MONTROSE MEMORIAL HOSPITAL
MONTROSE, COLORADO

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION MAY 20, 2013

QHR | Consulting Services

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Dear Community Resident:

Montrose Memorial Hospital welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The "2013 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how Montrose Memorial Hospital will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, Montrose Memorial Hospital, are meeting our obligations to efficiently deliver medical services.

Montrose Memorial Hospital will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

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

The report is a response to a federal requirement of not-for-profit hospital's to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You
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Chief Executive Officer

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EXECUTIVE SUMMARY

Executive Summary

Montrose Memorial Hospital ("MMH" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures MMH identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital[1]. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

In addition to completing a CHNA, and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury[2].

Project Objectives

MMH partnered with Quorum Health Resources (QHR) for the following[3]:

- Complete a CHNA report, compliant with Treasury – IRS;
- Provide the Hospital with information required to complete the IRS – 990h schedule; and
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit

[1] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements…
[2] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537
[3] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders, and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four), and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[4]
- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.

[4] Section 6652

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;
    - Sources of data and dates retrieved;
    - Analytical methods applied;
    - Information gaps impacting ability to assess the needs, and
    - Identification of with whom the Hospital collaborated.
- The proposed regulations provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:
    (1) Summarizes, in general terms, the input provided and how and over what time period such input was provided.
    (2) Provides the names of organizations providing input and summarizes the nature and extent of the organizations input, and
    (3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs, and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data - and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents, to note if they perceived the problems, or needs, identified by secondary sources to exist in their portion of the county.[5]

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report or the appendix. Data sources include:[6]

[5] Response to Schedule H (Form 990) Part V B 1 i
[6] Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Montrose County compared to all Colorado counties	December 4, 2012	2002 to 2010
www.communityhealth.hhs.gov	Assessment of health needs of Montrose County compared to its national set of 'peer counties'	December 4, 2012	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area, and, to access population size, trends, and socio-economic characteristics;	October 16, 2012	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	December 4, 2012	2012
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	December 4, 2012	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	December 4, 2012	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	December 4, 2012	2005
www.cdc.gov	To examine area trends for heart disease and stroke	December 4, 2012	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	December 4, 2013	2003 to 2010
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	December 4, 2012	2012

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	December 4, 2012	2010 published 11/29/12

- In addition, we deployed a CHNA survey to our Local Expert Advisors to gain local input as to local health needs and the needs of priority populations. Local Expert Advisors had participated in a Regional Health Assessment were local individuals selected to conform to the input required by the Federal guidelines and regulations.[7]
- We received community input from 18 Local Expert Advisors. Survey responses started Wednesday January 16, 2013 and ended with the last response on Friday, January 25, 2013 at 1:40 p.m.
- Information analysis augmented by local opinions from the Regional Health Assessment showed how Montrose County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups; respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what[8].

When the analysis was complete, we put the information and summary conclusions before our local group of experts[9] who were asked to agree or disagree with the summary conclusions for health needs. They were free to augment potential conclusions with additional statements of need, and new needs did emerge from this exchange.[10]

With the prior steps identifying potential community needs, the local experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. Experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provide an anonymous summary of the experts' forecasts from the previous round, as well as reasons provided for their judgments. The process encourages experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus 'correct' answer. The process stops when we identify the most pressing, highest priority community needs.

In the MMH process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and challenge conclusions developed from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support and other needs receiving identical point allocations.

[7] Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)
[8] Response to Schedule H (Form 990) Part V B 1 f
[9] Part response to Schedule H (Form 990) Part V B 3
[10] Response to Schedule H (Form 990) Part V B 1 e

We dichotomized the rank order into two groups: high priority needs and low priority needs. The determination of the break point - high as opposed to low - was a qualitative interpretation by QHR and the MMH executive team where a reasonable break point in rank occurred. When presented to the MMH executive team, the dichotomized need rank order identified which needs the Hospital considered high responsibility to respond vs. low responsibility to respond. The result provided a matrix of needs and guided the Hospital in developing its implementation response[11].

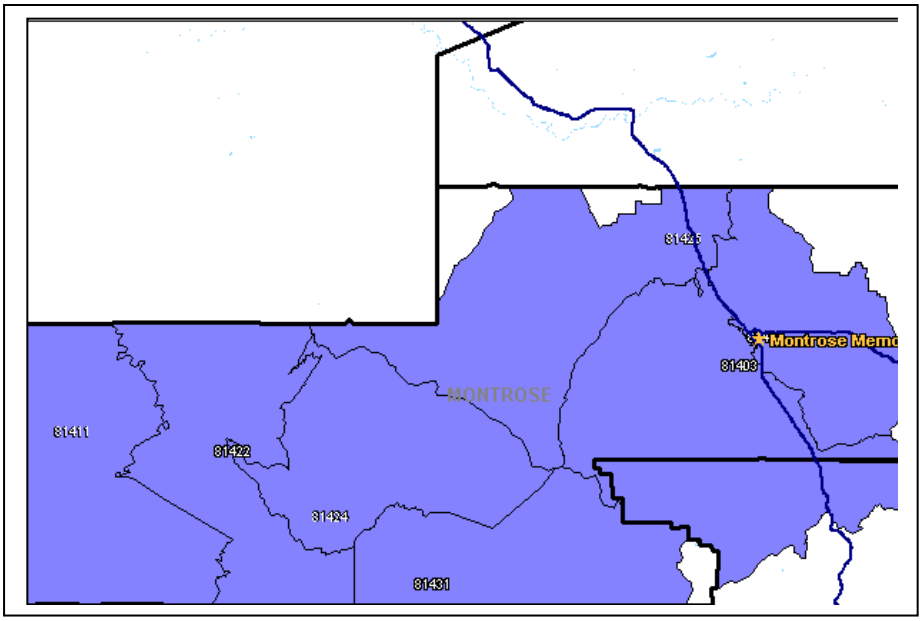
The proposed regulations provide that in order to 'assess' the health needs of the community it serves, a hospital facility must identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health needs[12]. The proposed regulations clarify a CHNA need only identify significant health needs and need only prioritize, and otherwise assess, those significant health needs identified. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves[13]. By definition, the high priority needs are deemed "Significant" needs as defined by the regulations.

[11] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g
[12] Draft regulations page 30
[13] Draft regulations page 32

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[14]



MMH, in conjunction with QHR, defines its service area as Montrose County in Colorado, which includes the following ZIP codes:

81401 Montrose	81403 Montrose	81411 Bedrock	81422 Naturita
81424 Nucla	81425 Olathe	81431 Redvale	

In 2011, the Hospital received 77.1% of its patients from this area.[15]

[14] Responds to IRS Form 990 (h) Part V B 1 a
[15] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community[16]

The 2012 population for Montrose County is estimated to be 42,089[17] and expected to increase at a rate of 7.2%. This is in contrast to the 3.9% national rate of growth and the Colorado growth rate of 6.1%. Montrose County in 2017 anticipates a population of 45,124.

According to the population estimates utilized by Truven, provided by The Nielsen Company, the 2012 median age for the county is 42 years, which is older than the State median age (39.2 years) and the national median age (36.8 years). The 2012 Median Household Income for the area is $53,816, which is lower than the National median income of 67,315. Unemployment in February, 2013 was 10.8%[18], which is worse than statewide and the national civilian unemployment rate of 7.6%.

The portion of the population in the county over 65 is 16.9%, above the State average. The portion of the population of women of childbearing age is 20.8%, above the State and national average of 20.1%. 76.9% of the population is White, and 20.3% Hispanic.

