

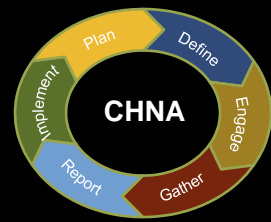
Little Colorado Medical Center Community Health Needs Assessment - 2014



CPAs & BUSINESS ADVISORS



Community Health Needs Assessment



In the summer and fall of 2014, a Community Health Needs Assessment (CHNA) was conducted by Little Colorado Medical Center (LCMC) for the approximate 35,000 residents of Winslow and surrounding areas.

LCMC operates a 25 bed critical access hospital and clinic in Winslow and provides inpatient, outpatient, emergency room, multi-specialty clinic, laboratory, imaging, pharmacy, general surgery, obstetric, orthopedic, and cardiology services.



Conducting the Assessment



The assessment process was initiated and led by LCMC in collaboration with Eide Bailly LLP, an accounting and consulting firm specializing in consulting with healthcare organizations.

To ensure input from persons with broad knowledge of the community, a community advisory committee was convened of individuals representing various communities in the service area and representing people with different interests. Representatives from local health care providers and the county public health department were included to bring in additional professional perspective. Populations with special health needs such as elderly, uninsured and unemployed were represented by individuals who provide services to these populations.

Conducting the Assessment



Community Advisory Committee Participants	
Individual	Position
Jack Dempsey	CEO, LCMC
Marshall Losey	Dir. Respiratory Therapy, LCMC & City Council member
Leslie Fusaro	CNO, LCMC
Tiffany Hardman	Dir. Social Services, LCMC
Greg Hackler	Chiropractor, Alice's Place
Theresa Warren	Executive Director, Alice's Place
Ross Black	Dir. Facilities, LCMC
John Sears, MD	Family Medicine, Little Colorado Physicians Office
Sonia Ybarra	COO, LCMC
Gina Reffner	CFO, LCMC
Susie Kaufman	City of Winslow Administration
Sarah O' Connell	Winslow Council on Aging
Elizabeth McKey	DON, Winslow Campus of Care
Nola Poplin	ADON, Winslow Campus of Care
Lisa Romero	NP, Little Colorado Physicians Office
Darcie McKee	Navajo County Health Dept
Frank Armao, MD	Chief Medical Staff, Winslow Indian Health Care Center
Valerie Kelley	DON, Winslow Indian Health Care Center
Lisa Consiglio	Senior Accountant, LCMC

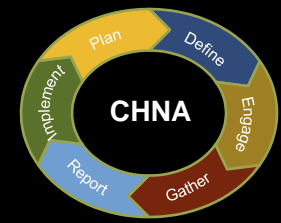


Conducting the Assessment



An initial meeting with the Community Advisory Committee began with a discussion of the role of the Community Advisory Committee and a review of the applicable Internal Revenue Service requirements for non-profit hospitals. These rules require input from the community in identifying and prioritizing the health needs of the community and an implementation strategy for addressing the needs identified.

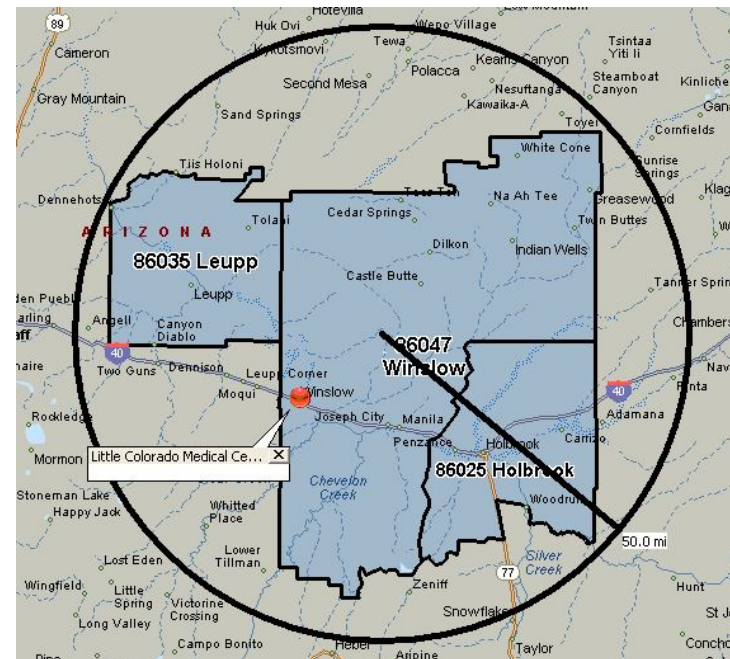
The first issue addressed by the Community Advisory Committee was the applicable service area to be considered in determining the community served.



