



Keeping the **H** in Hometown®

Delta Health

Community Health Needs Assessment and Implementation Plan

November 2022



Table of Contents

Section 1: Community Health Needs Assessment	2
Executive Summary.....	3
Process and Methodology	11
Hospital Biography.....	17
Study Area.....	20
Demographic Overview.....	22
Health Data Overview	40
Phone Interview Findings.....	81
Hospital Transformation Program: Delta Health Public Engagement and Benefits Accountability Update	97
Local Community Health Reports	106
Input Regarding the Hospital’s Previous CHNA	111
Evaluation of Hospital’s Impact	113
Previous CHNA Prioritized Health Needs.....	142
2022 CHNA Preliminary Health Needs.....	144
Prioritization.....	146
Priorities That Will Not Be Addressed.....	151
Resources in the Community	153
Information Gaps	227
About CHC Consulting.....	229
Appendix	231
Summary of Data Sources.....	232
Data References.....	235
HPSA and MUA/P Information.....	238
Interviewee Information.....	247
Priority Ballot	251
Section 2: Implementation Plan 2023-2025	256
Section 3: Feedback, Comments and Paper Copies	266
Input Regarding the Hospital’s Current CHNA.....	267

Section 1: **Community Health Needs Assessment**



EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Montrose Regional Health (MRH) and Delta Health (DH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Montrose and Delta Counties, Colorado.

The CHNA Team, consisting of leadership from MRH and DH, met with staff from CHC Consulting on August 5, 2022 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input. The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and their capacity to address the need. Based on the unique capabilities of the facilities, DH prioritized separately from MRH in order to tailor their list of identified needs to their specific patient population and resources. Once this prioritization process was complete, DH leadership voted on what needs to address and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the August 5th prioritization meeting, are listed below:

- 1.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 2.) Continued Focus on the Aging Population & Services
- 3.) Access to Primary & Specialty Care Services and Providers
- 4.) Access to Mental and Behavioral Health Care Services and Providers
- 5.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 6.) Need for Increased Emphasis on Housing & Transportation

While DH acknowledges that this is a significant need in the community, "Need for Increased Emphasis on Housing & Transportation" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. DH will continue to support local organizations and efforts to address this need in the community.

DH leadership has developed an implementation plan to identify specific activities and services which directly address the remaining identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual status and progress updates (as appropriate).

The DH Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on November 21, 2022.

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Montrose and Delta Counties and the state. Montrose and Delta Counties have higher mortality rates than Colorado for the following causes of death: heart disease; cancer; accidents (unintentional injuries); intentional self-harm (suicide); chronic liver disease and cirrhosis; influenza and pneumonia; lung and bronchus cancer, female breast cancer; and prostate cancer. Delta County has a higher rate of chronic lower respiratory diseases; cerebrovascular diseases; diabetes mellitus; and colon and rectum cancer mortality than the state.

Both Montrose and Delta Counties have higher prevalence rates of chronic conditions, such as adult diabetes, arthritis, adult asthma, and fair or poor health than the state. Delta County has higher prevalence rates of obesity than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity and tobacco use than the state. With regards to maternal and child health, Montrose and Delta Counties have higher low birth weight births, higher teen (age 0-19 years) birth rates, and higher rates of women who reported they received inadequate prenatal care than the state.

Data suggests that Montrose and Delta County residents are not appropriately seeking preventive care services, such as timely prostate screenings. Montrose County has higher percentages of residents not appropriately seeking preventive care services like mammography and pap tests. Additionally, Delta County has a lower rate of dentists per 100,000 than the state. Both Montrose and Delta Counties have a lower percentage of its population vaccinated with the first dose and second dose than the state (information as of August 2, 2022).

For Montrose and Delta Counties, interviewees noted conflicting statements on knowledge of healthy lifestyle programs in the community. Additionally, interviewees in both counties discussed the need for additional education on healthy behavior choices, particularly for the youth. One Montrose County interviewee stated: "There's not enough access to healthy lifestyle programs or counseling. It's not easy for a low income family to access healthy lifestyle classes." One Delta County interviewee stated: "At the 10,000 foot level we are not [doing too well nutrition wise]. You still see children utilizing the quick stop for their nutrition."

Several interviewees noted limited access to healthy lifestyle resources in the community due to potential geographical barriers for some groups in accessing healthy lifestyle resources; perceived requirements/limited hours for food banks leading to barriers for certain groups accessing food, particularly the Latin and Asian population; as well as limited access to healthy lifestyle classes, in Montrose County, particularly for the low income. One Delta County interviewee stated: "There's a recreation center and we are expanding our parks. But they aren't in the low income areas. There are no parks in the mobile homes areas." Another Delta County interviewee stated: "We have meals on wheels. We have a couple of food banks. However, it's not very accessible for agricultural workers in the Latin and Asian communities. It's not very accessible because of the hours they are open and most of them require a Colorado ID to get food." In Delta County, a couple of interviewees discussed the higher rate of diabetes in the Spanish-speaking population. One interviewee stated: "The Latin community has higher numbers of pre-diabetes. We have a dietician but we can't help everyone because we don't have the capacity."

Priority #2: Continued Focus on the Aging Population & Services

Montrose and Delta Counties have a larger age 65 and older population than the state. Additionally, Montrose and Delta Counties have lower percentages of those ages 65+ who received their flu vaccine in the past 12 months as well as those ages 65+ who received their pneumonia vaccine in the past 12 months than the state.

For both Montrose and Delta Counties, interviewees discussed a perceived lack of home health, nursing homes and long term care facilities due to staffing and insurance barriers. For Delta County specifically, interviewees discussed the lack of geriatric mental health services which is leading to outmigration. This Delta County interviewee stated: "I can rarely get someone placed in a long term [facility] here. If they...



Priority #2: Continued Focus on the Aging Population & Services (continued)

...need geriatric psych, they have to go out of the area.” It was mentioned that there is a perceived need for affordable dental care as well as potential barriers to accessing health services due to insurance, specifically for those with Medicare insurance. A Delta County interviewee stated: “The quality of care for the [elderly] is very hard. Because they are on Medicare, they don't have insurance to cover other services like dentists.” One Montrose County interviewee stated: “There’s only one assisted living facility that’ll take Medicaid [patients].” A few interviewees brought up the need for more education on insurance coverage and benefits and interviewees expressed concern for the affordability of services and overall financial needs. A Montrose County interviewee stated: “People don't understand Medicare benefits. People are banking on that their medical benefits will place them in a nursing home.” One Delta County interviewee stated: “Affordability is difficult. We have quite a large percentage of the population over 65 that don't qualify for Medicare but struggle to meet their monthly financial needs. They can't afford health services on their own.”

Furthermore, a few interviewees discussed the lack of affordable housing options resulting in increased homelessness among seniors. One Delta County interviewee stated: “We have seen a larger number of seniors fall into the homeless category. Rentals are high. There isn’t enough affordable housing for seniors.” There is a need for senior services in the community to better meet the needs of the elderly and one Montrose County interviewee specifically stated: “We’re starting to turn into a retirement community. Really focusing on the [elderly], the services and access to them [is a need].” Lastly, a couple of interviewees expressed a desire for increased use of telemedicine for seniors for their healthcare needs. One Montrose County interviewee stated: “There’s a lack of resources for the elderly. It would be awesome if telemedicine was done more with the elderly. They would have a better quality of life.”

Priority #3: Access to Primary & Specialty Care Services and Providers

Montrose and Delta Counties have a lower rate of primary care providers per 100,000 than the state. Additionally, Montrose and Delta Counties have several Health Professional Shortage Area and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees in both counties discussed the difficulty recruiting to the healthcare workforce due to the lack of affordable housing, the lack of clinical support staff, limited professional development programs and the lack of nearby schools to serve as a staffing pipeline (Delta County). One Montrose County interviewee stated: “We’ve run into barriers recently with recruiting for professional administration positions. There’s a lack of affordable housing, lack of clinical support staff and not that many training programs that develop professionals.” One Delta County interviewee stated: “Recruiting healthcare professionals is a need. Physicians, nurses, and therapists of all types and mental health providers. We closed the nursing school because of a lack of funding. It was affordable for local students and that was a pipeline for nurses.”

In Delta County, a few interviewees mentioned the lack of staffing at home health companies which is leading to difficulties in patients receiving care. A couple of interviewees noted the lack of healthcare workforce staff, particularly bilingual providers and nurses. Lastly, a few interviewees expressed concern surrounding high provider turnover rates and frustration with inconsistency. One Delta County interviewee stated: “Inconsistency in providers [is a concern]. There’s a lot of turnover. You tell a doctor about what’s going on with you and the next time you go, it’s a different provider so you have to tell your story all over again.”

With regards to primary care access, interviewees had conflicting statements regarding the availability of primary care services in both counties. Interviewees in both counties also noted challenges in accessing primary care services due to long wait times, the limited number of providers and the limited schedules to accommodate provider work/life balance. One Delta County interviewee stated: “One clinic is not accepting any new patients. They are about a month out. It's not that they don't want to see people, they just don't have the capacity because there are not enough providers.” One Montrose County interviewee stated: “We have a number of doctors who live here for the lifestyle. They don't necessarily work full time.” Interviewees in both counties discussed the perceived patient preference in seeking a physician versus seeing an advanced practice...

Priority #3: Access to Primary and Specialty Care Services and Providers (continued)

...provider and the perceived difficulty in accessing pediatric primary care.

In Montrose County, a few interviewees expressed a desire for additional urgent cares in the community to increase access. One interviewee stated: "It's very difficult for patients to get seen. I would like to see another urgent care here because they can't get in to see their doctor." A couple of interviewees noted the difficulty for certain groups to access primary care services, particularly those on Medicare/Medicaid. Lastly, challenges in using telemedicine for primary care were discussed by interviewees due to the lack of knowledge by certain groups in the community. One Montrose County interviewee stated: "There's a lot of people who don't know how to use telemedicine. Whether you are talking about seniors, low income, or areas that don't have broadband access."

In regards to specialty care, Montrose County residents had conflicting statements about the accessibility of specialty care services. One interviewee stated: "Access to specialty care is really tight. There are long wait items. Orthopedics is 3-4 months out to have a surgery. Cardiology has been out really far." Another interviewee stated: "[Specialty care] for adults is pretty easy. For pediatrics, like pediatric cardiology, it's accessible if the family can drive to Denver." For both Montrose and Delta Counties, interviewees discussed the limited access to local specialty care which is leading to long wait times, potential transportation barriers due to the rural nature of the community and outmigration to Grand Junction, Denver, and for rural Delta County residents specifically to Montrose. One Delta County interviewee stated: "A lot of patients that need specialists leave the community. They come to Montrose for dialysis. For rural parts of Delta County, that's very difficult." For Montrose County, a couple of interviewees mentioned the need to look at available resources in the community instead of referring out. Interviewees in Delta County had conflicting statements regarding the accessibility of OB/GYN services. One interviewee stated: "OB/GYN is a big need. Women's care could use some beefing up." Another interviewee stated: We have dissolved our OBGYN clinic but we have an OBGYN surgeon who comes in from Montrose."

Insurance barriers were discussed by both counties and how that is leading to certain groups lacking access to specialty care services, particularly those on Medicaid and the un/underinsured. One Montrose County interviewee stated: "There are some [providers] who take limited insurances or there are gaps on how many Medicaid patients they can take or how many people that are without insurance. Rheumatology, endocrinology and gastroenterology services are the three biggies that we don't see here or are not allowing Medicaid patients in." Specific specialties mentioned that are needed in both counties include Gastroenterology, Orthopedics, Rheumatology, Endocrinology, Cardiology, Urology, General Surgery, Neurology/Spine, Dermatology and Internal Medicine. Specific specialties mentioned that are needed in Montrose County include Infectious Disease and for Delta County, specific specialties mentioned that are needed include OB/GYN, Dialysis, Pulmonology and Geri-psych.

Priority #4: Access to Mental and Behavioral Health Care Services and Providers

Data suggests that residents in Montrose and Delta Counties do not have adequate access to mental and behavioral health care services and providers. Montrose County has higher rates of days of poor mental health per month than the state. Montrose and Delta Counties have a lower rate of mental health care providers per 100,000 than the state. Additionally, Montrose and Delta Counties have a Health Professional Shortage Area designation for mental health as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). Delta County has higher prevalence rates of adults with depression than the state.

Many interviewees mentioned the high turnover rates for mental health providers in both Montrose and Delta Counties. The youth population were brought up by the interviewees as facing challenges in regard to mental health care, such as the impact of COVID-19, lack of facilities to handle higher acuity cases, which is leading to outmigration and lack of providers, particularly psychiatrists. One Montrose County interviewee stated: "Youth mental health has always been an issue. The behaviors and trends that we're seeing have been exacerbated since the pandemic. The youth that we are serving are really in need of a higher level of care." Another Montrose County interviewee stated: "There are not enough providers. We have kids who have really serious needs and there are no day treatment facilities that are equipped to handle kids with severe mental and behavioral..."



Priority #4: Access to Mental and Behavioral Health Care Services and Providers (continued)

...challenges. We have to send them to Grand Junction or Denver. I am not aware of any inpatient facilities.”

It was mentioned several times that the limited accessibility of mental and behavioral health services is leading to outmigration such as a lack of available rooms in the crisis stabilization unit, in Montrose County, due to staffing; local facilities/organizations at capacity in both counties; lack of any crisis system to deal with higher acuity cases in Delta County; limited availability of a local detox center for both counties; limited local inpatient facilities leading to outmigration to Colorado Springs and Denver; and limited hours of operation for local facilities. One Montrose County interviewee stated: “We have a crisis stabilization unit but honestly it's not accessible and it's not available. They don't have staffing so they transfer to Grand Junction.” One Delta County interviewee stated: “Mental health is a huge issue when we get people into the emergency room and we have no place to send them. We simply don't have a crisis system.”

Several interviewees expressed concern about the high suicide rates in both counties. One Montrose County interviewee stated: “[We have] extraordinarily high suicide rates per capita compared to other parts of the county. The lack of availability for psychiatry services and other mental [services] is always a tough referral for us.” A Delta County interviewee stated: “Our suicide rate in Delta County is close to Mesa County, which is triple the national rate.” Interviewees also discussed limitations in accessing care due to insurance coverage and comfort with telemedicine services.

A few interviewees discussed the challenges with the accessibility of services due to requirements to be admitted/seen, particularly patients with mental and behavioral health issues in both counties. One Montrose County interviewee stated: “The mental health resource center doesn't take anybody that has dementia or any kind of psychiatric need. If they need an inpatient facility or help with Dementia, Parkinson's, or a secondary diagnosis, they can't be seen here.” One Delta County interviewee stated: “If you have someone who is dually diagnosed and has bipolar disorder or gets dementia, our local mental health service will not see them. A lot of the facilities won't take them or take them for only 5-6 days which is not really resolving any medication management issues.”

A couple of interviewees discussed the need for geriatric psychiatric services. Lastly, interviewees discussed the greater difficulty in accessing care for minority populations due to the need for bilingual counselors and the insurance/cost of mental and behavioral health services. One Montrose County interviewee stated: “There are practically no counselors who speak Spanish.” One Delta County interviewee stated: “They can get in but Mind Spring doesn't accept self-pay. The patient has to have Medicaid or insurance. Of course, the minority population does not have access to this [due to lack of insurance].”

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Montrose and Delta Counties have higher percentages of children eligible for free or reduced price school lunches, recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits, child food insecurity, and overall food insecurity than the state. Montrose and Delta Counties have lower educational attainment rates than the state and higher percentages of families and children living below poverty. Montrose County, specifically, has a higher average meal cost than the state.

Montrose and Delta Counties have higher rates of adults (age 18-64) who are uninsured as compared to the state, and Delta County has a higher percentage of residents that experienced a medical cost barrier to care within the past 12 months than the state. When analyzing economic status, Delta County is in more economic distress than Montrose County and other counties in the state. Delta County has a higher percentage of people who reported that they had no motor vehicle as compared to the state.

In both Montrose and Delta Counties, interviewees noted the potential overuse of the emergency room due to no upfront payment required, no personal doctor, generational knowledge of the emergency room and the lack of insurance/payment options. One Montrose County interviewee stated: “A lot of people rely on the emergency department for routine care whether or not they understand when to use it. It's all free...”



Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

...to them since they are on Medicaid.” One Delta County interviewee stated: “You have people who don’t know the difference between the emergency room and their doctor because they were raised that way. Or that is the only way because they don’t have insurance or payment options.” Interviewees expressed concern surrounding the low income, underserved population regarding access to care in both counties.

For Delta County, a few interviewees discussed barriers in attracting providers to the area due to the community payer mix. One interviewee stated: “When we look across the county we are [majority] Medicare/Medicaid. The difference between Medicare/Medicaid vs. private insurance impacts our reimbursement rates not only for the hospital but for our physicians as well. When you have that disparity in the community, it’s not easy to attract providers to the community to serve that many people.” In both counties, interviewees noted the community payer mix of the community is resulting in the need for more private providers in the community, the acknowledgment that the payor mix is a barrier to keeping healthcare facilities running due to overhead costs and concern for rising health insurance costs and medications costs. One Delta County interviewee stated: “Our payor mix is so heavily Medicaid/Medicare that we have trouble keeping all of the kinds of facilities and clinics available for people to utilize.” One Montrose County interviewee stated: “The cost of drugs and the cost of the pharmacy [is an issue]. Not only for the patient first and foremost but also for the hospital.”

In Montrose County, interviewees discussed potential barriers for accessing care due to changes in the public health department. One interviewee stated: “We use to have a health department that covered vaccines, women’s health, and undocumented people. All that is basically gone.” Transportation barriers were discussed in both counties and the resulting barriers were due to the patient’s geographical location, long wait times and lack of a mass transportation system in the county. One Delta County interviewee stated: “There’s a large percentage of the population who live 40-50 miles from the hospital. There are no mass public transportation options.” In Delta County, interviewees noted the limited affordable housing for certain populations, particularly the elderly and low income populations. Additionally, a few interviewees discuss the limited internet access in some areas of the county. One interviewee stated: “There are some areas where there’s no internet access or cellular access. That’s challenging for some people. The cost of internet access is another [issue].”

Several interviewees in both counties mentioned the need for greater community collaboration towards addressing the unmet needs of vulnerable populations. One Delta County interviewee stated: “\$A 600 medical bill is not affordable for people around here. We have undocumented children who don’t have health care insurance. How are families going to afford healthcare if they are making \$12.50 an hour? We need to open the conversation about how we are taking care of the population.” Lastly, interviewees in both counties acknowledged the growth of drug related use/abuse in the community and in child welfare cases. One Montrose County interviewee stated: “Drug addiction is a growing problem. Alcoholism is always a big issue but particularly here we have a meth problem and that launches into a growing fentanyl problem. Meth has always sort of been a big issue and we see it in our child welfare cases – children with drug addiction.” One Delta County interviewee stated: “Alcohol is a big thing where we live but recreational drugs as well. There’s really poor alcohol treatment and limited resources. There was a detox facility in the county but it closed due to staffing shortages and lack of trained staff.”

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, pediatrics, teenagers/adolescents, homeless, low income/working poor, racial/ethnic, and veterans. With regards to the elderly population, interviewees discussed an increasing need for staffing of senior care facilities like nursing homes and assisted living facilities, food insecurity, need for more transportation options and operational hours, education on telehealth services and benefits, access to internet services, access to affordable dental care, need for comprehensive home health, affordable housing options, medical/insurance education, mental and behavioral health services, affordability of care and for Delta County specifically, a need for equipment/resource needs, particularly oxygen tank refills. With regards to the pediatric population, interviewees discussed the limited availability of child day care and potential language barriers between parents and providers for Delta County. Teenagers/adolescent residents were discussed as being disproportionately challenged by limited transportation options, hesitancy to go to the doctor, need for mental health...

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

...services, particularly psychologists, need for local providers with the ability to prescribe appropriate mental and behavioral health medications, substance drug misuse/abuse, vaping, e-cigarette use, suicide rates, need for younger parent family planning/education/Planned Parenthood and limited local OB/GYN services.

The homeless residents were brought up as a subgroup of the population that may be disproportionately affected by limited operational hours for local shelters, the growing population of homeless individuals in both counties, mental and behavioral health concerns, substance misuse/abuse and a need for safe/affordable housing for Delta County. Low income and working poor residents were discussed as facing cost barriers to care, transportation barriers, limited internet access, a need for healthy lifestyle education and a need for affordable housing. Racial/ethnic groups were discussed as facing language barriers, insurance/affordability issues and hesitancy to seek care regarding potential documentation concerns for Montrose County and potential cultural mistrust for Delta County. Lastly, for the veterans, interviewees discussed the limited local VA services, limited access to mental and behavioral health services, affordable housing and access to dental care specifically in Montrose County.



PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:
 - Meet federal government and regulatory requirements
 - Research and report on the demographics and health status of the study area, including a review of state and local data
 - Gather input, data and opinions from persons who represent the broad interest of the community
 - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by DH
 - Document the progress of previous implementation plan activities
 - Prioritize the needs of the community served by the hospital
 - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- The CHNA components include:
 - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
 - A biography of DH
 - A description of the hospital's defined study area
 - Definition and analysis of the communities served, including demographic and health data analyses
 - Findings from phone interviews collecting input from community representatives, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
 - Community leaders
 - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
 - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
 - Documentation and rationalization of priorities not addressed by the implementation plan
 - A description of additional health services and resources available in the community
 - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology

Methodology

- DH worked with CHC Consulting in the development of its CHNA. DH provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
 - A demographic analysis of the study area, utilizing demographic data from Stratasan
 - A study of the most recent health data available
 - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
 - Facilitated the prioritization process during the CHNA Team meeting in August 2022. The CHNA Team included:

Montrose Regional Health

- Jeff Mengenhauen, Chief Executive Officer
- CoralAnn Hackett, Chief Nursing Officer
- Dr. Rhonda Parker, Chief Medical Officer
- Leann Tobin, Chief Marketing and Philanthropy Officer
- Sally O'Connor, Case Management Director
- Katheryn Mattoon, Director of Quality, Risk and Compliance
- Brad Wiersma, Marketing Director
- Sonya Hawkins, Director of Emergency Department
- Jesse Bielak, Director of ICU/Med/Surg
- Megan Quinn, Infection Preventionist/Quality Data Manager

Delta Health

- Matt Heyn, Chief Executive Officer
- Jody Roeber, Chief Clinical Officer
- Melissa Palmer, Executive Director of Nursing
- Vickie Moore, Executive Director of Clinic Operations
- Janel Webb, Quality Director
- Jacqueline Davis, Director of Marketing/Communications/PR
Public Information Officer
- Rhonda Katzdorn, Human Resources Director
- Brandi Vela, Nurse

- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.



Process and Methodology

Methodology (continued)

– DH Biography

- Background information about DH, mission, vision and services were provided by the hospital or taken from its website

– Study Area Definition

- The study area for DH is based on hospital inpatient discharge data from October 1, 2020 - September 30, 2021 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, Stratasan, SparkMap, the U.S. Census Bureau and the United States Bureau of Labor Statistics

– Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, Centers for Disease Control and Prevention (CDC) WONDER Tool, the Robert Wood Johnson Foundation, Colorado Department of Public Health & Environment, SparkMap, and United States Census Bureau

Process and Methodology

Methodology (continued)

– Interview Methodology

- MRH and DH provided CHC Consulting with a list of persons with special knowledge of public health in Montrose and Delta Counties, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, 39 in depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

– Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- DH provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

– Prioritization Strategy

- Five significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology



HOSPITAL BIOGRAPHY

Hospital Biography

About Delta Health & Mission and Vision

About Us

Delta Health, is a county-wide healthcare system that has been serving the Western Slope for over 100 years. We have grown to a 49-bed hospital with locations throughout Delta County. We proudly provide a wide range of medical services that meet the diverse needs of our community members. At all stages of life, we are here to provide remarkable care in a healing environment.

From Cardiac Rehabilitation to Emergency Services, our dedicated, professional team is committed to delivering extraordinary care. Delta Health is here to provide compassionate, quality healthcare that our community will trust.

Mission

To inspire hope by providing remarkable care in a healing environment.

Vision

To provide compassionate, quality healthcare that our community will trust.

Hospital Biography

Hospital Services

- Cardiac and Pulmonary Rehab
- Cardiopulmonary
- Diagnostic Imaging
- Dietitians and Diabetes Education
- Education
- Emergency Services
- Food Services
- Foundation
- Home Health
- Hospital
- Hospital Concierge
- Infusion Services
- Integrated Behavioral Health
- Laboratory Services
- Medical Records
- Oncology and Hematology
- Orthopedics & Sports Medicine
- Outpatient Therapies and Sports Performance
- Pain Center
- Pediatrics
- Pharmacy
- Stork's Landing
- Surgical
- Telehealth Visits
- Urology
- Volunteers
- Wound Care



STUDY AREA

Montrose Regional Health & Delta Health

Study Area

Montrose County comprises of 76.6% of SY 2021 MRH Inpatient Discharges and Delta County comprises of 89.7% of SY 2021 DH Inpatient Discharges

H Indicates the hospital

**Montrose Regional Health
Patient Origin by County
October 1, 2020 - September 30, 2021**

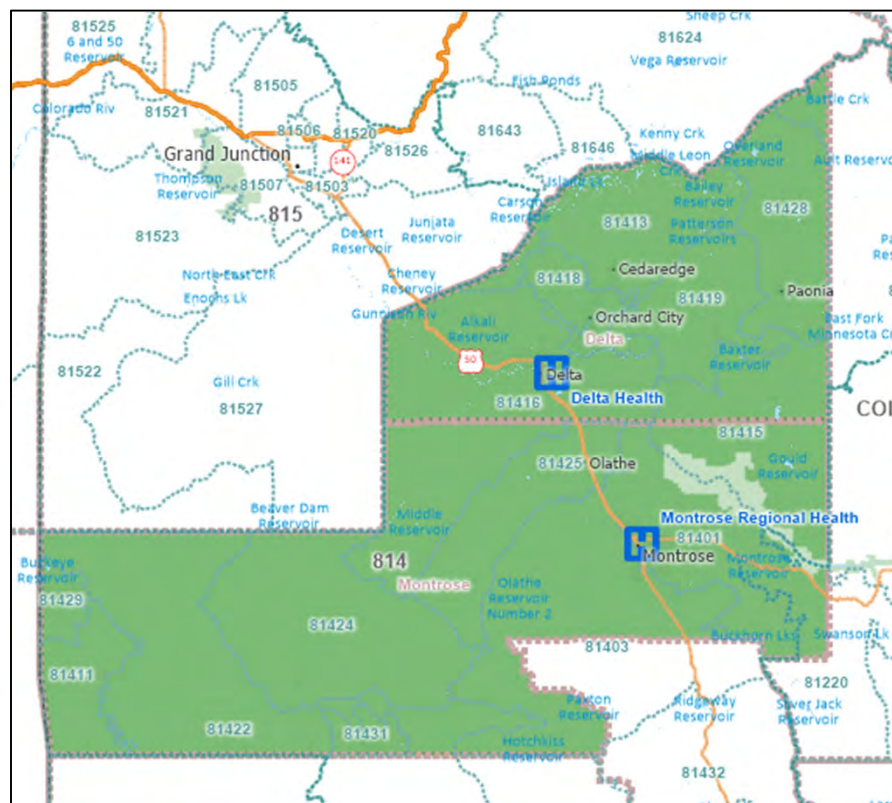
County	State	SY21 Inpatient Discharges	% of Total	Cumulative % of Total
Montrose	CO	1,898	76.6%	76.6%
All Others		579	23.4%	100.0%
Total		2,477	100.0%	

Source: Hospital inpatient discharge data from Colorado Hospital Association (CHA), accessed from Stratasan for Montrose Regional Health, public use data files; Study Year 2021 (October 2020 - September 2021); inpatient discharges. Normal Newborns removed.

**Delta Health
Patient Origin by County
October 1, 2020 - September 30, 2021**

County	State	SY21 Inpatient Discharges	% of Total	Cumulative % of Total
Delta	CO	1,146	89.7%	89.7%
All Others		131	10.3%	100.0%
Total		1,277	100.0%	

Source: Hospital inpatient discharge data from Colorado Hospital Association (CHA), accessed from Stratasan for Delta Health, public use data files; Study Year 2021 (October 2020 - September 2021); inpatient discharges. Normal Newborns removed.



Note: the 2019 MRH CHNA and Implementation Plan report studied Montrose County, Colorado, which comprised 74.8% of 2017 Medicare inpatients from IBM Watson Health MEDPAR patient origin data for the hospital.

Note: the 2019 DH CHNA and Implementation Plan report studied Delta County, Colorado, which comprised 89.0% of 2017 Medicare inpatients from IBM Watson Health MEDPAR patient origin data for the hospital.

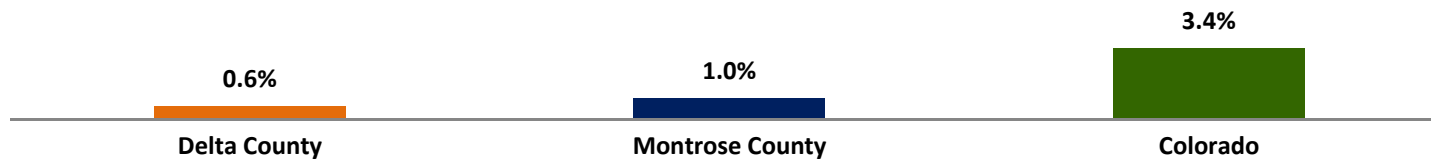


DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth 2022-2027

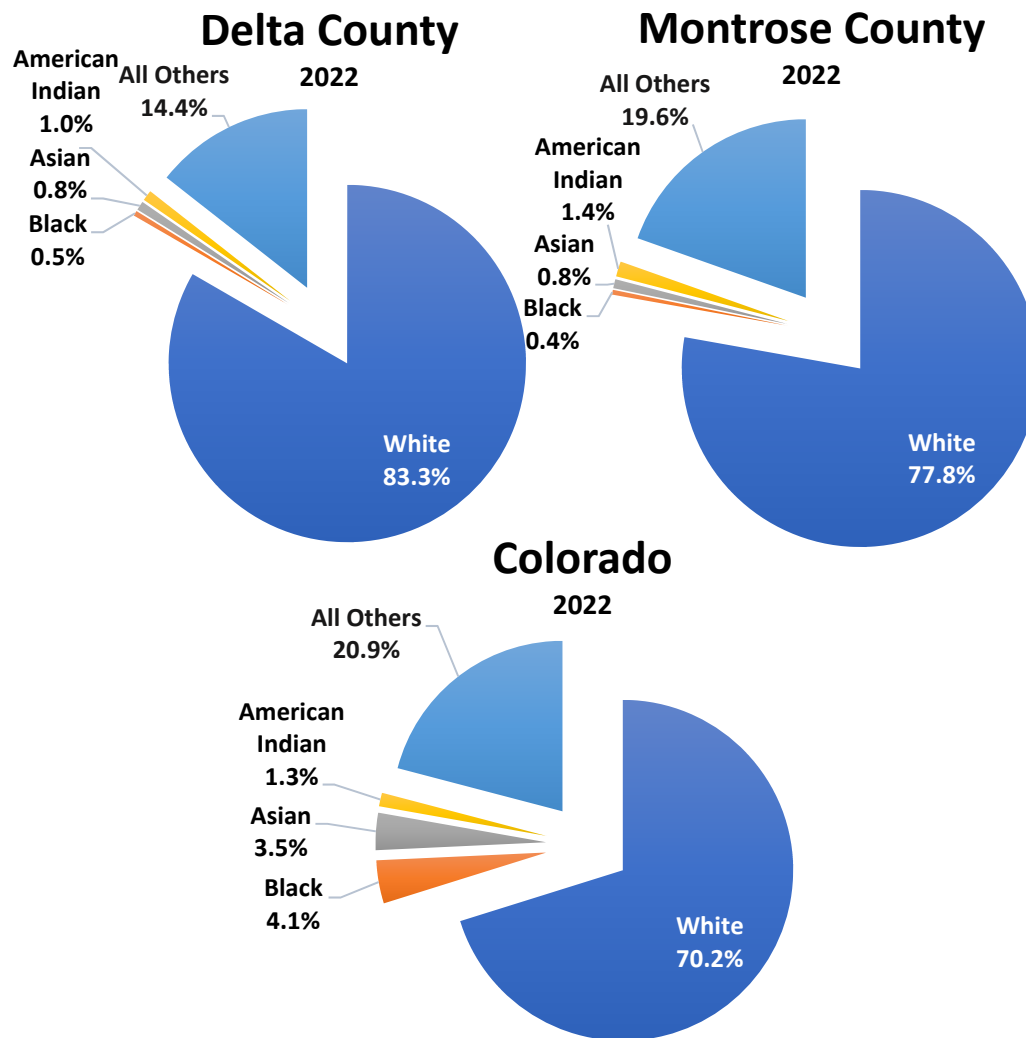


Overall Population Growth				
Geographic Location	2022	2027	2022-2027 Change	2022-2027 % Change
Delta County	31,197	31,399	202	0.6%
Montrose County	42,907	43,336	429	1.0%
Colorado	5,937,082	6,138,077	200,995	3.4%

Source: Stratasan, Canvas Demographic Report, 2022.

Population Health

Population Composition by Race/Ethnicity



Delta County				
Race/Ethnicity	2022	2027	2022-2027 Change	2022-2027 % Change
White	26,002	25,889	-113	-0.4%
Black	145	145	0	0.0%
Asian	252	283	31	12.3%
American Indian	299	316	17	5.7%
All Others	4,499	4,766	267	5.9%
Total	31,197	31,399	202	0.6%
Hispanic*	4,324	4,288	-36	-0.8%

Montrose County				
Race/Ethnicity	2022	2027	2022-2027 Change	2022-2027 % Change
White	33,383	33,210	-173	-0.5%
Black	184	194	10	5.4%
Asian	349	383	34	9.7%
American Indian	587	621	34	5.8%
All Others	8,404	8,928	524	6.2%
Total	42,907	43,336	429	1.0%
Hispanic*	9,115	9,241	126	1.4%

Colorado				
Race/Ethnicity	2022	2027	2022-2027 Change	2022-2027 % Change
White	4,166,683	4,227,480	60,797	1.5%
Black	242,292	252,196	9,904	4.1%
Asian	209,087	226,596	17,509	8.4%
American Indian	76,742	81,945	5,203	6.8%
All Others	1,242,278	1,349,860	107,582	8.7%
Total	5,937,082	6,138,077	200,995	3.4%
Hispanic*	1,305,279	1,354,005	48,726	3.7%

Source: Stratasan, Canvas Demographic Report, 2022.

*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

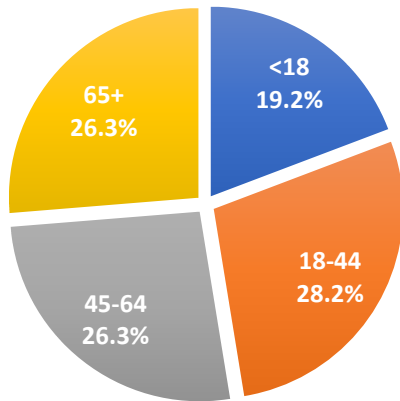
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

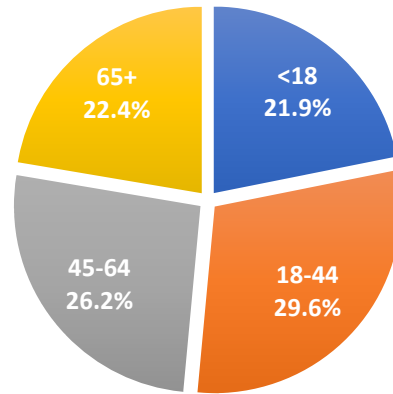
Population Health

Population Composition by Age Group

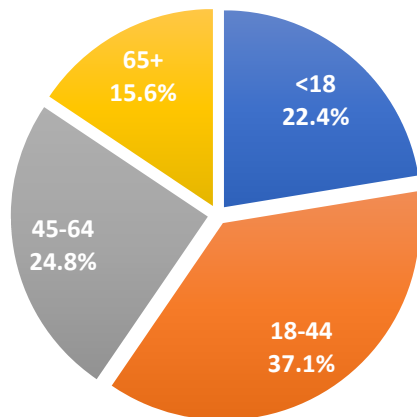
Delta County
2022



Montrose County
2022



Colorado
2022



Delta County				
Age Cohort	2022	2027	2022-2027 Change	2022-2027 % Change
<18	6,000	6,166	166	2.8%
18-44	8,797	8,712	-85	-1.0%
45-64	8,200	7,509	-691	-8.4%
65+	8,200	9,012	812	9.9%
Total	31,197	31,399	202	0.6%
Montrose County				
Age Cohort	2022	2027	2022-2027 Change	2022-2027 % Change
<18	9,377	9,416	39	0.4%
18-44	12,708	12,555	-153	-1.2%
45-64	11,232	10,695	-537	-4.8%
65+	9,590	10,670	1,080	11.3%
Total	42,907	43,336	429	1.0%
Colorado				
Age Cohort	2022	2027	2022-2027 Change	2022-2027 % Change
<18	1,330,700	1,355,956	25,256	1.9%
18-44	2,204,444	2,275,531	71,087	3.2%
45-64	1,475,080	1,429,007	-46,073	-3.1%
65+	926,858	1,077,583	150,725	16.3%
Total	5,937,082	6,138,077	200,995	3.4%

Source: Stratasan, Canvas Demographic Report, 2022.

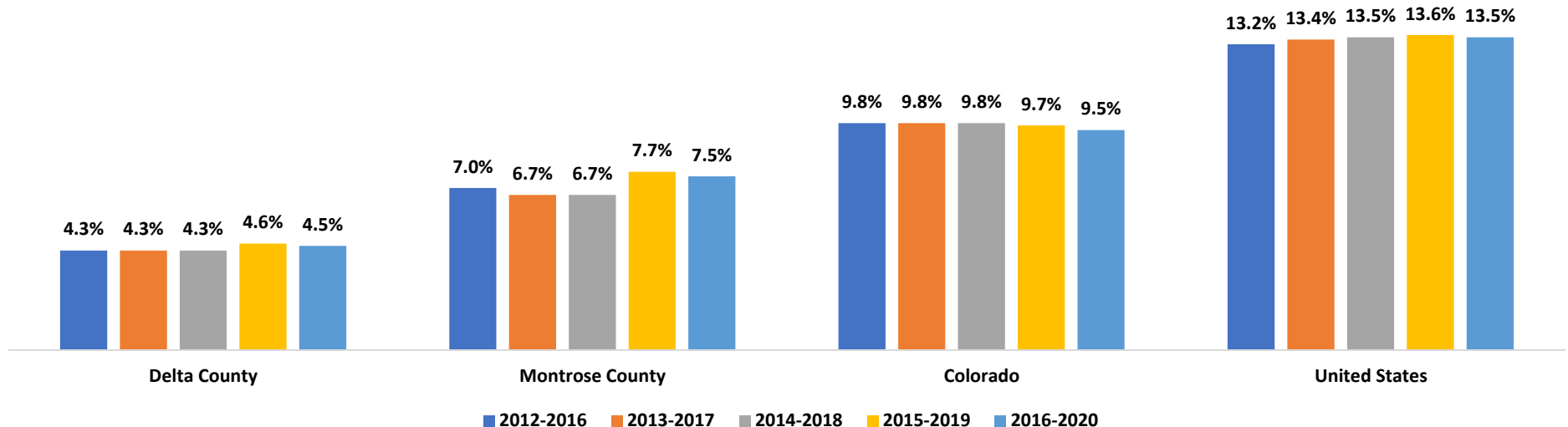
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Population Health

Subpopulation Composition

- Between 2012 and 2020, the percent of foreign-born residents slightly increased in Delta County, Montrose County and the nation, while the percent decreased in the state.
- Between 2012 and 2020, Delta County maintained a lower percentage of foreign-born residents than Montrose County, the state, and the nation.
- In 2016-2020, Delta County (4.5%) had a lower percent of foreign-born residents than Montrose County (7.5%), the state (9.5%) and the nation (13.5%).

Foreign-Born Population

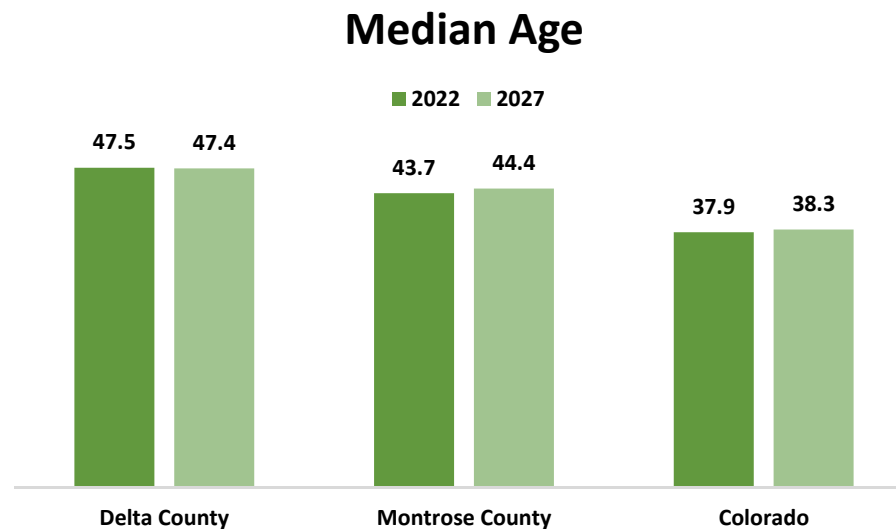


Source: United States Census Bureau, filtered for Delta and Montrose Counties, CO, <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>; data accessed April 20, 2022.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

Population Health

Median Age

- The median age in Montrose County and the state is expected to slightly increase while Delta County is expected to slightly decrease over the next five years (2022-2027).
- As of 2022, Delta County (47.5 years) has an older median age than Montrose County (43.7 years) and the state (37.9 years).



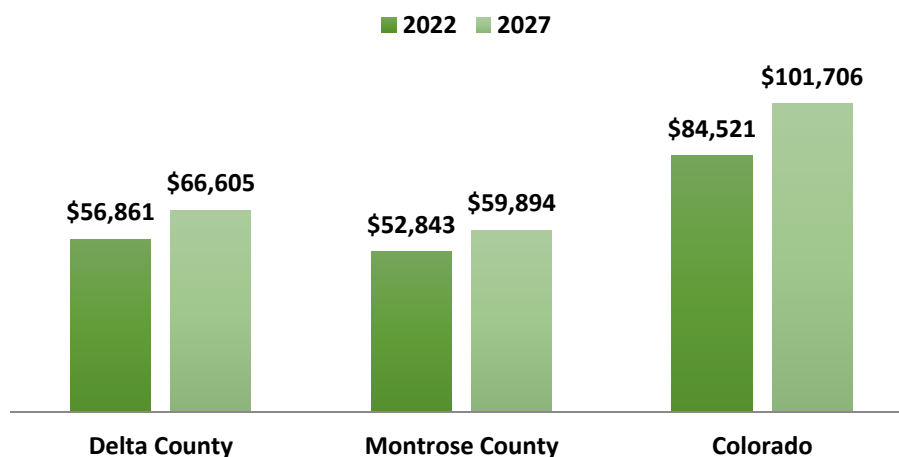
Source: Stratasan, Canvas Demographic Report, 2022.

Population Health

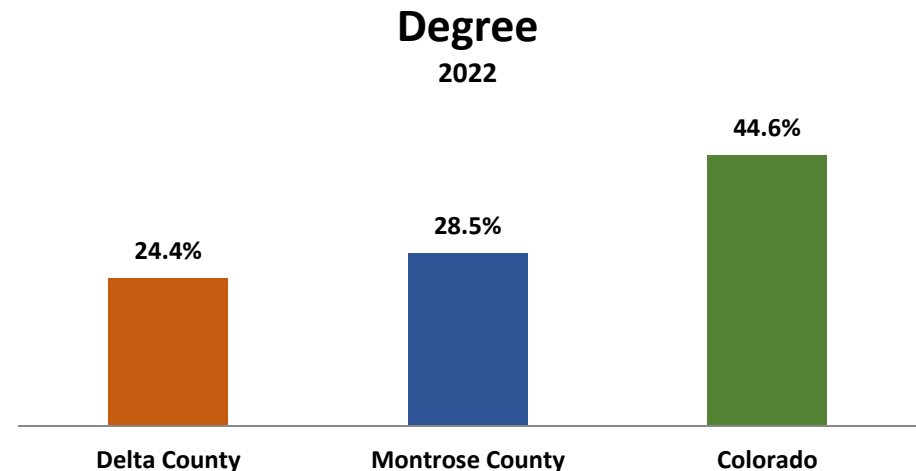
Median Household Income & Educational Attainment

- Between 2022 and 2027, the median household incomes in Delta and Montrose Counties and the state are expected to increase.
- The median household income in Delta (\$56,861) and Montrose (\$52,843) Counties are lower than the state (\$84,521) (2022).
- Delta County (24.4%) and Montrose County (28.5%) have a lower percentage of residents with a bachelor or advanced degree than the state (44.6%) (2022).

Median Household Income



Education Bachelor / Advanced Degree



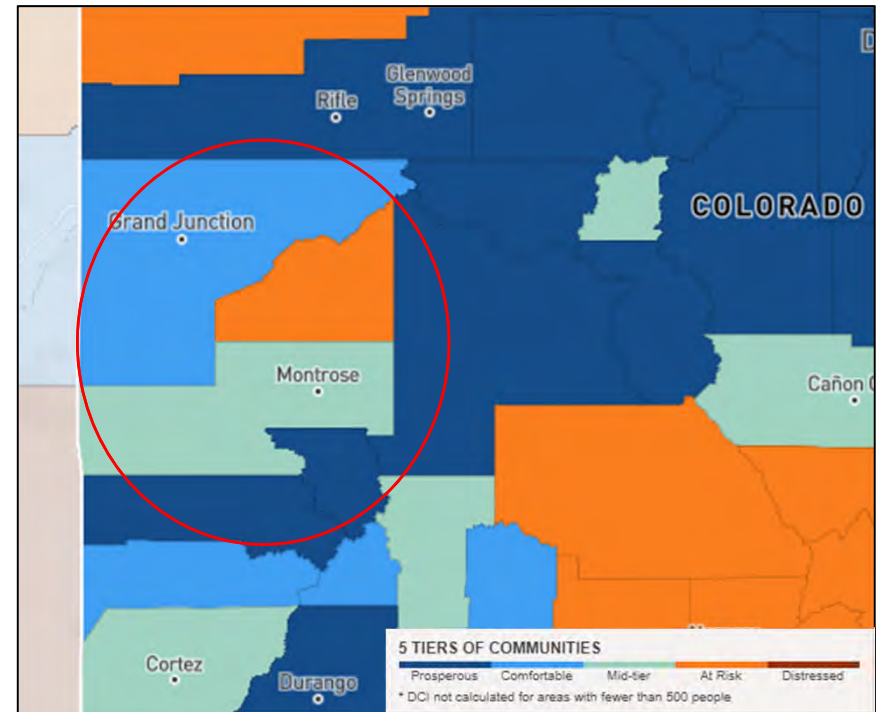
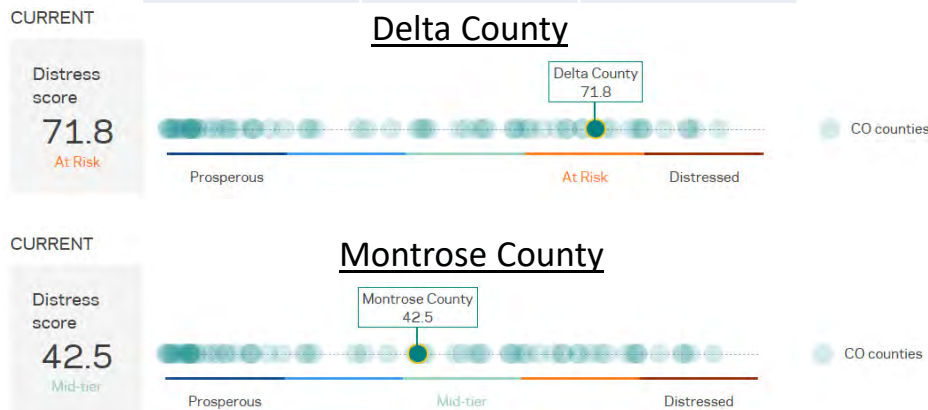
Source: Stratasan, Canvas Demographic Report, 2022.

Population Health

Distressed Communities Index

- In 2014-2018, 16% of the nation lived in a distressed community, as compared to 26.0% of the nation that lived in a prosperous community.
- In 2014-2018, 4.2% of the population in Colorado lived in a distressed community, as compared to 47.0% of the population that lived in a prosperous community.
- In 2014-2018, the distress score in Delta County (71.8) falls within the at risk economic category, while Montrose County (42.5) falls within the mid tier category and is more prosperous as compared to other counties in the state.

	Colorado	United States
Lives in a Distressed Community	4.2%	16.0%
Lives in a Prosperous Community	47.0%	26.0%



Source: Economic Innovation Group, 2020 DCI Interactive Map, filtered for Delta and Montrose Counties, CO, <https://eig.org/distressed-communities/2020-dci-interactive-map/>; data accessed April 22, 2022.

Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

Note: 2020 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates covering 2014-2018.

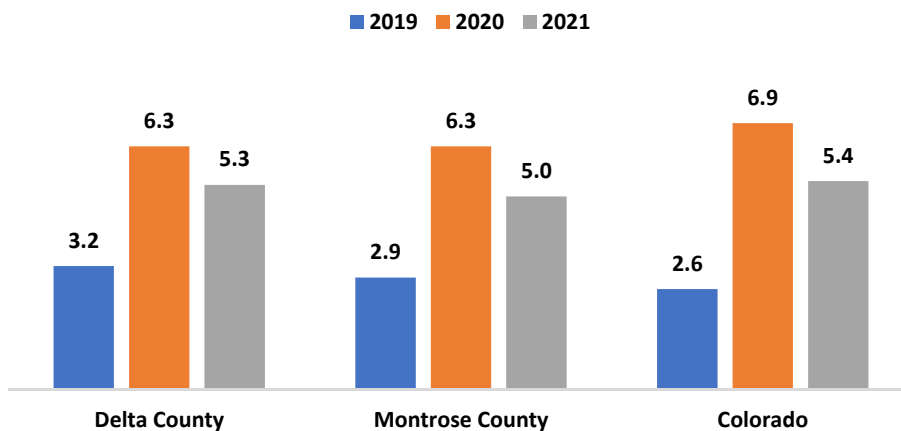
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health

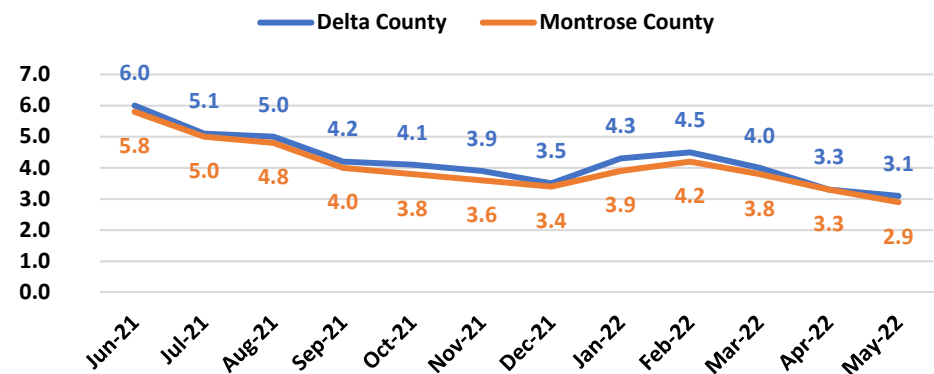
Unemployment

- Unemployment rates in Delta and Montrose Counties and the state increased between 2019 and 2021.
- In 2021, Delta County (5.3) had a higher unemployment rate than Montrose County (5.0) but a lower rate than the state (5.4).
- Over the most recent 12-month time period, monthly unemployment rates in Delta and Montrose Counties decreased. May of 2022 had the lowest unemployment rate for both counties (3.1 and 2.9, respectively) as compared to June 2021 with the highest rate (6.0 and 5.8, respectively).

**Unemployment
Annual Average, 2019-2021**



**Monthly Unemployment
Rates by Month
Most Recent 12-Month Period**



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed July 21, 2022.

Definition: Unemployed persons include all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

Population Health

Industry Workforce Categories

- As of 2019, the majority of employed persons in Delta County are within Management Occupations and Office & Administrative Support Occupations for Montrose County. The most common employed groupings are as follows:

Delta County

- Management Occupations- (12.8%)
- Construction & Extraction Occupations (11.4%)
- Sales & Related Occupations (11.0%)
- Office & Administrative Support Occupations (8.3%)
- Healthcare Support Occupations (6.57%)

Montrose County

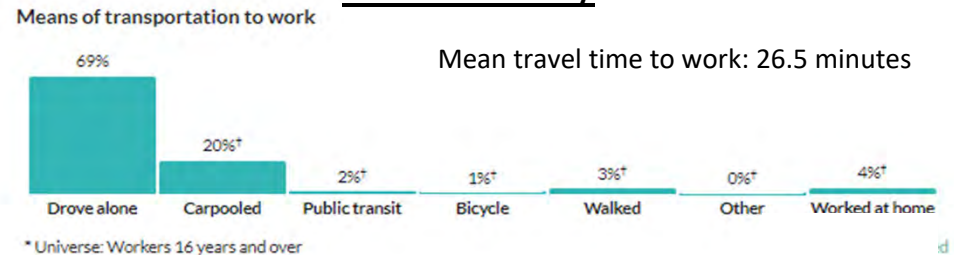
- Office & Administrative Support Occupations (11.7%)
- Sales & Related Occupations (10.3%)
- Management Occupations (10.2%)
- Construction & Extraction Occupations (9.21%)
- Production Occupations (6.17%)

Population Health

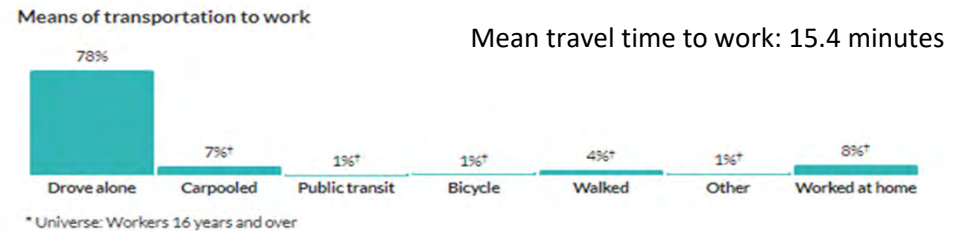
Means of Transportation

- In 2016-2020, driving alone was the most frequent means of transportation to work for both Delta and Montrose Counties and the state.
- Between 2016 and 2020, Delta County (20%) had a higher percent of people carpooling to work than Montrose County (7%) and the state (9%).
- Delta County (26.5 minutes) had a longer mean travel time to work than Montrose County (15.4 minutes) and the state (25.8 minutes) (2016-2020).

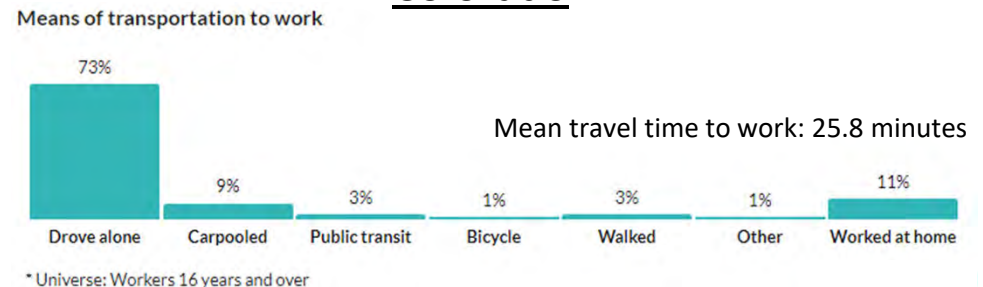
Delta County



Montrose County



Colorado



Source: U.S. Census Bureau (2016-2020). Sex of Workers by Means of Transportation to Work American Community Survey 5-year estimates, filtered for Delta and Montrose Counties, CO, <https://censusreporter.org/search/>; data accessed July 29, 2022.

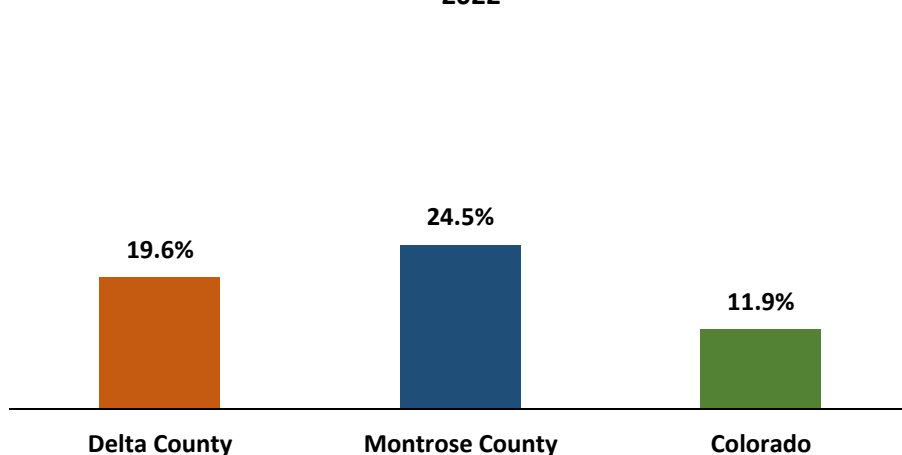
"+" indicates a margin of error is at least 10 percent of the total value. Interpret with caution.

Population Health

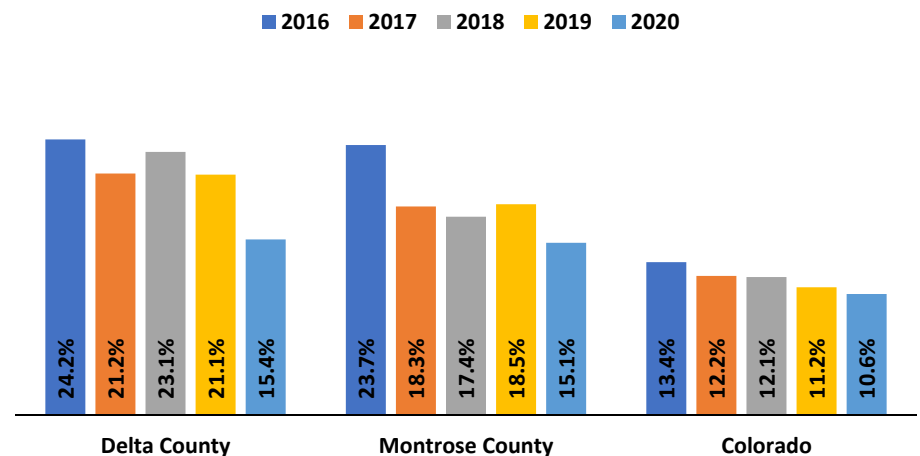
Poverty

- Montrose County (24.5%) has the highest percentage of families living below the poverty level as compared to Delta County (19.6%) and the state (11.9%) (2022).
- Between 2016 and 2020, the percentage of children (<18 years) living below poverty in Delta County, Montrose County and the state decreased.
- In 2020, Delta County (15.4%) had a higher percentage of children (<18 years) living below poverty than Montrose County (15.1%) and the state (10.6%).

