

**2015 Community Health Needs Assessment**  
**St. Mary's Medical Center**  
**Grand Junction, Colorado**

October 28, 2015



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## Contributors

### Mesa County Health Department

Dr. Jeff Kuhr, Executive Director and the Mesa County Health Department

Data & Statistics Team

Grand Junction, Colorado

Quantitative data review and Qualitative survey

### Mesa County Health Leadership Consortium

Community health leadership feedback and input



## Acronyms Used in this Report

CHNA – Community Health Needs Assessment

HIP- Hospital Implementation Plan

MCHD – Mesa County Health Department

SMMC – St. Mary's Medical Center

SCL Health – Sisters of Charity of Leavenworth Health System



## Part I: The 2012 Community Health Needs Assessment and Hospital Implementation Plan

St. Mary's Medical Center (SMMC) engaged the Mesa County Health Department in Grand Junction, Colorado to assess the health status of the hospital's community. The resulting CHNA highlighted the health status of Mesa county residents which make up over 70% of the clients served at SMMC.

The purpose of the CHNA and HIP is to identify the health needs of Mesa County residents and develop strategies to address those needs. The process began in 2011 with the formation of a Community Health Steering Committee, which outlined four essential steps in the assessment and planning process: compile existing data, engage stakeholders and prioritize health problems, gather primary data from community input, and determine health priorities.

Thorough analysis of Mesa County health indicators allowed for comparison to Colorado, and when available, to the Nation. The purpose was to understand trends contributing to quality of life, death, disease, illness, injury, and life-changing events. The Committee, which had SMMC representation, then presented health data in ten categories to stakeholder groups, who classified six health priorities as most important and actionable: maternal and child health, mental health, tobacco use, obesity, family abuse and violence, and screening/detection.

To further explore factors that contribute to personal and community health needs, the Committee solicited input from subject matter experts and the public. Questions asked included: "How much of an issue is... in our community?" and "What barriers, services, or data do you feel influence this issue?" Community input resulted in a comprehensive list of barriers and possible solutions to three critical issues, deemed Mesa County's Winnable Battles: obesity, suicide, and unintended pregnancy.

The Committee then worked backward from these outcomes to ascertain their causes, referred to as predisposing, enabling, and reinforcing factors. Community input revealed significant similarities among the factors contributing to poor health outcomes in Mesa County, and led the Committee to determine five priority areas for health improvement: built environment, parenting, access to healthcare, mental health, and building a sense of community. Recognizing and communicating these priorities is crucial to identifying potential solutions

SMMC formed a multi-disciplinary task force to review the health indicators. The information was used in a prioritization process to identify the key areas of need to be addressed by the hospital. They included:

- Access to Health Care
- Maternal and Child Health
- Mental Health



For the past 36 months, SMMC continues to partner with its community to address the top needs. Achievements to date include:

- **Access to Health Care**

- Marillac Clinic Expansion: With the expansion of Medicaid eligibility in Colorado, Marillac's Board of Directors decided to convert to a Federally Qualified Health Center (FQHC) to improve primary care access to Medicaid patients. St. Mary's provided financial support for the operations and in-kind and indirect support for the transition to an FQHC.
- Expanded Family Residency Clinic: The St. Mary's Family Residency Clinic provides primary care to Medicare, Medicaid and low income patients. St. Mary's supported the effort to expand the number of Family Medicine residents which increased access to a provider and potentially increases the number of trained Family Medicine physicians available for recruitment in the community.
- Stroke and Chest Pain Certification: Stroke and heart attacks continue to be challenges to community health. Since 2012 St. Mary's became the only facility in Western Colorado to be certified as both a stroke and chest pain center.
- Expanded Medicaid coverage and eligibility: When the state of Colorado expanded Medicaid eligibility many citizens were not aware that they might be a recipient. St. Mary's patient access and financial counselling staff initiated a process to inform patients about the expansion and helped determine if they are eligible for Medicaid coverage.
- Telemedicine: Some Mesa County citizens defer care if it requires a trip to Denver to see a specialist. St. Mary's enhanced telemedicine linkages to allow specialty physicians in Denver to consult on Mesa County patients, thus reducing the need for a trip to Denver.
- Grand Valley Health Fair: The Mesa County Health Department spearheaded an effort to create a local health fair with local providers to provide health information and health screening for those in need. St. Mary's provided blood draws, posted lab results to local physicians, and provided financial support for the health fair.

