

## Rio Blanco County, Colorado

### Community Health Assessment and Public Health Improvement Plan

Assessment conducted between Oct 1, 2017 and October 31, 2018

Results compiled, analysis, and write-up completed by:

Julie L. Drake-Director of Public Health



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## Letter from the Director

I am pleased to present in this document the results of the 2018 community health assessment for Rio Blanco County, Colorado. This was a work of passion and complexity completed by four staff "rookies". I as the new director, one experienced public health nurse (but without community health assessment experience), a brand new nurse and a new environmental health educator.

Rio Blanco is a wonderful place to live! It combines natural beauty, dedicated workforce, genuine and caring residents and many opportunities for the ambitious. The two towns of Meeker and Rangely are isolated geographically from the rest of the world. It takes an hour's drive, or more, in any direction from the two towns to reach any other communities. Due to this isolation both communities have the reputation of being small minded, backward and resistant to change.

This however, was not at all what was found during this assessment. Participants were all very passionate about their communities, interested in learning about health, willing to offer opinions and consider new ideas. Residents are proud of their self-reliance and even more proud of their ability to come up with novel, creative solutions to problems that embrace the unique needs of our county.

The following pages will offer a glimpse into our community and should show you what a great place it is to live.

Respectfully submitted,



Julie L. Drake

Director

Rio Blanco County Public Health and Environment

# CHAPS

## Phase I: Plan the process

- Step 1: Coordinate with the Office of Planning, Partnerships and Improvement
- Step 2: Familiarize yourself with background materials
- Step 3: Communicate with county/regional leadership and staff
- Step 4: Formalize relationships as necessary
- Step 5: Develop a timeline and work plan
- Step 6: Create a project team and designate a project manager

## Phase II: Engage stakeholders

- Step 1: Define stakeholder engagement goals
- Step 2: Determine an organizational structure to manage stakeholders
- Step 3: Identify other community initiatives
- Step 4: Identify individual stakeholders and their roles
- Step 5: Prepare to make contact with stakeholders
- Step 6: Plan your meetings

## Phase III: Assess community health (CHA)

- Step 1: Review background materials
- Step 2: Determine the scope of your community health assessment
- Step 3: Develop a data gathering outline
- Step 4: Gather quantitative data
- Step 5: Gather qualitative data
- Step 6: Interpret the data and information
- Step 7: Report the results

## Phase IV: Assess capacity

- Step 1: Review background materials
- Step 2: Determine the scope of your capacity assessment
- Step 3: Gather data and information
- Step 4: Interpret your findings
- Step 5: Report the results

Colorado  
Public Health  
Act of 2008  
SB 08-194

**Stakeholder engagement:**  
25-1-505, 2, (d)(e)  
Involvement of community stakeholders to inform the process, plan and implementation of public health improvement activities is a best practice in the public health field. The Act recognizes this and requires that representatives of the local community develop and implement the local plan.

**Community Health Assessment:**  
25-1-505, 2, (a)  
The local public health improvement plan should examine data about health status and risk factors in the local community.

**Capacity Assessment:**  
25-1-505, 2, (b)  
The local public health improvement plan should include an assessment of the capacity and performance of the county or district public health system.

**Assessment & planning:**  
Colorado Health Assessment and Planning System (CHAPS) and the Colorado Public Health Act of 2008 requirements





- Step 1:** Use assessment results to identify 5-10 issues
- Step 2:** Identify potential strategies to address each issue
- Step 3:** Develop an issue summary
- Step 4:** Identify and engage stakeholders
- Step 5:** Plan the prioritization process
- Step 6:** Facilitate meeting(s) to determine public health improvement plan focus areas

- Step 1:** Review your community health assessment, current priorities, past PHIPs and the state public health improvement plan and priorities
- Step 2:** Determine the purpose(s) and audiences of your PHIP
- Step 3:** Develop a planning process that includes key stakeholders
- Step 4:** Hold facilitated planning meetings
- Step 5:** Develop action plans/ work plans for each priority issue
- Step 6:** Draft the local public health improvement plan
- Step 7:** Submit the public health improvement plan
- Step 8:** Disseminate the public health improvement plan

- Step 1:** Determine organizational structure and process for implementing, evaluating and communicating the work
- Step 2:** Review and refine your action plan(s)
- Step 3:** Prepare for implementation
- Step 4:** Prepare for evaluation
- Step 5:** Make mid-course corrections based on evaluation results
- Step 6:** Develop a plan to communicate about implementation and evaluation

- Step 1:** Share local/regional PHIP content with statewide partners (through plan submission, reporting and collaboration).
- Step 2:** Participate in statewide public health improvement opportunities.
- Step 3:** Communicate with stakeholders about the statewide plan.

### Prioritization Phase:

#### 25-1-505, 2, (c)

The comprehensive statewide public health improvement plan should incorporate local public health goals and priorities. Standard criteria have been developed for use at the local level to ensure consistency in setting priorities for Colorado's public health system.

### Local Public Health Plan:

#### 25-1-505, 2, (a-e)

The local public health plan should be consistent with the statewide public health improvement plan and meet the minimum requirements detailed in the Act.

- Examine data about health status and risk factors in the local community.
- Assess the capacity and performance of the county or district public health system.
- Identify goals and strategies for improving the health of the local community.
- Describe how representatives of the local community develop and implement the local plan.
- Address how county or district public health agencies coordinate with the state department and others within the public health system to accomplish goals and priorities identified in the comprehensive, statewide public health improvement plan.
- Identify financial resources available to meet identified public health needs and requirements for the provision of core public health services.

### Local Board of Health

#### review: 25-1-506, 3, (b)(i)

The local public health plan shall be submitted to the local board of health for review.

### Inform and participate in Statewide Plan:

#### 25-1-505 (1)

The Act requires the development and implementation of a comprehensive statewide improvement plan every five years in consultation with the state Board of Health, the Colorado Department of Public Health and Environment, local public health agencies and their partners in the public health system. This includes incorporating goals and priorities of public health plans developed by local health agencies.

May 2016



COLORADO  
Department of Public Health and Environment



To use a relevant colloquialism of Northwest Colorado..... Data is like a Mountain lion.

You may not have seen it, but it probably has seen you!

Meaning: There undoubtedly is more data about Rio Blanco County but it may not have been found prior to this assessment and subsequent report!

Community health assessment work is an ongoing project. Data should be reviewed, considered, and updated frequently. The following information is only a snapshot in time.

If you are reading and using this document please help us make it better. Feel free to submit any and all data you are compiling or data that you come across that is not contained here. Data and inquiries can be submitted by e-mailing or calling:

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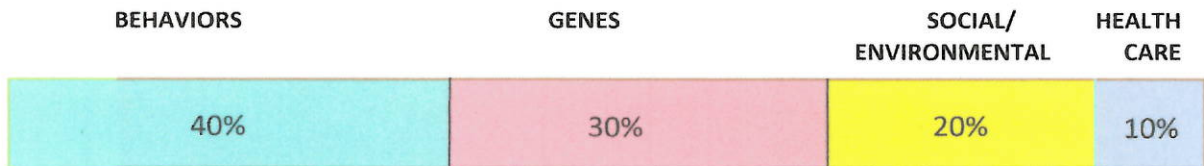
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## Notes for Reader Understanding

### Public Health contribution to individual's health:

Figure 1.



Our genes contributes to health but they are unchangeable

Healthcare contributes to health and this vital service is provided by hospitals and clinics in our communities

Public Health impacts, drives and changes the remaining 60% of our health status. This includes our behaviors and our social and environmental factors.

The Bay Area Regional Health Inequities Conceptual Framework is used to guide the following assessment, discussion and prioritization. See Figure 2.

### What is a convenience sample?

The survey monkey survey that was conducted in Rio Blanco County is called a convenience sample. Convenience sampling is just as it says. It is a sample of the community that is convenient for an entity to access because the participants volunteer to take the survey. In essence they come to you. Since this is not a random sample, where the investigator goes to the people via a random house visit, call or mailing, the survey is limited. The convenience sample used here will only inform the reader of the opinions of people who live in Rio Blanco County that like to take surveys. It is not generalizable to the general population. However inferences and informed guesses can be made regarding what issues are important and to get a glimpse into the thinking, behaviors and trends of residents.

### A note about rates

Much of the data presented herein is given as a "rate". Rates are statistical representations that allow direct and accurate comparison of one geographical area to another. This accounts for population differences. In this method, a lower populated county such as Rio Blanco can be directly compared to a



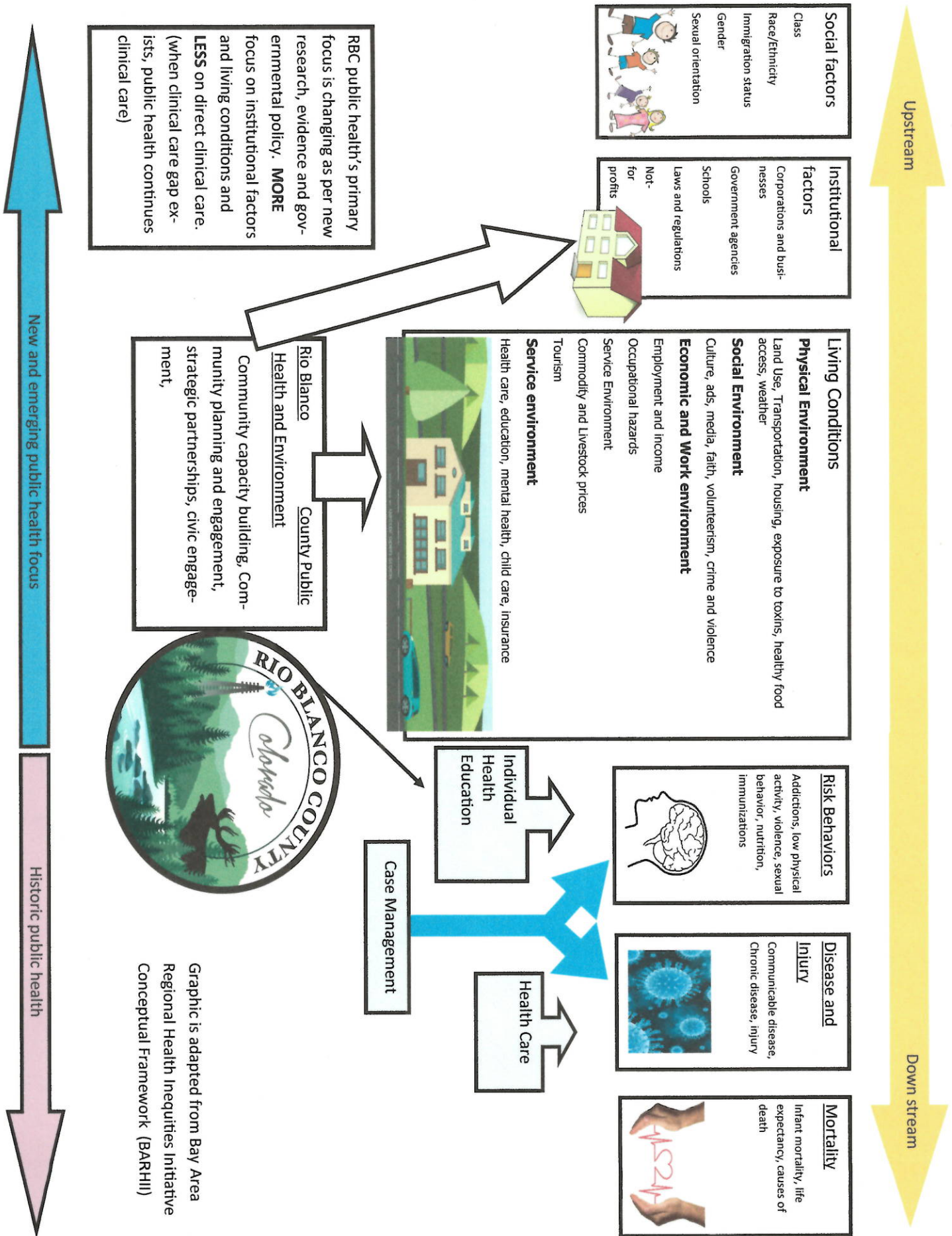


figure 2



high populated county such as Denver. These comparisons should be held with high regard and help a reader determine severity of an issue.

Why does Rio Blanco County Public Health look so different from other counties public health departments?

Each public health department across Colorado will look slightly different. This is because the needs of the county citizens are different in each county. Colorado recognizes and values local control of local issues. Public health statutes embody this value. Colorado Revised Statute Title 25 speaks to Public Health and Environment. Specifically CRS 25-1-505 speaks to the community health assessment process in Colorado.

By evaluating needs through a comprehensive community health assessment, priorities and gaps in care can be identified. These priorities, along with the other 39 statutorily required programming, is why each county public health departments looks and functions differently.

## Community History and Information

### RANGELY, COLORADO

Rangely Colorado's history, both politically and economically, has been tied directly to the oil field situated under and around the town. The Town of Rangely was founded on November 11, 1882 and officially incorporated in 1947 as the oil camp-turned-municipality took shape along the banks of the White River. The town then, and through most of its history, has relied upon the oil wells for employment, property tax, and overall prosperity. When the demand for oil has been high, the town is a thriving community that appears to be bursting at the seams. During downturns such as the current one, local business owners struggle as the transient workforce leaves for greener pastures. The oil field has been a tremendous asset to the community historically, and will continue to be, but additional diversification and investment is needed to ensure the long-term success of the community.

### MEEKER, COLORADO

Meeker has a rich history tracing its origins back to the days of Nathan Meeker, and even earlier with the Ute Indian tribes. The local economy was largely agrarian with a significant amount of farming, ranching and hunting occurring on the banks of the White River and in the nearby mountains. Reliance upon the land as a major economic driver has continued into the modern era with the discovery of energy resources such as coal, oil and gas. The citizens of the town feel a deep connection to the landscape, and have learned to live with the challenges that come with the boom and bust cycles that are common to the extraction industry. (Source: Better City assessment)



Meeker, Colorado



Rangely, Colorado

## Review of Historical Community Health Assessments

Few historical community health assessments and public health improvement plans were found in the Rio Blanco County Public Health Department office. Assessment from 2005 and 2013 are the only historical references used.

### 2005 main concerns included:

1. Substance abuse (drug, alcohol and tobacco),
2. Drinking and driving,
3. Cost of local health care,
4. Child abuse
5. Environmental concerns including clean water, safe waste dumping.

Limited documents remain in the office to represent specific work done on these priorities, however it can be assumed that programming was developed and implemented. Local public health agencies are the only entities that historically addressed these concerns in a community.

### 2013 main concerns included:

1. Mental health and substance abuse,
2. Unintended pregnancy,
3. Unintentional injury,
4. Oral health,
5. Infectious disease.

Of these oral health was identified as a priority focus area with the most feasible and capacity for traction. The top priority was more specifically identified as "oral health ages 13 and younger". However, work in regards to oral health was spotty at best. Cavity Free magnets, brochures and boxes of toothbrushes were found but no documents or remaining staff with oral health experience exists. It can be assumed that other statutory requirements weighed heavily on the small staff and oral health was a victim of limited state and local funding and inadequate FTE to address this.

Mental health and substance abuse were prioritized on both of these historical assessments with little traction on prevention and treatment efforts.

Pioneers Medical Center's most recent community health assessment was in 2012. The following priorities were identified at that time:

1. Resource Development
2. Youth Drug/Alcohol/Tobacco Abuse
3. Adverse Behaviors
4. Accessibility/Affordability
5. Healthy & Unhealthy Eating

Each of these priorities are heavily related to population health. Little evidence of collaboration between Pioneers Medical Center and Rio Blanco County Public Health was found in the public health

office during 2012 to 2016. When a new public health supervisor was hired collaboration improved and this will continue to be a focus in the coming years.

#### Timeline for Community Health Assessment:

October 2017: identify and reach out to stakeholders, plant the seed to potential participants via newspaper articles, Facebook and word of mouth. Gather hospital top 10 ICD codes and community health assessments. Complete one meeker faith community faith group leader focus group.

November 2017: identify places and spaces for focus groups, identify caterer and invitation list.

December 2017: complete community focus groups

March 2018: convenience sample electronic survey developed and completed.

July 2018: Survey closed and random winners of small incentive prizes were drawn from participants

July 2018: survey data analyzed

August 2018: write up and prioritization completed, results determined

October and November 2018: information disseminated community wide

October 2018: focused work on priorities began

#### Assessment methods:

1. Paper and internet convenience sample surveys
2. Mine and review of existing data on Rio Blanco County from various sources
3. Key informant interviews
4. Focus group discussions



**2017/2018 Rio Blanco County Public Health  
Community Health Assessment results and data points**

## FOCUS GROUPS

Finding someone from within the “community” to help organize and garner participation with this focus group model was extremely helpful. When we had a faith leader focus group in Meeker, a local minister extended invitations, when we had a focus group in Rangely, a trusted Rangely citizen organized the event and sent invitations. When we had a Spanish focus group we had a fluent Spanish speaking health professional facilitate and organize the event.

Meeker community faith leader focus group (October 2017): Priorities identified during discussion with 4 clergy and 2 active faith leaders from Meeker community:

Mental health - for all ages, with particular focus on suicide prevention  
Strategies for discouraging high risk behaviors in youth - underage drinking, sexual risk taking,  
Men’s health- particularly mental health  
Family vitality- divorce, domestic abuse, stressors to families  
Foster care needs in county  
Fatherless kids- children without male trusted adults in their life

Rangely community faith leader focus group (February 2018 ): Priorities during discussion with 1 clergy, 2 active faith leaders and director of county Rio Blanco County Department of Human Services from Rangely community:

Mentorship  
Substance abuse  
Family vitality  
Ability to love the marginalized  
Camp opportunities for youth to develop leadership, confidence, etc.

