

1 - Agenda, June 14, 2022 BOCC work session

2 - GVH BOT update

3 - Landfill Life presentation

GUNNISON COUNTY BOARD OF COMMISSIONERS
MEETING NOTICE

DATE: Tuesday, June 14, 2022

Page 1 of 1

PLACE: Board of County Commissioners' Meeting Room at the Gunnison County Courthouse
200 E. Virginia Avenue; Gunnison, CO 81230
(REMOTE OPTION BELOW)

GUNNISON COUNTY BOARD OF COUNTY COMMISSIONERS WORK SESSION:

- 8:30 am
 - Call to Order
 - Gunnison Valley Health Board of Trustees Update
- 10:00
 - HB1177 Gunnison Basin Roundtable Report
- 10:10
 - Colorado River Water Conservation District Report
- 10:30
 - Upper Gunnison River Water Conservation District Report
- BREAK**
- 10:50
 - Landfill Life Analysis
 - Adjourn

Please Note: Packet materials for the above discussions will be available on the Gunnison County website at <http://www.gunnisoncounty.org/meetings> prior to the meeting.

ZOOM MEETING DETAILS:

Join Zoom Meeting: <https://us02web.zoom.us/j/82753657556?pwd=MjNDbTZHTFNRVdDemZjdC91aVBIZz09>

Meeting ID: 827 5365 7556

Passcode: 471302

One tap mobile

+12532158782,,82753657556#,,,,*471302# US (Tacoma)

+13462487799,,82753657556#,,,,*471302# US (Houston)

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Gunnison Valley Health Board of Trustees Update

Action Requested: Discussion

Parties to the Agreement:

Term Begins:

Term Ends:

Grant Contract #:

Summary:

For your review, the presentation packet from Gunnison Valley Health's Board of Trustees

Fiscal Impact:

Submitted by: Melanie Bollig

Submitter's Email Address: mbollig@gunnisoncounty.org

Finance Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

County Attorney Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

Certificate of Insurance Required

Yes No

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirmie

Discharge Date: 6/10/2022

Consent Agenda

Regular Agenda

Worksession

Time Allotted: 90

Agenda Date: 6/14/2022



GVH and BOCC Work Session
Tuesday, June 14, 2022
BOCC Boardroom – Courthouse

AGENDA

For Gunnison Valley Health:

- Jason Amrich, CEO
- Mark Vander Veer, CFO
- Don Haver, GVH Board Chair

The following is an update on operational developments within the Health System organized by Pillars of Success:

1. PEOPLE PILLAR (Employees/Medical Staff):

1. Senior Services Center
 1. Staffing Update
 2. Open Leadership Positions
2. GVH Key Leadership Positions
 1. CNO Recruitment / Interim CNO Position
 2. Director of Facilities
 3. Oncology Navigator
3. Physician Recruitment
 1. CMO Interviews
 2. General Surgery Recruitment
 3. Radiology Recruitment
4. Housing Update
 1. In process for the purchase of 2 residential properties
 2. In process with moving staff into Paintbrush
 3. Considering old Senior Care Center Renovation
 4. Considering new projects/purchases

2. SERVICE PILLAR

1. CHNA Implementation

3. FINANCE PILLAR

1. April Finances
2. Operations/Cost Controls Initiatives

4. GROWTH / INNOVATION PILLAR

1. Mountain Clinic is now open for the season
2. Service Line Growth and Development
3. IT/EMR Selection Project
4. Strategic Real Estate and Master Facility Planning
 1. Data mining phase

5. Innovation

1. Dartmouth Action Learning Cohort
2. CHIC - GVH officially selected
3. Launched ICU/Step Down/Acuity of Care Project
 - Site tours of virtual ICU's
 - Exploring telehealth/virtual health partners

Commissioner Questions and Observations

Gunnison Valley Health 2022

Community Health Needs Assessment



GUNNISON VALLEY HEALTH

Adopted by Board Resolution May 24th, 2022



Table of Contents

Executive Summary.....	4
Overview of Community Health Needs Assessment.....	5
Process and Methods.....	6
Community Representation.....	8
Overview of Priority Populations.....	9
Community Health Needs Assessment Subsequent to Initial Assessment.....	10
Definition of Area Served by the Hospital.....	11
Demographics of the Community.....	11
Community Health Characteristics.....	13
Methods of Identifying Health Needs.....	15
Ranked Health Priorities.....	16
Evaluation & Selection Process.....	20
Overview of Priorities.....	21
Implementation Plan Framework.....	29
Implementation Strategy.....	30
Appendix.....	41
Detailed Demographics.....	43
Leading Causes of Death.....	44
County Health Rankings.....	45
Detailed Approach.....	46
Data Sources.....	52
Survey Results.....	54



Dear Community Member,

The mission of Gunnison Valley Health is to provide quality healthcare services that improve the health of our community. We are a full-service health system, providing care from birth to end of life, because we understand the benefit of keeping care close to home. We rely on input from the community to ensure that we have the correct services in place to meet the needs of full and part-time residents and visitors to the area.

We conduct this effort once every three years. This provides us the opportunity to solicit feedback on our efforts while simultaneously assessing changes in the health needs of the community. Current and past Community Health Needs Assessments are available on the Gunnison Valley Health website.

The 2022 Community Health Needs Assessment identifies our local health and medical needs and provides a plan detailing how Gunnison Valley Health will respond to those needs. We believe it is of utmost importance that people are able to access as much care as possible without having to leave their community. Through expanded service offerings, telemedicine and partnerships with other organizations we strive to be your hub for healthcare in the Gunnison Valley. Our implementation strategy outlines the need, the overview of how we will address the need and the measures we will use to gauge success.

As you review the 2022 Community Health Needs Assessment you will see some identified needs that are not a part of the Gunnison Valley Health implementation plan. Some of the greatest needs in our community are beyond the scope of what the health system can do and are areas that will require the work of other organizations and agencies. Some improvements will require personal actions by individuals rather than the response of any organization. At Gunnison Valley Health, we are committed to working with our local governments, nonprofits and other key stakeholders to address larger community issues such as affordable housing, access to affordable childcare and other social determinants that often have an adverse effect on people's health and wellbeing.

Gunnison Valley Health is a diverse and thriving health system that serves as a safety net for the Gunnison Valley. We strive to ensure our services are of the highest quality as evidenced by our recent recognition as a 2022 Top 100 Critical Access Hospital. I am committed to leading your health system to continue improving and growing to meet your healthcare needs. We all enjoy this wonderful community and, together, we can make our community healthier for all.

Sincerely,

Jason Amrich, MBA, PT, FACHE

CEO – Gunnison Valley Health



Executive Summary

Gunnison Valley Health (“GVH” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) in partnership with QHR Health (“QHR”) to determine the health needs of the local community and develop an accompanying implementation plan to address the identified health needs of the community.

This CHNA report consists of the following information:

- 1) a definition of the community served by the hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts;
- 5) 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
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the general community population 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 of the community.

The 2022 Significant Health Needs identified for Gunnison County are:

- **Mental Health**
- **Affordability of Care**
- **Drug/Substance Abuse**
- **Cancer**
- **Women’s Health**
- **Preventative Care**

In the Implementation Strategy section of the report, GVH addresses these areas through identified programs, resources, and services provided by GVH, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

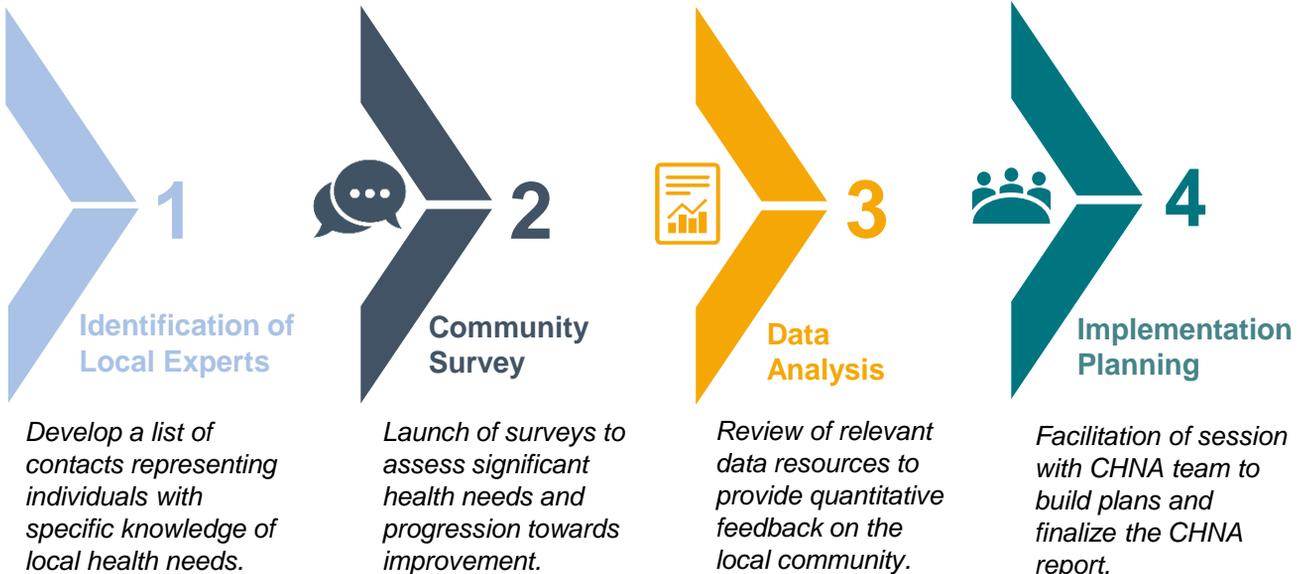
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



Strategic Benefit

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process



Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by the community respondents.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Survey respondents 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 community members cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- www.countyhealthrankings.org
- **Stratasan**
- **Bureau of Labor Statistics**
- www.worldlifeexpectancy.com
- **NAMI Colorado**
- **Substance Abuse and Mental Health Service Administration**
- **Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population**
- **National Cancer Institute**
- **Kaiser Family Foundation**
- **Center for Housing Policy**
- **Health Affairs: Leigh & Du**
- **Economic Policy Institute**
- **Colorado Drug Overdose Dashboard**

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 and offered to the community 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 diverse population. Community input from 93 identified Local Expert Advisors and 723 community members was received. Survey responses started in January 2022 and ended in February 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on 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 survey respondent 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 survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

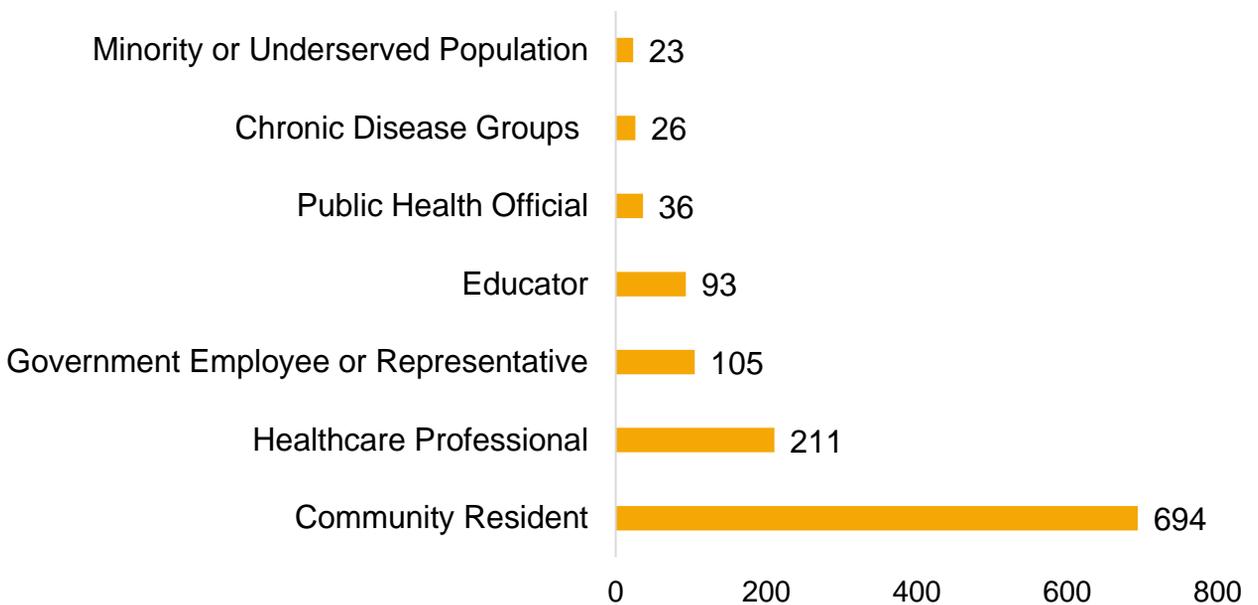
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded 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. Participants self-identified into the following classifications:

- 1) Public Health Official
- 2) Government Employee or Representative
- 3) Minority or Underserved Population
- 4) Chronic Disease Groups
- 5) Community Resident
- 6) Educator
- 7) Healthcare Professional
- 8) Other (please specify)

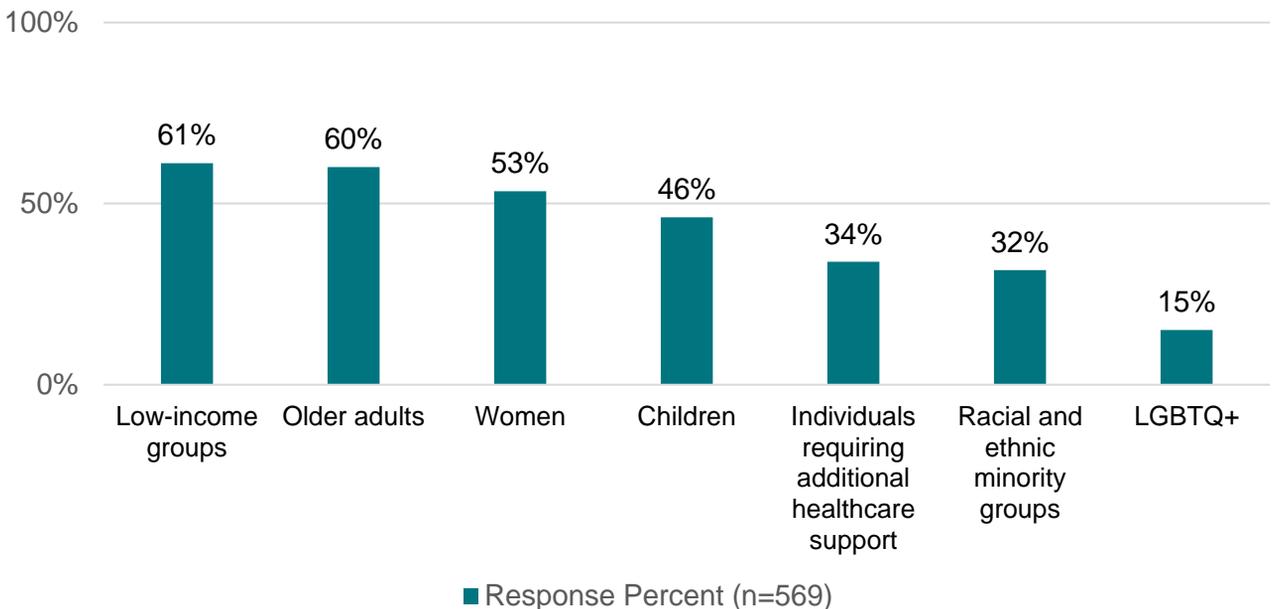
Survey Question: Please select all roles that apply to you (n=746)



Input on Priority Populations

Information analysis augmented by local opinions showed how Gunnison County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) need help to improve their condition and, if so, what needs to be done to improve the conditions of these groups.

Survey Question: Which of these populations are prevalent/most common in your community?



- Local opinions of the needs of Priority Populations, while presented in its entirety in the appendix, were abstracted in the following “take-away” bulleted comments:
 - The top three priority populations identified by the local experts were low-income groups, older adults, and women.
 - Summary of unique or pressing needs of the priority groups identified by the surveyors:
 - Affordability
 - Specialist needs
 - Mental health services
 - Translation services and material in multiple languages

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to GVH's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



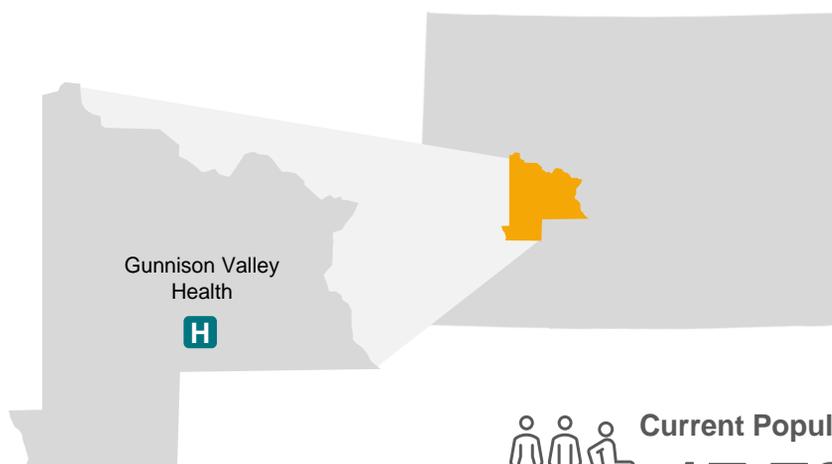
Community Served

For the purpose of this study, Gunnison Valley Health defines its service area as Gunnison County in Colorado which includes the following zip codes:

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

During 2021, GVH received 79% of its Medicare inpatients from this area.

Gunnison County Demographics



Current Population :
 **17,708**

Race/Ethnicity

	Gunnison County	Colorado
White	90.8%	79.0%
Black	0.5%	4.4%
Asian & Pacific Islander	0.8%	3.7%
Other	8.0%	13.0%
Hispanic*	9.7%	22.2%

*Ethnicity is calculated separately from Race

Source: Stratasen, ESRI

Age

	Gunnison County	Colorado
0 – 17	16.6%	22.4%
18 – 44	44.1%	37.1%
45 – 64	24.7%	25.0%
65 +	14.6%	15.4%

Education and Income

	Gunnison County	Colorado
Median Household Income	\$62,011	\$77,265
Some High School or Less	2.3%	7.3%
High School Diploma/GED	15.2%	21.0%
Some College/ Associate's Degree	23.7%	28.4%
Bachelor's Degree or Greater	58.8%	43.4%

Source: Stratasan, ESRI

Community Health Characteristics

The data below shows an overview of Gunnison County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org/app/colorado/2021/overview>.

Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 35

*Compared to 21 in CO
Per 100,000*

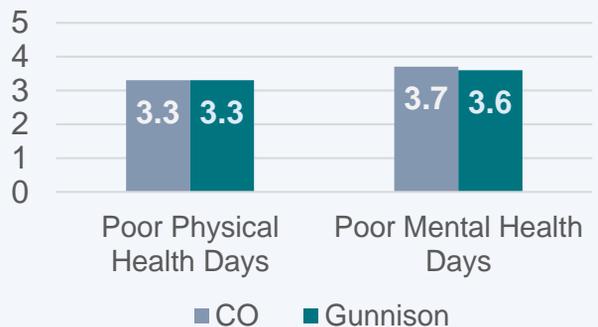
Poor or Fair Health: 12%

Compared to 14% in CO

Low Birthweight: 10%

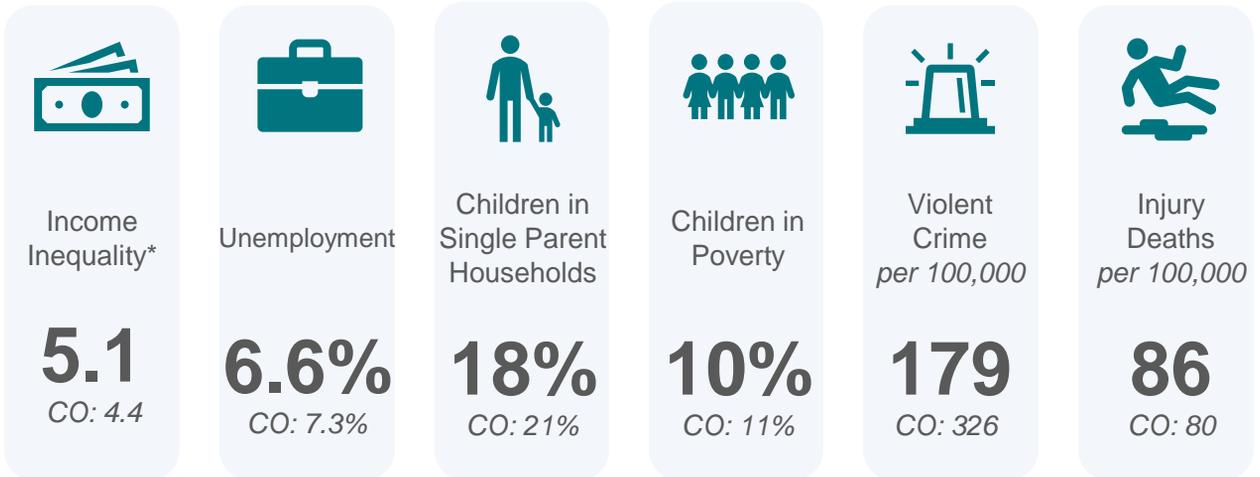
Compared to 9% in CO

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2021 Report

Socioeconomic Factors



Access to Health

Uninsured: 9.4%

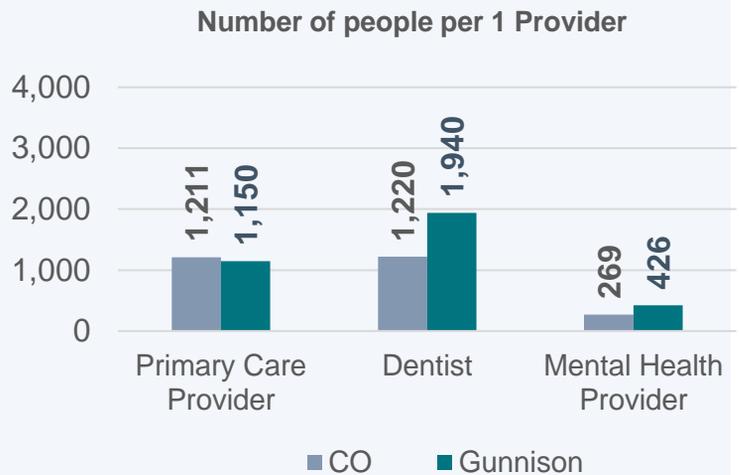
Compared to 7.5% in CO

Preventable Hospital Stays: 2,444

*Compared to 2,617 in CO
Per 100,000*

Access to Exercise Opportunities: 91%

Compared to 90% in CO



Physical Environment

Severe Housing Cost Burden**

18%
CO: 14%

Severe Housing Problems***

22%
CO: 16%

Driving to Work Alone

57%
CO: 75%

Broadband Access

85%
CO: 88%

Source: County Health Rankings 2021 Report, Bureau of Labor Statistics

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Percentage of households that spend 50% or more of their household income on housing

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



823 surveys completed by community members



7 marketing methods used to solicit broad feedback

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



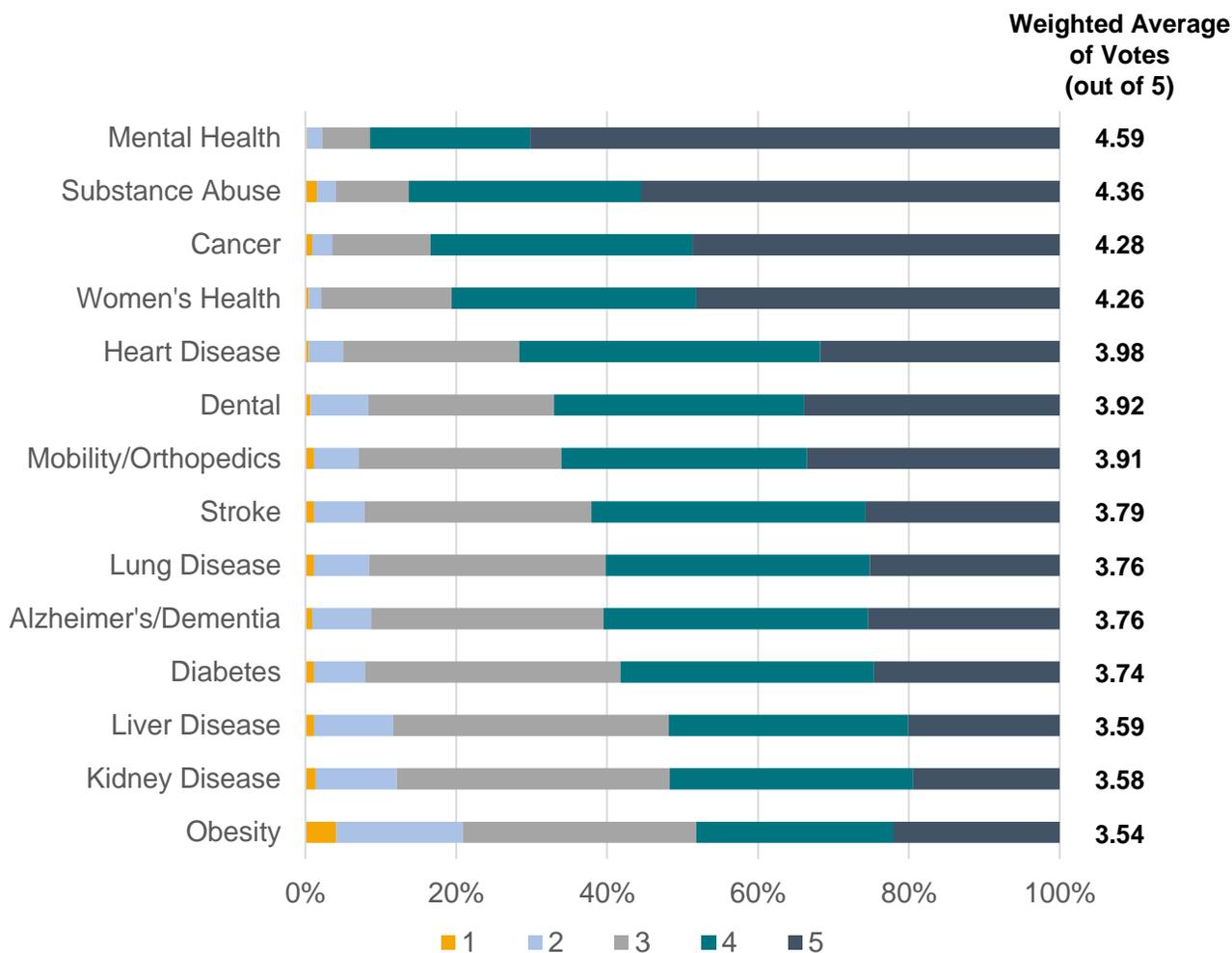
Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

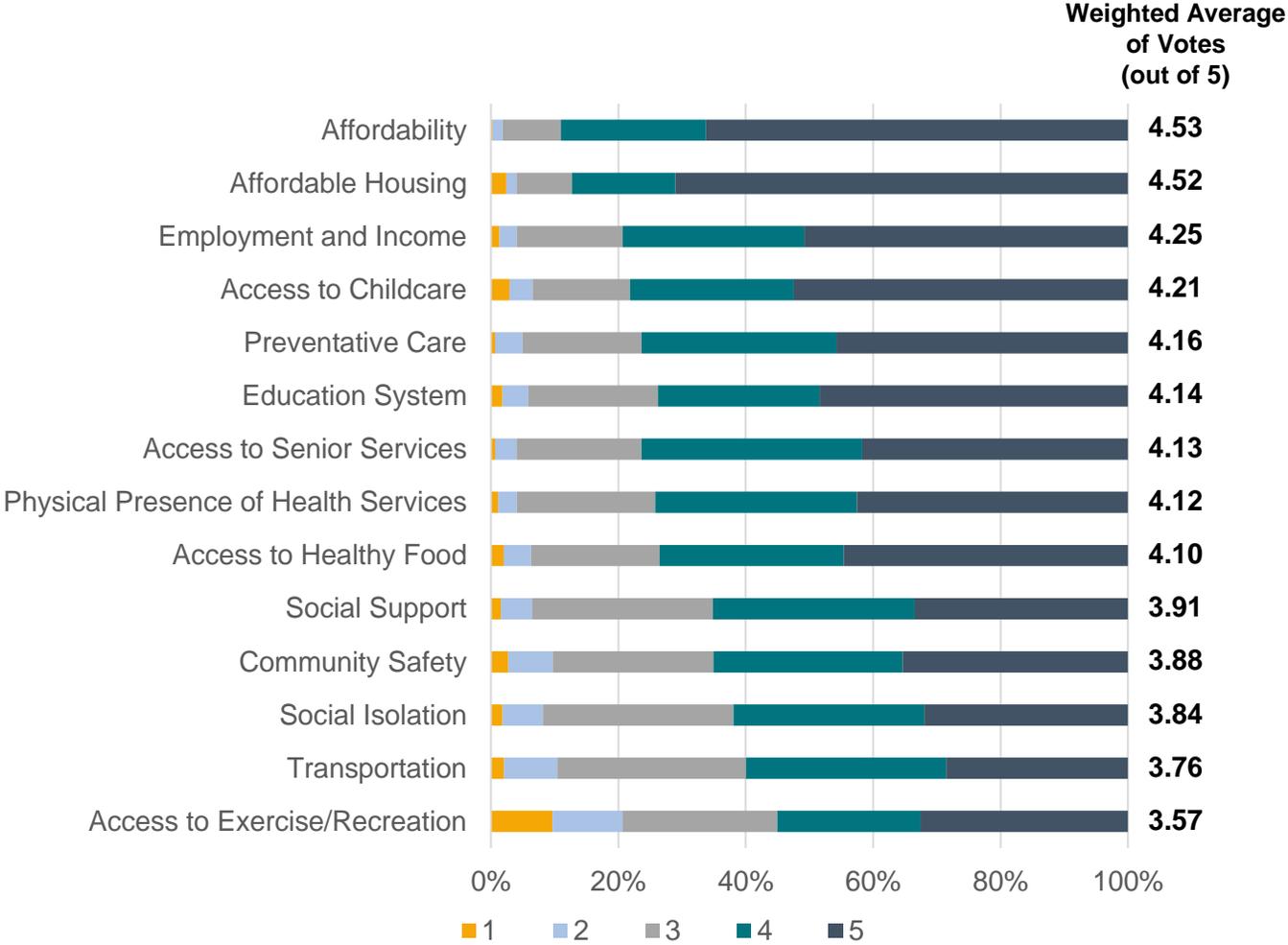
In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



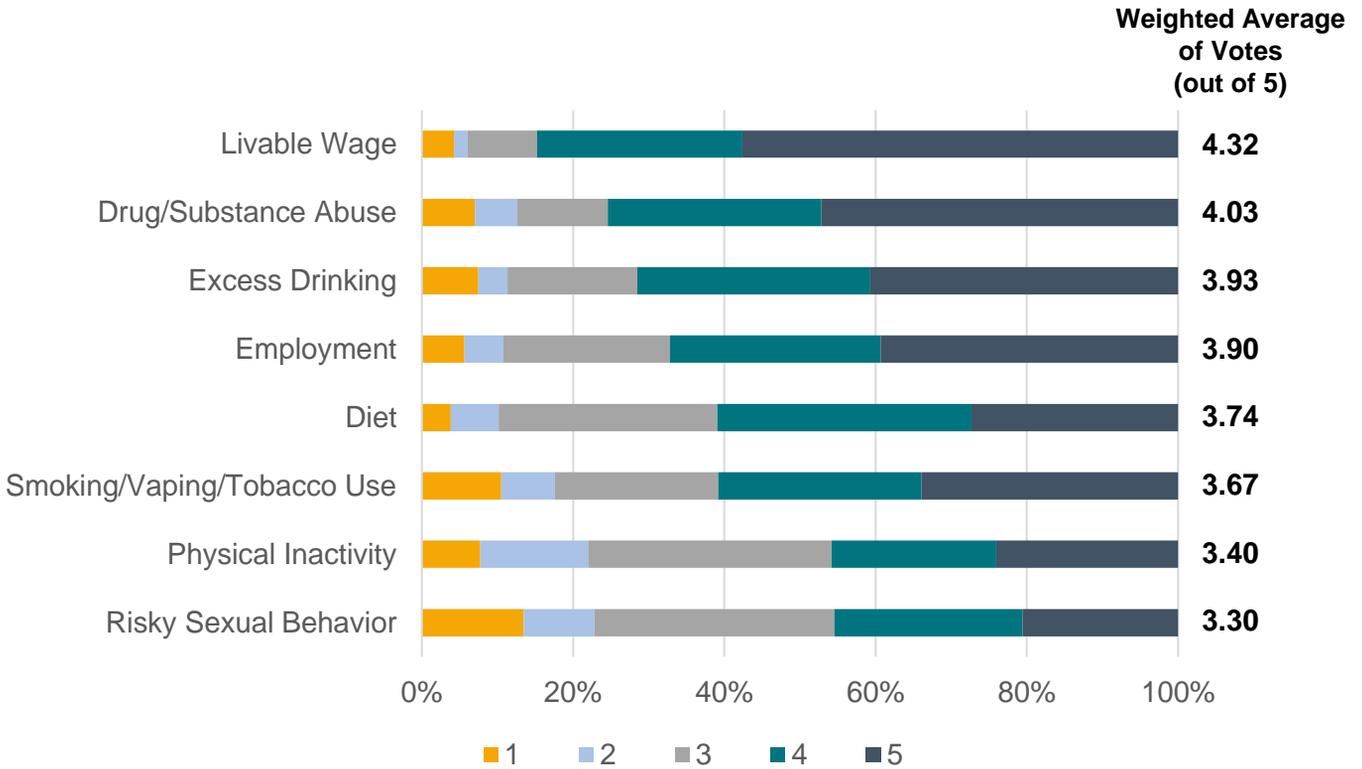
Graph shows % of votes for each rating

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Graph shows % of votes for each rating

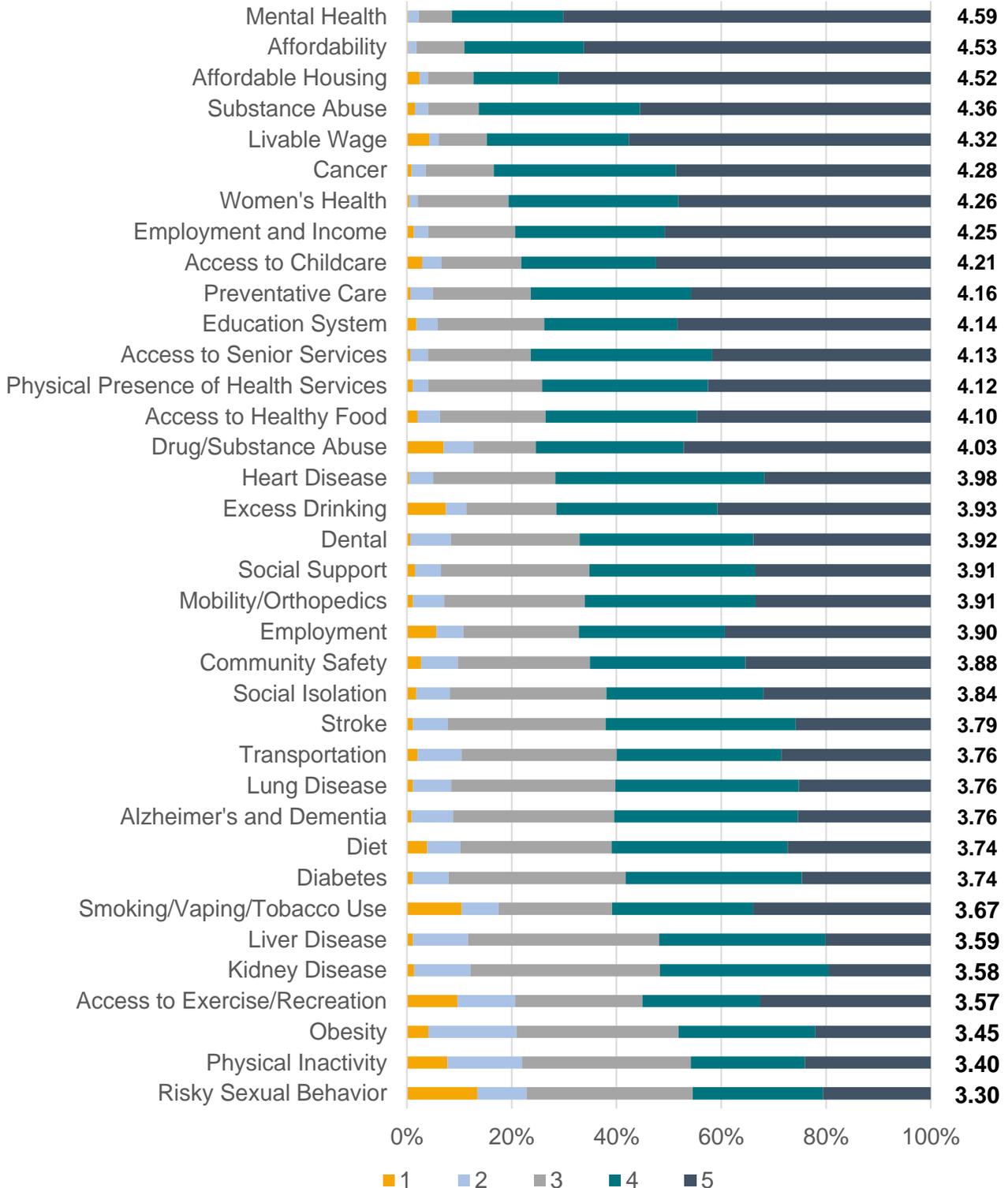
Survey Question: Please rate the importance of addressing each individual factor on a scale of 1 (Not at all) to 5 (Extremely).



