



Southwest Health System

Community Health Needs Assessment and Implementation Plan

October 2025



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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, reviewed the research findings in August 2025 to 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 list of prioritized needs, in descending order, is listed below:

- 1.) Continued Recruitment & Retention of Healthcare Workforce
- 2.) Access to Mental and Behavioral Health Care Services and Providers
- 3.) Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
- 4.) Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations

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

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the 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, and annual updates and progress (as appropriate).

The SHS Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on October 29, 2025.

Rationale for Prioritized Needs

Priority #1: Continued Recruitment & Retention of Healthcare Workforce

Data suggests Montezuma County has a higher ratio of patients per dental care provider as compared to the state as well as the nation. Additionally, Montezuma County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Southwest Health System 2025 CHNA survey results showed that fifty percent or more of respondents indicated a need to recruit more health care providers and to recruit specialists who can provide services that are not currently available as the top two priorities in the community. Respondents listed cardiology, hematology/oncology, neurology and dermatology as the top providers and services that are needed or desired. Dental problems was one of the top 5 health concerns ranked by respondents. Respondents mentioned difficulties accessing timely care, a lack of primary care availability, and significant gaps in specialty services. Community members described long waits for appointments, reliance on PAs/NPs due to limited physicians, and frequent travel outside the area for specialists, which can include traveling long distances. Several comments also stressed that even when providers are recruited, retention is a challenge, contributing to care disruptions and workforce burnout.

With regards to barriers to accessing primary care, at least fifty percent of respondents selected insufficient number of providers, long wait times for an appointment, lack of coverage/financial hardship, difficulty navigating system/lack of awareness of available resources and scheduling (system inefficiency/non-standardized process). With regards to barriers to accessing specialty care, at least fifty percent of respondents selected difficulty navigating system/lack of awareness of available resources, delays or complications in referrals to services, insufficient number of providers, lack of coverage/financial hardship and lack of providers accepting Medicaid/Medicare.

When thinking about obstacles that affect the transition of care between healthcare settings or providers, survey results showed that fifty percent or more of respondents selected lack of communication/coordination between healthcare facilities and providers, lack of staff and time for investment in coordination (at the practice and broader community levels, complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits and limited primary care provider involvement in inpatient care. When respondents were asked why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs, the top answer was due to the lack of established relationship with a primary care provider.

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Data suggests that residents in Montezuma County do not have adequate access to mental and behavioral health care services and providers. Montezuma County has a higher ratio of patients per mental health care provider as compared to the state as well as the nation. Additionally, Montezuma County has a higher percent of the adult population who consider themselves to be depressed and a higher percent of the adult population who stated that they have had 14+ days of poor mental health when compared to the state.

The Southwest Health System 2025 CHNA survey results indicate that mental/behavioral health (including psychiatry) is one of the top providers and services that are needed or desired. Mental health problems and substance abuse (drugs/alcohol) were selected by survey respondents as the top two health concerns in the community. When noting barriers to accessing mental and behavioral health care, respondents indicated lack of coverage/financial hardship, difficulty navigating system/lack of awareness of available resources, insufficient number of providers, lack of providers accepting Medicaid/Medicare and delays or complications in referrals to services.

Fifty percent or more of respondents indicated that persons with mental/behavioral conditions were lacking adequate access to health...

Rationale for Prioritized Needs

Priority #2: Access to Mental and Behavioral Health Care Services and Providers (continued)

... services and resources. Comments strongly emphasized the urgent need for expanded and affordable mental and behavioral health services. Respondents cited long wait times, limited local providers who accept insurance, and a lack of youth-focused supports as major barriers, with particular concern for rising rates of suicide, substance misuse, and homelessness among young people. Community members stressed that without more accessible and coordinated mental health and substance use treatment options, these issues will continue to worsen.

Priority #3: Prevention, Education and Services to Increase Community Awareness and Address 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. Heart disease and cancer are the two leading causes of death in Montezuma County and the state. Montezuma County has higher mortality rates than Colorado for the following causes of death: malignant neoplasms; diseases of the heart; accidents (unintentional injuries); COVID-19; chronic lower respiratory diseases; chronic liver disease and cirrhosis; diabetes mellitus; cerebrovascular diseases; intentional self-harm (suicide); lung and bronchus cancer; and colon and rectum cancer.

Montezuma County has higher percentages of chronic conditions, such as diabetes, obesity, arthritis and asthma for the adult population, and those who stated they have a disability for both the adult and Medicare population when compared to the state. Montezuma County has higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity, binge drinking and smoking, than the state. With regards to maternal and child health, Montezuma County has a higher percent of low birth weight births, a higher percent of mothers smoking during pregnancy, a higher percent of teen (age 10-17 years) births, and a higher percent of mothers who have received inadequate prenatal care than the state.

Data suggests that Montezuma County residents are not appropriately seeking preventive care services, such as timely mammography screenings, receiving the flu vaccine and the pneumonia vaccine for the Medicare population.

The Southwest Health System 2025 CHNA survey results indicate that fifty percent or more of respondents selected improving access to preventive care (screenings for chronic diseases, immunizations) as a top healthcare priority in the community. Survey respondents selected obesity among adults and obesity among children as two of the top five health concerns in the community. Respondents also selected understanding health insurance options, health fairs/screening events and nutrition/dietary programs as the top three health education, promotion, and preventative services lacking in the community. The internet is the primary source of health education for the community, followed by friends and family.

Survey respondents consistently cited gaps in basic health knowledge, a lack of awareness about where to seek appropriate care, and limited access to preventative programs related to chronic disease and nutrition. Several emphasized the importance of early intervention, culturally sensitive education, and system navigation support in order to enhance outreach, education, and accessible services to significantly improve health outcomes and reduce unnecessary emergency care usage.

Priority #4: Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations

Data suggests that some residents in the study area may face significant cost barriers when accessing the healthcare system. Montezuma...

Rationale for Prioritized Needs

Priority #4: Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations (continued)

...County has a higher median age than the state. Montezuma County has higher unemployment rates than the state, a lower median household income as well as lower educational attainment, which includes a smaller percentage of residents with a bachelor's or advanced degree, as well as a lower graduation rate than the state. Montezuma County also has a higher percentage of families living below poverty and children in poverty than the state. Additionally, Montezuma County has a higher percent of its total population receiving SNAP benefits, overall food insecurity, child food insecurity, Latino food insecurity, White Non-Hispanic food insecurity, as well as a higher percentage of public school students eligible for free or reduced price lunch compared to the state.

Montezuma County has a higher percentage of those adults (age 18-64) who are uninsured as compared to the state and transportation is estimated to be the highest monthly cost for residents. When analyzing economic status, Montezuma County is in more economic distress than other counties in the state. Additionally, Montezuma County is designated as a Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Southwest Health System 2025 CHNA showed that fifty percent or more of respondents indicated a need to improve access to health care for populations with limited services as a healthcare priority in the community. Survey results also indicate a majority of respondents believe not everyone has adequate access to health services, with the low income/working poor and homeless being the top two groups that respondents selected.

Key concerns noted by survey respondents include barriers that limit access to timely, affordable, and equitable healthcare. Many pointed to the rising cost of care and high deductibles as a deterrent to seeking preventive or even necessary services, while gaps in insurance coverage leave both low-income and middle-income households vulnerable. Transportation challenges, particularly in rural areas, further restrict access to medical appointments, pharmacies, and specialty care. Respondents also expressed concern about long wait times and inconsistent care that may prevent individuals from pursuing services when they need them most.

Survey commentary revealed widespread concern that vulnerable and marginalized populations in Montezuma County face persistent barriers to health and wellness. Low-income, uninsured, and underinsured residents struggle with affording care, often delaying prevention or treatment due to high deductibles and out-of-pocket costs. Elderly and disabled individuals frequently lack reliable transportation and support, leaving them isolated and unable to access needed appointments, while non-English speakers and non-citizens face cultural and language barriers that further reduce care-seeking. Veterans and military families also encounter delays and difficulty navigating the VA system, and young people are at heightened risk due to suicide, substance misuse, and housing instability.

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 in 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 community served, including demographic and health data analyses
 - Findings from surveys 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
 - Community leaders
 - 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
 - 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

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 Syntellis
 - A study of the most recent health data available
 - Distributed surveys across individuals who have special knowledge of the communities, and analyzed results
 - The following people participated in some aspect of the CHNA process:
 - Joseph Theine, Chief Executive Officer
 - Lisa Gates, Chief Nursing Officer
 - Jennifer Gero, Interim Chief Medical Officer
 - Charles Krupa, Chief Information Officer
 - Kierra Fury, Director of Clinical Operations
 - Jaycee Hart, Marketing Specialist
 - Kathleen Russell, Case Management
 - Maddie Wright, Quality Manager
 - Nikole Young, Quality Coordinator
- 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.

Methodology (continued)

– Southwest Health System Biography

- Background information about SHS, mission, vision, values and services 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 July 1, 2023 - June 30, 2024 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Syntellis, 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 Health Information Dataset, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Process and Methodology

Methodology (continued)

– Survey Methodology

- CHC Consulting developed an electronic survey tool distributed by SHS via email between May 5, 2025 – May 23, 2025. The survey was sent via email to individuals or organizations representing the needs of various community groups in Montezuma County and surrounding areas. 110 individuals responded to the survey and those responses were collected and analyzed.

– 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 a report of community benefit activity progress since the previous CHNA

– 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 prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography

About Us

Southwest Health System (SHS) operates Southwest Memorial Hospital, a Critical Access Hospital, and Southwest Medical Group, which comprises clinics offering primary care and specialty services. In addition, SHS provides the latest medical and surgical technology, emergency care, a vast array of out-patient medical and wellness services.

Mission

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

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.

Source: Southwest Health System, "About Us"; <https://www.swhealth.org/about-us/>; information accessed June 4, 2025.

Source: Southwest Health System, "About Us: Mission, Vision, Values"; <https://www.swhealth.org/about-us/mission-and-vision/>; information accessed June 4, 2025.

Hospital Biography

Hospital Services

- **Emergency Services**
 - Emergency Management Services
 - Classic Air
 - Walk-in Clinic
- **Pharmacy Services**
 - Inpatient Pharmacy
 - Outpatient/Retail Pharmacy
- **Southwest Medical Group**
 - Cardiology
 - General Surgery
 - Orthopedics & Orthopedic Surgery
 - Podiatry & Podiatric Surgery
 - Primary Care
 - Internal Medicine
 - Pediatrics
 - Pain Management
 - School Based Health Center
 - Sleep Medicine
- Traveling Physicians
- Women’s Health
 - Obstetrics
- Wound Care
- **Southwest Memorial Hospital**
 - Cardiopulmonary & Respiratory Therapy
 - Diagnostic Imaging
 - Family Birthing
 - Infusion
 - IP Intensive Care
 - IP Medical & Surgical
 - Laboratory
 - Patient Education
 - Diabetic Education
 - Nutrition
 - Rehabilitation Services
 - Sleep Center
 - Surgical Services & Same-Day Surgery

STUDY AREA

Southwest Health System

Study Area

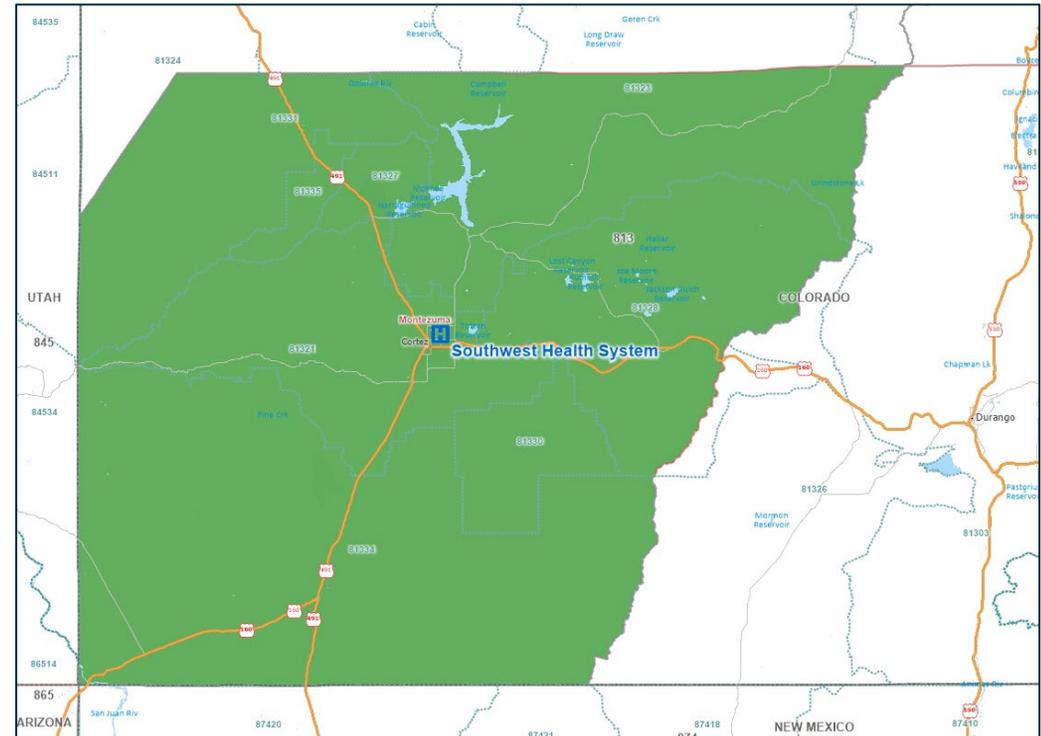
Montezuma County comprises 88.7% of CY 2024 Inpatient Discharges

H Indicates the hospital

**Southwest Health System
Patient Origin by County
January 1, 2024 - December 31, 2024**

County	State	CY24 Inpatient Discharges	% of Total	Cumulative % of Total
Montezuma	CO	822	88.7%	88.7%
All Others		105	11.3%	100.0%
Total		927	100.0%	

Source: Hospital inpatient discharge from Colorado Hospital Association (CHA), accessed from Syntellis for Southwest Health System, public use data files; January 2024 - December 2024; Normal Newborns MS-DRG 795 excluded.



Note: the 2022 SHS CHNA and Implementation Plan report studied Montezuma County, Colorado, which comprised 87.5% of CY 2021 (January 1, 2021 – December 31, 2021) inpatient discharges.

DEMOGRAPHIC OVERVIEW

Population Growth

Projected 5-Year Population Growth 2025-2030

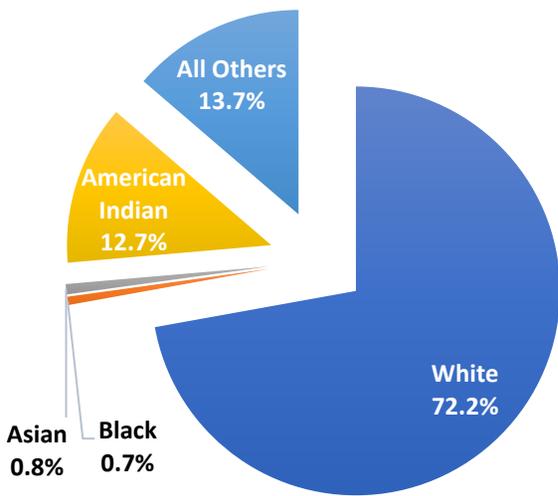


Overall Population Growth				
Geographic Location	2025	2030	2025-2030 Change	2025-2030 % Change
Montezuma County	26,475	26,837	362	1.4%
Colorado	6,096,340	6,350,959	254,619	4.2%

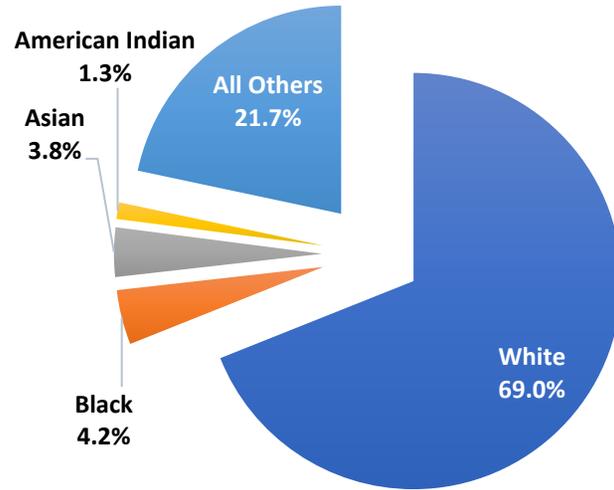
Population Health

Population Composition by Race/Ethnicity

Montezuma County 2025



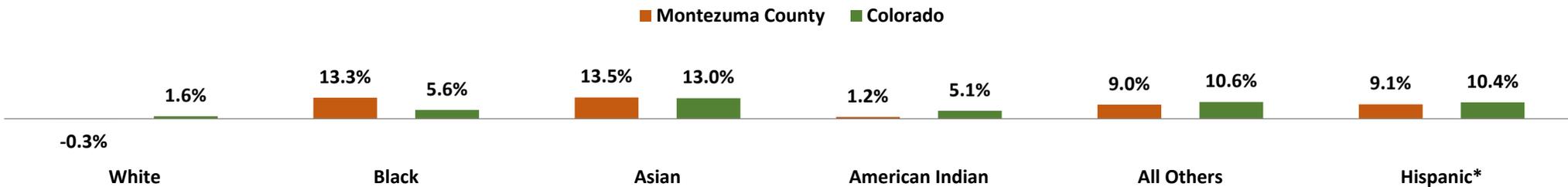
Colorado 2025



Montezuma County				
Race/Ethnicity	2025	2030	2025-2030 Change	2025-2030 % Change
White	44,353	44,752	399	0.9%
Black	17,337	18,223	886	5.1%
Asian	1,242	1,383	141	11.4%
American Indian	489	515	26	5.3%
All Others	16,956	19,081	2,125	12.5%
Total	80,377	83,954	3,577	4.5%
Hispanic*	18,418	20,825	2,407	13.1%

Colorado				
Race/Ethnicity	2025	2030	2025-2030 Change	2025-2030 % Change
White	14,966,254	15,275,878	309,624	2.1%
Black	3,825,747	4,009,424	183,677	4.8%
Asian	1,823,390	2,052,678	229,288	12.6%
American Indian	304,880	323,019	18,139	5.9%
All Others	9,937,207	10,920,175	982,968	9.9%
Total	30,857,478	32,581,174	1,723,696	5.6%
Hispanic*	12,405,217	13,594,988	1,189,771	9.6%

Race/Ethnicity Projected 5-Year Growth 2025-2030

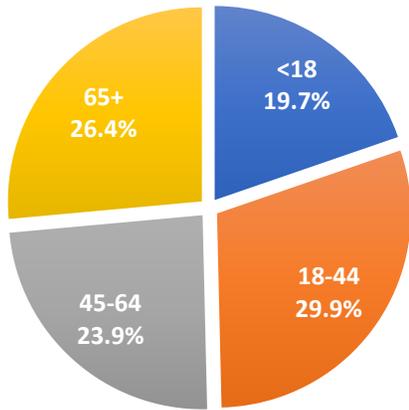


Source: Syntellis, Growth Reports, 2025.
 *Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
 Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.
 Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

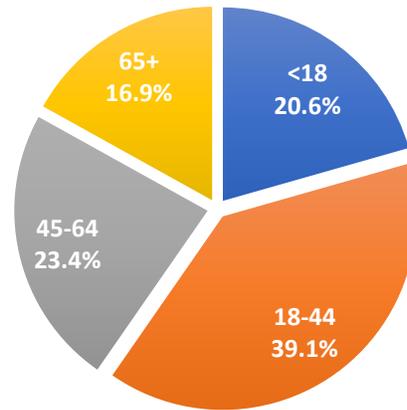
Population Health

Population Composition by Age Group

**Montezuma County
2025**

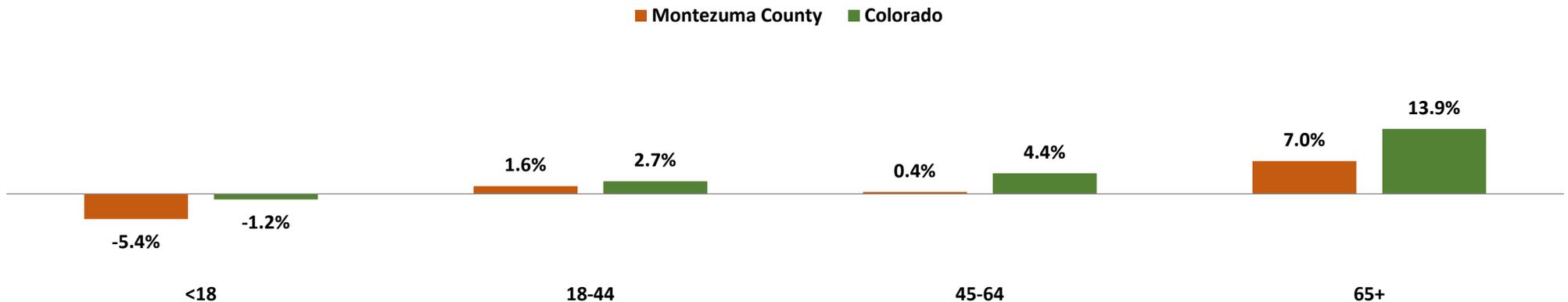


**Colorado
2025**



Montezuma County				
Age Cohort	2025	2030	2025-2030 Change	2025-2030 % Change
<18	5,224	4,942	-282	-5.4%
18-44	7,914	8,044	130	1.6%
45-64	6,336	6,360	24	0.4%
65+	7,001	7,491	490	7.0%
Total	26,475	26,837	362	1.4%
Colorado				
Age Cohort	2025	2030	2024-2029 Change	2025-2030 % Change
<18	1,255,409	1,240,180	-15,229	-1.2%
18-44	2,382,033	2,445,705	63,672	2.7%
45-64	1,426,151	1,488,849	62,698	4.4%
65+	1,032,747	1,176,225	143,478	13.9%
Total	6,096,340	6,350,959	254,619	4.2%

Age Projected 5-Year Growth 2025-2030

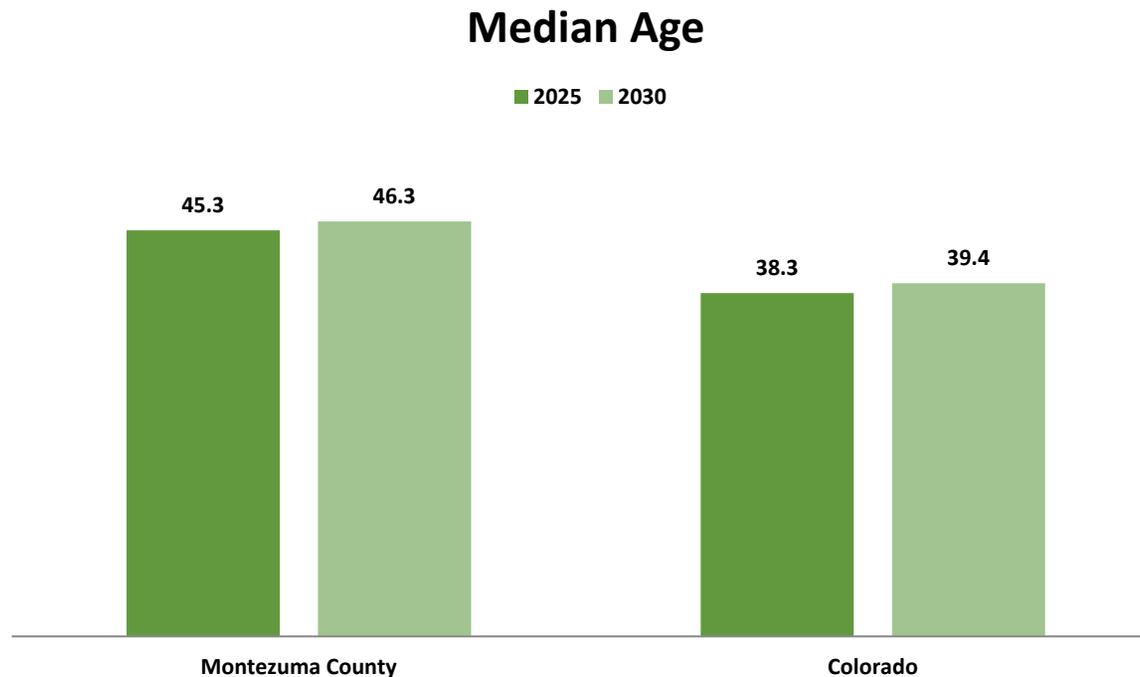


Source: Syntellis, Growth Reports, 2025.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Population Health

Median Age

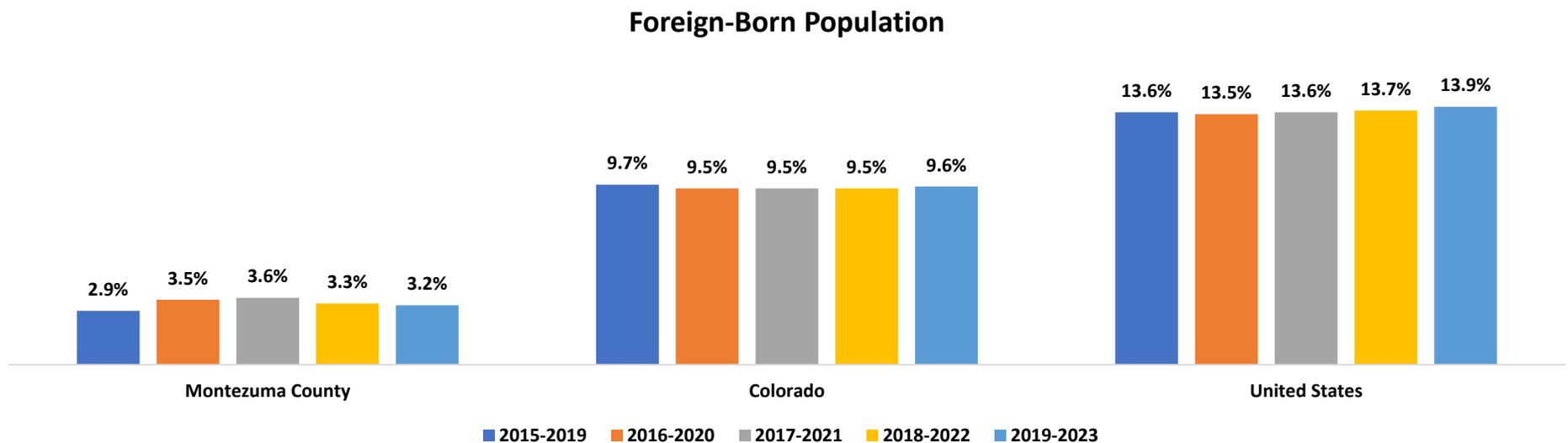
- The median age in both Montezuma County and the state is expected to increase over the next five years (2025-2030).
- As of 2025, Montezuma County (45.3 years) has an older median age than the state (38.3 years).



Population Health

Subpopulation Composition

- Between 2015 and 2023, the percentage of foreign-born residents increased in Montezuma County and the nation, while the percentage slightly decreased in the state.
- Between 2015 and 2023, Montezuma County maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2019-2023, Montezuma County (3.2%) had a lower percentage of foreign-born residents than the state (9.6%) and the nation (13.9%).



Source: United States Census Bureau, filtered for Montezuma County, CO, https://data.census.gov/table/ACSDP5Y2023.DP02?q=DP02&g=010XX00US_040XX00US08_050XX00US08083; data accessed June 6, 2025.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

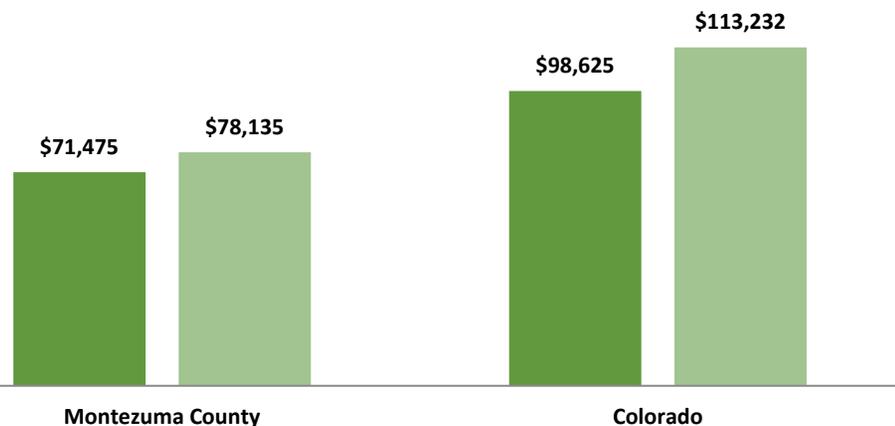
Population Health

Median Household Income & Educational Attainment

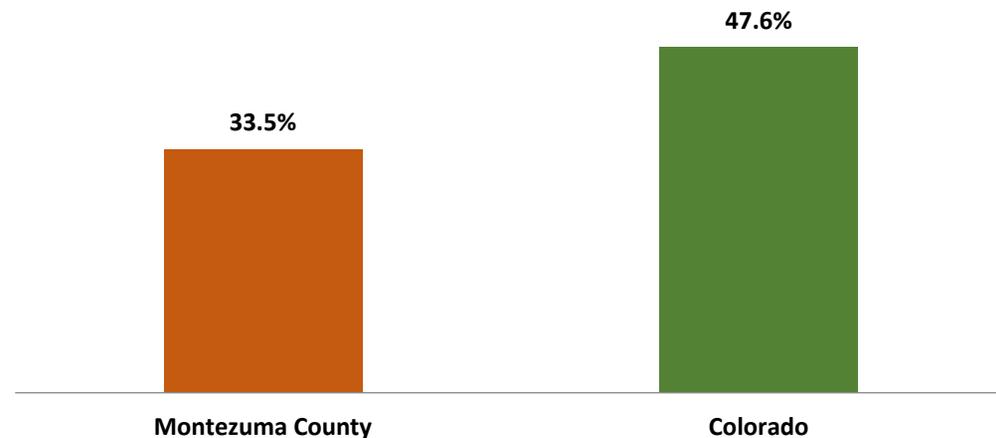
- Between 2025 and 2030, the median household income in Montezuma County and the state are expected to increase.
- The median household incomes in Montezuma County (\$71,475) was lower as compared to the state (\$98,625) (2025).
- Montezuma County (33.5%) had a lower percentage of residents with a bachelor or advanced degree than the state (47.6%) (2025).

Median Household Income

■ 2025 ■ 2030



Education Bachelor / Advanced Degree 2025

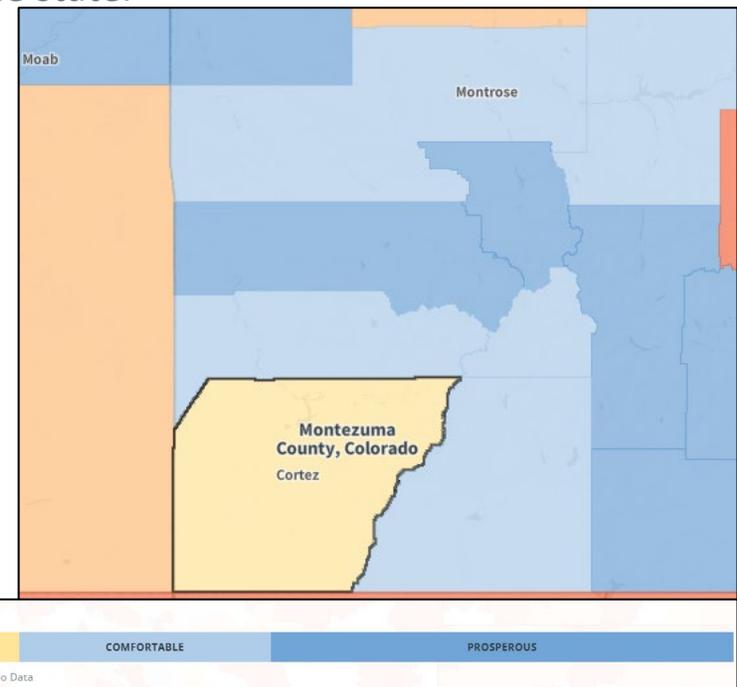


Population Health

Distressed Communities Index

- In 2018-2022, 15.2% of the nation lived in a distressed community, as compared to 24.9% of the nation that lived in a prosperous community
- In 2018-2022, 5.3% of the population in Colorado lived in a distressed community, as compared to 40.9% of the population that lived in a prosperous community.
- In 2018-2022, Montezuma County's distress score was 48.5, which falls within the mid-tier category and is more distressed as compared to other counties in the state.

	Colorado	United States
Lives in a Distressed Community	5.3%	15.2%
Lives in a Prosperous Community	40.9%	24.9%



Source: Economic Innovation Group, DCI Interactive Map, filtered for Montezuma County, CO, <https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county>; data accessed June 6, 2025.
 Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
 Note: DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2018 -2022.
 Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health

Family Budget Map

- As of January 2025, the cost of living for a two-parent, two-child family in Montezuma County is \$104,185 per year or \$8,682 per month.
- Transportation is estimated to be the highest monthly cost for Montezuma County with other necessities estimated to be the lowest monthly cost, as of January 2025.



Source: Economic Policy Institute, Family Budget Map, filtered for Montezuma County, CO, <https://www.epi.org/resources/budget/budget-map/>; data accessed June 6, 2025.

Note: Data is from the 2025 edition of EPI's Family budget calculator. All data are in 2024 dollars.

Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.

Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies, and telephone services, reading materials, and school supplies).

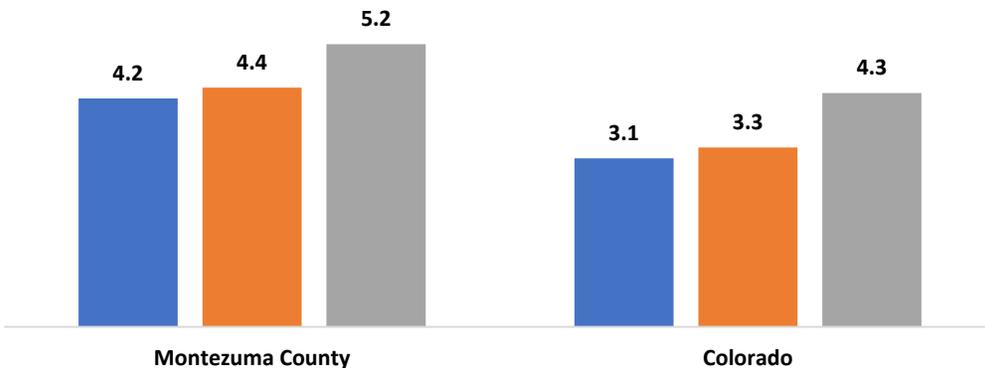
Population Health

Unemployment

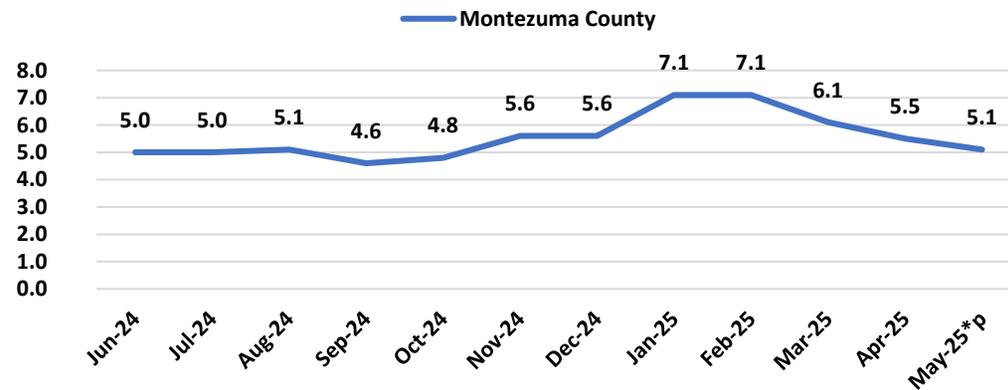
- Unemployment rates in Montezuma County and the state increased between 2022 and 2024.
- In 2024, Montezuma County (5.2) had a higher unemployment rate than the state (4.3).
- Over the most recent 12-month time period, monthly unemployment rates in Montezuma County slightly increased.
- For Montezuma County, September 2024 had the lowest unemployment rate (4.6) as compared to January 2025 and February 2025 with the highest rate (7.1).

**Unemployment
Annual Average, 2022-2024**

■ 2022 ■ 2023 ■ 2024



**Monthly Unemployment
Rates by Month
Most Recent 12-Month Period**



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, <https://www.bls.gov/lau/tables.htm>; data accessed July 15, 2025.
Definition: Unemployed persons include all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.
Note: “*p” indicates that the number associated with that month is a preliminary rate.

Industry Workforce Categories

- As of 2019-2023, the majority of employed persons in Montezuma County are within Management Occupations. The most common employed groupings are as follows:

Montezuma County

- Management Occupations (13.3%)
- Sales & Related Occupations (10.4%)
- Office & Administrative Support Occupations (10.3%)
- Construction & Extraction Occupations (8.2%)
- Education, Instruction & Library Occupations (6.0%)

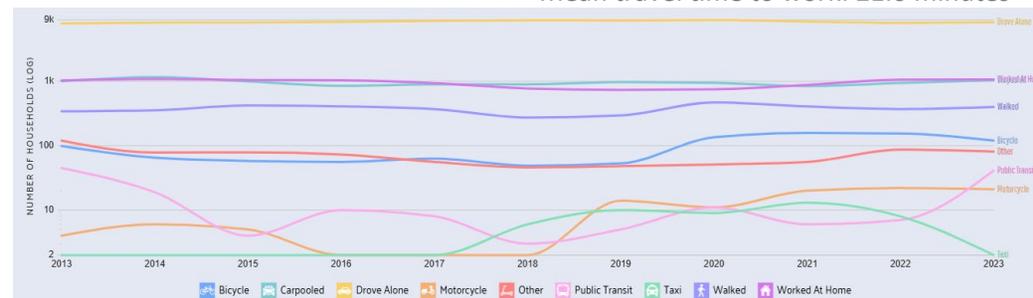
Population Health

Means of Transportation

- In 2019-2023, driving alone was the most frequent means of transportation to work for both Montezuma County and the state.
- In 2019-2023, Montezuma County (9.7%) had a lower percentage of people who worked from home than the state (18.8%).
- Montezuma County (21.0 minutes) had a shorter mean travel time to work than the state (25.5 minutes) (2019-2023).

Montezuma County

Mean travel time to work: 21.0 minutes



Colorado

Mean travel time to work: 25.5 minutes

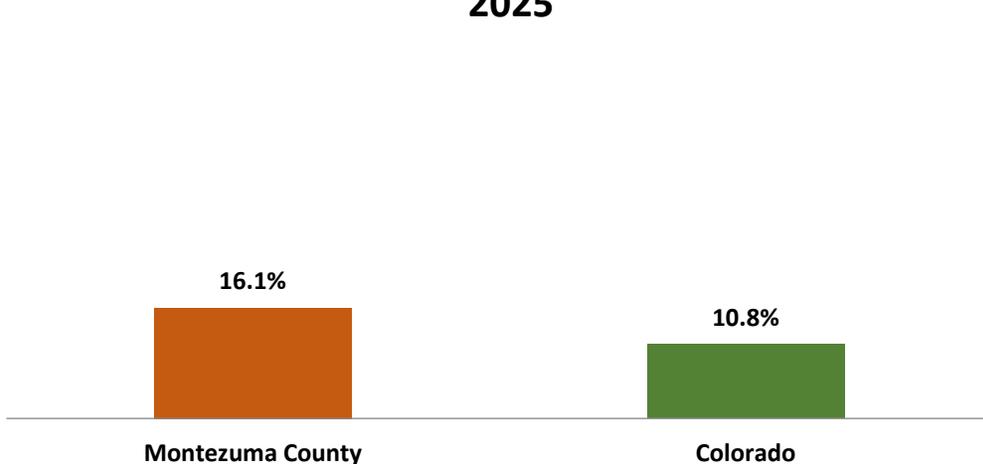


Population Health

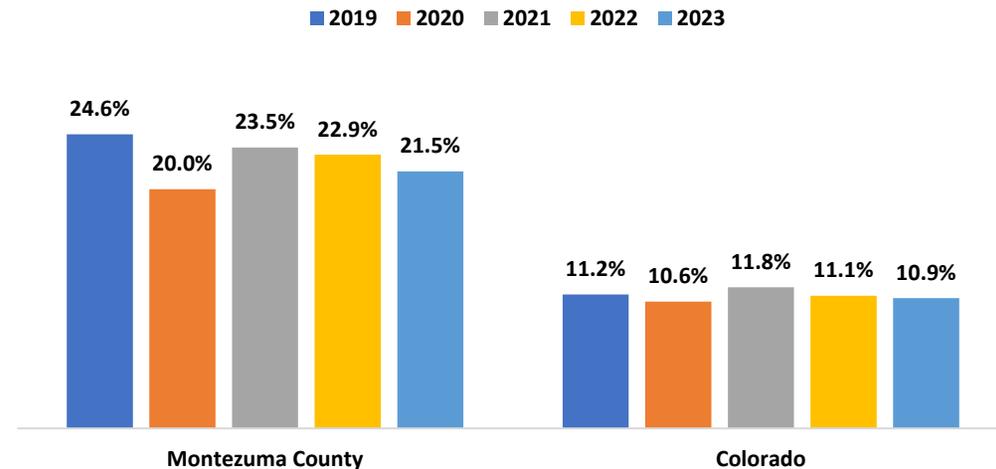
Poverty

- Montezuma County (16.1%) has a higher percentage of families living below poverty as compared to the state (10.8%) (2025).
- Between 2019 and 2023, the percentage of children (<18 years) living in poverty in Montezuma County and the state decreased.
- In 2023, Montezuma County (21.5%) had a higher percentage of children (<18 years) living in poverty than the state (10.9%).

Families Below Poverty 2025



Children Living in Poverty



Source: Syntellis, Growth Reports, 2025.

Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Montezuma County, CO, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed July 6, 2025.

Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold. The 2025 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$32,150, and less than 200% of the federal poverty level if the household income is less than \$64,300. Please see the appendix for the full 2025 Federal Poverty Guidelines.

Population Health

Food Insecurity

- According to Feeding America, Montezuma County (14.5%) had a higher estimated percentage of residents who are food insecure as compared to the state (12.7%) (2023).
- Additionally, Montezuma County had a higher percentage of children (under 18 years of age), Latino (all ages) and White Non-Hispanic (all ages) who are food insecure as compared to Colorado (2023).
- The average meal cost for a Montezuma County (\$3.72) resident is lower than the average meal cost in Colorado (\$3.73) (2023).