- **Maternal and Child Health**

- Maternal Fetal Medicine Recruitment: Mothers experiencing a high risk pregnancy require ongoing care from an MFM physician. St. Mary's recruited two MFM physicians so pregnant mothers do not need to spend long pre-term periods in Denver.



- OB Hospitalist: The rural nature of Mesa County and Western Colorado means that expecting mothers could be emergently transported to St. Mary's for an untimely birth and care providers could be challenged to meet their patient when they arrive. St. Mary's created an Obstetric hospitalist services to ensure that an OB/GYN physician was always available on the labor deck to handle emergency births and C-sections.
- Pediatric Telemedicine: To better coordinate periodic access to Children's Hospital pediatric subspecialties, St. Mary's worked collaboratively with the Mesa County Health Department to relocate the pediatric telemedicine services to the St. Mary's Pediatric Specialty Clinic and provide nursing support for those visits.
- B4 Babies: Hilltop Resources developed this program to help low income expecting mothers become eligible for Medicaid and provide childbirth support services. The program needs outside funding to continue. St. Mary's provided direct financial support for the program.

- **Mental Health**

- Contracted for inpatient psychological coverage: Psychiatric patients suffering from medical issues cannot receive appropriate care at the local mental health facility. To reduce the need to send patients to a state psychiatric facility, St. Mary's contracted for inpatient psychological coverage to provide psychiatric and medical services to these patients.
- Mind Springs support: Mind Springs provides mental health services to Mesa County and other western Colorado counties. St. Mary's provided in-kind and direct financial support to maintain and improve access to local mental health services.
- Developed a plan for social detox and crisis beds: The State of Colorado created additional funding for crisis stabilization beds. To apply for the funds Mind Springs needed to develop a collaborative local solution. St. Mary's worked closely with Mind Springs to develop a plan to allow them to relocate their social detox program to free up space for the new crisis stabilization beds.

The work of SMMC goes beyond the top needs and includes partnership with local non-profit and other health services organizations as a way to address community needs in a collaborative manner. St. Mary's provided sponsorship support for many health related non-profit organization like the March of Dimes and the American Cancer Society. Sponsorship was also provided to associated organizations such as the Western Slope Center for Children and Child Advocate Services. Finally, St. Mary's played an active role the Mesa County Health Leadership Consortium to encourage collaboration amongst local healthcare organizations in addressing community needs.



## **Part II: 2015 Community Health Needs Assessment Executive Summary**

The 2015 Community Health Needs Assessment for SMMC represents a systematic approach to identify top healthcare priorities for 2015-2017 that will guide efforts to improve community health and wellness in Mesa County, Colorado. For non-profit hospitals, the CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010.

### **Community Served**

For the purposes of this assessment Mesa County was designated as the community served. It accounts for over 70% of all patient care delivered by St. Mary's and is considered St. Mary's Primary Service Area (PSA). Mesa County is located on the western border of Colorado, 250 miles west of Denver. The County spans 3,313 square miles. The County seat, Grand Junction, is the largest city in Western Colorado. Mesa County also includes the towns of Collbran, DeBeque, Palisade, the city of Fruita, and smaller unincorporated areas.

SMMC is the largest medical center between Denver and Salt Lake City. SMMC is a faith-based, nonprofit provider and is part of SCL Health. Founded in 1896 by the Sisters of Charity of Leavenworth, SMMC has a rich history of serving the many needs of its community, from advanced medical care to charitable giving. These medical services include: cancer care, cardiac and vascular services, blood donor center, women's services, NICU, pediatric services, Level II trauma center, orthopedic and spine services, neurosciences, critical care services, and other acute and ambulatory services.

