



GUNNISON VALLEY HEALTH

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# Community Health Needs Assessment Report



COLORADO **HEALTH** INSTITUTE

DECEMBER 2025

# Executive Summary

## Introduction

Gunnison Valley Health (GVH) partnered with the Colorado Health Institute to conduct its 2025 community health needs assessment (CHNA). This assessment comes at a particularly challenging time for rural hospitals across the nation. Federal policy changes, including significant cuts to Medicaid, shifts in insurance eligibility, and reductions in hospital reimbursement rates are expected to increase uninsurance rates, uncompensated care, and financial strain on already vulnerable rural health systems. These pressures heighten the importance of understanding local health needs and ensuring services remain accessible, equitable, and sustainable for Gunnison County residents.

Through this CHNA, GVH aims to proactively identify community priorities, strengthen partnerships, and guide strategic investments that protect the long-term health and well-being of the region.

## Key Findings

This CHNA identified four significant health needs:

- **Specialty Care.** Community members frequently travel outside Gunnison County for specialty services. While many of these services are available locally, community feedback suggests limited awareness of GVH's offerings and gaps in availability for certain specialties.
- **Preventive Care.** Preventive care gaps remain, particularly when comparing breast and colorectal cancer screening rates with statewide rates. Cost, lack of insurance, and difficulty securing timely appointments are leading barriers — especially for Spanish-speaking residents, who reported high rates of uninsurance and limited knowledge about insurance enrollment.
- **Behavioral Health.** Behavioral health remains one of the community's most urgent needs. Gunnison County's suicide rate is nearly triple the state average and disproportionately affects middle-aged men. High levels of heavy and binge drinking, youth marijuana use and vaping, and the compounding effects of housing and economic stressors further reinforce the need for expanded integrated behavioral health services, early intervention, and strengthened suicide prevention efforts.
- **Housing.** Housing instability is the most pressing social issue identified by community members. Home prices far exceed state averages, while local wages lag behind, leaving many residents cost-burdened.



## Key Recommendations

Key recommendations to address these needs include:

- Strengthening communication about available specialty services and exploring regional partnerships to expand access.
- Enhancing care coordination and bilingual navigation to support insurance enrollment, scheduling, and financial assistance.
- Increasing promotion of and referral to low- and no-cost preventive screenings.
- Sustaining and expanding behavioral health efforts, including integrated care models and targeted suicide prevention initiatives.
- Addressing gaps in addiction services and joining statewide coalitions focused on alcohol-related harm.
- Exploring expanded employee housing options to support recruitment and retention.

## Looking Ahead

The 2025 CHNA reaffirms GVH's critical role in safeguarding the health of Gunnison residents. While the hospital is widely recognized for high-quality and compassionate care, challenges remain in specialty care access, behavioral health, preventive care, and housing stability. By leveraging community partnerships, expanding innovative care models, and investing in equity-focused initiatives, GVH is well-positioned to respond to evolving needs and strengthen community health in the years ahead.

## Introduction

Gunnison Valley Health (GVH) is a community-owned, critical access hospital providing vital health care services in Gunnison County.

In 2025, GVH partnered with the Colorado Health Institute (CHI) to conduct its community health needs assessment (CHNA). This assessment aims to help GVH better understand and address prioritized local health needs.

## Methods

CHI collected and analyzed over 120 metrics across a number of data sources, including the American Community Survey, Behavioral Risk Factor Surveillance System, Colorado Health Access Survey, and Healthy Kids Colorado Survey.

GVH also fielded a 23-question community survey between August and September of 2025. The survey was available in English and Spanish and received 711 and 75 responses respectively. Appendix A contains the community survey questionnaire, and Appendix B contains demographic information from survey respondents.

The survey was essential for capturing community perceptions of pressing health and social needs, barriers to care, the quality and breadth of services that GVH provides, and opportunities for improvement and expansion.

## GVH Community Description

Gunnison County is home to about 17,000 residents.<sup>1</sup> Most residents identify as white, non-Hispanic (84.7%), and about one in 10 identifies as Hispanic. One in 14 residents speaks a language other than English, and of these, about one in six speaks English less than very well.

Gunnison County is also home to approximately 350 Cora community members, the largest population of Cora outside of Mexico. The Cora are an ethnic group indigenous to northwestern Mexico with well-preserved traditions and a spoken language with five dialects.<sup>2</sup>

The county has a poverty rate 1.5 times higher than Colorado overall (13.1% compared with 9.4%).<sup>3</sup> The 2025 federal poverty level is about \$32,000 for a family of four.<sup>4</sup>

Gunnison County has a higher percentage of individuals covered through the individual market (16.2%) for health insurance compared with Colorado overall (6.9%). The county has a lower percentage of people covered through Medicare (4.5%) compared with Colorado (19.8%), despite having a similar older adult population (14.5% versus 15.2%).<sup>5</sup>

## Recommendations

This CHNA comes at a time when a major shift in the health care landscape is about to take effect. H.R. 1's cuts to Medicaid and changes to insurance eligibility will increase the number of uninsured community members, which may increase the amount of uncompensated care GVH will provide.<sup>6</sup> GVH's revenue will also be impacted by the bill's changes to coverage, reimbursement rates, and administrative requirements.

The bill's impacts will also extend beyond the financial. As more community members lose coverage, delays in preventive services and reduced access to care will likely drive worse health outcomes. Gunnison County families may face rising medical debt, further deepening the challenges outlined in this report.

With this context, the recommendations listed in this report are important to continue helping to protect the well-being of the community. Efforts to diversify revenue, strengthen care coordination and insurance enrollment, and expand community partnerships will help offset the increased burden of uncompensated care and support patients as they face increased barriers to access.

### Specialty Care

**Communicate specialty care services.** Community members reported going outside of GVH to access specialty care services that the hospital offers, including dermatology and ophthalmology. This suggests that residents aren't aware of the breadth of their services. GVH launched their dermatology service line in March 2025, so community members may not be aware of this new service. GVH may consider additional strategies for educating the community about its range of offerings.

**Explore partnership opportunities to expand access to specialty care.** Specialty care services were among the top offerings that the Gunnison County community felt should be expanded. GVH may consider pursuing partnerships with specialists in the region to offer rotating on-site clinics. GVH could also explore ways to improve access to specialty care through telehealth or through capacity-building and integrated models.

### Preventive Care

**Expand care coordination.** GVH may consider expanding on the success of its bilingual patient navigators to support Spanish-speaking patients with scheduling, health and dental insurance enrollment, cost questions, financial assistance plans, and connections to GVH services. GVH is part of the Clinically and Financially Integrated Network through the Western Healthcare Alliance, which works to ensure that communities receive comprehensive, efficient, integrated primary care. GVH should continue actively participating in the network and investing in opportunities to expand care coordination.

**Promote and refer patients to low or no cost screening.** Gunnison County residents reported low rates of breast and colorectal cancer screenings. GVH can leverage and refer to existing low- or no-cost screening services, such as the Women’s Wellness Connection through Gunnison County Public Health, which offers free screening for cervical and breast cancer for qualifying women ages 21 to 65. In addition, GVH staff and providers can promote the Cancer Screening Access Fund, created by the GVH Foundation and other local partners, which covers the cost of prostate, colon, lung, and uterine cancer screenings up to \$2,000 per applicant.<sup>7</sup>

## Behavioral Health

**Continue Suicide Prevention Efforts and Partnerships.** Gunnison County has a high suicide rate, which disproportionately burdens adult males. While GVH has made meaningful strides in addressing community behavioral health needs, these challenges remain persistent and require sustained investment. GVH implements the Zero Suicide framework, which supports health systems in implementing evidence-based strategies to prevent suicide.<sup>8</sup> GVH is also part of the Health Coalition of the Gunnison Valley, which has launched and promoted the behavioral health stigma reduction campaign “Better Together.”

**Expand Integrated Care.** GVH should explore opportunities to improve integrated care for behavioral health, such as scaling up models that embed behavioral health within primary care, to increase access to mental health and substance use services. This includes screening for and intervening early for substance use, including alcohol, in these settings.

**Continue to Screen and Refer to Community Programs.** GVH should continue screening for mental health and substance use and referring to community-based prevention, treatment, and recovery services, such as peer recovery support systems. GVH may consider joining the Colorado Alcohol Impacts Coalition, a newly formed multistakeholder effort working to expand access to alcohol use treatment and recovery services through policy change. GVH should also continue screening and referral to community resources that address social determinants of health, such as food and housing.

**Continue Assessing and Addressing Gaps in Addiction Services.** Efforts to address gaps in addiction services should consider the full spectrum of services from early identification and intervention to recovery and relapse prevention. GVH is currently partnering with the Colorado Roots Project to evaluate the addiction services provided and to identify future recommendations that will strengthen their ability to support individuals struggling with addiction. This collaboration is focused on short-term inpatient services while expanding community-based care options to ensure that those facing substance use challenges can receive the help they need while remaining in the Gunnison Valley.