Families Below Poverty 2022



Children Living in Poverty



Source: Stratasan, Canvas Demographic Report, 2022.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Delta and Montrose Counties, CO, www.datacenter.kidscount.org; data accessed April 19, 2022.

Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.

Note: The 2022 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$27,750, and less than 200% of the federal poverty level if the household income is less than \$55,500. Please see the appendix for the full 2022 Federal Poverty Guidelines.

Population Health

Food Insecurity

- According to Feeding America, Delta County (14.1%) had the highest estimated percent of residents who are food insecure as compared to Montrose County (10.8%) and the state (8.3%) (2020).
- Additionally, 20.2% of the youth population (under 18 years of age) in Delta County are food insecure, as compared to 15.6% in Montrose County and 11.2% in Colorado (2020).
- The average meal cost for a Delta County resident is \$3.31, as compared to \$3.59 in Montrose County and \$3.36 in Colorado (2020).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Delta County	14.1%	20.2%	\$3.31
Montrose County	10.8%	15.6%	\$3.59
Colorado	8.3%	11.2%	\$3.36

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Delta and Montrose Counties, CO, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed July 28, 2022.

Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

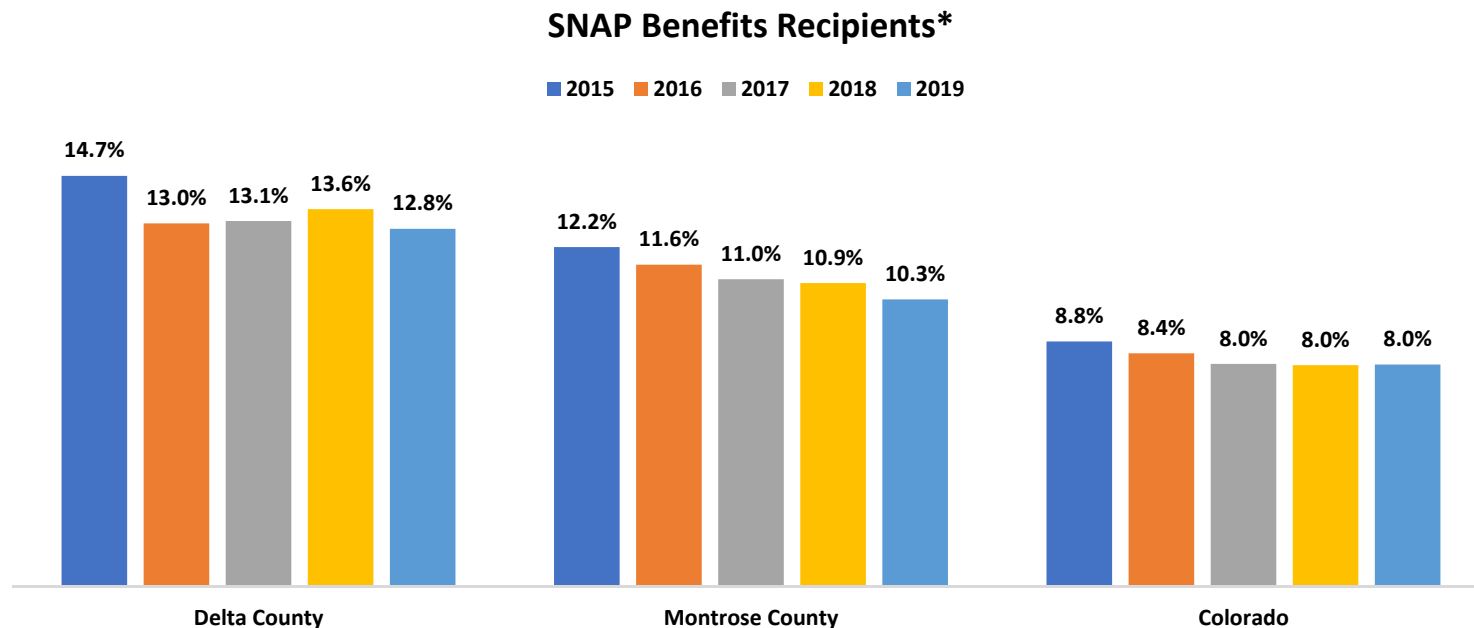
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2015 and 2019, Delta County maintained a higher percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than Montrose County and the state. Additionally, the percentage of SNAP Benefit recipients in both counties overall decreased between 2015 and 2019.
- In 2019, Delta County (12.8%) had a higher percentage of recipients who qualified for SNAP benefits than both Montrose County (10.3%) and the state (8.0%).



Source: SAIPE Model, United States Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>; data accessed April 20, 2022.

Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Delta and Montrose Counties, CO, <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-counties-total.html>; data access April 20, 2022.

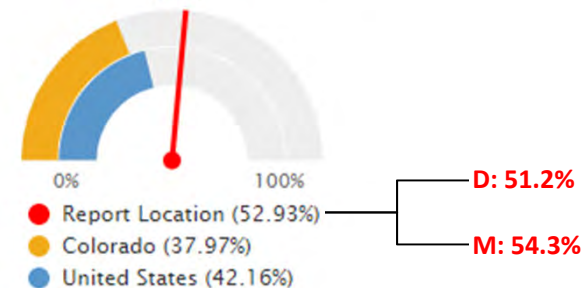
*Percentage manually calculated based on estimated population numbers by county and state between 2014 and 2018 as provided by the United States Census Bureau.

Population Health

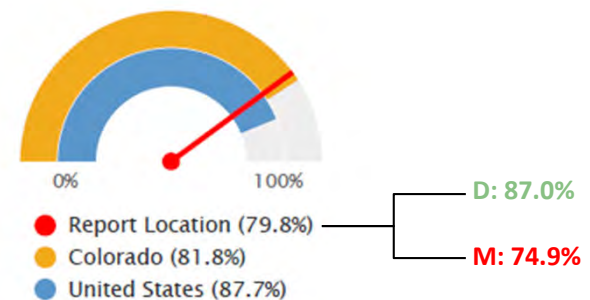
Children in the Study Area

- In 2020-2021, the report area (52.9%) had a higher percentage of public school students eligible for free or reduced price lunch as compared to the state (38.0%) and the nation (42.2%).
- The report area (79.8%) had a lower high school graduation rate as compared to Colorado (81.8%) and the nation (87.7%) (2018-2019).

Percentage of Students Eligible for Free or Reduced Price School Lunch



Adjusted Cohort Graduation Rate



Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, <https://sparkmap.org/report/>; data accessed April 7, 2022.

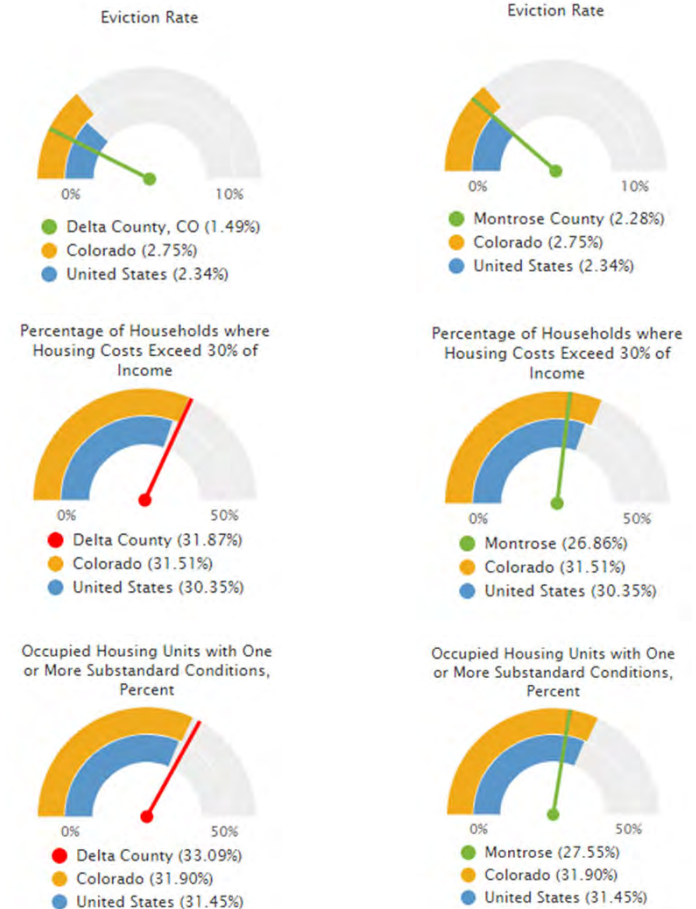
Eligible for Free/Reduced Price Lunch definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Cohort Graduation Rate definition: Students receiving a high school diploma within four years.

Population Health

Housing

- The percent of homes that received an eviction judgment in which renters were ordered to leave in Delta County (1.5%) is lower than Montrose County (2.3%), the state (2.8%) and the nation (2.3%) (2016).
- Delta County (31.9%) has the highest percentage of households where housing costs exceed 30% of total household income as compared to Montrose County (26.9%), the state (31.5%) and the nation (30.4%) (2016-2020).
- Delta County (33.1%) had the highest percentage of occupied housing units with one or more substandard conditions as compared to Montrose County (27.6%), the state (31.9%) and the nation (31.5%) (2016-2020).



Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, <https://sparkmap.org/report/>; data accessed July 21, 2022.

Eviction Rate Definition: An "eviction rate" is the subset of those homes that received an eviction judgment in which renters were ordered to leave.

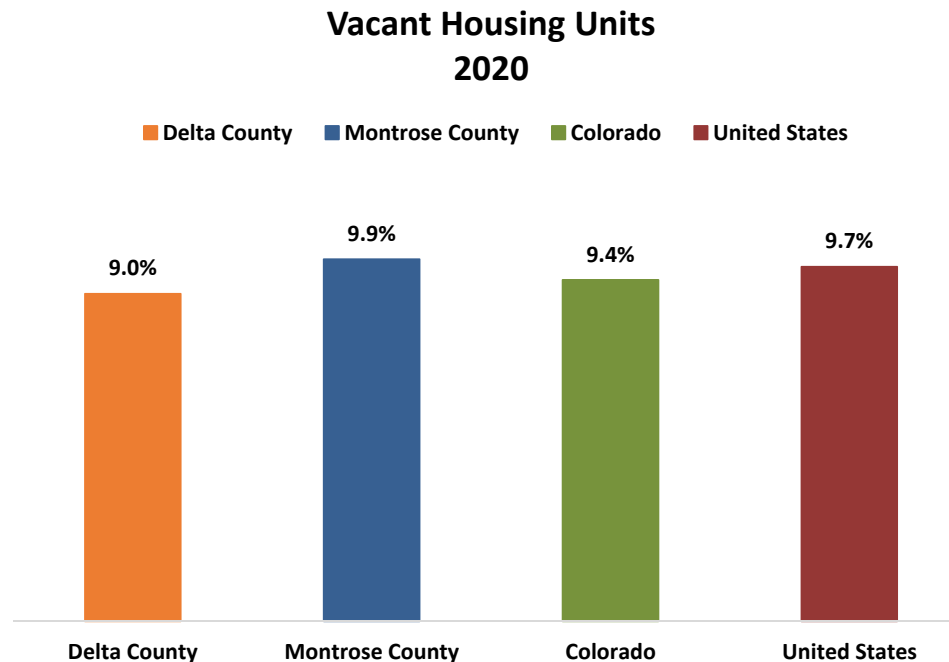
Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.

Substandard Housing Definition: The percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

Population Health

Housing – Housing Vacancy Rates

- Montrose County (9.9%) had the highest percent of vacant housing units as compared to Delta County (9.0%), the state (9.4%) and the nation (9.7%) (2020).

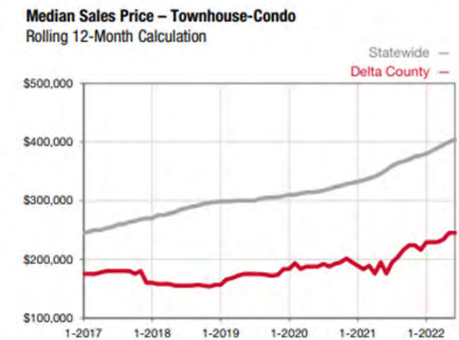
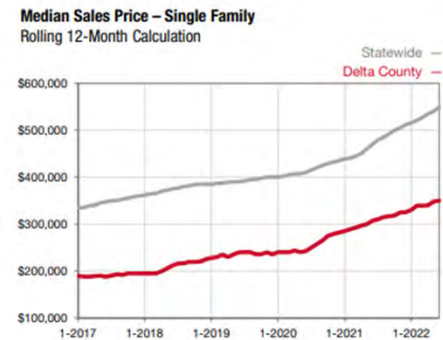
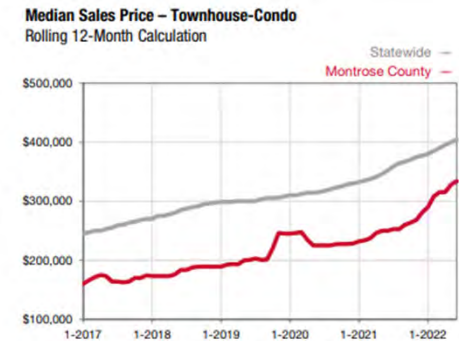
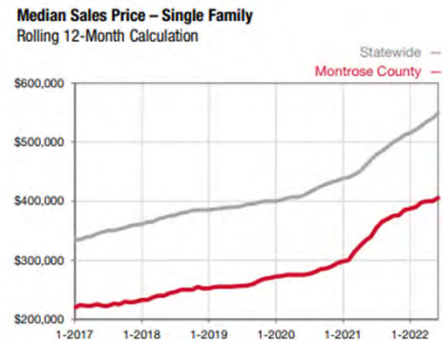


Source: United States Census Bureau, filtered for Delta and Montrose Counties, CO, https://data.census.gov/cedsci/table?g=0100000US_0400000US08_0500000US08029,08085&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.H1; data accessed July 21, 2022.

Population Health

Housing – Median Home Sales

- In 2017-2022, Delta and Montrose Counties have seen an increase in median sales price for single family homes and townhouse/condo homes.
- As of June 2022, both Delta and Montrose Counties have seen an increase in median sales price for single family and townhouse/condo homes as compared to June 2021.
- As of June 2022, Montrose County (\$411,900, \$347,500 respectfully) had the highest median sales price for single family and townhouse/condo homes as compared to Delta County (\$385,000, \$347,500 respectfully).



Median Sales Price*

	Year to Date Through 06/2021	Year to Date Through 06/2022	Percent Change from Previous Year
Single Family - Delta County	\$325,000	\$385,000	+ 18.5%
Single Family - Montrose County	\$370,000	\$411,900	+ 11.3%
Townhouse/Condo - Delta County	\$175,250	\$245,000	+ 39.8%
Townhouse/Condo - Montrose County	\$260,000	\$347,500	+ 33.7%

Source: Colorado Association of Realtors, filtered for Delta and Montrose Counties, CO, <https://www.coloradorealtors.com/market-trends/regional-and-statewide-statistics/>; data accessed July 21, 2022.
Note: * does not account for seller concessions and/or down payment assistance



HEALTH DATA OVERVIEW

Data Methodology

- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access
- **Data Sources include, but are not limited to:**
 - Colorado Department of Public Health & Environment
 - Small Area Health Insurance Estimates (SAHIE)
 - SparkMap
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
 - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
 - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - United States Census Bureau
- **Data Levels:** Nationwide, state, and county level data

Health Status

County Health Rankings & Roadmaps – Delta and Montrose Counties, Colorado

- The County Health Rankings rank 59 counties in Colorado (1 being the best, 59 being the worst).
- Many factors go into these rankings. A few examples include:

- Length of Life:
 - Premature death
- Health Behaviors:
 - Adult smoking
 - Adult obesity
 - Physical inactivity
 - Teen births
- Clinical Care:
 - Primary care physicians
 - Mental health providers
 - Preventable hospital stays
- Social & Economic Factors:
 - High school completion
 - Some college
 - Children in poverty
 - Injury deaths

2022 County Health Rankings	Delta County	Montrose County
Health Outcomes	48	31
LENGTH OF LIFE	47	26
QUALITY OF LIFE	47	35
Health Factors	44	35
HEALTH BEHAVIORS	56	33
CLINICAL CARE	27	30
SOCIAL & ECONOMIC FACTORS	41	36
PHYSICAL ENVIRONMENT	44	34

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed May 2, 2022.
 Note: Please see the appendix for full methodology.
 Note: County Health Rankings ranks 59 of the 64 counties in Colorado.

Health Status

Mortality – Leading Causes of Death (2016-2020)

Rank	Delta County	Montrose County	Colorado
1	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)
2	Diseases of heart (I00-I09,I11,I13,I20-I51)	Malignant neoplasms (C00-C97)	Diseases of heart (I00-I09,I11,I13,I20-I51)
3	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
4	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)	Chronic lower respiratory diseases (J40-J47)
5	Cerebrovascular diseases (I60-I69)	Cerebrovascular diseases (I60-I69)	Cerebrovascular diseases (I60-I69)
6	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Alzheimer's disease (G30)
7	Alzheimer's disease (G30)	Alzheimer's disease (G30)	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)
8	Diabetes mellitus (E10-E14)	Chronic liver disease and cirrhosis (K70,K73-K74)	Diabetes mellitus (E10-E14)
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Influenza and pneumonia (J09-J18)	COVID-19 (U07.1)
10	Influenza and pneumonia (J09-J18)	Diabetes mellitus (E10-E14)	Chronic liver disease and cirrhosis (K70,K73-K74)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Leading Causes of Death (2016-2020)

Disease	Delta County	Montrose County	Colorado
Diseases of heart (I00-I09,I11,I13,I20-I51)	● 163.5	● 149.0	126.5
Malignant neoplasms (C00-C97)	● 163.8	● 133.4	129.6
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	● 73.2	● 72.7	53.9
Chronic lower respiratory diseases (J40-J47)	● 59.7	● 41.3	43.1
Cerebrovascular diseases (I60-I69)	● 42.5	● 32.0	35.1
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	● 29.6	● 30.3	21.3
Alzheimer's disease (G30)	● 28.3	● 21.3	33.8
Chronic liver disease and cirrhosis (K70,K73-K74)	● 20.5	● 16.3	14.5
Influenza and pneumonia (J09-J18)	● 15.6	● 11.1	8.9
Diabetes mellitus (E10-E14)	● 23.1	● 11.0	16.8

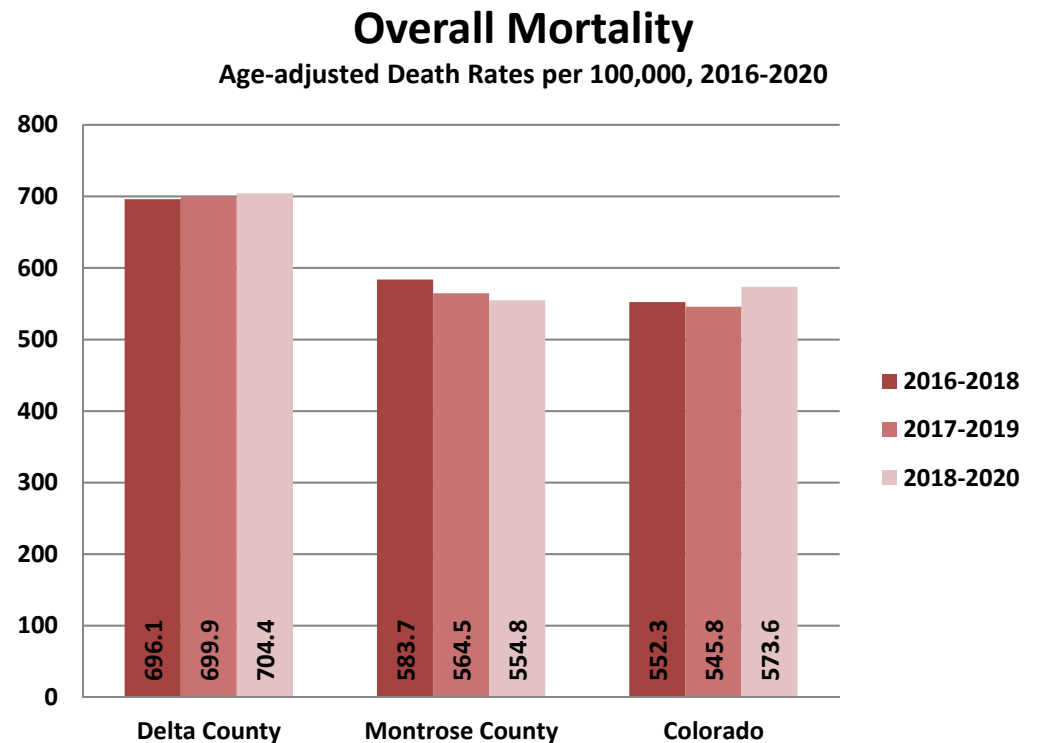
- indicates that the county's rate is lower than the state's rate for that disease category.
- indicates that the county's rate is higher than the state's rate for that disease category.

Note: Mortality charts and tables on the following slides are in descending order based on 2016-2020 age-adjusted death rates for Montrose County.

Health Status

Mortality - Overall

- Overall mortality rates in Delta and Montrose Counties remained higher than the state rate between 2016 and 2020.
- Between 2016 and 2020, the overall mortality rates in Delta County and the state increased, while rates in Montrose County decreased.
- In 2018-2020, the overall mortality rate in Delta County (704.4 per 100,000) was higher than Montrose County (554.8 per 100,000) and the state (573.6 per 100,000).



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	1,063	696.1	1,072	699.9	1,084	704.4	1,788	702.1
Montrose County	1,135	583.7	1,120	564.5	1,146	554.8	1,929	575.9
Colorado	95,509	552.3	96,986	545.8	104,627	573.6	168,076	567.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
 Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

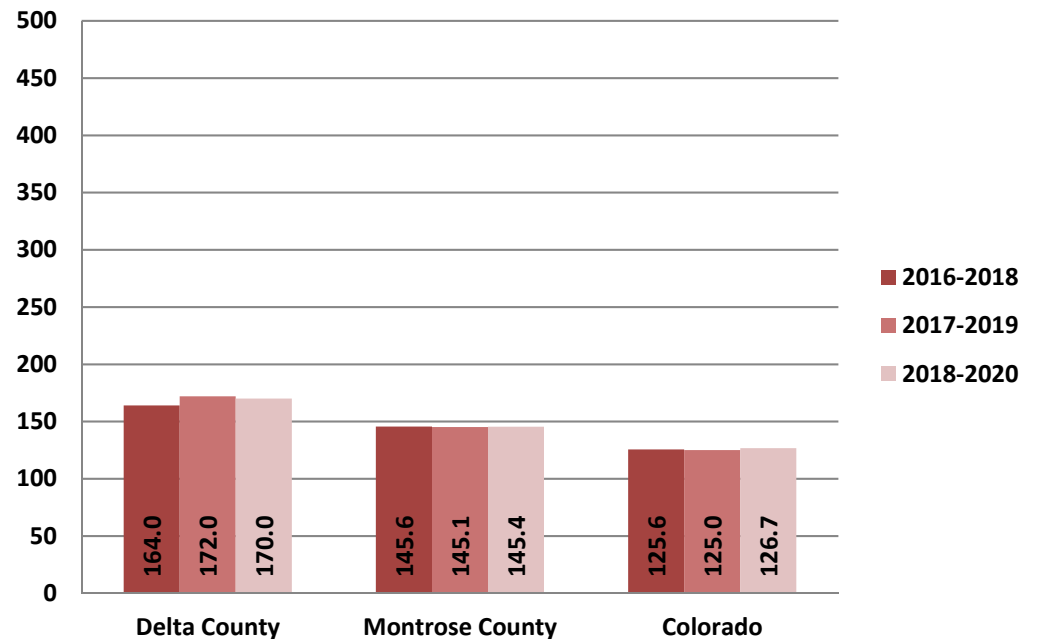
Health Status

Mortality - Diseases of the Heart

- Heart disease is the leading cause of death in Montrose County and the second leading cause of death in both Delta County and the state (2016-2020).
- Between 2016 and 2020, heart disease mortality rates overall increased in Delta County, remained flat in Montrose County, and slightly increased in the state.
- In 2018-2020, the heart disease mortality rate in Delta County (170.0 per 100,000) was higher than Montrose County (145.4 per 100,000) and the state (126.7 per 100,000).

Diseases of the Heart

Age-adjusted Death Rates per 100,000, 2016-2020



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	268	164.0	283	172.0	286	170.0	452	163.5
Montrose County	307	145.6	314	145.1	327	145.4	539	149.0
Colorado	21,707	125.6	22,192	125.0	23,155	126.7	37,492	126.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.

Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

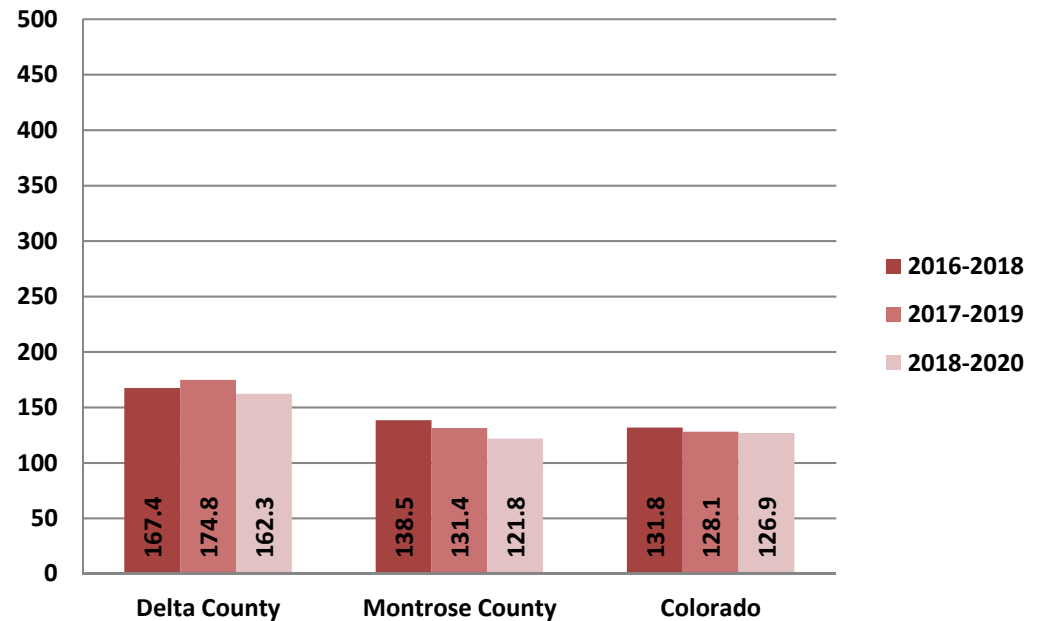
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Malignant Neoplasms

- Cancer is the second leading cause of death in Montrose County and is the leading cause of death in Delta County and the state (2016-2020).
- Between 2016 and 2020, cancer mortality rates decreased in Delta and Montrose Counties and in the state.
- In 2018-2020, the cancer mortality rate in Delta County (162.3 per 100,000) was higher than the rate in Montrose County (121.8 per 100,000) and in the state (126.9 per 100,000).

Malignant Neoplasms
Age-adjusted Death Rates per 100,000, 2016-2020



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	266	167.4	275	174.8	269	162.3	441	163.8
Montrose County	280	138.5	274	131.4	264	121.8	463	133.4
Colorado	23,569	131.8	23,627	128.1	24,050	126.9	39,807	129.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 22, 2022.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
 Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

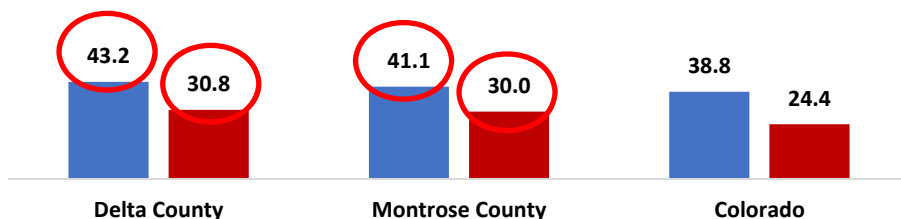
Health Status

Cancer Incidence & Mortality by Type

Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019

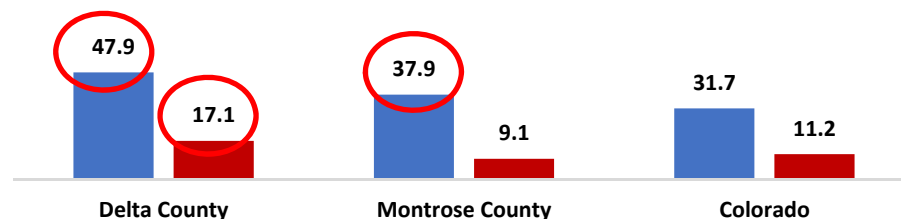
■ Incidence ■ Mortality



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019

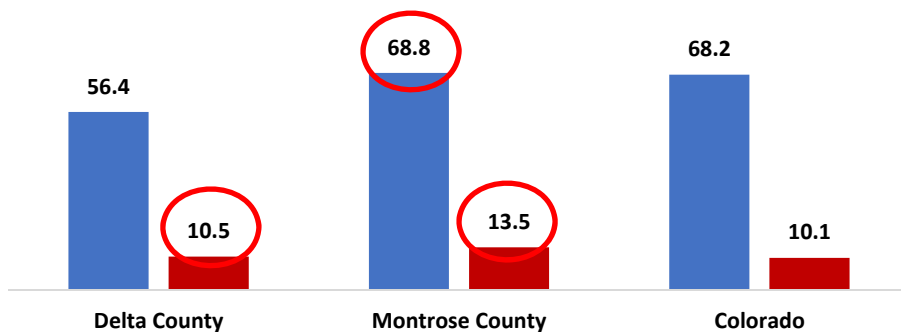
■ Incidence ■ Mortality



Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019

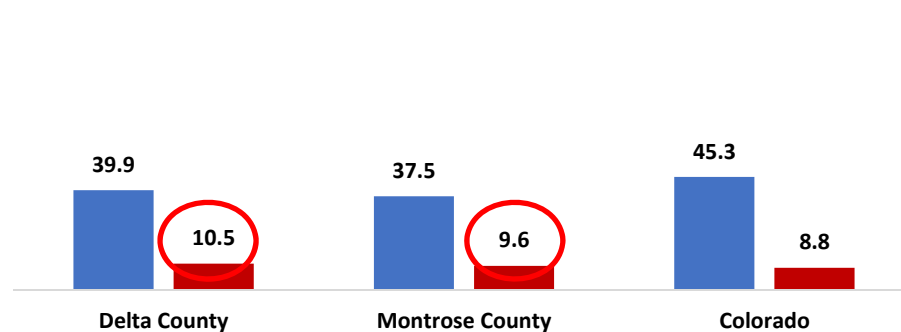
■ Incidence ■ Mortality



Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2016-2019

■ Incidence ■ Mortality



Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset, [Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.](https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&,:embed=y&,:showAppBanner=false&,:display_count=no&,:showVizHome=no; data accessed April 26, 2022.</p>
</div>
<div data-bbox=)



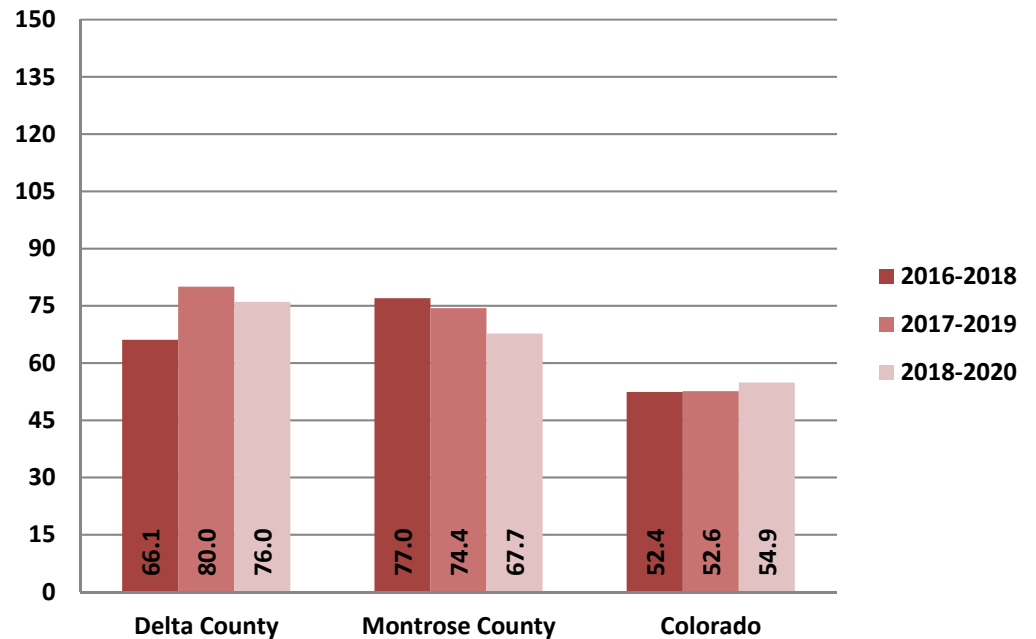
Health Status

Mortality - Accidents

- Fatal accidents are the third leading cause of death in Montrose and Delta Counties as well as the state (2016-2020).
- Between 2016 and 2020, accident mortality rates increased in both Delta County and the state but decreased in Montrose County.
- In 2018-2020, the accident mortality rate in Delta County (76.0 per 100,000) was higher than the rate in Montrose County (67.7 per 100,000) the state (54.9 per 100,000).
- The leading cause of fatal accidents in Delta County is due to motor vehicle accidents and the leading cause of fatal accidents for Montrose County is falls (2018-2020).

Accidents (unintentional injuries)

Age-adjusted Death Rates per 100,000, 2016-2020



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	80	66.1	94	80.0	86	76.0	139	73.2
Montrose County	130	77.0	125	74.4	111	67.7	204	72.7
Colorado	8,966	52.4	9,171	52.6	9,781	54.9	15,698	53.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.

Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.



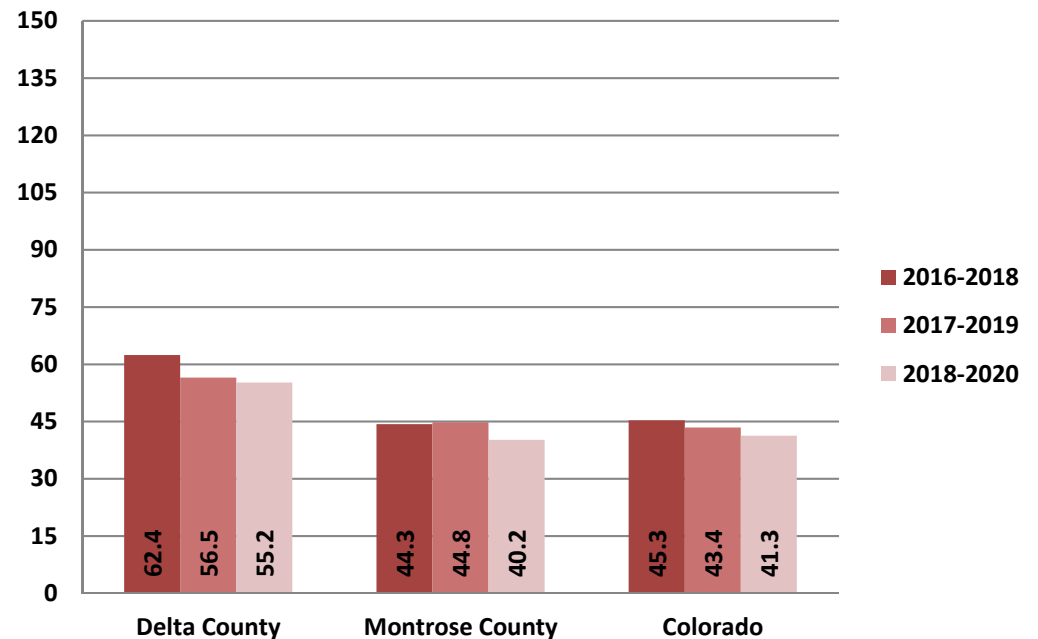
Health Status

Mortality - Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the fourth leading cause of death in Montrose and Delta Counties as well as the state (2016-2020).
- Between 2016 and 2020, CLRD mortality rates decreased in Delta and Montrose Counties as well as the state.
- In 2018-2020, the CLRD mortality rate in Delta County (55.2 per 100,000) was higher than the rate in Montrose County (40.2 per 100,000) and the state (41.3 per 100,000).

Chronic Lower Respiratory Diseases

Age-adjusted Death Rates per 100,000, 2016-2020



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	104	62.4	98	56.5	94	55.2	168	59.7
Montrose County	92	44.3	96	44.8	90	40.2	149	41.3
Colorado	7,815	45.3	7,756	43.4	7,642	41.3	12,821	43.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.

Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

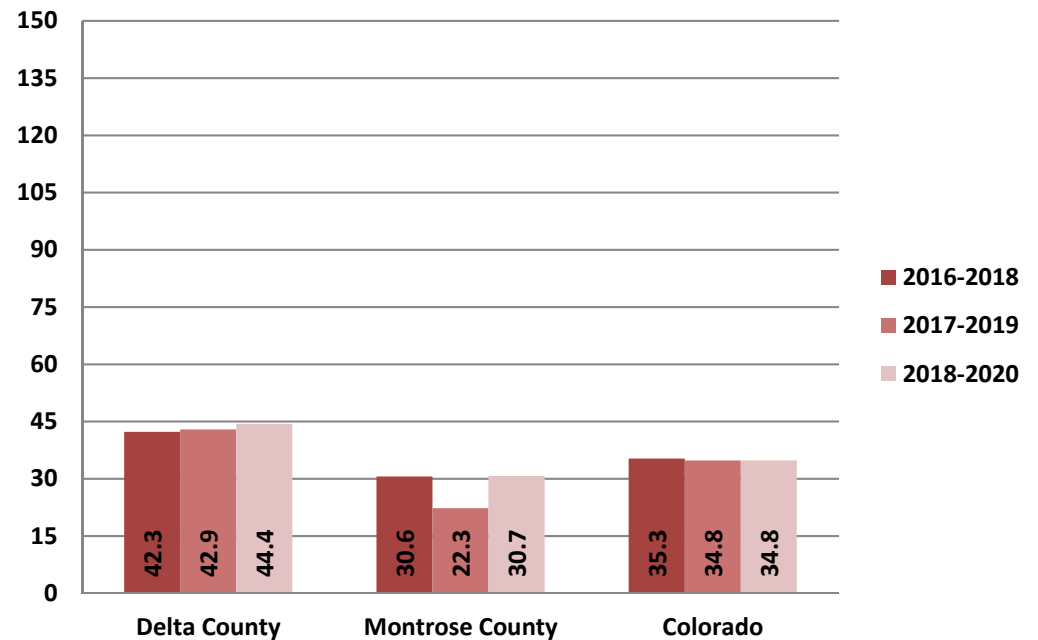
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Cerebrovascular Disease

- Cerebrovascular disease is the fifth leading cause of death in Montrose and Delta Counties and the state (2016-2020).
- Between 2016 and 2020, cerebrovascular disease mortality rates slightly increased in Delta County, slightly decreased in the state and fluctuated in Montrose County.
- In 2018-2020, the cerebrovascular disease mortality rate in Delta County (44.4 per 100,000) was higher than the rate in Montrose County (30.7 per 100,000) and the state (34.8 per 100,000).

Cerebrovascular Diseases
Age-adjusted Death Rates per 100,000, 2016-2020



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	70	42.3	72	42.9	74	44.4	117	42.5
Montrose County	62	30.6	50	22.3	72	30.7	116	32.0
Colorado	5,911	35.3	5,974	34.8	6,177	34.8	10,092	35.1

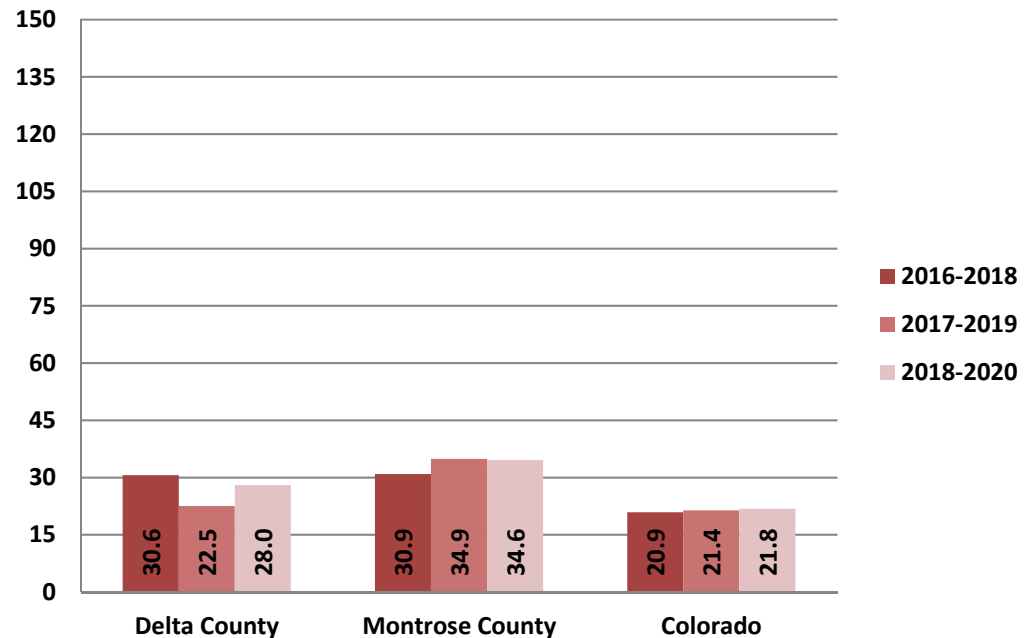
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
 Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the sixth leading cause of death in Montrose and Delta Counties and the seventh leading cause of death in the state (2016-2020).
- Between 2016 and 2020, intentional self-harm (suicide) mortality rates decreased in Delta County while they increased in Montrose County and the state.
- In 2018-2020, the intentional self-harm (suicide) mortality rate in Montrose County (34.6 per 100,000) was higher than the rate in Delta County (28.0 per 100,000) and the state (21.8 per 100,000).

Intentional Self-Harm (Suicide)
Age-adjusted Death Rates per 100,000, 2016-2020



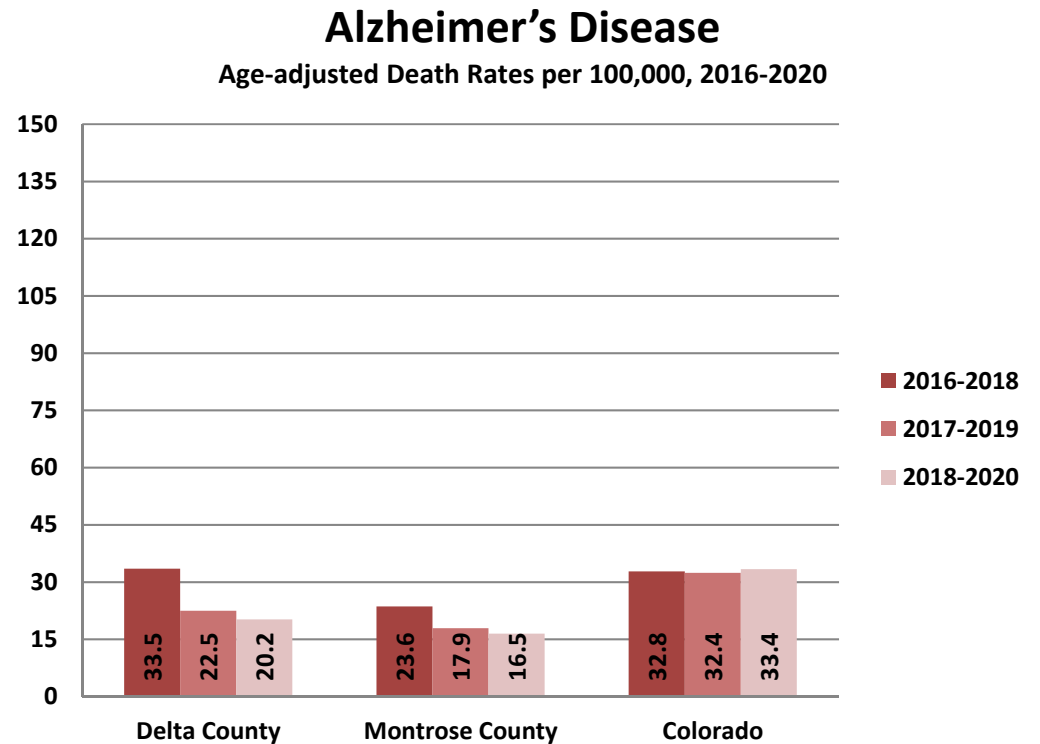
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	31	30.6	27	22.5	32	28.0	54	29.6
Montrose County	39	30.9	45	34.9	47	34.6	68	30.3
Colorado	3,631	20.9	3,775	21.4	3,896	21.8	6,245	21.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
 Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Alzheimer's Disease

- Alzheimer's disease is the seventh leading cause of death in both Montrose and Delta Counties and the sixth leading cause of death in the state (2016-2020).
- Between 2016 and 2020, Alzheimer's disease mortality rates decreased in Delta and Montrose Counties, while the state rate increased.
- In 2018-2020, the Alzheimer's disease mortality rate in Delta County (20.2 per 100,000) was higher than the rate in Montrose County (16.5 per 100,000) but lower than the state (33.4 per 100,000).



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	56	33.5	38	22.5	35	20.2	80	28.3
Montrose County	52	23.6	42	17.9	39	16.5	81	21.3
Colorado	5,314	32.8	5,388	32.4	5,722	33.4	9,387	33.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
 Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

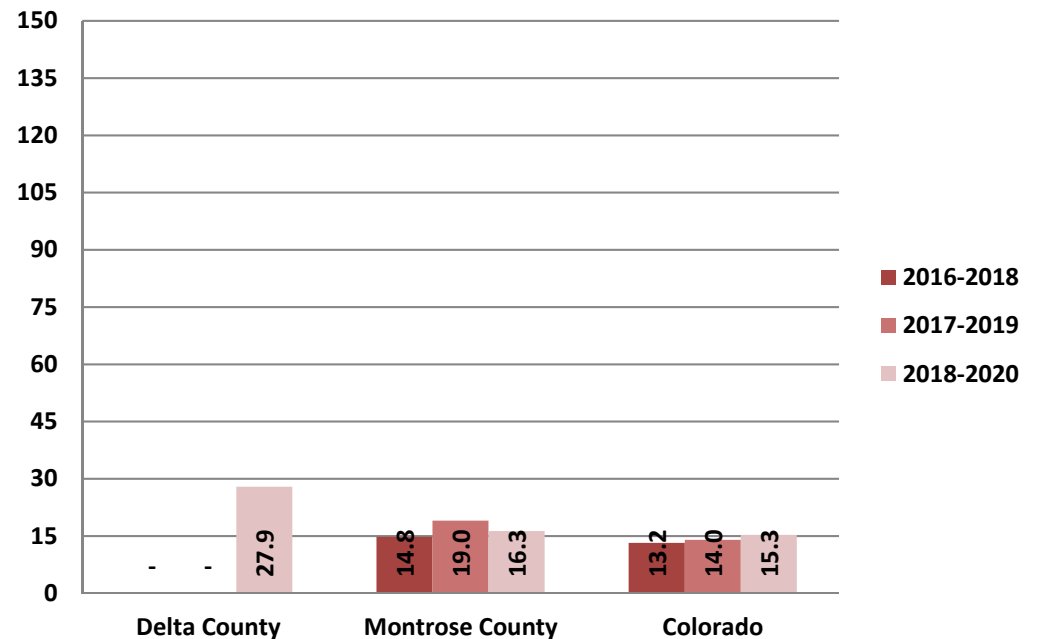
Health Status

Mortality - Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the eighth leading cause of death in Montrose County, the ninth leading cause of death in Delta County and the tenth leading cause of death in the state (2016-2020).
- Between 2016 and 2020, chronic liver disease and cirrhosis mortality rates increased in Montrose County and the state.
- In 2018-2020, the chronic liver disease and cirrhosis mortality rate in Delta County (27.9 per 100,000) was higher than the rate in Montrose County (16.3) and the state rate (15.3 per 100,000).

Chronic Liver Disease and Cirrhosis

Age-adjusted Death Rates per 100,000, 2016-2020



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	13	Unreliable	18	Unreliable	28	27.9	35	20.5
Montrose County	23	14.8	27	19.0	25	16.3	42	16.3
Colorado	2,448	13.2	2,657	14.0	2,933	15.3	4,549	14.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.

Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. "-" indicates that the numerator is too small for rate calculation.

Rates are marked as "unreliable" when the death count is less than 20. All sub-national data representing zero to nine (0-9) deaths or births are "suppressed".

Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

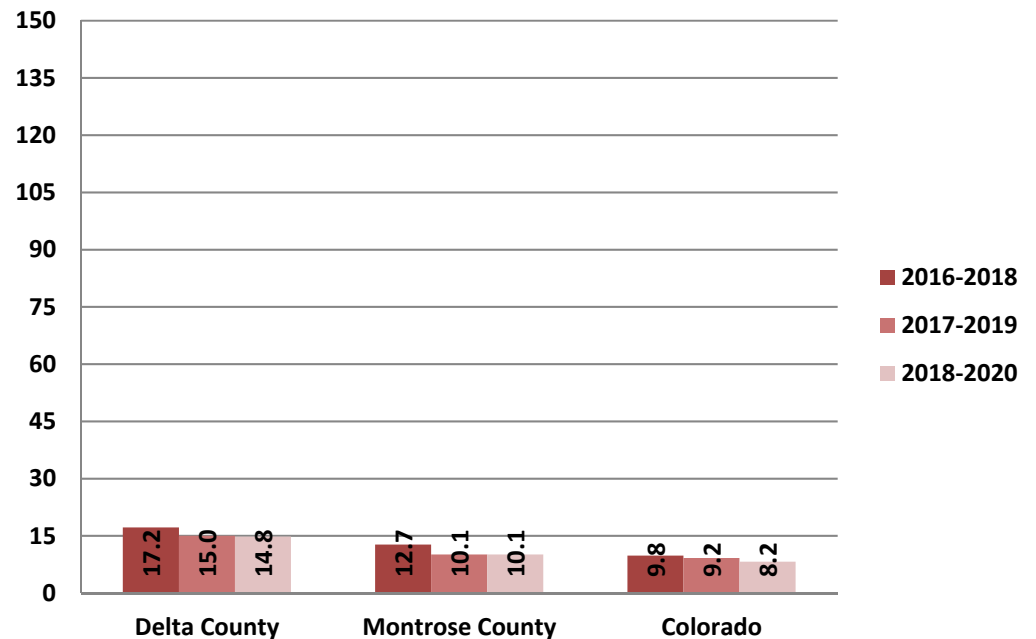


Health Status

Mortality - Influenza and Pneumonia

- Influenza and pneumonia is the the ninth leading cause of death in Montrose County, the tenth leading cause of death in Delta County, and is not a leading cause of death in the state (2016-2020).
- Between 2016 and 2020, influenza and pneumonia mortality rates in Delta and Montrose Counties and the state decreased.
- In 2018-2020, the influenza and pneumonia rate in Delta County (14.8 per 100,000) was higher than the rate in Montrose County (10.1 per 100,000) and the state rate (8.2 per 100,000).

Influenza and Pneumonia
Age-adjusted Death Rates per 100,000, 2016-2020



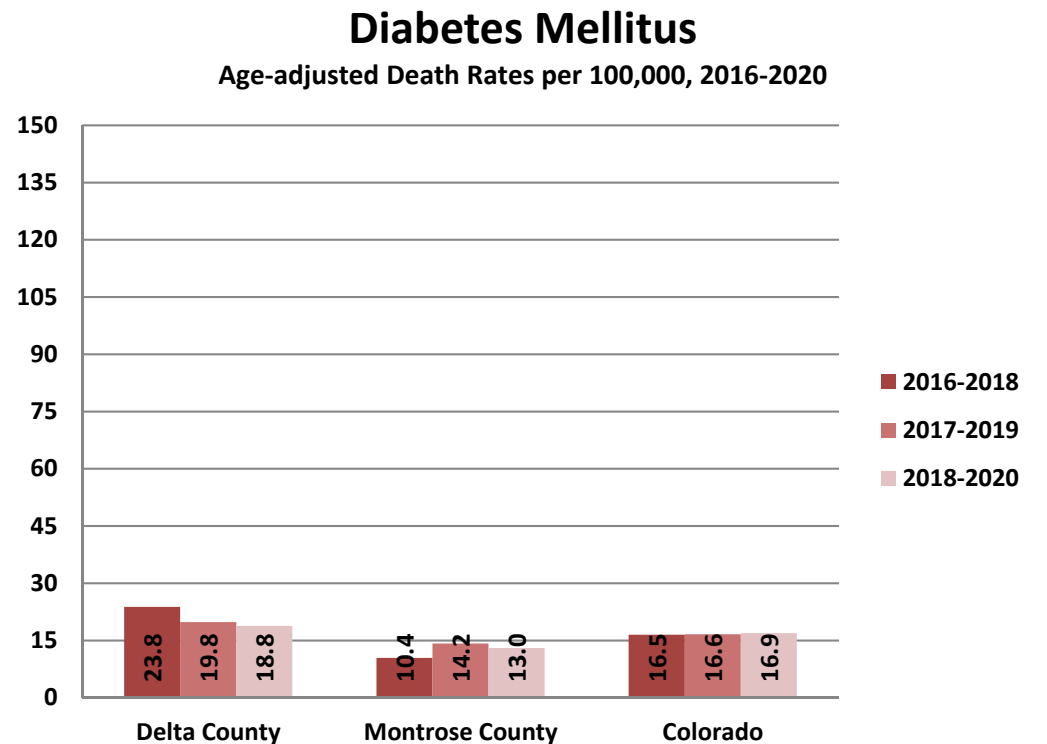
LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	28	17.2	26	15.0	23	14.8	41	15.6
Montrose County	26	12.7	21	10.1	21	10.1	37	11.1
Colorado	1,678	9.8	1,613	9.2	1,484	8.2	2,594	8.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Mortality - Diabetes Mellitus

- Diabetes mellitus is the tenth leading cause of death in Montrose County and the eighth leading cause of death in Delta County and the state (2016-2020).
- Between 2016 and 2020, diabetes mortality rates decreased in Delta County, increased in Montrose County and slightly increased in the state.
- In 2018-2020, the diabetes mortality rate in Delta County (18.8 per 100,000) was higher than the rate in Montrose County (13.0 per 100,000) and the state (16.9 per 100,000).



LOCATION	2016-2018		2017-2019		2018-2020		2016-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Delta County	36	23.8	33	19.8	32	18.8	61	23.1
Montrose County	21	10.4	30	14.2	28	13.0	39	11.0
Colorado	2,929	16.5	3,037	16.6	3,188	16.9	5,143	16.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 11, 2022.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
 Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

COVID-19

- As of August 2, 2022, Montrose County had a higher percent of its population that is fully vaccinated (56.7%) as compared to Delta County (55.0%) and lower percent than the state (75.1%).

Location	Total % of First Doses Reported as Administered (age 12+)*	Total % of Fully Vaccinated Population (age 12+)*
Delta County	59.9%	55.0%
Montrose County	62.4%	56.7%
Colorado	83.3%	75.1%

Source: Colorado Department of Public Health & Environment, Colorado COVID-19 Data, <https://covid19.colorado.gov/data>; information accessed August 4, 2022. Data updated as of August 2, 2022 at 11:59:59 p.m. MST.

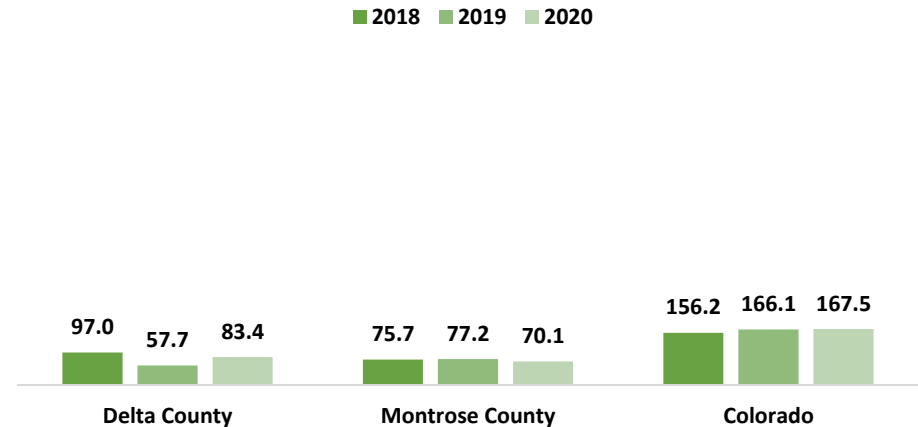
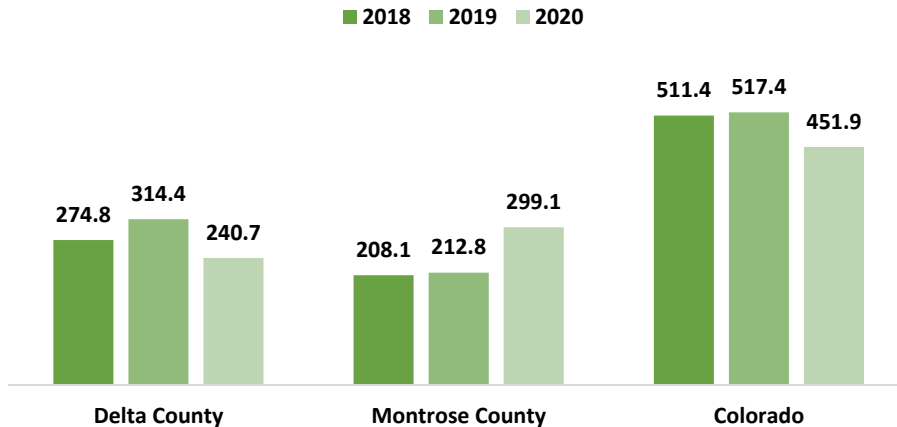
*Vaccine coverage for at least 1 dose includes all individuals who have received their first dose of COVID-19 vaccine. Vaccine coverage for series completion includes all individuals who have completed 2 doses of Pfizer-BioNTech or Moderna vaccine or 1 dose of Johnson and Johnson/Janssen.