Location	Overall Food Insecurity	Child Food Insecurity	Latino Food Insecurity (all ages)	White Non-Hispanic Food Insecurity (all ages)	Average Meal Cost
Montezuma County	14.5%	19.1%	25.0%	11.0%	\$3.72
Colorado	12.7%	14.3%	22.0%	9.0%	\$3.73

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Montezuma County, CO, <https://map.feedingamerica.org/>; information accessed June 5, 2025.

Overall Food Insecure Definition: 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. "Overall" refers to all individuals, including children, regardless of race or ethnicity.

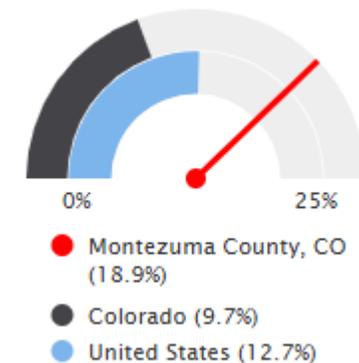
Child Food Insecure Definition: Those children living in households experiencing food insecurity. "Child" refers to all children under age 18, regardless of race or ethnicity.

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).

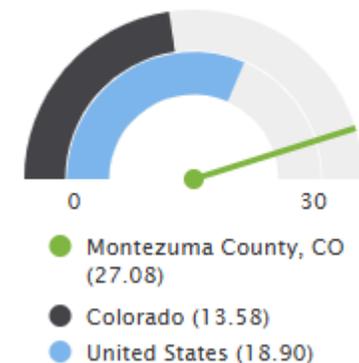
Supplemental Nutrition Assistance Program (SNAP) Benefits & Grocery Stores

- In 2022, Montezuma County (18.9%) had a higher percentage of its total population receiving SNAP benefits than the state (9.7%) and the nation (12.7%).
- Montezuma County (27.1 per 100,000) had a higher rate of grocery stores per 100,000 population as compared to the state (13.6 per 100,000) and the nation (18.9 per 100,000) (2023).

Percentage of Total Population Receiving SNAP Benefits



Grocery Stores, 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: SparkMap, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://sparkmap.org/report/>; data accessed June 6, 2025.

Population Receiving SNAP Definition: the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

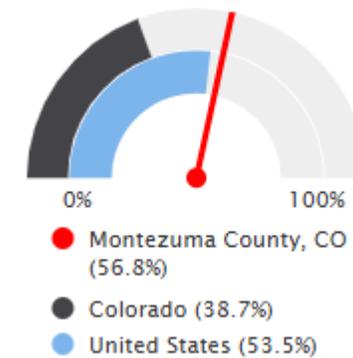
Grocery Store Definition: There are 20 grocery establishments in the report area, a rate of 12.11 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Population Health

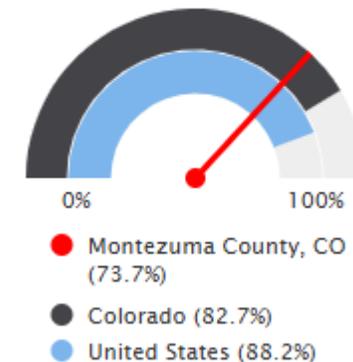
Children in the Study Area

- In 2022-2023, Montezuma County (56.8%) had a higher percentage of public school students eligible for free or reduced price lunch as compared to the state (38.7%) and the nation (53.5%).
- Montezuma County (73.7%) had a lower high school graduation rate than the state (82.7%) and the nation (88.2%) (2022-2023).

Percentage of Students Eligible for Free or Reduced Price School Lunch



Adjusted 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.

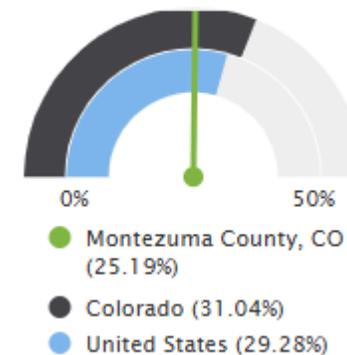
Source: SparkMap, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://sparkmap.org/report/>; data accessed June 5, 2025.
Eligible for Free/Reduced Price Lunch Definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.

Population Health

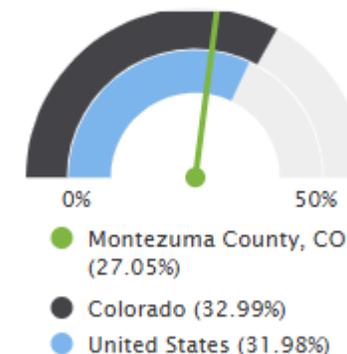
Housing – Cost and Substandard Housing Conditions

- Montezuma County (25.2%) had a lower percentage of households where housing costs exceed 30% of total household income than the state (31.0%) and the nation (29.3%) (2019-2023).
- The percentage of occupied housing units that have one or more substandard conditions in Montezuma County (27.1%) was lower than the state (33.0%) and the nation (32.0%) (2019-2023).

Percentage of Households where Housing Costs Exceed 30% of Income



Occupied Housing Units with One or More Substandard Conditions, Percent



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: SparkMap, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://sparkmap.org/report/>; data accessed June 5, 2025.

Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.

Substandard Conditions Definition: The number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

HEALTH DATA OVERVIEW

Data Methodology

The following information outlines specific health data:

- Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access

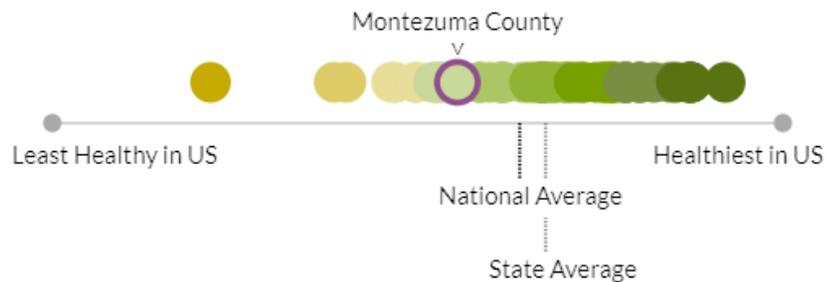
Data Sources include, but are not limited to:

- Colorado Department of Public Health & Environment
- Small Area Health Insurance Estimates (SAHIE)
- SparkMap
- 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

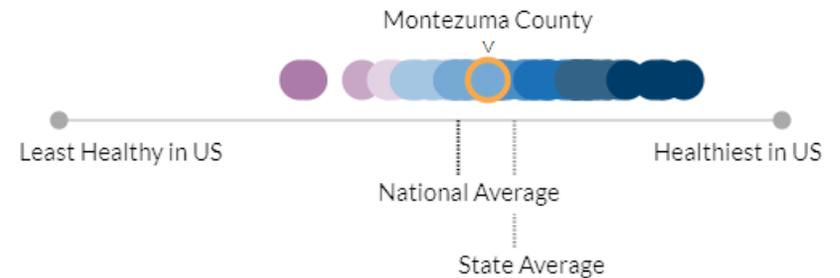
County Health Rankings & Roadmaps – Montezuma County, Colorado

Population Health and Well-being



- According to County Health Rankings & Roadmaps, Population Health and Well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.
- Some examples of where the county was worse than the state for Population Health and Well-being include:
 - Length Of Life:
 - Premature Death
 - Quality Of Life:
 - Poor Physical Health Days
 - Poor Mental Health Days
 - Poor or Fair Health

Community Conditions



- According to County Health Rankings & Roadmaps, Community Conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community Conditions are also referred to as the social determinants of health.
- Some examples of factors where the county was worse than the state for Community Conditions include:
 - Health Infrastructure:
 - Flu Vaccinations
 - Access to Exercise Opportunities
 - Mental Health Providers
 - Dentists
 - Mammography Screening
 - Uninsured
 - Physical Environment:
 - Driving Alone to Work
 - Broadband Access
 - Social and Economic:
 - High School Completion
 - Unemployment
 - Children in Poverty
 - Injury Deaths

Mortality – Leading Causes of Death (2019-2023)

Rank	Montezuma County	Colorado
1	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
4	COVID-19 (U07.1)	COVID-19 (U07.1)
5	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)
6	Chronic liver disease and cirrhosis (K70,K73-K74)	Cerebrovascular diseases (I60-I69)
7	Diabetes mellitus (E10-E14)	Alzheimer's disease (G30)
8	Cerebrovascular diseases (I60-I69)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)
9	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Chronic liver disease and cirrhosis (K70,K73-K74)
10	Alzheimer's disease (G30)	Diabetes mellitus (E10-E14)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Leading Causes of Death (2019-2023)

Cause of Death	Montezuma County		Colorado	
	5 Yr. Trend	Current (2021-2023)	5 Yr. Trend	Current (2021-2023)
Malignant neoplasms (C00-C97)	▲	233.7	▲	141.6
Diseases of heart (I00-I09,I11,I13,I20-I51)	▲	234.9	▲	140.2
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	▲	108.6	▲	72.2
COVID-19 (U07.1)	▲	98.5	▼	46.7
Chronic lower respiratory diseases (J40-J47)	▼	49.3	▼	41.0
Chronic liver disease and cirrhosis (K70,K73-K74)	▼	69.5	▲	20.9
Diabetes mellitus (E10-E14)	▲	69.5	▲	20.1
Cerebrovascular diseases (I60-I69)	▼	37.9	▲	36.3
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	▲	31.6	▼	22.7
Alzheimer's disease (G30)	Unreliable	25.3	▼	31.2

▲ An up arrow indicates that the county’s rate has trended upwards for that death category.

▼ A down arrow indicates that the county’s rate has trended downwards for that death category.

▶ A sideways arrow indicates that the county’s rate has remained consistent for that death category.

If there is no arrow, that means that one of the timeframe’s rate was either “Unreliable” or “Suppressed”.

A green box indicates that the county’s rate is lower than the state’s rate for that death category.

A red box indicates that the county’s rate is higher than the state’s rate for that death category.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

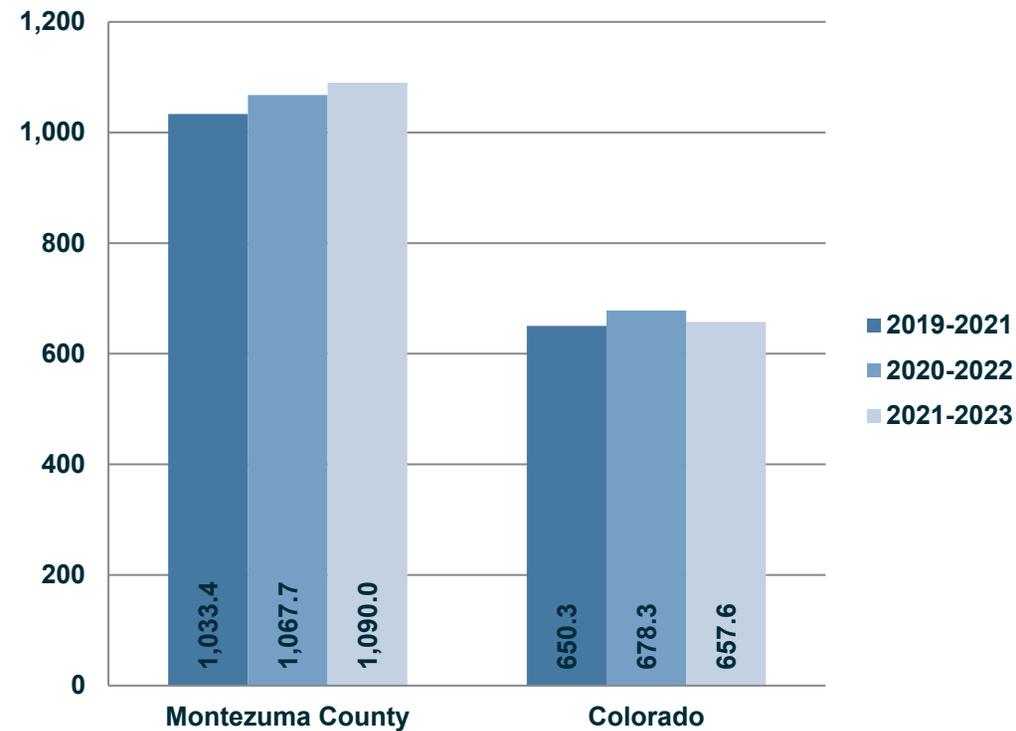
Note: Rates calculated with small numbers are unreliable and should be used cautiously. Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Health Status

Mortality - Overall

- Overall mortality rates in Montezuma County remained higher than the state between 2019 and 2023.
- Overall mortality rates in Montezuma County and the state increased between 2019 and 2023.
- In 2021-2023, the overall mortality rate in Montezuma County (1,090.0 per 100,000) was higher than the state (657.6 per 100,000).

Overall Mortality
Crude Death Rates per 100,000, 2019-2023



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	814	1,033.4	844	1,067.7	863	1,090.0	1,366	1,036.7
Colorado	113,008	650.3	118,431	678.3	115,276	657.6	187,843	645.6

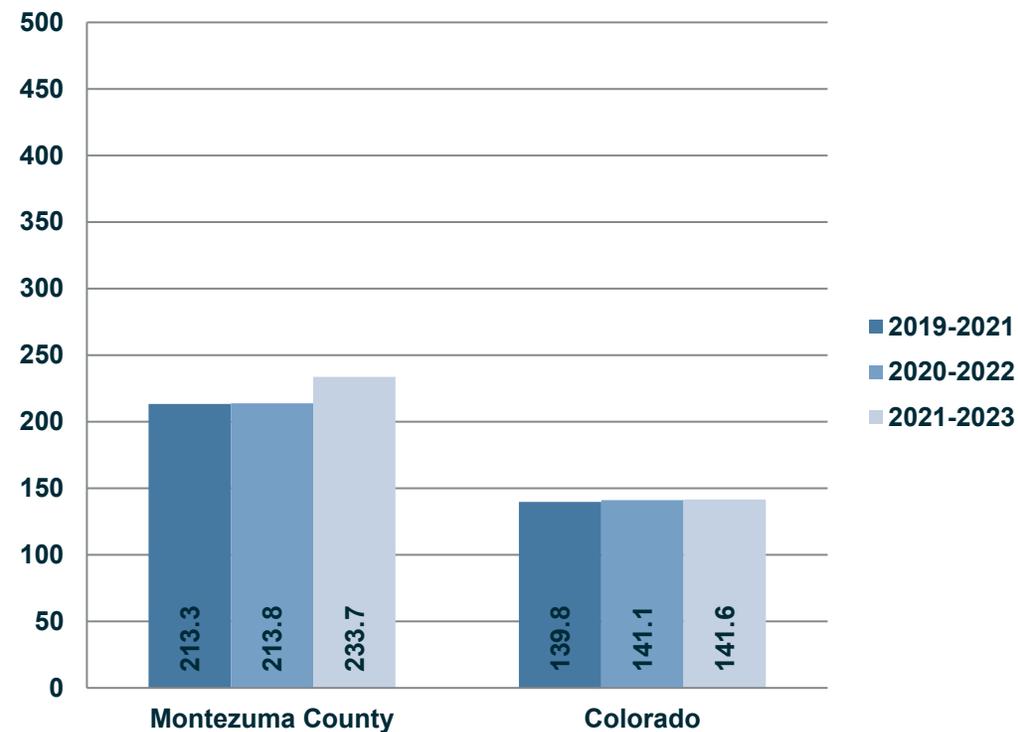
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.
 Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
 Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Malignant Neoplasms

- Cancer is the leading cause of death in Montezuma County and the state (2019-2023).
- Between 2019 and 2023, cancer mortality rates increased in Montezuma County and the state.
- In 2021-2023, the cancer mortality rate in Montezuma County (233.7 per 100,000) was higher than the state (141.6 per 100,000).

Malignant Neoplasms
Crude Death Rates per 100,000, 2019-2023



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	168	213.3	169	213.8	185	233.7	296	224.6
Colorado	24,296	139.8	24,634	141.1	24,825	141.6	41,063	141.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

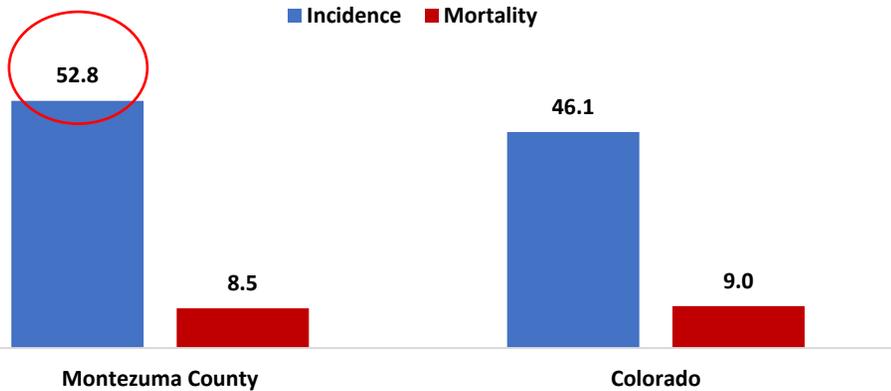
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

 = higher rate than the state

Cancer Incidence & Mortality by Type

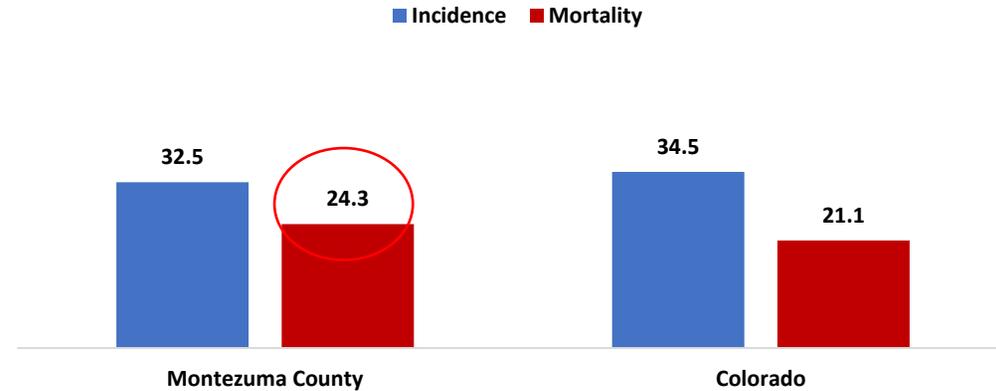
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



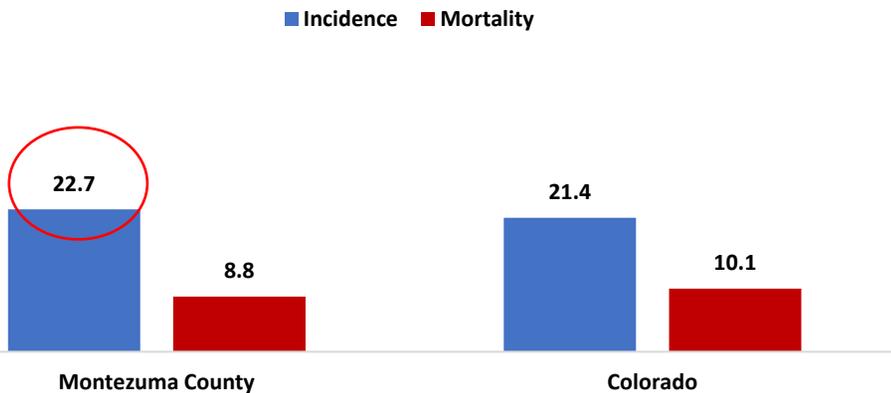
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



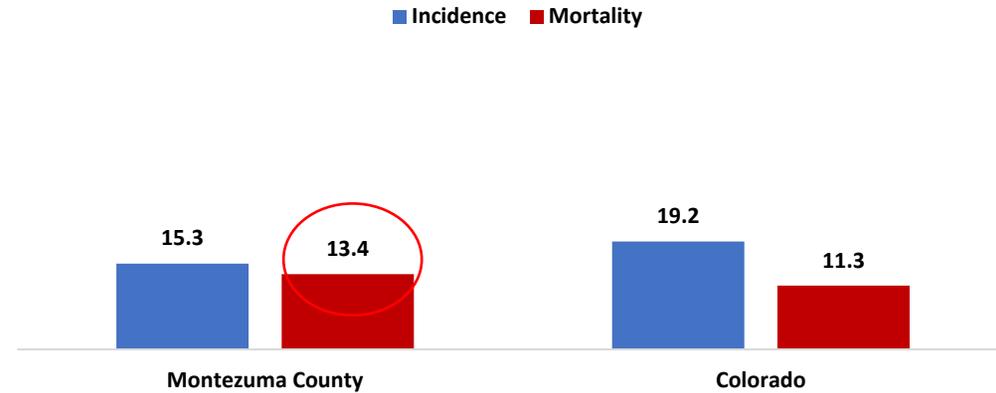
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2020-2022



Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset (CoHID) Cancer Incidence, <https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CCCR2000-2022CancerIncidenceRates-CoHID/AgeAdjustedRatesDashboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>; data accessed on June 5, 2025.

Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset (CoHID) Deaths, https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDFullDeathQuery_StateDemographyPopEstimates/MortalityStatistics?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no; data accessed on June 5, 2025.

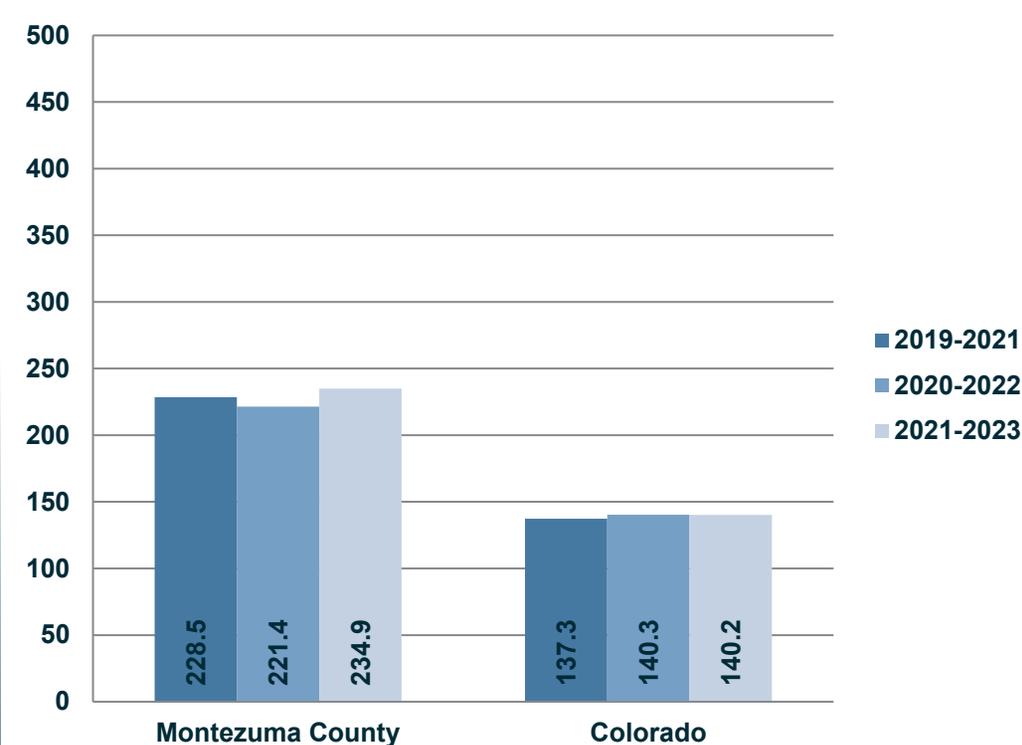
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

Health Status

Mortality - Diseases of the Heart

- Heart disease is the second leading cause of death in Montezuma County and the state (2019-2023).
- Between 2019 and 2023, heart disease mortality rates increased in Montezuma County and the state.
- In 2021-2023, the heart disease mortality rate in Montezuma County (234.9 per 100,000) was higher than the state (140.2 per 100,000).

Diseases of the Heart
Crude Death Rates per 100,000, 2019-2023



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	180	228.5	175	221.4	186	234.9	293	222.4
Colorado	23,866	137.3	24,493	140.3	24,579	140.2	40,364	138.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

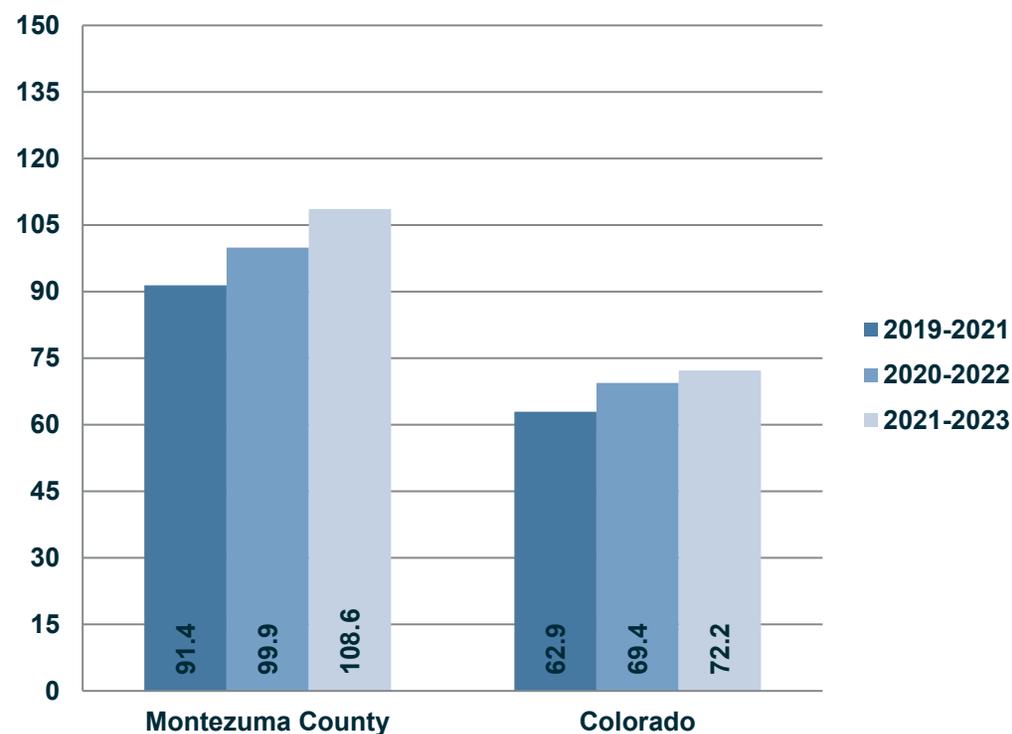
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Accidents

- Fatal accidents are the third leading cause of death in Montezuma County and the state (2019-2023).
- Between 2019 and 2023, overall accident mortality rates increased in Montezuma County and the state.
- In 2021-2023, the accident mortality rate in Montezuma County (108.6 per 100,000) was higher than the state (72.2 per 100,000).
- The leading cause of fatal accidents in Montezuma County is due to accidental poisoning and exposure to noxious substances (2021-2023).

Accidents
Crude Death Rates per 100,000, 2019-2023



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	72	91.4	79	99.9	86	108.6	135	102.5
Colorado	10,938	62.9	12,121	69.4	12,657	72.2	19,389	66.6

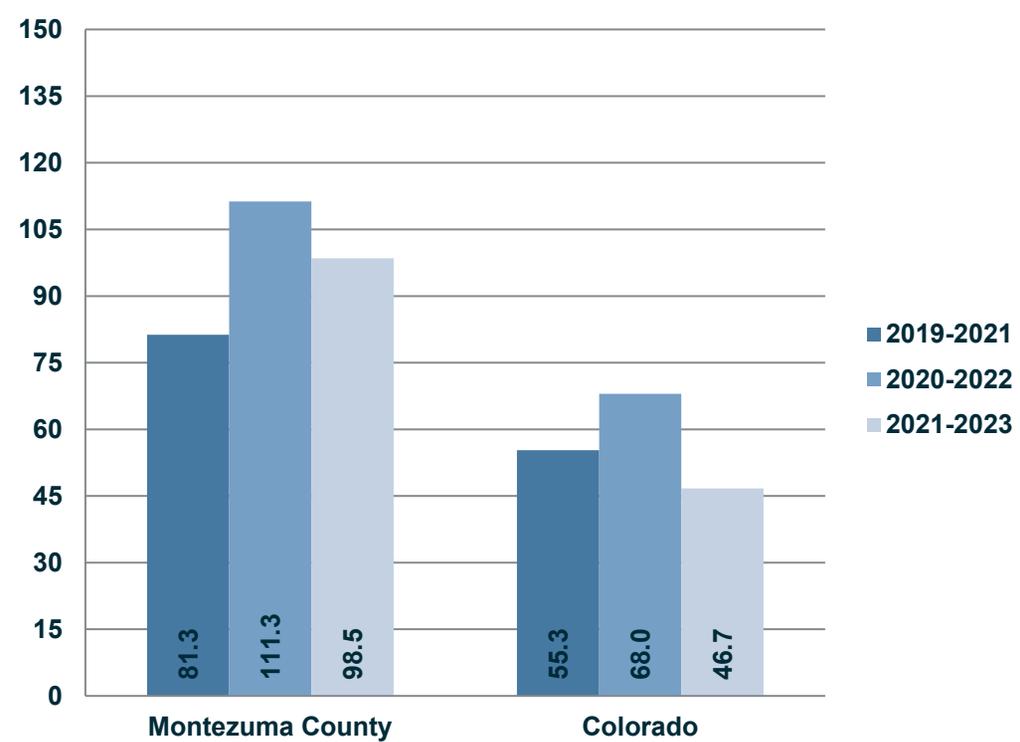
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.
 Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
 Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
 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 - COVID-19

- COVID-19 is the fourth leading cause of death in Montezuma County and the state (2019-2023).
- Between 2019 and 2023, COVID-19 mortality rates in Montezuma County increased and decreased in the state.
- In 2021-2023, the COVID-19 mortality rate in Montezuma County (98.5 per 100,000) was higher than the state (46.7 per 100,000).

COVID-19
Crude Death Rates per 100,000, 2019-2023



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	64	81.3	88	111.3	78	98.5	94	71.3
Colorado	9,614	55.3	11,873	68.0	8,186	46.7	12,501	43.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

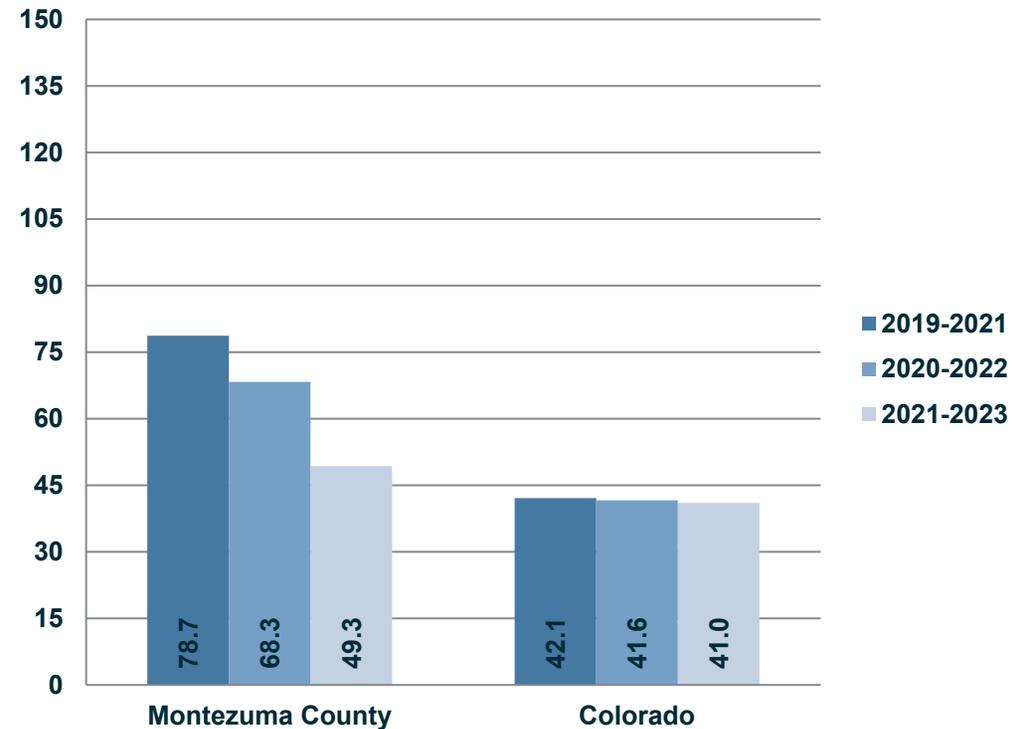
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Chronic Lower Respiratory Diseases

- Chronic lower respiratory diseases (CLRD) is the fifth leading cause of death in Montezuma County and the state (2019-2023).
- Between 2019 and 2023, CLRD mortality rates decreased in both Montezuma County and the state.
- In 2021-2023, the CLRD mortality rate in Montezuma County (49.3 per 100,000) was higher than the state (41.0 per 100,000).

**Chronic Lower Respiratory Diseases
Crude Death Rates per 100,000, 2019-2023**



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	62	78.7	54	68.3	39	49.3	87	66.0
Colorado	7,312	42.1	7,263	41.6	7,188	41.0	12,194	41.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

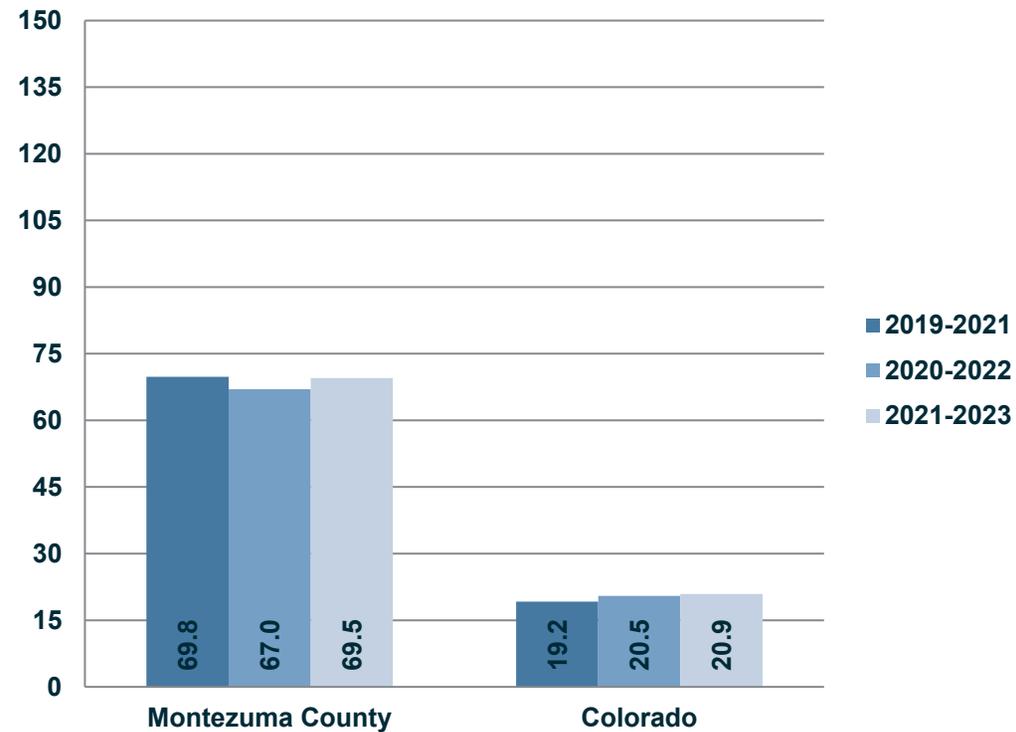
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the sixth leading cause of death in Montezuma County and the ninth leading cause of death in the state (2019-2023).
- Between 2019 and 2023, chronic liver disease and cirrhosis mortality rates slightly decreased in Montezuma County and increased in the state.
- In 2021-2023, chronic liver disease and cirrhosis mortality rate in Montezuma County (69.5 per 100,000) was higher than the state (20.9 per 100,000).

**Chronic Liver Disease and Cirrhosis
Crude Death Rates per 100,000, 2019-2023**



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	55	69.8	53	67.0	55	69.5	84	63.7
Colorado	3,335	19.2	3,587	20.5	3,659	20.9	5,760	19.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

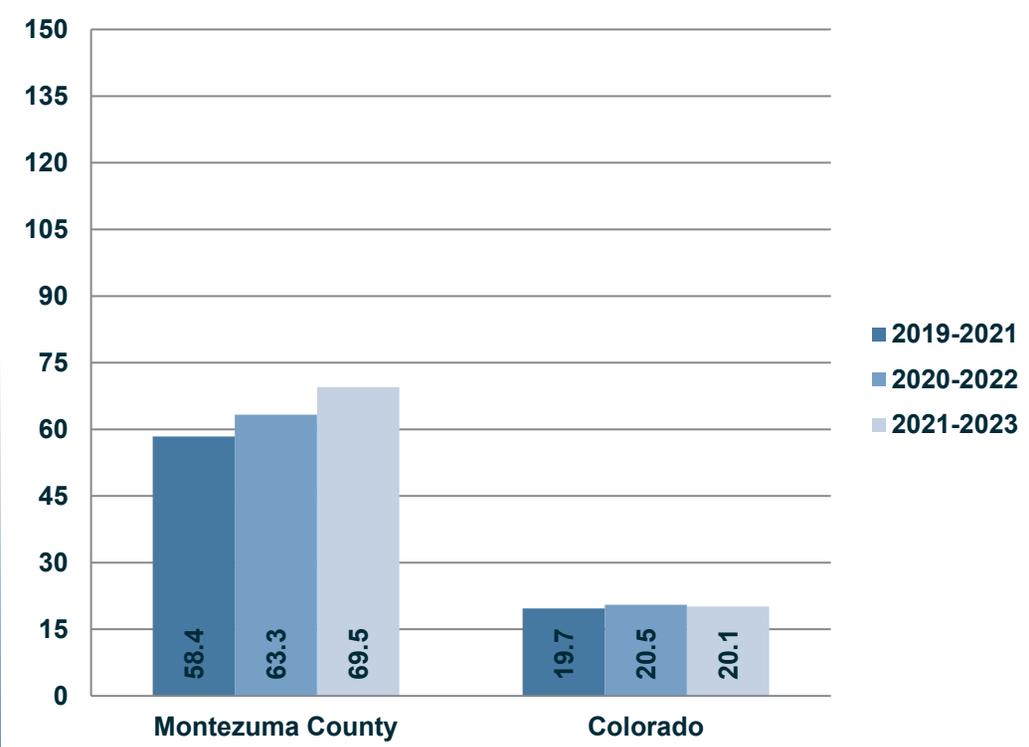
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Diabetes Mellitus

- Diabetes mellitus is the seventh leading cause of death in Montezuma County and is the tenth leading cause of death in the state (2019-2023).
- Between 2019 and 2023, diabetes mortality rates increased in both Montezuma County and the state.
- In 2021-2023, the diabetes mortality rate in Montezuma County (69.5 per 100,000) was higher than the state (20.1 per 100,000).

Diabetes Mellitus
Crude Death Rates per 100,000, 2019-2023



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	46	58.4	50	63.3	55	69.5	83	63.0
Colorado	3,418	19.7	3,587	20.5	3,524	20.1	5,738	19.7

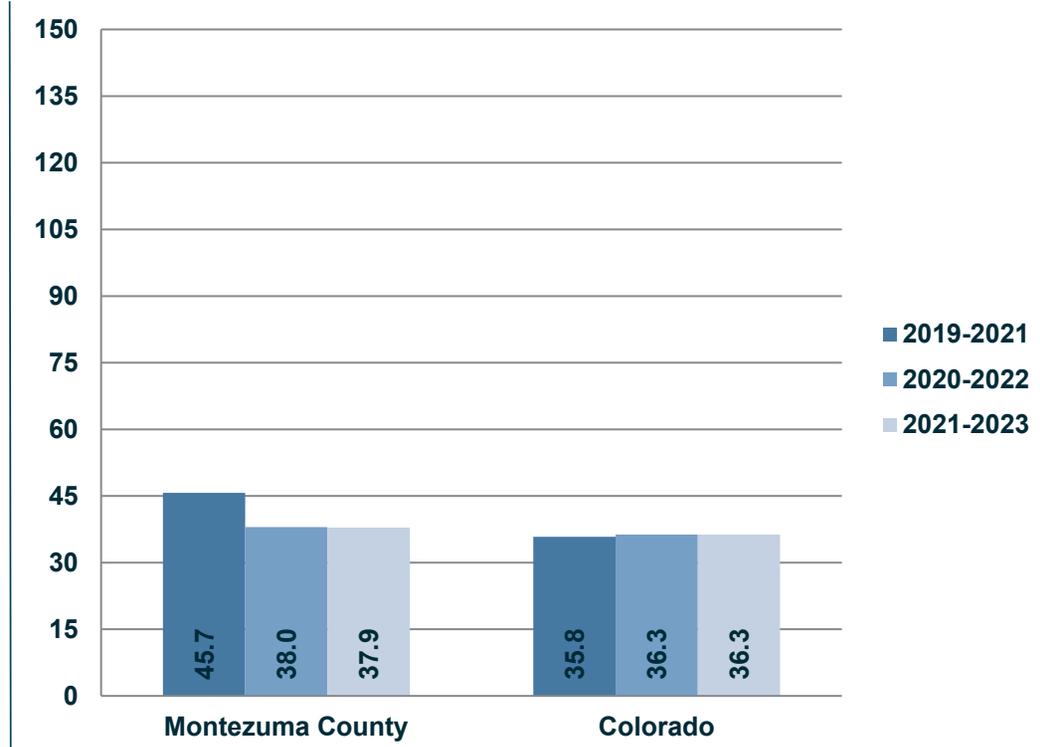
Source: Centers for Disease Control and Prevention/National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.
 Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
 Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Cerebrovascular Disease

- Cerebrovascular disease is the eighth leading cause of death in Montezuma County, and the sixth leading cause of death in the state (2019-2023).
- Between 2019 and 2023, cerebrovascular disease mortality rates decreased in Montezuma County and increased in the state.
- In 2021-2023, the cerebrovascular disease mortality rate in Montezuma County (37.9 per 100,000) was higher than the state (36.3 per 100,000).