## Housing

**Explore opportunities to expand employee housing.** GVH already offers 30 transitional housing units to recruit top health care professionals. However, given the affordability challenges that many Gunnison County residents experience and GVH’s position as a large employer in the community, many GVH employees could benefit from expanded hospital-subsidized housing if vacant units are ever available as long-term rentals.

## Findings

This section contains findings from CHI’s analysis of secondary and survey data. Data are provided at the county level when available, and at the regional level when not. There are 21 Health Statistics Regions (HSR) in Colorado that were developed using statistical and geographic criteria.<sup>9</sup> Gunnison County is part of HSR 10, along with Delta, Hinsdale, Ouray, Montrose, and San Miguel counties.

Survey analysis and figures show responses to the English survey, Spanish survey, and overall responses when appropriate. Of all responses, 90.5% were from the English survey and 9.5% were from the Spanish survey. Survey respondents were mostly adults between the ages of 26 and 64, female, and white, non-Hispanic/Latino (see Appendix B for survey demographics). Respondents to the English survey were primarily white, non-Hispanic/Latino (88.5%), while respondents to the Spanish survey were primarily Hispanic/Latino (98.3%).

Survey analysis and figures capture the number of respondents per question, as not all questions were required and may have been skipped. The number of responses to non-demographic questions on the English survey ranged from 676 to 711 responses, and responses to non-demographic questions on the Spanish survey ranged from 62 to 75.

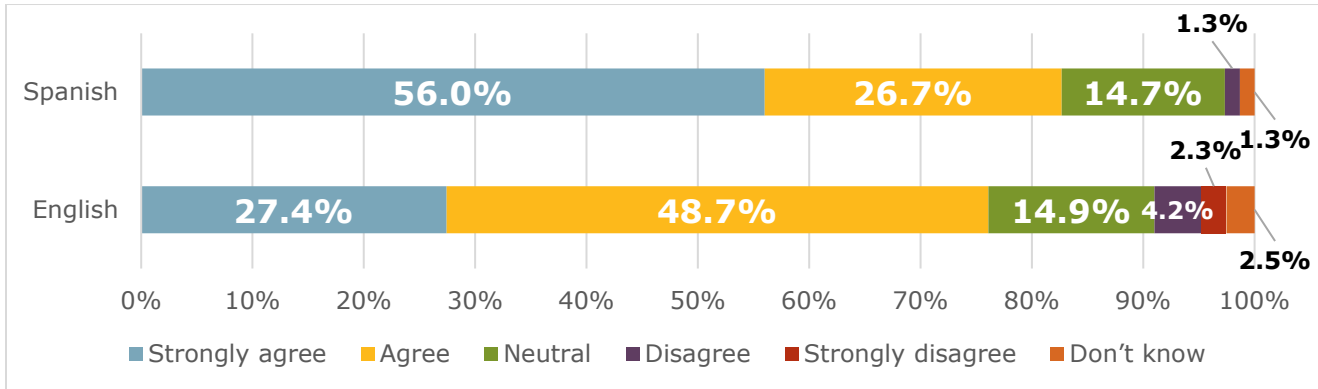
This section also describes the efforts GVH took to address priorities identified in its previous CHNA: women’s health, affordability of care, mental health, substance use, cancer, and preventive care.

## Quality of Care

Three-quarters of all survey respondents (76.7%) agree or strongly agree that GVH provides high-quality health care services. This rate is similar between English and Spanish survey respondents (Figure 1). When asked if their needs could have been better supported, responses were largely positive, with many describing their care as “superb,” “excellent,” and “top notch.” English respondents noted that opportunities for improvement included cost transparency and billing accuracy; communication regarding follow-up care instructions and test results; urgent care wait times; and appointment scheduling. Spanish

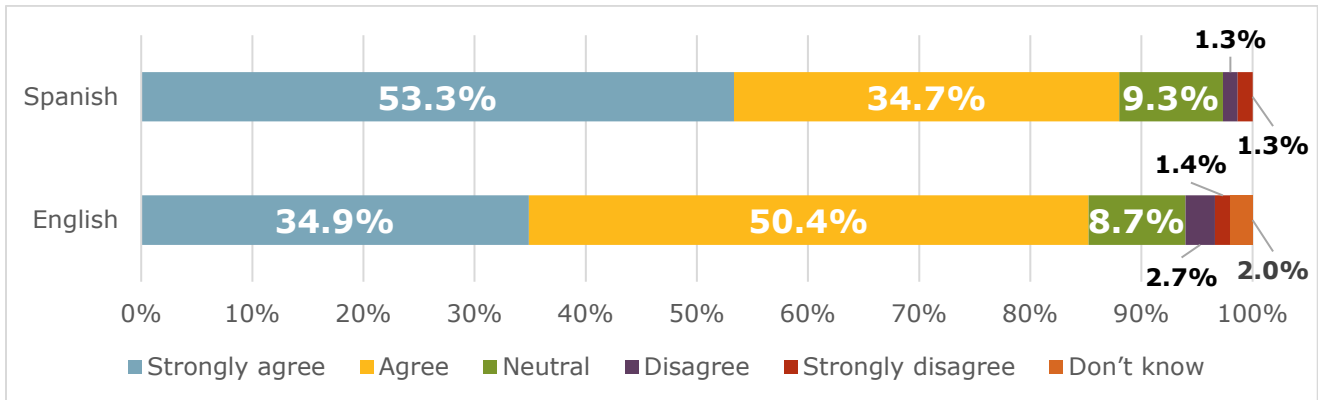
respondents referenced cost transparency and billing accuracy, access to specialized services, and provider empathy.

**Figure 1. Level of agreement with the statement that GVH provides high-quality health care services**



More than eight in 10 (85.5%) survey respondents agreed or strongly agreed that GVH provides a safe, comfortable environment for receiving health care services. Notably, this was similar between English and Spanish survey respondents (Figure 2).

**Figure 2. Level of agreement with the statement that GVH provides a safe, comfortable environment**



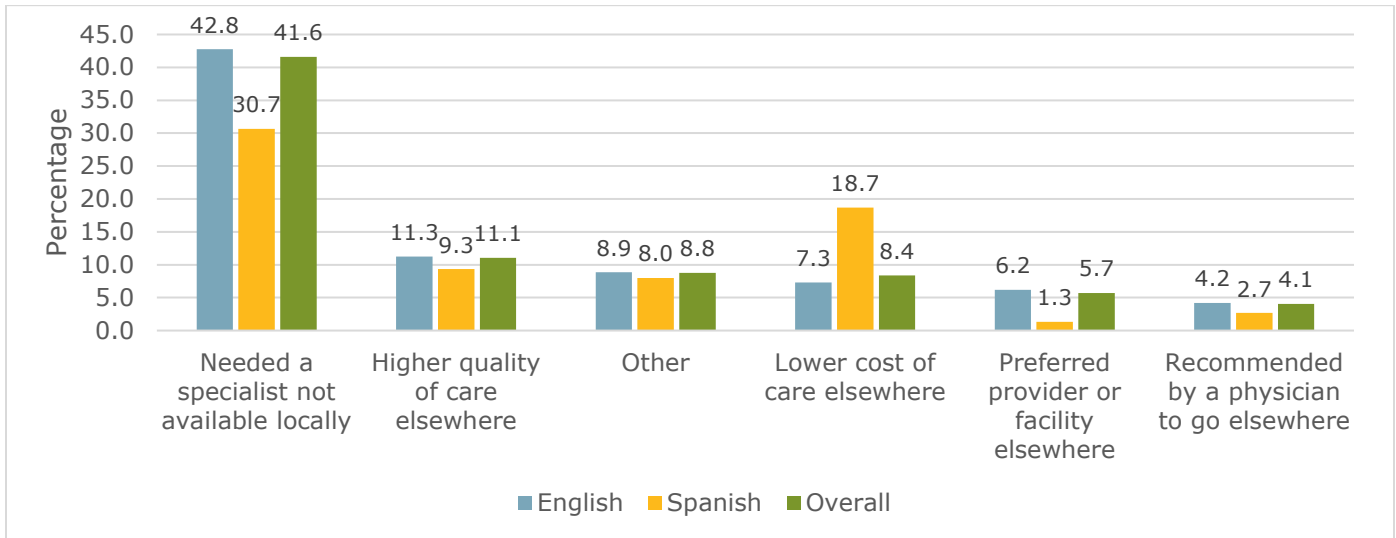
Moreover, Spanish respondents expressed their gratitude for interpretation and language services. GVH implements language preference inquiries at admission, deploys tablet translation services connected to virtual interpreters of over 100 languages, and funds in-person medical interpreters. In addition, GVH employs bilingual patient navigators, and trains all new hires on eliminating health disparities, managing unconscious bias, cross-cultural communication, supporting gender identity, and fostering diverse teams.

