Appendix B: Local Experts Providing Recommendations of Priority among Identified Community Need[21]

Individuals providing commentary and participating in the priority setting process included:

- Anthony Mazzola, Investigator
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- Johnny Arrington, Pastor
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- Drew Varland, Chief Nursing Officer
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  Colorado West Mental Health
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[21] Reference Schedule H (Form 990) Part V Section B 3

- Amy Chinn, High School Counselor
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- Mandi Etheridge, Mayor
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- Ken Harman, CEO
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Appendix C: Final Rank Order for Priorities Developed by Local Experts with PMC Responsibility Identified

Local Expert Commentary on Comparing Rio Blanco to other Colorado Counties

Question to Local Experts:

> 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.
>
> 1. Premature deaths (death prior to 75) are higher than desired. This indicator is at about the 62nd percentile, worse than most within CO;
> 2. Several adverse behaviors including smoking, drinking, and obesity are better than average for Colorado, but some additional improvement is desirable to achieve national goals;
> 3. The number of uninsured is higher than desirable, in the 78th percentile among Colorado counties;
> 4. 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;
> 5. The number of primary care physicians for the population presents a good picture, as a better ratio than among 99% 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
> 6. Morbidity factors need improvement. Rio Blanco residents, in greater proportions than average in Colorado, are in poor or fair health and utilize greater numbers of sick days per month than is typically found among Coloradans. Poor Mental health days are typical of other parts of Colorado. The teen birth rate also is typical for Colorado.
>
> Agreeing with observation 9; Disagreeing with Observation 7

Clarifying reasons for opinions or additional needs which should be considered:

- Regarding observation #2; I believe that this is not an accurate number and that the actual average is a lot higher than reported. Regarding observation #4; we have a large Hispanic population in Meeker that is severely underserved;

- Regarding observation #3; I find it hard to believe that RBC is in the lower 22% for uninsured. That has not been my observation working Emergency Depts;
- I see many individuals and the lifestyle choices they are making and the need for significantly more preventative health measures. I do not think that hospital use is excessive. From the data that I look at the length of stay for care here at pioneers is less than almost every other area in the state and our physicians in my opinion are very conservative in admitting folks in the hospital;
- Question hospital use as excessive?
- The premature death rate seems surprising - I wouldn't imagine it is actually as high as indicated in #1. Also, the information in #6 seems unlikely. I find it hard to imagine that Rio Blanco County residents are sicker than average Colorado!
- While I agree that our smoking rate is probably accurate - I believe that our use of chewing tobacco is higher than average; and
- Why is the rate for mammography screening unknown? I think they do a great job. I am surprised at #6, as my observation has been that RB residents are generally healthy and a tough lot.

<u>Local Expert Commentary on Comparing Rio Blanco to Peer Counties & National Rates</u>

Question to Local Experts:

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

1. Low Birth Wt. (percent of babies born weighing less than 2,500 grams);
2. (Percentage of mothers) not receiving Care in First Trimester of pregnancy;
3. (Rates of live births to deaths) Total Infant Mortality, White non Hispanic Infant Mortality, Neonatal Infant Mortality, Postneonatal Infant Mortality;
4. Coronary Heart Disease rate;
5. (The rate of) Motor Vehicle Injuries;
6. Suicide; and
7. Unintentional Injury.

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

A. Lung Cancer rates;

B. Stroke incident rate; and

C. Premature Births (babies born prior to 37 weeks gestation).

Performance BETTER than among Peer Counties and National rates:

I. (percent of) Babies born with a Very Low Birth Weight (less than 1,500 grams at birth);

II. The percent of Births to women under age 18, and, the percent of births to women age 40 to 54; and

III. The percent of Births to unmarried women.

Agreeing with observation 13; Disagreeing with Observation 3

Clarifying reasons for opinions or additional needs which should be considered:

- I think we need to do a better job of prenatal visits;
- Unclear on how observations were determined with low birth wt, prenatal care when the availability to complete entire ob/gyn care (delivery) has not been a service provided by Pioneer's;
- Unfavorable: #2 Unless this is self reported I don't know where the information was gather, because we have no services for pre-natal care in Meeker (or at least that I am aware of) I also think that alcoholism is a concern that is not present on this list; and
- Wondering about the information on baby births since our hospital only delivers in an emergency.

Local Expert Commentary on Service Area Population characteristics

Question to Local Experts:

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

1. The population growth rate is slightly higher than the nation rate of growth;
2. Average household income is below the national average;
3. The portion of the population age 65+ (12.1%) is higher than average for Colorado but is below the national average;
4. 85.8% of the population is white, non-Hispanic. Less than one percent is Black or Asian;
5. Chronic high blood pressure and heart disease incidences are higher than average while the use of cardiac stress testing is below average;
6. Diabetes incidence is above average, which seems to relate to below average healthy eating habits as well as above average unhealthy eating habits; and

7. 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:

A. Morbid Obesity – impacting 26% of population, while 27% of the population is not eating healthily and has Chronic High Blood Pressure, which affects 28% of the population;

B. Under-utilization of obstetrical and gynecological services (43% of the population);

C. Tendency to under-use cancer prevention services (values range from 25% to 58% of the population being impacted, depending upon the screening test), although only Prostate Screening has use patterns significantly below average usage;

D. Have chronic low back pain (26% of population);

E. Under-use Cardiac Stress testing (28% of population);

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

G. Agreeing with observation 15; Disagreeing with Observation 1.

Clarifying reasons for opinions or additional needs which should be considered:

- A lot of major health issues were identified with % numbers associated with it to really put into perspective the severity;
- B. Probably because the hospital does not deliver babies so service is not as available. F. It appears that less people are smoking everywhere, but I have no valid statistics;
- Does this tobacco statistic take into account chew tobacco and the first statistic that placed us low in Colorado account for only cigarettes?
- More education in the schools should be provided on nutrition, health and wellness. School cafeterias should offer only nutritional food. Chronic back pain and chronic pain can be connected to depression. Collaboration between mental health and Pioneers could benefit this population.

Local Expert Commentary on Summary of Local Resident Opinions

Question to Local Experts:

137 area Residents responding to our earlier survey of community health needs. Important points made by residents included the following:

A. 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;

B. A second serious concern was a focus on Youth Drug Abuse;

C. Moderate concerns presented by survey participants focused on youth alcohol use, cancer, diabetes and youth smoking;

D. Not cited as being 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;

E. 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;

F. Availability of healthcare services was the additional priority suggestion (emergency services, other health facilities, specialty physicians and assisted living); and

G. About 80% report having a primary care physician, a dentist and 2/3 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 for medical care in the last two years.

Agreeing with observation 10; Disagreeing with Observation 6

Clarifying reasons for opinions or additional needs which should be considered:

- As a high school counselor I know how many kids are abusing drugs. Right now, in our community, I don't see Youth Drug Abuse as a serious concern. Certainly, we don't want any of our kids using/abusing drugs. To say that this is "serious concern" implies that many or most of our kids are abusing drugs. This is not true. I see "youth alcohol use" and "tobacco use" much more prevalent in our community;
- B. I think not only tobacco but alcohol is a major issue in youth. E. I believe this is a concern, but the entities are out there to provide services for such problem like the Meeker Recreation Center and PMC. Making people aware of the services is maybe where the focus should be. F. & G. : Community members leaving the county for medical care is huge;
- E. There are many resources in the community for this need, but people need to take advantage of what is offered. F. Assisted living is definitely a real community need;
- I believe that youth alcohol use and youth tobacco use are actually higher and more problematic than youth drug use;

- I disagree with B and C - youth drug abuse, tobacco and alcohol use. The study only represents people's opinions on these issues. Unless statistics show that drug and alcohol use in teens is more than national averages, I would hate to see the hospital or other entity base their service plan on opinions instead of statistics on this subject. I agree with Item F - Possibly more specialty physicians, of high quality, would be utilized. Cardiologist (more often?), orthopedic (higher quality), endocrinologist (very difficult to find, but try; especially with increase in diabetes; many people with thyroid problems; etc.); pediatrician; psychiatrist (so people with mental health issues are not automatically pushed to the state mental health psychiatrist); certified diabetic educator (this person actually helps the people, with diabetes, manage their blood sugars - people like this and doctors like this because they don't have the time or knowledge); ophthalmologist (people with diabetes need annual exams, macular degeneration, etc); obstetrician/gynecologist (wouldn't they be motivated to come once a month as it would bring more people to their practice or hospital for deliveries?); oncologist. Realizing that having more specialists reduces the number of visits with our primary physicians, I still think specialists are what people want. If PCP visits are decreased significantly, PCP's can be expected to do more ER coverage (without an increase in wage)? My second thought with specialty services is that maybe people would utilize the specialists better if they were in a separate building? Maybe they would have a higher sense that confidentiality is maintained. I agree with Item F - Assisted Living Facility; Rangely may be a good study for this as they have an ALF, but no nursing home. Should there be a smaller nursing home and an ALF? I think an ALF would be a good service that will probably increase in need with the increase in aged population. Again, Medicaid is the primary payer in many ALF's. I agree with Item G - in my opinion, many people travel for medical care due to confidentiality, quality of provider, and specialty need,
- The town of Meeker does have a tobacco ordinance in place that will refer youth to cessation or tobacco education classes. It does not appear that the police department are issuing enough tickets to kids in this area and at times enable substance abuse by not writing MIP's or/and by driving intoxicated youth home instead of taking them to the police station; and
- Tobacco and alcohol use by youth are present but we have not seen an increase in cases being submitted for prosecution. This could be a result of local law enforcement not enforcing.

Local Expert Commentary on Additional Community Health Needs Assessment Considerations

Question to Local Experts:

Additional observations of Rio Blanco County found:

1. 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;
2. Cancer is the 2010 leading cause of death. However, as a rate of death, the value is close to [just in excess of] the State average; and
3. Total Deaths have declined between 2000 and 2010. With only 31 deaths occurring in 2010, the impact of statistics and limited case incidents limits meaningful analysis; and
4. Primary care Physicians supply establishes the highest rate among surrounding Counties

Agreeing with observation 10; Disagreeing with Observation 6

Clarifying reasons for opinions or additional needs which should be considered:

- 1. CNCC offers Healthy Living CO classes as well as Healthy Living Diabetes classes to answer this need. The hospital also has a program for healthy lifestyles;
- 1. I believe that some of the programs exist in the area, but the knowledge of their existents is to a limited group of people; and
- Providing "Hospice" services needs to be looked at strongly. The request for this service has increased over the years, with my experience in home health. Not good reimbursement, much red tape, but would make many in the community very happy. We aren't able to assist with birthing in this community, but I feel we can better assist with dying. Hospice is a service provided in the home and in a facility. Many people find hospice programs an easier item to donate money to. With cancer being the leading cause of death, I feel the hospital needs to focus on what can help these people the most - chemotherapy treatments, hospice, etc.

Combination of Community Need Priorities

The Local Experts made the preceding comments and observations about the list of potential community need. The Local Experts then allocated priority points. The observation of their collective opinion was judged substantially internally consistent and hence no need for further inquiry as to the relative problems being addressed or final need statement.

To aid implementation efforts and to enhance clarity as to the final set of identified community needs, QHR and the PMC executive team made the following need statement combinations:

- All birth related issues (#7) were combined into one potential community need, because any anticipated solutions, or responses, to the various specific indicators are virtually the same;
- The category Adverse Behavior (#2) represents the various substances which could be abused; drugs, smoking and alcohol were combined into one youth related potential

community need, although the prominent presenting issue is tobacco abuse. It also is combined with Premature Deaths (#1) because data analysis indicates in 2010 a sizable number of deaths in the 45 to 64 age group appear to be alcohol-induced;

- 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; and
- Access to Affordable Services resulted from the combination of #3 the number of insured and #16 not affordable health services because the anticipated solutions are virtually the same. Given the number of Local Experts voting on the two combined topics, the emphasis in this need is an issue of access, with affordability being the secondary consideration.

Priority Ranking		Community Need	Total Percent of Allocated Points	Number of voting Experts	Cumulative Percentage
High Priority	1	**RESOURCE DEVELOPMENT**	22.50%	8 to 9	22.5%
		20. Leaving the county for medical care	*11.4%*	*9*	
		19. Availability of Health Services	*11.1%*	*8*	
	2	**17. YOUTH DRUG/ALCOHOL ABUSE & SMOKING**	11.4%	10	33.9%
	3	**ADVERSE BEHAVIORS**	9.7%	2 to 9	43.6%
		2 Adverse Behaviors	*9.5%*	*9*	
		1 Premature Deaths	*0.2%*	*2*	
	4	**ACCESS TO AFFORDABLE SERVICES**	9.3%	4 to 9	52.9%
		3. Number of uninsured	*8.2%*	*9*	
		16. Not affordable health services	*1.1%*	*4*	
	5	**15. HEALTHY and UNHEALTHY EATING**	6.7%	9	59.7%
Low Priority	6	**4. NEEDS OF VULNERABLE POPULATION**	5.1%	6	64.7%
	7	**14. DIABETES**	4.5%	9	69.2%
	8	**Hospice care**	4.0%	1	73.2%
	9	**8. CORONARY HEART DISEASE & CARDIAC STRESS TESTING**	3.8%	8	77.0%
	10	**11. LUNG CANCER/CANCER PREVENTION**	3.5%	7	80.5%
	11	**10. SUICIDE**	2.9%	8	83.3%
	12	**Assisted living**	2.7%	1	86.0%
	13	**7. BIRTHS** (LOW BIRTH WEIGHT/NO CARE DURING FIRST TRIMESTER/INFANT MORTALITY/POST-NEONATAL INFANT MORTALITY/PREMATURE BABIES various problems related to births occur at higher than	2.1%	5	88.1%

Priority Ranking		Community Need	Total Percent of Allocated Points	Number of voting Experts	Cumulative Percentage
		UNMARRIED WOMEN are not a concern			
	14	**12. STROKE INCIDENT**	2.1%	6	90.3%
	15	**9. MOTOR VEHICLE INJURIES**	1.8%	5	92.1%
	16	**13. CHRONIC HIGH BLOOD PRESSURE**	1.8%	6	93.9%
	17	**6. MORBIDITY IMPROVEMENT**	1.7%	3	95.6%
	18	**18. STRESS** AND ANXIETY REDUCTION **& RESOURCES TO STAY HEALTHY**	1.2%	4	96.8%
	19	**Cancer treatment**	1.0%	1	97.8%
	20	**Mental health**	1.0%	1	98.8%
	21	**On Call System**	0.7%	1	99.5%
	22	**Eye Care**	0.3%	1	99.8%
	24	**5. INADEQUATE NUMBERS OF PRIMARY CARE PHYSICIANS**	0.2%	2	100.0%

Community Health Need Categories Problem Statements

23. 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.

24. 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.

25. Adverse Behaviors

Problem Statement: Repackage current efforts to have a programmatic focus on individuals to complement efforts directed toward groups.

26. 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.

27. 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.

28. 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.

29. Diabetes

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

30. 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.

31. Coronary Heart Disease & Stress Testing

Problem Statement: Seek efforts to reduce heart disease death rates to values closer to the State average.

32. 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.

33. Suicide

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

34. Assisted Living

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

35. Births

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

36. 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.

37. Motor Vehicle Injuries

Problem Statement: Improve accident response and provide education designed to minimize accident occurrence and severity.

38. Chronic High Blood Pressure

Problem Statement: Increase the portion of the population maintaining blood pressure control.

39. Morbidity Improvement

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

40. 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.

41. Cancer Treatment

Problem Statement: Identify and implement the more feasible efforts to increase resident access to cancer treatment resources.

42. Mental Health

Problem Statement: Seek improvement in the self-reported poor mental health days experienced residents in the service area.

43. On Call System

Problem Statement: Reduce the risk of physician burnout by evaluating options and undertake appropriate efforts to reduce the amount of time physicians must be "on call".

44. Eye Care

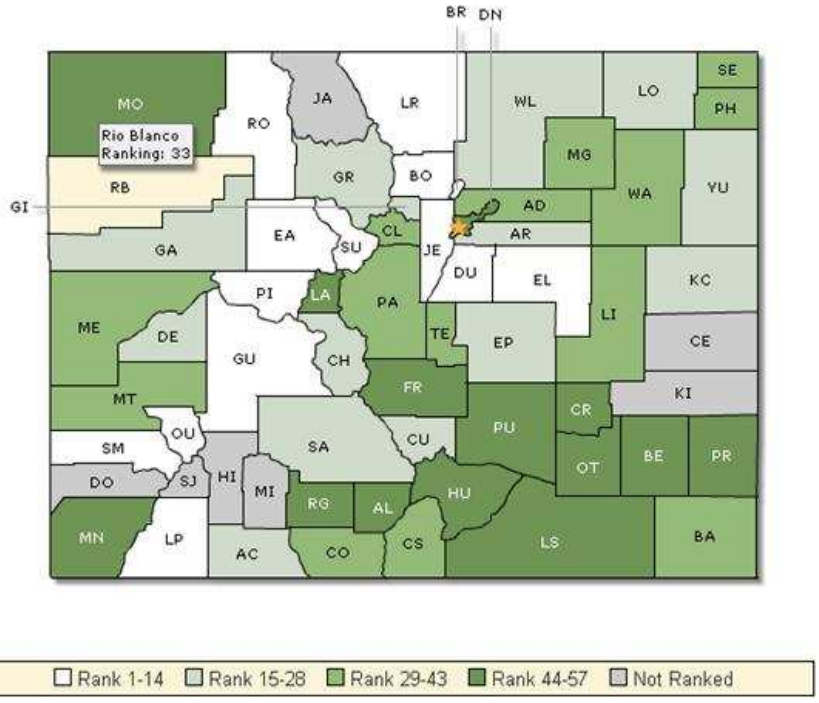
Problem Statement: Determine the factors leading to the termination of eye care services to identify what resource is feasible to establish that would meet area needs.

45. Inadequate Numbers of Primary Care Physicians

Problem Statement: Recruit physicians needed by area residents.

Appendix D: Rio Blanco County Compared to Other Colorado Counties[22]

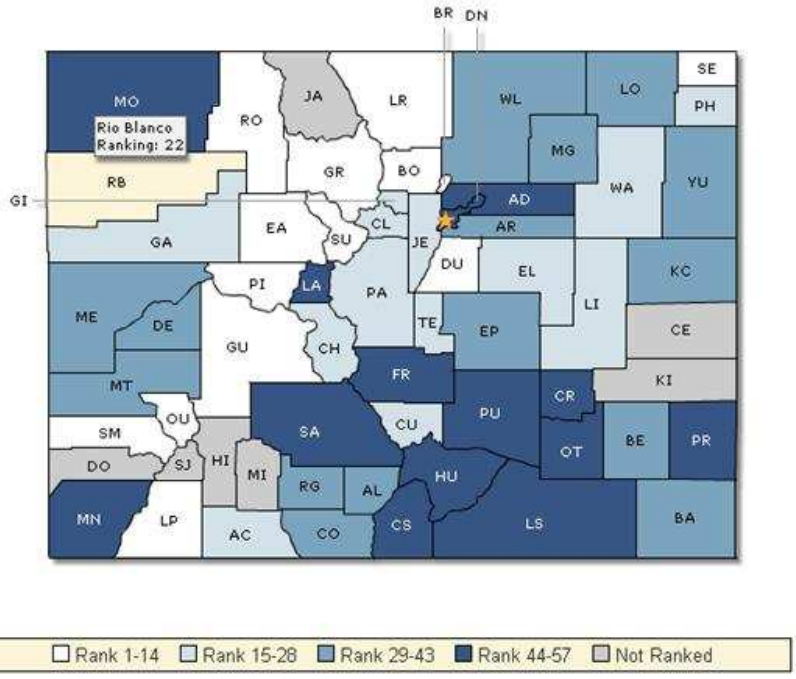
Health Outcomes



Indicator	Rio Blanco County	Goal Target	#1 Colorado County	# 57 Colorado County
Mortality - #39				
Premature Death (aggregate years lost prior to age 75 per 100,000) [5 times more influential in ranking than other factors]	7,028	5,564	3,459	10,540
Morbidity - #30				
Poor/Fair Health (self reported evaluation)	20%	10%	6%	---
Poor physical health days (# days in last month, self reported)	3.9	2.6	2.2	5.8
Poor Mental health days (# days in last month, self reported)	3.2	2.3	2.3	6.8
Low Birthweight (% live births <2,500 grams) [2 times more influential in ranking than other factors]	---	6.9%	8.7%	11.3%

[22] http://www.countyhealthrankings.org/colorado/rio-blanco produced by Robert Woods Johnson & U of WI Population Health Inst.

