

Community Health Needs Assessment 2019



 Banner Health.

East Morgan County Hospital

TABLE OF CONTENTS

Executive Summary.....	2
Introduction	5
Purpose of the CHNA Report	5
About East Morgan County Hospital.....	5
Definition of Community.....	6
Description of Community	7
Community Demographics.....	9
Process and Methods Used to Conduct the CHNA	12
Banner Health CHNA Organizational Structure	13
Primary Data / Sources	13
Secondary Data / Sources	13
Data Limitations and Information Gaps.....	14
Community Input	14
Prioritization of Community Health Needs	15
Description of Prioritized Community Health Needs.....	16
Priority #1: Access to Care	16
Priority #2: Chronic Disease Management	18
Priority #3: Behavioral Health (Substance Abuse / Depression / Behavioral Health)	19
Needs Identified but not Prioritized	22
2016 CHNA Follow Up and Review.....	23
Feedback on Preceding CHNA / Implementation Strategy	23
Impact of Actions Taken Since Preceding CHNA.....	24
Appendix A. Resources Potentially Available to Address Needs	26
Appendix B. List of Data Sources	28
Primary and Secondary Data Sources	28
Focus Groups.....	29
Appendix C. Steering Committee and Community Advisory Council Members	30
Steering Committee	30
CHNA Facility-Based Champions	31
External Stakeholders	31
Appendix D. Materials used in Focus Group	35

EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act (ACA) has requirements that nonprofit hospitals must satisfy to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by the ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to address the identified needs for the community at least once every three years. As part of the CHNA, each hospital is required to collect input from individuals in the community, including public health experts as well as residents, representatives or leaders of low-income, minority, and medically underserved populations.

As part of the process for evaluating community need, a Banner Health CHNA Steering Committee was formed. This committee, which was commissioned to guide the CHNA process, was comprised of professionals from a variety of disciplines across the organization. This steering committee has provided guidance in all aspects of the CHNA process, including development of the process, prioritization of the significant health needs identified and development of the implementation strategies, anticipated outcomes, and related measures. A list of the steering committee members can be found in Appendix B.

Beginning in early 2019, Banner Health conducted an assessment for the health needs of residents of Morgan County and Colorado as well as those in its primary service area (PSA). For the purposes of this report, the primary service area is defined as the area where the top 75 percent of patients for the respective facility originate from. The CHNA process undertaken and described in this report was conducted in compliance with federal requirements.

Headquartered in Phoenix, Arizona, Banner Health is one of the nation's largest nonprofit health care systems and is guided by our nonprofit mission: "Making health care easier, so life can be better." This mission serves as the cornerstone of operations at our 28 acute care facilities located in small and large, rural and urban communities spanning 6 western states. Collectively, these facilities serve an incredibly diverse patient population and provide more than \$113M annually in charity care – treatment without expectation of being paid. As a nonprofit organization, we reinvest revenues to add new hospital beds, enhance patient care and support services, expand treatment technologies, and maintain equipment and facilities. Furthermore, we subsidize medical education costs for hundreds of physicians in our residency training programs in Phoenix and Tucson, Arizona and Greeley, Colorado.

With organizational oversight from a 13-member board of directors and guidance from both clinical and non-clinical system and facility leaders, our more than 50,000 employees work tirelessly to provide excellent care to patients in Banner Health hospitals, urgent cares, clinics, surgery centers, home care, and other care settings.

While we have the experience and expertise to provide primary care, hospital care, outpatient services, imaging centers, rehabilitation services, long-term acute care and home care to patients facing virtually any health conditions, we also provide an array of core services and specialized services. Some of our core services include: cancer care, emergency care, heart care, maternity services, neurosciences, orthopedics,

pediatrics and surgical care. Specialized services include behavioral health, burn care, high-risk obstetrics, Level 1 Trauma care, organ and bone marrow transplantation and medical toxicology. We also participate in a multitude of local, national and global research initiatives, including those spearheaded by researchers at our three Banner – University Medical Centers, Banner Alzheimer’s Institute and Banner Sun Health Research Institute.

Ultimately, our unwavering commitment to the health and well-being of our communities has earned accolades from an array of industry organizations, including distinction as a Top 5 Large Health System three out of the five past years by Truven Health Analytics (formerly Thomas Reuters) and one of the nation’s Top 10 Integrated Health Systems according to SDI and Modern Healthcare Magazine. Banner Alzheimer’s Institute has also garnered international recognition for its groundbreaking Alzheimer’s Prevention Initiative, brain imaging research and patient care programs. Further, Banner Health, which is the second largest private employer in both Arizona and Northern Colorado, continues to be recognized as one of the “Best Places to Work” by Becker’s Hospital Review.

In the spirit of the organization’s continued commitment to providing excellent patient care, Banner Health conducted a thorough, system wide Community Health Needs Assessment (CHNA) within established guidelines for each of its hospital and healthcare facilities with the following goals at the heart of the endeavor:

- Effectively define the current community programs and services provided by the facility.
- Assess the total impact of existing programs and services on the community.
- Identify the current health needs of the surrounding population.
- Determine any health needs that are not being met by those programs and services, and/or ways to increase access to needed services.
- Provide a plan for future programs and services that will meet and/or continue to meet the community’s needs.

The CHNA results have been presented to the leadership team and board members to ensure alignment with the system-wide priorities and long-term strategic plan. The CHNA process facilitates an ongoing focus on collaboration with governmental, nonprofit and other health-related organizations to ensure that members of the community will have greater access to needed health care resources.

Banner Health has a strong history of dedication to community and of providing care to underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and / or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve.

For East Morgan County Hospital’s leadership team, this has resulted in an ongoing commitment to continue working closely with community and healthcare leaders who have provided solid insight into the specific and unique needs of the community since the previous cycle. In addition, after accomplishing measurable changes from the actions taken in the previous CHNAs, we have an improved foundation to

work from. United in the goal of ensuring that community health needs are met now, and, in the future, these leaders will remain involved in ongoing efforts to continuously assess health needs and subsequent services.

INTRODUCTION

PURPOSE OF THE CHNA REPORT

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by East Morgan County Hospital. The priorities identified in this report help to guide the hospital's ongoing community health improvement programs and community benefit activities. This CHNA report meets requirements of the ACA that nonprofit hospitals conduct a CHNA at least once every three years.

East Morgan County Hospital is dedicated to enhancing the health of the communities it serves. The findings from this CHNA report serve as a foundation for understanding the health needs found in the community and will inform the implementation strategies selected. This report complies with federal tax requirements set forth in Internal Revenue Code Section 501(r) requiring hospital facilities owned and operated by an organization described in Internal Revenue Code Section 501(c)(3) to conduct a CHNA at least once every three years. Regarding the CHNA, the ACA specifically requires nonprofit hospitals to:

1. Collect and take into account input from public health experts, community leaders, and representatives of high need populations – this includes minority groups, low-income individuals, medically underserved populations, and those with chronic conditions;
2. Identify and prioritize community health needs;
3. Document a separate CHNA for each individual hospital; and,
4. Make the CHNA report widely available to the public. In addition, each nonprofit hospital must adopt an implementation strategy that describes how the hospital will address the identified significant community health needs.

This is the third cycle for Banner Health, with the second cycle completed in 2016. Feedback on the previous CHNA and Implementation Strategy will be addressed later in the report.

This CHNA report was adopted by the Banner Health's board on December 6, 2019.

This report is widely available to the public on the hospital's website bannerhealth.com, and a paper copy is available for inspection upon request at CHNA.CommunityFeedback@bannerhealth.com

Written comments on this report can be submitted by email to:
CHNA.CommunityFeedback@bannerhealth.com

ABOUT EAST MORGAN COUNTY HOSPITAL

East Morgan County Hospital (EMCH) is a 25-bed licensed critical access hospital located within northeastern Colorado, in Morgan County. The hospital was opened in 1967 to serve the community and has never strayed from the community focus, constantly striving to live the Banner Health mission, "Making health care easier so life can be better".

East Morgan County Hospital is committed to providing a wide range of quality care, based on the needs of the community, including the following services:

- 24-hour Emergency Department
- Level IV Trauma Care
- Inpatient and Outpatient Care
- Occupational Medicine
- Respiratory Therapy
- General and Orthopedic Surgery Procedures
- Specialized Breast Diseases Services
- Home Sleep Studies
- Wellness Service
- Alonzo Pettey's Rehabilitation Center
- Cardiac and Pulmonary Rehab
- Women and Infant Services
- Clinic Services

The staff of 20 physicians / providers and 35 volunteers provide personalized care complemented by leading technology from Banner Health and resources directed at preventing, diagnosing, and treating illnesses. On an annual basis, East Morgan County Hospital's health professionals render care to nearly 43,000 outpatients, about 500 inpatients, and over 5,000 patients in the Emergency Department (ED). The staff also welcomes an average of 100 newborns into the world each year

East Morgan County Hospital leverages the latest medical technologies to ensure safer, better care for patients. Physicians and clinical personnel document patient data in an electronic medical record rated at the highest level of implementation and adaptation by HIMSS Analytics, a wholly-owned nonprofit subsidiary of the Healthcare Information and Management Systems Society. This facility is also part of the Banner iCare™ Intensive Care Program where specially trained physicians and nurses back up the bedside ICU team and monitor ICU patient information 24 hours a day, seven days a week.

To help meet the needs of the uninsured and underinsured community members, EMCH follows the Banner Health process for financial assistance, including financial assistance and payment arrangements. A strong relationship with the community is a very important consideration for Banner Health. Giving back to the people we serve through financial assistance is just one example of our commitment. In 2018, East Morgan County Hospital reported \$1,220,000 in Charity Care for the community, while \$1,009,000 was written off as a bad debt or uncollectable dues owed to the facility.