### Comprehensiveness of Care

About half (53.7%) of HSR 10 residents said that the health care system in Colorado is meeting their needs.<sup>10</sup> This was confirmed through the community survey, in which about half of survey respondents (45.8%) agreed that GVH provides all the health care services they need.

The survey asked community members who have sought care outside of GVH their primary reason for going outside the system. The most reported reason among both English and Spanish survey respondents (41.6%) was the need for a specialist not available locally (Figure 3). However, Spanish survey respondents were more likely to report they go outside of GVH due to lower cost of care elsewhere (18.7%) than English survey respondents (7.3%).

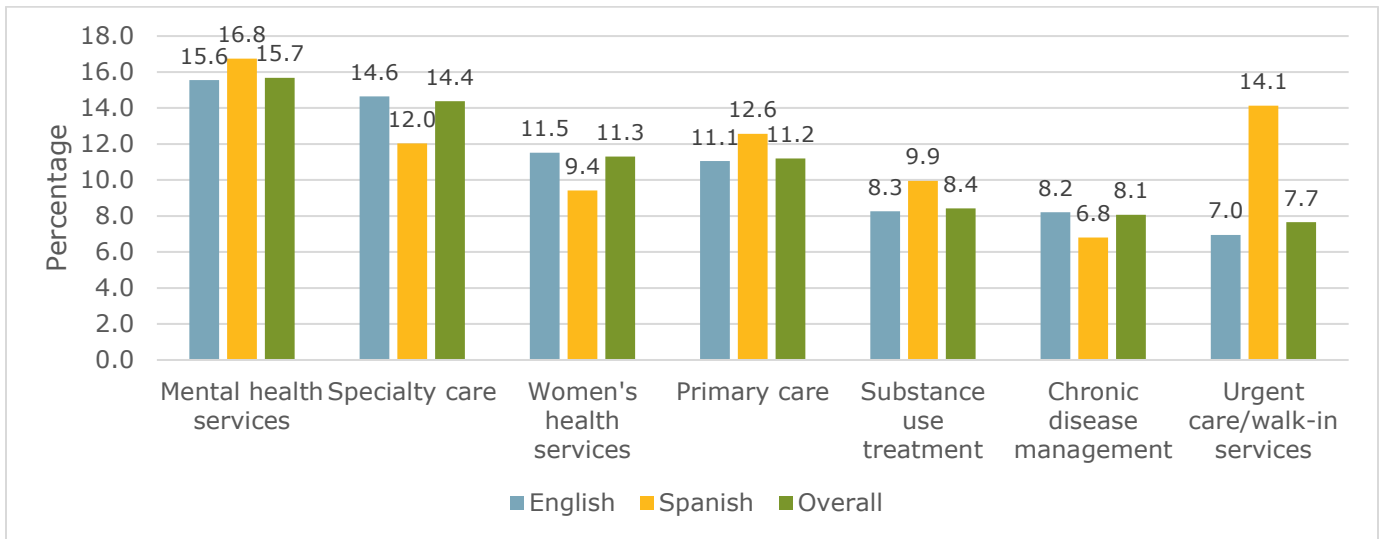
**Figure 3. Responses to primary reason for seeking care outside of GVH**



Respondents also specified the types of services they receive somewhere other than GVH. Dermatology (13.7%), some other service (12.0%), and women’s health (10.8%) were the top three among responses on the English survey. The other services that respondents noted were primarily other kinds of specialty care, such as allergy, immunology, endocrinology, cardiology, neurology, orthopedics, urology, and surgery. Women’s health (12.4%), primary care (8.8%), and urgent or emergency care (8.8%) were the top services sought outside GVH by respondents to the Spanish survey.

Respondents also chose up to three services they think GVH should expand or improve (Figure 4). Mental health was reported most frequently across both English (15.6%) and Spanish surveys (16.8%). Respondents to the Spanish survey reported urgent care or walk-in services (14.1%) second and primary care (12.6%) third; whereas respondents to the English survey chose specialty care (14.6%) and women’s health services (11.5%).

**Figure 4. Responses to top three health care services you think GVH should expand**



Based on survey responses, GVH community members experience the health care system differently. Notably, respondents to the English survey tended to seek care outside of GVH for specialty care services, while respondents to the Spanish survey sought primary and urgent care elsewhere, largely due to cost, and had a desire for GVH to expand these services. These findings suggest that Spanish-speaking residents face greater challenges related to health care affordability and access.

In response to previous CHNA findings, GVH launched its dermatology service line in March 2025 to address a long-standing gap in specialty skin-care access for residents of the Gunnison Valley. For years, community members were required to travel significant distances — often to Montrose, Grand Junction, or the Front Range — to receive routine dermatologic evaluations, treatment for chronic skin conditions, and timely assessment of suspicious lesions. These access barriers resulted in delayed care, increased burden for patients, and missed opportunities for early detection of skin cancers, which are more prevalent in high-altitude communities.

**Efforts to address women's health since its last CHNA**

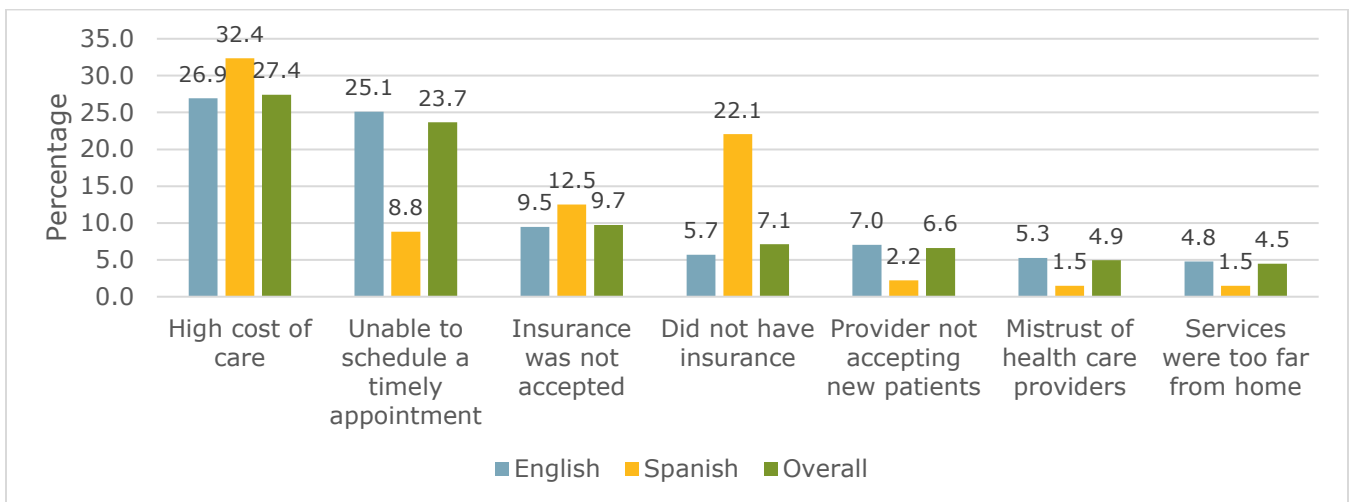
GVH launched its Women’s Health Services two years ago to address a significant gap in local access to reproductive and gynecologic care. Community assessments consistently identified women’s health as an underserved need, with many residents traveling long distances for routine care, specialty evaluations, and procedures. To meet this need, GVH hired a dedicated women’s health nurse practitioner and a board-certified OB/GYN, allowing the organization to offer comprehensive services — including wellness care, prenatal and postpartum support, cancer screenings, and gynecologic surgeries — close to home. GVH created this service line to improve access, enhance continuity of care, support

maternal health, and reduce the burden on families who previously relied on out-of-county providers.

## Barriers to Care

The survey asked community members to select up to three barriers they have encountered in accessing health care services in the past year. The top three barriers for respondents to the English survey, Spanish survey, and overall are shown in Figure 5. Barriers related to cost, insurance, and timely appointments were the most common.

**Figure 5. Responses to top three barriers to accessing health care services encountered in the last year**



### Cost

High cost of care was the most reported barrier for respondents to the English (26.9%) and Spanish surveys (32.4%). Nearly two in 10 (17.1%) survey respondents also reported affordability of care as a top health issue facing their community.

### Insurance

Insurance-related barriers, such as not having insurance or having insurance that wasn't accepted by a provider, were much higher among respondents to the Spanish survey compared with respondents to the English survey. In fact, two-thirds (62.9%) of respondents to the Spanish survey reported not having insurance, compared with 3.7% for the English survey. Overall, 6.2% of Gunnison County residents are uninsured.<sup>11</sup>

The survey asked respondents who reported not having health insurance the reasons why they were uninsured. The top reasons among respondents to the Spanish survey were: cost is too high (37.5%), didn't know how to get insurance (17.9%), and not eligible for coverage (14.3%).

## **Timely Appointments**

The second most commonly reported barrier overall was a lack of timely appointments (23.7%). This was much higher among respondents to the English survey (25.1%), compared with the Spanish survey (8.8%).