Spanish speaking focus group (December 2018):

A group of 26 adults and 25 kids convened to discuss health care needs in Rio Blanco County from their perspective. The entire event was conducted in Spanish for understanding and cultural appropriateness. Paper surveys were handed out and completed by participants. In addition discussion was encouraged and the following concerns were verbalized:

Lack of high quality, confidential interpretation services in healthcare settings, including billing notices not being in Spanish.  
Concerns about new question about citizenship on Colorado Indigent Care Program application (it was not previously there)  
No mental health providers that speak Spanish.  
Lack of awareness of services offered at Public Health office  
Community Health Fairs do not have resources in Spanish  
Access issues due to no insurance

Spanish paper survey results were as follows:

6 of 24 participants are concerned about affordable and safe housing (25% of those in attendance)

4 of 24 have concerns about access to healthy foods  
10 of 24 (42%) say they do not have a physician in Rio Blanco County  
13 of 24 (54%) say they cannot communicate well with their healthcare providers  
15 of 24 (63%) say they cannot find good translation services  
19 of 24 (79%) say they do not have health insurance or it is of very poor quality  
18 of 24 (75%) have concerns that their citizenship status prevents good quality healthcare access  
12 of 24 (50%) say they struggle with contraception  
17 of 24 (71%) struggle getting mental health services  
19 of 24 (79%) do not know how to get help for themselves or a friend for substance abuse problems

Violence prevention focus group (April 2018):

This was a focus group jointly convened by Rio Blanco County Sheriff and Public Health. Paper surveys were passed out in order to get more information directly related to health assessment and then focus group discussion served to identify further priorities around the common theme of violence prevention in Rio Blanco County. There were 35 people present including those from law enforcement, clergy, social services, community, recreation, schools and hospitals.

Priorities identified verbally in focus group discussion included:

School Safety  
Addictions in both youth and adults  
Social isolation  
Mental health access  
Lack of services and resources  
Stigma when asking for help  
Respect for law enforcement and authority  
Lack of moral leadership  
Family vitality  
Federal and state intervention - fear of loss of local control of issues  
Reacting out of fear/knee jerk reactions not informed with data and real fact  
Bullying

Violence Prevention focus group paper survey results:

Of 30 participants the following results were noted:

13 said that mental health access and care was their primary concern  
9 said that degradation of family values/moral compass and ethics in society was their primary concern  
2 said that the risk of losing local control of local issues was their primary concern  
3 said safety of our citizens in general  
2 said high risk behaviors of our youth (sex, drugs, violence, and pornography)  
1 said wages and employment opportunities

Summary of all focus group concerns:

Limited mental health services available locally

Substance abuse treatment and access

Family vitality as defined as a strong connected 2 parent family where love and discipline are used.

Cultural competency, especially Spanish language

Decline in moral living

CONVENIENCE SAMPLE SURVEY RESULTS

Because actual paper surveys had been used in the past for community health assessments coupled with the fact that few people migrate in/out of much of the county, people remembered this process and asked about it repeatedly – when am I going to get my survey? Thus Survey Monkey survey process was used to get a convenience sample of citizens input on health, status and barriers. After exhaustive analysis using multiple queries and models, good informative data was developed.

We had 332 respondents to this survey. Survey questions located in appendix A. Of the 332 70% identified Meeker as their home community, and 30% identified most with Rangely, 20% were male and 80% were female:

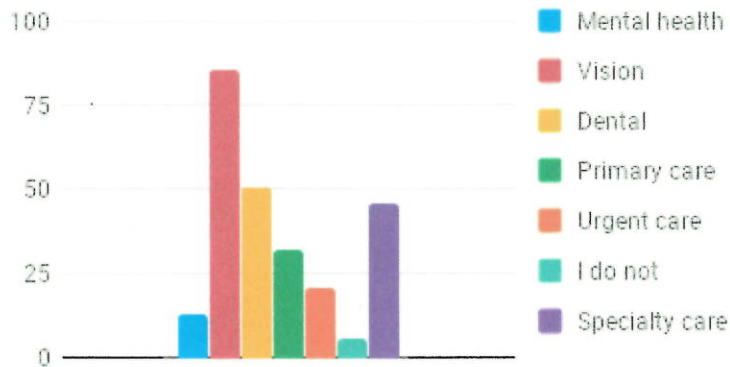
Age 18-25	4.2%
Age 25-34	18.4%
Age 35-44	23.8%
45-54	22.9%
55 -64	23.5
65-74	7.2

This convenience sample data may represent middle age females from Meeker who like to take surveys the best. However, the totality of all data in the community health assessment should be considered with any assumptions, inferences and decisions. This data set is monstrous and recording all information from the survey here is not practical. Therefore, the following charts are unique or outlying results seen from evaluation of the data.



### Rangely:

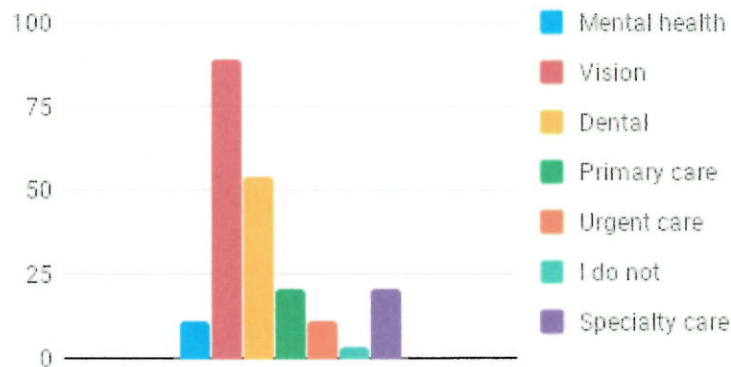
#### Outside care



The above chart reveals of the 101 individuals that respond to this survey in Rangely, 85% seek vision care outside of Rangely. 50.5% seek outside dental care, 45.5 seek outside specialty care and 31% seek primary care outside Rangely. Caution should be used when interpreting the primary care data as it should be considered alongside the current case load of one of the primary care doctors in Rangely who reports that having over 900 unique patients on caseload, which is potentially half of Rangely residents.

### Meeker:

#### Outside care



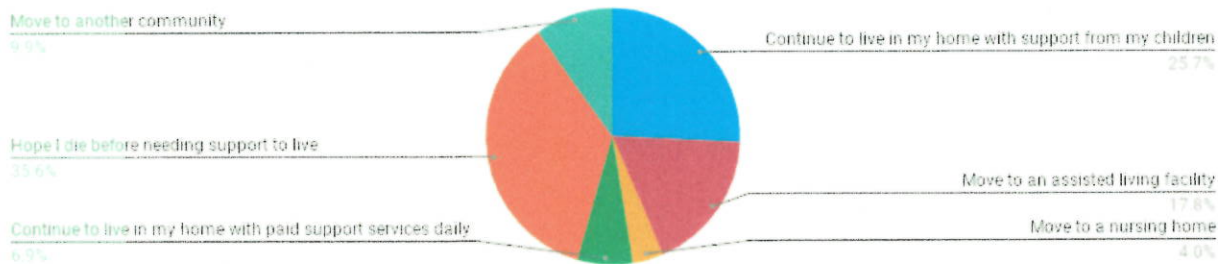
Of the 231 respondent's from Meeker, 88% seek vision care outside of Meeker, 53% seek dental care outside Meeker, 20% seek specialty care outside Meeker, and 20% seek primary care outside. It should be noted that this survey was conducted during a time when one long-time dentist was in the process of retiring and before a new dentist had fully started in the recently vacated practice.

### Summary of "outside care" findings:

There is no vision care is present in neither Rangely nor Meeker and may be a focus area for economic development and recruitment efforts in both communities.

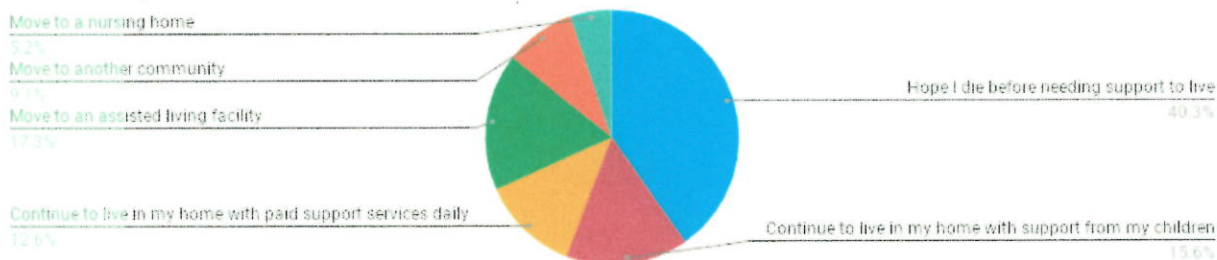
#### Rangely:

##### Elder care plan



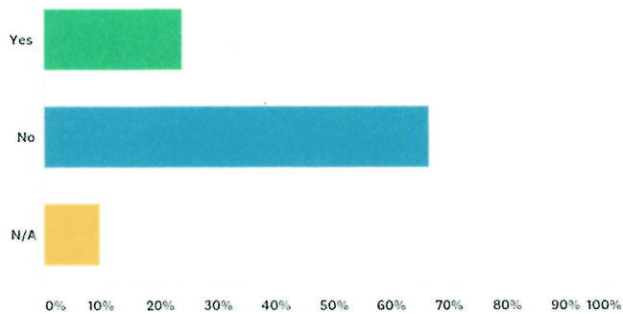
#### Meeker:

##### Elder care plan



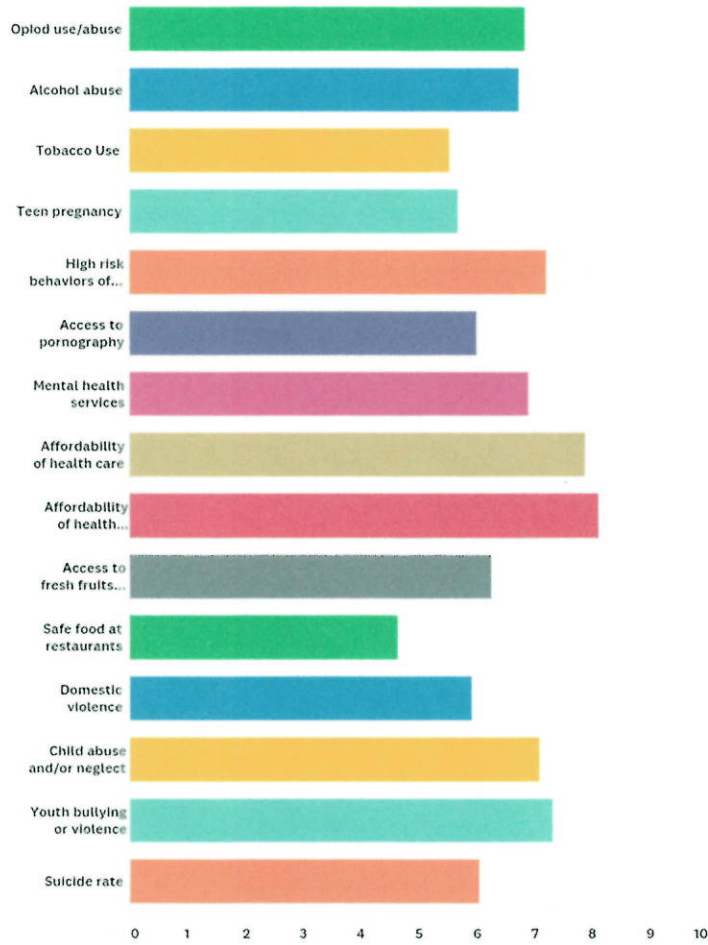
Summary of data: Neither community has a private practice attorney, thus residents needing to create a will, power of attorney or other long term care and end of life planning must travel beyond the county to do so. This may be a deterrent for residents to create sensible plans. The bulk of respondents say they hope to die before needing long-term care or plan to live in their home with support of their children. This could be seen as both a positive and negative. Perhaps people are planning to stay healthy up until the point of their death, and they plan to stay in their home community and continue to support the local economy by doing so. On the other hand, modern science shows us that a gradual and often sharp declines in functioning do happen as we age despite our best efforts. So planning to die before needing support is impractical. It could reasonably be assumed that by answering this way to this question it really means people have not thought nor planned for care as they age. In addition, saddling our most productive workforce with care of a family member probably adversely impacts our economy and can have a damaging effect on caregivers own social, financial and mental health.

Q17 Have you or your partner ever had an unplanned pregnancy?



Of 332 total, 79 respondents say they have had an unplanned pregnancy. This number may be slightly skewed high as both the mother and father may have taken this survey. However, it undoubtedly demonstrates that unplanned pregnancy is a concern in our county. Even one unplanned pregnancy can have huge economic impacts for both the family and society in general.

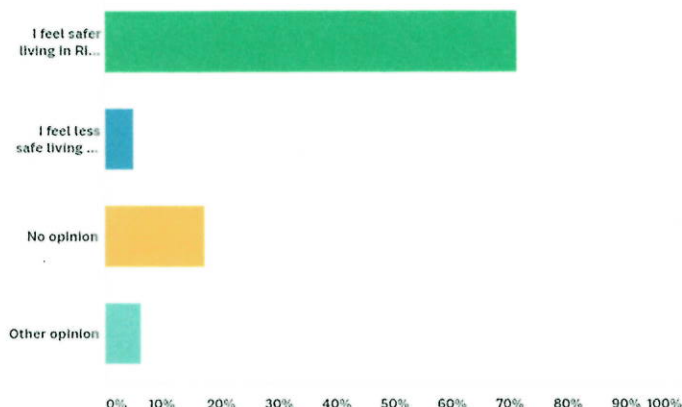
Q20 On a scale of 1 to 10 , where 1 means "not at all concerned" and 10 means "extremely concerned", please rate how concerned you are about each of the following in the population of Rio Blanco County:



This chart shows what social issues the respondents are most concerned about. The further the color bar reaches toward a "10", the more concerned respondents are about the issue. The following have the highest concerned rating: Affordability of healthcare and health insurance, youth issues (bullying, abuse/neglect, high risk youth behaviors) and substance abuse.



Q21 There is a very high percentage of people in Rio Blanco County that own guns. How does this make you feel?



Answered: 332

237 respondents say this makes them feel safer

17 said they feel less safe

57 had no opinion

21 had comments, including:

"This does not bother me at all. I grew up with guns. My father made sure my siblings and I knew how dangerous they are and that there are serious consequences if misused. I took hunter safety and feel it should be a requirement for all children. Knowledge and respect for weapons would be a good thing."

"Gun ownership does not concern me but the anger/attachment to their guns does"

"It is all about appropriate use of guns/weapons. Information on safe gun/weapon use is critical."

"I am offended that this question would be asked on a "health" survey"

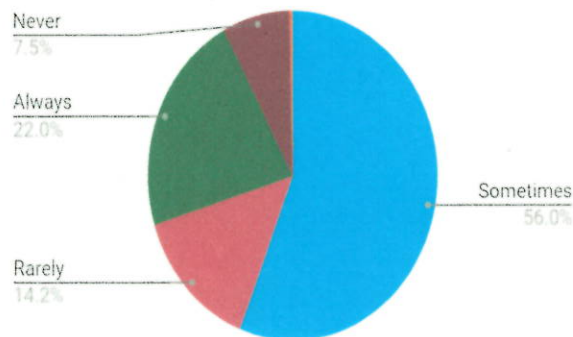
"If it were an urban area I would feel less safe but because RBC residents use guns (for the most part) responsibly I feel fine. I do worry about guns around irresponsible youth."

"I feel that a solid gun safety education program has a greater impact on the safety rather than the amount of people that own guns"

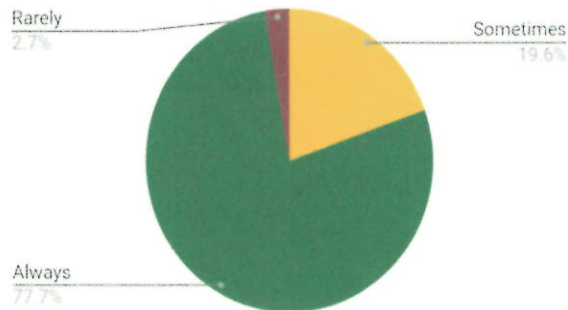
Summary: Rio Blanco County is one of several counties in Colorado that has very high gun ownership percentage. It can be guessed there is a high level of understanding around gun safety, as many of these same owners are hunters and a "Hunters safety" card is required to hunt. This is a fantastic education program that teaches safety and respect for firearms taught

Colorado Parks and Wildlife officers several times a year in both of our communities. It should be noted that current Rio Blanco County public health leadership (director and most board of health member) is not in favor of measures to ban guns, or create further laws restricting ownership, but rather embrace the continued need for comprehensive gun education and increased mental health screenings and services in the county to prevent the risky triad of mental illness, anger and gun ownership from occurring.

How often do you wear sunscreen?

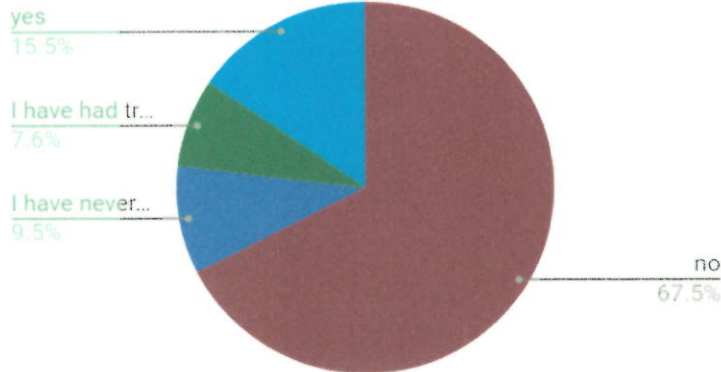


How often do you wear a seat belt?