DEFINITION OF COMMUNITY

East Morgan County Hospital is located just 90 miles northeast of Denver on Colorado's high plains in Morgan County. The close-knit community of Brush (population 5,700) offers clean air, pure water, a very low crime rate, excellent schools, museums, a range of family-friendly community activities, and world-class recreational opportunities nearby. While agriculture is a major economic influence, the town of Brush is diversifying into health care, the light industry, and manufacturing.

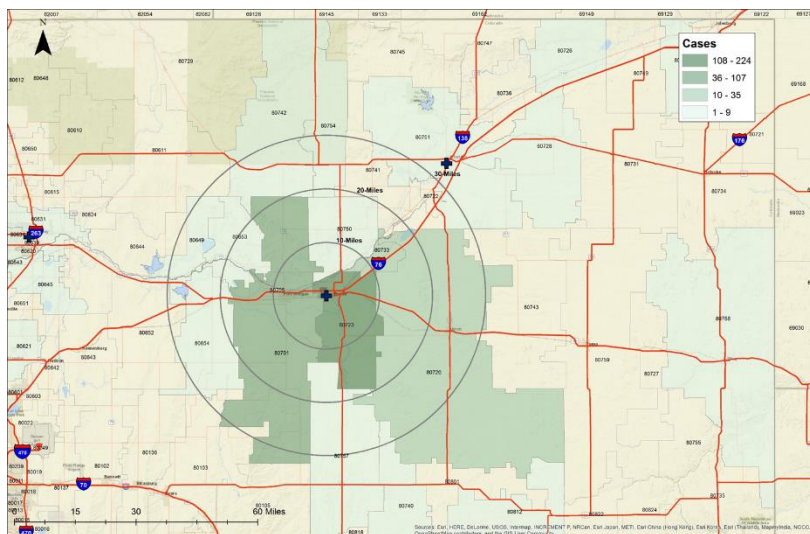
DESCRIPTION OF COMMUNITY

Primary Service Area

The Primary Service Area (PSA) is determined based on where the top 75 percent of patients for the respective facility originate from. In Table 1 the top ~75 percent of East Morgan County Hospital's PSA is listed.

Table 1. Primary Service Area			
Zip	Segment	%	Cumulative
80723	Brush	50.2%	50.2%
80701	Fort Morgan	24.8%	75.0%

Source: McKesson, 2018



Source: Banner Strategy and Planning

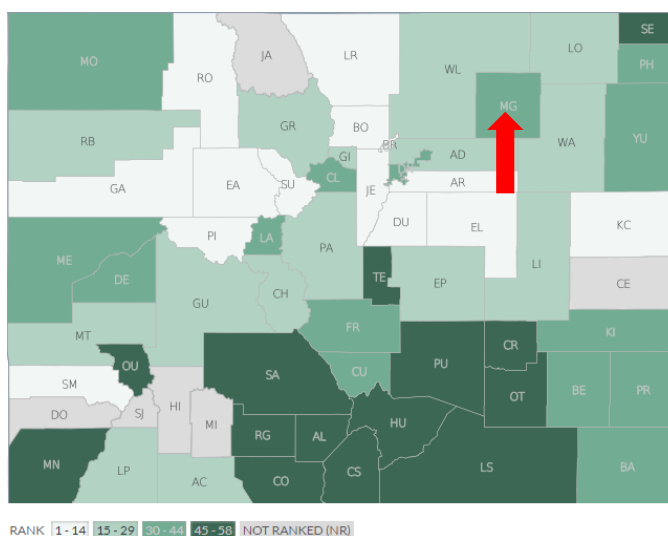
Hospital Inpatient Discharges and Map

East Morgan County Hospital's Inpatient Origin by Zip Code data informs the primary service area. For the 2019 CHNA report the data derives from calendar year 2018 and is determined by the top 3 contiguous quartiles, equaling 75 percent of total discharges. The town of Brush accounted for 50 percent of East Morgan County Hospital's inpatient discharges in 2018, an additional 25 percent of

discharges came from Fort Morgan.

Health Outcomes Ranking and Map

2019 Colorado County Health Outcomes Rankings: Morgan County ranked #44 of the 58 participating counties, a significant decrease compared to the 2016 ranking (#32 of 58 participating counties). The health outcomes determine how healthy a county is by measuring how people feel while they are alive and how long they live. Health outcomes are influenced by health factors, which are thus influenced by programs and policies in place at the local, state, and federal levels. Health outcomes indicate whether health improvement plans are working. Listed below are the two areas that the study looked at when determining health outcomes:

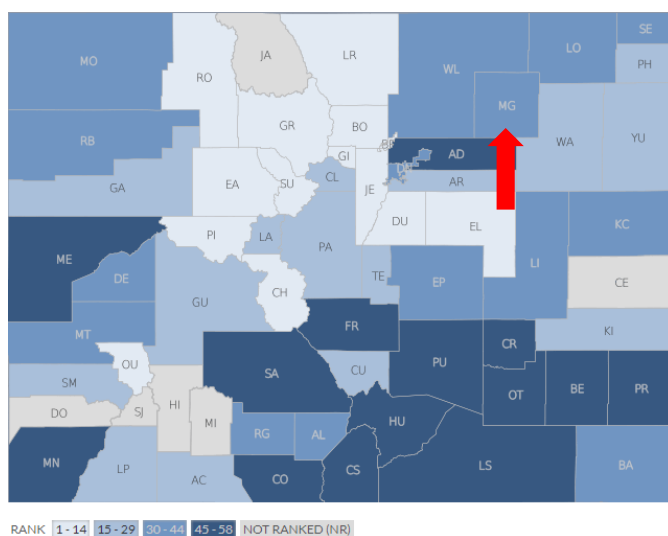


Source: County Health Rankings and Roadmaps, 2018

- Length of Life: measuring premature death and life expectancy.
- Quality of Life: measures of low birthweight and those who rated their physical and mental health as poor. (County Health Rankings, 2019)

Health Factors Ranking and Map

2019 Colorado County Health Factors Rankings: Morgan County ranked #38 of 58 participating counties, an increase in its ranking compared to 2016 (#41 of 58 participating counties). Health factors represent things that can be modified to improve the length and quality of life and are predictors for how healthy communities can be in the future. While there are many factors, from education to the environment in which a person lives, this study focused on the following four factors:



Source: County Health Rankings and Roadmaps, 2018

- Health Behaviors: rates of alcohol and drug abuse, diet and exercise, sexual activity, and tobacco use.
- Clinical Care: showing the details of access to quality of health care.

- Social and Economic Factors: rating education, employment, income, family and social support, and community safety.
- Physical Environment: measuring air and water quality, as well as housing and transit. (County Health Rankings, 2019)

COMMUNITY DEMOGRAPHICS

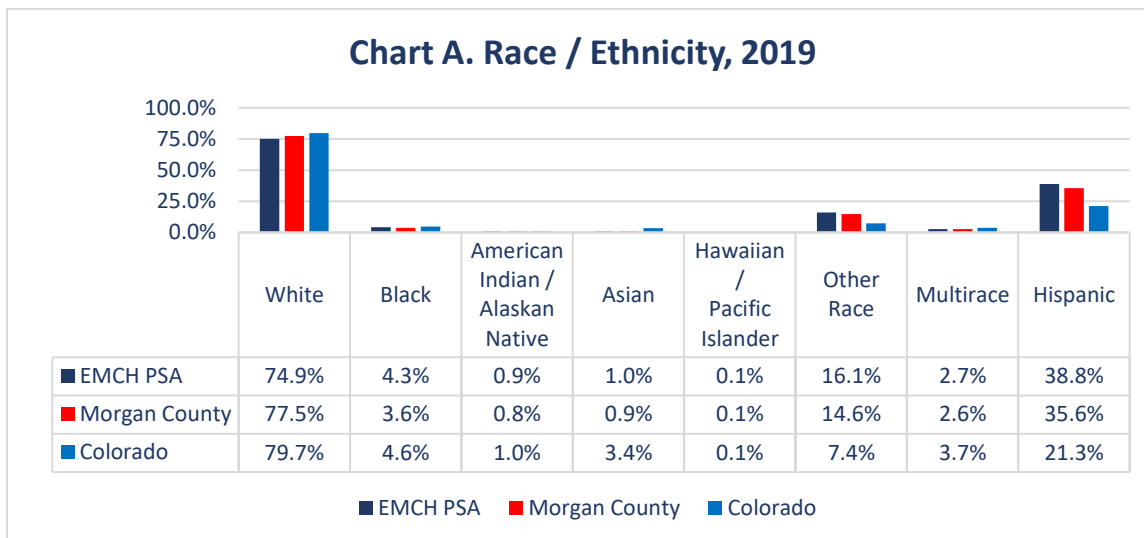
Table 2 provides the specific age, gender distribution and data on key socio-economic drivers of health status of the population in the East Morgan County Hospital primary service area compared to Morgan County and the state of Colorado.

