rifle, CO – a critical access facility located 41 miles away (45 minutes);
- The Memorial Hospital in Craig, CO – a critical access hospital located 48 miles away (one hour);
- Rangely District Hospital in Rangely, CO – a critical access hospital located 58 miles away (over one hour); and
- Valley View Hospital and Medical Center in Glenwood Springs, CO – an acute care facility 70 miles away (one hour and a quarter).

In rank order of need, we identified the following local resources that could be available to respond to the need.

1. **Resource Development** – *Problem Statement: Enhance awareness of current health and medical resources among residents leaving the area for service, and identify any efforts that could lessen the financial burden confronting such residents.*

### Available resources:

- **Rio Blanco County Nursing:** 345 Market, Meeker CO 81641—Kim Long, RN, Director 970-8787-9525;
- **Rio Blanco County Social Services:** 345 Market, Meeker CO, 81641—Bonnie Ruckman, 970-878-9640;
- **Pioneers Medical Center Home Health:** 345 Cleveland, Meeker CO 81641, Betty Lou Moyer, RN, director. 970-878-9265; and
- **Pioneers Medical Center Patient Financial Services:** 345 Cleveland, Meeker CO 81641, Danatte Coulter, 970-878-9273.

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<sup>17</sup> Response to IRS Form 990 h Part V B 1 c

2. **Youth Drug/Alcohol/Tobacco Abuse** – *Problem Statement: Achieve County values among the best in Colorado (around 9%) by determining effective strategies to reduce the portion of the population abusing addictive substances. Reducing tobacco use should receive specific attention.*

**Available resources:**

- **Pioneers Medical Center Respiratory Staff for Quit Smart:** 345 Cleveland, Meeker CO 81641. 970-878-9278;
- **Rio Blanco County Tobacco Education Program (RBC-CX):** 970-878-9525 or 970-878-9520; and
- **Quitnet.com** – A Rio Blanco County Nursing program local initiative.

3. **Adverse Behaviors** – *Problem Statement: Repackage current efforts to have a programmatic focus on individuals, to complement efforts directed toward groups.*

**Available resources:**

- **Colorado West Mental Health:** Margo Robb, 970-878-5112, 267 6th street, Meeker CO; and
- **Pioneers Medical Center Trail to Health Program:** Sharon Sullivan CRT, 970-878-5047.

4. **Access to Affordable Services** – *Problem Statement: Explore the feasibility of utilizing mobile technology (i.e. telemedicine), and other measures (i.e. payment policies), to enhance local resident's affordable access to services.*

**Available resources:**

- **Pioneers Medical Center, Pioneers Healthcare Foundation, and Rio Blanco County Nursing** jointly offer a collaborative effort to offer Cancer Screening Fund for low-income and uninsured; and
- **9 Health Fair** – Pioneers Medical Center is the lead agency to organize the Fair (a spring event), offering multiple health screenings at affordable prices (20 screenings are free).

5. **Healthy & Unhealthy Eating** – *Problem Statement: Develop better performance tracking measures and illustrative actions that local residents could take to see improvement in the portion of the population eating healthily, while reducing the portion of the population not eating healthily.*

**Available resources:**

- **Women, Infant and Children [WIC]** – Rio Blanco County Nursing Service – (970) 878-9525 or (970) 878-9520;
- **Food Stamp Program** – Rio Blanco County Department of Social Services; (970) 878-9640 ; and

- **Meeker Food Bank** – Meeker United Methodist Church, 809 Park Avenue, Meeker, Colorado (970) 878-5904.

6. **Needs of Vulnerable Populations** – *Problem Statement: Identify feasible actions to improve performance on precursor issues creating vulnerable individuals, or resulting in individuals being deemed as disadvantaged. A special effort should be directed to the Hispanic community to assure their access concerns are addressed.*

**Available resources:**

- **Children with Special Health Needs [HCP]** – Rio Blanco County Nursing Service – (970) 878-9525 or (970) 878-9520; and
- **Fairfield Chuck Wagon** – 200 Main Street, Meeker, CO 81641 (970) 878-5627, a private company organized under Senior Citizens Services.

7. **Diabetes** – *Problem Statement: Enhance diabetes awareness, problem awareness, and disease control so diabetic screenings increase from 55% to values closer to 89%.*

**Available resources:**

- **Pioneers Medical Center Trails to Health Program** – offers a Health coach to monitor patients' progress and management of their diabetes (The Health Coach took effect in March of 2012) Sharon Sullivan, 970-878-5047; and
- **Rio Blanco County Nursing**, 345 Market, Meeker CO 81641—Kim Long, RN, Director 970-8787-9525.

