



Keeping the **H** in HometownSM

Gunnison Valley Health

Community Health Needs
Assessment Findings
February 2014



GUNNISON VALLEY HEALTH



CHC

Community Hospital Consulting

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PROCESS AND METHODOLOGY



Process and Methodology

Background and Objectives

Gunnison Valley Health contracted with CHC Consulting to conduct its Community Health Needs Assessment (CHNA).

The objectives of the CHNA are:

- Research and report on the demographics and health status of the study area including a review of state and regional 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 Gunnison Valley Health
- Prioritize the needs of the community served by Gunnison Valley Health

Scope of CHNA Report:

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 Gunnison Valley Health
- A description of the hospital defined patient origin
- Definition and analysis of the communities served by Gunnison Valley Health, including both a demographic and a health data analysis
- Findings from thirteen comprehensive interviews conducted with people who represent a broad interest in the communities, including:
 - Work for a state, local, tribal, or regional government public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community
 - Member of a medically underserved, low-income, or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
 - Other

- Findings from facilitated focus groups to gain input from consumers on health care choices, access and needs in the Valley.
- 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
- A description of the individuals interviewed for this CHNA

Methodology:

Gunnison Valley Health worked with CHC Consulting in the development of its CHNA. The hospital 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:

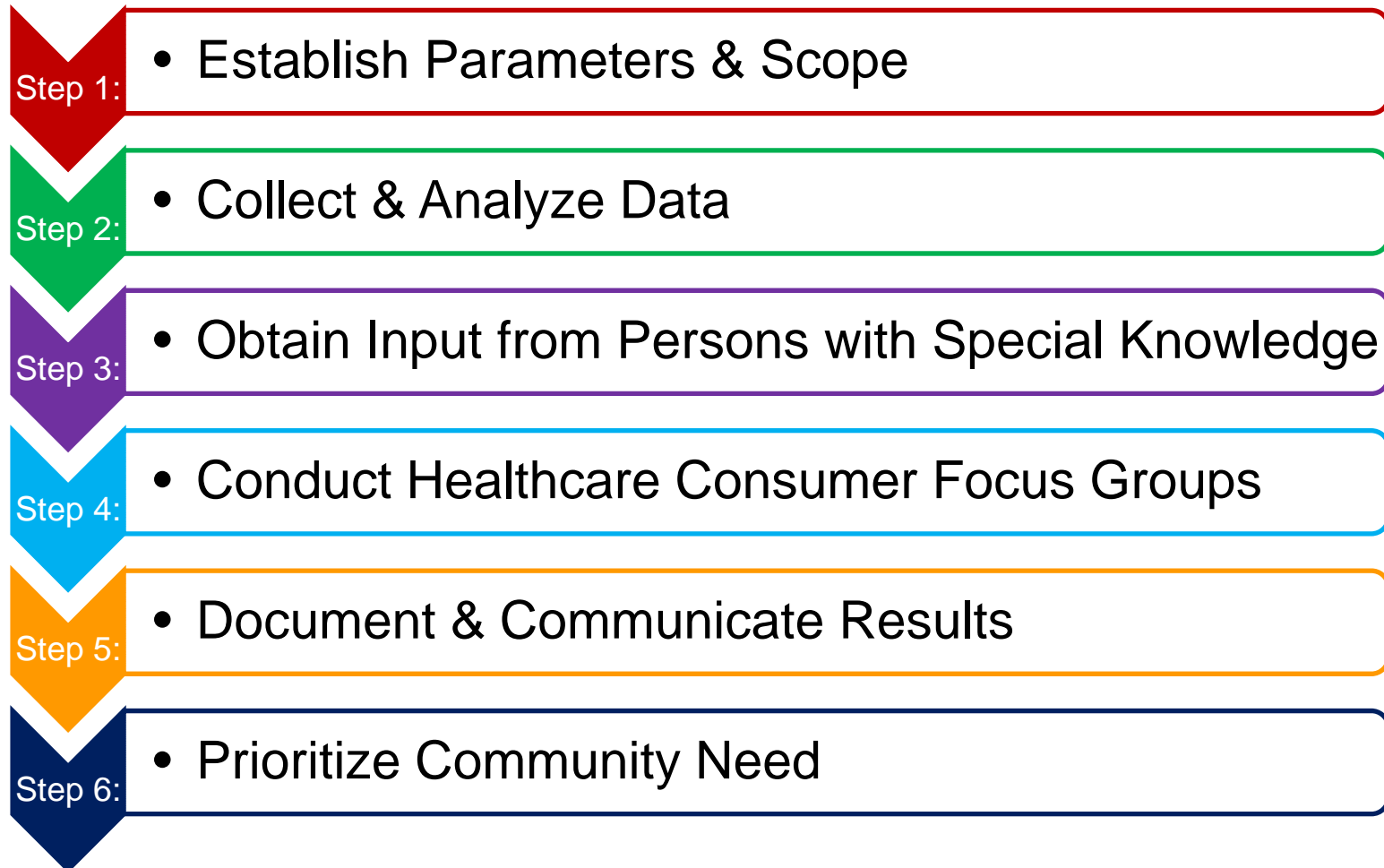
- A demographic analysis of the study area, utilizing demographic data from Truven Health's Market Expert
- A study of the most recent health data available
- Conducted one-on-one interviews with individuals who have special knowledge of the communities, and analyzed results
- Facilitated focus groups to gain input from consumers on health care choices, access and needs in the Valley.
- GVH Board prioritized the community needs during a meeting on February 12, 2014.

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

- Gunnison Valley Health
 - Background information about Gunnison Valley Health, including the mission and vision, was provided by the hospital or taken from its website.
- Study Area Definition
 - The study area for Gunnison Valley Health is based on hospital inpatient discharge data from January 1, 2012 through December 31, 2012 and discussions with hospital staff.
- Demographics of the Study Area
 - Population demographics include population change by race, ethnicity, and age, median income analysis, unemployment and economic statistics in the study area.

- Demographic data sources include, but are not limited to, the Truven Health’s Market Expert, Bureau of Labor Statistics, U.S. Census Bureau and the Kids Count Data Center.
- Health Data Collection Process
 - A variety of sources, which are all listed in the references section of this report, were utilized in the health data collection process.
 - Health data sources include, but are not limited to, the Colorado Department of Public Health and Environment, the Behavioral Risk Factor Surveillance System, Colorado Cancer Registry, The Robert Wood Johnson Foundation, the University of Wisconsin Population Health Institute and the U.S. Census Bureau.
- Interview Methodology
 - Gunnison Valley Health provided CHC Consulting with a list of persons with special knowledge of public health in Gunnison County including public health representatives, not-for-profit organization professionals, charities and other individuals who focus specifically on underrepresented groups.
 - From that list, thirteen in depth interviews were conducted using a structured interview guide.
 - Extensive notes were taken during each interview and then quantified based on responses, communities and populations served (minority, elderly, un/underinsured, etc.), and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.
- Focus Group Methodology
 - Gunnison Valley Health selected 14 individuals to participate in two types of focus groups: OB focus (8 participants) and General (6 participants). Public health professionals were also represented in both groups.
 - Focus groups were held to gain input from consumers on health care choices, access and needs in the Valley.
 - Groups were held at the University Center on 1/22/14, lasted 1.5 hours each and were facilitated by Cindy Matthews, CHC EVP.
- Prioritization Strategy
 - Six 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 GVH Board meeting on February 12, 2014.

CHNA Process





HOSPITAL BIOGRAPHY



About Gunnison Valley Health

Gunnison Valley Health is the sole, community owned, health system for Gunnison County and its surrounding areas. Gunnison Valley Health is proud to provide a comprehensive spectrum of care for the varied health requirements of our community members throughout every state of their life. Gunnison Valley Health is NOT just a hospital, rather it's a fully integrated health system that includes almost every aspect of healthcare from our Family Birthing Center & Senior Care Center, to our Cancer Care Center and philanthropic Foundation. Gunnison Valley Health is here to keep Gunnison County living well together!

Services Provided by Gunnison Valley Health include:

- Auxiliary Services
- Audiology Services
- Cancer Care Center
- Cardio-Pulmonary Services
- Chaplain's Services
- Clinical Support Services
- Emergency Medical Services (EMS)
- Family Birthing Center (Maternity Services)
- Financial Services
- Home Medical Services
- Hospice
- Nursing
- Nutritional & Dietician Services
- Pharmacy Services
- Radiology & Medical Imaging Department
- Rehabilitation Services (Physical & Occupational Therapy)
- Senior Care Center
- Surgical Services
- Women's Health Center

Mission, Vision, Values

Mission

The mission of Gunnison Valley Health is to effectively organize and provide quality healthcare services that improve the health of our community.

Vision

As central to a vibrant, diverse and independent community Gunnison Valley Health provides sustained, premier care that promotes lifelong health and wellness.

Values

The values of Gunnison Valley Health are: **I CARE.**

Integrity: We will be resolute and unrelenting in our adherence to our Mission and these Values and our Code of Conduct as demonstrated in our honesty, ethical decisions and practices, and our soundness of moral character.

Compassion: We will always exhibit behaviors and actions that reflect our understanding of another person's circumstances and a willingness to create a positive relationship with the person for the purpose of providing them physical and psychological comfort.

Accountability: We will be responsible for our choices and actions at an individual and organizational level.

Respect: We will always exhibit a willingness to listen and understand another's point of view, to be courteous while others express their beliefs, to be fair in reaching our own conclusions, and to express our opinions and decisions in a manner that is devoid of disparaging suggestions or innuendo.

Excellence: We will commit ourselves to continuous improvement in everything we do and seek to exceed our potential and the performance standards of our industry.

Source for About Section: www.gvh-colorado.org. Accessed: February 5, 2014.



STUDY AREA



GVH Study Area



Gunnison County makes up 77.7% of inpatient discharges

*The "H" indicates the hospital



		CY 2012 Discharges	% of Volume	
County	State	CY 2012 Discharges	% of Total	Cumulative % of Total
Gunnison County	CO	414	77.7%	77.7%
All Others		119	22.3%	100.0%
Total		533	100%	

Source: Colorado Hospital Association (CHA), public use data files, January 2012-December 2012; inpatient discharges; Normal Newborns MS-DRG 795 excluded



DEMOGRAPHIC OVERVIEW



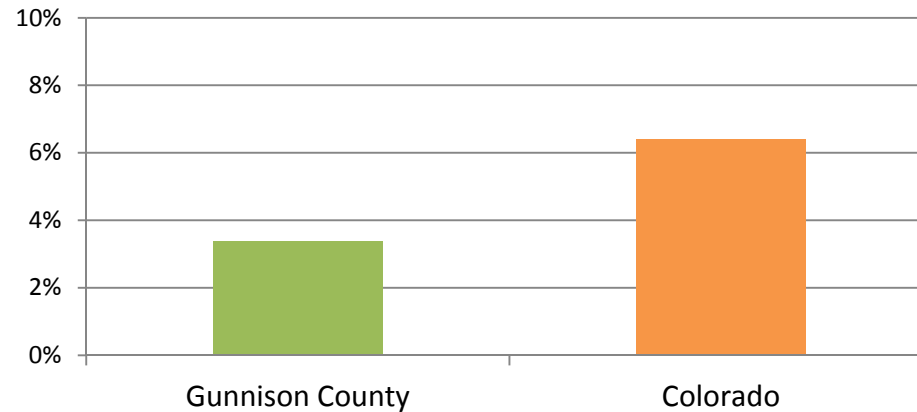
Demographic Summary

- The estimated 2013 population in Gunnison County is 15,221. The Gunnison County growth rate for the next 5 years is expected to increase slightly to 15,734 (3.4% or 513 people). This is slightly lower than Colorado's projected 5 year growth rate at 6.4% (334,432 people).
- The majority of Gunnison County's population is in the 35-54 years age group with the most significant projected increase in the 65+ years age group (37.7% or 603 people by 2018).
- The PSA population primarily identifies as White non-Hispanic while the Hispanic population is projected to experience the largest percent growth over the next five years (15.1% or 209 people).
- Though the unemployment rate has risen in Gunnison County (6.6%), it has still remained much lower than Colorado (8.0%) and the United States (8.1%) as of 2012.
- Gunnison County's poverty rate has risen more drastically than the poverty rate of Colorado to become higher than the state's rate (17.9% v 13.4% in 2011 for all ages).

Source: Truven Health's Market Expert (accessed August 6, 2013). Bureau of Labor Statistics, Local Area Unemployment Statistics; <http://www.bls.gov/lau/#tables> (accessed August 6, 2013). U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saie/data/interactive/#> (accessed September 11, 2013)
See appendix for poverty definition.

Overall Population Change

**Projected Population Growth
2013-2018 Percent Change**

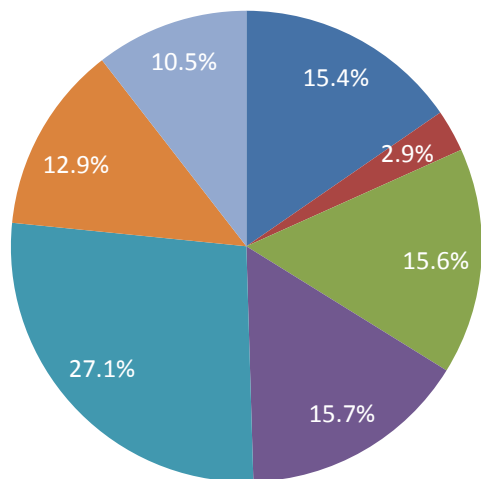


Overall Population Growth					
Geographic Location	CY 2010	CY 2013	CY 2018	2013-2018 Change	2013-2018 % Change
Gunnison County	15,031	15,221	15,734	513	3.4%
Colorado	5,029,201	5,219,517	5,553,949	334,432	6.4%

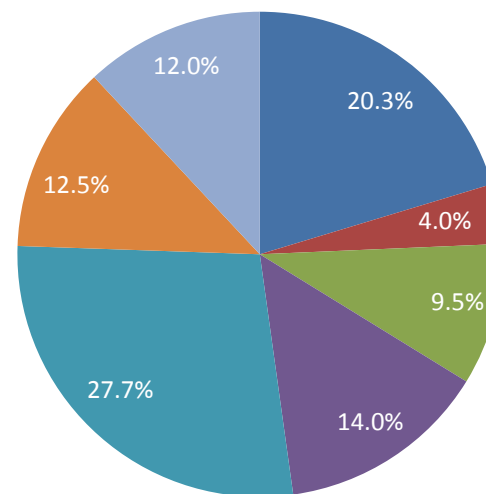
Source: Truven Health's Market Expert (accessed August 6, 2013)

Population by Age 2013

Gunnison County



Colorado

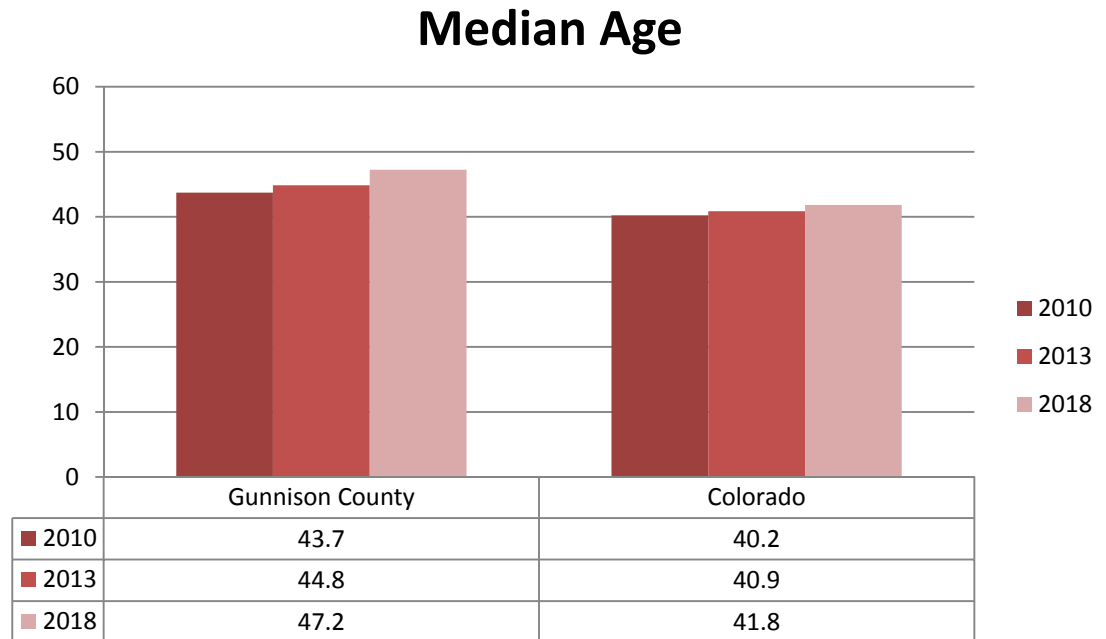


- 0-14
- 15-17
- 18-24
- 25-34
- 35-54
- 55-64
- 65+

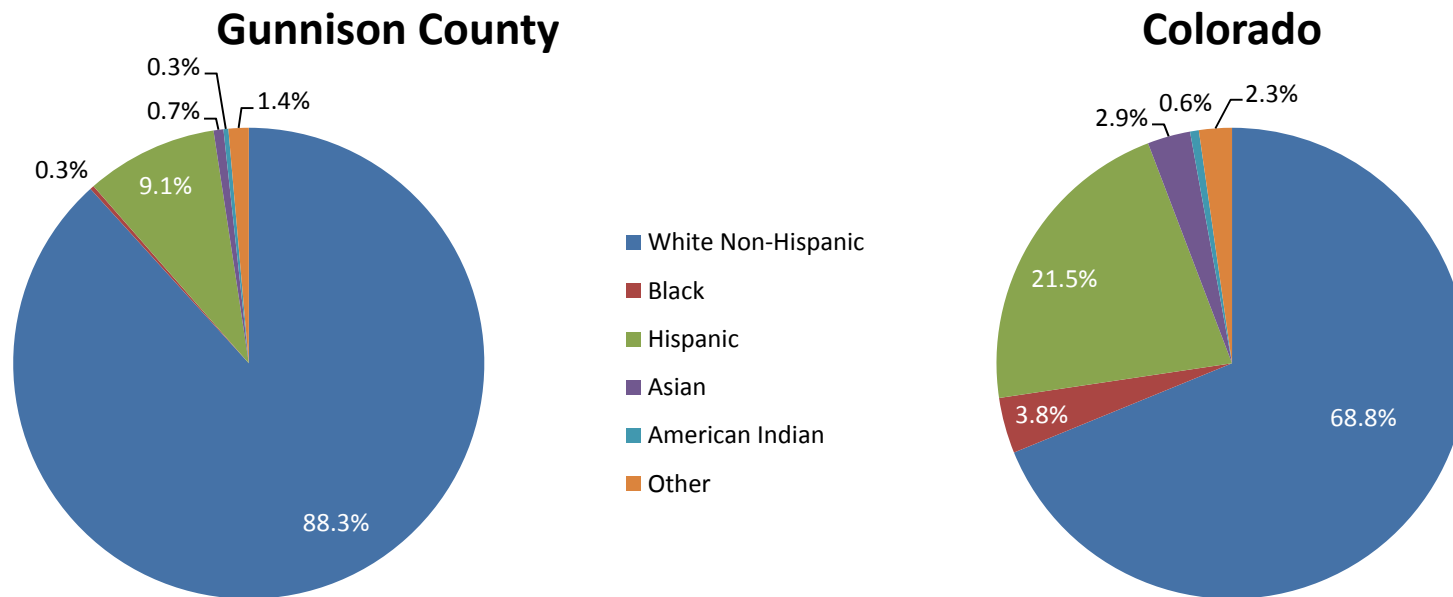
Source: Truven Health's Market Expert (accessed August 6, 2013)

Median Age

- Gunnison County has a higher median age than Colorado



Population by Race/Ethnicity 2013

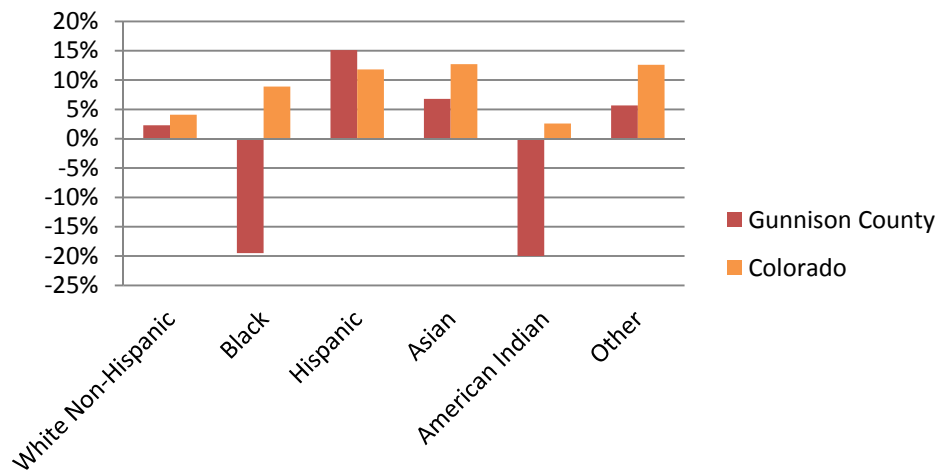


Source: Truven Health's Market Expert (accessed August 6, 2013)

Race/Ethnicity and Age Projections

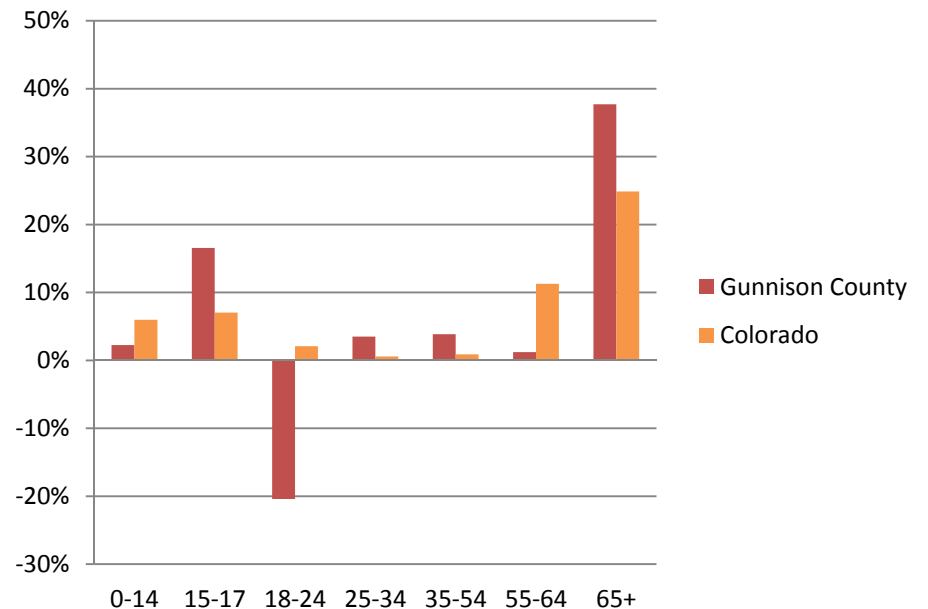
Projected Growth – Race/Ethnicity

**Projected Population Growth by Race/Ethnicity
2013 - 2018 Percent Change**



Projected Growth – Age

**Projected Population Growth by Age
2013 - 2018 Percent Change**

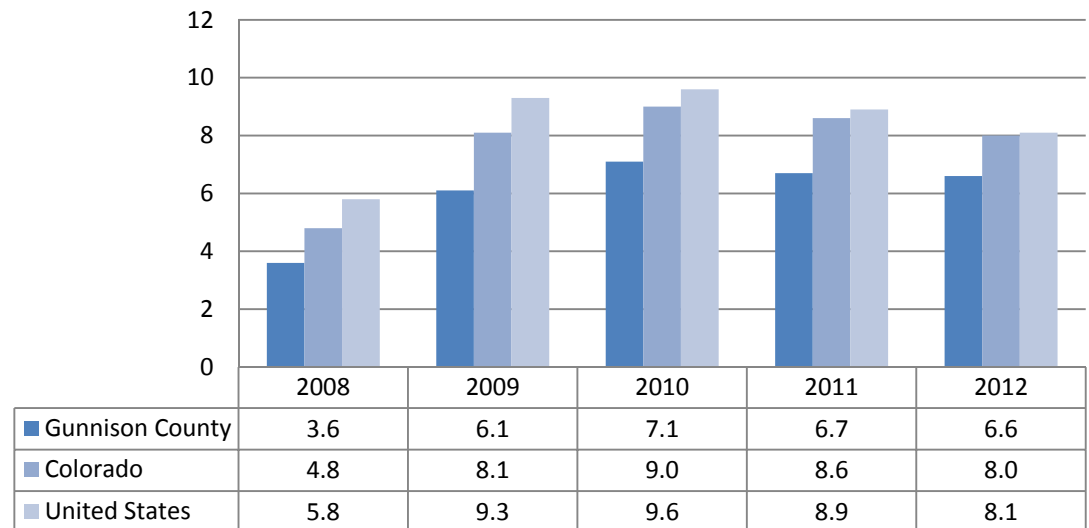


Source: Truven Health's Market Expert (accessed August 6, 2013)

Unemployment

- Unemployment rates have decreased since 2010 in Gunnison County.
- Since 2008, Gunnison County has had a lower rate of unemployment than Colorado and much lower than the United States.

