Gunnison Valley Health

Gunnison, Colorado

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board of Trustees Resolution January 21, 2020[1]

GUNNISON VALLEY HEALTH

Dear Community Member:

At Gunnison Valley Health, we have spent more than 81 years providing high-quality compassionate healthcare to the greater Gunnison community. The "2019 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how Gunnison Valley Health (GVH) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

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

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

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

Thank You,

Rob Santilli
Chief Executive Officer
Gunnison Valley Health

TABLE OF CONTENTS

EXECUTIVE SUMMARY

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Gunnison Valley Health ("GVH" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

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

The 2019 Significant Health Needs identified for Gunnison County are:

1. Mental Health – 2016 Significant Need

2. Affordability

3. Drug/Substance Abuse – 2016 Significant Need

4. Suicide – 2016 Significant Need

5. Alcohol Abuse – 2016 Significant Need

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

APPROACH

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

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

Project Objectives

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

- Complete a CHNA report, compliant with Treasury – IRS

- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)

- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

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

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

- An Emergency Room open to all, regardless of ability to pay

- Surplus funds used to improve patient care, expand facilities, train, etc.

- A board controlled by independent civic leaders

- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

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

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[2] <u>Federal Register</u> Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602
[3] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form
[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

identified through the assessment.

- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.

- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.

- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).

- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.

- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

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

"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and

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[5] Section 6652

most recently adopted implementation strategy.[6]

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

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

To complete a CHNA:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Other (please specify)

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

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

Data sources include:[11]

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[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h
[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h
[10] Response to Schedule H (Form 990) Part V B 3 i
[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Gunnison County compared to all Colorado counties	July 9, 2019	2012-2018
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	July 9, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	July 10, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	July 10, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	July 10, 2019	2017

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

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 23 Local Expert Advisors was received. Survey responses started August 18th, 2019 and ended on September 30th, 2019.

- Information analysis augmented by local opinions showed how Gunnison County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help

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

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments

  - The top three priority populations in the area are low-income groups, residents of rural areas, and children

  - There should be a focus on providing affordable and accessible care to the community

  - Need for additional education on what services are available in the community

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

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

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (50%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

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

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]
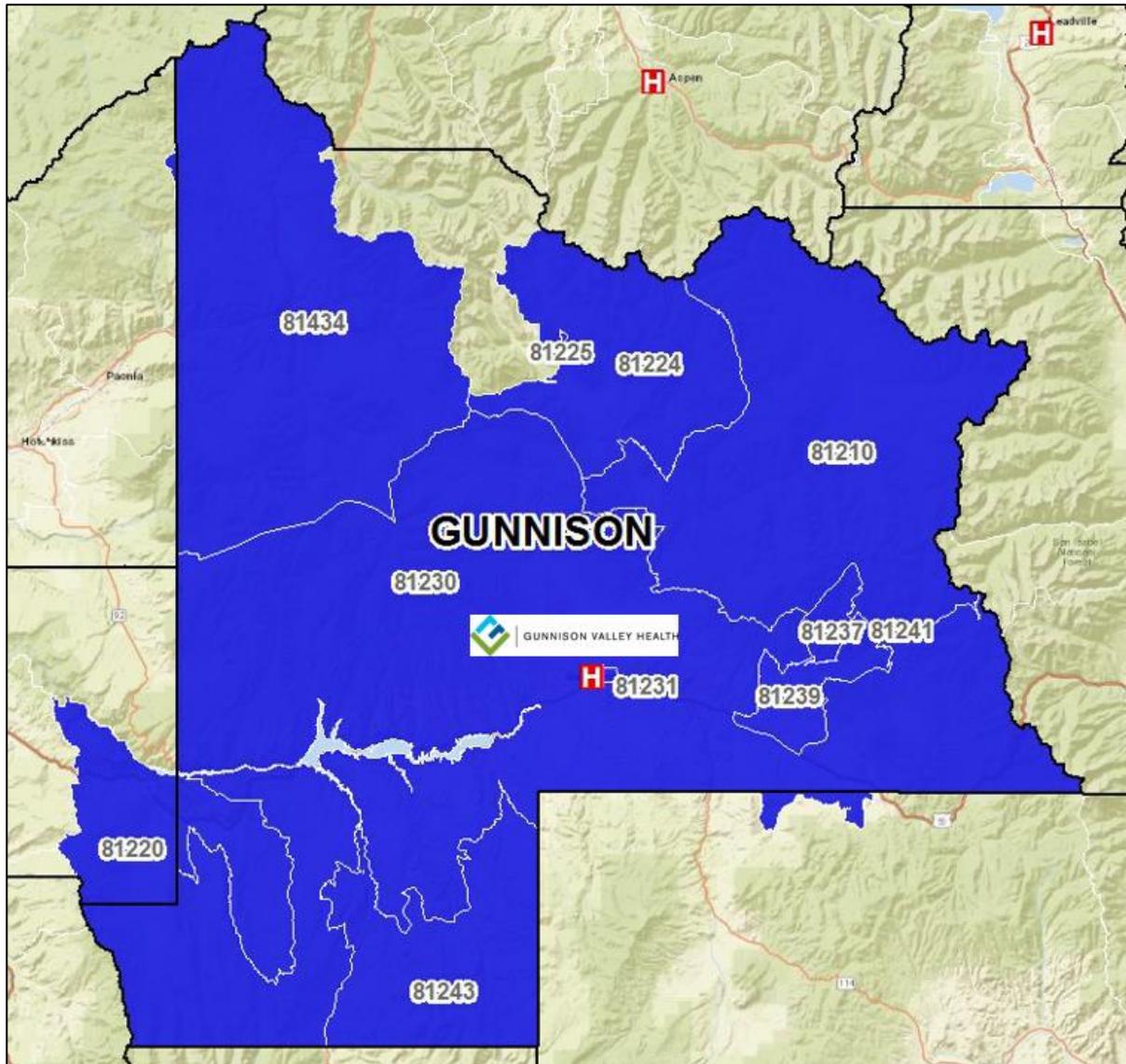
For the purposes of this study, Gunnison Valley Health defines its service area as Gunnison County in Colorado, which includes the following ZIP codes:[17]

81210 – Almont	81220 – Cimarron	81224 – Crested Butte	81225 – Crested Butte
81230 – Gunnison	81231 – Gunnison	81237 – Ohio City	81239 – Parlin
81241 – Pitkin	81243 – Powderhorn	81434 – Somerset	

During 2017, the Hospital received 74.0% of its Medicare inpatients from this area.[18]

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

Demographics of the Community[19][20]

Variable	Gunnison County			Colorado			United States		
	2019	2024	%Change	2019	2024	%Change	2019	2024	%Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	16,400	17,427	6.3%	5,731,594	6,106,800	6.5%	329,236,175	340,950,067	3.6%
Total Male Population	8,848	9,365	5.8%	2,878,369	3,062,470	6.4%	162,097,263	167,921,866	3.6%
Total Female Population	7,552	8,062	6.8%	2,853,225	3,044,330	6.7%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	3,506	3,617	3.2%	1,150,622	1,195,570	3.9%	64,251,309	65,231,610	1.5%
Average Household Income	$69,851			$97,387			$89,646		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	2,291	2,279	-0.5%	1,066,389	1,091,362	2.3%	61,258,096	61,645,382	0.6%
15-17	551	571	3.6%	221,548	241,733	9.1%	12,813,020	13,319,388	4.0%
18-24	2,969	2,659	-10.4%	544,183	572,368	5.2%	31,474,821	32,296,411	2.6%
25-34	2,359	2,637	11.8%	842,637	831,688	-1.3%	44,370,805	43,645,423	-1.6%
35-54	4,015	4,369	8.8%	1,501,096	1,589,089	5.9%	83,304,733	84,255,193	1.1%
55-64	1,990	2,030	2.0%	722,944	756,145	4.6%	42,525,512	43,333,585	1.9%
65+	2,225	2,882	29.5%	832,797	1,024,415	23.0%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	7,011	7,532	7.4%	2,275,854	2,435,618	7.0%	125,018,838	129,683,911	3.7%
2019 Household Income									
<$15K	676			185,997			13,139,420		
$15-25K	924			168,157			11,333,086		
$25-50K	1,538			448,081			26,888,001		
$50-75K	1,243			397,359			21,157,116		
$75-100K	1,078			305,996			15,409,735		
Over $100K	1,552			770,264			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	10,589			3,899,474			223,690,238		
2019 Adult Education Level Distribution									
Less than High School	240			139,539			12,173,720		
Some High School	252			201,421			16,245,471		
High School Degree	1,960			853,780			61,068,735		
Some College/Assoc. Degree	2,592			1,164,118			64,945,355		
Bachelor's Degree or Greater	5,545			1,540,616			69,256,957		
RACE/ETHNICITY									
2019 Race/Ethnicity Distribution									
White Non-Hispanic	14,204			3,886,454			197,594,684		
Black Non-Hispanic	121			228,779			40,877,627		
Hispanic	1,558			1,240,672			60,675,779		
Asian & Pacific Is. Non-Hispanic	127			190,982			19,327,168		
All Others	390			184,707			10,760,917		

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

Consumer Health Service Behavior[21]

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

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

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	104.1%	31.8%	Cancer Screen: Skin 2 yr	92.5%	9.9%
Vigorous Exercise	101.0%	57.7%	Cancer Screen: Colorectal 2 yr	98.0%	20.1%
Chronic Diabetes	96.9%	15.2%	Cancer Screen: Pap/Cerv Test 2 yr	98.2%	47.3%
Healthy Eating Habits	87.9%	20.5%	Routine Screen: Prostate 2 yr	90.9%	25.8%
Ate Breakfast Yesterday	97.1%	76.8%	**Orthopedic**		
Slept Less Than 6 Hours	101.9%	13.9%	Chronic Lower Back Pain	97.8%	30.2%
Consumed Alcohol in the Past 30 Days	92.2%	49.5%	Chronic Osteoporosis	101.4%	10.3%
Consumed 3+ Drinks Per Session	100.8%	28.4%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	99.9%	81.3%
Search for Pricing Info	84.2%	22.6%	NP/PA Last 6 Months	105.3%	43.7%
I am Responsible for My Health	103.1%	93.2%	OB/Gyn 1+ Visit	100.6%	38.6%
I Follow Treatment Recommendations	98.4%	75.9%	Medication: Received Prescription	105.2%	59.8%
Pulmonary			**Internet Usage**		
Chronic COPD	105.7%	5.7%	Use Internet to Look for Provider Info	88.0%	35.1%
Chronic Asthma	112.3%	13.3%	Facebook Opinions	83.3%	8.4%
Heart			Looked for Provider Rating	82.2%	19.3%
Chronic High Cholesterol	92.7%	22.6%	**Emergency Services**		
Routine Cholesterol Screening	91.3%	40.5%	Emergency Room Use	99.8%	34.7%
Chronic Heart Failure	114.7%	4.7%	Urgent Care Use	94.2%	31.0%

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[21] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

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

- 8.7% less likely to receive **Routine Cholesterol Screenings**, affecting 40.5%

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

- 7.8% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 49.5%

- 5.3% more like to have had **Routine NP/PA Visit in the Past 6 Months**, affecting 43.7%

Leading Causes of Death[22]

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

Cause of Death			Rank among all counties in CO (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Gunnison County Compared to U.S.)
CO Rank	Gunnison Rank	Condition		CO	Gunnison	
1	1	Cancer	50 of 60	130.9	127.9	Lower than expected
2	2	Heart Disease	51 of 60	122.6	122.7	Lower than expected
3	3	Accidents	46 of 60	53.5	48.2	As expected
4	4	Lung	38 of 60	45.5	45.6	As expected
5	5	Stroke	51 of 60	35.8	29.1	Lower than expected
6	6	Alzheimer's	18 of 60	34.1	28.9	As expected
7	7	Suicide	30 of 60	20.3	19.5	As expected
8	8	Diabetes	50 of 60	17.2	10.3	Lower than expected
10	9	Flu - Pneumonia	55 of 60	10.1	8.8	Lower than expected
11	10	Kidney	52 of 60	8.8	5.8	Lower than expected
12	11	Parkinson's	43 of 60	9.3	5.1	As expected
9	12	Liver	58 of 60	13.9	4.3	Lower than expected
13	12	Blood Poisoning	51 of 60	8.4	4.3	Lower than expected
14	14	Hypertension	49 of 60	5.2	3.2	Lower than expected
15	15	Homicide	40 of 56	4.5	2.1	As expected

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

Priority Populations[23]

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. The Hospital's approach is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

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

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

- The top three priority populations in the area are low-income groups, residents of rural areas, and children

- There should be a focus on providing affordable and accessible care to the community

- Need for additional education on what services are available in the community

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

Social Vulnerability[25]

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

Overall, Gunnison County falls into the second and third quartiles of social vulnerability. three of the four quartiles of social vulnerability. Concluding that the right side (light green) of the county is less vulnerable than the left side (light blue).

Overall Social Vulnerability

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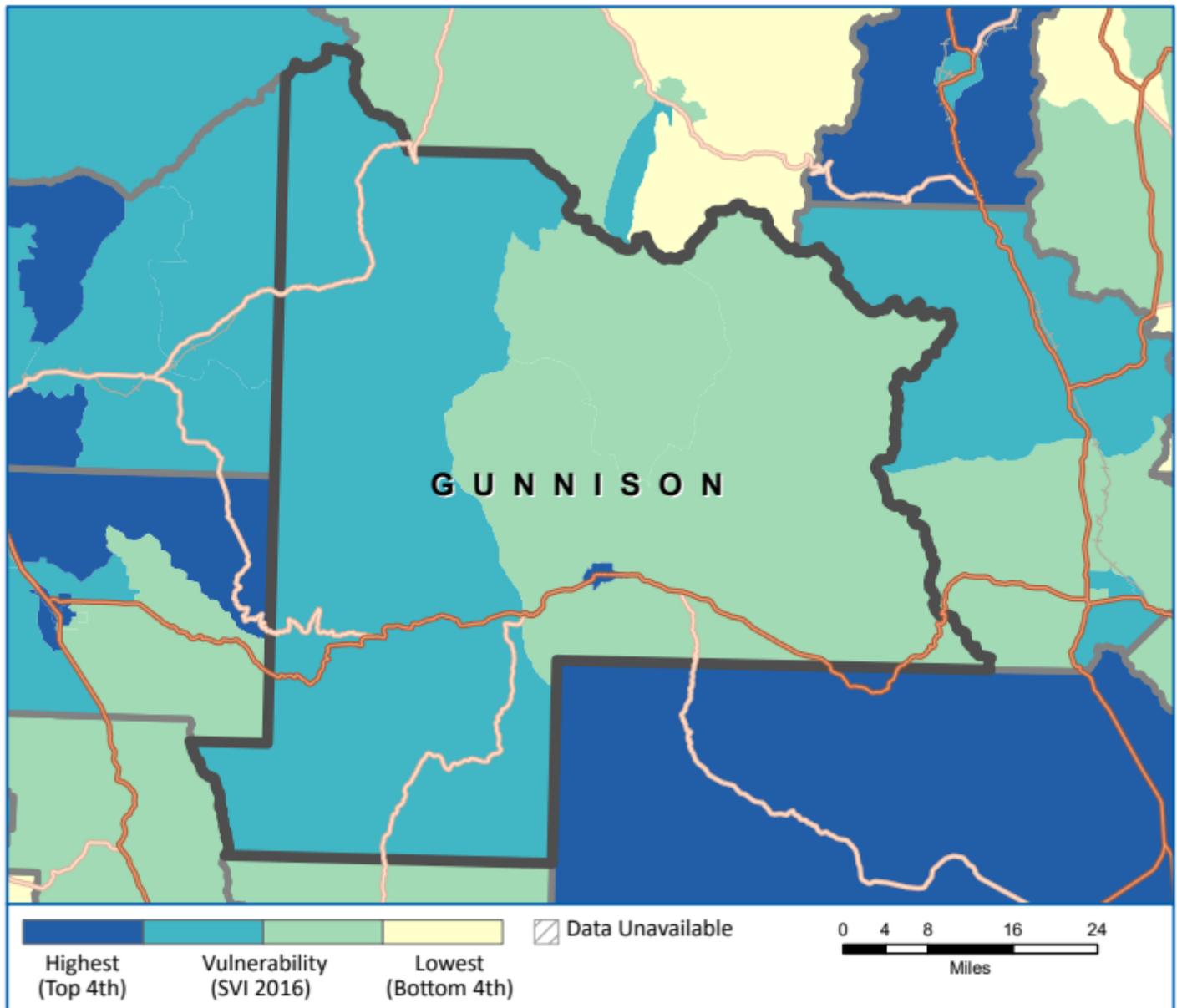
SVI Themes

Socioeconomic Status

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)
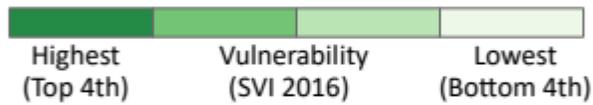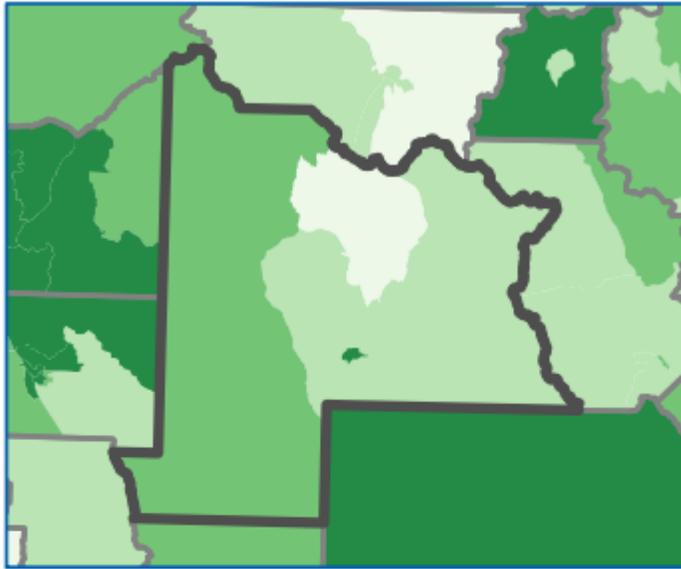
Household Composition/Disability

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)
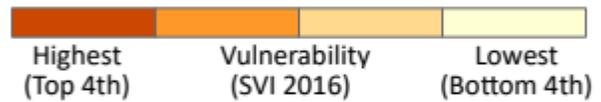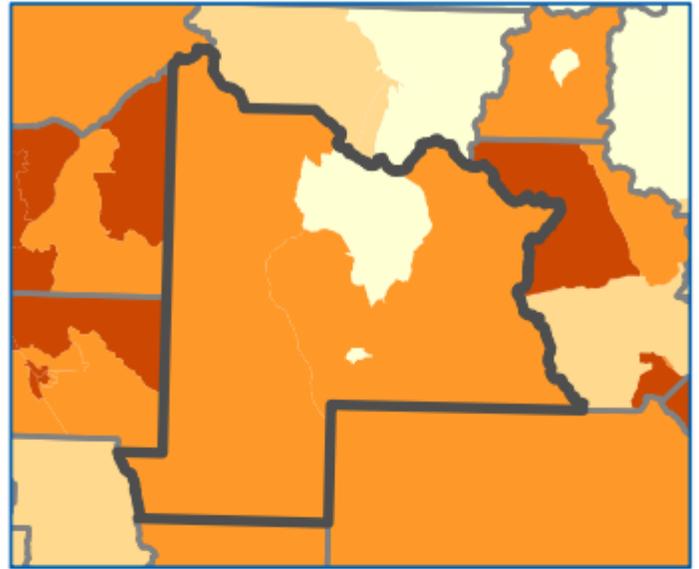
Race/Ethnicity/Language

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)

Housing/Transportation

Highest (Top 4th) — Vulnerability (SVI 2016) — Lowest (Bottom 4th)
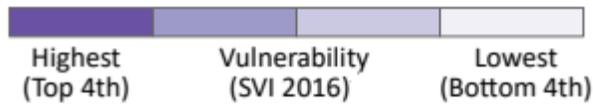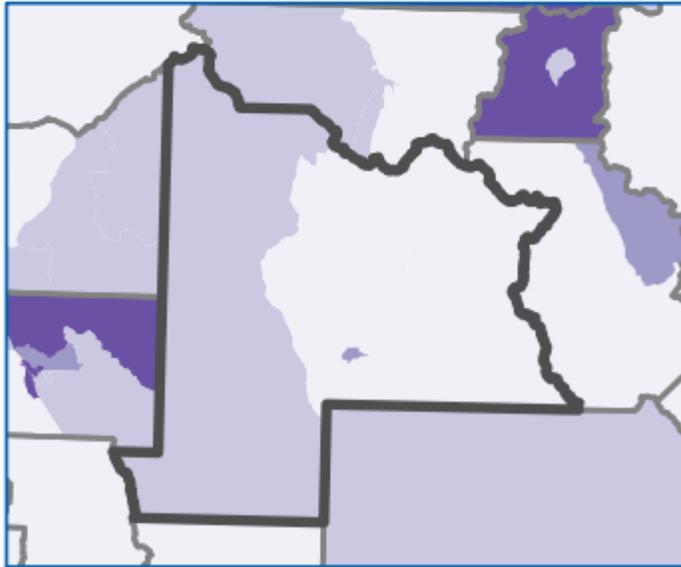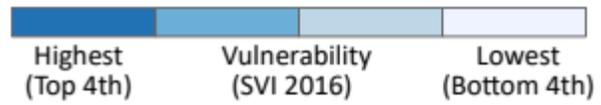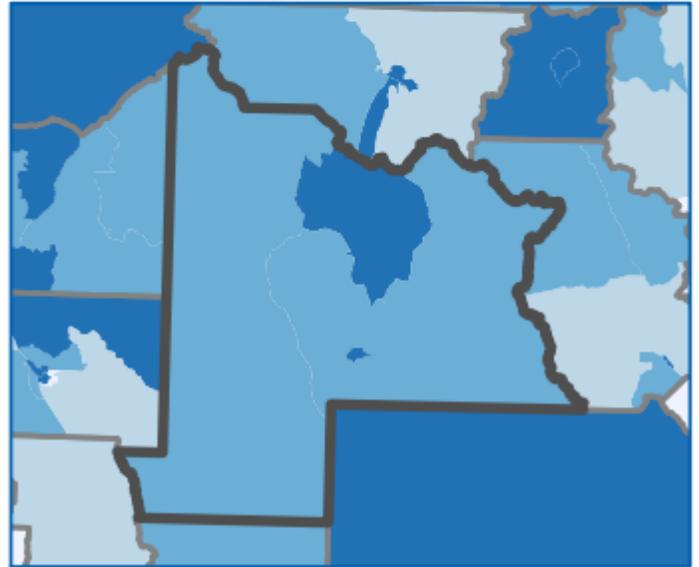
Comparison to Other State Counties[26]

To better understand the community, Gunnison County has been compared to all 60 counties in the state of Colorado across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

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

	Gunnison	Colorado	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	16/60		
- Premature Death*	5,700	5,900	8,100
Quality of Life			
Overall Rank *(best being #1)*	39/60		
- Poor or Fair Health	12%	14%	17%
- Poor Physical Health Days	3.4	3.5	3.9
- Poor Mental Health Days	3.6	3.6	3.9
- Low Birthweight	10%	9%	8%
Health Behaviors			
Overall Rank *(best being #1)*	23/60		
- Adult Smoking	16%	16%	17%
- Adult Obesity	16%	21%	32%
- Physical Inactivity	12%	14%	26%
- Access to Exercise Opportunities	91%	91%	66%
- Excessive Drinking	23%	21%	17%
- Alcohol-Impaired Driving Deaths	25%	34%	28%
- Sexually Transmitted Infections*	311.2	468.6	321.7
- Teen Births *(per 1,000 female population ages 15-19)*	9	22	31
Clinical Care			
Overall Rank *(best being #1)*	22/60		
- Uninsured	10%	9%	10%
- Population to Primary Care Provider Ratio	1,260:1	1,230:1	2,050:1
- Population to Dentist Ratio	2,420:1	1,260:1	2,450:1
- Population to Mental Health Provider Ratio	460:1	300:1	970:1
- Preventable Hospital Stays	1,863	2,900	4,648
- Mammography Screening	38%	40%	40%
- Flu vaccinations	40%	46%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	9/60		
- Unemployment	2.0%	2.8%	4.4%
- Children in Poverty	12%	12%	21%
- Children in Single-Parent Households	32%	28%	32%
- Violent Crime*	179	326	205
- Injury Deaths*	82	76	82
Physical Environment			
Overall Rank *(best being #1)*	18/60		
- Air Pollution - Particulate Matter	4.2 µg/m³	5.1 µg/m³	9.2 µg/m³
- Severe Housing Problems	20%	17%	14%

Per 100,000 Population

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[26] www.countyhealthrankings.org

Conclusions from Other Statistical Data[27]

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

Gunnison County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Gunnison County measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female Self-Harm and Interpersonal Violence Related Deaths*	11.7	8.5%
UNFAVORABLE Gunnison County measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female Transport Injuries Related Deaths*	11.7	-51.0%
- Male Transport Injuries Related Deaths*	21.7	-55.9%
DESIRABLE Gunnison County measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Female Tracheal, Bronchus, and Lung Cancer*	28.4	7.8%
- Female Mental and Substance Use Related Deaths*	5.2	181.8%
- Male Mental and Substance Use Related Deaths*	14.8	176.1%
- Female Liver Disease Related Deaths*	10.7	6.0%
DESIRABLE Gunnison County measures that are **BETTER** than the US average and had a **FAVORABLE** change		
- Female Life Expectancy	83.4	6.9%
- Male Life Expectancy	80.6	10.5%
- Female Heart Disease*	79.3	-63.6%
- Male Heart Disease*	124.9	-64.7%
- Female Stroke*	40.2	-44.3%
- Male Stroke*	34.7	-44.7%
- Male Tracheal, Bronchus, and Lung Cancer*	31.4	-52.4%
- Female Breast Cancer*	20.6	-37.9%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	26.0	-26.0%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	32.1	-11.8%
- Male Self-Harm and Interpersonal Violence Related Deaths*	24.6	-6.5%
- Male Liver Disease Related Deaths*	14.8	-4.5%
AVERAGE Gunnison County measures that are **EQUAL** to the US average and had an **UNFAVORABLE** change		
- Male Skin Cancer*	5.1	12.6%
AVERAGE Gunnison County measures that are **EQUAL** to the US average and had a **FAVORABLE** change		
- Male Breast Cancer*	0.3	-19.8%
- Female Skin Cancer*	2.4	-1.3%

*rate per 100,000 population, age-standardized

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

Community Benefit

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

"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.