Sunscreen and seatbelt use is a great test of public health campaign effectiveness in a community. From the above responses, it would be fair to assume that these public health campaigns in years past have been effective. This also speaks to respondents understanding of the importance of prevention in overall health.

Do you have current mental health first aid training?



Not unlike other frontier counties, Rio Blanco County has a high percentage of residents that have not had Mental Health First Aid training. This is an effective means to educate the general public on mental health issues and suicide prevention.

## KEY INFORMANT INTERVIEWS

Key informant interviews were conducted with the several key stakeholders. Set interview questions were given and results recorded. Reoccurring themes were identified and saturation level was identified. This guided our work immensely as well.

Medical Director of Rio Blanco County Public Health and Environment and physician at Pioneers Medical Center

Interviewed: August 2, 2018

Top 5 health priorities:

1. Climate and environmental impact on human health and the long term risks/harm that we are ignoring now. Need to balance health and safety with economic needs of county residents. Concerned that Algae, climate changes leading to wildland fires, water quality, etc are not viewed through the impact of human health. Recognizing that our county has many environmental resources that are foundational to our economy, livelihoods and culture, but these resources should not violate or be prioritized over human health and safety.
2. People lacking critical thinking abilities to determine whether or not media messages make sense, are helpful versus harmful and what is a need versus a want. Points to tobacco, sugar, alcohol advertising, etc. Lack of scientific understanding and use to make decisions by our leaders.
3. Social isolation contributing to inability to seek help and fostering "self-treatment" mindset. Social isolations impact on mental health and the use of internet for relationships rather than in-person contacts.

4. Dwindling income of elderly and their inability to afford medication, and long term care, and ability to plan for the future.

CEO of Rangely District Hospital and Community Health and Wellness Center

Top 5 health priorities:

1. High insurance deductibles of residents within Rangely District Hospital catchment area. These ultra-high deductibles put more cost onto the patients and they frequently cannot pay their health bills or they delay needed medical care due to "fear of the bill"
2. Lack of mental health specialty care. Current mental health professional in Rangely is outstanding but more providers are needed as well as access to mental health professionals that can prescribe.
3. Substance use and abuse
4. Fragile economy with risk of further job loss if any of the major employer's financial viability changes including oil/gas, healthcare, government. If hospital would have to pare down staff it would impact many families as health insurance loss could be devastating.
5. High number of Medicaid patients in RDH catchment area which equates to lower reimbursement for all procedures. RDH will have to buy new and upgrade equipment soon in order to provide quality care, with lower reimbursement there is less money to put toward needed capital purchases. Decision between cut services to maintain others may be a reality. Cuts in services puts burden back on residents to travel long distances for needed care and some cannot or will not do so which in-turn precipitates chronic disease progression

District Attorney for 9th judicial district

Substance use/abuse to self-treat for mental health conditions. Estimates that if substance abuse was not an issue nearly ¾ of the caseload would disappear. This means that most of the cases the office prosecutes have a substance abuse component probably related to mental health issues (depression, anxiety, stress, etc.). DA states it would be helpful if people could learn to be "mindful" of their actions and understand the root of their issues more. For example: why am I drinking, what is lacking that I am compensating for, etc.

CEO of The Health Partnership of Northwest Colorado

Mental health services  
substance abuse  
child care  
food insecurity  
employment opportunities with benefits

Director of Rio Blanco County Department of Human Services

Employment with benefits such as health insurance  
Affordable high quality food  
Substance abuse

Mental health services  
Child care  
Estate planning access

#### Self-employed rancher

Primary barrier to her and her family seeking health assessments, advice and care is cost (Specifically health insurance products.)

Second - inability to access truly confidential care in a small town, as well as reassurance that the small town care is of excellent, scientifically driven and up-to-date quality.

As a self-employed rancher, her and her husband struggle finding affordable health insurance with good coverage. As a ranching family with seasonal income they are paying around \$8000 a year for insurance that still leaves them vulnerable to over 10,000 deductible and \$35 co-pays for each health care visit. This can total upwards of \$18,000 in costs per year. This is a subsidized plan offered through the health insurance marketplace AKA Connect for Health Colorado. As an educated and astute consumer she knew to shop around for plans before purchasing insurance. However, the marketplace only offers one company - Anthem Blue Cross Blue Shield. When she called Anthem directly they did tell her about a plan with better coverage for her family but found this plan was not offered through the marketplace. The advantage of the marketplace for her family is the ability to get portions of a plan subsidized and thus at a cheaper monthly out-of-pocket rate. As with many families, more comprehensive coverage is available through other plans that also have better deductibles and co-pays, but the monthly premium is much higher. Many families are trapped into less quality products for the sake of affordability offered on the marketplace.

With such high financial vulnerability, many self-employed families, including this one have thought about having one family member seek out employment elsewhere in order to get employer sponsored health insurance. This could save money in terms of insurance premiums, but the cost to the family ranching business could be tremendous as the ranch would lose a full time "employee" which ultimately impacts productivity, efficiency and economic viability to the ranch.

In addition, to hear one say "if we did not have children, we wouldn't even have insurance" because we are healthy and we would take the gamble" is troubling.

Non-catastrophic care is definitely weighed against cost. Simple things such as deep cuts, small broken bones, nagging back pain are often self-treated or just "dealt with" as they know that the cost of treatment would be entirely paid for "out of pocket" and cost often trumps quality of life. By self-treating and ignoring, a family really could save thousands of dollars in the short run, which equates to less financial burden stress. Knowing full well, that long term cost could be high if self-treatment does not work.

#### Former federal special agent who resides in the county

Questions around substance use and abuse were asked. Responses included:

The biggest risk to health and safety is not so much marijuana but rather alcohol. If given a choice this former agent reports that to monitor human health and safety at either an event where alcohol was being served and readily used vs an event where marijuana was easily accessible and openly used.



Hands down this agent would choose working at an event with marijuana present. This is due to years of experience seeing aggression, unsafe driving, fights and overestimation of ones skill and prowess that leads to self-injury and injury to others. Events where marijuana is readily used are calmer, more easily controlled for safety and less injury and aggression is displayed amongst the users. (This interview does not imply that Marijuana is totally safe or legal in certain venues – this is observational, qualitative data only and is reported here to demonstrate safety observations of both substances).

### Census demographics and existing data sets:

#### US CENSUS

Rio Blanco County, Colorado	
Population estimates, July 1, 2017, (V2017)	6,420
<b>PEOPLE</b>	
<b>Population</b>	
Population estimates, July 1, 2017, (V2017)	6,420
Population estimates base, April 1, 2010, (V2017)	6,669
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-3.7%
Population, Census, April 1, 2010	6,666
<b>Age and Sex</b>	
Persons under 5 years, percent	5.6%
Persons under 18 years, percent	24.0%
Persons 65 years and over, percent	15.1%
Female persons, percent	48.8%
<b>Race and Hispanic Origin</b>	
White alone, percent	93.4%
Black or African American alone, percent	1.3%
American Indian and Alaska Native alone, percent	1.6%
Asian alone, percent	0.6%

Native Hawaiian and Other Pacific Islander alone, percent	0.1%
Two or More Races, percent	3.0%
Hispanic or Latino, percent	9.6%
White alone, not Hispanic or Latino, percent	85.0%

#### **Population Characteristics**

Veterans, 2012-2016	474
Foreign born persons, percent, 2012-2016	3.5%

#### **Housing**

Housing units, July 1, 2017, (V2017)	3,391
Owner-occupied housing unit rate, 2012-2016	67.3%
Median value of owner-occupied housing units, 2012-2016	\$208,400
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,174
Median selected monthly owner costs -without a mortgage, 2012-2016	\$313
Median gross rent, 2012-2016	\$762
Building permits, 2017	13

#### **Families & Living Arrangements**

Households, 2012-2016	2,450
Persons per household, 2012-2016	2.59
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	81.1%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	7.6%

#### **Education**

High school graduate or higher, percent of persons age 25 years+, 2012-2016	91.8%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	21.8%

#### **Health**

With a disability, under age 65 years, percent, 2012-2016	6.1%
Persons without health insurance, under age 65 years, percent	9.4%

#### **Economy**

In civilian labor force, total, percent of population age 16 years+, 2012-2016	65.7%
--	-------

In civilian labor force, female, percent of population age 16 years+, 2012-2016	58.3%
Total accommodation and food services sales, 2012 (\$1,000)	11,544
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	18,976

Total retail sales, 2012 (\$1,000)	54,823
Total retail sales per capita, 2012	\$7,995

### Transportation

Mean travel time to work (minutes), workers age 16 years+, 2012-2016	17.2
--	------

### Income & Poverty

Median household income (in 2016 dollars), 2012-2016	\$56,771
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$27,419
Persons in poverty, percent	9.5%

## BUSINESSES

### Businesses

Total employer establishments, 2016	210
Total employment, 2016	1,713
Total annual payroll, 2016 (\$1,000)	106,339
Total employment, percent change, 2015-2016	-10.8%
Total nonemployer establishments, 2016	540
All firms, 2012	870
Men-owned firms, 2012	343
Women-owned firms, 2012	244
Minority-owned firms, 2012	36
Nonminority-owned firms, 2012	796
Veteran-owned firms, 2012	35
Nonveteran-owned firms, 2012	752

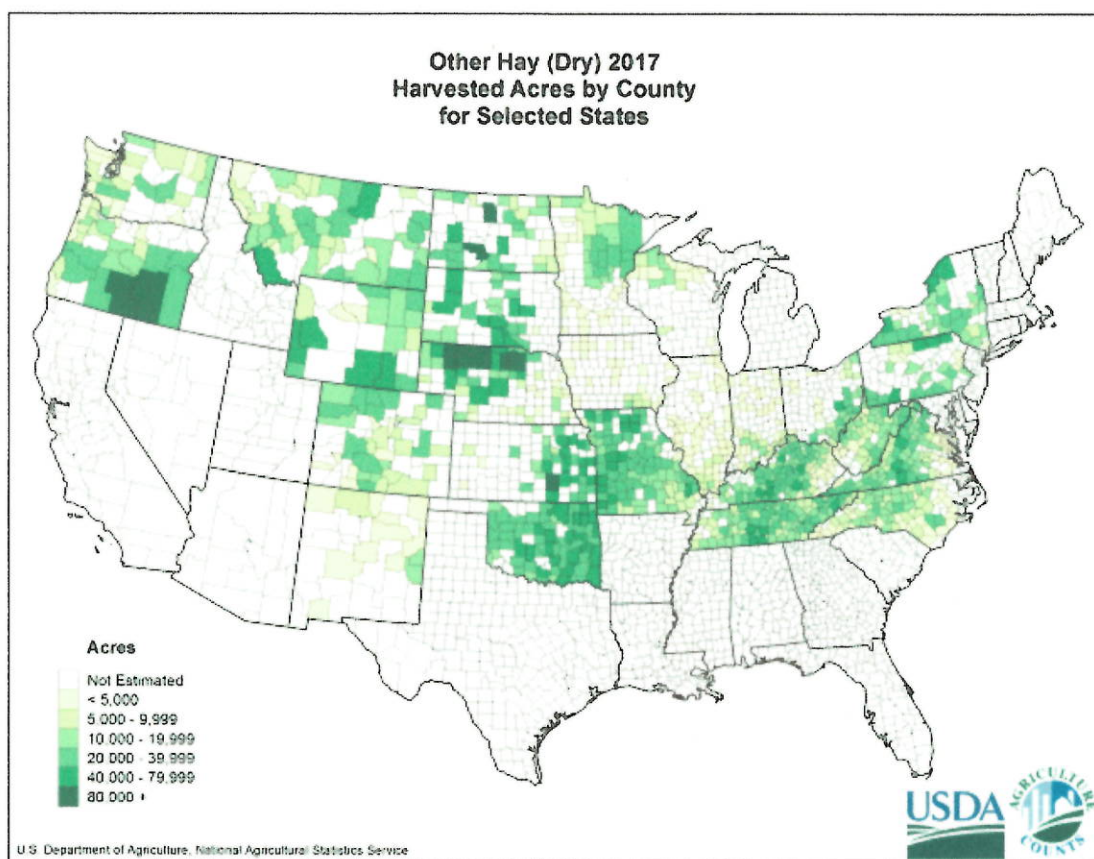
## GEOGRAPHY

### Geography

Population per square mile, 2010	2.1
Land area in square miles, 2010	3,220.93



## Commodity Data and Information



The above map shows that Rio Blanco County is one of the higher native hay producing counties in Colorado. Along with this is a very high amount of livestock production. This is important as it points to the type and nature of the work many people in our county do. Agriculture is an important economic driver and a primary cultural contributor. When adverse environmental events happen this has a tremendous effect on our county. Fire, flood, severe winter storm, and drought can cripple a major sector of our economy and with this comes high stress, mental health issues and substance abuse that can rip away at the social fabric of our community and dramatically drop our health indicators.

### Livestock numbers:

All cattle and calves (Colorado Annual Bulletin, 2016 USDA, National Agricultural Statistics Service)

County	2012 (number)	2013	2014	2015	2016
Rio Blanco	24,000	25,000	24,000	24,000	25,000
Routt	22,500	37,500	35,000	36,000	37,000
Moffat	26,500	27,500	26,500	26,500	28,000
Garfield	20,000	18,600	17,900	17,900	18,900

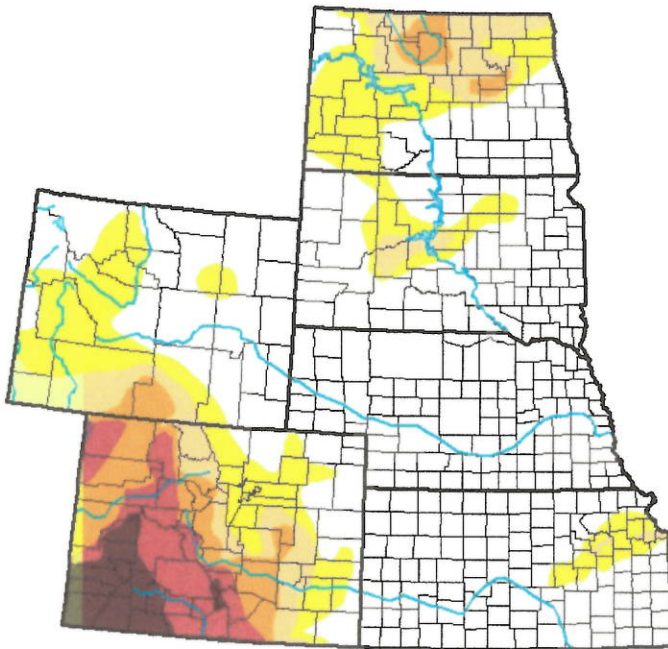
## Climate Data

### U.S. Drought Monitor High Plains

**November 6, 2018**

(Released Thursday, Nov. 8, 2018)

Valid 7 a.m. EST



Drought Conditions (Percent Area)

	None	D0-D4	D1-D4	D2-D4	D3-D4	D4
<b>Current</b>	62.71	37.29	20.69	12.82	7.19	2.73
<b>Last Week</b> 10-30-2018	63.14	36.86	20.69	13.31	7.66	2.79
<b>3 Months Ago</b> 08-07-2018	61.61	38.39	26.86	18.20	8.61	1.93
<b>Start of</b> <b>Calendar Year</b> 01-02-2018	19.28	80.72	29.19	6.34	0.90	0.00
<b>Start of</b> <b>Water Year</b> 09-25-2018	52.20	47.80	28.48	18.28	11.05	3.38
<b>One Year Ago</b> 11-07-2017	65.52	34.48	13.57	3.26	0.90	0.00

#### Intensity

D0 Abnormally Dry	D3 Extreme Drought
D1 Moderate Drought	D4 Exceptional Drought
D2 Severe Drought	

The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. See accompanying text summary for forecast statements.

#### Author:

David Simeral  
Western Regional Climate Center



<http://droughtmonitor.unl.edu/>

#### Percent area in drought categories

Date	None	D0-D4	D1-D4	D2-D4	D3-D4	D4
2018-08-07	0.00	100.00	100.00	100.00	4.93	0.00
2017-08-01	31.33	68.67	0.00	0.00	0.00	0.00
2016-08-02	100.00	0.00	0.00	0.00	0.00	0.00
2015-08-04	76.34	23.66	0.00	0.00	0.00	0.00
2014-08-05	90.88	9.12	0.03	0.00	0.00	0.00
2013-08-06	0.00	100.00	100.00	100.00	0.00	0.00

([https://droughtmonitor.unl.edu/Data/DataTables.aspx?region,high\\_plains](https://droughtmonitor.unl.edu/Data/DataTables.aspx?region,high_plains))

This graph shows that drought is becoming a reoccurring theme that residents of Rio Blanco County deal with. Therefore, innovative, scientifically sound and economically sensible farming and ranching practices must be considered. Living healthy in drought is of utmost concern for residents of Rio Blanco County given our strong ties to agriculture.

