



## Community Health Needs Assessment

Melissa Memorial Hospital (MMH) was established in 1918 by an individual physician and later sold to another physician. In 1949 as a result of a community effort, funds were raised to purchase the hospital from the owner and donate it to Phillips County to be governed by an appointed Board of Directors. In July of 1960, East Phillips County Hospital District was formed; the District is comprised of a Critical Access Hospital (MMH), a Rural Health Clinic (Family Practice of Holyoke) and an ambulance service. The hospital provides healthcare services to the residents of Holyoke, Colorado and the surrounding area of Phillips County. During its history, the hospital organization has continued to carry out the mission to serve the sick of the area by providing quality services without regard to race, color, creed or national origin. Melissa Memorial Hospital has maintained an excellent working relationship with other agencies and organizations in the Phillips County area to provide for the residents' overall well-being related to physical, psychological and social needs.

MMH is located in Holyoke, Colorado. Holyoke is approximately 175 miles northeast of Denver, Colorado and being in the eastern portion of the county is about 10 miles from the Nebraska border on US Highway 6. MMH principally serves the residents of Holyoke and its home zip code #80734 as well as Amherst and its home zip code #80721. Phillips County also includes Paoli and, on the far western edge, the town of Haxtun. Haxtun Hospital District serves primarily the western portion of the County.

MMH is governed by the East Phillips County Hospital District; a political subdivision of the state of Colorado. It is led by a five-member governing Board of Directors, elected by the citizens of the District.

Phillips County, with a total population of approximately 4,500 has a land area of about 668 square miles. The population of approximately 6.7 per square miles qualifies it as a frontier county. The County's industry is predominately agricultural based.

MMH is a 15 bed Critical Access Hospital with acute care services, swing bed services, 24-hour emergency services and a wide array of diagnostic and therapeutic services provided to inpatients and outpatients, including various specialty services. MMH completed construction of a new replacement hospital in 2008.

This document provides a summary of MMH's plan to develop new, and to enhance established, community benefit programs and services. This plan is focused on addressing the top community health priorities identified in the 2013 Community Health Needs Assessment (CHNA) conducted by MMH.

## I. Target Areas, Economics and Populations

Although MMH primarily serves the residents of Holyoke's immediate area zip code #80734 and that of Amherst's zip code #80721, the entire Phillips County area was selected as the service area for which data was gathered because most health data is not available at the zip code level.

As documented on the national perspective, MMH recognizes the disparities that exist in health status and health risk between those in the highest income levels and the lowest as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality affordable health care. This is especially challenging in a rural area such as Phillips County.

The CHNA included data on all populations in Phillips County without regard to income, insurance or any other discriminating factors. Selected characteristics of the County population include:

- A. The County population is estimated to increase 2.01% from 2012 to 2017 compared to the Colorado increase of 6.15%<sup>1</sup>
  - a. The age segment that is expected to experience the fastest growth between 2012 and 2017 are those aged 55-64 at a 13% growth.
  - b. Those aged 85+ are estimated to grow by 9%.
  - c. Children and youth under 17 are expected to remain essentially the same and adults age 45-54 are expected to decrease by 9%<sup>2</sup>.
- B. In 2012 the County's white population accounted for 90% of the total and those with Hispanic origins accounted for 19% of the total<sup>3</sup>, recognizing that race and ethnicity are not mutually exclusive.
- C. In 2017 the per capita income of County residents is expected to average \$38,819 compared to Colorado state-wide average of \$56,911 and national income of \$50,850<sup>4</sup>.
- D. In 2012 5.5% of the families in the County lived in poverty compared to Colorado of 8.6%.
- E. In 2010 16% of children in the County lived in poverty compared to 17.1% in Colorado<sup>5</sup>.
- F. In 2011-2012 the unemployment rate was approximately 4%, compared to the Colorado rate of approximately 8%<sup>6</sup>.
- G. In 2010 an estimated 25% of the Phillips County population under 65 years of age was uninsured compared to 18% in Colorado<sup>7</sup>.

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<sup>1</sup> Nielsen Claritas

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> U.S. Bureau of Labor Statistics

<sup>7</sup> SAHIE/State and County by demographic and income characteristics/2010

Health care employment is one of the most significant service industries in a local area, usually more so in rural areas. Typically a rural hospital is one of the largest employers in a rural economy, typically one of the top two employers in the county<sup>8</sup>. As employees spend money locally, additional jobs are created in other businesses in the community. These additional jobs are called secondary jobs and create additional economic impact in the community. The impact is estimated using multipliers<sup>9</sup> for both jobs and economic impact.

