Pioneers Medical Center

Meeker, Colorado

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Motion July 24, 2019

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

Dear Community Member:

At Pioneers Medical Center (PMC), we have spent more than 60 years providing high-quality compassionate healthcare to the greater Rio Blanco County community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how PMC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

PMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Ken Harman
Chief Executive Officer
Pioneers Medical Center

TABLE OF CONTENTS

Executive Summary 1

Approach 3

- Project Objectives 4
- Overview of Community Health Needs Assessment 4
- Community Health Needs Assessment Subsequent to Initial Assessment 5

Community Characteristics 10

- Definition of Area Served by the Hospital 11
- Demographics of the Community 12
- Consumer Health Service Behavior 13
- Conclusions from Demographic Analysis Compared to National Averages 14
- Leading Causes of Death 15
- Priority Populations 16
- Social Vulnerability 17
- Comparison to Other State Counties 19
- Conclusions from Other Statistical Data 20

Implementation Strategy 23

- Significant Health Needs 24
- Other Needs Identified During CHNA Process 34
- Overall Community Need Statement and Priority Ranking Score 35

Appendix 36

- Appendix A – Written Commentary on Prior CHNA (Local Expert Survey) 37
- Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results) 42
- Appendix C – National Healthcare Quality and Disparities Report 48

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Pioneers Medical Center ("PMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Rio Blanco County are:

1. Mental Health – 2017 Significant Need
2. Suicide – 2017 Significant Need
3. Cancer – 2017 Significant Need
4. Youth Drug/Alcohol/Tobacco Abuse – 2017 Significant Need

The Hospital developed implementation strategies for these four needs including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. ***While Pioneers Medical Center is not a not-for-profit hospital, this study is designed to comply with the same standards required of a not-for-profit hospital[2], and will help ensure the hospital is meeting the health needs of community residents.***

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

PMC partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with IRS guidelines
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs

[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2014 Draft Federal 990 schedule h instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

identified through the assessment.

- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*
>
> *(1) At least one 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;*
>
> *(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
>
> *(3) written comments received on the hospital facility's most recently conducted CHNA and*

[5] Section 6652

most recently adopted implementation strategy.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and take into account the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

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[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs. Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.[10]

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:[11]

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[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

[10] Response to Schedule H (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Rio Blanco County compared to all Colorado counties	February 11, 2019	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	February 11, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	February 11, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	February 11, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	February 11, 2019	2016

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 18 Local Expert Advisors was received. Survey responses started February 18, 2019 and ended on March 12, 2019.
- Information analysis augmented by local opinions showed how Rio Blanco County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help

to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12] [13]

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
  - The top two priority populations in the area are residents of rural areas and low-income groups
  - There is a lack of behavioral and mental health support in the community
  - There should be a focus on affordable health and accessibility

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[14]

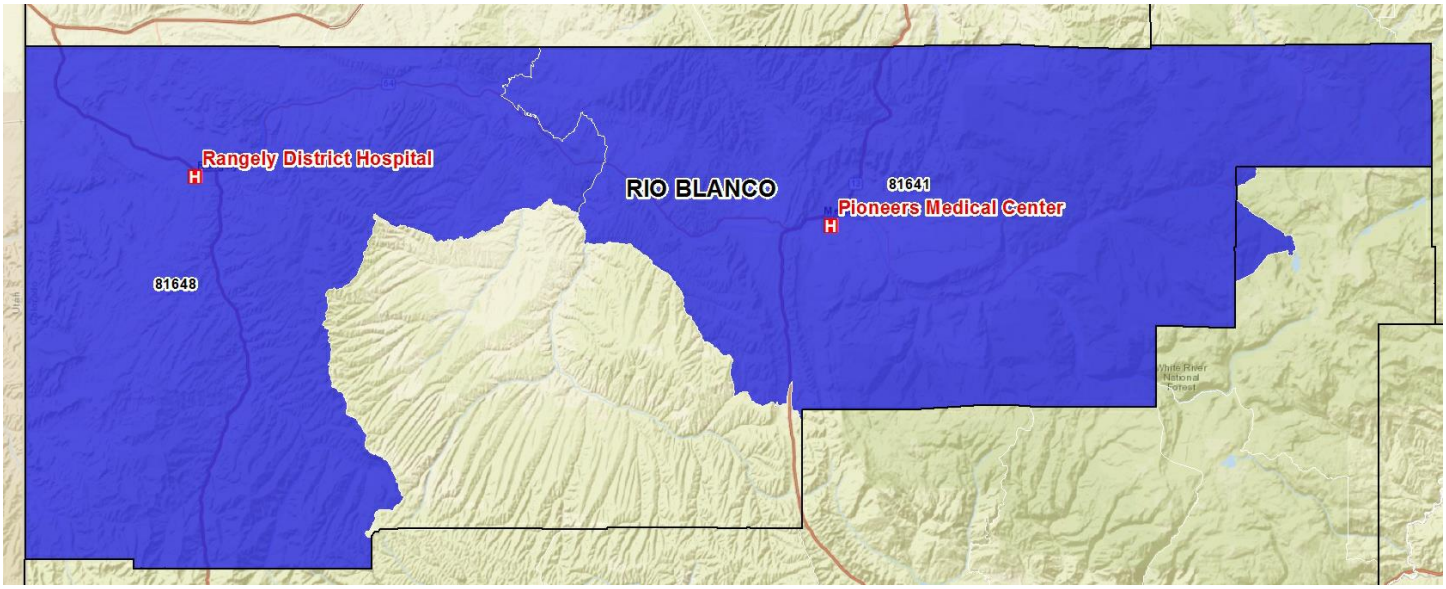
In the PMC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]



For the purposes of this study, Pioneers Medical Center defines its service area as Rio Blanco County in Colorado, which includes the following ZIP codes:[17]

81641 – Meeker 81648 – Rangely

During 2017, the Hospital received 84.6% of its Medicare inpatients from this area.[18]

[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[18] IBM Watson Health MEDPAR patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[19] [20]

