



# 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Garfield County, Colorado

Sponsored by



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# INTRODUCTION

# 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 Health. 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 Health by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

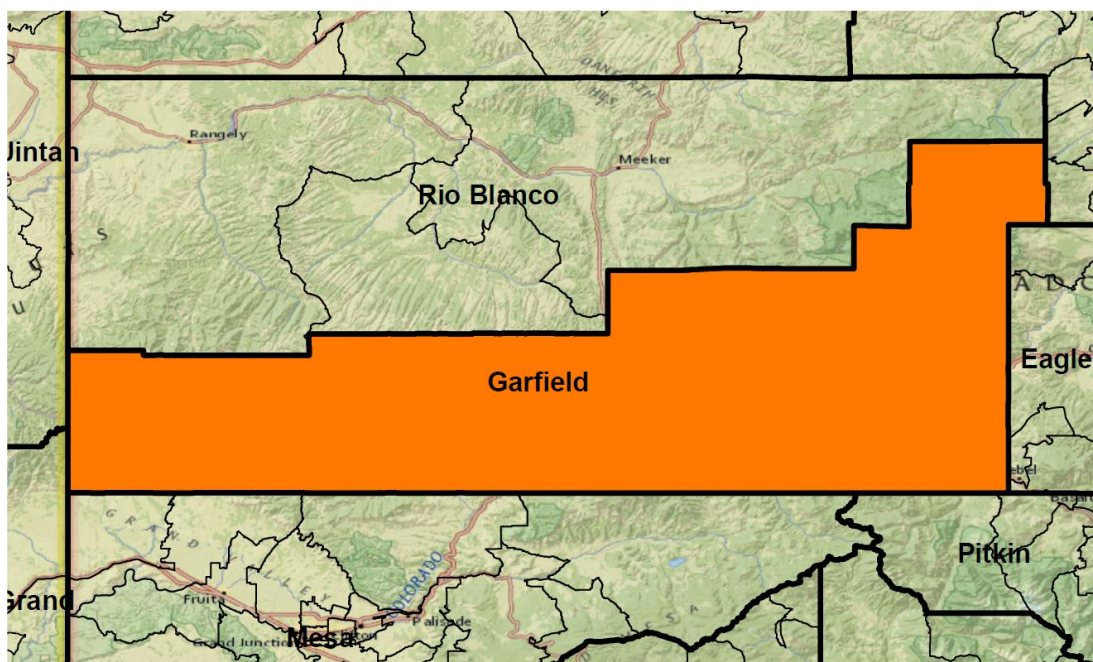
## Methodology

Quantitative data input for this assessment 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 among community leaders gathered through an Online Key Informant Survey.

## Community Defined for This Assessment

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



## Online Key Informant Survey

To solicit input from community 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 Health; 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, 54 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	11
Public Health Representatives	1
Other Health Providers	20
Social Services Providers	1
Other Community Leaders	21

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Aspen Hope Center
- City of Rifle
- Community
- CRVEDC
- Garfield County Public Library District
- Garfield Housing Authority
- Garfield Re-2 School District
- Grand River Health
- Grand River Health - Mental Health
- Grand Valley Fire
- Greater Rifle Improvement Team
- Hays and Strode - Attorney at Law
- Mountain Board of Cooperative Education Services
- PFAC
- Rifle Regional Economic Development Corporation
- Rifle Senior Center
- Town of Parachute
- Valley View Hospital



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.

## 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 \(CARES\), University of Missouri Extension, SparkMap \(sparkmap.org\)](#)
- [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, National Center for Health Statistics](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [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](#)

## Benchmark Data

### Colorado and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

### Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.



## 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 Health 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 Health 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 Health 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 nonprofit 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 (2022)		See Report Page
<b>Part V Section B Line 3a</b>	A definition of the community served by the hospital facility	6
<b>Part V Section B Line 3b</b>	Demographics of the community	20
<b>Part V Section B Line 3c</b>	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	86
<b>Part V Section B Line 3d</b>	How data was obtained	6
<b>Part V Section B Line 3e</b>	The significant health needs of the community	11
<b>Part V Section B Line 3f</b>	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
<b>Part V Section B Line 3g</b>	The process for identifying and prioritizing community health needs and services to meet the community health needs	11
<b>Part V Section B Line 3h</b>	The process for consulting with persons representing the community's interests	6
<b>Part V Section B Line 3i</b>	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	91

# 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 Garfield County 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 key informants giving input to this process.

### AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT

ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"><li>▪ Lack of Health Insurance</li><li>▪ Access to Dentists</li></ul>
CANCER	<ul style="list-style-type: none"><li>▪ Leading Cause of Death</li></ul>
MENTAL HEALTH	<ul style="list-style-type: none"><li>▪ Suicide Deaths</li><li>▪ Mental Health Provider Ratio</li><li>▪ Key Informants: <i>Mental Health</i> ranked as a top concern.</li></ul>
SUBSTANCE USE	<ul style="list-style-type: none"><li>▪ Excessive Drinking</li><li>▪ Key Informants: <i>Substance Use</i> ranked as a top concern.</li></ul>

### Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part 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 Use](#)
3. [Access To Health Care Services](#)
4. [Cancer](#)

Further, the [social determinants of health](#) are an important lens through which to understand and address all of these issues.

## Hospital Implementation Strategy

Grand River Health 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 the prior CHNA 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, grouped by health topic.






### Reading the Summary Tables














- In the following tables, Garfield County results are shown in the larger, gray column.
- The columns to the right of the Garfield County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Garfield County compares favorably (☀️), unfavorably (☔️), or comparably (☁️) to these external data.











Note that blank table cells in the tables that follow 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. HP2030
Linguistically Isolated Population (Percent)	6.0	☔️ 2.3	☔️ 3.9	
Population in Poverty (Percent)	8.1	☀️ 9.6	☀️ 12.5	☁️ 8.0
Children in Poverty (Percent)	8.8	☀️ 11.3	☀️ 16.7	☁️ 8.0
No High School Diploma (Age 25+, Percent)	10.7	☔️ 7.5	☁️ 10.9	
Unemployment Rate (Age 16+, Percent)	4.2	☁️ 4.5	☁️ 4.0	
Housing Exceeds 30% of Income (Percent)	33.8	☁️ 32.2	☁️ 30.5	☔️ 25.5




☀️ better      ☁️ similar      ☔️ worse



OVERALL HEALTH	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
"Fair/Poor" Overall Health (Percent)	15.3	 14.9	 17.9	
		 better	 similar	 worse




ACCESS TO HEALTH CARE	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Uninsured (Adults 18-64, Percent)	16.3	 9.6	 11.2	 7.6
Uninsured (Children 0-18, Percent)	8.7	 5.0	 5.1	 7.6
Routine Checkup in Past Year (Percent)	67.6	 68.2	 76.1	
Primary Care Doctors per 100,000	120.0	 122.0	 116.3	
		 better	 similar	 worse



CANCER	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Cancer Deaths per 100,000	121.1	 139.8	 182.7	
Cancer Incidence per 100,000	395.4	 391.7	 442.3	
Female Breast Cancer Incidence per 100,000	98.8	 129.3	 127.0	
Prostate Cancer Incidence per 100,000	124.0	 98.5	 110.5	
Colorectal Cancer Incidence per 100,000	33.6	 31.0	 36.5	




CANCER (continued)	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Lung Cancer Incidence per 100,000	37.2	 38.3	 54.0	
Breast Cancer Screening in Past 2 Years (Women 50-74, Percent)	73.8	 71.5	 76.5	 80.5
Cervical Cancer Screening in Past 3 Years (Women 21-65, Percent)	83.5	 83.0	 82.8	 84.3
Colorectal Cancer Screening (Age 45-75, Percent)	61.5	 62.3	 66.3	 74.4










 better     
  similar     
  worse




DIABETES	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Diabetes Prevalence (Percent)	6.4	 6.8	 8.9	








 better     
  similar     
  worse




DISABLING CONDITIONS	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Disability Prevalence (Percent)	9.1	 11.0	 12.9	







 better     
  similar     
  worse




		GARFIELD COUNTY vs. BENCHMARKS		
HEART DISEASE & STROKE	Garfield County	vs. CO	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	68.3	 67.4	 112.5	
Stroke Deaths per 100,000	25.9	 35.7	 47.7	
High Blood Pressure Prevalence (Percent)	27.1	 25.9	 32.7	 42.6
High Blood Cholesterol Prevalence (Percent)	31.1	 30.5	 35.5	








 better    
  similar    
  worse
















		GARFIELD COUNTY vs. BENCHMARKS		
INFANT HEALTH & FAMILY PLANNING	Garfield County	vs. CO	vs. US	vs. HP2030
Low Birthweight (Percent of Births)	8.8	 9.4	 8.3	
Infant Deaths per 1,000 Live Births	4.4	 4.8	 5.7	 5.0
Teen Births per 1,000 Females 15-19	19.4	 13.9	 16.6	









 better    
  similar    
  worse







		GARFIELD COUNTY vs. BENCHMARKS		
INJURY & VIOLENCE	Garfield County	vs. CO	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	63.0	 63.1	 60.2	
Motor Vehicle Crash Deaths per 100,000	13.8	 12.0	 12.5	
Violent Crimes per 100,000	202.1	 342.7	 416.0	




 better    
  similar    
  worse







		GARFIELD COUNTY vs. BENCHMARKS		
MENTAL HEALTH	Garfield County	vs. CO	vs. US	vs. HP2030
Suicide Deaths per 100,000	25.9	 22.7	 14.5	
Mental Health Providers per 100,000	222.1	 431.0	 312.5	
		 better	 similar	 worse




		GARFIELD COUNTY vs. BENCHMARKS		
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Garfield County	vs. CO	vs. US	vs. HP2030
Fast Food Restaurants per 100,000	82.7	 79.0	 80.0	
Population With Low Food Access (Percent)	17.6	 21.5	 22.2	
No Leisure-Time Physical Activity (Percent)	14.6	 14.7	 19.5	 21.8
Recreation/Fitness Facilities per 100,000	17.8	 16.1	 12.3	
Obese (Percent)	21.6	 24.6	 30.1	 36.0
		 better	 similar	 worse





		GARFIELD COUNTY vs. BENCHMARKS		
ORAL HEALTH	Garfield County	vs. CO	vs. US	vs. HP2030
Dental Visit in Past Year (Percent)	64.3	 64.6	 63.9	 45.0
Dentists per 100,000	64.9	 78.8	 66.5	
		 better	 similar	 worse




RESPIRATORY DISEASE	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	37.1	 42.9	 46.0	
Asthma Prevalence (Percent)	10.8	 10.8	 9.9	
COPD Prevalence (Percent)	5.8	 5.6	 6.8	




 better    
  similar    
  worse

SEXUAL HEALTH	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
HIV Prevalence per 100,000	150.5	 274.7	 386.6	
Chlamydia Incidence per 100,000	362.9	 456.3	 495.0	
Gonorrhea Incidence per 100,000	74.0	 150.4	 194.4	

 better    
  similar    
  worse

SUBSTANCE USE	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Excessive Drinking (Percent)	22.5	 21.4	 18.1	
Drug Overdose Deaths per 100,000	17.1	 25.1	 26.9	

 better    
  similar    
  worse

TOBACCO USE	Garfield County	GARFIELD COUNTY vs. BENCHMARKS		
		vs. CO	vs. US	vs. HP2030
Cigarette Smoking (Percent)	12.7	 12.4 better	 12.9 similar	 6.1 worse



# COMMUNITY DESCRIPTION

# POPULATION CHARACTERISTICS

## Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

**Total Population**  
(Estimated Population, 2018-2022)

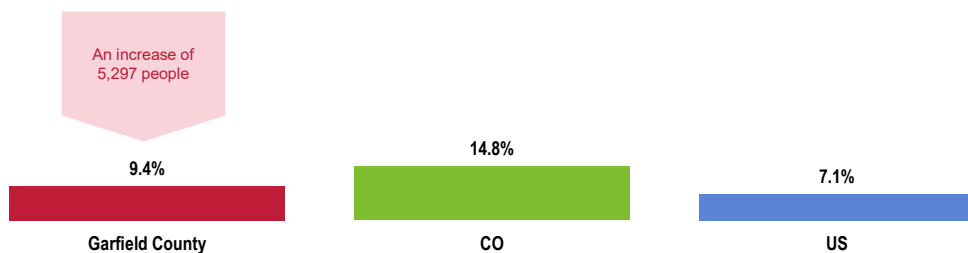
	TOTAL POPULATION	TOTAL LAND AREA (SQUARE MILES)	POPULATION DENSITY (PER SQUARE MILE)
<b>Rifle County</b>	61,683	2,947.43	21
<b>Colorado</b>	5,770,790	103,637.06	56
<b>United States</b>	331,097,593	3,533,269.34	94

Sources: • US Census Bureau American Community Survey 5-year estimates.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

## Population Change

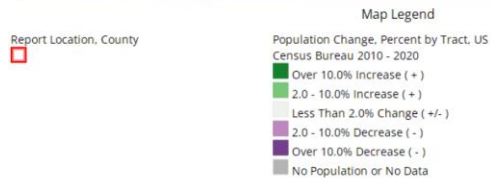
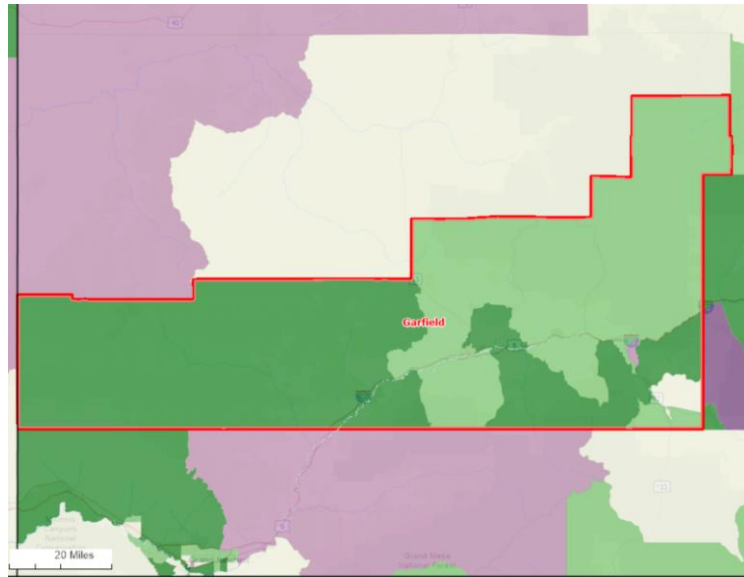
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Garfield County between the 2010 and 2020 US Censuses.