8. **Hospice Care** – *Problem Statement: Develop feasible aspects of palliative care services that maintain high quality of life during the end stages of the disease process, as well as offering relief from pain, symptoms, and stress of serious illness.*

**Available resources:**

- **Pioneers Medical Center** – provides Palliative Care through its Home Health service.

9. **Coronary Heart Disease & Stress Testing** – *Problem Statement: Seek efforts to reduce heart disease death rates to values closer to the State average.*

**Available resources:**

- **None**

10. **Lung Cancer Prevention** – *Problem Statement: Cancer is the single highest cause of death in the county and Lung Cancer accounts for about 40% of Rio Blanco Cancers, which may be reduced with lower tobacco use.*

**Available resources:**

- **ColoradoCOPDcoallition.org** – offers a directory of resources.

11. **Suicide** – *Problem Statement: Achieve an enhanced identification of individuals at risk of suicide and community awareness of this community need.*

**Available resources:**

- **Colorado West Mental Health**, Margo Robb, 970-878-5112, 267 6th street, Meeker, CO.

12. **Assisted Living** – *Problem Statement: Develop feasible support services/facilities designed to prolong sustained independent living in accord with the desires of area residents.*

**Available resources:**

- **Walbridge Wing** – (970) 878-3232; and
- **My Senior Care** – (800) 258-4165.

13. **Births** – *Problem Statement: Increase the percentage of mothers receiving care during their first trimester of pregnancy from current levels of about 80%, to 90%.*

**Available resources:**

- **Pioneers Medical Center** – provide prenatal and primary care services;
- **New Eden Pregnancy Center** – 345 Main Street, Meeker, CO (970) 878-5117;
- **Family Planning Clinic** – Rio Blanco County Nursing Service, 345 Market, Meeker CO 81641—Kim Long, RN, Director 970-8787-9525; and
- **Family Partnership Nurse** - Rio Blanco County Nursing, 345 Market, Meeker CO 81641—Kim Long, RN, Director 970-8787-9525.

14. **Stroke** – *Problem Statement: In Rio Blanco County, stroke deaths have Atrial Fibrillation as a very high comorbidity. Increased awareness and treatment of Atrial Fibrillation should reduce the number of strokes.*

**Available resources:**

- **None**

15. **Motor Vehicle Injuries** – *Problem Statement: Improve accident response and provide education designed to minimize accident occurrence and severity.*

**Available resources:**

- **Meeker Division of Motor Vehicles of Meeker, Colorado** – 265 Eighth Street, Meeker, CO 81641 (970) 878-5548; and
- **Colorado Teen Drivers Ed** – [www.idrivesafely.org](http://www.idrivesafely.org).

16. **Chronic High Blood Pressure** – *Problem Statement: Increase the portion of the population maintaining blood pressure control.*

**Available resources:**

- **Pioneers Medical Center** – Monthly Free Blood Pressure Clinics offered to the senior community.

17. **Morbidity Improvement** – *Problem Statement: Validate the apparent high rate of poor health status (20%) and determine what improvement actions are appropriate.*

**Available resources:**

- **None**

18. **Stress/Anxiety Reduction & Resources to Stay Healthy** – *Problem Statement: Meeker area residents need to take greater advantage of existing resources to reduce anxiety and stay healthy.*

**Available resources:**

- **Colorado West Mental Health**, Margo Robb, 970-878-5112, 267 6th street, Meeker, CO.

19. **Cancer Treatment** – *Problem Statement: Identify and implement the more feasible efforts to increase resident access to cancer treatment resources.*

**Available resources:**

- **Colorado Women's Cancer Control Initiative** – Rio Blanco County Nursing, 345 Market, Meeker CO 81641—Kim Long, RN, Director 970-8787-9525.

20. **Mental Health** – *Problem Statement: Seek improvement in the self-reported poor mental health days experienced by residents in the service area.*

**Available resources:**

- **Colorado West Mental Health**, Margo Robb, 970-878-5112, 267 6th street, Meeker, CO.



21. **On-Call System** – *Problem Statement: Reduce the risks of physician burnout by evaluating options and undertake appropriate efforts to reduce the amount of time physicians must be “on call”.*

**Available resources:**

- **Pioneers Medical Center** – contracts with Docs Who Care to make sure the Emergency Department is covered. In 2011, locums cost was approximately \$117,000.

22. **Eye Care** – *Problem Statement: Determine the factors leading to the termination of eye care service in order to identify what resource is feasible to establish which would meet area needs.*

**Available resources:**

- **Eyecare Specialties of Craig, Meeker and Steamboat Springs** – 1111 W Victory Way, Craig, CO.