Table 2. Community Demographics			
	East Morgan County Hospital	Morgan County	Colorado
Population: estimated 2018	23,263	28,504	5,640,545
Gender			
• Male	49.7%	50.0%	50.3%
• Female	50.3%	50.0%	49.7%
Age			
• 0 to 9 years	15.1%	14.8%	12.2%
• 10 to 19 years	13.9%	13.9%	12.8%
• 20 to 34 years	20.2%	19.6%	21.8%
• 35 to 64 years	34.4%	35.4%	38.9%
• 65 to 84 years	13.6%	13.7%	12.6%
• 85 years and over	2.8%	2.6%	1.6%
Social & Economic Factors			
• No HS diploma	18.8%	17.7%	8.5%
• Median Household Income	\$52,300	\$53,300	\$72,400
• Unemployment	1.1%	1.1%	2.2%

Source: Advisory Board 2019

Race/Ethnicity (PSA, County and State)

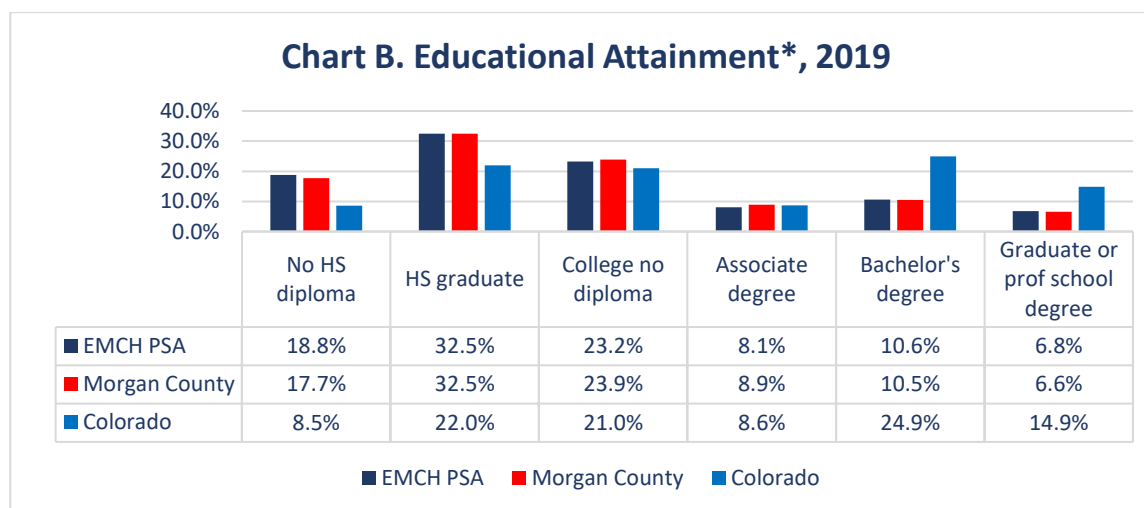
The PSA has a slightly lower population of white (75%) compared state (80%). The prevalence of the population being Hispanic and of other race is higher in the PSA compared to the state and county.



Sources: Crimson, Advisory Board, 2019

Educational Attainment (PSA, County and State)

East Morgan County Hospital primary service area and Morgan county have educational attainment levels which are lower than that of the state, this includes a higher prevalence of not completing HS, not completing college, and not receiving higher education degrees.

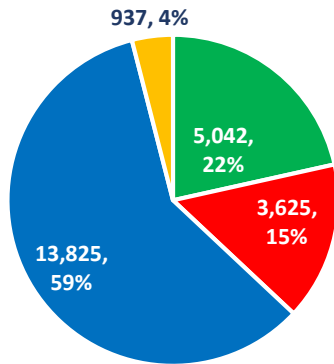


*Over the Age of 25; Sources: Crimson, Advisory Board, 2019

Insurance Coverage Estimates for PSA and State of Colorado Population

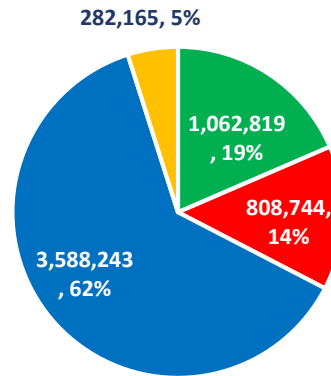
The charts below indicate that the PSA has a higher rate of the population being insured by Medicaid and Medicare than that of the state. Private insurance is utilized at over 50% by both the state and PSA. The uninsured rate is low for both the state and PSA and can be attributed to the low unemployment rate.

Chart C. EMCH PSA



■ Medicaid ■ Medicare ■ Private ■ Uninsured

Chart D. Colorado



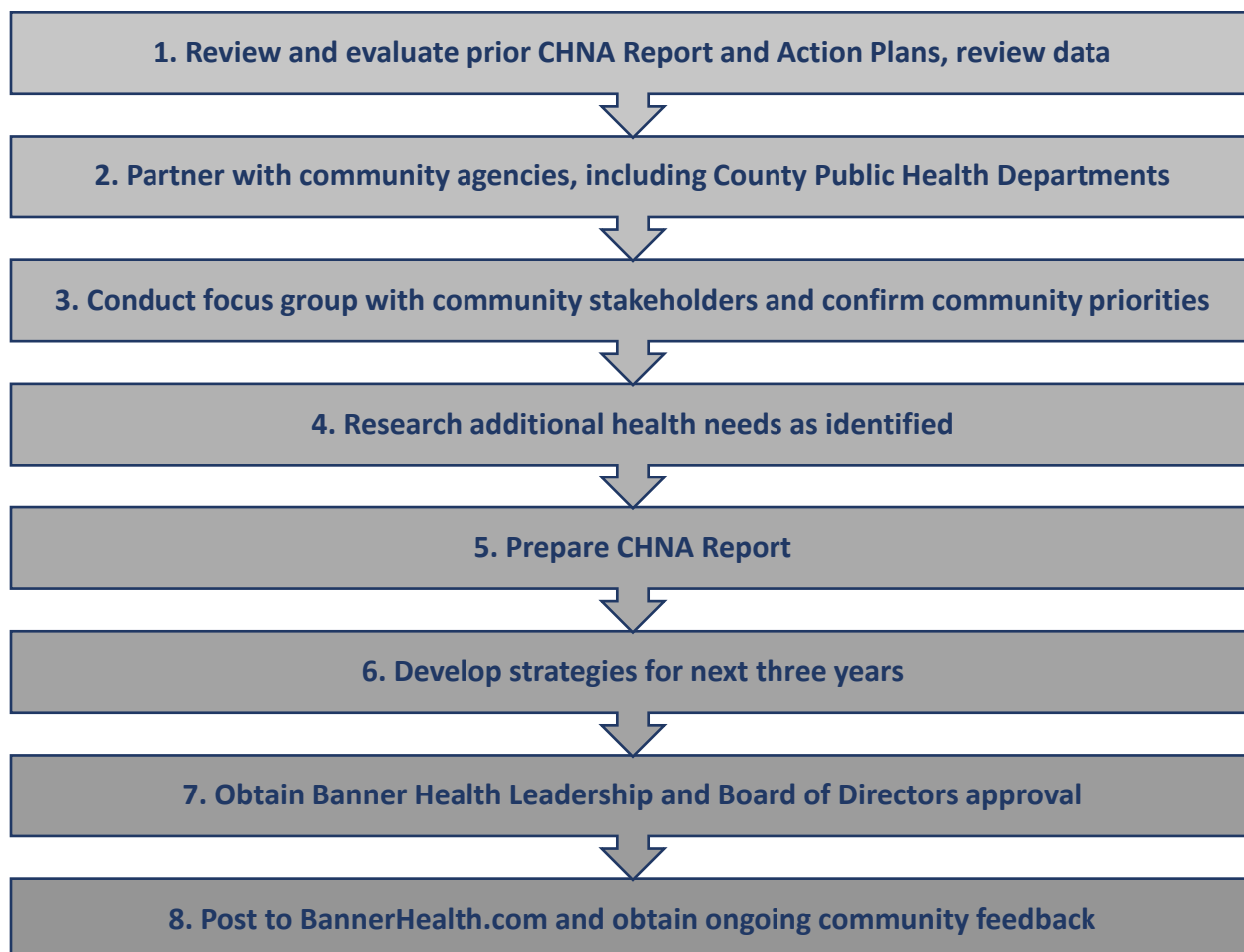
■ Medicaid ■ Medicare ■ Private ■ Uninsured

Source: 2017-18 Colorado State Data, Truven

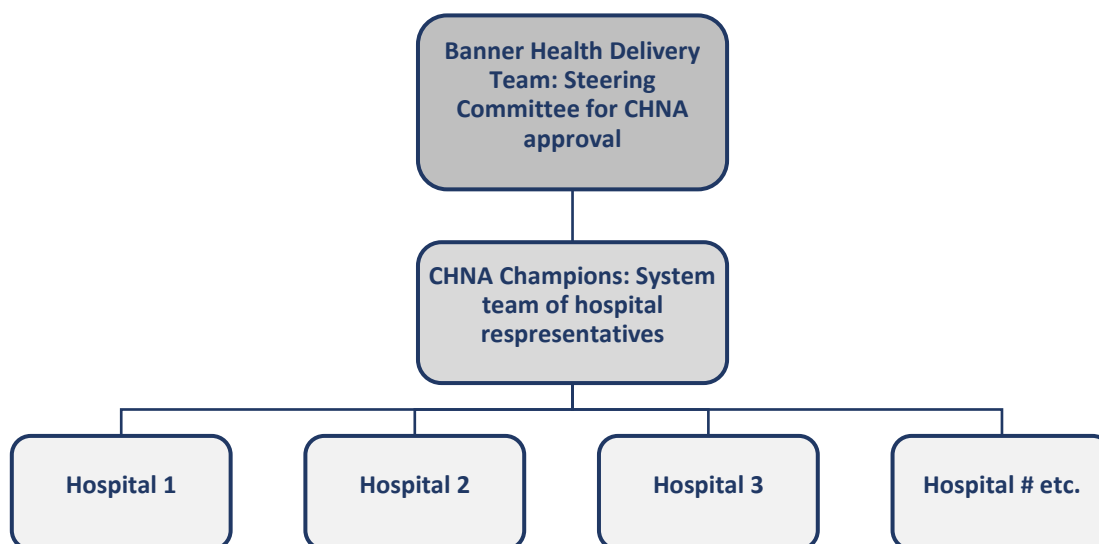
PROCESS AND METHODS USED TO CONDUCT THE CHNA

East Morgan County Hospital's process for conducting Community Health Needs Assessments (CHNAs) leverages a multi-phased approach to understanding gaps in services provided to its community, as well as existing community resources. In addition, a focused approach to understanding unmet needs especially for those within underserved, uninsured, and minority populations included a detailed data analysis of national, state and local data sources is conducted, including obtaining input from leaders within the community.