Variable	Rio Blanco County 2019	Rio Blanco County 2024	Rio Blanco County %Change	Colorado 2019	Colorado 2024	Colorado %Change	United States 2019	United States 2024	United States %Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	6,363	6,412	0.8%	9,242,341	9,632,508	4.2%	326,533,070	337,947,912	3.5%
Total Male Population	3,277	3,299	0.7%	4,590,400	4,783,159	4.2%	160,763,625	166,448,475	3.5%
Total Female Population	3,086	3,113	0.9%	4,651,941	4,849,349	4.2%	165,769,445	171,499,437	3.5%
Females, Child Bearing Age (15-44)	1,212	1,230	1.5%	1,810,225	1,851,144	2.3%	63,920,735	64,819,726	1.4%
Average Household Income	$75,601			$100,575			$86,278		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	1,281	1,245	-2.8%	1,665,456	1,659,818	-0.3%	61,041,209	61,251,924	0.3%
15-17	248	276	11.3%	361,767	378,309	4.6%	12,768,680	13,285,276	4.0%
18-24	705	739	4.8%	897,072	927,003	3.3%	31,582,678	32,239,015	2.1%
25-34	818	749	-8.4%	1,264,961	1,260,745	-0.3%	43,889,724	43,505,348	-0.9%
35-54	1,453	1,459	0.4%	2,414,504	2,437,545	1.0%	83,269,718	83,715,341	0.5%
55-64	914	847	-7.3%	1,233,125	1,285,148	4.2%	42,204,839	43,372,785	2.8%
65+	944	1,097	16.2%	1,405,456	1,683,940	19.8%	51,776,222	60,578,223	17.0%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	2,529	2,569	1.6%	3,624,801	3,793,399	4.7%	123,942,877	128,512,554	3.7%
2019 Household Income									
<$15K	310			308,814			13,504,093		
$15-25K	155			274,565			11,746,600		
$25-50K	551			700,061			27,363,648		
$50-75K	406			603,262			21,179,900		
$75-100K	459			467,572			15,192,390		
Over $100K	648			1,270,527			34,956,246		
EDUCATION LEVEL									
Pop Age 25+	4,129			6,318,046			221,140,503		
2019 Adult Education Level Distribution									
Less than High School	137			250,135			12,391,997		
Some High School	222			341,787			16,363,756		
High School Degree	1,400			1,513,946			61,028,690		
Some College/Assoc. Degree	1,467			1,776,505			64,253,906		
Bachelor's Degree or Greater	903			2,435,673			67,102,154		
RACE/ETHNICITY									
2019 Race/Ethnicity Distribution									
White Non-Hispanic	5,220			6,208,965			197,066,325		
Black Non-Hispanic	79			585,550			40,402,616		
Hispanic	743			1,818,704			59,581,510		
Asian & Pacific Is. Non-Hispanic	67			359,847			18,958,063		
All Others	254			269,275			10,524,556		

[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[21]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Rio Blanco County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle		
BMI: Morbid/Obese	109.7%	33.5%
Vigorous Exercise	105.1%	60.0%
Chronic Diabetes	92.2%	14.5%
Healthy Eating Habits	91.3%	21.3%
Ate Breakfast Yesterday	98.3%	77.7%
Slept Less Than 6 Hours	110.2%	15.0%
Consumed Alcohol in the Past 30 Days	77.0%	41.4%
Consumed 3+ Drinks Per Session	105.6%	29.7%
Behavior		
Search for Pricing Info	97.1%	26.1%
I am Responsible for My Health	100.8%	91.1%
I Follow Treatment Recommendations	99.3%	76.4%
Pulmonary		
Chronic COPD	115.2%	6.2%
Chronic Asthma	96.7%	11.4%
Heart		
Chronic High Cholesterol	98.7%	24.1%
Routine Cholesterol Screening	87.5%	38.8%
Chronic Heart Failure	118.1%	4.8%

Health Service Topic	Demand as % of National	% of Population Affected
Cancer		
Cancer Screen: Skin 2 yr	83.6%	9.0%
Cancer Screen: Colorectal 2 yr	92.7%	19.1%
Cancer Screen: Pap/Cerv Test 2 yr	90.4%	43.6%
Routine Screen: Prostate 2 yr	92.2%	26.1%
Orthopedic		
Chronic Lower Back Pain	98.7%	30.4%
Chronic Osteoporosis	89.2%	9.1%
Routine Services		
FP/GP: 1+ Visit	102.1%	82.9%
NP/PA Last 6 Months	106.6%	44.2%
OB/Gyn 1+ Visit	86.3%	33.0%
Medication: Received Prescription	98.6%	59.8%
Internet Usage		
Use Internet to Look for Provider Info	86.5%	34.5%
Facebook Opinions	90.0%	9.1%
Looked for Provider Rating	84.1%	19.8%
Emergency Services		
Emergency Room Use	105.3%	33.5%
Urgent Care Use	104.9%	34.6%

[21] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Rio Blanco county to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 9.7% more likely to have a **BMI of Morbid/Obese**, affecting 33.5%
- 5.6% more likely to **Consume 3+ Drinks per Session**, affecting 29.7%
- 12.5% less likely to receive **Routine Cholesterol Screenings**, affecting 38.8%
- 9.6% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 43.6%
- 13.7% less likely to receive **Routine OB/Gyn Visit**, affecting 33.0%
- 5.3% more likely to **Visit the Emergency Room (for non-emergent issues)**, affecting 33.5%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 5.1% more likely to **Vigorously Exercise**, affecting 60.0%
- 23.0% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 41.4%
- 6.6% more likely to receive **Routine NP/PA Visit**, affecting 44.2%

Leading Causes of Death[22]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Colorado's Top 15 Leading Causes of Death are listed in the table below in Rio Blanco County's rank order. Rio Blanco county was compared to all other Colorado counties, Colorado state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in CO (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Rio Blanco County Compared to U.S.)
CO Rank	Rio Blanco Rank	Condition		CO	Rio Blanco	
1	1	Cancer	6 of 60	137.2	169.9	Higher than expected
2	2	Heart Disease	38 of 60	129.8	146.6	Lower than expected
3	3	Accidents	11 of 60	51.2	69.5	Higher than expected
4	4	Lung	20 of 60	46.4	60.2	Higher than expected
5	5	Stroke	5 of 60	35.2	47.7	Higher than expected
7	6	Suicide	9 of 60	20.5	27.3	Higher than expected
6	7	Alzheimer's	29 of 60	34.7	21.7	Lower than expected
8	8	Diabetes	22 of 60	16.2	19.3	As expected
10	9	Flu - Pneumonia	44 of 60	9.6	13.8	As expected
11	10	Kidney	18 of 60	8.9	12.7	As expected
9	11	Liver	38 of 60	12.4	9.5	As expected
13	12	Parkinson's	24 of 60	9.1	7.2	As expected
15	13	Homicide	7 of 56	4.3	6.4	As expected
12	14	Blood Poisoning	56 of 60	8.5	3.6	Lower than expected
14	14	Hypertension	42 of 59	4.7	3.6	Lower than expected

**Blood Poisoning and Hypertension tied for the 14th Leading Cause of Death in Rio Blanco County*

[22] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[23]

Earlier in the document, a description was provided for Priority Populations, which is one of the groups whose needs are to be considered during the CHNA process. It can be difficult to obtain information about Priority Populations in a hospital's community. The objective is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

We begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the Hospital's performance and to identify areas of strengths and weaknesses along three main axes: **Access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

