Yampa Valley Health Assessment

PREPARED FOR:
NORTHWEST COLORADO VISITING NURSES ASSOCIATION
THE MEMORIAL HOSPITAL
YAMPA VALLEY MEDICAL CENTER

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Executive Summary

Project Overview

In 2015, Northwest Colorado Visiting Nurse Association (NWCOVNA), The Memorial Hospital at Craig (TMH), and Yampa Valley Medical Center (YVMC) created a joint Collaborative to conduct a community health assessment with the goal of better understanding the health needs of people living in the Yampa Valley and to solicit their perspectives on solutions to promote health in the community. Prompted by state and federal requirements for NWCOVNA and YVMC, the effort was unique in that Yampa Valley's major health care organizations planned and implemented the assessment collaboratively, rather than independently. With the expertise of Health Management Associates (HMA), the assessment activities were completed over the course of fall 2015 and early 2016.

To accomplish the Collaborative's goal of understanding the health status and the perspectives of those living in Yampa Valley, the partnering organizations and HMA developed a plan to collect information from residents and leaders. Four major methods were used including community leader forums, resident forums, a community survey, and the analysis of secondary data. The results of those methods are described in this report, and informed the report recommendations on how to build and improve upon the health and well-being of the Yampa Valley.

The findings from the report show that Yampa Valley has a number of community assets. Through forums and the community survey, leaders and residents consistently commented on the quality of the health care system and a strong network of nonprofit organizations in both counties. Prevention also emerged as a major asset with the most prominent areas being low rates of obesity, opportunities for active living and exercise, helmet use, prenatal care, vaccinations, and access to safe food. A strong sense of community emerged regularly as a key strength, and from the perspective of the community, resulted in a connectedness between families, neighbors, and the community; parent involvement in schools; and strong leaders.

Unequivocally, in the community leader forums, resident forums, and the community survey, substance abuse and mental health were the two issues raised most as a challenge in the Yampa Valley. This included a need for more awareness of the two issues, investment in more programs on substance abuse, improving access to mental health and substance abuse services, focusing on the quality of mental health and substance abuse services, and combating the community culture that promotes substance abuse/use. While not typically seen as within the purview of health care, residents also raised economic concerns. This included resources for good jobs and livable wages, affordable child care, affordable housing, and affordable health care.

Based on the community conversations and the community survey, five (5) recommendations emerged (a more comprehensive description of these recommendations can be found in the Recommendations section):

Recommendations

Recommendation #1 – Continue the Northwest Colorado Visiting Nurse Association (NWCOVNA), The Memorial Hospital at Craig (TMH), and Yampa Valley Medical Center (YVMC) Collaborative

The issues raised by the community are complex, require a number of resources, and necessitate collective action to solve them. The current Collaborative has accomplished what few communities in Colorado have – coming together as hospitals, a community health center, and a public health agency to assess to the health of the community. By bringing the combined expertise, resources, credibility of the three organizations, improving the health of all Yampa Valley has a higher likelihood of being solved

more efficiently and effectively. These strategies could include coming together on approaches to reinvest in the community through YVMC Community Benefit, pooling organizational resources on strategies deemed as priorities, approaching funders as a Collaborative – to name a few.

Recommendation #2 – Expand and Strengthen Mental Health and Substance Abuse Systems

Findings from the survey, conversations with leaders, and conversations with residents from different communities and across demographics groups showed that mental health and substance abuse are top priorities in the Yampa Valley. Funding through the Affordable Care Act and models from other states in rural settings can serve as potential resources. The Collaborative through their collective funding, expertise, and relationships with other organizations can explore options such as strengthening the workforce, implementing prevention programs, establishing innovative delivery models (e.g. telehealth), and integration with other types of care to build the capacity of mental health and substance abuse systems in the Yampa Valley.

Recommendation #3 – Bolster Primary and Behavioral Health Integration Efforts

A potential strategy for focusing on a more holistic approach to health and well-being Yampa Valley residents is primary and behavioral health integration. In 2016, a number of payment and delivery changes will begin to take shape in Colorado that support and emphasize primary and behavioral health integration. Yampa Valley is particularly well-positioned for this approach as an identified asset from community assessment is health prevention and health care systems. By integrating mental health and substance abuse programs into existing health care systems, the complexity and accessibility issues have a higher probability of being addressed for clients who need these services. Through the Collaborative, the Community Benefit program, Accountable Care Collaborative (ACC) Phase II, and other existing resources, a model integrated health system can be built in the community. Components of the model could include care team expertise with integrated care, a highly functioning workflow, the identification of patients needing integrated care, a system that engages patients and family as active participants in their care, providers that monitor treatment and outcomes of care, organizational leadership that supports the model, operational process that support the model, financial sustainability, patient data collection and use, and the integrated care model is achieving it's desired results.

Recommendation #4 – Health Is More than Health Care

There is a growing recognition that the factors contributing to our health are unrelated to what happens within the four walls of health care facilities. Social determinants of health are defined as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." And as payers of health care emphasize population health as a key performance indicator, the complete picture of what contributes to our health will continue to garner attention. The assessment results demonstrated that health means more than health care to the community and additional resources are needed to be healthy in a more broadly defined way. NWCOVNA, TMH, and YVMC could consider investing in address the social determinants of health programming or system redesign to help address the broader community needs (e.g. housing, job training, wealth building in underserved communities, etc.).

Recommendation #5 – Engage Health Care Consumers

The Affordable Care Act and other legislation has prioritized patients and consumers and brought them to the forefront of health care. As health care evolves into a more patient-centered system, developing strategies for engaging consumers is essential. The experiences learned through implementing the assessment proved that consumers are busy but interested in identifying challenges and contributing to the solutions. NWCOVNA, TMH, and YVMC could invest in ongoing and meaningful conversations with

consumers with the goal of improving the patient experience, improving the health of populations, and reducing the cost of health care. This can include participation on boards, soliciting their involvement in system redesign, and ensuring their voices are integrated into public policy related to health care. These efforts can benefit significantly if consumers and patients are inclusive of people from different genders, cultural backgrounds, income levels, towns within Routt and Moffat counties, and occupations.

Introduction

In August 2015, Northwest Colorado Visiting Nurse Association (NWCOVNA) and Yampa Valley Medical Center (YVMC) entered into an agreement to conduct a joint health assessment in the Yampa Valley. In October, The Memorial Hospital at Craig (TMH) joined the effort as a third collaborating partner. The goal of the assessment was to better understand the health needs of people living in the Yampa Valley and solicit their perspectives on solutions to promote health in the community. The three organizations contracted with Health Management Associates (HMA) to assist with completing the health assessment.

The assessment was prompted by state and federal requirements for NWCOVNA and YVMC. The Internal Revenue Service (IRS) requires that nonprofit hospitals (YVMC) "conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years."[1] The Colorado Department of Public Health and Environment (CDPHE) "require[s] that local communities examine data about health status and risk factors, assess the capacity and performance of the local public health system, and implement goals and strategies for improving health every five years."[2] Further, the Health Resources Services Administration (HRSA) requires that a health center demonstrate and document the "needs of its target population, updating its service area, when appropriate."[3]

This was a unique venture in that two organizations, fulfilling requirements to different State and Federal agencies, collaborated on this effort. With the addition of a third partner in The Memorial Hospital at Craig, the community's major health care agencies worked together to assess and advance the health of the Yampa Valley. This report describes the approach to the assessment, the results of a number of different methods to understand the health of the Yampa Valley, and recommendations to NWCOVNA, TMH, and YVMC based on the experience with conducting the assessment and the various data sources that informed the results.

Overview of the Individual Organizations

Northwest Colorado Visiting Nurse Association (NWCOVNA) was founded in Steamboat Springs, Colorado in 1964. It started out as a small agency providing only public health services and home health care; it has since grown to also provide primary care, hospice, and palliative care, as well as wellness and prevention services to all members of their community. Through their programs, their facilities have grown, as well. In 2005, NWCOVNA acquired The Haven Assisted Living Facility in Hayden and began operating a Community Health Center (CHC - Moffat County) in Craig. In 2008, the CHC became a Federally Qualified Health Center (FQHC). On January 2, 2013, NWCOVNA opened a second FQHC in Steamboat Springs (CHC - Routt County).

NWCOVNA believes that everyone deserves the chance to achieve their best health. Every day, they partner with individuals throughout the Yampa Valley at their homes, in their clinics, and in the community because healthy people and families create a healthy community. NWCOVNA continues to innovate and keep pace with health care best practices and national health care reform, such as receiving Patient-Centered Medical Home (PCMH) recognition, spearheading a regional integrated

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[1] Internal Revenue Service, New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act, https://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act

[2] Colorado Department of Public Health and Environment, https://www.colorado.gov/pacific/cdphe-lpha/requirements-local-public-health-improvement-plan

[3] United States Department of Health and Human Services, Health Resources Services Administration, Health Center Program http://www.bphc.hrsa.gov/programrequirements/index.html#need1

behavioral health program, and expanding insurance enrollment services to reach four counties in Northwest Colorado.

Yampa Valley Medical Center (YVMC) is a non-profit, non-tax-supported, independent community hospital. YVMC is dedicated to serving the needs of residents throughout Northwest Colorado and visitors from around the world. YVMC is a 39-bed acute care hospital that provides sophisticated medical services to more than 51,000 outpatients annually. The YVMC campus is home to an accredited, full-service acute care hospital including emergency care, surgical services, and the Family Birth Place with a Special Care Nursery. YVMC also provides comprehensive therapy and rehabilitation services, including a swing unit offering short-term rehabilitation stays. YVMC is a non-profit 501(c)(3) organization led by a Board of Directors who represents the local community.

Description of the Collaborative

The Yampa Valley Health Assessment was divided into a planning stage and an implementation stage among the three organizations. The planning stage comprised two components, the first being planning among the NWCOVNA and YVMC at the outset, and then eventually including TMH. This consisted of agreeing to the methods (e.g. community survey, Community Leader Forums, Resident Forums, etc.), the targeted locations (towns within Routt and Moffat counties), reviewing data collection materials (e.g. survey, interview guides, etc.), and assigning roles to individual agencies (e.g. marketing and outreach, meeting logistics, survey distribution, etc.).

As part of the planning process, local agency leaders were recruited in Steamboat Springs and Craig to assist in the review of the survey and discussion guides for resident forums and community leader forums. The purpose of these meetings was to ensure that the tools covered all of the critical health needs in the community and could support other agencies and nonprofits with their data needs in program planning and grant writing. After the review, the team at HMA revised the tools and allowed additional comments after the revisions were completed via email. The survey and facilitation guides represent input from community partners and the management teams from the partnering organizations.

During the implementation stage, each organization had a specific role in engaging participants for the Community Leader Forums and the Resident Forums, as well as in disseminating the survey to people living in the Yampa Valley. NWCOVNA, TMH, and YVMC were all responsible for recruitment activities, including advertisement in the local newspapers, distributing emails to their networks, and connecting with existing groups to engage. And at select meetings, they were responsible for introducing and framing the purpose of the assessment.

Assessment Methods/Approach

The Yampa Valley Health Assessment used a number of different methodologies to elicit perspectives from leaders, insights from community residents, and secondary data to understand population health. These included Community Leader Forums, Resident Forums, a community survey, and secondary data analysis. The intent was to utilize numerous data points to inform challenges, assets, and opportunities in the community.

The Community Leader Forums mainly focused on leaders in health care, social services, the business community, education, government, and nonprofit agencies. The goal of the meetings was to better understand the challenges, assets, root causes, and solutions. This was achieved through a facilitated dialogue where leaders listed both the challenges and assets based on their lived and professional

experiences. Collectively, leaders then prioritized the top challenges and assets. The next step was to identify the "root cause" for the top challenges to better understand why these assets exist and why the challenges persist. The final step in the process was to identify and prioritize solutions for the challenges and assets with consideration given to the root causes.

The four Community Leader Forums were hosted in Moffat and Routt counties, as these are catchment areas for the populations served by NWCOVNA, TMH, and YVMC. The locations of the Community Leader Forums were:

- Craig (Moffat County)
- Hayden (Routt County)
- Oak Creek (Routt County)
- Steamboat Springs (Routt County)

Similar to the Community Leader Forums, the Resident Forums sought to better understand the challenges, assets, root causes, and solutions in the Yampa Valley. The difference from the Community Leader Forum was the overall approach to promote more of a conversation rather than a structured dialogue. The conversations mainly centered on perceived challenges, assets, and solutions. Resident Forums were hosted in:

- Craig (Moffat County United Way Getting Ahead group)
- Hayden (open invitation)
- Oak Creek (open invitation)
- Steamboat Springs (open invitation and Selah Steamboat group)

A 29-question community survey consisting of demographic, personal health, community assets, and community challenges was widely distributed throughout the community. The survey responses were collected via paper surveys and electronically through an online platform. Surveys were available in English and Spanish.

Secondary data were extracted from a number of sources including the United States Census Bureau's American Community Survey, Behavioral Risk Factor Surveillance Survey, the Center for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research (WONDER), and the Colorado Health Institute's Colorado Health Access Survey. These data are available in the appendices.

Community Leader Forums

A total of 22 community leaders attended the four community leader forums, representing a wide range of community organizations and interests, such as school nurses, school administrators, local medical center services staff, local city council members, leaders from senior-serving organizations, and leaders from youth-serving organizations.

Community Leader Forum Findings

Assets

Community leaders prioritized maintaining access to quality medical services as a great asset to their community (South Routt Medical Center, Yampa Valley Medical Center, the VNA, and MindSprings for mental health). Having these services available in close proximity to people in the communities is viewed as a benefit to the residents. In Oak Creek, leaders voted to prioritize maintaining access to dentists and OB/GYNs, as this access is a great asset to the community, despite its small size. A strong sense of community was another asset voted a priority by many leaders in all four of the forums, which includes strong local leaders, a sense of connectedness to other residents, and high levels of parental participation in schools.

Figure 1: Number of Mentions of Community Assets in Community Leader

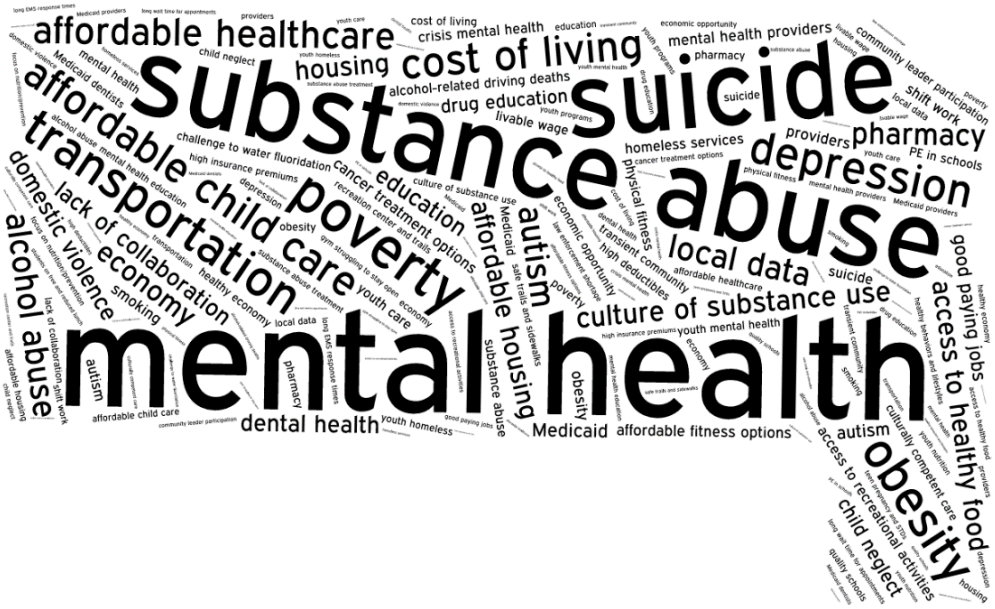
Leaders in the community forums also voted access to outdoor recreation as a high priority asset for their community, and pointed to their access to parks, natural open space, and free outdoor activities as a strong benefit available to local residents. Leaders pointed to these areas as ways that maintain lower obesity rates and promote healthy living within the communities. Others commented on environmental quality, particularly clean air and water.

Challenges

While many of the assets listed above were common to all the community leader forums, more distinction between communities was found when assessing problem areas in the community. Although access to healthcare was touted as a great asset to all of the communities in general, there were gaps highlighted as problem areas. In the smaller communities, access to mental health is viewed as a large gap in available health care, while many leaders in Steamboat Springs named MindSprings as a great asset to their community. In addition, leaders in both Hayden and Oak Creek expressed the need for more local-level data, because often the data for these communities is only available at the county level. Given the differences (e.g. population, wealth, and race) in the communities, leaders expressed a need to have more specific data available for the communities, so that their data is not skewed by Steamboat Springs. Further, lack of economic opportunity was cited by leaders in Hayden and Oak Creek as a major source of problems and stress for local residents, while economic opportunity had been listed as an asset by a Steamboat Springs leader.

Despite some areas showing the gaps between Steamboat Springs and other communities within the same county, commonalities in health needs across all the communities did occur. Substance use/abuse, and a community that accepts the culture of substance use was named by many leaders in every forum. How each community's culture accepts substance use/abuse differs, as Steamboat Spring's leaders named it in reference to the town being a resort community and "party town," while Hayden and Oak Creek leaders pointed to substance use/abuse in terms of lack of opportunity and prevalence of poverty. In addition to substance use and abuse, affordable child care was cited by leaders as a major need for their communities. There is a lack of available child care providers, and the rate for the few available providers is very high. Leaders in the communities also spoke about the lack of affordable housing as an area of great concern to residents.

Figure 2: Number of Mentions of Community Challenges in Community Leader



Priorities

When asked to pick the top three assets that needed continued support in the four communities, a set of consistent themes emerged. The three priority areas that each community voted to maintain as assets are detailed in Table 1.

Table 1: Assets Identified by Community Leaders in Each Community

	VNA	YVMC	MindSprings	South Routt Medical Center	Close sense of community	School Wellness Coordinator	Highly committed nonprofits	CNCC campus
Craig							O	O
Hayden					O	O		
Oak Creek				O	O	O		
Steamboat Springs	O	O	O					

Table 2 shows the problem areas that each community voted as the highest priorities to resolve. These two tables illustrate the commonalities of both assets and problems between the four communities.

Table 2: Challenges Identified by Community Leaders

	Substance Use/Abuse	Affordable Housing	Affordable Childcare	Mental Health	Local-Level Data	Economic Opportunity	Poverty
Craig	O			O			O
Hayden	O			O		O	
Oak Creek	O			O	O		
Steamboat Springs	O	O	O				

Solutions

The next task for leaders, after discussing the assets and problem areas of their communities, was to generate solutions. In Oak Creek and Steamboat Springs, leaders pointed to finding additional sources of funding to expand services available at the local medical centers (South Routt Medical Center and the YVMC and the VNA, respectively), as well as continuing existing collaboration efforts between the medical centers and community organizations, or creating such efforts where they do not already exist. In several forums, many community leaders emphasized increasing education efforts surrounding substance use/abuse in the community in both schools and in the larger community. In Steamboat Springs, leaders suggested implementing an affordable housing fee that would be levied on new developments as a way to increase funding to provide either housing assistance or to create more

affordable housing options. Education efforts to improve job skill development, as well as increase youth resiliency, were cited as ways to improve mental health as well as decrease substance use/abuse.

Table 3: Solutions Identified by Community Leaders

	Additional Funding	Collaboration between Medical Centers and Community Organizations	Substance Abuse Prevention Programs	Proactively Resolve Community Problems	Evaluation of School Health and Wellness Programs	Increase Access to Mental Health
Craig				O		
Hayden					O	O
Oak Creek		O				O
Steamboat Springs	O		O			

In Hayden, leaders prioritized the need to track and show outcomes of health and wellness programs in schools. Doing so would inform both the need for local level data, as well as potentially making the case for increased grant funding to increase or improve such programming. The majority of Craig community leaders selected the need for the Craig community to discuss solutions to their problems, rather than waiting for solutions to "come to [the community]." Table 3 details the solutions that community leaders voted as the best way to resolve problems or maintain the assets within their communities.

Resident Forums

A total of 10 forums were scheduled for the Yampa Valley Health Assessment. This included Craig (3), Hayden (1), Oak Creek (1), and Steamboat Springs (5). Recruitment for the resident forums occurred through various methods, including advertisement in the local newspapers, distributing emails to networks of YVMC, TMH, and NWCOVNA staff, and connecting with existing groups to engage with residents. Residents who participated in a forum received a $25 Visa gift card. Seven forums were planned for English speakers and an additional three were planned for Spanish speakers. Three of the 10 forums did not have any attendees, and three of the forums had 2 attendees or fewer. Table 4 represents the demographic demographics of those attending the forums in the four communities.

Table 4: Resident Forum Demographics

Resident Forum Demographics					
Residence	**%**	**N**	**Education Level**	%	N
Craig	61.9	26	Less than high school	0.0	0
Steamboat Springs	28.6	12	High school (grades 9-12, no degree)	21.1	8
Hayden	4.8	2	High school graduate (or GED)	10.5	4

Oak Creek	4.8	2	Some college (1-4 years, no degree)	26.3	10
			Associate's degree (including occupational or academic degrees)	15.8	6
Length of Residence	**Mean**	**Median**	Bachelor's degree (BA, BS, AB, etc.)	15.8	6
	32 years	27 years	Master's degree (MA, MS, MENG, MSW, etc.)	7.9	3
			Professional school degree (MD, DDC, JD, etc.)	2.6	1
Age	**Mean**	**Median**	Doctorate degree (PhD, EdD, etc.)	0.0	0
	60 years	66 years			
Gender	**%**	**N**	**Income**	**%**	**N**
Male	16.7	7	$1 – 4,999 or less	2.9	1
Female	81.0	34	$5,000 – $9,999	2.9	1
Other	2.4	1	$10,000 – $14,999	11.8	4
			$15,000 – $24,999	32.4	11
Race/Ethnicity	**%**	**N**	$25,000 – $34,999	11.8	4
White/Caucasian	97.6	41	$35,000 – $49,999	5.9	2
Other	2.4	1	$50,000 – $74,999	14.7	5
			$75,000 – $99,999	8.8	3
Marital Status	**%**	**N**	$100,000 - $124,999	0.0	0
Married/Partnered	50.0	21	$125,000 - $149,999	2.9	1
Widowed	19.1	8	Over $150,000	5.9	2
Never married/Single	14.3	6			
Divorced	14.3	6	**Source of Health Care**	**%**	**N**
Other	2.4	1	A plan purchased through an employer or union	13.2	5
			A plan that you or another family member buys on your own	15.8	6
Employment Status	**%**	**N**	Medicaid or other state program	31.5	12
Full-time, year-round	21.6	8	Medicare	36.8	14
Part-time, year-round	16.2	6	Veterans' Administration	2.6	1
Seasonal	0.0	0	Alaska Native, Indian Health Service, Tribal Health Services	0	0
Unemployed	18.9	7	I have no health care coverage.	0	0

Retired	43.2	16	I have no health care coverage and pay cash for health care.	0	0

As illustrated in Table 4, the resident forum participants were mostly from Craig and were long-term residents of the Yampa Valley with a mean length of residence of 32 years. The mean age of respondents were 60 years old, a majority were female, a majority were White, and a majority were married. Those attending the forums were more likely to have higher education levels (with some college or more), more likely to be retired, half made less than $25,000 per year and the other half made over $25,000 per year. The health insurance source for 71% of the participants was government programs (Medicaid, Medicare, and Veterans' Administration).

