



Keeping the **H** in Hometown®

Southwest Health System

Community Health Needs Assessment and Implementation Plan

October 2019



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Section 1: **Community Health Needs Assessment**



EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Southwest Health System (SHS) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Montezuma County, Colorado.

The CHNA Team, consisting of leadership from SHS, met with staff from CHC Consulting on August 13, 2019 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in roundtable discussion using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the four prioritized needs in various capacities through a hospital specific implementation plan.

The four most significant needs, as discussed during the August 13th prioritization meeting, are listed below:

1. Continued Emphasis on Physician Recruitment and Retention
2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
3. Access to Mental and Behavioral Health Care Services and Providers
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

SHS leadership has developed the following implementation plan to identify specific activities and services which directly address the four identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The SHS Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan report on October 23, 2019.

Priority #1: Continued Emphasis on Physician Recruitment and Retention

Montezuma County has a lower percentage of adults with a personal doctor than the state. Additionally, Montezuma County has a lower rate of dentists per 100,000 population than the state and in a recently completed medical staff development plan conducted for SHS, data indicates a need for additional primary care providers within the community.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed a need for after hour clinics in the community. Additionally, stakeholders discussed a lack of certain specialty services in the community. Orthopedic services were mentioned as an increasing need due to the aging community and retiring baby boomers. Stakeholders discussed the limited depth in respiratory care, as well as the outmigration of cancer patients to Durango for oncology services. Stakeholders also mentioned a need for a pain clinic to cut down on the number of Emergency Department visits by chronic pain patients, and discussed the outmigration of chronic pain patients to Grand Junction for care.

Stakeholders discussed potential opportunities to reduce barriers to accessing care, such as improving front-end triage in the Emergency Department, reducing wait times and expanding hours of operation in the local walk-in clinic, improving access to primary care providers, connecting high Emergency Department utilizers with primary care providers and implementing a pain clinic.

Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

The median household income in Montezuma County is significantly lower than the median household income in the state. Montezuma County has a higher unemployment rate than the state, and a higher rate of families living below poverty. The percentage of children living below poverty in Montezuma County is higher than the state, and the county also has a higher rate of students eligible for free or reduced price lunch. Montezuma County also has a higher rate of both overall and child food insecurity than Colorado. Additionally, Montezuma County has several Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) and a higher rate of uninsured adults than the state.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed transportation barriers to and from provider appointments in Montezuma County that may cause patients to delay or forego care. It was also mentioned that socioeconomic status may determine the frequency of visits to the Emergency Department, with the low income population as the most frequent utilizers of the Emergency Room.

Stakeholders discussed a need to address cultural challenges in the community and specifically noted a lack of Navajo speaking providers in Montezuma County. It was also mentioned that there is a lack of focus on social determinants in the community and an associated need to better address poverty and the working poor.

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Montezuma County has a lower rate of mental and behavioral health care providers per 100,000 population than the state. Additionally, the percent of adults who experienced 14 or more days of poor mental health in Montezuma County is higher than the state.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed a lack of mental and behavioral health care resources and providers in the community. It was noted that the providers at AXIS Integrated Health may be...



Priority #3: Access to Mental and Behavioral Health Care Services and Providers (continued)

...overwhelmed, and stakeholders discussed the potential benefit of having additional psychiatrists and counselors available in addition to what is currently provided.

A lack of detox centers and the inability to support substance abuse patients were specifically mentioned, and concern was raised surrounding the significant rate of behavioral health-related alcohol and substance abuse issues. Stakeholders discussed the prevalence of depression, depression related to chronic illness, anxiety and panic attacks in the Emergency Room and mental illness with Dementia as a secondary diagnosis. A need for suicidal ideation plans for patients was also emphasized, and stakeholders also discussed the necessity of a social worker in the Emergency Department.

Stakeholders discussed potential opportunities to reduce barriers to accessing mental and behavioral health care, such as more psychosocial support in the Emergency Department (i.e., providing a social worker in the hospital), staffing a hospital mental health provider, pursuing grant funding for sober living housing, marijuana tax revenue for detox and rehabilitation programs and providing funding for a physician in the detention center.

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Cancer and heart disease are the two leading causes of death in Montezuma County and the state. Montezuma County has higher mortality rates than Colorado for malignant neoplasms; chronic liver disease and cirrhosis; accidents; suicide; diabetes mellitus; nephritis, nephrosis, nephrotic syndrome; prostate cancer; lung and bronchus cancer and colon and rectum cancer.

Montezuma County has higher rates of communicable diseases, such as chlamydia and gonorrhea, than the state. Montezuma County has higher rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes (adult), obesity, asthma, arthritis, physical inactivity, smoking and marijuana use than the state. Data also suggests that residents may not be seeking necessary preventive care services, such as mammograms.

With regards to maternal and child health, specifically, Montezuma County has higher percentages of inadequate prenatal care, mothers who smoked during pregnancy and low birth weight births than the state. Data also suggests that Montezuma County adults may not be seeking preventive care services in an appropriate manner, such as mammograms, prostate cancer screenings, pap test screenings, colorectal cancer screenings and the influenza vaccine.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed the lack of public knowledge regarding where to go for different types of care and the need for more advertising of hospital services. It was also mentioned that there is a need for more support groups of all types to benefit subpopulations across the community.

Areas of concern that were discussed include high rates of diabetes, heart disease, urinary tract infections and chronic diseases within the elderly population. Stakeholders discussed the opportunity for the clinic to ensure consistent care and prevent further diabetic complications through the teaching currently in place, and also discussed the issues associated with heart disease in the community – such as lack of physical care, obesity, diabetes and other related conditions. Urinary tract infections and chronic diseases of the elderly with a high number of co-morbidities were also mentioned during the meeting.



Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

Stakeholders discussed potential opportunities to educate the community, such as hospital education classes for the public, further education on where to go for care for individuals and local agencies/community partners and outreach to the local Senior Center and Veterans in the community.



PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014. The objectives of the CHNA are to:
 - Meet federal government and regulatory requirements
 - Research and report on the demographics and health status of the study area, including a review of state and local data
 - Gather input, data and opinions from persons who represent the broad interest of the community
 - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by SHS
 - Document the progress of previous implementation plan activities
 - Prioritize the needs of the community served by the hospital
 - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- The CHNA components include:
 - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
 - A biography of SHS
 - A description of the hospital's defined study area
 - Definition and analysis of the communities served, including demographic and health data analyses
 - Findings from phone interviews collecting input from community representatives, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
 - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
 - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
 - Documentation and rationalization of priorities not addressed by the implementation plan
 - A description of additional health services and resources available in the community
 - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology

Methodology

- SHS worked with CHC Consulting in the development of its CHNA. SHS provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
 - A demographic analysis of the study area, utilizing demographic data from the IBM Watson Health Market Expert tool
 - A study of the most recent health data available
 - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
 - Facilitated the prioritization process during the CHNA Team meeting on August 13, 2019. The CHNA Team included:
 - Anthony Sudduth, Chief Executive Officer
 - Bridgett Jabour, Executive Assistant
 - Liesl Ungnade, Quality Improvement/Risk Management Coordinator
 - Rhonda Hatfield, Patient Financial Coordinator
 - Sherri Wilburn, Case Manager
 - Karen Labonte, Chief Nursing Officer
 - Kerri White, Sr. Clinical Operations
 - Sara Barrett, Social Worker
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

– SHS Biography

- Background information about SHS, mission, vision, values and services provided were provided by the hospital or taken from its website

– Study Area Definition

- The study area for SHS is based on hospital inpatient discharge data from January 1, 2018 – December 31, 2018 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, the IBM Watson Health Market Expert tool, the U.S. Census Bureau and the United States Bureau of Labor Statistics

– Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Colorado State Department of Health and Human Services, the CARES Engagement Network, and the Centers for Disease Control and Prevention

– Community Input Methodology

- SHS held a community meeting for their Hospital Transformation Project on May 13th, 2019. 23 stakeholders attended the meeting to discuss health-related topics and concerns within Montezuma County.
- Extensive notes were taken during the community meeting. SHS provided CHC Consulting with the list of persons who attended the meeting, as well as the notes taken during the meeting. Qualitative data from the May 13th meeting was then analyzed and reported.
- Further information on the Colorado Hospital Transformation Project can be found within the Community Input section of this report

Process and Methodology

Methodology (continued)

– Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- SHS provided CHC Consulting with information on community benefit activity progress since the previous CHNA report

– Prioritization Strategy

- Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the CHNA Team August 12, 2019
- See the prioritization section for a more detailed description of the prioritization methodology



HOSPITAL BIOGRAPHY

Hospital Biography

About Southwest Health System

Southwest Health System (SHS) operates Southwest Memorial Hospital, a Critical Access Hospital and Southwest Medical Group which is comprised of clinics offering primary care and specialty services. Southwest Memorial Hospital was originally opened to care for our community in 1914. SHS offers the latest in medical and surgical technology, emergency care, a vast array of out-patient medical and wellness services.

SHS is managed by CHC Community Hospital Consulting (CHC Consulting), the management and consulting arm of Community Hospital Corporation (CHC) of Plano, Texas. “We continue to bring our expertise in hospital management and talent in critical areas of hospital operations to strengthen SHS,” said CHC’s Senior Vice President of Hospital Operations Craig Sims. CHC Consulting began managing SHS on July 1, 2018.

CHC Consulting specializes in the management and operation of smaller, community-based hospitals across the country.

The Southwest Health System board usually convenes on the fourth Wednesday of each month. For specific dates, please review the Calendar of Events. The public is invited to attend the open portion of the meetings.

The CEO of the hospital is appointed by and reports to the board of directors, and is employed by Community Hospital Corporation. The CEO appoints and manages the health system through members of the Senior Leadership Team, including the Chief Financial Officer, Chief Nursing Officer, Chief Human Resources Officer and the Practice Administrator. Their information can be viewed at <https://www.swhealth.org/seniorleadership/>.

Southwest Health System is fully accredited by DNV Healthcare.



Hospital Biography

Mission, Vision and Values

Mission Statement

Our mission is to provide the highest quality health care to our community by bringing excellence, value and service together to promote, improve and restore health

Vision Statement

We envision a health system in which all providers work together to make excellent, patient centered health services available in our community.

Values

Quality of Care

Provide high quality health care by staying current with the latest technology, recruiting highly qualified physicians, hiring the best staff, and helping members of the community meet their health care needs.

Patient Experience

Exceed the expectations of our patients through the provision of warm, welcoming and personalized care in a safe environment by compassionate, knowledgeable, and experienced physicians and staff.

Community Collaboration

Collaborate with patients, health care providers, and community leaders to provide excellent health care.

Mutual Respect and Appreciation

Provide an environment that fosters mutual respect and appreciation of all physicians, staff, and community.

Financial Stewardship

Maintain a healthy financial condition by controlling costs and increasing market share while anticipating changes in managed care reimbursements and health care reform.

Hospital Biography

Hospital Services

- Cardiac Rehabilitation
- Cardiology (Visiting Specialists)
- Cardiopulmonary Services
- Diabetes Education
- Diagnostic Imaging
- Discharge Planning
- Emergency Services
- Family Birthing Center
- Family Medicine
- General Surgery
- Gynecology
- Infusion Clinic
- Inpatient Medical/Surgical Care
- Intensive/Critical Care Unit
- Interventional Spine Care
- Laboratory
- Nephrology (Visiting Specialists)
- Neurology (Visiting Specialists)
- Neurosurgery (Visiting Specialist)
- Nutrition Education
- Obstetrics
- Occupational Therapy
- Orthopedics and Orthopedic Surgery
- Pediatric Sub-Specialty
- Pharmacy
- Physical Therapy
- Podiatry and Podiatric Surgery
- School-Based Health Center
- Sleep Center
- Sleep Medicine & Pulmonology
- Social Worker
- Speech Therapy
- Surgical Services & Same-Day Surgery
- Urology
- Vaccination Clinics (VFC)
- Walk-In Care
- Women's Health
- Wound Care

Source: Southwest Health System, "Services;" <https://www.swhealth.org/servicesdirectory/>; information accessed September 27, 2019.



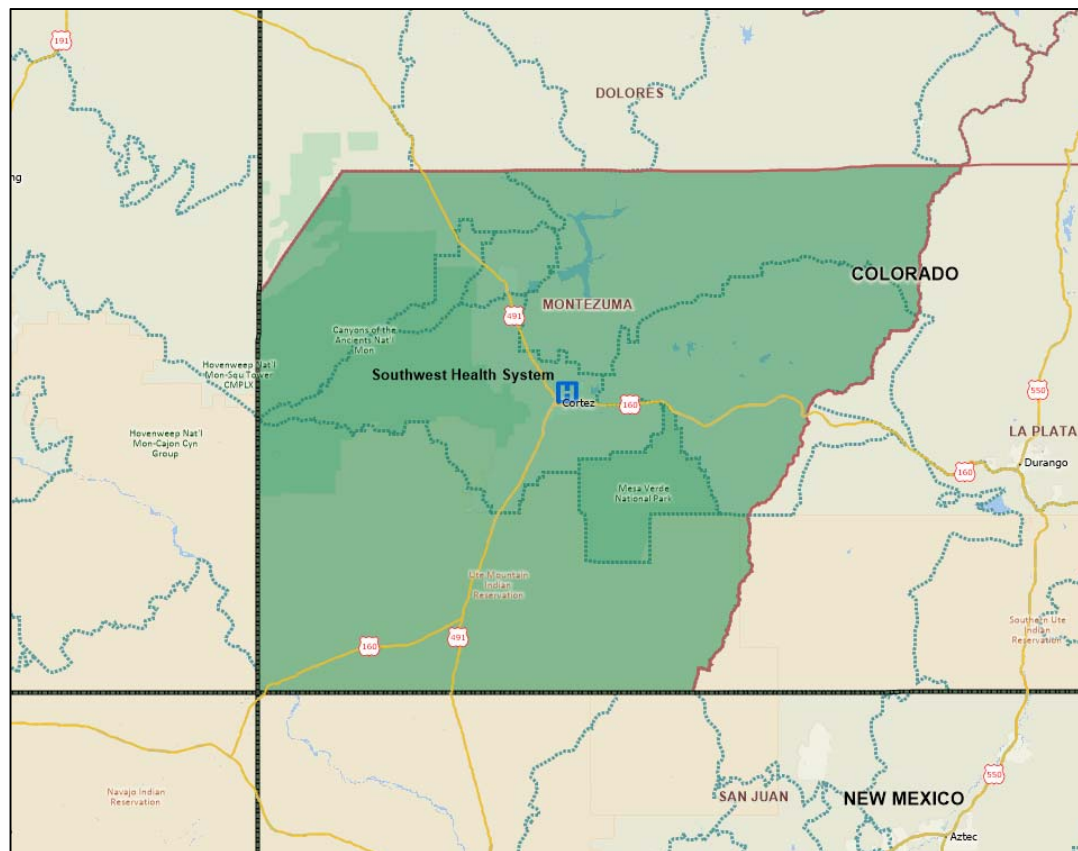
STUDY AREA

Southwest Health System

Study Area

Montezuma County comprises 88.9% of CY 2018 Inpatient Discharges

H Indicates the hospital



**Southwest Health System
Patient Origin by County: January 2018 - December 2018**

County	State	CY 2018 Discharges	% of Total	Cumulative % of Total
Montezuma	CO	959	88.9%	88.9%
All Others		120	11.1%	100.0%
Total		1,079	100.0%	

Source: Hospital inpatient discharge data provided by Southwest Health System; January 2018 - December 2018; Normal Newborns MS-DRG 795 excluded.



DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth

2019-2024

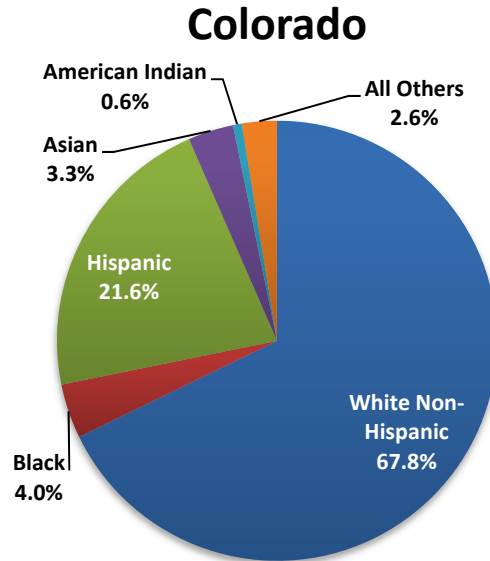
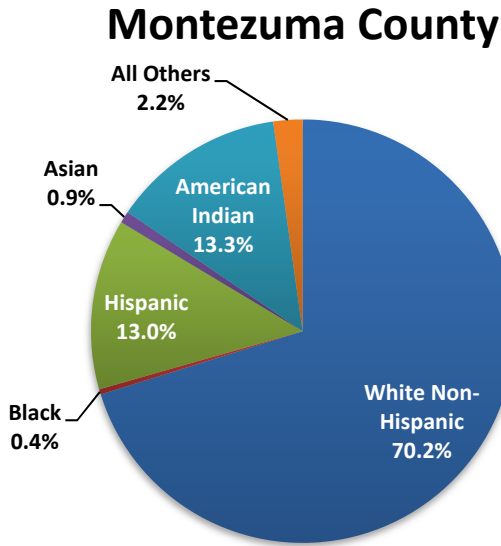


Overall Population Growth					
Geographic Location	2010	2019	2024	2019-2024 Change	2019-2024 % Change
Montezuma County	25,535	26,742	27,801	1,059	4.0%
Colorado	5,029,196	5,731,594	6,106,813	375,219	6.5%

Source: IBM Watson Health Market Expert; data accessed May 5, 2019.

Population Health

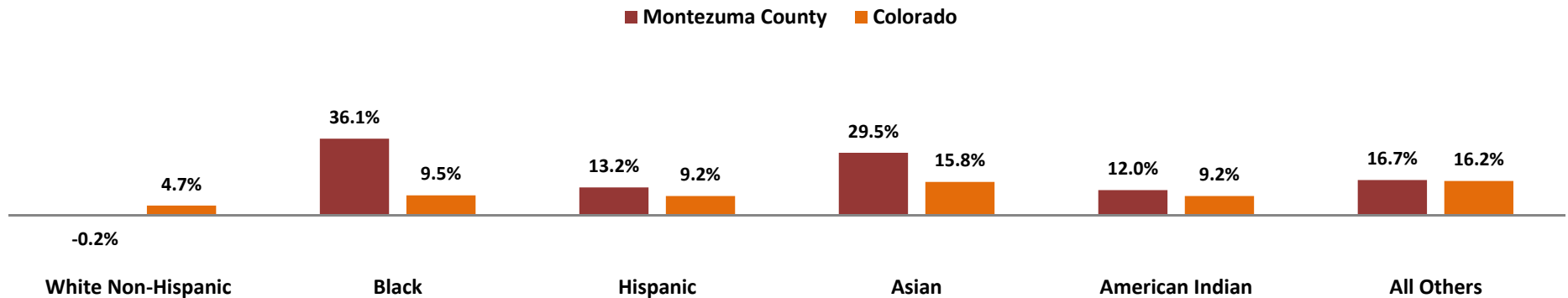
Population Composition by Race/Ethnicity



Montezuma County					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	19,168	18,765	18,729	-36	-0.2%
Black	47	108	147	39	36.1%
Hispanic	2,818	3,484	3,943	459	13.2%
Asian	130	241	312	71	29.5%
American Indian	2,923	3,544	3,970	426	12.0%
All Others	449	600	700	100	16.7%
Total	25,535	26,742	27,801	1,059	4.0%

Colorado					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	3,520,793	3,886,455	4,068,154	181,699	4.7%
Black	188,778	228,780	250,541	21,761	9.5%
Hispanic	1,038,687	1,240,663	1,354,830	114,167	9.2%
Asian	141,225	190,969	221,159	30,190	15.8%
American Indian	31,244	37,179	40,618	3,439	9.2%
All Others	108,469	147,548	171,511	23,963	16.2%
Total	5,029,196	5,731,594	6,106,813	375,219	6.5%

Race/Ethnicity Projected 5-Year Growth 2019-2024

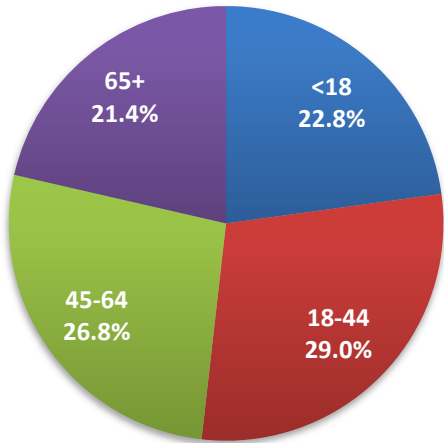


Source: IBM Watson Health Market Expert; data accessed May 5, 2019.