In 2012 MMH had 137 employees. Considering the secondary impact to the community of the MMH employees and wages, an estimated additional 11 employees in the County can be attributed to MMH using a multiplier of 1.08 (i.e. each hospital job contributed an additional .08 secondary job). The total income impact of MMH in 2012 is estimated to be over \$6 million using a multiplier of 1.11 times the hospital payroll.

Because healthcare facilities contribute significantly as an economic driver in the community, the use of local health facilities by area residents supports this employment and economic driver.

## **II. Process, Strategy and Community Input**

MMH identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the MMH Community Needs Assessment Team (CNAT). MMH also engaged the Colorado Rural Health Center (CRHC) to assist with the project. CRHC assisted by: gathering and assimilating data, facilitating and compiling results of group meetings and surveys, drafting reports and public notices and other facilitation-type activities. CRHC is well suited to this type project because of their expertise in rural health care in Colorado and work their staff has done regarding many community-oriented projects in rural healthcare. CRHC contracted with Dixon Hughes Goodman LLP (DHG), a certified public accounting and advisory firm to assist in gathering the various components of demographic and health data for the County. DHG has extensive expertise in health care in the United States. The MMH CNAT was formed with members of the management team of the organization, including the CEO and others representing areas of strategy, communications, community benefit, finance, education, quality of patient care, direct patient services.

The CNAT, assisted by CRHC (and DHG), retrieved data from public sources such as The Colorado Department of Public Health and Environment (CDPHE), United States Census Bureau, Centers for Disease and Control, US Department of Health and Human Services Health Resources and Services Administration (HRSA), County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, and others. Data was compiled and formatted from these sources relating to the health status of the County population, health needs, incidence of disease, etc. and shared with community members. This data, which helped form the assessment,

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<sup>8</sup> National Center for Rural Health Works, Economic Impact of Rural Health Care, September 2012

<sup>9</sup> Minnesota IMPLAN Group, Inc.

provided the basis from which the CNAT and others determined the health needs of the community. It is important to note that gaps exist in reported health data at the local level. The gaps exist because of the lack of reporting certain disease data and the characteristics of unique populations that may experience certain diseases and chronic conditions. In addition, low numbers of reported instances, due in large part to a low population base, make certain data unavailable or not readily comparable to state and national data.

While MMH CNAT members had access to the entire data package developed by DHG and CRHC, a condensed version was presented by CRHC at a public meeting held in Holyoke on May 23, 2013 to inform those in attendance about the health status of Holyoke and Phillips County residents. The CRHC and DHG identified a number of "Top Positive Indicators" and "Opportunities for Improvement" based on the data. Highlights of the data package were made available to the public through the MMH website, following the public meeting.

Following the presentation of the data, the meeting attendees were divided into small groups to discuss the data presented. In addition, each discussion group was asked to identify other Opportunities that were omitted from the initial presentation and to judge if the Positive Indicators were represented appropriately. Discussion groups were also asked to identify the top 3 Opportunities that were of most concern to them and how they perceive access of healthcare providers in Holyoke and Phillips County. In addition, attendees were asked how, given the limited financial and human resources, could MMH and its health care providers improve the health status of the residents. Group findings were discussed in a "committee of the whole" to provide guidance to the CNAT. Findings were tabulated and reconsidered at the second public meeting.

The CNAT, in collaboration with CRHC, conducted a survey of interested County residents. The survey included 46 questions on a variety of health and provider issues. The Health Questionnaire for Melissa Memorial Hospital was distributed by MMH using paper surveys and web-based surveys. They were given to participants at the end of the first Community Health Assessment Meeting and participants were encouraged to have their friends and family complete the survey as well. In addition, the paper survey and link to the website survey was made available at MMH and through the organization's website [www.melissamemorial.org](http://www.melissamemorial.org). The community was also informed about the survey and provided the link to the online survey in an article that appeared in the local newspaper; hospital staff and members of the CNAT were also present at the local Dandelion Daze celebration and the Phillips County Fair to provide paper and web-based surveys to citizens of Phillips County. The same questions were asked of all participants. There were 131 responses (100 paper and 31 web-based) received and tabulated. The survey was also provided in Spanish; there were 11 Spanish surveys returned. The survey questions included a series of "yes or no" questions and prioritization ranking opportunities as well as ample opportunity for the respondent to offer a free-flowing response. CRHC compiled the results of the survey to maintain the anonymity of the respondents. CNAT members were provided detailed response compilations of the

survey results. Summary results of the survey findings were presented to the community at a public meeting in Holyoke on August 15, 2013.