Health Status

Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV

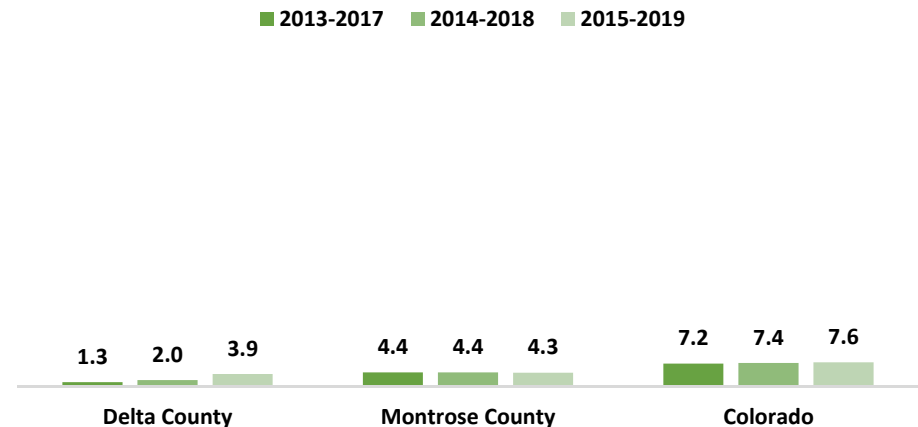
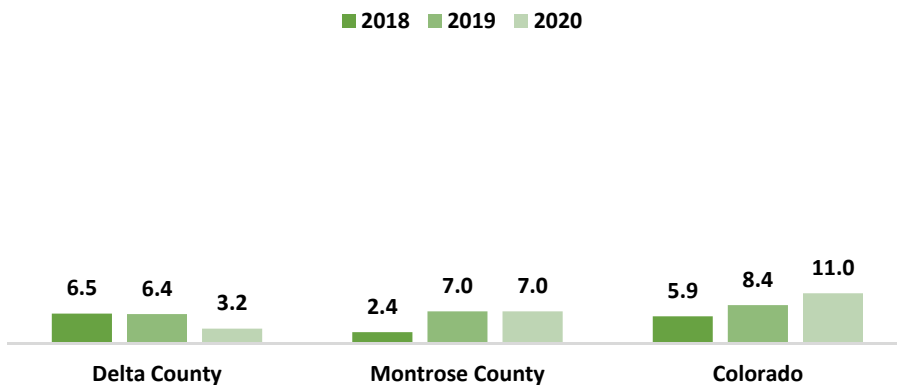
Chlamydia, Rate per 100,000, 2018-2020

Gonorrhea, Rate per 100,000, 2018-2020



Syphilis, Primary & Secondary, Rate per 100,000, 2018-2020

HIV, Rate per 100,000, 2013-2019



Source: Colorado Department of Public Health & Environment, STI and HIV/AIDS epidemiology report; <https://cdphe.colorado.gov/sti-and-hiv-aids-epidemiology-reports>; information accessed August 3, 2022.

Note: New HIV Diagnosis rates per 100,000 population is calculated by dividing the sum of the 2013-2017 HIV diagnoses by the sum of 2013-2017 total population. 2013-2017 population estimate from the Colorado State Demography Office. New HIV Diagnosis rates per 100,000 population is calculated by dividing the sum of the 2014-2018 HIV diagnoses by the sum of 2014-2018 total population. 2014-2018 population estimate from the Colorado State Demography Office. New HIV Diagnosis rates per 100,000 population is calculated by dividing the sum of the 2015-2019 HIV diagnoses by the sum of 2015-2019 total population. 2015-2019 population estimate from the Colorado State Demography Office.

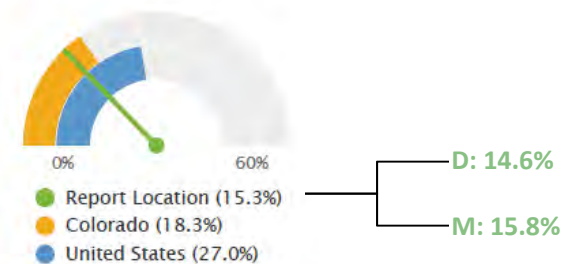


Health Status

Chronic Conditions - Diabetes

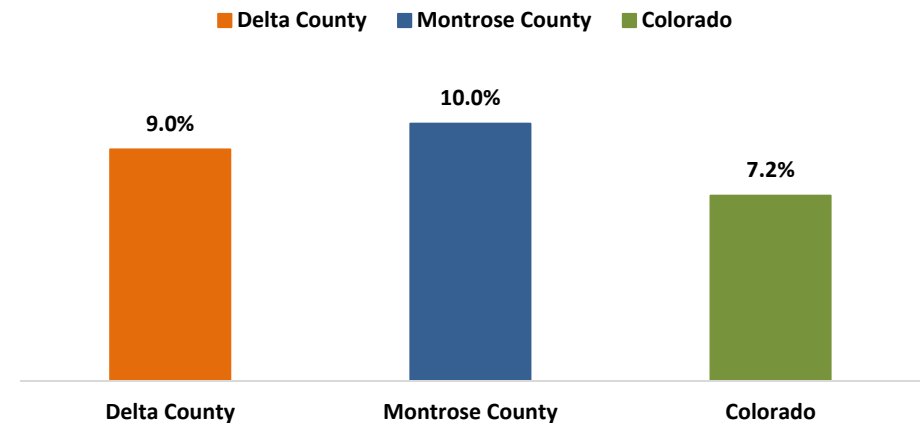
- In 2018, the percentage of **Medicare Beneficiaries** with diabetes in the report area (15.3%) was lower than both the state (18.3%) and national rate (27.0%).
- In 2018-2020, Montrose County (10.0%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes compared to Delta County (9.0%) and the state (7.2%).

Percentage of Medicare Beneficiaries with Diabetes



Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Diabetes, Percentage, Adults (age 18+), 2018-2020



Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, <https://sparkmap.org/report/>; data accessed April 7, 2022.

Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.

Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?

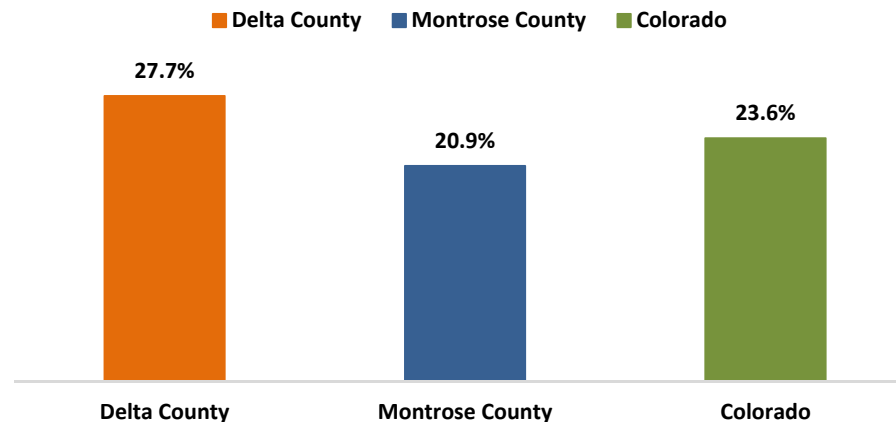
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Chronic Conditions - Obesity

- In 2018-2020, Delta County (27.7%) had a higher percent of obese adults (age 18+) than Montrose County (20.9%) and the state (23.6%).

Obesity, Percentage, Adults (age 18+), 2018-2020

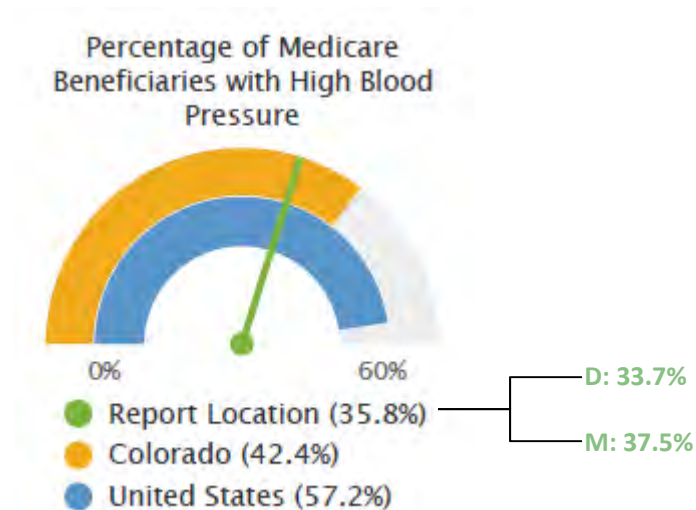


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Chronic Conditions - High Blood Pressure

- The report area (35.8%) has a lower rate of Medicare fee-for-service residents with hypertension as compared to the state (42.4%) and the nation (57.2%) (2018).



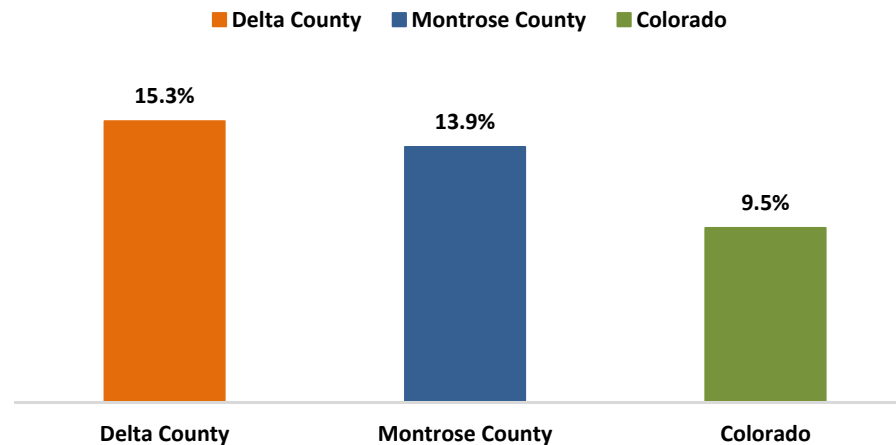
Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Chronic Conditions - Asthma

- In 2018-2020, the percent of adults (age 18+) in Delta County (15.3%) that had ever been told by a health professional that they had asthma was higher than Montrose County (13.9%) and the state (9.5%).

Asthma, Percentage, Adults (age 18+), 2018-2020



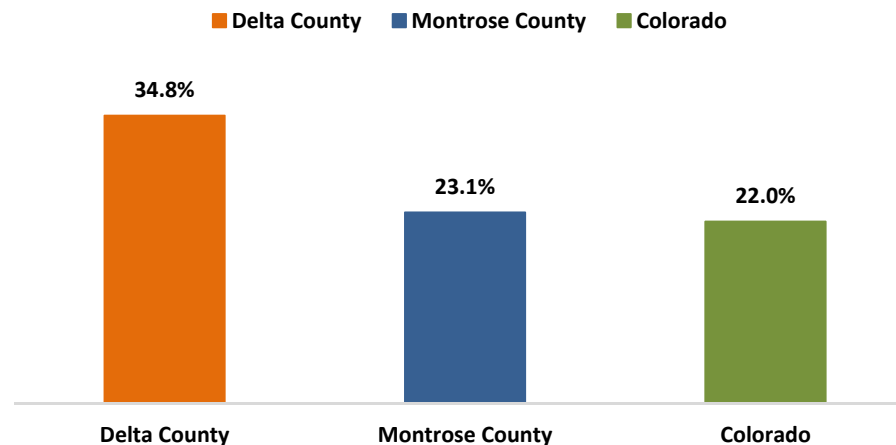
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Chronic Conditions - Arthritis

- In 2018-2020, the percentage of adults (age 18+) ever diagnosed with arthritis in Delta County (34.8%) was higher than Montrose County (23.1%) and the state (22.0%).

Arthritis, Percentage, Adults (age 18+), 2018-2020



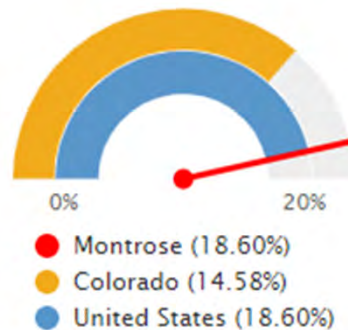
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

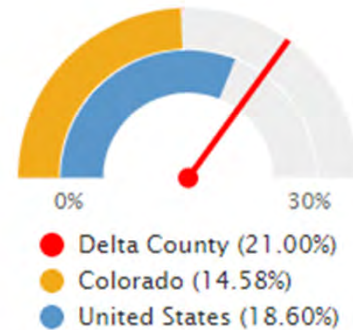
Health Behaviors – Fair or Poor Health

- In 2019, the percent of the adult population (age 18+) that self-reported their general health status as “fair” or “poor” was highest in Delta County (21.0%) as compared to Montrose County (18.6%), the state (14.6%) and the nation (18.6%).

Percentage of Adults with Poor or Fair General Health



Percentage of Adults with Poor or Fair General Health

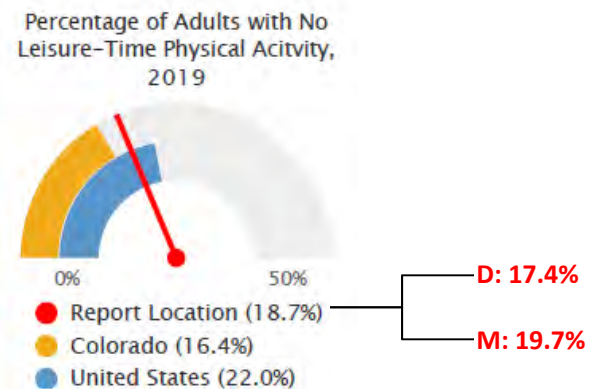


Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Health Behaviors - Physical Inactivity

- In 2019, the percent of the adult population (age 20+) in the report area (18.7%) that self-reported ***no leisure time for physical activity*** was higher than the state (16.4%) and lower than the national rate (22.0%).



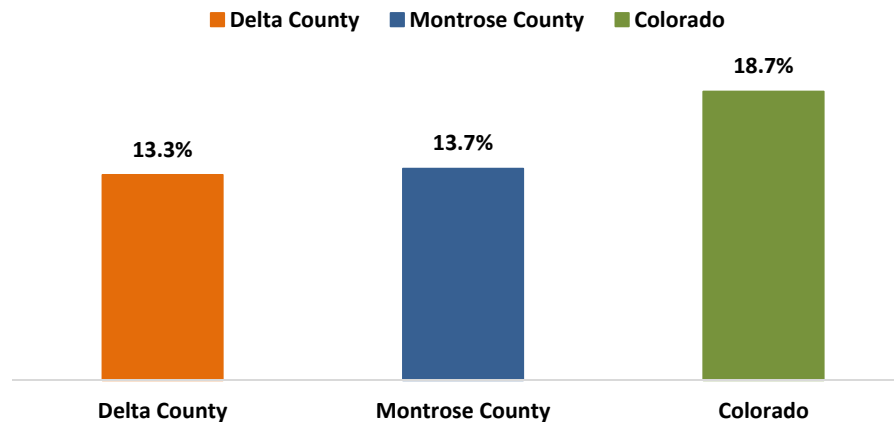
Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Health Behaviors - Binge Drinking

- In 2018-2020, the percentage of adults (age 18+) at risk of binge drinking in Delta County (13.3%) was lower than Montrose County (13.7%) and the state (18.7%).

**Binge Drinking, Percentage, Adults (age 18+),
2018-2020**



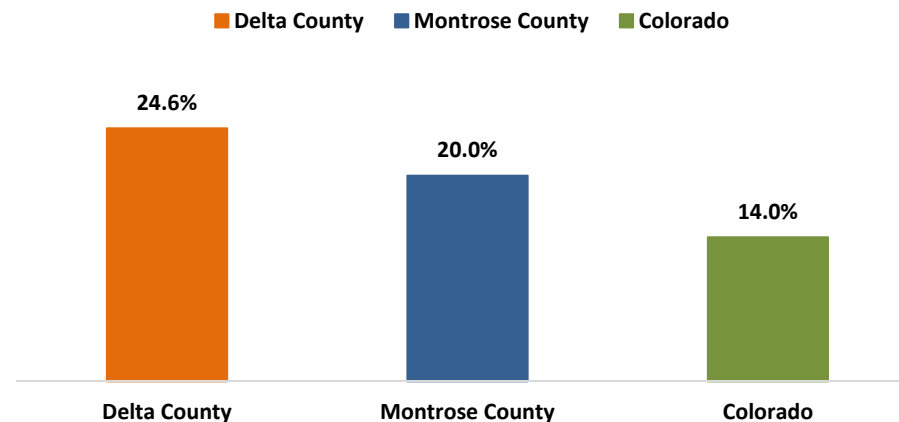
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.
Definition: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or more (females) drinks on an occasion?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Health Behaviors - Smoking

- In 2018-2020, the prevalence of current, **every day** smokers in Delta County (24.6%) was higher than Montrose County (20.0%) and the state (14.0%).

Smoking Frequency - Every Day, Percentage, Adults (age 18+), 2018-2020



Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.

Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? (Respondents that reported smoking 'Every Day' are included in this chart)

Note: Smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

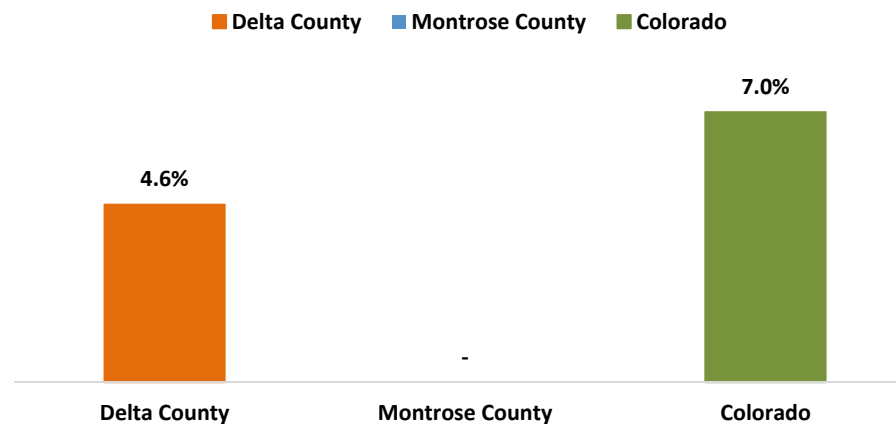
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Health Behaviors - E-Cigarette Use

- In 2018-2020, the percentage of adults (age 18+) that reported using an e-cigarette or other electronic vaping product in Delta County (4.6%) was lower than the state (7.0%).

E-Cigarette Use, Percentage, Adults (age 18+),
2018-2020

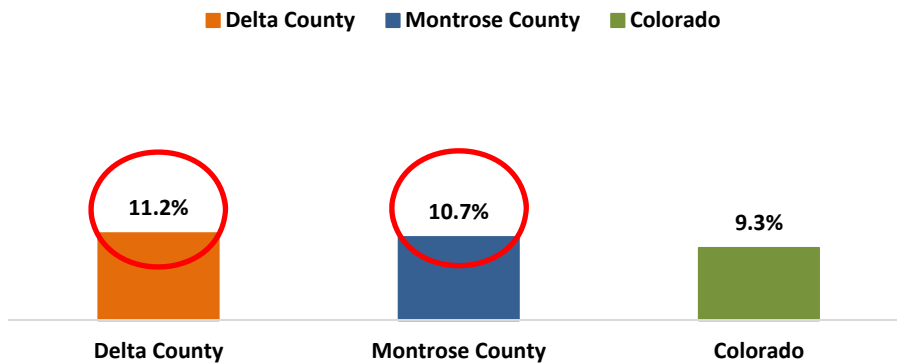


Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.
Definition: Do you currently use an e-cigarette or other electronic vaping product?
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

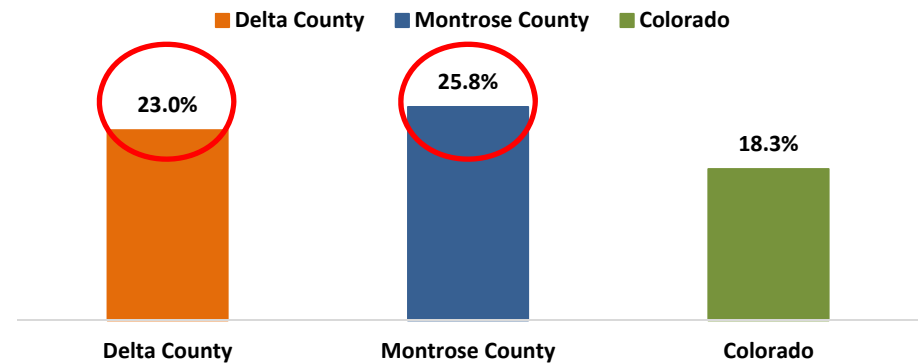
Health Status

Maternal & Child Health Indicators

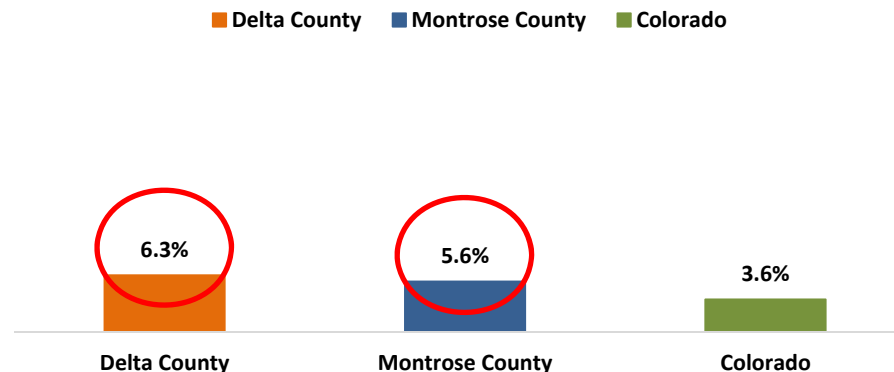
Low Birth Weight (<2,500g), Percent of All Births, 2020



Births to Women Receiving Late or No Prenatal Care, Percent of All Births, 2020



Teen Births (Age 10-19), Percent of All Births, 2020



Source: Colorado Department of Public Health & Environment, Vital Statistics Program, <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>; data accessed on May 3, 2022.

*Percentage manually calculated based on total population numbers by county and state 2020 as provided by the Vital Statistics Program, Colorado.

Note: Percentages are of total births, excluding cases with specific characteristics unknown. Rates are not calculated if number of cases are too low for statistical reliability. A "-" indicates one or two events in the category.

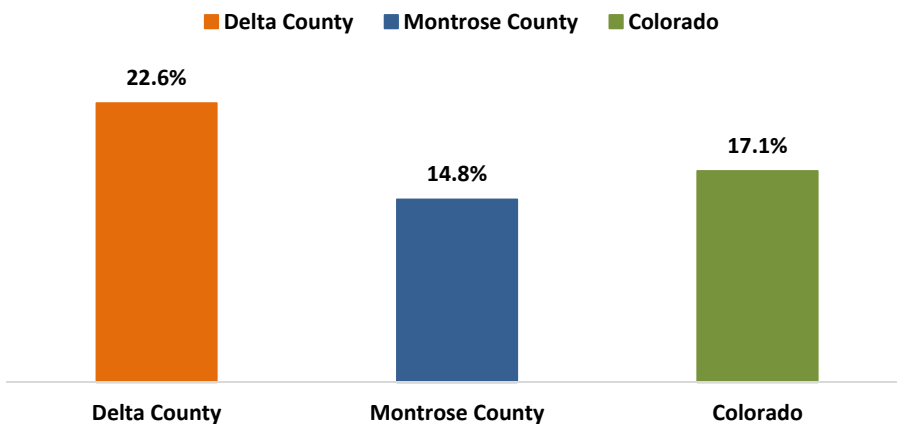


Health Status

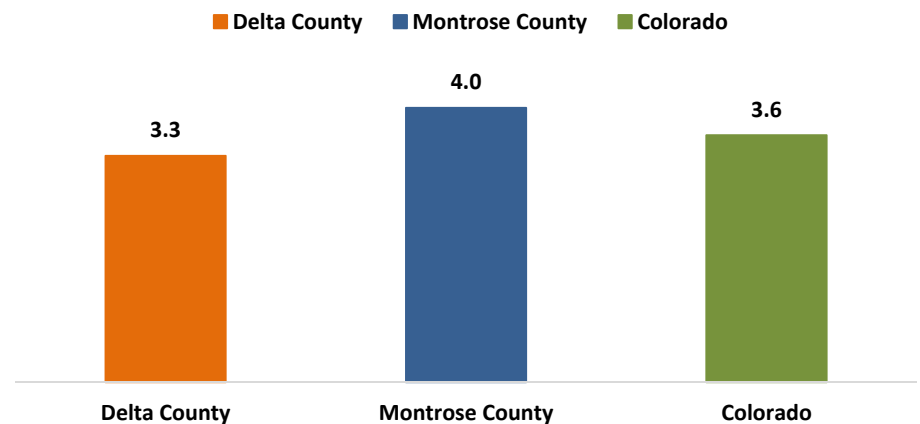
Mental Health - Depressive Disorders & Poor Mental Health

- In 2018-2020, the percentage of adults (age 18+) in Delta County (22.6%) with depression was highest as compared to Montrose County (14.8%) and the state (17.1%).
- In 2018-2020, Montrose County (4.0 days) had a higher number of days where adults (age 18+) experienced poor mental health than Delta County (3.3 days) and the state (3.6 days).

Depressive Disorders, Percentage, Adults (age 18+), 2018-2020



Days of Poor Mental Health Per Month, Percentage, Adults (age 18+), 2018-2020



Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.

Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.

Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

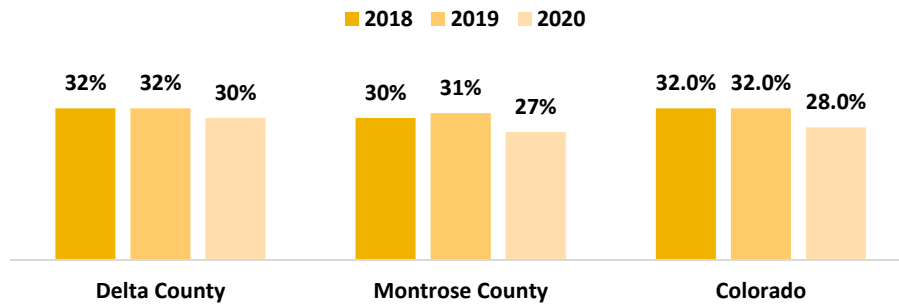
Definition: Days mental health not good per 30 days.

Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

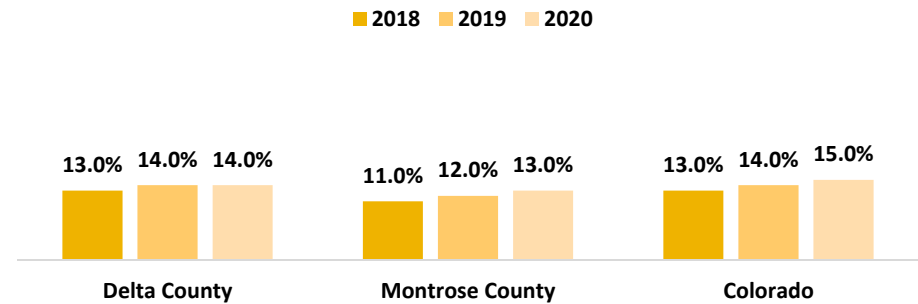
Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

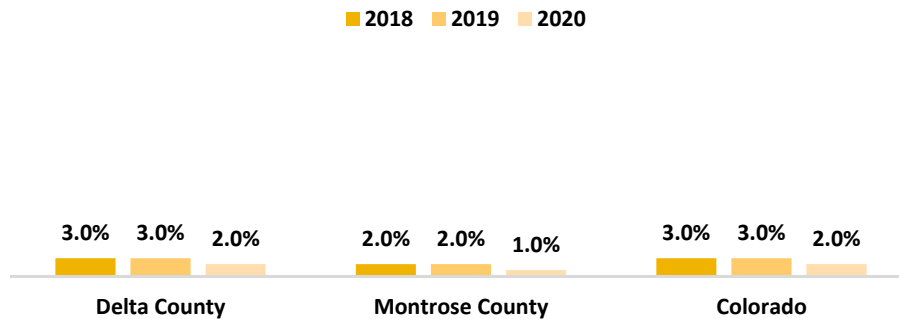
Received Mammography Screening, Percent, Females (age 35+), 2018-2020



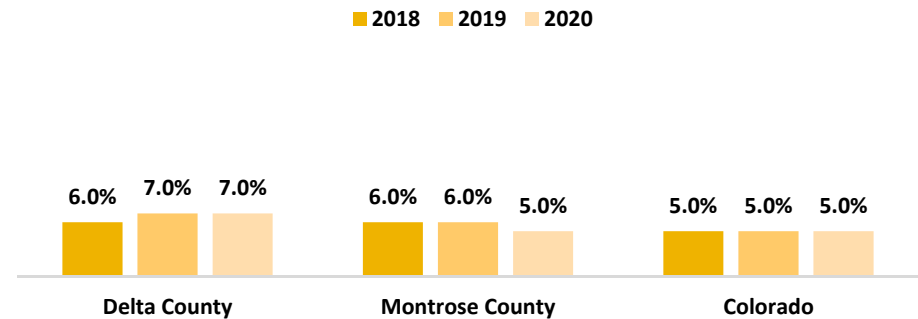
Received Prostate Cancer Screening, Percent, Males (age 50+), 2018-2020



Received Pap Test Screening, Percent, Females (all ages), 2018-2020



Received Colorectal Cancer Screening, Percent, Adults (age 50+), 2018-2020



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed May 3, 2022.

Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.

Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.

Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

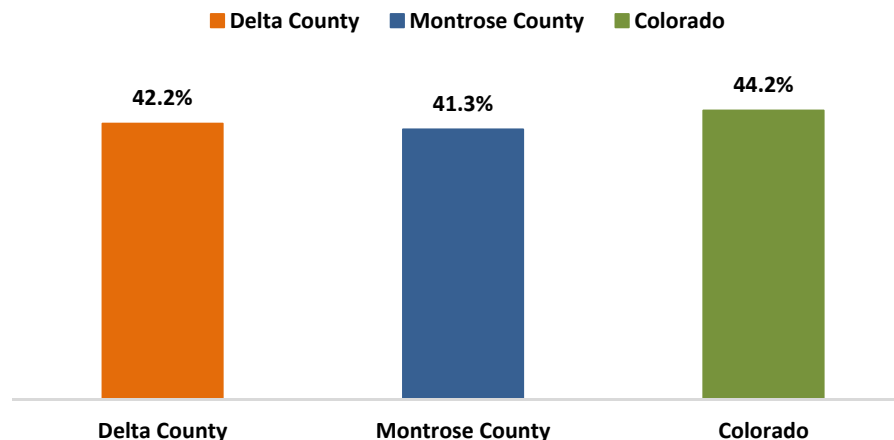


Health Status

Preventive Care – Influenza Vaccine (ages 18+)

- In 2018-2020, the percent of adults (age 18+) that **did** receive a flu shot in the past year in Delta County (42.2%) was slightly higher than Montrose County (41.3%) and lower than the state (44.2%).

Received Flu Shot in the Past Year, Percentage,
Adults (age 18+), 2018-2020



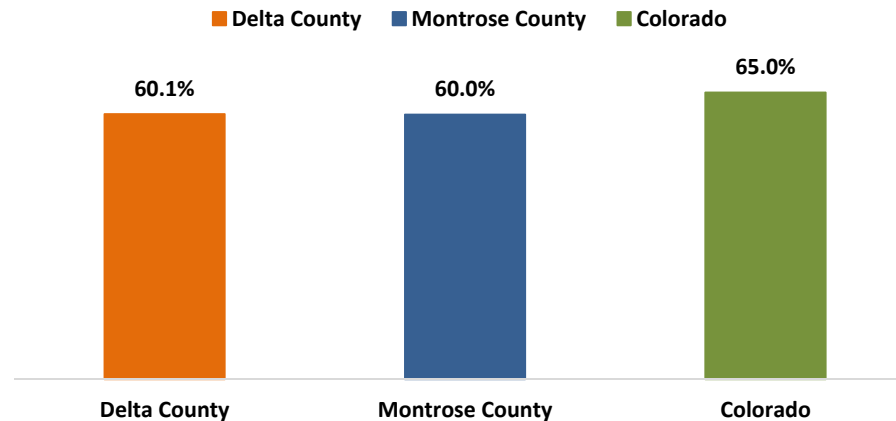
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Preventive Care – Influenza Vaccine (age 65+)

- In 2018-2020, the percent of adults (age 65+) in Montrose County (60.0%) that **did** receive a flu shot in the past year was comparable to Delta County (60.1%) and lower than the state (65.0%).

Received Flu Shot in the Past Year, Percentage, Adults (age 65+), 2018-2020



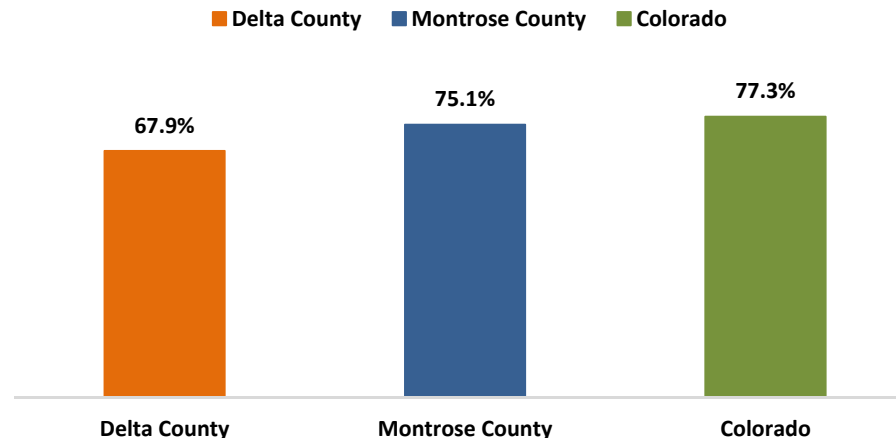
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.
Definition: Percentage of adults age 65+ that received at least one flu shot, also known as the influenza vaccine in the past 12 months.
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Preventive Care – Pneumococcal Vaccine (age 65+)

- In 2018-2020, the percent of adults (age 65+) in Delta County (67.9%) that **did** receive a pneumonia shot in the past year was lower than Montrose County (75.1%) and the state (77.3%).

Received Pneumonia Shot in the Past Year,
Percentage, Adults (age 65+), 2018-2020



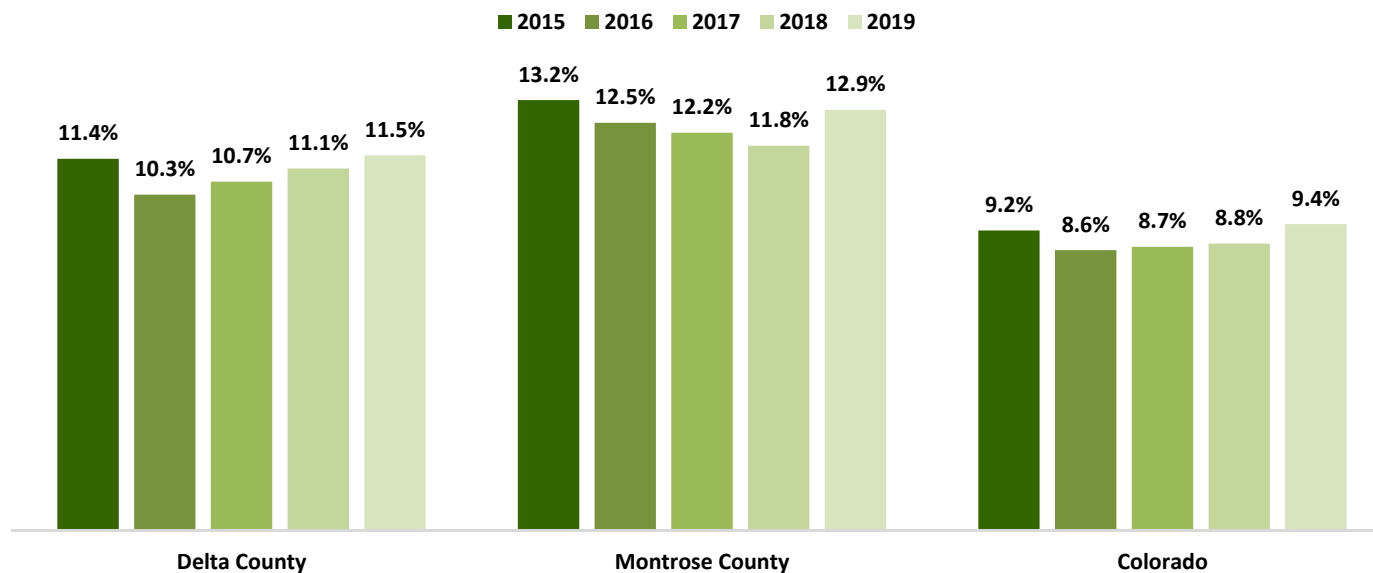
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; <https://cdphe.colorado.gov/colorado-health-indicators>; data accessed May 4, 2022.
Definition: Have you ever received a pneumonia vaccination? *ADULTS AGE 65+ YEARS*
Note: Data has been pulled in a 3-year set for purposes of statistical reliability.

Health Status

Health Care Access - Uninsured

- Both Delta County and the state experienced slight increases in the percentage of uninsured adults (age 18-64) between 2015 and 2019, while Montrose County experienced a decrease.
- As of 2019, Delta (11.5%) and Montrose (12.9%) Counties have higher rates of uninsured adults (age 18-64) as compared to the state (9.4%).

Uninsured, Percent of Adults (age 18-64), 2015-2019



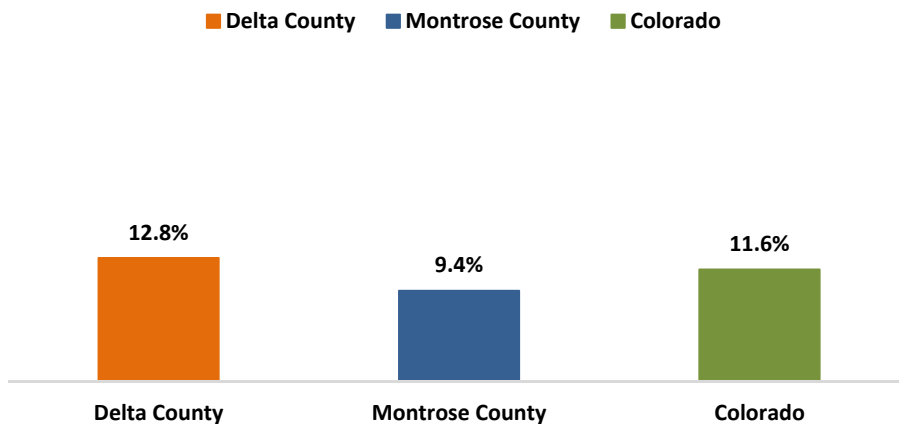
Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Delta and Montrose Counties, CO, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed April 26, 2022.

Health Status

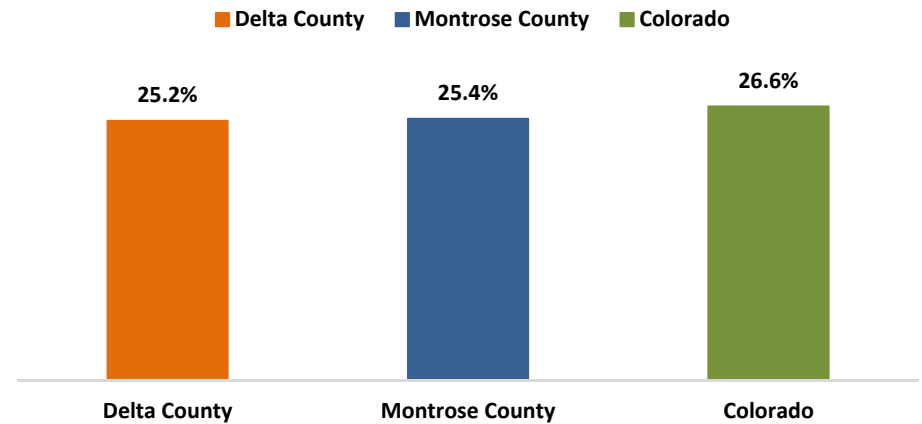
Health Care Access - Medical Cost Barriers & No Personal Doctor

- In 2018-2020, the percent of adults (age 18+) that needed medical care but could not receive it due to cost was highest in Delta County (12.8%) compared to Montrose County (9.4%) and the state (11.6%).
- In 2018-2020, the percent of adults (age 18+) in Delta County that reported they **did not** have a personal doctor was lowest in Delta County (25.2%) as compared to Montrose County (25.4%) and the state (26.6%).

Medical Cost Barrier, Percentage, Adults (age 18+), 2018-2020



Do Not Have a Personal Doctor, Percentage, Adults (age 18+), 2018-2020



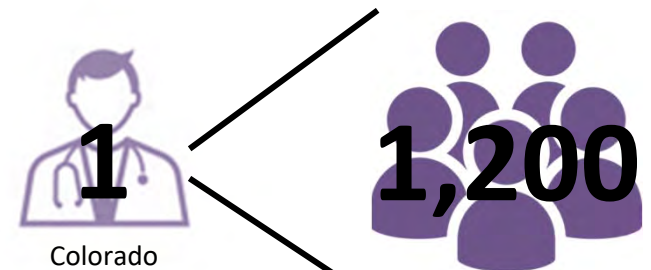
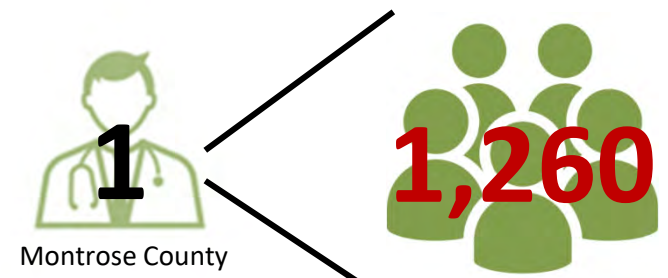
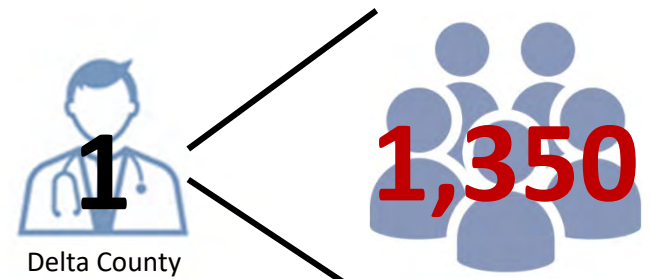
Source: Colorado Department of Public Health & Environment, Colorado Health Information Dataset; information received May 2022.
Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
Definition: Do you have one person you think of as your personal doctor or health care provider?
Note: Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Care Access - Primary Care Providers

- Sufficient availability of primary care physicians is essential for preventive and primary care.

- In 2019, the population to primary care provider ratio in Delta County (1,350:1) was the highest as compared to Montrose County (1,260:1) and the state (1,200:1).



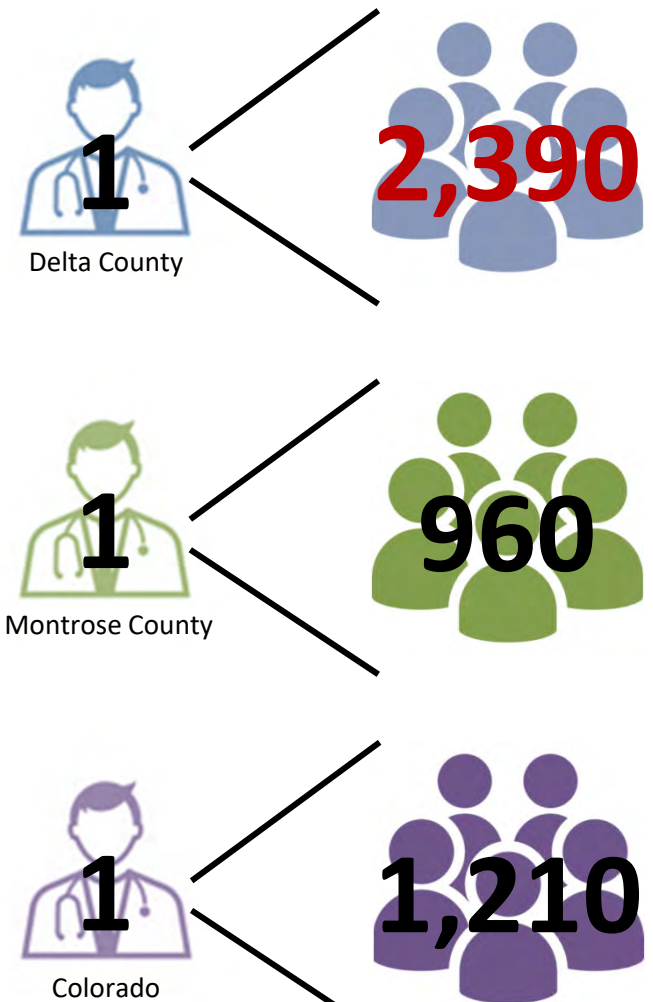
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Delta and Montrose Counties, CO, <https://www.countyhealthrankings.org/>; data accessed May 2, 2022.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Health Status

Health Care Access - Dental Care Providers

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**
 - In 2020, the population to dental provider ratio in Delta County (2,390:1) was significantly higher than Montrose County (960:1) and the state (1,210:1).

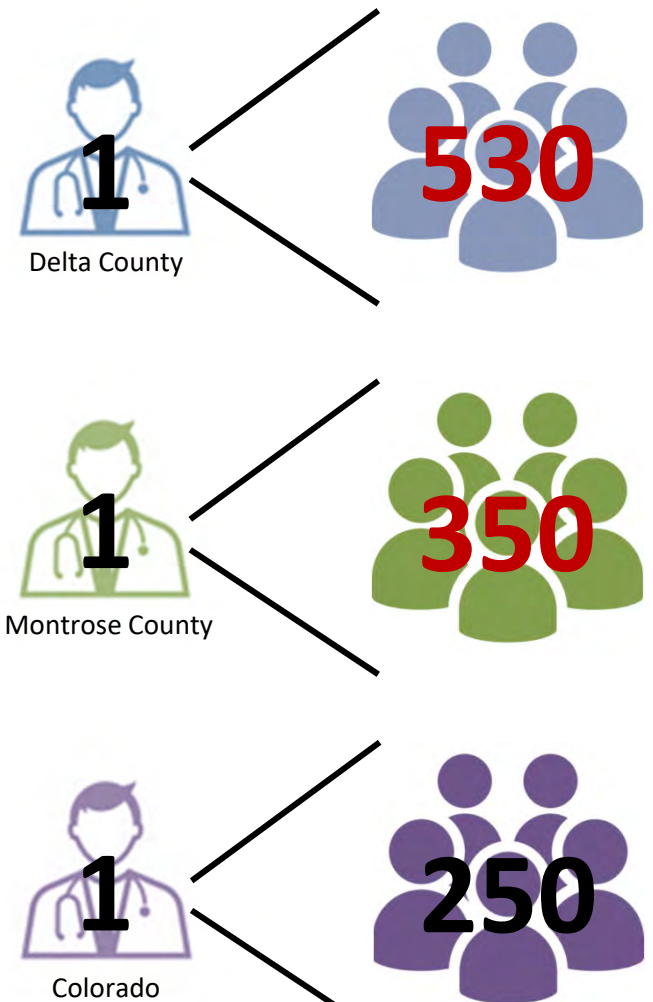


Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Delta and Montrose Counties, CO, <https://www.countyhealthrankings.org/>; data accessed May 2, 2022.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

Health Status

Health Care Access - Mental Health Care Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**
 - In 2021, the population to mental health provider ratio in Delta County (530:1) was the highest as compared to Montrose County (350:1) and the state (250:1).



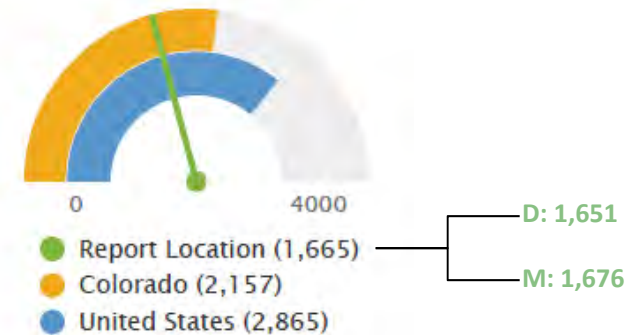
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Delta and Montrose Counties, CO, <https://www.countyhealthrankings.org/>; data accessed May 2, 2022.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

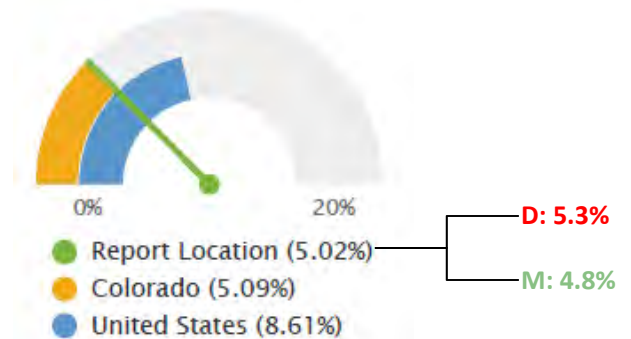
Health Care Access - Common Barriers to Care

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2020, the rate of preventable hospital events in the report area (1,665 per 100,000 Medicare Enrollees) was significantly lower than the state (2,157 per 100,000 Medicare Enrollees) and the nation (2,865 per 100,000 Medicare Enrollees).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2015-2019, the report area (5.0%) had a similar percentage of households that had no motor vehicles as compared to the state (5.1%) but lower than the nation (8.6%).

Preventable Hospital Events, Rate per 100,000 Beneficiaries



Percentage of Households with No Motor Vehicle



Note: a green dial indicates that the county (D=Delta, M=Montrose) has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: SparkMap, Health Indicator Report: logged in and filtered for Delta and Montrose Counties, CO, <https://sparkmap.org/report/>; data accessed April 7, 2022.

Note: Preventable Hospital Events is compared to the state average only.

Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.



PHONE INTERVIEW FINDINGS

Overview

- Conducted 39 interviews with the two groups outlined in the IRS final regulations
 - Interviewees identified by representatives at Montrose Regional Health (MRH) and Delta Health (DH)
 - CHC Consulting contacted other individuals in the community to participate in the interview process, but some were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.

