

Estes Park Medical Center 2017 Community Health Needs Assessment

Background

Mission statement. To make a positive difference in the health and wellbeing of all we serve.

Vision statement. To achieve a culture of clinical service excellence through patient-centered care.

History. Estes Park Medical Center (EPMC) was established in 1975, originally named Elizabeth Knutsson Memorial Hospital, after one of Park Hospital District's major supporters.¹ A sizeable group of women convened to begin fundraising, naming themselves the Elizabeth Guild Auxiliary. It still exists today through the Elizabeth Guild Thrift Shop, where proceeds go to support the hospital and its services.² In 1986, the Elizabeth Knutsson Memorial Hospital was renamed Estes Park Medical Center.³ The town of Estes Park was built upon an adventuresome spirit, where the founders lived without acute medical services, with historical records dating back to 1820, when Major Stephen H. Long, the head of the Yellowstone Expedition, visited and became the namesake of the area's famous Longs Peak.⁴

Services. EPMC is a 23-bed critical access hospital (CAH). A CAH is a federal designation for rural hospitals with less than 25 acute care beds, located less than 35 miles from the nearest hospital, although a few exceptions apply.⁵ The organization offers a 24/7 emergency department and is a Level IV Trauma Center, with emergency air transport available. Acute care services include medical, surgical, and obstetrics.⁶

¹ Estes Park Library Server, <http://esteslibrary.lrcserver.net/estes-park-history>

² Estes Park Medical Center, <https://www.epmedcenter.com/our-community.php>

³ Estes Park Library Server, <http://esteslibrary.lrcserver.net/estes-park-history>

⁴ Estes Park City Website, <https://www.visitestepark.com/maps-and-info/about/history/>

⁵ Rural Health Information Hub, <https://www.ruralhealthinfo.org/topics/critical-access-hospitals>

⁶ Estes Park Medical Center, <https://www.epmedcenter.com>

The organization values community-driven partnerships and enjoys collaborative relationships with the primary care practices in the area, Salud and Timberline Medical Clinic, along with their own. Estes Park is a rather isolated community, buried in valley among the peaks of the Rocky Mountains. EPMC provides many specialty services in their clinics, in order to allow residents and the area's countless visitors, quality care, without having to travel long distances. These include, but are not limited to: (1) obstetrics and gynecology, (2) internal medicine, (3) cardiology, (4) dermatology, (5) orthopedics, (6) ophthalmology, (7) podiatry, (8) pediatrics, (9) oncology, (10), infusion therapy, (11) otolaryngology, (12) neurology, (13) pulmonology, (14) rheumatology, and (15) urology.⁷

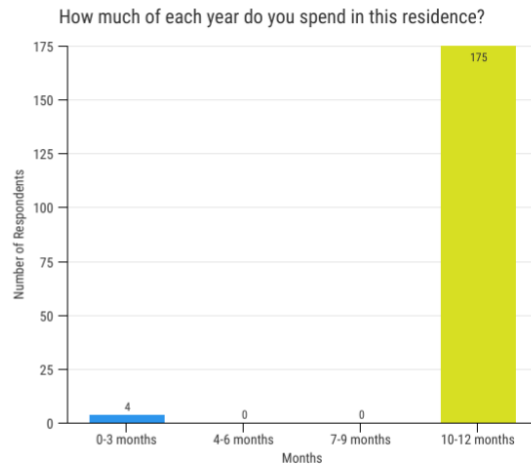
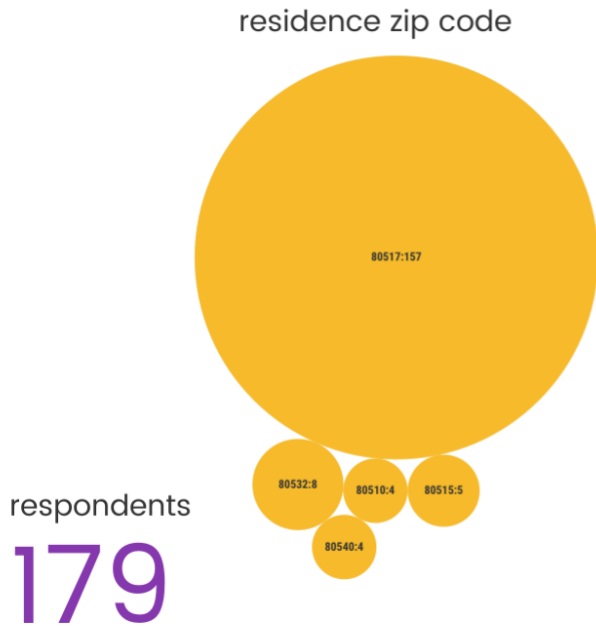
With a large demographic of aging residents, EPMC recognizes the need to provide aging in place and long-term care options. Therefore, it prides itself on the quality of its skilled nursing facility, Prospect Park, providing availability for 60 people. Additionally, it operates a thriving home health program and hospice services.⁸