Health Factors



Indicator	Rio Blanco County	Goal Target	#1 Colorado County	# 57 Colorado County
Health Behaviors - #25				
Adult Smoking (% adults used .1,000 cigarettes & currently smoking) [4 times more influential in ranking than other factors]	17%	15%	9%	---
Adult Obesity (BMI > 30) [4 times more influential in ranking than other factors]	17%	25%	16%	19%
Binge Drinking (self reported in last 30 days)	19%	8%	16%	---
Motor Vehicle Crash Death Rate (deaths / 100,000)	--	12%	9	---
Chlamydia rate (cases / 100,000)	457	83	125	416
Teen Birth Rate (Teen [age15 – 19] births per 1,000)	39	44	12	53

Indicator	Rio Blanco County	Goal Target	# 1 Colorado County	# 57 Colorado County
Clinical Care				
Uninsured Adults (% of population under 65 without insurance)	28%	13%	12%	15%
Primary Care Provider Rate (primary care physicians per 100,000)	372:1	631:1	1,186:1	1,553:1
Preventable Hospital Stays (ambulatory sensitive admissions/ 1000 Medicare Enrollees)	109	52	42	68
Diabetic Screenings (% diabetic Medicare patients HbA1c tested)	55%	89%	86%	64%
Mammography Screening (% of female Medicare enrollees that receive mammography screenings)	---	74%	66%	56%

Indicator	Rio Blanco County	Goal Target	# 1 Colorado County	# 57 Colorado County
Social and Economic Factors - #19				
High School Graduates (% of ninth graders graduating in 4 years) [2 times more influential in ranking than other factors]	80%	92%	90%	70%
Some College(% of Adults 25 to 44 with some post secondary education) [2 times more influential in ranking than other factors]	54%	68%	87%	48%
Unemployment (% 16+ Adults unemployed and looking for work) [4 times more influential in ranking than other factors]	5.1%	5.3%	6.6%	9.4%
Children living in poverty (% of children <18 living in poverty) [4 times more influential in poverty ranking than other factors]	10%	11%	3%	32%
Inadequate Social Support	16%	14%	13%	---
Children in single-parent households	18^	22%	13%	26%
Homicide Rate (deaths per 100,000, age adjusted) [2 times more influential in ranking than other factors]	--	1%	2	---
Physical Environment - #34				
Air Pollution particulate matter days (Annual unhealthy days)	0%	0%	0	0
Air Pollution Ozone days (Annual unhealthy days)	0	0	21	0
Access to Healthy Foods (Availability of food stores)	50%	92&	69%	67%
Access to recreational Facilities (facilities per 100,000)	0	17	13	0

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 which are considered in this ranking of counties.

1. Premature deaths (death prior to 75) are higher than desired; this indicator is at about the 62nd percentile, worse than most within Colorado;
2. Several adverse behaviors including smoking, drinking, and obesity are better than average for Colorado but some additional improvement is desirable to achieve national goals;
3. The number of uninsured is higher than desirable at the 78th percentile among Colorado counties;
4. 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;
5. The number of primary care physicians for the population presents a good picture at a better ratio than among 99% of Colorado Counties. However, other clinical indicators are not favorable for Rio Blanco County;
6. Only about half the population is screened for diabetes, hospital use is excessive, and the rate for mammography screening is unknown; and

7. Morbidity factors need improvement. Rio Blanco residents, in greater proportions than average in Colorado, are in poor or fair health, and they utilize greater numbers of sick days per month than is typically found among Coloradans. Poor mental health days are typical with other parts of Colorado. The teen birth rate also is typical for Colorado.

Appendix E: Rio Blanco County Compared to National Peer Counties[23]

Demographics: Rio Blanco County, CO

Population size[1]	**6,340**
Population density (people per square mile)[2]	**2**
Individuals living below poverty level[3]	**8.1%**

Age distribution[1]		**Race/Ethnicity[1]**	
Under Age 19	**24.4%**	**White**	**96.6%**
Age 19-64	**63.6%**	**Black**	**0.5%**
Age 65-84	**10.6%**	**American Indian**	**1.2%**
Age 85+	**1.3%**	**Asian/Pacific Islander**	**0.4%**
		Hispanic origin (non add)	**7.2%**

Peer Counties

Peer counties (counties and county-like geographic areas) in stratum number 78 were stratified on the basis of the following factors: frontier status, population size, poverty, age. Below are peer county ranges representing the 10th and 90th percentile of values. This trimmed range of peer county value is used consistently throughout the report.

Population size[1]	**833 - 16,993**
Population density (people per square mile)[2]	**0 - 7**
Individuals living below poverty level[3]	**6.9 - 12.3%**

Age distribution[1]		**Race/Ethnicity[1]**	
Under Age 19	**18.0 - 29.1%**	**White**	**67.6 - 97.9%**
Age 19-64	**56.7 - 70.5%**	**Black**	**0.1 - 1.7%**
Age 65-84	**7.5 - 14.7%**	**American Indian**	**0.5 - 17.1%**
Age 85+	**0.6 - 2.4%**	**Asian/Pacific Islander**	**0.1 - 3.2%**
		Hispanic origin (non add)	**1.4 - 23.4%**

nda No data available.

[1] The Census Bureau. Current Population Estimates, 2008.
[2] HRSA. Area Resource File, 2008.
[3] The Census Bureau. Small Area Income Poverty Estimates, 2008.

[23] http://communityhealth.hhs.gov

Rio Blanco County Peer Group is #78

CHSI 2008-09 Peer County Strata Listing:
Number of Counties and Range of Population Size, Population Density, and Poverty

Strata ID Number	Number of Counties	Population Size		Population Density		Poverty (%)	
		min.	max.	min.	max.	min.	max.
76	38	6,753	25,499	23	67	15.5	27.3
77	15	26,664	123,866	2	7	7.7	27.5
78	43	62	24,623	0	8	5.6	16.1
79	33	670	11,156	1	5	7.0	12.7
80	41	709	15,331	0	9	7.7	15.7
81	58	378	18,156	1	7	8.4	13.2
82	37	484	22,067	0	7	8.5	15.0
83	29	417	19,193	0	11	9.0	19.3
84	52	744	17,674	0	7	9.0	16.2
85	25	689	13,755	0	5	12.2	16.5
86	38	1,909	18,148	0	7	14.3	35.6
87	32	951	21,007	0	7	12.7	25.5
88	23	507	20,238	0	7	12.1	27.7

http://communityhealth.hhs.gov/Companion_Document/CHSI-Data_Sources_Definitions_And_Notes.pdf

Peer Counties

Peer County List

A distinctive aspect of this report is the ability to compare a county with its peers, those counties similar in population composition and selected demographics. Strata, or peer group size averages 36 and ranges from 15 to 62 counties. There are a total of 88 strata. Listed below are the 42 peer counties in stratum number 78. Due to the population size of counties within this stratum, data on vital statistics (e.g. births and deaths) and nationally notifiable diseases were aggregated across the most recent 10 year time period (1996-2005) in order to ensure stable estimates.

Note: These links open in a new window.

Alaska
- Aleutians West Census Area
- Bristol Bay Borough
- Denali Borough
- Kodiak Island Borough
- Sitka Borough
- Valdez-Cordova Census Area
- Wrangell-Petersburg Census Area
- Yakutat Borough

Arizona
- Greenlee County

California
- Mono County

Colorado
- Grand County
- Hinsdale County
- Ouray County
- Park County
- San Miguel County

Idaho
- Camas County
- Caribou County
- Clark County

Kansas
- Gray County
- Stanton County

Montana
- Jefferson County

Nevada
- Churchill County
- Eureka County
- Humboldt County
- Lander County

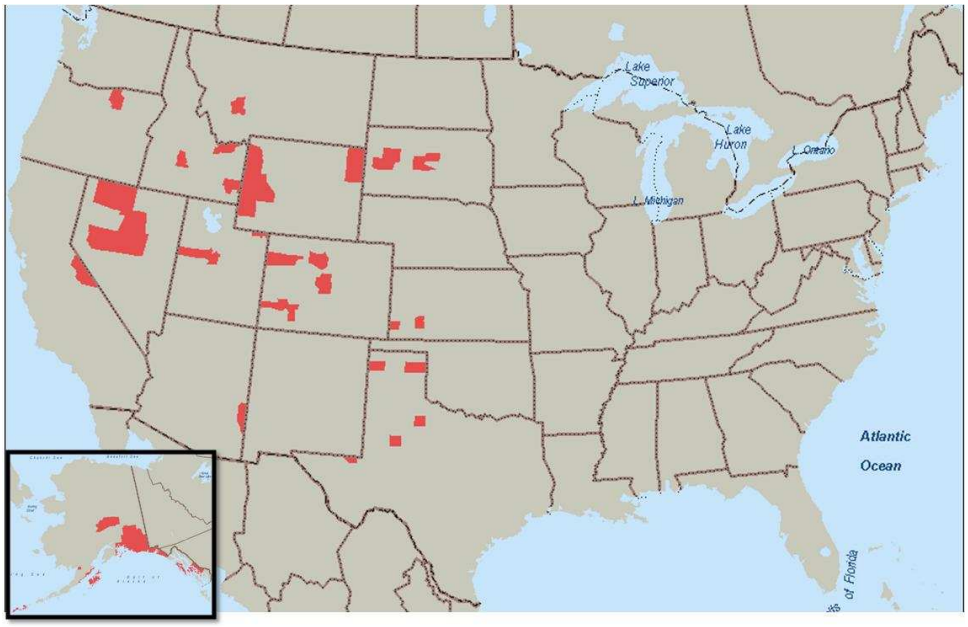
Oregon
- Morrow County

South Dakota
- Meade County
- Stanley County
- Sully County

Texas
- Borden County
- Hartley County
- Hemphill County
- King County
- Loving County
- Roberts County

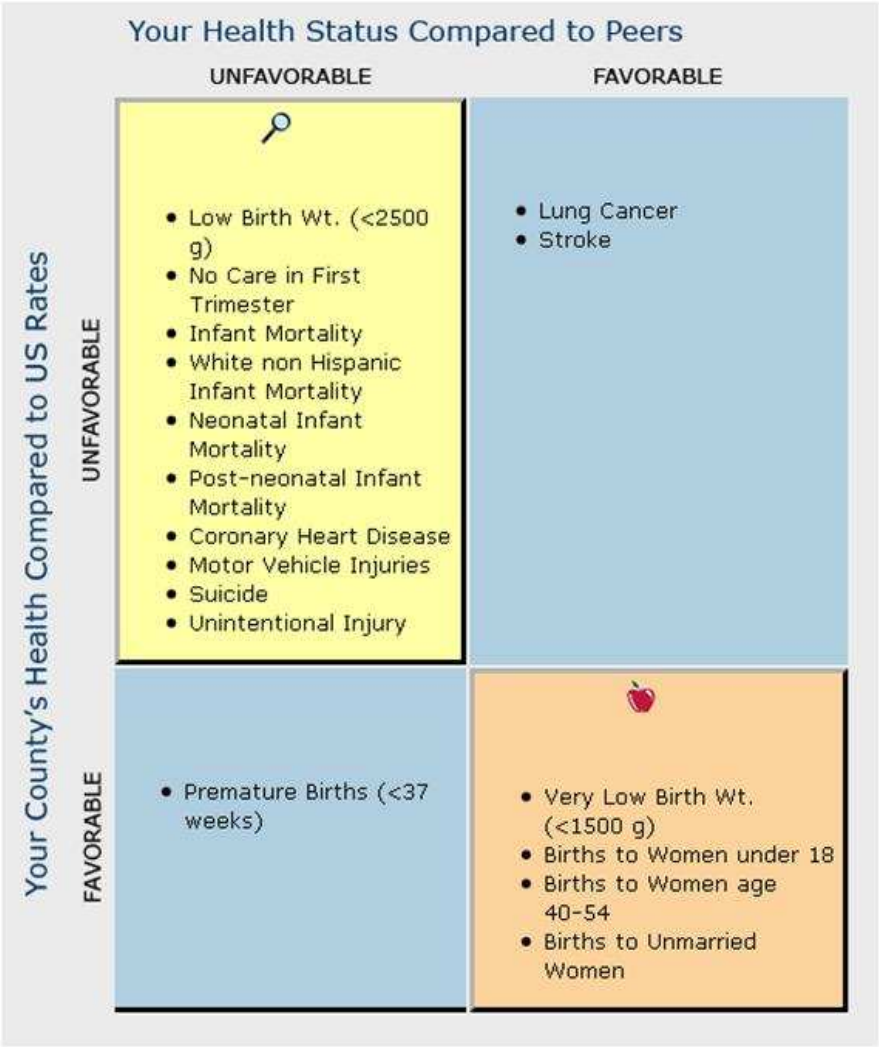
Utah
- Daggett County
- Juab County

Wyoming
- Crook County
- Lincoln County
- Sublette County
- Teton County
- Weston County



http://communityhealth.hhs.gov/

Rio Blanco County Performance Compared to Peer Counties and National Averages

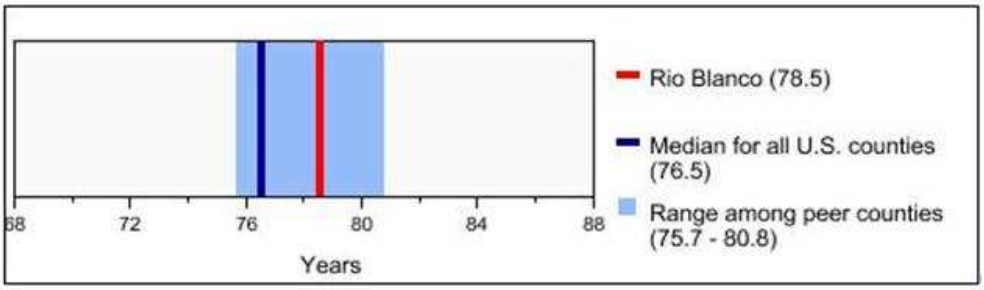


Indicates a status favorable to peer county median value

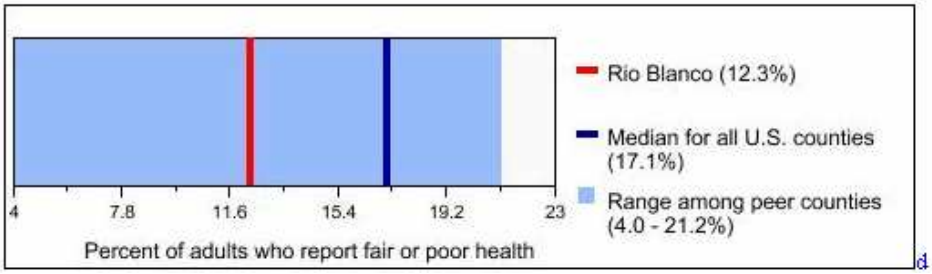
Indicates that a closer look and perhaps reduction to the percent or rate may be needed. Blank indicates no comparison.

Summary Measures of Health

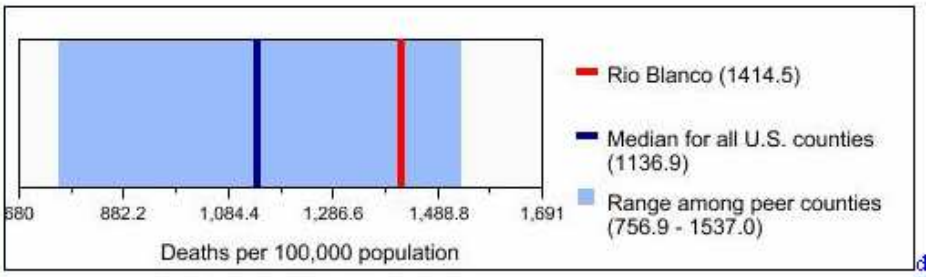
AVERAGE LIFE EXPECTANCY[1]



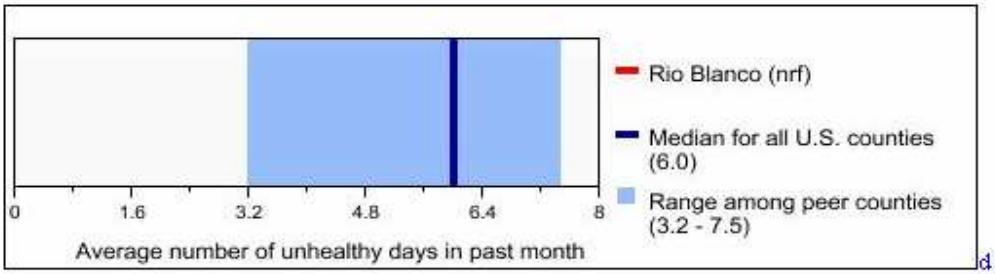
SELF-RATED HEALTH STATUS[3]



ALL CAUSES OF DEATH[2]



AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH[3]



Measures of Birth and Death

County Percent	Status	Peer County Range	Birth Measures	U.S. Percent 2005	Healthy People 2010 Target
9.2		2.9 - 10.1	Low Birth Wt. (<2500 g)	8.2	5.0
0.7		0.0 - 1.5	Very Low Birth Wt. (<1500 g)	1.5	0.9
11.9		7.1 - 12.6	Premature Births (<37 weeks)	12.7	7.6
2.7		1.3 - 5.3	Births to Women under 18	3.4	No objective
1.6		0.0 - 4.3	Births to Women age 40-54	2.7	No objective
21.6		13.7 - 32.5	Births to Unmarried Women	36.9	No objective
19.9		12.4 - 33.3	No Care in First Trimester[2]	16.1	10.0

County Rate	Status	Peer County Range	Infant Mortality[3]	U.S. Rate 2005	Healthy People 2010 Target
10.0		0.0 - 10.6	Infant Mortality	6.9	4.5
7.8		0.0 - 9.9	White non Hispanic Infant Mortality	5.8	4.5
nrf		0.0 - 0.0	Black non Hispanic Infant Mortality	13.6	4.5
nrf		0.0 - 14.1	Hispanic Infant Mortality	5.6	4.5
7.2		0.0 - 6.3	Neonatal Infant Mortality	4.5	2.9
2.9		0.0 - 4.1	Post-neonatal Infant Mortality	2.3	1.2

County Rate	Status	Peer County Range	Death Measures[4]	U.S. Rate 2005	Healthy People 2010 Target
nrf		0.0 - 64.8	Breast Cancer (Female)	24.1	21.3
nrf		0.0 - 43.8	Colon Cancer	17.5	13.7
237.5		97.5 - 307.3	Coronary Heart Disease	154.0	162.0
nrf		0.0 - 10.2	Homicide	6.1	2.8
69.6		32.2 - 99.9	Lung Cancer	52.6	43.3
63.6		10.7 - 75.6	Motor Vehicle Injuries	14.6	8.0
68.5		39.1 - 112.8	Stroke	47.0	50.0
36.5		0.0 - 54.6	Suicide	10.9	4.8
48.0		10.8 - 107.1	Unintentional Injury	39.1	17.1

Environmental Health Factors

INFECTIOUS DISEASES [1]

Status	Cases	Reported	Expected
🔍	E.coli	1	2
🔍	Salmonella	9	7
🔍	Shigella	1	2

TOXIC CHEMICALS RELEASED ANNUALLY[2]: nda

NATIONAL AIR QUALITY STANDARDS MET?[3]

Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Yes	Yes	Yes	Yes	Yes	Yes

🍎 *Indicates a status favorable to peers.*

🔍 *Indicates a status less than favorable.*

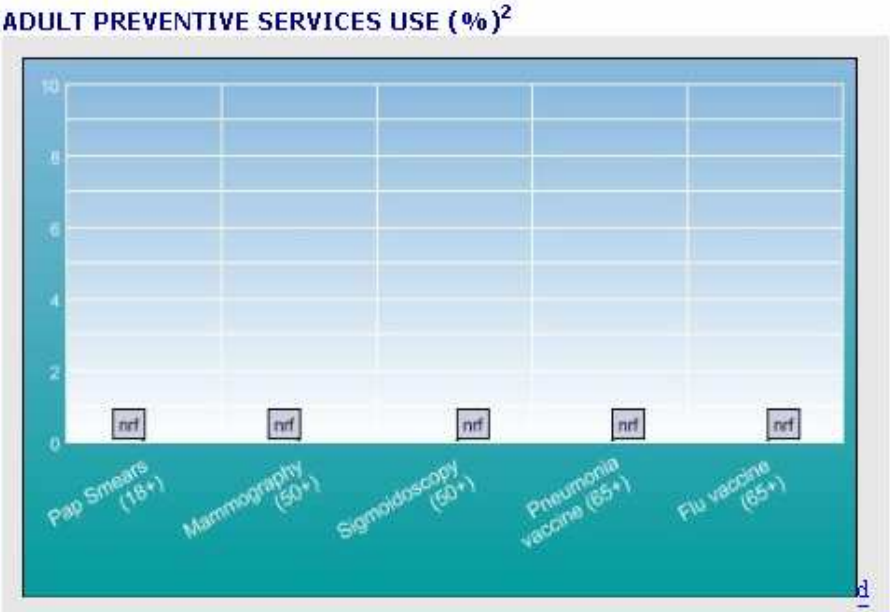
nda No data available.

[1] *CDC. National Notifiable Diseases Surveillance System, 1998-2007.*

[2] *EPA. Toxic Release Inventory (TRI) Explorer Report, 2008.*

[3] *EPA. AIRSData, 2008.*

Preventative Service Use



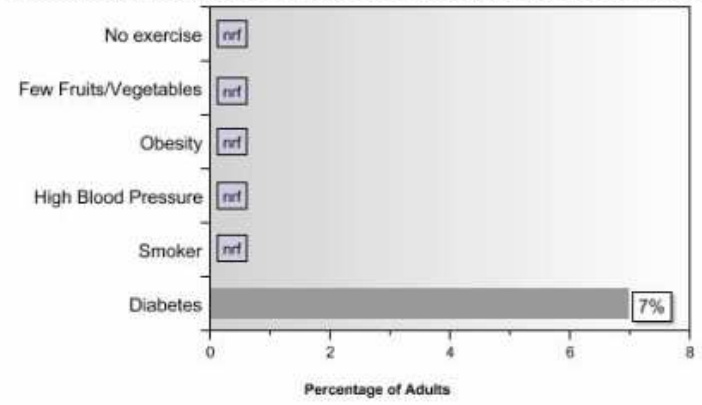
Flue Vaccine – 10th to 50th percentile
Pneumonia Vaccine – 10th to 50th ptile
Mammography – 10th to 50th percentile
Pap Smears – 10th to 50th percentile

Sigmoidoscopy – 50th to 90th percentile
Hepatitis A – 10th to 50th percentile
Hepatitis B – 0 to 10th percentile
Pertussis – 10th to 50th percentile

Status		Reported Cases	Expected Cases
	AIDS	rna	rna
	Tuberculosis	rna	rna
	Haemophilus influenzae B	0	0
	Hepatitis A	0	1
	Hepatitis B	0	1
	Measles	0	0
	Pertussis	4	5
	Congenital Rubella Syndrome	0	0
	Syphilis	0	0

Risk Factors for Premature Death

Communities may wish to obtain information about these measures, collected and monitored at local level.



d

nrf No report, survey sample size fewer than 50.

Note: Confidence intervals are available as tooltips for Risk Factors for Premature Death. To view the confidence intervals, hover your mouse over any of the bars on the graph.

[1] CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

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 it is compared to national rates. This comparison makes the following observations:

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

1. Low Birth Weight (percent of babies born weighing less than 2,500 grams);
2. (Percentage of mothers) Not receiving Care in First Trimester of pregnancy;
3. (Rates of live births to deaths) Total Infant Mortality, White non Hispanic Infant Mortality, Neonatal Infant Mortality, Post neonatal Infant Mortality;
4. Coronary Heart Disease rate;
5. (The rate of) Motor Vehicle Injuries;
6. Suicide; and
7. Unintentional Injury.

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

A. Lung Cancer rates;

B. Stroke incident rate; and

C. Premature Births (babies born prior to 37 weeks gestation).

Performance BETTER than among Peer Counties and National rates:

I. (Percent of) Babies born with a Very Low Birth Weight (less than 1,500 grams at birth);

II. The percent of Births to women under age 18, and, the percent of births to women age 40 to 54;

III. The percent of Births to unmarried women.

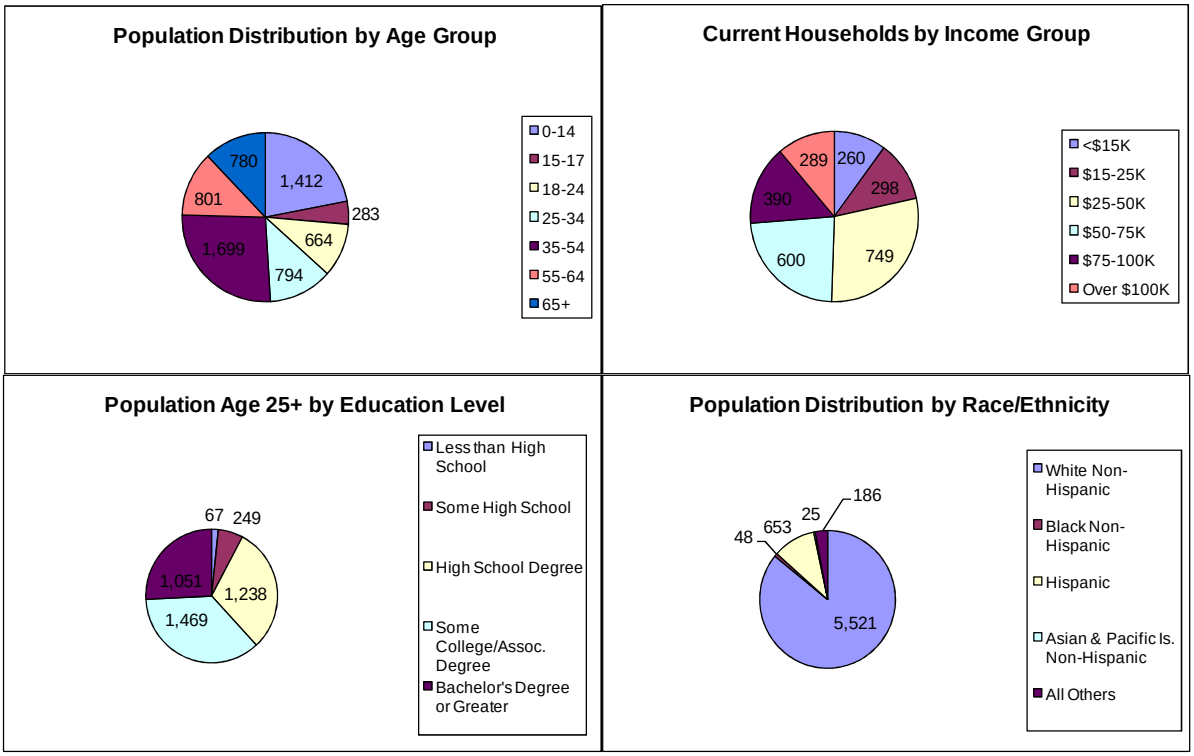
Appendix F: Rio Blanco Service Area Population Characteristics[24]

		Rio Blanco County	USA
2011 Total Population		6,433	310,650,750
2016 Total Population		6,728	323,031,638
2011-2016 % Population Change		4.6%	4.00%
2016 Median Age		36.0	38.1
2011 Median Household Income		$49,545	$52,814
Population 65+	**% of Total Pop**	12.1%	13.30%
	% Proj. Change	23.8%	13.70%
Females 15-44	**% of Total Pop**	18.6%	
	% Proj. Change	1.8%	19.87%

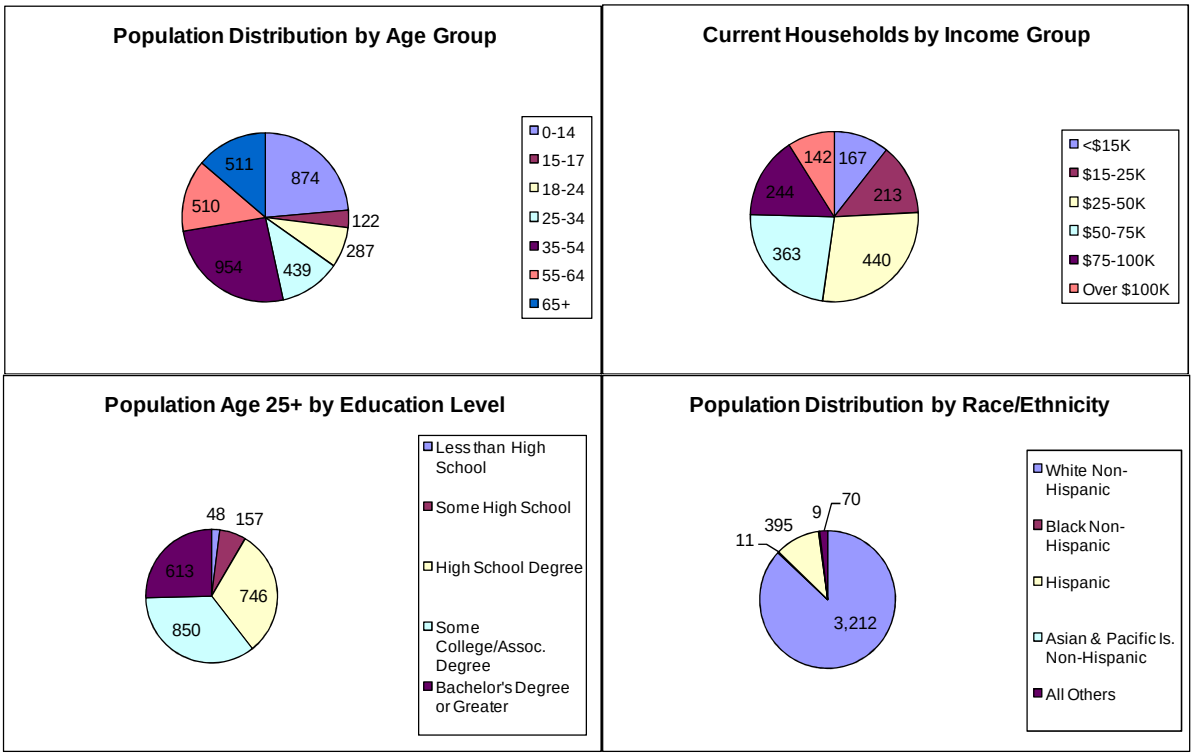
The demographic snapshot of the hospital service area, the Meeker zip code, and Rio Blanco County is virtually identical, differing only in the size of the population. The population characteristics of growth rate, racial composition, educational attainment, age groups, and the distribution of household income show little difference between the areas. This is demonstrated in the following graphics depictions of the two geographies.

[24] All population values obtained from Thomson Market Planner

Demographic Snapshot of Rio Blanco County, Colorado



Demographic Snapshot of Meeker, Colorado zip code



Service Area Population Health Status Analysis According to the Aggregate Composition of Demographic Characteristic Segments

Health Status Topic	Demand as % of National	% of Population Effected	Health Status Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle			**Heart**		
BMI: Morbid/Obese	103.2%	26.4%	Routine Screen: Cardiac Stress 2yr	91.1%	28.4%
Vigorous Excersize	101.5%	51.6%	Routine Screen: Cholesterol	97.2%	24.5%
Chronic Diabetes	106.9%	11.1%	Chronic High Cholesterol	95.5%	21.2%
Healthy Eating Habits	92.0%	27.2%	Chronic High Blood Pressure	107.7%	28.3%
Not At All Healthy Eating Habits	107.0%	2.9%	Chronic Heart Disease	106.3%	8.6%
Routine Services			**Behaviors**		
FP/GP: 1+ Visit	104.4%	92.1%	Depression	98.3%	34.7%
OB/Gyn 1+ Visit	92.3%	43.3%	I am responsible for my health	96.9%	63.6%
Ambulatory Surgery last 12 Months	104.7%	22.3%	I follow through with treatments	100.2%	52.2%
Emergency Service			**Pulmonary**		
Emergency Room Use	100.2%	34.1%	Tobacco Use: Cigarettes	111.1%	37.7%
Urgent Care Use	102.5%	44.5%	Chronic Allergies	101.2%	24.1%
Cancer			**Information Use**		
Mammography in Past Yr	97.2%	43.8%	Internet: Use Social Networking Sites	87.8%	26.5%
Cancer Screen: Colorectal 2 yr	97.2%	24.5%	Internet: Use To Communicate With MD	69.6%	8.5%
Cancer Screen: Pap/Cerv Tst 2 yr	96.4%	58.1%	Health Info Svcs: 3+ Use	94.5%	38.2%
Routine Screen: Prostate 2 yr	91.1%	28.3%	Looked For Provider Ratings	87.6%	12.6%
Orthopedic			**Miscellaneous**		
Chronic Lower Back Pain	106.0%	25.7%	Charitable Contrib: Hosp/Hosp Sys	95.6%	22.8%
Chronic Osteoporosis	103.1%	10.4%	Charitable Contrib: Other Health Org	96.8%	37.8%
Sports Injury	83.3%	16.3%	Medical Tourism: Willingness To Travel	95.1%	21.7%

QHR gets its population data from The Thomson Market Planner. This program divides the population into 66 different population types, termed "clusters". Each cluster has specific life style, health, medical use, and other traits. The mix of clusters paints a picture of the people living in an area.

The mix of local market clusters is compared with national averages. Any change from the national average of plus or minus 5% (lower than 95% or higher than 105%) suggests potential local community needs.

The issues identified by the clusters are compared to other data to see if it supports or disagrees with other identified needs. This analysis is presented to the Local Experts. The Local Experts determine what is appropriate from this analysis to use in their identification of local health needs.

The above display presents the cluster data detail and identifies the potential needs emerging from the analysis. Observations relevant to assessing community health needs include:

- "Chronic Diabetes" occurs at an anticipated 6.9% higher rate than the national average. It is estimated to impact 11.1% of the area population;
- "Health Eating Habits" are 9% below the national average. 27.2% is not anticipated to have healthy eating habits;
- An additional 2.9% of the population have "Not At All Healthy Eating Habits." Their demands are 7% above the national average;
- Demand for "Obstetrical and Gynecological" visits is only 92% of the national demand. 43.3% of the population is impacted by this lower demand for service;
- Demand for "Routine Prostate Screening in the last two years" is about nine percent (91.1%) below the national average. This trait is exhibited by 28.3% of the population;
- "Chronic Lower Back Pain" is demanded 6% higher than national averages would anticipate. This is estimated to effect 25.7% of the population;
- "Sports Injury" is in rather low demand with a value of 83.3% of the national average. This service is demanded by only 16.3% of the population;
- There is lower than average demand for heart screening activity yet heart disease symptoms exceed the national average:
    - Residents experiencing a "Routine Screening: Cardiac Stress" test in the last two years is only 91.1% of the national average. This testing involves almost a third of the population (28.4%);
    - "Chronic High Blood Pressure" service demand is 7.7% above the national average. This disease process impacts almost a third of the population (28.3%); and

- "Chronic Heart Disease" disease demand is 6.3% above average. This disease, however, only impacts 8.6% of the residents.

- The most extreme value is the eleven percent (111.1%) higher than average demand for tobacco. This high demand impacts 37.7% of the population;
- All the information use indicators show important deviation from national expectations:
  - "Social Networking health" information Site demand is 87.8% below national averages. This affects in excess of twenty-six of the areas;
  - "Internet Use for Physician Communication" has lower than national average demand (69.9%) while it is utilized by 8.5% of the population;
  - Use of any service to obtain "health information" is ninety-four percent of average; impacting thirty-eight percent of the population; and
  - Only 12.6% of the population searches for provider rankings. This service demand is 87.6% of average.

Vulnerable Populations[25]

Vulnerable Populations Include People Who	Total	% of Population
Have no high school diploma (among adults age 25 and older)	487	7.7%
Are unemployed	136	2.1%
Are severely work disabled	124	1.9%
Have major depression	363	5.7%
Are recent drug users (within past month)	607	9.6%

http://communityhealth.hhs.gov

[25] Reference 990 Part V B 1 f

Conclusions from the demographic analysis

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

1. The population growth rate is slightly higher than the nation rate of growth;
2. Average household income is below the national average;
3. The portion of the population over age 65 (12.1%) is higher than average for Colorado but is below the national average;
4. 85.8% of the population is white, Non-Hispanic. Less than one percent of the population is self classified as being either Black or Asian;
5. Chronic high blood pressure and heart disease incident are higher than average while the use of cardiac stress testing is below average;
6. Diabetes incident is above average which seems to relate to below average health eating as well as above average unhealthy eating habits; and
7. Chronic lower back pain incident is above average while sports injury incident are considerably below average.

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

A. Morbid Obesity impacts 26% of population, while 27% of the population is not eating healthily and have Chronic High Blood Pressure, which affects 28% of the population;
B. Under-utilization of obstetrical and gynecological services (43% of the population);
C. Tendency to under-use cancer prevention services (values range from 25% to 58% of the population being impacted, depending upon the screening test), although only Prostate Screening has a pattern of significantly below average use;
D. Have chronic low back pain (26% of population); and
E. Under-use 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.

Appendix G: Rio Blanco County Leading Causes of Death[26]

Deaths and age-specific death rates from selected causes: Rio Blanco County residents, 2010

Cause of Death	<1		1-14		15-24		25-44		45-64		65+	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
All Causes	0	0.0	*	*	*	*	*	*	7	3.6	26	31.4
Cardiovascular Disease	0	0.0	0	0.0	*	*	0	0.0	0	0.0	3	3.6
Heart Disease	0	0.0	0	0.0	*	*	0	0.0	0	0.0	3	3.6
Cerebrovascular Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Atherosclerosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Malignant Neoplasms	0	0.0	0	0.0	0	0.0	0	0.0	4	2.1	7	8.5
Lung Cancer	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	4.8
Breast Cancer	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	*	*
Chronic Lower Respiratory Diseases	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	4.8
Unintentional Injuries	0	0.0	*	*	*	*	0	0.0	0	0.0	*	*
Motor Vehicle	0	0.0	*	*	*	*	0	0.0	0	0.0	0	0.0
Other Unintentional Injuries	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	*	*
Pneumonia and Influenza	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	*	*
Suicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diabetes Mellitus	0	0.0	0	0.0	0	0.0	0	0.0	*	*	0	0.0
HIV Infection	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Chronic Liver Disease and Cirrhosis	0	0.0	0	0.0	0	0.0	0	0.0	*	*	0	0.0
Alzheimer's Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nephritis, Nephrosis, Nephrotic Syndrome	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	*	*
Homicide and Legal Intervention	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Septicemia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Congenital Anomalies	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Perinatal Period Conditions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
All Other	0	0.0	0	0.0	0	0.0	*	*	*	*	8	9.7
Injury by Firearm	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Drug-Induced Deaths	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Alcohol-Induced Deaths	0	0.0	0	0.0	0	0.0	0	0.0	*	*	0	0.0
Work-Related Injury (Y/N Check Death Certificate)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

[26] http://www.chd.dphe.state.co.us/Resources/vs/2010/RioBlanco.pdf and responds in part to IRS 990 Part V B 1 f