## **Efforts to address affordability of care since its last CHNA**

GVH has made health care affordability a central organizational priority by implementing strategies that reduce financial barriers, improve cost transparency, and expand access to essential services for all community members. GVH has strengthened its financial assistance policies, ensuring that uninsured and underinsured patients have clear, compassionate pathways to reduced-cost or no-cost care based on income and household circumstances. The health system has also expanded access to lower-cost primary care, behavioral health, and preventive services, helping patients manage conditions early and avoid expensive emergency or out-of-county interventions.

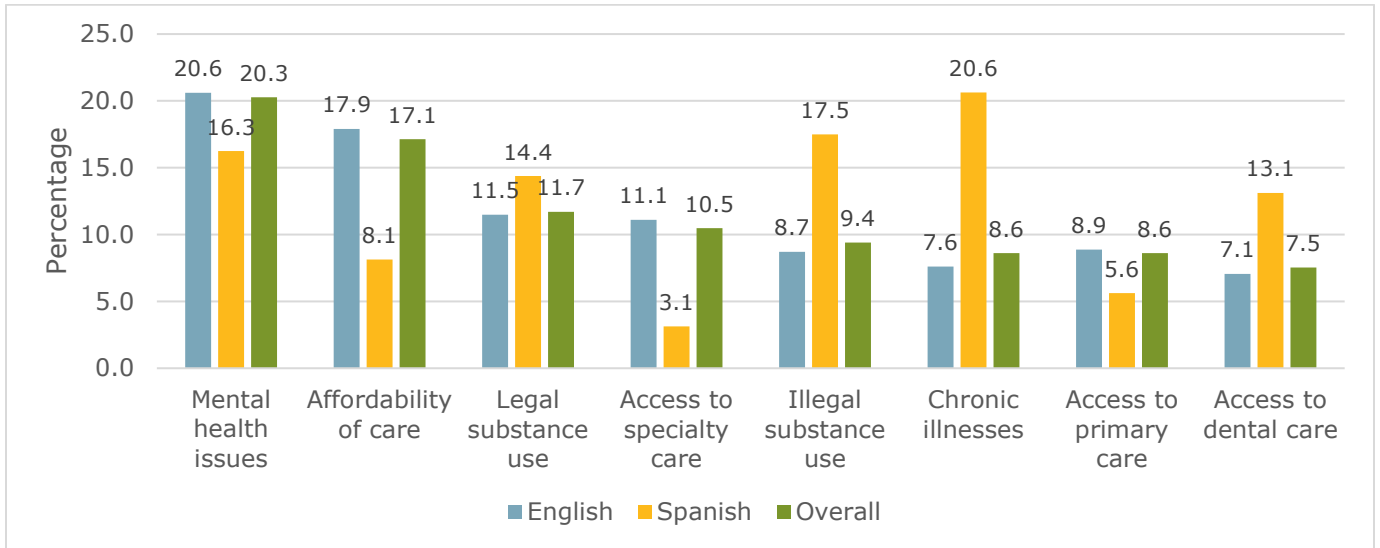
In addition, GVH offers interest-free payment plans, financial counseling, and dedicated support staff who help patients navigate insurance, Medicaid enrollment, billing questions, and available discounts. The organization routinely evaluates charges, reimbursement rates, and operational efficiencies to help keep costs stable in a challenging rural health care environment.

## **Behavioral Health**

### **Mental Health**

The survey asked respondents to select the three most pressing health issues facing their community (Figure 6). Mental health issues were the most commonly selected overall (20.3%), followed by affordability of care (17.1%), and legal substance use (11.7%). Mental health services were also the services that most respondents said GVH should expand (Figure 4).

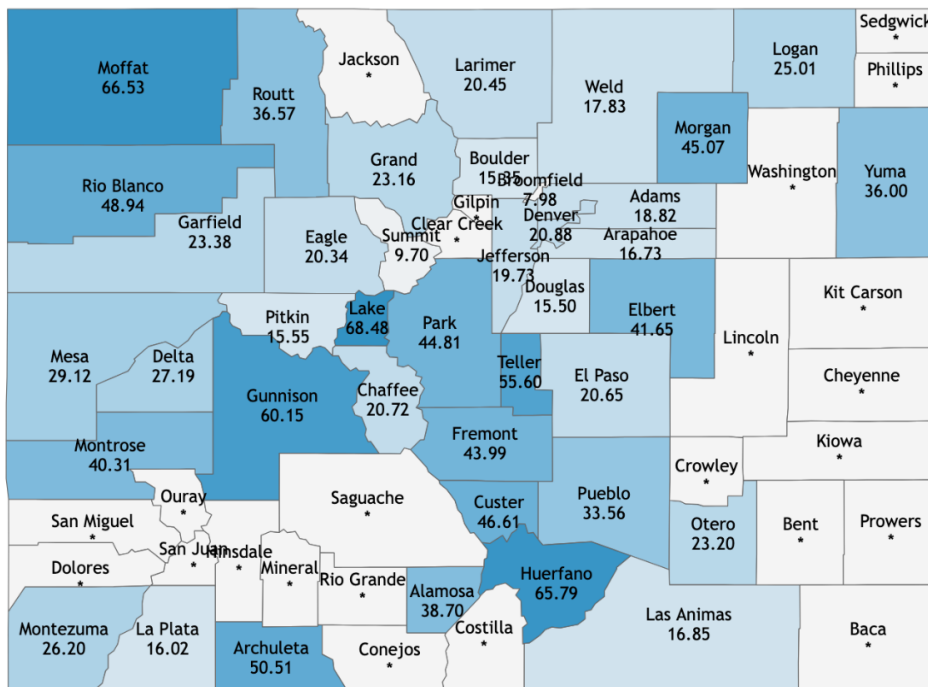
**Figure 6. Responses to the three most pressing health issues in your community**



Nearly one in six (15.2%) Gunnison County residents reported their mental health was not good for 14 or more days in the past month, the same rate as Colorado overall.<sup>12</sup> However, Figure 7 shows Gunnison County’s suicide rate (60.2 per 100,000) is about triple that of Colorado overall (20.8 per 100,000).<sup>13</sup>

**Figure 7. Age adjusted suicide rate per 100,000 population in 2024<sup>14</sup>**

Map Source: Colorado Department of Public Health and Environment. Counts of fewer than three are suppressed.



Data from the Gunnison County Coronor’s Office reveal that middle-aged men are disproportionately impacted. Between 2000 and October of 2025, men accounted for 80.2% of all suicides in the county. The average age of those who died by suicide was 44.

The Gunnison County State of the Community 2025 report found that loss of hope was associated with social isolation, economic insecurity, substance use, housing instability, and hyper-individualized attitudes. This finding underscores the relationship between social determinants of health — such as housing, economic insecurity, and social connectedness — and mental health. Additionally, it highlights the co-occurrence of mental health and substance use issues.

### **Efforts to address mental health since its last CHNA**

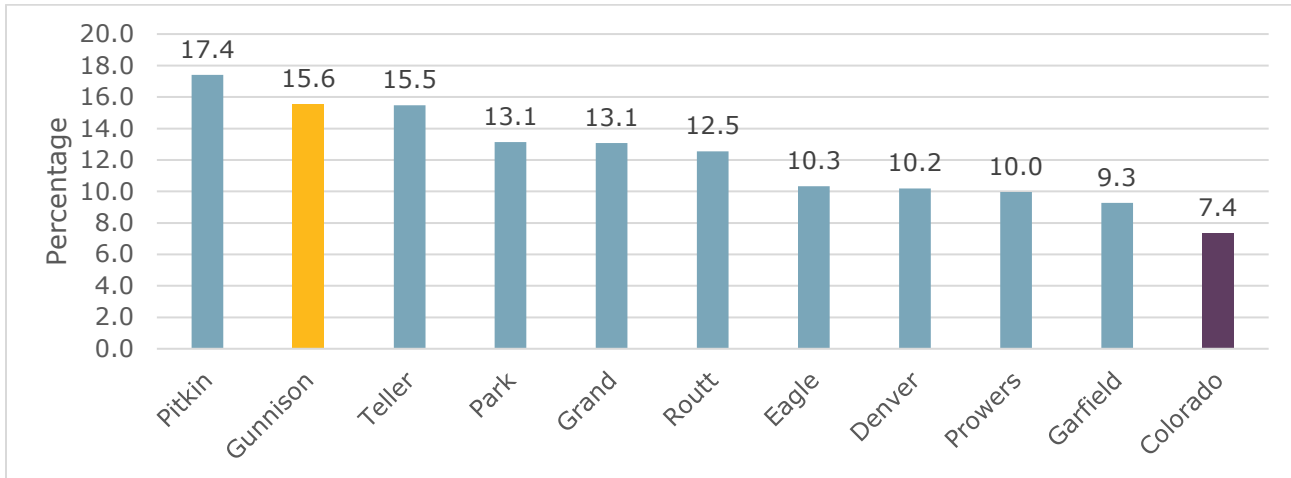
In the past three years, the GVH Behavioral Health Department has provided comprehensive, accessible mental health and substance use services for people of all ages, serving more than 10,000 patients in 2024. Key offerings include: outpatient therapy and counseling for individuals, families, and children, psychiatric medication management through licensed psychiatric nurse practitioners, an integrated behavioral health provider located within GVH Primary Care, 24/7 mobile crisis team, school-based clinicians located at all Gunnison Watershed School District schools and Western Colorado University, and jail-based services for inmates located at the Gunnison County Jail.