### **Behavioral Risk Factor Surveillance data – community level estimates**

([http://www.cohealthmaps.dphe.state.co.us/cdphe\\_community\\_level\\_estimates/mental\\_health\\_sae/](http://www.cohealthmaps.dphe.state.co.us/cdphe_community_level_estimates/mental_health_sae/))

Estimates % adults that are heavy drinkers (men 15+ drinks per week) (females 8+ drinks per week)

State: 6.5%

Rangely: 7%

Meeker: 6.9

Estimated percent of people living with mental distress (more than 14 days in a 30 day period with mental distress)

State: 9.4%

Rangely: 9.2%

Meeker: 9.6%

% adults who are current smokers

State: 16.2%

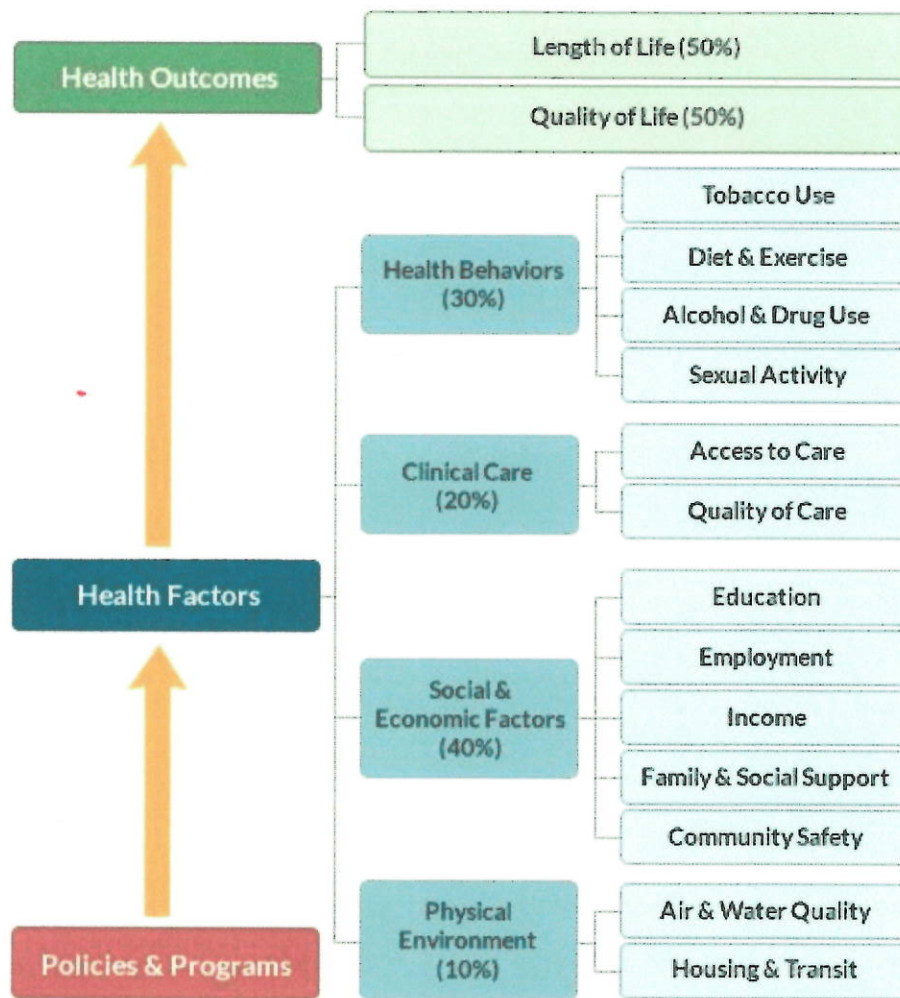
Rangely: 19.1

Meeker: 18.3

### **County Health Rankings data**

The County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.





Rio Blanco County Health outcome rankings (of 58 Colorado counties surveyed)

Year	Health Outcome	Health Factor
2018	18	30
2017	23	29
2016	35	29
2015	39	19
2014	22	21
2013	27	19
2012	29	18
2011	33	22
2010	43	14

Rio Blanco County has steadily moved up in health rankings since 2015. The goal of course remains to be ranked #1. The improvement is interesting given that health factor has gotten worse. Health factors include things like education, employment, behaviors and access to care. This would lead the reader to believe that effective public health initiatives have been put in place to address these social determinates of health. A strong public health system coupled with the renewed interest and requirements of both hospitals and clinics in population health has improved the health ranking despite the difficulties.

### **Area Deprivation Index**

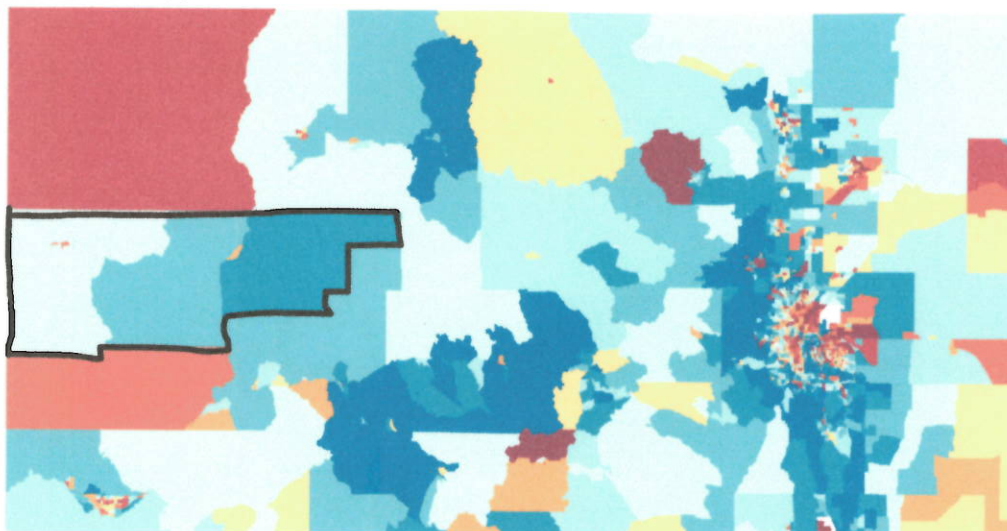
The area deprivation index represents a geographic area-based measure of the socioeconomic deprivation experienced by a neighborhood. Higher index values represent higher levels of deprivation. Higher levels of deprivation have been associated with an increased risk of adverse health and health care outcomes. The original index developed by Singh used 17 different markers of socioeconomic status from the 1990 Census data. HIP has generated an updated index using 2000 census block group-level data and the original Singh coefficients from the 1990 data.

The index includes the following variables:

- Percent of the population aged 25 and older with less than 9 years of education
- Percent of the population aged 25 and older with at least a high school diploma
- Percent employed persons aged 16 and older in white-collar occupations
- Median family income in US dollars
- Income disparity
- Median home value in US dollars
- Median gross rent in US dollars
- Median monthly mortgage in US dollars
- Percent of owner-occupied housing units
- Percent of civilian labor force population aged 16 years and older who are unemployed
- Percent of families below federal poverty level
- Percent of the population below 150% of the federal poverty threshold
- Percent of single-parent households with children less than 18 years of age
- Percent of households without a motor vehicle
- Percent of households without a telephone
- Percent of occupied housing units without complete plumbing
- Percent of households with more than 1 person per room

The index is set to have a mean of 100 and a standard deviation of 20.

## 2013 results – Northwest Colorado



Dark blue means the residents are not in an area of deprivation. As shades of blue go lighter this means there is more deprivation. Anything in orange or yellow means the people live in an area of high deprivation. Dark red is the worst. You will note that both Meeker and Rangely have areas of deprivation. It would be reasonable to assume that this is due to economic disadvantages.

Health Innovation Program. 2000 Area Deprivation Index. UW Health Innovation Program; 2014.  
Available at: <http://www.hipxchange.org/ADI>

## FRAMEWORK FOR REPORTING FINDINGS and Additional Data

A conceptual framework is used to provide structure to the assessment process and results. The Bay Area Regional Health Inequities Initiative (BARHII) is a conceptual framework illustrating the connection between social determinants and health. It focuses attention on measures which have not characteristically been within the scope of public health epidemiology.

Additional Data not found in previous data sets. Data reported with BARHII topical headings.

### Class

Description: There are 3 distinct social and economic classes evident in Rio Blanco County. Those on public assistance of any type, the working middle class and part year residents who typically own homes with values of \$500,000 or more. The upper class typically have homes in the geographically known area as "Up-river" or in typically mountainous scenic areas East of Meeker.

Number of homes valued at \$500,000 or above: 22 of 2116 single family homes in RBC. 1% of homes fall in this category.

Number of people on section 8 housing: We do not have section 8 housing available in our county.

Housing is considered to be permanently affordable if it is owned by a public housing authority or financed through government programs that place limits on the rents or sale prices that can be charged.

The inventory of units that meet this definition in Rio Blanco County is very small—only 84 units, which equates to less than 3% of the housing supply. All are rental units, most of which serve seniors; only 15 units are designed with two- and three-bedrooms for families.

#### Affordable Housing Inventory

Project Name	# of Units	Location
White River Village	24- elderly and disabled	Rangely
The Pines	21 – elderly and disabled	Meeker
Karen Court	15 – families	Meeker
Fairfield	24	Meeker

Conclusion: there are very few low income housing units available, trailer parks are generally the only option for non-disabled non-elderly working individuals in both ends of the county.

#### Race/Ethnicity

US census bureau statistics reveal that RBC is 93% white, 9.8% Hispanic or Latino, and 2.8 % naming two or more races. Some of the Eastern Rio Blanco pioneer families are of Greek decent but may mark White on a census questionnaire. Eastern Rio Blanco County has many sheep ranches which were started and run by immigrants from Greece. Many Rio Blanco county residents also trace their ancestry to Mormon pioneers which is primarily of white racial origin. .

#### Immigration status:

Many residents trace their ancestry to immigrants 70 to 100 years ago, but recent immigrants are almost exclusively those from Mexico.

On December 10, 2017 Public Health sponsored a meal and meeting with the Spanish speaking population of Meeker. A Spanish speaker from this demographic did all speaking and educating. Ethnic food was served. This event was to educate this population about what services public health offered as well as to understand their health needs. A paper survey was done. 24 surveys were received. A safe guess of many from this community say that this was maybe half of the individuals that live in RBC. Public health did not identify a Spanish speaker that was embedded in the Rangely community to complete a similar meeting their, however it is known that the Spanish speaking population is considerably less in Rangely.

#### Gender:

Gender continues to be defined in Rio Blanco almost exclusively as male or female. While there may be residents in the county that inwardly identify as transgender ( outward appearance different that psych identification), the political and social environment is not such where opening identifying as transgender is acceptable and thus numbers are elusive.

Women continue to say they have hit the glass ceiling in Rio Blanco County as elsewhere. Rio Blanco County as an employer, employs nearly equal amounts of men and women in department head positions (11 women, 15 men). Salaries are much higher for men.

Currently of department heads and commissioners:

Median salary for women: \$60,773

Median salary for men: \$76,025

Note: there are several other large employers within the county, but data in this regard was not obtained.

### Sexual Orientation

Heterosexual is the predominate orientation identified by residents, however those identifying as lesbian, gay, bisexual are undoubtedly present, but because of the current political and social climate they do not feel comfortable openly identifying as such and numbers are elusive.

OTHER Demographics not identified in the BARHII but thought to be germane to this assessment are

### Physical Environment

#### Land use:

The bulk of the land in Rio Blanco County is government owned with a combination US forest, CPW, and BLM. Private land ownership comprises the smaller portion of land ownership. Of the private land ownership there is a certain portion that is owned by mining corporations.

#### Transportation

There are two public transportation options in RBC, one on each end of the county. The Meeker Streaker, and the Rangely Rambler. RBC is one of few counties in Colorado that has never had a railroad. There is a small mine owned railroad in West RBC that is for the sole purpose of moving natural resources. Car transportation is predominant mode of transportation. There is an airport in both ends of the county that private planes and jets land but not accessible to the population in general.

Drive time between Rangely and Meeker is one hour (56miles) in ideal weather conditions. Drive time from Meeker to Craig= 50 minutes; Drive time from Meeker to Rifle= 45 minutes; Drive time from Rangely to GJ= 1 hour 30 minutes; Drive time from Rangely to Vernal, UT= 50 minutes

#### Political affiliations

Registered republicans: 2540

Registered democrats: 279

Registered unaffiliated: 831 (July clerk and recorder query)



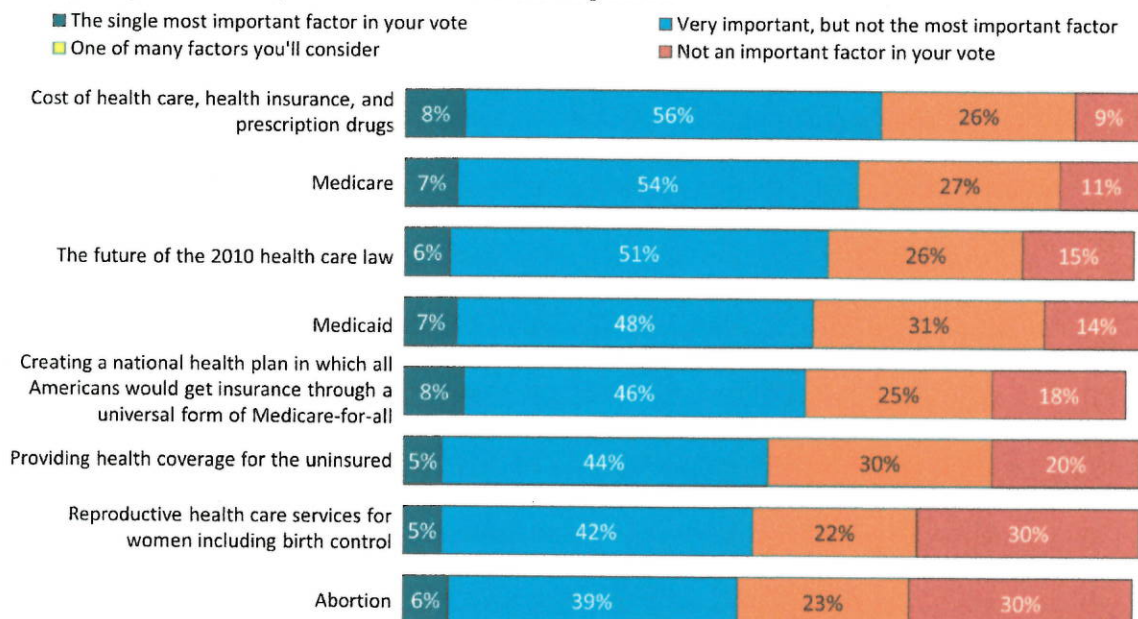
This breakdown should be kept in mind when considering public health programming. The following are generalizations about political affiliations beliefs on health:

<u>Democrat beliefs (generalities)</u>	<u>Republican beliefs (generalities)</u>
View the healthcare system as “broken” and so many pieces of the healthcare system needs changed, working on one piece at a time is futile	Healthcare is a journey not a system. People travel on individual paths to health. People choose wrong paths and need help to choose a better path
Healthcare is a right	Health is a responsibility
Health is a container – low income communities are isolated and contained. Poverty is a hole that traps you and it is hard to get out of.	Healthcare is a large, long journey with constant movement. It is a journey with an unpredictable road and people need roadmaps to help them
View disparities as a deep social imbalance with barrier walls for the low income.	Republicans see themselves as more optimistic because they look back and forward and see the positive changes that have been made.
Unbalance distribution of resources. Making choices is hard without resources.	Collective improvement is a great journey
Must demonstrate effectiveness or resource uses because they are scarce	We have finite/scarce resources in ALL things and therefore rationing has to happen at some point.
Raise the playing field for all	Someone gets raised while others get lowered. Is there really a balance?

Figure 2

## No Single Health Issue Stands Out for Voters

**AMONG REGISTERED VOTERS:** Thinking about how the following health care issues might affect your vote for President, would you say a candidate's position on each of the following will be:



NOTE: Don't plan to vote (Vol.) and Don't know/Refused responses not shown.

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted January 13-19, 2016)



### Drug use and overdose data:

An excerpt from a Colorado Health Institute report in April 2018 titled: Death by Drugs, Colorado at Record High reads:

*Colorado lost 912 people to drug overdose in 2016. Each person had a story. But each is part of a bigger picture as well. Deaths due to drugs are increasingly, and distressingly, common across Colorado. While each community is unique, no region is immune.*

In a recent survey done in Colorado among heroin users (both active users and those in recover), 70% reported opioid prescription use as playing a vital role in trying and finally using heroin.

37.1% reported starting due to a prescription from a doctor,  
 31.4% reported getting them from a friend, and almost  
 20% reported getting them from a family member or stealing from a family member.

A Colorado Health Institute report released in April 2018 reports the following:

Top 10 overdose death rates by County - 2016

Rank	County	Deaths	Population	Rate
1	Huerfano	6	6642	152.6
2	Rio Blanco	3	6497	52.2
3	Las Animas	8	14082	50.9
4	Montezuma	10	26906	42.8
5	Rio Grande	4	11424	38.5

One thing to keep in mind is that the state of Colorado did not report opioid related deaths, emergency room visits, or hospitalizations until late 2017. Most of the data (because it takes time to pull numbers) are from 2016 at best.

Local prescription data:

Prescription Rates per 1,000 residents by Major Drug Class			
	Moffat	Rio Blanco	Colorado
Opioids			
2014	997.6	718.6	754.2
2015	1081	817	795.7
2016	1087	802	765.4
Benzodiazepines			
2014	438	371.9	337.3
2015	428.8	389.1	326.8
2016	425.1	416	316.2
Stimulants			
2014	108	81.5	142.1
2015	115.5	94.3	147.7
2016	135.6	104.5	160.5

(CDPHE county drug profile data analysis) Yellow denotes rates higher than state

This data should only be interpreted as data from the specific years and not indicative of any trends projecting forward. Education, public health efforts and new science has evolved since 2016 and rates may or may not be lower by fall of 2018.