Demographics Expert 2.7
2012 Demographic Snapshot
Area: Montrose County, CO
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA		2012	2017	% Change
2000 Total Population	33,164	281,421,906	Total Male Population	20,714	22,193	7.1%
2012 Total Population	42,089	313,095,504	Total Female Population	21,375	22,931	7.3%
2017 Total Population	45,124	325,256,835	Females, Child Bearing Age (15-44)	6,913	7,442	7.7%
% Change 2012 - 2017	7.2%	3.9%				
Average Household Income	$53,816	$67,315				

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total
0-14	8,878	21.1%	9,522	21.1%	20.2%
15-17	1,811	4.3%	1,979	4.4%	4.3%
18-24	3,049	7.2%	3,864	8.6%	9.7%
25-34	4,347	10.3%	4,696	10.4%	13.5%
35-54	11,039	26.2%	10,249	22.7%	28.1%
55-64	5,867	13.9%	6,416	14.2%	11.4%
65+	7,098	16.9%	8,398	18.6%	12.9%
Total	42,089	100.0%	45,124	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2012 Household Income	HH Count	% of Total	USA % of Total
<$15K	2,319	13.8%	13.0%
$15-25K	2,121	12.6%	10.8%
$25-50K	5,137	30.5%	26.7%
$50-75K	3,906	23.2%	19.5%
$75-100K	1,499	8.9%	11.9%
Over $100K	1,852	11.0%	18.2%
Total	16,834	100.0%	100.0%

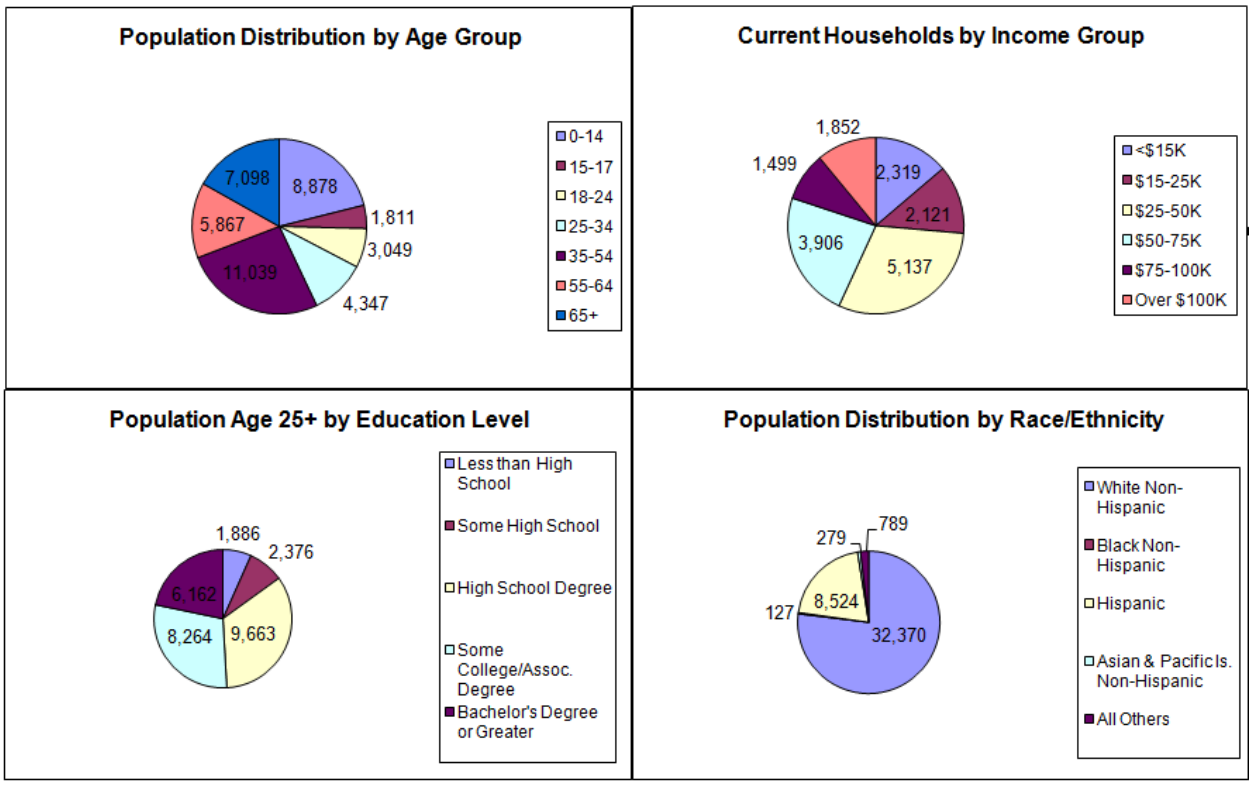
EDUCATION LEVEL

	Education Level Distribution		
2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,886	6.7%	6.3%
Some High School	2,376	8.4%	8.6%
High School Degree	9,663	34.1%	28.7%
Some College/Assoc. Degree	8,264	29.1%	28.5%
Bachelor's Degree or Greater	6,162	21.7%	27.8%
Total	28,351	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2012 Pop	% of Total	USA % of Total
White Non-Hispanic	32,370	76.9%	62.8%
Black Non-Hispanic	127	0.3%	12.3%
Hispanic	8,524	20.3%	17.0%
Asian & Pacific Is. Non-Hispanic	279	0.7%	5.0%
All Others	789	1.9%	2.9%
Total	42,089	100.0%	100.0%

[16] Responds to IRS Form 990 (h) Part V B 1 b
[17] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
[18]http://research.stlouisfed.org/fred2/series/COMONTURN; http://research.stlouisfed.org/fred2/series/UNRATE



The population also was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important adverse potential findings. Items with black text are viewed as either not statistically different from the national normal situation or not being a favorable nor an unfavorable consideration in our use of the information.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Heart**		
BMI: Morbid/Obese	103.7%	26.5%	Routine Screen: Cardiac Stress 2yr	93.4%	14.6%
Vigorous Exercise	96.6%	48.9%	Chronic High Cholesterol	108.3%	24.2%
Chronic Diabetes	115.6%	12.0%	Routine Cholesterol Screening	92.5%	47.1%
Healthy Eating Habits	94.9%	28.1%	Chronic High Blood Pressure	119.3%	31.4%
Very Unhealthy Eating Habits	105.2%	2.9%	Chronic Heart Disease	122.7%	10.3%
Behavior			**Routine Services**		
I Will Travel to Obtain Medical Care	96.0%	28.6%	FP/GP: 1+ Visit	103.1%	91.1%
I Follow Treatment Recommendations	88.2%	35.7%	Used Midlevel in last 6 Months	105.6%	44.1%
I am Responsible for My Health	94.0%	61.7%	OB/Gyn 1+ Visit	92.4%	40.3%
Pulmonary			Ambulatory Surgery last 12 Months	103.3%	19.8%
Chronic COPD	122.5%	6.2%	**Internet Usage**		
Tobacco Use: Cigarettes	108.7%	28.1%	Use Internet to Talk to MD	68.0%	9.9%
Chronic Allergies	100.2%	21.6%	Facebook Opinions	77.0%	7.9%
Cancer			Looked for Provider Rating	83.9%	12.2%
Mammography in Past Yr	102.9%	46.7%	**Misc**		
Cancer Screen: Colorectal 2 yr	103.5%	23.7%	Charitable Contrib: Hosp/Hosp Sys	100.2%	24.0%
Cancer Screen: Pap/Cerv Test 2 yr	87.7%	52.8%	Charitable Contrib: Other Health Org	96.2%	37.6%
Routine Screen: Prostate 2 yr	98.2%	31.3%	HSA/FSA: Employer Offers	96.7%	50.3%
Orthopedic			**Emergency Service**		
Chronic Lower Back Pain	111.0%	25.1%	Emergency Room Use	101.1%	34.3%
Chronic Osteoporosis	131.0%	12.7%	Urgent Care Use	92.8%	21.9%

Leading Causes of Death

Cause of Death			Rank among all counties in CO	Rate of Death per 100,000 age adjusted		
CO Rank	Montrose Co. Rank	Condition	(#1 rank = worst in state)	CO	Montrose Co.	Observation
3,9,13,16,19,27, 29,30,31,32,35, 37,41,44	1	Cancer	31 of 64	151.3	159.5	Lower than expected
1	2	Heart Disease	41 of 64	136.5	153.5	Lower than expected
2	3	Lung	20 of 63	47.7	62.0	Higher than expected
10, 17, 24	4	Accidents	35 of 63	44.2	51.8	Higher than expected
4	5	Stroke	39 of 64	35.2	38.7	Lower than expected
5	6	Alzheimer's	10 of 59	31.4	34.6	Higher than expected
7	7	Suicide	19 of 62	18.6	20.9	Higher than expected
14	8	Flu - Pneumonia	23 of 60	14.8	20.3	As expected
8	9	Diabetes	43 of 60	17.2	14.6	Lower than expected
11	10	Liver	24 of 60	10.7	10.8	As expected
25	11	Parkinson's	7 of 50	6.9	9.5	Higher than expected
18	12	Kidney	47 of 57	10.3	7.4	Lower than expected
23	13	Blood Poisoning	44 of 52	8.2	4.2	Lower than expected
34	14	Homicide	20 of 43	3.8	3.5	As expected
12	15	Hypertension	43 of 48	5.3	3.1	Lower than expected

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.[19]

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
    - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
    - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over, and
    - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Blacks were worse than Whites and staying the same:
    - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
    - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
    - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
    - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

[19] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010

  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months who got care as soon as wanted; emergency department visits where patients left without being seen; and
  - Access – People with a usual primary care provider; people with a specific source of ongoing care.
- Measures for which Asians were worse than Whites and getting better:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Asians were worse than Whites and staying the same:
  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
  - Access – People with a usual primary care provider.
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and staying the same:
  - Heart Disease – Hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
  - Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; and

  - Access – People under age 65 with health insurance.

- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and getting worse:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting better:
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
  - Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:
  - Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;
  - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;
  - Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;
  - Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;

  - Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;
  - Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months who got care as soon as wanted;
  - Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and
  - Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse:
  - Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our Local Expert Advisors about unique needs of priority populations. We reviewed their response to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized as follows[20]:

- One expert mentioned that there was disparity with the Hispanic Population. Detail about the type of disparity (e.g. access to care, income, lack of Hispanic Providers or a language barrier) was not explained. Statistical information about special populations follows:
barrier) was not explained. Statistical information about special populations follows:

[20] All comments and the analytical framework behind developing this summary appear in Appendix B.

Access to Care: Montrose County, CO

In addition to use of services, access to care may be characterized by medical care coverage and service availability	
Uninsured individuals (age under 65)[1]	8,134
Medicare beneficiaries[2]	
Elderly (Age 65+)	6,255
Disabled	841
Medicaid beneficiaries[2]	5,376
Primary care physicians per 100,000 pop[2]	61.7
Dentists per 100,000 pop[2]	54.3
Community/Migrant Health Centers[3]	No
Health Professional Shortage Area[3]	Mental Health

nda No data available.

[1] The Census Bureau. Small Area Health Insurance Estimates Program, 2006.
[2] HRSA. Area Resource File, 2008.
[3] HRSA. Geospatial Data Warehouse, 2009.

In addition the Olathe Clinic is a FQHC and a migrant farm worker site for access. Montrose County is a HPSA for primary care.

Vulnerable Populations, Montrose County, Colorado

Include People Who[1]	
Have no high school diploma (among adults age 25 and older)	**5,367**
Are unemployed	**1,054**
Are severely work disabled	**1,322**
Have major depression	**2,308**
Are recent drug users (within past month)	**3,650**

nda= No data available.

[1] The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

Findings

Upon review of the Regional CHNA, QHR identified several issues within the MMH community:

Conclusions from the Regional Community Health Needs Assessment

In the first stakeholder meetings in each of the counties, the stakeholders selected their top focus areas based on the key indicators presented. The focus areas were then compiled for further prioritization of regional priorities by the core planning team (WCPHP). Stakeholders then prioritized focus areas.

The core planning team then picked regional priorities based in part by the prioritization of the data and the stakeholders. Additionally, criteria used by the core planning team for regional priorities were:

- "Winnable Battles" as per the Colorado list
- Four priorities at the most
- At least one priority in the Environmental Health area
- Keep it simple
- A 'quick win' on at least one priority area
- Priorities that lend themselves to regional strategies

The following regional priorities were chosen based on the above criteria by the Regional Health Assessment core planning team. These priorities are the basis for strategies and an action plan as part of a regional public health improvement plan (PHIP):

- Obesity prevention
- Improve well water quality
- Mental Health/Substance abuse
- Food Safety

At the second stakeholder meetings held in each of the counties, stakeholders were presented with the regional priorities chosen, county specific priorities were discussed as well as best practices. Stakeholders were given the opportunity to give further input on best practices for the priority areas chosen and in at least half of the counties, the stakeholders self organized for addressing some county priorities that were not chosen as regional priorities.

Regional Priorities for Montrose County Included:

- Air quality; indoor air monitoring and education radon/mold
- Food safety: adequate inspections and food handler education
- Immunization rate and tracking
- Falls and MVA prevention (especially among teens)
- Healthy lifestyles and chronic disease prevention
- Teen and unintended pregnancy prevention
- Tobacco – smoking during pregnancy

Key focus area prioritized by Montrose County Stakeholders:

- Healthy lifestyles including tobacco
- Suicide
- Falls prevention
- Teen pregnancy prevention

Summary of Observations from Montrose County Compared to All Other State Counties, in Terms of Community Health Needs

- In general, Montrose County residents are at the lower average health for the state;
- In a health status classification termed "Health Outcomes", County ranks number 36 among the 59 ranked counties (best being #1). Low Birth Weight births among County mothers is 9.1%, a value higher than the state average and below the national goals. Premature Death rate (death prior to age 75) in Montrose County is statistically below the state average and the national goal. Self-reported health status measures show County residents at the state average but above the national goal; and
- In another health status classification "Health Factors", Montrose County ranks 32nd among the 59 counties. Clinical Care measures above the state average, except for the physician to population ratio which is below the national goal (not enough physicians to serve the population.) Other conditions where improvement remains to achieving state average rates and then national goals include:
    - Newborn death rate
    - Teen birth rate
    - Children in poverty
    - Children in single parent households
    - Inadequate social support
    - Unemployment
    - Limited access to healthy food

Summary of Observations from Montrose County Peer Comparisons

The federal government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Montrose County is compared to its national set of Peer Counties and compared to national rates make the following observations:

UNFAVORABLE observations occurring at rates worse than national AND worse than among Peers

- Births to women under 18

- No care in first trimester
- Motor vehicle injuries
- Suicide

SOMEWHAT A CONCERN observations because occurrence is EITHER above national average or above Peer group average:

- Post-neonatal infant mortality
- Low birth weight, (<2,500 grams)
- Births to women age 40-54
- Hispanic infant mortality
- Unintentional injury

BETTER PERFORMANCE than peers and national rates:

- Very low birth wt. (<1,500 grams)
- Premature births (<37 weeks)
- Births to unmarried women
- Infant mortality
- Neonatal infant mortality
- Female breast cancer
- Colon cancer
- Coronary heart disease
- Lung cancer
- Stroke

Conclusions from the Demographic Analysis Comparing Montrose County to National Averages

Montrose County in 2012 comprises 42,089 residents. During the next five years, it is expected to see a population increase of 7.2% to achieve 45,124 residents. This growth is higher than anticipated state (6.1%) and national (3.9%) growth. The population is older and has a lower median income than the state and higher than national median income. 16.9% of the population is age 65 or older, above the state average. 76.9% are non-Hispanic White and 20.3% Hispanics. Females ages 14 to 44 comprise 20.8% of the population, slightly more than the percentage in nation (20.1%).

The following areas were identified comparing the county to national averages. Metrics impacting more than 30% of the population and which are statistically significantly different from the national average:

- I am responsible for my own health was 6% below average, impacting 61.7% - an adverse finding;
- Cancer Screen: Pap/Cerv Test every 2 years was 12.3% below average, impacting 52.8% of the population – an adverse finding.
- Routine Cholesterol Screening was 7.5% below average, impacting 47% - an adverse finding;
- OB/GYN Visit was 7.5% below average, impacting 40% - an adverse finding;
- Compliant With Treatment Recommendations was 21.8% below average, impacting 35.7% - an adverse finding;
- Chronic High Blood Pressure was 19% above average, impacting 31.7% - an adverse finding.
- Cigarette Use was 8.7% above average, impacting 28% - an adverse finding
- Healthy Eating Habits 5.1% lower than average, impacting 28% - an adverse finding
- Chronic Lower Back Pain 11% above average, impacting 25% - an adverse finding

Situations and conditions statistically significantly different from the national average, but impacting less than 30% of the population include:

- Chronic High Cholesterol was 8.3%% above average, impacting 24% - an adverse finding;
- Routine Screen: Cardiac Stress Test 6.6% below average, impacting 14.6% - an adverse finding;
- Chronic Osteoporosis was 31% above average, impacting 12.7% - an adverse finding
- Chronic Diabetes was 15.6 above average, impacting 12% - an adverse finding
- Chronic Heart Disease was 22.7% above average, impacting 10.3% - an adverse finding;
- Chronic COPD was 22.5% above average, impacting 6.2% - an adverse finding;
- Very Unhealthy Eating Habits 5.2% above average, impacting 2.9% - an adverse finding.

Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional observations of Montrose County found:

- Palliative Care programs (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) exist in the county; and
- Hospice programs exist in the county.

Ranking the causes of death in County finds the leading causes to be the following (in descending order of occurrence):

- Cancer #1 cause of death in Montrose County and statewide; in County 159.5/100,000 ranking #31 among 64 Colorado Counties, lower than expected;
- Heart Disease # 2 cause of death statewide and in County 153.5/100,000 ranking #41 of 64 Colorado Counties - significantly lower than expected;
- Lung Disease #3 cause of death statewide and in County 62/100,000 ranking #20 of 63 Colorado Counties - significantly higher than expected;
- Accidents #4 cause of death in County, 44.2/100,000 ranking #35 of 63 Colorado Counties - higher than expected;
- Stroke #5 cause of death in County, statewide #6 – 38.7/100,000 ranking #39 of 64 – lower than expected;
- Alzheimer's #6 cause of death in County, statewide #7 – 38.2/100,000 ranking #10 of 59 Colorado Counties – higher than expected;
- Suicide #7 cause of death in County, statewide #7 – 20.9/100,000 ranking #19 of 62 Colorado Counties - significantly higher than expected;
- Flu - Pneumonia #8 cause of death in County, statewide #8 – 20.3/100,000 ranking #23 of 60 Colorado Counties – as expected;
- Diabetes #9 cause of death statewide and in County 14.6/100,000, ranking #43 of Colorado - significantly lower than expected;
- Liver Disease #10 cause of death in County, statewide #10, 10.8/100,000 ranking #24 of 60 Colorado Counties – as expected;
- Among other leading causes of death, Parkinson's is higher than expected and homicide as expected. Kidney Disease deaths, Blood Poisoning deaths and Hypertension deaths are lower than expected.

The incident of heart, cancer and lung disease and accidental deaths are above state average. The incident of Flu – Pneumonia deaths is above state and national average.

According to the Colorado Department of Public Health and Environment, life expectancy is generally about two years greater than the U.S. estimate in any one year. Life expectancy for Montrose County Males is 76 years, #36 out of 65 Colorado Counties. Life expectancy for Montrose County Females is estimated at 81.4 years, #27 out of 65 Colorado Counties.

EXISTING HEALTH CARE FACILITIES, RESOURCES AND IMPLEMENTATION PLAN

Significant Health Needs

We used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by Montrose Memorial Hospital.[21] The following list:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies Montrose Memorial Hospital's current efforts responding to the need;
- Establishes the Implementation Plan programs and resources Montrose Memorial Hospital will devote to attempt to achieve improvements;
- Documents the Leading Indicators Montrose Memorial Hospital will use to measure progress;
- Presents the Lagging Indicators Montrose Memorial Hospital believes the Leading Indicators will influence in a positive fashion, and;
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

Montrose Memorial Hospital is the only hospital in the service area. It was established by the Montrose County Commissioners in 1949, pursuant to Title 25, Article 3, Part 3, C.R.S. and is a 75 bed hospital. The next closest facilities are outside the service area and include:

- Delta County Memorial Hospital in Delta, Colorado, a 25 bed Critical Access Hospital is located 14 miles and 30 minutes away outside the Service Area.
- St. Mary's Regional Medical Center is located in Grand Junction, Colorado; a 350 bed hospital is located 62 miles and one hour ten minutes away.
- Colorado West Mental Health, a 32 bed Psychiatric Hospital with 13 outpatient offices on the Western Slope of Colorado, is located 62 miles and one hour ten minutes away. There is an outpatient office in Montrose.
- Community Hospital in Grand Junction Colorado, a 78 bed acute care hospital located 65 miles and one hour 12 minutes away.

All data items analyzed to determine significant needs are 'Lagging Indicators', measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you

[21] Response to IRS Form 990 h Part V B 1 c

nothing about how the outcomes were achieved. In contrast the Montrose Memorial Hospital Implementation Plan utilizes 'Leading Indicators'. Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

Significant Needs

1. Healthy Lifestyles – Leading indicator identified in Regional Health Needs assessment and expert panel. Healthy Lifestyles promotion is needed to reduce diseases that can be impacted by a healthy lifestyle. Situations and Conditions impacting the population and significantly different from the national average with adverse findings include: a lack of health Eating Habits 5.1% below average, tobacco use 108% of average, high blood pressure 119% of average, chronic diabetes 116% of average, chronic high cholesterol 108% of average

Problem Statement: Unhealthy lifestyles lead to morbidity and mortality of the population.

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - Health Fairs are held to promote healthy lifestyles and disease prevention and screening for early detection and diagnosis
- **MMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**
  - Continue health fairs
  - Educational material developed by the hospital
  - Participation with the Live Well Colorado Program – The hospital will budget $2,500 toward this effort.
- **ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN**
  - MMH efforts can help promote healthy lifestyles, but it can do little to impact some the underlying causes of this problem which stem from unemployment, lack of personal resources, adverse personal lifestyle choices and other factors.
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - Increase participation numbers in health fair attendance
- **LAGGING INDICATORS MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - Percent of County population overweight or obese
  - Percent of County population with High Cholesterol
  - Percent of Population with High blood pressure

- Percent of the Population smoking

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose County Health and Human Services, 1845 S. Townsend, Montrose, CO 81401 970-252-5000
Live Well Colorado, Livewellcolorado.com, 720-353-4120
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

2. Heart Disease Prevention – Assigned high priority by expert panel

Problem Statement: Heart Disease is the #1 cause of death in Montrose County and should be reduced

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - Diagnostic and Treatment services to diagnose and treat heart disease
  - Health Fairs and screening
  - Physician and Provider recruitment to diagnose and treat heart disease
- **MMH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**
  - Continue health fairs
  - Educational material developed by the hospital
  - Recruitment of additional cardiologist(s) for 24/7 coverage.
- **ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN**
  - MMH efforts can help promote healthy lifestyles by continuing health fairs and educational material.
  - MMH can increase resources to diagnose and treat heart disease through recruitment efforts.
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - Recruitment of two cardiologists
- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - Percent of County population with heart disease cause of death is decreased

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:

Montrose County Health and Human Services, 1845 S. Townsend, Montrose, CO 81401 970-252-5000
Live Well Colorado, Livewellcolorado.com, 720-353-4120
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

3. Hypertension Education – Montrose County has a high incidence of hypertension 119% of average. Identified by expert panel

Problem Statement: Hypertension can result in Cardiac, Kidney Disease

- **MONTROSE MEMORIAL HOSPITAL SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
    - Montrose Memorial Hospital diagnoses and treats hypertension and resulting diseases
    - Blood Pressure Checks are performed at health fairs
- **MONTROSE MEMORIAL HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**
    - The hospital will budget $3,000 for hypertension education materials
- **ANTICIPATED RESULTS FROM MONTROSE MEMORIAL HOSPITAL IMPLEMENTATION PLAN**
    - Increased education regarding hypertension and early detection.
- **LEADING INDICATOR MONTROSE MEMORIAL HOSPITAL WILL USE TO MEASURE PROGRESS:**
    - Number of participants at health fairs increases
- **LAGGING INDICATOR MONTROSE MEMORIAL HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT**
    - Incidence of Hypertension for Montrose County Residents

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 S. Townsend, Montrose, CO 81401, 970-252-5000
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

4. Mental Health Provider Shortage – Montrose County is a health professions shortage area for Mental Health

Problem Statement: Lack of access to mental health providers for the population of Montrose County

- **MONTROSE MEMORIAL HOSPITAL SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - Treatment and referral from the Emergency Department
- **MONTROSE MEMORIAL HOSPITAL IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**
  - The hospital will budget $50,000 cash support to Colorado West Mental Health for Mental Health Services and Provider recruitment and retention.
- **ANTICIPATED RESULTS FROM MONTROSE MEMORIAL HOSPITAL IMPLEMENTATION PLAN**
  - An increase in access to Mental Health Services
- **LEADING INDICATOR MONTROSE MEMORIAL HOSPITAL WILL USE TO MEASURE PROGRESS:**
  - It is not within the capability of the hospital to monitor and the hospital does not control recruitment.
- **LAGGING INDICATOR MONTROSE MEMORIAL HOSPITAL WILL USE TO IDENTIFY IMPROVEMENT**
  - HPSA designation metrics

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 S. Townsend, Montrose, CO 81401, 970-252-5000
Colorado West Mental Health, 515 28¾ Road, Grand Junction, CO 81501, 970-263-4918

5. Respiratory Disease Prevention – The death rate due to chronic lower respiratory disease is high in Montrose County. The incidence is 58 per 100,000 compared to Colorado as a whole of 51 per 100,000. It is the highest in the region

Problem Statement: The death rate due to chronic lower respiratory disease should be reduced

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- MMH provides diagnostic and treatment services. It has provided in-kind space to the miner's clinic at no cost.

- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
  - Responding to respiratory disease is most effectively executed by direct patient physician interactions rather than application of institutional services
  - Area physicians respond to this need
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
  - Reduction in the death rate for Chronic Disease
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - Number of pulmonary function studies (spirometry tests) performed at health fairs and number of normal tests.
- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - Death rate due to chronic lower respiratory disease

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

6. Tobacco Cessation – Tobacco use involves 17.6 percent of the population in Montrose County. It was identified by Montrose County Stakeholders in the Regional Health needs assessment and given high priority by the expert panel. Death rate due to chronic lower respiratory disease is high in Montrose County. The incidence is 58 per 100,000 compared to Colorado as a whole of 51 per 100,000. It is the highest in the region

Problem Statement: The percentage of the population smoking should be reduced

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - MMH provides diagnostic and treatment services.
  - The hospital provides patient education materials and smoking cessation information for patients.
- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
  - The hospital relies on community programs and experts in this field. The county health department does smoking cessation classes.
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**

- Reduction in the percentage of the population smoking

- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - It is not within the capability of the hospital to monitor. The hospital can inquire into the attendance at classes from the health department.

- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - Death rate due to chronic lower respiratory disease

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

7. Teen Pregnancy Prevention - Montrose County has 21.2% of births that are teen births. The region has 18.6% of teen births.

Problem Statement: The percentage of teen births should be reduced

- **MMH SERVICES AVAILABLE**
  - Nurse Midwife Clinic provides education on repeat teen pregnancy prevention

- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
  - The hospital relies on community programs and resources. They are listed below.

- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
  - Reduction in the percentage of teen pregnancy

- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - The number of teen deliveries at the hospital

- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - Teen pregnancy rate for Montrose Population

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose CO 81401, 970-249-5000
Montrose School District, 930 B Colorado Avenue, Montrose CO 81401, 970-249-7726
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

8. Suicide Rate – Identified by expert panel as a high priority need

Problem Statement: The number of suicides should be reduced.

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - MMH refers ED patients who are at risk for suicide
- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
  - The hospital relies on Colorado West Mental Health programs and experts in this field
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
  - Reduction in the number of suicides
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - Number of Patients referred from the ED to Colorado West Mental Health
- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - Montrose County Suicide Rate

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Colorado West Mental Health, 515 28¾ Road, Grand Junction, CO 81501, 970-263-4918

9. Falls Prevention – Identified by Montrose County Regional Health Assessment and as a high priority need by expert panel

Problem Statement: The number of falls resulting in trauma should be reduced.

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - MMH refers ED patients who are at risk of falling to EMS
- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
  - The hospital relies on the well developed program of EMS
  - Physicians can detect high risk patients in the office before falls
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
  - Reduction in the number of ED trauma visits due to falls
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - Number of Patients seen in ED for Trauma due to falls

- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
    - Number of Patients seen in ED for Trauma due to falls compared to state tracking indicators

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Emergency Medical Services Tracking System

10. Air Quality Monitoring and Education Radon/Mold – Identified by Montrose County Regional Health Assessment and as a high priority need by expert panel. Radon is estimated to cause about 21,000 cases of lung cancer deaths per year in the U.S. It is the second most common cause of Lung Cancer after smoking. Montrose County is a defined Radon Zone by the EPA.

Problem Statement: Radon and Mold education needs improvement

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
    - None, except identification of Mold by the Clinical Laboratory
- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
    - The hospital relies on state and local health departments for expertise
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
    - Increase of Mold and Radon Air Quality education among the population
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
    - It is not within the capability of the hospital to monitor
- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
    - Available State and County Information and tracking

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000

11. Food Safety – Identified by Montrose County Regional Health Assessment and as a high priority need by expert panel

Problem Statement: There is a lack of adequate number of food inspections and more food handler education is needed

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
    - None, except identification of pathogens
- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
    - The hospital relies on the state and local health department for expertise
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
    - Increase in inspections and education of food handlers
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
    - It is not within the capability of the hospital to monitor
- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
    - State report identifying the number of foodborne illness

Other Local Resources identified during the CHNA processs, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000

12. Rate of Immunization Tracking - Identified by Montrose County Regional Health Assessment and as a high priority need by expert panel. The Colorado Immunization Information System is a computer based method operated by the Colorado Department of Public Health and Environment and collects and disseminates immunization information. The CHS allows for immunization providers to electronically track the immunization records of patients with the objective of assuring all appropriate immunizations are received. The data that is available online. The state of Colorado set a target rate of 100% of immunization providers being linked to the CHS. Less than 50% of Montrose providers use the system.

Problem Statement: There is a lack of compliance with the state tracking system

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
    - Hospital Primary Care Practices
- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
    - The hospital relies on the state and local health department for expertise
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
    - Increase in the immunization rate
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**

- It is not within the capability of the hospital to monitor

- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - State figures on compliance with tracking system

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000

13. Motor Vehicle Accident Prevention – Identified by Montrose County Regional Health Assessment and as a high priority need by expert panel

Problem Statement: Motor Vehicle Accidents (MVA) are the 9th leading cause of death in Montrose County and the MVA death rate should decline

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - Hospital ED treats MVA patients

- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
  - The hospital relies on the state and local health department and law enforcement for expertise

- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
  - Decrease in MVA death rate

- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - Number of MVA patients treated in the ED

- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - MVA death rate for Montrose County

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000
Montrose County Sheriff's Office, 1200 N. Grand Ave., Montrose, CO 81401, 970-252-4023
MADD, 444 Lincoln Street, Denver, CO 80203, 800-621-MADD

14. Alzheimer's treatment – The fifth leading cause of death in Montrose County.

Problem Statement: Alzheimer's disease is the firth leading cause of death and the incidence is increasing.

- **MMH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**
  - MMH provides diagnostic and treatment for Alzheimer's.
- **MMH DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:**
  - Physicians diagnose and treat Alzheimer's.
- **ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS**
  - Increase in available treatment for Alzheimer's Disease
- **LEADING INDICATOR MMH WILL USE TO MEASURE PROGRESS:**
  - It is not within the capability of the hospital to monitor or a source to monitor
- **LAGGING INDICATOR MMH WILL USE TO IDENTIFY IMPROVEMENT**
  - State death rate for Alzheimer's collected by the State.

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000
Touch of Care, 95 Merchant Drive, Montrose, CO 81401, 970-240-4121
Alpine Home Health, North Cascade Ave, Montrose, CO 81401, 970-249-6767
Comfort Keepers 1803 East Pavilion, NBU 4, Montrose CO 81401, 970-240-4121
Cimarron Home Health, 122 Park, Montrose, CO 81401, 970-275-6199
Alzheimer's Care Unit at Sunrise Creek, 1968 Sunrise Dr., Montrose, CO 81401, 970-240-0600
San Juan Living Center, 600 S. 5th Street, Montrose, CO 81401, 970-249-9683
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

Other Needs Identified During the CHNA Process

15. Cancer Control and Treatment

Problem Statement: Cancer is the leading cause of death in Montrose County. Montrose County has a higher death rate from Cancer than Colorado as a whole

MMH furnishes space to Bosom Buddies Cancer Support Group at no cost – An in-kind contribution of $10,124 annually

MMH furnishes office space at no cost to the Hospice Program – An in-kind contribution of $24,961

MMH provides Cancer Diagnosis and Treatment. The San Juan Cancer Center (Joint Venture) provides treatment and Cancer Control Activities

Physicians provide diagnosis and treatment

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
San Juan Cancer Center, 600 S. 5th, Montrose, CO
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

16. Prenatal Care

Problem Statement: Montrose County rate of first trimester care is 60.5% Colorado 76.9% Healthy People 2020 goal is 90%.