Graph shows % of votes for each rating

Overall health priority ranking

Weighted Average of Votes (out of 5)



Graph shows % of votes for each rating

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions by the hospital are feasible and could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

GVH Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health		✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Affordable Housing	✓	✓		✓
Substance Abuse		✓	✓	✓
Livable Wage	✓	✓		✓
Cancer		✓	✓	✓
Women's Health		✓	✓	✓
Employment and Income	✓	✓		✓
Access to Childcare	✓	✓		✓
Healthcare Services: Prevention		✓	✓	✓

Overview of Priorities

Mental Health

Mental health was the #1 community-identified health priority with 311 respondents (n=443) ranking it as extremely important to be addressed in the community. Mental health was ranked as the #1 health priority in both the 2019 and 2016 CHNAs. Suicide is the 7th leading cause of death in Gunnison County and Gunnison County ranks 27th out of 60 counties (with 1 being the worst in the state) in Colorado for suicide death rate ([World Life Expectancy](#)).

Additionally, lack of access to mental health services perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce ([NAMI Colorado](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Gunnison Co.	Colorado
Average number of mentally unhealthy days (past 30 days)	3.6	3.7
Number of people per 1 mental health provider	426	269
Suicide death rate	21.0	22.1

Source: County Health Rankings, [worldlifeexpectancy.com](#)

Healthcare Services: Affordability

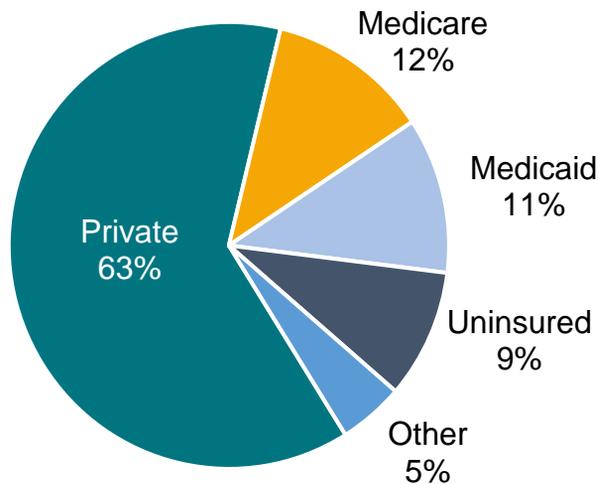
Affordability of healthcare services was the #2 identified health need in the community with 296 respondents (n=447) ranking it as extremely important to be addressed. Affordability ranked #2 in the 2019 CHNA and was not identified as a top priority in the 2016 CHNA report.

Gunnison County is worse than the benchmark when it comes to the uninsured rate and median household income. Additionally, low-income populations were identified as the most prevalent priority population in the community, making the affordability of healthcare services a pressing need.

	Gunnison Co.	Colorado
Uninsured	9.4%	7.5%
Unemployment	6.6%	7.3%
Children in poverty	10%	11%
Median household income	\$62,011	\$77,265

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan

Gunnison County Insurance Coverage



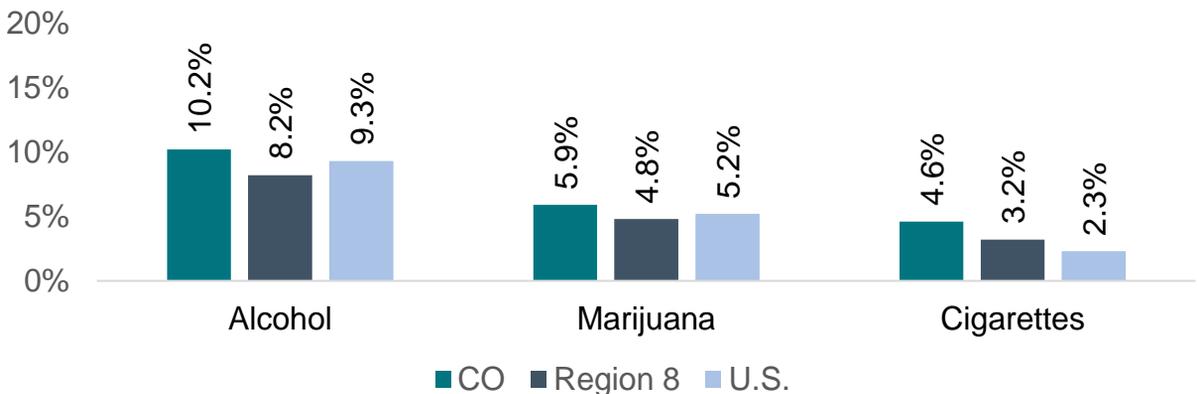
Source: Stratasan, ESRI

Drug/Substance Abuse

Drug/substance abuse was identified as the #4 health priority with 247 (n=445) survey respondents rating it as extremely important to be addressed. Drug/substance abuse was identified as the #3 health priority in 2019 and #1 in 2016 along with mental health and suicide.

While data is limited around drug/substance abuse rates in Gunnison County specifically, the average prevalence of substance use disorder in Colorado is **11.7%** compared to **7.4%** in the U.S. Additionally, Colorado has seen greater rates of first-time substance use among youth compared to region states and the U.S overall ([SAMHSA](#)).

Past-Year Initiation of Selected Substances Among Youth Aged 12-17



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017–2019

Note: Region 8 states include CO, MO, ND, SD, UT, WY

	Gunnison Co.	Colorado
Age-adjusted drug overdose death rate (per 100,000)	12.1	18.6
Adult emergency room drug overdose visits (per 100,000)	134.6	187.3
Rate of benzodiazepine prescriptions dispensed (per 1,000)	243.0	256.3

Source: Colorado Drug Overdose Dashboard, 2016-2020

Cancer

Cancer was identified as the #6 health priority with 217 (n=446) respondents rating it as extremely important to be addressed in the community. Cancer was not identified as a top health priority in 2019 and was ranked as the #3 health priority in 2016.

Cancer is the leading cause of death in Gunnison County. Additionally, priority populations such as racial and ethnic minority groups, women, low-income communities, and residents of rural communities suffer more from cancer and its effects ([NIH](#)).

	Gunnison Co.	Colorado
Cancer incidence – all sites (per 100,000)	342.6	396.6
Cancer mortality – all sites (per 100,000)	123.3	125.9

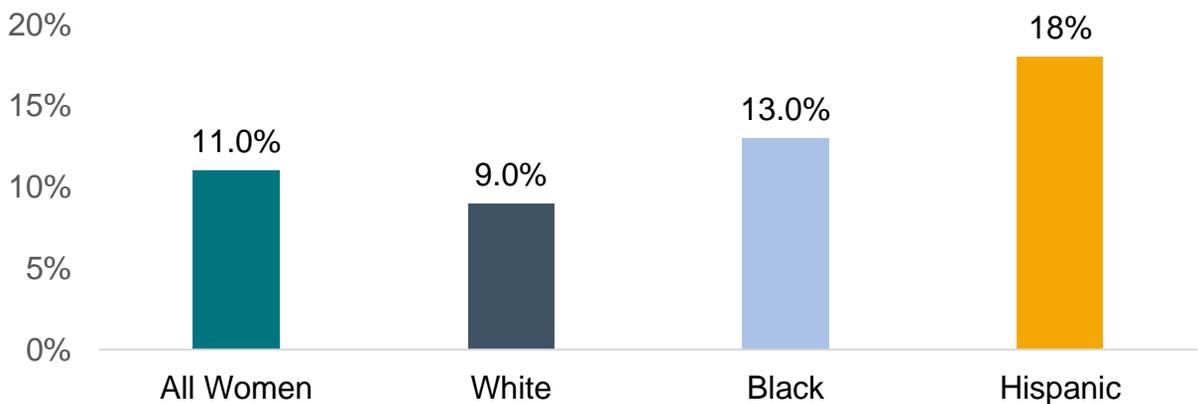
Source: National Cancer Institute, worldlifeexpectancy.com

Women's Health

Women's health was identified as the #7 health priority with 211 respondents (n=438) ranking it as extremely important to address in the community. Women's health was not identified as a top health priority in 2019 or 2016.

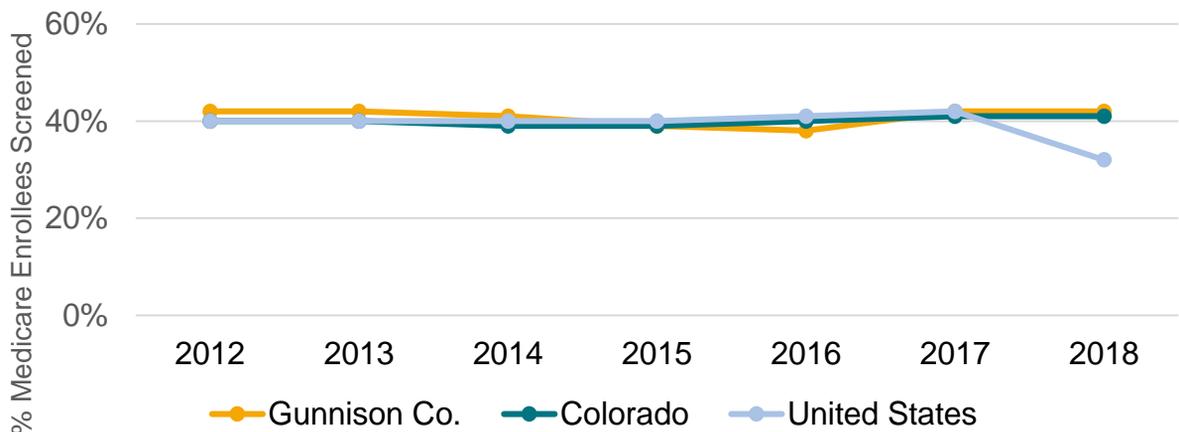
Gunnison County has similar mammography screening rates as Colorado and the U.S. overall and rates have stayed relatively steady between 2012 and 2018. Additionally, in Colorado, there are disparities between Race/Ethnicity in the affordability of healthcare among women ([KFF](#)).

Women Who Report Not Seeing a Doctor in the Past 12 Months Due to Cost in Colorado



Source: KFF: State Health Facts, 2020

Mammography Screening



Source: County Health Rankings

Notes: Each year represents a 3- year average around the middle year

Affordable Housing

Affordable housing was identified as the #3 priority with 319 respondents (n=449) rating it as extremely important to address in the community. While affordable housing is not a traditional health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes like mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare ([National Housing Conference](#)).

Livable Wage/Employment and Income

Livable wage was identified as the #5 priority with 257 respondents (n=446) ranking it as extremely important to be addressed in the community. Employment and income was identified as the #8 priority with 226 respondents (n=445) ranking it as extremely important to address.

Though livable wage and employment and income were not identified as priorities in previous CHNA reports, these things are social indicators that play a role in the community's ability to afford healthcare and health outcomes. These social factors can impact health status by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and allowing workers to afford healthcare services and have access to health insurance ([HealthAffairs](#)).

Access to Childcare

Access to childcare was identified as the #9 priority with 233 respondents (n=444) identifying it as being extremely important to address in the community. The average yearly cost of childcare in Colorado is \$15,325 which is 21% of the median household income ([Economic Policy Institute](#)). In Gunnison County, 10% of children are living in poverty and 18% of children live in single-parent households ([County Health Rankings](#)).

	Gunnison Co.	Colorado
Severe housing cost burden*	18%	14%
Severe housing problems**	22%	16%
Homeownership	61%	65%
Average home price	\$529,950	\$545,794
Median household income	\$62,011	\$77,265
High school graduation rate	97.7%	92.7%
Unemployment	6.6%	7.3%
Income inequality***	5.1	4.4
Children in poverty	10%	11%
Children in single-parent households	18%	21%

Source: County Health Rankings, Stratas ESRI, Bureau of Labor Statistics, Zillow Home Value Index

*Percentage of households that spend 50% or more of their household income on housing

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

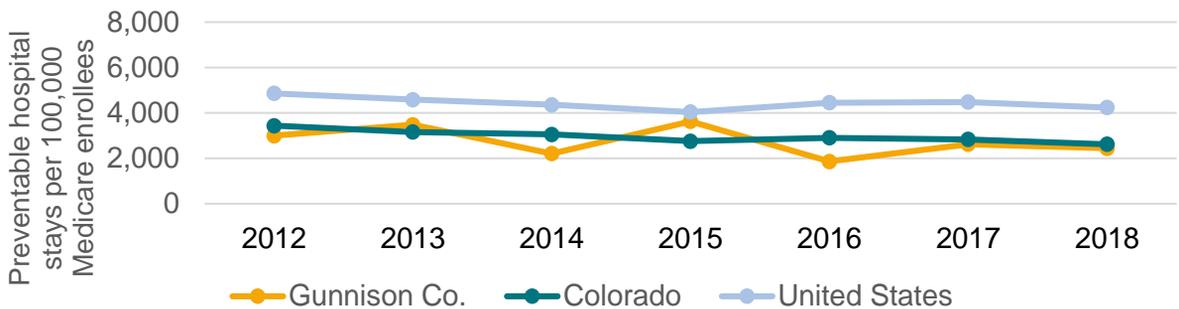
***Ratio of household income at the 80th percentile to income at the 20th percentile

Healthcare Services: Prevention

Preventative healthcare services was identified as the #10 health priority with 203 (n=444) respondents ranking it as extremely important to address in the community. Prevention was not identified as a health priority in the 2019 or 2016 CHNA reports.

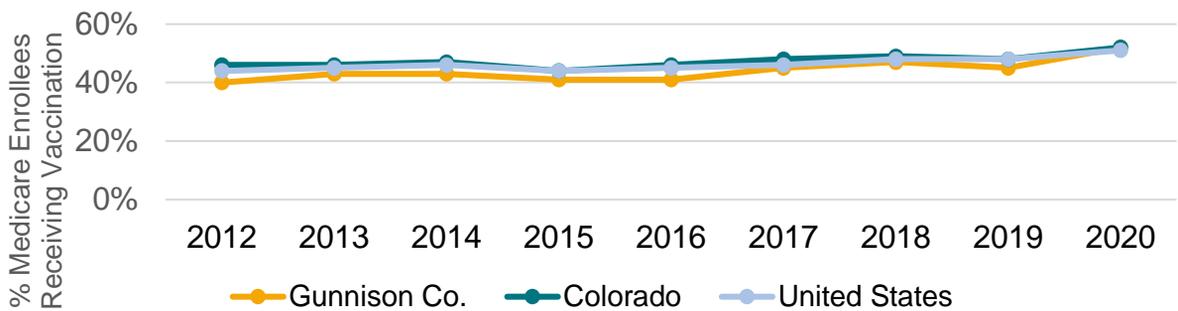
Among Medicare enrollees, Gunnison County has similar rates of flu vaccinations and preventable hospital stays to Colorado but has less percent of the Medicare population attending annual wellness visits.

Preventable Hospital Stays

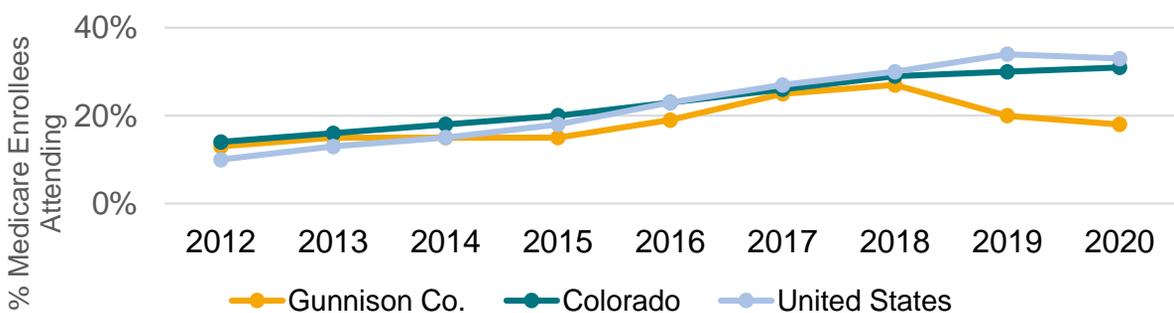


Source: County Health Rankings

Flu Vaccinations



Annual Wellness Visits

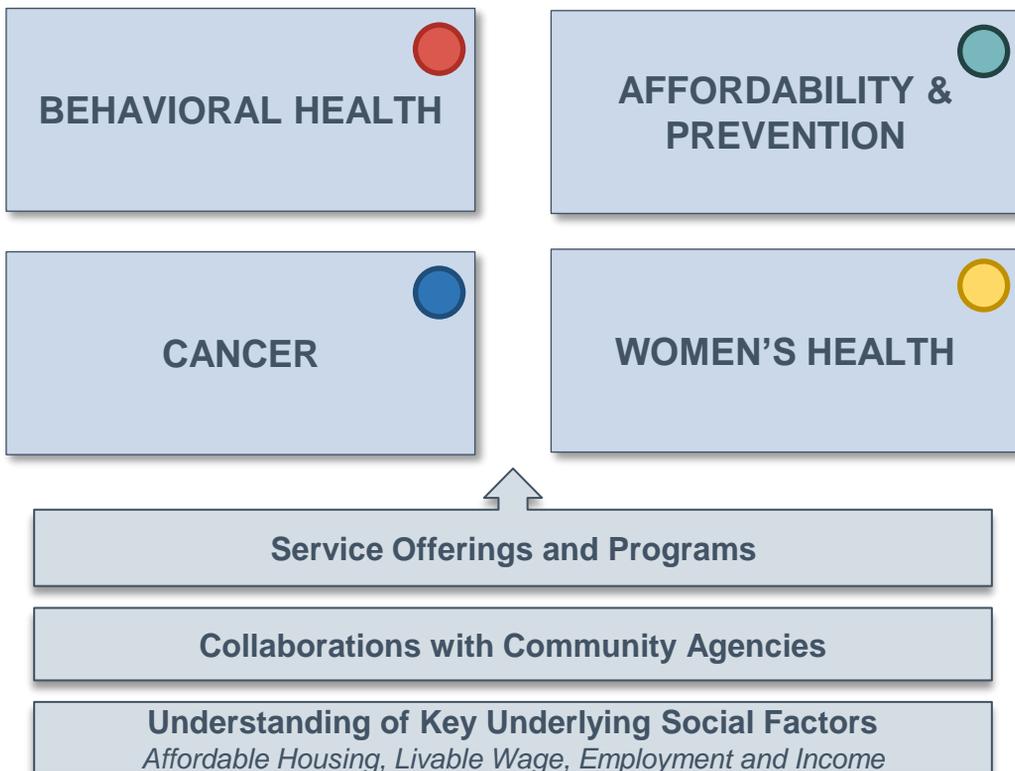


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

-  **Mental Health**
-  **Affordability of Healthcare Services**
-  **Drug/Substance Abuse**
-  **Cancer**
-  **Women's Health**
-  **Preventative Care**



Implementation Plan Strategy

Behavioral Health

Mental Health, Drug/Substance Abuse

Goal:

Increase access to quality behavioral health services through community partnerships and coordinated care.