**Annual Average Unemployment Rates
(Shown as Percent of Labor Force %)**

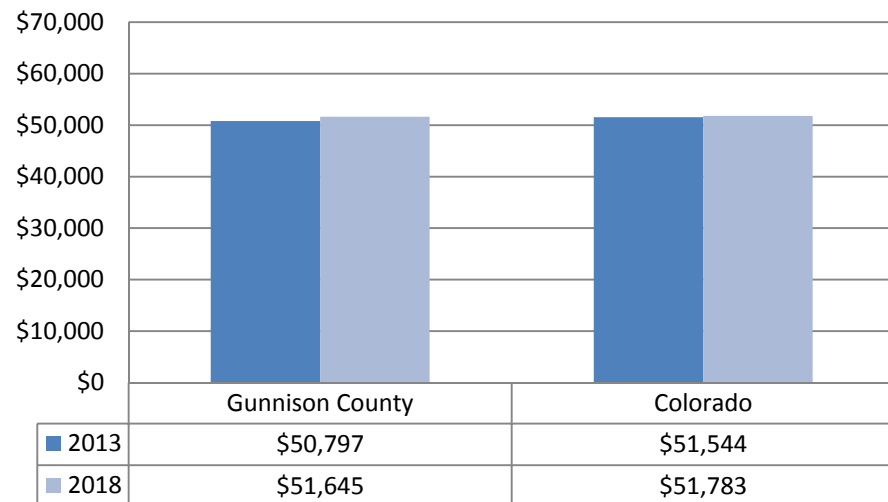


Source: Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; <http://www.bls.gov/lau/#tables> (accessed August 6, 2013)

Income

- Gunnison County has a slightly lower median household income than Colorado but the margin is expected to decrease by 2018.

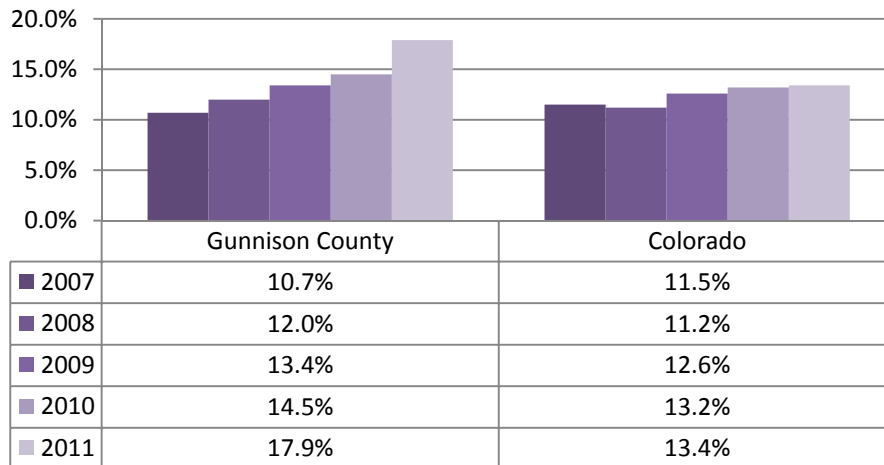
Median Household Income



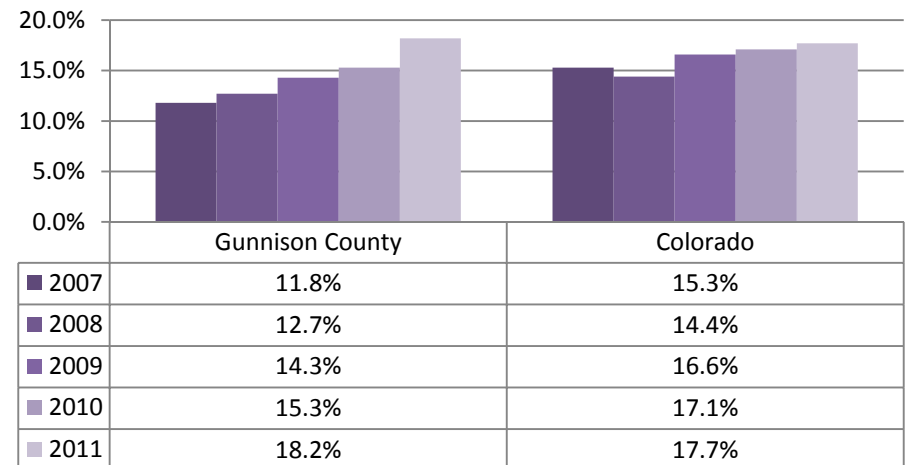
Poverty

- 17.9% of residents in Gunnison County are living in poverty.
- 18.2% of children in Gunnison County are living in poverty.
- The percentage of residents and children living in poverty in both Gunnison County and Colorado has been increasing since 2007.

Percent in Poverty (All Ages)



Percent in Poverty (Under 18)

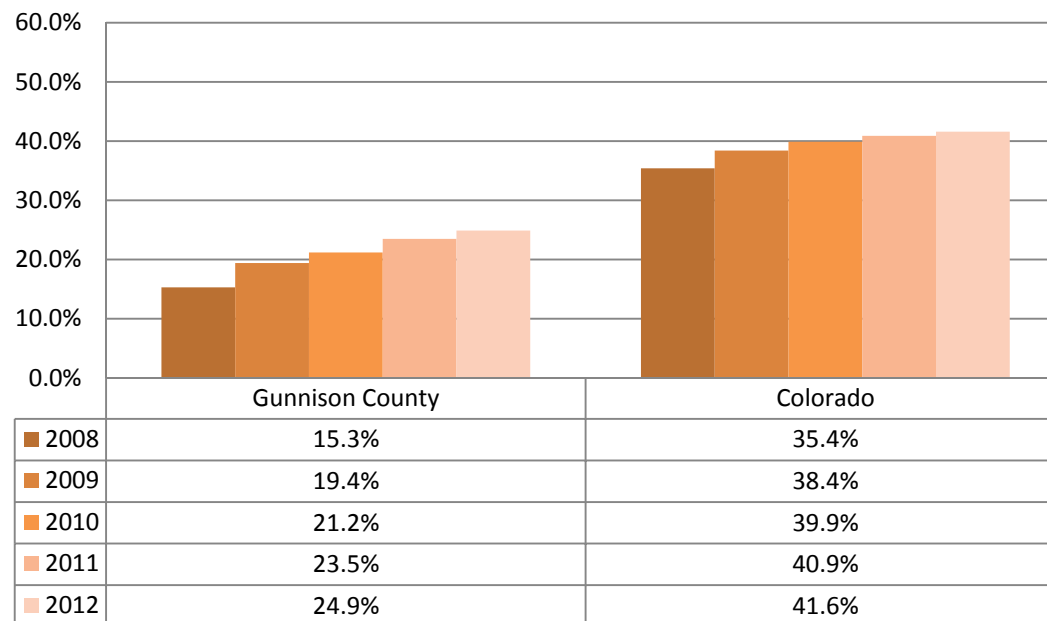


Source: U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saie/data/interactive/#> (accessed September 11, 2013)
See appendix for poverty definition.

Children in the Study Area

- In 2012, 24.9% of children in Gunnison County were eligible for free/reduced meals— significantly lower than the 41.6% average for Colorado.

Eligible for Free/Reduced Meals



Source: The Annie E. Casey Foundation, The Kids Count Data Center; <http://datacenter.kidscount.org/> (accessed September 11, 2013)



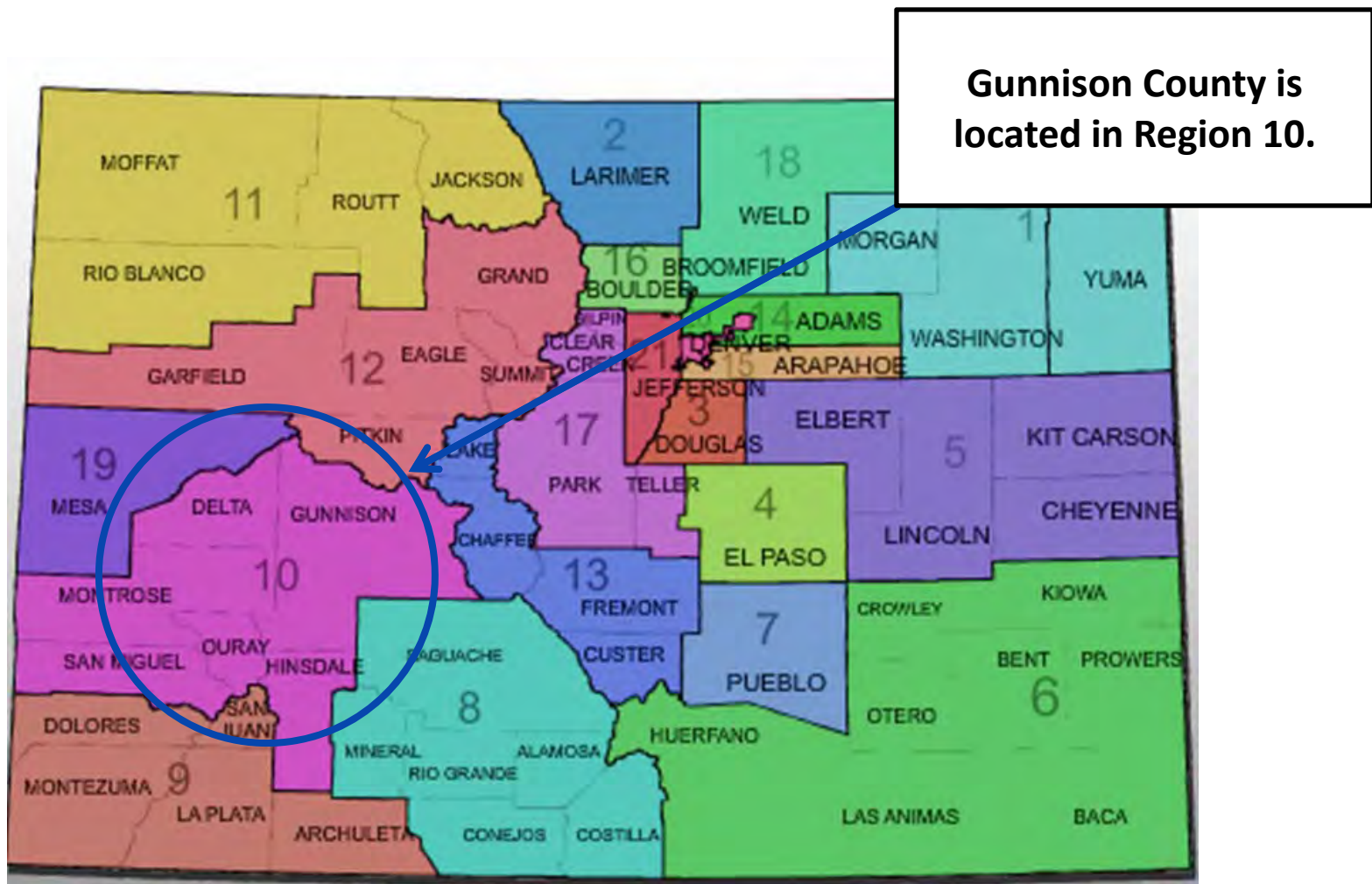
HEALTH DATA OVERVIEW





Data Methodology

- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and access
- **Data Sources include, but are not limited to:**
 - Colorado Health and Environmental Data
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Colorado Behavioral Risk Factor Surveillance System (BRFSS) began conducting surveys in 1982 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. The state began collecting data monthly in 1990. Information gathered in these surveys can be used to target health education and risk reduction activities throughout the state in order to lower rates of premature death and disability.
 - The surveillance system is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in all 50 states, the District of Columbia, and three U.S. territories. Questions are standardized to ensure comparability of data with other states and to allow determination of trends over time.
 - 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.
 - United States Census Bureau and The Annie E. Casey Foundation (Kids Count Data)
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- **Data Levels:** Nationwide, state, Region 10 and county



Source: Colorado Department of Public Health and Environment Accessed: September 11, 2013.

County Health Rankings (2013)

- The County Health Rankings rank 59 counties in Colorado (1 being the best, 59 being the worst). Gunnison County ranked 11 overall.
- Various factors go into these rankings. For example, the morbidity ranking is based on:
 - Poor or fair health
 - Poor physical health days
 - Poor mental health days
 - Low birthweight

2013 County Health Rankings	Gunnison County
Health Outcomes	11
MORTALITY	6
MORBIDITY	24
Health Factors	11
HEALTH BEHAVIORS	9
CLINICAL CARE	37
SOCIAL & ECONOMIC FACTORS	13
PHYSICAL ENVIRONMENT	4

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
<http://www.countyhealthrankings.org>
Accessed: September 10, 2013



Mortality Summary

- As of 2012, Gunnison County has a lower age-adjusted death rate than Region 10 and Colorado for cancer and heart disease.
- As of 2012, cancer is the leading cause of death in Gunnison County, Region 10 and Colorado.
 - As of 2012, Region 10 has a higher age-adjusted death rate than Colorado for cancer and heart disease.
- Heart Disease is the second leading cause of death in Gunnison County, Region 10 and Colorado.
- Gunnison County has a higher rate for unintentional injuries than Colorado.

*Use caution when interpreting data for Gunnison County due to small population. Years where there were fewer than three deaths in a given cause, a rate was not calculated and appears as “0.”



Region 10 Mortality Summary

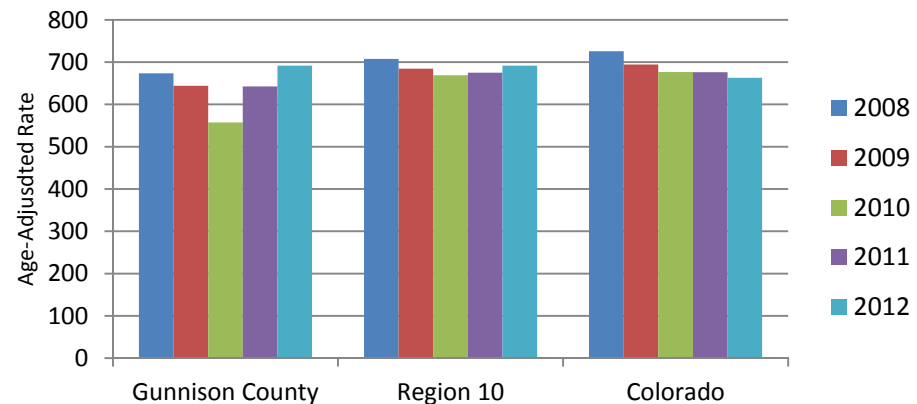
- As of 2012, Region 10 has a higher age-adjusted death rate than both Gunnison County and Colorado for cancer, heart disease and unintentional injuries.
- Region 10 consistently has a higher age-adjusted death rate for heart disease than Colorado from 2008-2012.
- While the heart disease rate is decreasing in the state of Colorado, Region 10's heart disease rate has been increasing since 2010.
- Region 10's cancer incidence rates are consistent with or below Colorado's except for lung and bronchus cancer where Region 10 has a higher incidence rate.

Mortality

(Age-Adjusted Death Rate)

- Gunnison County had a lower age-adjusted death rate than Region 10 and Colorado except in 2012.

Age-Adjusted Death Rate
(per 100,000)



Number of Deaths					
Location	2008	2009	2010	2011	2012
Gunnison	69	63	58	64	79
Region 10	835	845	825	863	890
Colorado	31,205	31,132	31,435	32,566	33,127

Source: Colorado Department of Public Health and Environment; Colorado Health and Environmental Data: Mortality Data; Accessed: September 13, 2013

Mortality

(Leading Causes of Death in 2012)

Top Causes of Death (2012)		
Gunnison	Region 10	Colorado
1. Malignant Neoplasms/Cancer	1. Malignant Neoplasms/ Cancer	1. Malignant Neoplasms/ Cancer
2. Heart Disease	2. Heart Disease	2. Heart Disease
3. Unintentional Injuries	3. Chronic Lower Respiratory Diseases	3. Unintentional Injuries
4. Cerebrovascular Diseases	4. Unintentional Injuries	4. Chronic Lower Respiratory Diseases
5. Chronic Lower Respiratory Diseases	5. Cerebrovascular Diseases	5. Cerebrovascular Diseases
6. Perinatal Period Conditions	6. Alzheimer's Disease	6. Alzheimer's Disease
7. Alzheimer's Disease	7. Other Diseases of the Respiratory System	7. Suicide
8. Suicide	8. Chronic Liver Disease and Cirrhosis	8. Diabetes Mellitus
9. *	9. Diabetes Mellitus	9. Chronic Liver Disease and Cirrhosis
10. *	10. Other Diseases of the Circulatory System	10. Influenza and Pneumonia

















*Use caution when interpreting data for Gunnison County due to small population. Rates were not calculated in years where death counts were below three.

Source: Colorado Department of Public Health and Environment; Colorado Health and Environmental Data: Leading Causes of Death Quick Report 2012; Accessed September 13, 2013

Mortality

(Rates Age-Adjusted per 100,000)

Leading Causes of Death in Gunnison County and Region 10 Compared to Colorado in 2012

Top Causes of Death (2012)				
Cause of Death	Gunnison County	Region 10	Colorado	
1. Malignant Neoplasms/ Cancer	 102.9	 144.1	142.6	
2. Heart Disease	 107.5	 157	126.6	
3. Unintentional Injuries	 58.8	 65.3	47	
4. Cerebrovascular Diseases	 48	 31.5	32.3	
5. Chronic Lower Respiratory Diseases	 43.2	 44.4	46.4	
6. Perinatal Period Conditions	 33.6	 9.5	3.2	
7. Alzheimer's Disease	 37.1	 23.5	28.2	
8. Suicide	 19	 17.9	19.7	

Key:

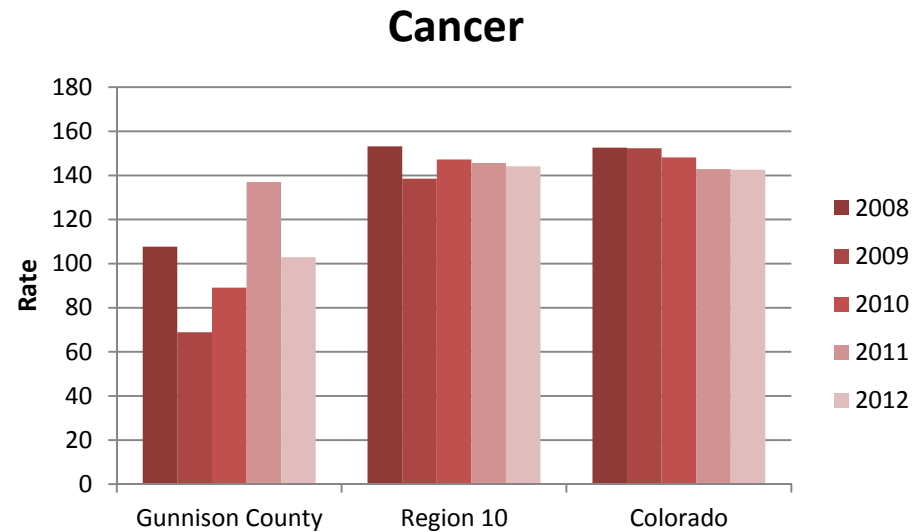
Red circle indicates the county's or region's rate is higher than Colorado's rate for that particular cause of death in 2012

Green circle indicates the county's or region's rate is lower than Colorado's rate for that particular cause of death in 2012

Cancer Mortality

(Rate Age-Adjusted per 100,000)

- Gunnison County has consistently been below Region 10's and Colorado's cancer mortality rates.
- Gunnison County's cancer mortality rate has fluctuated between 2008 and 2012 but saw a drop between 2011 and 2012.



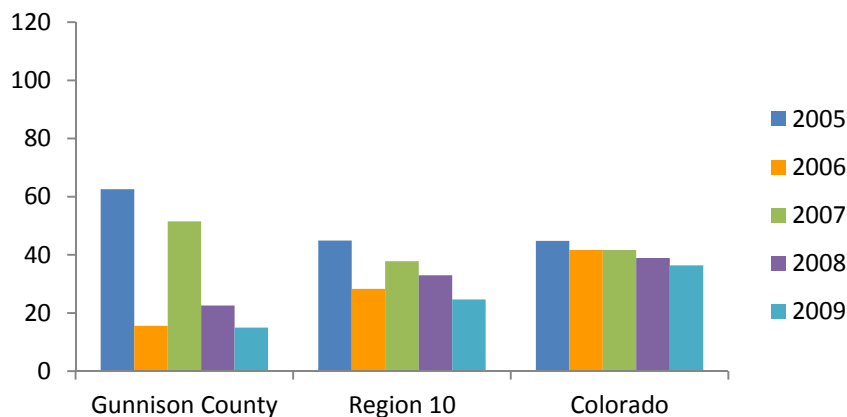
All Cancer- Deaths					
Location	2008	2009	2010	2011	2012
Gunnison County	12	7	11	17	13
Region 10	186	173	189	191	194
Colorado	6,709	6,938	7,029	7,037	7,314

Source: Colorado Department of Public Health and Environment: Colorado Health Information Dataset; Accessed September 13, 2013

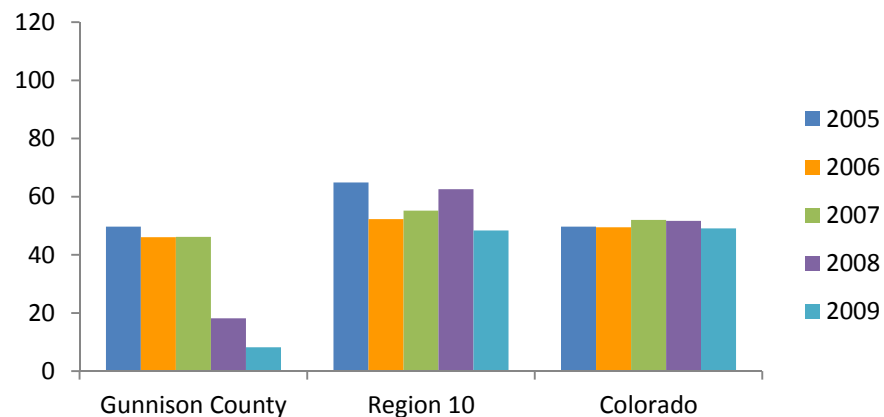
Cancer Incidence

(Rates Age-Adjusted per 100,000)

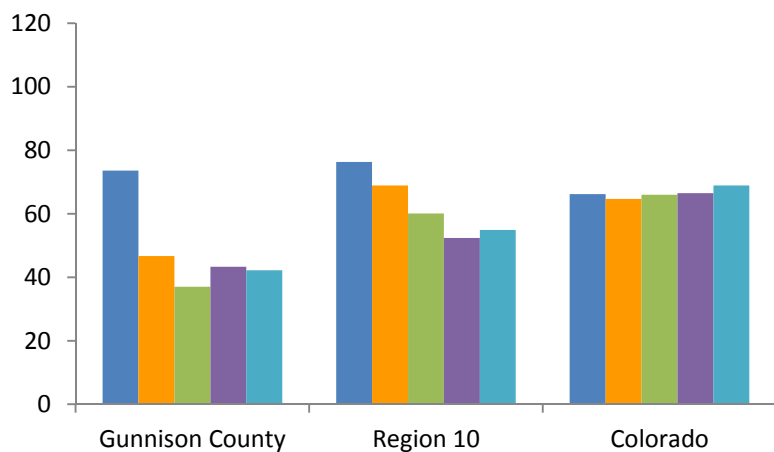
Colon and Rectum



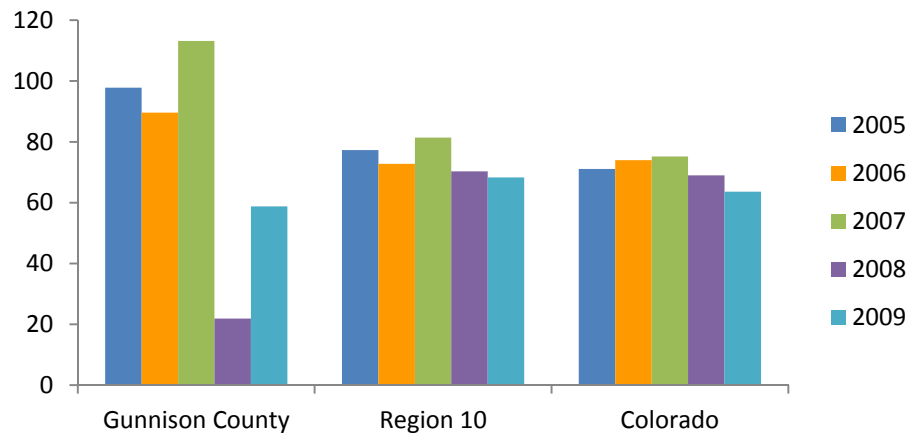
Lung and Bronchus



Breast (Female)



Prostate

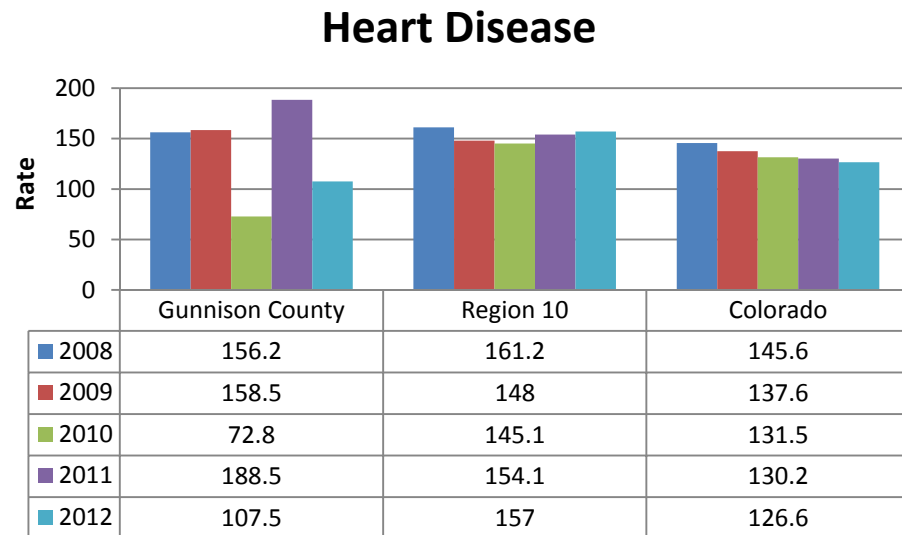


Source: Colorado Department of Public Health and Environment: Colorado Central Cancer Registry Statistics 2005-2009. Cancer Incidence Data. Accessed September 16, 2013

Heart Disease Mortality

(Rates Age-Adjusted per 100,000)

- Gunnison County's heart disease mortality rate has fluctuated significantly between 2008 and 2012 due to low overall numbers of death.
- Gunnison County's heart disease mortality rate decreased significantly between 2011 and 2012.