East Morgan County Hospital's eight step process based on our experience from previous CHNA cycles is demonstrated below. The process involves continuous review and evaluation of CHNAs from previous cycles, through both the action plans and reports developed on a three-year cycle. Through each cycle Banner Health and East Morgan County Hospital has been able to provide consistent data to monitor population trends.



BANNER HEALTH CHNA ORGANIZATIONAL STRUCTURE



PRIMARY DATA / SOURCES

Primary data, or new data, consists of data that is obtained via direct means. For Banner, by providing health care to patients, primary data is created by providing that service, such as inpatient / outpatient counts, visit cost, etc. For the CHNA report, primary data was also collected directly from the community, through stakeholder meetings.

The primary data for the Community Health Needs Assessment originated from Cerner (Banner's Electronic Medical Record) and McKesson (Banner's Cost Accounting / Decision Support Tool). These data sources were used to identify the health services currently being accessed by the community at Banner locations and provides indicators for diagnosis-based health needs of our community. This data was also used to identify the primary services areas and inform the Steering Committee (Appendix C) and facility champions on what the next steps of research and focus group facilitation needed to entail.

SECONDARY DATA / SOURCES

Secondary data includes publicly available health statistics and demographic data. With input from stakeholders, champions, and the steering committee, additional health indicators of special interest were investigated. Comparisons of data sources were made to the county, state, and PSA if possible.

Data analytics were employed to identify demographics, socioeconomic factors, and health trends in the PSA, county, and state. Data reviewed included information around demographics, population growth, health insurance coverage, hospital services utilization, primary and chronic health concerns, risk factors

and existing community resources. Several sources of data were consulted to present the most comprehensive picture of East Morgan County Hospital's PSA's health status and outcomes. Appendix B has the data sources listed.

DATA LIMITATIONS AND INFORMATION GAPS

Although the data sources provide an abundance of information and insight, data gaps still exist, including determining the most appropriate depth and breadth of analyses to apply. Additional gaps include:

Table 3. Data Limitations and Information Gaps	
Data Type	Data Limitations and Data Gaps
Primary Data	<ul style="list-style-type: none">• Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups.• Limited data is available on diabetes prevalence and health risk and lifestyle behaviors (e.g. nutrition, exercise) in children.
Secondary Data	<ul style="list-style-type: none">• Data not available on all topics to evaluate health needs within each race / ethnicity by age-gender specific subgroups.• Not all counties participated in the Colorado County Health Outcomes and Health for 2018, thus understanding the health rankings for the county was limited due to the lack of a complete data set• Since Colorado has such small numbers for certain conditions it is difficult to compare data at a national level.• State and national data including PSA zip codes was difficult to find, data was based on Logan and Washington County, Colorado and national comparisons.• Some data was over two years old, making it hard to assess what the current health needs are.

COMMUNITY INPUT

Once gaps in access to health services were identified through data analytics, as explained above, Banner Health system representatives worked with East Morgan County Hospital's leadership to identify those impacted by a lack of health-related services. The gaps identified were used to drive the conversation in facilitating Community Stakeholder Focus Groups. Focus group participants involved PSA community leaders, community focused programs, and community members, all of which represented the uninsured, underserved, and minority populations. These focus groups (through a facilitated conversation) reviewed

and validated the data, providing additional health concerns and feedback on the underlying issues for identified health concerns. A list of the organizations that participated in the focus groups can be found under Appendix C and a list of materials presented to the group can be found under Appendix D.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

To be considered a health need the following criteria was taken into consideration:

- The PSA had a health outcome or factor rate worse than the average county / state rate
- The PSA demonstrated a worsening trend when compared to county / state data in recent years
- The PSA indicated an apparent health disparity
- The health outcome or factor was mentioned in the focus group
- The health need aligned with Banner Health's mission and strategic priorities

Building on Banner Health's past two CHNAs, our steering committee and facility champions worked with Banner Health corporate planners to prioritize health needs for Cycle 3 of the CHNA. Facility stakeholders, community members, and public health professionals were among major external entities involved in identifying health needs, which were then brought to the steering committee. Both Banner Health internal members, and external entities were strategically selected for their respective understanding of community perspectives, community-based health engagement, and health care expertise.

Using the previous CHNAs as a tool, the steering committee reviewed and compared the health needs identified in 2019 to the previous health needs. The group narrowed the community health needs to three. It was determined that Banner Health, as a health system would continue to address the same health needs from Cycle 2, the 2016 CHNA, due to the continued impact these health needs have on the overall health of the community. These needs and the strategies to address the needs align with the short- and long-term goals the health system has, specific strategies can be tailored to the regions Banner Health serves, and the health needs can address many health areas within each of them. The graphic below lists the three health needs, and the areas addressed by the strategies and tactics.

Access to Care	Chronic Disease Management	Behavioral Health
<ul style="list-style-type: none">•Affordability of care•Uninsured and underinsured•Healthcare provider shortages•Transportation barriers	<ul style="list-style-type: none">•High prevalence of: heart disease, diabetes, and cancer•Obesity and other factors contributing to chronic disease•Health literacy	<ul style="list-style-type: none">•Opioid Epidemic•Vaping•Substance abuse•Mental health resources and access

DESCRIPTION OF PRIORITIZED COMMUNITY HEALTH NEEDS

Banner Health has a strong history of dedication to its community and of providing care to the underserved populations. The CHNA process continues to help identify additional opportunities to better care for populations within the community who have special and / or unmet needs; this has only strengthened our commitment to improving the health of the communities we serve. The following statements summarize each of the areas of priority for East Morgan Community Hospital and are based on data and information gathered through the CHNA process.

PRIORITY #1: ACCESS TO CARE

Access to care is a critical component to the health and wellbeing of community members. Often individuals without insurance, and even those who are underinsured, experience greater difficulty readily accessing health care services, particularly preventative and maintenance health care. This can be very costly, both to the individuals and the health care system. Focus group participants overwhelmingly felt that access to care is an important issue for the community.

Low-income populations are known to suffer at a disproportionate rate to a variety of chronic ailments, delay medical care, and have a shorter life expectancy compared to those living above the poverty level (Elliott, Beattie, Kaitfors, 2001). Understanding income and its correlation to access to care, primarily through access to health insurance is necessary to understand the environmental factors that influence a person's health. Research supports the correlation between income and health, compared to high-income Americans those with low-incomes have higher rates of heart disease, diabetes, stroke, and other chronic conditions (Khullar, Dhruv, Chokshi, 2018).

Table 4 breaks down the percentage of the community living at 100% below federal poverty levels. While Morgan County is faring better when compared to the state and U.S. there is a still 10% of the population living at 100% below the federal poverty level.

Table 4. 100% Below Federal Poverty Level (FPL) 2013 – 2017			
	Morgan County	Colorado	US
Population Below FPL	9.33%	11.51%	14.58%
Children Below FPL	12.23%	14.54%	20.31%

Source: U. S. Census Bureau, American Community Survey, 5-Year Estimates, 2013 – 2017

Populations living in Morgan County are living in a Health Professional Shortage Area (HPSA), which indicates there is a health provider shortage in primary, dental, and / or mental health. HPSAs are indicators for health access and status – in Morgan County low income populations are faced with a shortage in primary care and dental health professionals specifically. In the US 22.07 percent of the population is living in an area affected by a HPSA, which is low when compared to Colorado (23.58%) (HHS, 2019).

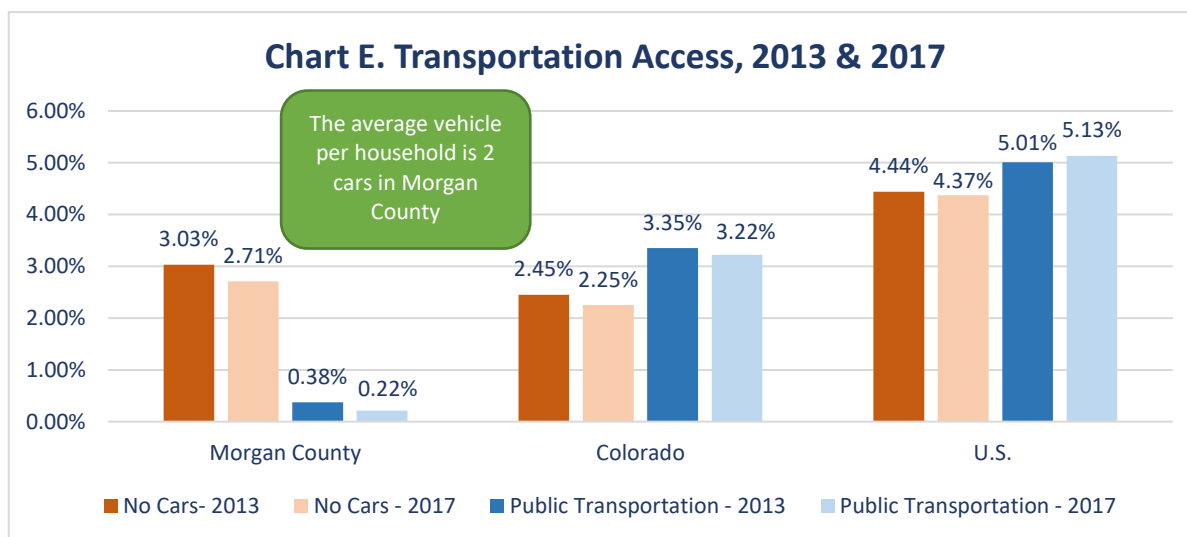
Table 5 shows the ratio of the population to primary care physicians, in year 2019 Morgan County continues to reduce the ratio of population to primary care physicians, however there is still a large gap between the demand in the county to the state and national ratios.

