Prowers Medical Center

Lamar, Colorado

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution December 8, 2021

PROWERS
MEDICAL CENTER

PROWERS
MEDICAL CENTER

Dear Community Member:

Prowers Medical Center's history of caring for our community dates back to 1920. Our efforts to provide exceptional healthcare to the people of the greater Lamar region have long been in alignment with the needs of our community. The "2021 Community Health Needs Assessment" identifies local health and medical needs and provides a plan of how Prowers Medical Center ("the Hospital") will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

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

We do not have adequate resources to solve all the problems identified alone, but we view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

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

Thank You,

Karen L. Bryant
Chief Executive Officer
Prowers Medical Center

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EXECUTIVE SUMMARY

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Prowers Medical Center (the "Hospital") along with Prowers County Public Health and Environment, Southeast Health group, and High Plains Community Health Center, has performed a Community Health Needs Assessment to determine the health needs of the local community, to develop an implementation plan to outline and organize how the hospital will meet those needs, and to guide and focus the efforts of the partners to help manage resources while meeting local needs.

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

The 2021 Significant Health Needs identified for Prowers County are:

1. Education/Prevention
2. Drug/Substance Abuse
3. Social Determinants of Health (i.e., language barriers, poverty, education, high housing cost) – 2016 Identified Need
4. Mental Health/Suicide
5. Accessibility/Affordability – 2016 Identified Need
6. Cancer

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

APPROACH

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A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all 501(c)(3) hospitals as a condition of retaining tax-exempt status. ***While Prowers Medical Center (the "Hospital") is not a 501(c)(3) hospital, this study is designed to comply with the same standards and helps assure the Hospital identifies and responds to the primary health needs of its residents. This will enable the Hospital to focus its efforts and resources on the most significant health needs of the community.***

The goal of Quorum Health Resources ("Quorum") CHNA process is to help the Hospital determine priority health needs of the area and develop an implementation strategy for addressing those needs.

Project Objectives

The Hospital partnered with Quorum Health Resources ("Quorum") to:

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

Overview of Community Health Needs Assessment

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

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

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

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of

public health issues.

- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

Quorum and the Hospital followed an established process for the completion of the CHNA and implementation strategy. The goal of the CHNA process is to help the hospital determine the priority health needs of an area and develop an implementation strategy for addressing those needs. The Hospital CHNA report consists of the following information:

> *(1) A definition of the community served by the hospital facility and a description of how the community was determined;*
>
> *(2) a description of the process and methods used to conduct the CHNA;*
>
> *(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
>
> *(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
>
> *(5) a description of resources potentially available to address the significant health needs identified through the CHNA.*

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

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

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

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

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

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

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

Other (please specify)

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

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

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Prowers County compared to all Colorado counties	January 2021	2012-2018
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the Hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group, and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends, and socio-economic characteristics	January 2021	2019

http://svi.cdc.gov	To identify the Social Vulnerability Index value	January 2021	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	January 2021	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	January 2021	2019

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 28 Local Expert Advisors was received. Survey responses started in March 2020 and ended in September 2020. Due to COVID-19, there was a 7-month extension in the survey period.
- Information analysis augmented by local opinions showed how Prowers County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.
- Local opinions of the needs of Priority Populations, while presented in their entirety in the Appendix, were abstracted in the following "take-away" bulleted comments:
    - The top three priority populations identified by the local experts were residents of rural areas, low-income groups, and older adults
    - Summary of unique or pressing needs of the priority groups identified by the surveyors:
        - Access to affordable healthcare
        - Education and health programs
        - Food and home insecurity
        - Language barriers

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

In the Hospital's process, each Local Expert Advisor had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Expert Advisors then allocated 100

points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: “Significant Needs” and “Other Identified Needs.” The Significant Needs were prioritized based on total points cast by the Local Expert Advisors in descending order, further ranked by the number of local expert advisors casting any points for the need. By definition, a Significant Need had to include all rank-ordered needs until at least sixty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local expert advisors. The determination of the breakpoint — “Significant” as opposed to “Other” — was a qualitative interpretation where a reasonable breakpoint in rank order occurred.

Overview of Prowers County Community Survey Results:

A community survey was solicited to the Prowers County residents to help understand the health needs and challenges facing the local population. 199 surveyors completed the survey. See the Appendix for full survey responses:

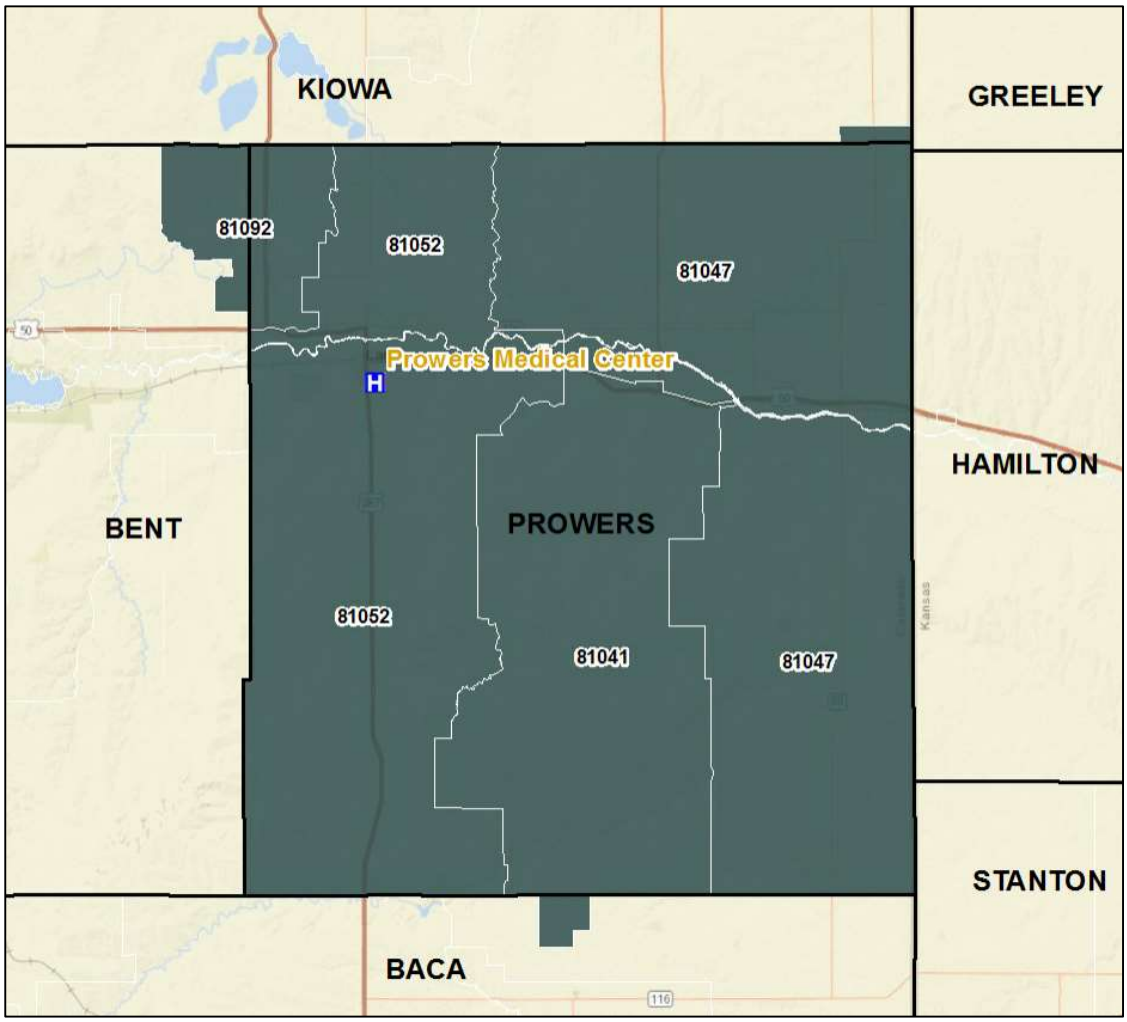
- **Medical and Mental Health Issues in the Community**
  - Mental health issues, primary care services/access, cancer, suicide, and access to mental health/substance abuse services were identified as the top major issues needing immediate attention
  - In the past 12 months, 27% of respondents reported having major issues, and 30% had moderate issues with anxiety and stress
  - 23% reported that 1-5 days out of the past 30 days their mental health or emotional problems kept them from doing their work or regular activities
- **Drug and Other Substance Abuse Issues in the Community:**
  - Adult substance abuse, youth drug use, and youth alcohol use were identified as the top major issues needing immediate attention
- **Community issues that may impact health**
  - Poverty and low education levels were identified as the top major issues needing immediate attention
- **Most important health or medical issues facing the resident of the county**
  - Cost of healthcare/affordable healthcare/health insurance, COVID-19 (coronavirus), access to healthcare services, mental health/substance abuse were consistently identified by the community participating in the survey
- **Affordability**
  - 17% reported not being able to afford medical/dental insurance
- **Accessibility**
  - 26% reported seeking primary healthcare outside of Prowers County due to quality of physicians; 22% reported due to quality of staff
  - 29% reported having issues accessing healthcare services due to not being able to schedule an appointment
  - 68% reported the need for additional primary care provides; 49% reported the need for more specialists, and 42% reported the need for improved quality of care
- **Health education and communication**
  - When asked how the respondents learn about health services available in the community – 69% reported through word of mouth; 44% through physician referral; 31% through social media; and 32% through website/internet
  - 48% reported having an interest in weight loss educational classes/programs; 46% reported having an interest in fitness classes/programs; 43% reported having an interest in health and wellness class/programs; 34% reported having an interest in women's health education/programs; 32% reported interest in mental health education/programs

Overview of COVID-19 Survey Results:

- As an addition to the survey, the Hospital gathered input from the community on the impacts COVID-19 has had on their community. Below you will find an overview of their feedback; See the appendix for full survey responses:
    - **Overall impact of COVID-19:** It is clear from the survey results that the community is concerned and impacted by COVID-19 personally or in their household; 27% of the surveyors reported being noticeably impacted by the pandemic and 23% reported significant daily disruption with reduced access to healthcare services or severe daily disruption.
    - **Social Determinants of Health:** Social determinants of health have been shown to have a considerable effect on COVID-19 outcomes. The top areas respondents reported as negatively impacted by the pandemic include employment, education, access to healthcare services, social support systems, and childcare. As a result, some community members are being impacted emotionally, financially, and physically.
    - **Delay in Healthcare Services:** As a result of COVID-19, surveyors reported that they or someone they knew delayed accessing healthcare. Results indicate that survey respondents or individuals in their households are most likely to use the following services: 50% reported emergency care; 48% report delaying all types of healthcare services, and 43% reported delaying urgent care/walk-in clinics.
    - **Community Support:** There are several ways that healthcare providers, like the Hospital, can support the community through these pressing times. Examples include serving as a trusted source of information and education, offering alternatives to in-person healthcare visits, connecting with patients through digital communication channels, and posting enhanced safety measures and process changes to prepare for upcoming appointments.
    - **Alternative Care Options:** Establishing alternative options to in-person care will continue to be a critical piece of the COVID response. Survey respondents believe telephone and video visits with a healthcare provider and smartphone app to communicate with healthcare providers, would be most beneficial to the local community.

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital



For the purposes of this study, Prowers Medical Center defines its service area as Prowers County in CO, which includes the following ZIP codes:[2]

81041 – Granada 81047 – Holly 81052 – Lamar 81092 – Wiley

In 2019, the Hospital received 100% of its Medicare inpatients from this area.

[2] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

Demographics of the Community [3]

Variable	Prowers County 2021	Prowers County 2026	Prowers County %Change	Colorado 2021	Colorado 2026	Colorado %Change	United States 2021	United States 2026	United States %Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	12,302	12,382	0.7%	5,817,059	6,188,806	6.4%	330,342,293	341,132,645	3.3%
Total Male Population	6,158	6,217	1.0%	2,924,492	3,106,769	6.2%	162,698,834	168,065,523	3.3%
Total Female Population	6,144	6,165	0.3%	2,892,567	3,082,037	6.6%	167,643,459	173,067,122	3.2%
Females, Child Bearing Age (15-44)	2,198	2,228	1.4%	1,169,895	1,211,543	3.6%	64,355,395	65,121,999	1.2%
Average Household Income	$61,299			$103,063			$93,706		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	2,599	2,564	-1.3%	1,065,993	1,088,818	2.1%	61,004,273	61,243,083	0.4%
15-17	538	538	0.0%	224,118	242,168	8.1%	12,813,132	13,256,890	3.5%
18-24	1,294	1,364	5.4%	540,754	574,414	6.2%	31,228,330	32,158,942	3.0%
25-34	1,348	1,425	5.7%	864,125	839,352	-2.9%	44,634,051	43,444,871	-2.7%
35-54	2,650	2,579	-2.7%	1,530,720	1,631,679	6.6%	83,213,897	84,462,100	1.5%
55-64	1,616	1,383	-14.4%	725,103	753,106	3.9%	42,483,870	42,775,689	0.7%
65+	2,257	2,529	12.1%	866,246	1,059,269	22.3%	54,964,740	63,791,070	16.1%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	4,924	4,986	1.3%	2,310,501	2,469,125	6.9%	125,475,973	129,798,935	3.4%
2021 Household Income									
<$15K	723			176,289			12,506,722		
$15-25K	577			153,200			10,771,922		
$25-50K	1,335			431,657			26,014,485		
$50-75K	823			393,453			20,994,518		
$75-100K	538			307,377			15,613,467		
Over $100K	928			848,525			39,574,859		
EDUCATION LEVEL									
Pop Age 25+	7,871			3,986,194			225,296,558		
2021 Adult Education Level Distribution									
Less than High School	732			136,945			11,743,386		
Some High School	731			200,449			15,852,334		
High School Degree	2,029			857,169			61,254,638		
Some College/Assoc. Degree	3,107			1,170,933			65,195,238		
Bachelor's Degree or Greater	1,272			1,620,698			71,250,962		
RACE/ETHNICITY									
2021 Race/Ethnicity Distribution									
White Non-Hispanic	7,007			3,903,116			195,988,231		
Black Non-Hispanic	86			232,725			40,865,574		
Hispanic	4,839			1,293,335			62,877,742		
Asian & Pacific Is. Non-Hispanic	59			199,350			19,739,190		
All Others	311			188,533			10,871,556		

[3] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[4]

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

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

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	121.7%	37.2%	Cancer Screen: Skin 2 yr	66.0%	7.1%
Vigorous Exercise	87.5%	50.0%	Cancer Screen: Colorectal 2 yr	92.8%	19.1%
Chronic Diabetes	107.3%	16.8%	Cancer Screen: Pap/Cerv Test 2 yr	87.3%	42.1%
Healthy Eating Habits	84.7%	19.8%	Routine Screen: Prostate 2 yr	94.0%	26.7%
Ate Breakfast Yesterday	94.7%	74.9%	**Orthopedic**		
Slept Less Than 6 Hours	127.9%	17.4%	Chronic Lower Back Pain	118.1%	36.5%
Consumed Alcohol in the Past 30 Days	81.5%	43.8%	Chronic Osteoporosis	127.4%	12.9%
Consumed 3+ Drinks Per Session	112.7%	31.7%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	101.5%	82.7%
Search for Pricing Info	93.7%	25.3%	NP/PA Last 6 Months	99.6%	41.3%
I am Responsible for My Health	100.0%	90.5%	OB/Gyn 1+ Visit	95.1%	36.5%
I Follow Treatment Recommendations	99.2%	76.5%	Medication: Received Prescription	105.2%	64.7%
Pulmonary			**Internet Usage**		
Chronic COPD	150.7%	8.1%	Use Internet to Look for Provider Info	83.7%	33.4%
Chronic Asthma	119.3%	14.1%	Facebook Opinions	75.8%	7.6%
Heart			Looked for Provider Rating	82.8%	19.5%
Chronic High Cholesterol	110.0%	26.9%	**Emergency Services**		
Routine Cholesterol Screening	92.9%	41.2%	Emergency Room Use	111.1%	38.6%
Chronic Heart Failure	163.2%	6.6%	Urgent Care Use	96.1%	31.7%

Conclusions from Demographic Analysis Compared to National Averages

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

- 21% more likely to have a **BMI: Morbid/Obese**, affecting 37%
- 13% less likely to **Vigorously Exercise**, affecting 50%
- 5% less likely to have **Ate Breakfast Yesterday**, affecting 75%

[4] Claritas (accessed through IBM Watson Health)

- 13% more likely to have **Consumed 3+ Drinks per Session**, affecting 32%
- 7% less likely to receive **Routine Cholesterol Screenings**, affecting 41%
- 13% less likely to receive **Cervical Cancer Screenings Every 2 Years**, affecting 42%
- 18% more likely to have **Chronic Lower Back Pain**, affecting 37%
- 11% less likely to receive **Routine OB/Gyn Visit**, affecting 34%
- 11% more likely to use the **Emergency Room** (for non-emergent issues), affecting 39%

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

- 18% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 44%

Leading Causes of Death[5]

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

Cause of Death			Rank among all counties in CO (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Prowers County Compared to U.S.)
CO Rank	Prowers Rank	Condition		CO	Prowers	
2	1	Heart Disease	2 of 60	122.6	194.8	Higher than expected
1	2	Cancer	18 of 60	130.9	170.7	Higher than expected
4	3	Lung	5 of 60	45.5	83.9	Higher than expected
3	4	Accidents	32 of 60	53.5	52.5	As expected
5	5	Stroke	16 of 60	35.8	42.4	As expected
8	6	Diabetes	11 of 60	17.2	27.0	Higher than expected
10	7	Flu - Pneumonia	7 of 60	10.1	23.0	Higher than expected
11	8	Kidney	1 of 60	8.8	19.9	Higher than expected
14	9	Hypertension	2 of 60	5.2	17.6	Higher than expected
7	10	Suicide	45 of 60	20.3	16.4	As expected
6	11	Alzheimer's	42 of 60	34.1	16.0	Lower than expected
9	12	Liver	12 of 60	13.9	14.2	As expected
13	13	Blood Poisoning	5 of 60	8.4	13.4	As expected
12	14	Parkinson's	35 of 60	9.3	6.2	As expected
15	15	Homicide	30 of 56	4.5	3.1	As expected