Number of Deaths					
Location	2008	2009	2010	2011	2012
Gunnison County	15	14	9	16	12
Region 10	194	190	184	203	212
Colorado	6,132	6,083	6,029	6,207	6,306

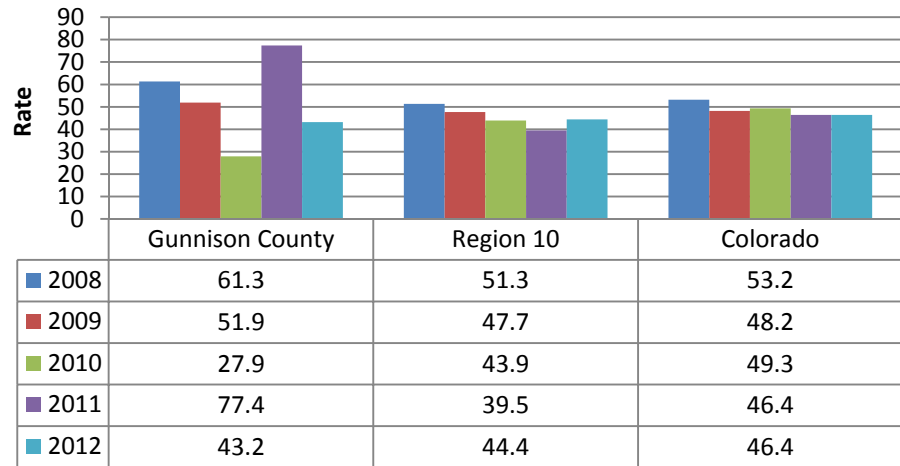
Source: Colorado Department of Public Health and Environment: Colorado Health and Environmental Data; Mortality Data. Accessed September 13, 2013.

Chronic Lower Respiratory Diseases Mortality

(Rate Age-Adjusted per 100,000)

- Chronic lower respiratory diseases are the fifth leading cause of death in Gunnison County.
- Gunnison County's chronic lower respiratory diseases mortality rate fluctuated between 2008 and 2012 due to low population numbers.

Chronic Lower Respiratory Diseases



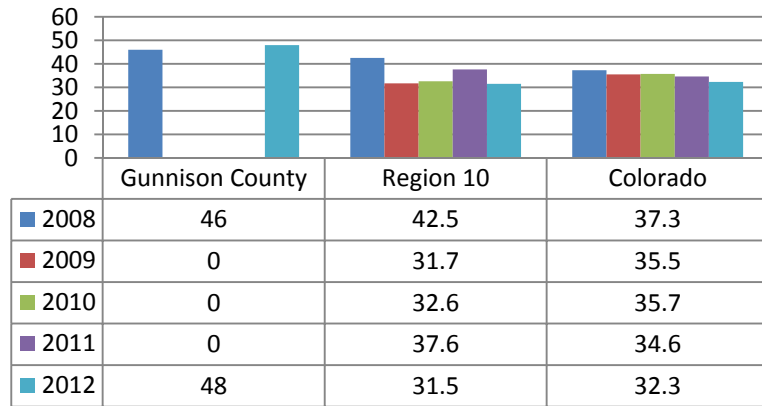
Number of Deaths					
Location	2008	2009	2010	2011	2012
Gunnison County	6	5	3	7	4
Region 10	62	59	55	51	60
Colorado	2,178	2,072	2,199	2,161	2,237

Source: Colorado Department of Public Health and Environment: Colorado Health and Environmental Data; Mortality Data. Accessed September 13, 2013

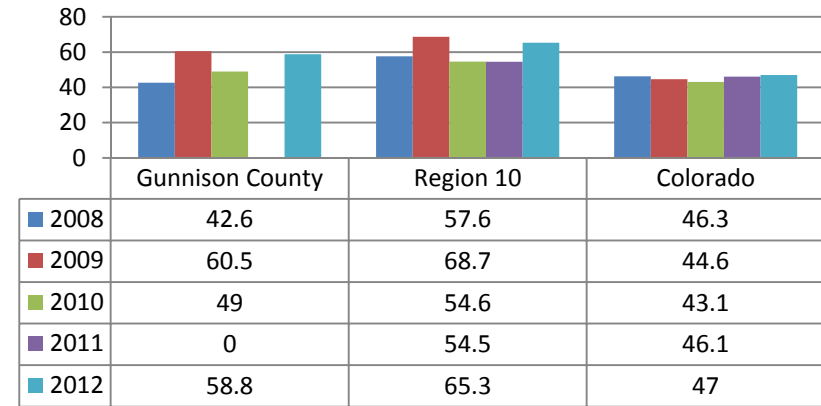
Additional Mortality Causes

(Rates Age-Adjusted per 100,000)

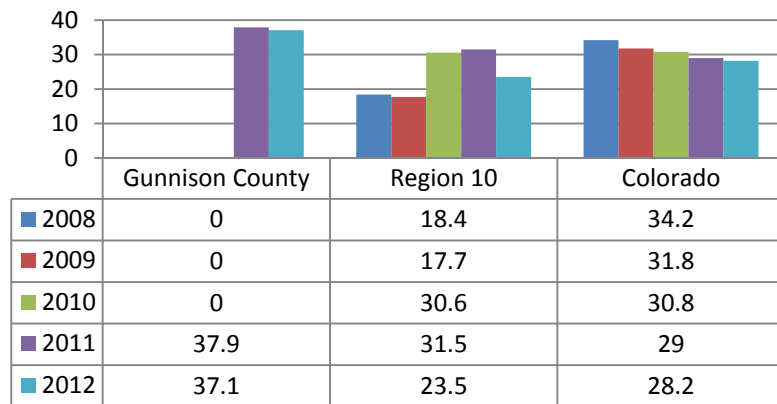
Cerebrovascular Disease*



Unintentional Injury*



Alzheimer's Disease*



Leading causes of unintentional injury in **Gunnison County**:


- Motor Vehicle Accident
- Water Transportation Accident
- Poisoning Accident

Leading causes of unintentional injury in **Region 10**:

- Motor Vehicle Accident
- Fall Accident
- Poisoning Accident

Source: Colorado Department of Public Health and Environment: Colorado Health and Environmental Data; Mortality Data. Accessed September 13, 2013

*Use caution when interpreting data for Gunnison County due to small population. Rates were not calculated in years where death counts were below three.



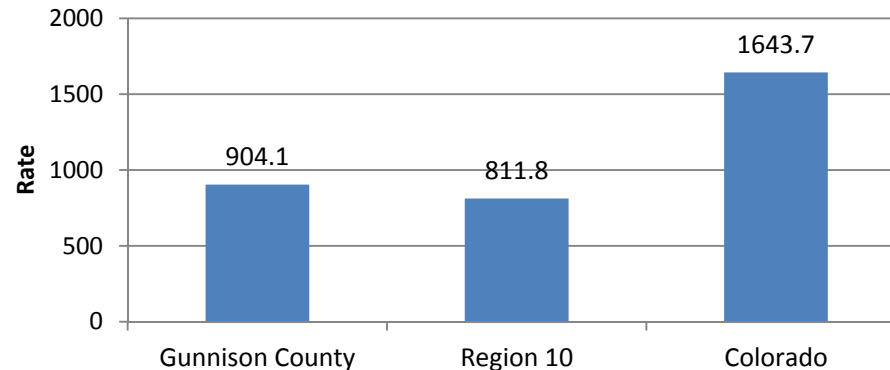
Communicable Diseases, Natality, Health Behaviors and Access Summary for Gunnison County

- Gunnison County has a much lower rate of Chlamydia and Gonorrhea cases for 15-29 year olds than Colorado.
- According to the 2011-2012 Colorado BRFSS study, Gunnison County has a significantly lower rate of diabetes for adults 18+ than Region 10 and Colorado.
- In the 2011-2012 BRFSS study, Gunnison County respondents also had a lower percentage of adults 18+ that were overweight or obese compared to Region 10 and Colorado. Gunnison County also had a higher percentage of adults 18+ who ate at least one serving of fruits and vegetables each day.
- Though Gunnison County respondents for Colorado's PRAMS query felt they received adequate prenatal care, Gunnison County has seen an increase over Colorado and Region 10 for percentage of low weight births as of 2012.

Communicable Diseases

(Chlamydia)

Chlamydia Rate 2009-2011
(Rate of new cases for 15-29 year olds per
100,000)

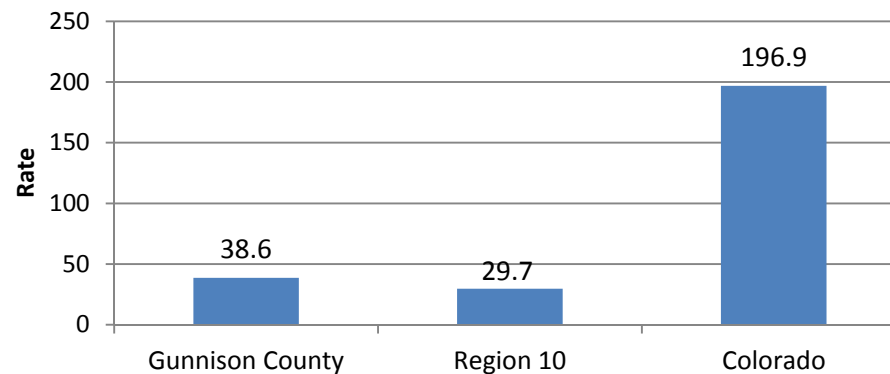


- Though Gunnison County has a higher Chlamydia rate than Region 10, they both have a significantly lower rate than Colorado.

Communicable Diseases

(Gonorrhea)

Gonorrhea Rate 2009-2011
(Rate of new cases for 15-29 year olds per
100,000)

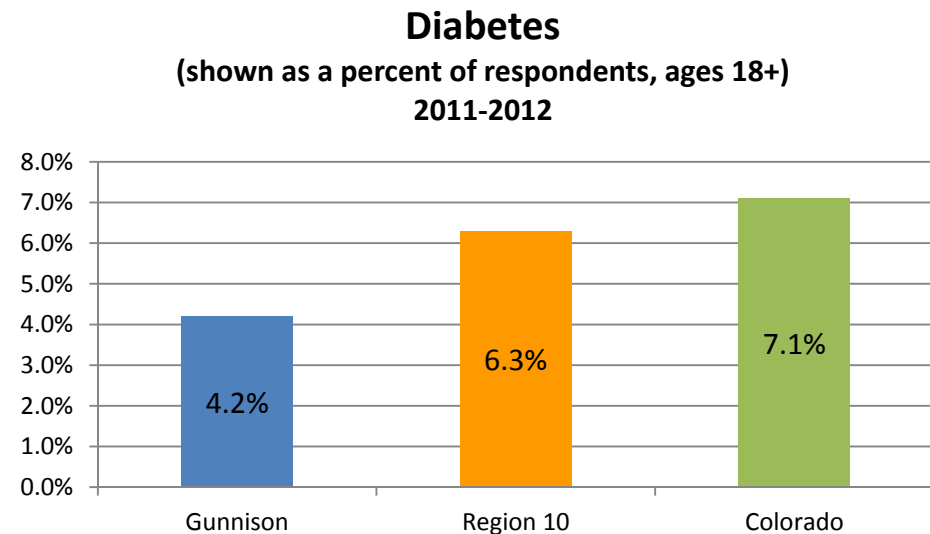


- The rate of Gonorrhea cases in both Gunnison County and Region 10 are significantly lower than in Colorado.

Chronic Conditions

(Diabetes)

- According to BRFSS data, 4.2 % of respondents in Gunnison County report that they have diabetes, compared to 6.3% in the region and 7.1% in Colorado.



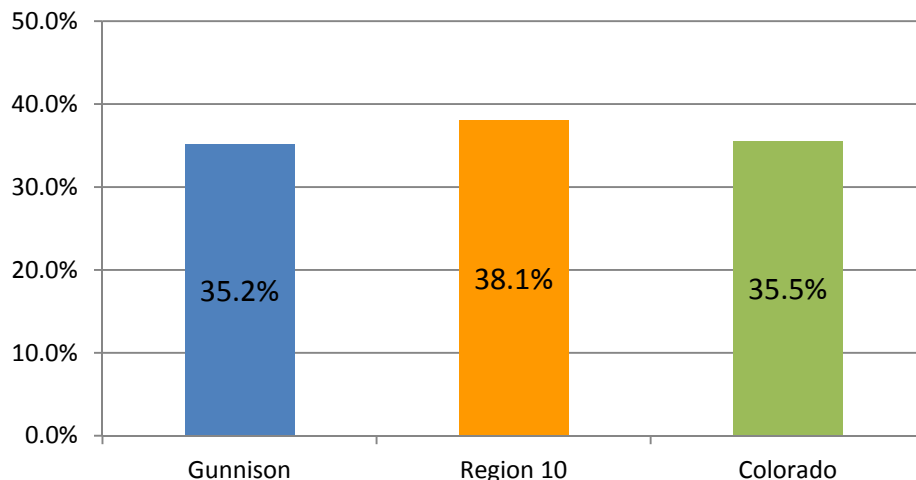
Source: Colorado Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Colorado Health Information Dataset (COHID) (accessed September 12, 2013)
BRFSS Diabetes definition: Respondents 18 years and older who report ever being told by a doctor that "you have diabetes," excludes gestational diabetes

Chronic Conditions

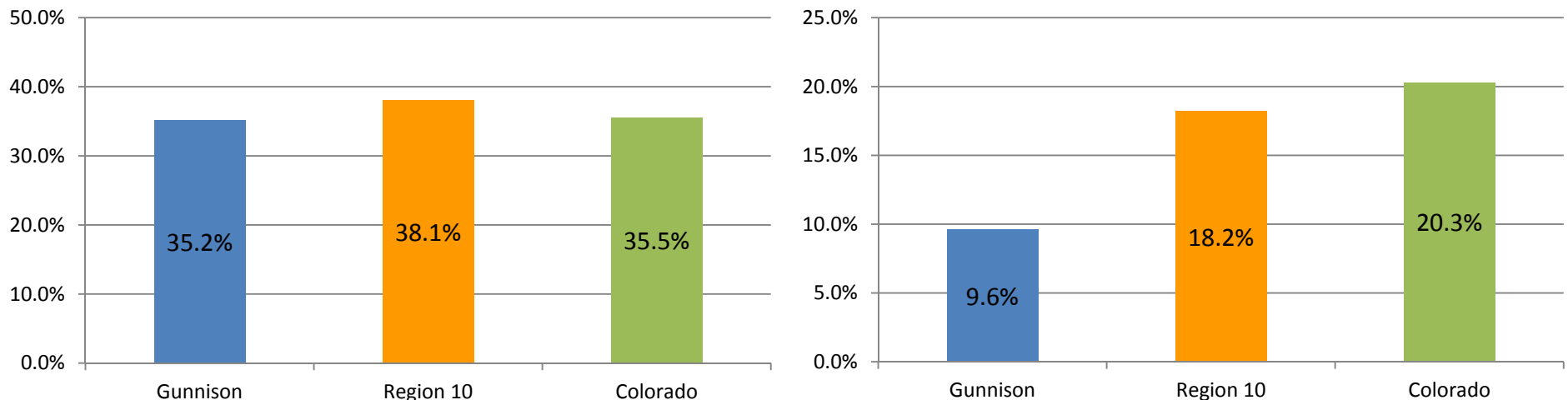
(Overweight & Obesity)

- According to BRFSS data, Gunnison County has a lower percent of residents who are either overweight or obese than those in Region 10 or Colorado.

Overweight 2011-2012



Obesity 2011-2012

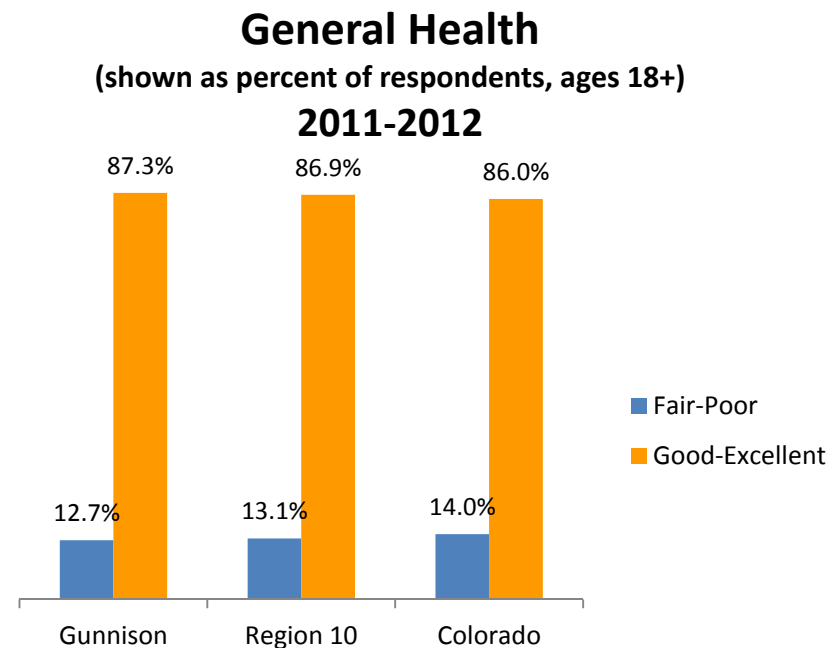


Source: Colorado Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Colorado Health Information Dataset (COHID) (accessed September 12, 2013)
BRFSS Overweight or obese definition: Respondents 18 years and older who have a BMI calculated by self reported height and weight, BMI 25 or greater

Health Behaviors

(General Health)

- Slightly more respondents in Gunnison County (87.3%) than Region 10 (86.9%) or Colorado (86.0%) consider themselves to be in Good-Excellent health.



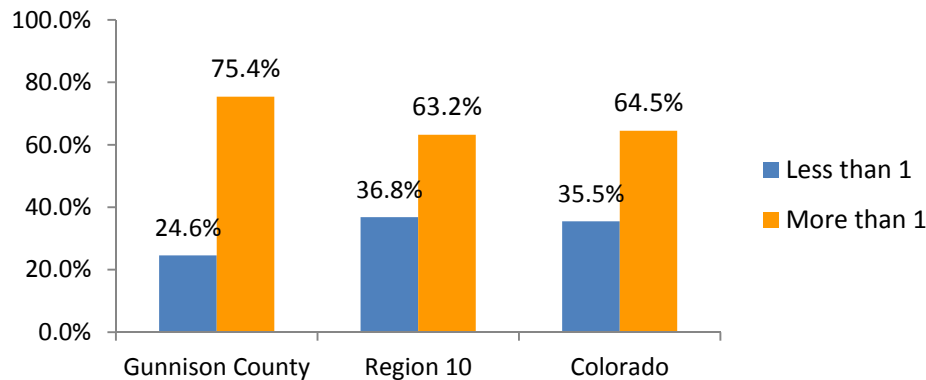
Source: Colorado Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Colorado Health Information Dataset (COHID) (accessed September 12, 2013)
BRFSS General Health definition: Respondents were asked to assess their health as either Fair-Poor or Good-Excellent.

Health Behaviors

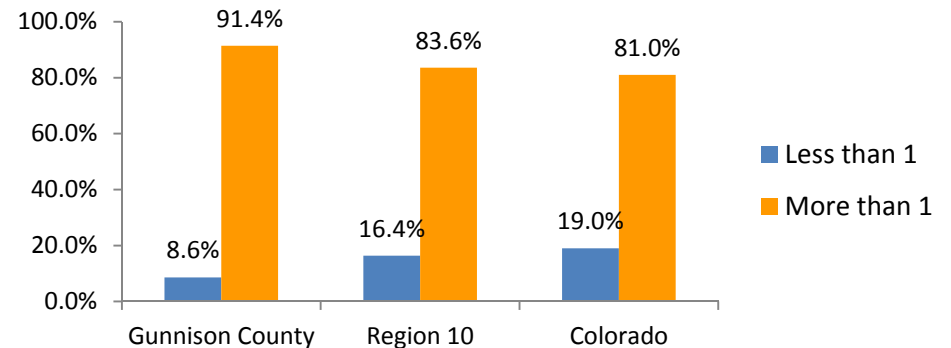
(Adults' Fruit and Vegetable Intake)

- Gunnison County adults respondents answered that they are more than 10% likely to eat more than one serving of fruit per day than Region 10 and Colorado residents.
- Gunnison County adult respondents are also much more likely than Region 10 or Colorado residents to be eating more than one serving of vegetables per day.

Daily Servings of Fruit for Adults 18+ (2011)



Daily Servings of Vegetables for Adults 18+ (2011)



Source: Colorado Department of Public Health and Environment: Colorado Health and Information Dataset (CoHID). Behavioral Risk Factors for adults 18+. 2011. Accessed: September 17, 2013.

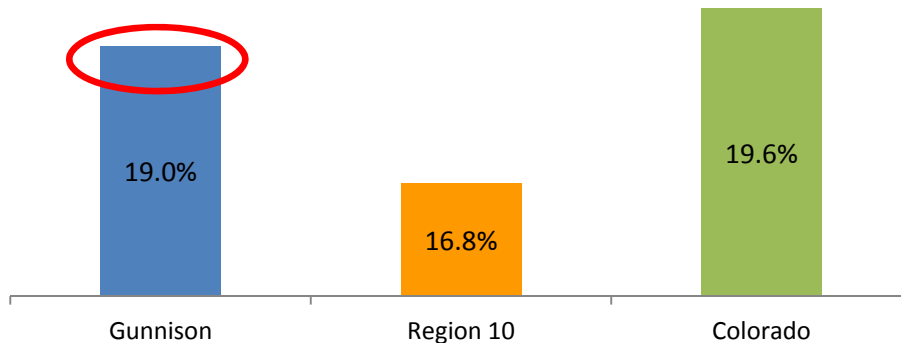
Health Behaviors

(Binge Drinking and Smoking)

- Gunnison County has a higher percent of respondents who engage in binge drinking than Region 10 but a lower percent of respondents than Colorado.
- Gunnison County has a lower percent of respondents than Region 10 and Colorado who consider themselves current smokers.

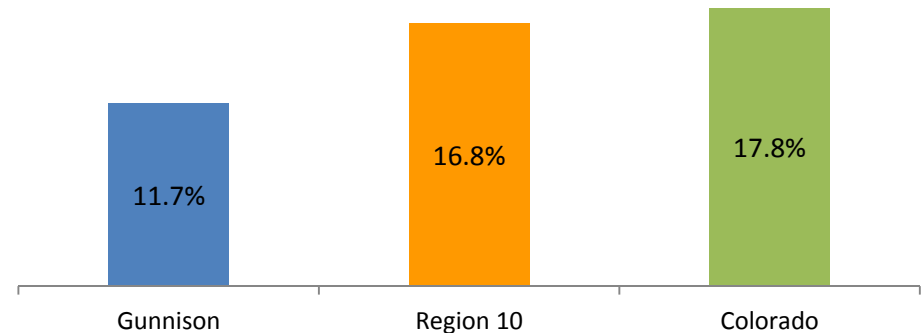
Binge Drinking

(shown as a percent of respondents, ages 18+)
2011-2012



Current Smoker

(shown as percent of respondents, ages 18+)
2011-2012

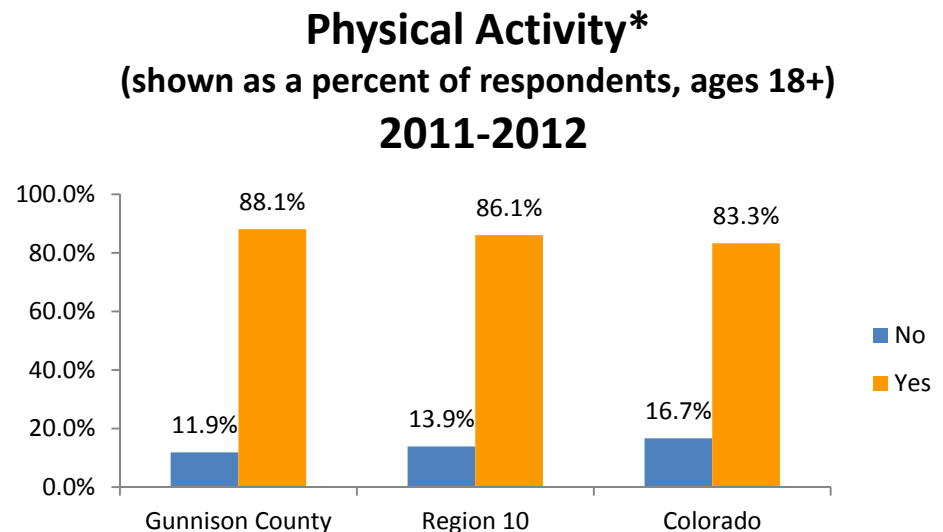


Source: Colorado Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Colorado Health Information Dataset (COHID) (accessed September 12, 2013)
Binge drinking definition: Respondents who report more than 5 drinks (men) or 4 drinks (women) on one or more occasion during the past month.
Current smoker definition: Respondents were asked if they currently smoke cigarettes.

