



# 2019 Community Health Needs Assessment Report

**Garfield County, Colorado**

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*Prepared for:*  
**Grand River Hospital District**

*By:*  
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# Table of Contents

<b>Introduction</b>	<b>5</b>
<b>Project Overview</b>	<b>6</b>
Project Goals	6
Methodology	6
<b>IRS Form 990, Schedule H Compliance</b>	<b>10</b>
<b>Summary of Findings</b>	<b>11</b>
Significant Health Needs of the Community	11
Summary Tables: Comparisons With Benchmark Data	13
<b>Community Description</b>	<b>19</b>
<b>Population Characteristics</b>	<b>20</b>
Total Population	20
Age	21
Race & Ethnicity	23
Linguistic Isolation	24
<b>Social Determinants of Health</b>	<b>26</b>
Poverty	26
Education	28
Employment	29
Housing Burden	29
<b>General Health Status</b>	<b>30</b>
<b>Overall Health Status</b>	<b>31</b>
<b>Mental Health</b>	<b>32</b>
Suicide	33
Mental Health Providers	33
Key Informant Input: Mental Health	34
<b>Death, Disease &amp; Chronic Conditions</b>	<b>37</b>
<b>Cardiovascular Disease</b>	<b>38</b>
Age-Adjusted Heart Disease & Stroke Deaths	38
High Blood Pressure	40
Key Informant Input: Heart Disease & Stroke	41
<b>Cancer</b>	<b>43</b>
Age-Adjusted Cancer Deaths	43
Cancer Incidence	44
Mammograms	45
Key Informant Input: Cancer	46

<b>Respiratory Disease</b>	<b>47</b>
Age-Adjusted Chronic Lower Respiratory Disease Deaths	48
Asthma Prevalence	48
Key Informant Input: Respiratory Disease	49
<b>Injury &amp; Violence</b>	<b>50</b>
Unintentional Injury	50
Intentional Injury (Violence)	52
Key Informant Input: Injury & Violence	52
<b>Diabetes</b>	<b>54</b>
Prevalence of Diabetes	54
Key Informant Input: Diabetes	55
<b>Kidney Disease</b>	<b>57</b>
Key Informant Input: Kidney Disease	57
<b>Potentially Disabling Conditions</b>	<b>58</b>
Disability	58
Arthritis, Osteoporosis & Chronic Back Conditions	60
Vision & Hearing	61
Alzheimer's Disease	63
<b>Immunization &amp; Infectious Diseases</b>	<b>65</b>
Key Informant Input: Immunization & Infectious Diseases	65
<b>Births</b>	<b>66</b>
<b>Birth Outcomes &amp; Risks</b>	<b>67</b>
Infant Mortality	67
Key Informant Input: Infant & Child Health	68
<b>Family Planning</b>	<b>69</b>
Births to Teen Mothers	69
Key Informant Input: Family Planning	70
<b>Modifiable Health Risks</b>	<b>71</b>
<b>Nutrition</b>	<b>72</b>
Food Environment: Fast Food	73
Access to Healthful Food	74
<b>Physical Activity</b>	<b>75</b>
Leisure-Time Physical Activity	75
Access to Physical Activity	76
<b>Weight Status</b>	<b>77</b>
Obesity	78
Key Informant Input: Nutrition, Physical Activity & Weight	78
<b>Substance Abuse</b>	<b>80</b>
Excessive Alcohol Use	81

Key Informant Input: Substance Abuse	81
<b>Tobacco Use</b>	<b>84</b>
Cigarette Smoking Prevalence	84
Key Informant Input: Tobacco Use	85
<b>Sexual Health</b>	<b>86</b>
HIV	86
Sexually Transmitted Diseases	88
<b>Access to Health Services</b>	<b>90</b>
<b>Lack of Health Insurance Coverage</b>	<b>91</b>
<b>Difficulties Accessing Healthcare</b>	<b>92</b>
Key Informant Input: Access to Healthcare Services	92
<b>Primary Care Services</b>	<b>94</b>
Access to Primary Care	94
<b>Oral Health</b>	<b>95</b>
Access to Dentists	95
Poor Dental Health	96
Key Informant Input: Oral Health	97
<b>Local Resources</b>	<b>98</b>
<b>Healthcare Resources &amp; Facilities</b>	<b>99</b>
Federally Qualified Health Centers (FQHCs)	99
Resources Available to Address the Significant Health Needs	100
<b>Appendix</b>	<b>104</b>
<b>Evaluation of Past Activities</b>	<b>105</b>

# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Garfield County, the service area of Grand River Hospital District. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

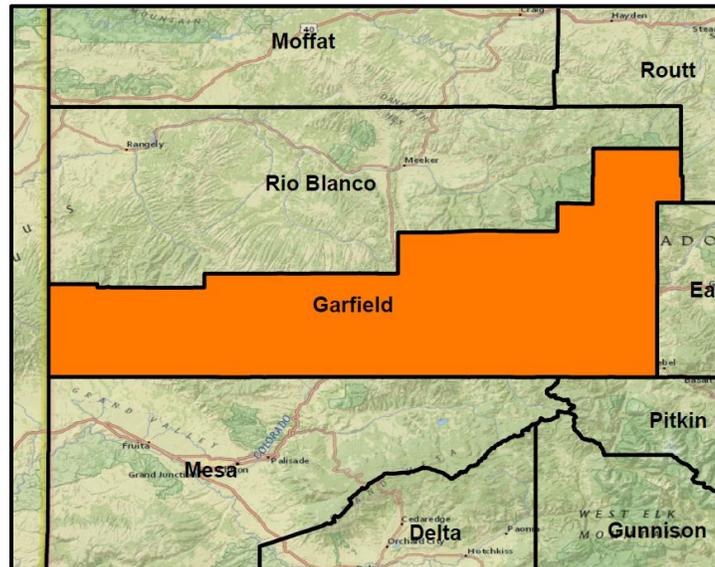
This assessment was conducted on behalf of Grand River Hospital District by PRC, Inc. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

### Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

### Community Defined for This Assessment

The study area for this effort is Garfield County, Colorado. This community definition, determined based on the areas of residence of most recent patients of Grand River Hospital District, is illustrated in the following map.



### Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Grand River Hospital District; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 52 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Physicians	14
Public Health Representatives	4
Other Health Providers	14
Business Leaders	3
Other Community Leaders	16
Nutritionist	1

Final participation included representatives of the organizations outlined below.

- Advocate Safehouse Project
- City of Rifle
- Colorado River Fire Rescue
- Garfield County Public Health
- Garfield Re-2 School District
- Government
- Grand River Health/Grand River Hospital District/Grand River Medical Center
- Rifle Housing Authority
- Rifle Regional Economic Development Corporation
- Rifle Senior Center
- School District
- St. Mary's Catholic Church
- Town of New Castle
- Weiss and Associates, PC

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

*NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.*

### **Public Health, Vital Statistics & Other Data**

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Garfield County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

### Healthy People 2020

Some indicators allow for comparison to national disease prevention and health promotion goals established in Healthy People 2020. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

### Determining Significance

For the purpose of this report, “significance” of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

### Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

### Public Comment

Grand River Hospital District made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Grand River Hospital District had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Grand River Hospital District will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

## IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2018)		See Report Page
<b>Part V Section B Line 3a</b> <i>A definition of the community served by the hospital facility</i>		6
<b>Part V Section B Line 3b</b> <i>Demographics of the community</i>		20
<b>Part V Section B Line 3c</b> <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>		99
<b>Part V Section B Line 3d</b> <i>How data was obtained</i>		6
<b>Part V Section B Line 3e</b> <i>The significant health needs of the community</i>		11
<b>Part V Section B Line 3f</b> <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>		Addressed Throughout
<b>Part V Section B Line 3g</b> <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>		11
<b>Part V Section B Line 3h</b> <i>The process for consulting with persons representing the community's interests</i>		7
<b>Part V Section B Line 3i</b> <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>		105

## Summary of Findings

### Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Lack of Health Insurance (Adults and Children)</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Leading Cause of Death</li> <li>• Female Breast Cancer Screening [Medicare Age 67-69]</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• <i>Key Informants: Diabetes ranked as a top concern.</i></li> </ul>
<b>Family Planning</b>	<ul style="list-style-type: none"> <li>• Teen Births</li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>• Leading Cause of Death</li> </ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>• Motor Vehicle Crash Deaths</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Suicide Deaths</li> <li>• Mental Health Provider Ratio</li> <li>• <i>Key Informants: Mental health ranked as a top concern.</i></li> </ul>
<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Access to Recreation/Fitness Facilities</li> <li>• <i>Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</i></li> </ul>
<b>Respiratory Diseases</b>	<ul style="list-style-type: none"> <li>• Chronic Lower Respiratory Disease (CLRD) Deaths</li> <li>• Asthma Prevalence</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• <i>Key Informants: Substance abuse ranked as a top concern.</i></li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>• Cigarette Smoking Prevalence</li> </ul>

### Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (see “Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. **Mental Health**
2. **Substance Abuse**
3. **Diabetes**
4. **Nutrition, Physical Activity, and Weight**
5. **Heart Disease and Stroke**
6. **Tobacco Use**
7. **Cancer**
8. **Access to Health Care Services**
9. **Family Planning**
10. **Respiratory Diseases**
11. **Injury and Violence**

### Hospital Implementation Strategy

Grand River Hospital District will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

*Note: An evaluation of the hospital’s past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.*

## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Garfield County. These data are grouped by health topic.

### Reading the Summary Tables

- In the following tables, Garfield County results are shown in the larger, blue column.
- The columns to the right of Garfield County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Symbols indicate whether Garfield County compares favorably (☀️), unfavorably (☔️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Population in Poverty (%)	9.6	☀️ 11.5	☀️ 14.6	
Children in Poverty (%)	11.8	☀️ 14.5	☀️ 20.3	
Housing Exceeds 30% of Income	32.7	☁️ 32.2	☁️ 32.0	
No High School Diploma (% Age 25+)	12.5	☔️ 8.9	☁️ 12.7	
Unemployment Rate (% Age 16+)	3.1	☁️ 3.4	☀️ 3.9	
Linguistically Isolated Population (%)	4.6	☔️ 2.9	☁️ 4.4	
		☀️ better	☁️ similar	☔️ worse

Overall Health	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
"Fair/Poor" Overall Health (%)	15.9	☔️ 12.7	☁️ 16.2	
		☀️ better	☁️ similar	☔️ worse

Access to Healthcare Services	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Uninsured (% Adults 18-64)	26.0	 12.8	 14.8	
Uninsured (% Children 0-17)	13.5	 5.5	 5.7	
Primary Care Doctors per 100,000	83.5	 88.6	 87.8	
		 better	 similar	 worse

Cancer	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	123.8	 137.8	 160.9	 161.4
Prostate Cancer Incidence Rate	92.3	 101.0	 109.0	
Female Breast Cancer Incidence Rate	117.2	 123.5	 124.7	
Lung Cancer Incidence Rate	50.5	 43.3	 60.2	
Colorectal Cancer Incidence Rate	23.9	 33.8	 39.2	
Mammogram in Past 2 Years (% Medicare Women 67-69)	60.3	 60.2	 63.2	 81.1
		 better	 similar	 worse

Diabetes	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Diabetes Prevalence (%)	5.1	 6.2	 10.2	
		 better	 similar	 worse

Heart Disease & Stroke	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Coronary Heart Disease (Age-Adjusted Death Rate)	69.9	 70.4	 99.6	 103.4
Stroke (Age-Adjusted Death Rate)	24.5	 33.7	 36.9	 33.8
High Blood Pressure Prevalence (%)	22.3	 23.1	 28.2	 26.9
		 better	 similar	 worse

Infant Health & Family Planning	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Infant Mortality Rate	4.1	 6.0	 6.5	 6.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	50.4	 35.6	 36.6	
		 better	 similar	 worse

Injury & Violence	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	42.1	 48.4	 41.9	 36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	15.2	 10.2	 11.3	 12.4
Violent Crime Rate	180.1	 308.2	 379.7	
		 better	 similar	 worse

Mental Health	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Suicide (Age-Adjusted Death Rate)	21.8	 19.6	 13.0	 10.2
Mental Health Providers per 100,000	212.3	 307.6	 202.8	
		 better	 similar	 worse

Nutrition, Physical Activity & Weight	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Fast Food (Restaurants per 100,000)	90.4	 81.5	 77.1	
Population With Low Food Access (%)	17.6	 22.6	 22.4	
No Leisure-Time Physical Activity (%)	12.8	 13.9	 21.6	 32.6
Recreation/Fitness Facilities per 100,000	7.1	 14.0	 11.0	
Obese (%)	21.4	 20.9	 28.3	 30.5
		 better	 similar	 worse

Oral Health	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Dentists per 100,000	67.1	 74.7	 65.6	
Poor Dental Health (%)	9.4	 10.0	 15.7	
		 better	 similar	 worse

Potentially Disabling Conditions	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Disability Prevalence (%)	8.3	 10.6	 12.6	
		 better	 similar	 worse

Respiratory Disease	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	48.8	 46.8	 41.3	
Asthma Prevalence (%)	15.2	 12.9	 13.4	
		 better	 similar	 worse

Sexual Health	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
HIV Prevalence Rate	113.0	 253.6	 362.3	
Chlamydia Incidence Rate	406.2	 468.6	 497.3	
Gonorrhea Incidence Rate	32.7	 109.5	 145.8	
		 better	 similar	 worse

Substance Abuse	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Excessive Drinker (%)	18.3	 17.6	 16.4	 25.4
		 better	 similar	 worse

Tobacco Use	Garfield County	Garfield County vs. Benchmarks		
		vs. CO	vs. US	vs. HP2020
Current Smoker (%)	18.4	 16.9	 17.8	 12.0
		 better	 similar	 worse

# Community Description



**Professional Research Consultants, Inc.**

## Population Characteristics

### Total Population

Garfield County, the focus of this Community Health Needs Assessment, encompasses 2,947.54 square miles and houses a total population of 57,945 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2013-2017)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
<b>Garfield County</b>	57,945	2,947.54	19.66
<b>Colorado</b>	5,436,519	103,639.85	52.46
<b>United States</b>	321,004,407	3,532,315.66	90.88

Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

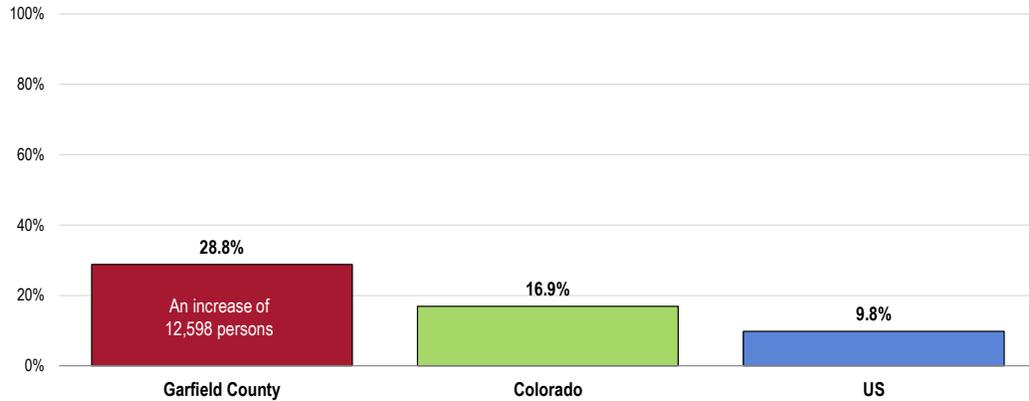
### Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

**Between the 2000 and 2010 US Censuses, the population of Garfield County increased by 12,598 persons, or 28.8%.**

- A greater proportional increase than found statewide or nationally.

### Change in Total Population (Percentage Change Between 2000 and 2010)



Sources: 

- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

  
 Notes: 

- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

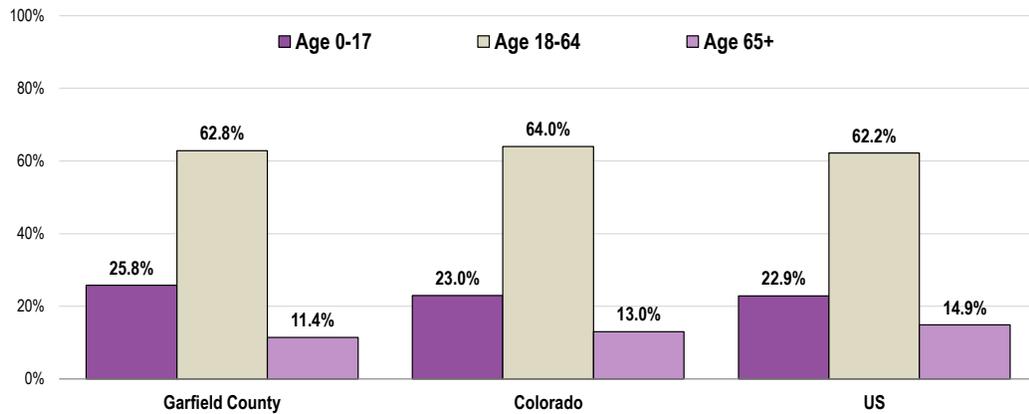
### Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

**In Garfield County, 25.8% of the population are children age 0-17; another 62.8% are age 18 to 64, while 11.4% are age 65 and older.**

- The county population is generally younger compared to state and US distributions.