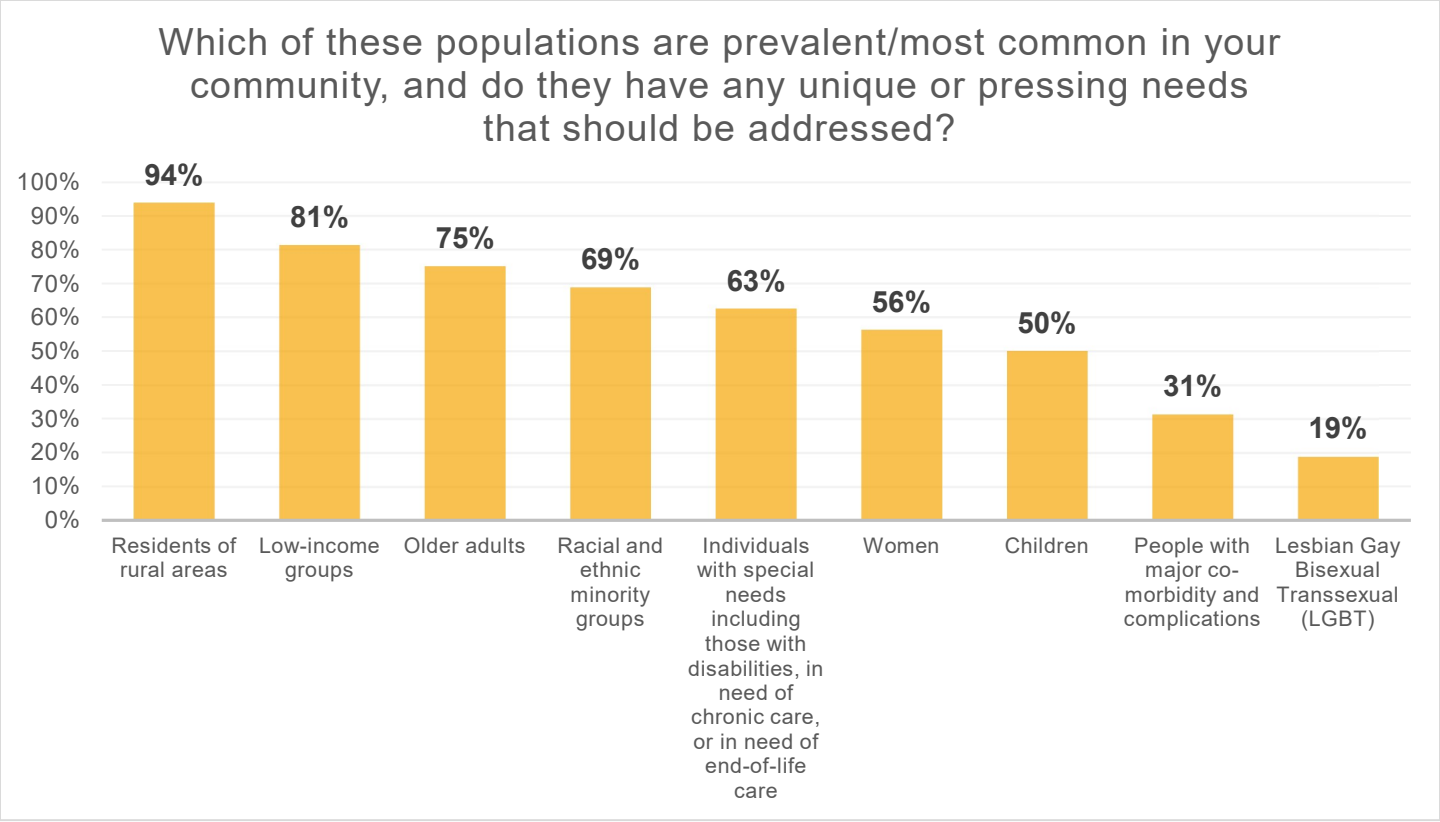
[5] www.worldlifeexpectancy.com/usa-health-rankings; County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Priority Populations[6]

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

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

A specific question was asked to the Hospital's Local Expert Advisors about the unique needs of Priority Populations, and their responses were reviewed to identify if there were any trends in the service area. Accordingly, the Hospital places great importance on the commentary received from the Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[7]



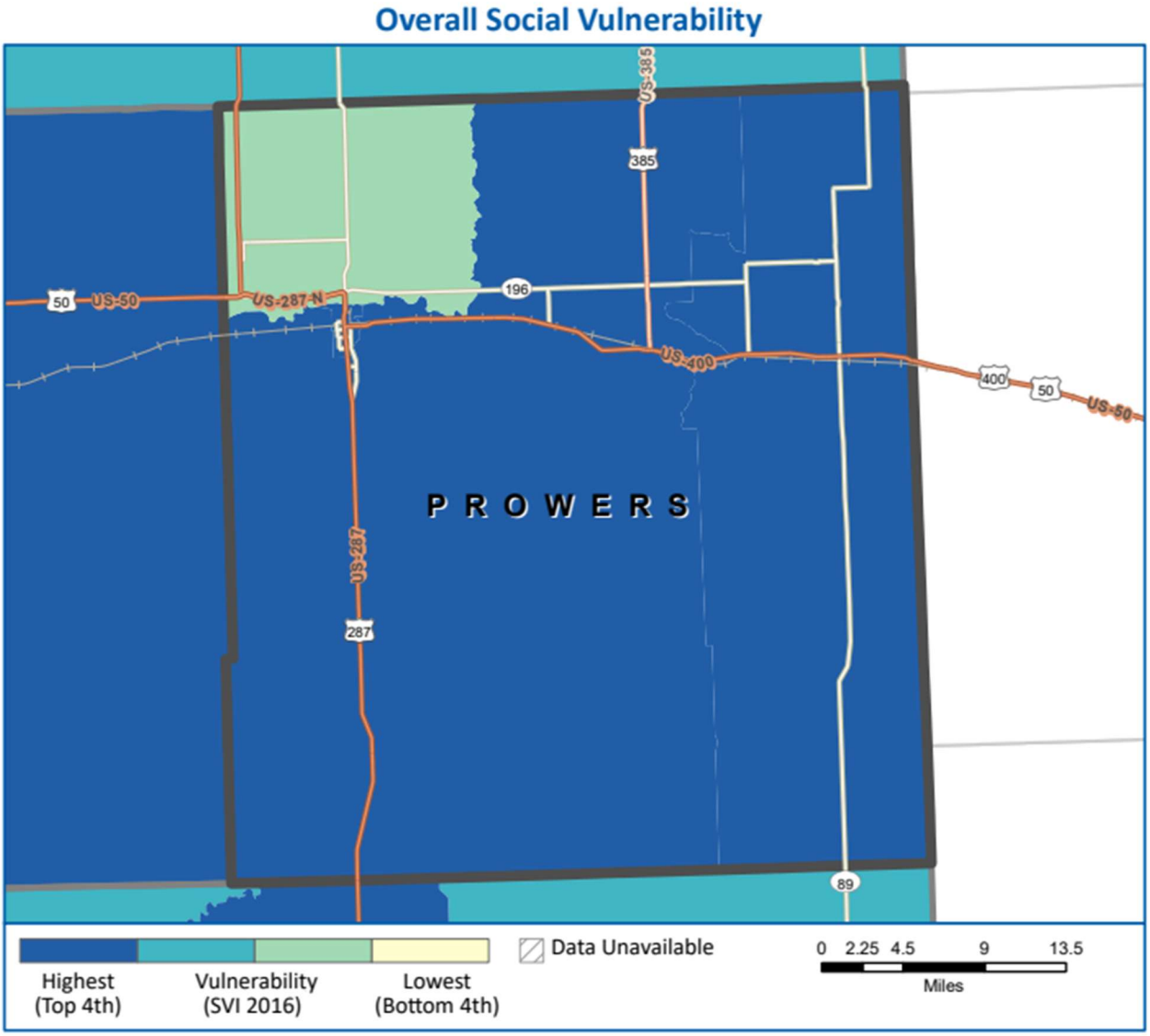
[6] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[7] All comments and the analytical framework behind developing this summary appear in Appendix A

- The top three priority populations identified by the local expert advisors were residents of rural areas, low-income groups, and older adults
- Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Access to affordable healthcare
    - Education and health programs
    - Food and home insecurity
    - Language barriers

Social Vulnerability[8]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Social Vulnerability Index uses U.S. census variables at tract level to help local officials identify communities that may need support in preparing for hazards, or recovering from disaster.
Social Vulnerability ranks an area's ability to prepare for and respond to disasters. Measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation are layered to determine an area's overall vulnerability.

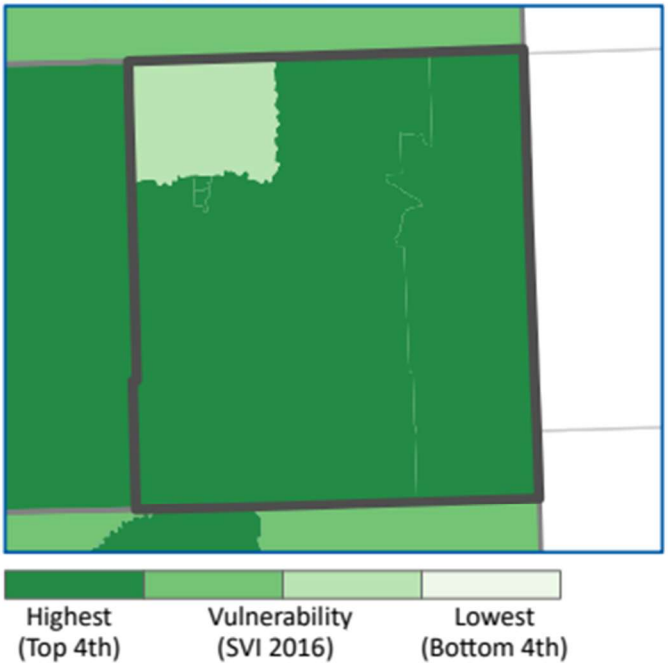
Based on the overall social vulnerability, Prowers County falls into two of the four quartiles of Social Vulnerability.



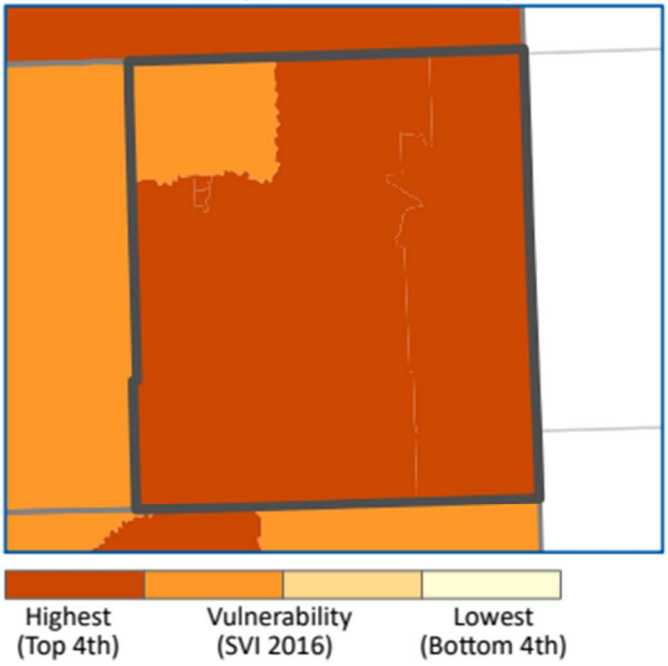
[8] http://svi.cdc.gov

SVI Themes

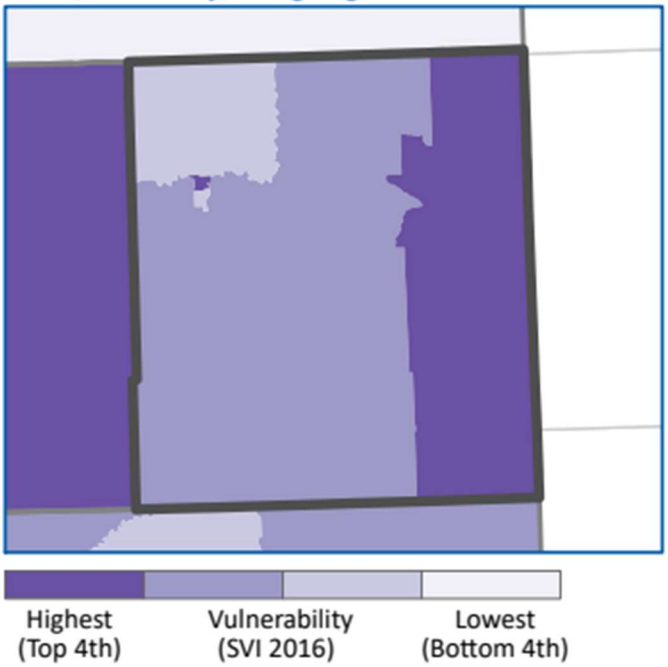
Socioeconomic Status



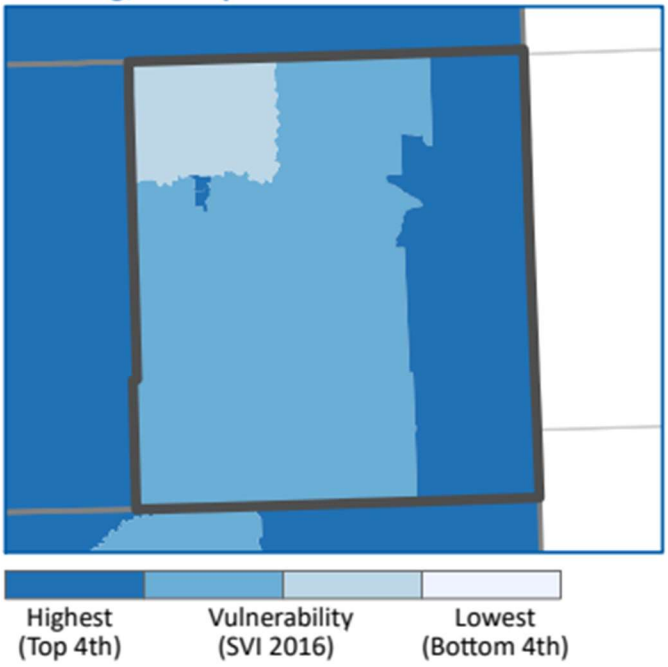
Household Composition/Disability



Race/Ethnicity/Language



Housing/Transportation



Comparison to Other State Counties[9]

To better understand the community, Prowers County has been compared to all 60 counties in the state of Colorado across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. The last four areas are all Health Factors that ultimately affect the Health Outcomes of Length (Mortality) and Quality of Life (Morbidity).

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

	Prowers County	Colorado	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	**41/60**		
- Premature Death*	7,400	5,900	8,100
Quality of Life			
Overall Rank *(best being #1)*	**40/60**		
- Poor or Fair Health	18%	14%	17%
- Poor Physical Health Days	3.7	3.5	3.9
- Poor Mental Health Days	3.8	3.6	3.9
- Low Birthweight	7%	9%	8%
Health Behaviors			
Overall Rank *(best being #1)*	**53/60**		
- Adult Smoking	17%	16%	17%
- Adult Obesity	29%	21%	32%
- Physical Inactivity	19%	14%	26%
- Access to Exercise Opportunities	59%	91%	66%
- Excessive Drinking	17%	21%	17%
- Alcohol-Impaired Driving Deaths	25%	34%	28%
- Sexually Transmitted Infections*	276.1	468.6	321.7
- Teen Births *(per 1,000 female population ages 15-19)*	45	22	31
- Food Insecurity	10%	11%	13%
Clinical Care			
Overall Rank *(best being #1)*	**60/60**		
- Uninsured	13%	9%	10%
- Population to Primary Care Provider Ratio	2,980:1	1,230:1	2,050:1
- Population to Dentist Ratio	1,510:1	1,260:1	2,450:1
- Population to Mental Health Provider Ratio	500:1	300:1	970:1
- Preventable Hospital Stays	6,075	2,900	4,648
- Mammography Screening	27%	40%	40%
- Flu vaccinations	29%	46%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	**36/60**		
- High school graduation	83%	79%	90%
- Unemployment	2.6%	2.8%	4.4%
- Children in Poverty	25%	12%	21%
- Income inequality**	4.7	4.4	4.4
- Children in Single-Parent Households	35%	28%	32%
- Violent Crime*	57	326	205
- Injury Deaths*	81	76	82
- Children eligible for free or reduced price lunch	63%	42%	52%
Physical Environment			
Overall Rank *(best being #1)*	**43/60**		
- Air Pollution - Particulate Matter	6.4 µg/m³	5.1 µg/m³	9.2 µg/m³
- Severe Housing Problems***	13%	17%	14%
- Driving to work alone	77%	75%	81%
- Long commute - driving alone	11%	35%	31%

Per 100,000 Population
****Ratio of household income at the 80th percentile to income at the 20th percentile***
*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

[9] www.countyhealthrankings.org

Conclusions from Other Statistical Data[10]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Prowers County's statistics to the U.S. average and lists the change since the last date of measurement.

Prowers County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Prowers County measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female Tracheal, Bronchus, and Lung Cancer*	51.3	101.4%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	62.4	36.1%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	80.6	38.4%
- Male Liver Disease Related Deaths*	29.3	29.0%
UNFAVORABLE Prowers County measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female Stroke*	52.9	-21.3%
- Male Tracheal, Bronchus, and Lung Cancer*	73.5	-28.4%
- Female Transport Injuries Related Deaths*	15.9	-19.5%
- Male Transport Injuries Related Deaths*	34.7	-42.7%
DESIRABLE Prowers County measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
N/A		
DESIRABLE Prowers County measures that are **BETTER** than the US average and had a **FAVORABLE** change		
- Female Heart Disease*	112.1	-52.2%
- Male Heart Disease*	165.4	-67.4%
- Male Stroke*	41.9	-47.9%
AVERAGE Prowers County measures that are **COMPARABLE** to the US average and had an **UNFAVORABLE** change		
- Female Skin Cancer*	2.7	17.8%
- Male Skin Cancer*	4.4	14.9%
- Female Self-Harm and Interpersonal Violence Related Deaths*	12.1	21.5%
- Female Mental and Substance Use Related Deaths*	7.6	392.6%
- Male Mental and Substance Use Related Deaths*	20.5	158.1%
- Female Liver Disease Related Deaths*	14.2	38.2%
AVERAGE Prowers County measures that are **COMPARABLE** to the US average and had a **FAVORABLE** change		
- Female Life Expectancy	79.6	1.9%
- Male Life Expectancy	75.7	8.6%
- Female Breast Cancer*	29.7	-5.6%
- Male Breast Cancer*	0.3	-17.1%
- Male Self-Harm and Interpersonal Violence Related Deaths*	32.3	-5.1%

*rate per 100,000 population, age-standardized

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

IMPLEMENTATION STRATEGY

Significant Health Needs

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

- Identifies goals established by the Hospital in response to the identified health issues
- Provides Prowers County statistics specific to each health issue
- Establishes the implementation strategy programs and resources the Hospital will devote to attempt to achieve improvements
- Presents key measures tailored to the identified health needs that the Hospital will use to track progress
- Identifies any potential partnerships with local organizations

CHNA Implementation Plan Overview

The Hospital has determined that the action plan to address the health needs identified in the health needs survey (Education/Prevention, Drug/Substance Abuse, Social Determinants of Health, Mental Health/Suicide, Accessibility/Affordability, and Cancer) will be worked through the following subgroups. Additional disease-specific details are further described in the full report.