Health Behaviors

(Physical Activity)

- Gunnison County respondents answered that they have slightly higher rates of physical activity than the region or state.



Source: Colorado Department of Public Health and Environment: Colorado Health Information Dataset (CoHID). Behavioral Risk Factors for adults 18+. 2011-2012.
Accessed: September 17, 2013.

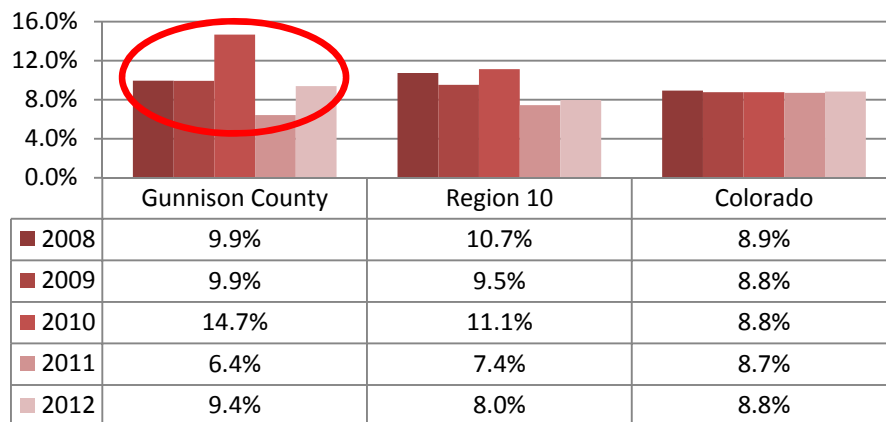
*Respondents were asked "During the past 30 days, other than your regular job, did you participate in any physical activities?"

Natality and Maternal Health

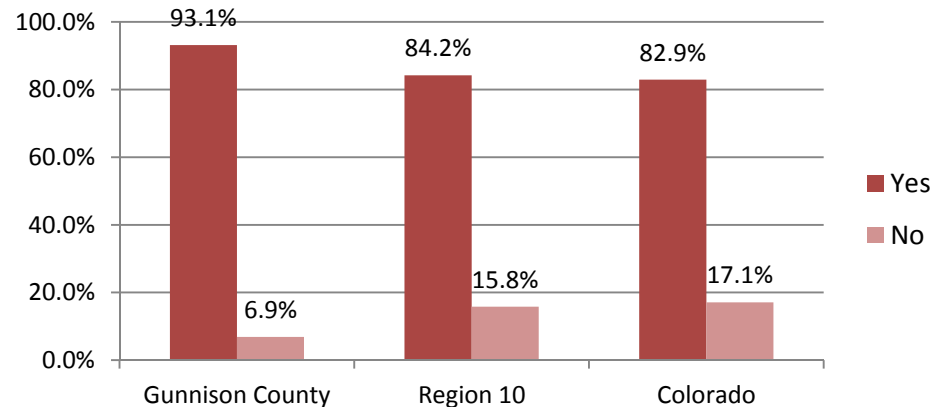
(Low Birth Weight (<2,500 Grams) and Inadequate Prenatal Care)

- As of 2012, 9.4% of births in the Gunnison County compared to 8.0% in Region 10 and 8.8% in Colorado are **low birth weight births**.
- Four out of five years between 2008 and 2012, Gunnison County has had a higher percent of low birth weight births than Colorado.
- Between 2007 and 2011, Gunnison County has the highest rate of women who felt they had adequate prenatal care compared to Region 10 and Colorado.

**Percent of Low Weight Births
(<2,500 Grams)**



**Adequate Prenatal Care*
(2007-2011)**



Source: Colorado Department of Public Health and Environment: Colorado Health Information Dataset (CoHID). Birth Query and Full PRAMS Query. Accessed September 17, 2013

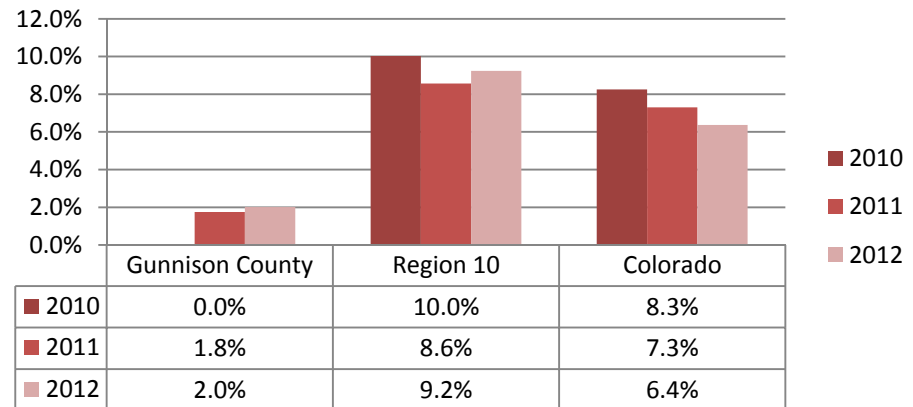
*Respondents were asked "Did you get prenatal care as early in your pregnancy as you wanted?"

Natality and Maternal Health

(Teen Births)

- As of 2012, Gunnison County had a much lower teen birth rate than both Region 10 and Colorado.

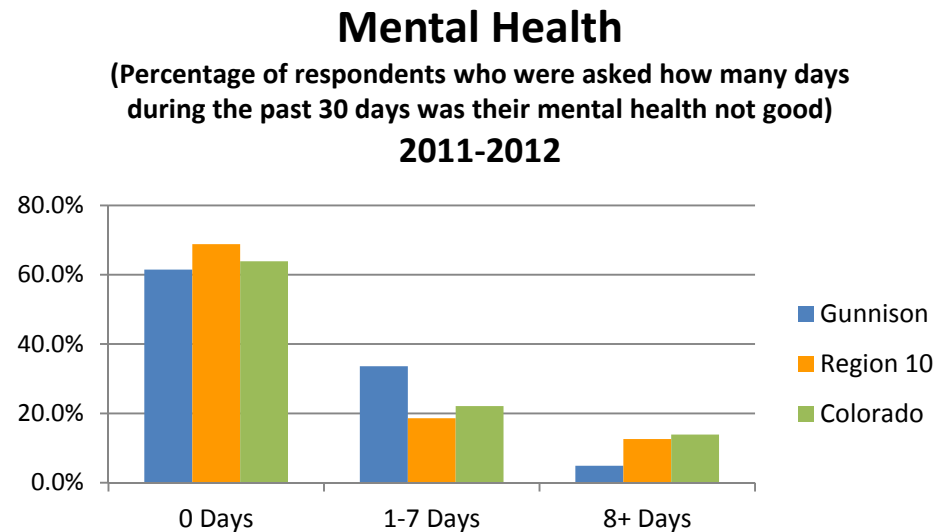
**Percent of Teen Births
(19 and under)**



Source: Colorado Department of Public Health and Environment; Colorado Health Information Dataset (CoHID): Birth Data Statistics 2010-2012. Accessed September 16, 2013.

Mental Health

- According to BRFSS data, Gunnison County has a significantly lower percentage of respondents who felt their mental health was not good for 8 or more days— 4.9%(Gunnison) compared to 12.6% (Region 10) and 13.9% (Colorado).



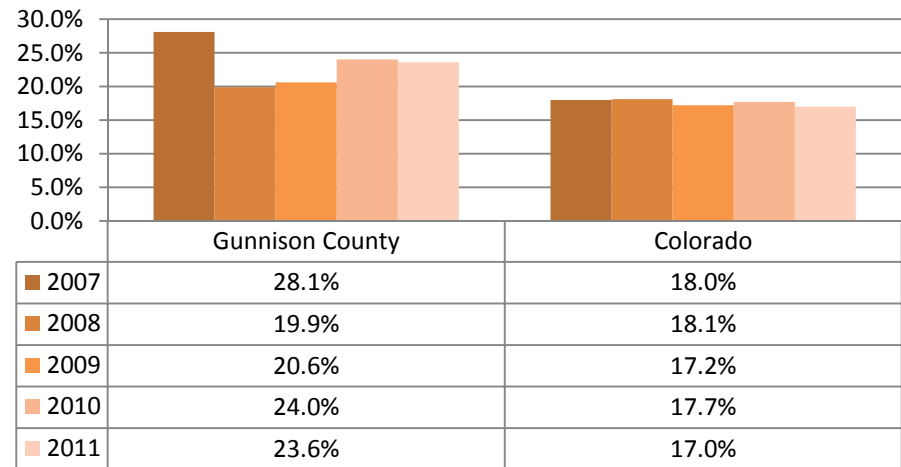
Source: Colorado Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Colorado Health Information Dataset (COHID) (accessed September 12, 2013)
Question to Respondents: How many days during the past 30 days was your mental health not good?

Health Care Access

(Uninsured)

- 23.6% of Gunnison County residents and 17% of Colorado residents are uninsured.

Percentage of Uninsured Residents



Sources: United States Census Bureau, Small Area Health Insurance Estimates (accessed September 11, 2013)



PHONE INTERVIEW FINDINGS





Overview

- Conducted thirteen interviews with persons who have special knowledge of public health
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee



Interviewee Information

- ***Charles Clifton Barnhart, Jr., M.D.:*** Medical Director of the Midwestern Colorado Mental Health Centers
- ***Julie Bremer, R.N.:*** Certified Lactation Consultant; Host, Mothering Support Group, Gunnison Valley Health
- ***Renee Brown, LCSW:*** Director, Gunnison County Department of Health and Human Services
- ***Sue Eurling:*** Executive Director, Six Points Evaluation and Training, Inc.
- ***Ellen Harriman:*** Gunnison Valley Resident; former City Council Member
- ***Patty Jagger:*** President, Boomers and Beyond

Source: Gunnison Valley Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 7-23, 2013 and December 27, 2013



Interviewee Information

- ***Matthew S. Kuehlhorn:*** Director, Gunnison County Substance Abuse Prevention Project
- ***Tina McGuinness:*** Executive Director, Gunnison Country Partners
- ***Gary Shondeck:*** President, Shondeck Financial Services
- ***Chuck Turner, R.N.:*** Director of Oncology and Special Procedures, Gunnison Valley Health
- ***Jessica Vogan:*** Special Programs Coordinator, Western State Colorado University
- ***Marketa Zubkova:*** Volunteer/Liaison Interpreter-Translator, Multicultural Resource Center and Various Healthcare Providers
- ***Healthcare consumer:*** Gunnison Valley area resident

Source: Gunnison Valley Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 7-23, 2013 and December 27, 2013

Areas Served by Organizations

Organization/ Interviewee	County(ies) Served
Midwestern Colorado Mental Health Centers	Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel Counties
Six Points Evaluation and Training, Inc.	Gunnison and Hinsdale Counties
Gunnison Valley Health	Gunnison Valley and its surrounding areas
Gunnison County Multicultural Resource Office	Gunnison County
Gunnison County Substance Abuse Prevention Project	Gunnison County
Gunnison Country Partners	Gunnison-Hinsdale Area
Shondeck Financial Services	Gunnison County and surrounding communities
Boomers and Beyond	Gunnison County and surrounding communities
Western State Colorado University	Located in Gunnison County but home to students from across the nation
Gunnison County Department of Health and Human Services	Gunnison County
Healthcare Consumer	Gunnison County

The counties primarily served by the interviewees' organizations are broken out in the chart to the left.

Some of the organizations serve community members/patients in multiple counties.

Source: Gunnison Valley Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 7-23, 2013 and December 27, 2013

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

38%

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

62%

- Other

31%

Source: Gunnison Valley Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 7-23, 2013 and December 27, 2013



Community Needs Summary

Interviewees discussed the following as the most significant health issues:

- Primary care physician supply and attrition
- Need for additional specialist rotations
- Lack of mental/behavioral health services
- Access to after-hours/weekend non-urgent care
- Barriers to access for special populations
- Fragmented continuum of care

Source: Gunnison Valley Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 7-23, 2013 and December 27, 2013

Primary Care Physician Supply and Attrition

- Interviewees discussed the shortage of primary care physicians available to serve the community.
- Interviewees expressed concern over retirements that have affected the number of primary care providers serving the community.
- It was noted that symptomatic patients can be seen by a physician within a group practice but not necessarily the physician “of choice.”
- Wait times are long for non-urgent needs.

“When a doctor retires, it is hard to replace them...Many family practice doctors have been around a while and may retire soon.”

“You have to plan in advance – they are fairly booked. *[Annual physicals must be]* scheduled 2 months out.”

“If you are symptomatic, you can get an appointment but may not have a choice as to who you see.”

“There are no pediatricians and the family practice docs are very busy. Two primary care physicians who are providing OB may discontinue.”

Need for Additional Specialist Rotations

- There was consensus among interviewees that increasing the availability of specialists serving Gunnison Valley should be a top priority.
 - Specialty care most often cited:
OB/Gyn, Pediatrics, Dermatology,
Cardiology, Gastroenterology, General
Surgery, Oncology, Neurology
- Interviewees noted that the limited schedules of rotating specialists and the large patient volumes make it difficult to see a specialist in Gunnison.

“Many times the specialists can’t meet the [growing demand] of the population. We could use more specialist [visits]”

“Though doctors do come, it’s not always easy to...schedule with the specialists especially with the limited number of days.”

“There is a great orthopedic staff in the valley but we are lacking in cardiology, oncology and other specialties.”

Lack of Mental/ Behavioral Health Services

- There are no local psychiatrists, inpatient psychiatric or substance abuse beds, and long waits for outpatient therapy/counseling.
- Substance abuse was a main concern for interviewees along with adequate behavioral health services to treat this sector of the population.
- “Drug seekers” often capitalize on communication gaps between providers especially in the Emergency Department.

“The County’s use rates for alcohol and marijuana are at or above state level...There are significant unmet behavioral health needs.”

“There are shortages of pediatric and geropsychology [*providers*]. There is a pretty significant wait for a psychiatric evaluation. The [*closest*] inpatient psych beds are in Grand Junction.”

“We have high rates of substance abuse and a very significant unmet behavioral health need.”

“Help for those with mental health issues (especially post-partum) is lacking. We need education and staff.”

Access to After Hours/Weekend Non-Urgent Care

- Interviewees cited the high cost (to patients and providers) of utilization of the E.R. for prevalent injuries such as sprains, bruises and minor lacerations.
- Additional primary care providers, for after hours and weekend care, would be optimal for this active, injury-prone community.
- Injuries to skiers/bikers are most likely to occur after hours and weekends when minor care is unavailable.

“More affordable healthcare over the weekends [is needed]. Emergency rooms aren’t always the best option and are expensive.”

“We have a need for an urgent care center that is not the ER to care for the lower income families when they have urgent needs but not emergency needs.”

“There is no weekend care and the ER is very expensive. People have their emergencies mainly on weekends due to skiing and other outdoor activities.”

Special Populations

Low Income, Under/Uninsured

- Choice of insurance providers/plans in rural Colorado is very limited and disparately expensive.
- Though having insurance or adequate insurance is a concern, having physicians that accept Medicaid and Medicare also seems to be a concern.
- Lack of dental insurance seemed to be a theme even for those with health insurance. Dental insurance can often be hard to come by in the Valley leaving dental services as an out of pocket expense.

“The population who are eligible for Medicaid may have to drive 65+ miles to a provider that accepts Medicaid.”

“A lot of insurance companies will not insure residents of rural communities. Our rates can be 50-100% higher than Denver. We have a very young, athletic population who would rather spend their money on a ski pass.”

“For women’s health and OB/Gyn services, only a few physicians accept Medicaid.”

Special Populations

Elderly

- Access for seniors without transportation is problematic.
- Interviewees noted the limited coverage of the senior transportation van— citing that many specialists are not available in Gunnison or some seniors live outside of the area of service.

“[Many seniors] have given up drivers licenses. There is only senior transportation on M/W/F but T/Th are when the specialists come into town and seniors are unable to get there including the hearing specialists.”

Non-English Speaking

- Gunnison County’s Latino and Cora Indian (for whom English is their 3rd language and have no written language) populations are growing rapidly.
- Some local cultures use ancestral customs along with western medicine for healing, complicating traditional methods of care.

“Non-English speaking and Cora Indians face one of the greatest challenges when it comes to health care – language, cultural and financial barriers. The Multicultural Center provides valuable services, but has been impacted by recent funding cuts.”

Fragmented Continuum of Care

- Reportedly, there is insufficient collaboration/communication regarding patient case management between providers.
- Coordinated health navigation services would help patients know their eligibility for coverage and access more resources and preventive care.
- Some patients inappropriately use of the Emergency Department for primary care.

“There is a need for viable patient navigators to help connect patients to primary care physicians. Specialty services are not in town so there is an even greater need for continuum of care.”

“There can be a disconnect between providers especially since doctors are coming and going in the community and some people are forced to *[see doctors out of town]*. These doctors, in turn, aren’t coordinating care. This can also lead to doctor-hopping to *[get access to]* prescription pain killers.”

“Care coordination and integrated systems of care would be my top priority.”

Positive Aspects of the Health Care Environment

1

- Overall quality and scope of medical resources available locally; access to 24/7 emergency care, orthopedics, EMT and labor and delivery

2

- New hospital leadership and management is fostering a culture of collaboration and positive change

3

- Medical doctors approach the local demographic well and collaborate with holistic providers such as naturopaths, acupuncturists, message therapists, etc.

4

- The Multicultural Office and Public Health Department provide bilingual services and clinics, and collaborate well with the local hospital and doctors

Source: Gunnison Valley Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 7-23, 2013 and December 27, 2013



FOCUS GROUPS FINDINGS





2014 GVH Focus Groups

- Focus groups were held to gain input from consumers on health care choices, access and needs in the Valley
- Two groups: OB focus (8 participants) and General group (6 participants)
- Public health professionals were also represented in both groups
- Groups were held at the University Center on 1/22/14, lasted 1.5 hours each and were facilitated by Cindy Matthews, CHC EVP

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.



Focus Group Findings: Physician Choice

- Most participants have a PCP in the Valley
- The choice of physician is influenced by...
 - Referrals from friends
 - Level of experience
 - Insurance accepted
 - Spanish speaking is important to immigrant women

Focus Group Findings: Leaving the Valley for Care

- Participants left the Valley for specialty care, except for Orthopedics
- Choice to leave the Valley is influenced by...
 - Lack of available specialists
 - Physician and specialist referral
 - Lack of awareness of GVH services
 - Insurance restrictions
 - Out-of-network surgeons
 - Insurance not paying for anesthesiologists for colonoscopy
 - Lack of local pediatrics
 - Perception of better specialists in Denver

“Primary care and specialists are good at sending you out of the Valley if they can’t serve you here.”

“I have not heard of anybody doing chemo here.”

“Why not [go to Montrose to see the pediatrician] when it also includes a trip to Target.”

“I wanted the best in surgery; someone who had a lot of experience and did the procedure all the time.”

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Findings: Access to Primary Care

- Getting in to see a primary care doctor can be difficult
- Participants believe there are not enough PCPs in the area
- Groups acknowledge it could be difficult to get immediate appointments but attributes it to rural life

“If you want one individual [physician], you have to wait maybe two weeks. But you might be able to see others.”

“You can see a PA, but some people want to see the doctor.”

“There’s just not enough.”

“You chalk it up to living here. You make it work.”

Focus Group Findings: Lack of After Hours Care

- Extended physician office hours (evening and weekend) are perceived as unavailable in Gunnison
- Participants report that one physician office in Crested Butte offers evening and weekend hours
- Emergency Department at GVH is often the only option.
- “Nurse Line” or call center with nurse is an option requested by participants.

“If the doctor’s office is closed, you are told to go to the ER.”

“That’s one of the reasons I keep going to him [Town Clinic of Crested Butte]. He offers good hours.”

“There’s not an urgent care to fill that gap. You don’t want to take up space in the ER but want someone to tell you it is okay.”

“You feel powerless when you’re up in CB and your kid gets sick and you don’t want to spend \$1,000 to go to the ER and find out it’s a cold.”

“A lot of us don’t have family here for help or to ask what happened when they went through this.”

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Findings: Expense of Care

- The OB group in particular discussed the expense of having a baby and the vulnerability when insurance will not pay.
 - One couple went to their physician and GVH to make sure their insurance would cover the cost of care, yet resulted in thousands of dollars in uncovered care.
- The cost of being airlifted to another hospital is significant for participants

“Everyone said yes until the baby came and then the bills started showing up.”

“We tried to do that well and we still didn’t do it right. You just kind of hope, you know. It’s like car insurance. You never really know if it’s going to work until you have an accident.”

“A helicopter ride can be \$9,000 or more.”

“We thought we were covered well by insurance, so that was a \$40,000 learning curve for us.”

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Findings: Communicating with Physicians

- Some physicians, particularly out-of-town specialists, communicate with patients through email. Participants believe most local physicians do not.
- Participants would like to communicate with physicians through email or text for routine issues, but acknowledge some instances where email is impersonal
- There is a perception that OBs have cell and answering services but communication with family doctors in Gunnison is strictly through the office

“Living in a small community, you expect the down home feel and sometimes it feels like in the big city, there’s better communication.”

“...like for a test result, I want a phone call.”

“If you have a problem and call, they say ‘I can’t tell you over the phone.’ That is within the last year.”

“Access equals empowerment. When you have a small child, you want to feel empowered.”

Focus Group Findings: Attitudes in the Valley

- There is a perception that healthy lifestyles may keep people from going to the doctor
 - This may be more prevalent in Crested Butte
- Some in the population refuses to go to the doctor or have their children vaccinated

“There are many young people in the Valley that do not have insurance that will not go see a doctor.”

“That makes me nervous. Can your kid get something because another kid isn’t vaccinated?”

Focus Group Findings: Awareness of Services and Resources

- Most participants are unaware of the healthcare resources in the Valley, including services provided at GVH
- There is a perception that information is hard to find, comes through word of mouth or referral from a friend
- Websites, books and Facebook groups are used to share resources and information
- Participants tend to form their own networks to share information

“I guess you would have to start chasing it [information] down.”

“You need to be connected, but in this town it’s pretty easy to be connected.”

“If a friend goes to Grand Junction [for dermatology], I would be more apt to go there than waiting for the dermatologist from Salida to come here.”

“I found that info through my Facebook Mom group.”

[In Crested Butte] “We have a cohort of pregnant women coming together to share information and referrals.”

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.



Focus Group Findings: OB Specific Comments

- Participants in the OB group were very complimentary about the medical care and staff, one describing the care as “amazing – better than Denver.”
- There are some issues that need attention, according to participants.
 - Televisions are old and too loud; you cannot turn the volume down and can only switch the channels up.
 - Counter tops are stained and several people mentioned they tried to clean them.
 - Food requests are no longer available. Shrimp is not a good option after giving birth.
 - Equipment is old. Two participants told of blood pressure machines that did not work.
 - The birthing classes were perceived as expensive and inconvenient; classes used to teach baby care but that is no longer offered.

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.



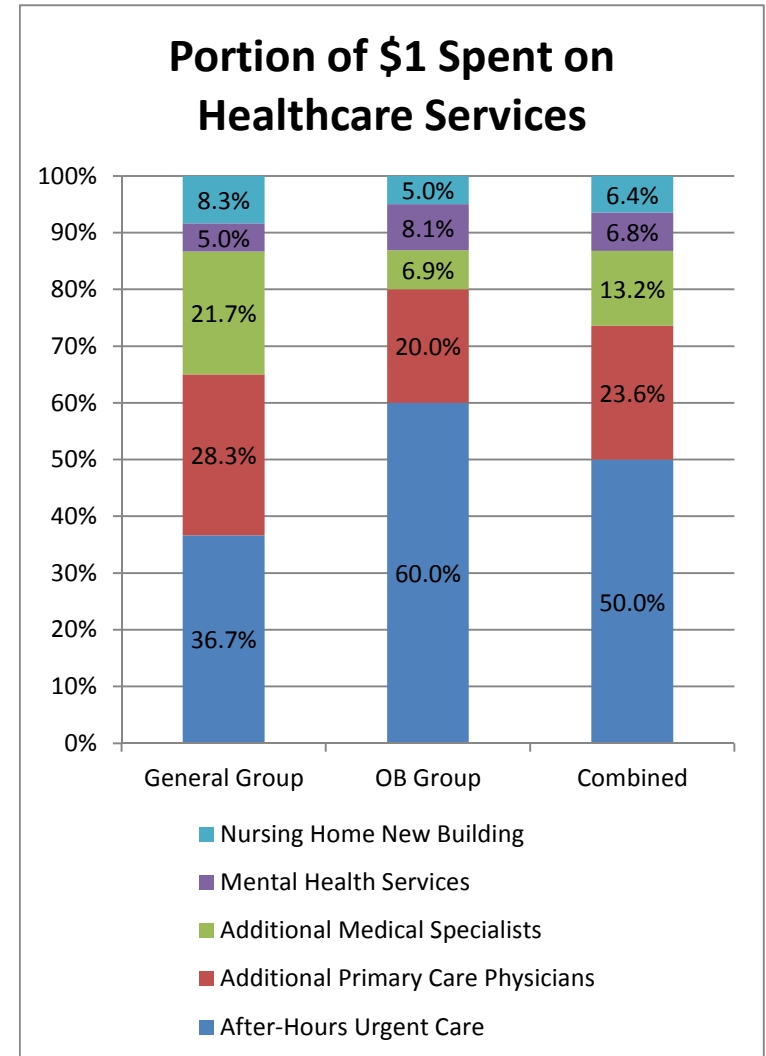
Focus Group Findings: Hospital Role in Community Health

- Participants believe GVH should take an active role in increasing primary care and urgent care/extended hours service
- Participants would like GVH to serve as an informational clearinghouse to educate the public about rotating physician schedules, educational classes and services
- GVH should also promote healthy lifestyles through education or newsletters
- There was a lack of understanding of how GVH is funded with many believing the county fully funds the hospital operations
- There was resistance to increased taxation to pay for additional community health programs
- Participants seemed confused on where tax dollars are spent

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Findings: Survey Results

- Participants were asked to consider a scenario in which “You have \$1.00 to spend on the following items. Please divide the \$1.00 in any way you choose. You may spend all the funds on one item or split the funds so the total equals \$1.00.”
 - Nursing Home New Building
 - Mental Health Services
 - Additional Medical Specialists
 - Additional Primary Care Physicians
 - After-Hours Urgent Care
- Participants elected to spend the majority of money on After-Hours Urgent Care followed by Additional Primary Care Physicians



Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Findings: Survey Results Continued

- Participants were asked “How would you prefer to receive GVH communication about community health programs?”
 - OB group which tended to be younger prefers electronic communication

General Group Preferred Communication Method	OB Group Preferred Communication Method
Reading stories in “Gunnison Country Times”	Receiving email communication
Reading stories in “Crested Butte News”	Receiving mail (postcard, brochure) at home
Log on to hospital website	Reading blogs
Receiving mail (postcard, brochure) at home	Log on to hospital website
Receiving email communication	Reading stories in “Gunnison Country Times”
Reading blogs	Reading stories in “Crested Butte News”

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.