"Community benefit operations" means:

- *activities associated with community health needs assessments, administration, and*

- *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

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

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

- A CHNA conducted or accessed by the organization.

- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.

- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

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

- Are available broadly to the public and serve low-income consumers.

- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).

- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.

- Leverage or enhance public health department activities such as childhood immunization efforts.

- Otherwise would become the responsibility of government or another tax-exempt organization.

- Advance increased general knowledge through education or research that benefits the public

IMPLEMENTATION STRATEGY

Significant Health Needs

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

- Identifies the rank order of each identified Significant Need

- Presents the factors considered in developing the ranking

- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term

- Identifies GVH current efforts responding to the need including any written comments received regarding prior GVH implementation actions

- Establishes the Implementation Strategy programs and resources GVH will devote to attempt to achieve improvements

- Documents the Leading Indicators GVH will use to measure progress

- Presents the Lagging Indicators GVH believes the Leading Indicators will influence in a positive fashion, and

- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, GVH is the major hospital in the service area. GVH is a 24-bed, acute care medical facility located in Gunnison, Colorado and has a licensed CCEC (community clinic and emergency center) located in Mount Crested Butte. The next closest facilities are outside the service area and include:

- Montrose Memorial Hospital, Montrose, CO; 64.9 miles (79 minutes)

- Heart of the Rockies Regional Medical Center, Salida, CO; 65 miles (76 minutes)

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

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

1. **MENTAL HEALTH** – 2016 Significant Need; Gunnison County's population to mental health provider ratio is worse than the state average; Suicide is the #7 leading cause of death in Gunnison County; Gunnison County's female self-harm and interpersonal violence related deaths is worse than the U.S. average and increased 8.5% from 1980-2014; Female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 181.8%; Male death rate increased 176.1%)

3. **DRUG/SUBSTANCE ABUSE** – 2016 Significant Need; Female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 181.8%; Male death rate increased 176.1%)

4. **SUICIDE** – 2016 Significant Need; Gunnison County's population to mental health provider ratio is worse than the state average; Suicide is the #7 leading cause of death in Gunnison County; Gunnison County's female self-harm and interpersonal violence related deaths is worse than the U.S. average and increased 8.5% from 1980-2014; Female and male mental and substance abuse related deaths increased from 1980-2014 (Female death rate increased 181.8%; Male death rate increased 176.1%)

5. **ALCOHOL ABUSE** – 2016 Significant Need; Gunnison County's excessive drinking rate is worse than the state average and U.S. median; Liver disease is the #12 leading cause of death in Gunnison County; Gunnison County's female liver disease related deaths increased 6.0% from 1980-2014

Due to the similar services, programs, and resources available to respond to these needs, only one implementation strategy is being created.

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

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

- Availability of 24/7 telehealth psych services that consult to the emergency department physicians.

- Partnered with the Center for Mental Health to expand services in Crested Butte

- GVH Peer support program will be expanded at the emergency department to offer a 24/7 service in 2020

- Center for Mental Health offers a peer support program in Crested Butte

- Hospital patient companion for patients in need of supervision prior to being transferred to a specialist facility

- Center for Mental Health established the Crisis Walk-In Center located in Montrose that offers urgent behavioral health care and substance abuse services 24/7

- One of ten hospitals in Colorado to participate in the pilot program, Colorado Cure, to manage opioids in the patient care unit.

- Continue to work with the national standards on alternatives to opioids within the health system.

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

- Implemented a behavioral health therapist at the GVH Family Medicine Clinic and WCU Campus Health Center
- Implemented a patient screening tool for mental health indicators at the GVH Family Medicine Clinic, WCU Campus Health Center, Cancer Care Center and Family Birth Center

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

- Collaborating with local law enforcement on their program of having a co-responder provided for calls in Gunnison County
- GVH EMS is working with mental health providers to discuss needs/plans for responses
- Partner with organizations to expand awareness of mental health programs in the community for children and adults
- Identify gaps in services for brain health that GVH can implement
- Collaborate with organizations to educate the community around opioid abuse and reduce the stigma with mental health

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

- Host and facilitate the Community Crisis Coalition which consists of a range of local representatives from Watershed School District, Gunnison County Health and Human Services, Western Colorado University, Gunnison County Substance Abuse Prevention Program (GCSAPP), Project Hope, Law Enforcement etc.
- Provided the building and raised funds and renovated the space for the Center for Mental Health to expand their services in Crested Butte

Anticipated results from GVH Implementation Strategy

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

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

- Continue to maximize GVH's behavioral health specialist's schedule which is currently occupied

- Maximize the peer support specialist's 7 days a week schedule by increasing the current number of peer support referrals

- Increase the number of referrals to mental health organizations and the Crisis Walk-In Center in Montrose.

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

- Increase support for behavioral health patients in Crested Butte and Gunnison (CB: 233 unique clients in 6 months and Gunnison: 1176 unique clients in 2019)[30]

- Reduce the current Gunnison County suicide death rate (35.29(per 100,000)[31] to be below the current Colorado suicide death rate (20.35(per 100,000)[32]

- Reduce current opioid prescriptions rate within the Hospital (Patient Care Unit and Emergency Department by 30% (1:3.7 patient to opioid ratio in 2019)[33]

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

Organization	Contact Name	Contact Information
Center for Mental Health	Kimberly Behounek, Regional Director Gunnison Hinsdale Counties	http://www.centermh.org 970-642-4602 710 N. Taylor Street, Gunnison, CO 81230
Gunnison Police Department	Keith Robinson – Chief Chris Wilson – Captain Scott Zambia – Co-responder	http://www.gunnisonco.gov/departments/police 970-641-8200 910 W Bidwell Ave
Gunnison Watershed School District	Dr. Leslie Nichols, Superintendent	https://www.gunnisonschools.net/ 970-641-7770 800 N. Boulevard Street, Gunnison, CO 81230

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[30] The Center for Mental Health data in CB from June – November 2019. Gunnison data from January – December 2019.
[31] 2018 Gunnison County Population and Coroner's Office Suicide Deaths in 2019
[32] American Foundation for Suicide Prevention - Suicide Facts & Figures Colorado 2019 – afsp.org/StateFacts
[33] Based on number of opioid occurrences for each patient in the Patient Care Unit and Emergency Department

Organization	Contact Name	Contact Information
Gunnison County Sheriff	John Gallowich, Sheriff	https://www.gunnisoncounty.org/160/Sheriffs-Office 970-641-1113 510 W. Bidwell Ave, Gunnison, CO 81230
Western Colorado University	Scott Cantril, Director of Student Health & Wellness	scantril@western.edu 1 Western Way, University Center 103, Gunnison, CO 81230
Gunnison County Substance Abuse Prevention Project (GCSAPP)	Kari Commerford, Project Director	https://gunnisoncounty.org/156/Gunnison-County-Substance-Abuse-Preventi 970-642-7393 200 E. Virginia Ave, Gunnison, CO 81230
Gunnison County Health and Human Services	Joni Reynolds	https://www.gunnisoncounty.org/149/Health-Human-Services 970-641-3244 220 N. Spruce Street, Gunnison, CO 81230
Community Crisis Coalition (over 30 organizations including Gunnison Watershed School District, GCSAPP, Project Hope, Family Advocacy and Support Team (FAST) and other juvenile services	Margaret Wacker	Gunnison County Community Services Supervisor 970-641-7913
Swedish Medical Center (telepsych consult for emergency department physicians)		www.swedish.org 303-788-5000
Crested Butte State of Minds	Meghan Dougherty, Executive Director	www.cbstateofmind.org

2. **AFFORDABILITY – Local expert concern; Gunnison County's uninsured rate is worse than the state average; Regions of Gunnison County have a higher vulnerability relating to socioeconomic status**

Public comments received on previously adopted implementation strategy:

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

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

- Access to annual low cost blood draws in Gunnison and Crested Butte

- Provide 50 complimentary health screens to the Multicultural Resource Center and lower income community members.

- Joint Venture with CareFlight of the Rockies for air ambulance services means no out-of-pocket expenses for those who are insured

- GVH Care managers to create more value based programs for Medicaid patients

- Collaborating with Cattlemen's Days Tough Enough To Wear Pink (TETWP) to house and facilitate free transport services for cancer care patients

- Partnership with Cattlemen's Days Tough Enough To Wear Pink (TETWP) to deliver free mammograms and diagnostics for the uninsured

- Social determinants screening program in place at Gunnison Valley Health Family Medicine Clinic, WCU Campus Health Center, Cancer Care Center and Family Birth Center

- Added transportation services for patients in need of care in current crisis

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

- Increase use of social determinant screening

- Collaboration on insurance plans at reduced rates for the Gunnison Valley community eg. Public Option Plan

- Take part in statewide initiative to reduce healthcare costs by 2022

- Introduce no surprise billing for out of network plans

- Enhance use of customer service team to help provide financial options

- Evaluate current hospital financial programs that can be enhanced such as charity care, cash payment and prompt pay programs

- Review need/hours of urgent care in Gunnison County for potential expansion of services

- Evaluate the charge structure to provide programs around transparency

- Evaluate financial calculator estimator tool on website

- Research potential services that are needed and can be provided via telehealth programs

Anticipated results from GVH Implementation Strategy

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

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

- Number of patients who are signed up for financial assistance programs
- Dedicated resource to support uninsured patients

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

- Increase the charity care provided by GVH by 20% over the next 3 years
- Decrease the uninsured rate for Gunnison County (current average 5% in 2019)[34]

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

Organization	Contact Name	Contact Information
CareFlight of the Rockies	Andy Daniels, President Michelle Shiao, Director CareFlight	https://careflightoftherockies.com 970-298-1911 2635 N 7th Street Grand Junction, CO 81505

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[34] Based from GVH Financial Reports year ending 2019

Organization	Contact Name	Contact Information
Gunnison County Health and Human Services	Joni Reynolds	https://www.gunnisoncounty.org/149/Health-Human-Services 970-641-3244 220 N. Spruce Street, Gunnison, CO 81230
Colorado Hospital Association	Chris Tholen President and CEO	https://cha.com/ 720-489-1630 7335 E Orchard Rd, Greenwood Village CO 8011
Primary Care Organizations in the Gunnison Valley.		
Gunnison County Multicultural Resource Services	Health Navigator	https://www.gunnisoncounty.org/889/Multicultural-Services 970-641-3244

Other Needs Identified During CHNA Process

6. **Education/Prevention**

7. **Accessibility**

8. **Primary Care/Mental Health Providers – 2016 Significant Need**

9. **Healthy Lifestyles**

10. **Dental**

11. **Cancer – 2016 Significant Need**

12. **Women's Health**

13. **Chronic Pain Management**

14. **Accidents**

15. **Alzheimer's**

16. **Heart Disease**

17. **Smoking/Tobacco Use**

18. **Maternal/Infant Measures**

19. **Write-in: Urgent care clinic**

20. **Write-in: Housing**

21. **Write-in: E cigarettes/vaping**

22. **Diabetes**

23. **Kidney Disease**

24. **Liver Disease**

25. **Lung Disease**

26. **Respiratory Infections**

27. **Stroke**

28. **Obesity/Overweight**

29. **Physical Inactivity**

30. **Flu/Pneumonia**

31. **Hypertension**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[35]

1. Mental Health – 2016 Significant Need

2. Affordability

3. Drug/Substance Abuse – 2016 Significant Need

4. Suicide – 2016 Significant Need

5. Alcohol Abuse – 2016 Significant Need

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

1. N/A

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

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

APPENDIX

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

Hospital solicited written comments about its 2016 CHNA.[37] 23 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

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

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	7	10	17
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	15	3	18
3) **Priority Populations**	10	7	17
4) Representative/Member of **Chronic Disease Group** or Organization	3	12	15
5) Represents the **Broad Interest of the Community**	13	6	19
Other			2
Answered Question			23
Skipped Question			0

Congress defines "Priority Populations" to include:

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

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

- *Affordable healthcare; Affordable housing; Difficulty with or inability of navigating resources (i.e., language barrier, developmental disabilities, lack of awareness of resources); Transportation to medical specialists*

- *Access to health and behavioral health care*

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

- *All of these populations exist in Gunnison County, and each have specific needs that need to be addressed. Racial and ethnic minorities, especially those of Mexican descent, encounter language barrier issues on a regular basis. Whether it be with law enforcement or medical providers, this communication barrier must be addressed first in order to better serve this population, who is so integral to our community. Key community personnel should have basic Spanish speaking capabilities and more interpreters should be available. Low-income groups are prevalent in Gunnison County, and the relative high cost of living here puts this population at risk of insufficient housing, food and medical care. Women, children, older adults and special needs/disabled individuals comprise a large portion of the low income population, where these basic needs are often compromised and overlooked. We need to enhance programs that identify and assist these populations. The LGBT community here is also a minority group, and as with any minority group, they are prone to social isolation, especially adolescents and young adults. Social awareness and acceptance of these community members seems to be lacking.*

- *Mt. Crested Butte is a resort community. Therefore, most of the people who live in Mt. Crested Butte are affluent. We have a small population of year around residents. We do have a ski area and most of the low income workers at the ski area live in Gunnison but commute to Mt. Crested Butte daily.*

- *Cancer Care and Hospice*

- *1) access to healthcare. 2) transportation to services outside the community when the service isn't provided here. 3) advocacy / trusted and knowledgeable people to consult with in seeking treatment. 4) community-wide education about mental health and how to support individuals who are brain injured. 5) absolute need for an urgent care center.*

- *Lack of safe, decent, healthy affordable housing.*

- *Access, communication about what is available for their particular needs, feeling welcome, health issues related to rural isolation (especially in winter), adequate housing, more access to mental health providers, less stigma attached to seeing a mental health provider, more drug abuse related programs - for those who could potentially have a problem and for those who do have a problem and are looking to solve it*

- *Stable income, housing, food, medical care and transportation*

- *affordable care*

In the 2016 CHNA, there were six health needs identified as "significant" or most important:
1. **Mental Health**
2. **Primary Care/Mental Health Providers**
3. **Cancer**
4. **Suicide**
5. **Alcohol Abuse**
6. **Drug Abuse**

3. **Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?**

	Yes	No	Response Count
Mental Health	21	0	21
Primary Care/Mental Health Providers	20	0	20
Cancer	17	2	19
Suicide	21	0	21
Alcohol Abuse	20	1	21
Drug Abuse	19	1	20

Comments:

- *These are all areas that need significant focus and resource allocation. Even when progress is made in these areas, continuity of focus on them must not waver.*

- *GVH has made improvements in the areas Mental Health and Primary Care Providers, but still needs to allocate to Mental health. Primary Care seems to be stable and no resources need to be spent. Cancer Care still needs to be funded and has not been a priority for resources. The Cancer Care center is out growing it's space quickly and we need to anticipate more growth soon.*

- *Better training in Behavioral Health for primary care providers.*

- *I think the County is moving in the right direction and a LOT of good work is being done - by many.   While getting to root causes and solutions is an almost insurmountable goal, doing what we can in each of the identified areas continues to be a priority.*

- *Medicaid Dentists*

- *GVH at present is a key player in providing emergency care. Having other resource in the valley not tied to GVH would also be beneficial.*

- *The mental health crisis in the United States is epidemic. The average age of depression has moved from the late 20's - where adults have strategies to cope with this disease - to 13 or 14 years old - where young adolescents have less coping strategies.*

4. **Please share comments or observations about the actions GVH has taken to address <u>MENTAL HEALTH, SUICIDE, ALCOHOL & DRUG ABUSE.</u>**

- *A depression screening when I got my yearly checkup; More Suicide awareness training; More Mental Health awareness training; CMH in CB; Therapist at doctor's office*

- *Behavioral Health accepting Medicaid has expanded to the north end of the valley.*

- *Follow through with these action steps has been very impressive. It is important that collaborative efforts, community training continue.*

- *GVH's response has actively responded by supporting opening a branch of the Center for Mental Health in Crested Butte, hiring a Peer Specialist, participating in pilot projects to reduce opioid prescriptions, and providing a mental health provider in its primary care clinic.*

- *Appreciate the Center's office in CB. Further collaboration with the Center would be great. Support for the school*

- *district's Peer Training programs would be great.*

- *Behavioral health center in CB is established, but I'm unaware of other improvements in the delivery of or access to Behavioral Health services in Gunnison.*

- *The implementation of a thriving Sources of Strength program and community at both the high school and college levels.*

- *at the table of coalition and work groups, peer support*

- *unfamiliar with any*

- *A+ score in this area. The only bullet I'm not familiar with work done is the peer training programs in local school districts.*

- *Steps have been taken, but there is more to do to improve access to service in these areas. I believe GVH has some current initiatives to address these needs.*

- *I have referred clients to the Center for Mental Health phone line and have never had a complaint*

- *Increased programs in schools re suicide - Also increased programs to increase resilience in youth; Reduced opioid use in E room*

- *Addressed emergency care and strengthened relationship with Mental Health*

- *What action steps are you taking - explore, evaluate, consider are not actions steps. What data do you have to share that shows there is an increase in the behavior you are witnessing at Gunnison Valley Health?*

5. **Please share comments or observations about the actions GVH has taken to address <u>PRIMARY CARE/MENTAL HEALTH PROVIDERS.</u>**

- *Hired more medical professionals*

- *GVH has made significant progress in this area, despite economic/ geographic barriers. I'm very encouraged and expect to see continued progress in this area.*

- *GVH's response has been mixed at best. Its support for mental health support for primary care has been limited to its owned primary care clinic, with only token support for the independent practitioner component.*

- *I'm sorry -I'm not familiar with actions taken from the list of steps.*

- *There are new doctors / PA's, however, access to primary care is still limited. Clinic hours are only during the day. The ER remains the only option for care after 5. Clinics are booked with appointments, and it's hard to get seen without a wait of many days at times.*

- *increase of office in CB*

- *unfamiliar with any*

- *I know that GVH was key in getting the mental health clinic in Mt. CB opened. I know GVH has looked at an urgent care center for Gunnison. I can't speak to the other bullets.*

- *Good progress seems to have been made in the area of primary care providers. More work needs to be done to ensure access to quality behavioral and mental health services.*

- *N/A*

- *Recruited primary care physicians*

- *Addressed emergency care and strengthened relationship with Mental Health*

- *One site for specialty clinics is an excellent idea. Planning and recruitment are an ongoing issue for all of the Gunnison Valley.*

6. **Please share comments or observations about the actions GVH has taken to address <u>CANCER</u>.**

- *Great work, let's do more!*

- *Adding 3D Tomo is such an asset to our community. GVH continues to raise the bar for cancer diagnostics and treatment.*

- *GVH has supported an active Oncology effort. Its partnership with TETWP, hiring an Oncologist, and acquiring advanced technology has contributed to enhanced cancer diagnosis and care.*

- *I'm also not familiar with the cancer actions listed.*

- *GVH has done well here with increased treatment options.*

- *unfamiliar with any*

- *I know there is a new mammogram machine . . . don't know about other diagnostic imaging equipment. I believe but am not sure that there is now an oncology nurse navigator. Can't speak to the other bullets*

- *I believe the availability of diagnosis and imaging services has been enhanced locally as well as some specialist care.*

- *N/A*

- *unknown*

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

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Mental Health*	323	15	20.2%	20.2%	Significant Needs
Affordability	195	11	12.2%	32.4%	
Drug/Substance Abuse*	192	14	12.0%	44.4%	
Suicide*	176	13	11.0%	55.4%	
Alcohol Abuse*	130	11	8.1%	63.5%	
Education/Prevention	77	7	4.8%	68.3%	Other Identified Needs
Accessibility	70	6	4.4%	72.7%	
Primary Care/Mental Health Providers*	65	7	4.1%	76.8%	
Healthy Lifestyles	60	7	3.8%	80.5%	
Dental	47	6	2.9%	83.4%	
Cancer*	40	5	2.5%	85.9%	
Women's Health	33	5	2.1%	88.0%	
Chronic Pain Management	22	4	1.4%	89.4%	
Accidents	20	2	1.3%	90.6%	
Alzheimer's	17	4	1.1%	91.7%	
Heart Disease	17	5	1.1%	92.8%	
Smoking/Tobacco Use	17	4	1.1%	93.8%	
Maternal/Infant Measures	15	4	0.9%	94.8%	
Write-in: Urgent care clinic	10	1	0.6%	95.4%	
Write-in: Housing	10	1	0.6%	96.0%	
Write-in: E cigarette/vaping	10	1	0.6%	96.6%	
Diabetes	7	3	0.4%	97.1%	
Kidney Disease	7	3	0.4%	97.5%	
Liver Disease	7	3	0.4%	97.9%	
Lung Disease	7	3	0.4%	98.4%	
Respiratory Infections	7	3	0.4%	98.8%	
Stroke	7	3	0.4%	99.3%	
Obesity/Overweight	4	2	0.3%	99.5%	
Physical Inactivity	4	2	0.3%	99.8%	
Flu/Pneumonia	2	2	0.1%	99.9%	
Hypertension	2	2	0.1%	100.0%	

*= 2016 Significant Needs

Individuals Participating as Local Expert Advisors[38]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	7	10	17
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	15	3	18
3) **Priority Populations**	10	7	17
4) Representative/Member of **Chronic Disease Group** or Organization	3	12	15
5) Represents the **Broad Interest of the Community**	13	6	19
Other			2
Answered Question			23
Skipped Question			0

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

Advice Received from Local Expert Advisors

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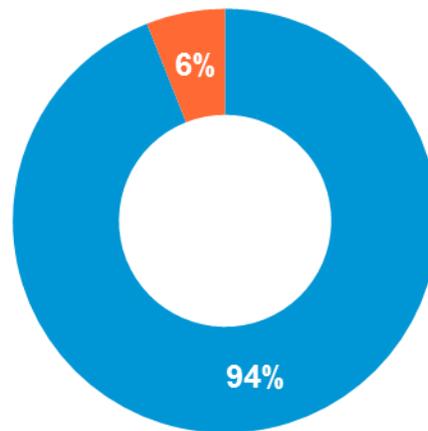

- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *I am not qualified to answer this question - sorry.*

- *Given the fact that data collection is a very mobile target, it appears that the data is reasonably reflective.*

- *1) Adult smoking rates may be about the same, but I believe there's an increase in nicotine use with vaping. 2) Other important health behaviors related to substance use are on the rise (prescription drug misuse) but not included here.*

- *Not sure I understand what the "Overall Rank" numbers mean - were there 60 counties covered? (There's 64 in the state.) I think the "poor mental health" days is extremely low. The residents we house definitely have more than 3.6 (and is that per week, month, year?). I believe that more than 20% of our population has severe housing problems.*

- *I said no because I thought 1) we'd gotten better at the low birth weight 2) I the violent crimes number seems high 3) the mental health provider number doesn't square with my thoughts about access to mental health providers 4) I'm surprised at the obesity numbers*

- *I work with Adults on Medicaid and one of our biggest challenges is that Gunnison has plenty of dentists but none of them accept Medicaid. Which means we have to use the States Medicaid dollars on travel to Grand Junction to a Medicaid Dentist. Montrose has dentists that take Medicaid but does not have a contract with Medicaid Travel, so the shuttle has to go all the way to Grand Junction which is hard on patient.*

- *I was not surprised by the data*

- *I see that the quality of life is ranked 39 out of 60. The reason I hear most often people move here is the quality of life. It surprises me that Gunnison County scores so low.*

**Quesntion: Do you agree with the demographics and common health behaviors of Gunnison County?**
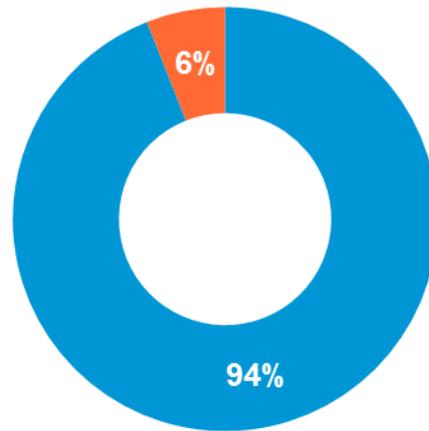
- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *Not sure where the $58,226 MHI came from... Bureau of labor Statistics shows average weekly wage in the county at $771 = $40,092.*

- *I think the % Hispanic is under-reported. The rest seems to reflect the community as I know it.*

- *The lower % >64 is a reflection of getting away from the cold!*

- *I see that the Hispanic population is under 10%. I would be interested in seeing if this trend changes in the next several years.*

Quession: Do you agree with the overall social vulnerability index for Gunnison County?
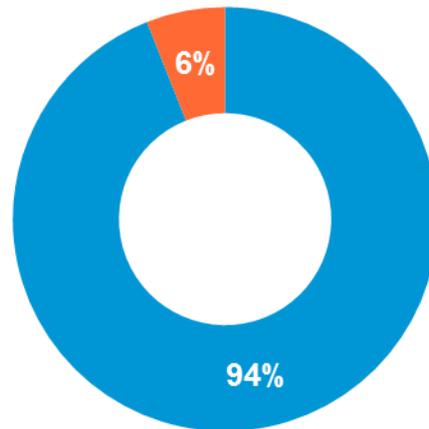

- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *The maps appear reasonably accurate. The large areas of the county that are federal land and not inhabited can give a distorted impression. The inhabitable areas appear to be reasonably classified.*

- *I'm having a difficult time understanding the significance of this. Is it showing pockets of vulnerability? My guess is that we are actually more vulnerable because of our geographic isolation. In case of disaster, it may be difficult to get supplies into our area. That also may work as a protective factor with disease.*

- *I believe affordable housing is a bigger issue today than in 2016*

**Question: Do you agree with the national rankings and leading causes of death?**
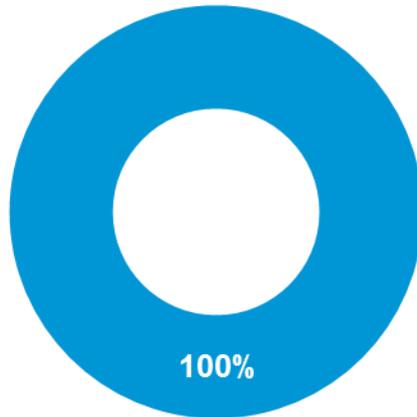
■ Yes, the data accurately reflects my community today
■ No, the data does not reflect my community today

Comments:

- *surprised about suicide not being higher and about Alzheimer's being ranked so high*

- *Are the rates of death lower than expected because, if you have those diseases, you don't stay here to die? You leave for better treatment.*

- *I don't know*

- *I really don't know enough about the deaths in Gunnison County to comment on this chart. Except to say that we've certainly been led to believe that our suicide rates are high - and yet the chart says as expected. I'd interpret that to mean that our residents respond personally to the tragedy of suicide.*

- *I have no idea so I will go with the data collected; I work with data daily and realize how important it is*

Quension: Do you agree with the health trends in Gunnison County?
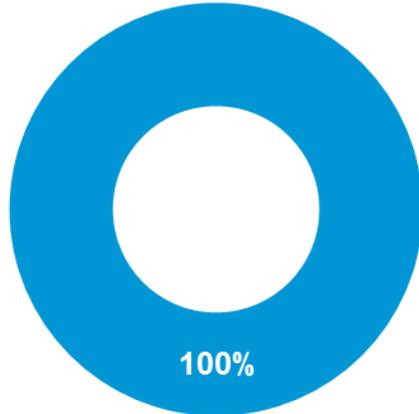
- Yes, the data accurately reflects my community today
- No, the data does not reflect my community today

Comments:

- *The data is probably accurate, but limited validity due to small denominators.*

- *This data set is harder to wrap my head around.*

- *I don't have access to this kind of data.*

- *Don't know enough to comment*

- *I would imagine that these figures can vary substantially up or down, due to low incidence of occurrence per year.*

Appendix C – Community Survey

The counties of Colorado's Region 10 -- Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel -- have come together to determine the health and wellness needs facing these communities. A community survey was solicited to the Colorado Region 10 residents to help understand the health needs and challenges facing the local population.

This survey was open to any area resident over 18 years of age, and 441 surveys were completed. The following charts display the information received in response to the solicitation efforts.

**Question 1: I live primarily in this county:**
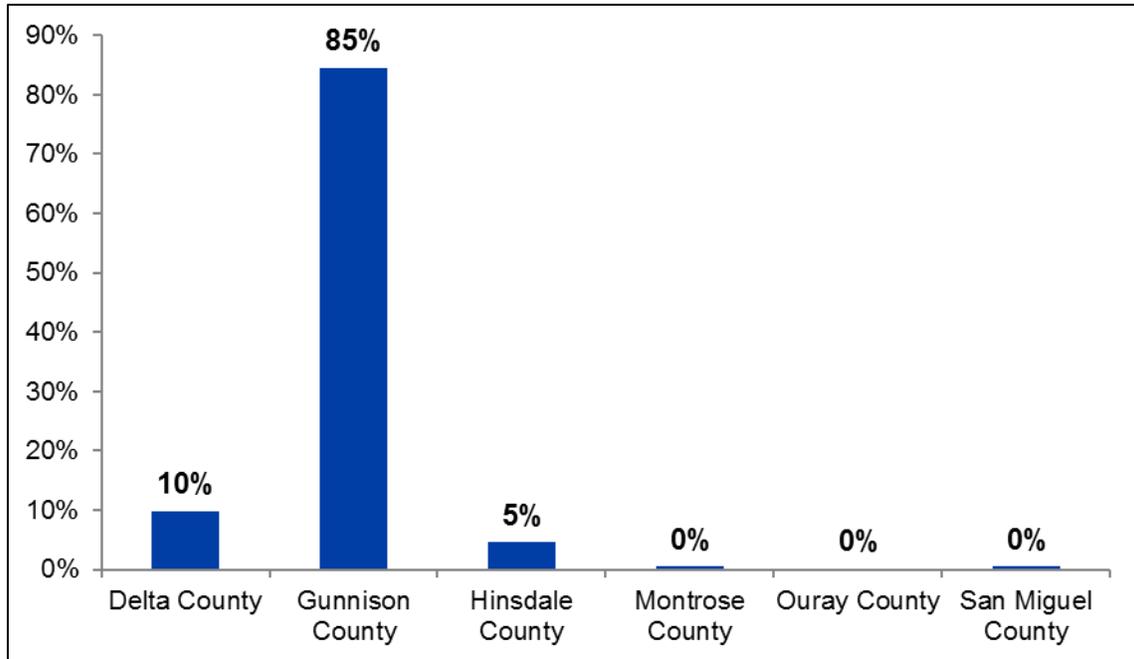
Question 2: What is your opinion about the following medical and mental health issues in your community? Use the following definitions to rank each issue:

Minor Issue - A concern, but much less important than other issues
Moderate Issue - A concern of average importance compared to other issues
Major Issue - In the top three to five concerns needing immediate attention

Issue	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know
Access to Mental Health/Substance Abuse Services	3%	9%	24%	55%	9%
Infant Mortality	18%	33%	11%	5%	34%
Primary Care Services/Access	6%	19%	37%	33%	5%
Flu/Pneumonia	4%	30%	41%	13%	13%
Cancer	0%	12%	42%	34%	12%
Diabetes	2%	27%	34%	15%	21%
Heart Disease	2%	28%	34%	15%	21%
Lack of Health Insurance	1%	8%	29%	54%	8%
Eating Disorders	5%	37%	29%	7%	22%
People Making Unhealthy Food Choices/Obesity	6%	33%	36%	20%	5%
Suicide/Suicide Attempts	1%	4%	22%	68%	6%
Mental Health Issues (e.g., depression, anxiety, grief, stress with divorce and custody issues, bipolar disorder)	1%	2%	21%	73%	3%
Teen Birth Rates/Teen Pregnancy	9%	28%	28%	11%	23%
Sexually Transmitted Diseases (education and testing services)	6%	20%	36%	12%	27%
Childhood Vaccinations (e.g., flu, whooping cough)	14%	21%	32%	17%	16%

Comments/Other:

- *Vaccines are dangerous, where there is risk there must be choice.*
- *access to after hour care besides the ER*
- *We are new to the community and it has been a struggle finding a job with benefits and pay. Coming from the Midwest - I feel both of these areas need improvement to retain people in this community.*
- *These are all important and it's difficult to answer based on knowledge of how these are being addressed in the community.*
- *Access of Home care patients to Dural Medical Equipment*

- *Interaction with teens to take suicide off the table as an option to solve their problems*
- *Health insurance rates are too high, and coverage is too low. This is a state/federal issue, I am not sure we can fix this locally, but it does keep me from medical care.*
- *People have to be able to AFFORD mental health services!*
- *Dental Care is nearly impossible for children on Colorado Health Insurance in Gunnison County.*
- *reasonable prices for emergency services*
- *Lack of Access to Specialists; High prices at local hospital*
- *Lack of insurance in many cases is by Patient choice*
- *Overall, I think our community does a good job of provided services to those in need of the listed services above- why I answered moderate issue to most. Not because they are moderate issues in general.*
- *Access to urgent care facilities, not ER.*
- *Access to only crappy health insurance*
- *Lack of specialists and having to leave the valley to seek care.*
- *CMH has a horrible reputation. I used them and it was a huge waste of my time*
- *Uninsured/nonpayment/high price of prescription drugs*
- *The suicides are terrifying, honestly.*
- *Affordable Quality Dental Care*
- *Care for severe intractable pain patients*
- *My biggest concern is the cost of medical services.*

Question 3: What is your opinion about the following drug and other substance abuse issues in your community?

Chart: Opinions on drug and substance abuse issues

Category	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know
Smoking/Tobacco Use/E-cigarettes/Vaping (regardless of age)	1%	13%	35%	38%	12%
Prescription Drug Abuse (regardless of age)	1%	15%	38%	23%	23%
Elderly Substance Abuse (prescription or non-prescription drugs)	4%	23%	29%	9%	35%
Adult (18 to 64) Substance Abuse (alcohol, prescription or non-prescription drugs)	1%	8%	43%	40%	8%
Youth Smoking/Tobacco Use/E-cigarettes/Vaping	1%	6%	28%	51%	14%
Youth Drug Use	1%	9%	38%	31%	22%
Youth Alcohol Use	1%	10%	39%	28%	22%
Youth Prescription Drug Use	4%	18%	28%	15%	36%

Comments/Other:

- *My body, my choice applies to vaccines.*
- *Pot shops/issues with pot use now that its "legal" in CO - MAJOR issue*
- *County has a high prevalence*
- *High cost of health insurance and lack of coverage.*
- *I don't smoke, but there have been so many reports of vaping causing BIG problems for kids.*
- *NOT Marijuana*
- *Adult marijuana use is a major issue and will encouraging youth drug use. Now that it is legal it is not considered drug abuse?*
- *Lots of cocaine, heroin and meth in this Valley*
- *Opioids.*
- *education for parents to not smoke in or around their children is needed*
- *severe intractable pain patients unable to get medication*

Question 4: What is your opinion about these other possible community issues that may impact health?

Bar chart showing responses to community health issues:

Issue	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know
Transportation for Healthcare Purposes	14%	28%	29%	17%	13%
Access to Healthy Foods	25%	30%	30%	12%	3%
Air Pollution	31%	34%	17%	7%	11%
Water Pollution	21%	27%	20%	13%	20%
Presence of Radon	9%	22%	26%	10%	34%
Sexual Violence	2%	24%	34%	17%	24%
Domestic Violence	2%	18%	42%	20%	19%
Availability of Exercise Resources or Fitness Opportunities	32%	35%	20%	11%	3%
Meth Lab Site Clean Up	15%	23%	16%	8%	38%
Motor Vehicle Accidents	5%	33%	38%	15%	8%
Low Education Levels	8%	32%	34%	22%	5%
Poverty	3%	16%	36%	43%	2%

Comments/Other:

- *Poverty may be a concern - we are new to the area, but is seems many people have to work 2 jobs to make a living and often with no benefits*
- *Need more resources for elderly in Northfork, as well as transportation for medical purposes, to and from ER, EMS should not be used for those who don't have a ride*
- *Lack of affordable health insurance.*
- *there is a need to free or low cost shuttle service to and from doctors and when released from hospital. A lot of folks do not have someone they can call to pick them up.*
- *No recreation center suitable for adults. Our rec center needs a gym. This would give so many more locals the opportunity to live a healthy lifestyle. Independent gyms are too expensive and don't offer variety- classes, pool, sport courts etc.*
- *main problem w access to healthy foods is price compared to junk/processed foods*

- *The food pantry is an alternative for healthy foods, There is exercise possibilities always available. People need to remember you can walk anywhere.*
- *Panhandling, "camping" (homelessness by choice) should not be tolerated*
- *Not reaching Latin community with health services*
- *health literacy may be more that low education levels*
- *transportation in regards to needing to drive to Salida or Montrose for certain health items*
- *Can't get out of the valley to the wets on public. And only 1 bus a day to Denver*
- *Air pollution = wood smoke in the winter time impacts asthma*
- *Lack of affordable housing*
- *transportation for dr apts outside of the valley is lacking*
- *laws making it difficult for intractable pain patients to get adequate care*

Question 5: In your own words, what do you believe is the most important health or medical issue facing the residents of your county?

- *health insurance*
- *Access to affordable health insurance.*
- *Access to an Urgent Care extended hour facility and health insurance*
- *Poverty/low wages/high cost of living*
- *Body autonomy. Vaccines must be made safe. We have the sickest generation of children ever. If you cared about health, you would improve school lunches and severely reduce the vaccine schedule. In the last six years there have been five cases of measles. Five. If a vaccine harms a child that company is not liable. Vaccines have not been studied for safely for over thirty years. The vaccine schedule has never been studied for safety. Vaccines are harming more people than they are helping. Doctors don't know how to identify a vaccine reaction. Body autonomy is the most important issue of our time and perhaps of all time.*
- *The high rate of cancer in individuals across the spectrum of age, race, health*
- *Lack of education*
- *Ability to pay for services.*
- *Access to health care, access to primary care physicians, affordable services.*
- *Lack of insurance and funds.*
- *Poverty leads to many health issues.*
- *There should be a higher focus on mental health. Mainly making it affordable and easily accessible.*
- *Lack of health insurance options - if you're not on an employer plan, Anthem is the one and only provider and it is absolutely affordable!*
- *suicide*
- *Healthy, affordable food*
- *Lack of insurance / low income*
- *Availability of medical personnel. We are so remote.*
- *mental health services are not catered to those with issues. a more open format would benefit patients and counselors.*
- *Affordable health and mental care*
- *Detox resources*
- *Lack of economic development is probably #1 underlying issue. Quality mental health care is very limited and expensive.*
- *Lack of choices for health insurance on the exchange*
- *Only one health care choice*
- *drugs and mental health*
- *People are unable to afford insurance a lot of the time. When they can afford the insurance, they are already paying a lot for the coverage, but when there is a medical emergency then they have to pay even more for their visit.*

- *access to care and same day appointment availability*
- *Access to mental health resources at an appropriate time (prior to coming into ED for mental health crisis)*
- *Access to quality medical services*
- *No one can afford health insurance*
- *It is impossible to get a same-day appointment at a clinic in this valley. You are faced with the option to pay a ridiculous amount at the ER (for something that is not an emergency) or suffer through and hope that an appointment is available the following day. More often than not, the ER staff treats you as if you are wasting their time and should not be there.*
- *The need to travel to other areas for care may be the most important health or medical issue racing the residents of our county.*
- *to make an appointment with a family physician takes sometimes up to 2 weeks. way to long!*
- *Heart disease and behavioral health issues*
- *Poverty, under-insurance, mental health services, children services in their homes, safety in patients homes*
- *Mental Health*
- *Affordable healthcare*
- *No broad choice of mental health counseling.*
- *mental health*
- *Insurance company's don't step up to offset cost. They are more than happy to take your money, but do very little to pay for anything. They Always have an excuse.*
- *There are too many to pick from*
- *Unsure*
- *Affordability*
- *Mental illness*
- *1)Probably the high usage of illegal drugs like meth 2) Homeless*
- *Lack of transportation and health insurance*
- *Lack of affordable insurance that covers necessities.*
- *Access to counseling services for a variety of reasons such as family, marital, abuse, or substance abuse counseling.*
- *altitude*
- *Substance use among youth and adults especially alcohol, access to primary and mental health services.*
- *transportation out of Gunnison County for medical/health issues.*
- *The cost of health care. GVH is very expensive, including labs and outpatient services.*
- *Finding truly affordable health insurance.*
- *Behavioral Health Access*
- *We cannot afford health care. Insurance is too expensive and medical services that need to be paid to meet a deductible break us. Health costs are out of control.*
- *Affordable housing*
- *Access to free and low cost mental and physical health providers*
- *Vaping and alcohol*
- *Our county is grouped with Aspen and other high end communities in our health care rates*
- *Drug and alcohol abuse*
- *Too far from hospitals or doctors in emergencies.*
- *Mental health access and stigma*
- *Mental Health Services - especially in the hospital setting for non-emergent needs, but necessary and preventative needs to avoid mental health issues progressing further. I believe someone should be available for a face-to-face consult 24 hours a day/365 day a year.*
- *Correctly cleaning!!!!!!*
- *the expense of healthy foods compared to non-healthy food, smoking and e-cigarettes, overworked staff and underfunded programs*
- *Barriers- e.g. money, knowledge, language, ego-to seeking medical assistance to prevent or reduce the likelihood of a more serious medical issue developing.*
- *Poverty is probably the most concerning since it can lead to so many other health problems.*
- *Preventative care availability. Visiting physicians or specialists come to the hospital sparingly, forcing residents to head to Grand Junction usually.*

- *Follow through with domestic violence and sexual violence occurrences - this strongly includes better training for Police Officers*
- *Availability of mental health services and resources, and transportation resources to health care appointments. Also, resources to help addicts seek recovery treatment*
- *Mental Health treatment for the incarcerated. They sit in jail for months waiting for a bed at the state hospital. There is very little help for them.*
- *Access to specialty services for low income families - vision, hearing, etc.*
- *unpaid parental leave; substance abuse*
- *Poverty-low wages and high cost of living expenses*
- *Mental health*
- *Lack of access to good medical treatment.*
- *high medical cost.*
- *Mental health access and suicide prevention*
- *There is a need to free or low cost shuttle service to and from doctors and when released from hospital. A lot of folks do not have someone they can call to pick them up. assistance to Seniors to help them get their home slip, trip and fall proof.*
- *Radon*
- *Presence of Bladder Cancer in the valley, many diagnosed in such a small area*
- *Marijuana use*
- *Lack of affordable health insurance*
- *Mental health. No real services in this county and no real help*
- *Mental Health issues, health care access (families with lack of insurance) and teen alcohol and drug abuse.*
- *Senior Services in the next 25 years*
- *Youth vaping*
- *The lack of resources for mental health*
- *Free transportation to nearby cities to access specialized or insured preventative medical care.*

- *The high cost of health insurance and the low coverage as well as limited choices for said Insurance*
- *Mental health services. Ironically, often the people who need the service the most cannot afford the service. There has to be a better way. This is a whole-community crisis, not just a crisis for the ones suffering with mental health issues.*
- *Mental health resources in Delta County are hard to find. Many people are suffering in silence because of the stigma behind it.*
- *There is an increase in teens using vapes as well as drinking.*
- *Availability of services, especially mental health.*
- *Alcohol, vaping, and drug use. As well as a lack of education regarding consequences of risk behaviors including sexual activity and STDs.*
- *The lack of financially affordable for options with adults with no insurance and the lack of dental care for children on Colorado Health First. Dental care is of utmost importance and without driving to Montrose you cannot care for your children's teeth in the valley. It is necessary for me to take an entire day off work and drive to the dentist in Montrose. How do people with no vehicles handle this issue?*
- *No health insurance*
- *Rising costs of living verses the incomes offered in the West region.*
- *Affordable Housing and caregivers for the homebound.*
- *Access to healthcare services & transportation to services unavailable in Gunnison County.*
- *lack of income to pay for health care costs*
- *Mental health access*
- *Mental health*
- *Prescription drug use & Mental health issues*
- *Vaping and e-cigarettes with youth*
- *I believe that there is still a stigma with mental health issues and access to services is challenging*
- *Lack of health insurance and medical care*
- *lack of access to specialty & mental health services; cost of health insurance*

- access to affordable health care services including mental health
- Cost of health care and health insurance
- Having access to specialty providers...many don't have transportation.
- Mental health issues
- Transportation to specialists
- Need for more health education
- access to 24/7 hour care in the Crested Butte area. Pharmacy access in Crested Butte.
- Dietary education
- Affordable insurance and healthcare
- I believe people need to be educated about preventative health care. They need to take responsibility for their own well-being.
- Mental health
- Mental health/suicide
- Mental health issues are primary here
- Drugs- Legal & Illegal
- Not enough mental health specialists or affordable gyms in Gunnison.
- access to affordable care
- Suicide
- youth abusing substances/smoking/vaping/drugs
- Mental health
- Mental health services and primary care providers
- Access to specialist
- Lack of health ins. because the cost is outrageous.
- suicide
- Suicide prevention
- Overwhelming costs for local health care services is the most important issue facing this community. After that, I'd say access to specialists / specialized medical practices (ENT, Spine, Mental Health, etc.)
- Poverty
- Suicide Prevention
- High cost and low availability of quality medical care. Easy access to marijuana. No good hangouts for kids.
- Lack of availability of specialists - and the need to drive long distances to receive care from specialist (chemotherapy, for example). Lack of transportation for mental health & substance abuse programs.
- Mental health services/suicide prevention
- unsure
- Affordability of medical services
- Depression/ Tobacco
- Mental Health/Suicide
- Heart Problems, Depression, Diabetes, different cultures,
- Mental Health care-- therapy, prescriptions, etc.
- access to quality behavioral health services
- cost, need affordable healthcare.
- cost of healthcare -- many are uninsured and can't afford services
- Cost of Access to Health Care
- Domestic Violence usually coinciding with substance abuse, including alcohol.
- Depression/suicide
- Poverty
- Poor indoor air quality in older homes, radon, mold, etc.; Bad well water; People living off grid polluting drinking water sources
- As a precipitating factor, the cost of living effects everyone in the Valley.
- Inaccessibility of health insurance. If you don't qualify for Medicaid, and you don't have employer-provided health insurance, you better not have to use your insurance because paying for both premiums and deductibles for more than a year or two will make any middle-aged, "good at saving money" family go bankrupt.
- Accessible medical care for incomes just above Medicaid level
- mental health
- Availability of primary care physicians and specialists
- Access to health insurance
- vaping, obesity, mental health issues.
- early access to mental health support - especially for immigrant population & youth
- Mental Health

- *Cancer, Mental Health, Cost of Health Care-many people have horrible insurance plans which prohibit them from getting health care*
- *Poverty and access to adequate health insurance*
- *Youth anxiety and 'mental toughness' or strategies for coping with life challenges.*
- *Obesity*
- *Prescription drug addiction and high marijuana use.*
- *lack of mental health care.*
- *Screen addiction*
- *poverty/cost of living and insurance*
- *suicide, youth and vaping, access to resources is difficult in a small town, substance abuse - meth, cocaine, and other drugs have been going around the north end of the valley*
- *Children's access to alcohol and drugs*
- *Need more access to specialized services in the valley.*
- *Our community lacks, outreach, prevention and education opportunities for all health conditions*
- *Mental Health*
- *No opinion*
- *Aging community and age-related services.*
- *Access to affordable healthcare. DCMH owns almost all the clinics in the county now and is very expensive and hard to get into. I personally use a physician in Montrose because new patient costs at a DCMH clinic were so high. Transportation and assistance for rural patients with low income is also a major issue. We also have a HUGE meth problem that is now involving opioid abuse/addiction and alcohol which leads to many social and crime issues as addicts seek to obtain their drugs. Mental Health is tied in with the drug use and there aren't many resources to help in Delta County for severe mental health patients that are functioning but non-compliant on meds and can't afford to get help or won't.*
- *Cost of health care insurance and making quality health care available to all.*
- *Mental health & substance abuse*
- *Trust in the hospital.*
- *Access to higher level health care professionals. Specialists for example.*
- *Street drug abuse.*
- *There seems to be high amount of mental health issues.*
- *Having to leave the valley to seek care from specialists to which you have been referred.*
- *Insurance*
- *Obesity and resulting diseases*
- *Access to primary care*
- *Ease of unhealthy addictions.*
- *affordable health care*
- *mental health*
- *mental health*
- *Effective treatments, billing at GVH and lack of coverage for effective services by Medicare and Medicaid*
- *Mental Health access for single men with few to no children. These men don't qualify for many public benefits and yet they live under massive amounts of stress. They don't have access to support networks that see they are stressed, although even if they had access, I am not sure they would use the resources.*
- *Poor mosquito management, and spread of disease. Poor to no access to mental health concerns.*
- *Affordable housing, healthcare*
- *Lack of affordable insurance and healthcare*
- *Mental health*
- *Drug abuse*
- *The biggest issue is lack of affordable and quality healthcare. The other issue is lack of urgent care. I had to go to Gunnison Hospital for stitches and my bill, after insurance, was $1400.00!*
- *Lack of insurance and high cost of medical treatment*
- *No urgent care facility.*
- *Health insurance.*
- *Mental health. Other than the Center for Mental Health*
- *Affordable health care is a major issue.*

- Getting an appointment to see a healthcare provider when sick without having to go to the ER.
- Poverty/Health Insurance Cost
- MENTAL HEATH ISSSUED
- Vaping for kids, certainly, is a major problem at the middle school.
- Health insurance
- The dysfunctional, profit driven model that dominates health care today. This leads to the ridiculously high cost of health care, the high cost of health insurance, the fee for service focus that is mainly reactive to unhealthy states rather than proactive by maintaining healthy states, the overtreatment by doctors who are afraid of being sued, the over reliance on prescription medications and the criminally high costs of those medications. These and other factors combine to reduce access to proper health care by making it unaffordable to significant portions of our community. This often results in them not getting treatment when they need it or putting off treatment until their condition becomes critical and harder to treat.
- Affordability
- High prices for health care and ER visits
- Access to timely primary care.
- lack of insurance that covers medical and mental health
- People learning how to cope. You don't need to label everything as a mental health issue, as a young age as parents you need to teach children how to cope with stress. Life doesn't always revolve around them and life sucks, sometimes a lot but if you know the right coping skills from a young age you power through
- SUICIDE RATES ARE FUCKING CRAZY
- Drug Abuse
- Full coverage insurance
- sale and distribution of organic and manufactured illicit drugs, and illegal use of legal marijuana
- Drug & Alcohol abuse
- addiction
- Trust in the service providers, based on past history and public perception of former hospital interactions with the community.
- Poverty. People don't have enough money or education to purchase healthy food.
- Extreme health costs.
- the care/treatment of intractable pain patients
- Mental Health accessibility
- Chemical and alcohol dependency. COPD and O2 use for cardiac and respiratory diseases.
- Substance abuse treatment. The alcoholism in Gunnison county seems abundant in my 10 years in the valley and it worries me when some is ready to get help AA is the only outlet. Being that is has religious undertones I know personally it turns some people off and they don't get the help they need.
- Mental health issues in the Gunnison community as well as Western's community.
- I believe mental health is the most important health issue facing residents of my county. Many people live in rural areas here and are far away from help, friends, or family.
- Cost of medical care in rural areas is too high.
- Not sure - maybe underserved populations not having access to the health services the other residents have.
- No idea, new resident here.
- We have transportation for people 60 and over but nothing for people that are not in that age group.
- Affordable insurance
- Stay at home cancer treatment
- Primary Care Access
- parents not willing to vaccinate
- drug/alcohol abuse/suicide
- The cost of healthcare in this Valley. Even simple diagnostic tests (ultrasounds, etc.) cost insane amounts. I choose to do my healthcare elsewhere because the costs are so much higher here. Now that insurance rates, deductibles, etc. are higher, it has forced me to go elsewhere. Once other people figure out that

- *GVH charges more, I have no doubts they will shop around too. I wish I could stay here, but it isn't possible.*
- *Drug & Alcohol abuse leading to Domestic Violence, Sexual Assault, and traffic accidents, then these habits trickling down to our youth.*
- *Mental health service availability*
- *It is really difficult in such a small town to see specialists. Especially, if you do not have reliable transportation. Domestic Violence cases need better representation for folks who don't qualify for legal assistance, but cannot afford a lawyer.*
- *Mental Health Care*
- *access - we need greater access to services that address our SDOH and to medical services*
- *mental health / suicide prevention*
- *In my opinion, the most important health or medical issues faced by the community here in Gunnison county, would be the rate of suicide and or suicidal thoughts and actions.*
- *Mental Health/Behavioral Health/Substance Abuse/etc.*
- *AVAILABILITY OF DIALYSIS AT GVH. MANY PEOPLE HAVE TO TRAVEL X3 WEEKLY. WE NEED THIS HERE!!!!!*
- *We do have a number of residents who have problems with having enough money to eat properly and feed their children properly.*

- *The grocery stores do not carry an assortment of healthy, organic foods.*
- *high insurance rates*
- *Lack of consistent mental health and support services.*
- *Cost, lack of insurance*
- *health insurance*
- *Eating healthy foods can improve mental health, decrease obesity, protect against cancer, and decrease cravings for sugar and alcohol. I wish our health care system could help educate people on how to cook, grow, store, and consume more healthy foods.*
- *cost of care at Gunnison Valley Hospital*
- *Access to specialists; i.e. transportation to Montrose & GJ*
- *An emphasis on community as a whole, with particular attention to the needs of those who might not be able or willing to ask for help.*
- *lack of local substance abuse services, rehab facilities and sober living centers*
- *Recreational accidents*
- *Lack of ER experienced physicians.*
- *costs to high*
- *Not having health insurance or access to services*
- *Mental health and suicidal awareness*
- *mental health/substance abuse and affordable health care*

Quenstion 6: How would you rate the health of your community?
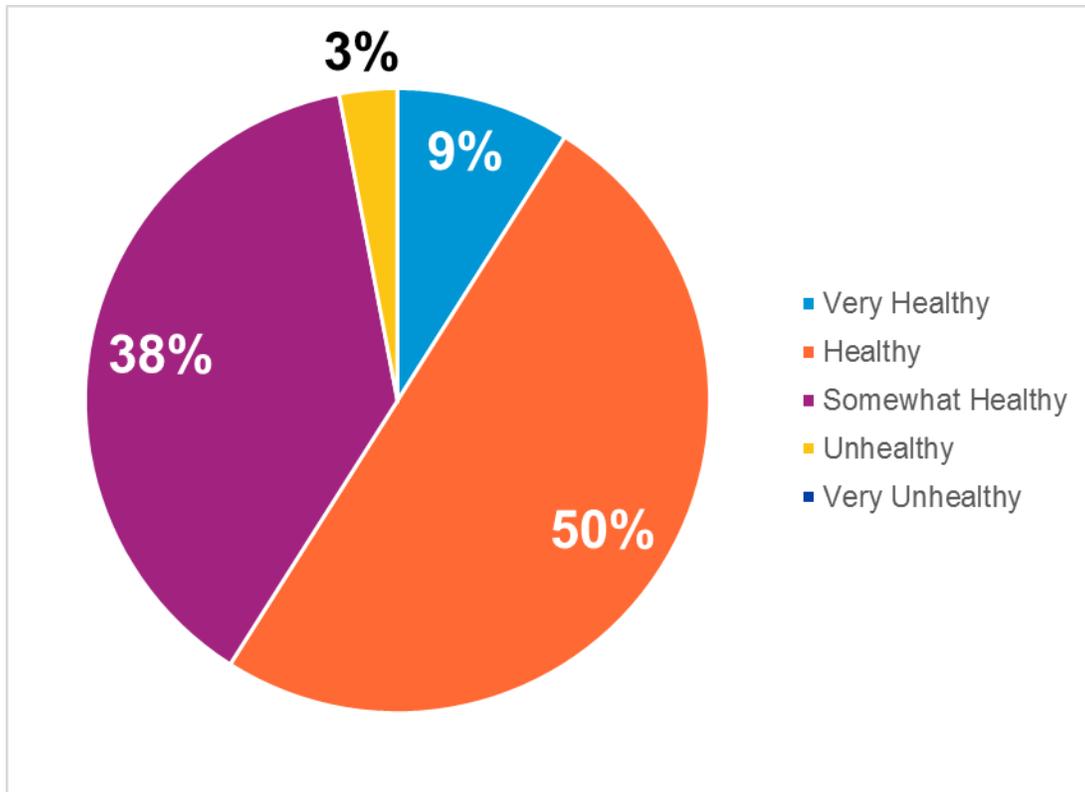
**Question 7: How would you rate the health of your community?**
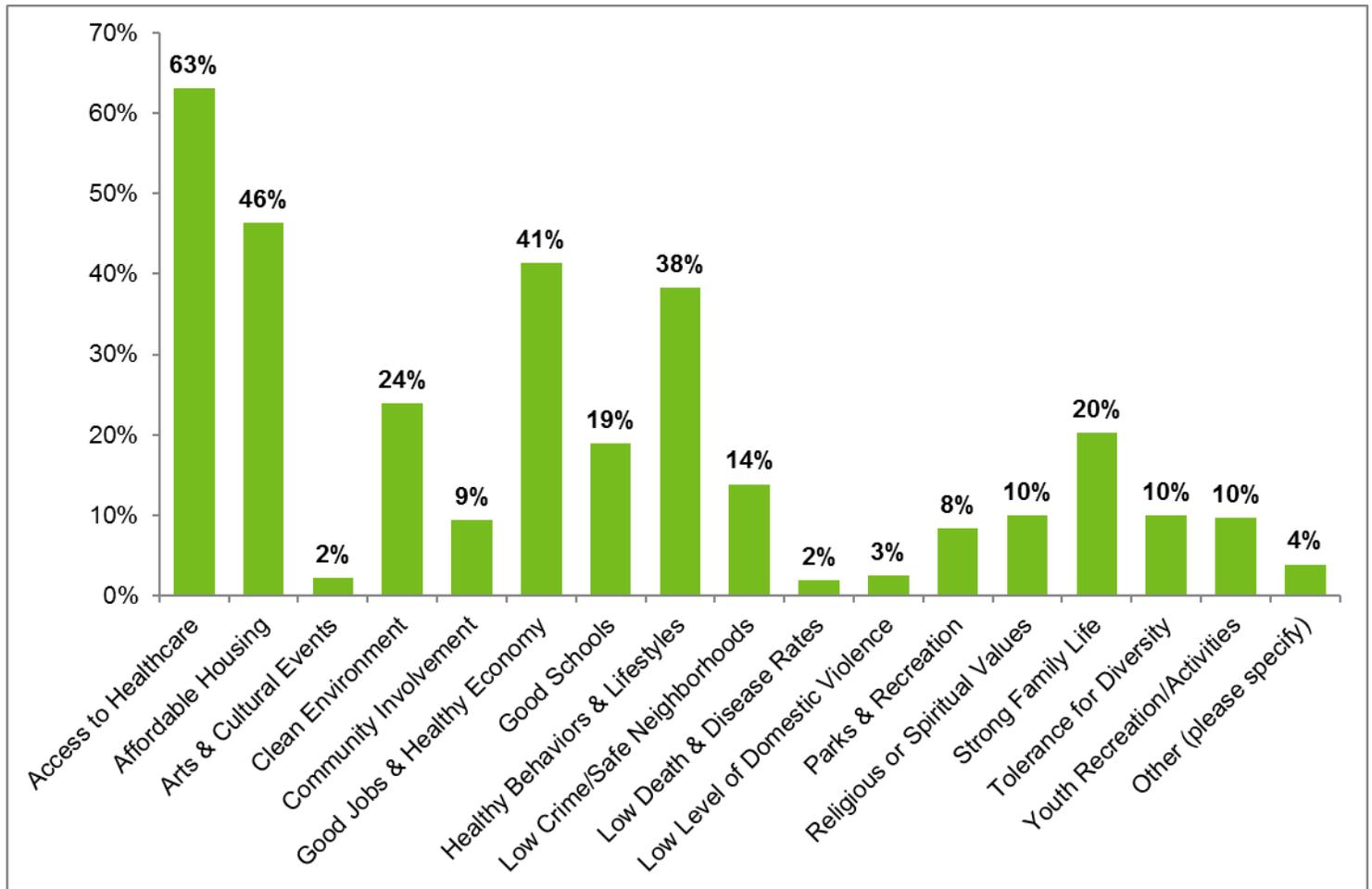

Comments/Other:

- *Moderation in all things*
- *People involved and taking care of each other*
- *They are all interrelated. People have to be able to afford life here, and that starts with a healthy economy and available jobs so they can afford medical and mental health care, a decent housing arrangement, healthy food, and some level of entertainment.*
- *The top 3 are nothing without the synergy of the entire list! Health doesn't exist in a vacuum and the surveys would benefit to be structured from this understanding for meaningful data collection.*
- *Adult recreation and activities access- a rec center*
- *Living wages*
- *Transportation*
- *Low poverty*
- *Affordable health care (NOT Obama care or single payer)*
- *Sense of self worth*
- *As an advocate for affordable housing it is hard not to check that box. I wish the questions was asked in a three part response of; healthy community, economic health of the community, social health of community, etc.*
- *A community that is well educated about health issues so they can make wise choices about staying healthy and avoiding problems.*

- *Suicide rates are insane.*
- *Diet*

Question 8: In your household over the past 12 months, how would you describe the following health issues?

Health Issue	Not an issue	Minor issue	Moderate issue	Major issue	No opinion/Don't Know/N/A
Not being able to access affordable dental care	49%	17%	17%	13%	4%
Violence within the household	93%		2%	1%	3%
Thoughts about suicide	71%	13%	8%	5%	3%
Not being able to access care for a person with a serious physical illness	64%	13%	9%	5%	9%
Children being overweight or obese in your household	75%	5%	1%		18%
Adults being overweight or obese in your household	55%	25%	15%	5%	1%
Experiencing an alcohol and/or drug issue	72%	11%	12%	5%	1%
Experiencing depression	35%	25%	22%	16%	1%
Having a lot of anxiety or stress	16%	27%	29%	28%	0%

Question 9: How would you describe the following housing issues for you and your family over the past 12 months?
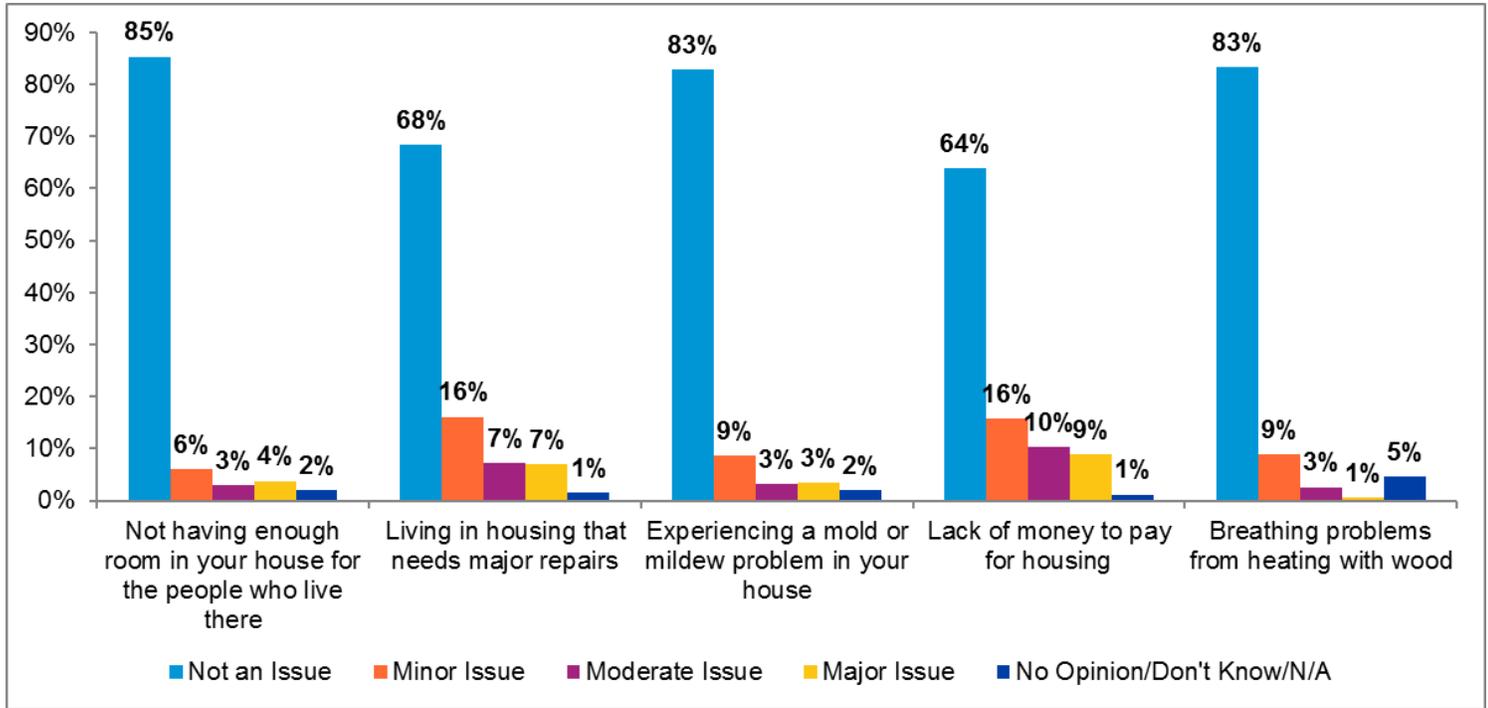
Question 10: In your household in the past 12 months, how would you rate getting the following support services?
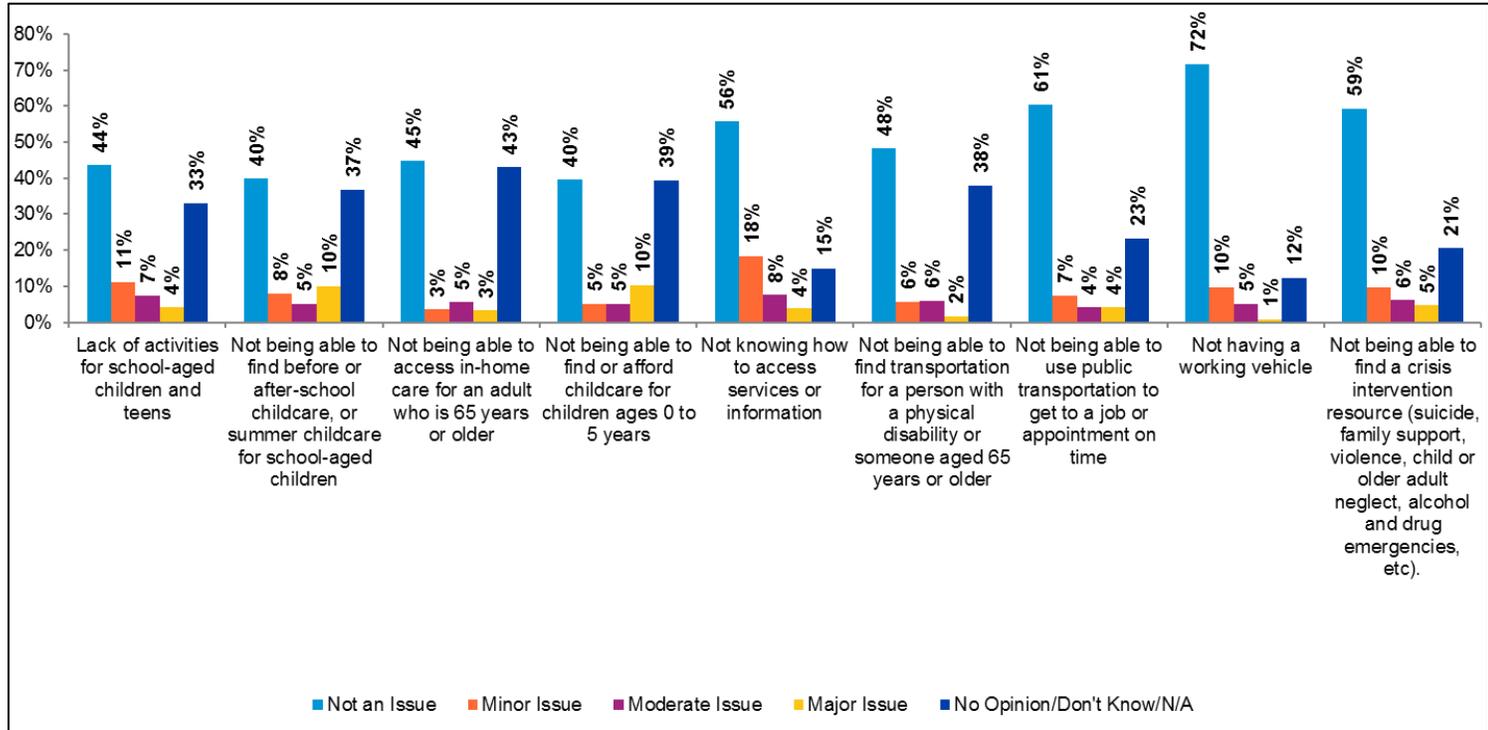
	Not an Issue		Minor Issue		Moderate Issue		Major Issue		No Opinion/Don't Know/N/A		Total
Lack of activities for school-aged children and teens	44%	152	11%	39	7%	26	4%	15	33%	115	347
Not being able to find before or after-school childcare, or summer childcare for school-aged children	40%	139	8%	28	5%	18	10%	35	37%	128	348
Not being able to access in-home care for an adult who is 65 years or older	45%	155	3%	12	5%	19	3%	11	43%	149	346
Not being able to find or afford childcare for children ages 0 to 5 years	40%	138	5%	18	5%	18	10%	36	39%	137	347
Not knowing how to access services or information	56%	192	18%	63	8%	26	4%	13	15%	51	345
Not being able to find transportation for a person with a physical disability or someone aged 65 years or older	48%	168	6%	20	6%	21	2%	6	38%	132	347
Not being able to use public transportation to get to a job or appointment on time	61%	210	7%	26	4%	15	4%	15	23%	81	347
Not having a working vehicle	72%	249	10%	34	5%	18	1%	3	12%	43	347
Not being able to find a crisis intervention resource (suicide, family support, violence, child or older adult neglect, alcohol and drug emergencies, etc).	59%	205	10%	33	6%	21	5%	16	21%	71	346

Question 11: Please answer the following questions about tobacco products used in your household.
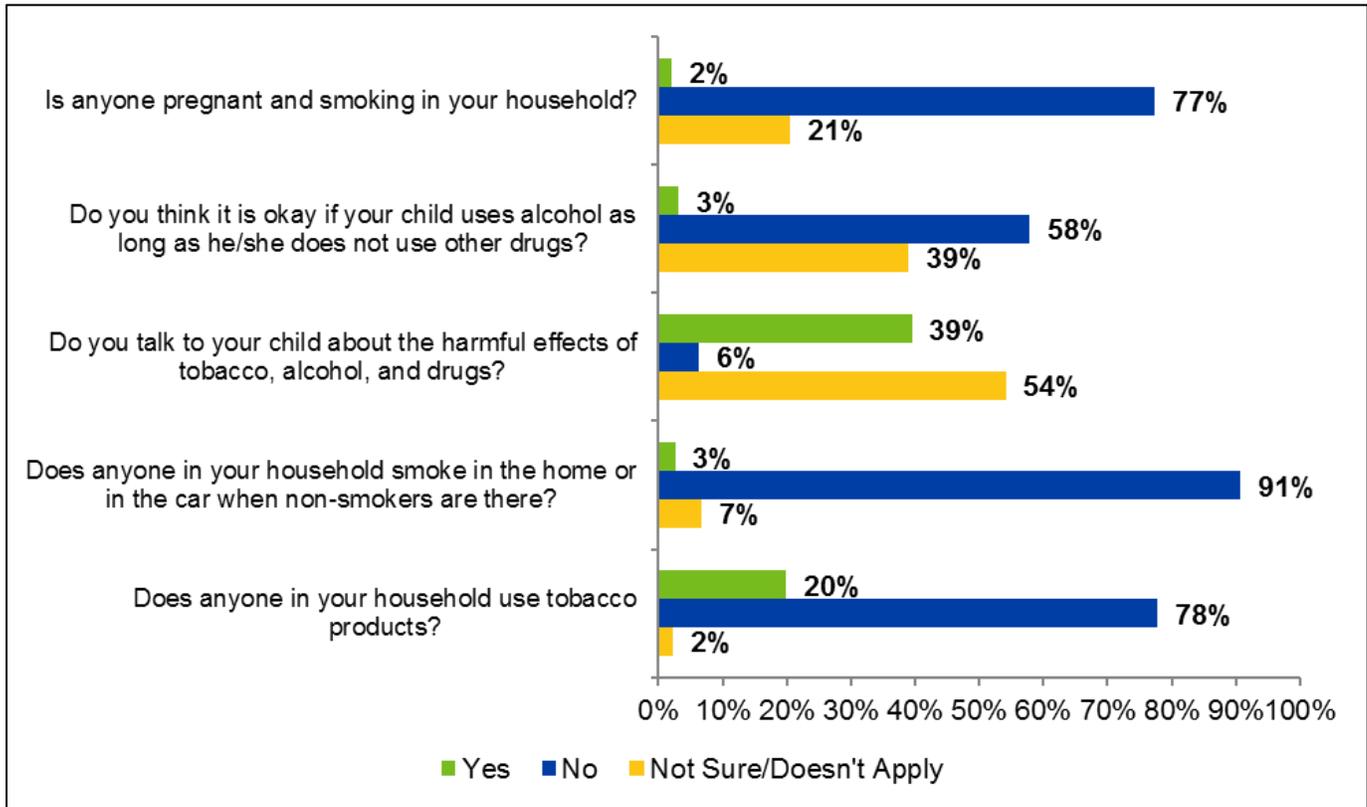
**Question 12: What type of insurance covers the majority of your household's medical expenses? (select all that apply)**


Legend: Do not have insurance, Employer Sponsored, Private Insurance/pay myself, CHIP Program, Medicaid, Medicare, VA/Military

	Medical	Dental	Vision	Prescription
Do not have insurance	6%	30%	36%	12%
Employer Sponsored	67%	57%	50%	65%
Private Insurance/pay myself	17%	11%	10%	16%
CHIP Program	2%	2%	1%	3%
Medicaid	6%	4%	3%	4%
Medicare	16%	2%	4%	10%
VA/Military	2%	1%	1%	2%
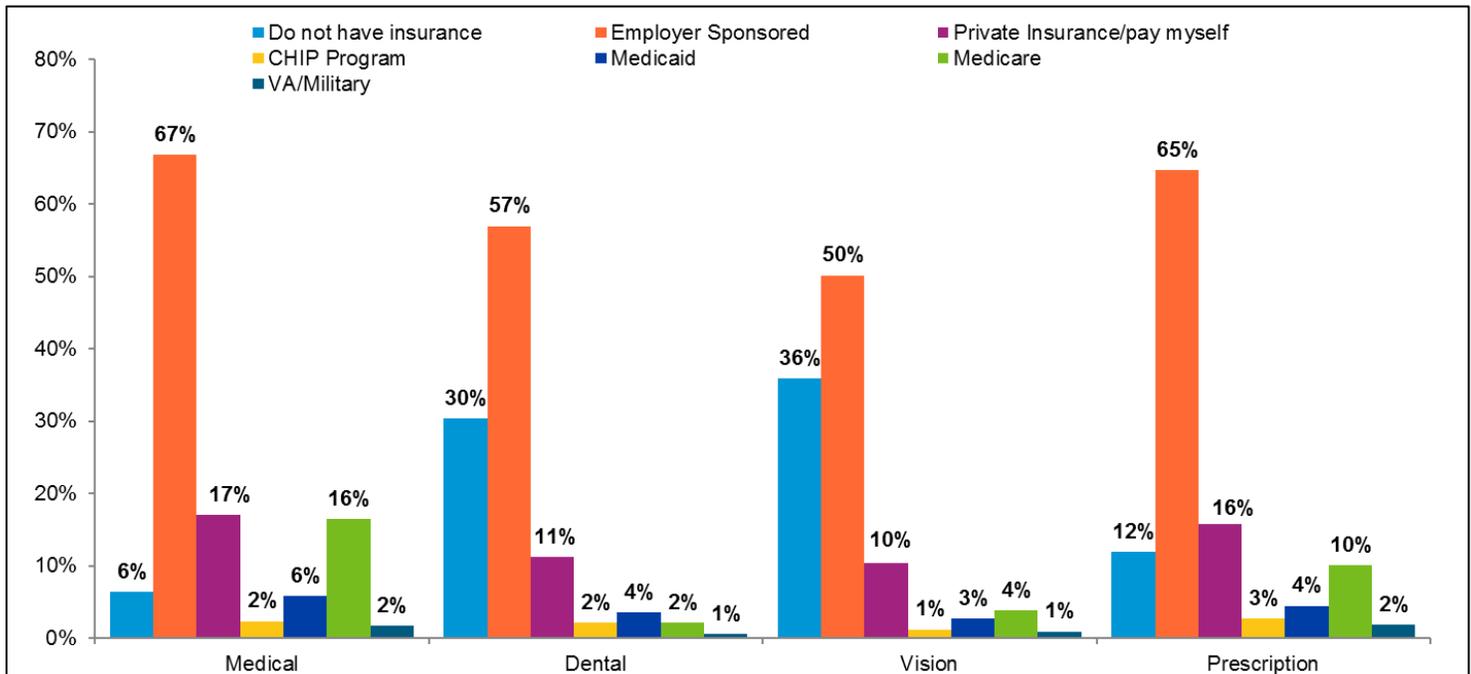
Comments/Other:

- *Just the kids are insured at the moment. We parent were dropped.*
- *The affordable health care act (Obamacare) has done nothing but make health care more expensive and only one choice (Anthem) in Delta County*
- *Parent's ins covers all, I am still on their plan.*
- *this was difficult to get. most jobs do not offer benefits*
- *A & B coverage*
- *still makes care extremely expensive*
- *Children are covered by CHIP, Adults no insurance*
- *I have spent more than my annual salary on medical care that was not covered by my insurance*
- *Prescription is private Plan D*
- *Federal employee insurance*
- *Medicare*

Question 13: How well do you feel your health insurance covers your healthcare costs?
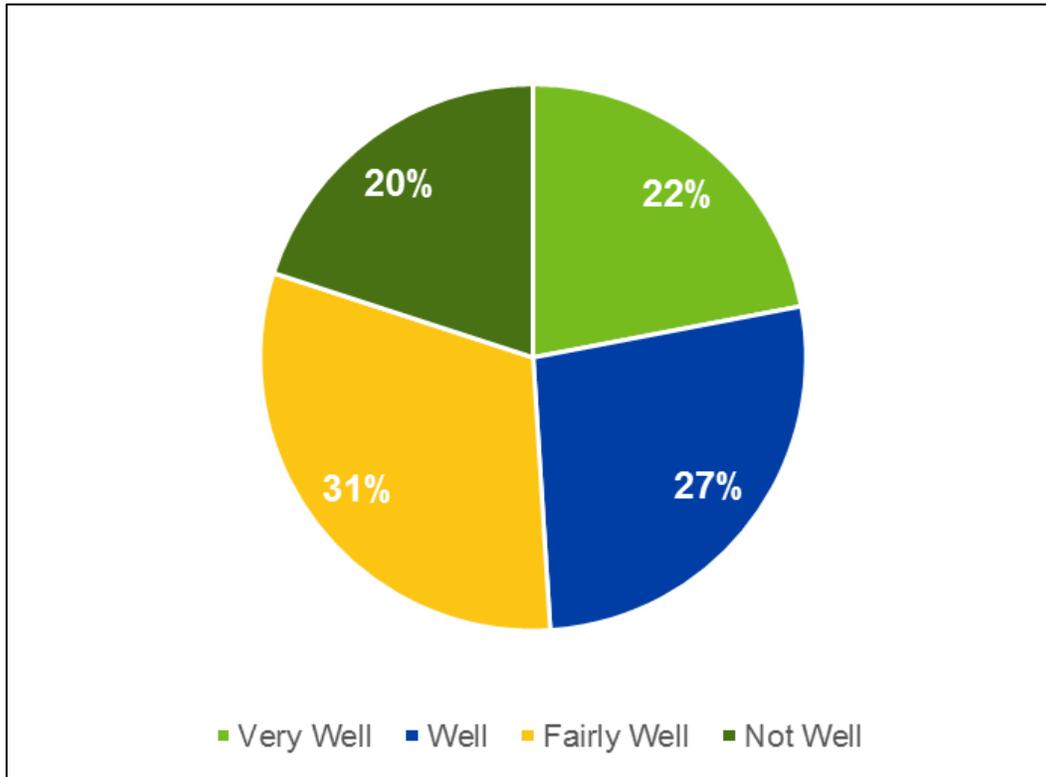
Question 14: From a scale of 1 (worst possible) to 10 (best possible) how do you rate your overall health at this time?
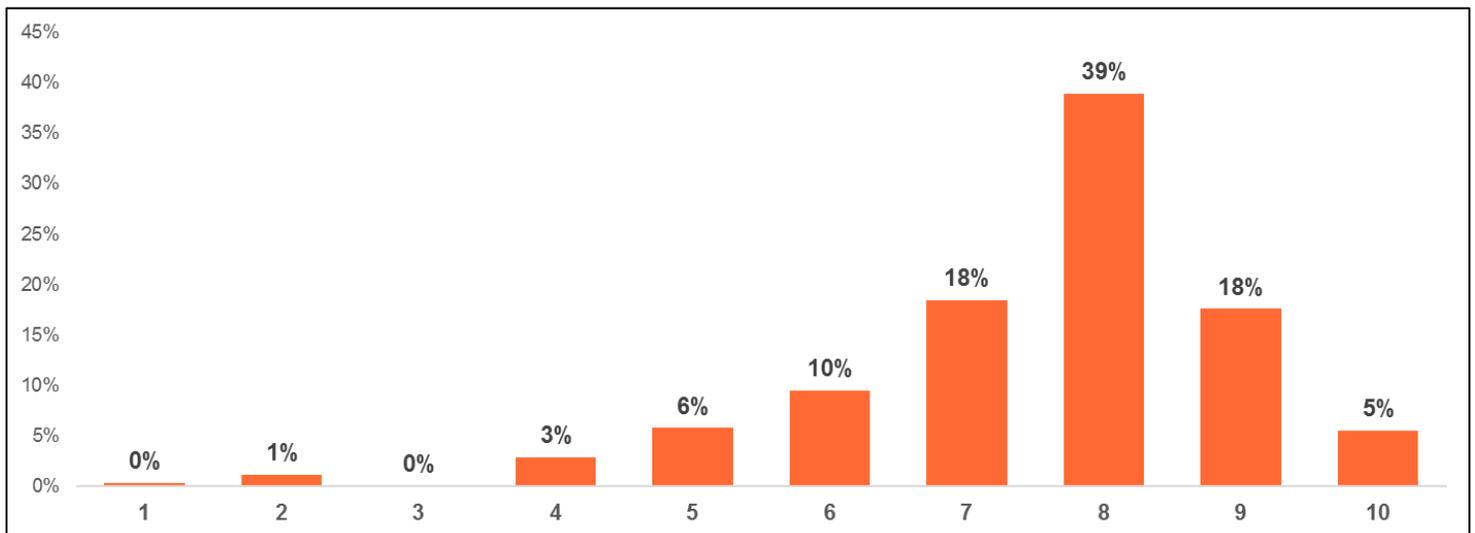
Question 15: If you do NOT have medical/dental insurance, why? (Select all that apply)

| Category	Percentage
Other (please specify)	12%
N/A - I have insurance	68%
Choose not to have insurance	6%
Employer does not offer insurance	4%
Cannot get insurance due to medical issues	1%
Cannot afford to pay for insurance	19%
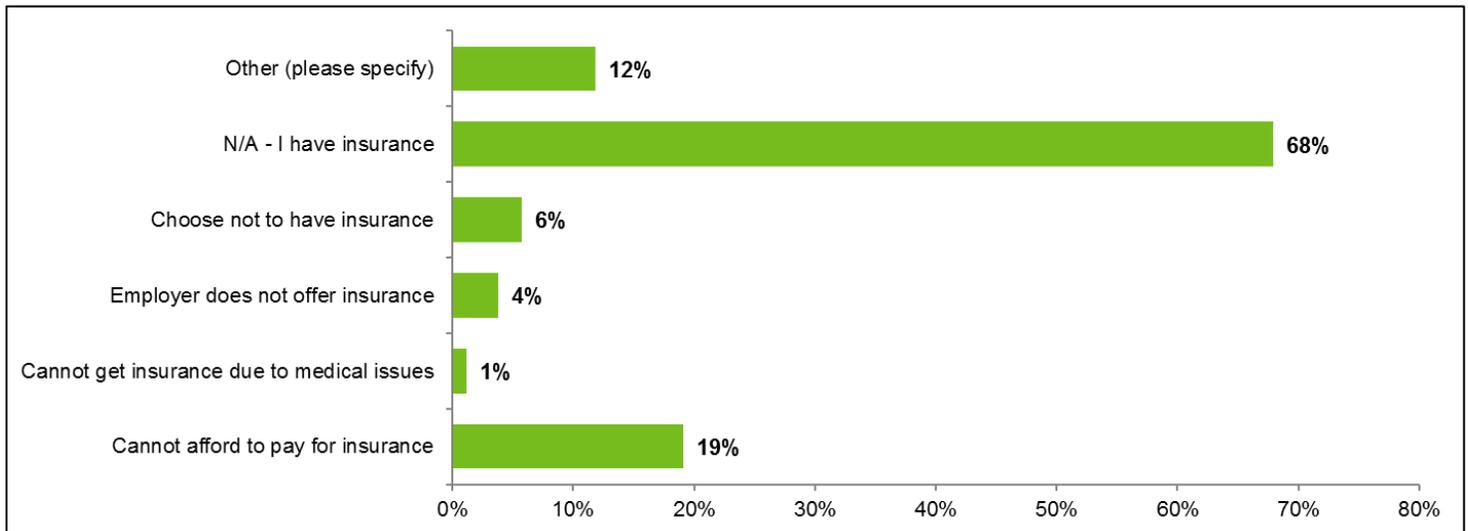
Comments/Other:

- *Self-employed, cannot afford coverage*
- *Dental insurance cost compares to cost of dental needs*
- *For a period of time I could not afford to pay the premiums of employer sponsored health insurance--took a new job just because of insurance*
- *dental & vision too expensive for limited benefits*
- *dental insurance to expensive and dentist don't take dental insurance.*
- *limited income*
- *don't have level of insurance that provides dental vision because it not affordable*
- *because $*
- *I have a high deductible plan I get through Obamacare which covers nothing, dental and vision are not options in this area under Colorado marketplace*
- *Dental insurance doesn't offer much*
- *I do have medical/dental insurance but I want to note that additional information here. I work part-time and the insurance is too expensive through my work because I am considered part-time if less than 40 hours per week. I am insured through my husband's insurance but it is still costly to add me. I would not call that employer-sponsored but it was the best option that I could pick above.*
- *Dental insurance too expensive*
- *it is not worth the money for the insurance coverage offered*
- *Answer refers to dental insurance only.*
- *Do not want to pay for dental insurance*
- *think it would cost too much*
- *I have two adult children. One does not have insurance and can't afford to pay for it*
- *Have medical and it is extremely expensive so don't pay for dental or use dentist.*
- *most dental insurance do not pay in this area*
- *1/2 OF MY HOUSEHOLD HAD MEDICAL/DENTAL INSURANCE*
- *Options aren't good*
- *I don't have and don't really need dental insurance*

- *But it sucks and is expensive and deductible is extremely high*
- *have medical. employer does not offer dental*
- *Plans are not worth the amount of money paid each month*
- *the ones offered through work are too far out of town*
- *Medicare doesn't cover*
- *prior to being employed here it was all due to cost*
- *Delta Dental is getting dropped by local dentists because of changes in that plan.*
- *Dental: I feel it doesn't cover most procedures.*
- *Dental Insurance is expensive and has too many loopholes for what they will and won't pay for*

Question 16: Compared to a year ago...

	Better	Worse	No Change
My physical health is:	31%	17%	52%
My physical fitness levels and/or health behaviors are:	31%	20%	48%
My financial situation is:	29%	18%	53%
My employment/income is:	31%	10%	59%
The local economy is:	28%	26%	47%
Local health problems are:	7%	22%	71%

Question 17: Including physical illness and injury, how many days during the past 30 days were you in poor physical health?
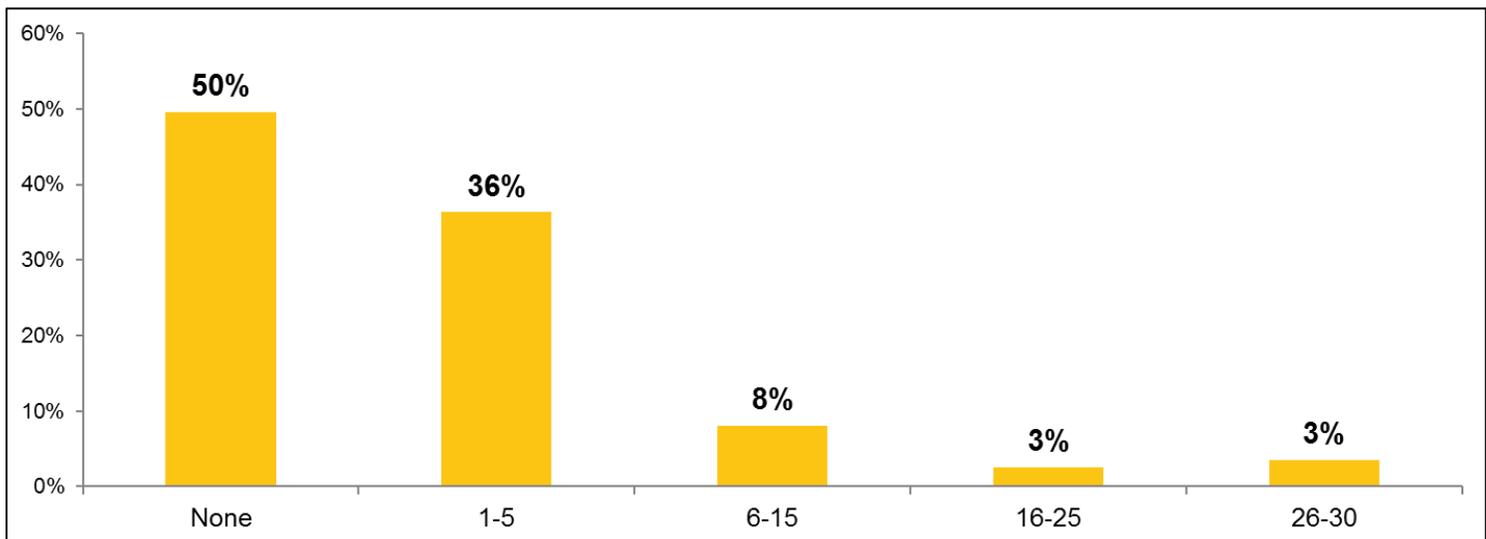
Question 18: Now thinking about your mental health (which includes stress, depression, and problems with emotions or substance abuse) how many days during the past 30 days did your mental health or emotional problems keep you from doing your work or other regular activities?
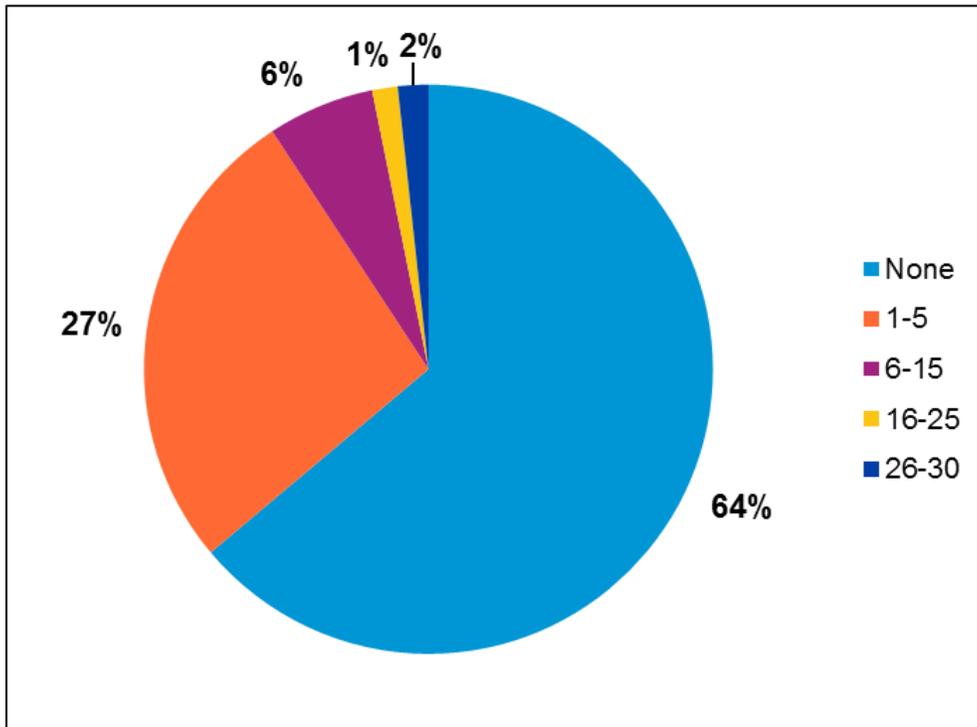
**Question 19: Please answer the following questions about medical services.**
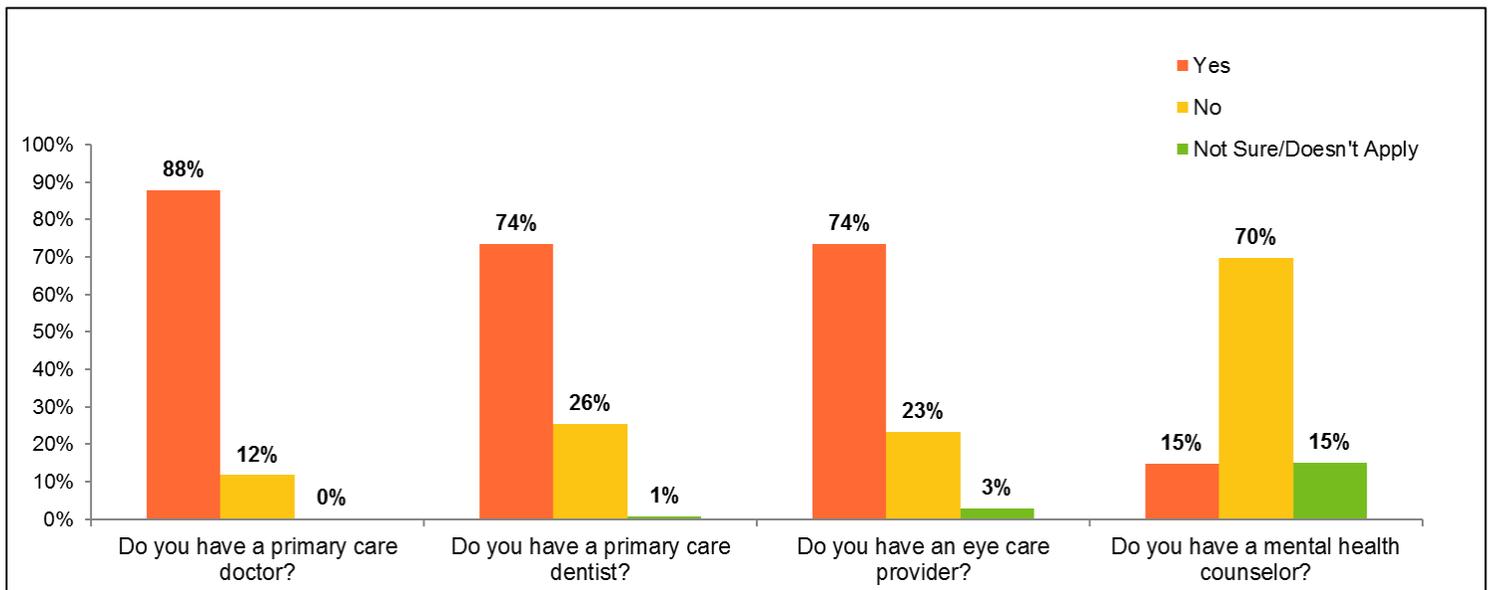
Question 20: If you have a primary care provider, why did you select that provider? (Select all that apply)

Answer Choices	Responses
Appointment Availability	22%
Clinic's Reputation for Quality	30%
Closest to Home	23%
Cost of Care	7%
Length of Waiting Room Line	2%
Prior Experience with Clinic	37%
Recommended by Family or Friends	28%
Referred by Physician or Other Provider	7%
Required by Insurance Plan	8%
VA/Military Requirement	2%
Indian Health Services	0%
Other (please specify)	10%

Comments/Other:

- *I fired mine because I can never get in.. No appointments available, ever. Or it takes over five weeks to get in during an emergency.*
- *Only one doctor in town*
- *Membership medical clinic, Appleton Clinics in GJ, member since 2014*
- *Only one available within a reasonable driving distance*
- *Looking for a DO that does manipulation*
- *close to work*
- *very few options for primary doctors in Gunnison County*
- *My family's primary care office is in Montrose. Gunnison offices have proven inadequate.*
- *Work preferred provider*
- *Family friend*
- *Prenatal care turned PCP*
- *only oncologist*
- *I work with her sometimes at the hospital*
- *Works best with my insurance*
- *Gender*
- *Have seen these providers for years since a health issue required their services.*

- *Family Clinic for MANY years*
- *Work with him*
- *Experience*
- *employee discount*
- *accepted self-pay patients without insurance*
- *only one choice in Crested Butte*
- *I drive 4 hours to see my doctor. He's been my PCP for 15 years.*
- *in network*
- *Did not have much choice. I travel to Denver for dental apt. and for my eye doctor too expensive here and have not found any doctors or dentists that are affordable. Eye doctors here are not skilled with the issues I have.*
- *Female dr.*
- *25 year relationship*
- *get a discount through work*
- *only doctor willing to take on a severe intractable pain patient (I called every single one in the valley)*
- *called and was assigned to that pcp*

Question 21: Which of the following preventive services have you used in the past year? (Select all that apply)
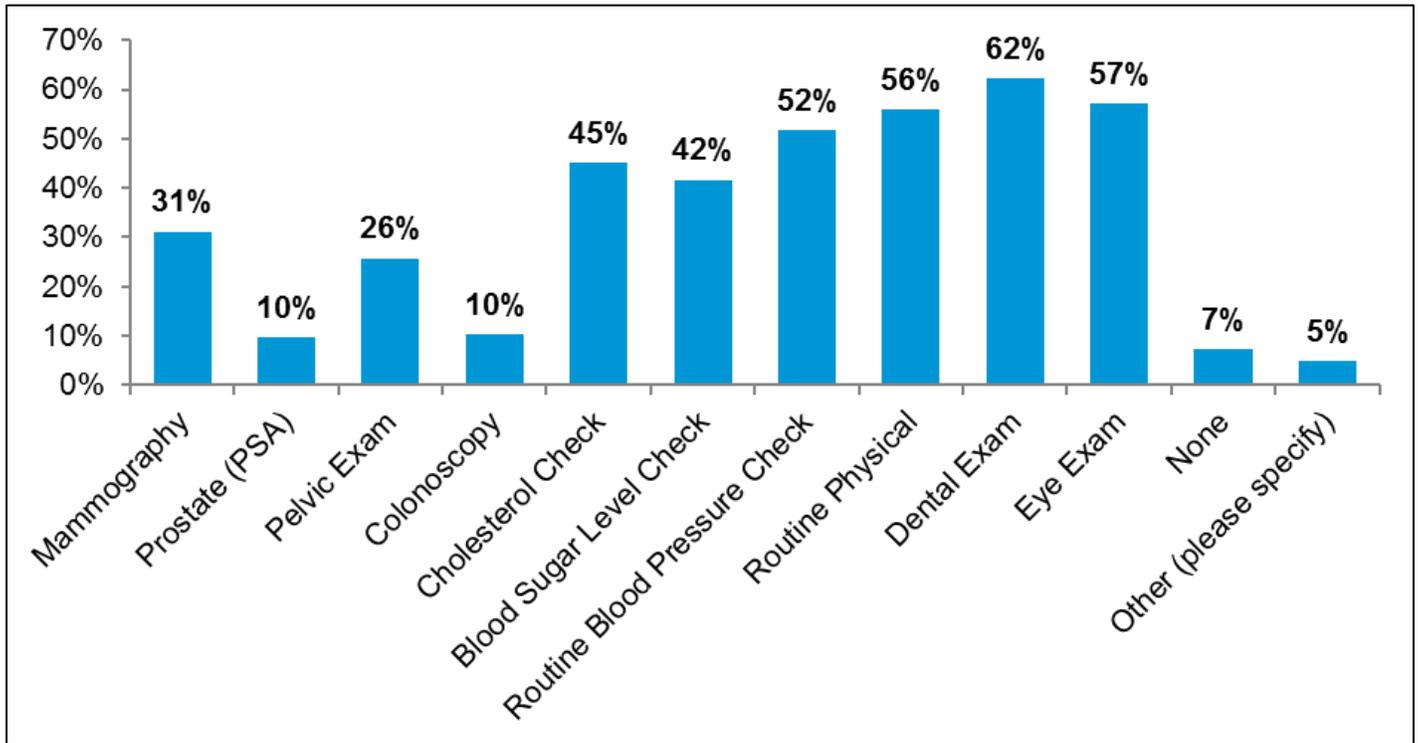
Comments/Other:

- GVH Health Fair
- dermatologist - skin check
- Health Fair- blood draw
- Endoscopy
- I will schedule a mammogram before the end of the year.
- Prenatal preventative services
- health fair
- Annual lipids testing.
- Follow-up to childbirth

- yearly health fair blood draw
- Annual Blood Test for HDL, LDL, etc...
- For mammograms, colonoscopies, and orthopedics I go to Boulder, as I have more trust in the physicians there.
- Blood tests at Gunnison Health Fair
- Travel out of town for most services cannot afford local doctors.
- health fair blood work
- GVH health fair

Question 22: If you have not used any preventive services, why not?
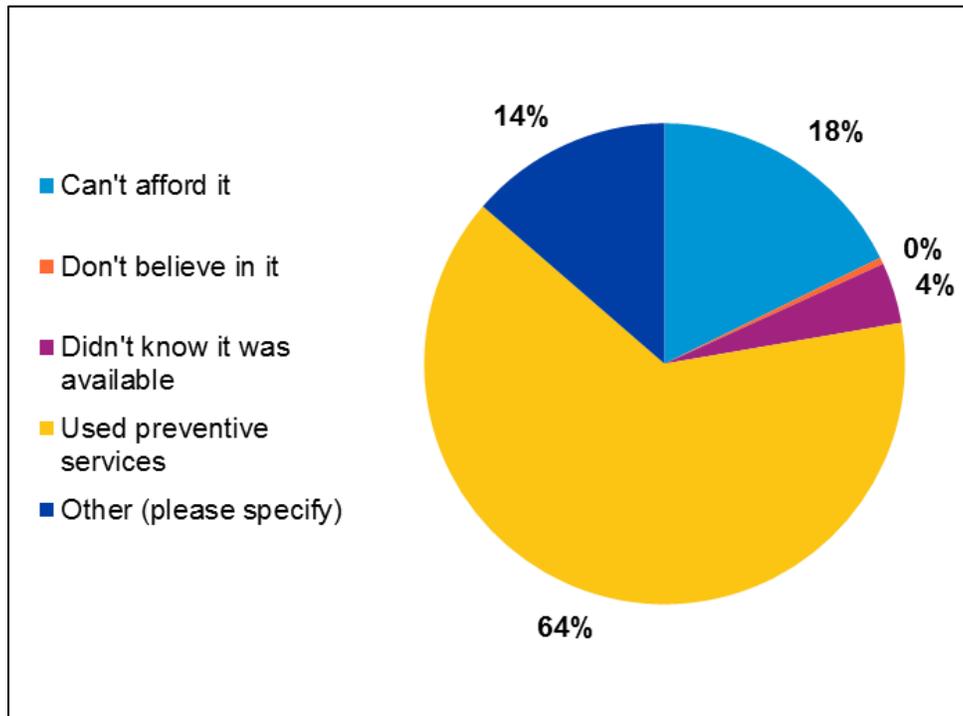
Comments/Other:

- *Husband doesn't have coverage.*
- *Not due*
- *Am healthy*
- *HAVEN'T MADE TIME*
- *No need for it*
- *heath fair was the only......*
- *I would have used others but they aren't covered by insurance and I can't afford the out of pocket.*
- *was pregnant*
- *Don't feel it necessary*
- *no time to take off work*
- *My provider is 4 hours away.*
- *Generally healthy now and very busy*
- *I go longer between appointments than I should because of cost*
- *Some too far away*
- *Not needed every year*
- *Used physical therapy*
- *Poor quality of providers in local area. If I don't like the dentist, I won't go back. If a primary care physician is just guessing what's wrong, or runs a bunch of expensive tests that don't tell anything, I won't go back.*
- *too busy*
- *had mammogram etc. 2 years ago, don't need to do every year*
- *Not due yet*
- *Didn't need it*
- *busy and forget*
- *Have not made it a priority*
- *No dentist on my insurance will take me as a patient since I have a severe intractable pain diagnosis (in my leg)*
- *Limited time off from work to go*
- *New resident*
- *Scheduling is hard in a reasonable time-span. Windows for scheduling are often short or very far out.*
- *other family health before mine*
- *Cannot afford all services in one year. Have to stagger it out*

Question 23: Which of the following primary healthcare providers would you consider using for your routine care? (Select all that apply)
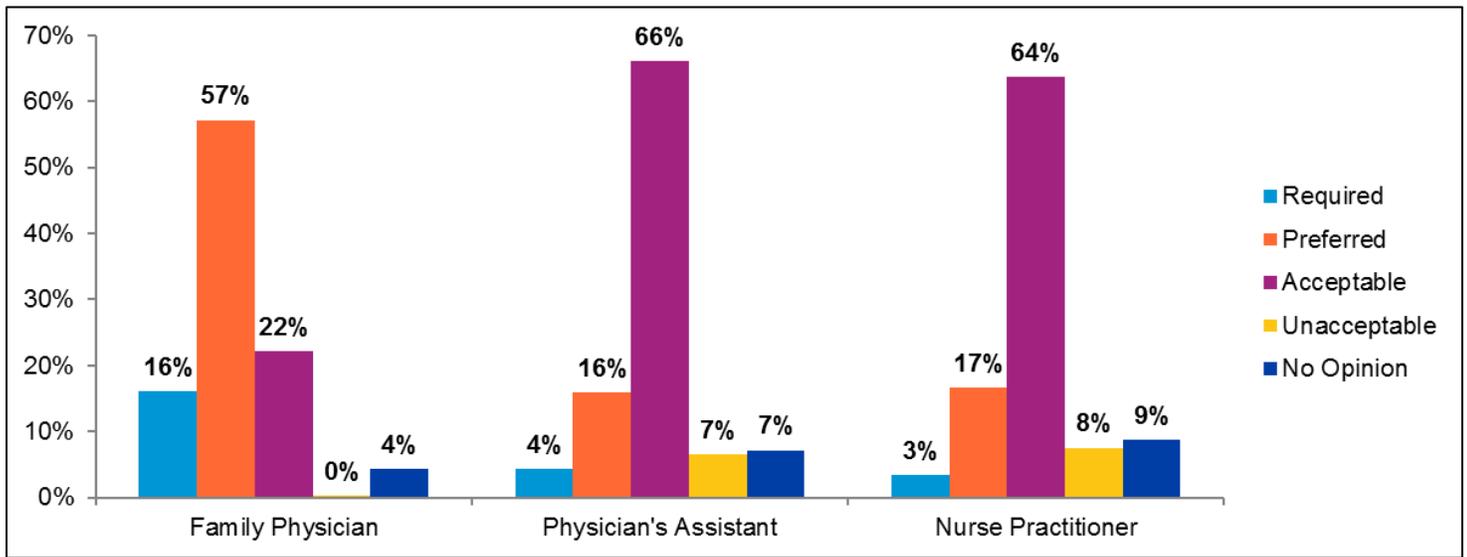
Question 24: In the past year, did you experience three (3) or more problems accessing healthcare due to cost? A cost access problem means you did not get care because of the cost of a doctor's visit; skipped medical test, treatment, or follow-up because of cost; or, did not fill a prescription (Rx) or skipped doses because of cost.
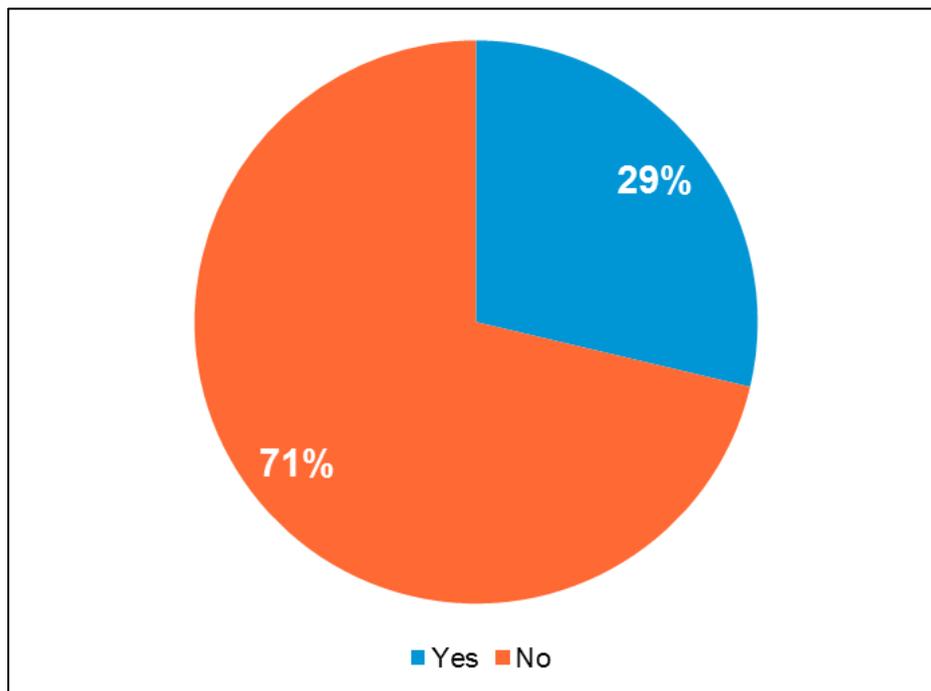
Question 25: In the past year, have you had any medical bill problems or medical debt? A problem or debt means problems paying or unable to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills or to have medical debt paid off over time.
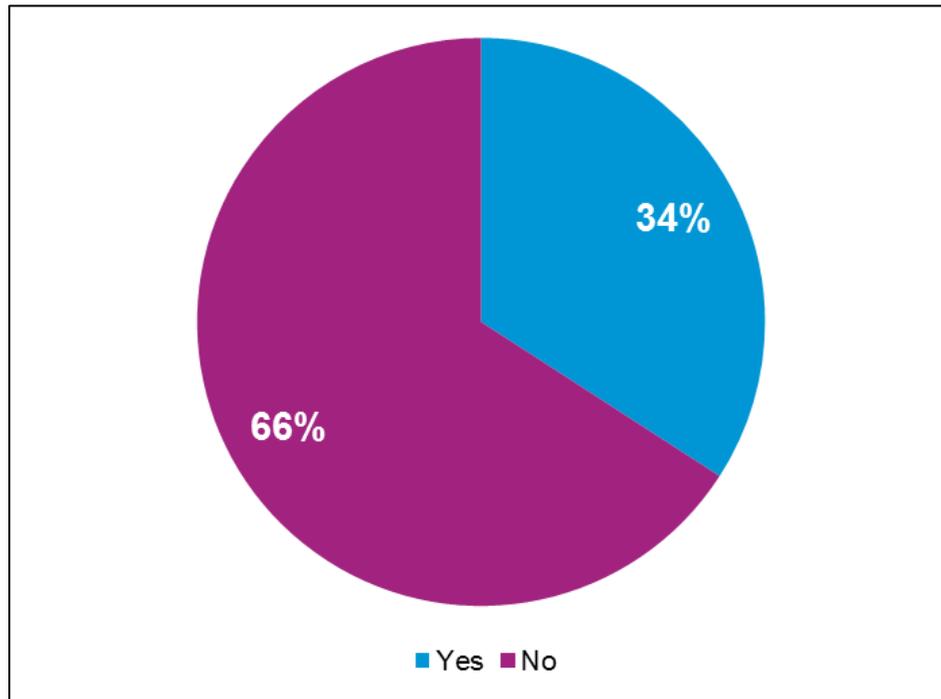

Question 26: During the past 12 months, did you have any issues accessing healthcare services, and if so, what was the primary reason? (Check one item in each row).

|	Appointment Not available	Doctor/Service would Not accept insurance	Doctor/Service would NOT accept Medicaid	Could not afford co-pay	Stigma/ Negative perception	No issues/ Not needed	Don't know/ Not applicable
Doctor Visit/Checkup/Exam	11%	2%	1%	8%	2%	61%	16%
Mental Healthcare/Counseling	4%	3%	1%	5%	6%	54%	28%
Eyeglasses/Vision (ophthalmologist, optometrist)	1%	4%	0%	9%	1%	60%	24%
Medical Supplies/Equipment	1%	1%	0%	6%	0%	58%	34%
Appointment/Referral to a Specialist (dermatologist, endocrinologist, chiropractor, gastroenterologist, gynecologist)	7%	3%	0%	10%	1%	55%	25%
Dental	3%	4%	1%	14%	1%	57%	19%
Other Medical Treatment (tests, surgery, other procedures/therapies, X-rays, cancer or heart attack tests)	1%	2%	0%	15%	1%	60%	21%
Medications/Prescriptions (patches, pills, shots)	1%	2%	0%	11%	1%	62%	22%

Comments/Other:

- *Had an MRI last winter for a knee injury, wound up driving to Denver for MRI as it would have been $1800 to have done at GVH, and was $475 in Denver.*
- *we have great health and eye insurance. we don't have dental insurance. This disparity is reflected throughout survey.*
- *Did not get an eye exam, mammogram or colonoscopy due to lack of quality services where I live and cost of travelling to receive quality services.*
- *Use dentists and eye doctors out of the county due to cost/availability.*
- *Inability to travel to pick up prescriptions due to adverse conditions*
- *Most of the "don't know" issues are the limited options within the town where we live. We have to travel to other towns taking over half a day off work to see someone.*
- *I have a rare condition that requires several specialists. Expensive meds too. Catching up on ER bills as well and several procedures until they could diagnose has expended all funds in the last 2 years. Using the employers option for health spending account and applying it has been a battle of paperwork and months to prove. Challenging to navigate.*
- *no visits scheduled due to no insurance*
- *Physical therapy - too expensive, no more HSA available*
- *Dental: payment was made but was difficult.*
- *Cost of healthcare services in Gunnison is too high compared to other cities. I simply cannot afford to have the procedures or appointments i need.*
- *I had to go to Denver for MRI -- too expensive here; huge wait for Shingles vaccine*
- *Hospital did not have equipment at the mountain clinic*
- *had eye appointment, can't afford new glasses at this time.*
- *new shingles vaccine series unavailable*
- *I go to Boulder for most care. Have mail in prescriptions due to lack of privacy at pharmacies in Gunnison.*
- *Copayment is just one charge. It is all the hidden charges and surprise bills. A simple c/ray cost me over 500 dollars out of pocket. Never would have agreed to the c-ray at the local hospital if I knew I would have to pay out of pocket for it. At time of service I was told I only had to pay the copay than was slammed with several bills. bills*
- *Preferred Dentist has been unavailable*
- *Could not access physical therapy as it was too expensive*
- *Could not afford the deductible to do preventative test: breast ultrasound, MRI, sonogram*
- *Biggest problem is the Pharmacy at City Market!!!! They NEVER have enough staff, lines take FOREVER*
- *My Rx for thyroid medication tripled in price*

Question 27: In the past year, have you or any household member left the county in search of healthcare?
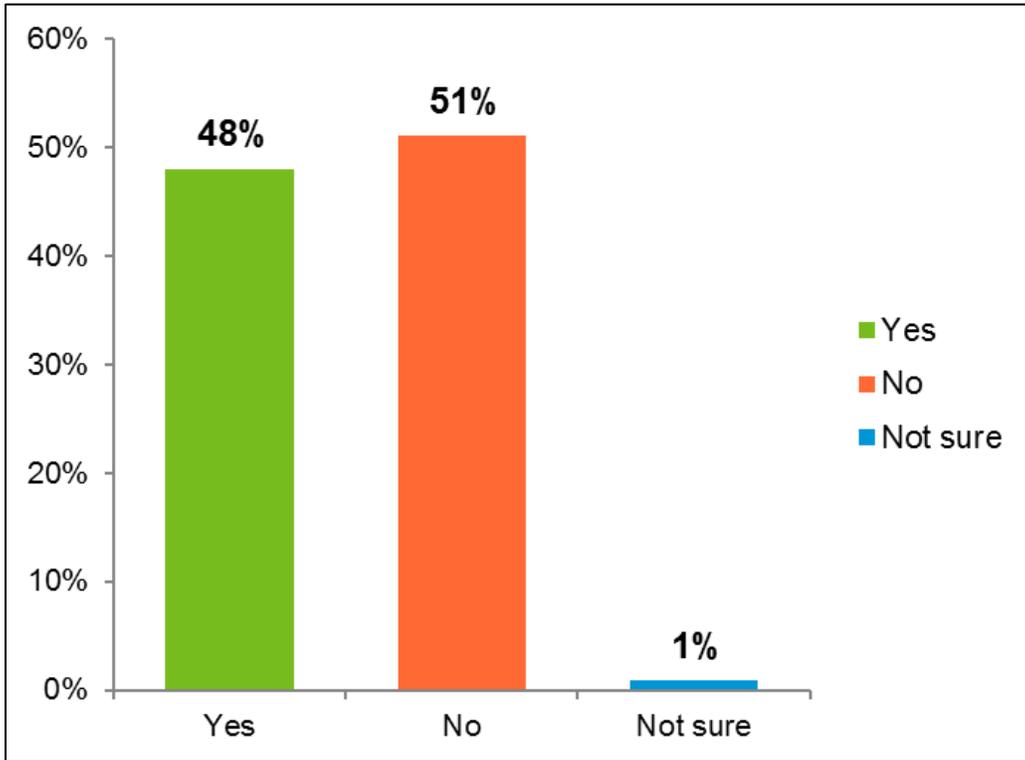
Question 28: If you often seek primary healthcare outside of your county, what are the reasons why? (Select all that apply)


| Reason	Percentage
Other (please specify)	26%
I/we do not use healthcare outside of the county	35%
Quality of Physicians	19%
VA/Military Requirement	1%
Required by Insurance Plan	6%
More Privacy	7%
Prior Relationship with Healthcare Provider	15%
Quality of Staff	16%
Quality of Equipment	9%
Closest to Work	1%
Closest to Home	2%
Cost of Care	18%
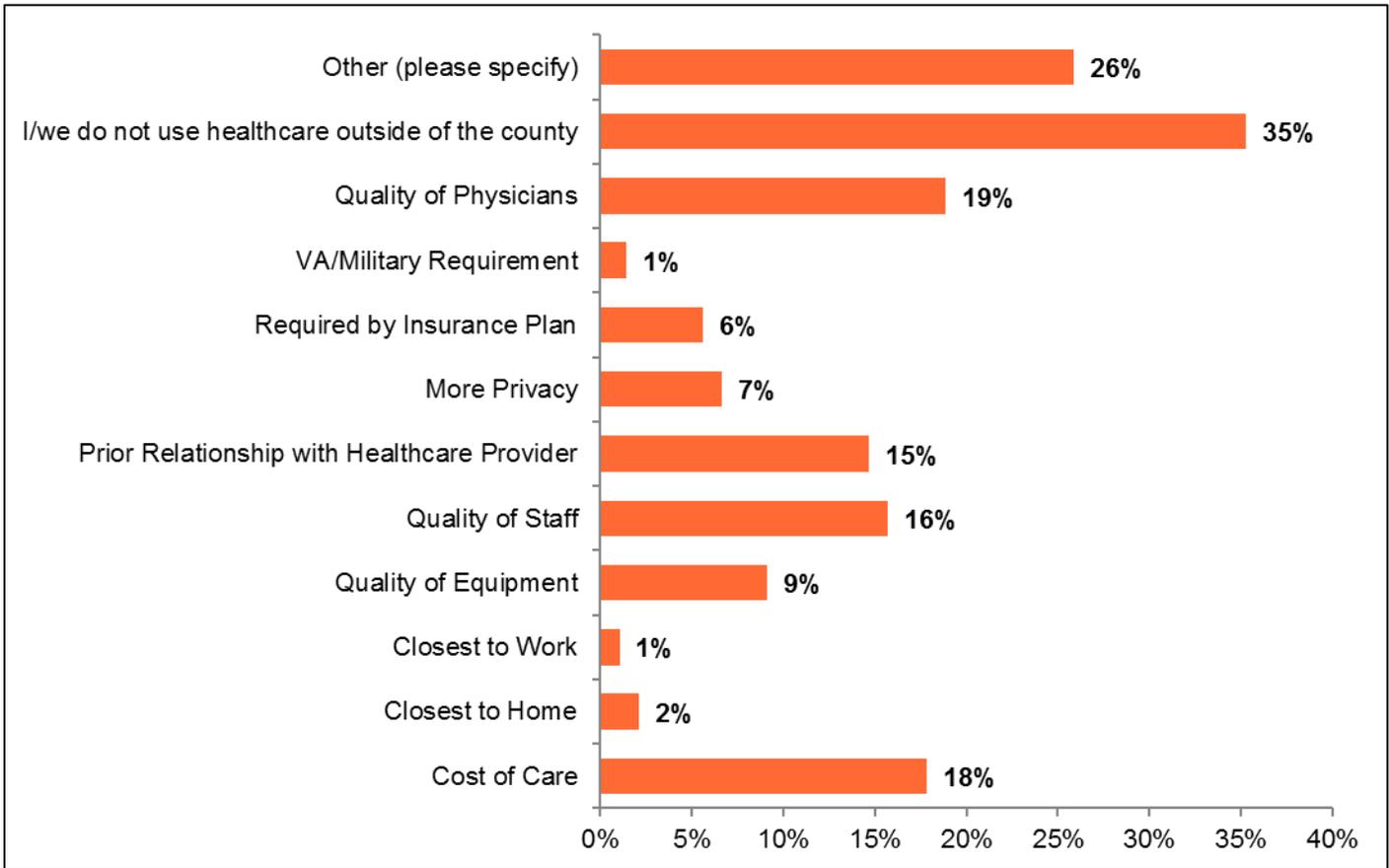
Comments/Other:

- *Availability of specialist*
- *Specialists needed were not available here.*
- *I only go to a dermatologist out of country*
- *Referred by dentist*
- *Specialist not available in my county*
- *REFERRALS*
- *specialty care not available in my area*
- *availability of services*
- *Not available in Gunnison*
- *too much turnover of MD's in Delta County*
- *Need to see a specialist*
- *Specialist needed*
- *no appointments available that day with a pediatrician*
- *Needed a specialist not available in my area*
- *Don't know anyone here; no doctor in our town.*
- *no one qualified in this county*
- *service not available in Gunnison*
- *doctors not in county for what i need*
- *services not in county*
- *to get a second opinion*
- *Specialists*
- *Specialist not available in our county*
- *Availability of healthcare providers and services*
- *Specialists not available in county.*
- *The kids need to leave the county to see specialists and ANY dentist.*
- *Lack of lactation services*
- *Emergency services sent us to Montrose for Cardiology*
- *Options*
- *One dermatologist appt.*
- *services needed not available in my county*
- *Specialized pediatric care*

- *no local specialist available*
- *Service not available locally*
- *Dermatologist is in Salida*
- *no specialist in our area*
- *Workers Comp Claim for hearing*
- *access to specialists*
- *Oral surgery not available locally.*
- *Referral*
- *there is no endocrinologist in my county*
- *Referral to specialist*
- *Referral*
- *Specialists*
- *inaccurate diagnosis by local providers*
- *specialty not offered here.*
- *not provided in Gunnison*
- *Specialist required not available in Gunnison county*
- *Mammogram in Montrose so I don't have to see people I know!*
- *specialists only available in other places - Salida and Grand Junction*
- *required services of specialty not available in Gunnison*
- *See Neurologist & Ophthalmologist*
- *specialized services not available here*
- *Doctor type not available in our county.*
- *Montrose clinic that is open on the weekends.*

- *Not available here*
- *My spouse gets eye injections in Montrose, which is specialty, not primary healthcare*
- *specialists in urology and dermatology no longer come to Gunnison!!!!!!!*
- *Specialist not available here*
- *Specialists not available locally*
- *specialty services*
- *services/physician not available in our county*
- *No available in county GI specialist*
- *Specialist*
- *services needed were not offered in county*
- *No doctor in the valley would accept a severe intractable pain patient, even just for routine things like a gyn appt.*
- *Specialties not found in Gunnison and primary care doctor recommended location outside of county*
- *No nephrologist in Gunnison*
- *County did not have the specialist needed*
- *Specialists*
- *Procedure not available in county*
- *No GI Specialists in Gunnison*
- *Specialist*
- *seek specialist*
- *specialty is not provided locally*

Question 29: How do you rate your knowledge of the health services that are available in your county?
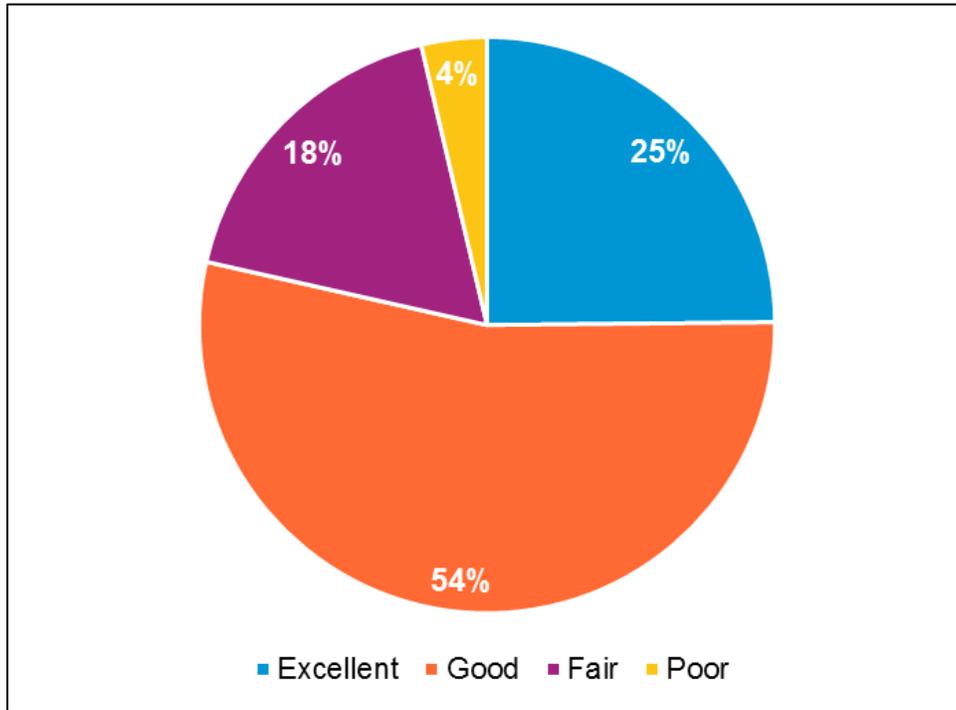

**Question 30: How do you learn about the health services available in your community? (select top three)**
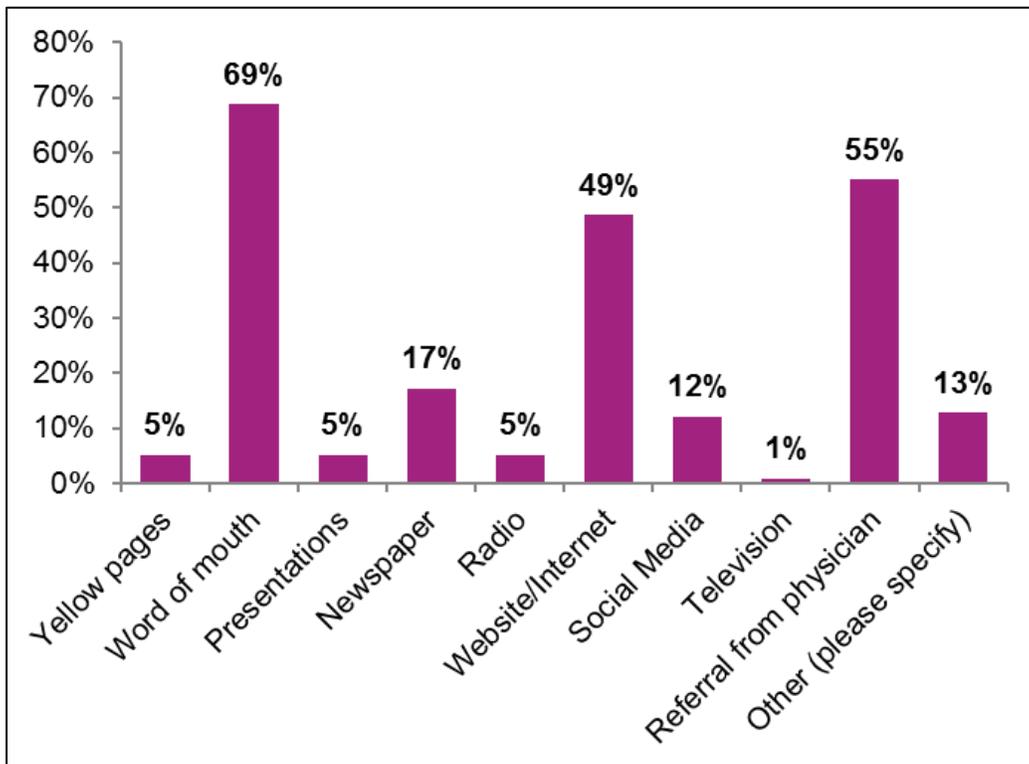
Comments/Other:

- Work on a committee with health care people
- i was an EMS member
- There is only one clinic in the whole county
- Just know
- organizations
- Work in healthcare, know most of the providers
- I work in the medical field
- Job at Hospital
- Work for the Hospital
- county public health
- employer
- We don't have anything but a walk-in clinic in our town. We have no doctor in town. Saw it downtown.
- Work in a health care facility
- accept my insurance
- I'm employed in healthcare in the community
- Friends, family, community
- I work in healthcare
- Speak to staff at medical center
- Health Department, Hospital
- Flyer from GVH for women's screenings
- I work at the hospital
- work for GVH
- Worked in the medical field
- TriCounty Health Network
- WORK AT GVH
- work in healthcare field
- I know nothing except what is offered here at my work
- work in medical field
- Employment
- previously worked in health care
- I work in healthcare
- Know care providers personally
- Only website and word of mouth
- I work for GVH
- Work at GVH
- work in healthcare
- Limited services not affordable.
- Working in and with the medical community.
- employer, or partner who works in healthcare
- work
- insurance company provided a list
- Work at hospital

Question 31: What would improve your community's access to healthcare? (select top three)

Category	Percentage
Telemedicine (receiving diagnosis and treatment from a provider via phone or computer)	20%
Outpatient services open longer hours	25%
Transportation assistance	14%
More cultural sensitivity	6%
More specialists	51%
More alternative medicine providers	21%
More primary care providers	45%
More mental health providers	44%
Improved quality of care	29%
Greater health education services	28%

Question 32: In your opinion, how important are local healthcare services to the economic well-being of the local area?

| Category	Percentage
Not Important	1%
Important	14%
Very Important	30%
Essential	53%
Don't Know	2%
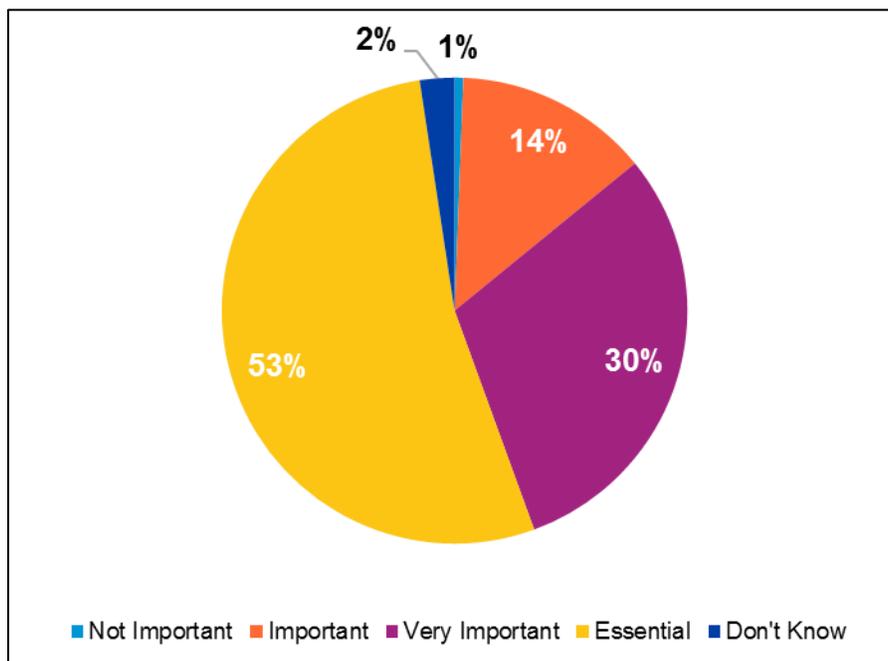
Question 33: Which educational classes/programs would you be most interested in? (Select all that apply)

Category	Percentage
Other (please specify)	6%
Support Groups	18%
Nutrition	38%
Cancer	16%
Men's Health	20%
Women's Health	41%
CPR	14%
Diabetes	9%
Quitting Smoking	5%
Parenting	19%
Grief Counseling	13%
Prenatal	11%
Weight Loss	35%
Heart Disease	12%
Fitness	44%
Asbestos & Pulmonary Health	3%
Health and Wellness	51%
Mental Health	37%
Alzheimer's	18%
Alcohol/Substance Abuse	13%
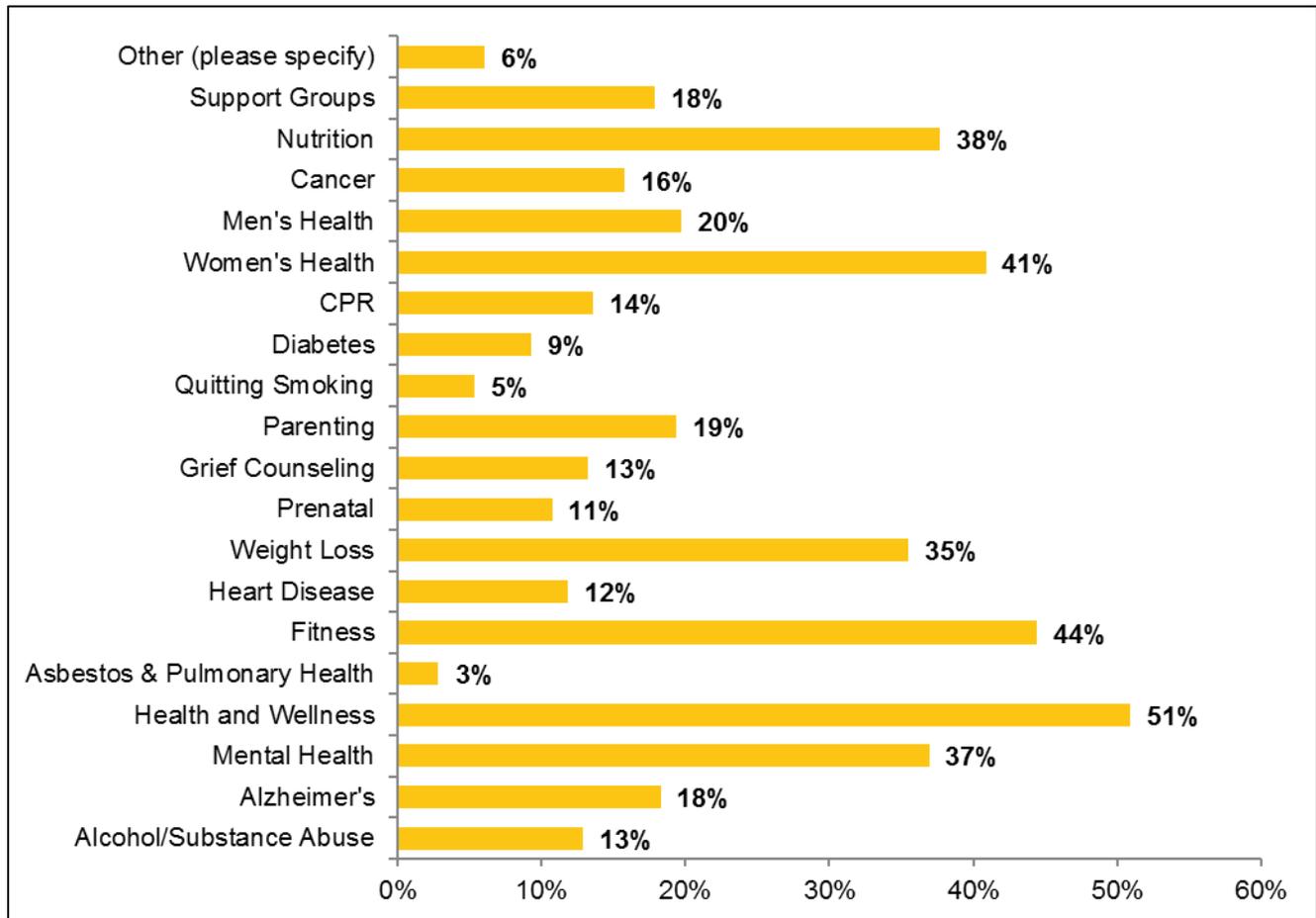
Question 34: What is your ZIP code?

| Zip Code	Reponses
81124	1
81210	4
81224	45
81225	6
81230	213
81235	14
81237	2
81239	1
81241	1
81243	3
81320	1
81403	1
81413	3
81415	3
81416	10
81419	10
81427	1
81428	9
81435	2
Grand Total	**330**

Question 35: How many adults (age 18 to 64), including yourself, live in your household?
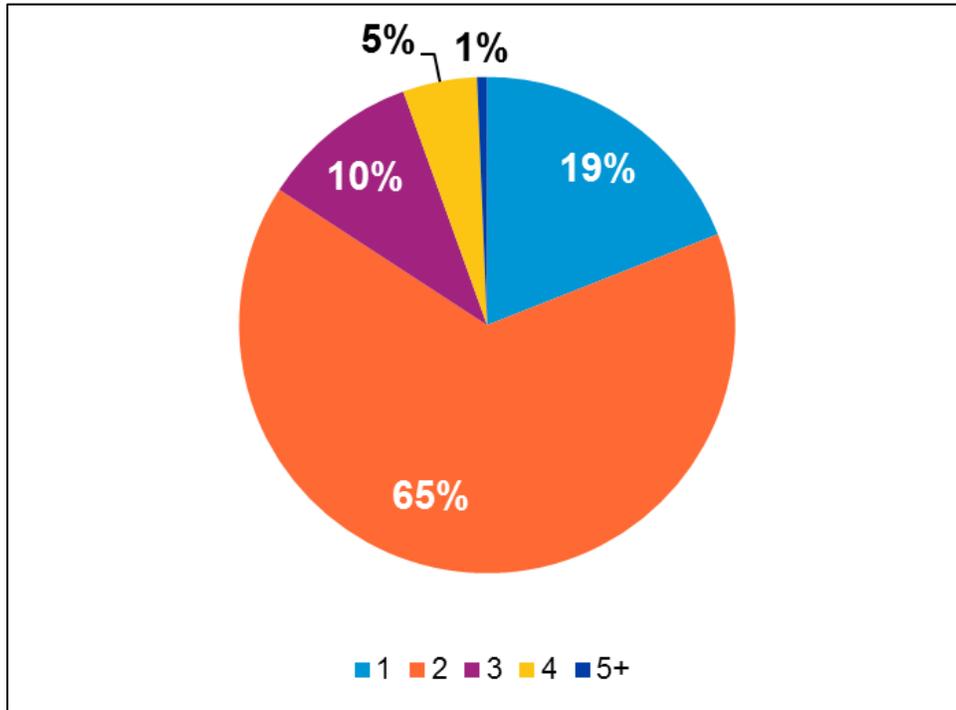

Question 36: How many senior adults (age 65 and older), including yourself, live in your household?
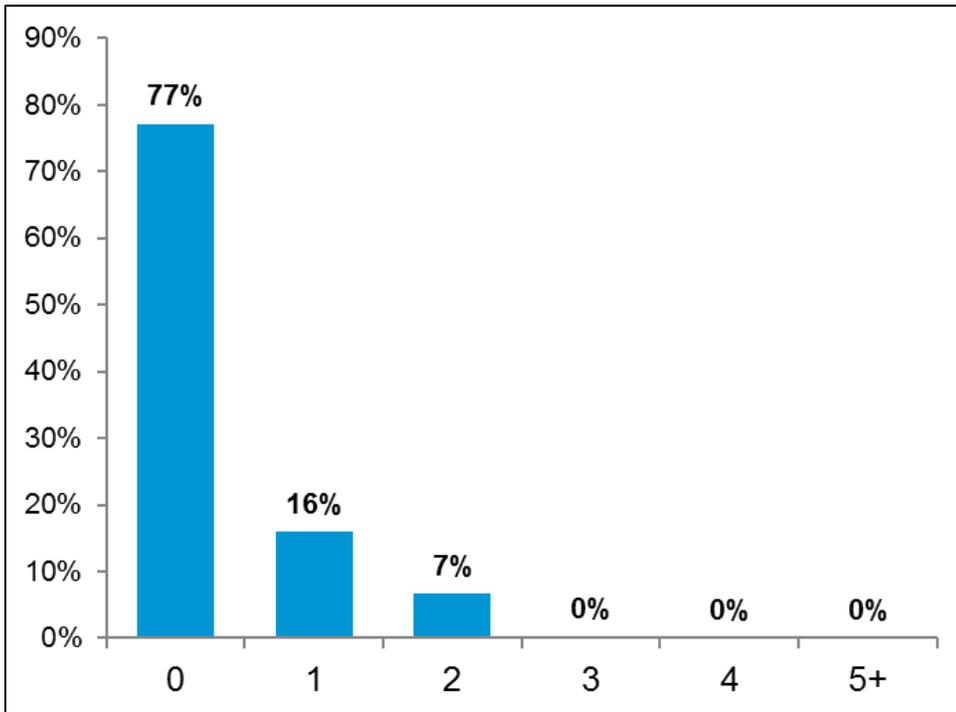
**Question 37: How many children (0 to 4 years old) live in your household?**
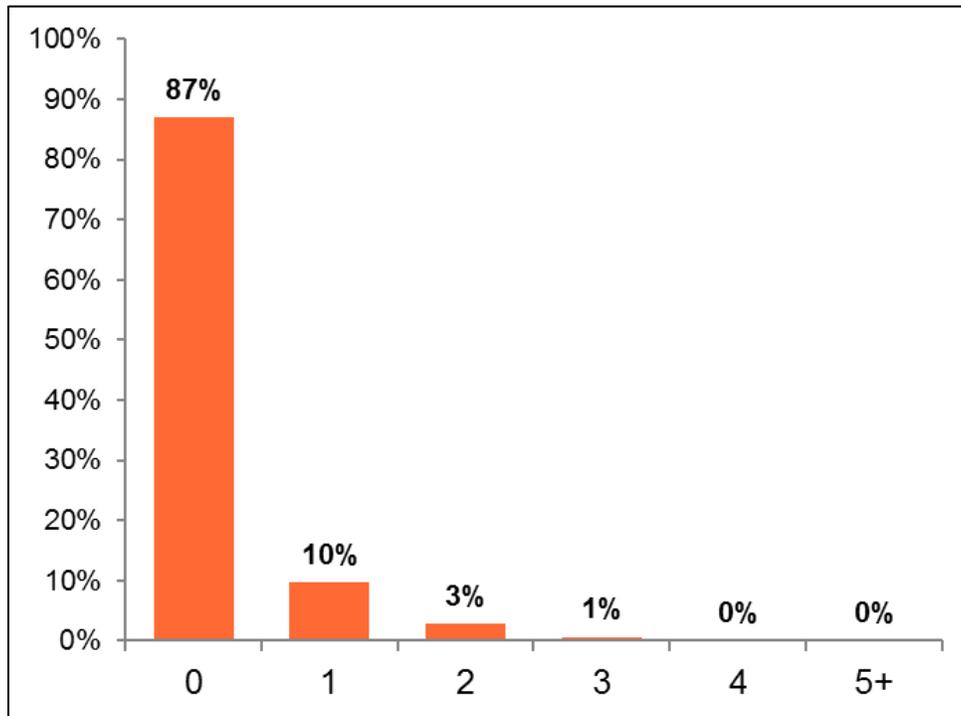
**Quension 38: How many children (5 to 17 years old) live in your household?**
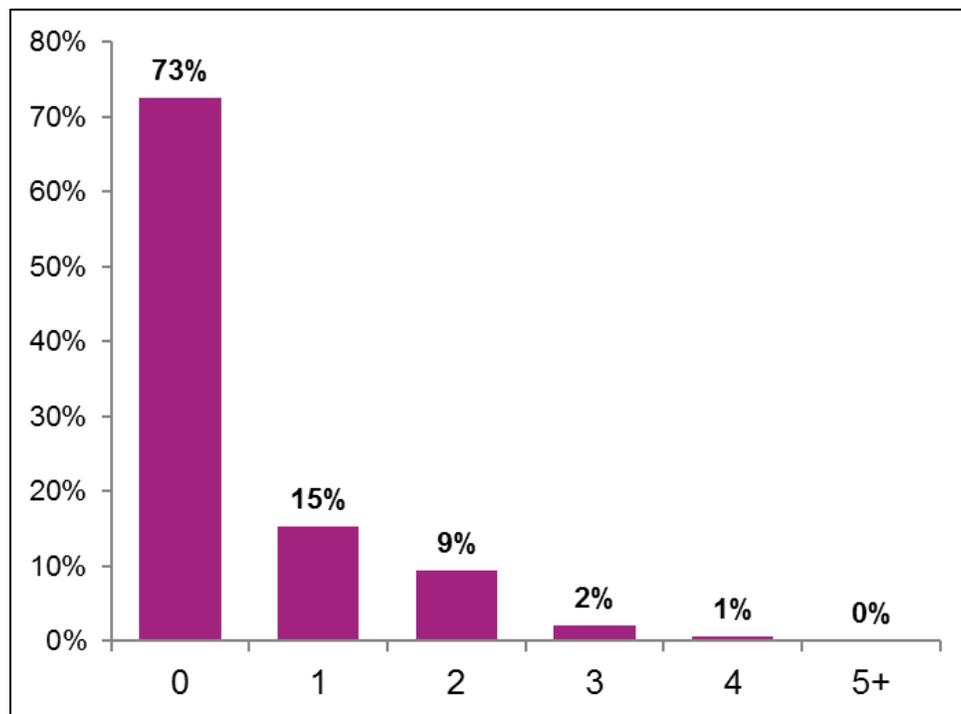
**Question 39: What age group are you in?**
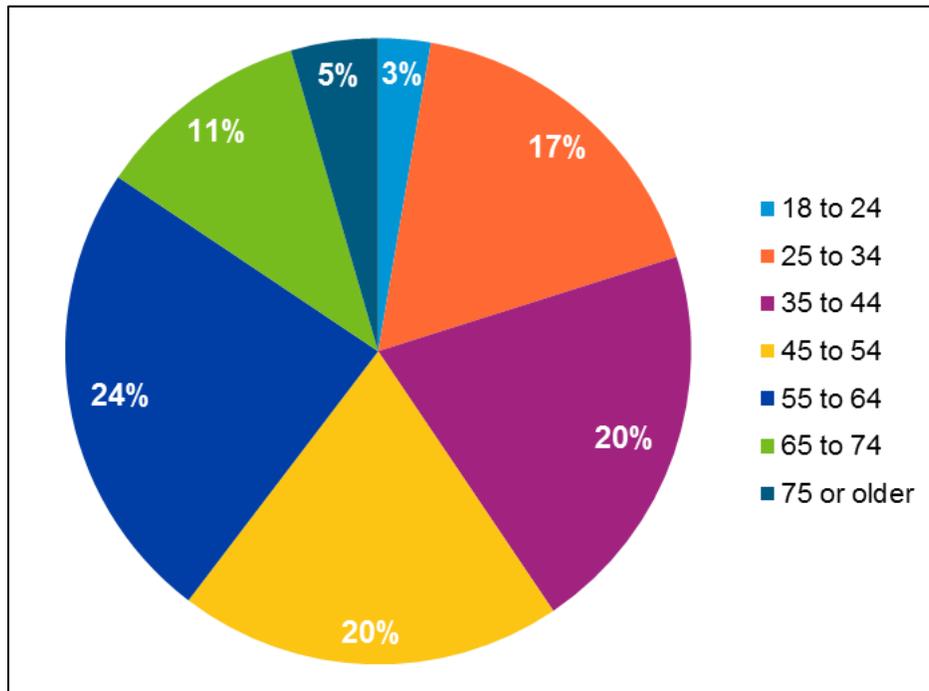

Question 40: Are you male or female?
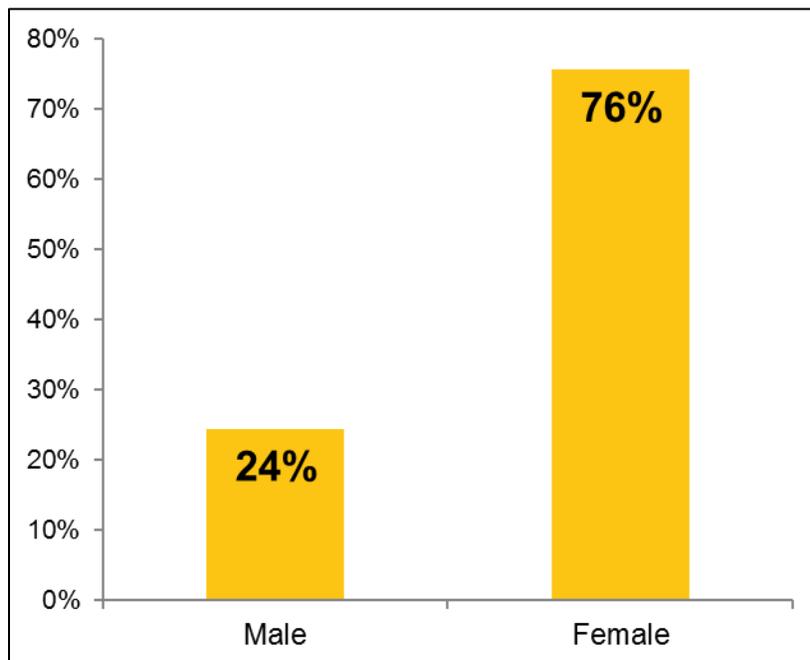
Question 41: What do you consider to be your primary racial group?
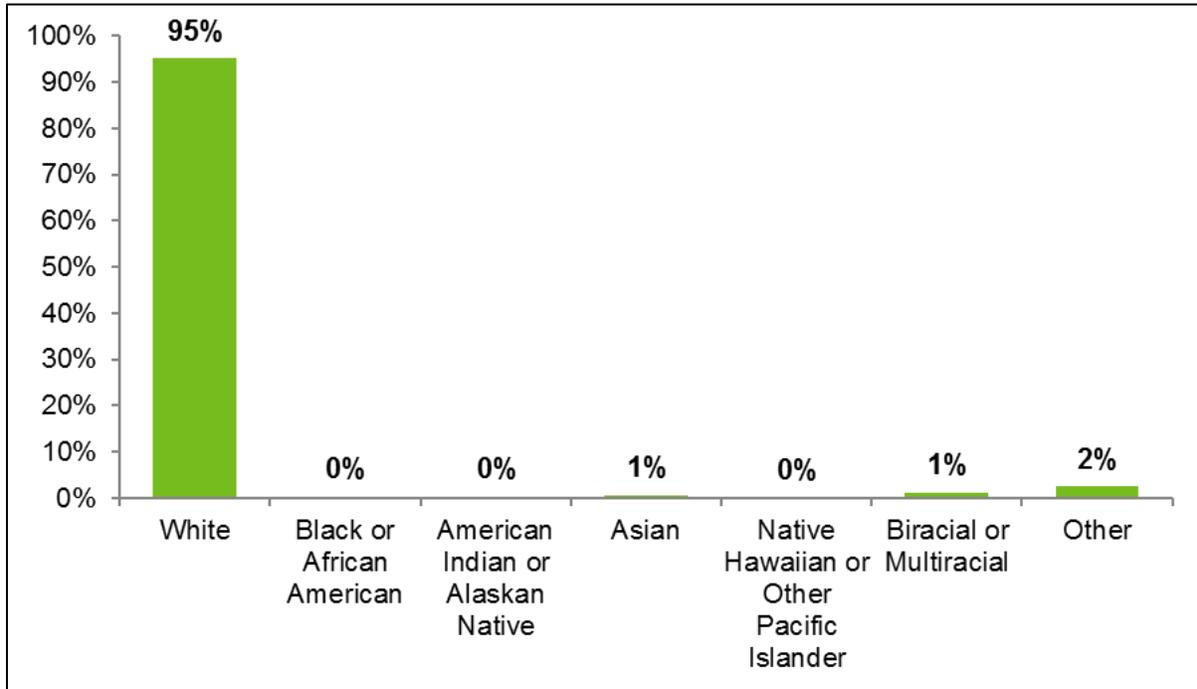

Question 42: What do you consider to be your primary ethnic group?
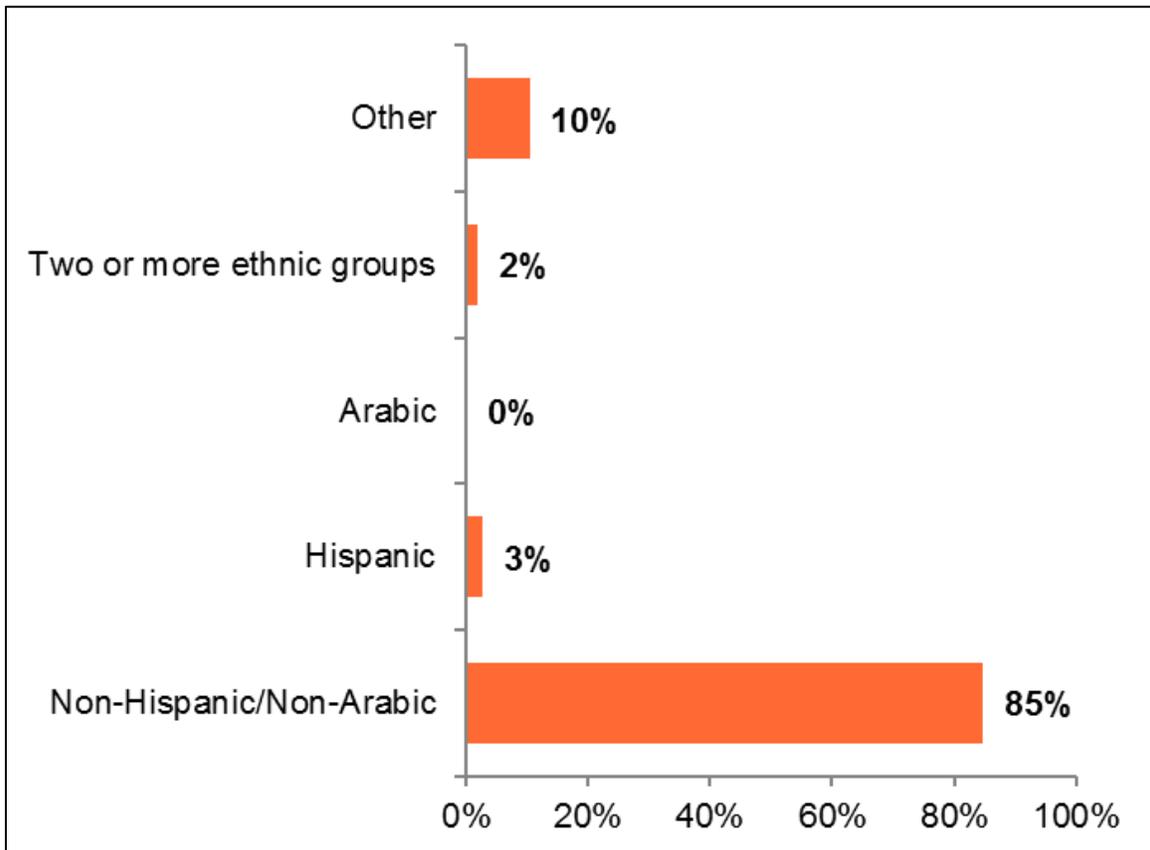
Question 43: What is the highest level of education you have completed? (Check one)

- Some high school or less
- High school degree/GED
- Some college
- Trade/technical school certificate/degree
- College associate's degree
- College bachelor's degree
- Post graduate degree

1%
4%
13%
29%
6%
6%
42%
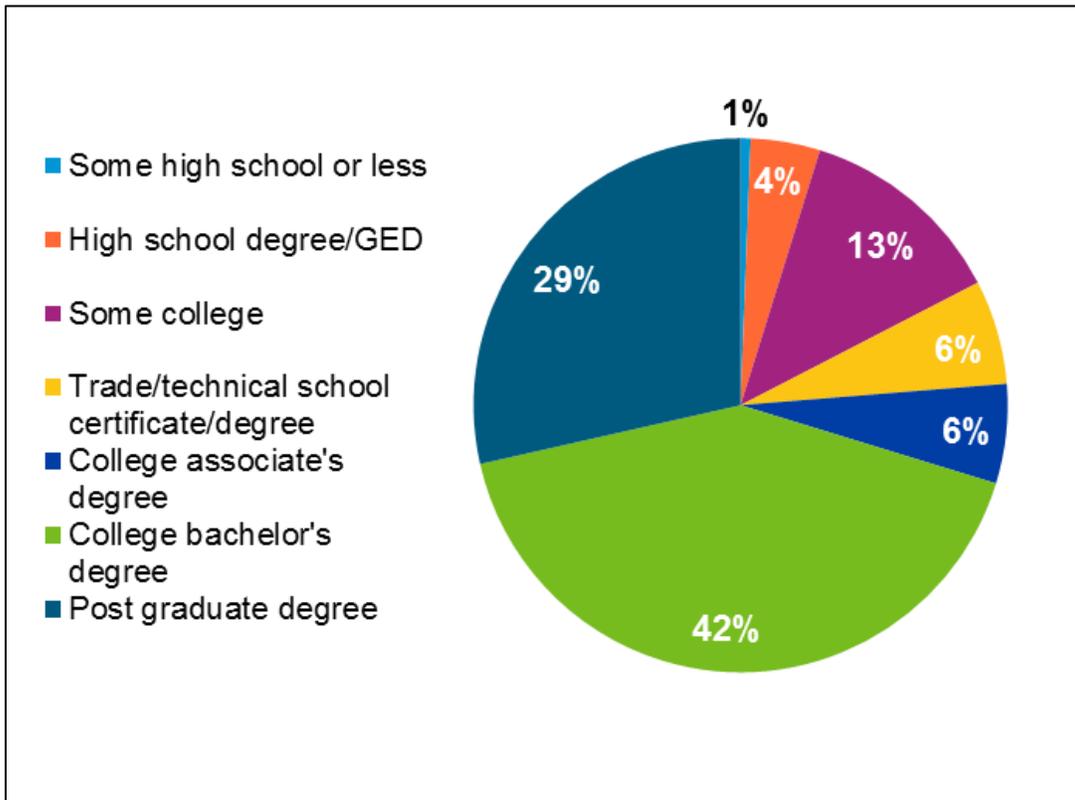
Question 44: What is your current marital status? (Check One)

	Single	Married	Divorced	Separated	Widowed
	20%	70%	8%	1%	2%
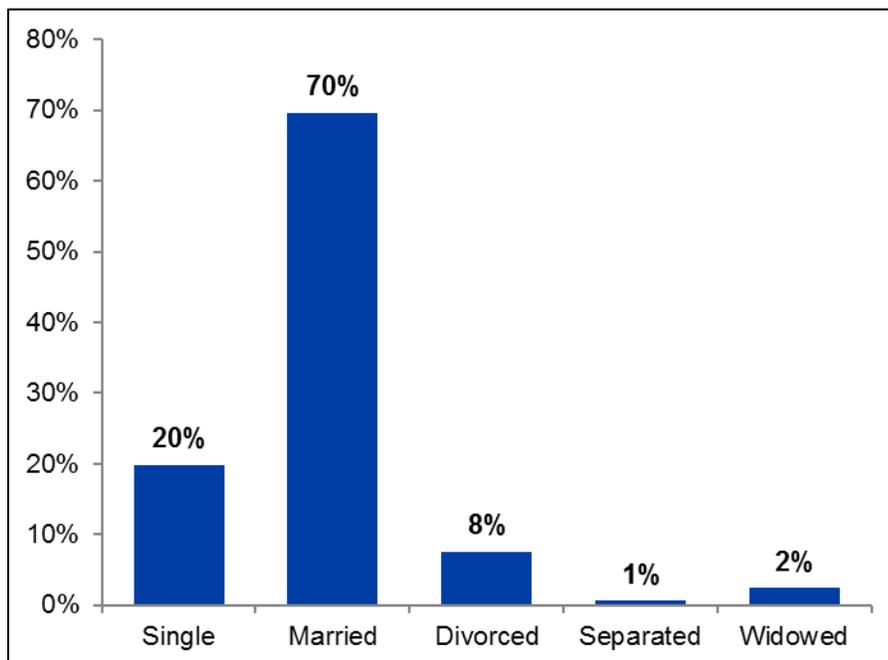
Question 45: Counting income from all sources (including all earnings from jobs, unemployment insurance, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year?

Income Range	Percent
$200,000 or more	3%
$100,000-$199,999	26%
$50,000-$99,999	41%
$35,000-$49,999	19%
$25,000-$34,999	5%
$15,000-$24,999	4%
$10,000-$14,999	1%
$5,000-$9,999	1%
Less than $5,000	1%
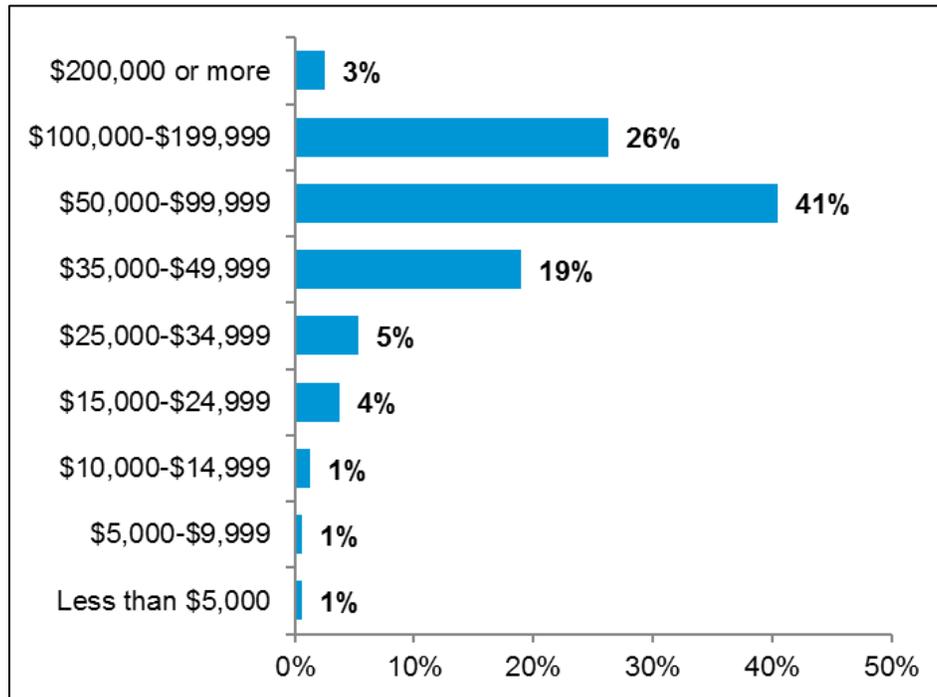
Question 46: What is your current employment status? (Check all that apply)

Employment Status	Percent
Unable to work	0%
A student	0%
A homemaker	3%
Out of work but not seeking employment	1%
Out of work but seeking employment	0%
Self-employed	9%
Collecting Unemployment Benefits	0%
Disabled	2%
Retired	14%
Employed part-time and not seeking additional employment	10%
Employed part-time at multiple jobs	6%
Employed part-time but seeking full-time employment	1%
Employed full-time	65%

Question 47: Please use the space below to add comments regarding health needs you feel need to be addressed. Your opinions are appreciated.

- *Extended clinic hours or the development of an urgent care facility*
- *No appointments available to see doctors for emergencies. Doctors in ER are horrible. Vaccines are making our children sick. Vaccine induced minor encephalitis is the norm in children. It's a vaccine crisis.*
- *Proper sex Ed needed in schools. Major drug problems in schools with adderall, Ritalin, acid, cocaine, vaping and mushrooms*
- *"Honest sex education in our high schools.*
- *Making sure that people have enough to eat. Sometimes our food bank is in crisis with so much need. "*
- *Overall, we live in a very healthy area. However, the cost of living is way too high for what wages are here. And the fact that two adults who work full can't afford to have health insurance. Luckily, my job offers health insurance for me, but to include my husband would cost me $900/month. To get an individual plan for my husband through the marketplace would be over $600/month for a $10,500 deductible. He's a completely healthy 30 year old, with no pre-existing conditions. Instead, we have to play the tax penalty because we don't have health insurance, however we can't afford it. What else can we do??*
- *Affordability due to high deductible healthcare plans*
- *Thank you for working on this. Diverse economic development and reducing health care costs will go a long way. Why does an MRI have to cost less in Denver?*
- *My children are covered by CHIP. The dental insurance provider was recently changed and now we must drive 2 hours to take my kids to see the dentist if I want to use their insurance. Many families here rely on either CHIP or Medicaid and now will not have access to dental care, because they cannot take their kids to see the one dentist who comes here once a week. Most families cannot take a day off work to drive 2 hours to take their kid to the dentist, so these kids will now receive no dental care. They cannot afford to take them here without insurance. It is maddening.*
- *Get the government out of the health care business!*
- *We need better technical interoperability to improve the ease and completeness in the sharing of health information between service providers*
- *The county is lacking majorly for those with mental health needs. There are also need for those who go through probation and have class requirements.*
- *Better use of nurse practitioners to address gaps in health care*
- *Insurance is very expensive costing over $16K for 1 person per year!*
- *Insurance costs and limited insurance payments for services are the primary reason my husband and I don't get regular check-ups. My kids get annual health checkups and bi-annual dental checks.*
- *Insurance companies to start paying!!!!!!!*
- *I think it's important for a community to have basic services. I do not think it's possible to offer all forms of treatment for all forms of issues. We are a small community and we have to choose wisely about what can be offered. We need to be realistic and smart with our choices.*
- *doctors need to start thinking outside their " box" not just recommending what the pharmaceutical representatives tell them will help their patients*
- *Adequate, safe and affordable Housing is a hot issue in Hinsdale County for working full time residents with young families.*
- *Dental*

- *There needs to be better insurance options for County and City employees.*
- *Not being able to afford the co pay for office visits is not the problem. Not being able to afford all the fees associated with an office visit to my PCP is the problem. We can't afford the office visit fees. Especially when the med office does everything possible to. Make the charge as expensive as possible. More pcp's need to bill with global fees. $80 for a "consult" about vaccinations prior to getting an injection (not to mention the injection fees and the vaccinations fees) plus fees for exams for a sports physical and a yearly exam. The 300+ dollar fees associated with the visit is what I can't afford. The $30 copay is affordable compared to that. That is the problem.*
- *Mental health would be improved by lowering property taxes for "affordable" housing, and the wasting of school taxes. Landlords are being expected to provide low income housing out of their pockets.*
- *For my family affordable insurance is a major problem, including dental, functional orthodontic and vision insurance. Increased funding for mental health services, alternative treatments and funding for exercise programs like yoga and meditation would be very valuable for my family.*
- *The health care in this valley is too expensive. I will drive to Montrose for the ER rather than go to the Gunnison hospital. The care is subpar and charges are ridiculous. If I need to see a specialist I will go to another county unless its orthopedic. It's impossible to get into to a doctor quickly. They will send you to the ER which again costs an arm and a leg.*
- *doctors don't seem to have a lot of office hours so the ER has to be used more frequently*
- *Mental health services need to be expanded. Center of Mental Health does not meet everyone's needs. I have been screened for mental health at my PCPs in the last 2 years and in multiple visits shared thoughts of suicide entering mind 50-200 times a day and not once has any of the doctors referred me to or addressed mental health directly with me by inquiring more. Their assistant staff has screened for it but that is all. I find this interesting especially if my PCP is housed at location with Center for Mental Health. Affordable mitigation for safe healthy homes is essential. In isolation one may be able to say that mitigation for something (say, radon) is relatively inexpensive, however for older homes it comes down to which can I pay for this year or pay off in the next few years? Consider the needs owning a 101 year old foreclosure home for example, as we do currently.*
- *Please do something about both Doctor in our community. GVH can do better than that and is only dragging our hospital overall services down. They are often rude to me at appointments and I feel like I have nowhere else to turn*
- *When we moved here, I was surprised by the concern for mental health in the area. Having postpartum depression and working through the stigma of it before moving here, I felt I would definitely have a support system. Since becoming pregnant again and getting off my medications, I have tried to find mental health providers to oversee my transition, but 6 months into my pregnancy I still have had no luck. I have spoken to my PCP and she doesn't seem too concerned, but I am struggling and really need to find someone.*
- *Everything was addressed by the survey questions. Nothing else to add.*
- *Access to more experienced services for small children*
- *Women's healthcare is lacking in the Gunnison Valley. Grief counseling, for immediate loss, is nonexistent at GVH and needs more attention.*
- *Lab work / imaging at the hospital should be more competitive with out of town costs.*
- *It is important to continue to promote health & wellness in our children all the way through high school, including how to access to support into young adulthood. They should understand the importance of making healthy choices every day even at a very young age & have the confidence to take charge of their health & wellness as they mature. Not just food, exercise & social choices, but how to assert & access help along the way to develop positive coping skills when life throws bumps.*

- *still paying off surgeries approved by chp, then payment taken back over a year afterwords, also our employer healthcare approved expensive procedures then payed less than 20%. ouch drowning in medical and trying desperately to stay out of collections.*
- *I appreciate the opportunity to give my opinions. I sometimes feel we try so hard to give some groups health care, and they begin to feel that they are not responsible for their own health care. Maybe education them about how other hard working groups are taxed, in order to provide for their health care.*
- *Affordable healthcare & I don't mean affordable insurance. Healthcare costs are out of control. Healthcare providers consider overcharging insurance companies OK because it doesn't cost anybody. Insurance companies don't fight it because they just pass it on in premiums which most can't afford. Most working people now die flat broke because of healthcare costs, not being able to leave anything or very little to their kids.*
- *Appropriate/affordable assistance for dementia and beyond.*
- *It is necessary to have more access to primary care physicians. Health care has become too specialized!*
- *I've said this already, but the costs of medical are just outrageous for this area, and the quality of care is on the poor side of barely acceptable. My family has to do without much needed care and appointments because we can't afford even the co-pay, or we are told to pay up-front and then have insurance reimburse us (maybe). Why does an MRI cost $1800 here, but only $700 if I drive an hour or two away? Why do I have to pay for two radiology appointments (almost $1000) just because the doctor screwed up and didn't order the right test, even though i was specific about my symptoms? Why is accessing quality mental health counselors basically a non-option in the valley? We don't need more recreation opportunities or healthy eating seminars, we need lower costs to make services accessible to more people, and better quality of care when we look for help.*
- *Life in Gunnison is very isolating, but we all pretend the beautiful surroundings and recreational opportunities make up for it. They don't. People are not friendly or welcoming until you live here for 10 years, but they'll sure talk about you behind your back. No amount of education or access to healthcare will fix that - we have to change our attitudes, and the change has to happen through our homes, schools, and churches, not some government program.*
- *COST*
- *Wait is too long to get general appointment with physician*
- *Build out more services in the Mountain clinic.*
- *Put a stop to selling vaping products.*
- **UNIVERSAL HEALTHCARE**
- *More specialists needed locally.*
- *Community needs to be more educated on services offered at the hospital and the community. Hospitals do a great job of marketing services, but the community does not appear to understand or care about the services until needed.*
- *I clicked we need more Primary care because there were no other options. We need access to an Urgent care so people have other options than the emergency department. PCPs can't get people in same day, emergency department isn't appropriate for many medical conditions.*
- *I was stumped by the question about reason people don't seek heath care (sorry, I cannot remember the wording). The #1 reason people do not seek health care is they cannot afford the insurance. Everybody at least tries school because it is affordable. Once health care is affordable and available to all, health care will become an expectation to at least try....like going to school. In fact, we should require health care and regular checkups up to 8th grade. Also, it occurs to me that people who do not seek quality health care for whatever reason, might not have internet to access this service, or, if they do not care enough to be either proactive or preventative in*

regard to their health, why would they bother to complete the survey. I'm sure you've thought of this but as it was a question for me, I thought perhaps it was worth pointing out.

- *We need better childcare for shift working parents.*
- *Aging population in the valley, cardio is needed*
- *There is a real need for more primary care / family physicians. Almost impossible to get an appointment in CB in less than 2 weeks. Also need to get specialists in Gunnison area. Extremely prohibitive to travel to Grand Junction etc. for Urology, dermatology.*
- *single payer health care would be nice-locally affordable health care would be nice*
- *alcohol rehab there are no beds in the hospital for this*
- *Geri psych, accessibility to funding, support and prevention of mental health exacerbations*
- *We need more affordable healthcare. We need to be accepted by more insurance companies.*
- *Affordable quality care without having to travel*
- *More affordable options for dental and vision. More affordable doctor visits. $100+ for a checkup is a lot when paying out of pocket!*
- *Health equity is important. Our community isn't healthy until everyone in it is healthy. The profit driven healthcare model has proven itself incapable of providing effective and affordable care. As challenging as it will be, a single payer system run by the Federal Government is much more likely to result in a system that achieves the goals of effective and affordable health care.*
- *The people I know in this community with the biggest problems gaining access to healthcare will also either not have access to this survey or will not respond. I hope that is a consideration as results are evaluated.*
- *the rate of wages compared to cost of living in Gunnison, CO don't work. There is no way to make it without help if living on a single income even if alone.*
- *Health Needs in our community are being addressed with the GVH Leadership. Community buy in is essential modeling good and best practices are essential.*
- *Substance Abuse*
- *Specialist's that would come to Gunnison. Hospital lab costs are extremely expensive.*
- *There is a huge stigma in the community about disabled and severe intractable pain patients. I have had people grab my cane and throw it, saying I am too young to be disabled. I am harassed by people when I park in handicap parking, even though I have a placard, and it is always because they think I am too young to be disabled.*
- *Including nutrition education with patients. Especially with heath concerns that are diet related, instead of prescribing drug after drug.*
- *Need internal medicine specialists and eye surgery specialists (cataracts, retina problems, etc.)*
- *I have CKD but cannot find a nephrologist in the area. I would have to travel to Denver.*
- *The high cost of healthcare in Gunnison is a huge concern to me. There are lots of breast cancer awareness things buy when it comes to women who are trying to be proactive with their breast cancer screenings and they are under 35 years old, good luck. Insurance won't cover it - perhaps that is something the local Tough Enough To Wear Pink could approach - breast cancer awareness and prevention in younger women (under 35).*
- *I wish we had an urgent care center option here in Gunnison instead of the emergency room. It seems like a waste for most to go to the ER when they could go to an Urgent care clinic if you need something after hours or during weekend/holiday hours.*
- *City Market Pharmacy - They need to better understand the needs of our community. I understand the problem stems from their corporate structure not acknowledging the need for more staff, but it severely affects our community when you have to go wait in that line. They are ALWAYS short staffed, often grumpy because of it. It*

shouldn't take 4 hours to get an Rx filled after a sick visit to the doctor. Those hours count when it comes to getting antibiotics and needed medication to curb serious illness when sick. I'm aware this is not so much a community health issue, but if you ask anyone who uses the pharmacy, they will say the same. City Market simply refuses to accept they need to address this problem to better serve our community.

- *Affordable housing is a serious issue that I believe effects the health of the community as a whole. Just with anecdotal experience, I spend nearly all of my income on rent/utilities and cannot afford to spend any additional income on healthcare costs. I know I am sick and there are services I need, but I have to choose between my rent and my health. Rent wins in the immediate, unfortunately. My household as a whole makes relatively good money but even together, we struggle to afford basic necessities. With our combined income, in a different area, we would not have these same struggles.*
- *Healthy Nutrition*

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

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

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

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

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

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

Key Findings

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

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

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

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.

- Patient Safety: More than two-thirds of patient safety measures were improving overall.

- Healthy Living: More than half of healthy living measures were improving overall.

- Effective Treatment: More than half of effective treatment measures were improving overall.

- Care Coordination: Half of care coordination measures were improving overall.

- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

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

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[40] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.

- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.

- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.

- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.

- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.

- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

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

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

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

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

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

Link to the full report:

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