Defining the Community

LCMC personnel presented information on the community origin of its patients based on admissions from 2012. More than 87% of its patients reside a five zip code area. These zip codes make an upside-down *L-shape*. Based on this, the community was defined as a 50 mile radius circle with the center being about 18 miles northeast of LCMC.

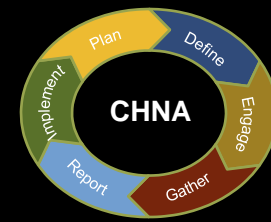
Zip Code	FY 2012 Discharges	% of FY 2012 Discharges
86047	746	58%
86025	159	12%
86035	91	7%
86031	98	8%
86032	26	2%
Sub Total	1120	87%
Other Zip Codes	166	13%
Total	1286	100%



Note: Zip Codes 86031 and 86032 reside within 86047



Community Description

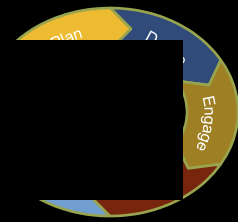


The Committee then reviewed demographic and health information for the community based on information from the *Navajo County Community Health Status Assessment* prepared by Navajo County Public Health Services and additional information from county, state and national sources.

The sources provide an array of indicators and information about the conditions and factors affecting health, as well as indicators of health status. Both physical, social and behavioral factors for health and health outcomes related to disease and injury were assessed.



Community Description



LCMC is located in Winslow, Arizona a predominantly rural area in Navajo County. The 2000 census showed a population of 35,965 in the 50 mile radius area. This declined slightly over ten years to 35,612 in 2010. The 2014 average population density is just over four residents per square mile.

An estimated 12.3% of the population is 65 years or older, and this is expected to increase slightly over the next five years to 13.5%.

The estimated 2014 median household income in the 50 mile radius area is \$30,542. The median household income in the State of Arizona is \$46,306 and the United States \$51,579. 27.9% of the Navajo County population is below the poverty level as compared to 17.2% in the state of Arizona and 14.9% in the United States.

Community Description



The unemployment rate for Navajo County for 2014 averages to 13.4%. This rate compares to the state of Arizona at 7.1% and the United States at 7.6%. For those employed, the following table shows occupational classifications for Navajo County and the United States:

	Navajo County	United States
Blue Collar Occupations	23%	20%
White Collar Occupations	51%	61%
Service & Farm Workers	26%	19%

Source: Claritas 2014



Community Description



For the civilian employed population age 16 and over in Navajo County, it is estimated that they are employed in the following occupational categories:

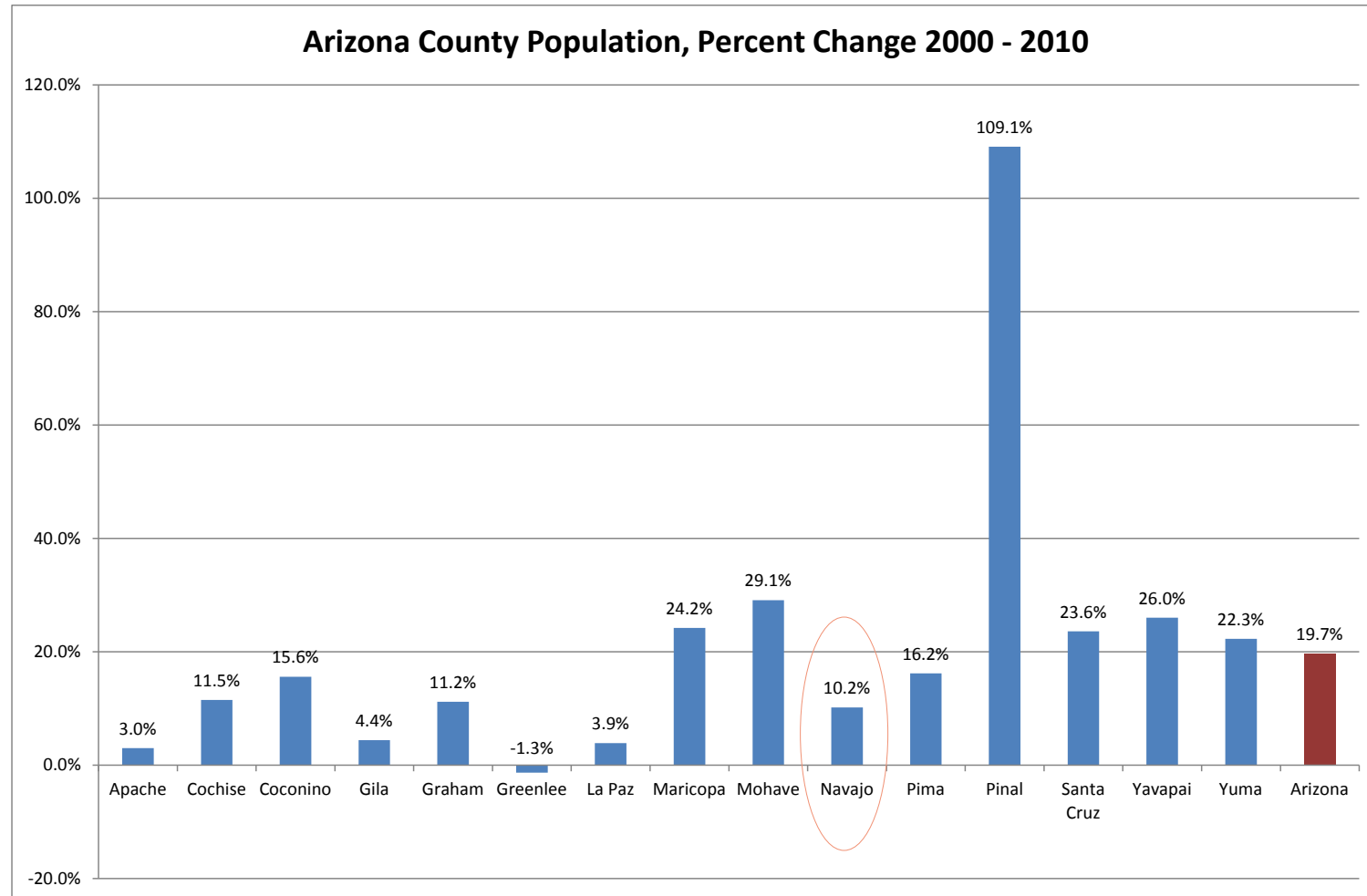
0.2% are in Architecture and Engineering, 1.3% are in Arts, Entertainment and Sports, 3.8% are in Business and Financial Operations, 0.3% are in Computers and Mathematics, 6.6% are in Education, Training and Libraries, 5.0% are Healthcare Practitioners and Technicians, 2.9% are in Healthcare Support, 0.3% are in Life, Physical and Social Sciences, 8.0% are in Management, 13.1% are in Office and Administrative Support.

1.9% are in Community and Social Services, 6.5% are in Food Preparation and Serving, 0.5% are in Legal Services, 4.0% are in Protective Services, 9.8% are in Sales and Related Services, 6.1% are in Personal Care Services.

5.8% are in Building and Grounds Maintenance, 7.6% are in Construction and Extraction, 0.7% are in Farming, Fishing and Forestry, 5.3% are in Maintenance and Repair, 3.4% are in Production, 6.7% are in Transportation and Moving.

