Montrose Regional Health

Community Health Needs Assessment and Implementation Plan

October 2022

MONTROSE REGIONAL HEALTH

Caring for you like family.

CHC Community Hospital Consulting

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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 Montrose Regional Health (MRH) and Delta Health (DH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Montrose and Delta Counties, Colorado.

The CHNA Team, consisting of leadership from MRH and DH, met with staff from CHC Consulting on August 5, 2022 to review the research findings and prioritize the community health needs. Six 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 their capacity to address the need. Based on the unique capabilities of the facilities, MRH prioritized separately from DH in order to tailor their list of identified needs to their specific patient population and resources. Once this prioritization process was complete, MRH leadership voted on what needs to address and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the August 5th prioritization meeting, are listed below:
1.) Access to Mental and Behavioral Health Care Services and Providers
2.) Access to Primary & Specialty Care Services and Providers
3.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4.) Continued Focus on the Aging Population & Services
5.) Need for Increased Emphasis on Housing & Transportation
6.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

While MRH acknowledges that this is a significant need in the community, "Need for Increased Emphasis on Housing & Transportation" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. MRH will continue to support local organizations and efforts to address this need in the community.

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

The MRH Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on October 24, 2022.

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

Data suggests that residents in Montrose and Delta Counties do not have adequate access to mental and behavioral health care services and providers. Montrose County has higher rates of days of poor mental health per month than the state. Montrose and Delta Counties have a lower rate of mental health care providers per 100,000 than the state. Additionally, Montrose and Delta Counties have a Health Professional Shortage Area designation for mental health as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). Delta County has higher prevalence rates of adults with depression than the state.

Many interviewees mentioned the high turnover rates for mental health providers in both Montrose and Delta Counties. The youth were brought up by the interviewees as facing challenges in regard to mental health care, such as the impact of COVID-19, lack of facilities to handle higher acuity cases, which is leading to outmigration and lack of providers, particularly psychiatrists. One Montrose County interviewee stated: “Youth mental health has always been an issue. The behaviors and trends that we're seeing have been exacerbated since the pandemic. The youth that we are serving are really in need of a higher level of care.” Another Montrose County interviewee stated: “There are not enough providers. We have kids who have really serious needs and there are no day treatment facilities that are equipped to handle kids with severe mental and behavioral challenges. We have to send them to Grand Junction or Denver. I am not aware of any inpatient facilities.”

It was mentioned several times that the limited accessibility of mental and behavioral health services is leading to outmigration such as a lack of available rooms in the crisis stabilization unit, in Montrose County, due to staffing; local facilities/organizations at capacity in both counties; lack of any crisis system to deal with higher acuity cases in Delta County; limited availability of a local detox center for both counties; limited local inpatient facilities leading to outmigration to Colorado Springs and Denver; and limited hours of operation for local facilities. One Montrose County interviewee stated: “We have a crisis stabilization unit but honestly it's not accessible and it's not available. They don't have staffing so they transfer to Grand Junction.” One Delta County interviewee stated: “Mental health is a huge issue when we get people into the emergency room and we have no place to send them. We simply don't have a crisis system.”

Several interviewees expressed concern about the high suicide rates in both counties. One Montrose County interviewee stated: “[We have] extraordinarily high suicide rates per capita compared to other parts of the county. The lack of availability for psychiatry services and other mental [services] is always a tough referral for us.” A Delta County interviewee stated: “Our suicide rate in Delta County is close to Mesa County, which is triple the national rate.” Interviewees also discussed limitations in accessing care due to insurance coverage and comfort with telemedicine services.

A few interviewees discussed the challenges with the accessibility of services due to requirements to be admitted/seen, particularly patients with mental and behavioral health issues in both counties. One Montrose County interviewee stated: “The mental health resource center doesn’t take anybody that has dementia or any kind of psychiatric need. If they need an inpatient facility or help with Dementia, Parkinson's, or a secondary diagnosis, they can't be seen here.” One Delta County interviewee stated: “If you have someone who is dually diagnosed and has bipolar disorder or gets dementia, our local mental health service will not see them. A lot of the facilities won’t take them or take them for only 5-6 days which is not really resolving any medication management issues.”

A couple of interviewees discussed the need for geriatric psychiatric services. Lastly, interviewees discussed the greater difficulty in accessing care for minority populations due to the need for bilingual counselors and the insurance/cost of mental and behavioral health services. One Montrose County interviewee stated: “There are practically no counselors who speak Spanish.” One Delta County interviewee stated: “They can get in but Mind Spring doesn’t accept self-pay. The patient has to have Medicaid or insurance. Of course, the minority population does not have access to this [due to lack of insurance].”

Priority #2: Access to Primary and Specialty Care Services and Providers

Montrose and Delta Counties have a lower rate of primary care providers per 100,000 than the state. Additionally,…

Priority #2: Access to Primary and Specialty Care Services and Providers (continued)

…Montrose and Delta Counties have several Health Professional Shortage Area and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees in both counties discussed the difficulty recruiting to the healthcare workforce due to the lack of affordable housing, the lack of clinical support staff, limited professional development programs and the lack of nearby schools to serve as a staffing pipeline (Delta County). One Montrose County interviewee stated: "We've run into barriers recently with recruiting for professional administration positions. There's a lack of affordable housing, lack of clinical support staff and not that many training programs that develop professionals." One Delta County interviewee stated: "Recruiting healthcare professionals is a need. Physicians, nurses, and therapists of all types and mental health providers. We closed the nursing school because of a lack of funding. It was affordable for local students and that was a pipeline for nurses."

In Delta County, a few interviewees mentioned the lack of staffing at home health companies which is leading to difficulties in patients receiving care. A couple of interviewees noted the lack of healthcare workforce staff, particularly bilingual providers and nurses. Lastly, a few interviewees expressed concern surrounding high provider turnover rates and frustration with inconsistency. One Delta County interviewee stated: "Inconsistency in providers [is a concern]. There's a lot of turnover. You tell a doctor about what's going on with you and the next time you go, it's a different provider so you have to tell your story all over again."

With regards to primary care access, interviewees had conflicting statements regarding the availability of primary care services in both counties. Interviewees in both counties also noted challenges in accessing primary care services due to long wait times, the limited number of providers and the limited schedules to accommodate provider work/life balance. One Delta County interviewee stated: "One clinic is not accepting any new patients. They are about a month out. It's not that they don't want to see people, they just don't have the capacity because there are not enough providers." One Montrose County interviewee stated: "We have a number of doctors who live here for the lifestyle. They don't necessarily work full time." Interviewees in both counties discussed the perceived patient preference in seeking a physician versus seeing an advanced practice provider and the perceived difficulty in accessing pediatric primary care.

In Montrose County, a few interviewees expressed a desire for additional urgent cares in the community to increase access. One interviewee stated: "It's very difficult for patients to get seen. I would like to see another urgent care here because they can't get in to see their doctor." A couple of interviewees noted the difficulty for certain groups to access primary care services, particularly those on Medicare/Medicaid. Lastly, challenges in using telemedicine for primary care were discussed by interviewees due to the lack of knowledge by certain groups in the community. One Montrose County interviewee stated: "There's a lot of people who don't know how to use telemedicine. Whether you are talking about seniors, low income, or areas that don't have broadband access."

In regards to specialty care, Montrose County residents had conflicting statements about the accessibility of specialty care services. One interviewee stated: "Access to specialty care is really tight. There are long wait items. Orthopedics is 3-4 months out to have a surgery. Cardiology has been out really far." Another interviewee stated: "[Specialty care] for adults is pretty easy. For pediatrics, like pediatric cardiology, it's accessible if the family can drive to Denver." For both Montrose and Delta Counties, interviewees discussed the limited access to local specialty care which is leading to long wait times, potential transportation barriers due to the rural nature of the community and outmigration to Grand Junction, Denver, and for rural Delta County residents specifically to Montrose. One Delta County interviewee stated: "A lot of patients that need specialists leave the community. They come to Montrose for dialysis. For rural parts of Delta County, that's very difficult." For Montrose County, a couple of interviewees mentioned the need to look at available resources in the community instead of referring out. Interviewees in Delta County had conflicting statements regarding the accessibility of OB/GYN services. One interviewee stated: "OB/GYN is a big need. Women's care could use some beefing up." Another interviewee stated: We have dissolved our OBGYN clinic but we have an OBGYN surgeon who comes in from Montrose."

Insurance barriers were discussed by both counties and how that is leading to certain groups lacking access to specialty…

Priority #2: Access to Primary and Specialty Care Services and Providers (continued)

…care services, particularly those on Medicaid and the un/underinsured. One Montrose County interviewee stated: "There are some [providers] who take limited insurances or there are gaps on how many Medicaid patients they can take or how many people that are without insurance. Rheumatology, endocrinology and gastroenterology services are the three biggies that we don't see here or are not allowing Medicaid patients in." Specific specialties mentioned that are needed in both counties include Gastroenterology, Orthopedics, Rheumatology, Endocrinology, Cardiology, Urology, General Surgery, Neurology/Spine, Dermatology and Internal Medicine. Specific specialties mentioned that are needed in Montrose County include Infectious Disease and for Delta County, specific specialties mentioned that are needed include OB/GYN, Dialysis, Pulmonology and Geri-psych.

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Montrose and Delta Counties have higher percentages of children eligible for free or reduced price school lunches, recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits, child food insecurity, and overall food insecurity than the state. Montrose and Delta Counties have lower educational attainment rates than the state and higher percentages of families and children living below poverty. Montrose County, specifically, has a higher average meal cost than the state.

Montrose and Delta Counties have higher rates of adults (age 18-64) who are uninsured as compared to the state, and Delta County has a higher percentage of residents that experienced a medical cost barrier to care within the past 12 months than the state. When analyzing economic status, Delta County is in more economic distress than Montrose County and other counties in the state. Delta County has a higher percentage of people who reported that they had no motor vehicle as compared to the state.

In both Montrose and Delta Counties, interviewees noted the potential overuse of the emergency room due to no upfront payment required, no personal doctor, generational knowledge of the emergency room and the lack of insurance/payment options. One Montrose County interviewee stated: "A lot of people rely on the emergency department for routine care whether or not they understand when to use it. It's all free to them since they are on Medicaid." One Delta County interviewee stated: "You have people who don't know the difference between the emergency room and their doctor because they were raised that way. Or that is the only way because they don't have insurance or payment options." Interviewees expressed concern surrounding the low income, underserved population regarding access to care in both counties.

For Delta County, a few interviewees discussed barriers in attracting providers to the area due to the community payer mix. One interviewee stated: "When we look across the county we are [majority] Medicare/Medicaid. The difference between Medicare/Medicaid vs. private insurance impacts our reimbursement rates not only for the hospital but for our physicians as well. When you have that disparity in the community, it's not easy to attract providers to the community to serve that many people." In both counties, interviewees noted the community payer mix of the community is resulting in the need for more private providers in the community, the acknowledgment that the payor mix is a barrier to keeping healthcare facilities running due to overhead costs and concern for rising health insurance costs and medications costs. One Delta County interviewee stated: "Our payor mix is so heavily Medicaid/Medicare that we have trouble keeping all of the kinds of facilities and clinics available for people to utilize." One Montrose County interviewee stated: "The cost of drugs and the cost of the pharmacy [is an issue]. Not only for the patient first and foremost but also for the hospital."

In Montrose County, interviewees discussed potential barriers for accessing care due to changes in the public health department. One interviewee stated: "We use to have a health department that covered vaccines, women's health, and undocumented people. All that is basically gone." Transportation barriers were discussed in both counties and the resulting barriers were due to the patient's geographical location, long wait times and lack of a mass transportation system in the county. One Delta County interviewee stated: "There's a large percentage of the population who live 40-50 miles from the hospital. There are no mass public transportation options." In Delta County, interviewees noted the limited affordable housing for certain populations, particularly the elderly and low income populations. Additionally, a few interviewees discuss the limited internet access…

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

…in some areas of the county. One interviewee stated: "There are some areas where there's no internet access or cellular access. That's challenging for some people. The cost of internet access is another [issue]."

Several interviewees in both counties mentioned the need for greater community collaboration towards addressing the unmet needs of vulnerable populations. One Delta County interviewee stated: A $600 medical bill is not affordable for people around here. We have undocumented children who don't have health care insurance. How are families going to afford healthcare if they are making $12.50 an hour? We need to open the conversation about how we are taking care of the population." Lastly, interviewees in both counties acknowledged the growth of drug related use/abuse in the community and in child welfare cases. One Montrose County interviewee stated: "Drug addiction is a growing problem. Alcoholism is always a big issue but particularly here we have a meth problem and that launches into a growing fentanyl problem. Meth has always sort of been a big issue and we see it in our child welfare cases – children with drug addiction." One Delta County interviewee stated: "Alcohol is a big thing where we live but recreational drugs as well. There's really poor alcohol treatment and limited resources. There was a detox facility in the county but it closed due to staffing shortages and lack of trained staff."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, pediatrics, teenagers/adolescents, homeless, low income/working poor, racial/ethnic, and veterans. With regards to the elderly population, interviewees discussed an increasing need for staffing of senior care facilities like nursing homes and assisted living facilities, food insecurity, need for more transportation options and operational hours, education on telehealth services and benefits, access to internet services, access to affordable dental care, need for comprehensive home health, affordable housing options, medical/insurance education, mental and behavioral health services, affordability of care and for Delta County specifically, a need for equipment/resource needs, particularly oxygen tank refills. With regards to the pediatric population, interviewees discussed the limited availability of child day care and potential language barriers between parents and providers for Delta County. Teenagers/adolescent residents were discussed as being disproportionately challenged by limited transportation options, hesitancy to go to the doctor, need for mental health services, particularly psychologists, need for local providers with the ability to prescribe appropriate mental and behavioral health medications, substance and drug misuse/abuse, vaping, e-cigarette use, suicide rates, need for younger parent family planning/education/Planned Parenthood and limited local OB/GYN services.

The homeless residents were brought up as a subgroup of the population that may be disproportionately affected by limited operational hours for local shelters, the growing population of homeless individuals in both counties, mental and behavioral health concerns, substance misuse/abuse and a need for safe/affordable housing for Delta County. Low income and working poor residents were discussed as facing cost barriers to care, transportation barriers, limited internet access, a need for healthy lifestyle education and a need for affordable housing. Racial/ethnic groups were discussed as facing language barriers, insurance/affordability issues and hesitancy to seek care regarding potential documentation concerns for Montrose County and potential cultural mistrust for Delta County. Lastly, for the veterans, interviewees discussed the limited local VA services, limited access to mental and behavioral health services, affordable housing and access to dental care specifically in Montrose County.

Priority #4: Continued Focus on the Aging Population & Services

Montrose and Delta Counties have a larger age 65 and older population than the state. Additionally, Montrose and Delta Counties have lower percentages of those ages 65+ who received their flu vaccine in the past 12 months as well as those ages 65+ who received their pneumonia vaccine in the past 12 months than the state.

For both Montrose and Delta Counties, interviewees discussed a perceived lack of home health, nursing homes and long term care facilities due to staffing and insurance barriers. For Delta County specifically, interviewees discussed the lack of geriatric mental health services which is leading to outmigration. This Delta County interviewee stated: "I can rarely get someone placed in a long term [facility] here. If they…

Priority #4: Continued Focus on the Aging Population & Services (continued)

…need geriatric psych, they have to go out of the area." It was mentioned that there is a perceived need for affordable dental care as well as potential barriers to accessing health services due to insurance, specifically for those with Medicare insurance. A Delta County interviewee stated: "The quality of care for the [elderly] is very hard. Because they are on Medicare, they don't have insurance to cover other services like dentists." One Montrose County interviewee stated: "There's only one assisted living facility that'll take Medicaid [patients]." A few interviewees brought up the need for more education on insurance coverage and benefits and interviewees expressed concern for the affordability of services and overall financial needs. A Montrose County interviewee stated: "People don't understand Medicare benefits. People are banking on that their medical benefits will place them in a nursing home." One Delta County interviewee stated: "Affordability is difficult. We have quite a large percentage of the population over 65 that don't qualify for Medicare but struggle to meet their monthly financial needs. They can't afford health services on their own."

Furthermore, a few interviewees discussed the lack of affordable housing options resulting in increased homelessness among seniors. One Delta County interviewee stated: "We have seen a larger number of seniors fall into the homeless category. Rentals are high. There isn't enough affordable housing for seniors." There is a need for senior services in the community to better meet the needs of the elderly and one Montrose County interviewee specifically stated: "We're starting to turn into a retirement community. Really focusing on the [elderly], the services and access to them [is a need]." Lastly, a couple of interviewees expressed a desire for increased use of telemedicine for seniors for their healthcare needs. One Montrose County interviewee stated: "There's a lack of resources for the elderly. It would be awesome if telemedicine was done more with the elderly. They would have a better quality of life."

Priority #5: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors 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 Montrose and Delta Counties and the state. Montrose and Delta Counties have higher mortality rates than Colorado for the following causes of death: heart disease; cancer; accidents (unintentional injuries); intentional self-harm (suicide); chronic liver disease and cirrhosis; influenza and pneumonia; lung and bronchus cancer, female breast cancer; and prostate cancer. Delta County has a higher rate of chronic lower respiratory diseases; cerebrovascular diseases; diabetes mellitus; and colon and rectum cancer mortality than the state.

Both Montrose and Delta Counties have higher prevalence rates of chronic conditions, such as adult diabetes, arthritis, adult asthma, and fair or poor health than the state. Delta County has higher prevalence rates of obesity than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity and tobacco use than the state. With regards to maternal and child health, Montrose and Delta Counties have higher low birth weight births, higher teen (age 0-19 years) birth rates, and higher rates of women who reported they received inadequate prenatal care than the state.

Data suggests that Montrose and Delta County residents are not appropriately seeking preventive care services, such as timely prostate screenings. Montrose County has higher percentages of residents not appropriately seeking preventive care services like mammography and pap tests. Additionally, Delta County has a lower rate of dentists per 100,000 than the state. Both Montrose and Delta Counties have a lower percentage of its population vaccinated with the first dose and second dose than the state (information as of August 2, 2022).

For Montrose and Delta Counties, interviewees noted conflicting statements on knowledge of healthy lifestyle programs in the community. Additionally, interviewees in both counties discussed the need for additional education on healthy behavior choices, particularly for the youth. One Montrose County interviewee stated: "There's not enough access to healthy lifestyle programs or counseling. It's not easy for a low income family to access healthy lifestyle classes." One Delta County interviewee stated: "At the 10,000 foot level we are not [doing too well nutrition wise]. You still see children utilizing the quick stop for their nutrition."

Priority #5: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

Several interviewees noted limited access to healthy lifestyle resources in the community due to potential geographical barriers for some groups in accessing healthy lifestyle resources; perceived requirements/limited hours for food banks leading to barriers for certain groups accessing food, particularly the Latin and Asian population; as well as limited access to healthy lifestyle classes, in Montrose County, particularly for the low income. One Delta County interviewee stated: “There’s a recreation center and we are expanding our parks. But they aren't in the low income areas. There are no parks in the mobile homes areas.” Another Delta County interviewee stated: “We have meals on wheels. We have a couple of food banks. However, it’s not very accessible for agricultural workers in the Latin and Asian communities. It's not very accessible because of the hours they are open and most of them require a Colorado ID to get food.” In Delta County, a couple of interviewees discussed the higher rate of diabetes in the Spanish-speaking population. One interviewee stated: “The Latin community has higher numbers of pre-diabetes. We have a dietician but we can't help everyone because we don't have the capacity.”

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 MRH
  - 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 MRH
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews collecting input from community representatives, including:
    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
    - 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
  - Documentation and rationalization of priorities not addressed by the implementation plan
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

CHC Community Hospital Consulting

Process and Methodology

Methodology

- MRH worked with CHC Consulting in the development of its CHNA. MRH 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 Stratasan
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
  - Facilitated the prioritization process during the CHNA Team meeting in August 2022. The CHNA Team included:

Montrose Regional Health

- Jeff Mengenhausen, Chief Executive Officer
- CoralAnn Hackett, Chief Nursing Officer
- Dr. Rhonda Parker, Chief Medical Officer
- Leann Tobin, Chief Marketing and Philanthropy Officer
- Sally O'Connor, Case Management Director
- Katheryn Mattoon, Director of Quality, Risk and Compliance
- Brad Wiersma, Marketing Director
- Sonya Hawkins, Director of Emergency Department
- Jesse Bielak, Director of ICU/Med/Surg
- Megan Quinn, Infection Preventionist/Quality Data Manager

Delta Health

- Matt Heyn, Chief Executive Officer
- Jody Roeber, Chief Clinical Officer
- Melissa Palmer, Executive Director of Nursing
- Vickie Moore, Executive Director of Clinic Operations
- Janel Webb, Quality Director
- Jacqueline Davis, Director of Marketing/Communications/PR Public Information Officer
- Rhonda Katzdorn, Human Resources Director
- Brandi Vela, Nurse

- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

– MRH Biography

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

– Study Area Definition

- The study area for MRH is based on hospital inpatient discharge data from October 1, 2020 - September 30, 2021 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Stratasan, SparkMap, 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, Centers for Disease Control and Prevention (CDC) WONDER Tool, the Robert Wood Johnson Foundation, Colorado Department of Public Health & Environment, SparkMap, and United States Census Bureau

CHC Community Hospital Consulting

Process and Methodology

Methodology (continued)

– Interview Methodology

- MRH and DH provided CHC Consulting with a list of persons with special knowledge of public health in Montrose and Delta Counties, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, 39 in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

– Evaluation of Hospital's Impact

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

– Prioritization Strategy

- Five 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 Montrose Regional Health

About Us

As the leading healthcare facility in the Uncompahgre Valley, MRH offers patients personalized and professional healthcare, backed by the latest technology and practices.

Along with our physicians, MRH provides services in 23 specialties and sub-specialties, including joint replacement, complete cancer care, cardiology, rehabilitation and others.

Through a unique combination of the latest in healthcare technology, experience and partnership, we continue to evolve and broaden our comprehensive services.

Source: Montrose Regional Health, "About MRH", https://montrosehealth.com/about/; accessed September 23, 2022.

Hospital Biography

Mission, Vision and Values

Mission

To provide healthcare services to our communities with excellent service, compassion and fiscal responsibility.

Vision

To be the hospital, the healthcare resource and the employer of choice in our communities.

Values

Our actions will be guided by the following principles as we seek to fulfill our mission and aspire to our vision:

- Integrity and honesty in everything we do
- Service with caring and compassion
- Excellence…. always pursuing the best outcome
- Leadership with innovation and creativity

Source: Montrose Regional Health, "About MRH – Mission, Vision & Values", https://montrosehealth.com/about/mission-vision-values/; accessed September 23, 2022.

Hospital Biography

Hospital Services

- Acute Rehabilitation Unit
- Alpine Women's Centre
- Cardiology
- Emergency Department
- Family Center
- Intensive Care Unit
- Joint Replacement Center
- Laboratory
- Medical Imaging
- Med Spa (Alpine Women's Centre)
- Medical Surgical Unit
- Montrose Lung & Sleep Center
- Mountain View Therapy
- Nutrition & Diabetes
- Outpatient Surgery
- Respiratory Care
- San Juan Cancer Center
- Sleep Lab
- Surgical Services
- Women's Health

Source: Montrose Regional Health, "Services", https://montrosehealth.com/medical-services/; accessed September 23, 2022.

STUDY AREA

Montrose Regional Health & Delta Health

Study Area

Montrose County comprises of 76.6% of SY 2021 MRH Inpatient Discharges and Delta County comprises of 89.7% of SY 2021 DH Inpatient Discharges

Indicates the hospital

Montrose Regional Health
Patient Origin by County
October 1, 2020 - September 30, 2021

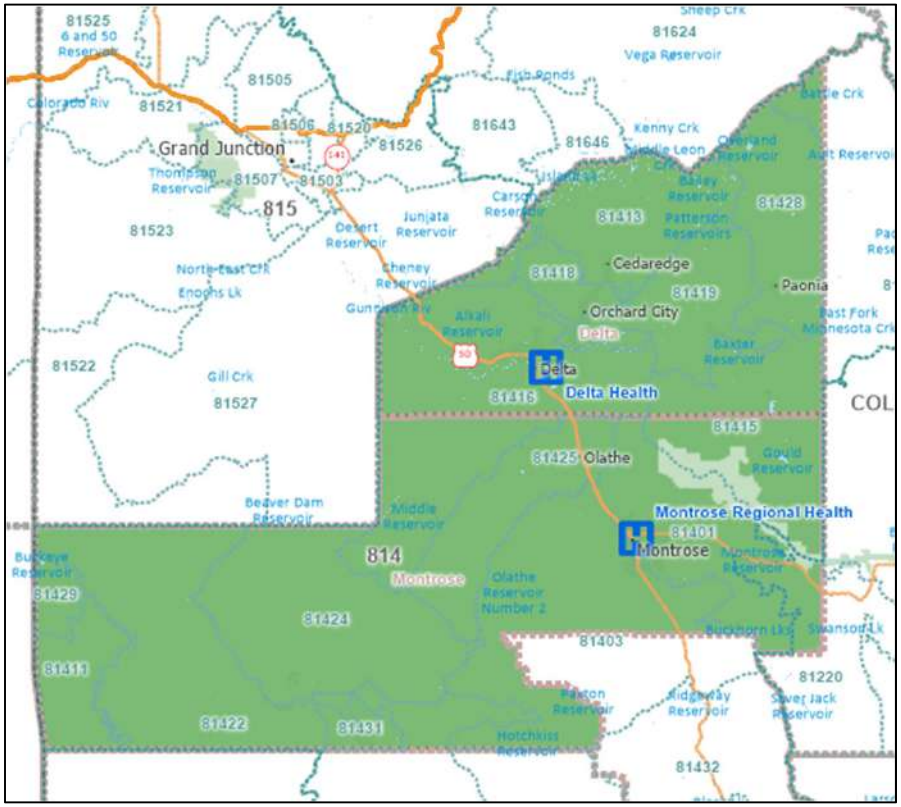
County	State	SY21 Inpatient Discharges	% of Total	Cumulative % of Total
Montrose	CO	1,898	76.6%	76.6%
All Others		579	23.4%	100.0%
Total		**2,477**	**100.0%**	

Source: Hospital inpatient discharge data from Colorado Hospital Association (CHA), accessed from Stratasan for Montrose Regional Health, public use data files; Study Year 2021 (October 2020 - September 2021); inpatient discharges. Normal Newborns removed.

Delta Health
Patient Origin by County
October 1, 2020 - September 30, 2021

County	State	SY21 Inpatient Discharges	% of Total	Cumulative % of Total
Delta	CO	1,146	89.7%	89.7%
All Others		131	10.3%	100.0%
Total		**1,277**	**100.0%**	

Source: Hospital inpatient discharge data from Colorado Hospital Association (CHA), accessed from Stratasan for Delta Health, public use data files; Study Year 2021 (October 2020 - September 2021); inpatient discharges. Normal Newborns removed.



Note: the 2019 MRH CHNA and Implementation Plan report studied Montrose County, Colorado, which comprised 74.8% of 2017 Medicare inpatients from IBM Watson Health MEDPAR patient origin data for the hospital.

Note: the 2019 DH CHNA and Implementation Plan report studied Delta County, Colorado, which comprised 89.0% of 2017 Medicare inpatients from IBM Watson Health MEDPAR patient origin data for the hospital.

CHC Community Hospital Consulting

DEMOGRAPHIC OVERVIEW

Population Health

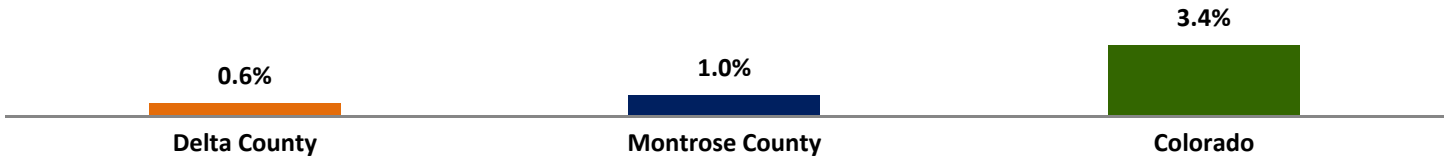
Introduction

- Information included within this section is pulled from a variety of sources, including the census. Because census data is collected every ten years, periodic updates are provided by data vendors based on a variety of population health factors.
- The West Central Public Health Partnership is currently conducting their own community health needs assessment. CHC Consulting has provided a summary of their data findings in the local community reports section of this report.
- A full version of the West Public Health Partnership Health Assessment – Montrose County data findings can be found on their website once the report is complete.

Population Health

Population Growth

Projected 5-Year Population Growth
2022-2027

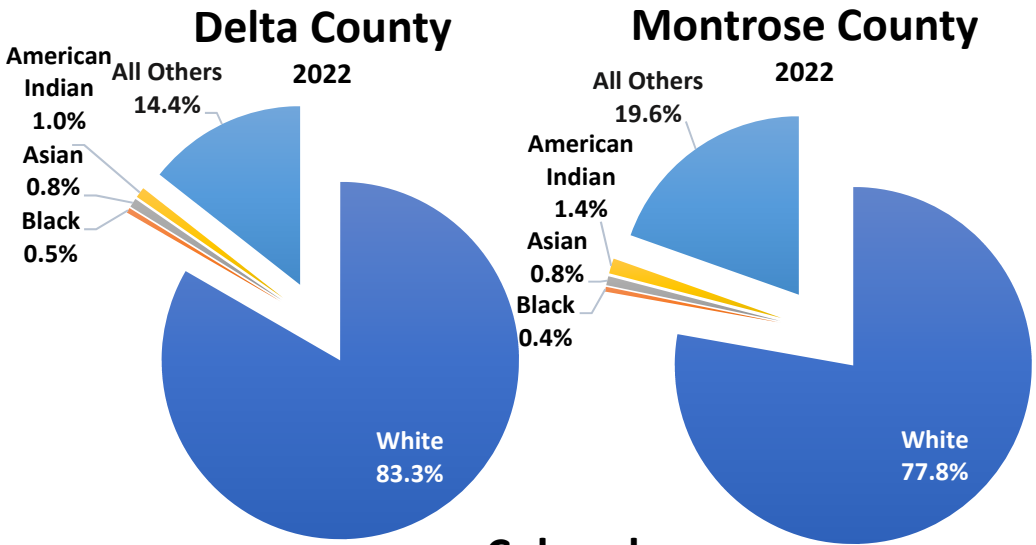


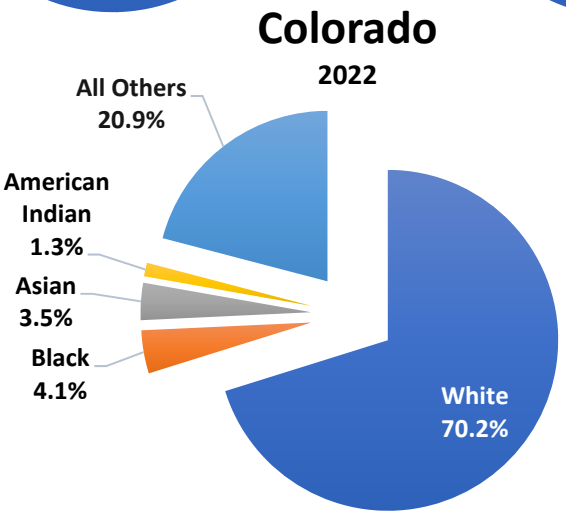
Overall Population Growth				
Geographic Location	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
Delta County	31,197	31,399	202	0.6%
Montrose County	42,907	43,336	429	1.0%
Colorado	5,937,082	6,138,077	200,995	3.4%

Source: Stratasan, Canvas Demographic Report, 2022.