**Change in Total Population**  
(Percentage Change Between 2010 and 2020)



Sources: • US Census Bureau Decennial Census (2010-2020).  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

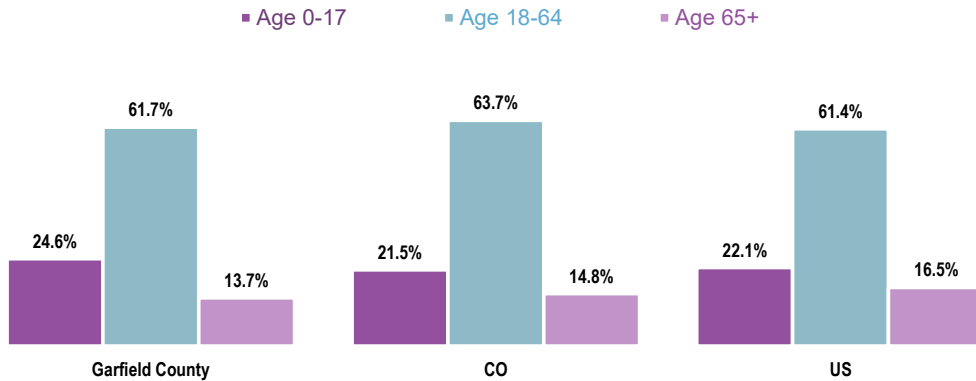




## Age

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.

### Total Population by Age Groups (2018-2022)



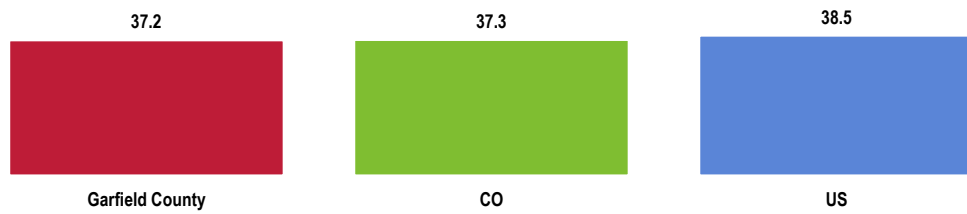
Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).



## Median Age

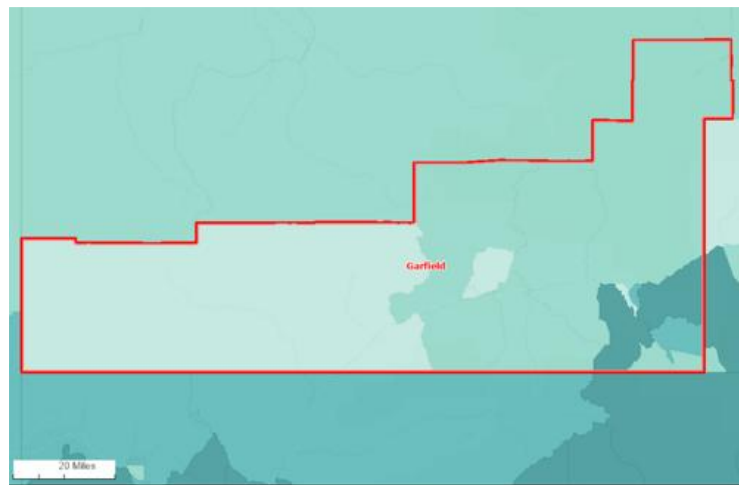
Note the median age of our population, relative to state and national medians.

### Median Age (2018-2022)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).



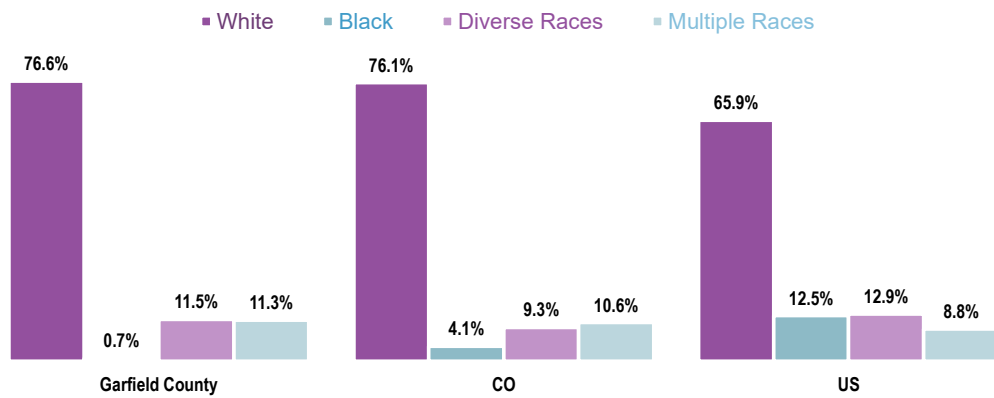
SparkMap



# Race & Ethnicity

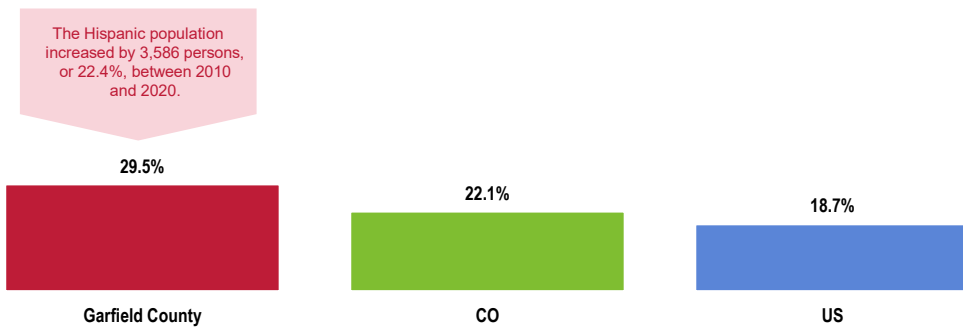
The following charts illustrate the racial and ethnic makeup of our community. “Race Alone” reflects those who identify with a single race category — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

### Total Population by Race Alone (2018-2022)



Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

### Hispanic Population (2020)



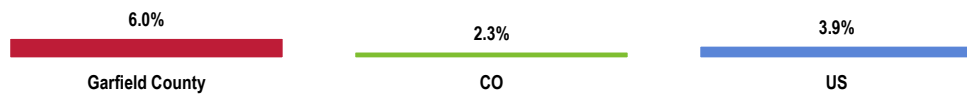
Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).  
 Notes: • People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



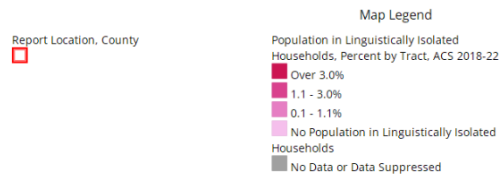
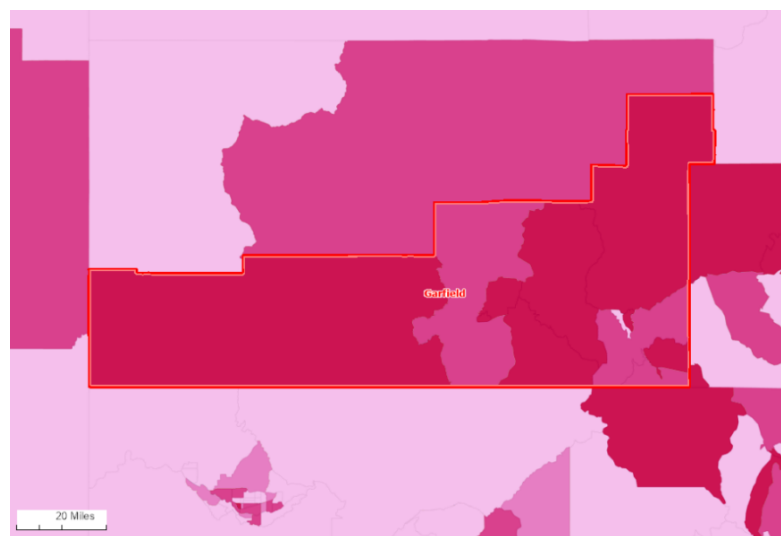
# Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

## Linguistically Isolated Population (2018-2022)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.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."



# SOCIAL DETERMINANTS OF HEALTH

## ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Poverty

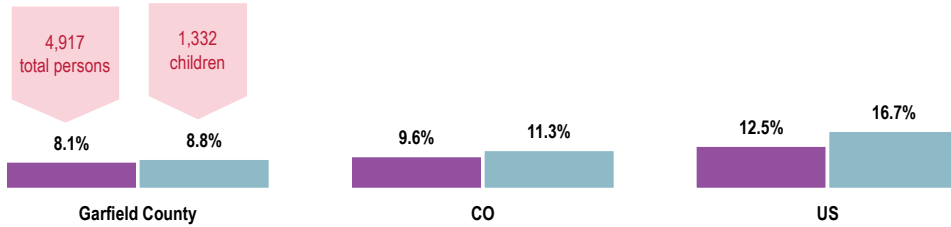
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to health status. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well as the percentage of children in Garfield County living in poverty, in comparison to state and national proportions.



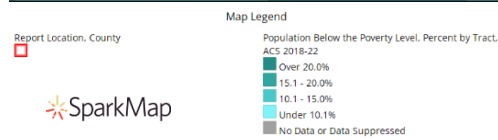
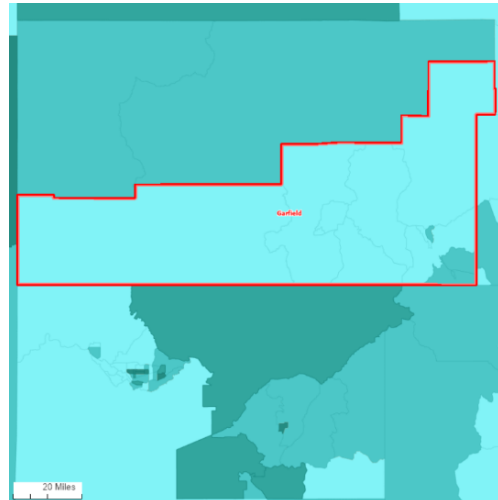
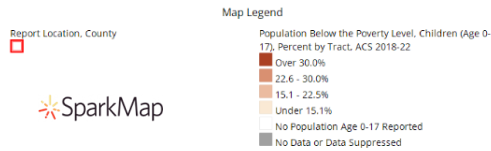
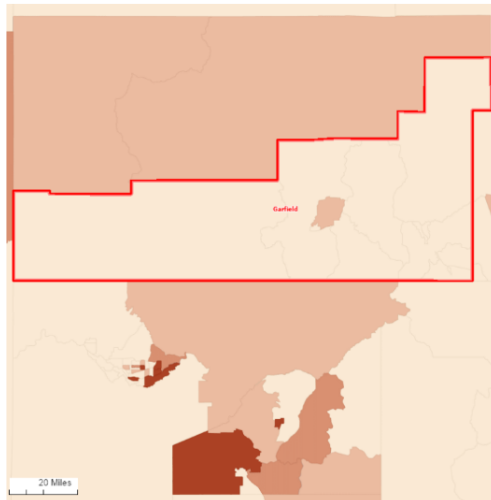
# Percent of Population in Poverty (2018-2022)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



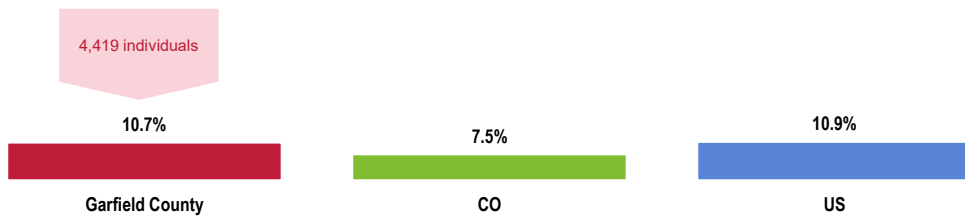
Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).   
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



# Education

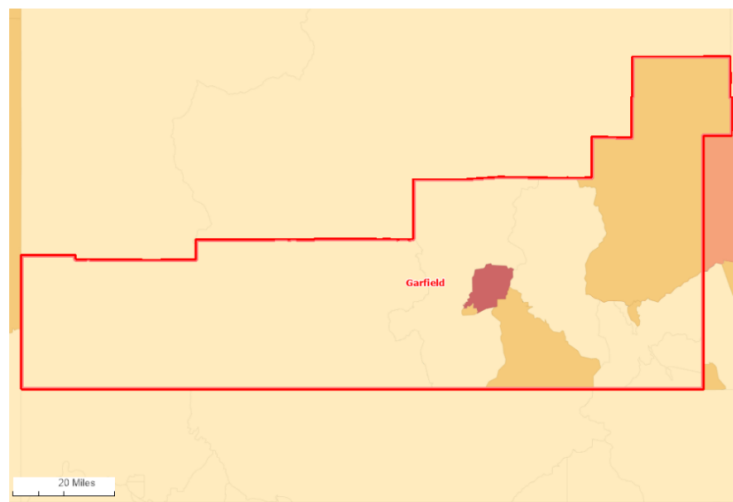
Education levels are reflected in the proportion of our population age 25 and older without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

## Population With No High School Diploma (Adults Age 25 and Older, 2018-2022)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).



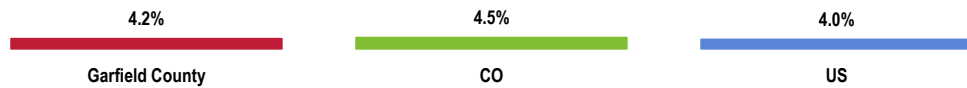
Report Location, County



## Employment

Changes in unemployment rates in Garfield County over the past several years are outlined in the following chart. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status.

### Unemployment Rate (November 2024)



Sources: 

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

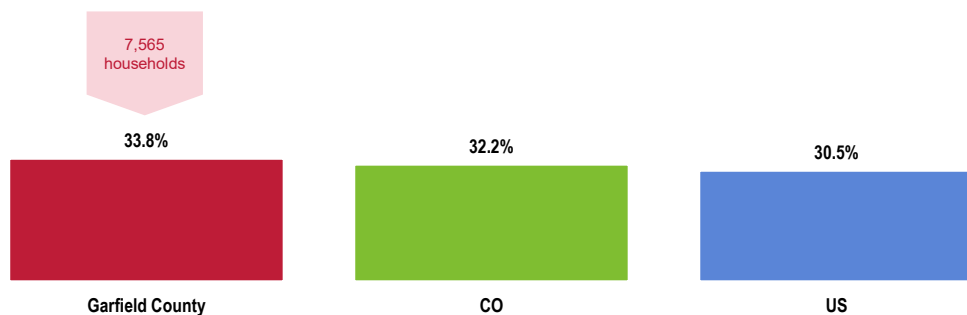
  
 Notes: 

- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

## Housing Burden

The following chart shows the housing burden in Garfield County. This serves as 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.

### Housing Costs Exceed 30 Percent of Household Income (Percent of Households; 2018-2022) Healthy People 2030 = 25.5% or Lower



Sources: 

- US Census Bureau, American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

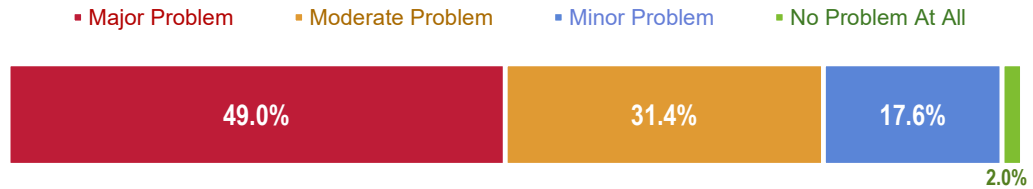
“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.