Interviewee Information

- **Josie Anders-Mize:** Director of Regional Services, Hilltop Family Resource Center
- **Jim Austin:** Public Health Director, Montrose County Department of Health and Human Services
- **Lynn Borup:** Executive Director, Tri County Health Network
- **Mike Brezinsky, MD:** Internal Medicine, Montrose Regional Health; Board Member, Montrose Regional Health
- **Barbara Bynum:** City Councilor, City of Montrose
- **Jean Ceriani:** Board Member, Delta Health
- **Kurt Clay:** Assistant Superintendent of School, Delta County School District 50J
- **Kjersten Davis:** Board Chair, Montrose Regional Health
- **Holly Duensing:** Clinical Manager, HopeWest Hospice
- **Rebecca Ela, LCSW:** Behavioral Health Director, Delta Health
- **Caryn Gibson:** Superintendent, Delta County School District 50J
- **Sue Hansen:** County Commissioner, Montrose County
- **Michelle Haynes:** Executive Director, Colorado Region 10
- **Cara Helmick:** Delta County Director, VOANS Senior Community Care
- **Matt Heyn:** Chief Executive Officer, Delta Health
- **Kaye Hotsenpiller:** Chief Executive Officer, River Valley Health Center
- **Wendell Koontz:** County Commissioner, Delta County
- **Laura Lenihan:** Registered Nurse, Montrose County Department of Health and Human Services
- **Robbie LeValley:** County Administrator, Delta County
- **Gary Martinez:** President, The Shepherd's Hand
- **Angel Mendez:** Representative, Western Colorado Migrant and Rural Coalition
- **Jeff Mengershausen:** Chief Executive Officer, Montrose Regional Health
- **Karen O'Brien:** Director, Delta County Health Department
- **Sally O'Connor:** Case Management Director, Montrose Regional Health
- **Cheryl Oeltjenbruns:** Executive Director, The Abraham Connection
- **Dorothy Pew:** Delta Program Director, HopeWest Hospice
- **Corey Phillips:** Chief Executive Officer, Cedar Point Health
- **Greg Rajnowski:** Director of Environmental Health, Delta County Health Department
- **Pat Riddell:** Individual Practice Association/Physician Hospital Organization Director, Western Colorado Individual Practice Association
- **Tad Rowan:** Chief, Montrose Fire Department
- **Katherine Smith:** Readiness & Response Coordinator, West Region Healthcare Coalition
- **Carrie Stephenson, PhD:** Superintendent, Montrose County School District
- **Jennifer Suchon:** Nurse Practitioner, Northside Child Health Center
- **Greg Suchon, MD:** Pediatrician, The Pediatric Associates
- **Mark Taylor:** Sheriff, Delta County
- **Kelly Thompson:** Director, HopeWest Hospice
- **Mary Vader, MD:** Pediatrician, Montrose Regional Health, Board Member, Montrose Regional Health
- **Eva Veitch:** Area Agency on Aging Director, Colorado Region 10
- **Sandy Walker:** Ombudsman, Colorado Region 10

Interviewee Characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

17.9%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

66.7%

- Community leaders

15.4%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Access to Mental & Behavioral Health Care
 - Access to Specialty Care
 - Access to Primary Care
 - Insurance Coverage & Affordability of Care
 - Recruitment & Staffing of Healthcare Workforce
 - Healthy Lifestyle Education & Management
 - Aging Population
 - Community Concerns

Access to Mental & Behavioral Health

- **Issues/Themes:**

- Perceived high turnover rates for mental health providers
- Challenges for the youth population in regards to mental health care, such as:
 - Impact of COVID-19
 - Lack of facilities to handle higher acuity cases leading to outmigration
 - Lack of providers, particularly psychiatrists
- Limited accessibility of services leading to outmigration such as:
 - Lack of available rooms in the crisis stabilization unit due to staffing (Montrose County)
 - Local facilities/organizations at capacity
 - Perceived lack of any crisis system to deal with higher acuity cases (Delta County)
 - Perceived limited availability of a local detox center leading to outmigration for patients (both counties)
 - Limited local inpatient facilities leading to outmigration to Colorado Springs, Denver
 - Limited hours of operation

“Some days you can receive immediate care if you are in crisis and other times it might take 72-96 hours. It’s a rotating door of psychologists and psychiatrists. There’s no consistency.” – MCI

“Youth mental health has always been an issue. The behaviors and trends that we’re seeing have been exacerbated since the pandemic. The youth that we are serving are really in need of a higher level of care.” – MCI

“There are not enough providers. We have kids who have really serious needs and there are no day treatment facilities that are equipped to handle kids with severe mental and behavioral challenges. We have to send them Grand Junction or Denver. I am not aware of any inpatient facilities.” – MCI

“We don’t have many psychiatrists, let alone psychiatrists who specialize in children.” – MCI

“It is incredibly difficult [for mental health services]. We have a crisis stabilization unit but honestly it’s not accessible and it’s not available. They don’t have staffing so they transfer to Grand Junction.” – MCI

“For the Center for Mental Health, it’s two weeks for anything like needing a psychologist. For psychiatry, it’s longer [than that]. In the whole county there are 12 psychologists. We have a crisis stabilization center in Montrose, it’s for 1-3 days, not for hold. The closest one is in Grand Junction. There’s no inpatient [facility] for detox. The closest one is in Durango. The one in Montrose is pretty good but they don’t currently have the staffing for the detox piece.” – DCI

“Mental health is a huge issue when we get people into the emergency room and we have no place to send them. We simply don’t have a crisis system.” – DCI

“We don’t have an inpatient facility to send [patients] to except in Colorado Springs or Denver.” – MCI

“Mental health care access is extremely difficult. We’ve heard that a client calls or goes down to the agency and they aren’t able to get same day service.” – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: “- MCI” indicates that the quote is from a Montrose County interviewee
Note: “- DCI” indicates that the quote is from a Delta County interviewee

Access to Mental & Behavioral Health

continued

- **Issues/Themes:**

- Concern surrounding high suicide rates in both counties
- Limitations in accessing care due to insurance coverage, comfort with telemedicine services
- Challenges with accessibility of services due to requirements to be admitted/seen, particularly patients with mental and behavioral health issues
- Need for geriatric psych services
- Greater difficulty in accessing care for minority populations due to:
 - Need for bilingual counselors
 - Insurance/costs

“[We have] extraordinarily high suicide rates per capita compared to other parts of the county. The lack of availability for psychiatry services and other mental [services] is always a tough referral for us.” – MCI

“If you do not have insurance or coverage through your work, it’s impossible to get mental health care. Our suicide rate in Delta County is close to Mesa County, which is triple the national rate. Telemedicine has increased but I don’t think people are super comfortable with it.” – DCI

“It’s very difficult for people to come in and get seen. These people need a psychiatrist or counselor. The Center of Mental Health is booked so we send them to Mind Springs Health in Grand Junction.” – MCI

“The mental health resource center doesn’t take anybody that has dementia or any kind of psychiatric need. If they need an inpatient facility or help with Dementia, Parkinson’s, or a secondary diagnosis, they can’t be seen here.” – MCI

“If you have someone who is dually diagnosed and has bipolar disorder or gets dementia, our local mental health service will not see them. A lot of the facilities won’t take them or take them for only 5-6 days which is not really resolving any medication management issues. There are no geriatric psych services.” – DCI

“There are practically no counselors who speak Spanish.” – MCI

“When a patient needs a certain specialist, they need to be seen at Mind Spring Rehab Center or somewhere like that. They can get in but Mind Spring doesn’t accept self-pay. The patient has to have Medicaid or insurance. Of course, the minority population does not have access to this [due to lack of insurance].” – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Note: “- MCI” indicates that the quote is from a Montrose County Interviewee

Note: “- DCI” indicates that the quote is from a Delta County Interviewee

Access to Specialty Care

- **Issues/Themes:**

- Conflicting statements about accessibility of specialty care services (Montrose County)
- Limited access to local specialty care leading to:
 - Long wait times
 - Potential transportation barriers due to rural nature of the community
 - Outmigration to Grand Junction, Montrose (for Delta County residents, particularly rural), Denver
- Perceived need to look at available resources in the community instead of referring out (Montrose County)
- Conflicting statements regarding accessibility of OB/GYN services for Delta County
- Insurance barriers leading to certain groups lacking access to specialty care services, particularly Medicaid, un/underinsured
- Specialties mentioned as needed include (in descending order based on number of times mentioned):

Both Counties

- Gastroenterology
- Orthopedics
- Rheumatology
- Endocrinology
- Cardiology
- Urology
- General Surgery
- Neurology/Spine
- Dermatology
- Internal Medicine

Montrose County

- Infectious Disease

Delta County

- OBGYN
- Dialysis
- Pulmonology
- Geri-psych

“Access to specialty care is really tight. There are long wait items. Orthopedics is 3-4 months out to have a surgery. Cardiology has been out really far.” – MCI

“[Specialty care] for adults is pretty easy. For pediatrics, like pediatric cardiology, it’s accessible if the family can drive to Denver. There’s no endocrinology on the western slope as far as I know.” – MCI

“Being in a rural community, having to travel to the Front Range [for specialty care] is a huge barrier for some.” – MCI

“It’s pretty difficult [to see a specialist]. It can be several weeks to months. Unless you want to drive to Grand Junction or Montrose.” – DCI

“A lot of patients that need specialists leave the community. They come to Montrose for dialysis. For rural parts of Delta County, that’s very difficult.” – DCI

“We have some really good doctors but people still leave. People get sent to Denver and Grand Junction for neurology. There’s a lot of outward referring instead of trying to figure things out with the resources we have here.” – MCI

“OB/GYN is a big need. Women’s care could use some beefing up.” – DCI

“It’s fairly quick to get in to see a specialist. Delta County now has cardiology, pulmonology, and oncology. We have dissolved our OBGYN clinic but we have an OBGYN surgeon who comes in from Montrose.” – DCI

“There are some [providers] who take limited insurances or there are gaps on how many Medicaid patients they can take or how many people that are without insurance. Rheumatology, endocrinology and gastroenterology services are the three biggies that we don’t see here or are not allowing Medicaid patients in.” –

MCI



Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Note: “- MCI” indicates that the quote is from a Montrose County Interviewee

Note: “- DCI” indicates that the quote is from a Delta County Interviewee

Access to Primary Care

- **Issues/Themes:**

- Conflicting statements regarding availability of primary care services
- Challenges in accessing primary care services due to:
 - Long wait times
 - Limited number of providers
 - Limited schedules to accommodate provider work/life balance
- Perceived patient preference in seeking physicians vs. Advanced Professional Practitioners
- Perceived difficulty in accessing pediatric primary care in both counties
- Desire for additional urgent cares in the community to increase access to care (Montrose County)
- Difficulty for certain groups to access primary care services, particularly Medicare/Medicaid
- Challenge in using telemedicine for primary care services due to lack of knowledge by certain groups

“There is significant availability for primary care. There are at least 3 group practices that are accepting new patients of all payor types.” – MCI

“I believe primary care and internal medicine is pretty well covered in Delta proper. I'm not so sure about the outlying areas.” – DCI

“One clinic is not accepting any new patients. They are about a month out. It's not that they don't want to see people, they just don't have the capacity because there are not enough providers.” – DCI

“It was 5 weeks for an appointment. I could have gotten in quicker with a mid-level provider. My provider is the only physician accepting new patients.” – MCI

“It's a long wait [to see a provider]. It's a 6-8 week to see a doctor for a new patient. You can get in quickly to see a midlevel but that is 3-4 weeks.” – DCI

“It's difficult to make an appointment and get in in a timely manner.” – DCI

“We have a number of doctors who live here for the lifestyle. They don't necessarily work full time.” – MCI

“We are good for primary care. I do hear that we only have one practice for pediatrics and they serve Montrose and Delta. They're booked.” – MCI

“It's very difficult for patients to get seen. I would like to see another urgent care here because they can't get in to see their doctor.” – MCI

“Some of the physician offices have certain limitations on what insurances they will continue to accept. [Sometimes] they'll say, 'We aren't accepting any Medicare patients'. If you are on Medicaid, that is even more troublesome.” – DCI

“There's a lot of people who don't know how to use telemedicine. Whether you are talking about seniors, low income, or areas that don't have broadband access.” – MCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Note: “- MCI” indicates that the quote is from a Montrose County Interviewee

Note: “- DCI” indicates that the quote is from a Delta County Interviewee

Insurance Coverage & Affordability of Care

- **Issues/Themes:**

- Potential overuse of the emergency room due to:
 - No upfront payment required
 - No personal doctor
 - Generational knowledge
 - Lack of insurance/payment options
- Concern surrounding the low income, underserved population regarding access to care
- Perceived barrier in attracting providers to the area due to the community payer mix (Delta County)
- Community payer mix resulting in:
 - Need for more private providers in the community
 - Acknowledgment that payor mix is a barrier to keeping healthcare facilities running due to overhead costs
 - Concern for rising health insurance costs, medication costs

“A lot of people rely on the emergency department for routine care whether or not they understand when to use it. It's all free to them since they are on Medicaid.” – MCI

“You have people who don't know the difference between the emergency room and their doctor because they were raised that way. Or that is the only way because they don't have insurance or payment options.” – DCI

“I'm concerned about access of care for the lower income populations or anyone who is underserved.” – MCI

“We have a lot of people who are uninsured/underinsured. That makes access to care a barrier. Most of their care is done through the emergency room.” – DCI

“When we look across the county we are [majority] Medicare/Medicaid. The difference between Medicare/Medicaid vs. private insurance impacts our reimbursement rates not only for the hospital but for our physicians as well. When you have that disparity in the community, it's not easy to attract providers to the community to serve that many people. It's not just the issue with access [to care], we need more private providers to help our community become a stronger financially.” – DCI

“Our payor mix is so heavily Medicaid/Medicare that we have trouble keeping all of the kinds of facilities and clinics available for people to utilize.” – DCI

“We recently had to increase our premiums 10%. Seems like the cost [of things] is just increasing. Insurance and healthcare are going to be the downfall of the country. You can't afford to get sick anymore.” – DCI

“The cost of drugs and the cost of the pharmacy [is an issue]. Not only for the patient first and foremost but also for the hospital.” – MCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Note: “- MCI” indicates that the quote is from a Montrose County Interviewee

Note: “- DCI” indicates that the quote is from a Delta County Interviewee

Recruitment & Staffing of Healthcare Workforce

- **Issues/Themes:**

- Difficulty in recruiting healthcare workforce due to:
 - Lack of affordable housing
 - Lack of clinical support staff
 - Limited professional development programs
 - Lack of nearby schools to serve as a staffing pipeline (Delta County)
- Lack of staffing at home health companies leading to difficulties in patients receiving care (Delta County)
- Perceived lack of healthcare workforce staff, particularly bilingual providers and nurses
- Concern surrounding high provider turnover rates and frustration with inconsistency

“We’ve run into barriers recently with recruiting for professional administration positions. There’s a lack of affordable housing, lack of clinical support staff and not that many training programs that develop professionals.” – MCI

“Recruiting healthcare professionals is a need. Physicians, nurses, and therapists of all types and mental health providers. Our home health companies are having to turn away patients because they don't have enough staff. We closed the nursing school because of a lack of funding. It was affordable for local students and that was a pipeline for nurses.” – DCI

“There are not enough bilingual providers here or staff nurses because [salaries are higher elsewhere].” – DCI

“Inconsistency in providers [is a concern]. There’s a lot of turnover. You tell a doctor about what’s going on with you and the next time you go, it’s a different provider so you have to tell your story all over again.” – DCI

Healthy Lifestyle Education & Management

- **Issues/Themes:**

- Conflicting statements on knowledge of healthy lifestyle programs in the community
- Perceived need for additional education on healthy behavior choices, particularly for the youth
- Limited access to healthy lifestyle resources in the community do due:
 - Potential geographical barriers for some groups in accessing healthy lifestyle resources
 - Perceived requirements/limited hours for food bank leading to barriers for certain groups accessing food, particularly the Latin and Asian population
 - Limited access to healthy lifestyle classes, particularly for the low income (Montrose County)
- Higher rate of diabetes in Spanish-speaking population (Delta County)

“We have the rec center. The county is working on a bike and walking trail. We do have Shepherd's Hand. There are free meals during school.” – MCI

“We have a few non-profit groups that support [healthy lifestyle] needs.” – DCI

“There's not enough access to healthy lifestyle programs or counseling. It's not easy for a low income family to access healthy lifestyle classes.” – MCI

“I don't know of any programs that promote healthy eating behaviors.” - MCI

“There's opportunities for exercise. I think it's motivation. How do we motivate people to buy food at the market rather than using their SNAP benefits for Debbie cakes?” – MCI

“At the 10,000 foot level we are not [doing too well nutrition wise]. You still see children utilizing the quick stop for their nutrition.” – DCI

“There's a recreation center and we are expanding our parks. But they aren't in the low income areas. There are no parks in the mobile homes areas.” – DCI

“We have meals on wheels. We have a couple of food banks. However, it's not very accessible for agricultural workers in the Latin and Asian communities. It's not very accessible because of the hours they are open and most of them require a Colorado ID to get food.” – DCI

“The food banks in Delta County aren't open very frequently.” – DCI

“The Latin community has higher numbers of pre-diabetes. We have a dietician but we can't help everyone because we don't have the capacity.” – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.

Note: “- MCI” indicates that the quote is from a Montrose County Interviewee

Note: “- DCI” indicates that the quote is from a Delta County Interviewee

Aging Population

- **Issues/Themes:**

- Perceived lack of home health, nursing home and long term care facilities due to staffing, insurance barriers
- Lack of geriatric mental health services leading to outmigration (Delta County)
- Perceived need for affordable dental care
- Potential barriers to access health services due to insurance, specifically Medicare
- Need for more education on insurance coverage and benefits
- Concern for affordability of services and overall financial needs
- Lack of affordable housing options resulting in increased homelessness amongst seniors
- Need for senior services in the community to better meet the needs of the elderly
- Desire for increased use of telemedicine for seniors for their healthcare needs

“There’s no home health care or nursing home that the hospital can transfer out into the community. There’s lack of beds and lack of staff.” – MCI

“I can rarely get someone placed in a long term [facility] here. If they need geriatric psych, they have to go out of the area. There are nursing home beds but they’ve reduced the number [of patients] they take due to staffing. There’s only one assisted living facility that accepts Medicaid. The other is private pay.” – DCI

“One challenge for seniors is dental care. There’s a senior dental grant that helps some but not everyone. They struggle with being able to pay for care.” – MCI

“The quality of care for the [elderly] is very hard. Because they are on Medicare, they don’t have insurance to cover other services like dentists.” – DCI

“There’s only one assisted living facility that’ll take Medicaid [patients]. Low income assisted housing for seniors is slim at best.” – MCI

“People don’t understand Medicare benefits. People are banking on that their medical benefits will place them in a nursing home.” – MCI

“Affordability is difficult. We have quite a large percentage of the population over 65 that don’t qualify for Medicare but struggle to meet their monthly financial needs. They can’t afford health services on their own.” – DCI

“We have seen a larger number of seniors fall into the homeless category. Rentals are high. There isn’t enough affordable housing for seniors.” – DCI

“We’re starting to turn into a retirement community. Really focusing on the [elderly], the services and access to them [is a need].” – MCI

“There’s a lack of resources for the elderly. It would be awesome if telemedicine was done more with the elderly. They would have a better quality of life.” – MCI

Community Concerns

- **Issues/Themes:**

- Potential barriers for accessing care due to changes in the public health department (Montrose County)
- Transportation barriers due to:
 - Patient’s geographical location
 - Long wait times
 - Lack of mass transportation system in the county
- Limited affordable housing for certain populations, particularly the elderly and low income populations (Delta County)
- Perceived limited internet access in some areas of the county (Delta County)
- Perceived need for greater community collaboration towards addressing unmet needs of vulnerable populations
- Acknowledgment of the growth of drug related use/abuse in the community and for child welfare cases

“We use to have a health department that covered vaccines, women's health, and undocumented people. All that is basically gone.” – MCI

“Montrose County is rural. If you go to the western side of the county, it’s a 60 mile [drive]. People from the west have a difficult time driving to the east.” – MCI

“Transportation is better than it use to be but the West Elk has a long wait time. If someone is in Hotchkiss, there’s no transport system for them. There’s no ongoing public transportation up along the valley.” – DCI

“There’s a large percentage of the population who live 40-50 miles from the hospital. There are no mass public transportation options.” – DCI

“We are a rural [county] that's quickly transforming into people retiring here. We don't have enough housing to house the people who are already here.” – MCI

“Affordable housing and good paying jobs [is a need]. For low income housing, the wait list at the housing authority is 2 years.” – DCI

“There are some areas where there's no internet access or cellular access. That’s challenging for some people. The cost of internet access is another [issue].” – DCI

“\$600 is not affordable for people around here. We have undocumented children who don't have health care insurance. How are families going to afford healthcare if they are making \$12.50 an hour? We need to open the conversation about how we are taking care of the population.” – DCI

“Drug addiction is a growing problem. Alcoholism is always a big issue but particularly here we have a meth problem and that launches into a growing fentanyl problem. Meth has always sort of been a big issue and we see it in our child welfare cases – children with drug addiction.” – MCI

“Alcohol is a big thing where we live but recreational drugs as well. There’s really poor alcohol treatment and limited resources. There was a detox facility in the county but it closed due to staffing shortages and lack of trained staff.” – DCI

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.
Note: “- MCI” indicates that the quote is from a Montrose County Interviewee
Note: “- DCI” indicates that the quote is from a Delta County Interviewee

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Elderly
 - Staffing of senior care facilities (nursing homes/assisted living facilities)
 - Food insecurity
 - Transportation (limited options, limited hours)
 - Education on telehealth services and benefits
 - Access to internet services
 - Affordable dental care
 - Comprehensive home health
 - Affordable housing options
 - Medical/insurance education
 - Mental and behavioral health services
 - Affordability of care
 - Equipment/resource needs, particularly oxygen tank refills (Delta County)
- Pediatrics
 - Limited availability of child day care
 - Language barriers between parents and providers (Delta County)
- Teenagers/Adolescents
 - Limited transportation options
 - Hesitancy to go to the doctor (i.e. what’s bothering them physically, mentally, etc.)
 - Need for mental health services, particularly psychologist
 - Need for local providers with ability to prescribe appropriate mental and behavioral health medications
 - Substance and drug misuse/abuse
 - Vaping, e-cigarette use
- Homeless
 - Suicide rate
 - Need for younger parent family planning/education/Planned Parenthood
 - Limited local OB/GYN services
 - Limited operational hours for local shelters
 - Growing population
 - Mental and behavioral health concerns
 - Substance misuse/abuse
 - Need for safe/affordable housing (Delta County)
- Low Income/Working Poor
 - Cost barriers to care
 - Transportation barriers
 - Limited internet access
 - Healthy lifestyle education
 - Affordable housing
- Racial/Ethnic
 - Language barriers
 - Insurance/affordability issues
 - Hesitancy to seek care (documentation concerns (Montrose County), cultural mistrust (Delta County))
- Veterans
 - Limited local VA services
 - Limited access to mental and behavioral health services
 - Access to dental care (Montrose County)
 - Affordable housing

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.



HOSPITAL TRANSFORMATION PROGRAM: DELTA HEALTH PUBLIC ENGAGEMENT AND BENEFITS ACCOUNTABILITY UPDATE



Introduction

- DH is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing, and collected community input during a recent stakeholder meeting. Input from stakeholders is included within this section.

Overview

- DH is participating in the Hospital Transformation Program (HTP) through the Colorado Department of Health Care Policy & Financing
 - Five year reform initiative
 - Supplemental payments tied to:
 - Quality based initiatives
 - Meaningful community engagement
 - Improvements in healthcare outcomes
- HTP goals:
 1. Improve patient outcomes
 2. Improve delivery systems
 - Appropriate care, time, setting
 3. Reduce Colorado Medicaid Program
 4. Value based payments Increase effectiveness, efficiency in care delivery for hospitals
 5. Increase collaboration between hospitals and providers

Role & Priorities

- The role of Colorado hospitals:
 - Engage community partners
 - Recognize, address social determinants of health
 - Prevent avoidable hospital utilization
 - Ensure access to appropriate care, treatment
 - Improve patient outcomes
 - Ultimately reduce costs, contribute to reductions total cost of care
- Priorities:
 - High Utilizers of Emergency Department
 - Vulnerable Populations; pregnant women, low income, end of life
 - Individuals; Behavioral Health Conditions, Substance Use Disorders
 - Hospital Clinical and Operational Efficiencies
 - Community Development Efforts:
 - Address Population Health
 - Total Cost of Care

Hospital HTP Activities



Partner with organizations broad interests of community.

Develop action plan for engagement, formalize. Plan reflects key community organizations.

Host information-sharing, provide input, community needs and opportunities. Identify service gaps, resources.

Report to State, partners, public. Submit midpoint report and final progress and findings report to the State.

Work with partners to prioritize community needs, identify target populations, initiatives.

Community Input

- 18 stakeholders attended the community input meeting on August 2, 2022 at Delta Health
- Stakeholders assist in planning by:
 - Providing data/expertise
 - Providing information, connections
 - Providing ideas, support
- Discussed the health needs of the community, resources available/needed, opportunities, strengths and weaknesses
- Gathered background information on each interviewee

Stakeholder Information

- **Danielle Angotti:** Founder, The Arc of West Central Colorado
- **Emily Ayers:** Marketing Specialist, Delta Health
- **Dean Burbank, RN:** Surgery Nurse, Delta Health
- **Jean Ceriani:** Board Chairman, Delta Health
- **Jacqueline Davis:** Director of Marketing/Communications/PR Public Information Officer, Delta Health
- **Kendra Dorr-Callahan:** Marketing Manager, Delta Health
- **Anne Gallegos:** Director, Delta County Department of Human Services
- **Matt Heyn:** Chief Executive Officer, Delta Health
- **Kaye Hotsenpiller:** Chief Executive Officer, River Valley Health
- **Julie Huffman:** Chief Legal, Delta Health
- **Vickie Moore, M. Ed:** Executive Director of Clinic Operations, Delta Health
- **Melissa Palmer:** Executive Director of Nursing, Delta Health
- **Jody Roeber:** Chief Clinical Officer, Delta Health
- **Katherine Smith:** Readiness & Response Coordinator, West Region Healthcare Coalition
- **Brandi Vela, RN, BSN, RAC-CT:** Nurse, Delta Health
- **Larry Vincent:** Chief Financial Officer, Delta Health
- **Janel Webb:** Quality Director, Delta Health
- **Darnell Wise Place:** Executive Director, Delta Health Foundation

Source: Delta Health, Public Engagement and Benefits Accountability Update: August 2, 2022, information received August 4, 2022.

Community Meeting Summary

- The Delta Health (DH) Hospital Transformation Program (HTP) team hosted an in person and virtual event to update and seek feedback from our community stakeholders and public regarding the hospital community benefit activities, HTP measures, costs and shortfalls from the preceding year
- Attendees included DH employees, West Region Healthcare Coalition, The Arc of West Central Colorado, River Valley Health and Delta County Department of Human Services.
- The event was organized by the DH
- To facilitate this dialog, an interactive presentation slide deck was utilized so that participants in the room and virtually could actively give feedback and ask real time questions.

Community Meeting Summary

Discussion Topics

- DH reviewed the top six significant health needs from their 2019 Community Health Needs Assessment (CHNA) report. Additionally, for the Hospital Transformation Program, DH reviewed the eight measures that they will focus on with a goal to have all milestones implemented by mid 2024. For both the CHNA and HTP, DH reviewed the reason why it was a significant need, the strategy DH plans to use to achieve the need/milestone and how they are measuring the need/milestone. DH then opened up the meeting for general feedback and questions. The top six significant needs and the top eight HTP measures include:

CHNA Significant Needs

1. Affordability
2. Accessibility
3. Mental health
4. Alcohol abuse
5. Drug/substance abuse
6. Social factor

HTP Measures

1. Patients follow up with a clinician within 30 days of discharging home from the ED
2. Screen obstetric patients for depression and anxiety and refer to resources when needed
3. Develop and implement a discharge planning and notification process with the RAE for eligible patients with a diagnosis of mental illness or substance use disorder discharging from the hospital or ED
4. Increase the use of alternatives to opioids (ALTOs) in the ED and decrease the use of opioids
5. Social needs screening will need to occur within the hospital with appropriate referrals made when needed
6. 30 day all cause risk adjusted hospital readmissions will be examined
7. Severity adjusted length of stay
8. Hospital index

Source: Delta Health, Public Engagement and Benefits Accountability Update: August 2, 2022; information received August 4, 2022.



LOCAL COMMUNITY HEALTH REPORTS

Tri-County Health Network

Community Health Needs Assessment - 2021

- TCHNetwork conducted a CHNA in late 2021, a regional survey designed to better understand the health-related needs of people who live or work in San Miguel, Ouray, the West End, and Delta counties. While we did not specifically target “east end” of Montrose County residents, we did receive some responses from Montrose and Olathe community members.
- The goals of the survey were to identify the health-related needs of our community members, learn more about the services community members are utilizing, and see if there are needs community members have that are not being met by existing resources.

Tri-County Health Network

Community Health Needs Assessment – 2021

- TCHNetwork received 1,178 surveys. Surveys stated they lived in Delta, Montrose, Ouray or San Miguel Counties.
- Surveyors expressed several needs that they believe need to be addressed:

2021 Needs Expressed

- Recreation Centers
 - Mental Health Programs or Services
 - Housing or Shelter Services
 - Childcare Services
 - Community Events to Improve Health
 - Food or Nutrition Resources
 - Wellness Screenings
 - Transportation Resources
 - Senior Services
 - Employment or Unemployment Services
 - Disability Services
 - Medical Services
 - Immigration Legal Services
 - Public Assistance Benefits
 - Domestic Violence Services
 - Health Insurance Enrollment Assistance
 - Care Coordination/Case Management Services
 - Veterans' Services
 - Community Resource Navigation Support in a Language other than English
 - Assistance with Utilities
 - Public Libraries
 - Faith-based Resources
- Tri-County Health Network created an interactive tool which users can use to explore results by different categories. The link to the interactive tool can be found here: <https://tchnetwork.org/chna-2021/>

OSF St. Francis Hospital & Medical Group

Community Health Needs Assessment - 2019

- The Delta County Community Health-Needs Assessment is a collaborative undertaking by OSF Saint Francis Hospital and Medical Group to highlight the health needs and well-being of residents in Delta County.

Methodology

- To complete the comprehensive community health-needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.
- A survey was distributed electronically and via paper copy. 570 usable responses were collected.

OSF St. Francis Hospital & Medical Group

Community Health Needs Assessment - 2019

Prioritization

- The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, three significant health needs were identified and determined to have equal priority:
 1. Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity
 2. Behavioral Health – including mental health and substance abuse
 3. Aging Issues – defined as population over 65



INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond via direct mail or email to the hospital. The physical address and email address can be found directly on the hospital's website at the site of this download.



EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2020 to 2022 Implementation Plan.

IMPLEMENTATION STRATEGY 2020-2022

Significant Health Needs

The methodology used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by DCMH.²⁸ The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies DCMH current efforts responding to the need including any written comments received regarding prior DCMH implementation actions
- Establishes the Implementation Strategy programs and resources DCMH will devote to attempt to achieve improvements
- Documents the Leading Indicators DCMH will use to measure progress
- Presents the Lagging Indicators DCMH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, DCMH is the major hospital in the service area. DCMH is a 49-bed, acute care medical facility located in Delta, Colorado. The next closest facilities are outside the service area and include:

- Montrose Memorial Hospital, Montrose, OC; 22.9 miles (30 minutes)
- St. Mary’s Hospital and Regional Medical Center, Grand Junction, CO; 42.7 miles (56 minutes)
- Community Hospital, Grand Junction, CO; 45.2 miles (53 minutes)
- Gunnison Valley Health, Gunnison, CO; 87.4 miles (102 minutes)
- Valley View Hospital, Glenwood Springs, CO; 122 miles (121 minutes)

All statistics analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the DCMH Implementation Strategy uses “Leading Indicators.” Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

²⁸ Response to IRS Schedule H (Form 990) Part V B 3 e

1. **AFFORDABILITY – 2016 Significant Need; Delta County’s uninsured rate is worse than the state average; Delta County’s unemployment rate is worse than the state average; Most regions of Delta County have a higher vulnerability relating to socioeconomic status**
4. **ACCESSIBILITY – 2016 Significant Need; Delta County’s population to primary care ratio and mental health provider ratio is worse than the state average; Regions of Delta County have a higher vulnerability relating to housing/transportation**

Due to the similar services, programs, and resources available to respond to these needs, only one implementation strategy is being created.

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

DCMH services, programs, and resources available to respond to this need include:²⁹

- Seven annual health fairs held in various locations (Paonia, Cedaredge, Delta) during February and March; provide health screenings/blood work including BMI, blood pressure, basic lung pressure (COPD), colon screening, A1C
 - Ongoing
 - Health Fair/Blood Draws were canceled in 2020 due to the pandemic. Offered again in 2021 in one large location in Delta. By 2022, it was back in other communities offered 5 days total.
- To increase outpatient access, DCMH has purchased or built ten private clinics (mainly primary care and OB) over the past three years to serve new communities as well as opened Urgent Care – Delta across from the hospital
 - Ongoing
 - Delta Health had to close Urgent Care clinics and resume walk-in services and OB care through their primary care clinics. Partnerships were made in 2021 with Montrose Regional Health to offer GYN services weekly in Delta. Delta Health also opened up a Pediatric Primary Care Clinic. Delta Health also opened up a Pain Clinic with integrated behavioral health services offered.
- Specialties available – OB/GYN, Rheumatology, Oncology, Pulmonology, Orthopedics, General Surgery, Internal Medicine, Ophthalmology, Pediatrics; Offered on rotation – ENT, Urology/Nephrology, Neurology, Cardiology, Psych, Physical Medicine
 - Ongoing
 - Delta Health no longer offers Rheumatology, ENT, Nephrology, Neurology or Physical Medicine within the health system as a result from right-sizing the organization.
- Hospital offers a variety of wellness programs including Tai Chi (fall prevention), smoking cessation, diabetes education, and diabetes cooking classes (active)

- Ongoing
 - Delta Health no longer offers Tai Chi or smoking cessation after the pandemic. Delta Health supports either through sponsorship and/or with clinician support of different departments, community and wellness programs in the past and ongoing such as Women and Weights, Youth Sports leagues, Asthma education in local schools, Prenatal and Breastfeeding Classes, and Diabetes Support Group. Delta Health will continue to support and provide different classes as needed in the communities of Delta County.
- Oncology department offers a stress reduction class, and art/music therapy support for patients and families
 - Discontinued
 - Delta Health was not able to offer special Oncology programs during and after the pandemic.
- Oncology department offers complementary massage, women's support group, two Oncology Nurse Navigators to assist and coordinate throughout the patient's journey
 - Discontinued
 - Delta Health was not able to offer special Oncology programs during and after the pandemic.
- Three RN Care Coordinators for ACO participants and three RN Care Coordinators in PCP clinics for remainder of patient population to help patients navigate through the healthcare system to get care in the most appropriate place and find the most cost-effective options
 - Discontinued
 - Delta Health was not able to continue the ACO program during and after the pandemic.
- Involved Wound Care program available to diabetes patients to help them stay on top of their care; provides specialty care close to home; includes a full-time wound nurse and currently training a full-time home health wound nurse
 - Ongoing
 - The outpatient wound care program has continued to grow. Home Health continues to provide home-based wound care services.
- Financial Assistance Policy available with charity care program and prompt pay discount for people paying cash; also accept CICIP; financial counselor on staff to help patients sign up for Medicaid/Medicare
 - Ongoing
 - Financial Assistance Policy is available with charity care program and prompt pay discount for people paying cash. CICIP is accepted and a financial counselor is on staff to help patients sign up for Medicaid/Medicare.

²⁹ This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- Sponsor local public transportation (“All Points Transit”) specifically for medical appointments; voluntary; 65+ optional; discounted otherwise
 - Ongoing
 - Delta Health continues to sponsor local transportation specifically for medical appointments; voluntary; 65+ optional and discounted otherwise.
- Outreach blood draw centers in Hotchkiss and Cedaredge to better reach communities farther from the hospital to decrease patient drive time
 - Ongoing
 - Outreach blood draw centers continue to operate in Hotchkiss and Cedaredge to better reach communities farther from the hospital to decrease patient drive time
- Discounted sports physicals for local student athletes
 - Ongoing
 - Delta Health continues to provide this service in primary care offices.
- Flu clinics available with extended hours at primary care offices
 - Ongoing
 - Delta Health continues to provide this service in primary care offices.
- Provide free breastfeeding support and birthing (prenatal) classes
 - Ongoing
 - Delta Health continues to provide this service. It was taken to zoom during the pandemic but has returned in 2022 to in-person.
- OB providers see health department undocumented patients for antenatal care
 - Ongoing
 - Delta Health OB providers continue to see health department undocumented patients for antenatal care.
- Integrated complementary therapies for primary care clinics such as massage and acupuncture
 - Discontinued
 - Delta Health was not able to offer special Oncology programs during and after the pandemic.
- Providers within DCMH Community Clinics becoming Workman’s Compensation Providers
 - Ongoing
 - Providers within DCMH Community Clinics continue to become Workman’s Compensation Providers.
- DCMH Physicians becoming Medical Directors for local Community Paramedic Program and local Mine to increase accessibility for other populations within Delta County

- Ongoing
 - DCMH physicians continue to become Medical Directors for local Community Paramedic Program and local Mine to increase accessibility for other populations within Delta County.
- Continuing to actively recruit specialists to increase accessibility of specialty care in the area
 - Ongoing
 - Delta Health is actively recruiting specialists to increase accessibility of specialty care in the area.
- Hospital offers rehabilitation clinic in Hotchkiss and Cedaredge
 - Ongoing
 - Has moved services from Hotchkiss and relocated to Paonia.
- Providing reproductive health classes to community high schools
 - Discontinued
 - Delta Health was not able to continue the program during and after the pandemic.
- New Swing bed program (TPAC) enables patients requiring additional care to stay closer to home
 - On hold due to COVID-19
 - Delta Health was not able to continue the program during and after the pandemic. The program is being reevaluated to potential bring back in 2023.
- Increase access to mammograms by opening up early morning mammogram appointments outside of normal business hours
 - Ongoing
 - Delta Health continues to offer early morning mammogram appointments outside of normal business hours to increase access. We open at 0700 and we do get women scheduled early, before their work day starts but we are not open for walk-ins.
- New 3D breast imaging and high quality breast biopsy machines for high quality imaging offered to the communities
 - Ongoing
 - Delta Health continues to offer 3D breast imaging and high quality breast biopsy machines for high quality imaging.
- New DEXA machine (higher quality bones density scanner) to detect osteoporosis and osteopenia
 - Completed and Ongoing
 - Delta Health continues to offer the DEXA machine to detect osteoporosis and osteopenia.
- Partnering with Monument Health to increase the number of insured in Delta County by offering another option on and off the exchange in 2020

- Ongoing
 - Delta Health continues to partner with Monument Health to increase the number of insured in Delta County by offering another option on and off the exchange in 2020.
- Dieticians/Diabetes educators developed sliding scale to increase access to care for Medicaid patients
 - Ongoing
 - We continue to offer the service to our community, but instead of the sliding scale we offer each visit for a fixed \$25 clinic fee so that patients can afford to come in. Approximately 70% of the patients seen at Delta Health each month come in for a \$25 clinic visit and often choose to come in for a follow up visit after establishing with a RD. Most frequent dx seen is diabetes, obesity, chronic kidney disease and various other conditions related to heart disease.
- Working with utility/fiber provider (DMEA/Elevate) to bring a telemedicine options into local clinics to increase our provider virtual visits
 - Ongoing
 - Telehealth was increased during the pandemic.
- Infusion center provides chemotherapy/immunotherapy infusions, injections, blood products, supportive care, private infusion rooms, onsite pharmacy and laboratory
 - Ongoing
 - The infusion center continues to provide chemotherapy/immunotherapy infusions, injections, blood products, supportive care, private infusion rooms, onsite pharmacy and laboratory.

Additionally, DCMH plans to take the following steps to address this need:

- Further expansion of transparency of charges
 - Ongoing
 - Complaint with regulations.
- Tobacco Facilitator training for hospital staff, where a Tobacco Educator will be in all departments and clinics
 - Discontinued
 - Delta Health was not able provide the program during and after the pandemic.
- Offering increased community Smoking Cessation Classes
 - Discontinued
 - Delta Health was not able offer classes during and after the pandemic.

DCMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Asthma education in the school system being conducted by a team consisting of a provider and a respiratory therapist
 - On hold due to COVID-19

- Delta Health was not able to offer asthma education in the school system during and after the pandemic. Needs are currently being assessed. The RT asthma educator is working with the schools on a cooperative program for students with asthma.
- Smoking cessation and vaping education provided to staff within the facility who now partner with schools to provide ongoing educational opportunities
 - Discontinued
 - Delta Health was not able to provide smoking cessation and vaping educational opportunities during and after the pandemic.
- Telehealth subscription service available for extended hours (7a - 10p) and supported by local providers
 - Discontinued
 - Delta Health no longer offers this service.
- Utilization of telehealth remote monitoring by a Dietician through Delta Home Health Services
 - Discontinued
 - Delta Health does not offers this service.
- Added an additional oncology patient navigator, for a total of two, to help coordinate care across all areas including scheduling appointments and treatments, planning out care, researching alternative medicines and treatments, and arranging transportation
 - Ongoing
 - Delta Health continues to employ two oncology patient navigators to help coordinate care across all areas including scheduling appointments and treatments, planning out care, researching alternative medicines and treatments, and arranging transportation.

Anticipated results from DCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate DCMH intended actions is to monitor change in the following Leading Indicator:

- Number of “same day” nurse visits on the schedule
- Number of Urgent Care Visits

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Number of level 4 presenting to the ED
- 30 Day Readmission Rates

DCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Gunnison Valley Health	Rob Santilli, CEO	711 N Taylor St, Gunnison, CO 81230 (970) 641-1456 www.gunnisonvalleyhealth.org
Montrose Memorial Hospital	James Kaiser, CEO	800 S 3rd St, Montrose, CO 81401 (970) 249-2211 www.montrosehospital.com
Community Hospital		2351 G. Road, Grand Junction, CO (970) 252-0920 yourcommunityhospital.com
St. Mary's Regional Hospital		2635 N. 7 th Street, Grand Junction, CO (970) 298-2273 www.sclhealth.org
Center for Mental Health	Shelly Spaulding	107 W 11th St, Delta, CO 81416 (970) 874-8981 www.centermh.org
Delta County Sheriff	Quinn Archibeque	555 Palmer St, Delta, CO 81416 (970) 874-2000 www.deltacounty.com/12/Sheriff
Mind Springs Health/West Springs Hospital	Sharon Raggio	515 28 3/4 Rd, Grand Junction, CO 81501 (970) 263-4918 https://mindspringshealth.org/treatment/west-springs-hospital/
Delta County	Robbie Lavalley	501 Palmer St., Delta, CO 81416 (970) 874-2100 www.deltacounty.com
City of Delta	David Torgler	(970) 874-7566 www.delta-co.gov
Altrusa International of Delta		www.altrusainternationalofdelta.com
Delta Lion's Club	Chuck Prince	https://www.facebook.com/DeltaLionsClub/

Organization	Contact Name	Contact Information
HopeWest Hospice (Grand Junction)	Dorothy Pew, Delta Director	725 S. 4th Street, Montrose, CO 81401 (970) 874-6823 www.hopewestco.org
Delta County School District 50J	Karen Gibson	7655 2075 Rd., Delta, CO 81416 (970) 874-4438 www.deltaschools.com
Western Healthcare Alliance	Angelina Salazar, CEO	715 Horizon Dr, Grand Junction, CO 81506 (970) 245-8138 www.wha1.org
Colorado Hospital Association	Steven Summer, CEO	7335 E Orchard Rd #100, Greenwood Village, CO 80111 (720) 489-1630 www.cha.com
River Valley Family Health Center (FQHC)	Jeremy Carrol, CEO	308 Main St, Olathe, CO 81425 (970) 323-6141 www.rivervalleyfhc.com
Delta County Health Department	Chuck Lemoine, Director	255 W 6th St, Delta, CO 81416 (970) 874-2165 www.deltacounty.com/486/HealthServices
Delta Police Department	Jesse Cox, Commander	215 W. 5 th Street, Delta, CO 81416 (970) 874-7676
Region 10	Eva Veitch, Area Agency on Aging Director	145 South Cascade Ave. Montrose, CO (970) 249-2436 Region10.net
North Fork Ambulance	Kathy Steckel	193 Hotchkiss Ave, Hotchkiss, CO (970) 874-9232 www.northforkambulance.com
Delta Ambulance	Kirby Clock	60 Heinz Street, Delta, CO (970) 874-9555
Hotchkiss Marshalls	Dan Miller	276 W Main St. – PO Box 369. Hotchkiss, Colorado 81419. (970) 872-3848 Townofhotchkiss.com

Other local resources identified during the CHNA process that are believed available to respond to this need:³⁰

Organization	Contact Name	Contact Information
Delta County Memorial Hospital Foundation	Kaitlyn Jones	1501 E. 3rd St, Delta, CO 81416 (970) 874-2291 http://dcmhfoundation.org/
All Points Transit	Sarah Curtis	431 South 2 nd , Montrose, CO (970) 249-0128 Allpointstransit.com

³⁰ This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

2. **MENTAL HEALTH – 2016 Significant Need; Delta County’s Poor Mental Health Days rate is worse than the state average; Delta County’s population to mental health provider ratio is worse than the state average; Suicide is the #8 leading cause of death in Delta County and the death rate is worse than the U.S. average; Delta County’s female and male self-harm and interpersonal violence related deaths is worse than the U.S. average and increased from 1980-2014 (Female death rate increased 22.7; Male death rate increased 8.1%); Female and male mental and substance abuse related deaths is worse than the U.S. average and increased from 1980-2014 (Female death rate increased 301.6%; Male death rate increased 205.0%)**
3. **ALCOHOL ABUSE – Local expert concern; Delta County’s alcohol-impaired driving deaths is worse than the state average and U.S. median; Residents of Delta County are more like to consume 3+ drinks per session compared to the U.S. average; Liver disease is the #10 leading cause of death in Delta County; Delta County’s female liver disease related deaths rate is worse than the U.S. average and increased 58.2% from 1980-2014; Male liver disease related deaths increased 23.0% from 1980-2014**
5. **DRUG/SUBSTANCE ABUSE – 2016 Significant Need; Delta County’s female and male mental and substance abuse related deaths is worse than the U.S. average and increased from 1980-2014 (Female death rate increased 301.6%; Male death rate increased 205.0%)**

Due to the similar services, programs, and resources available to respond to these needs, only one implementation strategy is being created.

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

DCMH services, programs, and resources available to respond to this need include:

- Security service on site at the hospital from Monday to Thursday, 6:00pm–6:00am, and 4:00pm on Friday through 6:00am Monday
 - Ongoing
 - Security services are on site at the hospital from Monday to Thursday, 6:00pm–6:00am, and 4:00pm on Friday through 6:00am Monday.
- Providing internal hospital staff to act as sitters for less stable patients; staff receiving additional training
 - Ongoing
 - We continue to utilize staff as sitters. We have offered mental health first aid but no additional training.
- Behavioral health screening and same day referrals to community resources
 - Ongoing
 - All admitted patients to the obstetrics unit at the hospital are screened for postpartum depression after delivery.

- Provide integrated behavioral health in three of our primary care clinics
 - Ongoing
 - We have increased BH services to include 4 primary care clinics.
- Implemented depression, anxiety, alcohol and substance use screenings at primary care/OB clinics.
 - Ongoing
 - Depression, anxiety, alcohol and substance use screenings are happening at the West Elk & Family Medicine clinics, to date.
- Provide Medications for Opioid Use Disorder (MOUD) for people with Opioid Use Disorder at the West Elk Clinic in Hotchkiss
 - Ongoing
 - MOUD is provided to patients at the West Elk Clinic in Hotchkiss and at Family Medicine as well.
- Formed a county-wide Opioid Task Force
 - Ongoing
 - Delta Health continues to have a county-wide Opioid Task Force.
- Provide security training to providers and staff on how to address patients presenting in crisis and perform de-escalation; mental health first aid provided to nurses every other year
 - Ongoing
 - Delta Health has changed security companies and are in discussion with current security service about providing training.
- Provide staff training in Mental Health First Aid
 - Discontinued
 - This was done every two years but, due to COVID, has not happened since 2019.
- Trauma department presents Sober Teen program every year around prom that has a “mock crash/DUI” to show students the risks and potential consequences of drunk driving
 - On hold due to COVID-19
 - This was an ongoing program but has not started back up in the last 2 years due to COVID and change of staff who spearheaded the effort.
- Provide CME for providers, ED staff, and some other designated hospital staff to educate on opioid epidemic (ALTO provider training)
 - Ongoing
 - Delta Health continues to provide CME for providers, ED staff, and some other designated hospital staff to educate on opioid epidemic (ALTO provider training). Also providing

training regarding legislative changes to the prescription drug monitoring program (PDMP) to all providers in 10/2022.

- Implementation of ALTO (alternative to prescribing opioids) in the Emergency Department
 - Ongoing
 - ALTO continues to be utilized in the Emergency Department
- Implementing CMS137, screening for new alcohol and substance use disorders abuse with same day intervention and again in 14 days
 - Ongoing
 - There is a portion of the history assessment that asks about alcohol and substance use and then there is the SBIRT screening to determine appropriate level of treatment that may be necessary.
- Participation in the alternative to opioids (ALTO), Medication- Assisted Treatment (MAT), and State Prescription Drug Monitoring (PDPM) programs to decrease addiction and cost of opioid prescriptions
 - Ongoing
 - Delta Health continues to participate in the alternative to opioids (ALTO), Medication-Assisted Treatment (MAT), and State Prescription Drug Monitoring (PDPM) programs to decrease addiction and cost of opioid prescriptions

Additionally, DCMH plans to take the following steps to address this need:

- Sustain and spread integration of behavioral health professionals into primary care clinics
 - Ongoing
 - Delta Health continues to sustain and spread integration of behavioral health professionals into primary care clinics
- Explore opportunities to create a safe room and ligature free environment within the hospital
 - Completed
- Research additional opportunities for tele-psych
 - Ongoing/On hold
 - This was researched but we have not moved forward, continue to look at alternatives, have not had fiscal resources to move forward.
- Working to maintain contract with First Light Home Care for sitters for less stable patients
 - Discontinued
 - Delta Health has struggled to keep certified people. This is no longer active.
- Bringing in an external group to provide de-escalation training for staff

- Discontinued
 - Did not happen. Could not be started during pandemic.
- Investigate partnership with local law enforcement for teen alcohol consumption deterrent opportunities
 - Ongoing
 - We meet regularly with local law enforcement to discuss community issues, especially behavioral health.
- Ongoing development of the planning grant for Rural Communities Opioid Response Program (RCORP) in collaboration with St. Mary's residency program to address gaps in care
 - Ongoing
 - Members of Delta Health attend 3 meetings per month regarding RCORP. The one year planning grant ended in 2021 and we are now in year 1 of a 3 year implementation grant.
- Building MOUD program with Emergency Department referrals
 - Ongoing
 - The majority of the ED MOUD patients are referred to River Valley Health as they work with a more acute panel of opioid use disorder patients that we treat at the West Elk and Fam Med.

DCMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Opened crisis stabilization unit and Walk-In Clinic
 - Ongoing
 - Delta Health has sent many people for assistance via the CSU and walk-in clinic.
- Providers consistently use Prescription Drug Monitoring Program to research patient prescriptions
 - Ongoing
 - Providers continue to use Prescription Drug Monitoring Program to research patient prescriptions.
- Conduct monthly meetings with mental health services, ED, Hospital Clinics, Crisis Unit, child protective services, adult protective services, and local law enforcement (local school systems have been invited to participate)
 - Ongoing
 - Now meet quarterly and has been extremely good collaboration.
- Conduct Care Management meetings including CPS, APS, and hospital Case Management to discuss specific patient risks and needs
 - Ongoing
 - Delta Health continues to conduct Care Management meetings to discuss specific patient risks and needs.

Anticipated results from DCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different Populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate DCMH intended actions is to monitor change in the following Leading Indicator:

- Number of patients screened with the PHQ9

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Decrease overall patient PHQ9 scores in identified “at risk” population
- Decrease ED utilization of mental health related occurrences

DCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Gunnison Valley Health	Rob Santilli, CEO	711 N Taylor St, Gunnison, CO 81230 (970) 641-1456 www.gunnisonvalleyhealth.org
Montrose Memorial Hospital		800 S 3rd St, Montrose, CO 81401 (970) 249-2211 www.montrosehospital.com
Center for Mental Health	Sarah Palmer, Regional Director	107 W 11th St, Delta, CO 81416 (970) 874-8981 www.centermh.org
Delta County Sheriff		555 Palmer St, Delta, CO 81416 (970) 874-2000 www.deltacounty.com/12/Sheriff
Mind Springs Health/West Springs Hospital	Sharon Raggio	515 28 3/4 Rd, Grand Junction, CO 81501 (970) 263-4918 https://mindspringshealth.org/treatment/west-springs-hospital/
Crisis Stabilization Unit	Kate Hamer, Assist. Nursing Director	300 N. Cascade Ave. Montrose (970) 252-6220
Chris Matoush	Crisis Service Manager	Rocky Mountain Health Plans
Dolphin House	Jacob Conklin, Executive Director	735 S 1st St, Montrose, CO 81401 Phone: (970) 240-8655 Montrose-child-advocacy.org
CSU		

6. SOCIAL FACTORS – 2016 Significant Need; Delta County’s unemployment rate and children in poverty are worse than the state average; Delta County’s injury deaths are worse than both the state average and U.S. median

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

DCMH services, programs, and resources available to respond to this need include:

- Work closely with local homeless shelter (Abraham Connection); hospital employees volunteer and serve food provided by the hospital
 - Discontinued
 - Was put on hold during the pandemic and have not resumed.
- Food Drive held every Christmas for all the food banks in Delta County
 - Ongoing
 - Food Drive continues to be held every Christmas for all the food banks in Delta County
- Hospital employees and families adopt local families for Christmas to provide gifts, clothing, etc.
 - Ongoing
 - Hospital employees and families continue to adopt local families for Christmas to provide gifts, clothing, etc.
- Financial Assistance Policy available with charity care program and prompt pay discount for people paying cash; also accept CACP; financial counselor on staff to help patients sign up for Medicaid/Medicare; financial aid for qualifying families
 - Ongoing
 - Financial Assistance Policy is available with charity care program and prompt pay discount for people paying cash. CACP is accepted and a financial counselor is on staff to help patients sign up for Medicaid/Medicare.
- Develop articles for the local newspaper with education and information on healthcare and national issues
 - Ongoing
 - Delta Health continues to develop articles for the local newspaper with education and information on healthcare and national issues.
- Provide class with high schools and school coaches on head injury prevention
 - Ongoing
 - Delta Health continues to provide class with high schools and school coaches on head injury prevention.
- EMS providing bike safety classes

- Discontinued
 - EMS/Ambulance is no longer a part of the Delta Health system.
- Hospital offers a variety of wellness programs including Tai Chi (fall prevention), smoking cessation, diabetes education, fitness center discount, and cooking classes (active)
 - Ongoing
 - Hospital offers a variety of wellness programs including Tai Chi (fall prevention), smoking cessation, diabetes education, fitness center discount, and cooking classes (active).
- Work closely with local technology schools and colleges to provide locations for training (clinical sites)
 - Discontinued
 - Was put on hold during the pandemic and have not resumed.
- Shadowing program with local schools (with AHEC and University of Colorado) to provide students with week-long training and shadowing in a profession of their choice
 - On hold
 - Currently on hold but will be opening up in the Spring Semester for students to start again.
- Foundation offers scholarships to help cover continuing education in healthcare
 - Ongoing
 - Delta Health's Foundation continues to offer scholarships to help cover continuing education in healthcare.
- Alto Program/Medication related falls in the elderly; reviewing opioid alternative and other medications that increase risk of falls in elderly
 - Ongoing
 - Delta Health continues to review their hospital falls in the elderly population. With this data, Delta Health looks at opioid alternative and other medications that increase the risk of falls in elderly and create distinctive plans to reduce the risk of a fall in their elderly patients.
- A part of the regional/national Stop the Bleed program educating staff and community about stopping the bleeding in a severely injured person
 - Ongoing
 - Our Trauma Coordinator has continued to partner with communities to offer this. This has been offered multiple times throughout the past year.
- SDOH screenings done in all hospital clinics. Patients are provided with a resources list to match their needs and help identify patients who may qualify for care coordination through Medicaid
 - Ongoing
 - SDOH screenings done in all hospital clinics. Patients are provided with a resources list to match their needs and help identify patients who may qualify for care coordination through Medicaid.

Additionally, DCMH plans to take the following steps to address this need:

- Working closely with the schools to offer classes about reproductive health led by nurse practitioners (Group uncertain if this is still ongoing)
 - On hold
 - Has not resumed but working with our School district for continuing to offer the internships and shadowing program.
- Explore partnering with local service groups to provide community classes and education on important health and wellness topics (e.g., prenatal care, mental health)
 - Ongoing
 - Hospital explores partnering with local service groups to provide community classes and education on important health and wellness topics (e.g., prenatal care, mental health).
- Expanding frequency of shadowing program/internships
 - Discontinued
 - Was put on hold during the pandemic and have not resumed.
- Continue to expand care coordination program to address social determinants of health (SDOH)
 - Ongoing
 - Delta Health continues to screen for social determinants of health (SDOH) in all hospital clinics
- Screening being added to assessment for hospital patients to address social determinants of health
 - Ongoing
 - This is being done in several departments currently and will be expanding in the future. We utilize a standard screening tool and utilize the Community Resource Network (CRN) to make referrals for these needs.
- Implementing program where positive screened SDOH patients referred to care coordination (ACO) in the Medicare population
 - Ongoing
 - These referrals are going to the clinic patient navigators and not to the ACO but still being worked on.
- Partnering with Monument Health to increase the number of insured in Delta County by offering another option on and off the exchange in 2020
 - Ongoing
 - Delta Health continues to partner with Monument Health to increase the number of insured in Delta County by offering another option on and off the exchange in 2020.

DCMH evaluation of impact of actions taken since the immediately preceding CHNA:

- Local finance coordinator providing education to enhance financial assistance program
 - Ongoing
 - Local finance coordinator continues to provide education to enhance financial assistance program.
- Online educational videos created by providers and staff and made available to the public
 - Discontinued
 - Discontinued because of staffing shortages.
- Clinics screen for social determinants of health and assist patients get connected with the appropriate community resources
 - Ongoing
 - Clinics continue to screen for social determinants of health and assist patients get connected with the appropriate community resources.
- Partnering with rural TRACK program to attract providers, therapists, pharmacists, etc.
 - Ongoing
 - Delta Health continues to partner with the rural TRACK program to attract providers, therapists, pharmacists, etc.
- Baby friendly hospital
 - Ongoing
 - Delta Health continues to be a baby friendly hospital.
- Offer internal prenatal and lactation classes, including a lactation specialist involvement
 - Ongoing
 - Delta Health continues to offer internal prenatal and lactation classes, including a lactation specialist involvement.
- Patient navigators in the emergency department and on the oncology unit to assist with patient post-acute care needs
 - Ongoing
 - Patient navigators continue to be utilized in the emergency room and on the oncology unit to assist with patient post-acute care needs.

Anticipated results from DCMH Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate DCMH intended actions is to monitor change in the following Leading Indicator:

- Amount of charity care provided
- Screening of SDOH at point of contact anywhere within the DCMH hospital system (QHN data)

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Increase referrals to appropriate community resources
- Uninsured rate

DCMH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Rotary Club of Delta County		P.O. Box 86, Delta, CO (970) 835-8905 https://www.facebook.com/DeltaRotaryRocks/
Service Organizations		
Altrusa International of Delta		www.altrusainternationalofdelta.com
Delta Lion's Club		https://www.facebook.com/DeltaLionsClub/
River Valley Family Health Center (FQHC)	Jeremy Carrol	308 Main St, Olathe, CO 81425 (970) 323-6141 www.rivervalleyfhc.com
Delta County Health Department		255 W 6th St, Delta, CO 81416 (970) 874-2165 www.deltacounty.com/486/HealthServices
Delta County School District 50J	Kurt Clay or Karen Gibson	7655 2075 Rd., Delta, CO 81416 (970) 874-4438 www.deltaschools.com
City of Delta	David Torgler	(970) 874-7566 www.delta-co.gov

Organization	Contact Name	Contact Information
Delta County Sheriff		555 Palmer St, Delta, CO 81416 (970) 874-2000 www.deltacounty.com/12/Sheriff
Delta County	Robbie Lavalley	501 Palmer St., Delta, CO 81416 (970) 874-2100 www.deltacounty.com
Abraham Connection Homeless Shelter	Lance Boren	480 Silver St, Delta, CO 81416 (970) 773-8290 Deltaabrahamconnection.org
Tri-County Resource Center	Leslie Sparks	

Other Needs Identified During CHNA Process

7. **Suicide**
8. **Physical Inactivity**
9. **Women's Health**
10. **Cancer**
11. **Education/Prevention**
12. **Obesity/Overweight**
13. **Smoking/Tobacco Use**
14. **Write-in: MD specialty – geriatrician, psychiatry, neurology, endocrine**
15. **Stroke**
16. **Accidents**
17. **Alzheimer's**
18. **Chronic Pain Management**
19. **Flu/Pneumonia**
20. **Diabetes**
21. **Dental**
22. **Kidney Disease**
23. **Heart Disease**
24. **Lung Disease**
25. **Respiratory Infections**
26. **Hypertension**
27. **Liver Disease**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility³¹

1. Affordability – 2016 Significant Need
2. Mental Health – 2016 Significant Need
3. Alcohol Abuse
4. Accessibility – 2016 Significant Need
5. Drug/Substance Abuse – 2016 Significant Need
6. Social Factors – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy³²

1. N/A

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

³¹ Responds to Schedule h (Form 990) Part V B 8

³² Responds to Schedule h (Form 990) Part V Section B 8



PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

2016 Prioritized Needs

1. Accessibility/Affordability
2. Mental Health
3. Social Factors
4. Substance Abuse

2019 Prioritized Needs

1. Affordability
2. Mental Health
3. Alcohol Abuse
4. Accessibility
5. Drug/Substance Abuse
6. Social Factors



2022 CHNA PRELIMINARY HEALTH NEEDS

2022 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Primary & Specialty Care Services and Providers
- Continued Focus on the Aging Population & Services
- Need for Increased Emphasis on Housing & Transportation
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- In August 2022, leadership from DH and MRH met with CHC Consulting to review data findings and prioritize the community's health needs. Based on the unique capabilities of the facilities, DH prioritized separately from MRH in order to tailor their list of identified needs to their specific patient population and resources.
- The CHNA team included the following:
 - Matt Heyn, Chief Executive Officer
 - Jody Roeber, Chief Clinical Officer
 - Melissa Palmer, Executive Director of Nursing
 - Vickie Moore, Executive Director of Clinic Operations
 - Janel Webb, Quality Director
 - Jacqueline Davis, Director of Marketing/Communications/PR Public Information Officer
 - Rhonda Katzdorn, Human Resources Director
 - Brandi Vela, Nurse
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Delta Health Capacity
a. Are people at Delta Health likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:
 1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 2. Continued Focus on the Aging Population & Services
 3. Access to Primary & Specialty Care Services and Providers
 4. Access to Mental and Behavioral Health Care Services and Providers
 5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
 6. Need for Increased Emphasis on Housing & Transportation

Final Priorities

- Hospital leadership decided to address five of the six ranked health needs. The final health priorities that DH will address through its Implementation Plan are, in descending order:
 1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 2. Continued Focus on the Aging Population & Services
 3. Access to Primary & Specialty Care Services and Providers
 4. Access to Mental and Behavioral Health Care Services and Providers
 5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations



PRIORITIES THAT WILL NOT BE ADDRESSED

Needs That Will Not Be Addressed

- DH decided not to specifically address “Need for Increased Emphasis on Housing & Transportation” largely due to the hospital’s capacity to address these needs.
- While DH acknowledges that this is a significant need in the community, "Need for Increased Emphasis on Housing & Transportation" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need.
- DH will continue to support local organizations and efforts to address this need in the community.



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- In addition to the services provided by DH, other charity care services and health resources that are available in Delta County are included in this section.

2022 Answer Book

- The Montrose Press and Delta County Independent, along with collaborations between other local non-profits, publishes a resource directory for Montrose and Delta Counties.
- The 2022 Answer Book can be found using this link:
https://issuu.com/wickcommunications/docs/wick_valley_living_answer_book_2022_v4_2_1_/1?e=1225821/91752612

Seniors BlueBook

Resources for Aging Well

- The Beacon provides a local resource guide for the region, which also serves as the area on aging. The guide includes three sections: community resources and services; health at home – non-medical home health care, home health and hospice; and senior housing.
- The Seniors BlueBook can be found using this link:
<https://seniorsbluebook.com/printed-editions/colorado-western-slope>

SENIORS BlueBook

RESOURCES FOR AGING WELL

Serving Delta, Eagle, Garfield, Gunnison, Mesa, Montrose, and Pitkin Counties

COLORADO'S WESTERN SLOPE



Meet Sandi! Just one of the many wonderful caregivers that just care at Right at Home. How can Sandi help you? Find out on page 90.

- 19**
How To Stay At Home
- 44**
The LTC Medicaid Process
- 50**
Tap It Out
- 136**
Benefits Checkup

Visit our Local Home Page
SeniorsBlueBook.com/Local/WesternSlope

FREE REFERRAL LINE
800.201.9989

Serving the Western Slope for 16 years



Home Care and Nursing 24/7

Call Us and See Why Comfort Keepers Is Recognized as One of the Top 100 Woman-Owned Businesses In Colorado.



- We offer every client a customized Plan of Care to meet your needs as well as your budget.
- We are experts in finding outside resources to help you pay for home care.
- We specialize in care and payment options for veterans and surviving spouses.
- We offer many levels of care from companionship up to skilled nursing.
- We are ready and available 24/7.

Call us for a Free Consultation. We are happy to help.

Grand Junction
970-241-8818

Delta/ Montrose
970-240-4121



Check us out at www.comfortkeepers.com



Locally owned for over 30 years

"Improving the quality of life for those we are privileged to serve"

Skilled Nursing | Home Healthcare | Personal Care



- * Med Box Refills
- * Nail Trims
- * Wound Care
- * Dressing Changes
- * Home Assessments
- * Medication Administration
- * Prescription Injection
- * Catheter & Ostomy Care
- * Cooking/Meal Prep
- * Bathing Assistance
- * Medication Reminders
- * Companionship
- * Light Housekeeping
- * Hygiene Assistance
- * Respite Care
- * Errands & Transportation

(970) 241-2698 | www.ColumbineCaregivers.com
670 West Gunnison Avenue, Grand Junction, CO

Indicates website link on seniorsbluebook.com 1

HOW TO USE THIS GUIDE



Getting Started Is Easy

Our guide is divided into 3 distinct sections and divided by color tabs.