Summary:

Opioid abuse is rampant nation-wide and Rio Blanco County is not immune to this. In 2016 overdose death rate ranked poorly at number 3 in relation to all other 64 counties. It should also be noted that since this time, there have been a number of other overdose deaths in the county and it would not be surprising to see us take the embarrassing and shameful lead in the state for overdose death rate.

## **Priorities and potential action steps discovered**

Underneath each priority identified below will be potential action steps sorted by level of prevention. Prevention levels are described here:

**Primary prevention:** aims to prevent disease/injury before it ever occurs. (Preventing exposure to hazards, altering unsafe behaviors.

*(Primary prevention is the most effective intervention at preventing harm and helping people thrive.)*

**Secondary prevention:** aims to reduce impact of disease of injury that has already occurred. Detecting and treating disease soon in effort to halt progression.

**Tertiary prevention:** aims to soften the impact of ongoing illness/injury that has lasting effects. Help people manage long-term, complex problems/injuries to improve their quality of life.

## **TOP PRIORITIES for public health focus in Rio Blanco County:**

1. **Mental Health and connections to substance abuse.**
  - a. Primary prevention: keep people healthy, starting in elementary and middle school, including reasons kids have unprotected sex, teach temperance with alcohol, understand power issues of children (bullying);
  - b. Secondary: screen for mental health issues, embed mental health in primary care visits, more counselors to help people so they do not self-treat with drugs and alcohol, screen for substance abuse at primary care visits, train liquor store owners and barkeeps in "quick screen and referral".
  - c. Tertiary: local treatment for drug and alcohol addiction, destigmatize treatment, remove barriers for treatment. Ongoing support to maintain sobriety through group or individual personal "check in's"
2. **Viability and affordability of in-county health services and programs**
  - a. Primary prevention: keep people healthy so they do not need massive hospital or clinic care,
  - b. Secondary: protect people with good insurance products with affordable deductibles, address weakness of workforce center to better help people find meaningful work with insurance coverage;
  - c. Tertiary: explore us of creative (government backed) payment plans so hospital does not have to write off as much for unpaid collectibles.

3. **Positive youth development:**
  - a. Primary: prevent neglect of children's social and emotional needs, physical health needs and mental health needs by collaborating and developing programs such as boys and girls club, 4-H, faith based youth centers, boy/girl scouts,
  - b. Secondary: continue to facilitate completion of grant deliverables and application to achieve funding for Collaborative Management Program community case worker to work with children and families already identified as at-risk.
  - c. Tertiary: collaborate with partners on bringing in basic level trainings for trusted adults and youth programs to screen children for mental health issues, trauma informed therapy referrals, youth resilience training etc.
4. **Aging with quality and dignity.**
  - a. Primary prevention: Estate planning events with attorneys for Will, POA planning prep, creation of plan, push 5 wishes. , elder fitness,
  - b. Secondary: screen for fall risk, Adaptive Equipment in home to increase safety, support good-quality in-home caregiving, support "social" meals on wheels such as "A little help" concept.
  - c. Tertiary: assisted living options, Eden like long term care facility, personal preference choice making (rather than coercion or convenience decision making) training for elderly and their families (Being Mortal book concept).
5. **Mitigation of climate/environmental impact on health**
  - a. Primary: Train EMS on impact of disaster on mental health (post disaster Psychological first aid);
  - b. Secondary: train farmers and ranchers on mental health and how to survive disaster,
  - c. Tertiary: help disseminate information on disaster support resources, support connections to drought recovery efforts.

The last effort of Rio Blanco County Public Health and Environment is to become an active voice with CDPHE, legislators and health funders to allow uncategorized funding so we can actually work on the priorities we find in our community health assessment!



APPENDIX A: Convenience sample survey questions

APPENDIX B: Mind Springs Health – West Springs Hospital Data

APPENDIX C: Rio Blanco County Economic Update

APPENDIX D: Kids Count Data

APPENDIX E: Rio Blanco County Demographic and Economic update

## Appendix A

Thanks for your interest in improving Rio Blanco County, Colorado

The following survey information will be used to help guide both Rio Blanco County hospitals, Department of Human Services (DHS) and Public Health in creating and improving programs that are needed and wanted in the county. Our hope is that Rio Blanco County can be the healthiest county in Colorado. We need your opinions and thoughts in order to reach this goal.

Do your best on each question, if you are not certain of an answer, just guess or estimate. Please DO NOT put your name anywhere on this survey so all answers will remain anonymous.

\* 1. What is your gender?

☐

Female

☐

Transgender

☐

Male

\* 2. Home address community (even if you live in rural Rio Blanco County- please list which community you identify with most)

☐

Meeker

☐

Rangely

\* 3. What is your age?

☐

17 or younger

☐

45 to 54

☐

18 to 24

☐

55 to 64

☐

25 to 34

☐

65 to 74

☐

35 to 44

☐

75 or older

\* 4. What is your race? (Please select all that apply)

☐

White

☐

American Indian, Eskimo, or Aleut

☐

Black or African American

☐

Hispanic/Spanish/Latino

☐

Asian or Pacific Islander

☐

Other (please specify)

\* 5. About how much do you estimate your household's total income before taxes was in 2017? (Please include money received from all sources, for example, jobs, social security, public assistance, retirement income, etc.)

- |  |  |
|--|--|
| <input type="radio"/> Under \$10,000       | <input type="radio"/> \$50,000 to \$74,999 |
| <input type="radio"/> \$10,000 to \$25,999 | <input type="radio"/> \$75,000 to \$99,999 |
| <input type="radio"/> \$25,000 to \$34,999 | <input type="radio"/> \$100,000 or more    |
| <input type="radio"/> \$35,000 to \$49,999 |  |

\* 6. What is your marital status?

- |                               |                                |
|-------------------------------|--------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced |
| <input type="radio"/> Single  | <input type="radio"/> Widowed  |

\* 7. What is the highest degree or level of school you have completed? (select one)

- |  |  |
|--|--|
| <input type="radio"/> 12th Grade or less, no diploma | <input type="radio"/> Associate's degree (e.g. AA, AS)       |
| <input type="radio"/> High school diploma            | <input type="radio"/> Bachelor's degree (e.g. BA, AB, BS)    |
| <input type="radio"/> Some college, no degree        | <input type="radio"/> Graduate degree or professional degree |

\* 8. How many adults (over 18) live in your home?

- |                         |                          |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 3  |
| <input type="radio"/> 2 | <input type="radio"/> 4+ |

\* 9. Primary language (native language) spoken in your home?

- |  |                               |
|--|-------------------------------|
| <input type="radio"/> English                | <input type="radio"/> Spanish |
| <input type="radio"/> Other (please specify) |                               |

10. What health services do you travel out of the county for

- |   |   |
|---|---|
| <input type="checkbox"/> Mental health                        | <input type="checkbox"/> Urgent care  |
| <input type="checkbox"/> Vision                               | <input type="checkbox"/> I do not receive care out out of the county.           |
| <input type="checkbox"/> Dental                               | <input type="checkbox"/> specialty care (cardiology, neurology, oncology, etc.) |
| <input type="checkbox"/> Primary care (regular doctor visits) |   |

\* 11. Do you have a garden in the summer months?

- ☐ Yes
- ☐ No
- ☐ No, but would like one

\* 12. What is your residential plan for when you are elderly and cannot take care of yourself safely any longer?

- ☐ Continue to live in my home with paid support services daily
- ☐ Move to another community
- ☐ Continue to live in my home with support from my children
- ☐ Move to an assisted living facility
- ☐ Move to a nursing home
- ☐ Hope I die before needing support to live

\* 13. How often do you consider yourself lonely?

- ☐ Daily
- ☐ A couple times a month
- ☐ One or more times a week but not daily
- ☐ Never

\* 14. Were you born and raised to age 18 in Rio Blanco County?

- ☐ Yes
- ☐ No

\* 15. Have you ever lived anywhere besides Rio Blanco county for more than 3 months?

- ☐ No
- ☐ If yes, what is the longest you have lived away from Rio Blanco County?

16. How often do you use alcohol or other drugs to manage your anxiety, stress, depression or lonlieness?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ N/A

\* 17. Have you or your partner ever had an unplanned pregnancy?

- ☐ Yes
- ☐ N/A
- ☐ No



18. Do you have access to affordable good contraception to prevent unplanned pregnancy?

- ☐ Yes
- ☐ No
- ☐ N/A

\* 19. How do you rate your overall health?

- ☐ Excellent - I never have to go to the doctor except for preventative things
- ☐ Fair - I really have to work to stay on top of my health conditions
- ☐ Very good - I visit the doctor a couple times a year for minor things
- ☐ Poor - I visit the doctor often to help me stay alive.
- ☐ Good - but I wish it was better

\* 20. On a scale of 1 to 10 , where 1 means "not at all concerned" and 10 means "extremely concerned", please rate how concerned you are about each of the following in the population of Rio Blanco County:

	1 Not at all concerned	2	3	4	5	6	7	8	9	10 Extremely concerned	N/A
Opioid use/abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High risk behaviors of teens (unprotected sex, early age sex, high risk dare making, drug use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to pornography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability of health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe food at restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse and/or neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth bullying or violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. There is a very high percentage of people in Rio Blanco County that own guns. How does this make you feel?

- ☐ I feel safer living in Rio Blanco County because of this
- ☐ No opinion
- ☐ I feel less safe living in Rio Blanco County because of this
- ☐ Other opinion

\* 22. Do you own or rent your residence?

☐ Own

☐ Rent

\* 23. Will you be living in this area in 3 years?

☐ Yes

☐ No

☐ Not sure

\* 24. Do any people age of 65 or older live in your household?

☐ Yes

☐ No

\* 25. Do you have chronic pain for which you are taking prescription medication to manage?

☐ Yes

☐ No

☐ N/A

\* 26. Has your health care provider EVER told you that you had any of the following health problems:

	Yes	No
Hypertension (high blood pressure)	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
Overweight	<input type="radio"/>	<input type="radio"/>
Emphysema or COPD	<input type="radio"/>	<input type="radio"/>
Mental health problems or a mental illness	<input type="radio"/>	<input type="radio"/>
Arthritis that adversely impacts your daily life	<input type="radio"/>	<input type="radio"/>
Diabetes (FOR WOMEN, if you were told you had diabetes only during pregnancy, answer NO)	<input type="radio"/>	<input type="radio"/>

\* 27. How often do you wear sunscreen?

- |                                 |                             |
|---------------------------------|-----------------------------|
| <input type="radio"/> Always    | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | <input type="radio"/> N/A   |
| <input type="radio"/> Rarely    |                             |

\* 28. How often do you buckle your safety belt when driving or riding in the car?

- |                                 |                             |
|---------------------------------|-----------------------------|
| <input type="radio"/> Always    | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | <input type="radio"/> N/A   |
| <input type="radio"/> Rarely    |                             |

\* 29. Do you currently use any of the following tobacco products?

	Yes, Every Day	Yes, Some Days	No
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing tobacco/snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars or pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape or Hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 30. What kind of health care coverage do you have for yourself and your family? (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> I/we do not have health insurance                            | <input type="checkbox"/> Medicare                    |
| <input type="checkbox"/> Private/ through my employer or my spouse/partner's employer | <input type="checkbox"/> Medicaid                    |
| <input type="checkbox"/> Private/ purchase it directly                                | <input type="checkbox"/> Child Health Plans Plus     |
| <input type="checkbox"/> Military   | <input type="checkbox"/> State-sponsored health plan |
| <input type="checkbox"/> Indian health service  | <input type="checkbox"/> Other government program    |
| <input type="checkbox"/> Another type of insurance (please specify)                   |  |

31. If you have health care coverage (Skip question if you do not have health insurance), does it cover at least part of the cost for:

	Yes	No	Not sure
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and alcohol detoxification or rehabilitation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crutches, walkers, wheelchairs, or other assistive devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glasses, hearing aids, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. If you do not have health insurance, what are the reasons? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Cannot afford to pay the premiums                   | <input type="checkbox"/> Insurance company refused coverage                   |
| <input type="checkbox"/> Lost job or changed employers                       | <input type="checkbox"/> Lost Medicaid or medical assistance eligibility      |
| <input type="checkbox"/> Became divorced or separated                        | <input type="checkbox"/> Cut back to part-time or became a temporary employee |
| <input type="checkbox"/> Spouse or parent died                               | <input type="checkbox"/> Choose not to  |
| <input type="checkbox"/> Became ineligible because of age or left school     | <input type="checkbox"/> Do not know how to get it                            |
| <input type="checkbox"/> Employer doesn't offer or stopped offering coverage | <input type="checkbox"/> N/A I have insurance                                 |
| <input type="checkbox"/> Benefits from employer or former employer ran out   |   |
| <input type="checkbox"/> Other (please specify)                              |   |

\* 33. When was the last time you had the following?

	Never	Past Year	1 to 2 Years Ago	3 to 5 Years Ago	More Than 5 Years Ago
Routine checkup by a doctor, nurse practitioner, or physician assistant (not for a specific illness, injury, or condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam and/or teeth cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood cholesterol test (by drawing blood or pricking finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood stool test using a home test kit (to test for colon cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A skin cancer check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A blood sugar test (diabetes screening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Women Only:

	Never	Past Year	1 to 2 Years Ago	3 to 5 Years Ago	More Than 5 Years Ago	N/A
Breast exam by a health care professional (checking the breast for lumps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram (a breast X-ray)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear (a test for cervical cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Men Only:

	Never	Past Year	1 to 2 Years Ago	3 to 5 Years Ago	More Than 5 Years Ago	N/A
A prostate specific antigen (PSA) blood test (to detect cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



\* 36. Are you employed outside your home?

☐ Yes, part time

☐ Retired

☐ Yes, full time

☐ Disabled

☐ Not Job Seeking

☐ Seasonal Employment

☐ Job Seeking

☐ Other (please specify)

\* 37. To what extent do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
I feel safe in my work environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health and safety concerns are adequately addressed at my place of employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 38. If you work for someone else, do you have paid mental health as well as sick days available to you?

☐ Yes

☐ No

☐ N/A

39. If you do have paid mental health as well as sick days, how many of each do you have? (Leave blank if you are unsure).

\* 40. Please select the following

	Yes	No	N/A
Have you tested your home for radon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, was radon detected at dangerous levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your home receive water from a well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, is your well routinely tested for quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, have you ever had a water quality problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your home on a septic system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, do you have your septic tank routinely pumped?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 41. Please indicate the extent to which you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
I can generally get to where I need to go in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is overall a clean, well-kept community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People generally can find work in or near my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very satisfied with my neighborhood as a place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 42. People have different ways of describing their community. How well do the following statements describe people in your community?

	Not at all	Some what	Mostly	All of the time	Not sure
If I had an emergency, even people I do not know in this community would be willing to help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People here know they can get help from the community if they are in trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can depend on each other in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends in this community are a part of my everyday activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living in this community gives me a secure feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a very good community to bring up children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. What certifications do you have?

	yes	no	I have had training in the past, but my certification is not current	I have never had training, but am interested in taking some
I have current medical first aid training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have current CPR training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have current Mental Health First Aid training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 44. How many children under the age of 18 are currently living with you?

<input type="radio"/> 1	<input type="radio"/> 5
<input type="radio"/> 2	<input type="radio"/> 6 or more
<input type="radio"/> 3	<input type="radio"/> none
<input type="radio"/> 4	

## Questions for parents

The following questions are for parents of children under the age 18 that are still living with you at least 50% of the year.

\* 45. How often do your children go to the rec center in your community

- ☐ 2 or more times a week ☐ Once a month
- ☐ Once a week ☐ N/A
- ☐ Seldom
- ☐ Other (please specify)

\* 46. Are your children up to date on their vaccinations?

- ☐ Yes ☐ We do not care
- ☐ No ☐ We do not vaccinate our children
- ☐ I don't know ☐ N/A I do not have dependent children living with me

47. What is the age of the youngest child currently living at home?

Please label years and months:

48. Communities often have organizations that support families. Please indicate if you have used the following organizations or institutions in your community.

	Have you used the organization?	
	Yes	No
Religious or faith organizations	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/urgent care clinics	<input type="checkbox"/>	<input type="checkbox"/>
Primary care doctors or pediatricians	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood watch organization or resident, tenant or homeowner's association	<input type="checkbox"/>	<input type="checkbox"/>
Parent organizations that work with schools like the Parent Teacher Association (PTA) or school improvement councils	<input type="checkbox"/>	<input type="checkbox"/>
Sport or recreational programs for children and youth (e.g., Little League, scouting, music/dance programs, 4-H)	<input type="checkbox"/>	<input type="checkbox"/>
Programs for pre-school children (2-4 years of age)	<input type="checkbox"/>	<input type="checkbox"/>
Center-based child care	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>
Parenting education/support programs	<input type="checkbox"/>	<input type="checkbox"/>
Home visiting programs	<input type="checkbox"/>	<input type="checkbox"/>
Family Resource Centers	<input type="checkbox"/>	<input type="checkbox"/>

49. Many families have a number of strengths as well as challenges. From the statements listed below, please indicate how well each characteristic describes your family.

	Rarely	On occasion	Most of the time
In my family, we talk about problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my family, we take time to listen to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is able to solve our problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family can consistently meet our basic material needs (e.g., food, clothing and shelter.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family enjoys spending time together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my family are emotionally and physically healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is able to find resources in the community when we need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our family is comfortable talking about sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



\* 50. Tell us more...