Statistics:

- Between November 2020 and November 2021, behavioral health visits at the Gunnison Valley Health emergency room increased by over **200%**.
- **55%** of the emergency room visits for behavioral health are attributable to substance abuse.
- Suicide is the **7th** leading cause of death in Gunnison County.
- **426** people per 1 mental health provider (CO: 269)
- Average number of mentally unhealthy days in the past 30 days: **3.6** (CO 3.7)
- Adult emergency room drug overdose visits (*per 100,000*): **134.6** (CO: 18.6)
- Drug overdose death rate (*per 100,000*): **12.1** (CO: 18.6)

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

- Availability of 24/7 telehealth psychiatric services that consult with emergency department physicians.
- Participated in Colorado CURE to manage opioids in the patient care unit and implemented national standards on alternatives to opioids within the health system.
- Robust behavioral health department that provides outpatient services, peer support specialists, school-based services, jail-based services, and mobile crisis services.
- Partnered with Front Range Clinic to offer a Medication-Assisted Treatment (MAT) program.
- Adopted “Zero Suicide” institute framework which includes mandatory suicide prevention training for all GVH employees.
- Implemented social determinants of health screenings and behavioral health factors screening.
- Expansion of peer support specialist program to 4 peers (one embedded in the emergency room).
- Psychiatric Nurse Practitioner available full time for medication prescribing and management in community and jail.
- Stigma reduction campaign initiated called “Better Together”.
- Sexual Assault Nurse Examiner (SANE) available.
- Completion of a strategic plan for the Gunnison County Community Health Coalition.
- Completed and provided funding for the Behavioral Health Needs Assessment.
- Active involvement with the Rural Communities Opioid Response Program.
- Provide transportation to behavioral health clients needing placement at a higher level of care at a facility outside the county.

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

- Develop an implementation plan for the Behavioral Health Needs Assessment.
- Expand school-based services throughout the Gunnison Watershed School District.
- Collaborate with agencies outside Gunnison County to offer reintegration with adequate, local services.
- Develop a partnership with Western Colorado University to provide on-campus therapy services to students.
- Expand outpatient services to the Crested Butte/Mt. Crested Butte area.
- Explore the feasibility of providing detox services in Gunnison County.

Identified measures and metrics to track progress:

- Number of mobile crisis calls
- Number of clients served in the Medication Assisted Treatment (MAT) clinic
- 25% reduction in emergency room admissions for patients needing help with an immediate mental health crisis
- Number of clients seen by a mobile crisis professional within 48 hours of a crisis incident
- Shorten the length of stay in the emergency room for psychiatric patients to less than 24 hours for 90% of patients.
- Complete social determinants of health screening for 75% of patients admitted to the emergency room, progressive care unit, family birth center, and family medicine clinic.
- 90% of mothers receiving services through the Family Birth Center will be given a perinatal screening for depression and anxiety with positive results being reported to the local RAE (Regional Accountable Entities).

Partnership Organizations:

Organization	Contact Name	Contact Information
Gunnison County and Municipalities	Matthew Birnie	https://www.gunnisoncounty.org
Community Health Coalition	Kyle Tibbett, Program Coordinator	https://www.gunnisoncounty.org/943/Health-Coalition-of-the-Gunnison-Valley
CB State of Mind	Meghan Dougherty, Executive Director	https://cbstateofmind.org/
Juvenile Services	Kari Commerford, Director	https://www.gunnisoncounty.org/155/Juvenile-Services ; 970-641-7908
Gunnison County Sheriff's Office	Sheriff John Gallowich	https://www.gunnisoncounty.org/160/SheriffsOffice ; 970-641-1113
City of Gunnison Police Department	Captain Chris Wilson	https://www.gunnisonco.gov/departments/police/index.php
Town of Crested Butte Marshal's Office	Chief Marshal Michael Reilly	https://www.crestedbutte-co.gov/index.asp?Type=B_BASIC&SEC=%7B4682E44B-5434-4EDB-9954-10C0AC6ACB8F%7D
Town of Mt Crested Butte Police Department	Chief Nate Stepanek	https://mtcb.colorado.gov/departments-services/police
Gunnison Valley Family Physicians	Marsha Thorson	https://gvfp.net/ ; 970-641-0211
Gunnison County Substance Abuse Prevention Project (GCSAPP)	Emily Mirza, Program Coordinator	https://gunnisoncounty.org/156/GunnisonCounty-Substance-Abuse-Preventi ; 970-642-7393
Community Foundation of Gunnison Valley	Lauren Kugler and Maryo Ewell	https://cfgv.org/ ; 970-641-8837
7 th Judicial District	Judge J. Steven Patrick	https://www.courts.state.co.us/Courts/County/Index.cfm?County_ID=16 ; 970-642-8300
Colorado Crisis Services	Mary Hoefler, Manager	https://coloradocrisisservices.org/

Partnership Organizations Continued:

Organization	Contact Name	Contact Information
Rocky Mountain Health Plans	Cris Matoush, Crisis Services Manager	
Gunnison Valley Health Paramedics	Chief CJ Malcolm	https://gvhparamedics.org/
Crested Butte Fire Protection District	Robert Weisbaum, Chief Operations Officer	https://cbfcpd.org/
Western Colorado University	Gary Pierson, Dean of Students	https://western.edu/
Gunnison Watershed School District	Dr. Leslie Nichols, Superintendent	https://www.gunnisonschools.net/ 970-641-7770
Gunnison County Health and Human Services	Joni Reynolds	https://www.gunnisoncounty.org/149/Health-Human-Services ; 970-641-3244
Project Hope	Jessica Wurtz, Executive Director	https://hope4gv.org/ ; 970-641-2712
Center for Mental Health	Paul Reich, Community Relations Liaison	https://centermh.org/

Affordability and Prevention

Goal:

Provide quality and convenient preventative care in order to make healthcare more affordable through health promotion and appropriate utilization of services.

Statistics:

- Uninsured: **9.4%** (CO: 7.5%)
- Children in poverty: **10%** (CO: 11%)
- Primary care physician ratio: **1,150:1** (CO: 1,211:1)
- Annual wellness visit rate: **18%** (CO: 31%)
- Flu vaccination rate: **52%** (CO: 52%)

Hospital Resources to Address this Need:

- Access to annual low-cost blood draws in Gunnison and Crested Butte.
- Provide 50 complimentary health screens to the Multicultural Resource Center and lower income community members.
- Care managers to create more value-based programs for Medicaid patients and measures to improve quality and reduce readmission and cost.
- Social determinants screening program in place.
- Transportation services for patients in need of care in current crisis.
- Implemented initiative to eliminate surprise billing for out-of-network patients.
- Designed and implemented a financial assistance program that includes provisions if a patient's bill exceeds 20% of their annual income.
- Reviewed and expanded urgent care services for the community.
- Implemented price transparency measures.
- Implemented a financial estimator tool on the website.
- Began offering telemedicine for primary care services.
- Obtained Rural Health Clinic designation at the GVH Family Medicine Clinic.
- Participating in the Hospital Transformation Program.
- Updated and significantly increased financial assistance policy/program eligibility to 400% of the federal poverty level.
- Use of GVH Foundation funds to provide free behavioral health services.
- Mammography program expanded to include screenings on weekends.
- Provided \$3,374,769 in charity care in 2021.
- Provides free clinic space to the public health department to provide services.
- Full-time pediatrician added to the staff.
- Worked with COVIDCheckColorado to provide free, fast, and reliable COVID-19 testing.
- Offer free IMPACT testing to student athletes. IMPACT tests are FDA-cleared, online neurocognitive tests that help determine baselines and if an individual can return to activity readiness.
- Hospice funds are provided through GVH foundation.

- Support provided to connect people to state programs.
- Working with Western ACO to expand care coordination.

Potential Implementations:

- Expansion of chronic care management.
- Focus on expanding ambulatory services.
- Expand access to dermatology screenings and services.
- Greater education and communication about financial assistance programs.
- Increase low-cost screening on an ongoing basis.
- Expand radiology hours and explore new preventative screening capabilities.
- Provide behavioral health services in the rural health clinic.
- Look into providing blood draws all year at health fair pricing.
- Athletic training for athletes.
- Provide greater local access to specialty care to avoid unnecessary costs.
- Offer pediatrics and primary care in Crested Butte.
- Increase ability to keep patients with more severe injuries and illness local for treatment.

Measures:

- Number of patients offered financial assistance
- Number of prevention screenings provided
- Total number of patients enrolled in ACO pathway
- Number of patients who graduate from the ACO pathway
- Number of new services added
- Medicare annual wellness checks - 18% (2020)

Partnership Organizations:

Organization	Contact Name	Contact Information
Western Healthcare Alliance & CCA	Angelina Salazar, CEO	https://www.wha1.org/ ; 888-828-0011
Living Journeys	Julie Reid, Executive Director	https://livingjourneys.org/ ; 970-349-2777
Tough Enough to Wear Pink	Heidi Sherratt, Executive Director	https://gunnisonetetwp.com/
COVID-CheckColorado		https://covidcheckcolorado.org/
Gunnison County Health and Human Services	Joni Reynolds	https://www.gunnisoncounty.org/149/Health-Human-Services ; 970-641-3244
Colorado Hospital Association	Benjamin Anderson, Vice President, Rural Health and Hospitals	https://cha.com/ ; 720-489-1630
Gunnison County Multicultural Resource Services		https://www.gunnisoncounty.org/889/Multicultural-Services ; 970-641-3244

Cancer

Goal:

Deliver quality and effective cancer care from preventative screening to treatment.

Statistics:

- Cancer is the leading cause of death in Gunnison County (cancer mortality rate: 123.3 compared to the 2nd leading cause of death, heart disease: 120.0)
- Cancer Incidence (per 100,000): **342.6** (CO: 396.6)
- Cancer Mortality (per 100,000): **123.3** (CO: 125.9)

Hospital Resources to Address this Need:

- Infusion center, oncology services, and medical oncologist on staff.
- Specialty radiology through a partnership with a multispecialty radiology group.
- Comprehensive breast services including breast MRI, 3D mammography, breast biopsy, and ultrasound.
- Partnership with cancer care organizations.
- Cancer service line specific nurse navigators.
- Offers colonoscopies.

Potential Implementations:

- Provide integrated therapy services.
- Look into SAVI SCOUT – non-needle-based cancer treatment.
- Enhanced prostate imaging, screening services, and equipment.
- Explore the possibility of colonography screening.
- Eon System for lung nodule screening.
- Have higher acuity abilities in general surgery.
- Start a dermatology program.
- Evaluate the potential of cancer center/expanded oncology services as part of the Medical Arts Building.
- Evaluate oncology pharmacy.
- Provide behavioral health services to oncology patients.
- Expand palliative care services.
- Explore the possibility of a PED scan mobile unit.
- Explore onsite bone marrow biopsy capability.
- Increase education and awareness campaigns.
- Develop a Tumor Board.

Measures:

- Achieve certification for the cancer program
- Number of preventative cancer screenings performed
- Number of lives touched by nurse navigator
- Number of community education events
- Number of referrals to Tough Enough to Wear Pink
- Utilization rate of the cancer center

Partnership Organizations:

Organization	Contact Name	Contact Information
Living Journeys	Julie Reid	https://livingjourneys.org/
Tough Enough to Wear Pink	Heidi Sherratt, Executive Director	https://gunnisonetetwp.com/
Gunnison Valley Family Physicians		970-641-0211; https://gvfp.net/
RIA – Radiology Imaging Associates		https://www.riaco.com/

Women's Health

Goal:

Provide comprehensive women's health services to women in all stages of life.

Statistics:

- Mammography screening rate: **42%** (CO: 41%)
- Cervical cancer screening rate among Medicare enrollees: **4%** (CO: 2%)
- Pap test screening rate among Medicare enrollees: **3%** (CO: 2%)
- Breast cancer incidence rate (per 100,000): **100.5** (CO: 129.0)

Hospital Resources to Address this Need:

- Contracted maternal social worker.
- Support groups for postpartum mothers including a Spanish-speaking group.
- Doula services available.
- OB/GYN services
 - 2 family practice physicians and an OB who perform deliveries
- Breast surgery capabilities.
- Educational classes for new parents.
- Child birthing classes.
- Newborn follow-up clinic.
- GVH is a stage 4 Baby-Friendly designation.
- DEXA Scan.
- Offer fourth-trimester postpartum group screening for social determinants, anxiety, and depression.
- Offer grief/loss group.
- Offer lactation support.
- Offer maternal fetal medicine for high-risk pregnancies.
- A pediatrician has been added to the staff.

Potential Implementations:

- Evaluate the capabilities of fertility testing services.
- CMV testing – increase education on this offering.
- Look into starting midwife and water birth programs.
- Expand integrative therapies: pelvic floor therapies, etc.
- Implement the Womb to World program.
- Expand doula service offerings.
- Develop Parents as Teachers program with the county.
- Add an OB/Gyn to staff.
- Expand language services.

- Increased high school-based education.
- Increase gynecological service offerings.
 - Urology, hysterectomy, hormone replacement therapies, and gynecological surgeries.

Measures:

- Number of mammograms performed
- Number of bone screenings performed
- Number of well-woman visits
- Number of gynecological surgeries performed
- Number of birth performed (would like to increase)

Partnership Organizations:

Organization	Contact Name	Contact Information
WIC Office		https://www.gunnisoncounty.org/886/Women-Infant-Children-WIC
Gunnison Valley Family Physicians		970-641-0211; https://gvfp.net/
Western Colorado University		https://western.edu/
Planned Parenthood		plannedparenthood.org
Project Hope		970-641-2712; info@hope4gv.org ; https://hope4gv.org/History
MOPS		https://www.facebook.com/GunnisonMOPS/

Appendix

Community Data

Community Demographics

Demographic Profile

	Gunnison County				Colorado				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	17,708	18,825	6.3%	100.0%	5,911,218	6,326,589	7.0%	100.0%	3.6%	100.0%
By Age										
00 - 17	2,935	3,049	3.9%	16.6%	1,326,326	1,400,255	5.6%	22.4%	2.4%	21.7%
18 - 44	7,809	8,142	4.3%	44.1%	2,195,981	2,350,193	7.0%	37.1%	2.7%	36.0%
45 - 64	4,379	4,430	1.2%	24.7%	1,476,637	1,478,391	0.1%	25.0%	-2.2%	25.0%
65+	2,585	3,204	23.9%	14.6%	912,274	1,097,750	20.3%	15.4%	15.2%	17.3%
Female Childbearing Age (15-44)	3,582	3,759	4.9%	20.2%	1,172,797	1,255,898	7.1%	19.8%	2.5%	19.5%
By Race/Ethnicity										
White	16,075	16,898	5.1%	90.8%	4,666,943	4,923,884	5.5%	79.0%	1.4%	69.2%
Black	84	101	20.2%	0.5%	257,737	285,288	10.7%	4.4%	4.9%	13.0%
Asian & Pacific Islander	137	156	13.9%	0.8%	216,710	257,347	18.8%	3.7%	13.6%	6.1%
Other	1,412	1,670	18.3%	8.0%	769,828	860,070	11.7%	13.0%	10.0%	11.7%
Hispanic*	1,709	2,003	17.2%	9.7%	1,311,384	1,469,411	12.1%	22.2%	10.9%	18.9%
Households										
Total Households	7,469	7,956	6.5%		2,316,028	2,479,925	7.1%			
Median Household Income	\$ 62,011	\$ 67,576			\$ 77,265	\$ 86,527			<i>US Avg. \$64,730 \$72,932</i>	
Education Distribution										
Some High School or Less				2.3%				7.3%		11.1%
High School Diploma/GED				15.2%				21.0%		26.8%
Some College/Associates Degree				23.7%				28.4%		28.5%
Bachelor's Degree or Greater				58.8%				43.4%		33.6%

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

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

Cause of Death			Rank among all counties in CO (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Gunnison County Compared to U.S.)
CO Rank	Gunnison Rank	Condition		CO	Gunnison	
2	1	Cancer	50 of 60	125.9	123.3	<i>Lower than expected</i>
1	2	Heart Disease	50 of 60	127.7	120.0	<i>Lower than expected</i>
3	3	Accidents	48 of 60	51.9	46.9	<i>As expected</i>
4	4	Lung	38 of 60	40.8	42.9	<i>Higher than expected</i>
5	5	Stroke	50 of 60	33.7	28.8	<i>Lower than expected</i>
6	6	Alzheimer's	19 of 60	33.4	27.9	<i>As expected</i>
7	7	Suicide	27 of 60	22.1	21.0	<i>Higher than expected</i>
8	8	Diabetes	52 of 60	16.4	9.5	<i>Lower than expected</i>
12	9	Flu - Pneumonia	56 of 60	7.8	7.6	<i>As expected</i>
11	10	Kidney	52 of 60	8.3	5.6	<i>Lower than expected</i>
10	11	Parkinson's	45 of 60	10.4	5.0	<i>As expected</i>
14	12	Blood Poisoning	50 of 60	6.5	4.7	<i>As expected</i>
9	13	Liver	59 of 60	15.0	4.1	<i>Lower than expected</i>
13	14	Hypertension	41 of 60	6.7	4.0	<i>As expected</i>
15	15	Homicide	43 of 60	4.3	1.9	<i>As expected</i>

*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

Source: worldlifeexpectancy.com

County Health Rankings

	Gunnison	Colorado	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank (best being #1)	9/64			
- Premature Death*	4,871	5,943	8,200	5,400
Quality of Life				
Overall Rank (best being #1)	14/64			
- Poor or Fair Health	12%	14%	17%	12%
- Poor Physical Health Days	3.3	3.3	3.9	3.1
- Poor Mental Health Days	3.6	3.7	4.2	3.4
- Low Birthweight	10%	9%	8%	6%
Health Behaviors				
Overall Rank (best being #1)	6/64			
- Adult Smoking	15%	15%	17%	14%
- Adult Obesity	14%	22%	33%	26%
- Physical Inactivity	12%	15%	27%	20%
- Access to Exercise Opportunities	91%	90%	66%	91%
- Excessive Drinking	23%	21%	18%	13%
- Alcohol-Impaired Driving Deaths	22%	34%	28%	11%
- Sexually Transmitted Infections*	277.5	519.4	327.4	161.4
- Food Insecurity	10%	10%		
- Teen Births (per 1,000 female population ages 15-	8	18	28	13
Clinical Care				
Overall Rank (best being #1)	22/64			
- Uninsured	11%	9%	11%	6%
- Population per Primary Care Provider	1,150	1,211	2,070	1,030
- Population per Dentist	1,940	1,220	2,410	1,240
- Population per Mental Health Provider	426	269	890	290
- Preventable Hospital Stays	2,444	2,617	4,710	2,761
- Mammography Screening	42%	41%	41%	50%
- Flu vaccinations	46%	49%	43%	53%
Social & Economic Factors				
Overall Rank (best being #1)	7/64			
- High school graduation	97%	92%	90%	96%
- Unemployment	6.6%	7.3%	3.9%	2.6%
- Children in Poverty	10%	11%	20%	11%
- Income inequality**	5.1	4.4	4.4	3.7
- Children in Single-Parent Households	18%	21%	32%	20%
- Violent Crime*	179	326	205	63
- Injury Deaths*	86	80	84	58
- Median household income	\$60,408	\$77,104	\$50,600	\$69,000
- Suicides	35	21	17	11
Physical Environment				
Overall Rank (best being #1)	17/64			
- Severe Housing Cost Burden	18%	14%	9.4	6.1
- Severe Housing Problems***	22%	16%	14%	9%
- Driving to work alone	57%	75%	81%	72%
- Broadband Access	85%	88%	31%	16%

*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

Key (Legend)

- Better than CO
- Same as CO
- Worse than CO

Source: County Health Rankings 2021 Report

Detailed Approach

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

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

Project Objectives

GVH partnered with QHR Health (“QHR”) to:

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

Overview of Community Health Needs Assessment

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

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

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

Specifically, the IRS requires:

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

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

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

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

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

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

To complete a CHNA:

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

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

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

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

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

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. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – 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) **Minority or Underserved Population** – 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) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

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 and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from survey respondents. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community 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 survey respondents 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 Gunnison County compared to all Colorado counties	December 2021	2013-2019
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	December 2021	2021
Bureau of Labor Statistics	Unemployment rates	January 2022	2020
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	December 2021	2019
NAMI Colorado	Statistics on mental health rates and services	February 2022	2021
Substance Abuse and Mental Health Service Administration	Statistics on drug use and health	February 2022	2017-2019
Colorado Drug Overdose Dashboard	Drug overdose rates and rates of prescription drugs dispensed	February 2022	2016-2020
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2022	2020
National Cancer Institute	Cancer disparities	March 2022	2020
National Cancer Institute	Cancer incidence rates	March 2022	2014-2018
Kaiser Family Foundation	Women's health statistics	March 2022	2020
Center for Housing Policy	Impact of housing on health	March 2022	2015
Zillow Home Value Index	Average Home Cost	March 2022	2022
Health Affairs: Leigh & Du	Impact of wage on health	March 2022	2018
Economic Policy Institute	Childcare costs in Colorado	March 2022	2020

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 and offered to the community through the Hospital social media page, 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 823 survey respondents was received. Survey responses started on January 24th, 2022, and ended on February 14th, 2022.
- Information analysis augmented by local opinions showed how Gunnison County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Having taken steps to identify potential community needs, the respondents 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 GVH process, the survey respondents 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 survey respondents then ranked each health needs importance from not at all (1 rating) to very (5 rating).