1 COMMUNITY RESOURCES AND SERVICES

This section is alphabetical. You will find hundreds of different services and organizations that work with seniors and their families. This includes professional services, such as Adult Day, Care Management, Retirement Planning, Social Security, Senior Centers, etc...

2 HEALTH AT HOME - NON-MEDICAL HOME HEALTH CARE, HOME HEALTH AND HOSPICE CARE

This section offers three different comparison grids; the first features Non-Medical Home Health, the second contains Skilled Home Healthcare, and the third grid showcases Hospice agencies for end of life care. First familiarize yourself with the different services that are offered by each agency. You will find definitions about each service throughout this section. Many options exist; we hope this will help you find a provider to meet your specific needs.

SEARCH BY CATEGORY	SeniorsBlueBook.com
AGENCY FOR SENIORS / PATIENTS	<p>Colorado Gerontological Society 1225 Colorado St., Ste. 100, Denver CO 80202 303-733-2612</p> <p>The American Geriatrics Society - Health in Aging Foundation 800-543-6611</p>
ALZHEIMER'S RESEARCH	<p>Alzheimer's Disease Education & Referral Center 800-438-0238</p> <p>Alzheimer's Area Agency on Aging - Region 12 (at or near 420) 221 West 10th, Loveland CO 80501 970-668-6255</p> <p>Area Agency on Aging - Region 10 (at or near 2438) 111 S. Lincoln Ave., Wiggins CO 80801 970-268-2438</p> <p>Area Agency on Aging of NW Colorado - Region 11 513 27th St., Grand Junction CO 81505 970-246-2715</p> <p>Elmer's Locator Nationwide 878-677-1100 Locates any AAA Nationwide</p>
ASSOCIATIONS FOR SPECIFIC DISEASES	<p>Alzheimer's Association 800-272-3800</p> <p>American Cancer Society 800-272-3246</p> <p>American Diabetes Association 800-368-3000</p>

NON-MEDICAL HOME HEALTH AGENCIES	AGENCY	ADDRESS	PHONE	WEBSITE	INDICATES WEBSITE LINK ON SENIORSBLUEBOOK.COM
Alaska Home Health of Colorado	01	1001-1411-0001	970-241-2698	www.columbinecaregivers.com	1
Columbine Caregivers	01	1001-1411-0001	970-241-2698	www.columbinecaregivers.com	1
HomeCare & Hospice of the Valley	01	1001-1411-0001	970-241-2698	www.columbinecaregivers.com	1

HEALTH AT HOME - NON-MEDICAL HOME HEALTH AGENCIES	AGENCY	ADDRESS	PHONE	WEBSITE	INDICATES WEBSITE LINK ON SENIORSBLUEBOOK.COM
Columbine Caregivers	01	1001-1411-0001	970-241-2698	www.columbinecaregivers.com	1
HomeCare & Hospice of the Valley	01	1001-1411-0001	970-241-2698	www.columbinecaregivers.com	1

- COMMUNITY RESOURCES AND SERVICES
- HEALTH AT HOME
- HOUSING OPTIONS

3 SENIOR HOUSING

First you should familiarize yourself with the many options available and determine which one is best for your needs. You will find definitions of each type of housing within the housing section. Then turn to our easy to read comparison grids. The grids are divided into 4 categories, depending on the type of community: Independent Living and Retirement, Assisted Living, Memory Care, and Skilled Nursing. The buildings are listed by city or county so you can zero in on the specific areas you are looking for.

You will also find many feature articles throughout the publication. These articles are written by local experts on a variety of topics that can aid you in making the right choices.

Share with other seniors/caregivers at [facebook.com/seniorsbluebook](https://www.facebook.com/seniorsbluebook)



- SeniorsBlueBook.com**
- Enhanced Search Option
- Activity Calendars
- Ask an Expert
- Articles Library
- E-flip version of printed book
- Look for the and find out more information online.

Indicates website link on [seniorsbluebook.com](https://www.seniorsbluebook.com)

HOW TO USE THIS GUIDE

LETTER FROM THE PUBLISHER / CONTACT INFORMATION



DEAR SENIORS, PROFESSIONALS, AND FRIENDS OF THE SENIORS BLUE BOOK:

Welcome to the **2021-2022 Seniors Blue Book for the Western Slope**. As we publish this edition, we are making strides in combating the virus, becoming vaccinated and slowly reopening. While we navigate a new normal, the Seniors Blue Book is here to help. For over 35 years, we have brought our readers accurate information to help the aging process, and this year is no different. Once again we have worked diligently to bring you the most up to date and accurate information. As a tried and true "authoritative publication" our entire mission is to provide our readers with everything needed to navigate not only aging, but the pandemic as well. With over 50 categories of community resources like Care Management and Elder Law, we are also happy to provide a complete listing of all home health and housing options, with comparison grids highlighting our partners.

You can easily find resources based on our color-coded tabs. The blue section is community resources, the purple section contains home health and the green tabs

are the pages where you will find our housing resources. Take a minute to familiarize yourself with the set up and then start exploring! We hope you will find what you are looking for- and possibly even some resources you might not even know exist. No matter what you are searching for, please do your research, call ahead to be sure they are reopened, look for customer reviews, and ask questions.

I always like to point out the articles throughout the guide. Our partners take great pride in what they do and are happy to share their knowledge with our readers. Check out our table of contents for those articles. Education is key and accurate information is invaluable when you need it. If you would like additional educational articles, head on over to our all-new website, [seniorsbluebook.com](https://www.seniorsbluebook.com). There you will find additional information about our partners in addition to an entire library of articles and videos to educate you and assist in your aging journey. Any questions? Just ask our "live chat" experts. We are here to help!

Please reach out to us with suggestions, comments or to ask further questions. We love to hear from you! Thanks again for picking up the Seniors Blue Book. Here's to healthy aging and a much better year ahead!

Enjoy and be well!
Lucy Crandall, Associate Publisher



The Seniors Blue Book
P.O.Box 9364
Salt Lake City, UT 84109
P: 800.201.9989
F: 888.448.9842
w: [SeniorsBlueBook.com](https://www.SeniorsBlueBook.com)

LOCAL OFFICE:

Lucy Crandall
Associate Publisher
Lucy@SeniorsBlueBook.com
719.641.6850

Brittany Howels
Information Specialist
Brittany@SeniorsBlueBook.com

Bernadette de Isaza
Art Director

NATIONAL OFFICE:

Oliver Hersch, CEO - Publisher
Oliver@SeniorsBlueBook.com

Lorraine Worthen,
Office Director
Lorraine@SeniorsBlueBook.com

Additional copies of this Directory are available FREE at most of the gathering places for seniors. Give us a call at **800.201.9989** and we will direct you to the location nearest you or go to www.SeniorsBlueBook.com and click on the "Find a Book" link to locate your closest distribution points.

The contents of this book may not be reproduced either in whole or in part without consent of the publisher. Every effort has been made to include accurate data, however, the publisher cannot be held liable for material content or errors. Copyright 2021 by Grateful Sales, Inc.

2-3 How to Use This Guide
 4 Letter From Publisher/Contact Information
 134-135 Advertiser Index

9

COMMUNITY RESOURCES AND SERVICES

9 Adult Day Care Programs
 9 Advance Care Planning
 10 Advocacy for Seniors/Patients
 10 Alzheimer's Research
 10 Annuity Specialists
 10 Aquatic Classes & Therapies
 11 Area Agencies on Aging
 11 Associations for Specific Ailments
 12-13 **Your Local Area Agency on Aging**
 16 Behavioral Health
 16 Care Management
 18 Consumer Affairs & Legal Aid
 21 Continuing Education Opportunities
 21 County Health Departments
 21 Dental Resources
 22 Dental Services
 22 Dentures & Implants
 22 Disability Services
 23 Downsizing & Relocation
 23 Driver Safety
 23 Elder Abuse & Crime Prevention
 26 Elder Law
 26 Emergency Response Systems
 27 Employment & Volunteer Opportunities
 28 Energy Resources
 29 Estate Planning
 29 Financial & Tax Assistance

Continued on next page >

 Indicates website link on seniorsbluebook.com



How Can You Make a Difference In Someone Else's Life?

Find out on page 14.

COMMUNITY RESOURCES AND SERVICES *Cont'd*

32 Financial Advisor
 32 Financial Services
 32 Food Resources
 36 Guardianship/Conservatorship
 36 Handyman Services
 36 Health Insurance Supplements
 36 Health Screenings
 36 Hearing Resources
 37 Home Medical Equipment
 39 Home Medical Equipment - Loan Closets
 39 Homemaking/Housekeeping
 39 Hospice
 39 Hospitals
 40 Hospitals - Psychiatric
 40 Housing Placement & Resource Specialists
 40 Investments
 40 Libraries
 42 Life Insurance
 43 Long-Term Care Insurance
 43 Medicaid Planning
 43 Medicare Advantage Plans
 43 Medicare/Medicaid Information
 48 Mental Health Services
 52 Mortgage Lender
 52 Move Management & Organizing Services
 52 Moving Services
 52 PACE Programs
 52 Palliative Care
 53 Physical Therapy
 53 Physicians
 53 Prescription Assistance & Discounts
 53 Probate



Is It Time to Sell Your Home?

See what the right choice for you is on page 75.



Can a Trust Help Protect My Assets?

See what choice is right for your retirement on page 24.

COMMUNITY RESOURCES AND SERVICES *Cont'd*

- 54 Real Estate
- 54 Rehabilitation Facilities
- 56 Rehabilitation Facilities - Transitional
- 58 Rehabilitation Hospitals
- 58 Rehabilitation Services
- 58 Respite Care
- 59 Retirement Planning
- 59 Reverse Mortgage Services
- 59 Senior Activities & Entertainment
- 64 Senior Centers
- 65 Senior Health Clinics
- 66 Senior Organizations & Services
- 74 Senior Real Estate Specialist
- 74 Social Security
- 74 Support Services
- 80 Transportation
- 82 Trust Management
- 82 Urgent Care
- 83 Veteran Services
- 83 Vision Resources
- 84 Wealth Management
- 84 Wellness
- 84 Wills & Trusts



Is a Reverse Mortgage Too Good to Be True?
See if this option is a good choice for you on page 60.



Does Your Loved One Need Some Extra Help?
Start that conversation now with tips on page 98.

86

HOME HEALTH & NON-MEDICAL HOME HEALTH CARE & HOSPICE CARE

- 86 Non-Medical Home Health Care Definitions
- 86-87 Non-Medical Home Health Care Comparison Grid
- 86-93 Non-Medical Home Health Care Agencies
- 93 Home Health Definitions
- 94-95 Home Health Agency Comparison Grid
- 94-97 Home Health Agencies
- 100-101 Hospice Care Comparison Grid
- 100-105 Hospice Care Agencies
- 102 Hospice Definitions

Indicates website link on seniorsbluebook.com



RESOURCES FOR AGING WELL

COLORADO'S WESTERN SLOPE

106

SENIOR HOUSING

- 106-107 Independent Living / Retirement Communities Comparison Grid
- 106-111 Independent Living / Retirement Communities
- 108 Housing Definitions
- 110 Subsidized Housing
- 112-113 Assisted Living Communities Comparison Grid
- 112-120 Assisted Living Communities
- 122-123 Memory Care Communities Comparison Grid
- 122-126 Memory Care Communities
- 127-130 Skilled Nursing Facilities
- 128-130 Skilled Nursing Facilities Comparison Grid



Benefits Checkup
Knowing What's Available Can Improve a Life.
Find out more on page 136.

14

FEATURE ARTICLES

- 14 I Made A Difference to That One
- 19 How to Stay at Home
- 24 Why Would I Consider A Trust For My Estate Planning?
- 44 The LTC Medicaid Process
- 46-47 Medicare 2021 "In A Nutshell"
- 50 Tap It Out
- 60 Myths Debunked with Facts About Reverse Mortgages
- 75 Is It Time To Sell Your Home?
- 90 Caregiver at Heart...
- 98 When It's Time To Start the Conversation About Home Care
- 136 Benefits Checkup – Knowing What's Available Can Improve a Life

ADULT DAY PROGRAMS

Adult day programs are for elders who need a place to stay during daytime hours because they have difficulty functioning alone.

Crossroads at Delta

(ad on page 125)
1380 Aspen Wy, Delta 81416
970-874-1421

Day-By-Day
1402 Howard St, Delta 81416
970-874-4195

Caregiver Connections
Senior Spot
455 Nottingham Ranch Rd, Avon 81620
970-977-0188
(Monday & Wednesday 1 pm-4 pm)

Hilltop Senior Daybreak
(ad on page 9)
1620 Hermosa Ave, Ste 64, GJ 81506
970-241-7798

Mesa Vista Adult Day Program *(ad on page 119)*
72 Sipprelle Dr, Parachute 81635
970-285-1844

Roaring Fork Enrichment
1460 Valley Rd, Ste 220, Basalt 81621
970-319-8829

ADVANCE CARE PLANNING

Advance Care Planning is planning for future medical wishes should you be unable to make those decisions for yourself.

Colorado Care Planning
Coloradocareplanning.org
12631 E 17th Ave, Aurora 80045

COMMUNITY RESOURCES AND SERVICES



Dementia and Alzheimer's Support.

Hilltop's Senior Daybreak is a unique day program that keeps seniors with memory loss safe and secure while providing their caregivers the flexibility and support they need to care for their loved ones at home. We also offer valuable information and support groups specifically designed for those caring for someone affected by dementia and Alzheimer's.

(970) 241-7798 • seniordaybreak.org



LOCALLY OWNED AND OPERATED BY HILLTOP

Indicates website link on seniorsbluebook.com

COMMUNITY RESOURCES AND SERVICES

ADVOCACY FOR SENIORS / PATIENTS

CARIE Line – Elderly Advocates
800-356-3606

Colorado Culture Change Coalition
303 S Broadway, Ste 200-184, Denver 80209
303-868-4311

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

Colorado Center for Aging
303-832-4535

National Council on Aging (NCOA)
251 18th St S, Arlington, VA 22202
571-527-3900

The American Geriatrics Society – Health in Aging Foundation
800-563-4916

ALZHEIMER'S RESEARCH

Alzheimer's Association
800-272-3900

Alzheimer's Disease Education & Referral Center
800-438-4380

ANNUITY SPECIALISTS

Northwestern Mutual
(ad on page 31)
326 Main St #200, GJ
– Stewart Bale
Financial Advisor
970-632-2871
– Nic Hansen
Financial Representative
719-339-1518

AQUATIC CLASSES & THERAPIES

Please call 800-201-9989 or e-mail info@SeniorsBlueBook.com to include your Aquatic Classes and Therapy listing.

Aspen Recreation Center
0861 Maroon Creek Rd, Aspen 81611
970-544-4100

Fruita Senior Center
324 N Coulson St, Fruita 81521
970-858-0360

Glenwood Springs Aquatic Center
100 Wulfsohn Rd, Glenwood Springs 81601
970-384-6301

Grand River Health – Aquatic Therapy
501 Airport Rd, Rifle 81650
970-625-6451

Gypsum Recreation Center
52 Lundgren Blvd, Gypsum 81637
970-777-8888

Heritage Park Care Center & Heritage Therapy Services
(ad on page 115)
1200 Village Rd, Carbondale 81623
970-963-1500

Montrose Aquatics Center
16350 Woodgate Rd, Montrose 81401
970-249-7705

Orchard Mesa Community Center Pool
2736 Unaweep Ave,
Grand Junction 81503
970-254-3886

AREA AGENCIES ON AGING

Area Agency on Aging – Region 10 *(ad on pages 12-13)*
145 S Cascade Ave, Montrose 81401
970-249-2436

Area Agency on Aging of NW Colorado – Region 11 *(ad on pages 12-13)*
510 29 1/2 Rd, Grand Junction 81504
970-248-2717

Eldercare Locator Nationwide
800-677-1116
Locates any AAA Nationwide

Vintage – Region 12 *(ad on pages 12-13)*
249 Warren Ave, Silverthorne 80498
970-468-0295

ASSOCIATIONS FOR SPECIFIC AILMENTS

Organizations that perform advocacy roles and inform the public about the latest research developments and provide assistance for specific illnesses.

NATIONAL

Alzheimer’s Association
800-272-3900

American Cancer Society
800-227-2345

American Diabetes Association
800-342-2383

American Heart Association & American Stroke Association
800-242-8721

American Kidney Fund
800-638-8299

American Liver Foundation
800-465-4837

American Lung Association
800-586-4872

American Parkinson Disease Association
800-223-2732

American Speech Language & Hearing Association
800-638-8255

Arthritis Foundation
800-283-7800

Caregiver Action Network
202-454-3970

Center for Disease Control
800-232-4636

Easter Seals Society
800-221-6827

Eldercare Locator Nationwide
800-677-1116

Huntington’s Disease Society of America
800-345-4372

Leukemia & Lymphoma Society
800-286-8159

Lupus Foundation of America
800-558-0121

Mesothelioma Caregivers
www.mesotheliomahub.com
833-997-1947

Multiple Sclerosis Society
800-344-4867

National Center on Elder Abuse
800-677-1116

Continued on page 15 >

 Indicates website link on seniorsbluebook.com

COMMUNITY RESOURCES AND SERVICES

11

AREA AGENCY ON AGING

12

YOUR LOCAL AREA

Get to know us

WHO WE ARE

Established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans 60+ and over, Area Agencies on Aging successfully develop, coordinate and deliver aging services in every community across the nation, providing assistance to more than 11 million older Americans and caregivers annually.

INFORMATION & REFERRAL Provides older adults and their caregivers with timely information and referrals for area resources.



NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM Provides services to help family caregivers care for their loved ones at home. Services are available to family members who provide in-home care for persons 60 and older or to grandparents age 55+ who serve as caregivers for children 18 and younger.

MEDICARE & STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) Provides free, in-depth, one-on-one insurance counseling and assistance to Medicare beneficiaries. Call with questions or concerns about Medicare, Medicare benefits, or how to see if you're eligible for the Medicare Savings Program.

DENTAL AND VISION ASSISTANCE PROGRAMS Medicare and Medicaid often do not pay for senior's dental and vision needs. The AAA offers programs for adults 60 and older for dental and vision needs.

LONG-TERM CARE OMBUDSMAN People living in long-term care facilities, including nursing homes and assisted living facilities, require support and advocacy. Ombudsmen are resident advocates and ensure residents' rights are respected. Ombudsmen provide information to individuals and families regarding facilities, quality care and are trained in problem resolution.

TRANSPORTATION Through contracts with local organizations, the AAA offers transportation to medical appointments, nutrition sites and needs based errands.



Area Agency on Aging – Region 10
145 S Cascade Ave, Montrose, CO 81401
Serving Delta, Gunnison, Hinsdale,
Montrose, Ouray, San Miguel
www.region10.net
970-249-2436

Area Agency on Aging of NW Colorado – Region 11
510 29 1/2 Rd, Grand Junction, CO 81504
Serving Garfield, Mesa, Moffat, Rio Blanco, Routt
www.humanservices.mesacounty.us/adult-services/area-agency-on-aging
970-248-2717

AGENCY ON AGING

before you need us

WHAT WE DO

The Area Agency on Aging (AAA) provides and connects the community with supports and services that promote aging with independence and dignity for individuals sixty and older and their caregivers in their community of choice. AAAs provide programs directly and through contracted providers.

CASE MANAGEMENT

A person-centered process where individuals, family members, and caregivers are supported to develop a plan for addressing long-term services and supports needs that align with their preferences, strengths, values, and needs.

EVIDENCE BASED HEALTH & WELLNESS EDUCATION

Health and fall-prevention classes and activities that encourage healthy living and wellness are offered to older adults in the region. Examples include N'Balance, Matter of Balance, Tai Chi for Arthritis, and Chronic Disease Self-Management.



NUTRITION PROGRAM

Includes congregate meals, home delivered meals, and nutrition education and counseling.



LEGAL ASSISTANCE

Through contracts with local legal service providers, AAAs offer access to quality legal services, including living wills, power of attorney documents, family law and other civil law services.



ADRC - AGING AND DISABILITY RESOURCES FOR COLORADO
ADRC, A "one-stop shop" for finding information regarding services available for seniors, adults 18 and older with a disability, their families and their caregivers.

Call today for assistance & referrals!

Vintage - Region 12
249 Warren Ave, Silverthorne, CO 80498
Serving Eagle, Grand, Jackson, Pitkin, Summit Counties
www.yourvintage.org
970-468-0295

Indicates website link on seniorsbluebook.com

"I Made a Difference to That One"

We all have a choice everyday as to how we will spend our time and energy. I decided a long time ago that I was not put here to just take up space; I want to spend my time making a difference in my community. Do you?

I work with older adults who often call on me when they need some type of help or resources. I often end those conversations with a request for them to consider giving back when they can, not money but the gift of their time, experience, and talents. We all need a sense of purpose and a reason to get



up every day. What better reason than to help someone else? They usually laugh and say "Eva; I am 87 years old what can I do for someone else?" My reply: can you help us make phone calls to check on people? Can you call volunteer drivers and remind them of their schedules? Can you fold newsletters or send cards to the homebound? Can you sit at the desk and check people in at the senior center?

What can you do to make life a little better for someone and your

RSVP programs NEED volunteers who want to make a difference in the lives of others. We also need drivers in surrounding communities for home delivered meals. We need people who are handy to help with minor home repairs and installing grab bars and building wheelchair ramps.

Maybe you like working outside and would be willing to help with yardwork or other chores. Are you a special event kind of person that likes to plan and help with one-time events-we have that too. Would you like to help

at the food bank once in awhile or give a caregiver a much-needed break? Don't be nervous; we will provide training and support and nice benefits. The best benefit is that your quality of life is guaranteed to improve! ~

Editor's Note: This article was submitted by Eva Veitch of Region 10 Community Living Services. For more information she can be reached at 970-765-3127 or by email at: eveitch@region10.net. See ad on pages 12-13.

ASSOCIATIONS FOR SPECIFIC AILMENTS *continued from page 11*

National Council on Aging
800-424-9046

National Kidney Foundation
800-622-9010

National Multiple Sclerosis Society
800-344-4867

National Ostomy Association
800-826-0826

National Osteoporosis Foundation
800-421-4222

National Parkinson Foundation
800-327-4545

Ombudsman for the Institutionalized Elderly
877-582-6995

Rocky Mountain Poison Center
800-222-1222

STATEWIDE

ALS Assoc Rocky Mtn Chapter (Lou Gehrig's Disease)
866-257-3211

American Council of the Blind
800-424-8666

American Diabetes Association
720-855-1102

American Foundation of the Blind
800-232-5463

American Lung Association of CO
800-LUNGUSA / 800-586-4872

DaVita Kidney Care Guest Services
800-400-8331

Eye Care America
800-222-3937

Huntington's Disease Society of America
6545 W 44th Ave, Unit 1, Wheat Ridge 80333
303-837-9937

Leukemia and Lymphoma Society
720 S Colorado Blvd, Ste 520N,
Denver 80246
720-440-8620

Lupus Colorado
7853 E Arapahoe Ct, Ste 3100,
Centennial 80112
303-597-4050

Muscular Dystrophy Association
720 S Colorado Blvd #4085, Denver 80246
303-691-3331

Myasthenia Gravis Association of CO
303-360-7080

National Stroke Association
9707 E Easter Ln, Ste B, Centennial 80112
303-649-9299

Ostomy Association of Metro Denver
PO Box 480344, Denver 80248
303-377-4878

Parkinson's Association of the Rockies
303-830-1839

Relay Colorado (Hearing)
800-659-2656

Rocky Mountain Cancer Assistance
720-229-0303

Rocky Mountain Poison Center
303-389-1100

Rocky Mountain Stroke Association
5666 S Bannock, Littleton 80120
303-730-8800

Continued on next page >

 Indicates website link on seniorsbluebook.com

ASSOCIATIONS FOR SPECIFIC AILMENTS *continued***DELTA COUNTY**

Diabetes Support Group
970-874-6410

MESA COUNTY

Alzheimer's Association
2232 N 7th St, B1, Grand Junction 81501
970-256-1274 / 800-272-3900

Arthritis Ctr of Western Colorado
970-858-2590

Multiple Sclerosis Society
521 Rood Ave, Ste B, GJ 81501
970-241-8975 / 800-344-4867


Rocky Mtn Orthopaedic Association
627 25½ Rd, GJ 81505
970-242-3535

MONTROSE COUNTY

Parkinson's Association of the Rockies
866-718-2996

BEHAVIORAL HEALTH

Healthful Transformations
(ad on page 51)
100 N 9th St Ste 12, GJ 81501
360-624-3332

 **MarillacHealth Medical / Behavioral Health**
(ad on page 65)
970-200-1600
– 2333 N 6th St, Grand Junction 81501
– 510 29½ Rd, Grand Junction 81504

CARE MANAGEMENT

A care management agency is familiar with various fields of human services – social work, psychology, nursing, gerontology – and trained to assess, plan, coordinate, monitor and provide services for the elderly and their families. Advocacy for older adults is a primary function of the care manager. Agencies are typically either government based human services agencies or are members of national care management associations

AdvantAge Health Referral Center

350 Stafford Ln, Delta 81416
844-862-4968

A health resource center offering confidential assistance with any type of healthcare questions or needs.

Aging Services Consultants – Audrey Krebs, MA, CSA, QMAP

(ad on page 17)
720-328-1375
303-903-4923

 **Area Agency on Aging – Region 10**

(ad on pages 12-13)
145 S Cascade Ave, Montrose 81401
970-249-2436

 **Area Agency on Aging – Region 11**

(ad on pages 12-13)
510 29½ Rd, Grand Junction 81504
970-248-2717

Colorado Dept of Human Svcs
800-536-5298

Elder Quest
Care Management
Compassion
Experience

Grand Junction, CO
970-985-5950

Offering Peace of Mind Through Quality Elder Care Management

Help Starts Here! Whether you are planning for your old age or in the middle of living it, **ELDER QUEST** is here to help. We know the resources to help you care for your loved one as well as yourself.

Let's Plan & Prepare Together!
970-985-5950 ■ www.elderquest.net

ASC
Aging Services Consultants

A Small Company With A Big Heart!

Audrey Krebs, MA, CSA, QMAP
Certified Senior Advisor®
agingservicesconsultants@gmail.com

With over 20 years of experience you can trust us to help make your life transitions easier.

- Care management
- No-Cost referral/placement into adult communities

720-328-1375 www.agingservicesconsultants.com

CARE MANAGEMENT
continued

Delta County Dept of Social Svcs
320 W 5th St, Delta 81416
970-874-2030

Eagle County Dept of Health & Human Services
551 Broadway St, Eagle 81631
970-328-8840

Elder Quest
(ad on page 17)
602 26½ Rd, Grand Junction 81506
970-985-5950

Garfield County Dept of Human Svcs
– 195 W 14th St, Bldg A, Rifle 81650
970-625-5200
– 108 8th St #300, Glenwd Svcs 81601
970-945-9191

Continued on next page >

Indicates website link on seniorsbluebook.com

C-C
COMMUNITY RESOURCES AND SERVICES

17

C-C
COMMUNITY RESOURCES AND SERVICES

18

CARE MANAGEMENT
continued

Gunnison County Dept of Health and Human Services
220 N Spruce, Gunnison 81230
970-641-3244

Mesa County ADRC – Aging & Disability Resources for Colorado
(ad on pages 12-13)
1129 Colorado Ave, Grand Junction 81501
970-248-2746

Mesa County Options for Long Term Care – Adult Services Intake
2775 Crossroads Blvd, GJ 81506
970-244-7892

NW CO Options for LTC – Rifle
970-963-1639

Pitkin County Dept of Health & Human Services
0405 Castle Creek Rd, Ste 103, Aspen 81611
970-920-5235

Vintage – Region 12
(ad on pages 12-13)
249 Warren Ave, Silverthorne 80498
970-468-0295

VOA – Senior Community Care – Western Colorado's PACE Provider
(ad on Inside Back Cover)
844-862-4968
– 11485 Hwy 65, Eckert 81418
970-835-9200
– 2377 Robbins Wy, Montrose 81401
970-964-3500

CONSUMER AFFAIRS & LEGAL AID

NATIONAL AND STATEWIDE

AARP Elder Watch
800-222-4444

Better Business Bureau
303-758-8200

Center for Disease Control
800-232-4636

Colorado Atty General Consumer Protection Division
800-222-4444

Colorado Dept of Regulatory Agencies (DORA)
1560 Broadway, Ste 110, Denver 80202
303-894-7855

Colorado Legal Services
303-837-1313

Consumer Protection & Legal Aid
800-222-4444

Do Not Call Registry
888-382-1222 / 866-290-4236 TTY

Governor's Citizens Advocate
303-866-2885

Guardianship Alliance of Colorado
801 Yosemite St, Denver 80230
303-691-9339

Health & Elder Unit – Colorado Legal Services
303-837-1321

Money Management International (Credit Counseling)
800-308-2227

Continued on page 20 >

How to Stay at Home

The pandemic has taught us both the need we all have to age in place as well as the available and not so available community resources to help us reach that goal. But you do have control over personal resources in which to obtain this goal.

You may be even surprised to know what you can do! What are these resources and tasks which I have control over?? You start with an *Aging in Place Plan*.



To begin, start with an Estate Plan. This can be simple or complex depending on your life situation. But get it done! This plan will include not only a Will, but Advanced directives. At Elder Quest we also like to have our clients complete a list we call, "These are a few of our Favorite things..." This provides more details about what brings you joy in your life. What makes you comfortable and what makes you uncomfortable. You can do this! You owe it to yourself and to any others in the future who will be trying to provide the best care for you.

Next step towards your *Aging in Place Plan*, is to take a look at "the Place"! Is it your current home? If so- take a good look at the lay out, it access from outside, steps, doorways, lighting, bathroom features

etc. There are many professionals who could help you assess your current home and provide suggestions for now or in the future. Home improvements and technologies are available to allow us to stay at home safely and independently!

So far, we have touched on your *Aging in Place Plan* that involves what you can do and with your resources. Now what

about the community resources available to help you age in place? There are many! Both free and pay for services are available. As we have seen during the pandemic, there are more services available to people of all ages.

The food delivery services alone has exploded. There continues to be Home Care both "Medical" and "Non Medical" to keep your home and you happy.

If all this sounds a bit overwhelming, there are professionals out there to help you organize your *Aging in Place Plan*. Please give us a call and we would be glad to help you get started or to help you wherever you currently are in your Plan process! ~

Editor's Note: This article was submitted by Paula McCormick MSW LSW of Elder Quest, 970-985-5950 or email elderquestgj@gmail.com. See ad on page 17.

 Indicates website link on seniorsbluebook.com

CONSUMER AFFAIRS & LEGAL AID *continued*

Senate Aging Committee – Anti-Fraud Hotline
855-303-9470

US Consumer Product Safety
800-638-2772

US Food & Drug Administration Info
888-463-6332

DELTA COUNTY

 **Region 10 Long Term Care Ombudsman** *(ad on pages 12-13)*
145 S Cascade Ave, Montrose 81401
970-249-2436

Uncompahgre Volunteer Legal Aid
300 N Cascade Ave, Ste U-2,
Montrose 81401
970-249-7202

EAGLE COUNTY

Crimestoppers of Eagle County
885 Chambers Ave, Eagle 81613
970-328-7007

Eagle County Healthy Aging
715 Broadway, Eagle 81631
970-328-8896

GARFIELD COUNTY

Alpine Legal Services
109 8th St #304, Glenwood Springs 81601
970-945-8858

DA Victim / Witness Assist
109 8th St, Ste 308, Glenwd Sprgs 81601
970-945-8635

Garfield County Ombudsman
109 8th St, Ste 308, Glenwd Sprgs 81601
970-625-8189

MESA COUNTY

Area Agency on Aging of NW Colorado – Region 11
(ad on pages 12-13)
510 29½ Rd, Grand Junction 81504
970-248-2717

Colorado Legal Services
422 White Ave, Ste 300, GJ 81501
970-243-7940

Disability Law Colorado
322 N 8th St, Grand Junction 81501
970-241-6371

Grand Junction Crime Stoppers
970-241-7867

Long-Term Care Ombudsman Program
510 29½ Rd, Grand Junction 81502
970-248-2717

Mesa County ADRC – Aging & Disability Resources for Colorado *(ad on pages 12-13)*
1129 Colorado Ave, Grand Junction 81501
970-248-2746

Pro Bono Project of Mesa County
1129 Colorado Ave, GJ 81501
970-424-5748

MONTROSE COUNTY

 **Region 10 Long Term Care Ombudsman** *(ad on pages 12-13)*
145 S Cascade Ave, Montrose 81401
970-249-2436

PITKIN COUNTY

Alpine Legal Services
109 8th St #304, Glenwood Springs 81601
970-945-8858

Pitkin County Senior Services
0275 Castle Creek Rd, Aspen 81611
970-920-5432

SUMMIT COUNTY

Vintage – Region 12

(ad on pages 12-13)
249 Warren Ave, Silverthorne 80498
970-468-0295

CONTINUING EDUCATION OPPORTUNITIES

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

Road Scholar
800-454-5768

COUNTY HEALTH DEPARTMENTS

Eagle County Health & Human Svcs
551 Broadway, Eagle 81631
970-328-8840

Garfield County Public Health
– 2014 Blake Av, Glenwood Sprgs 81601
970-945-6614
– 195 W 14th St, Bldg A, Rifle 81650
970-625-5200

Gunnison County Health & Human Svcs
220 N Spruce St, Gunnison 81230
970-641-0209

Mesa County Health Dept
510 29½ Rd, Grand Junction 81504
970-248-6905

Montrose County Health & Human Svcs
1845 S Townsend, Montrose 81401
970-252-5000

Pitkin County – Cmnty Health Svcs
0405 Castle Creek Rd, Ste 201, Aspen 81611
970-920-5420

DENTAL RESOURCES

Non-profit and government organizations providing resources and dental services. Many programs are sliding scale or income qualifying.

American Dental Association
800-621-8099

CO Dental Association
8301 E Prentice Av #400,
Greenwood Village 80111
303-740-6900

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

Dental Prevention Program
417 Meeker St, Delta 81416
970-874-3801

Dentistry from the Heart
727-849-2002

Donated Dental Services
1800 15th St, Ste 100, Denver 80202
888-235-5826

MarillacHealth Dental Clinic
(ad on page 65)
2333 N 6th St, Grand Junction 81501
970-200-1600

Vintage – Region 12
(ad on pages 12-13)
249 Warren Ave, Silverthorne 80498
970-468-0295

Indicates website link on seniorsbluebook.com

DENTAL SERVICES

MarillacHealth Dental Clinic
(ad on page 65)
2333 N 6th St, Grand Junction 81501
970-200-1600

DENTURES & IMPLANTS

MarillacHealth Dental Clinic
(ad on page 65)
2333 N 6th St, Grand Junction 81501
970-200-1600

DISABILITY SERVICES

ADRC – Aging & Disability Resources for Colorado – Region 10 *(ad on pages 12-13)*
145 S Cascade Ave, Montrose 81401
970-249-2436

ADRC – Aging & Disability Resources for Colorado – Region 11 *(ad on pages 12-13)*
1129 Colorado Ave, Grand Junction 81501
970-248-2746

Center for Independence
(ads on pages 22, 79)
800-613-2271

– 740 Gunnison Ave, GJ 81501
970-241-0315
– 823 Blake St, Ste 102,
Glenwood Springs 81601
970-718-5155

– 245 S Cascade, Ste B, Montrose 81401
970-765-2016 / 800-613-2271

Colorado Cross Disability Coalition Advocacy Program
1385 S Colorado Blvd #610A, Denver 80222
303-839-1775

Do you have a DISABILITY?

We offer strategies to help you maintain or regain your independence

Here to help you navigate

Advocacy/Benefits
Counseling/Peer Mentoring/
Independent Living Skills/
Information & Referral

800-613-2271
www.cfigj.org

CFI serves 12 western Colorado counties – offices in Grand Junction, Montrose, Glenwood Spgs and Salida

Call us for assistance with a vaccination appointment.

Empowering individuals with a disability to live independently since 1982.

Center for People with Disabilities
303-442-8662

**Developmental Pathways
(Seniors Choice)**
303-344-0046

Special Olympics
303-592-1361

DOWNSIZING & RELOCATION

**Jo Carole Haxel, SRES®–
HomeSmart Realty Partners**
(ad on page 55)
431 Colorado Ave, Grand Junction 81501
970-683-0126

**United Country Real
Colorado Properties**
(ad on page 54)

428 Main St, Grand Junction 81501
970-261-3850 / 970-256-9700

DRIVERS SAFETY

AARP Drivers Safety Program
888-227-7669

ELDER ABUSE & CRIME PREVENTION

Government and non-profit agencies which advocate for or protect seniors from abuse in housing, financial matters, and physical harm.

NATIONAL AND STATEWIDE

AARP Elderwatch
800-222-4444

**ABA Commission of Legal
Problems of the Elderly**
202-662-8690

Colorado Bar Association
1290 Broadway, Ste 1700, Denver 80203
303-860-1115

CO State Long-term Care Ombudsman
303-862-3524

National Center for Elder Abuse
800-677-1116

National Domestic Violence Hotline
800-799-7233

LOCAL

**Area Agency on Aging of
NW Colorado – Region 11**
(ad on pages 12-13)
510 29½ Rd, Grand Junction 81504
970-248-2717

**Area Agency on Aging
– Region 10** (ad on pages 12-13)
145 S Cascade Ave, Montrose 81401
970-249-2436

Disability Law Colorado
322 N 8th St, Grand Junction 81501
970-241-6371

Garfield County Dept of Human Svcs
195 W 14th St, Bldg A, Rifle 81650
844-264-5437

GJ Police Victims Advocacy
555 Ute Ave, Grand Junction 81501
970-549-5290

**Gunnison County Dept of Health &
Human Svcs – Adult Protective Svcs**
220 N Spruce, 81230
970-641-3244

**Mesa County Dept of Human Svcs
(Adult Svcs Intake & Protective Svcs)**
510 29½ Rd, Grand Junction 81504
970-248-2888

**Mesa County Sheriff's Office
Victim & Volunteer Assistance**
215 Rice St, Grand Junction 81502
970-244-3275
Continued on page 26 >

 Indicates website link on seniorsbluebook.com

Why Would I Consider A Trust For My Estate Planning?

Everyone needs an estate plan, it doesn't matter what your socio-economic circumstances are.

A simple estate plan will typically contain at least three documents. This will generally include a durable medical power of attorney and a durable financial power of attorney. The other document typically found is a way to pass your property upon death such as a will.

However, there are times when a trust might be an option in your estate planning instead of or in addition to a will. So why should you consider a trust? Trusts are useful estate planning tools that can accomplish a variety of goals. They can help avoid probate, minimize taxes, and be used to give property to minor or disabled loved ones. Trusts can be created during a person's lifetime (Living Trusts) or at the person's death (Testamentary Trusts). Some different types of Trusts from both categories are discussed below.

Living Trust

A person can transfer their assets to a Living Trust and, as trustee, continue using their assets as they always have.

Tax Planning Trusts

Several different types of Living Trusts provide flexible alternatives for minimizing capital gains and estate taxes, including the Charitable Remainder Trust, Irrevocable Life Insurance Trust, Qualified Personal



Residence Trust, Grantor Retained Annuity Trust, and Grantor Retained Unitrust.

Testamentary Trusts

A person can create a Trust under a Will, called a Testamentary Trust, which does not take effect until they are deceased.

Disability Trusts (also known as Special Needs Trusts)

A Disability Trust is a type of Living Trust that allows a disabled person under the age of 65 to use their own assets for their special needs, other than food and shelter, and keep public benefits, such as Medicaid and Supplemental Security Income (SSI).

3 Reasons You May Need a Trust As Part of Your Estate Plan

- Are you concerned about protecting a gift from creditors or litigation?
- Does a loved one need nursing home care or Medicaid eligibility?
- Do you want to provide for children, grandchildren or charitable organizations?

Continued on page 26 >

CHAYET & DANZO, LLC
ATTORNEYS AT LAW

Serving the Vail and Aspen areas for 15 years

SERVING COLORADO FAMILIES WITH EXPERIENCE AND DIGNITY IN TIMES OF NEED.

Elder Law • Estate Planning • Probate Litigation
• Contested Estates Wills & Trusts

Medical and Durable Powers of Attorney • Asset Protection
Conservatorships • Guardianships • Estate Administration and Litigation
Medicare • Medicaid Planning • SSI, SSDI and Medicaid Appeals
Fiduciary Representation of Agents Under Powers of Attorney,
Guardians, Conservators, Trustees and Personal Representatives

Free Initial Phone or Email Consultation
Home Visits Available

VAIL VALLEY
105 Edwards Village Blvd. # D-201, Edwards, CO 81632

ASPEN VALLEY
600 East Hopkins Ave., # 301, Aspen, CO 81611
1-866-873-6596

Frank@ColoradoElderLaw.com • Marco@ColoradoElderLaw.com

MAIN OFFICE
650 So. Cherry St., Suite 710, Denver, CO 80246
Marco@ColoradoElderLaw.com • Frank@ColoradoElderLaw.com
303-355-8500

MEMBER National Academy of Elder Law Attorneys, Inc.
AV
10.0
Super Lawyers
FIVE STAR

Indicates website link on seniorsbluebook.com

E-E

COMMUNITY RESOURCES AND SERVICES

25

E-E



COMMUNITY RESOURCES AND SERVICES

COMMUNITY RESOURCES AND SERVICES

Why Would I Consider A Trust For My Estate Planning? *continued from page 24*

The types of assets you own is another important consideration. Here are three typical reasons you might need a trust.

1 A loved one cannot be trusted with a large gift or has special needs

If you have concerns that a child does not have the financial skills to manage a gift or the loved one receives government benefits.

2 You want to transfer complex assets in a thoughtful manner
Trusts can be effective for keeping a vacation home or a closely-held business in the family. For large charitable donations, a trust allows you to leave

a vision for how you would like the gift used.

3 Limiting the potential for relationship-damaging fights is important

When you have worked hard and been successful, a trust may be able to limit conflict and the legal fees associated with litigation. ~

Editor's Note: This article was submitted by Marco D. Chayet, Esq., a partner in the law firm Chayet & Danzo, LLC, and the Public Administrator for the 18th Judicial District; he may be reached at 303-355-8500 or 866-873-6596 and by email at Marco@ColoradoElderLaw.com. See ad on page 25. This is a brief overview of the topic and should not be considered legal advice.

ELDER ABUSE & CRIME PREVENTION *continued from page 23*

Northwest CO Council of Govts
249 Warren Ave, Silverthorne 80498
970-468-0295

Vintage – Region 12
(ad on pages 12-13)
249 Warren Ave, Silverthorne 80498
970-468-0295

ELDER LAW

Charles Kline Law
(ad on page 29)
Serving the Western Slope
303-589-9700

Chayet & Danzo, LLC
(ad on page 25)
866-873-6596 / 303-355-8500
– 600 E Hopkins Ave, Ste 301, Aspen 81611
– 650 S Cherry St, Ste 710, Denver 80246
– 105 Edwards Village Blvd #D-201, Edwards 81632

EMERGENCY RESPONSE SYSTEMS

Comfort Keepers
(ads on pages 92 and Inside Front Cover)
– 514 28¼ Rd, Ste 5, GJ 81506
970-241-8818
– 361 Palmer St, Delta 81416
970-240-4121

26 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

EMPLOYMENT & VOLUNTEER OPPORTUNITIES

Companies and community service organizations that offer volunteer opportunities or employ seniors or other age groups and train them for various jobs.

STATEWIDE**AARP Colorado**

303 E 17th Ave, Ste 510, Denver 80203
866-554-5376

American Diabetes Association

2460 W 26th Av, Ste C500, Denver 80211
720-855-1102

America's Workforce Network

877-872-5627

Colorado Gerontological Society

1129 Pennsylvania St, Denver 80203
303-333-3482

Retired Senior Volunteer Program (RSVP) Senior Corp

800-942-2677

Senior Community Service Employment Program

703-558-4200

United Way-211

211

DELTA COUNTY**Delta Workforce Center**

206 Ute St, Delta 81416
970-874-5781

EAGLE COUNTY**Caregiver Connections Senior Spot**

455 Nottingham Ranch Rd, Avon 81620
970-445-0312

Mid-Valley Seniors

0020 Eagle Cnty Rd, Ste E, El Jebel 81623
970-328-7682

GARFIELD COUNTY**A Little Help** *(ad on page 77)*

970-404-1923

A Little Help can help with transportation, yard work, handiwork, home organization, and social engagement. Call for more information about membership

Glenwood Springs Work Force Ctr

401 23rd St, Ste 300, Glenwd Sprgs 81601
970-945-8638

High Country Retired Senior Volunteer Program at Colorado Mountain College

1402 Blake Ave, Glenwd Sprgs 81601
970-947-8462

Mountain Valley**Developmental Services**

700 Mt Sopris Dr, Glenwd Sprgs 81601
970-945-2306

Pathfinders

970-379-5276

GUNNISON COUNTY**Colorado Workforce Center**

109 E Georgia, Gunnison 81230
970-641-0031

MESA COUNTY**Abo de Colorado Hospice & Home Health** *(ad on page 103)*

744 Horizon Ct, Ste 135, GJ 81506
970-658-8705

Center for Independence

(ads on pages 22, 79)
740 Gunnison Ave, Grand Junction 81501
970-241-0315 / 800-613-2271

Continued on next page >

 Indicates website link on seniorsbluebook.com

EMPLOYMENT & VOLUNTEER OPPORTUNITIES *continued***CO Vocational Rehab Services**

222 S 6th St, Ste 215, GJ 81501
970-248-7103

Community Employment

950 Grand Ave, GJ 81501
970-248-9040

Grand Valley Catholic Outreach

245 S 1st St, GJ 81501
970-241-3658

Mesa County Health Dept – Commodity Supplemental Food Program (CSFP)

510 29½ Rd, Grand Junction 81504
970-248-6900

The Mesa County CSFP offers free food packages and nutritional education to qualifying seniors. Volunteers are needed in Delta, Montrose and Mesa counties to help assemble and distribute food boxes to low income seniors. Call for more info.

Mesa County Dept of Human Services

510 29½ Rd, Grand Junction 81504
970-248-0871

Mesa County Options for Long Term Care

510 29½ Rd, Grand Junction 81504
970-683-2614

Mesa County Retired Senior Volunteer Program

422 White Ave, Ste 90, GJ 81501
970-243-9839

Matches volunteers with community volunteer agencies based on skills and needs.

Mesa County Workforce Center

512 29½ Rd, Grand Junction 81504
970-248-0871

Mesa County RSVP & SHIP

422 White Ave, Ste 90, GJ 81501
970-243-9839

Tutor students to help them succeed and grow academically and socially.

St. Mary's Volunteer Services

2635 N 7th St, Grand Junction 81501
970-244-2012

STRIVE

790 Wellington, Grand Junction 81501
970-243-3702

MONTROSE COUNTY**Montrose Workforce Center**

504 N 1st St, Montrose 81401
970-249-7783, 970-252-0678

PITKIN COUNTY**A Little Help** *(ad on page 77)*

970-404-1923

A Little Help can help with transportation, yard work, handiwork, home organization, and social engagement. Call for more information about membership

Pathfinders

970-379-5276

Pitkin County Senior Services

275 Castle Creek Rd, Aspen 81611
970-920-5432

ENERGY RESOURCES

Sliding scale or income qualifying energy resources for seniors. Look at your local public service company for possible resource.

CharlesKlineLaw



Estate Planning
Wills and Trusts
Simplify Probate
Free Initial Consultation
*Final document signing in the
comfort of your home.*
303-589-9700
www.charlesklinelaw.com
Charles@charlesklinelaw.com

ENERGY RESOURCES *continued*

**Energy Assistance & Crisis
Intervention Programs – HEAT
Helpline**
866-432-8435

Colorado Energy Office
1600 Broadway, Ste 1960, Denver 80202
303-866-2100

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

Grand Valley Catholic Outreach
245 S 1st St, Grand Junction 81501
970-241-3658

**Gunnison County Dept of
Human Svcs**
220 N Spruce, Gunnison 81230
970-641-3244

**Low Income Home Energy
Assistance Program (LIHEAP)**
866-674-6327

**National Energy Assistance
Referral (NEAR)**
– 510 29½ Rd, Grand Junction 81504
970-241-8480
– 195 W 14th St, Rifle 81650
970-625-5282

**NW Colorado Council of Govts –
Weatherization Program**
800-332-3669

ESTATE PLANNING

Charles Kline Law *(ad on page 29)*
Serving the Western Slope
303-589-9700

Chayet & Danzo, LLC
(ad on page 25)
866-873-6596 / 303-355-8500
– 600 E Hopkins Ave, Ste 301, Aspen 81611
– 650 S Cherry St, Ste 710, Denver 80246
– 105 Edwards Village Blvd #D-201,
Edwards 81632

Northwestern Mutual
(ad on page 31)
326 Main St #200, Grand Junction
– **Stewart Bale, Financial Advisor**
970-632-2871
– **Nic Hansen**
Financial Representative
719-339-1518

FINANCIAL & TAX ASSISTANCE

Financial assistance companies
specialize in assisting seniors facing
financial problems or in need of financial
assistance.

NATIONAL

AARP Tax Aide
888-227-7669

Continued on next page >

Indicates website link on seniorsbluebook.com

E-F

COMMUNITY RESOURCES AND SERVICES

29

F-F



COMMUNITY RESOURCES AND SERVICES

FINANCIAL & TAX ASSISTANCE

continued

BenefitsCheckUp.Org

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

Credit.org
800-431-8456

DebtHelper.com
800-920-2262

**Federal Income Tax Information
(TTY/TDD)**
800-829-4059

IRS Hotline
800-829-1040

**IRS National Tax Payer
Advocate Help Line**
877-777-4778

Money Management International
877-422-9040 / 877-908-2227

**National Foundation for Credit
Counseling**
800-388-2227

**National Foundation for Debt
Management – Housing Counseling**
800-510-0301

Social Security Hot Line
800-772-1213

Western Union – Fraud Protection
800-448-1492

STATEWIDE

**Colorado Housing &
Finance Authority**
800-877-8450

Grand Valley Catholic Outreach
970-241-3658

PERA
800-759-7372

**Salvation Army
Christian Legal Clinic**
303-296-2456

State of Colorado Tax Info Line
303-238-7378

GARFIELD COUNTY

**Catholic Charities &
Community Services**
1004 Grand Ave, Glenwood Springs 81601
970-384-2060

Dept of Human Services
195 W 14th St, Rifle 81650
970-625-5282

**High Country Retired Senior
Volunteer Program at Colorado
Mountain College**
1402 Blake Ave,
Glenwood Springs 81601
970-947-8462

GUNNISON COUNTY

**Gunnison County Dept
of Human Services**
220 N Spruce, Gunnison 81230
970-641-3244

MESA COUNTY

Center for Independence
(ads on pages 22, 79)
740 Gunnison Ave, Grand Junction 81501
970-241-0315 / 800-613-2271

**CO Resident Discount Program –
St Mary's Hospital**
970-298-7011

Housing Resources of WCO
524 30 Rd, Ste 3, Grand Junction 81504
970-241-2871 x101

Continued on page 32 >

COMMUNITY RESOURCES AND SERVICES

30

COLORADO'S WESTERN SLOPE - SUMMER 2021-2022



NORTHWESTERN MUTUAL GRAND JUNCTION

Plan for Tomorrow, Live for Today

- Long Term Care Planning
- Life Insurance
- Annuities
- Estate Planning
- Investments



Stewart Bale
Financial Advisor
970.632.2871
stewartbale.nm.com
stewart.bale@nm.com



Nic Hansen
Financial Representative
719.339.1518
nichansen.nm.com
nic.hansen@nm.com

© 2021 Northwestern Mutual is the marketing name for The Northwestern Mutual Life Insurance Company (NM), life and disability insurance, annuities, and life insurance with long-term care benefits and its subsidiaries in Milwaukee, WI. Edward Jones provides investment brokerage services as a Registered Representative of Northwestern Mutual Investment Services, LLC (NMIS), a subsidiary of NM. Senior Advisor registered investment advisor and member FINRA and SIPC. *Edward Jones (the "Investment Advisor") is a member of the Financial Industry Regulatory Authority (FINRA). Edward Jones (the "Investment Advisor") is a subsidiary of NM and a member of SIPC. There may be instances when the Agent represents the sponsor in addition to NM or its subsidiaries. Stewart Andrew Joseph Dale, 1620015, 10/19, 10/21/21, North Carolina (CA, 427619).

Indicates website link on seniorsbluebook.com 31



FINANCIAL & TAX ASSISTANCE *continued from page 30*

Mesa County Dept of Human Svcs
510 29½ Rd, GJ 81501
970-241-8480

Salvation Army
1235 N 4th St, Grand Junction 81501
970-242-7513

PITKIN COUNTY

Pitkin County Senior Services
0275 Castle Creek Rd, Aspen 81611
970-920-5432

FINANCIAL ADVISOR

**Edward Jones –
Jim Roland, ChFC®, AAMS®**
(ad on page 32)
970-245-4869

Northwestern Mutual
(ad on page 31)
326 Main St #200, Grand Junction
– **Stewart Bale, Financial Advisor**
970-632-2871
– **Nic Hansen**
Financial Representative
719-339-1518

FINANCIAL SERVICES

**Edward Jones –
Jim Roland, ChFC®, AAMS®**
(ad on page 32)
970-245-4869

FOOD RESOURCES

Sliding scale or income qualifying food resources for seniors and also list of congregate meal sites.

NATIONAL AND STATEWIDE

Hunger Free Colorado
(ad on page 33)
1355 S Colorado Blvd #201, Denver 80222
855-855-4626 / 720-382-2920
Toll-free, Bilingual hotline is a free “one-stop” resource that offers geographically based referrals to both public and private assistance programs throughout the state.

Lift Up Food Pantry
800 Railroad Ave, Rifle 81650
970-625-4496

Meals on Wheels America
888-998-6325

Unsure whether you can retire? Let's talk.

Jim Roland, ChFC®, AAMS®
Financial Advisor
743 Horizon Court, Suite 202
Grand Junction, CO 81506
970-245-4869 | www.edwardjones.com

Member SIPC | MKT-58941-A



Supplemental Nutrition Assistance Program (SNAP) – National Hunger Hotline
800-221-5689

Supplemental Nutrition Assistance Program (SNAP)
1575 Sherman St, 3rd Fl, Denver 80203
800-536-5298

DELTA COUNTY

Cedaredge Nutrition Services
140 NW 2nd Ave, Cedaredge 81413
970-856-3636

Delta Senior Center
247 Meeker St, Delta 81416
970-874-7837

Hotchkiss Senior Center
276 W Main St, Hotchkiss 81419
970-872-3494

Paonia Senior Center
106 3rd St, Paonia 81428
970-527-3435

Volunteers of America – Senior CommUnity Meals
(ad on Inside Back Cover)
350 Stafford Ln, Ste 3511, Delta 81416
970-874-7661

Western Slope Food Bank of the Rockies –

www.foodbankrockies.org
(ad on page 35)
268 N River Rd, Palisade 81526
970-464-1138

Offers free monthly food packages to qualifying seniors. Individuals must be 60 years of age or older and meet income guidelines to qualify. For more information or to make an appointment, please call.

EAGLE COUNTY

Eagle County Healthy Aging – Home Delivered Meals
970-328-8896

Eagle River Valley Food Bank
760 Lindbergh Dr, Unit 7, Gypsum 81637
970-328-7900

Eagle Healthy Aging
(Meals offered Wednesday and Friday)
715 Broadway, Eagle 81631
970-328-8896

El Jebel Healthy Aging
(Meals offered Tuesdays and Thursdays)
0020 Eagle Cnty Rd, El Jebel 81623
970-379-0020

Continued on next page >



COMMUNITY RESOURCES AND SERVICES

NEED HELP BUYING GROCERIES?

- Receive **one-on-one assistance** with applying for food stamps
- Referrals to **food pantries, free meals, and nutrition programs**
- Other **food resources** are available if your food stamp benefits are not enough

Food Resource Hotline CALL US

STATEWIDE TOLL-FREE **855-855-4626** METRO COUNTY **720-382-2920** TODAY!

HUNGER FREE COLORADO Find out more at HungerFreeColorado.org  [HungerFreeColorado](https://www.facebook.com/HungerFreeColorado)  [@HungerFreeCO](https://twitter.com/HungerFreeCO)

 Indicates website link on seniorsbluebook.com

COMMUNITY RESOURCES AND SERVICES

FOOD RESOURCES *continued*

Minturn Healthy Aging
(Meals offered Tuesdays and Thursdays)
1 Academy Loop, Minturn 81645
970-328-2812

GARFIELD COUNTY

Catholic Charities
1004 Grand Ave, Glenwood Springs 81601
970-384-2060

Congregate Meal Sites – Sunnyside Senior Center
(Mon & Thurs noon)
601 21st St #106, Glenwd Sprgs 81601
970-945-9234

Garfield County Dept of Human Svcs
970-945-9191

Grand River Medical Center Home Delivered Meals
501 Airport Rd, Rifle 81650
970-625-1510

Lift Up Food Pantry – Carbondale
520 S 3rd St, Ste 35, Carbondale 81623
970-963-1778

– Glenwood Springs
1004 Grand Av, Glenwood Sprgs 81601
970-945-2005

– New Castle
126 N 4th St, New Castle 81647
970-984-2115

– Rifle
800 Railroad Ave, Rifle 81650
970-625-4888

– Parachute
201 E First St, Parachute 81635
970-285-0221

GUNNISON COUNTY

Gunnison County Food Pantry
(Meals offered Tuesdays and Thursdays)
321 Main St, Ste C, Gunnison 81230
970-641-4156

Young at Heart – Senior Lunch & Home Delivered Meals
200 E Spencer, Gunnison 81230
970-641-2107

MESA COUNTY

Clifton Christian Church Food & Clothing Program
(Wed 9-11:30 am, 12:30-3 pm & Fri 9-11:30 am)
3241 F ¼ Rd, Clifton 81520
970-434-7392 x2

Community Food Bank – Home Delivered Meals or pick up
(M T Th 12:30-5 pm)
Grand Junction 81505
970-640-0336

Food Stamps (DHS)
510 29½ Rd, Grand Junction 81504
970-241-8480

Grand Valley Catholic Outreach – Soup Kitchen *(M-Sat, 12 pm to 1 pm)*
245 S 1st St, Grand Junction 81501
970-243-0091

Homeward Bound of the Grand Valley
2853 North Ave, GJ 81501
970-256-9424

Meals on Wheels Mesa County
551 Chipeta Ave, Grand Junction 81501
970-243-9844

Salvation Army
1235 N 4th St, Grand Junction 81501
970-242-7513

Senior Recreation Center
550 Ouray Ave, Grand Junction 81501
970-243-7408

Western Slope Food Bank of the Rockies –

www.foodbankrockies.org
(ad on page 35)
268 N River Rd, Palisade 81526
970-464-1138
Offers free monthly food packages to qualifying seniors. Individuals must be 60 years of age or older and meet income guidelines to qualify. For more information or to make an appointment, please call.