Table 5. Ratio of Population to Primary Care Physicians			
	Morgan County	Overall in Colorado	Top U.S. Performers (90th Percentile)
2017	2,180:1	1,240:1	1,040:1
2018	2,030:1	1,240:1	1,030:1
2019	1,770:1	1,230:1	1,050:1

Source: County Health Rankings, 2017-2019

Transportation barriers are often associated as a barrier to healthcare access – including missed appointments, delayed care, and missed / delayed medication use. These factors can result in poor health management, resulting in poor health outcomes (Syed, Gerber, Sharp, 2013).

From 2013 to 2017 there was a 10.56 percent decrease of the population with no car access, indicating a more stable rate of access to transportation for these residents (Refer to Chart E). For this report we have used commuter data to interpret general utilization of public transportation for county residents of Morgan County, data indicates a decrease in utilization in both the county and state. The transportation barriers listed above and in Chart E (following page) can have a larger impact, due to the lack of alternative transportation options in rural environments (USDA, 2019).



PRIORITY #2: CHRONIC DISEASE MANAGEMENT

Chronic diseases such as cancer, diabetes, and heart disease affect the health and quality of life of Morgan County residents, but they are also major drivers in health care costs. Smoking or tobacco use, obesity, physical inactivity and excessive drinking are all risk factors that contribute to one's predisposition for being diagnosed with a chronic disease. The focus group agreed that there are several factors that contribute to the rate of chronic disease that is seen within the county. In Colorado cancer is the number one cause of premature death.

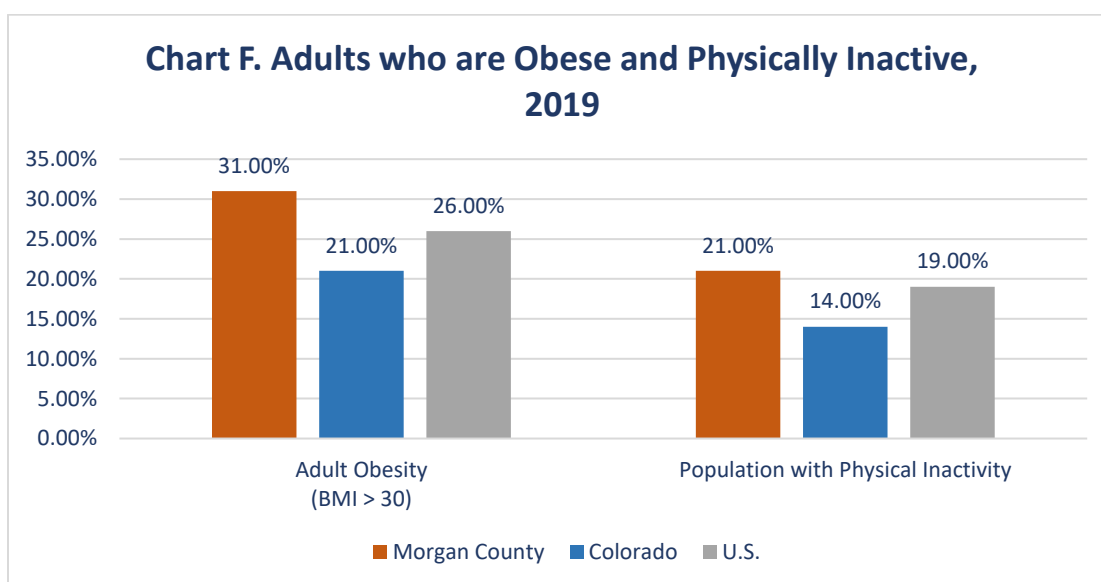
In 2018 the leading cause of premature death in Morgan County was cardiovascular disease, at a rate higher than the state. In Table 6 you can see the impact cardiovascular disease, cancer, and other prevalent chronic diseases play in premature deaths for the state.

Table 6. Chronic Disease Mortality, per 100,000, 2018		
	Morgan County	Colorado
Cardiovascular Disease	171.6	167.9
Cancer	118.9	126.2
Chronic Lower Respiratory Disease	33.8	43.3
Pneumonia and Influenza	20.94	9.5
Diabetes Mellitus	26.63	15.8
Alzheimer's Disease	22.54	28.9

Source: Colorado Department of Public Health and Environment, 2018

Obesity can be an indicator for chronic diseases down the road. Obesity is defined as having a Body Mass Index (BMI) score greater than 30 (BMI > 30.0), being overweight, a precursor to obesity is defined as having a BMI from 25 to 30 (CDC, 2015). Body Mass Index is determined by a person's height and weight. Obesity can contribute to chronic diseases, as well as community environmental factors such as physical inactivity and food access (CDC, 2017).

Chart F shows the populations county, state, and national trends of obesity and physical inactivity prevalence. Morgan County has an adult obesity rate of 31 percent, this aligns with the populations prevalence of physical inactivity when compared to Colorado and the United States (County Health Rankings, 2019).



Source: County Health Rankings, 2019

PRIORITY #3: BEHAVIORAL HEALTH (SUBSTANCE ABUSE / DEPRESSION / BEHAVIORAL HEALTH)

Behavioral Health encompasses both mental health conditions, such as depression and anxiety disorder; and substance abuse issues, including opioid addiction, alcohol, illicit drugs, and tobacco. According to the Substance Abuse and Mental Health Services Administration, in 2018 47.6 million U.S. adults experienced a mental illness, representing 1 in 4 adults or 19.1 percent of the adult population in the U.S (SAMHSA, 2019). In Morgan County the ratio of the population to Mental Health Care Providers is higher compared to the state average, this lack of access to mental health providers can have reverberating effects on the behavioral health of a community.

In Morgan County the ratio of the population to Mental health Care Providers is lower than the state but does not meet the national top performing rate (Table 7) (County Health Rankings, 2019).

Table 7. Access to Mental Health Care Providers in 2019			
	Morgan County	Colorado	U.S.
Mental Health Care Providers	470:1	300:1	310:1

Source: County Health Rankings, 2019

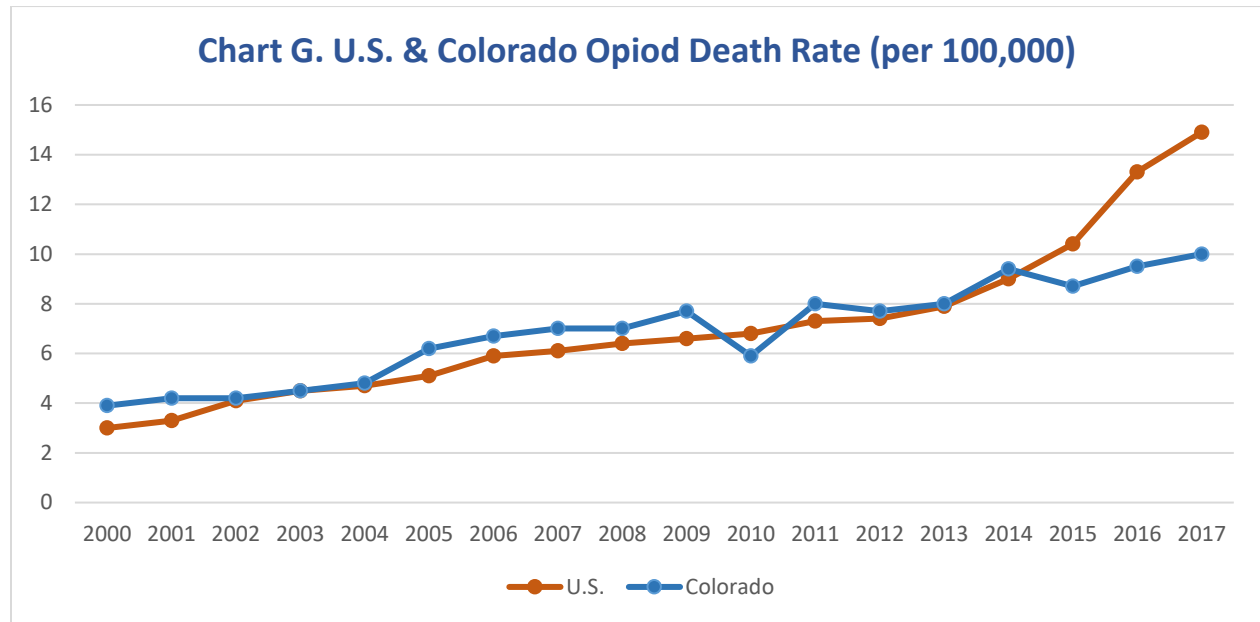
2019 County Health data indicates 14 percent of residents in Colorado reported their health as “fair or poor” compared to the national average of 12 percent. The average number of self-reported mentally unhealthy days is greater in Colorado when compared to the national average. Adults in Morgan County (11%) report having frequent mental distress (14 or more days in a month), the same as the state (11%) and higher than the U.S. reported (County Health Rankings, 2019).

Table 8: In Morgan County the age-adjusted incidence for suicide is 23.53 per 100,000, this is slightly above the state’s incidence of 21.6 per 100,000 (CDPHE, 2018).