The community. Estes Park, as aforementioned, has been the destination for many explorers. Even today, travelers on holiday find the area so majestic, that they take up residence. Most of the community is made of transplants from across the world. The economy highly relies on its tourism dollars, therefore requiring state-of-the-art medical technologies to serve the daredevils and mountain athletes. EPMC mainly serves Estes Park proper, zip code 80517 (~88 percent of patient population); Glen Haven, zip code 80532 (~4 percent of patient population); Drake, zip code 80515 (~3 percent of patient population); Allenspark, 80510 (~2 percent of patient population); and Lyons, zip code 80540 (~2 percent of patient population).⁹

⁷ Estes Park Medical Center, <https://www.epmedcenter.com>

⁸ Estes Park Medical Center, <https://www.epmedcenter.com>

⁹ EPMC Community Survey, 2017



**SAMPLE
POPULATION**

Estes Park sits on the eastern entrance to Rocky Mountain National Park, in Larimer County. The town, itself, is approximately 5.9 square miles. Denver International Airport is located 75 miles east of Estes Park. It's notable for the many famous settlers, including Freelan Oscar Stanley, the inventor of the Stanley Steamer, and founder of the historic Stanley Hotel. The hotel was the setting of Stephen King's 1977 classing, *The Shining*.¹⁰

Hospital governance. EPMC is governed by the Park Hospital District, with an elected five-person board of directors, all local residents.¹¹

Summary. This document provides a summary of EPMC'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 2017 community health needs assessment (CHNA), administered by EPMC and facilitated by Vertical Strategies.

¹⁰ Town of Estes Park, <https://www.colorado.gov/townofestespark>

¹¹ Estes Park Medical Center, <https://www.epmedcenter.com/board-of-directors.php>

Target Areas, Economics and Populations

Note on data collection. EPMC primarily serves the residents of zip codes 80517 (Estes Park), 80532 (Glen Haven), 80515 (Drake), 80510 (Allenspark), and 80540 (Lyons). Data, however, were collected for Estes Park, when available, Larimer County, Colorado, and at a national level. The rationale was to provide measurable comparisons for benchmarks. It is noted that for some indicators, the data for Estes Park were suppressed because of the small population.

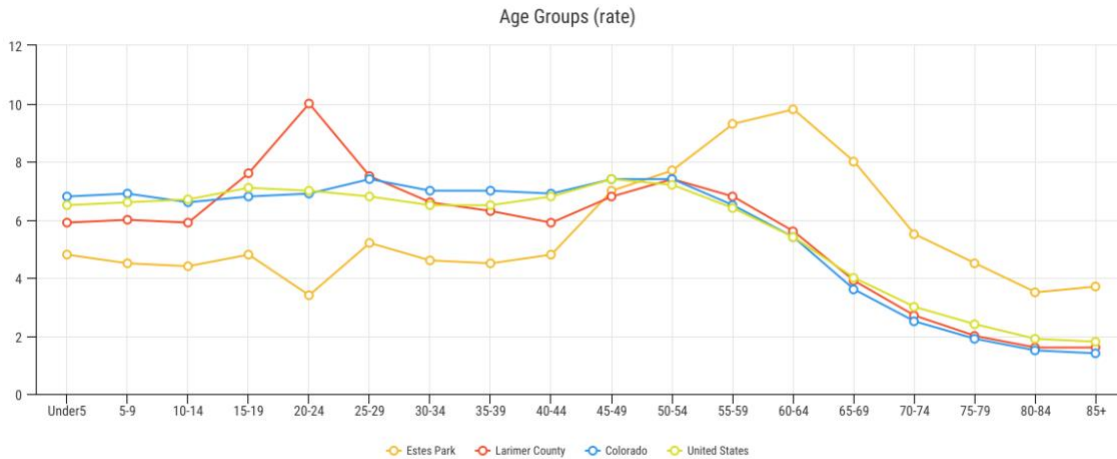
As documented from a national perspective, EPMC recognizes the disparities that exist in health status and risk between those in the highest income brackets and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs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

The CHNA included data on all populations in Estes Park without regard to income, insurance, or any other discriminating factors. Selected characteristics of the population included¹²:

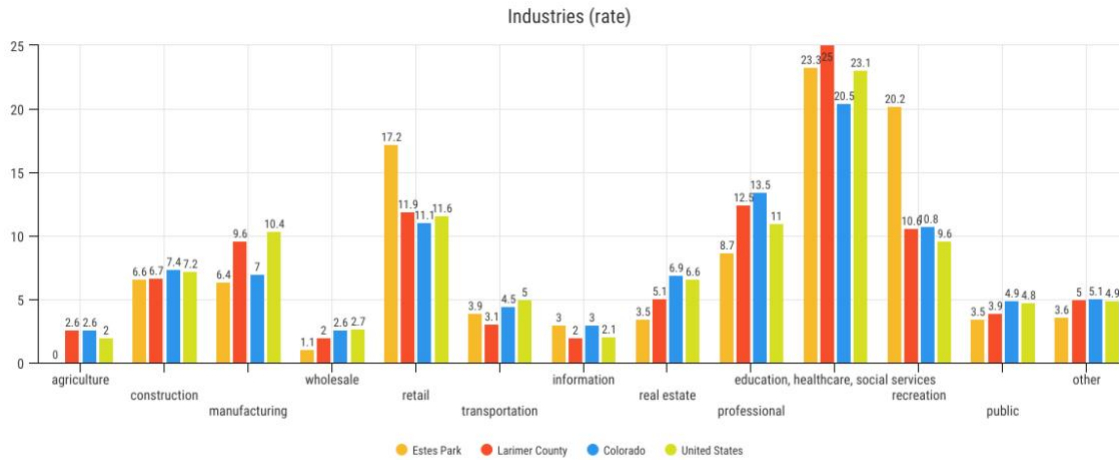
1. The current population of Estes Park is 6,362 (2016), which is a growth almost 10 percent since 2010.
2. The median age of Estes Park residents is 56.6, 20.1 years older than the average Larimer County resident.
3. Corresponding to the median age, females make up 52 percent of Estes Park population, two percent higher than Larimer County, Colorado, and the nation.
4. People over the age of 65 constitute over 25 percent of all people living in Estes Park. This is 53 percent higher than Larimer County, 57 percent higher than Colorado, and 49 percent higher than the country.
5. The Estes Park community is predominantly Caucasian, contributing 92.3 percent of the population. Following are the race and ethnicity demographics, ranking by density:
 - a. Latino/Hispanic, 14 percent
 - b. Other unspecified, 5.9 percent
 - c. Asian, 1.2 percent
 - d. American Indian/Native American, 0.5 percent
 - e. African American, 0.3 percent
 - f. Native Hawaiian/Pacific Islander, 0.0 percent
6. Statistics indicate that at least 11 percent of people over 65 live with people younger than the geriatric demographic, in Estes Park.
7. Nearly 25 percent of the economy in Estes Park is based off healthcare and social services. In comparison, recreation (including tourism), makes 20 percent of the town's revenue base.

¹² US Census Bureau, American Fact Finder,
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

8. The gender inequity ratio in Estes Park is higher than its comparisons. Males in Estes Park make an average of \$12,192 more a year than their female professional counterparts. Yet, unemployment is significantly lower than its comparisons, sitting at 3.7 percent.
9. Estes Park's mean household income is 12 percent less than Larimer County, 16 percent less than Colorado and 10 percent less than the national average.
10. Ten percent of people living in Estes Park are living in poverty, while 3 percent of people over 65 function below the poverty line. This is lower than Larimer County by 2.3 percent, Colorado by 4.4 percent, and 6.4 less than national averages. Over 56 percent of Estes Park residents living in poverty are single mothers.



POPULATION DEMOGRAPHICS



ECONOMIC STABILITY

Healthcare employment is one of the most significant service industries in a local area, usually more so in rural areas. A rural hospital is one of the largest employers in a rural economy, typically one of the top two employers in the area.¹³ As employees spend money locally, additional jobs are created in other businesses in the community. These additional jobs are referred to as secondary and create additional economic impact in the community. The impact is estimated using multipliers¹⁴ for both jobs and economic impact.

In 2017, EPMC had over 150 employees. Considering the secondary impact to the community, an estimated additional 11 employees in the town can be attributed to EPMC, using a multiple of 1.08 (i.e. each job contributed .08 secondary jobs). The total income impact of EPMC in 2017 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 health facilities by area residents supports employment and economic drivers.