MMH sponsors the Midwife Clinic at an annual cost of $418,259

Physicians provide diagnosis and treatment

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 S. Townsend, Montrose, CO 81401, 970-252-5000
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

17. Education on Hypertension

Problem Statement: Hypertension rate for Montrose County is high, affecting 31.6% of the Montrose County population.

Montrose Memorial Hospital services and actions to respond to this need include:

Diagnosis and Treatment of Hypertension, Primary Care Practices and Clinics, Health fairs

The hospital will budget $ 3,000 for educational brochures

Private Physicians Offices provide education

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 S. Townsend, Montrose, CO 81401, 970-252-5000

Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

18. Lack of Care Affordability

Problem Statement: Identified by a panel expert.

Montrose Memorial Hospital donates $44,500 to the Montrose Medical Mission

Montrose Memorial Hospital deducts $10,217,000 annually for affordable care

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 S. Townsend, Montrose, CO 81401, 970-252-5000
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

19. Obesity

Problem Statement: A high percentage is Obese. Fifty Percent of the population is overweight or obese.

MMH already has responses to this problem partnering with Live Well Colorado and Valley Partnership.

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

20. Diabetes

Problem Statement: Diabetes is the 9th leading cause of death impacting 11% of the population

MMH provides diagnostic and treatment for Diabetes

MMH already has responses to this problem with health education materials

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000

Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

21. Family Planning

Problem Statement: Unintended births in Montrose County are 43.5% of births. Colorado is at 28.6% Healthy Population goal is 30%

MMH provides services through the Midwife Clinic

Health and Human Services and private physicians respond to this need

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Montrose Health and Human Services, 1845 Townsend, Montrose, CO 81401, 970-249-5000
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

22. Education about disposal of unused Rxs.

Problem Statement: 41.5% of residents report they throw medications into the trash or flush down the toilet

MMH responds to this need with brochures and the Hospital Pharmacy is a disposal cite

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

23. High Cholesterol

Problem Statement: Chronic High Blood Pressure is above average 31.6% of the population

MMH provides educational materials

MMH laboratory does cholesterol tests

Physician offices provide cholesterol screening

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

24. Chronic Back Pain

Problem Statement: Above average rate impacting 25% of the population

MMH provides work hardening and occupational health programs

Physician offices provide diagnosis and treatment

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

25. Lactation

Problem Statement: The percent of mothers breast feeding is low.

MMH already has responses to this problem with services furnished by the Midwife Clinic and the Obstetrical Unit

Physician offices respond to mothers seeking information about breast feeding

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

26. Chronic Osteoporosis

Problem Statement: Above average rate of Osteoporosis impacting 12.8% of the population

MMH does screening and distributes educational materials

Physicians address in their offices with Diagnosis and treatment

Other Local Resources identified during the CHNA process, which are believed available to respond to this need, include the following:
Physician Offices Available at: http://www.montrosehospital.com/pages/physicians.html

Overall Community Need Statement and Priority Ranking Score:

Significant Needs Where Hospital Has Implementation Responsibility

1. Healthy Lifestyles
2. Heart Disease Prevention
3. Education of Hypertension
4. Mental Health Provider Shortage

Significant Needs Where Hospital Did Not Develop Implementation Plan

5. Respiratory Disease Prevention
6. Tobacco (Smoking) Cessation
7. Teen Pregnancy Prevention
8. Suicide Rate
9. Falls Prevention
10. Air Quality Monitoring
11. Food Safety
12. Rate of Immunization Tracking
13. Motor Vehicle Accident Prevention
14. Alzheimer's Treatment

Other Needs Where Hospital Developed Implementation Plan

15. Cancer Control and Treatment
16. Prenatal Care
17. Education of Hypertension
18. Lack of Care Affordability

Other Identified Needs Where Hospital Did Not Develop Implementation Plan

19. Obesity
20. Diabetes
21. Family Planning
22. Education about disposal of Unused Rxs
23. High Cholesterol
24. Chronic Low back pain
25. Lactation
26. Chronic Osteoporosis

APPENDICES

Appendix A – Regional Health Needs Assessment

Available at:

http://www.montrosecounty.net

Click on Health Services, then 2011 Regional Health Assessment

Appendix B - Process to Identify and Prioritize Community Need[22]

Montrose Memorial Hospital Expert Advisors Determination of Priority Ranked Community Health Needs	Response Total	
1. TOBACCO CESSATION (Identified by Montrose County Stakeholders)	120	
2. TEEN PREGNANCY PREVENTION (identified by Montrose County Stakeholders)	104	
3. SUICIIDE PREVENTION (identified by Montrose County Stakeholders)	100	
4. FALLS PREVENTION (identified by Montrose County Stakeholders, At Montrose Memorial	85	
5. AIR QUALITY MONITORING AND EDUCATION RADON/MOLD (identified by Regional	69	
6. FOOD SAFETY: ADEQUATE INSPECTIONS AND FOOD HANDLER EDUCATION	65	HIGH
7.IMMUNIZATION RATE AND TRACKING (identified by Regional Health Assessment Team)	63	PRIORITY
8. MOTOR VEICHLE ACCIDENT PREVENTION (ESPECIALLY AMONG TEENS) (identified	61	
9.HEALTHY LIFE STYLES PROMOTION AND CHRONIC DISEASE PREVENTION	53	
10. ALZHEIMERS TREATMENT (The 5th leading cause of death in the county)	46	
11. RESPIRATORY DISEASE PREVENTION/TREATMENT (Montrose County has a higher	39	
12. MENTAL HEALTH PROVIDER SHORTAGE (Montrose County is a Health Professions	34	
13. HEART DISEASE (The #2 cause of Death)	33	
14. CANCER CONTROL AND TREATMENT (Cancer is the #1 cause of death)	32	
15. DIABETES SCREENING (The 9th leading cause of death in the County and the	31	
16. HEALTH EDUCATION / PREVENTION OF OBESITY (a higher percentage of the	28	
17. LACTATION EDUCATION (Healthy People 2020 goal for breast feeding is 81.9%	27	
18. PRENATAL CARE DURING 1ST TRIMESTER (Healthy Population 2020 goal is 90%,	19	LOW
19. FAMILY PLANNING (unintended births % Healthy Population 2020 goal is 30%, Colorado	19	PRIORITY
20. EDUCATION ON THE CORRECT WAY TO DISPOSE OF UNUSED MEDICATIONS	17	
21. EDUCATION ON HYPERTENSION (Chronic HBP is above average, impactging 31.6% of	15	
22. CHOLESTEROL SCREENING - Chronic High Cholesterol is above average impacting 32%	14	
23. CHRONIC LOW BACK PAIN PREVENTION - Above national average impacting 25% of	11	
24. CHRONIC OSTEOPOROSIS SCREENING - Above average rate of Osteoporosis,	8	
25. LACK OF AFFORDABILITY OF CARE-identified by expert panel member	10	