# Key Informant Input: Social Determinants of Health

Key informants' ratings of the severity of *Social Determinants of Health* as a concern in Garfield County are outlined below.

## Perceptions of Social Determinants of Health as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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 Housing

- Financial stressors, housing access, and job access are limitations. Discrimination is complex but certainly affects LGBTQIA patients and minorities. — Physician
- Affordable housing is an issue. Too many vacation homes and not enough single-family homes. — Physician
- We have a significant housing crisis. Affordability is difficult for most. Unfortunately we don't have enough crisis housing and many don't have any permanent housing. Mental Health plays into this as many don't take their medication and end up on the street. Our mental health resources are over - worked and limited, leaving many with no options. Drug use is a problem. — Other Health Provider
- Housing ripples through all kinds of issues: how far away you have to live from your workplace, how much money is left over for health care. — Community Leader
- Lack of affordable housing and availability for apartments. Discrimination and stigma around non-English speaking individuals. Hard to find affordable healthcare for uninsured people. — Other Health Provider
- It's all interrelated. Housing is expensive and there is a lack of supply, often leaving people living in detrimental conditions. Wages are stagnant and inadequate to meet the needs of families trying to survive in this economy. Education is not prioritized in this community and even hamstrung by school board members promoting personal agendas, BOCC controlling library bod appts so as to further throttle access to information, discrimination is rampant in this community as there is a celebration of isolationism and nationalism on a national level as well as the county level. The BOCC has no interest in protecting clean air and water and are readily allowing nuclear waste to be transported throughout the county, there is not an o&g well that they won't approve, etc. — Physician
- High unhoused population, immigrant communities, cost of living, housing crisis. — Other Health Provider
- Housing costs are expensive in the area. Additionally, the commute to Aspen leaves many residents with limited time and resources to deal with health issues. — Community Leader
- Housing is an issue in our area for those with lower to no income. — Community Leader
- Limited housing options. — Public Health Representative
- Housing insecurities. — Physician

### Cost of Living

- It is not a secret that we are dealing with a super high cost of living. This will impact all social determinants of health. In addition, we are also dealing with fear from our community that may avoid seeking care due to fear of deportation or being denied services. This will create reluctance to access healthcare. — Social Services Provider
- Cost of living in this area is excessive and some of the highest in the state, particularly for housing. Limited availability of housing. Food support organizations are also starting to struggle and have cut services due to demand for resources. — Other Health Provider
- The cost of living invokes major stress and family dysfunction. — Community Leader



## Access to Care/Services

Lack of resources. — Other Health Provider

Lack of resources. People routinely identify issues on their SDoH but we don't know how to help them with it. Such as lack of access to medications or transportation. — Other Health Provider

## Employment

We have lots of lower income housing but few local well-paying jobs, many people drive many miles for good jobs. Limited healthy food access. — Physician

Limited economic development / new jobs, many in the population don't pursue advanced degrees, food insecurities, lack of transportation, housing not kept in good repair. — Other Health Provider

## Access to Affordable Healthy Food

There are many people in our community who experience food insecurity, housing insecurity, discrimination, and who are unable to make a livable wage to support their families. — Community Leader

## Funding

The Federal government is cutting all programs that help the neediest. Misinformation is everywhere. Not enough housing for low income or elderly. — Community Leader

## Socioeconomic

The social determinants are out of whack - they are expensive, inaccessible at times (childcare, housing, healthcare). The number of livable wage jobs in the region is low and often located far away from a resident's place of residence, necessitating long commutes that take people away from their families and communities. There is limited supply of attainable housing in the region- both starter homes and rental units; many people in the region are paying more than 40 - 50% of their income in housing. Colorado Mountain College does offer affordable classes, certificates and supportive resources for students and families. Discrimination has become much more widespread and tolerated over the last 5 years. All of these challenges to social determinants negatively affect home life, access to good jobs, personal growth, positive sense of self and well-being, often times leading to substance abuse, self-harm, suicide and domestic violence. — Community Leader

## Undocumented Persons

High number of undocumented persons. — Other Health Provider





# HEALTH STATUS

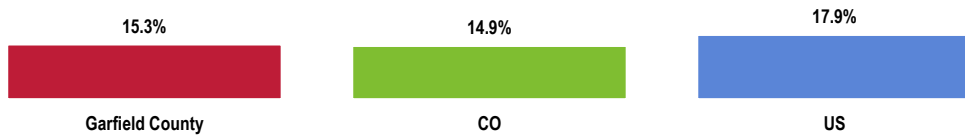
# OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in Garfield County, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

*"Would you say that in general your health is: excellent, very good, good, fair, or poor?"*

## Adults With "Fair" or "Poor" Overall Health (2022)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).



# MENTAL HEALTH

## ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

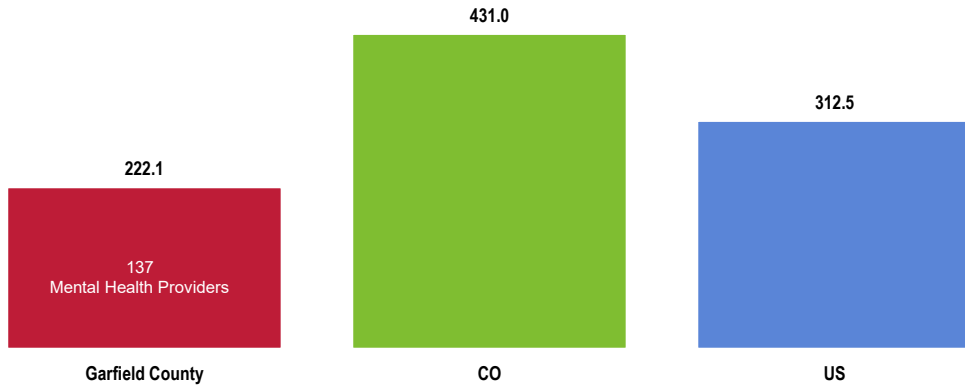
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Mental Health Providers

The data below show the number of mental health care providers in Garfield County relative to the Garfield County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

**Access to Mental Health Providers**  
(Number of Mental Health Providers per 100,000 Population, 2024)



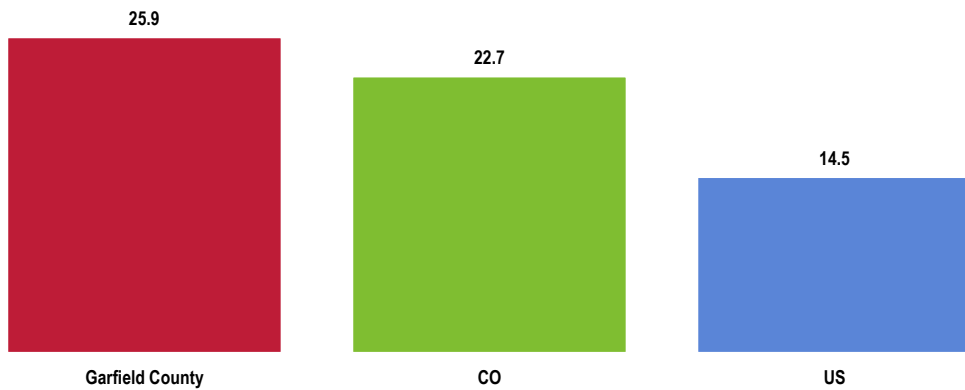
- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- This 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.



# Suicide

The following reports the rate of death in Garfield County due to intentional self-harm (suicide) in comparison to statewide and national rates. This measure is relevant as an indicator of poor mental health.

### Suicide Mortality (2018-2022 Annual Average Deaths per 100,000 Population)



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.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.

# Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Garfield County are outlined below.

### Perceptions of Mental Health as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: 

- 2025 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 care, psych/counseling, lack of mental health education community wide and lack of financial resources for people with mental health concerns. — Other Health Provider

Access to quality mental health care. Wait times. — Community Leader

Lack of resources. Takes too long to get an appointment. Poor reimbursement for care. Almost impossible to get inpatient mental health care. — Other Health Provider

Access to care, community support and network to connect to services. — Community Leader

Lack of access to mental health resources and drug and alcohol abuse treatment. Mind Springs, Mountain Family and GRH are not able to meet the demand for the valley for just mental health treatment for situational cases or cases of circumstances, much less the higher need, such as psychiatric conditions or drug and alcohol abuse centers. — Physician

Lack of inpatient care facilities. — Physician

Inadequate access to psychiatric care, not counseling, but medical treatment. — Physician

There are no resources. — Other Health Provider

There are very limited resources, aside from routine visits, for someone who has a mental health disorder. — Public Health Representative

Services are thin, both for outpatient and inpatient, but especially for those requiring inpatient treatment. — Other Health Provider

Access to care. — Other Health Provider

Access. — Other Health Provider

Limited resources. Only a few providers that take insurance including Medicare and Medicaid. Long wait time to see one of these providers. The only psychiatric in-patient hospital on the Western slope will be closing next month. — Other Health Provider

Access. — Physician

The biggest challenge for people with mental health issues in our community is the lack of mental health services and providers. Specifically, providers that will accept health insurance. — Community Leader

Care for those in crisis as well as overall mental health maintenance is lacking (few options, high cost, etc...) This is also a cultural issue. Meaning young people do not feel secure. There are few family or peer groups that are uplifting for young people. — Community Leader

### Lack of Providers

Lack of mental health providers, not enough resources of number of people who require them. — Physician

Access to providers. — Other Health Provider

Not enough caregivers/doctors/etc. Lack of insurance coverage and lack of beds for those with greater problems and more needs. Many still feel that mental health is not a disease. — Community Leader

Not enough mental health providers in our area. Or enough variety. For example: having a mental health provider that works specifically for eating disorders that will take Medicaid. — Other Health Provider

Not enough Mental Health providers in our area. Our community would like to see bicultural bilingual mental health counselors. This would provide great satisfaction to our patients in our area. Our community also knows that this is something we are aware of and that it is a barrier the USA in general is confronting. — Social Services Provider

Lack of mental health providers, excruciatingly long wait times to see a provider, limited emergency/crisis facilities and/or services in the region. I know of a program where trained mental health specialists are called to mental health crisis calls in collaboration with law enforcement. I don't know how widespread the program is or if it is still in existence. Due to the lack of resources, we see increased teen suicide, self-harm, and substance abuse. — Community Leader

Lack of providers. Providers are often booked out for months at a time before being able to see one. Not enough providers and resources for BH. The State of Colorado does not seem to be able to figure out the best ways to help. — Other Health Provider

Provider shortage, long wait times to get help, very limited inpatient options. Stigma surrounding the local crisis facility. — Other Health Provider

Basic mental health needs. Not enough counselors, then not enough psychologists and then not enough psychiatrists. — Physician



## Diagnosis/Treatment

Poor follow up and resources. Limited psych bed availability. — Physician  
Unaddressed, unrecognized, untreated, limited access, limited affordability/low reimbursement rates from commercial payers and stigma. — Other Health Provider

## Incidence/Prevalence

Depression, anxiety and substance abuse. — Other Health Provider  
Depression. — Community Leader

## Aging Population

Mental health is the largest problem we see with seniors; this includes dementia and other aging factors. Finding a safe place for them to live has been next to impossible, making some homeless with no resources. — Community Leader

## Vulnerable Populations

Isolation, anxiety and loneliness. The most vulnerable populations seem to be elders, teens, and LGBTQ youth. Part of the issue is lack of awareness, just where people are supposed to start. After that, there's a lot of stigma attached to these issues. — Community Leader

## Prevalence in Youth

Mental health especially among minors is a huge problem in our community and unfortunately there are no resources, no facilities, no counseling centers etc. I believe we need more awareness and education for parents and schools regarding mental health warning signs, healthy coping mechanisms, psych drugs etc. — Other Health Provider

## Poverty

Socioeconomic difficulties, limited jobs, limited psychiatry providers and limited counselors. — Physician





# DEATH, DISEASE & CHRONIC CONDITIONS

# CARDIOVASCULAR DISEASE

## ABOUT HEART DISEASE & STROKE

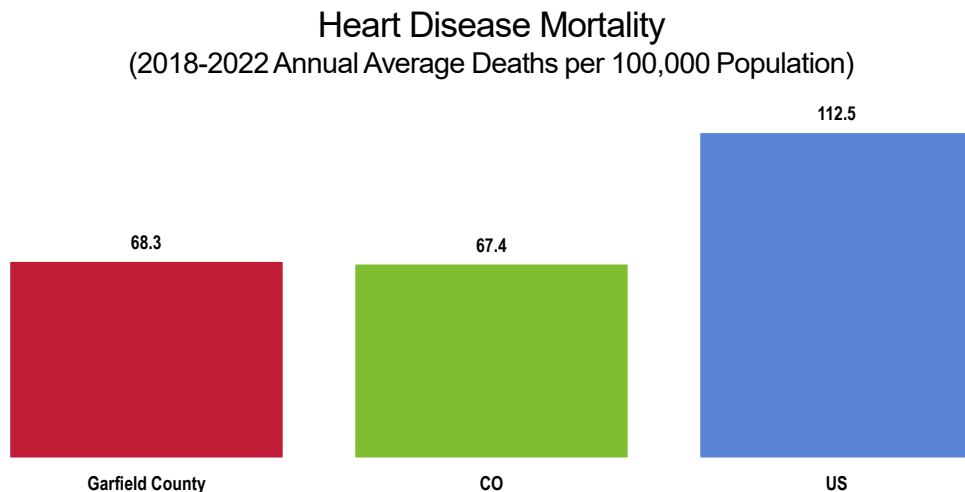
Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Heart Disease Deaths

Heart disease is a leading cause of death in Garfield County and throughout the United States. The chart that follows illustrates how our mortality rate compares to rates in Colorado and the US.



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

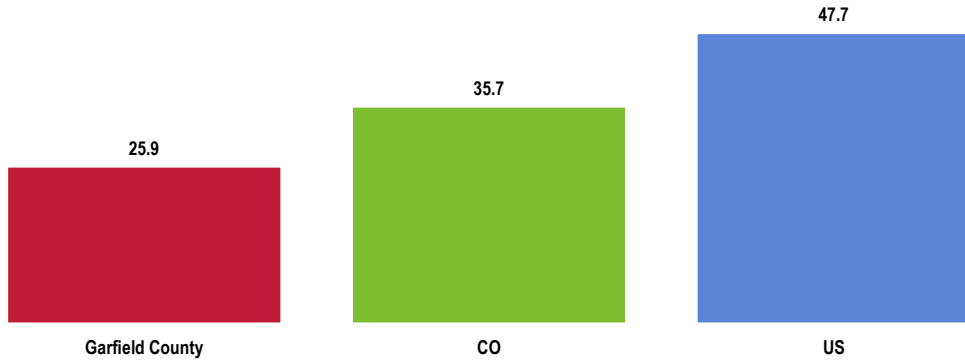
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



# Stroke Deaths

Stroke, a leading cause of death in Garfield County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.