### **Demographics**

According to the 2014 U.S. Census Bureau, Mesa County's population is 147,554. The median age in the County is 38 years, which is slightly older than the median age for Colorado (36 years). Since 2010, Mesa County has seen a 0.3% annual average population change (CSDO, 2014). Mesa County's population is 79.5% White; Hispanic or Latino is the largest ethnicity (13.8%).





Figure 1: Population by Age and Jurisdictional Area, 2013 (U.S. Census Bureau, ACS, 2009-2013)

Jurisdictional Area	Total Population	18 Years and Over		65 Years and Over		Median Age
	Number	Number	Percent	Number	Percent	Years
Clifton	30,046	22,144	73.7%	3,545	11.8%	34.0
Collbran	2,251	1,925	85.5%	452	20.1%	48.4
De Beque	793	605	76.3%	118	14.9%	44.6
Fruita	23,109	17,355	75.1%	3,536	15.3%	40.2
Palisade	2,662	2,023	76.0%	405	15.2%	45.6
Grand Junction	86,295	67,310	78.0%	14,325	16.6%	37.7
Mesa County	147,432	113,228	76.8%	22,705	15.4%	38.2
Colorado	5,119,329	3,890,690	76.0%	583,604	11.4%	36.1

According to the most recent U.S. Census Bureau ACS estimates, 31.2% (18,275 families) are family households with one or more children under the age of 18. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption.

In Mesa County, 34,204 people (23.2%) are under 18 years of age and 22,693 (15.3%) are older adults 65 years and older. Both of these populations have unique health needs which should be considered separately from other age groups.

The percent of the total civilian noninstitutionalized population with a disability in Mesa County is 13.1% (19,109 people). Mesa County's rate of individuals with disabilities is higher than Colorado (10.1%) and the U.S. (12.1%).

## **Community Needs Assessment Overview**

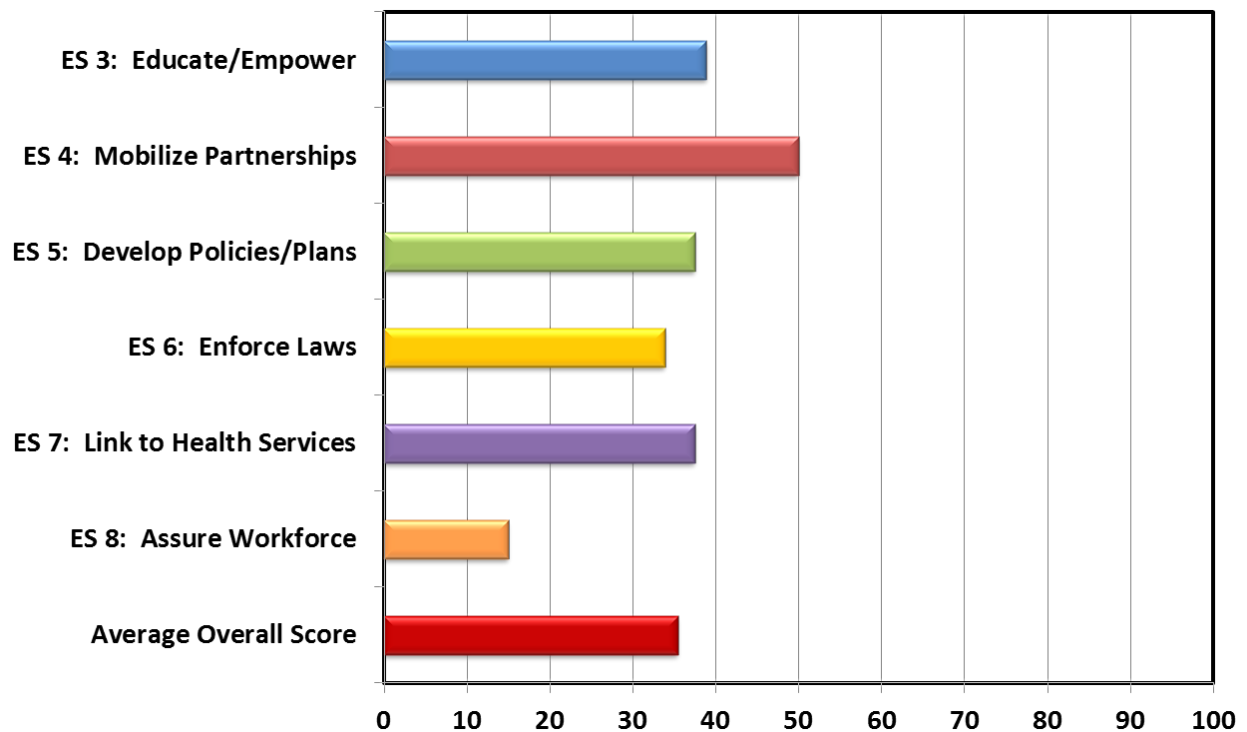
### **Identification and Prioritization of Health Needs**