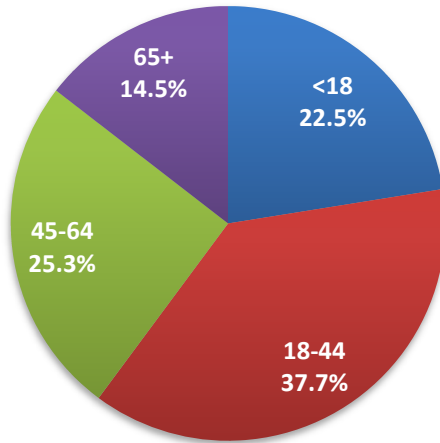
Population Health

Population Composition by Age Group

Montezuma County



Colorado



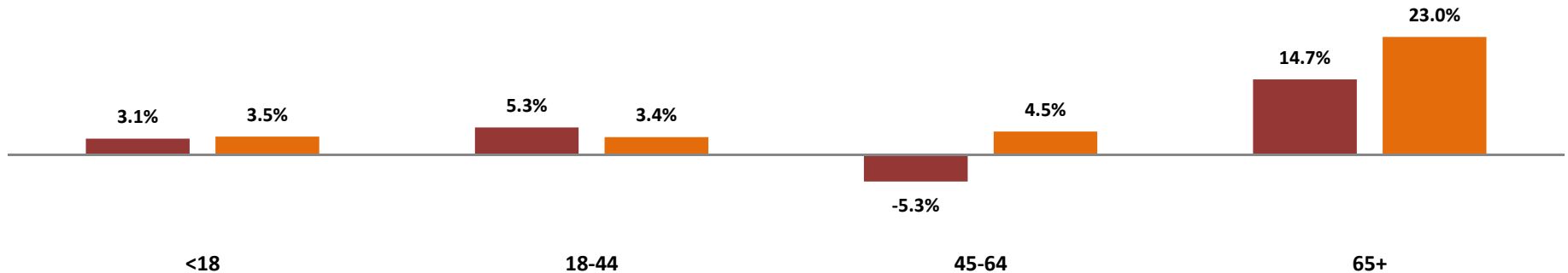
Montezuma County				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	6,104	6,291	187	3.1%
18-44	7,748	8,157	409	5.3%
45-64	7,165	6,787	-378	-5.3%
65+	5,725	6,566	841	14.7%
Total	26,742	27,801	1,059	4.0%

Colorado				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	1,287,997	1,333,127	45,130	3.5%
18-44	2,160,210	2,233,805	73,595	3.4%
45-64	1,450,467	1,515,525	65,058	4.5%
65+	832,920	1,024,356	191,436	23.0%
Total	5,731,594	6,106,813	375,219	6.5%

Age Projected 5-Year Growth

2019-2024

■ Montezuma County ■ Colorado



Source: IBM Watson Health Market Expert; data accessed May 5, 2019.

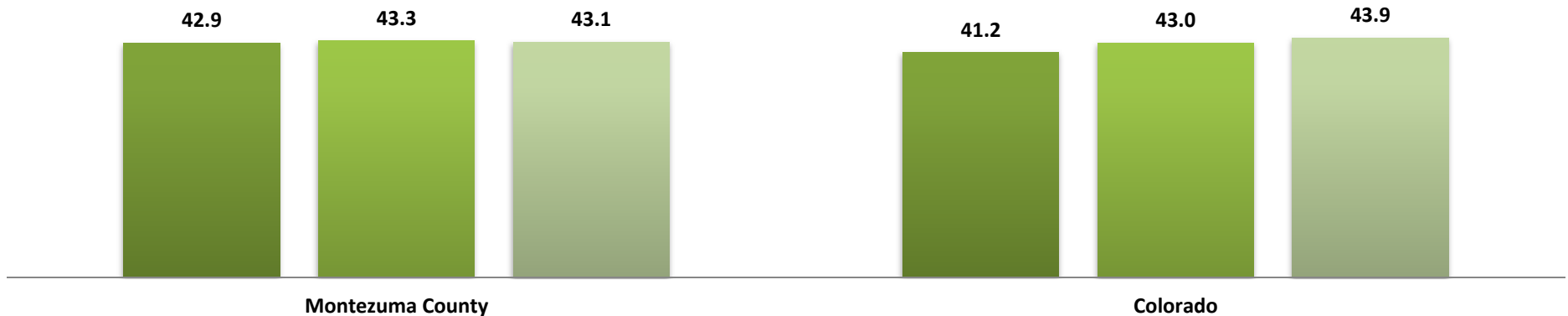
Population Health

Median Age

- The median age in Montezuma County is expected to slightly decrease over the next five years, while the median age in the state is expected to increase (2019-2024).
- Montezuma County (43.3 years) has a consistent median age with Colorado (43.0 years) (2019).

Median Age

■ 2010 ■ 2019 ■ 2024



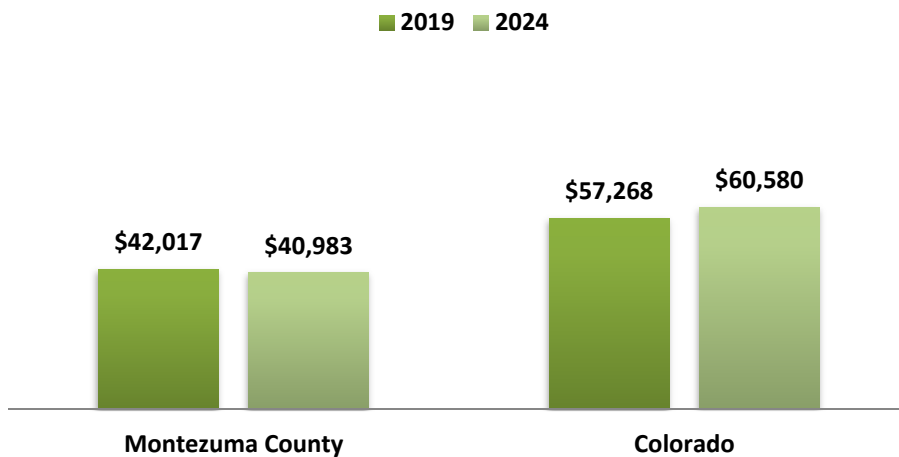
Source: IBM Watson Health Market Expert; data accessed May 5, 2019.

Population Health

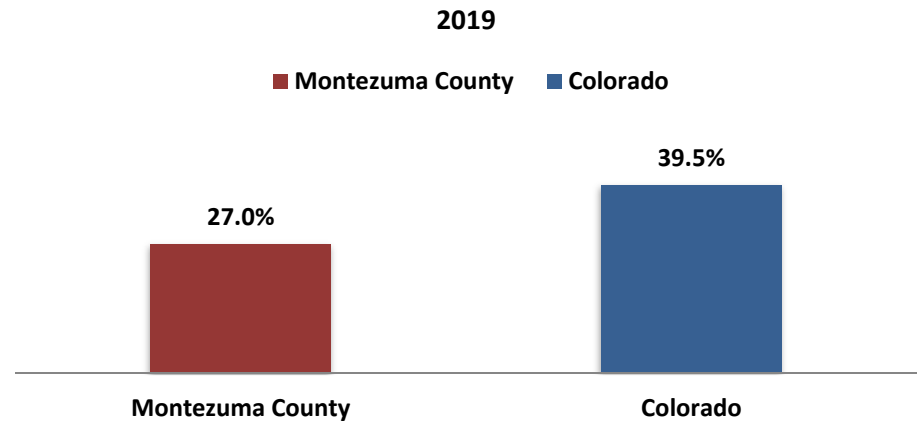
Median Household Income and Educational Attainment

- The median household income in Montezuma County is expected to decrease slightly over the next five years, while the median household income in the state is expected to increase (2019-2024).
- Montezuma County (\$42,017) has a lower median household income than Colorado (\$57,268) (2019).
- Montezuma County (27.0%) has a lower percentage of residents with a bachelor or advanced degree than the state (39.5%) (2019).

Median Household Income



Education Bachelor / Advanced Degree

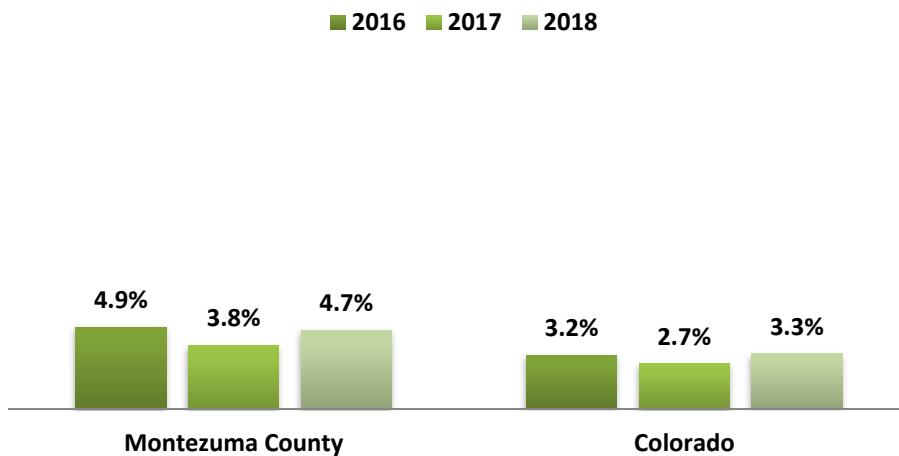


Population Health

Unemployment

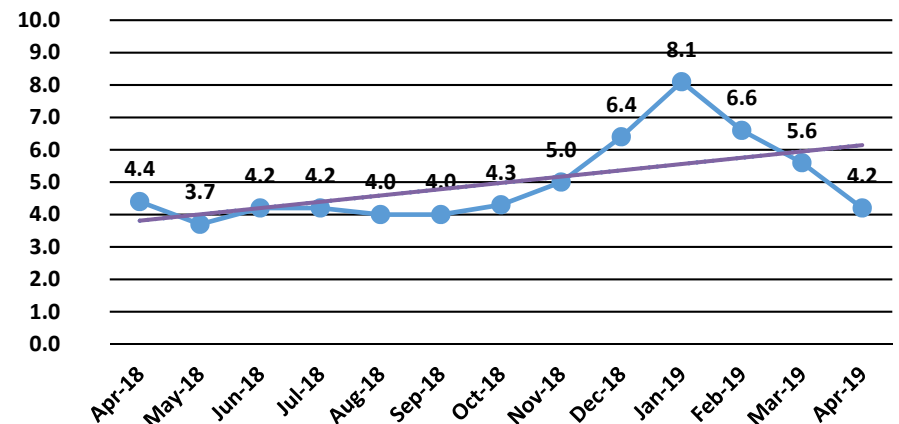
- Unemployment rates in Montezuma County and the state remained relatively steady between 2016 and 2018.
- In 2018, Montezuma County (4.7%) had a higher unemployment rate than the state (3.3%).
- Over the most recent 12-month time period, monthly unemployment rates in Montezuma County fluctuated and overall increased. May 2018 had the lowest unemployment rate (3.7) as compared to January 2019 with the highest rate (8.1).

Unemployment Rates



Unemployment

Montezuma County Rates by Month
Most Recent 12-month Period



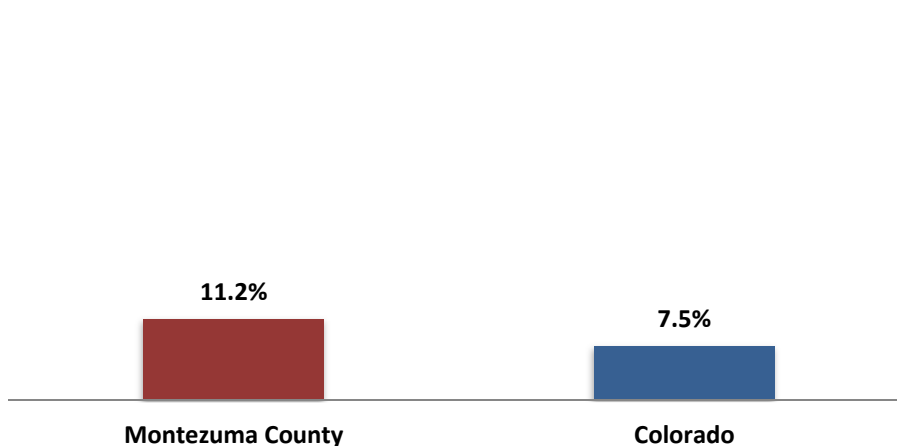
Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed May 5, 2019.

Population Health

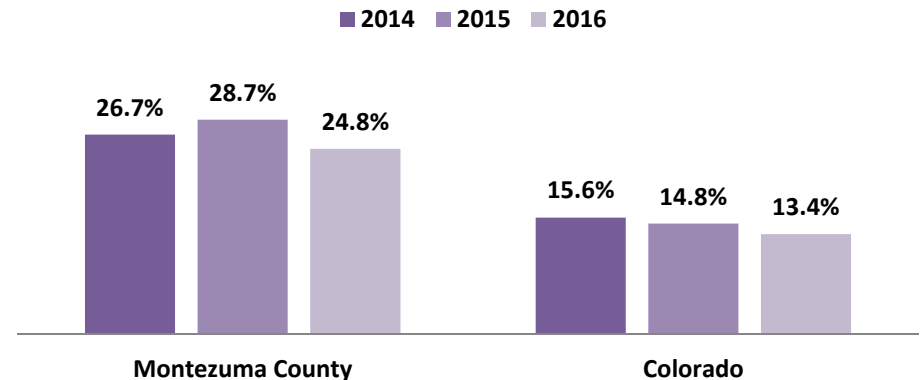
Poverty

- Montezuma County (11.2%) has a higher percentage of families living below poverty as compared to the state (7.5%) (2019).
- Between 2014 and 2016, the percent of children (<18 years) living below poverty in Montezuma County and Colorado decreased.
- Montezuma County (24.8%) has higher percentage of children (<18 years) living below poverty than Colorado (13.4%) (2016).

Families Below Poverty
2019



Children in Poverty
Percent, Children (<18 years)
2014-2016



Source: IBM Watson Health Market Expert; data accessed May 5, 2019.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Montezuma County, CO, www.datacenter.kidscount.org; data accessed May 5, 2019.

Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.

Note: The 2019 Federal Poverty Thresholds define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$25,750, and less than 200% of the federal poverty level if the household income is less than \$51,500. Please see the appendix for the full 2019 Federal Poverty Thresholds.

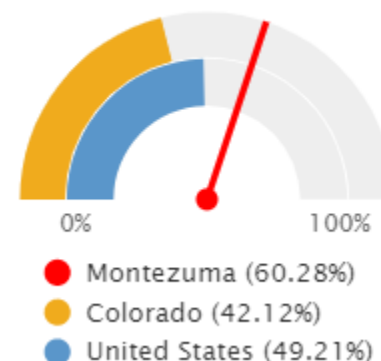


Population Health

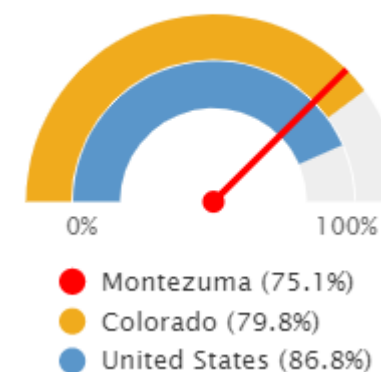
Children in the Study Area

- In 2016-2017, Montezuma County (60.3%) has a higher percentage of public school students eligible for free or reduced price lunch than the state (42.1%) and the nation (49.2%).
- Montezuma County (75.1%) has a lower high school graduation rate than the state (79.8%) and the nation (86.8%) (2016-2017).

Percent Students Eligible for Free or Reduced Price Lunch



Cohort Graduation Rate



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Population Health

Food Insecurity

- According to Feeding America, an estimated 13.2% of Montezuma County residents are food insecure compared to 10.6% in Colorado. Additionally, 19.3% of the youth population (under 18 years of age) in Montezuma County are food insecure as compared to 14.0% in Colorado (2017).
- The average meal cost for a Montezuma County resident is \$3.12, compared to \$3.24 in Colorado (2017).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Montezuma County	13.2%	19.3%	\$3.12
Colorado	10.6%	14.0%	\$3.24

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Montezuma County, CO, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed June 21, 2019.

Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

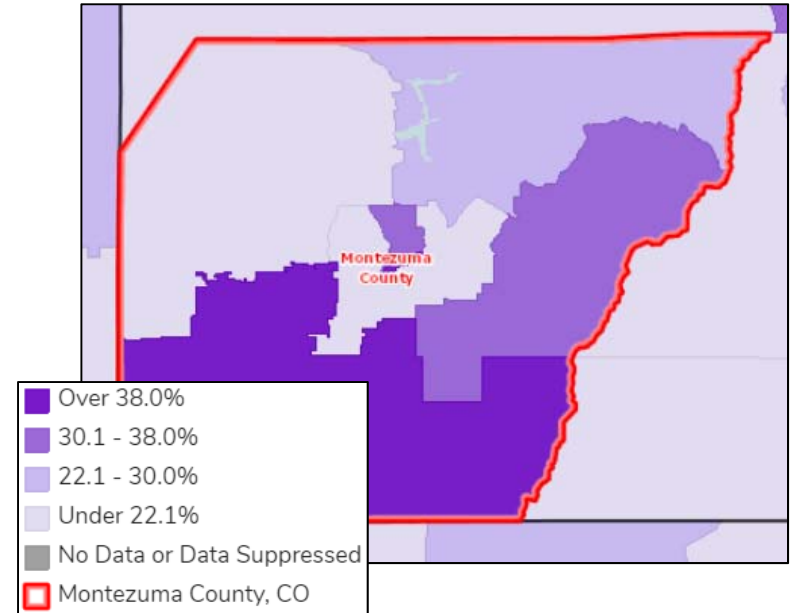
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

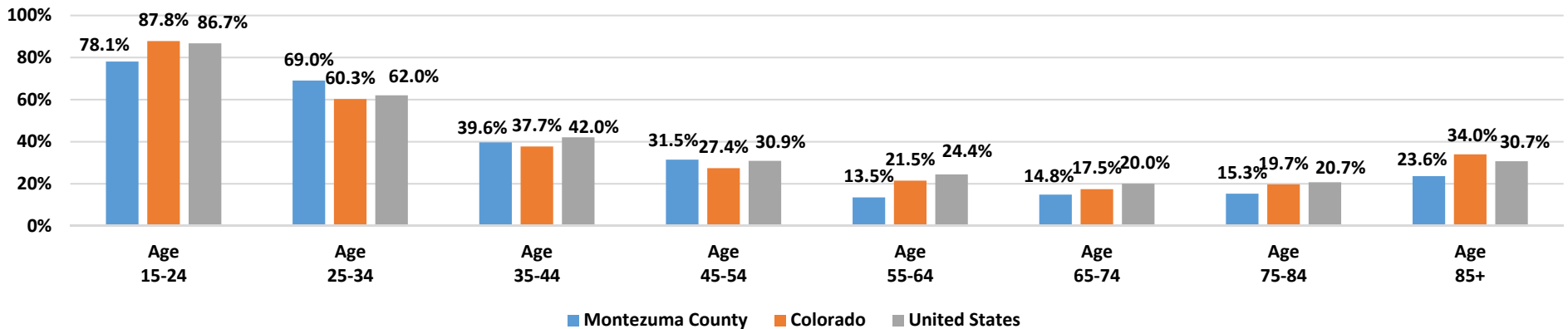
Housing

- The majority of the population in Montezuma County with renter-occupied housing units is within census tracts 9411, 9691 and 9693, where 30.0% or more of the population lives within rented units (2013-2017).
- The majority of 15-24 and 25-34 year olds live within renter-occupied housing units in Montezuma County (2013-2017).
- Montezuma County has a higher percentage of adults age 25-34 and 45-54 in renter-occupied housing units than Colorado and the nation (2013-2017).



Renter-Occupied Households by Age Group

Percentage
2013-2017



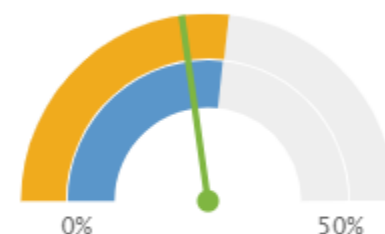
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.