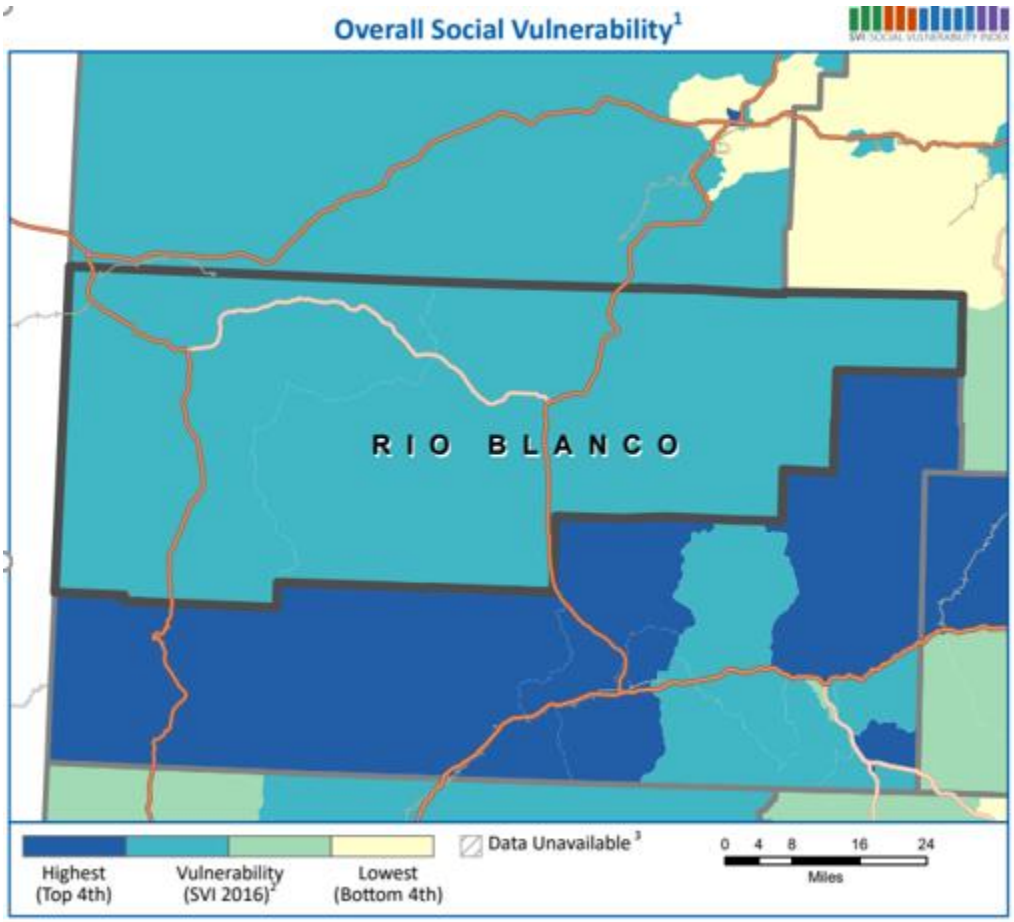
- The top two priority populations in the area are residents of rural areas and low-income groups
- There is a lack of behavioral and mental health support in the community
- There should be a focus on affordable health and accessibility

[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

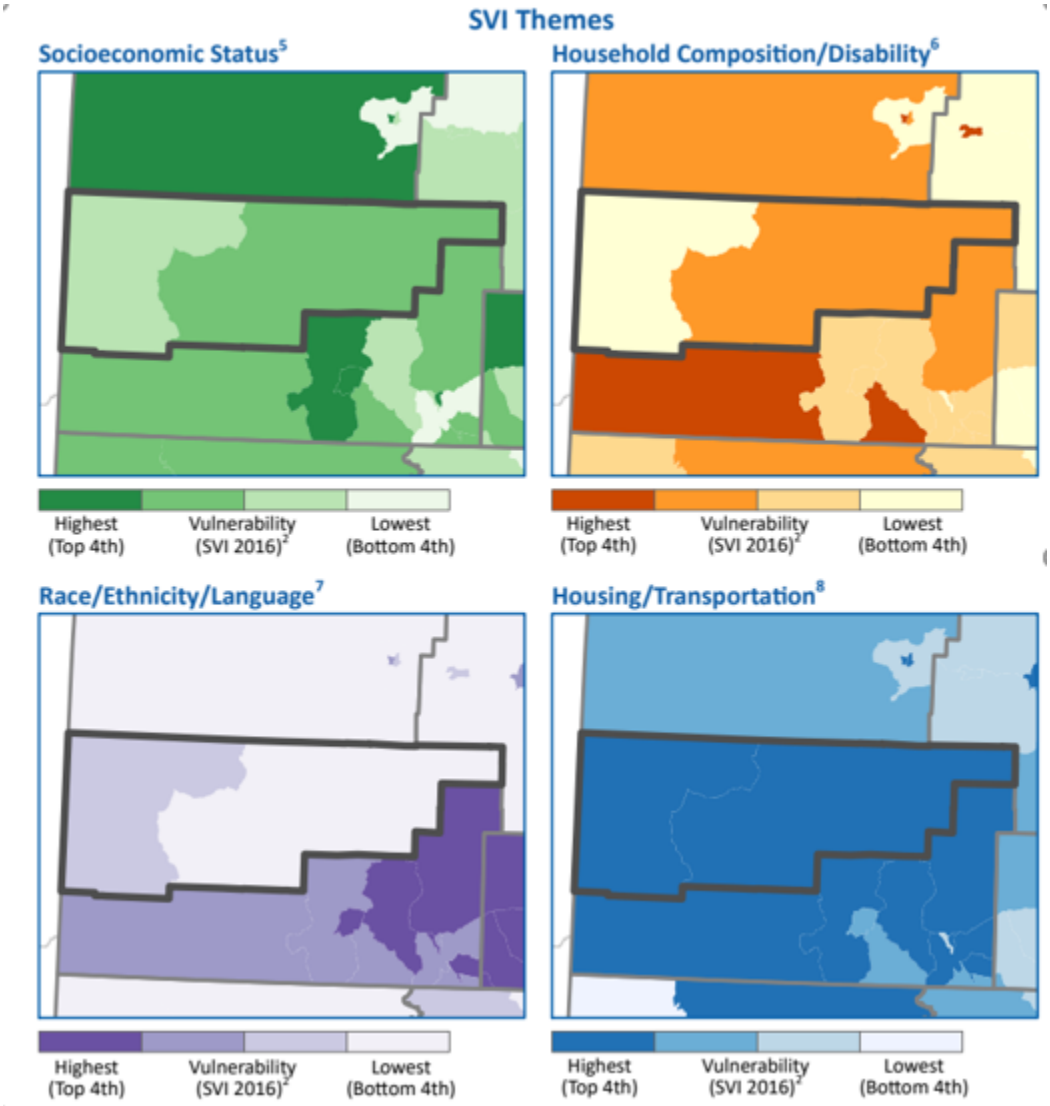
Social Vulnerability[25]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

Overall, Rio Blanco County's overall Social Vulnerability ranks fall into the second and third quartiles of vulnerability, making the right side (light blue) of the county more vulnerable than the left side (light green) of the county, but overall the county's vulnerability being average:



[25] http://svi.cdc.gov


SVI Themes
Socioeconomic Status[5]
Household Composition/Disability[6]
Highest (Top 4th)
Vulnerability (SVI 2016)[2]
Lowest (Bottom 4th)
Race/Ethnicity/Language[7]
Housing/Transportation[8]

Comparison to Other State Counties[26]