Quantitative and qualitative data was obtained from the Healthy Mesa County 2015-2017 Community Health Needs Assessment created by the Mesa County Health Department. (<http://health.mesacounty.us/data/healthymesacounty.aspx>).

### **Quantitative Review & Assessment**

Primary data was collected from subject matter experts and community members through focus groups, informal interviews, and electronic surveys. The purpose was to gather general perceptions about health, opinions in relation to community assets and capacity to address population needs, and to rank health indicators by importance and actionability.





Results from primary data allow for greater understanding of the political-will in our community which is crucial in implementing successful interventions.

### Qualitative Survey & Assessment

During the informal interviews, four themes emerged from the respondents: economy, environment, health, and parenting. The prioritization survey identified heart disease and influenza vaccination as most important and actionable. The secondary data review focused on the most important indicators under five categories: chronic disease, communicable disease, maternal and child health, preventable injury, and oral health.

Whenever possible, indicators were compared to Colorado rates to identify areas in which Mesa County is doing significantly different ( $p < .05$ ); some indicators were also looked at over time (at least past 5 years) which pointed out specific trends. Zip codes were utilized to review selected indicators as a way to further understand health differences by geographic location. Insurance, health care access and mental health data were also reviewed.

Data related to population demographics, socioeconomic, the health status of our Mesa County residents and the determinants impacting their behaviors, environment, and use of services.



## St. Mary's Medical Center Top Priorities

### Process and Selection to Determine Top Needs

As was recognized during the development of the 2012 CHNA, the St. Mary's Board and Leadership once again agreed that selecting top needs from those identified by Mesa County and paralleling efforts relative to those top needs would bring the highest level of collaboration and create the best opportunity for community-wide improvements. The 2015 findings demonstrate the need for continued work around the three winnable battles identified in the 2012 Community Health Needs Assessment: suicide, obesity, and unintended pregnancy. Smoking, alcohol misuse and motor vehicle injuries are also highlighted as priorities in Mesa County.

When compared to Colorado, Mesa County is lagging behind in the following social factors; therefore, they must be considered when proposing implementation strategies: poverty, unemployment, education, per capita income, and eligible but not enrolled in self-sufficiency programs.

Mesa County is significantly worse than Colorado in the four leading causes of years of potential life lost.

Mesa County Top 10 Causes of Years of Potential Life Lost, 2011-2013	Mesa County Deaths Under 65 Years of Age	Mesa County Rate (per 100,000)	Colorado Rate (per 100,000)	Significant Difference (p<.05)
All causes	1,059	4,218.4	3,587.6	<b>Worse</b>
Unintentional injuries	143	979.7	801.1	<b>Worse</b>
Suicide	111	736.5	457.2	<b>Worse</b>
All cancers	253	542.5	461.1	<b>Worse</b>
Heart disease	157	398.7	311.8	<b>Worse</b>
Perinatal period conditions	10	184.3	261.8	<b>Better</b>
Chronic liver disease and cirrhosis	48	145.1	141.6	<b>No difference</b>
Homicide/legal intervention	19	151.9	137.3	<b>No difference</b>
Congenital malformations	11	125.8	154.0	<b>Better</b>
Cerebrovascular diseases	17	62.4	57.2	<b>No difference</b>



The Coroner’s report states alcohol is one common denominator in 2014 suicides and other preventable injuries and violence.