### Total Population by Age Groups, Percent (2013-2017)

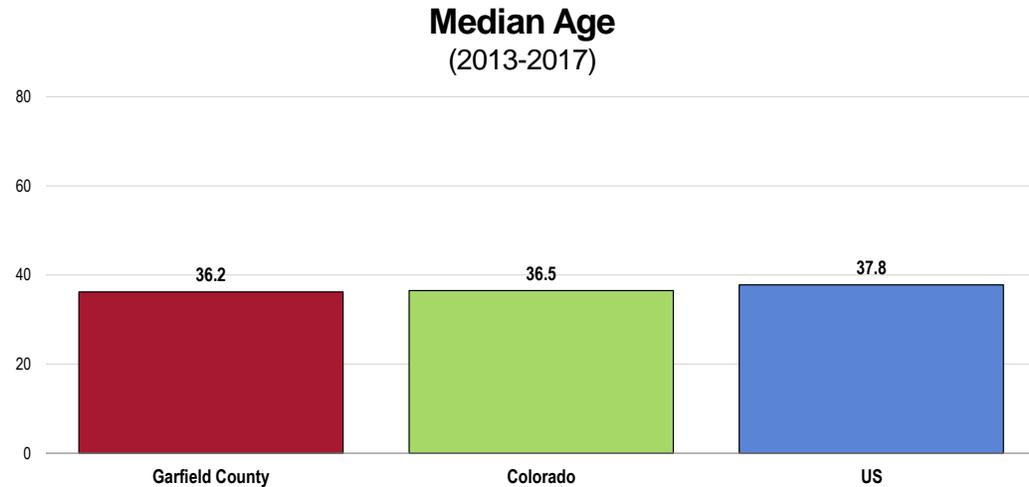


Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

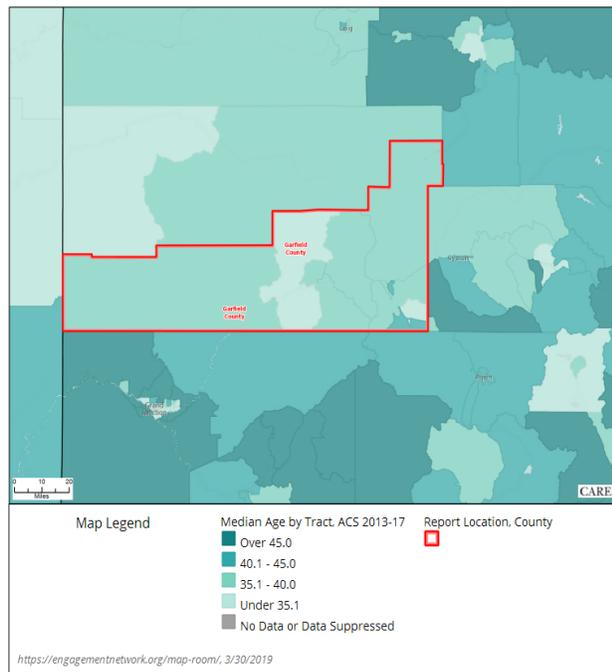
### Median Age

Garfield County is slightly “younger” than the state and the nation in that the median age is lower.



Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

The following map provides an illustration of the median age in Garfield County, segmented by census tract.



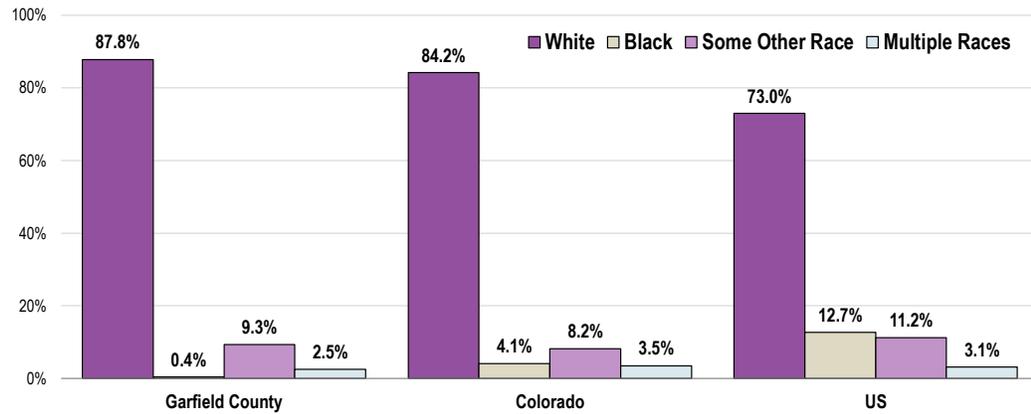
## Race & Ethnicity

### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 87.8% of residents of Garfield County are White.

- Somewhat less diverse than Colorado or the US.

**Total Population by Race Alone, Percent**  
(2013-2017)



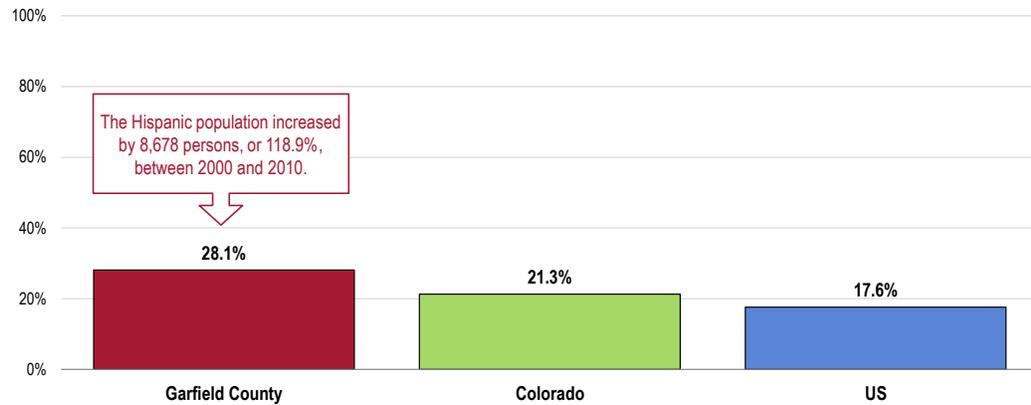
Sources: • US Census Bureau American Community Survey 5-year estimates.  
• Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

### Ethnicity

A total of 28.1% of Garfield County residents are Hispanic or Latino.

- Higher than found nationally and statewide.

### Hispanic Population (2013-2017)



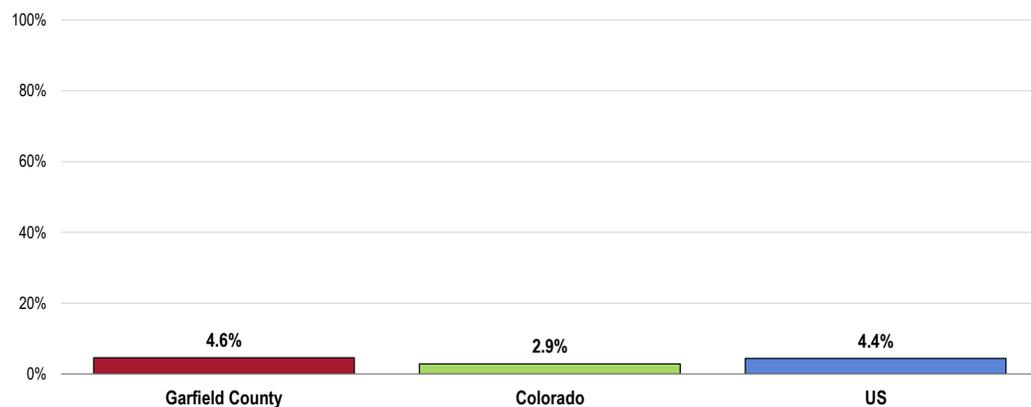
Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

### Linguistic Isolation

A total of 4.6% of Garfield County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

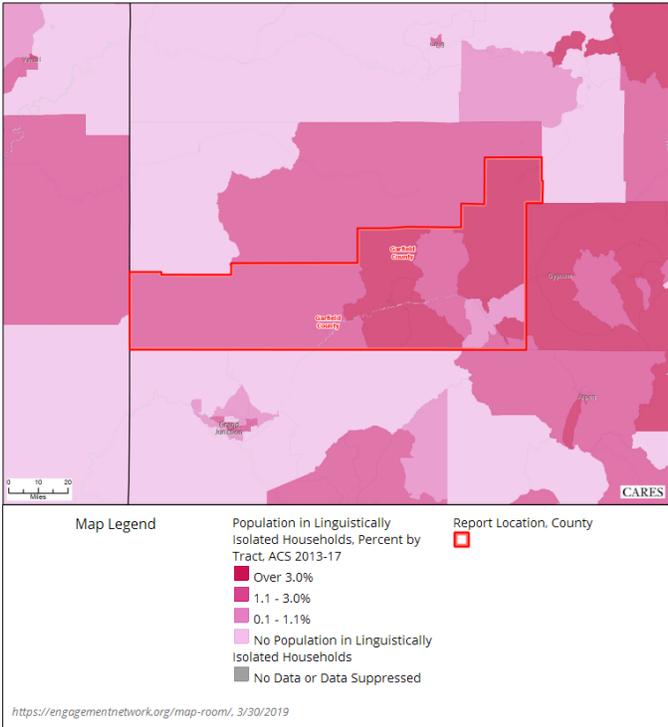
- A higher prevalence of linguistic isolation than seen statewide.

### Linguistically Isolated Population (2013-2017)



Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: • This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

Note the following map illustrating linguistic isolation throughout Garfield County.



## Social Determinants of Health

### About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

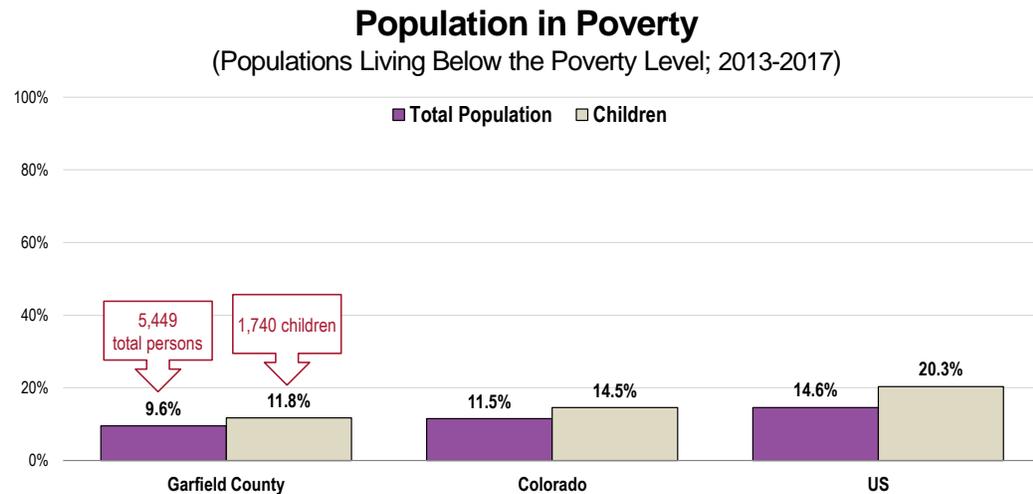
### Poverty

The latest census estimate shows **9.6%** of the Garfield County total population living below the federal poverty level.

- Lower than found statewide and nationally.

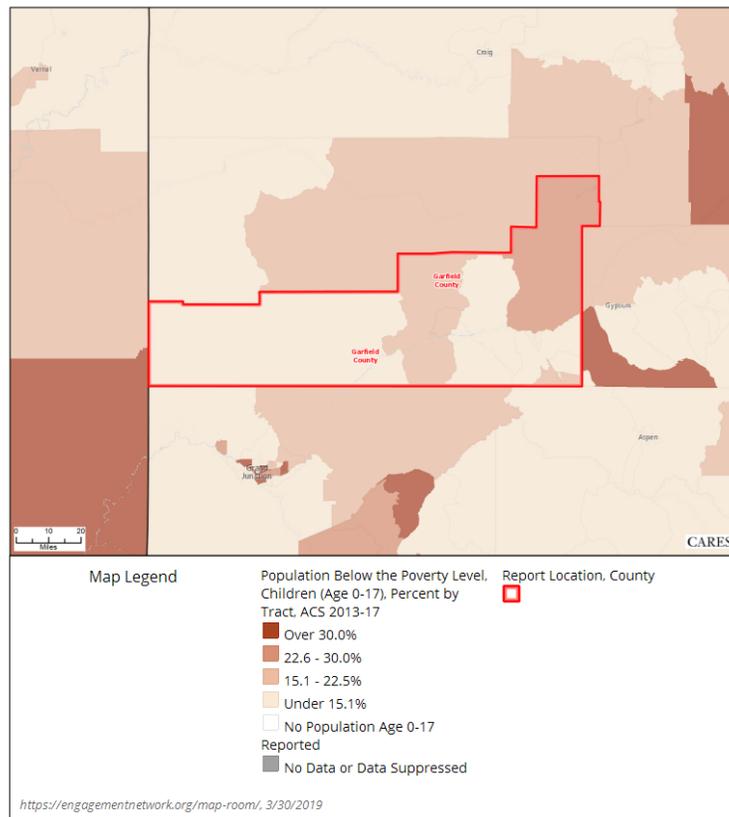
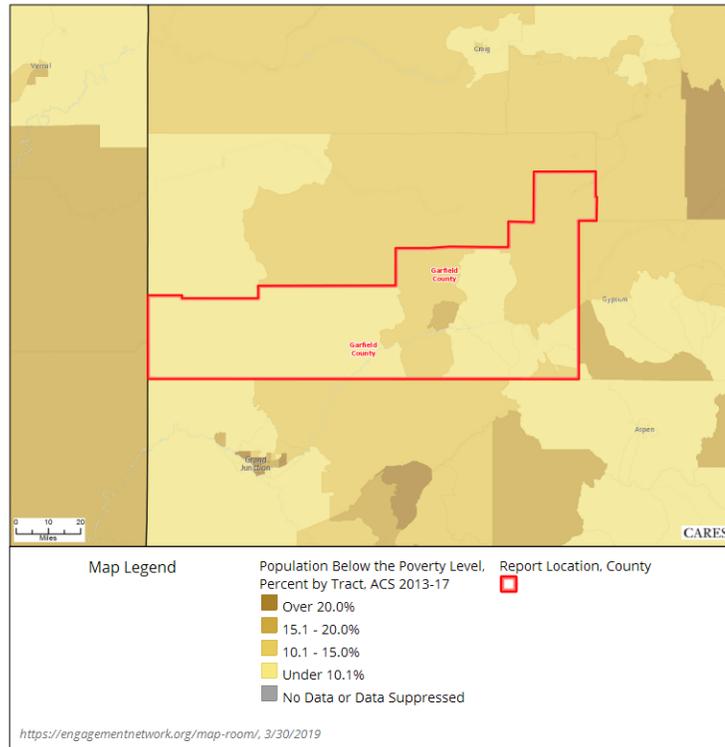
Among just children (ages 0 to 17), this percentage in Garfield County is **11.8%** (representing an estimated 1,740 children).

- Lower than found statewide and nationally.



Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.



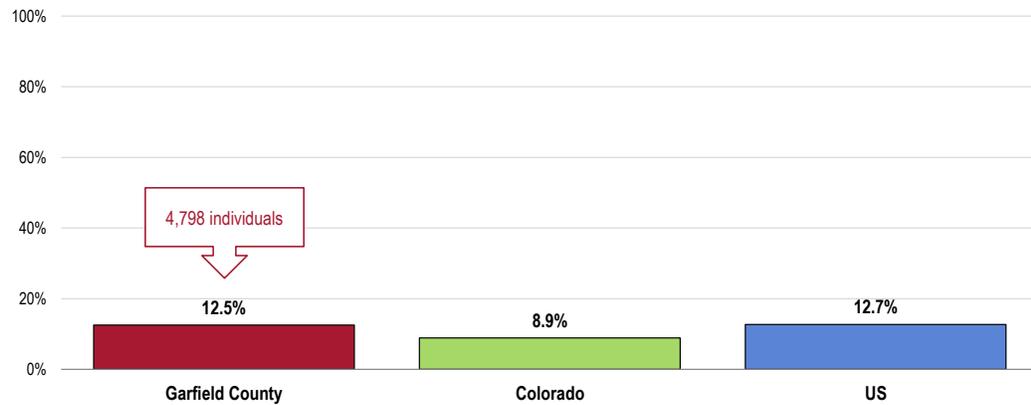
## Education

Among Garfield County population age 25 and older, an estimated 12.5% (about 4,800 people) do not have a high school education.

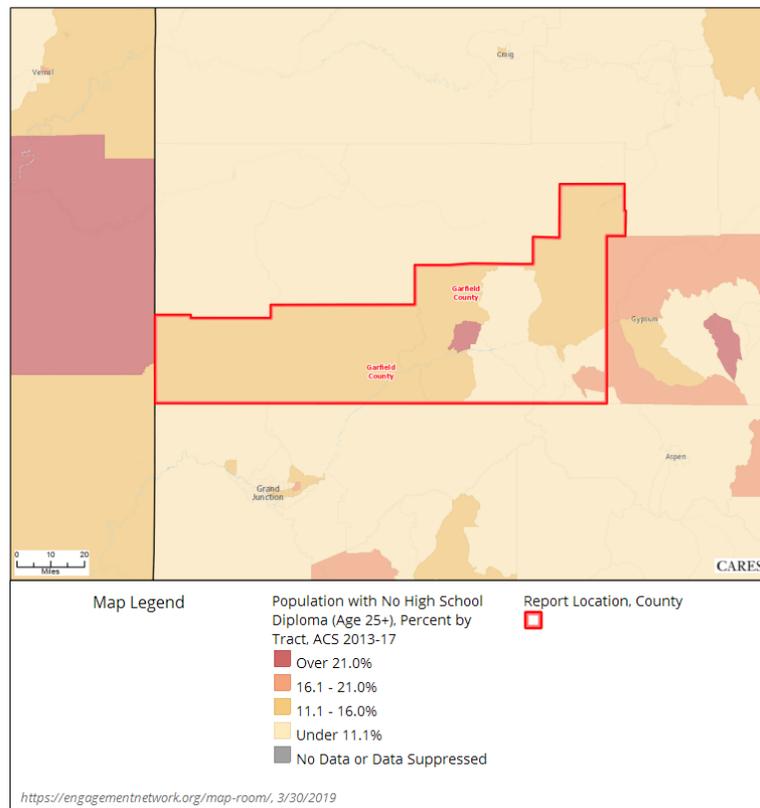
- Above the statewide percentage.

### Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)



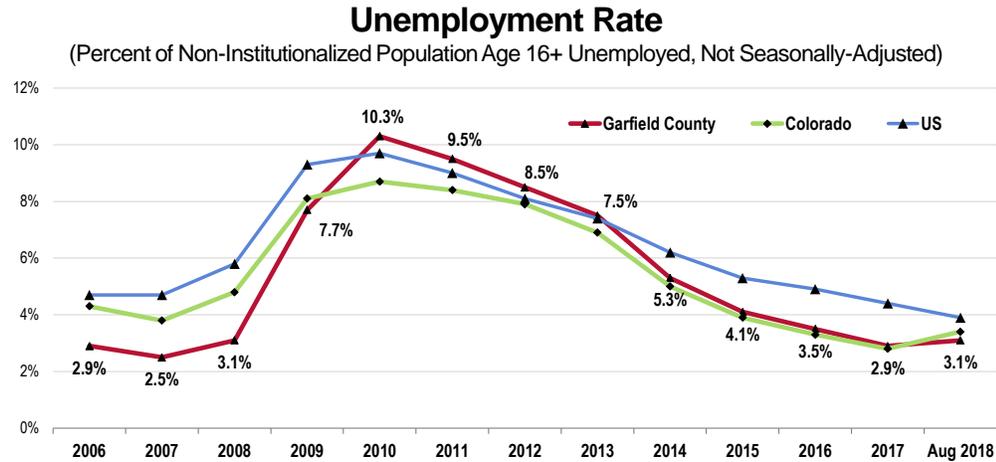
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



## Employment

According to data derived from the US Department of Labor, the unemployment rate in Garfield County as of August 2018 was 3.1%.

- Below the national unemployment rate.

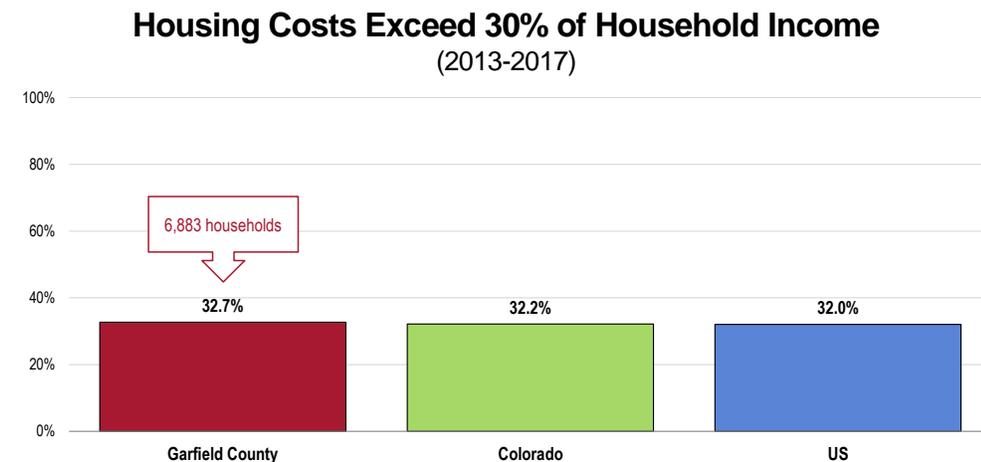


Sources: • US Department of Labor, Bureau of Labor Statistics.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

## Housing Burden

In Garfield County, nearly one-third (32.7%) of households spend more than 30 percent of total household income on housing costs.

- Similar to what is found both statewide and nationally.



Sources: • US Census Bureau, American Community Survey.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: • This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

# General Health Status



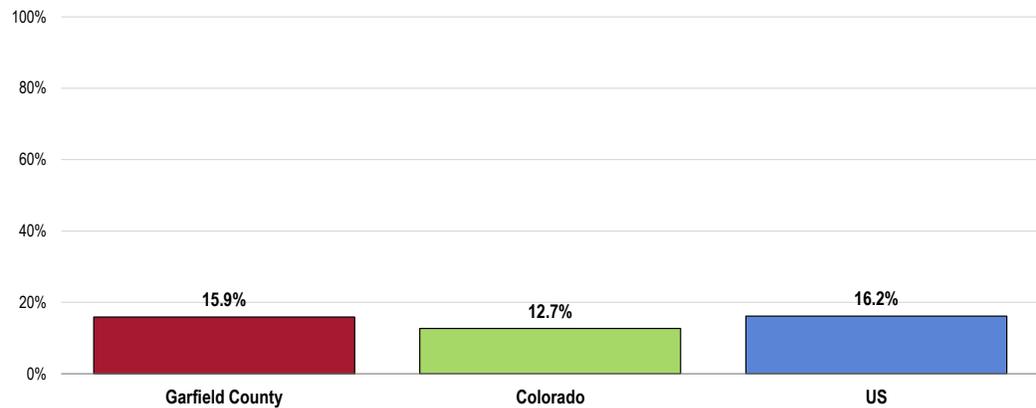
Professional Research Consultants, Inc.

## Overall Health Status

A total of 15.9% of Garfield County adults believe that their overall health is “fair” or “poor.”

- Significantly higher than found statewide.

### Adults With “Fair” or “Poor” Overall Health (2006-2012)



Sources:
 

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:
 

- This indicator is relevant because it is a measure of general poor health status.

## Mental Health

### About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

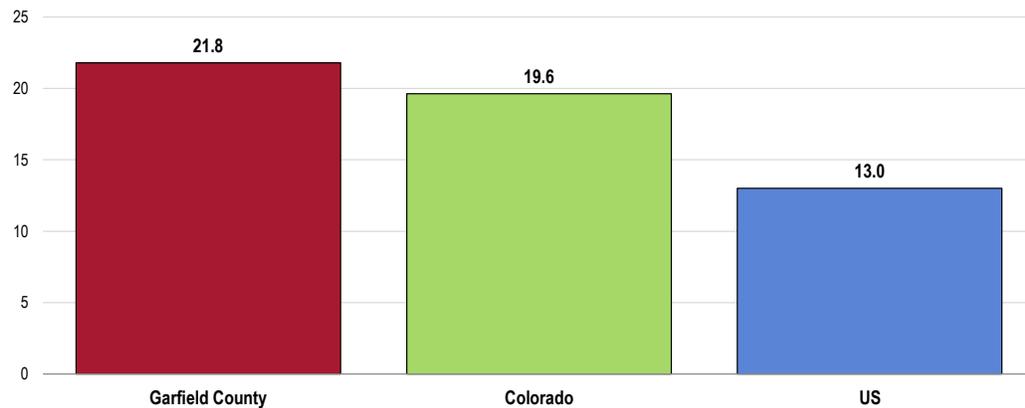
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Suicide

Between 2012 and 2016, there was an annual average age-adjusted suicide rate of 21.8 deaths per 100,000 population in Garfield County.

- Well above the US suicide rate for the same period.
- Over twice the Healthy People 2020 objective of 10.2 or lower.

**Suicide: Age-Adjusted Mortality**  
(2012-2016 Annual Average Deaths per 100,000 Population)  
Healthy People 2020 = 10.2 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

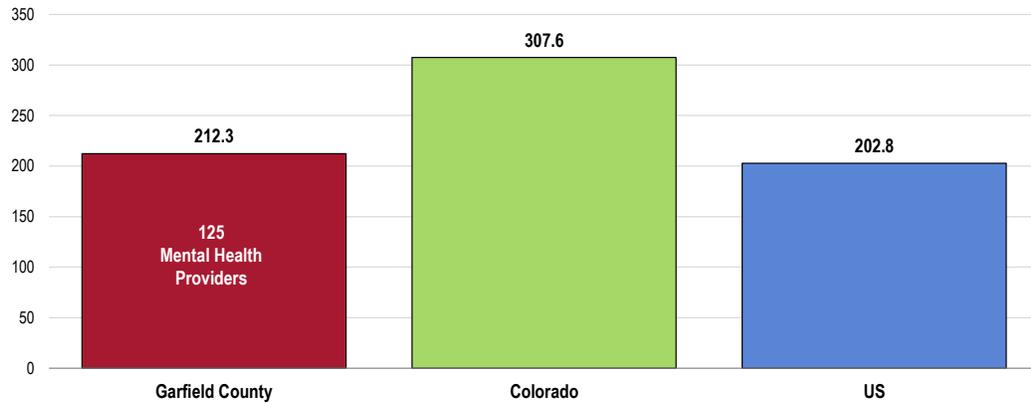
## Mental Health Providers

In Garfield County in 2018, there were 212.3 mental health providers for every 100,000 population.

- Below what is found throughout the state.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

### Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2018)

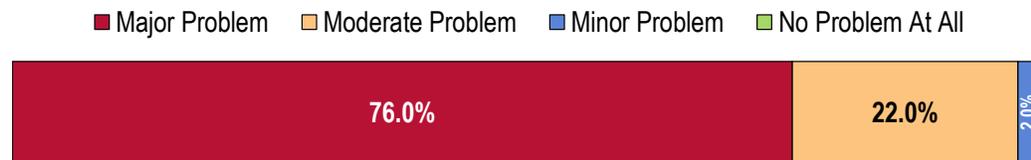


Sources: • University of Wisconsin Population Health Institute, County Health Rankings.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

### Key Informant Input: Mental Health

More than three-fourths of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

### Perceptions of Mental Health as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

- Lack of access to mental health providers. – Physician*
- Lack of services. – Community/Business Leader*
- Mental health in schools, limited resources for students, and minimal training for school staff. – Other Health Provider*
- I think mental health is an issue in all communities, not enough resources to care for them. – Community/Business Leader*

*Lack of available, affordable, local resources to seek help. Stigma around mental health. No affordable housing, no stable jobs. – Community/Business Leader*

*Lack of services, lack of care from the community, no transportation to services. – Community/Business Leader*

*Not really any crisis intervention available. Very little knowledge to the community of what is available, and it takes months to get into a counselor. No inpatient services. – Community/Business Leader*

*Complete lack of resources. Inability to have appointments within three weeks locally. No homeless shelters, no inpatient facilities, no outpatient facilities. – Other Health Provider*

*Access to care in a timely manner. People cannot get visits for months. There are not enough providers and the providers are paid very poorly compared to other professionals of similar education. – Other Health Provider*

*There are limited resources for mental health treatment, especially in western Garfield County. – Other Health Provider*

*Access issues; low- and no-cost options are almost nonexistent. Community mental health has many barriers to patients getting care. – Other Health Provider*

*Not enough services. – Other Health Provider*

*I do not know of any mental health facilities in our community. – Community/Business Leader*

*There is very little assistance and/or treatment available for individuals with mental health issues. – Community/Business Leader*

*Access to care. – Other Health Provider*

*The mental healthcare is, again, very scarce and terribly expensive ... if you can find someone accepting patients or your insurance. – Community/Business Leader*

*Not enough beds or mental healthcare workers. Too expensive. – Business Leader*

*The lack of resources available. Limited crisis intervention. Lack of training for front-line people such as law enforcement and emergency-department staff. – Other Health Provider*

*Cost of getting care and how mental health individuals are treated differently than any other disease. – Other Health Provider*

*Need more and longer hours. – Physician*

*Lack of resources. – Physician*

*Not enough counseling services. – Other Health Provider*

*Lack of mental health treatment, long wait times for treatment, treatment not covered by insurance. – Physician*

*Getting good care is very difficult. – Physician*

*Access, quality of care, lack of holistic approach. – Physician*

*Access to MD/DO, psychiatrist. – Physician*

*Few resources. Need more outpatient facilities and addiction programs. – Physician*

*The ability to find care, as funding of mental health is inadequate in Colorado. – Public Health Representative*

*Minimum services available, workforce issues, having enough employees and paying them enough. – Public Health Representative*

*There are not enough providers, specifically doctors who can manage medications and optimize their effect. – Physician*

*Not nearly enough providers. – Public Health Representative*

*There are not enough mental health providers in this area, particularly for those who would benefit from more intensive services, such as case management, home visits, group therapy and support groups. – Other Health Provider*

**Diagnosis/Treatment**

*Definitive, holistic, sustainable treatments for mental health disorders (including substance abuse, which intermingles frequently with mental health) are unavailable to our community. This is not unique to our community, but it is certainly detrimental to our citizens. When 911 is called for a mental health patient, ambulance crews deliver the patient safely to a local emergency room, where they are often held on a 72-hour hold. After this time, they are either released with essentially no treatment or transferred/referred to a facility outside of our community. While the outside referral may help in the short term, it does not provide access to resources within the community, resulting in increased recurrence. The most significant failure of our mental healthcare system is in follow-up and outpatient care. There are essentially no efficacious options for patients in the area to receive routine mental healthcare to maintain their ability to cope. – Community/Business Leader*

*No good treatment options for mental illness and substance abuse. – Physician*

**Contributing Factors**

*Drugs, homeless. – Community/Business Leader*

*Stigma issues, high suicide rate, minimal resources at area schools (no nurses or school counselors with mental health education) to help students out in a crisis, difficulty scheduling appointments (we have co-located mental health counselors in a clinic in town and another clinic in town that has some integrated mental health counselors, but there is not a psychiatrist or it is difficult to schedule with a mental health provider who has prescriptive authority). Minimal resources for children therapists. – Other Health Provider*

**Insurance Issues**

*Even if you have insurance, many mental health providers do not bill or are not covered under a person's specific coverage plan. Lack of bilingual providers is an issue. One positive is that more medical clinics (Pediatric Partners, Women's Health, and Mountain Family) all have mental health providers there in the clinic all of the time. The Re1 school district has expanded its mental health services to include an additional resource officer at all middle and high schools. That is fantastic. Making mental health accessible right where people are is critical. – Public Health Representative*

# Death, Disease & Chronic Conditions



Professional Research Consultants, Inc.

## Cardiovascular Disease

### About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted Heart Disease & Stroke Deaths

### About Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, Colorado and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.

## Coronary Heart Disease Deaths

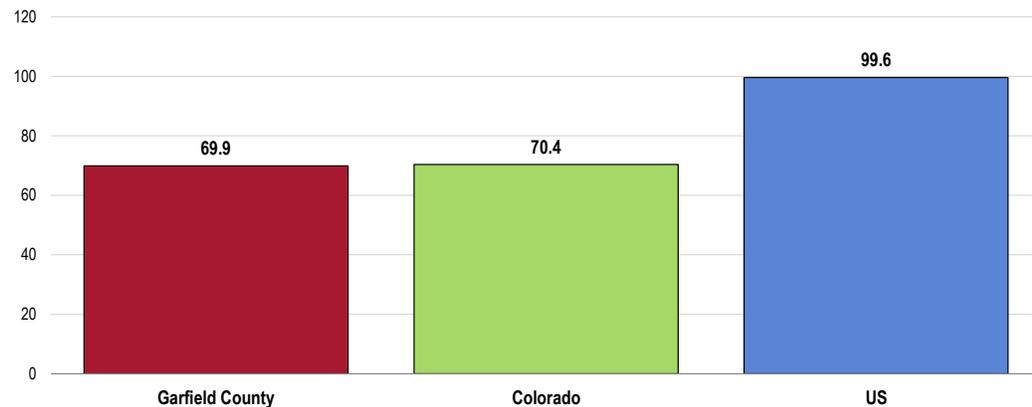
Between 2012 and 2016, there was an annual average age-adjusted coronary heart disease mortality rate of 69.9 deaths per 100,000 population in Garfield County.

- Better than the US.
- Easily satisfies the Healthy People 2020 objective (103.4 or lower)

### Coronary Heart Disease: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 103.4 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

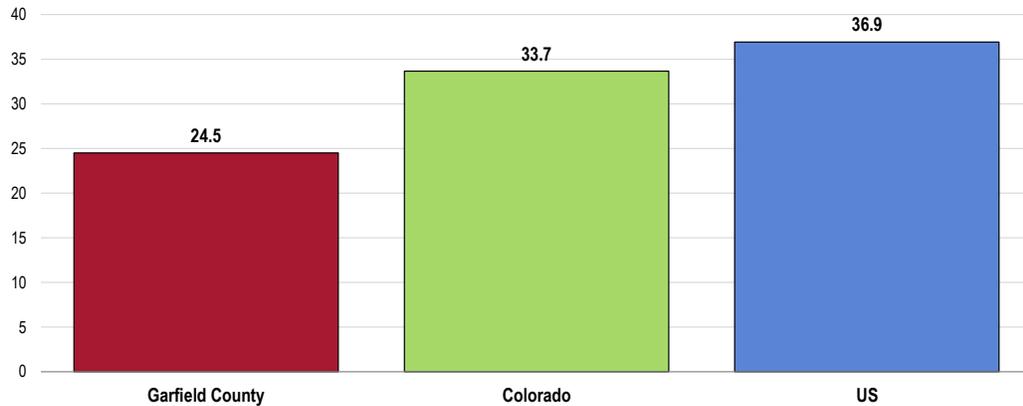
## Stroke Deaths

Between 2012 and 2016, there was an annual average age-adjusted stroke mortality rate of 24.5 deaths per 100,000 population in Garfield County.

- Lower than both state and US rates.
- Satisfies the Healthy People 2020 objective of 33.8 or lower.

## Stroke: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 33.8 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## High Blood Pressure

### About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

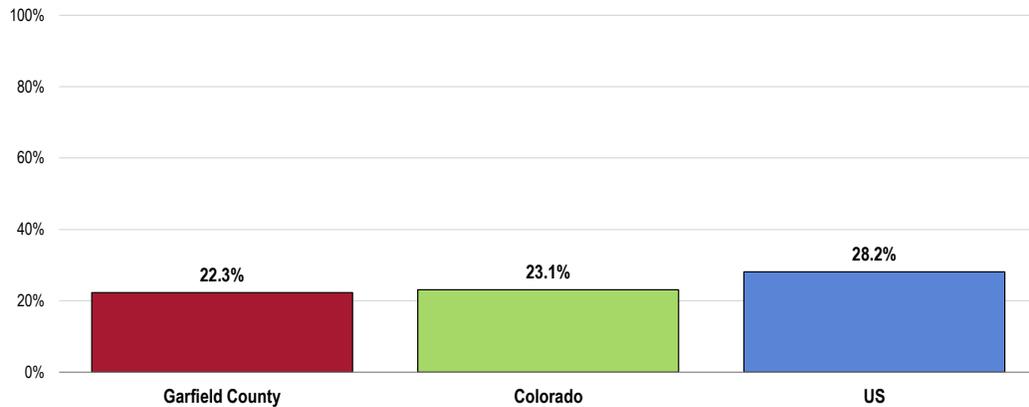
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 22.3% of Garfield County adults have been told at some point that their blood pressure was high.**

- Lower than found nationally.
- Satisfies the Healthy People 2020 objective (26.9% or lower).