To better understand the community, Rio Blanco County has been compared to all 58 counties in the state of Colorado across five areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Rio Blanco	Colorado	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	25/58		
- Premature Death*	6,200	5,700	7,800
Quality of Life			
Overall Rank *(best being #1)*	5/58		
- Poor or Fair Health	12%	14%	17%
- Poor Mental Health Days	3.3	3.6	3.9
Health Behaviors			
Overall Rank *(best being #1)*	25/58		
- Adult Smoking	14%	16%	17%
- Adult Obesity	24%	21%	32%
- Physical Inactivity	17%	15%	27%
- Excessive Drinking	20%	21%	17%
- Alcohol-Impaired Driving Deaths	20%	35%	29%
Clinical Care			
Overall Rank *(best being #1)*	37/58		
- Uninsured	10%	9%	11%
- Population to Primary Care Provider Ratio	820:1	1,240:1	2,040:1
- Population to Dentist Ratio	1,640:1	1,290:1	2,520:1
- Population to Mental Health Provider Ratio	550:1	330:1	1,050:1
- Preventable Hospital Stays	58	31	56
- Diabetes Monitoring	75%	84%	86%
- Mammography Screening	54%	60%	61%
Social & Economic Factors			
Overall Rank *(best being #1)*	40/58		
- Unemployment	5.1%	3.3%	5.0%
- Children in Poverty	11%	13%	21%
- Children in Single-Parent Households	23%	28%	32%
- Violent Crime*	101	309	198
- Injury Deaths*	116	74	79
Physical Environment			
Overall Rank *(best being #1)*	1/58		
- Severe Housing Problems	12%	17%	14%

Per 100,000 Population

[26] www.countyhealthrankings.org

Conclusions from Other Statistical Data[27]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Rio Blanco County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Rio Blanco County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Rio Blanco county measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female Tracheal, Bronchus, and Lung Cancer*	44.0	53.4%
- Female Skin Cancer*	3.0	20.8%
- Male Skin Cancer*	5.1	35.7%
- Female Self-Harm and Interpersonal Violence Related Deaths*	13.2	29.6%
- Male Self-Harm and Interpersonal Violence Related Deaths*	50.8	23.8%
- Female Liver Disease Related Deaths*	13.0	23.1%
UNFAVORABLE Rio Blanco county measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female Life Expectancy	80.9	3.7%
- Female Stroke*	58.8	-33.7%
- Female Transport Injuries Related Deaths*	13.3	-42.4%
- Male Transport Injuries Related Deaths*	32.6	-47.8%
DESIRABLE Rio Blanco county measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	36.2	15.5%
- Male Mental and Substance Use Related Deaths*	13.3	235.5%
- Male Liver Disease Related Deaths*	20.6	30.0%
DESIRABLE Rio Blanco county measures that are **BETTER** than the US average and had a **FAVORABLE** change		
- Male Life Expectancy	77.8	8.5%
- Female Heart Disease*	102.9	-51.3%
- Male Heart Disease*	137.8	-65.7%
- Male Stroke*	40.2	-40.3%
- Male Tracheal, Bronchus, and Lung Cancer*	47.6	-38.5%
AVERAGE Rio Blanco county measures that are **EQUAL** to the US average and had a **FAVORABLE** change		
- Female Breast Cancer*	25.3	-20.1%
- Male Breast Cancer*	0.3	-6.2%
AVERAGE Rio Blanco county measures that are **EQUAL** to the US average and had an **UNFAVORABLE** change		
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	49.0	38.2%
- Female Mental and Substance Use Related Deaths*	8.4	371.7%

*rate per 100,000 population, age-standardized

[27] http://www.healthdata.org/us-county-profiles

Community Benefit

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

As a state government agency Pioneers Medical Center does not report a 990 Tax form. However, below is a list of our larger Community Benefit programs and approximate value.

- Pioneers Medical Center implement a number of things that are considered a Community Benefit.
    - Pioneers covers the personnel costs associated with the Pioneers Healthcare Foundation, for an estimated value of $30,000
    - Meals on Wheels offers community members a meal Monday thru Friday. This is a free service offered to many of our local Medicaid seniors, or seniors recovering from illness. Annually an average of 2200 meals are served at a benefit cost of approximately $20,000
    - The Meeker Streaker provides free transportation to area residents with our vehicles. Trips are primarily to medical appointments and necessary errands. Once a week there is a trip for out of town medical appointments as well. Pioneers partners with Rio Blanco County for this service. It costs about $74,000 in staffing costs plus operational costs. Rio Blanco County Gives Pioneers $50,000 grant for staffing and covers all operational and maintenance costs of the buses. Pioneers contributes approximately $20,000 to make the salaries and benefits for the transportation driver whole.
    - In July and August Pioneers Medical Center offers free sports physical to all middle school and high school athletes. Each year we give approximately 300 free physicals. The total estimated value of the sports Physicals is $24,000.
    - In April Pioneers partners with a Colorado Charity-9 News Health Fair-to offer a health fair with discounted blood test, etc. Pioneers is the lead agency to organize the event and about 20 PMC employees volunteer at the event. Pioneers has been involved in the 9 News Event for over 15 years. Each year the Health Fair has 400-600 attendees.

IMPLEMENTATION STRATEGY

Significant Health Needs

PMC 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 PMC.[28] The Implementation Strategy includes the following:

- 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 PMC current efforts responding to the need including any written comments received regarding prior PMC implementation actions
- Establishes the Implementation Strategy programs and resources PMC will devote to attempt to achieve improvements
- Documents the Leading Indicators PMC will use to measure progress
- Presents the Lagging Indicators PMC 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, PMC is the primary hospital in the service area. PMC is a 15-bed, acute care medical facility located in Rio Blanco, Colorado. The next closest facilities are outside the service area and include:

- Memorial Regional Health, Craig, CO; 45.4 miles (46 minutes)
- Grand River Medical Center, Rifle, CO; 44.7 miles (52 minutes)
- Rangely District Hospital, Rangely, CO; 60.4 miles (66 minutes)
- Valley View Hospital, Glenwood Springs, CO; 71.6 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 PMC 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 – 2017 Significant Need; Suicide is the #6 Leading Cause of Death in Rio Blanco County; Rio Blanco County's Self-Harm and Interpersonal Violence Related Death rate is worse than the national average; Rio Blanco County's Mental Health and Substance Use Related Death rate increased from 1980-2014**
2. **SUICIDE – 2017 Significant Need; Suicide is the #6 Leading Cause of Death in Rio Blanco County; Rio Blanco County's Self-Harm and Interpersonal Violence Related Death rate is worse than the national average; Rio Blanco County's Mental Health and Substance Use Related Death rate increased from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

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

- Partnership with Mind Springs Health for a grant for a full-time Community Care Coordinator for Medicaid patients
- Community Care Coordinator sees patients with other payer types beyond Medicaid
- All primary care assessment screenings include social determinants (including depression) and tobacco use
- Maintains a sitter program for patients presenting with mental distress
- Case managers involved in referrals and transitions of care
- A percentage of hospital staff attended mental health/first aid training
- Regional strategic planning program for addressing mental health (led to referral relationship with Mind Springs); this created a community partnership that addresses mental health during bi-monthly meetings
- Provides space to HopeWest (Hospice Palliative Care)
- Provides space for grief counseling (provided by HopeWest) for both youth and adult family members
- Provides chronic care management, including mental health diagnosis, for Medicare patients in the clinic setting

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

- Explore adding mental health provider (via telehealth) to clinic to support primary care providers
- Continue looking for partnerships and collaboration efforts with other community organizations
- Continue providing education on mental health/suicide to emergency room patients
- Evaluating the implementation of Behavioral Health Initiative (BHI) for Medicare patients
- Evaluating partnership in jail health with Rio Blanco County

[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

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

- Mind Springs have upgraded West Springs from 16 to 40 psychiatric inpatient beds
- Facilitated discussion that led to creation of regional drug and subsistence abuse outpatient program
- Developed a relationship with additional therapists in community; now referring patients with mental health issues from our Walbridge Wing Nursing Home to these therapists

Anticipated results from PMC 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 PMC intended actions is to monitor change in the following Leading Indicator:

- Number of referrals to outpatient counseling = In 2018 PMC referred 47 patients for mental health care
- Number of referrals to Mind Springs for inpatient mental health hospitalization = OF the 47 referred, 28 of them were referred to Mind Springs.
- Number of patients diagnosed with mental health issues in our Chronic Care Program = Pioneers Chronic Care Program started in April of 2019 and therefore we do not have 2018 numbers. But have started tracking for future reporting.