**Cerebrovascular Disease
Crude Death Rates per 100,000, 2019-2023**



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	36	45.7	30	38.0	30	37.9	56	42.5
Colorado	6,226	35.8	6,334	36.3	6,362	36.3	10,543	36.2

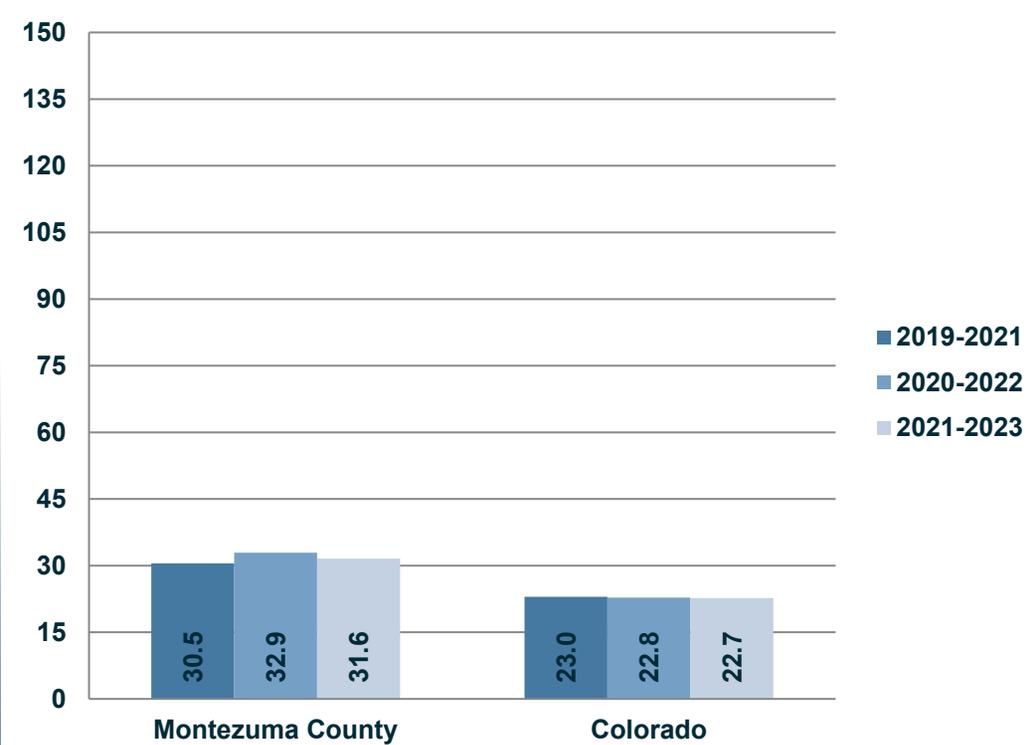
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.
 Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
 Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the ninth leading cause of death in Montezuma County, and the eighth leading cause of death in the state (2019-2023).
- Between 2019 and 2023, intentional self-harm (suicide) mortality rates increased in Montezuma County and slightly decreased in the state.
- In 2021-2023, the intentional self-harm (suicide) mortality rate in Montezuma County (31.6 per 100,000) was higher than the state (22.7 per 100,000).

**Intentional Self-Harm (Suicide)
Crude Death Rates per 100,000, 2019-2023**



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	24	30.5	26	32.9	25	31.6	42	31.9
Colorado	3,998	23.0	3,979	22.8	3,974	22.7	6,588	22.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.

Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.

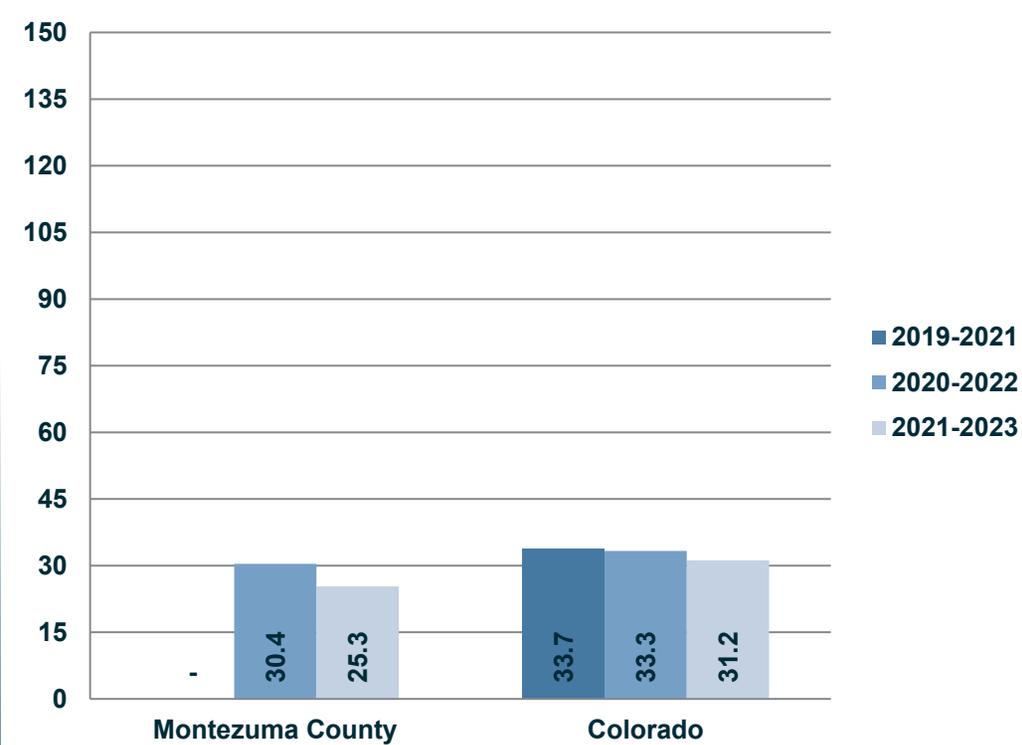
Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Alzheimer's Disease

- Alzheimer's disease is the tenth leading cause of death in Montezuma County and the seventh leading cause of death in the state (2019-2023).
- Between 2019 and 2023, Alzheimer's disease mortality rates decreased in the state.
- In 2021-2023, the Alzheimer's disease mortality rate in Montezuma County (25.3 per 100,000) was higher than the state (31.2 per 100,000).

**Alzheimer's Disease
Crude Death Rates per 100,000, 2019-2023**



LOCATION	2019-2021		2020-2022		2021-2023		2019-2023	
	DEATHS	CRUDE DEATH RATE						
Montezuma County	19	Unreliable	24	30.4	20	25.3	33	25.0
Colorado	5,851	33.7	5,813	33.3	5,478	31.2	9,551	32.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 29, 2025.
 Note: Due to policy changes in data provision from the census, age-adjusted rates at the county level were unable to be provided at the time of the report. Crude rates were used in the analysis and should be interpreted with caution when comparing separate geographic areas.
 Note: Crude rates use the most current Vintage postcensal series released by the Census Bureau. Crude death rates are per 100,000. Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
 "—" note: Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Health Status

Communicable Diseases – Chlamydia, Gonorrhea & HIV/AIDS

- In 2023, Montezuma County (241.2 per 100,000) had a lower chlamydia infection rate than the state (435.1 per 100,000) and the nation (492.2 per 100,000).
- In 2023, Montezuma County (90.5 per 100,000) had a lower gonorrhea infection rate than the state (128.7 per 100,000) and the nation (179.0 per 100,000).
- In 2022, Montezuma County (101.5 per 100,000) had a lower rate of persons with HIV/AIDS than the state (274.7 per 100,000) and the nation (386.6 per 100,000).

Chlamydia Infection Rate
(Per 100,000 Pop.)



● Montezuma County, CO (241.23)
● Colorado (435.06)
● United States (492.2)

Gonorrhea Infection Rate
(Per 100,000 Pop.)



● Montezuma County, CO (90.5)
● Colorado (128.7)
● United States (179.0)

Population with HIV / AIDS,
Rate per 100,000 Pop.



● Montezuma County, CO (101.5)
● Colorado (274.7)
● United States (386.6)

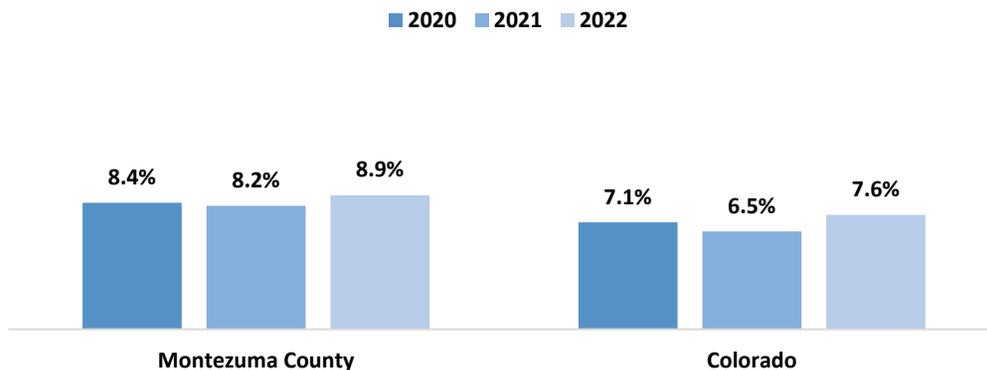
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

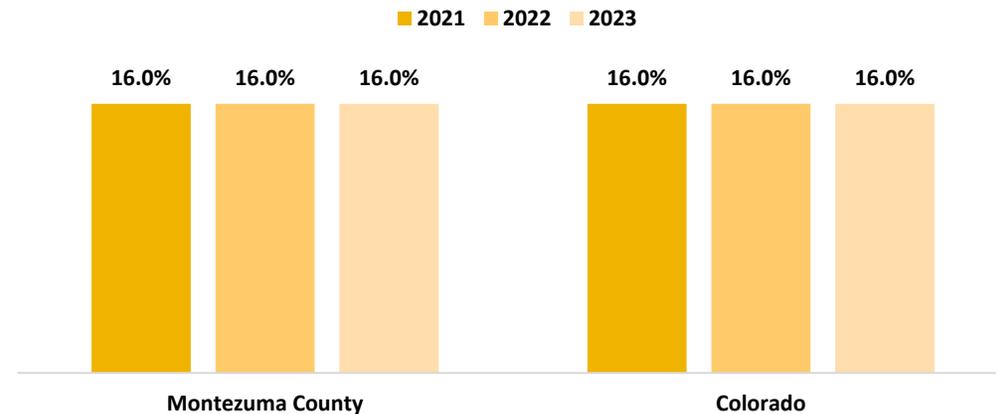
Chronic Conditions - Diabetes

- Between 2020 and 2022, the percentage of adults (age 18+) with diabetes increased in both Montezuma County and the state.
- Montezuma County (8.9%) had a higher percentage of adults (age 18+) with diabetes than the state (7.6%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with diabetes remained consistent in Montezuma County and the state.
- In 2023, the percentage of Medicare beneficiaries with diabetes in Montezuma County (16.0%) was comparable to the state (16.0%).

Diabetes, Percentage, Adults (age 18+), 2020-2022



Diabetes, Percentage, Medicare, 2021-2023



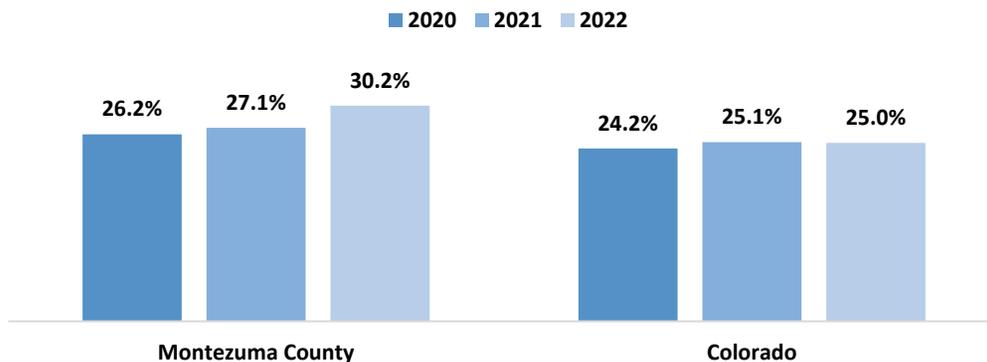
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.
Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

Health Status

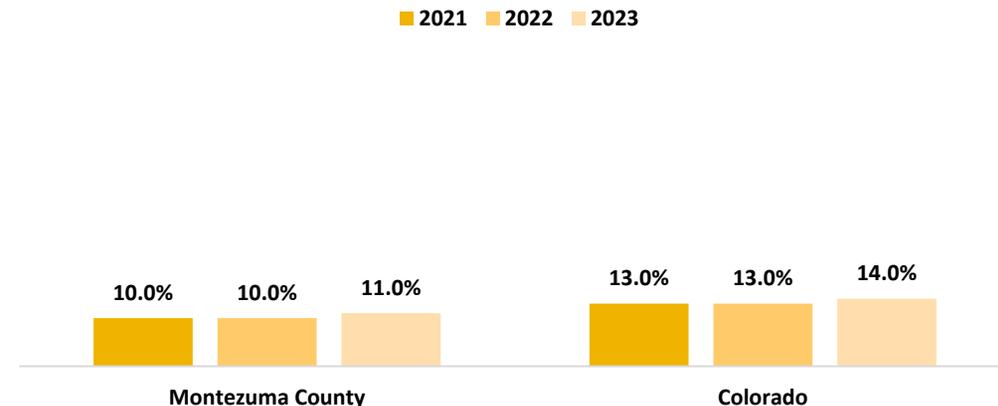
Chronic Conditions - Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese increased in Montezuma County and the state.
- Montezuma County (30.2%) had a higher percentage of adults (age 18+) who were obese when compared to the state (25.0%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries who were obese increased in both Montezuma County and the state.
- In 2023, the percentage of Medicare beneficiaries who were obese in Montezuma County (11.0%) was lower than state (14.0%).

Obesity, Percentage, Adults (age 18+), 2020-2022



Obesity, Percentage, Medicare, 2021-2023

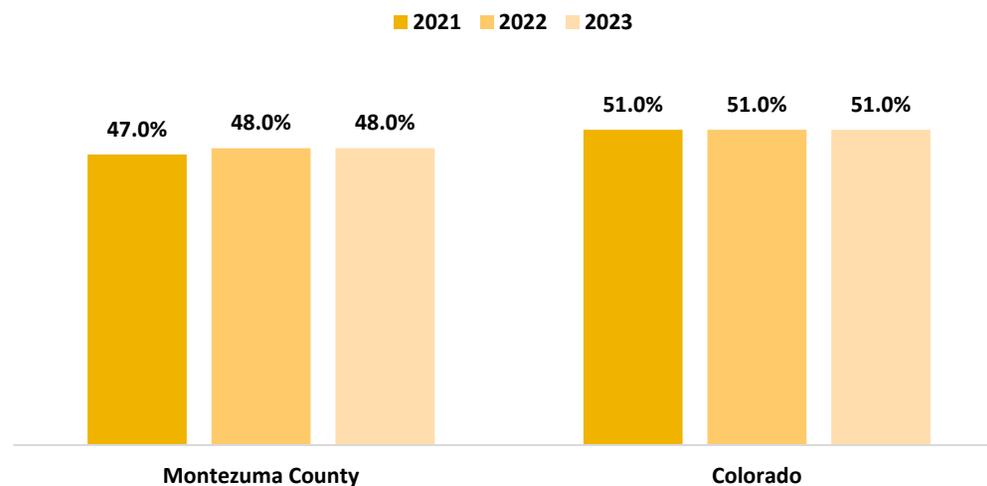


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.
Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI <12 kg/m² or ≥100 kg/m².

Chronic Conditions - Hypertension

- Between 2021 and 2023, the percentage of Medicare beneficiaries with hypertension increased in Montezuma County and remained consistent in the state.
- In 2023, the percentage of Medicare beneficiaries with hypertension in Montezuma County (48.0%) was lower than state (51.0%).

Hypertension, Percentage, Medicare, 2021-2023



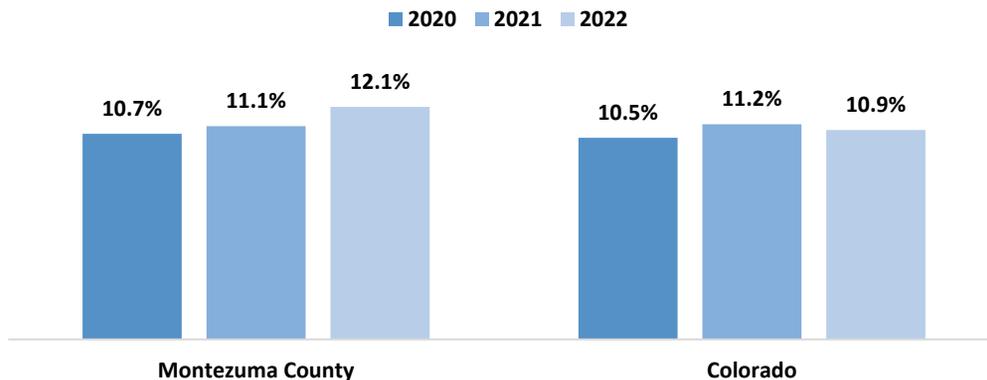
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.
Definition: Respondents who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure.

Health Status

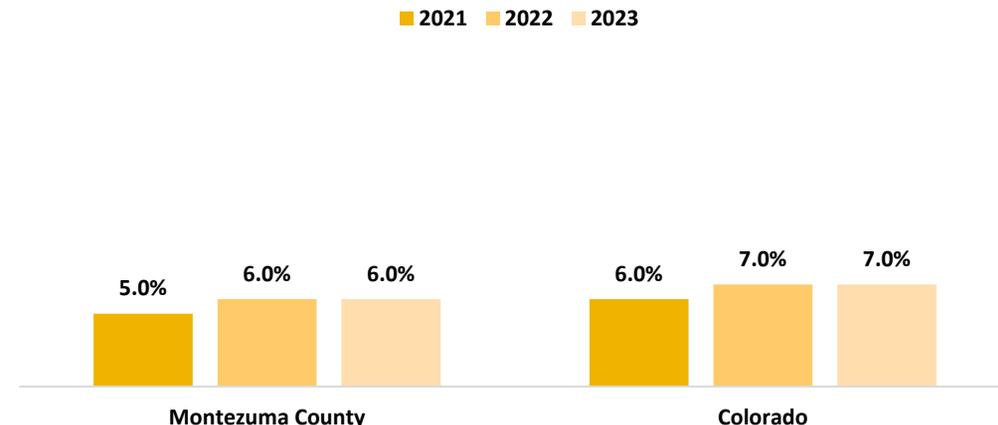
Chronic Conditions - Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) who currently have asthma increased in both Montezuma County and the state.
- Montezuma County (12.1%) had a higher percentage of adults (age 18+) who currently have asthma when compared to the state (10.9%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with asthma increased in both Montezuma County and the state.
- In 2023, the percentage of Medicare beneficiaries with asthma in Montezuma County (6.0%) was lower than the state (7.0%).

Asthma, Percentage, Adults (age 18+), 2020-2022



Asthma, Percentage, Medicare, 2021-2023

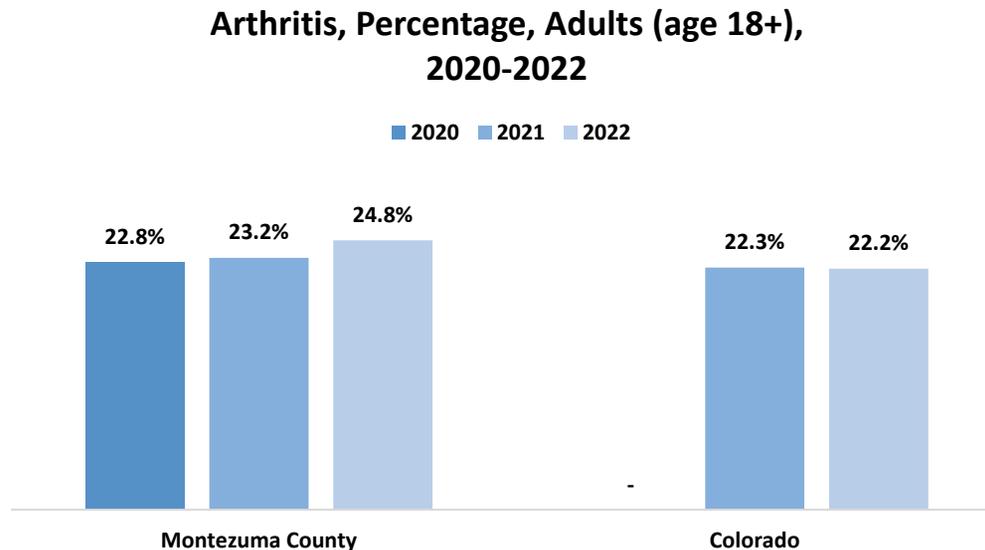


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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 Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
 Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.
 Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

Health Status

Chronic Conditions - Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) who have arthritis increased in Montezuma County.
- Montezuma County (24.8%) had a higher percentage of adults (age 18+) with arthritis than the state (22.2%) (2022).



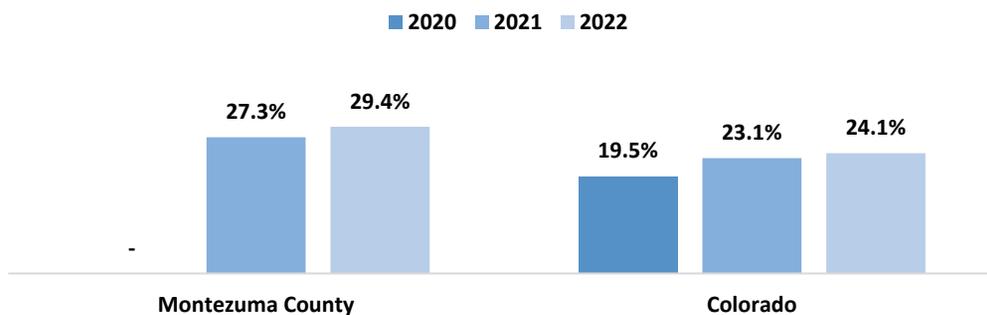
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Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?")
Note: "-" indicates that data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

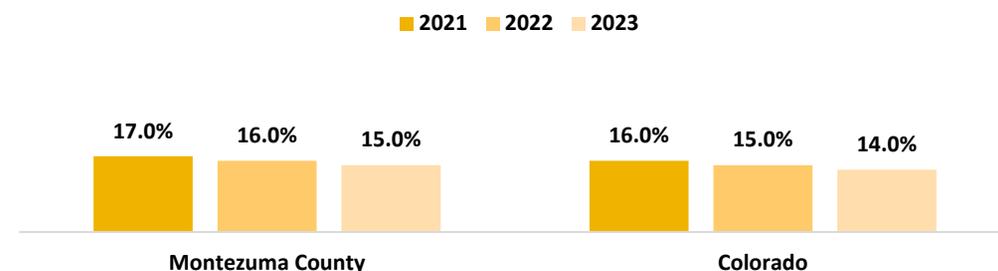
Chronic Conditions - Disability

- Between 2020 and 2022, the percentage of adults with a disability in the state increased.
- In 2022, Montezuma County (29.4%) had a higher percentage of adults (age 18+) with a disability than the state (24.1%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with a disability in Montezuma County and the state decreased.
- In 2023, Montezuma County (15.0%) had a higher percentage of Medicare beneficiaries with a disability as compared to the state (14.0%).

Disability, Percentage, Adults (age 18+), 2020-2022



Disability (reason for Medicare eligibility), Percentage, Medicare, 2021-2023

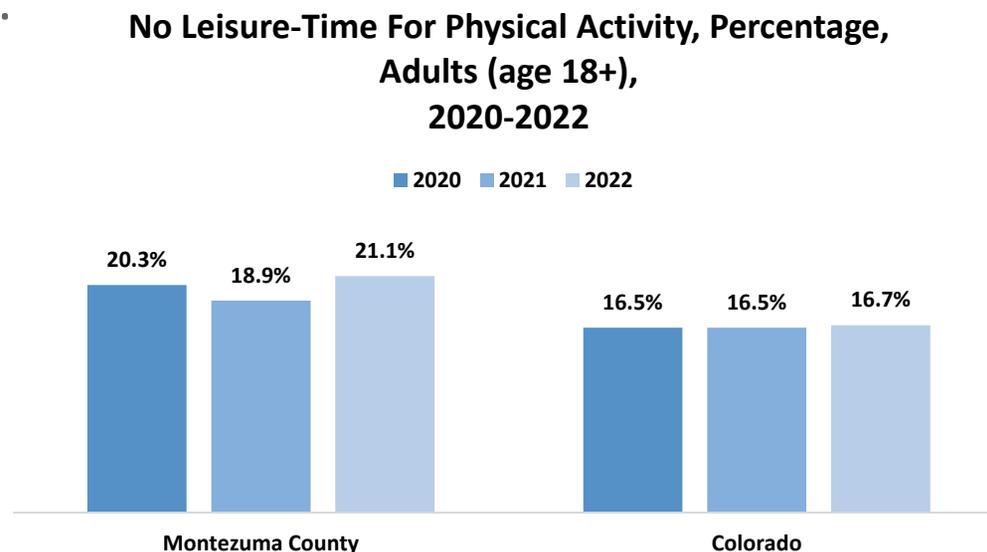


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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 Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
 Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.
 Definition: Adults who said yes to at least one of six disability questions related to serious difficulty including (1) hearing, (2) vision, (3) concentrating, remembering, or making decisions (i.e., cognition), (4) walking or climbing stairs (i.e., mobility), (5) dressing or bathing (i.e., self-care), and (6) doing errands alone (i.e., independent living).
 CMS Definition - The beneficiary qualifies for Medicare through the Disability Insurance Benefits (DIB), as recorded in either the original or current reason for entitlement in the enrollment data.
 "-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

Health Behaviors - Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) who have no leisure-time for physical activity increased in both Montezuma County and the state.
- Montezuma County (21.1%) had a higher percentage of adults (age 18+) with no leisure-time for physical activity when compared to the state (16.7%) (2022).



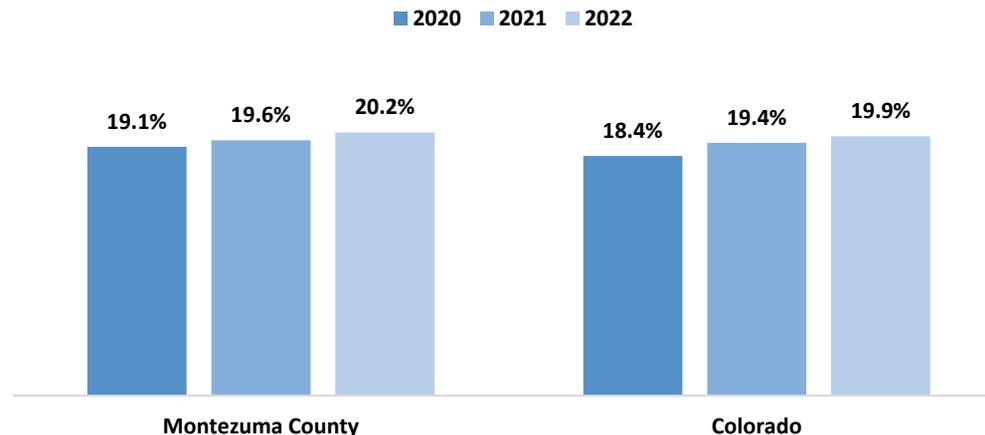
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?")

Health Status

Health Behaviors - Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who reported binge drinking increased in Montezuma County and the state.
- Montezuma County (20.2%) had a higher percentage of adults (age 18+) who reported binge drinking when compared to the state (19.9%) (2022).

**Binge Drinking, Percentage, Adults (age 18+),
2020-2022**

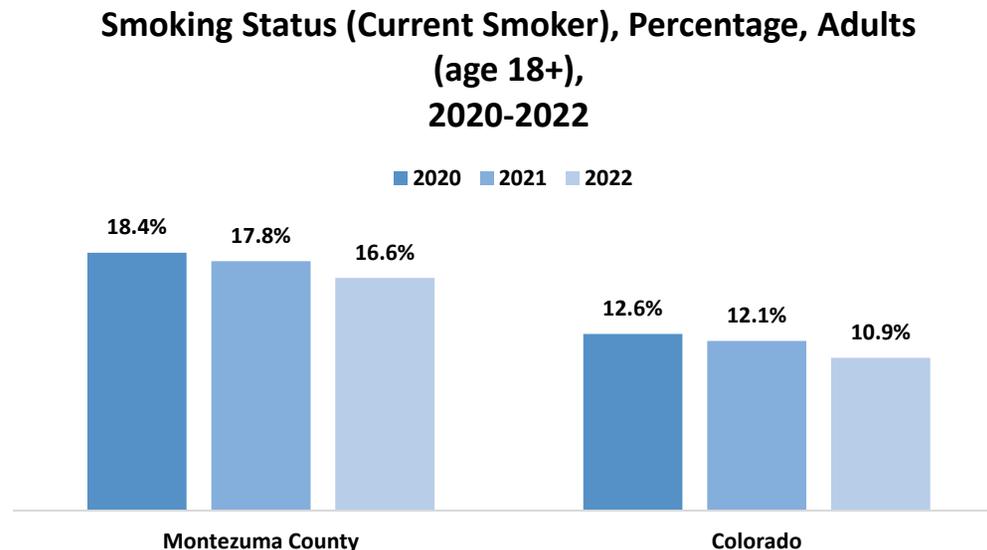


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Definition: Adults who report having ≥ 5 drinks (men) or ≥ 4 drinks (women) on ≥ 1 occasion during the previous 30 days.

Health Status

Health Behaviors - Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) who currently smoke decreased in both Montezuma County and the state.
- Montezuma County (16.6%) had a higher percentage of adults (age 18+) who reported currently smoking when compared to the state (10.9%) (2022).



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
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Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

Health Status

Maternal & Child Health Indicators

Smoking During Pregnancy, Percent of All Births, 2023



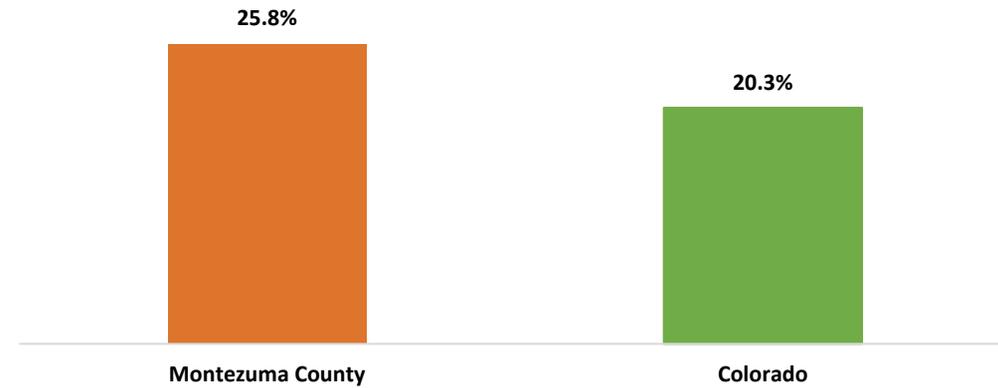
Low Birth Weight (<2,500g), Percent of All Births, 2023



Teen Births (Age 10-17), Percent of All Births, 2023



Births to Women Receiving Later Than 1st Trimester or No Prenatal Care, Percent of All Births, 2023



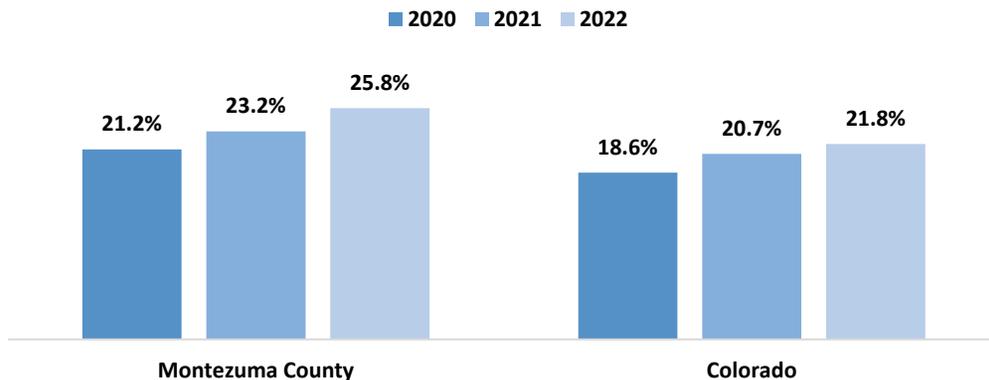
Source: Colorado Department of Public Health & Environment, Vital Statistics Program, <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>; data accessed on June 5, 2025.
Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.
Low Birth-Weight Births Definition: live births with birthweight less than 2,500 grams.
Prenatal Care Definition: the number and percent of births to women who received no prenatal care, or care after the first trimester.
Teen Birth Definition: live births to women younger than 17 years old.
Smoking Births Definition: the number of births were mothers reported they smoked during their pregnancy.

Health Status

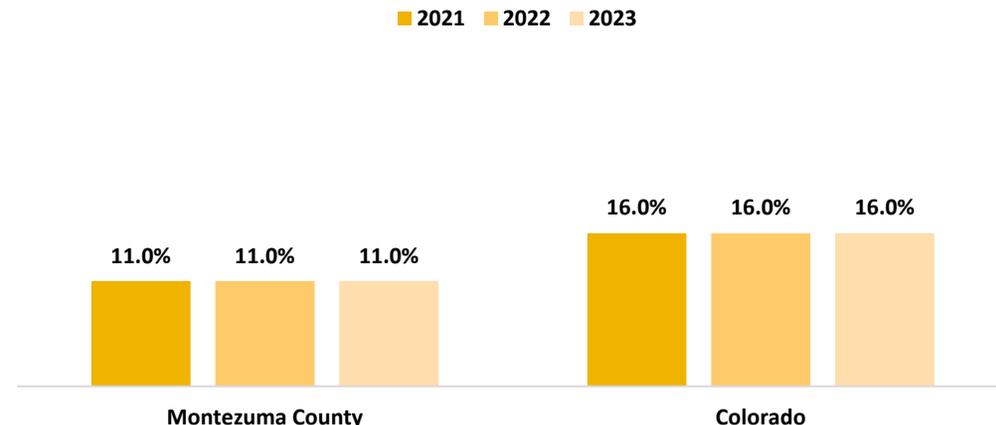
Mental Health – Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression increased in both Montezuma County and the state.
- Montezuma County (25.8%) had a higher percentage of adults (age 18+) with depression than the state (21.8%) (2022).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with depression remained consistent in both Montezuma County and the state.
- In 2023, Montezuma County (11.0%) had a lower percentage of Medicare beneficiaries with depression than the state (16.0%).

Depression, Percentage, Adults (age 18+), 2020-2022



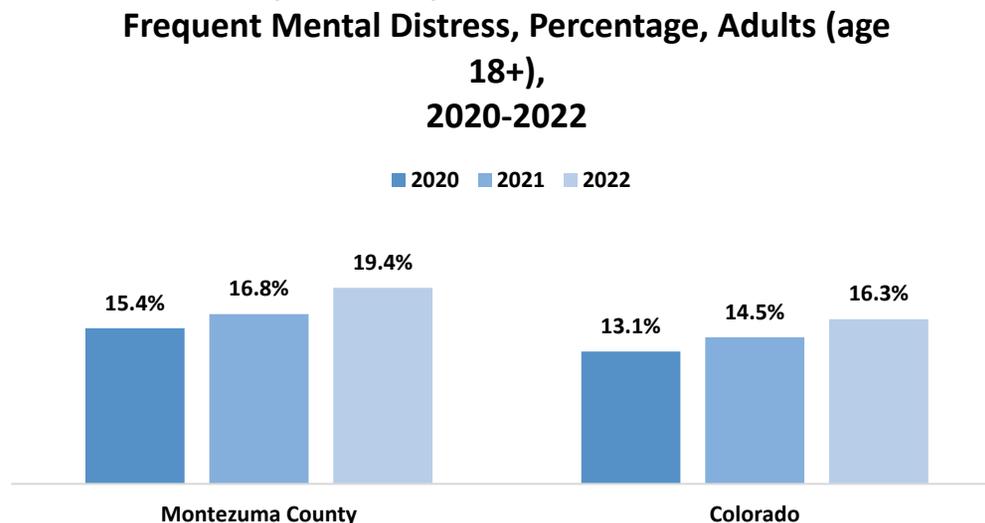
Depression, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.
Depression Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Mental Health – Frequent Mental Distress

- Between 2020 and 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days increased in both Montezuma County and the state.
- In 2022, the percentage of adults (age 18+) who self-reported that their mental health was not good for 14+ days in Montezuma County (19.4%) was higher than the state (16.3%).



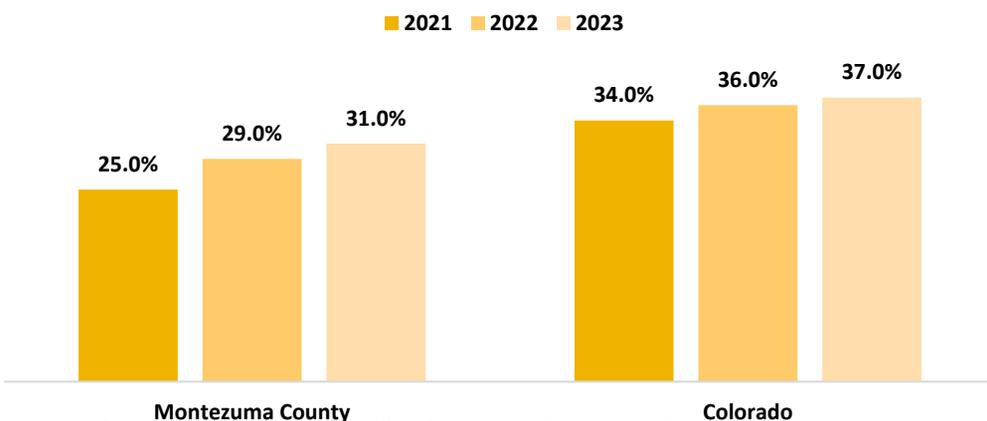
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed April 30, 2025.
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Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed April 30, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for Colorado; <https://www.cdc.gov/cdi/>, data accessed April 30, 2025.
Frequent Mental Distress Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days.

Health Status

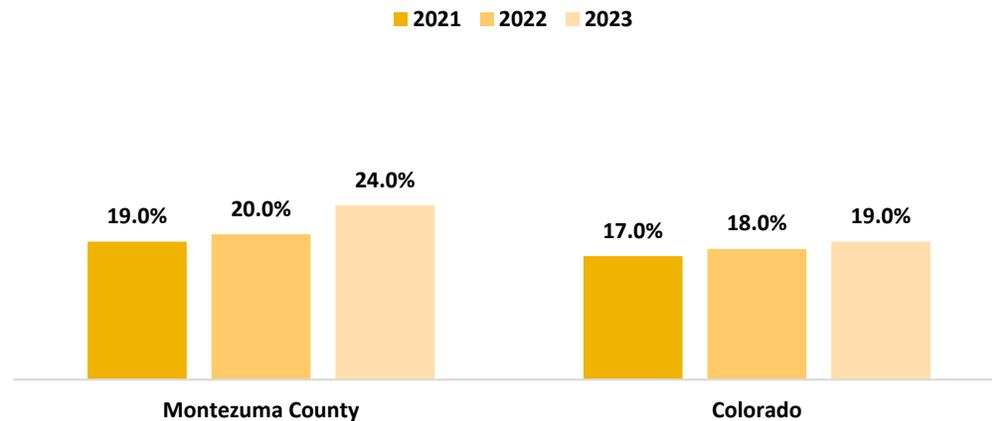
Preventive Care – Mammography & Prostate Screening (Medicare)

- Between 2021 and 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in both Montezuma County and the state.
- In 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year in Montezuma County (31.0%) was lower than the state (37.0%).
- Between 2021 and 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year increased in both Montezuma County and the state.
- In 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year in Montezuma County (24.0%) was higher than the state (19.0%).

Mammography Screening, Percentage, Medicare, Females (age 35+), 2021-2023



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2021-2023



Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.

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.

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 prostate 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.

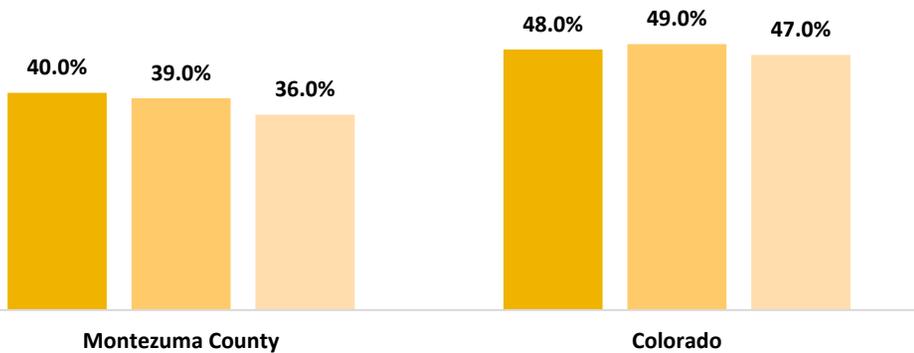
Health Status

Preventive Care – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2021 and 2023, the percentage of Medicare beneficiaries that received a flu shot in the past year in both Montezuma County and the state decreased.
- In 2023, Montezuma County (36.0%) had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (47.0%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries that ever received a pneumonia shot in both Montezuma County and the state increased.
- In 2023, Montezuma County (5.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia shot than the state (9.0%).