Source: Claritas 2014

Population change in AZ by county 1990-2010

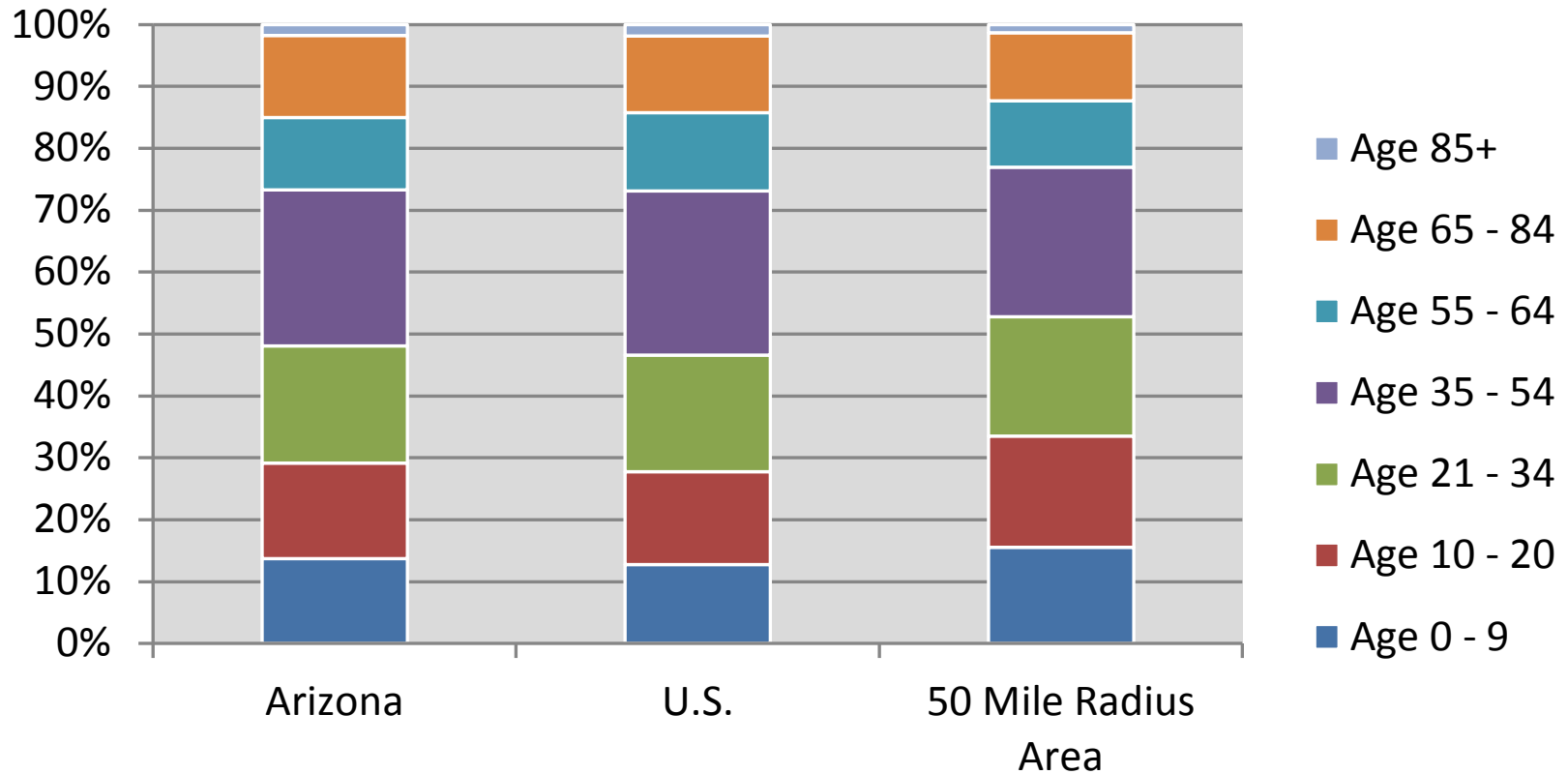


Source: U.S. Census Bureau

Population Distribution 2014



2014 Population by Age Group



Source: Claritas 2014

Population Growth Projection



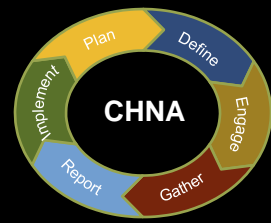
Table 1.1 Projected Population Growth in Navajo County: 2015-2055 (NEW)