COMMON THEMES





Common Themes

- Based on data analysis, interviews with persons knowledgeable of public health and consumer focus groups, these are significant needs in the community:
 - Primary care physician supply and attrition
 - Need for additional specialist rotations
 - Lack of mental/behavioral health services
 - Lack of access to after-hours/weekend non-urgent care
 - Fragmented continuum of care
 - Barriers to health care access for special populations
 - **Hispanic and immigrants:** language barrier, interpretation, cultural issues
 - **65+:** transportation
 - **Under/uninsured:** higher uninsured rate in the Valley than Colorado, increasing Medicaid population, increasing rate of those living under the poverty line



PRIORITIZATION





The Prioritization Process

- During a February 12, 2014 board retreat, board members, medical staff and leadership from Gunnison Valley Health met with Community Hospital Consulting to review findings and prioritize the community's health needs.
- Board members, medical staff and hospital 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.

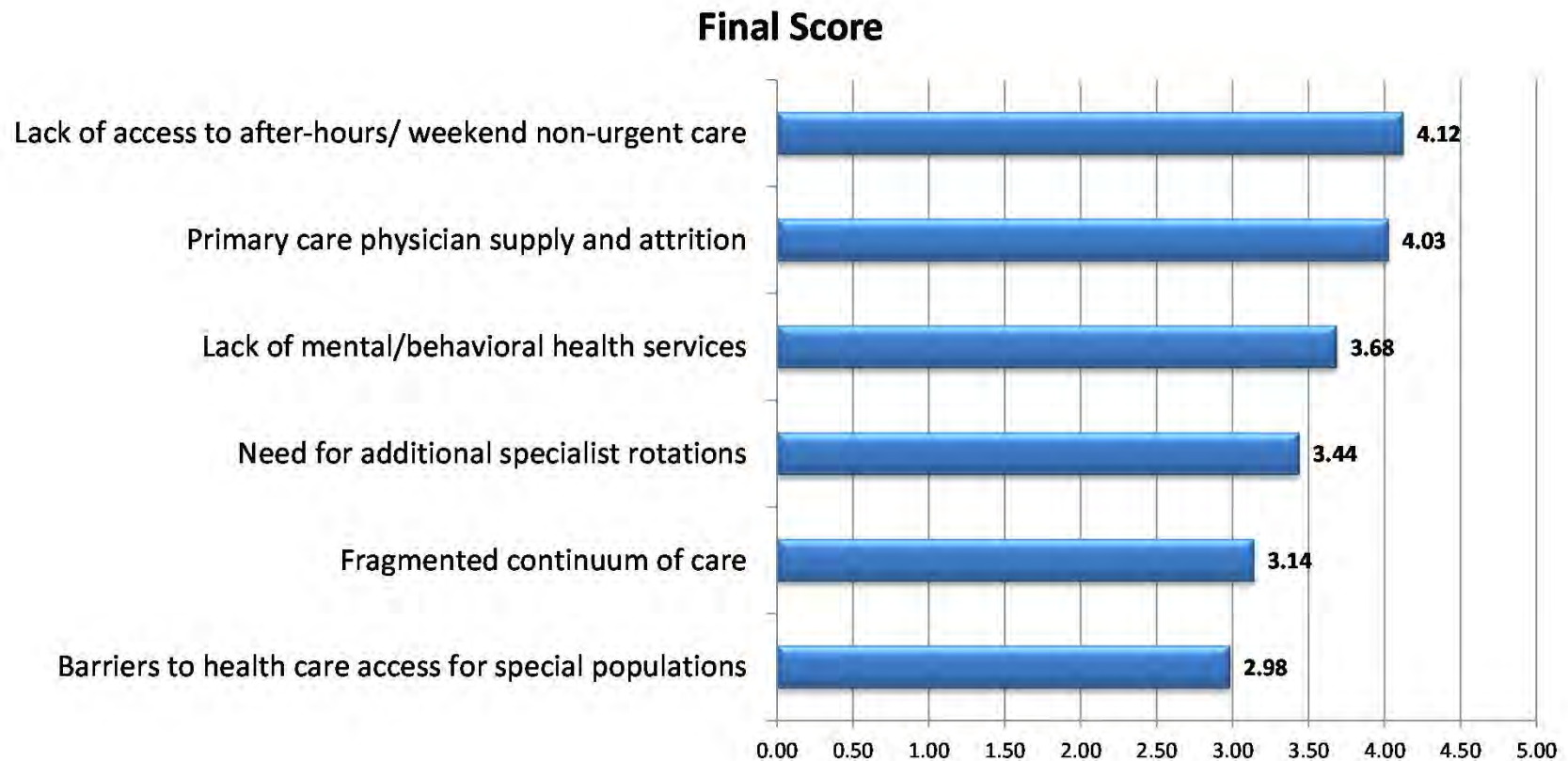
The Prioritization Process

Board members, medical staff and hospital leadership 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. Gunnison Valley Health Capacity
a. Are people at Gunnison Valley 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 ranked the six significant health needs based on the three factors discussed, resulting in the following list (5 indicates the greatest need, 1 indicates the least need).





RESOURCES IN THE COMMUNITY





Additional Resources in the Community

- In addition to the services provided by Gunnison Valley Health, other charity care services and health resources available in Gunnison County are included in this section.
- As part of a subsequent CHNA, additional questions may be added to the interview guide as potential measures to determine positive changes in the identified significant community health needs.

Community Resources - Gunnison Valley Health								
Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
2-1-1	State of Colorado	-	-	-	-	211	http://65.166.193.134/IFTWSQL4/uwml/public.aspx	2-1-1 is an easy to remember number for accessing free information about community services to find help when you need it or find places you can help.
Alzheimer's Association Colorado Chapter	The Alzheimer's Association Colorado Chapter serves every county in Colorado through seven regional offices.	Western Slope Office: 2232 N. 7th Ave., Suite B1	Grand Junction	CO	81501	(970) 256-1274	http://www.alz.org/co/in_my_community_areas.asp	The Alzheimer's Association Colorado Chapter is the premier source of information and support for the more than 72,000 Coloradans with Alzheimer's disease, their families and caregivers. Through its statewide network of offices, the Alzheimer's Association offers a broad range of programs and services, including a 24-hour Helpline, at no cost to families, and funds advancements in research to prevent, treat and eventually conquer this disease. The Alzheimer's Association advocates for those living with Alzheimer's and their families on related legislative issues, and with health and long-term care providers. Families throughout the state have access to support services through regional offices in Colorado Springs, Denver, Pueblo, Durango, Grand Junction, and Greeley.
American Cancer Society	Grand Junction and surrounding area	2754 Compass Dr Ste 100	Grand Junction	CO	81506	(970)-242-9593	www.cancer.org	The ACS provides health and referral services and transportation assistance to those suffering from or at risk of cancer. Appointments are needed for all services to ensure they are staffed to meet patient and family needs.
American Red Cross - Western Colorado Chapter	The Western Colorado Chapter serves Mesa, Delta, Montrose, Ouray, San Miguel, Gunnison, Hinsdale, Garfield, Pitkin and Eagle Counties.	506 Gunnison Ave	Grand Junction	CO	81501	(970) 242-4851	http://www.redcross.org/co/denver	The Western Colorado Chapter of the American Red Cross services include: Help individuals and communities prepare for, respond to and recover from disasters; Teach lifesaving skills to tens of thousands of individuals; Provide transportation for the critically ill and elderly and; Offer support to U.S. service members and their families in Colorado.
Area Agency on Aging	Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties	300 N Cascade Ave, Suite 1	Montrose	CO	81401	(970) 249-2436	http://www.agingcare.com/local/Region-10-Area-Agency-on-Aging-Montrose-Area-Agency-on-Aging-CO	Area Agencies on Aging (AAAs) are local aging programs that provide information and services on a range of assistance for older adults and those who care for them. Available services include mobility assistance programs, meal plans & housing, assistance in gaining access to services, individual counseling, support groups and caregiver training, respite care and supplemental services. Region 10 Area Aging On Aging also provides financial support for a dental prevention program that provides oral health screenings, charting and cleanings for those 60 and better.
Area Homeless Shelters	Grand Junction and surrounding area	-	-	CO	-	-	http://www.homelesshelterdirectory.org/cgi-bin/id/city.cgi?city=Grand%20Junction&state=CO	This website has information and links to four homeless shelters located in Grand Junction.
Boomers and Beyond	Gunnison County	200 E. Spencer (W Mountain Rm of the Community Ctr)	Gunnison	CO	81230	(970) 641-8422	http://gunnison seniors.com/	Boomers and Beyond, a seniors networking and social activities group, was formed in April 2011 to fill the gap caused by the lack of a local area senior center. The organization is run by volunteers, and offers a variety of activities for senior citizens.
Boys Scouts Western Colorado Council	Majestic Mountain District serves Hinsdale, Gunnison, Ouray, San Miguel, Montrose and Delta counties	839 Grand Avenue	Grand Junction	CO	81501	(970) 243-0346	http://www.overlandtrailsCouncil.org/	The Western Colorado Council of the Boy Scouts of America was founded in 1942, and is headquartered in Grand Junction, Colorado. Western Colorado Council serves over 4,000 youth members and over 1,000 volunteer leaders through Scout units in fifteen counties of northwestern Colorado.
Center for Mental Health	Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel Counties	VARIOUS OUTPATIENT OFFICES AND CLINICS Gunnison Outpatient Office: 710 N. Taylor Street	Gunnison	CO	81230	(970) 641-0229 24-hour Crisis line (970) 252-6220	http://www.centermh.org/	The Center for Mental Health is a non-profit community based behavioral health service providing services to roughly 5,200 people each year from every age group and all over the six-county region. The center offers 24-hour emergency services at no cost to anyone who needs help. In the last year, they responded to over 2,500 mental health emergencies. Their treatment team includes psychiatrists, therapists, masters level clinicians, counselors, case managers and advanced nurse practitioners. Services are delivered in a variety of settings and include psychiatric services, individual and group therapy, peer services, support groups, medication management, intensive case management, same day affordable walk-in care and educational opportunities.

Community Resources - Gunnison Valley Health								
Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Colorado State Judicial Services	State of Colorado	-	-	CO	-	http://www.courts.state.co.us/Forms/Index.cfm	http://www.courts.state.co.us/Forms/Index.cfm	The required forms for many activities, such as filing for guardianship and conservatorship in Colorado, can be printed from the self-help center on the Colorado State Judicial website (look under "Probate").
Girl Scouts Region 1 - Western Slope	Moffat, Rio Blanco, Garfield, Pitkin, Mesa, Delta, Montrose, Ouray, Gunnison, San Miguel and Hinsdale. Also a small piece of Eagle county - in the Roaring Fork Valley	Grand Junction Service Center 580 24 ½ Road	Grand Junction	CO	81505	(970) 242-4461 (855) 726-4726	http://www.girlscoutsofcolorado.org/contact-us-western-slope	Girl Scouts of Colorado serves 28,000 girls across the state. With the support of nearly 7,500 volunteers, they help girls discover more about themselves, connect with friends and take action to improve their communities.
Gunnison Country Partners	Gunnison-Hinsdale area	101 N 8th St	Gunnison	CO	81230	(970) 641-5513	http://gunnisonmentors.com/	Gunnison Country Partners is an affiliate of Partners Mentoring Association. Partners is a youth mentoring organization founded in 1990 by a group of citizens who believed that caring adults can make a positive and tangible difference in the lives of youth. Since its inception, Partners has continually expanded its role as the only youth organization of its type in the Gunnison-Hinsdale area to serve an increasingly diverse population of youth with a variety of positive, alcohol-and-drug-free programs and services. Since opening its doors in 1990, Partners has provided directly, or financially supported, services to over 2,400 Gunnison Country youth.
Early Childhood Parent Resource Center	Gunnison County	700 North Colorado	Gunnison	CO	81230	(970) 642-1949	-	A resource center with parenting information is located at Tenderfoot Child Care Center at 700 North Colorado; 642-1949. A toy lending library is available at Bright Beginnings located at the Family Services Building on 225 North Pine Street, 641-7981. Toys are available for children ages 0-3 years. A toy lending library for children ages 3-5 years old is available at Gunnison REIJ Preschool located at 800 North Boulevard. Call 641-7751 for information.
Gunnison County Department of Health and Human Services/ Public Health	Gunnison and Hinsdale Counties	225 N. Pine St.	Gunnison	CO	81230	(970) 641-3244	http://www.gunnisoncounty.org/149/Health-Human-Services	Gunnison County Department of Health and Human Services provides assistance with LEAP, food assistance, Medicaid, Adult Protective Services, Hospice and Palliative Care, Old Age Pension, Women's Wellness Connection and much more.
Gunnison County Housing Authority	City of Gunnison, Town of Crested Butte, Town of Mt. Crested Butte, and Gunnison County	202 E. Georgia	Gunnison	CO	81230	(970) 641-7901	http://www.gunnisoncounty.org/261/Housing-Authority	The Gunnison County Housing Authority provides information on housing resources, including the Mountain View Apartments (Independent Living for those over 62 years of age).
Gunnison County Substance Abuse Prevention Project (GCSAPP)	Gunnison County	200 E. Virginia	Gunnison	CO	81230	(970) 642-7396	http://www.gunnisoncounty.org/156/Gunnison-County-Substance-Abuse-Preventi	GCSAPP is a community coalition that cares about the health of Gunnison County youth. Through the work of the coalition, youth are supported and celebrated in making healthy decisions. The mission of GCSAPP is to utilize evidence-based strategies and community mobilization to reduce substance use by youth in Gunnison County so youth can become healthy, stable, and productively involved in their communities. GCSAPP offers the Choice Pass program for youth, which offers discounted ski passes, recreation center passes, and more, throughout the year. All students have to do is make a choice to commit to a healthy lifestyle - substance use free. GCSAPP coordinates Parent Education Nights in collaboration with school counselors to offer parents a time to connect, learn and get heard.
Gunnison County Transportation Services	Gunnison and Crested Butte limited area	-	Gunnison	CO	-	(970) 596-6700 Gunnison (970) 349-5607 Crested Butte	http://www.gunnisoncounty.org/581/Care-Resources	Gunnison County provides limited transportation services for seniors, with wheelchair accessible vehicles. In Gunnison, call 970-596-6700 to schedule a ride. Crested Butte residents may call 970-349-5607 to schedule transportation needs.
Gunnison County's Veteran's Services	Gunnison County	-	-	-	-	(970) 641-7919	http://www.gunnisoncounty.org/219/Veterans-Service-Officer	Veteran's may receive assistance with questions about services or benefits by contacting Gunnison County's Veteran's Services Officer, Al Falsetto at (970) 641-7919.

Community Resources - Gunnison Valley Health								
Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Gunnison Valley Rural Transportation Authority (GVRTA) Mountain Express Safe Ride	Gunnison County	PO Box 39	Crested Butte	CO	81224	GVRTA: (970) 641-5074 Mountain Express: (970) 349-5616 Safe Ride (970) 209-RIDE	http://www.http://gunnisonvalleyrta.org/ http://mtnexp.org/	Gunnison Valley Rural Transportation Authority within the Gunnison Valley includes Alpine Express Shuttle, Crested Butte Specialty Services, Dolly's Mountain Shuttle and Mountain Express. Mountain Express is a free public transportation service which operates a Town Shuttle 365 days a year going between Crested Butte and Mt. Crested Butte, as well as condo loop buses that serve the major condominiums in parts of Mt. Crested Butte during the winter. All buses are wheelchair accessible. Safe Ride offers a free shuttle Wednesday, Friday and Saturday nights around the town of Gunnison.
HUD Office (US Department of Housing and Urban Development)	Grand Junction and surrounding area	1011 North Tenth Street	Grand Junction	CO	81501	(970) 245-0388	http://portal.hud.gov/	HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination; and transform the way HUD does business.
Jubilee House	Gunnison and Hinsdale Counties	304 W Tomichi Ave	Gunnison	CO	81230	(970) 641-2712 or (970) 641-8000	-	Jubilee House provides safe shelter, 24 hour advocacy, counseling, referral and support for all adult and child victims of domestic violence, sexual assault, child physical abuse, elder abuse, hate crime and victims of violent crime. All services are free to Gunnison and Hinsdale County residents. You can report anonymously. To page an advocate any time call 641-8000.
Mexican American Development Association	Montrose, Delta, Ouray, and San Miguel counties	17 N 6th St	Montrose	CO	81401	(970) 249-4774	-	M.A.D.A. assists Mexican Americans by way of poverty reduction, meal assistance and revitalization of low-income communities.
Mothering Support Group	Gunnison, Crested Butte	GVH Foundation House, 200 East Denver Street Oh Be Joyful Church, 625 Maroon Avenue	Gunnison/ Crested Butte	CO	-	See Notes	http://www.gvh-colorado.org/page.cfm?pageid=8269	Gunnison Valley Health's Mothering Support Group meets twice a month to provide support and guidance to pregnant women and new mothers regarding feeding and parenting choices. GVH's Lactation Consultant, Julie Bremer, RN, hosts these monthly meetings to assist with any breast feeding questions mothers may have. For more information: jbremer@gvh-colorado.org
Multicultural Resource Office	Gunnison County	225 North Pine Street. (Family Services Building)	Gunnison	CO	81230	(970) 641-7999	http://www.gunnisoncounty.org/650/Multicultural-Resources	Multicultural Resources provides access to healthcare through multilingual Health Navigation services. As a part of Public Health, Interpretation and Translation services are provided to clients on an as needed basis. The Health Navigator can provide information on medical and food assistance, citizenship, housing, English classes and obtaining a GED, Colorado and US Law and help victims of abuse or discrimination.
Nurse Family Partnership Program	Gunnison County	200 E. Virginia	Gunnison	CO	81230	(970) 641-0209	http://www.gunnisoncounty.org/152/Public-Health	The Nurse Family Partnership Program is offered through the Gunnison County Public Health office. First time mothers receive home visits by a registered nurse starting at 16-28 weeks of pregnancy through the child's second birthday. There is no charge to the families and physician referral is not necessary. Visits are educational and supportive in nature.
Region 10	Eighteen local communities and six counties in western Colorado.	300 N Cascade Ave	Montrose	CO	81401	(970) 249-2436	http://www.region10.net/	Established in 1972, Region 10 is a 501C3 non-profit organization offering public programs including Community Living Services, Regional Development Support and Small Business Resources. Region 10 League for Economic Assistance and Planning provides programs and services that meet the needs of the people in the region, are cost-effective, reduce the burden of local governments, leverage available resources, and support our charitable status.
Salvation Army Grand Junction	Grand Junction and surrounding area	Grand Avenue and other locations	Grand Junction	CO	81501	SA Hope House: (970) 242-3343 SA Men's Rehab: (970) 242-3119 SA Family Store: (970) 257-1984	http://www.imsalvationarmy.org/	The Salvation Army has been supporting those in need without discrimination for 130 years in the United States. Nearly 30 million Americans receive assistance from The Salvation Army each year through the broadest array of social services that range from providing food for the hungry, relief for disaster victims, assistance for the disabled, outreach to the elderly and ill, clothing and shelter to the homeless and opportunities for underprivileged children.

Community Resources - Gunnison Valley Health								
Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Senior Resources Office	Gunnison County	200 E. Virginia	Gunnison	CO	81230	(970) 641-7984	http://www.gunnisoncounty.org/Directories.aspx?did=11	Assists seniors and care givers in locating various community resources to meet needs and maintain or improve quality of life.
Six Points Evaluation and Training, Inc.	Gunnison and Hinsdale Counties	320 South 14th Street	Gunnison	CO	81230	(970) 641-3081	http://www.sixpointsgunnison.org	The mission of Six Points is to provide education, training, assistance and support to all adults with special needs and their families in Gunnison and Hinsdale Counties, such that these individuals reach their highest functioning levels and become integrated into society as independent, productive, contributing citizens. Further, their mission is to advocate for these individuals and increase the awareness of all residents concerning the special needs of the disabled in the community.
Support Groups (Gunnison area)	Gunnison County	-	Gunnison	CO	81230	See Notes	-	The Cancer Support Group meets the first and third Thursday of each month, at noon, at Webster Hall, 117 North Iowa in Gunnison. Twelve Step Meetings in Gunnison (AA, NA, and Gambler's Anonymous) vary throughout the week; Call 970-641-6056 for a current schedule and location. Depression and Bipolar Support Alliance - DBSA meets on Tuesdays, 7 to 8:30 p.m. at the Newman Center - 600 East Georgia Avenue. Family Caregiver Support Program offered by Caregiver Solutions: Barb at 970-249-0440.
Touch of Care	Gunnison Valley, Delta, Montrose and Salida	VARIOUS LOCATIONS Montrose Office: 95 Merchant Drive	Montrose	CO	81401	(970) 249-6080	http://www.touchofcarepcp.com/provided.html	Provides non-medical homemaking and personal care services for the homebound, community transition services, LifeAid Medical Alert System.
United Way - Mesa County	Mesa County and surrounding area	422 White Avenue, Ste 337	Grand Junction	CO	81502	(970) 243 - 5364	http://www.unitedwaymesacounty.org	Founded in 1959 in Grand Junction, CO, United Way of Mesa County is a non-profit 501(c)(3) organization that raises money from the community to fund programs that address community concerns. United Way of Mesa County is one of over 1,300 community-based United Way organizations. Each is independent, separately incorporated, and governed by local volunteers.
WIC Gunnison County	Gunnison County	255 N. Pine, Suite E	Gunnison	CO	81230	(970) 641-0209	http://www.wicprograms.org/ci/co-gunnison	The Special Supplemental Nutrition Program for Women, Infant and Children, popularly known as WIC, is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children. WIC participants must meet certain financial requirements.
Young at Heart / Mom's Meals	Gunnison and surrounding area	-	-	-	-	Young at Heart (970) 641-2107 Mom's Meals: (877) 508-6667	http://www.momsmeals.com/	Home delivered meals are available for a fee by contacting (within Gunnison city limits) Young At Heart at 970-641-2107. For areas outside Young at Heart's delivery area, check out Mom's Meals at 1-877-508-6667.



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. Data from the Colorado Department of Public Health and Environment has only published health and environmental data through 2012 as of September 2013.
 - County level data was not substantive for many of the health data studies. In order to compensate, data at the health department region (Region 10) was compared along with the county to the state.



APPENDIX

- SUMMARY OF DATA SOURCES
- PRIORITY MATRIX
- DEMOGRAPHIC DATA FINDINGS
- HEALTH DATA FINDINGS
- INTERVIEWEE BIOGRAPHIES
- FOCUS GROUP DISCUSSION GUIDES
- FOCUS GROUP SURVEY FINDINGS



Summary of Data Sources

- **Demographics**

- This study utilized demographic data from Truven Health Market Expert.
- 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/>
- Poverty percentages in this report come from the U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saipe/data/statecounty/data/2009.html>
- The United States Bureau of Labor Statistics, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>

- **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/>
- The Colorado Department of Public Health and Environment publishes data annually, providing birth, death, cancer, communicable disease, natality and maternal health data at the state, region and county level. The reports list causes of death at the county and state level, and causes are classified according to the ICD-10 system, by year, county, race, ethnicity, gender and age group. Note that all death rates are age adjusted to the 2000 standard per 100,000 population; <http://www.colorado.gov/cs/Satellite/CDPHE-Main/CBON/1251583470000>

Summary of Data Sources

- **Health Data Continued**

- This study utilizes region, county and state level data provided by the Nebraska Behavioral Risk Factor Surveillance System (BRFSS). This data, collected by a federally funded monthly telephone survey of randomly selected adults, is also available at the region, metropolitan statistical area and state level through an online query system that allows users to select a variety of health behaviors, or conditions by year (2002 – 2012). The query also provides data by gender, race/ethnicity, age, education level, and income; [http://www.chd.dphe.state.co.us/topics.aspx?q=Adult Health Data](http://www.chd.dphe.state.co.us/topics.aspx?q=Adult_Health_Data)
- The United States Census Bureau's Small Area Health Insurance Estimates provide insured and uninsured rates by county up to the year 2010; <http://www.census.gov/did/www/sahie/data/interactive/>

- **Phone Interviews**

- CHC Consulting conducted interviews on behalf Gunnison Valley Health October 7-23, 2013 and December 27, 2013.
- Conducted by Katie Smith, Research Analyst and Claire Acree, Planning Analyst

- **Focus Groups**

- CHC Consulting conducted two focus groups with 14 individuals selected by Gunnison Valley Health for two different categories: OB (8 participants) and General (6 participants).
- Groups were held at the University center on January 22, 2014, lasted 1.5 hours each and were facilitated by Cindy Matthews, CHC EVP.

Gunnison Valley Health Community Health Needs Assessment Prioritization Ballot

- Please review the primary criteria we will use to identify the top community health priorities for Gunnison Valley Health
- Then cast 3 votes for each priority

1. Size and Prevalence of the Issue
<ul style="list-style-type: none"> a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the State? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none"> a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Gunnison Valley Health Capacity
<ul style="list-style-type: none"> a. Are people at Gunnison Valley 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)

Using the criteria listed above, please indicate how important you believe this priority is for the communities we serve, with #5 indicating the highest importance and #1 indicating the lowest importance. To cast your votes, just fill in one circle in every row. See next page for priorities.

Primary care physician supply and attrition					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Gunnison Valley Health Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Need for additional specialist rotations					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Gunnison Valley Health Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Lack of mental/behavioral health services					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Gunnison Valley Health Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Lack of access to after-hours/ weekend non-urgent care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Gunnison Valley Health Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Fragmented continuum of care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Gunnison Valley Health Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Barriers to health care access for special populations					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Gunnison Valley Health Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Others???					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
Gunnison Valley Health Capacity	①	②	③	④	⑤

←Less Important ----- More Important→



DEMOGRAPHIC DATA FINDINGS



Demographics

Overall Population Growth

Overall Population Growth					
Geographic Location	CY 2010	CY 2013	CY 2018	2013-2018 Change	2013-2018 % Change
Gunnison County	15,031	15,221	15,734	513	3.4%
Colorado	5,029,201	5,219,517	5,553,949	334,432	6.4%

Source: Truven Health's Market Expert

Data Accessed August 6, 2013

Population by Race/Ethnicity

Gunnison County					
Race/Ethnicity	2010	2013	2018	2013-2018	
				Change	%
White Non-Hispanic	13,381	13,436	13,739	303	2.3%
Black	45	41	33	-8	-19.5%
Hispanic	1,250	1,380	1,589	209	15.1%
Asian	97	103	110	7	6.8%
American Indian	56	50	40	-10	-20.0%
Other	202	211	223	12	5.7%
Total	15,031	15,221	15,734	513	3.4%
Colorado					
Race/Ethnicity	2010	2013	2018	2013-2018	
				Change	%
White Non-Hispanic	3,520,794	3,591,952	3,740,484	148,532	4.1%
Black	188,765	199,833	217,629	17,796	8.9%
Hispanic	1,038,693	1,124,665	1,257,551	132,886	11.8%
Asian	141,226	153,783	173,362	19,579	12.7%
American Indian	31,243	31,772	32,589	817	2.6%
Other	108,480	117,512	132,334	14,822	12.6%
Total	5,029,201	5,219,517	5,553,949	334,432	6.4%

Source: Truven Health's Market Expert

Data Accessed August 6, 2013

Population by Age

Gunnison County						
Age Cohort	2013	% of Total	2018	% of Total	2013-2018	
					Change	%
0-14	2,341	15.4%	2,394	15.2%	53	2.3%
15-17	441	2.9%	514	3.3%	73	16.6%
18-24	2,368	15.6%	1,885	12.0%	-483	-20.4%
25-34	2,389	15.7%	2,473	15.7%	84	3.5%
35-54	4,120	27.1%	4,279	27.2%	159	3.9%
55-64	1,963	12.9%	1,987	12.6%	24	1.2%
65+	1,599	10.5%	2,202	14.0%	603	37.7%
Total	15,221	100.0%	15,734	100.0%	513	3.4%

Colorado						
Age Cohort	2013	% of Total	2018	% of Total	2013-2018	
					Change	%
0-14	1,060,580	20.3%	1,124,045	20.2%	63,465	6.0%
15-17	208,557	4.0%	223,243	4.0%	14,686	7.0%
18-24	494,539	9.5%	504,856	9.1%	10,317	2.1%
25-34	731,600	14.0%	735,942	13.3%	4,342	0.6%
35-54	1,447,680	27.7%	1,460,434	26.3%	12,754	0.9%
55-64	651,605	12.5%	725,124	13.1%	73,519	11.3%
65+	624,956	12.0%	780,305	14.0%	155,349	24.9%
Total	5,219,517	100.0%	5,553,949	100.0%	334,432	6.4%

Source: Truven Health's Market Expert

Data Accessed August 6, 2013

Median Age

Geographic Location	Median Age		
	2010	2013	2018
Gunnison County	43.7	44.8	47.2
Colorado	40.2	40.9	41.8

Source: Truven Health's Market Expert

Data Accessed August 6, 2013

Median Household Income

Geographic Location	Median Household Income			2013-2018 Change
	2013	2018	Count	%
Gunnison County	\$50,797	\$51,645	\$848	1.7%
Colorado	\$51,544	\$51,783	\$239	0.5%

Source: Truven Health's Market Expert

Data Accessed August 6, 2013

Economic Analysis

Economic Analysis 2013					
Geographic Location	Average Income	Median Income	Families Below Poverty	Household Income \$100K+	Education Bachelor / Advanced
Gunnison County	\$71,661	\$50,797	1.6%	17.6%	45.8%
Colorado	\$66,501	\$51,544	9.1%	21.8%	36.3%

Source: Truven Health's Market Expert

Data Accessed August 6, 2013

Unemployment

Annual Average Unemployment Rates (%)					
	2008	2009	2010	2011	2012
Gunnison County	3.6	6.1	7.1	6.7	6.6
Colorado	4.8	8.1	9.0	8.6	8.0
United States	5.8	9.3	9.6	8.9	8.1

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; <http://www.bls.gov/lau/#tables>

Note: Rates shown are a percentage of the labor force

Data Accessed August 6, 2013

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

Poverty Thresholds for 2011 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted average thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual).....	11,484									
Under 65 years.....	11,702	11,702								
65 years and over.....	10,788	10,788								
Two people.....	14,657									
Householder under 65 years.....	15,139	15,063	15,504							
Householder 65 years and over.....	13,609	13,596	15,446							
Three people.....	17,916	17,595	18,106	18,123						
Four people.....	23,021	23,201	23,581	22,811	22,891					
Five people.....	27,251	27,979	28,386	27,517	26,844	26,434				
Six people.....	30,847	32,181	32,309	31,643	31,005	30,056	29,494			
Seven people.....	35,085	37,029	37,260	36,463	35,907	34,872	33,665	32,340		
Eight people.....	39,064	41,414	41,779	41,027	40,368	39,433	38,247	37,011	36,697	
Nine people or more.....	46,572	49,818	50,059	49,393	48,835	47,917	46,654	45,512	45,229	43,487

Source: U.S. Census Bureau; [http://www.census.gov/hhes/www/poverty/methods/definitions.html#poverty thresholds](http://www.census.gov/hhes/www/poverty/methods/definitions.html#poverty%20thresholds)



HEALTH DATA FINDINGS



County Health Rankings Reference Information

2013 County Health Rankings	Colorado	Gunnison County
Health Outcomes		11
Mortality		6
Premature death	6,000	4,806
Morbidity		24
Poor or fair health	13%	7%
Poor physical health days	3.1	2.8
Poor mental health days	3.1	2.6
Low birthweight	8.9%	10.1%
Health Factors		11
Health Behaviors		9
Adult smoking	18%	15%
Adult obesity	20%	16%
Physical inactivity	17%	15%
Excessive drinking	18%	25%
Motor vehicle crash death rate	12	15
Sexually transmitted infections	387	189
Teen birth rate	40	14
Clinical Care		37
Uninsured	18%	24%
Primary care physicians	1,287:1	1,914:1
Dentists	1,489:1	3,233:1
Preventable hospital stays	47	45
Diabetic screening	81%	78%
Mammography screening	64%	70%
Social & Economic Factors		13
High school graduation	74%	88%
Some college	68%	77%
Unemployment	8.3%	6.4%
Children in poverty	18%	18%
Inadequate social support	17%	14%
Children in single-parent households	27%	22%
Violent crime rate	334	291
Physical Environment		4
Daily fine particulate matter	9.1	8.3
Drinking water safety	2%	15%
Access to recreational facilities	11	26
Limited access to healthy foods	6%	2%
Fast food restaurants	45%	21%

Colorado County Health Rankings			
Rank	County	Rank	County
1	Pitkin (PI)	31	Gilpin (GI)
2	Douglas (DU)	32	Archuleta (AC)
3	Eagle (EA)	33	Mesa (ME)
4	Summit (SU)	34	El Paso (EP)
5	Boulder (BO)	35	Adams (AD)
6	La Plata (LP)	36	Montrose (MT)
7	Yuma (YU)	37	Phillips (PH)
8	Broomfield (BR)	38	Morgan (MG)
9	Larimer (LR)	39	Teller (TE)
10	Routt (RO)	40	Denver (DN)
11	Gunnison (GU)	41	Clear Creek (CL)
12	Washington (WA)	42	Delta (DE)
13	Elbert (EL)	43	Alamosa (AL)
14	Lincoln (LI)	44	Moffat (MO)
15	Jefferson (JE)	45	Fremont (FR)
16	Garfield (GA)	46	Montezuma (MN)
17	San Miguel (SM)	47	Sedgwick (SE)
18	Ouray (OU)	48	Pueblo (PU)
19	Logan (LO)	49	Otero (OT)
20	Grand (GR)	50	Rio Grande (RG)
21	Weld (WL)	51	Saguache (SA)
22	Custer (CU)	52	Costilla (CS)
23	Crowley (CR)	53	Prowers (PR)
24	Arapahoe (AR)	54	Lake (LA)
25	Cheyenne (CE)	55	Bent (BE)
26	Chaffee (CH)	56	Conejos (CO)
27	Rio Blanco (RB)	57	Las Animas (LS)
28	Dolores (DO)	58	Baca (BA)
29	Park (PA)	59	Huerfano (HU)
30	Kit Carson (KC)		

Source: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

<http://www.countyhealthrankings.org/app/colorado/2013/rankings/outcomes/overall/by-rank> Accessed: 9/10/2013 (See Slide 26)

County Health Rankings Reference Information

Health Outcomes				
Focus Area	Measure	Weight	Source	Year(s)
Mortality (50%)	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	National Center for Health Statistics	2008-2010
Morbidity (50%)	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight (percent of live births with weight < 2500 grams)	20%	National Center for Health Statistics	2004-2010

Health Behaviors (30%)				
Focus Area	Measure	Weight	Source	Year(s)
Tobacco use (10%)	Adult smoking (percent of adults that smoke)	10%	Behavioral Risk Factor Surveillance System	2005-2011
Diet and exercise (10%)	Adult obesity (percent of adults that report a BMI >= 30)	7.5%	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
	Physical inactivity (percent of adults that report no leisure time physical activity)	2.5%	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
Alcohol use (5%)	Excessive drinking (percent of adults who report heavy or bringe drinking)	2.5%	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash deaths per 100,000 population	2.5%	National Center for Health Statistics	2004-2010
Sexual activity (5%)	Sexually transmitted infections (chlamydia rate per 100,000 population)	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010
	Teen birth rate (per 1,000 females ages 15-19)	2.5%	National Center for Health Statistics	2004-2010

(See Slide 26)

County Health Rankings Reference Information

Clinical Care (20%)				
Focus Area	Measure	Weight	Source	Year(s)
Access to care (10%)	Uninsured (percent of population < age 65 without health insurance)	5%	Small Area Health Insurance Estimates	2010
	Ratio of population to primary care physicians	3%	HRSA Area Resource File	2011-2012
	Ratio of population to dentists	2%	HRSA Area Resource File	2011-2012
Quality of care (10%)	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Dartmouth Atlas of Health Care	2010
	Diabetic screening (percent of diabetics that receive HbA1c screening)	2.5%	Dartmouth Atlas of Health Care	2010
	Mammography screening (percent of females that receive screening)	2.5%	Dartmouth Atlas of Health Care	2010

Social and Economic Environment (40%)				
Focus Area	Measure	Weight	Source	Year(s)
Education (10%)	High school graduation (percent of ninth grade cohort that graduates in 4 years)	5%	State sources and the National Center for Education Statistics	Varies by state
	Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%	American Community Survey, 5-year estimates	2007-2011
Employment (10%)	Unemployment rate (percent of population age 16+ unemployed)	10%	Bureau of Labor Statistics	2011
Income (10%)	Children in poverty (percent of children under age 18 in poverty)	10%	Small Area Income and Poverty Estimates	2011
Family and social support (5%)	Inadequate social support (percent of adults without social/emotional support)	2.5%	Behavioral Risk Factor Surveillance System	2005-2010
	Percent of children that live in single-parent household	2.5%	American Community Survey, 5-year estimates	2007-2011
Community safety (5%)	Violent crime rate per 100,000 population	5%	Uniform Crime Reporting, Federal Bureau of Investigation <i>State data sources for Illinois</i>	2008-2010

(See Slide 26)

County Health Rankings Reference Information

Physical Environment (10%)				
Focus Area	Measure	Weight	Source	Year(s)
Environmental quality (4%)	Daily fine particulate matter (average daily measure in micrograms per cubic meter)	2%	CDC WONDER Environmental data <i>Data not available for Alaska and Hawaii</i>	2008
	Drinking water safety (percent of population exposed to water exceeding a violation limit in the past year)	2%	Safe Drinking Water Information System	FY 2012
Built environment (6%)	Access to recreational facilities (rate per 100,000 population)	2%	County Business Patterns	2010
	Limited access to health foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)	2%	USDA Food Environment Atlas	2012
	Fast food restaurants (percent of all restaurants that are fast food)	2%	County Business Patterns	2010

(See Slide 26)

Colorado BRFSS Data

Diabetes	
2011-2012	
Question: Have you ever been told by a doctor that you have diabetes? (excludes gestational diabetes)	
Location	Yes
Gunnison	4.2%
Region 10	6.3%
Colorado	7.1%

Source: Colorado Health Information Dataset (CoHID). http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors Accessed: September 12, 2013.

Chronic Conditions (Obese and Overweight)			
Obese		Overweight	
Location	Yes	Location	Yes
Gunnison	9.6%	Gunnison	35.2%
Region 10	18.2%	Region 10	38.1%
Colorado	20.3%	Colorado	35.5%

General Health		
2011-2012		
Respondents were asked "How is your general health?"		
Location	Fair-Poor	Good-Excellent
Gunnison	12.7%	87.3%
Region 10	13.1%	86.9%
Colorado	14.0%	86.0%

Source: Colorado Health Information Dataset (CoHID).
http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors Accessed: September 12, 2013.

Colorado BRFSS Data

Binge Drinking	
2011-2012	
Respondents were asked "How many times during the past month did you have 5 or more drinks on an occasion?"	
Location	Yes
Gunnison	19.0%
Region 10	16.8%
Colorado	19.6%

Source: Colorado Health Information Dataset (CoHID).
http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors Accessed 9/12/2013

Smoking	
2011-2012	
Respondents were asked "Do you currently smoke cigarettes?"	
Location	Yes
Gunnison	11.7%
Region 10	16.8%
Colorado	17.8%

Source: Colorado Health Information Dataset (CoHID).
http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors Accessed 9/12/2013

Mental Health			
2011-2012			
Respondents were asked "For how many days during the past 30 days was your mental health not good?"			
Location	0 Days	1-7 Days	8+ Days
Gunnison	61.5%	33.6%	4.9%
Region 10	68.8%	18.6%	12.6%
Colorado	63.9%	22.1%	13.9%

Source: Colorado Health Information Dataset (CoHID)
http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Behavioral_Risk_Factors. Accessed: September 12, 2013.

Colorado BRFSS Data

Servings of Fruit (2011)		
Location	Less than 1	More than 1
Gunnison	24.6%	75.4%
Region 10	36.8%	63.2%
Colorado	35.5%	64.5%

Source: Colorado Department of Public Health and Environment: Colorado Health Information Dataset (CoHID). Behavioral Risk Factors for adults 18+. 2011 Accessed: September 17, 2013

Servings of Vegetables(2011)		
Location	Less than 1	More than 1
Gunnison	8.6%	91.4%
Region 10	16.4%	83.6%
Colorado	19.0%	81.0%

Source: Colorado Department of Public Health and Environment: Colorado Health Information Dataset (CoHID). Behavioral Risk Factors for adults 18+. 2011 Accessed: September 17, 2013

Physical Activity		
2011-2012		
During the past 30 days, other than your regular job, did you participate in any physical activities?		
Location	No	Yes
Gunnison	11.9%	88.1%
Region 10	13.9%	86.1%
Colorado	16.7%	83.3%

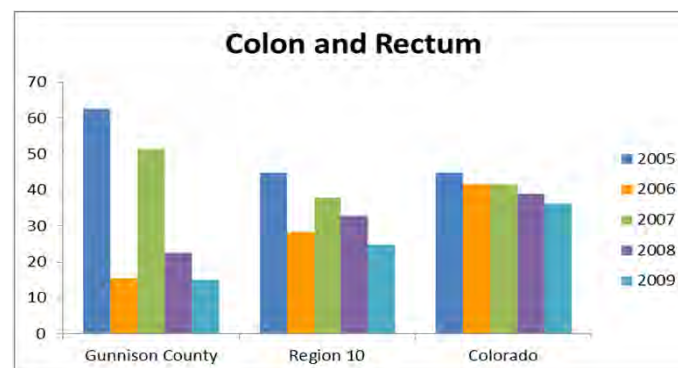
Source: Colorado Department of Public Health and Environment: Colorado Health Information Dataset (CoHID). Behavioral Risk Factors for adults 18+. 2011-2012 Accessed: September 17, 2013

Cancer Data- Colon and Rectum

Colon and Rectum										
	Rate					Count				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Gunnison County	62.6	15.6	51.5	22.6	15	6	2	6	3	2
Region 10	44.9	28.3	37.8	33	24.7	49	32	44	40	31
Colorado	45	42	42	39	36	1,824	1,755	1,803	1,751	1,705

Source: Colorado Department of Public Health and Environment: Colorado Central Cancer Registry Statistics 2005-2009. Cancer Incidence Data. Accessed September 16, 2013

http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Cancer_Incidence_Data

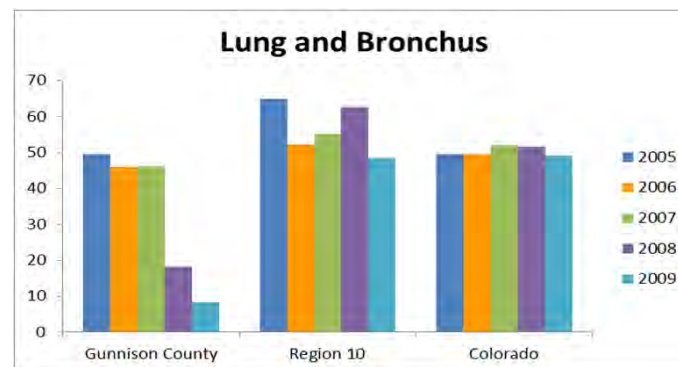


Cancer Data- Lung and Bronchus

Lung and Bronchus										
	Rate					Count				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Gunnison County	49.7	46.1	46.2	18.2	8.2	4	5	6	2	1
Region 10	64.9	52.3	55.2	62.6	48.4	71	59	65	74	59
Colorado	50	50	52	52	49	1,992	2,031	2,199	2,273	2,242

Source: Colorado Department of Public Health and Environment: Colorado Central Cancer Registry Statistics 2005-2009. Cancer Incidence Data. Accessed September 16, 2013

http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Cancer_Incidence_Data

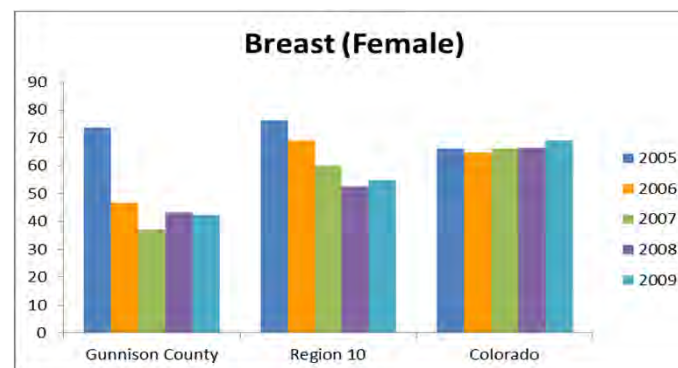


Cancer Data- Breast (Female)

Breast (Female)										
	Rate					Count				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Gunnison County	73.6	46.7	37	43.3	42.2	10	6	6	6	7
Region 10	76.3	68.9	60.1	52.4	54.9	82	75	68	61	64
Colorado	66	65	66	67	69	2,952	2,952	3,102	3,243	3,465

Source: Colorado Department of Public Health and Environment: Colorado Central Cancer Registry Statistics 2005-2009. Cancer Incidence Data. Accessed September 16, 2013

http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Cancer_Incidence_Data

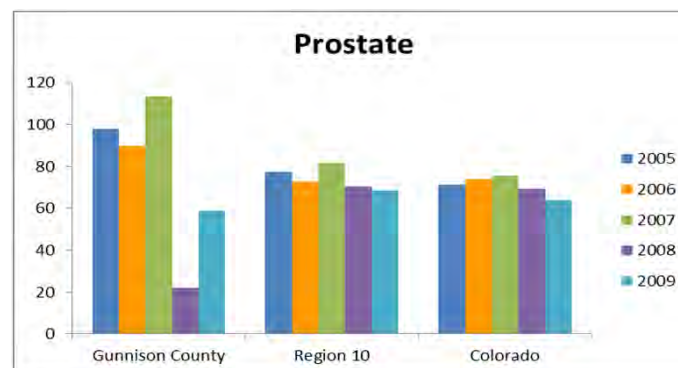


Cancer Data- Prostate

Prostate										
	Rate					Count				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
Gunnison County	97.8	89.6	113.2	21.9	58.8	12	12	15	2	8
Region 10	77.3	72.8	81.4	70.3	68.3	86	85	97	86	90
Colorado	71	74	75	69	64	3,041	3,253	3,440	3,269	3,207

Source: Colorado Department of Public Health and Environment: Colorado Central Cancer Registry Statistics 2005-2009. Cancer Incidence Data. Accessed September 16, 2013

http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Cancer_Incidence_Data



Children in Study Area

Children Eligible for Free/Reduced Price Lunch (Percent)					
County	2008	2009	2010	2011	2012
Gunnison County	15.3%	19.4%	21.2%	23.5%	24.9%
Colorado	35.4%	38.4%	39.9%	40.9%	41.6%

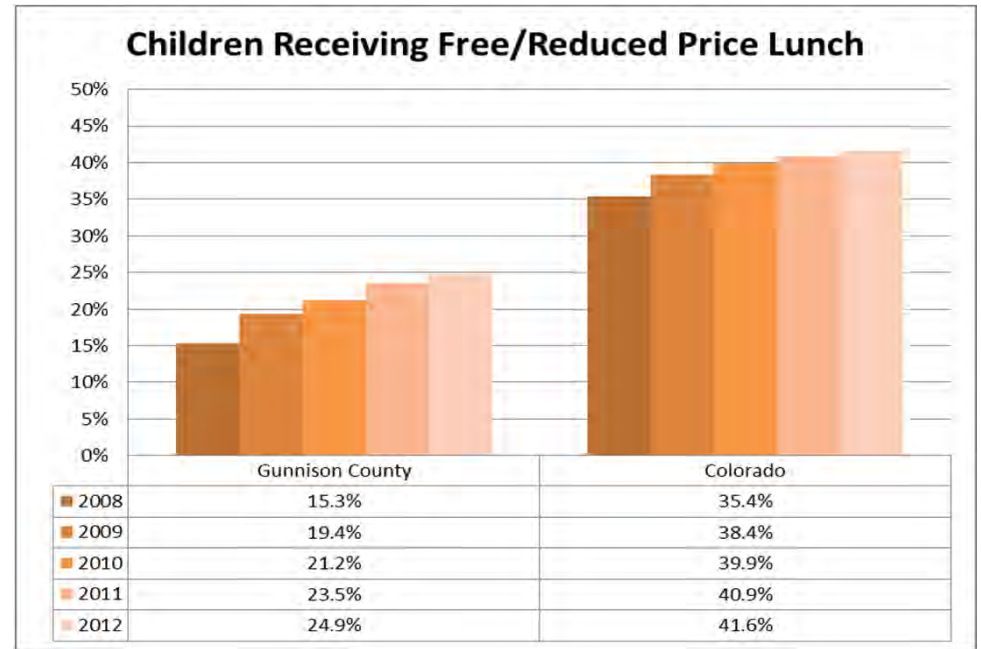
Source: datacenter.kidscount.org (utilizing data from the Colorado Department of Education)

Definitions: Number and percent of children in public school grades pk-12 who qualify for free or reduced price lunches. Public school children qualify for free lunches if their family's income is less than 130 percent of the federal poverty level. Public school children qualify for reduced price lunches if their family's income is less than 185 percent of the federal poverty level.

Children Receiving TANF				
County	2008	2009	2010	2011
Gunnison County	1.1%	1.4%	1.7%	2.3%
Colorado	2.9%	3.6%	4.3%	4.9%

Source: datacenter.kidscount.org (utilizing data from the Colorado Works Program, Colorado Department of Health and Human Services)

Definitions: The data is provided by calendar year and by county. It reflects eligible children receiving Basic Cash Assistance payments. Child age is 0-17.



High School Graduation Rates by Race/Ethnicity (2010)						
Geographic Location	American Indian	Asian	Black	Hispanic	White	All Students
Gunnison County	50%	82%	64%	56%	80%	72%
Colorado	50%	100%	LNE	57%	90%	86%

Source: datacenter.kidscount.org (utilizing data from the Colorado Department of Education)

Definitions: High school graduation rate for all students by race/ethnicity by county.

* LNE=Low Number of Events

High School Graduation Rates by Race/Ethnicity (2010)						
Geographic Location	Asian	Black	Hispanic	Native American	White	All Students
Gunnison Watershed School District	100%	LNE	57%	50%	90%	86%
Colorado	82%	64%	56%	50%	80%	72%

Source: datacenter.kidscount.org (utilizing data from the Colorado Department of Education)

Definitions: High school graduation rate for all students by race/ethnicity by school district.

* LNE=Low Number of Events

Children in Study Area

Dropout Rate by Race and School District, 2011 Forward							
Geographic Location	Asian	Black	Hispanic	Native American	White	Other	All Students
Gunnison Watershed School District	0.0%	0.0%	8.7%	0.0%	1.2%	0.0%	2.2%
Colorado	1.7%	4.4%	4.9%	6.5%	2.0%	4.6%	3.0%

Source: datacenter.kidscount.org (utilizing data from the Colorado Department of Education)

Definitions: A dropout is defined by Colorado law as a "person who leaves school for any reason, except death, before completion of a high school diploma or its equivalent, and who does not transfer to another public or private school or enroll in an approved home study program."

The dropout rate is calculated by dividing the number of dropouts by a membership base which includes all students who were in membership any time during the year.

Who is considered a dropout? By Colorado law, a dropout is a "person who leaves school for any reason, except death, before completion of a high school diploma or its equivalent, and who does not transfer to another public or private school or enroll in an approved home study program." A student is not a dropout if he/she transfers to an educational program recognized by the district, completes a G.E.D. or registers in a program leading to a G.E.D., is committed to an institution that maintains educational programs, or is so ill that he/she is unable to participate in a homebound or special therapy program. Students who reach the age of 21 before receiving a diploma or designation of completion ("age-outs") are also counted as dropouts.

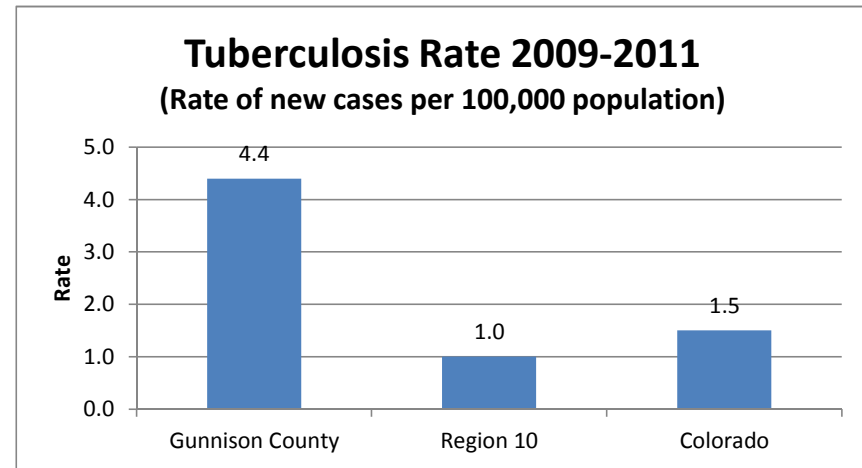
What is the dropout rate? The Colorado dropout rate is an annual rate, reflecting the percentage of all students enrolled in grades 7-12 who leave school during a single school year without subsequently attending another school or educational program. It is calculated by dividing the number of dropouts by a membership base which includes all students who were in membership any time during the year. In accordance with a 1993 legislative mandate, beginning with the 1993-94 school year, the dropout rate calculation excludes expelled students.

Footnotes: The categories "Native Hawaiian or Other Pacific Islander" and "Two or More Races" were added in 2011.

Communicable Diseases- Gunnison County, Region 10 and Colorado

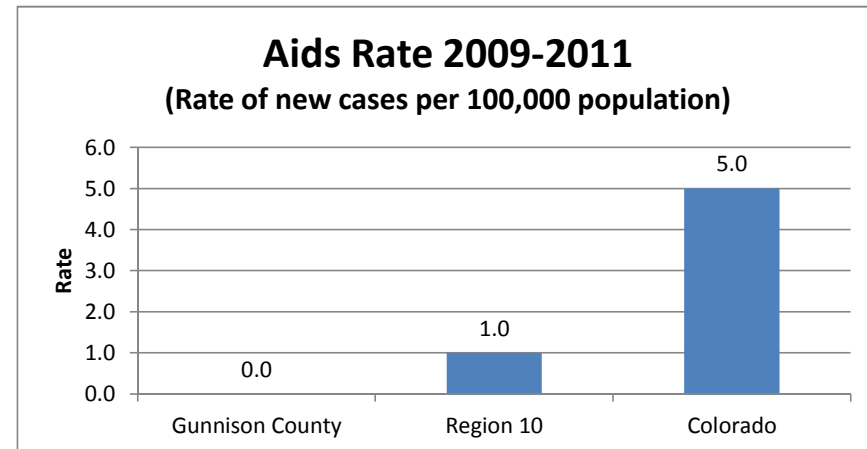
Tuberculosis		
	Number of new cases (2009-2011)	Rate of new cases per 100,000 population (2009-2011)
Gunnison County	2	4.4
Region 10	3	1.0
Colorado	226	1.5

Source: Colorado Department of Public Health and Environment. Colorado Health Indicators.
<http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=48&cID=51&rID=10>
 Accessed: September 30, 2013.



AIDS Incidence	
	Rate of new AIDS cases per 100,000 population (2009-2011)
Gunnison County	0.0
Region 10	1.0
Colorado	5.0

Source: Colorado Department of Public Health and Environment. Colorado Health Indicators.
<http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=48&cID=51&rID=10>
 Accessed: September 30, 2013.



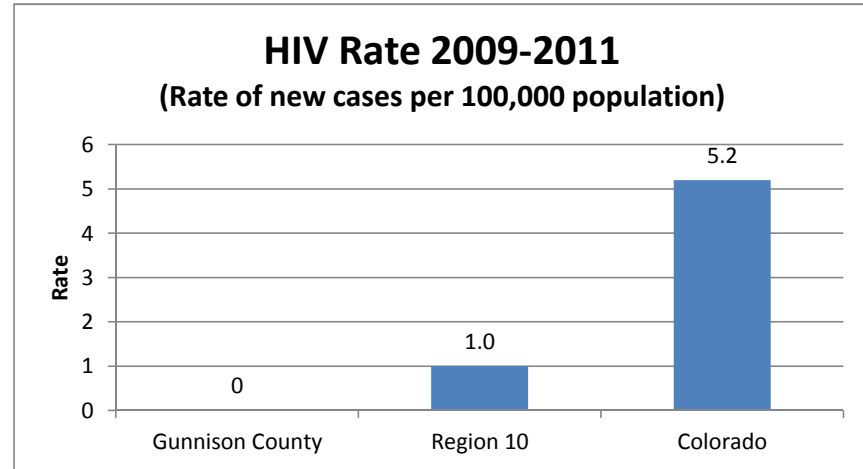
Communicable Diseases- Gunnison County, Region 10 and Colorado

HIV Incidence	
	Rate of new HIV cases per 100,000 population (2009-2011)
Gunnison County	*
Region 10	1.0
Colorado	5.2

*Indicates no data was collected for this indicator

Source: Colorado Department of Public Health and Environment.
Colorado Health Indicators.

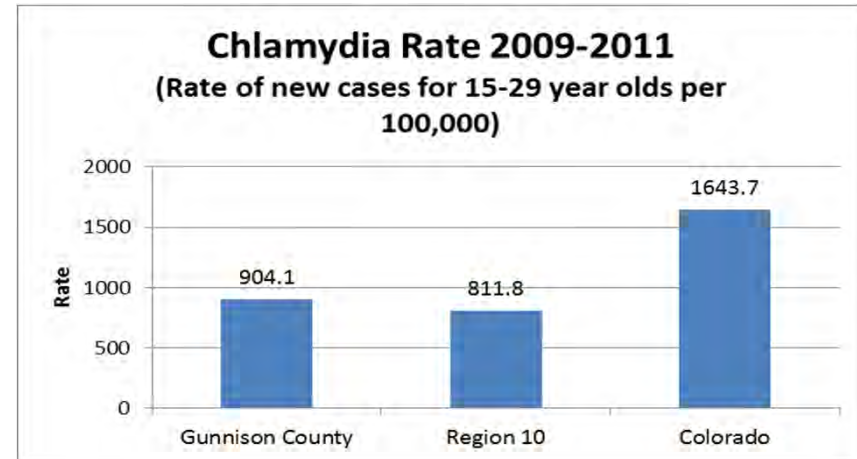
<http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=48&cID=51&rID=10> Accessed: September 30, 2013.



Chlamydia incidence for 15-29 year olds	
	Rate of new cases (15-29 year olds) per 100,000 population (2009-2011)
Gunnison County	904.1
Region 10	811.8
Colorado	1643.7

Source: Colorado Department of Public Health and Environment.
Colorado Health Indicators.

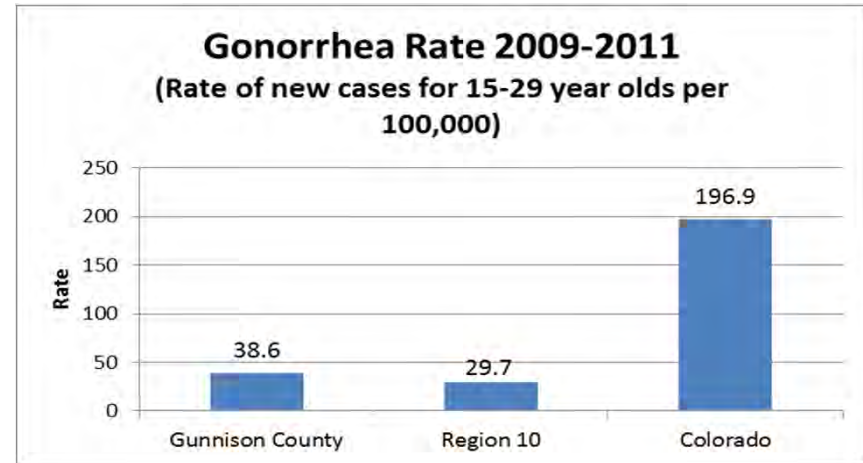
<http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=48&cID=51&rID=10> Accessed: September 30, 2013.



Communicable Diseases- Gunnison County, Region 10 and Colorado

Gonorrhea incidence for 15-29 year olds	
	Rate of new cases (15-29 year olds) per 100,000 population (2009-2011)
Gunnison County	38.6
Region 10	29.7
Colorado	196.9

Source: Colorado Department of Public Health and Environment.
 Colorado Health Indicators.
<http://www.chd.dphe.state.co.us/HealthIndicators/indicators.aspx?dID=8&sdID=48&clD=51&rlD=10> Accessed: September 30, 2013.



Mortality Data for Gunnison County, Region 10 and Colorado

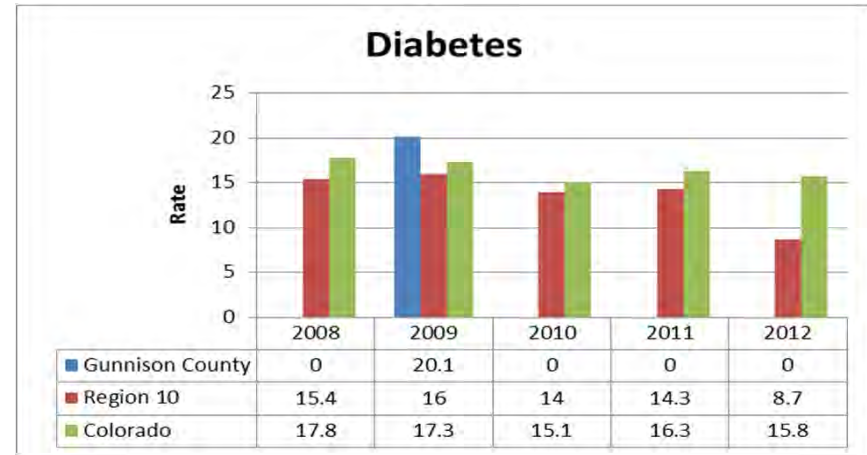
* Indicates a category where fewer than three deaths were recorded for the given year

Diabetes Data

Diabetes Mortality Rate					
Location	2008	2009	2010	2011	2012
Gunnison County	*	20.1	*	*	*
Region 10	15.4	16	14	14.3	8.7
Colorado	18	17	15	16	16

Diabetes Number of Deaths					
Location	2008	2009	2010	2011	2012
Gunnison County	*	3	*	*	*
Region 10	18	20	18	19	12
Colorado	765	778	721	790	798

Source: Colorado Department of Public Health and Environment: Colorado Health and Environmental Data; Mortality Data. Accessed September 13, 2013



Mortality Data for Gunnison County, Region 10 and Colorado

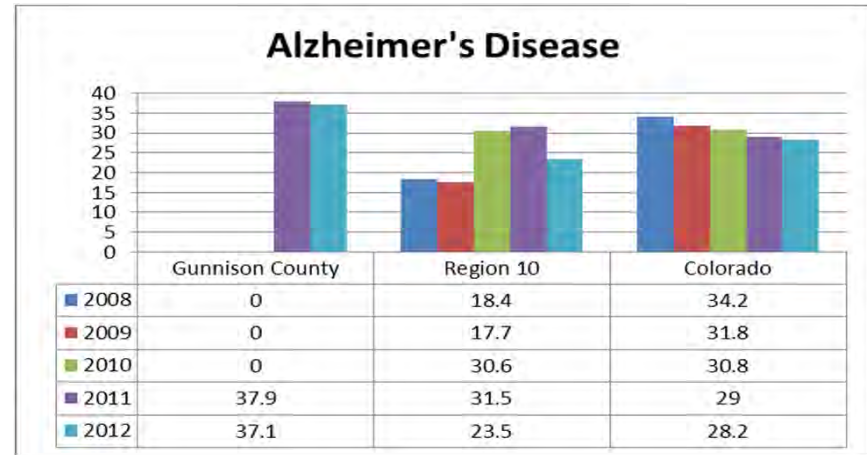
* Indicates a category where fewer than three deaths were recorded for the given year

Alzheimer's Data

Alzheimer's Rate					
	2008	2009	2010	2011	2012
Gunnison County	*	*	*	37.9	37.1
Region 10	18.4	17.7	30.6	31.5	23.5
Colorado	34.2	31.8	30.8	29	28.2

Alzheimer's Number of Deaths					
Location	2008	2009	2010	2011	2012
Gunnison County	*	*	*	3	3
Region 10	23	22	37	41	31
Colorado	1,351	1,320	1,336	1,305	1,319

Source: Colorado Department of Public Health and Environment: Colorado Health and Environmental Data; Mortality Data. Accessed September 13, 2013



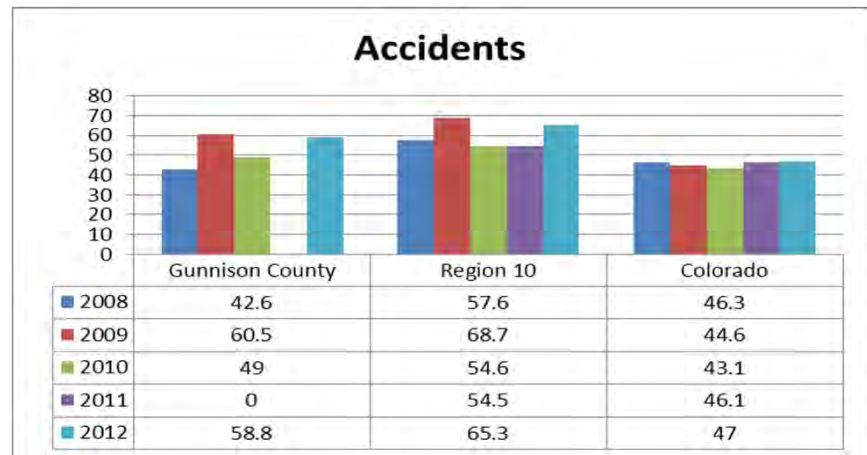
Accident Data

Accident Mortality Rate					
	2008	2009	2010	2011	2012
Gunnison County	42.6	60.5	49	*	58.8
Region 10	57.6	68.7	54.6	54.5	65.3
Colorado	46.3	44.6	43.1	46.1	47

Accidents Number of Deaths					
Location	2008	2009	2010	2011	2012
Gunnison County	6	8	7	*	9
Region 10	60	77	58	62	71
Colorado	2,159	2,141	2,102	2,317	2,404

Source: Colorado Department of Public Health and Environment: Colorado Health and Environmental Data; Mortality Data. Accessed September 13, 2013

Type of Accident in Gunnison County:	Type of Accident in Region 10:
1. Motor Vehicle	1. Motor Vehicle
2. Water Transportation	2. Falls
3. Poisoning	3. Poisoning



Mortality Data for Gunnison County, Region 10 and Colorado

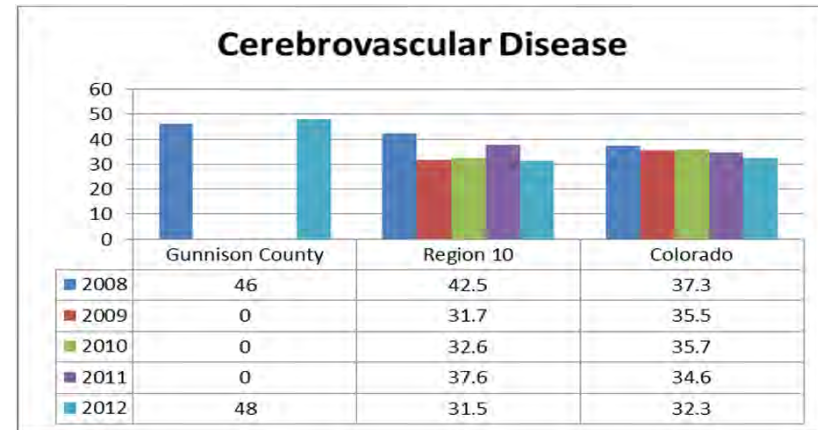
* Indicates a category where fewer than three deaths were recorded for the given year

Cerebrovascular Disease Data

Cerebrovascular Disease Rate					
	2008	2009	2010	2011	2012
Gunnison County	46	*	*	*	48
Region 10	42.5	31.7	32.6	37.6	31.5
Colorado	37.3	35.5	35.7	34.6	32.3

Cerebrovascular Disease Number of Deaths					
Location	2008	2009	2010	2011	2012
Gunnison County	4	*	*	*	6
Region 10	50	41	41	49	40
Colorado	1,531	1,529	1,605	1,607	1,565

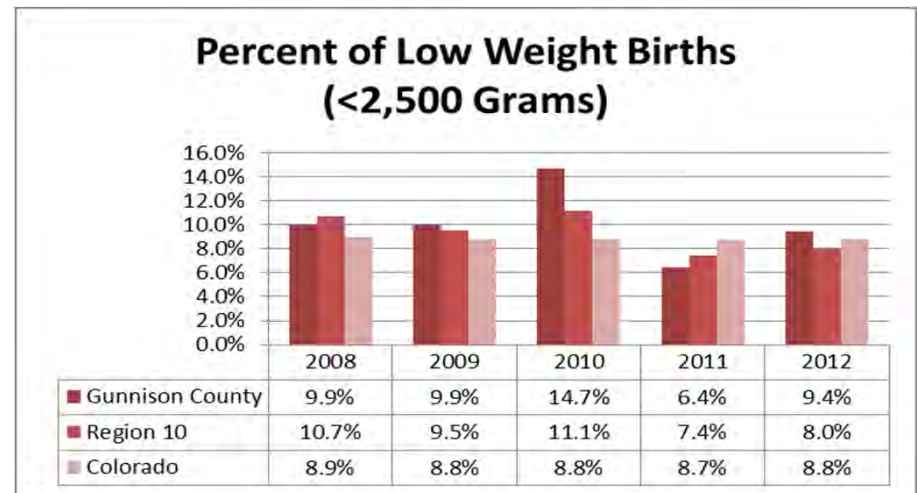
Source: Colorado Department of Public Health and Environment: Colorado Health and Environmental Data; Mortality Data. Accessed September 13, 2013



Low Birth Weight Births (<2,500 Grams)

Low Birth Weight					
	2008	2009	2010	2011	2012
Gunnison County	18	16	22	11	14
Gunnison Total	181	161	150	171	149
Gunnison County	9.9%	9.9%	14.7%	6.4%	9.4%
Region 10	134	108	121	79	82
Region 10 Total	1248	1134	1087	1062	1028
Region 10	10.7%	9.5%	11.1%	7.4%	8.0%
Colorado	6,263	6,013	5,816	5,659	5,762
Colorado Total	70,028	68,602	66,346	65,052	65,188
Colorado	8.9%	8.8%	8.8%	8.7%	8.8%

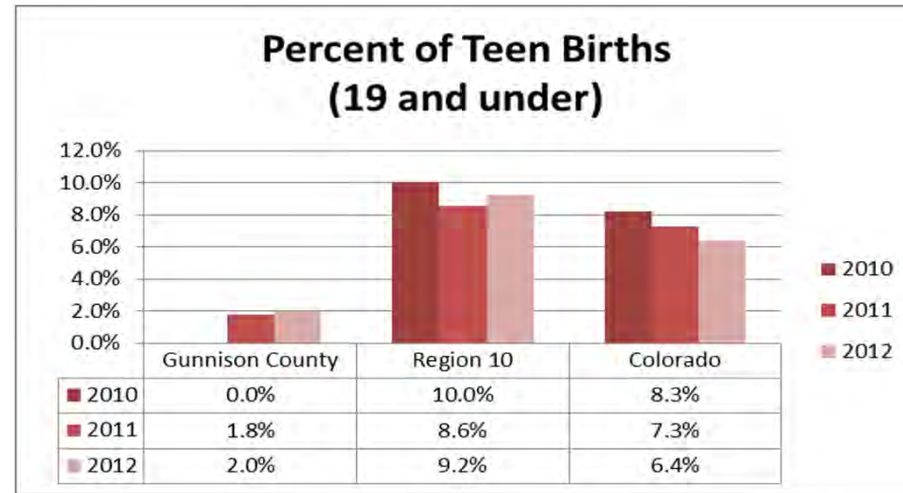
Source: Colorado Department of Public Health and Environment; Colorado Health Information Dataset (CoHID): Birth Data Statistics. Accessed: September 16, 2013



Teen Births

Teen Birth Rate			
	2010	2011	2012
Teen Birth-Gunnison	*	3	3
Total Birth- Gunnison	150	171	149
Gunnison County	*	1.8%	2.0%
Teen Birth Region 10	109	91	95
Total Birth Region 10	1087	1062	1028
Region 10	10.0%	8.6%	9.2%
Teen Birth-Colorado	5478	4751	4152
Total Birth-Colorado	66,346	65,052	65,188
Colorado	8.3%	7.3%	6.4%

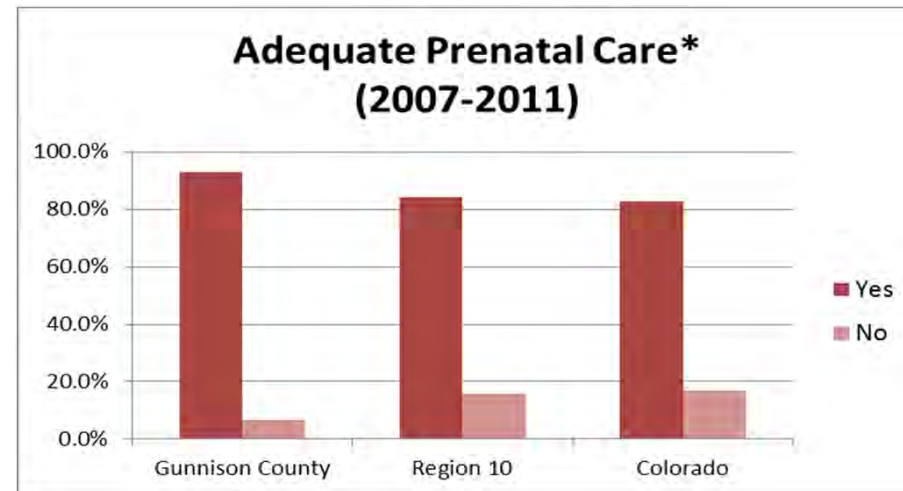
*Indicates fewer than three events in the category Source: Colorado Department of Public Health and Environment; Colorado Health Information Dataset (CoHID): Birth Data Statistics. Accessed: September 16, 2013



Prenatal Care

Did you get prenatal care as early in your pregnancy as you wanted? 2007-2011		
	Yes	No
Gunnison County	93.1%	6.9%
Region 10	84.2%	15.8%
Colorado	82.9%	17.1%

Source: Colorado Department of Public Health and Environment: Colorado Health Information Dataset (CoHID). Full PRAMS Query. Accessed September 17, 2013





INTERVIEW BIOGRAPHIES



Gunnison Valley Health - Community Health Needs Assessment Interview Biographies

Name	Interview Date	Organization	Title	Interviewer	A	B	C
Charles Clifton Barnhart, Jr., M.D.	10/14/13	Midwestern Colorado Mental Health Centers	Medical Director & Clinician	Katie Smith, Planning Analyst	X	X	
<p>Dr. Barnhart is a practicing psychiatrist who also serves as Medical Director of the Midwestern Colorado Mental Health Centers. He splits his time between Galveston, Texas and Crested Butte, Colorado, where he has lived part time since 1982. With a background in academic and private practice, he also has extensive research and management experience. He has served as a medical director of a hospital, owner of healthcare and managed care organizations, and currently serves on the senior management team of Christus Health. In addition, Dr. Barnhart teaches at University of Texas Medical Branch in Galveston, and serves as a consultant doing Advanced Medical Reviews (independent and peer reviews). The last decade he has served Gunnison County at the multi-disciplinary community mental health center during the winter and fall, and in the spring and summer months, provides telemedicine for Gunnison patients from Galveston.</p>							
Sue Eurling	10/14/13	Six Points Evaluation and Training, Inc.	Executive Director	Katie Smith, Planning Analyst	X	X	
<p>Sue Eurling has served as Executive Director of Six Points Evaluation and Training for 4 years. Six Points is a private, nonprofit organization (under IRS Code 501(c)3) serving developmentally disabled adults in Gunnison and Hinsdale Counties. The organization provides a variety of services based on each individual client's needs as a subcontractor of Community Options, Inc. of Montrose, CO. Community Options is a licensed community centered board which provides case management, eligibility determination, waiting list management and other resources for the developmentally disabled. Ms. Eurling has previously worked in fundraising, development and management for 25 years. She has a degree in journalism and marketing from the University of Nebraska in Lincoln. She moved to the Gunnison area in June 2006.</p>							
Jessica Vogan	10/11/13	Western State Colorado University	Special Programs Coordinator	Katie Smith, Planning Analyst		X	
<p>Jessica Vogan serves students at Western State Colorado University in her position as Special Programs Coordinator. She organizes educational and prevention programs for students -- including substance abuse and suicide prevention, sexual health/misconduct, and bystander intervention. She has been at SWCU in her current role for a year; she completed her undergraduate degree at SWCU in 2007, took a year off, and then completed her Masters in Clinical Mental Health Counseling.</p>							
Renee Brown, LCSW	10/11/13	Gunnison County Department of Health and Human Services	Director	Katie Smith, Planning Analyst	X	X	
<p>Renee Brown is a Licensed Clinical Social Worker and has been the Director of the Gunnison County Department of Health and Human Services for the past 11 years. She received her Master's degree in Social Work from the University of Tennessee and has lived in the Gunnison Valley for the past 11 years. For the previous 10 years she lived in Glenwood Springs, CO and was the Division Director for Colorado West Behavioral Health Service in Garfield County, CO throughout that time.</p>							
Julie Bremer, R.N.	10/10/13	Gunnison Valley Health	Host, Mothering Support Group	Katie Smith, Planning Analyst		X	
<p>As an employee at Gunnison Valley Health, Julie Bremer serves as an RN floor nurse in Med/Surg and OB, and as a Certified Lactation Consultant. Julie hosts the hospital's Mothering Support Group, which meets twice a month in different locations, to provide support and guidance to pregnant women and new mothers regarding feeding and parenting choices. She grew up in Denver and moved to the Gunnison area in 1993. Julie has 8-1/2 years' experience in nursing but has also worked as an office manager for a preschool, co-owned a corporation and worked in tax preparation.</p>							

Gunnison Valley Health - Community Health Needs Assessment Interview Biographies

Name	Interview Date	Organization	Title	Interviewer	A	B	C
Marketa Zubkova	10/10/13	Multicultural Resource Center / Various Healthcare Providers	Volunteer / Liaison Interpreter-Translator	Katie Smith, Planning Analyst	X	X	
<p>Marketa Zubkova serves the Multicultural Resource Center as a volunteer interpreter for the immigrant/non-English speaking population and serves as a medical interpreter at Gunnison Valley Health as well. The Multicultural Resource Center serves the community in many ways, including the "Access to Health Care Program". This program assures competency in cultural and ethnic service delivery, and assures many community members receive the variety of services for which they may qualify. The Center assists in enrolling eligible clients in Medicaid and the Child Health Plan Plus, provides "Light Program" vouchers that allow under-uninsured who are ineligible for public health insurance to see a family physician and establish a medical home, get medical, vision, dental, prescriptions, and behavioral health care at a nominal cost. The Center assists with appointments, interpretation, education, and health navigation. Ms. Zubkova has lived in the Gunnison area for ten years and her academic background includes cultural studies and immigrant integration.</p>							
Matthew S. Kuehlhorn	10/07/13	Gunnison County Substance Abuse Prevention Project	Director	Katie Smith, Planning Analyst	X		
<p>Matthew S. Kuehlhorn has been the Director of GCSAPP (Gunnison County Substance Abuse Prevention Project) since November of 2012. GCSAPP is a community coalition that focuses on the health of Gunnison County youth. Through the work of the coalition, youth are supported and celebrated in making healthy decisions. The mission of GCSAPP is to utilize evidence-based strategies and community mobilization to reduce substance use by youth in Gunnison County, so youth can become healthy, stable, and productively involved in their communities. Mr. Kuehlhorn is a Certified Prevention Specialist II and has been working in the prevention field since 2009, first as a case manager with Gunnison Country Partners. He graduated from Western State Colorado University in 2001, where he studied experiential education. He has lived within Gunnison County since 1997.</p>							
Tina McGuinness	10/08/13	Gunnison Country Partners	Executive Director	Katie Smith, Planning Analyst		X	
<p>Tina McGuinness was named the Gunnison Country Partners Executive Director in 2006, after nine years in the role of case manager. Gunnison Country Partners is an affiliate of Partners Mentoring Association, a youth mentoring organization founded in 1990 by a group of citizens who believed that caring adults can make a positive and tangible difference in the lives of youth. Since its inception, Partners has continually expanded its role as the only youth organization of its type in the Gunnison-Hinsdale area to serve an increasingly diverse population of youth with a variety of positive, alcohol-and-drug-free programs and services. The hallmark of Partners' growth has been its dedication to working in a collaborative and cooperative way with community organizations and agencies whose missions include serving youth and their families. Since opening its doors in 1990, Partners has provided directly, or financially supported, services to over 2,400 Gunnison Country youth. Ms. McGuinness received her MPA from Ball State University in 1988, then relocated to Gunnison that same year. She has a very broad range of experience including being a Gunnison Country Partners volunteer mentor, Partners Mentoring Association statewide board member, 7th Judicial District Nominating Commission; Traumatic Brain Injury Association of Colorado; Western State College Teacher Advisory Board; Gunnison Community School Site Accountability Committee; Gunnison High School SAC, President (2012-2013); Gunnison Business Woman of the Year 2011; and Gunnison Business Woman President, 2013.</p>							
Chuck Turner, R.N.	10/22/13	Gunnison Valley Health	Director of Oncology and Special Procedures	Claire Acree, Planning Analyst			X
<p>Chuck Turner, R.N. is the Director of Oncology and Special Procedures at Gunnison Valley Health. He has been in his current position for seven years and has lived in Gunnison since 1982. Mr. Turner's previous experience includes management and nursing. He serves on the Gunnison Valley Hockey Association Board.</p>							

Gunnison Valley Health - Community Health Needs Assessment Interview Biographies

Name	Interview Date	Organization	Title	Interviewer	A	B	C
Patty Jagger	10/21/13	Boomers and Beyond	President	Claire Acree, Planning Analyst		X	
<p>Patty Jagger is a long time student of yoga. She has studied with many of the yoga "greats" and has taught Yoga for Seniors at the Sanctuary in the past. She currently serves as President of Boomers and Beyond and was recently named "2013 Volunteer of the Year".</p>							
Ellen Harriman	10/22/13	Gunnison Valley resident	Former member of City Council	Claire Acree, Planning Analyst			X
<p>Ellen Harriman is a longtime resident of Gunnison Valley. At present she is not associated with any particular group or company but served on City Council for 8 years and did a fair amount of work with senior resources and housing agencies in the area. She managed a fabric store for 15 years and has lived in the area since 1969.</p>							
Gary Shondeck	10/17/13	Shondeck Financial Services	President	Katie Smith, Planning Analyst			X
<p>Gary Shondeck moved to Gunnison Valley in 1994 and opened his own insurance agency, Shondeck Financial Services, providing employee benefits and health insurance to individuals and groups. He is President of Shondeck Financial Services; prior to moving into the insurance services industry, he worked in management for a large liquor company.</p>							
Healthcare Consumer	12/27/13	Gunnison County Resident		Claire Acree, Planning Analyst			X
<p>A healthcare consumer who has lived in the Gunnison Valley for over six years chose to be anonymous but provided insight on their personal experiences with healthcare in the Gunnison Valley.</p>							

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: other



FOCUS GROUP DISCUSSION GUIDES



Focus Group Moderator Guide
Gunnison Valley Health
Community Health Needs Assessment
Wednesday, January 22, 2014 – General Group

Introduction

My name is Cindy Matthews and I'm the moderator for today's group discussion. Our purpose today is to talk about healthcare in the community. This is part of a wider assessment that Gunnison Valley Health is conducting of overall health needs in the community.

I have nothing to sell this morning. I am with Community Hospital Corporation and am working as a consultant with GVH on this assessment.

Please feel free to make any negative or positive comments about any of the things we will be discussing this afternoon. This is a free flowing discussion and there are no wrong answers.

Disclosures

I would like to introduce Alissa. Her role is to take notes this afternoon so I can concentrate on listening to the group discussion. I would also like to introduce Michelle who is observing today. We are also recording the session. We will write a report of the assessment, but not of who said what, but "what got said."

Acknowledge

Thank you for arranging your schedule this afternoon to be here for this session. I want to thank you for your time, your opinion and your courage in voicing your point of view.

Permission

At any time, feel free to get more food or beverages or to go to the restroom, but only one person should be up and about if possible.

Guidelines

In order to make this session work as a research session, here are some guidelines for us to follow:

1. Please **talk one at a time** and in a voice at least as **loud** as mine.
2. **Avoid side conversations** with your neighbors.
3. I need to hear from everyone, so let's have **equal "air time"** so that everybody talks about the same amount.
4. There are **no wrong answers** – but there are different points of view. Please say what you believe, whether or not anyone else agrees with you.
5. It is **okay to disagree** with someone else, but don't put anyone down for thinking or saying things differently than you.
6. We have limited time this afternoon, and we need to **stay on track**. If the conversation starts to get off track, I may interrupt you and bring things back to our selected topic.

**Self Introductions: Please introduce yourself to the group and tell us:
(10 minutes with guidelines)**

- Your name
- How long you have lived in the valley and what you do during the day

General Questions – Physician Access (10 minutes)

1. How many of you have a Primary Care physician for yourself and your family? (*Get count.*) Are those physicians located in the valley?
2. How many of you have a Specialist physician for yourself and your family that is located in the valley? (*Get count.*)
3. Do any of you leave the valley to see physicians? Tell us about that... (*probe for type of service, location*) Why would people leave the valley for services? Where might they go? (*Prompt: How did you hear about services outside the valley?*)
4. How do you typically communicate with your physicians? (*Probe for telephone, email, text, web blog, etc.*) Is this the way you would like to communicate? What suggestions or changes would you like to see?

Health Care Access (20 minutes)

5. How accessible are health care services in the community? Are there barriers to being able to see a physician/healthcare provider in the valley? *Areas to probe include: wait times, insurance, cost, available specialists*
6. Where do people seek services in the evening or after hours? What do you do if you have a medical need after hours? (*Probe for Urgent Care need.*)
7. Where do people seek services if they have no funding?
8. Are there segments within the community that are more at risk for receiving inadequate health care? What groups are those? (*Prompt for Children, Elderly, Low Income, Disabled, Drug/Alcohol Addicted, ethnic groups*)

9. If you view primary health care or health services as inaccessible or inadequate, how might the need be addressed?
10. What additional health care services would you like to see in the Gunnison/Crested Butte area? (*Probe for specialists, education resources, programming, etc. Capture on flip chart.*)

Health Care Services (10 minutes)

11. Let's talk about other healthcare services in the community... How accessible are **community based mental health** services for adults and children? (*Probe for crisis, supportive housing, medication support, home based services, counseling?*) What barriers exist?
12. How adequate and accessible are **dental services** for children? Adults? Persons with disabilities? Those without insurance? What barriers exist?

Programs for Healthy Lifestyles (10 minutes)

13. Let's talk about programs that promote healthy lifestyles... When thinking about the Gunnison/Crested Butte area, which unhealthy lifestyles seem to be the most prevalent? (*Probe for substance abuse, alcoholism, malnutrition, obesity*)
14. Which populations are most at risk for unhealthy lifestyles?
15. How adequate are programs which **promote healthy lifestyles**? (*Prompt for nutrition, exercise.*) What programs are available to promote healthy lifestyles? How do residents obtain information about these programs?
16. What other health issues do families/youth/elderly face in the area? What can be done about those issues?

Top Priority for Improving the Community's Health (15 minutes)

17. I'd like for you to take a moment to think about the health needs of people in the Gunnison/Crested Butte area. Let's say you are "queen/king for a day" and completely in charge... write down what your top healthcare priority would be. What one change would you make to

improve the health of the community? (*Gather papers, then probe for responses and why.*)

18. Are you aware of any organizations currently working/planning to work on the issues you just mentioned?

19. I'd like you to take a few minutes to complete this task. (*Pass out the sheet.*) If you had \$1 to spend to improve healthcare access for the community, how would you spend it? Please divide \$1 in any way you choose – all for the same item or split so it equals \$1.

Gunnison Valley Health (10 minutes)

20. Tell me what you know about Gunnison Valley Health. Services? Ownership? Funding?

21. What role do you think Gunnison Valley Health should take in improving the health of the community?

22. How should the programs you have suggested be funded? Should GVH be provided public or county funds to be used to provide community services that are not currently offered? Would you or your neighbors be willing to fund community health programs through increased taxes?

23. On your way out, I have one more survey for you to fill out. And... (*conclude*)

Thank you very much for your participation today. The complete study of community health needs for Gunnison Valley Health will be completed this spring and the findings will be posted on their website for you and the public to view. Your input has helped our process tremendously and we appreciate your time.

Focus Group Moderator Guide
Gunnison Valley Health
Community Health Needs Assessment
Wednesday, January 22, 2014 – OB Group

Introduction

My name is Cindy Matthews and I'm the moderator for today's group discussion. Our purpose today is to talk about healthcare in the community. This is part of a wider assessment that Gunnison Valley Health is conducting of overall health needs in the community.

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6. We have limited time today, and we need to **stay on track**. If the conversation starts to get off track, I may interrupt you and bring things back to our selected topic.

**Self Introductions: Please introduce yourself to the group and tell us:
(10 minutes with guidelines)**

- Your name
- About your family – how many children you have and where your youngest baby was born

General Questions – Physician Access (15 minutes)

1. Let's start by remembering when you first found out you were pregnant with your youngest child. How many of you already had a physician? (*Get count.*) Where was your physician located? (in the valley or elsewhere) Did anyone use midwife services instead of a physician to deliver your baby?
2. How did you choose your doctor (*midwife*)? What were the things you thought about when choosing your doctor (*midwife*) to deliver your baby, either before or after you found out you were pregnant?
Areas to probe include: Did _____ have any impact on your choice?
 - Insurance
 - Gender
 - Accessibility for appointments
 - Location
 - Affiliation with hospital of choice
 - Fertility experience
 - Experience with high-risk pregnancies
 - Language
 - Post-natal care
3. How many of you have a Primary Care physician for your child and family? (*Get count.*) Where are those physicians located? I understand there are no pediatricians in the valley. Does that concern you?
4. Do any of you leave the valley to see physicians? Tell us about that... (*probe for type of service*) Why would people leave the valley for services?
5. How do you typically communicate with your physicians? (*Probe for telephone, email, text, web blog, etc.*) Is this the way you would like to communicate? What suggestions or changes would you like to see?

Health Care Access (15 minutes)

6. How accessible are health care services in the community? Are there barriers to being able to see a physician/healthcare provider?
Areas to probe include: wait times, insurance, cost, available specialists
7. We understand that Urgent Care services are not available in the community. Where do people seek services in the evening or after hours? What do you do if you have a medical need after hours?
8. Where do people seek services if they have no funding?
9. If you view primary health care or health services as inaccessible or inadequate, how might the need be addressed?

Services for Women (20 minutes)

10. Let's talk about other services for women and new mothers... Are there available **education resources** (*how to lactation, parenting skills, childbirth classes, parenting skills, support groups, etc.*)? Where?
 - What other resources do you believe you needed when you had your baby but did not have available?
 - Are there resources you need currently that are not available?
11. How accessible are **community based mental health** services for adults and children? (*Probe for crisis, supportive housing, medication support, home based services, counseling?*) What barriers exist?
12. How adequate and accessible are **dental services** for children? Adults? What barriers exist?
13. What other services for mother/baby care would you like to see in the Gunnison area? (*Probe for specialists, educational resources, programming, programs for healthy lifestyles. List on flip chart.*)

Top Priority for Women's Healthcare (15 minutes)

14. I'd like for you to take a moment to think about the needs for women's healthcare in the valley. Let's say you are "queen/king for a day" and completely in charge... write down what your top healthcare priority would be. What would you most like to see improved in women's healthcare? (*Gather papers, then probe for responses and why.*)
15. Are you aware of any organizations currently working/planning to work on the issues you just mentioned?
16. I'd like you to take a few minutes to complete this task. (*Pass out the sheet.*) If you had \$1 to spend to improve healthcare access for the community, how would you spend it? Please divide \$1 in any way you choose – all for the same item or split so it equals \$1.

Gunnison Valley Health (10 minutes)

17. Tell me what you know about Gunnison Valley Health. Services? Ownership? Funding?
18. What role do you think Gunnison Valley Health should take in improving the health needs of women in the community?
19. Should public or county funds be used to improve the health of the community? Would you or your neighbors be willing to fund community health programs through increased taxes?
20. On your way out, I have one more survey for you to fill out. And... (*conclude*)

Thank you very much for your participation today. The complete study of community health needs for Gunnison Valley Health will be completed this spring and the findings will be posted on their website for you and the public to view. Your input has helped our process tremendously and we appreciate your time.



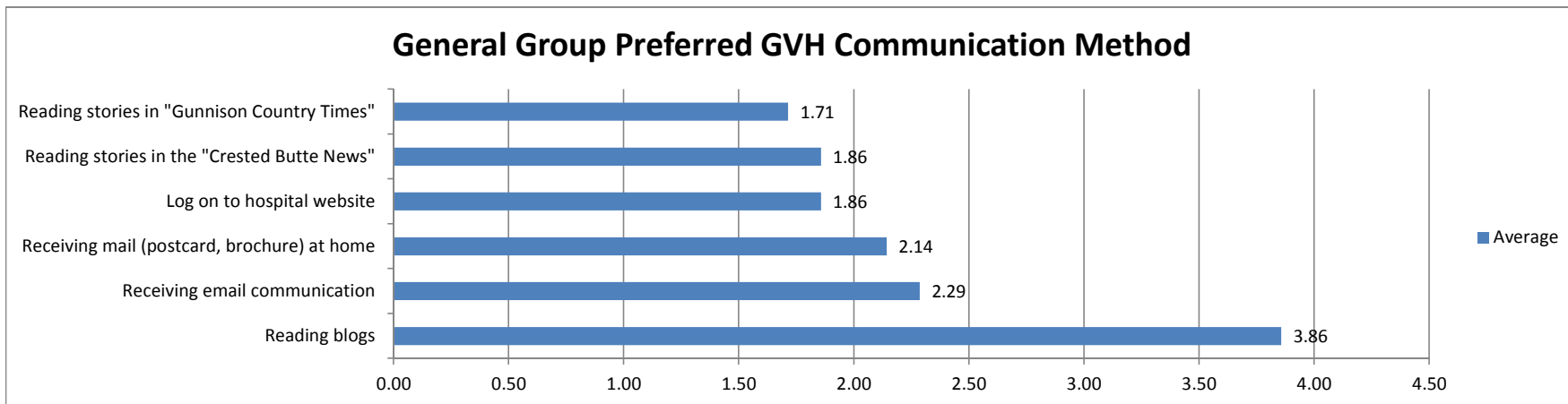
FOCUS GROUP SURVEY FINDINGS



Focus Group Survey Findings - General Group

How would you prefer to receive GVH communication about community health programs? Please rate your preference below by writing a number in the box from 1 to 5 with 1 indicating most preferred to 5 indicating least preferred.

Topic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Average
Reading blogs	2	5	5	5	5	5	3.86
Receiving email communication	1	1	5	1	3	5	2.29
Receiving mail (postcard, brochure) at home	1	5	2	2	1	4	2.14
Log on to hospital website	1	1	2	5	3	1	1.86
Reading stories in the "Crested Butte News"	1	2	5	2	1	2	1.86
Reading stories in "Gunnison Country Times"	1	3	1	4	1	2	1.71

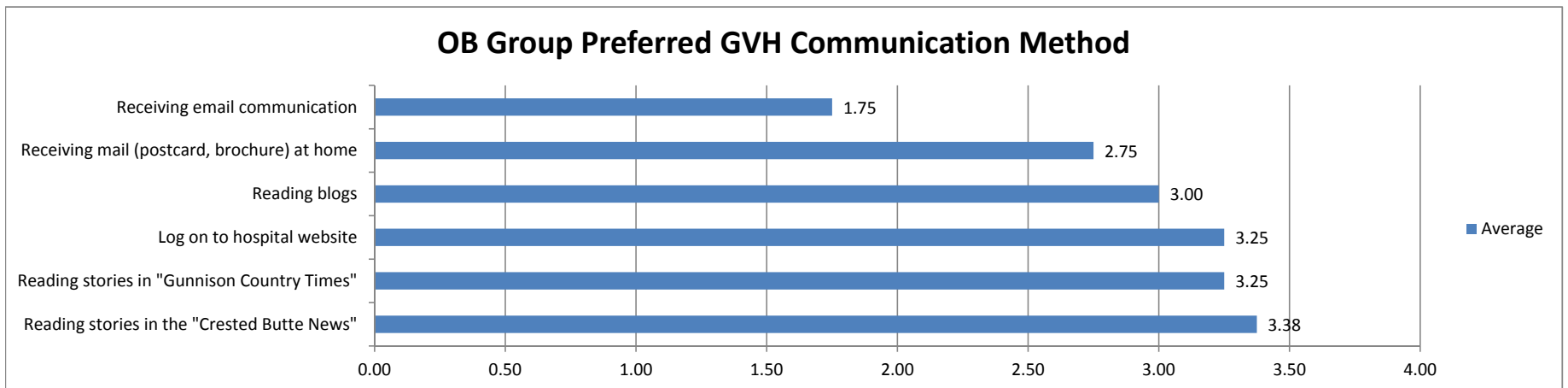


Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Survey Findings - OB Group

How would you prefer to receive GVH communication about community health programs? Please rate your preference below by writing a number in the box from 1 to 5 with 1 indicating most preferred to 5 indicating least preferred.

Topic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	Participant 8	Average
Reading stories in the "Crested Butte News"	2	5	5	5	5	2	2	1	3.38
Reading stories in "Gunnison Country Times"	3	2	5	1	5	3	5	2	3.25
Log on to hospital website	2	4	2	3	2	5	3	5	3.25
Reading blogs	5	4		5	3	4		3	3.00
Receiving mail (postcard, brochure) at home	1	4		3	4	3	2	5	2.75
Receiving email communication	2	1	1	3	1	1	1	4	1.75



Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Survey Findings - General Group

You have \$1.00 to spend on the following items. Please divide the \$1.00 in any way you choose. You may spend all the funds on one item or split the funds so the total equals \$1.00. Please write the amount in the blanks below.

Topic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Total	Percent of Total
After-Hours Urgent Care	\$ 0.50	\$ 0.25	\$ 0.50	\$ 0.25	\$ 0.40	\$ 0.30	\$ 2.20	36.7%
Additional Medical Specialists	\$ 0.25	\$ 0.25	\$ 0.30	\$ 0.20	\$ 0.10	\$ 0.20	\$ 1.30	21.7%
Additional Primary Care Physicians	\$ 0.25	\$ 0.50	\$ 0.10	\$ 0.15	\$ 0.20	\$ 0.50	\$ 1.70	28.3%
Nursing Home New Building			\$ 0.10	\$ 0.20	\$ 0.20		\$ 0.50	8.3%
Mental Health Services				\$ 0.20	\$ 0.10		\$ 0.30	5.0%
Totals	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 6.00	100.0%

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.

Focus Group Survey Findings - General Group

You have \$1.00 to spend on the following items. Please divide the \$1.00 in any way you choose. You may spend all the funds on one item or split the funds so the total equals \$1.00. Please write the amount in the blanks below.

Topic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	Participant 8	Total	Percent of Total
After-Hours Urgent Care	\$ 0.40	\$ 0.10	\$ 0.60	\$ 0.75	\$ 1.00	\$ 0.85	\$ 0.70	\$ 0.40	\$ 4.80	60.0%
Additional Medical Specialists		\$ 0.40	\$ 0.10					\$ 0.05	\$ 0.55	6.9%
Additional Primary Care Physicians	\$ 0.35	\$ 0.20	\$ 0.10	\$ 0.25		\$ 0.15	\$ 0.20	\$ 0.35	\$ 1.60	20.0%
Nursing Home New Building	\$ 0.25		\$ 0.10					\$ 0.05	\$ 0.40	5.0%
Mental Health Services		\$ 0.30	\$ 0.10				\$ 0.10	\$ 0.15	\$ 0.65	8.1%
Totals	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 8.00	100.0%

Source: GVH Focus Groups, Conducted by Community Hospital Consulting, January 2014.



COMMENTS AND PAPER COPIES



Please address written comments on the CHNA and requests for a copy of the CHNA to:

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Thank you!

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HELP WHERE HOSPITALS NEED IT