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

- Suicide rate = 27.3/100,000[30]

[30] www.worldlifeexpectancy.com/usa-health-rankings

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

Organization	Contact Name	Contact Information
Mind Springs Health	Sharon Raggio, Executive Director Mind Springs Health	515 28 3/4 Rd, Grand Junction, CO 81501 (970) 241-6023 https://mindspringshealth.org
Northwest Colorado Community Health Partnership (NCCHP)	Stephanie Monahan	(970) 439-4200 PO Box 881753 Steamboat Springs, CO 80488 nchealthpartnership.org
Rio Blanco County Public Health	Allice Harvey, RN Public Health Nurse	300 Main Street, Meeker, CO 81641 (970) 878-9520 http://www.rbc.us/282/Public-Health
HopeWest (palliative care)	Solveig Olson	575 3rd Street, Meeker, CO 81641 (970) 878-9383 https://hopewestco.org

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

Organization	Contact Name	Contact Information
Dr. Elena K. Mogensen (private practice)	Elena Morgensen	685 Main St, Meeker, CO 81641 (970) 878-9935
Meeker School District	Trina Smith—Meeker High School Counselor Amy Chinn—Meeker High School Principal	P.O. Box 1089, 555 Garfield St., Meeker, CO 81641 (970) 878-9040 www.meeker.k12.co.us

[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

3. **CANCER – 2017 Significant Need; Rio Blanco County's Mammography Screening rate is worse than the state and national average; Residents of Rio Blanco County are 10% less likely to receive Cervical Cancer Screenings Every 2 Year compared to the national average; Cancer is the #1 Leading Cause of Death in Rio Blanco County; Rio Blanco County's Female Tracheal, Bronchus, and Lung Cancer rate is worse than the national average; Rio Blanco County's Skin Cancer rate is worse than the national average**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- Screenings provided on site including mammography, skin tests, low-dose CT (lung), colonoscopies, pap smears, colorectal screenings, PSA
- Hold local 9 Health Fair on site and provide health education and basic blood screenings, lipid panels, thyroid, Vitamin D, PSA, diabetes A1C, Hepatitis C
- Provide limited infusion treatments for cancer patients including some chemotherapy
- Hospital can perform some surgical interventions including skin cancer removal, breast biopsy, liver biopsy, etc.
- Post articles on social media and in newsletter discussing cancer and cancer prevention
- Promote several cancer screenings during the month in October
- Partner with sports teams to promote awareness and prevention including flyers and announcements during the games
- Provide speakers to male and female high school athletic teams on cancer awareness and prevention
- Promote screenings and mammograms
- Pioneers Healthcare Foundation cancer screening fund helps cover screenings for patients qualified through Public Health
- Purchased new 3D digital mammography
- Offer immunizations for cancer prevention
- Smoking cessation program available to anyone at no cost

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

- Implementing cancer and preventive health screening to all primary care assessments
- Recruiting for a visiting oncologist to be available once a month
- Provide cancer prevention education to the general public
- Working with health insurance companies to ensure screening coverage (to use 3D digital mammography unit) on multiple local employers' insurance plans

- Working to increase the number of mammography's and colonoscopies to community residents

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

- Purchased and installed a 3D digital mammography unit

Anticipated results from PMC 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 PMC intended actions is to monitor change in the following Leading Indicator:

- Number of mammograms provided = Over the past couple years Pioneers Medical Center had over 200 mammograms a year. 245 mammograms in 2017 and 236 in 2018.
- Number of colonoscopies provided = In 2018 PMC performed 28 colonoscopies. We did not have a general surgeon in 2018. We offered a visiting GI provider. In 2019, we will continue with the GI specialist and also have a general surgeon in place. Therefore, we are anticipating to perform over 60 colonoscopies.

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

- Cancer deaths = 169.9/100,000[32]
- Cancer occurrence rate = According to the National Cancer Institute, State Cancer Profiles, Rio Blanco County

[32] www.worldlifeexpectancy.com/usa-health-rankings

has reported an average of 29 cancer case annually for the past 5 years. Our rate is considered stable with a slight drop of 4%.

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

Organization	Contact Name	Contact Information
Calaway-Young Cancer Center (Valley View)	Valley View Oncology Providers	1906 Blake Ave, Glenwood Springs, CO 81601 (970) 945-6535 http://www.vvh.org http://www.vvh.org/calaway-young-cancer-center
Meeker School District	JoLyn Dolan Meeker School District School Nurse	P.O. Box 1089, 555 Garfield St., Meeker, CO 81641 (970) 878-9040 www.meeker.k12.co.us
Rio Blanco County Public Health	Alice Harvey, RN Public Health Nurse	345 Market Street, Meeker, CO 81641 (970) 878-9520 http://www.rbc.us/282/Public-Health
HopeWest (palliative care)	Solveig Olson	575 3rd Street, Meeker, CO 81641 (970) 878-9383 https://hopewestco.org
9 Health Fair	Christy Atwood, RN Meeker Family Health Center Manager	1139 Delaware St, Denver, CO 80204 (303) 698-4455 https://www.9healthfair.org
Pioneers Healthcare Foundation	Margie Joy, Executive Director (970) 878-9317 mjoy@pioneershospital.org	http://pioneershealthfoundation.org

Other local resources identified during the CHNA process that are believed available to respond to this need:[33]

[33] 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
Local Dentists	Dr. Trevor Grant	660 7th Street, Meeker CO 81641 970-878-5853

4. Youth Drug/Alcohol/Tobacco Abuse – 2017 Significant Need

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

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

- Smoking cessation program available to anyone at no cost; partnering with local courts to provide this class to juvenile offenders
- Screening during well-child checks for drug, alcohol and tobacco abuse and exposure

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

- Facilitate a community conversation around drug, alcohol and tobacco abuse and become involved in implementing, along with other partners, potential solutions
- Evaluate partnering with Meeker School District to provide additional education programs on drug, alcohol and tobacco abuse
- Explore creating a student survey during the annual free sports physical
- Research providing drug and alcohol screenings to parents for teen children

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

- CEO presented at local schools and offered (1) drug and alcohol screening for participation in extracurricular activities (2) free drug and alcohol testing for students, and (3) student participation in survey questionnaires; the schools denied all three offers

Anticipated results from PMC 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	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
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 PMC intended actions is to monitor change in the following Leading Indicator:

- PMC does not intend to track because valid indicator data are not available

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

- PMC does not intend to track because valid indicator data are not available

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

Organization	Contact Name	Contact Information
Meeker School District and Parent/Teacher Association	Amy Chinn Meeker High School Principal	P.O. Box 1089, 555 Garfield St., Meeker, CO 81641 (970) 878-9040 www.meeker.k12.co.us
Ministerial Alliance		(970) 878-3510 https://lordpantocrator.wordpress.com
Rio Blanco County Sheriff	Anthonly Mazzola, Sherriff	355 4th Street, Meeker, CO 81641 (970) 878-9600 www.co.rio-blanco.co.us/297/Sheriffs-Office

Organization	Contact Name	Contact Information
Meeker Police Department	Phil Sutbblefield Town of Meeker, Chief of Police	345 Market St, Meeker, CO 81641 (970) 878-5555 http://www.townofmeeker.org/meeker-police-department
Eastern Rio Blanco Metropolitan (ERBM) Recreation & Park District	Sean VonRoenn Executive Director	101 Ute Rd, Meeker, Co 81641 (970) 878-3403 www.meekerrecdistrict.com
Rio Blanco County Public Health	Allice Harvey, RN	345 Market Street, Meeker, CO 81641 (970) 878-9520 http://www.rbc.us/282/Public-Health

Other local resources identified during the CHNA process that are believed available to respond to this need:[34]

Organization	Contact Name	Contact Information
4H, church youth groups, other local teen organizations		
Alcoholics Anonymous (AA)		www.coloradoaa.org
AlAnon		http://al-anon.org
Narcotics Anonymous (meets at Episcopal Church and New Creation Church)		http://nacolorado.org/meetings

[34] 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

Other Needs Identified During CHNA Process

5. **Substance Abuse**
6. **Resource Development – 2017 Significant Need**
7. **Accessibility**
8. **Affordability**
9. **Chronic Pain Management**
10. **Women's Health**
11. **Education/Prevention**
12. **Obesity**
13. **Diabetes**
14. **Lung Disease**
15. **Alzheimer's**
16. **Dental**
17. **Heart Disease**
18. **Hypertension**
19. **Stroke**
20. **Physical Inactivity**
21. **Accidents**
22. **Flu/Pneumonia**
23. **Kidney Disease**
24. **Liver Disease**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[35]

1. Mental Health – 2017 Significant Need
2. Suicide – 2017 Significant Need
3. Cancer – 2017 Significant Need
4. Youth Drug/Alcohol/Tobacco Use – 2017 Significant Need

Significant needs where hospital did not develop implementation strategy[36]

1. N/A

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

[35] Responds to Schedule h (Form 990) Part V B 8
[36] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Hospital solicited written comments about its 2017 CHNA.[37] 18 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	5	6	11
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	6	6	12
3) **Priority Populations**	8	3	11
4) Representative/Member of **Chronic Disease Group** or Organization	2	7	9
5) Represents the **Broad Interest of the Community**	11	2	13
Other			2
Answered Question			18
Skipped Question			0

Comments:

- *County Emergency Manager*
- *Section 8 public housing manager for the disabled, seniors, and families.*

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be

[37] Responds to IRS Schedule H (Form 990) Part V B 5

addressed?

- *Those struggling with mental health issues.*
- *affordable healthcare access. affordable healthy food access. family planning needs.*
- *Lack of services*
- *Lack of full range of medical, mental health services locally.*
- *Living in a rural area presents challenges to residents as local health care does not provide all the services a larger hospital in a urban area has to offer.*
- *Rural area residents in need of more access to medical care. Example: there is no OBGYN in town. The nearest is 50 minutes away. (This also encompasses women). There is no pediatrician here, though I know some providers have had experience in this area before they arrived in Meeker. (Not really the same as a pediatrician). Low income groups needing more transportation than what the Meeker Streaker can give (though I love that program). More beds needed at the nursing home. (Long waiting lists are burdensome for families in the area who must make a choice between home care or sending their loved ones to an out of town nursing home).*
- *Mental Health, access to proper medication in a timely manner, recreational drug use*

In the 2017 CHNA, there were seven health needs identified as "significant" or most important:

1. **Mental Health**
2. **Cancer**
3. **Resource Development**
4. **Suicide**
5. **Youth Drug/Alcohol/Tobacco Abuse**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2017 CHNA?

	Yes	No	Response Count
Mental Health	15	0	15
Cancer	12	1	13
Resource Development	9	3	12
Suicide	12	1	13
Youth Drug/Alcohol/Tobacco Abuse	11	2	13

Comments:

- *I believe that mental health is the largest component within this county. Particularly based on the rural location and limited access we have to service within our town. Those services that we do have families and individuals cannot afford them or they're insurance doesn't cover the provider to which they need to see. There is a large lack of resources for each of the health care services within the county, not only mental health. Although more are more readily available, our citizens would still benefit from having more.*
- *vaping in our community youth is growing rapidly.*

- *Please don't hatch a program that excludes insisting resources. If anything is done around mental health, make sure that current providers are at the table for this discussion. New programming is not always the answer, sometimes it is building efficiencies in existing programming*
- *Develop networking and referrals to those resources in the community that already exist and develop the ones that don't.*
- *It surprised me that mental health and youth drug/alcohol/tobacco use was a priority here in Meeker. Vaping is a serious problem and tobacco companies are targeting children as young as 5th grade. Sure the health department can come to our school and talk to the kids about vaping, but I wonder if the providers who have a relationship established with these young kiddos might take 5 minutes of their time (regardless of why the kid is there to see them) to talk about what vaping is and the dangers of vaping. Unless I am unaware, the lack of mental health care in the community saddens me. Could PMC get a LPC or better yet a psychiatrist that could come in a few times a week and see patients? Mental problems will often manifest as physical problems, and I wonder if some of the burden that the medical providers experience at PMC might be lessened if these issues were addressed.*
- *I am not sure what is meant by resource development.*
- *I have never seen the CHNA, so I can't answer this*

6. Please share comments or observations about the actions PMC has taken to address <u>MENTAL HEALTH</u>.

- *Teaching staff to and treating people with mental health dx with respect. Supportive to the local mental health provider. Representing this area of need to state and local influences/funding.*
- *Adding resources and equipment to better the needs of our community and fill gaps in the service in our area.*
- *Need more staff*
- *PMC physicians have referred patients to some existing mental health providers in the community.*
- *Exploration for inhouse services potential*
- *I don't know what has been done to address mental health issues. In my area, the need continues to grow.*
- *I am unsure of what is being done to address this issue.*
- *I am probably not in a position to comment intelligently on this question.*
- *Not sure they have done anything on this*

7. Please share comments or observations about the actions PMC has taken to address <u>CANCER</u>.

- *Attempts to have oncologist see patients in Meeker. This is still a need as well as increased and more regular presence of oncologist in Meeker. Assessing possibility of receiving chemotherapy in Meeker.*
- *Adding resources and equipment to better the needs of our community and fill gaps in the service in our area.*
- *3D mammography drained the community of money. Not sure it was needed when both Rifle and Craig already have one.*