Healthy Lifestyle	Behavioral Health	Accessibility
Goal: *Improve the health status of residents in the Hospital service area by engaging the community in screenings and educational events that promote healthier lifestyles and better self-management of health and chronic conditions.*	**Goal:** *Increase access to quality mental and behavioral health services with a focus on comprehensive, coordinated care.*	**Goal:** *Offer supportive services that assist the community with achieving accessible health care.*
Current Resources: • Registered dietician • Regular health education/events • Walking Path on campus • Employee wellness program • Employee and patient gym membership discounts • Discounted lab testing • Patient online portal tools • Medical oncology, chemotherapy, and surgical treatment • Imaging capabilities	**Current Resources:** • ALTO program • MAT program • Licensed Suboxone prescribers • Behavioral Health Coordination • Telepsychiatry • Depression and behavioral health screenings	**Current Resources:** • Certified medical interpreters • Video interpretation, VRI, and TTY phone services • Financial assistance program • Variety of healthcare services and telehealth services • Housing provided to certain physicians • Spanish translation option on the website • Mobile lab services • Patient online portal services • Same-day appointments
Potential Implementations: • Connect park and walking trail to increase access to the park • Expand disc golf course on the Hospital campus • Planning 2021 health fair • Explore grant programs	**Potential Implementations:** • Expand ALTO program • Pursue partnerships with local organizations • Promote drug takeback program	**Potential Implementations:** • Expansion of telehealth services • Home services for patients with transportation barriers • Ensure all patient forms and services are provided in Spanish
High-Level Measures: • Increase the successful transmission of a summary of care record to a patient's primary care physician within one business day of discharge	**High-Level Measures:** • Discharge planning and notification process with the RAE's for mental illness or substance abuse discharges • Decrease use of opioids • Increase use of ALTO's • Initiation of MAT in ED	**High-Level Measures:** • Reducing avoidable hospitalization utilization • Home Management POC document was given to pediatric asthma patient/caregiver • Social needs screening • Screening and referral for perinatal and post-partum depression and anxiety

Healthy Living

Goal:

- *Improve the health status of residents in the Hospital service area by engaging the community in screenings and educational events that promote healthier lifestyles and better self-management of health and chronic conditions.*

Prowers County Statistics on Education/Prevention and Cancer:

- Cervical cancer screening rate is below average
- Prowers County preventable hospital stays is higher than CO and U.S.
- Mammography screening rate is lower than CO and U.S.
- Flu vaccinations rate is lower than CO and U.S.
- Cancer is the #2 leading cause of death in Prowers County
- Female tracheal, bronchus and lung cancer rate increased 101.4% from 1980-2014
- Female skin cancer rate increased 17.8% from 1980-2014; Male skin cancer rate increased 14.9% from 1980-2014

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

- Registered dietician available for diabetic and nutritional/diet counseling.
- Imaging capabilities with updated equipment: 3-D mammography, CT, X-ray and Fluoroscopy, PET Scanner, Ultrasound, Bone Density, and Echocardiography
    - Working on a new marketing campaign to promote new equipment to the community
- Participates in regular health education/events (American Heart Month, Breast Cancer Awareness Month, National Nutrition Month, etc.) to promote healthy lifestyles, prevention, and early detection of chronic diseases.
- Walking Path is located on Prowers Medical Center campus and includes adult exercise equipment with integrated QR codes users can scan with their mobile phone that provides different workout activities for users to follow.

- Employee Wellness Program that includes healthy programs, tobacco-free workplace, healthy living challenges, healthier cafeteria options, Lunch and Learn presentations, webinars, walking clubs, and more.
- Through partnerships with the City of Lamar and Lamar Community College, The Hospital offers employees and HPCHC offers patients discounted gym memberships with access to fitness classes, an indoor walking path, and a fitness center.
- The lab team utilizes the hospital vehicle to go to area school districts and local banks to conduct discounted lab testing to ensure the community still has access to lab testing. The 2020 and 2021 on-site health fairs were canceled due to COVID-19.
- Lab test results are posted on all patient portals or provided via mail. The patients' primary care physician will follow up if necessary to discuss the next steps.
- Patient portal enrollment assistance is promoted and available to all patients.
- Medical oncology, chemotherapy, and surgical treatment are available on-site.
- Promote monthly cancer events to align with cancer awareness months that will aim to educate the public on the importance of early screening, testing, and treatment.

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

- Patient Family Advocacy Committee (PAFC) and the City of Lamar are working to connect the park and walking trail to create safe access to the park.
- Working with Parks and Recreation Department to potentially expand the disc golf course onto Prowers Medical Center campus.
- In the process of planning the 2021 health fair ensuring COVID-19 restrictions are followed.
- Explore grant program options to help support family planning and related preventative health services.
- Research outreach strategies to better engage the community and educate them on the services available.

Identified measures and metrics to progress

- Increase the successful transmission of a summary of care record to a patient's primary care physician (PCP) or other healthcare professional within one business day of discharge from an inpatient facility to home.
    - Numerator: The number of successful transmissions of a summary of care record via direct messaging or fax to a Medicaid patient's PCP or other healthcare professional within one business day of discharge from an inpatient facility to home.
    - Denominator: The number of Medicaid inpatient discharges to home.

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

Organization	Contact Name	Contact Information
High Plains Community Health Center	Eric Niemeyer	www.highplainschc.net 201 Kendall Dr, Lamar, CO 81052 (719) 336-5222
Southeast Health Group	Kailey Meardon	www.southeasthealthgroup.org 711 Barnes Ave, La Junta, CO 81050 (719) 384-5446
Prowers County Public Health & Environment	Mathew Biszak	1001 S Main St, Lamar, CO 81052 (719) 336-8721
Lamar Community College	Linda Lujan	2401 S Main St, Lamar, CO 81052 (719) 336-2248
City of Lamar	Rick Akers	610 S 6th St, Lamar, CO 81052 (719) 336-2774

Behavioral Health

Goal:

- *Increase access to quality mental and behavioral health services with a focus on comprehensive, coordinated care.*

Prowers County Statistics on Drug/Substance Abuse and Mental Health/Suicide:

- Prowers County Opioid prescribing rate is 24.2 per 100 people
- Female mental and substance use-related deaths increased 392.6% from 1980-2014; Male mental and substance use-related deaths increased 158.1% from 1980-2014
- Suicide is the #10 leading cause of death in Prowers County
- Female self-harm and interpersonal violence-related deaths increased 21.5% from 1980-2014

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

- The Hospital participates in the Colorado Opioid Solution: Clinicians United to Resolve the Epidemic (CO's CURE) to reduce the administration of opioids while still treating pain appropriately through the use of ALTO (Alternative to Opioids Project) in the emergency department.
- Provide Medication-assisted Treatment (MAT), through their outreach referrals to Crossroads' Turning Points, Inc., in the emergency department to provide substance use disorder treatment and assist patients to sustain recovery.
- Partnership with Southeast Health Group to assess and treat patients presenting in the emergency department.
    - Suboxone Prescribers are licensed in the emergency department to dispense opioid medication used to treat patients with opioid addiction enabling the patient to engage in therapy, counseling, and support.
    - Southeast Health Group provides behavioral health coordination
    - Access to telepsychiatry services through a partnership with High Plains Community Health Center.

- PQ9 depression screenings are administered in the clinics and High Plans Community Health Center to every person over the age of eight; ASQ BH screenings are administered in the emergency room, med/surg, and OB department. Ligature safe room available in the emergency department.

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

- Continue to expand the ALTO (Alternative to Opioids Project).
- Continue to pursue partnerships with local organizations on providing additional access to behavioral health services.
- Promote drug takeback program out on by Lamar police department.

Identified measures and metrics to progress:

- Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or ED
    - Numerator: Number of eligible Medicaid patients discharged from the hospital or emergency department to home with a principal or secondary diagnosis of mental illness or SUD with a collaboratively mutually agreed upon discharge planning and notification process with or to the RAE within one business day.
    - Denominator: Number of eligible Medicaid patients discharged to home from the hospital or emergency department with a principal or secondary diagnosis of mental illness or SUD.
- Using Alternatives to Opioids (ALTO's) in Hospital Emergency Departments (ED): 1) Decrease use of opioids 2) Increase use of ALTO's
    - Numerator: Total MME of medications listed in Opioids of Interest among cases meeting the inclusion and exclusion identified in the HTP report.
    - Denominator: Total number of ED visits for diagnoses meeting the inclusion and exclusion criteria identified in the HTP report.
    - Numerator: Total number of ALTO medications administered listed in ALTO of Interest among cases meeting the inclusion and exclusion criteria identified in the HTP report.
    - Denominator: Total number of ED visits for diagnoses meeting the inclusion and exclusion criteria identified in the HTP report.
- Initiation of Medication-Assisted Treatment (MAT) in ED or Hospital Owned Certified Provider-Based Rural Health Center
    - Numerator: The number of ED visits where the patient diagnosed with an opioid use disorder (OUD) and who is in at least acute mild active opioid withdrawal for whom MAT with Buprenorphine is initiated during an emergency department visit of hospital-owned certified provider-based rural health center through an on-site induction of through the provision/prescription of a home induction.
    - Denominator: The number of ED visits where the patient is diagnosed with an opioid use disorder (OUD) and who is in at least acute mild active opioid withdrawal.

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

Organization	Contact Name	Contact Information
High Plains Community Health Center	Eric Niemeyer	www.highplainschc.net 201 Kendall Dr, Lamar, CO 81052 (719) 336-5222
Southeast Health Group	Kailey Meardon	www.southeasthealthgroup.org 711 Barnes Ave, La Junta, CO 81050 (719) 384-5446
Prowers County Public Health & Environment	Mathew Biszak	1001 S Main St, Lamar, CO 81052 (719) 336-8721
Crossroads' Turning Points, Inc.		http://www.crossroadstp.org/ 3501 S. Main St., Lamar, CO 81052 (719) 336-2600

Accessibility

Goal:

- *Offer supportive services that assist the community with achieving accessible health care.*

Prowers County Statistics on Social Determinants of Health and Accessibility/Affordability:

- Prowers County's children in poverty rate is higher than CO and U.S.
- Income inequality rate is higher than CO and U.S.
- Children in single-parent households is higher than CO and U.S.
- Children eligible for free or reduced-price lunch is higher than CO and U.S.
- Teen births rate is higher than CO and U.S.
- Prowers County uninsured rate is higher than CO and U.S.
- Median household income is lower than CO and U.S.
- Population to primary care provider ratio is higher than CO and U.S.
- Emergency room use is 11% above average

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

- Certified medical interpreters on staff that provide language services including interpretation, document translation, discharge planning instructions, home health, outpatient services, outreach to the community, and community education.
- The Hospital offers video interpretation, VRI, and TTY phones services.
- Financial Assistance Policy is available with cash-pay discounts.
- Medical, dental, behavioral health and diabetes/nutrition telehealth services are available through the partnership with High Plains Community Health Center. Behavioral health and primary care services are also available at Southeast Health Group.
- The Hospital and High Plains Community Health Center provide housing for physicians to assist with recruitment efforts and to essentially increase access.
- The Hospital website offers a Spanish translation option on the home page.

- Instituted Patient and Family Advisory Council (PFAC) to hear the voice of patients and the community and to improve access to services.
- Time allotted daily for same-day appointments to provide advanced access for sick patients at the PMG and HPCHC clinics.
- Lab team is utilizing the hospital vehicle to go to area school districts and local banks to conduct discounted lab testing to ensure the community still has access to lab testing while the clinic is closed due to COVID-19.
- Lab test results are posted on all patient portals or provided via mail. The patients' primary care physician will follow up if necessary to discuss the next steps.
- Patient portal enrollment assistance is promoted and available to all patients.
- Current hospital services offered to the community:
    - Cardiopulmonary care
    - Emergency care
    - Family medicine
    - General surgery
    - Home health skilled services
    - Imaging Capabilities (3-D mammography, CT, X-ray and Fluoroscopy, PET Scanner, Ultrasound, Bone Density, and Echocardiography)
    - Infusion therapy
    - Inpatient services
    - Laboratory services
    - Orthopedics
    - Primary care clinic
    - Rehabilitation services
    - Specialty clinic
    - Women's health

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

- In the process of evaluating the expansion of telehealth services.
- Explore options for providing home services for patients with transportation difficulties.
- Continue to ensure all patient utilized forms and services are provided in Spanish.

Identified measures and metrics to progress

- Reducing Avoidable Hospitalization Utilization:
    - Numerator: Count of 30-day Medicaid readmissions after initial index admissions. Each Medicaid readmission becomes a new index admission and the 30-day counter starts again.

- Denominator: Expected count of Medicaid index admissions based on risk adjustment for patient severity.
    - *This measure will be reported out as a ratio of actual readmission count to expected readmission count. A score over 1 indicates readmissions are higher than predicted based on patient acuity, a score less than 1 indicates that readmissions are lower than predicted based on patient acuity.*

- Home Management Plan of Care (HMPC) Document Given to Pediatric Asthma Patient/Caregiver
    - Numerator: Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following:
        - Arrangements for follow-up care
        - Environmental control and control of other triggers Method and timing of rescue actions
        - Use of controllers
        - Use of relievers
    - Denominator: Pediatric asthma inpatients (age 2 years through 17 years) discharged with a principal diagnosis of asthma
- Social Needs Screening and Notification
    - Numerator: Number of Medicaid patients discharged to home from an inpatient admission who have formal social needs screening done within 12 months of the admission or at the time of visit with results and if the screen is positive, referral to an appropriate entity with notification to the RAE.
    - Denominator: Medicaid patients discharged to home with an inpatient admission.
- Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and Notification of Positive Screens to the RAE
    - Numerator: The number of Medicaid hospital encounters identified through an IP or OP hospital claim for women who are pregnant or in the post-partum period (60 days) at which screening for anxiety and depression was done and RAE notified within one business day if the screen was positive.
    - Denominator: The number of Medicaid hospital encounters identified through an IP or OP hospital claim of women who are pregnant or in the post-partum period (60 days).

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

Organization	Contact Name	Contact Information
High Plains Community Health Center	Eric Niemeyer	www.highplainschc.net 201 Kendall Dr, Lamar, CO 81052 (719) 336-5222
Southeast Health Group	Kailey Meardon	www.southeasthealthgroup.org 711 Barnes Ave, La Junta, CO 81050 (719) 384-5446
Prowers County Public Health & Environment	Mathew Biszak	1001 S Main St, Lamar, CO 81052 (719) 336-8721

Other Needs Identified During CHNA Process

7. **Diabetes**
8. **Obesity – 2016 Significant Need**
9. **Alcohol Abuse**
10. **Alzheimer's**
11. **Chronic Pain Management**
12. **Flu/Pneumonia**
13. **Physical Inactivity**
14. **Stroke**
15. **Heart Disease**
16. **Dental**
17. **Accidents**
18. **Respiratory Infections**
19. **Smoking/Tobacco Use**
20. **Write-in: Community Outreach - Health challenges such as step challenges**
21. **Hypertension**
22. **Kidney Disease**
23. **Lung Disease**
24. **Liver Disease**
25. **Women's Health**

APPENDIX

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

The hospital solicited written comments about its 2016 CHNA.[11] 17 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

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

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	4	7	11
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	5	7	12
3) **Priority Populations**	8	4	12
4) Representative/Member of **Chronic Disease Group** or Organization	4	8	12
5) Represents the **Broad Interest of the Community**	15	1	16
Other			2
		Answered Question	**17**
		Skipped Question	**0**

Congress defines "Priority Populations" to include:

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

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

- *Food and home insecurity, language barrier (Spanish and mixed documentation families)*
- *Inequitable funding availability for programs/services to serve these populations particularly because we are located in a rural area*

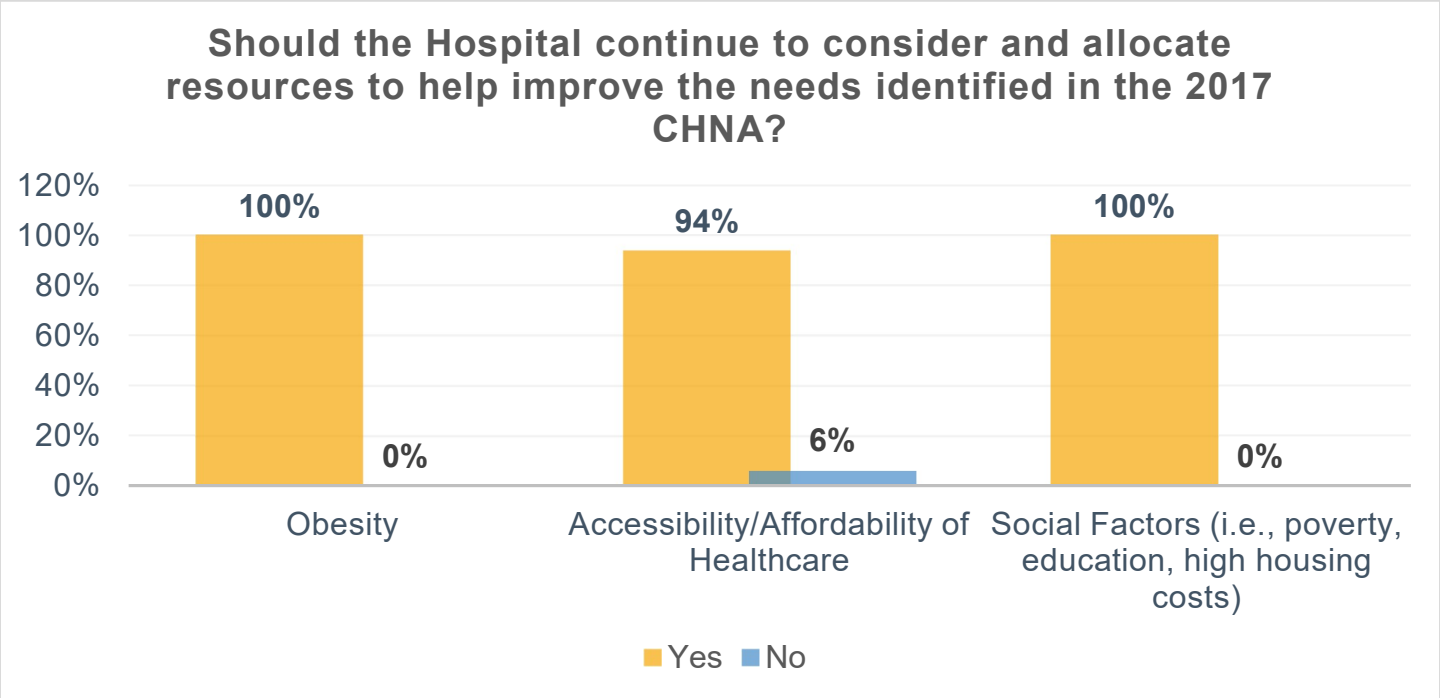
[11] Responds to IRS Schedule H (Form 990) Part V B 5