	Yes	No	N/A		
Do you share caregiving responsibilities for your child(ren) with another adult on a regular basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have flexibility in your job so you can attend to unexpected needs, or mid-day school events for your child(ren)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have full day, adult supervised activities for any of your school age children on Friday's, school vacations including summertime? (Children that are too old for day care, but not old enough to be employed).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Before hitting the "DONE" button, copy down the link below, afterwards follow this link to enter your name into a random drawing for 6 gift cards for \$100 at a Rio Blanco County Business!

<https://goo.gl/forms/4IDFYPkofvi12GaG3>

Thank you for your time  
completing this survey

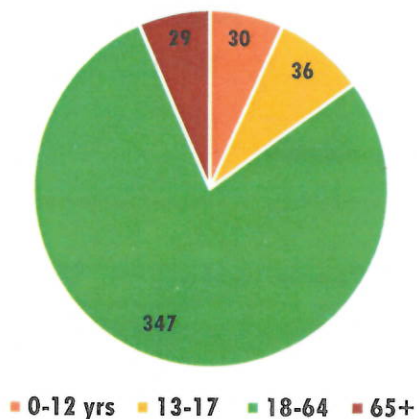
## Appendix B

## RIO BLANCO COUNTY INFORMATICS FY 2018

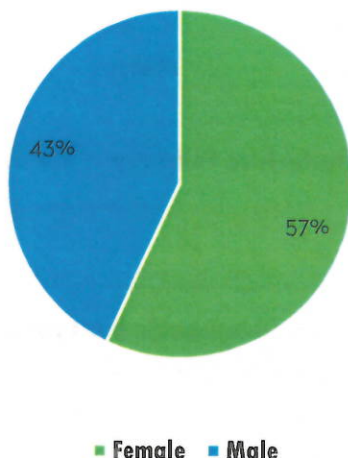
July 1, 2017 – June 30, 2018

### Assisted 442 Clients

235 (+13%) in Meeker  
207 (+16%) in Rangely

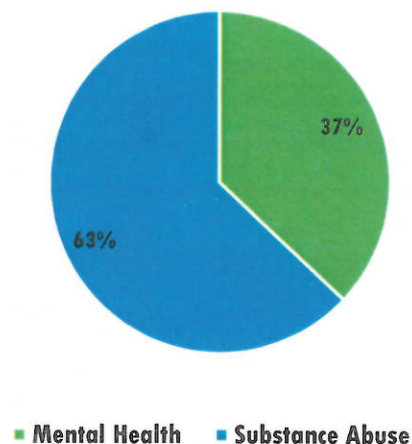


### Gender

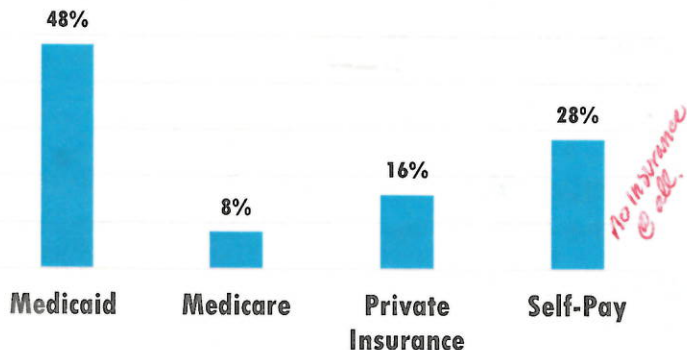


### Most Common Diagnosis

Alcohol Dependence, PTSD, Major Depressive, Addiction



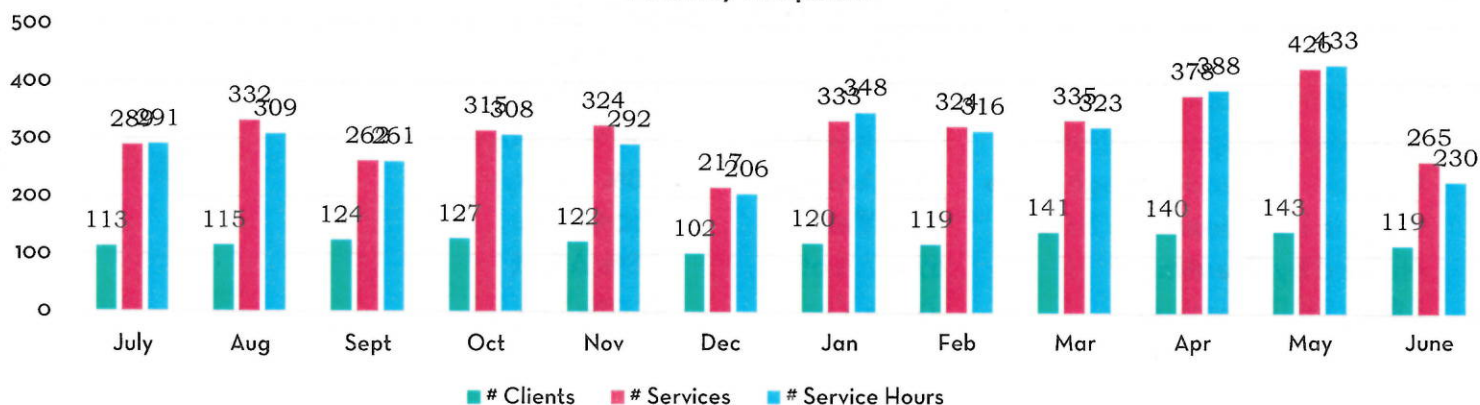
### Payer Source



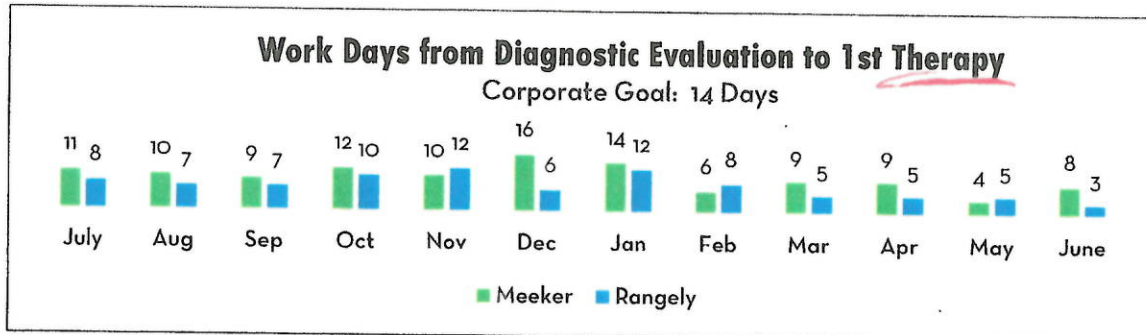
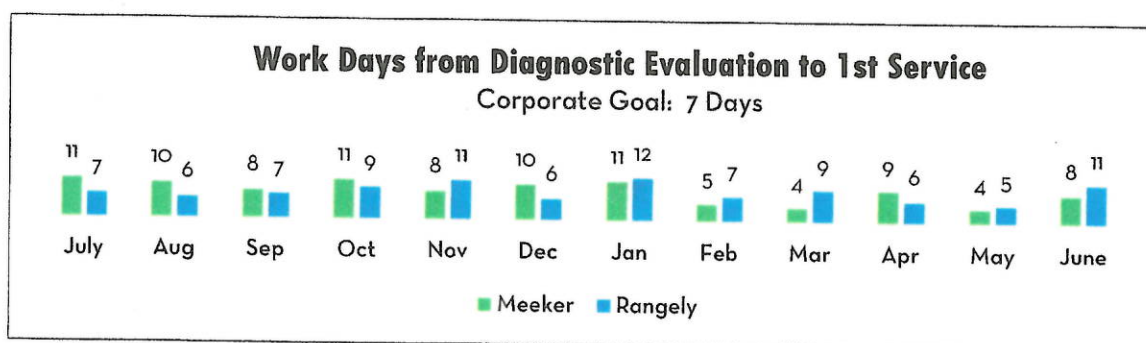
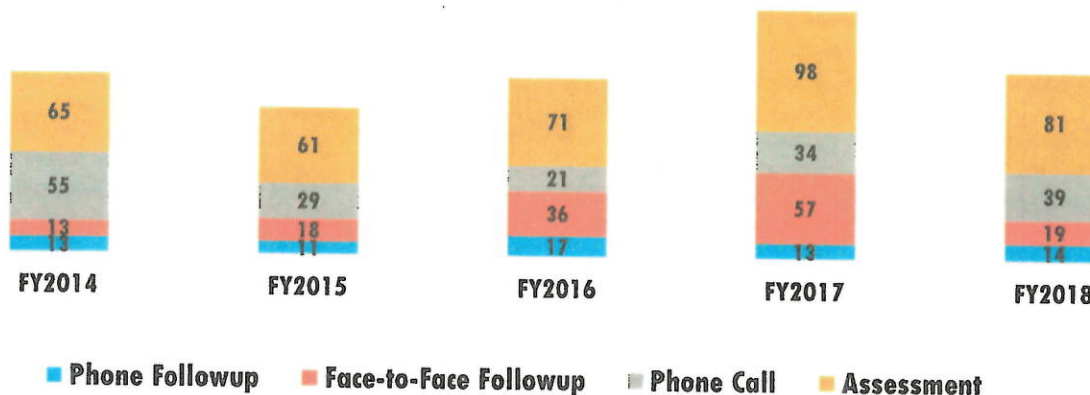
### New Clients



### Monthly Snapshot



## Crisis Services



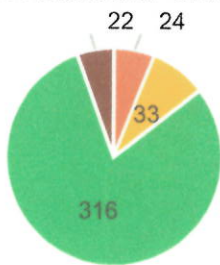
## CLIENT SATISFACTION SURVEYS

	Meeker	Rangely
Providers Listen Carefully	87% Always	88% Always
Providers Respect Patient	93% Always	100% Always
Providers Spend Enough Time	79% Always	88% Always
Care is Responsive to Need	93% Yes	100% Yes
Helped by Treatment	67% A Lot	88% A Lot
Likely to Recommend	100% Yes	100% Yes

## RIO BLANCO INFORMATICS FY 2017

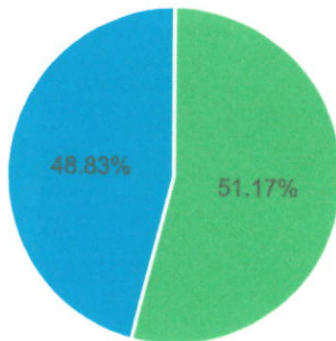
### Unique Clients

187 in Rangely Office  
208 in Meeker Office



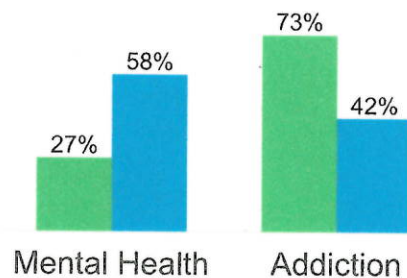
0-12 Years  
13-17  
18-64  
65+

### Gender



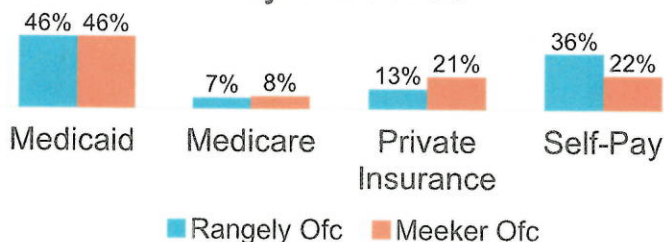
Female Male

### Mental Health v. Addiction



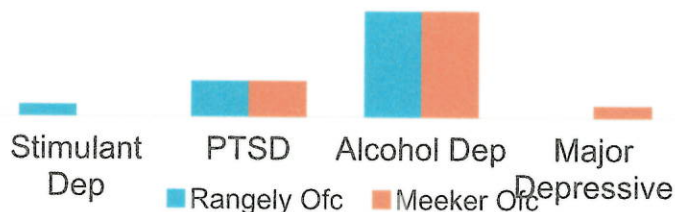
Rangely Ofc Meeker Ofc

### Payer Source



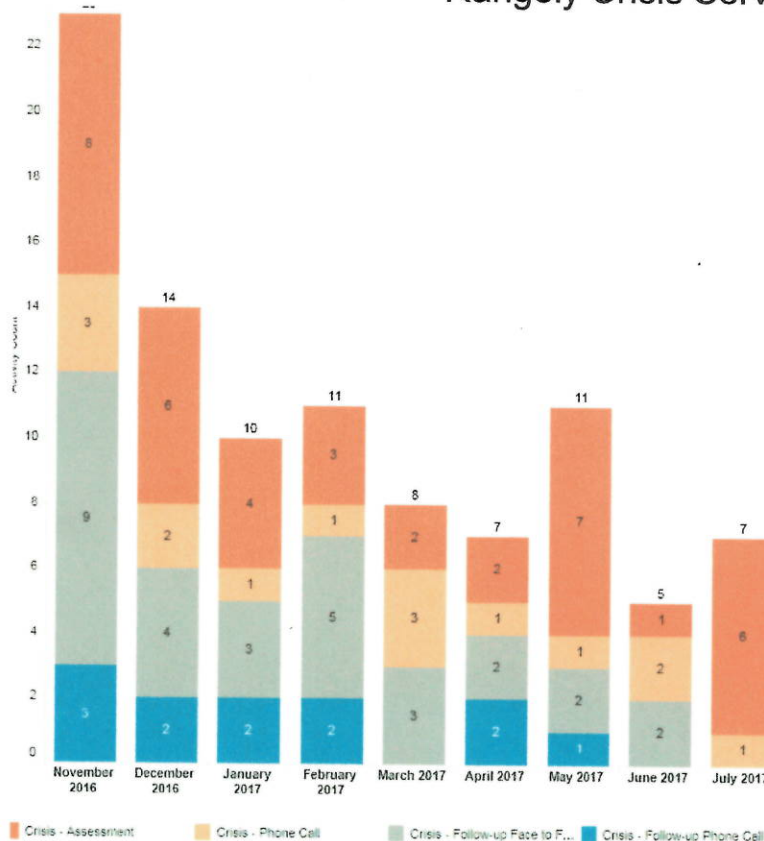
Rangely Ofc Meeker Ofc

### Most Common Diagnoses



Rangely Ofc Meeker Ofc

### Rangely Crisis Services



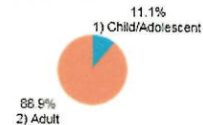
Crisis - Assessment Crisis - Phone Call Crisis - Follow-up Face to Face Crisis - Follow-up Phone Call

Greenwood Springs Clinic  
Granby Clinic  
Grand Junction Clinic & GJ2020  
Grand Junction MCRT  
Meeker Clinic  
Mind Springs Health  
☒ Rangely Clinic  
Rifle Clinic  
Steamboat Springs Clinic  
Vail Clinic  
Walden Clinic

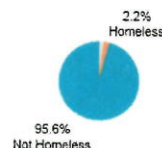
### Gender



### Age Groups

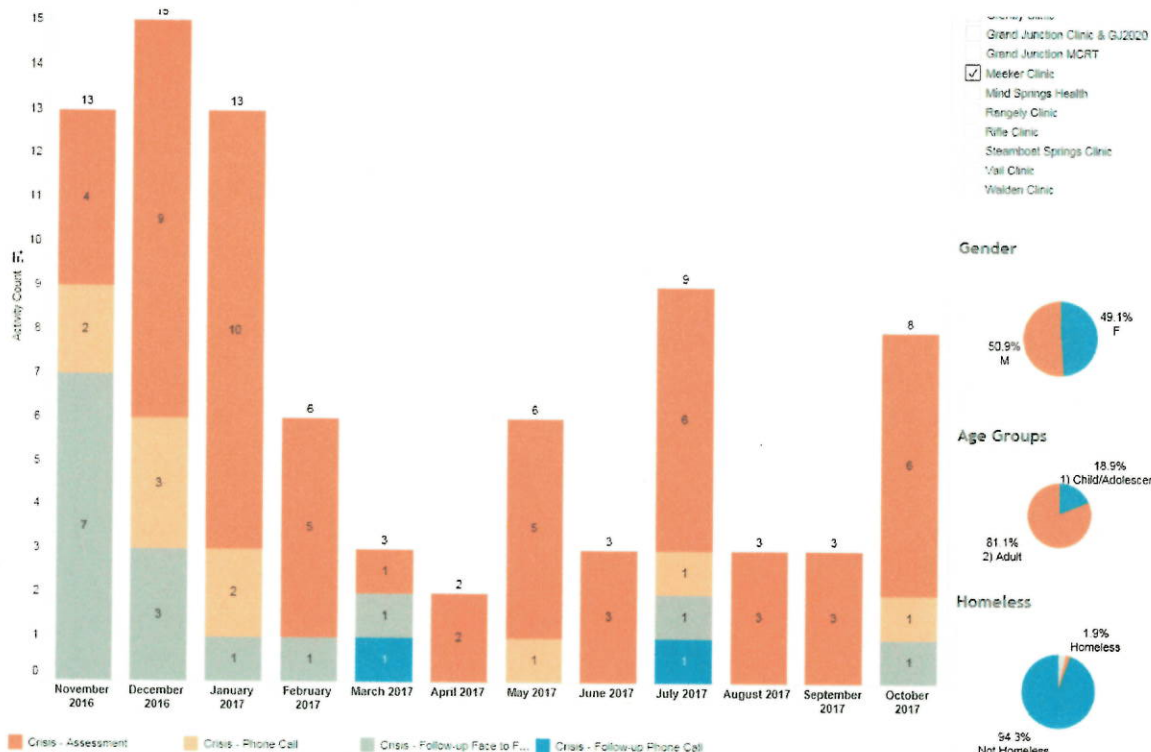


### Homeless



### Meeker Crisis Services



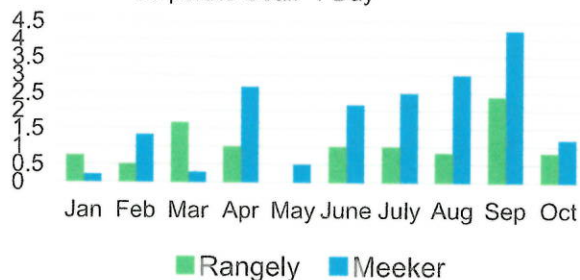


## C-Stat Performance

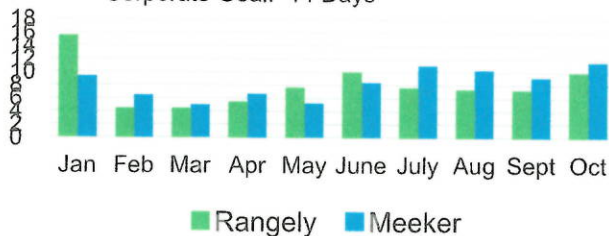
The State of Colorado performance measurement & management system continuously monitors specific goals for community mental health centers & Mind Springs Health. Most recent results:

People offered a SUD appt within 3 days of initial contact: State goal surpassed at **99.3%**  
 Clients reducing use of their primary substance: State goal surpassed at **93%**  
 People who engage in treatment following initial eval: State goal surpassed at **79%**  
 Clients reporting reduced symptom severity: State goal surpassed at **70%**

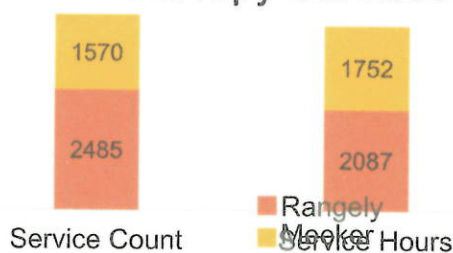
**Days from Episode Call to Diagnostic Evaluation**  
Corporate Goal: 1 Day



**Days from Diagnostic Evaluation to 1st Therapy**  
Corporate Goal: 14 Days



## Therapy Services



## New Clients



## Appendix C



# Economic Update

## Second Quarter, 2017



### Sales and Use Tax Revenue Collections

(Source: Rio Blanco County Sales and Use Tax Department)

	Q2 '17	Q2 '16	Q2 '15	Q2 '14	
County	\$227,410	\$173,136	\$317,528	\$281,461	Sales Tax
Meeker	\$189,963	\$140,274	\$155,372	\$145,031	
Rangely	\$160,442	\$187,371	\$201,757	\$204,043	
Meeker	\$16,395	\$5,048	\$8,599	\$4,202	Lodging Tax
Rangely	\$9,972	\$10,705	\$1,110	\$3,383	
County	\$57,396	\$100,735	\$86,735	\$94,733	Motor Vehicle Use Tax
Meeker	\$42,364	\$37,824	\$57,510	\$36,158	
Rangely	\$66,964	\$38,951	\$51,457	\$64,495	
County	\$99,499	\$43,879	\$173,348	\$196,258	Construction Use Tax
Meeker	\$3,296	\$8,647	\$3,496	\$5,037	
Rangely	\$538	\$90	\$4,050	\$6,279	

### Real Estate Transactions

#### Recorded Transactions

(Source: Rio Blanco County Assessor)

##### ➤ Rio Blanco County

15 Residential sales – Average Sales Price \$32,126/acre  
3 Vacant Sales – Average Sales Price \$2,941/acre

##### ➤ Town of Meeker

20 Residential sales – Average Sales Price \$155,060  
1 Vacant Property Sale – Sales Price \$9,000

##### ➤ Town of Rangely

9 Residential sales – Average Sales Price \$177,414  
2 Vacant Property Sales – Average Sales Price \$13,649  
1 Commercial Sale – Sales Price \$133,000

### Jobs and Wages

(Source: Colorado Department of Labor)

	RBC Total Labor Force	RBC Employed	RBC Unemployed	RBC Unemployment Rate	CO Unemployment Rate
April	2,587	2,501	86	3.3%	2.2%
May	2,683	2,595	88	3.3%	2.4%
June	2,663	2,569	94	3.5%	2.6%

- The estimated average annual wage for Rio Blanco County for the 4<sup>th</sup> Quarter, 2016 was \$50,596 which is less than Colorado's average annual wage of \$56,472.
- During the 4<sup>th</sup> Quarter of 2017, Rio Blanco County had an average of 255 establishments, average employment of 2,746 and average weekly wage of \$973. Compared to the 4<sup>th</sup> Quarter of 2015 which had 269 establishments, average employment of 2,921 and an average weekly wage of \$1,036.

\*Q4 data is the most recent data as of August 15, 2017

### Energy Production

(Source: Colorado Division of Reclamation Mining and Safety; Colorado Oil and Gas Conservation Commission)

#### Coal Production (tons)

	Q2 2017	% Change from Q2 2016	% Change from Q2 2015
Colowyo Coal	497,648	-6.5%	-27%
Deserado	528,969	+42% *	-25%

\* The month of May, 2016 was posted as "idle" production

#### Oil Production

	Oil Production (Barrels)	% Change from Q2 2016	% Change from Q2 2015
Q2 2017	844,060	-19%	-25%

#### Natural Gas Production

	Gas Production (MCF)	% Change from Q2 2016	% Change from Q2 2015
Q2 2017	11,820,520	-12%	-11%

Rio Blanco County Economic Development  
Katelin Cook, Economic Development Coordinator  
(970) 878-9474

Email: [katelin.cook@rbc.us](mailto:katelin.cook@rbc.us)

<http://www.rbc.us/departments/economic-development>

## Appendix D

## COUNTY DATA

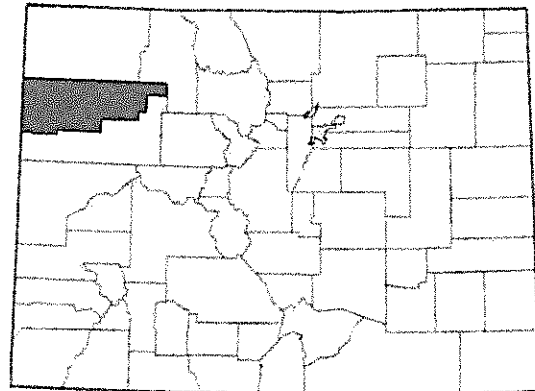
## RIO BLANCO COUNTY



COLORADO  
CHILDREN'S  
CAMPAIGN

KIDS COUNT IN COLORADO! 2018

LNE = Low Number of Events  
N/A = Not Applicable



	RIO BLANCO	COLORADO
<b>POPULATION</b>		
2016 Total Population	6,497	5,538,180
2016 Child Population (Under 18)	1,560	1,259,653
2016 Child Population as a Percentage of Total Population (Under 18)	24.0%	22.7%
2016 Young Child Population (Under 5)	376	333,710
2016 School-Aged Population (Ages 5-17)	1,183	925,943
<b>VULNERABLE FAMILIES</b>		
2016 Births to Single Women	11.8%	22.8%
2016 Births to Women without a High School Diploma or GED	8.0%	11.7%
2016 Teen Births (rate per 1,000 female teens 15-19)	12.9	17.8
2016 Three Risk Factor Births	LNE	3.2%
2016 Out-of-Home Placements (rate per 1,000)	16.0	8.1
<b>FAMILY ECONOMICS AND SUPPORTS</b>		
Fall 2017 Children Qualifying for Free or Reduced Price Lunch	32.6%	41.7%
Fall 2017 Children Qualifying for Free Lunch	28.6%	33.9%
Fall 2017 Children Qualifying for Reduced Price Lunch	4.0%	7.8%
2016 Median Household Income	58,980	65,718
2016 Children (Under 18) in Poverty	10.7%	13.4%
2016 School-Aged Children (Ages 5-17) in Poverty	9.8%	12.8%
2017 Children Receiving TANF Basic Cash Assistance Payments*	1.7%	4.6%
2017 Children Receiving WIC Program Vouchers*	27.5%	30.2%
<b>CHILD AND MATERNAL HEALTH</b>		
2016 Live Births	76	66,611
2016 Low Weight Births	10.5%	9.0%
2016 Births to Women Who Had Early Prenatal Care	65.8%	81.1%
2016 Births to Women Smoking During Pregnancy	6.7%	6.2%
2016 Child Abuse and Neglect (rate per 1,000)	29.9	8.4
2016 Infant Mortality (rate per 1,000)	LNE	4.8
2016 Child (Ages 1-14) Deaths (rate per 100,000)	LNE	14.9
2016 Teen (Ages 15-19) Deaths (rate per 100,000)	LNE	52.5
2016 Child (Ages 1-14) Injury Deaths (rate per 100,000)	LNE	6.9
2016 Teen (Ages 15-19) Injury Deaths (rate per 100,000)	LNE	42.6
FY 16-17 Children (Ages 0-18) Enrolled in CHP+	6.1%	6.4%
FY 16-17 Children (Ages 0-18) Enrolled in Medicaid	36.4%	45.5%
2016 Uninsured Children	5.8%	4.4%
2016 Children Eligible for Medicaid or CHP+ but Not Enrolled	10.3%	5.1%
<b>EDUCATION</b>		
Fall 2017 PK-12 Pupil Enrollment	1,254	910,280
Fall 2017 Kindergarteners in a Full-Day Program	100%	78.4%
Fall 2017 English Language Learners	LNE	14.1%
2017 High School Graduation Rate	97.5%	79.0%
2017 4th Grade Students Meeting or Exceeding Expectations in English Language Arts	50.0%	44.1%
2017 Students Meeting or Exceeding Expectations on CMAS Math	35.8%	32.8%
2017 Students Meeting or Exceeding Expectations on CMAS English Language Arts	44.6%	42.3%
2017 Students Meeting or Exceeding Expectations on CMAS Science	LNE	30.8%

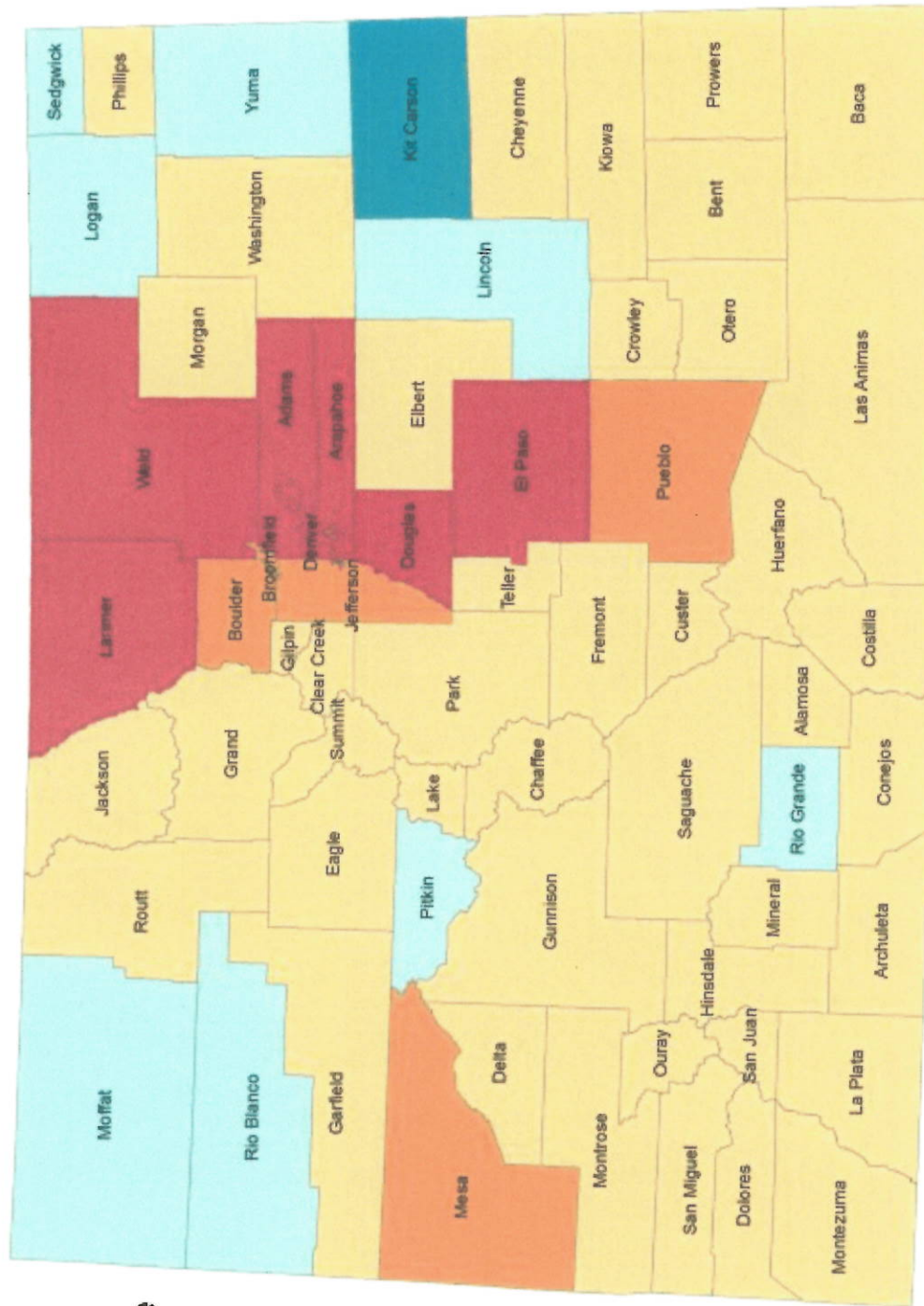
\*Percentages based on Colorado State Demography Office 2017 population projections