Population Health

Population Composition by Race/Ethnicity





Delta County				
Race/Ethnicity	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
White	26,002	25,889	-113	-0.4%
Black	145	145	0	0.0%
Asian	252	283	31	12.3%
American Indian	299	316	17	5.7%
All Others	4,499	4,766	267	5.9%
Total	**31,197**	**31,399**	**202**	**0.6%**
Hispanic*	4,324	4,288	-36	-0.8%

Montrose County				
Race/Ethnicity	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
White	33,383	33,210	-173	-0.5%
Black	184	194	10	5.4%
Asian	349	383	34	9.7%
American Indian	587	621	34	5.8%
All Others	8,404	8,928	524	6.2%
Total	**42,907**	**43,336**	**429**	**1.0%**
Hispanic*	9,115	9,241	126	1.4%

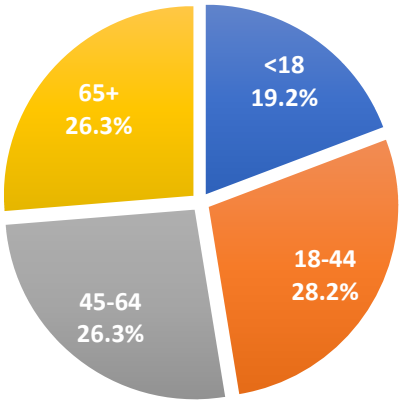
Colorado				
Race/Ethnicity	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
White	4,166,683	4,227,480	60,797	1.5%
Black	242,292	252,196	9,904	4.1%
Asian	209,087	226,596	17,509	8.4%
American Indian	76,742	81,945	5,203	6.8%
All Others	1,242,278	1,349,860	107,582	8.7%
Total	**5,937,082**	**6,138,077**	**200,995**	**3.4%**
Hispanic*	1,305,279	1,354,005	48,726	3.7%

Source: Stratasan, Canvas Demographic Report, 2022.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

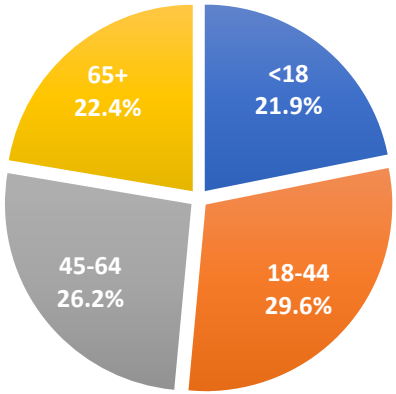
Population Health

Population Composition by Age Group

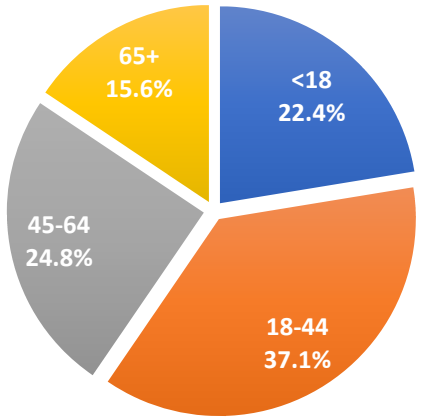
Delta County
2022



Montrose County
2022



Colorado
2022



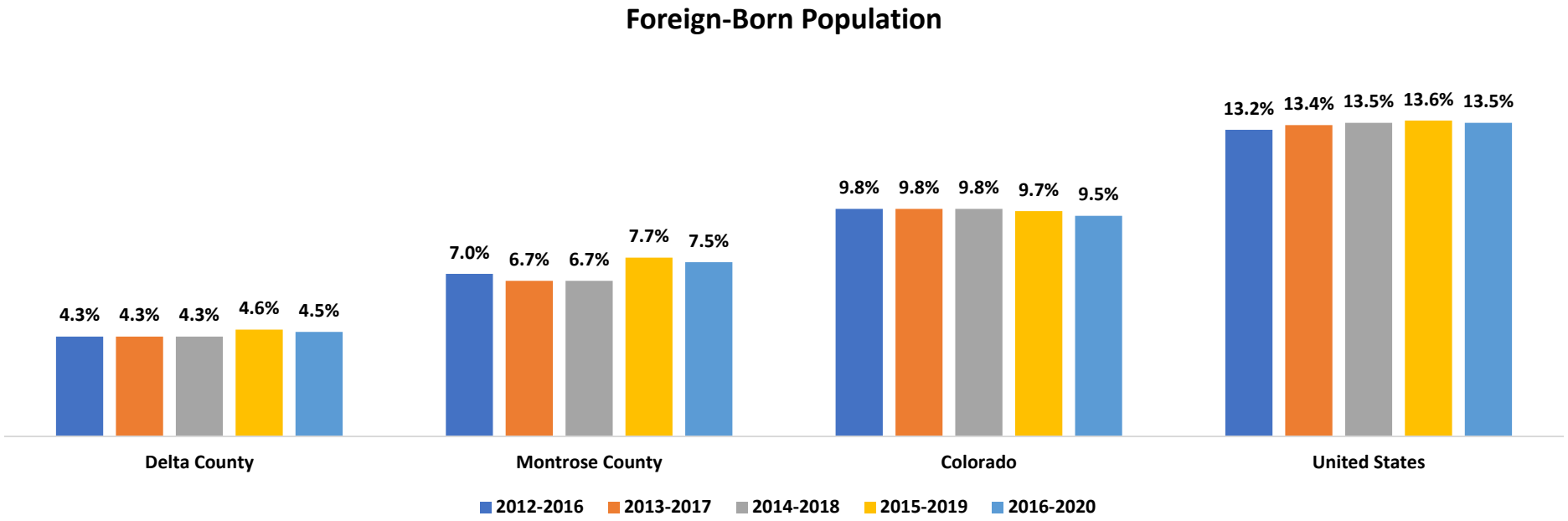
Delta County				
Age Cohort	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
<18	6,000	6,166	166	2.8%
18-44	8,797	8,712	-85	-1.0%
45-64	8,200	7,509	-691	-8.4%
65+	8,200	9,012	812	9.9%
Total	**31,197**	**31,399**	**202**	**0.6%**
Montrose County				
Age Cohort	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
<18	9,377	9,416	39	0.4%
18-44	12,708	12,555	-153	-1.2%
45-64	11,232	10,695	-537	-4.8%
65+	9,590	10,670	1,080	11.3%
Total	**42,907**	**43,336**	**429**	**1.0%**
Colorado				
Age Cohort	**2022**	**2027**	**2022-2027 Change**	**2022-2027 % Change**
<18	1,330,700	1,355,956	25,256	1.9%
18-44	2,204,444	2,275,531	71,087	3.2%
45-64	1,475,080	1,429,007	-46,073	-3.1%
65+	926,858	1,077,583	150,725	16.3%
Total	**5,937,082**	**6,138,077**	**200,995**	**3.4%**

Source: Stratasan, Canvas Demographic Report, 2022.
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

Subpopulation Composition

- Between 2012 and 2020, the percent of foreign-born residents slightly increased in Delta County, Montrose County and the nation, while the percent decreased in the state.
- Between 2012 and 2020, Delta County maintained a lower percentage of foreign-born residents than Montrose County, the state, and the nation.
- In 2016-2020, Delta County (4.5%) had a lower percent of foreign-born residents than Montrose County (7.5%), the state (9.5%) and the nation (13.5%).

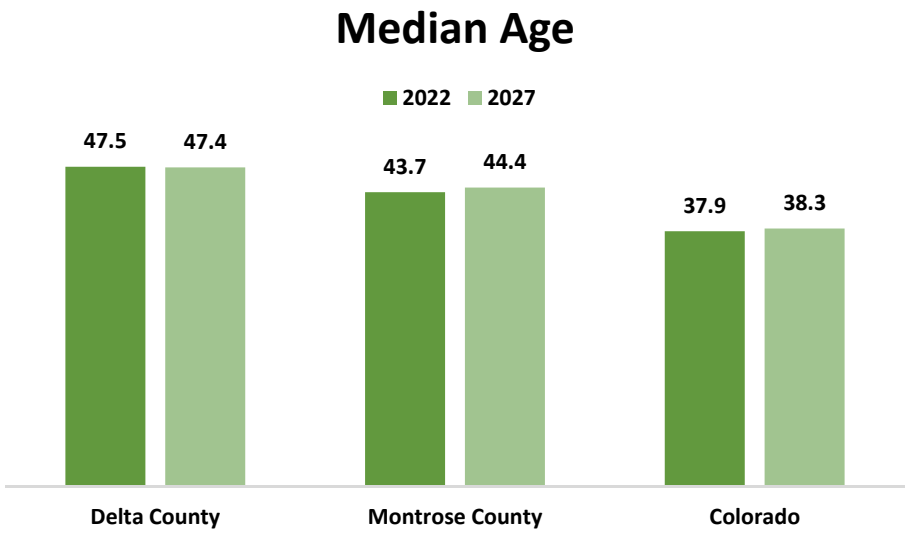


Source: United States Census Bureau, filtered for Delta and Montrose Counties, CO, https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02; data accessed April 20, 2022.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

Population Health

Median Age

- The median age in Montrose County and the state is expected to slightly increase while Delta County is expected to slightly decrease over the next five years (2022-2027).
- As of 2022, Delta County (47.5 years) has an older median age than Montrose County (43.7 years) and the state (37.9 years).

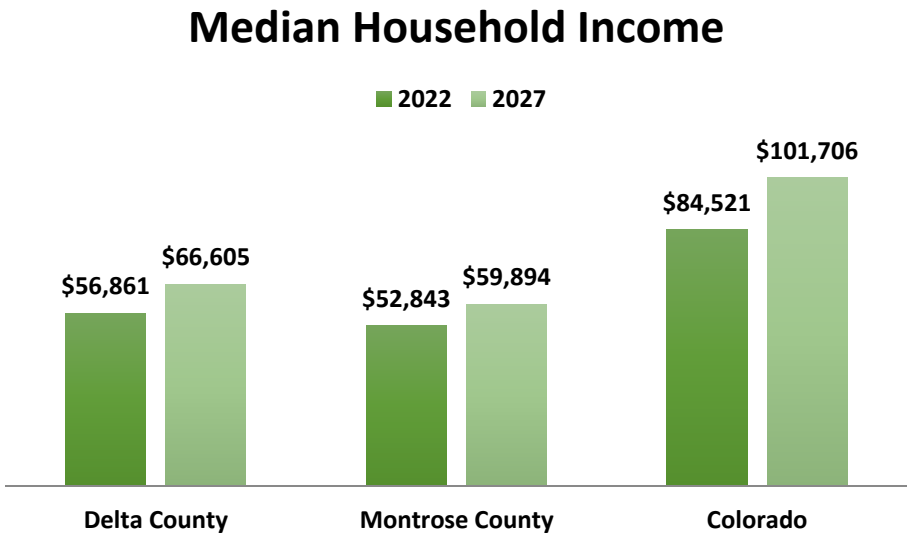


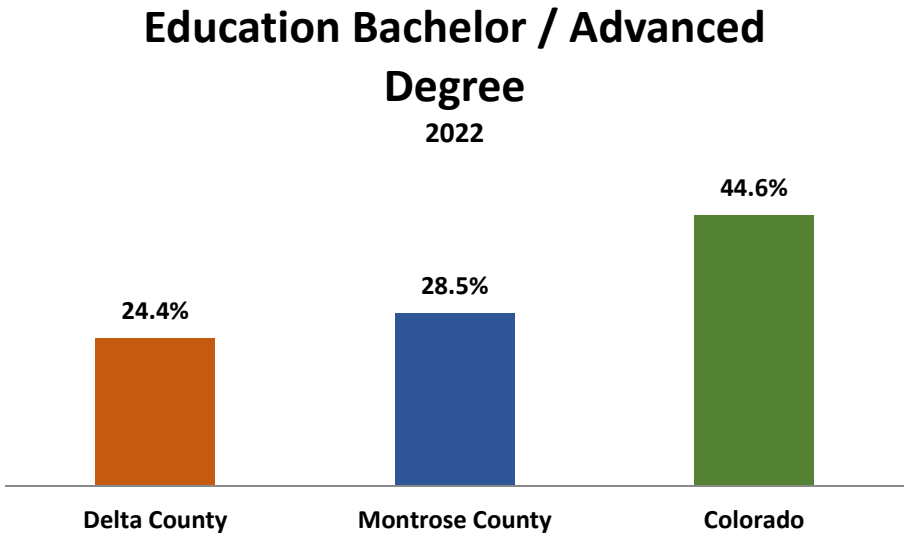
Source: Stratasan, Canvas Demographic Report, 2022.

Population Health

Median Household Income & Educational Attainment

- Between 2022 and 2027, the median household incomes in Delta and Montrose Counties and the state are expected to increase.
- The median household income in Delta ($56,861) and Montrose ($52,843) Counties are lower than the state ($84,521) (2022).
- Delta County (24.4%) and Montrose County (28.5%) have a lower percentage of residents with a bachelor or advanced degree than the state (44.6%) (2022).





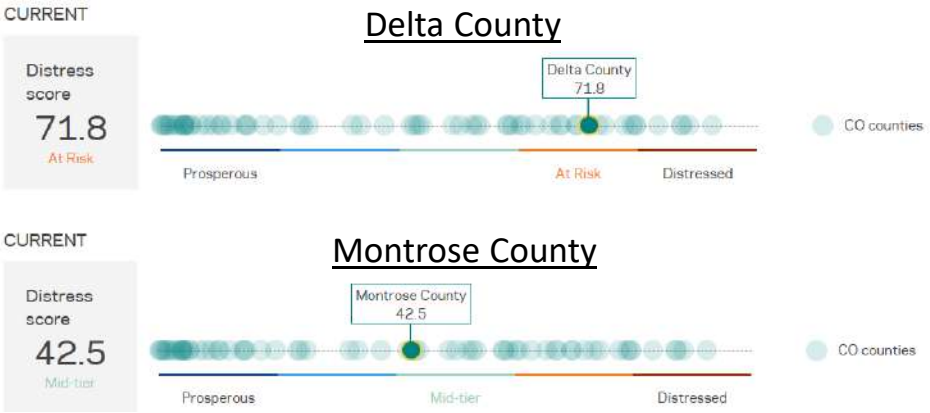
Source: Stratasan, Canvas Demographic Report, 2022.

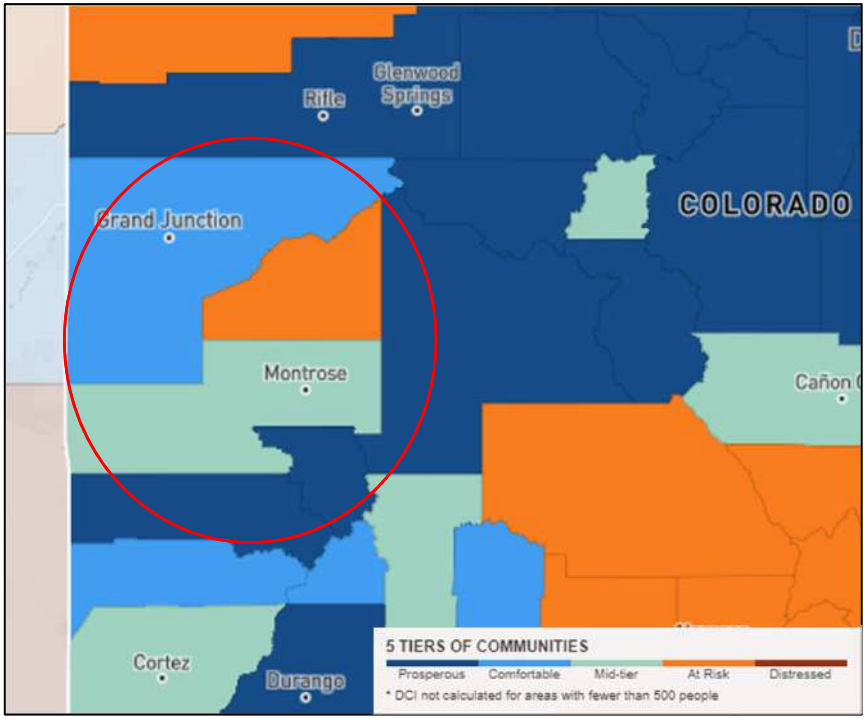
Population Health

Distressed Communities Index

- In 2014-2018, 16% of the nation lived in a distressed community, as compared to 26.0% of the nation that lived in a prosperous community.
- In 2014-2018, 4.2% of the population in Colorado lived in a distressed community, as compared to 47.0% of the population that lived in a prosperous community.
- In 2014-2018, the distress score in Delta County (71.8) falls within the at risk economic category, while Montrose County (42.5) falls within the mid tear category and is more prosperous as compared to other counties in the state.

	Colorado	United States
Lives in a Distressed Community	4.2%	16.0%
Lives in a Prosperous Community	47.0%	26.0%





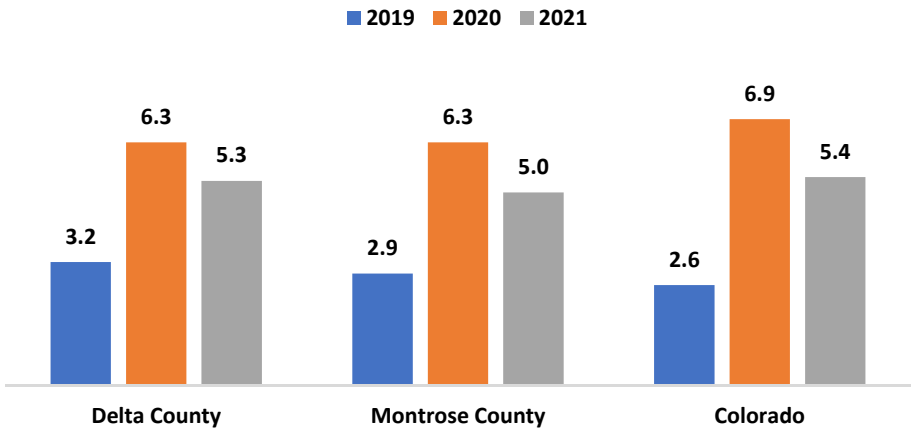
Source: Economic Innovation Group, 2020 DCI Interactive Map, filtered for Delta and Montrose Counties, CO, https://eig.org/distressed-communities/2020-dci-interactive-map/; data accessed April 22, 2022.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: 2020 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2014 -2018.
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

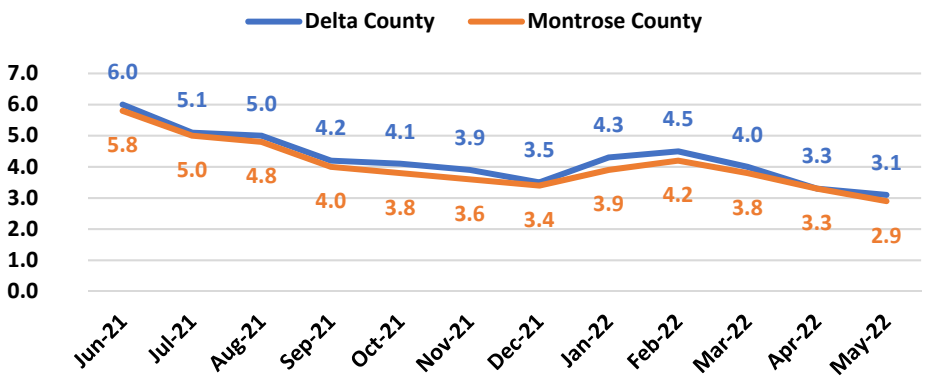
Unemployment

- Unemployment rates in Delta and Montrose Counties and the state increased between 2019 and 2021.
- In 2021, Delta County (5.3) had a higher unemployment rate than Montrose County (5.0) but a lower rate than the state (5.4).
- Over the most recent 12-month time period, monthly unemployment rates in Delta and Montrose Counties decreased. May of 2022 had the lowest unemployment rate for both counties (3.1 and 2.9, respectively) as compared to June 2021 with the highest rate (6.0 and 5.8, respectively).

Unemployment
Annual Average, 2019-2021



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed July 21, 2022.
Definition: Unemployed persons include are 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.

CHC Community Hospital Consulting

Population Health

Industry Workforce Categories

- As of 2019, the majority of employed persons in Delta County are within Management Occupations and Office & Administrative Support Occupations for Montrose County. The most common employed groupings are as follows:

<u>Delta County</u>

- Management Occupations- (12.8%)
- Construction & Extraction Occupations (11.4%)
- Sales & Related Occupations (11.0%)
- Office & Administrative Support Occupations (8.3%)
- Healthcare Support Occupations (6.57%)

<u>Montrose County</u>

- Office & Administrative Support Occupations (11.7%)
- Sales & Related Occupations (10.3%)
- Management Occupations (10.2%)
- Construction & Extraction Occupations (9.21%)
- Production Occupations (6.17%)

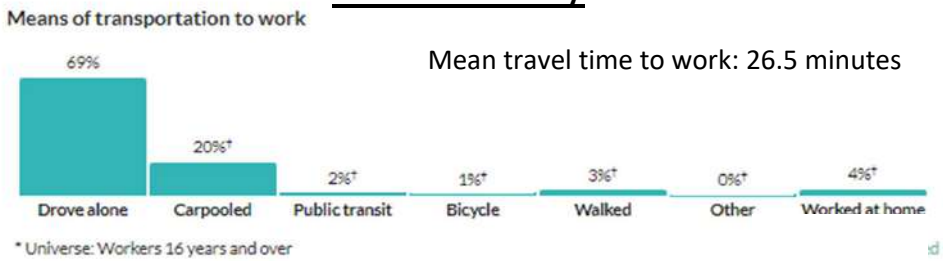
Source: Data USA, filtered for Delta and Montrose Counties, CO, https://datausa.io/; data accessed April 22, 2022.

Population Health

Means of Transportation

- In 2016-2020, driving alone was the most frequent means of transportation to work for both Delta and Montrose Counties and the state.
- Between 2016 and 2020, Delta County (20%) had a higher percent of people carpooling to work than Montrose County (7%) and the state (9%).
- Delta County (26.5 minutes) had a longer mean travel time to work than Montrose County (15.4 minutes) and the state (25.8 minutes) (2016-2020).

Delta County

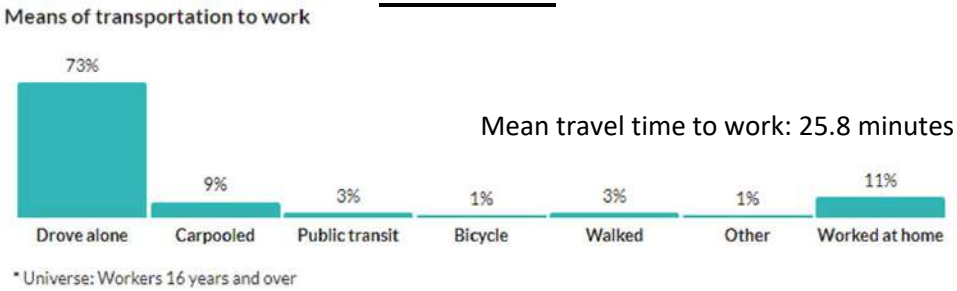


Mean travel time to work: 26.5 minutes

Montrose County

Mean travel time to work: 15.4 minutes

Colorado



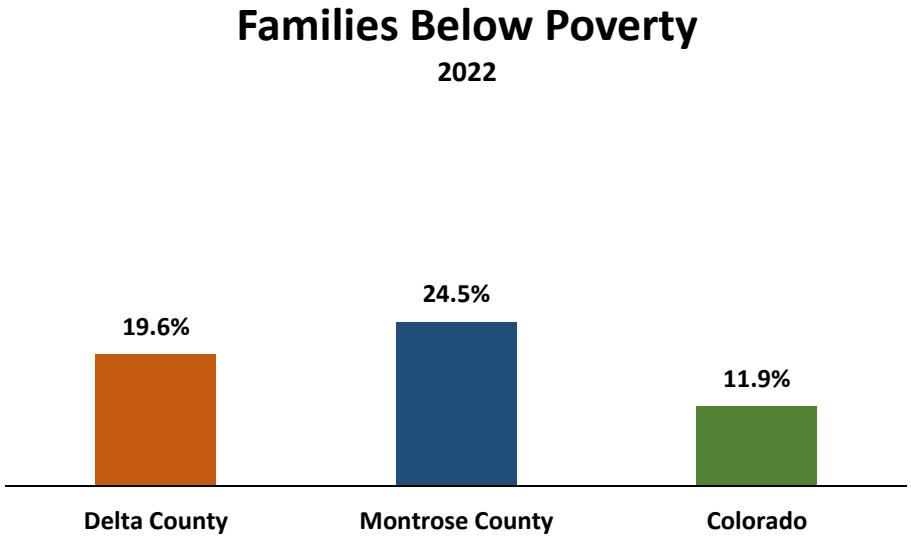
Mean travel time to work: 25.8 minutes

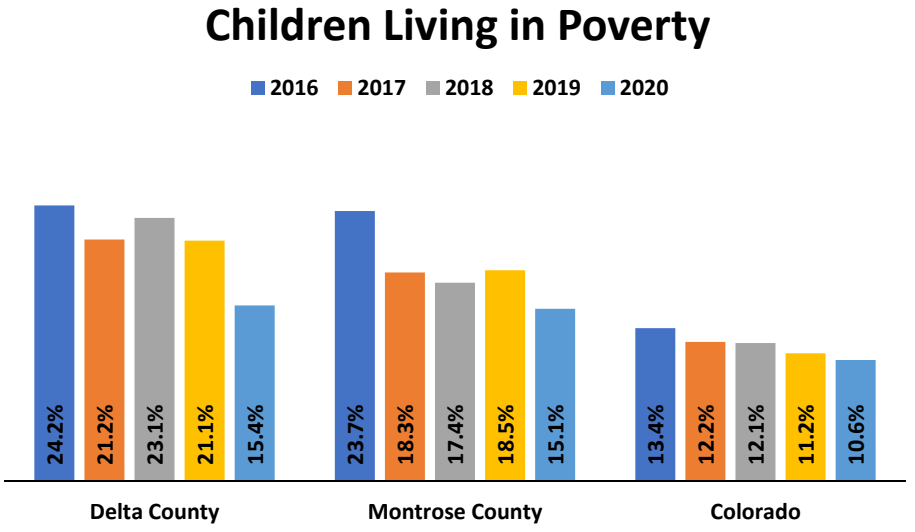
Source: U.S. Census Bureau (2016-2020). Sex of Workers by Means of Transportation to Work American Community Survey 5-year estimates, filtered for Delta and Montrose Counties, CO, https://censusreporter.org/search/; data accessed July 29, 2022.
"†" indicates a margin of error is at least 10 percent of the total value. Interpret with caution.

Population Health

Poverty

- Montrose County (24.5%) has the highest percentage of families living below the poverty level as compared to Delta County (19.6%) and the state (11.9%) (2022).
- Between 2016 and 2020, the percentage of children (<18 years) living below poverty in Delta County, Montrose County and the state decreased.
- In 2020, Delta County (15.4%) had a higher percentage of children (<18 years) living below poverty than Montrose County (15.1%) and the state (10.6%).





Source: Stratasan, Canvas Demographic Report, 2022.
Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Delta and Montrose Counties, CO, www.datacenter.kidscount.org; data accessed April 19, 2022.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.
Note: The 2022 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 $27,750, and less than 200% of the federal poverty level if the household income is less than $55,500. Please see the appendix for the full 2022 Federal Poverty Guidelines.

CHC Community Hospital Consulting

Population Health

Food Insecurity

- According to Feeding America, Delta County (14.1%) had the highest estimated percent of residents who are food insecure as compared to Montrose County (10.8%) and the state (8.3%) (2020).
- Additionally, 20.2% of the youth population (under 18 years of age) in Delta County are food insecure, as compared to 15.6% in Montrose County and 11.2% in Colorado (2020).
- The average meal cost for a Delta County resident is $3.31, as compared to $3.59 in Montrose County and $3.36 in Colorado (2020).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Delta County	14.1%	20.2%	$3.31
Montrose County	10.8%	15.6%	$3.59
Colorado	8.3%	11.2%	$3.36

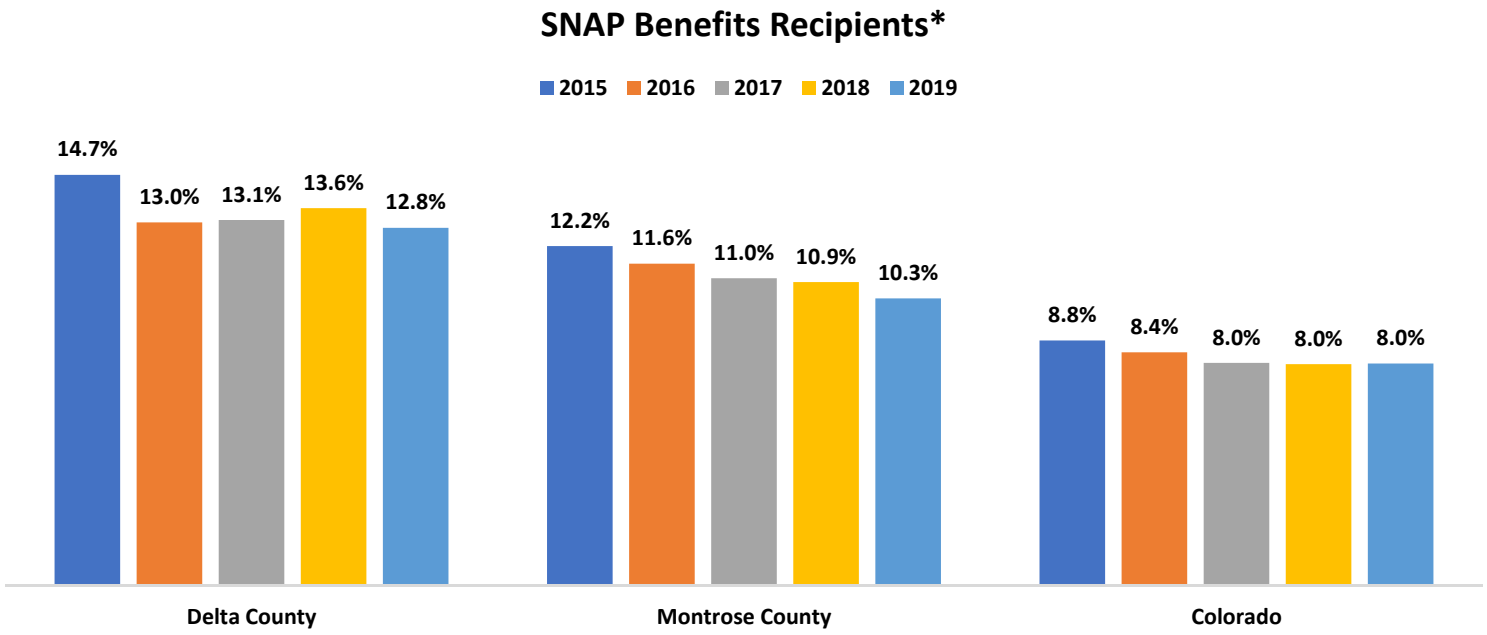
Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Delta and Montrose Counties, CO, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed July 28, 2022.
Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

CHC Community Hospital Consulting

Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2015 and 2019, Delta County maintained a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than Montrose County and the state. Additionally, the percentage of SNAP Benefit recipients in both counties overall decreased between 2015 and 2019.
- In 2019, Delta County (12.8%) had a higher percentage of recipients who qualified for SNAP benefits than both Montrose County (10.3%) and the state (8.0%).

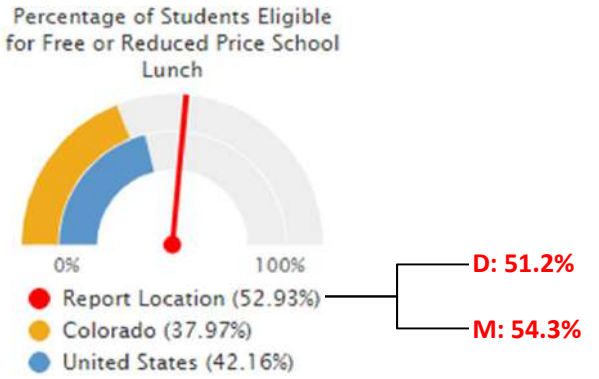


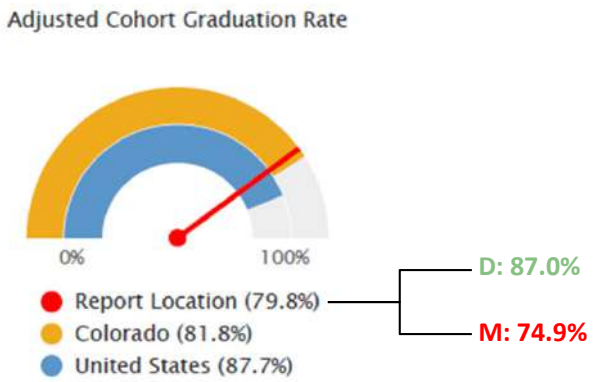
Source: SAIPE Model, United States Census Bureau, https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html; data accessed April 20, 2022.
Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Delta and Montrose Counties, CO, https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-counties-total.html; data access April 20, 2022.
*Percentage manually calculated based on estimated population numbers by county and state between 2014 and 2018 as provided by the United States Census Bureau.

Population Health

Children in the Study Area

- In 2020-2021, the report area (52.9%) had a higher percentage of public school students eligible for free or reduced price lunch as compared to the state (38.0%) and the nation (42.2%).
- The report area (79.8%) had a lower high school graduation rate as compared to Colorado (81.8%) and the nation (87.7%) (2018-2019).





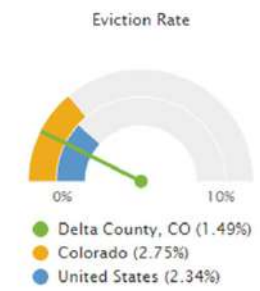
Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

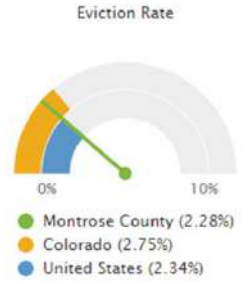
Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, https://sparkmap.org/report/; data accessed April 7, 2022.
Eligible for Free/Reduced Price Lunch definition: Free or reduced price lunches are served to qualifying students in families with income between 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.

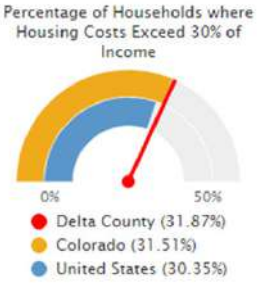
Population Health

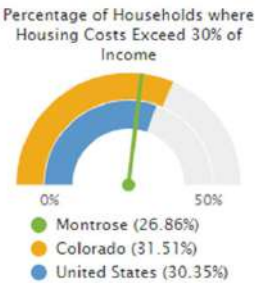
Housing

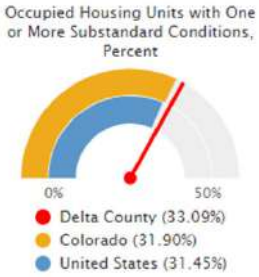
- The percent of homes that received an eviction judgment in which renters were ordered to leave in Delta County (1.5%) is lower than Montrose County (2.3%), the state (2.8%) and the nation (2.3%) (2016).
- Delta County (31.9%) has the highest percentage of households where housing costs exceed 30% of total household income as compared to Montrose County (26.9%), the state (31.5%) and the nation (30.4%) (2016-2020).
- Delta County (33.1%) had the highest percentage of occupied housing units with one or more substandard conditions as compared to Montrose County (27.6%), the state (31.9%) and the nation (31.5%) (2016-2020).

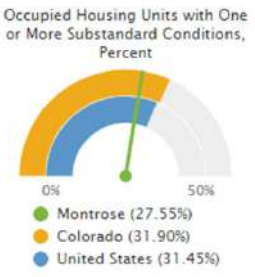












Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, https://sparkmap.org/report/; data accessed July 21, 2022.
Eviction Rate Definition: An "eviction rate" is the subset of those homes that received an eviction judgment in which renters were ordered to leave.
Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.
Substandard Housing Definition: The 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%.

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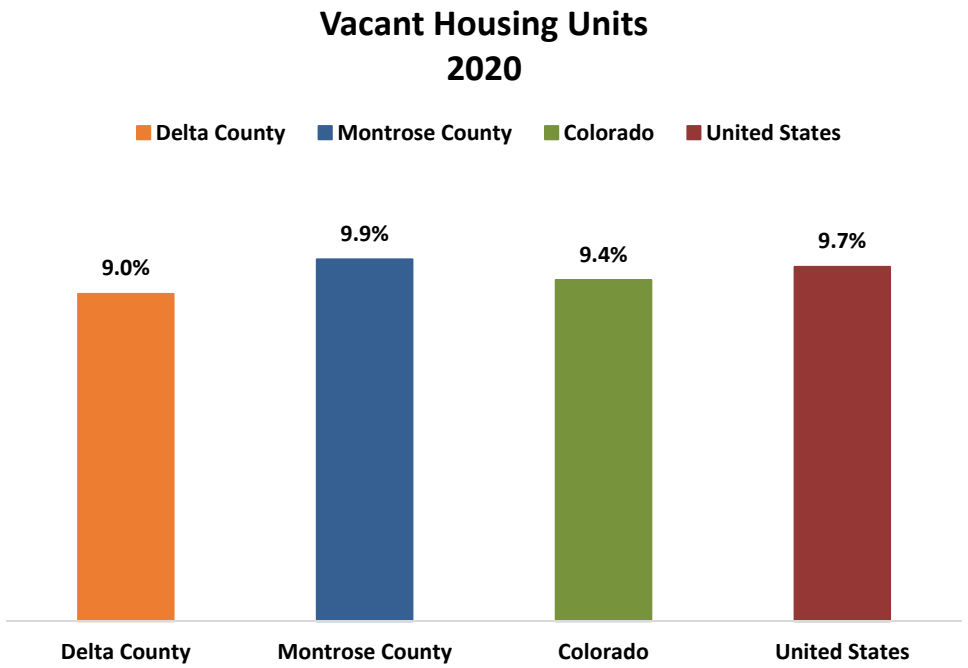
Population Health

Housing – Housing Vacancy Rates

- Montrose County (9.9%) had the highest percent of vacant housing units as compared to Delta County (9.0%), the state (9.4%) and the nation (9.7%) (2020).