Following presentation of the survey results, the meeting attendees were divided into small groups to discuss the information presented and to reconsider the data from the first meeting. The groups were asked to consider the most striking survey responses and add any new opportunities that they believed should be considered. The groups were then asked to select the top three opportunities that represented the most concern to them. Findings and observations were tabulated and considered by the CNAT in preparation of the presentation at the third public meeting.

The third and final public meeting was held in Holyoke on September 26, 2013. At that meeting the members of the CNAT presented a summary of the priorities recommended at the second meeting. In addition, they presented their individual priorities and individual implementation strategies.

To aid the CNAT in the assessment of the community's health needs, representatives from interested agencies and organizations serving the health, educational, commercial and government interests of the Holyoke area were consulted. Some members of the various organizations also attended the public meeting and provided valuable perspectives in those settings. The community organizations and agencies are:

- Centennial Mental Health Center
- Holyoke Chamber of Commerce
- ECCLPS
- Phillips County Department of Social Services
- Northeast Colorado Health Department
- Melissa Memorial Hospital Foundation
- Two members of the MMH Board of Directors

### III. Community Needs

Data derived from State and National resources indicated a number of health observations and needs in Holyoke and Phillips County. Among them were:

- According to the County Health Rankings<sup>10</sup> report the County ranked 19 out of 59 in overall health factors with 1 being best and 59 being worst. Selected individual group rankings were (out of 59):
  - Tobacco use – 10
  - Diet and exercise - 39
  - Alcohol use – 42
  - Sexual activity - 36
  - Access to care – 31

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<sup>10</sup> [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- Quality of care – 41
- Education – 28
- Employment - 4
- Income – 24
- Family and social support - 11
- Community safety – 25
- Built environment – 17
- According to the County Health Rankings<sup>11</sup> report the County ranked 23 out of 59 in overall health outcomes. Selected individual group rankings were (out of 59):
  - Mortality - 25
  - Morbidity – 19
- According to the County Health Rankings and CDPHE there were 76% of County residents who were obese or overweight in 2009 and 22% were obese. These percentages were greater than the Colorado amounts of 56% and 20% respectively.
- According to the USDA Economic Research Service 2009 12% of low income preschool children were obese compared to a Colorado median of 9%.
- According to the Health Indicators Warehouse, in the period 2006-2008 Phillips County heart disease death rates were 161.6 per one hundred thousand population, compared to 145.8 in statewide data.

The CNAT members used qualitative results of the survey process to frame the story portrayed by the data gathered and discussion group observations. The survey results included the following sample observations.

- 75 respondents provided feedback on their perceptions of what concerns them about health, healthcare, and healthy living in the County. Selected responses included:
  - Chronic conditions: Obesity & overweight, diabetes, cancer and heart diseases
  - Behavioral health issues and lack of mental health services
  - More physicians, including specialists
  - Cost, insurance and financial issues
  - Lack of health education including Spanish education
- Asked to respond to the need for services to be provided for extended hours at the Family Practice of Holyoke (operated by MMH), 63% of respondents indicated there is a need. Approximately 80% of the respondents indicated the clinic should stay open later.
- Asked if the respondent or someone in their household delayed healthcare due to lack of money and/or insurance, 65% of the respondents indicate they had delayed care.

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<sup>11</sup> Ibid.

- Asked to respond to the concern about maintaining ambulance services in Phillips County, 64% of respondents indicated they are very concerned.

Based on these and other more detailed data, the attendees at the public meetings recommended the following opportunities to the CNAT.

- Dental care and oral health
- Education of community regarding:
  - Specialists and other services provided at MMH
  - Non-MMH services available in the community
  - Long term care services available
- Childcare
- Mental and behavioral Health
- Youth unhealthy behaviors: substance & tobacco use, teen pregnancy and unintentional death & injury
- Nutrition/Obesity
- Uninsured population
- Transportation

#### IV. Prioritization of Needs:

Following the assimilation of the detailed health data along with results from the surveys and public meetings, MMH developed a prioritization of the health needs. Based on review of health, health access, and health outcomes data; demographic data; economic data; economic impact data; community survey data and attendees at the public meetings; the following issues were identified by MMH.