MONTROSE COUNTY

Western Slope Food Bank of the Rockies –

www.foodbankrockies.org
(ad on page 35)
268 N River Rd, Palisade 81526
970-464-1138
Offers free monthly food packages to qualifying seniors. Individuals must be 60 years of age or older and meet income guidelines to qualify. For more information or to make an appointment, please call.

Mexican American Dev Assc (MADA)
17 N 6th St, Montrose 81401
970-249-4774

Nucla Senior Center
386 Main St, Nucla 81424
970-864-7278

Olathe Community Center
115 Main St, Olathe 81425
970-323-5391

Sharing Ministries
(Call for locations and times)
49 N 1st St, Montrose 81401
970-240-8385

Volunteers of America – Senior CommUnity Meals
(ad on Inside Back Cover)
350 Stafford Ln, Ste 3511, Delta 81416
970-874-7661

West End Senior Center
386 Main St, Nucla 81424
970-864-7278

PITKIN COUNTY

Lift Up Food Pantry
(Tues to Thurs, 11 am to 1 pm,
Wed 4 pm to 6 pm)
456 N Mill St, Ste 18, Aspen 81611
970-544-2009

Pitkin County Senior Center –
Home Delivered Meals, Senior Lunches
0275 Castle Creek Rd, Aspen 81611
970-920-5432

Continued on next page >

Indicates website link on seniorsbluebook.com

F-F

COMMUNITY RESOURCES AND SERVICES

35

G-H



COMMUNITY RESOURCES AND SERVICES

GUARDIANSHIP / CONSERVATORSHIP

Aging Life Care Association (ALCA)
520-881-8008

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

Elder Quest

(ad on page 17)
602 26½ Rd, Grand Junction 81506
970-985-5950

Guardianship Alliance of Colorado
801 Yosemite St, Denver 80230
303-691-9339

HANDYMAN SERVICES

High Country RSVP at Colorado Mountain College – Helping Hands for Seniors
1402 Blake Ave, Glenwood Springs 81601
970-947-8462

Mesa County RSVP
422 White Ave, Ste 090, GJ 81502
970-243-9839 x4

HEALTH INSURANCE SUPPLEMENTS

Gunnison County Health & Human Services
220 N Spruce, Gunnison 81230
970-641-0209

Wilma B. Bacon Mammography Ctr
750 Wellington Ave, GJ 81501
970-244-2249

Women's Wellness Connection
866-951-9355

HEALTH SCREENING

Gunnison County Health & Human Services
220 N Spruce St, Gunnison 81230
970-641-3244

Wilma B Bacon Mammography Center
750 Wellington Ave Grand Junction 81501
970-244-2249

Women's Wellness Connection
866-951-9355

HEARING RESOURCES

Non-profit and government organizations providing resources and hearing services. Many programs are sliding scale and income qualifying.

American Speech-Language-Hearing Association
800-638-8255

Center for Independence
(ads on pages 22, 79)
740 Gunnison Ave, Grand Junction 81501
970-241-0315 / 800-613-2271

Colorado Commission for the Deaf & Hard of Hearing
1575 Sherman St, Garden Level,
Denver 80203
720-457-3679

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

Colorado Telecommunications Equipment Distribution Program
1575 Sherman St, Denver 80203
303-866-2097

COMMUNITY RESOURCES AND SERVICES

36 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

**Hearing Loss Association of America
– Western Colorado Chapter**
970-241-2592

Inter-Faith Community Services
3370 S Irving, Englewood 80110
303-789-0501

International Hearing Dog
5901 E 89th Ave, Henderson 80640
303-287-3277

National Institute on Deafness
800-241-1044
Provides durable medical equipment for indigent and uninsured.

**Starkey Hearing Foundation
(Hear Now)**
800-328-8602

HOME MEDICAL EQUIPMENT & SUPPLIES

Providing/selling medical supplies, oxygen and respiratory equipment, wheelchairs, and diabetic supplies for home use. Some companies provide specialized convenience for your home (walk-in tubs, stair lifts, elevators, etc). Many companies directly bill Medicare, Medicaid and private insurance.

DELTA COUNTY

Aero Care / Air Options
713 Main St, Delta 81416
970-874-1268

G&G Medical / Rotech
622 W Gunnison Ave, Grand Junction 81501
970-245-9054

Hartman Brothers
1450 E 3rd St, Delta 81416
970-874-2828

EAGLE COUNTY

Lincare
210 Center Dr, Glenwood Springs 81601
970-945-1450

GARFIELD COUNTY

Aero Care / Air Options
1818 Medicine Bow Ct, Ste 2, Silt 81652
970-876-1946

G&G Medical / Rotech
622 W Gunnison Ave, Grand Junction 81501
970-245-9054

**Mountain Aire Medical Supply
(Rifle)**
2490 Patterson Rd, Ste 5, GJ 81505
970-244-8983

GUNNISON COUNTY

Aero Care / Air Options
701 N Main St, Gunnison 81230
970-641-1828

MESA COUNTY

Aero Care / Air Options
2650 North Ave, Grand Junction 81501
970-241-2202

Apria Healthcare
2956 North Ave, Ste 2-3, GJ 81504
970-245-1604

G&G Medical / Rotech
622 W Gunnison Ave, GJ 81501
970-245-9054

Lincare
1048 Independent Ave, Ste A116, GJ 81501
970-241-7744

Mesa Orthopedic
2305 N 7th St, Grand Junction 81501
970-242-3210

Continued on next page >

 Indicates website link on seniorsbluebook.com

HOME MEDICAL EQUIPMENT & SUPPLIES *continued*

Mountain Aire Medical Supply
2490 Patterson Rd #5, GJ 81505
970-244-8983

National Seating & Mobility
2387 River Rd, Ste 130, GJ 81505
970-644-5952

Nu Motion
2517 Weslo Ave, Grand Junction 81505
970-242-3011

MONTROSE COUNTY

ADRC – Aging & Disability Resources for Colorado

– **Region 10** (*ad on pages 12-13*)
145 S Cascade Ave, Montrose 81401
970-249-2436

Aero Care / Air Options
843 3rd St, Montrose 81401
970-252-0212

G&G Medical / Rotech
622 W Gunnison Ave, Delta 81501
970-245-9054

Hartman Brothers
531 Main St, Montrose 81401
970-240-9556

SURROUNDING COMMUNITIES

CORTEZ / DURANGO

Aero Care / Air Options
1740 E Main, Ste 6, Cortez 81321
970-565-3666

A-Med Supply
27 N Harrison St, Cortez 81321
970-565-7699

American Home Patient
2405 E Empire St, Ste 3, Cortez 81321
970-565-3204

Apria Healthcare
208 Parker Ave, Ste C, Durango 81303
970-259-7575

Lincare
65 Mercado St Ste 105, Durango 81303
970-375-1627

Petersen Medical
1108 Mildred Rd, Cortez 81321
970-565-4200

Preferred Homecare
2844 E Main #105, Farmington, NM 87402
505-325-9868

CRAIG / STEAMBOAT / MEEKER

Aero Care / Air Options
246 Market St, Meeker 81641
970-878-5883

G&G Medical / Rotech
90 E 1st St, Ste 3, Craig 81625
970-824-8347

Heart to Home Respiratory
258 E Main St, Rangley 81648
970-675-2808

MOAB / BLANDING

Petersen Medical
154 S Main, Blanding 84511
435-678-2250

RANGLY

Aero Care / Air Options
246 Market St, Meeker 81641
970-878-5883

Heart to Home Respiratory
258 E Main St, Rangley 81648
970-675-2808

Valley Home Medical
395 S Vernal Ave, Vernal UT 84078
435-781-1882 / 800-350-1342

HOME MEDICAL EQUIPMENT & SUPPLIES – LOAN CLOSETS

ADRC – Aging & Disability Resources for Colorado – Region 10 *(ad on pages 12-13)*
145 S Cascade Ave, Montrose 81401
970-249-2436

ADRC – Aging & Disability Resources for Colorado – Region 11 *(ad on pages 12-13)*
1129 Colorado Ave, Grand Junction 81504
970-248-2746

Garfield County ADRC
(ad on pages 12-13)
970-963-1639

HOMEMAKING / HOUSEKEEPING

Right at Home
(ads on pages 91 and Front Cover)
507 Main St, Grand Junction 81505
970-697-1331
– Rifle 970-456-4610
– Delta 970-399-1477

HOSPICE

Hospices provide individuals facing terminal illness with care at home or in a healthcare facility. The focus is on comfort rather than treatment. See the full Hospice section starting on page 100.

National Hospice & Palliative Care Organization Helpline
703-837-1500

HOSPITALS

DELTA COUNTY

Delta County Memorial Hospital
1501 E 3rd St, Delta 81416
970-874-7681

EAGLE COUNTY

Vail Health
180 S Frontage Rd W, Vail 81657
970-476-2451

GARFIELD COUNTY

Grand River Medical Center
501 Airport Rd, Rifle 81650
970-625-1510

Valley View Hospital
1906 Blake Ave, Glenwood Springs 81601
970-945-6535

GUNNISON COUNTY

Gunnison Valley Hospital
711 N Taylor St, Gunnison 81230
970-641-1456

MESA COUNTY

Colorado Canyons Hospital & Medical Center
300 W Ottley Ave, Fruita 81521
970-858-3900

Community Hospital
2351 G Rd, Grand Junction 81505
970-242-0920

Continued on next page >

 Indicates website link on seniorsbluebook.com

HOSPITALS *continued*

Grand Valley Surgical Center
710 Wellington Ave, Ste 21, GJ 81501
970-298-7800

Plateau Valley Health Services
58128 US Hwy 330, Collbran 81624
970-487-3565

St. Mary's Hospital
2635 N 7th St, Grand Junction 81501
970-244-2273

St. Mary's Regional Cancer Center
750 Wellington Ave, GJ 81501
970-298-7500

VA Western CO Health Care System
2121 North Ave, Grand Junction 81501
970-242-0731

MONTROSE COUNTY

Montrose Memorial Hospital
800 S 3rd St, Montrose 81401
970-249-2211

San Juan Cancer Center
600 S 5th St, Montrose 81401
970-497-8000

PITKIN COUNTY

Aspen Valley Hospital
0401 Castle Creek Rd, Aspen 81611
970-925-1120

HOSPITALS – PSYCHIATRIC

West Springs Hospital
515 28¾ Rd, Grand Junction 81501
970-241-6023

HOUSING PLACEMENT & RESOURCE SPECIALISTS

Aging Services Consultants – Audrey Krebs, MA, CSA, QMAP
(ad on page 17)
720-328-1375 / 303-903-4923

Elder Quest
(ad on page 17)
602 26½ Rd, Grand Junction 81506
970-985-5950

INVESTMENTS

Edward Jones – Jim Roland, ChFC®, AAMS®
(ad on page 32)
970-245-4869

Northwestern Mutual
(ad on page 31)
326 Main St #200, GJ

– **Stewart Bale**
Financial Advisor
970-632-2871
– **Nic Hansen**
Financial Representative
719-339-1518

LIBRARIES

Many libraries provide special services for seniors and those with physical impairments.

National Library Svc for the Blind & Physically Handicapped (NLS)
888-657-7323

DELTA COUNTY

Cedaredge Public Library
180 SW 6th Av, Cedaredge 81413
970-399-7674

Crawford Public Library
545 Hwy 92, Crawford 81415
970-399-7783

Delta Public Library
211 W 6th St, Delta 81416
970-874-9630

Hotchkiss Public Library
149 E Main St, Hotchkiss 81419
970-399-7781

Paonia Public Library
80 Samuel Wade Rd, Paonia 81428
970-399-7881

EAGLE COUNTY

Avon Public Library
200 Benchmark Rd, Avon 81620
970-949-6797

Basalt Regional Library
14 Midland Ave, Basalt 81621
970-927-4311

Eagle Valley Library
600 Broadway, Eagle 81631
970-328-8800

Gypsum Public Library
47 Lundgren Blvd, Gypsum 81637
970-524-5080

Vail Public Library
292 W Meadow Dr, Vail 81657
970-479-2184

GARFIELD COUNTY

Carbondale Branch Library
320 Sopris Ave, Carbondale 81623
970-963-2889

CMC Quigley Library
3000 County Rd 114, Glenwd Spgs 81601
970-947-8271

**Connie Delaney Health Library
(Valley View Hospital)**
1906 Blake Ave, Glenwood Springs 81601
970-384-6950

Glenwood Springs Branch
815 Cooper Ave, Glenwd Spgs 81601
970-945-5958

New Castle Branch
402 Main St, New Castle 81647
970-984-2346

Parachute Branch
244 Grand Valley Way, Parachute 81635
970-285-9870

Rifle Branch
207 East Ave, Rifle 81650
970-625-3471

Silt Branch
680 Home Ave, Silt 81652
970-876-5500

GUNNISON COUNTY

Crested Butte Library
504 Maroon Ave, Crested Butte 81224
970-349-6535

Gunnison County Library District
307 N Wisconsin St, Gunnison 81230
970-641-3485

MESA COUNTY

Central Branch
443 N 6th St, Grand Junction 81501
970-243-4442

Clifton Branch
590 32 Rd #6-F, Clifton 81520
970-434-6936

Collbran Branch
111 Main St, Collbran 81624
970-487-3545

Continued on next page >

 Indicates website link on seniorsbluebook.com

LIBRARIES *continued*

DeBeque Branch
730 Minter Ave, DeBeque 81630
970-283-8625

Fruita Branch
324 N Coulson St, Fruita 81521
970-858-7703

Gateway Branch
42700 Hwy 141, Gateway 81522
970-931-2428

Orchard Mesa Branch
230 Lynwood St, Grand Junction 81503
970-243-0181

Palisade Branch
119 W 3rd St, Palisade 81526
970-464-7557

Tomlinson Library at CMU
1100 North Ave, Grand Junction 81501
970-248-1860

**Words on Wheels –
Homebound Book Program**
970-683-2420

MONTROSE COUNTY

**Regional Library District –
Montrose Campus**
320 S 2nd St, Montrose 81401
970-249-9656

**Regional Library District
at Naturita**
107 W 1st Ave, Naturita 81422
970-787-2270

Regional Library District at Paradox
Paradox Valley School, 21501 600 Rd,
Paradox 81429
970-859-7236

PITKIN COUNTY

Pitkin County Library
120 N Mill St, Aspen 81611
970-429-1900

LIFE INSURANCE

Northwestern Mutual

(ad on page 31)
326 Main St #200, GJ
– Stewart Bale
Financial Advisor
970-632-2871
– Nic Hansen
Financial Representative
719-339-1518

www.SeniorsBlueBook.com/Local/WesternSlope

 SENIORS BlueBook
RESOURCES FOR AGING WELL



YOUR LOCAL HOMEPAGE!

*Easy access to all things senior
related in your area!*

Local events
Local businesses Specials/Discounts
Articles by local experts
Job postings
Professional networking
And much more!

LONG-TERM CARE INSURANCE

Edward Jones – Jim Roland, ChFC®, AAMS®
 (ad on page 33)
 970-245-4869

Northwestern Mutual
 (ad on page 31)
 326 Main St #200, GJ
 – Stewart Bale
 Financial Advisor
 970-632-2871
 – Nic Hansen
 Financial Representative
 719-339-1518

MEDICAID PLANNING

JG Medicaid Consulting, LLC
 (ad on page 45)
 970-216-4999

MEDICARE ADVANTAGE PLANS

Fidelis Consultants
 (ad on page 48)
 970-400-7609

Humana MarketPoint
 (ad on page 49)
 970-301-8752

VOA – Senior Community Care – Western Colorado’s PACE Provider
 (ad on Inside Back Cover)
 844-862-4968
 – 11485 Hwy 65, Eckert 81418
 970-835-2900
 – 2377 Robbins Way, Montrose 81401
 970-964-3500

MEDICARE / MEDICAID INFORMATION

Medicare, the nation’s largest health insurance program, provides health insurance for Americans. Medicaid is a federal program based largely on income guidelines.

ADRC – Aging & Disability Resources for Colorado – Region 10 (ad on pages 12-13)
 145 S Cascade Ave, Montrose 81401
 970-249-2436

ADRC – Aging & Disability Resources for Colorado – Region 11 (ad on pages 12-13)
 1129 Colorado Ave, Grand Junction 81504
 970-248-2746

Colorado Division of Insurance
 800-930-3745

Colorado Gerontological Society
 303-333-3482

Colorado Insurance Commissioner
 1560 Broadway, Ste 850, Denver 80202
 303-894-7499

Fidelis Consultants
 (ad on page 48)
 970-400-7609

High Country RSVP
 – Garfield County
 970-384-8744
 – Mesa County
 970-200-4616

JG Medicaid Consulting, LLC
 (ad on page 45)
 970-216-4999

Medicaid Hotline
 877-267-2323

Continued on page 48 >

 Indicates website link on seniorsbluebook.com

COMMUNITY RESOURCES AND SERVICES

COMMUNITY RESOURCES AND SERVICES

The LTC Medicaid Process

The Long Term Care Medicaid application process requires various facets be completed.

When an individual applies for Long Term Care Medicaid to help pay for Nursing Home Care, Assisted Living Care, or in-home care, a financial application is completed by (or for) the client. The application initiates a process to determine the client’s financial AND functional eligibility.

A functional assessment will be scheduled, after the financial application is submitted, in which a case manager assigned by the county will meet with the person-in-need. The applicant must meet a “nursing home level-of-care” to qualify for Long Term Care Medicaid, but this DOES NOT mean that he or she be admitted to a nursing home. The case manager gathers information from the client, the family, and the client’s doctors to help make the functional determination. A case manager’s level-of-care approval is required for the financial technician to move forward with a Long Term Care approval.

During the financial process of the

client’s application, all assets and income for the individual, or both spouses, will be reviewed. Assets may include (but are not limited to); checking, savings, certificates of deposit, stocks, bonds, promissory notes, real property (such as: homes, cabins, bare land, time shares, etc.), mineral rights and vehicles (i.e.: cars, trucks, ATV’s, boats, trailers, campers, RV’s, etc.) Proceeds from the sale of a home within the last five years must also be disclosed and a spend down of these funds provided. Please note that gifting of any kind is NOT

allowed by Medicaid and will create a penalty period if one occurs.

Any types of trusts with the client’s and/or spouse’s names on them must also be disclosed, copied,

and submitted by the county technician to the State of Colorado for an official review. Trust types may include; Family, Irrevocable, Revocable, Disability, Special Needs, or Income. The State’s review may take several weeks, so it’s imperative that the document along with an up-to-date asset list be submitted early in the process to allow the State sufficient time. The State’s



approval is required for the technician to move forward with a Long Term Care approval.

The financial technician may review assets for the client/spouse looking back over the last five years, so records requested as verification may be required. The State of Colorado has set a 5-year look back period in its rules and regulations, so if the county technician deems it necessary, records may be required for this time period. While this doesn't happen all the time, it can happen so a new applicant should be prepared to gather the information upon request.

Being adequately prepared when a

financial application is submitted is half the battle of getting positive results for the application. Responding timely to verification requests from the technician is the other half of the battle. Most times, applications are not as complicated as what is listed above and the process can move along swiftly. The county technician is required to process a financial application to completion within 45 days, whether it's with an approval or denial. ~

Editor's Note: This article was submitted by Joell Gray, owner of JG Medicaid Consulting, LLC. She can be reached at 970.216.4999, or by email at jg.ltc.med@gmail.com. See ad on page 45.

JG MEDICAID CONSULTING, LLC

SPECIALIZING IN LONG TERM CARE FOR THE ELDERLY & DISABLED

Financial application assistance for Long Term Care Medicaid:

- Assist with Medicaid application
- Complete additional documentation as needed
- Supply an itemized list to client for verifications required
- Guidance on how to proceed and what to expect from county
- Act as the liaison between client and county office

Guidance provided for clients currently not eligible due to resources. We can outline potential spend down options.



Call with any questions or for an appointment.

Joell Gray, owner
970-216-4999
jg.ltc.med@gmail.com



Indicates website link on seniorsbluebook.com

Medicare 2021 "In A Nutshell"

(Parts A, B & Medigap Plans)

Original Medicare is a government health insurance program primarily for people age 65 and older. It has four main parts: A, B, C & D.

The chart below is an example of how Parts A & B work together with a traditional Medicare supplement also known as a "Medigap Plan."

Medicare Part A <i>Hospital Insurance</i>	Medicare Part B <i>Medical Insurance</i>	Supplemental Policy Plans A - N <i>Medigap</i>
Generally no cost (If you paid Medicare taxes while working)	Most people pay monthly \$148.50 (Premium could be higher based on income)	Premium varies by company, age, location & other factors.
\$1,484 deductible (per benefit period)	\$203 annual deductible. (this can increase each year)	Guarantee Issue at initial enrollment (Other special enrollment periods may be available)
It is possible to pay the \$1,484 deductible and other daily charges for multiple stays & extended care.	80/20 after deductible.	These plans generally pay Part A deductible, the 20% not covered by Part B & other Medicare eligible benefits
Plan covers: Inpatient hospital care, home health care services, hospice, inpatient skilled nursing & more.	Plan covers: health care providers, ambulance, emergency care, outpatient surgical, preventive services and other Medicare approved benefits.	When this coordinates with Medicare, many benefits are 100% covered
Providers are paid by Medicare assignment.	Most doctors accept Medicare.	Can provide benefits outside USA
No coverage outside USA.	No coverage outside the USA.	Plans are available through insurance companies.
No out-of-pocket maximum.	No out-of-pocket maximum.	Important to add Part D plan to cover prescription drugs & avoid penalties.
Many people add a Medigap plan, Part D or an Advantage Plan (Part C) to fill the "gaps" in the coverage.	Many people add a Medigap plan, Part D or an Advantage Plan (Part C) to fill the "gaps" in the coverage.	Must have Part A & B to enroll.

There is no additional cost to use the services of a full time insurance professional. Please call us or a broker in your local area for additional assistance.



This article was written by Craig N. Anderson, President of Anderson Benefits, Inc. located in Salt Lake City, Utah. To contact call: 877-363-9575 or craig@andersonbenefits.com

Medicare 2021 “In A Nutshell” Med Advantage (Part C) with RX (Part D)

Medicare Advantage plans are governed by Medicare. They are only offered through insurance companies that have an annual contract with Medicare. They are NOT the same as Medigap policies. They must cover all Medicare approved services. Most Advantage plans include Part D prescription drug coverage.

Advantage Plans Part C INSTEAD of a Medigap Plan (A-N)	Medicare Part D Drug Program
Premium varies by company and coverage. (Same premium for all ages).	Premium varies by company and coverage. (Same premium for all ages).
Part B premium \$148.50 is still paid (Premium can be higher depending on income)	Plans are generally a variation of the following: Deductible (Phase I) \$0–\$445 deductible
There are many plan types available: PPO, HMO, HSA, PFFS, etc.	Initial Coverage (Phase II) co-pay coverage until the total cost of the drugs = \$4,130
Plans have co-pay and / or coinsurance for covered benefits & services.	Coverage Gap / Doughnut Hole (Phase III) The member now pays much more for covered drugs 25% generic / 25% brand. There is a drug manufacture discount on brand name drugs that can count toward the “True out-of-pocket” (TrOOP) You remain here until the \$6,550 (TrOOP) has been met
Preventive care is covered 100%.	Catastrophic Coverage (Phase IV) For the remaining calendar year, covered drugs are: \$3.70 / \$9.20 or 5% depending on drug tier As an upgrade, Insulin costs will decrease in 2021.
Plans have an annual out-of-pocket maximum.	Part D can be separate with Medigap & PFFS plans. There is a penalty for late enrollment into Part D.
Plans may have additional services and discounts, including dental, vision, gym membership & more.	Annual Election Period is Oct 15–Dec 7 each year
There is an Annual Election Period (AEP) which runs from October 15–December 7 of each year. This is the time to make changes in company or coverage.	Must have Part A or B to enroll.
Must have Part A & B to enroll.	

For more information visit www.medicare.gov or call 1-800-MEDICARE.

This information is the opinion of the author and intended as an easy to read summary. This is not a contract. Additional limitations and exclusions may apply to services. In the event of any inconsistencies with Medicare or with a published medical insurers certificate, the certificate / Medicare will control. Prepared 11/2020

 Indicates website link on seniorsbluebook.com

Questions about Medicare?

WE'RE HERE TO HELP!



Get a **FREE** consultation today!
CALL 970.400.7609

Fidelisins.com



Michael Markham 970.400.7609 (TTY:771)
mike@healthymedplans.com

Calling the number listed will connect you with a licensed Insurance Agent. This is an advertisement.

MEDICARE / MEDICAID INFORMATION continued from page 43

- Medicare Hotline**
800-633-4227
- Medicare / Social Security Administration**
800-772-1213
- Medicare Choices Helpline & Claims**
800-633-4227
- Medicare TTY**
877-486-2048
- Medicare/Medicaid Fraud Hotline**
800-447-8477
- My Medicare Matters – NCOA**
571-527-3900
- Senior Medicare Patrol Project**
800-503-5190

 **Vintage – Region 12**
(ad on pages 12-13)
 249 Warren Ave, Silverthorne 80498
970-468-0295

MENTAL HEALTH SERVICES

NATIONAL AND REGIONAL

- Colorado Crisis Services**
844-493-8255
- Depression & Bipolar Support Alliance**
800-826-3632
- Metro Crisis Services**
www.metrocrisisservices.org
 844-493-8255
- Statewide referrals made
- National Alliance on Mental Illness (NAMI)**
703-524-7600
- National Institute of Mental Health**
866-615-6464
- National Mental Health Association**
800-969-6642

Continued on page 51 >

TURNING 65 OR NEW TO MEDICARE?

Real answers, real coverage

Get more from your Medicare plan.
Let's talk about how we can help.

There's more to the story than just the coverage. Humana is here to help you get the most from your plan.

Call a licensed independent sales agent

 <p>LINDSEY KELLY 970-275-8993 (TTY: 711) lindsey@insuranceoptionsonline.net</p>	 <p>STEPHANIE GARCIA-HAGEN 970-549-0410 (TTY: 711) stephanie@mesabeneffits.com</p>
 <p>MICHAEL BUSTER 970-462-8762 (TTY: 711) bus.buster91@gmail.com</p>	 <p>TARRY BURKHARDT 970-255-8240 (TTY: 711) Tarryburkhardt@insurancechoices.net</p>
 <p>PATTI ZAPF 970-301-8752 (TTY: 711) pzapf@humana.com</p>	



Applicable to h5216: [[NewspaperSupDisclaimerCol]At Humana, it is important you are treated fairly. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711). **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711). **繁體中文 (Chinese):** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。

Y0940_G088X0E3H21_MULTI_C

Indicates website link on seniorsbluebook.com

M-M

COMMUNITY RESOURCES AND SERVICES

49

M-M



COMMUNITY RESOURCES AND SERVICES

Tap It Out

Many of us have experienced unhappiness or even clinical depression at different times in our lives. Maybe the issues were around grief/loss, relationship conflicts, financial concerns, or loneliness.

The conventional thinking is that brain chemistry plays a part, many people take a pharmaceutical to alleviate these feelings. This is one option. However, I would like to suggest other options to enhance happiness that you may not be aware of such as Emotional Freedom Technique (EFT or Tapping Technique), anger management techniques, journaling, meditating and taking nutritional supplements.

Unhappiness can also be a habit. Science has shown that it is much easier for the brain to respond to negative emotions than positive ones and to 'replay' the negative over and over. So, we have to "work" sometimes to get ourselves out of the doldrums. We must become the subconscious parent who says to our negative thoughts, "I've heard you and that's enough. It's time for you to focus on something to be grateful for." Yes, we all have things we can be grateful for even when things look the bleakest.

We know that negative emotions create chemical changes in our body, ones that do not promote health and happiness. There are things we can do to change our chemistry with better eating, exercise, meditation and therapy. Research shows eating more fruits and vegetables will make you happier the next day. This supports that old saying, "An apple a day keeps the doctor away." Many people who are suffering from stress overload are not getting the B vitamins that are essential to managing stress.



Extremely low levels of B12 have been shown to cause mental breakdowns.

An easy technique for stress and unhappiness is meditation. Sit and do "Box Breathing," where you breathe in to a count of 4, hold

for 4, breathe out for 4, and hold for 4. Tapping (EFT) with or without a practitioner works like a charm as well. Most importantly, recognize that you matter and take time to nurture yourself and get help if you need it. You are worth it. ~

Editor's Note: This article was submitted by Jodie MacTavish of Healthful Transformations. She may be reached at 360-624-3332 or by email at: jodietransformlife@gmail.com. See ad on page 51.

50

COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

THE FUTURE OF WELLNESS



Can I feel happier and get out of pain?
Yes, it is possible...

Set up a series of sessions to lighten the stressors and learn techniques to manage your life challenges. Biofeedback and numerous other tools are available to help you gain control over your emotions, health, pain, & negative self talk.

Call Jodie today! 360-624-3332

Jodietransformlife@gmail.com Jodie MacTavish CBP
 www.healthfultransformations.com SERVING THE GRAND VALLEY

MENTAL HEALTH SERVICES

continued from page 48

National Suicide Prevention Hotline
 800-273-TALK (8255)

Suicide Prevention
 800-SUICIDE (784-2433)

DELTA COUNTY

River Valley Family Health
 107 W 11th St, Delta 81416
 970-874-8981

EAGLE COUNTY

Hope Center at Eagle River Valley
 970-925-5858

Mind Springs Health
 – 137 Howard St, Eagle 81631
 970-328-6969
 – 395 E Lionshead Cir, Ste 1, Vail 81657
 970-476-0930

GARFIELD COUNTY

Mind Springs Health
 2802 S Grand Ave, Glenwood Sprgs 81601
 970-945-2583

Pathfinders
 970-379-5276

GUNNISON COUNTY

Center for Mental Health
 710 N Taylor, Gunnison 81230
 970-252-3200

MESA COUNTY

Healthful Transformations
(ad on page 51)
 1000 N 9th, Ste 12,
 Grand Junction 81501
360-624-3332

Continued on next page >

Indicates website link on seniorsbluebook.com

M-M

COMMUNITY RESOURCES AND SERVICES

51

M-P

COMMUNITY RESOURCES AND SERVICES

52



COMMUNITY RESOURCES AND SERVICES

MENTAL HEALTH SERVICES
continued

MarillacHealth
Medical / Behavioral Health
(ad on page 65)
970-200-1600
 – 2333 N 6th St, Grand Junction 81501
 – 510 29½ Rd, Grand Junction 81504

MONTROSE COUNTY

Center for Mental Health
 605 E Miami Rd, Montrose 81401
 970-252-3200
 – **Emergency Services**
 970-252-6220

PITKIN COUNTY

Aspen Counseling Center – Mind Springs Health
 0405 Castle Creek Rd, Ste 207
 Aspen 81611
 970-920-5555

Aspen Hope Center
 970-925-5858

Pathfinders
 970-379-5276

MORTGAGE LENDER

Aslan Home Lending Corporation – Dana Dziagwa *(ad on page 55)*
NMLS 257303
 2639 Dahlia Dr, Grand Junction 81506
303-921-1238

MOVE MANAGEMENT & ORGANIZING SERVICES

Jo Carole Haxel, SRES® – HomeSmart Realty Partners
(ad on page 55)
 431 Colorado Ave, Grand Junction 81501
970-683-0126

MOVING SERVICES

Jo Carole Haxel, SRES® – HomeSmart Realty Partners
(ad on page 55)
 431 Colorado Ave, Grand Junction 81501
970-683-0126

PACE PROGRAMS

PACE is a Program of All-inclusive Care for the Elderly

Delta County PACE
(ad on Inside Back Cover)
 11485 Hwy 65, Eckert 81418
970-835-2900

Montrose County PACE
(ad on Inside Back Cover)
 2377 Robins Wy, Montrose 81401
970-964-3500

PALLIATIVE CARE

Specialized medical care for people living with a serious illness. Care is focused on relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. The care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any

COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

stage in a serious illness, and it can be provided along with curative treatment "or hospice.

HomeCare & Hospice of the Valley (ads on pages 97, 103)
823 Grand Ave, Ste 300,
Glenwood Springs 81601
970-930-6008

HopeWest Hospice
(ad on page 103)
Grand Junction 81506
970-241-2212

PHYSICAL THERAPY

Heritage Park Care Center & Heritage Therapy Services
(ad on page 115)
1200 Village Rd, Carbondale 81623
970-963-1500

PHYSICIANS

MarillacHealth Medical Clinic (ad on page 65)
970-200-1600
– 2333 N 6th St, Grand Junction 81501
– 510 29½ Rd, Grand Junction 81504

PRESCRIPTION ASSISTANCE & DISCOUNTS

AARP Pharmacy Service
866-554-5376

AARP Prescription Discount Program – Member Advantages
800-456-2277

Care Mart Prescription Discount Card Program
877-321-2652

Colorado Gerontological Society
1129 Pennsylvania St, Denver 80203
303-333-3482

CO Senior Medicare Patrol Hotline
800-503-5190

Lilly Patient Assistance Program
800-545-6962

Medicare Prescription Drug Card
800-633-4227

Medicine Assistance Tool – MAT (MAT.org)
888-477-2669

Merck Patient Assistance Program
800-727-5400

National Council on Aging Benefits CheckUp
(www.benefitscheckup.org)
571-527-3900

Novartis Medicare Drug Plan Assistance Line
800-245-5356

Pharmaceutical Assistance for the Aged & Disabled (PAAD)
800-792-9745

Pfizer Assistance Program RxPathways
866-706-2400

Rx Benefits
800-377-1614


PROBATE


Charles Kline Law
(ad on page 29)
Serving the Western Slope
303-589-9700

 Indicates website link on seniorsbluebook.com

SELLING **Lifestyle** PROPERTIES IN WESTERN COLORADO

Dave Woodward CRS, CNE, CNHS
CELL: 970-261-3850 OFFICE: 970-256-9700





www.coloradowesternrealestate.com // davewoodward@unitedcountry.com

REAL ESTATE SERVICES

Jo Carole Haxel, SRES® – HomeSmart Realty Partners
(ad on page 55)
431 Colorado Ave, Grand Junction 81501
970-683-0126

United Country Real Colorado Properties
(ad on page 54)
428 Main St, Grand Junction 81501
970-261-3850 / 970-256-9700

REHABILITATION FACILITIES

Rehabilitation Facilities offer full restorative therapies such as Physical, Occupational, Speech and/or Respiratory therapies and can be offered in a variety of settings including stand-alone buildings or as part of a clinical practice or existing skilled-care nursing facility. Rehabilitation Facilities can only be accessed following a hospital stay as an inpatient in a general hospital setting which has lasted for a certain number of days. Refer to our Skilled Nursing grid on pages 128-129 for an overview of skilled nursing centers and the in-patient/ out-patient services they provide.

Castle Peak Senior Life & Rehabilitation (ad on page 118)
195 Freestone Rd, Eagle 81631
970-432-1150

Grand River Health Rehab Services
501 Airport Rd, Rifle 81650
970-625-6451

Heritage Park Care Center
(ad on page 115)
1200 Village Rd, Carbondale 81623
970-963-1500

La Villa Grande Care Center
(ads on pages 56, 127)
2501 Little Bookcliff Dr, GJ 81501
970-245-1211

Larchwood Inns Skilled Nursing & Post-Acute Rehab Facility
(ads on pages 56, 68-69)
2845 N 15th St, Grand Junction 81506
970-245-0022

Mantey Heights Rehab & Care Center
(ads on pages 56, 127)
2825 Patterson Rd, GJ 81506
970-242-7356

Continued on page 56 >

I AM AN SRES®
Seniors Real Estate Specialist® means that I have extensive training and experience to support clients ages 50+.





Jo Carole Hazel
REALTOR, MRE

Ready to look through a new window?

Call me today 970-683-0126 and let's get started on your next move.




JCHsells.com 431 Colorado Ave. jocarole@JCHsells.com



Are you 62 or older and have questions about reverse mortgages?

Call me at 303-921-1238. Together we can determine if a reverse mortgage will improve your life.



Aslan
Home Lending Corporation

Dana Dziagwa
Loan Officer
970.625.2376
2839 Daniels Drive
Grand Junction, CO 81505
Off: 303-921-1238
Off: 970-697-2523
dana@aslanhc.com
www.aslanhc.com



 [Indicates website link on seniorsbluebook.com](#)

R-R

COMMUNITY RESOURCES AND SERVICES

55

R-R

COMMUNITY RESOURCES AND SERVICES

56



COMMUNITY RESOURCES AND SERVICES

REHABILITATION FACILITIES
continued from page 54

VOA – Horizons Care Center
(ad on Inside Back Cover)
11411 Hwy 65, Eckert 81418
970-835-2600

VOA – Valley Manor Care Center
(ad on Inside Back Cover)
1401 S Cascade Ave, Montrose 81401
970-249-9634

Exceptional care where your family becomes our family

LA VILLA GRANDE CARE CENTER

970-245-1211
After Hours: 970-361-1630
2501 Little Bookcliff Dr, Grand Junction

See our virtual tour and website: lavillagrandecarecenter.com

MANTEY HEIGHTS REHABILITATION & CARE CENTRE

- Short term care
- Long term care
- Therapies available
- Veterans benefits accepted

970-242-7356 | 2825 Patterson Road, Grand Junction

REHABILITATION FACILITIES – TRANSITIONAL

A transitional rehabilitation facility is a skilled nursing facility that provides short term care and therapy to Medicare and insurance patients only. A transitional rehabilitation facility does not provide long-term care and normally does not have certification to serve the Medicaid

Continued on page 58 >

Larchwood Inns and the PARC
commitment and dignity in living

970-245-0022

Physical, Occupational, and Speech Therapy
The Alter G Anti-Gravity Treadmill
Your Key to Returning Home Safely

2845 N. 15th St | Grand Junction, CO 81506 | www.larchwoodinns.com



 [Indicates website link on seniorsbluebook.com](#)



THE PINNACLE OF SKILLED NURSING
AND REHABILITATION



- Locally owned
- Physical, occupational, speech and hydrotherapy
- High staff to patient ratios and state-of-the-art therapies mean a quicker return home
- All private suites include a private bathroom, flat screen TV's, WiFi, and individual climate control
- Fully furnished transitional apartment to practice specific skills prior to returning home
- Beautiful resort-like atmosphere with scenic views
- Gourmet dining focused on excellent nutrition and satisfaction
- Relax, renew, and be pampered in our beautiful salon

Bringing customer service back into healthcare

970-985-7900

606 E Foresight Circle | Grand Junction, CO 81505
www.centeratforesight.com

Indicates website link on seniorsbluebook.com

R-R

COMMUNITY RESOURCES AND SERVICES

57

R-R

COMMUNITY RESOURCES AND SERVICES

58



COMMUNITY RESOURCES AND SERVICES

REHABILITATION FACILITIES – TRANSITIONAL *continued from page 56*

population. The majority of patient stays in transitional rehabilitation facilities is under 30 days and nursing, PT, OT and ST can be available 7 days a week.

Center at Foresight, The

(ad on page 57)
606 E Foresight Cir, Grand Junction 81505
970-985-7900

La Villa Grande Care Center

(ads on pages 56, 127)
2501 Little Bookcliff Dr, GJ 81501
970-245-1211

Larchwood Inns Skilled Nursing & Post-Acute Rehab Facility

(ads on pages 56, 68-69)
2845 N 15th St, Grand Junction 81506
970-245-0022

REHABILITATION HOSPITALS

Rehabilitation Hospitals, sometimes referred to as Inpatient Rehabilitation Hospitals, provide intensive rehab to patients who are generally medically stable but need help to recover from injury or other medical conditions. They can be found within a hospital or in a free-standing building. Rehabilitation hospitals were created to provide services less costly on a per diem basis than general hospitals but provide a high level of professional therapies such as physical, occupational and speech therapies. Rehabilitation Hospitals must offer a minimum number of physician visits, increased daily rehab hours (3 hours/day, 5 days/week of PT, OT, and/or Speech), and interdisciplinary services including increased RN oversight and nursing hours per day.

St. Mary's Hospital & Medical Ctr
2635 N 7th St, Grand Junction 81501
970-298-2273

Montrose Memorial Hospital
800 3rd St, Montrose 81401
970-252-2995

REHABILITATION SERVICES

Heritage Park Care Center-Therapy Services – Outpatient

(ad on page 115)
1200 Village Rd, Carbondale 81623
970-963-1500

La Villa Grande Care Center

(ads on pages 56, 127)
2501 Little Bookcliff Dr, GJ 81501
970-245-1211

Larchwood Inns Skilled Nursing & Post-Acute Rehab Facility

(ads on pages 56, 68-69)
2845 N 15th St, Grand Junction 81506
970-245-0022

RESPIRE CARE

Respite is a period of rest or relief for those who give constant care to an ill person. Many skilled nursing facilities and assisted living communities offer this service. Please refer to our housing grids starting on page 108.

Alzheimer's Association Helpline
800-272-3900

Caregiver Connections Senior Spot
455 Nottingham Ranch Rd, Avon 81620
970-445-0312

COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

Colorado Respite Coalition (CRC) – An Easterseals Colorado Program
www.ColoradoRespiteCoalition.org
303-233-1666

Serving people caring for loved ones of all ages and all extensive care needs.

Comfort Keepers

(ads on pages 92, Inside Front Cover)

– 514 28¼ Rd, Ste 5, GJ 81506

970-241-8818

– 361 Palmer St, Delta 81416

970-240-4121

Consumer Direct for Colorado – Medicaid Benefit

7951 E Maplewood Ave, Ste 125,

Greenwood Village 80111

844-381-4433

Heritage Park Care Center

(ad on page 115)

1200 Village Rd, Carbondale 81623

970-963-1500

Mesa Vista Respite Program

(ad on page 119)

72 Sippelle Dr, Parachute 81635

970-285-1844

Right at Home

(ads on pages 91 and Front Cover)

507 Main St, Grand Junction 81505

970-697-1331

VOA – Homestead at

Montrose (ad on Inside Back Cover)

1819 Pavilion Dr, Montrose 81401

970-964-3400

VOA – Horizons Care Center

(ad on Inside Back Cover)

11411 Hwy 65, Eckert 81418

970-835-2600

VOA – Valley Manor Care Center

(ad on Inside Back Cover)

1401 S Cascade Ave, Montrose 81401

970-249-9634

RETIREMENT PLANNING

Northwestern Mutual

(ad on page 31)

326 Main St #200, GJ

– Stewart Bale, Financial Advisor

970-632-2871

– Nic Hansen, Financial

Representative

719-339-1518

REVERSE MORTGAGE SERVICES

Asian Home Lending Corporation –

Dana Dziagwa (ad on page 55)

NMLS 257303

2639 Dahlia Dr, Grand Junction 81506

303-921-1238

National Foundation for Credit Counseling

800-388-2227

US Dept of Housing

Resource Center

800-225-5342

SENIOR ACTIVITIES & ENTERTAINMENT

Following are organizations, services and individuals that offer a wide variety of enjoyable activities. For an up-to-date list of current and upcoming events and activities, log on to www.SeniorsBlueBook.com and click on the Senior Activity Calendar.

Continued on page 61 >

 Indicates website link on seniorsbluebook.com

Myths Debunked with Facts About Reverse Mortgages

MYTH: A reverse mortgage is like a home equity loan.

FACT: A home equity loan requires monthly payments. A reverse mortgage loan does not require payments. You must remain current on property taxes, homeowner's insurance and HOA dues.

MYTH: I could get forced out of my home.

FACT: FHA/HUD reverse mortgages specifically state that you cannot be forced out of your home. This loan requires; the home be your primary residence, keep up the maintenance/repair of your home, pay your property taxes and homeowners insurance when due along with HOA dues.

MYTH: The bank will assume ownership of my home if I get a reverse mortgage.

FACT: You retain title to the property. The reverse mortgage lender is providing a loan to you. You are responsible to pay property taxes, insurance, HOA dues and home maintenance.

MYTH: A reverse mortgage loan requires monthly payments.

FACT: No payments are required on a reverse mortgage. However, you must remain current on property taxes, homeowner's insurance and HOA dues and maintain the home.

MYTH: I cannot obtain a reverse mortgage if I have an existing first or second mortgage.

FACT: If you have a mortgage, home equity line of credit/loan, or a tax lien, you still may qualify for a reverse mortgage. The proceeds obtained from a reverse mortgage pay off such debts. Many owners specifically obtain a reverse mortgage to eliminate their existing loans and payments.

MYTH: My heirs will not inherit my home.

FACT: If you pass away, the heirs either pay the balance due and keep the home or they sell the home and use the proceeds to pay off the loan. Any remaining equity after the loan is paid is theirs.

MYTH: Medicare and Social Security will be affected by a reverse mortgage.

FACT: Reverse Mortgage loan proceeds or payments received are not considered income and do not affect Medicare or Social Security. Please note, a reverse mortgage may affect eligibility for other programs such as Medicaid. You need to consult a representative of Medicaid or an attorney to determine your situation. ~

Editor's Note: This article was submitted by Dana Dziagwa (jogwa). NMLS # 257303. She is a reverse mortgage broker and can be reached on her cell phone at 303-921-1238, or Email at danad@aslanhlc.com. See ad on page 55.

SENIOR ACTIVITIES & ENTERTAINMENT

continued from page 59

NATIONAL

Colorado Directory

(for campgrounds, cabins, lodges)
888-222-4641

Road Scholar

877-426-8056
Educational travel for people 50+

United Airlines (Senior Discounts)

800-720-1765

STATEWIDE

Black Canyon National Pk

102 Elk Crk, Gunnison 81230
970-641-2337

Colorado Commission on Aging *(ad on page 59)*
303-866-5288

– **Celebrating A Lifetime Centenarian Celebration**

Join the CCOA as we celebrate Centenarians! Tell us about your favorite centenarian and join us at the Celebrating a Lifetime annual event where your Centenarian will receive a certificate signed by our Governor. For more information, or how to attend a CCOA meeting, and submit information about your favorite Centenarian, please call 303-866-5288 or visit <https://cdhs.colorado.gov/>

– **Excellence in Aging Allen Buckingham Senior Leadership Legacy Award**

Nominate someone who works, volunteers

Continued on next page >

COLORADO COMMISSION ON AGING
CCOA
Advocating for Seniors

COLORADO
Office of Adult, Aging & Disability Services
Division of Aging & Adult Services

Tell us about your favorite Centenarian!
Join the CCOA as we celebrate Centenarians! Tell us about your favorite centenarian and join us at the *Celebrating a Lifetime* annual event where your Centenarian will receive a certificate signed by our Governor. See details below.

Nominate a pioneer in excellence!
Nominate someone who works, volunteers or is a caregiver for Colorado older adults. The person chosen will receive the Allen Buckingham Senior Leadership Legacy Award at the annual CCOA Excellence in Aging event.

For more information, or how to attend a CCOA meeting, visit us online at <https://cdhs.colorado.gov/> or call **303-866-5288**. Enter "CCOA" in the search bar and click "Colorado Commission on Aging."

For information about statewide services for older adults call **303-866-2800**.

Indicates website link on seniorsbluebook.com

SENIOR ACTIVITIES & ENTERTAINMENT *continued*

or is a caregiver for Colorado older adults. The person chosen will receive the Allen Buckingham Senior Leadership Legacy Award at the annual CCOA Excellence in Aging event. For more information or to request a nomination form, please call 303-866-5288 or visit <https://cdhs.colorado.gov/>

Ridgway State Park

28555 Hwy 550, Ridgeway 81432
970-626-5822

DELTA COUNTY

Alzheimer's Association

MOD: Montrose Olathe Delta Walk *(ad on page 71)*
800-272-3900

Bill Heddles Recreation Center

531 N Palmer St, Delta 81416
970-874-0923

Cedar Ridge Golf Club

500 SE Jay Ave, Cedaredge 81413
970-856-7781

Devil's Thumb Golf Club

9900 Devil's Thumb Rd, Delta 81416
970-874-6262

Sweitzer Lake State Rec Area

1735 East Rd, Delta 81416
970-874-4258

EAGLE COUNTY

Alzheimer's Association

Vail Valley Walk *(ad on page 71)*
800-272-3900

Avon Recreation Center

90 Lake St, Avon 81620
970-748-4060

Crown Mountain Motion & Wellness Playground at Crown Mountain Park

501 Eagle Cnty Rd, Ste F, El Jebel 81623
970-963-6030

Gypsum Recreation Center

52 Lundgren Blvd, Gypsum 81637
970-777-8888

GARFIELD COUNTY

Battlement Mesa Golf Course

3930 N Battlement Pkwy, Parachute 81635
970-285-7274

GUNNISON COUNTY

Gunnison Community Center

200 E Spencer, Gunnison 81230
970-641-8060

MESA COUNTY

Adobe Creek National Golf Course

876 18½ Rd, Fruita 81521
970-858-0521

Alzheimer's Association

Western Slope Walk *(ad on page 71)*
800-272-3900

Bookcliff Country Club

2730 G Rd, Grand Junction 81506
970-243-3323

Chipeta Golf Course

222 29 Rd, Grand Junction 81503
970-245-7177

Colorado Division of Wildlife
711 Independent Ave, GJ 81505
970-255-6100

Colorado National Monument
1750 Rim Rock Dr, Fruita 81521
970-858-3617

Colorado State Park
361 32 Rd, Grand Junction 81504
970-434-3388

Colorado Welcome Center
340 Hwy 340, Fruita 81521
970-858-9335

Community Concerts of the Grand Valley
970-243-1979

Offers 7 world class concerts a year for one adult season ticket price of \$70. Concerts feature national and international artists, including all genres of Music, Dance and Theatre. Shows start at 7:30 PM at Grand Junction "High School auditorium, general seating, September to May.

Fruita Recreation Dept
324 N Coulson St, Fruita 81521
970-858-0360

Grand Junction Newcomers Club
PO Box 3222, GJ 81502
970-549-0440

We are an active, fun, friendly organization of men and women striving to make your stay in the community a long and happy one.

GJ Parks & Recreation
1340 Gunnison Ave, GJ 81501
970-254-3866

Highline Lake State Park
1800 11-8 Rd, Loma 81524
970-858-7208

Island Acres Rec Area
1055 Hwy 70, Palisade 81526
970-464-0548

Lincoln Park Golf Course
800 Mantlo Cir, Grand Junction 81501
970-234-3890

Museum of the West & Lloyd Files Research Library
462 Ute Ave, Grand Junction
970-242-0971

Offers senior discounts, programs and events. Call for Information.

Palisade Parks & Recreation
175 E 3rd St, Palisade 81526
970-464-5602

Redlands Mesa Golf Club
2325 W Ridges Blvd, GJ 81503
970-255-7400

Senior Recreation Center
550 Ouray Ave, Grand Junction 81501
970-243-7408

Tiara Rado Golf Course
2057 S Broadway, Grand Junction 81503
970-254-3830

Vega Reservoir
15247 N 6/10 Rd, Collbran 81624
970-487-3407

Western CO Botanical Gardens
655 Struthers Ave, Grand Junction 81501
970-245-9030

MONTROSE COUNTY

 **Alzheimer's Association**
MOD: Montrose Olathe
Delta Walk (ad on page 71)
800-272-3900

Continued on next page >

 Indicates website link on seniorsbluebook.com

63

SENIOR ACTIVITIES & ENTERTAINMENT *continued*

Black Canyon Golf Club
1350 Birch St, Montrose 81401
970-249-4653

Cobble Creek Golf Course
699 Cobble Dr, Montrose 81401
970-240-9542

Montrose Recreation District
16350 Woodgate Rd, Montrose 81401
970-249-7705

Montrose Pavilion Senior Center
1800 Pavilion Dr, Montrose 81401
970-252-4884

SENIOR CENTERS

Senior centers are gathering places for seniors who are still active and are seeking a place for planned activities, friendship, and planned programs. Lunches are usually served, and transportation may be available.

DELTA COUNTY

Cedaredge Senior Center
140 NW 2nd Ave, 81413
970-856-3636

Delta Senior Center
247 Meeker, Delta 81416
970-874-7837

Hotchkiss Senior Center
276 W Main St, Hotchkiss 81419
970-872-3494

Paonia Senior Center
106 3rd St, Paonia 81428
970-527-3435

EAGLE COUNTY

Caregiver Connections Senior Spot
(Mon & Wed, 1-4 pm)
455 Nottingham Ranch Rd, Avon 81620
970-445-0312

El Jebel Senior Center
0020 Eagle Cnty Rd, El Jebel 81623
970-379-0020

Golden Eagle Senior Center
715 Broadway, Eagle 81631
970-328-8896

Maloit Park Senior Wellness Ctr at Vail Ski & Snowboard Academy
1 Academy Loop, Minturn 81645
970-328-2830

GARFIELD COUNTY

Parachute Valley Senior Center
540 N Parachute Ave, Parachute 81635
970-285-7216

GUNNISON COUNTY

Young at Heart – Senior Lunch & Activities
200 E Spencer, Gunnison 81230
970-641-2107

MESA COUNTY

Fruita Senior Center
324 N Coulson St, Fruita 81521
970-858-0360 x6408

Senior Recreation Center Inc
550 Ouray Ave, Grand Junction 81501
970-243-7408

MONTROSE COUNTY

Montrose Pavilion Senior Center
1800 Pavilion Dr, Montrose 81401
970-252-4884

64 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

Nucla Senior Center
386 Main St, Nucla 81424
970-864-7278

Olathe Community Center
115 Main St, Olathe 81425
970-323-5391

PITKIN COUNTY

Pitkin County Senior Center
0275 Castle Creek Rd, Aspen 81611
970-920-5432

SENIOR HEALTH CLINICS

DELTA COUNTY

Delta County Health Dept
255 W 6th St, Delta 81416
970-874-2165

Surface Creek Family Practice
233 Cottonwood St, Delta 81416
970-874-0336

EAGLE COUNTY

Eagle County Public Health
551 Broadway, Eagle 81631
970-328-8840

Eagle Valley Family Practice
377 Sylvan Lake Rd, Eagle 81631
970-328-6357

Mid-Valley Med Center
1450 E Valley Rd, Ste 102, Basalt 81621
970-927-4666

GARFIELD COUNTY

Garfield County Public Health
195 W 14th St, Bldg A, Rifle 81650
970-625-5200

Continued on next page >

COMMUNITY RESOURCES AND SERVICES

You have MarillacHealth.



Sherry Woods, FNP
Medical Care

Dr. Tom Lavery, DDS
Dental Care

Rosie Lloyd, LCSW
Behavioral Health Care

**We are open
and welcoming
new patients!**

- Medicaid • Medicare
- Uninsured • Self-Pay

MarillacHealth
Committed to a healthier you.
970.200.1600

Indicates website link on seniorsbluebook.com

COMMUNITY RESOURCES AND SERVICES

SENIOR HEALTH CLINICS

continued

GMA New Castle Family Health
820 Castle Valley Blvd, Ste 201
New Castle 81647
970-984-0651

**Grand River Family Health,
Internal Medicine, Women's
Health and Specialty Clinic**
501 Airport Rd, Rifle 81650
970-625-1100

**Grand River Medical Clinic
at Battlement Mesa**
201 Sipperelle Dr, Ste K, Parachute 81635
970-285-7046

Mountain Family Health Center
1905 Blake Ave, Glenwood Springs 81601
970-945-2840

Mountain Valley Development Svcs
700 Mt Sopris Dr, Glenwood Sprgs 81601
970-945-2306

Roaring Fork Family Physicians
978 Euclid Ave, Carbondale 81623
970-963-3350

Silt Medical Center
2001 Red Feather Trail, Silt 81652
970-876-5700

MESA COUNTY

**MarillacHealth
Medical Clinic** *(ad on page 65)*
970-200-1600
– 2333 N 6th St, Grand Junction 81501
– 510 29½ Rd, Grand Junction 81504

Mesa County Health Dept
510 29½ Rd, Grand Junction 81504
970-248-6900

MONTROSE COUNTY

Montrose Health & Human Svcs
1845 S Townsend, Montrose 81401
970-252-5000

River Valley Family Health Center
308 Main St, Olathe 81425
970-323-6141

PITKIN COUNTY

Community Health Svcs
0405 Castle Crk Rd, Aspen 81611
970-920-5420

**SENIOR ORGANIZATIONS
& SERVICES**

Includes senior organizations such as government, non-profit, and community organizations created to assist seniors in many areas of their lives.

NATIONAL AND STATEWIDE

AARP Colorado
303 E 17th Ave, Ste 510, Denver 80203
866-554-5376

AARP Driver Safety Program
(3 classes a month. Call to schedule)
970-243-2531

AARP ElderWatch
303-222-4444

**ALS Association Rocky Mountain
Chapter (Lou Gehrig's Disease)**
10855 Dover St #500, Westminster 80021
866-257-3211

**Aging & Adult Svcs Division (AAS)
Community Access & Independence**
303-866-5288
Under the Direction of the Colorado
Department of Human Services, the CAI

Division serves Colorado's older adults through Adult Protective Services and the State Unit on Aging. For more information, please call or visit www.colorado.gov/cdhs/older-adults

Alzheimer's Association

(ad on page 71)

800-272-3900

American Cancer Society

800-227-2345

American Council of the Blind

800-424-8666

American Diabetes Association

800-342-2383

American Heart Association

800-242-8721

American Kidney Fund

800-638-8299

American Liver Foundation

800-465-4837

American Lung Association

800-586-4872

American Parkinson Disease Association

800-223-2732

American Stroke Association

800-553-6321

Arthritis Foundation

800-283-7800

Cleaning for a Reason Program

(cleaningforareason.org)

Women undergoing treatment for cancer receive the gift of free house cleaning.

Colorado Assisted Living Association

(coloradoassistedlivingassociation.org)

CALA serves the assisted living industry

in Colorado through education & training, advocacy with legislative & regulatory agencies and offers a network of support. The association serves owners, directors and caregivers in both the small residential home community as well as larger facilities.

Colorado Commission on Aging (CCOA) (ad on page 59) 303-866-5288

The Colorado Commission on Aging (CCOA) was established under the authority of the Older Coloradans Act to serve as the primary advisory body on all matters affecting older persons. The CCOA is a volunteer organization of seventeen people appointed by the Governor and approved by the Senate committee to serve for four year terms. For more information, please call or visit <https://www.colorado.gov/pacific/cdhs-boards-committees-collaboration/colorado-commission-aging>

Colorado Division of Insurance DORA

1560 Broadway, Ste 850, Denver 80202
303-894-7499

Colorado Gerontological Society

1129 Pennsylvania St, Denver 80203

303-333-3482

The Colorado Gerontological Society, a not-for-profit 501(c)(3) organization, which began in 1980 to provide advocacy, information and assistance to Colorado older adults as well as education and networking opportunities for professionals in the field of aging.