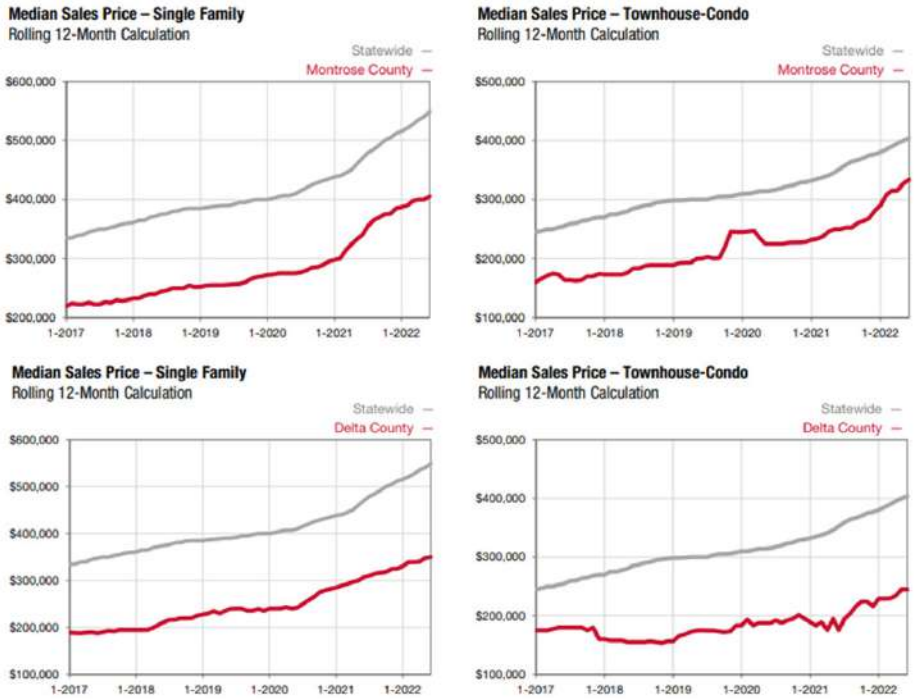


Source: United States Census Bureau, filtered for Delta and Montrose Counties, CO, https://data.census.gov/cedsci/table?g=0100000US_0400000US08_0500000US08029,08085&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.H1; data accessed July 21, 2022.

Population Health

Housing – Median Home Sales

- In 2017-2022, Delta and Montrose Counties have seen an increase in median sales price for single family homes and townhouse/condo homes.
- As of June 2022, both Delta and Montrose Counties have seen an increase in median sales price for single family and townhouse/condo homes as compared to June 2021.
- As of June 2022, Montrose County ($411,900, $347,500 respectfully) had the highest median sales price for single family and townhouse/condo homes as compared to Delta County ($385,000, $347,500 respectfully).



Median Sales Price*

	Year to Date Through 06/2021	Year to Date Through 06/2022	Percent Change from Previous Year
Single Family - Delta County	$325,000	$385,000	+ 18.5%
Single Family - Montrose County	$370,000	$411,900	+ 11.3%
Townhouse/Condo – Delta County	$175,250	$245,000	+ 39.8%
Townhouse/Condo – Montrose County	$260,000	$347,500	+ 33.7%

Source: Colorado Association of Realtors, filtered for Delta and Montrose Counties, CO, https://www.coloradorealtors.com/market-trends/regional-and-statewide-statistics/; data accessed July 21, 2022.
Note: * does not account for seller concessions and/or down payment assistance

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

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Health Status

County Health Rankings & Roadmaps – Delta and Montrose Counties, Colorado

- The County Health Rankings rank 59 counties in Colorado (1 being the best, 59 being the worst).
- Many factors go into these rankings. A few examples include:
  - Length of Life:
    - Premature death
  - Health Behaviors:
    - Adult smoking
    - Adult obesity
    - Physical inactivity
    - Teen births
  - Clinical Care:
    - Primary care physicians
    - Mental health providers
    - Preventable hospital stays
  - Social & Economic Factors:
    - High school completion
    - Some college
    - Children in poverty
    - Injury deaths

2022 County Health Rankings	Delta County	Montrose County
Health Outcomes	**48**	**31**
LENGTH OF LIFE	47	26
QUALITY OF LIFE	47	35
Health Factors	**44**	**35**
HEALTH BEHAVIORS	56	33
CLINICAL CARE	27	30
SOCIAL & ECONOMIC FACTORS	41	36
PHYSICAL ENVIRONMENT	44	34

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

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed May 2, 2022.
Note: Please see the appendix for full methodology.
Note: County Health Rankings ranks 59 of the 64 counties in Colorado.

Health Status

Mortality – Leading Causes of Death (2016-2020)

Rank	Delta County	Montrose County	Colorado
1	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
4	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)
5	Cerebrovascular diseases (I60-I69)	Cerebrovascular diseases (I60-I69)	Cerebrovascular diseases (I60-I69)
6	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Alzheimer's disease (G30)
7	Alzheimer's disease (G30)	Alzheimer's disease (G30)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)
8	Diabetes mellitus (E10-E14)	Chronic liver disease and cirrhosis (K70,K73-K74)	Diabetes mellitus (E10-E14)
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Influenza and pneumonia (J09-J18)	COVID-19 (U07.1)
10	Influenza and pneumonia (J09-J18)	Diabetes mellitus (E10-E14)	Chronic liver disease and cirrhosis (K70,K73-K74)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Leading Causes of Death (2016-2020)

Disease	Delta County	Montrose County	Colorado
Diseases of heart (I00-I09,I11,I13,I20-I51)	163.5	149.0	126.5
Malignant neoplasms (C00-C97)	163.8	133.4	129.6
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	73.2	72.7	53.9
Chronic lower respiratory diseases (J40-J47)	59.7	41.3	43.1
Cerebrovascular diseases (I60-I69)	42.5	32.0	35.1
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	29.6	30.3	21.3
Alzheimer's disease (G30)	28.3	21.3	33.8
Chronic liver disease and cirrhosis (K70,K73-K74)	20.5	16.3	14.5
Influenza and pneumonia (J09-J18)	15.6	11.1	8.9
Diabetes mellitus (E10-E14)	23.1	11.0	16.8

indicates that the county's rate is lower than the state's rate for that disease category.

indicates that the county's rate is higher than the state's rate for that disease category.

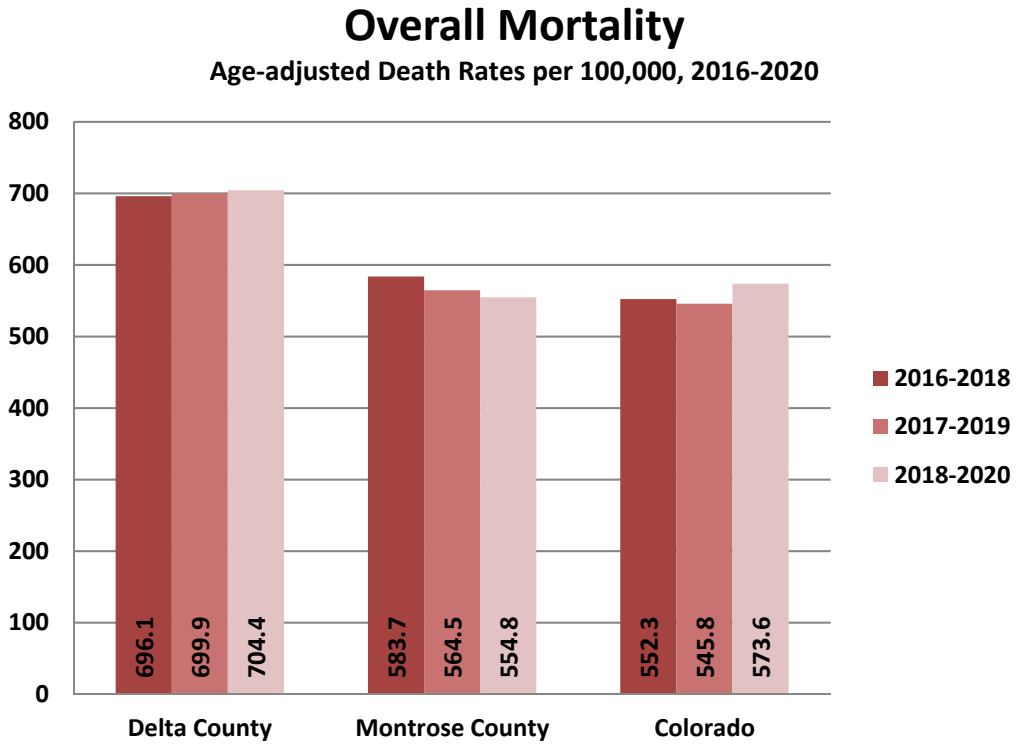
Note: Mortality charts and tables on the following slides are in descending order based on 2016-2020 age-adjusted death rates for Montrose County.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality - Overall

- Overall mortality rates in Delta and Montrose Counties remained higher than the state rate between 2016 and 2020.
- Between 2016 and 2020, the overall mortality rates in Delta County and the state increased, while rates in Montrose County decreased.
- In 2018-2020, the overall mortality rate in Delta County (704.4 per 100,000) was higher than Montrose County (554.8 per 100,000) and the state (573.6 per 100,000).



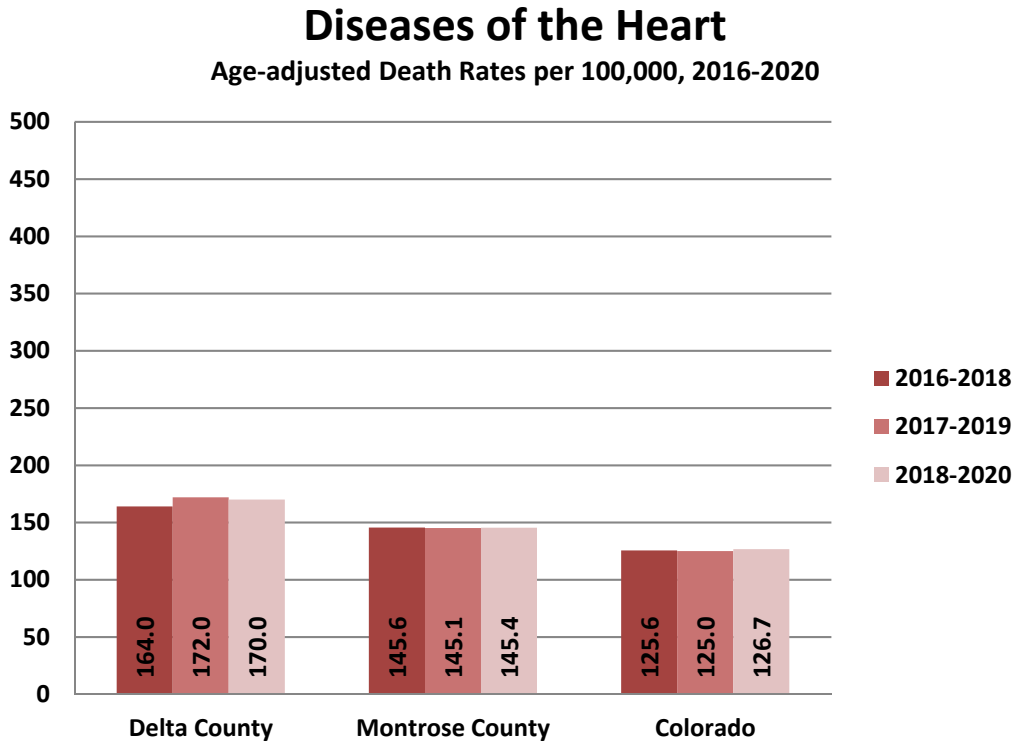
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	1,063	696.1	1,072	699.9	1,084	704.4	1,788	702.1
Montrose County	1,135	583.7	1,120	564.5	1,146	554.8	1,929	575.9
Colorado	95,509	552.3	96,986	545.8	104,627	573.6	168,076	567.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Diseases of the Heart

- Heart disease is the leading cause of death in Montrose County and the second leading cause of death in both Delta County and the state (2016-2020).
- Between 2016 and 2020, heart disease mortality rates overall increased in Delta County, remained flat in Montrose County, and slightly increased in the state.
- In 2018-2020, the heart disease mortality rate in Delta County (170.0 per 100,000) was higher than Montrose County (145.4 per 100,000) and the state (126.7 per 100,000).



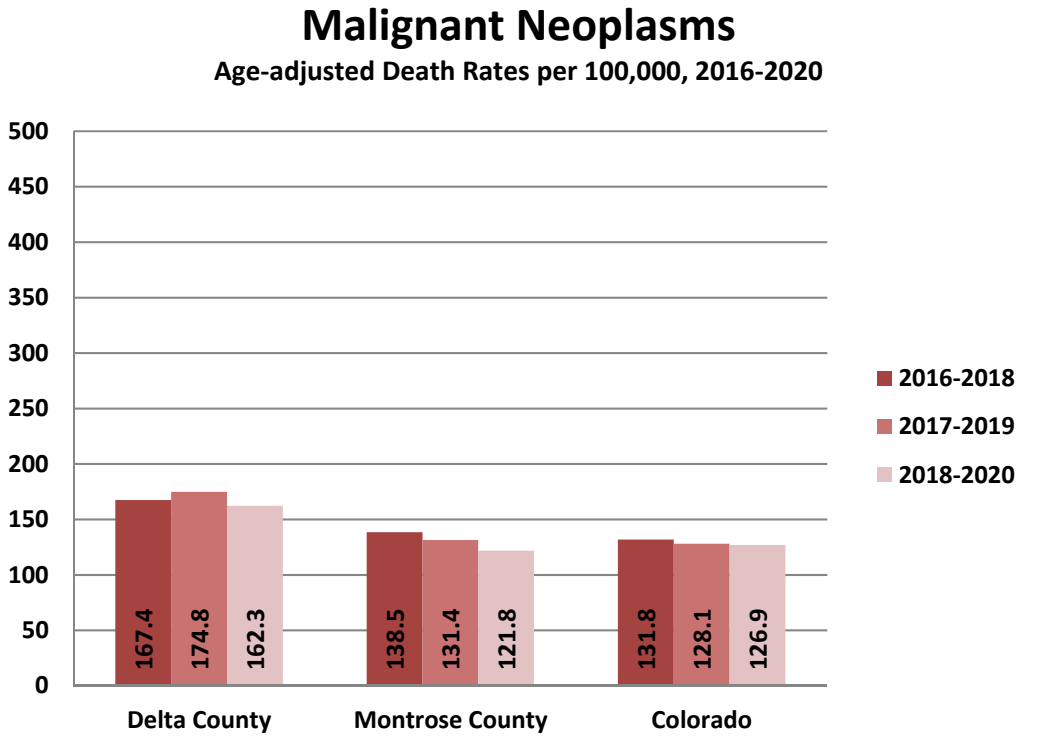
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	268	164.0	283	172.0	286	170.0	452	163.5
Montrose County	307	145.6	314	145.1	327	145.4	539	149.0
Colorado	21,707	125.6	22,192	125.0	23,155	126.7	37,492	126.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Malignant Neoplasms

- Cancer is the second leading cause of death in Montrose County and is the leading cause of death in Delta County and the state (2016-2020).
- Between 2016 and 2020, cancer mortality rates decreased in Delta and Montrose Counties and in the state.
- In 2018-2020, the cancer mortality rate in Delta County (162.3 per 100,000) was higher than the rate in Montrose County (121.8 per 100,000) and in the state (126.9 per 100,000).



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	266	167.4	275	174.8	269	162.3	441	163.8
Montrose County	280	138.5	274	131.4	264	121.8	463	133.4
Colorado	23,569	131.8	23,627	128.1	24,050	126.9	39,807	129.6

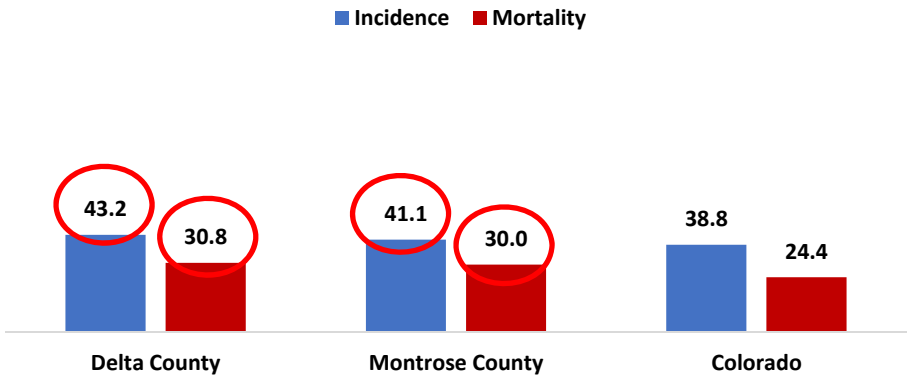
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 22, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Cancer Incidence & Mortality by Type

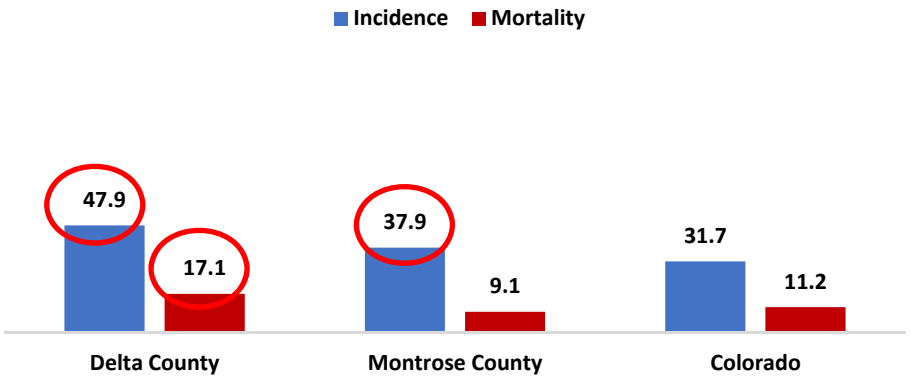
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019



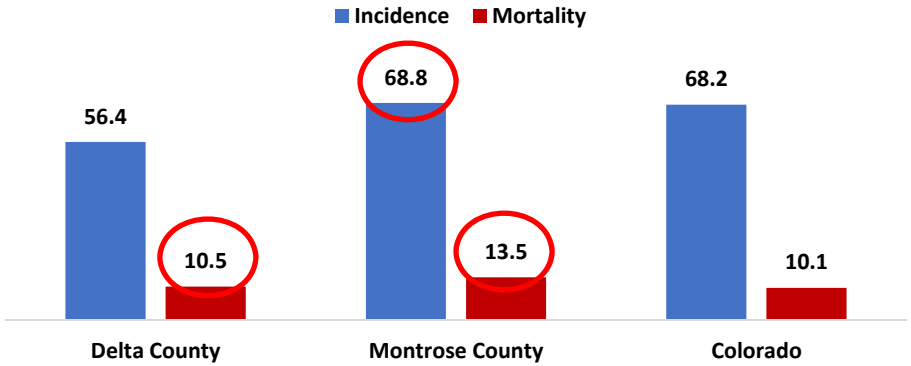
Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019



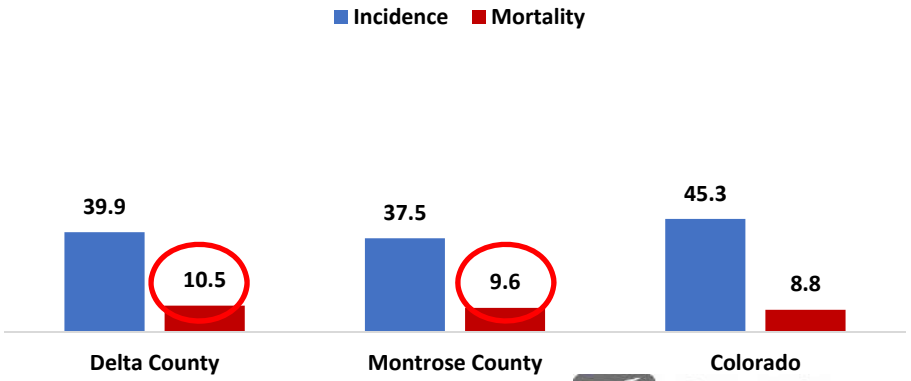
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019



Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019



Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset, https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&,:embed=y&,:showAppBanner=false&,:display_count=no&,:showVizHome=no; data accessed April 26, 2022.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

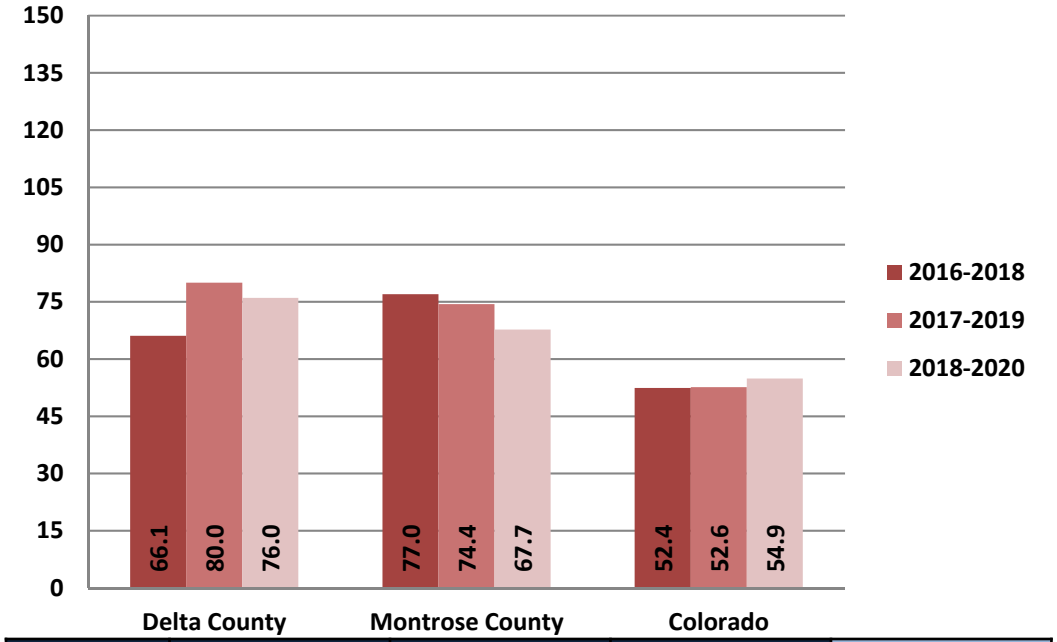
Health Status

Mortality - Accidents

- Fatal accidents are the third leading cause of death in Montrose and Delta Counties as well as the state (2016-2020).
- Between 2016 and 2020, accident mortality rates increased in both Delta County and the state but decreased in Montrose County.
- In 2018-2020, the accident mortality rate in Delta County (76.0 per 100,000) was higher than the rate in Montrose County (67.7 per 100,000) the state (54.9 per 100,000).
- The leading cause of fatal accidents in Delta County is due to motor vehicle accidents and the leading cause of fatal accidents for Montrose County is falls (2018-2020).

Accidents (unintentional injuries)

Age-adjusted Death Rates per 100,000, 2016-2020



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	80	66.1	94	80.0	86	76.0	139	73.2
Montrose County	130	77.0	125	74.4	111	67.7	204	72.7
Colorado	8,966	52.4	9,171	52.6	9,781	54.9	15,698	53.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

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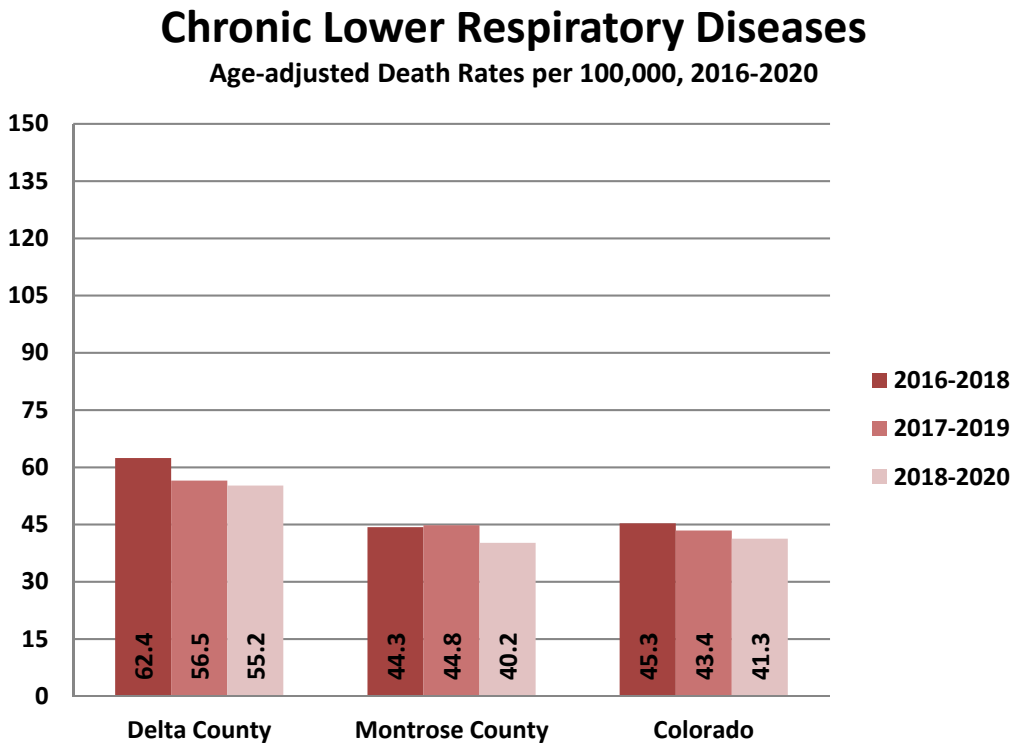
Health Status

Mortality - Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the fourth leading cause of death in Montrose and Delta Counties as well as the state (2016-2020).
- Between 2016 and 2020, CLRD mortality rates decreased in Delta and Montrose Counties as well as the state.
- In 2018-2020, the CLRD mortality rate in Delta County (55.2 per 100,000) was higher than the rate in Montrose County (40.2 per 100,000) and the state (41.3 per 100,000).



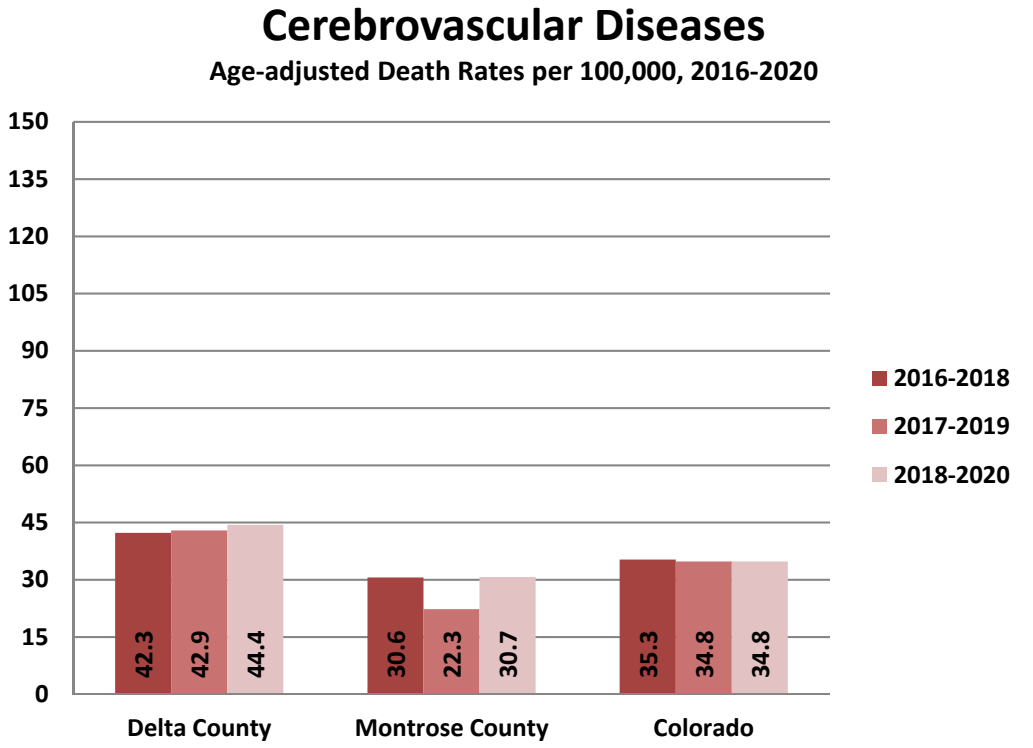
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	104	62.4	98	56.5	94	55.2	168	59.7
Montrose County	92	44.3	96	44.8	90	40.2	149	41.3
Colorado	7,815	45.3	7,756	43.4	7,642	41.3	12,821	43.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: 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 fifth leading cause of death in Montrose and Delta Counties and the state (2016-2020).
- Between 2016 and 2020, cerebrovascular disease mortality rates slightly increased in Delta County, slightly decreased in the state and fluctuated in Montrose County.
- In 2018-2020, the cerebrovascular disease mortality rate in Delta County (44.4 per 100,000) was higher than the rate in Montrose County (30.7 per 100,000) and the state (34.8 per 100,000).



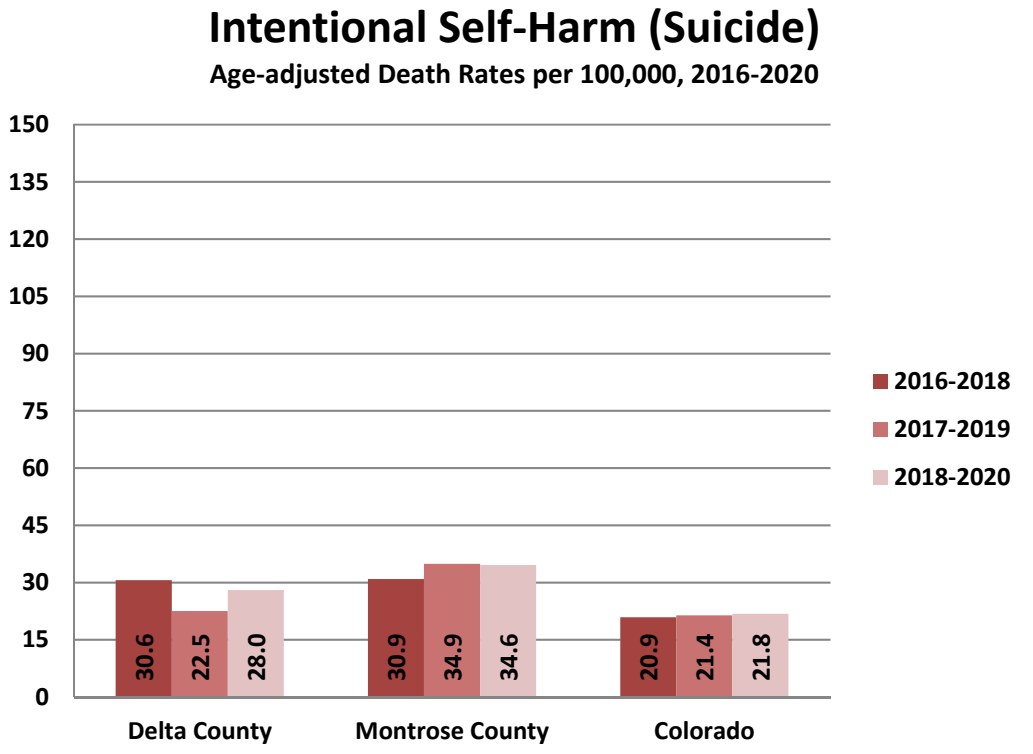
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	70	42.3	72	42.9	74	44.4	117	42.5
Montrose County	62	30.6	50	22.3	72	30.7	116	32.0
Colorado	5,911	35.3	5,974	34.8	6,177	34.8	10,092	35.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: 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 sixth leading cause of death in Montrose and Delta Counties and the seventh leading cause of death in the state (2016-2020).
- Between 2016 and 2020, intentional self-harm (suicide) mortality rates decreased in Delta County while they increased in Montrose County and the state.
- In 2018-2020, the intentional self-harm (suicide) mortality rate in Montrose County (34.6 per 100,000) was higher than the rate in Delta County (28.0 per 100,000) and the state (21.8 per 100,000).



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	31	30.6	27	22.5	32	28.0	54	29.6
Montrose County	39	30.9	45	34.9	47	34.6	68	30.3
Colorado	3,631	20.9	3,775	21.4	3,896	21.8	6,245	21.3

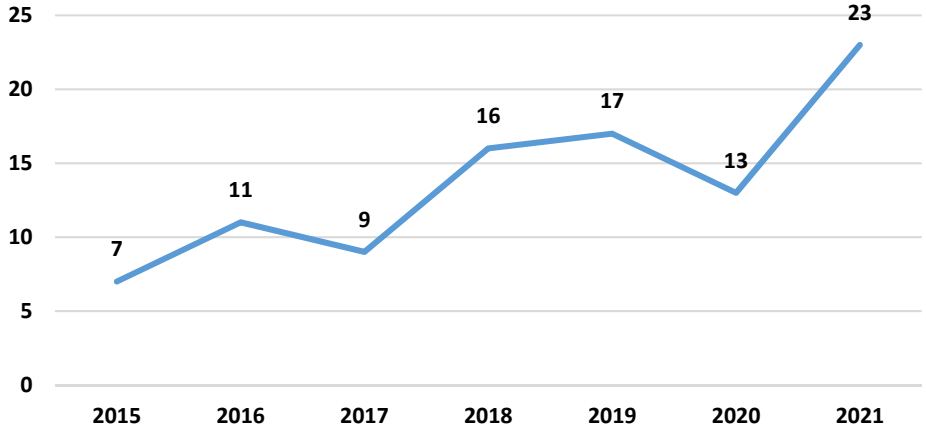
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

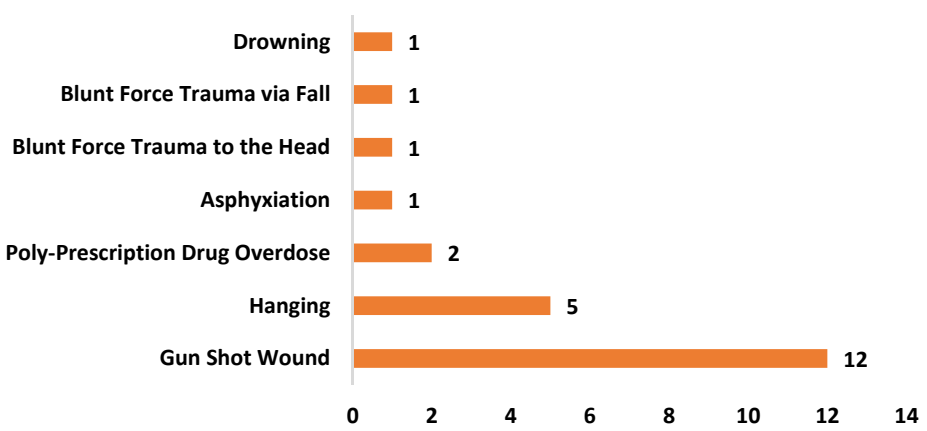
Montrose County - Intentional Self-Harm (Suicide)

- Between 2015-2021, intentional self-harm (suicide) volumes increased in Montrose County.
- In 2021, gun shot wounds were the leading method for intentional self-harm (suicide) in Montrose County.