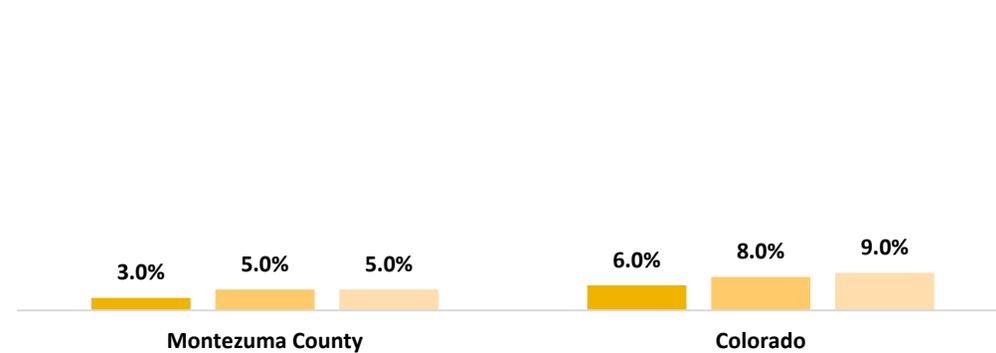
Influenza Virus Vaccine, Percentage, Medicare, 2021-2023

■ 2021 ■ 2022 ■ 2023



Pneumococcal Vaccine (Ever), Percentage, Medicare, 2021-2023

■ 2021 ■ 2022 ■ 2023



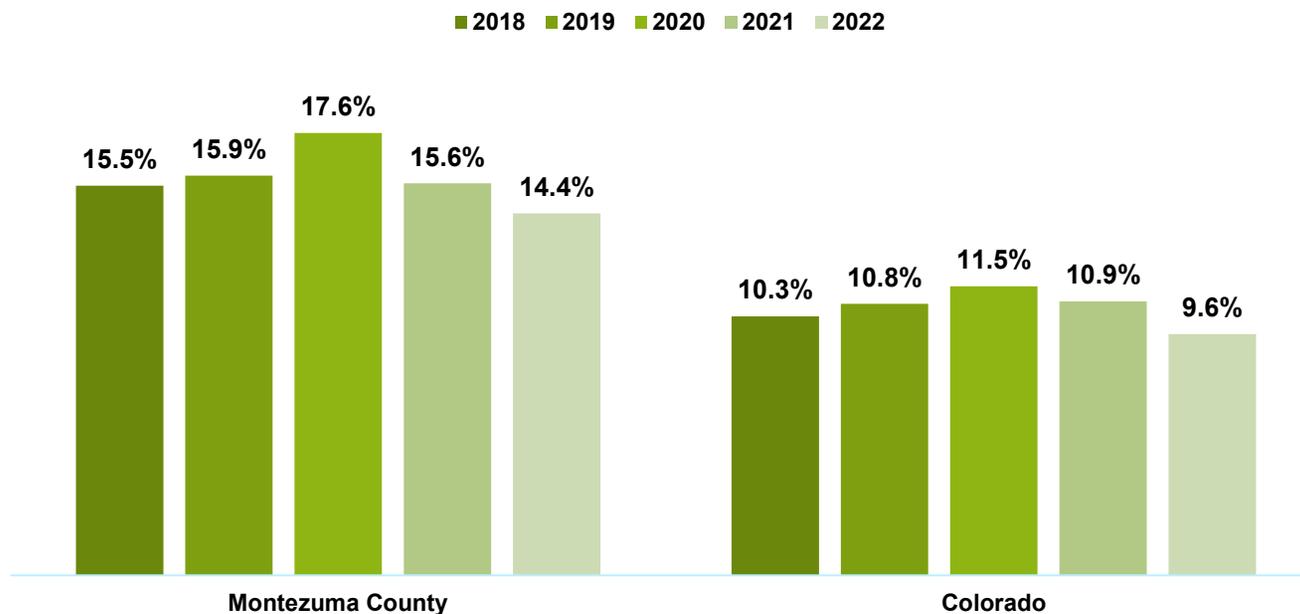
Source: Centers for Medicare & Medicaid Services, Office of Minority Health, Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; data accessed on June 5, 2025.
Influenza Virus Vaccine Definition: Received an influenza vaccination in the past year.
Pneumococcal Vaccine Definition: Received a pneumococcal vaccination (PPV) ever.

Health Status

Health Care Access - Uninsured

- Montezuma County and the state experienced an overall decrease in the percentage of uninsured adults (age 18-64) between 2018 and 2022.
- As of 2022, Montezuma County (14.4%) had a higher percentage of uninsured adults (age 18-64) as compared the state (9.6%).

Uninsured, Percent of Adults (age 18-64), 2018-2022

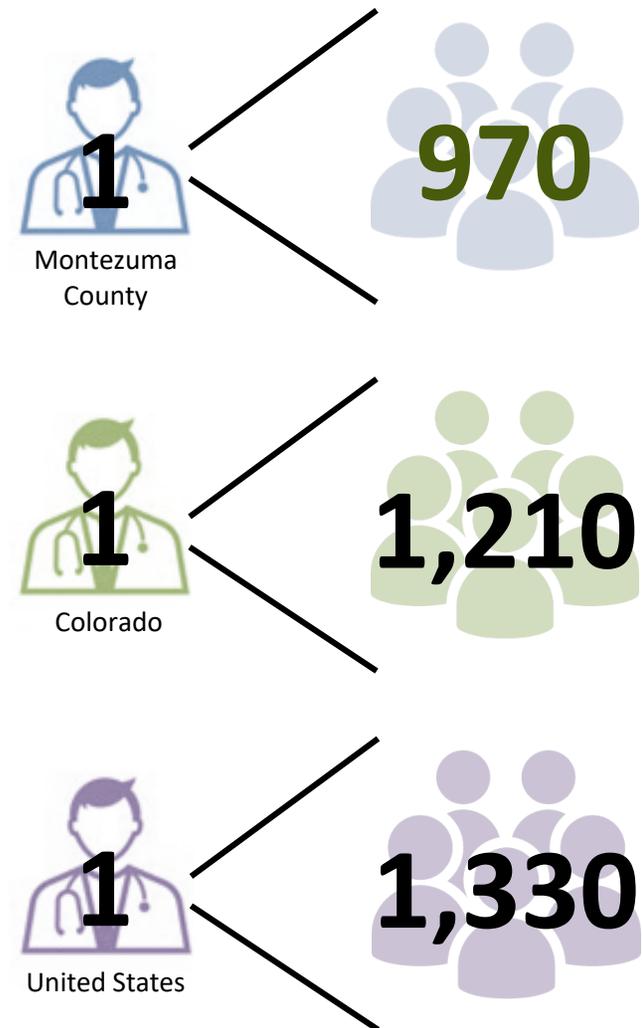


Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Montezuma County, CO, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed July 15, 2025.

Health Status

Health Care Access – Primary Care Physicians

- Sufficient availability of primary care physicians is essential for preventive and primary care.
 - In 2021, the population to primary care physician ratio in Montezuma County (970:1) was lower than the state (1,210:1) and the nation (1,330:1).



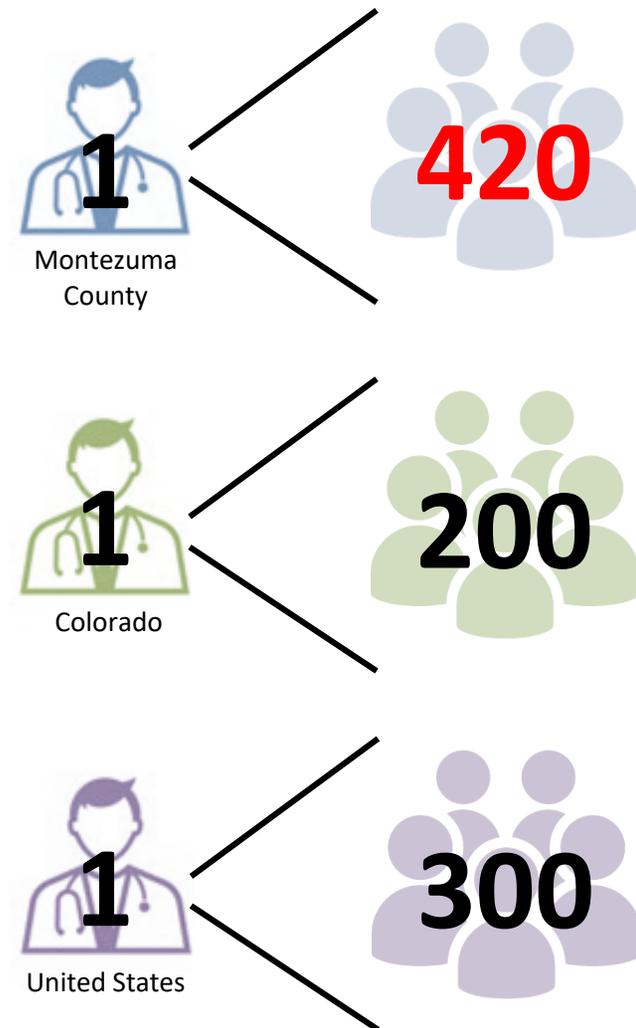
Source: County Health Rankings & Roadmaps: filtered for Montezuma County, CO, <https://www.countyhealthrankings.org/>; data accessed June 5, 2025.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Status

Health Care Access – Mental Health Care Providers

- Lack of access to mental health care providers not only affects overall individual wellness but also impacts the health of a community.
 - In 2024, the population to mental health provider ratio in Montezuma County (420:1) was higher than the state (200:1) and the nation (300:1).

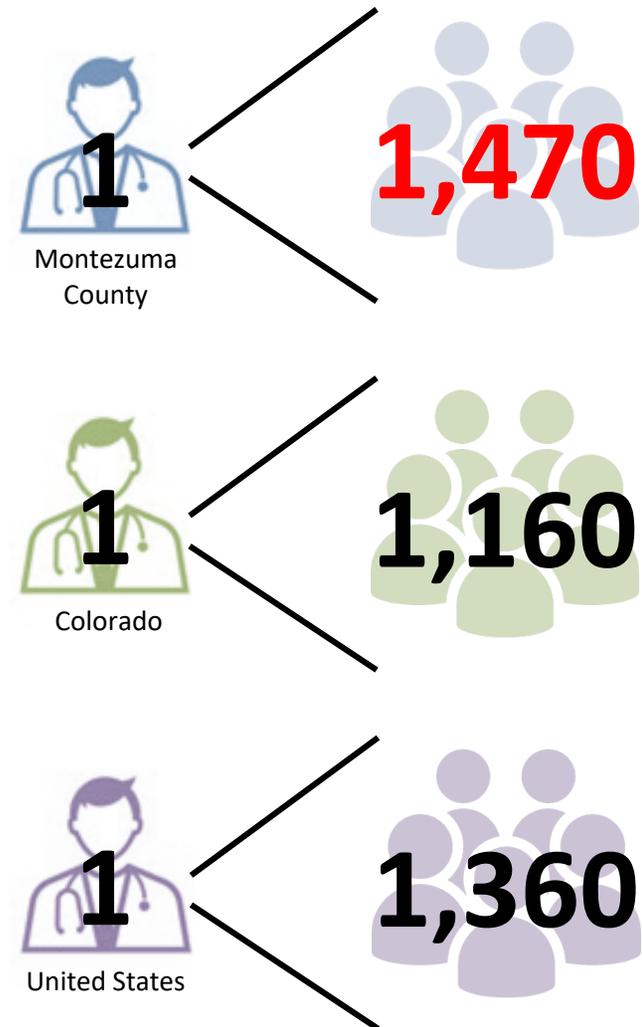


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Montezuma County, CO, <https://www.countyhealthrankings.org/>; data accessed June 5, 2025.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

Health Care Access – Dental Care Providers

- Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.
 - In 2022, the population to dental provider ratio in Montezuma County (1,470:1) was higher than the state (1,160:1) and the nation (1,360:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Montezuma County, CO, <https://www.countyhealthrankings.org/>; data accessed June 5, 2025.

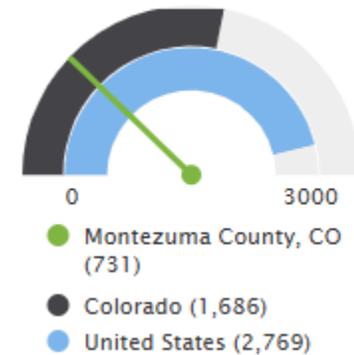
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

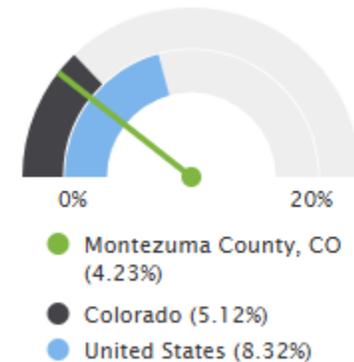
Health Care Access - Common Barriers to Care

- Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.
 - In 2022, the rate of preventable hospital events in Montezuma County (731 per 100,000 Medicare beneficiaries) was lower than the state (1,686 per 100,000 Medicare beneficiaries) and the nation (2,769 per 100,000 Medicare beneficiaries).
- Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.
 - In 2019-2023, Montezuma County (4.2%) had a lower percentage of households with no motor vehicle than the state (5.1%) and the nation (8.3%).

Prevention Quality Overall Composite (PQI #90), Rate per 100,000



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: SparkMap, Health Indicator Report: logged in and filtered for Montezuma County, CO, <https://sparkmap.org/report/>; data accessed June 5, 2025.

Definition: PQIs are population based and adjusted for age and sex and include admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

COMMUNITY SURVEY FINDINGS

Overview

- Electronic survey developed by Community Hospital Consulting (CHC Consulting)
- Survey was sent by SHS to identified individuals/organizations
- Survey conducted between April 28, 2025 – May 23, 2025
 - 110 respondents serving a multi-county area, including Montezuma County
- Respondents were only allowed to take the survey once but were encouraged to forward the survey to additional community leaders
 - CHC Consulting was not able to track the number of times the survey was forwarded so it is difficult to calculate an overall response rate
 - It should be noted that not all survey questions were answered by all of those submitting surveys
 - The percentages reflected in the following summary were calculated using the actual number of respondents to the specific survey question
- CHNA regulations require input from two specific groups and input was gained from each
 - 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
 - Member of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

Methodology

- CHC Consulting did not verify any comments or depictions made by any individuals who were surveyed. Participants expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from the survey results and the CHC Consulting team identified and themes from the results and included them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from participants as our interpretation of having the same or close meaning as other participants.
- *The CHC Consulting team incorporated all relevant comments provided by survey respondents that directly addressed each specific question. Comments deemed unrelated to the analysis were excluded from the published findings; however, all feedback has been shared with the SHS leadership team for their consideration.*

Summary of Key Findings

- **Top Health Concerns:** The most important health concerns identified by survey respondents are mental illness, diabetes, hypertension, and obesity.
- **Populations with Inadequate Access:** Over half of the respondents indicated that the low-income/working poor, the homeless, and groups with mental/behavioral conditions were lacking adequate access to health services and resources.
- **Healthcare Priorities:** Recruiting more healthcare providers and recruiting specialists for unavailable services were identified as priorities. The most frequently mentioned needed specialists or services are Cardiology, Mental/Behavioral Health and Hematology/Oncology.
- **Barriers to Care:** Barriers to care cited by respondents include financial hardship, provider shortages, transportation issues, and a lack of awareness about available resources.
- **Use of Emergency Room:** The top reasons given for using the ER for non-emergent needs were a lack of an established relationship with a primary care provider, a lack of after-hours care options, and limited knowledge about the importance of having a primary care provider.
- **Continuum of Care:** The top obstacles affecting the transition of care are a lack of follow-up care from the initial provider, a lack of collaboration among different care providers, and a lack of communication among providers.

Organizations Responding to Survey

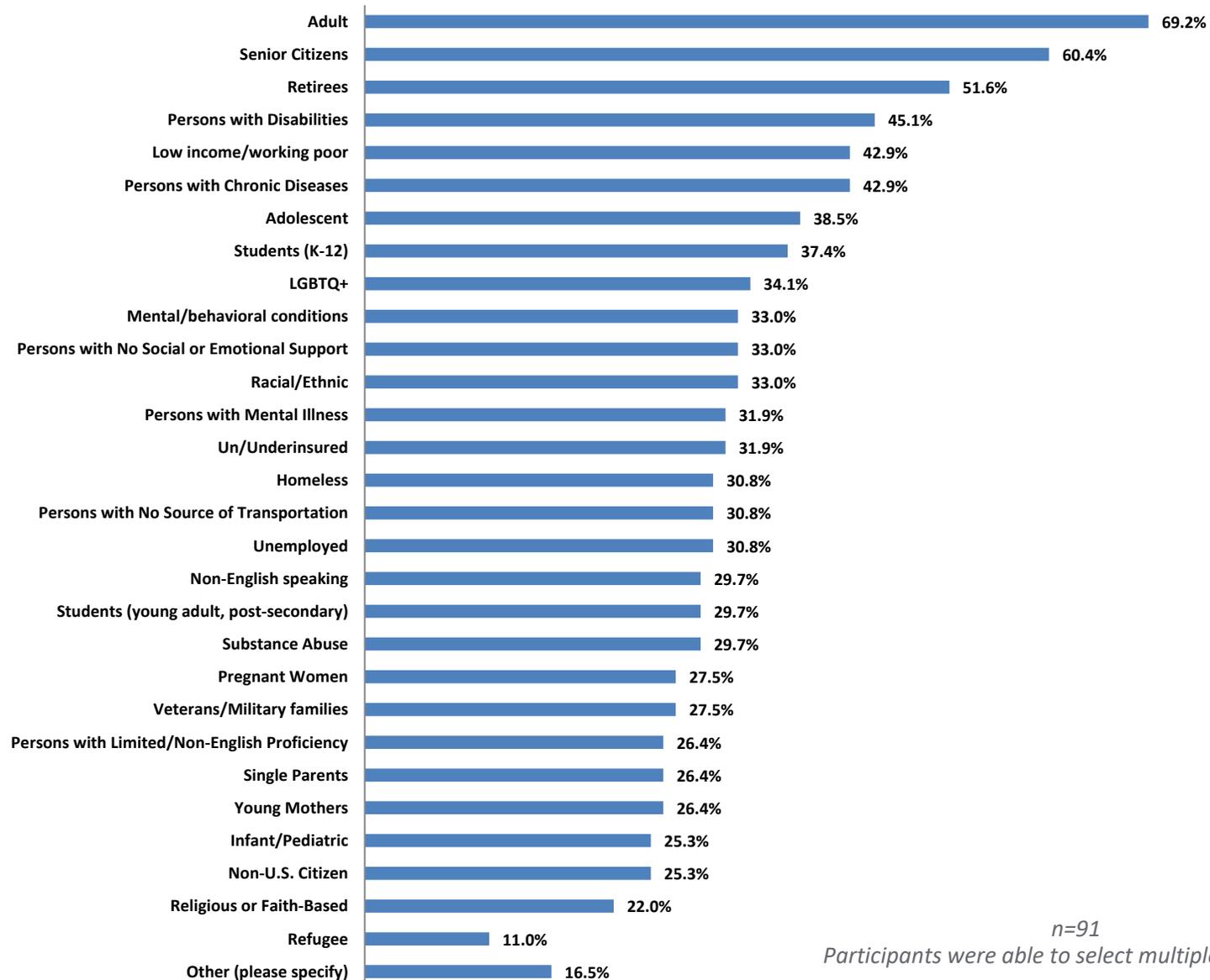
- Aramark
- Axis Health System (Cortez Integrated Healthcare)
- City of Cortez
- Crow Canyon Archaeological Center
- District Attorney Office
- Dolores School District
- Forest Service
- Hospice of Montezuma
- Independent contractor
- Indian Health Services
- La Plata County jail
- LiveDwell, S Corp/LLC
- Living Into Mindfulness, LLC
- Montezuma-Cortez School District
- Montezuma jail
- Montezuma County Public Health Department
- Montezuma County Senior Services
- Montezuma County Social Services
- Montezuma County Veteran Services
- Montezuma RE1 School District
- Piñon Project
- Retired engineer from Los Alamos New Mexico
- Southwest Health System
- Southwestern Colorado Area Health Education Center
- Stride Inc.
- Sunflower Troupe
- Sunshine Rides
- United Way of Southwest Colorado

Communities Served

- Archuleta County
- Bayfield, CO
- Cahone, CO
- Cortez, CO
- Delta County
- Dolores County
- Dolores, CO
- Dove Creek, CO
- Durango, CO
- Farmington, NM
- Gunnison County
- Hesperus County
- Hinsdale County
- La Plata County
- Lewis, CO
- Mancos, CO
- Montezuma County
- Montezuma, CO
- Montrose County
- Ouray County
- Pleasant View, CO
- Red Mesa, CO
- San Juan County
- San Miguel County
- Shiprock, NM
- Towaoc, CO
- “Four Corners area of Colorado, Utah, Arizona, and New Mexico.”
- “22nd judicial district. Montezuma and Dolores counties.”
- “All of Colorado. It is a virtual high school.”
- “Inmates.”
- “Low income and at risk Dove Creek, Dolores, Cortez, Mancos and County areas in between these municipalities.”
- “Montezuma and Dolores Counties, some of San Miguel County. State line to state line including Ute Mountain Ute Indian Reservation.”
- “Montezuma County and environments.”
- “Montezuma County, including all towns and county residents as well as visitors and transient folks.”
- “Montezuma County plus groups from across the country try who participate in our programs.”
- “Multinational company.”
- “Native Americans in the 4 corners area.”
- “Navajo Reservation.”
- “The city.”
- “We volunteer in Cortez, Towaoc and across the state lines on the Navajo Nation.”

Populations Served

- Survey respondents reported serving or identifying with the following groups through their organizations:



n=91
Participants were able to select multiple responses.

Source: Southwest Health System 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; April 28, 2025 – May 23, 2025.

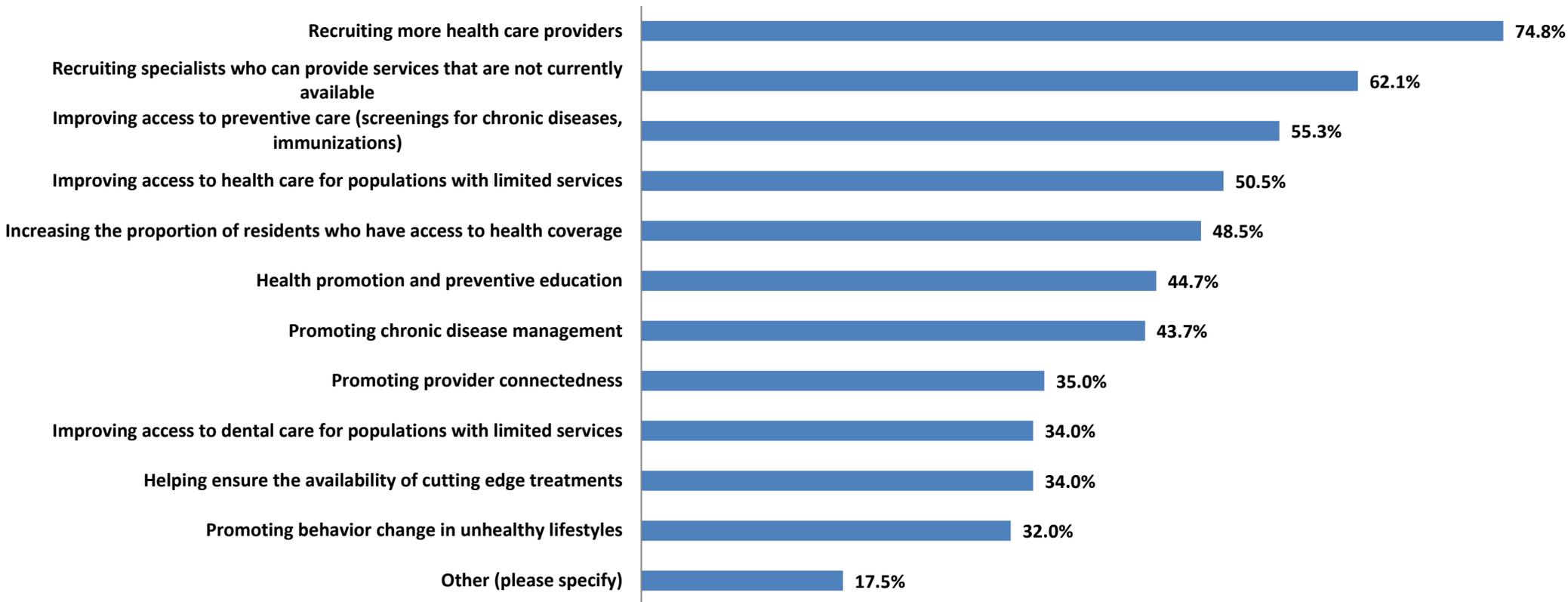
Populations Served (cont.)

- Respondents who indicated “Other” further specified:
 - *I work for a public school system. I serve all of these demographics through serving their children.*
 - *My company and job are not involved in health care or social services.*
 - *Anyone needing transportation that is eligible for Medicaid transportation and on demand transportation.*
 - *A lot of what we do as volunteers involves suicide intervention and also substance abuse prevention. Many of the people we work with are Ute Mountain Ute or Navajo.*
 - *We work for all that live in our counties.*
 - *I identify with all of these demographics, as when I was working with SHS, I was involved in all of their care.*
 - *We do not refuse care to anyone.*
 - *My business serves anyone but I do make efforts to stand up for the LGBTQ population and homeless folks.*
 - *Retired.*
 - *We don't serve these groups, but I am concerned for them, as I have a young son and elderly parents who live here.*
 - *All of the above.*
 - *In addition to caring for people at end of life, we also provide community support in the areas of bereavement, caregiver support, senior issues, and are part of the Pet Peace of Mind Program.*

Healthcare Priorities

- 50% or more of respondents indicated recruiting more health care providers, recruiting specialists who can provide services that are not currently available, improving access to preventive care (screenings for chronic diseases, immunizations), and improving access to health care for populations with limited services as a top healthcare priority in the community

Top Community Healthcare Priorities



n=103

Participants were able to select multiple responses.

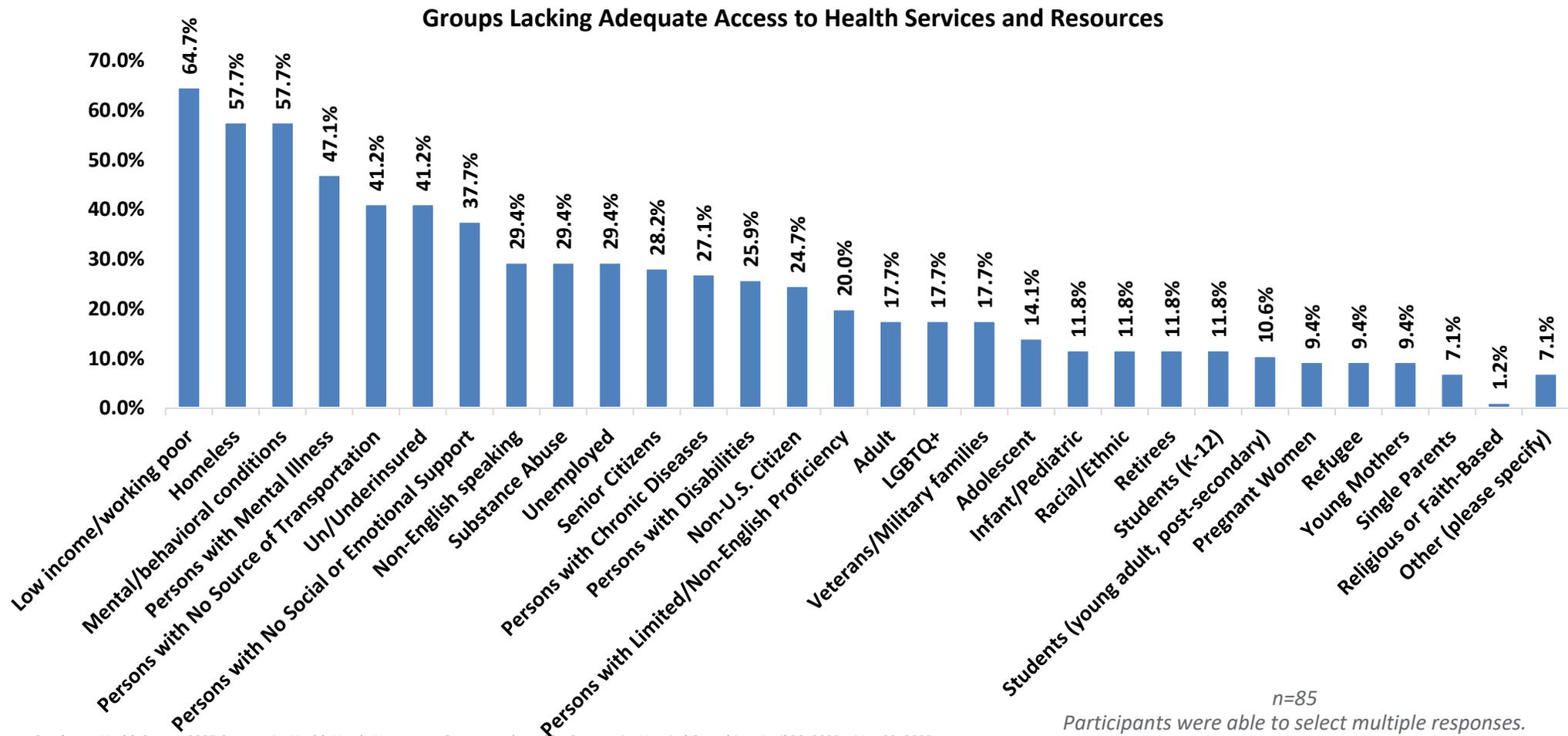
Source: Southwest Health System 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; April 28, 2025 – May 23, 2025.

Healthcare Priorities (cont.)

- Respondents who indicated “Other” further specified:
 - *We could use a Dermatologist in Cortez.*
 - *Increasing and improving mental health services. Providing drug and alcohol treatment and rehabilitation services.*
 - *Mental health services.*
 - *Basic medical care, largely provided by PAs and NPs. It’s unrealistic to hope to retain specialists.*
 - *Include so called “alternative” care providers like massage therapists, midwives, herbalists, nutritionists, chiropractors and so on.*
 - *Recruiting more providers with neonatal and pediatric experience. 1 part time pediatrician is not enough expertise for the population.*
 - *High quality mental health providers who take regional insurance plans.*
 - *It’s hard traveling to Durango for specialist.*
 - *Triage of emergency room visits for patients that should be utilizing walk-in clinic services.*
 - *Increased physical size and staff of pharmacy to improve workflow speed (improves customer satisfaction/perception in overall hospital services) and generates more revenue.*
 - *Make the SANE program a priority rather than an afterthought. Support the SANE nurses you currently have and recruit more.*
 - *Improving qualified staff, healthier workplace, holding staff accountable and higher expectations from staff and fairer pay.*
 - *If all of these initiatives were implemented, the necessity of this conversation would not exist.*
 - *Mental health professionals.*
 - *Substance usage treatment and resources; obesity; elder care and aging services; community health worker outreach.*
 - *To me, it seems like you do offer access to preventive care. Recruiting and keeping health care providers seems to be a real need. Keeping Medicaid is very important. There is a Street Medicine doctor in the area. While it would be great to have the full range of medical folks here, one can get the care needed not too far away.*
 - *Prioritize better management practices.*
 - *Affordable and accessible long-term mental health care, affordable and accessible therapy, affordable and accessible counseling. Real suicide services.*
 - *Access for veterans and families.*

Health Adequacy for Specific Populations

- 83.2% (79 of 95) of respondents believe not everyone in the community has adequate access to health services, resources, and opportunities to stay healthy
- 50.0% or more of respondents indicated that low income/working poor, the homeless and groups with mental/behavioral conditions were lacking adequate access to health services and resources



n=85

Participants were able to select multiple responses.

Health Adequacy for Specific Populations (cont.)

- Respondents who indicated “Other” further specified:
 - *All populations have limited access to primary care physicians.*
 - *People above 300% federal poverty line who are un/underinsured.*
 - *First Nations people.*
 - *All marginalized groups.*
 - *Women, in general.*

Health Adequacy for Specific Populations (cont.)

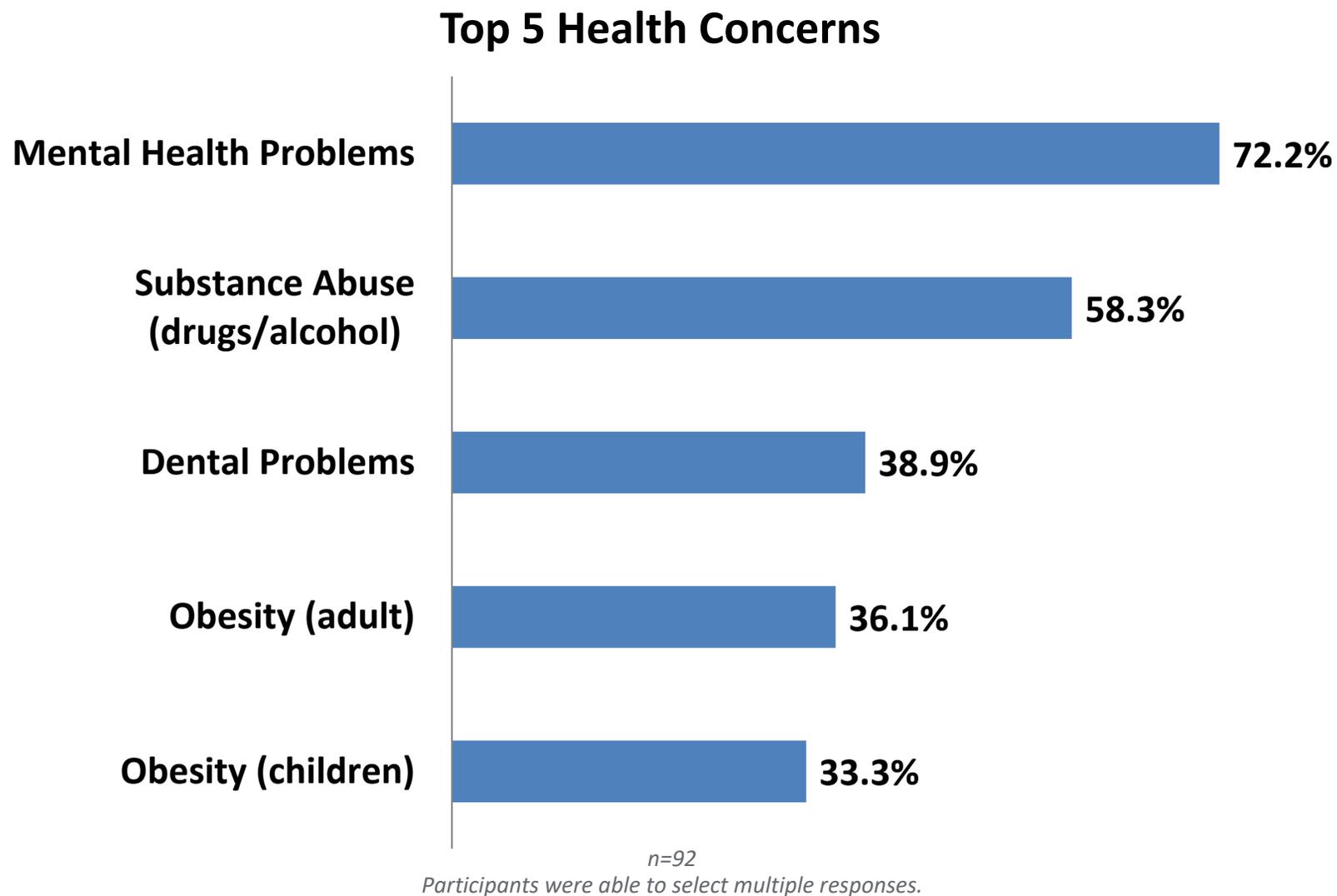
- Participants outlined critical access barriers and disparities in health and healthcare services affecting vulnerable populations across the study area. Several themes emerged, including lack of transportation, financial barriers, workforce shortages, language barriers and stigma or bias in care settings
 - **Transportation:** *Transportation is a persistent issue for many community members. It impacts rural, elderly, homeless, and disabled populations who may lack a reliable vehicle.*
 - **Financial Barriers:** *The cost of healthcare is a major obstacle. Many people, especially the self-employed, find it difficult to afford health coverage and go without it. High deductibles, which are often unattainable for most, are a significant barrier to care.*
 - **Stigma & Trust:** *Stigma and a lack of trust can limit care-seeking for certain populations.*
 - **Workforce Shortages:** *A revolving door of physicians and a general shortage of providers were noted as chronic problems. This is particularly an issue for specialists.*
 - **Language & Cultural Competence:** *Non-English speakers face critical access issues, including a lack of translated resources. Fear of authorities like ICE and a reluctance to seek help in an environment that doesn't support multiple languages are also barriers for non-U.S. citizens.*

Health Adequacy for Specific Populations (cont.)

- Summarized information by subpopulation is included below:
 - **Adolescents & Young Adults:**
 - Young people are being lost to suicide, drugs, alcohol, and gun violence.
 - Youth homelessness is a big issue that is not getting enough attention.
 - **Low-Income/Working Poor/Uninsured/Underinsured:**
 - Many people in this group do not qualify for Medicaid, and the monthly cost of private insurance is too much to afford.
 - Financial hardship and a lack of awareness about available aid are barriers to care.
 - The working class is less willing to pay out-of-pocket for health care and will go without.
 - **Homeless Individuals:**
 - Fragile populations like the homeless are often consumed with the daily task of staying alive, which takes precedence over health care.
 - They may also lack information about available health services and resources.
 - **Mental/Behavioral Health Population:**
 - This group is often not in a mental state to recognize their need for medical services.
 - Mental health services are limited to non-existent in the community, and they often must wait too long to get help.
 - Mental, behavioral health, and substance abuse issues are often underlying problems in many other groups.
 - **Seniors/Retirees and Persons with Disabilities:**
 - The elderly often have a difficult time with transportation, technology, and understanding medical information.
 - There are no memory care facilities and a lack of elderly living facilities for people who can't live on their own.
 - Routine health care for the elderly is often only available in Durango, requiring travel.
 - **Veterans/Military Families:**
 - Veterans and their families do not have equal access due to the delays and slowness of the VA system.
 - There is a limited number of providers who will provide care due to billing and insurance issues with the VA.
 - **First Nations/Native American People & Racial/Ethnic Groups:**
 - There are not enough providers in the area, and many do not understand the culture.
 - Fear of authorities like ICE can prevent non-U.S. citizens from seeking help.
 - One respondent noted that the iPads used for self-registration are a huge barrier for a primarily Navajo-speaking person who does not read or write English.

Most Important Health Concerns

- Survey respondents ranked the following as the community's top five health concerns:



Most Important Health Concerns (cont.)

- Respondents who indicated “Other” further specified:
 - *Elder poor driving ability.*
 - *End stage renal disease.*
 - *I would also choose obesity in both children and adults.*
 - *Interpersonal violence, racism.*
 - *Vaping.*
 - *Lack of dermatologists.*
 - *Alcohol misuse, chronic disease conditions.*

Differences Across Healthcare Settings

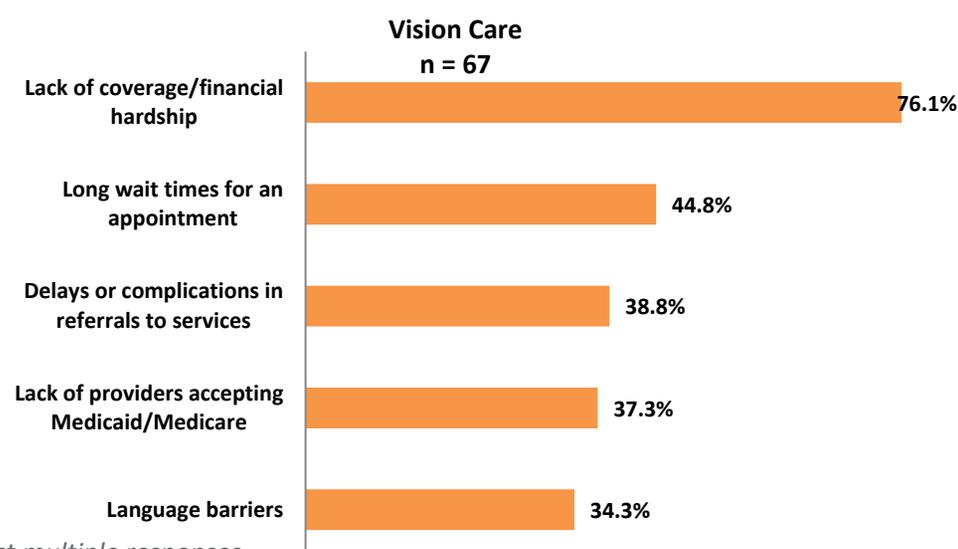
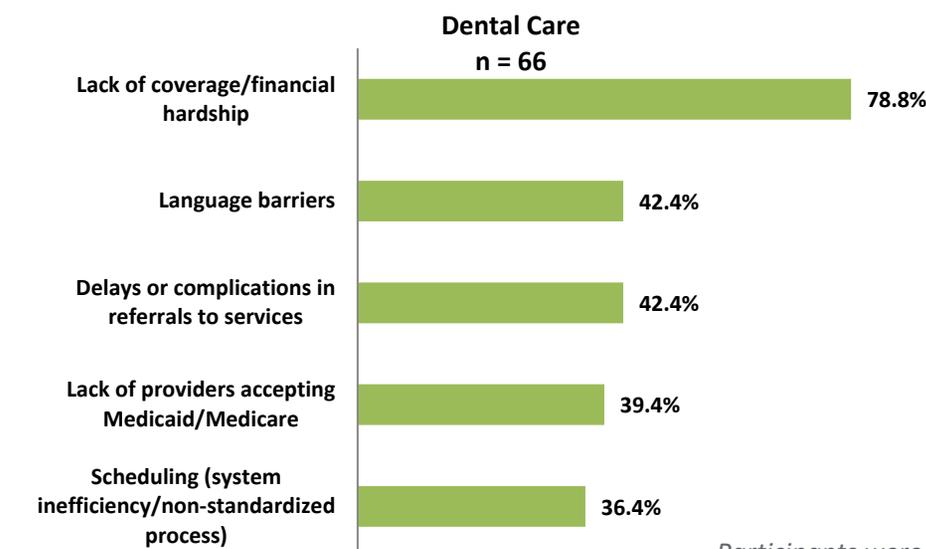
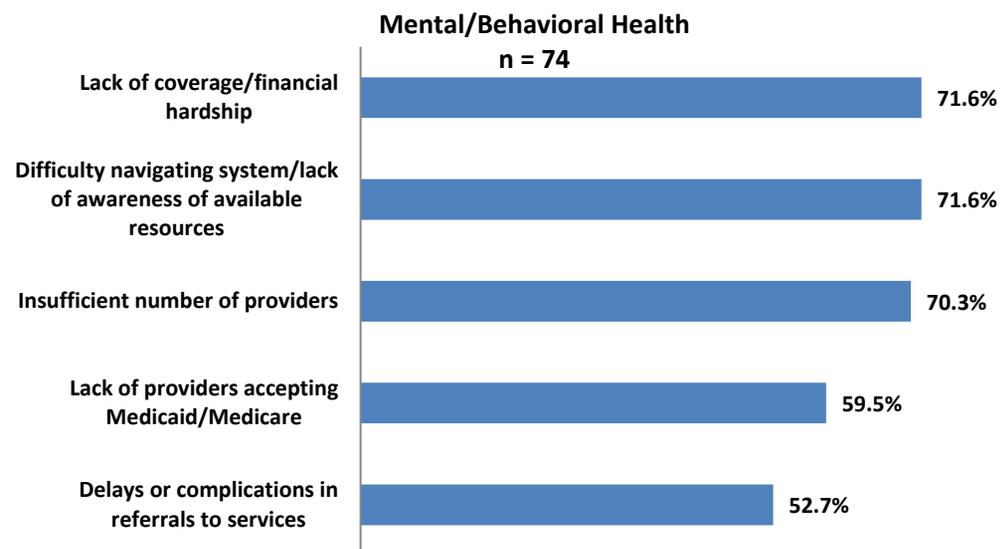
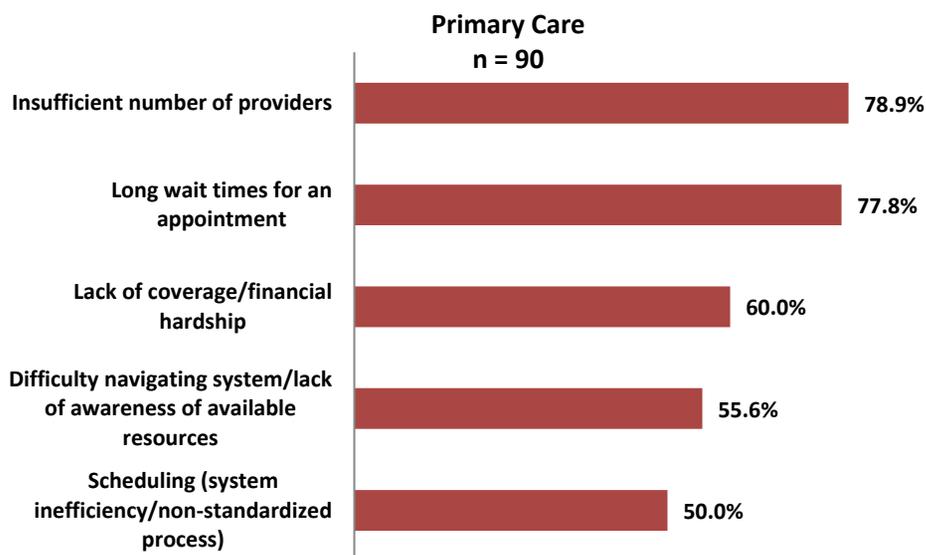
- 67.8% (61 of 90) of respondents believe individuals in the community DO NOT understand the difference between a primary care clinic, urgent care/after hours clinic and the emergency room
- Respondents were asked to identify reasons why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs. The following were reported, ranked in order of frequency:
 1. Lack of established relationship with a primary care provider
 2. Lack of after hour care options
 3. Limited/lack of knowledge about the importance of having a primary care provider
 4. Personal perceived emergency
 5. Being seen 'quicker' / wait time
 6. No co-pays/up front costs at the ER
 7. Unable to find a doctor who knows/understands their culture, identity, beliefs or language
 8. Proximity to care

Differences Across Healthcare Settings (cont.)