Colorado Housing & Finance Authority (CHFA)

800-877-8450

Continued on page 70 >

 Indicates website link on seniorsbluebook.com

67



You will feel the difference the mo

970-245-0022

www.LarchwoodInns.com

68 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

★★★★★
**AHCA
 5 star Quality
 Rating**



*National Nursing
 Home Quality
 Honor Roll*

LARCHWOOD INNS

Larchwood Inn offers:

- Skilled Nursing
- Short Term Rehab (PARC)
- Long Term Care
- On-Site Physician
- Dietician
- Transportation
- Activities
- Latest in Therapy Equipment and Technology



moment you walk through our doors

2845 N. 15th St., Grand Junction, CO 81506

Indicates website link on seniorsbluebook.com

69

S-S



COMMUNITY RESOURCES AND SERVICES

COMMUNITY RESOURCES AND SERVICES

SENIOR ORGANIZATIONS & SERVICES *continued from page 67*

Easter Seals Society
 800-221-6827

Group to Alleviate Smoking Pollution (GASP of Colorado)
 303-444-9799

A statewide nonprofit organization that educates the public about the dangers of secondhand smoke (including e-cigarettes and marijuana) and advocates for smoke-free policies at work, in public places, and in multi-unit housing. Provides lists of smoke-free hotels, apartments (including senior living), and condos online.
 Visit gaspforair.org

Guardianship Alliance of Colorado
 801 Yosemite St, Denver 80230
 303-691-9339

Huntington's Disease Society of America
 800-345-4372

Leukemia and Lymphoma Society
 800-286-8159

Lupus Foundation of America
 800-558-0121

Muscular Dystrophy Association
 720 S Colorado Blvd, Ste 408S,
 Denver 80246
 303-691-3331 / 800-572-1717

NARFE National Active & Retired Federal Employees Association
 703-838-7760

National Council on Aging
 800-424-9046

National Hospice & Palliative Care Organization Helpline
 703-837-1500

National Kidney Foundation
 800-622-9010

National Multiple Sclerosis Society
 800-344-4867

National Osteoporosis Foundation
 800-231-4222

National Parkinson Foundation
 800-327-4545

Senior Hispanic Outreach Service – Catholic Charities
 6240 Smith Rd, Denver 80216
 303-742-0828

United Ostomy Association
 800-826-0826

Colorado – 211 (www.CO211.org)
 Just Call 211

DELTA COUNTY

AdvantAge – Health Referral Svcs
 844-862-4968 / 800-VOA-4YOU
 A health resource center offering confidential assistance with any type of healthcare questions or needs.

Area Agency on Aging – Region 10 *(ad on pages 12-13)*
 145 S Cascade Ave, Montrose 81401
970-249-2436

Delta County Info Line
 211

Continued on page 72 >

70 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

alzheimer's association®

No one should face Alzheimer's alone.

24/7 HELPLINE
800-272-3900

Information, referrals, support, education, early stage programs and more.

alz.org/help-support

Alzheimer's Association programs and services are always free of charge.



alzheimer's association®

Montrose Walk To End Alzheimer's®
September 25, 2021

Grand Junction Walk To End Alzheimer's®
October 2, 2021

Durango Walk To End Alzheimer's®
September 25, 2021

Vail Walk To End Alzheimer's®
September 25, 2021

More information and registration at
alz.org/walk

Indicates website link on seniorsbluebook.com



SENIOR ORGANIZATIONS & SERVICES *continued from page 70*

EAGLE COUNTY

Eagle County Healthy Aging Program
715 Broadway, Eagle 81631
970-328-8896

– **Eagle**
715 Broadway, Eagle 81631
970-328-8896

– **El Jebel / Basalt**
0020 Eagle Cnty Rd, Ste E,
El Jebel 80623
970-379-0020

– **Minturn**
1951 S Hwy 24, Minturn 81645
970-328-8831

The Healthy Aging Program is dedicated to serving the 60 and over population of Eagle Co with nutrition, transportation, social activities, and programs that help maintain the independence of older adults.

Eagle County Info Line
211

Vintage – Region 12

(ad on pages 12-13)
249 Warren Ave, Silverthorne 80498
970-468-0295

GARFIELD COUNTY

A Little Help

(ad on page 77)
970-404-1923
A Little Help is a nonprofit organization that connects neighbors to help seniors thrive, to enhance lives and strengthen our communities, by connecting them with good neighbors. A Little Help can

help with transportation, yard work, handiwork, home organization, and social engagement. Call for more information about membership.

Garfield County ADRC

(ad on pages 12-13)
970-963-1639

Garfield County Info Line
211

Garfield County Senior Program

195 W 14th St, Rifle 81650
970-945-9191 x3061

High Country Retired Senior Volunteer Program at Colorado Mountain College

1402 Blake Ave, Glenwood Springs 81601
970-945-7486

High Country RSVP offers free services to seniors, low-income, and disabled individuals, including annual tax filing, help with choosing Medicare plans, handyman assistance, and driver safety classes. RSVP also recruits volunteers age 55 and older to help with local nonprofit organizations.

GUNNISON COUNTY

Gunnison County Info Line
211

Gunnison County Senior Resources

220 N Spruce, Gunnison 81230
970-641-3244

Check out the newly redesigned
www.SeniorsBlueBook.com

72 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

MESA COUNTY

 **Alzheimer's Association Colorado Chapter**

(ad on page 71)
2232 N 7th St, Ste B1, GJ 81501
970-256-1274 / 800-272-3900

 **Center for Independence**

(ads on pages 22, 79)
740 Gunnison Ave, GJ 81501
970-241-0315

 **Mesa County ADRC – Aging & Disability Resources for Colorado** (ad on pages 12-13)

1129 Colorado Ave, Grand Junction 81501
970-248-2746

Mesa County Info Line
211

 **Mesa County Retired Senior Volunteer Program**

422 White Ave, Ste 90, GJ 81501
970-243-9839

 **Project Lifesaver – Mesa County Sheriff's Office**

215 Rice St, Grand Junction 81501
970-244-3500
Project lifesaver's program has helped provide thousands of family's peace of mind daily knowing that their loved one has protection and safety in case they wander.



MONTROSE COUNTY

 **AdvantAge Health Resource Center** (ad on Inside Back Cover)

121 N Park Ave, Montrose 81401
844-862-4968 / 800-VOA-4YOU
A health resource center offering confidential assistance with any type of healthcare questions or needs.

 **Area Agency on Aging – Region 10** (ad on pages 12-13)

145 S Cascade Ave, Montrose 81401
970-249-2436

Montrose County Info Line
211

Montrose Habitat for Humanity
970-252-9303

PITKIN COUNTY

 **A Little Help** (ad on page 77)
970-404-1923

A Little Help is a nonprofit organization that connects neighbors to help seniors thrive, to enhance lives and strengthen our communities, by connecting them with good neighbors. A Little Help can help with transportation, yard work, handiwork, home organization, and social engagement. Call for more information about membership.

Pitkin County Info Line
211

Pitkin County Senior Services
0275 Castle Creek Rd, Aspen 81611
970-920-5432

 **Vintage – Region 12**

(ad on pages 12-13)
249 Warren Ave, Silverthorne 80498
970-468-0295

 Indicates website link on seniorsbluebook.com

SENIOR REAL ESTATE SPECIALIST
 **Jo Carole Haxel, SRES® – HomeSmart Realty Partners**

(ad on page 55)
431 Colorado Ave, Grand Junction 81501
970-683-0126

SOCIAL SECURITY
Social Security Administration Medicare Claims
800-633-4227

Social Security Administration
800-772-1213

– **Glenwood Springs**
120 Midland Ave, Ste 140,
Glenwood Springs 81601
866-220-7898

– **Grand Junction**
825 N Crest Dr, Grand Junction 81506
866-931-7120

– **Montrose**
1805 Pavilion Dr, Montrose 81401
866-758-1317

SUPPORT SERVICES

Support services are non-profit, for-profit and government organizations providing support and associated services such as counseling for specific illness and conditions.

NATIONAL AND STATEWIDE
ALS Association Rocky Mountain Chapter (Lou Gehrig's Disease)
866-257-3211

 **Alzheimer's Association**
(ad on page 71)
800-272-3900

American Cancer Society
800-227-2345

American Council of the Blind
800-424-8666

American Diabetes Association
800-342-2383

American Heart Association & American Stroke Association
800-242-8721

American Kidney Fund
800-638-8299

American Liver Foundation
800-465-4837

American Lung Association
5600 Greenwood Plaza Blvd, Ste 100,
Greenwood Village 80111
303-388-4327

American Lung Association
800-586-4872

American Parkinson Disease Association
800-223-2732

American Speech Language and Hearing Association
800-638-8255

Arthritis Foundation
800-283-7800

Bosom Buddies Support Group of Southern Colorado
970-596-8733

Cancer Information Service
800-422-6237

Caregiver Action Network
202-454-3970

Continued on page 77 >

Is It Time To Sell Your Home?

Are you thinking of selling your home to move into a senior-supportive environment? Or perhaps move in with an adult son or daughter who can help with your needs as you grow older?

You may be considering leaving the family home with all that it represents- the place where children were raised; the safety and security of a family unit; the physical space where your oldest and dearest memories reside. For seniors, it can signify the best years of their lives, where friends and community ties were made.

Many seniors would prefer to continue living in their home, or aging in place. Sometimes, circumstances point to selling as a better option, when:

- Home maintenance becomes a burden
- A major life event forces considering a move
- An aging parent who wants to live closer to adult children or other caretakers
- Financial concerns can make it difficult to keep the home
- Support services are needed that are not available at home

Whatever the reason, there may come a time when parents, along with their adult children, consider selling and moving on.

A real estate professional who has experience and training in senior's

issues, who can put you in contact with other trained professional advisors, can be an invaluable resource at this time.

What is a Seniors Real Estate Specialist® (SRES®)?

An SRES® is a REALTOR® who is uniquely qualified to assist seniors in housing sales and purchases. The SRES® designation is awarded only to REALTORS® who have additional education on how to help seniors and their families with later-in-life real estate transactions.

They draw upon the expertise of a network of senior specialists, such as estate planners, CPAs, and elder law attorneys, and are familiar with community resources and services. Their mission is to help seniors and their families navigate the maze of financial, legal, and emotional issues that accompany the sale of the home.

Regardless of when and where you are moving, you'll have a better experience if you work with an agent who has earned the SRES® designation- someone who is committed to helping seniors navigate their housing transitions successfully. ~

Editor's Note: This article was submitted by Jo Carole Haxel, SRES®-REALTOR®, HomeSmart Realty Partners, who can be reached at (970) 683-0126. See ad on page 55.

 Indicates website link on seniorsbluebook.com

SUPPORT SERVICES

continued

Center for Disease Control & Prevention
800-232-4636

Colorado Dept of Human Services
800-536-5298

Easter Seals Society
800-221-6827

Eldercare Locator Nationwide
(Locates AAA Nationwide)
800-677-1116

Huntington's Disease Society of America
800-345-4372

Leukemia and Lymphoma Society
800-286-8159

Lupus Foundation of America
800-558-0121

Mental Health Support Groups for Montrose & Delta
970-252-3200

Mesothelioma Caregivers
www.mesotheliomahub.com
833-997-1947

Multiple Sclerosis Society
800-344-4867

National Cancer Institute Information Service
800-422-6237

National Kidney Foundation
800-622-9010

National MS Society
900 Broadway, Ste 250, Denver 80203
303-698-7400

National Osteoporosis Foundation
800-231-4222

National Parkinson Foundation
800-327-4545

National American Stroke Assoc
800-787-6537

Parkinson Assoc of the Rockies
1325 S Colorado Blvd, Ste 204-B,
Denver 80222
303-830-1839

United Ostomy Association of America
800-826-0826

United Way – 211
(www.firstcall.org)
211

DELTA COUNTY

AdvantAge Health Resource Center

(ad on Inside Back Cover)

350 Stafford Ln, Delta 81416

844-862-4968 / 800-VOA-4YOU

A health resource center offering confidential assistance with any type of healthcare questions or needs.

Delta County ADRC

(ad on pages 12-13)

970-249-2436

Delta County Dept of Social Svcs

320 W 5th St, Delta 81416

970-874-2030

Mental Health Support Groups for Montrose & Delta

970-252-3200



A Little Help
Connecting neighbors to help older adults thrive

Background-checked local volunteers provide:

- Grocery and errand shopping and delivery
- Home and yard chores
- Transportation
- Social calls, events, and visits
- Caregiver respite



Learn more at alittlehelp.org | 970-404-1923

SUPPORT SERVICES
continued

EAGLE COUNTY

Eagle County Caregiver Support Group – In Conjunction with the Alzheimer’s Association
970-328-8831

Eagle County Dept of Health & Human Services
551 Broadway St, Eagle 81631
970-328-8840

Vail Area Cancer Support
322 Beard Creek, Edwards 81632
970-569-7606

Vintage – Region 12
(ad on pages 12-13)
249 Warren Ave, Silverthorne 80498
970-468-0295

GARFIELD COUNTY

A Little Help
(ad on page 77)

970-404-1923
A Little Help is a nonprofit organization that connects neighbors to help seniors thrive, to enhance lives and strengthen our communities, by connecting them with good neighbors. A Little Help can help with transportation, yard work, handiwork, home organization, and social engagement. Call for more information about membership.

Continued on next page >

 Indicates website link on seniorsbluebook.com



SUPPORT SERVICES
continued

Center for Independence
(ads on pages 22, 79)
823 Blake St, Ste 102,
Glenwood Springs 81601
970-718-5155

Garfield County ADRC
(ad on pages 12-13)
970-963-1639

Garfield County Dept of Human Svcs
– 195 W 14th St, Bldg A, Rifle 81650
970-625-5282
– 108 8th St, Ste 300,
Glenwood Sprgs 81601
970-945-9191x3037

Pathfinders
970-379-5276
Non profit that serves residents from Aspen to Parachute that struggle with cancer, serious illness, grief and loss. We provide individual and group counseling services as well as volunteer support services. The first three sessions of counseling are free, then a sliding scale co-pay starting as low as \$1.

GUNNISON COUNTY

Gunnison County ADRC – Region 10 *(ad on pages 12-13)*
970-249-2436

Gunnison County Senior Resources
225 N Pine St, Gunnison 81230
970-641-3244

MESA COUNTY

Alzheimer’s Association Colorado Chapter
(ad on page 71)
2232 N 7th St, Ste B1, GJ 81501
970-256-1274 / 800-272-3900

American Red Cross
506 Gunnison Ave, Grand Junction 81501
970-242-4851

Center for Independence
(ads on pages 22, 79)
740 Gunnison Ave, GJ 81501
970-241-0315

Diabetes Support
2021 N 12th St, GJ 81501
970-874-6410 / 240-7780

Grand Junction Breast Cancer Support Group
750 Wellington Ave, GJ 81501
970-298-2351

Mental Health Support Groups for Montrose & Delta
970-252-3200

Mesa County ADRC – Aging & Disability Resources for Colorado *(ad on pages 12-13)*
1129 Colorado Ave, Grand Junction 81504
970-248-2746

Can assist with transportation, relative care providers, assistance with applications for support programs including in home care, respite, dental, vision, prescription and DME.

National MS Society
521 Rood Ave, Ste B, GJ 81501
970-241-8975

Your INDEPENDENCE is our Goal

Advocacy ✓
 Peer Mentoring ✓
 Information and Referral ✓
 Independent Living Skills ✓
 Community Transition ✓



Center FOR Independence
 800-613-2271 • www.cfigj.org
 CFI serves 12 western Colorado counties
 – offices in Grand Junction, Montrose,
 Glenwood Springs and Salida.

Here to help you navigate 

Empowering individuals with a disability to live independently since 1982.

Roice-Hurst Humane Society
 362 28 Rd, Grand Junction 81501
 970-434-7337

Visually Impaired Support Grp
 (Meets 2nd Wed 10 am-12 pm)
 740 Gunnison Ave, GJ 81501
 970-241-0315

MONTROSE COUNTY

AdvantAge Health Resource Center

(ad on Inside Back Cover)
 121 N Park Ave, Montrose 81401
844-862-4968 / 800-VOA-4YOU
 A health resource center offering confidential assistance with any type of healthcare questions or needs.

Center for Independence
 (ads on pages 22, 79)
 245 S Cascade, Ste B, Montrose 81401
970-765-2016 / 800-613-2271

Montrose County ADRC
 (ad on pages 12-13)
970-249-2436

Montrose County Dept of Health & Human Services
 1845 S Townsend, Montrose 81401
 970-252-5000

Montrose Memorial Hospital Stroke Group
 800 S 3rd, 81401
 970-252-2588

PITKIN COUNTY

A Little Help

(ad on page 77)
970-404-1923

A Little Help is a nonprofit organization that connects neighbors to help seniors thrive, to enhance lives and strengthen

Continued on next page >

 Indicates website link on seniorsbluebook.com



SUPPORT SERVICES

continued

our communities, by connecting them with good neighbors. A Little Help can help with transportation, yard work, handiwork, home organization, and social engagement. Call for more information about membership.

Pathfinders

970-379-5276
 Non profit that serves residents from Aspen to Parachute that struggle with cancer, serious illness, grief and loss. We provide individual and group counseling services as well as volunteer support services. The first three sessions of counseling are free, then a sliding scale co-pay starting as low as \$1.

Pitkin County Senior Services

0275 Castle Crk Rd, Aspen 81611
 970-920-5432

TRANSPORTATION

National Center on Senior Transportation

866-528-6278

REGIONAL

ADA Paratransit

(Aspen residents & Garfield County)
 970-945-9117

Angel Flight West

888-426-2643

Millenium Services

(Wheelchair and scooter clients only)
 622 Fort Uncompahgre Dr, GJ 81504
 970-270-8494

DELTA COUNTY

All Points Transit – Dial-A-Ride ADA and Seniors

(ad on page 81)

AllPointsTransit.org
970-874-7334

EAGLE COUNTY

ECO Transit

970-328-3520

Mid-Valley Seniors

0020 Eagle Cnty Rd, Ste E, El Jebel 81623
 970-328-9821

Mountain Ride

844-MTN-RIDE (844-686-7433)

GARFIELD COUNTY

A Little Help

(ad on page 77)

970-404-1923

Mountain Ride

844-MTN-RIDE (844-686-7433)

The Traveler

(Garfield County Senior Program)
 – 1517 Blake Ave, Glenwd Sprgs 81601
 970-945-9117
 – 50 Ute Ave, Rifle 81650
 970-625-1366

GUNNISON COUNTY

Gunnison County Sr Transportation

970-596-6700

Mountain View Express

970-275-4768

MESA COUNTY

Avila Medical Transport

970-210-7083

All Points Transit
"Come ride with us, we know the way"
 Providing safe, reliable transportation for seniors to medical appointments, meal sites and more!

Montrose County 970-249-0128
Delta County 970-874-7334

• Call to schedule your ride well in advance •
 • Also serving the West End of Montrose County and San Miguel County •

www.allpointstransit.org

Disabled American Vet Transportation
 2121 North Ave, Grand Junction 81501
 970-263-5095

Grand Valley Catholic Outreach
 245 S 1st St, Grand Junction 81501
 970-241-3658

Grand Valley Transit
 525 S 6th St, 1st Fl, GJ 81501
 970-256-7433

Millenium Services
 (Wheelchair and scooter clients only)
 622 Ft Uncompahgre Dr, GJ 81504
 970-270-8494

Sunshine Taxi
 205 N 4th St, Grand Junction 81501
 970-777-7777

Supporting Our Seniors (SOS)
 1129 Colorado Ave, GJ 81501
 970-248-2746

Visiting Angels Living Assistance Service – GJ
(ad on page 92)
 2809 Bunting Ave, Unit B, GJ 81501
 970-254-8888

MONTROSE COUNTY

All Points Transit – Dial-A-Ride ADA and Seniors
AllPointsTransit.org
(ad on page 81)
 970-249-0128

Montrose City Bus
AllPointsTransit.org
 970-240-1951

Continued on next page >

Indicates website link on seniorsbluebook.com



TRANSPORTATION
continued

PITKIN COUNTY

A Little Help
(ad on page 77)
 970-404-1923

ADA/Paratransit
 970-925-4482

Pitkin County Senior Svcs
 0275 Castle Creek Rd, Aspen 81611
 970-920-5432

Roaring Fork Transportation Authority (RFTA)
 450 E Durant, Aspen 81611
 970-925-8484

Snowmass Senior / Disabled Svcs – Snowmass
 970-923-2543

TRUST MANAGEMENT

Charles Kline Law
(ad on page 29)
 Serving the Western Slope
 303-589-9700

URGENT CARE

Western Valley Family Practice – Redlands After Hour Care
 2237 Redlands Pkwy, GJ 81507
 970-243-1707

VETERAN SERVICES

NATIONAL AND STATEWIDE

Debt Management
 800-827-0648

Education Benefits
 888-442-4551

Health Benefits
 877-222-8387

Health Eligibility Center
 800-929-8387

Home Loans
 877-827-3702

Homeless Veterans
 877-424-3838

Insurance Center
 800-669-8477

Medical Foster Home
 970-263-2800 x1320

The VA Medical Foster Home program is looking for paid foster caregivers who are able to provide a nurturing home environment for veterans. We are also welcoming qualified veterans who are in need of day to day assistance with medical and personal care and prefer a home setting rather than a facility

National Association of Blind Veterans
 410-659-9314

Senior Care Associates – VA Aid & Attendance Specialists Nationwide
 801-424-1444

Tri-Care for Life Prescription Svcs
 877-363-1303

VA Benefits
 800-827-1000

VA Healthcare Enrollment
 877-222-8387

Veterans Administration
 800-827-1000

Veterans Crisis Line
 800-273-8255

**Veterans Health Administration
Toll-Free Hotline**
877-222-8387

DELTA COUNTY**Comfort Keepers**

(ads on pages 92, Inside Front Cover)
361 Palmer St, Delta 81416
970-240-4121

Veterans Service Office

501 Palmer St, Ste 106, Delta 81416
970-874-2082

EAGLE COUNTY**Veterans Service Office**

551 Broadway, Eagle 81631
970-328-9674 / 970-328-8895

GARFIELD COUNTY**Veterans Service Office**

195 W 14th St, Bldg A, Rifle 81650
970-618-2053

Western Slope Veterans Coalition

801 Colorado Ave., Glenwd Sprgs 81601
970-233-8735

GUNNISON COUNTY**Veterans Service Office**

225 N Pine St, Gunnison 81230
970-641-7919

MESA COUNTY**American Red Cross**

506 Gunnison Ave,
Grand Junction 81501
970-242-4851

**Comfort Keepers at the
One Source Building**

(ads on pages 92, Inside Front Cover)
482 28 Rd., GJ 81506
970-241-8818

DAV

2121 North Ave, Grand Junction 81501
970-242-0731 / 970-249-7595

Mesa County Veterans Service Ofc

512 29½ Rd, Grand Junction 81504
970-248-2733

Assists with accessing Veteran and survivor benefits, completing and submitting forms, and end of life planning for Veterans.

The Vet Center

561 25th Rd, Ste 101, GJ 81505
Readjustment counseling for combat Vets & their families.

VA Western CO Health Care System

2121 North Ave, Grand Junction 81501
970-245-4156

Veterans of Foreign Wars (VFW)

3244 F ¼ Rd, Clifton 81520
970-434-9470

Western Region One Source

482 28 Rd, Grand Junction 81501
844-458-9767

MONTROSE COUNTY**Montrose County Veterans Svcs**

317 S Second, Montrose 81401
970-249-2115

Warrior Resource Center

4 Hillcrest Plaza Way, Montrose 81401
970-765-2210

VISION RESOURCES**American Council of the Blind**

800-424-8666

American Foundation of the Blind

800-232-5463

Audio Information Network

877-443-2001

Continued on next page >

 Indicates website link on seniorsbluebook.com

VISION RESOURCES

continued

Braille Institute of America

800-272-4553

Center for Independence

(ads on pages 22, 75)

740 Gunnison Ave, GJ 81501

970-241-0315

Center for People with Disabilities

– Senior Low Vision Services

303-442-8662

Colorado Center for the Blind

303-778-1130

Colorado Gerontological Society

1129 Pennsylvania St, Denver 80203

303-333-3482

Colorado Talking Book Library

800-685-2136

Colorado Vocational Rehab Svcs

222 S 6th St, Ste 215, GJ 81501

970-248-7103

Eye Bank Association

202-775-4999

Eye Care America

(www.EyeCareAmerica.org)

877-887-6327

Eagle Valley Vision

313 Chambers Ave, Unit C, Eagle 81631

970-328-3937

Foundation Fighting Blindness

800-683-5555

Lighthouse International

800-284-4422

Magnisight

800-753-4767

National Eye Institute Info Center

301-496-5248

National Federation of the Blind

303-778-1130

Prevent Blindness America

800-221-3004

Recorded Magazines

888-724-6423

WEALTH MANAGEMENT**Northwestern Mutual**

(ad on page 31)

326 Main St #200, GJ

– Stewart Bale

Financial Advisor

970-632-2871

– Nic Hansen

Financial Representative

719-339-1518

WELLNESS**Wellness at Family****Health West**

228 N Cherry, Fruita 81521

970-858-2502

WILLS & TRUSTS**Charles Kline Law**

(ad on page 29)

Serving the Western Slope

303-589-9700

Chayet & Danzo, LLC

(ad on page 25)


866-873-6596 / 303-355-8500

– 600 E Hopkins Ave, Ste 301, Aspen 81611

– 650 S Cherry St, Ste 710, Denver 80246

– 105 Edwards Village Blvd #D-201,

Edwards 81632



www.SeniorsBlueBook.com/Local/WesternSlope

Colorado - Western Slope

Grand Junction, Delta, Montrose, Silt, Dinosaur, Alamosa, CO

EXPLORE YOUR LOCAL OPTIONS
CLICK THE CATEGORIES BELOW TO VIEW SEARCHING!

Search what!

Housing - Home Health Care - Services - Events & Activities - Articles & Videos

County Serving: Delta, Eagle, Garfield, Gunnison, Mesa, Montrose, Pitkin

Publisher's Note:
The Seniors Blue Book is Here to Help!
Welcome to the Seniors Blue Book local home page for Grand Junction and the Western Slope. I'm Lacey Campbell, your local partner at the Seniors Blue Book. Please let me know how I can help you.
Whether you are looking for resources, looking to promote your business or just want to know what's happening around town, the Seniors Blue Book website is your go to! I know from personal experience from taking care of an aging parent in another state that the search is not easy, aging is not easy. Our healthcare system is difficult to navigate, throw in insurance and legal issues on top, and then manage it all in a crisis... no one should have to do it alone. Let me help you. Call or email me today!

Printed Editions:

Hit off the Press - Western Slope 2020-21 Edition!
A Reason to Walk, RSVP with the QR Link August 5, 2021
Register Today!
Save the Date!

YOUR LOCAL HOMEPAGE!
Easy access to all things senior related in the Western Slope!

- Local events
- Specials/Discounts by local businesses
- Articles by local experts
- Job postings
- Professional networking
- And much more!






Free Referral Line 800.201.9989

 Indicates website link on seniorsbluebook.com

WWW.SENIORSBLUEBOOK.COM

85

HEALTH AT HOME - NON MEDICAL HOME CARE

NON-MEDICAL HOME CARE AGENCIES	NON-MEDICAL HOME CARE AGENCIES																		
	AD ON PAGE #	PHONE #	COUNTIES SERVED	LICENSURE	HOMEMAKER / COMPANION	ALZHEIMER'S / DEMENTIA CARE	INCONTINENCE CARE	TRANSPORTATION	MEDICATION REMINDERS	MED-ALERT	YARD WORK	24 HOUR CARE	24 HOUR CONTACT	WORKERS COMP (W)	LIABILITY COVERAGE BONDED (B) / INSURED (I)	FREE ASSESSMENT	MINIMUM HRS PER VISIT	PAYMENT METHODS	
 NON-MEDICAL HOME CARE AGENCIES																			
 Columbine Caregivers	1	970-241-2698	D GR MS	A B													2	LT O PI PP VA	
Comfort Keepers	92	970-241-8818	D MS MN	A B														HM LT MA MC PI PP VA	
Comfort Keepers	92	970-240-4121	D MN	A B														HM LT MA MC PI PP VA	
HomeCare & Hospice of the Valley	97	970-930-6008	EG GR GN PT	A B														HM LT MA O PI PP VA	
 InnovAge Home Care - Aspen	89	844-223-6690	EG GR PT	A B													3	LT PP VA	
 Nightingales Home Care	87	970-208-3985	MS	B													2	LT PI PP VA	
 Right at Home Delta	91	970-399-1477	D MN	B														LT MA O PI PP VA	

86 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022



HEALTH AT HOME - NON MEDICAL HOME CARE

**We are all-inclusive care each day.
Ava's own home each night.**

Like Ava, we are strong, resilient – and we are an alternative to nursing homes. Delivering comprehensive care to meet each individual's needs. From health and nutrition to medication management and more. *We are* giving seniors independence. And caregivers – peace of mind.



Now enrolling. Call 844-223-6690 to see if you may qualify.
Visit innovAge.com

PACE All-inclusive Care for Seniors

Indicates website link on seniorsbluebook.com

COVER STORY



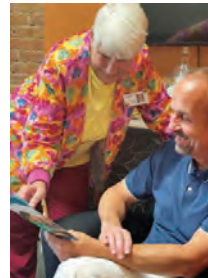
Caregiver at Heart....

Finding good Caregivers is an art, science and mostly luck when it comes to finding providers like Sandi, a 27-year veteran caring for the same clients!

It was a Christmas Eve afternoon when Sandi came to Right at Home. With a strong recommendation and amazing resume, Sandi was hired on the spot!

Sandi is a true Caregiver at heart, giving quality care, changing the lives of those she serves. For Mr. Baker, a late-stage cancer patient, terminally ill on and off for the last 28 years, Sandi has been there “literally taking care of anything I needed” for 27 of those years. Regardless of the difficulty, oddity or inconvenience, Sandi has seen to it that I had all I needed to live as comfortably and happily as possible through the good times and the bad. I can't imagine what my life would have been like without Sandi. She is simply the best.”

Caregivers like Sandi have changed all of our lives, through hearts of caring for everyone around them. The office staff at Right at Home all share a day-to-day blessing, knowing such



caregivers. With their dedicated spirit and the ability to brighten a room, they bring a quirky joke, a hug and sometimes just a smile knowing we are all in it together. Our joy is sharing these rare individuals with our clients and watching relationships bloom.

T'was the day before Christmas, when all through the office an amazing caregiver would enter – to offer a heart of caregiving favor. Little did we know we had been blessed beyond belief to have a person as Sandi to provide home relief. She would bring long-served clients with their needs and conditions, knowing she would be there to help with their afflictions. With a twinkle in her eye and spring in her step, Sandi continues to offer cheer to all making for a very good day!

We are very grateful and want to celebrate all of our Caregivers that share their Caregiver's heart for the clients we serve on the West Slope of Colorado. We love our Caregivers! ~

Editor's Note: This article was submitted by David McKendry, owner of Right at Home. He can be reached at 970-697-1331. See ads on pages 91 and the Front Cover.

Do You Need Help Caring For A Loved One?

At Home, Assisted Living, Hospice or as a Patient In The Hospital

Maintaining independence is an option. Let us help you or your loved one customize a care plan for assistance that maintains dignity and independence while enhancing the independent living experience.

Services We Provide

- Light Housekeeping
- Post Surgery/Rehab Care
- Bathing Assistance
- Ambulation Assistance
- Daily Health Reminders
- Meal Preparation
- Transportation/Errands
- Laundry

We Provide Peace of Mind

- Bonded & Insured Caregivers
- Customized Schedules
- Available 24 Hours-a-Day
- We serve Mesa, Garfield, Delta and Montrose counties.
- Hospital Discharge Assistance/Transportation



The Right Care, Right at Home®

Mesa: 970.697.1331
Garfield: 970.456.4610
Delta/Montrose: 970.399.1477

License #047159

Indicates website link on seniorsbluebook.com

HEALTH AT HOME - NON MEDICAL HOME CARE

91

Serving the Western Slope for 16 years



Call us for a Free Consultation. We are happy to help.

Grand Junction
970-241-8818

Delta/ Montrose
970-240-4121

See our ad on Inside Front Cover



Check us out at www.comfortkeepers.com



Locally Owned & Nationally Known

PROVIDING: Bathing & Dressing Assistance • Errands • Shopping • Grooming • Assistance with Walking • Medication Reminders • Light Housekeeping • Meal Preparation • Friendly Companionship • Flexible Hourly Care • Respite Care for Families

Top 1% for Customer & Employee Satisfaction 2016-2020

970.254.8888

VisitingAngels.com/GrandJunction

Each Visiting Angels agency is independently owned and operated.
*2021 Visiting Angels is a registered trademark of Living Assistance Services, Inc.



HEALTH AT HOME - NON MEDICAL HOME CARE

92 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

ADDITIONAL NON-MEDICAL HOME CARE AGENCIES

All About Homecare	970-773-1493	M	Professional Case Management	970-744-5021	D EG GR GN MS MN PT
Caring For You Home Health Care	970-390-2889	EG GR PT	Right By Your Side Home Care Agency	970-639-2773	MS
FirstLight Home Care	970-639-2048	MS	Sopris Home Care	970-230-9316	D EG GR GN MS PT
FirstLight Home Care	970-417-4812	D GN MN	Summit West Care	970-263-0202	EG GR GN MS PT
Human Touch Home Health Care Agency	970-245-3121	MS	Valley Care Providers, LLC	970-527-5393	D GN
Klarus Personal Care	970-644-5112	D MS MN	Visiting Angels Living Assistance Services	970-328-5526	EG GR PT
MLS Senior Care, LLC	970-314-2993	D GR MS MN			
Mosaic Life Assistance Solutions	970-245-0519 x19	MS			
PeopleCare Health Services, LLC	970-874-0136	D EG GR GN MS MN PT			

*COUNTIES: D=Delta / EG=Eagle / GR=Garfield / GN=Gunnison / MS=Mesa / MN=Montrose / PT=Pitkin

Home Health Care Definitions

24 HOUR CARE – Refers to “around the clock treatment” in a home environment. The care may be shared by multiple caregivers or by a single caregiver.

24 HOUR ON CALL – Refers to someone being available 24 hours a day to speak with you.

CARDIAC CARE – Refers to services including patient assessment, specific diet information, and management of the disease process, medication management and education. Cardiac care is a program designed to help a person with heart disease return to health. Cardiac care may consist of exercise, modifying risk factors to prevent further heart damage, or psychological rehabilitation.

DIABETIC CARE – Refers to services including patient assessment specific diet information, management of the disease process, medication

management and education on all the above. Services are provided by Registered Nurse under the supervision of a M.D. Some agencies may have certified diabetic nurse instructors or cardiac care specialty RN's.

ENTERAL FEEDING – Enteral feeding, or tube feeding, is a way to deliver nutrients through a tube if you cannot take food or drink through your mouth.

HOSPICE – Hospices provide individuals facing terminal illness with care at home or in a healthcare facility. The goal is to assist patients to live the last stage of their lives with dignity. The focus is on comfort rather than treatment.


HOURLY MINIMUM – The least number of hours a Non-Medical Home Care Agency will be available for hire. Medicare certified Home Health Agencies are not on a specified time frame.

Continued on page 96

 Indicates website link on seniorsbluebook.com

HEALTH AT HOME - HOME HEALTH CARE DEFINITIONS

HEALTH AT HOME - HOME HEALTH AGENCIES

	PAYMENT METHODS				NON-MEDICAL HOME CARE	MED-ALERT	PSYCHIATRIC CARE	ENTERAL (TUBE) FEEDING	TRACH CARE	CARDIAC CARE	DIABETIC CARE	WOUND CARE	IV THERAPY	SOCIAL WORKER	24 HOUR CARE	THERAPY (SPOR)	COUNTIES SERVED	PHONE #	AD ON PAGE #	HOME HEALTH CARE AGENCIES		
	HM	MA	MC																	LT	O	PI
																						
Abode Home Health of Colorado																						
Columbine Caregivers																						
Elite Care at Home																						
HomeCare & Hospice of the Valley																						
InnovAge Home Care – Aspen																						
VOA – Home Health of Western Colorado																						

VOA – Senior Community Care – Western Colorado’s PACE Provider	IBC	970-964-3500	MN	POSR	•••••	•••••	LT MA MC PP
VOA - Senior Community Care – Western Colorado’s PACE Provider	IBC	970-835-2900	D	POSR	•••••	•••••	LT MA MC O PP

*COUNTIES: D=Delta / EG=Eagle / GR=Garfield / GUN=Gunnison / MS=Mesa / MM=Montrose / PT=Pitkin
 PAYMENT METHODS: PP=Private Pay / Pl=Private Insurance / LI=Long Term Insurance / VA=Veteran Administration /
 MA=Medicaid / MC=Medicare / MM=Managed Care Insurance / O=Other
 **THERAPIES: S=Speech / P=Physical / O=Occupational / R=Respiratory
 Indicates website link on seniorsbluebook.com
 IBC = Inside Back Cover

HOME HEALTH SERVICES:
 SKILLED NURSING
 OCCUPATIONAL THERAPY
 PHYSICAL THERAPY
 SPEECH THERAPY
 HOME HEALTH AIDS
 SOCIAL WORK SERVICES

- THE CARING CHOICE -
Elite
 CARE AT HOME

FREE IN-HOME CONSULTATION!
 970.208.8359 / ELITECAREATHOME.ORG
 2829 NORTH AVENUE SUITE 101
 GRAND JUNCTION, CO 81501

Log-in to the local homepage at
 SeniorsBlueBook.com/Local/Westernslope

Easy access to all things senior related in your area!
 Local events
 Specials from local businesses
 Job postings
 Professional networking
 And more!

Indicates website link on seniorsbluebook.com 95

HEALTH AT HOME - HOME HEALTH AGENCIES

96 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022



Home Health Care Definitions

continued from page 91

INTRAVENOUS THERAPY (IV) – Refers to any medical treatments/medications that need to be introduced into the body via a patient’s veins. Numerous IV Therapies can be provided in a patient’s home under supervision of a MD. Some of these include: inter-infective/antibiotic therapies, hydration therapy, pain management, chemotherapy and central line care and maintenance.

MED-ALERT – Company offers a pendent or home alert system that notifies staff that user is in distress and needs immediate assistance.

NON-MEDICAL HOME CARE – Assistance with Activities of Daily Living (ADL’s), homemaking, companionship and other non-medical in home care. These services are available for hire after, or in conjunction with, Medicare certified services. Private payment, Medicaid and Veterans Benefits are a few of the ways personal care can be paid for.

PSYCHIATRIC CARE – Refers to the agencies’ ability to offer services related to psychiatric support with the prevention, diagnosis, and treatment of mental illness. Services may include counseling or administering of medications.

SOCIAL WORKER – A clinical social worker whose purpose in health care is to enhance, promote, maintain,

and restore the best possible social abilities of the patient or family. Services provided may be preventive, developmental, or remedial in nature.

THERAPY SERVICES (ST, PT, OT, RT) –

Speech Therapy – Refers to services to assess and treat speech and swallowing disorders. Speech therapy can treat speech, language, cognitive skills or swallowing.

Physical Therapy – Refers to services for the treatment and the rehabilitation process where a physical therapist will often stretch, strengthen, facilitate muscles, challenge balance, test coordination abilities, teach home exercise programs and enhance basic mobility skills.

Occupational Therapy – Refers to services to assess and treat patients to improve their ability to perform tasks in their daily living and working environments. Patients may have mental, physical, developmental, or emotional disabilities. Therapists also help them to develop, recover, or maintain daily living and work skills. Occupational therapists help clients not only to improve their basic motor functions and reasoning abilities, but also to compensate for permanent loss of function.

Respiratory Therapy – Refers to services for care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. It may include the therapeutic use of medical gases



Home Health Care Definitions *continued*

and their equipment, environmental control systems, humidification, aerosols, ventilator support, bronchi pulmonary drainage and exercise, respiratory rehabilitation, assistance with cardiopulmonary resuscitation, and maintenance of natural, artificial, and mechanical airways.

TRACH CARE – Refers to care administered to patients who have undergone a tracheotomy. A tracheotomy is a surgical procedure in which a cut or opening is made in the windpipe (trachea). The sur-

geon inserts a tube into the opening to bypass an obstruction, allowing air to get to the lungs, or remove secretions.

WOUND CARE – Refers to services for providing diagnosis and treatment for ulcers, pressure sores and other wounds. Treatments may include but is not limited to irrigations, dressing, and wound vacs. Some agencies may employ specialty nurses to provide and instruct in care specifically for patients with more complicated wounds. ~

ADDITIONAL HOME HEALTH CARE AGENCIES		
Critical Nurse Staffing, LLC	970-254-9001	D EG GR GN MS MN PT
Delta-Montrose Home Health Services – Montrose	970-874-2463	D MN
Gunnison Valley Health Home Medical Services	970-641-4254	GN
Human Touch Home Health Care Agency	970-245-3121	MS
Kindred at Home – formerly Gentiva Home Health	970-257-1275	MS
Nuclear Care Partners	970-244-0900	D EG GR GN MS MN PT
Our Nurses, Inc	970-618-0578	EG GR PT
PASCO/SW Home Health Care	970-565-6833	D MN
Professional Case Management	970-759-2514 970-744-5021	D EG GR GN MS MN PT
SummitWest Care	970-263-0202	EG GR GN MS PT

*COUNTIES: D=Delta / EG=Eagle / GR=Garfield / GN=Gunnison / MS=Mesa / MN=Montrose / PT=Pitkin

Indicates website link on seniorsbluebook.com

HEALTH AT HOME - HOME HEALTH AGENCIES 97



HEALTH AT HOME - HOME HEALTH AGENCIES

When It's Time to Start the Conversation About Home Care

The number of Americans over the age of 85 is set to triple by 2040.

For many families, starting a discussion with a senior loved one about care needs can be difficult. But, according to the Home Care Association of America (HCAOA), nearly 70% of Americans that reach age 65 will need care at some point in their life. And, 9 out of 10 seniors want to remain in their home as they age. It is comforting to know that talking to the older adult in one's life about their care needs doesn't have to be a negative experience. Family and friends should remember to share the ways that in-home care can help seniors live the life they want, maintain their physical and emotional wellbeing, and bring more hope, purpose and joy to their days.

Timing Is Everything

Deciding when to start the conversation about care needs is important. It is never too early to discuss what care might be needed and the desires of the person that will be receiving care. And, when it is time for care to start, everyone will be on the same page about the plan.

Ideally, there will be multiple

discussions on the topic of care. Making plans before there is an emergency or sudden problem in the senior's home helps alleviate stress for everyone. Families and friends should talk to the senior in their life early and often.



Gather Information

Remember that everyone will have the best experience possible if this is a true conversation with the care recipient, not about them. Those involved should have the opportunity to speak their mind and talk about the future. There are many options for in-home care, from the type of care services to the number of hours a week. It is a good idea for participants to do research online or by calling a care provider to get questions answered before the family meets to talk about options.



Support Is Imperative

Ultimately, everyone wants to ensure that the care recipient is supported, cared for, and safe in their home. It can reduce stress if those speaking to their senior loved one understand that there may be resistant to the idea of having a caregiver provide assistance, and the care recipient may feel that they are losing independence. While family and friends should be honest about their observations and feelings, the senior that will be receiving care should also have a voice. This not only helps everyone feel comfortable with the plan moving forward, but opens up the conversation about all the ways home care can improve quality of life – physically, mentally and emotionally.

Think Beyond the Basics

Care doesn't have to only be about basic physical care needs. When it is time for help, be sure the agency will develop custom care plans that include physical safety and wellbeing, emotional health, and socialization. The goal for in home care should be to help provide the

best quality of life while maintaining independence at home. Typically this includes tasks like transportation to appointments, meal preparation, light housekeeping and personal care, but ask about wellbeing tasks as well, such as:

- Assisting with outings, social events, shopping trips, and other activities of interest to maintain engagement
- Activities that bring joy, provide mental stimulation and encourage physical and emotional wellbeing
- Education for families
- Respite care for family and loved ones
- Referrals to medical professionals, support groups and resources
- Change in condition monitoring
- Fall risk assessment and assistance with fall prevention
- Facilitating connection with loved ones through phone calls, video chats and other technology

Keep communication open and be sure to review the care plan often. With information and education, in home care can be rewarding for all involved. ~

Editor's Note: This article submitted by Ora Lee, owner of Comfort Keepers. She can be reached at 970-241-8818 or at oralee@clcolorado.com. See ads on pages 92 and Inside Front Cover.

Indicates website link on seniorsbluebook.com

HEALTH AT HOME - HOME HEALTH AGENCIES

HOSPICE CARE

HOSPICE PROVIDERS	HOSPICE CARE PROVIDERS			
	AD ON PAGE #	PHONE #	COUNTIES SERVED	PALLIATIVE CARE
HOSPICE PROVIDERS	103	970-658-8705	D GR MS MN	C RN S W V
	97 103	970-930-6008	GR PT	C RN S W V
	103	970-241-2212	D MD MN	C RN S W V
	103	970-241-2212	D MD MN	C RN S W V

PAYMENT METHODS	HM MA MC PI	HM LT MA MC O PI PP VA	HM MA MC PI PP VA	HM MA MC PI PP VA
MULTI-LINGUAL		•		
INPATIENT CARE				•
INDIGENT PATIENTS		•	•	•
HOME HEALTH AGENCY	•	•	•	•
PCP OVERSIGHT	•	•	•	•
THERAPIES - HOSPICE****		A Ma Mu	A Ma Mu P	A Ma Mu P
GRIEF SUPPORT GROUPS			•	•
PAIN PUMPS AVAILABLE				
24/7 ADMISSIONS				
LEVELS OF CARE***	C RN CC GIP RE RO	C RN CC GIP RE RO	C RN CC GIP RE RO	C RN CC GIP RE RO
SERVICES PROVIDED**	C RN S W V	C RN S W V	C RN S W V	C RN S W V

Compassion. Dignity.



HomeCare & Hospice of the Valley
Peace. Comfort. Support.

End-of-life care, focused on each person's quality of life. Grief support for patients and their families.

Eagle | Garfield | Pitkin
www.HCHOTV.org
970-930-6008

Serving Mesa County & Surrounding Areas



ABODE of COLORADO
HOSPICE & HOME HEALTH™
www.abodehospiceandhomehealth.com

Hospice (970) 658-8705 | Home Health (970) 541-0381

Here to support you through life's most difficult times so you can focus on what's most important – each other.



HOSPICE • PALLIATIVE CARE • GRIEF SUPPORT
Delta • Grand Junction • Montrose • Meeker • Plateau Valley
(970) 241-2212 • HopeWestCO.org

HopeWest

Hospice Care Definitions *continued*

24/7 ADMISSIONS – Can a patient be admitted to the particular hospice agency 24/7? If a patient qualifies for hospice care, they should be admitted as early as the family requests. Many agencies admit patients to hospice, 24/7, evenings weekends, and holidays.

GRIEF SUPPORT GROUPS – Grief is the normal and universal reaction humans have to the loss of those they love. When your loved one passes, you may go through a period of bereavement and experience grief. Each hospice agency will have a grief and bereavement

Continued on next page >

 Indicates website link on seniorsbluebook.com



Hospice Care Definitions *continued*

support program. Many provide grief groups that meet and address issues of grief in a supportive group setting.

INDIGENT PATIENTS – Does the hospice accept non funded or indigent patients? This is usually on a case by case basis and at the determination of the hospice company. Many have a non-profit organization that can help support the care of non-covered patients. Many Hospice agencies utilize social workers to help find resources for indigent families.

LICENSED MASSAGE THERAPY – Massage has become one of the fastest growing trends in therapy for hospice patients. Used as a method for relaxation to alleviate stress, anxiety and pain with a light hands-on approach, as well as providing an alternative to those who can't take medication or prefer not to, massage therapy has become essential in hospice care. This is not reimbursed by Medicare; it is an added benefit that select hospice companies have decided to provide for their patients.

MUSIC THERAPY – Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals. A music therapist is not just a music performer, but actually trained in counseling and music. A music therapist creates goals and objectives for their patients and

uses music activities and music experiences (listening, composition, improvisation, or playing/singing a familiar song) in order to achieve those goals. This is not reimbursed by Medicare; it is an added benefit that select hospice companies have decided to provide to their patients.

PAIN PUMPS AVAILABLE – Many patients have their symptoms controlled through oral medications. Some situations require a pain pump where medications are administered through an IV pump. If this is the situation, inquire with the hospice RN case manager to see if pain pumps are available through their insurance.

PCP-OVERSIGHT – Can the hospice patient retain their own primary care physician in addition to the hospice medical director? All hospice organizations require a medical director, a physician to oversee their care. Many times the hospice medical director will work in conjunction with the patient's own physician. The patient, family and hospice team can determine which physicians will oversee the care and certify the hospice eligibility criteria.

PET THERAPY – There's nothing like a visit from a four-legged creature to brighten the day of a terminally ill patient. Pet therapy teams visit with patients wherever they reside – at home or in professional care settings.

Hospice Care Definitions *continued*

For some patients, contact with these gentle animals evokes memories of pets in their lives, past or present. Studies have shown many benefits of pet companionship, ranging from reduced blood pressure and anxiety to relief from boredom, pain and loneliness. This service is not reimbursed by Medicare, it is an added benefit that select hospice companies have decided to provide for their patients.

VA CONTRACT – If the patient is not a Medicare recipient and is covered by the VA, the VA will make payments directly to their contracted agencies. If a patient is a Veteran, but is a Medicare Recipient, they may choose any Medicare approved hospice agency for their care. ~

HOSPICE CARE DEFINITIONS

ADDITIONAL HOSPICE CARE PROVIDERS		
Gunnison Valley Health Home Medical Services	970-641-4254	GN
Touch of Care Hospice	970-249-6080	MN

*COUNTIES: D=Delta / EG=Eagle / GR=Garfield / GN=Gunnison / MS=Mesa / MN=Montrose / PT=Pitkin

Help our readers learn about your services.




Call 800.201.9989 today to reserve your space in the next issue of the Seniors Blue Book, or email Lucy@SeniorsBlueBook.com

Check out our digital versions on SeniorsBlueBook.com

Indicates website link on seniorsbluebook.com

105

INDEPENDENT / RETIREMENT COMMUNITIES

INDEPENDENT LIVING COMMUNITIES	PARTNERS OF THE SENIORS BLUE BOOK – INDEPENDENT LIVING COMMUNITIES	AD ON PAGE #	PHONE #	# OF UNITS	LOWEST STARTING PRICE & INCOME QUALIFICATIONS	DELTA COUNTY			GARFIELD COUNTY			MESA COUNTY						
	Crossroads at Delta 1380 Aspen Wy, Delta 81416	125	970-874-1421	26	\$2,880	\$m												
	VOA – Heaven's View Apts 1445 Porter Ct, Delta 81416	IBC	970-874-5021	40	HUD IB IR SUB	\$m												
	VOA – Horizons Country Manor Apts , 11411 Hwy 65, Eckert 81418	IBC	970-835-2600	8	\$740	\$m												
	Sopris Lodge at Carbondale 295 Rio Grande Ave, Carbondale 81623	118	970-440-2301	27	\$4,200	\$m												
	Solstice Senior Living at Grand Valley , 3260 N 12th St, GJ 81506	109	844-913-7230	144	\$2,750	\$m												



Change Your Address, Not Your *Lifestyle!*

All Inclusive Senior Independent Living at its Best

- Restaurant-style dining
- Housekeeping
- Vibrant Life® activity program
- Respite stays
- Spacious apartments
- Entertainment
- Utilities
- Transportation
- Lively™ Mobile Plus Urgent Response Service
- MeMD Telehealth Services

Your independence is just a call away!

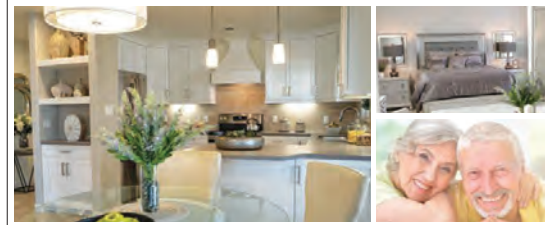


**Solstice Senior Living
at Mesa View**
601 Horizon Place
Grand Junction, CO 81506
(855) 578-8536
SolsticeSeniorLivingMesaView.com

**Solstice Senior Living
at Grand Valley**
3260 N. 12th St.
Grand Junction, CO 81506
(844) 913-7230
SolsticeSeniorLivingGrandValley.com



Indicates website link on seniorsbluebook.com 109



Carefree retirement living in a tranquil neighborhood all your own.

The Cottages of Hilltop let you live independently while giving you the freedom to make the most of your retirement. Our single-level patio homes offer privacy and luxury with open living plans nestled in a quiet neighborhood with beautiful landscaping and walking trails. Enjoy a maintenance-free lifestyle with paid utilities, bi-weekly housekeeping, and lawn maintenance. Plus peace of mind with a 24-hour emergency response system.

(970) 434-2111 • TheCottagesGJ.org



SUBSIDIZED HOUSING

Aspen / Pitkin Housing Authority
210 E Hyman Av, Ste 202, Aspen 81611
970-920-5050

Delta Housing Authority
501 E 14th St, Delta 81416
970-874-7266

Eagle County Housing Authority
500 Broadway St, Eagle 81631
970-328-8770

**Garfield County Housing Dept
– Main Office**
1430 Railroad Ave, Unit F, Rifle 81650
970-625-3589

Grand Junction Housing Authority
8 Foresight Cir, Grand Junction 81505
970-245-0388

Gunnison Housing Authority
202 E Georgia Ave, Ste A, Gunnison 81230
970-641-7900

Housing Resources of West CO
524 30 Rd, Ste 3, Grand Junction 81504
970-241-2871 x101

HUD – FHA Resource Center
800-225-5342

Montrose Housing Authority
222 Hap Ct, Olathe 81425
970-323-5445

Rifle Housing Authority
250 Ute Ave, Rifle 81650
970-625-3974

110 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

INDEPENDENT LIVING COMMUNITIES

More information on these communities available at www.SeniorsBlueBook.com.
Click on "Senior Housing."

Anciano Towers, 227 N Ute Ave, Montrose 81401	970-249-8844
Cedar Square Apts, 150 S Grand Mesa Dr, Cedaredge 81413	970-856-3173
Creek Vista Senior Apts, 446 Vista Dr, Paonia 81428	970-527-8437
➤ Crossroads at Delta, 1380 Aspen Wy, Delta 81416	970-874-1421
Crystal Meadows, 1250 Hendrick Dr, Carbondale 81623	970-963-9326
Delta Village Apts, 289 Stafford Ln, Delta 81416	970-874-3333
Glenwood Manor, 721 Blake, Glenwood Springs 81601	970-945-9326
Glenwood Manor II, 661 Bennett, Glenwood Springs 81601	970-945-8322
Homestead Estates Sr Apts, 215 NW 9th St, Cedaredge 81413	970-856-7591
Independence Village, 225 N Coulson St, Fruita 81521	970-858-2174
➤ Montage Creek, 1968 Sunrise Dr, Montrose 81401	970-296-5680
Nellie Bechtel Gardens, 3032 N 15th St, Grand Junction 81506	970-245-1712
Olathe Meadows Sr Housing, 227 Rebekah Dr, Olathe 81425	970-323-5445
San Juan Elderly Apts, 1650 Church St, Montrose 81401	970-249-1823
Silt Senior Housing, 701 Home Ave, Silt 81652	970-625-3589
Solstice Senior Living at Grand Valley 3260 N 12th St, Grand Junction 81506	844-913-7230
Solstice Senior Living at Mesa View 601 Horizon Pl, Grand Junction 81506	855-578-8536
➤ Sopris Lodge at Carbondale 295 Rio Grande Ave, Carbondale 81623	970-440-2301
Spring Creek Chalet, 2710 Sunnyside Rd, Montrose 81401	970-249-2438
Sunnyside Retirement Ctr, 601 21st St, Ste 106, Glenwood Springs 81601	970-945-9234
➤ The Cottages of Hilltop, 625 27½ Rd, Grand Junction 81506	970-434-2111
Thompson Manor, 511 E 10th St, Delta 81416	970-874-7266
Valley Senior Housing, 500 N Parachute Ave, Parachute 81635	970-625-3589
➤ VOA – Centennial Towers Apts, 430 S 12th St, Montrose 81401	970-240-0110
➤ VOA – Cimarron Village Apts, 1811 Pavilion Dr, Montrose 81401	970-249-2010
➤ VOA – Grand View Apts, 1501 N 1st St, Grand Junction 81501	970-256-9904
➤ VOA – Heaven's View Apts, 1445 Porter Ct, Delta 81416	970-874-5021
➤ VOA – Horizons Country Manor Apts 11411 Hwy 65, Eckert 81418	970-835-2600
➤ VOA – Meadowlark Court, 2378 Robins Wy, Montrose 81401	970-252-8272
➤ VOA – Pavilion Garden Apts – Family & Senior Housing 2366 Robins Wy, Montrose 81401	970-249-1200
Walnut Park Apts, 2236 N 17th St, Grand Junction 81501	970-245-5034

Indicates website link on seniorsbluebook.com

INDEPENDENT / RETIREMENT COMMUNITIES

ASSISTED LIVING COMMUNITIES	PARTNERS OF THE SENIORS BLUE BOOK – ASSISTED LIVING COMMUNITIES			
	DELTA COUNTY	EAGLE COUNTY	GARFIELD COUNTY	
PETS	• Sm	• Sm	•	• Sm
PRIVATE ROOMS	•	•	•	• Sm
SEMI-PRIVATE ROOMS	•	•	•	•
SCHEDULED TRANSPORTATION	•	•	•	•
AGE RESTRICTIONS	•	•	•	•
KITCHENETTE	•	•	•	•
ADULT DAY PROGRAMS	•	•	•	•
RESPIRE / SHORT-TERM STAY	•	•	•	•
WANDERGUARD	•	•	•	•
SECURED MEMORY CARE UNIT	•	•	•	•
SKILLED NURSING FACILITY	•	•	•	•
RESIDENTIAL HOME	•	•	•	•
PRICE DEPENDENT LEVELS OF CARE	•	•	•	•
MEDICAID WAIVER	•	•	•	•
# OF UNITS	49	20	28	23
LOWEST STARTING PRICE	\$3,007	\$5,000	\$5,057	\$4,900
PHONE #	970-874-1421	970-432-1150	970-963-1500	970-440-2301
AD ON PAGE #	125	118	115	118
	Crossroads at Delta 1380 Aspen Wy, Delta 81416	Castle Peak Senior Life & Rehabilitation 195 Freestone Rd, Eagle 81631	Heritage Park Assisted Living 1250 Village Rd, Carbondale 81623	Mesa Vista Assisted Living 72 Sippelle Dr, Parachute 81635
				Sopris Lodge 295 Rio Grande Ave, Carbondale 81623

MESA COUNTY										
	Beehive Homes of Grand Junction 2395 H Rd, Grand Junction 81505	117	970-549-6535	\$4,100	15	•	•	•	•	•
	Cappella of Grand Junction 628 26½ Rd, Grand Junction 81506	114	920-822-0591	\$4,775	40	•	•	•	•	•
	The Commons of Hilltop 625 27½ Rd, Grand Junction 81506	BC	970-243-3333	\$3,940	133	•	•	•	•	Sm
	The Fountains of Hilltop 3203 N 15th St, Grand Junction 81506	BC	970-243-8800	\$4,190	75	•	•	•	•	Sm
	The Lodge at Grand Junction 2656 Patterson Rd, Grand Junction 81506	117	970-465-2855	\$3,500	36	•	•	•	•	Sm
	The Retreat at Harbor Cove 2835 Patterson Rd, Grand Junction 81506	116	970-243-7224	\$2,800	76	•				•
	The Retreat at Palisade 3780 Heritage Ln, Palisade 81526	116	970-234-7224	\$2,800	61	•				•
	Western Slope Memory Care AL 2594 Patterson Rd, Grand Junction 81505	126	970-462-9696	\$5,500	50					• Sm
MONTROSE COUNTY										
	Montage Creek 1968 Sunrise Dr, Montrose 81401	119	970-296-5680	\$3,495	107	•	•	•	•	•
	VOA – The Homestead at Montrose 1819 Pavilion Dr, Montrose 81401	IBC	970-964-3400	\$2,850	50	•	•	•	•	• Sm

Indicates website link on seniorsbluebook.com 113

IBC = Inside Back Cover BC = Back Cover ☎ = Call Sm = Small / C = Cats Only

ASSISTED LIVING COMMUNITIES

ASSISTED LIVING COMMUNITIES

ASSISTED LIVING & MEMORY SUPPORT

The Art of Possibility

The journey has been challenging, but experience provides a foundation for new ideas and exciting opportunities.