The following needs were identified *as most pressing*, based on community input and discussions at MMH:

- Focus on education
- Nutrition and obesity
- Mental and behavioral health
- Dental care & oral health

Certain issues were identified by the community as important, but MMH *has not addressed them in this plan*. MMH has a willingness to work with other entities within the community to look at providing appropriate programs, but will not take the lead on the following issues:

- Transportation
- Childcare services
- Youth unhealthy behaviors

## V. **Melissa Memorial Hospital Implementation Strategy**

As a result of the Community Health Needs Assessment (CHNA), MMH has identified the following priorities it can address and has developed its plan to implement changes to impact the priorities.

### *Pressing Needs:*

#### *Specific need identified in the CHNA:*

Focus on education

#### *Key objectives:*

- Provide information about services offered at MMH including specialists.
- Provide information and support about health issues in the County, including nutrition and obesity.
- Provide information and assistance in understanding health costs, insurance, financial assistance and related issues.

#### *Implementation strategies:*

- a. Work with local newspaper and radio station (along with MMH's website) to get information regarding services/specialists offered through MMH out to the community more prominently.
- b. Offer information and education regarding charity care, insurance, and payment plans to the community through MMH's website as well as through the creation and hiring of a Financial Counselor position at MMH; the position will also provide assistance with applications, filling out forms, and pre-authorizations related to health insurance.
- c. Provide educational classes regarding health and wellness to community members.
- d. Continue to offer, and increase offerings related to, community education and training through such things as: senior strength and balance exercise classes, community newsletter, CPR/AED classes, Health Fair, first responder and EMT training, etc.

#### *Specific need identified in the CHNA:*

Nutrition and Obesity

#### *Key objectives:*

- Provide information and education regarding healthy lifestyles, weight loss and weight maintenance periodically to community and systematically to patients who seek care through the Family Practice of Holyoke.



- Support community events and activities that raise awareness of healthy lifestyles and sound exercise and nutrition practices.

*Implementation Strategies:*

- a. Offer at least four weight loss and/or healthy eating classes to the community, free of charge.
- b. Develop and offer an education class, which will include healthy eating components, for patients and community members who have diabetes mellitus.
- c. Continue to sponsor, financially and/or through support and participation, community events that encourage, promote, and assist with leading healthy lifestyles (e.g. Health Fair, Healthy Weigh, Amateur Triathlon, Senior Water Exercise Programs, etc).
- d. Increase the dissemination of collateral education material relating to healthy weight/eating habits through the Family Practice of Holyoke.

*Specific need identified in the CHNA:*

Dental care and oral health

*Key objectives:*

- Evaluate opportunities to provide or support oral health services.

*Implementation Strategies:*

- a. Seek collaboration with Salud Bus for underserved youth in Phillips County.
- b. Investigate opportunities for dental care through MMH specialty clinic.
- c. Include information/education related specifically through educational offerings (see identified need: Focus on Education).

*Specific need identified in the CHNA:*

Mental and behavioral health

*Key objectives:*

- Evaluate opportunities to provide or support mental and behavioral health services.

*Implementation Strategies:*

- a. Continue to collaborate with Centennial Mental Health Center and look for additional opportunities to enhance collaboration.

- b. Investigate opportunities for MMH to offer care for visiting providers through the specialty clinic.
- c. Evaluate the potential to integrate mental and behavioral health services through the Family Practice of Holyoke by way of the establishment of a formal patient-centered medical home.

**VI. Other Needs Identified Not Addressed by MMH but for Which Other Community Resources Are Available**

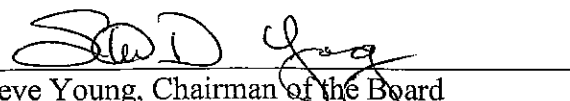
Although MMH is not able to meet all the needs and concerns identified during the CHNA, the following agencies and organizations are available in the community to help meet the needs and serve as potential collaborators or partners to bring education and work together to meet these concerns.

- Holyoke School District
- Centennial Mental Health Center
- Holyoke Chamber of Commerce
- ECCLPS
- Phillips County Department of Social Services
- Northeast Colorado Health Department
- Melissa Memorial Hospital Foundation

**VII. Approval**

The Melissa Memorial Hospital Board of Directors approves the Implementation Strategy for addressing the priorities identified in the Community Health Needs Assessment. Approval was affirmed at the regular Board meeting held on January 28, 2014.

  
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Sheryl Farnsworth, Secretary-Treasurer  
MMH Board of Directors

  
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Steve Young, Chairman of the Board  
MMH Board of Directors