## Appendix E



# Colorado: Total Population Change

2016 - 2017



## Population Change

-470 to -100

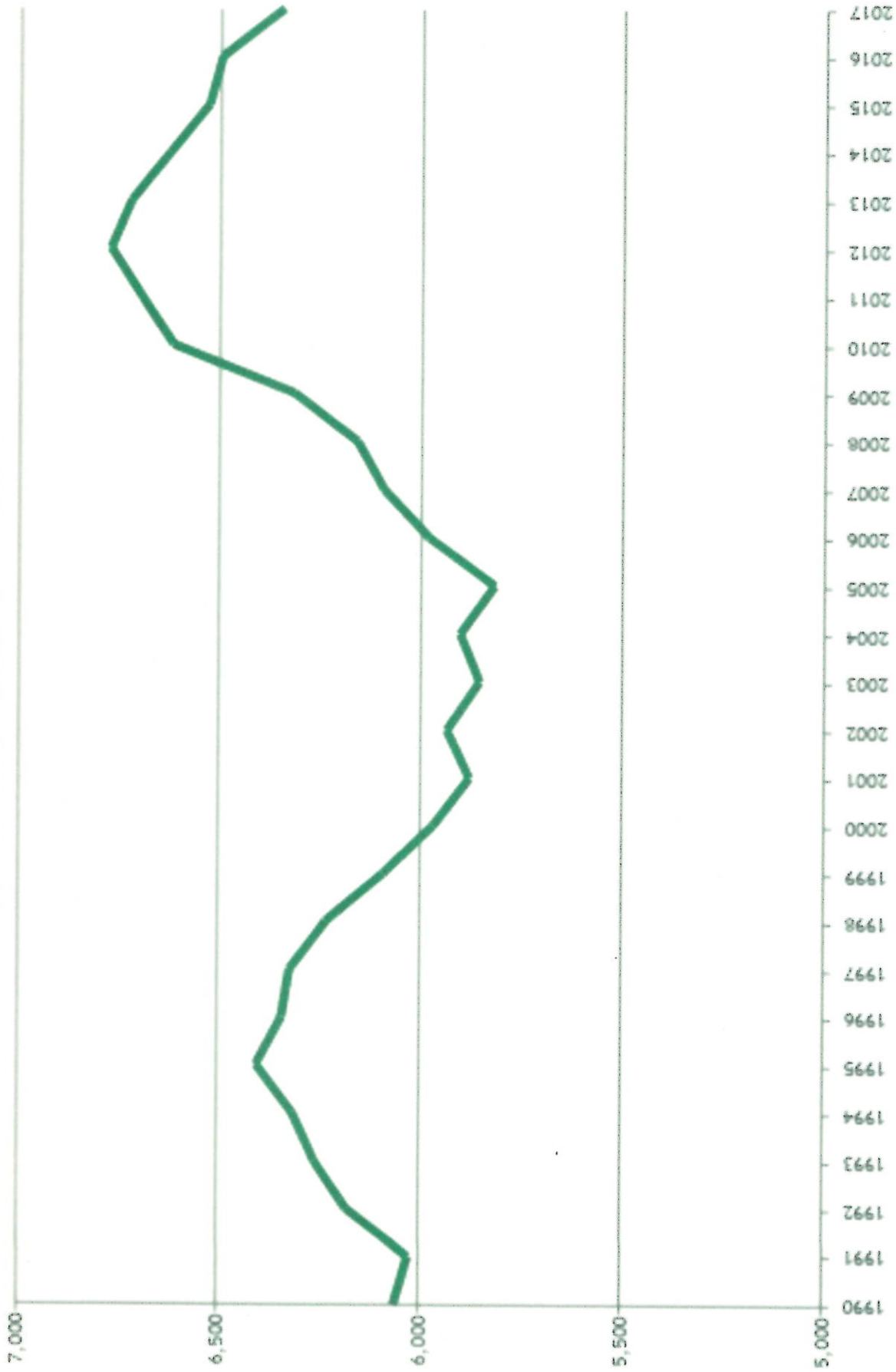
-99 to 0

1 to 1,000

1,001 to 5,000

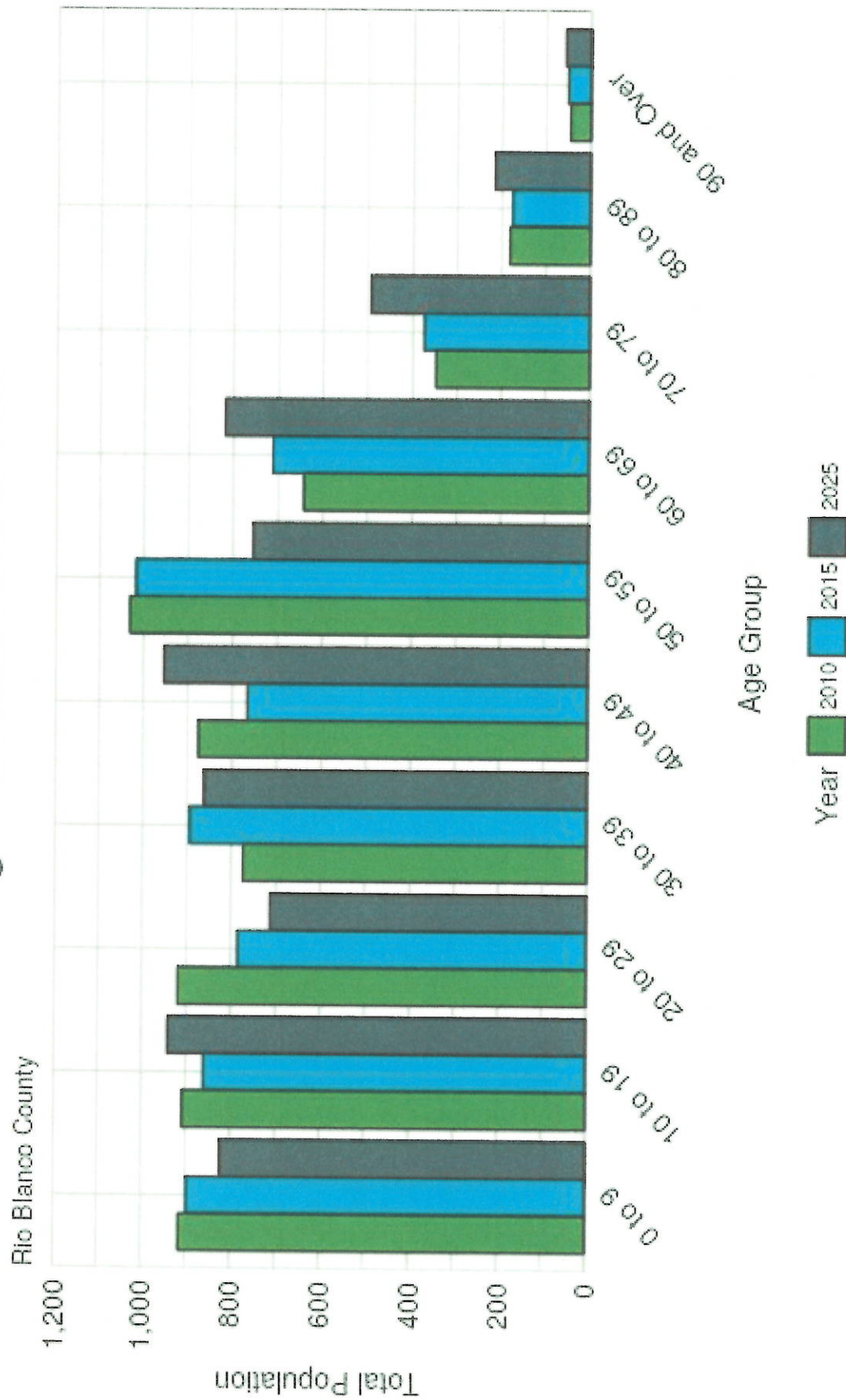
5001 to 12,526

KIO DILMCO County Population, 1990 to 2017



**COLORADO**  
Department of Local Affairs

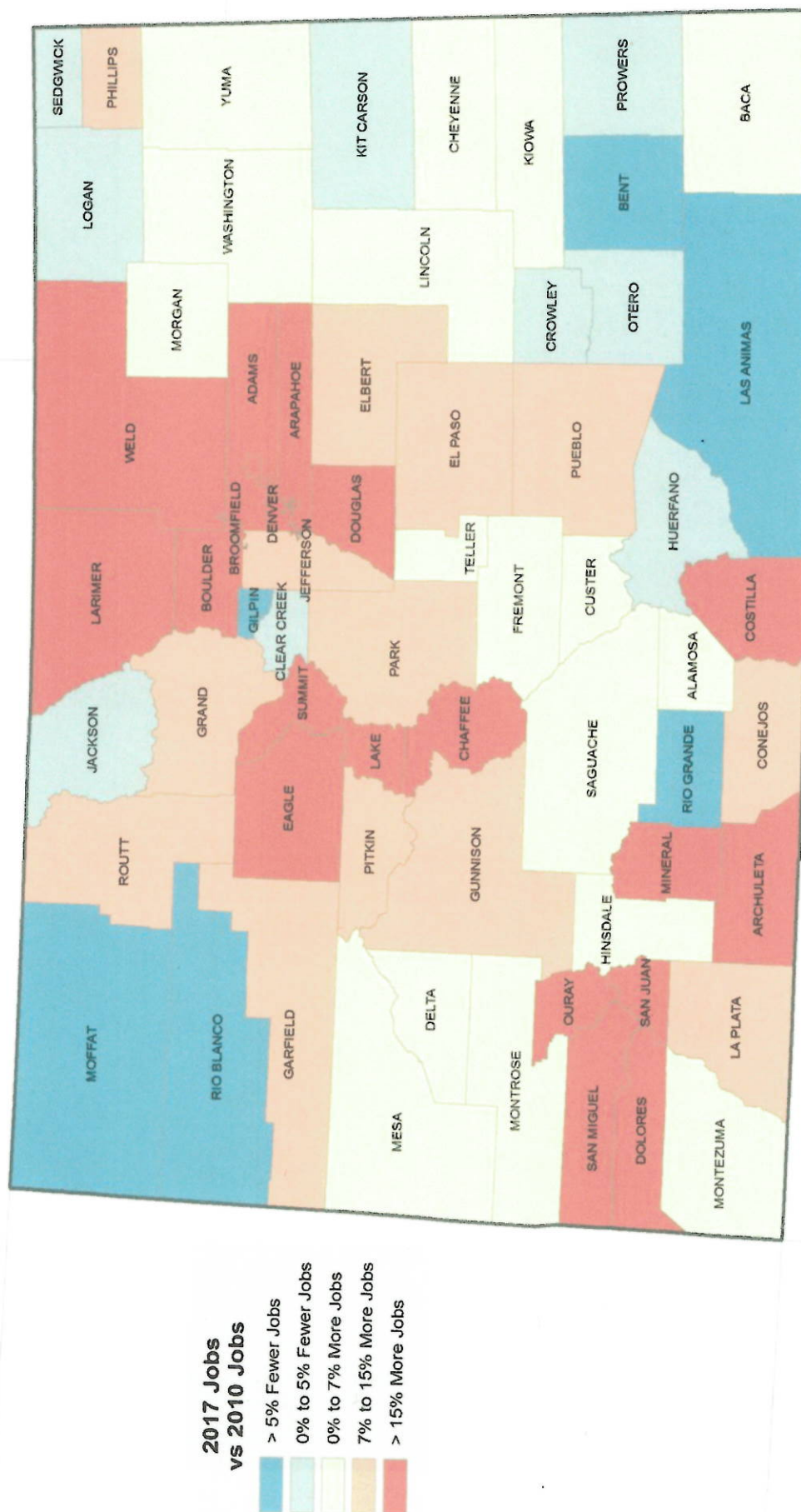
# Age Forecast: 2010 to 2025



Source: State Demography Office, Print Date: 10/04/2018



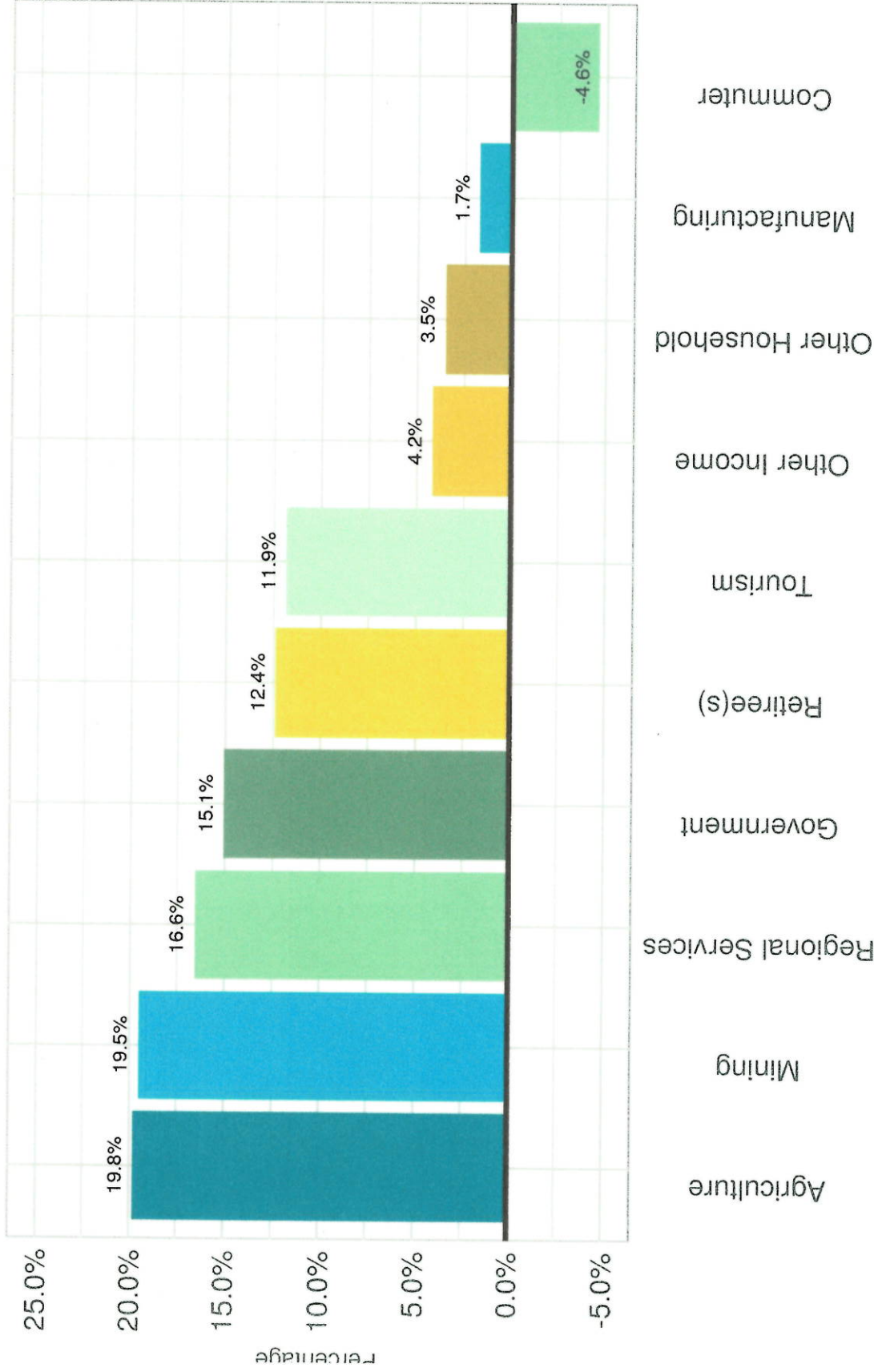
## Employment Change Since 2010



Colorado State Demography Office, 07/24/2018

# 2016 Base Industries (without indirect)

Rio Blanco County



Base Industries

Source: State Demography Office, Print Date: 09/26/2018



## 15 Largest Employers in Rio Blanco County

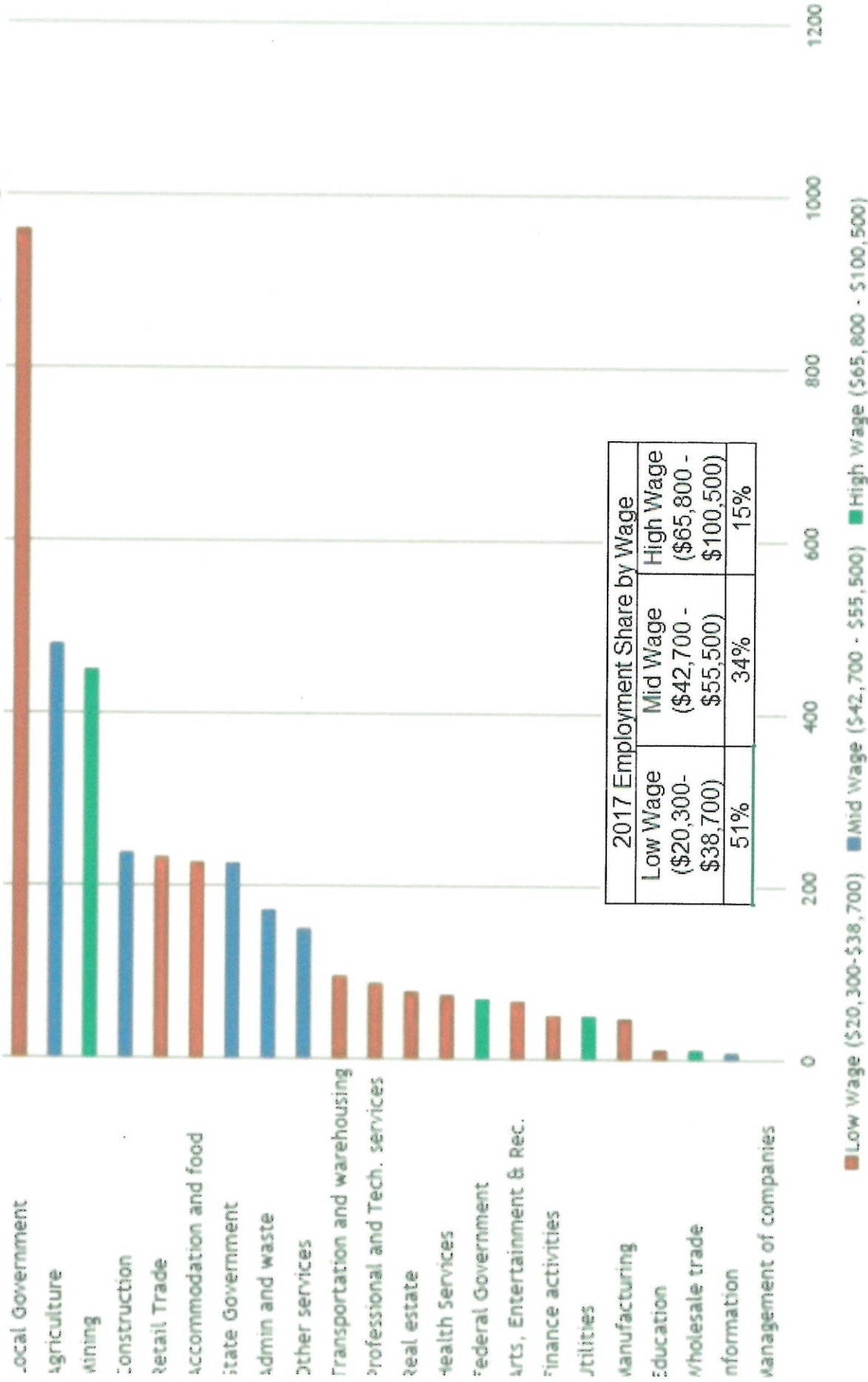
Business Name	Business Size	Industry Name
Colorado Northwestern	300	Colleges/Universities
Colorado State University	300	Colleges/Universities
Rangely Jr College District	300	Colleges/Universities
Blue Mountain Energy	182	Mining
Home Health	137	Offices of Physicians
Pioneers Medical Center-rehabilita	135	Health Practitioners
Rangely School District	132	Elementary/Secondary Schools
Colorado Northwestern Communit	121	Junior Colleges
Pioneers Hospital Of Rio Blanco C	120	Hospitals
Pioneers Medical Center	112	Hospitals
Berry Bros General Contractors	110	Support Activities for Oil and Gas
Rangely District Hospital	105	Hospitals
W C Striegel Inc	83	Support Activities for Oil and Gas
Rangely Transportation Departme	75	Elementary/Secondary Schools
Parkview Elementary School	68	Elementary/Secondary Schools



**COLORADO**  
Department of Local Affairs

Source: EMSI / DatabaseUSA.com

# Rio Blanco County 2017 Employment by Industry & Wage



COLORADO

Department of Local Affairs

Low wage > 80% Ave Annual Wage, Mid wage <80% and >120%, High Wage <120%



# 2017 Unemployment Rates

Area	Labor Force	Employed	Unemployed	Unemp. Rate
Colorado	2,992,307	2,907,468	84,839	2.8%
Rio Blanco County	2,822	2,713	109	3.9%
Moffat County	7,375	7,130	245	3.3%
Routt County	15,577	15,206	371	2.4%
Garfield County	31,778	30,863	915	2.9%
Mesa County	73,877	70,937	2,940	4.0%