## Prevalence of High Blood Pressure (2006-2012)

Healthy People 2020 = 26.9% or Lower

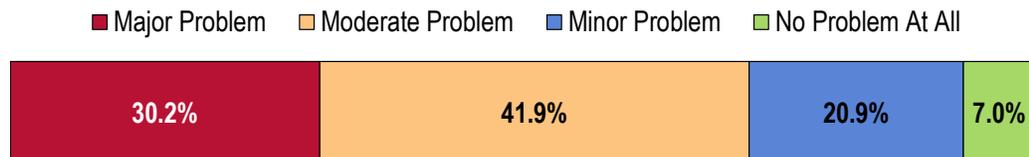


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
- Notes:
- This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

## Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

## Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2019)



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

*Patients wait too long to be treated for urgent matters. – Other Health Provider*

*Patients having a heart attack or stroke are generally shipped out to a higher level of care. Transitions in care back to the community are often messy and difficult. We have a great deal of obesity and inactive people in the community (no community center) leading to heart disease and stroke. – Other Health Provider*

*Minimal low cost or no cost access to behavioral services such as nutritional counseling and smoking cessation programs. – Other Health Provider*

*The nearest cardiac care facility is in Grand Junction, over 50 miles away. This makes extended stay care extremely difficult for families. – Community/Business Leader*

### Contributing Factors

*Lack of education, lack of insurance to access healthcare, obesity, diabetes type 2, smoking, high fat diet, lack of exercise. – Other Health Provider*

*Lack of access to fresh fruits, vegetables and whole grain. Lack of education regarding proper nutrition. – Physician*

*I believe a lot of people still smoke, chew tobacco and don't get enough exercise or take proper care of themselves. – Business Leader*

### Prevalence/Incidence

*Major cause of death everywhere, lifestyle related. – Physician*

*It is a major problem across the communities. – Community/Business Leader*

### Health Awareness/Education

*They are universally an issue. Though Colorado is lower than some states, the trend is that our numbers are on the rise. More education and policy work around healthy eating and physical activity is needed. Could we work with grocery stores and local food retailers to promote healthy choices and minimize the appeal of less healthy options? Can we work on getting people out of their cars and walking and biking more by making driving less desirable (harder or more expensive to park, increase traffic, rewards for using alternative commuting efforts)? – Public Health Representative*

# Cancer

## About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

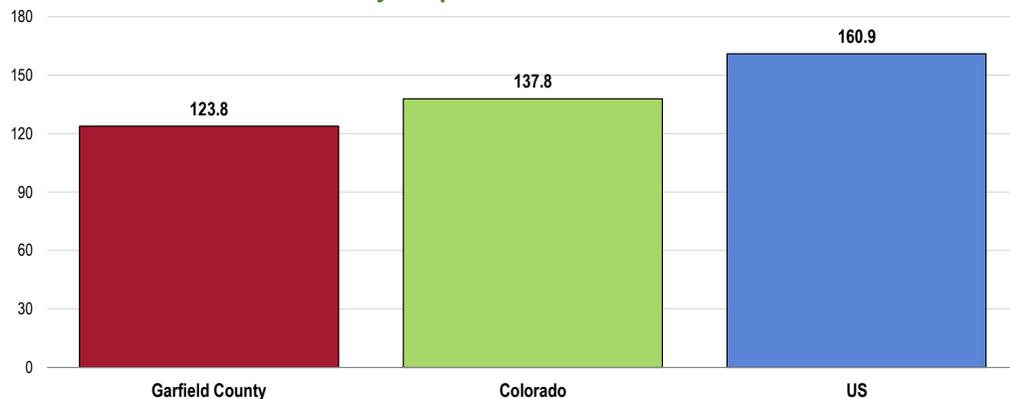
## Age-Adjusted Cancer Deaths

### All Cancer Deaths

Between 2012 and 2016, there was an annual average age-adjusted cancer mortality rate of 123.8 deaths per 100,000 population in Garfield County.

- Lower than the national cancer mortality rate.
- Satisfies the Healthy People 2020 objective of 161.4 or lower.

**Cancer: Age-Adjusted Mortality**  
 (2012-2016 Annual Average Deaths per 100,000 Population)  
 Healthy People 2020 = 161.4 or Lower



Sources:
 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

 Notes:
 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

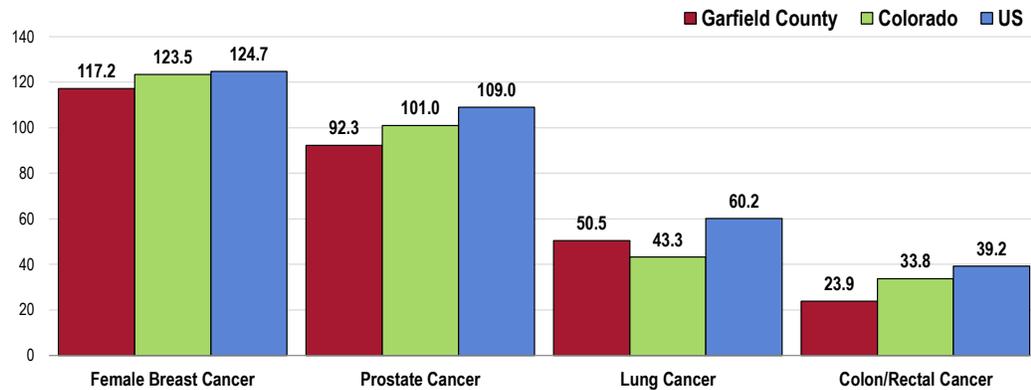
It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for **breast cancer in women** and **prostate cancer in men**.

BENCHMARKS: Based on 2011-2015 annual average incidence rates by site, note the following comparisons for Garfield County:

- **Female Breast Cancer:** Similar to both state and national rates.
- **Prostate Cancer:** Lower than found nationally.
- **Lung Cancer:** Lower than found nationally.
- **Colorectal Cancer:** Lower than both state and national rates.

**Cancer Incidence Rates by Site**  
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)



Sources:
 

- State Cancer Profiles.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:
 

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

## Mammograms

### Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

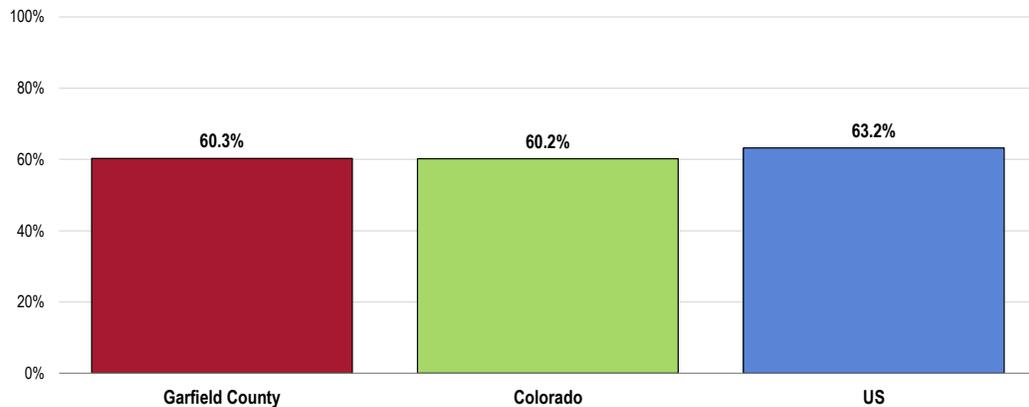
— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

**Among Garfield County women age 67-69 enrolled in Medicare, 60.3% had a mammogram within the past two years.**

- Far from satisfying the Healthy People 2020 objective (81.1% or higher).

**Mammogram in Past Two Years**  
(Female Medicare Enrollees Age 67-69; 2015)  
Healthy People 2020 = 81.1% or Higher



Sources: • Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-17]

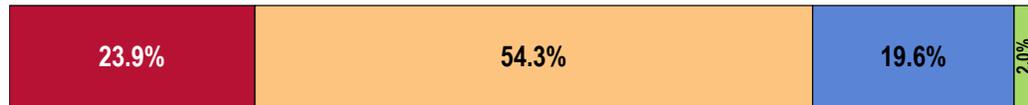
Notes: • This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

## Key Informant Input: Cancer

Over half of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

### Perceptions of Cancer as a Problem in the Community (Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Prevalence/Incidence

*Leading cause of death in Garfield County. – Public Health Representative*

*There is an increase rate of cancer in the county. – Other Health Provider*

*I hear of many people faced with different types of cancer. – Community/Business Leader*

*Personally, my husband, mom, and father-in-law all have cancer. Two of my very closest friends have cancer. – Business Leader*

### Access to Care/Services

*Lack of oncology centers within 20 miles of some communities. – Other Health Provider*

*I believe that availability of extensive cancer treatment services is an issue. I know many family members and friends that had to drive to Junction many times in the month for services. When someone is going through treatment, the less they have to travel the better, especially if they are on a limited budget. – Nutritionist*

### Contributing Factors

*Lack of health education, obesity, smoking, high fat diet, decreased regular exercise and lack of yearly physical exams. – Other Health Provider*

*Background radiation from vanadium and uranium mining and sunlight contribute to the high levels of cancer, in my opinion, in the Valley. – Community/Business Leader*

### Lack of Providers

*Cancer is a major problem everywhere, but we are more limited because we do not have oncologists; but we’re working on that. – Physician*

## Respiratory Disease

### About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

**Asthma.** The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

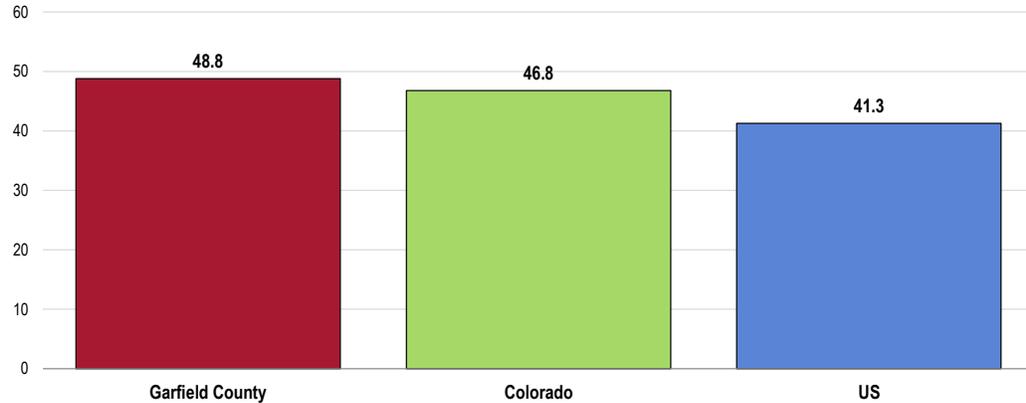
Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

## Age-Adjusted Chronic Lower Respiratory Disease Deaths

Between 2012 and 2016, there was an annual average age-adjusted CLRD mortality rate of 48.8 deaths per 100,000 population in Garfield County.

- Higher than the national rate.

### Chronic Lower Respiratory Disease: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population)



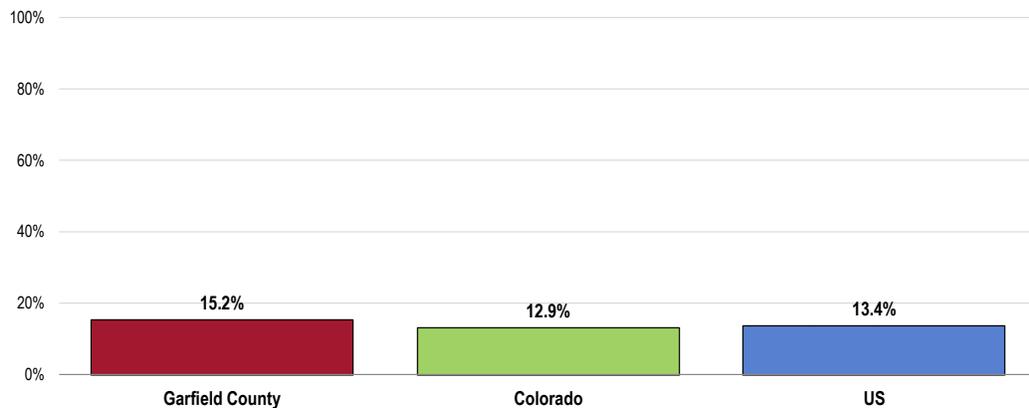
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - This indicator is relevant because lung disease is a leading cause of death in the United States.

## Asthma Prevalence

A total of 15.2% of Garfield County adults have been diagnosed with asthma.

- Significantly higher than reported statewide.

### Prevalence of Asthma (2006-2012)

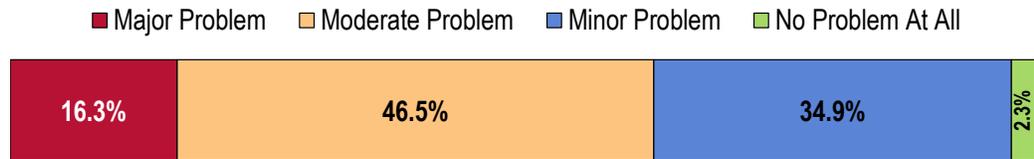


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- Asked of all respondents.
  - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

## Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

### Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### *Tobacco Use*

- Smoking. – Physician
- Smoking. – Other Health Provider
- Smoking, lack of physical activity, education. – Other Health Provider

#### *Environmental Contributors*

- Our higher elevation, smokers, and people who don't get enough exercise. – Business Leader

#### *Prevalence/Incidence*

- Most Medicaid patients have a chronic disease of asthma. – Other Health Provider

## Injury & Violence

### About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

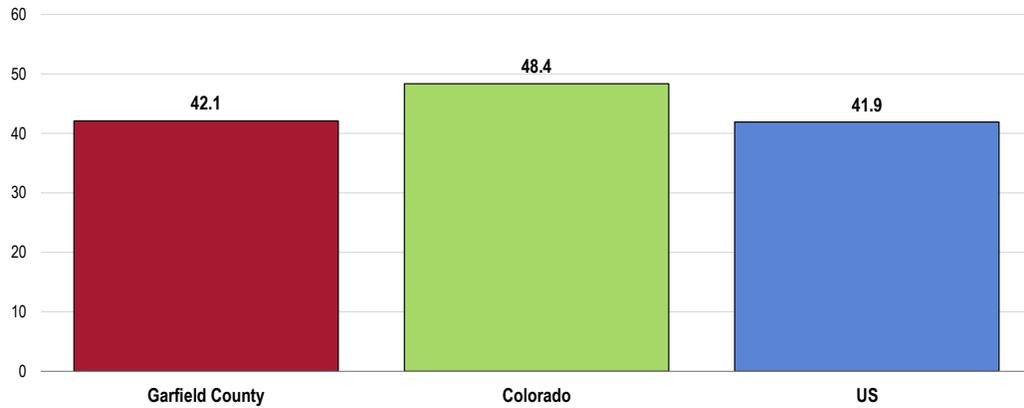
## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

**Between 2012 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 42.1 deaths per 100,000 population in Garfield County.**

- No significant differences to report.

### Unintentional Injuries: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 36.4 or Lower



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

 Notes: 

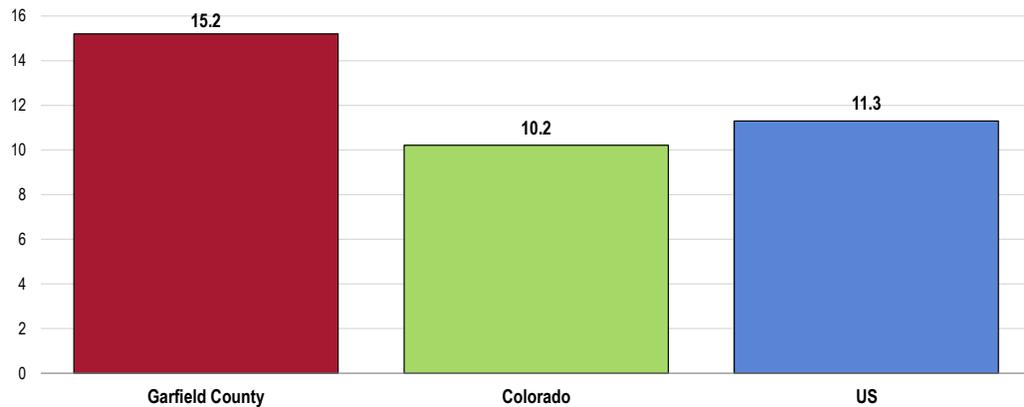
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Age-Adjusted Motor Vehicle Crash Deaths

Between 2012 and 2016, there was an annual average age-adjusted mortality rate of 15.2 deaths per 100,000 population related to motor vehicle crashes among Garfield County residents.

- Worse than both state and national rates.
- Fails to satisfy the Healthy People 2020 objective of 12.4 or lower.