Process, Strategy and Community Impact

¹³ National Center for Rural Health Works, Economic Impact of Rural Health Care, September 2012

¹⁴ Minnesota IMPLAN Group, Inc.

EPMC identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by EPMC community stakeholders. EPMC engaged Vertical Strategies, a consulting firm dedicated to elevating nonprofits, to assist with the project. Vertical Strategies assisted by: (1) gathering and assimilating data, (2) facilitating and compiling results of group meetings and surveys, (3) drafting reports and public notices, and (4) other facilitation-type activities. Vertical Strategies is well suited to this type of project because of their expertise in rural health in Colorado and nationally, and the work their staff has done regarding many community-oriented projects in rural health services. The EPMC community stakeholders group was formed with members of the 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, and direct patient services.

The community stakeholders group, assisted by Vertical Strategies, retrieved data from public sources such as the Colorado Department of Public Health and Environment, United States Census Bureau, Centers for Disease Control, US Department of Health and Human Services Health Resources and Services Administration, County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, among other resources. Data were compiled, formatted, and manipulated from these sources relating to the health status of the County population, health needs, incidence of disease, etc. and shared with community members. The data, which helped form the assessment, provided the basis from which the community stakeholders group, 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 EPMC leadership had access to the entire data package developed by Vertical Strategies, a condensed version was presented by Vertical Strategies at community stakeholders meetings held on July 6, 2017 and August 17, 2017 to inform those in attendance about the health status of Estes Park and surrounding areas. Vertical Strategies 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 press releases.

Following the presentation of data, the meeting attendees discussed the data results. They were asked to identify other opportunities that were omitted from the initial presentation and to judge if the positive indicators were represented appropriately. The group was requested to identify the top three opportunities that were of most concern to them and how they perceive access to healthcare providers in the Estes Park area. In addition, attendees were asked how, given limited financial and human resources, could EPMC and its health care providers improve the health status of residents. Findings were tabulated and reconsidered at the second community stakeholders meeting.

The community stakeholders group, in collaboration with Vertical Strategies, conducted a survey of interested community residents. The survey included 40 multiple choice and open-ended questions on a variety of health and provider issues. The health questionnaire for EPMC was distributed by paper and web-based survey. They were given to participants at the end of the first community health needs assessment meeting and participants were encourage to have their friends and family complete the survey, as well. In addition, the paper survey and link to the web-based survey were made available at EPMC through the organization’s website at www.epmedcenter.com. The community was informed about the survey and provided the link in multiple newspaper articles, and through flyers posted throughout the town. The same questions were asked of all participants. There were 179 responses, 178 web-based, received and tabulated. The survey was provided in English, Spanish, Russian, and Nepalese.

The survey questions included a series of “yes or no” questions, prioritization ranking, as well as ample opportunities for the respondent to offer a free-flowing response. Vertical Strategies compiled the results of the survey to maintain the anonymity of respondents. EPMC leadership was provided a detailed response compilations of the survey results. Summary results of the survey findings were presented to the community stakeholder groups on October 11, 2017. At that meeting, participants reviewed the survey summary data and amended their first meeting community priorities.

To aid the community stakeholder group in the assessment of the community’s health needs, representatives from interested agencies and organizations serving health, education, commercial and government interests of the Estes Park area were consulted. Community organizations and agencies included:

- Crossroads Ministry of Estes Park
- El Mez-Cal Restaurant
- Estes Park Department of Parks and Recreation
- Estes Park Economic Development Council
- Estes Park Good Samaritan Village
- Estes Park Medical Center
- Estes Park Medical Center Foundation
- Estes Park School District
- Estes Park Trail-Gazette
- Estes Park Wellness Center Steering Committee
- Larimer County Public Health Department
- Prospect Park Living Center
- Salud Clinic
- Town of Estes Park
- University of Colorado Health, Timberline Clinic

Community Needs

Data derived from state and national resources indicated a number of health observation needs in Estes Park. Among them were:

1. Larimer County's air particulate matter rate is 31 percent higher than Colorado and 15 percent higher than the United States.^{15,16}
2. Twenty-seven percent of those living in poverty have less than a high school education, or the equivalent, but no higher education.¹⁷
3. Only 32 percent of three to four-year-olds are enrolled in preschool, which is 36 percent less than Larimer County, 37 percent less than Colorado, and 33 percent less than the United States.¹⁸
4. Fourteen percent of Larimer County has low income and low access to healthy foods.¹⁹
5. Estes Park's veteran population is 40 percent higher than Larimer County and 33 percent higher than the Colorado density.²⁰
6. Estes Park's publicly insured population is 34 percent higher than Larimer County and 27 percent higher than Colorado.²¹
7. Twelve percent of live births are to unwed mothers.²²
8. Ten percent of residents report frequent physical distress while, nine percent report frequent mental distress.²³