Resident Forum Findings

Challenges

Mental Health

With the exception of one Resident Forum, mental health was raised repeatedly as a concern in the Yampa Valley ranging from access to, availability of, awareness of, and outcomes from a lack of care. Forum participants commented on the need to improve access and capacity for information and services related to mental health. This mainly centered on the challenges of receiving services, the number of mental health providers accepting Medicaid, and the quality of services provided. Others suggested that more needs to be done to discuss "real community issues" such as untreated mental health, depression, and the role of law enforcement in responding to mental health crises. Finally, suicide was a consistent theme in the forums, indicating that more mental health services are needed to address the perceived rise in suicides.

Substance Abuse

Related to mental health services, residents indicated the pervasiveness of substance abuse across the two counties. The first step to addressing the challenge, per the resident forums, is to raise general awareness of substance abuse and addiction. Subsequently, residents indicated the need to address issues with alcoholism, heroin use, the accessibility of various legal and non-legal drugs, and the growing number of marijuana dispensaries. Residents stated that these problems in the communities are compounded by the lack of/inadequacy of substance abuse services such as counselors, detox centers, and Alcoholics Anonymous/Narcotics Anonymous.

Specialty Care

Access to specialists was a common theme across the age spectrum among attendees at the Resident Forums. In communities outside of Steamboat Springs, attendees commented that specialty care could only be accessed by leaving their communities, and options for specialists via telemedicine were unavailable. Further, parents whose young children needed specialists had to drive to Denver to Children's Hospital. Other residents said the community lacked access to pain clinics, arthritis specialists, neurologists, pulmonologists, ophthalmologists, and gastroenterologists.

Healthy Eating and Active Living

Information, resources, and access to facilities were raised as primary challenges to promoting healthy eating and active living in the Yampa Valley. In both Craig and Steamboat Springs, a number of attendees commented on the infrastructure of the towns as not supportive of active living. Particularly, residents pointed to a lack of safe sidewalks, bike lanes, lighting at night, and the appropriate signage in

town. Residents recognized the existence of already-established recreational facilities in the respective communities; however, residents cited high cost of accessing these facilities as a barrier.

Conversations related to access to healthy food were mixed. Forum participants acknowledged the availability of healthy food in local communities, and some commented that the quality and affordability of healthy foods remained a barrier. Additionally, instead of accessing these foods from local grocers, food banks were often the source for healthy foods.

Transportation

Transportation options throughout the region was a recurring theme in all of the resident forums. This included a need for public transportation options to access health care, getting to other towns within the Yampa Valley, and the inconsistency/lack of reliability of transportation.

Assets

Yampa Valley Community

Resident forum attendees consistently noted that the community itself was a major asset. Similar to the Community Leader Forums, many commented on the strong sense of community where people know each other and support one another. Others commented that the low crime rate, a good place to raise kids, outdoor recreation, and the educational opportunities contributed to them viewing the community as an asset.

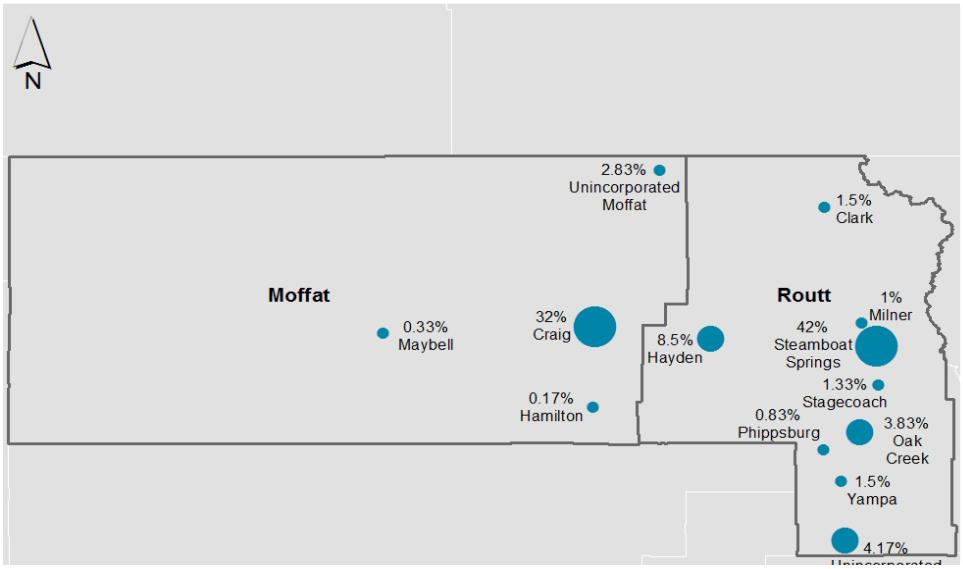
Network of Health and Non-profit Organizations

While forum participants were critical of some aspects of health and human service agencies in the community, they consistently viewed these agencies as major assets in the communities. Whether this meant access to preventive services at NWCOVNA, quality of care received at TMH, senior care received at YVMC, or the accessibility of services at SRMC, these organizations were appreciated and valued. Non-profit organizations and churches were viewed as critical in promoting healthy lifestyles, access to nutritious foods, assistance with living expenses, and access to public benefits.

Community Survey

Demographics

A total of 672 people responded to the community survey, with 646 English and 26 Spanish survey responses. Thirty three (n=33) responses were removed from the analysis for inconsistent and/or inappropriate responses. Additionally, not all respondents answered all of the questions. Therefore, the "n" value identified in each response indicates the number of respondents to that question.



Map 1. Responses by Town

As indicated by Map 1, a large majority (74%) of the completed surveys came from people living in Steamboat Springs (42%) and Craig (32%). The remaining 26% of the survey respondents were from surrounding areas, with the highest percentage from Unincorporated Routt County. Over half of respondents (56%) reported living in Moffat County, and 30% live in Routt County. The remaining respondents either did not live in either county or did not respond**.** With the low number of responses from areas other than Craig and Steamboat, analysis of variables by these jurisdictions was challenging and therefore not included in the following analysis.

The average age and median age of the respondent was 44 years old (n=602). The respondents were predominately female (72%, n=600) versus male (28%). The majority of those completing the survey identified as White/Caucasian (89%, n=585) and followed by Hispanic/Latino (6%, n=585).

A total of 596 responded to the marital status question (Table 5). Almost two-thirds of the sample was Married/Partnered (62%), with Never Married/Single (20%), and Divorced (14%) following. Three percent (3%) of the reported as Widowed. One percent (1%) said “other”, but no data were available to indicate what this meant to the four respondents.

Table 5: Marital Status

	Number of Respondents	% of Respondents
Married / Partnered	372	62%
Never Married / Single	120	20%
Divorced	85	14%
Widowed	15	3%
Other	4	1%
Total	596	100%

Those completing the survey were highly educated (Table 6). Almost a third of the respondents had a Bachelor's Degree (30%) and another 21% percent had a Master's Degree. Seventeen percent (17%) of those completing this question had a High School Education or less. A total of 27% had Some College (14%) or an Associate's Degree (13%).

Table 6: Level of Education Completed

Education Level	Number	% of Respondents
Less than High school	30	5%
High School	34	6%
High School Graduate (or GED)	33	6%
Some college	83	14%
Associate's Degree	78	13%
Bachelor's Degree	181	30%
Master's Degree	127	21%
Professional School Degree	18	3%
Doctorate Degree	11	2%
Total	595	100%

Income of the majority of survey respondents was over $35,000 (Table 7). Of the sample of respondents, 77% earned a household, pre-tax income of $35,000 and over. The largest majority made between $50,000-74,000 (18%), followed by $75,000 – $99,999 (16%), $100,000 - $124,999 (14%), and $35,000 – $49,999 (12%). Respondents completing the survey who earn over $100,000 in pre-tax income comprise 31% of the total sample. Those with household incomes below $35,000 comprise 23% of the sample.

Table 7: Annual Household, pre-tax, income

Income Category	Number	% of Respondents
$1 – 4,999 or loss	34	6%
$5,000 – $9,999	13	2%
$10,000 – $14,999	15	3%
$15,000 – $24,999	30	5%
$25,000 – $34,999	38	7%

$35,000 – $49,999	65	12%
$50,000 – $74,999	99	18%
$75,000 – $99,999	92	16%
$100,000 - $124,999	79	14%
$125,000 - $149,999	45	8%
Over $150,000	52	9%
Total	562	100%

Table 8 provides a summary of the employment of those completing the survey. Approximately two-thirds (64%) of respondents reported full-time, year-round employment, and 14% indicated part-time, year-round employment. The next largest percent of respondents responded as Retired (12%), followed by Unemployed (7%), and Seasonal Employment (4%).

Table 8: Type of Employment

Type of Employment	Number	% of Respondents
Full-time, year-round	380	64%
Part-time, year-round	85	14%
Seasonal	23	4%
Unemployed	39	7%
Retired	70	12%
Total	597	100%

Health Demographics

Table 9 provides a summary of those reporting whether they had a primary care provider. Seventy six percent (76%) of those who participated in the survey reported having a primary care provider. Twenty percent (20%) said they did not have a primary care provider, and four percent (4%) were not sure if they had a primary care provider.

Table 9: Has a primary care provider

	Number of Respondents	% of Respondents
Yes	451	76%
No	122	20%
Not Sure	24	4%
Total	597	100%

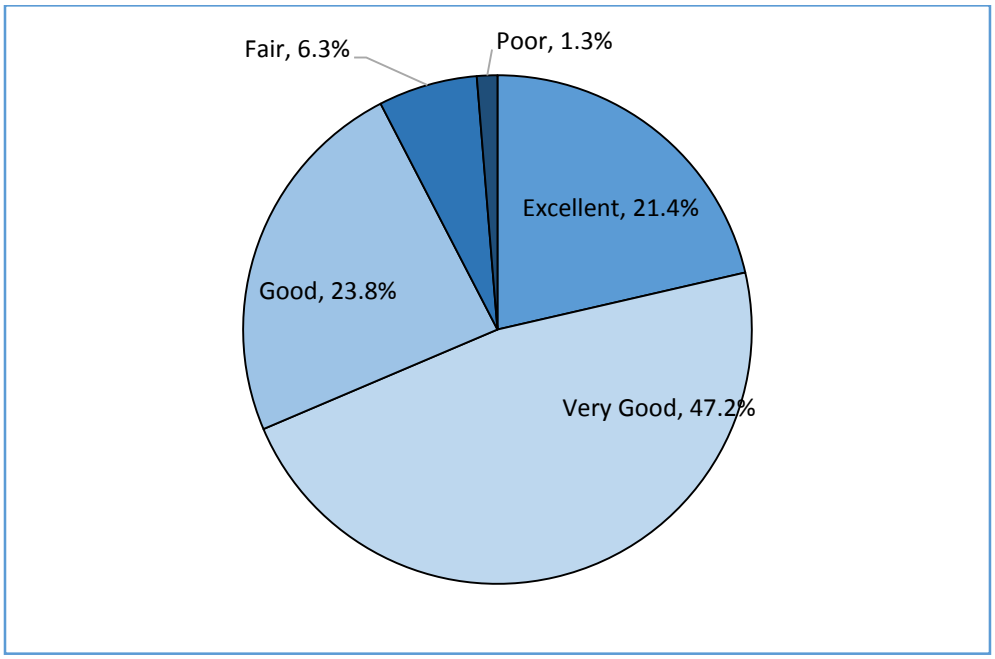
With respect to type of health care coverage (Table 10), the large majority of the survey respondents (61%) received their health coverage through an employer or union. Another 14% received their health care through Medicare, 11% through a family member plan, and 9% from Medicaid or some other state program. Only four percent (4%) of the sample was uninsured.

Table 10: Type of Health Care Coverage

Type of health care coverage	Number of Respondents	% of Respondents
A plan purchased through an employer or union (includes plans purchased through another person's employer)	348	61%
A plan that you or another family member buys on your own (e.g., Rocky Mountain Health Plans, Blue Shield, HMO)	65	11%
Medicaid or other state program	50	9%
Medicare	80	14%
Veterans' Administration	7	1%
Alaska Native, Indian Health Service, Tribal Health Services	0	0%
I have no health care coverage.	14	2%
I have no health care coverage and pay cash for health care.	9	2%
Total	573	100%

Community Survey Findings

Figure 3: Respondents' Description of their Health (n=618)



Overall, the community description of their health was very good. Twenty-one percent (21.4%) rated their health as "excellent", 47.2% rated their health as "very good", and 23.8 % said their health was "good". Much smaller percentages of respondents said their health was "fair" (6.3%) or "poor" (1.3%).

When we examined the data of fair or poor health by age, income, county, and education attainment, we noticed a trend that respondents' description of their health was shaped by these factors.

Table 11: Poor or Fair Health, by County

	Routt	Moffat	Unincorporated Routt	Unincorporated Moffat
Reported Fair/Poor Health	5%	16%	4%	0%

Table 11 shows a major difference in those completing the survey and their report of poor or fair health. Those living in Moffat County (16%) were more than three times more likely to say their health was fair or poor compared to those living in Routt County (5%).

Table 12: Level of Education for Respondents who Reported Poor or Fair Health

Level of Education	% of Respondents who reported Poor or Fair Health, by Level of Education
Less than High School	6%
High school (Grades 9-12, no degree)	14%
High School Graduate (or GED)	21%
Some College	14%
Associate's Degree	11%
Bachelor's Degree	4%
Master's Degree	5%
Professional school degree	6%
Doctorate degree	0%

Education also showed differences in those reporting fair or poor health (Table 12). High School Graduates (21%) had the highest percentage of reporting fair or poor health. Those with Some College, and High School with No Degree were the next highest percentage at 14%. As educational levels increase, respondents with Associates Degrees or higher report less fair or poor health.

Table 13: Household Income for Respondents who Reported Poor or Fair Health

Household Income	% of Respondents who reported poor or fair health
$24,999 or less	14%
$25,000 to $49,999	13%
$50,000 to $74,999	5%
$75,000 to $99,999	6%
Over $100,000	8%

We also noted a relationship between respondents with lower incomes saying they are in fair or poor health. Fourteen percent (14%) of those making less than $25,000 responded that their health was fair or poor. As seen in Table 13, as income increases, the percentage of respondents reporting fair or poor health decreases.

Table 14: Age Group for Respondents who Reported Poor or Fair Health

Age Group	% of respondents reporting poor or fair health
18 to 24 Years	5%
25 to 40 Years	10%
41 to 64 Years	8%
65 years and Older	3%

Age group differences were not as pronounced as other groups (Table 14). The age group with the largest percentage of fair or poor health was 25 to 40 Years (10%), followed closely by 41 to 64 Years (8%). The lowest age group reporting poor or fair health was 65 Years and Older at three percent (3%).

Perceptions of Health in the Yampa Valley

Table 15: Top Most Important Factors Needed for a Healthy Community

Top most important factors needed for a Healthy Community (n=635)	% of respondents
Affordable health care	26.3%
Good paying jobs and livable wage	26.3%
Access to health care	23.9%
Access to quality schools	19.8%
Affordable housing	17.8%
Access to quality health care providers	15.4%
Access to healthy foods/healthy food choices	15.1%
Healthy behaviors and lifestyles	15.0%
Healthy economy	12.9%
Clean environment	11.3%

The following set of questions in the survey asked respondents to give their top three answers in each of the categories. This method was used to better understand the community's top priorities in each area of interest. Questions sought to understand from residents:

- What is needed for a healthy community,
- What is lacking in the Yampa Valley to create a healthy community,
- Factors that exist in the Yampa Valley that create a healthy community,
- The most important health issues in the Yampa Valley,
- Areas where the Yampa Valley is the healthiest,
- The most important risky behaviors in the Yampa Valley,
- The three risky behaviors the Yampa Valley is preventing,
- Services needing improvement in the Yampa Valley,
- Services that are meeting the community's needs in the Yampa Valley,
- Healthy behaviors where there is a need for more information about, and
- Healthy behaviors where there is enough information.

According to respondents, (Table 15) the three most important factors needed for a healthy community in aggregate included affordable health care (26.3%), good paying jobs and livable wage (26.3%), and

access to health care (23.9%). The prioritized factors listed were all below 20% but included to highlight other areas of importance.

Figure 4: Top 10 Factors Contributing to a Healthy Community, by County

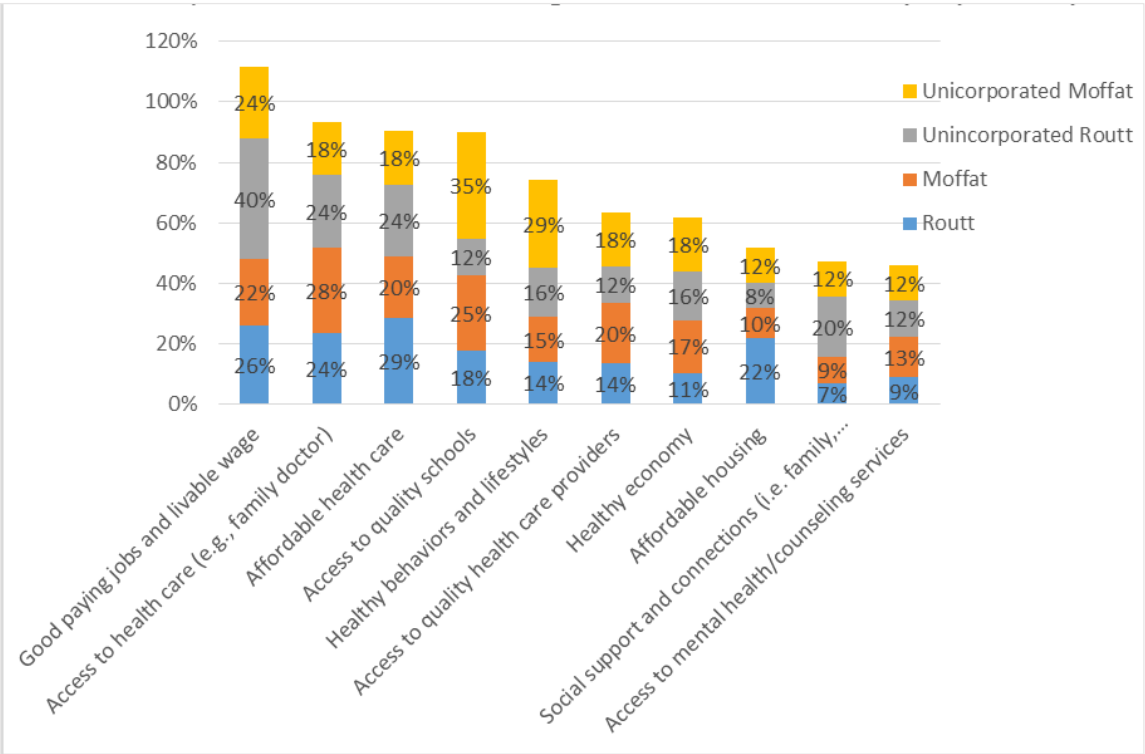


Figure 4 prioritizes factors contributing to a healthy community by county. In Routt County, the top three indicators contributing to a healthy community included: affordable health care (29%), good paying jobs and a livable age (26%), and access to health care (24%). In Moffat County, survey respondents ranked access to health (28%), access to quality schools (25%), and good paying jobs and a livable wage (22%) as their top three indicators contributing to a healthy community.

Figure 5: Top 10 Factors Contributing to Health Community, by Income

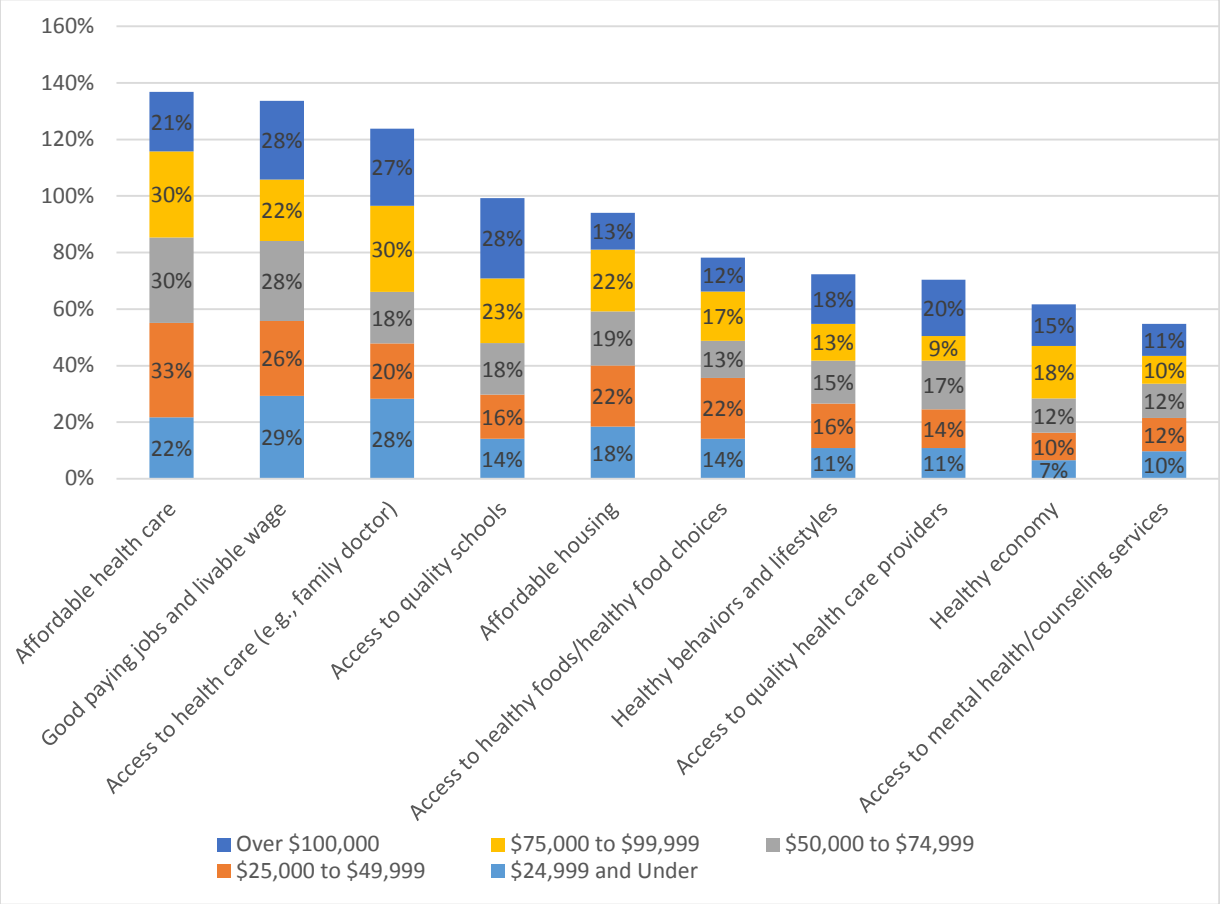


Figure 5 reports factors that contribute to a healthy community by income. Those making over $100,000 indicate access to quality schools (28%), good paying jobs and a livable wage (28%), and access to health care (27%) as their top three indicators. Those in the $75,000-$99,000 group prioritized access to health care (30%), affordable health care (30%), and access to quality schools (23%). For the income group $50,000 to $74,999, affordable health care (30%), good paying jobs and a livable wage (28%), and affordable housing (19%) were their top priorities. In the $25,000 to $49,999 affordable health care (33%), good paying jobs and livable wage (26%), affordable housing (22%), and access to healthy foods/healthy food choices were key contributors to a healthy community. For those with incomes of less than $25,000, top factors were good paying jobs and livable wages (29%), access to health care (28%), and affordable health care (22%).