### Motor Vehicle Crashes: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 12.4 or Lower



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]

 Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

## Intentional Injury (Violence)

### Violent Crime

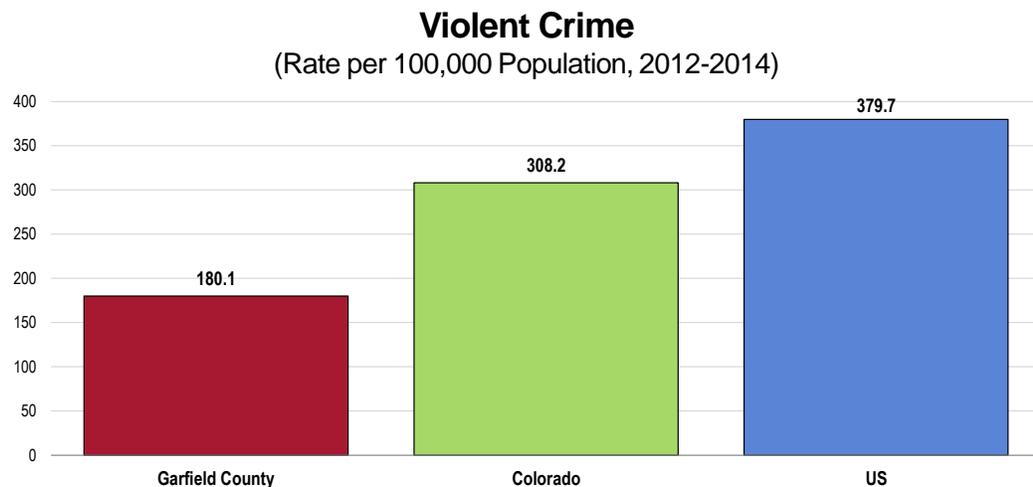
#### Violent Crime Rates

Between 2012 and 2014, there were a reported 180.1 violent crimes per 100,000 population in Garfield County.

- Well below violent crime rates reported for the state or nation.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

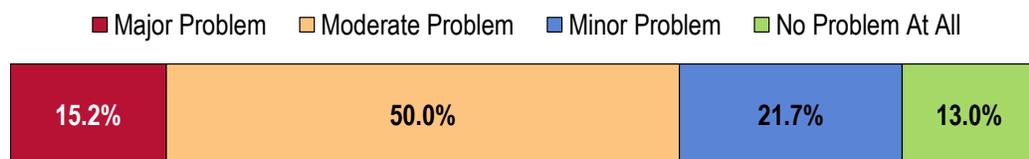


- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
  - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

## Key Informant Input: Injury & Violence

Half of key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” in the community.

### Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2019)



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### **Suicide**

*I am including suicide in this issue. Garfield County had a record year in 2018 with 19 suicides. This is an alarming trend. Access to guns is a major contributing factor. We continue to see the abuse of substances along with driving. And we continue to see unrestrained adults and children in vehicles. – Public Health Representative*

*High suicide rates from firearms as well as car accidents and unintentional injuries and domestic violence. – Public Health Representative*

### **Prevalence/Incidence**

*Many injuries from automotive, industrial and recreational accidents. – Physician*

*Child sexual abuse. – Other Health Provider*

### **Drugs/Alcohol**

*Drunk people hurt themselves and are violent. – Physician*

*An increase in assaults, drug- and alcohol-related. – Other Health Provider*

### **Health Awareness/Education**

*I believe that resources are unknown or scarce. I was once the victim of domestic violence, and I work for the government and had no idea there were resources for me. – Community/Business Leader*

# Diabetes

## About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

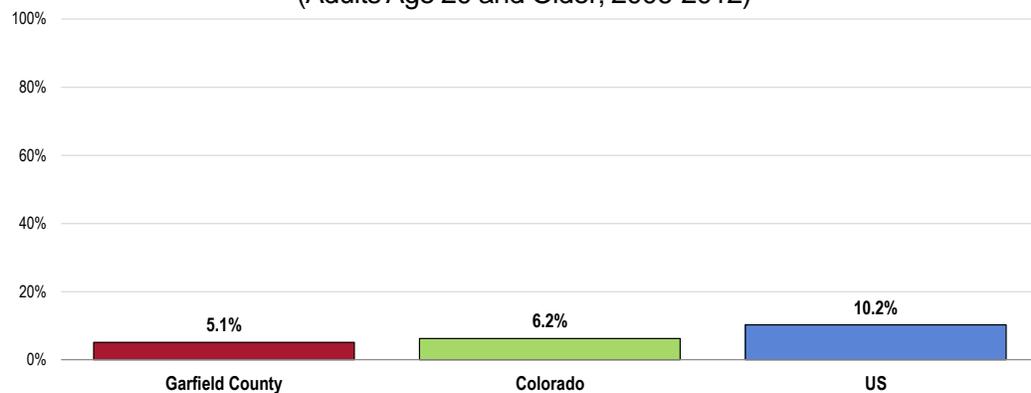
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Prevalence of Diabetes

A total of 5.1% of Garfield County adults report having been diagnosed with diabetes.

- Below the statewide prevalence, and well below the national prevalence

**Prevalence of Diabetes**  
(Adults Age 20 and Older; 2006-2012)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.  
• Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: • This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

## Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

### Perceptions of Diabetes as a Problem in the Community (Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Health Awareness/Education

*Lack of education, low income, which translates into high-carb diets. Lack of exercise on a regular basis. – Other Health Provider*

*Getting correct information. – Community/Business Leader*

*Lack of knowledge about the dangers of living a sedentary lifestyle, of overeating, lack of exercise and proper nutrition. Also, friends and family that, seeing no apparent symptoms, don't take the risk seriously, continuously offering sugar treats and enabling poor diet and exercise avoidance. – Community/Business Leader*

*Getting diagnosed early enough and maintaining lifetime treatment. – Other Health Provider*

*Preventative practices. – Other Health Provider*

*Prevention, cost of treatment, many people being diagnosed, cultural and behavioral issues. – Public Health Representative*

*Access to education. – Other Health Provider*

*Many of them don't take care seriously about their wellness in general, such as dieting and taking medications. Some education on this problem would be helpful for them. – Community/Business Leader*

*Affordable access to education and healthy eating. Not enough preventative education in English and Spanish. – Public Health Representative*

*There seems to be a need for more education before people become diagnosed. More for pre-diabetics. For low-income individuals, it would be nice to see more evidence-based programs. – Public Health Representative*

*Acknowledging that this is a serious problem that they can do something about. Too much generational disease and apathy. – Physician*

#### Access to Care/Services

*Diabetes. I believe our department, Changing Lifestyles Grand River, plays a strong supportive role in diabetes prevention and management for the Western Slope; however we are at capacity and there is a greater need in the community. – Nutritionist*

*I'm not aware of resources for people with diabetes in Garfield County, except through public health. – Community/Business Leader*

*We need to grow our Diabetes Center to include vision screens and foot screens and be more comprehensive. Roll this out more formally to all providers. Make it easier for patients to want to get in the door so they can get everything in one place. – Physician*

#### **Diet/Nutrition**

*I feel like we have a lot of people that do not eat as well as they should and that have long-term metabolic issues. – Community/Business Leader*

*Diet and exercise, fitting it in. – Physician*

*Too many processed foods. Poverty or lower-income families have a difficult time providing the proper diet. – Business Leader*

*Inability to access healthy foods, lack of education regarding healthy food choices. – Physician*

#### **Access to Medications/Supplies**

*Insulin and other diabetic medications are very expensive, making much-needed medications cost prohibitive. Early preventative education is not accessed for obese population who often have insulin resistance. Early screenings for prediabetes are not common care. We do not have many healthy options for eating out in the area. – Other Health Provider*

## Kidney Disease

### About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Key Informant Input: Kidney Disease

Over half of key informants taking part in an online survey characterized *Kidney Disease* as a “moderate problem” in the community.

### Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

*Chronic kidney disease is a major issue because many people in the Valley have to travel to DaVita in Grand Junction for dialysis. – Nutritionist*

*Because people have to travel for dialysis. The closest is an hour away. – Community/Business Leader*

*Because we do not have a dialysis machine in the area, or at least I'm not aware of any. – Community/Business Leader*

# Potentially Disabling Conditions

## Disability

### About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

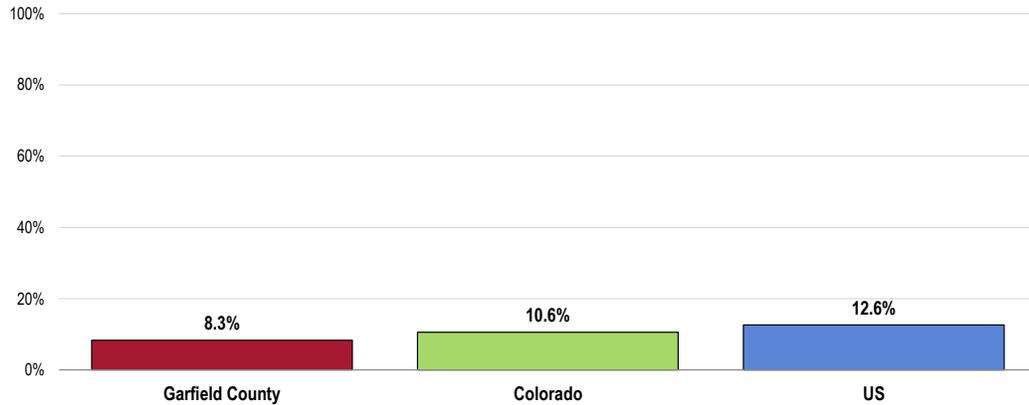
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**In Garfield County, 8.3% of adults are reported to have some kind of disability.**

- Lower than found for the state or nation.

Disability data come from the American Community Survey (ACS), the Survey of Income and Program Participation (SIPP), and the Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty. Respondents who report any one of the six disability types are considered to have a disability. (US Census Bureau, <https://www.census.gov/topics/health/disability/guidance/data-collection-ac.html>)

**Population With Any Disability**  
(Total Civilian Non-Institutionalized Population; 2013-2017)



- Sources:
- US Census Bureau, American Community Survey.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

## Arthritis, Osteoporosis & Chronic Back Conditions

### About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Half of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

### Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Diagnosis/Treatment

*Chronic pain in general is a major problem and we are limited in our options for pain and opiates are not the answer. I think that in general, we need a multimodal approach to treat back pain including counseling and mindfulness because pain is more complex than a physical stimulus. There is also the fear of pain which is very common in our first world country. Plus, physical activity and nutrition are key in preventing back pain. – Physician*

*The data shows that the DEXA Scan, which is what the medical community uses to measure osteoporosis, is a very poor scan, therefore, many folks have serious osteoporosis and don't know it. – Other Health Provider*

*Common condition I see without a lot of other treatment options, such as acupuncture, chiropractic, meditation, and tai chi. Would like more resources. – Physician*

### Lack of Providers

*We need specialized doctors in our area; the closest is Grand Junction and it takes forever to get an appointment if they take new patients. – Community/Business Leader*

*There are very few rheumatologists in our area, getting appointments is difficult. – Other Health Provider*

### Co-Occurrences

*Chronic pain often leads to mental health issues/depression; often there are very few solutions to chronic pain. Providers push physical therapy as a first line, and many are unable to afford therapy. Non-narcotic medications have many side effects; many people with arthritis are overweight and not a good surgical candidate. Insurance often does not pay for massage and chiropractic care, which is helpful early in a painful condition. – Other Health Provider*

*A lot of low back pain causing disability is evident, along with pain medication use. – Physician*

### Aging Population

*A lot of seniors live in the area and these types of conditions are common. – Business Leader*

## Vision & Hearing

### About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**About Hearing & Other Sensory or Communication Disorders**

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

**Key Informant Input: Vision & Hearing**

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

**Perceptions of Vision and Hearing  
as a Problem in the Community**  
(Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

**Top Concerns**

Among those rating this issue as a “major problem,” reasons related to the following:

***Aging Population***

*Many people lose their vision and hearing as they grow older. – Community/Business Leader*

## Alzheimer’s Disease

### About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person’s daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer’s disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer’s disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer’s disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer’s disease are found.

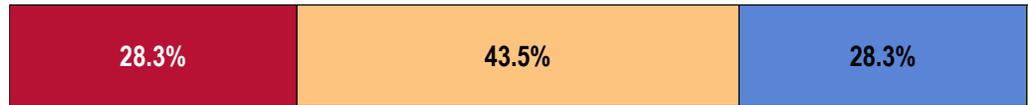
— Healthy People 2020 (www.healthypeople.gov)

### Key Informant Input: Dementias, Including Alzheimer’s Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer’s Disease* as a “moderate problem” in the community.

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

*I don’t believe we have enough long-term facilities and family relief and day services. – Public Health Representative*

*It is a problem everywhere. Resources to deal with the problem are limited. – Physician*

*There are limited options for care for people with dementia and their caretakers. There are very few resources to assist people with dementia and their caretakers in their homes. There are only two skilled nursing facilities that have memory care unit and only one assisted living facility with memory care unit. – Other Health Provider*

*Not many long-term facilities provide support for placement of individuals with dementia and Alzheimer’s, locked facilities. – Nutritionist*

*Most patients that need full-time care have to leave the community. – Community/Business Leader*

*Unaware of any true resource available other than Alzheimer's units at the nursing homes. – Other Health Provider*

*Because there are limited resources for families who have a family member with dementia or Alzheimer's disease in Garfield County. – Community/Business Leader*

### ***Aging Population***

*Because our community is aging, and we don't have enough resources to care for this population. – Other Health Provider*

*Again, a lot of seniors live in our communities. – Business Leader*

### ***Early Diagnosis/Prevention***

*I see no help or prevention or early recognition. – Community/Business Leader*

### ***Prevalence/Incidence***

*Because so many people have it. – Community/Business Leader*

## Immunization & Infectious Diseases

### Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

### Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.

Notes: ● Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Early Diagnosis/Prevention

*Immunizations are missed and immunization is the easiest way to prevent disease. – Other Health Provider*

*I just saw something in the newspaper that indicated there are places in Garfield County that have low immunization rates. – Community/Business Leader*

#### Health Awareness/Education

*Several factors play a part in this: 1. Misinformation about the dangers of immunization. I personally know of several families that will not immunize their children because they believe it causes autism. 2. High transient population, which has less access to basic sanitary needs, can become a breeding ground for infectious diseases. 3. Lack of education and/or services in native homelands of our immigrant population is a concern as well. – Community/Business Leader*

#### Lack of Providers

*There is not a local provider to help with these conditions. – Other Health Provider*

# Births



Professional Research Consultants, Inc.

## Birth Outcomes & Risks

### About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

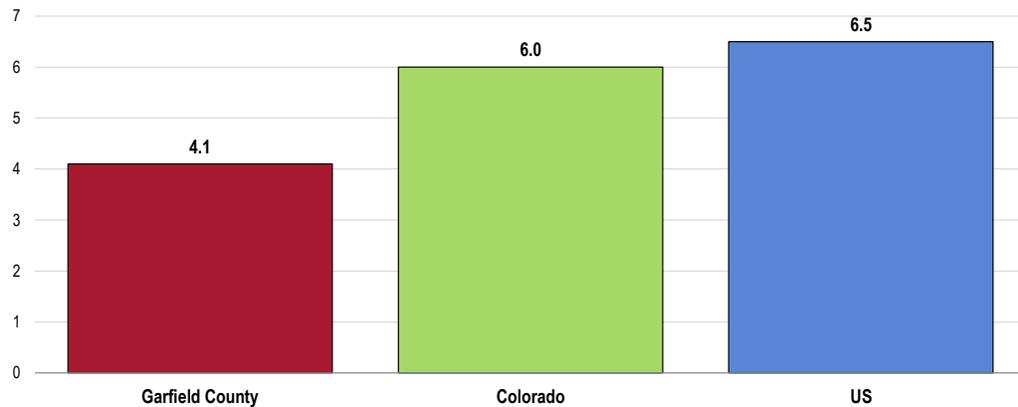
### Infant Mortality

Between 2006 and 2010, there was an annual average of 4.1 infant deaths per 1,000 live births.

- Lower than state and national rates.
- Satisfies the Healthy People 2020 objective of 6.0 or lower.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

**Infant Mortality Rate**  
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)  
Healthy People 2020 = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

## Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “minor problem” in the community.

### Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

*The deficiency in this area is primarily obstetrical. Significant portions of the community are without comprehensive obstetrical care available. Basic birthing capabilities, including emergency surgical intervention, is essential to a community. – Community/Business Leader*

*Lack of obstetric services is a major issue because it requires residents to leave the community to give birth. – Community/Business Leader*

*I'm thinking that if you have a child with severe medical issues, people often have to go to Children's Hospital in Denver. – Community/Business Leader*

*No labor and delivery near Rifle. I realize that this type of service can be very expensive, and the hospital would need the numbers to support the expansion in Labor & delivery. Health insurance is too expensive, and many avoid going to the doctor and use the ER too much. – Business Leader*

#### Vulnerable Populations

*I'm seeing an increase in families in our transient population. This is already at an at-risk population, adding the increased families into the mix is alarming. We're also seeing an increase in teen pregnancy rates (observation only, no hard data to back up) especially in our immigrant population. This is partially due to different cultures but also birth-control education. My daughter-in-law is from Honduras. She had her first child at 17 but both her younger sisters had their first babies at 14 and 15. – Community/Business Leader*

#### Cost of Living

*The cost of living. – Community/Business Leader*

## Family Planning

### Births to Teen Mothers

#### About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

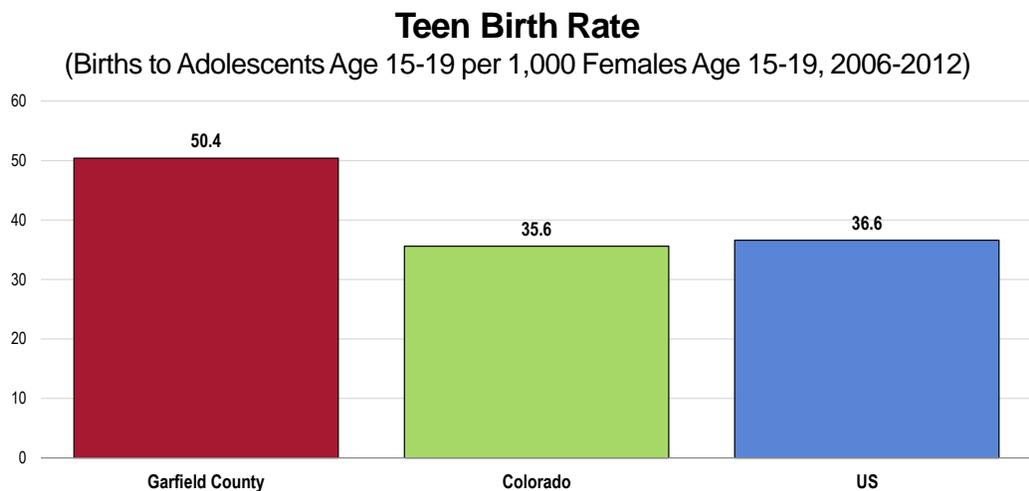
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**Between 2006 and 2012, there were 50.4 births to women age 15 to 19 per 1,000 women age 15 to 19 in Garfield County.**

- Notably higher than teen birth rates statewide and nationally.



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.

• Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: • This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

## Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “minor problem” in the community.

### Perceptions of Family Planning as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

*Limited services west of Glenwood Springs. – Public Health Representative*

*We have a high transient and immigrant population. With transient populations, there is less access to family planning services. – Community/Business Leader*

*There is no one who delivers Title 10 services in the entire county. – Public Health Representative*

#### Cultural/Personal Beliefs

*There are many religions in the area that do not promote family planning. Lack of education with regard to family planning. Lack of insurance or money for birth control. – Other Health Provider*

*Talking with the immigrant population, the issue is lack of education and culture in their native lands. In many cultures, family planning, sexually transmitted diseases, etc. is not something that is discussed or taught. – Community/Business Leader*

#### Teenage Pregnancies

*Teenage pregnancy. – Other Health Provider*

*Because we have a very high rate of teen pregnancy. – Community/Business Leader*

#### Health Awareness/Education

*Deterring an unwanted pregnancy is a MAJOR cost saver for our community. We absolutely need to make a push for education and for free contraceptive devices. There is a critical unmet need currently at Valley View. We also need more consistent sex ed in the schools. The PREP program is an excellent resource that we need to support and allow to work in all of our schools. – Public Health Representative*

# Modifiable Health Risks



**Professional Research Consultants, Inc.**

## Nutrition

### About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

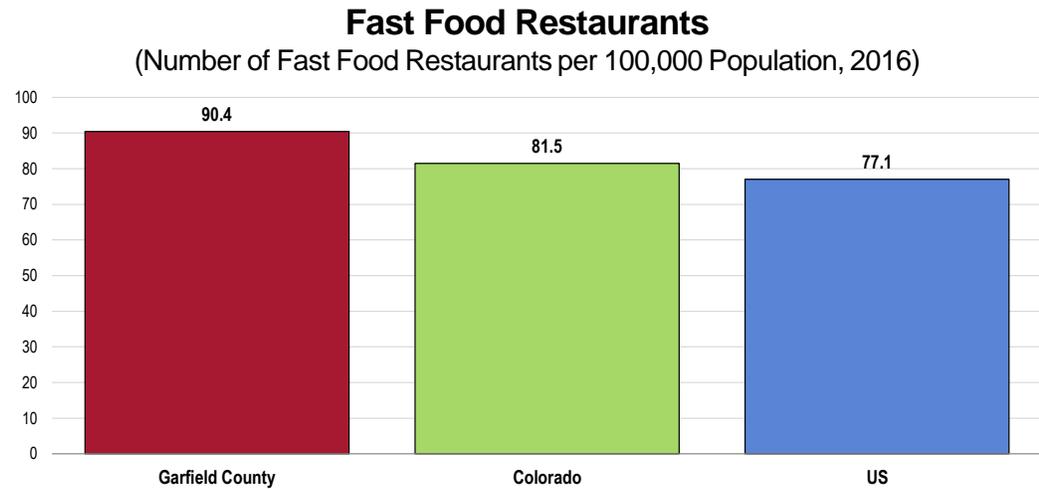
Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Food Environment: Fast Food

The latest data show that there are 90.4 fast food restaurants in Garfield County for every 100,000 residents.

- No significant differences to report (similar to state and national rates).



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

## Access to Healthful Food

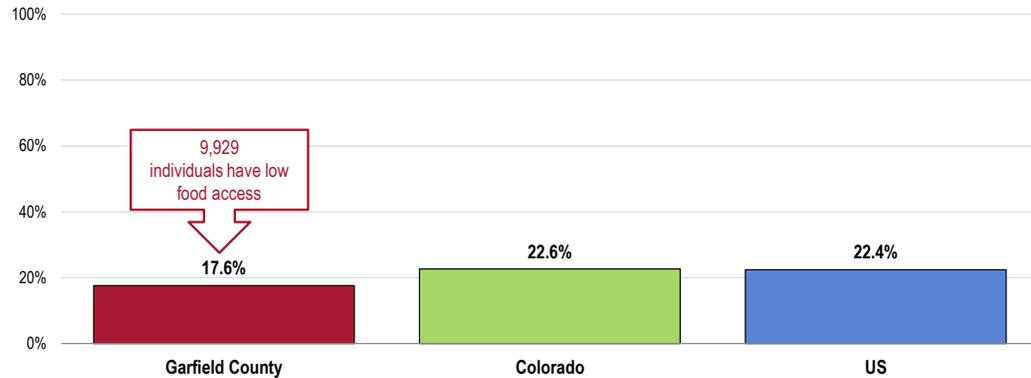
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

US Department of Agriculture data show that 17.6% of the Garfield County population (representing nearly 10,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

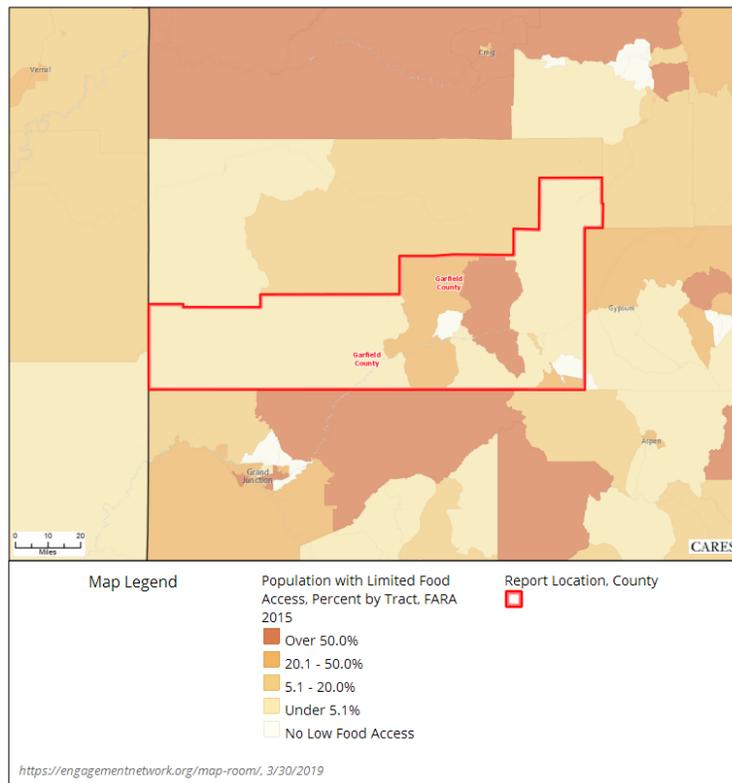
- Still, lower than the proportions found in the state and US.

### Population With Low Food Access

(Percent of Population Far From a Supermarket or Large Grocery Store, 2015)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



## Physical Activity

### About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Leisure-Time Physical Activity

**A total of 12.8% of Garfield County adults report no leisure-time physical activity in the past month.**

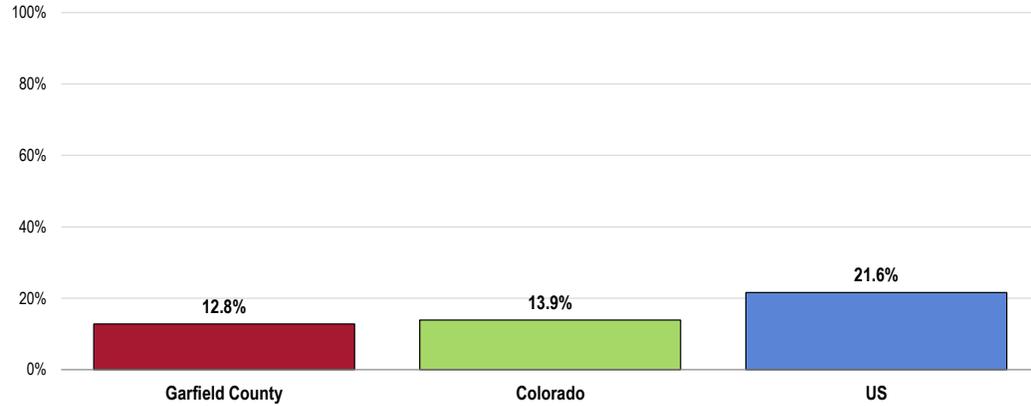
- Lower than found nationally.
- Easily satisfies the Healthy People 2020 objective of 32.6% or lower.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

## No Leisure-Time Physical Activity in the Past Month

(Adults Age 20+, 2015)

Healthy People 2020 = 32.6% or Lower



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

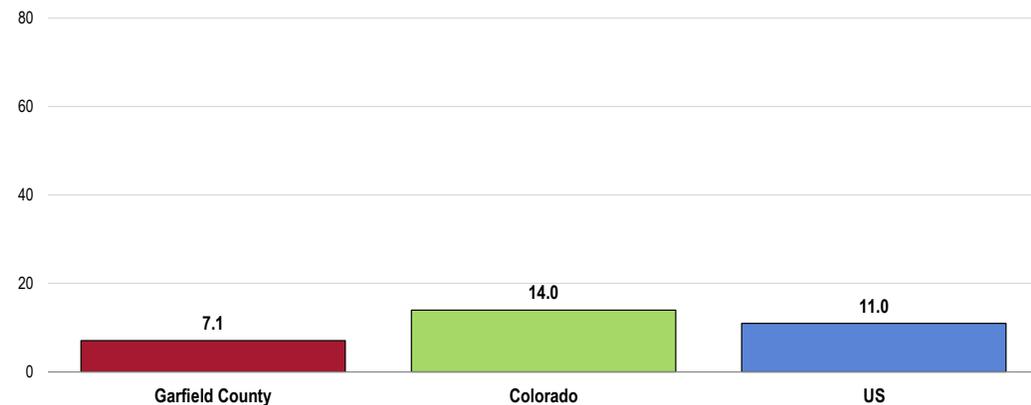
## Access to Physical Activity

In 2016, there were 7.1 recreation/fitness facilities for every 100,000 population in Garfield County.

- Below state and national rates.

## Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.

• Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

## Weight Status

### About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ( $m^2$ ). To estimate BMI using pounds and inches, use:  $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$ .

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI ( $kg/m^2$ )
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

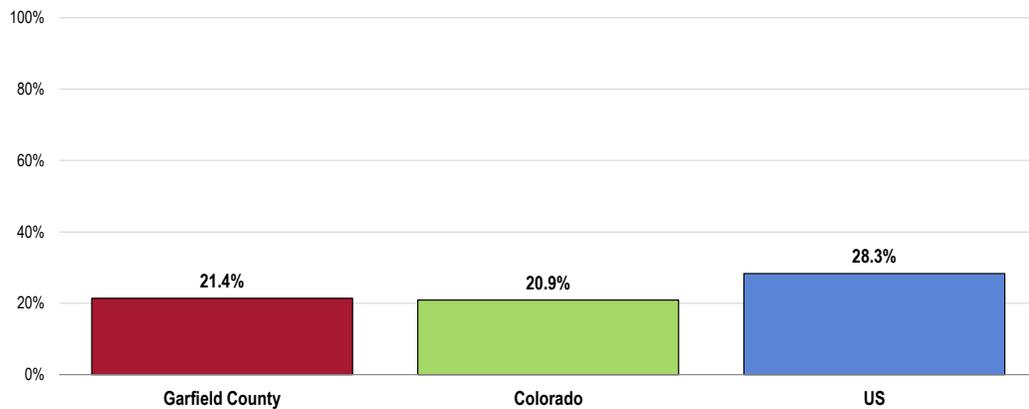
## Obesity

A total of 21.4 % of Garfield County adults age 20 and older are obese.

"Obese" includes respondents with a BMI value  $\geq 30.0$ .

- Well below the national prevalence.

**Prevalence of Obesity**  
(Adults Age 20+ With a Body Mass Index  $\geq 30.0$ , 2015)  
**Healthy People 2020 = 30.5% or Lower**

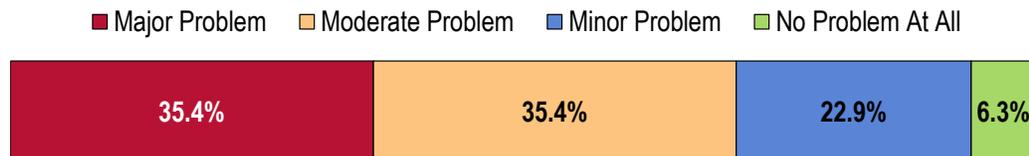


- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
  - This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

## Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey were equally likely to characterize *Nutrition, Physical Activity & Weight* as a “major problem” and a “moderate problem” in the community.

**Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community**  
(Key Informants, 2019)



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Obesity

*Obesity is an epidemic. – Physician*

*High percentage of overweight, non-exercising smokers here. – Physician*

*Obesity, too much screen time, too little social interaction, too much isolation. – Physician*

*We have a rising obesity rate which leads to many poor health outcomes/conditions. It is too easy to access junk food, companies are not investing in employee wellness, no community center for year-round physical activities/workouts, many newer trails that have many homeless people hanging out on them. – Other Health Provider*

*Overweight. – Community/Business Leader*

### Health Awareness/Education

*This is an ongoing challenge that will need continual work of education and programs to help support people in regard to nutrition, physical activity and weight. – Public Health Representative*

*Lack of education regarding appropriate choices. Expense of fresh fruits, vegetables and whole grains. Excessive fast food restaurants in the city. Lack of walking paths. Lack of access to knowledgeable providers. Inability to afford programs to learn more about these topics. Poor school lunch options, lack of PE in schools. – Physician*

*Insufficient education as to the health risks. Simple observation tells you it's a problem. Not enough programs and/or support groups available. Not enough proactive support from employers (i.e., time off for programs; rewards for weight loss and healthy eating). Not enough emphasis in schools on teaching risks. No attempt to provide healthy breakfasts or lunches in the schools. – Business Leader*

### Contributing Factors

*Not active, poor nutrition choices, not educated. – Community/Business Leader*

*Smoking, drug dependence, obesity, lack of education or caring about the consequences. – Community/Business Leader*

*Monthly income, hours they work, education. – Other Health Provider*

*Language barriers and culture. – Other Health Provider*

*This goes back to the metabolic issues and diabetes. – Community/Business Leader*

*Cell phones, technology, working too much. – Physician*

### Built Environment

*We have rural areas that struggle with good food and trail access. – Physician*

## Substance Abuse

### About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Excessive Alcohol Use

A total of 18.3 % of area adults are excessive drinkers, reporting a high average number of drinks per day.

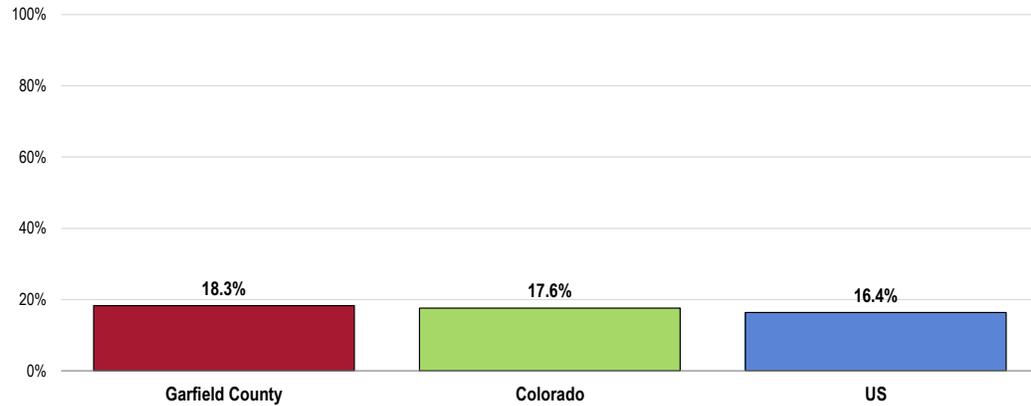
- Satisfies the Healthy People 2020 objective of 25.4% or lower.

This indicator reports the percentage of adults aged 18 and older who self-report heavy drinking (defined as more than two drinks per day on average for men, and one drink per day on average for women).

### Excessive Drinkers

(2006-2012)

Healthy People 2020 = 25.4% or Lower



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
  - Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

## Key Informant Input: Substance Abuse

Nearly two-thirds of key informants taking part in an online survey characterized Substance Abuse as a “major problem” in the community.

### Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2019)

Major Problem Moderate Problem Minor Problem No Problem At All



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

*There are very limited services for outpatient substance abuse treatment and no inpatient services in the area. Most people with substance abuse issues do not have the money and/or insurance to pay for treatment. – Other Health Provider*

*Treatment facilities or providers do not exist in our community. – Community/Business Leader*

*We have limited substance abuse treatment programs. Other than self-help groups (AA, NA), there are none. The support group meetings are limited with hours and days that often conflict with work schedules (if we're talking about high-functioning addicts). I know the pro-marijuana advocates will argue the fact, but marijuana is a gateway drug. Legalizing it has taken some of the stigma away and people think it's a "safe" drug and are more likely to start using, which can lead to stronger drug use. With the legalization we're seeing more abuse, but we haven't increased treatment sources, especially in rural areas. – Community/Business Leader*

*Practically speaking, there is no dedicated substance abuse resource. There are isolated programs through hospitals and clinics where patients may seek treatment through their primary care providers, but there is no available comprehensive treatment facility available. A facility like this would provide detox, mental health services, outpatient services, and support structures, all of which are essential to making a real impact in substance abuse patients. Our current paradigm has patients caught in a cyclical process which does them no service because it is designed for other purposes. – Community/Business Leader*

*There isn't a substance abuse treatment facility in our area, so this is the major barrier. When are we going to stop putting folks in jail as a Band-Aid for this issue? – Community/Business Leader*

*Lack of inpatient programs requiring more than three days of treatment. – Other Health Provider*

*Very few local programs, inpatient or outpatient, hard to find Medicaid substance abuse treatment providers. – Other Health Provider*

*No rehab or detox facilities. – Other Health Provider*

*Having enough providers. – Other Health Provider*

*There are no adult inpatient substance abuse treatment centers that are affordable. – Community/Business Leader*

*It is very difficult to access help for patients with substance abuse issues. It is a specialty in itself that not many providers are comfortable treating. Most treatment programs are far away and are cost prohibitive. Patients often end up in the emergency room if they try to stop substances on their own and this is not effective or efficient. – Other Health Provider*

*There is not, to my knowledge, a substance abuse treatment program in the county, or one that is easily accessible. The widespread availability of substances. – Other Health Provider*

*Inpatient treatment. – Physician*

*No detox, limited services available for residential treatment and cost of treatment. – Public Health Representative*

*Outpatient, inpatient and/or detox center is needed. – Physician*

*Lack of local resources, detox. – Physician*

*There is a complete lack of a detox center and substance abuse treatment, especially inpatient rehab and intensive outpatient treatment. – Other Health Provider*

*No facilities or no ability to pay for them. – Physician*

*No rehab facilities, difficult getting patients into programs or to buy into programs. – Physician*

### Health Awareness/Education

*Education. – Other Health Provider*

*Knowing where to find help. – Community/Business Leader*

*The over-prescription of drugs by doctors. – Community/Business Leader*

*Rehabilitation. – Community/Business Leader*

*Stigma. – Other Health Provider*

**Early Diagnosis/Prevention**

*We need more early prevention. I see the only solution being our putting money into the PreK and K–12 system, educating kids, identifying high-risk families, and putting interventions in place from the very beginning. We have to break the familial cycle of substance abuse. – Public Health Representative*

**Most Problematic Substances**

Key informants (who rated this as a “major problem”) clearly identified **alcohol** and **meth-amphetamines/other amphetamines** as the most problematic substances abused in the community, followed by **heroin/other opioids** and **prescription medications**.

<b>Problematic Substances as Identified by Key Informants</b>				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	34.5%	24.1%	25.0%	24
Methamphetamines or Other Amphetamines	31.0%	31.0%	17.9%	23
Heroin or Other Opioids	17.2%	20.7%	21.4%	17
Prescription Medications	10.3%	13.8%	10.7%	10
Marijuana	0.0%	3.4%	25.0%	8
Cocaine or Crack	6.9%	3.4%	0.0%	3
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	3.4%	0.0%	1

## Tobacco Use

### About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking Prevalence

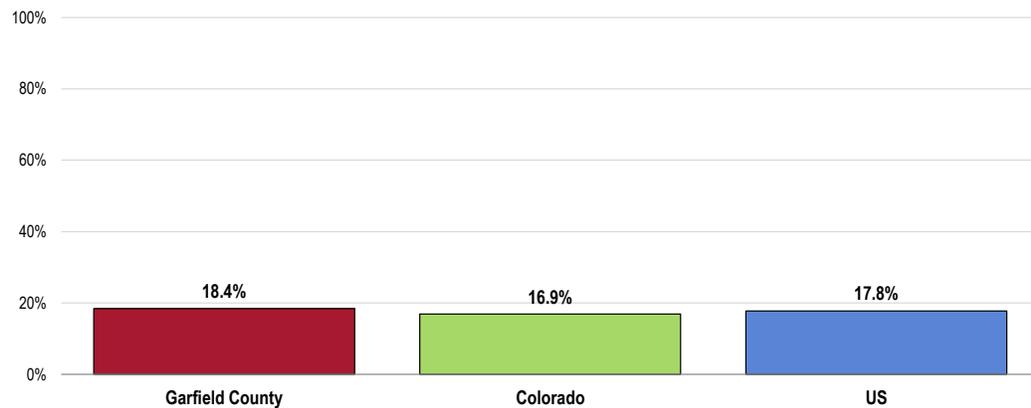
A total of 18.4% of Garfield County adults currently smoke cigarettes, either regularly or occasionally.

- Fails to satisfy the Healthy People 2020 objective (12.0% or lower).

### Current Smokers

(2006-2012)

Healthy People 2020 = 12.0% or Lower



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.

• Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

• This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

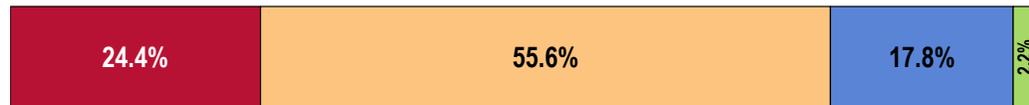
## Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

### Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Vaping/E-Cigarettes

*Smoking rates are declining, but our region is one of the top regions for youth vaping. Kids are doing it at an alarming rate and local kids are already being diagnosed with popcorn lung. “Good kids”—not just at-risk kids—seem to be doing it as it is socially acceptable, and they do not perceive risks. – Public Health Representative*

*Vaping and tobacco use are on the rise among youth in our community, and adults do not know what to look for to intervene or educate kids about the consequences. Cigarette smoking also continues to be an issue among adults. – Community/Business Leader*

*Vaping. – Community/Business Leader*

*Talking with school officials, they are seeing a rise in teen vaping. Habits formed as a teen usually tend to become more of an issue and dependency later in life. I’ve read articles about vaping leading to tobacco use. – Community/Business Leader*

*See all the previous remarks. Younger people are vaping, which has serious health risks. – Business Leader*

### Health Awareness/Education

*Abuse and use in young and old. Not enough education explaining the risk of use. – Other Health Provider*

*Lack of education. – Other Health Provider*

*Ignorance, false perceptions about the lack of danger, addictive personality tendencies, family members and peers who smoke. – Community/Business Leader*

### Co-Occurrences

*Heart disease, stroke, COPD, and quality of life. – Physician*

# Sexual Health

## HIV

### About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

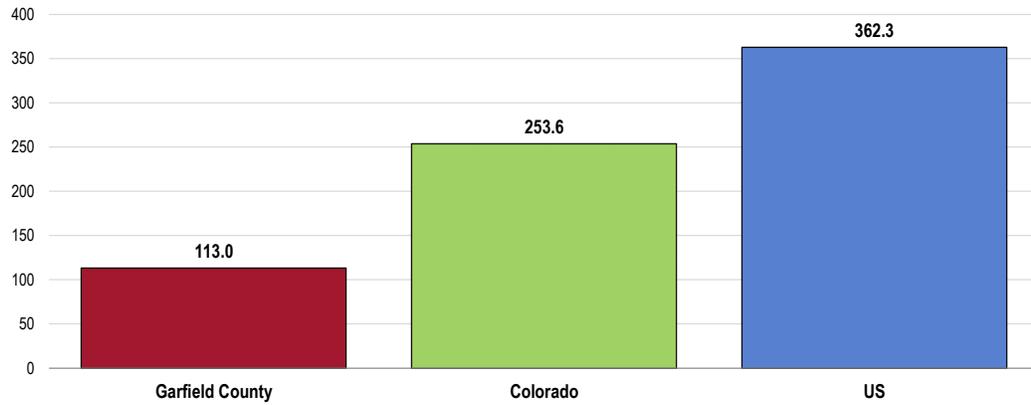
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### HIV Prevalence

**In 2015, there was a prevalence of 113.0 HIV cases per 100,000 population in Garfield County.**

- Far below prevalence levels for the state and the nation.

### HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2015)

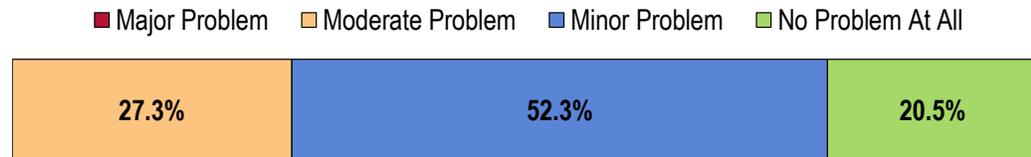


Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
 ● Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: ● This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

### Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “minor problem” in the community (no respondent gave a “major problem” evaluation).

### Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2019)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
 Notes: ● Asked of all respondents.

## Sexually Transmitted Diseases

### About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic, and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

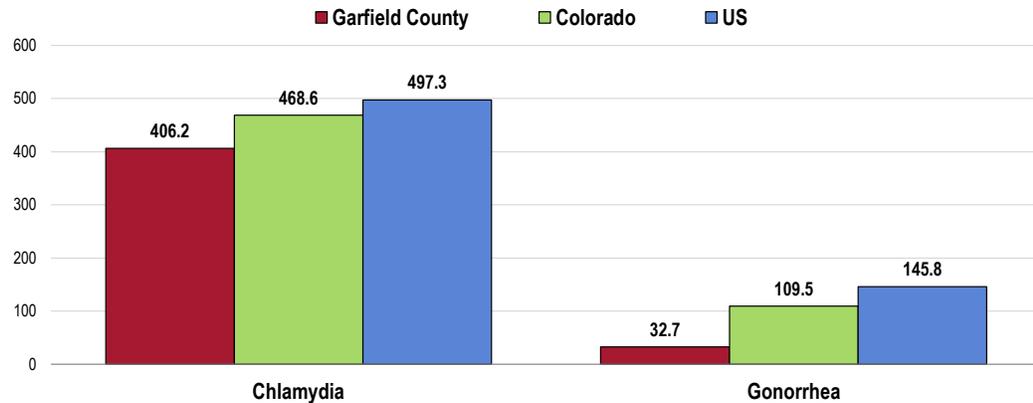
### Chlamydia & Gonorrhea

**In 2016, the chlamydia incidence rate in Garfield County was 406.2 cases per 100,000 population.**

**The Garfield County gonorrhea incidence rate in 2016 was 32.7 cases per 100,000 population.**

- Both county rates are significantly below rates found across Colorado and the US.

### Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2016)

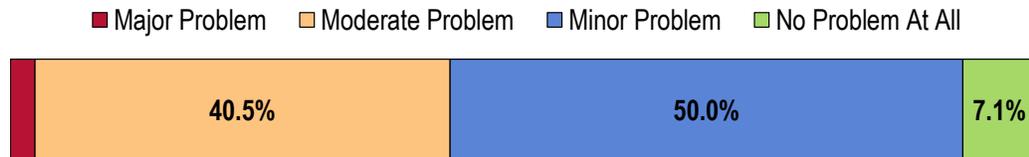


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.  
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

### Key Informant Input: Sexually Transmitted Diseases

Half of key informants taking part in an online survey characterized **Sexually Transmitted Diseases** as a “minor problem” in the community.

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Contributing Factors

*We’re seeing an increase in drug usage, especially in transient populations. The little talked about fact is that with increased drug usage come other crimes, including prostitution. In addition, we’ve seen a cultural shift of acceptance of sexual activity outside of long-term relationships. The cultural acceptance as led many youths to view the behavior as safe. – Community/Business Leader*

# Access to Health Services



**Professional Research Consultants, Inc.**

## Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

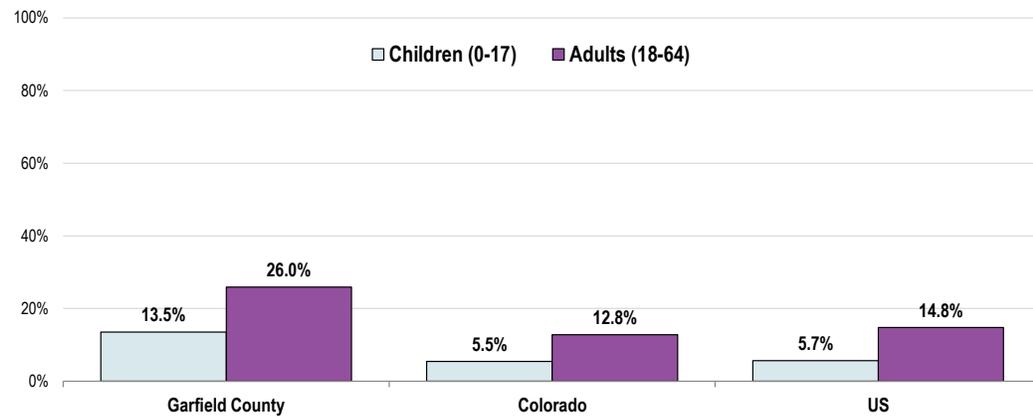
**Among adults age 18 to 64, 26.0% report having no insurance coverage for healthcare expenses.**

- Notably higher than state and national uninsured levels.

**A total of 13.5% of children age 0 to 17 are without healthcare insurance coverage.**

- Also much higher than seen statewide and nationally for children.

### Uninsured Population (2013-2017) Healthy People 2020 Target = 0.0%



Sources: • U.S. Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.  
 • Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1].  
 • The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

## Difficulties Accessing Healthcare

### About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

### Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Affordable Care/Services

*This area of Garfield County is lower income, and many lower-income folks have limited funds to direct toward healthcare ... and usually have no insurance. Obviously, rural areas have less availability of healthcare. I have worked in free clinics—and have seen the number of families with no money or insurance—and hear what they go through when they or their children need help. – Other Health Provider*

*The lack of resources and availability of primary care. – Other Health Provider*

*Cost of care. We live in a relatively rural location that has provided a relatively high level of care. This comes with a significant cost, as evident by Garfield County. They have a significantly higher cost of care. – Physician*

*Not enough primary care physicians or ability to access preventive healthcare. – Physician*

*Simple: the costs are outrageous. – Community/Business Leader*

*No healthcare options for insurance that are affordable. We basically have only one choice if you are self-insured. – Community/Business Leader*

**Insurance Issues**

- Access to care for people without insurance, specialty care for clients with Medicaid, and transportation. – Public Health Representative*
- Extremely high cost of health insurance, private and ACA. – Community/Business Leader*
- Lack of insurance and/or ability to pay. – Physician*
- Fairly high percentage of public-funded insurance, such as Medicare and Medicaid, and a limited number of providers who treat them. – Physician*

**Vulnerable Populations**

*Undocumented individuals still struggle to access healthcare. At public health, the trend we are seeing is that undocumented parents are reluctant to sign their children (born in US) up for services. Reducing barriers for this group is important. Also, getting more people in for preventative care and expanding knowledge as to why this is important. – Public Health Representative*

**Aging Population**

*An aging population. Statistically true in Garfield County. Needs in medical care, mobility, memory care, nutrition and long-term care continue to grow as the population ages. – Business Leader*

**Type of Care Most Difficult to Access**

Key informants (who rated this as a “major problem”) most often identified **behavioral health** and **substance abuse treatment** as the most difficult to access in the community.

<b>Medical Care Difficult to Access as Identified by Key Informants</b>				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Behavioral Health	54.5%	36.4%	0.0%	10
Substance Abuse Treatment	9.1%	45.5%	27.3%	9
Chronic Disease Care	9.1%	9.1%	9.1%	3
Specialty Care	9.1%	9.1%	9.1%	3
Primary Care	0.0%	0.0%	18.2%	2
Urgent Care	0.0%	0.0%	9.1%	1
Prenatal Care	9.1%	0.0%	0.0%	1
Palliative Care	9.1%	0.0%	0.0%	1
Pain Management	0.0%	0.0%	9.1%	1
Elder Care	0.0%	0.0%	9.1%	1
Dental Care	0.0%	0.0%	9.1%	1

## Primary Care Services

### About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

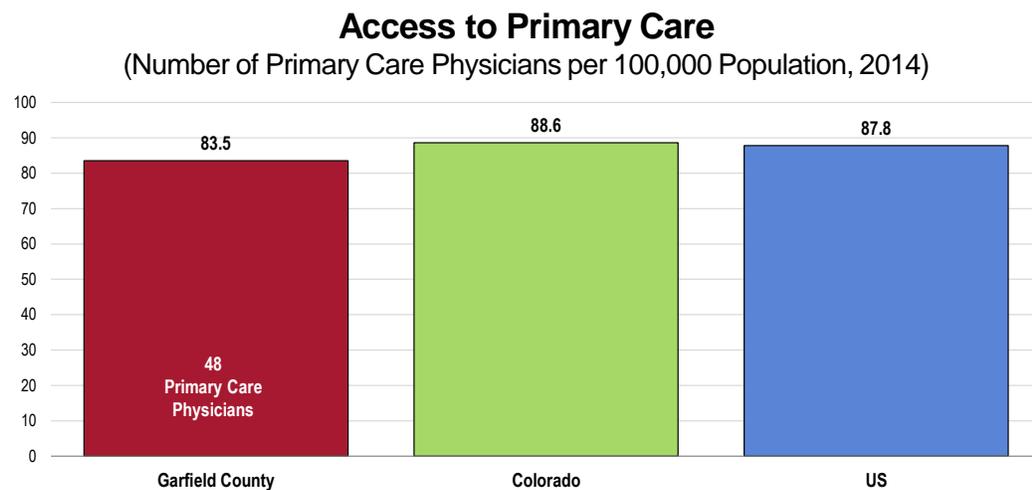
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Access to Primary Care

In 2014, there were 48 primary care physicians in Garfield County, translating to a rate of 83.5 primary care physicians per 100,000 population.

- No significant differences to report (similar to statewide and national rates).



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.  
• Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: • Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

## Oral Health

### About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

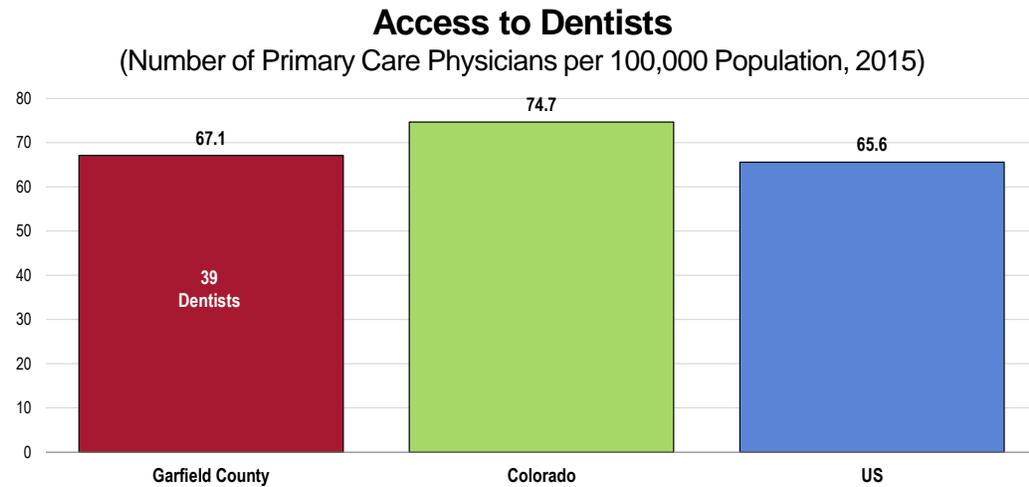
- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Access to Dentists

In 2015, there were 67.1 dentists for every 100,000 residents in Garfield County.

- No significant differences to report.



Sources: 

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

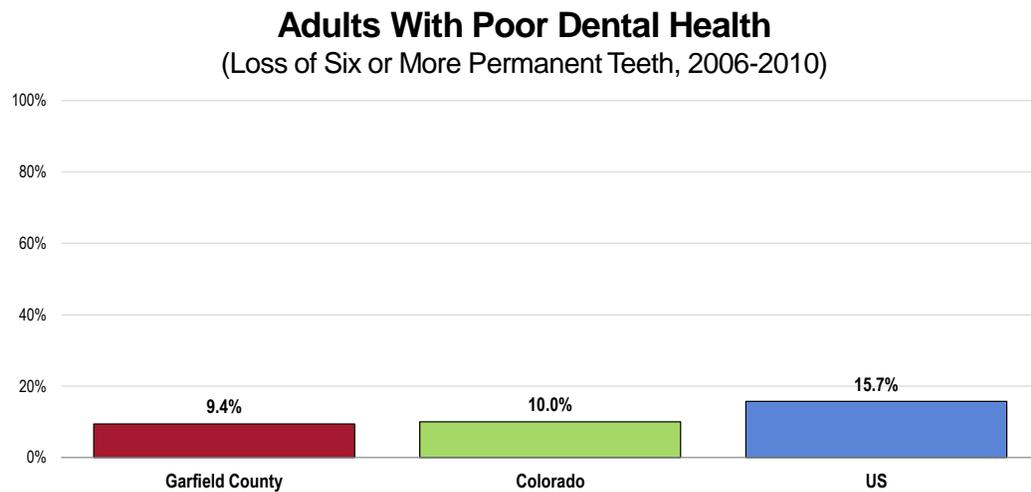
Notes: 

- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

### Poor Dental Health

A total of 9.4% of Garfield County adults have had six or more of their permanent teeth removed due to tooth decay, gum disease, or infection.

- Well below the US figure.



Sources: 

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: 

- This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

## Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

### Perceptions of Oral Health as a Problem in the Community (Key Informants, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### Insurance Issues

*Dental care is not covered on adult Medicaid. We have no fluoride in our water. – Physician*  
*Limited services for people with Medicaid or no insurance. – Other Health Provider*

#### Early Diagnosis/Prevention

*Preventive oral health services for youth. Currently, there is a Smiles for Students school hygiene program that has been operating for 10 years in Garfield County schools Parachute-Basalt. The program’s funding has been cut and it is at risk of ending. The program places sealants on kids’ teeth before cavities form. This is one of the most proven, evidence-based approaches to reducing dental caries. More funding or support of this program would save thousands of dollars in dental treatment needs for our local youth. – Public Health Representative*

#### Affordable Care/Services

*Cost of care. – Other Health Provider*

# Local Resources

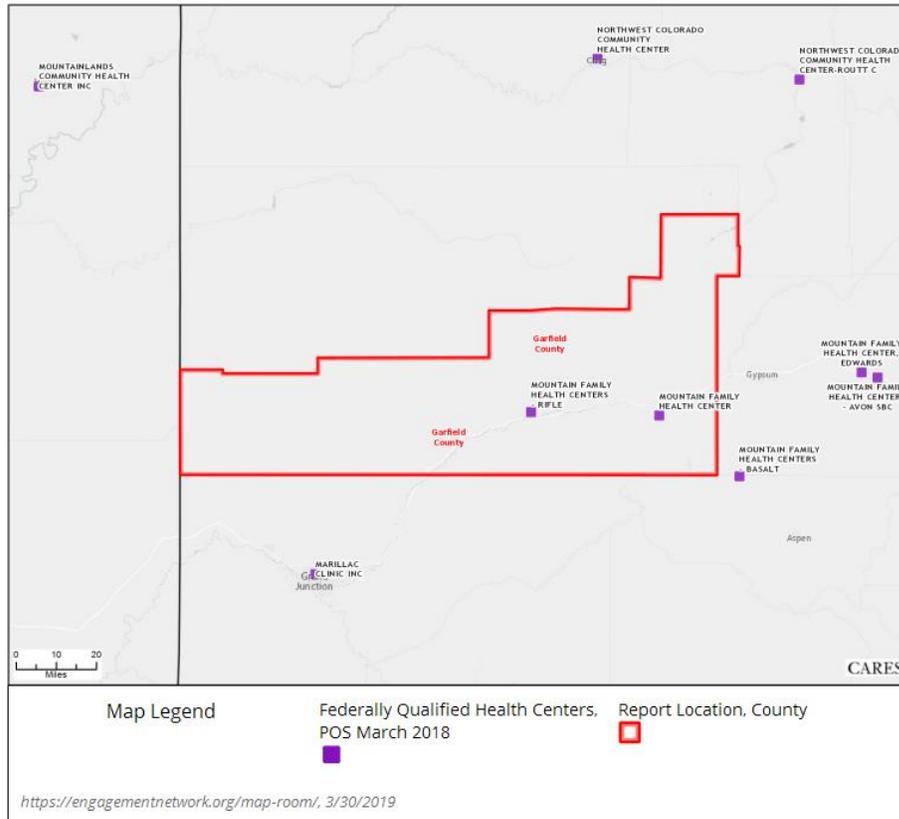


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## Healthcare Resources & Facilities

### Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Garfield County as of March 2018.



## Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access Problems

- Doctor's Offices*
- Federally Qualified Health Centers*
- Garfield County DHS*
- Garfield County Public Health*
- Glenwood Free Clinic*
- Grand River Health*
- Grand River Hospital District*
- Grand Valley Health*
- Health Fairs*
- Meals on Wheels*
- Medicaid*
- Medicare*
- Mind Springs*
- Mountain Family Health Centers*
- Public Health*
- Public Transportation*
- School System*
- St. Mary's Hospital*
- Valley Settlement*

### Arthritis/Osteoporosis/Back Conditions

- Acupuncture*
- Biofeedback/Meditation Training*
- Chiropractic Care/Wellness Center*
- Doctor's Offices*
- Grand River Health*
- Grand River Physicians*
- Mental Health Services*
- Ortho Aspen*
- Physical Therapy*
- Silver Sneakers*

### Cancer

- Callaway Cancer Center*
- Cancer Center*
- Colorado Employer Benefit Trust*

- Grand Junction*
- Grand River Health*
- Grand River Hospital District*
- Grand River Physicians*
- Hospitals*
- Komen Breast Cancer Organization*
- Mental Health Services*
- St. Mary's Hospital*
- Valley View Cancer Center*

### Chronic Kidney Disease

- Davita*

### Dementia/Alzheimer's Disease

- Garfield County Senior Services*
- Garfield County Social Services*
- Grand Junction Nursing Facilities*
- Heritage Nursing Home*
- Heritage Park*
- Mesa Vista Assisted Living*
- Peregrine Assisted Living Memory Care Unit*
- Rifle Nursing Home*
- Senior Center*
- Senior Housing*
- Veterans Affairs*

### Diabetes

- Battlement Mesa Clinic*
- Changing Lifestyles*
- CHIP Program*
- Cooking Matters*
- Diabetes Health Fair*
- Diabetic Services*
- Doctor's Offices*
- Garfield County*

*Garfield County Public Health*  
*Garfield County Senior Services*  
*Grand River Health*  
*Grand River Hospital District*  
*Grand River Physicians*  
*Healthy Lifestyles*  
*Healthy Living Department*  
*Hospitals*  
*Lifestyle Medicine Consultants*  
*Mountain Family Health Centers*  
*Online Information*  
*Pharmaceutical Companies*  
*Public Health*  
*Shop With a Doc*  
*Wellness for CEBT Participants*

*Grand River Physicians*  
*Low Income Healthcare*  
*Nutrition Services*

**Immunization/Infectious Disease**

*Doctor's Offices*  
*Garfield County Health and Human Services*  
*Garfield County Public Health*  
*Grand River Health*  
*Mountain Family Health Centers*  
*Planned Parenthood*

**Infant and Child Health**

*Bloomin' Babies Birth Center*  
*Day Care Centers*  
*Garfield County Public Health*  
*Midwives for Home Births*  
*Mountain Family Health Centers*  
*Pediatric Partners*  
*St. Mary's Hospital*

**Family Planning**

*Doctor's Offices*  
*Garfield County Health and Human Services*  
*Grand River Health*  
*Hospitals*  
*Mountain Family Health Centers*  
*Planned Parenthood*  
*Pregnancy Resource Center*  
*PREP Program*  
*Public Health*  
*School System*  
*Valley View Hospital*  
*WIC*

**Injury and Violence**

*Advocate Safehouse*  
*Car Seat Installation Efforts*  
*Child Fatality Review Team*  
*Churches*  
*Colorado's Red Flag Gun Measure*  
*Grand River Health*  
*Grand River Hospital District*  
*Public Health*  
*School System*  
*Seat Belt/Safe Driving for Teens*

**Hearing and Vision Problems**

*Doctor's Offices*

**Heart Disease and Stroke**

*Ambulance Services*  
*American Heart Association*  
*Changing Lifestyles*  
*CHIP Program*  
*Doctor's Offices*  
*Early Identification/Education for Those At-Risk*  
*Garfield County Public Health*  
*Grand River Health*  
*Grand River Hospital District*

**Mental Health Issues**

*911*  
*Aspen Hope Center*  
*Aspen Strong*  
*CICP and Clinics*  
*Colorado West*  
*CRISIS Line*  
*Doctor's Offices*  
*DU LSW Program*  
*Garfield County*

Grand Junction  
 Grand River Health  
 Grand River Hospital District  
 Hope Center  
 Hospitals  
 Law Enforcement  
 Mental Health Services  
 Mind Springs  
 Mountain Family Health Centers  
 Pueblo Colorado Mental Health Institute  
 Regional Mental Health Facility  
 School System  
 Suicide Coalitions  
 Suicide Prevention Coalition of Garfield County  
 Valley View Hospital  
 Well Spring

**Nutrition, Physical Activity, and Weight**

Battlement Mesa Rec Center  
 Bear Fitness  
 Changing Lifestyles  
 CHIP Program  
 Community Centers  
 Cooking Matters  
 Diabetic Services  
 Doctor's Offices  
 Farmer's Market  
 Fitness Centers/Gyms  
 Garfield County Public Health  
 Garfield County Senior Services  
 Garfield Healthy Communities Coalition  
 Grand River Health  
 Grand River Hospital District  
 Grand River Physicians  
 Healthy Lifestyles  
 Lifestyle Medicine Consultants  
 Motivated County Residents  
 Online Information  
 Parks and Recreation  
 Physical Therapy  
 Rifle Parks and Recreation Department  
 Running Events  
 School System  
 Shop With a Doc  
 Valley View Hospital  
 Vitamin Cottage Nutritional Counselors  
 Walk With a Doc

Weight Watchers  
 WIC

**Oral Health/Dental Care**

Fluoride in the Water  
 Hospitals  
 Mountain Family Health Centers  
 New Bill for Pregnant Moms in Legislation

**Respiratory Diseases**

Doctor's Offices  
 Grand River Hospital District  
 Grand River Physicians  
 Hospitals  
 Quitline  
 Silt Medical  
 State Stop Smoking Campaign

**Substance Abuse**

911  
 AA/NA  
 Alpine Counseling  
 Aly's House  
 Aspen Hope Center  
 Front Range Detox Centers  
 Grand River Health  
 Grand River Hospital District  
 Grand River Physicians  
 Hope Center  
 Hospitals  
 Inpatient Drug Program  
 MAT  
 Mental Health Services  
 Mind Springs  
 Mountain Family Health Centers  
 Religious Counseling Services  
 Rifle Mental Health Substance Abuse Counselor  
 School System  
 Valley View Hospital  
 West Springs

**Tobacco Use**

Baby and Me Tobacco Free Program

*Doctor's Offices*  
*Grand River Physicians*  
*Mental Health Services*  
*Pitkin County Health*  
*Quitline*  
*Raise the Price on Tobacco Products*  
*State Stop Smoking Campaign*  
*STOP Program*

# Appendix



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## Evaluation of Past Activities

### Evaluation of Work Since the Grand River Health 2016 Community Health Needs Assessment

Community Identified Needs	Actions/Progress/ Implementation Strategies	Additional Information
<b>MENTAL HEALTH</b>	<ul style="list-style-type: none"> <li>In 2015, Grand River Health (GRH) had four Mental Health providers. In 2019, we have increased to 6 Mental Health providers for outpatient services. Our Emergency Department supports crisis evaluation and intervention with connection to crisis counselors for referral to higher levels of care or treatment options that allow safe discharge. For inpatient needs, GRH has access to Telepsychiatry services, 24/7/365. In addition to the services provided at GRH, Mountain Family Health has added Behavioral Health providers to all of their clinics throughout the region. Mind Springs Health also provides Mental Health Services. Mind Springs Health no longer has an office in Rifle, however, GRH is working with them to re-open an office in or close to the hospital. In 2018, the new West Springs Hospital opened in Grand Junction which expanded inpatient psychiatric beds from 32 to 64 beds. Another Mental Health organization that will be providing services in our region soon is the Hope Center. Counselors from the Hope Center do crisis intervention and provide emergency services to those in need.</li> <li>Suicide Prevention continues to be a focus for our community. The Suicide Prevention Council of Garfield County provides outreach and education for the school districts and other community and health service organizations.</li> </ul>	<p>Even with expanded services in multiple practices, access to Mental Health services is still an opportunity for improvement for the region. Patients still, at times, have trouble getting appointments in a timely manner. As our community continues to work on the Hospital Transformation Project, we will continue to pursue and expand upon our treatment options for patients.</p>
<b>DIABETES</b>	<p>While Diabetes prevalence in the region is lower than the state average, Diabetes was recognized as a top concern in the Online Key Informant Survey. In response to this, as well as to achieving our mission to improve the health and well-being of our communities, Grand River has a comprehensive program for Diabetes treatment (Changing Lifestyles) that provides education and support services for patients with Diabetes. The Changing Lifestyles program receives referrals from a multitude of providers in the region. A Pre-Diabetes program has also been established. This program is a yearlong program that works with clients to learn cooking methods, shopping strategies, and other educational support for Diabetes prevention.</p>	

<p><b>CANCER</b></p>	<p>Preventative cancer screenings are incorporated into the annual health screening exams for our Family Medicine and Internal Medicine practices. Grand River Health received their Patient Centered Medical Home in 2018. Mammograms and Colorectal Screenings are 2 of the measures that we submit for comparison to other facilities. Since 2014 the number of patients getting annual mammograms increased from 57.4% to 74.2%. Additionally, Grand River Hospital offers walk-in mammograms Mon-Fri from 12-4.</p>	<p>New and expanded oncology services are being incorporated into the hospital expansion project to be completed in 2021.</p>
<p><b>DEATH, DISEASE &amp; CHRONIC CONDITIONS</b></p>	<p><b>Chronic Disease</b></p> <p><b>Heart Disease and Stroke</b> - While Garfield County is well below the state and national rates for Heart Disease and Stroke, it is still a perceived problem in our community. Garfield County and Grand River Hospital are both addressing this chronic condition in a number of ways. Nutritional counseling has seen a definitive rise to help with healthy eating education and outreach. Such programs as the ones offered by the Healthy Lifestyles Department in the hospital help teach patients cooking techniques and healthy eating choices. Our “Shop with a Doc”, “Walk with a Doc” and “Work out with a Doc” have been immensely popular with community residents. We also have a Lifestyle Management physician that works with patients to modify behaviors to promote healthier living.</p> <p><b>Respiratory Disease</b> – The prevalence of diseases such as Chronic Obstructive Pulmonary Disease (COPD) and Asthma are fairly close to national averages, with Asthma rates slightly higher in Garfield County. To address these conditions Grand River is focusing on ensuring patients with such conditions have appropriate follow-up with their care providers. Our clinics have Chronic Disease nurses that specifically specialize in management of chronic conditions including regular phone calls with patients to address concerns and ensure treatment regimens are followed.</p>	<p>Cardiac Rehabilitation is another program to be included with the Grand River Hospital expansion in 2021.</p>
<p><b>MODIFIABLE HEALTH RISKS</b></p>	<p><b>No Leisure-Time Physical Activity/Access to Recreation &amp; Fitness Facilities</b> - Garfield County is below state and national averages for these two health focus areas. Since the last CHNA study in 2016, several new fitness centers have opened in the Rifle community. Colorado Mountain College has also increased the number of classes available for community members to attend. Battlement Mesa has the Community Recreation Center, which has been in existence for a number of years but is an option for western Garfield County residents.</p> <p><b>Substance Abuse</b> – Grand River Hospital aligned with the Colorado Hospital Association in 2018 to adopt the Alternatives to Opioids (ALTO) program. The ALTO program is a proactive approach to address the rampant opioid problem in America. The goal of the program is to try an alternative medication to treat pain prior to administering an opioid for pain, in addition to an overall reduction in the administration of opioids.</p>	<p>Grand River has exceeded their goal of reducing Opioid administration in the Emergency Department by close to 35%</p>