¹⁵ National Environmental Public Health Tracking Program, <https://www.cdc.gov/nceh/tracking/>

¹⁶ Environmental Protection Agency, <https://www.epa.gov>

¹⁷ US Census Bureau, American Fact Finder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

¹⁸ US Census Bureau, American Fact Finder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

¹⁹ Map the Meal Gap, <http://map.feedingamerica.org>

²⁰ County Business Patterns, <https://www.census.gov/econ/cbp/#SKIP3>

²¹ US Census Bureau, American Fact Finder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

²¹ US Census Bureau, American Fact Finder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

²² US Census Bureau, American Fact Finder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

²³ BRFSS, <https://www.cdc.gov/brfss/index.html>

9. Populations with at least one disability are higher in Estes Park are 27 percent higher than Larimer County, 20 percent higher than Colorado, and five percent higher than the national average.²⁴
10. Nineteen percent of residents are obese, and 13 percent of adults identify as smokers.²⁵

The community stakeholders group used the 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:

- The most important health concerns were, by ranking:
 - Aging problems
 - Heart disease and stroke
 - Mental health
 - Respiratory/lung disease
 - Cancer
- Over 30 percent of respondents answered no or strongly no to:
 - Is there an active sense of civic responsibility?
 - Are levels of mutual trust and respect present?
 - Is there a sufficient level of health and social services in the community?
 - Are there a broad variety of health services available in the community?
 - Is there economic opportunity in the community?
- The majority of respondents who left the community for care stated their reason was because that type of care was not available locally.
- Regarding hospital satisfaction, reasons for utilizing EPMC included:
 - Providers and staff
 - Outcomes
 - Friendliness
 - Quality
 - Timeliness
 - Low wait times
- Private coverage insurance plans of respondents included:
 - Aetna
 - Health First Colorado
 - Anthem Blue Cross Blue Shield
 - United Healthcare
 - Kaiser
 - Healthscope
 - Cigna

²⁴ US Census Bureau, American Fact Finder,
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

²⁵ BRFSS, <https://www.cdc.gov/brfss/index.html>

- Respondents spoke of mental health services they've utilized within the past year, including:
 - Counseling or therapy (37.5 percent)
 - Pharmaceuticals (31.25)
- Nearly ten percent of respondents noted that pain kept them from their activities of daily living more than 11 days per month.
- Ranked in order of highest number of responses, respondents told the survey where they receive their health information:
 - Internet
 - Healthcare providers
 - Pharmacy
 - Family and friends
 - Magazines and publications
 - Television
- When asked what EPMC should start doing, respondents answered:
 - Improve cost and billing
 - Improve physician retention
 - Improve spiritual support
 - Improve preparation for appointments
 - Increase dialysis
 - Increase urgent care
 - Health system integration
 - Free, public yoga
 - Increase retail pharmacy
 - Improve hospital culture
 - Improve mental health services
 - Increase community decision making
 - Improve oncology services
 - Implement adult day care
 - Increase complementary and alternative medicine
 - Improve housing options
 - Increase appointment availability
 - Reduce outmigration
 - Implement assisted living
 - Improve health literacy
 - Increase primary care clinic hours

Based on these and other more detailed data, the attendees at the community stakeholder meetings recommended the following opportunities:

1. Improve mental health services, while decreasing community substance abuse
2. Increase child, infant and elder care opportunities for all income levels

3. Increase access to health services for minority populations, specifically around race and ethnicity
4. Improve affordable housing opportunities within the community

Prioritization of Needs

Following the assimilation of the detailed health data along with results from the surveys and community stakeholder meetings, EPMC developed a prioritization of health needs. Based on review of health, health access, and health outcomes data; demographic data; economic data; economic impact data; community survey data and the experience of meeting participants, the following issues were chosen by EPMC to pursue.

These needs were identified as most pressing:

1. Improve mental health services, while decreasing community substance abuse
2. Increase child, infant and elder care opportunities for all income levels
3. Increase access to health services for minority populations, specifically around race and ethnicity

Other issues were identified by the community as important, but EPMC has not addressed them in this plan as other groups have taken the lead on solutions. EPMC maintains a willingness to work with other entities within the community to look at providing appropriate programs.

Approval

The Estes Park Medical Center Hospital Board of Directors approves the prioritization of needs identified in the community health needs assessment.

Name, Title, Date