- *VA vets*
- *I think the biggest challenge yet is educating and encouraging people to adopt healthy lifestyles and compliance with the healthcare advice and treatment they receive.*
- *Accessibility and availability of affordable healthcare.*

In the 2016 CHNA, there were three health needs identified as "significant" or most important:

1. Obesity
2. Accessibility/Affordability of Healthcare
3. Social Factors (i.e., poverty, education, high housing costs)

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



- *Lack of housing continues to plague the area, both affordable and attainable housing.*
- *I believe our community has accessibility for all who seek medical services. Many of the population are Medicare, Medicaid, or private/employer insurance covered, so affordability isn't a severe problem, however, I acknowledge it can be a challenge to many people in light of high deductibles and lack of savings.*
- *I feel that they should be prioritized as 1 - Accessibility/Affordability of Healthcare, 2 - Social Factors then 3 - Obesity. Accessibility/Affordability is very important and with the changing healthcare environment, I understand that Rural Healthcare is facing many challenges. We need to help to ensure that Rural Healthcare remains Accessible and Affordable for our community.*

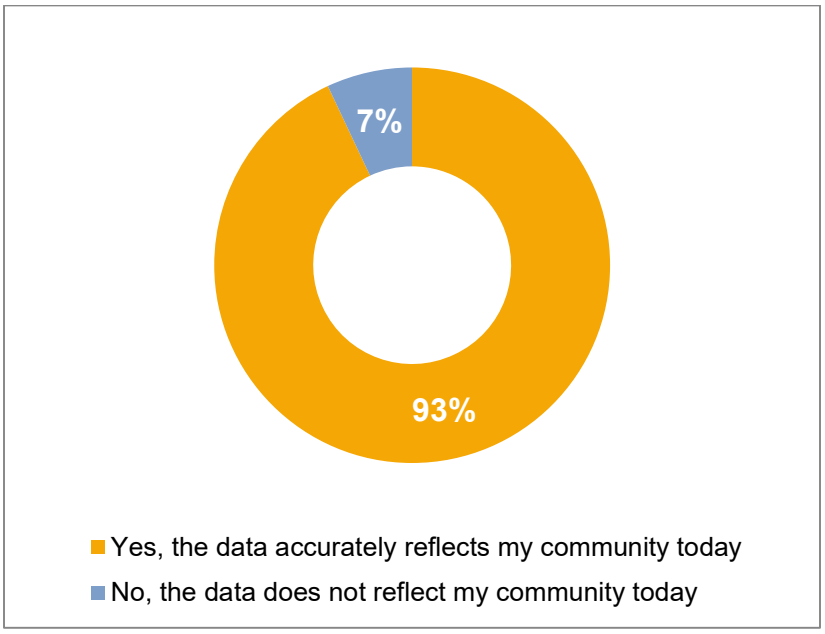
Appendix B – Identification & Prioritization of Community Needs (Local Expert Advisor Survey)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Education/Prevention	181	8	13.9%	13.9%	Significant Needs
Drug/Substance Abuse	168	11	12.9%	26.8%	
Social Determinants of Health (i.e., language barriers, poverty, education, high housing costs)*	165	10	12.7%	39.5%	
Mental Health/Suicide	121	9	9.3%	48.8%	
Accessibility/Affordability*	94	10	7.2%	56.1%	
Cancer	93	9	7.2%	63.2%	
Diabetes	74	7	5.7%	68.9%	Other Identified Needs
Obesity*	60	7	4.6%	73.5%	
Alcohol Abuse	52	6	4.0%	77.5%	
Alzheimer's	46	7	3.5%	81.1%	
Chronic Pain Management	39	7	3.0%	84.1%	
Flu/Pneumonia	35	6	2.7%	86.8%	
Physical Inactivity	23	5	1.8%	88.5%	
Stroke	23	6	1.8%	90.3%	
Heart Disease	21	5	1.6%	91.9%	
Dental	15	4	1.2%	93.1%	
Accidents	14	4	1.1%	94.2%	
Respiratory Infections	14	4	1.1%	95.2%	
Smoking/Tobacco Use	14	4	1.1%	96.3%	
Write-in: Community Outreach - Health challenges such as step challenges	10	2	0.8%	97.1%	
Hypertension	8	4	0.6%	97.7%	
Kidney Disease	8	4	0.6%	98.3%	
Lung Disease	8	4	0.6%	98.9%	
Liver Disease	7	4	0.5%	99.5%	
Women's Health	7	4	0.5%	100.0%	

**=2017 Significant Needs*

Advice Received from Local Expert Advisors

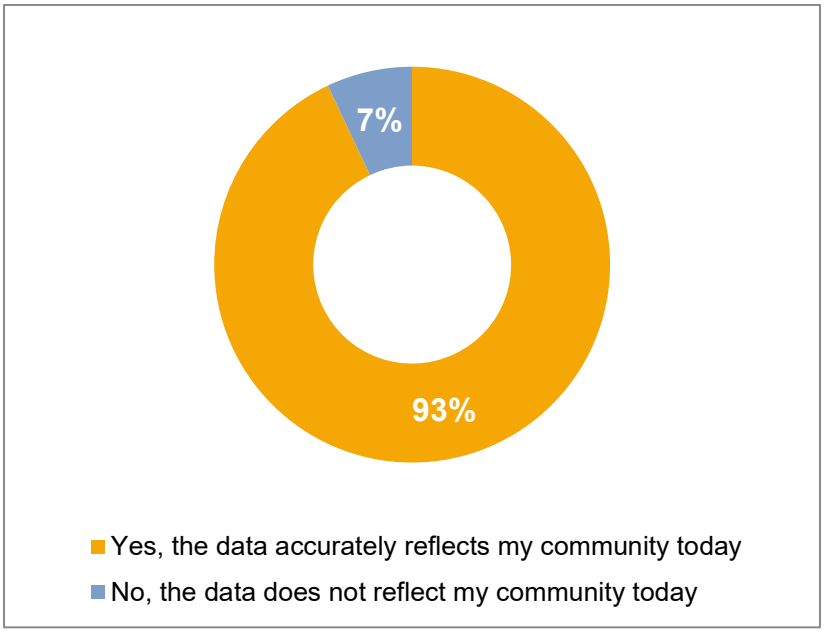
Question: Do you agree with the comparison of Prowers County compared to Colorado and the US?



Comments:

- *I have no comparisons to determine if the data is accurate.*
- *I believe it is fairly close to the same information in most areas.*
- *As for the answer above, it would be some "yes" and some "no". I think there is a higher access to exercise opportunities. We have several private facilities, public facilities, parks and walking tracks, adult athletic leagues, bowling alley, etc. Difficult to know how the "preventable hospital stay" data is determined. While I do think we have a shortage of dentists, I think overall we have adequate numbers of health care providers with the two clinics in Lamar, one in Wiley and one in Holly. Our area does have a problem with drug use/abuse.*

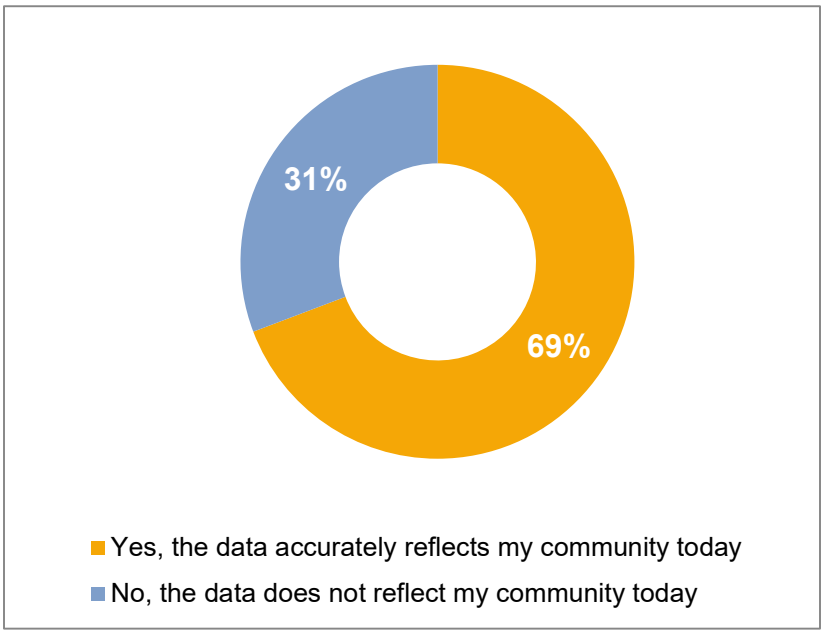
Question: Do you agree with the demographics and common health behaviors of the Hospital's Service Area?



Comments:

- *I believe it was trending to an increase in population not a decline. However, factors such as COVID-19 may influence the trend that I was observing.*

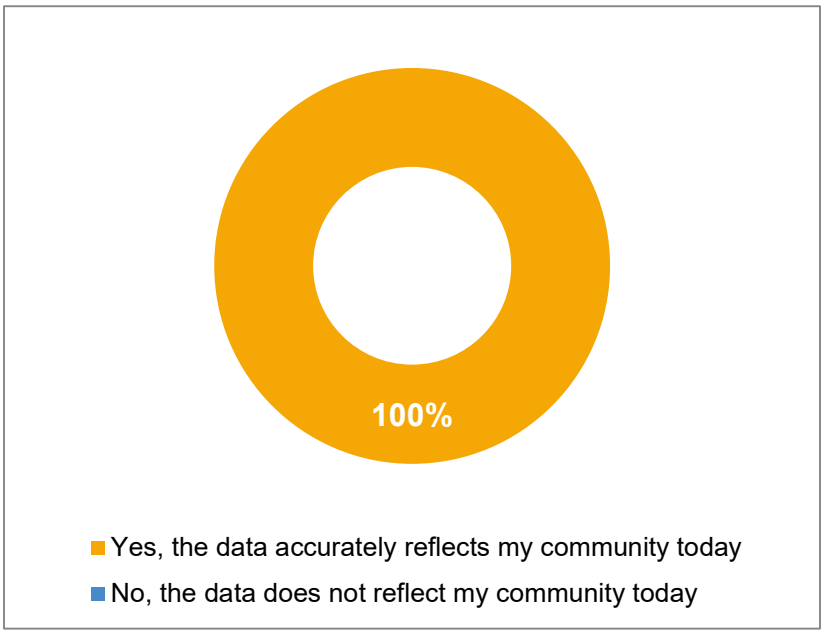
Question: Do you agree with the overall social vulnerability index for Prowers County?



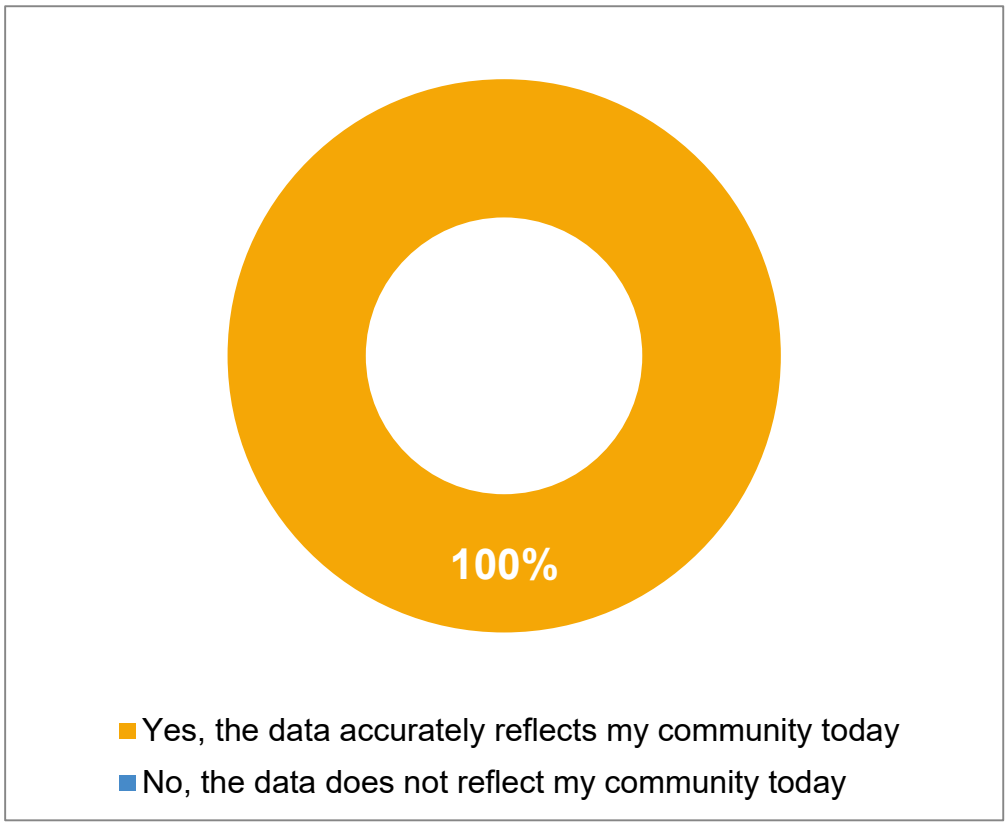
Comments:

- *I think that the top L corner has more needs than the data states.*
- *When our area is confronted with a disaster, like the Holly tornado or blizzards, most people are quick to respond and help; we are still a self-sufficient people and willing to come to the aid of our neighbors. We also have local resources available to help.*
- *The maps deem to cover a lot of area which is farmland.*

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



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

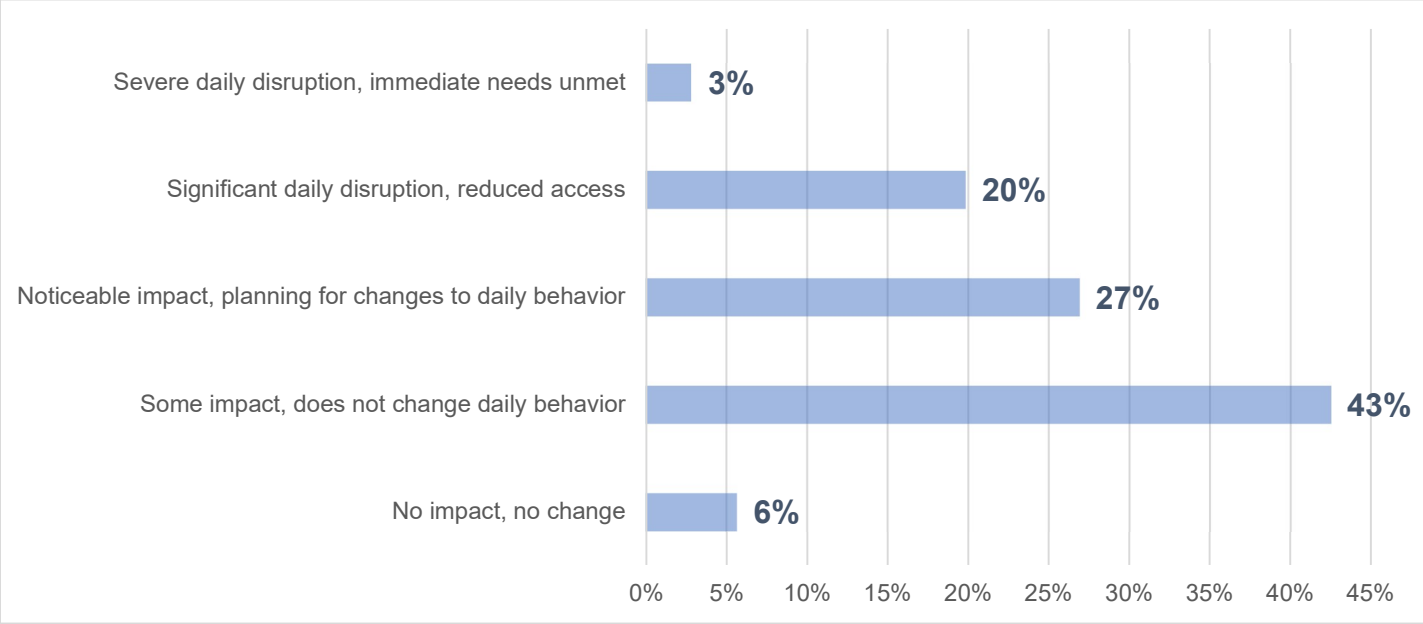


Comments:

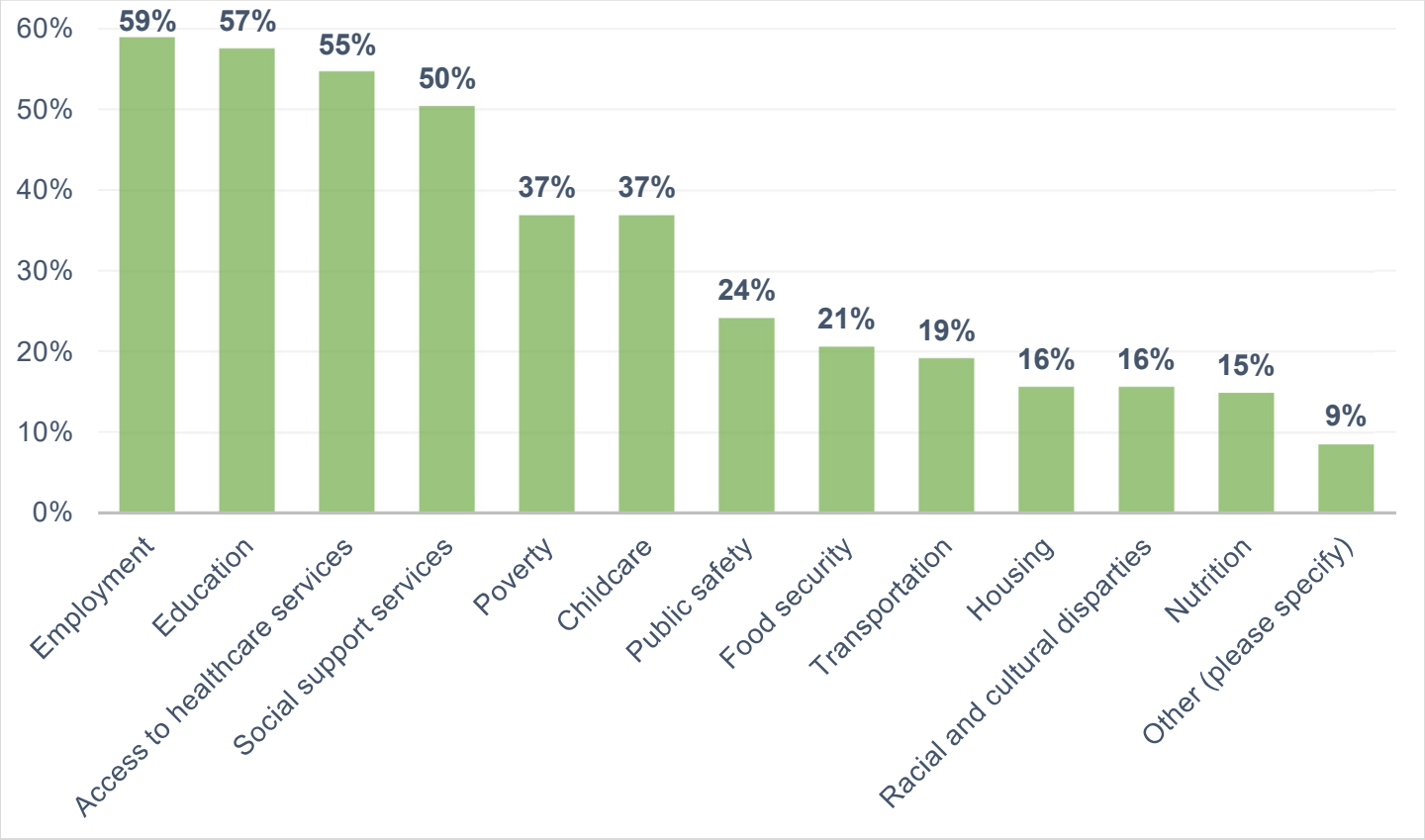
- *Alzheimer's is lower than expected because we do not have a nursing home facility that is acceptable by modern standards. These Alzheimer's and dementia patients are having to be shipped out to distances which causes a significant strain on family and caregivers.*

COVID-19 Impacts

Question: Overall, how much has the COVID-19 pandemic affected you and your household?