Suicide Volumes - Montrose County, Colorado 2015-2021



Suicide Rates by Method, Montrose County 2021

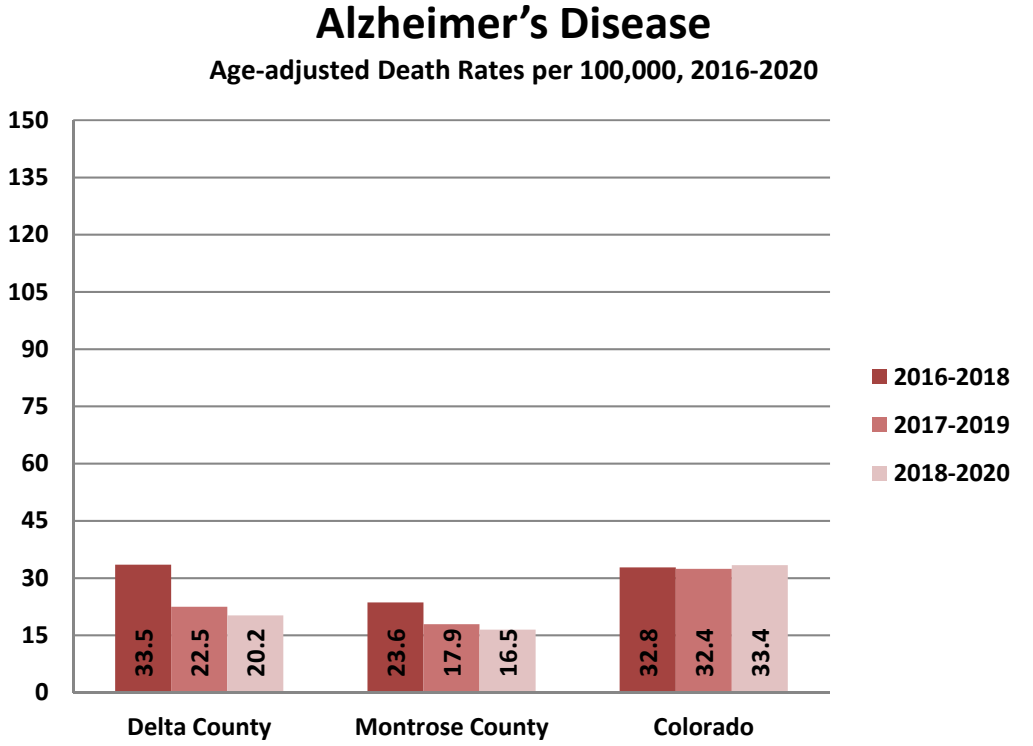


Source: Montrose County Department of Health and Human Services, data received May 25, 2022.

Health Status

Mortality - Alzheimer's Disease

- Alzheimer's disease is the seventh leading cause of death in both Montrose and Delta Counties and the sixth leading cause of death in the state (2016-2020).
- Between 2016 and 2020, Alzheimer's disease mortality rates decreased in Delta and Montrose Counties, while the state rate increased.
- In 2018-2020, the Alzheimer's disease mortality rate in Delta County (20.2 per 100,000) was higher than the rate in Montrose County (16.5 per 100,000) but lower than the state (33.4 per 100,000).



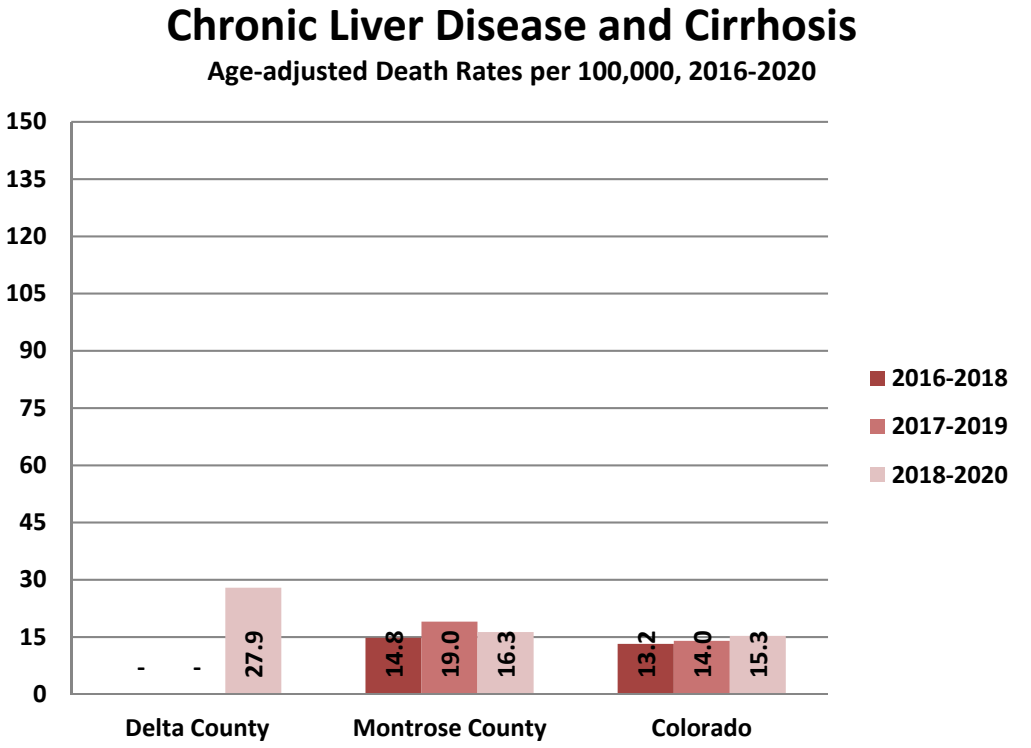
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	56	33.5	38	22.5	35	20.2	80	28.3
Montrose County	52	23.6	42	17.9	39	16.5	81	21.3
Colorado	5,314	32.8	5,388	32.4	5,722	33.4	9,387	33.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: 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 eighth leading cause of death in Montrose County, the ninth leading cause of death in Delta County and the tenth leading cause of death in the state (2016-2020).
- Between 2016 and 2020, chronic liver disease and cirrhosis mortality rates increased in Montrose County and the state.
- In 2018-2020, the chronic liver disease and cirrhosis mortality rate in Delta County (27.9 per 100,000) was higher than the rate in Montrose County (16.3) and the state rate (15.3 per 100,000).



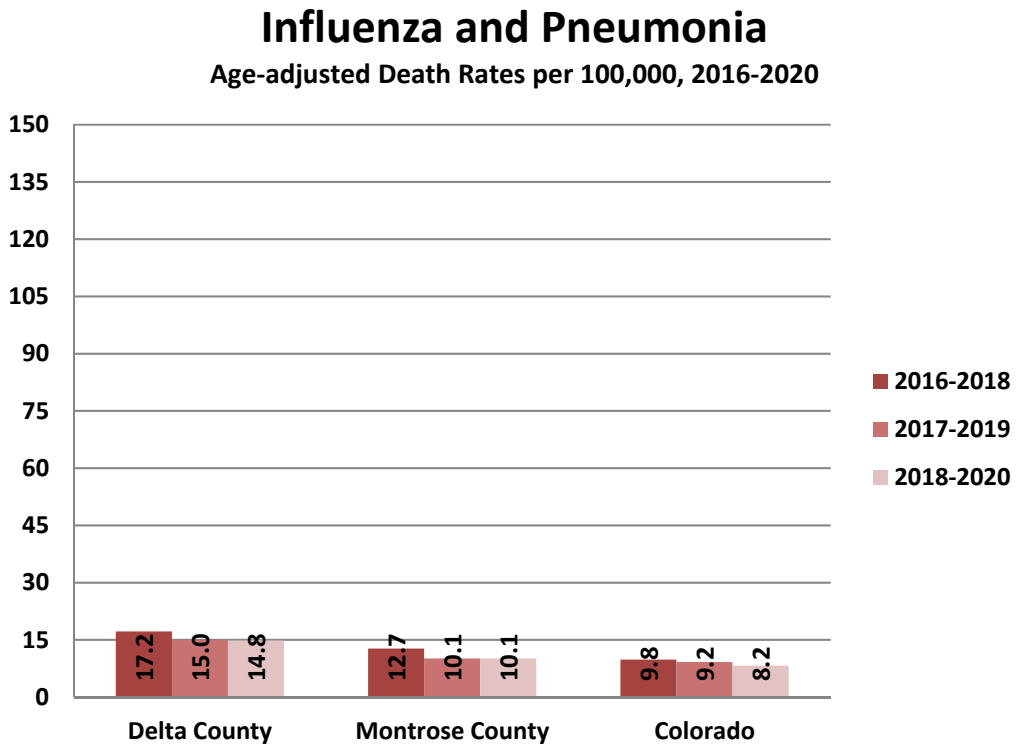
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	13	Unreliable	18	Unreliable	28	27.9	35	20.5
Montrose County	23	14.8	27	19.0	25	16.3	42	16.3
Colorado	2,448	13.2	2,657	14.0	2,933	15.3	4,549	14.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. "-" indicates that the numerator is too small for rate calculation.
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”.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Influenza and Pneumonia

- Influenza and pneumonia is the the ninth leading cause of death in Montrose County, the tenth leading cause of death in Delta County, and is not a leading cause of death in the state (2016-2020).
- Between 2016 and 2020, influenza and pneumonia mortality rates in Delta and Montrose Counties and the state decreased.
- In 2018-2020, the influenza and pneumonia rate in Delta County (14.8 per 100,000) was higher than the rate in Montrose County (10.1 per 100,000) and the state rate (8.2 per 100,000).



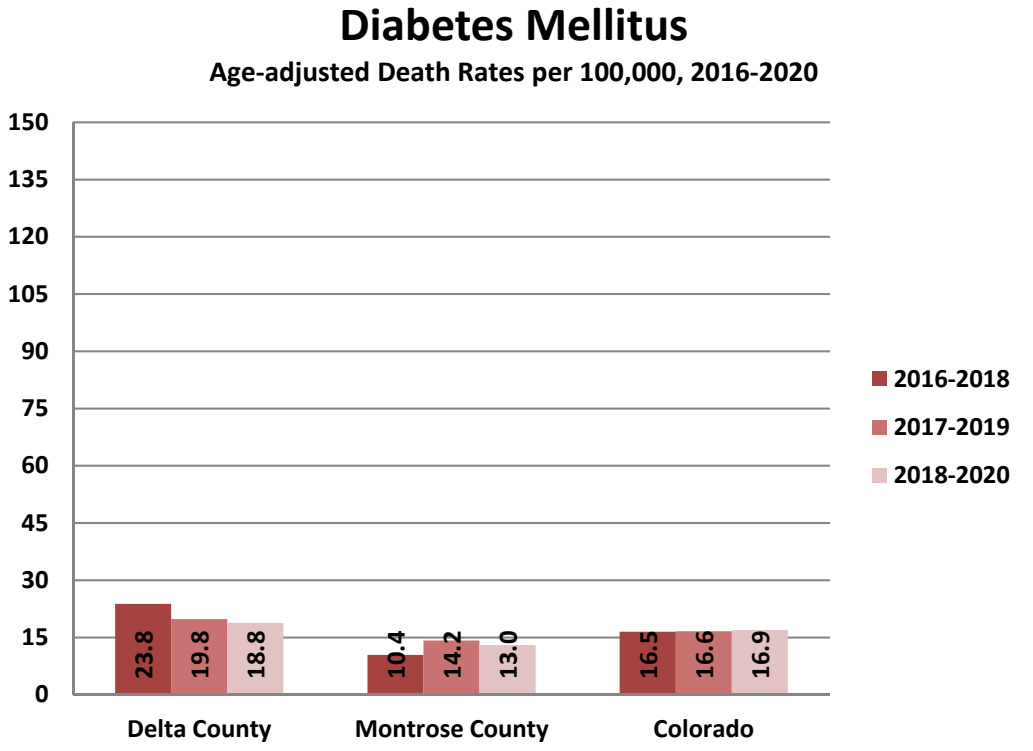
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	28	17.2	26	15.0	23	14.8	41	15.6
Montrose County	26	12.7	21	10.1	21	10.1	37	11.1
Colorado	1,678	9.8	1,613	9.2	1,484	8.2	2,594	8.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: 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 tenth leading cause of death in Montrose County and the eighth leading cause of death in Delta County and the state (2016-2020).
- Between 2016 and 2020, diabetes mortality rates decreased in Delta County, increased in Montrose County and slightly increased in the state.
- In 2018-2020, the diabetes mortality rate in Delta County (18.8 per 100,000) was higher than the rate in Montrose County (13.0 per 100,000) and the state (16.9 per 100,000).



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	36	23.8	33	19.8	32	18.8	61	23.1
Montrose County	21	10.4	30	14.2	28	13.0	39	11.0
Colorado	2,929	16.5	3,037	16.6	3,188	16.9	5,143	16.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

COVID-19

- As of August 2, 2022, Montrose County had a higher percent of its population that is fully vaccinated (56.7%) as compared to Delta County (55.0%) and lower percent than the state (75.1%).

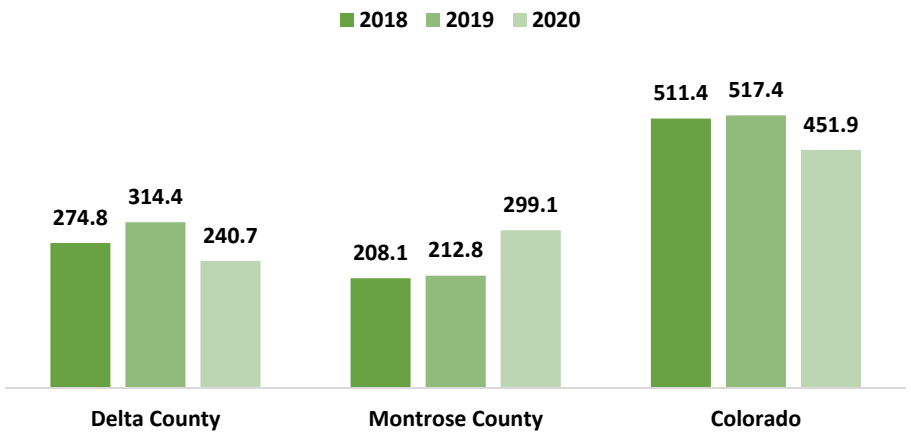
Location	Total % of First Doses Reported as Administered (age 12+)*	Total % of Fully Vaccinated Population (age 12+)*
Delta County	59.9%	55.0%
Montrose County	62.4%	56.7%
Colorado	83.3%	75.1%

Source: Colorado Department of Public Health & Environment, Colorado COVID-19 Data, https://covid19.colorado.gov/data; information accessed August 4, 2022. Data updated as of August 2, 2022 at 11:59:59 p.m. MST.
*Vaccine coverage for at least 1 dose includes all individuals who have received their first dose of COVID-19 vaccine. Vaccine coverage for series completion includes all individuals who have completed 2 doses of Pfizer-BioNTech or Moderna vaccine or 1 dose of Johnson and Johnson/Janssen.

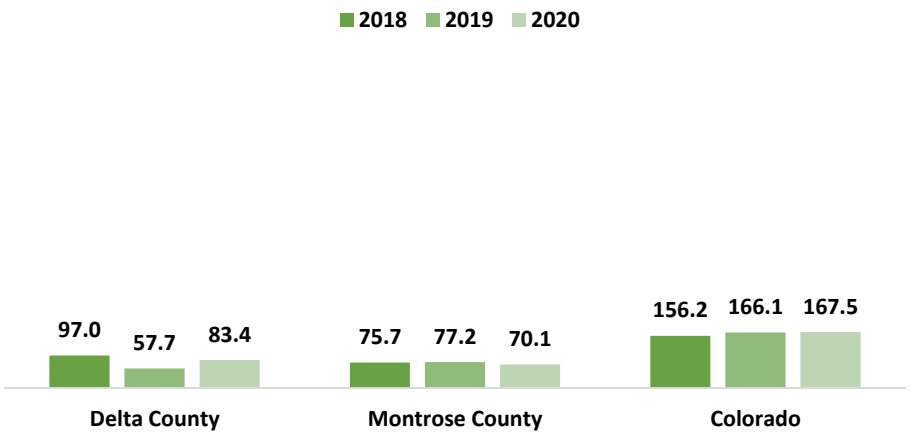
Health Status

Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV

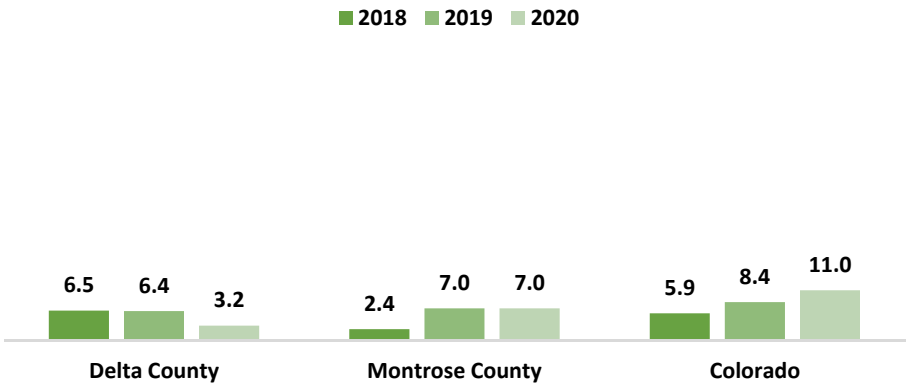
Chlamydia, Rate per 100,000, 2018-2020



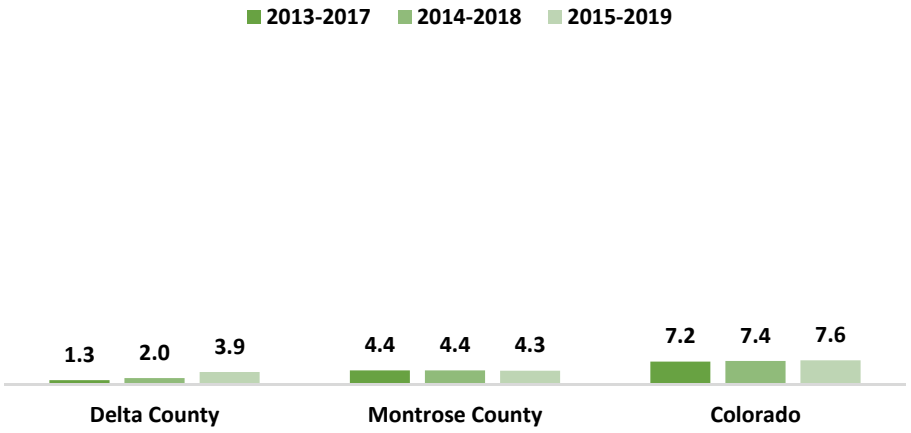
Gonorrhea, Rate per 100,000, 2018-2020



Syphilis, Primary & Secondary, Rate per 100,000, 2018-2020



HIV, Rate per 100,000, 2013-2019



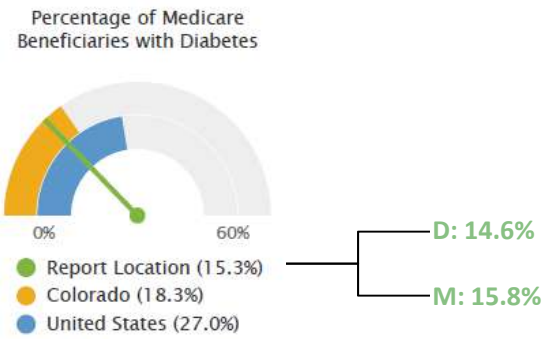
Source: Colorado Department of Public Health & Environment, STI and HIV/AIDS epidemiology report; https://cdphe.colorado.gov/sti-and-hivaids-epidemiology-reports; information accessed August 3, 2022.

Note: New HIV Diagnosis rates per 100,000 population is calculated by dividing the sum of the 2013-2017 HIV diagnoses by the sum of 2013-2017 total population. 2013-2017 population estimate from the Colorado State Demography Office. New HIV Diagnosis rates per 100,000 population is calculated by dividing the sum of the 2014-2018 HIV diagnoses by the sum of 2014-2018 total population. 2014-2018 population estimate from the Colorado State Demography Office. New HIV Diagnosis rates per 100,000 population is calculated by dividing the sum of the 2015-2019 HIV diagnoses by the sum of 2015-2019 total population. 2015-2019 population estimate from the Colorado State Demography Office.

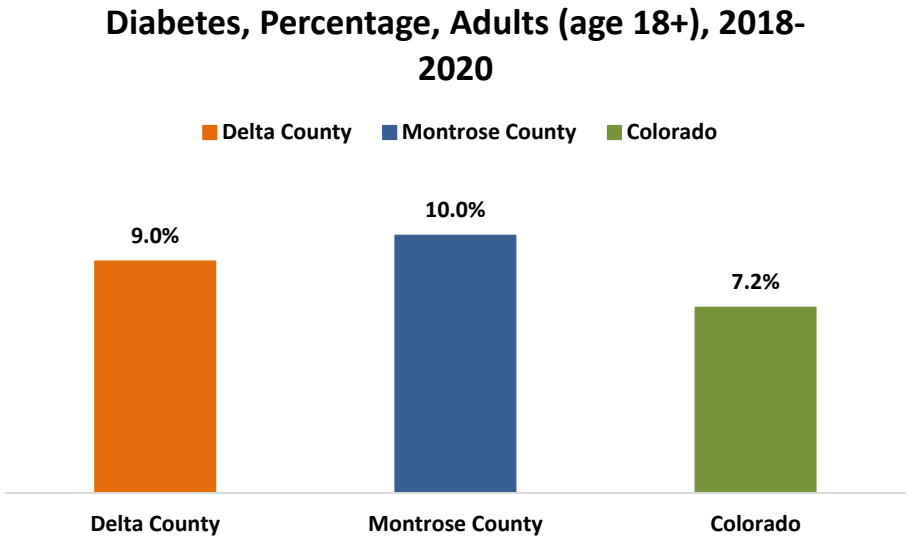
Health Status

Chronic Conditions - Diabetes

- In 2018, the percentage of ***Medicare Beneficiaries*** with diabetes in the report area (15.3%) was lower than both the state (18.3%) and national rate (27.0%).
- In 2018-2020, Montrose County (10.0%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes compared to Delta County (9.0%) and the state (7.2%).



Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

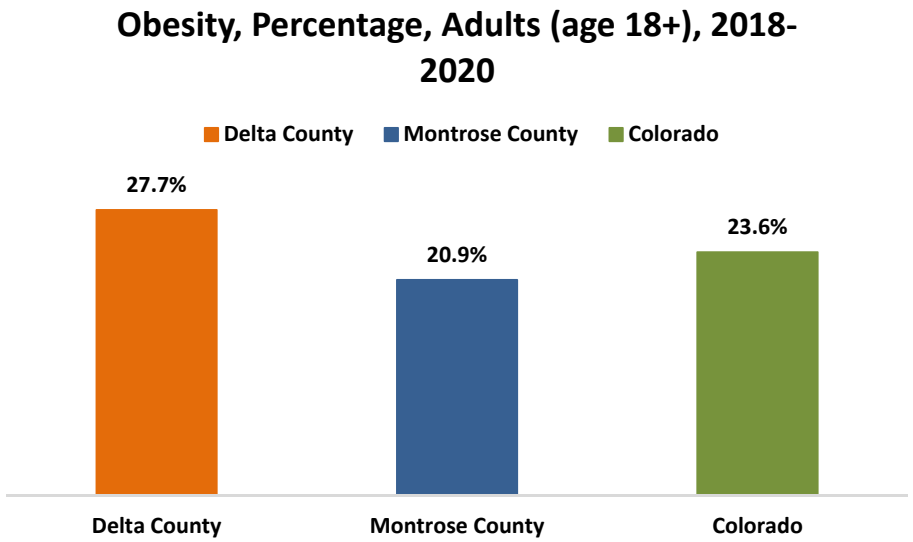


Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, https://sparkmap.org/report/; data accessed April 7, 2022.
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Chronic Conditions - Obesity

- In 2018-2020, Delta County (27.7%) had a higher percent of obese adults (age 18+) than Montrose County (20.9%) and the state (23.6%).

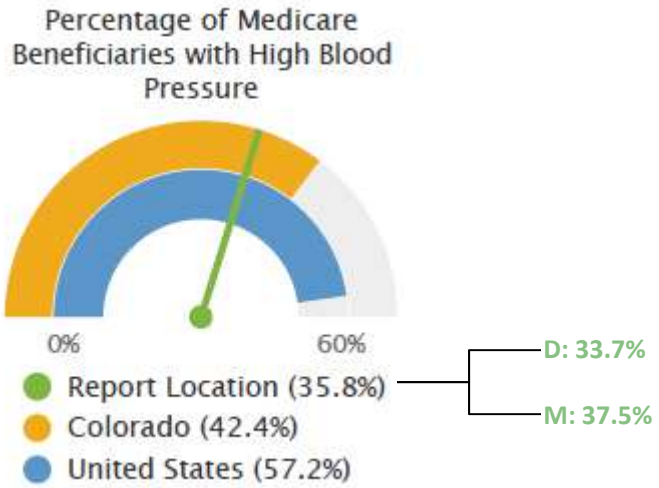


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Chronic Conditions - High Blood Pressure

- The report area (35.8%) has a lower rate of Medicare fee-for-service residents with hypertension as compared to the state (42.4%) and the nation (57.2%) (2018).



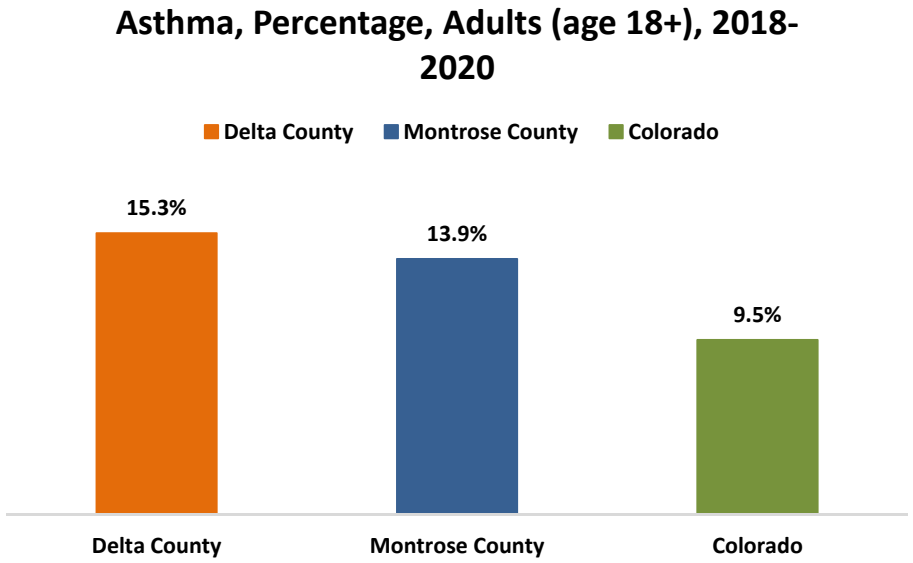
Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, https://sparkmap.org/report/; data accessed April 7, 2022.

Health Status

Chronic Conditions - Asthma

- In 2018-2020, the percent of adults (age 18+) in Delta County (15.3%) that had ever been told by a health professional that they had asthma was higher than Montrose County (13.9%) and the state (9.5%).

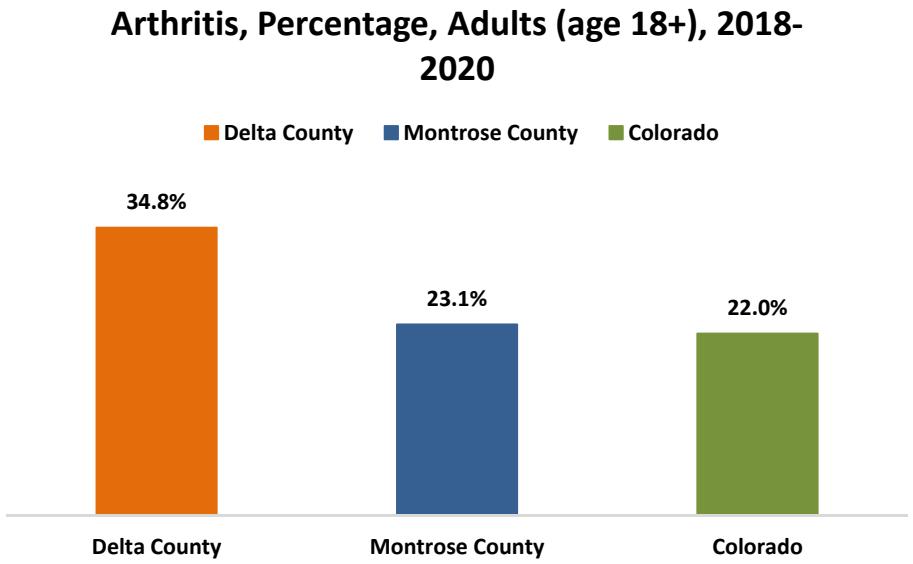


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Chronic Conditions - Arthritis

- In 2018-2020, the percentage of adults (age 18+) ever diagnosed with arthritis in Delta County (34.8%) was higher than Montrose County (23.1%) and the state (22.0%).

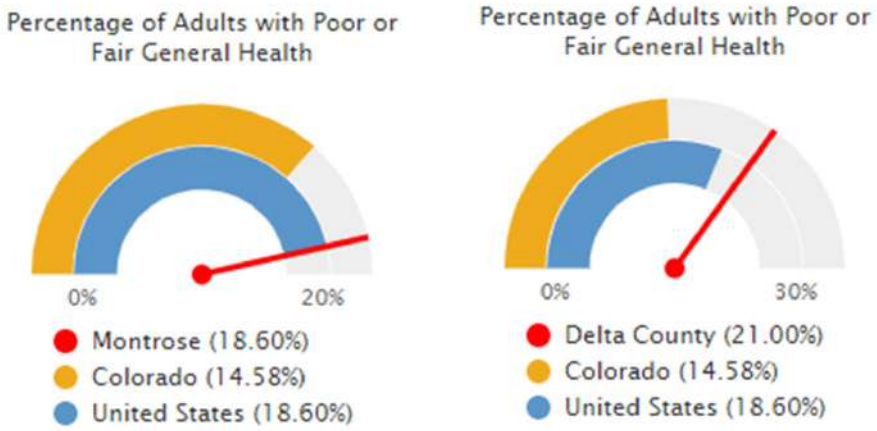


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Health Behaviors – Fair or Poor Health

- In 2019, the percent of the adult population (age 18+) that self-reported their general health status as “fair” or “poor” was highest in Delta County (21.0%) as compared to Montrose County (18.6%), the state (14.6%) and the nation (18.6%).



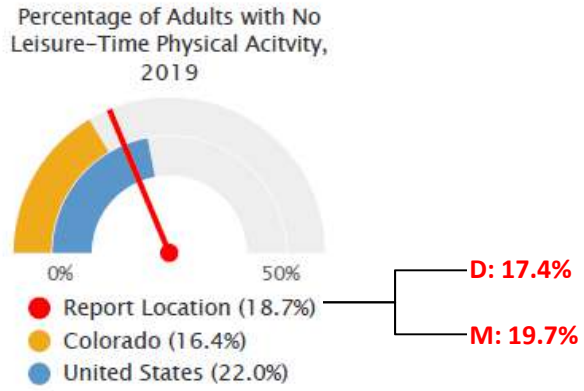
Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, https://sparkmap.org/report/; data accessed July 8, 2022.

Health Status

Health Behaviors - Physical Inactivity

- In 2019, the percent of the adult population (age 20+) in the report area (18.7%) that self-reported ***no leisure time for physical activity*** was higher than the state (16.4%) and lower than the national rate (22.0%).



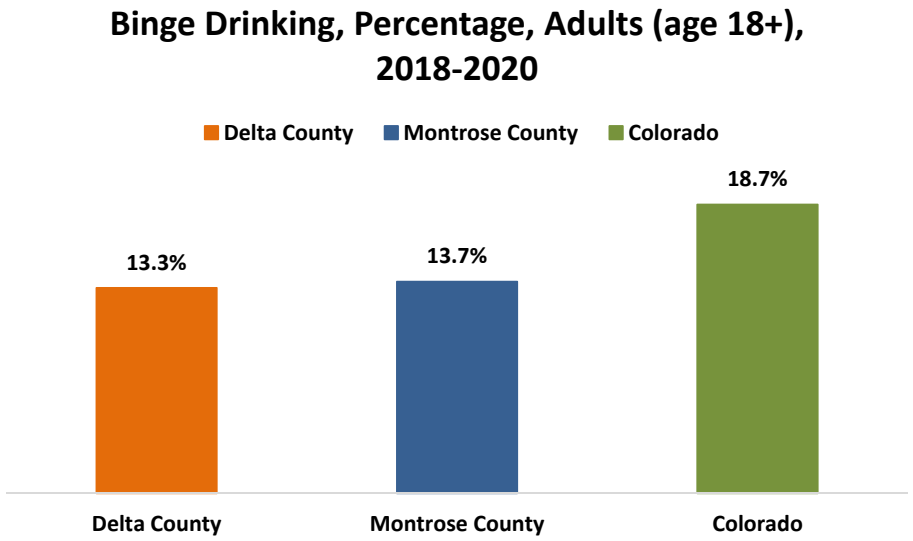
Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, https://sparkmap.org/report/; data accessed April 7, 2022.

Health Status

Health Behaviors - Binge Drinking

- In 2018-2020, the percentage of adults (age 18+) at risk of binge drinking in Delta County (13.3%) was lower than Montrose County (13.7%) and the state (18.7%).

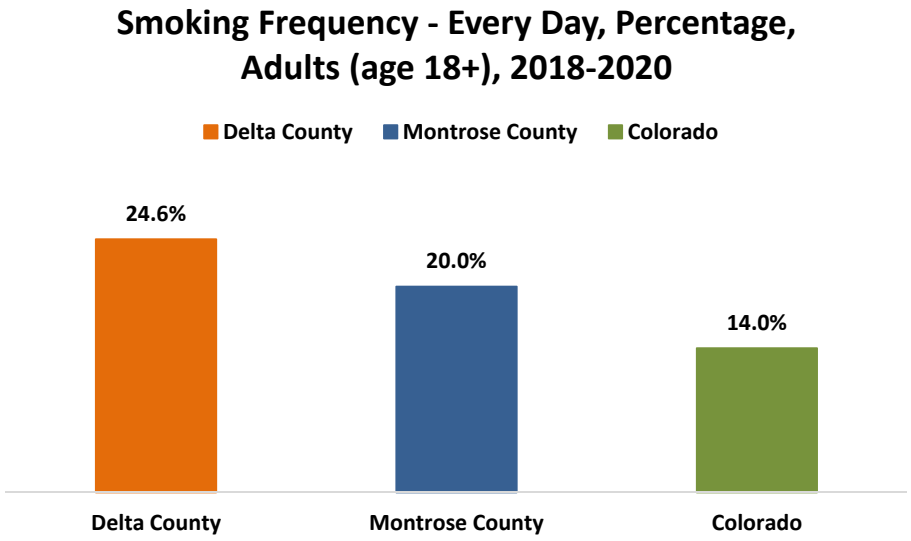


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or more (females) drinks on an occasion?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Health Behaviors - Smoking

- In 2018-2020, the prevalence of current, ***every day*** smokers in Delta County (24.6%) was higher than Montrose County (20.0%) and the state (14.0%).