- Respondents who indicated “Other” further specified:
 - *I'm not waiting 6 months to see someone who doesn't care about me for 5 minutes. I pay those people good money to care.*
 - *Inability to get a timely appointment to see their primary care provider.*
 - *I, for one, am thankful for the clinic/urgent care. I believe many are of the mindset that they'll bypass the clinic/urgent care because they may think that they'll just end up having to go to the ER anyway. I think this mindset could come with educating our community about the who, what, why, when, where, and how for the ER, clinic/urgent care, and primary doctor.*
 - *Lack of adequate primary care availability.*
 - *Medicaid has made urgent services more accessible so there is not a financial downside for using these services.*
 - *Even if you have a primary care physician, you can't get in to see them.*
 - *Not understanding where to go for specific health needs (education).*
 - *Primary care provider can't get people in quickly.*
 - *Primary provider has limited availability.*
 - *Lack of understanding of how the system works.*
 - *Underinsured and other structural/systemic issues.*
 - *Urgent care can't do certain things, x-rays, etc.*
 - *How people are raised is a factor too. If someone is raised with a primary care physician and never goes to the ER, they will respond differently than a family who doesn't have a regular doctor and the chaos their life may include, lends to their more common visits to the ER.*
 - *Poor service in the emergency room.*
 - *Lack of education.*
 - *High deductible plan co-pays & out of pocket costs are too much and people are waiting too long to seek care.*
 - *Can't get in to see a doctor for weeks if not months. Go to emergency room to receive care.*

Barriers to Care

- Respondents were asked to identify barriers to care for residents across different care settings. The top 5 barriers for each type of care are represented below.



Participants were able to select multiple responses.

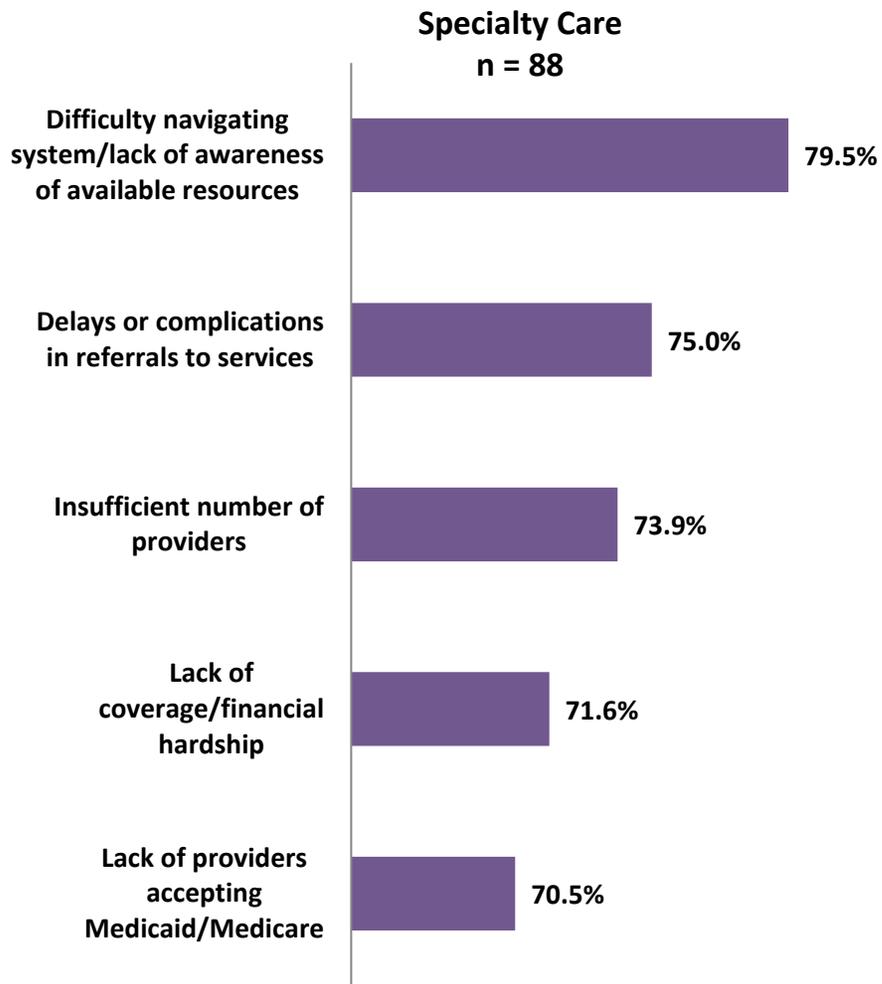
Source: Southwest Health System 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; April 28, 2025 – May 23, 2025.

Barriers to Care (cont.)

- Respondents who indicated “Other” further specified:
 - *Healthcare in Montezuma, Colorado is virtually non-existent.*
 - *Care coordination services are reserved for vulnerable populations but middle income also doesn't know how to navigate the system.*
 - *Lack of understanding of First Nations Culture.*
 - *I am not informed on how other members of the community do or don't have access to care.*
 - *Inaccurate check on insurance coverage.*

Barriers to Care – Specialty Care

- The top 5 barriers for specialty care are represented below:



Participants were able to select multiple responses

- When asked which (if any) specialists or services were needed/desired in the community, respondents noted the following services (in descending order of number of times mentioned and then alpha order):

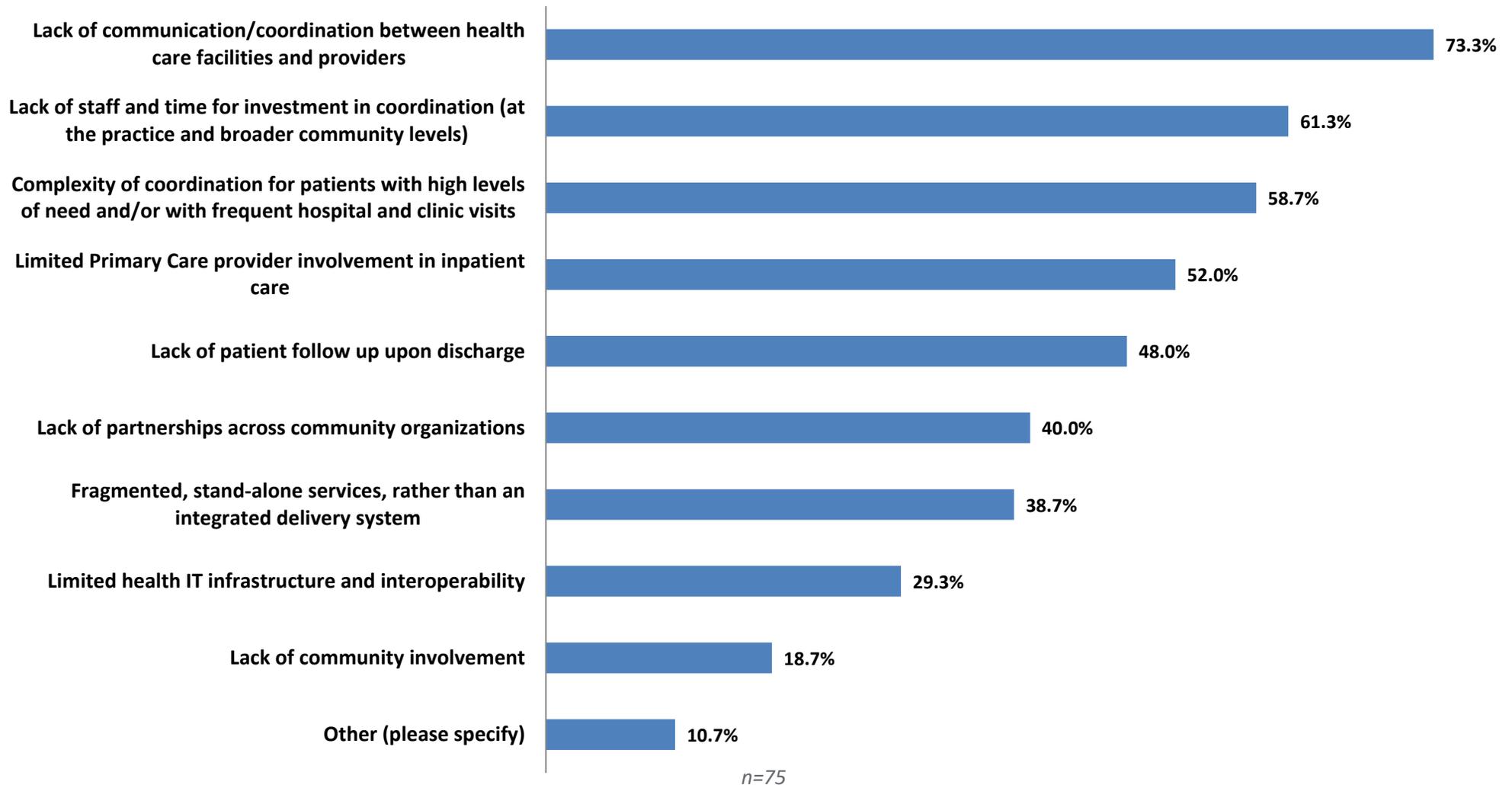
- Cardiology (24 mentions)
- Mental/Behavioral Health (including Psychiatry) (17 mentions)
- Hematology/Oncology (15 mentions)
- Neurology (14 mentions)
- Dermatology (13 mentions)
- Gastroenterology (9 mentions)
- Nephrology (7 mentions)
- Pediatrics (7 mentions)
- Rheumatology (7 mentions)
- Urology (7 mentions)
- Endocrinology (6 mentions)
- Pulmonology (6 mentions)
- Obstetrics (5 mentions)
- Orthopedic Surgery (5 mentions)
- Otolaryngology (5 mentions)
- Primary Care (4 mentions)
- Allergy/Immunology (3 mentions)
- Geriatrics (3 mentions)
- Ophthalmology (3 mentions)
- Cardiac Surgery (2 mentions)
- Dentistry (2 mentions)
- Infectious Disease (2 mentions)
- Pediatric Subspecialties (2 mentions)
- Podiatry (2 mentions)
- Wound Care (2 mentions)
- Cardiac EP (1 mention)
- Gynecology (1 mention)
- Nutritionist (1 mention)
- Pain Management (1 mention)
- Sleep Medicine (1 mention)

Barriers to Care – Specialty Care (cont.)

- Respondents who provided further information regarding which (if any) specialists or services were needed/desired in the community specified:
 - *Yes. All.*
 - *Primary care, specialists such as heart, kidney, etc.*
 - *Inpatient dialysis.*
 - *Nutritionists.*
 - *Almost all specialists and need for traveling specialists instead of having to travel to see a specialist.*
 - *Although there are few specialists— even board certified internists— it is unreasonable to expect specialists to live and practice here.*
 - *Affordable anyone - i.e. we need more providers who accept Medicare and Medicaid.*
 - *Part of the problem is that even if we may have the specialists, they don't stay long enough for the treatments to be effective, especially for patients with mental illnesses.*
 - *SANEs as well as primary care providers who stick around, and I will mention here as well substance abuse treatment.*
 - *It would make sense to have pediatricians and OB/GYNs.*
 - *Every single specialty care doctor my family needs lives in other areas, and we are unable to get MD's for our own primary care in Cortez.*
 - *A choice of mental health care professionals that are affordable flexible and available.*
 - *Community access to cancer treatments.*
 - *Affordable dentist and vision providers.*
 - *Cancer treatment from personal experience.*
 - *Endocrinologists who specialize in thyroid disorders.*
 - *Holistic/naturopathic providers.*

Continuum of Care

- Respondents were asked to select obstacles that affect the transition of care between healthcare settings or providers. The following are ranked in order of frequency:



Participants were able to select multiple responses.

Source: Southwest Health System 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; April 28, 2025 – May 23, 2025.

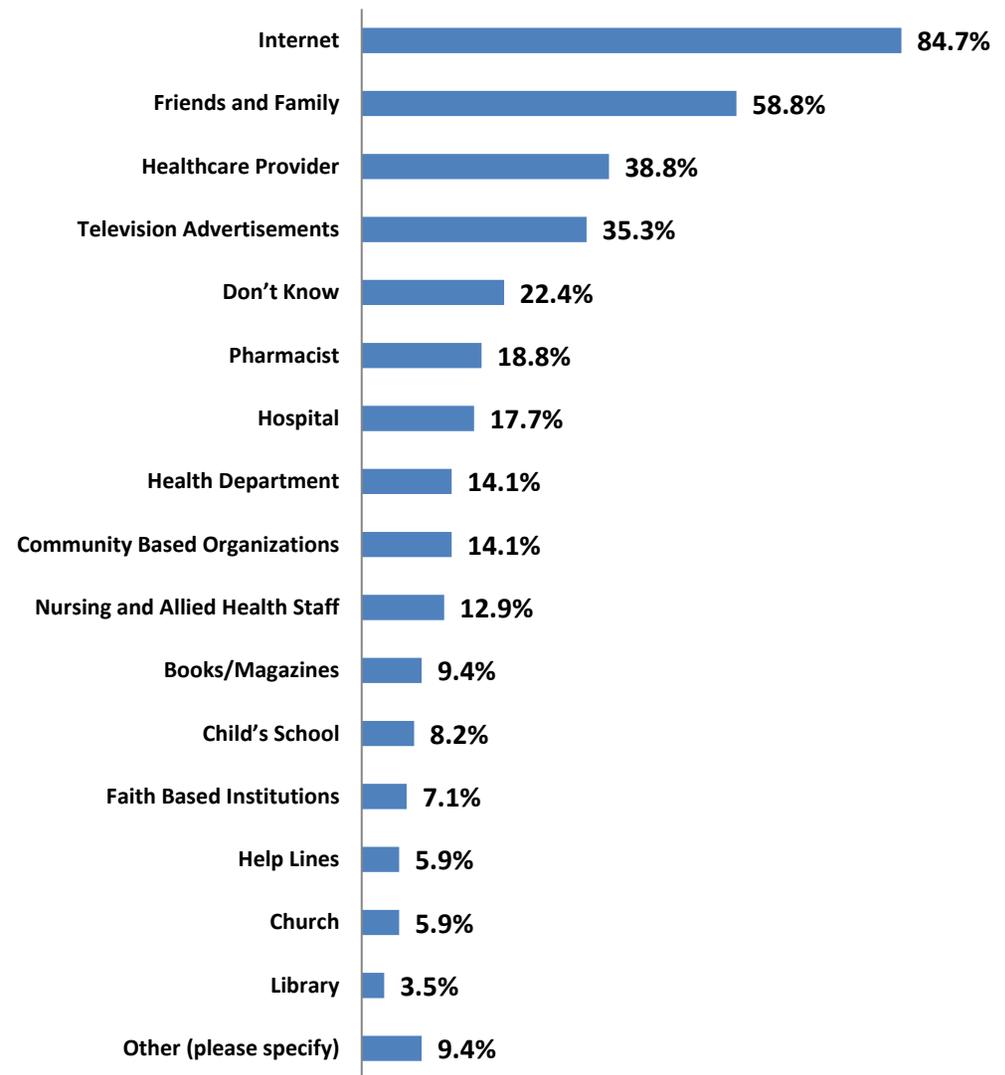
Continuum of Care (cont.)

- Respondents who indicated “Other” further specified:
 - *We need high quality healthcare,*
 - *Lack of specialists who know when to transfer a patient to a larger facility in another city.*
 - *Lack of communication and coordination between advanced care facilities in other communities, after the patient has been transferred for advanced care and/or treatment.*
 - *Protocols are "treat the symptom based". Health care isn't health care.*
 - *Travel distances.*
 - *Scheduling.*
 - *Lack of sharing x-rays, lack of coordinating in patient portals, lack of communicating with one another about patient history.*
 - *Healthcare in general has become very self-serving, rather than focusing on the patient.*

Health Education

- 83.5% of respondents believe that community members get their health-related education from the internet followed by 58.8% say the friends and family.
- The respondents who indicated “Other” further specified:
 - *AI, unfortunately.*
 - *ChatGPT.*
 - *Lots of people here get misinformation online and from elected officials.*
 - *Republican Party.*
 - *Social media.*
 - *Street Medicine.*

Source of Health Related Education

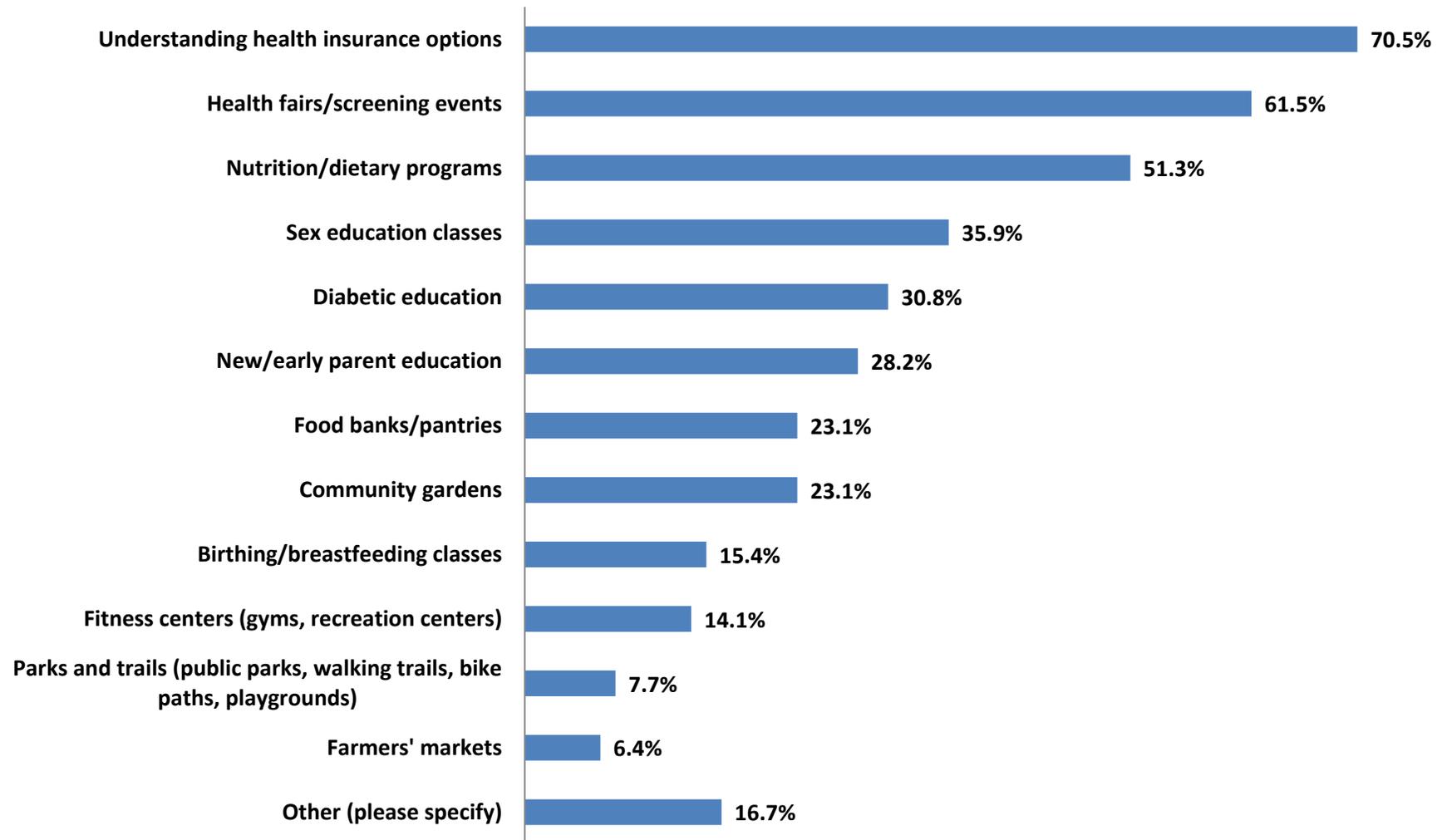


n=85

Participants were able to select multiple responses.

Health Education Services

- Respondents were asked to select which health education, promotion, and preventive services are lacking in the community. The following are ranked in order of frequency:



n=78

Participants were able to select multiple responses.

Source: Southwest Health System 2025 Community Health Needs Assessment Survey conducted by Community Hospital Consulting; April 28, 2025 – May 23, 2025.

Health Education Services (cont.)

- Respondents who indicated “Other” further specified:
 - *Suicide prevention. Mental health services/info.*
 - *Psychiatry and psychology facilities that are not overbooked or will accept insurance.*
 - *Adoption resources for birth parents and adoptive parents.*
 - *STI testing, family planning. Very limited. Street Medicine is doing it.*
 - *Health care 101. When do I actually need to see the doctor vs. over the counter meds.*
 - *Playgrounds with shade coverings so slides and swings don't scorch kids.*
 - *Low income gym facilities and facilities that accept parents with children.*
 - *Support and prevention programs are lacking. (e.g. cancer, stress prevention during chronic illness)*
 - *Mental health awareness and mental health access.*
 - *Function Health partnership with Quest Labs.*

Final Comments

- When asked to give any additional comments regarding the community's health, respondents commented:
 - *The young people in this community are being lost to suicide, drugs, alcohol and gun violence. Expect things to get much worse if no action is taken.*
 - *My main concern now is the LONG wait to get an appointment with a physician. And the lack of specialists available without traveling long distances to find one.*
 - *Include “alternative” providers for all. All care should be affordable. Elders need help with affordable transportation and access to providers. Focus on prevention and lifestyle issues like nutrition and exercise.*
 - *By and large our staff at most of the clinics, walk in care, the hospital and the health department do a great job. They are just overwhelmed.*
 - *The providers we have are wonderful! But getting and keeping all of the providers and specialists our community needs is the problem.*
 - *We serve the entire Four Corners area. That I believe puts a strain on the availability of services from the doctors we do have. We live next to several reservations that offer services to only their tribal members but we offer services to any of their constituents/citizens at any time. Does this have an impact on our communities health? Just a question that I have wondered about.*
 - *Access to local health news/reports on a regular basis would be helpful for education and awareness of conditions.*
 - *I believe the hospital is an integral part of the community and the more frequently people interact with the hospital for education, preventative services, social events, etc. the more comfortable they will be to reach out to ask questions, seek services and ensure it's success going forward.*
 - *Transportation to and from medical providers.*
 - *We definitely need more providers that intend to stay in the area. We need trained ancillary staff that are paid enough that it's an incentive to provide compassionate care. Our health care providers are human. Their jobs need to reflect that. Not 1 patient every 15 minutes and complete your charting at home during evenings and weekends.*
 - *I am deeply concerned about lack of treatment for many forms of cancer as well as elderly and memory care.*

Final Comments (cont.)

- *The health department just did our 5-year Community Health Assessment and we found that mental health and substance abuse were the top concerns. Our rate of alcohol-related chronic liver disease in this county is also shocking.*
- *Please invest in staffing. Get people who are good at or can become good at their jobs and pay them more. Don't fire them when they reach a certain pay grade.*
- *Many cannot afford what is necessary and lack information or coaching. We need a park with outdoor equipment access for all to avoid income barriers and allow parents to involve their children.*
- *This seems like a very abusive community. Towards self (substance abuse), children, partners, animals, environment and very divided. Disregard for real education.*
- *Youth homelessness is another big issue that is not getting any attention. Housing vouchers and housing options for homeless adolescence is lacking. So are coordinated supports between La Plata and Montezuma counties.*
- *I believe many people from our community travel out of town for their healthcare due to severe lack of resources, not the people at the hospital and clinics who are fantastic. Is there a support group for cancer patients? Is there anyone to help people newly diagnosed with chronic diseases navigate insurance issues? Is there a benefits coordinator at the hospital that can get prior authorizations done? Is there anyone who can direct people to local resources such as grief support groups, groups to help manage chronic side effects, anxiety/depression support groups, anyone to provide basic ballpark education on chronic diseases and standards of care to fall back on when the doctor they may be referred to is substandard? Is there anyone who provides education on selecting a specialist when needed for chronic diseases such as cancer? Even anyone to encourage people to get a second opinion from the start? Is there a group aside from the senior center to help with meal delivery for those who have no help and are unable to do for themselves as in post operation or post chemo? Is there anyone who can help locate out of town housing resources for those who need to go elsewhere for complicated treatments/surgeries? Is there anyone to help organize follow up appointments/referrals in network for patients when there are many? Is there anyone to help patients order helpful supplies for post operative needs that are not from a medical supply outlet or even provide a list of what might be helpful or essential? Is there anyone who can advise about grant availability locally/county wide and beyond for patients? Is there a hospital supported or community supported fuel voucher or ride share program for those who need to go out of town for treatment (aside from the taxi and for those NOT on Medicaid)? Are there any local resources for job retraining or anyone who can direct people to those resources?*

LOCAL COMMUNITY HEALTH REPORTS

2025 Community Health Assessment – Methodology

- In Colorado, local public health agencies do a community health assessment, or CHA, every five years. The health assessment process gathers input from community members to pinpoint areas of need based on their life experiences. Data on disease rates and behaviors from state and national databases is also reviewed.
- The CHA process involved engagement with an Advisory Committee of community partners with a broad understanding of local health needs to create the survey and implementation for Montezuma County in 2024.
- The CHA advisory committee used this model to focus the survey on six key areas:
 - Health outcomes and behaviors
 - Healthcare access and quality
 - Neighborhood and built environment
 - Social and community connections
 - Economic stability
 - Community strengths
- The survey was open from August to October 2024, and participants could fill it out on paper or online using a QR code. The survey was offered in English and Spanish and shared at over 75 locations, including libraries, clinics, restaurants, churches, and other local businesses. Flyers with QR codes were posted in public spaces and online. The survey received 800 responses, matching the number from the 2017 survey. All parts of the community were reached, especially populations that can be underrepresented in surveys including men, Spanish-speakers, and local tribal members, ensuring good representation from subsets of the community.
- In addition to the survey, the CHA gathered secondary data, like disease rates, from state and national databases with the support of a state epidemiologist. This data helped support the survey results and give a clearer picture of the community's health.

2025 Community Health Assessment – Survey Results & Next Steps

Survey Results

- Below are the top 10 findings from the local survey:
 - 84% of Montezuma County survey respondents said lower cost of food is one of the greatest needs in the community related to food access
 - 69% said lack of affordable quality housing is a major concern
 - 68% identified substance use (both illegal + legal) as a top health issue
 - 65% said mental health is one of the top 3 health issues most important to them. This was the number one response for that question
 - 63% reported using alcohol in the last year
 - 54% identified neighborhood safety as a major concern
 - 53% said child abuse and neglect prevention is a top social issue
 - 49% said no appointment being available or it taking too long is what has prevented them from receiving healthcare or mental healthcare
 - 46% said cost of food is a barrier to eating healthy balanced meals
 - 42% said accessing healthcare in the community was not too difficult

Next Steps

- The next step is to develop the 5-year Public Health Improvement Plan (PHIP), a process that will be worked on throughout 2025 in partnership with multiple community organizations. Public health is shaped by collaboration across many sectors, and we will rely on these partnerships to guide and implement the PHIP.
- Once the PHIP is ready, it will be shared with the community to show how the survey results are being used to shape the vision for better health. The final step will be to implement the plan and monitor progress over the next five years.

2025 Community Health Needs Assessment

- On behalf of the CU Cancer Center, the COE conducted a comprehensive Community Health Needs Assessment to determine the cancer burden for each of the 64 counties in Colorado by analyzing population-based data and conducting key informant interviews with leaders across the state's regions.

STATE AND COUNTY CANCER DISPARITIES METHODS

- In 2020, we determined cancer disparities for Colorado's 64 counties with a Cancer Disparity Index developed by the Colorado Department of Public Health and Environment, using the most recently available Colorado Central Cancer Registry data (2007-2016). To develop the disparity indices, we analyzed with a Principal Components Analysis (PCA) the variables of interest, including cancer incidence, mortality, and late-stage diagnosis for all cancers in the state. PCA summarizes or clusters the variables that are most alike into "components." To calculate an index score, each component is given a weight based on how much of the data variation they explain. A higher disease disparity index (i.e., higher rank) will have a higher corresponding index score. Accordingly, each Colorado county was ranked from 1 (lesser relative cancer disparity) to 64 (greater relative cancer disparity), with a cutoff Cancer Disparity Index score above 39 points, indicating counties with greater cancer disparities relative to those with a score below 39 points.
- We subsequently conducted county-specific analysis using the Colorado Central Cancer Registry data (2007-2016) and the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics National Vital Statistics System data (2008-2016). We compared a county's cancer rates with its health statistics region and with non-disparity counties rates. We then determined if the county's cancer rates were similar, below, or above the regional and state rates.

COMMUNITY READINESS & CAPACITY METHODS

- We shared the cancer snapshots during key informant (KI) interviews with selected community leaders from Colorado's rural and urban counties. The snapshots were presented to determine whether leaders and the communities they represented were aware of the cancer burden in their respective county. The presentation was followed by KI interviews of the leaders to understand the county's level of readiness and capacity to implement cancer prevention and early detection programs in the county and region. The leaders interviewed included regional health connectors, nurse practitioners, public health nurses,...

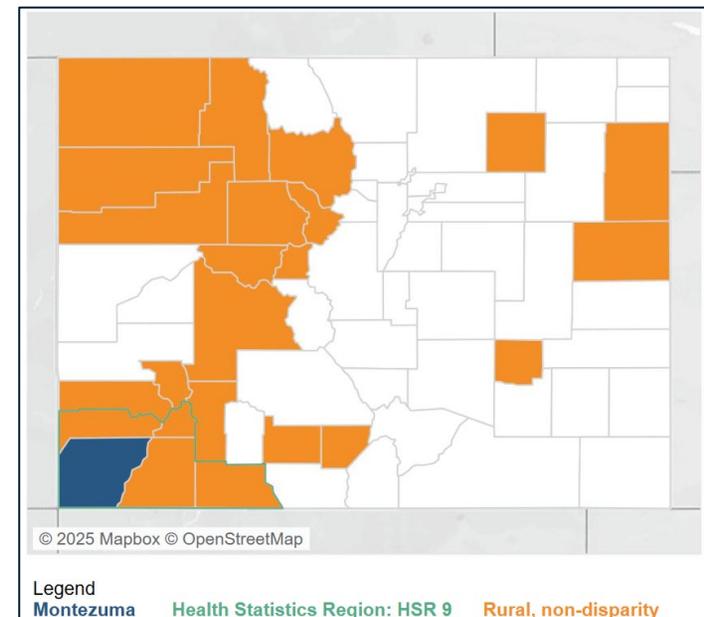
2025 Community Health Needs Assessment (continued)

COMMUNITY READINESS & CAPACITY METHODS (cont'd)

- ...healthcare system executives, directors of public health departments, directors and managers of oncology practices and hospitals, and other public health professionals. We interviewed 19 key informants from rural counties in 2021 and 18 key informants from urban counties in 2022. The 37 KI interviewees represented 33 counties from 15 of the 21 Health Statistics Regions, with six regions represented in the interviews of counties in the Denver Metro area and Colorado's Front Range.
- We used the Community Readiness Model (CRM) 8 to guide the content of the KI interviews. The CRM is a methodology to determine a community's level of readiness to address a health problem and to assess capacity to implement initiatives to improve it. We utilized the CRM framework to develop and analyze the KI interviews that assessed KIs' knowledge of established leadership, resources, and local or regional efforts to address the cancer burden, in the context of relevant community awareness, climate, and health needs and priorities. We followed the CRM methodology to frame each county's level of readiness and capacity to reduce the cancer burden and engage in cancer prevention and early detection initiatives.

CANCER SNAPSHOT: MONTEZUMA COUNTY

- Compared to HSR 9 (Archuleta, Dolores, La Plata, Montezuma and San Juan Counties), Montezuma County has a higher incidence of lung cancer, more late-stage diagnosis of prostate cancer, and higher mortality of lung and prostate cancer. Five-year survival is lower for prostate, uterine, and lung cancer.
- Relative to rural non-disparity counties, the county has higher incidence of lung cancer, more late-stage prostate cancer, and higher mortality of lung and prostate cancer. Five-year survival rates are lower for prostate and lung cancer.



2025 Community Health Needs Assessment (continued)

NEXT STEPS

- The CU Cancer Center will continue to partner with communities to support existing efforts and to build their capacity to implement programs in cancer prevention, early detection, treatment, and survivorship.
- Our next steps include strengthening the CU Cancer Center's collaboration with the Colorado Cancer Coalition and the Colorado Department of Public Health and Environment in the drafting of the 2026-2030 Colorado Cancer Plan to consider our findings and prioritize the reduction of the unequal burden of cancer in rural and frontier and disadvantaged communities in cancer disparity counties as part of the state's plan. We will also partner with the Colorado Cancer Caucus and the American Cancer Society Cancer Action Network to advance legislation that can meaningfully increase guard rails to sustainably support programs to prevent, detect, and treat cancer early to reduce mortality and improve cancer survivorship in Colorado.

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 2023 to 2025 Implementation Plan.

Southwest Health System

FY2023 - FY2025 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 July 25, 2022 to review the research findings and prioritize the community health needs. Five 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 a prioritization process 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 took a survey through SurveyMonkey and decided to address four of the five prioritized needs in various capacities through a hospital specific implementation plan.

The five most significant needs, as discussed during the July 25th prioritization meeting, are listed below:

1. Access to Mental and Behavioral Health Care Services and Providers
2. Continued Recruitment & Retention of Healthcare Workforce
3. Increased Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities Among Specific Populations
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
5. Access to Dental Care Services and Providers

While SHS acknowledges that this is a significant need in the community, “Access to Dental Care Services and Providers” is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. SHS will continue to support local organizations and efforts to address this need in the community.

SHS leadership has developed the following implementation plan to identify specific activities and services which directly address the remaining 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 status and progress updates (as appropriate).

The SHS Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan report on October 26, 2022

Priority #1: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Montezuma County do not have adequate access to mental and behavioral health care services and providers. Montezuma County has a lower rate of mental health care providers per 100,000 than the state. Many interviewees mentioned the need for additional availability of mental health providers like therapists, counselors and social workers, particularly for veterans. It was mentioned several times that the limited access to mental and behavioral health care services is due to perceived long wait times, affordability/insurance barriers as well as a limited workforce and local options of care. One interviewee stated: "There's a lack of workforce for behavioral health programs. There's just not enough programs and the only place that seems to have it is at Axis Health. People want other sources but they need to have insurance." There were conflicting comments amongst interviewees on the length of time it takes to get an appointment. A few interviewees discussed the lack of local inpatient services are leading to outmigration to Durango, Grand Junction, Pueblo and the front range. One interviewee stated: "There's no inpatient care. The nearest thing we have is a detox and that's in Durango. The nearest inpatient would be in Grand Junction, Pueblo and the Front Range. Grand Junction is 4 hours, Pueblo is 7 hours and the Front Range is 8 hours away."

Interviewees also discussed how substance misuse/abuse is adding to mental and behavioral health issues in the area, particularly for the youth population. One interviewee stated: "We need to get really serious about young people's mental health to help alleviate some of the health risks in the future. Kids are using drugs and then having serious smoking issues and lung cancer." Additionally, it was noted that there are specific requirements for local facilities and that is leading to limitations in patients seeking mental and behavioral health care. One interviewee stated: "There's a small health system in town that's the gatekeeper for mental health. Let's say you are an alcoholic. They won't treat you until you're not drinking or are detoxed. We need providers that are linked to the hospital that can help them."

Objective:

Increase local access to mental health care services

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. SHS will partner with community partners for mental health resources in the community via local entities or telehealth services for the Emergency Department. SHS partners with the community detox agreement and contributes to monies for the program.	ED Director, CNO		ONGOING (as opportunities arise)	SHS partners with Axis Health System.	ONGOING (as opportunities arise)	SHS partners with Axis Health System.	ONGOING (as opportunities arise)	SHS partners with Axis Health System.
1.B. SHS employs a medical social worker that works between the clinics and hospital to support physicians and patients for an integrated health care model.	Social Worker		ON HOLD	We have an outpatient social worker and new case managers, but have not implemented a social worker in this setting at this time.	ONGOING (as opportunities arise)	We have an outpatient social worker in the clinics and at our School Based Clinic. Case Management works closely with both to ensure patients receive care they need.	ONGOING (as opportunities arise)	We have an outpatient social worker in our School Based Clinic and are actively recruiting for our Outpatient Clinic. Case Management works closely with both to ensure patients receive care they need.
1.C. SHS supports local organizations both with tangible and monetary donations to insure proper care for homeless community members.	CEO, Food and Nutrition Director	Bridge Shelter	ONGOING (as opportunities arise)	SHS donates food to bridge shelter as appropriate. SHS also works with the FSAT (food security action team) as able.	ONGOING (as opportunities arise)	SHS donates food to bridge shelter as appropriate. SHS also works with the FSAT (food security action team) as able. Some clinic providers offer their personal time to help with Montezuma County Street Medicine.	ONGOING (as opportunities arise)	SHS donates food to bridge shelter as appropriate. SHS also works with the FSAT (food security action team) as able. Some clinic providers offer their personal time to help with Montezuma County Street Medicine until March 2025.
1.D. SHS will continue to offer mental health support to its employees through the Employee Assistance Program (EAP).	HR, Quality and Risk Manager	Zero Suicide Awareness, on site social worker as needed. Staff trained in PEER Support Group	ONGOING (as opportunities arise)	SHS continues to offer mental health support to its employees through HR. Benefits coordinator provides education at time of hire.	ONGOING (as opportunities arise)	SHS continues to offer mental health support to its employees through HR. Benefits coordinator provides education at time of hire.	ONGOING (as opportunities arise)	SHS continues to offer mental health support to its employees through HR. Benefits coordinator provides education at time of hire.

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.E. SHS will continue to promote the local suicide prevention hotline for applicable patients.	ED Director, Quality and Risk Manager		ONGOING (as opportunities arise)	Materials have been shared in the clinics.	ONGOING (as opportunities arise)	Materials shared with the clinics, inpatient and ED. Flyers from Montezuma County Health Department support groups have been distributed. Case Management is used as a resource as needed.	ONGOING (as opportunities arise)	Materials shared with the clinics, inpatient and ED. Flyers from Montezuma County Health Department support groups have been distributed. Case Management is used as a resource as needed. SHS actively has a monthly meeting to discuss suicide prevention.
1.F. SHS will continue to provide sexual assault nurse examiners (SANE) for sexual assault and domestic abuse victims.	ED Director		ONGOING (as opportunities arise)	This service is still occurring. Spring 2023 we had a SANE nurse visit to review our program.	ONGOING (as opportunities arise)	Service is still provided within the ED. SHS nurse staffing can be limited at times to perform exams. SHS works with other facilities to get patient in there as needed.	ONGOING (as opportunities arise)	Service is still provided within the ED. SHS nurse staffing can be limited at times to perform exams. SHS works with other facilities to get patient in there as needed.
1.G. Per the Hospital Transformation Program (HTP), SHS will continue to focus on providing depression screenings in the clinic and the emergency department for new mothers up to 60 days postpartum, and providing referrals if appropriate.	Quality and Risk Manager		ONGOING (as opportunities arise)	Quality Management Navigator is running reports to validate effectiveness of this goal and meeting quarterly with staff.	ONGOING (as opportunities arise)	SHS is now part of CPCQC with the State of Colorado. This program specifically focuses on postpartum depression.	ONGOING (as opportunities arise)	SHS is now part of CPCQC with the State of Colorado. This program specifically focuses on postpartum depression.
1.H. SHS will continue to participate in community events that focus on education and promoting mental and behavioral health resources.	Quality and Risk Manager	RISE Suicide Awareness Walk	ONGOING (as opportunities arise)	SHS supported the walk in 2023.	ONGOING (as opportunities arise)	SHS supported the walk in 2024. Working with the health department to provide QPR, attending SAFE Coalition quarterly meetings.	ONGOING (as opportunities arise)	SHS supported the walk in 2025. Working with the health department to provide QPR, attending SAFE Coalition quarterly meetings.
1.I. SHS will continue to collaborate with the local high schools in education and promoting mental and behavioral healthcare resources to the student population as opportunities arise.	Clinical Operations Manager, Behavioral Health Provider, School based NP		ON HOLD	SHS continues to collaborate with the local high schools in education and promoting mental and behavioral healthcare resources to the student population as opportunities arise.	ONGOING (as opportunities arise)	Have a CSW at the School Based Health Center. ASQ screenings have been implemented at the School Based Health Center.	ONGOING (as opportunities arise)	Have a CSW at the School Based Health Center. ASQ screenings have been implemented at the School Based Health Center.
1.J. SHS provides a case management program that helps provide education and necessary follow up care resources to patients who come to the emergency room with mental and behavioral health issues. SHS is exploring the opportunity to add this program in the inpatient setting.	CNO		ONGOING (as opportunities arise)	We have 2 new case managers.	ONGOING (as opportunities arise)	SHS has 4 full time Case Managers that work within the ED and inpatient settings for patient needs.	ONGOING (as opportunities arise)	SHS has 4 full time Case Managers that work within the ED and inpatient settings for patient needs.

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.K. SHS will explore adding mental and behavioral health telehealth services in the emergency room to provide better access for patients.	CNO		ON HOLD	SHS continues to explore adding mental and behavioral health telehealth services in the emergency room to provide better access for patients.	ONGOING (as opportunities arise)	SHS partners with AXIS Health to provide Telehealth services for patients in the ED setting.	ONGOING (as opportunities arise)	SHS partners with AXIS Health to provide Telehealth services for patients in the ED setting.

Priority #2: Continued Recruitment & Retention of Healthcare Workforce

Rationale:

Montezuma County has a higher percentage of individuals who do not have a personal doctor as compared to the state. Additionally, Montezuma County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

It was noted by interviewees that there is a need for recruitment and retention of the healthcare workforce in the community, such as physicians and nurses. One interviewee stated: "I think we have a lovely hospital. The biggest concern is keeping physicians here. That tends to be a revolving door. That is a big concern. How do we incentivize providers to stay here and create those relationships with the patients?" Another interviewee stated: "Bringing more physicians and nurses to the area [is a need]. Across the board, you can't get anything done because you don't have a physician but once you get the physician, then you don't have nurses [to help]."

In regards to primary care, interviewees acknowledged efforts made by the hospital to improve primary care access, however, there are still issues with accessing providers due to long wait times at appointments, lack of available providers, affordability barriers and limited internet access. One interviewee stated: "Our hospital does a great job with the resources they have. However, we do serve more than Montezuma County. The system is overwhelmed. People are agitated because they are expecting to be seen and then aren't seen for a couple of hours. There's just not enough providers for the community." Another interviewee stated: "Primary care is where I see the majority of the issues. Either there are no doctors or they can't afford it. Recently I had someone tell me that to get an appointment, it was about 30-60 days. I know some doctors are doing telehealth but there are a lot of people without Wi-Fi or technology." There were concerns discussed by interviewees surrounding the unmet needs of the aging/elderly population due to limited knowledge of telemedicine usage for appointments.

There were concerns discussed by interviewees surrounding the unmet needs of the aging/elderly population due to limited knowledge of telemedicine usage for appointments. Interviewees had conflicting statements regarding the accessibility of primary care doctors. One interviewee stated: "My sense is when people need access to their primary care, they can get to it pretty easily. I think it's a couple weeks or sooner [to be seen]." Another interviewee stated: "The system is overwhelmed. There's just not enough providers for the community." A few interviewees acknowledged that there are additional sites of care available in the community but there are still issues with availability of appointments. One interviewee stated: "There are a couple of walk in clinics but some of those are full." Additionally, a couple interviewees noted a potential barrier with using other facilities for care because of fragmented continuum of care. One interviewee stated: "You can wait up to two weeks [to be seen]. If you have a problem right now, the advice is to go to the walk in clinic to get seen. The walk in clinic is great, but for someone that has a doctor, the clinic doesn't know the latest of what's going on with the patient."

With regards to specialty care, interviewees appreciated the hospital's involvement in accessing specialty care including recruitment needs and accessibility to see a specialist. Specific specialties mentioned as needed include Cardiology, Oncology, Orthopedics, Urology, local Dialysis options, Dermatology, OB/GYN, Pulmonology and Internal Medicine. Interviewees discussed the shortage of local specialty care services is leading to the outmigration of patients to Durango, Grand Junction, Colorado Springs, Albuquerque and Farmington. A couple of interviewees expressed that the lack of access to VA specialty care is leading to outmigration to nearby cities. One interviewee stated: "It's difficult for our veterans. They have to travel to a VA hospital in Albuquerque, Grand Junction or Durango. For the veterans mostly cardiology or urology [are needed]."

For dental care in the community, interviewees had conflicting statements regarding the accessibility of routine dental care needs. One interviewee stated: "[Dental care is] very accessible. I made an appointment with my local dentist. I have to wait a couple of months but that's because he's busy and popular." Another interviewee stated: "If I need a non-urgent appointment, it would take about a month." Interviewees also mentioned the long wait times for higher levels of dental care services and the need for oral surgeons in the community. There were conflicting statements made by interviewees regarding the availability of pediatric dentists. One interviewee stated: "I think there are enough pediatric dentists." Another interviewee stated: "There is no pediatric dental group here in town. I think the county health department has a dentist that travels for those types of situations."

A few interviewees discussed the demand for higher acuity dental needs and how that is leading to outmigration to Durango and Farmington. Lastly, interviewees mentioned the challenge in accessing dental services for Medicaid, Medicare and veteran patients. One interviewee stated: "There is a dental program in the health department called Smile Makers. That is pretty much the only Medicaid provider at this time. There are a couple of private practice dentist offices. One really underserved group is the elderly. Medicare does not have dental plans." Another interviewee stated: "For veterans, they don't have dental coverage unless they have supplemental dental coverage. So most of them don't see the dentist."

Objective:

Continued efforts to recruit and retain providers to the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. SHS offers a variety of specialty services at Southwest Medical Group Specialty Clinic to increase local access to care for residents.	Clinical Operations Director		ONGOING (as opportunities arise)	New CEO started in Fall of 2023. Has been working on recruitment with Marketing.	ONGOING (as opportunities arise)	SMG continues to support the specialty surgical services identified in our needs assessment. Per the provider recruitment plan, we have filled all necessary providers for our community.	ONGOING (as opportunities arise)	Cardiology is a service being focused on in 2025 for more consistency. Podiatry has been filled with a new provider. Additional General Surgery and GYN provider in recruitment phase to replace turnover.
2.B. SHS will continue to explore obtaining and maintaining the most up to date, advanced technology and equipment to increase access to specialized services for patients.	Administration		ONGOING (as opportunities arise)	Currently in progress. Program is going well.	ONGOING (as opportunities arise)	SHS has the necessary equipment for the services offered. Ongoing review of capital needs as appropriate.	ONGOING (as opportunities arise)	Have been able to support additional Maternal Health equipment in an offsite clinic, state of the art Echo and Stress testing. FEES for Speech Therapy is being used. Ongoing review of capital needs as appropriate.
2.C. SHS will continue to work with Rural Partners in Medicine to increase physician coverage in the community across a variety of specialties.	Clinical Operations Director		ONGOING (as opportunities arise)	Currently in progress. Program is going well.	DISCONTINUED	We have appropriate providers on staff that we no longer need the support of Rural Partners in Medicine.	DISCONTINUED	We have appropriate providers on staff that we no longer need the support of Rural Partners in Medicine.

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.D. 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.	Clinical Operations Director, CEO		ONGOING (as opportunities arise)	Currently in progress. Program is going well.	ONGOING (as opportunities arise)	We have appropriate providers on staff and have completed our provider recruitment plan set by the SHS Board. Currently meeting community needs.	ONGOING (as opportunities arise)	We have additional family practice and internal medicine starting at SHS by 4th quarter 2025.
2.E. SHS will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility in a variety of programs, including, but not limited to, nursing, radiology and pharmacy.	HR Director, Medical Staff Manager		ONGOING (as opportunities arise)	Currently in progress. Program is going well.	ONGOING (as opportunities arise)	SHS actively participates in any student teaching requested. Recently started Physician Residency Program.	ONGOING (as opportunities arise)	SHS actively participates in any student teaching requested. Recently started Physician Residency Program.
2.F. SHS explores opportunities to educate young adults on health care related career paths through community fairs and school career days.	CNO, Inpatient Director	Career Day at Montezuma Cortez Middle School. Interactive School Tour	ONGOING (as opportunities arise)	Currently in progress as opportunities arise.	ONGOING (as opportunities arise)	Currently in progress as opportunities arise.	ONGOING (as opportunities arise)	Interactive School Tour, Career Days, Highschool Internship Program annually.
2.G. SHS recognizes outstanding employees through nominations and award ceremonies.	HR	Employee of the Month, Leader of the Quarter, Employee of the Year	ONGOING (as opportunities arise)	Monthly: 1. Caught in the Act Program 2. Employee of the Month Quarterly: 1. Leader of the Quarter Annually: 1. Employee of the Year Random Frequencies: 1. Round of Applause 2. Other events such as Healthcare Selfcare awards	Monthly: Caught in the Act Program Employee of the Month Quarterly Leader of the Quarter Annually: Employee of the Year	Monthly: Caught in the Act Program Employee of the Month Quarterly Leader of the Quarter Annually: Employee of the Year	ONGOING (as opportunities arise)	Monthly: Caught in the Act Program Employee of the Month Quarterly Leader of the Quarter Annually: Employee of the Year
2.H. In partnership with the local nursing school, SHS provides a nurse residency program, where people who are interested in healthcare can work before they have their license. The program and Colorado Nurse Excellence help the individual through their first year of nursing. Additionally, SHS is exploring the opportunity to expand this program.	CNO		ONGOING (as opportunities arise)	This is in progress and working well. Pueblo Community College and Fort Lewis College.	ONGOING (as opportunities arise)	This is in progress and working well. Pueblo Community College and Fort Lewis College.	ONGOING (as opportunities arise)	This is in progress and working well. Pueblo Community College and Fort Lewis College.
2.I. SHS provides reimbursement for education for qualified employees who wants to advance their education.	HR Director		ONGOING (as opportunities arise)	Our education reimbursement plan has not changed.	ONGOING (as opportunities arise)	Our education reimbursement plan has not changed.	ONGOING (as opportunities arise)	Our education reimbursement plan has not changed.
2.J. SHS will explore adding telehealth services in the intensive care unit (ICU) to provide better access for patients.	CNO, CMO		ON HOLD	Investigation still continues.	ON HOLD	Investigation still continues.	ON HOLD	Investigation still continues.
2.K. SHS will continue to offer the High School Intern Program, which educates students about the vast array of health careers and encourages students to volunteer at SHS.	Education Department, HR		ONGOING (as opportunities arise)	We had 3 interns in 2023.	ONGOING (as opportunities arise)	We had 4 interns in 2024.	ONGOING (as opportunities arise)	We had 10 interns in 2025 to include Montezuma and La Plata County students.

Priority #3: Increased Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Montezuma County has higher unemployment rates than the state, as well as lower educational attainment rates than the state. Montezuma County also has a higher percentage of families and children living below poverty than the state. Additionally, Montezuma County has a lower median household income than the state, higher overall and child food insecurity rates, higher rates of Supplemental Nutrition Assistance Program (SNAP) recipients, as well as a higher percentage of public school students eligible for free or reduced price lunch than the state.

Montezuma County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. When analyzing the economic status, Montezuma County is in more economic distress than other counties in the state. Additionally, Montezuma County is designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed the limited accessibility and options for low income, un/underinsured populations. Interviewees also expressed concern about Medicare Advantage coverage and contracts for future services. One interviewee stated: "There's still a lot of lower income people here in the county. Access to care for them might not be where it needs to be." Another interviewee stated: "My concern about Medicare Advantage is that it's going to be something that will be hard for us to contract with. If we aren't able to figure it out it'll cause loss of services from us." It was noted several times that affordability issues are leading to patients seeking care at the emergency room, particularly those on Medicaid.

A few interviewees desire additional support for the working poor to afford health services. One interviewee stated: "There have been barriers in getting someone into long term nursing care due to insurance and payor sources. They have to be on Medicare. Another barrier might be that they have too much income and that can cause barriers with means tested programs. Everything takes so much time that it leaves people in limbo and causes trauma." Another interviewee stated: "[There's the need for] some kind of middle road for people who don't qualify for Medicare or Medicaid. There are a lot of working poor families who can't afford to take care of themselves." Lastly, a couple of interviewees discussed the low prioritization and utilization of affordable health care options for specific groups. One interviewee stated: "There's a reason why lower cost options are not utilized. I think people [who are struggling] are in a pretty high level of survival mode. That cut downs the awareness of options."

Interviewees acknowledged the community improvement in accessing health care services however, there is still a continued need to address the social determinants of health in the community like transportation and child care. One interviewee stated: "We've grown our access but we still need the social determinants of health addressed in our communities like transportation. Some patients can't come to their appointments because of transportation or there's no child care available."

A few interviewees discussed the limited transportation options in the community, particularly for the Medicaid population. One interviewee stated: "I see patients who are discharged from the hospital and [need] the extra help, like getting transportation. A lot of patients are overwhelmed and can't get themselves to resources [they need]." Another interviewee stated: "Transportation is huge which really ties to having access to healthcare. That is one of the biggest barriers that this area is not addressing. Public transportation is limited. The bus picks up certain qualified individuals to get a ride. I've heard one issue at Axis Health. There aren't enough Medicaid transports that assist the patients that need to get to their appointments." Lastly, a few interviewees mentioned the lack of local VA clinics leading to outmigration. One interviewee stated: "Some veterans have to drive 45 miles one way or 75-80 miles to be able to go to the VA clinic."

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. SHS 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.	CFO		ONGOING (as opportunities arise)	We have two financial assistance coordinators. Our PFS department continues to share education to the community as appropriate.	ONGOING (as opportunities arise)	We have two financial assistance coordinators. Our PFS department continues to share education to the community as appropriate.	ONGOING (as opportunities arise)	We have two financial assistance coordinators. Our PFS department continues to share education to the community as appropriate.
3.B. SHS 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.	CFO		ONGOING (as opportunities arise)	We have two financial assistance coordinators. Our PFS department continues to share education to the community as appropriate.	ONGOING (as opportunities arise)	We have two financial assistance coordinators. Our PFS department continues to share education to the community as appropriate.	ONGOING (as opportunities arise)	We have two financial assistance coordinators. Our PFS department continues to share education to the community as appropriate.
3.C. SHS participates and collaborates with different organizations to provide additional access to healthcare resources.	CEO	Western Health Alliance (WHA), Colorado Hospital Association (CHA), and various other local collaborations.	ONGOING (as opportunities arise)	SHS continues to collaborate with CHA, WHA, CRHC and other entities.	ONGOING (as opportunities arise)	SHS continues to collaborate with CHA, WHA, CRHC.	ONGOING (as opportunities arise)	SHS continues to collaborate with CHA, WHA, CRHC.
3.D. SHS 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.	Clinical Operations Director		ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	School Based Health Center continues to be open and providing care for students and their families.	ONGOING (as opportunities arise)	School Based Health Center continues to be open and providing care for students and their families.
3.E. SHS will continue to host and participate in local events and donation drives to benefit underserved organizations and populations in the community.	Senior Leadership		ONGOING (as opportunities arise)	SHS has done a few food drives this year. SLT and Quality work on networking within the community.	ONGOING (as opportunities arise)	SHS has done a few food drives this year. SLT and Quality work on networking within the community.	ONGOING (as opportunities arise)	SHS has done a few food drives this year. SLT and Quality work on networking within the community.
3.F. SHS 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.	Quality and Risk Manager		ONGOING (as opportunities arise)	Currently in progress. Information shared to every staff member in New Employee Orientation.	ONGOING (as opportunities arise)	COMPLETED	ONGOING (as opportunities arise)	COMPLETED

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
<p>3.G. SHS will continue to coordinate transportation for patients needing transportation assistance on an as needed basis.</p>	<p>Case Management, Quality and Risk Manager</p>		<p>ONGOING (as opportunities arise)</p>	<p>SHS will continue to coordinate transportation for patients needing transportation assistance with the efforts of the appropriate clinical director, CNO, and case management.</p>	<p>ONGOING (as opportunities arise)</p>	<p>Expansion of Case Management has been a positive improvement for helping patients with transportation needs.</p>	<p>ONGOING (as opportunities arise)</p>	<p>Expansion of Case Management has been a positive improvement for helping patients with transportation needs. SHS EMS supports behavioral health transports as well.</p>

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.H. Per the Hospital Transformation Program (HTP), SHS will continue to focus on Medicaid patients who are admitted as an inpatient to ensure there is a follow up appointment made within 30 days of discharge in addition to other interventions within the program.	Quality and Risk Manager		ONGOING (as opportunities arise)	Quality Management Navigator is running reports to validate effectiveness of this goal and meeting quarterly with staff.	ONGOING (as opportunities arise)	Meeting metric.	ONGOING (as opportunities arise)	COMPLETED
3.I. SHS hosts an Infusion Clinic on the Mildred Road campus that provides local care for cancer patients.	Inpatient Director, CNO		ONGOING (as opportunities arise)	Our infusion center is now open 5 days a week. The inpatient units help complete infusions needed on the weekends.	ONGOING (as opportunities arise)	3 year goal for SHS is to increase infusion services that include cancer care.	ONGOING (as opportunities arise)	Expanding volume by working with local partnership. Greater volume of patients from Montezuma County are being seen in our clinic.
3.J. SHS partners with local nursing homes as a joint effort to ensure efficient handoffs and appropriate discharge planning for the patients.	CNO		ONGOING (as opportunities arise)	In progress with CNO.	ONGOING (as opportunities arise)	Case Management works directly and efficiently with local nursing homes.	ONGOING (as opportunities arise)	Case Management continues to build strong relationships with our nursing home partners.
3.K. Through our walk-in clinic, patients are able to receive services 7 days a week. Additionally, SHS will continue to have a primary care provider on call 24/7.	Clinical Operations Director, CMO		ONGOING (as opportunities arise)	Process has not changed. Currently up and running.	ONGOING (as opportunities arise)	Process has not changed. Currently up and running.	ONGOING (as opportunities arise)	COMPLETE
3.L. SHS will continue to employ a Patient Financial Counselor who assists with on site enrollment for patients regarding health plans including but not limited to CHIP, Medicaid, etc.	CFO		ONGOING (as opportunities arise)	Currently in progress. Two Patient Financial Counselors.	ONGOING (as opportunities arise)	Currently in progress. Two Patient Financial Counselors.	ONGOING (as opportunities arise)	Currently in progress. Two Patient Financial Counselors.
3.M. SHS will collaborate with programs in the area and region on social determinants of health (SDOH). SHS will act as the funnel in connecting patients to those programs and resources in the community.	Quality and Risk Manager		ONGOING (as opportunities arise)	This is an HTP measure as well. Quality Management Navigator is running reports to validate effectiveness of this goal and meeting quarterly with staff.	ONGOING (as opportunities arise)	Case Management actively working through this need.	ONGOING (as opportunities arise)	Case Management and nursing has expanded to also include Family Birthing patients for resources. ER and Inpatient SDOH monitoring continues with each patient encounter.

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 warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Montezuma County and the state. Montezuma County has higher mortality rates than Colorado for the following causes of death: heart disease; cancer; accidents (unintentional injuries); chronic lower respiratory diseases, intentional self-harm (suicide); chronic liver disease and cirrhosis, diabetes mellitus; and lung and bronchus cancer.

Montezuma County has higher prevalence rates of chronic conditions, such as adults with diabetes, arthritis and adults with high blood pressure. Montezuma County has higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity and binge drinking than the state. With regards to maternal and child health, specifically, Montezuma County has higher low birth weight births, higher teen (age 0-19 years) birth and higher rates of women who received inadequate prenatal care than the state.

Data suggests that Montezuma County residents are not appropriately seeking preventive care services, such as timely mammography, colonoscopy or pap tests. Montezuma County has lower vaccination rates for adults and those 65+ who have received their flu vaccine in the past 12 months and those 65+ who have received their pneumonia vaccine in the past 12 months as compared to the state. Montezuma County has a lower rate of dentists per 100,000 than the state as well. Montezuma County has a lower percentage of its population vaccinated with the first dose and second dose and a lower total amount of COVID-19 cases than the state (information as of July 22, 2022).

Several interviewees expressed appreciation for the hospital in educating patients on the importance of having a doctor and collaboration between local organizations. One interviewee stated: "Healthy lifestyle management is an area that we actually do reasonably well in between the hospital, community clinics and the public health department. If people are interested in healthy lifestyle information they can find it." It was mentioned that there was a desire to see additional marketing of services in the community as well as more education on healthy lifestyles. One interviewee stated: "We have got to educate on how to take care of oneself. It's not about taking a pill that will take care of oneself. A lot of people think that way and in reality that doesn't work. It's a huge education component." Several interviewees acknowledged the local resources in the community but mentioned how there were potential barriers for some populations due to cost. One interviewee stated: "We do have a recreational center and three other gyms but again, it's the cost."

A couple of interviewees expressed concern surrounding equitable health opportunities for the community and potential barriers for some seniors regarding the affordability of food and meals. One interviewee stated: "Do we have equitable health opportunities? I would say no. There are support groups like AA and NA but that's if you have specific problems. We do have a senior center that serves meals but they aren't necessarily free."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
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.	HR, CNO, Marketing	Sport Physical Days, Prepared Childbirth Class, Mobile Vaccine Clinic, Diabetes Education, Sex Education, Stop the Bleed, Helmet safety, Suicide Awareness information sheet	ONGOING (as opportunities arise)	As stated in current examples and offered QPR (Suicide Awareness Class) in winter and spring. Currently doing EMT classes. Nurses able to travel to Denver for OB education. Stable Education class.	ONGOING (as opportunities arise)	Same as 2023. Additional programs implemented are: Walk with a Doc, Lunch and Learn with the community from provider education topic, breastfeeding education.	ONGOING (as opportunities arise)	Same as 2024. Additional programs implemented are: EMS hosting community education sessions.
4.B. SHS is participating in the Hospital Quality Incentive Payment Program (HQIP) which operates solely in the Medicaid market. Through a variety of measurements, the HQIP focuses on maternal health and perinatal care, patient safety and patient experience. As a part of this program, 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.	Quality and Risk Manager		ONGOING (as opportunities arise)	Earned the most amount of points from submission date 5/31/2023. 83 points.	ONGOING (as opportunities arise)	Continuing to participate in HQIP and improve services.	ONGOING (as opportunities arise)	Continuing to participate in HQIP and improve services.
4.C. SHS personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	Senior Leadership		ONGOING (as opportunities arise)	Quality and SLT participate in community meetings.	ONGOING (as opportunities arise)	As opportunities arise.	ONGOING (as opportunities arise)	This is a proactive initiative that SHS supports.
4.D. 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.	Quality and Risk Manager	Attendees may include but are not limited to: case management, discharge planning, patient financial advisor	ONGOING (as opportunities arise)	The committee as of October 2023 is now monthly again and called "Link up Sync up".	ONGOING (as opportunities arise)	Continuing to participate. Also participated in Montezuma County Safe Coalition and Montezuma County Injury Prevention Coalition.	ONGOING (as opportunities arise)	Continuing to participate. Also participated in Montezuma County Safe Coalition and Montezuma County Injury Prevention Coalition.
4.E. SHS will continue to serve as a proper medication disposal site.	Pharmacy Director		ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.
4.F. SHS will continue to provide employees with discounted memberships to a local fitness center, gym or recreation center in order to promote employee wellness.	HR		ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.
4.G. SHS will continue to periodically host blood drives for employees and the community to participate in.	Laboratory Director		ONGOING (as opportunities arise)	Currently in progress. At least quarterly.	ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.H. 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.	Pharmacy Director		ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.
4.I. SHS offers space in the hospital for local programs and organizations to use for meetings as appropriate.	Senior Leadership	Opioid Council, Opioid Programs for the state	ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.	ONGOING (as opportunities arise)	Currently in progress.
4.J. Through the LOR foundation grant, SHS will provide Question, Persuade, Refer (QPR) training for all staff.	Quality and Risk Manager		ON HOLD	At this time, the position completing this was eliminated. Will work on partnership with Local Health Department to try to offer classes laterally to SHS staff. The plan is to have this shared in "insights" in our bi-weekly newsletter to all staff.	ONGOING (as opportunities arise)	Currently Quality Coordinator is QPR trained. Working with departments and community to offer QPR classes.	ONGOING (as opportunities arise)	Currently Quality Coordinator is QPR trained. Working with departments and community to offer QPR classes.
4.K. SHS will continue to educate healthcare providers and the community on opioids. SHS provides an opioid program in the emergency room. SHS is working towards inputting a medication assistance treatment program and will partner with the Southwest Opioid Response District (SWORD) program. Through the HTP program, SHS is focusing on increasing alternative treatment to opioids ALTO's and decreasing the usage of opioids.	CNO, Quality and Risk Manager		ONGOING (as opportunities arise)	Ongoing through HTP and SWORD. Quality Management Navigator is running reports to validate effectiveness of this goal and meeting quarterly with staff.	ONGOING (as opportunities arise)	SHS is part of CPCQC and provider driven MOUD treatments.	ONGOING (as opportunities arise)	SHS is part of CPCQC and provider driven MOUD treatments.

PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2019 Prioritized Needs

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

2022 Prioritized Needs

1. Access to Mental and Behavioral Health Care Services and Providers
2. Continued Recruitment & Retention of Healthcare Workforce
3. Increased Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities Among Specific Populations
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

PROPOSED PRELIMINARY HEALTH NEEDS

Proposed Preliminary Health Needs

- Access to Mental and Behavioral Health Care Services and Providers
- Continued Recruitment & Retention of Healthcare Workforce
- Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations
- Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles

PRIORITIZATION

The Prioritization Process

- In July 2025 leadership from SHS met with CHC Consulting to review findings and prioritize the community's health needs. Attendees from the hospital included:
 - Joseph Theine, Chief Executive Officer
 - Lisa Gates, Chief Nursing Officer
 - Jennifer Gero, Interim Chief Medical Officer
 - Charles Krupa, Chief Information Officer
 - Kierra Fury, Director of Clinical Operations
 - Jaycee Hart, Marketing Specialist
 - Kathleen Russell, Case Management
 - Maddie Wright, Quality Manager
 - Nikole Young, Quality Coordinator
- 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
<ul style="list-style-type: none">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
<ul style="list-style-type: none">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
<ul style="list-style-type: none">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 prioritized ballot process to rank the health needs in order of importance, resulting in the following order:
 1. Continued Recruitment & Retention of Healthcare Workforce
 2. Access to Mental and Behavioral Health Care Services and Providers
 3. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
 4. Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations

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 Recruitment & Retention of Healthcare Workforce
 2. Access to Mental and Behavioral Health Care Services and Providers
 3. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
 4. Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations

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.

Family Support Services

Provider	Description / Service	Phone	Address	Website
Community Connections	For more information and a complete listing of programs offered through Community Connections, Inc., please see the listing for Community Connections in the Disability Services section	970-385-3498		
Four Corners Child Advocacy Center	Non-profit organization operates with mission to promote the well-being of abused children. The goal is to minimize the emotional trauma to children and their non-offending family members. Facility and staff offer a safe, nurturing and child-friendly atmosphere. The Center is where agencies, professionals and therapists will come to the child for investigative interviews, medical exams, court education and therapy. The Center refers clients to eligible victim services and advocates for services that are lacking or inadequate. The Center is one of only ten in the state and is a member of the National Network of Child Advocacy Centers. The Center is unique in that it services victims in four states and jurisdictions. Services are free. Information and Referral Hours: 8:30am - 4:30pm Monday-Friday or by appointment	970-565-8155	140 North Linden, Cortez, CO 81321	www.nestcac.org
Housing Solutions for the Southwest	Please see the complete listing for Housing Solutions for the Southwest in the Housing & Homeless Services section	970-259-1086		
Parents As Teachers The Piñon Project	In-home, individual program is designed for families w children birth-3. The program offers information of developmental stages your child will go through. In Home visits will contain interactive child parent activities	(970) 564-1195	210 E. Main Street, Cortez CO 81321	www.pinonproject.org
Montelores Emergency Assistance Coalition	The Montelores Emergency Assistance Coalition (MEAC) provides financial assistance to residents of Montezuma and Dolores Counties who are usually self-sufficient but are experiencing a one-time emergency. The Piñon Project serves as the fiscal agent and administrator for the MEAC program.	(970) 564-1195	300 North Elm Street, Cortez, CO 81321	https://www.pinonproject.org/
National Runaway Switchboard	Crisis intervention and travel assistance are provided to runaways. Information and local referrals are distributed to adolescents and families and referrals are made to shelters nationwide. Also relays messages to, or arranges conference calls with, parents at the request of the child.	1-800-786-2929		
Pinon Project Family Resource Center	Non-profit organization is dedicated to creating opportunities to enrich the quality of life of individuals and families in the community. Montezuma and Dolores Counties are served. Most programs and classes are free and some have a minimal charge. Please see a complete description for each program in the section indicated or call The Pinon Project for more information.	(970) 564-1195	210 E. Main Street, Cortez CO 81321	https://www.pinonproject.org/
Responsible Fatherhood Program (Pinon Project)	Please see complete listing for the Responsible Fatherhood Program in the Men's Services section	(970) 564-1195	210 E. Main Street, Cortez CO 81321	https://www.pinonproject.org/
Safe Exchange & Supervised Visitation Program	These programs offer a safe place for parents to exchange their child(ren) back and forth. The case manager makes sure the parents do not have contact during the exchange. The Supervised Visitation program is for parents who do not have custody of their child(ren) and need a supervised environment in which to have a visit.	970-564-3807	210 E. Main Street, Cortez CO 81321	https://www.pinonproject.org/
Salvation Army Family Services Center	Assistance is provided dependent of funding of which is still available to support rent, utilities, gasoline, prescriptions, bus tickets, and other emergency needs in order to meet the needs of the community without discrimination. The Salvation Army interfaces with all county agencies. The Thrift Store in Cortez is able to provide necessity items from shelves to assist clients in emergency situations. There are not minimum income requirements. Some restrictions and limits apply. An application and photo identification are required for each assistance request. Services are free. <i>*In some cases, a client may be required to provide work hours in conjunction with financial aid. Volunteers are encouraged to contact the Salvation Army Family Service Center.</i>	970-564-4228; Fax: 970-564-4228	201 Pinon Drive #D, Cortez, CO PO Box 824, Cortez 81321	https://www.salvationarmy.org/

Food				
Provider	Description / Service	Phone	Address	Website
Good Samaritan Center	Anyone who needs to pick up a box of food can come by the pantry during our distribution hours, Monday-Thursday 12pm-2pm. <u>Delivery</u> : Tuesday and Thursday afternoons (Call 970-560-0119)	(970) 565-6424	25 1/2 S Elm Street, Cortez 30 N. Beech St, Cortez (Pantry location)	https://goodsams.org/
Grace's Kitchen (Grace Baptist Church)	Free lunch is provided three days each week. Single Meals Tuesdays & Thursdays, 12:00 - 1:00pm. Saturday 12- 12:30pm (Curbside)	(970) 565-7865	110 West North St, Cortez	https://www.stbarnabascortez.org/
Hope's Kitchen (Methodist Church)	Care and Share soup kitchen. Call to make sure hours of operation have not changed. Single Meals Monday, Wednesday, & Fridays 12-1 P (Sit down lunch)	(970) 565-3002	515 N Park St, Cortez	https://www.umc.org/en/find-a-church/church/?id=74224
Department of Social Services	Supplemental Nutrition Assistance Program (SNAP) Medicaid Enrollment, AND, TANF	(970) 564-4100	106 West Main Street STE 170 Cortez	
Farmers Market	Cortez, Dolores, and Mancos Double Up Bucks Program offered at the Cortez Farmers Market	Cortez- (970) 565-3414 Dolores- (970) 882-4018 Mancos- (970) 533-7434		
SHARE Colorado - Cortez	Lower-cost food for families in Dolores and Montezuma Counties is offered. Classic food package is \$30, product pack is \$20.	(970) 564-9884	320 North Harrison, Cortez, CO 81321 (food delivery & pick-up)	
Meals on Wheels (Dolores)		970-882-7337	400 East Riverside	
Meals on Wheels (Cortez)		970-564-2776		

Housing & Homelessness				
Provider	Description / Service	Phone	Physical Address	Website
EMERGENCY SHELTERS/TEMPORARY				
The Bridge Emergency Shelter	Provides a seasonal shelter for adults as well as transitional housing and work opportunities for adults seeking greater independence.	(970) 565-9808	735 N. Park St. Cortez, CO 81321	https://thebridgeshelter.org/
Renew- Domestic Violence Shelter	Provide assistance to victims of domestic violence, adult sexual assault, and adult survivors of child sexual abuse through crisis intervention, public education, and awareness. Renew Inc. is a public, not-for-profit agency for victims of sexual abuse and domestic violence. We provide free and confidential services for Montezuma and Dolores County in Colorado.	(970) 565-2100 WINGS Safehouse: 970.565.9116	P.O. Box 169 Cortez, CO 81321	https://www.renew-inc.org/
Rio Grand Southern Hotel B&B	Axis transports food from FRC to the Rio Grande. They in turn house high needs hard to place individuals. The owner is the single point of contact and is doing this out of charity. First month rent negotiable.	(970) 882-2125	101 S 5th St, Dolores CO 81323	
Volunteers of America: Durango Community Shelter	The only 24/7/365 shelter service in Southwest Colorado and the only option for families and individuals trying to get back on their feet and regain self-sufficiency. The facility has sleeping quarters for men, women, and families as well as communal living spaces including a kitchen, living room, laundry facilities, and dining room. Dry shelter NO SUBSTANCES. ID required. Stay limited by previous admittance. Individuals with felonies are not admitted. Best to navigate w a Case Manager.	(970) 259-1255	1055 Avendia Del Sol, Durango, CO	https://www.voacolorado.org/gethelp-southernco-durangocommunityshelter
Southwest Safe House	Durango Domestic Violence shelter. Victims of mental, physical, or sexual abuse and their families qualify.	(970) 259-5444		
LONGER TERM HOUSING OPTIONS				
Montezuma Housing Authority	Gov Sub/HUD/Section 8/WAITLIST BUT GET ON FIRST FOR ANY HOUSING IN MONTEZUMA COUNTY IF QUALIFIES FOR SERVICES. WAITLIST IS OFTEN NOT AS LONG AS SEEMS. DV/HOMELESS PREFERENCE.	(970) 565-3831	37 N. Madison Cortez, CO	http://www.mc-ha.org/
Housing Solutions of the Southwest	MONTEZUMA COUNTY RESOURCES AVAILABLE: Rental Assistance, transitional housing, emergency homeless prevention, homebuyer education, weatherization	(970) 259-1086	295 Girard St. Durango, CO	http://swhousingolutions.com/
Overlook Village Apartments	Affordable Housing/INCOME BASED	(970) 553-1840	670 W Menefee St, Mancos, CO	no website
Prairie Mesa Estates	Affordable Housing/INCOME BASED	(970) 565-0860	650 E 2nd St, Cortez, CO	
XTROV Property Management	MUST HAVE 3 TIMES INCOME TO RENT EX: 700.00 RENT=2100.00 MONTHLY INCOME/MULTIPLE PROPERTIES WORKS W MONTEZUMA HOUSING AUTHORITY FOR SEVERAL PROPERTIES	(970) 565-3025	444 E Montezuma Ave, Cortez, CO 81321	
Brubaker Apartments	Affordable Housing/Gov Sub/INCOME GUIDELINES	(970) 564-3160	2001 E Empire St, Cortez, CO 81321	
Cortez Apartments	Affordable Housing/Gov Sub/OFTEN WAITLIST IS LONG HOWEVER APPLY ASAP AS OFTEN MOVES FAST. YELLOW FLAGS OUTSIDE MEANS OPENINGS	(970) 565-7316	620 E Empire St # 18, Cortez CO 81321	

Housing & Homelessness				
Provider	Description / Service	Phone	Physical Address	Website
Cortez Park Apartments	Affordable Housing/Gov Sub/INCOME GUIDELINES	(970) 564-9708	23 W 7th St # 25, Cortez, CO 81321	
Sleeping Ute Apartments	Affordable Housing/INCOME BASED	(970) 565-4729	516 S Madison St, Cortez, CO 81321	
Valley Sun Village Apartments	Affordable Housing/INCOME BASED/AGE RESTRICTIONS 62+	(970) 565-4002	700 E 2nd St #48, Cortez, CO 81321	
Meadow Gold	Affordable Housing	(970) 565-3019	10285 US-491, Cortez, CO 81321	
Calkins Commons	Affordable Housing		121 E. 1st. St, Cortez, CO 81321	https://mc-ha.org/calkins-commons/
Tawi Kaan Apartments	transitional housing	(970)808-4989	560 E. Empire St, Cortez, CO 81321	
<u>HOME OWNERSHIP PROGRAMS</u>				
USDA DIRECT LOAN	Affordable Home Ownership			
Homes Fund	Affordable Home Ownership	(970) 259-1418	124 E. 9th Street, Durango, CO 81301	
Major Mortgage (Jan Hart)	Affordable Home Ownership	(970) 516-7373	106 North Sligo Street Cortez CO 81321	
Ute Mountain Tribal Housing Authority	Affordable Housing for Native Americans	(970) 565-3751		

DISABILITY SERVICES

Provider	Description / Service	Phone	Address	Website
Community Connections Inc.	Disability Advocates, Case Mngt, Adult Programs, Family Support Svcs, Early Child Programs	(970) 565-9422 Fax: (970) 565-8520	22 W North Street, Cortez, CO 81321 281 Sawyer Dr. Durango, CO 81303	www.communityconnectionsco.org
Cortez Cross Disability Coalition	Disability Advocates, Case Mngt, Resources, Recreational & Social Activities, Training, Liaison to other agencies, Advocacy Training, Benefits Counseling, Disability awareness & Empowerment, Agency and Employer Assistance. Cross disabilities means that an individuals disabilities present no limitations or boundaries to the individual as a person and a consumer. Programs are provided for persons in the Four Corners States of CO, AZ, NM, and UT w focus on rural areas. Support is provided for all forms of sexual preference. All information & referrals are held in strictest confidence.	(970) 565-4063 FAX: (970) 562-4726	28260 US HWY 160 #15 Cortez, CO 81321	https://www.ccdonline.org/
Division of Vocational Rehabilitation	Hours: M-F 8-5 PM Closed 12-1. Programs for the Blind & Visually Impaired, Youth Transition Svcs, Independent Living Svcs, Pilot Projects, Ticket to Work, Self Sufficiency programs, Migrant Seasonal Farm Workers Program. Cost of services is income driven. Individuals must live in the Archuleta, Dolores, La Plata, San Juan, and Montezuma counties.	(970) 247-3161	160 Rock Point Drive, Suite A Durango, Colorado 81301	https://dvr.colorado.gov/about-us/contact-us
Durango Adaptive Sports Association	Work may be w individuals w any type of disability, inc. deaf, blind, amputee, developmentally disabled, paraplegic, quadriplegic, cerebral palsy, spina bifida, and other congenital disabilities, or combinations of disabilities. Scholarship for low income individuals.	970-259-0374 Purgatory Office: 970-385-2163	463 Turner Drive #105 Durango, CO 81303 Purgatory Office: 47 Skier Place Durango, CO 81301	https://asadurango.com/
Early Intervention Svcs	This program offers assistance for families in Dolores and Montezuma Counties who have developmental concerns re: their children ages 0-3. Coordination of resources is provided for DD screening and assessment, supports and information, and early childhood intervention svcs.	(970)565-8389 Fax: (970) 565-8520	22 W North Street, Cortez, CO 81321 281 Sawyer Dr. Durango, CO 81303	swkids@cci-colorado.org
Escalante Shrine Club	The Shriners are committed to providing the best care for children in the specialty areas of Orthopedics, Burn Care, Spinal Cord Injury and Cleft Lip and Palate, regardless of families ability to pay. A child can be referred to the hospital rep by anyone who is aware or becomes aware of a child who could use Shrine care. To refer a child to the hospital rep call number listed.	(970) 562-3733	PO Box 211 Cortez CO 81321	www.shrinershospitalsforchildren.org
PAWS Across the Rockies	"Making the best better," this program is for socializing well-mannered dogs which can take part in a blind person's life also provides referral info to blind re: acquiring a guide dog. The primary purpose of this program is to secure volunteers in SW CO to commit one year to raising a puppy which can then be trained as a guide dog. Screening and training of volunteers is provided. There is no cost to the blind for assistance in securing a guide dog. Volunteers must be able to afford the expense of raising a puppy for a year.	(970) 533-7231	41410 Country Rd G Mancos, CO 81328	
SW Center for Independence	Mon-Fri 8:00 AM-5:00 PM. The center works w people w disabilities in 5 counties to provide assistance choosing and directing long term care supports, developing independent living skills, and accessing community resources and public benefits that fit w goals id through person centered planning.	(970)759-2347 or (970) 259-1672 or (970) 570-8001	3473 Main Ave UNIT 23, Durango, CO 81301	https://swindependence.org/

DISABILITY SERVICES

Provider	Description / Service	Phone	Address	Website
Special Olympics	Quality athletic training and competition is provided in a variety of year round sports for individuals w both mental and physical disabilities in SW CO. Program is free to athletes who have a mental or physical disability and a max IQ 80-90 Volunteers are needed local training and state screening are provided.	(970) 565-3830 or Fax: (970) 945-0395	PO Box 205 Glenwood Springs, CO 81601 13691 Rd. 28 Dolores, CO 81323	www.specialolympics.org
Telluride Adaptive Sports Program	The lives of people w disabilities are enriched through educational and recreational opportunities that develop life skills, encourage personal growth, and promote independence. Scholarships are available.	(970) 728-5010 Fax: (970) 728-3593 Call for location		www.tellurideadaptive.org

ADULT EDUCATION SERVICES

Provider	Description / Service	Phone	Address	Website
Colorado State University Extension	Research bases inflation provided to area residents in the areas of agriculture, family and consumer science, and 4-H youth development. Programs are available to all without discrimination. Most publications and programs are free of charge; however, there are a limited number that require cost recovery. There is an enrollment fee for youth to join the 4-H program.	970-565-3123	109 West Main Room 102 Cortez CO 81321	montezuma@co.p.ext.colostate.edu
OMNI Institute	Hours Mon-Thur 9:00 A-5:00 P, Fri 9:00 A-2:00 P. Training and technical assistance are provided by regional prevention consultant to agencies working twds SA prevention	(970) 882-1253	28000 Country Road T Dolores, CO	http://www.omni.org
Pueblo Community College: Southwest Campus	The SW campus of Pueblo Comm College serves Archuleta, Dolores, La Plata, Montezuma and San Juan Counties. Open door admission policy w an approved assessment test req. Certificate and Associate Level Degrees and some Bachelor level available.	970-564-6200 970-564-6201	33057 Highway 160, Mancos, CO 81328	http://www.pueblocc.edu/Southwest/
San Juan Board of Cooperative Services (BOCES)	Special Education, Gifted Education, GED Program, Adult Basic Education Hours: 8:00am-4:30pm Monday-Friday. Itinerant shared Special Education and related services provided in Mancos, Dolores, Dolores County and Cortez school districts. The provision of Special Education in all schools in the four districts is overseen. Responsibility held for Child Find services for children 0-21. Children 3-21 served directly.	(970) 565-8411, Fax: (970) 565-1203	2003 Industrial Park Road, Cortez, CO 81321 Mailing: PO Box 968, Dolores, CO 81323	https://www.siboce.org/apps/pages/AboutUs
Cortez Adult Education Center	General Education Development (GED), English for Speakers of Other Languages (ESOL), Enrichment Classes	Phone: 970-564-7004 Fax: 970-385-7968	10 West Main Street, Suite 110 Cortez, Colorado 81321	http://durangoadulted.org/
Fort Lewis College	Undergraduate and graduate study opportunities.	970-247-7168	1000 Rim Drive, Durango, CO 81301	www.fortlewis.edu
University of Denver Graduate School of Social Work Four Corners Program	Based in Durango, Colorado, our Four Corners MSW Program brings our top-ranked master of social work program to the Four Corners region, strengthening the area's professional social work infrastructure. With a concentration in Advanced Social Work Practice and an emphasis on equity, you'll be prepared to meet the unique needs of rural and tribal communities, such as the urgent need for more treatment providers trained to work with Native and Spanish-speaking clients.	Office: 970-247-9773	701 Camino del Rio, Suite 217 Durango, CO 81301	https://socialwork.du.edu/academics/master-social-work-programs/four-corners-msw

CHILDREN'S EDUCATION SERVICES

Provider	Description / Service	Phone	Address	Website
Colorado Preschool Program	Cortez Family Contact: Andrea Martinez	(970) 565-7491	Montezuma-Cortez RE-1	https://www.cde.state.co.us/cpp/familyinfo
Colorado Preschool Program	Dolores Family Contact: Valiena Rosenkrance	(970) 882-7277	Dolores RE-4A	https://www.cde.state.co.us/cpp/familyinfo
Colorado Preschool Program	Dove Creek Family Contact: Lindsay Huskey	(970) 677-2296	Dolores County RE-2	https://www.cde.state.co.us/cpp/familyinfo
Colorado Preschool Program	Mancos Family Contact: Grace Kennedy	(970) 533-3211	Mancos RE-6	https://www.cde.state.co.us/cpp/familyinfo
Montelores Early Child Council	Hours: 9:00 Am-4:00 PM Mon-Fri. The Council collaborates w the community in promoting, coordinating, and building an effective early childhood system which includes services, education and leadership.	(970) 564-3211 Fax:(970) 564-1011	925 S. Broadway, Set 212 & 220 Cortez, CO 81321	www.monteloresecc.org
School Readiness Program	Hours: 9:00 Am-4:00 PM Mon-Fri. The Montelores Early Childhood Council (MECC) coordinates a school readiness program in 11 preschool classrooms in Montezuma County. The goal of the program is to increase overall quality in the classrooms through coaching, parent, and family engagement, professional development and community awareness of the importance of high quality childhood programs in the RE-1 Montezuma Cortez SD.	(970) 564-3211 Fax:(970) 564-1011	925 S. Broadway, Set 212 & 220 Cortez, CO 81321	www.monteloresecc.org
Incredible Years Parenting Class The Piñon Project	Parenting classes to increase positive parenting skills are offered regularly. They are 12 weeks long and include dinner and childcare. Children learn social and emotional skills in early childhood settings during Dinosaur School Call for class schedule	(970) 564-1195	210 E. Main Street, Cortez CO 81321	www.pinonproject.org
Parents As Teachers The Piñon Project	In-home, individual program is designed for families w children birth-3. The program offers information of developmental stages your child will go through. In Home visits will contain interactive child parent activities	(970) 564-1195	210 E. Main Street, Cortez CO 81321	www.pinonproject.org
Successful Families Program	This program is designed for expectant parents and parents of children, birth to 5. Meetings Held: M-TH 8:30 A-12:30 P Lunch included. Program components include: Parenting, Getting Ahead in a Just Getting' By World, Communication, Nutrition and Cooking, Life Issues.	(970) 564-1195	210 E. Main Street, Cortez CO 81321	www.pinonproject.org
Treasure Chest Literacy Program	Take home literacy program is designed for toddlers and preschool children. The chests are filled w books and fun educational activities to increase parent child interaction.	(970) 564-1195	210 E. Main Street, Cortez CO 81321 Administered by Pinon Project.	www.pinonproject.org
Tri-County Head Start Quality Early Childhood Programs	Providing Head Start and Early Head Start child care for families in Cortez, Dolores, Durango, Mancos and Pagosa Springs, Colorado	(970) 247-5960	Mesa View Head Start, Cortez, CO Mancos Early Learning Center, Mancos, CO Teddy Bear Preschool, Dolores, CO	https://tchs4c.org/

CHILDREN'S EDUCATION SERVICES

Provider	Description / Service	Phone	Address	Website
San Juan Board of Cooperative Services (BOCES)	The provision of Special Education and Related Svcs provided in Mancos, Dolores, Dolores County, and Cortez school districts. The provision of Special Education in all schools in the four districts is overseen. Responsibility held for Child Find services for children 0-21. Children 3-21 served directly.	(970) 565-8411 Fax: (970) 565-1203	101 North 6th Cortez, CO 81321	https://www.sjboce.s.org/
4-H Program		970-565-3123 or 970-677-2283 (Dolores)		
After/Before School Program: The Piñon Project	Program is provided to youth at the Cortez Middle School, before school starts (Tues & Thru) and after school on early release Wednesdays. The program provides a caring adult, support for youth, group mentoring, and a safe place to be.	970-564-1195	210 E. Main Street Cortez, CO 81321	https://www.pinonproject.org/
Montelores Early Childhood Council	Please see the complete listing for the Montelores Early Childhood Council in the Early Learning Agencies, information and Resources section	970-564-3211	P.O. Box 1725 Cortez, CO 81321	http://monteloresecc.org/
Public Schools				
Dolores County School District RE2		Phone 970-677-252	425 North Main Street, Dove Creek, CO 81324	https://www.dc2j.org/
Dove Creek High School		970-677-2237	525 North Main, Dove Creek, PO Drawer 495, Dove Creek 81324	https://dc2j.ss11.sharpschool.com/parents_students/dove_creek_high_middle_school
Seventh Street Elementary School		970-677-2296	713 North Main, Dove Creek, PO Drawer 495, Dove Creek 81324	https://dc2j.ss11.sharpschool.com/parents_students/7th_street_elementary
Dolores School District RE-4A		970-882-7255	100 N. 6th Street, Dolores, PO Box 727, Dolores 81323	https://doloresschools.org/
Dolores Elementary School		970-882-4688	12th and Hillside, Dolores, PO Box 727, Dolores 81323	https://doloresschools.org/
Dolores High School		970-882-7288	1301 Central Avenue, Dolores, PO Box 727, Dolores 81323	https://doloresschools.org/
Dolores Middle School		970-882-7288	1301 Central Avenue, Dolores, PO Box 727, Dolores 81323	https://doloresschools.org/
Mancos School District RE-6		970-533-7748; Fax: 970-533-7954	395 Grand Avenue, Mancos 81328	https://www.mancosre6.edu/Page/9

CHILDREN'S EDUCATION SERVICES

Provider	Description / Service	Phone	Address	Website
Mancos Elementary School		970-533-7744	301 Grand Avenue, Mancos, Mailing: 395 Grand Ave, Mancos 81328	https://www.mancosre6.edu/Page/9
Mancos Middle School		970-533-9143	100 Beech Street, Mancos, Mailing: 395 Grand Ave, Mancos 81328	https://www.mancosre6.edu/Page/9
Mancos High School		970-533-7746	355 S Grand Avenue, Mancos,	https://www.mancosre6.edu/domain/39
Montezuma-Cortez School District RE-1		970-565-7282; Fax: 970-565-2161	400 North Elm, Cortez, PO Drawer R, Cortez 81321	www.cortez.k12.co.us
Battle Rock Charter School		970-565-3237	11247 County Road G, Cortez, PO Drawer R, Cortez 81321	https://battlerockschool.org/
Cortez Middle School		970-565-7824	450 West 1st Street, Cortez, PO Drawer R, Cortez 81321	https://www.cortez.k12.co.us/
Kemper Elementary School		970-565-3737	620 East Montezuma, Cortez PO Drawer R, Cortez 81321	https://www.cortez.k12.co.us/
Lewis-Arriola Elementary School		970-882-4494	21434 County Road U, Cortez, PO Drawer R, Cortez 81321	https://www.cortez.k12.co.us/
Mesa Elementary School & Preschool		970-565-3859	703 West 7th Street, Cortez, PO Drawer R, Cortez 81321	https://www.cortez.k12.co.us/
Montezuma-Cortez High School		970-565-3722	615 Chestnut, Cortez, PO Drawer R, Cortez, 81321	https://www.cortez.k12.co.us/
Pleasant View Elementary School		970-882-4494	15328 Road CC, Pleasant View Elementary School, PO Drawer R, Cortez 81321	https://www.cortez.k12.co.us/

CHILDREN'S EDUCATION SERVICES

Provider	Description / Service	Phone	Address	Website
San Juan Board of Cooperative Services (BOCES)	For more information and a complete listing for San Juan BOCES please see the listing for San Juan Board of Cooperative Services (BOCES) in the Education Services-Adult Education section	970-565-8411		https://www.siboce.org/
Boy Scouts of America	For more information and a complete listing for Boy Scouts of America, please see the listing for Scouts - Boy Scouts of America in the Youth & Adolescent Services section	970-749-8888		
Girl Scouts of Colorado	For more information and a complete listing for the Girl Scouts of Colorado, please see the listing for Scouts - Girl Scouts of Colorado in the Youth & Adolescent Services section.	970-375-7913 970-375-9202		
Southwest Open School (SWOS)	Hours: 7:30am - 4:15pm Monday-Friday. SWOS is a public, non-profit charter school which provides an alternative high school environment for ALL students, with a focus on "drop outs" and "at risk" students to complete a high school education outside of the traditional classroom. Small group academic and elective classes are offered with self-paced, community-based, and experiential educational programs. Students in ninth-twelfth grades living in Montezuma and Dolores Counties can apply by calling the office or on-line. Services include: experiential-based education, counseling & advising services, post secondary & career guidance, fully certified high school diploma, outdoor education, school-based health center, service projects	970-565-1150 Fax 970-565-8770	401 North Dolores Road, Cortez, PO Box DD, Cortez, CO 81321	www.SWOS.cortez.k12.co.us

Healthcare & Public Health Insurance

Provider	Description / Service	Phone Number	Physical Address	Web Address
American Cancer Society	<p>Nation-wide volunteer health organization with a local branch providing local services is dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives from cancer, and diminishing suffering from cancer through research, education and service.</p> <p>Information & Referral: Information about types of cancer, treatments available, and communication skills in working with medical personnel. Call 1-800-ACS-2345.</p> <p>Support Groups: Available for men and women, their loved ones, and care givers.</p> <p>Cancer Resource Center: Located in the Durango Cancer Center at Mercy Medical Plaza, this volunteer-staffed center offers patients free wigs, hats, turbans, literature, support and answers. Call 403-0086</p> <p>Reach to Recovery: Peer-to-Peer mentor visitation program with trained volunteer breast cancer survivors provides information, comfort and support for patients before, during and after breast cancer.</p>	970-247-0278; Fax: 970-247-4200	1800 East Third Avenue, Suite 101, Durango, CO 81301	www.cancer.org
Alzheimer's Association of Colorado Southern Colorado Chapter	<p>The Alzheimer's Association of Colorado is the premier source of information and support for Coloradans living with dementia and their families and caregivers. Currently, our statewide network of seven offices is closed as a precaution during the COVID-19 pandemic, but we are still providing a broad range of free programs and services, funding for Alzheimer's and dementia research, and advocacy efforts on behalf of Coloradans.</p> <p>For more information contact Debra Antista-Bianchi , MPH, MS. Regional Director Southern Colorado. Email: debianchi@alz.org</p> <p>Serving residents in Alamosa, Archuleta, Conejos, Costilla, Custer, Dolores, Fremont, Hinsdale, Huerfano, La Plata, Las Animas, Mineral, Montezuma, Ouray, Pueblo, Rio Grande, Saguache, San Juan, and San Miguel Counties.</p>	719-372-5983, ext. 9615 800-272-3900	4104 Outlook Blvd., Bldg. B Pueblo, CO 81008	https://www.alz.org/co
Colorado AIDS Project	The project improves lives affected by HIV and AIDS and works to prevent infection. Services are provided to achieve maximum quality of life possible. Identification of at-risk populations performed with resulting culturally competent education about HIV and protection.	1-303-837-0166	2490 West 26th Avenue, Bldg. A, Suite 300, Denver, CO, PO Box 48120, Denver, CO 80204	www.coloradoAIDSproject.org
Dove Creek Oral Health	Dental care is provided for children under 21 years of age. Medicaid accepted. Dental education also offered on request.	970-677-3644; Fax: 970-677-2540	495 West 4th Street, Dove Creek, CO, PO Box 576, Dove Creek, CO 81324	https://www.axishealthsystem.org/locations/dove-creek/dove-creek-integrated-healthcare/
Dove Creek Integrated Health Clinic	Medical and Behavioral Health Care, as well as Oral Healthcare offered at this facility.	970-677-2291; Fax: 970-677-2540	495 West 4th Street, Dove Creek, CO, PO Box 576, Dove Creek, CO 81324	https://www.axishealthsystem.org/locations/dove-creek/dove-creek-integrated-healthcare/
Montezuma County Department of Social Services	Healthfirst Colorado or CHP+. Medicare. Long Term Care (LTC). Connect for Health Colorado.	(970) 565-3056	109 West Main Street – Room #170 Cortez, CO 81321	https://montezumacounty.org/social-services/medical-assistance/

Healthcare & Public Health Insurance

Provider	Description / Service	Phone Number	Physical Address	Web Address
Dolores County Public Health	Health and Education services are provided for Dolores County	970-677-2387 Fax: 970-677-2948	425 North Main, Suite A Dove Creek, CO 81324	https://dolocnty.co.orado.gov/public-health
Connect for Health Colorado	Open Market Health Insurance	(855) 752-6749	Colorado Insurance Pros 28 S Washington Cortez, CO 81321 303-349-5092	http://connectforhealthco.com/
Cortez Integrated Healthcare	Cortez Integrated Healthcare is an innovative primary care practice devoted to whole person healthcare. In addition to family healthcare, the clinic also offers pediatric services all of which include integrated behavioral care services. The clinic is operated by Axis Health System. New patients are being accepted and most local insurance plans are accepted. Cortez Integrated Healthcare services are provided to make a meaningful difference in the communities of Montezuma and Dolores Counties.	970-565-7946; Fax: 970-565-9005	691 East Empire Street, Cortez, CO 81321	https://www.axishealthsystem.org/locations/cortez/cortez-integrated-healthcare/
Hospice of Montezuma, Inc.	Home health and hospice care are provided to patients and their families within a 70-mile radius of Cortez. Team concept to care is provided by nurses, certified nurse aides, medical director, therapists, social worker, volunteers, etc. Programs support physical, emotional and spiritual needs of terminally ill patients and their families through interdisciplinary teams which include the patient and family members. Patients are helped to maintain and enhance quality of life while remaining in the setting of their choice, pain-free, in control and in touch with family and friends.	970-564-4400, Fax: 970-565-9543	1345 South Broadway, Cortez, CO 81321	https://hospiceofmontezuma.org/
Mancos Valley Health Clinic	We provide family and internal medicine care for the entire family in Mancos, Colorado. We offer preventative care, immunizations, treatment of chronic conditions, well-child care. We are here to provide excellent care for you and your family, all while saving you drive time.	970-533-9125; Fax: 970-533-7310	111 East Railroad Avenue, Mancos, CO 81328	https://www.swhealth.org/mancosvalley/
Montezuma County Public Health	Immunizations Food Service Inspections Tobacco Prevention Women, Infants, and Children (WIC) Smilemakers and Other Dental Programs Reach Out and Read Environmental Health Emergency Preparedness Nurse-Family Partnership Car Seat and Bike Helmet Programs Communicable Disease Nurturing Parents Options for Long-term Care	970-565-3056 Fax: 970-565-0647	106 West North Street, Cortez, CO 81321	https://montezumacounty.org/public-health/
Planned Parenthood	Quality of life is improved by enabling all people to exercise individual choice in their own reproductive health. Low-cost birth control is available. Breasts, pelvic exams, pap smears and possibly annual mammograms are offered to women 40-64 for free if guidelines are met. Service is available to men and women of any age and any income level. Fees for services are based upon income and family size, and a sliding fee scale is used for all services. Medicaid and some insurances accepted.	970-565-7011	20 West North Street, Cortez, CO 81321	www.pprm.org

Healthcare & Public Health Insurance

Provider	Description / Service	Phone Number	Physical Address	Web Address
Poison Control	Advice is given on incidents involving poisons of any kind, whether by ingestion or external contact.	970-564-2025		
San Juan Basin Alzheimer's & Dementia Initiative	Led by Teresa Valko. alz.org 1-800-272-3900 Alzheimer's Association 24/7 Helpline	517.518.0762	Southwest Colorado area	TValko2ENDALZ@
Southwest Memorial Hospital	High quality, accessible health care is provided for the people in Montezuma County and surrounding areas of the four corners region. Most services require physician order or referral for access. Community education and outreach programs are open to the public. Please see website for current class offerings.	970-565-6666; Fax: 970-564-2151	1311 North Mildred Road, Cortez, CO 81321,	www.swhealth.org
Suicide HOTLINE	Humanistic Mental Health Foundation provides 24-hour "hopeline" and hospital referrals. Dedicated to sharing the message that suicide is not the answer and help is always available.	1-800-784-2433		
US Social Security Administration	SSDI - Social Security Disability Insurance. Income for disabled individuals who have work credits through SS. Show up in person. Pt will be scheduled to meet a case manager. Bring all financial and medical records.	(888) 472-6115	103 Sheppard Dr #120, Durango	
Target Tobacco Coalition	Coalition works to reduce the death and disease caused by tobacco use and second hand smoke exposure. The coalition convenes quarterly meetings to provide updates to members on news and resources regarding tobacco use. Cessation classes are offered 2-4 times per year for a small fee. Free "Quit Kits" area available at the Health Department as well as brochures, posters and other materials to help spread the word. Technical assistance on a variety of tobacco-related issues is available for employers, medical providers, schools, day care providers and other organizations.	970-565-3056 Ext. 226	106 West North Street, Cortez, CO 81321	Email: jhesse@co.montezuma.co.us
Ute Mountain Ute Health Clinic	Primary Care: Family Practice, Internal Medicine & Pediatrics, Well Child Care, Women's Health, Diabetes Care, Dental, Laboratory, Radiology, Optometry, Pharmacy, Podiatry, Maternal Child Health, Rheumatology, Nephrology, Audiology & Sports and School Physicals. Behavioral Health: Clinical Psychology, Adult and Adolescent Psychiatry Child Psychiatry, Nutrition Counseling, Tobacco Cessation Counseling Certified Application Counselors for assistance in enrolling in Private Insurance (Qualified Health Plans in the Market Place), CHIP, Medicaid, and Medicare.	970-565-4441		https://www.ihs.gov/albuquerque/healthcarefacilities/ute/mountainute/
Veteran Affairs	Veteran Health Care. Pts should first visit www.VA.gov to explore options relating to VA healthcare.	(970) 759-0117	1970 East Third Ave, Suit Ave Durango	http://co.laplata.co.us/departments_officials/human_services/veterans_services
Guardian Angel Home Health		(970) 565-7134	343 E. Main St, Cortez, CO 81321	https://www.guardianangelhomehealthco.com/
PASCO Home Health and Hospice		(970) 565-6833	2208 E Main St, Co	https://pascosw.com/

Transportation

Provider	Description / Service	Phone	Address	Website
Animas Transportation	Quality ground transportation in the Four Corners Region.	(970) 259-1315	Durango, CO	http://animastransportation.com/#services
MoCo Public Transportation	NEMT Medicaid Transport Enrollment CALL AS APPT IS SCHEDULED FOR EASE OF USE. CALL DAY PRIOR TO ENSURE TRANSPORTATION DETAILS	(970) 564-2773 or 564-2774 (Daveena)	107 North Chestnut, Cortez, CO	https://montezumacounty.org/public-transportation/
Eastern Royal Medical Transport	Our transportation services are fully committed to providing non-emergency long distance medical transportation to the nation's elderly and disabled population to and from Cortez, CO.	(800) 696-1495		http://www.easternroyalmedical.com/medical-transport/colorado/Cortez/
Roadrunner Transit	Out of area transport, from Cortez to Grand Junction OR Cortez to Durango. Hours of Operation: 5:30 am to 8:30 am.	(970) 553-0389	Durango Transit Station 250 W 8th St, Durango, CO 81301	
Sunshine Rides		(970) 777-7777		https://www.sunshinerides.com/
Bustang Rider	(Believe this is the same as Roadrunner Transit, but Cortez Location)	(970) 553-0389	Durango Transit Station 250 W 8th St, Durango, CO 81301	
DAV Transportation		(970) 676-1116		

Social Services					
Provider	Description / Service	Phone Number	Physical Address	Web Address	Notes
US Social Security Administration	SSI - Supplemental Security Income. Income for needy disabled individuals.	(888) 472-6115	103 Sheppard Dr #120, Durango	www.socialsecurity.gov http://www.ssdrc.com/prem34.html	Pt will be scheduled to meet a case manager. Bring all financial and medical records.
US Social Security Administration	SSDI - Social Security Disability Insurance. Income for disabled individuals who have work credits through SS.	(888) 472-6115	103 Sheppard Dr #120, Durango	www.socialsecurity.gov http://www.ssdrc.com/prem34.html	Pt will be scheduled to meet a case manager. Bring all financial and medical records.
Department of Social Services	AND - Aid to the Needy and Disabled	(970) 565-3769	106 West North Cortez	https://coloradopak.secure.force.com/	Apply to SSI first. Bring Financial and Medical documents to fill out app. Drop off at office.
Department of Social Services	SNAP - Supplemental Nutrition Assistance Program	(970) 565-3769	106 West North Cortez	https://coloradopak.secure.force.com/	Check website for eligibility. Bring Financial documents.
Department of Social Services	TANF Temporary Assistance for Needy Families	(970) 565-3769	106 West North Cortez	https://coloradopak.secure.force.com/	Check website for eligibility. Bring Financial documents.
Department of Social Services	Adult Protective Services	(970) 565-3769	106 West North Cortez	None	Will need to provide all pertinent info. Notorious for not calling back when the case is denied.
Department of Social Services	Child Protective Services	(970) 565-3769	106 West North Cortez	http://co.laplata.co.us/departments_of_ficials/human_services/child_family_services	Call 911 for emergencies. This number is to report neglect/abuse.
Department of Social Services	Long Term Care	(970) 565-3769	106 West North Cortez	http://longtermcare.gov/	Care varies by insurance type. Best results occur when Pts plan ahead.
Department of Social Services	LEAP - Low Income Energy Assistance Program	(970) 565-3769	106 West North Cortez	https://sites.google.com/a/state.co.us/cdhs-leap/	Nov 1 through April 30th.
Rick Torres, County Veteran Service Officer	Veteran Services	(970) 564-2779	107 North Chestnut, Suite #3 Cortez	http://co.laplata.co.us/departments_of_ficials/human_services/veterans_services	This address is the VA clinic but they are a good starting point for all things VA.
Dolores County Human Resources	Human Resources	(970) 677-2387	PO Box 368 497 West 4th Street Dove Creek	http://www.dolorescounty.org/departments-and-contacts/#publichealth?option=publichealth	
Dolores County Department of Social Services	Medicaid, food stamps, child support services and day care referrals are offered to residents of Dolores County. Other programs area offered through referrals to the Pinon Project.	970-677-2250	409 North Main, Dove Creek, Mailing: PO Box 485, Dove Creek, CO 81324	www.dolorescounty.org ; Link to Social Services	Hours: 8:30am - 4:30pm Monday - Friday

Social Services					
Provider	Description / Service	Phone Number	Physical Address	Web Address	Notes
Montezuma County	Public assistance is provided to those in need. Children, adults, seniors and disabled persons in Montezuma County are eligible for specific services, by definition of the service. Assistance Payment Programs require income eligibility screening, and most services require interview for eligibility screening. Applications are available at the agency and services are free to those who qualify.	970-565-3769; Fax: 970-565-8526	109 West Main, Room 203, Cortez, CO 81321		<p>Temporary Assistance to Needy Families (TANF): Formerly AFCD. Financial assistance is available to families with children who meet income and resources criteria. Colorado Works requirement with this assistance.</p> <p>Medicaid: Medical assistance for children and pregnant women who meet income and resource criteria, Supplemental Security Income, Old Age Pension, Aid to Needy Disabled/Aid to the Blind (interim assistance while SSI application is processed), Transportation (for health care/Medicaid clients), and Qualified Medical Benefits (medical bill assistance for those not qualifying for Medicaid).</p> <p>Assistance Payment Programs, Children Protection</p>
Ute Mountain Ute Social Services	For more information and a complete listing of the Ute Mountain ute Tribe programs and services, please see the listing for Ute Mountain Ute Tribe Directory of Programs and Services in the Native American Services section.				

Vocational Services, Employment & Training Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Southwest Colorado Workforce Center	Job search assistance, resume guidance, and computer access.	970-565-3759	2208 E Main St, Cortez	https://www.yourworkforcecenter.com/
AmeriCorps Regional Substance Abuse Prevention Partners	The mission of RSAPP (Regional Substance Abuse Prevention Partners) is to bring together, in a collaborative effort, community coalitions and community organizations in SW Colorado to facilitate regional substance abuse prevention through the Strategic Prevention Framework, including: needs assessment, capacity building, planning, implementation and evaluation. RSAPP works towards its vision, mission and goals by: hiring, training, and supporting AmeriCorps members who serve with schools and community prevention organizations throughout the region providing tools, training, resources and support to encourage regional sharing and collaboration around substance abuse prevention increasing capacity and sustainability of community organizations that work towards substance abuse prevention. Working with community partners to implement regional projects such as the Teen Maze health fair and Prevention Education for Conservation Corps crews.	970-799-6007 info@rsapp.org	Smiley Building Room 38, Durango, 81302, PO Box 4378	www.rsapp.org
Division of Vocational Rehabilitation	Please see the complete listing for Division of Vocation Rehabilitation in the Disability Services section	970-247-3161		
Employment Training Program	Education provided in obtaining employment through practice interviews, typing professional resumes and cover letters and workplace skill development. Career assessment is also provided. Referrals are made through Social Services. For more info and a complete listing of programs offered through the Pinon Project, please see listing for Pinon in the Family Support Services section.	970-565-1195		
Individual and Family Program	The Pinon Project strives to work in partnership with families to support them in developing goals and objectives that meet their family needs. Individual and Family Programs are available as: Financial Literacy: The Pinon Project provides a 5 to 6 week financial literacy class for groups of students who are interested in learning about such financial topics such as goal setting, loans, credit and debt, various types of insurance, opening a checking account, ways to track income and spending, and introductory information about investing their money. In addition to group classes, individual assistance is available based upon personal needs to help answer such questions as: "What is a budget and why should I budget?", how to create a spending and savings plan and how to make smart purchasing choices. The goal of these offerings is to provide individuals with knowledge and skills to be successful in handling their financial needs.	970-565-1195		
Job Corps	Vocational training and education opportunities are provided to youth between the ages of 16-24 that they would not otherwise be able to afford. The focus of Job Corps is to increase each person's employability. Services are available to residents of Archuleta, Dolores, La Plata, Montezuma, San Juan and San Miguel Counties. Eligibility is based on income and is determined on a case-by-case basis. The application process is by appointment and conducted in a personal interview setting. Free education and training to those who qualify: Auto Mechanic, Building & Apartment Maintenance, Carpentry, Electrical, Health Occupations, Painting, Plumbing, Tile Setting, Auto Body Repair, Business Clerical, Culinary Arts, Floor Covering, Machinist, Plastering, Printing, Welding and more	970-565-9523; Fax: 970-564-9843 Toll Free: 800-733-JOBS or 800-733-5627 Hours: 8:30am-1:30pm Monday-Thursday	2208 East Main Street, Cortez 81321	

Vocational Services, Employment & Training Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Pueblo Community College Southwest	Offers quality, affordable guarantee-transfer general education classes and transfer degrees in multiple programs, as well as career and technical programs. PCC Southwest offers day and evening classes face-to-face on site and through virtual classrooms and online instruction.	970-564-6200	33057 Hwy. 160 Mancos, CO 81328	https://www.pueblocc.edu/SCCC/
The Training Advantage	Youth and unskilled adults are prepared for entry into the labor force; and job training is afforded to individuals facing serious barriers to employment. Economically disadvantaged, disabled, school dropouts, dislocated workers and older works (55+) in Archuleta, Dolores, La Plata, Montezuma, and San Juan Counties are targeted. Income guidelines and eligibility screening apply. No economic eligibility available for dislocated workers. Employment Counseling: Vocational assessment and pre-employment skills training including job interview techniques and resume writing. On the job training: Work experiences provided for some target groups and work with employers to secure jobs with on-site training possible for individuals with-in target group. Vocational Education assistance: Vocational assessment and some financial assistance with vocational education. Job Search Assistance: Offered in conjunction with the Workforce Center. For more information and a complete listing of programs offered through the Workforce Center, please see the listing for Workforce Center at the end of this Employment & Training Services section.	970-565-3759; Fax: 970-565-0916 Hours: 8:00am - 5:00pm Monday-Friday	2208 East Main, Cortez 81321	www.connectingcolorado.com
Unemployment Services Colorado State Employment	State-wide system requires applicants to call and initiate claims and receive info.	1-800-388-5515		
Workforce Center	Intake, assessment, and placement in jobs is provided in the Four Corners area. Law Enforcement Information, Employment First, Colorado Work/Job programs, Special Services (for those with special needs), Job Search Information (provided on local, state and out-of-state jobs), Referrals (applicants guided to on-the-job training and vocational rehabilitation)	970-565-3759; Fax: 970-565-0916	2208 East Main, Cortez 81321	www.connectingcolorado.com

Men's Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Responsible Fatherhood Program - The Pinon Project	The Responsible Fatherhood Program Class is a weekly, 15 week course designed to help fathers develop the skills needed to be successful parents. For more information and a complete listing of programs offered through Pinon Project, please see the listing for the Pinon Project in the Family Support section	970-564-1195	210 E Main Street Cortez, CO 81321	https://www.pinonproject.org/
RENEW (Domestic Violence & Adult Victims of Sexual Assault)	Please see the complete listing for RENEW in the Family Support Services section	970-565-4886 and/or 24-hr HOTLINE 970-565-2100		https://www.renew-inc.org/
Southwest Safe House	Please see the complete listing for the Southwest Safe House in the Housing & Homeless Services section	970-259-5443		https://www.renew-inc.org/

Mental Health & Support Groups

Provider	Description / Service	Phone Number	Physical Address	Web Address
Cortez Integrated Healthcare (Axis Health System)	Please see the complete listing for Cortez Integrated Healthcare in the Health Services section	970-565-7946	691 East Empire Street Cortez, CO 81321	https://www.axishealthsystem.org/locations/cortez/cortez-integrated-healthcare/ http://nestcac.org/
Four Corners Child Advocacy Center	Resource and referral services are provided for mental health services and providers in Montezuma and Dolores Counties. Please see the complete listing for The Four Corners Child Advocacy Center in the Family Support Services section	970-565-8155		
Mental Health Crisis Line	Support is provided for those experiencing distressing emotions such as intense anxiety, depression or thoughts of suicide. Conversations are confidential and trained therapists are available.	970-247-5245		
Suicide HOTLINE	Humanistic Mental Health Foundation provides 24-hour "hopeline" and hospital referrals. Dedicated to sharing the message that suicide is not the answer and help is always available.	1-800-784-2433		
SAMHSA	Rehab Placement Service	(800) 662-4357	NA	http://www.samhsa.gov/
Ft. Lyon	Non-traditional Rehab	(719) 662-1100	Ft Lyon Colorado	http://www.coloradocoalition.org/what_we_do/what_we_do_housing/fortlyon.aspx?print=1&
Circle Program	Dual Diagnosis Inpatient Rehab	(719) 546-4797	1600 W. 24th St. Pueblo, CO	http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251580849776
Lighthouse Salvation Army Denver	Inpatient Rehab	(720) 305-5665	2136 Champa St. Denver, CO 80216	http://www.salvationarmyusa.org/usn/plugins/gdosCenterSearch?mode=query_2&lat=39.064&lng=-108.551&code=US&query=Grand%20Junction%20Colorado&category=3
Adult Rehabilitation Program Salvation Army Grand Junction	Inpatient Rehab	Main (970) 242-3119 Fax: (970) 242-3119	1235 N 4th St Grand Junction	
Omni Institute	Training and technical assistance are provided by regional prevention consultant to agencies working towards substance abuse prevention in Archuleta, Delta, Dolores, Gunnison, Hinsdale, La Plata.	970-882-1253; Fax: 970-882-1500	28000 County Road T, Dolores, CO 81323	

Mental Health & Support Groups

Provider	Description / Service	Phone Number	Physical Address	Web Address
Porch Light	Outpatient and alcohol education, intervention and treatment are provided for any person in the Four Corners area requiring information or experiencing problems due to their relationship with drugs or alcohol. Sliding fee scale is based on ability to pay. There are also funds available from various community agencies for clients who meet certain guidelines.	970-565-4109; Fax: 970-565-8804	35 North Ash Street, Cortez, CO 81323	http://cortezrecovery.org/
Ute Mountain Ute Tribe	Please see the complete listing for the Ute Mountain Ute Tribe in the Native American Services section.	970-565-3751		

Support Groups

Mental Health & Support Groups

Provider	Description / Service	Phone Number	Physical Address	Web Address
Alcoholic Anonymous	12-step recovery program for alcoholics provides fellowship and supports to members through sharing of experience, strength and hope in order to solve their common problems. If you do not see a meeting time or place that works for you, call the Regional Office for the most up to date information and/or go to www.aadistrict.18.org or www.aa-westerncolorado.org or www.coloradoaa.org or www.aa.org .	Regional Office 1-888-333-9649	<p>Beautiful Mancos Valley AA Group 1-239-207-2558 Location: 479 Bauer Street, Mancos, St. Paul's Episcopal Church Time: Sunday @ 6:00pm *O, D</p> <p>Cortez AA Fellowship Group Location: 208 North Dolores Road, Cortez, Trinity Lutheran Church (SE corner of building) Time: Tuesday (*C,D), Thursday (*O, BB) and Saturday (*O, D).... 8:00 pm</p> <p>Dolores AA Fellowship Group Location: 400 Riverside Avenue, Dolores, Dolores Community Center</p>	<p>www.aadistrict.18.org www.aa-westerncolorado.org www.coloradoaa.org www.aa.org</p>
Al-Anon - Ute Mountain Group	12-step program for families and friends of alcoholics provides fellowship and support to members through sharing of experience, strength and hope in order to solve their common problems.	970-565-9230 and/or 970-565-7091		
Other 12-Step Recovery Program Meetings	<p>Campfire Group 970-565-3342 Location: 6520 County Road 24.5, Cortez</p> <p>Mancos Men's Recovery Group 970-533-9046 Location: 650 Grand Avenue, Mancos, CO</p> <p>Riverside Women's Recovery Group 970-533-9046 Location: 479 Bauer Street, Mancos, St. Paul's Episcopal Church</p>			

Mental Health & Support Groups

Provider	Description / Service	Phone Number	Physical Address	Web Address
Alzheimer Support Group	Education and support provided for caregivers of Alzheimer (and related dementia) affected persons, including information, referral and other available services	970-259-0122	1206 North Mildred Road, Cortez Via Mesa Assisted Living Conference Room	
Cancer Support Group		970-564-1058	Corner of 1st and South Market, Cortez, Southwest Memorial Hospital Annex	
Diabetes Support Group	Support is available for persons with diabetes. There is no cost to participants.	970-739-4046 and/or 970-564-2144; Fax: 970-564-2650	20 South Market, Southwest Memorial Hospital Annex Mailing; S.W. Memorial Diabetes Education, 1311 North Mildred Road, Cortez, CO 81321	
La Leche League Breastfeeding Support	Please see the complete listing for La Leche League in the Women's Services section.	970-385-1460		
Narcotics Anonymous	Recovery program for those addicted to narcotics which provides fellowship and support to members through sharing of experience, strength and hope in order to solve common problems so that: "Just for Today - (you can) have faith in someone in NA who believes in (you), and wants to help (you) in (your) recovery,"... and "Just for Today - (you) will have a program (which you) will try to follow to the best of (your) ability".	HOTLINE: 1-505-324-1807	Clean & Serene Location: 27514 E. Hwy 160, Cortez, CO	
Pain Attack/Anxiety Support Group	A supportive and educational group and structured program is provided for people with severe anxiety, panic syndrome and agoraphobia	970-565-8195	Location: Call for location and times	

Mental Health & Support Groups

Provider	Description / Service	Phone Number	Physical Address	Web Address
SMART Recovery Self-Management & Recovery Training	SMART Recovery is a science-based, peer-led program to help people manage their recovery from any addictive behavior. <ol style="list-style-type: none"> 1. Building and maintaining motivation 2. Coping with urges 3. Managing thoughts, feelings and behaviors 4. Living a balanced life 	Contact Casey White, Peer Recovery Coach w/ Axis Health. 970.946.6227	Location: Pinion Project, Cortez Integrated Health System or Online via Zoom.	
Target Tobacco Coalition	Please see the complete listing for Target Tobacco Coalition in the Health Services section	970-565-3056 ext. 226		
TOPS (Take Off Pounds Sensibly)	Non-profit, non-commercial weight-loss support organization encourages healthy lifestyles through weight management support and also sponsors obesity research. New members consult with their physician to establish a weight goal, then meet weekly and establish individual programs. Programs vary but all serve to provide members with positive reinforcement and motivation in adhering to their food and exercise plans. Membership dues are \$26 annually plus nominal Chapter fees to cover operating costs (normally average less than \$5 per month).	303-368-8208	Location: 802 East Montezuma Avenue, Cortez, CO, Cortez Public Library Conference Room	

Veteran's Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Montezuma County Veteran's Service	<p>Montezuma County Veteran Services stands ready to assist our veterans and their family members with accessing a wide variety of Department of Veterans Affairs (VA) and Colorado State veteran benefits including:</p> <ul style="list-style-type: none"> Claims for disability and pensions Accessing VA Health Care System Certificates of Eligibility for VA Home Loan Guaranty VA Education Benefits Survivor Benefits Burial Benefits Government Headstones and Markers VA Life Insurance Colorado State Veterans Nursing Homes Disabled Veterans License Plates Civil Service Preference Letters Locating Military Records One time re-issue of Medals 	<p>Phone: Rick (970) 564-2779 Phone: Sarah (970) 565-7155 Fax: (970) 565-5434</p>	<p>107 North Chestnut, Suite #3 Cortez, CO 81321</p>	<p>https://montezumacounty.org/veteran-services/</p>
Vet Center - Re-Adjustment Counseling Services	<p>Readjustment counseling is provided to veterans and their families in the Four Corners area. Any war zone veteran and family are eligible for counseling services. Veterans who have experienced acts of sexual violence or harassment while on active duty are eligible. Any veteran can be seen for assessment of needs and referrals to appropriate services. Please bring discharge papers if available. Permission forms for copies of discharge papers are available at the Center. Services are free.</p>	<p>505-327-9684; Fax: 505-327-9519</p>	<p>4251 East Main Street, Suite C, Farmington, NM 87402</p>	<p>https://www.albuquerque.va.gov/locations/FarmingtonClinic.asp</p>
Veterans' Services in La Plata County	<p>The purpose of the Veterans' Services Office is to provide information, support and guidance services to veterans and their families so they can receive maximum benefits for which they are eligible. The Veterans' Services Office provides information and assistance to veterans and their families. There is a wide range of benefits available to veterans. Every veteran is encouraged to contact this office to find out about Veterans' Benefits. VA Health.</p>	<p>P: (970) 759-0117 or (970) 382-6150 Fax: (970) 247-3277</p>	<p>1970 East Third Avenue, Suite 102, Durango, CO 81301</p>	<p>https://www.co.laplatacounty.us/services/health_and_human_services/veterans_services/index.php</p>

Veteran's Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Veterans Foreign Wars- American Legion: Ute Mountain-Post 75	<p>If you have served federal active duty in the United States Armed Forces since December 7, 1941, and have been honorably discharged or are still serving - you are eligible for membership in The American Legion!</p> <p>*Because eligibility dates remain open, all active duty members of the U.S. Armed Forces are eligible to join The American Legion at this time, until the date of the end of hostilities as determined by the government of the United States.</p> <p>**U.S. Merchant Marine eligible only from December 7, 1941 to December 31, 1946 (WWII).</p>	970-565-8151	320 N. Harrison St Cortez, CO 81321	https://www.legion.org/#masthead
DAV Veterans Outreach Center		970-565-4310	432 N Broadway Cortez, CO	

Native American Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Bureau of Indian Affairs	Please see the complete listing for the Bureau of Indian Affairs under the Law Enforcement section	970-565-3706 or 970-565-8473		https://www.bia.gov/bia/ojs/districts/district-iv
Courts	Ute Mountain Agency CFR Court	970-565-8471 or 970-565-8472		
Native Parent Advisory Committee: Montezuma Cortez School District	Parents and families of Indian children are encouraged to provide input to the district and schools about how the district can meet the needs of their children. Opportunities for input include: Monthly school board meetings, on the second Tuesday of every month, beginning at 7 p.m. Annual Indian Policies and Procedures (IPP) meetings every October Parent Accountability Committee (PAC meetings for parents of Indian children The district's annual survey for parents of Indian children Contacting the Assistant Superintendent	Trina Lee at (970) 565-7522	MONTEZUMA-CORTEZ SCHOOL DISTRICT RE-1 PO Box R Cortez, CO 81321-0708	https://www.cortez.k12.co.us/parents-students/resources
Northern Navajo Medical Center	A variety of services are available including internal medicine, family practice, urgent and emergency care, pediatrics, general surgery, women's health, mental health, respiratory therapy, outpatient rehabilitation services, pharmacy, optometry, dental, public health nursing, social services, health promotion/disease prevention, radiology, laboratory and benefits coordination.	1-800-549-5644 Phone: 505-368-6001 Fax: 505-368-6260	P.O. Box 160, Hwy 491 North Shiprock, NM 87420	https://www.ihs.gov/navajo/healthcare/facilities/shiprock/
Ute Mountain Health Clinic	Care includes medical, nursing, dental, optometry, nutrition, health education, community health nursing, mental health, social services, substance abuse, and environmental health services. General clinics are conducted according to a published schedule: well-child, chronic diseases, allergy, women's health, and podiatry. Pharmacy, Laboratory and Radiology services are all provided at each of the centers. The tribes offer Community Health Representative [CHR] programs funded by the IHS. Additional health care services, including in-patient and specialty care, are arranged via contracts with a variety of providers in neighboring areas.	970-565-4441	232 Rustling Willow Street, Towaco, PO Box 49, Towaco, CO 81334	https://www.ihs.gov/dentaldir/index.cfm?fuseaction=OutsideDirectory.displayfacility&fac_id=96&area=3&su=147
Ute Mountain Ute Tribe		970-565-3751; Fax: 970-565-8309	PO Box 248, Towaco, CO 81334	
Ute Mountain Ute Tribe	Directory of Programs and Services: Tribal Council, Tribal Justice, BIA, CFR Courts, Counseling/Alcohol Unit, Education, JOM Program, Library, Public Safety, Food Distribution, Child Care Development Center, Health Clinic, Mental Health Program, Diabetes Program, Environmental Program, Housing, Police Department, Energy Department, Recreation, Senior Services, WIC, Social Services, Home-based Program, Sunrise Youth Shelter, Tribal Park, Youth Opportunity Program	970-565-3751		http://www.utmountainutetribe.com/