Survey Results

Q1: Please select which roles apply to you.

Answer Choices	Applies to Me	Does Not Apply to Me	Total
Community Resident	694	16	710
Healthcare Professional	211	372	583
Government Employee or Representative	105	427	532
Educator	93	431	524
Minority or Underserved Population	36	470	506
Public Health Official	26	486	512
Representative of Chronic Disease Group or Advocacy Organization	23	486	509
		Answered	746
		Skipped	81

Q3: If Gunnison County is not your primary county of residence, please list the county you do primarily reside in:

County	# of Responses
Hinsdale	6
Mesa County	5
Jefferson County, CO	4
Montrose	4
Routt County	3
El Paso	2
Harris County, TX	2
Oklahoma County, Oklahoma	2
Orange County, CA	2
Saguache County	2
Boulder	1
Chester County, PA	1
Colorado Spring	1
Cuyahoga	1
Davidson County TN	1
Delta	1
Grand County, CO	1
Imperial county, California	1
Larimer county	1
Moab Utah	1
Montgomery county, TX	1
Montgomery, Alabama	1
Ouray	1
Park County, WY	1
San Juan County	1
San Miguel	1
South Valley, Albuquerque	1
Tarrant	1
Texas	1
Tooele, UT	1
Uinta County	1
Yea	1

Q5: Which of these populations are prevalent/most common in your community?

Answer Choices	Responses
Low-income groups	348
Older adults	342
Women	304
Children	263
Individuals requiring additional healthcare support	193
Racial and ethnic minority groups	180
LGBTQ+	86
	Answered 569
	Skipped 258

Q6: What are the unique or pressings health needs, if any, of the above selected priority populations? *Responses summarized by key themes and highlight direct quotes that represent the majority.

Low-Income Groups:

Key health needs/challenges:

1. Affordability / Affordable Health Insurance Options (107 responses)
2. Access (43 responses)
3. Mental Health (24 responses)
4. Education (15 responses)
5. Prevention / Primary Care (8 responses)
6. Other responses – often related to other Social Determinants of Health such as housing, food insecurities, and employment/income (67 responses)

Key Quotes:

- Access to digital or cheap health care options
- Low-income groups can't afford a lot of the health resources or they are not offered in the community and need to travel
- Many college students can't afford basic mental and physical help
- Healthcare isn't affordable to these populations; financial assistance programs are needed
- Healthcare navigation and care manager for adults and in school system
- Lots of students (university) who need mental health support

Q6 (Cont.): What are the unique or pressings health needs, if any, of the above selected priority populations? **Responses summarized by key themes and highlight direct quotes that represent the majority.*

Older Adults:

Key health needs/challenges:

1. Specialist Needs (67 responses)
2. Affordability (34 responses)
3. Home Health and/or Senior Living Facility Needs (22 responses)
4. Mental Health (18 responses)
5. Transportation (17 responses)
6. Access (16 responses)
7. Other responses – often related to other Social Determinants of Health such as housing, food insecurities, advocacy/support, and cost of living (53 responses)

Key Quotes:

- Real wheelchair accessibility. Not even all GVH associated offices are accessible!
- Not many senior activities or resources
- Home health services
- Behavioral health needs at the Senior Care Center and Assisted Living Center. Lack of transportation outside direct city limits to help older adults who cannot drive access senior center resources or appointments in town
- Dermatology, specialties related to aging
- Access to various health care beyond basic examinations.
- Affordable health care and elder care options
- Orthopedic, heart health, hearing, vision, dermatology
- More specialists in Gunnison county
- Autonomy in health care decisions, lack of reassessing needs and mixes of medications
- Exercise programs/health promoting platforms for older residents

Q6 (Cont.): What are the unique or pressings health needs, if any, of the above selected priority populations? **Responses summarized by key themes and highlight direct quotes that represent the majority.*

Women:

Key health needs/challenges:

1. Specialist Needs (59 responses)
2. Affordability / Access to Affordable Insurance (18 responses)
3. Access (14 responses)
4. Prevention / General Wellness (13 responses) & Prenatal Care (5 responses)
5. Mental Health (10 responses) & Domestic Violence / Sexual Assault Resources (6 responses)
6. Access to Birth Control / Abortion Options (9 responses)
7. Other responses – often related to other Social Determinants of Health such as housing, food insecurities, and childcare (34 responses)

Key Quotes:

- More female doctors and opportunities for abortion.
- I believe there is only 1 OBGYN in the valley and there are no alternatives to hospital births any long in the county, those families have to leave the valley to have access to
- A dedicated, specifically trained women's healthcare provider
- Mental health woman's health
- A mammogram machine outside of the hospital and closer to home
- Support system for post-partum women
- Limited woman's care providers, need for gynecologist
- Lack of access to women's health specialists
- We only have one OB provider at this time. I personally have had a bad outcome with this provider and refuse to be seen by this provider
- OBGYN services, family planning services

Q6 (Cont.): What are the unique or pressings health needs, if any, of the above selected priority populations? **Responses summarized by key themes and highlight direct quotes that represent the majority.*

Children:

Key health needs/challenges:

1. Specialist Needs (32 responses)
2. Mental Health (24 responses)
3. Affordability (14 responses)
4. Access (14 responses) – specifically related to timely care and extended hours
5. Prevention / Vaccinations / Wellness Checks (13 responses)
6. Education (9 responses) – specifically related to healthy living and habits
7. Other responses – often related to other Social Determinants of Health such as food insecurities, education, and social support (39 responses)

Key Quotes:

- Healthy lifestyle education
- More primary care, well child services, childcare round the clock
- A dedicated, specifically trained pediatric provider
- Illness and injury resources
- Easy and low-cost access for illness and urgent care
- Mental health care
- Pediatrician experts
- Pediatric services of all kinds. Emergent and regular medical check ups

Q6 (Cont.): What are the unique or pressings health needs, if any, of the above selected priority populations? **Responses summarized by key themes and highlight direct quotes that represent the majority.*

Individuals requiring additional healthcare support:

Key health needs/challenges:

1. Specialist Needs (45 responses)
2. Affordability / Affordable Health Insurance Options (29 responses)
3. Mental Health (23 responses)
4. Home Health Needs (11 responses)
5. Others notable responses: Transportation (8), Access (8), Primary Care (6), Education (4), Lack of ADA compliance/discrimination of disabled (4), Navigation (3)
6. Other responses – often related to other Social Determinants of Health such as housing, food insecurities, and advocacy/support (14 responses)

Key Quotes:

- Not necessarily available in small communities
- Access to physician specialists
- More accessibility to mental health care, less prejudice
- Difficulty accessing specialties, barriers to access
- Transportation to specialists
- The disabled community is often disregarded or not given the proper medical care they need due to medical ableism.
- Gunnison county does not have higher levels of care available, all individuals needing more can than the valley can provide have to leave to either Grand Junction or Front Range.
- The community is extremely antagonistic to disabled people and there is a lot of discrimination and harassment of disabled people in Gunnison
- Increased access to specialty providers, assistance with navigating specialty clinics/care
- Navigation and guidance through the Healthcare system.

Q6 (Cont.): What are the unique or pressings health needs, if any, of the above selected priority populations? **Responses summarized by key themes and highlight direct quotes that represent the majority.*

Racial and ethnic minority groups:

Key health needs/challenges:

1. Need for Translators / Materials in other Languages / Language Barriers (48 responses)
2. Access (36 responses)
3. Affordability / Affordable Health Insurance Options (35 responses)
4. Representative / Culturally Informed Providers and Staff (13 responses)
5. Mental Health (12 responses)
6. Education (9 response) – specifically related to access in the community and health living
7. Other responses – often related to other Social Determinants of Health such as housing, food insecurities, and cost of living (22 responses)

Key Quotes:

- Non-English speakers need translators, adequate and affordable healthcare
- Healthcare professionals lack experience of working with these populations; education is not extended to these populations
- Better communication materials (hospital discharge instructions) in Spanish
- Language barrier, equal access, affordable health care insurance,
- Access to language appropriate medical service providers
- Health providers of their racial/ethnic groups
- Access to care despite language barrier (Cora)
- Consistent access to linguistically sensitive resources and frontline staff who have linguistic capacity. Lack of knowledge on existing and available resources.
- Culturally centered health care
- Language barriers are huge, most communication (signs and handouts discharge instructions) are in English only we have a large Spanish and Kora speaking population. Kora is not available on our translation application and Gunnison has the second largest Kora speaking population in the world. (fun fact)

Q6 (Cont.): What are the unique or pressings health needs, if any, of the above selected priority populations? **Responses summarized by key themes and highlight direct quotes that represent the majority.*

LGBTQ+:

Key health needs/challenges:

1. Mental Health (20 responses) – with specific LGBTQ+ trained therapist
2. Supportive / Informed Providers and Staff (11 responses)
3. General Stigma, Acceptance, Understanding Needed (11 responses)
4. Discrimination by Healthcare System (9 responses)
5. Other key themes: Affordability (8), Access (7), Specialist Needed (5), Education (5)
6. Other responses (10 responses) – mostly related to general wellness and Social Determinates of Health such as support and employment

Key Quotes:

- Supportive healthcare officials, representation, healthcare officials knowledgeable in the topics
- Healthcare professionals lack experience of working with these populations; education is not extended to these populations; planned parenthood should be in Gunnison Valley/known availability
- Access to finding gender-affirming medical care (e.g., referrals to surgeons). Get some trans or at least trans-aware therapists.
- Empathy and understanding of unique needs
- Mental health for transgender individuals
- The misgendering that happens within the medical system needs to stop. Helping Transgender people with their transitioning is needed and should be supported.
- Pushback in gender identity and gender assigned at birth, access to LGBTQ+ support counseling
- Sense of safety and inclusion.
- We have received education on communicating with this population, but our EMR still doesn't allow for proper gender identification

Q7: Please share comments or observations about the actions GVH has taken to address Mental Health.

Response Groups	Number of Responses
Notes increased efforts but not specific actions	71
Addition of behavioral health department	55
Unknown	43
Increased education/awareness	33
Addition of mobile crisis response team	18
There is still a lack of care	17
Great school resources	13
Making progress but more is needed	12
Need more mental health providers	11
Peer support specialist	10
Need more care for priority populations	5
Access to free mental health care	3
Increased prevention efforts	2
Other (1 comment or less)	14
	Answered 306
	Skipped 521

Key Quotes:

- GVH has done an amazing job offering mental health services in the community through an on-call therapists, in person counseling and a response team.
- A lot has been improved but we have a long way to go - there is more and more mental health issues
- The mobile crisis unit is a good first step toward addressing the numerous mental health crisis which occur all over Gunnison County. Unfortunately, there does not appear to be enough mental health therapy options for those of us not in crisis
- While increased posting on social media and in newspaper is noticed and appreciated, these services are disproportionately serving white, English-speaking, middle-class members of our community. Having mental health services offered in other languages (beyond telehealth options) is essential to reaching all the population.
- I am very impressed with the new Behavioral Health office that GVH has opened. It serves a serious need in the community. I look forward to watching the program grow!
- Much improved over the last several years, but I hear it can be difficult to make appointments without a several week wait.

Q8: Please share comments or observations about the actions GVH has taken to address Drug/Substance Abuse.

Response Groups	Number of Responses
Unknown	104
Addition of peer support	24
Addition of MAT clinic	23
Increased education/awareness	21
Unhappy with current services/need more services	20
Notes increased efforts but not specific actions	14
Addition of behavioral health department	9
Good education opportunities for students	7
Reduced opioid prescriptions	5
Addition of mobile crisis response team	5
Need more professionals	3
Need for detox facility	3
Need for bilingual resources	2
Feels that current opioid prescribing is insufficient to meet needs	2
Need for more Narcan availability	2
GCSAPP participation	2
Other (1 comment or less)	6
	Answered 252
	Skipped 575

Key Quotes:

- GVH offers non-opioid options for individuals with history of abuse.
- New MAT clinic - awesome! Wish we had more resources in this area, but this is a big step. Also appreciate the peer support folks.
- Love the post support specialists, probably could use quadruple the number.
- There needs to be an addition of a medical detox. There is no where for these people to go except the ER.
- Work on reducing prescription opioids was an important success.
- Working with the kids' program to get teens to stop using or not start.
- The Behavioral Health program has I think made great strides here. But, as far as I know, there isn't a real coordinated way including GVH, faith communities, nonprofits and others, to provide help for those leaving treatment centers and returning to Gunnison ... and perhaps we are isolated enough that we need treatment center here?

Q9: Please share comments or observations about the actions GVH has taken to address Suicide.

Response Groups	Number of Responses
Unknown	63
Increased education/awareness	49
Notes increased efforts but not specific actions	30
Not enough is being done	28
Addition of mobile crisis response team	17
Peer support specialist	17
Zero Suicide initiative	14
Suicide hotline	9
Student resources	8
More resources are available	4
Suicide prevention training for employees	4
Increased prevention efforts	3
Addition of behavioral health department	3
Great community partnerships	2
Other (1 comment or less)	7
	Answered 258
	Skipped 569

Key quotes:

- I see lots of advertisements in paper for suicide awareness and where to get help.
- Good start in community with crisis response and school system. Comprehensive outpatient treatment center could offer ongoing services to manage follow-up and path for healthy life
- I've seen more about mental health campaigning particularly on campus through programming and availability of resources than of suicide prevention itself.
- I am impressed with the program(s) GVH has initiated to support and assist persons experiencing difficult life issues and depression
- Do not only promote in English, we need Spanish information. Spanish speakers are not aware of the actions GVH is taking to address suicide.
- The peer support employees are extremely helpful when addressing patients that have thoughts of suicide or have attempted suicide.
- Zero suicide initiative and more training.

Q10: Please share comments or observations about the actions GVH has taken to address Alcohol Abuse.

Response Groups	Number of Responses	
Unknown	114	
Peer support specialist	21	
Notes increased efforts but not specific actions	18	
Increased education/awareness	13	
Not enough is being done/more is needed	12	
Addition of MAT clinic	10	
Addition of behavioral health department	7	
Addition of mobile crisis response team	6	
In need of detox facility	5	
AA/recovery support	3	
Student resources	2	
Help hotline	2	
Safe ride	2	
Other (1 comment or less)	5	
	Answered	220
	Skipped	607

Key quotes:

- GVH has started a behavioral health program that partners with Front Range clinic for MAT services
- Individuals with drug/alcohol abuse benefit from enhanced mental health resources such as Peer Support and Mobile Crisis.
- Alcohol abuse in the valley is a pressing issue and whole I know steps have been taken to combat it, the affect has seemed minimal
- I don't know -- it's not obvious what is being done. A LOT of people are drinking more since COVID and before.
- I believe that the new Behavioral Health center does a great job with this. Particularly the Peer Support Specialists!
- I have seen efforts in this area but feel that we do need a separate facility to assist with this.
- MAT program advertisement, peer support program

Q11: Please share comments or observations about the actions GVH has taken to address Affordability.

Response Groups	Number of Responses
Unknown	106
Nothing has been done	47
Prices are still too high/getting worse	34
Financial assistance program	10
Health fairs/free services	10
Affordable housing for employees	9
Notes increased efforts but not specific actions	8
Increased efforts to work with all insurance/underinsured/uninsured	7
Increased education/awareness	4
Grants	4
Increased minimum wage	4
GVH does not accept all insurance	3
Billing issues	3
Payment plans	2
Cash payment options	2
High cost of living is an issues	2
More help for priority populations	2
Other (1 comment or less)	4
	Answered 261
	Skipped 566

Key quotes:

- The housing price and inflation within the community is only getting worse. It seems like nothing is being done.
- The foundation has grants for access but I'm not sure that is well publicized
- Increased wages and the units at Paintbrush are a step but we are still in need of so much more.
- Program available for low-income individuals
- Better housing options for healthcare workers
- Financial assistance program, grants, donors and payment plans
- GVH has facilitated better communication among community service providers through a Community Health Coalition. This allows for more coordinated and comprehensive services to those that need them.

Q12: Do you believe the above data accurately reflects your community today?

Answer Choices	Response Percent	Responses
Yes, the data accurately reflects my community today	82.6%	371
No, the data does not reflect my community today	17.4%	78
Comments on your answer or the above data:		175
	Answered	449
	Skipped	378

Summary of Comments (Grouped by themes):

- Housing Crisis/Cost: 36 respondents believed it is understated, 2 said it was overstated
- Drug/Substance Abuse: 15 respondents said drinking was more of a problem than stated. 4 thought smoking is also more of an issue than reported, and 1 thought it was less.
- Income: 10 respondents believed the median household income was too high, 1 thought it was too low, and an addition 2 noted it seemed off, but didn't specify how.
- Food Insecurity: 7 respondents thought there was more food insecurity than reported, 2 thought it was less of an issue that reported, and 1 noted it seemed inaccurate.
- Other key themes thought the community was more diverse (5), thought there was more uninsured community members than stated (5), unemployment seemed overstated (4)
- 58 responses were general commentary on the data and there was 54 other responses (i.e. I don't know, seems right, based on what I know it is accurate, etc.)