- *Improved equipment to assist patients.*
- *Attempt to initiate inhouse chemotherapy in conjunction with Valley Valley View Calaway Cancer Center, Glenwood Springs, CO. Oncologist changes have this in limbo*
- *It is understandable that PMC cannot offer comprehensive oncology programs to local patients. However, having a solid knowledge of the ever changing and improving area of oncology in order to best refer patients is critical.*
- *I believe the hospital was going to start chemo treatment, but unsure if that is available yet.*
- *I am probably not in a position to comment intelligently on this question.*
- *Breast cancer awareness work is great*

8. Please share comments or observations about the actions PMC has taken to address <u>RESOURCE DEVELOPMENT</u>.

- *Not sure what is meant by this, but I continue to see a strong need for a Medical Social Worker (MSW) to assist in inpatient, outpatient, clinic, home health, nursing home settings.*
- *Adding resources and equipment to better the needs of our community and fill gaps in the service in our area.*
- *PMC is progressively investing in new equipment to enhance the orthopedic services*
- *Proper staffing in the hospital/clinic to manage needs in a timely manner. Share resources, including doctors, to ensure that patient needs are met properly.*
- *I don't know*
- *I am unsure of what is being done to address this issue.*
- *I am probably not in a position to comment intelligently on this question.*

9. Please share comments or observations about the actions PMC has taken to address <u>SUICIDE</u>.

- *Adding resources and equipment to better the needs of our community and fill gaps in the service in our area.*
- *I am not aware of any specific cases.*
- *Not aware of any other than referral to some mental health providers.*
- *I am unsure of what is being done to address this issue.*
- *The school district is appreciative of the partnerships with PMC to help students struggling with suicide.*

9. Please share comments or observations about the actions PMC has taken to address <u>YOUTH DRUG/ALCOHOL/TOBACCO ABUSE</u>.

- *This is a need that is met thru public schools, public health, and rec center. No additional activity needed in this area.*

- *Adding resources and equipment to better the needs of our community and fill gaps in the service in our area.*
- *This continues to be a high priority issue in our community.*
- *I am unsure of what is being done to address this issue.*
- *I appreciate the efforts to engage in conversations about testing of students, though it did not gain traction. I believe vaping is probably a concern that needs to continue to be addressed in the community at large, in addition to youth drug and alcohol abuse prevalent for many years in our community.*
- *None I have seen*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Mental Health – 2017 Significant Need	420	14	30.00%	30.00%	Significant Needs
Suicide – 2017 Significant Need	187	12	13.36%	43.36%	
Cancer – 2017 Significant Need	179	12	12.79%	56.14%	
Youth Drug/Alcohol/Tobacco Abuse – 2017 Significant Need	145	11	10.36%	66.50%	
Substance Abuse	145	6	10.36%	76.86%	Other Identified Needs
Resource Development – 2017 Significant Need	63	8	4.50%	81.36%	
Accessibility	50	4	3.57%	84.93%	
Affordability	41	4	2.93%	87.86%	
Chronic Pain Management	40	5	2.86%	90.71%	
Women's Health	28	4	2.00%	92.71%	
Education/Prevention	27	4	1.93%	94.64%	
Obesity	16	3	1.14%	95.79%	
Diabetes	12	3	0.86%	96.64%	
Lung Disease	7	3	0.50%	97.14%	
Alzheimer's	6	2	0.43%	97.57%	
Dental	6	3	0.43%	98.00%	
Heart Disease	6	3	0.43%	98.43%	
Hypertension	6	3	0.43%	98.86%	
Stroke	5	2	0.36%	99.21%	
Physical Inactivity	3	2	0.21%	99.43%	
Accidents	2	2	0.14%	99.57%	
Flu/Pneumonia	2	2	0.14%	99.71%	
Kidney Disease	2	2	0.14%	99.86%	
Liver Disease	2	2	0.14%	100.00%	
Points reserved for NEW health needs listed in Question 16 below	0	0	0.00%	100.00%	
Total	1400		100.00%		

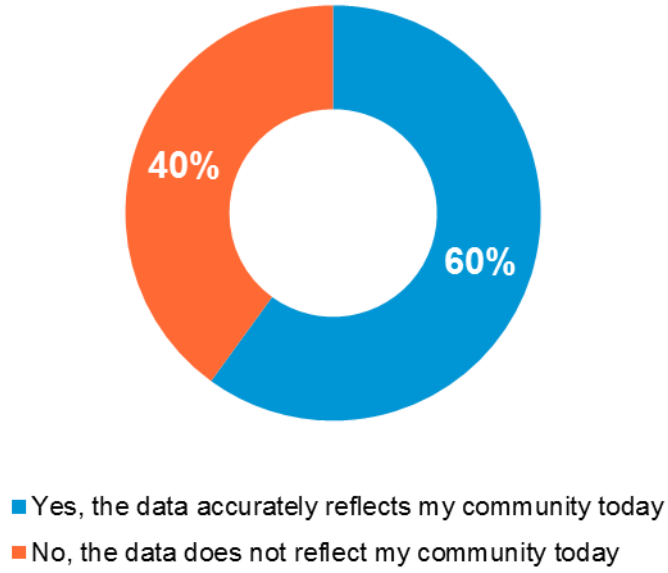
Individuals Participating as Local Expert Advisors[38]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	5	6	11
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	6	6	12
3) **Priority Populations**	8	3	11
4) Representative/Member of **Chronic Disease Group** or Organization	2	7	9
5) Represents the **Broad Interest of the Community**	11	2	13
Other			2
Answered Question			18
Skipped Question			0

Advice Received from Local Expert Advisors

Question: Do you agree with the comparison of Rio Blanco County to all other Colorado counties?

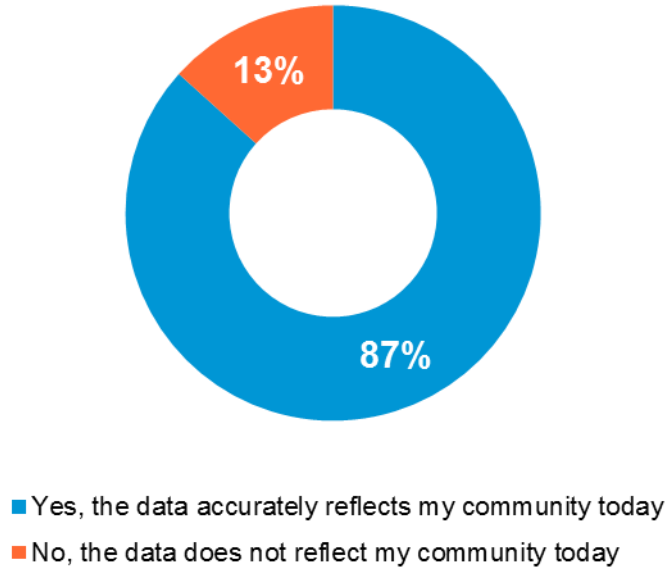
[38] Responds to IRS Schedule H (Form 990) Part V B 3 g



Comments:

- *Violent crime seems high and I wonder if this is due to such a low population or I have a different definition of violent crime. I also question the physical activity stat. I would think we are more active than this stat.*
- *I believe it is pretty close. On physical environment, housing poses issues for many families and individuals. There is no low income housing in Meeker.*
- *There is no way I can say if this is accurate - where is the citation for this data? Where did it come from, it looks different than the county health rankings I am aware of.*
- *It seems to appear that it is accurate.*
- *I feel like the health behaviors should be higher from what I observe. There is no illegal or recreational drug use on this and I think that is high in our county*
- *I feel that we cannot be below the average of CO data with regards to excessive drinking. I feel many people here drink as an escape from boredom or their problems. Especially in the summer, the amount of beer consumed is insane and not normal. I wonder if it is because our community is so isolated from the rest of the state. Or maybe if the long winters cause depression for those that do not or cannot participate in snow sports. The population to mental health provider ratio....I am unaware there is a mental health provider. If there is, better advertising of the resources PMC offers may be needed. Our providers at PMC take on so many roles....they are clinic doctors, ER doctors (with all that that encompasses), inpatient doctors, and nursing home doctors. They do not need to also be mental health providers. A psychiatrist should be available to prescribe mental health meds and give initial and follow up therapy. I am surprised by the obesity being so high here when literally everything you do here takes more physical effort than if we lived in eastern CO (example: just to get out of your house you have to shovel snow and remove ice from your car, walking up hills, etc.).*

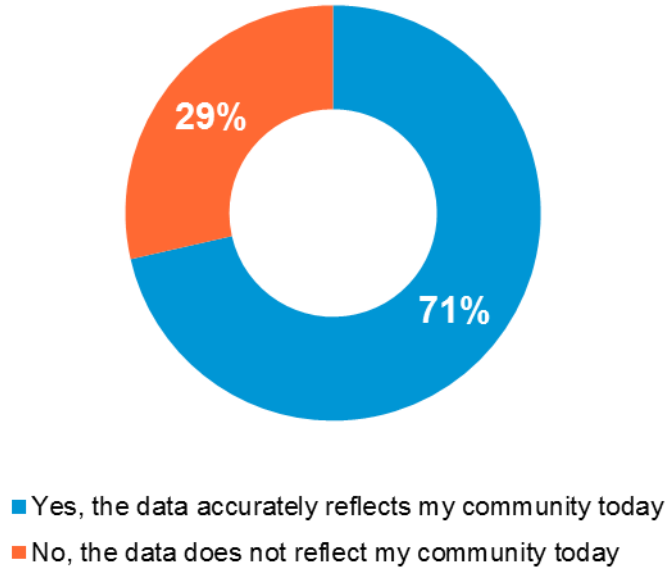
Question: Do you agree with the demographics and common health behaviors of Rio Blanco County?



Comments:

- *Does not account for rural culture*
- *If Meeker could get an OBGYN even to come to PMC a couple of times per month, you may see an increase in cervical cancer screenings and more routine OBGYN routine care. The emergency room is definitely abused. I think the problem is two fold. 1) Medicaid/Medicare patients are not going to have to pay for their visit, so the monetary cost does not keep them away from using the ER as a clinic. This takes up valuable time of the hospital staff, but also the clinic providers who have to come over to see the patients. 2) Often times, when I call to make an appointment for myself when I am sick (and trust me I wait until I really need to be seen to make an appointment), if there are no appointments available, the receptionist encourages me to go to the ER since I can't be seen in the clinic. This is for non-emergent care. The answer to lack of access to providers IS NOT to use the emergency room as an expensive extension to the clinic. This behavior should not be encouraged, but at the same time, care needs should be met by the clinic. Walk ins could be seen after 2pm on weekdays instead of just on Saturdays. If I get strep on Monday and there are no appointment times available, who wants to wait until Saturday to be seen?? The clinic could extend their hours as well.*

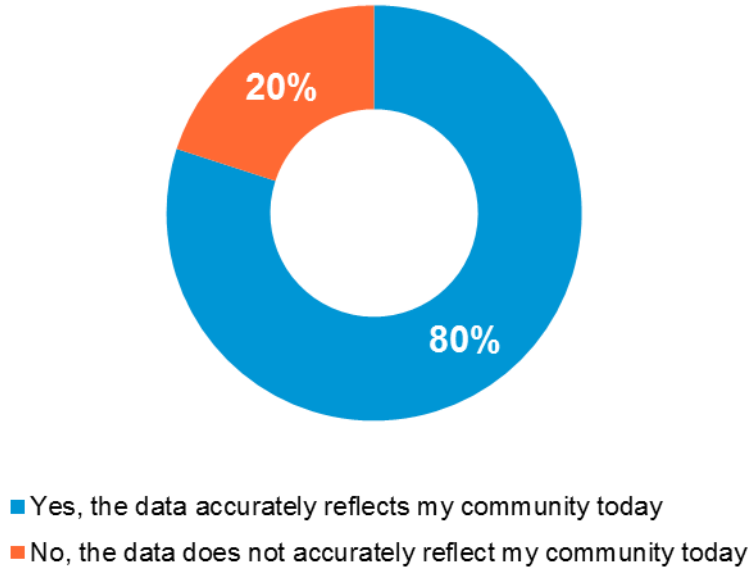
Question: Do you agree with the overall social vulnerability index for Rio Blanco County?



Comments:

- *This statistic does not incorporate family, neighbor, friend assistance, which I feel is much higher in this small community (Rangely and Meeker).*
- *We do not have the resources and mutual aid as close as a majority of Colorado.*
- *Again, what is the date of this information. Weak data without a date.*
- *Unclear information.*
- *We are very isolated from the rest of CO. We have wonderful medical providers, but should a disaster really strike, I am unsure if we would have enough resources to deal with that disaster.*

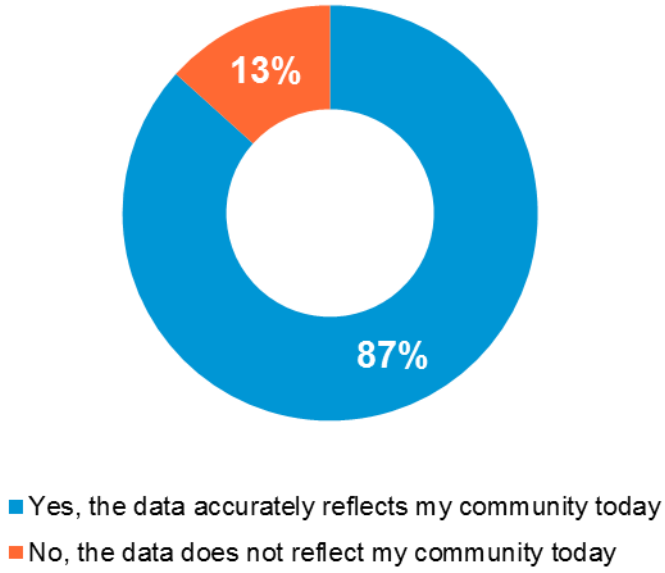
Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *I feel we have more heart disease as a cause of death.*
- *Substance use is way higher..... use of any psychoactive drug*
- *SUD is much higher*

Question: Do you agree with the health trends in Rio Blanco County?



Comments:

- *With limited population, statistics will consistently reflect major change with limited numbers*

Appendix C – National Healthcare Quality and Disparities Report[39]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

[39] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[40] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[40] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf