North Fork Community Health Needs Assessment

Prepared for North Fork EMS

by

Triple Point Strategic Consulting LLC

September 12, 2020

Key Findings

Most of the findings in this report are interrelated through a series of cause and effect. The recurring themes of age, healthcare costs, financial hardship and distance all have a major influence on the overall health of the North Fork.

Aging Population

- The base population is aging
- The economy is not retaining nor attracting younger individuals
- There is a net migration of retirees to the North Fork
- The need for senior healthcare is large and growing

Poor economy

- Household incomes are declining
- Poverty is increasing
- Lack of insurance
    - Insurance coverage itself is expensive/does not cover enough cost in many cases
- Unable to find/afford child care
- Lack of activities for youth and 65+
- Cost of Health Care
    - Healthcare, with or without insurance, is unaffordable for many in the community

Health Needs

- Primary care
- Mental health services
- Substance abuse prevention and treatment
- Coordination of care
- Knowledge of established services and programs
- Education on preventable injury
- Awareness/education for management of chronic diseases
- Transportation for healthcare needs
- Dental care
- Youth substance abuse, prevention and treatment
- Medical durable goods
- Caring for seniors at home
    - Primary care outreach
    - Injury prevention
    - Isolation/social inaccessibility (exacerbated by COVID19)

COVID-19 Pandemic - Addendum

As this CHNA was already well underway, the world was struck by the COVID-19 pandemic. North Fork EMS has responded by setting up a testing center at its Hotchkiss headquarters. Recently, testing has been expanded to include those without symptoms in certain cases. Testing will continue into the foreseeable future.

The COVID-19 experience gives an opportunity to plan ahead should similar outbreaks occur in the future. In the future a community paramedicine program would be able to provide the following:

- In-home testing for patients.
- Monitoring of patients who are ill, advising of the patient's options, whether or not to go to the hospital, etc.
- Community Paramedic visits to the homes of the vulnerable populations to do routine things such as blood draws, vital signs etc. This would keep them at home with minimal contact to the outside.
- Become an extension of the physicians.

Introduction

In 2018, voters overwhelmingly approved the establishment of the North Fork Ambulance Health Service District for the North Fork valley. While the District provides the core, financial support needed to maintain quality ambulance service, operating as North Fork EMS, this Special District was formed as a Health Service District with sufficient flexibility to enable the District to establish a Community Paramedicine program, among other services.

Community Paramedicine is a relatively new and evolving healthcare model using existing highly skilled medical professionals, Paramedics with Community Paramedic Licensure, within their existing scope of practice to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underinsured, uninsured, and underserved populations in the community. The goal is to improve access to care and avoid duplicating existing services.

Community Paramedicine generally focus on:

- Providing and connecting patients to primary care services
- Completing post hospital follow-up care
- Integration with local public health agencies, home health agencies, and other providers
- Providing education and health promotion programs
- Not duplicating available services in the community

Paramedics and EMTs in rural communities are trusted and respected for their medical expertise, the emergency care they provide, and are generally welcome in patients' homes. These professionals are often consulted for healthcare advice by their friends and neighbors. Their skill set can be equally useful to them in addressing unmet needs for primary care services in the community. For example, the technique used to administer an injection in an emergency situation is the same used for routine inoculations.

The Community Paramedicine model can benefit communities and lower healthcare costs by:

- Providing services to help prevent hospital readmissions
- Improving post-hospital discharge care
- Monitoring chronic illness
- Targeting needs of specific high-risk patients
- Reducing 9-1-1 requests for non-urgent, non-transport services that are not reimbursable
- Reducing the number of unnecessary 9-1-1 ambulance transports

North Fork Community Paramedicine

The mission, vision and core values of **North Fork Community Paramedicine** are defined below.

Mission

The mission of North Fork Community Paramedicine (NFCP) is to promote greater health and wellness in the North Fork Valley.

- Partnering with the individual in support of their physical, mental, social, and financial healthcare needs
- Advocating for comprehensive care by integrating with the local healthcare systems
- Optimizing education, appropriate interventions, and provision of resources

Vision

To improve the health of the community, one person at a time.

Core Values

Excellence In:

- Compassion
- Servant Leadership
- Partnership
- Communication
- Integrity

Aristotle's four cardinal virtues: Prudence, Justice, temperance and fortitude

Opportunities for North Fork Community Paramedicine

A combination of programs is likely to help realize a healthier North Fork community. Success will lie in choosing the right programs and carrying them out on a reasonable timeline, considering our resources. As well as championing patient centered care, there is great opportunity to reduce preventable ambulance transports, emergency department visits, and hospital readmissions. Together with the input of our stakeholders, North Fork Community Paramedicine can now use the following to develop a Community Health Improvement Plan (CHIP) through identifying programs, setting goals and objectives, and layout a timeline for implementation.

Prevention/Education

- Preventive care programs lower overall healthcare costs
- Education
    - Chronic disease management and education
    - Mental health, substance abuse, suicide prevention
    - Injury prevention for all ages
    - Increase awareness of established programs and services

Intervention

- Referral of clients by healthcare partners
    - Home visits
    - Extension services and remote office visits
    - Facilitate coordination of client with providers and services
- Transport mental health patients to appropriate facilities
- Awareness of current activities for youth and 65+
- Creation of new activities for youth and 65+
- Scheduled visits to older adults and vulnerable populations

Access

- Transportation services to healthcare appointments
- Medical durable goods loan program

Resources

- Inventory and access to established programs and services
- Creation of new fitness, nutrition, tobacco cessations, weight loss programs

Financial

- Funding for must come from outside sources
    - SAMHSA, Colorado Rural Health, Western Colorado Community Foundation
    - North Fork Ambulance Auxiliary and other local funders
- Consider developing a community health foundation
    - Possibly partner with West Elk Community Fund Foundation

Community Health Needs Assessment

In order to set goals and develop programs, North Fork EMS has conducted a Community Health Needs Assessment (CHNA) to build an accurate picture of the current community and its health needs.

A CHNA is a systematic evaluation of a region's health needs based on comprehensive data collection and analysis. A CHNA is the foundation for developing a Community Health Improvement Plan (CHIP) which is the long-term strategic plan for addressing the needs identified in the CHNA. Local public health organizations seeking accreditation must conduct a CHNA every five years. The Affordable Care Act requires tax-exempt hospitals to conduct a CHNA every three years.

A CHNA can determine:

- Health issue experiences and perceptions of community members,
- Gaps in health care services,
- Demographics of the populations as well as those most impacted by the gaps,
- Socioeconomic conditions of the community which may underly health issues,
- The leading causes of preventable morbidity and mortality,
- Characteristics of those who most frequently use the ambulance service,
- The greatest health care needs as seen by local medical providers.

This CHNA identifies unmet community health needs in the North Fork region. More specifically, this CHNA will guide and support the development of a Community Paramedicine Program for the North Fork as a means of improving overall community health. Understanding these needs is a first step towards developing programs, coordinating resources and sourcing funding to address the needs. To the extent resources and funding are limited, this CHNA seeks to prioritize the North Fork's health needs so that the greatest needs can be addressed. Community Paramedicine will have a greater impact on community health by structuring the services provided around a CHNA.

Methodology

This CHNA is primarily based on data analysis and conclusions drawn from data. Although a unique survey was not conducted for this CHNA, several recent surveys provide sufficient information to gauge the community's concerns, experiences and perceptions. Every attempt was made to gather, analyze and study data specific to the North Fork Region, however in some cases only county level resolution was available. this study provides an assessment of the North Fork's health and socioeconomic conditions by "triangulating" many different data points.

Three meetings in the North Fork region provided additional qualitative insight: a SWOT analysis meeting in August 2019, a key stakeholders meeting in February 2020, and a community workshop on August 6, 2020. The sequence of research and community involvement was designed to take advantage of local knowledge and research and, at the same time, gain support for the final program. The timeline for conducting this CHNA is shown in Appendix I.

Stakeholders

North Fork EMS

The ambulance service is responsible for responding to all 9-1-1 calls in a 1,500-square-mile area over three counties and maintains three stations in the North Fork region. See Appendix II.

Delta County Memorial Hospital

DCMH is a regional hospital in Delta, CO and is part of a special hospital district. The hospital has 49 beds and operates clinics in Hotchkiss and Paonia, in addition to seven specialty clinics in Delta. DCMH is the nearest hospital to the North Fork Region and is a Level IV trauma center.

West Elk Clinic in Hotchkiss

The health and wellness of our patients is our primary focus at West Elk Clinic Hotchkiss. Providing outstanding care to our patients is our top priority and goal. To achieve this goal, the providers and patients must work together. This team-based concept is the foundation for Patient-Centered Medical Home.

- Annual wellness exams by Medicare
- 5,200 active patients
- Added 1,200 patients in 12 months

West Elk Walk In Clinic in Paonia

DCMH West Elk Walk-In Clinic in Paonia is proud to provide acute care Monday thru Saturday in the North Fork Valley. No appointment is necessary. Acute Care provides urgent care treatment for non-life-threatening emergencies and walk-in medical services.

Delta Montrose Home Health Services

Back at home and stay at home – this is our goal for you! At Delta-Montrose Home Health we strive to provide the highest quality, most cost-effective, comprehensive and compassionate home care services that meet and exceed our customers' expectations. We collaborate with other healthcare providers in order to assure coordinated and integrated services delivery. We provide care for children and adults of all ages with compassion, skill, and a dedication to making life comfortable in your own home.

PACE program

Program of All-Inclusive Care for the Elderly (PACE) is operated by Health First Colorado (Colorado's Medicaid Program) and Medicare. The PACE program provides comprehensive medical and social services to certain frail individuals 55 years of age and older. The goal of PACE is to help individuals live and stay in their homes and communities through comprehensive care coordination.

The Center for Mental Health

CMH staff includes more than 130 members providing mental health services through multiple offices and outreach locations to people in the six counties of Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel.

HopeWest

HopeWest provides comprehensive, expert, and collaborative care for those facing serious illness and grief. HopeWest is a nonprofit organization serving western Colorado in Mesa, Delta, Montrose, Ouray, and Rio Blanco counties, with five offices and a state-of-the-art HopeWest Hospice Care Center. Staffing includes 375 employees and more than 1,300 volunteers.

Delta County Health Department/ Adult Protective Services

To foster and create conditions in which the people of Delta County can be healthy through the prevention of disease, injury and disability.

North Fork Senior Connections

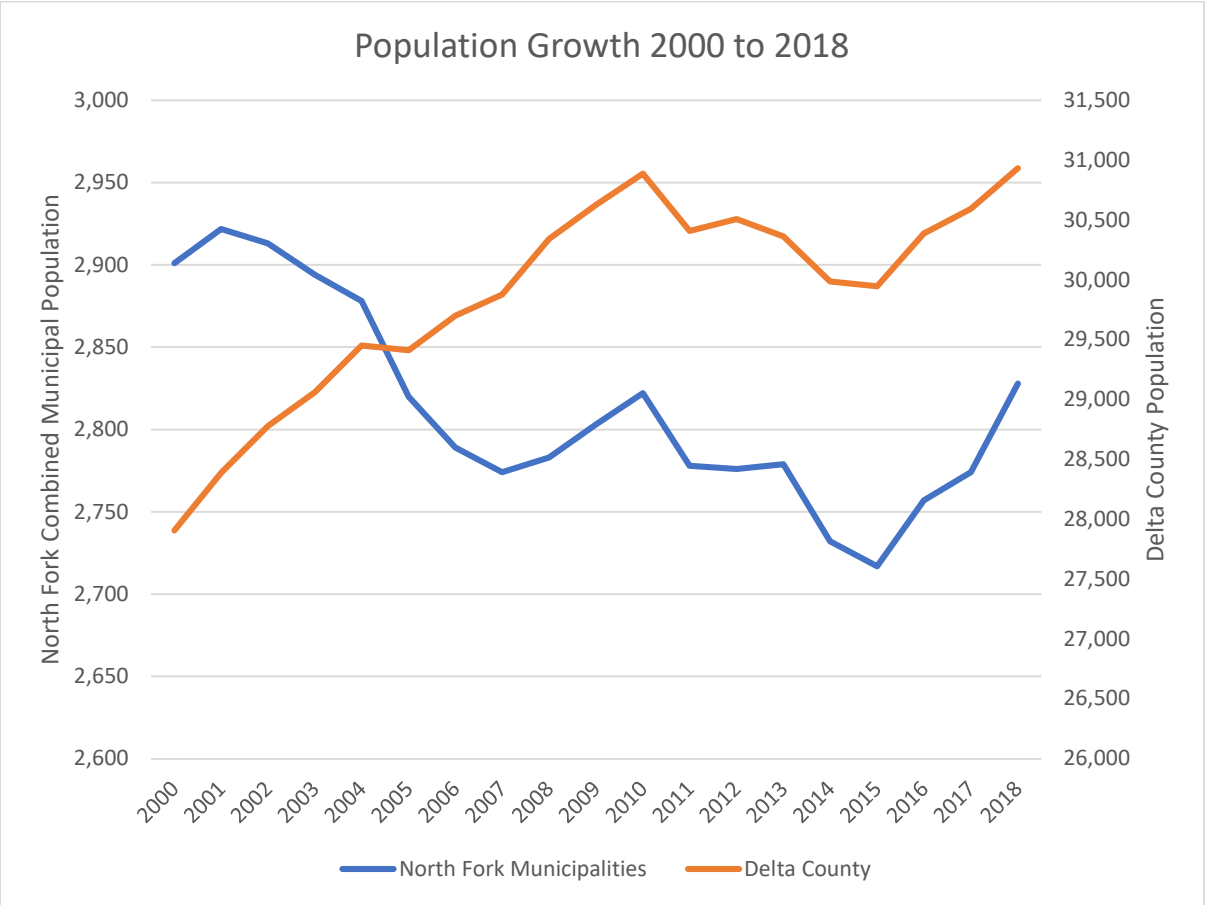
A community of seniors supporting each other as they age in their own homes.

North Fork Community Profile

Population

The number of people in the three communities of the North Fork has remained rather stable over the past two decades with a decline of only 73 people over 18 years as shown Figure 1 below. From 2008 through 2018, the combined North Fork communities' population growth trend has paralleled the County trend. After populations declined in the wake of the Great Recession, *growth has averaged just over one percent from 2015*. Additional demographic information is provided in Appendix III.

Figure 1



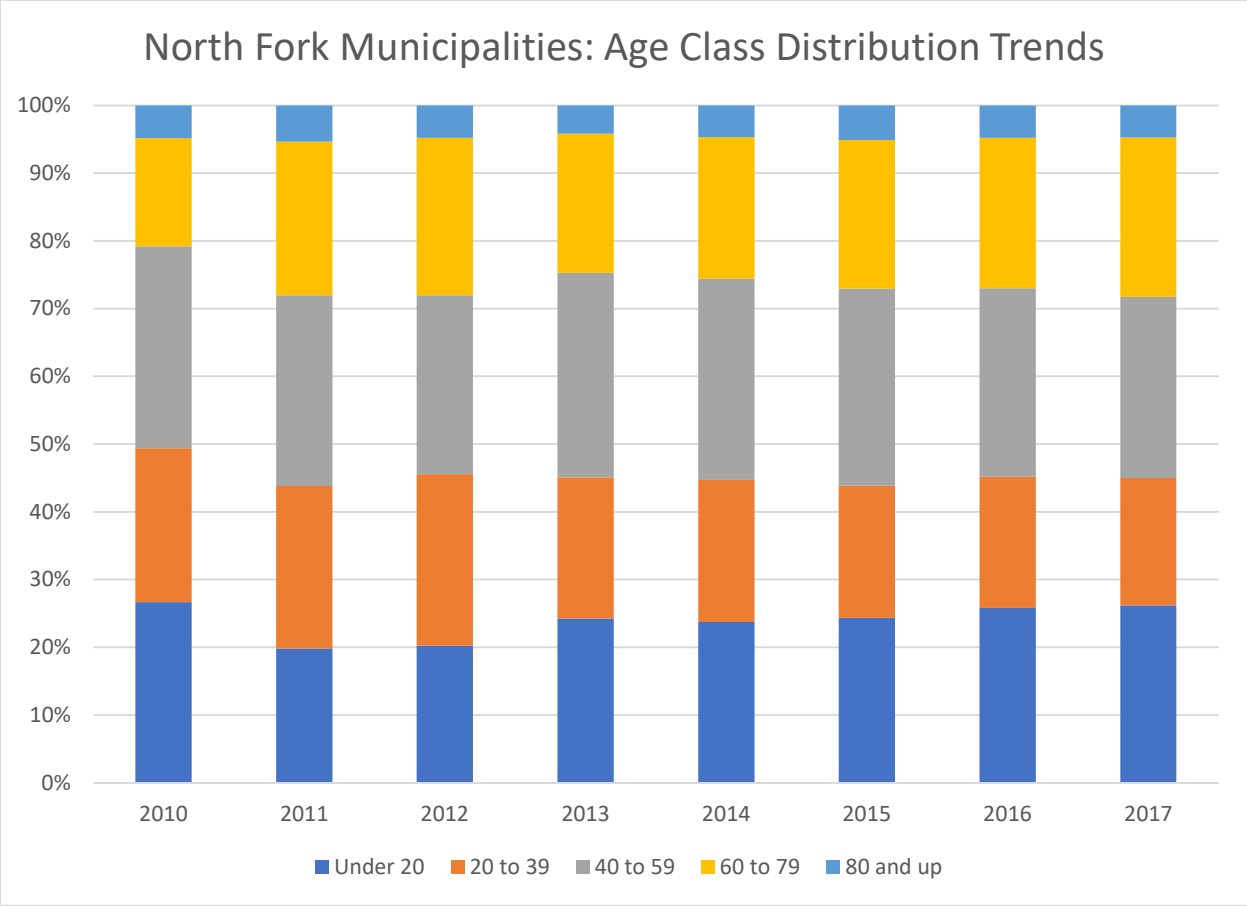
Source: DOLA

Age Distribution

Figure 2 shows the age distribution of the three municipalities combined over time from 2010 through 2017. During this period, the proportion of those 60 and older increased from 21 to 29 percent. In contrast, those in the age group defined as 20 to 39 years, decreased from 23 to 19 percent and those in the 40 to 59-year-old group declined from 30 to 27 percent.

These demographic trends are indicative of a struggling regional economy. The area is not retaining nor attracting individuals in their prime working years. The growth of the senior population results from the natural aging of residents and individuals moving to the area to retire. The combination of these trends results in more pressure on fewer younger adults to care for more aging adults in terms of both direct care and indirectly by not having the financial capacity created by a growing economy.

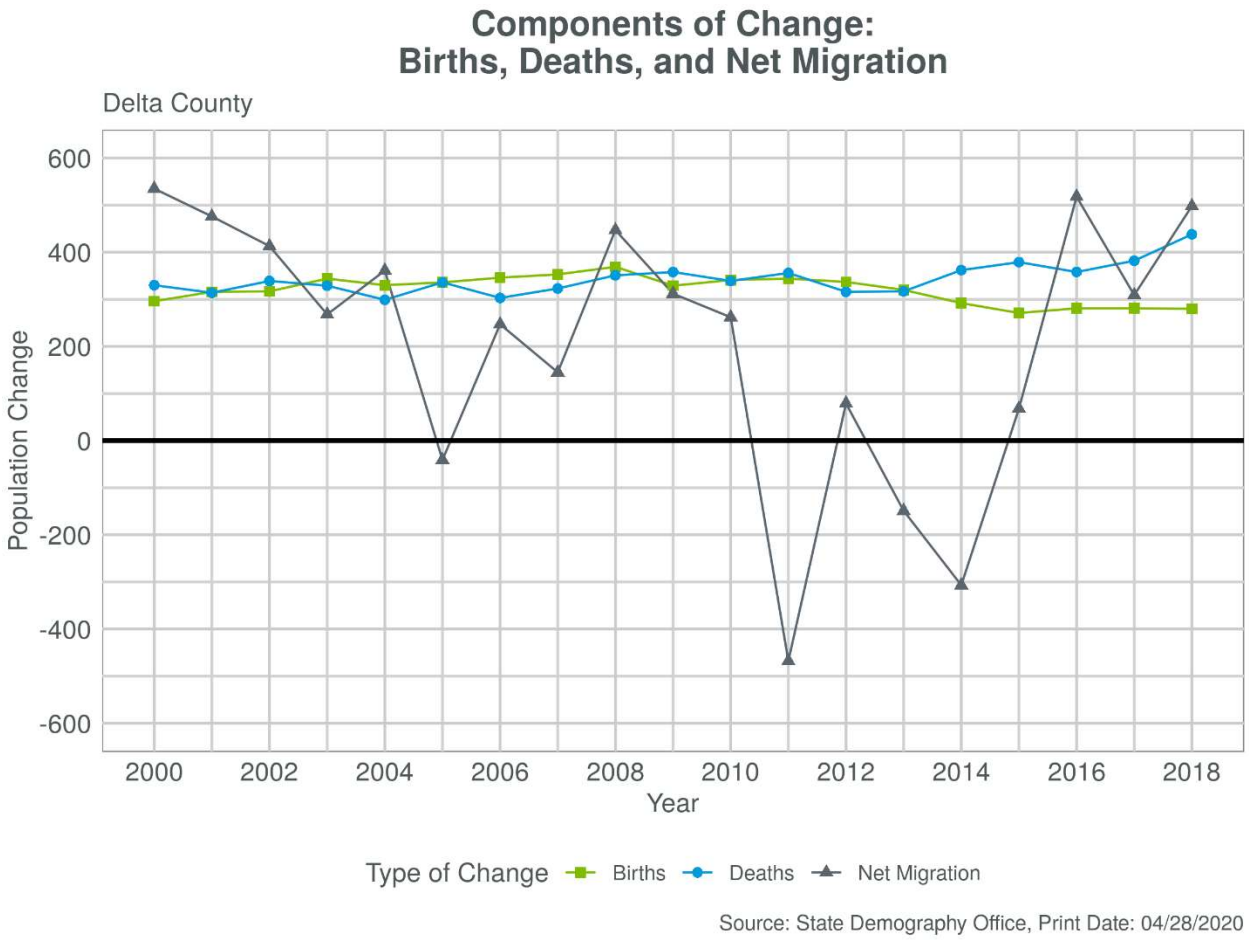
Figure 2



Source: US Census

Figure 3 confirms the trend that the recent population growth of the North Fork and Delta County is driven by net migration. Figure 3 is very consistent with Figure 2 in showing deaths exceeding births. The increase in net migration is driven by seniors moving into the region.

Figure 3



Household Income

Paonia, Hotchkiss and Crawford are the three North Fork municipalities. Figures 4 through 6 below show that overall, they have higher proportions of households in lower income brackets than Delta County as a whole and fewer households having middle and upper incomes. However, both Paonia and Hotchkiss have higher proportions of households with annual incomes exceeding $200,000.

Figure 4

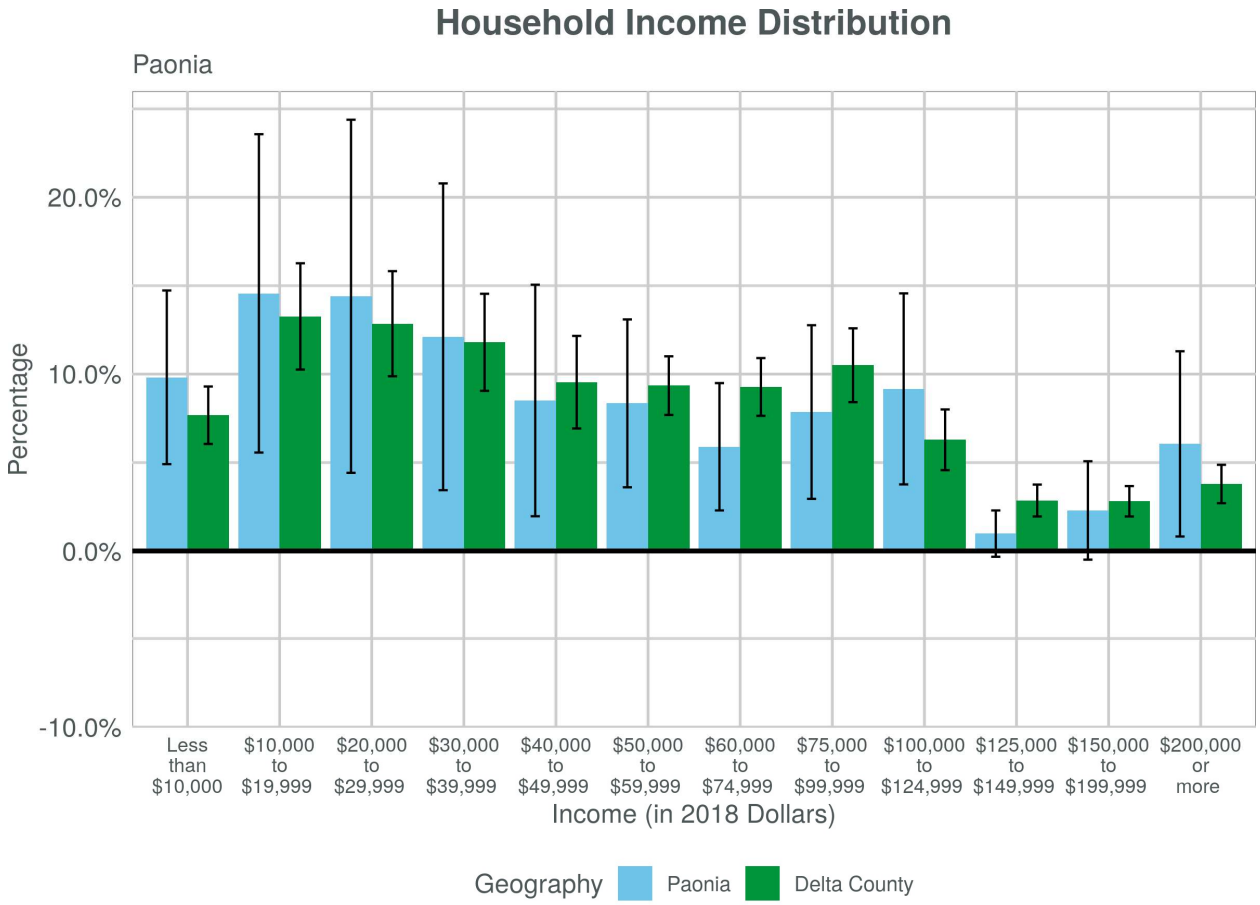


Figure 5

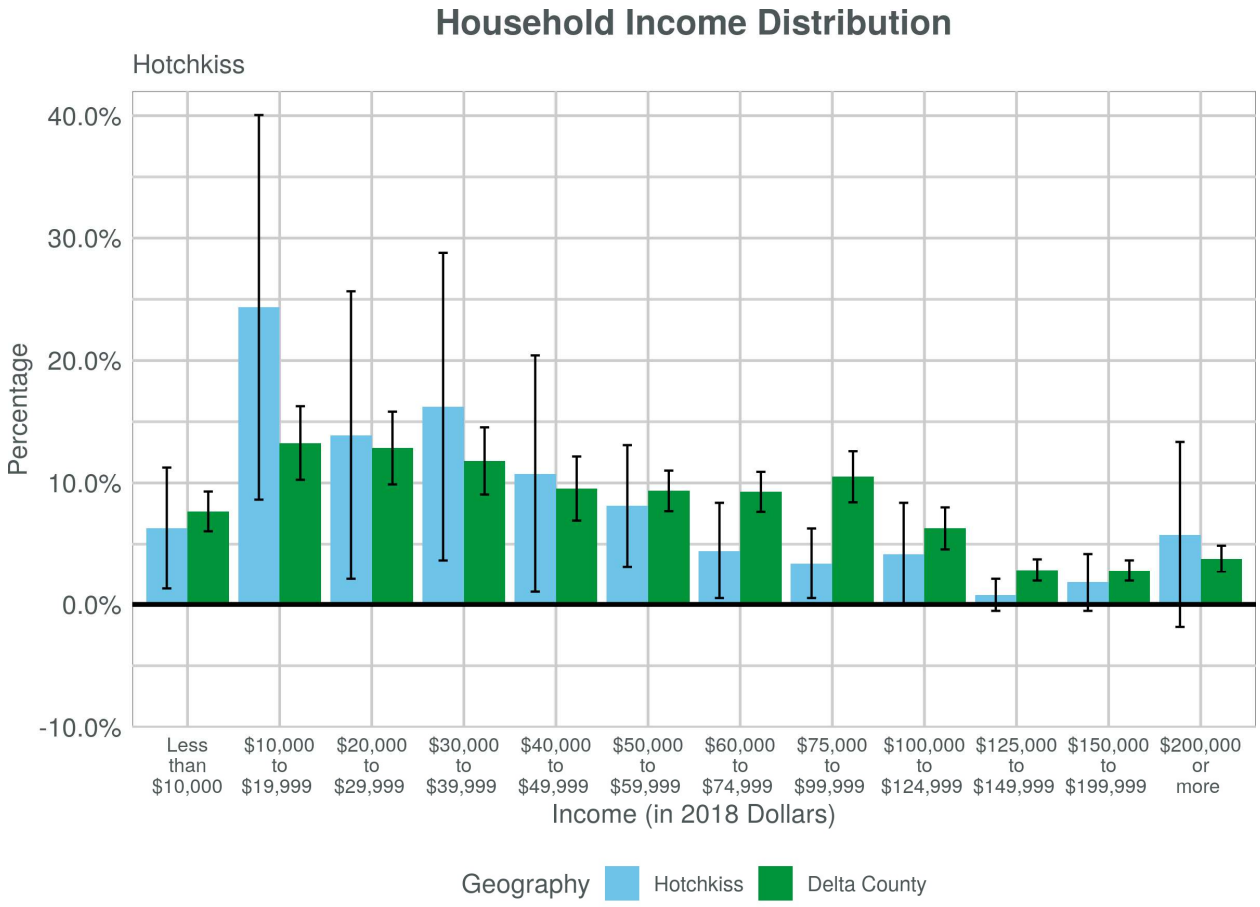

Household Income Distribution
Hotchkiss
40.0%
30.0%
20.0%
10.0%
0.0%
-10.0%
Percentage
Less than $10,000
$10,000 to $19,999
$20,000 to $29,999
$30,000 to $39,999
$40,000 to $49,999
$50,000 to $59,999
$60,000 to $74,999
$75,000 to $99,999
$100,000 to $124,999
$125,000 to $149,999
$150,000 to $199,999
$200,000 or more
Income (in 2018 Dollars)
Geography
Hotchkiss
Delta County
Source: U.S. Census Bureau, 2014-2018 American Community Survey, Print Date: 04/01/2020

Figure 6

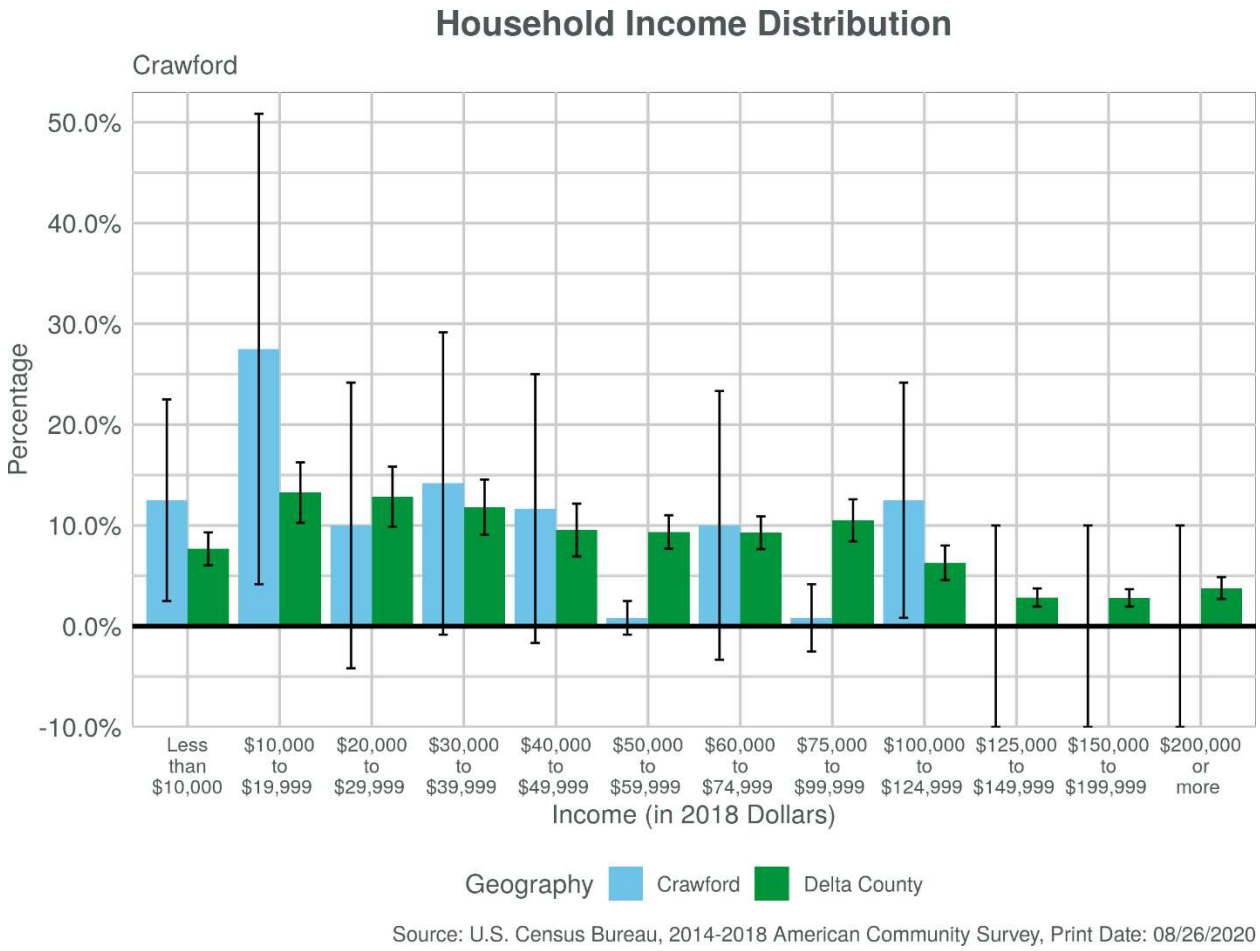
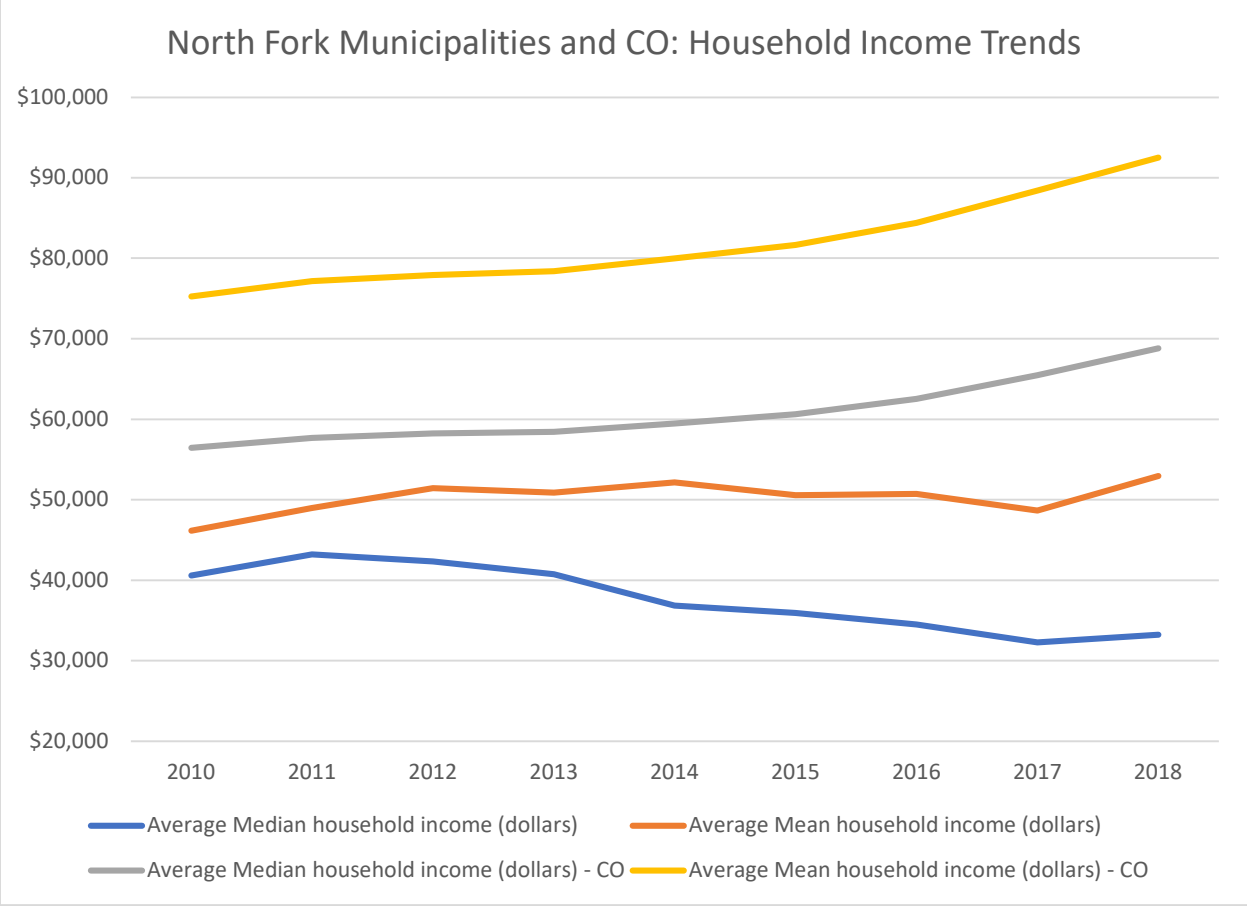

Household Income Distribution
Crawford
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
-10.0%
Percentage
Less than $10,000
$10,000 to $19,999
$20,000 to $29,999
$30,000 to $39,999
$40,000 to $49,999
$50,000 to $59,999
$60,000 to $74,999
$75,000 to $99,999
$100,000 to $124,999
$125,000 to $149,999
$150,000 to $199,999
$200,000 or more
Income (in 2018 Dollars)
Geography
Crawford
Delta County
Source: U.S. Census Bureau, 2014-2018 American Community Survey, Print Date: 08/26/2020

Figure 7 shows mean North Fork household incomes growing from 2010 to 2014 before declining. By 2018, average or mean household income was 15 percent greater than 2010. However, median household incomes have declined significantly (18 percent) from 2010 through 2018.

A few successful business owners, remote workers and retirees moving into the North Fork are likely contributors to the five percent growth of mean household income. However, the fact that *median household income has declined 18 percent* over a period of sustained economic growth suggests widespread financial hardship which will negatively impact the health of the community in many ways.

In contrast, Colorado mean and median incomes have increased 23 and 22 percent, respectively from 2010 through 2018. Clearly, the North Fork has not participated in Colorado's economic expansion, as measured by household incomes, over the past several years.

Figure 7



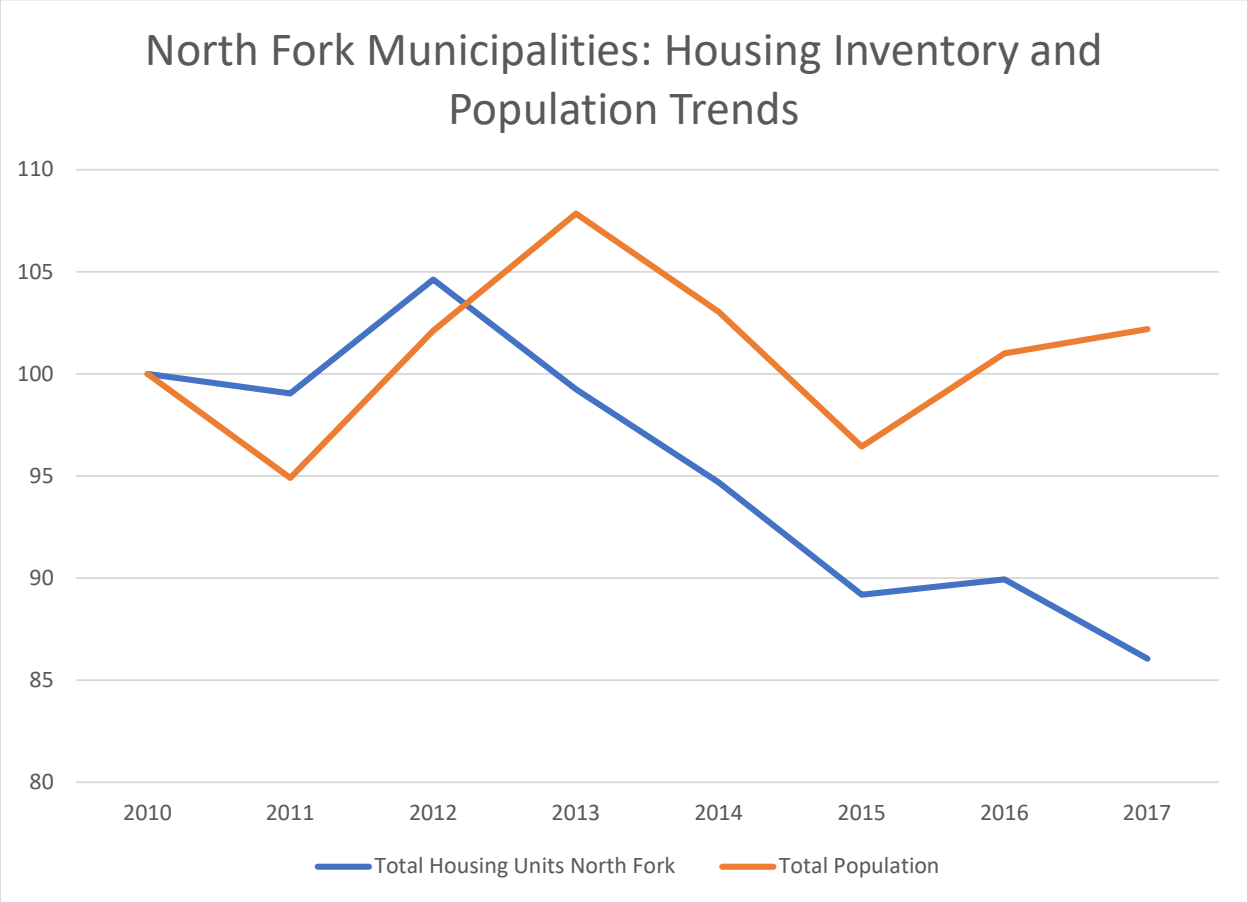
Source: US Census

Housing

The supply of housing units in the North Fork region has not kept up with population growth, in fact there has been a decline in housing units from 2010 through 2017 as shown in Figure 8 below. Nominally this puts upward pressure on housing prices. As housing prices rise and incomes decline, housing becomes less affordable putting strain on effected households in the region. To the extent that new construction caters to retirees migrating into the community, the supply of workforce and low-income housing relative to those populations may be further out of balance that the Figure 8 indicates.

A 2016 report prepared by Community Commons found a third of Delta County households are housing cost burdened, in which housing costs exceed 30 percent of household income.

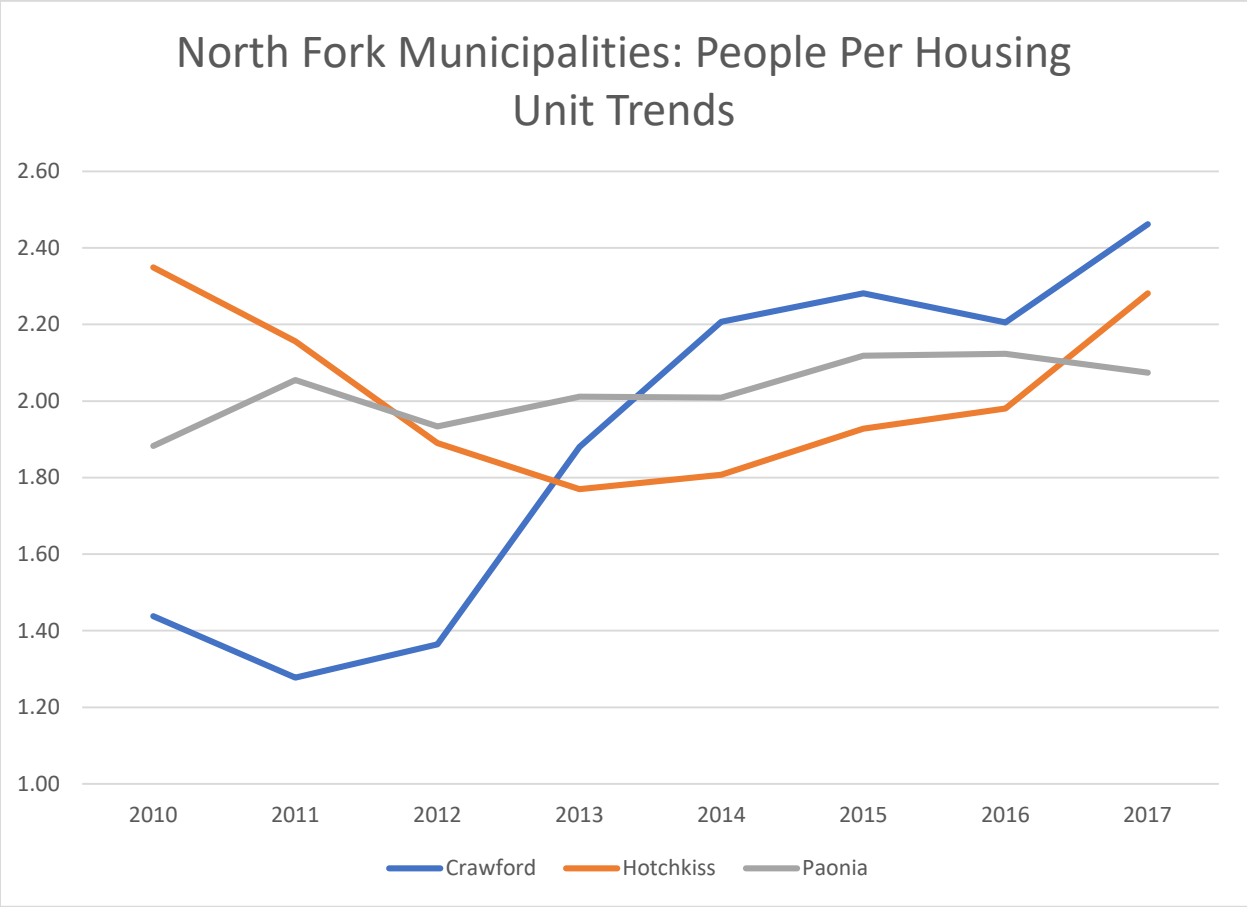
Figure 8



Source: US Census

To compensate for either insufficient and/or unaffordable housing, people accommodate by sharing housing or inviting family members to join them. As a result, the number of people living under the same room increases. Figure 9 below shows these trends which are especially noticeable in Crawford and Hotchkiss in recent years.

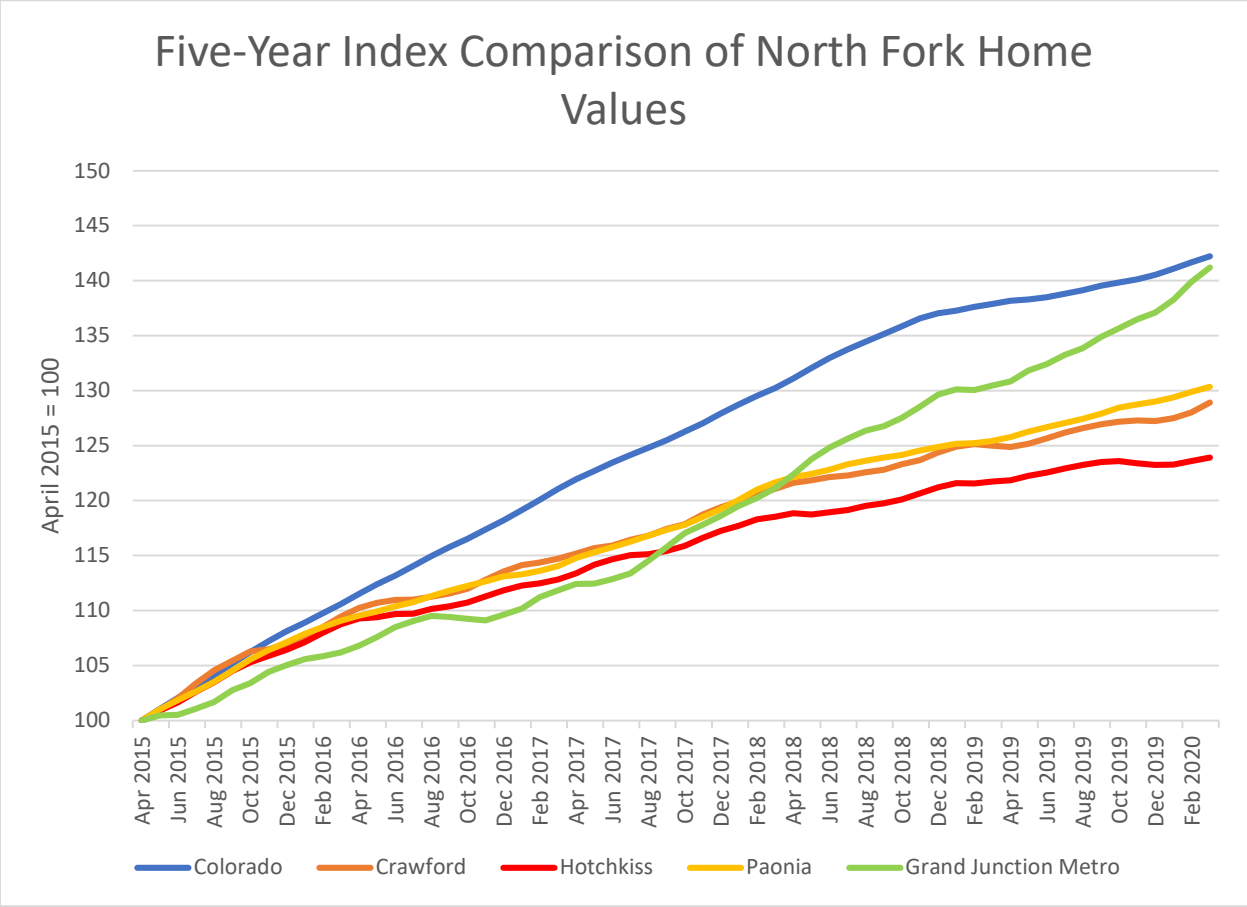
Figure 9



Source: US Census

Although North Fork home values have increased over the past five years, they have not kept pace with the State of Colorado nor Grand Junction, which has seen rapid growth in the past three years after a slow start to the five-year window shown in Figure 10. Slower growth may keep a bit of a check on the affordability issue many households face, but is also indicative of a slower growing economy and will have implications for property tax revenues. Note that the Zillow "town" boundaries include the areas around the municipalities, so the three towns in Figure 10 represent the entire North Fork region.

Figure 10

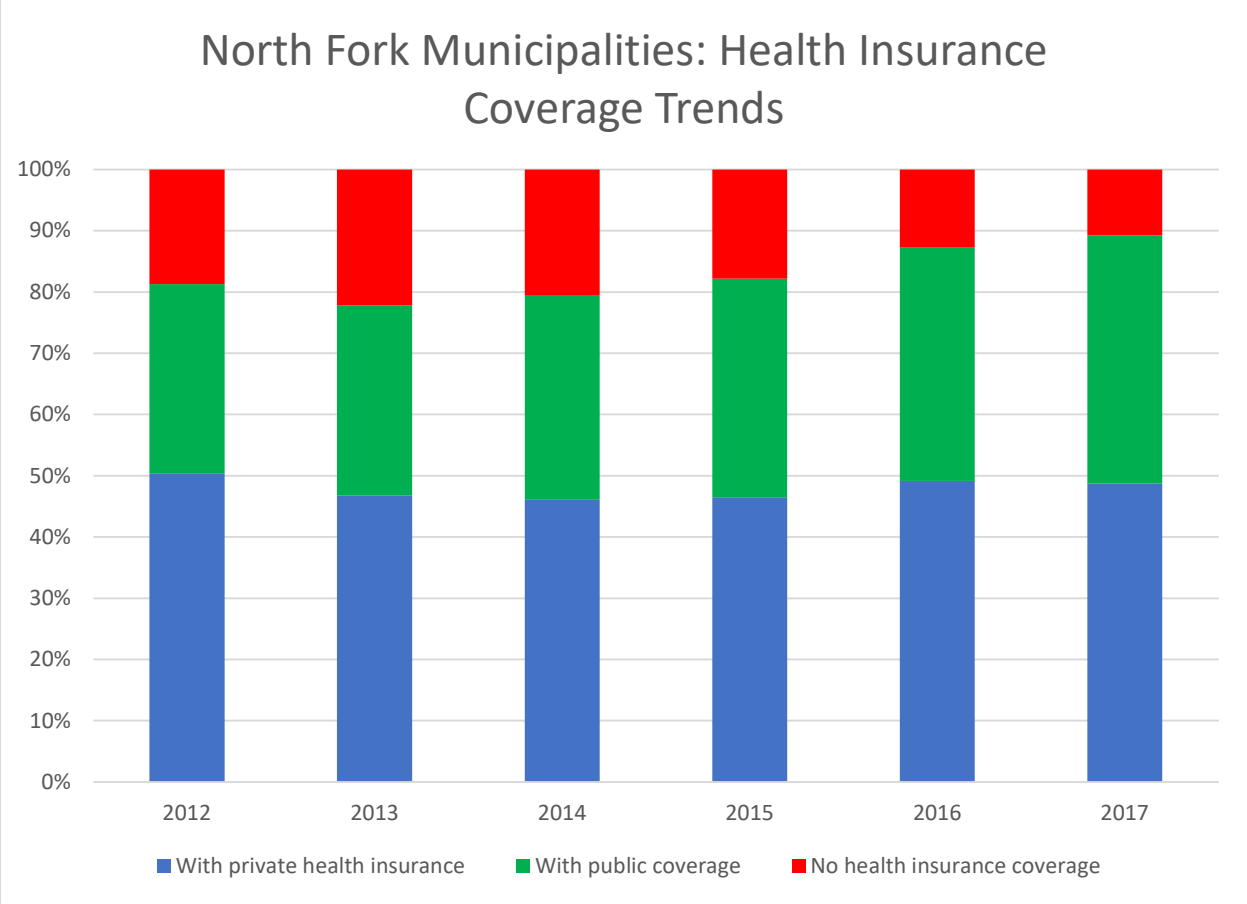


Source: Zillow

Health Insurance

The underlying cost of health care, the cost of health care insurance, the issue of being "under insured" will be addressed throughout this CHNA. Figure 11 shows data from the US Census. From 2012 to 2017, the number of households covered by private or employer health coverage remained relatively constant at just under 50 percent. In 2012-13 about 20 percent of households were without health insurance. By 2017, about half those household were provided public coverage as result of ACA. Still just over 10 percent of households do not have health insurance coverage.

Figure 11



Source: US Census

Delta Schools

The Delta County School District (50J) provides free and reduced cost meals for students. Understanding the proportion of students participating in this program and trends over time provides another characterization of the North Fork's socioeconomic condition.

More than half of the North Fork students receive subsidized meals at school. Table 1 below shows the total enrollment and number of students participating the free and reduced meal programs for each of the schools in the North Fork. Table 1 shows relatively little variation between communities. High School students are less likely to receive free and reduced meals than elementary students. This may be the result of older students working or it may be an indication that the household incomes of younger families are under greater pressure.

Table 1

2019/20	Enrollment	Free + Reduced	Percent Share
Hotchkiss High School	174	87	50%
Hotchkiss K-8	336	212	63%
NF Integrated Studies	70	33	47%
North Fork Montessori	145	84	58%
Paonia Elementary	225	126	56%
Paonia HS	243	124	51%
Total	**1,193**	**666**	**56%**

Source: Delta School District

The increase in students receiving subsidized meals over the last year is more alarming. Table 2 shows the annual increase by school. This trend indicates poverty is on the rise and along with it the need to find lower cost health care options for the residents of the North Fork.

Table 2

Free + Reduced	2018/19	2019/20	YOY change
Hotchkiss High School	41%	50%	22%
Hotchkiss K-8	48%	63%	31%
NF Integrated Studies	46%	47%	2%
North Fork Montessori	51%	58%	14%
Paonia Elementary	47%	56%	19%
Paonia HS	44%	51%	16%

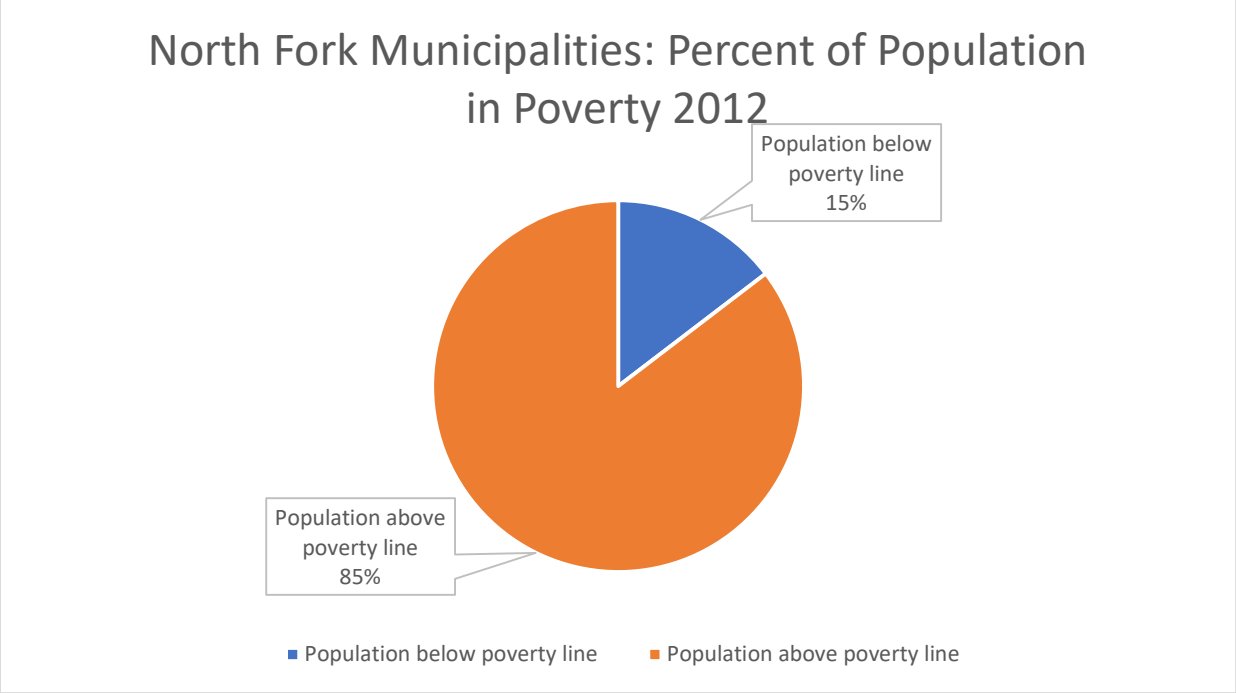
Source: Delta School District

Poverty

According to the Delta County Economic Update for Q1 2020, written by Nathan Perry from Colorado Mesa University, "A major negative data point for Delta County was the increase in poverty rate. It is concerning that despite overall GDP increasing, employment increasing, and other positive data points, the jobs being created are not paying high enough wages enough to lift lower income families above the poverty level."

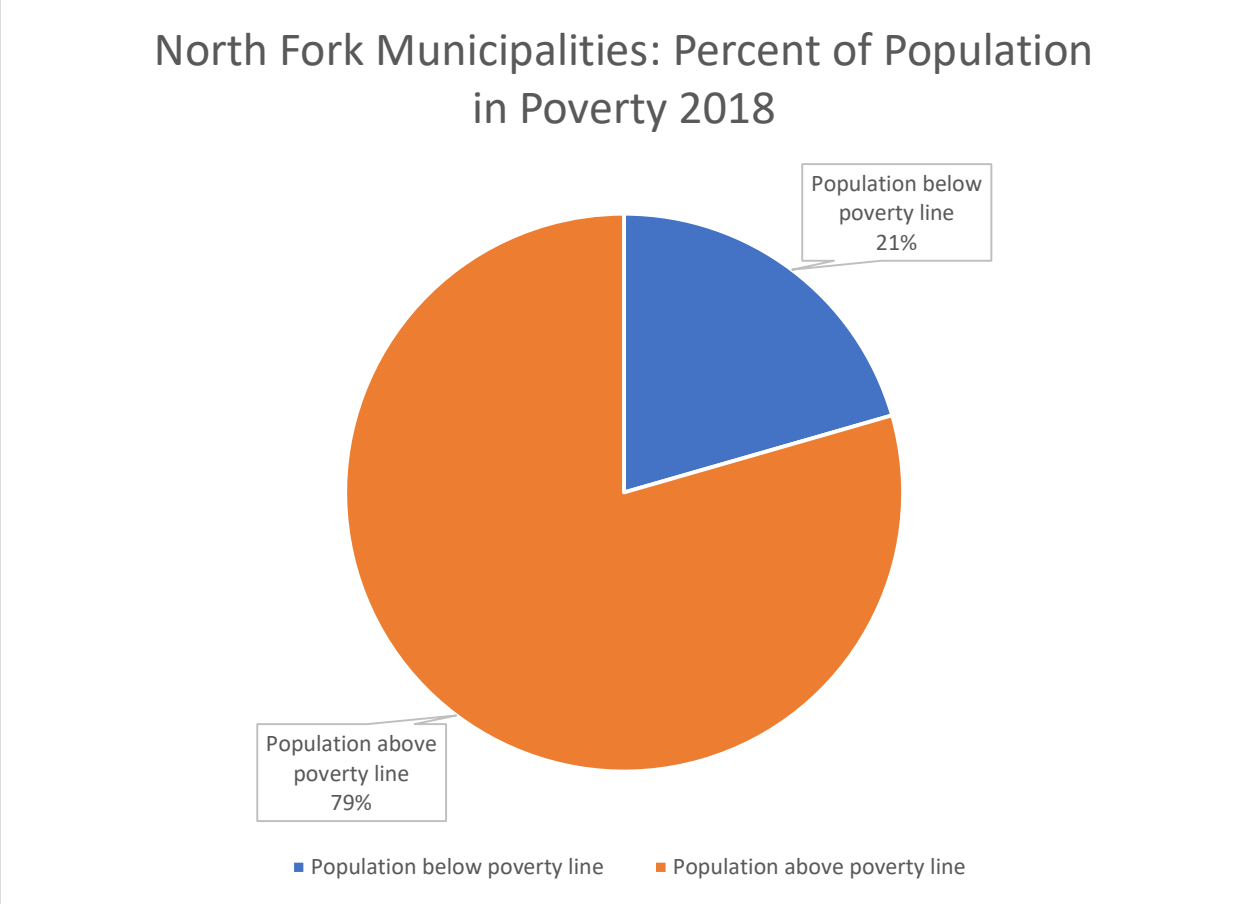
Data from the U.S. Census shows the poverty rate of North Fork municipalities increased from 15 to 21 percent over the period from 2012 through 2018 as shown in Figures 12 and 13 below. In comparison, the 2012 national poverty rate was also 15 percent, but declined to 11.8 percent by 2018. *Clearly, the North Fork region is not benefiting from national economic expansion. For the State of Colorado, the poverty rate also declined and from a lower starting point.* In 2012, the state poverty rate was 13.7 percent and by 2018, it had fallen to 9.6 percent.

Figure 12



Source: U.S. Census

Figure 13

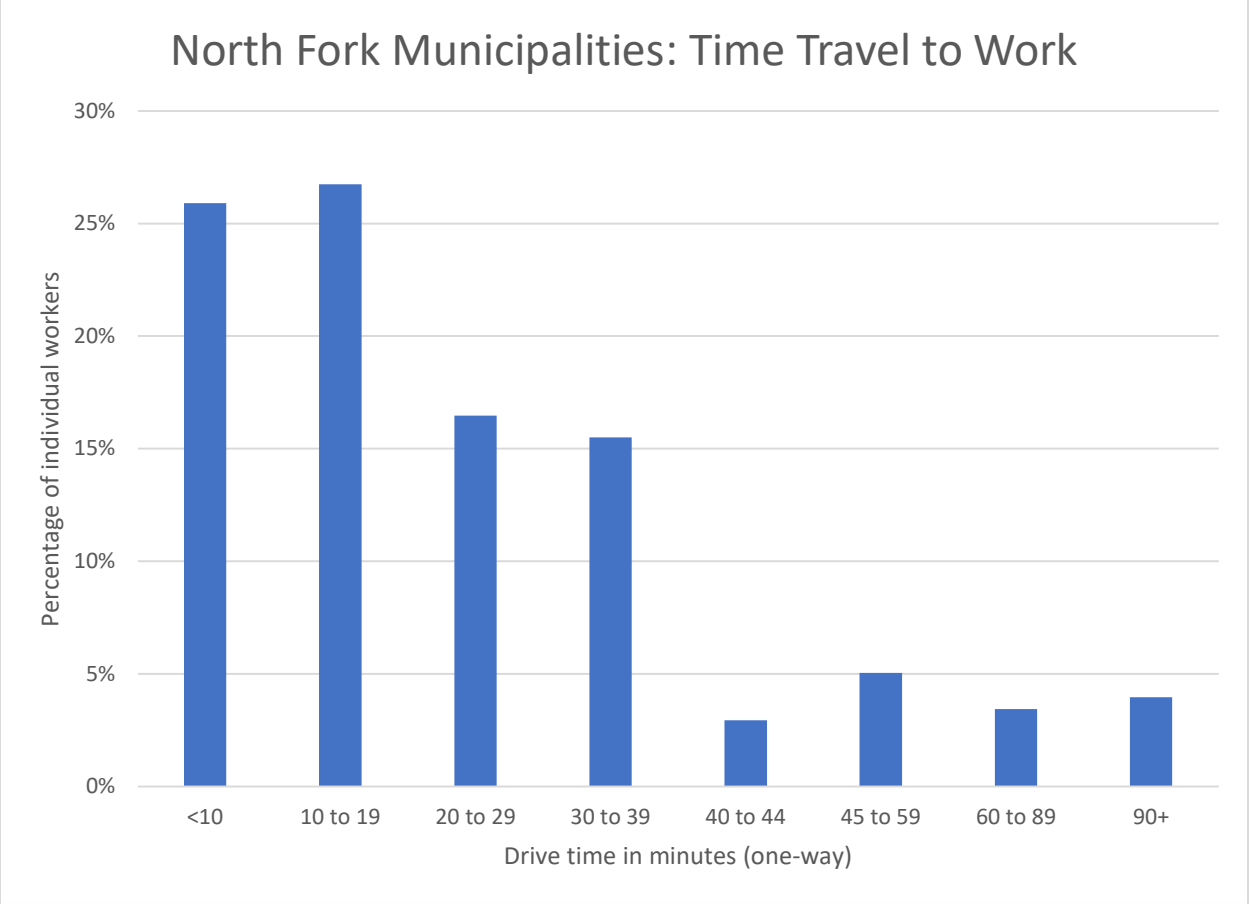


Source: U.S. Census

Travel Time to Work

The average travel time to work for the State of Colorado is 25.5 minutes and for Delta County 25.3 minutes. Figure 14 shows that over half of the workers in the North Fork municipalities spend less than the State and County averages for time commuting. About 15 percent of the workers spend considerably more time commuting, perhaps to jobs in the Roaring Fork valley or Grand Junction.

Figure 14

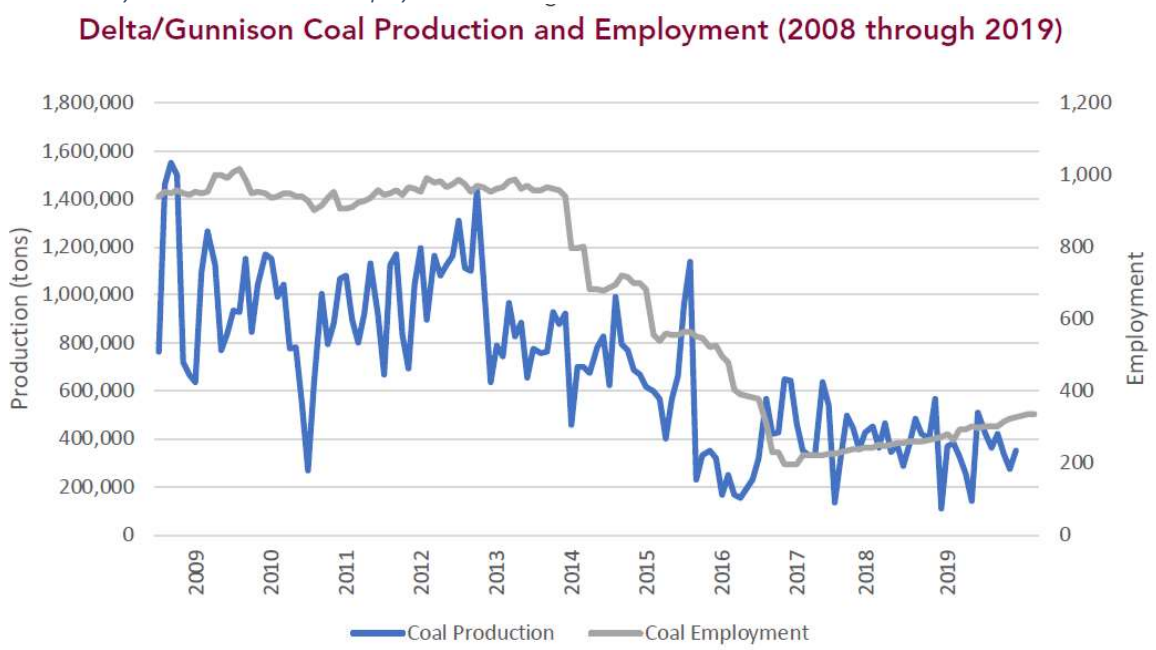


Source: unitedstateszipcode.org

The Economy of the North Fork Valley

The primary industries in the region are government, agriculture, healthcare, retail, and tourism. Government reports also include retirement as an industry. The region's lack of significant economic drivers likely explains the poor economic conditions. Even though coal mining comprises only a small percentage of area workers, the jobs are higher paying and the number of indirect and induced economic activity is more significant. Figure 15 below shows monthly the downward trend in coal production which will have ripple effects through the North Fork.

Figure 15 Monthly Coal Production and Employment



Source: Nathan Perry, Colorado Mesa University

Consumer Health Service Behavior (Analysis)

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

On August 29, 2019, North Fork EMS held an initial stakeholder meeting concerning a Community Paramedic/MIH program. The stakeholder identified benefits, in terms of **strengths and opportunities, fall into two general categories: financial and individual health care.** The group also identified **challenges that fall into two categories: financial and change**. See Appendix IV for SWOT details.

The financial benefits are derived from improving the efficiency of health care and the proactive nature of community paramedicine, i.e. aiding patients early to avoid emergency care. Grant funding is an opportunity for new revenues.

Individual, as opposed to institutional, health care improves by shifting more of the care to the patient at home with the support of community paramedics. Patient empowerment and socialization, especially for elderly patients, are also important benefits.

Funding a Community Paramedicine Program presents a challenge. Efficiency gains and cost savings will be realized gradually over time and only after an initial investment. Grant funding is not guaranteed and typically varies over time. Overall economic development trends in the North Fork region may preclude the ability to hire and retain personnel over time as well as fund the program. Careful financial planning and modelling should be considered as a way to accurately quantify expenses and revenues over time.

Change often presents a challenge for individuals and organizations alike. New spaces, new routines, new ways to coordinate efforts, and new social interactions are unfamiliar and require adaptation. Some may perceive a new program as additional work, question the benefits, or feel their job and livelihood may be threatened. Having very well-organized business and operating plans ("a game plan") that identifies the purpose and function of each role in the new program will foster successful change. This CHNA incorporates input from key stakeholders and the community at large. Once the Community Paramedicine Program business plan is developed, widespread education of those directly involved and the entire community will further ensure successful adoption.

Stakeholder meeting Feb 26th

On February 26, 2020, a stakeholder input meeting took place at North Fork EMS in order to more intimately involve key organizations in the development of the North Fork EMS Community Paramedicine Program.

The group began to dig deeper into what a community paramedicine program can offer the North Fork Valley. Dr. Ryan Marlin described the community paramedic as a potential "extender to the doctor." He sees as many as 20 patients a day, sometimes knowing there are others who should probably "have eyes on them." He, and others, also talked about the issue of the underinsured- those delaying care because of the out-of-pocket initial payment. The number of patients not having seen a doctor in the last 20 years is significant.

In summary, the group identified the following list of North Fork health need priorities:

- Provide in-home or extension medical services, i.e. be the “eyes of the doctor”.
- Underinsurance is a significant problem.
- Emergency room visits have increased as result of:
    - Lack of availability of primary care appointments,
    - Worsened health condition resulting from underinsurance and insufficient primary care,
    - Lack of transportation, thus calling ambulance.
    - The Affordable Care Act effect of increasing the area’s Medicaid eligible numbers.
    - Hospice referrals from ER doctors have increased at alarming rate over past three years.
- Public senior transportation that is wheel chair accessible is a significant need.

Overall, there are a variety of health care providers and stakeholders in the North Fork. However, each one of the organizations seems to be stretched very thin. *The opportunity for community paramedicine may not be to address a specific “gap” but to support the stakeholders in place with additional resources and improve the efficiency of health care delivery in the North Fork.*

Opportunities for funding a community paramedicine program were also discussed. Options identified:

- Grants from SAMHSA and CO Rural Health, among others.
- Potential for after hours contract with nurses via PACE.
- Over time, community paramedicine will pay for itself by reducing 9-1-1 calls and unnecessary ER visits.
- Better coordination of limited resources will produce efficiency gains. Coordination requires planning, toolkits, and shared systems, but these cost less than redundancy.

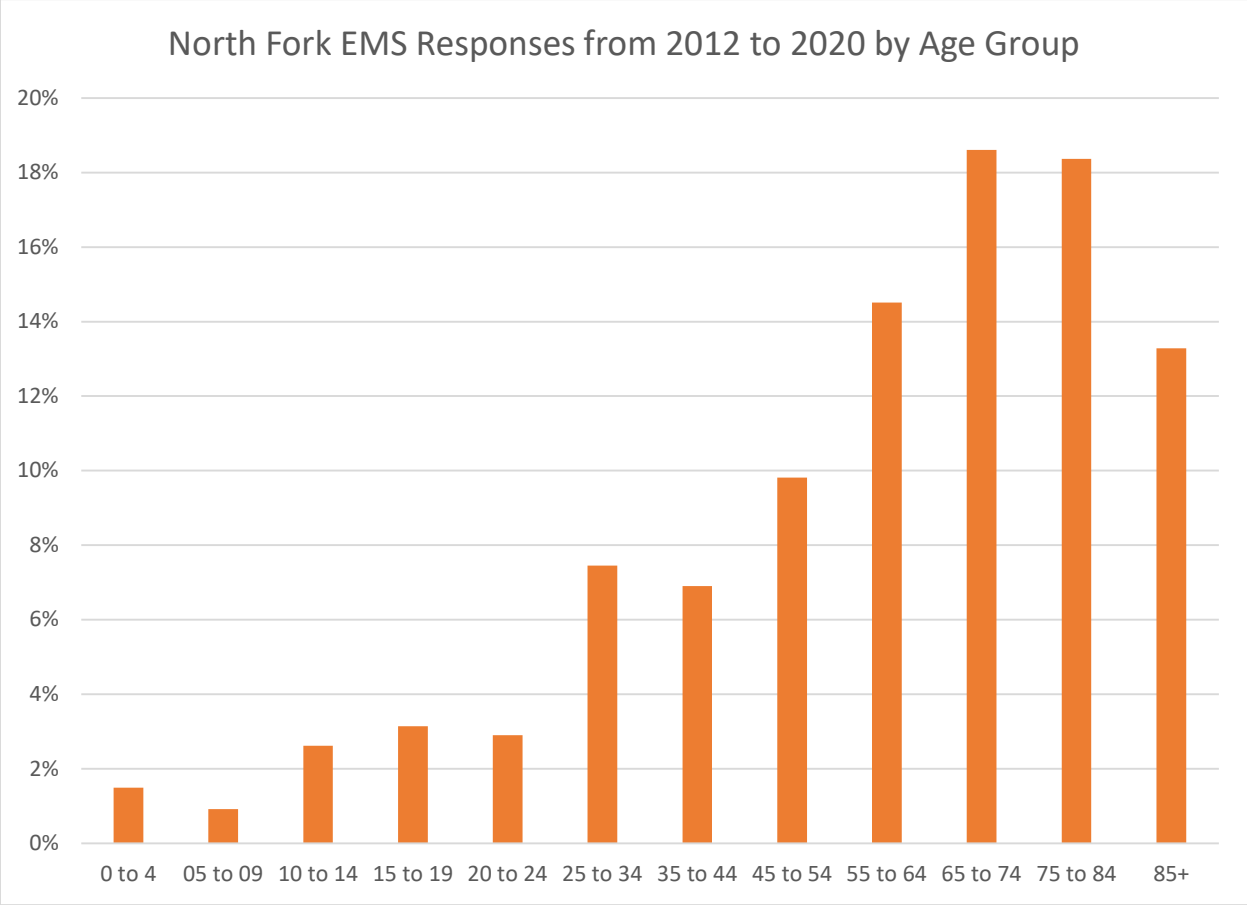
North Fork EMS Data

North Fork EMS uses the ESO software system for managing operations and tracking performance. The data collected by this system can be translated into valuable insight as to why, when and who is calling 9-1-1 and what happens in response to those calls.

Age Distribution of Responses

Figure 16 below shows the age distribution of victims for all EMS responses from January 1, 2010 through March 1, 2020. Two-thirds of all responses are to people of age 55 and older. However, referring back to Figure 2, in 2017 only about a quarter of the combined North Fork municipal populations was 60 and older. Thus, North Fork EMS is disproportionately serving seniors, which is not surprising given this age group typically has a greater need for health care services.

Figure 16



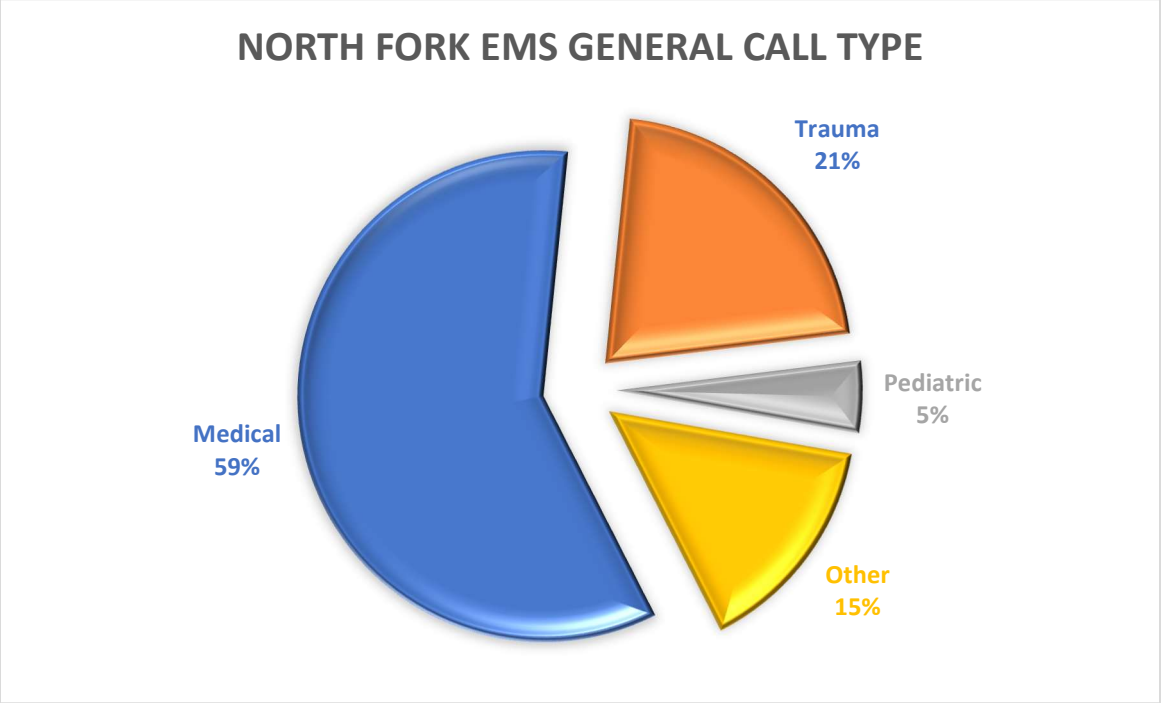
Source: North Fork EMS

Advanced Life Support

The North Fork EMS data is compiled from patient care reports from January of 2017 through June of 2020, as the service newly began providing Advanced Life Support (ALS) in late 2016. This marked advancement in patient care. For this reason, the following information is based on responses from 2017. The following data was taken from the narrative portion of each North Fork EMS patient care report which categorized each call for what the patient was primarily treated.

Figure 17 below shows a breakdown of the top ten types of calls North Fork EMS responded to from January 2017 through June 2020. Medical calls make up over half of the overall call volume.

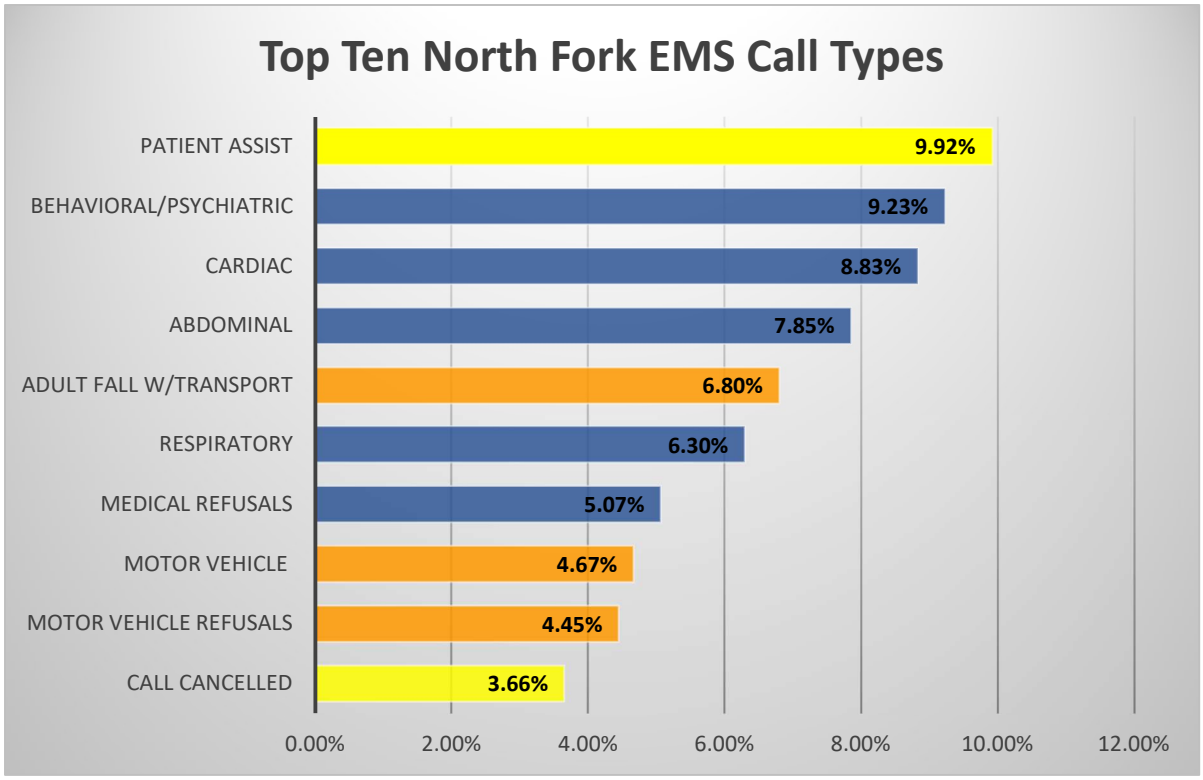
Figure 17: A general overview of the type of calls North Fork EMS has responded to from January 2017 through June 2020.



Source: North Fork EMS

Figure 18 shows the top ten North Fork EMS calls by type. A Patient Assist is described as a call of which there was contact with a patient who reported no medical complaint or injury. They either needed a lift assist, their medical pendent was falsely activated, or their wheelchair got stuck, etc. This category EXCLUDES a medical or trauma call for which the patient had a complaint or injury, but refused to be transported to the hospital. A three-person crew will spend an average of 202 hours a year on patient assist calls. As noted in the Patient Assist info above regarding Refusals, such Refusals are listed on the chart below as "Medical Refusals" and "Motor Vehicle Refusals."

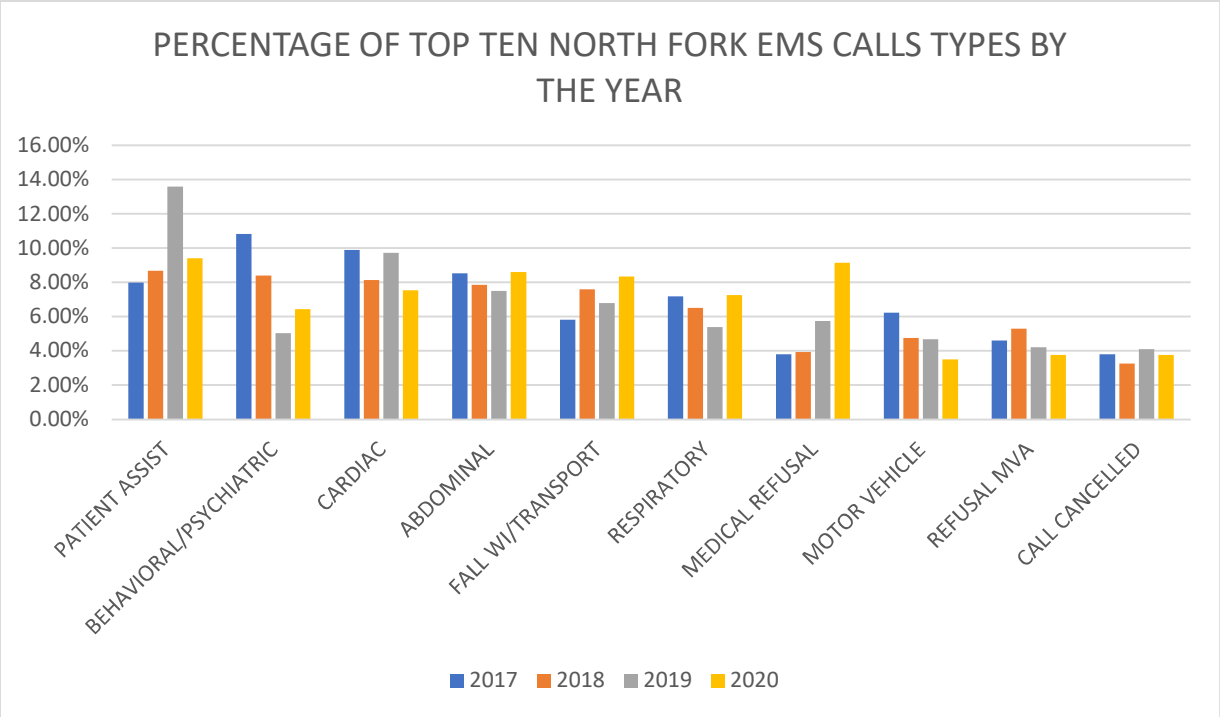
Figure 18: Top 10 calls by type North Fork EMS responded to from January 2017 through June 2020.



Source: North Fork EMS

Figure 19 shows how the top ten call types are trending over time for the past four years. This chart is mostly consistent with the other findings in this assessment, with patient assist and cardiac having higher proportions. Although this chart shows behavioral/psychiatric calls decreasing, that may not be the representative as explained in the following section. The noticeable 2020 spike Medical Refusals is likely due to the heightened fear of the public in regards to exposure to healthcare workers and healthcare facilities during the initial outbreak of COVID 19. Additional call detail is presented in Appendix V.

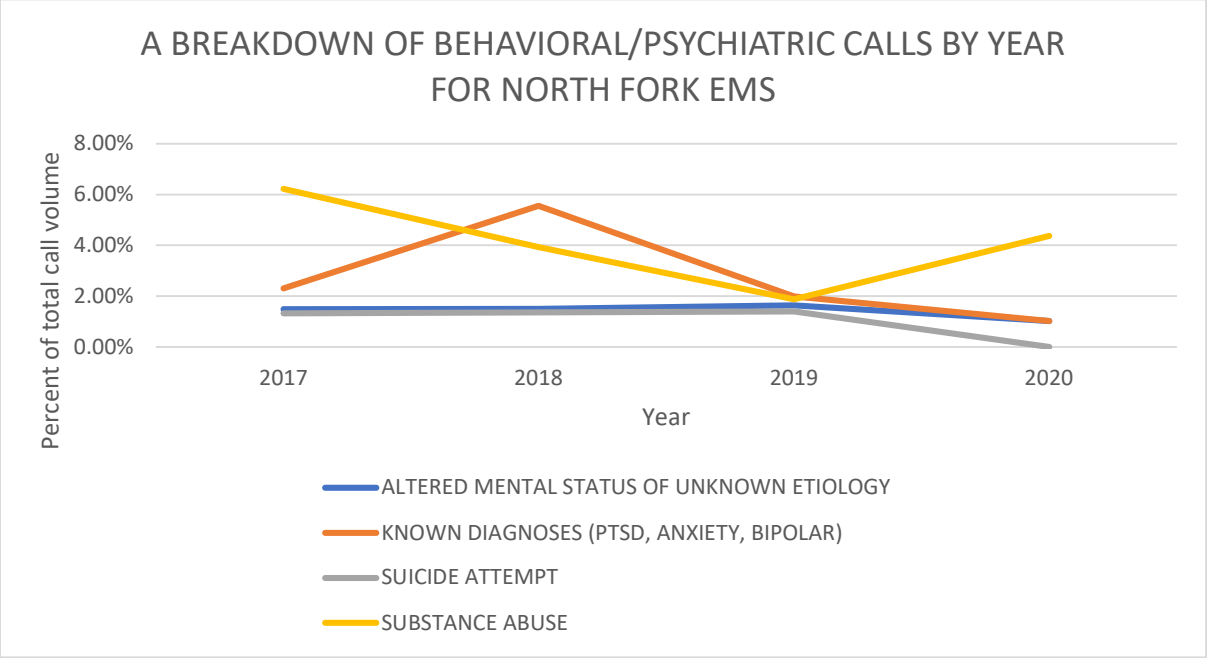
Figure 19: Percentage of top 10 calls by year from January 2017 through June 2020.



Source: North Fork EMS

Figure 20 breaks down some of the most common Behavioral/Psychiatric calls, in reality, substance abuse is not mutually exclusive. For example, substance abuse and a psychiatric diagnosis often go together, as do substance abuse and a motor vehicle accident or falls. In this data, the call was put in the category for which the patient was treated. If they were treated for substance abuse, they appear there. If they were treated for an injury, but also had a substance impairment, they were placed in the appropriate injury category. So, should we add in secondary or tertiary impressions, we would expect to see Substance Abuse to be a much larger number.

Figure 20: A general overview of the type of Behavioral/Psychiatric calls North Fork EMS responded to from January 2017 through June 2020.



Source: North Fork EMS

West Central Public Health Partnership Research

In September 2019, the West Central Public Health Partnership (WCPHP) and Quorum Health Resources conducted a survey to address top health needs. This survey was very thorough and probed many aspects of community health. A total of 453 surveys were collected and 22 of those were from North Fork zip codes. While a larger number of North Fork responses would have been preferable, the amount of detail in the WCPHP survey combined with the other research gathered for this Assessment, provides a strong indication of the North Fork's top health needs.

Health and Mental Health Issues

Respondents were asked their opinion about health and mental health issues by ranking each in terms of the scale below:

- Not an Issue
- Minor Issue
- Moderate Issue
- Major Issue
- No Opinion/Don't Know

The list of health and mental health issues to rank included:

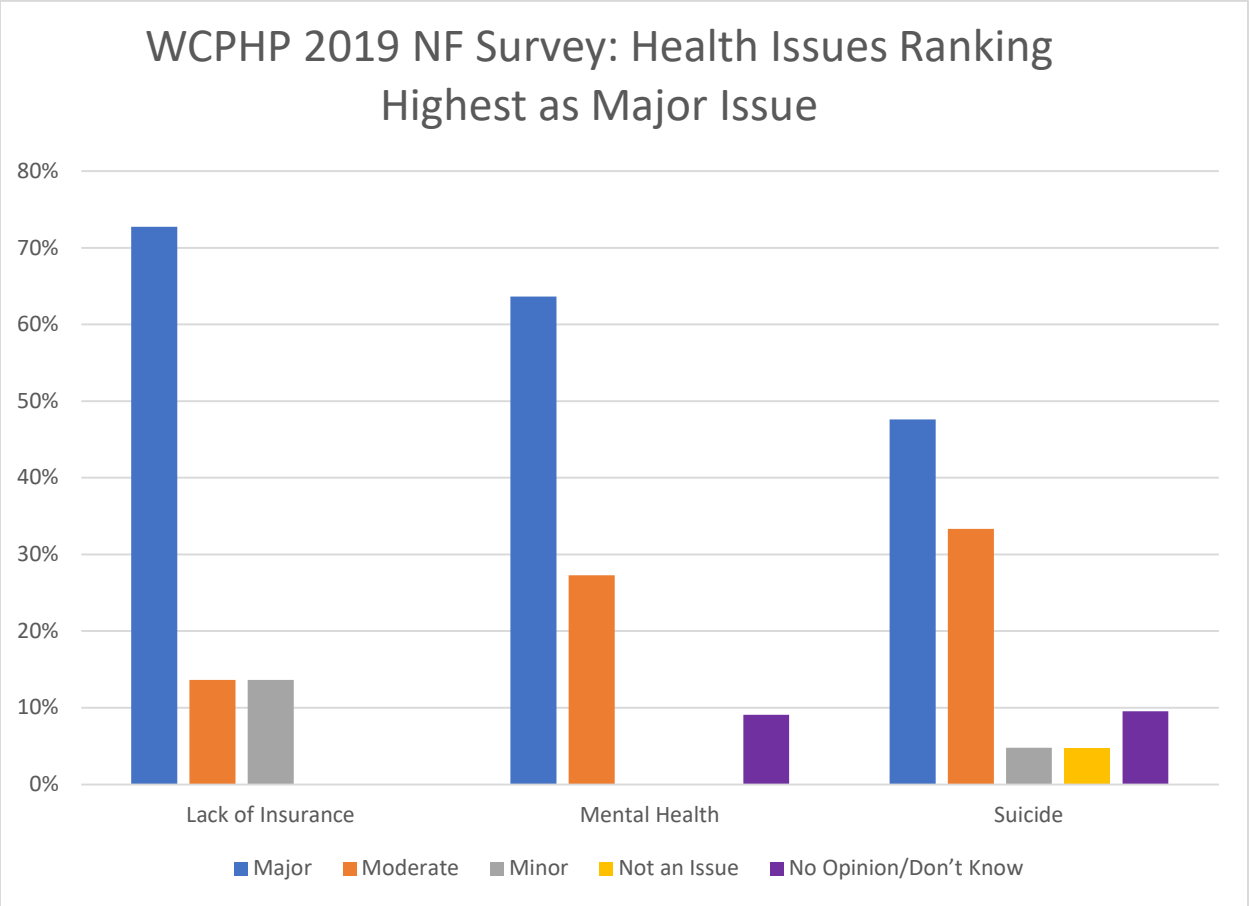
- Childhood Vaccinations (e.g., flu, whooping cough)
- Sexually Transmitted Diseases (education and testing services)
- Teen Birth Rates/Teen Pregnancy
- Mental Health Issues (e.g., depression, anxiety, grief, stress with divorce and custody issues, bipolar disorder)
- Suicide/Suicide Attempts
- People Making Unhealthy Food Choices/Obesity
- Eating Disorders
- Lack of Health Insurance
- Heart Disease
- Diabetes
- Cancer
- Flu/Pneumonia
- Primary Care Services/Access
- Infant Mortality
- Access to Mental Health/Substance Abuse Services

The three highest ranking issues in terms of being a major concern are:

- *Lack of insurance – 73%*
- *Mental health – 64%*
- *Suicide – 48%*

Respondents ranked the remainder of the health and mental health issues as a major concern in the range of zero to 32 percent. Figure 21 below shows the responses to the top three health issues.

Figure 21



Source: WCPHP

Drug and Substance Abuse Issues

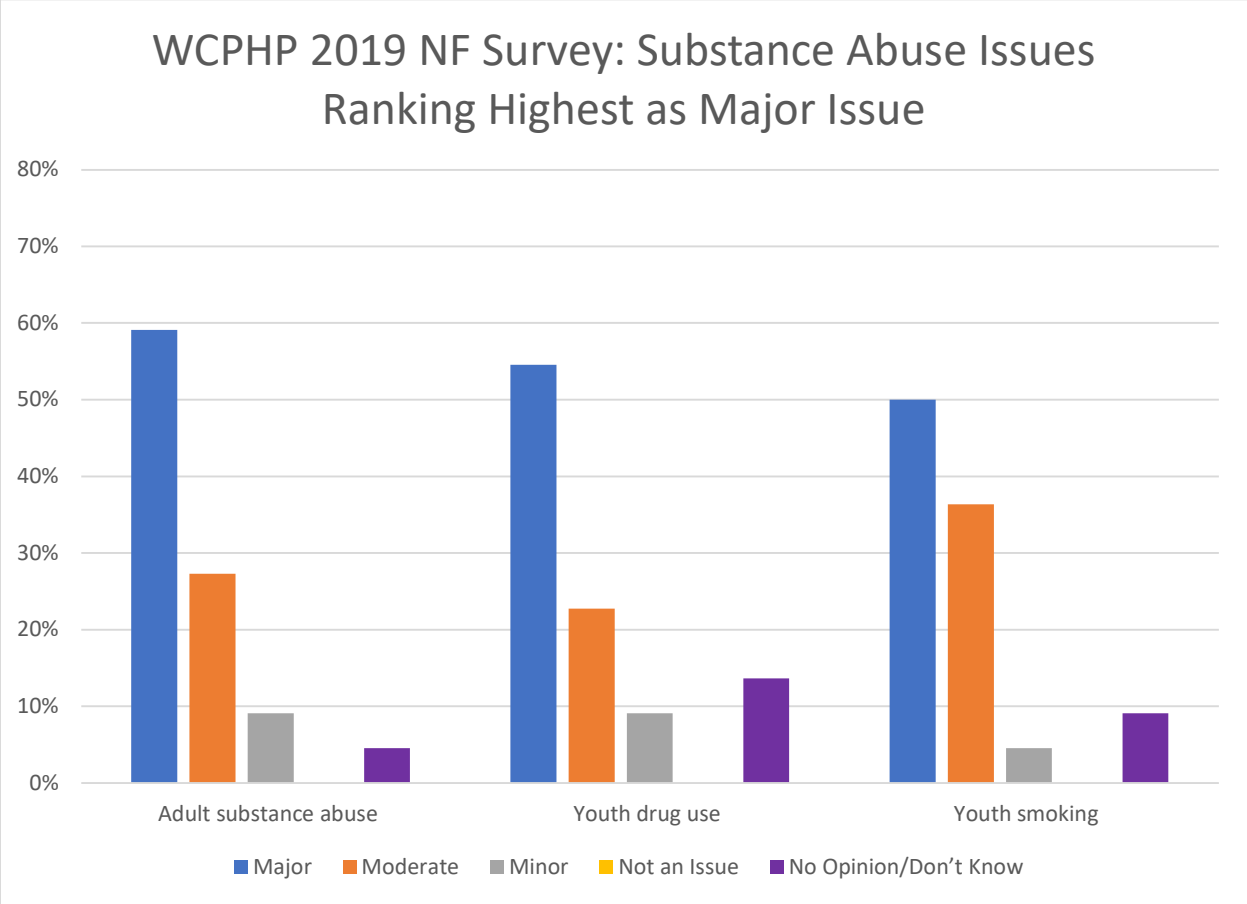
WCPHP respondents were asked to rank their opinions about drug and other substance abuse issues in the community, including:

- Youth Prescription Drug Use
- Youth Alcohol Use
- Youth Drug Use
- Youth Smoking/Tobacco Use/E-cigarettes/Vaping
- Adult (18 to 64) Substance Abuse (alcohol, prescription or non-prescription drugs)
- Elderly Substance Abuse (prescription or non-prescription drugs)
- Prescription Drug Abuse (regardless of age)
- Smoking/Tobacco Use/E-cigarettes/Vaping (regardless of age)

Figure 22 below shows the responses to the top three substance abuse issues. *The three highest ranking issues in terms of being a major concern are:*

- *Adult substance abuse – 59%*
- *Youth drug use – 55%*
- *Youth smoking – 50%*

Figure 22



Source: WCPHP

Although several respondents chose "No Opinion/Don't Know", no respondent selected "Not an Issue."

Community Health Issues

WCPHP respondents were asked to rank their opinions about other possible community issues that may impact health in the community, including:

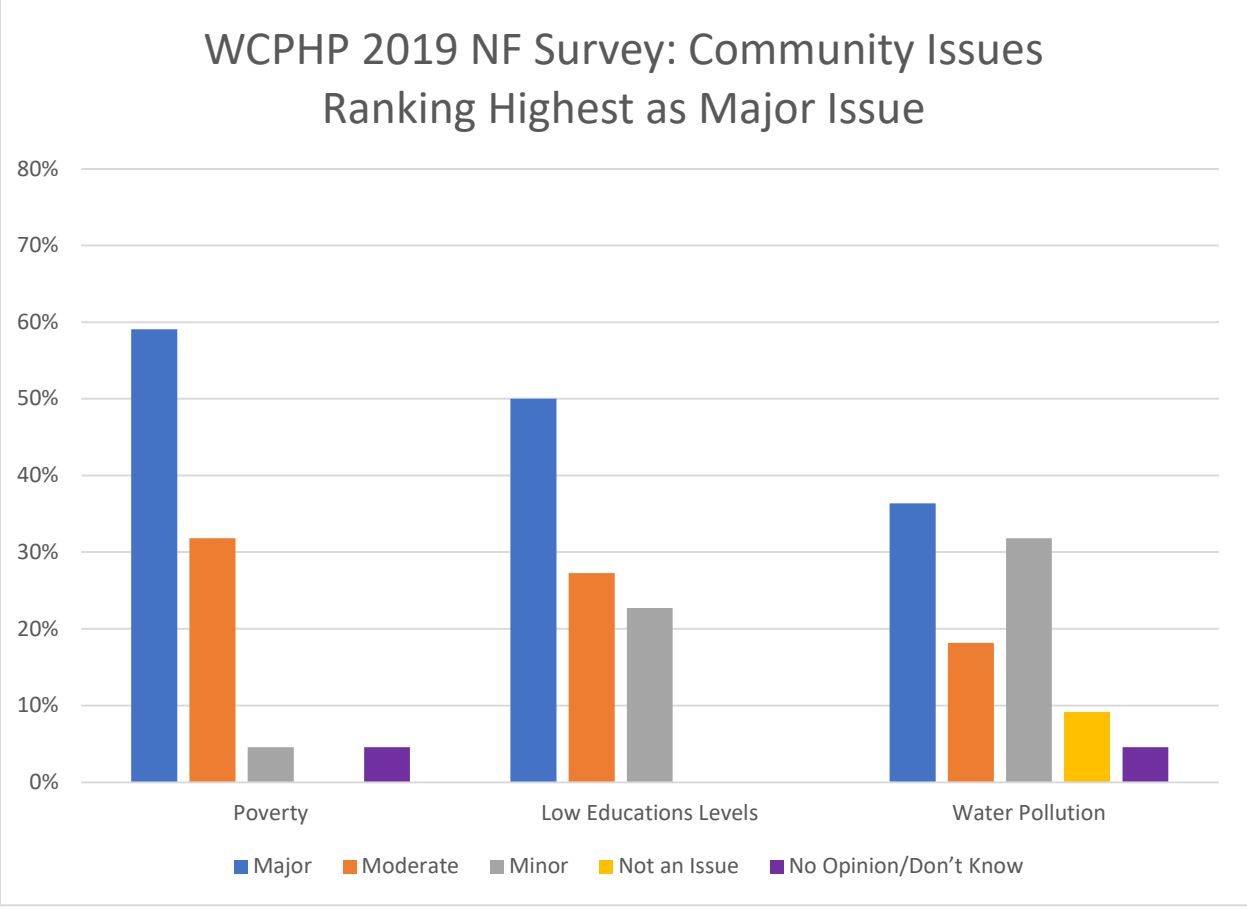
- Poverty
- Low Education Levels
- Motor Vehicle Accidents

- Meth Lab Site Clean Up
- Availability of Exercise Resources or Fitness Opportunities
- Domestic Violence
- Sexual Violence
- Presence of Radon
- Water Pollution
- Air Pollution
- Access to Healthy Foods
- Transportation for Healthcare Purposes

Figure 23 below shows the responses to the top three substance abuse issues. *The three highest ranking issues in terms of being a major concern are:*

- *Poverty – 59%*
- *Low Education Levels – 50%*
- *Water pollution – 36%*

Figure 23



Source: WCPHP

The WCPHP survey asks the open-ended question "In your own words, what do you believe is the most important health or medical issue facing the residents of your county?" All the responses are shown in Appendix VI. The recurring themes include:

- Mental health
- Affordability
- Substance abuse
- Access

Respondents were asked to describe a variety of health issues occurring over the previous 12 months shown in the list below. The percentage in parentheses indicates the portion of respondents claiming the condition to be either a moderate or major issue.

- Having a lot of anxiety and stress (77%)
- Experiencing depression (45%)
- Not being able to access affordable dental care (36%)
- Lack of activities for school-aged children and teens (27%)
- Adults being overweight or obese in your household (23%)
- Unable to find childcare (23%)
- Experiencing an alcohol and/or drug issue (18%)
- Thoughts about suicide (18%)
- Lack of money to pay for housing (18%)
- Unable to find crisis intervention resource (18%)
- Unable to find/afford childcare (0-5-year-old) (14%)
- Not knowing how to access services or info (14%)
- Unable to use public transportation to get to job or appt (14%)
- Not having a working vehicle (14%)
- Not being able to access care for a person with a serious physical illness (9%)
- No transportation disable 65+ person (9%)
- Violence within the household (5%)
- Not having enough room for the people who live in household (5%)
- Living in housing that needs major repairs (5%)
- Experience a mold or mildew problem in your house (5%)
- Children being overweight or obese in your household (0%)
- Breathing problems from heating with wood (0%)
- Unable to find in-home care for person 65+ (0%)

Anxiety, stress, and depression are significant issues for many in the North Fork. Given the distribution of the other health issues, there are a variety of causes depending on each household's situation. The survey further shows that one-third of households have a tobacco user, though not smokers.

Health Insurance Coverage

Looking at insurance coverage, most respondents have some type of health coverage as shown in Table 6 below. Employer sponsored and Medicare cover 57 percent. Far fewer have dental and vision coverage.

Table 6

Insurance coverage	Health	Dental	Vision
Employer Sponsored	32%	21%	25%
Private	18%	7%	0%
Medicaid	18%	14%	7%
Medicare	25%	4%	4%
Do Not Have Insurance	7%	32%	39%

Source: WCPHP

More importantly, having health insurance coverage does not ensure that health care is affordable. Dr. Ryan Marlin raised the issue of the "under insured" during the February 2020 stakeholder meeting. Table 7 below indicates that 59 percent of households with insurance may struggle to afford health care.

Table 7

How well does insurance cover costs?	
Very well	23%
Well	18%
Fairly well	27%
Not well	32%

Source: WCPHP

Cost of Healthcare

Respondents were asked if they had experienced problems accessing healthcare in the past year, with a cost access problem defined as:

> A cost access problem means you did not get care because of the cost of a doctor's visit; skipped medical test, treatment, or follow-up because of cost; or, did not fill a prescription (Rx) or skipped doses because of cost.

A third (32%) of responded "yes" to having experienced a cost access problem in the past year.

Respondents were asked if they have had any medical bill problems or incurred medical debt in the past year, defined as:

> A problem or debt means problems paying or unable to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills or to have medical debt paid off over time.

Over a quarter (27%) responded "yes" to having experienced a medical bill or debt problem in past year.

Routine and Preventive Health Care

When asked if they have a primary care doctor, 86 percent responded "yes" and the primary reason given for selecting their provider was "closest to home" at 63 percent. The fact that this convenience outweighs other factors such as reputation and recommendation, suggests that the convenience of a community paramedicine program providing primary care extension services will be well received.

Many responded favorably to using preventative services in the past year. Common screenings include mammography, pelvic exam, cholesterol check, blood sugar level, blood pressure, and physicals. The reasons given for not using preventative services are:

- Can't afford it or no coverage (18%)
- Didn't know about it (5%)

Extending preventative screenings and exams, perhaps in various locations across the North Fork should be considered an opportunity for the North Fork Community Paramedicine Program.

Improvements

Respondents were asked for "what would improve your community's access to healthcare?" Table 8 below shows that more practitioners rank highest along with service hours which depends on availability of practitioners. A CP program that increases the efficiency of existing practitioners would help achieve these improvements.

Table 8

Improve Community Access (select top 3)	Percent
More mental health providers	17%
More primary care providers	17%
Outpatient services open longer hours	13%
More specialists	12%
Greater health education services	10%
Telemedicine	8%
More alternative medicine providers	7%
Transportation assistance	7%
Improved quality of care	5%
More cultural sensitivity	5%

Source: WCPHP

Awareness

When asked to rate their knowledge of the health services that are available in their county, most responded claimed to have a good understanding, however almost a quarter rated their knowledge of services as either poor or fair:

- Poor (9%)
- Fair (14%)
- Good (73%)
- Excellent (5%)

When asked for the top three ways they learn about health services available in the community, the top response was "website/internet" at 64%, followed by "word of mouth" at 59%, and a third selected "referral from physician."

Education

Respondents were asked which educational classes/programs, of many choices, would they be most interested in and to select all that apply. The top responses are shown below. Fitness, nutrition, and weight loss together suggest there is a desire to learn more about and become healthier. As this occurs the demand for reactive healthcare services may be reduced.

- Fitness (13%)
- Mental health (12%)
- Weight loss (10%)
- Health and Wellness (10%)
- Women's health (8%)
- Nutrition (7%)

Health and Community Trends

When asked to compare health and economic conditions to one year prior, personal health and financial conditions trended modestly favorable as shown in Table Y below. However, local economic and health observations were not seen as favorably, with a third finding local health problems had become worse.

Table 9

Compared to a year ago...	Worse	No Change	Better
My physical health	9%	68%	23%
Physical fitness level/behaviors	23%	55%	23%
Financial Situation	14%	50%	36%
Employment/Income	18%	41%	41%
Local Economy	27%	41%	32%
Local health problems	32%	64%	5%

Source: WCPHP

Finally, the WCPHP survey asked for the importance to rate the importance of local healthcare services, 95% responded either "very important" or "essential".

County Health Rankings – A Robert Wood Johnson Foundation Program

The 2020 County Health Rankings provide a county-level snapshot of many health indicators and provides easy comparison to other counties and states. Delta County ranks 42nd in Colorado for overall health outcomes. Table 10 below highlight areas in which Delta County underperforms the state average significantly. The WCPHP survey showed mental health is a major concern for the North Fork and is consistent with Delta County having relatively few providers.

Flu vaccinations and safe driving education are likely opportunities for a Community Paramedicine Program to have significant impact.

Table 10

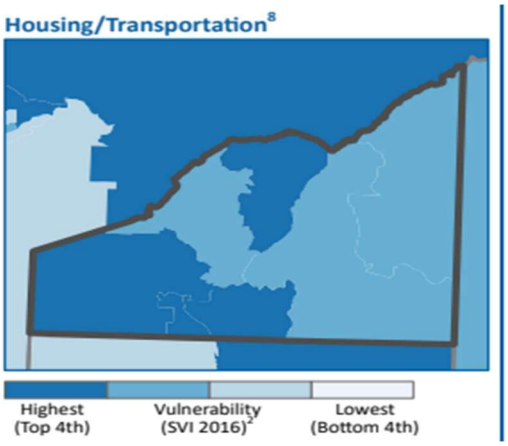
County Health Rankings 2020	Delta County	Colorado
Adult obesity	27%	22%
Alcohol-impared driving deaths	65%	34%
Teen births	30	19
Uninsured	11%	9%
Mental health providers	1:630	1:280
Dentists	1:2,580	1:260
Flu vaccinations	48%	40%
Children in poverty	23%	12%

Source: County Health Rankings

Social Vulnerability Index

The CDC's Social Vulnerability Index (SVI) uses 15 U.S. census variables at tract level to help local officials identify a community's resilience when confronted by external stresses on human health. The map in Figure 24 below shows that the North Fork area is moderately vulnerable with respect to housing/transportation in comparison to the rest of the county in 2016.

Figure 24

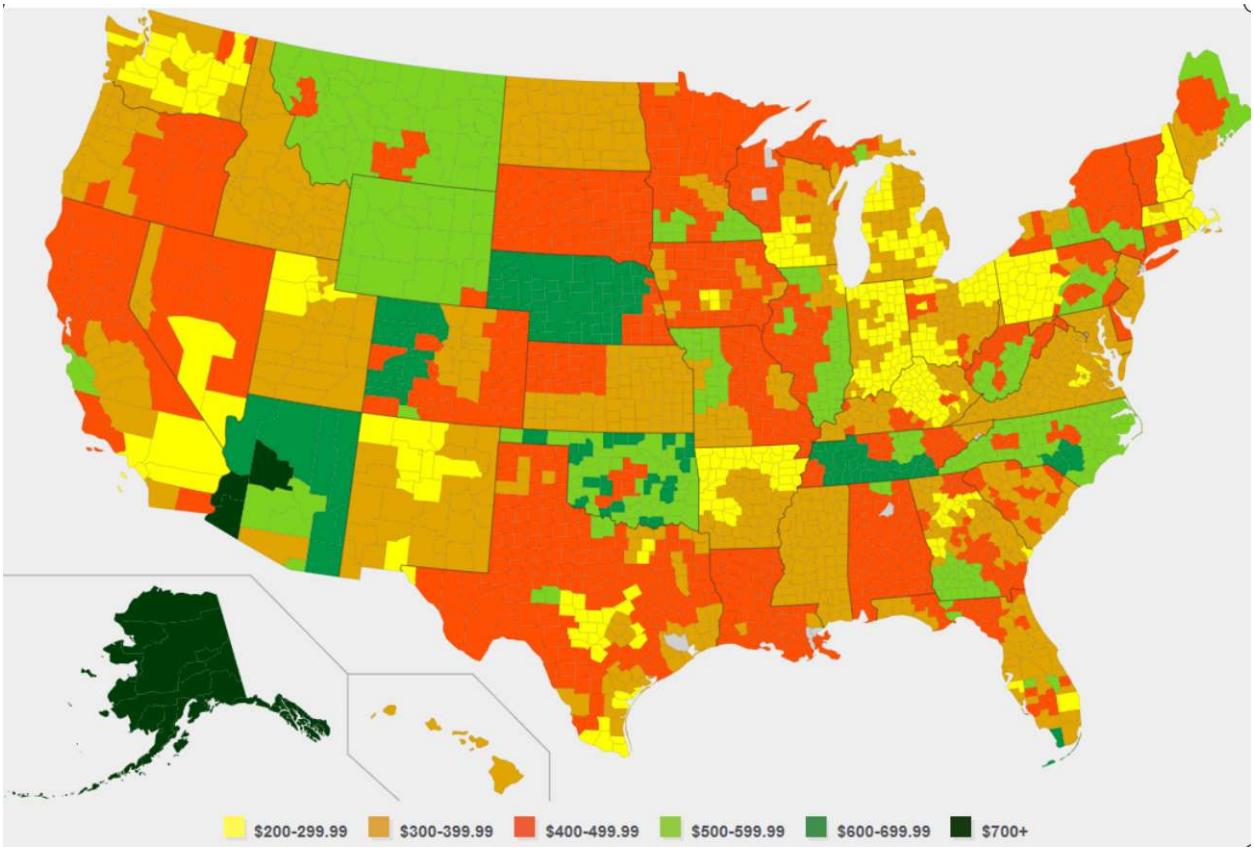


Source: CDC

National Academy for State Health Policy (NASHP)

The map in Figure 25 below shows the variation in health insurance premiums across the country using the second-lowest cost silver plan as a common indicator to gauge comparison. Delta County is dark green, indicating an average cost of $600 to $699 for this silver plan. Delta County has some of the highest health care premiums compared to the rest of Colorado and the nation.

Figure 25



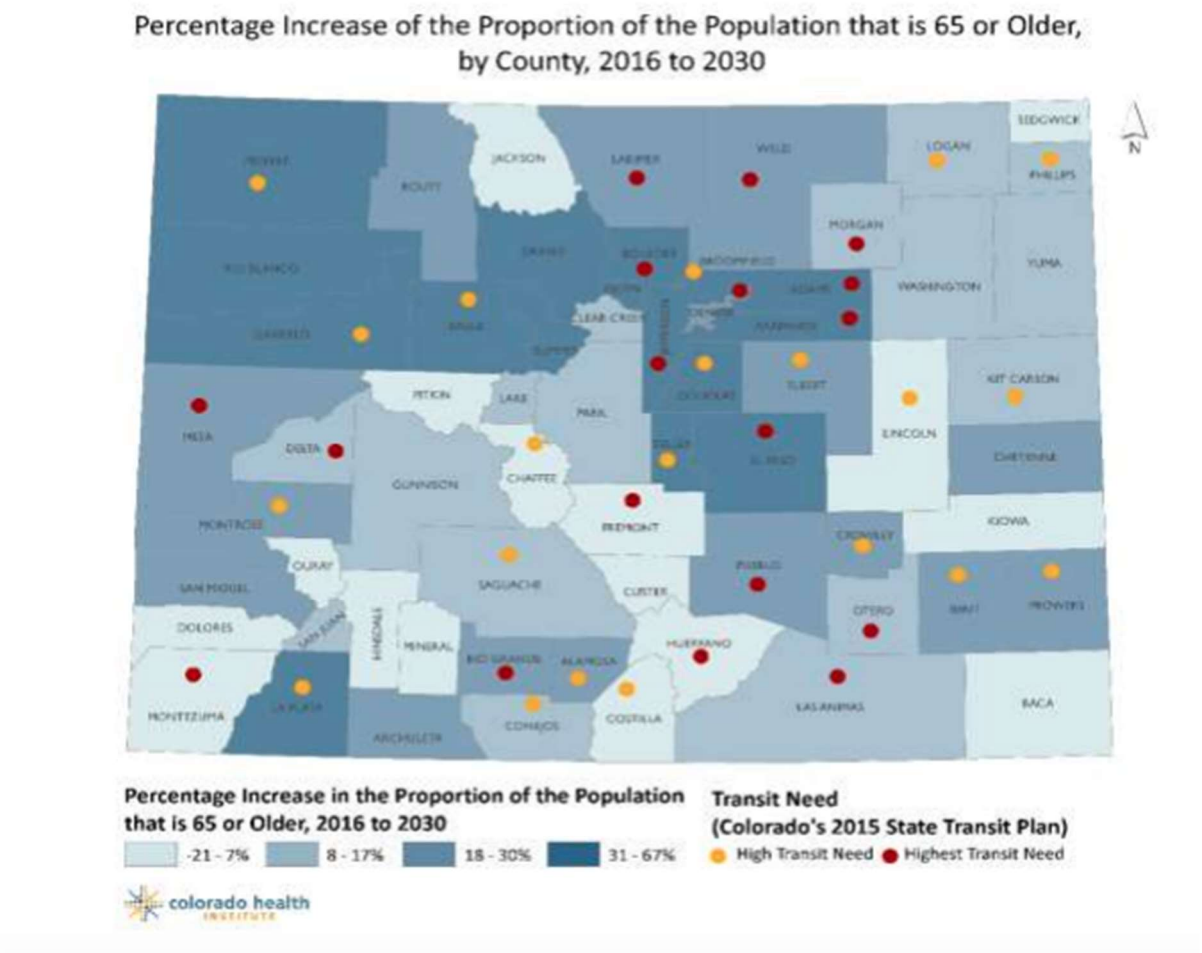
Source: NASHP

Colorado Health Institute's Research on Aging and Transportation

A report prepared for the Strategic Action Planning Group on Aging found that Delta County residents have a high transit need to people 65 and older as show in Map 1 in Figure 26 below.

Figure 26

Map 1. Colorado Counties Impacted by Aging Residents and Transit Needs



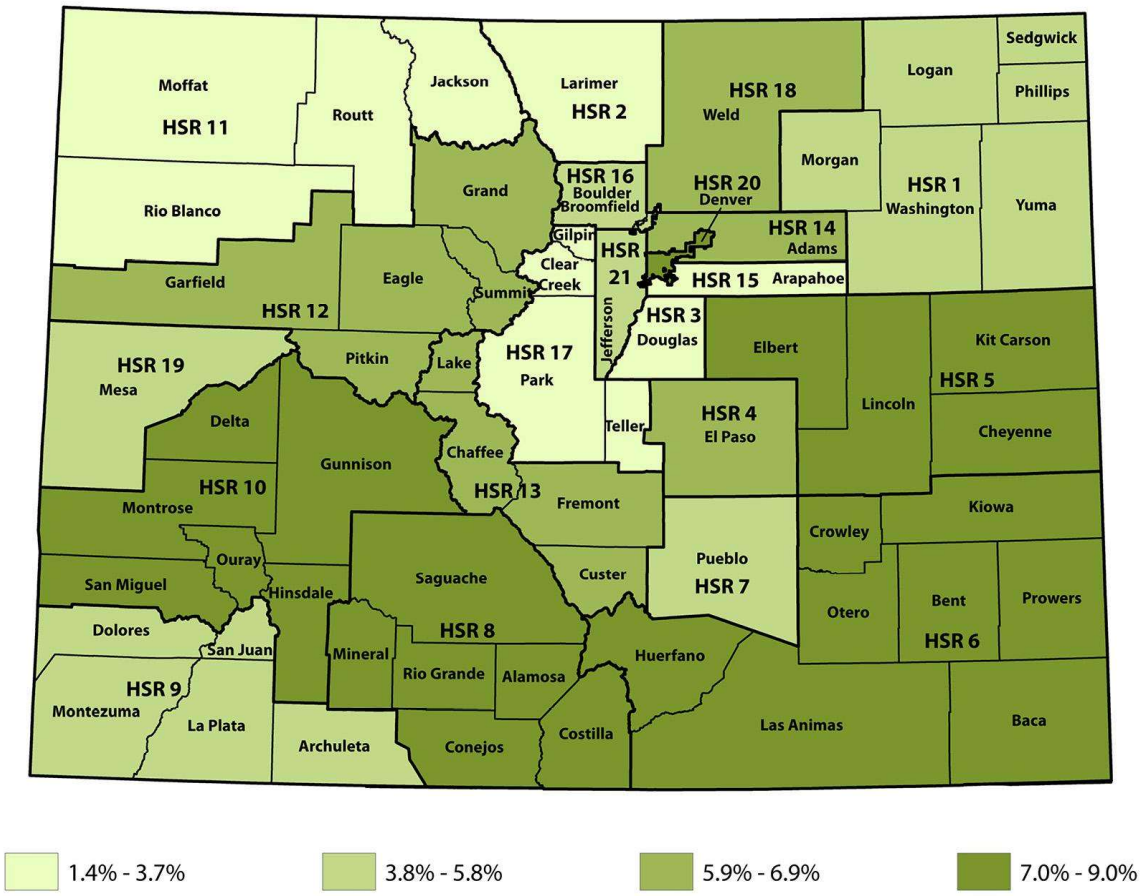
Source: Colorado Health Institute

Overall, in Colorado the study shows that public and specialized transportation is not keeping up with seniors' needs. More than half (52 percent) of seniors and adults with disabilities depend on families, friends or volunteers for transportation. Further findings are that just under a third (31 percent) of seniors use public transportation at least once a month; and 16 percent use paratransit services, according to a survey by CDOT.

In 2018, the Colorado Health Institute reported that Delta County was among the Colorado counties reporting the highest levels of Coloradans for whom transportation is a barrier to health care, see Figure 27 below.

Figure 27

Map 1:
Percentage of Coloradans Reporting Transportation as a Barrier to Care by Health Statistics Region



Source: Colorado Health Institute

The Social Determinants of Health (SDOH) Survey

The Center for Disease Control and Prevention (CDC) describes conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes as social determinants of health (SDOH). For example, poverty limits access to healthy foods, adequate and stable housing, and education. For more information on SDOH research, visit https://www.cdc.gov/socialdeterminants.

Beginning in 2019, the West Elk Clinic in Hotchkiss conducted an SDOH survey of patients. The results in Table 11 below were collected as of February 6, 2020. The question asks patients to indicated whether or not they are at risk within a variety of categories.

Table 11

Category	At Risk	Not Risk	Total	% At Risk
Child Care	8	328	336	2%
Education	24	312	336	7%
Financial Resources	32	304	336	10%
Food	35	301	336	10%
Housing	24	312	336	7%
Social connections	27	309	336	8%
Transportation	13	323	336	4%
Utilities	17	319	336	5%

Source: West Elk Clinic

Food and financial resources are most at risk. Low incomes are likely putting other factors at risk, such as food, housing, and education. Social connections, followed by housing and education also score relatively as for being "at risk." Note that this is a survey of patients visiting the West Elk Clinic and may not adequately sample members of the community who either were not able to visit the Clinic although it was necessary or didn't believe they could afford the Clinic and so didn't visit.

Table 12 below shows patient responses to additional SDOH questions, including several from the Health Leads Screen Tool. The responses are consistent with those in Table 11, with cost of health care and food being an issue for 10 percent of respondents, followed by social isolation, housing and education.

Table 12

Question	% Yes
Receive assistance	27%
Request assistance	27%
Urgent needs	3%
Are you worried that in the next 12 months you may not have stable housing?	7%
Do problems getting child care make it difficult for you to work or study? (no if no kids)	2%
Do you ever need help reading hosptial materials?	7%
Do you feel you lack companionship?	8%
In the last 12 months, did you ever eat less than you felt you should because lack money?	10%
In the last 12 months, has a utility threatened to shut off services to your home?	5%
In the last 12 months, have you had to forego health care because no way to get there?	4%
In the last 12 months, have you needed to see a doctor, but could not because of cost?	10%

Source: West Elk Clinic

Conclusions

The North Fork economy is struggling and the financial burden many households face is having a negative impact on the health of the community. The population is aging and seniors have more health issues and care needs. Some people are not seeking healthcare due to cost and/or lack of transportation. There is a significant need for mental health and substance abuse services. Stress and anxiety are predominant, perhaps as a result of poor economic conditions.

The North Fork does not have the resources to simply buy more health care. Improvements should come from using existing resources more efficiently and effectively. Providing more education and preventive care services will lower overall community health costs either by treating early at less expense or preventing issues altogether.

A community paramedicine program would have many opportunities. Focus areas include conducting preventative screenings, proving primary care outreach and exam services, conducting educational workshops and seminars, at-home COVID-19 testing. The North Fork community will also benefit from creating a community health foundation that would bring grants and outside funding to the community to support some or all of these initiatives.

This CHNA provides the foundation for developing a Community Health Improvement Plan (CHIP) which is the long-term strategic plan for addressing the needs identified in the CHNA. The North Fork Community Paramedicine CHIP will identify programs, goals, objectives, and implementation timeline.

Completed by

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Data Sources

Healthypeople.gov

Thecommunityguide.org

Delta School District

NF EMS ESO data

unitedstateszipcode.org

West Central Public Health Partnership

www.countyhealthrankings.org

http://svi.cdc.gov

https://nashp.org/health-insurance-marketplace-second-lowest-cost-silver-plan-by-county-2017/

https://www.colorado.gov/pacific/sites/default/files/SAPGA%20Transportation%20Report.pdf

https://www.coloradohealthinstitute.org/research/transportation-barrier-care-across-colorado

https://static1.squarespace.com/static/59ee2823f8370aca83d0225c/t/5c1bfbd3758d4639c5ffff2e/1545337814677/Community+Commons+CHNA+Region+10+Flagged+Indicators.pdf

Reference materials

https://datacenter.kidscount.org

https://www.naemt.org/docs/default-source/community-paramedicine/mih-cp-toolkit/ems_homehealth.pdf?sfvrsn=2

https://www.deltacounty.com/8/Personal-Health-Services

https://blog.datawrapper.de/weekly-chart-income/

https://priceonomics.com/the-places-in-america-with-the-best-and-worst/

https://www.indexmundi.com/facts/united-states/quick-facts/colorado/average-commute-time#map

(https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)

https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/),

For more information and resources on social determinants of health, visit the Rural Health Information Hub website, https://www.ruralhealthinfo.org/topics/social-determinants-of-health.\

Community Health Needs Assessments

https://ruralhealth.und.edu/projects/community-health-needs-assessment

https://www.cdc.gov/publichealthgateway/cha/plan.html

https://patientengagementhit.com/news/3-things-to-know-to-conduct-a-community-health-needs-assessment

https://hpsa.us/services/chna/community-health-needs-assessment-chna/

https://www.healthycommunities.org/resources/community-health-assessment-toolkit

Appendices

Appendix I: Timeline for conducting this CHNA

Below is a timetable for this project. The COVID-19 pandemic delayed the completion of the report by two months.

Summer/Fall 2019

- Preliminary investigation
- Initial meetings
- Grant funding to conduct CHNA

Winter 2020

- Data collection and organization
- Key stakeholder meeting on Feb 26

Spring 2020

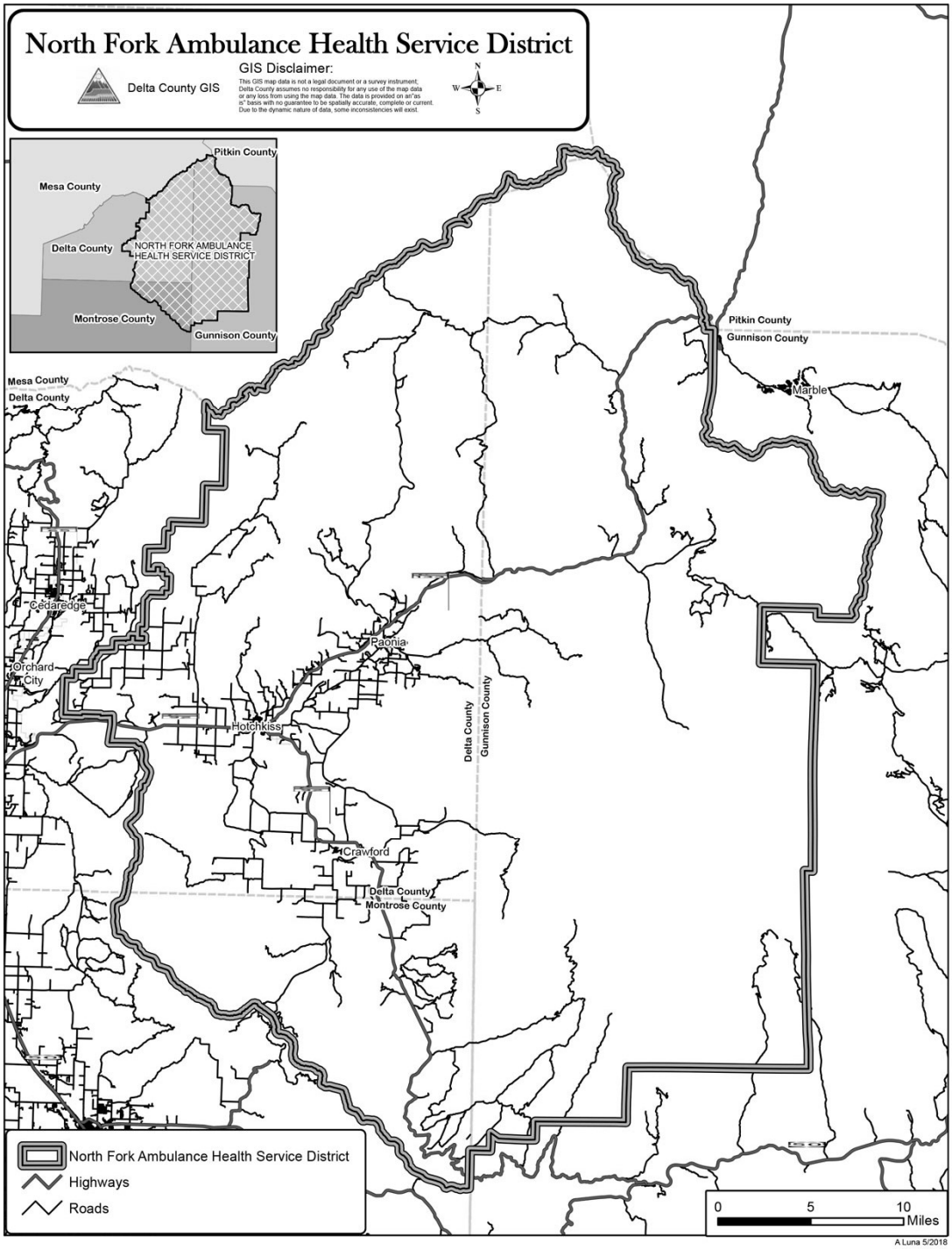
- Data analysis
- Additional data collection

Summer 2020

- Write report
- North Fork EMS review July 23rd
- Community workshop on August 6th
- Revise and deliver final report on August 10th

Appendix II: Service Area

The Service Area currently includes approximately 1,550 square miles, 75 miles of paved two-lane highway and 300 miles of County roads ranging from paved to primitive. The service from Hotchkiss extends west on Highway 92 to Payne Siding, and east on Highway 133 to Paonia. From Paonia, the Service Area continues north up Stephen's Gulch to the Mesa County Line, and northeast of Paonia on Highway 133 into Gunnison County through Somerset to the top of McClure Pass. The Service Area extends southeast from Hotchkiss on Highway 92 through Crawford and into Montrose County, and runs to Mile Marker 56 at the Gunnison County Line on Black Mesa. The three communities currently served are bound together by a powerful landscape that encompasses mountains, rivers, desert and agricultural land. With elevations that range from 5,000 to 11,000 feet, the area allows for a variety of features. Notable among these features are: The Black Canyon National Park, The West Elk Wilderness, Curecanti National Conservation Area, waterways such as The North Fork of the Gunnison River, the Gunnison River and their major tributaries, the Anthracite, Muddy, Smith Fork and Leroux Creeks. There are also scenic byways that reach past the recreational areas of Crawford and Paonia State Parks.


North Fork Ambulance Health Service District
Delta County GIS
GIS Disclaimer:
This GIS map data is not a legal document or a survey instrument. Delta County assumes no responsibility for any use of the map data or any loss from using the map data. The data is provided on an "as is" basis with no guarantee to be spatially accurate, complete or current. Due to the dynamic nature of data, some inconsistencies will exist.
N
W
E
S
Pitkin County
Mesa County
Delta County
NORTH FORK AMBULANCE HEALTH SERVICE DISTRICT
Montrose County
Gunnison County
Mesa County
Delta County
Pitkin County
Gunnison County
Marble
Cedaredge
Orchard City
Paonia
Hotchkiss
Delta County
Gunnison County
Crawford
Delta County
Montrose County
North Fork Ambulance Health Service District
Highways
Roads
0
5
10
Miles
A Luna 5/2018

Appendix III: North Fork Demographics

Over the last 18 years in the North Fork Valley, racial demographics remained relatively constant. The two main racial groups of people living in the North Fork Valley include Hispanic and white. From 2015 to 2018 the Hispanic population has seen about a five percent decrease, while the white population has seen roughly a 5% increase.

Over the last 5 years male and female demographics remained relatively equal and constant as well. A point of notice is that from 2015 to 2018 the female population increased 214 women while the male population only increased 42 men. Both the female and male populations dipped slightly dipped from 2013 to 2015 and then fluctuated from 2015 to 2018. The 2018 population is a 5 year record.

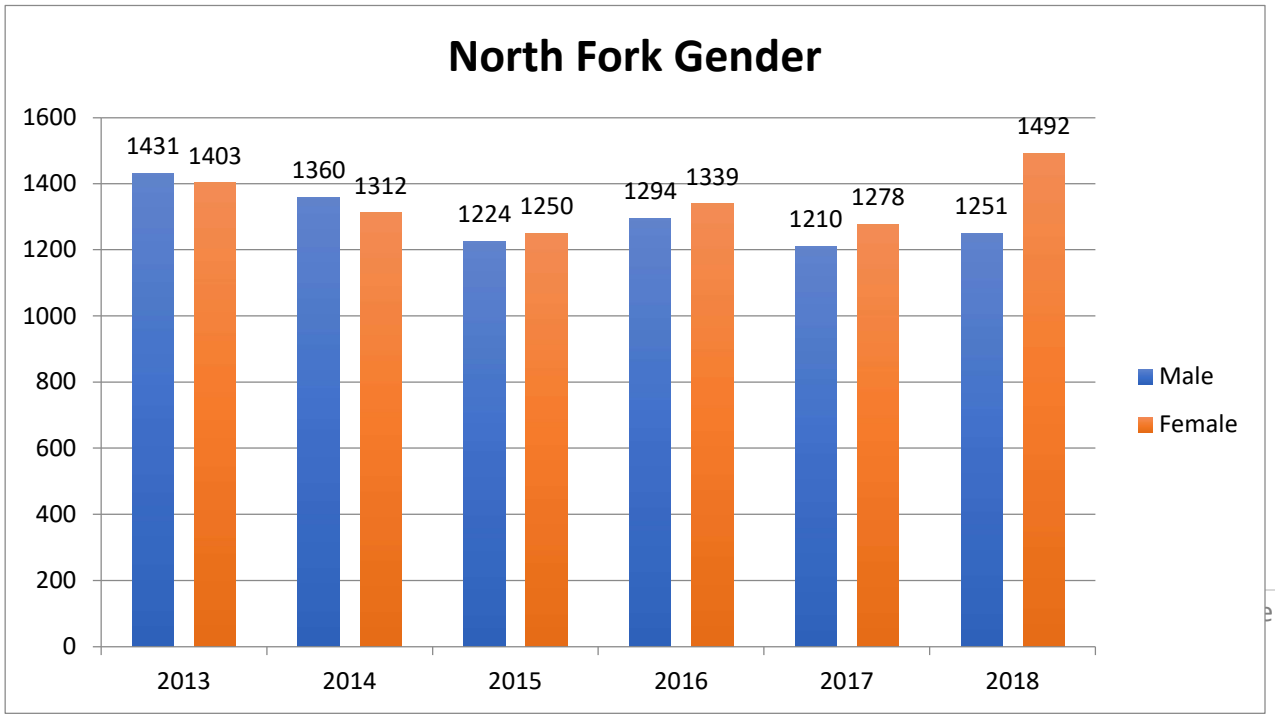
	Paonia			Hotchkiss		
	2000	2010	2018	2000	2010	2018
Race						
Hispanic	4.5	7.5	6.3	9.4	14.7	3.9
Non-Hispanic	95.5	92.5	93.7	90.6	85.3	96.1
Non-Hispanic White	93.7	89	86.2	88.5	83.2	93.3
Non-Hispanic Black	0.1	0.7	0	0	0.1	0
Non-Hispanic Native American/Alaska Native	0.5	0.9	3.8	0.3	0.3	0
Non-Hispanic Asian	0.2	0.2	0.5	0.4	0.5	0
Non-Hispanic Native Hawaiian/Pacific Islander	0	0.3	0	0	0	0
Non-Hispanic Other	0.3	0.4	0	0.1	0.4	0
Non-Hispanic, Two Races	0.9	0.9	3.2	1.2	0.7	2.8
Total Population	100	100	100	100	100	100

	Crawford			North Fork		
	2000	2010	2018	2000	2010	2018
Race						
Hispanic	2.2	2.6	0.7	5.4	8.3	3.6
Non-Hispanic	97.8	97.4	99.3	94.6	91.7	96.4
Non-Hispanic White	96.2	94.7	98.2	92.8	89	92.6
Non-Hispanic Black	0	0	0	0	0.3	0
Non-Hispanic Native American/Alaska Native	0	0.7	0	0.3	0.6	1.3
Non-Hispanic Asian	0	0.2	0	0.2	0.3	0.2
Non-Hispanic Native Hawaiian/Pacific Islander	0	0	0	0	0.1	0
Non-Hispanic Other	0	0	0	0.1	0.3	0
Non-Hispanic, Two Races	1.6	1.9	1.1	1.2	1.2	2.4
Total Population	100	100	100	100	100	100

Gender

	Paonia		Hotchkiss	
	Male	Female	Male	Female
2013	726	641	527	592
2014	711	640	477	534
2015	629	626	432	500
2016	718	669	429	538
2017	715	650	375	520
2018	684	690	407	525

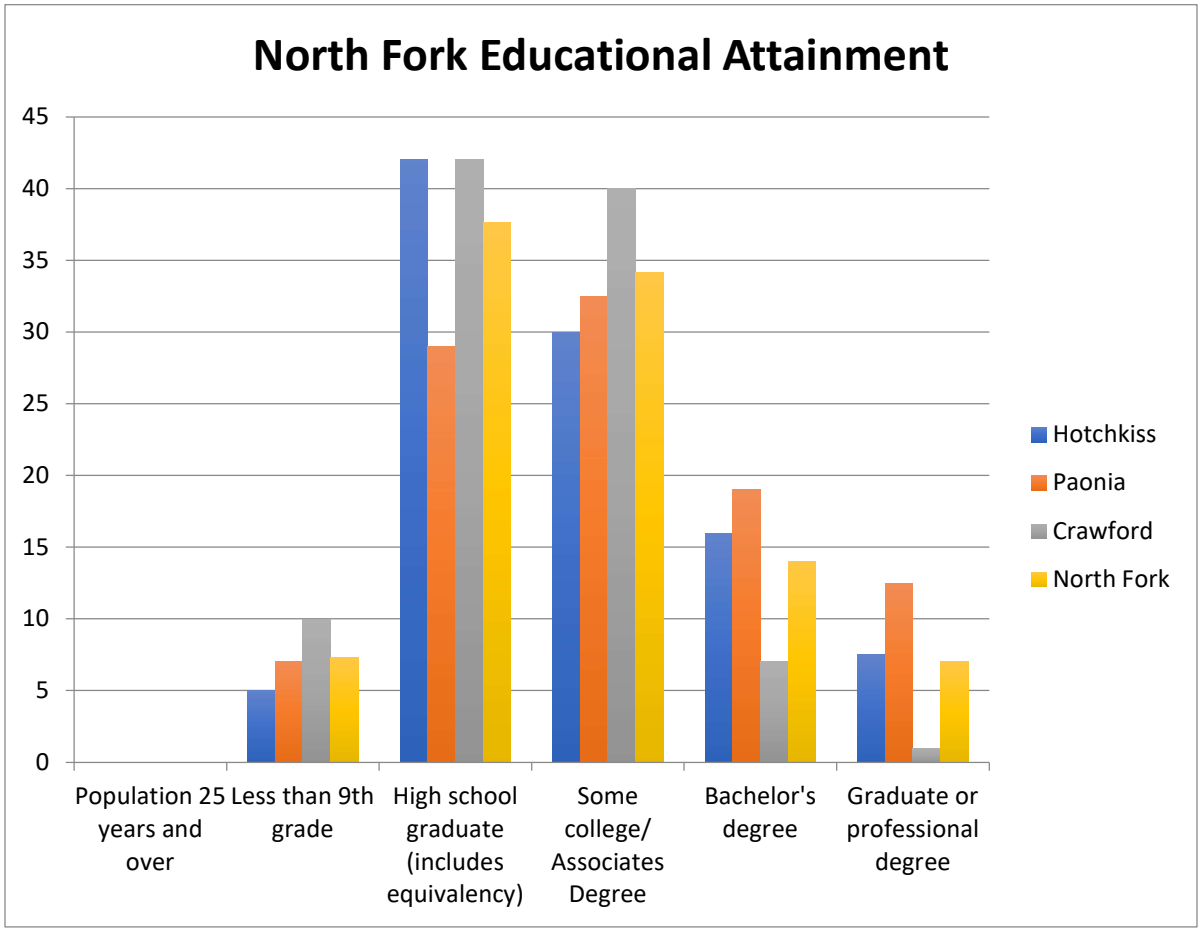
	Crawford		North Fork	
	Male	Female	Male	Female
2013	178	170	1431	1403
2014	172	138	1360	1312
2015	163	124	1224	1250
2016	147	132	1294	1339
2017	120	108	1210	1278
2018	160	277	1251	1492



Educational Attainment

Educational attainment (%)	Hotchkiss	Paonia	Crawford	North Fork
Population 25 years and over				
Less than 9th grade	5	7	10	7.3
High school graduate (includes equivalency)	42	29	42	37.7
Some college/ Associates Degree	30	32.5	40	34.2
Bachelor's degree	16	19	7	14
Graduate or professional degree	7.5	12.5	1	7

The table above shows that people 25 and older living in the North Fork Valley attained a high school diploma or attained some college/associates degree. 14% attained a Bachelor's degree, and around 7% of the North Fork population have less than a 9th grade degree, while the about the same amount have graduate or professional degrees.



Appendix IV: SWOT Analysis

On August 29th 2019, North Fork EMS held an initial stakeholder meeting concerning a Community Paramedic/MIH program.

Below is an overview of the main topics

STRENGTHS

- It promotes collaboration and communication between care providers
- It is wrap-around care for the patient
- It empowers the patient
- It is cost effective
- It is client centered
- It is research based

WEAKNESSES

- Potential lack of resources
- A passing of the buck/defining whose job it is
- Stakeholder buy-in
- Over utilization
- Provider training
- Funding
- Sustainability
- Lack of personnel

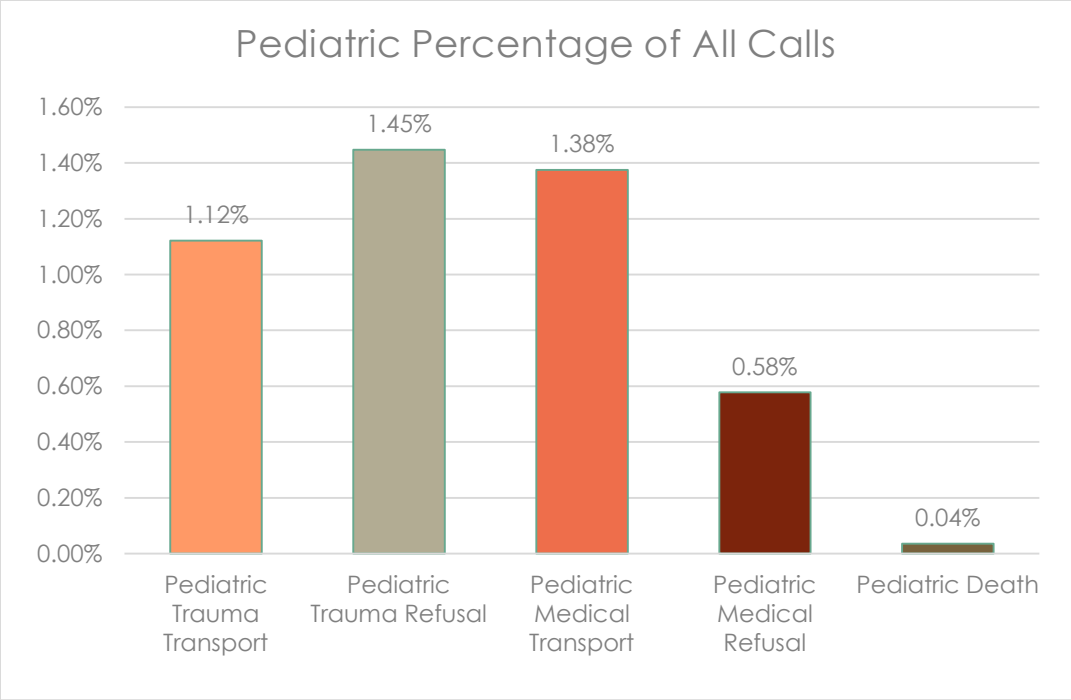
OPPORTUNITIES

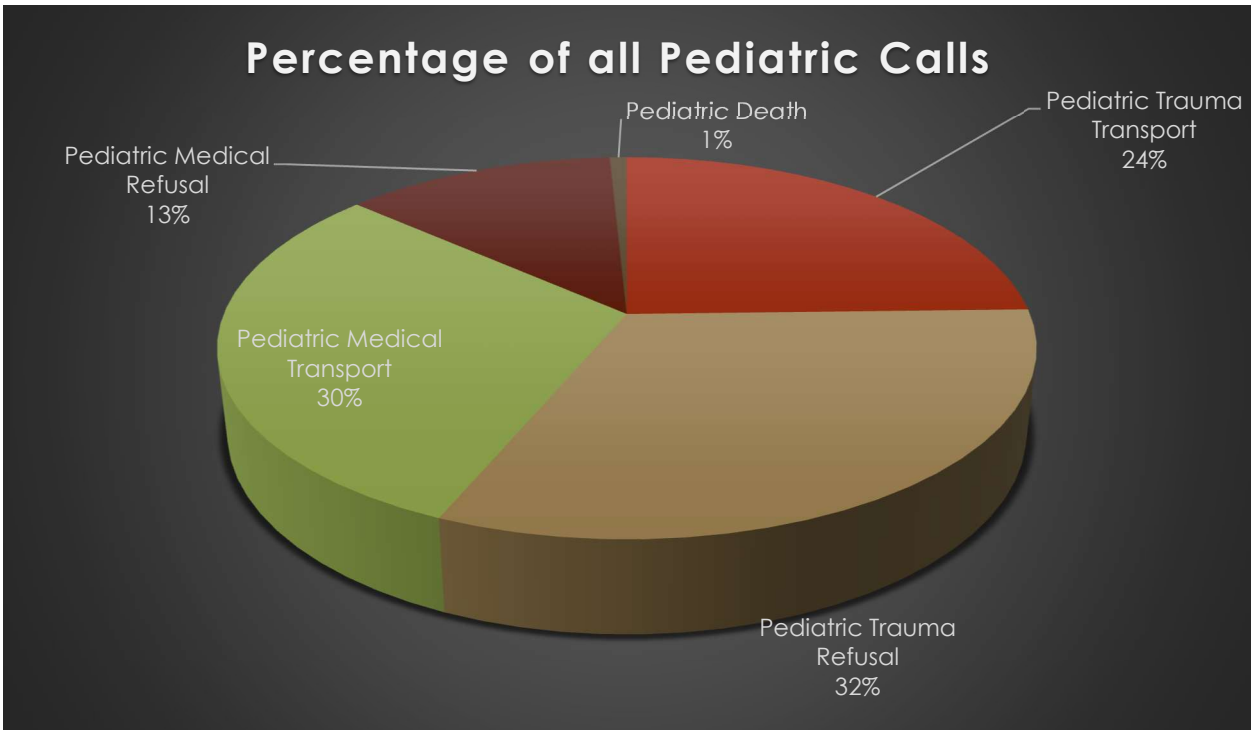
- Cuts down on unnecessary hospital/ED visits
- Builds bridges
- Improves quality of life
- Potential for different grant funding
- Meets isolation needs
- Response before it is an emergency

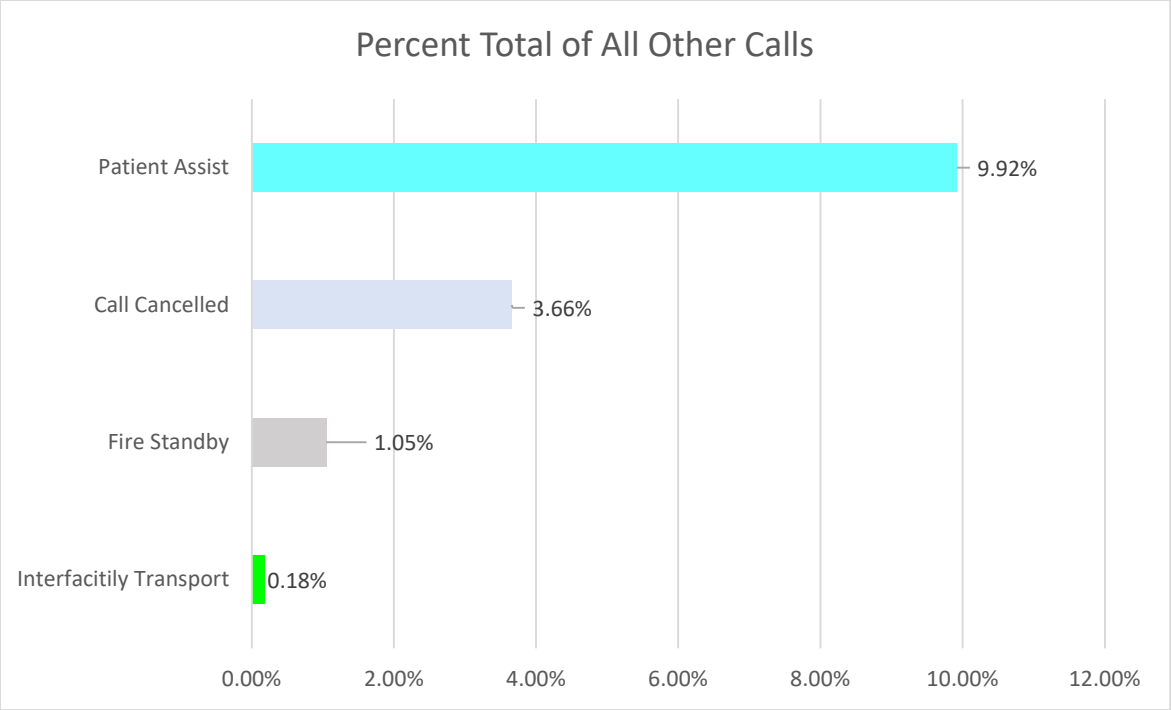
THREATS

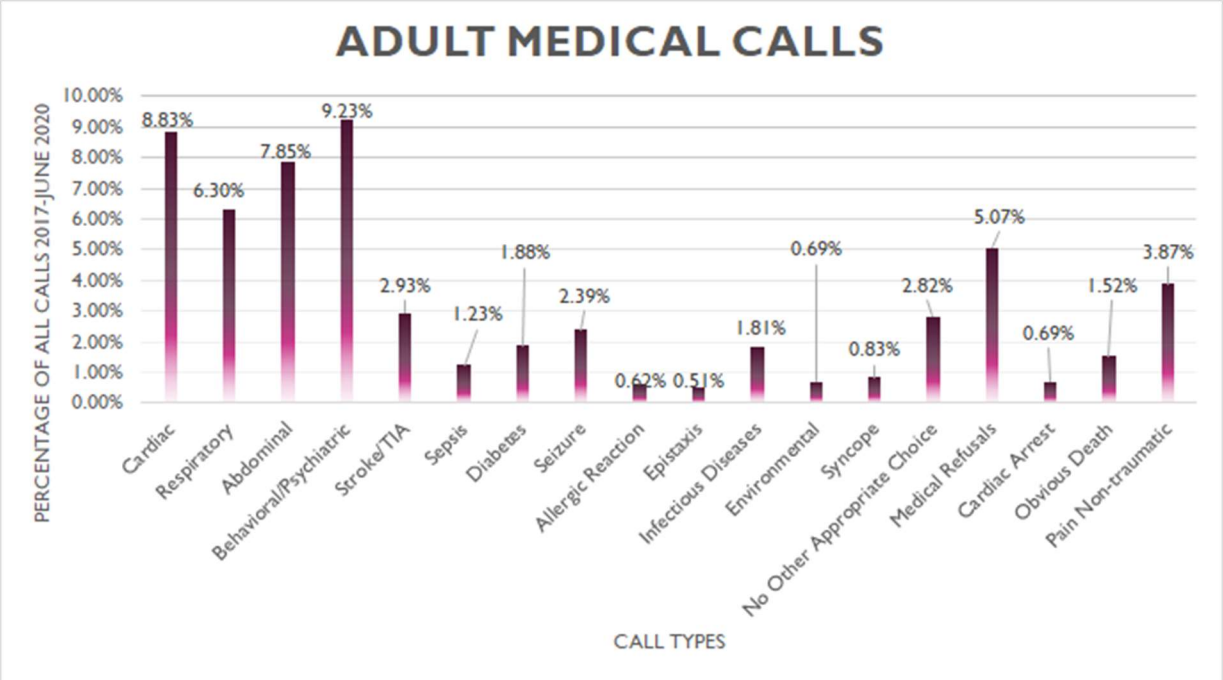
- Changes in laws
- Lack of personnel
- Social media or negative press
- Fear of doing something different
- Overlap
- Sustainability
- Lack of funding

Appendix V: Additional North Fork EMS Call Response Data






Percent Total of All Other Calls
Patient Assist
9.92%
Call Cancelled
3.66%
Fire Standby
1.05%
Interfacitily Transport
0.18%
0.00%
2.00%
4.00%
6.00%
8.00%
10.00%
12.00%


ADULT MEDICAL CALLS
PERCENTAGE OF ALL CALLS 2017-JUNE 2020
CALL TYPES
8.83%
6.30%
7.85%
9.23%
2.93%
1.23%
1.88%
2.39%
0.62%
0.51%
1.81%
0.69%
0.83%
2.82%
5.07%
0.69%
1.52%
3.87%
Cardiac
Respiratory
Abdominal
Behavioral/Psychiatric
Stroke/TIA
Sepsis
Diabetes
Seizure
Allergic Reaction
Epistaxis
Infectious Diseases
Environmental
Syncope
No Other Appropriate Choice
Medical Refusals
Cardiac Arrest
Obvious Death
Pain Non-traumatic

Appendix VI: WCPHP 2019 Survey Open-Ended Comments

What do you believe is the most important health or medical issue facing the residents of your county?

Mental health..no real services in this county and no real help

Drugs- Legal & Illegal

Access to affordable healthcare. DCMH owns almost all the clinics in the county now and is very expensive and hard to get into. I personally use a physician in Montrose because new patient costs at a DCMH clinic were so high. Transportation and assistance for rural patients with low income is also a major issue. We also have a HUGE meth problem that is now involving opioid abuse/addiction and alcohol which leads to many social and crime issues as addicts seek to obtain their drugs. Mental Health is tied in with the drug use and there aren't many resources to help in Delta County for severe mental health patients that are functioning but non compliant on meds and can't afford to get help or won't.

Access to affordable health insurance.

The high rate of cancer in individuals across the spectrum of age, race, health

Lack of education

Ability to pay for services.

Access to health care, access to primary care physicians, affordable services.

Lack of insurance and funds.

Poverty leads to many health issues.

Mental illness

Finding truly affordable health insurance.

Body autonomy. Vaccines must be made safe. We have the sickest generation of children ever. If you cared about health, you would improve school lunches and severely reduce the vaccine schedule. In the last six years there have been five cases of measles. Five. If a vaccine harms a child that company is not liable. Vaccines have not been studied for safely for over thirty years. The vaccine schedule has never been studied for safety. Vaccines are harming more people than they are helping. Doctors don't know how to identify a vaccine reaction. Body autonomy is the most important issue of our time and all time.

There are too many to pick from

Lack of transportation and health insurance

Drug and alcohol abuse

Mental health resources in Delta County are hard to find. Many people are suffering in silence because of the stigma behind it.

cost of healthcare -- many are uninsured and can't afford services

Poor mosquito management, and spread of disease. Poor to no access to mental health concerns.