23. **Inadequate Numbers of Primary Care Physicians** – *Problem Statement: Recruit physicians needed by area residents.*

**Available resources:**

- **Pioneers Medical Center** – invested in 7 primary care clinicians in 2011; in 2012, PMC will have 8 primary care clinicians.

## Overall Community Need Statement and Priority Ranking Score:

### High Priority Issues where Hospital has High Implementation Responsibility

1. **Resource Development** – Enhance awareness of current health and medical resources; and
3. **Adverse Behaviors** – Repackage efforts to have a programmatic focus on individuals to complement efforts directed towards groups.

### Low Priority Issues where Hospital has High Implementation Responsibility

7. **Diabetes** – *Problem Statement: Enhance diabetes awareness, problem awareness, and disease control so diabetic screenings increase from 55% to closer to 89%;*
9. **Coronary Heart Disease & Stress Testing** – *Problem Statement: Seek efforts to reduce heart disease death rates to values closer to the State average;*
10. **Lung Cancer Prevention** – *Problem Statement: Cancer is the single highest cause of death in the county and Lung Cancer accounts for about 40% of Rio Blanco Cancers, which may be reduced with lower tobacco use;*
14. **Stroke** – *Problem Statement: In Rio Blanco County stroke deaths have Atrial Fibrillation as a very high comorbidity. Increased awareness and treatment of Atrial Fibrillation should reduce the number of strokes;*
16. **Chronic High Blood Pressure** – *Problem Statement: Increase the portion of the population maintaining blood pressure control;*
17. **Morbidity Improvement** – *Problem Statement: Validate the apparent high rate of poor health status (20%) and determine what improvement actions are appropriate;*
21. **On-Call System** – *Problem Statement: Reduce the risks of physician burnout by evaluating options and undertaking appropriate effort to reduce the amount of time physicians must be “on call”; and*
23. **Inadequate Numbers of Primary Care Physicians** – *Problem Statement: Recruit physicians needed by area residents.*

### High Priority Issues where Hospital has Low Implementation Responsibility

2. **Youth Drug/Alcohol/Tobacco Abuse** – *Problem Statement: Achieve County values among the best in Colorado (around 9%) by determining effective strategies to reduce the portion of the population abusing addictive substances. Reducing tobacco use should receive specific attention;*
4. **Access to Affordable Services** – *Problem Statement: Explore the feasibility of utilizing mobile technology (i.e. telemedicine), and other measures (i.e. payment policies), to enhance local residents’ affordable access to services; and*

5. **Healthy & Unhealthy Eating** – *Problem Statement: Develop better performance tracking measures and illustrative actions that local residents could take to see improvement in the portion of the population eating healthily, while reducing the portion of the population not eating healthily.*

Low Priority Issues where Hospital has Low Implementation Responsibility

6.                   **Needs of Vulnerable Populations** – *Problem Statement: Identify feasible actions to improve performance on precursor issues creating vulnerable individuals, or resulting in individuals being deemed as disadvantaged. A special effort should be directed to the Hispanic community to assure their access concerns are addressed;*
8.                   **Hospice Care** – *Problem Statement: Develop feasible aspects of palliative care services that maintain high quality of life during the end stages of the disease process, as well as offering relief from pain, symptoms, and stress of serious illness;*
11.                  **Suicide** – *Problem Statement: Achieve an enhanced identification of individuals at risk of suicide and community awareness of this community need;*
12.                  **Assisted Living** – *Problem Statement: Develop feasible support services/facilities designed to prolong sustained independent living in accord with the desires of area residents;*
13.                  **Births** – *Problem Statement: Increase the percentage of mothers receiving care during their first trimester of pregnancy from current levels of about 80%, to 90%;*
15.                  **Motor Vehicle Injuries** – *Problem Statement: Improve accident response and provide education designed to minimize accident occurrence and severity;*
18.                  **Stress/Anxiety Reduction & Resources to Stay Healthy** – *Problem Statement: Meeker area residents need to take greater advantage of existing resources to reduce anxiety and stay healthy;*
19.                  **Mental Health** – *Problem Statement: Seek improvement in the self-reported poor mental health days experienced by residents in the service area;*
20.                  **On-Call System** – *Problem Statement: Reduce the risks of physician burnout by evaluating options and undertaking appropriate efforts to reduce the amount of time physicians must be “on call”; and*
22.                  **Eye Care** – *Problem Statement: Determine the factors leading to the termination of eye care services to identify what resource is feasible to establish that would meet area needs.*

## MANAGEMENT ACTION PLAN

## Management Action Plan

The following Management Action Plan (MAP) provides Hospital management with a standalone tool for operationalizing its response to the Community Health Needs it identified.<sup>18</sup>