**Stroke Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.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.

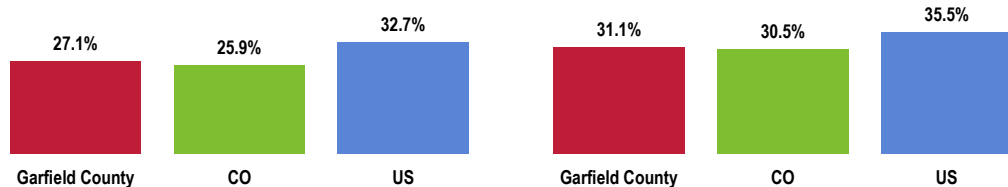
# Blood Pressure & Cholesterol

The following chart illustrates the percentages of Garfield County adults who have been told that they have high blood pressure or high cholesterol, known risk factors for cardiovascular disease.

The CDC's Behavioral Risk Factor Survey asked:  
 "Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"  
 "Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?"

**Prevalence of High Blood Pressure (2021)**  
Healthy People 2030 = 42.6% or Lower

**Prevalence of High Blood Cholesterol (2021)**



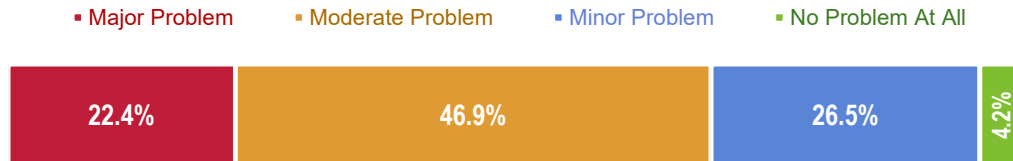
Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



# Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Garfield County.

## Perceptions of Heart Disease & Stroke as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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

No resources, no education on preventative measures. — Other Health Provider  
Our hospital is not equipped to handle these conditions. They have to be transported to another hospital. — Community Leader

### Lifestyle

Unhealthy lifestyle. — Physician  
Stress, obesity and diet. — Community Leader

### Diagnosis/Treatment

I believe the two conditions are problems as they often go undetected in the general public. Obesity, high blood pressure, poor eating habits, challenge to find fresh foods, stress (it's hard living in the region) are all contributors to these serious health issues, yet the symptoms are often hard to discern or "silent" until they manifest into a major incident. The consequences of these incidents - major disability and/or death - put a huge financial burden on those involved, both short term and long term. — Community Leader

### Aging Population

We have an aging population, rural healthcare, long transfers, preventive care is lacking because it's minimally reimbursed, Latino community not seeking care, difficult to find/be accepted into a stroke recovery center. — Other Health Provider

### Low Income

Again, for the lower level of income eating bad foods leads to bad diseases. Lower income population seem to smoke more. — Community Leader

### Awareness/Education

Lack of nutrition education. — Other Health Provider



# CANCER

## ABOUT CANCER

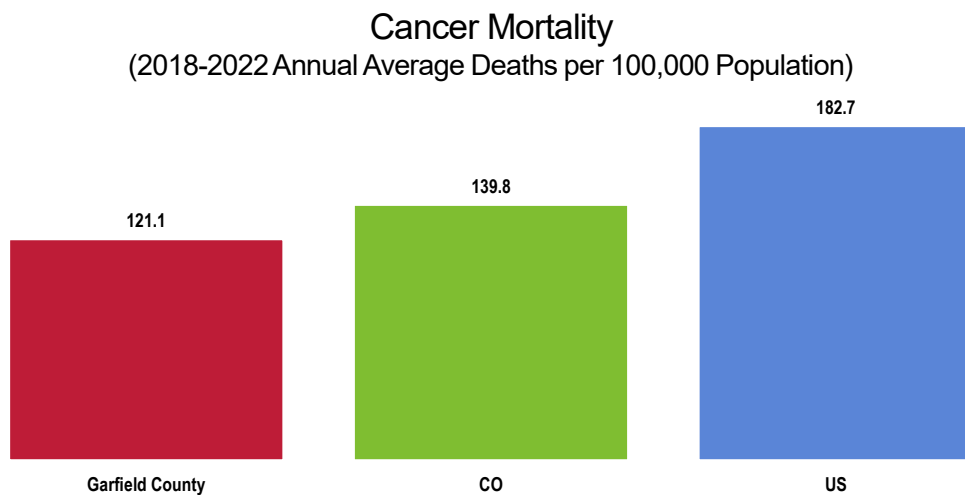
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cancer Deaths

Cancer is a leading cause of death in Garfield County and throughout the United States. Cancer mortality rates are outlined below.



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.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.

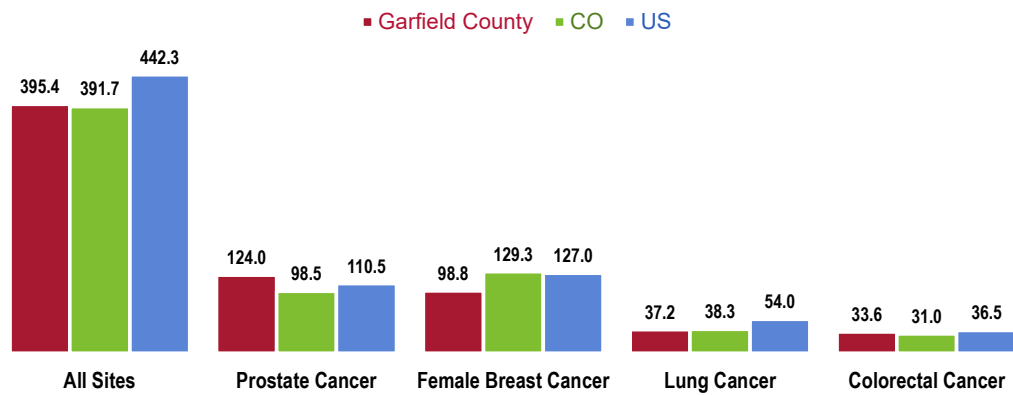


# Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Garfield County incidence rates for leading cancer sites.

**Cancer Incidence Rates by Site**  
(Annual Average Incidence per 100,000 Population, 2016-2020)



Sources: 

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.



# Cancer Screenings

## FEMALE BREAST CANCER

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

## CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

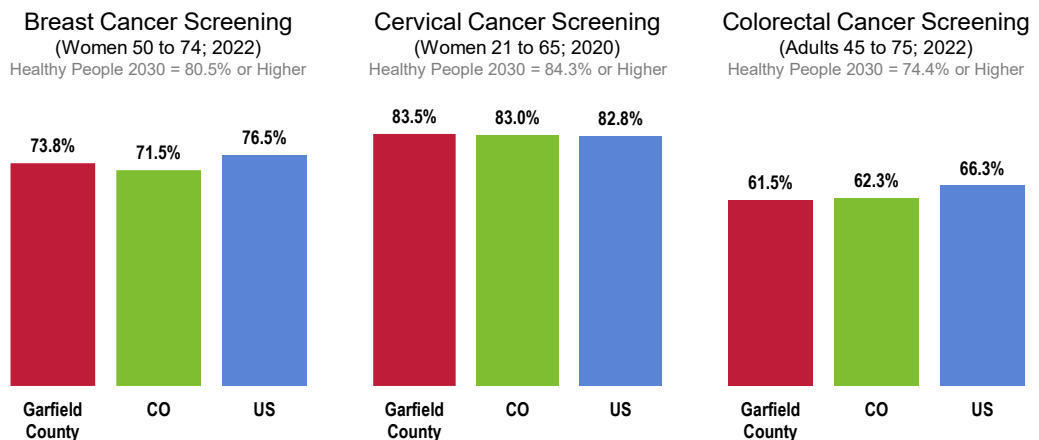
## COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 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.

The following outlines the percentages of residents receiving these age-appropriate cancer screenings. These are important preventive behaviors for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

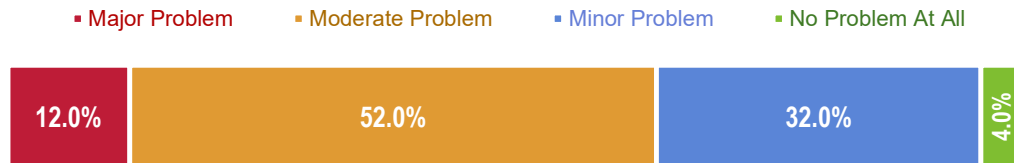
Notes: • Each indicator is shown among the age group specified. Breast cancer screenings are mammograms among females age 50-74 in the past 2 years. Cervical cancer screenings are Pap smears among women 21-65 in the past 3 years. Colorectal cancer screenings include the percentage of population age 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.



# Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

## Perceptions of Cancer as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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:

### Incidence/Prevalence

- I know many people in our community who have been diagnosed with cancer. — Community Leader
- There is a higher incidence of cancer in the region, and many have speculated it is due to all of the uranium processing. There are limited medical resources for these issues and often citizens have to travel out of the region to get help. — Community Leader
- Cancer always seems to find a work around so even if a person is in remission or “cancer free”, the cancer seems to find a way to come back. — Community Leader

### Access to Care/Services

- Advanced care or treatment for a variety of cancers is unavailable. — Community Leader
- Limited resources for treatment. — Physician

### Lack of Specialists

- We do not have an oncology specific wing of doctors. — Community Leader



# RESPIRATORY DISEASE

## ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ... More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

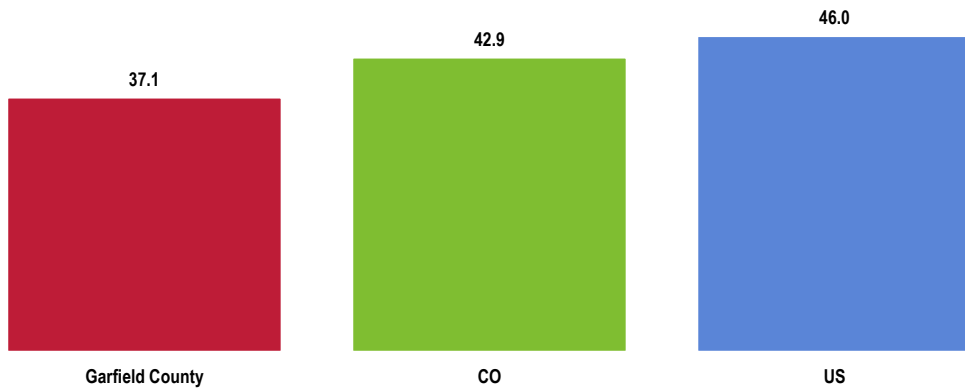
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Lung Disease Deaths

The mortality rate for lung disease in Garfield County is summarized below, in comparison with Colorado and national rates.

Note: Here, lung disease reflects chronic lower respiratory disease deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

**Lung Disease Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.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.



# Asthma Prevalence

The following chart shows the prevalence of asthma among Garfield County adults.

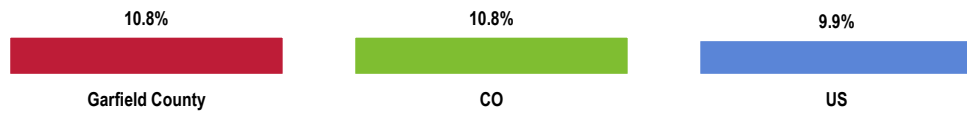
The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

*“Has a doctor, nurse, or other health professional ever told you that you had asthma?”*

*“Do you still have asthma?”*

Prevalence includes those responding “yes” to both.

## Prevalence of Asthma (2022)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- Notes:
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

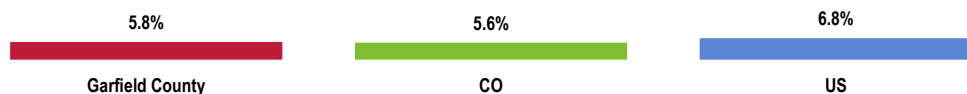
# COPD Prevalence

The following chart shows the prevalence of chronic obstructive pulmonary disease (COPD) among Garfield County adults.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

*“Has a doctor, nurse, or other health professional ever told you that you had COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?”*

## Prevalence of Chronic Obstructive Pulmonary Disease (COPD) (2022)



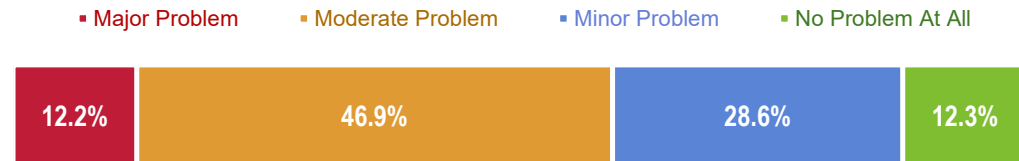
- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- Notes:
- Includes those who have ever been diagnosed with chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.



# Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

## Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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:

### Inability to Prioritize Health

Access to healthcare is often not prioritized as people are often in survival mode. Coupled with a national effort at misdirection and misinformation, the problems often perpetuate and multiply. Additionally, the valley is commuter-based, necessitating people to spend long periods of time on the road breathing exhaust and other harmful pollutants. The Garfield County BOCC has done nothing to stave off the harm from the companies that pollute the air and water and are responsible for refusing to diversify the valley economy. They focus on banality and exclusion rather than adopting and adapting to the philosophy of, “a rising tide raises all ships.” — Physician

### Incidence/Prevalence

Too many smokers who may have quit years ago can still get COPD, cancers, etc. Flu season this year is one of the worst. Again, lack of knowledge or refusal to follow known guidelines makes it more dangerous for everyone. — Community Leader

### Asthma/Allergies

Allergies, mask aversion and wildfire smoke. — Community Leader



# INJURY & VIOLENCE

## ABOUT INJURY & VIOLENCE

**INJURY** ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

**VIOLENCE** ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

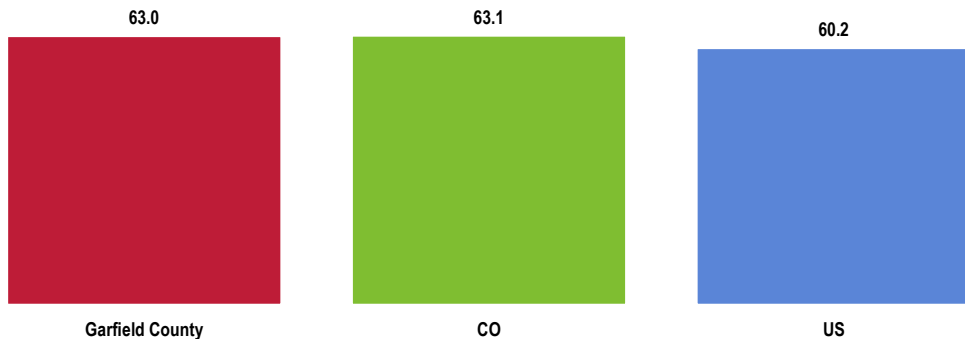
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Unintentional Injury

### Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Garfield County, Colorado, and the US.