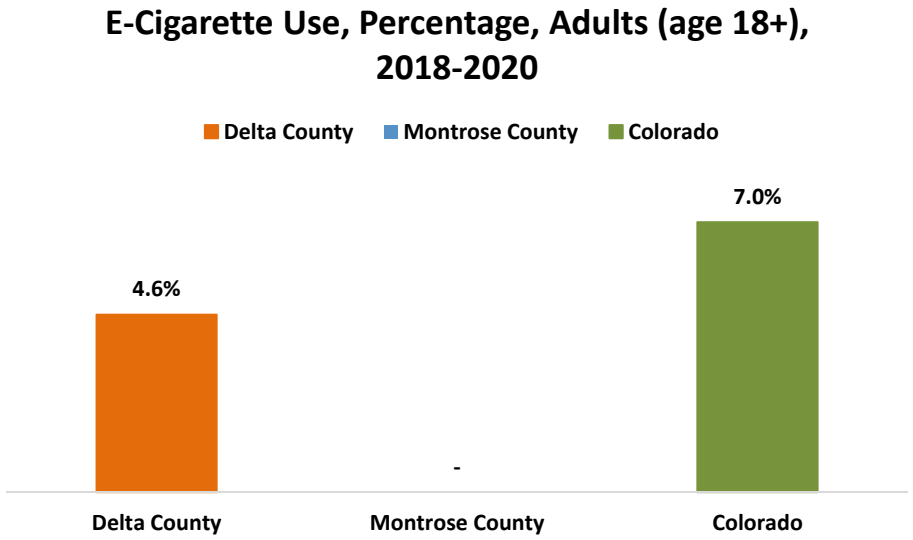


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? *(Respondents that reported smoking 'Every Day' are included in this chart)*
Note: Smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Health Behaviors - E-Cigarette Use

- In 2018-2020, the percentage of adults (age 18+) that reported using an e-cigarette or other electronic vaping product in Delta County (4.6%) was lower than the state (7.0%).

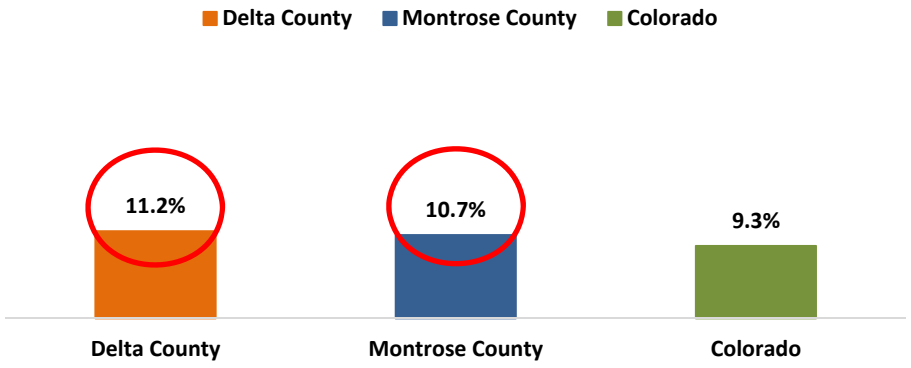


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Do you currently use an e-cigarette or other electronic vaping product?
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

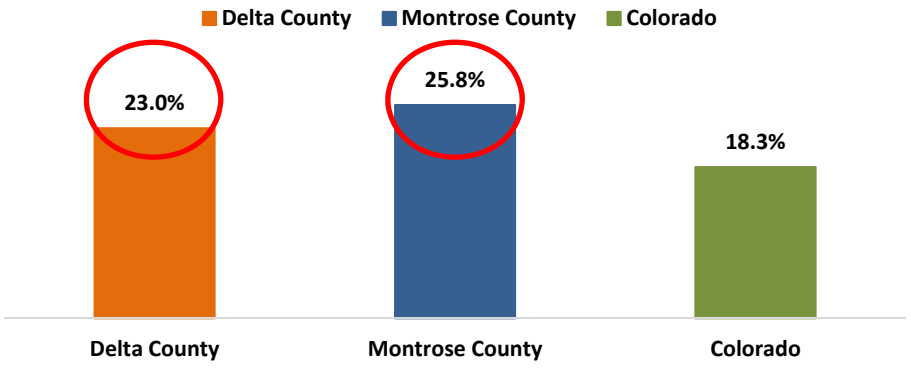
Health Status

Maternal & Child Health Indicators

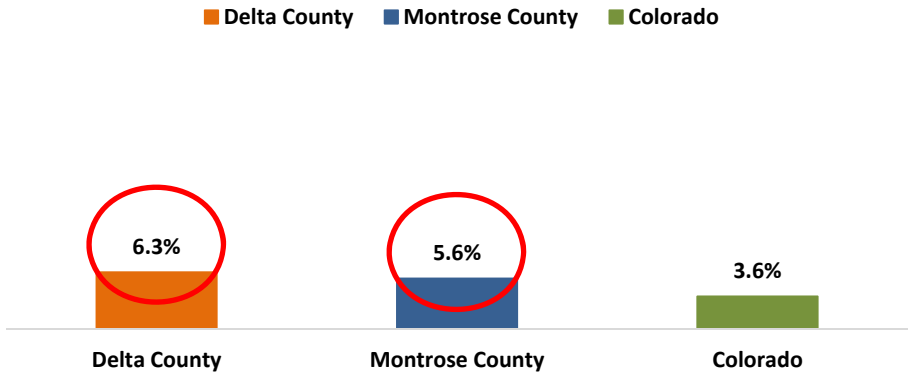
Low Birth Weight (<2,500g), Percent of All Births, 2020



Births to Women Receiving Late or No Prenatal Care, Percent of All Births, 2020



Teen Births (Age 10-19), Percent of All Births, 2020



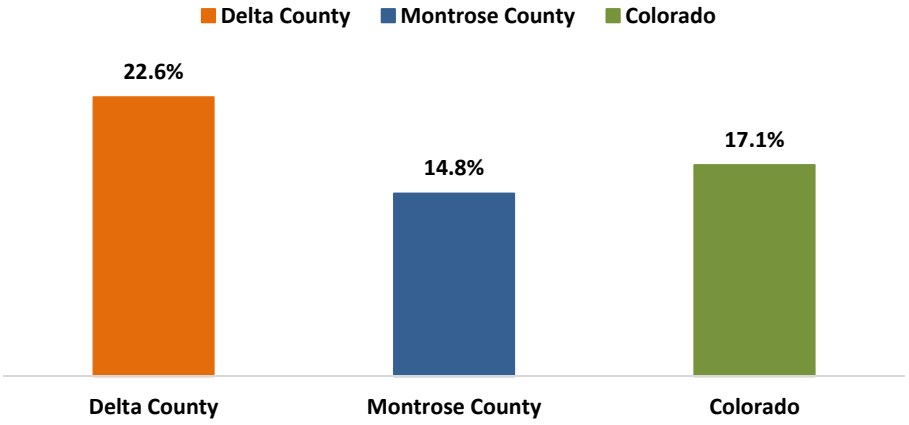
Source: Colorado Department of Public Health & Environment, Vital Statistics Program, https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program; data accessed on May 3, 2022.
*Percentage manually calculated based on total population numbers by county and state 2020 as provided by the Vital Statistics Program, Colorado.
Note: Percentages are of total births, excluding cases with specific characteristics unknown. Rates are not calculated if number of cases are too low for statistical reliability. A "-" indicates one or two events in the category.

Health Status

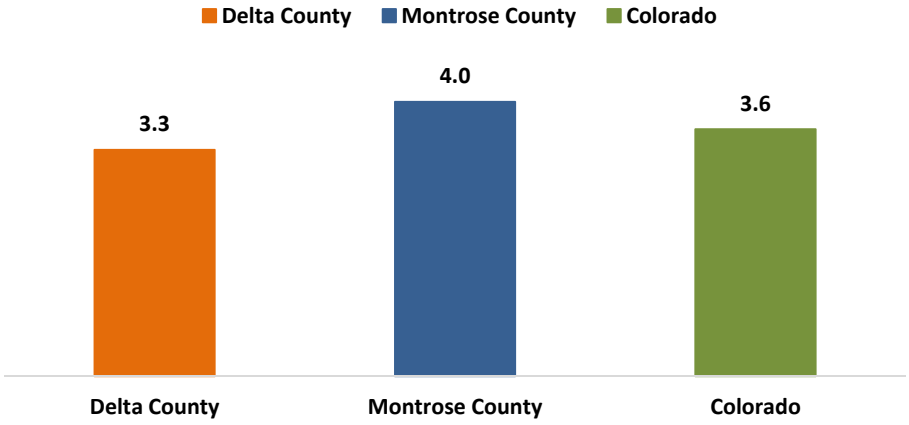
Mental Health - Depressive Disorders & Poor Mental Health

- In 2018-2020, the percentage of adults (age 18+) in Delta County (22.6%) with depression was highest as compared to Montrose County (14.8%) and the state (17.1%).
- In 2018-2020, Montrose County (4.0 days) had a higher number of days where adults (age 18+) experienced poor mental health than Delta County (3.3 days) and the state (3.6 days).

Depressive Disorders, Percentage, Adults (age 18+), 2018-2020



Days of Poor Mental Health Per Month, Percentage, Adults (age 18+), 2018-2020

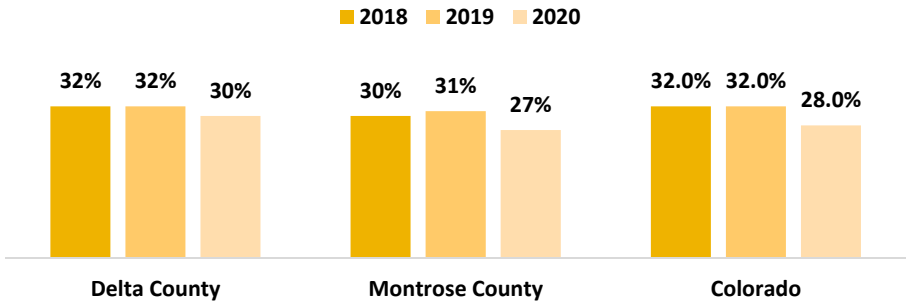


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?
Definition: Days mental health not good per 30 days.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

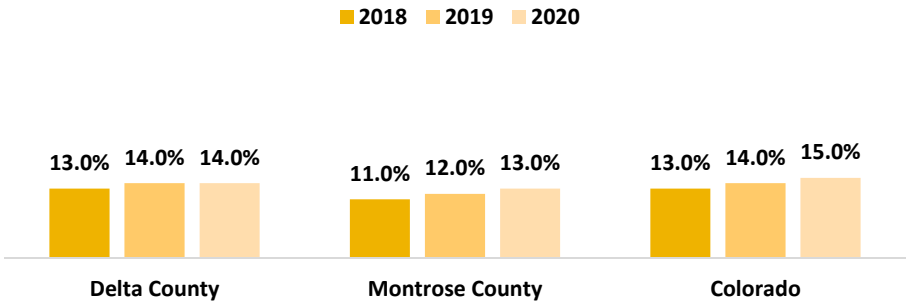
Health Status

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

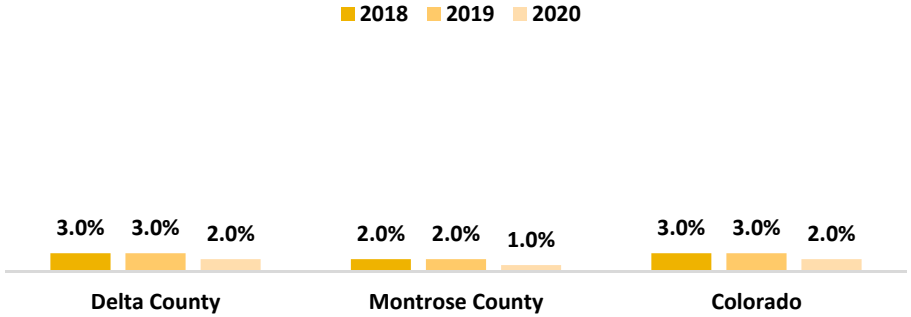
Received Mammography Screening, Percent, Females (age 35+), 2018-2020



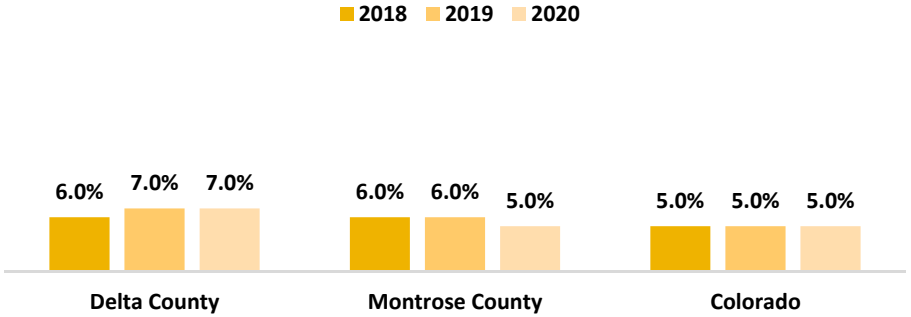
Received Prostate Cancer Screening, Percent, Males (age 50+), 2018-2020



Received Pap Test Screening, Percent, Females (all ages), 2018-2020



Received Colorectal Cancer Screening, Percent, Adults (age 50+), 2018-2020



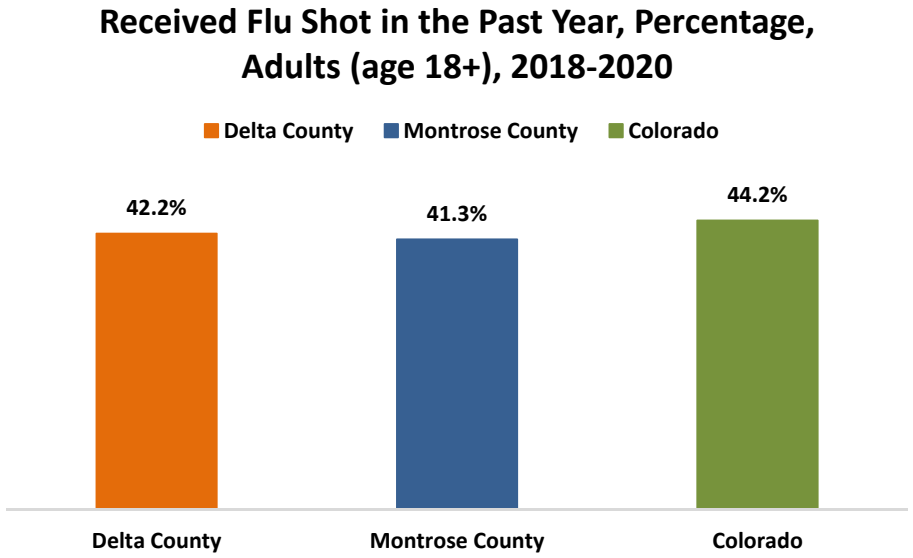
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed May 3, 2022.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.
Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

CHC Community Hospital Consulting

Health Status

Preventive Care – Influenza Vaccine (ages 18+)

- In 2018-2020, the percent of adults (age 18+) that ***did*** receive a flu shot in the past year in Delta County (42.2%) was slightly higher than Montrose County (41.3%) and lower than the state (44.2%).



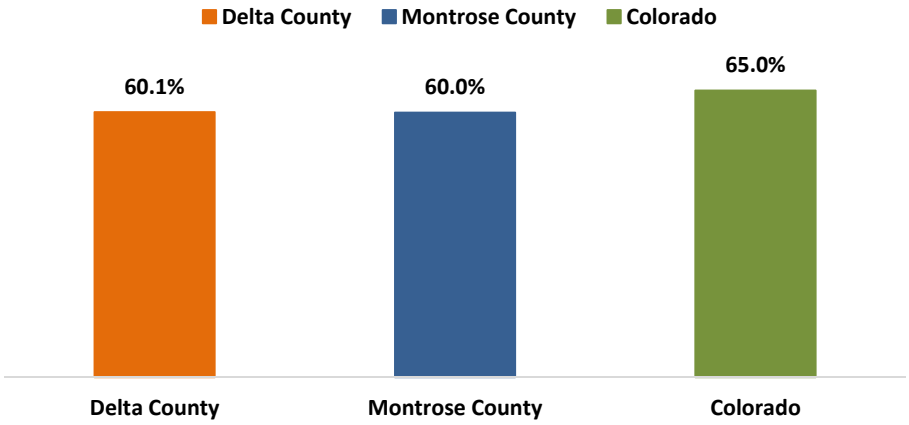
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Preventive Care – Influenza Vaccine (age 65+)

- In 2018-2020, the percent of adults (age 65+) in Montrose County (60.0%) that ***did*** receive a flu shot in the past year was comparable to Delta County (60.1%) and lower than the state (65.0%).

Received Flu Shot in the Past Year, Percentage, Adults (age 65+), 2018-2020



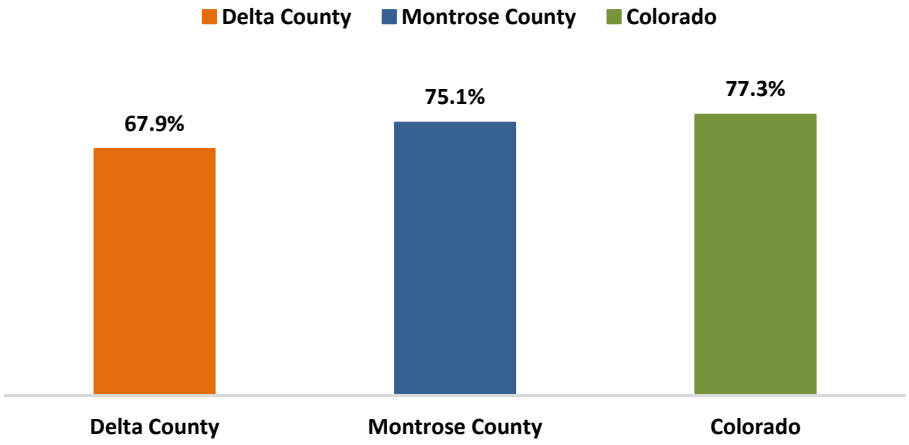
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Percentage of adults age 65+ that received at least one flu shot, also known as the influenza vaccine in the past 12 months.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Preventive Care – Pneumococcal Vaccine (age 65+)

- In 2018-2020, the percent of adults (age 65+) in Delta County (67.9%) that ***did*** receive a pneumonia shot in the past year was lower than Montrose County (75.1%) and the state (77.3%).

Received Pneumonia Shot in the Past Year, Percentage, Adults (age 65+), 2018-2020



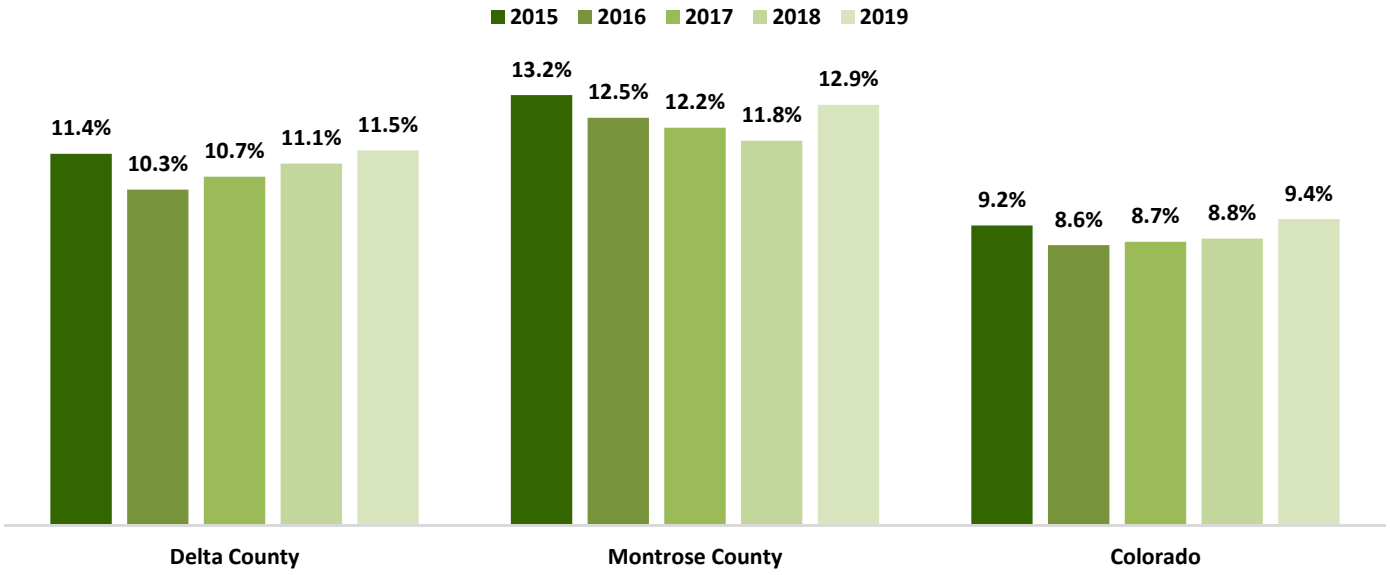
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; https://cdphe.colorado.gov/colorado-health-indicators; data accessed May 4, 2022.
Definition: Have you ever received a pneumonia vaccination? *ADULTS AGE 65+ YEARS*
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Health Care Access - Uninsured

- Both Delta County and the state experienced slight increases in the percentage of uninsured adults (age 18-64) between 2015 and 2019, while Montrose County experienced a decrease.
- As of 2019, Delta (11.5%) and Montrose (12.9%) Counties have higher rates of uninsured adults (age 18-64) as compared to the state (9.4%).

Uninsured, Percent of Adults (age 18-64), 2015-2019



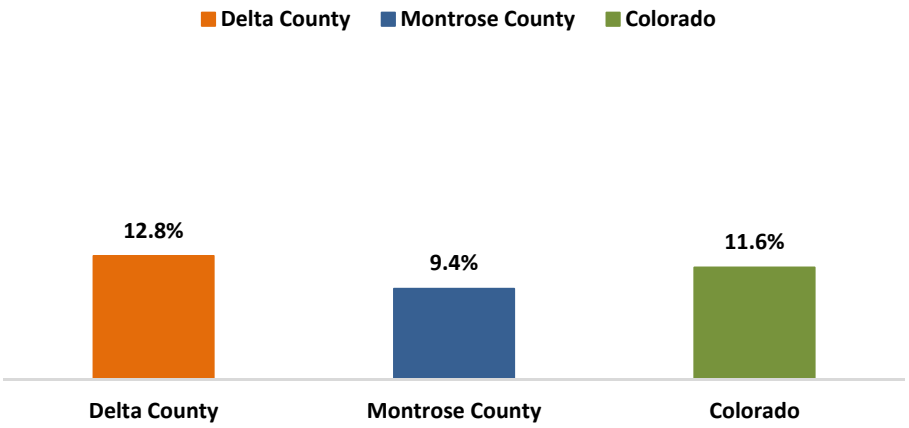
Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Delta and Montrose Counties, CO, https://www.census.gov/data-tools/demo/sahie/#/; data accessed April 26, 2022.

Health Status

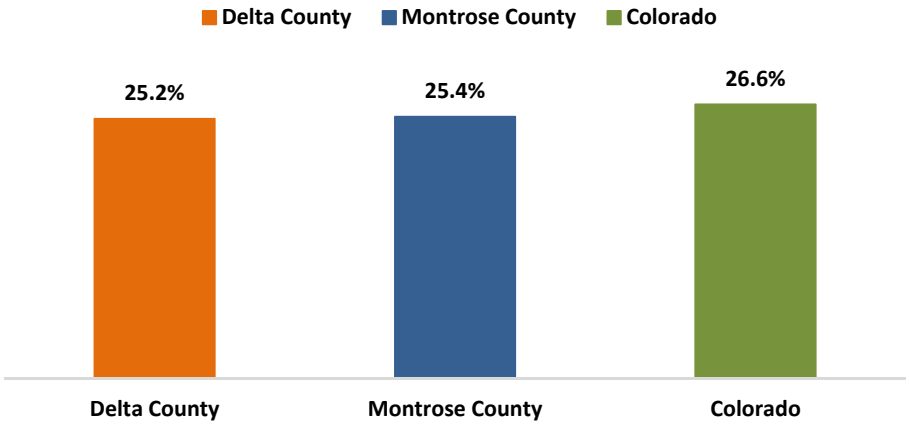
Health Care Access - Medical Cost Barriers & No Personal Doctor

- In 2018-2020, the percent of adults (age 18+) that needed medical care but could not receive it due to cost was highest in Delta County (12.8%) compared to Montrose County (9.4%) and the state (11.6%).
- In 2018-2020, the percent of adults (age 18+) in Delta County that reported they ***did not*** have a personal doctor was lowest in Delta County (25.2%) as compared to Montrose County (25.4%) and the state (26.6%).

Medical Cost Barrier, Percentage, Adults (age 18+), 2018-2020



Do Not Have a Personal Doctor, Percentage, Adults (age 18+), 2018-2020

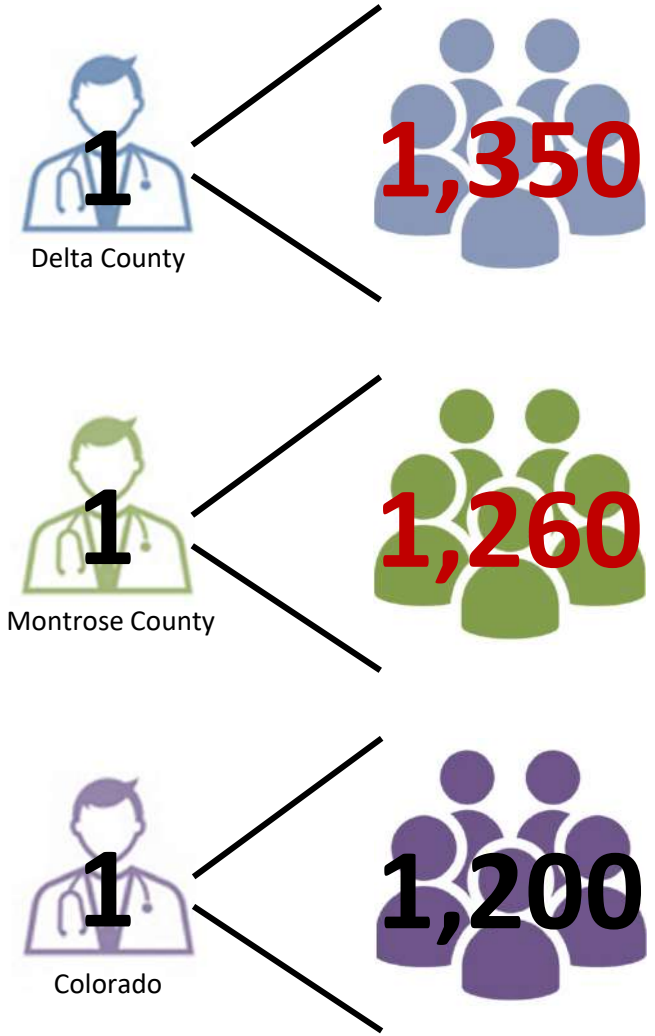


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
Definition: Do you have one person you think of as your personal doctor or health care provider?
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Care Access - Primary Care Providers

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
  - In 2019, the population to primary care provider ratio in Delta County (1,350:1) was the highest as compared to Montrose County (1,260:1) and the state (1,200:1).



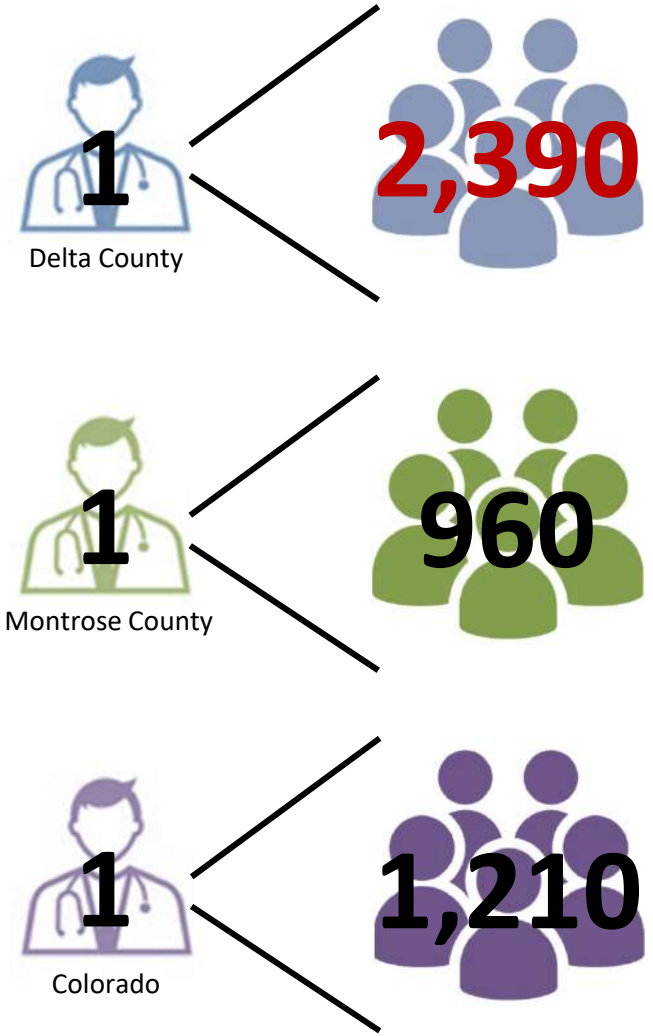
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Delta and Montrose Counties, CO, https://www.countyhealthrankings.org/; data accessed May 2, 2022.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally 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.

CHC Community Hospital Consulting

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 2020, the population to dental provider ratio in Delta County (2,390:1) was significantly higher than Montrose County (960:1) and the state (1,210:1).



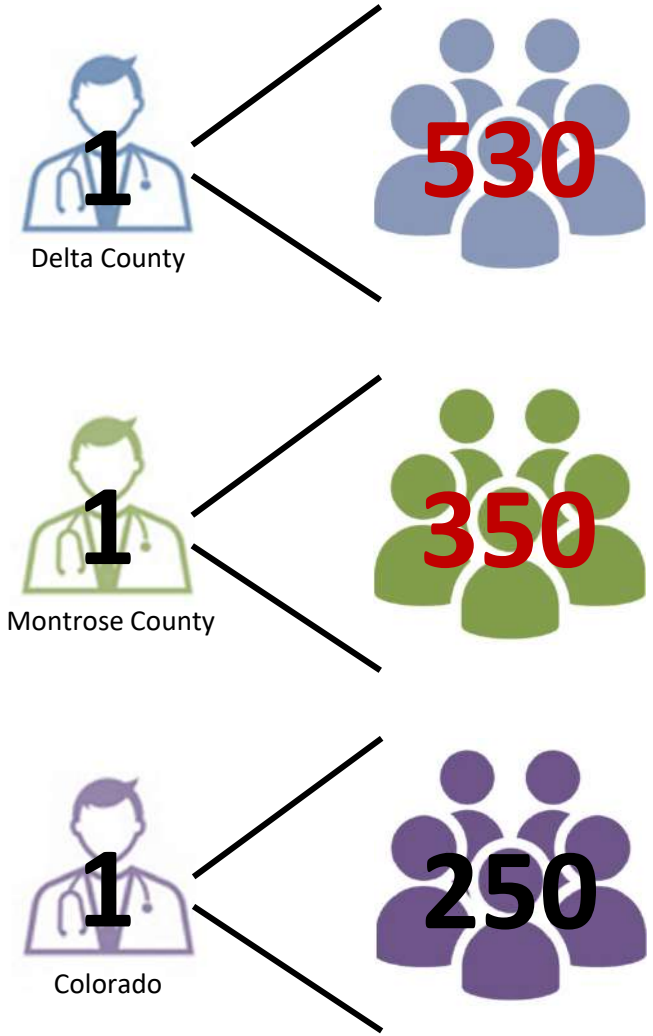
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Delta and Montrose Counties, CO, https://www.countyhealthrankings.org/; data accessed May 2, 2022.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed 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.

CHC Community Hospital Consulting

Health Status

Health Care Access - Mental Health Care Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**
  - In 2021, the population to mental health provider ratio in Delta County (530:1) was the highest as compared to Montrose County (350:1) and the state (250:1).



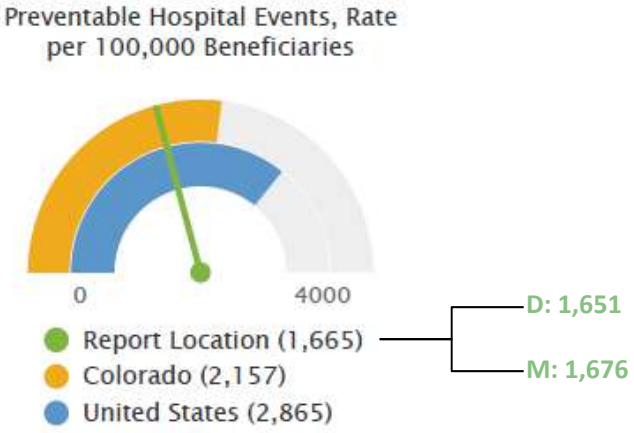
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Delta and Montrose Counties, CO, https://www.countyhealthrankings.org/; data accessed May 2, 2022.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

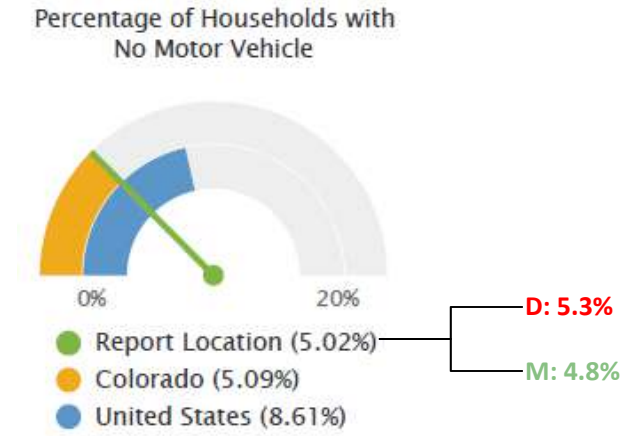
CHC Community Hospital Consulting

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 2020, the rate of preventable hospital events in the report area (1,665 per 100,000 Medicare Enrollees) was significantly lower than the state (2,157 per 100,000 Medicare Enrollees) and the nation (2,865 per 100,000 Medicare Enrollees).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2015-2019, the report area (5.0%) had a similar percentage of households that had no motor vehicles as compared to the state (5.1%) but lower than the nation (8.6%).