Senior Citizen's Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Cahone Senior Center - Dolores County Senior Services	The needs of senior citizens are addressed with a very active group through the Cahone Senior Center. The Center has a bus which makes recreational trips for seniors. Trips may include: state or national parks, the Ute Mountain Casino or shopping trips to Cortez, Durango or Farmington, Nutritionally balanced meals are served at noon on Tuesday and Thursday at the Cahone Senior Center and on Monday at 6:00 pm at the Dove Creek Community Center. The Center has a "meals on wheels" program but a payment is not required. The bus also picks up and returns seniors to their homes on meals days. Several fundraising events help support the meals and the center activities with additional funding through the Quality of Life mil levy.	970-562-4626: Fax: 970-562-4625	14018 Highway 49, Cahone, PO Box 144, Cahone, CO 81320	Email: decsenior@fone.net
Colorado School and Public Employee Retirement Association - Montelores Units	Forum and representative body for retired school and state employees in Montezuma and Dolores Counties provides scholarships for local educators who wish to improve their teaching skills, works to maintain adequate retirement benefits for retired school and state employees, and arranges times to enjoy old friends and meet new friends at scheduled lunch and breakfast meetings. Members must be retired employees from Colorado schools or Colorado state agencies. \$15.00 annual dues.	970-565-1045	505 South Cedar Street, Cortez, CO 81321	
Dolores Senior Citizen's Group Dolores Community Center	Social support and activities are provided for seniors in the Dolores area, including Dolores, Summit Ridge, Lewis, Arriola, and Lebanon. Nutritious meals are provided Monday, Wednesday and Friday. Must be 60 or older. \$3.50 donation is requested for meals, but no one will be refused a meal because of inability to pay.	970-882-7245 or 970-565-0833	400 Riverside, Dolores, CO 81323 Mailing address: 107 Chestnut, Cortez, CO 81321	
Mancos Senior Citizens' Group Masonic Temple Basement	Social support and activities are provided for seniors in the Mancos area. Nutritious meals are provided Monday, Wednesday and Friday. Seniors must be 60 or older. \$3.50 donation is requested for meals; delivered meals cost \$3.50.	970-533-7721 or 970-565-4166; Fax: 970-533-7721	141 Montezuma, Mancos, CO 81328, Mailing address: 107 Chestnut, Cortez, CO 81321	
Montezuma County Senior Services	Location is provided for activities targeting senior citizens in Montezuma County with nutritious meals and nutrition education. Programs, events, activities (i.e. Arts/crafts, bingo, cards, etc.) and meetings are usually sponsored by local seniors' groups. Events may be scheduled at the center by calling. Use by non-senior groups is dependent on scheduling. Lunch is served Monday - Friday at noon. Tuesday evening, dinner and salad bar begin at 5:00 pm. \$3.50 donation is requested for meals but no one who is eligible will be refused a meal due to an inability to pay.	970-565-4166; Fax: 970-565-0833	107 Chestnut, Cortez, CO 81321	Email: sfletcher@co.montezuma.co.us; mgreen@co.montezuma.co.us
San Juan Basin Area Agency on Aging	A non-profit approach to the planning and delivery of services and benefits for senior citizens, maximizes dignity and independence, emphasize home environments and self-care, and advocates for needs while removing barriers to benefits. Administers the Older American Act Program, and assists with the development of a Senior Services Network for Region 9, with an emphasis on services and benefits for those aged 60+ in the greatest social and economic need in Archuleta, Dolores, La Plata, Montezuma and San Juan Counties. Information and referral is free.	970-564-2774; Fax: 1-866-394-7482	103 North Chestnut, Suite 1, Cortez, CO 81321	Email: sbjarea9@gmail.com

Senior Citizen's Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Senior Assisted Living Facilities	Madison House: The area's only not-for-profit long-term care facility for seniors provides safe, comfortable, care home to seniors who no longer can live safely on their own, but do not require nursing home services. Montezuma and Dolores County residents receive preference. Health screening is required. Residents must be ambulatory or able to transfer self if using a wheelchair and must be able to carry out personal hygiene with little assistance. Application information is available by calling. Cost varies according to payment status (Medicaid or private payment).	970-565-2047; Fax: 970-565-2587	120 South Madison, Cortez, CO 81321	www.seniorhousingoptions.org
	Mancos Valley Inn: Quality care is provided for residents and loved ones. Staff works as a team to create an individual care plan for each of the residents so that needs are met on a daily basis. Alzheimer Care Unit: Safe and secure home provided for residents who may be suffering from Alzheimer's disease and other disorienting illnesses. Programs are available for both residents and family. Rehabilitation Center: Rehabilitation with the comforts of home offered for residents while they receive therapies (physical, occupational and/or speech).	970-533-9031; Fax: 970-533-7297	211 Third Avenue, Mancos, CO 81328	https://www.thevalleyrhc.com/
Vista Grande Rehabilitation and Healthcare	Vista Grande Inn: Rehabilitation and long-term care are provided to residents of the Four Corners area. Physician or individual referrals accepted. Services are fee-based, with Medicaid, Medicare, and private pay accepted. A Medicaid and Medicare payment requires meeting level of care guidelines.	970-564-1122	680 E Hospital Drive, Cortez, Co	https://www.vistagranderhc.com/
Vista Mesa Assisted Living	Vista Mesa offers assisted living for a population over 60 years old. Vista Mesa has a memory care locked unit. Respite services and day program services are part of their services. Daily services for residents include: all meals, snacks, activities, medication assistance, care assistance, laundry services, housekeeping, nurses on staff 8 hours daily and available on call 24/7. 24 hour care facility. Outpatient PT/OT on sight.	(970) 564-1888 F: (970) 565-1273	1206 N Mildred Rd. Cortez CO 81321	www.vistamesaliving.com
Southwest Center for Independence	Please see the complete listing for the Southwest Center for Independence in the Disability Services section	970-759-2347 or 970-259-1672	3473 Main Ave UNIT 23, Durango, CO 81301	https://swindependence.org/
Southwest Community Resources	Please see the complete listing for Southwest Community Resources in the Housing & Homeless Services section	970-259-1086		

Women's Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Alternative Horizons	Confidential support is provided for victims of domestic violence. Spanish-speaking advocates are available.	970-247-9619		
National Domestic Violence HOTLINE	Crisis intervention and referral are provided to local services and shelters for men, women and children who are experiencing or have experienced domestic violence/abuse or who suspect that someone they know is experiencing domestic abuse. Spanish-speaking advocates are available, along with translators for 150 other languages. TDD number available for the hearing impaired.	800-799-SAFE (or 7233)		
Heart to Heart Montezuma Crisis Pregnancy Center	Compassionate support provided for women with unplanned pregnancies and related needs. Personalized care and complete and accurate information are provided so that they can make educated decisions they can live with. Services are free to women with unplanned pregnancies in Montezuma County and bordering communities. Pregnancy tests are available by appointment or walk-in.	970-565-0979 24-Hour HOTLINE	213 West North Street, Cortez, CO Mailing address: PO Box 716, Cortez, CO 81321	Email: hrt2hrt@fone.net
La Leche League	The local chapter of this international organization promotes breastfeeding through support and encouragement to mothers in the Four Corners area. Any woman who is breastfeeding or considering breastfeeding her baby is encouraged to call or attend a meeting for information and support. Services are free.	970-385-1460	Call for location	
Planned Parenthood	Please see the complete listing of Planned Parenthood in the Health Services section.	970-565-7011	970-565-7011	20 West North Street Cortez, CO 81321
Rape Intervention Team	Assistance is provided for sexual assault victims. Spanish-speaking support personnel are available.	970-247-5400		
RENEW (Domestic Violence & Adult Victims of Sexual Assault)	Please see the complete listing for RENEW in the Family Support Services section.	970-565-4886 24-hr HOTLINE: 970-565-2100		
Southwest Safe House	Please see the complete listing for the Southwest Safe House in the Housing & Homeless Services section.	970-259-5443		
Victim Witness Unit	Please see the complete listing for the Victim Witness Unit in the Legal Assistance section.	970-565-1147		
WINGS Safehouse - A Renew Program	Free and confidential emergency temporary shelter, food, referrals and counseling are available to anyone in need of immediate shelter for domestic violence or sexual assault. 24-hour intake and on-site staff.	970-565-9116	PO Box 169, Cortez, CO 81321	

Women's Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Women's Resource Center - Durango	Advocate for the personal empowerment and economic self-sufficiency of women in La Plata County and surrounding areas primarily serves woman and girls, but access to information is available to anyone. Informational access is by walk-in or mail-in requests. Information, referral and networking events are free. Some programs and events are fee-based.	970-247-1242; Fax: 970-247-8722	679 East Second Avenue, Suite 6, Durango, CO 81301	Email: director@wrcdura ngo.org

Youth & Adolescent Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Cortez Integrated Healthcare (Axis Health System)	Please see the complete listing for Cortez Integrated Healthcare in the Health Services section.	970-565-7946	691 E Empire St, Cortez, CO 81321	https://www.axishealthsystem.org/locations/cortez/cortez-integrated-healthcare/
4-H Program	Fun, hands-on learning activities are supported by the latest research of land grant universities that are focused on science, engineering, technology, healthy living and citizenship. The 4-H leadership builds on the strength of state and local professionals in partnership with the National 4-H Headquarters. For more information and a complete listing, refer to the Colorado State University Extension in the Adult Education Services section.	970-565-3123 and/or 970-677-2283 (Dolores County)	103 N. Chestnut St. Cortez, CO 81321-3103	https://montezumacounty.org/csu-extension/csu-4-h/
National Runaway Switchboard	Crisis Intervention and travel assistance are provided to runaways. Information and local referrals are distributed to adolescents and families and referrals are made to shelters nationwide. Also relays messages to, or arranges conference calls with parents at the request of the child.	1-800-621-4000		
National Youth Crisis HOTLINE	Counseling and referrals provided to local drug treatment centers, shelters and services. Response provided to youth dealing with pregnancy, molestation, suicide and child abuse.	1-800-442-HOPE or 1-800-442-4673		
Four Corners Child Advocacy Center	Please see the complete listing for the Four Corners Child Advocacy Center in the Family Support Services section.	970-565-8155	118 N. Chestnut St. Cortez, CO 81321	http://nestcac.org/
Planned Parenthood	Please see the complete listing for Planned Parenthood in the Health Services section.	970-565-7011	20 West North Street Cortez, CO 81321	https://www.plannedparenthood.org/health-center/colorado/cortez/81321/cortez-2169-90210?utm_campaign=cortez-health-center&utm_medium=organic&utm_source=local-listing
Rape Intervention Team	Assistance provided for sexual assault victims. Spanish-speaking support personnel are available.	970-247-5400		
RENEW (Domestic Violence & Adult Victims of Sexual Assault)	Please see the complete listing for RENEW in the Family Services section.	970-565-9116 HOTLINE: 970-565-2100	P.O. Box 169 Cortez, CO 81321	https://www.renew-inc.org/

Youth & Adolescent Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
School Community Youth Collaborative	SCYC helps youth on healthy paths to adulthood. A weekly high school youth group, a semester long leadership program for Sophomores, a media literacy program for 7th graders and a health fair for 8th graders are all guided by the positive youth development approach. These programs build protective factors for teens and create attachment to their community. SCYC recently began adult trainings in positive youth development and also works against persistent drunk driving. All programs are free or free upon scholarship request.	970-480-7293	10 West Main Street, Suite 102, Cortez, CO 81321	www.scyclistens.org
School to Work Alliance Program/SWAP under San Juan BOCES.	The purpose of SWAP is to assist young adults in making the transition from school to employment, provide successful employment outcomes, increase community linkages, and new patterns of service for young adults within all categories of disabilities.	970-247-3261	2003 Industrial Park Road Cortez, CO 81321	https://www.sjboce.s.org/apps/pages/SWAP
Scouts:	Boy Scouts of America: Scouting is a values-based program with its own code of conduct. The Boy Scout Oath and Law helps to instill the values of good conduct, respect for others and honesty. Scouts learn skills that will last a lifetime, including basic outdoor skills, first aid, citizenship skills, leadership skills and how to get along with others. Mesa Verde District services Montezuma, San Juan, La Plata, Dolores and Archuleta Counties with units in Mancos, Dolores, Cortez, Durango, Pagosa Springs, Bayfield, Silverton and Chama (NM). Please call for local contact information and meeting times. Boys ages 7-21 and girls ages 14-21 area served. Registration fee is \$10 per year.	970-749-8888; Fax: 970-259-0072	Mailing address: PO Box 2115, Durango, CO 81301	Email: marypye@bsamaail.org
	Girl Scouts of America: Leadership opportunities are provided for girls of Colorado while building girls of courage, confidence and character who make the world a better place. Full potential is sought in an all-girl environment while developing strong leadership and social skills, a social conscience, a conviction about one's potential and self-worth, and a foundation for the future through moral, ethical and social values. Girls explore special interest groups, anti-bullying, self-esteem, financial literacy, health & wellness, and arts, anti-violence education, community service, outdoor skills, science, technology, engineering and much more. Girls ages 5-17 in Archuleta, Dolores, La Plata, Montezuma and San Juan Counties need to contact the Durango Service Center to sign up with their local troop. Cost varies and grants are available.	970-375-9202 and/or 970-375-7913	701 Camino del Rio, Suite 315, Durango, CO 81301	www.girlscoutsofcolorado.org
Southwest Safe House	Please see the complete listing for the Southwest Safe House in the Housing & Homeless Services section.	970-259-5443		
Suicide HOTLINE	Humanistic Mental Health Foundation provides 24-hour "hopeline" and hospital referrals. Dedicated to sharing the message that suicide is not the answer and help is always available.	1-800-784-2433		

Youth & Adolescent Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Sunrise Youth Shelter	Children in need of out-of-home placement in their own community are maintained. Essential therapy provided for growth and development within the context of a structured home-like setting. Families strengthened and reunified when possible. The four corners are, The Ute Mountain Ute Tribe, and national youth are served. Referrals are made to Social Services for placement if appropriate and family cannot be contacted. Runaway and Homeless programs are free. Group Home rate is \$79, paid by the referring agency or family if a private placement.	970-565-9634	332 Dry Creek Road, Towaoc, CO 81334	
Team Up Southwest Colorado				
Ute Mountain Ute Youth Opportunities Program	For more information and a complete listing of programs and services offered through the Ute Services in the Native American Services section.	970-565-3751		

Youth & Adolescent Services

Provider	Description / Service	Phone Number	Physical Address	Web Address
Youth Empowerment Project - The Pinon Project	<p>The Youth Empowerment Project offers a variety of services for youth in Montezuma and Dolores Counties. These services include: Before and After school program, Asset Building, Mentoring, Restorative Justice, and the Strengthening Families Program.</p> <p>Asset Building: is a twelve-week course provided to middle school age students. The program is based off the 40 Development Assets developed by the Search Institute. Research shows that the more assets a youth has the less likely they are to engage in risk taking behavior including: violence, drug use, alcohol use and sexual activity. The research shows staggering statistics.</p> <p>Before and After School Program: This program is provided to youth at the Cortez Middle School starts (Tues & Thur) and after school on early release Wednesdays. The program provides a caring adult, support for youth, group mentoring and a safe place to be.</p> <p>Community Based Mentoring Program: Mentoring is a timeless strategy for helping youth mature into healthy adults. This program is designed to match youth with a caring adult for one year. During this partnership Mentor and Mentee spend 3 hours a week together having fun. The program also provides life skill classes, monthly recreational activities, and senior mentor only trainings.</p>	970-564-1195	210 E Main Street, Cortez, CO 81321	https://www.pinonproject.org/youth-services

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 qualitative data collection conducted by CHC 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. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.
 - Links included for sources were accurate when this report was published.

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 Consulting provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC Consulting, please visit the website at: www.chc.com

APPENDIX

SUMMARY OF DATA SOURCES
DATA REFERENCES
HPSA AND MUA/P INFORMATION
PRIORITY BALLOT

SUMMARY OF DATA SOURCES

Summary of Data Sources

Demographics

- This study utilized demographic data from **Syntellis**.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table/ACSDP5Y2023.DP02?q=DP02&g=010XX00US_040XX00US08_050XX00US08083.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county>.
- **Economic Policy Institute**, Family Budget Map provides a break down of estimates monthly costs in specific categories for Montezuma County; <https://www.epi.org/resources/budget/budget-map/>.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <https://www.bls.gov/lau/tables.htm>.
- **Data USA** provides access to industry workforce categories as well as access to transportation data at the county and state level: <https://datausa.io/>.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides poverty estimates by county and state: <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>.
- 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 **SparkMap**, 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://sparkmap.org/report/>.

Health Data

- The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; <http://www.countyhealthrankings.org/>.
- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <http://wonder.cdc.gov/ucd-icd10.html>.

Summary of Data Sources (continued)

Health Data (continued)

- The **Colorado Department of Public Health & Environment**, Colorado Health Information Dataset is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Colorado. Data can be accessed at: <https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CCCR2000-2022CancerIncidenceRates-CoHID/AgeAdjustedRatesDashboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y> and https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDFullDeathQuery_StateDemographyPopEstimates/MortalityStatistics?iframeSize_dToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no.
- This study also used health data collected by the **SparkMap**, 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://sparkmap.org/report/>.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format)**, 2022 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format)**, 2023 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
- This study utilizes a county level data from **Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format)**, 2024 release, filtered for Montezuma County, CO, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data.
- This study utilizes a state level data from **Center for Disease Control and Prevention, Chronic Disease Indicators**, filtered for Colorado; <https://www.cdc.gov/cdi/>.
- The **Centers for Medicare & Medicaid Services**, Office of Minority Health, provides public tools to better understand disparities in chronic diseases. Data can be accessed at; <https://data.cms.gov/mapping-medicare-disparities>.
- The **Colorado Department of Public Health & Environment**, Colorado Health Information Dataset provides access to measures of child well-being by county and state; <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>.
- 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/#/>.
- 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 Survey

- CHC Consulting worked with Southwest Health System to distribute an electronic survey in April/May 2025. The survey analysis was conducted by Alex Campbell, CHC Consulting Senior Planning Analyst.

DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
 1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
 2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
 3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
 4. **Poverty rate:** Share of the population below the poverty line.
 5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
 6. **Changes in employment:** Percent change in the number of jobs over the past five years.
 7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

2025 Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
For families/households with more than 8 persons, add \$5,500 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; data accessed June 4, 2025.

HPSA AND MUA/P INFORMATION

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.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6083033575	LI - Montezuma County	Low Income Population HPSA	Colorado	Montezuma County, CO	1.342	13	NA	Designated	Rural	02/12/2009	09/09/2021
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status		
Colorado		Montezuma		Montezuma		Single County		08083		Rural		
Mental Health	708999080G	Southwest Colorado Mental Health Center, Inc.	Federally Qualified Health Center	Colorado	La Plata County, CO		22	NA	Designated	Rural	11/01/2013	08/10/2021
Site Name		Site Address		Site City		Site State		Site ZIP Code		County		Rural Status
Axis Health System - Delta		107 W 11th St		Delta		CO		81416-1811		Delta		Rural
Axis Health System - Gunnison		710 N Taylor St		Gunnison		CO		81230-2244		Gunnison		Rural
Axis Health System - Norwood		1605 Grand Ave		Norwood		CO		81423-5244		San Miguel		Rural
Axis Health System - Telluride		238 W Colorado Ave # 9		Telluride		CO		81435-5091		San Miguel		Rural
Axis Health System Montrose		605 Miami Rd		Montrose		CO		81401-4108		Montrose		Rural
Cortez Integrated Healthcare		691 E Empire St		Cortez		CO		81321-2802		Montezuma		Rural
Dove Creek Integrated Healthcare		495 W 4th St		Dove Creek		CO		81324-4900		Dolores		Rural
Durango Integrated Healthcare		150 Mercury Village Dr		Durango		CO		81301-8955		La Plata		Rural
Pagosa Springs Comprehensive Primary Care		27 Talisman Dr, #B		Pagosa Springs		CO		81147-9377		Archuleta		Rural
Pagosa Springs Integrated Healthcare		52 Village Dr		Pagosa Springs		CO		81147-8368		Archuleta		Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7083968009	Southwestern Mental Health Catchment Area	Geographic HPSA	Colorado	Archuleta County, CO Dolores County, CO La Plata County, CO Montezuma County, CO San Juan County, CO	2.185	12	NA	Designated	Rural	09/06/2013	09/10/2021
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status		
Colorado		Archuleta		Archuleta		Single County		08007		Rural		
Colorado		Dolores		Dolores		Single County		08033		Rural		
Colorado		La Plata		La Plata		Single County		08067		Rural		
Colorado		Montezuma		Montezuma		Single County		08083		Rural		
Colorado		San Juan		San Juan		Single County		08111		Rural		
Primary Care	1083278511	LI-Montezuma County	Low Income Population HPSA	Colorado	Montezuma County, CO	2.089	15	14	Designated	Rural	03/27/2001	09/10/2021
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status		
Colorado		Montezuma		Montezuma		Single County		08083		Rural		
Primary Care	10899908C7	UTE MOUNTAIN UTE HEALTH CENTER	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Colorado	Montezuma County, CO		19	20	Designated	Rural	10/26/2002	09/11/2021
Site Name		Site Address		Site City		Site State		Site ZIP Code		County		Rural Status
UTE MOUNTAIN UTE HEALTH CENTER		232 Rustling Willow St		Towaoc		CO		81334-5062		Montezuma		Rural
Mental Health	708999080F	UTE MOUNTAIN UTE HEALTH CENTER	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Colorado	Montezuma County, CO		21	NA	Designated	Rural	06/15/2011	09/11/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		UTE MOUNTAIN UTE HEALTH CENTER	232 Rustling Willow St	Towaoc	CO	81334-5062		Montezuma		Rural		
Dental Health	608999087A	UTE MOUNTAIN UTE HEALTH CENTER	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Colorado	Montezuma County, CO		22	NA	Designated	Rural	06/15/2011	09/11/2021
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		UTE MOUNTAIN UTE HEALTH CENTER	232 Rustling Willow St	Towaoc	CO	81334-5062		Montezuma		Rural		
Primary Care	1081368056	White Mesa Health Station	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Colorado	Montezuma County, CO		19	20	Designated	Rural	02/11/2020	09/12/2021
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		White Mesa Health Station	232 Rustling Willow St	Towaoc	CO	81334-5062		Montezuma		Rural		
Mental Health	7087412434	White Mesa Health Station	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Colorado	Montezuma County, CO		19	NA	Designated	Rural	02/11/2020	09/12/2021
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		White Mesa Health Station	232 Rustling Willow St	Towaoc	CO	81334-5062		Montezuma		Rural		
Dental Health	6082191569	White Mesa Health Station	Indian Health Service, Tribal Health, and Urban Indian Health Organizations	Colorado	Montezuma County, CO		21	NA	Designated	Rural	02/11/2020	09/12/2021
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		White Mesa Health Station	232 Rustling Willow St	Towaoc	CO	81334-5062		Montezuma		Rural		
Primary Care	108999080E	Southwest Colorado Mental Health Center, Inc.	Federally Qualified Health Center	Colorado	La Plata County, CO		18	15	Designated	Rural	11/01/2013	09/12/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		Axis Health System - Delta	107 W 11th St	Delta	CO	81416-1811		Delta		Rural		
		Axis Health System - Gunnison	710 N Taylor St	Gunnison	CO	81230-2244		Gunnison		Rural		
		Axis Health System - Norwood	1605 Grand Ave	Norwood	CO	81423-5244		San Miguel		Rural		
		Axis Health System - Telluride	238 W Colorado Ave # 9	Telluride	CO	81435-5091		San Miguel		Rural		
		Axis Health System Montrose	605 Miami Rd	Montrose	CO	81401-4108		Montrose		Rural		
		Cortez Integrated Healthcare	691 E Empire St	Cortez	CO	81321-2802		Montezuma		Rural		
		Dove Creek Integrated Healthcare	495 W 4th St	Dove Creek	CO	81324-4900		Dolores		Rural		
		Durango Integrated Healthcare	150 Mercury Village Dr	Durango	CO	81301-8955		La Plata		Rural		
		Pagosa Springs Comprehensive Primary Care	27 Talisman Dr, #B	Pagosa Springs	CO	81147-9377		Archuleta		Rural		
		Pagosa Springs Integrated Healthcare	52 Village Dr	Pagosa Springs	CO	81147-8368		Archuleta		Rural		
Dental Health	608999080D	Southwest Colorado Mental Health Center, Inc.	Federally Qualified Health Center	Colorado	La Plata County, CO		24	NA	Designated	Rural	11/01/2013	09/12/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		SOUTHWEST MEMORIAL PRIMARY CARE	1311A N Mildred Rd	Cortez	CO	81321-2231		Montezuma		Rural		
Dental Health	6081667731	SOUTHWEST MEMORIAL PRIMARY CARE	Rural Health Clinic	Colorado	Montezuma County, CO		10	NA	Designated	Rural	12/16/2022	12/16/2022
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		SOUTHWEST MEMORIAL PRIMARY CARE	1311A N Mildred Rd	Cortez	CO	81321-2231		Montezuma		Rural		
Primary Care	1086274386	MANCOS VALLEY HEALTH CENTER	Rural Health Clinic	Colorado	Montezuma County, CO		12	11	Designated	Rural	12/16/2022	12/16/2022
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		MANCOS VALLEY HEALTH CENTER	111 E Railroad Ave	Mancos	CO	81328-9329		Montezuma		Rural		
Mental Health	7084909867	MANCOS VALLEY HEALTH CENTER	Rural Health Clinic	Colorado	Montezuma County, CO		16	NA	Designated	Rural	12/16/2022	12/16/2022
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		MANCOS VALLEY HEALTH CENTER	111 E Railroad Ave	Mancos	CO	81328-9329		Montezuma		Rural		
Dental Health	6089089855	MANCOS VALLEY HEALTH CENTER	Rural Health Clinic	Colorado	Montezuma County, CO		14	NA	Designated	Rural	12/16/2022	12/16/2022
		Site Name	Site Address	Site City	Site State	Site ZIP Code		County		Rural Status		
		MANCOS VALLEY HEALTH CENTER	111 E Railroad Ave	Mancos	CO	81328-9329		Montezuma		Rural		

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.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	06175	Low Income Population of Montezuma Co	Medically Underserved Area – Governor’s Exception	Colorado	Montezuma County, CO	63.2	Designated	Rural	01/22/2001	01/22/2001
	Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status				
	Colorado	Montezuma	Montezuma	Single County	08083	Rural				

PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2025 Southwest Health System (SHS) Community Health Needs Assessment (CHNA), we have identified the following needs for the SHS CHNA Team to prioritize *in order of importance*.

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and SHS Capacity) that we would like for you to use when identifying the top community health priorities for SHS, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- 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

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How likely is it that actions taken by SHS will make a difference?**
- b. How likely is it that actions taken by SHS 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. SHS Capacity

In thinking about the Capacity of SHS to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. Are people at SHS 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)**

****Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.***

*** 1. Access to Mental and Behavioral Health Care Services and Providers**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>				
Effectiveness of Interventions	<input type="radio"/>				
SHS Capacity	<input type="radio"/>				

*** 2. Continued Recruitment & Retention of Healthcare Workforce**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>				
Effectiveness of Interventions	<input type="radio"/>				
SHS Capacity	<input type="radio"/>				

*** 3. Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>				
Effectiveness of Interventions	<input type="radio"/>				
SHS Capacity	<input type="radio"/>				

*** 4. Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>				
Effectiveness of Interventions	<input type="radio"/>				
SHS Capacity	<input type="radio"/>				

* 5. When thinking about the above needs, are there any on this list that you DO NOT feel that SHS could/would work on over the next 3 years?

Yes, we could/should work on this issue. No, we cannot/should not work on this issue.

Access to Mental
and Behavioral
Health Care Services
and Providers

Continued
Recruitment &
Retention of
Healthcare
Workforce

Increased Emphasis
on Addressing Vital
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Disparities Among
Specific Populations

Prevention,
Education and
Services to Increase
Community
Awareness and
Address Preventable
Conditions and
Unhealthy Lifestyles

Section 2: **Implementation Plan**

Southwest Health System

FY2026 - FY2028 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, reviewed the research findings in August 2025 to 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 list of prioritized needs, in descending order, is listed below:

- 1.) Continued Recruitment & Retention of Healthcare Workforce
- 2.) Access to Mental and Behavioral Health Care Services and Providers
- 3.) Prevention, Education and Services to Increase Community Awareness and Address Preventable Conditions and Unhealthy Lifestyles
- 4.) Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations

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

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the 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, and annual updates and progress (as appropriate).

The SHS Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on October 29, 2025.

Priority #1: Continued Recruitment & Retention of Healthcare Workforce

Rationale:

Data suggests Montezuma County has a higher ratio of patients per dental care provider as compared to the state as well as the nation. Additionally, Montezuma County has several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Southwest Health System 2025 CHNA survey results showed that fifty percent or more of respondents indicated a need to recruit more health care providers and to recruit specialists who can provide services that are not currently available as the top two priorities in the community. Respondents listed cardiology, hematology/oncology, neurology and dermatology as the top providers and services that are needed or desired. Dental problems was one of the top 5 health concerns ranked by respondents. Respondents mentioned difficulties accessing timely care, a lack of primary care availability, and significant gaps in specialty services. Community members described long waits for appointments, reliance on PAs/NPs due to limited physicians, and frequent travel outside the area for specialists, which can include traveling long distances. Several comments also stressed that even when providers are recruited, retention is a challenge, contributing to care disruptions and workforce burnout.

With regards to barriers to accessing primary care, at least fifty percent of respondents selected insufficient number of providers, long wait times for an appointment, lack of coverage/financial hardship, difficulty navigating system/lack of awareness of available resources and scheduling (system inefficiency/non-standardized process). With regards to barriers to accessing specialty care, at least fifty percent of respondents selected difficulty navigating system/lack of awareness of available resources, delays or complications in referrals to services, insufficient number of providers, lack of coverage/financial hardship and lack of providers accepting Medicaid/Medicare.

When thinking about obstacles that affect the transition of care between healthcare settings or providers, survey results showed that fifty percent or more of respondents selected lack of communication/coordination between healthcare facilities and providers, lack of staff and time for investment in coordination (at the practice and broader community levels, complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits and limited primary care provider involvement in inpatient care. When respondents were asked why individuals in the community might choose to use the emergency room rather than a clinic or urgent care for non-emergent needs, the top answer was due to the lack of established relationship with a primary care provider.

Objective:

Continued efforts to recruit and retain providers to the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. SHS offers a variety of specialty services at Southwest Medical Group Specialty Clinic to increase local access to care for residents.	Clinical Operations Director							
1.B. SHS will continue to explore obtaining and maintaining the most up to date, advanced technology and equipment to increase access to specialized services for patients.	CIO							
1.C. SHS will continue to recruit appropriate providers to the community based upon information from annual market assessment reports and medical staff development plans. SHS will continue to establish partners as appropriate to increase physician coverage in the community across a variety of specialties.	CEO, CMO	Surrounding area facilities, Children's Hospital Colorado						
1.D. SHS will continue to serve as a teaching facility and allow for students pursuing health-related careers to rotate through the facility in a variety of programs, including, but not limited to, nursing, radiology and pharmacy.	CMO, HR Director, Medical Staff Manager	Physician Residency Program						
1.E. SHS explores opportunities to educate young adults on health care related career paths through community fairs and school career days.	CNO, Inpatient Director, HR	Career Day at Montezuma Cortez Middle School, Interactive School Tour, High School Intern program						
1.F. SHS recognizes outstanding employees through nominations and award ceremonies.	HR	Employee of the Month, Leader of the Quarter, Employee of the Year						
1.G. In partnership with the local nursing school, SHS provides a nurse residency program, where people who are interested in healthcare can work before they have their license. The program and Colorado Nurse Excellence help the individual through their first year of nursing. Additionally, SHS is exploring the opportunity to expand this program.	CNO, Inpatient Education							
1.H. SHS provides reimbursement for education for qualified employees who want to advance their education.	HR Director							
1.I. SHS will explore growing telehealth services to provide better access for patients as needed.	CNO, CMO	Inpatient peds						

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Montezuma County do not have adequate access to mental and behavioral health care services and providers. Montezuma County has a higher ratio of patients per mental health care provider as compared to the state as well as the nation. Additionally, Montezuma County has a higher percent of the adult population who consider themselves to be depressed and a higher percent of the adult population who stated that they have had 14+ days of poor mental health when compared to the state.

The Southwest Health System 2025 CHNA survey results indicate that mental/behavioral health (including psychiatry) is one of the top providers and services that are needed or desired. Mental health problems and substance abuse (drugs/alcohol) were selected by survey respondents as the top two health concerns in the community. When noting barriers to accessing mental and behavioral health care, respondents indicated lack of coverage/financial hardship, difficulty navigating system/lack of awareness of available resources, insufficient number of providers, lack of providers accepting Medicaid/Medicare and delays or complications in referrals to services.

Fifty percent or more of respondents indicated that persons with mental/behavioral conditions were lacking adequate access to health services and resources. Comments strongly emphasized the urgent need for expanded and affordable mental and behavioral health services. Respondents cited long wait times, limited local providers who accept insurance, and a lack of youth-focused supports as major barriers, with particular concern for rising rates of suicide, substance misuse, and homelessness among young people. Community members stressed that without more accessible and coordinated mental health and substance use treatment options, these issues will continue to worsen.

Objective:

Increase local access to mental health care services

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. SHS will partner with community partners for mental health resources in the community via local entities or telehealth services for the Emergency Department. SHS partners with the community detox agreement and supports the program. Additionally, along with regional partners, SHS supports the community detox agreement so services may continue to be provided to residents.	ED Director, CNO							
2.B. SHS employs a school-based social worker to support local students and patients as appropriate.	CMO, Director of Clinical Operations, Social Worker							
2.C. SHS will continue to promote the local suicide prevention hotline for applicable patients.	ED Director, Case Management							
2.D. SHS will continue to support Sexual Assault Victims through supporting education, staffing as able and partnering with local community programs.	ED Director							
2.E. SHS will continue to focus on providing depression screenings in the clinic and the emergency department for new mothers up to 1 year postpartum, and providing referrals if appropriate.	Quality and Risk Manager, Clinical Operations Director							
2.F. SHS will continue to participate in community events and support other organizations that focus on education and promoting mental and behavioral health resources.	Quality and Risk Manager	RISE Suicide Awareness Walk, attend SAFE Coalition quarterly meeting, QPR with the health department, homeless groups						
2.G. SHS will continue to collaborate with the local high schools in education and promoting mental and behavioral healthcare resources to the student population as opportunities arise.	Clinical Operations Manager, Behavioral Health Provider, School based NP							
2.H. SHS provides a case management program that helps provide education and necessary follow up care resources to patients who come to the emergency room with mental and behavioral health issues.	CNO, Case Management							
2.I. SHS will provide Question, Persuade, Refer (QPR) training for all staff.	Quality and Risk Manager	Health Department						

Priority #3: Prevention, Education and Services to Increase Community Awareness and Address 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. Heart disease and cancer are the two leading causes of death in Montezuma County and the state. Montezuma County has higher mortality rates than Colorado for the following causes of death: malignant neoplasms; diseases of the heart; accidents (unintentional injuries); COVID-19; chronic lower respiratory diseases; chronic liver disease and cirrhosis; diabetes mellitus; cerebrovascular diseases; intentional self-harm (suicide); lung and bronchus cancer; and colon and rectum cancer.

Montezuma County has higher percentages of chronic conditions, such as diabetes, obesity, arthritis and asthma for the adult population, and those who stated they have a disability for both the adult and Medicare population when compared to the state. Montezuma County has higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity, binge drinking and smoking than the state. With regards to maternal and child health, Montezuma County has a higher percent of low birth weight births, a higher percent of mothers smoking during pregnancy, a higher percent of teen (age 10-17 years) births, and a higher percent of mothers who have received inadequate prenatal care than the state. Data suggests that Montezuma County residents are not appropriately seeking preventive care services, such as timely mammography screenings, receiving the flu vaccine and the pneumonia vaccine for the Medicare population.

The Southwest Health System 2025 CHNA survey results indicate that fifty percent or more of respondents selected improving access to preventive care (screenings for chronic diseases, immunizations) as a top healthcare priority in the community. Survey respondents selected obesity among adults and obesity among children as two of the top five health concerns in the community. Respondents also selected understanding health insurance options, health fairs/screening events and nutrition/dietary programs as the top three health education, promotion, and preventative services lacking in the community. The internet is the primary source of health education for the community, followed by friends and family.

Survey respondents consistently cited gaps in basic health knowledge, a lack of awareness about where to seek appropriate care, and limited access to preventative programs related to chronic disease and nutrition. Several emphasized the importance of early intervention, culturally sensitive education, and system navigation support in order to enhance outreach, education, and accessible services to significantly improve health outcomes and reduce unnecessary emergency care usage.

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.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.	HR, CNO, Marketing	Sport Physical Days, Prepared Childbirth Class, Mobile Vaccine Clinic, Diabetes Education, Sex Education, Stop the Bleed, Suicide Awareness information sheet						
3.B. SHS personnel serve in leadership roles and as volunteers with many agencies and committees in the community.	Marketing							
3.C. SHS will continue to participate in local health care coalitions that includes health care leaders and organizations around the service area who meet quarterly to discuss potential collaborations and addressing health care needs in the community.	Quality and Risk Manager	Attendees may include but are not limited to: case management, discharge planning, patient financial advisor Montezuma County Safe Coalition, Montezuma County Injury Prevention Coalition						
3.D. SHS will support the community in education on how to dispose of medications properly.	Pharmacy Director							
3.E. SHS will continue to periodically host blood drives for employees and the community to participate in.	Laboratory Director							
3.G. SHS offers annual wellness visits, sport physicals and school immunizations to patients and students in the area.	Director of Clinical Operations, Pharmacy Director							
3.H. SHS collaborates with partners to provide chronic care management, transportation, and annual wellness visits for Medicare patients to expand extra resources to patients in the area.	CMO, Director of Clinical Operations							
3.I. SHS will continue to educate healthcare providers and the community on opioid prevention, treatment and recovery.	CNO, Quality and Risk Manager	Opioid program in the ER; partnership with Southwest Opioid Response District (SWORD), alternative treatments (ALTO's)						

Priority #4: Increased Emphasis on Addressing Vital Conditions to Reduce Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area may face significant cost barriers when accessing the healthcare system. Montezuma County has a higher median age than the state. Montezuma County has higher unemployment rates than the state, a lower median household income as well as lower educational attainment, which includes a smaller percentage of residents with a bachelor's or advanced degree, as well as a lower graduation rate than the state. Montezuma County also has a higher percentage of families living below poverty and children in poverty than the state. Additionally, Montezuma County has a higher percent of its total population receiving SNAP benefits, overall food insecurity, child food insecurity, Latino food insecurity, White Non-Hispanic food insecurity, as well as a higher percentage of public school students eligible for free or reduced price lunch compared to the state.

Montezuma County has a higher percentage of those adults (age 18-64) who are uninsured as compared to the state and transportation is estimated to be the highest monthly cost for residents. When analyzing economic status, Montezuma County is in more economic distress than other counties in the state. Additionally, Montezuma County is designated as a Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

The Southwest Health System 2025 CHNA showed that fifty percent or more of respondents indicated a need to improve access to health care for populations with limited services as a healthcare priority in the community. Survey results also indicate a majority of respondents believe not everyone has adequate access to health services, with the low income/working poor and homeless being the top two groups that respondents selected.

Key concerns noted by survey respondents include barriers that limit access to timely, affordable, and equitable healthcare. Many pointed to the rising cost of care and high deductibles as a deterrent to seeking preventive or even necessary services, while gaps in insurance coverage leave both low-income and middle-income households vulnerable. Transportation challenges, particularly in rural areas, further restrict access to medical appointments, pharmacies, and specialty care. Respondents also expressed concern about long wait times and inconsistent care that may prevent individuals from pursuing services when they need them most.

Survey commentary revealed widespread concern that vulnerable and marginalized populations in Montezuma County face persistent barriers to health and wellness. Low-income, uninsured, and underinsured residents struggle with affording care, often delaying prevention or treatment due to high deductibles and out-of-pocket costs. Elderly and disabled individuals frequently lack reliable transportation and support, leaving them isolated and unable to access needed appointments, while non-English speakers and non-citizens face cultural and language barriers that further reduce care-seeking. Veterans and military families also encounter delays and difficulty navigating the VA system, and young people are at heightened risk due to suicide, substance misuse, and housing instability.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. SHS provides Patient Financial Counseling to all community members who assists with on site enrollment for patients regarding health plans including but not limited to CHIP, Medicaid, etc., 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.	CFO							
4.B. SHS 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.	CFO							
4.C. SHS participates and collaborates with different organizations and programs in the area and region who focus on social determinants of health (SDOH) to provide additional access to healthcare resources. SHS will act as the funnel in connecting patients to those programs and resources in the community.	Case Management, Quality and Risk Manager	Language line, hearing and vision impaired services, transportation services						
4.D. SHS 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.	Clinical Operations Director							
4.E. SHS will continue to host and participate in local events and donation drives to benefit underserved organizations and populations in the community.	Marketing Specialist							
4.F. SHS will continue to focus on patients who are admitted as an inpatient to ensure there is a follow up appointment made within 30 days of discharge in addition to other interventions within the program.	Case Management							
4.G. SHS partners with local nursing homes as a joint effort to ensure efficient handoffs and appropriate discharge planning for the patients.	Case Management							
4.H. SHS participates in a variety of programs to focus on patient safety and patient experience throughout the continuum of care.	Quality and Risk Manager	suicide prevention, CPCQC, HQIP						

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- 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.
- Southwest Health System invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- 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.

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: Quality Department
1311 North Mildred Road
Cortez, CO 81321
Email: contact@swhealth.org

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

<https://www.swhealth.org/how-does-shs-address-needs-in-our-community/>

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT

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