Figure 6: Top 10 Important Factors Needed for a Healthy Community, by Age Group

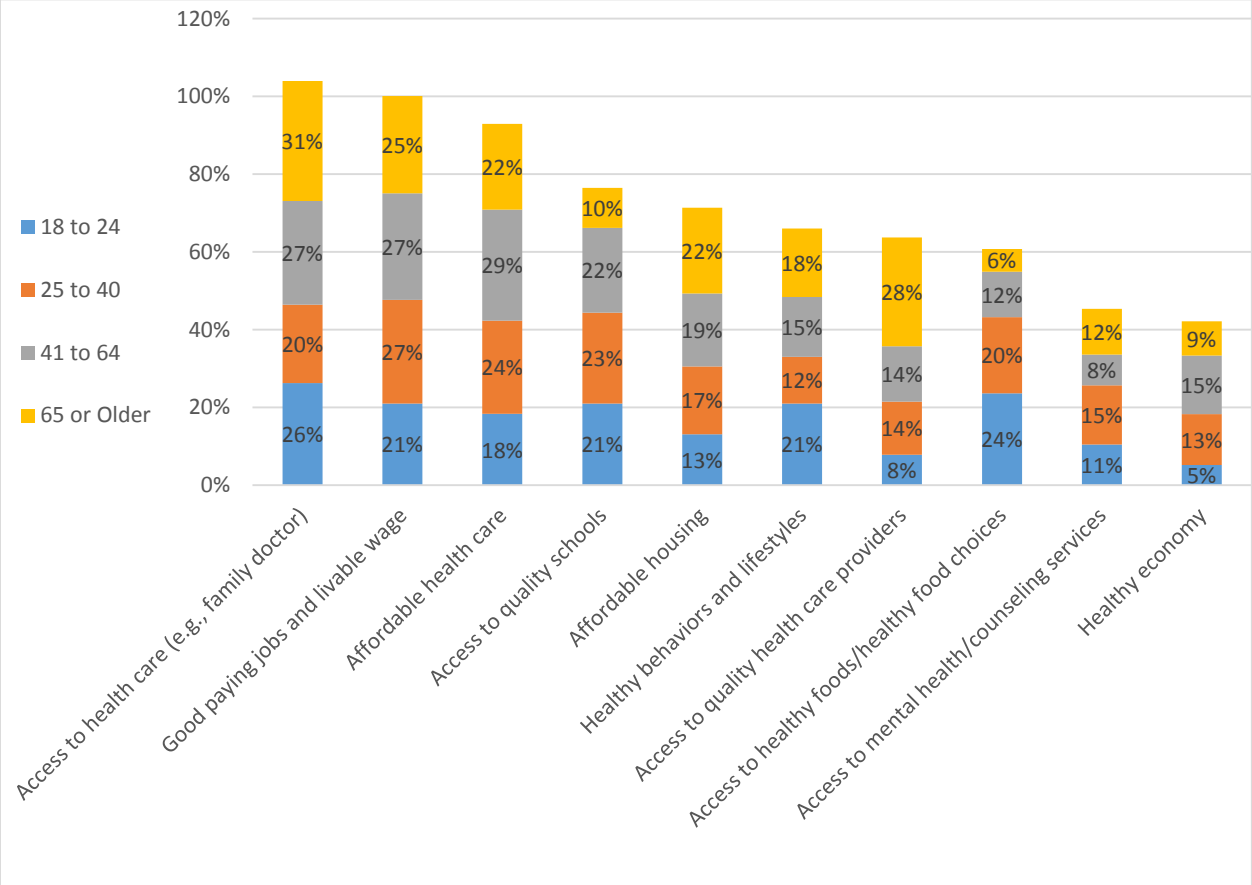


Figure 6 illustrates an analysis of factors that contribute to a healthy community by age. Those 65 and older reported access to health care (31%), access to quality health care providers (28%), and good paying jobs and livable wage (25%) as the top factors. Adults 41 to 64 prioritized affordable health care (29%), good paying jobs and a livable wage (27%) and access to health care (27%). For the 25 to 40 age group, good paying jobs and a livable wage (27%), affordable health care (24%), and access to quality schools (23%) were considered the most important. Finally, for those 18 to 24, access to health care (26%), access to healthy foods/healthy food choices (24%), good paying jobs and livable wage (21%), access to quality schools (21%), and healthy behaviors and lifestyles (21%) were key factors in contributing to a healthy community.

Table 16: Most Important Factors Lacking or Missing in the Yampa Valley

Most important factors lacking or missing in the Yampa Valley (n=628)	% of respondents
Affordable housing	44.9%
Good paying jobs and livable wage	40.1%
Access to affordable child care options	26.6%
Affordable health care	25.6%

Survey respondents were also asked to report the three most important factors lacking or missing in the Yampa Valley to create a healthy community (Table 16). A deeper analysis of this was not conducted by county, age, or income, but these data shed light on what factors need improvement from the

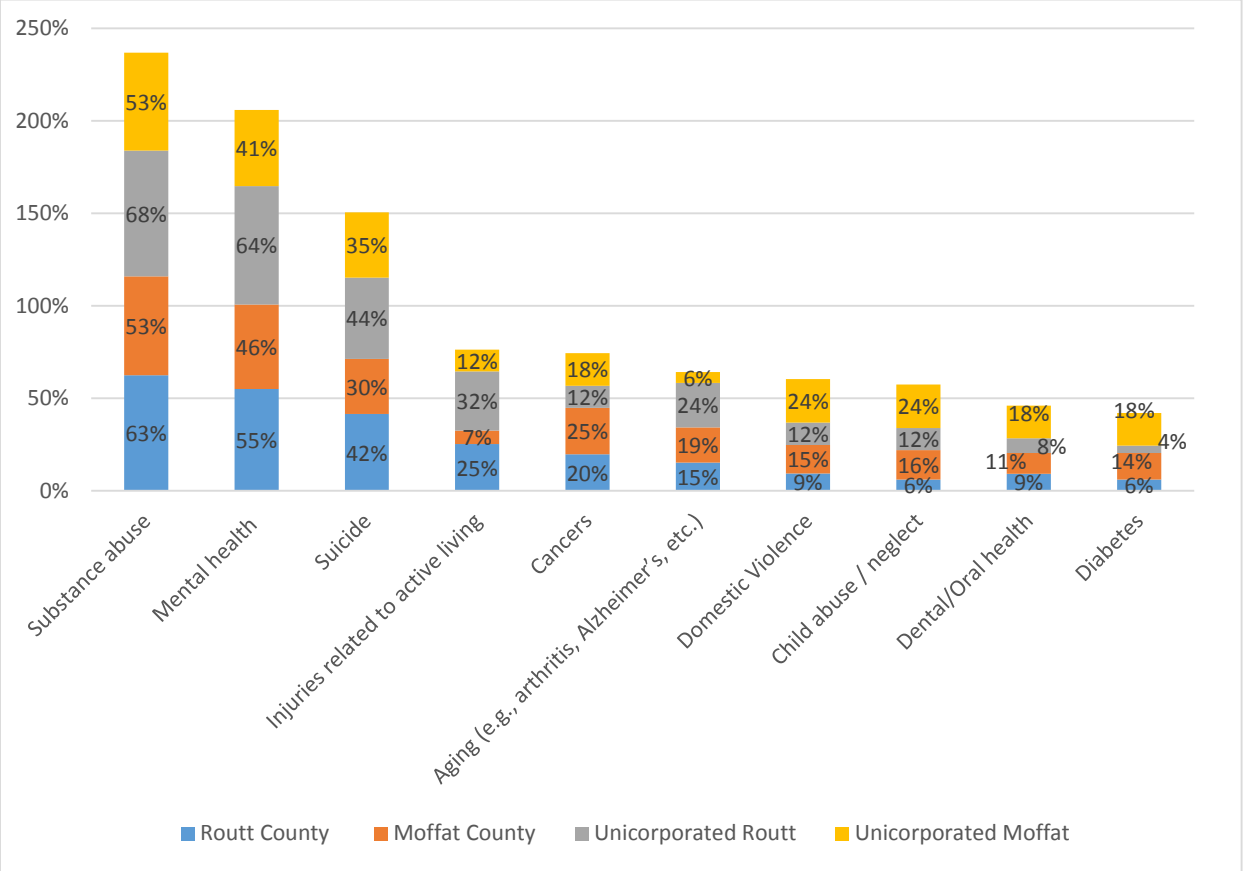
perspective of survey respondents. Namely, affordable housing (44.9%), good paying jobs and livable wage (40.1%), access to affordable child care options (26.6%), and affordable health care (25.6%).

Table 17: Most Important Health Issues in the Yampa Valley

Most Important Health Issues (n= 635)	% of respondents
Substance abuse	**59.8%**
Mental health (i.e. depression, grieving, etc.)	**52.3%**
Suicide	**38.3%**

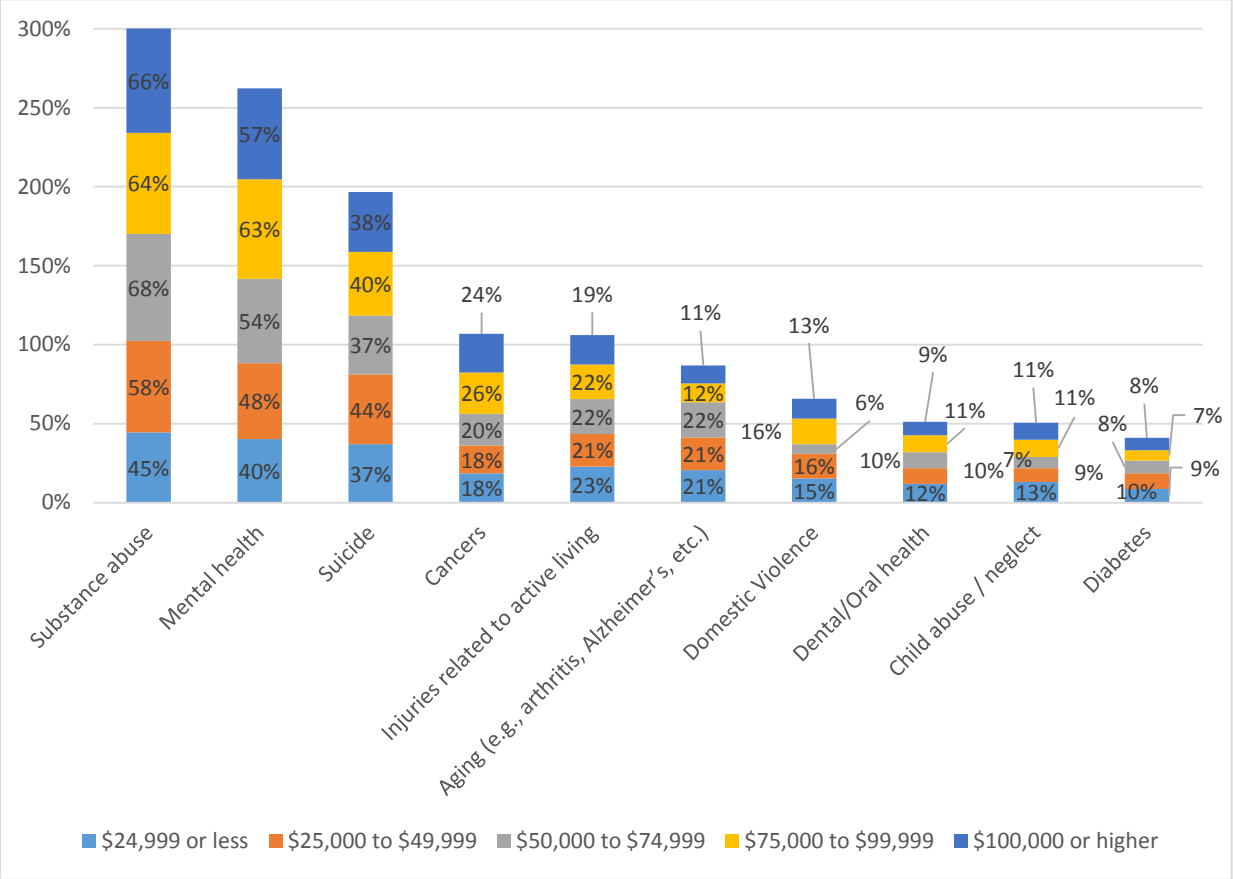
When asked the three most important health issues in the Yampa valley, Table 17 highlights the top responses. Substance abuse (59.8%), mental health (52.3%), and suicide (38.3%) were the priorities identified by the survey respondents.

Figure 7: Most Important Health Issues in the Yampa Valley (Top Ten), by County



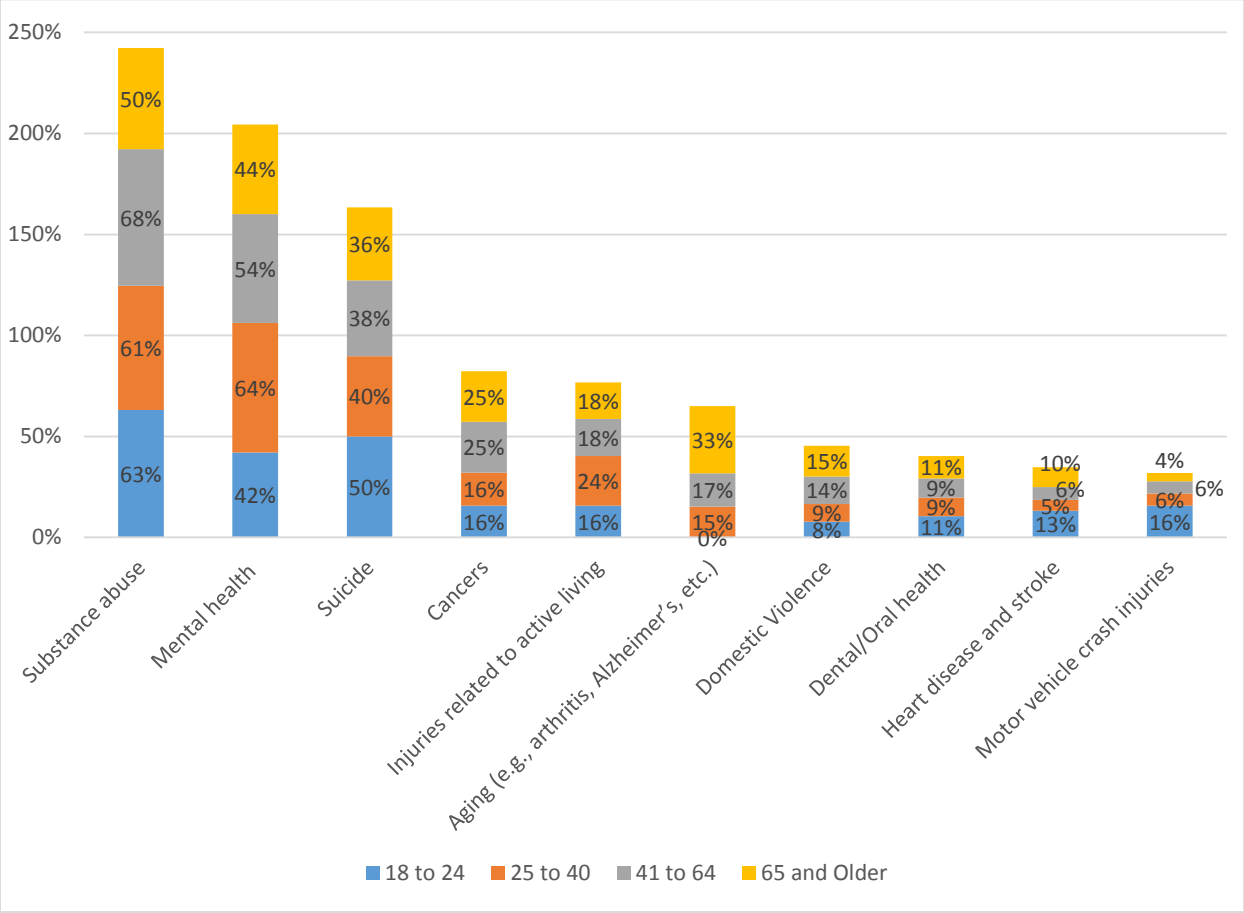
When we examine the most important health issues by county (Figure 7), there are similarities between the aggregated sample counties. Moffat County residents reported substance abuse (53%), mental health (46%), and suicide (30%) as the top health issues in the Yampa Valley. The priorities for those completing the survey from Routt County included substance abuse (63%), mental health (55%), and suicide (42%).

Figure 8: Most Important Health Issues in the Yampa Valley (Top Ten), by Income



The results shown in Figure 8 also parallel the data seen in the previous two data point. Those in the $100,000 or higher group report substance abuse (66%), mental health (57%), and suicide (38%) as their top health issues. Substance abuse (64%), mental health (63%), and suicide (40%) were also the top issues for those in the $75,000-$99,999 income group. Respondents with incomes between $50,000 to $74,999, substance abuse (68%), mental health (54%), and suicide (37%) also ranked their top issues in the same order as the previous groups. In the $25,000 to $49,999 income group, substance abuse (58%), mental health (48%), and suicide (44%) were elevated as top priorities. Finally, for those making less than $25,000, substance abuse (45%), mental health (40%), and suicide (37%) were identified as top factors, mirroring the other income groups.

Figure 9: Most Important Health Issues in the Yampa Valley (Top Ten), by Age Group



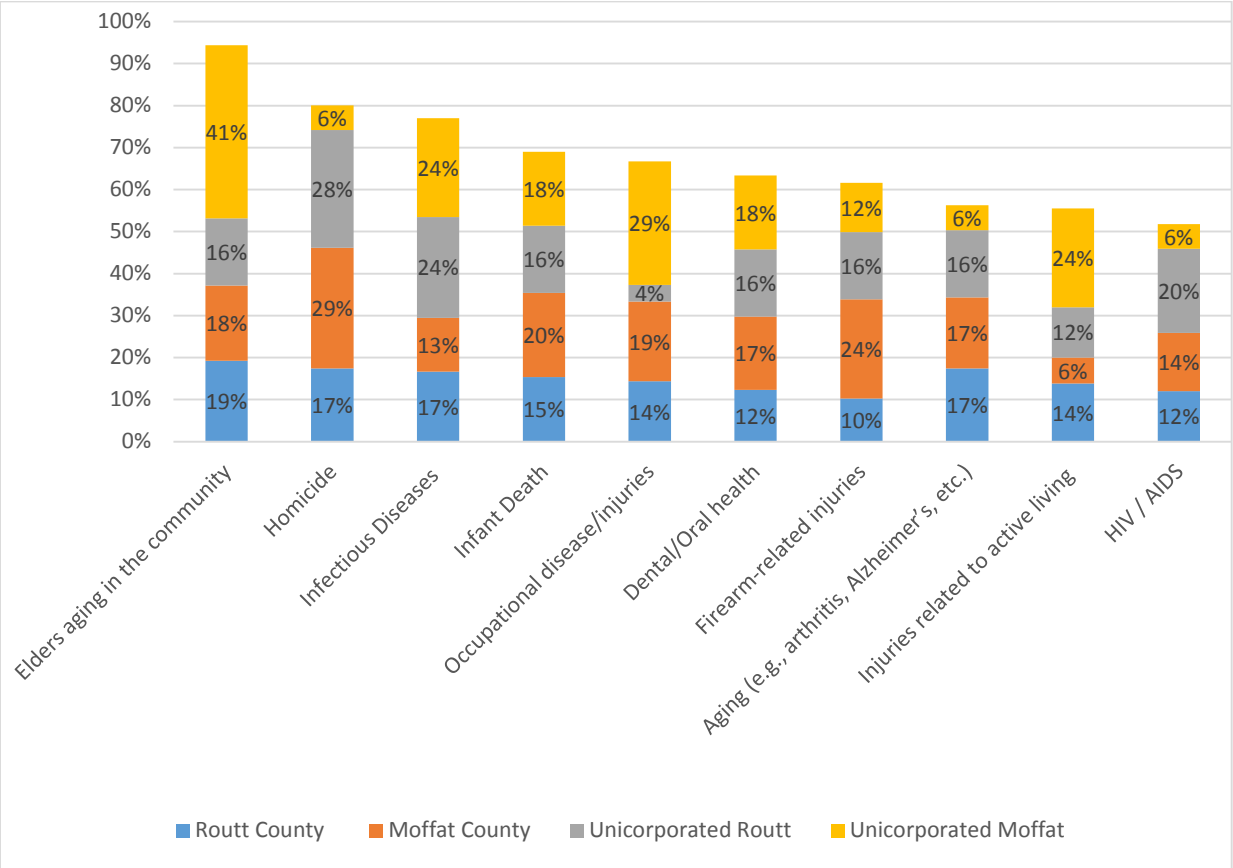
As indicated in Figure 9, all age groups shared the same priorities in the order of substance abuse, mental health, and suicide.

Table 18: Areas Where Yampa Valley is the Healthiest

Areas Where Yampa Valley is the Healthiest (n=588)	% of respondents
Homicide	23.6%
Elders aging in the community	20.7%
Infant Death	18.7%
Aging (e.g., arthritis, Alzheimer's, hearing/vision loss, etc.)	18.5%

Table 18 reflects respondents' answers of areas where Yampa Valley is the healthiest. This includes homicide (23.8%), elders aging in the community (20.7%), infant death (18.7%), and aging (18.5%).

Figure 10: Top 10 Areas where the Yampa Valley is the Healthiest, by County



When we look at these data according to county (Figure 10) we see both differences and similarities. In Moffat County, homicide (29%), firearm-related injuries (24%), and infant death were areas reported as the healthiest. Residents of Routt County reported that elders aging in the community (19%), homicide (17%), infectious disease (17%), and aging (e.g., arthritis, Alzheimer's, hearing/vision loss, etc.) (17%) were the areas in which their county was the healthiest.