Population Health

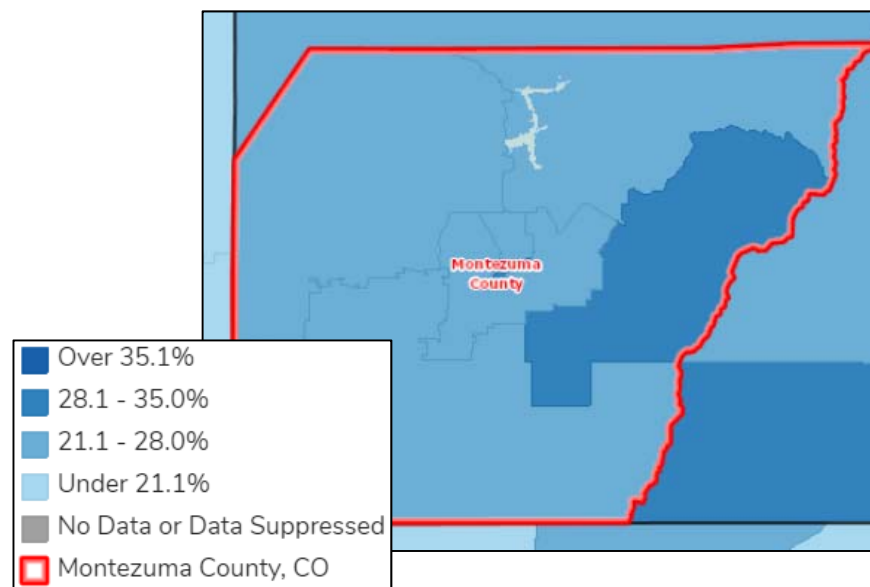
Housing

- Montezuma County (27.3%) has a lower percentage of the households (both owned and rented) where housing costs exceed 30% of total household income as compared to the state (32.2%) and the nation (32.0%) (2013-2017).
- The majority of households where housing costs exceed 30% of total household income are located within the 9691 census tract (2013-2017).

Percentage of Households where Housing Costs Exceed 30% of Income



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.



HEALTH DATA OVERVIEW

Health Status

Data Methodology

- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
 - Colorado Department of Public Health and Environment
 - Colorado Cancer Registry
 - Small Area Health Insurance Estimates (SAHIE)
 - CARES Engagement Network
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
 - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
 - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - United States Census Bureau
- **Data Levels:** Nationwide, state, and county level data

Health Status

County Health Rankings & Roadmaps - Montezuma County, Colorado

- The County Health Rankings rank 60 counties in Colorado (1 being the best, 60 being the worst).
- Many factors go into these rankings. A few examples include:
 - Physical Environment:
 - Air pollution – particulate matter
 - Drinking water violations
 - Severe housing problems
 - Driving alone to work
 - Health Behaviors:
 - Adult smoking
 - Adult obesity
 - Sexually transmitted infections
 - Teen births

2019 County Health Rankings	Montezuma County
Health Outcomes	50
LENGTH OF LIFE	52
QUALITY OF LIFE	50
Health Factors	54
HEALTH BEHAVIORS	56
CLINICAL CARE	40
SOCIAL & ECONOMIC FACTORS	52
PHYSICAL ENVIRONMENT	20

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed June 21, 2019.
 Note: Please see the appendix for full methodology.
 Note: County Health Rankings ranks 60 of the 64 counties in Colorado.

Health Status

Mortality – Leading Causes of Death (2018)






























Rank	Montezuma County	Colorado
1	Malignant Neoplasms	Malignant neoplasms
2	Heart Disease	Heart Disease
3	Chronic Liver Disease and Cirrhosis	Accidents
4	Accidents	Chronic lower respiratory diseases
5	Suicide	Cerebrovascular diseases
6	Diabetes Mellitus	Alzheimer's disease
7	Chronic Lower Respiratory Diseases	Suicide
8	Cerebrovascular Disease	Diabetes mellitus
9	Alzheimer's Disease	Chronic liver disease and cirrhosis
10	Nephritis, Nephrosis, Nephrotic Syndrome	Pneumonia and Influenza





Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.

Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups.. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Leading Causes of Death Rates (2018)

Mortality Category	Montezuma County		Colorado	
	2018 Rate	3Yr. Change	2018 Rate	3Yr. Change
Malignant Neoplasms	 136.2		126.2	
Heart Disease	 111.7		121.8	
Chronic Liver Disease and Cirrhosis	 60.9		13.1	
Accidents	 58.7		51.2	
Suicide	 46.0		21.6	
Diabetes Mellitus	 40.4		15.8	
Chronic Lower Respiratory Diseases	 36.3		43.3	
Cerebrovascular Disease	 30.1		34.0	
Alzheimer's Disease	 14.3		28.9	
Nephritis, Nephrosis, Nephrotic Syndrome	 13.9	-	7.8	

-  indicates that the county's rate is lower than the state's rate for that disease category.
-  indicates that the county's rate is higher than the state's rate for that disease category.
-  indicates that the rate is trending downwards.
-  indicates that the rate is trending upwards.

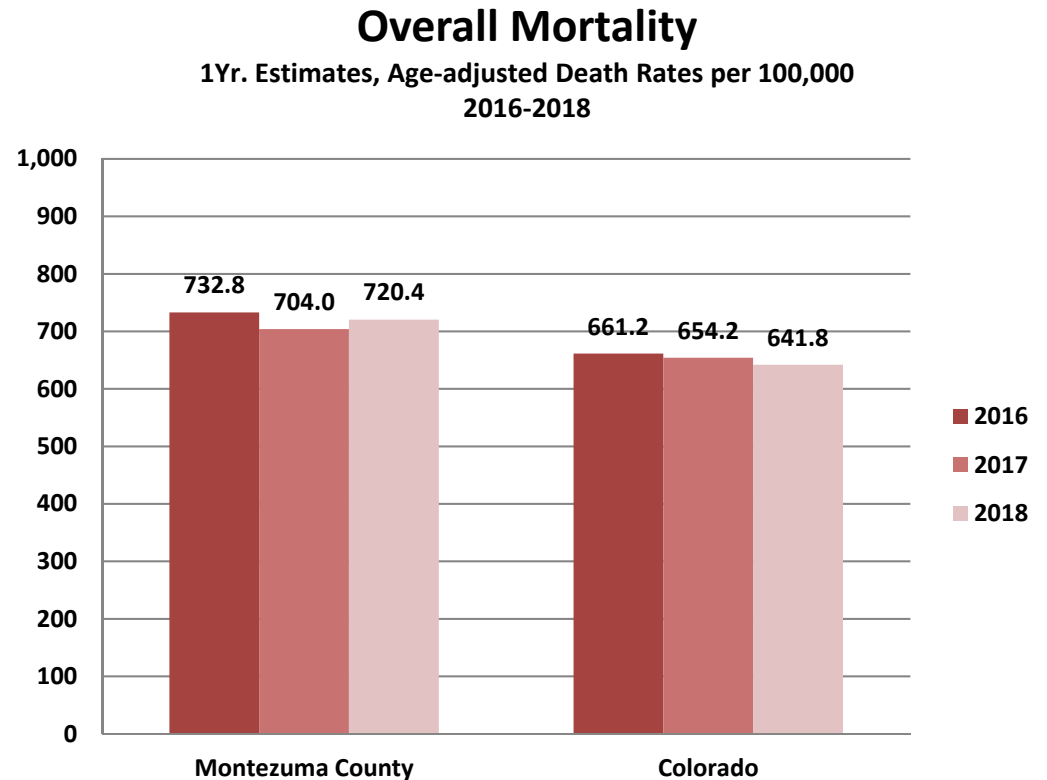
Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.

Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups.. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Overall

- Overall mortality rates in Montezuma County and Colorado decreased between 2016 and 2018.
- In 2018, the overall mortality rate in Montezuma County (720.4 per 100,000) was higher than the state (641.8 per 100,000).



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	260	732.8	269	704.0	267	720.4
Colorado	37,488	661.2	37,996	654.2	38,451	641.8

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

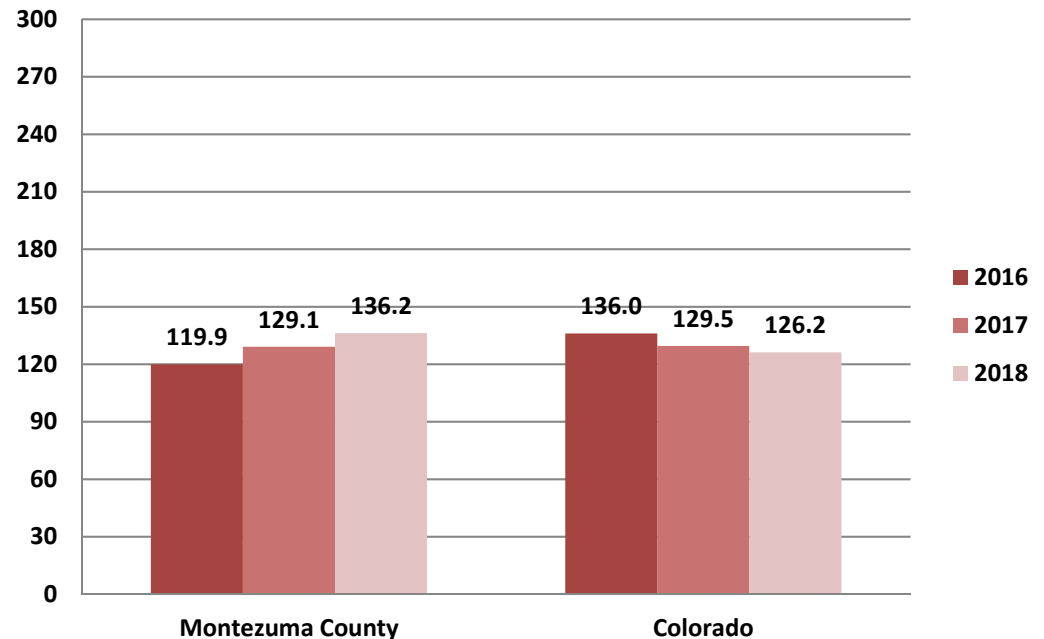
Health Status

Mortality – Malignant Neoplasms

- Cancer is the leading cause of death in Montezuma County and the state (2018).
- Between 2016 and 2018, cancer mortality rates increased in Montezuma County and decreased in the state.
- In 2018, the cancer mortality rate in Montezuma County (136.2 per 100,000) was higher than the state rate (126.2 per 100,000).

Malignant Neoplasms (Cancer)

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	46	119.9	53	129.1	53	136.2
Colorado	7,926	136.0	7,812	129.5	7,804	126.2

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.

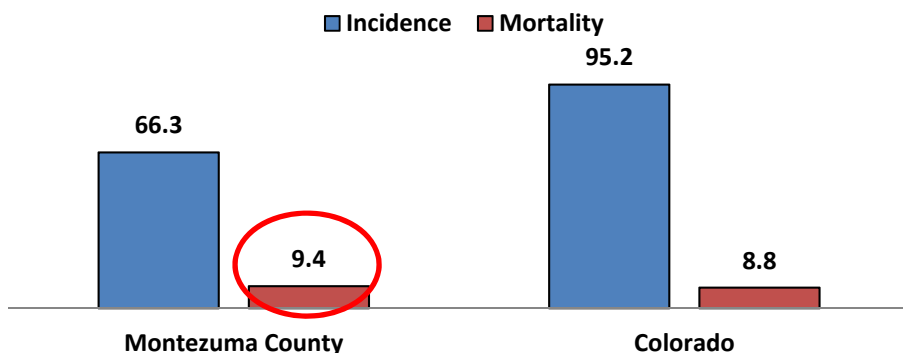
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Cancer Incidence & Mortality by Type

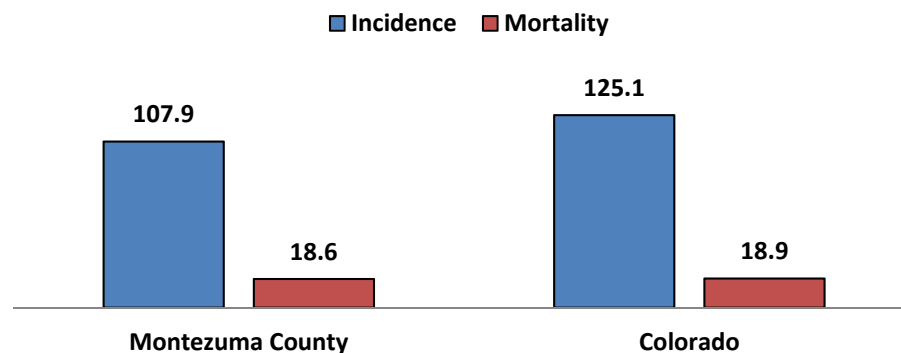
Prostate

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016



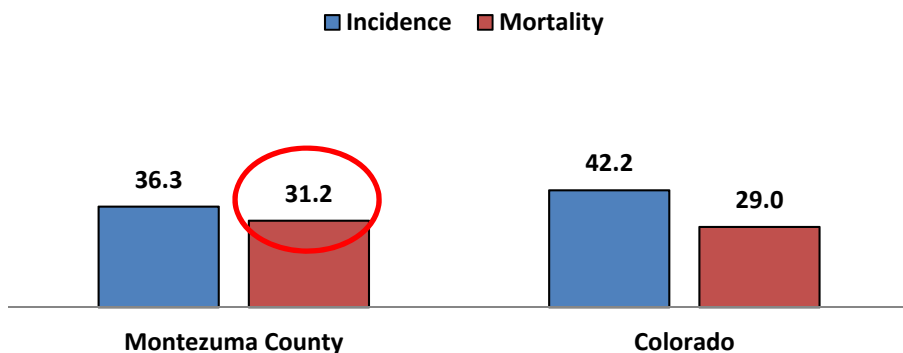
Breast Cancer (Female)

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016



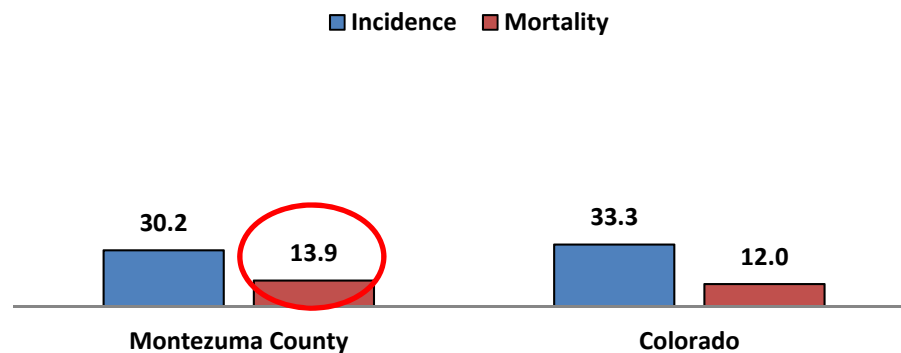
Lung & Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016



Colon & Rectum

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016



Source: Colorado Central Cancer Registry, Cancer Incidence and Mortality Rates by Site and County, information received June 27, 2019.
Note: Rates are per 100,000 population and are age-adjusted to the 2000 US population.

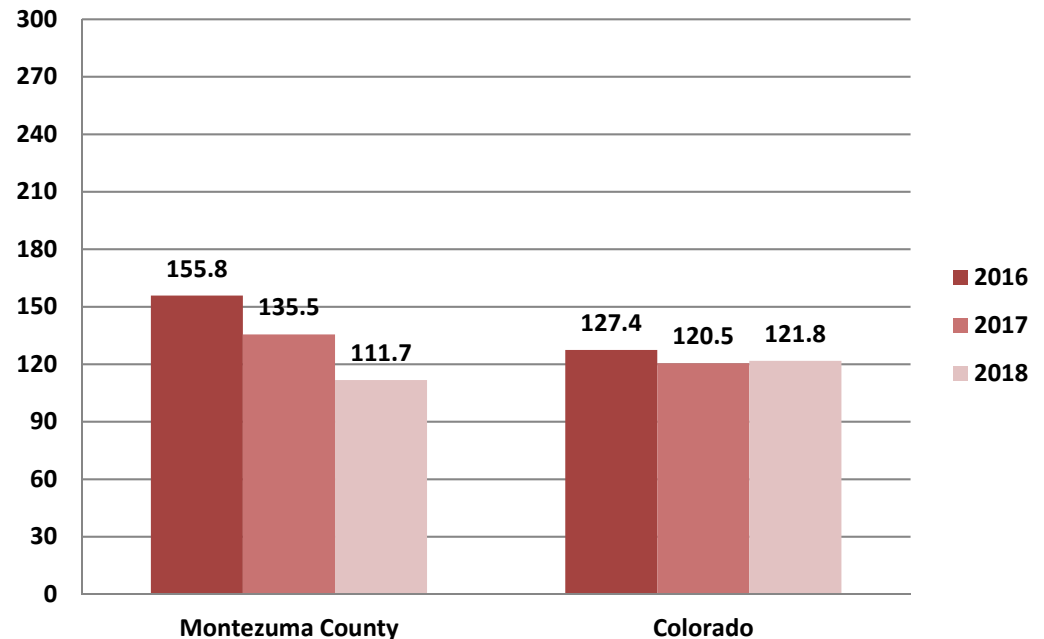
Health Status

Mortality – Diseases of the Heart

- Heart disease is the second leading cause of death in Montezuma County and the state (2018).
- Between 2016 and 2018, heart disease mortality rates in Montezuma County and the state overall decreased.
- In 2018, the heart disease mortality rate in Montezuma County (111.7 per 100,000) was lower than the state rate (121.8 per 100,000).

Diseases of Heart

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	59	155.8	52	135.5	47	111.7
Colorado	7,243	127.4	7,035	120.5	7,336	121.8

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

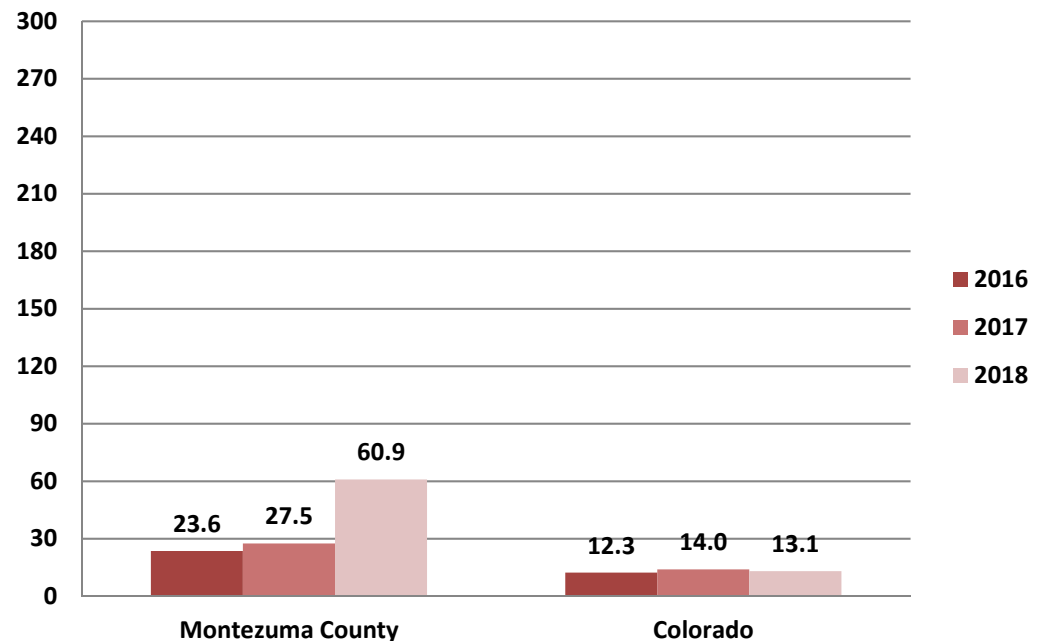
Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the third leading cause of death in Montezuma County and the ninth leading cause of death in the state (2018).
- Between 2016 and 2018, chronic liver disease and cirrhosis mortality rates overall increased in Montezuma County and the state.
- In 2018, the chronic liver disease and cirrhosis mortality rate in Montezuma County (60.9 per 100,000) was higher than the state rate (13.1 per 100,000).

Chronic Liver Disease and Cirrhosis

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	5	23.6	8	27.5	16	60.9
Colorado	747	12.3	864	14.0	830	13.1

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

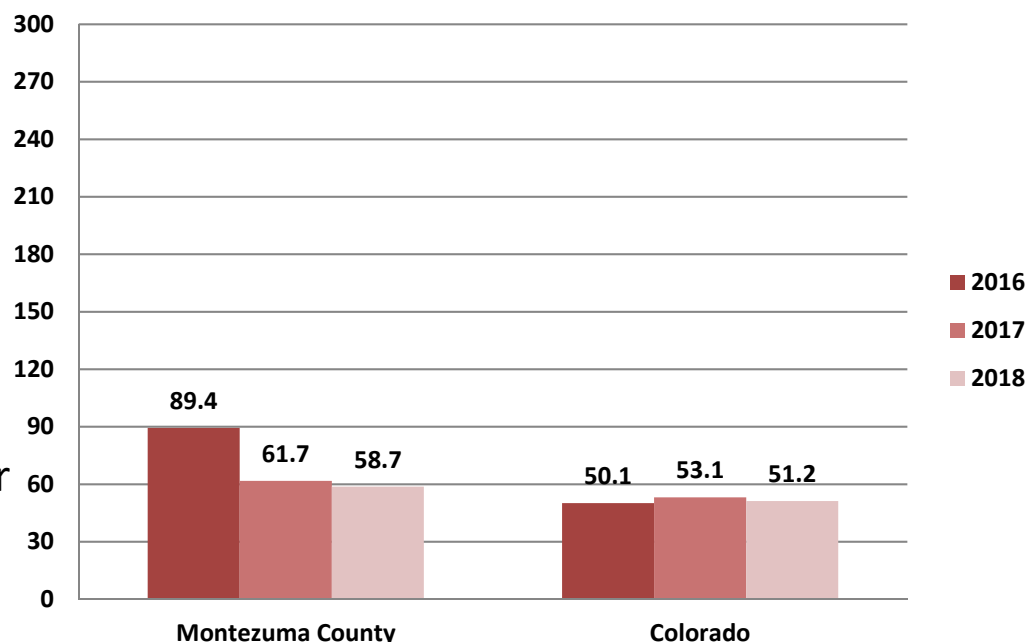
Health Status

Mortality – Accidents

- Fatal accidents are the fourth leading cause of death in Montezuma County and the third leading cause of death in the state (2018).
- Between 2016 and 2018, accident mortality rates decreased in Montezuma County and slightly increased in the state.
- In 2018, the fatal accident rate in Montezuma County (58.7 per 100,000) was higher than the state rate (51.2 per 100,000).
- The leading cause of fatal accidents in Montezuma County is due to other unintentional injuries (accidental overdoses, falls, drownings, burns and a variety of other types of injury that are not motor vehicle-related) (2018).