### **Substance Use**

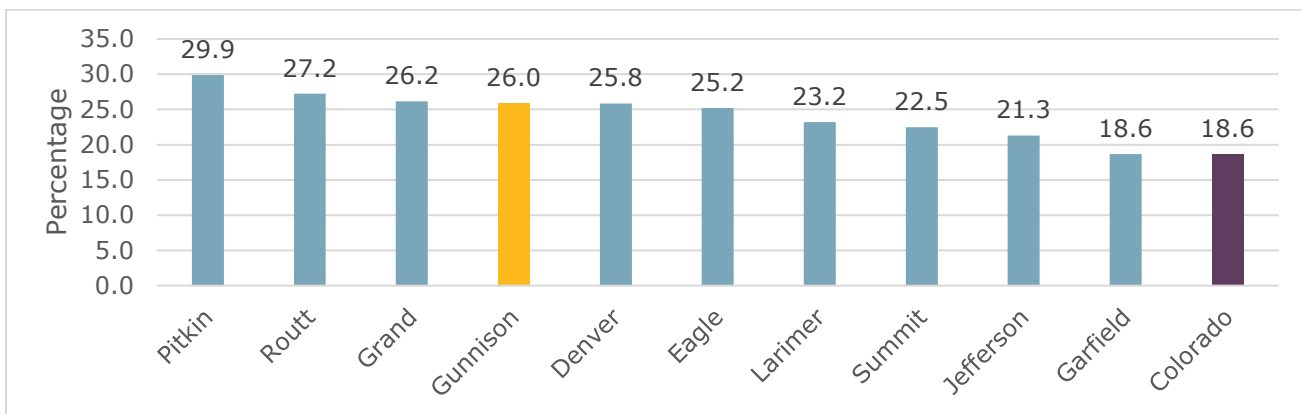
Colorado’s mountain communities face disproportionately high rates of alcohol use compared with Colorado overall. Gunnison County has the second-highest rate of heavy drinking (Figure 8) and the fourth-highest rate of binge drinking (Figure 9) in Colorado.<sup>15</sup> Heavy drinking is defined as eight or more drinks per week for women and 15 or more drinks per week for men. Binge drinking is defined as four or more drinks on one occasion for women and five or more drinks for men.

Alcohol is the leading cause of substance-related death and disability in Colorado, yet it often receives less attention than other public health challenges.<sup>16</sup> Over the past decade, alcohol-related deaths in Colorado have doubled, with the state’s death rate now twice the national average. Statewide in 2022, hospitalizations for alcohol-related illnesses and injuries cost \$351 million, which was a 47% increase from 2014.

**Figure 8. Percentage of adults who are heavy drinkers. Top 10 counties.**



**Figure 9. Percentage of adults who reported binge drinking in the past 30 days. Top 10 counties.**



Gunnison County also has higher rates of marijuana use (24.6%) compared with Colorado overall (19.3%).<sup>17</sup> Additionally, rates of marijuana use (19.9%) and vaping (12.0%) are higher among HSR 10 youth compared with Colorado overall (12.8% and 8.7% respectively).<sup>18</sup>

Legal substance use was the third most reported health issue among all survey respondents, and illegal substance use was the second most reported health issue among Spanish survey respondents (Figure 5). Between 2020-2024 the rate of drug overdose deaths from any opioid (prescription or illicit) in Gunnison County was 7.2 per 100,000 population, lower than Colorado overall (18.9 per 100,000).<sup>19</sup>

### **Efforts to address substance use since its last CHNA**

Over the past three years, GVH’s Behavioral Health Department and Emergency Department have strengthened their response to patients experiencing substance use

challenges through a coordinated and expanded set of services. GVH has increased access to behavioral health by adding psychiatric providers, therapists, and care navigators, including bilingual support, and through integrating behavioral health into primary care to identify substance use earlier. In the Emergency Department, GVH implemented evidence-based screening tools, improved warm handoffs to behavioral health, and established clearer care pathways for patients needing detoxification, crisis stabilization, or referral to treatment.

GVH has also deepened collaboration with Gunnison County Health and Human Services, Emergency Medical Services, law enforcement, and community partners, and expanded care navigation to help patients access treatment programs, recovery resources, housing supports, and insurance assistance. Staff have received additional training in harm reduction, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and trauma-informed care to improve the effectiveness and consistency of interventions. Together, these efforts reflect GVH's commitment to improving outcomes for patients with substance use disorders and strengthening the overall behavioral health system in the Gunnison Valley.

## Preventive Care and Chronic Diseases

A vast majority (90.9%) of HSR 10 residents report having a usual source of care. However, only 70% of HSR 10 residents reported they had a preventive care visit in the past year compared with 74.1% statewide.<sup>20</sup>

### Cancer

While cancer incidence of all sites for residents of Gunnison County (320.5 per 100,000) is similar to Colorado overall (387.5 per 100,000), cancer screenings remain a key area of focus because they are a core component of preventive care.<sup>21</sup> Gunnison County residents are meeting breast cancer and colorectal screening guidelines at lower rates than Coloradans overall.

The U.S. Preventive Services Task Force recommends biennial screening mammography for women ages 40–74.<sup>22</sup> Less than half of Gunnison County women (44.9%) met this guideline compared with 72.2% of Colorado women.<sup>23</sup>

The task force also recommends colorectal cancer screening starting at age 45 through age 75. Nearly six in 10 Gunnison County residents (59.4%) met this guideline compared with 71.3% of Coloradans overall.<sup>24</sup>

### Efforts to address cancer since its last CHNA

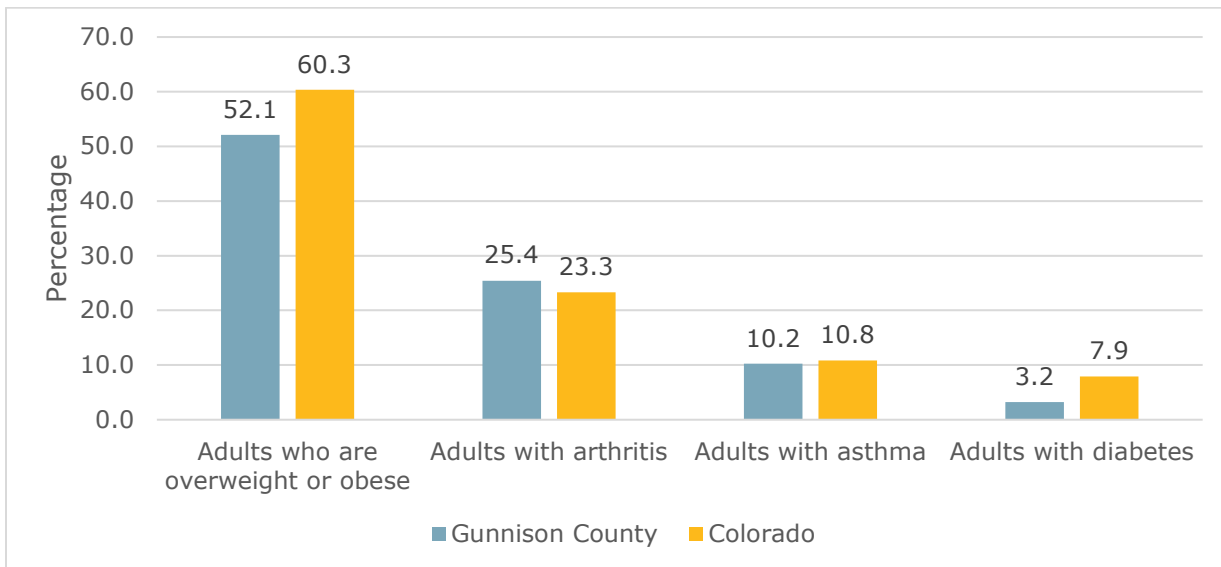
Over the past three years, GVH has strengthened local cancer care by upgrading oncology and infusion services, expanding diagnostic imaging, and improving coordination across primary care, surgery, and behavioral health to support earlier detection and more seamless treatment. GVH added an Oncology Patient Navigator to help patients manage appointments, understand treatment plans, and access financial and emotional support. GVH has also begun recruiting a new oncologist to maintain continuity of care as a long-time provider retires.