Figure 11: Top 10 Areas Where the Yampa Valley is the Healthiest, by Income

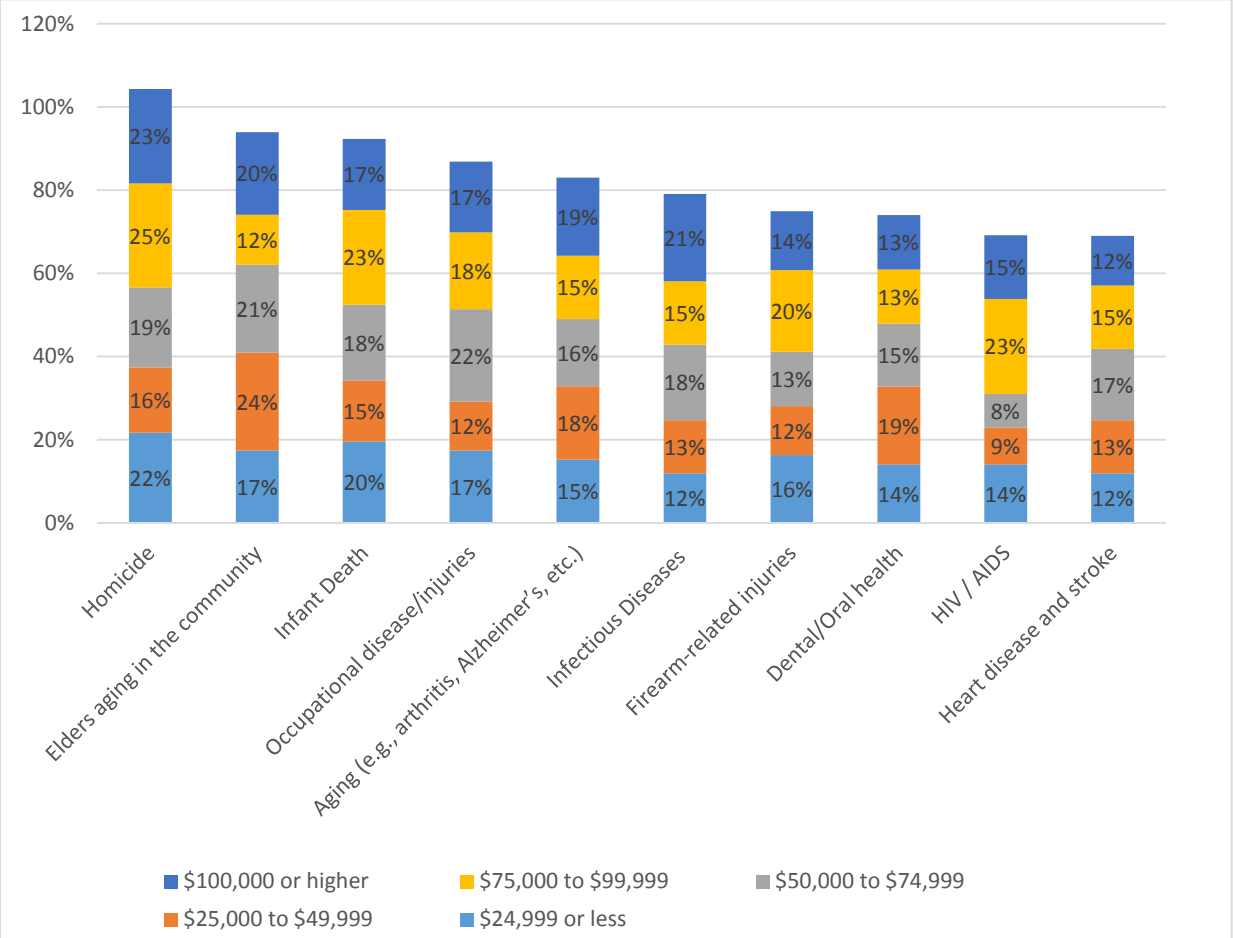


Figure 11 reports areas where Yampa Valley is the healthiest by income. Those making over $100,000 prioritized homicide (23%), infectious disease (21%), and elders aging in the community (20%) as their top three. Those in the $75,000-$99,000 group prioritized homicide (25%), infant death (23%), and HIV/AIDS (23%). For the income group $50,000 to $74,999, occupational disease/injuries (22%), elders aging in the community (21%), and homicide (19%) were their top priorities. In the $25,000 to $49,999 income group, elders aging in the community (24%), dental/oral health (19%) and aging (e.g., arthritis, Alzheimer's, hearing/vision loss, etc.) (18%) were areas identified as healthiest. For participants with incomes of less than $25,000, homicide (22%), infant death (20%), elders aging in the community (17%), and occupational disease/injuries (17%) were the top healthiest areas indicated.

Figure 12: Top 10 Areas where the Yampa Valley is the Healthiest, by Age Group

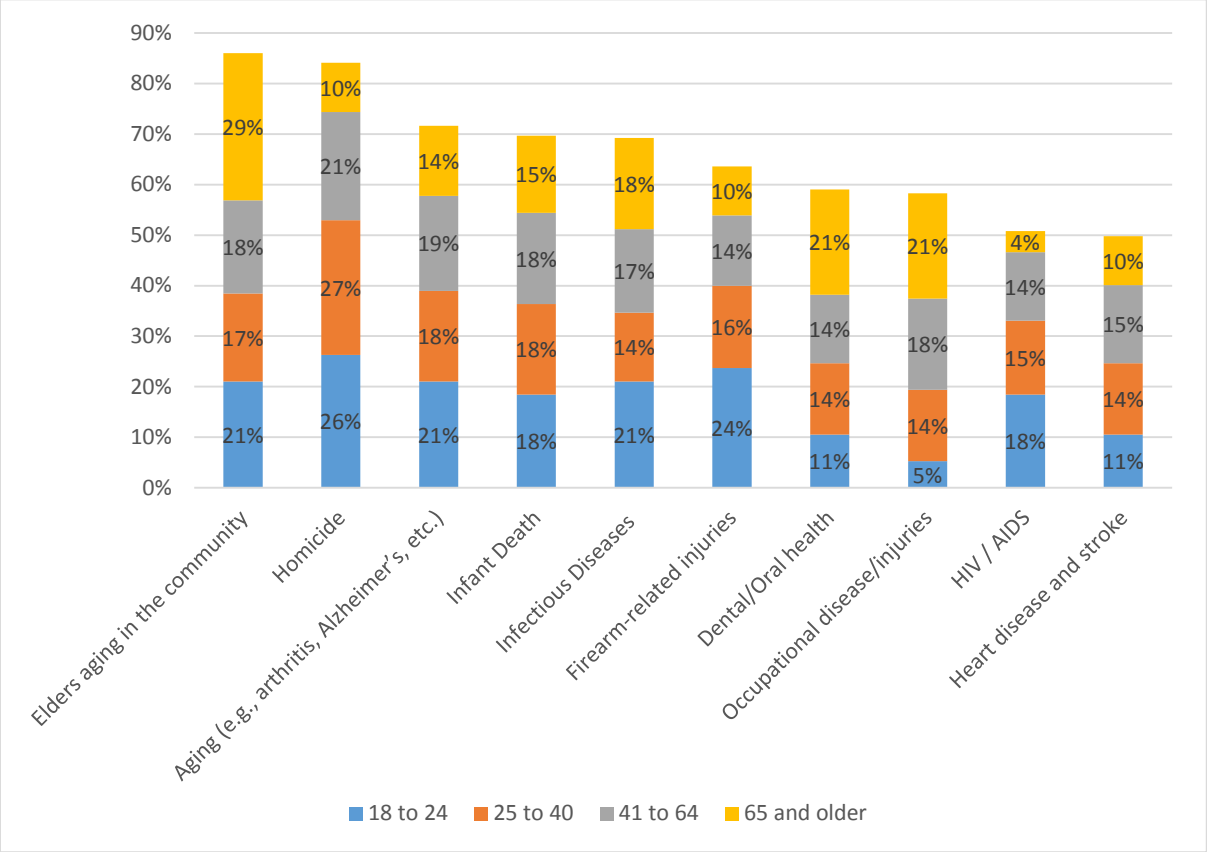


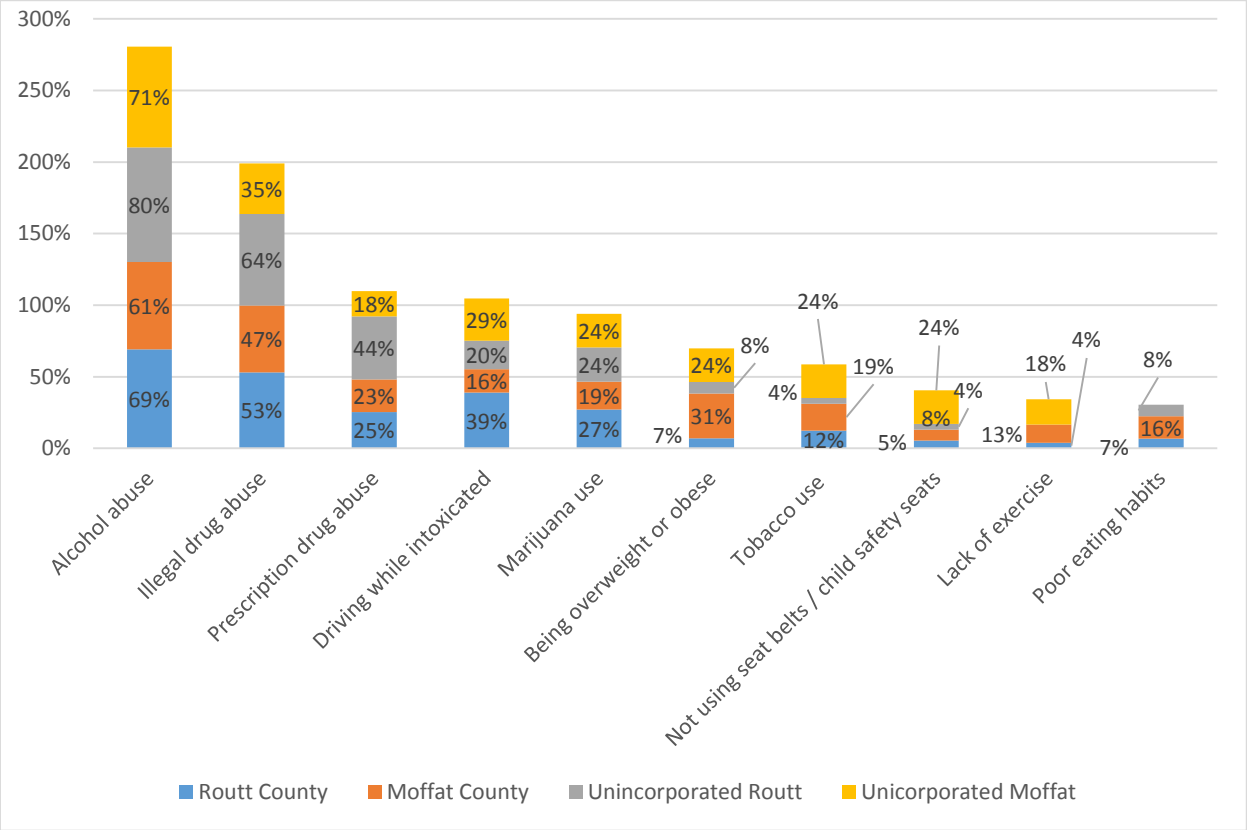
Figure 12 is an analysis of areas where Yampa Valley is the healthiest by age. Those 65 and older reported elders aging in the community (29%), dental/oral health (21%), and occupational disease/injuries (21%) as the top healthiest areas. Adults 41 to 64 prioritized homicide (21%), aging (e.g., arthritis, Alzheimer's, hearing/vision loss, etc.) (19%), and elders aging in the community (18%). For the 25 to 40 age group, homicide (21%), aging (e.g., arthritis, Alzheimer's, hearing/vision loss, etc.) (18%), and infant death (18%) were considered the most important. Finally, for those 18 to 24, homicide (26%), firearm-related injuries (24%), elders aging in the community (21%), aging (e.g., arthritis, Alzheimer's, hearing/vision loss, etc.) (21%), and infectious disease (21%) were key factors in contributing to being the healthiest areas.

Table 19: Most Important Riskiest Behaviors in the Yampa Valley

Most Important Riskiest Behaviors in the Yampa Valley (n=630)	% of respondents
Alcohol abuse	66.8%
Illegal drug abuse (e.g. heroin, cocaine, meth, etc.)	50.8%
Driving while intoxicated	30.8%

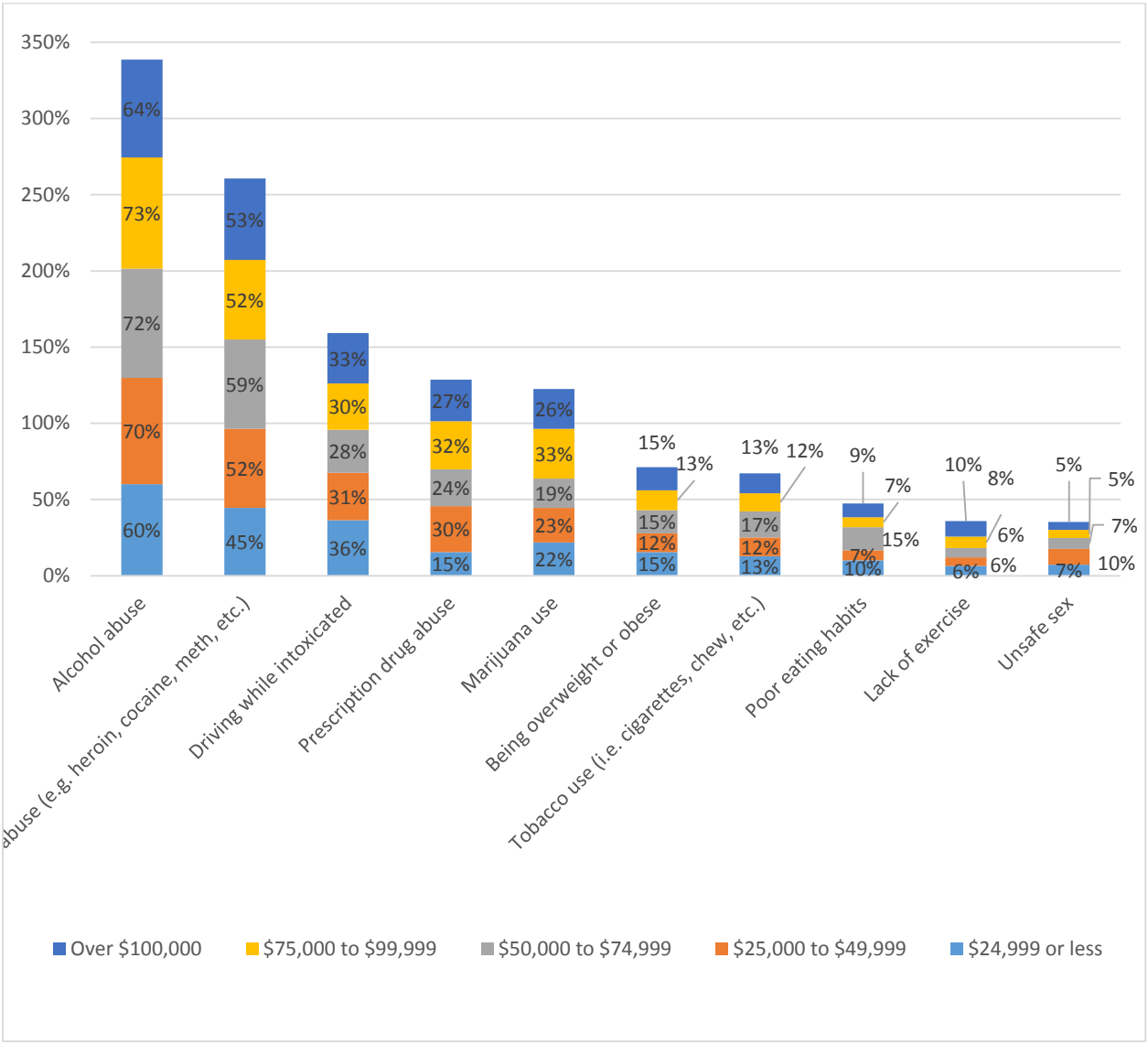
Table 19 highlights the top responses of participants when asked the three most important "riskiest" behaviors in the Yampa Valley. Alcohol abuse (66.8%), illegal drug abuse (50.8%), and driving while intoxicated (30.8%) were the priorities identified by the survey respondents.

Figure 13: Top 10 Risky Behaviors in the Yampa Valley, by County



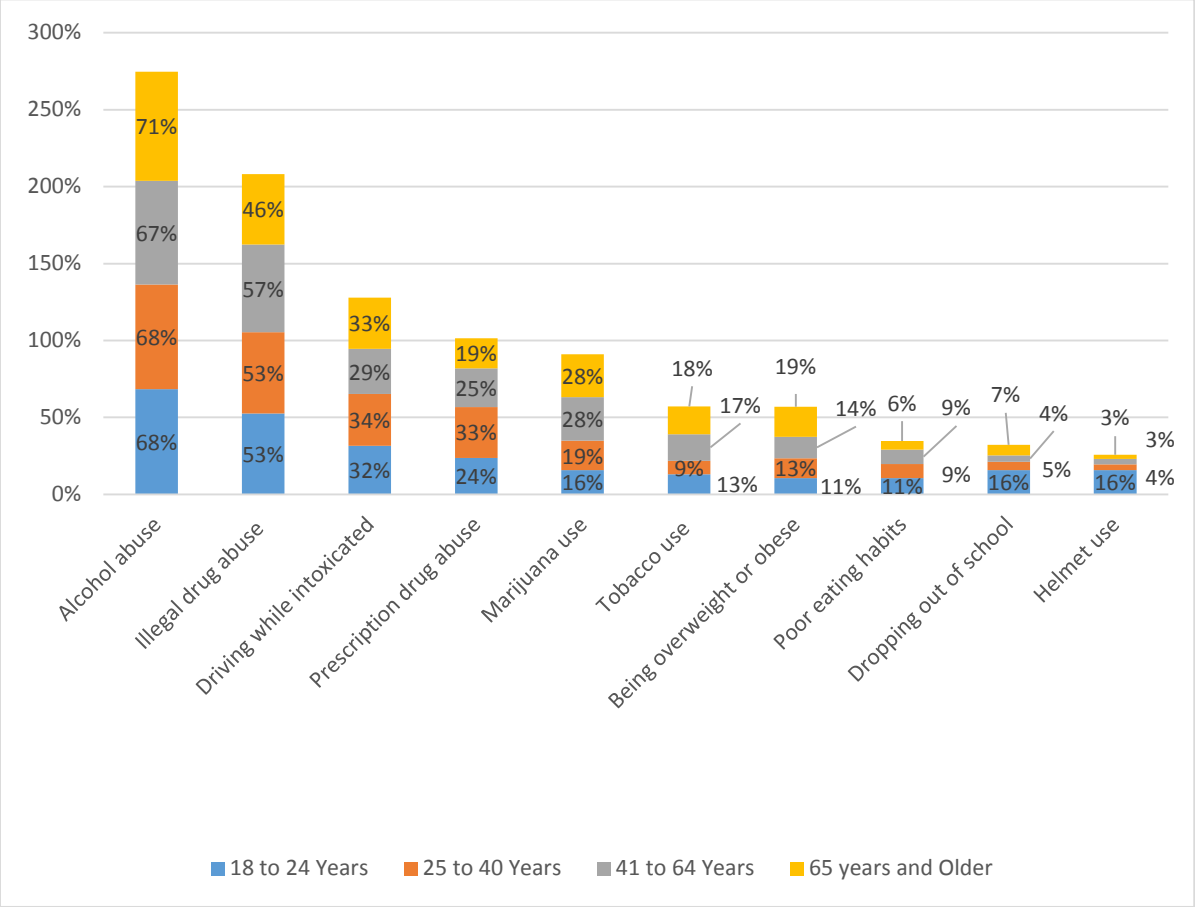
An analysis of "riskiest" behaviors by county (Figure 13) showed that there are similarities and differences between the aggregated sample counties. Moffat County residents reported alcohol abuse (61%), illegal drug abuse (47%), and being overweight or obese (31%) as the top risky behaviors in the Yampa Valley. The priorities for those completing the survey from Routt County included alcohol abuse (69%), illegal drug abuse (53%), and driving while intoxicated (39%).

Figure 14: Top 10 Risky Behaviors in the Yampa Valley, by Income



The results shown in Figure 14 also parallel the data seen in the previous two data points. Those in the $100,000 or higher group report alcohol abuse (66%), illegal drug abuse (57%), and driving while intoxicated (38%) as their top riskiest behaviors. Alcohol abuse (73%), illegal drug abuse (52%), and marijuana use (33%) were also the top issues for those in the $75,000-$99,999 income group. Respondents with incomes between $50,000 to $74,999 identified alcohol abuse (72%), illegal drug abuse (59%), and driving while intoxicated (28%) as the riskiest behaviors. In the $25,000 to $49,999 income group, alcohol abuse (70%), illegal drug abuse (52%), and driving while intoxicated (31%) were elevated as the top most risky behaviors. Finally, for those making less than $25,000, alcohol abuse (60%), illegal drug use (45%), and driving while intoxicated (36%) were the same issues identified in all the other income groups (with the exception of marijuana).

Figure 15: Top 10 Risky Behaviors in the Yampa Valley, by Age Group



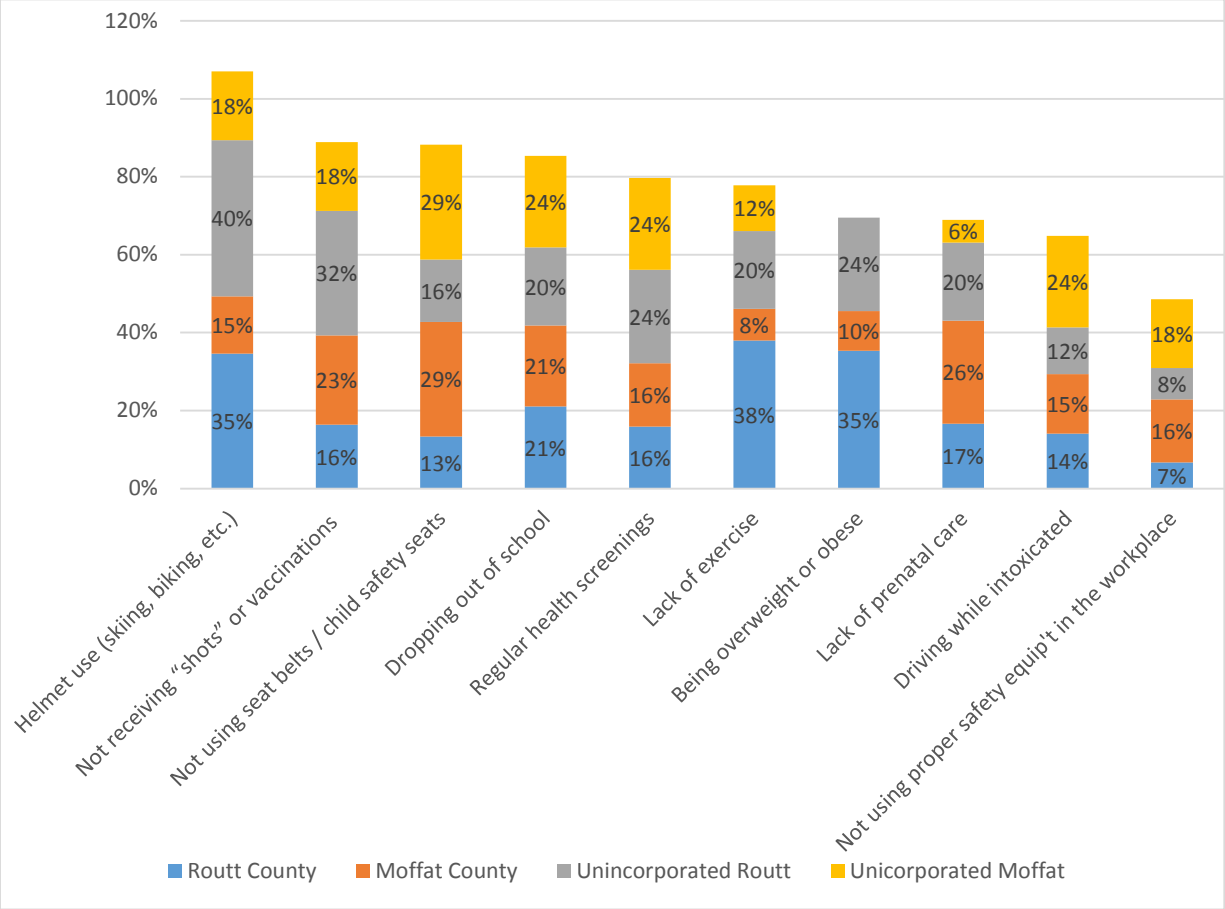
As indicated in Figure 15, risky behaviors across all age groups are in the same order - alcohol abuse, illegal drug use, and driving while intoxicated.

Table 20: Risky Behaviors Being Prevented in the Yampa Valley

Risky Behaviors being Prevented in the Yampa Valley (n=630)	% of respondents
Helmet use (skiing, biking, etc.)	29.5%
Lack of exercise	28.7%
Being overweight or obese	27.1%

Table 20 reflects the answers of areas where Yampa Valley is preventing risky behaviors. This includes helmet use (skiing, biking, etc.) (29.5%), lack of exercise (28.7%), and being overweight or obese (18.7%).

Figure 16: Top 10 Risky Behaviors the Yampa Valley is Preventing, by County



When examining these data according to county (Figure 16) Moffat County had differences from the responses in aggregate, whereas Routt County mirrored those responses. In Moffat County, not using seat belts/child safety seats (29%), lack of prenatal care (26%), and not receiving "shots" or vaccinations (23%) were areas reported as risky behaviors being prevented. Residents of Routt County reported lack of exercise (38%), being overweight or obese (35%), and helmet use (35%) as areas they believed were being prevented in the community.

Figure 17: Top 10 Risky Behaviors the Yampa Valley is Preventing, By Income

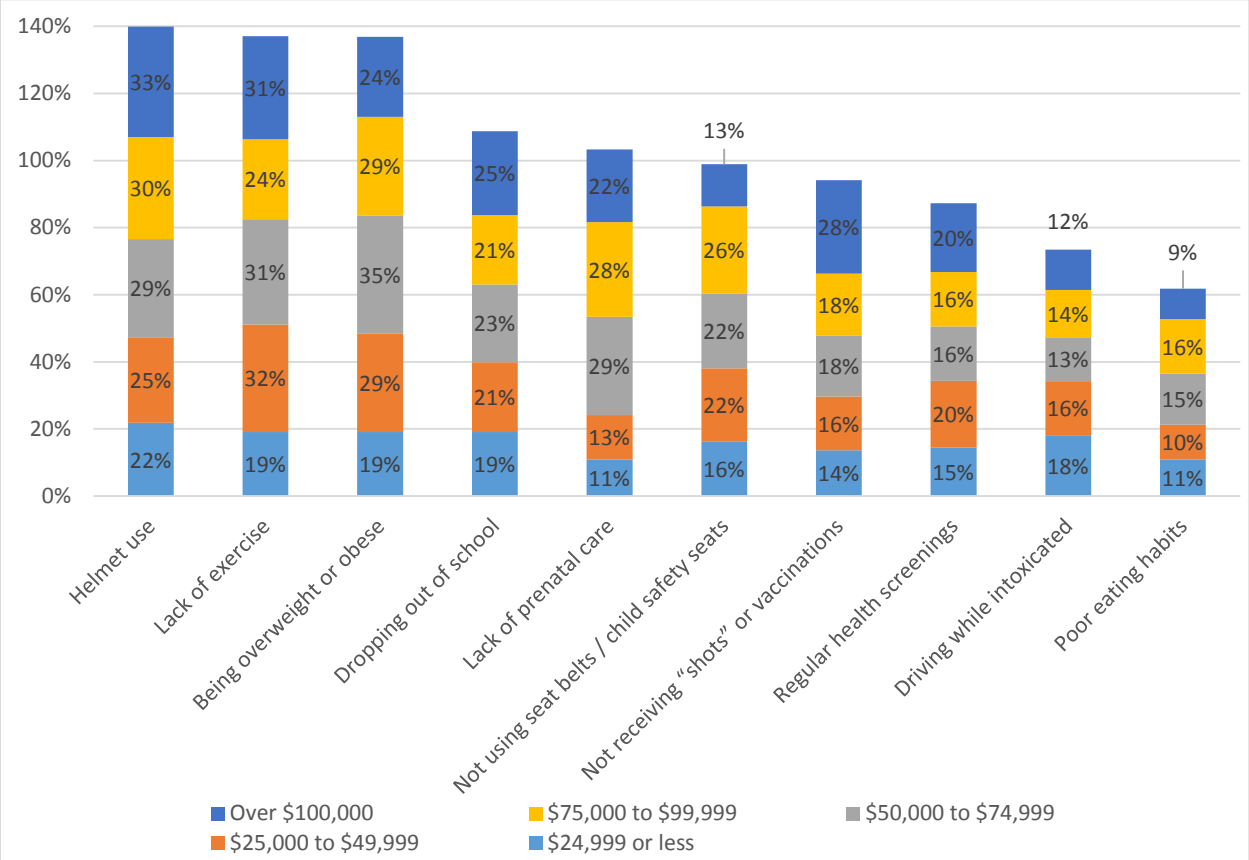


Figure 17 reports areas where Yampa Valley is preventing risky behaviors by income. Those making over $100,000 reported helmet use (33%), lack of exercise (31%), and not receiving "shots" or vaccinations (23%) as their top three. Those in the $75,000-$99,000 group prioritized helmet use (30%), being overweight or obese (29%), and lack of prenatal care (28%). For the income group $50,000 to $74,999, being overweight or obese (35%), lack of exercise (31%), helmet use (29%), and lack of prenatal care (29%) were their top priorities. In the $25,000 to $49,999 income group, lack of exercise (32%), being overweight or obese (29%), and helmet use (25%) were identified as risky behaviors being prevented. Incomes of less than $25,000 reported helmet use (22%), lack of exercise (32%), being overweight or obese (29%), and dropping out of school (19%) as the top riskiest behaviors being prevented.

Figure 18: Top 10 Risky Behaviors the Yampa Valley is Preventing, by Age Group

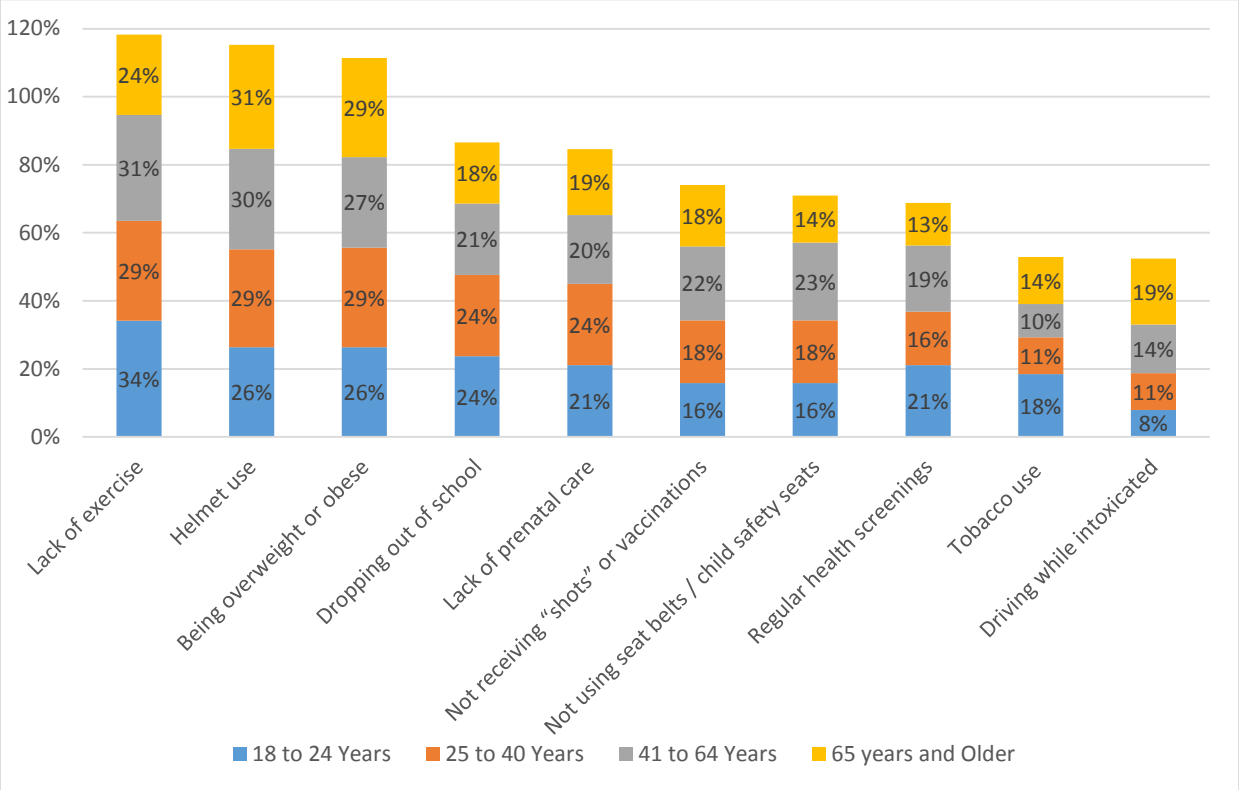


Figure 18 indicates areas where Yampa Valley is preventing risky behavior by age. Those 65 and older reported helmet use (31%), being overweight or obese (29%), and lack of exercise (24%) as the top prevented risky behaviors. Adults 41 to 64 prioritized lack of exercise (31%), helmet use (30%), and being overweight or obese (27%). For the 25 to 40 age group, lack of exercise (29%), helmet use (29%), and being overweight or obese (29%) were considered the most important. Finally, those 18 to 24 reported lack of exercise (34%), helmet use (26%), and being overweight or obese (26%) as the most important.

Table 21: Services Needing Improvement in the Yampa Valley

Services needing improvement in the Yampa Valley (n=630)	% of respondents
Affordable housing	54.8%
Affordable child care options	49.0%
Programs to prevent illegal drug use	46.2%
Programs to prevent alcohol abuse	46.0%

Table 21 highlights the top responses from participants when they were asked about the three services needing improvement in the Yampa Valley. Affordable housing (54.8%), affordable child care options (49%), programs to prevent illegal drug use (46.2%), and programs to prevent alcohol abuse (46%) were the priorities identified by the survey respondents.

Figure 19: Top 10 Services that Need the Most Improvement in the Yampa Valley, by County

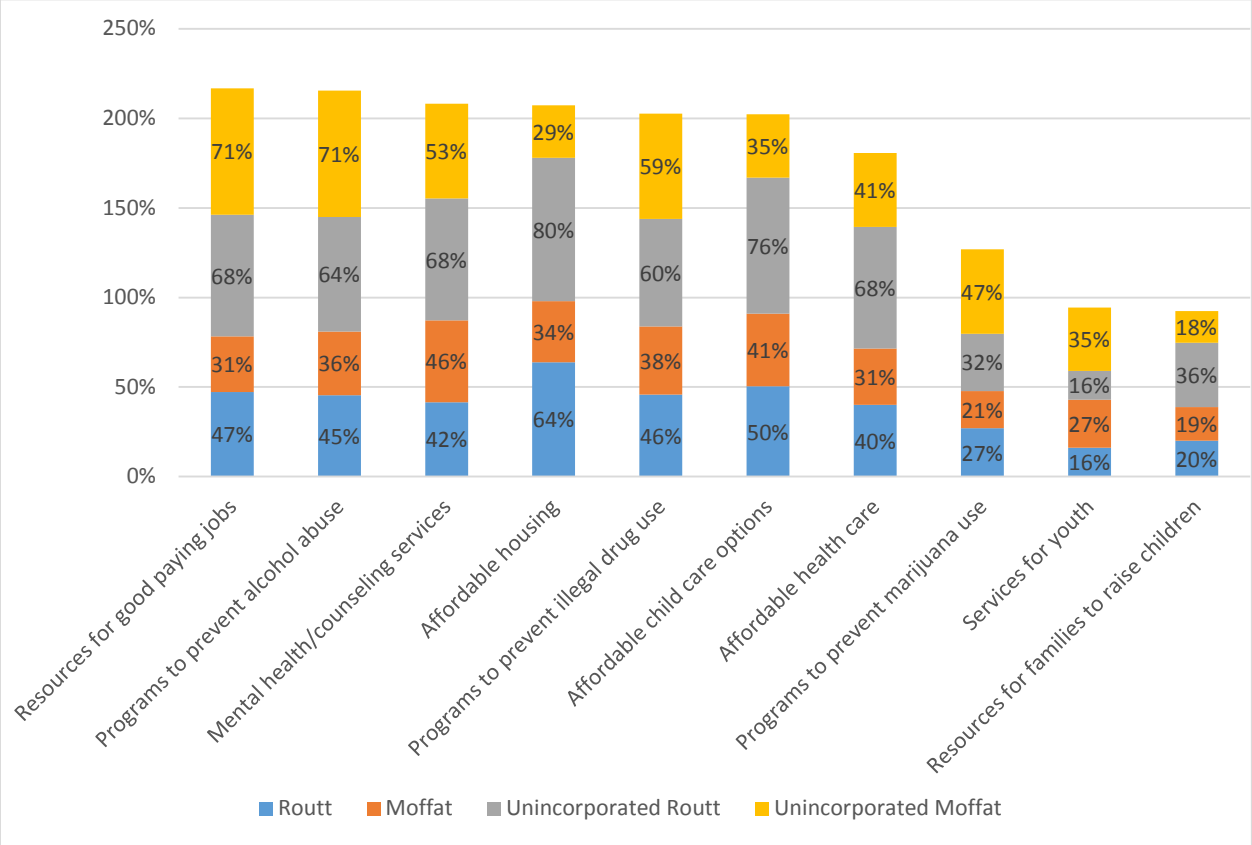


Figure 19 displays the similarities and differences between the aggregated sample counties. Moffat County residents reported mental health/counseling services (46%), affordable child care options (41%), and programs to prevent illegal drug use (38%) as the top services needing improvement. The priorities for those completing the survey from Routt County included affordable housing (64%), affordable child care options (50%), and resources for good paying jobs (47%).

Figure 20: Top 10 Services that Need the Most Improvement in the Yampa Valley, by Income

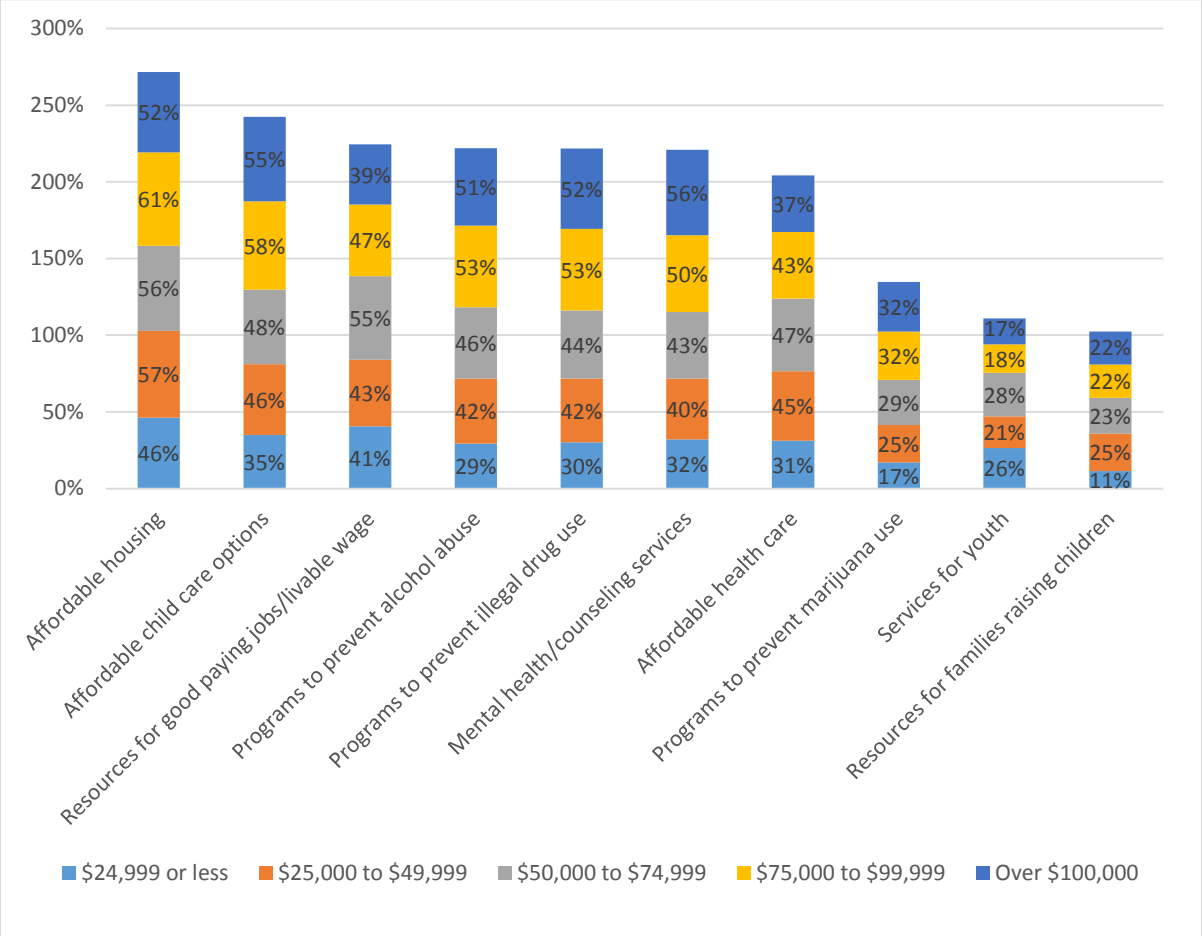


Figure 20 reports services that need the most improvement in the Yampa Valley, by income level. Those making over $100,000 reported mental health/counseling services (56%), affordable child care options (55%), affordable housing (52%), and programs to prevent illegal drug use (52%) as their top four. Those in the $75,000-$99,000 group prioritized affordable housing (61%), affordable child care options (58%), programs to prevent illegal drug use (53%), and programs to prevent alcohol abuse (53%). For the income group $50,000 to $74,999, affordable housing (56%), resources for good paying jobs/livable wages (55%), and affordable child care options (48%) were their top priorities. In the $25,000 to $49,999 group, affordable housing (57%), affordable child care options (46%), and affordable health care (45%) were key services needing improvement in the community. According to those with incomes of less than $25,000 affordable housing (46%), resources for good paying jobs/livable wages (41%), and affordable child care options (35%) were top services needing improvement.

Figure 21: Top 10 Services that Need Improvement in the Yampa Valley, by Age

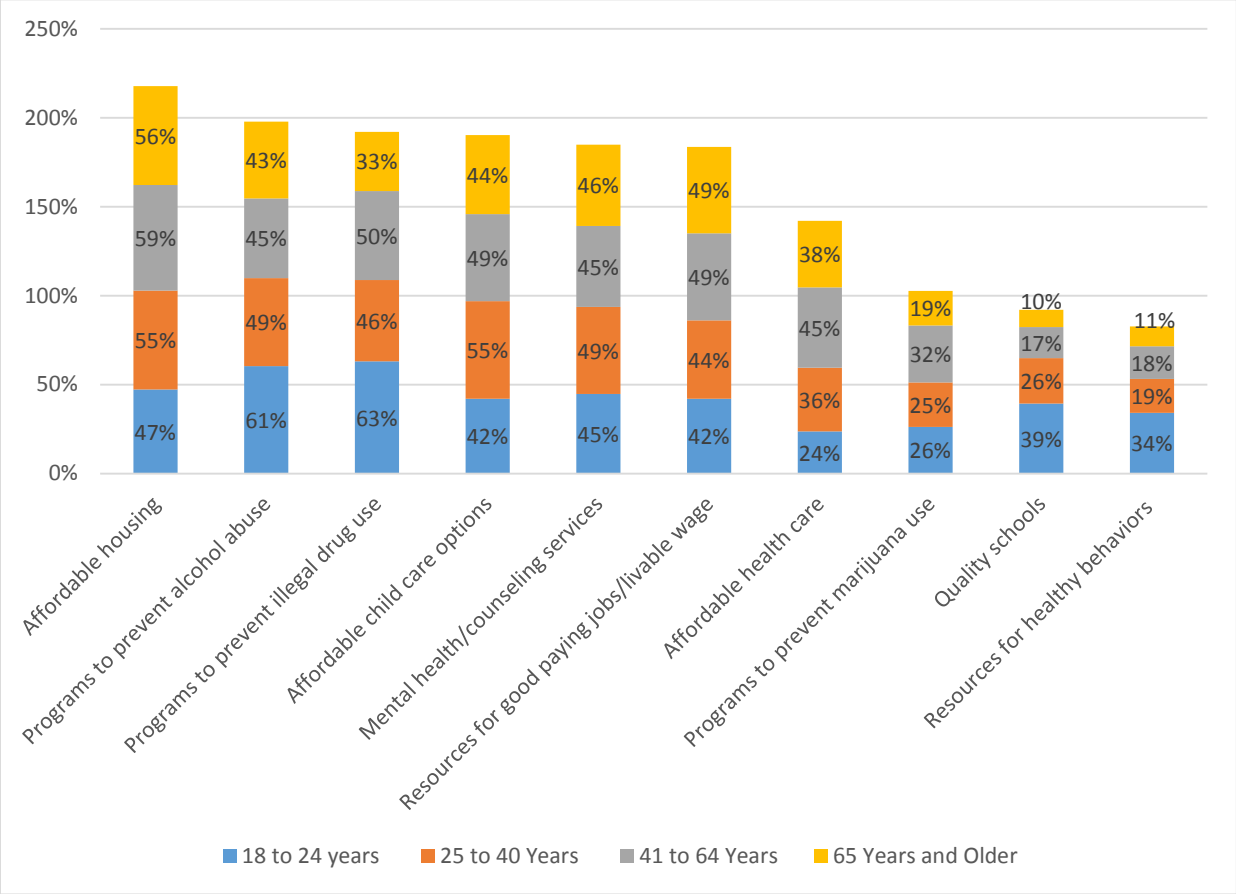


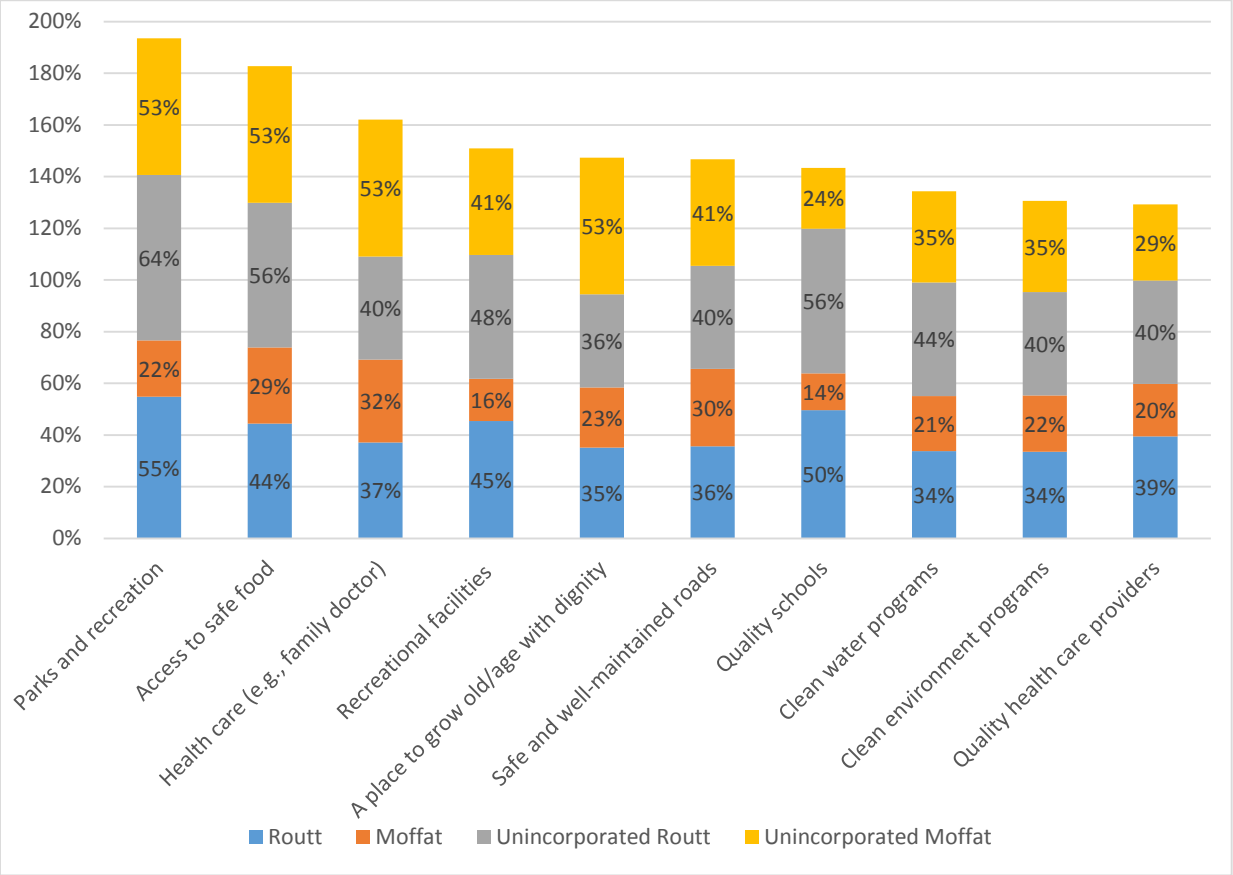
Figure 21 examines services that need improvement by age. Those 65 and older reported affordable housing (56%), resources for good paying jobs/livable wages (49%), and mental health/counseling services (46%) as services needing improvement. Adults 41 to 64 prioritized affordable housing (56%), programs to prevent illegal drug use (50%), and affordable child care options (49%). For the 25 to 40 age group, affordable housing (55%), affordable child care options (55%), programs to prevent alcohol abuse (49%), and mental health/counseling services (49%), were considered the most important to improve. Finally, those ages 18 to 24 reported programs to prevent illegal drug use (63%), programs to prevent alcohol abuse (61%), and affordable housing (47%) as key services needing additional focus/improvement.

Table 22: Services Meeting the Needs of the Yampa Valley

Services meeting the Needs of the Yampa Valley (n=609)	% of respondents
Parks and recreation	46.8%
Access to safe food	42.5%
Quality schools	38.9%

Table 22 reflects the answers of areas where services are meeting the needs of the Yampa Valley. This includes parks and recreation (46.8%), access to safe food (42.5%), and quality schools (38.9%).

Figure 22: Top 10 Services that are Meeting the Needs of the Yampa Valley, by County



When examining these data according to county (Figure 22) Moffat County was much different than the total sample than Routt County. In Moffat County, health care (32%), safe and well-maintained roads (30%), and access to safe food (29%), were areas reported as services meeting the needs of the Yampa Valley. Residents of Routt County reported parks and recreation (55%), quality schools (50%), and recreational facilities (45%) as areas they believed were addressing the needs of the community.

Figure 23: Top 10 Services that are Meeting the Needs of the Yampa Valley, by Income

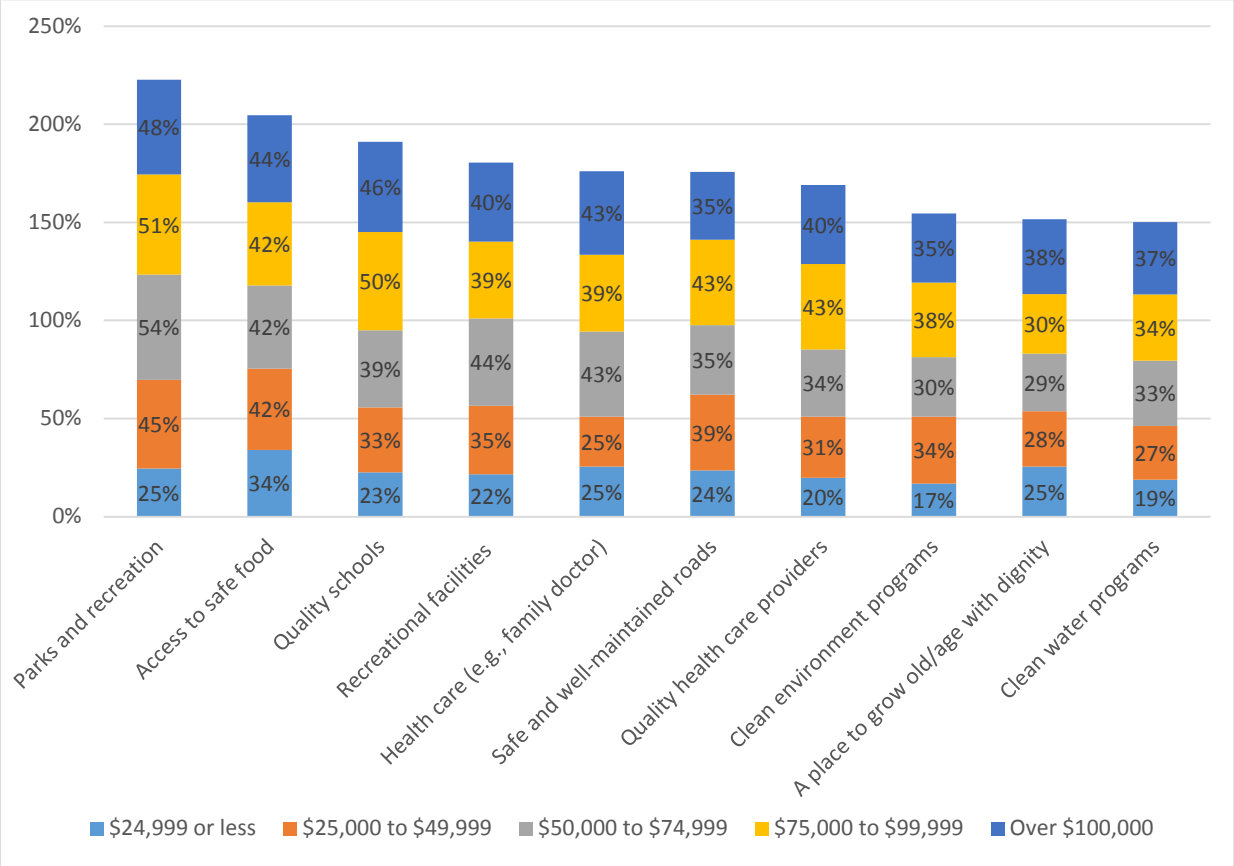


Figure 23 reports areas where services are meeting the needs of Yampa Valley, by income. Those making over $100,000 reported parks and recreation (48%), quality schools (46%), and access to safe food (44%) as their top three. Those in the $75,000-$99,000 group prioritized parks and recreation (51%), quality schools (50%), safe and well-maintained roads (43%), and quality health care providers. For the income group $50,000 to $74,999, parks and recreation (54%), recreational facilities (44%), and health care (43%) were their top priorities. In the $25,000 to $49,999 income group, parks and recreation (45%), access to safe food (42%), and safe and well-maintained roads (39%) were identified services meeting the needs of Yampa Valley. Incomes of less than $25,000 reported access to safe food (34%), parks and recreation (25%), health care (25%), and a place to grow old/age with dignity (25%) as top services.

Figure 24: Top 10 Services that are Meeting the Needs of the Yampa Valley, by Age

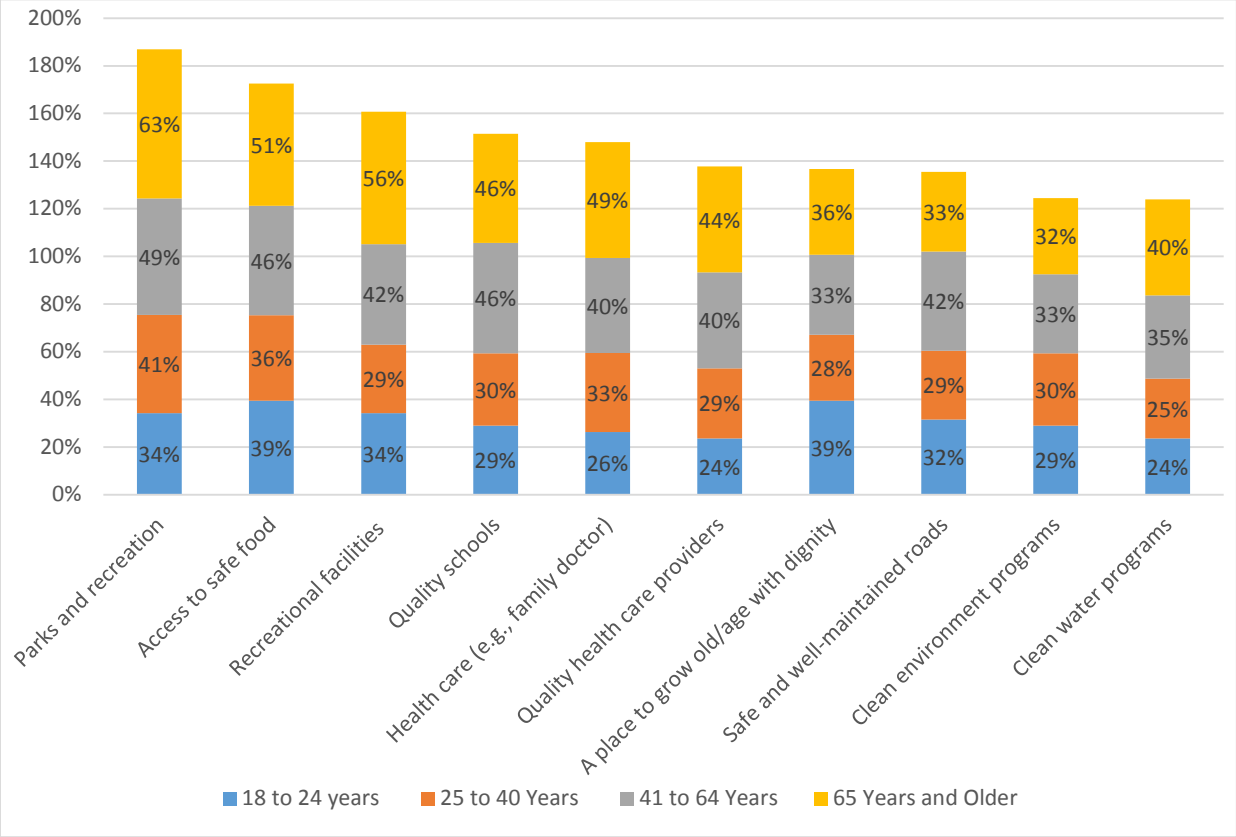


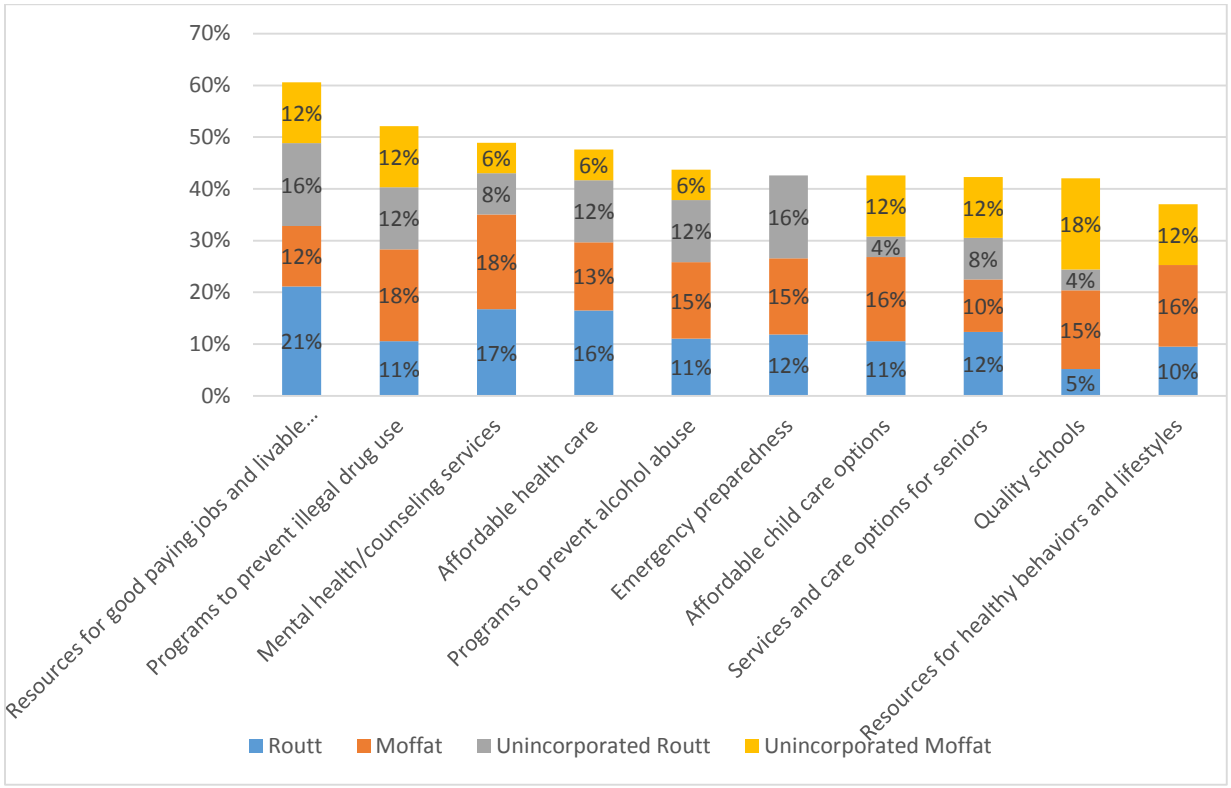
Figure 24 illustrates an analysis of services meeting the needs of the Yampa Valley by age. Those 65 and older indicated parks and recreation (63%), recreational facilities (56%), and access to safe food (51%) as the top services meeting resident's needs. Adults 41 to 64 prioritized parks and recreation (49%), access to safe food (46%), and quality schools (46%). For the 25 to 40 age group, parks and recreation (41%), access to safe food (36%), and health care (33%) were considered the most important. Finally, those aged 18 to 24 reported access to safe food (39%), a place to grow old/age with dignity (39%), parks and recreation (34%), and recreational facilities (34%) as the services most meeting the needs of the Yampa Valley.

Table 23: Needed Information for Health Behaviors

Needed Information for Health Behaviors (n=489)	% of respondents
Resources for good paying jobs and livable wage	22.5%
Mental health/counseling services	21.9%
Affordable housing	20.4%

When surveyed about the types of information Yampa Valley residents need more of, Table 23 highlights the top responses. Resources for good paying jobs and livable wage (22.5%), affordable child care options (49%), mental health/counseling services (21.9%), and affordable housing (20.4%) were the priorities identified by those completing the survey.

Figure 25: Top 10 Health Behaviors the Yampa Valley Needs to Know More About, by County



An analysis of information needs by county (Figure 25), highlighted differences between the counties. Moffat County residents reported programs to prevent illegal drug use (18%), mental health/counseling services (18%), affordable child care options (16%), and resources for healthy behaviors and lifestyles (16%) where more information is needed. The priorities for those completing the survey from Routt County included resources for good paying jobs and livable wage (21%), mental health/counseling services (16%), and affordable health care.

Figure 26: Top 10 Behaviors the Yampa Valley Needs To Know More About, by Income

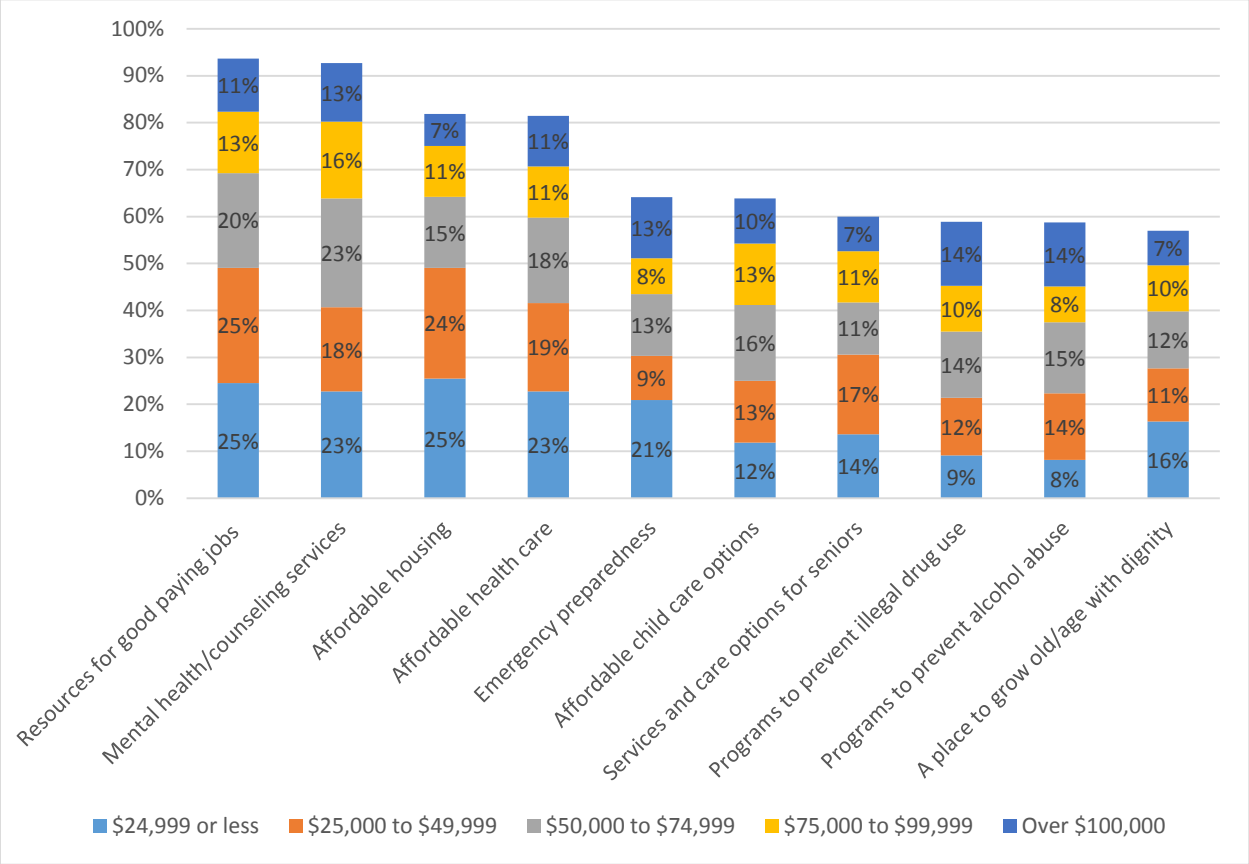


Figure 26 reports where more information is needed in the Yampa Valley by income. Those making over $100,000 reported programs to prevent illegal drug use (14%), programs to prevent alcohol abuse (14%), and mental health/counseling services (13%) as their top three. Those in the $75,000-$99,000 group prioritized mental health/counseling services (16%), resources for good paying jobs and livable wage (13%), and affordable child care options (13%). For the income group $50,000 to $74,999, mental health/counseling services (23%), resources for good paying jobs/livable wages (20%), and health care (18%) were their top priorities. In the $25,000 to $49,999 group, resources for good paying jobs/livable wages (25%), affordable housing (24%), and affordable health care (19%) were types of information needed in the community. According to those with incomes of less than $25,000, resources for good paying jobs/livable wages (25%), affordable housing (25%), mental health/counseling services (23%), and affordable health care (23%) were top informational needs.

Figure 27: Top 10 Health Behaviors the Yampa Valley Needs to Know More About, by Age

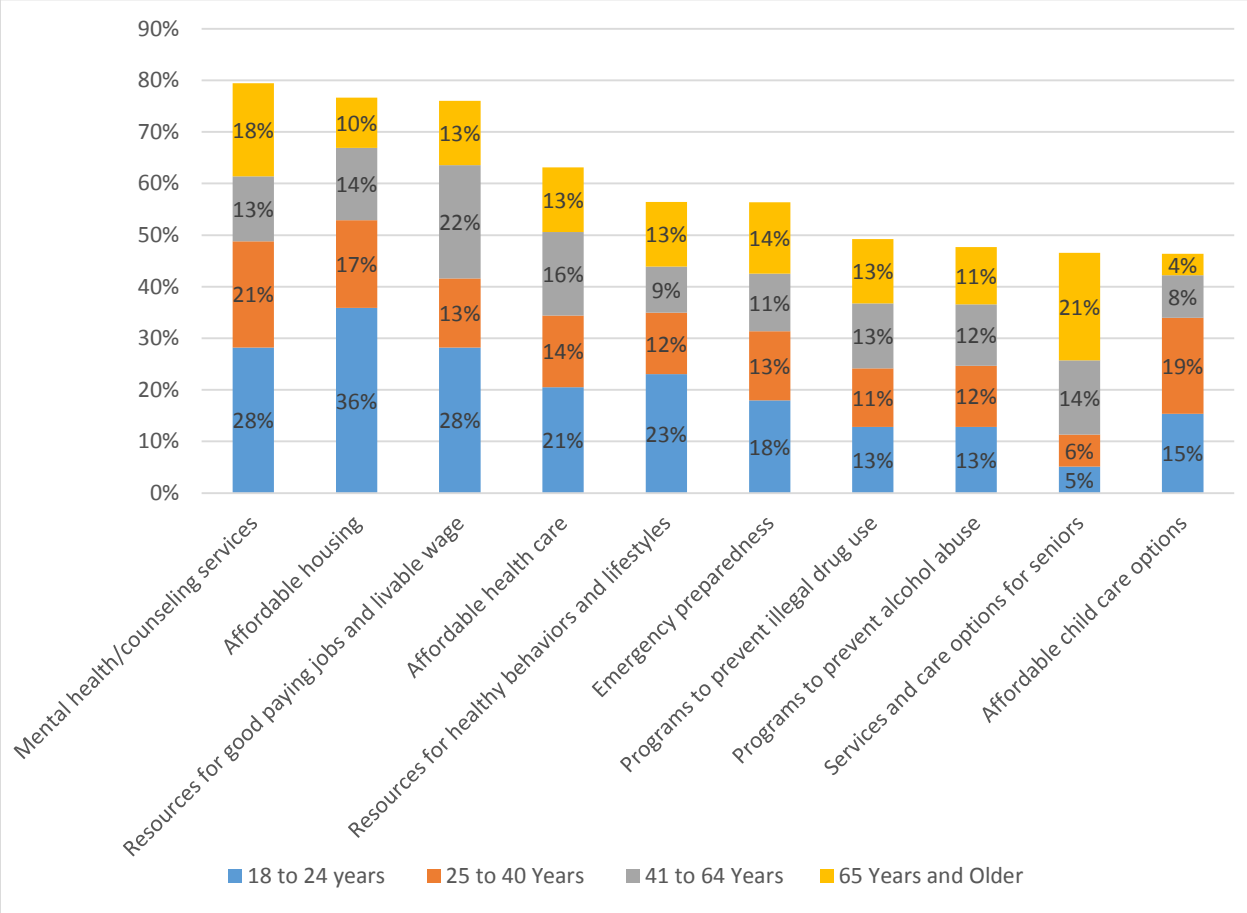


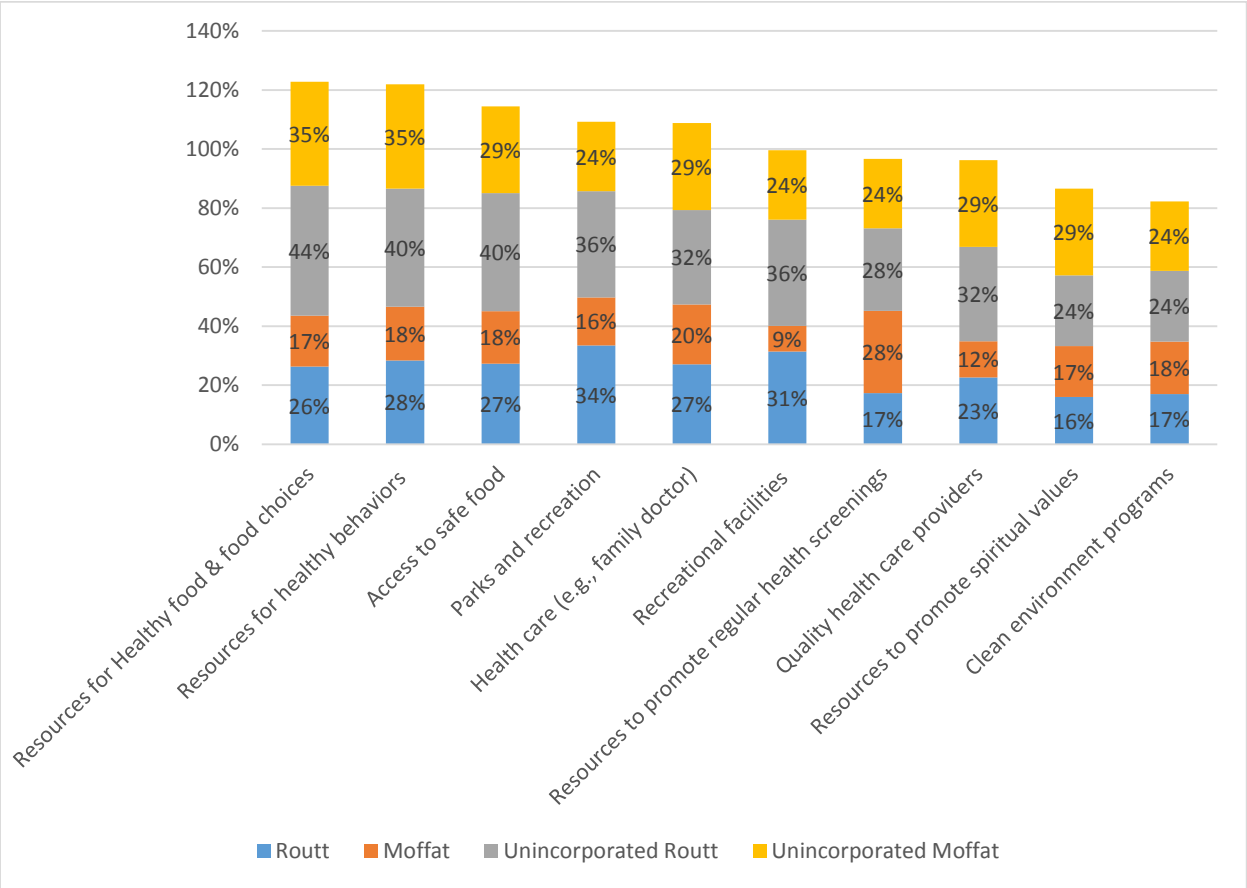
Figure 27 examines Yampa Valley residents' information needs by age. Those 65 and older reported services and care options for seniors (21%), mental health counseling and services (18%) and emergency preparedness (14%) as areas where they need additional information. Adults ages 41 to 64 were interested in resources for good paying jobs and livable wage (22%), affordable health care (16%), affordable housing (14%), and services and care options for seniors (14%). For the 25 to 40 age group, mental health counseling and services (21%), affordable child care options (19%), and affordable housing (17%) were considered the most important information to receive. Finally, those ages 18 to 24 named affordable housing (36%), mental health/counseling services (28%), and resources for good paying jobs and livable wage (28%) as areas where they would like to receive additional information.

Table 24: No Additional Information Needed

No Additional Information is Needed (n=483)	% of respondents
Parks and recreation (36.9%)	36.9%
Health care (e.g., family doctor)	33.7%
Resources for healthy behaviors and lifestyles (33.7%)	33.7%

Table 24 reflects the survey responses on areas where Yampa Valley residents believe they have enough information. Those completing the survey indicated that they had sufficient resources related to parks and recreation (36.9%), health care (33.7%), and resources for healthy behaviors and lifestyles (33.7%)

Figure 28: Top 10 Health Behaviors the Yampa Valley Has Enough Information About, by County



An examination of the data by county (Figure 28) found both similarities and differences from the results of the full sample response. In Moffat County, resources to promote regular health screenings (28%), health care (20%), resources for healthy behaviors (18%), and access to safe food (18%) were four areas where survey respondents believed they had enough information. Residents of Routt County reported parks and recreation (34%), recreational facilities (31%), and resources for healthy behaviors (28%) as areas that they had ample information about.

Figure 29: Top 10 Behaviors the Yampa Valley Has Enough Information About, by Income

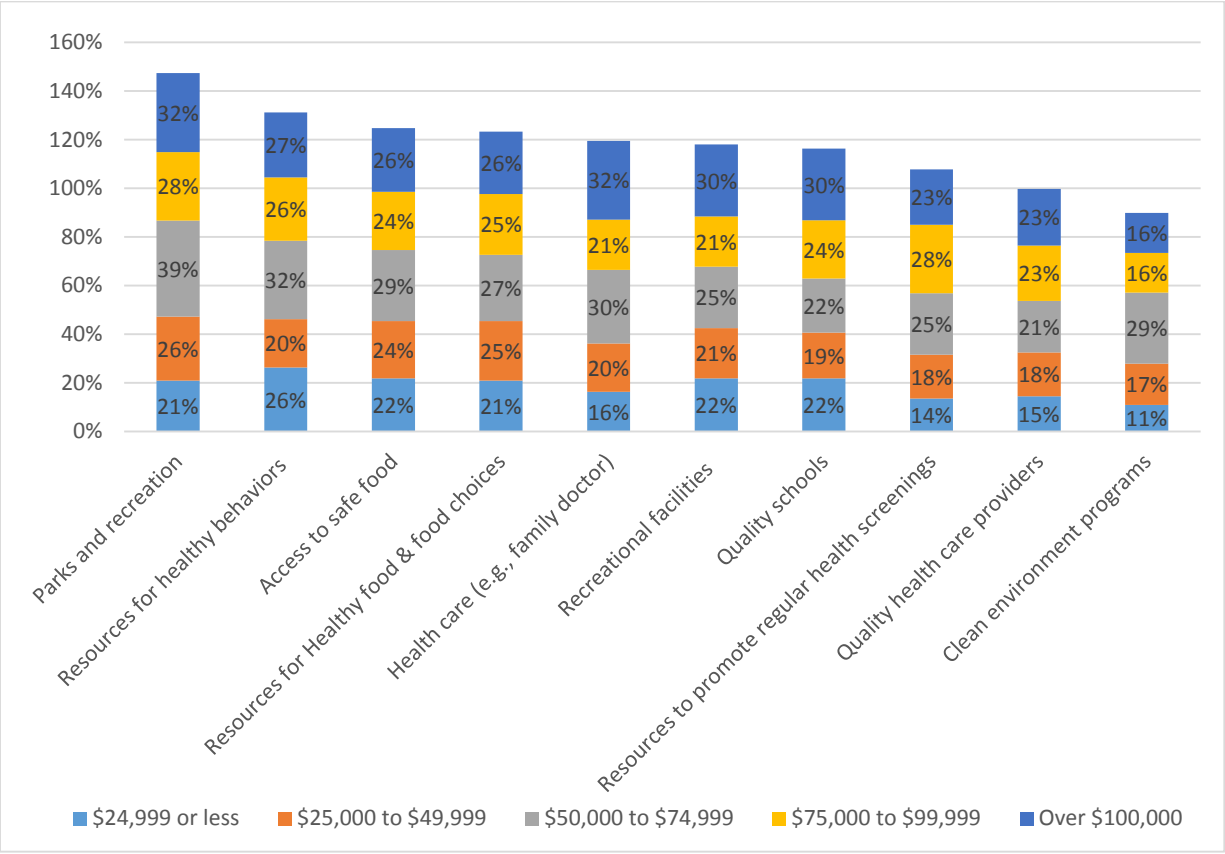


Figure 29 reports areas where residents of Yampa Valley have enough information on topics by income. Those making over $100,000 reported parks and recreation (32%), health care (32%), recreational facilities (30%), and quality schools (30%) as their top three. Those in the $75,000-$99,000 group prioritized parks and recreation (28%), resources to promote regular health screenings (28%), and resources for healthy behaviors (26%). For the income group $50,000 to $74,999, parks and recreations (39%), resources for healthy behaviors (32%), and health care (30%) were their top priorities. In the $25,000 to $49,999 group, parks and recreation (26%), resources for healthy food & food choices (25%), and access to safe food (24%) were identified as types of information meeting the needs of Yampa Valley. Those with incomes of less than $25,000 reported resources for healthy behaviors (26%), access to safe food (22%), recreational facilities (22%), and quality schools (22%) where no more additional information is needed.

Figure 30: Top 10 Health Behaviors the Yampa Valley Has Enough Information About, by Age

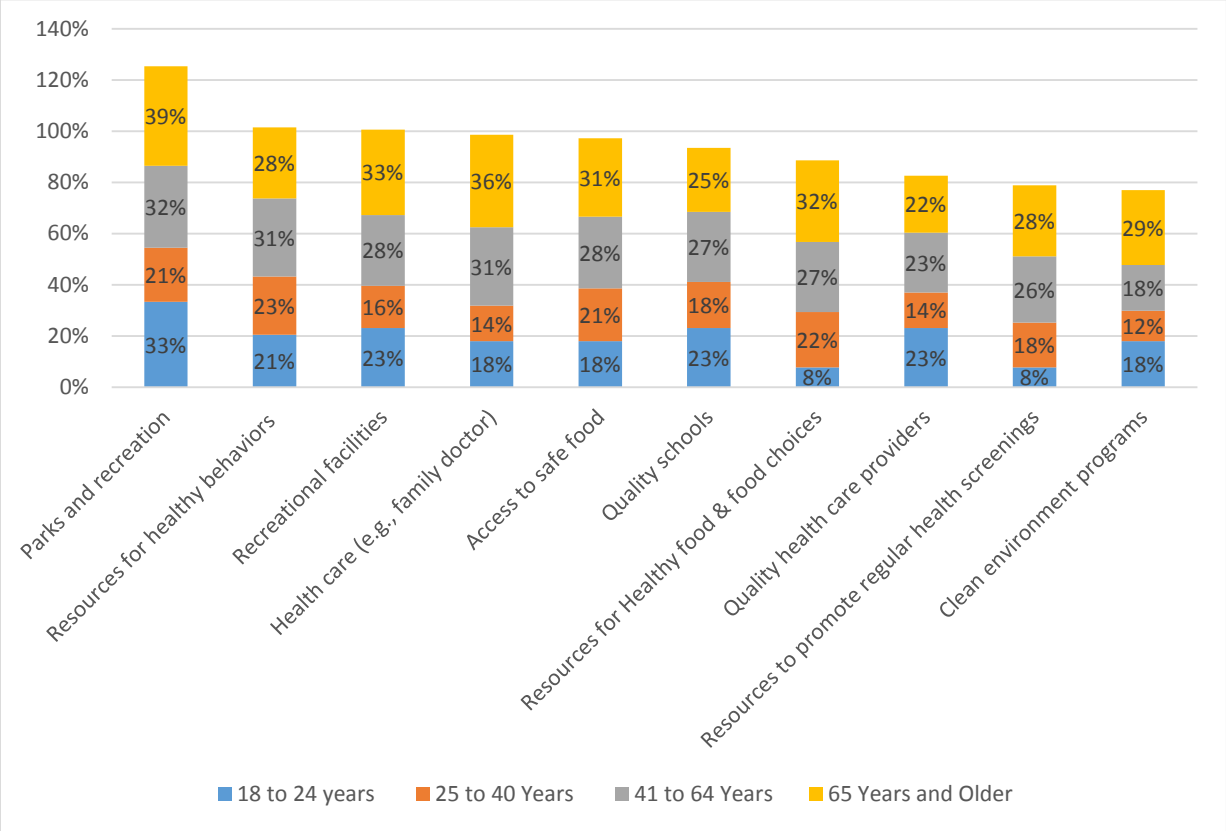


Figure 30 is an analysis of health behavior needs that Yampa Valley residents they believe they have enough of, by age. Those 65 and older indicated that they have enough information about parks and recreation (39%), health care (36%), and recreational facilities (33. Adults ages 41 to 64 prioritized parks and recreation (32%), resources for healthy behaviors (31%), and health care (31%). For the 25 to 40 age group, resources for healthy behaviors (23%), resources for healthy food & food choices (22%), parks and recreation (21%), and access to safe food (21%) were considered health behaviors with sufficient information. Finally, those ages 18 to 24 reported that enough information has been received about parks and recreation (33%), recreational facilities (23%), quality schools (23%) and quality health care providers (23%).

Recommendations

The assessment generated valuable information about the needs and assets of the Yampa Valley. HMA's recommendations are based on the feedback from resident and community forums, the community survey, population-level data, and our insights on the evolving nature of health care. Our goal for the recommendations were to inform them by the assessment data, be actionable, and also achievable for the organizations involved. The following are five (5) recommendations to Northwest Colorado Visiting Nurse Association (NWCOVNA), The Memorial Hospital at Craig (TMH), and Yampa Valley Medical Center (YVMC) to advance the health of the Yampa Valley.

Recommendation #1 – Continue the Northwest Colorado Visiting Nurse Association (NWCOVNA), The Memorial Hospital at Craig (TMH), and Yampa Valley Medical Center (YVMC) Collaborative

The issues raised by the community are complex, require a number of resources, and necessitate collective action to solve them. The current Collaborative has accomplished what few communities in Colorado have – coming together as hospitals, a community health center, and a public health agency to assess to the health of the community. The Collaborative could accomplish more by continuing the relationship and using the results of the report to develop strategies and solutions to advance the health of the Yampa Valley.

To achieve this the first critical step, as recommended by The University of Kentucky School of Public Health in partnership with the American Hospital Association, is establishing an operating structure. "Governing boards of nonprofit hospitals and health systems and the boards of local health departments should establish standing committees with oversight responsibility for their organization's engagement in examining community health needs, establishing priorities, and developing strategies for addressing them, including multi-sector collaboration focused on community health improvement."[4] A continued Collaborative is also consistent with new proposed IRS rules for non-profit hospitals that "encourage hospitals to collaborate with other partners—including community organizations, public health entities, and even market share competitors—to address systemic issues underlying poor health."[5]

By bringing the combined expertise, resources, credibility of the three organizations, improving the health of all Yampa Valley has a higher likelihood of being solved more efficiently and effectively. These strategies could include coming together on approaches to reinvest in the community through YVMC Community Benefit, pooling organizational resources on strategies deemed as priorities, approaching funders as a Collaborative – to name a few.

Recommendation #2 – Expand and Strengthen Mental Health and Substance Abuse Systems

Findings from the survey, conversations with leaders, and conversations with residents from different communities and across demographics groups showed that mental health and substance abuse are top priorities in the Yampa Valley. While mental health challenges are experienced in many rural communities across the country, there are opportunities to strengthen current and future strategies. For

[4]University of Kentucky School of Public Health "Improving Community Health through Hospital – Public Health Collaboration November" 2014 http://www.aha.org/content/14/141204-hospubhealthpart-report.pdf
[5]John O'Brien and Robert Restuccia "An Extraordinary Opportunity: Hospital Community Benefits" Health Affairs Blog. http://healthaffairs.org/blog/2014/05/08/an-extraordinary-opportunity-hospital-community-benefits/

example, the Affordable Care Act addresses mental health and substance abuse as it is considered an "essential benefit."[6] This means that all plans must cover behavioral health treatment, such as psychotherapy and counseling; mental and behavioral health inpatient services; and substance use disorder (commonly known as substance abuse) treatment. Community Benefit investments could potentially be used to convene public and private payers, mental health providers, hospitals, public health, and other agencies to devise solutions on how to strengthen the existing system.

According to the National Conference of State Legislatures[7] with adequate funding and policy solutions, there are a number of approaches to build capacity in rural communities for mental health and substance abuse. Some of these solutions include "developing substance abuse and mental health rural workforce capacity, supporting community education and outreach programs that inform rural residents about behavioral health issues and resources, implementing innovative methods to support access to mental health treatment in rural areas, including use of telehealth or hotline programs, and integrating substance abuse prevention and detection with mental health screening in primary care settings."

The Collaborative through their collective resources, expertise, and relationships with other organizations can begin devising approaches to continue building the capacity of mental health and substance abuse systems in the Yampa Valley. The options could include strengthening the workforce, implementing prevention programs, establishing innovative delivery models (e.g. telehealth), and integration with other types of care for these systems to build the capacity for mental health and substance abuse in the Yampa Valley.

Recommendation #3 – Bolster Primary and Behavioral Health Integration Efforts

A potential strategy for focusing on a more holistic approach to health and well-being Yampa Valley residents is primary and behavioral health integration. The Agency for Healthcare Research and Quality[8] defines primary and behavioral health integration as "the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization."

In 2016, a number of payment and delivery changes will begin to take shape in Colorado specific to primary and behavioral health integration. One example is the Colorado Department of Health Care Policy & Financing Accountable Care Collaborative (ACC) Phase II, the core delivery system for Colorado Medicaid, will place a greater emphasis on health integration for regional ACCs. The focus of ACC Phase II will be "on integrating and aligning efforts and systems. That means integration within the health care system, integration between medical and non-medical programs, and alignment between efforts to achieve that integration."[9] This includes better coordination between health and behavioral health providers.

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[6] HealthCare.Gov, Health Benefits and Coverage, Mental Health and Substance Abuse, https://www.healthcare.gov/coverage/mental-health-substance-abuse-coverage/

[7] National Conference of State Legislatures "Improving Rural Health: State Policy Option" http://www.ncsl.org/documents/health/RuralHealth_PolicyOptions_1113.pdf

[8] The Agency for Healthcare Research and Quality "Lexicon for Behavioral Health and Primary Care Integration" https://integrationacademy.ahrq.gov/sites/default/files/Lexicon_ExecSummary.pdf

[9] Colorado Department of Health Care Policy & Financing, "Accountable Care Collaborative Phase II Concept Paper" https://www.colorado.gov/pacific/sites/default/files/ACC%20Phase%20II%20Concept%20Paper.pdf

Yampa Valley is particularly well-positioned for this approach as an identified asset from community assessment is health prevention and health care systems. By integrating mental health and substance abuse programs into existing health care systems, the complexity and accessibility issues have a higher probability of being addressed for clients who need these services. And as The American Hospital Association[10] concludes the expansion of this role for health care organizations and providers who "can effectively integrate care across treatment settings as well as between the behavioral and physical health care systems should realize gains in quality and outcomes, and reduced treatment costs."

Through the Collaborative, the Community Benefit program, ACC Phase II, and other existing resources, a model integrated health system can be built in the community. Using AHRQ's framework, the components of the model could include care team expertise with integrated care, a highly functioning workflow, the identification of patients needing integrated care, a system that engages patients and family as active participants in their care, providers that monitor treatment and outcomes of care, organizational leadership that supports the model, operational process that support the model, financial sustainability, patient data collection and use, and the integrated care model is achieving it's desired results.

Recommendation #4 – Health Is More than Health Care

There is a growing recognition that the factors contributing to our health are unrelated to what happens within the four walls of health care facilities. Social determinants of health are defined as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[11] American Health Rankings[12] estimates that only 20% of what contributes to our health is clinical care, whereas 40% is attributed to our social and economic conditions, 30% to health behaviors, and 10% to our physical environment.

As payers of health care emphasize population health as a key performance indicator, the complete picture of what contributes to our health will continue to garner attention. According to *Manatt on Medicaid: 10 Trends to Watch in 2016*[13], "social issues directly affect health outcomes and the cost of care, expect increased pressure to define the parameters of permissible payment under Medicaid and increased creativity among providers and payers, as they seek to blend resources and develop new strategies to address these needs."

The assessment results demonstrated that health means more than health care to the community and additional resources are needed to be healthy in a more broadly defined way. NWCOVNA, TMH, and YVMC could consider investing in address the social determinants of health programming or system redesign to help address the broader community needs. Examples of other Community Benefit programs addressing the social determinants of health include "The Mayo Clinic in Rochester, Minnesota has helped finance the state's largest community based assisted-housing program, including the construction of more than 875 units of housing Dignity Health, the fifth largest health system in the nation (serving California, Arizona and Nevada), has created a $100 million loan fund to develop

[10] American Hospital Association "Bringing Behavioral Health into the Care Continuum: Opportunities to Improve Quality, Costs and Outcomes" http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf
[11] United States Department of Health and Human Services "Healthy People 2020" http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
[12] University of Wisconsin Population Health Institute "American Health Rankings" http://www.countyhealthrankings.org/our-approach
[13] Manatt on Medicaid: "10 Trends to Watch in 2016," https://www.manatt.com/medicaid-update/Manatt-on-Medicaid-10-Trends-to-Watch.aspx

affordable housing, provide job training, assist neighborhood revitalization, offer needed medical services, and build wealth in underserved communities."[14]

Recommendation #5 – Engage Health Care Consumers

According to the American Institutes for Research (AIR)[15] "The Affordable Care Act and other legislation has brought patients and consumers to the forefront of health care. Health care researchers, clinicians, administrators, funders, and federal and state government agencies now realize that engaging patients, caregivers, families, and health consumers is a requirement to reduce costs, improve outcomes, and increase quality and safety." As health care evolves into a more patient-centered system, developing strategies for engaging consumers is essential.

AIR's *A Roadmap for Patient + Family Engagement Research and Practice* recommends eight strategies for patient engagement. These strategies include:

- *Patient and Family Preparation*- Patients and families will be engaged in education and preparation related to their own health and health care. The partnership between patients and families, and clinicians and health care leaders will lead to better informed health care, as well as increased confidence, engagement, and authority on behalf of the patient.
- *Clinician and Leadership Preparation*- In order to foster a dedicated workforce of clinicians and health care leaders who are invested in patient and family engagement in health care, the work must begin with academic preparation and training, and then continue through practice and continuing education.
- *Care and System Redesign*- Inherent in creating and fostering patient and family engagement in health care is analyzing and redesigning the system. This will include redesign of processes, policies, and structures, in order to sustain an environment of partnerships between patient, families, and the health care team.
- *Organizational Partnership*- In order for patients and families to play a role in care and system redesign, they should be included in the structure of the health care organizations. This partnership will provide specific opportunities for patient engagement, which will in turn lead to better health outcomes and better experiences for patients, families, and health care teams.
- *Measurement and Research*- Measurement and research must be conducted in order to assess the impact of these partnerships between patients, family, health care team, and organization. Measurement can provide both patients and health care teams with data to make more informed choices and decisions.
- *Transparency and Accountability*- Health care systems can increase their transparency by making data collected available to patients and families. This will not only increase accountability of the health care systems and teams, but will also enable patients and families to

[14] Democracy Collaborative "Can Hospitals Heal America's Communities? "All in for Mission" is the Emerging Model for Impact http://democracycollaborative.org/sites/clone.community-wealth.org/files/downloads/CanHospitalsHealAmericasCommunities.pdf

[15] American Institutes for Research, "Patient and Consumer Engagement," http://www.air.org/page/patient-and-consumer-engagement

be more engaged in their own health, make better informed decisions, and better understand the complex health care costs.

- *Legislation and Regulation*- In order to encourage these partnerships, organizations can develop and align mandates and incentives that benefit both parties. Incentivizing engagement of patients and families by the health care team creates an environment where both the health care provider and the patient are motivated to participate.
- *Partnership in Public Policy*- Patients and families will be provided opportunities to integrate their perspectives and knowledge into public policy. This will further the goal of shaping health care policy, solving community and social problems, and creating better health outcomes

The experiences learned through implementing the assessment proved that consumers are busy but interested in identifying challenges and contributing to the solutions. Northwest Colorado Visiting Nurse Association (NWCOVNA), The Memorial Hospital at Craig (TMH), and Yampa Valley Medical Center (YVMC) could invest in ongoing and meaningful conversations with consumers with the goal of improving the patient experience, improving the health of populations, and reducing the cost of health care. This can include participation on boards, soliciting their involvement in system redesign, and ensuring their voices are integrated into public policy related to health care. These efforts can benefit significantly if consumers and patients are inclusive of people from different genders, cultural backgrounds, income levels, towns within Routt and Moffat counties, and occupations.

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Appendix A: Secondary Data

Yampa Valley Data Profile

Yampa Valley Service Area

The table below shows the 2012 population of eligible but not enrolled in public health coverage for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado
The number of children (aged 0-18 years) eligible but not enrolled in Medicaid	195	333	648	45,227
The percent of children (aged 0-18 years) eligible but not enrolled in Medicaid	16%	29%	22%	11%
The number of children (aged 0-18 years) eligible but not enrolled in CHP+	293	500	937	36,380
The percent of children (aged 0-18 years) eligible but not enrolled in CHP+	47%	50%	49%	31%
The number of working-age adults (19-64 years) eligible but not enrolled in Medicaid	961	1,637	3,063	257,972
The percent of working-age adults (19-64 years) eligible but not enrolled in Medicaid	88%	94%	91%	87%
The number of children (less than 19 years old) without health insurance coverage	696	1,185	2,253	114,727
The number of adults (aged 18-64 years) without health insurance coverage	2,444	4,165	7,955	615,578

Population Forecasts

The table below shows the population forecasts for the future for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado
Total Population – 2013	13,090	23,400	44,621	5,264,894
Population forecasts for the future – 2015	13,862	25,407	47,620	5,438,077
Population forecasts for the future – 2020	14,619	28,243	51,884	5,915,922
Population forecasts for the future – 2025	15,683	31,615	57,065	6,413,554

Age

The table below shows the 2013 population by age for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado

Population aged less than 1 year	189	206	482	65,374
Population aged 1 to 14 years	2,788	3,682	7,956	982,340
Population aged 15 to 19 years	865	1,393	2,786	351,258
Population aged 20 to 44 years	3,795	8,086	14,333	1,826,530
Population aged 45 to 64 years	3,838	7,538	13,748	1,387,866
Population aged 65 years or older	1,615	2,496	5,315	651,527

Health Indicators

Diabetes and Obesity

The table below shows health indicators related to diabetes and obesity. To estimate the service area prevalence rates, statewide data by race/ethnicity was applied to population data by zip code. The service area age-adjusted diabetes mortality rate represents the combined rate for both counties over the period of 2009-2013. The national benchmark represents the 50th percentile and the severe benchmark represents the 75th percentile nationwide.

Health Indicators Related to Diabetes and Obesity	Service Area	Colorado	National Benchmark	Severe Benchmark
Age-Adjusted Diabetes Prevalence[16]	5.5%	6.0%	8.1%	9.2%
Adult Obesity Prevalence[17]	19.6%	20.5%	27.6%	30.2%
Age-Adjusted Diabetes Mortality Rate	12.8	15.9	22.5	24.8

The table below shows the 2011-2013 adult and child body mass index data and 2013 high school student body mass index data for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment. A "-" indicates data is unavailable at the location.

	Moffat County	Routt County	REGION 11	CO
Percent of adults (aged 18+ years) who are obese (Body Mass Index (BMI) = 30)	29	11	19	21
Percent of adults (aged 18+ years) who are overweight or obese (Body Mass Index (BMI) = 25)	67	49	56	56
Percent of children (aged 2-14 years) who are obese (Body Mass Index (BMI) = 95th percentile)	-	-	20	15
Percent of children (aged 2-14 years) who are overweight or obese (Body Mass Index (BMI) = 85th percentile)	-	-	28	28
Percent of children (aged 2-14 years) who are underweight (Body Mass Index (BMI) < 5th percentile)	-	-	7	10
Percent of high school students who are obese (Body Mass Index (BMI) = 95th percentile)	-	-	6	8
Percent of high school students who are overweight (Body Mass Index (BMI) 85th to < 95th percentile)	-	-	5	11

[16] Behavioral Risk Factor Surveillance Survey (BRFSS), 2010
[17] BRFSS, 2012

Cardiovascular Disease

The table below shows health indicators related to cardiovascular disease. To estimate the service area prevalence and screening rates, statewide data by race/ethnicity was applied to population data by zip code. To estimate the service area mortality rates, countywide data by race/ethnicity was applied to population data by zip code. The national benchmark represents the 50th percentile and the severe benchmark represents the 75th percentile nationwide.

Health Indicators Related to Cardiovascular Disease	Service Area	Colorado	National Benchmark	Severe Benchmark
Age-Adjusted Mortality from Diseases of the Heart[18]	98.1	130.2	179.4	203.4
Proportion of Adults reporting diagnosis of high blood pressure[19]	25.0%	25.0%	28.7%	31.4%
Percent of adults who have not had their blood cholesterol checked within the last 5 years[20]	23.8%	25.3%	23.1%	25.7%
Age-adjusted cerebrovascular disease mortality (per 100,000)[21]	33.2	34.0	41.4	46.3

Cancer

The table below shows health indicators related to cancer. To estimate the service area prevalence and screening rates, statewide data by race/ethnicity was applied to population data by zip code. The service area age-adjusted mortality rates represent the combined rate for both counties over the period of 2004-2013. The national benchmark represents the 50th percentile and the severe benchmark represents the 75th percentile nationwide.

Health Indicators Related to Cancer	Service Area	Colorado	National Benchmark	Severe Benchmark
Cancer Screening -- Percent of women 18 and older with No Pap test in past 3 years[22]	20.4%	21.2%	18.4%	20.1%
Cancer Screening -- Percent of women 40 and older with No Mammogram in past 2 years[23]	30.9%	32.0%	22.2%	25.8%
Cancer Screening -- Percent of adult 50 and older with No Fecal Occult Blood Test within the past 2 years[24]	84.4%	84.0%	83.3%	85.0%

[18] CDC WONDER, 2013
[19] BRFSS, 2011
[20] BRFSS, 2011
[21] CDC WONDER, 2013
[22] BRFSS, 2012
[23] BRFSS, 2012
[24] BRFSS, 2012

Percent of adults who currently smoke cigarettes[25]	17.2%	17.7%	17.3%	20.3%
Age-adjusted colorectal cancer mortality[26]	16.3	14.2	14.0	15.2
Age-adjusted breast cancer mortality[27]	10.1	11.1	22.1	23.8

The table below shows 2009-2011 cancer incidence rates for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment. A "-" indicates that data is unavailable at the location.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado
Age-adjusted incidence rate of invasive cancer (all sites combined) (per 100,000 population)	386.2	361.6	381.4	426.4
Age-adjusted incidence rate of invasive breast cancer among females (per 100,000 females)	-	121.5	108.1	124.6
Age-adjusted incidence rate of invasive cervical cancer among females (per 100,000 females)	-	-	-	6.0
Age-adjusted incidence rate of colorectal cancer (per 100,000 population)	48.9	25.2	34.8	34.8
Age-adjusted incidence rate of lung and bronchus cancer (per 100,000 population)	46.3	-	40.3	46.2
Age-adjusted incidence rate of invasive melanoma (skin cancer) (per 100,000 population)	-	-	20.9	22.1
Age-adjusted incidence rate of prostate cancer among males (per 100,000 males)	386.2	361.6	381.4	426.4

Hospitalizations

The table below shows 2011-2013 hospitalization rates for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado
Age-adjusted rate of hospitalizations due to stroke (per 100,000 population)	239.8	199.3	217.0	246.9
Age-adjusted rate of heart disease hospitalizations (per 100,000 population)	2,487.2	1,484.4	1,996.8	2,272.3
Age-adjusted rate of acute myocardial infarction hospitalizations (per 100,000 population)	184.8	153.2	168.2	162.5
Age-adjusted rate for congestive heart failure hospitalizations (per 100,000 population)	676.9	352.9	578.8	669.2

[25] BRFSS, 2012
[26] CDC WONDER, 2013 (10 year rate)
[27] CDC WONDER, 2013 (10 year rate)

Perinatal and Prenatal Health

The table below shows health indicators related to perinatal and prenatal health. The weighted average of the two countywide rates was used to estimate the service area low birth weight rate. To estimate the service area infant mortality and the remaining birth rates, countywide data by race/ethnicity was applied to population data by zip code. The national benchmark represents the 50th percentile and the severe benchmark represents the 75th percentile nationwide.

Health Indicators Related to Perinatal and Prenatal Health	Service Area	Colorado	National Benchmark	Severe Benchmark
Low Birth Weight Rate, 5 year average[28]	9.1%	8.8%	7.9%	9.4%
Infant Mortality Rate, 5 year average (per1,000 births)[29]	4.2	5.7	6.6	7.9
Births to Teenage Mothers (15-19) (Percent of all births)[30]	8.6%	8.0%	8.4%	10.0%
Late entry into prenatal care (entry after first trimester) (Percent of all births)[31]	23.9%	28.0%	16.4%	21.1%
Cigarette use during pregnancy (Percent of all pregnancies)[32]	9.2%	8.0%	14.1%	18.2%
Percent of births that are preterm (<37 weeks gestational age)[33]	29.6%	0.0%	12.0%	13.0%

Mental Health

The table below shows indicators related to mental health for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment. A "-" indicates that data is unavailable at the geographic location.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado
Percent of women who often or always felt down, depressed, sad or hopeless since the new baby was born (2009-2011)	8.1%	5.5%	8.3%	10.5%
Percent of women who experienced 1 or more major life stress events 12 months before delivery (2009-2011)	79.7%	63.8%	70.7%	70.4%
Percent of high school students who felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past 12 months (2013)	-	-	16.1%	24.3%

[28] County Health Rankings, 2015
[29] CDC WONDER, 2013
[30] CDC WONDER, 2013
[31] CDC WONDER, 2013
[32] CDC WONDER, 2013
[33] CDC WONDER, 2013

Percent of high school students who seriously considered attempting suicide during the past 12 months (2013)	-	-	8.3%	14.5%
Age-adjusted rate of mental health diagnosed hospitalizations (per 100,000 population) (2011-2013)	1,756.5	1,426.3	2,174.2	2,802.4
Age-adjusted rate of suicide hospitalizations (per 100,000 population) (2011-2013)	70.8	23.4	41.1	51.8
Percent of parents who reported behavioral or mental health problems in children (aged 1-14 years) (2011-2013)	0.0	23.6%	23.8%	23.2%
Average number of days (in the past 30 days) experienced by adults when their physical health was not good (2011-2013)	6.5	4.6	5.0	6.8
Average number of days (in the past 30 days) experienced by adults when their mental health was not good (2011-2013)	5.8	5.8	6.4	6.8
Percent of adults who usually or always get the emotional or social support they need (2008-2010)	81.9%	90.8%	86.4%	82.8%

Dental

The table below shows indicators related to dental health for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment. A "-" indicates that data is unavailable at the location.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado
Percent of women who went for dental care during pregnancy (2009-2011)	35.4	61.6	47.6	44.4
Percent of adults aged 18+ years who visited the dentist for any reason within the past 12 months (2012)	57.7	74.8	68.1	65.3
Percent of adults (aged 18+ years) who ever lost any teeth due to decay or periodontal disease (2012)	57.2	23.2	36.5	37.7
Percent of children (aged 1-14 years) with fair or poor condition of teeth (2011-2013)	-	-	26.6	7.4

Providers

The table below shows indicators related to health care providers for the service area counties, Colorado's Region 11, and statewide compiled by the Colorado Department of Public Health and Environment. A "-" indicates that data is unavailable at the location.

	Moffat County, Colorado	Routt County, Colorado	REGION 11	Colorado
The rate of active, licensed social workers (per 100,000 population)	7.64	4.27	4.48	13.75
The rate of active, licensed clinical social workers (per 100,000 population)	30.56	85.47	58.27	75.35
The rate of active, licensed registered nurses (per 100,000 population)	825.06	1,243.59	1,019.70	1,064.52

The rate of active, licensed psychologists (per 100,000 population)	0.00	34.19	17.93	43.91
The rate of active, licensed physicians (per 100,000 population)	122.23	371.79	244.28	278.18
The rate of practicing physicians (per 100,000 population)	145.15	235.04	188.25	225.91
The rate of practicing primary care physicians (per 100,000 population)	45.84	81.20	76.20	63.29
The rate of active, licensed physician assistants (per 100,000 population)	22.92	64.10	47.06	42.24
The rate of active, licensed nurse practitioners (per 100,000 population)	7.64	55.56	35.86	55.80
The rate of active, licensed dentists (per 100,000 population)	30.56	111.11	76.20	70.85
The rate of active, licensed registered dental hygienists (per 100,000 population)	137.51	68.38	141.19	64.52
The rate of active, licensed certified nurse midwives (per 100,000 population)	-	-	-	5.62
The rate of active, licensed optometrists (per 100,000 population)	30.56	8.55	13.45	17.13
The rate of active, licensed physical therapists (per 100,000 population)	45.84	209.40	136.71	94.09
The rate of active, licensed respiratory therapists (per 100,000 population)	53.48	55.56	60.51	41.27

Appendix B: Leading Causes of Death Moffat County Residents, 2014[34]

Cause of Death	Age Adjusted Rate
All Causes	767.8
All Other	186.3
Malignant Neoplasms	176.5
Lung Cancer	37.2
Cardiovascular Disease	133.6
Heart Disease	104.2
Cerebrovascular Disease	24.9
Chronic Lower Respiratory Diseases	72.4
Alzheimer's Disease	42.0
Unintentional Injuries	37.1
Suicide	31.3
Nephritis, Nephrosis, Nephrotic Syndrome	27.1
Diabetes Mellitus	20.8

[34] Colorado Department of Public Health and Environment, Vital Statistics Program, http://www.chd.dphe.state.co.us/topics.aspx?q=Mortality_Data

Appendix C: County Health Rankings, Moffat County[35]

	Moffat County	Trend	Error Margin	Top U.S. Performers*	Colorado	Rank (of 60)
Health Outcomes						**45**
Length of Life						**45**
Premature death	7,441		5,791-9,091	5,200	5,756	
Quality of Life						**42**
Poor or fair health	16%		12-21%	10%	13%	
Poor physical health days	4.2		3.1-5.3	2.5	3.1	
Poor mental health days	3.2		2.5-4.0	2.3	3.1	
Low birthweight	9.2%		7.7-10.7%	5.9%	8.8%	
Health Factors						**45**
Health Behaviors						**60**
Adult smoking	22%		17-27%	14%	17%	
Adult obesity	27%		23-32%	25%	20%	
Food environment index	7.6			8.4	7.4	
Physical inactivity	25%		21-29%	20%	15%	
Access to exercise opportunities	65%			92%	92%	
Excessive drinking	26%		20-32%	10%	18%	
Alcohol-impaired driving deaths	33%			14%	34%	
Sexually transmitted infections	349			138	417	
Teen births	61		52-69	20	36	
Clinical Care						**53**
Uninsured	18%		16-19%	11%	17%	
Primary care physicians	2,200:1			1,045:1	1,262:1	
Dentists	2,184:1			1,377:1	1,370:1	

[35] County Health Rankings & Roadmaps, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, http://www.countyhealthrankings.org/

	Moffat County	Trend	Error Margin	Top U.S. Performers*	Colorado	Rank (of 60)
Mental health providers	771:1			386:1	392:1	
Preventable hospital stays	70		55-84	41	38	
Diabetic monitoring	73%		59-87%	90%	83%	
Mammography screening	46.6%		33.4-59.8%	70.7%	60.5%	
Social & Economic Factors						**28**
High school graduation	83%				75%	
Some college	51.4%		44.2-58.6%	71.0%	70.0%	
Unemployment	6.2%			4.0%	6.8%	
Children in poverty	16%		12-21%	13%	17%	
Income inequality	4.5		3.7-5.3	3.7	4.5	
Children in single-parent households	19%		12-26%	20%	28%	
Social associations	12.9			22.0	8.7	
Violent crime	162			59	318	
Injury deaths	94		73-121	50	68	
Physical Environment						**21**
Air pollution - particulate matter	13.2			9.5	12.7	
Drinking water violations	0%			0%	3%	
Severe housing problems	16%		12-21%	9%	17%	
Driving alone to work	68%		64-72%	71%	75%	
Long commute - driving alone	19%		15-24%	15%	32%	

Trend Data

 Your county is getting better for this measure

 Your county is staying the same for this measure

 Your county is getting worse for this measure

Appendix D: Leading Causes of Death Routt County Residents, 2014[36]

Cause of Death	Age Adjusted Rate
All Causes	527.7
All Other	180.4
Cardiovascular Disease	130.0
Heart Disease	96.9
Cerebrovascular Disease	24.8
Malignant Neoplasms	70.8
Lung Cancer	13.6
Chronic Lower Respiratory Diseases	34.7
Alzheimer's Disease	32.8
Unintentional Injuries	24.9
Motor Vehicle	9.6
Other Unintentional Injuries	15.3
Suicide	22.8
Alcohol-Induced Deaths	19.0
Injury by Firearm	14.9

[36] Colorado Department of Public Health and Environment, Vital Statistics Program, http://www.chd.dphe.state.co.us/topics.aspx?q=Mortality_Data

Appendix E: County Health Rankings, Routt County[37]

	Routt County	Trend	Error Margin	Top U.S. Performers*	Colorado	Rank (of 60)
Health Outcomes						**5**
Length of Life						**10**
Premature death	4,528		3,489-5,567	5,200	5,756	
Quality of Life						**2**
Poor or fair health	6%		4-8%	10%	13%	
Poor physical health days	1.8		1.3-2.3	2.5	3.1	
Poor mental health days	2.2		1.5-2.8	2.3	3.1	
Low birthweight	9.0%		7.6-10.4%	5.9%	8.8%	
Health Factors						**5**
Health Behaviors						**4**
Adult smoking	10%		7-14%	14%	17%	
Adult obesity	15%		12-18%	25%	20%	
Food environment index	7.8			8.4	7.4	
Physical inactivity	10%		8-13%	20%	15%	
Access to exercise opportunities	82%			92%	92%	
Excessive drinking	27%		20-32%	10%	18%	
Alcohol-impaired driving deaths	44%			14%	34%	
Sexually transmitted infections	253			138	417	
Teen births	15		12-20	20	36	
Clinical Care						**4**
Uninsured	15%		14-17%	11%	17%	
Primary care physicians	972:1			1,045:1	1,262:1	
Dentists	1,069:1			1,377:1	1,370:1	

[37] County Health Rankings & Roadmaps, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, http://www.countyhealthrankings.org/

	Routt County	Trend	Error Margin	Top U.S. Performers*	Colorado	Rank (of 60)
Mental health providers	413:1			386:1	392:1	
Preventable hospital stays	25		18-33	41	38	
Diabetic monitoring	80%		61-99%	90%	83%	
Mammography screening	66.1%		54.4-77.8%	70.7%	60.5%	
Social & Economic Factors						**7**
High school graduation	83%				75%	
Some college	80.3%		72.2-88.4%	71.0%	70.0%	
Unemployment	5.8%			4.0%	6.8%	
Children in poverty	12%		9-15%	13%	17%	
Income inequality	3.9		3.1-4.7	3.7	4.5	
Children in single-parent households	23%		15-30%	20%	28%	
Social associations	13.3			22.0	8.7	
Violent crime	208			59	318	
Injury deaths	80		65-98	50	68	
Physical Environment						**37**
Air pollution - particulate matter	13.6			9.5	12.7	
Drinking water violations	5%			0%	3%	
Severe housing problems	18%		15-22%	9%	17%	
Driving alone to work	66%		62-71%	71%	75%	
Long commute - driving alone	20%		17-24%	15%	32%	

Trend Data

 Your county is getting better for this measure

 Your county is staying the same for this measure

 Your county is getting worse for this measure