Factors Related to Injury and Violence	Mesa County	Colorado	Significant Difference (p<0.5)
Alcohol-induced deaths (rate per 100,000) (2014)	24.4	13.5	<b>Worse</b>
Age-adjusted rate of motor vehicle accident injuries (per 100,000 population) (2011-2013)	83.7	65.7	<b>Worse</b>
Suicide/self-inflicted-injury hospitalizations (rate per 100,000) (2013)	111.7	48.3	<b>Worse</b>
High school binge drinking (Males 5+/Females 4+ Drinks on an Occasion) 1+ days in the past 30 days (2013)	71.9%	63.8%	<b>Worse</b>

Since 2012, Healthy Mesa County has been working to change the culture of health in Mesa County by addressing the determinants of health contributing to poor health outcomes. Key determinants (e.g., social, economic and environmental factors) strongly influence individual and community health. In fact, they have a reciprocal relationship; the more negative the determinants, the more likely unhealthy behaviors are present and the more difficult it is to practice healthy ones.

The Healthy Mesa County areas of emphasis: child health & safety, social & emotional wellbeing, the built environment, and access to health services are based on determinants identified to have a direct impact on obesity, suicide, and unintended pregnancy. Those determinants are: well-prepared parents, adequate support systems, meaningfully-designed communities, and access to health services. Results from this Community Health Needs Assessment will continue to guide Healthy Mesa County’s strategic action which is outlined in the 2015-2017 Improvement Plan.

Even though Mesa County is making gains in improving the community’s health status, much work is still needed. Changing determinants of health, as well as health outcomes, presents formidable tasks in need of continued involvement and participation from all players who comprise the Healthy Mesa County collaborative. The need to collaborate in order to affect change influenced the decision by the St. Mary’s Board to continue to focus on similar determinants and “winnable battles.”

**Prioritizing on “Winnable Battles”**

**Winnable Battles:** Winnable battles are key public health and environmental issues where progress can be made in the next three years. Colorado has ten winnable battles: clean air, clean water, infectious disease prevention, injury prevention, mental health, obesity, oral health, safe food, tobacco, and unintended pregnancy. Mesa

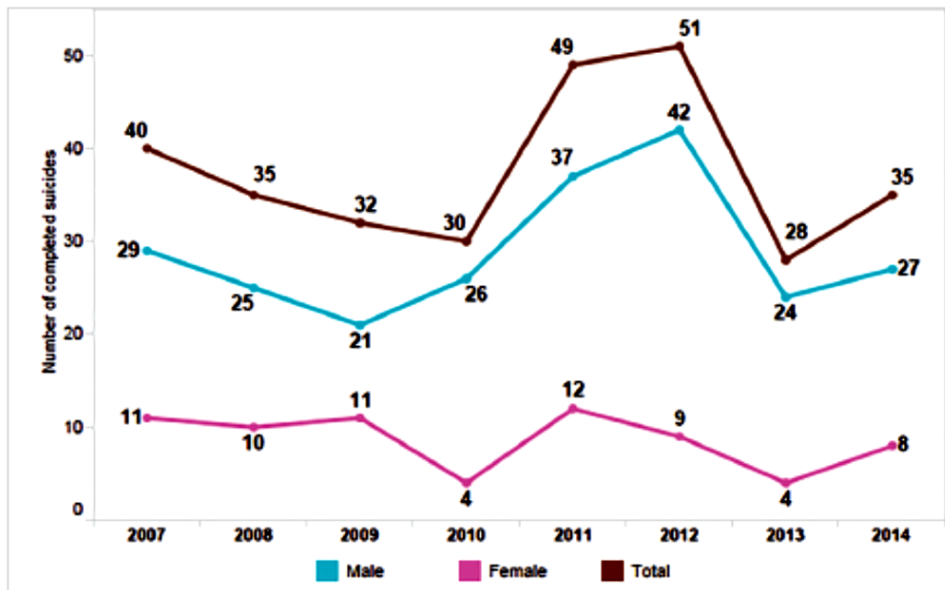


County selected the following three winnable battles: Suicide; Obesity; Unintended Pregnancy

**Suicide:** The suicide rate in Mesa County (22.7 per 100,000) dropped back to levels similar to Colorado (19.4 per 100,000); however, the rate is nearly double the U.S. rate (12.4 per 100,000).