In partnership with Gunnison Tough and Living Journeys, the GVH Foundation created the Cancer Screening Access Fund, which removes financial barriers to essential screenings and promotes health equity in the community. Together, these efforts have improved access, quality, and support for cancer patients in the Gunnison Valley.

### Other Chronic Conditions

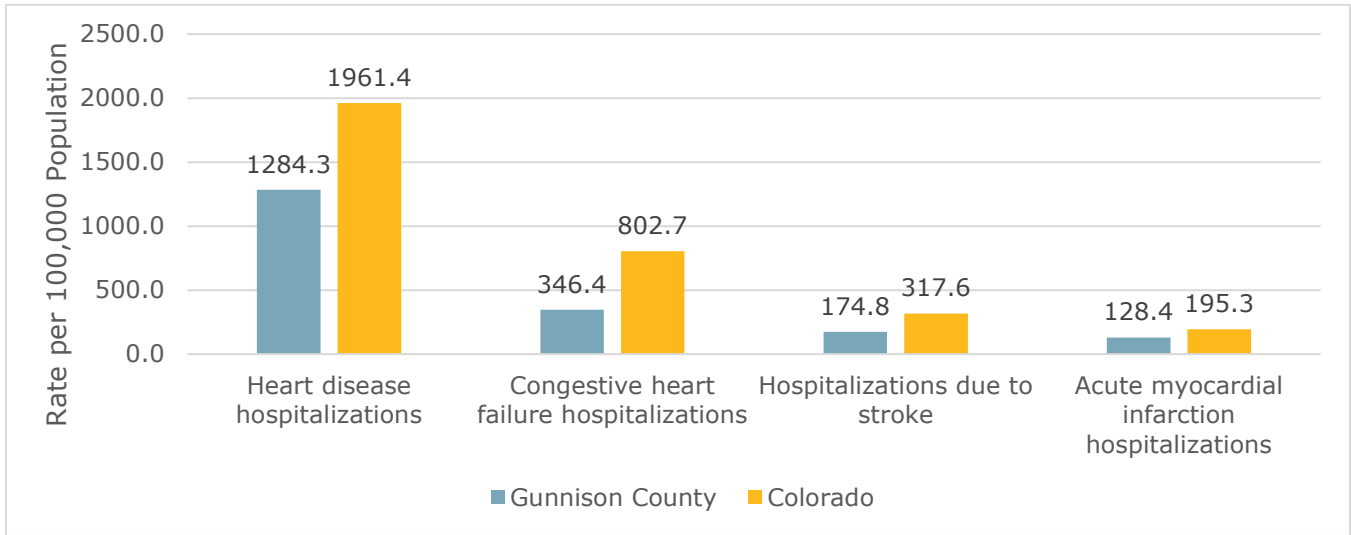
Gunnison County residents have lower rates of diabetes and obesity compared with Coloradans overall (Figure 10).<sup>25</sup>

**Figure 10. Prevalence of chronic conditions in Gunnison County and Colorado**



Gunnison County residents also have lower rates of coronary heart disease (1.6%), high cholesterol (25.0%), and high blood pressure (21.5%) compared with Coloradans overall (3.6%, 32.8%, and 27.3% respectively).<sup>26,27</sup> Similarly, Gunnison County residents have lower rates of hospitalization for congestive heart failure, heart attacks, heart disease, and stroke compared with Coloradans overall (Figure 11).<sup>28</sup>

**Figure 11. Rate of chronic disease hospitalizations in Gunnison County and Colorado**



However, it is likely that racial/ethnic disparities in chronic disease exist. Chronic illness was the number one most reported health issue by respondents to the Spanish survey (Figure 6). This could be related to higher uninsurance rates, which may prevent people from accessing needed chronic disease management services due to cost.

**Efforts to address preventive care since its last CHNA**

Over the past three years, GVH has expanded preventive care access through new services, community outreach, and increased primary care capacity. GVH broadened its annual Health Fair and Community Blood Draw events, offering low-cost lab work and screenings to more residents across the valley and strengthening early detection and chronic disease management. GVH also acquired one additional primary care practice, increasing provider capacity and reducing wait times for wellness visits and preventive care.

To further improve year-round access, GVH added direct-access lab testing at a low cost, allowing community members to obtain a range of screening tests without a provider referral — making preventive care more convenient and accessible. In addition, GVH has implemented social determinants of health (SDOH) screening across key clinics to identify and address non-medical factors — such as housing, food access, transportation, and financial strain — that impact overall health and well-being.

**Oral Health**

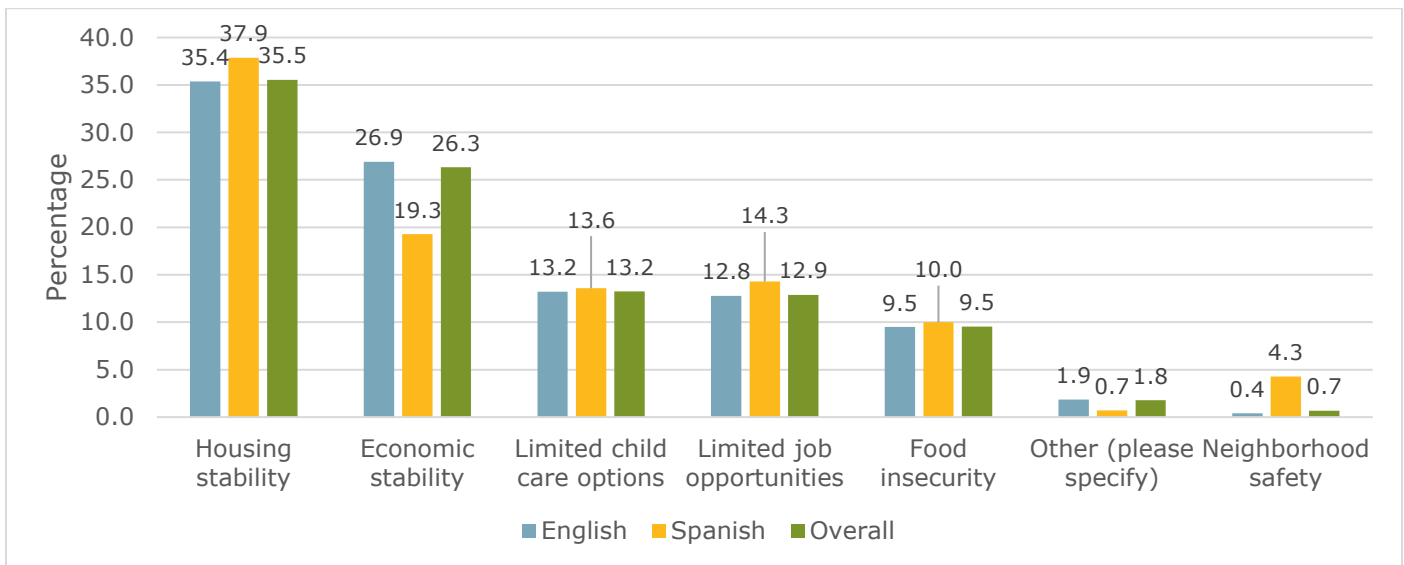
Two-thirds (64.9%) of Gunnison County residents have dental insurance compared with 74% of Coloradans overall.<sup>29</sup> One-third (32.4%) of Gunnison County residents went without needed dental care compared with 27.9% of Coloradans overall. Several survey respondents noted challenges in accessing affordable, in-network dental care. One wrote

“almost none of the local dentists accept the State of Colorado's Delta Dental insurance. For this reason, many local employees/families must travel an hour or more for dental appointments.”

## Social Determinants of Health

The survey asked respondents about the most pressing social issues facing their community. Housing stability was the most reported among respondents to the English and Spanish surveys (35.5% overall), followed by economic stability (26.3% overall) (Figure 12).

**Figure 12. Responses to the three most pressing social issues in your community**



The cost of housing in Gunnison County is nearly 1.5 times that of Colorado overall. The median sale price of a single-family home as of July 2025 was \$875,000 compared with \$587,000 in Colorado overall.<sup>30</sup> However, the median household income in Gunnison County is lower than Colorado overall (\$77,000 compared with \$92,000).<sup>31</sup> This means people in Gunnison County are making less and paying more for housing compared with Colorado overall. One in three homeowners (35.9%) and half of renters (51.4%) in Gunnison County are housing cost burdened compared with 29.2% and 52.2% in Colorado respectively.<sup>32</sup> The American Community Survey defines a cost-burdened household as one that spends more than 30% of its income on housing costs.

GVH offers transitional housing units, which help recruit top health care professionals to join the GVH team. Though one survey respondent wrote, “It’s just prohibitively expensive to live here. I do very well working for GVH but the high cost of rent/food/gas still leaves me living paycheck to paycheck for the most part. It would be wonderful if GVH would open up some of its housing to current employees instead of just travelers or new hires. I

know that the majority of the rental properties under GVH’s management currently sit vacant.”