Individuals Participating as Local Expert Advisors

MMH Community Health Needs Assessment Expert Advisors

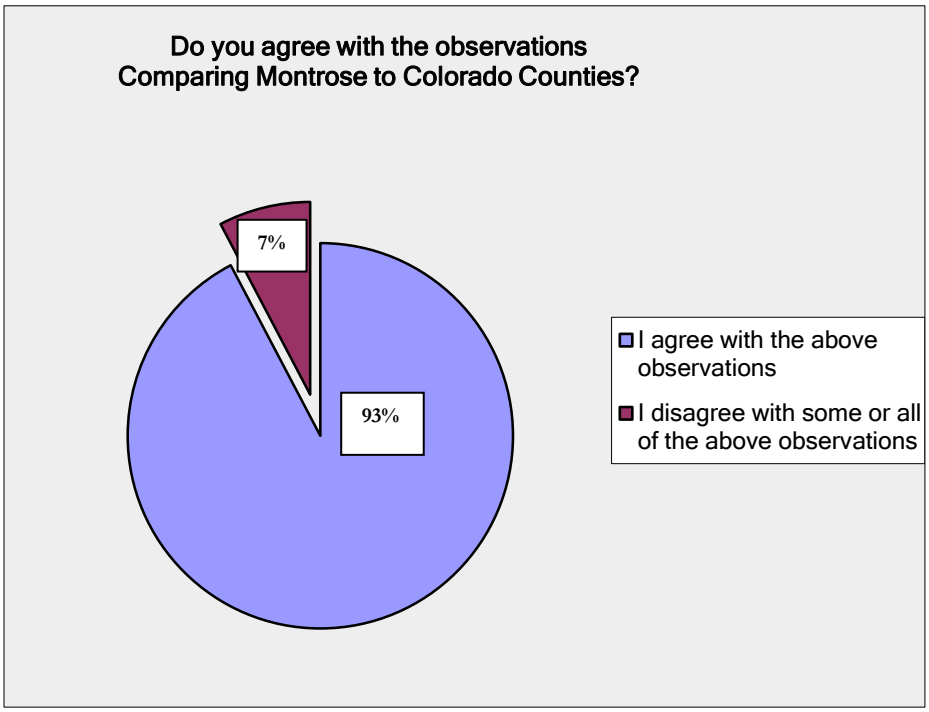
Brezinsky, MD	Mike	Internal Medicine	900 South 4th Street	Montorse, Co 81401	drmvbrezinsky@montrose.net
Brim, RN	Pam	Volunteers of America	300 N. Cascade U9	Montrose, Co 81401	pbrim@voa.org
Chapman, RN	Debra	MMH Nurse Midwife Services	900 South 4th Street	Montrose, CO 81401	dchapman@montrosehospital.com
Danielson, NP	Jennifer	Northside School Based Health Center	930 Colorado Avenue	Montrose, CO 81401	jdanielson@mcsd.k12.co.us
Disher	Julie	Montrose Medical Mission & MMH	800 South 3rd Street	Montrose, CO 81401	jdisher@montrosehospital.com
Doyle	On'eda	Christ's Kitchen	2305 S. Townsend Ave	Montrose, CO 81401	doyal@bresnan.net
Gordon	Jon	Center for Mental Health	605 East Miami Road	Montrose, CO 81401	jgordon@centermh.org
Hall	Melanie	Montrose Community Foundation	P.O. Box 3020	Montrose, CO 81402	montrosecommunityfoundation@gmail.com
Hample	David	CEO, Montrose Memorial Hospital	800 South 3rd Street	Montrose, CO 81401	dhample@montrosehospital.com
Hotsenpiller	Kaye	Hilltop	540 South 1st Street	Montrose, CO 81401	kayeh@htop.org
Hunt	Barbara	Montrose County School District RE-1J	930 B Colorado Avenue	Montrose, CO 81401	bhunt@mcsd.k12.co.us
Martinez	Gary	Sharing Ministries Food Bank	121 Rio Grande Ave	Montrose, Co 81401	contact@christs-kitchen.org
Mewes, RN	Peg	Montrose Health & Human Svcs	1845 South Townsend	Montrose, CO 81401	pmewes@montrosecounty.net
Rehfeldt, Jr.	Chuck	Montrose Health & Human Svcs	1845 South Townsend	Montrose, CO 81401	crehfeldt@montrosecounty.net
Rowan	Tad	Fire Protection District	441 S Uncompahgre Ave	Montrose, CO 81401	tad.rowan@montrosefire.org
Smits	Thomas	Mayor, City of Montrose	City Hall	Montrose, CO 81401	tsmits@ci.montrose.co.us
Snyder	Mary	COO, MMH & Olathe and Basin Clinics	800 South 3rd Street	Montrose, CO 81401	msnyder@montrosehospital.com
Stangebye, MD	Lars	Family Practice	900 South 4th Street	Montrose, CO 81401	docstangebye@qwestoffice.net
Stansberry	Sean	The Insurance Center	35 S. Selig Ave	Montrose, CO 81401	Sean@Ins-Center.com
Vader, DO	Mary	Pediatrician & MMH Board	947 S. 5th Street	Montrose, CO 81401	mlv@bresnan.net
Valdez	Martine	La Voz Spanish del Pueblo	2027 Cambridge	Montrose, CO 81401	martin@lavozspanishnewspaper.com

[22] Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.

Advice Received from Local Experts

Advice Received From Local Experts

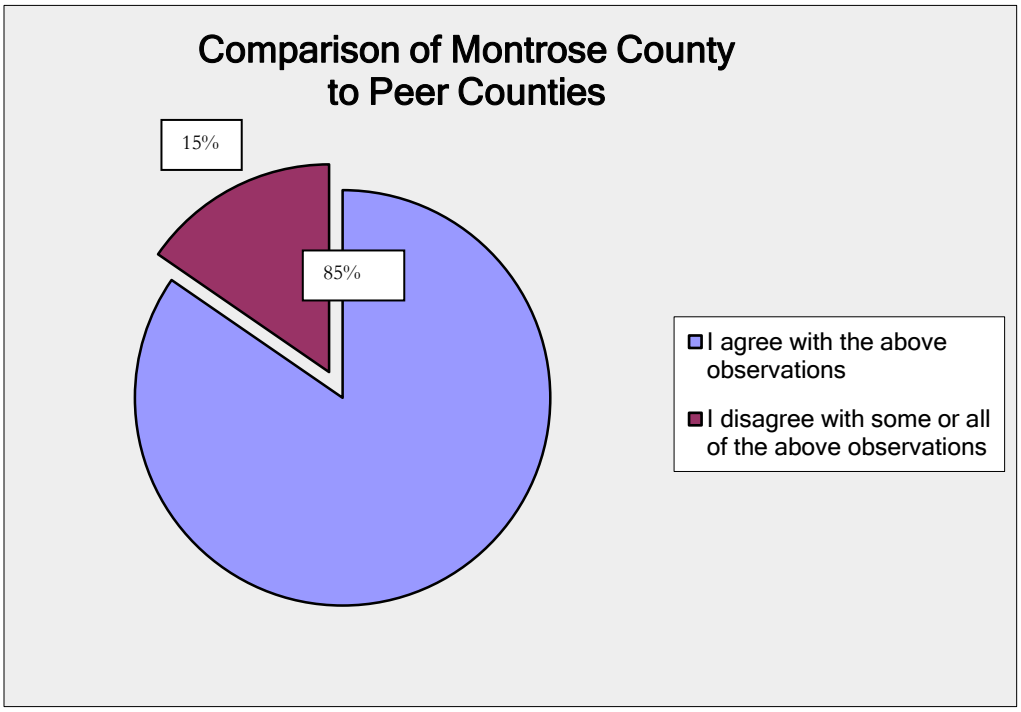
Q. Do you agree with the observations formed about the comparison of Montrose County to all other Colorado counties?



Comments:

- I think ethnicity is a key element to consider in these findings and in this community as well.
- Lower income and Hispanic population, both of which can result in lack of financial resources and lack of knowledge regarding health and nutrition.
- I believe that behavioral treatment needs to be increased. Most of these diseases can be improve through behavioral change, such as obesity, compliance with diabetes regimens, etc.

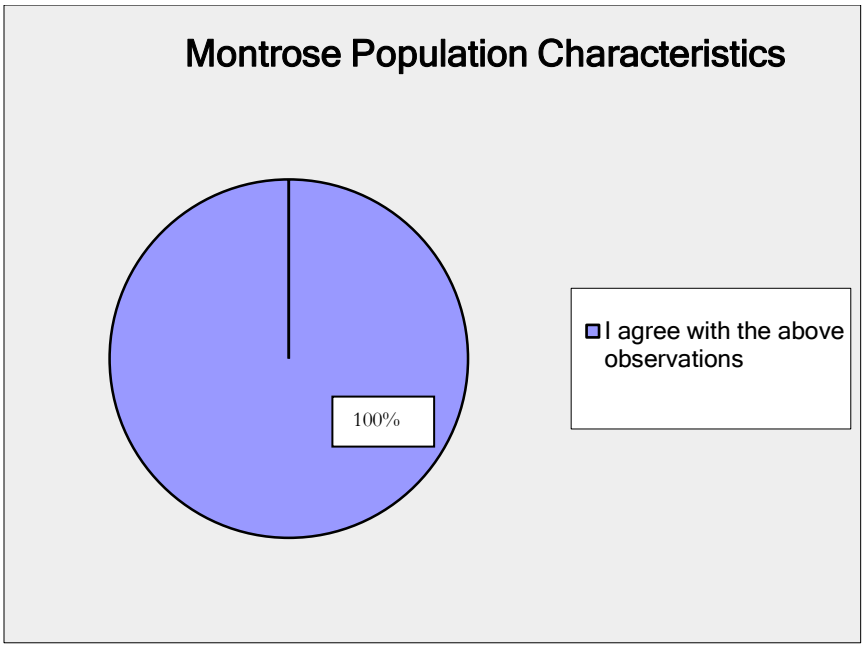
Q. Do you agree with the observations formed about the comparison of Montrose County to its "Peer Counties"?