Note: a green dial indicates that the county (D=Delta, M=Montrose) 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 Delta and Montrose Counties, CO, https://sparkmap.org/report/; data accessed April 7, 2022.
Note: Preventable Hospital Events is compared to the state average only.
Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 39 interviews with the two groups outlined in the IRS final regulations
  - Interviewees identified by representatives at Montrose Regional Health (MRH) and Delta Health (DH)
  - CHC Consulting contacted other individuals in the community to participate in the interview process, but some were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees 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 interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share 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 interviews defined as our interpretation of having the same or close meaning as other interviewees.

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Interviewee Information

- ***Josie Anders-Mize:*** Director of Regional Services, Hilltop Family Resource Center
- ***Jim Austin:*** Public Health Director, Montrose County Department of Health and Human Services
- ***Lynn Borup:*** Executive Director, Tri County Health Network
- ***Mike Brezinsky, MD:*** Internal Medicine, Montrose Regional Health; Board Member, Montrose Regional Health
- ***Barbara Bynum:*** City Councilor, City of Montrose
- ***Jean Ceriani:*** Board Member, Delta Health
- ***Kurt Clay:*** Assistant Superintendent of School, Delta County School District 50J
- ***Kjersten Davis:*** Board Chair, Montrose Regional Health
- ***Holly Duensing:*** Clinical Manager, HopeWest Hospice
- ***Rebecca Ela, LCSW:*** Behavioral Health Director, Delta Health
- ***Caryn Gibson:*** Superintendent, Delta County School District 50J
- ***Sue Hansen:*** County Commissioner, Montrose County
- ***Michelle Haynes:*** Executive Director, Colorado Region 10
- ***Cara Helmick:*** Delta County Director, VOANS Senior Community Care
- ***Matt Heyn:*** Chief Executive Officer, Delta Health
- ***Kaye Hotsenpiller:*** Chief Executive Officer, River Valley Health Center
- ***Wendell Koontz:*** County Commissioner, Delta County
- ***Laura Lenihan:*** Registered Nurse, Montrose County Department of Health and Human Services
- ***Robbie LeValley:*** County Administrator, Delta County
- ***Gary Martinez:*** President, The Shepherd's Hand
- ***Angel Mendez:*** Representative, Western Colorado Migrant and Rural Coalition
- ***Jeff Mengenhausen:*** Chief Executive Officer, Montrose Regional Health
- ***Karen O'Brien:*** Director, Delta County Health Department
- ***Sally O'Connor:*** Case Management Director, Montrose Regional Health
- ***Cheryl Oeltjenbruns:*** Executive Director, The Abraham Connection
- ***Dorothy Pew:*** Delta Program Director, HopeWest Hospice
- ***Corey Phillips:*** Chief Executive Officer, Cedar Point Health
- ***Greg Rajnowski:*** Director of Environmental Health, Delta County Health Department
- ***Pat Riddell:*** Individual Practice Association/Physician Hospital Organization Director, Western Colorado Individual Practice Association
- ***Tad Rowan:*** Chief, Montrose Fire Department
- ***Katherine Smith:*** Readiness & Response Coordinator, West Region Healthcare Coalition
- ***Carrie Stephenson, PhD:*** Superintendent, Montrose County School District
- ***Jennifer Suchon:*** Nurse Practitioner, Northside Child Health Center
- ***Greg Suchon, MD:*** Pediatrician, The Pediatric Associates
- ***Mark Taylor:*** Sheriff, Delta County
- ***Kelly Thompson:*** Director, HopeWest Hospice
- ***Mary Vader, MD:*** Pediatrician, Montrose Regional Health, Board Member, Montrose Regional Health
- ***Eva Veitch:*** Area Agency on Aging Director, Colorado Region 10
- ***Sandy Walker:*** Ombudsman, Colorado Region 10

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Interviewee Characteristics

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

17.9%

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

66.7%

- Community leaders

15.4%

Note: Interviewees may provide information for several required groups.

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Access to Mental & Behavioral Health Care
  - Access to Specialty Care
  - Access to Primary Care
  - Insurance Coverage & Affordability of Care
  - Recruitment & Staffing of Healthcare Workforce
  - Healthy Lifestyle Education & Management
  - Aging Population
  - Community Concerns

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Access to Mental & Behavioral Health

- **Issues/Themes**:
  - Perceived high turnover rates for mental health providers
  - Challenges for the youth population in regards to mental health care, such as:
    - Impact of COVID-19
    - Lack of facilities to handle higher acuity cases leading to outmigration
    - Lack of providers, particularly psychiatrists
  - Limited accessibility of services leading to outmigration such as:
    - Lack of available rooms in the crisis stabilization unit due to staffing (Montrose County)
    - Local facilities/organizations at capacity
    - Perceived lack of any crisis system to deal with higher acuity cases (Delta County)
    - Perceived limited availability of a local detox center leading to outmigration for patients (both counties)
    - Limited local inpatient facilities leading to outmigration to Colorado Springs, Denver
    - Limited hours of operation

"Some days you can receive immediate care if you are in crisis and other times it might take 72-96 hours. It's a rotating door of psychologists and psychiatrists. There's no consistency." – MCI

"Youth mental health has always been an issue. The behaviors and trends that we're seeing have been exacerbated since the pandemic. The youth that we are serving are really in need of a higher level of care." – MCI

"There are not enough providers. We have kids who have really serious needs and there are no day treatment facilities that are equipped to handle kids with severe mental and behavioral challenges. We have to send them Grand Junction or Denver. I am not aware of any inpatient facilities." – MCI

"We don't have many psychiatrists, let alone psychiatrists who specialize in children." – MCI

"It is incredibly difficult [for mental health services]. We have a crisis stabilization unit but honestly it's not accessible and it's not available. They don't have staffing so they transfer to Grand Junction." – MCI

"For the Center for Mental Health, it's two weeks for anything like needing a psychologist. For psychiatry, it's longer [than that]. In the whole county there are 12 psychologists. We have a crisis stabilization center in Montrose, it's for 1-3 days, not for hold. The closest one is in Grand Junction. There's no inpatient [facility] for detox. The closest one is in Durango. The one in Montrose is pretty good but they don't currently have the staffing for the detox piece." – DCI

"Mental health is a huge issue when we get people into the emergency room and we have no place to send them. We simply don't have a crisis system." – DCI

"We don't have an inpatient facility to send [patients] to except in Colorado Springs or Denver." – MCI

"Mental health care access is extremely difficult. We've heard that a client calls or goes down to the agency and they aren't able to get same day service." – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Access to Mental & Behavioral Health

continued

- **Issues/Themes**:
  - Concern surrounding high suicide rates in both counties
  - Limitations in accessing care due to insurance coverage, comfort with telemedicine services
  - Challenges with accessibility of services due to requirements to be admitted/seen, particularly patients with mental and behavioral health issues
  - Need for geriatric psych services
  - Greater difficulty in accessing care for minority populations due to:
    - Need for bilingual counselors
    - Insurance/costs

"[We have] extraordinarily high suicide rates per capita compared to other parts of the county. The lack of availability for psychiatry services and other mental [services] is always a tough referral for us." – MCI

"If you do not have insurance or coverage through your work, it's impossible to get mental health care. Our suicide rate in Delta County is close to Mesa County, which is triple the national rate. Telemedicine has increased but I don't think people are super comfortable with it." – DCI

"It's very difficult for people to come in and get seen. These people need a psychiatrist or counselor. The Center of Mental Health is booked so we send them to Mind Springs Health in Grand Junction." – MCI

"The mental health resource center doesn't take anybody that has dementia or any kind of psychiatric need. If they need an inpatient facility or help with Dementia, Parkinson's, or a secondary diagnosis, they can't be seen here." – MCI

"If you have someone who is dually diagnosed and has bipolar disorder or gets dementia, our local mental health service will not see them. A lot of the facilities won't take them or take them for only 5-6 days which is not really resolving any medication management issues. There are no geriatric psych services." – DCI

"There are practically no counselors who speak Spanish." – MCI

"When a patient needs a certain specialist, they need to be seen at Mind Spring Rehab Center or somewhere like that. They can get in but Mind Spring doesn't accept self-pay. The patient has to have Medicaid or insurance. Of course, the minority population does not have access to this [due to lack of insurance]." – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Access to Specialty Care

- **Issues/Themes**:
  - Conflicting statements about accessibility of specialty care services (Montrose County)
  - Limited access to local specialty care leading to:
    - Long wait times
    - Potential transportation barriers due to rural nature of the community
    - Outmigration to Grand Junction, Montrose (for Delta County residents, particularly rural), Denver
  - Perceived need to look at available resources in the community instead of referring out (Montrose County)
  - Conflicting statements regarding accessibility of OB/GYN services for Delta County
  - Insurance barriers leading to certain groups lacking access to specialty care services, particularly Medicaid, un/underinsured
  - Specialties mentioned as needed include (in descending order based on number of times mentioned):

Both Counties
- Gastroenterology
- Orthopedics
- Rheumatology
- Endocrinology
- Cardiology
- Urology
- General Surgery
- Neurology/Spine
- Dermatology
- Internal Medicine

Montrose County
- Infectious Disease

Delta County
- OBGYN
- Dialysis
- Pulmonology
- Geri-psych

"Access to specialty care is really tight. There are long wait items. Orthopedics is 3-4 months out to have a surgery. Cardiology has been out really far." – MCI

"[Specialty care] for adults is pretty easy. For pediatrics, like pediatric cardiology, it's accessible if the family can drive to Denver. There's no endocrinology on the western slope as far as I know." – MCI

"Being in a rural community, having to travel to the Front Range [for specialty care] is a huge barrier for some." – MCI

"It's pretty difficult [to see a specialist]. It can be several weeks to months. Unless you want to drive to Grand Junction or Montrose." – DCI

"A lot of patients that need specialists leave the community. They come to Montrose for dialysis. For rural parts of Delta County, that's very difficult." – DCI

"We have some really good doctors but people still leave. People get sent to Denver and Grand Junction for neurology. There's a lot of outward referring instead of trying to figure things out with the resources we have here." – MCI

"OB/GYN is a big need. Women's care could use some beefing up." – DCI

"It's fairly quick to get in to see a specialist. Delta County now has cardiology, pulmonology, and oncology. We have dissolved our OBGYN clinic but we have an OBGYN surgeon who comes in from Montrose." – DCI

"There are some [providers] who take limited insurances or there are gaps on how many Medicaid patients they can take or how many people that are without insurance. Rheumatology, endocrinology and gastroenterology services are the three biggies that we don't see here or are not allowing Medicaid patients in." – MCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Access to Primary Care

- **Issues/Themes**:
  - Conflicting statements regarding availability of primary care services
  - Challenges in accessing primary care services due to:
    - Long wait times
    - Limited number of providers
    - Limited schedules to accommodate provider work/life balance
  - Perceived patient preference in seeking physicians vs. Advanced Professional Practitioners
  - Perceived difficulty in accessing pediatric primary care in both counties
  - Desire for additional urgent cares in the community to increase access to care (Montrose County)
  - Difficulty for certain groups to access primary care services, particularly Medicare/Medicaid
  - Challenge in using telemedicine for primary care services due to lack of knowledge by certain groups

"There is significant availability for primary care. There are at least 3 group practices that are accepting new patients of all payor types." – MCI

"I believe primary care and internal medicine is pretty well covered in Delta proper. I'm not so sure about the outlying areas." – DCI

"One clinic is not accepting any new patients. They are about a month out. It's not that they don't want to see people, they just don't have the capacity because there are not enough providers." – DCI

"It was 5 weeks for an appointment. I could have gotten in quicker with a mid-level provider. My provider is the only physician accepting new patients." – MCI

"It's a long wait [to see a provider]. It's a 6-8 week to see a doctor for a new patient. You can get in quickly to see a midlevel but that is 3-4 weeks." – DCI

"It's difficult to make an appointment and get in in a timely manner." – DCI

"We have a number of doctors who live here for the lifestyle. They don't necessarily work full time." – MCI

"We are good for primary care. I do hear that we only have one practice for pediatrics and they serve Montrose and Delta. They're booked." – MCI

"It's very difficult for patients to get seen. I would like to see another urgent care here because they can't get in to see their doctor." – MCI

"Some of the physician offices have certain limitations on what insurances they will continue to accept. [Sometimes] they'll say, 'We aren't accepting any Medicare patients'. If you are on Medicaid, that is even more troublesome." – DCI

"There's a lot of people who don't know how to use telemedicine. Whether you are talking about seniors, low income, or areas that don't have broadband access." – MCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Insurance Coverage & Affordability of Care

- **Issues/Themes**:
  - Potential overuse of the emergency room due to:
    - No upfront payment required
    - No personal doctor
    - Generational knowledge
    - Lack of insurance/payment options
  - Concern surrounding the low income, underserved population regarding access to care
  - Perceived barrier in attracting providers to the area due to the community payer mix (Delta County)
  - Community payer mix resulting in:
    - Need for more private providers in the community
    - Acknowledgment that payor mix is a barrier to keeping healthcare facilities running due to overhead costs
    - Concern for rising health insurance costs, medication costs

"A lot of people rely on the emergency department for routine care whether or not they understand when to use it. It's all free to them since they are on Medicaid." – MCI

"You have people who don't know the difference between the emergency room and their doctor because they were raised that way. Or that is the only way because they don't have insurance or payment options." – DCI

"I'm concerned about access of care for the lower income populations or anyone who is underserved." – MCI

"We have a lot of people who are uninsured/underinsured. That makes access to care a barrier. Most of their care is done through the emergency room." – DCI

"When we look across the county we are [majority] Medicare/Medicaid. The difference between Medicare/Medicaid vs. private insurance impacts our reimbursement rates not only for the hospital but for our physicians as well. When you have that disparity in the community, it's not easy to attract providers to the community to serve that many people. It's not just the issue with access [to care], we need more private providers to help our community become a stronger financially." – DCI

"Our payor mix is so heavily Medicaid/Medicare that we have trouble keeping all of the kinds of facilities and clinics available for people to utilize." – DCI

"We recently had to increase our premiums 10%. Seems like the cost [of things] is just increasing. Insurance and healthcare are going to be the downfall of the country. You can't afford to get sick anymore." – DCI

"The cost of drugs and the cost of the pharmacy [is an issue]. Not only for the patient first and foremost but also for the hospital. " – MCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

CHC Community Hospital Consulting

Recruitment & Staffing of Healthcare Workforce

- **Issues/Themes**:
  - Difficulty in recruiting healthcare workforce due to:
    - Lack of affordable housing
    - Lack of clinical support staff
    - Limited professional development programs
    - Lack of nearby schools to serve as a staffing pipeline (Delta County)
  - Lack of staffing at home health companies leading to difficulties in patients receiving care (Delta County)
  - Perceived lack of healthcare workforce staff, particularly bilingual providers and nurses
  - Concern surrounding high provider turnover rates and frustration with inconsistency

"We've run into barriers recently with recruiting for professional administration positions. There's a lack of affordable housing, lack of clinical support staff and not that many training programs that develop professionals." – MCI

"Recruiting healthcare professionals is a need. Physicians, nurses, and therapists of all types and mental health providers. Our home health companies are having to turn away patients because they don't have enough staff. We closed the nursing school because of a lack of funding. It was affordable for local students and that was a pipeline for nurses." – DCI

"There are not enough bilingual providers here or staff nurses because [salaries are higher elsewhere]." – DCI

"Inconsistency in providers [is a concern]. There's a lot of turnover. You tell a doctor about what's going on with you and the next time you go, it's a different provider so you have to tell your story all over again." – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Healthy Lifestyle Education & Management

- **Issues/Themes**:
  - Conflicting statements on knowledge of healthy lifestyle programs in the community
  - Perceived need for additional education on healthy behavior choices, particularly for the youth
  - Limited access to healthy lifestyle resources in the community do due:
    - Potential geographical barriers for some groups in accessing healthy lifestyle resources
    - Perceived requirements/limited hours for food bank leading to barriers for certain groups accessing food, particularly the Latin and Asian population
    - Limited access to healthy lifestyle classes, particularly for the low income (Montrose County)
  - Higher rate of diabetes in Spanish-speaking population (Delta County)

"We have the rec center. The county is working on a bike and walking trail. We do have Shepherd's Hand. There are free meals during school." – MCI

"We have a few non-profit groups that support [healthy lifestyle] needs." – DCI

"There's not enough access to healthy lifestyle programs or counseling. It's not easy for a low income family to access healthy lifestyle classes." – MCI

"I don't know of any programs that promote healthy eating behaviors." - MCI

"There's opportunities for exercise. I think it's motivation. How do we motivate people to buy food at the market rather than using their SNAP benefits for Debbie cakes?" – MCI

"At the 10,000 foot level we are not [doing too well nutrition wise]. You still see children utilizing the quick stop for their nutrition." – DCI

"There's a recreation center and we are expanding our parks. But they aren't in the low income areas. There are no parks in the mobile home areas." – DCI

"We have meals on wheels. We have a couple of food banks. However, it's not very accessible for agricultural workers in the Latin and Asian communities. It's not very accessible because of the hours they are open and most of them require a Colorado ID to get food." – DCI

"The food banks in Delta County aren't open very frequently." – DCI

"The Latin community has higher numbers of pre-diabetes. We have a dietician but we can't help everyone because we don't have the capacity." – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Aging Population

- **Issues/Themes**:
  - Perceived lack of home health, nursing home and long term care facilities due to staffing, insurance barriers
  - Lack of geriatric mental health services leading to outmigration (Delta County)
  - Perceived need for affordable dental care
  - Potential barriers to access health services due to insurance, specifically Medicare
  - Need for more education on insurance coverage and benefits
  - Concern for affordability of services and overall financial needs
  - Lack of affordable housing options resulting in increased homelessness amongst seniors
  - Need for senior services in the community to better meet the needs of the elderly
  - Desire for increased use of telemedicine for seniors for their healthcare needs

"There's no home health care or nursing home that the hospital can transfer out into the community. There's lack of beds and lack of staff." – MCI

"I can rarely get someone placed in a long term [facility] here. If they need geriatric psych, they have to go out of the area. There are nursing home beds but they've reduced the number [of patients] they take due to staffing. There's only one assisted living facility that accepts Medicaid. The other is private pay." – DCI

"One challenge for seniors is dental care. There's a senior dental grant that helps some but not everyone. They struggle with being able to pay for care." – MCI

"The quality of care for the [elderly] is very hard. Because they are on Medicare, they don't have insurance to cover other services like dentists." – DCI

"There's only one assisted living facility that'll take Medicaid [patients]. Low income assisted housing for seniors is slim at best." – MCI

"People don't understand Medicare benefits. People are banking on that their medical benefits will place them in a nursing home." – MCI

"Affordability is difficult. We have quite a large percentage of the population over 65 that don't qualify for Medicare but struggle to meet their monthly financial needs. They can't afford health services on their own." – DCI

"We have seen a larger number of seniors fall into the homeless category. Rentals are high. There isn't enough affordable housing for seniors." – DCI

"We're starting to turn into a retirement community. Really focusing on the [elderly], the services and access to them [is a need]." – MCI

"There's a lack of resources for the elderly. It would be awesome if telemedicine was done more with the elderly. They would have a better quality of life." – MCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Community Concerns

- **Issues/Themes**:
  - Potential barriers for accessing care due to changes in the public health department (Montrose County)
  - Transportation barriers due to:
    - Patient's geographical location
    - Long wait times
    - Lack of mass transportation system in the county
  - Limited affordable housing for certain populations, particularly the elderly and low income populations (Delta County)
  - Perceived limited internet access in some areas of the county (Delta County)
  - Perceived need for greater community collaboration towards addressing unmet needs of vulnerable populations
  - Acknowledgment of the growth of drug related use/abuse in the community and for child welfare cases

"We use to have a health department that covered vaccines, women's health, and undocumented people. All that is basically gone." – MCI

"Montrose County is rural. If you go to the western side of the county, it's a 60 mile [drive]. People from the west have a difficult time driving to the east." – MCI

"Transportation is better than it use to be but the West Elk has a long wait time. If someone is in Hotchkiss, there's no transport system for them. There's no ongoing public transportation up along the valley." – DCI

"There's a large percentage of the population who live 40-50 miles from the hospital. There are no mass public transportation options." – DCI

"We are a rural [county] that's quickly transforming into people retiring here. We don't have enough housing to house the people who are already here." – MCI

"Affordable housing and good paying jobs [is a need]. For low income housing, the wait list at the housing authority is 2 years." – DCI

"There are some areas where there's no internet access or cellular access. That's challenging for some people. The cost of internet access is another [issue]." – DCI

"$600 is not affordable for people around here. We have undocumented children who don't have health care insurance. How are families going to afford healthcare if they are making $12.50 an hour? We need to open the conversation about how we are taking care of the population." – DCI

"Drug addiction is a growing problem. Alcoholism is always a big issue but particularly here we have a meth problem and that launches into a growing fentanyl problem. Meth has always sort of been a big issue and we see it in our child welfare cases – children with drug addiction." – MCI

"Alcohol is a big thing where we live but recreational drugs as well. There's really poor alcohol treatment and limited resources. There was a detox facility in the county but it closed due to staffing shortages and lack of trained staff." – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: "- MCI" indicates that the quote is from a Montrose County Interviewee
Note: "- DCI" indicates that the quote is from a Delta County Interviewee

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Elderly
  - Staffing of senior care facilities (nursing homes/assisted living facilities)
  - Food insecurity
  - Transportation (limited options, limited hours)
  - Education on telehealth services and benefits
  - Access to internet services
  - Affordable dental care
  - Comprehensive home health
  - Affordable housing options
  - Medical/insurance education
  - Mental and behavioral health services
  - Affordability of care
  - Equipment/resource needs, particularly oxygen tank refills (Delta County)
- Pediatrics
  - Limited availability of child day care
  - Language barriers between parents and providers (Delta County)
- Teenagers/Adolescents
  - Limited transportation options
  - Hesitancy to go to the doctor (i.e. what's bothering them physically, mentally, etc.)
  - Need for mental health services, particularly psychologist
  - Need for local providers with ability to prescribe appropriate mental and behavioral health medications
  - Substance and drug misuse/abuse
  - Vaping, e-cigarette use
  - Suicide rate
  - Need for younger parent family planning/education/Planned Parenthood
  - Limited local OB/GYN services
- Homeless
  - Limited operational hours for local shelters
  - Growing population
  - Mental and behavioral health concerns
  - Substance misuse/abuse
  - Need for safe/affordable housing (Delta County)
- Low Income/Working Poor
  - Cost barriers to care
  - Transportation barriers
  - Limited internet access
  - Healthy lifestyle education
  - Affordable housing
- Racial/Ethnic
  - Language barriers
  - Insurance/affordability issues
  - Hesitancy to seek care (documentation concerns (Montrose County), cultural mistrust (Delta County))
- Veterans
  - Limited local VA services
  - Limited access to mental and behavioral health services
  - Access to dental care (Montrose County)
  - Affordable housing

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

HOSPITAL TRANSFORMATION PROGRAM: MONTROSE REGIONAL HEALTH ETHICS COMMITTEE

Introduction

- MRH is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing, and collected community input during a recent stakeholder meeting. Input from stakeholders is included within this section.

Source: Montrose Regional Health, Ethics Committee: June 7, 2022, information received June 7, 2022.

Overview

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

Source: Montrose Regional Health, Ethics Committee: June 7, 2022, information received June 7, 2022.

Role & Priorities

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

Source: Montrose Regional Health, Ethics Committee: June 7, 2022, information received June 7, 2022.

Hospital HTP Activities

BUILD PARTNERSHIP	CREATE ACTION PLAN	NEEDS OPPORTUNITIES	REPORT ACTIVITIES	DEVELOP INITIATIVES
Partner with organizations broad interests of community.	Develop action plan for engagement, formalize. Plan reflects key community organizations.	Host information-sharing, provide input, community needs and opportunities. Identify service gaps, resources.	Report to State, partners, public. Submit midpoint report and final progress and findings report to the State.	Work with partners to prioritize community needs, identify target populations, initiatives.

Source: Montrose Regional Health, Ethics Committee: June 7, 2022, information received June 7, 2022.

Community Input

- 9 stakeholders attended the community input meeting on June 7, 2022 via Microsoft Teams
- Stakeholders assist in planning by:
  - Providing data/expertise
  - Providing information, connections
  - Providing ideas, support
- Discussed the health needs of the community, resources available/needed, opportunities, strengths and weaknesses
- Gathered background information on each interviewee

Source: Montrose Regional Health, Ethics Committee: June 7, 2022, information received June 7, 2022.

Stakeholder Information

- ***Lynette Gilbert:*** Citizen, Montrose County
- ***Coral Ann Hackett:*** Chief Nursing Officer, Montrose Regional Health
- ***Sonya Hawkins, RN:*** Director of Emergency Department, Montrose Regional Health
- ***Janet Johannessen:*** Records Clerk, Montrose County School District RE-1J
- ***Mindy Miller, MD:*** Family Medicine, Montrose County
- ***Sally O'Connor, RN:*** Director of Care Coordination, Montrose Regional Health
- ***Perla Rivera, MSW:*** Oncology Social Worker, Montrose Regional Health Cancer Center
- ***Chantel Shoemaker:*** Supervisor of Care Management and Behavioral Health Integration, Cedar Point Health
- ***Tom Smith:*** Regional Palliative and End-of-Life Care Coordinator, Volunteers of America

Source: Montrose Regional Health, Ethics Committee: June 7, 2022, information received June 7, 2022.

Community Meeting Summary

- The MRH Ethics Committee team hosted a virtual event to discuss a complex patient case that was brought to their attention.
- The MRH Ethics Committee, which includes several community members, meet monthly to discuss cases brought to their attention. These cases range from how to address mental health, how to address social determinants of health, etc.
- Attendees included MRH employees, Cedar Point Health, Montrose County School District, Volunteers of America and local citizens.
- The event was organized by the MRH's Ethics Committee.
- The meeting begins with the leader of the Ethics Committee discussing at least one case. The audience is then able to ask questions and provide comments on how to proceed with follow ups and allow for a broader discussion of what could be implemented moving forward to mitigate a similar situation from happening again.

Source: Montrose Regional Health, Ethics Committee: June 7, 2022, information received June 7, 2022.

LOCAL COMMUNITY HEALTH REPORTS

Tri-County Health Network

- TCHNetwork conducted a CHNA in late 2021, a regional survey designed to better understand the health-related needs of people who live or work in San Miguel, Ouray, the West End, and Delta counties. While we did not specifically target “east end” of Montrose County residents, we did receive some responses from Montrose and Olathe community members.
- The goals of the survey were to identify the health-related needs of our community members, learn more about the services community members are utilizing, and see if there are needs community members have that are not being met by existing resources.

Source: Tri-County Health Network, Community Health Needs Assessment, https://tchnetwork.org/chna-2021/; data accessed on September 29, 2022.

Tri-County Health Network

Community Health Needs Assessment – 2021

- TCHNetwork received 1,178 surveys. Surveys stated they lived in Delta, Montrose, Ouray or San Miguel Counties.
- Surveyors expressed several needs that they believe need to be addressed:

2021 Needs Expressed

- Recreation Centers
- Mental Health Programs or Services
- Housing or Shelter Services
- Childcare Services
- Community Events to Improve Health
- Food or Nutrition Resources
- Wellness Screenings
- Transportation Resources
- Senior Services
- Employment or Unemployment Services
- Disability Services
- Medical Services
- Immigration Legal Services
- Public Assistance Benefits
- Domestic Violence Services
- Health Insurance Enrollment Assistance
- Care Coordination/Case Management Services
- Veterans' Services
- Community Resource Navigation Support in a Language other than English
- Assistance with Utilities
- Public Libraries
- Faith-based Resources

- Tri-County Health Network created an interactive tool which users can use to explore results by different categories. The link to the interactive tool can be found here: https://tchnetwork.org/chna-2021/

Source: Tri-County Health Network, Community Health Needs Assessment, https://tchnetwork.org/chna-2021/; data accessed on September 29, 2022.

West Central Public Health Partnership

Community Health Assessment – Montrose County

Background

- The West Central Public Health Partnership (WCPHP) is currently completing their own community health assessment for Montrose County.
- The WCPHP is interested in the following areas:
  - Affordable & Healthy Housing
  - Aging in Place (Older Adult Health)
  - Behavioral & Mental Health
  - Affordability & Access to Care
- The WCPHP provided demographic date of Montrose County in there report including but not limited to: population demographics (i.e. age, race), educational attainment, mortality rates, health outcomes and healthy eating

Source: West Central Public Health Partnership – Community Health Assessment – Montrose County; information received on August 31, 2022.

West Central Public Health Partnership

Community Health Assessment – Montrose County

Demographic Findings

- Affordable & Healthy Housing
  - Montrose County has a higher percent of linguistically isolated households as compared to Delta, Gunnison, Hinsdale and Ouray Counties and Region 10
  - Montrose County has the second highest percent of the population receiving SNAP Benefits with Colorado having the highest percent
- Aging in Place (Older Adult Health)
  - Montrose County has a higher percent of those who have a disability
  - Montrose County has a lower percent of adults who have completed preventative screenings like receiving the pneumococcal vaccine, the flu vaccine, a mammogram or a sigmoidoscopy
- Behavioral & Mental Health
  - Montrose County has a
  - Montrose County has a higher suicide mortality rate per 100,000 than the state for
- Affordability & Access to Care
  - Montrose County has a higher percent of adults without health insurance coverage
  - Montrose County has a higher percent of children without health insurance coverage
  - Montrose County has a higher percent of children eligible but not enrolled in Medicare or CHP+
  - Montrose County has a similar percent of adults who visited the dentist in the past year

*Disclaimer: These findings are only a summary and the full report should be referred to for more information. As of October 10, 2022, the full report has not been published. For further information, please visit the WCPHP website: https://www.wcphp.org/

Source: West Central Public Health Partnership – Community Health Assessment – Montrose County; information received on August 31, 2022.

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 via direct mail or email to the hospital. The physical address and email address can be found directly on the hospital's website 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 2020 to 2022 Implementation Plan.

IMPLEMENTATION STRATEGY

Significant Health Needs

The methodology used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by MMH.[28] The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies MMH current efforts responding to the need including any written comments received regarding prior MMH implementation actions
- Establishes the Implementation Strategy programs and resources MMH will devote to attempt to achieve improvements
- Documents the Leading Indicators MMH will use to measure progress
- Presents the Lagging Indicators MMH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, MMH is the major hospital in the service area. MMH is a 75-bed, acute care medical facility located in Montrose, Colorado. The next closest facilities are outside the service area and include:

- Delta County Memorial Hospital, Delta, CO; 22.9 miles (30 minutes)
- Community Hospital, Grand Junction, CO; 64.9 miles (76 minutes)
- St. Mary's Medical Center, Grand Junction, CO; 62.1 miles (76 minutes)
- Gunnison Valley Health, Gunnison, CO; 64.9 miles (78 minutes)

All statistics analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the MMH Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

[28] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **MENTAL HEALTH –** 2016 Significant Need; Montrose County's population to mental health provider ratio is worse than the state average; Suicide is the #7 leading cause of death in Montrose County and is worse than the U.S. average; Montrose County's female and male self-harm and interpersonal violence related deaths is worse than the U.S. average and increased from 1980-2014 (female death rate increased 18.9%; Male death rate increased 8.6%); Female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 295.9%; Male death rate increased 191.9%)
2. **DRUG/SUBSTANCE ABUSE –** Local expert concern; Montrose County's drug overdose death rate is worse than the state average; Montrose County's female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 295.9%; Male death rate increased 191.9%)
3. **SUICIDE –** 2016 Significant Need; Montrose County's population to mental health provider ratio is worse than the state average; Suicide is the #7 leading cause of death in Montrose County and is worse than the U.S. average; Montrose County's female and male self-harm and interpersonal violence related deaths is worse than the U.S. average and increased from 1980-2014 (Female death rate increased 18.9%; Male death rate increased 8.6%); Female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 295.9%; Male death rate increased 191.9%)

Due to the similar actions required to address these needs, a single implementation strategy has been developed.

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

MMH services, programs, and resources available to respond to this need include:[29]

- $200K grant for planning around opioid prevention, treatment and recovery – a consortium formed to work together on community solutions (The Center for Mental Health, River Valley Family Health Center, PIC Place, Hilltop Family Resource Center, Montrose County Health & Human Services, the 7th judicial district, and Montrose Memorial Hospital).
    - Conducted a survey collection online and at the library
    - Conducted focus groups in November consisting of more than 50 people to gain knowledge
- **2020 – 2022 Update:**
    - Status: Completed
    - MMH, public partners and Uncompahgre Recovery Connections used a $200K grant for planning around opioid prevention, treatment, recovery. Naloxone was distributed to MMH, the public and partners. Uncompahgre Recovery Connections are planning to use the Comprehensive Strategic Plan and Implementation Plan as base for work for next three years. MMH provided trainings for Emergency Department personnel and other partners on SBIRT. Additionally, MMH distributed lock boxes that can store opioids to members of the community.

[29] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- Working with ALTO project through the Colorado Hospital Association to reduce opioid use in the emergency department
    - Physical therapy
    - Non-opioid drugs
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MD's in the emergency department use CHA ALTO pathways as part of their prescribing practices in treating pain at its source. MMH employs PT on staff to serve patients in a variety of ways. PTs utilize alternative modalities to decrease the need for medication management. MMH will continue to be committed to our community to treat each individual person to a healthier version of themselves using updated practices.
- Provide education to patients regarding alternatives to opioids
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH provides pamphlets to patients as well as ALTOS pamphlets as a part of MMH's culture in the emergency department. MMH staff have the ability to speak about the importance and the reasons MMH is an ALTOS emergency department and what that means for the patient and the success in their treatment.
- Surgeons are limiting the number of opioids prescribed post-surgery
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH will continue to provide education and CME to limit the frequency and amount of opioids that are being prescribed by surgeons in the community. MMH discussed increasing opioid awareness at Surgery Committee. MMH will continue to look into obtaining statistics about number and type and strength of opioids prescribed as well as utilizing PDMP data with individual surgeon's permission to improve education and conversations among providers in the community.
- MMH physicians developed "Top 10 Pain Areas" and alternative ways to treat them.
- **2020 – 2022 Update:**
    - Status: Completed
    - MMH physicians developed the "Top 10 Pain Areas" along with the alternative ways to treat them.
- Medical staff receives continuing education on opioids and safe dosing of opioids and benzodiazepines for end-stage COPD patients.
- **2020 – 2022 Update:**
    - Status: Ongoing

- In October 2020, MMH hosted a presentation by Rachael Duncan, Pharm D on the topic of Advanced Analgesia in Patient Care: Using Less Opioids
- On Friday, January 14, 2022, MMH hosted a presentation by Ryan Jackman, MD, Addictions Specialist on Inpatient Management of Patients on Medication Assisted Treatment. This presentation included a discussion and brief overview of Federal Regulations and administration and dispensing of buprenorphine or methadone, the approach to acute pain in persons who are opioid dependent, and treatment for inpatient management of patients on medication assisted therapy. There were 38 providers in attendance.
- On Friday, February 18, 2022, MMH hosted a presentation by Jennifer Daniels, BS, MSWc, District 51 Suicide Prevention Specialist, on the topic of Suicide Prevention and Awareness: Question, Persuade, Refer (QPR). Learning objectives included ways identify the warning signs of suicide, identify methods to prevent suicide and to get help for patients. There were 37 providers in attendance.
- The CME Committee at Montrose Memorial Hospital continues to provide regular updates to providers on the appropriate use of controlled substances and suicide prevention strategies.

- Through collaboration with The Center for Mental Health, MMH will refer patients who enter into the emergency department presenting with severe behavioral health symptoms to the Center for Mental Health's Crisis Walk-in Center
  - The Center for Mental Health opened the crisis walk-in center this year, which will provide:
    - Emergency behavioral healthcare 24 hours a day, 7 days a week
    - Short-term bed-based stabilization to individuals aged 12 and older who are experiencing a severe behavioral health crisis
    - Withdrawal management/detox services for those 12 and older who don't need medical intervention
    - Off-site emergency peer transport which provides, local, secure transportation for individuals placed on a 72-hour mental health hold to the CWC or other treatment facility

- **2020 – 2022 Update:**
  - Status: Ongoing
  - The Crisis Stabilization Unit opened in 2020. MMH will continue to work closely with the Center for Mental Health to transfer appropriate patients. The Center for Mental Health has merged with Axis Health System and we will continue to collaborate with them for our patients' needs.

- MMH meets monthly with Center for Mental Health, local law enforcement, and jail administrators to discuss community status and goals.

- **2020 – 2022 Update:**
  - Status: Ongoing
  - MMH continues to meet as needed with CMH and other community law enforcement to discuss and collaborate. The Center for Mental Health has merged with Axis Health System and we will continue to collaborate with them for our patients' needs.

- Behavioral Health Regional Collaborative Group meets quarterly
- **2020 – 2022 Update:**
    - Status: Ongoing
    - Group continues to meet on an ad hoc basis. The Center for Mental Health has merged with Axis Health System and we will continue to collaborate with them for our patients' needs.
- MMH hired certified nursing assistants to become mental health patient sitters
- **2020 – 2022 Update:**
    - Status: Ongoing
    - CNAs were hired to do be sitters for mental health patients as well as other patients who need a sitter. All CNAs completed sitter training and Mental Health First Aide training to equip them with the skills to sit with these patients. When they are not needed as sitters, they work as CNAs in various departments of the hospital.
- Center for Mental Health Group mental health providers ride with police when responding to a mental health crisis
    - Evaluation is done in the field and the patient is transported to the appropriate location without going to the emergency room if not necessary.
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH meets regularly with CMH and other community law enforcement as needed to discuss and collaborate. CMH and the emergency department meet on an ad hoc basis to discuss case review and process improvement to allow for greater services to the needs of the community and the two health entities.
- Offer tele psych services if a provider isn't available in the emergency department
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH offers tele-psychiatry through Healthone. Through Healthone, MMH is able to consult a licensed psychiatrist for medication management not only in the emergency department but also in inpatient units. This service also provides pediatric trained psychiatrists to help maintain the pediatric population. The tele-psychiatry service has recently expanded to also allow MMH to have additional services for mental health services and placement throughout the state.
- MMH financially supported expansion of Mind Springs inpatient hospital in Grand Junction in 2018
- **2020 – 2022 Update:**
    - Status: Completed
    - MMH financially supported expansion of Mind Springs inpatient hospital in Grand Junction.

- Relationship with Peer Kindness, a non-profit organization that works to reduce bullying and to foster a PEER stance
    - Offer education/support at the local schools
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH participates as needed and/or requested. Peek Kindness is very active in Montrose and Delta counties.
- MMH employs five case managers and a social worker who assist patients in obtaining the services they need for recovery
- **2020 – 2022 Update:**
    - Status: Ongoing
    - In addition to the case managers, MMH sends a data feed to the Regional Accountable Entity (RAE) and the Center for Mental Health to ensure continuity of care. RAE care coordinators are responsible for follow-up within a defined timeframe.
- Partner with Center for Mental Health to provide clinical oversight to their psychiatrists; Center for Mental Health staff members come to MMH to perform psychiatric evaluations
- **2020 – 2022 Update:**
    - Status: Ongoing
    - Psychiatry is on MMH's physician recruitment plan. CMH changed their process and is currently completing evaluations via tele-health. Occasionally, CMH comes to MMH, but primarily they use tele-health to provide mental health evaluations on our patients.
- Offer mental health first aid training to the emergency department staff to teach them skills to respond to the signs of mental illness and substance abuse
- **2020 – 2022 Update:**
    - Status: Deferred at this time.
    - Work with local government and law enforcement to meet the needs of mental health patients, provide tools and training, and improve interactions and treatment
- **2020 – 2022 Update:**
    - Status: Ongoing
    - Meetings are held with local government and law enforcement as needed.
- MMH participates in a Pain Management and Opioid Prescribing Committee that discusses alternatives for opioids, pain management/reassessment policies, patient education materials, continuing medical education, grant opportunities, and medication administration policies
- **2020 – 2022 Update:**

- Status: Ongoing
- The Committee has implemented multiple effective strategies as a community and facility at MMH to increase awareness among prescribing physicians and decrease narcotic use postoperatively. We have changed our outpatient order sets to include standard non-narcotics like Tylenol and NSAIDS as well as lesser medications like Tramadol. Making these available and standard on order sets increases use of non-narcotic medication strategies. IV Tylenol is significantly less expensive and email notifications have been widely distributed to surgeons to include this once prohibitively expensive medication as part of a multimodal pain strategy for surgical patients. The committee created a patient information handout on postoperative pain expectations and strategies for pain management that include many alternatives to taking narcotics alone. The committee will continue to evaluate how to gather data prescribing practices for opioids, especially for inpatients as they transition to discharging home as to how we plan for their pain control.

- Participate in Montrose Suicide Prevention Coalition
- **2020 – 2022 Update:**
  - Status: Ongoing
  - MMH works to have a representative from MMH participate on the Coalition.
  - MMH currently participates in the Zero Suicide Colorado monthly learning calls which is put on by the office of suicide prevention from CDPHE.

Additionally, MMH plans to take the following steps to address this need:

- Look into employing a mental health evaluator or psychiatrist
- **2020 – 2022 Update:**
  - Status: Ongoing
  - MMH has a clinical psychologist in the Emergency Department who does mental health evaluations. MMH currently employs one LCSW who works remotely and assists with mental health evaluations. MMH is recruiting for an additional LCSW. Recruitment of a psychiatrist is on the hospital's Medical Staff recruitment plan.
- Partner with Colorado Perinatal Care Quality Collaborative (CPCQC) on a quality improvement initiative called the Colorado Hospital Substance Exposed Newborns (CHoSEN) Collaborative in an effort to increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances at the time of birth across Colorado
- **2020 – 2022 Update:**
  - Status: Ongoing
  - MMH is partnering with River Valley Federally Qualified Health Center. They were awarded the MOM grant to improve maternal outcomes by screening for substance use and getting them in treatment. River Valley providers will be attending Alpine's High Risk OB meetings monthly in order to improve patient care. This will lead to improved neonatal outcomes and hopefully a decreased length in stay.
- MMH is actively recruiting a physical therapist to work in emergency department to assist with alternative pain

treatments

- **2020 – 2022 Update:**
    - Status: Ongoing
    - Full time Physical Therapists in the Emergency Department has been in place since March 2020. We are currently gathering data to evaluate the impact of this position on stats relevant to readmissions, opioid use, ED wait times and through put. Utilization by physicians of our ED PT has steadily increased since March.
    - MMH is evaluating on expanding this service to provide seven day a week coverage as soon as possible if the data supports the projects.

MMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Hired case managers and a social worker
- Through collaboration with the Center for Mental Health, after medical screening and stabilization of emergency medical conditions, MMH will refer/transfer patients who come into the emergency department presenting with severe behavioral health symptoms to the Center for Mental Health's Crisis Walk-in Center
    - The Center for Mental Health opened the crisis walk-in center this year
        - Offer emergency behavioral healthcare 24 hours a day, 7 days a week
        - Providing short-term bed-based stabilization to individuals aged 12 and older who are experiencing a severe behavioral health crisis
        - Withdrawal management/detox services available for those 12 and older who don't need medical intervention
        - Off-site emergency peer transport which provides, local, secure transportation for individuals placed on a 72-hour mental health hold to the CWC or other treatment facility
- $200K grant for planning around opioid prevention, treatment and recovery – a consortium formed to work together work together on community solutions (The Center for Mental Health, River Valley Family Health Center, PIC Place, Hilltop Family Resource Center, Montrose County Health & Human Services, the 7th judicial district, and Montrose Memorial Hospital)
    - Conducted a survey collection online and at the library
    - Conducted focus groups in November consisting of more than 50 people to gain knowledge

- Started initial steps to implement the Using Alternatives to Opioids (ALTO's) project utilizing the Colorado Hospital Association framework to reduce opioid use in the emergency department.
    - Physical therapy
    - Non-opioid drugs
- Developed Behavioral Health Coalition
- Hired certified nursing assistants (CNA) to become mental health sitters

Anticipated results from MMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate MMH intended actions is to monitor change in the following Leading Indicator:

- Number of patients that get transferred to the Center for Mental Health Crisis Stabilization Unit.
    - How many patients were sent to the Center for Mental Health Crisis Stabilization Unit
- Colorado Hospital Transformation Project (HTP) Measure – Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments.
    - Number of patients who enter the MMH emergency department complaining of pain and were prescribed an opioid

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Suicide death rate = 20.1 per 100,000 population[30]

MMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Center for Mental Health		605 East Miami Rd, Montrose, CO 81401 (970) 249-9694 www.centermh.org
Mind Springs Health/Well Springs Hospital		515 28 3/4 Rd, Grand Junction, CO 81501 (970) 263-4918 https://mindspringshealth.org/treatment/west-springs-hospital/
HealthOne, Denver		6196 S Ammons Way, Littleton, CO 80123 (303) 932-6911 healthonecares.com
River Valley Family Health Center		308 Main St, Olathe, CO 81425 (970) 323-6141
PIC Place (Partners in Integrated Care)		87 Merchant Drive, Montrose, CO 81401 (970) 252-8896 Pic.place.com
Hilltop Family Resource Center		540 South 1st Street, Montrose, CO 81401 (970) 252-7445 Htop.org
Montrose County Health and Human Services		1845 S. Townsend Avenue, Montrose, CO 81401 (970) 252-5078 Montrosecounty.net
7th Judicial District		1200 N. Grand Avenue #A, Montrose, CO 81401 (970) 252.4308 Courts.state.co.us

Other local resources identified during the CHNA process that are believed available to respond to this need:[31]

[30] Worldlifeexpectancy.com. 2017.

[31] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

Organization	Contact Name	Contact Information
Other local providers		
Alcoholics Anonymous (AA) [Central Office of Western Colorado]		1005 N. 12th Street #107, Grand Junction, CO 81501 (970) 245-9649 http://www.aa-westerncolorado.org/
Narcotics Anonymous (NA) [Serenity Unlimited Area (Grand Junction, Delta, Telluride, Hotchkiss, Montrose)]		(970) 201-1133 http://www.nacolorado.org/
AlAnon		(888) 425-2666 http://alanon.info/MeetingSearch/AlAnonMeetings.aspx?language=EN
Advantage Treatment Centers (for those with addiction and in criminal justice system)	Sarah Stangebye-Hibler, Clinical Director	1230 N. Grand Ave, Montrose, CO 81401

4. AFFORDABILITY – Local Expert Concern; Montrose County's uninsured rate is worse than the state average and U.S. median; Montrose County's unemployment rate is worse than the state average; Regions of Montrose County have a higher vulnerability relating to socioeconomic status

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

MMH services, programs, and resources available to respond to this need include:

- Through grant dollars, the Hospital offers navigation services for women to access breast cancer and cervical screening for patients with limited or no health insurance – the following is available:
    - Reduced cost breast cancer screenings with partnership with Bosom Buddies, free cervical cancer health navigation services through the Women's Wellness Connection
    - Transportation, childcare, and translation assistance if needed
- **2020 – 2022 Update:**
    - Status: Ongoing
    - In 2021, 101 women were screened for cancers through this program. Each year Community Health Navigator participates in more than 10 community events to educate women about importance of screenings.
- Work with Bosom Buddies to provide financial assistance for mammograms and other breast cancer related medical expenses to underserved women and men in southwestern Colorado

- **2020 – 2022 Update:**
    - Status: Ongoing
    - Each year Community Health Navigator connects at least women with services offered by Bosom Buddies. In 2021 there were 12 vouchers given. Relationships continue to be strengthened between MMH and Bosom Buddies.
- Offer a sliding scale fee
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH offers discounted care to patients who qualify for one of the sliding fee scale programs offered at MMH. MMH continues to accept discounted rates from the River Valley Sliding Scale as well as our in-house sliding scale, Montrose Indigent Sliding Scale. Throughout 2020, MMH continued to offer assistance with applying and qualifying for these sliding scale programs.
- Daily evaluation of self-pay patients and offer assistance to get set up with Connect for Colorado or financial assistance before leaving the hospital
- **2020 – 2022 Update:**
    - Status: Ongoing
    - In 2020, MMH's financial counselor and Customer Service team implemented a program to evaluate self-pay patients on a daily basis. MMH's financial counselor was diligent in reaching out to these patients while they were under our care to offer our financial assistance options as well as provide details on the application process. MMH's financial counselor and Customer Service team continue to evaluate self-pay patients on a daily basis.
- MMH employs a financial assistance coordinator who is certified to assist patients with financial aid enrollment
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH has a certified financial counselor who works with patients to move through the financial aid application process.
- MMH employee is bilingual and able to assist the Spanish speaking community members
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH continues to employ a bilingual employee on our Customer Service team to assist our Spanish speaking community members.

- Strong partnership with local Federally Qualified Health Center (FQHC), River Valley Family Health Center
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH continues to foster a strong partnership with River Valley Family Health. Our mutual patients appreciate this partnership when it comes to their care and the financial aid available to them.
- MMH offers a loan program through the Bank of Colorado
- **2020 – 2022 Update:**
    - Status: Ongoing
    - In 2020, MMH implemented a loan program through the Bank of Colorado. MMH continues to offer the My Loan program through Bank of Colorado. We had several patients utilize this program throughout the year.
- MMH works to negotiate with insurance plans that aren't contracted with MMH
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH continues to negotiate with insurance plans that aren't contracted with MMH as necessary and requested.
- Offer a zero-interest payment plan and a 25% cash discount
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH continue to offer no-interest payment plans to our patients. We also continue to offer a 25% cash discount to patients who are self-pay.
- MMH offers the Colorado Indigent Care Program (CICP), which provides discounted health care services to low-income people and families
- **2020 – 2022 Update:**
    - Status: Ongoing
    - CICP continues to be one of the primary financial assistance programs offered at MMH. In 2020, with the help of this program, MMH saw health care services provided to low-income families in our community at an affordable rate.
- Offer cash payment option for MRI at a heavily discounted rate
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH continues to offer cash payment options for MRIs at a heavily discounted rate. This continues to be a practical option for many of our patients in 2020.

- Provide cash price list on website for most common procedures
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH continues to provide a cash price list on our website, www.montrosehospital.com, for the most common procedures. Having access to this information has helped our patients make informed decisions about their care.
- MMH is expanding the Cancer Center and added two providers, a Nurse Practitioner, a Genetic Specialist, and a nurse navigator
- **2020 – 2022 Update:**
    - Status: Ongoing
    - Medical Oncology added a 3rd Provider in September 2020, however, another provider gave notice of retirement for April 2021. MMH has initiated active recruitment to replace the provider and will identify a locums if needed in the interim. MMH no longer utilizes an NP. MMH is also recruiting for genetic counselor and are evaluating companies that could potentially provide this service.
- Cardiology and Pulmonary have an outreach clinic in Gunnison and will be opening one in Delta
- **2020 – 2022 Update:**
    - Status: Ongoing
    - Cardiology and Pulmonology clinics in Gunnison continue. Delta Hospital working with St. Mary's Hospital for Cardiology care and possibly MMH in the near future.
- MMH's Alpine Women's Center offers comprehensive obstetrics and gynecology services to anyone in the Montrose community and surrounding counties
    - Will be expanding to the Telluride area
    - MMH employs two midwives
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH has installed a brand new phone system, added a central triage nurse and a central scheduler, added automated text reminders, removed patient bottle neck and installed vitals machines in each exam room so that patients go straight back to the rooms. MMH launched a Telehealth platform for non-emergent visits to serve patients from the comfort of their home. Patient experience is up, wait times are improving and access to care is 2-3 weeks.
- There is information online and on billing statements about MMH's financial assistance policy
- **2020 – 2022 Update:**
    - Status: Ongoing
    - www.MontroseHealth.com

Additionally, MMH plans to take the following steps to address this need:

- Looking to expand telemedicine services:
    - Tele stroke, tele psych, and tele pediatrics
    - Explore working with clinics in Nucla and Norwood to enhance telemedicine services
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH implemented Doxy.me for telehealth in 2020. The solution has been fully adopted by our clinics and has been invaluable this past year. In addition, MMH received two grants to help provide the equipment for telehealth. Purchasing of this equipment is in process.
- Launching clinical trials at the Cancer Center which will be free for patients who participate
- **2020 – 2022 Update:**
    - Status: Ongoing
    - MMH continues to work toward the goal of having Clinical Trials. It will be important to have the 3rd Provider hired and onboarded. Clinical trial programs allow for the opportunity to study the drug and possibly study required testing being supplied by the sponsor but is all dependent upon the protocol and contract details.
- Work with marketing to ensure that MMH offerings/services are transparent on the website/social media
- **2020 – 2022 Update:**
    - Status: Ongoing
    - Marketing works closely with Patient Financial Services to make sure the website is current and the information is easy to find and follow.

Anticipated results from MMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate MMH intended actions is to monitor change in the following Leading Indicator:

- Number of patients who are submitted for financial assistance quarterly = ~175 patients assisted each quarter, with about 30 of them receiving some type of financial aid
- Amount of charity care percent

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Decrease number of patients with self-pay account
- Uninsured rate[32] = 12% in Montrose County

MMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
River Valley Family Health Center	Jeremy Carroll, CEO	308 Main St, Olathe, CO 81425 (970) 323-6141
Bosom Buddies		645 S 5th St, Montrose, CO 81401 (970) 252-2777
PIC Place	Melanie Hall, Executive Director	87 Merchant Drive, Montrose, CO 81401 (970) 252-8896

[32] www.countyhealthrankings.org (2016)

Other Needs Identified During CHNA Process

7. **Healthy Lifestyles – 2016 Significant Need**
8. **Write in: Addressing social determinants that affect overall health**
9. **Alcohol Abuse**
10. **Women's Health**
11. **Education/Prevention**
12. **Accidents**
13. **Chronic Pain Management**
14. **Maternal/Infant Measures – 2016 Significant Need**
15. **Accessibility**
16. **Prescription Medication Substance Abuse**
17. **Heart Disease – 2016 Significant Need**
18. **Obesity/Overweight**
19. **Alzheimer's**
20. **Diabetes**
21. **Flu/Pneumonia**
22. **Hypertension**
23. **Kidney Disease**
24. **Liver Disease**
25. **Lung Disease**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[33]

1. **

Significant needs where hospital did not develop implementation strategy[34]

1. **

Other needs where hospital developed implementation strategy

1. **

Other needs where hospital did not develop implementation strategy

1. **

[33] Responds to Schedule h (Form 990) Part V B 8
[34] Responds to Schedule h (Form 990) Part V Section B 8

PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2016 Prioritized Needs

1. Mental Health
2. Maternal/Infant Measures
3. Suicide
4. Heart Disease
5. Healthy Lifestyles

2019 Prioritized Needs

1. Mental Health
2. Drug/Substance Abuse
3. Suicide
4. Affordability

Source: Montrose Regional Health, News & Community, Community Health Needs Assessment and Implementation Plan, https://montrosehealth.com/news-community/community-health-needs-assessment/; data accessed July 26, 2022.

2022 CHNA PRELIMINARY HEALTH NEEDS

2022 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Primary & Specialty Care Services and Providers
- Continued Focus on the Aging Population & Services
- Need for Increased Emphasis on Housing & Transportation
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

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PRIORITIZATION

The Prioritization Process

- In August 2022, leadership from DH and MRH met with CHC Consulting to review data findings and prioritize the community's health needs. Based on the unique capabilities of the facilities, MRH prioritized separately from DH in order to tailor their list of identified needs to their specific patient population and resources.
- The CHNA team included the following:
  - Jeff Mengenhausen, Chief Executive Officer
  - CoralAnn Hackett, Chief Nursing Officer
  - Dr. Rhonda Parker, Chief Medical Officer
  - Leann Tobin, Chief Marketing and Philanthropy Officer
  - Sally O'Connor, Case Management Director
  - Katheryn Mattoon, Director of Quality, Risk and Compliance
  - Brad Wiersma, Marketing Director
  - Sonya Hawkins, Director of Emergency Department
  - Jesse Bielak, Director of ICU/Med/Surg
  - Megan Quinn, Infection Preventionist/Quality Data Manager
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

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

1.	**Size and Prevalence of the Issue**
	a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2.	**Effectiveness of Interventions**
	a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3.	**Montrose Regional Health Capacity**
	a. Are people at Montrose Regional Health 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. Access to Mental and Behavioral Health Care Services and Providers
2. Access to Primary & Specialty Care Services and Providers
3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4. Continued Focus on the Aging Population & Services
5. Need for Increased Emphasis on Housing & Transportation
6. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

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Final Priorities

- Hospital leadership decided to address five of the six ranked health needs. The final health priorities that MRH will address through its Implementation Plan are, in descending order:

1. Access to Mental and Behavioral Health Care Services and Providers
2. Access to Primary & Specialty Care Services and Providers
3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4. Continued Focus on the Aging Population & Services
5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

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PRIORITIES THAT WILL NOT BE ADDRESSED

Needs That Will Not Be Addressed

- MRH decided not to specifically address “Need for Increased Emphasis on Housing & Transportation” largely due to the hospital’s capacity to address these needs.
- While MRH acknowledges that this is a significant need in the community, "Need for Increased Emphasis on Housing & Transportation" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need.
- MRH will continue to support local organizations and efforts to address this need in the community.

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

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

2022 Answer Book

- The Montrose Press and Delta County Independent, along with collaborations between other local non-profits, publishes a resource directory for Montrose and Delta Counties.
- The Montrose Community Foundation (MCF) is proud to support the Answer Book and help connect people to the community resources they need.

- The 2022 Answer Book can be found using this link: https://issuu.com/wickcommunications/docs/wick_valley_living_answer_book_2022_v4_2_1_/1?e=1225821/91752612

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.
  - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
  - Due to smaller population numbers and the general rural nature of Delta and Montrose Counties, 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 combined county-level perspective.

ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC

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

CHC Community Hospital Consulting

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE INFORMATION
- PRIORITY BALLOTS

SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **Stratasan**.
  - The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02.
  - This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: https://eig.org/dci/interactive-map?path=state/.
  - **Data USA** provides access to industry workforce categories at the county and state level: https://datausa.io/.
  - 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://engagementnetwork.org/.
  - The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; http://www.bls.gov/lau/#tables.
  - The **Colorado Association of Realtors** provides housing data by county: https://www.coloradorealtors.com/market-trends/regional-and-statewide-statistics/.
  - The **United States Census Bureau** provides access to transportation data at the county and state level: https://censusreporter.org/search/.
  - The study also uses the **United States Census Bureau** for vacant housing data by county, state and the nation: https://data.census.gov/cedsci/table?g=0100000US_0400000US08_0500000US08029,08085&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.H1.
  - This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits by county and state: https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html.
  - **The Annie E. Casey** Foundation is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; http://datacenter.kidscount.org/.
  - This study used data collected by the **West Central Public Health Partnership** for their Montrose County Health Assessment; information received on August 31, 2022.
- **Health Data**
  - The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; http://www.countyhealthrankings.org/.

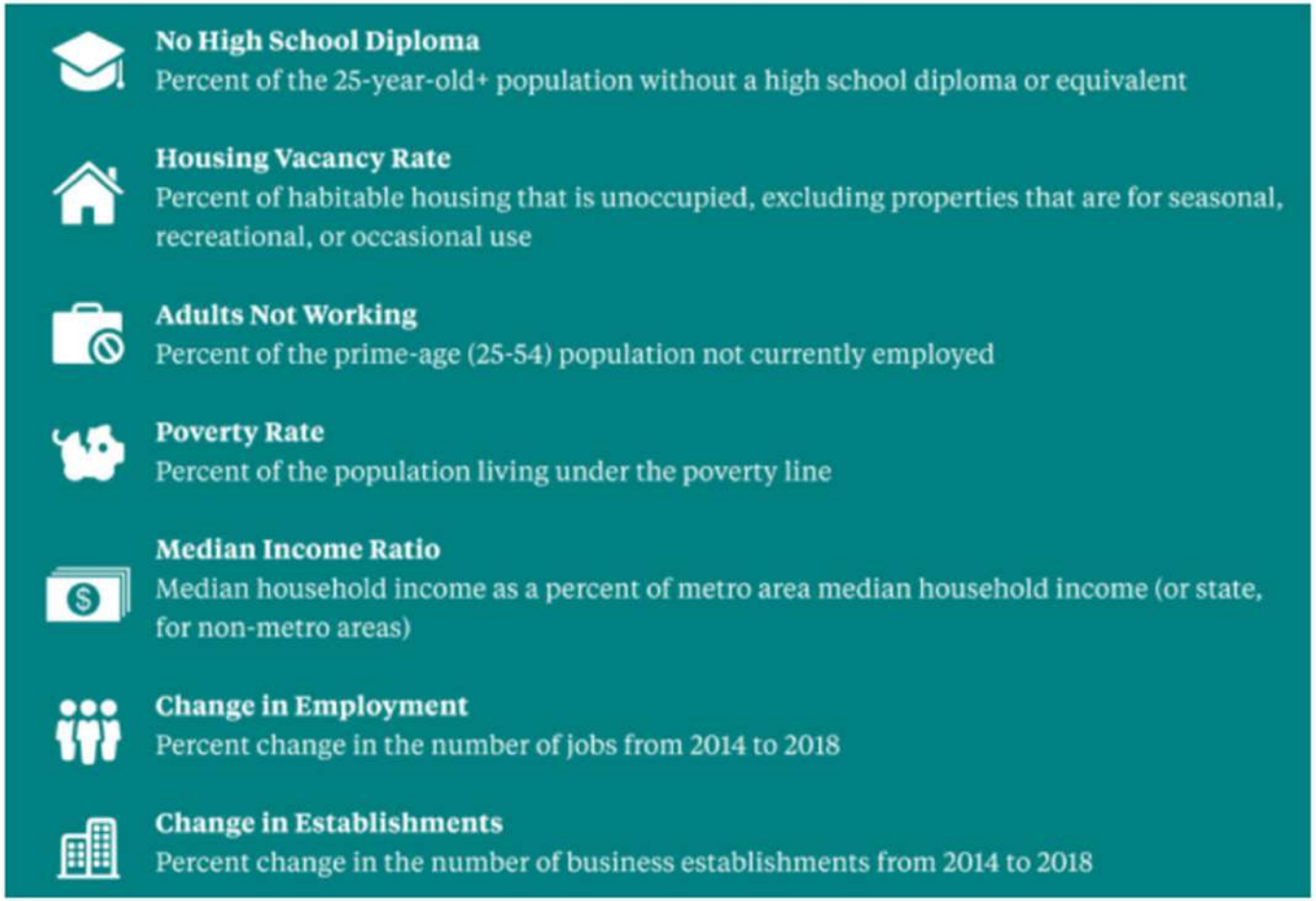
Summary of Data Sources

- **Health Data (continued)**
  - **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.
  - This study utilizes county level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Colorado Department of Public Health & Environment; https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&,:embed=y&,:showAppBanner=false&,:display_count=no&,:showVizHome=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://engagementnetwork.org/.
  - The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/index.html.
  - The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.
  - The **Colorado Department of Public Health & Environment** provides COVID-19 data at https://covid19.colorado.gov/data.
  - The **Colorado Department of Public Health & Environment** provides HIV/STD surveillance for year by year estimates. Data can be accessed at: https://cdphe.colorado.gov/sti-and-hivaids-epidemiology-reports.
  - The **Colorado Department of Public Health & Environment** provides cancer incidence and mortality data at https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&,:embed=y&,:showAppBanner=false&,:display_count=no&,:showVizHome=no.
  - The **Colorado Department of Public Health & Environment** provides maternal and child data by county and state. Data can be accessed at: https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program.
  - 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.
  - Suicide data for Montrose County was provided by **Montrose County Department of Health and Human Services**.
- **Phone Interviews**
  - CHC conducted interviews on behalf of MRH & DH from May 13, 2022 – June 6, 2022.
  - Interviews were conducted and summarized by Alex Campbell, Planning Analyst.

DATA REFERENCES

Distressed Communities Index

The seven components of the index are:



Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/2020-dci-methodology/; data accessed May 31, 2022.

2022 Poverty Guidelines

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$13,590
2	$18,310
3	$23,030
4	$27,750
5	$32,470
6	$37,190
7	$41,910
8	$46,630
For families/households with more than 8 persons, add $4,720 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 September 22, 2022.

HPSA AND MUA/P INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or 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

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed August 29, 2022.

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.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed August 29, 2022.

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	00431	Naturita/Nucla Service Area	Medically Underserved Area	Colorado	Montrose County, CO	60.0	Designated	Rural	12/20/1993	01/31/1994

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Colorado	Montrose	Nucla	County Subdivision	0808592698	Rural

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	07538	Low Inc/ M F W - Montrose Service Area	Medically Underserved Population	Colorado	Montrose County, CO	52.2	Designated	Rural	06/22/1994	06/22/1994

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Colorado	Montrose	Montrose	County Subdivision	0808592546	Rural
Colorado	Montrose	Olathe	County Subdivision	0808592736	Rural

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)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed August 29, 2022.

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.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed August 29, 2022.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1082228667	Nucla/Noorwood Service Area	Geographic HPSA	Colorado	Montrose County, CO | San Miguel County, CO	1.16	16	Designated	Rural	05/03/1978	09/09/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Colorado	Montrose	Census Tract 9661, Montrose County, Colorado	Census Tract	08085966100	Rural
Colorado	San Miguel	Census Tract 9682, San Miguel County, Colorado	Census Tract	08113968200	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1089483754	LI - East Montrose/Ouray	Low Income Population HPSA	Colorado	Montrose County, CO | Ouray County, CO	2.54	14	Designated	Rural	09/20/1995	09/10/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Colorado	Montrose	Montrose CCD, Montrose County, Colorado	County Subdivision	0808592546	Rural
Colorado	Montrose	Olathe CCD, Montrose County, Colorado	County Subdivision	0808592736	Rural
Colorado	Ouray	Ouray CCD, Ouray County, Colorado	County Subdivision	0809192793	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7088082327	Midwestern Colorado Mental Health Catchment Area	Geographic HPSA	Colorado	Delta County, CO | Gunnison County, CO | Hinsdale County, CO | Montrose County, CO | Ouray County, CO | San Miguel County, CO	5.01	19	Designated	Rural	12/02/2005	09/10/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Colorado	Delta	Delta	Single County	08029	Rural
Colorado	Gunnison	Gunnison	Single County	08051	Rural
Colorado	Hinsdale	Hinsdale	Single County	08053	Rural
Colorado	Montrose	Montrose	Single County	08085	Rural
Colorado	Ouray	Ouray	Single County	08091	Rural
Colorado	San Miguel	San Miguel	Single County	08113	Rural

Primary Care	10899908KH	Olathe Community Clinic, Inc.	Federally Qualified Health Center	Colorado	Montrose County, CO		18	Designated	Rural	06/01/2012	09/12/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Olathe Community Clinic, Inc.	308 Main St	Olathe	CO	81425-5066	Montrose	Rural
River Family Family Health Center of Delta	107 W 11th St	Delta	CO	81416-1811	Delta	Rural
River Valley Convenient Care Clinic of Delta	155 Stafford Ln	Delta	CO	81416-2229	Delta	Rural
River Valley Family Health Center of Montrose	1010 S Rio Grande Ave	Montrose	CO	81401-4831	Montrose	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	708999084W	Olathe Community Clinic, Inc.	Federally Qualified Health Center	Colorado	Montrose County, CO		20	Designated	Rural	06/01/2012	09/12/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Olathe Community Clinic, Inc.	308 Main St	Olathe	CO	81425-5066	Montrose	Rural
River Family Family Health Center of Delta	107 W 11th St	Delta	CO	81416-1811	Delta	Rural
River Valley Convenient Care Clinic of Delta	155 Stafford Ln	Delta	CO	81416-2229	Delta	Rural
River Valley Family Health Center of Montrose	1010 S Rio Grande Ave	Montrose	CO	81401-4831	Montrose	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	608999087H	Olathe Community Clinic, Inc.	Federally Qualified Health Center	Colorado	Montrose County, CO		14	Designated	Rural	06/01/2012	09/12/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Olathe Community Clinic, Inc.	308 Main St	Olathe	CO	81425-5066	Montrose	Rural
River Family Family Health Center of Delta	107 W 11th St	Delta	CO	81416-1811	Delta	Rural
River Valley Convenient Care Clinic of Delta	155 Stafford Ln	Delta	CO	81416-2229	Delta	Rural
River Valley Family Health Center of Montrose	1010 S Rio Grande Ave	Montrose	CO	81401-4831	Montrose	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6085758490	LI-Western San Miguel/Western Montrose	Low Income Population HPSA	Colorado	Montrose County, CO | San Miguel County, CO	0.025	7	Designated	Rural	02/01/2022	02/01/2022

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Colorado	San Miguel	Norwood CCD, San Miguel County, Colorado	County Subdivision	0811392679	Rural
Colorado	Montrose	Nucla CCD, Montrose County, Colorado	County Subdivision	0808592698	Rural
Colorado	San Miguel	West San Miguel CCD, San Miguel County, Colorado	County Subdivision	0811393844	Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6084154891	LI - Eastern Montrose	Low Income Population HPSA	Colorado	Montrose County, CO	1.46	14	Designated	Rural	11/12/2021	11/12/2021

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
Colorado	Montrose	Census Tract 9662.01, Montrose County, Colorado	Census Tract	08085966201	Rural
Colorado	Montrose	Census Tract 9662.02, Montrose County, Colorado	Census Tract	08085966202	Rural
Colorado	Montrose	Census Tract 9663, Montrose County, Colorado	Census Tract	08085966300	Rural
Colorado	Montrose	Census Tract 9664, Montrose County, Colorado	Census Tract	08085966400	Rural
Colorado	Montrose	Census Tract 9665.01, Montrose County, Colorado	Census Tract	08085966501	Rural
Colorado	Montrose	Census Tract 9665.02, Montrose County, Colorado	Census Tract	08085966502	Rural
Colorado	Montrose	Census Tract 9665.03, Montrose County, Colorado	Census Tract	08085966503	Rural
Colorado	Montrose	Census Tract 9666.01, Montrose County, Colorado	Census Tract	08085966601	Rural
Colorado	Montrose	Census Tract 9666.02, Montrose County, Colorado	Census Tract	08085966602	Rural