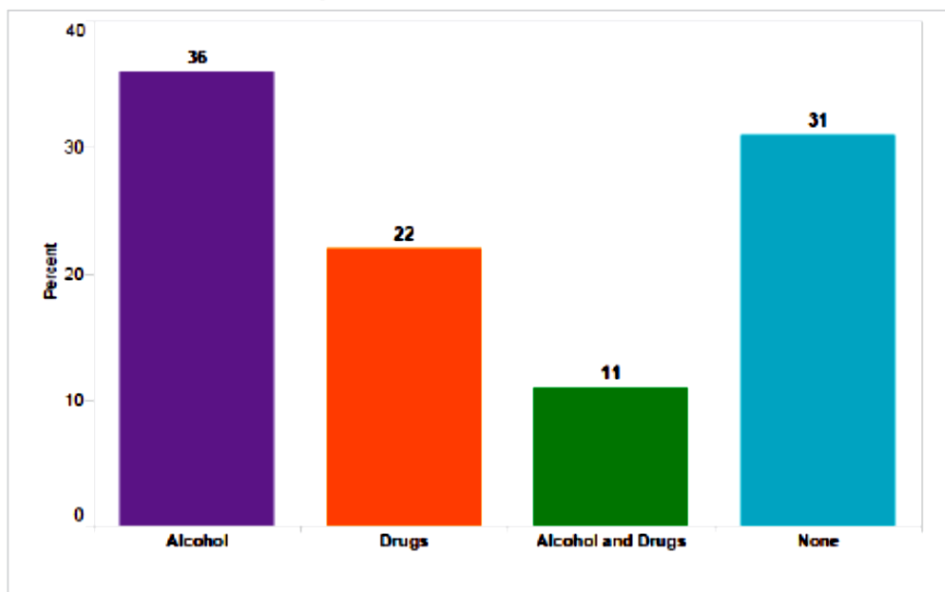
## COMPLETED SUICIDE

Incidence rate, 2007-2014, Mesa County



## DRUG & ALCOHOL PRESENCE AT TIME OF DEATH

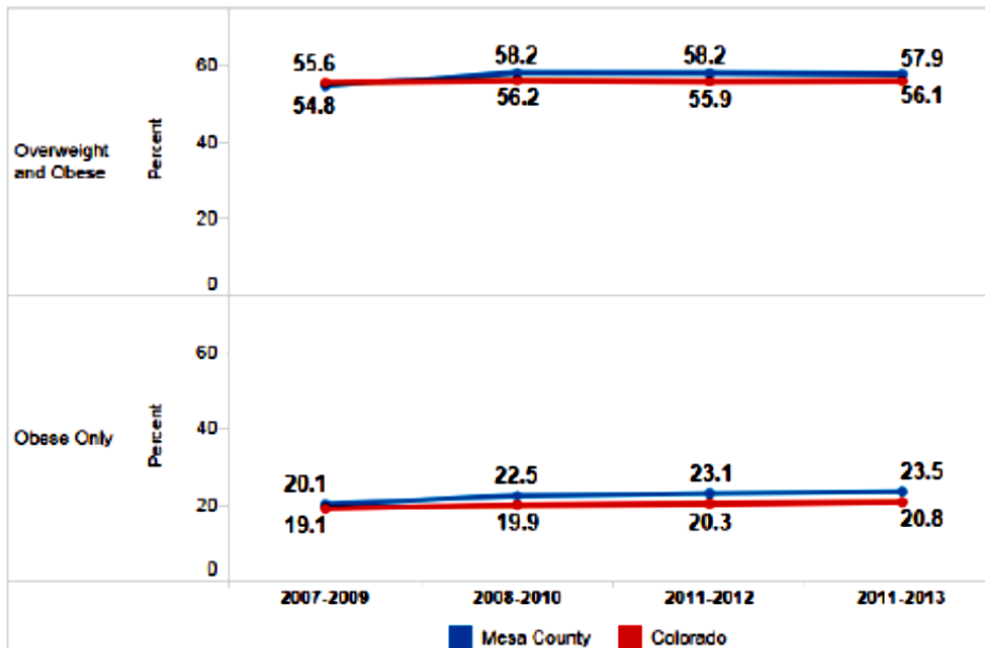
2014, Mesa County



**Obesity:** Colorado continues to have the lowest adult (18+ years) obesity rate (21.3%) in the country; however, there has been a consistent upward trend since 2000 when Colorado was at 14.5%. In Mesa County, over half of adults (57.9%) are considered either overweight or obese.

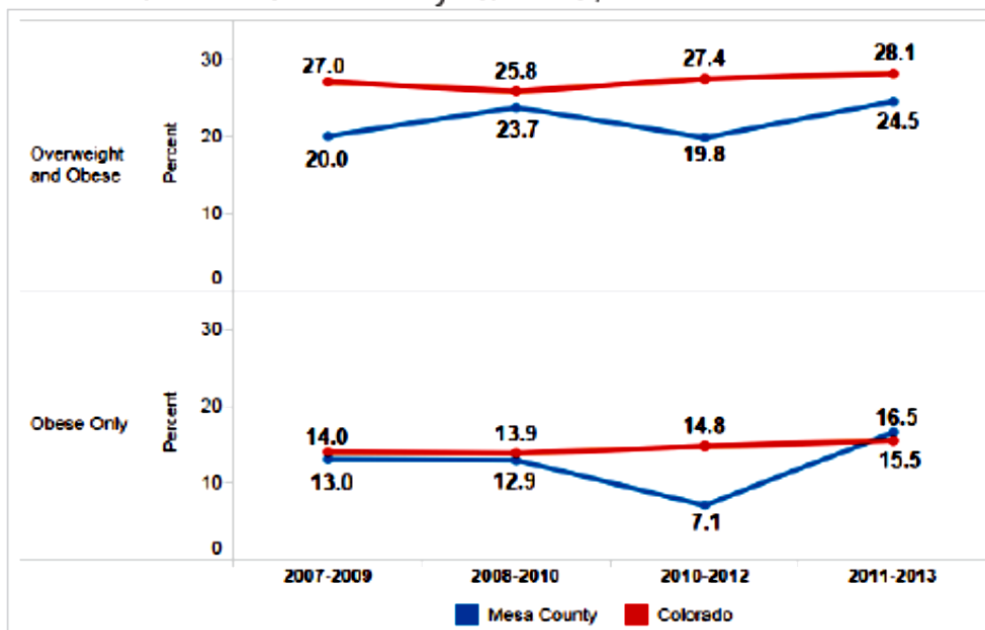
## OVERWEIGHT OR OBESE

Percent of adults 18+ years, 2007-2013



## OVERWEIGHT OR OBESE

Percent of children 2-14 years old, 2007-2013



**Unintended Pregnancy:** Since 2000, Mesa County has experienced a steady decline in the number of births among teenagers 15-19 years old. However, in 2014, the rate for number of births to teenagers continues to be significantly higher in Mesa County (28.0 per 100,000) than in Colorado (19.4 per 100,000).

Pregnancy Indicators	Mesa County	Colorado	Significant Difference (p<0.5)
Teen fertility rate, ages 15-17 years per 1,000 females (2014)	1.0	.7	<b>Worse</b>
Teen fertility rate, ages 15-19 years per 1,000 females (2014)	8.0	9.4	<b>Worse</b>
Mothers who received adequate prenatal care (2011-2013)	2.6%	3.3%	<b>Worse</b>
Live births to mothers who were overweight or obese based on BMI before pregnancy (2011-2013)	7.5%	4.2%	<b>Worse</b>
Women who smoked cigarettes during the 3 months before pregnancy (2011)	2.7%	.3%	<b>No Difference</b>

### SMMC Top Health Needs

Based on SMMC’s ability to affect the health needs for Mesa County, the hospital’s Senior Leadership and Board Members made the decision to address these top three health needs for 2015-2018:

- *Obesity*
- *Suicide*
- *Unintended Pregnancy*

### Other Needs Not Being Addressed by the Hospital

All needs on the list of top needs are important to SMMC, yet the hospital is realistic that in order to make a difference in the lives of those affected by obesity, suicide, and unintended pregnancy, the hospital must focus its leadership and time on the selected needs. Limitations of funding and staff expertise at the hospital level, absence of state grants to support lower ranking work, were seen as barriers to effectively addressing and impacting the other needs.