Projected Population Growth in Navajo County: 2015-2055 ¹					
Year	Total Reservation	Total Hopi	Total Navajo Nation	Total White Mountain Apache	Total Non-Reservation
2015	54,992	5,812	35,495	13,685	80,679
2020	58,492	5,812	38,060	14,620	88,553
2025	61,555	5,812	40,305	15,438	95,445
2030	64,216	5,812	42,255	16,149	101,431
2035	66,566	5,812	43,977	16,777	106,718
2040	68,649	5,812	45,504	17,333	111,405
2045	70,589	5,812	46,926	17,852	115,771
2050	72,436	5,812	48,279	18,345	119,924
2055	74,340	5,812	49,674	18,854	124,209

¹Source: Arizona Department of Economic Security, Research Administration, Population Statistics Unit, Sub-county Projections by CCD, CDP, Reservation & Jurisdiction.

40 Year Growth	35%	0%	40%	38%	54%
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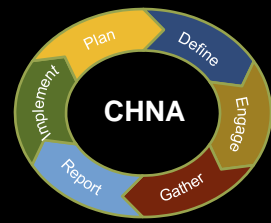
Health Status



- General Health

- 18% of Navajo County residents reported being in fair or poor health. This ranks 12th of 15 Arizona counties
- 21% are uninsured, with a county ranking of 11th
- 29% do not have a healthcare provider
- 20% could not see a doctor because of cost
- 18% have limited access to healthy foods and 23% experience food insecurity

Health Status



- Physical Health

- Disproportionate share of premature death compared to state (years of potential life lost before age 75 per 100k population)
- 38 diabetes deaths per 100,000 population in Navajo County compared to 21 in Arizona
- Lower incidences of breast, colon, lung, and prostate cancers than the state of Arizona
- 149 deaths per 100k population from diseases of the heart in Navajo County compared to 152 in Arizona

Health Status



Navajo (NA)

County Snapshot | [Additional Measures](#)

	Navajo County	Arizona	Rank (of 15)
Health Outcomes			12
Length of Life			13
Premature death	11,848	6,850	
Quality of Life			12
Poor or fair health	18%	16%	
Poor physical health days	4.1	3.5	
Poor mental health days	3.7	3.4	
Low birthweight	8.1%	7.1%	
Health Factors			12
Health Behaviors			10
Adult smoking	17%	17%	
Adult obesity	32%	24%	
Food environment index	4.8	7.1	
Physical inactivity	24%	21%	
Access to exercise opportunities	36%	47%	
Excessive drinking	11%	16%	
Alcohol-impaired driving deaths	28%	28%	
Sexually transmitted infections	743	451	
Teen births	69	52	

Source: County Health Rankings & Roadmaps

Health Status



	Navajo County	Arizona	
Clinical Care			11
Uninsured	21%	20%	
Primary care physicians	1,579:1	1,568:1	
Dentists	1,648:1	1,784:1	
Mental health providers	2,186:1	1,145:1	
Preventable hospital stays	63	51	
Diabetic screening	54%	79%	
Mammography screening	49%	64%	
Social & Economic Factors			14
High school graduation	71%	78%	
Some college	51%	62%	
Unemployment	15.2%	8.3%	
Children in poverty	38%	27%	
Inadequate social support	24%	20%	
Children in single-parent households	41%	35%	
Violent crime	369	409	
Injury deaths	131	76	
Physical Environment			8
Air pollution - particulate matter	9.9	10.1	
Drinking water violations	8%	3%	
Severe housing problems	26%	20%	
Driving alone to work	71%	76%	
Long commute - driving alone	23%	35%	

Source: County Health Rankings & Roadmaps

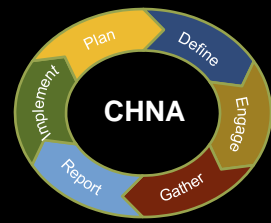


Conducting the Assessment



The Community Advisory Committee discussed the health factors and outcomes identified in the sources to determine if the information was consistent with their understanding of the needs of the community. The discussion was opened to allow for input to address any other community health issues or needs.