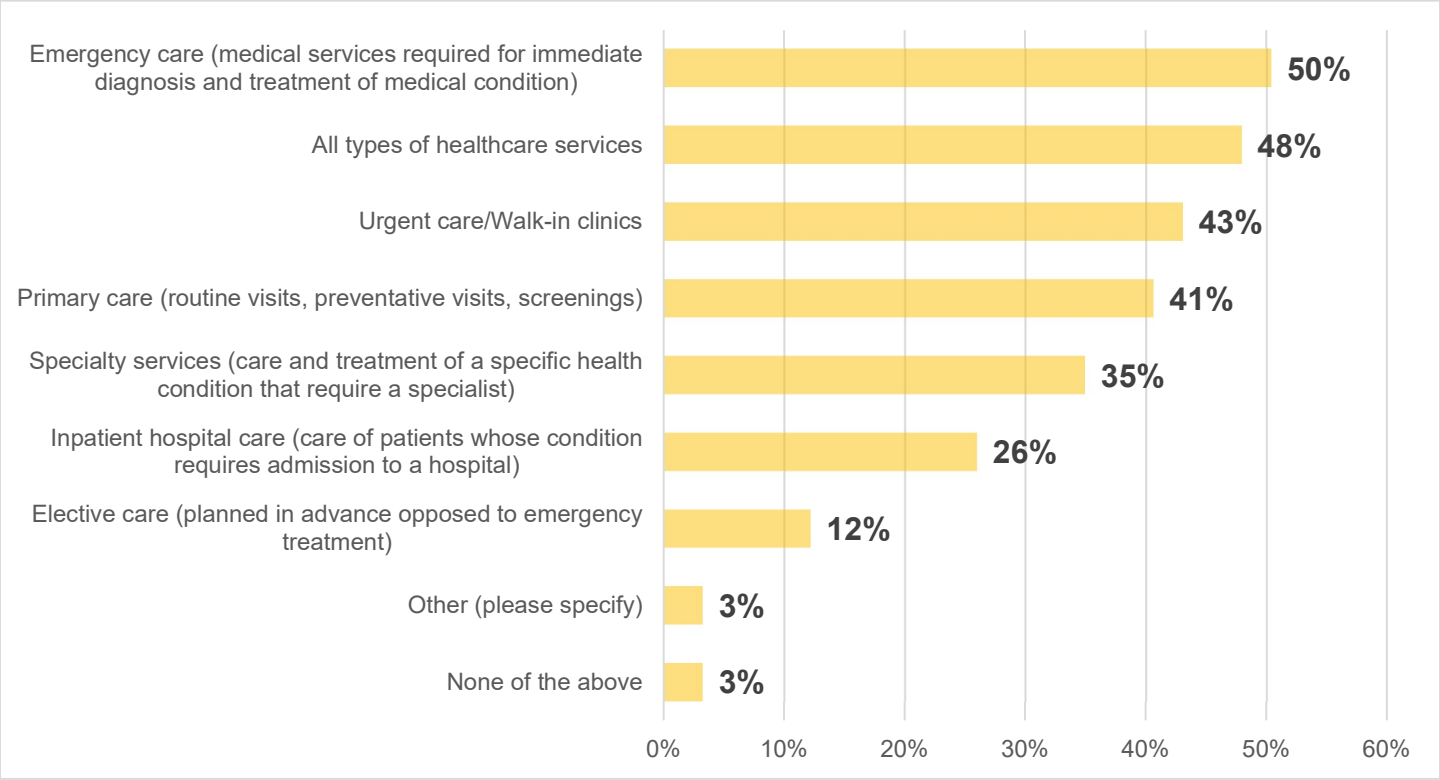
Question: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community (please select all that apply):



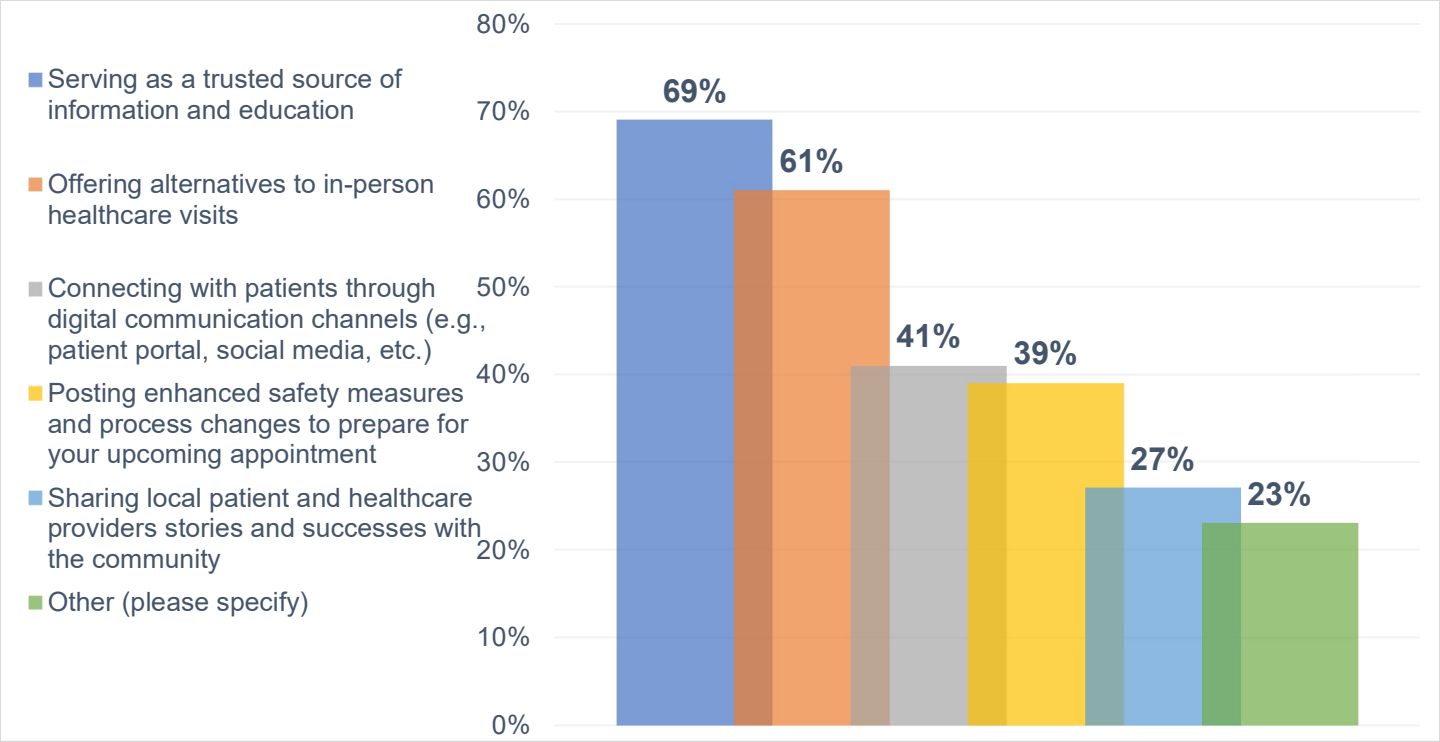
Comments:

- *Worship*
- *Transportation in outlying areas*
- *Very hard on businesses especially family owned or operated business....*
- *Businesses and restaurants need to open up 100 %*
- *Funerals*
- *Social isolation/lack of exercise*
- *Trust the medical community/research if you are leaning far right politically*
- *The right to peacefully assemble in large groups*
- *Attending church*
- *Our area has not been impacted negatively. There is not much to do here.*
- *Mental health*

Question: As the COVID-19 crisis continues, community members may delay accessing healthcare services. What healthcare services are community members most likely to use in the current environment? (please select all that apply)



Question: How can healthcare providers, including Prowers Medical Center, continue to support the community through the challenges of COVID-19? (please select all that apply)

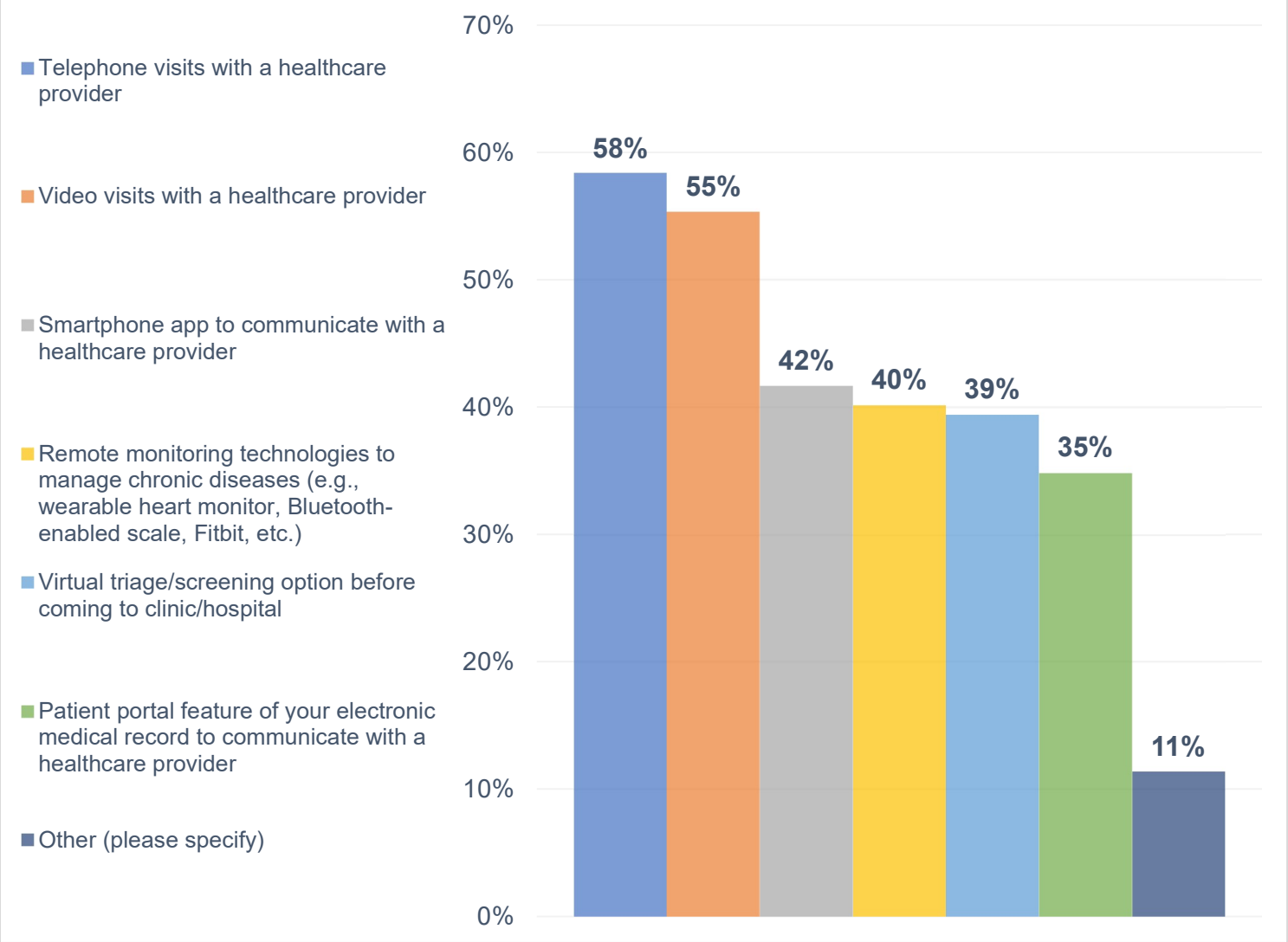


Comments:

- *Open the rapid COVID test to the community. People won't get tested because the results take longer to get then their quarantine period.*
- *Having a walk-in clinic in the morning or morning and evening so people that work can go to the doctor before after work if they need to*
- *Offer a natural route*
- *In person medical care*
- *Find a way to not isolate the elderly so those that are alone and can somehow spend time with their families and loved ones on their last days.*
- *Get more appointments available. Open back up the afterhours clinic.*
- *Access and more providers*
- *House calls for the elderly.*
- *Be able to get into a primary provider and not to wait 30 days to be seen.*
- *Ensure that communication to the community is done frequently and is written in a way that even the most poorly educated will understand.*

- *Still be available when needed and not so backed up that people can't be seen for months on end unless they go to an ER. People with private insurance can't afford to go to an ER for something that should be able to be handled in the clinic*
- *Conducted outreach to our Hispanic populations by individuals who are Hispanic and are trained healthcare providers, providing targeted care to this population and at level of need that is appropriate and welcome to this culture.*
- *Improve communication with people visiting hospital to ensure family are included in patient's care.*
- *providing social support, connectivity*
- *Eliminate conspiracy misinformation regarding spread of COVID-19 and prevention measures.*
- *Provide better access to testing services and identify true issues on impact of COVID*
- *Come up with alternatives to serve for in-coming patients with symptoms that are similar to COVID-19. A patient shouldn't be refused care because they have allergies or a fever from a different type of infection.*
- *Give accurate and truthful information and acknowledge when mistakes are made*
- *Seeing your primary provider without waiting 30 days. Not another provider as a substitute. That way continuity of care with one who knows your medical history.*

Question: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)



Comments:

- *Having competent and stable physicians*
- *Herbalist Doctor*
- *I personally will not use these. I feel a doctor cannot diagnose correctly when they cannot look at the problem.*
- *In person medical care*
- *Can't believe good healthcare can be virtual.*
- *The elderly do have or understand how to do most of this stuff. You need to be more hands on with them.*
- *Want to be seen in person in the clinic*
- *I have had very productive and efficient visits on online telehealth. If local providers aren't offering this, why should I continue to see local providers? It's less convenient to go to an appointment, and wait 45 minutes to see a doctor, than to lie in bed, and wait for a call.*

- *see healthcare workers instead of refusing them because of exposure to COVID-19*
- *Return to in person services*
- *Expose the immune system to COVID-19*
- *See the primary provider in person*

Appendix C – Prowers County Community Survey

A community survey was solicited to the Hospital's service area residents to help understand the health needs and challenges facing the local population.

This survey was open to any area resident over 18 years of age, and 199 surveys were completed. The following charts display the information received in response to the solicitation efforts.