**Unintentional Injury Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



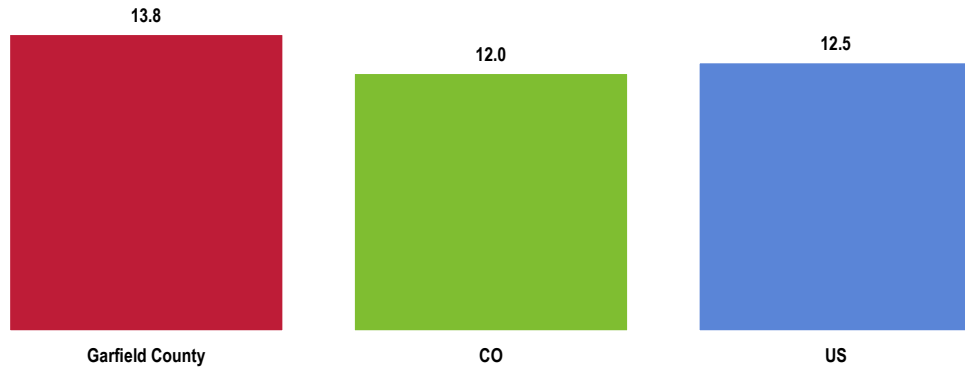
Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.  
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).  
Notes: ● Deaths 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.



## Motor Vehicle Crash Deaths

Motor vehicle crash deaths are preventable and are a cause of premature death. Mortality rates for motor vehicle crash deaths are outlined below.

**Motor Vehicle Crash Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

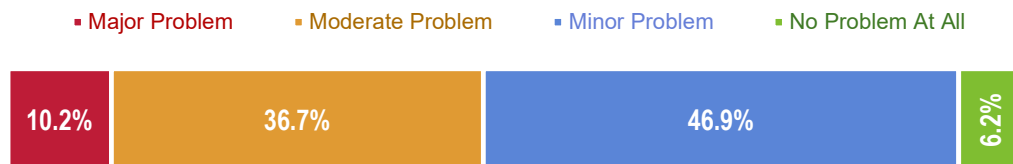
  
Notes: 

- 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.

## Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:

**Perceptions of Injury & Violence as a Problem in the Community**  
(Key Informants; Rifle County, 2025)



Sources: 

- 2025 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:

### Poverty

Inadequate income to meet basic needs, unstable or inadequate or unaffordable housing, lack of mental health services/drug and alcohol treatment options all perpetuate stress and perpetuate the cycles of abuse and violence. — Physician



## Domestic/Family Violence

Domestic violence and self-injury are pervasive in our communities and the reasons are varied. Across the nation, ski town/mountain towns have a high number of suicides including Garfield/Pitkin/Eagle County. — Other Health Provider

## Incidence/Prevalence

Colorado is #2 in opioid death in children. I see more injury and violence in the ER much related to substance use or mental health. I also review cases for the fire department. Both areas have seen as an uptick since Covid. — Physician

## Outdoor Activities

This is a tourist area and lots of outdoor activities causing injuries. Violence is because of many domestic situations. — Other Health Provider

## Sexual Assault

Unreported sexual assault and unreported physical assault/IPV. — Other Health Provider



# DIABETES

## ABOUT DIABETES

More than 30 million people in the United States have diabetes. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

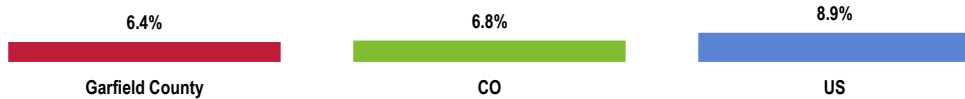
## Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Garfield County adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

*“Has a doctor, nurse, or other health professional ever told you that you had diabetes?”*

### Prevalence of Diabetes (Adults Age 20 and Older; 2021)



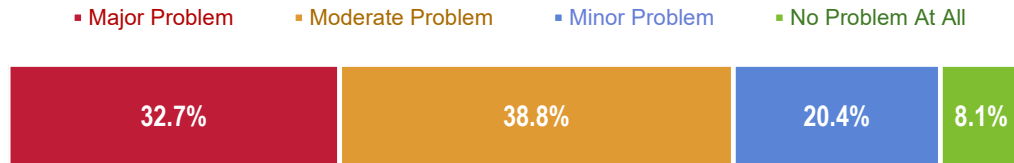
Sources: • Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).



# Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Garfield County.

## Perceptions of Diabetes as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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:

### Awareness/Education

- Understanding how to use medications and being able to afford medications. — Other Health Provider
- Limited education and limited recruitment of available public health resources. — Other Health Provider
- Lack of education. Not blaming the hospital or doctors, but people don't always know the correlation between bad habits and diabetes. Also, a lack of income for many people to buy better food, less processed and more fruits and veggies. No dialysis. — Community Leader
- Lack of understanding, lack of physical activity and incorrect ways of eating. — Community Leader
- Lack of nutrition education and how poor diabetes management can/will impact overall health and lifestyle. — Other Health Provider

### Access to Affordable Healthy Food

- Food prices, availability of fresh produce, and bad nutrition habits. — Community Leader
- I feel like the lack of affordable and healthy food to make appropriate choices is of grave concern. There are pockets within our community that are food deserts and the only access to food are convenience stores. I feel like the diabetes education that exists within the valley is hegemonic and does not take a culturally inclusive or sensitive approach to dealing with this issue. This all goes hand in hand with the lack of affordable housing, lack of transportation, lack of childcare options are all paralyzingly debilitating adding on health concerns where access to clean food is problematic. Food and culture are so intrinsically linked, I feel that these barriers are not accounted for. — Physician
- Healthy, affordable food availability and ability to cook healthy meals. — Physician

### Access to Care for Underinsured and Uninsured

- Routine health care services for those that are not insured. Adherence to medication, diet and provider recommendations. — Other Health Provider

### Access to Care/Services

- Lack of resources, especially for pediatric patients. Limited support from Denver. Patients on the western slope with limited don't get a lot of support for managing this condition. — Other Health Provider

### Transportation

- Lack of transportation and/or financial resources to obtain fresh vegetables and good nutrition sources. Lack of financial resources to access exercise facilities such as the rec center. — Other Health Provider

### Affordable Care/Services

- Cost of healthcare and medications. — Other Health Provider



## Affordable Medication/Supplies

Cost of medications and non-compliance. — Physician

## Cultural Attitude

Some apathy, if their grandparents and parents had it, then it is just meant to be. — Physician

## Lifestyle

Proper nutrition and access to activities because we have no community center. — Community Leader



# DISABLING CONDITIONS

## ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

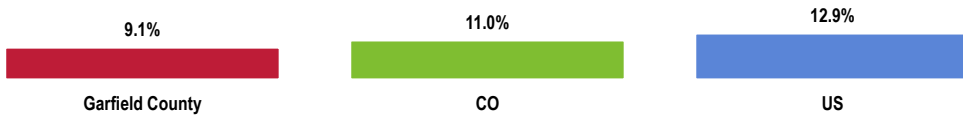
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Disability

The following represents the percentage of the total civilian, non-institutionalized population in Garfield County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

### Population With Any Disability (Among Civilian Non-Institutionalized Residents; 2018-2022)



Sources: • US Census Bureau, American Community Survey.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and 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.

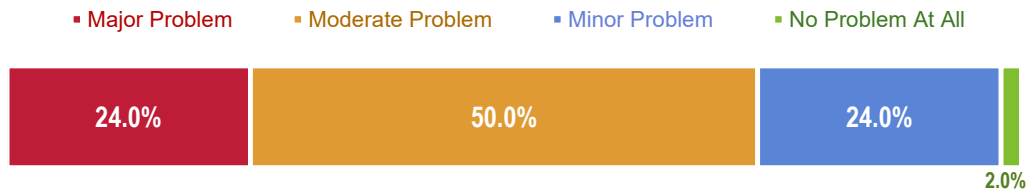
Respondents who report any one of the six disability types are considered to have a disability.



# Key Informant Input: Disabling Conditions

Key informants' perceptions of *Disabling Conditions* are outlined below.

## Perceptions of Disabling Conditions as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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:

### Incidence/Prevalence

I am aware of a large number of individuals who are experiencing disabling conditions. — Community Leader  
I see examples of disabling conditions daily in and around the region, i.e. those needing a scooter in City Market, those with oxygen packs, morbidly overweight adults and children, those having difficulty navigating stairs. I also know of a number of people in chronic pain, mainly as a result of a very physical lifestyle - ranching and farming, construction and athletics. I understand some of these disabling conditions have hard to treat root causes. In my experience, the loss of mobility often leads to secondary health issues, such as loneliness, depression, heart disease and obesity. — Community Leader  
Care for people with spinal cord injuries. — Community Leader  
Dementia and chronic pain. — Community Leader

### Access to Care/Services

No resources for people with disabling conditions. Very limited home health. Very limited transportation options. Mostly unable to afford in home caregivers. — Other Health Provider  
We have a lot of chronic pain patients and no pain clinic. People who need medical assistance/home health, only one home health agency comes here and they don't accept all insurances. Limited home caregiver options. — Physician  
There are a lot of barriers for treatment of chronic pain, few providers, few alternatives to opioids. Dementia families need more resources and support. — Physician

### Aging Population

It seems that we are not taking good care of our elderly population. So many of them have disabling conditions and continue living alone, driving etc. which results in frequent ER visits and hospital stays. There is not enough advocacy for our elderly patients and many of them neglect their health. — Other Health Provider

### Awareness/Education

Again, not blaming anyone but unless people are aware of what is being offered, many go without the care they could receive. Lack of a dementia facility for people to live in is huge. Many dementia patients lack the proper care because there are no available beds. — Community Leader

### Affordable Care/Services

These kinds of chronic difficulties tend to most challenge the poor, who may have inadequate insurance and transportation issues. — Community Leader

### Work Related

Many manual laborers who are at risk of disabling injury, followed by limited resources for multi-modal pain control, lead to opioid problems in community. — Other Health Provider





# BIRTHS

# BIRTH OUTCOMES & RISKS

## ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health.

Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

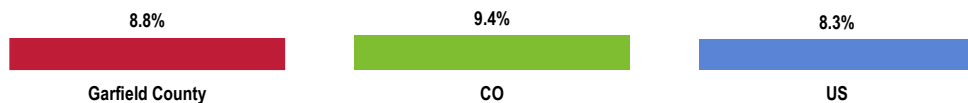
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Low-Weight Births

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. The following chart illustrates the percent of total births that are low birth weight.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Low-Weight Births  
(Percent of Live Births, 2016-2022)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.  
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).

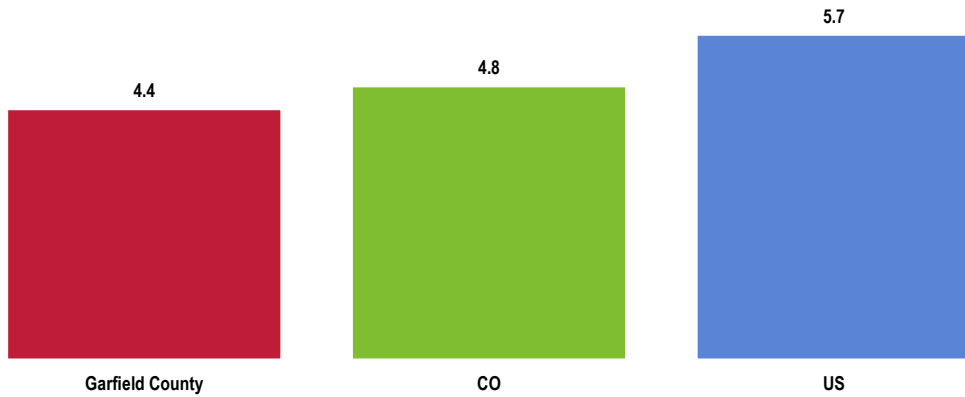


# Infant Mortality

The following chart shows the number of infant deaths per 1,000 live births in Garfield County. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.

**Infant Mortality Rate**  
(Annual Average Infant Deaths per 1,000 Live Births, 2015-2021)  
Healthy People 2030 = 5.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Infant deaths include deaths of children under 1 year old.



# FAMILY PLANNING

## ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

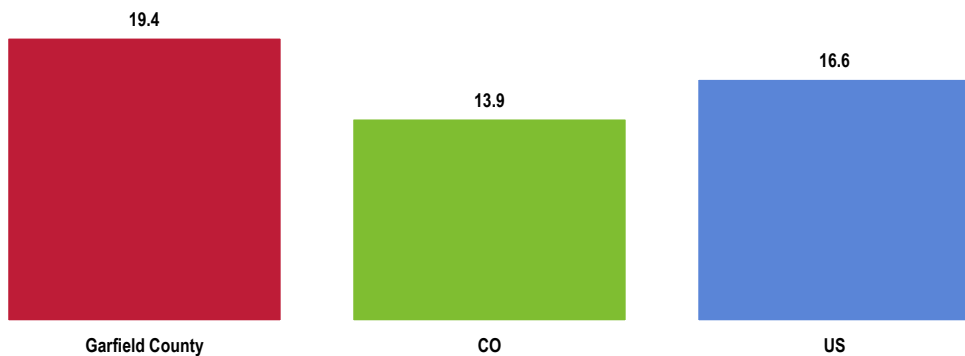
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Births to Adolescent Mothers

The following chart outlines the teen birth rate in Garfield County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

**Teen Birth Rate**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



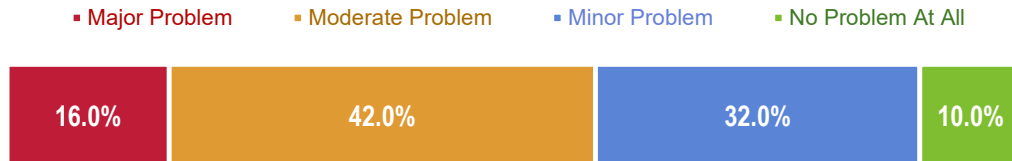
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).



# Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.