Key Quotes:

- I think the severe housing problems and housing costs burden is higher
- I am surprised that the median HH income is as high as it is, perhaps skewed by the north end of the valley?
- The high-end income skews the average.
- But so much of the population is transient with summer homeowners and influxes of tourists, the "population" is larger than just who lives here year round
- Housing cost is probably higher and getting more so every week.
- Would expect Income Inequality to be higher. Too many Second homeowners in the valley that are not being counted. Add up to significant burden to the housing market.

Q13: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	1	9	28	94	311	443	4.59
Substance Abuse	7	11	43	137	247	445	4.36
Cancer	4	12	58	155	217	446	4.28
Women's Health	2	7	76	142	211	438	4.26
Heart Disease	2	20	103	176	140	441	3.98
Dental	3	34	109	147	150	443	3.92
Mobility/Orthopedics	5	26	117	142	146	436	3.91
Stroke	5	29	131	158	112	435	3.79
Alzheimer's and Dementia	4	35	137	156	113	445	3.76
Lung Disease	5	32	137	153	110	437	3.76
Diabetes	5	30	150	149	109	443	3.74
Liver Disease	5	46	160	139	88	438	3.59
Kidney Disease	6	47	158	141	85	437	3.58
Obesity	18	74	136	115	97	440	3.45
Other (please specify)						40	
						Answered	450
						Skipped	377

Key comments:

- Chronic autoimmune disease
- Other neurological diseases
- Costs
- Dermatology and Vision
- We need Integrative Medicine doctors
- Preventative care to fight obesity, lung disease, heart disease should be a priority
- Neurology for children/adults
- Trans healthcare and education for providers.
- Hunger / food security; nutrition
- Sleep and nutrition

- Urology
- Parkinson's disease
- People of Color's health needs.
- Environmental toxin exposure (heavy metals, hormones)
- Wound care
- Neuro -- Parkinson's, etc
- The medical community in the Gunnison Valley has a HUGE blind spot concerning women's health, especially pain management.
- Health care in this valley is NOT affordable. I have insurance but it does me NO good constantly being told I have to pay out of pocket to be treated here.
- Hearing, Dermatology
- Pediatrics
- Suicide
- Dermatology, GI
- Eye health
- Elder neglect
- Many health issues are tied to obesity
- Mental Health
- Health care expense
- Vaping is a growing trend among youth (I know this is captured by "substance abuse") and I think it warrants special attention
- Elder abuse, domestic violence
- I think as a rural hospital it is important to think about what care needs to be done now and here vs. things that can be delivered/referred out of the county that is less acute and frequent
- Convenient care in the north valley
- Following precautions for COVID and other transmissible diseases - moderate to high.
- Senior care

Q14: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Healthcare Services: Affordability	1	7	41	94	296	447	4.53
Affordable Housing	11	7	39	137	319	449	4.52
Employment and Income	6	12	74	155	226	445	4.25
Access to Childcare	13	16	68	142	233	444	4.21
Healthcare Services: Prevention	3	19	83	176	203	444	4.16
Education System	8	18	90	147	214	442	4.14
Access to Senior Services	3	15	88	142	187	448	4.13
Healthcare Services: Physical Presence	5	13	96	158	188	442	4.12
Access to Healthy Food	9	19	90	156	199	446	4.1
Social Support	7	22	126	153	149	445	3.91
Community Safety	12	31	112	149	157	444	3.88
Social Isolation	8	28	132	139	141	441	3.84
Transportation	9	37	131	141	126	442	3.76
Access to Exercise/Recreation	43	49	108	115	145	445	3.57
Other (please specify)						17	
						Answered	450
						Skipped	377

Key Comments:

- Medical accuracy
- All are important. Affordable Housing is unattainable in a ski town as it is with oceanfront properties. Wages need to be increased to meet the cost of living.
- Mental health effects physical health!
- EMTs response to emergencies is slow
- Health care affordability
- Access to after school/summer care for working parents. Transportation options out of the valley for appointments and other needs
- Access for disabled people
- Substance Free Community Spaces - late night
- Simple routine services here are unaffordable for those insured.

- Regarding childcare many businesses you can bring your kids to work even 30 years ago when I was doing kids. Additionally, if you can't afford childcare or don't have a family in place to do your childcare for free don't have the kids!
- Mental Health providers
- Secure, stable housing
- Continuity of care - bringing people to and from care out of the community and making sure everyone in their care "network" is talking to each other.
- Convenient care in the north valley
- GVH is doing a great service with the Senior Transportation Service. Great asset.
- There is plenty of Access to Exercise/Recreation

Q15: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Livable Wage	19	8	41	121	257	446	4.32
Drug/Substance Abuse	31	25	53	125	209	443	4.03
Excess Drinking	33	17	76	136	180	442	3.93
Employment	25	23	98	124	175	445	3.9
Diet	17	28	128	149	121	443	3.74
Smoking/Vaping/Tobacco Use	46	31	95	118	149	439	3.67
Physical Inactivity	34	63	142	96	106	441	3.4
Risky Sexual Behavior	59	41	139	109	90	438	3.3
Other (please specify)						12	
						Answered	448
						Skipped	379

Key Comments:

- Mental Health
- Working conditions
- Health care here needs to be AFFORDABLE
- Marijuana

Overall list of health priorities:

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.59
Healthcare Services: Affordability	4.53
Affordable Housing	4.52
Substance Abuse	4.36
Livable Wage	4.32
Cancer	4.28
Women's Health	4.26
Employment and Income	4.25
Access to Childcare	4.21
Healthcare Services: Prevention	4.16
Education System	4.14
Access to Senior Services	4.13
Healthcare Services: Physical Presence	4.12
Access to Healthy Food	4.10
Drug/Substance Abuse	4.03
Heart Disease	3.98
Excess Drinking	3.93
Dental	3.92
Mobility/Orthopedics	3.91
Social Support	3.91
Employment	3.90
Community Safety	3.88
Social Isolation	3.84
Stroke	3.79
Alzheimer's and Dementia	3.76
Lung Disease	3.76
Transportation	3.76
Diabetes	3.74
Diet	3.74
Smoking/Vaping/Tobacco Use	3.67
Liver Disease	3.59
Kidney Disease	3.58
Access to Exercise/Recreation	3.57
Obesity	3.45
Physical Inactivity	3.40
Risky Sexual Behavior	3.30

Q16: Why do you choose Gunnison Valley Health for your healthcare? (please select all that apply)

Answer Choices	Responses	
Location/Convenience	7.32%	33
Quality of Care	9.09%	41
Affordability of Care	14.63%	66
Expertise in Specific Illness/Treatment	14.86%	67
Courtesy of Staff	15.96%	72
Recommendation by Family/Friends	34.37%	155
Range of Services Provided	35.48%	160
I receive my healthcare somewhere other than GVH	87.14%	393
	Answered	451
	Skipped	376

Q17: What healthcare services do you receive somewhere other than GVH? (please select all that apply)

Answer Choices	Responses	
Dental	61.20%	265
Eye Care	49.42%	214
Dermatology	39.26%	170
Gynecology	26.79%	116
Primary Care	22.17%	96
Orthopedics	19.40%	84
Physical Therapy	19.40%	84
Allergy & Immunology	12.70%	55
Integrative Therapies	11.32%	49
Behavioral Health	11.09%	48
Colonoscopy	10.85%	47
Urology	10.85%	47
Cardiology	9.24%	40
Surgical Services	8.78%	38
Ophthalmology	8.55%	37
None, I receive all of my care from GVH	8.08%	35
Pediatrics	8.08%	35
Nutrition & Diet	7.85%	34
Audiology	7.62%	33
Cancer Treatment	7.39%	32
Neurology	7.16%	31
Otolaryngology/Ear, Nose and Throat	6.47%	28
Health Education	5.54%	24
Sports Medicine	5.31%	23
Endocrinology	5.08%	22
Pulmonary Medicine	5.08%	22
Urgent Care	4.62%	20
Radiology	4.16%	18
Inpatient Services	3.93%	17
Obstetrics	3.93%	17
Occupational Therapy	3.46%	15
Oncology/Hematology	3.46%	15
Respiratory Care	3.00%	13
Emergency Services	2.77%	12
Nephrology	1.85%	8
Paramedics	1.39%	6
Speech Therapy	1.39%	6
Vascular Services	1.39%	6
Home Healthcare	0.92%	4
Hospice & Palliative Care	0.46%	2
Senior Living & Transport	0.23%	1
Other (please specify)	9.24%	40
	Answered	433
	Skipped	394

Comments

- :Mental health
- Allergist
- None really
- Rheumatology
- Pretty much everything
- Rheumatology
- Cancer Surgery Tumor surgery was done in Denver, Oncology follow-up with Dr Blanchet has been outstanding. Hip replacements and know operation done here in valley.
- Kidney care
- Podiatry
- VA health care
- Therapy for autism and transgender
- Podiatry
- Luckily, I try to stay healthy so I'm not having to use GVH
- VSON
- Endovascular
- public health clinic
- Chiropractic Care, physical therapy, orthopedics
- Gynecologic surgery
- Rheumatology
- Chronic Pain Management
- Wholistic health care
- Urgent care
- Plastic surgery
- Chiropractor
- Body work, acupuncture
- Routine & internal med care
- I have learned the hard way while being treated in the valley is the most convenient and there are some excellent health care providers. It is not AFFORDABLE!
- Spine specialist
- Gastroenterology
- Breast Care/Mammograms
- Podiatry
- Endodontist
- Cardiac care is something needed
- X-ray Montrose cheaper
- Women's health. I was hemorrhage bleeding following a miscarriage and i drove to Montrose.
- BHRT
- Mammograms
- Gall bladder referral

Q18: What services do you think should be brought to the Gunnison Valley?

Summary of Responses

Dermatology	60
Mental Health	30
Women's Health	29
<i>OB/GYN</i>	23
<i>GYN</i>	3
<i>Midwife</i>	2
<i>Delivery</i>	1
Dental	19
Cardiology	18
Urology	17
Integrative Med	16
Cancer Services	14
<i>Oncology</i>	9
<i>Radiation</i>	5
Pediatrics	12
Vision Services	11
<i>Vision</i>	4
<i>Cataract surgery</i>	3
<i>Ophthalmologist</i>	3
<i>Retina specialist</i>	1
Neurology	9
Podiatry	9
Endocrinology	8
Pulmonology	6
ENT	5
Allergy/Immunology	5
GI	5

*all others less than 5

Key Quotes:

- I think the health system has done an amazing job in bringing additional services to our community. I cannot think of additional services needed at this time
- Affordable classes on healthy habits
- Greater diversity in therapists, better referrals
- Reasonable and affordable primary care.
- The current service need to become reliable and accurate before additional services are considered.
- More primary care / it is central to healthcare management and makes financial sense. Patients can go outside the county for specialty services
- Improve what we have and strive to make it more affordable instead of trying to increase services which will just increase cost to the working class.
- hard for small town to fill all needs. perhaps a simple, quicker streamlining of applicable information to hospitals that are large enough to handle all services

Q19: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, planning for changes to daily behavior	43.05%	189
Some impact, does not change daily behavior	35.54%	156
Significant daily disruption, reduced access	14.35%	63
No impact, no change	4.56%	20
Severe daily disruption, immediate needs unmet	2.51%	11
	Answered	439
	Skipped	388

Q20: How has COVID-19 affected your employment?

Answer Choices	Responses	
Not employed	18.45%	81
Same job, working in person	46.47%	204
Same job, working remote	11.85%	52
Different job, working in person	7.97%	35
Different job, working remote	2.51%	11
Other (please specify)	12.76%	56
	Answered	439
	Skipped	388

Key Comments:

- I got my job from COVID, someone quit and it opened a vacancy
- Different job; working both in person and remote
- I work in a restaurant and lost a lot of work when we closed and now I'm at risk everyday I work for visitors who don't wear masks.
- Same job working less and second job started
- Retired
- Have always worked from a home office

- Working at home half time
- Unemployment
- Different job, working in person but change not related to COVID
- Worked remotely which I LOVED. I am now in-person which is VERY STRESSFUL
- Lots of my work disappeared
- I am self employed in a profession requiring close personal contact with clients. I have had to close down my business, during the last two weeks for instance, due to repeated COVID exposures. A month ago I contracted COVID as a result of client contact.
- Self employed
- Retired a little early to avoid COVID contact
- Working remote and in person
- Covid essentially precluded my ability to work in any setting involving public exposure, which were the vast majority of unfilled jobs. With no income, I finally had to leave Gunnison and move to Silverton, where I had a suitable job within days
- Working more, more stress at work
- I have missed a lot of work because of quarantine, or being sick, or strict illness protocols
- Student
- Business where I worked closed
- Stay at home mom
- Left a contract job due to covid in an coworkers child.
- Quit working to take care of child
- Retired during the pandemic.
- Same job, hybrid in-person and remote with great flexibility when a staff member isn't feeling well.
- Retired but actively working to support the Pandemic Response Team.

Q21: 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):

Answer Choices	Responses	
Social support systems	60.53%	253
Employment	57.18%	239
Housing	55.50%	232
Childcare	49.76%	208
Education	47.61%	199
Food security	40.19%	168
Poverty	38.76%	162
Access to healthcare services	36.60%	153
Transportation	31.34%	131
Public safety	25.84%	108
Racial and cultural disparities	23.21%	97
Nutrition	21.53%	90
Other (please specify)	8.37%	35
	Answered	418
	Skipped	409

Key quotes:

- Our redundancy issues. I've been kicked off of appointments multiple times because I don't live in a secure area and not comfortable (or don't know all options) using public wifi while in a medical appointment.
- All Services and Entertainment
- Worship
- Social activity
- Access to the nursing home

- COVID has effected everything.
- Church shutdowns- no spiritual support
- Psychologic wellbeing, behavioral health, compliance
- Inflation of all goods and services.
- Social isolation, political polarization
- The GVH clinic facility (family medicine) lobby was a very scary place to be during Covid, especially after adding Urgent Care patients.
- Mental health and constant stress due to the general stress of covid on our community here and my extended family
- Fitness
- Polarization
- The bus system was severely curtailed by Covid. Limited number of riders and lack of drivers.
- Community division
- Convenience of stuff has changed, hasn't really affected too much.
- Social and health damage caused by "Experts".
- The annual blood work at the health fair is REALLY important and has been cancelled for 3 yrs
- Recreation. I won't go to rec center with no one wearing masks
- Mental health of the community in general
- Mental Health
- I am sure all of these have been impacted in some way. I have had minimal impact. Social activities would be the most impacted and sometimes have been an improvement. Less people in the county visiting increases the quality of life here.
- More polarized political views

Q22: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
All types of healthcare services	12.74%	54
Primary care (routine visits, preventative visits, screenings)	34.43%	146
Specialty care (care and treatment of a specific health condition that require a specialist)	21.46%	91
Elective care (planned in advance opposed to emergency treatment)	14.62%	62
Urgent care/Walk-in clinics	4.48%	19
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	2.12%	9
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	2.59%	11
None of the above	39.15%	166
Other (please specify)	7.78%	33
	Answered	424
	Skipped	403

Key quotes:

- Mental Health
- Dental
- Since I got cancer last year, I have been in hospitals during COVID more than any other time in my life.
- Transgender and autism
- Routine blood tests
- It's not that we have delayed accessing health care, it's health care that has delayed access
- Mental health
- Gunnison Health Fair attendance
- Dental and Eye Care.
- It isn't that I delayed accessing, it was that no appointments were available for months, so I ended up seeing a doctor in Montrose who could get me in within 2 weeks for my arm, which ended up being broken

- At the height of the pandemic, I chose not to voluntarily expose myself to the hospital and did not receive an annual mammogram.
- Vision care from provider in Montrose
- Dental
- Community blood draw
- Delayed taking toddler to dentist for 6 mo.
- Telemedicine has helped

Q23: How can healthcare providers, including Gunnison Valley Health continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	77.36%	311
Offering alternatives to in-person healthcare visits via telehealth or virtual care	63.43%	255
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	47.26%	190
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	46.27%	186
Sharing local patient and healthcare providers stories and successes with the community	23.88%	96
Other (please specify)	12.44%	50
	Answered	402
	Skipped	425

Key Comments:

- Financial considerations
- Keep providing basic health screening services for the public during health fair events when positive Covid cases are low.
- Fast results to cover tests
- Return to normal. Letting someone be with the patient during appointments
- Virtual urgent care
- Address COVID's effect on mental health and society. Less stress.

- Having the Gunnison Health Fair someday
- Continue to encourage (with scientific evidence) PUBLIC HEALTH MEASURES like vaccinations and masking in crowded indoor spaces
- Vaccine mandate for all GVH employees so I feel safe seeking care
- The GVH Patient Portal(s) are not 'state of the art' channels for communication. Teli-medicine is a better model, and a comparable system for face-to-face interactions for patients to get questions answered would be much more effective.
- Continue to support your staff with great working conditions and great wages
- Connecting with our Cora residents regularly about health and social issues.
- Making testing easy and affordable in north end of valley
- Respect personal healthcare privacy
- Health problem providers have done a good job
- Upgrade facilities to anticipate future similar events.
- Less stigma towards patients seeking medication that actually helps the.
- Outreach to Hispanic community and elderly who may not have access to social media
- Keep people's info private
- Less reactionary
- Advising the population of services that can be obtained/accessed without cost and adding additional service without cost to patients
- Possibly provide zoom mental health groups for community members, I get the sense that so many people feel overwhelmed right now and a support group on zoom might be easier for someone to go to versus make an appointment with a therapist
- Continue the vaccination clinics and enhanced food pantry assistance, etc.
- Continue to facilitate testing, staying informed on evolving treatment modalities and continuing to support Pandemic response efforts such as planning, coordination and vaccination clinics.
- Continuing to recruit more professionals/more health care professionals to the valley, treat your own staff well and retain them, fund health care better, advocate for single payor system, reduce fees
- COVID-19 Testing has been a critical service for the community

Q24: 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)

Answer Choices	Responses	
Video visits with a healthcare provider	70.28%	272
Patient portal feature of your electronic medical record to communicate with a healthcare provider	45.74%	177
Telephone visits with a healthcare provider	43.67%	169
Virtual triage/screening option before coming to clinic/hospital	42.89%	166
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	40.57%	157
Smartphone app to communicate with a healthcare provider	40.05%	155
Other (please specify)	10.08%	39
	Answered	402
	Skipped	425

Key quotes:

- Assistance for those without access to computers
- I believe virtual care is good for some people but can encourage others to not seek help at all.
- In person is best
- Telephones can be very difficult for the hearing impaired.
- Routine bloodwork with at home finger prick
- Remote Fetal monitoring at Mtn clinic with telehealth to GVH RNs and providers.
- None, I do not believe a patient can be adequately triaged and assessed over telehealth
- Not all have access to virtual/cell service not available in all areas
- Health care providers need to work with insurance companies here. Including other sources Physical Therapy, Message ect.
- Mobile services
- Better platform for reviewing billing accounts and payment history

- Upgrade critical care facilities.
- Accessibility
- Less stigma towards people seeking medication that helps them
- Many seniors don't 'get' video telehealth, regular phone calls are better. Patient portals provided by software companies for example all scripts merely service data collection repositories for that software provider and are quite often sold or traded so I would never participate in a patient portal
- Use My Chart!
- EPIC to allow for external EMRs to be viewed for continuity of care
- Finding ways to keep the public informed of currently available remote care options.
- Any of these are fine as long as they are simply forward-thinking for good healthcare practices and not just reactionary

Q25: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	74.35%	316
Mental health	70.12%	298
Elder/senior care	54.12%	230
Urgent care/Walk-in clinics	53.65%	228
Women's health	51.76%	220
Substance abuse services	51.53%	219
Specialty care	46.59%	198
Emergency care	45.88%	195
Pediatrics/children's health	44.24%	188
EMS/Paramedic Service	43.53%	185
Chronic disease management programming	32.47%	138
Other (please specify)	9.41%	40
	Answered	402
	Skipped	425

Key quotes:

- Do we only have 1 female OBGYN?
- We need a hospital that can handle emergencies

- Primary care option with GVH in CB
- State of the art tests vs old school tests
- Dietary programs to reduce obesity and other health conditions. Good diet goes a long way to creating a health community
- Integrative Medicine!
- Intensive care services
- Lifestyle education
- Dental
- Preventative care / protective factors
- VSON Vail-Summit Orthopaedics & Neurosurgery
- Why aren't "health care" professionals focusing on nutrition, exercise & prevention?
- More BIPOC nurses and doctors
- Support for disabled people
- Prevention
- They are all critical
- Interventional cardiology
- Cancer
- Critical Care
- Better, less stigmatized care
- Recruitment of PCPs as several providers are nearing retirement. Recruitment of pediatrician as current MD is moving, new EMS facilities
- Wellness education
- Cancer and cardiac
- Homeopathic treatment
- Dental and hearing care
- High-quality Interpretation Services for non-English speakers
- Over 65 is the largest growing population
- Work with Health Shares like most other out of county hospitals we go to

Q26: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.