Question: What is your opinion about the following medical and mental health issues in your community? Use the following definitions to rank each issue:

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

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Mental Health Issues (e.g., depression, anxiety, grief, stress with divorce and custody issues, bipolar disorder)	1%	7%	22%	64%	6%
Primary Care Services/Access	9%	10%	18%	61%	2%
Cancer	4%	4%	33%	58%	2%
Suicide/Suicide Attempts	3%	10%	28%	52%	8%
Access to Mental Health/Substance Abuse Services	7%	13%	21%	50%	8%
Lack of Health Insurance	6%	17%	23%	44%	9%
Diabetes	4%	4%	40%	44%	8%
People Making Unhealthy Food Choices/Obesity	6%	14%	33%	43%	4%
Teen Birth Rates/Teen Pregnancy	5%	10%	40%	33%	12%
Heart Disease	3%	10%	44%	33%	10%
Sexually Transmitted Diseases (education and testing services)	11%	20%	32%	19%	18%
Flu/Pneumonia	6%	28%	44%	17%	6%
Childhood Vaccinations (e.g., flu, whooping cough)	22%	23%	29%	16%	10%
Eating Disorders	6%	30%	29%	15%	20%
Infant Mortality	18%	27%	21%	5%	29%
Other (please specify)	0%	0%	0%	0%	0%

Comments:

- *A major issue is ability to get into see a doctor.*
- *Access to covid-19 testing without a Dr order.*
- *Need for more providers*
- *COVID - this area is bad about masks and COVID knowledge!*
- *Emergency Medical Services - ICU*
- *Access to specialists*
- *Finding good mental health provider is impossible in this town. But in desperate need.*
- *Specialist access*
- *So much cancer in our area*

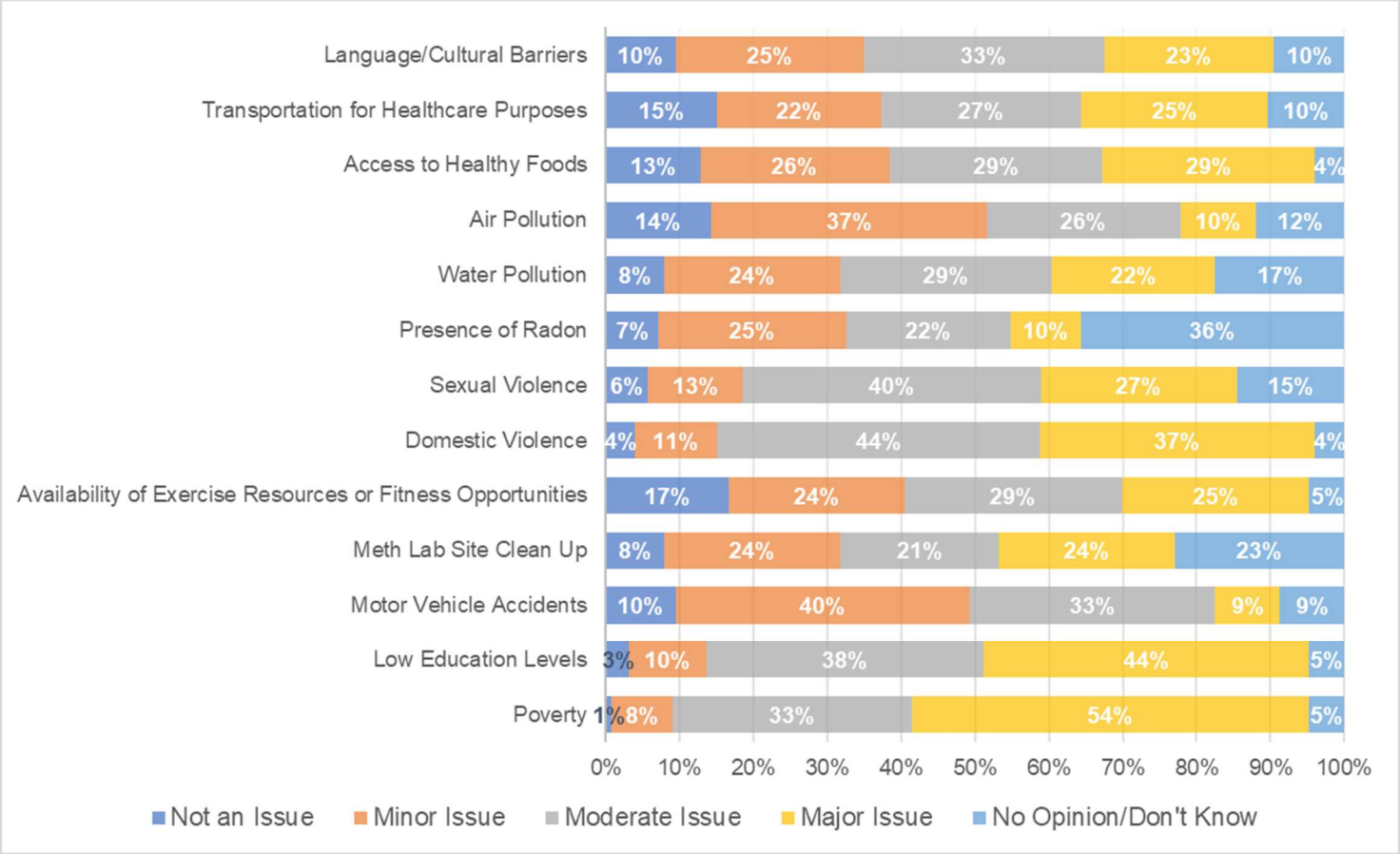
Question: What is your opinion about the following drug and other substance abuse issues in your community?

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Youth Prescription Drug Use	6%	18%	29%	26%	21%
Youth Alcohol Use	2%	16%	25%	46%	10%
Youth Drug Use	2%	12%	23%	52%	11%
Youth Smoking/Tobacco Use	3%	20%	29%	38%	10%
Youth E-Smoking (vaping and/or juuling)	3%	12%	29%	43%	13%
Adult (18 to 64) Substance Abuse (alcohol, prescription or non-prescription drugs)	2%	6%	23%	61%	8%
Elderly Substance Abuse (prescription or non-prescription drugs)	5%	28%	28%	15%	25%
Prescription Drug Abuse (regardless of age)	4%	13%	34%	37%	12%
Smoking/Tobacco Use (regardless of age)	3%	20%	33%	37%	8%
E-Smoking (vaping and/or juuling) (regardless of age)	6%	14%	35%	37%	9%
Other (please specify)	0%	0%	0%	0%	0%

Comments:

- *Drugs have always been an issue in Prowers county and will continue to be since there isn't easy access to services*
- *Physicians need to me more aware of who they give prescriptions to.*

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



Comments:

- *Our community needs to embrace different cultures and needs education on providing interpreters at the county courthouse.*

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

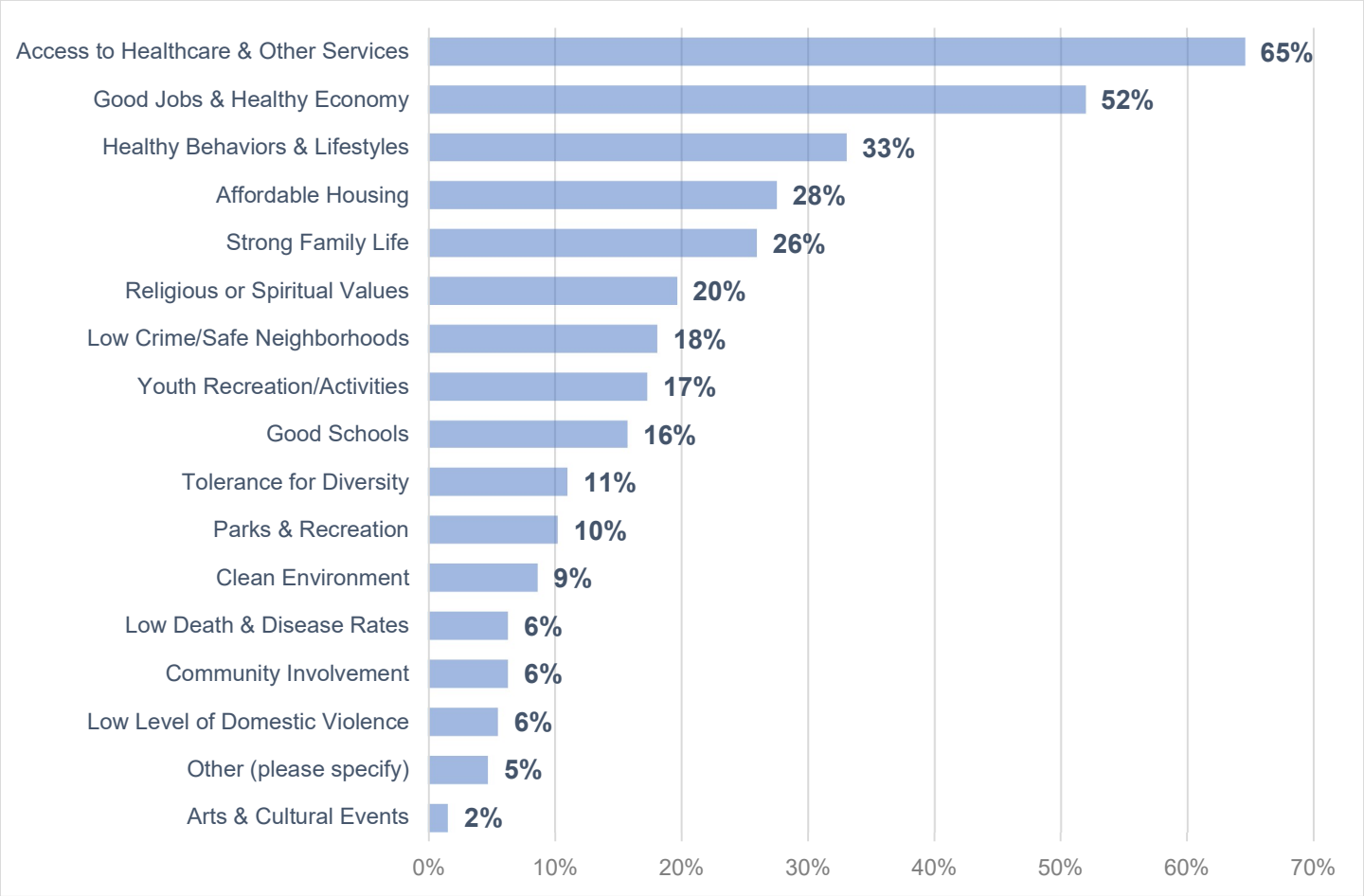
Comments:

- *That hospital administration does not possess the ability to attract and obtain qualified physicians to meet the actual need within their service area*
- *Lack of available Covid-19 tests. Getting the results back in a timely manner.*
- *Provider retention*
- *Need for quality care providers*
- *Mental health needs/depression and anxiety*
- *Aid for the elderly*
- *Insurance options/cos*
- *Lack of basic care because of COVID-19.*
- *Communication*
- *Drug use*
- *The fact that we are under such strict controls from this COVID-19. Let the kids get back to school and live their lives normally.*
- *No Health fairs*
- *Eating healthy and being aware of how to keep the health of families as best as they can*
- *The lack of health care providers who are going to stay in Prowers county and the long waiting list to get established with a primary care physician.*
- *Drugs*
- *Vaping in youth and suicide*
- *Mental health issues*
- *Obesity. High cholesterol, diabetes, high blood pressure all related to bad eating habits and lack of exercise.*
- *Can't afford insurance*
- *Drug and alcohol abuse*
- *Cost*
- *Having doctors available, consistency. Not having to go out of town for doctors. Having work out facilities available for all ages.*
- *Medical service*
- *Keeping good/consistent health care providers.*
- *Lack of medical care*
- *Not enough public knowledge of what this county has to offer as far as help with health issues*
- *Fear of lockdown from COVID-19*
- *Mental health is rising in our area and there isn't enough professional assistance available in our area as well as drug abuse. There needs to be available help for placement when the need arises, not just release those individuals back into our community when they need mental health services, ongoing issue.*
- *Drug abuse*
- *The access to qualified doctors and specialists*
- *Access to affordable healthy foods*
- *Mental health*
- *Provider retention*
- *Poverty*
- *Turnover in health care providers, high cost of healthcare in turn making you seek out healthcare outside of the community*
- *Mental health and substance abuse*
- *Prescription pain killers in adults*
- *Mental health issues*
- *I feel cost and accessibility*
- *drugs and low income/education*
- *Cancer,*
- *drug use and access to help*
- *Cancer and suicides*
- *Lack of confidence from our Hispanic population in the trust and value in our healthcare system and the ability to have employers of this population support the individuals in being able to access our health care system.*
- *Educating the public that we have some of the best health care providers in the state. We make mistakes but everyone does; we*

want to help make life easier and better for everyone.

- *Lack of Primary care and access to education to healthcare.*
- *A willful ignorance and pollicization of basic facts.*
- *Low health literacy leading to poor health choices*
- *Provider availability to patients within 48 hours for sickness appointments.*
- *Lack of access to mental health services for individuals who are not covered by Medicaid insurance.*
- *Obesity*
- *Poor access to quality care facilities and personnel without significant travel.*
- *Sufficient number of permanent health care providers to minimize the need to travel for health care outside our area*
- *Doctor shortage*
- *Limited number of qualified staff. Few procedures are performed locally.*
- *Lack of experienced cardiac physician and heart care facilities*
- *Costs of health care and lack of competent providers*
- *Poverty, and low education levels contribute to many unhealth options- they may not have choices. They may not have what they need for a healthier lifestyle.*
- *Affordability*
- *Too much smoking*
- *Depression, economy, access to good health care from a good health care provider that is available and willing to stick around town. Specialty care difficult to find in town to cover all insurances.*
- *lack of ambulance, EMT services*
- *lack of doctors. Not NP's, but Doctors.*
- *Access to care givers*
- *Drug abuse*
- *Knowledge of how to correct these issues.*
- *Illegal drug use.*
- *Lack of continuity of providers.*
- *Quality mental health care availability*
- *Cancer, diabetes*
- *Cost of care*
- *Competent and supportive staff and doctors who stay in the area.*
- *Lack of knowledge of self and being your own advocate.*
- *Access to behavioral health services*
- *Drug addictions, Obesity, Mental health services*
- *Access to care - being able to be seen for a problem before it becomes severe*

Question: Check the three (3) items below that you believe are most important for a healthy community:



Comments:

- *Access to healthy dining options*
- *Low drug use and substance abuse rates*
- *Promote diverse culture in our systems and training for those of the dominate culture for ways to be inclusive.*
- *Activities for all ages, free of charge. Some parents can't afford to send their kids to the community building to play basketball.*
- *Adult & elderly exercise equipment (outside)*

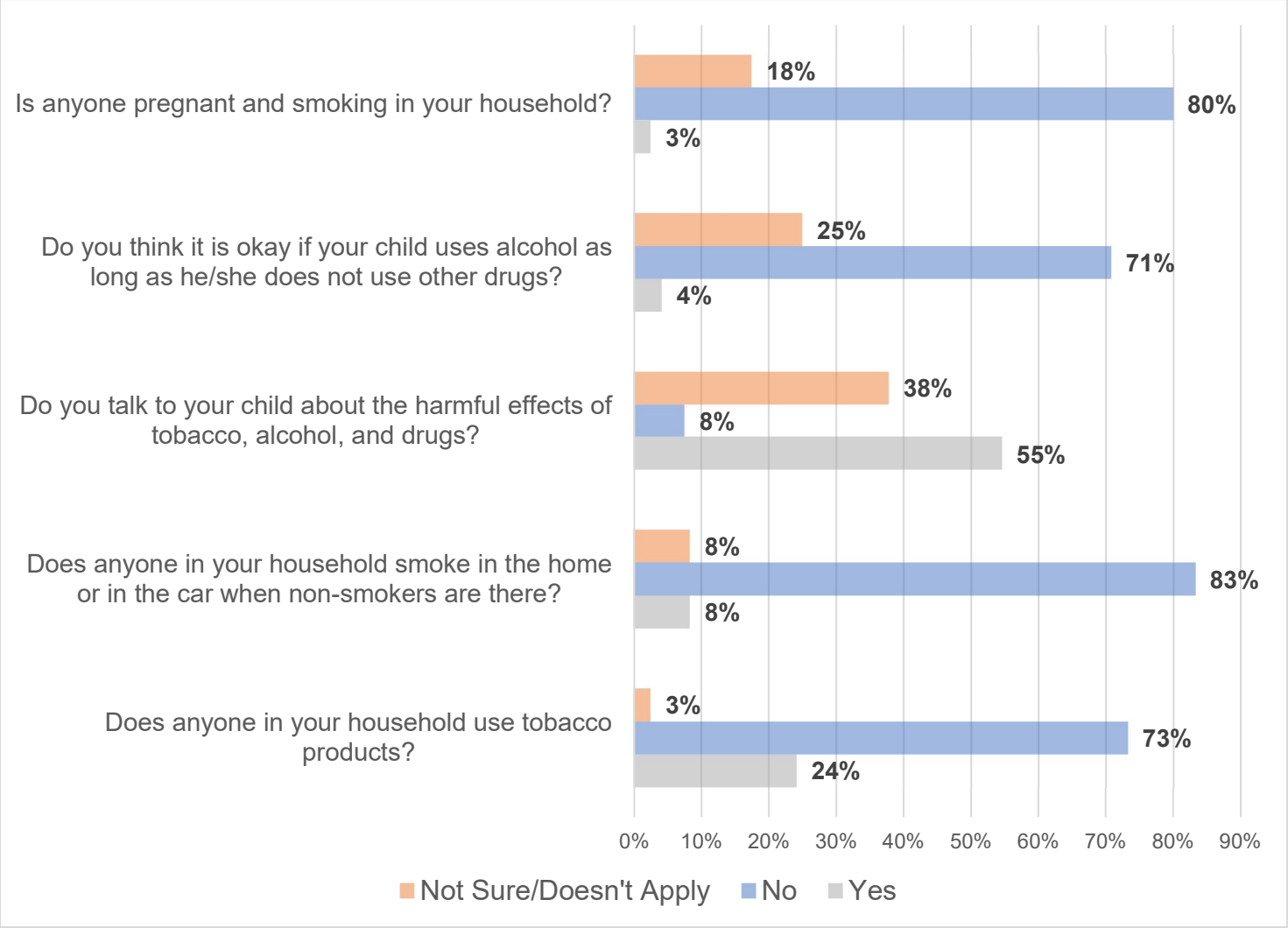
Question: In your household over the past 12 months, how would you describe the following health issues?