INTERVIEWEE INFORMATION

Monrose Regional Health & Delta Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Josie Anders-Mize	Director of Regional Services	Hilltop Family Resource Center	5/23/2022	Montrose County	Alex Campbell		X		General Public
Jim Austin	Public Health Director	Montrose County Department of Health and Human Services	5/16/2022	Montrose County	Alex Campbell	X			General Public
Lynn Borup	Executive Director	Tri County Health Network	5/26/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public, Underserved
Mike Brezinsky, MD	Internal Medicine Board Member	Montrose Regional Health	5/27/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Barbara Bynum	City Councilor	City of Montrose	5/17/2022	Montrose County	Alex Campbell			X	General Public
Jean Ceriani	Board Member	Delta Health	5/31/2022	Multi-county area, including Delta County	Alex Campbell		X		General Public
Kurt Clay	Assistant Superintendent of School	Delta County School District 50J	5/27/2022	Delta County	Alex Campbell		X		Youth
Kjersten Davis	Board Chair	Montrose Regional Health	5/19/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Holly Duensing	Clinical Manager	HopeWest Hospice	5/17/2022	Montrose County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Rebecca Ela, LCSW	Behavioral Health Director	Delta Health	5/23/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell		X		General Public
Caryn Gibson	Superintendent	Delta County School District 50J	6/2/2022	Delta County	Alex Campbell		X		Youth
Sue Hansen	County Commissioner	Montrose County	6/6/2022	Montrose County	Alex Campbell			X	General Public
Michelle Haynes	Executive Director	Colorado Region 10	5/23/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell	X			General Public
Cara Helmick	Delta County Director	VOANS Senior Community Care	6/1/2022	Delta County	Alex Campbell		X		Seniors, Elderly
Matt Heyn	Chief Executive Officer	Delta Health	5/26/2022	Multi-county area, including Delta County	Alex Campbell		X		General Public
Kaye Hotsenpiller	Chief Executive Officer	River Valley Health Center	5/17/2022	Montrose County	Alex Campbell		X		Low Income, Un/underinsured
Wendell Koontz	County Commisioner	Delta County	5/24/2022	Delta County	Alex Campbell			X	General Public

Monrose Regional Health & Delta Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Laura Lenihan	Registered Nurse	Montrose County Department of Health and Human Services	5/16/2022	Montrose County	Alex Campbell	X			General Public
Robbie LeValley	County Administrator	Delta County	5/24/2022	Delta County	Alex Campbell			X	General Public
Gary Martinez	President	The Sheperd's Hand	5/27/2022	Montrose County	Alex Campbell		X		General Public, Low Income, Un/underinsured
Angel Mendez	Representive	Western Colorado Migrant and Rural Coalition	5/18/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell		X		General Public, Low Income, Un/underinsured
Jeff Mengenhausen	Chief Executive Officer	Montrose Regional Health	5/24/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Karen O'Brien	Director	Delta County Health Department	5/18/2022	Delta County	Alex Campbell	X			General Public
Sally O'Connor	Case Management Director	Montrose Regional Health	5/13/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Cheryl Oeltjenbruns	Executive Director	The Abraham Connection	5/24/2022	Delta County	Alex Campbell		X		Homeless
Dorothy Pew	Delta Program Director	HopeWest Hospice	5/19/2022	Delta County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Corey Phillips	Chief Executive Officer	Cedar Point Health	5/16/2022	Montrose County	Alex Campbell		X		General Public
Greg Rajnowski	Director of Environmental Health	Delta County Health Department	5/20/2022	Delta County	Alex Campbell	X			General Public
Pat Riddell	Individual Practice Association/Physician Hospital Organization Director	Western Colorado Individual Practice Association	5/23/2022	Montrose County	Alex Campbell		X		General Public
Tad Rowan	Chief	Montrose Fire Department	5/25/2022	Montrose County	Alex Campbell			X	General Public
Katherine Smith	Readiness & Response Coordinator	West Region Healthcare Coalition	5/20/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell		X		General Public
Carrie Stephenson, PhD	Superintendent	Montrose County School District	5/24/2022	Montrose County	Alex Campbell		X		Youth, Teenagers/Adolescents
Jennifer Suchon	Nurse Practitioner	Northside Child Health Center	5/25/2022	Montrose County	Alex Campbell		X		Youth
Greg Suchon, MD	Pediatrician	The Pediatric Associates	5/24/2022	Montrose County	Alex Campbell		X		Youth
Mark Taylor	Sheriff	Delta County	5/23/2022	Delta County	Alex Campbell			X	General Public

Monrose Regional Health & Delta Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Kelly Thompson	Director	HopeWest Hospice	5/17/2022	Multi-county area, including Montrose County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Mary Vader, MD	Pediatrician Board Member	Montrose Regional Health	5/20/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Eva Veitch	Area Agency on Aging Director	Colorado Region 10	5/20/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell	X			Seniors, Elderly, Underserved, Low Income
Sandy Walker	Ombudsman	Colorado Region 10	5/25/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell	X			General Public

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

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

C: Community Leaders

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2022 Montrose Regional Health (MRH) Community Health Needs Assessment (CHNA), we have identified the following needs for the MRH CHNA Team to prioritize *in order of importance.*

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and MRH Capacity) that we would like for you to use when identifying the top community health priorities for MRH, 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 MRH will make a difference?
b. How likely is it that actions taken by MRH 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. MRH Capacity
In thinking about the Capacity of MRH 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 MRH 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 Affordable Care and Reducing Health Disparities Among Specific Populations

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
MRH Capacity	◯	◯	◯	◯	◯

* 2. 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	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
MRH Capacity	◯	◯	◯	◯	◯

* 3. Access to Primary & Specialty Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
MRH Capacity	◯	◯	◯	◯	◯

* 4. Continued Focus on the Aging Population & Services

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
MRH Capacity	◯	◯	◯	◯	◯

* 5. Need for Increased Emphasis on Housing & Transportation

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
MRH Capacity	◯	◯	◯	◯	◯

* 6. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	◯	◯	◯	◯	◯
Effectiveness of Interventions	◯	◯	◯	◯	◯
MRH Capacity	◯	◯	◯	◯	◯

* 7. When thinking about the above needs, are there any on this list that you DO NOT feel that MRH 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 Affordable Care and Reducing Health Disparities Among Specific Populations	◯	◯
Access to Mental and Behavioral Health Care Services and Providers	◯	◯
Access to Primary & Specialty Care Services and Providers	◯	◯
Continued Focus on the Aging Population & Services	◯	◯
Need for Increased Emphasis on Housing & Transportation	◯	◯
Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles	◯	◯

Section 2:

Implementation Plan

Montrose Regional Health
FY 2023 - FY 2025 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Montrose Regional Health (MRH) and Delta Health (DH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Montrose and Delta Counties, Colorado.

The CHNA Team, consisting of leadership from MRH and DH, met with staff from CHC Consulting on August 5, 2022 to review the research findings and prioritize the community health needs. Six 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 their capacity to address the need. Based on the unique capabilities of the facilities, MRH prioritized separately from DH in order to tailor their list of identified needs to their specific patient population and resources. Once this prioritization process was complete, MRH leadership voted on what needs to address and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the August 5th prioritization meeting, are listed below:
1.) Access to Mental and Behavioral Health Care Services and Providers
2.) Access to Primary & Specialty Care Services and Providers
3.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4.) Continued Focus on the Aging Population & Services
5.) Need for Increased Emphasis on Housing & Transportation
6.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

While MRH acknowledges that this is a significant need in the community, "Need for Increased Emphasis on Housing & Transportation" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. MRH will continue to support local organizations and efforts to address this need in the community.

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

The MRH Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on October 24, 2022.

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

Rationale:

Data suggests that residents in Montrose and Delta Counties do not have adequate access to mental and behavioral health care services and providers. Montrose County has higher rates of days of poor mental health per month than the state. Montrose and Delta Counties have a lower rate of mental health care providers per 100,000 than the state. Additionally, Montrose and Delta Counties have a Health Professional Shortage Area designation for mental health as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). Delta County has higher prevalence rates of adults with depression than the state.

Many interviewees mentioned the high turnover rates for mental health providers in both Montrose and Delta Counties. The youth were brought up by the interviewees as facing challenges in regard to mental health care, such as the impact of COVID-19, lack of facilities to handle higher acuity cases, which is leading to outmigration and lack of providers, particularly psychiatrists. One Montrose County interviewee stated: “Youth mental health has always been an issue. The behaviors and trends that we're seeing have been exacerbated since the pandemic. The youth that we are serving are really in need of a higher level of care.” Another Montrose County interviewee stated: “There are not enough providers. We have kids who have really serious needs and there are no day treatment facilities that are equipped to handle kids with severe mental and behavioral challenges. We have to send them to Grand Junction or Denver. I am not aware of any inpatient facilities.”

It was mentioned several times that the limited accessibility of mental and behavioral health services is leading to outmigration such as a lack of available rooms in the crisis stabilization unit, in Montrose County, due to staffing; local facilities/organizations at capacity in both counties; lack of any crisis system to deal with higher acuity cases in Delta County; limited availability of a local detox center for both counties; limited local inpatient facilities leading to outmigration to Colorado Springs and Denver; and limited hours of operation for local facilities. One Montrose County interviewee stated: “We have a crisis stabilization unit but honestly it's not accessible and it's not available. They don't have staffing so they transfer to Grand Junction.” One Delta County interviewee stated: “Mental health is a huge issue when we get people into the emergency room and we have no place to send them. We simply don't have a crisis system.”

Several interviewees expressed concern about the high suicide rates in both counties. One Montrose County interviewee stated: “[We have] extraordinarily high suicide rates per capita compared to other parts of the county. The lack of availability for psychiatry services and other mental [services] is always a tough referral for us.” A Delta County interviewee stated: “Our suicide rate in Delta County is close to Mesa County, which is triple the national rate.” Interviewees also discussed limitations in accessing care due to insurance coverage and comfort with telemedicine services.

A few interviewees discussed the challenges with the accessibility of services due to requirements to be admitted/seen, particularly patients with mental and behavioral health issues in both counties. One Montrose County interviewee stated: “The mental health resource center doesn’t take anybody that has dementia or any kind of psychiatric need. If they need an inpatient facility or help with Dementia, Parkinson's, or a secondary diagnosis, they can't be seen here.” One Delta County interviewee stated: “If you have someone who is dually diagnosed and has bipolar disorder or gets dementia, our local mental health service will not see them. A lot of the facilities won’t take them or take them for only 5-6 days which is not really resolving any medication management issues.”

A couple of interviewees discussed the need for geriatric psychiatric services. Lastly, interviewees discussed the greater difficulty in accessing care for minority populations due to the need for bilingual counselors and the insurance/cost of mental and behavioral health services. One Montrose County interviewee stated: “There are practically no counselors who speak Spanish.” One Delta County interviewee stated: “They can get in but Mind Spring doesn’t accept self-pay. The patient has to have Medicaid or insurance. Of course, the minority population does not have access to this [due to lack of insurance].”

Objective:

Provide a point of access for mental health services 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
1.A. MRH will continue to educate the community on opioid prevention, treatment and recovery. MRH provides training for Emergency Department personnel and other partners on Screening, Brief Intervention and Referral to Treatment (SBIRT).	Director of Emergency Department	SBRIT screening is part of each ED patient triage assessment. If a patient screens positive, the ED physician is notified and performs education.						
1.B. MRH will continue to utilize the ALTO project through the Colorado Hospital Association to reduce opioid use in the emergency department.	Director of Emergency Department	Performed by the ED physicians						
1.C. MRH's medical staff receives continuing education on opioids and safe dosing of opioids and benzodiazepines.	Director of Medical Staff Services	1/21/22 - Management of Suboxone in Hospitalized Patients, 9/9/22 - Update on street drugs and substance abuse trends in CO, 10/14/22 - Overview of the Prescription Drug Monitoring Program (PDMP) CO						
1.D. Through collaboration with The Center for Mental Health, MRH will refer patients who enter into the emergency department presenting with severe behavioral health symptoms to the Center for Mental Health’s Crisis Walk-in Center.	Medical Director of the Emergency Department							
1.E. MRH will continue to hire certified nursing assistants to become mental health patient sitters as appropriate.	Chief Nursing Officer							
1.F. MRH will continue to employ case managers and social workers to assist patients in obtaining the services they need for recovery. Additionally, MRH sends a data feed to the Regional Accountable Entity (RAE) to ensure continuity of care.	Case Management Director							
1.G. MRH will continue to assess and recruit mental health care workforce to meet the needs of the community.	Chief Medical Officer	Licensed Clinical Social Worker, Psychiatrist						
1.H. MRH partners with the Colorado Perinatal Care Quality Collaborative (CPCQC) on a quality improvement initiative called the Colorado Hospital Substance Exposed Newborns (CHoSEN) Collaborative in an effort to increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances at the time of birth across Colorado.	Director of Women’s 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.I. MRH partners with the FQHC River Valley Health on the MOM Grant which is a program that works in combination with the COAIM:SUD program. Patients are screened on the initial visit or on admit to the Family Center at MRH and then referred for Medication Assisted Treatment (MAT).	Director of Women's Services							
1.J. MRH participates in the Colorado AIM program: Substance Use Disorder (CO AIM:SUD) for obstetrical patients. This program focuses on establishing hospital guidelines and protocols for screening, brief intervention, and referral to treatment (SBIRD) for substance use disorder (SUD) and perinatal mood and anxiety disorders in the perinatal healthcare setting.	Director of Women's Services							
1.K. MRH will continue to employ physical therapists to work in emergency department to assist with alternative pain treatments.	Director of Clinical Rehab	2 PT's provide services 7 days per week 10am-10pm						
1.L. MRH is collaborating with the Delta County Ambulance District (DCAD) to guarantee transports of behavioral health patients to higher levels of care.	Case Management Director							
1.M. MRH will continue to staff SANE (Sexual Assault Nurse Examiner) who are trained specifically to examine and treat survivors of sexual assault.	Director of Women's Services							
1.N. MRH contracts with FirstStop Health tele-counseling as part of our employee health benefit plan.	Chief Human Resource Officer							
1.O. MRH continues to work with TRIAD employee assistance program to assist employees and providers.	Chief Human Resource Officer							

Priority #2: Access to Primary & Specialty Care Services and Providers

Rationale:

Montrose and Delta Counties have a lower rate of primary care providers per 100,000 than the state. Additionally, Montrose and Delta Counties have several Health Professional Shortage Area and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees in both counties discussed the difficulty recruiting to the healthcare workforce due to the lack of affordable housing, the lack of clinical support staff, limited professional development programs and the lack of nearby schools to serve as a staffing pipeline (Delta County). One Montrose County interviewee stated: "We've run into barriers recently with recruiting for professional administration positions. There's a lack of affordable housing, lack of clinical support staff and not that many training programs that develop professionals." One Delta County interviewee stated: "Recruiting healthcare professionals is a need. Physicians, nurses, and therapists of all types and mental health providers. We closed the nursing school because of a lack of funding. It was affordable for local students and that was a pipeline for nurses."

In Delta County, a few interviewees mentioned the lack of staffing at home health companies which is leading to difficulties in patients receiving care. A couple of interviewees noted the lack of healthcare workforce staff, particularly bilingual providers and nurses. Lastly, a few interviewees expressed concern surrounding high provider turnover rates and frustration with inconsistency. One Delta County interviewee stated: "Inconsistency in providers [is a concern]. There's a lot of turnover. You tell a doctor about what's going on with you and the next time you go, it's a different provider so you have to tell your story all over again."

With regards to primary care access, interviewees had conflicting statements regarding the availability of primary care services in both counties. Interviewees in both counties also noted challenges in accessing primary care services due to long wait times, the limited number of providers and the limited schedules to accommodate provider work/life balance. One Delta County interviewee stated: "One clinic is not accepting any new patients. They are about a month out. It's not that they don't want to see people, they just don't have the capacity because there are not enough providers." One Montrose County interviewee stated: "We have a number of doctors who live here for the lifestyle. They don't necessarily work full time." Interviewees in both counties discussed the perceived patient preference in seeking a physician versus seeing an advanced practice provider and the perceived difficulty in accessing pediatric primary care.

In Montrose County, a few interviewees expressed a desire for additional urgent cares in the community to increase access. One interviewee stated: "It's very difficult for patients to get seen. I would like to see another urgent care here because they can't get in to see their doctor." A couple of interviewees noted the difficulty for certain groups to access primary care services, particularly those on Medicare/Medicaid. Lastly, challenges in using telemedicine for primary care were discussed by interviewees due to the lack of knowledge by certain groups in the community. One Montrose County interviewee stated: "There's a lot of people who don't know how to use telemedicine. Whether you are talking about seniors, low income, or areas that don't have broadband access."

In regards to specialty care, Montrose County residents had conflicting statements about the accessibility of specialty care services. One interviewee stated: "Access to specialty care is really tight. There are long wait items. Orthopedics is 3-4 months out to have a surgery. Cardiology has been out really far." Another interviewee stated: "[Specialty care] for adults is pretty easy. For pediatrics, like pediatric cardiology, it's accessible if the family can drive to Denver." For both Montrose and Delta Counties, interviewees discussed the limited access to local specialty care which is leading to long wait times, potential transportation barriers due to the rural nature of the community and outmigration to Grand Junction, Denver, and for rural Delta County residents specifically to Montrose. One Delta County interviewee stated: "A lot of patients that need specialists leave the community. They come to Montrose for dialysis. For rural parts of Delta County, that's very difficult." For Montrose County, a couple of interviewees mentioned the need to look at available resources in the community instead of referring out. Interviewees in Delta County had conflicting statements regarding the accessibility of OB/GYN services. One interviewee stated: "OB/GYN is a big need. Women's care could use some beefing up." Another interviewee stated: We have dissolved our OBGYN clinic but we have an OBGYN surgeon who comes in from Montrose."

Insurance barriers were discussed by both counties and how that is leading to certain groups lacking access to specialty care services, particularly those on Medicaid and the un/underinsured. One Montrose County interviewee stated: "There are some [providers] who take limited insurances or there are gaps on how many Medicaid patients they can take or how many people that are without insurance. Rheumatology, endocrinology and gastroenterology services are the three biggies that we don't see here or are not allowing Medicaid patients in." Specific specialties mentioned that are needed in both counties include Gastroenterology, Orthopedics, Rheumatology, Endocrinology, Cardiology, Urology, General Surgery, Neurology/Spine, Dermatology and Internal Medicine. Specific specialties mentioned that are needed in Montrose County include Infectious Disease and for Delta County, specific specialties mentioned that are needed include OB/GYN, Dialysis, Pulmonology and Geri-psych.

Objective:

Provide access to primary and specialty care services 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
2.A. Following the MRH Physician Recruitment plan, we will continue to assess and recruit physicians based on community need.	Chief Executive Officer, Chief Medical Officer							
2.B. MRH will continue to increase access to cardiology and gynecological services through the outreach clinic in Delta.	Director of Cardiology Service Line, Director of Women's Services							
2.C. MRH hosts a mobile PET scanner 1x/week. This service will move to the ACC in 2023.	Director of Radiology							
2.D. MRH provides a provider referral phone line.	Director of Medical Staff Services							
2.E. MRH strives to meet the goal of 2 weeks (or less) for the 3rd next available appointment.	Chief Executive Officer, Chief Medical Officer							
2.F. MRH medical staff provides clinical rotations.	Director of Medical Staff Services							
2.G. MRH collaborates with Colorado Mesa University - Montrose and Grand Junction campuses to highlight needs and to provide clinical sites for health professional students (i.e. nursing, radiology, therapies, etc.).	Director of Education and E&M							
2.H. MRH offers an annual Health Fair with low cost blood draws and health screenings.	Marketing Director							
2.I. MRH collaborates with Montrose County to offer a no cost flu vaccination clinic.	Director of Education and E&M							
2.J. MRH shares physician podcasts and other health related information on social media.	Marketing Director							
2.K. MRH hosts an extensive website with health resources.	Marketing Director							
2.L. Increased cardiology access in Gunnison through an outreach clinic staffed by a cardiologist 3 days per week.	Director of Cardiology Service Line							
2.M. MRH works with local high school students to offer Career Option seminars.	Director of Education and E&M							

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Montrose and Delta Counties have higher percentages of children eligible for free or reduced price school lunches, recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits, child food insecurity, and overall food insecurity than the state. Montrose and Delta Counties have lower educational attainment rates than the state and higher percentages of families and children living below poverty. Montrose County, specifically, has a higher average meal cost than the state.

Montrose and Delta Counties have higher rates of adults (age 18-64) who are uninsured as compared to the state, and Delta County has a higher percentage of residents that experienced a medical cost barrier to care within the past 12 months than the state. When analyzing economic status, Delta County is in more economic distress than Montrose County and other counties in the state. Delta County has a higher percentage of people who reported that they had no motor vehicle as compared to the state.

In both Montrose and Delta Counties, interviewees noted the potential overuse of the emergency room due to no upfront payment required, no personal doctor, generational knowledge of the emergency room and the lack of insurance/payment options. One Montrose County interviewee stated: “A lot of people rely on the emergency department for routine care whether or not they understand when to use it. It's all free to them since they are on Medicaid.” One Delta County interviewee stated: “You have people who don’t know the difference between the emergency room and their doctor because they were raised that way. Or that is the only way because they don't have insurance or payment options.” Interviewees expressed concern surrounding the low income, underserved population regarding access to care in both counties.

For Delta County, a few interviewees discussed barriers in attracting providers to the area due to the community payer mix. One interviewee stated: “When we look across the county we are [majority] Medicare/Medicaid. The difference between Medicare/Medicaid vs. private insurance impacts our reimbursement rates not only for the hospital but for our physicians as well. When you have that disparity in the community, it’s not easy to attract providers to the community to serve that many people.” In both counties, interviewees noted the community payer mix of the community is resulting in the need for more private providers in the community, the acknowledgment that the payor mix is a barrier to keeping healthcare facilities running due to overhead costs and concern for rising health insurance costs and medications costs. One Delta County interviewee stated: “Our payor mix is so heavily Medicaid/Medicare that we have trouble keeping all of the kinds of facilities and clinics available for people to utilize.” One Montrose County interviewee stated: “The cost of drugs and the cost of the pharmacy [is an issue]. Not only for the patient first and foremost but also for the hospital.”

In Montrose County, interviewees discussed potential barriers for accessing care due to changes in the public health department. One interviewee stated: “We use to have a health department that covered vaccines, women's health, and undocumented people. All that is basically gone.” Transportation barriers were discussed in both counties and the resulting barriers were due to the patient’s geographical location, long wait times and lack of a mass transportation system in the county. One Delta County interviewee stated: “There’s a large percentage of the population who live 40-50 miles from the hospital. There are no mass public transportation options.” In Delta County, interviewees noted the limited affordable housing for certain populations, particularly the elderly and low income populations. Additionally, a few interviewees discuss the limited internet access in some areas of the county. One interviewee stated: “There are some areas where there's no internet access or cellular access. That’s challenging for some people. The cost of internet access is another [issue].”

Several interviewees in both counties mentioned the need for greater community collaboration towards addressing the unmet needs of vulnerable populations. One Delta County interviewee stated: “A $600 medical bill is not affordable for people around here. We have undocumented children who don't have health care insurance. How are families going to afford healthcare if they are making $12.50 an hour? We need to open the conversation about how we are taking care of the population.” Lastly, interviewees in both counties acknowledged the growth of drug related use/abuse in the community and in child welfare cases. One Montrose County interviewee stated: “Drug addiction is a growing problem. Alcoholism is always a big issue but particularly here we have a meth problem and that launches into a growing fentanyl problem. Meth has always sort of been a big issue and we see it in our child welfare cases – children with drug addiction.” One Delta County interviewee stated: “Alcohol is a big thing where we live but recreational drugs as well. There’s really poor alcohol treatment and limited resources. There was a detox facility in the county but it closed due to staffing shortages and lack of trained staff.”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, pediatrics, teenagers/adolescents, homeless, low income/working poor, racial/ethnic, and veterans. With regards to the elderly population, interviewees discussed an increasing need for staffing of senior care facilities like nursing homes and assisted living facilities, food insecurity, need for more transportation options and operational hours, education on telehealth services and benefits, access to internet services, access to affordable dental care, need for comprehensive home health, affordable housing options, medical/insurance education, mental and behavioral health services, affordability of care and for Delta County specifically, a need for equipment/resource needs, particularly oxygen tank refills. With regards to the pediatric population, interviewees discussed the limited availability of child day care and potential language barriers between parents and providers for Delta County. Teenagers/adolescent residents were discussed as being disproportionately challenged by limited transportation options, hesitancy to go to the doctor, need for mental health services, particularly psychologists, need for local providers with the ability to prescribe appropriate mental and behavioral health medications, substance and drug misuse/abuse, vaping, e-cigarette use, suicide rates, need for younger parent family planning/education/Planned Parenthood and limited local OB/GYN services.

The homeless residents were brought up as a subgroup of the population that may be disproportionately affected by limited operational hours for local shelters, the growing population of homeless individuals in both counties, mental and behavioral health concerns, substance misuse/abuse and a need for safe/affordable housing for Delta County. Low income and working poor residents were discussed as facing cost barriers to care, transportation barriers, limited internet access, a need for healthy lifestyle education and a need for affordable housing. Racial/ethnic groups were discussed as facing language barriers, insurance/affordability issues and hesitancy to seek care regarding potential documentation concerns for Montrose County and potential cultural mistrust for Delta County. Lastly, for the veterans, interviewees discussed the limited local VA services, limited access to mental and behavioral health services, affordable housing and access to dental care specifically in Montrose County.

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. Through grant dollars, MRH offers navigation services for women to access breast cancer and cervical screening for patients with limited or no health insurance.	Grant Writer							
3.B. MRH will work with Bosom Buddies to provide financial assistance for mammograms and other breast cancer related medical expenses to underserved women and men in southwestern Colorado.	Director of Patient Financial Services							
3.C. MRH offers a sliding fee scale programs to patients as appropriate.	Director of Patient Financial Services							
3.D. MRH conducts daily evaluations of self-pay patients and will offer assistance to get the patient set up with Connect for Colorado or financial assistance before leaving the hospital.	Director of Patient Financial Services							
3.E. MRH employs a financial assistance coordinator who is certified to assist patients with financial aid enrollment.	Director of Patient Financial Services							
3.F. MRH offers a loan program through the Bank of Colorado.	Director of Patient Financial Services							
3.G. MRH will continue to negotiate with insurance plans that aren’t contracted with MRH as opportunities arise.	Director of Patient Financial Services							
3.H. MRH continues to offer no-interest payment plans to our patients. Additionally, MRH will continue to offer a 25% cash discount to patients who are self-pay.	Director of Patient Financial Services							
3.I. MRH offers the Colorado Indigent Care Program (CICP), which provides discounted health care services to low- income people and families.	Director of Patient Financial Services							
3.J. MRH continues to offer cash payment options for several services.	Director of Patient Financial Services							
3.K. MRH provides cash price list on website for most common procedures through their website: www.montrosehospital.com. MRH provides information and billing statements about MRH's financial assistance policy online and works with marketing to ensure the MRH offerings/services are transparent on the website/social media.	Director of Patient Financial Services							
3.L. MRH provides clinical trials at the Cancer Center which will be free for patients who participate as appropriate.	Chief Medical Officer							

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.M. Ambulatory Care Center (opening 2023) will decrease cost of and improve patient experience and ease of navigating the building to receive care.	Chief Executive Officer							
3.N. MRH rehabilitation services financially supports All Points Transit which provides free transportation to rehab patients utilizing MRH services.	Director of Business Rehab Operations							

Priority #4: Continued Focus on the Aging Population & Services

Rationale:

Montrose and Delta Counties have a larger age 65 and older population than the state. Additionally, Montrose and Delta Counties have lower percentages of those ages 65+ who received their flu vaccine in the past 12 months as well as those ages 65+ who received their pneumonia vaccine in the past 12 months than the state.

For both Montrose and Delta Counties, interviewees discussed a perceived lack of home health, nursing homes and long term care facilities due to staffing and insurance barriers. For Delta County specifically, interviewees discussed the lack of geriatric mental health services which is leading to outmigration. This Delta County interviewee stated: "I can rarely get someone placed in a long term [facility] here. If they need geriatric psych, they have to go out of the area." It was mentioned that there is a perceived need for affordable dental care as well as potential barriers to accessing health services due to insurance, specifically for those with Medicare insurance. A Delta County interviewee stated: "The quality of care for the [elderly] is very hard. Because they are on Medicare, they don't have insurance to cover other services like dentists." One Montrose County interviewee stated: "There's only one assisted living facility that'll take Medicaid [patients]." A few interviewees brought up the need for more education on insurance coverage and benefits and interviewees expressed concern for the affordability of services and overall financial needs. A Montrose County interviewee stated: "People don't understand Medicare benefits. People are banking on that their medical benefits will place them in a nursing home." One Delta County interviewee stated: "Affordability is difficult. We have quite a large percentage of the population over 65 that don't qualify for Medicare but struggle to meet their monthly financial needs. They can't afford health services on their own."

Furthermore, a few interviewees discussed the lack of affordable housing options resulting in increased homelessness among seniors. One Delta County interviewee stated: "We have seen a larger number of seniors fall into the homeless category. Rentals are high. There isn't enough affordable housing for seniors." There is a need for senior services in the community to better meet the needs of the elderly and one Montrose County interviewee specifically stated: "We're starting to turn into a retirement community. Really focusing on the [elderly], the services and access to them [is a need]." Lastly, a couple of interviewees expressed a desire for increased use of telemedicine for seniors for their healthcare needs. One Montrose County interviewee stated: "There's a lack of resources for the elderly. It would be awesome if telemedicine was done more with the elderly. They would have a better quality of life."

Objective:

Place increased focus and emphasis on the needs of the aging population within 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. MRH provides exercise classes for the elderly and aging population.	Director of Business Rehab Operations							
4.B. MRH provides education on the importance of breast and cervical screenings.	Grant Writer							
4.C. MRH collaborates with Region 10, Hilltop, Montrose Library and other community groups to set up and participate in a community lecture series focusing on educational seminars for the aging population.	Marketing Director							
4.D. Case Management team collaborates daily with local long term care facilities.	Case Management Director							
4.F. MRH participates in the West Region Health Care Coalition that meets with local nursing homes, assisted living facilities, home health and other healthcare partners to discuss emergency issues for disaster response for the aging and functional needs with special populations.	Director of Education and E&M							

Priority #5: 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 Montrose and Delta Counties and the state. Montrose and Delta Counties have higher mortality rates than Colorado for the following causes of death: heart disease; cancer; accidents (unintentional injuries); intentional self-harm (suicide); chronic liver disease and cirrhosis; influenza and pneumonia; lung and bronchus cancer, female breast cancer; and prostate cancer. Delta County has a higher rate of chronic lower respiratory diseases; cerebrovascular diseases; diabetes mellitus; and colon and rectum cancer mortality than the state.

Both Montrose and Delta Counties have higher prevalence rates of chronic conditions, such as adult diabetes, arthritis, adult asthma, and fair or poor health than the state. Delta County has higher prevalence rates of obesity than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity and tobacco use than the state. With regards to maternal and child health, Montrose and Delta Counties have higher low birth weight births, higher teen (age 0-19 years) birth rates, and higher rates of women who reported they received inadequate prenatal care than the state.

Data suggests that Montrose and Delta County residents are not appropriately seeking preventive care services, such as timely prostate screenings. Montrose County has higher percentages of residents not appropriately seeking preventive care services like mammography and pap tests. Additionally, Delta County has a lower rate of dentists per 100,000 than the state. Both Montrose and Delta Counties have a lower percentage of its population vaccinated with the first dose and second dose than the state (information as of August 2, 2022).

For Montrose and Delta Counties, interviewees noted conflicting statements on knowledge of healthy lifestyle programs in the community. Additionally, interviewees in both counties discussed the need for additional education on healthy behavior choices, particularly for the youth. One Montrose County interviewee stated: “There’s not enough access to healthy lifestyle programs or counseling. It's not easy for a low income family to access healthy lifestyle classes.” One Delta County interviewee stated: “At the 10,000 foot level we are not [doing too well nutrition wise]. You still see children utilizing the quick stop for their nutrition.”

Several interviewees noted limited access to healthy lifestyle resources in the community due to potential geographical barriers for some groups in accessing healthy lifestyle resources; perceived requirements/limited hours for food banks leading to barriers for certain groups accessing food, particularly the Latin and Asian population; as well as limited access to healthy lifestyle classes, in Montrose County, particularly for the low income. One Delta County interviewee stated: “There’s a recreation center and we are expanding our parks. But they aren't in the low income areas. There are no parks in the mobile homes areas.” Another Delta County interviewee stated: “We have meals on wheels. We have a couple of food banks. However, it’s not very accessible for agricultural workers in the Latin and Asian communities. It's not very accessible because of the hours they are open and most of them require a Colorado ID to get food.” In Delta County, a couple of interviewees discussed the higher rate of diabetes in the Spanish-speaking population. One interviewee stated: “The Latin community has higher numbers of pre-diabetes. We have a dietician but we can't help everyone because we don't have the capacity.”

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
5.A. MRH will continue to connect patients to existing community resources in order to promote health and wellness in the community.	Chief Marketing and Philanthropy Officer	Parkinson's support group, vaccine clinics						
5.B. MRH volunteers at local community events to help the community focus on health and wellness as opportunities arise.	Chief Marketing and Philanthropy Officer	Montrose Farmers' Market, Scottish Rights Ice Cream Social, Colorado Special Events Summer Games, Bosom Buddies Walk/Run, Freedom Sings USA						
5.C. MRH will continue to host and/or participate in community events and health fairs throughout the year as appropriate.	Chief Marketing and Philanthropy Officer	Health Fair, Early Blood Draws (reduced rates and free screenings and consultations)						
5.D. MRH will continue to educate the community on health-related topics through various media outlets.	Chief Marketing and Philanthropy Officer	KVNF radio, Regional Health Updated Podcast, Valley Health section of Montrose Daily Press						
5.E. MRH will continue to offer a variety of health safety and educational classes to the community.	Director of Education and E&M	Teddy Bear University Prenatal Classes, Siblings 101 Classes, CPR and first aid classes						
5.F. MRH staff is available for community lectures, classroom education and other guest speaking opportunities.	Director of Education and E&M							
5.G. MRH provides diabetes prevention, exercise and other health related classes.	Director of Business Rehab Operations							
5.H. MRH participates in an annual food drive for the Sharing Ministries food bank.	Chief Marketing and Philanthropy Officer							
5.I. MRH collaborates with and supports the local Caregiver support group.	Director of Education and E&M							
5.J. MRH collaborates with Montrose County to offer a no cost flu vaccination clinic.	Director of Education and E&M							

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.
- MRH 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 via direct mail or email to the hospital. The physical address and email address can be found directly on the hospital's website 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:

Montrose Regional Health

ATTN: Administration

800 S. 3rd Street

Montrose, CO 81401

Phone: 970-249-2211

Email: chna@montrosehealth.com

Please find the most up to date contact information on the Montrose Regional Health website under “News & Community – Community Health Needs Assessment”:

https://montrosehealth.com/news-community/community-health-needs-assessment/

Thank you!

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