Comments Summarized by Key Themes:

- Provide appropriate pandemic related updates/information (26 responses)
- Affordability (8 responses)
- Mental Health (6 responses)
- Have multiple avenues to access care (5 responses)
- More available COVID testing (5 responses)

Key Quotes:

- The loss of the community health fair for 2 years concerns me - could we have the community members have walk in blood tests over a longer time period so everyone can get this testing opportunity - early diagnosis is so important
- Current website is adequate
- Gunnison has done an excellent job making vaccines easy and accessible for all.
- Good communication. Trying to NOT limit visitors at hospital
- Access to a COVID-19 hotline for questions, already like the text updates for COVID tests etc, access to free vaccines and tests, pick-up grocery store shopping options. Faster turn-around times for COVID testing results. Though overall, I feel supported in this community!
- Help us focus on other things to bolster our health (individually and as a community). Focusing on COVID is depressing and isolating, and it would be amazing to come out of this more healthy and connected somehow
- Cancellation of annual Health Fair Blood Draw has caused loss of vital data to judge my year-to-year health. Blood draw cancelled too casually.
- GVH's ability to respond has been compromised by factors beyond its control. Notwithstanding, its collaboration with other agencies, both civil/governmental, and NGO's has been extremely valuable. Strengthening these relationships would empower a more effective community response to future threats and challenges to protecting and enhancing the wellbeing of the community.
- Text/email link to current county guidelines as changes are made.

GUNNISON VALLEY HEALTH

May 2022 Board Meeting

April 2022 Financial Review



GUNNISON VALLEY HEALTH

HOSPITAL
SENIOR CARE CENTER
HOME MEDICAL SERVICES
ASSISTED LIVING
FAMILY MEDICINE CLINIC
MOUNTAIN CLINIC
HOSPICE AND PALLIATIVE CARE
FOUNDATION

M. VanderVeer
May 24, 2022



Financial Overview Agenda

- Overview of April 2022 & YTD Financial Results
 - Gunnison Valley Hospital
 - Gunnison Living Community
 - Gunnison Valley Health Foundation
 - Gunnison Valley Health Care Services, LLC



April 2022 Financial Results – Health System

April-22

	MONTH TO DATE						
	Net Income	Budget	Var	% Var	P/Y	Var	% Var
GVH	\$ (480,602)	\$ 211,477	\$ (692,079)	-327.3%	\$ 365,347	\$ (845,949)	-231.5%
SCC	\$ (304,702)	\$ (200,841)	\$ (103,861)	-51.7%	\$ (253,446)	\$ (51,256)	-20.2%
Hospice	\$ (6,584)	\$ 2,300	\$ (8,884)	-386.3%	\$ 783	\$ (7,367)	-940.9%
Home Health	\$ (55,087)	\$ (12,749)	\$ (42,338)	-332.1%	\$ (25,932)	\$ (29,155)	-112.4%
Assisted Living	\$ (12,336)	\$ (16,410)	\$ 4,074	24.8%	\$ (14,682)	\$ 2,346	16.0%
Senior Living Community	\$ (378,709)	\$ (227,700)	\$ (151,009)	-66.3%	\$ (293,277)	\$ (85,432)	-29.1%
Foundation	\$ (241,380)	\$ (25,402)	\$ (215,978)	-850.2%	\$ 47,415	\$ (288,795)	-609.1%
Health System Total	\$ (1,100,691)	\$ (41,625)	\$ (1,059,066)	2544.3%	\$ 119,485	\$ (1,220,176)	-1021.2%
GVHCS LLC	\$ (29,699)	\$ (65,768)	\$ 36,069	-54.8%	\$ (87,211)	\$ 57,512	100.0%
Grand Total	\$ (1,130,390)	\$ (107,393)	\$ (1,022,997)	952.6%	\$ 119,485	\$ (1,249,875)	-1046.1%

Variances

- System wide:
 - Net Operating Revenue was (\$725k) unfavorable – driven by lower gross charges.
 - Operating expenses were \$129k favorable – various drivers
 - Non-operating expenses were (\$427k) unfavorable – driven by unrealized investment losses of \$376k and unfav property tax revenue of \$43k (timing)



April 2022 Financial Results – Health System

YTD April 2022

	YEAR TO DATE						
	Net Income	Budget	Var	% Var	P/Y	Var	% Var
GVH	\$ 142,509	\$ 1,319,346	\$ (1,176,838)	-89.2%	\$ 2,577,217	\$ (2,434,709)	-94.5%
SCC	\$ (1,101,849)	\$ (976,633)	\$ (125,216)	-12.8%	\$ (929,251)	\$ (172,598)	-18.6%
Hospice	\$ (15,117)	\$ 24,211	\$ (39,328)	-162.4%	\$ 25,337	\$ (40,454)	-159.7%
Home Health	\$ (207,234)	\$ (33,084)	\$ (174,150)	-526.4%	\$ (36,679)	\$ (170,555)	-465.0%
Assisted Living	\$ (53,768)	\$ (66,197)	\$ 12,429	18.8%	\$ (50,012)	\$ (3,756)	-7.5%
Senior Living Community	\$ (1,377,968)	\$ (1,051,703)	\$ (326,265)	-31.0%	\$ (990,605)	\$ (387,363)	-39.1%
Foundation	\$ (275,386)	\$ 71,334	\$ (346,719)	-486.1%	\$ 187,694	\$ (463,080)	-246.7%
Health System Total	\$ (1,510,846)	\$ 338,977	\$ (1,849,822)	-545.7%	\$ 1,774,306	\$ (3,285,152)	-185.2%
GVHCS LLC	\$ (100,011)	\$ (50,317)	\$ (49,694)	98.8%	\$ (87,258)	\$ (12,753)	100.0%
Grand Total	\$ (1,610,857)	\$ 288,660	\$ (1,899,516)	-658.0%	\$ 1,774,306	\$ (3,385,163)	-190.8%

Variations

- System wide:
 - Net Operating Revenue was (\$1.82M) unfavorable – driven by lower gross charges
 - Operating expenses were \$971k favorable – various drivers
 - Non-operating expenses were (\$748k) unfavorable – driven by unrealized investment losses totaling (\$1.1M) YTD



April 2022 Financial Results – Hospital

Gunnison Valley Hospital (Page 5) April 2022

	Actual	Budget	Variance
Total Patient Revenue	7,975,400	9,250,979	(1,275,579)
Revenue Deductions	(3,797,669)	(4,230,780)	433,111
Net Patient Revenue	4,177,731	5,020,199	(842,468)
Net Patient Revenue Margin	52.4%	54.3%	-1.9%
Other Operating Revenue	153,175	134,349	18,826
Net Operating Revenue	4,330,906	5,154,548	(823,642)
Net Operating Revenue Margin	54.3%	55.7%	-1.4%
Operating Expenses	4,647,106	4,958,479	311,373
Net Operating Income	(316,200)	196,069	(512,269)
Non-Operating Income/(Expense)	(164,402)	15,408	(179,810)
Total Income	(480,602)	211,477	(692,079)

Key Variances:

- Gross Revenue was (\$1.28M) Unfavorable driven by:
 - OR/Recovery (\$498k), Pharmacy (\$479k) and Anesthesiology (\$199k) Unfavorable
- Net Patient Revenue was (\$842k) unfavorable
 - (\$692k) due to lower Gross Revenue
 - (\$151k) due to lower Net Revenue Conversion
- Operating Expenses were \$311k Favorable
 - Supplies \$148k favorable – driven primarily by Pharmacy, OR and Food supplies
 - Physician Fees \$83k favorable
 - Salaries, Contract Labor and Benefits \$40k favorable
 - Travel and Education \$31k favorable
- Non-Operating Income/(Expenses) were (\$180k) unfavorable due to (\$198k) unfavorable change in market value of investments



April 2022 YTD Financial Results – Hospital

Gunnison Valley Hospital (Page 5) YTD April 2022

	Actual	Budget	Variance
Total Patient Revenue	36,062,712	39,178,105	(3,115,393)
Revenue Deductions	(16,469,722)	(18,141,787)	1,672,065
Net Patient Revenue	19,592,990	21,036,318	(1,443,328)
Net Patient Revenue Margin	54.3%	53.7%	0.6%
Other Operating Revenue	481,964	536,122	(54,158)
Net Operating Revenue	20,074,954	21,572,440	(1,497,486)
Net Operating Revenue Margin	55.7%	55.1%	0.6%
Operating Expenses	19,246,772	20,328,064	1,081,292
Net Operating Income	828,182	1,244,376	(416,194)
Non-Operating Income/(Expense)	(685,673)	74,970	(760,643)
Total Income	142,509	1,319,346	(1,176,837)

Key Variances:

- Gross Revenue was (\$3.12M) Unfavorable driven by:
 - OR, Recovery & Anesthesia (\$1.81M) and Pharmacy (\$1.23M) Unfavorable
- Net Patient Revenue was (\$1.44M) unfavorable
 - (\$1.7M) due to lower Gross Revenue, offset by
 - \$216k favorable due to higher Net Revenue Conversion
- Operating Expenses were \$1.1M Favorable
 - Pro Fees \$238k favorable
 - Supplies \$225k favorable
 - Purchase Services \$202k favorable
 - Salaries, Contract Labor and Benefits \$186k favorable
 - Travel and Education \$96k favorable
 - Collection Fees \$126k favorable
- Non-Operating Income/(Expenses) were (\$761k) unfavorable due to (\$812k) unfavorable change in market value of investments



April 2022 Financial Results – Gunnison Living Community

Gunnison Living Community (Page 6) April 2022

	Actual	Budget	Variance
Total Resident/Patient Revenue	555,256	663,691	(108,435)
Revenue Deductions	(84,136)	(109,752)	25,616
Net Patient Revenue	471,120	553,939	(82,819)
<i>Net Patient Revenue Margin</i>	84.8%	83.5%	1.4%
Other Operating Revenue	191,530	34,028	157,502
Net Operating Revenue	662,650	587,967	74,683
<i>Net Operating Revenue Margin</i>	119.3%	88.6%	30.8%
Operating Expenses	1,160,086	965,966	(194,120)
Net Operating Income	(497,436)	(377,999)	(119,437)
Non-Operating Income/(Expense)	118,727	150,299	(31,572)
Total Income	(378,709)	(227,700)	(151,009)

Key Variances:

- Gross Revenue was (\$108k) Unfavorable driven by:
 - SCC (\$99k) unfavorable – ADC of 37 vs 47 budget
 - Home Health/Hospice (\$14k) unfavorable – Driven by lower Hospice and Palliative care days.
- Net Patient Revenue was (\$83k) Unfavorable
- Operating Expenses were (\$194k) Unfavorable to budget – driven by Contract labor:
 - This is an increase from prior months as we went from an avg. of 11 paid contract FTE in Q1 to 17 in April (no longer have CO state provided contract labor).
- Non-Operating income was Unfavorable \$32k related to tax revenue (\$43k unfav. due to timing).



April 2022 YTD Financial Results – Gunnison Living Community

Gunnison Living Community (Page 6)

YTD April 2022

	Actual	Budget	Variance
Total Resident/Patient Revenue	2,219,482	2,699,767	(480,285)
Revenue Deductions	(341,159)	(443,520)	102,361
Net Patient Revenue	1,878,323	2,256,247	(377,924)
<i>Net Patient Revenue Margin</i>	84.6%	83.6%	1.1%
Other Operating Revenue	294,023	136,112	157,911
Net Operating Revenue	2,172,346	2,392,359	(220,013)
<i>Net Operating Revenue Margin</i>	97.9%	88.6%	9.3%
Operating Expenses	3,997,397	3,877,912	(119,485)
Net Operating Income	(1,825,051)	(1,485,553)	(339,498)
Non-Operating Income/(Expense)	447,082	433,850	13,232
Total Income	(1,377,969)	(1,051,703)	(326,266)

Key Variances:

- Gross Revenue was (\$480k) Unfavorable driven by:
 - SCC (\$335k) unfavorable – ADC of 39 vs 47 budget
 - Home Health/Hospice (\$148k) unfavorable – Driven by lower Hospice and Palliative care days.
- Net Patient Revenue was (\$398k) Unfavorable
- Operating Expenses were (\$119k) Unfavorable driven by:
 - Salaries, Contract Labor and Benefits (\$274k) unfavorable
 - Purchases Services and Supplies - \$35k favorable – no big drivers
 - Depreciation and Insurance - \$75k favorable
 - Supplies - \$35k favorable
- Non-Operating Revenue was favorable \$13k – tax revenue is favorable \$10k YTD



April 2022 Financial Results – Foundation

GVH Foundation April 2022

	Actual	Budget	Variance
Income			
Investment / Interest	(175,698)	2,583	(178,281)
Donations / Grants	19,852	33,025	(13,173)
	<u>(155,846)</u>	<u>35,608</u>	<u>(191,454)</u>
Foundation Expenses	85,534	61,010	24,524
Net Income / (Loss)	<u>(241,380)</u>	<u>(25,402)</u>	<u>(215,978)</u>

Key Variances:

- Expenses unfavorable (\$24k) – driven by BH contributions to GVH (\$29k) – timing.

GVH Foundation YTD April 2022

	Actual	Budget	Variance
Income			
Investment / Interest	(330,514)	10,336	(340,850)
Donations / Grants	256,410	209,672	46,738
	<u>(74,104)</u>	<u>220,008</u>	<u>(294,112)</u>
Foundation Expenses	201,282	148,674	52,608
Net Income / (Loss)	<u>(275,386)</u>	<u>71,334</u>	<u>(346,720)</u>

Key Variances:

- Expenses unfavorable (\$53k) – driven by BH contributions to GVH (\$52k) – timing.



April 2022 Financial Results – GVHCS, LLC

GVHCS, LLC (Page 7) April 2022

	Actual	Budget	Variance
Total Patient Revenue	229,626	187,649	41,977
Revenue Deductions	(132,003)	(109,235)	(22,768)
Net Patient Revenue	97,623	78,414	19,209
Net Patient Revenue Margin	42.5%	41.8%	0.7%
Other Operating Revenue/Expenses	15,528	10,882	4,646
Net Operating Revenue	113,151	89,296	23,855
Net Operating Revenue Margin	49.3%	47.6%	1.7%
Operating Expenses	142,850	155,064	12,214
Net Operating Income	(29,699)	(65,768)	36,069
Non-Operating Income/(Expense)	-	-	-
Total Income	(29,699)	(65,768)	36,069

Key Variances:

- Gross Revenue was \$42k Favorable – driven by:
 - Fav \$21k in delayed billing for Dr. Griggs in March
 - Surgery Volume fav 2 = \$15k
 - Avg Charge per Surgery > Budget \$8,189 vs \$7,726 = \$9k
- Net Operating Revenue \$24k Favorable – driven by higher gross revenue and higher Net Patient Revenue Margin
- Operating Expenses favorable \$12k driven by salaries that were favorable \$11k.



April 2022 YTD Financial Results – GVHCS, LLC

GVHCS, LLC (Page 7)

YTD April 2022

	Actual	Budget	Variance
Total Resident/Patient Revenue	1,620,861	1,796,015	(175,154)
Revenue Deductions	(913,829)	(983,313)	69,484
Net Patient Revenue	707,032	812,702	(105,670)
<i>Net Patient Revenue Margin</i>	43.6%	45.3%	-1.6%
Other Operating Revenue/Expenses	71,797	22,726	49,071
Net Operating Revenue	778,829	835,428	(56,599)
<i>Net Operating Revenue Margin</i>	48.1%	46.5%	1.5%
Operating Expenses	878,841	885,742	6,901
Net Operating Income	(100,012)	(50,314)	(49,698)
Non-Operating Income/(Expense)	-	-	-
Total Income	(100,012)	(50,314)	(49,698)

Key Variances:

- Gross Revenue was (\$175k) unFavorable – driven by:
 - Surgery revenue unfav (\$118k)
 - Office Visits & Procedures unfav (\$42k)
- Net Operating Revenue (\$57k) unfavorable – driven by lower gross charges and mix resulting in unfav Net Patient Revenue Margin.
- Operating Expenses favorable \$7k.