## Hospital Financing

According to the Colorado Hospital Association, 70% of all hospitals and 84% of rural hospitals finished 2024 with margins that do not allow for long-term sustainability and investment in patient care. Operating expenses outpace revenues, and charity care has surged. In addition, H.R.1 will cut more than \$10 billion in hospital financing over five years.<sup>33</sup>

The majority (59.7%) of survey respondents believe that GVH receives public funds or they are not sure how the health system is funded.

However, GVH is primarily funded through private sources, including insurance reimbursements and philanthropic donations, rather than public funding, such as government or county tax support. Unlike many rural health care systems, GVH does not receive operational funding from tax revenues. The only exception is its Senior Care Center, which receives limited support through tax-based funding, a funding model that was in place prior to GVH taking over its operations.

## Conclusion

This assessment underscores GVH’s ongoing commitment to understanding and addressing the evolving and persistent health priorities of Gunnison County residents. It highlights strengths of GVH, such as its reputation for high-quality, compassionate care, and opportunities to improve access to specialty, behavioral, preventive, and housing services. Guided by these findings, GVH is well-positioned to strengthen partnerships, expand innovative care models, and invest in programs that advance equity, accessibility, and overall community well-being in the years ahead.

## Appendix A: Community Survey Tool

\* Indicates a required question.

\*Question 1. Please rate the extent to which you agree with the following statement: GVH provides high-quality health care services.

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree
- f. Don't know

\*Question 2. Please rate the extent to which you agree with the following statement: GVH provides a safe, comfortable environment for receiving health care services.

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree
- f. Don't know

\*Question 3. Please rate the extent to which you agree with the following statement: GVH provides all the health care services I /my family needs.

- a. Strongly agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree
- f. Don't know

\*Question 4. What is important to you when seeking care? Select up to three.

- a. Location/convenience
- b. Trusted, local health system
- c. Quality of care
- d. Affordability of care
- e. Expertise in specific illness/treatment
- f. Courtesy of staff
- g. Recommended by family/friends

- h. Range of services provided
- i. Other (please specify)

\*Question 5. What health care services do you receive somewhere other than GVH? Select all that apply.

- a. Cancer care
- b. Children's health
- c. Dermatology
- d. General surgery/colonoscopy
- e. Heart health/cardiology
- f. Ophthalmology
- g. Orthopedic care
- h. Primary care
- i. Radiology
- j. Rehabilitation and wellness
- k. Senior services (senior care center)
- l. Urgent and emergency care
- m. Women's health
- n. Other (please specify)

Question 6. If you have sought care elsewhere, what was the primary reason?

- a. Not applicable
- b. Needed a specialist not available locally
- c. Preferred provider or facility outside of my community
- d. Recommended by a physician to go elsewhere
- e. Higher quality of care elsewhere
- f. Lower cost of care elsewhere
- g. Other (please specify)

\*Question 7. Which services are you familiar with GVH offering? Select all that apply.

- a. Cancer care
- b. Children's health
- c. Dermatology
- d. General surgery/colonoscopy
- e. Heart health/cardiology
- f. Ophthalmology
- g. Orthopedic care
- h. Primary care
- i. Radiology

- j. Rehabilitation and wellness
- k. Senior services (senior care center)
- l. Urgent and emergency care
- m. Women's health
- n. Other (please specify)

\*Question 8. Please select up to three health care services you think GVH should expand or improve.

- a. Mental health services
- b. Substance use treatment
- c. Specialty care (e.g., cardiology, oncology, orthopedics)
- d. Primary care/family medicine
- e. Urgent care/walk-in services
- f. Home health or aging-related services
- g. Women's health services
- h. Chronic disease management programming
- i. Pediatric care
- j. Telemedicine/virtual care options
- k. Other (please specify)

\*Question 9. GVH is interested in understanding community perceptions about how the health system is funded. Please select your best understanding of how GVH is primarily funded.

- a. Public funds (i.e. government/county funding, taxes)
- b. Private funds (i.e. insurance, donations, etc.)
- c. I'm not sure

Question 10. If you have ever been a patient at GVH, how could you and your care needs have better been supported? Is there anything you would have liked to have experienced differently? [Comment box]

\*Question 11. Please select up to three of the most pressing health issues facing your community.

- a. Chronic illnesses (obesity, diabetes, heart disease, etc.)
- b. Illegal substance use/abuse
- c. Legal substance use/abuse (alcohol, marijuana, etc.)
- d. Mental health issues, including suicide
- e. Access to primary care services
- f. Access to specialty care services

- g. Access to dental care services
- h. Affordability of care
- i. Limited aging and long-term care services
- j. Other (please specify)

\*Question 12. Please select up to three of the most pressing social issues facing your community.

- a. Housing stability/unaffordable housing
- b. Food insecurity/limited options to access healthy food
- c. Economic stability/ability to afford your basic needs
- d. Limited job opportunities
- e. Neighborhood safety (crime levels)
- f. Limited child care options
- g. Other (please specify)

\*Question 13. Please select up to three barriers that you, your family, or members of your community have encountered in accessing health care services in the past 12 months.

- a. Out-of-pocket costs/high cost of care
- b. Insurance was not accepted by a health care provider
- c. Did not have insurance
- d. Health care provider was not accepting new patients
- e. Unable to schedule a timely appointment
- f. Mistrust of health care providers
- g. Providers/staff did not speak my language
- h. Worried about being treated fairly
- i. Could not find affordable child care
- j. Did not have transportation
- k. Could not get time off work
- l. Health care services were too far from home
- m. Faced environmental or weather-related barriers
- n. Lacked internet or broadband access
- o. Other (please specify)

Question 14. Is there anything else you would like to share about your community's needs, strengths, or issues with accessing care? Your thoughts will help inform how GVH can continue to support your community. [Comment Box]

\*Question 15. Do you have health insurance?

- a. Yes

- b. No
- c. Not sure

\*Question 16. Please share the reason(s) why you do not have health insurance. Select all that apply.

- a. Cost is too high
- b. Employer does not offer coverage
- c. Not eligible for coverage
- d. Lost eligibility for the Child Health Plan *Plus* (CHP+) or Medicaid, also known as Health First Colorado
- e. Don't need insurance
- f. Don't know how to get insurance
- g. Person in my family who had health insurance lost job or changed employers
- h. Person in my family who had health insurance is no longer part of my family
- i. Traded health insurance for another benefit or higher pay
- j. Can't get health insurance due to a pre-existing condition
- k. Other (please specify)

Question 17. Which of the following role(s) apply to you? Select all that apply.

- a. Community resident
- b. Public health official
- c. Government employee or representative
- d. Underserved population
- e. Representative of chronic disease group or advocacy organization
- f. Health care professional
- g. Educator

Question 18. If Gunnison County is not your primary county of residence, please list the county you primarily reside in. [Single text box]

Question 19. What is your age?

- a. Under 18
- b. 18-25
- c. 26-39
- d. 40-54
- e. 55-64
- f. 65 or older

Question 20. What racial or ethnic group do you most identify with?

- a. Black/African American
- b. Hispanic / Latino/a
- c. White, non-Hispanic / Latino/a
- d. American Indian/Alaska Native
- e. Middle Eastern or North African
- f. Asian
- g. Mixed race
- h. Other (please specify)

Question 21. What gender do you most identify with?

- a. Male
- b. Female
- c. Nonbinary
- d. Transgender
- e. Prefer not to say

Question 22. Which of the following types of health insurance, if any, do you have? Select all that apply.

- a. Uninsured
- b. Insurance through your employer or your spouse's employer (i.e. Blue Cross or United Healthcare)
- c. Insurance obtained through the exchange or individual marketplace (Connect for Health Colorado)
- d. Medicaid/Health First Colorado/Child Health Plan *Plus* (CHP+)
- e. Medicare
- f. Veterans Health Administration (VA)
- g. TRICARE
- h. Indian Health Services
- i. Other (please specify)