Accidents (Unintentional Injuries)

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	24	89.4	20	61.7	20	58.7
Colorado	2,838	50.1	3,029	53.1	3,006	51.2

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.

Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

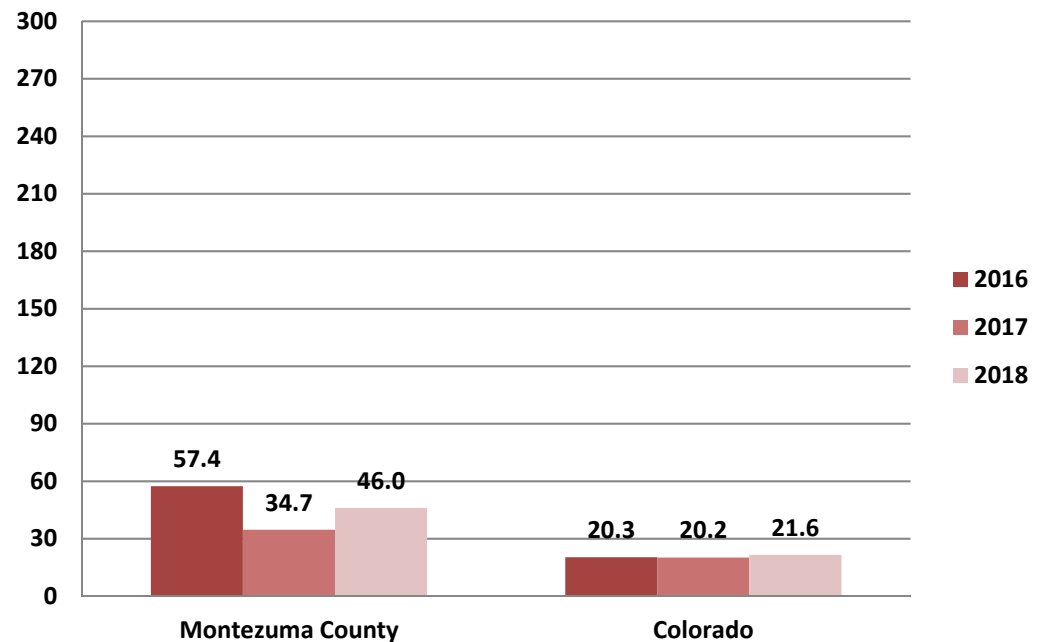


Health Status

Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the fifth leading cause of death in Montezuma County and the seventh leading cause of death in the state (2018).
- Between 2016 and 2018, suicide mortality rates overall decreased in Montezuma County and slightly increased in the state.
- In 2018, the suicide mortality rate in Montezuma County (46.0 per 100,000) was higher than the state (21.6 per 100,000).

Intentional Self-Harm (Suicide)
1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	15	57.4	9	34.7	13	46.0
Colorado	1,156	20.3	1,175	20.2	1,271	21.6

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups.. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

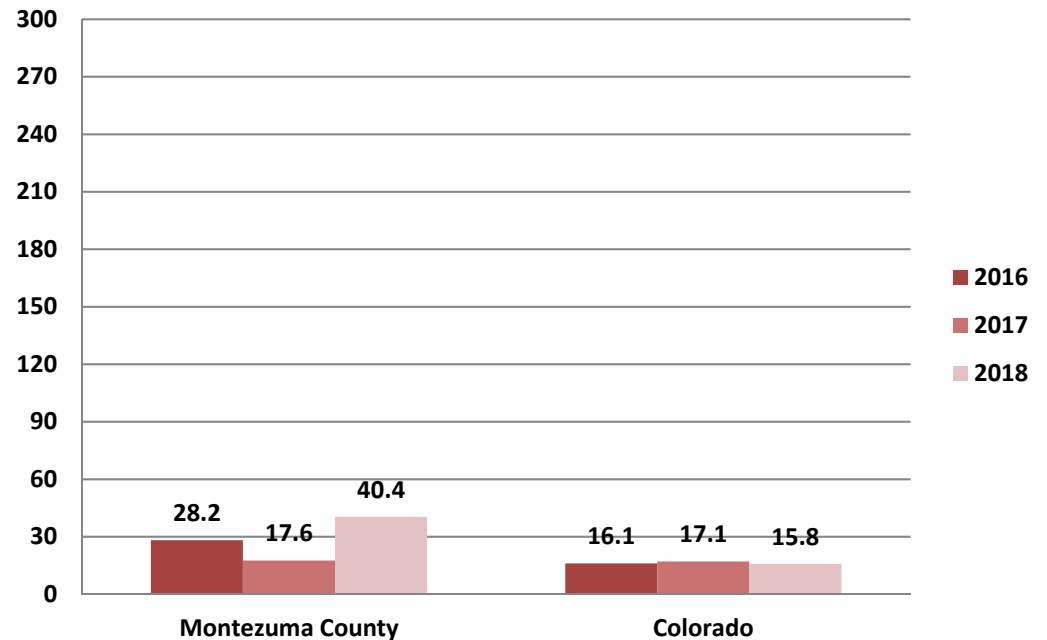
Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the sixth leading cause of death in Montezuma County and the eighth leading cause of death in the state (2018).
- Between 2016 and 2018, diabetes mortality rates overall increased in Montezuma County and remained steady in the state.
- In 2018, the diabetes mortality rate in Montezuma County (40.4 per 100,000) was higher than the state rate (15.8 per 100,000).

Diabetes Mellitus

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	11	28.2	8	17.6	15	40.4
Colorado	937	16.1	1,017	17.1	970	15.8

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.

Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

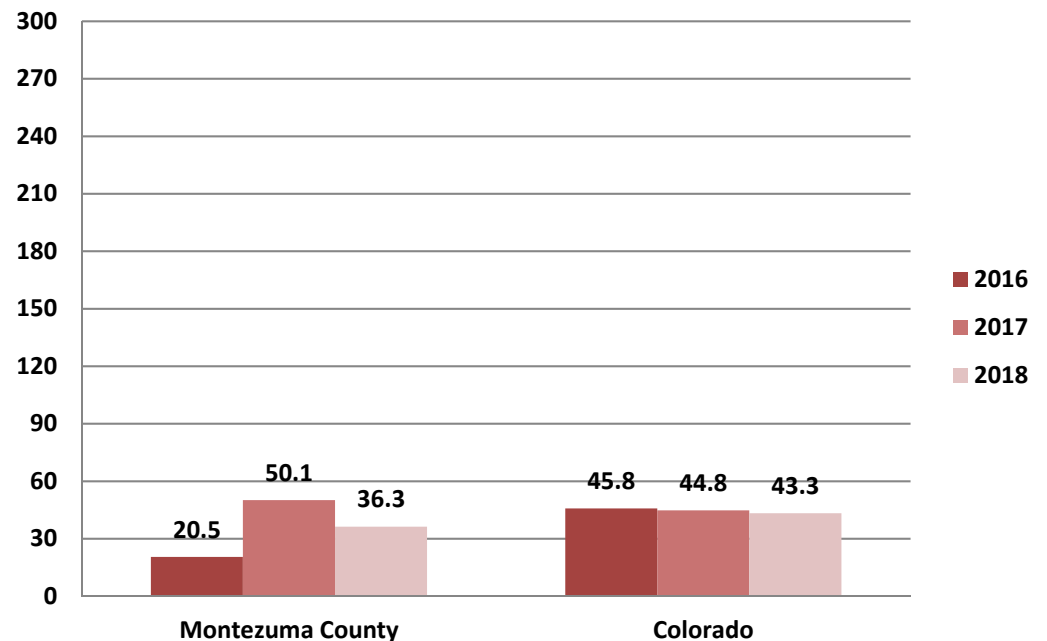
Health Status

Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the seventh leading cause of death in Montezuma County and the fourth leading cause of death in the state (2018).
- Between 2016 and 2018, CLRD mortality rates in Montezuma County increased, while rates in the state decreased.
- In 2018, the CLRD mortality rate in Montezuma County (36.3 per 100,000) was lower than the state rate (43.3 per 100,000).

Chronic Lower Respiratory Diseases

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	8	20.5	21	50.1	15	36.3
Colorado	2,573	45.8	2,598	44.8	2,630	43.3

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.

Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

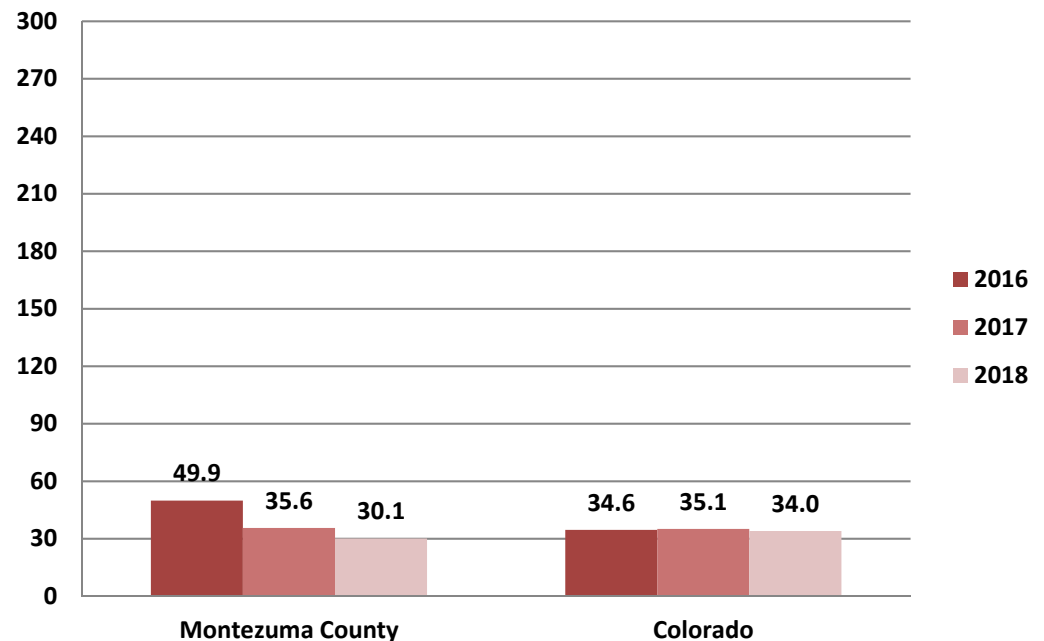
Health Status

Mortality – Cerebrovascular Disease

- Cerebrovascular disease is the eighth leading cause of death in Montezuma County and the fifth leading cause of death in the state (2018).
- Between 2016 and 2018, cerebrovascular disease mortality rates decreased in Montezuma County decreased while rates in the state remained steady.
- In 2018, the cerebrovascular disease mortality rate in Montezuma County (30.1 per 100,000) was slightly lower than the state rate (34.0 per 100,000).

Cerebrovascular Diseases

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



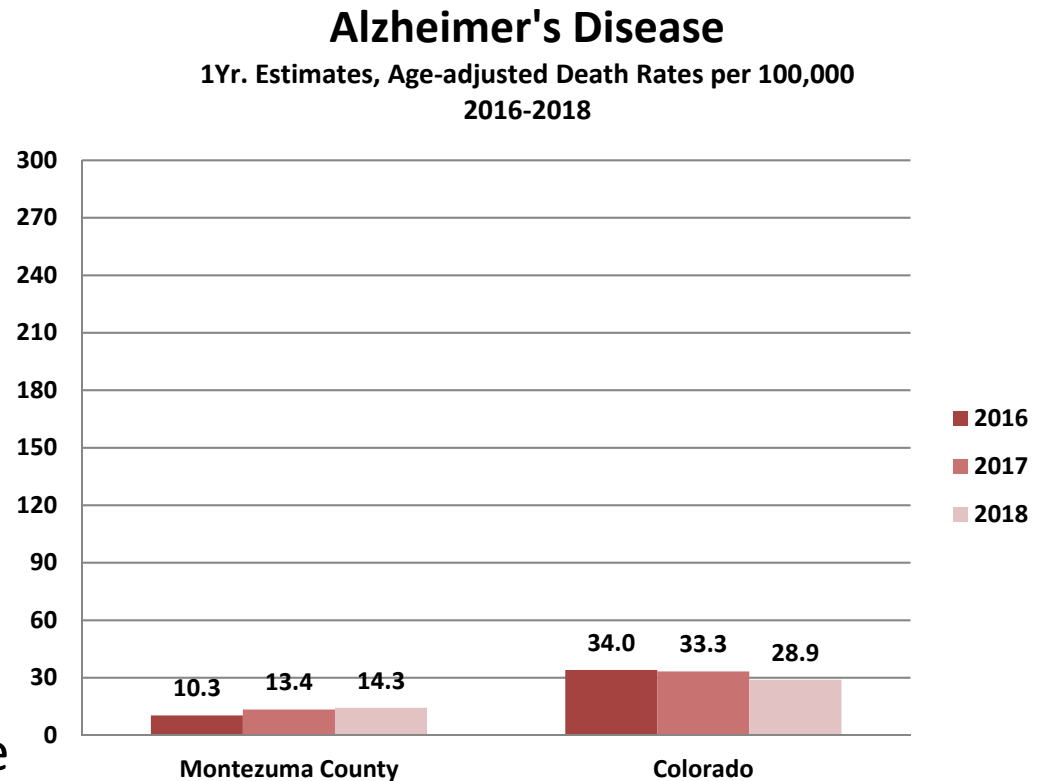
LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	19	49.9	14	35.6	12	30.1
Colorado	1,925	34.6	1,980	35.1	1,992	34.0

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the ninth leading cause of death in Montezuma County and the sixth leading cause of death in the state (2018).
- Between 2016 and 2018, Alzheimer’s disease mortality rates increased in Montezuma County and decreased in the state.
- In 2018, the Alzheimer’s disease mortality rate in Montezuma County (14.3 per 100,000) was lower than the rate in the state (28.9 per 100,000).



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	4	10.3	6	13.4	6	14.3
Colorado	1,835	34.0	1,829	33.3	1,646	28.9

Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

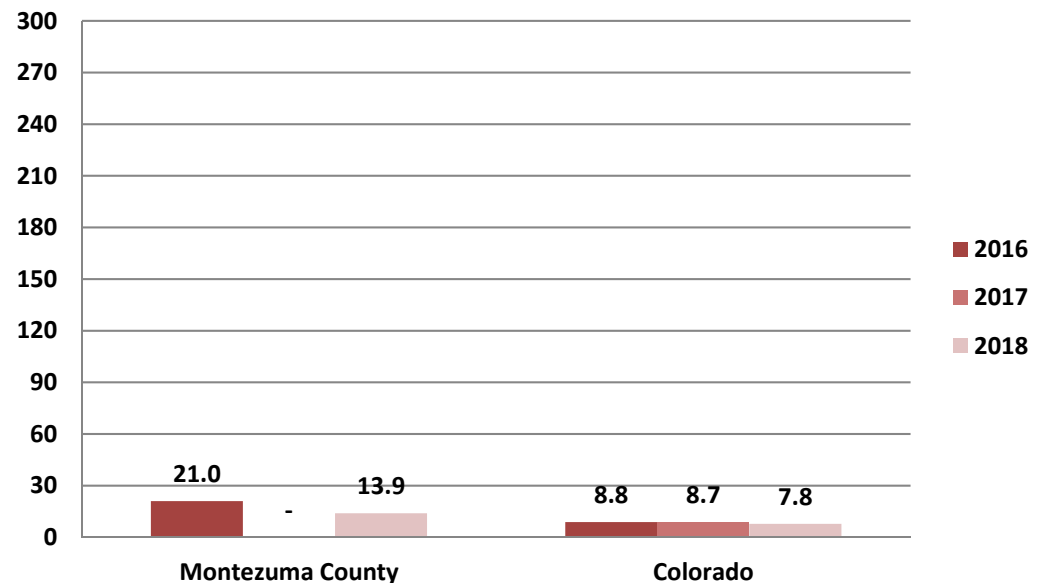
Health Status

Mortality – Nephritis, Nephrosis, Nephrotic Syndrome

- Nephritis, nephrosis and nephrotic syndrome is the tenth leading cause of death in Montezuma County and is not a leading cause of death in the state (2018).
- Between 2016 and 2018, nephritis, nephrosis and nephrotic syndrome mortality rates slightly decreased in the state.
- In 2018, the nephritis, nephrosis and nephrotic syndrome mortality rate in Montezuma County (13.9 per 100,000) was higher than the rate in the state (7.8 per 100,000).

Nephritis, Nephrosis, Nephrotic Syndrome

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2016-2018



LOCATION	2016		2017		2018	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Montezuma County	8	21.0	-	-	6	13.9
Colorado	493	8.8	502	8.7	469	7.8

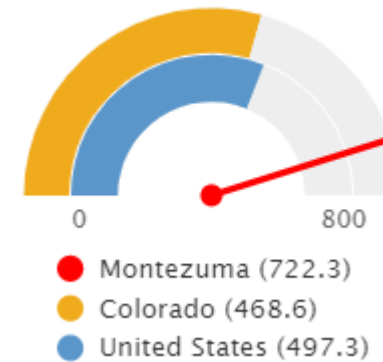
Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received June 27, 2019.
Note: Age-adjusted rates are adjusted to the 2000 U.S. population using the direct method applied to 10-year age groups. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Communicable Diseases – Chlamydia

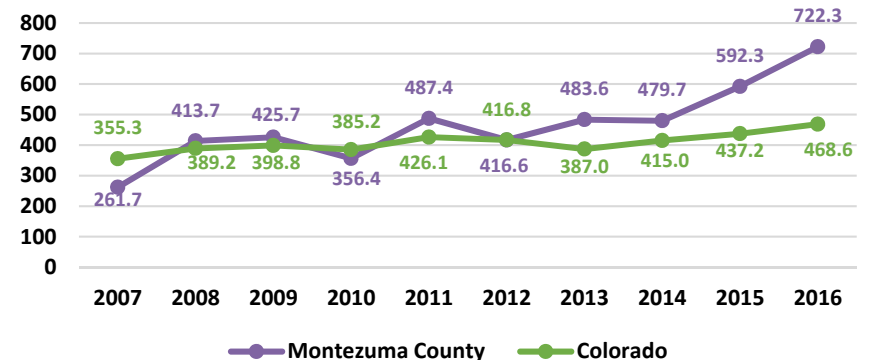
- Montezuma County (722.3 per 100,000) had a higher incidence rate of chlamydia cases per 100,000 population than the state (468.6 per 100,000) and the nation (497.3 per 100,000) (2016).
- Between 2007 and 2016, chlamydia infection rates overall increased in both Montezuma County and the state.
- Montezuma County maintained a higher chlamydia rate than the state for the majority of years between 2007 and 2016.

Chlamydia Infection Rate
(Per 100,000 Pop.)



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Chlamydia Infection Rate by Year
Rates per 100,000
2007-2016

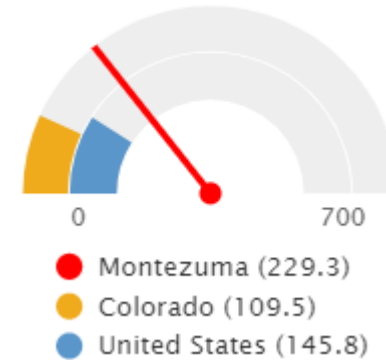


Health Status

Communicable Diseases – Gonorrhea

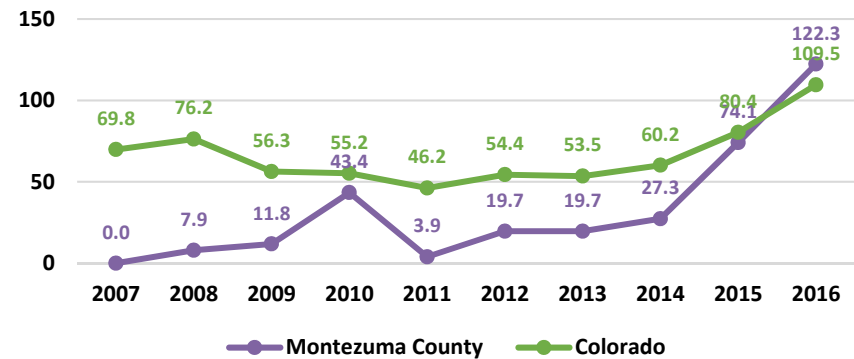
- Montezuma County (229.3 per 100,000) had a higher rate of gonorrhea infection than the state (109.5 per 100,000) and the nation (145.8 per 100,000) (2016).
- Between 2007 and 2016, gonorrhea infection rates overall increased in Montezuma County and the state.
- Montezuma County has maintained a lower gonorrhea infection than the state until 2016 (2007-2016).