Community Needs



The committee identified the following as the primary health related issues in the community:

- Poverty
 - Lack of basic needs such as electricity or running water
 - Inability to afford medications due to insurance donut hole. Some take too few medications or none at all; end up in the ER
 - High unemployment and underemployment
- Home Health
 - Severe shortage of services. One provider (Northern Arizona Home Care)
 - Referrals turned down due to staff limitations
- RN shortage
- Affordable housing shortage
 - Waiting lists are long/full



Community Needs



- Alcoholism
 - Affects tourism industry; look and feel of community
 - Regular alcohol related ER visits
 - Unreimbursed care
 - LCMC provides medical detox; patients often discharge and return to drinking
 - Reservations are dry. Residents sometimes leave or stay off the reservation to drink
- Diabetes
- Senior Care
 - Limited resources for acutely ill and/or behavioral issues
 - Waiting lists move slowly; limited assisted living options
 - Many seniors live in isolation; aren't aware of day programming or not able/willing to participate



Community Needs



- Mental Health
 - Inpatient psychiatric bed shortage
 - Acutely ill patients sometimes stay at LCMC for days or weeks



Community Health Service Strengths



The committee then discussed the strengths of the available health services in the community

- Excellent prenatal program at HIS
 - Close relationships with providers
 - Highly structured
 - Significantly lower incidence of substance exposed newborns
- North County Clinic
 - Sliding scale; well utilized
- High quality physicians in the area
 - Wide range of available specialties
- Parks and recreation are strong in the area
 - New skate park
 - League sports
 - Two swimming pools
- Prescription delivery program
- Medevac helicopter and fixed wing transport

Conducting the Assessment



The Community Advisory Committee members agreed on a set of criteria to use to evaluate the list of potential needs identified through the fact finding process. The criteria included potential to impact community health, cost to the community, and community urgency

The Community Advisory Committee discussed each of the 8 identified health issues in terms of whether it truly was an issue, the potential health improvement impact, cost and urgency. Committee members then individually identified 3-4 of the issues they felt had the highest community priority. Once each member identified their priorities, a group discussion occurred which allowed for exchange of ideas and formation of priorities.



Conducting the Assessment



The prioritization process resulted in a number of the needs being summarized within broader topics. The following were the priority issues for the community, presented in rank order:

1. Home Health
2. Mental Health
3. Alcohol
4. Senior Care
5. Poverty



Conducting the Assessment

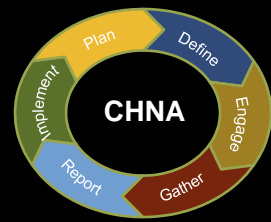


During the discussion on health needs, the Committee identified other resources in the community that may be available to work in collaboration with LCMC to address the identified needs:

- Active Adult Community Center
- Community Bridges
- Alice's Place
- Indian Health Services
- Fire and Police
- Salvation Army
- St. Mary's Community Food Bank
- Community Counseling Center
- Winslow Campus of Care



Community Health Needs Assessment



Next Steps

LCMC is required to adopt an organization specific implementation strategy in response to the Community Health Needs Assessment report. This implementation strategy will be discussed and approved by the Board of Directors of LCMC, and will be reviewed on an annual basis. The CHNA process and public report will be repeated every three years, as required by federal regulations.



Community Health Needs Assessment



Community Contact Information for CHNA

Community members who would like to provide input on the next CHNA process, would like to comment on the needs identified or would like to review detailed community health statistics and data gathered and reviewed by the committee, are encouraged to contact LCMC with their inquiries, suggestions or comments.

Lisa Consiglio
Little Colorado Medical Center
Winslow, AZ
928-289-6303