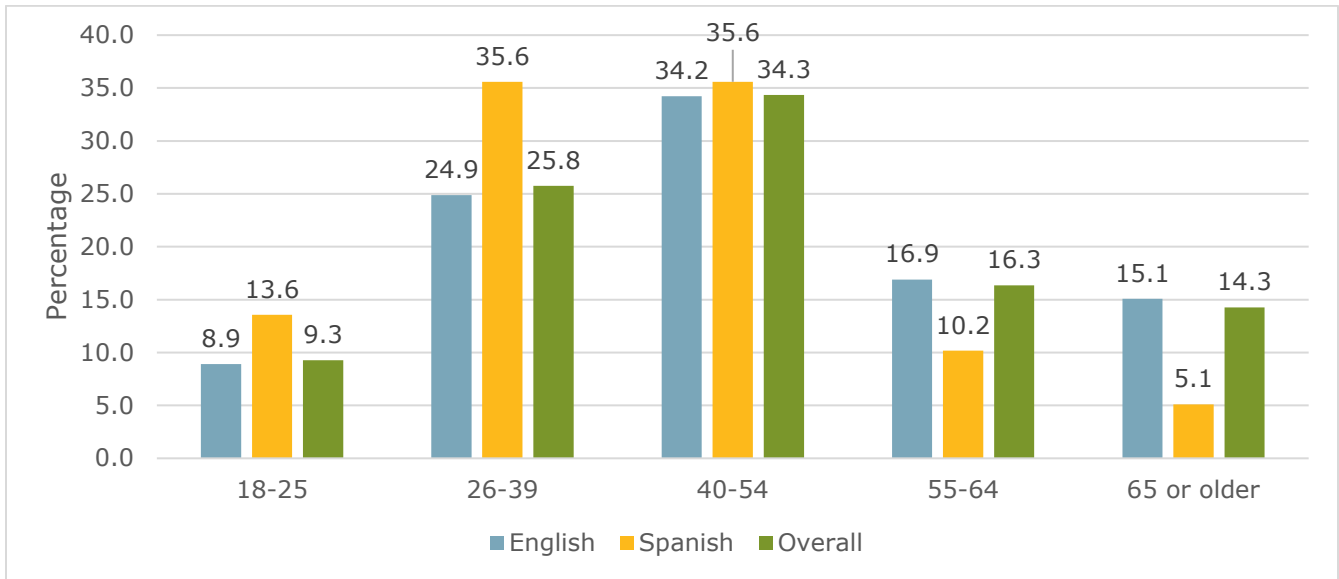
Question 23. Would you like to receive email updates from GVH? If so, please enter your email address below. Your responses will remain confidential and will not be linked to the email address you provide.

## Appendix B: Community Survey Demographics

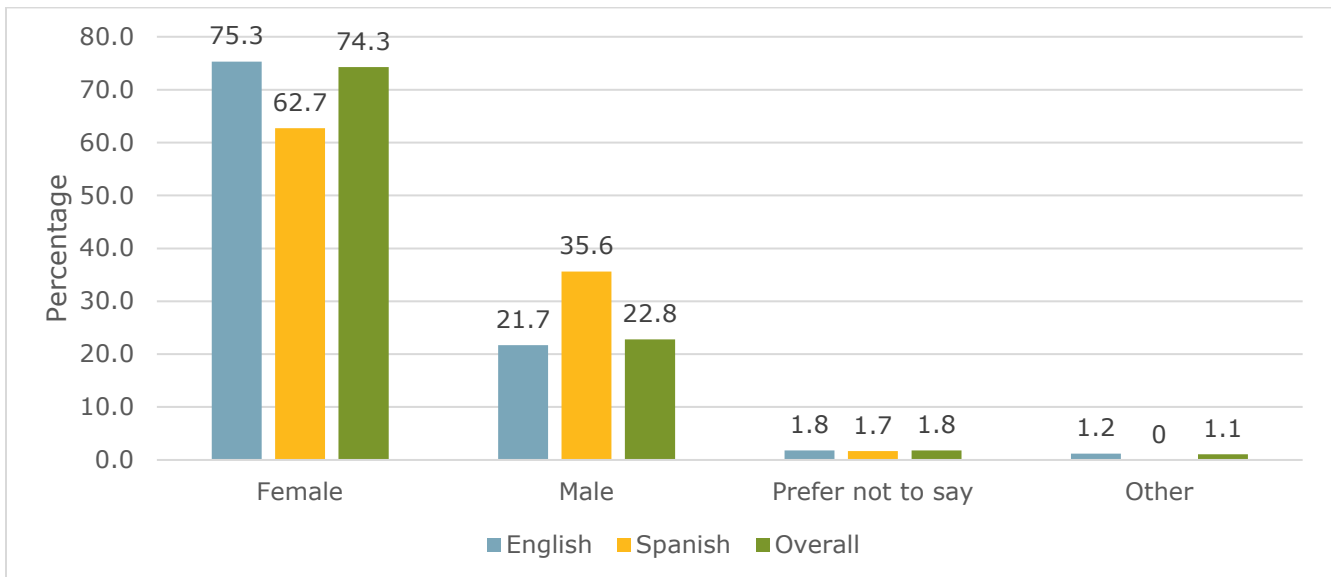
**Figure 13. Total Responses to Community Survey**

English Responses	Spanish Responses	Total Responses
711	75	786

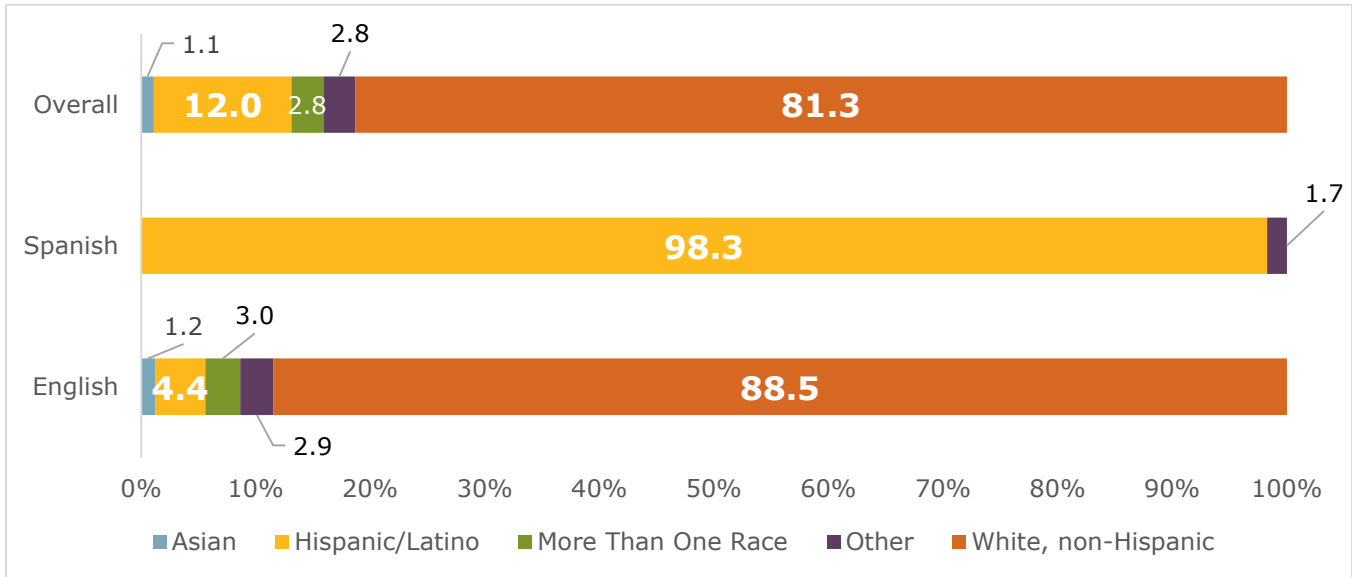
**Figure 14. Age of survey respondents**



**Figure 15. Gender of survey respondents**



**Figure 16. Percentage of respondents by race/ethnicity**



<sup>1</sup> U.S. Census Bureau. American Community Survey, 2023: ACS 5-Year Estimates. <https://data.census.gov/>

<sup>2</sup> Rocky Mountain PBS. Collaborating with the Cora Community in Gunnison. (2024) <https://www.rmpbs.org/blogs/community-action/Cora-immigration-Colorado>

<sup>3</sup> U.S. Census Bureau. American Community Survey, 2023: ACS 5-Year Estimates. <https://data.census.gov/>

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<sup>5</sup> U.S. Census Bureau. American Community Survey, 2023: ACS 5-Year Estimates. <https://data.census.gov/>

<sup>6</sup> Colorado Department of Health Care Policy and Financing. Understanding the Impact of H.R.1 and Federal Changes to Medicaid. (2025). <https://hcpf.colorado.gov/impact>

<sup>7</sup> Gunnison Valley Health. Breaking Barriers to Lifesaving Screenings. <https://www.gunnisonvalleyhealth.org/our-services/cancer-care/cancer-screening-access-fund/>

<sup>8</sup> Colorado Department of Public Health and Environment. Zero Suicide Colorado. <https://cdphe.colorado.gov/prevention-and-wellness/office-of-suicide-prevention/zero-suicide-colorado>

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- <sup>11</sup> U.S. Census Bureau. American Community Survey, 2023: ACS 5-Year Estimates. <https://data.census.gov/>
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- <sup>16</sup> Denver Health. Denver Health to Participate in Colorado Alcohol Impacts Coalition. (2025). <https://www.denverhealth.org/news/2025/10/denver-health-participate-colorado-alcohol-impacts-coalition>
- <sup>17</sup> Colorado Department of Public Health and Environment. Colorado Behavioral Risk Factor Surveillance System. (2021-2023). [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CHIDashboard\\_2024Redesign/CHILandingPage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CHIDashboard_2024Redesign/CHILandingPage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y)
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