Gonorrhea Infection Rate
(Per 100,000 Pop.)



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

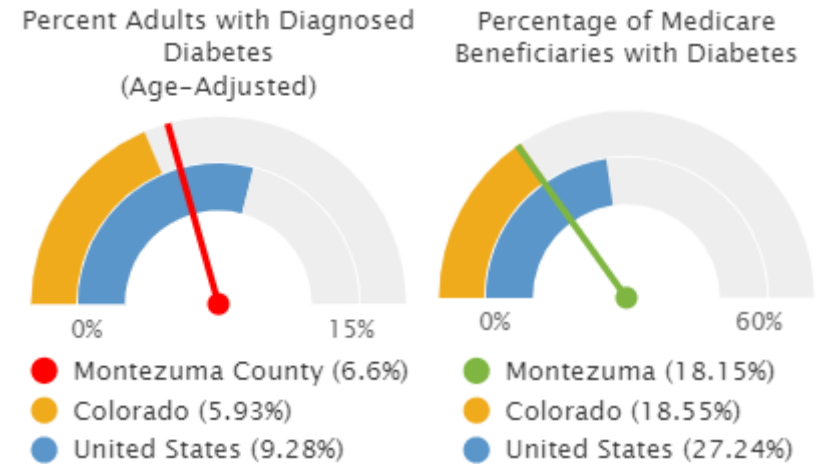
Gonorrhea Infection Rate by Year
Rates per 100,000
2007-2016



Health Status

Chronic Conditions – Diabetes

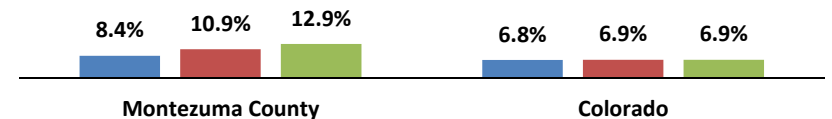
- In 2015, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Montezuma County (6.6%) was higher than the state rate (5.9%) and lower than the national rate (9.3%).
- In 2017, the percentage of Medicare Beneficiaries with diabetes in Montezuma County (18.2%) was consistent with the state rate (18.6%) and lower than the national rate (27.2%).
- Between 2013 and 2017, diabetes prevalence rates in adults (age 18+) in Montezuma County increased, while rates in the state remained relatively stable.
- In 2015-2017, Montezuma County (12.9%) had a higher percentage of adults (age 18+) who had ever been diagnosed with diabetes than the state (6.9%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Diabetes Percentage, Adults (age 18+) 2013-2017

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



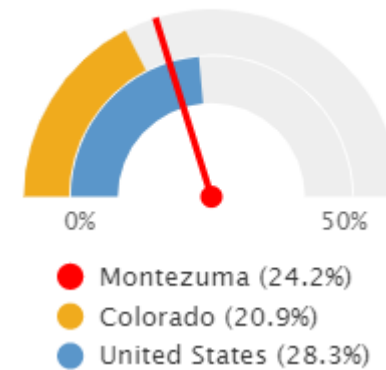
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.
 Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
 Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?

Health Status

Chronic Conditions – Obesity

- In 2015, Montezuma County (24.2%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (20.9%) and a lower rate than the nation (28.3%).
- Between 2013 and 2017, obesity prevalence rates in adults (age 18+) in Montezuma County and the state increased.
- In 2015-2017, Montezuma County (29.4%) had a higher percentage of obese adults (age 18+) than the state (21.7%).

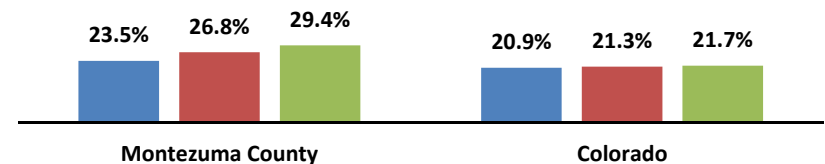
Percentage of Adults Obese



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Obesity
Percentage, Adults (age 18+)
2013-2017

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



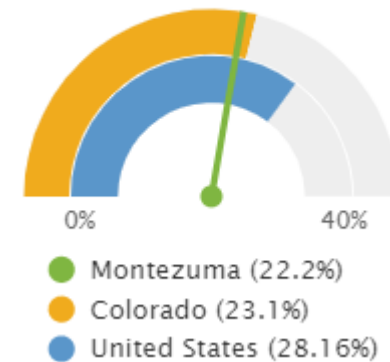
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.
Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.

Health Status

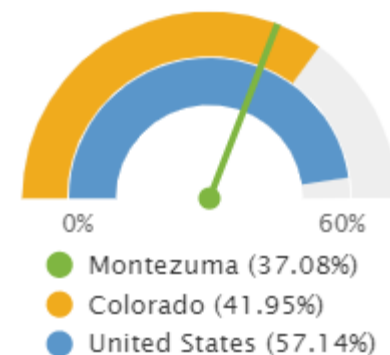
High Blood Pressure

- Montezuma County (22.2%) has a slightly lower percentage of adults (age 18+) with high blood pressure or hypertension than the state (23.1%) and a lower rate than the nation (28.2%) (2006-2012).
- Montezuma County (37.1%) has a lower rate of Medicare fee-for-service residents with hypertension than the state (42.0%) and the nation (57.1%) (2017).

Percent Adults with High Blood Pressure



Percentage of Medicare Beneficiaries with High Blood Pressure

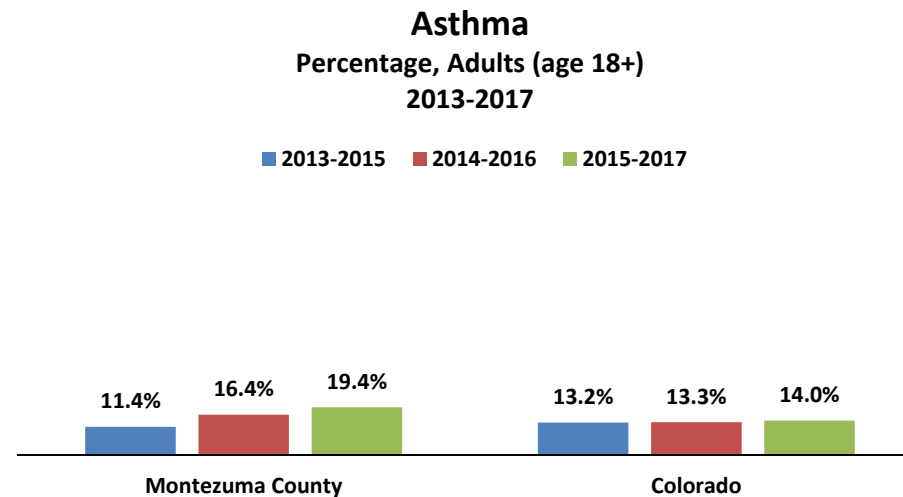


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Chronic Conditions – Asthma

- Between 2013 and 2017, asthma prevalence rates in adults (age 18+) in Montezuma County and the state increased.
- In 2015-2017, Montezuma County (19.4%) had a higher percentage of adults (age 18+) ever diagnosed with asthma than the state (14.0%).

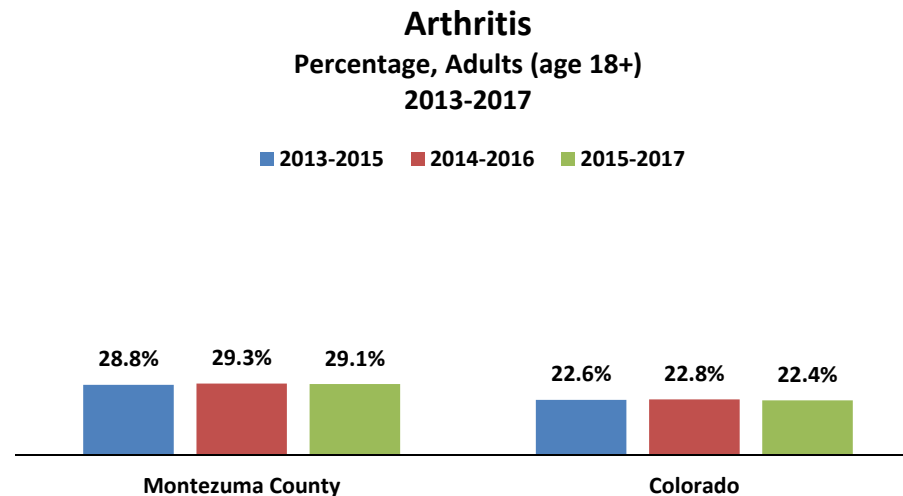


Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?

Health Status

Chronic Conditions – Arthritis

- Between 2013 and 2017, arthritis prevalence rates in adults (age 18+) in Montezuma County and the state remained relatively stable.
- In 2015-2017, Montezuma County (29.1%) had a higher percentage of adults (age 18+) ever diagnosed with arthritis than the state (22.4%).



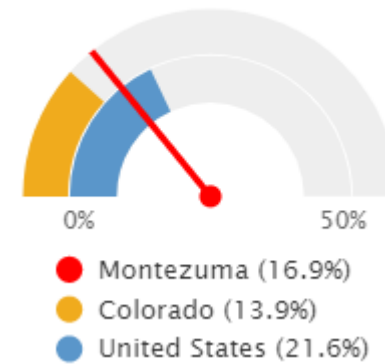
Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Health Status

Health Behaviors – Physical Inactivity

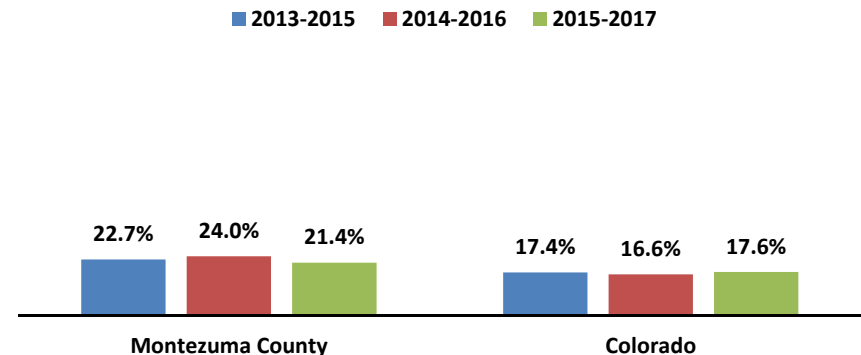
- In 2015, the percent of the adult population (age 20+) in Montezuma County (16.9%) that self-reported no leisure time for physical activity was higher than the state rate (13.9%) and lower than the national rate (21.6%).
- The percent of adults (age 18+) that did not participate in leisure time physical activity in Montezuma County overall decreased between 2013 and 2017, while rates in the state remained steady.
- In 2015-2017, the percentage of adults (age 18+) that did not participate in physical activity in Montezuma County (21.4%) was higher than the state (17.6%).

Percent Population with no Leisure Time Physical Activity



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

No Leisure Time Physical Activity Percentage, Adults (age 18+) 2015-2017

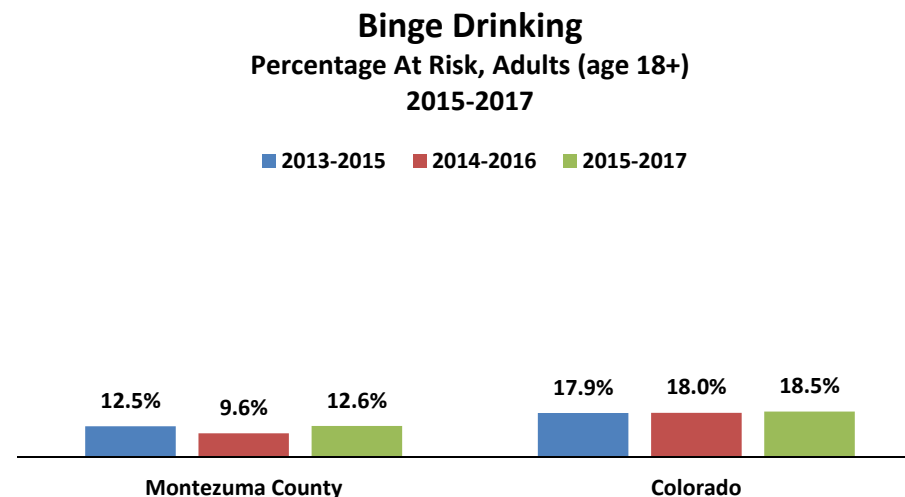


Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.
 Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
 Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

Health Status

Health Behaviors – Binge Drinking

- Between 2013 and 2017, the percentage of adults (age 18+) at risk of binge drinking in Montezuma County remained relatively stable, while rates in the state overall increased.
- In 2015-2017, Montezuma County (12.6%) had a lower percentage of adults (age 18+) at risk of binge drinking than the state (18.5%).



Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.

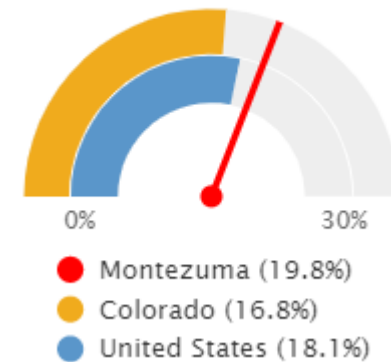
Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as “at risk” for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.

Health Status

Health Behaviors – Smoking

- The percent of the adult (age 18+) population in Montezuma County (19.8%) that self-reported currently smoking cigarettes some days or every day was higher than the state rate (16.8%) and national rate (18.1%) (2006-2012).
- Between 2013 and 2017, the percent of adults (age 18+) that self-reported smoking every day in Montezuma County remained stable, while rates in the state slightly decreased.
- In 2015-2017, the prevalence of every day smokers in Montezuma County (8.2%) was slightly lower than the state (10.1%).

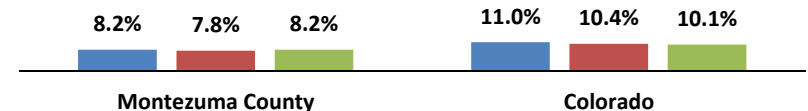
Percentage of Adults Smoking Cigarettes



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Smoking - Daily
Percentage, Adults (age 18+)
2013-2017

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.

Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.

Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? (Respondents that reported smoking 'Every Day' are included in this chart)

Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

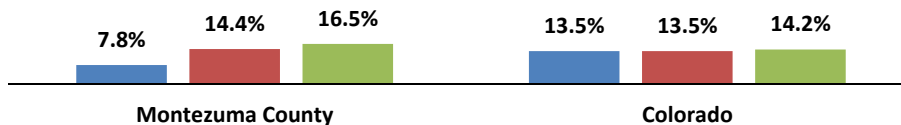
Health Status

Health Behaviors – Smoking (continued)

- Between 2013 and 2017, the percentage of adults (age 18+) currently using marijuana in Montezuma County and the state overall increased.
- In 2015-2017, Montezuma County (16.5%) had a higher percentage of adults (age 18+) currently using marijuana than the state (14.2%).
- In 2016-2017, Montezuma County (2.7%) had a lower percentage of adults (age 18+) currently using electronic vapor products than the state (5.3%).

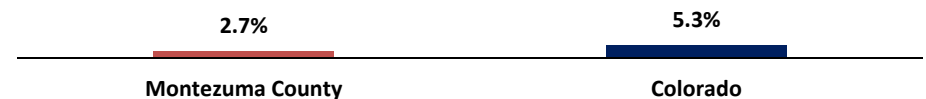
Current Marijuana Use
Percentage, Adults (age 18+)
2013-2017

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



Current Electronic Vapor Product Use
Percentage, Adults (age 18+)
2016-2017

■ Montezuma County ■ Colorado



Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
Definition: Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
Definition: Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

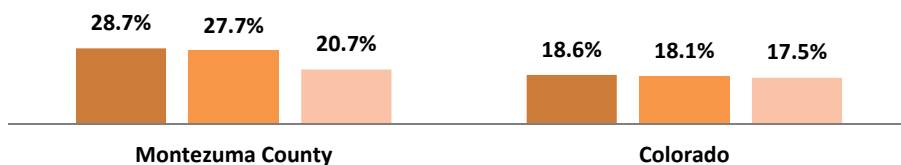
Health Status

Maternal & Child Health Indicators

Prenatal Care Later Than 1st Trimester/No Care

Percent
2016-2018

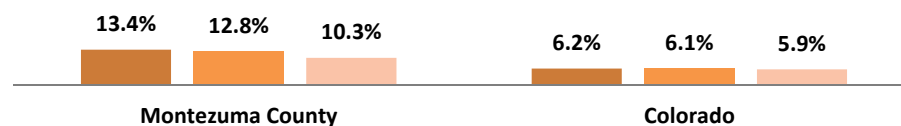
■ 2016 ■ 2017 ■ 2018



Smoking During Pregnancy

Percent
2016-2018

■ 2016 ■ 2017 ■ 2018



Low Weight Births (<2,500 Grams)

Percent
2016-2018

■ 2016 ■ 2017 ■ 2018



Teen (age 15-17) Births

Percent
2016-2018

■ 2016 ■ 2017 ■ 2018



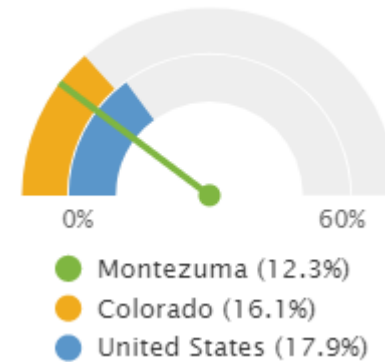
Source: Colorado Department of Health and Human Services, Birth and Death Summary Tables 2018, information received August 11, 2019.

Health Status

Mental Health – Depressive Disorders

- In 2017, the percentage of Medicare Beneficiaries in Montezuma County (12.3%) with depression was lower than the state (16.1%) and national rates (17.9%).
- Between 2013 and 2017, the rate of adults (age 18+) ever diagnosed with a depressive disorder in Montezuma County increased while rates in the state remained steady.
- In 2015-2017, Montezuma County (18.5%) had a consistent percentage of adults (age 18+) ever diagnosed with a depressive disorder with the state (18.4%).

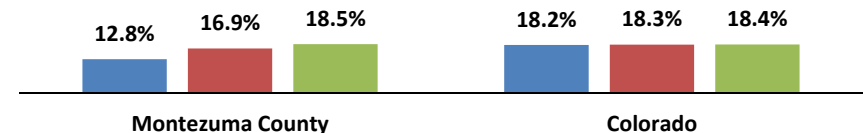
Percentage of Medicare Beneficiaries with Depression



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Depressive Disorders
Percentage, Adults (age 18+)
2013-2017

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



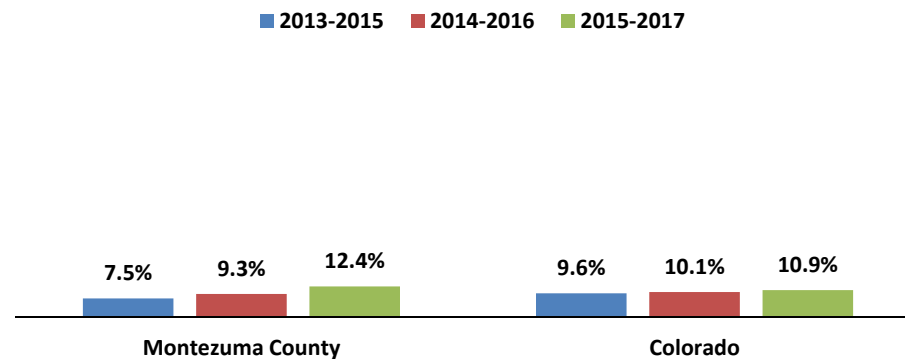
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.
 Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
 Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

Health Status

Mental Health – 14+ Days of Poor Mental Health

- Between 2013 and 2017, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in Montezuma County and the state increased.
- In 2015-2017, Montezuma County (12.4%) had a slightly higher percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (10.9%).