Table 8. Substance Abuse and Suicide Mortality Rates, 2018		
	Morgan County	Colorado
Suicide	23.53	21.6
Drug-Induced Deaths	21.94	17.2
Alcohol-Induced Deaths	14.65	16.3
Drug Related Overdose	19.47	16.5

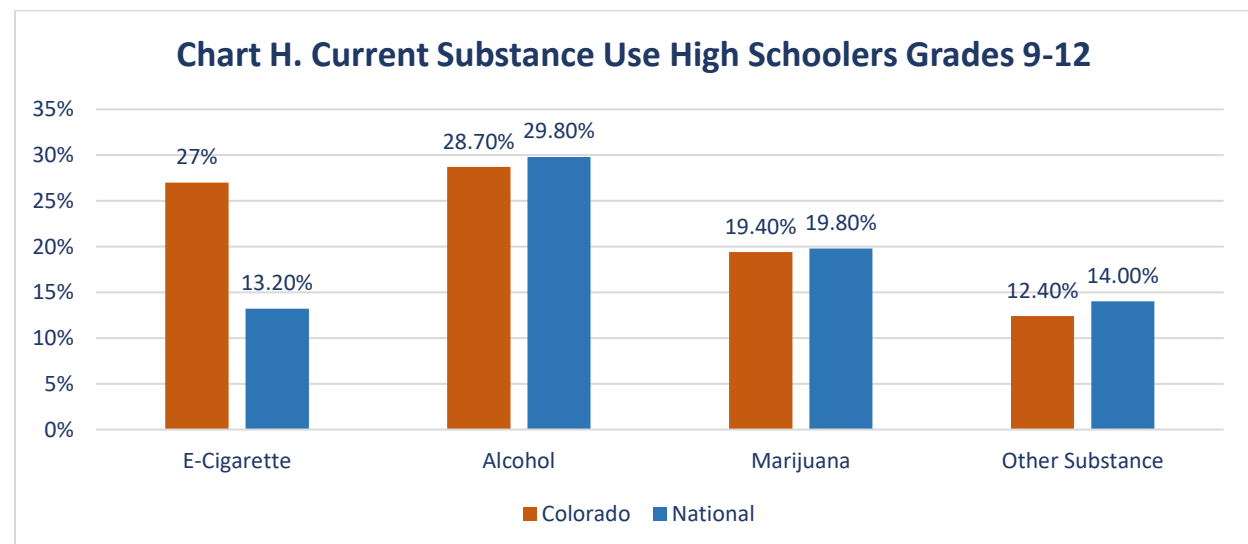
Source: Colorado Department of Public Health and Environment, 2018

The opioid crisis is affecting communities throughout the United States, in Colorado there has been a steady increase in the number of opioid deaths from 2000 to 2017 (Chart G). 2017 data indicates that Morgan County has an aged adjusted rate of prescription opioid death of 3.9 per 100,000 of the population.



Source: Centers for Disease Control and Prevention, January 2019

E-Cigarette use (electronic vapor product use) among Colorado High Schoolers is much higher compared to national rates (Chart H). Use of alcohol, marijuana and other substances for Colorado high schoolers is similar to national averages. Colorado has a significantly higher prevalence of current (past 30 days) e-cigarette use compared to the national rate (21% Colorado vs. 13.2% national). Pacific Islander youth in Colorado are at twice the rate as the state average for other substance abuse and are at a higher risk of alcohol and e-cigarette use, compared to their peers (Healthy Kids of Colorado Survey, 2017).



Source: Healthy Kids Colorado Survey (HKCS), 2017

Lung disease as the result of vaping is a rising health concern, specifically its effects on the health and health behaviors of youth, as of November there are currently over 2,000 confirmed and probable cases, not including cases that are under investigation. Vaping has affected 36 states, resulted in nearly 50 deaths, and the numbers continue to rise (CDC, September 2019). Characteristics that factor into an adolescent smoking include, older age (High School aged), being male, being white (compared to Black and Hispanic adolescents), lacking college plans, having parents who are not college educated, and experiencing highly stressful events (HHS, 2019). Based on data in Chart H, it is clear there is a gap in tobacco use education in young Colorado communities.

NEEDS IDENTIFIED BUT NOT PRIORITIZED

Focus group participants wanted to focus specifically on vaping, specifically youth and their utilization of e-tobacco products. Since vaping falls into the health priority of behavioral health, it was decided not to focus on specifically at this time.

2016 CHNA FOLLOW UP AND REVIEW

FEEDBACK ON PRECEDING CHNA / IMPLEMENTATION STRATEGY

The link to the 2016 report was posted on the Bannerhealth.com website and made widely available to the public. Over the past three years little feedback via the email address has been collected, but the account has been monitored. In order to comply with the regulations, feedback from cycle 3 will be solicited and stored going forward. Comments can be sent to CHNA.CommunityFeedback@bannerhealth.com

Table 9 is a summary of the feedback provided during the 2016, cycle 2 focus groups. The feedback was used to inform the health needs and strategies.

Table 9. Cycle 2 CHNA Focus Group Feedback	
	Description of Need
Access to Care	<p>There is a need for an increase in recruitment and retention for community providers in this area, this will help to expand hours for walk-in clinics and potentially enable EMCH to have a Sunday clinic. EMCH has worked on providing more access to care by providing extended clinic hours and a Saturday clinic.</p> <p>Another need is expanded specialty provider visits, this will allow community members to see specialists in their community instead of traveling for an hour to see the specialist. This could be accomplished through an increased number of specialists, home visits, or increased used of telemedicine technology.</p>
Chronic Health Conditions	<p>Feedback indicated a need to offer a more in time diagnostic training for newly diagnosed chronic health conditions and for those who are currently living with chronic health conditions. Ideas on how to provide this:</p> <ul style="list-style-type: none"> • Partner with community organizations to get educational materials to underserved populations. • Partner with local businesses and organizations and roll out chronic pain management programs through community members area of employment who show an increased number of employees with chronic health conditions. • Provide a Certified Diabetic Educator, who could help community members deal with and control diabetics
Obesity / Nutrition	<p>Feedback shows we need to find a way to increase usage and access to healthy food options for all community members, not just the low-income members.</p>

Behavioral Health	We need to find a way to increase psychiatrists in the county, including inpatient and outpatient services in the area. This will increase the areas in which we can provide assistance for behavior health whether it is through in person psychiatric visits or through telemedicine services.
Smoking / Tobacco	There is an increased number of tobacco products, including e-cigarettes in our community. Feedback shows a demand to improve education and to partner with community organizations to get educational materials circulating to educate the community on the harms smoking and tobacco have on an individual.
Housing and Daycare	<p>A common theme shared from stakeholders regarding community priorities was housing and daycare access.</p> <ul style="list-style-type: none"> • Since the feedback sessions, housing has increased in priority with many new housing community developments being proposed to cities within Morgan County. • Currently, the Brush School District is looking at different options to help provide daycare to community residents who are in need.

IMPACT OF ACTIONS TAKEN SINCE PRECEDING CHNA

Table 10 indicates what actions have been taken on the cycle 2 CHNA action plan in creating impact in the East Morgan County Hospital PSA.

Table 10. Implementation Strategies 2016 for East Morgan County Hospital Primary Service Area
Significant Need #1: Access to Care
Strategy #1: Increase use of Banner Urgent Care facilities and improve access to primary care services
Impacts of Strategy: <ul style="list-style-type: none"> • We have extended our hours and patients have utilized the additional time. • We are working with other healthcare resources to increase and improve local access to care • EMCH developed educational materials to educate our patients and community on the insurance marketplace while also working to distribute information around the community. • Our facility participates in free health activities, offering wellness screenings and blood drives. • We are continuing to promote utilization of MyBanner, our online patient portal.
Strategy #2: Reduce reoccurring visits to the Emergency Department and increase access to preventative care
Impact of Strategy: <ul style="list-style-type: none"> • We have implemented post-discharge scheduling to follow-up on appointments and provide transportation assistance, where appropriate
Significant Health Need #2: Chronic Disease (Diabetes / Heart Disease)

Strategy #1: Increase personal management of Chronic Disease

Impacts of Strategy:

- We have increased promotional items, marketing and events, and provide giveaways in October to increase mammography screenings.
- We provide a chronic disease support groups for our patients.
- Educational offerings to the community are provided, we work with our partners to educate our broader community on chronic disease.

Significant Need #3: Behavioral Health (Mental Health & Substance Abuse)

Strategy #1: Increase identification of behavioral health needs and access to early interventions

Impacts of Strategy:

- We have deployed a depression screening tool in our PCP and Pediatric Provider clinics within Banner Medical Group.
- We continue to promote our Mental Health and Substance Abuse webpage to provide information and resources to our patients and community.

APPENDIX A. RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

Listed below are available resources in the community to address the three priority needs:

Name of Organization	Website	Phone Number	Address	Priority Area
Banner Health	www.bannerhealth.com	602-747-4000	2901 N Central Ave Ste 160, Phoenix, AZ 85012	CD
Banner Health	www.bannerhealth.com	602-747-4000	2901 N Central Ave Ste 160, Phoenix, AZ 85012	AC
East Morgan County Hospital	www.bannerhealth.com/eastmorgan	970-842-6200	2400 W. Edison, Brush, CO 80723	AC
East Morgan County Hospital	www.bannerhealth.com/eastmorgan	970-842-6200	2400 W. Edison, Brush, CO 80723	CD
Banner Family Medicine Brush	www.bannerhealth.com/eastmorgan	970-842-6262	2400 W. Edison, Brush, CO 80723	AC
Banner Family Medicine Brush	www.bannerhealth.com/eastmorgan	970-842-6262	2400 W. Edison, Brush, CO 80723	CD
Banner Health Center Fort Morgan	www.bannerhealth.com/eastmorgan	970-842-6262	909 E. Railroad Ave. Fort Morgan, CO 80701	AC
Banner Health Center Fort Morgan	www.bannerhealth.com/eastmorgan	970-842-6262	909 E. Railroad Ave. Fort Morgan, CO 80701	CD
East Morgan County Hospital Emergency Department	www.bannerhealth.com/eastmorgan	970-842-6200	2400 W. Edison, Brush, CO 80723	AC
East Morgan County Hospital Emergency Department	www.bannerhealth.com/eastmorgan	970-842-6200	2400 W. Edison, Brush, CO 80723	CD
Centennial Mental Health	www.centennialmhc.org	970-867-4924	821 E. Railroad Avenue Fort Morgan CO, 80701	BH / SA
East Morgan County Hospital Emergency Department	www.bannerhealth.com/eastmorgan	970-842-6200	2400 W. Edison, Brush, CO 80723	BH / SA
North Range Behavior Health	www.northrange.org	970-347-2120	1300 N 17th Ave, Greeley, CO 80631	BH / SA
Swedish Medical Center	https://swedishhospital.com/	303-788-5000	501 E Hampden Ave, Englewood, CO 80113	BH / SA

Name of Organization	Website	Phone Number	Address	Priority Area
Denver Health	www.denverhealth.org	303-436-6000	777 Bannock Street, Denver Co	BH / SA

APPENDIX B. LIST OF DATA SOURCES

PRIMARY AND SECONDARY DATA SOURCES

The primary data sources that were utilized to access primary service information and health trends include:

Advisory Board (2019) Primary Service Area Demographic Data.

Colorado Department of Public Health and Environment. (2017) CDPHE Community Level Estimates on Health Conditions and Risk Behaviors 2014-17.

Colorado Department of Public Health and Environment. (2017) Logan County Opioid Profile.

Colorado Department of Public Health and Environment. (2017) Health Kids Colorado Survey.

Colorado Department of Public Health and Environment. (2018) Colorado Health Information Dataset.

County Health Rankings and Roadmaps. (2019) Colorado Health Outcomes and Factors.

Elliott, M. K. Beattie, S. E. Kaitfors. (May 2001) Health needs of people living below poverty level. Family Medicine; 33(5): 361–366.

Health and Human Services – Health Resources and Services Administration (February 2019) Health Professional Shortage Area.

Health and Human Services – Office of Population Affairs. (April 2019) Adolescents and Tobacco: Risk and Protective Factors

Khullar, Dhruv and Chokshi, Dave A. (October 2018) Health, Income, & Poverty: Where We Are & What Could Help. Health Affairs – Health Policy Brief the Culture of Health.

McKesson. (2018) Primary Service Area Data Set.

National Center for Disease Prevention and Health Promotion – Division of Nutrition, Physical Activity, and Obesity. (May 2015) Healthy Weight – Assessing Your Weight Body Mass Index.

National Center for Chronic Disease Prevention and Health Promotion – Division of Nutrition, Physical Activity, and Obesity. (2017). Adult Obesity Causes and Consequences.

National Center for Disease Control and Prevention – Smoking & Tobacco Use. (November 2019) Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products.

National Center for Chronic Disease Prevention and Health Promotion – Newsroom. (September 2019) CDC, states update number of cases of lung injury associated with e-cigarette use, or vaping.

National Center for Chronic Disease Prevention and Health Promotion – National Center for Health Statistics. (2019) Stats of the State of Colorado.

Substance Abuse and Mental Health Services Administration - Center for Behavioral Health Statistics and Quality. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health*

Truven. (2017-18) Colorado State Data.

U.S. Census Bureau. (2017) American Community Survey

U. S. Department of Agriculture – Economic Research Service (2019) Atlas of Rural and Small-Town America, Rural -Urban Continuum Code.

FOCUS GROUPS

Date	Population	Location
January 30, 2019	Hospital Transformation CHNA Meeting	East Morgan County Hospital

APPENDIX C. STEERING COMMITTEE AND COMMUNITY ADVISORY COUNCIL MEMBERS

STEERING COMMITTEE

Banner Health CHNA Steering Committee, in collaboration with East Morgan County Hospital's leadership team and Banner Health's Strategic Planning and Alignment department were instrumental in both the development of the CHNA process and the continuation of Banner Health's commitment to providing services that meet community health needs.

Steering Committee Member	Title
Darin Anderson	Chief of Staff
Derek Anderson	AVP HR Community Delivery
Ramanjit Dhaliwal	AVP Division Chief Medical Officer Arizona Region
Phyllis Doulaveris	SVP Patient Care Services / CNO
Kip Edwards	VP Facilities Services
Anthony Frank	VP Financial Operations Care Delivery
Russell Funk	CEO Pharmaceutical Services
Larry Goldberg	President University Medicine Division
Margo Karsten	President Western Division / CEO Northern Colorado
Becky Kuhn	Chief Operating Officer
Patrick Rankin	CEO Banner Medical Group
Lynn Rosenbach	VP Post-Acute Services
Joan Thiel	VP Ambulatory Services

CHNA FACILITY-BASED CHAMPIONS

A working team of CHNA champions from each of Banner Health's 28 Hospitals meets on a monthly basis to review the ongoing progress on community stakeholder meetings, report creation, and action plan implementation. This group consists of membership made up of CEOs, CNOs, COOs, facility directors, quality management personnel, and other clinical stakeholders.

EXTERNAL STAKEHOLDERS

This list, while not exhaustive, identifies individuals/ organizations external to Banner Health that represent the underserved, uninsured, and minority populations. Stakeholders were identified based on their role in the public health realm of the hospital's surrounding community. These stakeholders are individuals/ organizations with whom we are collaborating, or hope to do, around improving our communities. Each stakeholder is vested in the overall health of the community and brought forth a unique perspective with regards to the population's health needs. This list does not include all the individuals and organizations that have participated in the focus groups.

Name	Organization	Phone Number	Email Address
Faye Barnhart	A Caring Pregnancy Resource Center	970-842-4324	acaringpregnancycenter@hotmail.com
Robert Held	Area Agency on Aging	970-867-9409	bheld@necalg.com
Theresa Leake	B106 / EMCH Foundation	970-867-7271	Theresa@NEColorado.com
Ruth Seefort	Baby Bear Hugs	970-867-4847	ruth.seedorf@babybearhugs.org
Wendy Fritzler	Bank of Colorado	970-842-2844	wendy.frizler@bankofcolorado.com
Debbi Barnett	Beacon Health Options		debbi.barnett@beaconhealthoptions.com
Melody Christensen	Brush Chamber of Commerce	970-842-2666	brushchamberexecdir@gmail.com
Brian Porter	Brush News Tribune / Fort Morgan Times	970-867-5651	porterb@brushnewstribune.com
Kara Morgan	Brush News Tribune / Fort Morgan Times	970-441-5103	970-441-5103
Derick Bos	Brush Police Department	970-842-5001	dbos@brushcolo.com

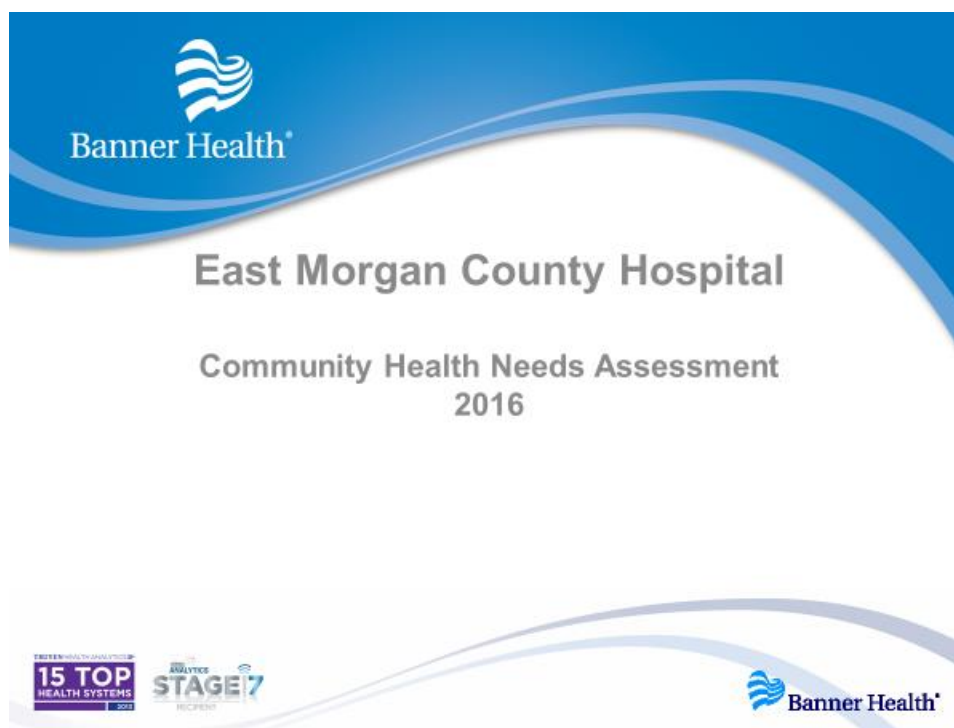
Name	Organization	Phone Number	Email Address
Bill Wilson	Brush School District	970-842-5176	b.wilson@brushschools.org
Erika Greenberg	Centennial Area Health Education Center	970-324-3018	egreenberg@cahec.org
Monica Daniels-Mika	Centennial Area Health Education Center	970-330-3608	mmike@cahec.org
Liz Hickman	Centennial Mental Health	970-522-4549	LizH@CentennialMHC.org
Monte Torres	City of Brush!	970-842-5001	mtorres@brushcolo.com
Rick Bain	City of Brush! Mayor	970-842-5001	brush@brushcolo.com
Sandy Engle	Colorado Plains Medical Center	970-867-3391	sandy.engle@lpnt.net
Sonya Bass	Colorado Plains Medical Center	970-867-3391	sonya.bass@lpnt.net
Ken Mooney	County Express	970-867-6494	kmooney@necalg.org
Josh Gibbs	Eastern Region Workforce Center	970-867-9401	joshua.gibbs@state.co.us
Shelley Griffith	Eben Ezer Lutheran Care Center	970-842-2861, ext. 9212	sgriffith@ebenezer-cares.org
Elaine Coughlin	EMCH Auxiliary	970-842-6371	lecoughlin@q.com
Dan Scalise	EMCH District & Foundation	970-842-4251	sanscalise@msn.com
Jeff Osuch	EMCH District & Foundation	970-842-2043	josuch@erlichmotors.com
Tony Carlson	EMCH District / Foundation	970-467-9041	tandc09@yahoo.com
Dana Sherman	Equitable Savings / EMCH Foundation	970-842-5196	dsherman@equitable-savings.com
Kirk Lowry	Farmers State Bank / EMCH District / Foundation	970-842-5101 ext 226	kal@fsbbrushakron.com
Steve Brown	Fort Morgan Police Department	970-542-3946	steve.brown@cityoffortmorgan.com

Name	Organization	Phone Number	Email Address
Lindsey Bruntz	Media Logic Radio	970-867-5674	lindsey@medialogicradio.com
Kari Linker	Morgan Community College	970-542-3113	kari.linker@morgancc.edu
Dr. Curt Freed	Morgan Community College	970-542-3105	curt.freed@morgancc.edu
Suzanna Spears	Morgan Community College / EMCH Foundation	970-768-3290	suzanna.spears@morgancc.edu
Joe King	Morgan County Ambulance	970-542-3570	jking@co.morgan.co.us
Don Heer	Morgan County Corner / Heer Mortuaries	970-842-2821	donheer@msn.com
Jacque Frenier	Morgan County DHS	970-542-3531	jacque.frenier@state.co.us
Rogello Segura	Morgan County DHS		rogelio.segura@state.co.us
Greg Thomason	Morgan County Economic Development	970-467-7100	director@morgancountyinfo.com
Mary Gross	Morgan County Family Center	970-867-9606	mary.gross@morganfamilycenter.org
Dave Martin	Morgan County Sheriff	970-542-3445	dmartin@co.morgan.co.us
John Horton	Morgan County Sheriff		jhorton@co.morgan.co.us
Sherri Yahn	Northeast Colorado Health Department	970-867-4918	sherriy@nchd.org
Michelle Pemberton	Northeast Colorado Health Department	970-522-3741 ex. 1239	michellep@nchd.org
Kari Snelson	Northeast Health Partners	970-347-2462	kari.snelson@northrange.org
Sara Hergenreter	Nurse Family Partnership		sara.hergenreter@babybearhugs.org
Pam Hernandez	Rising Up	970-370-8880	pam@risingupmorgancounty.com
Sandy Garcia	Salud Clinic	970-484-0999	sgarcia@saludclinic.org




Name	Organization	Phone Number	Email Address
Paula Bragg	SARA Inc.	970-867-2121 (Ext. 1)	paula@sarainc.org
Leslie Hansen	SARA Inc.	970-867-2121	sane@sarainc.org
Jody Strouse	SHARE	970-867-4444	shareinc1981@gmail.com
Courtney Deckman	Sunset Manor	970-590-7834	Crdeckman@savsc.com
Chaundra Jacobs	United Way	970-867-2218	mcunitedway@kci.net
Sandy Garcia	Women's Wellness Connections		sgarcia@saludclinic.org
Jim Zwetzig	Morgan County Commissioner	970-542-3500	jzqwtzig@co.morgan.co.us

APPENDIX D. MATERIALS USED IN FOCUS GROUP

Slides used for focus groups



People Demographics			
	EMCH	Morgan County	Colorado
Population: estimated 2016	26,118	28,876	5,839,105
Gender			
• Male	50%	50.0%	50.0%
• Female	50%	50.0%	50.0%
Age			
• 0 to 14 years	22.1%	22.1%	18.6%
• 15 to 24 years	13.7%	13.9%	13.5%
• 25 to 34 years	12.8%	12.5%	13.4%
• 35 to 54 years	23.4%	23.7%	25.9%
• 55 to 64 years	11.8%	12.2%	12.9%
• 65+	16.2%	15.6%	15.6%
Race			
• White	58.6%	59.7%	68.5%
• Asian/Pacific Islander	0.6%	0.6%	3.1%
• Black or African American	2.8%	2.5%	3.9%
• Hispanic	36.3%	35.6%	21.4%
• All Others	1.7%	1.7%	3.1%

   Banner Health

People Demographics

Social & Economic Factors	EMCH	Morgan County	Colorado
• Median Income	\$49,133	\$50,232	\$64,954
• Cost of Living	89	88.2	111.5
• Median Age	32.9	36	36.1
• Median House Value	\$113,600	\$109,400	\$236,900

Truven Health Analytics and Sperling's Best Places



County Health Rankings

Health Outcomes

- Health outcomes in the *County Health Rankings* represent how healthy a county is. They measured two types of health outcomes: how long people live (mortality) and how people feel while alive (morbidity).

Health Factors

- Health factors in the *County Health Rankings* represent what influences the health of a county. They measured four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures.



Source: www.countyhealthrankings.org



2016 County Health Rankings

- Morgan County ranks 32nd out of 60 Colorado Counties in Health Outcomes
- Higher rate of premature death (not living to national life expectancy)
- Increasing rate of adult obesity
- Higher number of preventable hospital stays than the US benchmark
- Increasing number of sexually transmitted infections



County Health Rankings & Roadmaps

Health Rankings/County Health Rankings and Roadmaps

	Morgan County	U.S. Benchmark	Colorado	Rank (of 60)
Health Outcomes				32
Length of Life				42
Premature death	7,000	5,200	5700	
Quality of life				18
Poor or fair health**	14%	12%	12%	
Poor physical health days**	3.4	2.9	3.1	
Poor mental health days**	3.1	2.8	3.1	
Low birthweight	7%	6.0%	9%	
Health Factors				41
Health Behaviors				38
Adult Smoking**	14%	14%	15%	
Adult Obesity	28%	25%	20%	
Food Environment Index	7.9	8.3	7.5	
Physical Inactivity	20%	20%	15%	
Access to exercise opportunities	64%	91%	91%	
Excessive Drinking**	17%	12%	19%	
Alcohol impaired driving deaths	39%	14%	34%	
Sexually transmitted infections	368.8	134.1	393.0	
Teen births	55	19	33	
Clinical Care				49
Uninsured	20%	11%	16%	
Primary Care Physicians	2,180:1	1,040:1	1230:1	
Dentists	1490:1	1,340:1	1350:1	
Mental Health Providers	590:1	370:1	350:1	
Preventable Hospital Stays	57	38	3300%	
Diabetic Monitoring	82%	90%	84%	
Mammography Screening	50%	71%	60%	



Health Rankings/County Health Rankings and Roadmaps	Morgan County	U.S. Benchmark	Colorado	Rank (of 60)
Social & Economic Factors				30
High School Graduation	77%	93%	77%	
Some College	51%	72%	70%	
Unemployment	4.60%	3.50%	5.00%	
Children in Poverty	19%	13%	16%	
Income Inequality	3.8	3.7	4.5	
Children in Single-parent households	35%	21%	29%	
Social Associations	12	22.1	8.7	
Violent crimes	93	59	318	
Injury Deaths	78	51	69	
Physical Environment				55
Air pollution-particulate matter	13.6	9.5	12.7	
Drinking water violations	Yes	No		
Severe housing problems	18%	9%	18%	
Driving alone to work	76%	71%	75%	
Long commut-driving alone 10th/90th percentila, i.e. only 10% better	14%	15%	33%	

Note: Blank values reflect unreliable or missing data

**Data should not be compared with prior years due to changes in definition/methods

Through the steering committee and
Community Advisory Council efforts, Banner
Health's three areas of priority are:

Access to Care	Chronic Disease	Behavioral Health
<ul style="list-style-type: none"> Affordability of care Reducing use of ED PCP shortages Recruitment/retention Expand Primary Care capabilities through BMG and aligned physicians 	<ul style="list-style-type: none"> Cancer Diabetes Heart Disease 	<ul style="list-style-type: none"> Mental health resources Substance/perscription abuse



EMCH Success

- **Access to Care**
 - My Banner Portal (patient access system 3rd in system for participation)
 - Extended hours in Clinic (7-7 M-Th, 7-5 F, 8-3 Sat.)
 - Provider coverage at both clinics
 - New providers 3 FP with OB, 1 OB/GYN, 1 CN Mid Wife, 1 PA, 2 NP
 - Dr. Statz full time at Eben Ezer
 - Educational resources on website, health fairs, wellness
- **Chronic Disease**
 - Chronic Disease webpage and on line education resources
 - Chronic Support Group
 - Expand Diabetic Education and Nutrition programs
 - Health Fairs and Wellness Wednesdays
 - Weigh and Win (Top location 2018 over 3,634 lbs. lost)
 - Cafeteria open to public
 - Good for you cooking classes
 - Health Department no smoking resources
- **Behavioral Health**
 - Centennial Mental Health
 - Inpatient and Emergency Room evaluation and disposition
 - On site Outpatient clinic 2018
 - Behavioral webpage and on line education resources
 - Provider to provider telephone consults
 - Health One telemedicine Psychiatric Rapid Evaluations
 - Implement Zero Suicide
 - Health Departments awareness resources



EMCH Challenges

- **Access to Care**
 - Recruitment and retention of providers
 - Patients without PCP
 - After hours and Sunday clinics hours
- **Chronic Disease**
 - Patient wellness and screen rates
 - Nutrition and exercise programs
 - Patient compliance
 - Patient navigators
- **Behavioral Health**
 - Increase in suicide patients
 - Increase in behavioral health patients
 - Increase in substance abuse
 - Lack of resources and beds

That's a Wrap!