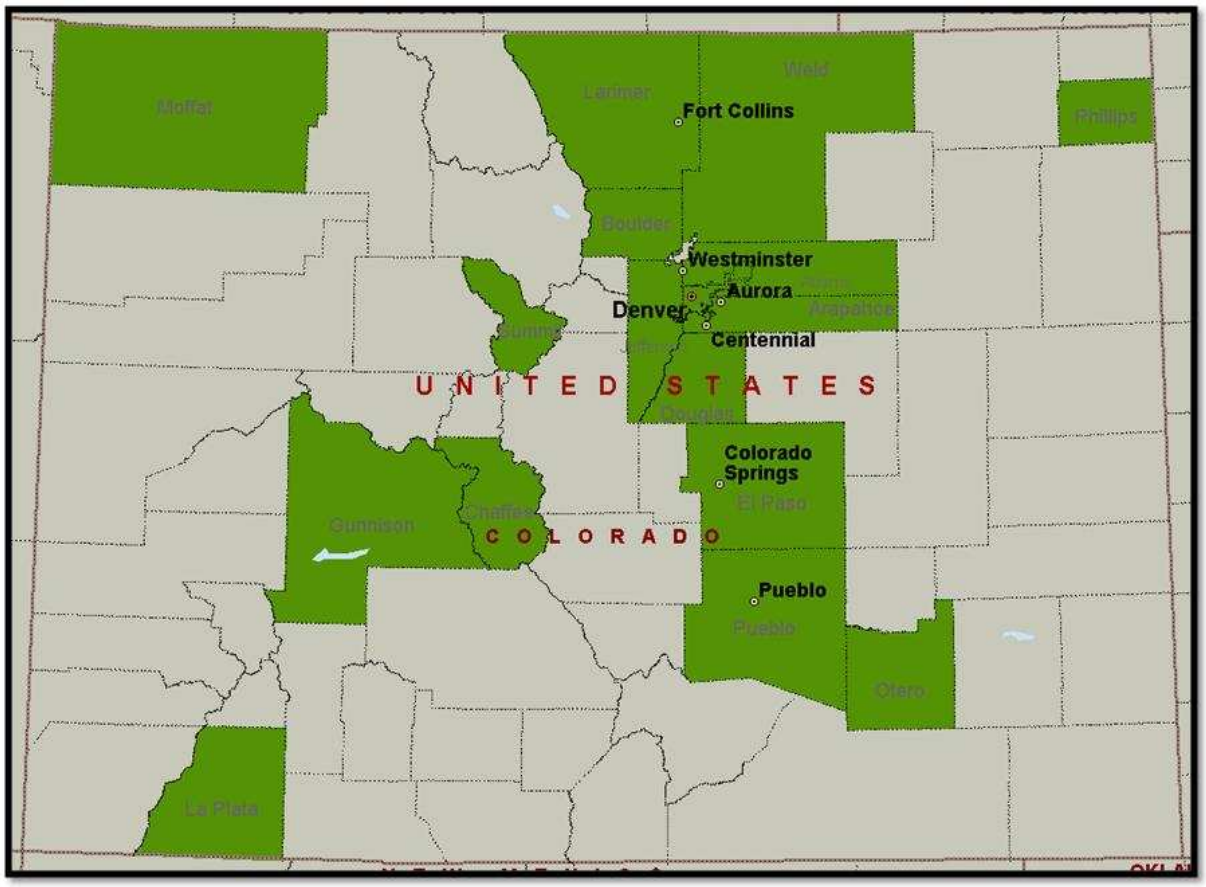
Appendix H: Rio Blanco County Selected Additional Health Status Factors

Male Life Expectancy has increased since the 1987 value of 71.1 Years

Female Life Expectancy has increased since the 1987 value of 78.8 Years

Male life expectancy has improved faster than Female Life Expectancy, narrowing the gap between the sexes by two years, and achieving overall improvement.

Palliative Care Programs (programs to relieve pain, symptoms, and stress of serious illness) are available in Rio Blanco County[27]



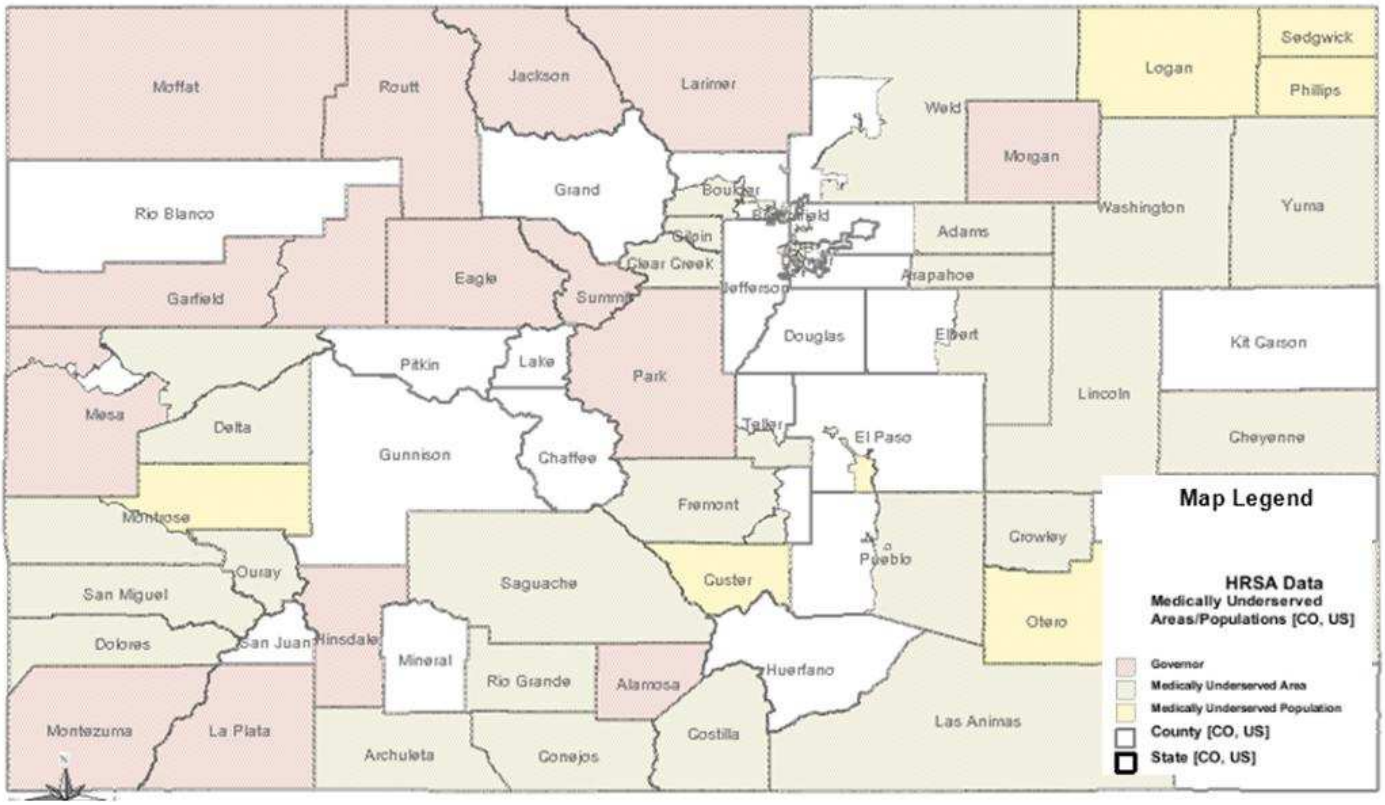
In Rio Blanco County a Palliative Care Program is available from:

- **No Program in Rio Blanco County;**
- **Closest Program in Moffat County:**
  - **Memorial Hospital, 785 Russell Street, Craig Co, 81325.**

[27] www.getpalliativecare.org and www.capc.org

Area Hospice Locations

Currently no Hospice programs registered under the NHPCO are serving zip codes located in Rio Blanco



Designated Professional Shortage Areas[28]

No health professional shortage areas exist in Rio Blanco County.

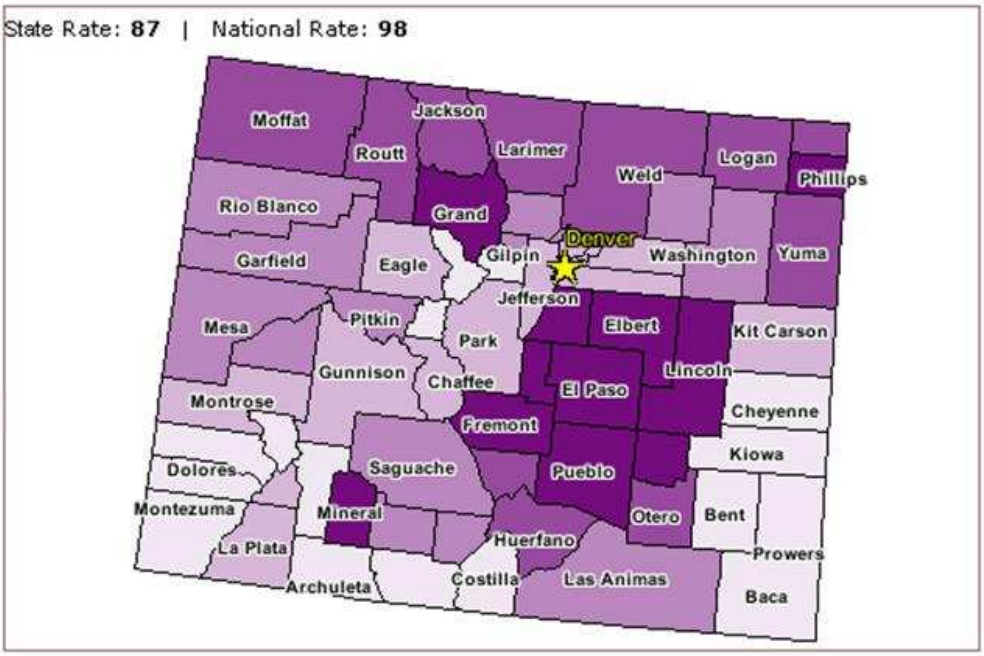
[28] Source: *http://datawarehouse.hrsa.gov*

Rio Blanco County Stroke Death Rate Exceeds State and National Rates[29]

Colorado — Stroke Death Rates
Total Population, Ages 35+, 2000 – 2006

Age-adjusted Average(Annual) Deaths per 100,000
61 – 81
82 – 87
88 – 92
93 – 99
100 – 121

State Rate: **87** | National Rate: **98**



Comorbidities	
Diabetes	Low Incidence
Atrial Fibrillation	Very High Incidence
Hypertension	Very Low Incidence

Rio Blanco, Colorado

Print | Close Window

Stroke Death Rates, Total Population, Ages 35+, 2000 – 2006

Race/Ethnicity	Rate*
Total Population	**89**
American Indian and Alaska Natives	Insufficient Data
Asian and Pacific Islanders	Insufficient Data
Blacks	Insufficient Data
Hispanics	Insufficient Data
Whites	88

* Rate per 100,000 age-adjusted and spatially smoothed

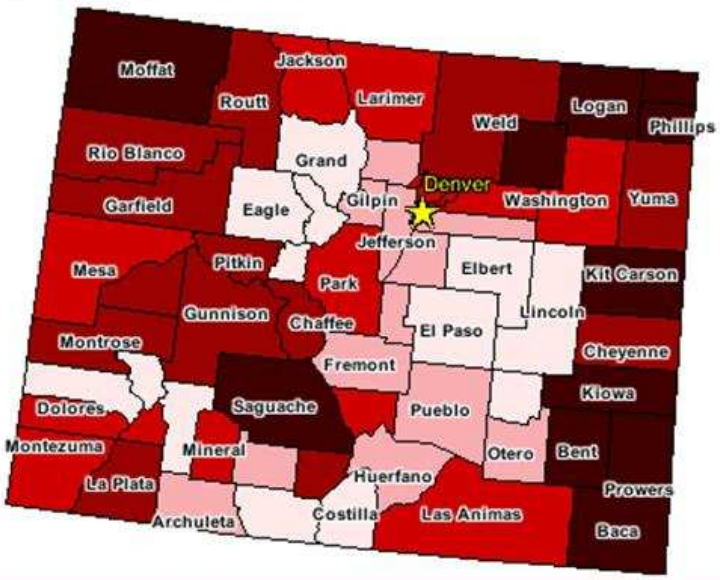
[29] http://apps.nccd.cdc.gov/giscvh2/Results.aspx

Rio Blanco County Heart Disease Death Rate Approaches the National Rate and is below the Colorado Average[30]

Colorado — Heart Disease Death Rates
Total Population, Ages 35+, 2000 – 2006

Age-adjusted Average(Annual) Deaths per 100,000
270 – 309
310 – 326
328 – 342
343 – 367
369 – 395

State Rate: **308** | National Rate: **428**



Comorbidities	
All Heart Disease	Normal Incidence
Coronary Heart Disease	Low Incidence
Acute Myocardial Infraction	Normal Incidence
Cardiac Dysrhythmia	Normal Incidence
Heart Failure	Normal Incidence
Other Heart Diseases	Very Low Incidence

Rio Blanco, Colorado

Print | Close Window

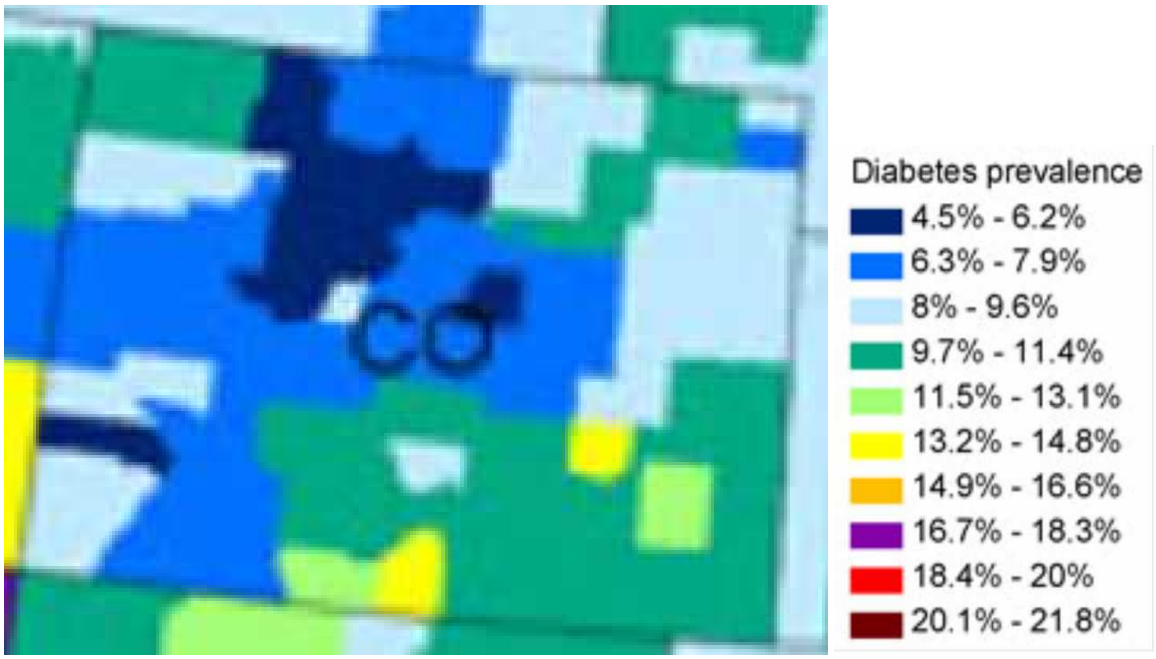
Heart Disease Death Rates, Total Population, Ages 35+, 2000 – 2006

Race/Ethnicity	Rate*
Total Population	**359**
American Indian and Alaska Natives	415
Asian and Pacific Islanders	Insufficient Data
Blacks	Insufficient Data
Hispanics	219
Whites	359

* Rate per 100,000 age-adjusted and spatially smoothed

[30] http://apps.nccd.cdc.gov/giscvh2/Results.aspx

Prevalence of Diabetes for Total Population 30 and over[31]

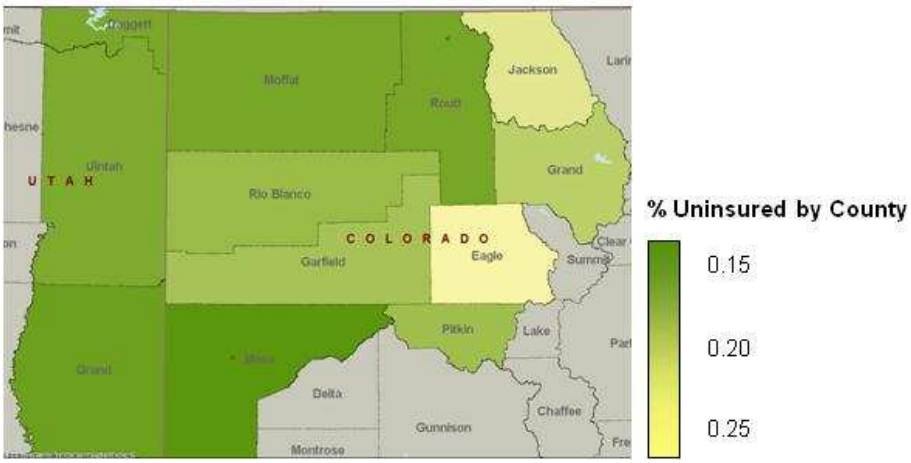


Data is drawn from the Behavioral Risk Surveillance System and analyzed in this display. On a relative basis, the 2008 estimated prevalence of diabetes in Rio Blanco County is in the third lowest decile group.

[31] http://www.healthmetricsandevaluation.org/tools/data-visualization/diabetes-prevalence-county-us-maps

Selected Medical Personnel Supply Compared to Surrounding Counties

Uninsured Individuals



Primary Care

Dental

Source: http://communityhealth.hhs.gov and Microsoft Map Point

Business Patterns[32]

Pattern Indicators	Total
Number of physician offices	0
Number of physician offices per 1,000 population	0
Number of dentist offices per 1,000 population	.5
Number of dentist offices	3
Number of drug stores	1
Number of drug stores per 1,000 population	.17

Key Conclusions from consideration of the other statistical data examinations.

1. 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;
2. Cancer is the 2010 leading cause of death. However, as a rate of death, the value is close to [just in excess of] the State average;
3. 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
4. Primary care Physicians supply establishes the highest rate among surrounding Counties.

32 Source: *dataplace.org*

Appendix I: Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H (form 990) Part V B

Community Health Need Assessment Answers

1. ***During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8***

   Illustrative Answer – Yes

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

   a. ***A definition of the community served by the hospital facility***
   b. ***Demographics of the community***
   c. ***Existing health care facilities and resources within the community that are available to respond to the health needs of the community***
   d. ***How the data was obtained***
   e. ***The health needs of the community***
   f. ***Primary and chronic disease needs and health issues of uninsured persons, low-income persons and minority groups***
   g. ***The process for identifying and prioritizing community health needs and services to meet the community health needs***
   h. ***The process for consulting with persons representing the community's interests***
   i. ***Information gaps that limit the hospital facility's ability to assess all of the community's health needs***
   j. ***Other (describe in Part VI)***

   Illustrative Answer – check a. through i. Answers available in this report are found as follows:

   1. a. – See Footnote #13 (page 10)

   1. b. – See Footnote #14 (page 10)

   1. c. – See Footnote #18 (page 16)

   1. d. – See Footnote #6 (page 6); additional data sources are referenced with Footnote # 15 (page 10), Footnote #16 (page 10), Footnote # 17 (page 10), Footnote # 23 (page 61), Footnote #24 (page 65), page 61 citation, Footnote #25 (page 75), Footnote #28 (page 83), Footnote #29 (page 85), Footnote #30 (page 86),

Footnote #31 (page 87), Footnote #32 (page 88), page 89 citation, and Footnote #33 (page 90)

1. e. – See Footnote #11 (page 7)

1. f. – See Footnote #9 (page 7), #26 (page 79) & #27 (page 81)

1. g. – See Footnote #12 (page 8)

1. h. – See Footnote #7 (page7)

1. i. – See Footnote #5 (page 6)

1. j. – No response needed

2. ***Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _ _***

   Illustrative Answer – 2012

   See Footnote #1 (Title page)

3. ***In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted***

   Illustrative Answer – Yes

   See Footnote #8 (page 7) & #10 (page 7) & #22 (Appendix B, page 46)

4. ***Was the hospital facility's Need Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.***

   Illustrative Answer – No

5. ***Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)***

   a. ***Hospital facility's website***

   b. ***Available upon request from the hospital facility***

   c. ***Other (describe in Part VI)***

   Illustrative Answer – check a. and b.

   The hospital will need to obtain Board approval of this report, document the date of approval and then take action to make the report available as a download from its web site. It also may be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. ***If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):***
    a. ***Adoption of an implementation strategy to address the health needs of the hospital facility's community***
    b. ***Execution of an implementation strategy***
    c. ***Participation in the development of a community-wide community benefits plan***
    d. ***Participation in the execution of a community-wide community benefits plan***
    e. ***Inclusion of a community benefit section in operational plans***
    f. ***Adoption of a budget for provision of services that address the needs identified in the Needs Assessment***
    g. ***Prioritization of health needs in its community***
    h. ***Prioritization of services that the hospital facility will undertake to meet the needs in its community***
    i. ***Other (describe in Part VI)***

    Illustrative Answer – check a, b, f, g, and h.

    6. a. – See footnote #19 (page 25)

    6. b. – See footnote #19 (page 25)

    6. f. – See footnote #3 (page 4) and #21 (page 32)

    6. g. – See footnote #12 (page 8)

    6. h. – See footnote #12 (page 8)

7. ***Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?***

    Illustrative Answer – No

    Part VI suggested documentation – See Footnote #20 (page 37)