Days of Poor Mental Health - 14+
Percentage, Adults (age 18+)
2013-2017



Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
Definition: Days mental health not good - 14 days

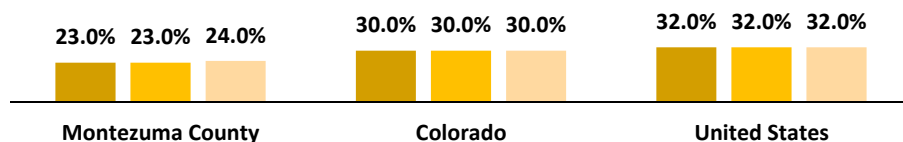
Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

Received Mammography Screening

Percent, Females (age 35+)
2015-2017

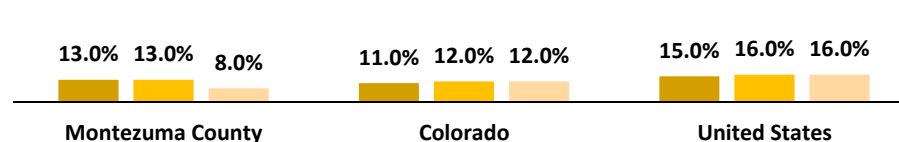
■ 2015 ■ 2016 ■ 2017



Received Prostate Cancer Screening

Percent, Males (age 50+)
2015-2017

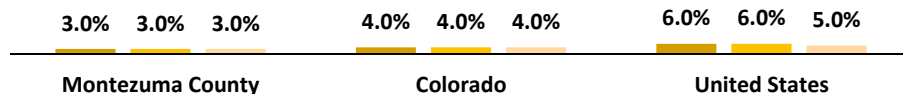
■ 2015 ■ 2016 ■ 2017



Received Pap Test Screening

Percent, Females (all ages)
2015-2017

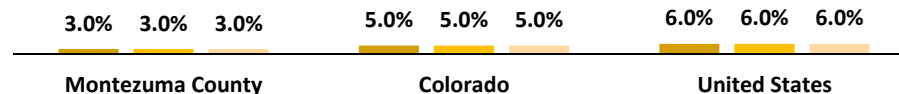
■ 2015 ■ 2016 ■ 2017



Received Colorectal Cancer Screening

Percent, Adults (age 50+)
2015-2017

■ 2015 ■ 2016 ■ 2017



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed June 21, 2019.

Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.

Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.

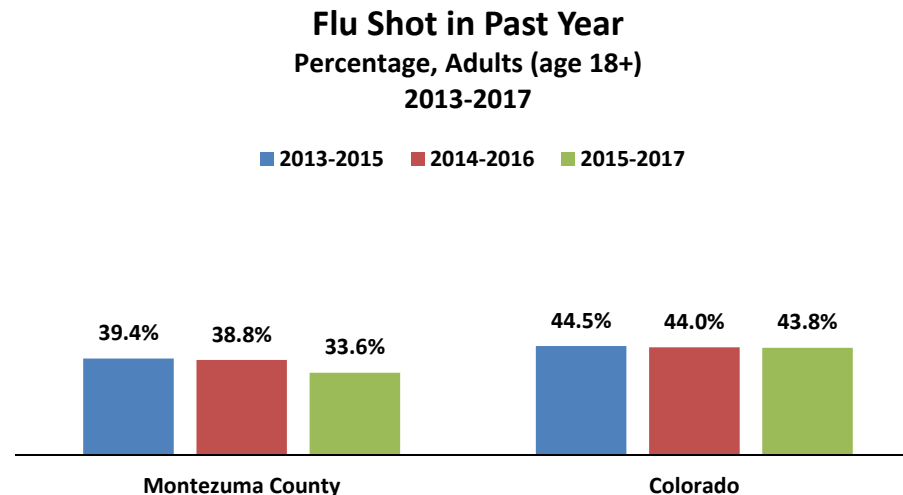
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.



Health Status

Preventive Care – Vaccinations

- Between 2013 and 2017, the percent of adults (age 18-64) that received a flu shot in Montezuma County and the state decreased.
- In 2015-2017, Montezuma County (33.6%) had a lower percentage of adults (age 18-64) that received a flu shot than the state (43.8%).

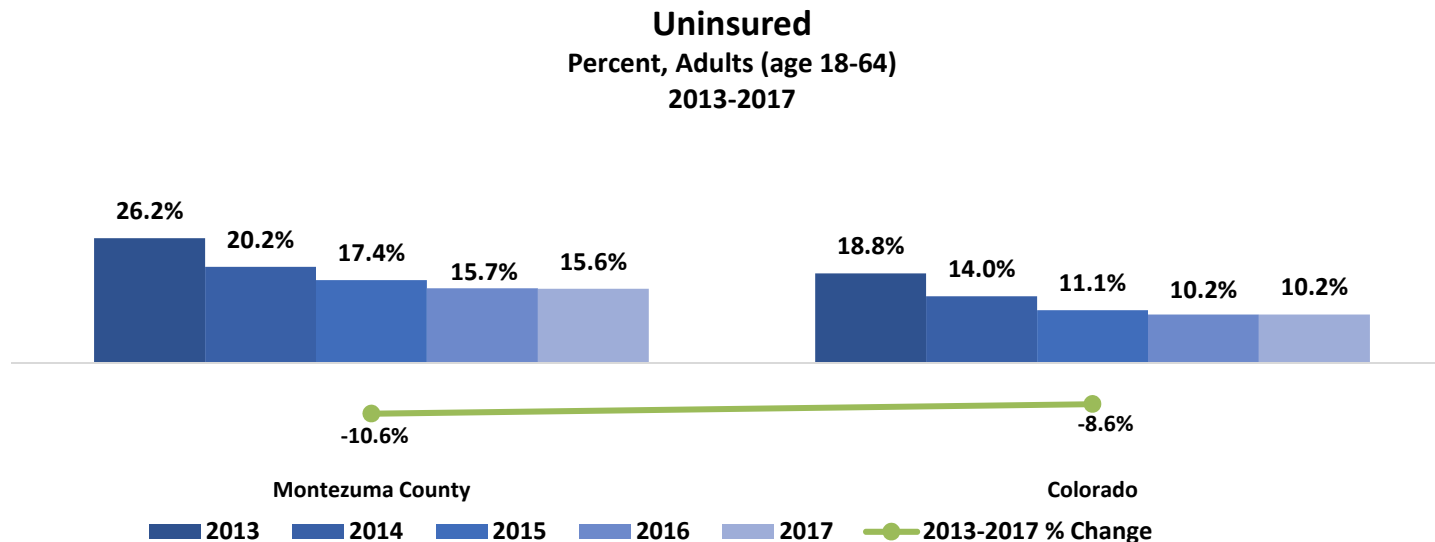


Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
Definition: Have you ever had a pneumonia shot? *ADULTS AGE 65+ YEARS*

Health Status

Health Care Access – Uninsured

- As of 2017, Montezuma County (15.6%) has a higher rate of uninsured adults (age 18-64) as compared to the state (10.2%).
- Montezuma County and the state experienced similar declines in the percentage of uninsured adults (age 18-64) between 2013 and 2017 (10.6% and 8.6%, respectively).

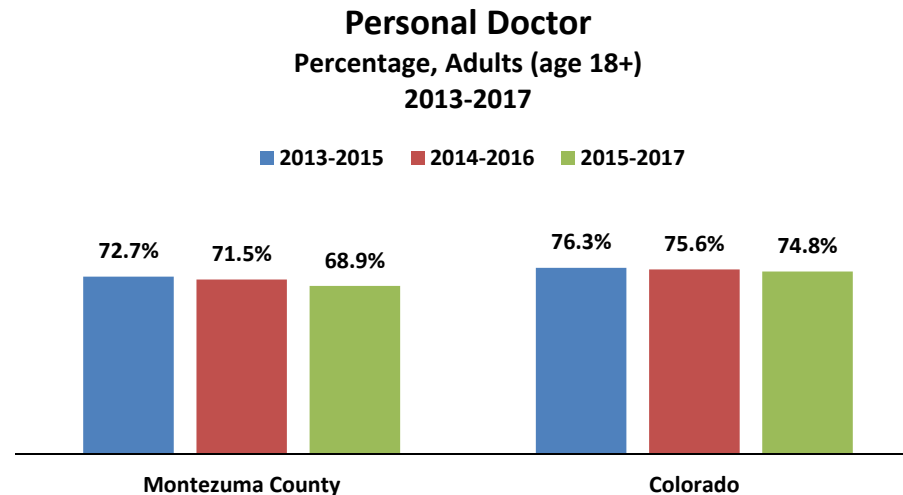


Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Montezuma County, CO. <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed June 21, 2019.

Health Status

Health Care Access –Personal Doctor

- Between 2013 and 2017, the percent of adults (age 18+) in Montezuma County and the state that reported having a personal doctor decreased.
- In 2015-2017, Montezuma County (68.9%) had a lower percentage of adults (age 18+) that had a personal doctor than the state (74.8%).



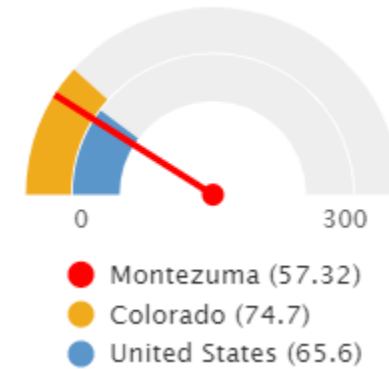
Source: Colorado Department of Public Health and Environment, Visual Information System for Identifying Opportunities and Needs (VISION) Tool, Data by County filtered for Montezuma County, CO, <https://www.colorado.gov/pacific/cdphe/vision-data-tool>; information accessed July 7, 2019.
Definition: Do you have one person you think of as your personal doctor or health care provider?

Health Status

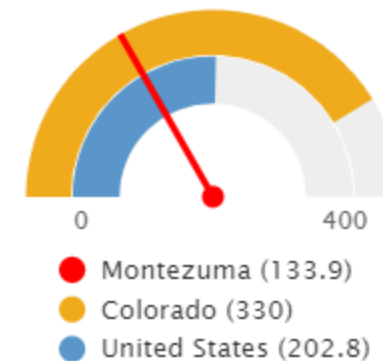
Health Care Access – Providers

- In a recently completed medical staff development plan conducted for SHS, data indicates a need for additional primary care providers within the community.
- In 2015, the rate of dental care providers per 100,000 population in Montezuma County (57.3 per 100,000) was lower than the state (74.7 per 100,000) and national rates (65.6 per 100,000).
- In 2017, the rate of mental health care providers per 100,000 population in Montezuma County (133.9 per 100,000) was lower than the state rate (330.0 per 100,000) and the national rate (202.8 per 100,000).

Dentists, Rate per 100,000 Pop.



Mental Health Care Provider Rate (Per 100,000 Population)



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

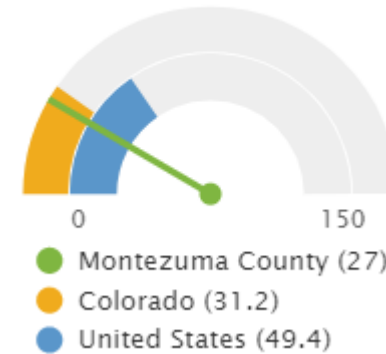
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.
Definition: All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.
Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

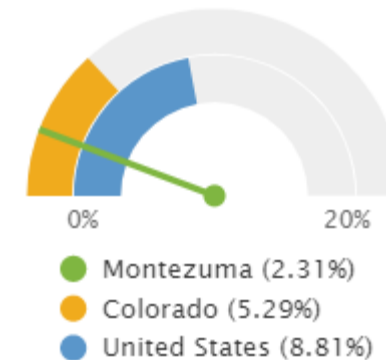
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2015, the rate of preventable hospital events in Montezuma County (27.0 per 1,000 Medicare Enrollees) was lower than the state (31.2 per 1,000) and the nation (49.4 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2013-2017, 2.3% of households in Montezuma County had no motor vehicle, as compared to 5.3% in Colorado and 8.8% in the nation.

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Percentage of Households with No Motor Vehicle



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://engagementnetwork.org/>; data accessed June 21, 2019.

Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.



COMMUNITY INPUT

Introduction

- In compliance with IRS regulations, tax-exempt hospital facilities are required to obtain community input within their community health needs assessment and implementation plan reports.
- Typically, CHC Consulting collects community input through one-on-one phone interviews with key informants in the defined study area.
- SHS is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing, and collected community input during a recent stakeholder meeting. Input from stakeholders is included within this section.

Overview

- SHS is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing
 - Five year reform initiative
 - Supplemental payments tied to:
 - Quality based initiatives
 - Meaningful community engagement
 - Improvements in healthcare outcomes
- HTP goals:
 1. Improve patient outcomes
 2. Improve delivery systems
 - Appropriate care, time, setting
 3. Reduce Colorado Medicaid Program
 4. Value based payments Increase effectiveness, efficiency in care delivery for hospitals
 5. Increase collaboration between hospitals and providers

Role & Priorities

- The role of Colorado hospitals:
 - Engage community partners
 - Recognize, address social determinants of health
 - Prevent avoidable hospital utilization
 - Ensure access to appropriate care, treatment
 - Improve patient outcomes
 - Ultimately reduce costs, contribute to reductions total cost of care
- Priorities:
 - High Utilizers of Emergency Department
 - Vulnerable Populations; pregnant women, low income, end of life
 - Individuals; Behavioral Health Conditions, Substance Use Disorders
 - Hospital Clinical and Operational Efficiencies
 - Community Development Efforts:
 - Address Population Health
 - Total Cost of Care

Hospital HTP Activities



Partner with organizations broad interests of community.

Develop action plan for engagement, formalize. Plan reflects key community organizations.

Host information-sharing, provide input, community needs and opportunities. Identify service gaps, resources.

Report to State, partners, public. Submit midpoint report and final progress and findings report to the State.

Work with partners to prioritize community needs, identify target populations, initiatives.

Community Input

- 23 stakeholders attended the community input meeting on May 13, 2019 at Southwest Health System
- Stakeholders assist in planning by:
 - Providing data/expertise
 - Providing information, connections
 - Providing ideas, support
- Discussed the health needs of the community, resources available/needed, opportunities, strengths and weaknesses
- Gathered background information on each interviewee

Stakeholder Information

- **Sara Barrett, LCSW:** Social Worker, Southwest Health System
- **Andy Brock:** Patrol Lieutenant, City of Cortez Police Department
- **James Candelaria:** Commissioner, Montezuma County Commissioner
- **Adrianna Cole:** Staff, AXIS Integrated Health
- **Nina Dattola:** Social Worker, Hospice of Montezuma County
- **Mary Dengler-Frey:** Regional Health Connector, Southwest Colorado Area Health Education Center
- **C. Kyle Gropp, Pharm.D., MBA:** Pharmacist, Ute Mountain Ute Health Center
- **Aaron Hankins, RN:** Case Manager, Rocky Mountain Health Plans
- **Rhonda Hatfield:** Financial Advisor, Southwest Health System
- **Joyce Humiston, RN:** Administrator, C&G Healthcare Management, Inc.
- **Laurie Knutson:** Executive Director, The Bridge Emergency Shelter
- **Karen Labonte:** Chief Nursing Officer, Southwest Health System
- **Bobbi Lock:** Director, Montezuma County Health Department
- **Gina Montoya:** Executive Director, Montezuma County Social Services
- **Steve Nowlin:** Sheriff, Montezuma County Sheriff Department
- **Travis Parker:** Chief Human Resources Officer, Southwest Health System
- **Megan Riddell:** Care Coordinator, Rocky Mountain Health Plans – Montezuma and Dolores Counties
- **Haley Leonard Saunders, MBA:** Director of Public Relations and Development, AXIS Integrated Health
- **Karen Sheek:** Mayor, City of Cortez
- **Carol Sloan:** Staff, C&G Healthcare Management, Inc.
- **Lee Ungnade, BSN, RN:** Quality/Risk Coordinator, Southwest Health System
- **Sheri Wilburn, RN:** Discharge Planner, Southwest Health System
- **Theresa Wilson:** Manager, The Bridge Emergency Shelter

Source: Southwest Health System, Hospital Transformation Project Community Meeting: May 13, 2019, information received June 18, 2019.

Stakeholder Characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

4.3%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

95.7%

Note: Interviewees may provide information for several required groups.

Community Meeting Summary

- The following topics were identified as key issues during the community meeting held on May 13, 2019:
 - Access to Care
 - Environmental & Infrastructural
 - Mental & Behavioral Health
 - Chronic Conditions

Access to Care

Strengths & Weaknesses

- Strengths

- People are connected to health insurance by local organizations
- Know our references
- ED availability
- WIC Van

- Weaknesses

- Medical clearance after 5:00 pm
- Better transitions for ED patients to care providers for follow-up
- Coordination with Indian Health Services
- There is currently no urgent care 24/7
- Walk-in clinic needs to be more efficient
- After hours care needs

Access to Care

Areas of Concern & Opportunities

- Areas of Concern

- **Orthopedics**

- Increasing need for more Orthopedists due to aging community (retiring Baby Boomers)

- **Respiratory Diseases**

- Limited depth in Respiratory specialists (1 in the county)

- **Cancer**

- Outmigration to Durango for oncology services
- SHS offers chemotherapy and other infusion treatments

- **Chronic Pain**

- Outmigration to Grand Junction for care
- Used to be a provider in the community
- Having a pain clinic here would cut down the number of ED visits

- Opportunities

- **Emergency**

- Improve front-end triage in ED

- **Walk-in Clinic**

- Reduce wait times in walk-in clinic
- Increased hours of operation for the walk-in clinic

- **Primary Care**

- Improved access to primary care providers
- Support/assistance on ways to connect high ED utilizers with primary care providers

- **Pain clinic**

Environmental & Infrastructural

Strengths & Weaknesses

- Strengths

- There are many resources
- Small size community – support, connections and relationships
- Volunteerism in the community
- Willingness of community members to meet to brainstorm/problem solve
- Community supports common sense ideas
- Positive/strength-based/resilience and perspectives
- Summer youth programs
- Piñon Project programs
- Indian Health Service (IHS)
- Southwest Center for Independence

- Weaknesses

- Provide transportation to/from provider/treatment appointments

Environmental & Infrastructural

Areas of Concern & Opportunities

- Areas of Concern

- Social Isolation
- Inability to perform self-care
- Lack of housing
- Lack of transportation
- Other
 - Social determinants of health are on the top of the list
 - Inability to access healthcare may prevent care and treatment for behavioral and/or physical conditions
 - Low income status may promote more frequent visits to the ED

- Opportunities

- Increasing social determinants of health screeners, more attention to the issues
- Transportation to and from provider/treatment appointments

Mental & Behavioral Health

Strengths & Weaknesses

- Strengths

- AXIS crisis unit
- Small size community – support, connections and relationships
- In this community, neighbors and family take care of each other
- Summer youth programs
- Piñon Project programs
- Recovery centers are available
- Crisis intervention agency available
- Crisis Hotline

- Weaknesses

- Suicidal ideation plans for patients
- No ability to support substance abuse
- Need a social worker in the ED
- Lack of behavioral health providers
- Lack of detox center locally

Mental & Behavioral Health

Areas of Concern & Opportunities

- Areas of Concern
 - **Overwhelmed providers at AXIS**
 - Would it be beneficial to have psychiatrists/counselors available in addition to what AXIS can provide?
 - **Alcohol-related Diagnoses**
 - Behavioral Health-related alcohol and substance issues
 - **Behavioral Health**
 - Depression
 - Depression related to chronic illness
 - Anxiety/panic Attacks at the ED
 - Alcohol and substance abuse
 - Mental illness with Dementia as a secondary diagnosis
 - **Altered Mental Status**
 - Might be related to medical conditions, not always behavioral health issues
- Opportunities
 - **Hospital provided services**
 - More psychosocial support in the ED, i.e. a social worker in the hospital
 - Social worker in hospital – teach community how to use this resource
 - Hospital mental health provider
 - **Others**
 - Sober living housing (grants are available)
 - Marijuana tax revenue for detox and rehabilitation programs
 - Provide funding for physician in detention center

Chronic Conditions

Strengths & Weaknesses

- Strengths

- Faith-based organizations
- School-based health care
- Location/exercise opportunities to lead toward a healthy community
- Parks
- In this community, neighbors and family take care of each other
- There is diversity
- Professional networking – sharing resources
- Home Health agencies
- Indian Health Services
- Southwest Center for Independence

- Weaknesses

- Education of the public re: where to go for types of care; more advertising of services
- Address cultural challenges
- Lack of Navajo speaking providers
- Need to better address poverty and the working poor
- There is currently a lack of focus on social determinants
- Support groups of all types

Chronic Conditions

Areas of Concern & Opportunities

- Areas of Concern

- **Diabetes**

- Teaching in place
- Opportunity for clinic to ensure consistent care and prevent further complications (i.e., heart problems)

- **Heart Disease**

- Heredity
- Lack of physical care
- Obesity
- Diabetes
- Other related conditions

- **Urinary Tract Infections**

- **Chronic diseases of the elderly**

- High number of co-morbidities

- Opportunities

- **Outreach and education**

- Hospital education classes to public
- Education on where to go for care (individuals AND agencies/community partners)
- Senior Center outreach
- Veterans outreach center and resources



LOCAL REPORTS

Montezuma County Public Health Department

2018 Montezuma County Public Health Improvement Plan

- The Colorado Health Assessment and Planning System (CHAPS) is guidance for local public health agencies and the Colorado Department of Public Health and Environment to carry out ongoing public health assessment and improvement planning
- In order to meet the requirements to develop a community health improvement plan, the Montezuma county Public Health Department followed to fidelity the 8-phase CHAPS guide
- The 2018 Montezuma County Public Health Improvement Plan (MCPHIP) aims to recognize and address a wide range of health issues impacting residents in the most southwestern county in Colorado
- After thorough review of public health data, a meeting with key stakeholders to discuss community needs, and analyzing results from a community survey, a strategic plan was developed in partnership with TeamUP; a local collective impact initiative
- The strategic plan prioritizes access to affordable behavioral health services with a focus on the root barriers to access being:
 1. lack of knowledge about affordable behavioral health services;
 2. lack of knowledge about signs and symptoms of when someone should seek help



INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.



EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2017 to 2019 Implementation Plan.

Health Needs Identified and Implementation Strategy by Southwest Health System

Healthcare Cost

- **What we learned about Healthcare Cost:**
 - 68% of respondents agreed that access to insurance was an issue in the identified service area.
 - 62% of respondents believe that healthcare costs are above average in the identified service area.
 - 69% of respondents identified that the cost of healthcare does not meet community needs.
- **How we are addressing Healthcare Cost:**
 - Southwest Health System provides Patient Financial Counseling to all community members, regardless of income level.
 - *Southwest Health System continues to provide this service to all community members. The Financial Counselor also has dedicated time to conduct enrollments every Fall.*
 - Southwest Health System supports state and federal initiatives to address uninsured and under insured population groups.
 - *Southwest Health System continues to support state and federal initiatives to address uninsured and under insured population groups.*
 - Southwest Health System partners with the Pinon Project in Montezuma County to provide additional financial resources to navigate insurance in the service area.
 - *Currently, Southwest Health System coordinates with the Pinon Project on this activity in that the Pinon Project communicates to their clientele that the hospital provides additional financial resources to better navigate insurance in the service area.*
 - Southwest Health System participates in Southwest HealthNet, a Physician Hospital Organization (PHO) to provide additional access to healthcare resources with partner healthcare practices and also assists with workers compensation in the service area.
 - *Southwest Health System continues to participate in the Southwest HealthNet to better provide additional access to healthcare resources with partner healthcare practices in the community, and continues to assist with workers compensation in the service area.*
 - Southwest Health System will continue to participate in all managed care plans that help us:
 - Improve access for members of communities we serve, and;
 - Reduce financial burdens of healthcare needs to consumers.
 - *Southwest Health System continues to participate in all managed care plans to help improve access for community members and reduce financial burdens of healthcare needs to consumers.*

Maternal and Child Health

- **What we learned about Maternal and Child Health:**
 - 53% of respondents identified that there is not an adequate amount of healthcare providers for maternal and child health in the service area. 65% of respondents agreed that teen birth is a major concern in the community.
- **How we are addressing Maternal and Child Health:**
 - Southwest Health System added 1 Obstetrics provider in 2016 for a total of 3 in the Southwest Medical Group family and partners with Hope Barkhurst, MD as an additional provider of obstetric services in the service area.
 - *Southwest Health System continues to provide OB/GYN services at the Southwest Medical Group Specialty Clinic. Additionally, the hospital will continue to evaluate the need for additional Obstetrics providers in the community, and will emphasize recruiting providers as appropriate. SHS will also continue to work with Rural Partners in Medicine to increase OB/GYN physician coverage in the community.*
 - Southwest Health System has engaged with a new family practice provider who will provide obstetric services beginning in January 2017.
 - *Southwest Health System continues to provide OB/GYN services at the Southwest Medical Group Specialty Clinic. Additionally, the hospital will continue to evaluate the need for additional Obstetrics providers in the community, and will emphasize recruiting providers as appropriate. SHS will also continue to work with Rural Partners in Medicine to increase OB/GYN physician coverage in the community.*
 - Southwest Health System provides Childbirth Education courses at no cost to the community on a quarterly basis with a Registered Nurse who is a certified birthing coach.
 - *Southwest Health System continues to provide Childbirth Education courses at no cost to the community.*
 - *The hospital also offers educational events for local providers focusing on maternal and child health needs, including, but not limited to: Pediatric sleep apnea and child abuse.*
 - Southwest Health System operates the Southwest School-Based Health Center in the RE-1 school district on the Montezuma-Cortez High School Campus. This facility is staffed by a Family Nurse Practitioner, Registered Nurse, and Medical Social Worker to provide low or no cost services to students and families of RE-1 and teachers.
 - *Southwest Health System continues to operate the Southwest School-based Health Center to provide low or no cost services to students and families of RE-1 and teachers.*

Diabetes

- **What we learned about Diabetes:**

- 87% of those surveyed agreed that adults being overweight is an issue in the community. Those surveyed commented that more outreach is needed for pre-diabetes. They also identified that while there are places for the public to exercise such as community parks; those places are unsafe for activities due to a high level of homeless population inhabiting the space.
- **How we are addressing Diabetes:**
 - Southwest Health System Diabetes Education provides individual sessions where patients can meet with a diabetes educator for individualized sessions. Educational sessions can be tailored to meet the specific needs of the individual. A referral from the patient’s provider is required.
 - *Southwest Health System continues to provide Diabetes Education individual sessions.*
 - Southwest Health System Diabetes Education provides Group sessions – a free six week class to learn about diabetes, class topics: Understanding diabetes and monitoring blood sugars, Healthy eating and carbohydrate counting, Medications and physical activity, High and low blood sugar management, Understanding diabetes related complications, living with diabetes. A referral from the participant’s provider is not required. Anyone can attend.
 - *Southwest Health System continues to provide Diabetes Education group sessions. Timing may vary. Please refer to <https://www.swhealth.org/programs/> for the most current schedule.*
 - Southwest Health System Diabetes Education provides pre diabetes classes in a group setting in which participants discuss risk factors and healthy behaviors needed to manage prediabetes and possibly prevent or delay the onset of Type 2 diabetes. A referral from the participants’ provider is not required. Anyone can attend. Classes are held at the hospital campus.
 - *Southwest Health System continues to provide pre diabetes classes in a group setting. Timing may vary. Please refer to <https://www.swhealth.org/programs/> for the most current schedule.*
 - Southwest Health System Diabetes Education provides a diabetes support group that meets on the first Wednesday each month at 3:30pm at the hospital. An opportunity for people with any type of diabetes to learn new information and share their experiences to help them manage living with diabetes. A participant does not need a referral from their provider. Anyone can attend.
 - *Southwest Health System continues to host a Diabetes Support Group. Timing may vary. Please refer to <https://www.swhealth.org/programs/> for the most current schedule.*
 - Southwest Health System Nutrition Education is led by a Registered Dietitian and Nutritionist who provides nutrition counseling and education including but not limited to: weight loss, childhood obesity, diabetes, celiac disease, cancer, Crohn’s and Ulcerative Colitis, heart disease, IBS, kidney disease, and weight gain.
 - *Southwest Health System continues to provide Nutrition Education services. Details may vary. Please refer to <https://www.swhealth.org/programs/> for the most current details.*

- The Nutrition Education Department at SHS also provides family counseling, meal planning, grocery store tours, and classroom education for community members including youth, and cooking tutorials.
 - *Southwest Health System continues to provide Nutrition Education services. Details may vary. Please refer to <https://www.swhealth.org/programs/> for the most current details.*
- Southwest Health System hosts a Weight Loss Surgery support group on the first Thursday of each month from 5pm-6:30pm.
 - *Southwest Health System continues to host a Bariatric Surgery Support Group. Timing may vary. Please refer to <https://www.swhealth.org/programs/> for the most current schedule.*
 - *Southwest Health System also offers a discounted membership payment for employees who join the local recreation center as an incentive to maintain a healthy lifestyle.*

Alcohol and Substance Abuse

- **What we learned about Alcohol and Substance Abuse:**
 - 92% of those surveyed agreed that adult alcohol use is high in the community. 95% surveyed agreed that illegal drug use is an issue in the community. 81% agreed that smoking and tobacco use by adults is an issue in the community. 81% agreed that youth alcohol use is high in the community and 43% believe there is a lack of access to substance abuse programs for youth. 43% believe that there is a lack of access to adult substance use programs in the community.
- **How we are addressing Alcohol and Substance Abuse:**
 - Southwest Health System partners with Axis Health System to provide mental and behavioral health services in the Emergency Department as needed.
 - *Southwest Health System continues to partner with Axis Health System to provide mental and behavioral health services in the Emergency Department as appropriate.*
 - Southwest Health System employs 3 medical social workers that work between the 10 clinics and hospital to support physicians and patients for an integrated health care model.
 - *Southwest Health System continues to employ a medical social worker that works between the clinics and hospital to support physicians and patients for an integrated health care model.*
 - Southwest Health System is a part of the Axis Intergovernmental Detox Facility agreement and provides payment on behalf of the Montezuma County Sheriff's Office and Cortez Police Department to support the detox center operated in Durango, Colorado.
 - *Southwest Health System continues to serve as a part of the Axis Intergovernmental Detox Facility agreement, and provides payment on behalf of the Montezuma County Sheriff's Office and Cortez Police Department to support the detox center in Durango.*

- *Southwest Health System continues to coordinate transportation through EMS to the Detox Facility for appropriate patients.*
 - Southwest Health System supports the Bridge Shelter both with tangible and monetary donations to insure proper care for homeless community members
 - *The Bridge Shelter has been closed while building a new shelter so this activity has been on hold recently, but Southwest Health System plans to continue to support the Bridge Shelter with tangible and monetary donations to insure proper care for homeless community members upon the completion of their construction.*

Cancer

- **What we learned about Cancer:**
 - 50% of respondents agreed that there is not adequate access to women’s health cancer services and treatment in the community. 69% agreed that there is not adequate access to oncology services in the community. 58% surveyed agreed that they are unable to receive the services they need for cancer treatment in the identified service area.
- **How we are addressing Cancer:**
 - Southwest Health System is developing an arrangement to offer oncology services at the Southwest Medical Group Specialty Clinic one day per week and to consult with the Infusion Clinic located on the Southwest Memorial Hospital Campus.
 - *The Southwest Medical Group Specialty Clinic currently offers Orthopedics, General Surgery, and Podiatry services.*
 - Southwest Health System collaborates with the Women’s Wellness Connection to provide free and low cost preventative screenings and treatment for breast and cervical cancers to women who meet certain criteria.
 - *This initiative has been discontinued.*
 - *Southwest Health System continues to host and participate in local events and donation drives to benefit underserved organizations in the community, including the Rock’n’Ride event that benefits the Montelores Cancer Care Fund. The Montelores Cancer Care Fund is through the Southwest Memorial Hospital Foundation as a program to assist cancer patients and their families with transportation, living expenses, travel and related needs during treatment.*
 - Southwest Health System purchased a 3D mammography system in 2016, also referred to as Digital Breast Tomosynthesis (DBT) or tomo, one of the latest technological innovations in women’s healthcare. It enables images of the whole breast to be taken in slices, and then reconstructed in 3D. This helps to enable doctors to see all around and between breast tissues to help perform an accurate analysis and search for possible abnormalities. A 3D mammography exam is similar to a standard mammogram. The main difference is that during the scan, the X-ray tube will move to capture multiple images of the breast from different angles. 3D mammography is performed with the same level of compression and takes approximately the same amount of time as a regular 2D mammogram.

- *Southwest Health System continues to offer this service. SHS also continues to explore obtaining and maintaining the most up to date, advanced technology and equipment to increase access to specialized services for patients.*
 - Southwest Health System hosts an Infusion Clinic on the Mildred Road campus that provides the following for cancer patients:
 - IV Antibiotic Therapy
 - Hydration Therapy
 - Infusion Therapy for Multiple Sclerosis, Osteoporosis, Rheumatoid Arthritis, and Immuno-compromised patients
 - Anticoagulant Therapy
 - Intra Muscular and Subcutaneous Injections
 - Blood Product Transfusions
 - Lab Draws
 - Lab Draws from Central Lines and Peripheral Sites
 - Vascular Access Device Care and Dressing Changes
 - Chemotherapy
 - Biological Medications
 - Synagis Vaccinations
 - *Southwest Health System continues to host this Infusion Clinic and offer the services listed above.*

Other needs identified include:

- Community request for more information about programs available to them for financial services, parenting, health screenings, stress management, care coordination, prevention, and substance use.
- Provider recruitment and retention programs.
 - *Southwest Health System will continue to recruit appropriate providers to the community based upon information from annual market assessment reports and medical staff development plans. Most recently Southwest Health System has successfully recruited the following providers:*
 - *Family Medicine NP (started May 2019)*
 - *Internal Medicine MD (started July 2019)*
 - *Internal Medicine MD (started September 2019)*
 - *Southwest Health System offers a variety of specialty services at Southwest Medical Group Specialty Clinic to increase local access to care for residents. Current examples include, but are not limited to: General Surgery, Orthopedics, OB/GYN and Podiatry.*
 - *Southwest Health System also continues to work with Rural Partners in Medicine to increase physician coverage in the community across a variety of specialties. Current examples include, but are not limited to: General Surgery, Obstetrics, and Emergency Department call coverage.*
 - Southwest Health System also offers clinical rotations...
- Behavioral Health Services

- Data available currently associated with behavioral health patients seen in traditional community mental health/substance use settings indicate a decrease in patients seen from 5,581 in 2006 to 4,018 in 2015. (Region 9. 2016, n.d.)
- Emergency assessments increased by approximately 49%, from 557 individuals in 2007 to 832 in 2015 in part due to an expansion of crisis response services. (Region 9, 2016, n.d.)
- *Southwest Health System offers mental health support for employees through their Employee Assistance Program.*
- *The hospital collaborates with schools to promote adolescent and mental or behavioral health services through the provision of a school-based social worker. All students – whether in elementary, middle or high schools – are eligible to use such services.*
- *Southwest Health System staffs 3 Sexual Assault Nurse Examiners (SANE) for any patients requiring such care.*
- *In 2017, Southwest Health System has begun providing human trafficking education at the hospital.*

Mobile crisis response teams were introduced in the Region 9 area in 2015, improving access to crisis services available throughout Region 9. (Axis Health System. 2016, n.d.)

- *The Southwest Health System EMS team offers first responder training to the community at a reduced rate.*
- *The Southwest Health System EMS team goes to the local senior center, and sometimes private homes, to do health checks and well checks. Additionally, with a doctor's orders, the EMS team will take patients who cannot get in or out of their home to and from their doctors appointments.*



PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2013 Prioritized Needs

1. Healthcare Costs
2. Maternal and Child Health
3. Diabetes
4. Cancer and Testing
5. Healthcare Availability

2016 Prioritized Needs

1. Healthcare Cost
2. Maternal and Child Health
3. Diabetes
4. Alcohol and Substance Abuse
5. Cancer



2019 CHNA PRELIMINARY HEALTH NEEDS



2019 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Continued Emphasis on Physician Recruitment and Retention
- Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- On August 13, 2019 leadership from SHS met with CHC Consulting to review findings and prioritize the community's health needs.
- Attendees from the hospital included:
 - Anthony Sudduth, Chief Executive Officer
 - Bridgett Jabour, Executive Assistant
 - Liesl Ungnade, Quality Improvement/Risk Management Coordinator
 - Rhonda Hatfield, Patient Financial Coordinator
 - Sherri Wilburn, Case Manager
 - Karen Labonte, Chief Nursing Officer
 - Kerri White, Sr. Clinical Operations
 - Sara Barrett, Social Worker
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Southwest Health System Capacity
a. Are people at Southwest Health System likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital leadership participated in a roundtable discussion to rank the health needs in order of importance, resulting in the following order:
 1. Continued Emphasis on Physician Recruitment and Retention
 2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
 3. Access to Mental and Behavioral Health Care Services and Providers
 4. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



Final Priorities

- Hospital leadership decided to address all of the ranked health needs. The final health priorities that SHS will address through its Implementation Plan are, in descending order:
 1. Continued Emphasis on Physician Recruitment and Retention
 2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
 3. Access to Mental and Behavioral Health Care Services and Providers
 4. Prevention, Education and Awareness of Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- In addition to the services provided by SHS, other charity care services and health resources that are available in Montezuma County are included in this section.



INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.
 - This assessment seeks to address the community’s health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
 - Due to smaller population numbers and the general rural nature of Montezuma County, 1-year estimates for the majority of data indicators are statistically unreliable at the county level. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.



ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- STATE DESIGNATED SHORTAGE AREAS: INFORMATION & MAPS
- INTERVIEWEE INFORMATION



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **IBM Watson Health Market Expert** tool.
- The **United States Bureau of Labor Statistics Local Area Unemployment Statistics** provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: <http://map.feedingamerica.org/>.
- This study also used health data collected by the **CARES Engagement Network**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; <http://datacenter.kidscount.org/>.

- **Health Data**

- The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings 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. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; <http://www.countyhealthrankings.org/>.
- This study utilizes mortality and morbidity data provided by the **Colorado Department of Health and Human Services**. Due to website construction during the time of this report, information was received via email in May 2019.
- This study utilizes Health Department District level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the **Colorado Department of Health and Human Services**. Due to website construction during the time of this report, information was received via email in May 2019.

Summary of Data Sources

- **Health Data (continued)**

- This study also used health data collected by the **CARES Engagement Network**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at <https://www.census.gov/data-tools/demo/sahie/index.html>.
- The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: <https://datawarehouse.hrsa.gov/tools/analyzers.aspx>.

- **Community Input**

- Community input was collected during a meeting held at SHS for the Hospital Transformation Project (HTP) on May 13, 2019.
- Notes from the May 13, 2019 meeting were summarized by Valerie Hayes, Planning Manager.



DATA REFERENCES

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For families/households with more than 8 persons, add \$4,420 for each additional person.	



MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
 - A whole county
 - A group of neighboring counties
 - A group of urban census tracts
 - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
 - Homeless
 - Low income
 - Medicaid eligible
 - Native American
 - Migrant farmworkers

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
 1. Population to provider ratio
 2. Percent of the population below the federal poverty level
 3. Percent of the population over age 65
 4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents ‘completely underserved’ and 100 represents ‘best served’ or ‘least underserved.’
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Medically Underserved Areas/Populations

Low Income Population of Montezuma Co

- **Montezuma County**

- Service Area Name: Low Income Population of Montezuma Co
- MUA/P Source ID Number: 06175
- Designation Type: MUA – Governor’s Exception
- Index of Medical Underservice Score: 63.2
- Status: Designated
- Rural Status: Rural
- Designation Date: 01/22/2001
- Update Date: 01/22/2001

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
 - Primary care
 - Dental health
 - Mental health
- These shortages may be geographic-, population-, or facility-based:
 - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
 - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
 - Facilities:
 - Other Facility (OFAC)
 - Correctional Facility
 - State Mental Hospitals
 - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Health Professional Shortage Areas

Low Income – Montezuma County

- **County Name:** Montezuma County
 - **HPSA Name:** Low Income – Montezuma County
 - **Status:** Designated
 - **Rural Status:** Rural
-
- **HPSA Discipline Class:** Primary Care
 - **Designation Type:** Low Income Population HPSA
 - **HPSA ID:** 1083278511
 - **HPSA Score:** 11
 - **HPSA Designation Last Update Date:** 10/28/2017
 - **HPSA Discipline Class:** Dental Health
 - **Designation Type:** Low Income Population HPSA
 - **HPSA ID:** 6083033575
 - **HPSA Score:** 13
 - **HPSA Designation Last Update Date:** 05/23/2017

Health Professional Shortage Areas

Southwestern Mental Health Catchment Area

- **County Name:** Multi-county area, including Montezuma County
 - **HPSA Name:** Southwestern Mental Health Catchment Area
 - **Status:** Designated
 - **Rural Status:** Rural
-
- **HPSA Discipline Class:** Mental Health
 - **Designation Type:** Geographic HPSA
 - **HPSA ID:** 7083968009
 - **HPSA Score:** 11
 - **HPSA Designation Last Update Date:** 04/05/2017

Health Professional Shortage Areas

Cortez Primary Care Clinic

- **County Name:** Montezuma County
- **HPSA Name:** Cortez Primary Care Clinic
- **Status:** Designated
- **Rural Status:** Rural

- | | | |
|---|--|--|
| <p>– <u>HPSA Discipline Class:</u> Primary Care</p> <ul style="list-style-type: none">○ <u>Designation Type:</u> Rural Health Clinic○ <u>HPSA ID:</u> 10899908KI○ <u>HPSA Score:</u> 14○ <u>HPSA Designation Last Update Date:</u> 08/18/2019 | <p>– <u>HPSA Discipline Class:</u> Mental Health</p> <ul style="list-style-type: none">○ <u>Designation Type:</u> Rural Health Clinic○ <u>HPSA ID:</u> 708999085A○ <u>HPSA Score:</u> 18○ <u>HPSA Designation Last Update Date:</u> 09/12/2019 | <p>– <u>HPSA Discipline Class:</u> Dental Health</p> <ul style="list-style-type: none">○ <u>Designation Type:</u> Rural Health Clinic○ <u>HPSA ID:</u> 608999087K○ <u>HPSA Score:</u> 16○ <u>HPSA Designation Last Update Date:</u> 09/12/2019 |
|---|--|--|

Health Professional Shortage Areas

Dolores County Health Association - Frontier Community Health Clinic

- **County Name:** Dolores County
 - **HPSA Name:** Dolores County Health Association - Frontier Community Health Clinic
 - **Status:** Designated
 - **Rural Status:** Rural
-
- | | | |
|---|---|---|
| – <u>HPSA Discipline Class:</u> Primary Care | – <u>HPSA Discipline Class:</u> Mental Health | – <u>HPSA Discipline Class:</u> Dental Health |
| ○ <u>Designation Type:</u> Federally Qualified Health Center | ○ <u>Designation Type:</u> Federally Qualified Health Center | ○ <u>Designation Type:</u> Federally Qualified Health Center |
| ○ <u>HPSA ID:</u> 1089990889 | ○ <u>HPSA ID:</u> 7089990812 | ○ <u>HPSA ID:</u> 6089990831 |
| ○ <u>HPSA Score:</u> 11 | ○ <u>HPSA Score:</u> 18 | ○ <u>HPSA Score:</u> 15 |
| ○ <u>HPSA Designation Last Update Date:</u> 08/18/2019 | ○ <u>HPSA Designation Last Update Date:</u> 08/18/2019 | ○ <u>HPSA Designation Last Update Date:</u> 08/18/2019 |

Health Professional Shortage Areas

Mancos Valley Health Center

- **County Name:** Montezuma County
- **HPSA Name:** Mancos Valley Health Center
- **Status:** Designated
- **Rural Status:** Rural

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|--|--|--|
| <p>– <u>HPSA Discipline Class:</u> Primary Care</p> <ul style="list-style-type: none">○ <u>Designation Type:</u> Rural Health Clinic○ <u>HPSA ID:</u> 10899908KJ○ <u>HPSA Score:</u> 9○ <u>HPSA Designation Last Update Date:</u> 08/18/2019 | <p>– <u>HPSA Discipline Class:</u> Mental Health</p> <ul style="list-style-type: none">○ <u>Designation Type:</u> Rural Health Clinic○ <u>HPSA ID:</u> 708999084Y○ <u>HPSA Score:</u> 17○ <u>HPSA Designation Last Update Date:</u> 09/17/2019 | <p>– <u>HPSA Discipline Class:</u> Dental Health</p> <ul style="list-style-type: none">○ <u>Designation Type:</u> Rural Health Clinic○ <u>HPSA ID:</u> 608999087I○ <u>HPSA Score:</u> 18○ <u>HPSA Designation Last Update Date:</u> 09/17/2019 |
|--|--|--|

Health Professional Shortage Areas

Southwest Colorado Mental Health Center, Inc. - Cortez Integrated Healthcare

- **County Name:** La Plata County
- **HPSA Name:** Southwest Colorado Mental Health Center, Inc. - Cortez Integrated Healthcare
- **Status:** Designated
- **Rural Status:** Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:** Federally Qualified Health Center
HPSA ID: 108999080E
- **HPSA Score:** 13
- **HPSA Designation Last Update Date:** 08/18/2019

– **HPSA Discipline Class:** Mental Health

- **Designation Type:** Federally Qualified Health Center
HPSA ID: 708999080G
- **HPSA Score:** 20
- **HPSA Designation Last Update Date:** 08/18/2019

– **HPSA Discipline Class:** Dental Health

- **Designation Type:** Federally Qualified Health Center
HPSA ID: 608999080D
- **HPSA Score:** 21
- **HPSA Designation Last Update Date:** 08/18/2019

Health Professional Shortage Areas

Southwest Memorial Primary Care

- **County Name:** Montezuma County
 - **HPSA Name:** Southwest Memorial Primary Care
 - **Status:** Designated
 - **Rural Status:** Rural
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- | | | |
|---|---|---|
| – <u>HPSA Discipline Class:</u> Primary Care | – <u>HPSA Discipline Class:</u> Mental Health | – <u>HPSA Discipline Class:</u> Dental Health |
| ○ <u>Designation Type:</u> Rural Health Clinic | ○ <u>Designation Type:</u> Rural Health Clinic | ○ <u>Designation Type:</u> Rural Health Clinic |
| ○ <u>HPSA ID:</u> 10899908KM | ○ <u>HPSA ID:</u> 708999085B | ○ <u>HPSA ID:</u> 608999087L |
| ○ <u>HPSA Score:</u> 14 | ○ <u>HPSA Score:</u> 18 | ○ <u>HPSA Score:</u> 16 |
| ○ <u>HPSA Designation Last Update Date:</u> 08/18/2019 | ○ <u>HPSA Designation Last Update Date:</u> 09/12/2019 | ○ <u>HPSA Designation Last Update Date:</u> 09/12/2019 |

Health Professional Shortage Areas

Southwest Walk-in Care

- **County Name:** Montezuma County
- **HPSA Name:** Southwest Walk-in Care
- **Status:** Designated
- **Rural Status:** Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:** Rural Health Clinic
- **HPSA ID:** 10899908KL
- **HPSA Score:** 14
- **HPSA Designation Last Update Date:** 08/18/2019

– **HPSA Discipline Class:** Mental Health

- **Designation Type:** Rural Health Clinic
- **HPSA ID:** 708999084Z
- **HPSA Score:** 18
- **HPSA Designation Last Update Date:** 09/12/2019

– **HPSA Discipline Class:** Dental Health

- **Designation Type:** Rural Health Clinic
- **HPSA ID:** 608999087J
- **HPSA Score:** 16
- **HPSA Designation Last Update Date:** 09/12/2019

Health Professional Shortage Areas

Ute Mountain Ute Health Center

- **County Name:** Montezuma County
- **HPSA Name:** Ute Mountain Ute Health Center
- **Status:** Designated
- **Rural Status:** Rural

– **HPSA Discipline Class:** Primary Care

- **Designation Type:** Indian, Tribal and Urban Indian Organizations
- **HPSA ID:** 10899908C7
- **HPSA Score:** 19
- **HPSA Designation Last Update Date:** 09/09/2019

– **HPSA Discipline Class:** Mental Health

- **Designation Type:** Indian, Tribal and Urban Indian Organizations
- **HPSA ID:** 708999080F
- **HPSA Score:** 21
- **HPSA Designation Last Update Date:** 09/09/2019

– **HPSA Discipline Class:** Dental Health

- **Designation Type:** Indian, Tribal and Urban Indian Organizations
- **HPSA ID:** 608999087A
- **HPSA Score:** 22
- **HPSA Designation Last Update Date:** 09/09/2019



COMMUNITY INPUT STAKEHOLDER INFORMATION

Southwest Health System Community Health Needs Assessment Stakeholder Information

May 13, 2019 Hospital Transformation Project Meeting at Southwest Health System

Name	Title	Organization	IRS Category		Population Served
			A	B	
Sara Barrett, LCSW	Social Worker	Southwest Health System		x	Mental and Behavioral Health, Underserved
Andy Brock	Patrol Lieutenant	City of Cortez Police Department		x	General Public
James Candelaria	Commissioner	Montezuma County Commissioner		x	General Public
Adrianna Cole	Staff	AXIS Integrated Health		x	Mental and Behavioral Health, Underserved
Nina Dattola	Social Worker	Hospice of Montezuma County		x	Vulnerable, Complex
Mary Dengler-Frey	Regional Health Connector	Southwest Colorado Area Health Education Center		x	General Public
C. Kyle Gropp, Pharm.D., MBA	Pharmacist	Ute Mountain Ute Health Center		x	Ute
Aaron Hankins, RN	Case Manager	Rocky Mountain Health Plans		x	General Public
Rhonda Hatfield	Financial Advisor	Southwest Health System		x	General Public
Joyce Humiston, RN	Administrator	C&G Healthcare Management, Inc.		x	Vulnerable, Complex
Laurie Knutson	Executive Director	The Bridge Emergency Shelter		x	Homeless, Vulnerable, Underserved
Karen Labonte	Chief Nursing Officer	Southwest Health System		x	General Public
Bobbi Lock	Director	Montezuma County Health Department	x		General Public
Gina Montoya	Executive Director	Montezuma County Social Services		x	Underserved
Steve Nowlin	Sheriff	Montezuma County Sheriff Department		x	General Public
Travis Parker	Chief Human Resources Officer	Southwest Health System		x	General Public
Megan Riddell	Care Coordinator	Rocky Mountain Health Plans - Montezuma and Dolores Counties		x	General Public
Haley Leonard Saunders, MBA	Director of Public Relations and Development	AXIS Integrated Health		x	Mental and Behavioral Health, Underserved
Karen Sheek	Mayor	City of Cortez		x	General Public
Carol Sloan	Staff	C&G Healthcare Management, Inc.		x	Vulnerable, Complex
Lee Ungnade, BSN, RN	Quality/Risk Coordinator	Southwest Health System		x	General Public
Sheri Wilburn, RN	Discharge Planner	Southwest Health System		x	General Public
Theresa Wilson	Manager	The Bridge Emergency Shelter		x	Homeless, Vulnerable, Underserved

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Southwest Health System, Hospital Transformation Project Community Meeting: May 13, 2019, information received June 18, 2019.

Section 2:

Implementation Plan

Southwest Health System

FY2020 - FY2022 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Southwest Health System (SHS) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Montezuma County, Colorado.

The CHNA Team, consisting of leadership from SHS, met with staff from CHC Consulting on August 13, 2019 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in roundtable discussion using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all of the four prioritized needs in various capacities through a hospital specific implementation plan.

The four most significant needs, as discussed during the August 13th prioritization meeting, are listed below:

1. Continued Emphasis on Physician Recruitment and Retention
2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
3. Access to Mental and Behavioral Health Care Services and Providers
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

SHS leadership has developed the following implementation plan to identify specific activities and services which directly address the four identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The SHS Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan report on October 23, 2019.

Priority #1: Continued Emphasis on Physician Recruitment and Retention

Rationale:

Montezuma County has a lower percentage of adults with a personal doctor than the state. Additionally, Montezuma County has a lower rate of dentists per 100,000 population than the state and in a recently completed medical staff development plan conducted for SHS, data indicates a need for additional primary care providers within the community.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed a need for after hour clinics in the community. Additionally, stakeholders discussed a lack of certain specialty services in the community. Orthopedic services were mentioned as an increasing need due to the aging community and retiring baby boomers. Stakeholders discussed the limited depth in respiratory care, as well as the outmigration of cancer patients to Durango for oncology services. Stakeholders also mentioned a need for a pain clinic to cut down on the number of Emergency Department visits by chronic pain patients, and discussed the outmigration of chronic pain patients to Grand Junction for care.

Stakeholders discussed potential opportunities to reduce barriers to accessing care, such as improving front-end triage in the Emergency Department, reducing wait times and expanding hours of operation in the local walk-in clinic, improving access to primary care providers, connecting high Emergency Department utilizers with primary care providers and implementing a pain clinic.

Objective:

Continued efforts to recruit and retain providers to the community

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. Southwest Health System offers a variety of specialty services at Southwest Medical Group Specialty Clinic to increase local access to care for residents.						
1.B. Southwest Health System will continue to explore obtaining and maintain the most up to date, advanced technology and equipment to increase access to specialized services for patients.						
1.C. Southwest Health System hosts an Infusion Clinic on the Mildred Road campus that provides local care for cancer patients.						
1.D. SHS will continue to work with Rural Partners in Medicine to increase physician coverage in the community across a variety of specialties.						
1.E. SHS will continue to recruit appropriate providers to the community based upon information from annual market assessment reports and the recently-completed medical staff development plan.						
1.F. SHS will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility for a variety of programs, including, but not limited to, nursing, radiology and pharmacy.						

Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

The median household income in Montezuma County is significantly lower than the median household income in the state. Montezuma County has a higher unemployment rate than the state, and a higher rate of families living below poverty. The percentage of children living below poverty in Montezuma County is higher than the state, and the county also has a higher rate of students eligible for free or reduced price lunch. Montezuma County also has a higher rate of both overall and child food insecurity than Colorado. Additionally, Montezuma County has several Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) and a higher rate of uninsured adults than the state.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed transportation barriers to and from provider appointments in Montezuma County that may cause patients to delay or forego care. It was also mentioned that socioeconomic status may determine the frequency of visits to the Emergency Department, with the low income population as the most frequent utilizers of the Emergency Room.

Stakeholders discussed a need to address cultural challenges in the community and specifically noted a lack of Navajo speaking providers in Montezuma County. It was also mentioned that there is a lack of focus on social determinants in the community and an associated need to better address poverty and the working poor.

Objective:

Increase access to resources and services for underserved and geographically isolated populations

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. Southwest Health System provides Patient Financial Counseling to all community members, regardless of income level, and supports state and federal initiatives to address uninsured and underinsured population groups. In addition, the hospital participates in all managed care plans that help improve access for community members and reduce financial burdens of healthcare needs to consumers.						
2.B. Southwest Health System will continue to coordinate with local organizations to provide additional financial resources to navigate insurance in the service area, such as dedicated financial counselors to do health care enrollment each fall.						
2.C. Southwest Health System participates in Southwest HealthNet, a Physician Hospital Organization (PHO) to provide additional access to healthcare resources with partner healthcare practices and also assists with workers compensation in the service area.						
2.D. Southwest Health System operates the Southwest School-Based Health Center in the RE-1 school district on the Montezuma-Cortez High School Campus to provide low or no cost services to students and families of RE-1 and teachers.						
2.E. Southwest Health System will continue to host and participate in local events and donation drives to benefit underserved organizations in the community.						
2.F. Southwest Health System will continue to provide a language line to offer translation services for non-English speaking patients and families as needed, as well as services for those who may be hearing and vision impaired.						
2.G. Southwest Health System will continue to coordinate transportation for patients needing transportation assistance.						
2.H. Southwest Health System is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing. As a part of this initiative and with regards to access to care, SHS is focusing on Medicaid patients (age 18+) who present to the ED or are admitted as an inpatient to ensure there is a follow up appointment made within 30 days of discharge.						

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Montezuma County has a lower rate of mental and behavioral health care providers per 100,000 population than the state. Additionally, the percent of adults who experienced 14 or more days of poor mental health in Montezuma County is higher than the state.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed a lack of mental and behavioral health care resources and providers in the community. It was noted that the providers at AXIS Integrated Health may be overwhelmed, and stakeholders discussed the potential benefit of having additional psychiatrists and counselors available in addition to what is currently provided.

A lack of detox centers and the inability to support substance abuse patients were specifically mentioned, and concern was raised surrounding the significant rate of behavioral health-related alcohol and substance abuse issues. Stakeholders discussed the prevalence of depression, depression related to chronic illness, anxiety and panic attacks in the Emergency Room and mental illness with Dementia as a secondary diagnosis. A need for suicidal ideation plans for patients was also emphasized, and stakeholders also discussed the necessity of a social worker in the Emergency Department.

Stakeholders discussed potential opportunities to reduce barriers to accessing mental and behavioral health care, such as more psychosocial support in the Emergency Department (i.e., providing a social worker in the hospital), staffing a hospital mental health provider, pursuing grant funding for sober living housing, marijuana tax revenue for detox and rehabilitation programs and providing funding for a physician in the detention center

Objective:

Increase local access to mental health care services

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. Southwest Health System is a part of the Axis Intergovernmental Detox Facility agreement and provides payment on behalf of the Montezuma County Sheriff's Office and Cortez Police Department to support the detox center operated in Durango, Colorado, and partners with Axis Health System to provide mental and behavioral health services in the Emergency Department as needed.						
3.B. Southwest Health System employs a medical social worker that works between the clinics and hospital to support physicians and patients for an integrated health care model.						
3.C. Southwest Health System supports the Bridge Shelter both with tangible and monetary donations to insure proper care for homeless community members.						
3.D. Southwest Health System will continue to offer mental health support to its employees through the Employee Assistance Program (EAP).						
3.E. Southwest Health System will continue to promote the local suicide prevention hotline for applicable patients.						
3.F. Southwest Health System will continue to provide sexual assault nurse examiners (SANE) for sexual assault and domestic abuse victims.						
3.G. Southwest Health System is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing. As a part of this initiative and with regards to mental and behavioral health care, SHS is focusing on providing depression screenings in the clinic for new mothers up to 90 days postpartum, and providing referrals if appropriate.						

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Cancer and heart disease are the two leading causes of death in Montezuma County and the state. Montezuma County has higher mortality rates than Colorado for malignant neoplasms; chronic liver disease and cirrhosis; accidents; suicide; diabetes mellitus; nephritis, nephrosis, nephrotic syndrome; prostate cancer; lung and bronchus cancer and colon and rectum cancer.

Montezuma County has higher rates of communicable diseases, such as chlamydia and gonorrhea, than the state. Montezuma County has higher rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes (adult), obesity, asthma, arthritis, physical inactivity, smoking and marijuana use than the state. Data also suggests that residents may not be seeking necessary preventive care services, such as mammograms.

With regards to maternal and child health, specifically, Montezuma County has higher percentages of inadequate prenatal care, mothers who smoked during pregnancy and low birth weight births than the state. Data also suggests that Montezuma County adults may not be seeking preventive care services in an appropriate manner, such as mammograms, prostate cancer screenings, pap test screenings, colorectal cancer screenings and the influenza vaccine.

During the May 2019 Hospital Transformation Project community meeting, stakeholders discussed the lack of public knowledge regarding where to go for different types of care and the need for more advertising of hospital services. It was also mentioned that there is a need for more support groups of all types to benefit subpopulations across the community.

Areas of concern that were discussed include high rates of diabetes, heart disease, urinary tract infections and chronic diseases within the elderly population. Stakeholders discussed the opportunity for the clinic to ensure consistent care and prevent further diabetic complications through the teaching currently in place, and also discussed the issues associated with heart disease in the community – such as lack of physical care, obesity, diabetes and other related conditions. Urinary tract infections and chronic diseases of the elderly with a high number of co-morbidities were also mentioned during the meeting.

Stakeholders discussed potential opportunities to educate the community, such as hospital education classes for the public, further education on where to go for care for individuals and local agencies/community partners and outreach to the local Senior Center and Veterans in the community.

Objective:

Increase healthy lifestyle education and prevention resources at the hospital and in the community

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. SHS will continue to increase educational opportunities for the public concerning wellness topics and health risk concerns, host various support and educational groups at the facility, and support and participate in local health-related events to highlight hospital services and offer a variety of health screenings at a free or reduced rate.						
4.B. SHS will continue to offer the High School Intern Program that encourages youth to volunteer services to patients and families of SHS while learning about a vast array of health careers.						
4.C. Southwest Health System is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing. As a part of this initiative and with regards to access to care, SHS is focusing on providing long term, reversible contraceptives to new mothers prior to leaving the hospital after delivery and OB emergencies surrounding post partum hemorrhages.						
4.D. SHS personnel serve in leadership roles and as volunteers with many agencies and committees in the community.						
4.E. SHS will continue to participate in the local Health Care Coalition that includes health care leaders and organizations around the service area who meet monthly to discuss potential collaborations and addressing health care needs in the community.						
4.F. SHS will continue to serve as a proper medication disposal site.						
4.G. SHS will continue to provide employees with discounted memberships to the local recreation center in order to promote employee wellness.						
4.H. SHS will continue to host quarterly blood drives for employees and the community to participate in.						
4.I. In partnership with the Colorado Hospital Association, SHS started an Antibiotic Stewardship Program in 2014 that included collaboration with area nursing homes, clinic providers and dental education. This resulted in significant improvement in antimicrobial days of therapy and antimicrobial resistance reductions. With the success of these programs, the SHS pharmacy department has been asked to consult with the CDC, Pew Charitable Trusts and the Joint Commission and give lectures around the US on small hospital antimicrobial stewardship.						

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA



CHNA Feedback Invitation

- SHS invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this or the previous CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Southwest Health System

ATTN: Administration

1311 North Mildred Road

Cortez, CO 81321

Email: contacts@swhealth.org

Please find the most up to date contact information on the Southwest Health System website under “About Us” > “Community Health Needs Assessment”:

<https://www.swhealth.org/chna/>



Thank you!

Community Hospital Consulting
7800 N. Dallas Parkway, Suite 200
Plano, TX 75024
972-943-6400

www.communityhospitalcorp.com

Lisette Hudson - lhudson@communityhospitalcorp.com

Valerie Hayes - vhayes@communityhospitalcorp.com