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<sup>18</sup> Response to Schedule H (Form 990) Part V B 6 a and b

## Management Action Plan

PMC Community Need Response to Needs Identified as HIGH PRIORITY and where PMC Holds HIGH RESPONSIBILITY					
Reference Number	Issue to Address	Fundamental Desired Change Sought	Hospital Role or Action	Hospital Assigned Resources	Other Resources to Apply or Seek
Priority	(problem statement)	(end result and leading indicator(s) used to measure change)	([H] Has sole/primary responsibility to enact change; [L] Take leadership role to enact change; [C] Coordinate actions primarily taken by others; [A] Allocate resources to address need; [E] Educational effort; [M] Monitor issue for change; [O] Other role as specified)	(assigned to whom; budget; other resources from Hospital)	(what collaboration or other actions are required by others; what resource contributions/commitments made by others)
1	<b>Resource Development</b>	Enhance awareness of current health and medical resources	L, A	Staff to Develop a local medical and health guide	Social Services, Home Health, County Nursing
3	<b>Adverse Behaviors</b>	Repackage efforts to have a programmatic focus on individuals to complement efforts directed towards groups	L, E, A	Sponsor the Trails to Health and implement a Health Coach for patients enrolled in the Trails to Health program	County Health, Meeker Recreation Center, Colorado West, NA & AA
<b>NOTE:</b> Leading indicator is an action which predicts problem change and is within the ability of the organization to enact <b>NOTE:</b> Hospital Role or Action may include multiple actions H, L, C, A, E or O but at least one must be specified. M actions are not appropriate for Needs with this priority					

PMC Community Need Response to Needs Identified as LOW PRIORITY and where PMC Holds HIGH RESPONSIBILITY					
Reference Number	Issue to Address	Fundamental Desired Change Sought	Hospital Role or Action	Hospital Assigned Resources	Other Resources to Apply or Seek
Priority	(problem statement)	(end result and leading indicator(s) used to measure change)	([H] Has sole/primary responsibility to enact change; [L] Take leadership role to enact change; [C] Coordinate actions primarily taken by others; [A] Allocate resources to address need; [E] Educational effort; [M] Monitor issue for change; [O] Other role as specified)	(assigned to whom; budget; other resources from Hospital)	(what collaboration or other actions are required by others; what resource contributions/commitments made by others)
7	<b>Diabetes</b>	<i>Enhance diabetes awareness, problem awareness, and disease control so diabetic screenings increase from 55% to closer to 89%.</i>	L, A, E	Hospital Diabetic Program	Meeker Recreation Center, County Nursing
9	<b>Coronary Heart Disease &amp; Stress Testing</b>	<i>Seek efforts to reduce heart disease death rates to values closer to the State average.</i>	L, A	Hospital Rehabilitation Program	Develop partnership with Meeker Recreation Center for exercise and wellness components
10	<b>Lung Cancer Prevention</b>	<i>Cancer is the single highest cause of death in the county and Lung Cancer accounts for about 40% of Rio Blanco Cancers, which may be reduced with lower tobacco use.</i>	L, E, A	Establish and promote the Marvine Ranch Cancer Screening Fund	County Nursing



**NOTE:** Leading indicator is an action which predicts problem change and is within the ability of the organization to enact

**NOTE:** Hospital Role or Action may include multiple actions H, L, C, A, E, M or O but at least one must be specified

**PMC Community Need Response to Needs Identified as LOW PRIORITY and where PMC Holds HIGH RESPONSIBILITY**

Reference Number	Issue to Address	Fundamental Desired Change Sought	Hospital Role or Action	Hospital Assigned Resources	Other Resources to Apply or Seek
Priority	(problem statement)	(end result and leading indicator(s) used to measure change)	([H] Has sole/primary responsibility to enact change; [L] Take leadership role to enact change; [C] Coordinate actions primarily taken by others; [A] Allocate resources to address need; [E] Educational effort; [M] Monitor issue for change; [O] Other role as specified)	(assigned to whom; budget; other resources from Hospital)	(what collaboration or other actions are required by others; what resource contributions/commitments made by others)
14	<b>Stroke</b>	<i>In Rio Blanco County, stroke deaths have Atrial Fibrillation as a very high comorbidity. Increased awareness and treatment of Atrial Fibrillation should reduce the number of strokes.</i>	M		
16	<b>Chronic High Blood Pressure</b>	<i>Increase the portion of the population maintaining blood pressure control.</i>	L, A	Blood Pressure Clinic	County Nursing, Office on Aging, Social Services
17	<b>Morbidity Improvement</b>	<i>Validate the apparent high rate of poor health status (20%) and determine what improvement actions are appropriate.</i>	L, A	Foot Care, Trails to Health	Office of Aging, Recreation Center