	Not an issue	Minor issue	Moderate issue	Major issue	No opinion/ Don't Know
Having a lot of anxiety or stress	19%	23%	30%	27%	1%
Experiencing depression	31%	28%	23%	18%	0%
Experiencing an alcohol and/or drug issue	83%	6%	5%	7%	0%
Adults being overweight or obese in your household	28%	28%	27%	18%	0%
Children being overweight or obese in your household	72%	6%	6%	3%	14%
Not being able to access care for a person with a serious physical illness	52%	11%	11%	18%	8%
Thoughts about suicide	84%	8%	6%	0%	2%
Violence within the household	96%	2%	1%	0%	2%
Not being able to access affordable dental care	50%	20%	13%	15%	1%

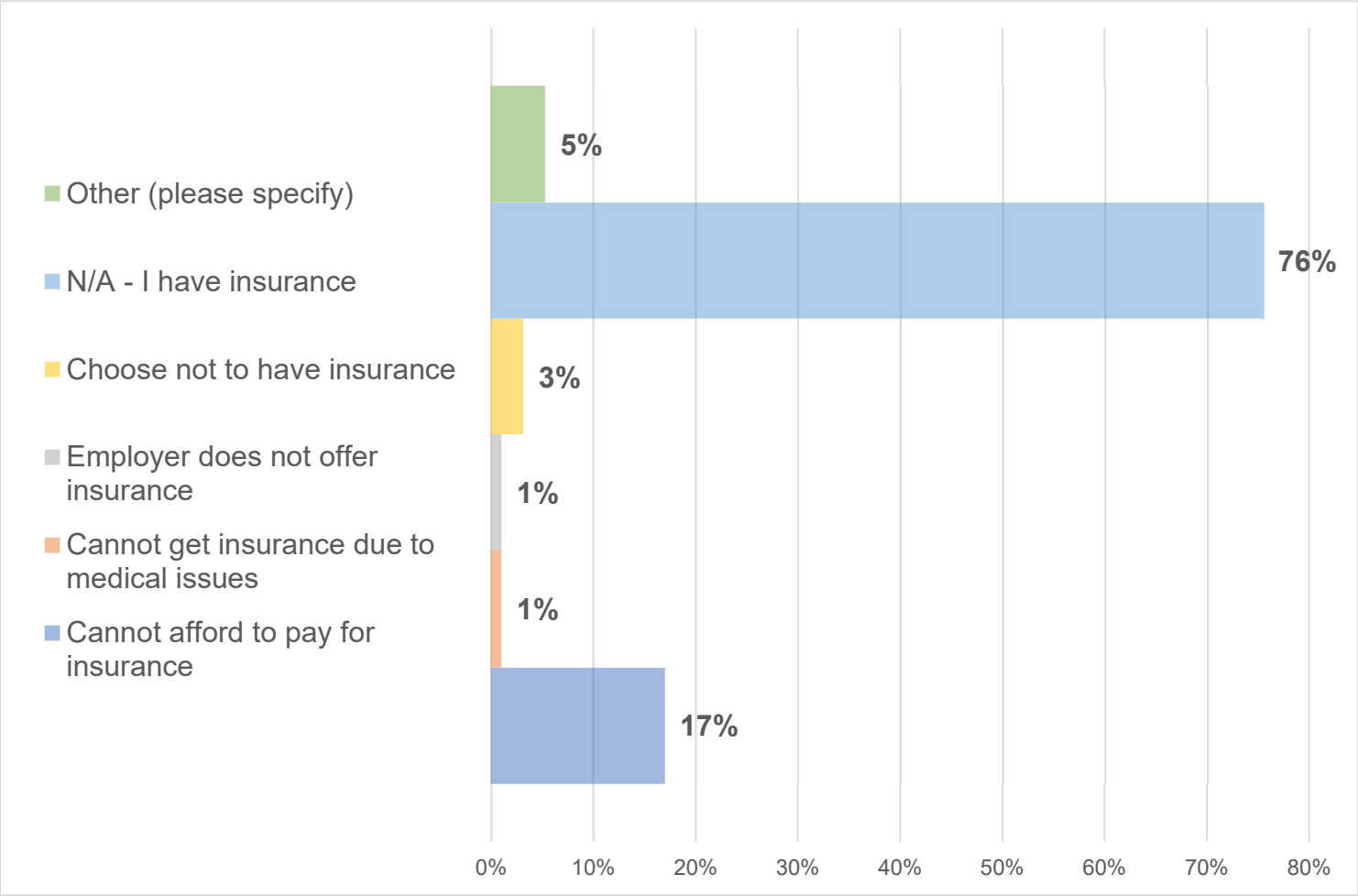
Question: In your household in the past 12 months, how would you rate getting the following support services?

	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Lack of activities for school-aged children and teens	40%	8%	13%	22%	17%
Finding before or after-school childcare, or summer childcare for school-aged children	51%	5%	8%	11%	24%
Getting in-home care for an adult who is 65 years or older	53%	6%	3%	7%	31%
Finding or affording childcare for children ages 0 to 5 years	51%	2%	5%	13%	29%
Knowing how to access services or information	61%	15%	11%	7%	7%
Finding transportation for a person with a physical disability or someone aged 65 years or older	58%	8%	3%	5%	25%
Using public transportation to get to a job or appointment on time	66%	2%	3%	5%	24%
Having a working vehicle	78%	12%	5%	1%	4%
Finding a crisis intervention resource (suicide, family support, violence, child or older adult neglect, alcohol, and drug emergencies, etc.)	70%	5%	3%	5%	17%
Accessing healthcare while not being able to speak English	68%	2%	1%	1%	29%
Getting healthcare services while not being able to read or write well	70%	0%	2%	1%	28%
Providers do not recognize cultural beliefs, traditions, and values related to my healthcare	70%	6%	2%	3%	20%
Not knowing how to access healthcare services or information due to a lack of ASL outreach programs and healthcare messaging in ASL	62%	4%	3%	1%	30%

Question: Please answer the following questions about tobacco products used in your household.



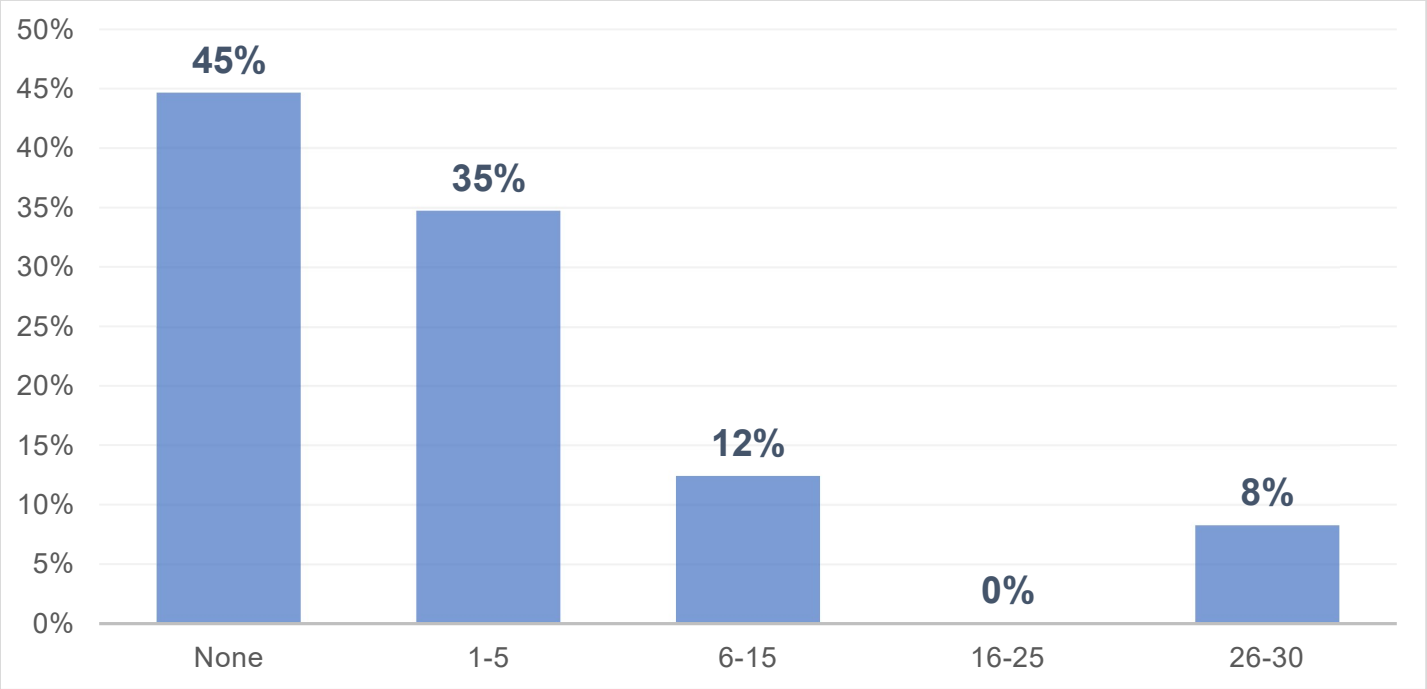
Question: If you do NOT have medical/dental insurance, why?



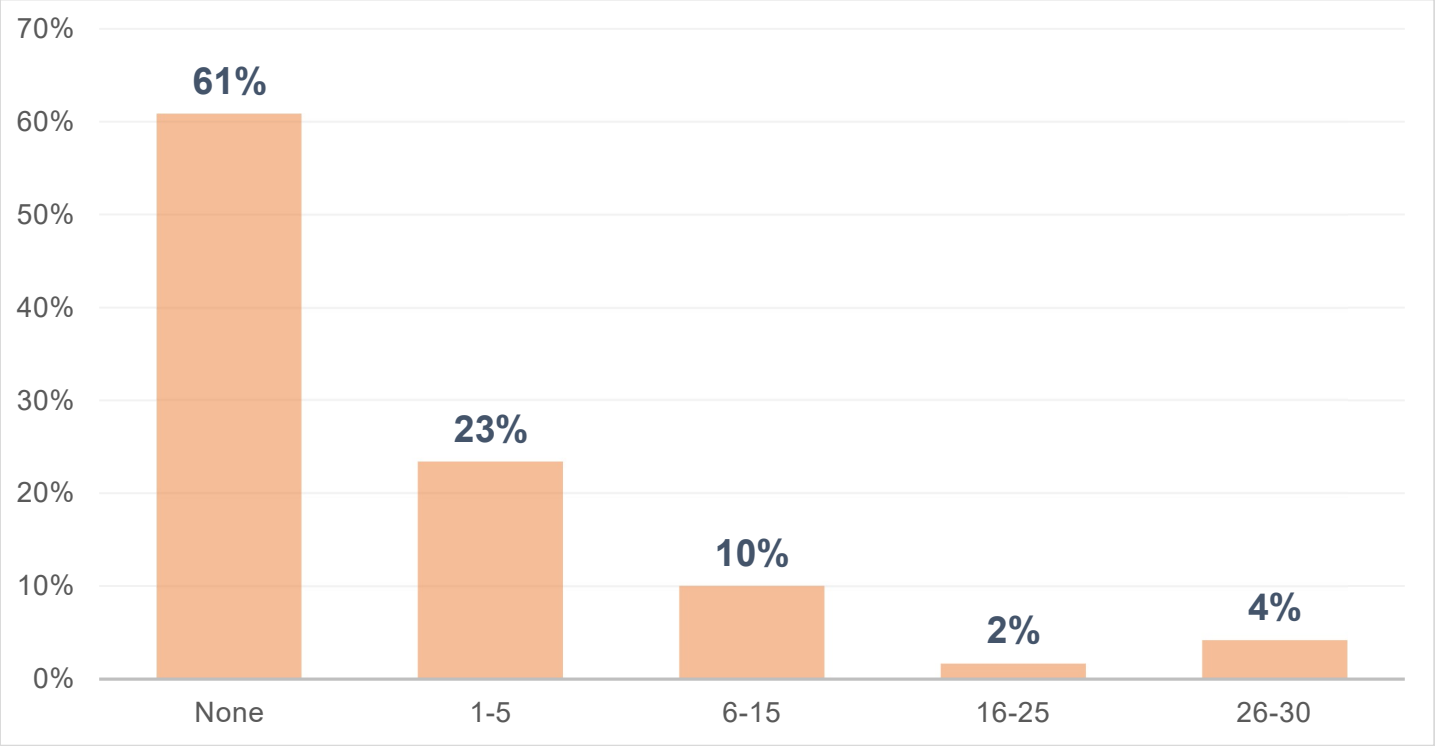
Comments:

- *Insurance we have doesn't cover dental.*
- *Dental is too expensive*
- *Dental costs for not participating providers are not helped much by costly dental insurance.*
- *Cannot afford dental or vision for adults. Kids have Medicaid.*
- *The dental doesn't pay for what it costs.*

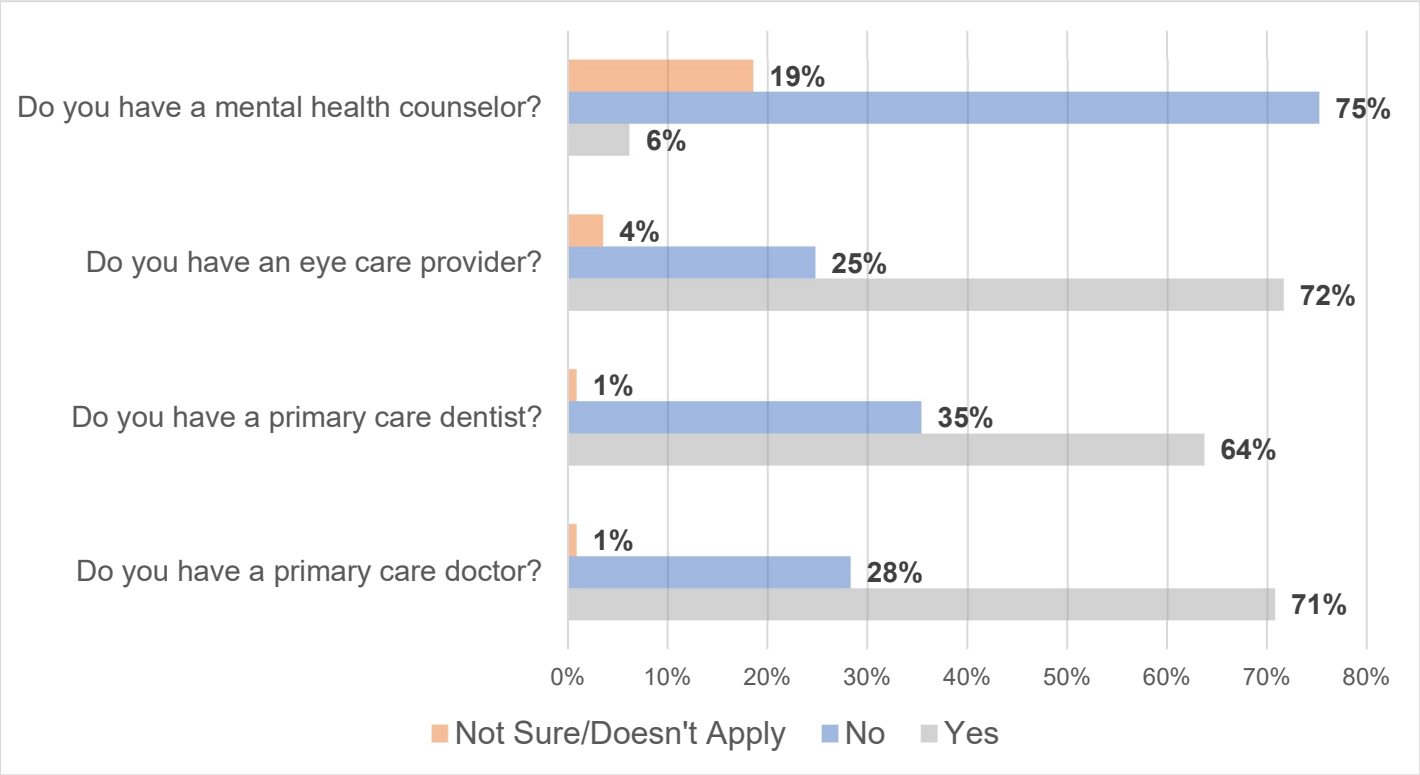
Question: Including physical illness and injury, how many days during the past 30 days were you in poor physical health?



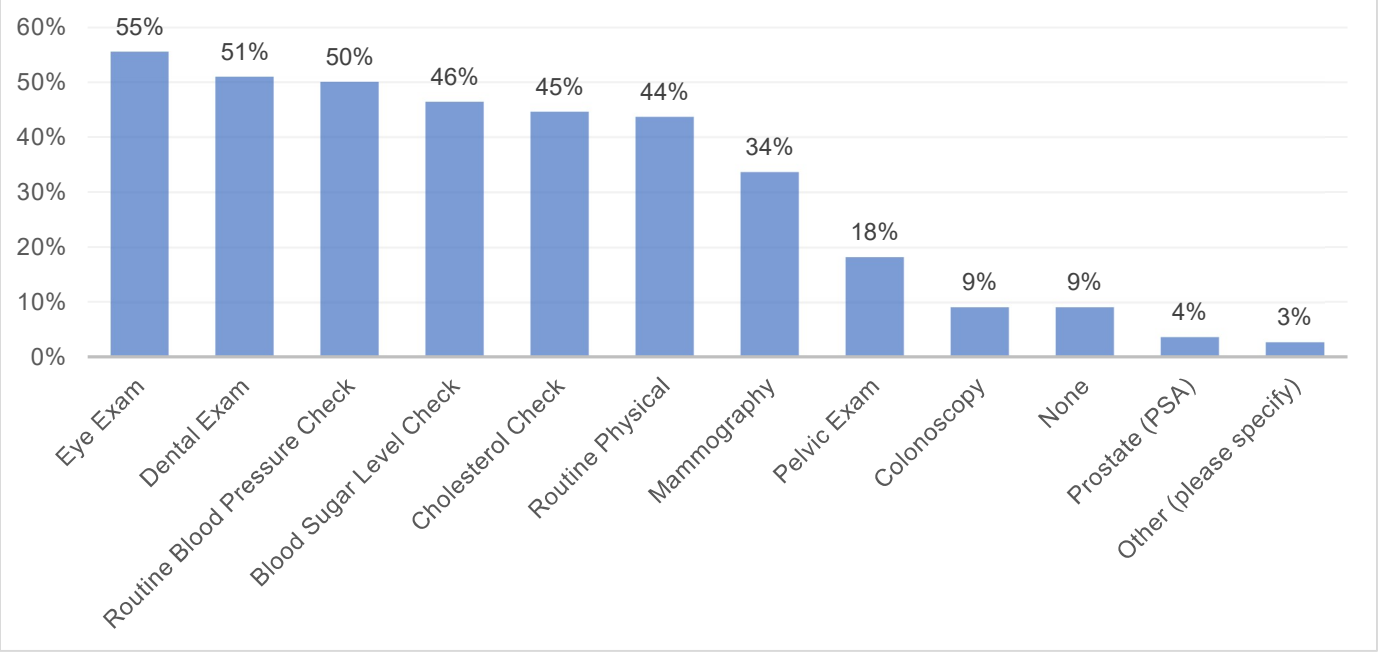
Question: Thinking about your mental health (which includes stress, depression, and problems with emotions or substance abuse) how many days during the past 30 days did your mental health or emotional problems keep you from doing your work or other regular activities?



Question: Please answer the following questions about medical services.



Question: Which of the following preventative services have you used in the past year?