## **Resources Available to Address the Significant Health Needs**

The following programs, organizations, and facilities are resources available in the community to consider when addressing the health needs that are listed below.

### **Obesity**

Community Food Bank  
Gray Gourmet/ Meals on Wheels  
Kids Aid Backpack Program  
Marillac Clinic  
Mesa County Health Department  
Mesa County School District 51

Pregnancy Center  
Primary Care Partners  
Rocky Mountain Health Plans  
St. Mary's Family Medicine  
St. Mary's Hospital  
WIC

### **Suicide**

Al-Anon  
Alcoholics Anonymous  
CEC (Counseling & Education Center)  
City of Grand Junction  
Colorado Mesa University  
Grand Valley Catholic Outreach  
Marillac Clinic  
Mesa County 211  
Mesa County School District 51  
Mesa County Department of Human Services

Mesa County Health Department  
Mind Springs Health  
Primary Care Partners  
Rocky Mountain Health Plans  
Strive  
St. Mary's Family Medicine  
St. Mary's Hospital  
The House – Homeless Shelter for Teens  
Western Colorado Suicide Prevention Foundation

### **Unintended Pregnancy**

Head Start  
Hilltop B4Babies  
Marillac Clinic  
Mesa County 211  
Parenting & Family Resources – Family First  
Primary Care Partners  
Rocky Mountain Health Plans  
St. Mary's Family Medicine





## Next Steps

This report and identified top needs were sent to SCL Health's Board for review, comment and approval. Once approval has been obtained, SMMC will develop the 2015-2018 HIP. Task Force members were offered the opportunity to participate in the development and implementation of the plan.



## Appendix A

### IRS Form 990, Schedule H Compliance

For non-profit hospitals, the CHNA also serves to satisfy certain general requirements of the Affordable Care Act of 2010. Final requirements for non-profit hospitals that apply to this CHNA are outlined in General Requirements of the Affordable Care Act, Requirements for Charitable 501(c)(3) Hospitals 26 C.F.R. § 1.501(r)-3 (2015). The following table has been developed to assist auditors and compliance officers with assuring St. Mary's Medical Center meets regulatory compliance associated with 501(r)-3 requirements.

Requirement		Report Page #
(6)	Documentation of a CHNA.	
(i)	The CHNA report adopted for the hospital facility by an authorized body of the hospital facility <b>must</b> include:	
(A)	A definition of the community served by the hospital facility and a description of how the community was determined.	8
(B)	A description of the process and methods used to conduct the CHNA.	9
(C)	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.	10
(D)	A prioritized description of the significant health needs of the community identified through the CHNA, along with:	11
	A description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.	12
(E)	A description of the resources potentially available to address the significant health needs identified through the CHNA; and	16
(ii)	A hospital facility's CHNA report <b>will be considered</b> 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,	9
	Describes the methods of collecting and analyzing this data and	9-10
	Identifies any parties with whom the hospital collaborated, or	
	In the case of data obtained from external source material, the CHNA report <b>may</b> cite the source material rather than describe the method of collecting the data.	9



(iii)	A hospital facility's CHNA report <b>will be considered</b> to describe how the hospital facility took into account input received from persons who represent the broad interest of the community it serves if it:	8-15
	Summarizes any input provided by such persons and how and over what time period such input was provided;	3
	Provides the names of any organizations providing input and summarizes the nature and extent of the organization's input; and	9
	Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input.	N/A
(v)	A joint CHNA report produced for the hospital facility and one or more of the collaborating facilities and/or organizations is permitted provided that the following conditions are met:	N/A