Comments:

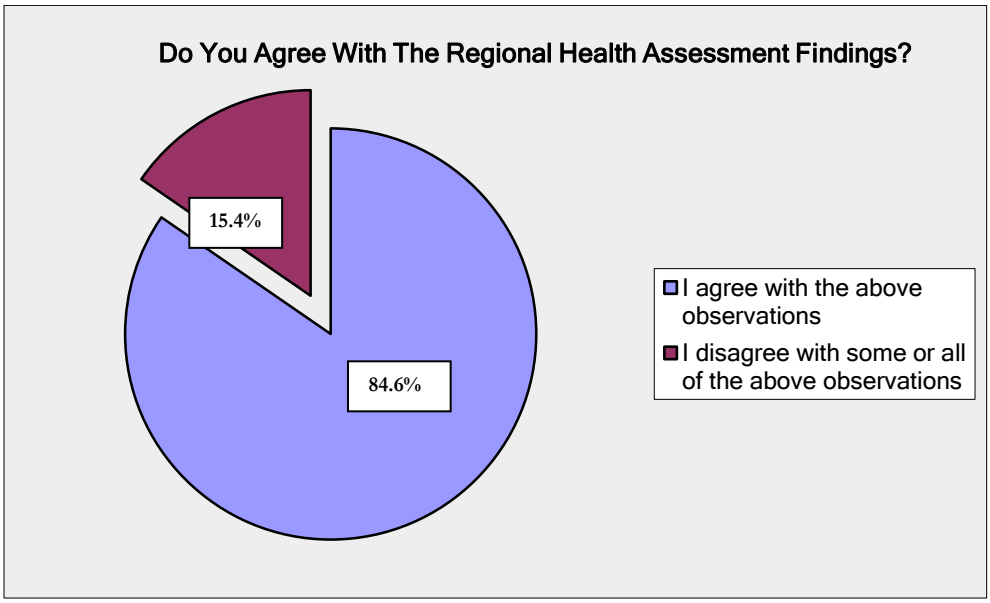
- While Montrose has had a high rate of teen pregnancy going back to 1990 or so, the county's higher Hispanic population may be bringing that number up. While percentage of Hispanic students at Montrose HS is around 20%, percentage of pregnant or parenting Hispanic girls at Passage Charter School is perhaps around 70%.
- I think our cancer rates are higher than indicated.
- Community has a high incidence of lung (and perhaps renal) cancers amongst uranium workers. I have no knowledge of how the rest

Q. Do you agree with the observations made about the population characteristics?



Comments: None

Q. Do you agree with the Regional Health Assessment Findings?

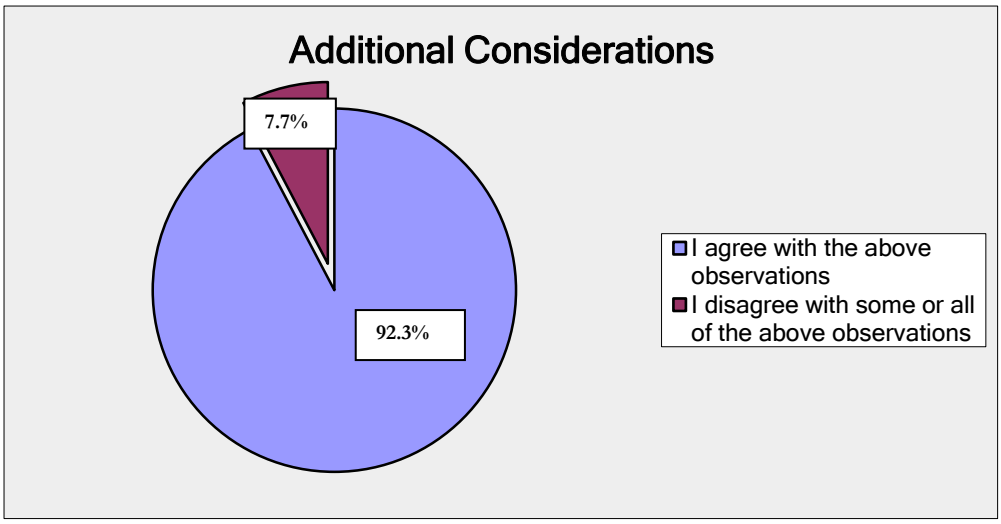


Comments:

- Including obesity prevention is crucial to healthy lifestyles.
- If you perform an assessment, you have to come up with something to report. In my view, most of the above are no greater here than anywhere else and, in some cases, not a major concern, e.g., mold.

- Methamphetamine use by pregnant women/parents of young children.
- I don't feel like I can comment on the air quality but respect the evidence as submitted

Q. Do you agree with the summary observations of other analyzed health data?



Comments:

- I'm assuming Chronic lower respiratory disease includes COPD and emphysema. Surprised cancer is above heart disease.
- I'm guessing probably not too different that most other communities in Colorado.
- Stroke awareness & education
- Addressing health disparities- esp. Hispanic community
- Urgent Care Facility Shortage (Note: There is an urgent care facility Mountain Heights in Montrose)
- Addressing cost and access to care for low income, uninsured

Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H Part V Section B (form 990)[23]

Community Health Need Assessment Answers

1. ***During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9***

   Illustrative Answer – Yes

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

   a. ***A definition of the community served by the hospital facility***
   b. ***Demographics of the community***
   c. ***Existing health care facilities and resources within the community that are available to respond to the health needs of the community***
   d. ***How the data was obtained***
   e. ***The health needs of the community***
   f. ***Primary and chronic disease needs and health issues of uninsured persons, low-income persons and minority groups***
   g. ***The process for identifying and prioritizing community health needs and services to meet the community health needs***
   h. ***The process for consulting with persons representing the community's interests***
   i. ***Information gaps that limit the hospital facility's ability to assess the community's health needs***
   j. ***Other (describe in Part VI)***

   Illustrative Answer – check a. through i. Answers available in this report are found as follows:

   1. a. – See Footnotes #18 (page 11) & #19 (page 11)

   1. b. – See Footnotes #20 (page 15)

   1. c. – See Footnote #25 (page 46)

   1. d. – See Footnotes #11 (page 6)

   1. e. – See Footnotes #16 (page 7)

   1. f. – See Footnotes #14 (page 10)

[23] Questions are drawn from 2012 f990sh.pdf Forms and may change when the hospital is to make its 990 h filing

1. g. – See Footnote #17 (page 11)

1. h. – See Footnote #12 (page 8)

1. i. – See Footnote #10 (page 7)

1. j. – No response needed

2. ***Indicate the tax year the hospital facility last conducted a CHNA: 20 _ _***

   Illustrative Answer – 2013
   See Footnote #1 (Title page)

3. ***In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted***

   Illustrative Answer – Yes
   See Footnotes #13 (page 8), #15 (page 10)

4. ***Was the hospital facility's Need Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.***

   Illustrative Answer – No

5. ***Did the hospital facility make its CHNA widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)***

   a. ***Hospital facility's website***
   b. ***Available upon request from the hospital facility***
   c. ***Other (describe in Part VI)***

   Illustrative Answer – check a. and b.
   The hospital will need to obtain Board approval of this report, document the date of approval, and then take action to make the report available as a download from its web site. It may also be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. ***If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):***

   a. ***Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA***
   b. ***Execution of an implementation strategy***
   c. ***Participation in the development of a community-wide plan***
   d. ***Participation in the execution of a community-wide plan***

e. Inclusion of a community benefit section in operational plans
f. Adoption of a budget for provision of services that address the needs identified in the CHNA
g. Prioritization of health needs in its community
h. Prioritization of services that the hospital facility will undertake to meet health needs in its community
i. Other (describe in Part VI)

Illustrative Answer – check a, b, f, g, and h.

6. a. – See footnote #26 (page 56)

6. b. – See pp.25f

6. g. – See footnote #22 (page 26); #23 (page 46)

6. h. – See footnote #12 (page 26)

7. Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?

Illustrative Answer – Yes

8. a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
b. If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?
c. If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

Illustrative Answers – 8. a, 8 b, 8 c – No