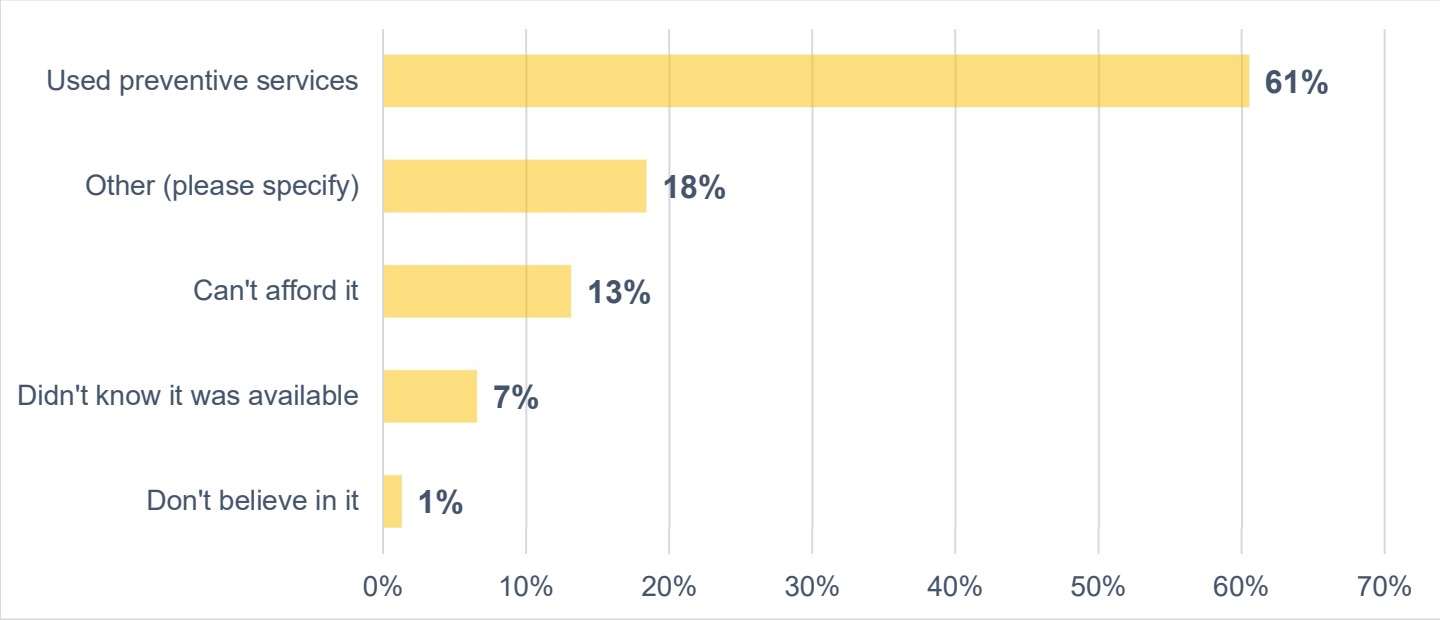


Comments:

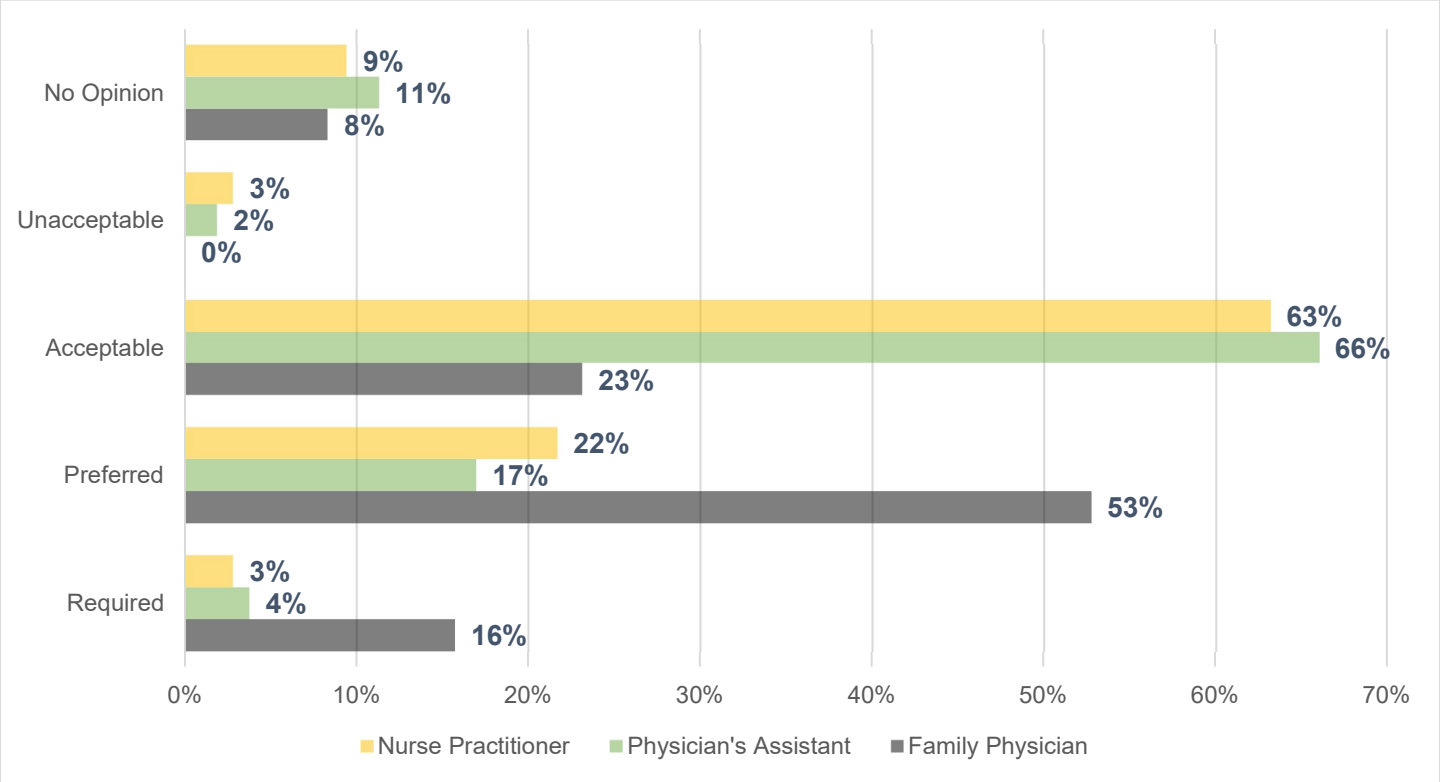
- *To get refills*

- *I go to the doctor as needed*
- *Health fair blood draw*

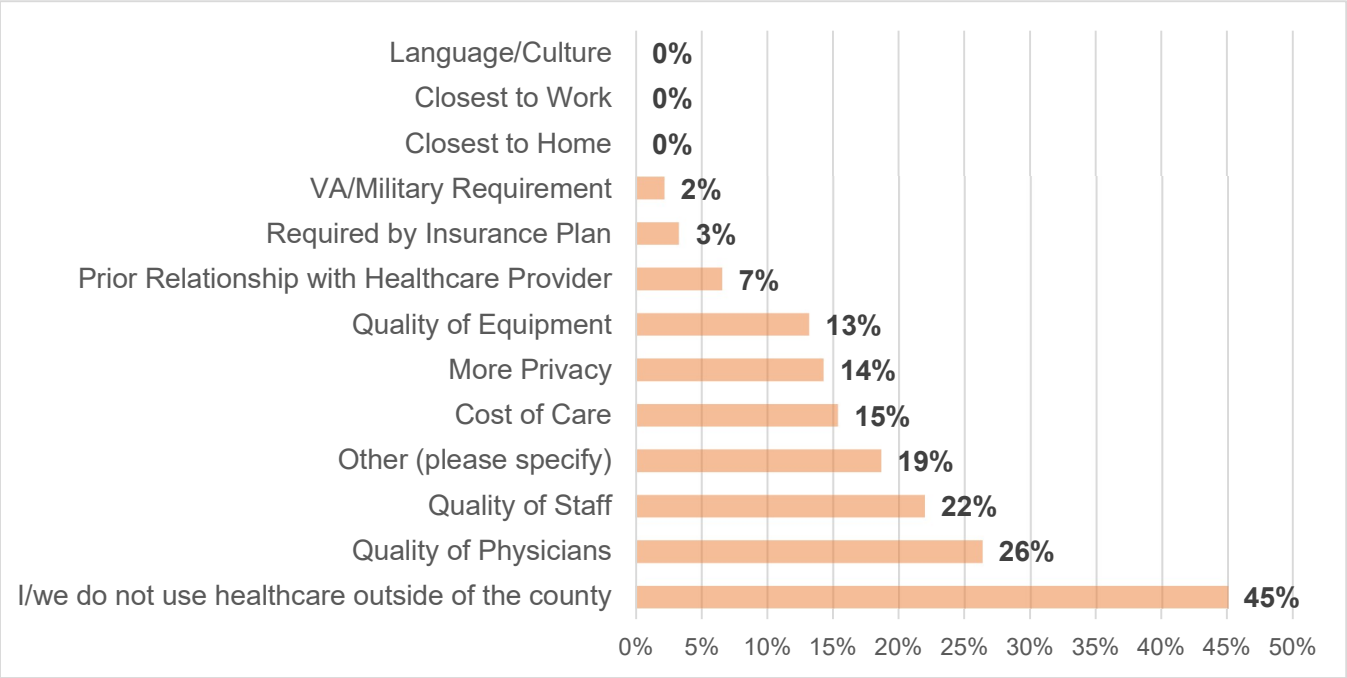
Question: If you have not used any preventative services, why not?



Question: Which of the following primary healthcare providers would you consider using for your routine care?



Question: If you often seek primary healthcare outside of your county, what are the reasons why?



Comments:

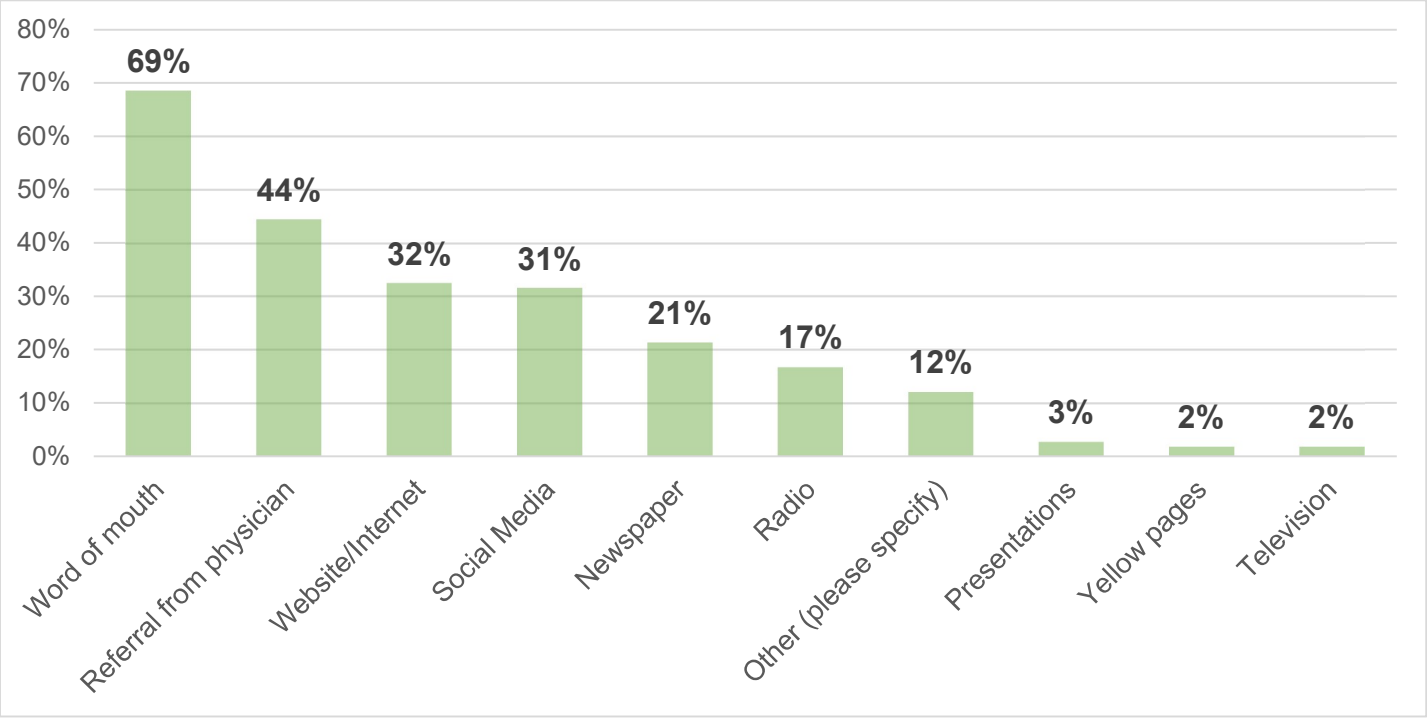
- *Wanted a female doctor to do my pregnancy*
- *Not at home*
- *No MDs available in Lamar. Especially for "specialty" needs.*
- *Availability of appointments*
- *Cannot afford lab/radiology*
- *Close to family*
- *Specialist offering service not in community*
- *Many services not available or not reputable in Prowers County*
- *Billing practices - higher trust in quality of care - MRI/CAT quality and cost*
- *Dermatologist*
- *We summer in another state*
- *Family member sent by ambulance by Prowers Medical Center*
- *Healthcare not provided in Prowers County.*
- *Needed a specialist*
- *Already established care and like the care received.*
- *Specialty not available locally*

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

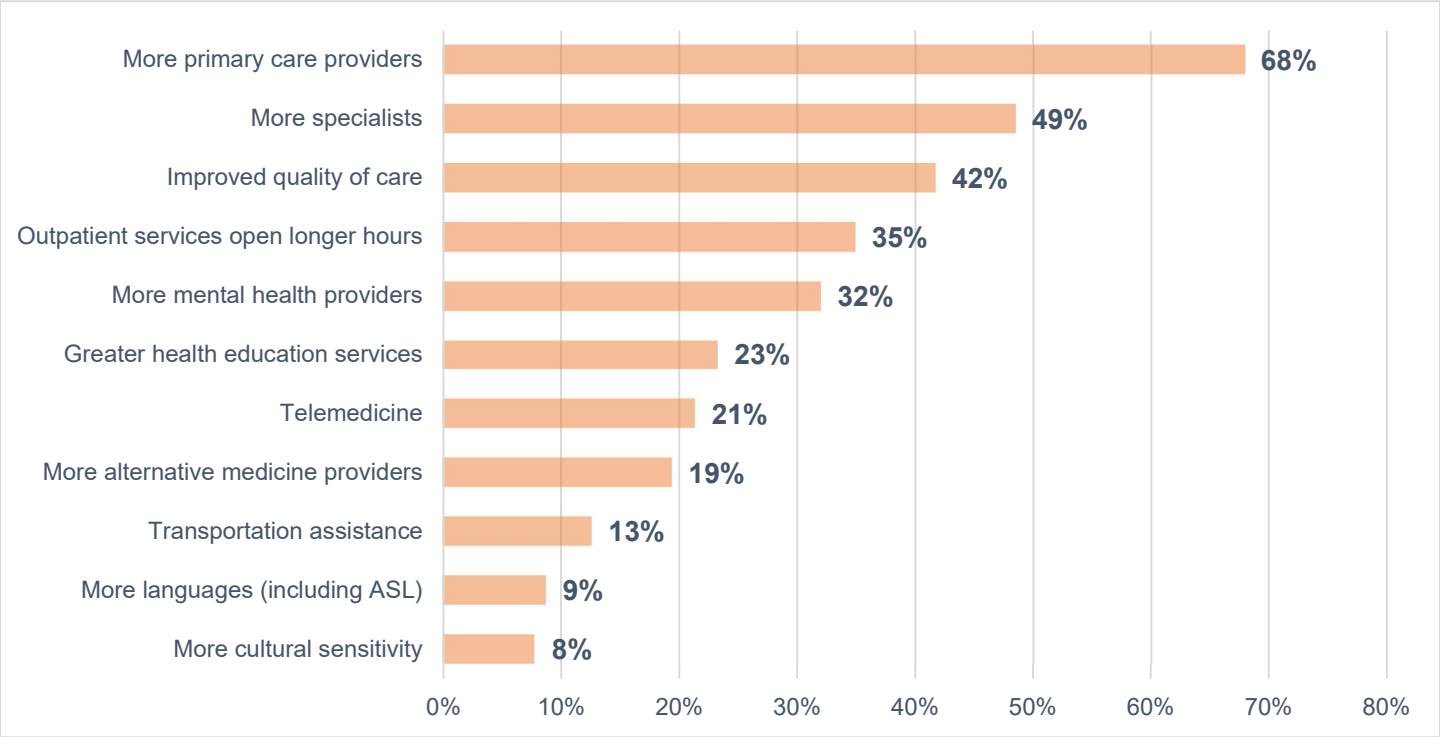
	Appointment NOT available	Doctor/Service would NOT accept insurance	Could not afford	Language barriers	Transportation issues	Stigma/Negative perception	COVID-19	No issues/ Not needed	Don't know/ Not applicable
Doctor Visit/Checkup/Exam	29%	1%	6%	0%	1%	0%	19%	40%	4%
Mental Healthcare/Counseling	1%	2%	6%	0%	1%	5%	3%	61%	21%
Eye Glasses/Vision (ophthalmologist, optometrist)	6%	2%	10%	0%	0%	0%	10%	60%	11%
Medical Supplies/Equipment	1%	0%	6%	0%	0%	0%	2%	76%	15%
Appointment/Referral to a Specialist (dermatologist, endocrinologist, chiropractor, gastroenterologist, gynecologist)	10%	0%	10%	0%	2%	0%	8%	59%	12%
Dental	8%	0%	13%	0%	1%	0%	15%	54%	9%
Other Medical Treatment (tests, surgery, other procedures/therapies, X-rays, cancer or heart attack tests)	1%	0%	11%	0%	0%	0%	8%	64%	16%
Medications/Prescriptions (patches, pills, shots)	2%	1%	9%	0%	0%	0%	3%	68%	17%

Note: Other Medical Treatment (tests, surgery, other procedures/therapies, X-rays, cancer, or heart attack tests); Medications/Prescriptions (patches, pills, shots)

Question: How do you learn about the health services available in your community? (select top 3)



Question: What would improve your community's access to healthcare? (select top 3)



Question: Which educational classes/programs would you be most interested in? (Select all that apply)

Answer Choices	Responses
Weight Loss	48%
Fitness	46%
Health and Wellness	43%
Women's Health	34%
Mental Health	33%
Nutrition	32%
Men's Health	19%
Support Groups	17%
Diabetes	16%
Grief Counseling	15%
Parenting	15%
Heart Disease	13%
Cancer	13%
Quitting Smoking	11%

Prenatal	9%
Alzheimer's	7%
CPR	7%
Other (please specify)	7%
Alcohol/Substance Abuse	5%
Asbestos & Pulmonary Health	1%