2022 Payer vs 2021 (CPSI, Only)

	Apr-22	Apr-21	Change	YTD 2022	YTD 2021	Change
Payer						
Medicare	35.6%	35.0%	0.6%	30.0%	31.8%	-1.8%
Medicaid	22.1%	16.8%	5.4%	18.1%	15.3%	2.8%
BC/COMM/WC	36.5%	44.8%	-8.3%	46.2%	49.1%	-2.9%
Private Pay	5.8%	3.5%	2.3%	5.6%	3.7%	1.8%
	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%

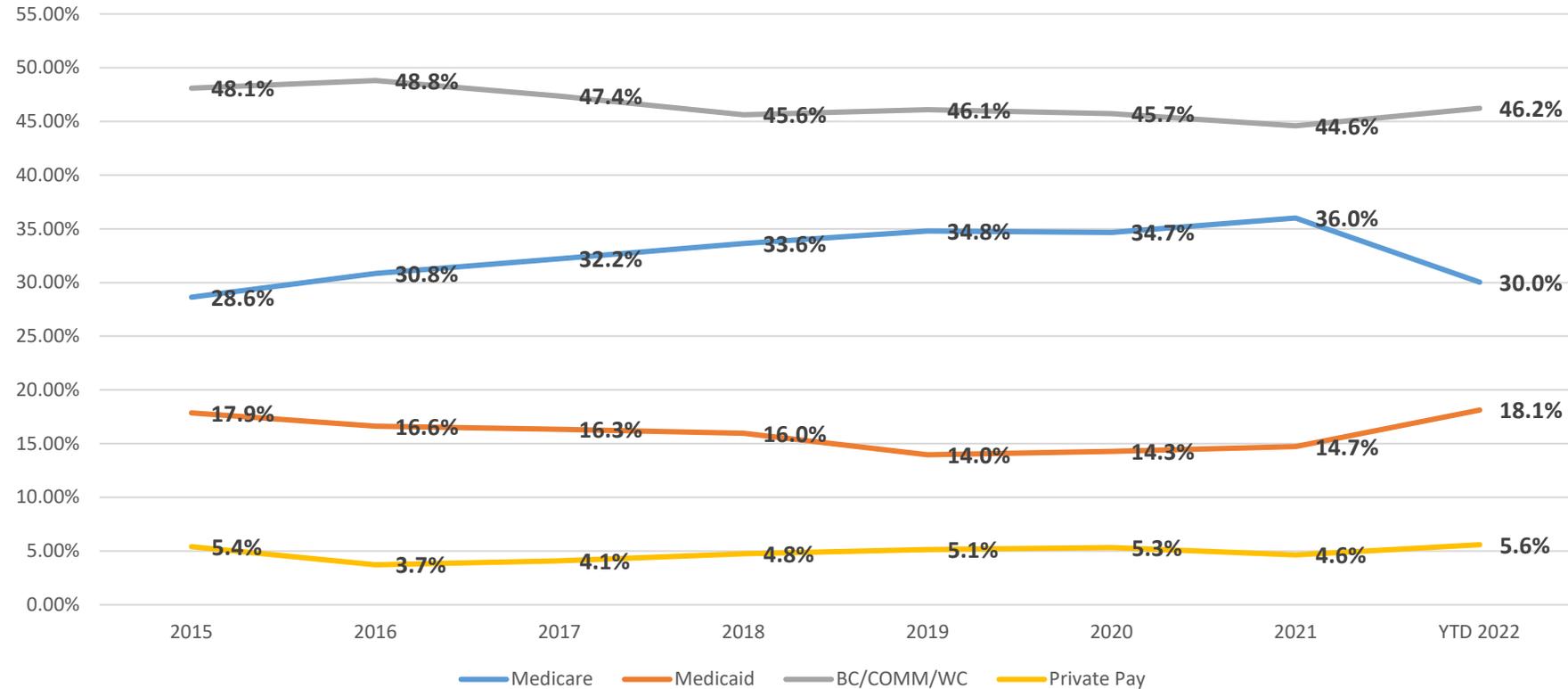
	Apr-22	FY 2021	Change
Payer			
Medicare	35.6%	36.0%	-0.4%
Medicaid	22.1%	14.7%	7.4%
BC/COMM/WC	36.5%	44.6%	-8.1%
Private Pay	5.8%	4.6%	1.1%
	100.0%	100.0%	0.0%

Note: CPSI is the EHR for the hospital and accounts for approx. 93% of the revenue (does not include clinic and Anesthesia)



Payer Mix Trend

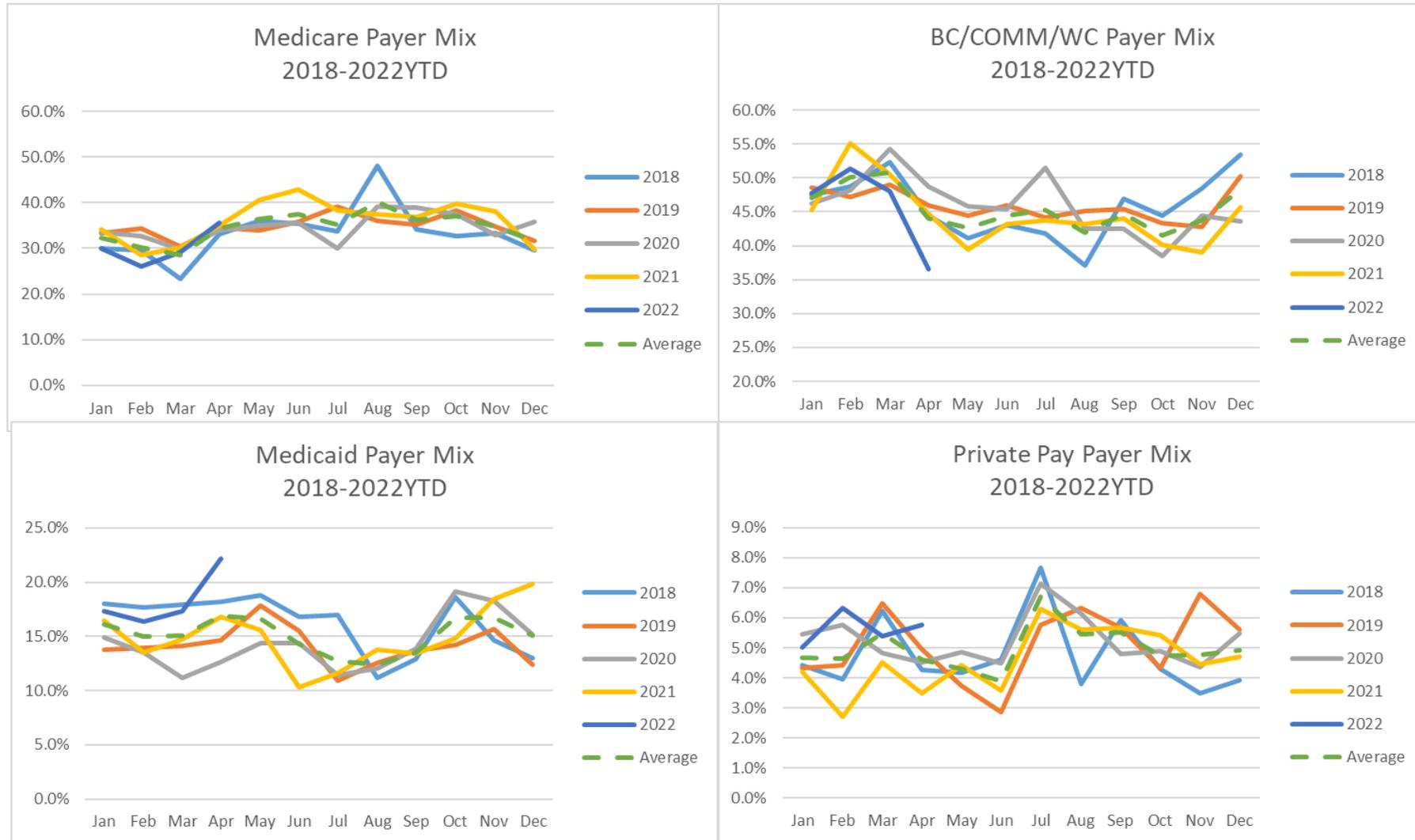
Gunnison Valley Hospital - CPSI Payer Mix Trend



Note: CPSI is the EHR for the hospital and accounts for approx. 93% of the revenue (does not include clinic and Anesthesia)



Payer Mix Seasonality 2018-2022 YTD



AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Landfill Life Analysis

Action Requested: Discussion

Parties to the Agreement:

Term Begins:

Term Ends:

Grant Contract #:

Summary:

Recently there have been questions about the life of the landfill in its current location. Projections are attached

Fiscal Impact:

Submitted by: Marlene D. Crosby

Submitter's Email Address: mcrosby@gunnisoncounty.org

Finance Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

County Attorney Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

Certificate of Insurance Required

Yes No

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirmie

Discharge Date: 6/10/2022

Consent Agenda

Regular Agenda

Worksession

Time Allotted: 30

Agenda Date: 6/14/2022

Debbi Ferchau

From: Marlene Crosby
Sent: Wednesday, June 08, 2022 3:29 PM
To: Debbi Ferchau
Subject: FW: Gunnison County Landfill - 2022 Site Life Calculations
Attachments: Site Life Calculations.xlsx; Gunnison Calc Exhibits.pdf; 2010 Long Range Plan.pdf

Hi Debbi,

Please print the e-mail as the first page and then under the Site Life tab print the following:

Landfill Gate volumes

1986-2001

2001-2021

1986-2021

Scan as a packet and send to me

Thank you

From: Michael Pretti <mike.pretti@soudermiller.com>
Sent: Tuesday, April 12, 2022 3:20 PM
To: Marlene Crosby <MCrosby@gunnisoncounty.org>
Cc: Sean McCormick <mccormickconsulting2@gmail.com>
Subject: Gunnison County Landfill - 2022 Site Life Calculations

[EXTERNAL SENDER - USE CAUTION]

Marlene,

Please find attached the site life calculations for the Gunnison County Landfill. In summary, here's what we did to get these site life numbers:

1. Compared top of design final cover surface (figure 1) to:
 - Phase 2 design top of liner grades
 - Phase 1-3 existing surface topo from 2021 drone surveyThis comparison gives us the Gross Airspace of about 6M cubic yards (cy).
2. From the Gross Airspace of 6M cy we subtracted:
 - The 6-in drainage layer and 12-in operations layer (only in Phase 2)
 - About 202k cy of waste placed in Phase 2 from 2017-2021
 - 15% of total airspace for daily cover soil
 - 3.5 feet of final cover soil
3. Leaves about 4.54M cy of available airspace

Regarding site life calculations, we used the site specific density from 2021 (755 lb/cy) to convert tonnage to cubic yards resulting in 46,143 cy of annual waste. To determine site life, we used the following growth rates:

- 0% or flat – results in about 98 years if remaining life
- 1% – about 69 years if remaining life
- 2% – about 55 years if remaining life
- 3% – about 46 years if remaining life

I've prepared three graphs of historic waste disposal: 1) last 20 years (2001 to 2021), 2) the early years (1986 to 2001), and 3) a graph showing 1986 to 2021. As shown in the graphs, the growth rate has been pretty flat (actually a bit negative) for the past 20 years and less than 1% from 1986. Given these numbers, realistically, the landfill life is closer to that 98 year mark than the 46 years.

I know we've had a few different site life numbers throughout the years, but it looks like the calcs were based on Phase 2 only?? We now have a solid existing topo to use as the Phase 1-3 base grade (drone survey 2021), the design top of liner grades for Phase 2 (minus the waste placed in Mods 1&2), and the top of cover grades from the 2002 EDOP with the 2010 revision/update. So, I'm confident these numbers are accurate.

I've attached some tables showing the calculations and assumptions, figures we've created for this site life calculation for your reference. Note that the cross-sections through Phase 2 don't show the existing waste (that was 202k cy that was subtracted). Please let me know your questions and comments. I'd be happy to walk through the numbers, calculations, etc..

Thanks Marlene; have a good evening.



Stronger Communities by Design®



www.soudermiller.com

Michael J. Pretti, P.E.

Senior Manager III, Solid Waste Technical Sector Manager

Direct: 720.689.1382

Mobile: 920.562.9021

Office: 303.239.9011

5610 Ward Road, Suite 130
Arvada, CO 80002

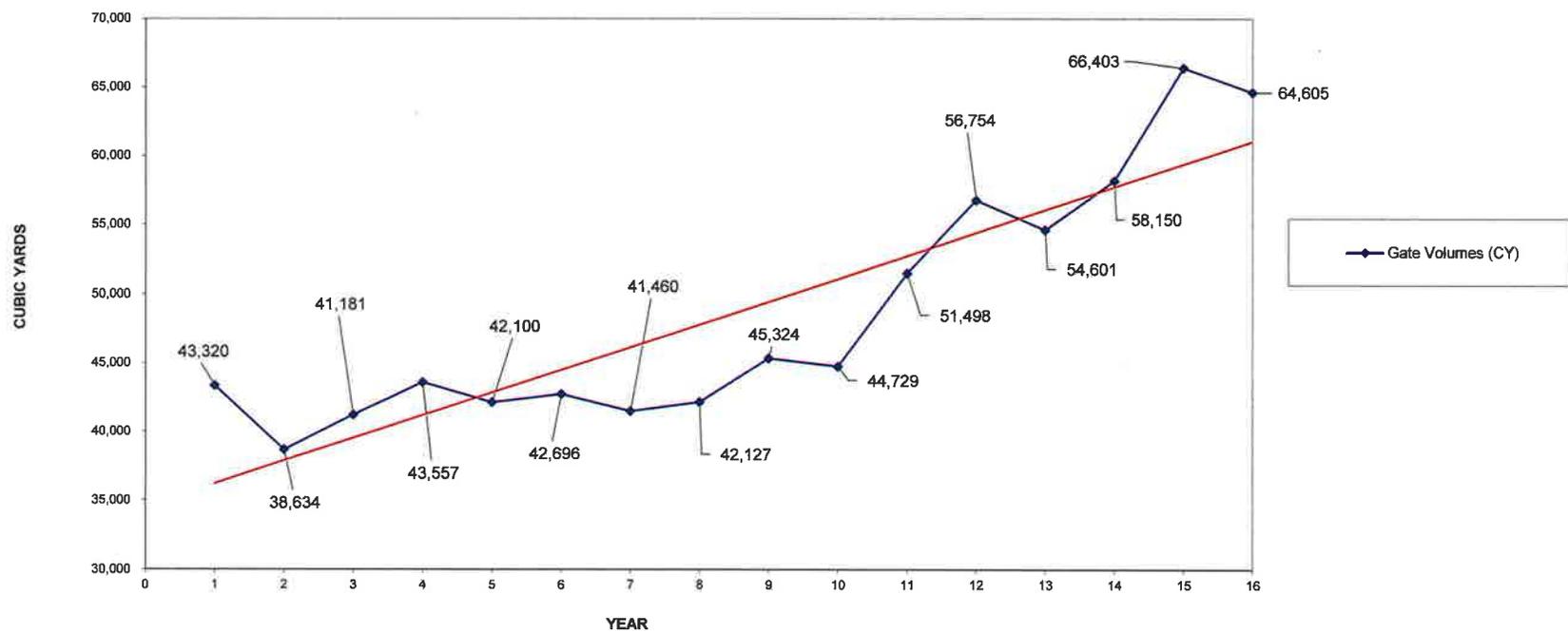
P.E. licensed in Colorado and New Mexico

Corporate Registrations: AZ Engineering/Geology/Surveying Firm (14070), FL Engineering Firm (34203), ID Engineering/Surveying Firm (C-3564), ND Engineering Firm (28545PE), OK Engineering Firm (8498), SD Surveying Firm (C-7436), TX Corrective Action Specialist (CS0000254), TX Engineering Firm (8877), TX Geology Firm (50254), TX Surveying Firm (10162200), WY Engineering Firm (E-1704)

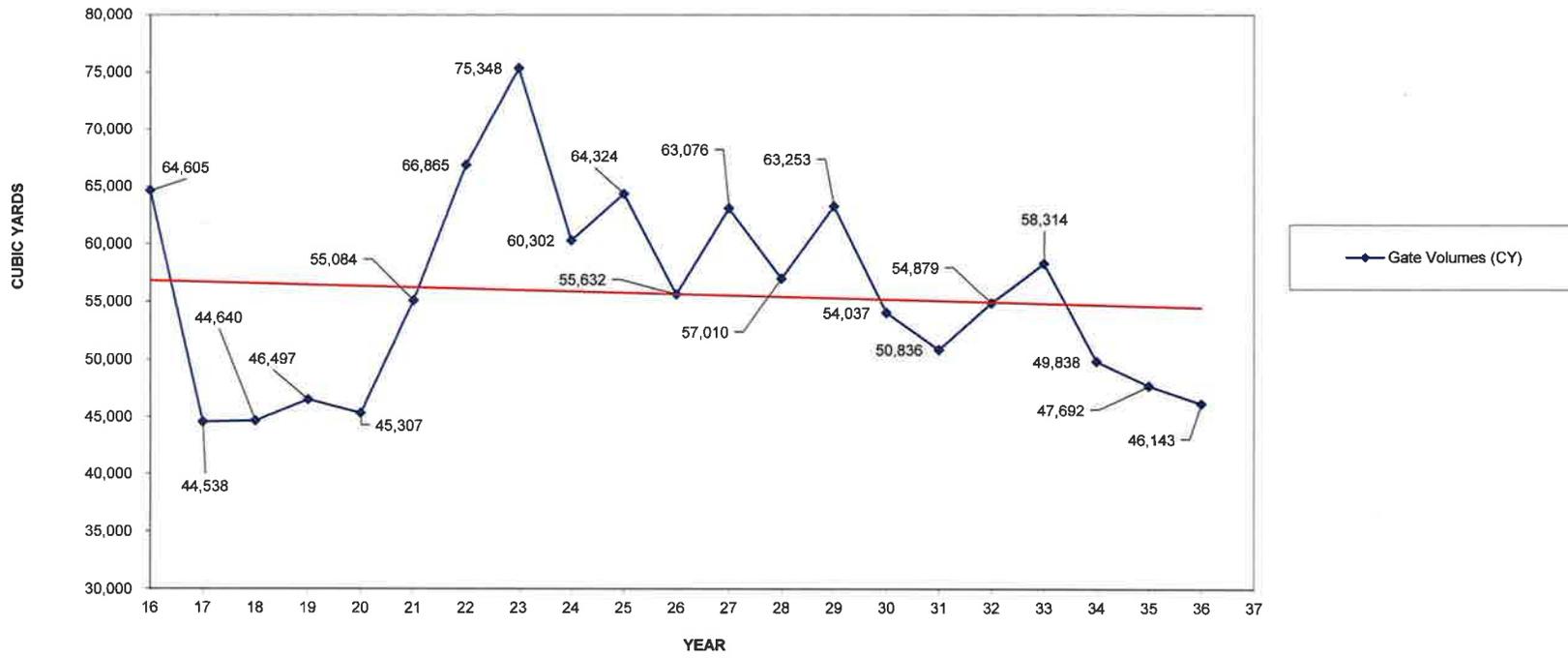
Notice of Confidentiality and Privileged Status: This electronic mail message, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential and/or privileged information or otherwise may be protected from disclosure. Any unauthorized review, use, disclosure, distribution, or actions which rely on the contents of this information is prohibited. If you are not the intended recipient, please contact the sender and delete the message and any attachment(s) from your system.

Statement on Viruses and Harmful Software: While the message and attachment(s) have been scanned with anti-virus software, SMA does not guarantee that this message or any attachment(s) is free of computer viruses or other harmful software. SMA does not accept liability for any damages caused by any computer virus or other harmful software transmitted herewith.

Gunnison Landfill Gate Volumes 1986 - 2001



Gunnison Landfill Gate Volumes 2001 - 2021



Gunnison Landfill Gate Volumes 1986 - 2021