21	<b>On-Call System</b>	<i>Reduce the risks of physician burnout by evaluating options and undertaking appropriate effort to reduce the amount of time physicians must be “on call”.</i>	H, A	Recruit Physicians	
23	<b>Inadequate Numbers of Primary Care Physicians</b>	<i>Recruit physicians needed by area residents</i>	H, A	Recruit Physicians	
<b>NOTE:</b> Leading indicator is an action which predicts problem change and is within the ability of the organization to enact					
<b>NOTE:</b> Hospital Role or Action may include multiple actions H, L, C, A, E, M or O but at least one must be specified					

PMC Community Need Response to Needs Identified as HIGH PRIORITY and where PMC Holds LOW RESPONSIBILITY					
Reference Number	Issue to Address	Fundamental Desired Change Sought	Hospital Role or Action	Hospital Assigned Resources	Other Resources to Apply or Seek
Priority	(problem statement)	(end result and leading indicator(s) used to measure change)	([H] Has sole/primary responsibility to enact change; [L] Take leadership role to enact change; [C] Coordinate actions primarily taken by others; [A] Allocate resources to address need; [E] Educational effort; [M] Monitor issue for change; [O] Other role as specified)	(assigned to whom; budget; other resources from Hospital)	(what collaboration or other actions are required by others; what resource contributions/commitments made by others)
2	<b>Youth Drug/ Alcohol/Tobacco Abuse</b>	<i>Achieve County values among the best in Colorado (around 9%) by determining effective strategies to reduce the portion of the population abusing addictive substances. Reducing tobacco use should receive specific attention.</i>	A, C, E	Tobacco Funds	Courts, School District
4	<b>Access to Affordable Services</b>	<i>Explore the feasibility of utilizing mobile technology (i.e. telemedicine), and other measures (i.e. payment policies), to enhance local residents' affordable access to services.</i>	H, A, E	PMC, Cancer Screening Fund for low-income and uninsured. PMC lead agency for 9 Health Fair	Pioneers Healthcare Foundation; RBC Nursing; 9 Health Fair sponsors

5	<b>Healthy &amp; Unhealthy Eating</b>	<i>Develop better performance tracking measures and illustrative actions that local residents could take to see improvement in the portion of the population eating healthily, while reducing the portion of the population not eating healthily</i>	M		
<b>NOTE:</b> Leading indicator is an action which predicts problem change and is within the ability of the organization to enact					
<b>NOTE:</b> Hospital Role or Action may include multiple actions L, C, A, E, M or O but at least one must be specified. H actions are not appropriate for need with this priority.					

PMC Community Need Response to Needs Identified as LOW PRIORITY and where PMC Holds LOW RESPONSIBILITY					
Reference Number	Issue to Address	Fundamental Desired Change Sought	Hospital Role or Action	Hospital Assigned Resources	Other Resources to Apply or Seek
Priority	(problem statement)	(end result and leading indicator(s) used to measure change)	([H] Has sole/primary responsibility to enact change; [L] Take leadership role to enact change; [C] Coordinate actions primarily taken by others; [A] Allocate resources to address need; [E] Educational effort; [M] Monitor issue for change; [O] Other role as specified)	(assigned to whom; budget; other resources from Hospital)	(what collaboration or other actions are required by others; what resource contributions/commitments made by others)
6	<b>Needs of Vulnerable Populations</b>	<i>Identify feasible actions to improve performance on precursor issues creating vulnerable individuals, or resulting in individuals being deemed as disadvantaged. A special effort should be directed to the Hispanic community to assure their access concerns are addressed.</i>	M		
8	<b>Hospice Care</b>	<i>Develop feasible aspects of palliative care services that maintain high quality of life during the end stages of the disease process, as well as offering relief from pain,</i>	L	Evaluate feasibility of program implementation and/or integration into	Ministerial Alliance

		<i>symptoms, and stress of serious illness.</i>		the Home Health Program	
11	<b>Suicide</b>	<i>Achieve an enhanced identification of individuals at risk of suicide and community awareness of this community need.</i>	M		Colorado West Mental Health
<p><b>NOTE:</b> Leading indicator is an action which predicts problem change and is within the ability of the organization to enact</p> <p><b>NOTE:</b> Hospital Role or Action may include multiple actions L, C, A, E, M or O but at least one must be specified. H actions are not appropriate for need with this priority.</p>					

PMC Community Need Response to Needs Identified as LOW PRIORITY and where PMC Holds LOW RESPONSIBILITY					
Reference Number	Issue to Address	Fundamental Desired Change Sought	Hospital Role or Action	Hospital Assigned Resources	Other Resources to Apply or Seek
Priority	(problem statement)	(end result and leading indicator(s) used to measure change)	([H] Has sole/primary responsibility to enact change; [L] Take leadership role to enact change; [C] Coordinate actions primarily taken by others; [A] Allocate resources to address need; [E] Educational effort; [M] Monitor issue for change; [O] Other role as specified)	(assigned to whom; budget; other resources from Hospital)	(what collaboration or other actions are required by others; what resource contributions/commitments made by others)
12	<b>Assisted Living</b>	<i>Develop feasible support services/facilities designed to prolong sustained independent living in accord with the desires of area residents.</i>	M		
13	<b>Births</b>	<i>Increase the percentage of mothers receiving care during their first trimester of pregnancy from current levels of about 80%, to 90%.</i>	M		New Eden Pregnancy Center; Rio Blanco County Nursing
15	<b>Motor Vehicle Injuries</b>	<i>Improve accident response and provide education designed to minimize accident occurrence and severity.</i>	M		Rio Blanco Fire and EMS Service

18	<b>Stress/Anxiety Reduction &amp; Resources to Stay Healthy</b>	<i>Meeker area residents need to take greater advantage of existing resources to reduce anxiety and stay healthy</i>	M		
<p><b>NOTE:</b> Leading indicator is an action which predicts problem change and is within the ability of the organization to enact</p> <p><b>NOTE:</b> Hospital Role or Action may include multiple actions L, C, A, E, M or O but at least one must be specified. H actions are not appropriate for need with this priority.</p>					



PMC Community Need Response to Needs Identified as LOW PRIORITY and where PMC Holds LOW RESPONSIBILITY					
Reference Number	Issue to Address	Fundamental Desired Change Sought	Hospital Role or Action	Hospital Assigned Resources	Other Resources to Apply or Seek
Priority	(problem statement)	(end result and leading indicator(s) used to measure change)	([H] Has sole/primary responsibility to enact change; [L] Take leadership role to enact change; [C] Coordinate actions primarily taken by others; [A] Allocate resources to address need; [E] Educational effort; [M] Monitor issue for change; [O] Other role as specified)	(assigned to whom; budget; other resources from Hospital)	(what collaboration or other actions are required by others; what resource contributions/commitments made by others)
19	<b>Mental Health</b>	<i>Seek improvement in the self-reported poor mental health days experienced by residents in the service area.</i>	M		
20	<b>On-Call System</b>	<i>Reduce the risks of physician burnout by evaluating options and undertaking appropriate efforts to reduce the amount of time physicians must be "on call".</i>	M		
22	<b>Eye Care</b>	<i>Determine the factors leading to the termination of eye care services to identify what resource is feasible to establish that would meet area needs.</i>	M		
<b>NOTE:</b> Leading indicator is an action which predicts problem change and is within the ability of the organization to enact					
<b>NOTE:</b> Hospital Role or Action may include multiple actions L, C, A, E, M or O but at least one must be specified. H actions are not					

appropriate for need with this priority.



By definition, the needs identified as LOW Priority and for which PMC holds LOW RESPONSIBILITY for implementation are needs the hospital will monitor but otherwise not address unless a specific action is noted in the preceding implementation grid. The reason for this action is multifaceted:

- Actions required are beyond the mission of PMC;
- PMC can be more effective in applying its resources to higher priority needs;
- The hospital does not possess the expertise needed to cause a substantive positive improvement;
- Actions contemplated as being appropriate for implementation fall more appropriately to the responsibility of others;
- Other than encouragement, implementation efforts for some needs require appropriate actions by individuals modifying their personal habits rather than a response by an organization or the Health System; and
- The best use of PMC resources is to focus on resolving or improving the higher priority needs rather than to attempt to respond to everything with small, perhaps ineffective, efforts.<sup>19</sup>

Pioneers Medical Center allocated \$120,942 from its budget in 2011 to support program efforts in response to its understanding of community needs. The budget needed to implement actions during each of the next three years is anticipated to be a similar amount, but will be established each year based on the financial capacity of the Medical Center.<sup>20</sup>

<sup>19</sup> Reference Schedule H (Form 990) Part V Section B 7

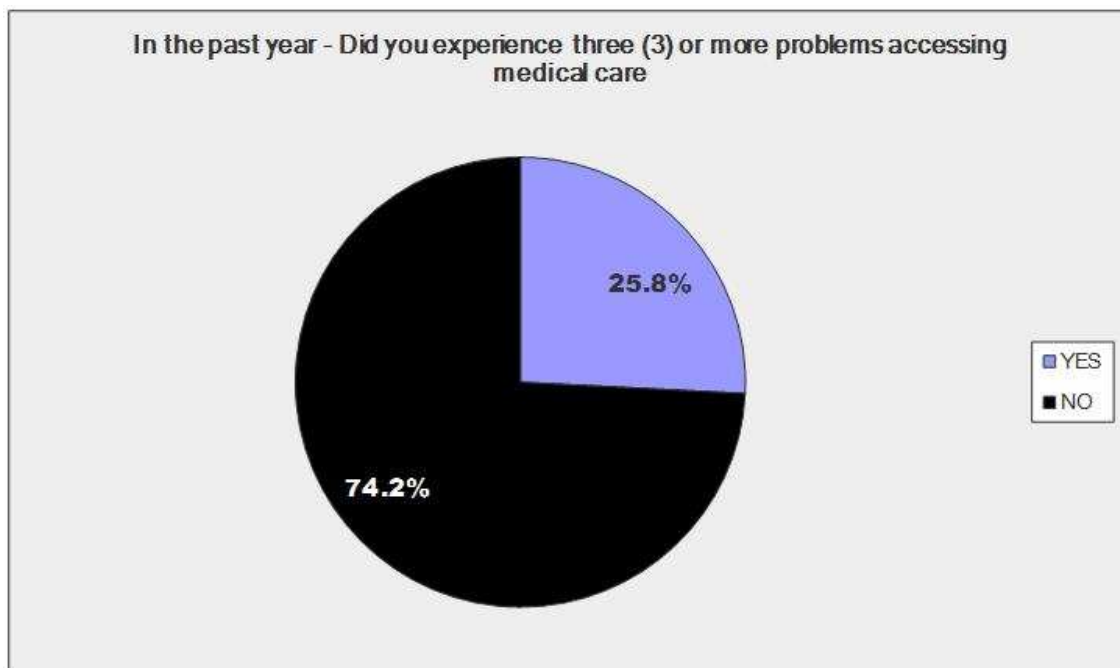
<sup>20</sup> Reference Schedule H (Form 990) Part V Section 6 f

## APPENDIX

## Appendix A: 135 Community Responses to Community Health Need Survey Questions

What is your opinion about the following health and mental health issues in your community?

What is your opinion about the following medical and mental health issues in your community?	Aggregate Response from 135 Survey Participants Rating Scale Major Issue = 5; Moderate Issue = 3; Minor Issue = 1; Not an Issue = (3)
Not having health insurance	3.88
Youth drug use	3.71
Youth alcohol use	3.55
Cancer	3.53
Diabetes	3.51
Youth smoking / tobacco use	3.42
People making unhealthy food choices/obesity	3.36
Adult (18 to 64) substance abuse of alcohol, prescription or non-prescription drugs	3.32
Mental health issues (i.e. Depression, Anxiety, Grief, Stress with divorce and custody issues, Bipolar)	3.27
Heart disease	3.22
Smoking/tobacco use (regardless of age)	3.15
Bullying in schools	2.92
Flu/Pneumonia	2.90
Poverty	2.76
Prescription drug abuse (regardless of age)	2.72
Teen birth rates/teen pregnancy	2.70
Low education levels	2.68
Sexually transmitted diseases (education and testing services)	2.48
Domestic violence	2.45
Eating disorders	2.33
Motor vehicle accidents	2.17
Substance abuse of prescription or non-prescription drugs among the elderly	2.08
Sexual violence	2.01
Childhood vaccination (i.e. flu, whooping cough)	1.86
Suicide deaths	1.79
Water pollution	1.21
Littering	1.09
Air pollution	0.79
Presence of radon	0.60
Availability of exercise resources or fitness opportunities	0.49
<b>Minor Issue - a concern but of considerable less importance than other issues Moderate Issue - certainly a concern needing attention soon but it is not urgent needing an immediate response Major Issue - among the top three to five concerns needing prompt attention</b>	



During the last two years, why were you unable to get a needed health service?

During the past 12 months, what health care services did you need and were NOT able to get, and what was the primary reason?										
Answer Options	Appointment NOT available	Doctor/Service would not accept insurance	Doctor/Service would not accept Medicaid	Could not afford to pay co-pay	Don't Know	Service Not Needed or Was Received	Response Count	Any Payment Problem		Any Service Denial
A doctor visit, checkup or exam	7	2	0	10	1	83	108	12	11.3%	17.3%
Mental health care (counseling)	0	2	0	4	4	100	110	6	5.5%	5.5%
Eye glasses or vision care (ophthalmologist, optometrist)	8	1	0	11	3	87	110	12	10.9%	18.2%
Medical supplies or equipment	1	0	0	6	2	99	108	6	5.6%	6.5%
Appointment or referral to a specialist (dermatologist, endocrinologist, chiropractor, gastroenterologist, gynecologist)	3	2	0	9	1	93	108	11	10.2%	13.0%
Dental	6	5	1	15	2	82	111	21	18.9%	24.3%
Other medical treatment (tests, surgery, other procedures, therapies, x-rays, cancer or heart attack tests)	4	0	0	8	3	93	108	8	7.4%	11.1%
Medications/Prescriptions (patches, pills, shots)	1	0	0	12	2	93	108	12	11.1%	12.0%
Other (please specify)						4				
answered question							113			
skipped question							24			

[illegible]

Interpretation – We asked survey participants to offer free text responses to several questions. We interpreted the responses by developing “Word Clouds”. Word Clouds are analytical tools that give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article words (i.e. “a”, “the”, etc.), non-contextual verbs (i.e. “is”, “are”, etc.), and similar words used when writing sentences are suppressed by this application.





During the last year have you had any medical bill problem or medical debt? A problem or debt means problem paying or unable to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills, or to have medical debt being paid off over time.

Answer Options	Response Percent	Response Count
YES	33.3%	40
NO	66.7%	80
answered question		120
skipped question		17

What specific concerns do you have about Rio Blanco County Health care?

Thinking of the PAST TWO YEARS, please tell us your impression for each of the categories of potential health needs. Based on your experience of living in Rio Blanco County, in your area, do you perceive there to be a problem needing to be addressed? And if so it occurs within the classification of ...

Answer Options	YES I perceive problems	NO I do not see concerns	No Opinion	Response Count	Percent Yes
1. Individual and Family Health Concerns	62	51	12	125	49.6%
2. Emergency Preparedness	37	78	9	124	29.8%
3. Environmental Factors	32	84	8	124	25.8%
4. Particular Group Needs	51	57	17	125	40.8%
5. Healthy Living	60	58	6	124	48.4%
6. Healthcare Availability	62	60	3	125	49.6%
7. Safety	24	93	8	125	19.2%
8. Public Health	34	82	5	121	28.1%
answered question				125	
skipped question				12	

Rank order of community health needs	Aggregate Priority within range of 6 = Most Important priority to 1 = Additional priority
1. Individual and Family Health Concerns	4.2
6. Healthcare Availability	4.0
5. Healthy Living	3.7
2. Emergency Preparedness	3.0
3. Environmental Factors	2.9
4. Particular Group Needs	2.9
7. Safety	2.6
8. Public Health	2.2

None of the topics were perceived as a problem by a majority of survey responses.

[illegible]

**QHR** | Consulting  
Services

30% of resident responses cite use of tobacco, but there appears to be little concern about tobacco use. There is also very little concern about smoking in a confined area when non-smokers are present.

Please answer the following questions regarding tobacco products used in your household.					
Answer Options	Yes	No	Not Sure / Doesn't Apply	Response Count	% Yes
Does anyone in your household use tobacco products?	36	83	1	120	30.0%
Does anyone in your household smoke in the home or in the car when non-smokers are there?	3	114	3	120	2.5%
I talk to my child about the harmful effects of using tobacco, alcohol and drugs	59	13	48	120	49.2%
It would be okay if my child used alcohol as long as he/she did not use other drugs	4	78	38	120	3.3%
answered question				120	
skipped question				17	

### Conclusions from public input to Community Health Needs Assessment

- The most serious concerns focus on not affording health services/insurance [includes affordability of care, medical cost issues, and affordability of health insurance]. Although a third of survey participants reported medical payment problems and about a quarter of participants reported three or more problems, both percentages are better values than national averages;
- A second serious concern was a focus on Youth Drug Abuse;
- Moderate concerns presented by survey participants focused on youth alcohol use, cancer, diabetes, and youth smoking;
- While not cited as a concern by survey participants, 30% reported tobacco product use in their household. This value is higher than the statistical expectations for the County (17%) and double the desired 15% benchmark;
- The highest priority cited by survey participants dealt with concerns about issues within their family. About the only potential family or household concern, however, was a minor concern with having a lot of stress or anxiety;
- Resources to help people stay healthy (exercise and population health issues) were suggested as needs;
- Availability of healthcare services was the additional priority suggestion (emergency services, other health facilities, specialty physicians and assisted living); and
- About 80% report having a primary care physician and a dentist, and two-thirds report having an eye care provider. Only 14% cite having a mental health adviser. While not

presented as a problem, almost 80% of survey participants left the county in search of medical care.