## Perceptions of Infant Health & Family Planning as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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 Healthcare Services

Limited abortion options, no affordable infant health services for uninsured people, and more Spanish speaking options for providers and support groups. — Other Health Provider

No OB in our community. — Other Health Provider

There is a movement nationally to demonize family planning and limit access to women's healthcare. Even locally within Garfield County there has been initiatives passed by the BOCC to defund a local family health center because they are the only place in the valley that can provide information and referral to abortion care which is definitively healthcare. Personal political beliefs that create a more dangerous environment for women jeopardizes community health. This all goes hand in hand. The lack of access to affordable transportation and affordable housing limits access to the family planning clinic that may offer a full range of services for women's healthcare creates more problems when families are having more children than they can afford given the limitations of services within this area, coupled with the added stress and drug and alcohol abuse causing more family violence. — Physician

### Vulnerable Populations

We have a Planned Parenthood in Glenwood Springs. But again, these issues tend to most affect the poor, and in Garfield County, perhaps the Hispanic population. — Community Leader

### Education/Awareness

Lack of resources and significant lack of education. — Other Health Provider

### Teenage Pregnancy

Teenage pregnancy, low income and immigration status. — Other Health Provider

### Women's Health

Women's health. — Other Health Provider





# MODIFIABLE HEALTH RISKS

# NUTRITION

## ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

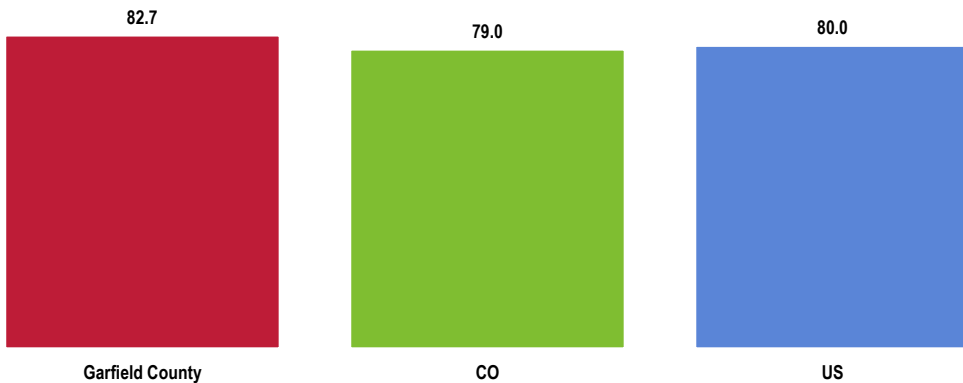
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Food Environment: Fast Food

The following shows the number of fast food restaurants in Garfield County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on dietary behavior.

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

**Fast Food Restaurants**  
(Number of Fast Food Restaurants per 100,000 Population, 2022)



Sources: 

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).

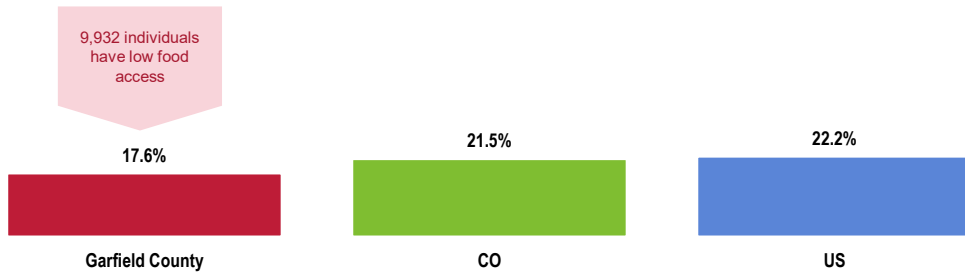


# Low Food Access

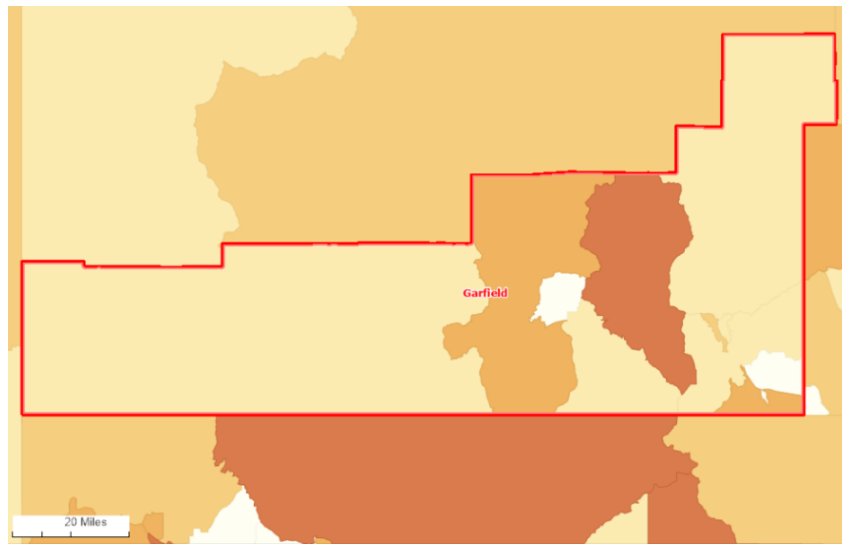
Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store (or 10 miles in rural areas).

The following chart shows US Department of Agriculture data determining the percentage of Garfield County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

**Population With Low Food Access**  
(Percent of Population Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Report Location, County

Map Legend

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access



# PHYSICAL ACTIVITY

## ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

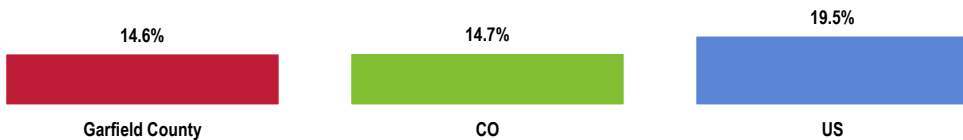
Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Leisure-Time Physical Activity

Below is the percentage of Garfield County adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

### No Leisure-Time Physical Activity in the Past Month (Among Adults Age 20 and Older, 2021) Healthy People 2030 = 21.8% or Lower



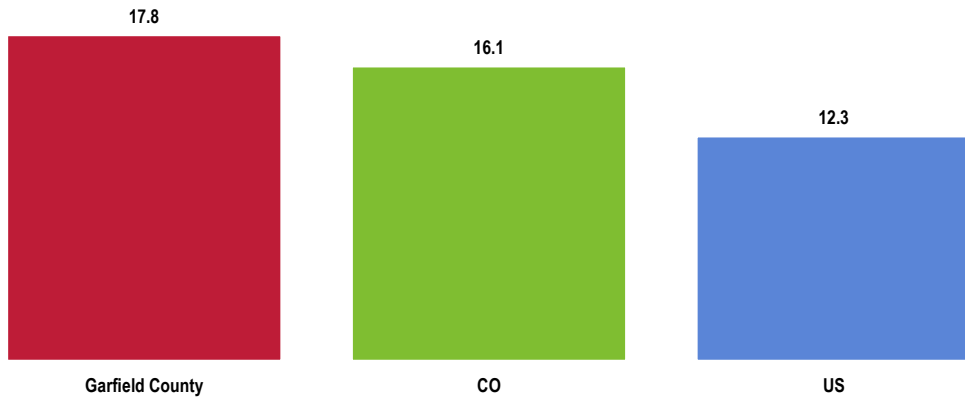
- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



# Access to Physical Activity

The following chart shows the number of recreation/fitness facilities for every 100,000 population in Garfield County. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors.

**Population With Recreation & Fitness Facility Access**  
(Number of Recreation & Fitness Facilities per 100,000 Population, 2022)



Sources: 

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes: 

- Recreation and 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

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

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: [weight (pounds)/height squared (inches<sup>2</sup>)] x 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
Healthy Weight	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.

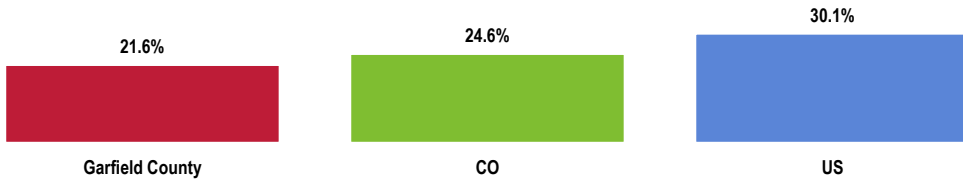


# Obesity

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

Outlined below is the percentage of Garfield County adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

## Prevalence of Obesity (Adults Age 20 and Older With a Body Mass Index $\geq 30.0$ , 2021) Healthy People 2030 = 36.0% or Lower

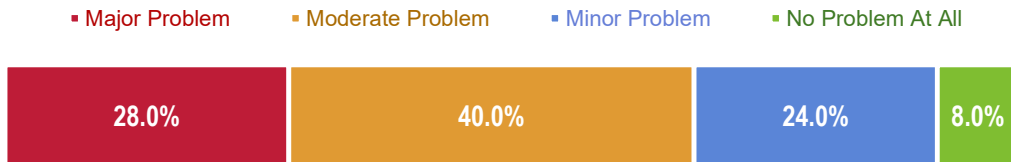


- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- 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.

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

Key informants’ ratings of Nutrition, *Physical Activity & Weight* as a community health issue are illustrated below.

### Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Key Informants; Rifle County, 2025)



- Sources:
- 2025 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 Affordable Healthy Food

Rural areas mean that we may find ourselves living in locations far from fresh groceries, or we live too far to easily walk, so spend all our time in cars. Or don't know how to eat well. — Community Leader

Again, lack of income to make better choices at the grocery store. Lack of knowledge on how to eat better to feel better. — Community Leader

Access to healthy food they can afford. Nutritional guidance, poor meals in school. — Physician

Access to healthy food. Motivation to exercise and socioeconomic. — Physician

### Awareness/Education

Many families do not understand child nutrition education as they should and leads to child obesity. — Other Health Provider

Lack of community education and lack of resources for those without financial access. — Other Health Provider

Lacking education programs, community wellness/fitness center. — Community Leader

### Inability to Prioritize Health

The problems the community faces are multi-dimensional often leaving health at the bottom of the list of priorities. When people are trapped in the cycle of survival mode, no amount of preaching at them about their diet choices is going to effectuate the needed change when they are already housing, time and/or food insecure. Not to say that the efforts of the staff at any of the nonprofits or community resources to educate about healthy eating habits and access are futile or to discount the contributions they make to the communities but without having a better picture of the entirety of the challenges they face and incorporating a culturally sensitive approach to food, feels like an uphill battle. More needs to be done to address the problems on a systemic level vs whack-a-mole. — Physician

### Affordable Care/Services

Access and affordability to these services. Many of the services in the area are provided through private organizations, life coaches, health clubs, and nutritionists. Many people in the region cannot afford to pay for these types of lifestyle programs. The Battlement and Glenwood recreation centers have some affordable programs. — Community Leader

### Obesity

Chronic obesity. — Other Health Provider



# SUBSTANCE USE

## ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

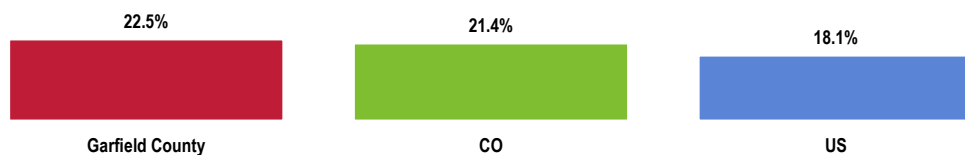
## Excessive Alcohol Use

The following illustrates the prevalence of excessive drinking in Garfield County, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

**Excessive drinking** includes heavy and/or binge drinking:

- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

### Engage in Excessive Drinking (2021)

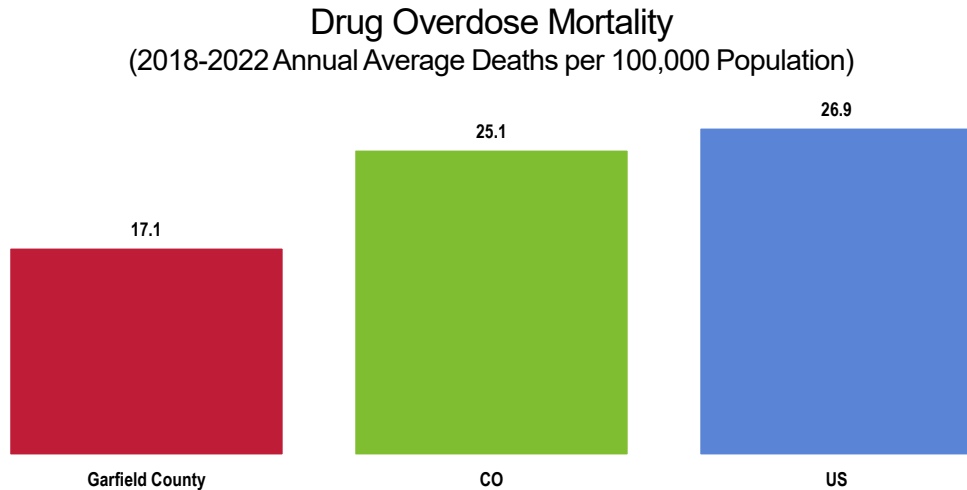


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.



# Drug Overdose Deaths

The chart that follows illustrates death rates attributed to drug overdoses (all substances, excluding alcohol) for Garfield County, Colorado, and the US.



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

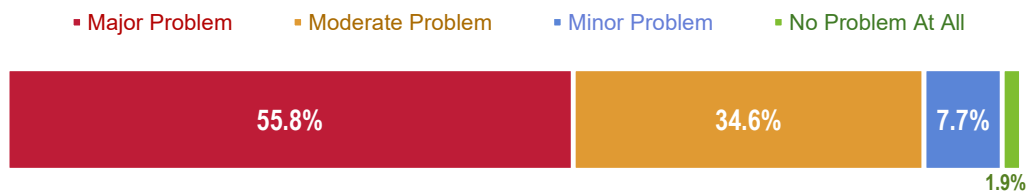
Notes: 

- 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.

# Key Informant Input: Substance Use

Note the following perceptions regarding *Substance Use* in the community among key informants taking part in an online survey.

### Perceptions of Substance Use as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: 

- 2025 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

No programs. — Other Health Provider

There are no options. — Physician

Lack of available treatment options or programs. — Physician

Lack of detox programs with reliable availability for accepting patients. — Physician

The limited resources we have in this valley do not seem to be appropriate to the amount of substance abuse we see. — Public Health Representative

Funding, access, stigma, education, hustle culture of the US, language access. None of the drug and alcohol treatment facilities have a language access plan or effectively address the language access needs of the affected community. The nearest publicly funded drug and alcohol abuse facility is not even in the RFV but rather Mesa County. Some programs response to culturally and linguistically appropriate language access services is utilizing self-identified ad hoc “interpreter” to muddle through. — Physician

Availability and cost/reimbursement. — Other Health Provider

Not enough local detox/rehab centers. — Physician

There is no treatment. — Other Health Provider

No inpatient facilities close-by and no IOPs. — Other Health Provider

Limited resources. Mind Springs has been struggling to keep programs open to include a new detox program that opened last summer in Glenwood. — Other Health Provider

No local facilities, not enough behavioral/substance abuse counselors, violence, stigma and lack of program sustainability. — Community Leader

Often patients are wanting to go straight from the hospital after detox to rehab. However, we don't have a local detox for long stays - and the patients end up going home and drinking again etc. We do have the GWS detox center. But these patients are wanting placement as soon as they walk out the door. As none of those are close by they tend to not go. Even with resources on who to call etc. — Other Health Provider

The greatest barrier to accessing needed substance use treatment is a lack of facilities and providers that address this issue. — Community Leader

Not enough resources and staff. — Physician

### Affordable Care/Services

Cost, stigma, unrecognized and hard to treat. — Other Health Provider

Cost when speaking about inpatient and outpatient facilities. Also, knowledge even things like AA are hard to understand how they work and where they are located. — Community Leader

### Awareness/Education

There really isn't any? Or lack of awareness if there is. — Community Leader

Lack of community-based outreach. We need help with education and awareness that will address the stigma and shame. Support to our patients that are affected by lack of access to care and treatment. — Social Services Provider

### Denial/Stigma

Stigma would be one of the biggest barriers. But I also think it boils down to lack of mental health resources in general. If we can't give them reasonable alternatives, why wouldn't they turn to drugs and alcohol? — Other Health Provider

Probably the courage to admit there's a problem. — Community Leader

### Lack of Providers

Finding qualified care providers that are easily accessible. — Community Leader

Providers with expertise and availability. — Physician

### Medicaid

Medicaid reimbursement is pathetic and this is the highest utilizer of assistance. Just spent millions of dollars on a new withdrawal management facility only to be shut down within 8 months of opening in part due to changes to regulations. — Other Health Provider



## Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Garfield County.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	77.8%
HEROIN OR OTHER OPIOIDS	11.1%
METHAMPHETAMINE OR OTHER AMPHETAMINES	11.1%



# TOBACCO USE

## ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

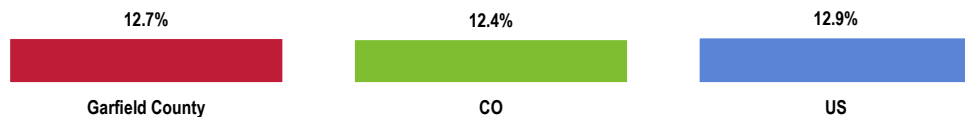
*“Have you smoked at least 100 cigarettes in your entire life?”*

*“Do you now smoke cigarettes every day, some days, or not at all?”*

Cigarette smoking prevalence includes those who report having smoked at least 100 cigarettes in their lifetime and who currently smoke every day or on some days.

### Prevalence of Cigarette Smoking (2022)

Healthy People 2030 = 6.1% or Lower



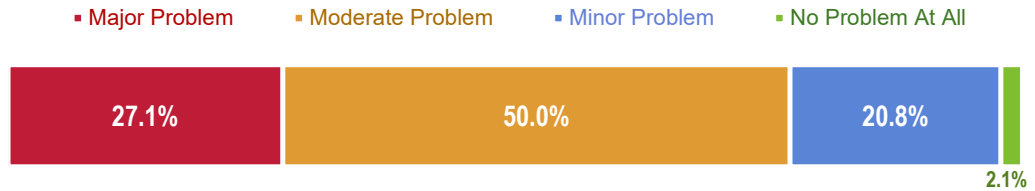
- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Includes those who report having smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes every day or on some days.



# Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.

## Perceptions of Tobacco Use as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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:

### Incidence/Prevalence

- High rate of smokers leads to chronic disease. — Other Health Provider
- We have a large population of COPD, diabetes and cardiac disease. Many of these patients smoke or have smoked. — Other Health Provider
- Again, the lower income population seems to have the most users. Younger adults, teenagers don't know or care about the risks involved with smoking. — Community Leader
- Seems like everyone around here smokes. Huge health impact. — Other Health Provider
- High rates of use. — Physician
- Most people around here smoke or vape. — Physician
- It just is, too many people still smoke. — Physician

### Access to Care/Services

- No real resources for those who want to quit but cannot afford medications, no suitable resources for patients who want to quit. I frequently get people who want to quit and want resources but refuse to call the quit line. They complain of them being judgmental and pushy rather than supportive. — Other Health Provider



# SEXUAL HEALTH

## ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

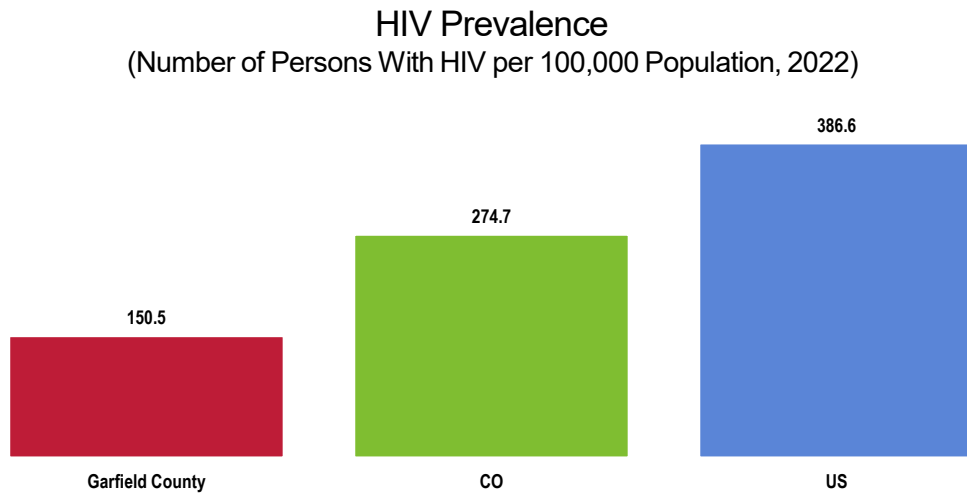
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population. 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.



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).

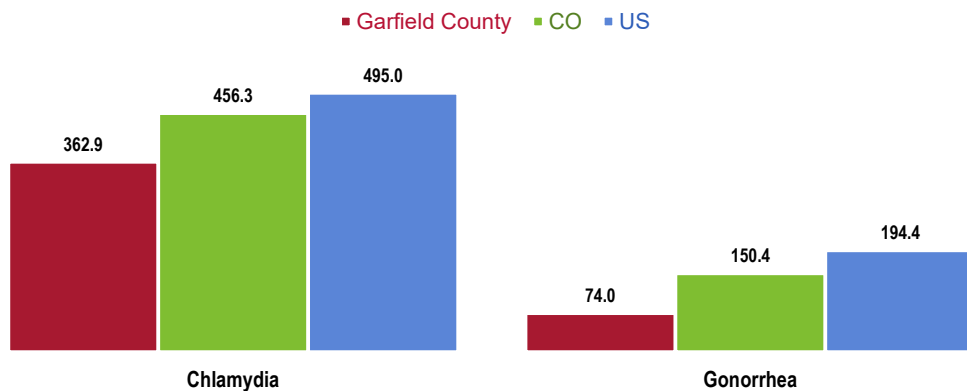


# Sexually Transmitted Infections (STIs)

## Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.

**Chlamydia & Gonorrhea Incidence**  
(Incidence Rate per 100,000 Population, 2022)

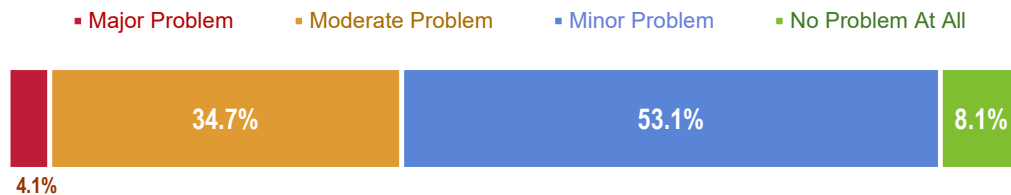


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

## Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.

**Perceptions of Sexual Health as a Problem in the Community**  
(Key Informants; Rifle County, 2025)



Sources: • 2025 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 resources and almost no education community wide. — Other Health Provider

Access to services is curtailed and thwarted by lack of funding and lack of access (physical barriers) to clinic primarily focused on women's health. The lack of education is deepened by the BOCC focusing instead on defunding libraries, appointing book banners to the library board as well as curtailing funding for necessary healthcare providers. The systemic dismantling of education is an existential threat to society felt just the same here in the valley as the rest of the country. If schools were able to openly provide appropriate education in regard to sexual health and students as well as families were able to access the necessary healthcare, this would curtail the prevalence of sexually transmitted infections. — Physician





# ACCESS TO HEALTH CARE

# BARRIERS TO HEALTH CARE ACCESS

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Lack of Health Insurance Coverage

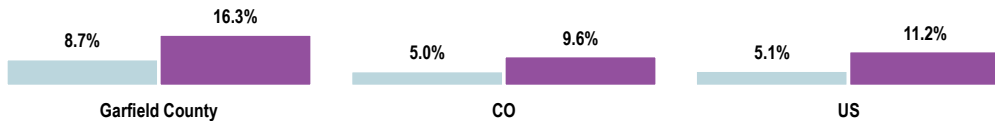
Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) and of uninsured children (under the age of 19) in Garfield County.

Here, lack of health insurance coverage reflects those younger than 65 (thus excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

### Uninsured Population (2022)

Healthy People 2030 Target = 7.6% or Lower

■ Children (0-18) ■ Adults (18-64)



Sources: 

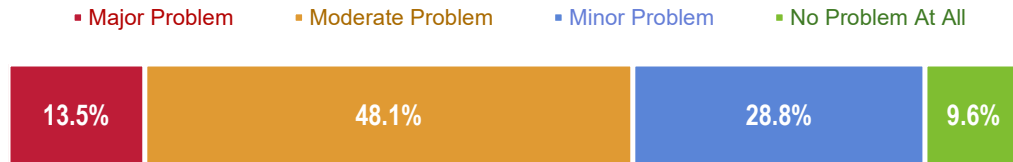
- US Census Bureau, Small Area Health Insurance Estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



# Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Garfield County is outlined below.

## Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants; Rifle County, 2025)



Sources: • 2025 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

Health disparities among our community when addressing access to healthcare for chronic diseases such as diabetes, hypertension and heart conditions often go unmanaged due to lack of access leading to poor overall health outcomes. Affordable healthcare, cultural competence, language support and community outreach/education are key factors. Meeting our community where they are at often can help bridge those gaps to quality healthcare access. — Social Services Provider

Specialties, and insurance coverage of services like home health etc. — Other Health Provider

### Affordable Care/Services

The biggest issue is financial constraints which branches out into transportation, access to medications, access to medical devices, education, and breaking chain behaviors. — Other Health Provider

Cost and delayed time to be seen by a doctor. — Community Leader

### Lack of Providers

Not enough providers and affordable healthcare without insurance. — Other Health Provider

Limited number of providers, especially specialists. Long wait times to get in, need to drive long distances to obtain care. Care is costly with rising expenses for health care systems to deal with. — Other Health Provider

### Language Access

Language Access overall. 30% of our community are Latino and many of them have limited English proficiency. Neither the county or any of the municipalities or the libraries or the schools or hospitals (save one) have a language access plan to effectively address the needs of the community with limited English proficiency. More efforts need to be made with respect to communication. Of the existing resources within the valley, though imperfect, many of our LEP do not have knowledge of these programs and agencies, thus further disenfranchising them. — Physician



# PRIMARY CARE SERVICES

## ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

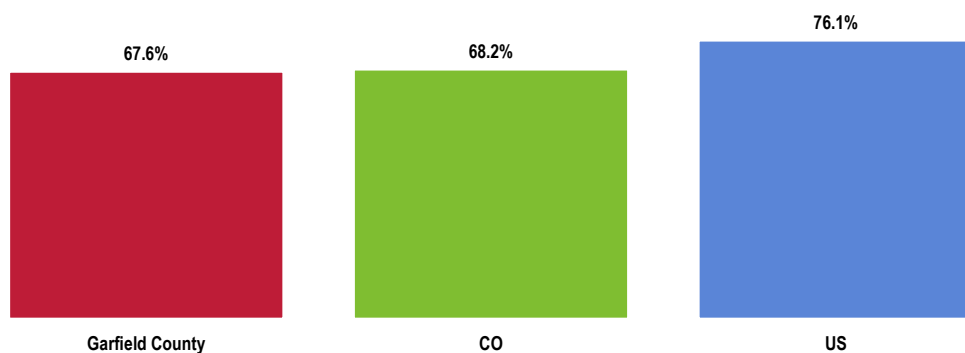
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— Healthy People 2030 (<https://health.gov/healthypeople>)

## Primary Care Visits

The following chart reports the percentage of Garfield County adults who visited a doctor for a routine checkup in the past year.

Primary Care Visit in the Past Year  
(2022)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).  
Notes: • This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.



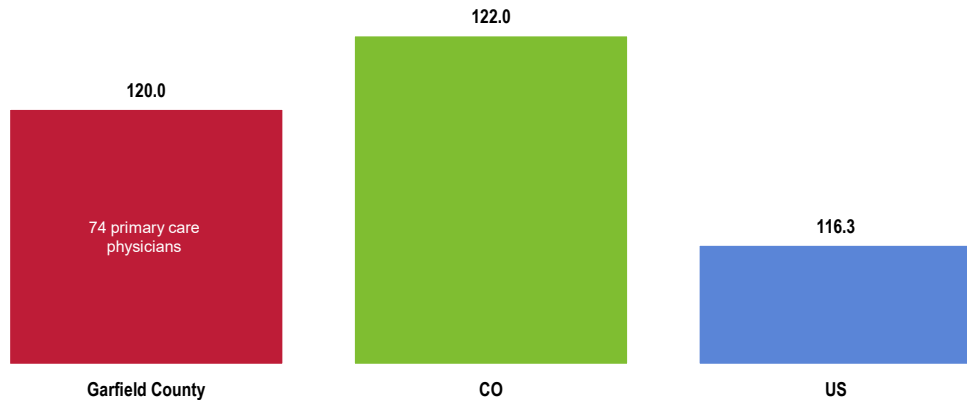
# Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in Garfield County. Having adequate primary care practitioners contributes to access to preventive care.

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 subspecialties within the listed specialties are excluded.

Note that this indicator takes into account only primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

### Access to Primary Care (Number of Primary Care Physicians per 100,000 Population, 2024)



- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPES).
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.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.



# ORAL HEALTH

## ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

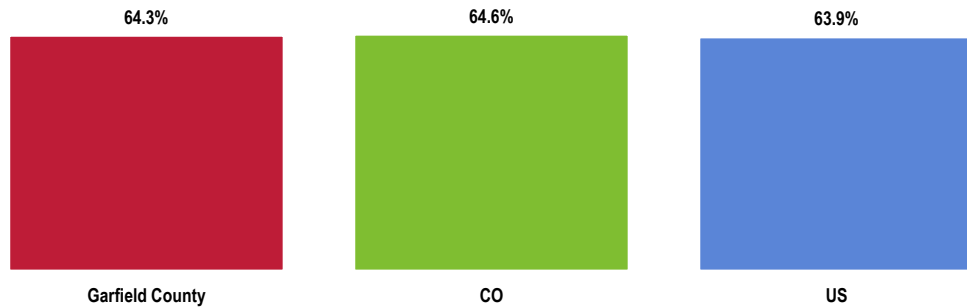
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Dental Visits

The following chart shows the percentage of Garfield County adults age 18 and older who have visited a dentist or dental clinic in the past year.

### Visited a Dentist or Dental Clinic in the Past Year (2022)

Healthy People 2030 = 45.0% or Higher



Sources: 

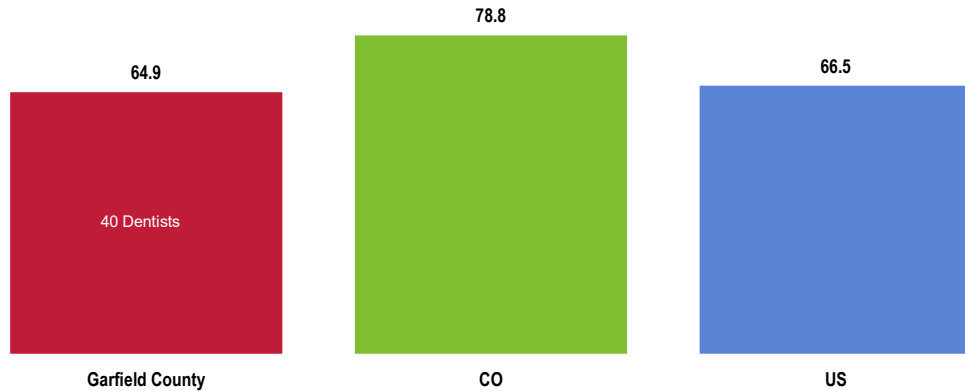
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



## Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in Garfield County.

**Access to Dentists**  
(Number of Dentists per 100,000 Population, 2024)

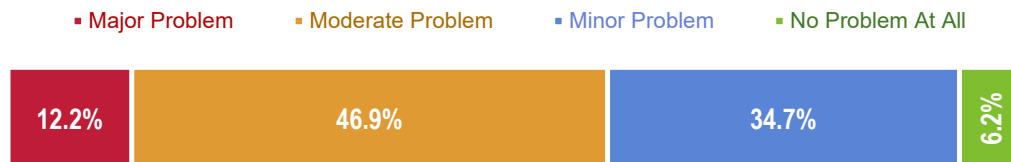


Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).  
 Notes: • This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

## Key Informant Input: Oral Health

Key informants' perceptions of Oral *Health* are outlined below.

**Perceptions of Oral Health as a Problem in the Community**  
(Key Informants; Rifle County, 2025)



Sources: • 2025 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 care. Mountain Family has so many barriers to access to care that it is very nearly impossible for most to access their services. No other facilities in the area accept Medicaid or are so restrictive for self-paying patients that it is not practical for patients to see them. Additionally, there is a significant lack of education community wide. — Other Health Provider

No specialty dental care, have to travel to Glenwood or Junction. — Community Leader

In Parachute and Battlement Mesa, there is one dentist. This dental office is limited on available service and also limited on insurance acceptance. — Public Health Representative



Cost. Even for the privileged community members with health insurance, the cost of dental care is insurmountably expensive. Again, a whole-person approach needs to be adopted to address the entirety of the challenges faced. — Physician

### Co-Occurrences

Direct coloration between bad dental hygiene and heart disease. Too expensive and no insurance. — Community Leader





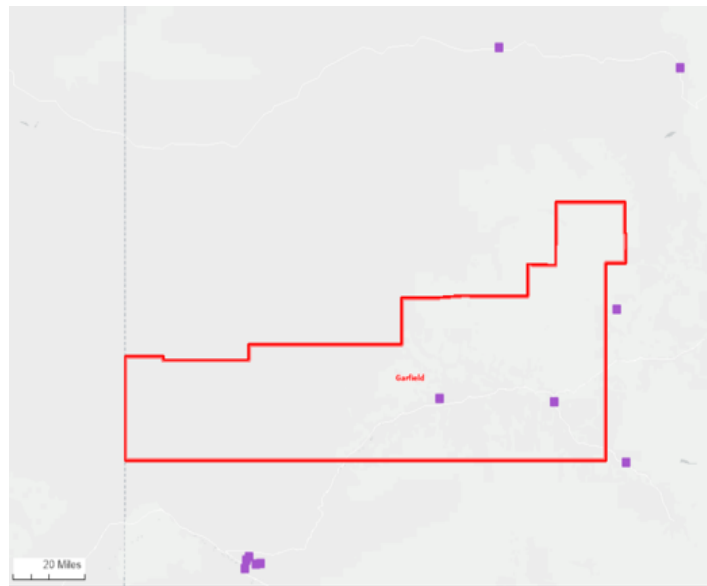
# LOCAL RESOURCES

# HEALTH CARE RESOURCES & FACILITIES

## Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Garfield County.

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.



# Resources Available to Address 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 to Health Care Services

- Alpine Legal Services
- Aspen Hope Center
- Doctor's Offices
- Garfield County Health Department
- Garfield County Public Library District
- Grand River Health
- Grand River Health West
- Grand Valley Hospital and Valley View Hospital
- Health Departments
- Hospitals
- Mind Springs Health
- Mountain Family Health Center
- One Door
- Public Health
- River Bridge

## Cancer

- Callaway Young Cancer Center
- Changing Lifestyles Grand River Health
- Valley View Hospital

## Diabetes

- Catholic Charities
- Changing Lifestyles Grand River Health
- Clarks Store
- Community Health Fairs
- Doctor's Offices
- Family Resource Center
- Garfield County Health Department
- Garfield County Public Library District
- Grand River Health
- Grand River Health West
- Grand River Hospital District
- Grand Valley Hospital and Valley View Hospital
- Lift Up Food Bank
- Mesa Vista
- Metabolic Clinic Grand River Health
- Mountain Family Health Center

- Nutritionists
- Parks and Recreation
- Public Health
- Safe and Abundant Nutrition
- Salvation Army
- School System
- Valley View Hospital

## Disabling Conditions

- Abode Home Health
- Aspen Hope Center
- Doctor's Offices
- Family Health
- Garfield County Health Department
- Garfield County Public Library District
- Glenwood Medical Associates
- Grand River Health
- Grand River Hospital District
- Grand River Orthopedics
- Grand Valley Hospital and Valley View Hospital
- Hospitals
- Meals on Wheels
- Medical Facilities
- Mesa Vista
- Parks and Recreation
- Physical Therapy/Occupational Therapy
- Private Athletic Clubs
- Public Transit
- The Traveler
- Valley Spine Clinic
- Valley View Hospital

## Heart Disease & Stroke

- Careflight
- Changing Lifestyles Grand River Health
- Grand River Health
- Grand River Hospital District
- Mountain Family Health Center
- National Awareness Campaigns
- Parks and Recreation



- Quit Line
- Rehabilitation
- St. Mary's
- UC Health
- Valley View Hospital
- Walking Group

### Infant Health & Family Planning

- Family Resource Center
- Garfield County Public Library District
- Grand River Health
- Grand Valley Hospital and Valley View Hospital
- Hospitals
- Planned Parenthood
- Public Health
- Valley View Hospital
- Women, Infants and Children

### Injury & Violence

- 9th Judicial District Victim/Witness Advocate Safehouse Project
- Alpine Legal Services
- Aspen Hope Center
- Catholic Charities
- Colorado Crisis Services
- Free Narcan Program
- Gun Locks Program
- Hospitals
- Mind Springs Health
- Response NP
- RETAC Programs
- Safety Fair
- Suicide Prevention Coalition
- Urgent Care

### Mental Health

- 988
- A Way Out
- Aspen Hope Center
- Charlie Health
- Churches
- COACT Colorado
- Colorado Crisis Services
- Counselors
- Doctor's Offices
- Garfield County Health Department
- Garfield County Public Library District
- Grand River Health

- Grand River Health West
- Grand River Hospital District
- Jaywalker Carbondale
- Mid Valley Family Practice
- Mind Springs Health
- Mountain Family Health Center
- Public Health
- School System
- St. Mary's
- Telehealth Providers
- Vail Health Behavioral Health
- Valley View Hospital
- Wellspring
- West Springs
- Youth Zone

### Nutrition, Physical Activity & Weight

- Changing Lifestyles Grand River Health
- Clarks Store
- Colorado Dietetic Association - CAND
- Doctor's Offices
- Glenwood Springs Recreation Center
- Grand River Health
- Grand Valley Hospital and Valley View Hospital
- Lift Up Food Bank
- Metabolic Clinic Grand River Health
- Parks and Recreation
- Private Athletic Clubs
- River Center
- Supplemental Nutrition Assistance Program
- Weight Watchers
- Women, Infants and Children

### Oral Health

- Comfort Dental
- Dentist Office
- Family Health
- Mountain Family Health Center

### Respiratory Diseases

- Garfield County Health Department
- Garfield County Public Library District
- Government
- Grand River Health
- Grand Valley Hospital and Valley View Hospital
- Mountain Family Health Center
- Valley View Hospital



## Sexual Health

- Planned Parenthood
- Public Health

## Social Determinants of Health

- Aspen Hope Center
- AVH Housing
- Catholic Charities
- Center for Independence
- Colorado Mountain College
- CRN
- DHS
- Food Bank of the Rockies
- Garfield County
- Garfield County Health and Human Services
- Garfield County Health Department
- Garfield County Housing Authority
- Garfield County Public Library District
- Grand River Health
- Habitat for Humanity
- Health and Human Services Commission
- Housing/Shelter
- Housing and Urban Development
- Libraries
- Lift Up Food Bank
- LIHTC Housing
- Medical Facilities
- Medicare
- Mesa Vista
- Non-Profits
- River Center
- SANA
- School System
- Senior Housing Resources
- Supplemental Nutrition Assistance Program
- WMRHA

## Substance Use

- A Way Out
- AA/NA
- Aspen Hope Center
- Counselors
- Discovery Cafe
- Doctor's Offices
- Free Narcan Program
- Garfield County Health Department
- Garfield County Public Library District
- Garfield County Sheriff
- Grand River Health
- Jaywalker Carbondale
- Mid Valley Family Practice
- Mind Springs Health
- Momenta Women's Recovery Center
- RedPoint
- Summit Health
- West Springs
- Windwalkers

## Tobacco Use

- Doctor's Offices
- Grand River Health
- Grand River Hospital District
- Health Departments
- Public Health
- Quit Line





# APPENDIX

# EVALUATION OF PAST ACTIVITIES

## Community Benefit

Over the past three years, Grand River Health has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$815 million in community benefit, excluding uncompensated Medicare.
- More than \$575 million in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

## Addressing Significant Health Needs

Grand River Health conducted its last CHNA in 2022 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Grand River Health would focus on developing and/or supporting strategies and initiatives to improve:

1. Access to Health Care Services
2. Cancer
3. Heart Disease & Stroke
4. Mental Health & Substance Abuse
5. Nutrition, Physical Activity & Weight

Strategies for addressing these needs were outlined in Grand River Health's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Grand River Health to address these significant health needs in our community.



## Evaluation of Impact

Priority Area: Access to Health Care Services	
<b>Community Health Need</b>	Improve access to primary care services. Lack of health insurance
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>Reducing transportation as a barrier to accessing healthcare services.</li> <li>Increase well-child checks</li> <li>Increased attendance at primary care appointments</li> <li>Decrease ER utilization.</li> <li>Implementation of Hospital Discounted Care Program</li> </ul>
<b>Strategy: Build the capacity of local community clinics to provide primary and preventive healthcare services.</b>	
<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Primary Care Patients, Health First Colorado patients and uninsured patients
<b>Partnering Organization(s)</b>	External: Rocky Mountain Health Plans Community Resource Network (CRN) State of Colorado
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Clinics performing Social screenings and inputting referrals to CRN</li> <li>Increase in well visits for both children and adults by 7.5%</li> <li>Hired Patient Navigator in ED to assist with Emergency Department follow-up appointments.</li> <li>All patients offered Hospital Discounted Care Program</li> </ul>

Priority Area: Cancer	
<b>Community Health Need</b>	Improve access to cancer treatment
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>Provide Chemotherapy treatments locally</li> <li>Partner with Regional Oncologists to provide Oncology providers locally</li> <li>Expansion of Infusion Department to accommodate chemotherapy</li> </ul>
<b>Strategy: Provide access to Cancer Treatment locally.</b>	
<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Cancer patients with Chemotherapy needs
<b>Partnering Organization(s)</b>	External: Valley View Hospital, St. Mary's Hospital
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>New Infusion clinic opened 2021</li> <li>Oncologists from Valley View Hospital and St. Mary's Hospital see patients twice per month</li> <li>Increase in patient visits in Infusion clinic by 38% since 2021</li> </ul>



## Priority Area: Heart Disease & Stroke

<b>Community Health Need</b>	Decrease adverse outcomes from Heart Disease & Stroke
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>Ensure best practice for Heart Disease and Stroke treatments</li> </ul>
<b>Strategy: Implement best practice strategies to improve outcomes for heart disease and stroke</b>	
<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Patients diagnosed with heart disease and stroke
<b>Partnering Organization(s)</b>	Internal: Chronic Care Management, Emergency Department, Hospitalists External:
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Track measures for controlling high blood pressure and statin therapy for controlling stroke. Improved blood pressure control by 5% and stroke by 5% in patient population</li> <li>Cardio-Pulmonary Rehab therapy</li> </ul>

## Priority Area: Mental Health and Substance Abuse

<b>Community Health Need</b>	Treatment and stabilization for Mental Health(MH) disorders and Substance Use Disorder (SUD)
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>Improve access to Mental Health services</li> <li>Provide effective therapies for opioid dependence</li> <li>Provide resources to patients with MH disorders and SUD</li> </ul>
<b>Strategy: Implementation of integrated therapies and treatments for patients with mental health and substance use disorders.</b>	
<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Patients diagnosed with Mental Health Disorders and Substance Use Disorder
<b>Partnering Organization(s)</b>	Internal: GRH Mental Health team, Emergency Department(ED) External: Aspen Hope, Mind Springs Health, Garfield County Public Health
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Created new position for integrated mental health for immediate access to MH services in primary care</li> <li>New Mental Health Resource Fair in 2024 and annually</li> <li>Suicide ideation screening for all patients facility wide</li> <li>Availability of free Narcan in Emergency Department and Primary Care</li> <li>Initiation of Buprenorphine therapy in ED</li> <li>Partnership in a collaborative, interagency withdrawal management facility in Glenwood Springs ( now closed)</li> <li>Easy referral process through the Community Resource Network to connect patients with resources</li> </ul>



## Priority Area: Nutrition, Physical Activity and Weight

<b>Community Health Need</b>	Access to health management services for nutrition, physical activity and weight management
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>• Provide expanded access to health education for optimal nutrition education</li> <li>• Diabetes control and management</li> <li>• Increase access to food for vulnerable patients</li> </ul>
<b>Strategy: Provide comprehensive connection and education for healthy lifestyle changes</b>	
<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Patients with weight management disorders, diabetics, or food insecurity
<b>Partnering Organization(s)</b>	Internal: Changing Lifestyles program, Metabolic Clinic External: Public Health, Lift-Up
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>• Metabolic Clinic in partnership with the Changing Lifestyles program to provide nutritional counseling for weight management and diabetes management and education</li> <li>• Food bag program for those persons identified with food insecurity</li> </ul>