Cappella
OF GRAND JUNCTION
ASSISTED LIVING & MEMORY SUPPORT

Call to schedule a tour: 970.822.0591

628 26 1/2 Rd. | Grand Junction, CO 81506
cappellagrandjunction.com

A Neighborhood of
CHRISTIAN LIVING COMMUNITIES

114 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

Quality care all around

ASSISTED LIVING COMMUNITIES



Continuum-of-Care Services

With our comprehensive care services, we have a plan to meet every resident's unique needs.

What is a Continuum of Care?

Skilled Nursing & Therapy — For a better quality of life for you or your loved one.

Assisted Living Community — An environment where you can embrace your individuality.

Memory Care — Services designed with comfort and peace in mind.

Respite Services — A chance for relaxation, comfort and peace of mind.

Call us today to learn more about our exceptional senior living services.



Heritage Park
Care Center

970.963.1500 • HeritageParkCareCenterCO.com
1200 Village Rd. • Carbondale, CO 81623

Indicates website link on seniorsbluebook.com

115

ASSISTED LIVING COMMUNITIES

Fun Lives Here!



On-site Activities Director
Daily Activities Schedule
Games and Exercise
Field Trips and Outings

The Retreat at Harbor Cove
2835 Patterson Road
Grand Junction, CO

The Retreat at Palisade
3780 Heritage Lane
Palisade, CO

970-243-7224

www.theretreatcommunitiesofco.com

116 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022



QUALITY ASSISTED LIVING IN A RESIDENTIAL SETTING

WE PROVIDE FOR YOU
 Medication monitoring • Home cooked dietitian-approved meals
 ADL assistance • Help with daily living activities
 Daily housekeeping services • Individual and group activities

YOUR PRIVATE ROOM COMES COMPLETE WITH
 All furnishings • Three quarter private bath • Emergency call system
 Cable TV and phone hookups • 24-hour security

970-549-6555 • 2395 H Rd • Grand Junction
Beehivehomes.com/locations/grand-jection

TOGETHER is a great place to be



SCHEDULE A TOUR

Call Today: 970-465-2855
 2656 Patterson Road
 Grand Junction, CO 81506
thelodgeatgrandjunction.com



Assisted Living | Memory Care | WellAge Managed Community

 Indicates website link on seniorsbluebook.com 117

TOGETHER is a great place to be



SCHEDULE A TOUR

Call Today: 970-440-2301
 295 Rio Grande Avenue
 Carbondale, CO 81623
SoprisLodge.com



Independent Living | Assisted Living | Memory Care | WellAge Managed Community



An extraordinary living environment

Assisted Living • Short-Term Rehab • Long-Term Care • Memory Care
 In/Out Patient Physical, Occupational, & Speech Therapy



(970) 432-1150 **195 Freestone Rd**
CastlePeak.org **Eagle, CO 81631**

Senior Life • Rehabilitation
 a ministry of **CASSIA**
 AN AUGUSTANA | ELIM AFFILIATION

118 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022



Montage Creek
SENIOR LIVING
by generations

**ENHANCING LIVES AND CELEBRATING THE EXCITEMENT OF LIVING!
THAT IS THE MISSION AT GENERATIONS.**

Welcome Home to Montage Creek. Located in Montrose, Colorado and featuring spectacular views of Black Canyon National Park and the San Juan and Cimarron mountain ranges.

Our team is available 24 hours a day, seven days a week, so that you can have peace of mind knowing help is never far away. Live your best life with us!

Independent Living | Assisted Living | Memory Care

Montage Creek
1968 Sunrise Dr., Montrose, CO 81401
970-296-5680 • www.montagecreek.com
info@montagecreek.com

Now accepting new residents

© 2020, Montage. All Rights Reserved. Photographs shown do not reflect racial preference.

- Featuring All Private Rooms
- Medicaid Accepted
- Adult Day Program
- Respite Stays

MESA VISTA
ASSISTED LIVING &
SENIOR APARTMENTS

FOR MORE INFORMATION,
CONTACT KATHY BUDAU
72 E. SIPPRELLE DRIVE
BATTLEMENT MESA, CO 81635
970-285-1844

WWW.SENIORHOUSINGOPTIONS.ORG



Where Do We Start?

Our resource guide and website offer you the answers you need to make informed decisions

www.seniorsbluebook.com
1.800.201.9989

 Indicates website link on seniorsbluebook.com

ASSISTED LIVING COMMUNITIES

119

ASSISTED LIVING COMMUNITIES

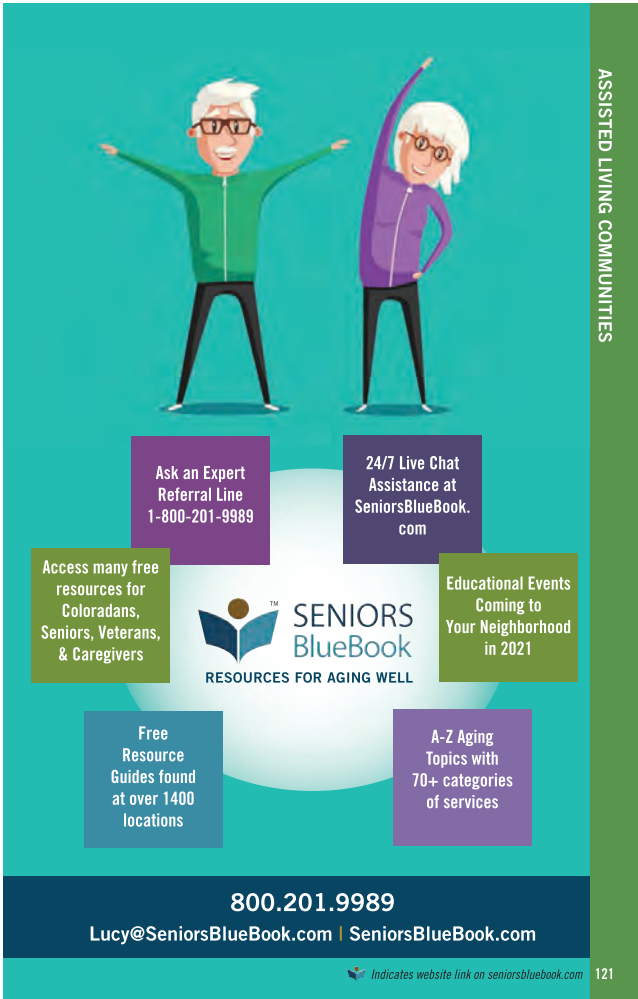
More information on these communities available at www.SeniorsBlueBook.com.
Click on "Senior Housing."

Aspen Glen AL, 448 Bookcliff Dr, GJ 81501	970-254-8403
BeeHive Homes of Grand Junction, 2395 H Rd, GJ 81505	970-549-6555
Blossom View AL, 3456 F Rd, Clifton 81520	970-434-6707
Bookcliff Manor AL, 2897 Orchard Ave, GJ 81501	970-245-0788
Cappella of Grand Junction, 628 26½ Rd, GJ 81506	920-822-0591
Castle Peak Senior Life & Rehab, 195 Freestone Rd, Eagle 81631	970-432-1150
Chateau at Rifle, 375 W 24th St, Rifle 81650	970-625-4343
Comfort Care AL & MC, 445 Sandia Dr, GJ 81507	970-243-4682
Crossroads at Delta, 1380 Aspen Wy, Delta 81416	970-874-1421
Delta House, 233 Main St, Delta 81416	970-874-1117
Grand Villa, 2680 N 15th St, GJ 81506	970-241-9706
Grandview Care Lodge, 815 26½ Rd, GJ 81506	970-241-8896
Gunnison Valley Health AL, 300 N 3rd, Gunnison 81230	970-641-3031
Hacienda AL, 4199 Hwy 50, Whitewater 81527	970-589-0440
Heidi's Chateau, 2720 Sunnyside Rd, Montrose 81401	970-252-8228
Heritage Park AL, 1250 Village Rd, Carbondale 81623	970-963-1500
Mesa Vista AL, 72 Sipprelle Dr, Parachute 81635	970-285-1844
Montage Creek, 1968 Sunrise Dr, Montrose 81401	970-296-5680
Pilgrim House, 405 W Mayfield Dr, GJ 81507	970-255-8345
Renew Roaring Fork AL & MC 2800 Midland Ave, Glenwood Springs 81601	970-945-1121
Sopris Lodge, 295 Rio Grande Ave, Carbondale 81623	970-440-2301
The Commons of Hilltop, 625 27½ Rd, GJ 81506	970-243-3333
The Fountains of Hilltop, 3203 N 15th St, GJ 81506	970-243-8800
The Lodge at Grand Junction, 2656 Patterson Blvd, GJ 81506	970-465-2855
The Residence at Grand Mesa, 565 28¼ Rd, GJ 81501	970-241-8899
The Retreat at Harbor Cove, 2835 Patterson Rd, GJ 81506	970-243-7224
The Retreat at Palisade, 3780 Heritage Ln, Palisade 81526	970-234-7224
VOA – The Homestead at Montrose 1819 Pavilion Dr, Montrose 81401	970-964-3400
Western Slope Memory Care AL, 2594 Patterson Rd, GJ 81505	970-462-9696
Whitcomb Terrace AL, 275 Castle Creek Rd, Aspen 81611	970-544-1530

ASSISTED LIVING COMMUNITIES

120

COLORADO'S WESTERN SLOPE - SUMMER 2021-2022




ASSISTED LIVING COMMUNITIES

Access many free resources for Coloradans, Seniors, Veterans, & Caregivers

Ask an Expert Referral Line
1-800-201-9989

24/7 Live Chat Assistance at SeniorsBlueBook.com

Educational Events Coming to Your Neighborhood in 2021



RESOURCES FOR AGING WELL

Free Resource Guides found at over 1400 locations

A-Z Aging Topics with 70+ categories of services

800.201.9989
Lucy@SeniorsBlueBook.com | SeniorsBlueBook.com

Indicates website link on seniorsbluebook.com 121

MEMORY CARE COMMUNITIES

MEMORY CARE ASSISTED LIVING COMMUNITIES	PARTNERS OF THE SENIORS BLUE BOOK – MEMORY CARE ASSISTED LIVING COMMUNITIES			
	AD ON PAGE #	PHONE #	LOWEST STARTING PRICE	MEDICAID WAIVER
DELTA COUNTY	125	970-874-1421	\$4,550	•
	Crossroads at Delta Memory 1379 Aspen Wy, Delta 81416			
EAGLE COUNTY	118	970-432-1150	Ⓢ	•
	Castle Peak Senior Life Rehabilitation 195 Freestone Rd, Eagle 81631			
GARFIELD COUNTY	118	970-440-2301	\$8,000	•
	Sopris Lodge 295 Rio Grande Ave, Carbondale 81623			
MESA COUNTY	114	970-822-7070	\$6,685	•
	Cappella of Grand Junction 628 26 1/2 Rd, Grand Junction 81506			

122 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

CROSSROADS
Senior Living

Peace of Mind Living
Assisted Living
Independent Living
Memory Care

A unique blend of housing, community, friends, and personal care, all while maintaining your independence and dignity. Crossroads Senior Living: Designed for you.

Crossroads at Delta Independent Living Assisted Living Memory Care	Crossroads at Northglenn Assisted Living	Crossroads at Lakewood Memory Care
---	---	---------------------------------------

Assisted Living at Crossroads provides the highest quality personal care and support services including meals, medication management, bathing, dressing and transportation.

Memory Care at Crossroads has a state-of-the-art solution for your loved ones. From the design of the building to our personalized care - to our dining and activities programs - to embracing our residents' unique personalities - we will take care of your family.

Independent Living means just that! Living, playing and thriving just like everyone else. Our independent living community is an excellent option.

Delta (970) 874-1421	Northglenn (303) 252 -1118	Lakewood (720) 925-5569
-------------------------	-------------------------------	----------------------------

Crossroads Senior Living | www.crossroadsalc.org

MEMORY CARE COMMUNITIES

Indicates website link on seniorsbluebook.com 125

MEMORY CARE COMMUNITIES

Dedicated to Compassionate Care

Western Slope Memory Care provides a safe and secure environment while allowing residents with Alzheimer's or dementia to live their best life.

- 24 Hour Professional Care Staff
- On-Site Community Activities
- 3 + 3 Compassionate Cuisine Dining Program
- Electronic Security and Incontinence Monitoring System

970-462-9696

2594 Patterson Road, Grand Junction

MEMORY CARE ASSISTED LIVING COMMUNITIES	
More information on these communities available at www.SeniorsBlueBook.com . Click on "Senior Housing."	
Aspen Ridge Alz Special Care Ctr, 622 28½ Rd, GJ 81506	970-254-1233
Cappella of Grand Junction, 628 26½ Rd, GJ 81506	970-822-7070
Castle Peak Senior Life & Rehab, 195 Freestone Rd, Eagle 81631	970-432-1150
Comfort Care, 807 Tahiti, GJ 81506	970-243-4682
Crest Ridge Memory Care, 972 Walnut Ave, GJ 81501	970-985-4122
Crossroads at Delta Memory, 1379 Aspen Wy, Delta 81416	970-874-1421
La Villa Grande Care Center, 2501 Little Bookcliff Dr, GJ 81501	970-245-1211
Montage Creek, 1968 Sunrise Dr, Montrose 81401	970-296-5680
Renew Roaring Fork AL & MC, 2800 Midland Ave Glenwood Springs 81601	970-945-1121
Sopris Lodge, 295 Rio Grande Ave, Carbondale 81623	970-444-2301
The Commons of Hilltop, 625 27½ Rd, GJ 81506	970-243-3333
The Fountains of Hilltop, 3203 N 15th St, GJ 81506	970-243-8800
The Lodge at Grand Junction, 2656 Patterson Blvd, GJ 81506	970-465-2855
The Vineyards Memory Care, 1530 Walnut Ave, GJ 81501	970-623-7126 E 970-314-9057 W
The Willows at Family Health West 243 N Cherry St, Fruita 81521	970-858-2184
Western Slope Memory Care, 2594 Patterson Rd, GJ 81505	970-469-9696

126 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

MANTEY HEIGHTS REHABILITATION & CARE CENTRE

- Rehabilitation to return home after hospitalization
- Physical, Occupational & Speech Therapy
- Skilled nursing care 24/7
- Respite care & short-term stays
- Veterans benefits accepted



After Hours: 970-261-6756
970-242-7356
2825 Patterson Road, Grand Junction

HOME OF THE DEMENTIA TOUR

Exceptional care where your family becomes our family

LA VILLA GRANDE CARE CENTER

- *Memory care: Alzheimer's & Dementia*
- Rehabilitation to return home after hospitalization
- Physical, Occupational & Speech Therapy
- Skilled nursing care 24/7
- Respite care & short-term stays
- Secured memory care unit

Secured
Memory Care
Available




970-245-1211 | After Hours: 970-361-1630
2501 Little Bookcliff Drive, Grand Junction

See our virtual tour and website: lavillagrandecarecenter.com

Indicates website link on seniorsbluebook.com 127

SKILLED NURSING FACILITIES

SKILLED NURSING FACILITIES

PARTNERS OF THE SENIORS BLUE BOOK – SKILLED NURSING AND REHABILITATION FACILITIES	DELTA COUNTY			EAGLE COUNTY			GARFIELD COUNTY						
	AD ON PAGE #	PHONE #	# OF BEDS	AD ON PAGE #	PHONE #	# OF BEDS	AD ON PAGE #	PHONE #	# OF BEDS				
 SKILLED NURSING AND REHABILITATION FACILITIES PARTNERS OF THE SENIORS BLUE BOOK – SKILLED NURSING AND REHABILITATION FACILITIES	VOA – Horizons Health Care & Retirement Community 11411 Hwy 65, Eckert 81418	970-835-2600	72	118	970-432-1150	44	130	970-625-1514	57				
										PAYMENT METHODS	HM LT MA MC O PI PP	HM LT MA MC O PI PP	HM LT MA MC O PI PP
										PRIVATE ROOMS	•	•	•
										SEMI-PRIVATE ROOMS	•	•	•
										RESPITE / SHORT-TERM STAY	•	•	•
										WANDERGUARD	•	•	•
										SECURED MEMORY CARE UNIT	•	•	•
										TRACH CARE	•	•	•
										LONG-TERM CARE	•	•	•
										SHORT-TERM CARE	•	•	•
SKILLED CARE	•	•	•										
INTERMEDIATE CARE	•	•	•										
REHAB & THERAPY	•	•	•										
LOWEST DAILY RATE	\$270	\$357	\$321										

128 COLORADO'S WESTERN SLOPE - SUMMER 2021-2022

Heritage Park Care Center 1200 Village Rd, Carbondale 81623	115	970-963-1500	90	\$316	•••••	•••••	•••••	•••••	•••••	HM LT MA MC PI PP
MESA COUNTY										
Center at Foresight, The 606 E Foresight Cir, Grand Junction 81505	57	970-985-7900	54	☉	•••••	•••••	•••••	•••••	•••••	HM LT MC PI PP
La Villa Grande Care Center 2501 Little Bookcliff Dr, Grand Junction 81501	56 127	970-245-1211	96	\$266	•••••	•••••	•••••	•••••	•••••	HM LT MA MC O PI PP VA
Larchwood Inns & The PARC Skilled Nursing, 2845 N 15th St, Grand Junction 81506	56 68-69	970-245-0022	130	\$265	•••••	•••••	•••••	•••••	•••••	HM LT MA MC O PI PP
Mantey Heights Rehabilitation & Care Center – Five Star Senior Living 2825 Patterson Rd, Grand Junction 81506	56 127	970-242-7356	88	\$255	•••••	•••••	•••••	•••••	•••••	HM LT MA MC PI PP VA
MONTROSE COUNTY										
VOA – Valley Manor Care Center 1401 S Cascade Ave, Montrose 81401	IBC	970-249-9634	101	\$290	•••••	•••••	•••••	•••••	•••••	HM LT MA MC O PI PP VA

PARIENT METHODS: PP=Private Pay / PI=Private Insurance / LT=Long Term Insurance / VA=Veteran Administration / MA=Medicaid / MC=Medicare / HM=Managed Care Insurance / O=Other
☉ = Call

IBC = Inside Book Cover
☉ indicates website link on seniorsbluebook.com

Indicates website link on seniorsbluebook.com

SKILLED NURSING FACILITIES

SKILLED NURSING FACILITIES

an award winning
SKILLED NURSING FACILITY

- Short-Term & Long Term Care
- On-Site Physician
- Physical, Occupational, Speech Therapy
- Respite Care

★ ★ ★ ★ ★ **Five Star Status**
Achieved by the Centers for Medicare and Medicaid Services since 2014

970.625.1514

grandriverhealth.org
701 EAST 5TH STREET
RIFLE CO 81650

grand river Health care center

SKILLED NURSING AND REHABILITATION FACILITIES

More information on these communities available at www.SeniorsBlueBook.com.
Click on "Senior Housing."

Castle Peak Senior Life & Rehab, 195 Freestone Rd, Eagle 81631	970-432-1150
Center at Foresight, The, 606 E Foresight Cir, GJ 81505	970-985-7900
Colorado Canyons Hospital & Medical Ctr, 300 W Otley Ave, Fruita 81521	970-858-3900
Colorado State Veterans Community Living Center at Rifle, 851 E 5th St, Rifle 81650	970-625-0842
Colorow Care Ctr, 885 S Hwy 50 Business Loop, Olathe 81425	970-323-5504
Eagle Ridge of Grand Valley, 2425 Teller Ave, GJ 81501	970-243-3381
Genesis Mesa Manor Center, 2901 N 12th St, GJ 81506	970-243-7211
Glenwood Springs Health Care, 2305 Blake Ave, Glenwood Springs 81601	970-945-5476
Grand River Health Care Center, 701 E 5th St, Rifle 81650	970-625-1514
Gunnison Valley Health Senior Care Center, 1500 W Tomichi Ave, Gunnison 81230	970-641-0704
Heritage Park Care Center, 1200 Village Rd, Carbondale 81623	970-963-1500
La Villa Grande Care Center, 2501 Little Bookcliff Dr, GJ 81501	970-245-1211
Larchwood Inns & The PARC Skilled Nursing, 2845 N 15th St, GJ 81506	970-245-0022
Mantey Heights Rehab & Care Ctr – Five Star Senior Living 2825 Patterson Rd, GJ 81506	970-242-7356
Palisades Living Ctr, 151 E 3rd, Palisade 81526	970-464-7500
Paonia Care & Rehab Ctr, 1625 Meadowbrook Blvd, Paonia 81428	970-527-4837
San Juan Living Center, 1043 Ridge St, Montrose 81401	970-249-9683
VA Western Colorado Health Care System (WCHCS) / CLC, 2121 North Ave, GJ 81501	970-242-0731

Senior Housing Definitions continued from page 108

outpatient rehab services. Facilities may use a nurse as a their consultant and the residents receive periodic assessments from a licensed practitioner.

LONG-TERM CARE – Chronic, custodial care provided on an on-going basis

MEDICAID WAIVER – An assisted living waiver may be used to transition individuals out of nursing facilities or to provide persons at risk of institutionalization with options for remaining in their communities. Assisted living waivers are designed to provide an alternative to more costly nursing home care.

PRICE DEPENDENT ON LEVELS OF CARE – Flexible levels of service geared to accommodate different needs over time. Rates may vary depending on the changing levels of care while one maintains the same physical residence.

PUBLIC HOUSING (PH) – Affordable apartments for low-income families, the elderly and persons with disabilities.

REHABILITATION AND THERAPY – Many skilled nursing facilities offer restorative and rehabilitative physical and occupational therapy, and speech-language pathology services. Short-term rehabilitation services may be provided to individuals with

diagnoses such as joint replacements, stroke, etc. Long-term rehab may also be provided for permanent residents of the facility who have chronic or progressive illnesses. Occupational therapy services in this setting are generally reimbursed by Medicare Part A for short-term, acute care clients; Medicare Part B for long-term residents who require skilled services and have medically necessary need for rehab; and often by private insurance, Medicaid, or private pay for younger clients.

RESIDENTIAL HOME – Assisted living homes are private residential homes that typically have a small number of residents who live together and receive care from live-in caretakers. Adult family homes offer room and board for seniors who want a more private, home-like community. Assistance with activities of daily living such as bathing and dressing are provided. Amenities and nursing services vary greatly between homes. Ask about their services when you tour. They are also referred to as personal board and care homes. Most accept private pay; Medicaid in some instances.

RESPITE CARE / SHORT-TERM STAY – Otherwise known as a short-term stay. Any provider of IL, AL, ALZ or SNF care can elect to provide fully furnished accommoda-

Continued on next page >

 Indicates website link on seniorsbluebook.com

Senior Housing Definitions continued

tions to a person for a short period of time. Rates usually quoted on a daily basis and are typically inclusive of all services and amenities.

RETIREMENT COMMUNITY – Housing designed specifically for mature adults. Typically Studio, 1 BR or 2 BR rental apartments with full kitchens, and private baths are available. Services include meal plans, transportation, housekeeping, laundry and maintenance. Amenities are usually abundant; formal libraries, computer stations, swimming pools, gardens, and other social gathering spaces. Rates are monthly, and are typically based on size/ location of apartment.

SECURED UNIT – A secured unit dedicated to Alzheimer's/Dementia residents to prevent wandering outside the community without supervision.

SHORT-TERM CARE – Acute care provided on a short term basis.

SKILLED CARE – 24 hour licensed nursing services, eight hours of which are RN covered. Patient may receive rehab services either inpatient or outpatient and may be fully dependent for ADL's. Patients receive medications by an RN according to a licensed physicians orders.

SKILLED NURSING FACILITY – Facilities provide 24/7 care for residents and offer full assistance with ADL's. Daily rates typically include a furnished bedroom and a private or shared bath, meals, activities, transportation, phone service, cable television and all personal/nursing care. Payor sources usually accepted are Medicare, Medicaid, VA, some insurance plans and private sources.

TRACH CARE – Refers to care administered to patients who have undergone a tracheotomy. A tracheotomy is a surgical procedure in which a cut or opening is made in the windpipe (trachea). The surgeon inserts a tube into the opening to bypass an obstruction, allow air to get to the lungs, or remove secretions.

VENTILATOR - Moves breathable air into and out of the lungs, to provide the mechanism of breathing for a patient who is physically unable to breathe, or is breathing insufficiently.

WANDERGUARD - Offered at some facilities. A resident with memory loss or confusion wears a small discrete pendant. Each external door in the care home is fitted with a radio detector which detects when a pendant moves near an exit. The WanderGuard will sound an audible alarm, alerting the staff of a patient wandering.~



Locating the right fit of senior housing and home health is like finding a needle in a haystack.

Let the knowledgeable information specialists at **SeniorsBlueBook.com** assist you in your search for housing, home health, and resource options. We are here to help match you with the providers that can serve you best.

Log into **SeniorsBlueBook.com** today and start a Live Chat anytime from 9am–5pm M–F. The *Seniors Blue Book* looks forward to hearing from you!




RESOURCES FOR AGING WELL

 Indicates website link on seniorsbluebook.com 133

ADVERTISER INDEX



Advertiser Index

77	A Little Help	61	Colorado Commission on Aging
103	Abode of Colorado Hospice & Home Health	1	Columbine Caregivers
Inside Back Cover	AdvantAge Health Resource Center	92, Inside Front Cover	Comfort Keepers
17	Aging Services Consultants	125	Crossroads at Delta
81	All Points Transit	32	Edward Jones- Jim Roland, ChFC, AAMS
71	Alzheimer's Association	17	Elder Quest Care Management
12-13	Area Agency on Aging-Region 10	95	Elite Care at Home
12-13	Area Agency on Aging-Region 11	48	Fidelis Consultants
55	Asland Home Lending Corporation	35	Food Bank of the Rockies
125	Aspen Ridge Alzheimer's Care Center	130	Grand River Health Care Center
117	Bee Hive Homes	130	Grand River Hospital and Medical Center
114	Cappella of Grand Junction	51	Healthful Transformations
118	Castle Peak Senior Life & Rehabilitation	115	Heritage Park Care Center
57	Center at Foresight, The	9	Hilltop Senior Day Break
22, 79	Center for Independence	9, 110, Back Cover	Hilltop Senior Services
29	Charles Kline Law	97, 103	Home Care & Hospice of the Valley
25	Chayet & Danzo, LLC	Inside Back Cover	Home Health of Western Colorado

- 55 Home Smart Real Estate
- Inside Back Cover** Homestead at Montrose, The
- 103 HopeWest Hospice
- Inside Back Cover** Horizons Care Center
- 49 Humana Market Point
- 33 Hunger Free Colorado
- 89 InnovAge Home Care
- 45 JG Medicaid Consulting, LLC
- 55 JoCarol Haxel, SRES
- 56, 68-69 Larchwood Inn
- 56, 127 LaVilla Grande
- 56, 127 Mantey Heights Rehabilitation and Care Center
- 65 Marillac Health
- 119 Mesa Vista Assisted Living & Senior Apartments
- 119 Montage Creek Senior Living
- 87 Nightingale's Homecare
- 31 Northwestern Mutual Grand Junction
- 91, **Front Cover** Right at Home

- Inside Back Cover** Senior Community Care- PACE
- Inside Back Cover** Senior Community Meals
- 109 Solstice Senior Living
- 109 Solstice Senior Living at Grand Valley
- 109 Solstice Senior Living at Mesa View
- 118 Sopris Lodge Senior Living
- Back Cover** The Commons of Hilltop
- 110 The Cottages of Hilltop
- Back Cover** The Fountains of Hilltop
- 117 The Lodge at Grand Junction
- 116 The Retreat at Harbor Cove
- 116 The Retreat at Palisades
- 124 The Vineyards
- 54 United Country Real Colorado Properties
- Inside Back Cover** Valley Manor Care Center
- 12-13 Vintage- Region 12
- 92 Visiting Angels Living Assistance Services
- 126 Western Slope Memory Care

 Indicates website link on seniorsbluebook.com 135

ADVERTISER INDEX

VOLUNTEERS OF AMERICA



Benefits Checkup – Knowing What’s Available Can Improve a Life

What is a benefit checkup? It's a no cost way to find out what assistance programs you may be eligible for.



Montrose County and one in Delta County plus a Spanish speaking care navigator helping in both counties.

At the AdvantAge Health Resource Centers, an experienced care navigator can perform a benefits checkup to match you with assistance programs. There, you may find out you are qualified for assistance through state or federal programs that can save you money on supportive in-home and community-based services.

Assistance programs are often accompanied by complicated forms and regulations. The AdvantAge Health Resource Center care navigator can help explain the form language, help you complete the forms and guide you to creating a plan for successful living.

There can be numerous challenges to finding supportive services. Many older adults often do not know where to turn when they experience a change to their normal routine like food insecurity, loss of physical mobility or ability to perform daily tasks of living, or suddenly needing to budget on a tight social security benefit.

Volunteers of America established a toll-free help line in an effort to provide quick answers and become a trusted source for a variety of needs for our area's older adults. Our toll free number, 1-844-VOA-4YOU (1-844-862-4968) is answered by the AdvantAge care navigators – one in

Callers can ask questions about health care including: where to go for rehab, home health, adult day care, memory care, assisted living or long-term care. The caller can also inquire about sources for help with housekeeping, personal care, transportation, grocery and meals programs, durable medical equipment, caregiver respite or companion services. Care navigators also have connections to independent housing, family housing or veterans housing assistance.

Information and referrals to various programs are available to any age group. The AdvantAge long term goal is to serve the need of any age group by providing a connection to a local service that can fill the need.

Professionals in the Montrose and Delta County area can make referrals for their clients as well by visiting our web site at voa4you.org and clicking on the referral tab. ~

Editor's Note: This article was submitted by Erin Berge, Regional Marketing Coordinator with Volunteers of America and can be reached at eberge@voa.org. See ad on Inside Back Cover.



CARE AS DISTINCT AS THE INDIVIDUALS WE SERVE.

VO SENIORLIVING.ORG



For us, care is more than nursing assistance or apartment home choices. Care is a philosophy that guides every interaction as we support the health of the whole person – physically, emotionally, socially and spiritually. We love being part of our residents' lives. And we have the skills, expertise and dedication it takes to help each individual we serve live the life that makes them happiest.



  Volunteers of America is a national, nonprofit, faith-based organization.

LOCAL ASSISTANCE: 1-844-862-4968

Speak with a Care Navigator in Montrose & Delta Counties



Trust is earned

Western Colorado has turned to Hilltop for compassionate care for over 70 years.

Our award-winning senior living communities offer:

- Luxurious apartments with great views, spacious floorplans, and paid utilities
- Restaurant-style dining
- Beautiful outdoor spaces and walking trails
- Social activities and trips
- 24-hour emergency response
- Flexible care options to meet your current and future needs
- Customized wellness program helps you "Stay Fit for Life!"
- Temporary assisted stays

The Commons
(970) 243-3333
625 27 1/2 Road
www.TheCommonsGJ.org



The Fountains
(970) 243-8800
3203 N. 15th Street
www.TheFountainsGJ.org



When you choose Hilltop Senior Living Communities, your money stays right here in our community, supporting a nonprofit that has provided Western Colorado with compassionate and comprehensive human services for over 70 years.



INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.
 - This assessment seeks to address the community’s health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
 - Due to smaller population numbers and the general rural nature of Delta and Montrose Counties, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the combined county-level perspective.



ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE INFORMATION
- PRIORITY BALLOTS



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **Stratasan**.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <https://eig.org/dci/interactive-map?path=state/>.
- **Data USA** provides access to industry workforce categories at the county and state level: <https://datausa.io/>.
- Food insecurity information is pulled from **Feeding America’s Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: <http://map.feedingamerica.org/>.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- The **Colorado Association of Realtors** provides housing data by county: <https://www.coloradorealtors.com/market-trends/regional-and-statewide-statistics/>.
- The **United States Census Bureau** provides access to transportation data at the county and state level: <https://censusreporter.org/search/>.
- The study also uses the **United States Census Bureau** for vacant housing data by county, state and the nation: https://data.census.gov/cedsci/table?g=0100000US_0400000US08_0500000US08029_08085&d=DEC%20Redistricting%20Data%20%28PL%2094-171%29&tid=DECENNIALPL2020.H1.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits by county and state: <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>.
- **The Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; <http://datacenter.kidscount.org/>.
- This study used data collected by the **West Central Public Health Partnership** for their Montrose County Health Assessment; information received on August 31, 2022.

- **Health Data**

- The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin’s counties every year since 2003; <http://www.countyhealthrankings.org/>.

Summary of Data Sources

- **Health Data (continued)**

- The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <http://wonder.cdc.gov/ucd-icd10.html>.
- This study utilizes county level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Colorado Department of Public Health & Environment; https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&,:embed=y&,:showAppBanner=false&,:display_count=no&,:showVizHome=no.
- This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- The **U.S. Census Bureau's Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at <https://www.census.gov/data-tools/demo/sahie/index.html>.
- The **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: <https://datawarehouse.hrsa.gov/tools/analyzers.aspx>.
- The **Colorado Department of Public Health & Environment** provides COVID-19 data at <https://covid19.colorado.gov/data>.
- The **Colorado Department of Public Health & Environment** provides HIV/STD surveillance for year by year estimates. Data can be accessed at: <https://cdphe.colorado.gov/sti-and-hiv-aids-epidemiology-reports>.
- The **Colorado Department of Public Health & Environment** provides cancer incidence and mortality data at https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/CoHIDLandingPage/LandingPage?iframeSizedToWindow=true&,:embed=y&,:showAppBanner=false&,:display_count=no&,:showVizHome=no.
- The **Colorado Department of Public Health & Environment** provides maternal and child data by county and state. Data can be accessed at: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/vital-statistics-program>.
- The **Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: <https://data.cms.gov/mapping-medicare-disparities>.
- Suicide data for Montrose County was provided by **Montrose County Department of Health and Human Services**.

- **Phone Interviews**








- CHC conducted interviews on behalf of MRH & DH from May 13, 2022 – June 6, 2022.
- Interviews were conducted and summarized by Alex Campbell, Planning Analyst.



DATA REFERENCES

Distressed Communities Index

The seven components of the index are:

-  **No High School Diploma**
Percent of the 25-year-old+ population without a high school diploma or equivalent
-  **Housing Vacancy Rate**
Percent of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use
-  **Adults Not Working**
Percent of the prime-age (25-54) population not currently employed
-  **Poverty Rate**
Percent of the population living under the poverty line
-  **Median Income Ratio**
Median household income as a percent of metro area median household income (or state, for non-metro areas)
-  **Change in Employment**
Percent change in the number of jobs from 2014 to 2018
-  **Change in Establishments**
Percent change in the number of business establishments from 2014 to 2018

2022 Poverty Guidelines

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; data accessed September 22, 2022.



HPSA AND MUA/P INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
 - A whole county
 - A group of neighboring counties
 - A group or urban census tracts
 - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
 - Homeless
 - Low income
 - Medicaid eligible
 - Native American
 - Migrant farmworkers

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
 1. Population to provider ratio
 2. Percent of the population below the federal poverty level
 3. Percent of the population over age 65
 4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents ‘completely underserved’ and 100 represents ‘best served’ or ‘least underserved.’
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	00416	Delta County	Medically Underserved Area	Colorado	Delta County, CO	60.7	Designated	Rural	10/18/1990	10/18/1990
	Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status				
	Colorado	Delta	Delta	Single County	08029	Rural				

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
 - Primary care
 - Dental health
 - Mental health
- These shortages may be geographic-, population-, or facility-based:
 - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
 - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
 - Facilities:
 - Other Facility (OFAC)
 - Correctional Facility
 - State Mental Hospitals
 - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6081448795	LI - Delta County	Low Income Population HPSA	Colorado	Delta County, CO	2.233	18	Designated	Rural	09/13/2005	09/09/2021
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status	
Colorado		Delta		Delta		Single County		08029		Rural	
Mental Health	7088082327	Midwestern Colorado Mental Health Catchment Area	Geographic HPSA	Colorado	Delta County, CO Gunnison County, CO Hinsdale County, CO Montrose County, CO Ouray County, CO San Miguel County, CO	5.01	19	Designated	Rural	12/02/2005	09/10/2021
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status	
Colorado		Delta		Delta		Single County		08029		Rural	
Colorado		Gunnison		Gunnison		Single County		08051		Rural	
Colorado		Hinsdale		Hinsdale		Single County		08053		Rural	
Colorado		Montrose		Montrose		Single County		08085		Rural	
Colorado		Ouray		Ouray		Single County		08091		Rural	
Colorado		San Miguel		San Miguel		Single County		08113		Rural	
Primary Care	10899908KH	Olathe Community Clinic, Inc.	Federally Qualified Health Center	Colorado	Montrose County, CO		18	Designated	Rural	06/01/2012	09/12/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	708999084W	Olathe Community Clinic, Inc.	Federally Qualified Health Center	Colorado	Montrose County, CO		20	Designated	Rural	06/01/2012	09/12/2021
Dental Health	608999087H	Olathe Community Clinic, Inc.	Federally Qualified Health Center	Colorado	Montrose County, CO		14	Designated	Rural	06/01/2012	09/12/2021

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Site Name		Site Address	Site City	Site State	Site ZIP Code	County			Rural Status		
Olathe Community Clinic, Inc.		308 Main St	Olathe	CO	81425-5066	Montrose			Rural		
River Family Family Health Center of Delta		107 W 11th St	Delta	CO	81416-1811	Delta			Rural		
River Valley Convenient Care Clinic of Delta		155 Stafford Ln	Delta	CO	81416-2229	Delta			Rural		
River Valley Family Health Center of Montrose		1010 S Rio Grande Ave	Montrose	CO	81401-4831	Montrose			Rural		
Primary Care	1087513467	LI- Delta County	Low Income Population HPSA	Colorado	Delta County, CO	3.008	17	Designated	Rural	02/04/2022	02/04/2022
Component State Name		Component County Name	Component Name	Component Type		Component GEOID			Component Rural Status		
Colorado		Delta	Delta	Single County		08029			Rural		



INTERVIEWEE INFORMATION

Monroe Regional Health & Delta Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Josie Anders-Mize	Director of Regional Services	Hilltop Family Resource Center	5/23/2022	Montrose County	Alex Campbell		X		General Public
Jim Austin	Public Health Director	Montrose County Department of Health and Human Services	5/16/2022	Montrose County	Alex Campbell	X			General Public
Lynn Borup	Executive Director	Tri County Health Network	5/26/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public, Underserved
Mike Brezinsky, MD	Internal Medicine Board Member	Montrose Regional Health	5/27/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Barbara Bynum	City Councilor	City of Montrose	5/17/2022	Montrose County	Alex Campbell			X	General Public
Jean Ceriani	Board Member	Delta Health	5/31/2022	Multi-county area, including Delta County	Alex Campbell		X		General Public
Kurt Clay	Assistant Superintendent of School	Delta County School District 50J	5/27/2022	Delta County	Alex Campbell		X		Youth
Kjersten Davis	Board Chair	Montrose Regional Health	5/19/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Holly Duensing	Clinical Manager	HopeWest Hospice	5/17/2022	Montrose County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Rebecca Ela, LCSW	Behavioral Health Director	Delta Health	5/23/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell		X		General Public
Caryn Gibson	Superintendent	Delta County School District 50J	6/2/2022	Delta County	Alex Campbell		X		Youth
Sue Hansen	County Commissioner	Montrose County	6/6/2022	Montrose County	Alex Campbell			X	General Public
Michelle Haynes	Executive Director	Colorado Region 10	5/23/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell	X			General Public
Cara Helmick	Delta County Director	VOANS Senior Community Care	6/1/2022	Delta County	Alex Campbell		X		Seniors, Elderly
Matt Heyn	Chief Executive Officer	Delta Health	5/26/2022	Multi-county area, including Delta County	Alex Campbell		X		General Public
Kaye Hotsenpiller	Chief Executive Officer	River Valley Health Center	5/17/2022	Montrose County	Alex Campbell		X		Low Income, Un/underinsured
Wendell Koontz	County Commissioner	Delta County	5/24/2022	Delta County	Alex Campbell			X	General Public

Monroe Regional Health & Delta Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Laura Lenihan	Registered Nurse	Montrose County Department of Health and Human Services	5/16/2022	Montrose County	Alex Campbell	X			General Public
Robbie LeValley	County Administrator	Delta County	5/24/2022	Delta County	Alex Campbell			X	General Public
Gary Martinez	President	The Sheperd's Hand	5/27/2022	Montrose County	Alex Campbell		X		General Public, Low Income, Un/underinsured
Angel Mendez	Representative	Western Colorado Migrant and Rural Coalition	5/18/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell		X		General Public, Low Income, Un/underinsured
Jeff Mengenhausen	Chief Executive Officer	Montrose Regional Health	5/24/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Karen O'Brien	Director	Delta County Health Department	5/18/2022	Delta County	Alex Campbell	X			General Public
Sally O'Connor	Case Management Director	Montrose Regional Health	5/13/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Cheryl Oeltjenbruns	Executive Director	The Abraham Connection	5/24/2022	Delta County	Alex Campbell		X		Homeless
Dorothy Pew	Delta Program Director	HopeWest Hospice	5/19/2022	Delta County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Corey Phillips	Chief Executive Officer	Cedar Point Health	5/16/2022	Montrose County	Alex Campbell		X		General Public
Greg Rajnowski	Director of Environmental Health	Delta County Health Department	5/20/2022	Delta County	Alex Campbell	X			General Public
Pat Riddell	Individual Practice Association/Physician Hospital Organization Director	Western Colorado Individual Practice Association	5/23/2022	Montrose County	Alex Campbell		X		General Public
Tad Rowan	Chief	Montrose Fire Department	5/25/2022	Montrose County	Alex Campbell			X	General Public
Katherine Smith	Readiness & Response Coordinator	West Region Healthcare Coalition	5/20/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell		X		General Public
Carrie Stephenson, PhD	Superintendent	Montrose County School District	5/24/2022	Montrose County	Alex Campbell		X		Youth, Teenagers/Adolescents
Jennifer Suchon	Nurse Practitioner	Northside Child Health Center	5/25/2022	Montrose County	Alex Campbell		X		Youth
Greg Suchon, MD	Pediatrician	The Pediatric Associates	5/24/2022	Montrose County	Alex Campbell		X		Youth
Mark Taylor	Sheriff	Delta County	5/23/2022	Delta County	Alex Campbell			X	General Public

Monrose Regional Health & Delta Health Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Kelly Thompson	Director	HopeWest Hospice	5/17/2022	Multi-county area, including Montrose County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Mary Vader, MD	Pediatrician Board Member	Montrose Regional Health	5/20/2022	Multi-county area, including Montrose County	Alex Campbell		X		General Public
Eva Veitch	Area Agency on Aging Director	Colorado Region 10	5/20/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell	X			Seniors, Elderly, Underserved, Low Income
Sandy Walker	Ombudsman	Colorado Region 10	5/25/2022	Multi-county area, including Montrose and Delta Counties	Alex Campbell	X			General Public

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Montrose Regional Health & Delta Health Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; May 13, 2022 – June 6, 2022.



PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2022 Delta Health Community Health Needs Assessment (CHNA), we have identified the following needs for the Delta Health CHNA Team to prioritize *in order of importance*.

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Delta Health Capacity) that we would like for you to use when identifying the top community health priorities for Delta Health, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How many people does this affect?**
- b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?**
- c. How serious are the consequences? (urgency; severity; economic loss)**

2. Effectiveness of Interventions

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How likely is it that actions taken by Delta Health will make a difference?**
- b. How likely is it that actions taken by Delta Health will improve quality of life?**
- c. How likely is it that progress can be made in both the short term and the long term?**
- d. How likely is it that the community will experience reduction of long-term health cost?**

3. Delta Health Capacity

In thinking about the Capacity of Delta Health to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. Are people at Delta Health likely to support actions around this issue? (ready)**
- b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)**
- c. Are the necessary resources and leadership available to us now? (able)**

****Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.***

* 1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delta Health Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. Access to Mental and Behavioral Health Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delta Health Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 3. Access to Primary & Specialty Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delta Health Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Continued Focus on the Aging Population & Services

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delta Health Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 5. Need for Increased Emphasis on Housing & Transportation**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delta Health Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 6. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delta Health Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. When thinking about the above needs, are there any on this list that you DO NOT feel that Delta Health could/would work on over the next 3 years?

Yes, we could/should work on this issue. No, we cannot/should not work on this issue.

Access to Affordable
Care and Reducing
Health Disparities
Among Specific
Populations

Access to Mental
and Behavioral
Health Care Services
and
Providers

Access to Primary &
Specialty Care
Services and
Providers

Continued Focus on
the Aging Population
& Services

Need for Increased
Emphasis on
Housing &
Transportation

Prevention,
Education and
Services to Address
High Mortality
Rates, Chronic
Diseases,
Preventable
Conditions and
Unhealthy
Lifestyles

Section 2: **Implementation Plan 2023-2025**

Delta Health

FY 2023 - FY 2025 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Montrose Regional Health (MRH) and Delta Health (DH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Montrose and Delta Counties, Colorado.

The CHNA Team, consisting of leadership from MRH and DH, met with staff from CHC Consulting on August 5, 2022 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input. The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and their capacity to address the need. Once this prioritization process was complete, leadership voted on what needs to address and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan.

The six most significant needs, as discussed during the August 5th prioritization meeting, are listed below:

- 1.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 2.) Continued Focus on the Aging Population & Services
- 3.) Access to Primary & Specialty Care Services and Providers
- 4.) Access to Mental and Behavioral Health Care Services and Providers
- 5.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 6.) Need for Increased Emphasis on Housing & Transportation

While DH acknowledges that this is a significant need in the community, "Need for Increased Emphasis on Housing & Transportation" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the hospital to address this need. DH will continue to support local organizations and efforts to address this need in the community.

DH leadership has developed the following implementation plan to identify specific activities and services which directly address the remaining identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual status and progress updates (as appropriate).

The DH Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on November 21, 2022.

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrant a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Montrose and Delta Counties and the state. Montrose and Delta Counties have higher mortality rates than Colorado for the following causes of death: heart disease; cancer; accidents (unintentional injuries); intentional self-harm (suicide); chronic liver disease and cirrhosis; influenza and pneumonia; lung and bronchus cancer, female breast cancer; and prostate cancer. Delta County has a higher rate of chronic lower respiratory diseases; cerebrovascular diseases; diabetes mellitus; and colon and rectum cancer mortality than the state.

Both Montrose and Delta Counties have higher prevalence rates of chronic conditions, such as adult diabetes, arthritis, adult asthma, and fair or poor health than the state. Delta County has higher prevalence rates of obesity than the state. Both counties have higher percentages of residents participating in unhealthy lifestyle behaviors, such as physical inactivity and tobacco use than the state. With regards to maternal and child health, Montrose and Delta Counties have higher low birth weight births, higher teen (age 0-19 years) birth rates, and higher rates of women who reported they received inadequate prenatal care than the state.

Data suggests that Montrose and Delta County residents are not appropriately seeking preventive care services, such as timely prostate screenings. Montrose County has higher percentages of residents not appropriately seeking preventive care services like mammography and pap tests. Additionally, Delta County has a lower rate of dentists per 100,000 than the state. Both Montrose and Delta Counties have a lower percentage of its population vaccinated with the first dose and second dose than the state (information as of August 2, 2022).

For Montrose and Delta Counties, interviewees noted conflicting statements on knowledge of healthy lifestyle programs in the community. Additionally, interviewees in both counties discussed the need for additional education on healthy behavior choices, particularly for the youth. One Montrose County interviewee stated: "There's not enough access to healthy lifestyle programs or counseling. It's not easy for a low income family to access healthy lifestyle classes." One Delta County interviewee stated: "At the 10,000 foot level we are not [doing too well nutrition wise]. You still see children utilizing the quick stop for their nutrition."

Several interviewees noted limited access to healthy lifestyle resources in the community due to potential geographical barriers for some groups in accessing healthy lifestyle resources; perceived requirements/limited hours for food banks leading to barriers for certain groups accessing food, particularly the Latin and Asian population; as well as limited access to healthy lifestyle classes, in Montrose County, particularly for the low income. One Delta County interviewee stated: "There's a recreation center and we are expanding our parks. But they aren't in the low income areas. There are no parks in the mobile home areas." Another Delta County interviewee stated: "We have meals on wheels. We have a couple of food banks. However, it's not very accessible for agricultural workers in the Latin and Asian communities. It's not very accessible because of the hours they are open and most of them require a Colorado ID to get food." In Delta County, a couple of interviewees discussed the higher rate of diabetes in the Spanish-speaking population. One interviewee stated: "The Latin community has higher numbers of pre-diabetes. We have a dietician but we can't help everyone because we don't have the capacity."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.A. Delta Health hosts a Food Drive every Christmas for all the food banks in Delta County. Additionally, Delta Health employees and families will continue to adopt local families for Christmas to provide gifts, clothing, etc. as opportunities arise.	Marketing Director	Angel Tree						
1.B. Delta Health continues to develop articles for the local newspaper with education and information on healthcare and national issues.	Marketing Director							
1.C. Delta Health will continue to provide educational material on head injury prevention to local high schools and school coaches.	Trauma Coordinator							
1.D. Delta Health offers a shadowing program for professional students with a week long training and shadowing in a profession of their choice. Delta Health will continue to participate in local student career fairs and work with highschool students in our community as opportunities arise.	Education Director & Executive Director of Human Resource							
1.E. Delta Health's Foundation continues to offer scholarships to current employees to help cover continuing education in healthcare.	Foundation Director							
1.F. A part of the regional/national Stop the Bleed program, Delta Health's trauma coordinator partners with communities about educating staff and the community on how to stop the bleeding in a severely injured person.	Trauma Coordinator							
1.G. Delta Health continues to screen for social determinants of health (SDOH) in all hospital clinics. Patients are provided with a resources list to match their needs and help identify patients who may qualify for care coordination through Medicaid.	Executive Director of Clinics							
1.H. Delta Health continues to offer internal free prenatal and lactation classes, including a lactation specialist involvement.	L&D Director							
1.I. Delta Health will continue to host annual health fairs held in various locations in Delta County. Services available at the health fair includes but are not limited to: health screenings/blood work including BMI, blood pressure, etc.	Marketing Director							
1.J. Delta Health supports either through sponsorship and/or with clinician support of different departments, community and wellness programs.	Marketing Director	Youth sports leagues, CPR, BLS classes, pediatric first aid classes, joint replacement pre-op classes and diabetes support group						
1.K. Delta Health offers discounted sports physicals for local student athletes.	Executive Director of Clinics							
1.L. Delta Health continues to offer flu clinics with extended hours at primary care offices.	Executive Director of Clinics							
1.M. To increase access to mammograms, Delta Health continues to open up early morning mammogram appointments outside of normal business hours.	Radiology							
1.N. Delta Health is evaluating providing asthma education in the school system. The education will be conducted by a team including a provider and a respiratory therapist.	Cardio Pulm							

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
1.O. Delta Health will continue to offer their facility for organizations in the community to provide educational classes, seminars, etc. to staff and community members as opportunities arise.	Marketing Director & Education Director	Alzheimer's support group, Behavioral Health support group, diabetes education & management, balance program, education on human trafficking; seminars on Medicare, Ship Counselors						
1.P. Delta Health's rehab department offers ongoing classes for youth to avoid injury in sports.	Rehab Director							
1.Q. Delta Health's trauma department participates in the Sober Teen program every year around prom that has a "mock crash/DUI" to show students the risks and potential consequences of drunk driving.	Trauma Coordinator							
1.R. Per the Hospital Transformation Program (HTP), Delta Health is focusing on an opioid stewardship in the emergency room. Delta Health will continue to educate patients through the emergency department by providing education on safety and the use of ALTOs/opioids. Delta Health continues to offer Narcan through the state program.	Emergency Department Director & Quality Director							

Priority #2: Continued Focus on the Aging Population & Services

Rationale:

Montrose and Delta Counties have a larger age 65 and older population than the state. Additionally, Montrose and Delta Counties have lower percentages of those ages 65+ who received their flu vaccine in the past 12 months as well as those ages 65+ who received their pneumonia vaccine in the past 12 months than the state.

For both Montrose and Delta Counties, interviewees discussed a perceived lack of home health, nursing homes and long term care facilities due to staffing and insurance barriers. For Delta County specifically, interviewees discussed the lack of geriatric mental health services which is leading to outmigration. This Delta County interviewee stated: "I can rarely get someone placed in a long term [facility] here. If they need geriatric psych, they have to go out of the area." It was mentioned that there is a perceived need for affordable dental care as well as potential barriers to accessing health services due to insurance, specifically for those with Medicare insurance. A Delta County interviewee stated: "The quality of care for the [elderly] is very hard. Because they are on Medicare, they don't have insurance to cover other services like dentists." One Montrose County interviewee stated: "There's only one assisted living facility that'll take Medicaid [patients]." A few interviewees brought up the need for more education on insurance coverage and benefits and interviewees expressed concern for the affordability of services and overall financial needs. A Montrose County interviewee stated: "People don't understand Medicare benefits. People are banking on that their medical benefits will place them in a nursing home." One Delta County interviewee stated: "Affordability is difficult. We have quite a large percentage of the population over 65 that don't qualify for Medicare but struggle to meet their monthly financial needs. They can't afford health services on their own."

Furthermore, a few interviewees discussed the lack of affordable housing options resulting in increased homelessness among seniors. One Delta County interviewee stated: "We have seen a larger number of seniors fall into the homeless category. Rentals are high. There isn't enough affordable housing for seniors." There is a need for senior services in the community to better meet the needs of the elderly and one Montrose County interviewee specifically stated: "We're starting to turn into a retirement community. Really focusing on the [elderly], the services and access to them [is a need]." Lastly, a couple of interviewees expressed a desire for increased use of telemedicine for seniors for their healthcare needs. One Montrose County interviewee stated: "There's a lack of resources for the elderly. It would be awesome if telemedicine was done more with the elderly. They would have a better quality of life."

Objective:

Place increased focus and emphasis on the needs of the aging population within the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. Delta Health continues to review their inpatient unit falls in the elderly population. With this data, Delta Health looks at the patient's medications that increase the risk of falls to create distinctive plans to reduce the risk of a fall in their elderly patients.	Med Surg Director							
2.B. Delta Health's discharge planners will continue to make follow up appointments for patients to ensure proper follow up care. Additionally, Delta Health uses the EMR to create discharge plans that are then accessible to the primary care provider through the Quality Health Network (QHN).	Quality Director							
2.C. Delta Health owns their own home health agency. Home health provides the continuum of care and keeps the patient in their home as an alternative to inpatient rehab. Additionally, Delta Health's case managers collaborate routinely with local long term care facilities to address any potential needs/resources.	Quality Director & Home Health Director							
2.D. Delta Health offers cardio-pulmonary rehab for their elderly patients.	Cardio-Pulm							

Priority #3: Access to Primary & Specialty Care Services and Providers

Rationale:

Montrose and Delta Counties have a lower rate of primary care providers per 100,000 than the state. Additionally, Montrose and Delta Counties have several Health Professional Shortage Areas and Medically Underserved Area/Population designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees in both counties discussed the difficulty recruiting to the healthcare workforce due to the lack of affordable housing, the lack of clinical support staff, limited professional development programs and the lack of nearby schools to serve as a staffing pipeline (Delta County). One Montrose County interviewee stated: "We've run into barriers recently with recruiting for professional administration positions. There's a lack of affordable housing, lack of clinical support staff and not that many training programs that develop professionals." One Delta County interviewee stated: "Recruiting healthcare professionals is a need. Physicians, nurses, and therapists of all types and mental health providers. We closed the nursing school because of a lack of funding. It was affordable for local students and that was a pipeline for nurses."

In Delta County, a few interviewees mentioned the lack of staffing at home health companies which are leading to difficulties in patients receiving care. A couple of interviewees noted the lack of healthcare workforce staff, particularly bilingual providers and nurses. Lastly, a few interviewees expressed concern surrounding high provider turnover rates and frustration with inconsistency. One Delta County interviewee stated: "Inconsistency in providers [is a concern]. There's a lot of turnover. You tell a doctor about what's going on with you and the next time you go, it's a different provider so you have to tell your story all over again."

With regard to primary care access, interviewees had conflicting statements regarding the availability of primary care services in both counties. Interviewees in both counties also noted challenges in accessing primary care services due to long wait times, the limited number of providers and the limited schedules to accommodate provider work/life balance. One Delta County interviewee stated: "One clinic is not accepting any new patients. They are about a month out. It's not that they don't want to see people, they just don't have the capacity because there are not enough providers." One Montrose County interviewee stated: "We have a number of doctors who live here for the lifestyle. They don't necessarily work full time." Interviewees in both counties discussed the perceived patient preference in seeking a physician versus seeing an advanced practice provider and the perceived difficulty in accessing pediatric primary care.

In Montrose County, a few interviewees expressed a desire for additional urgent cares in the community to increase access. One interviewee stated: "It's very difficult for patients to get seen. I would like to see another urgent care here because they can't get in to see their doctor." A couple of interviewees noted the difficulty for certain groups to access primary care services, particularly those on Medicare/Medicaid. Lastly, challenges in using telemedicine for primary care were discussed by interviewees due to the lack of knowledge by certain groups in the community. One Montrose County interviewee stated: "There's a lot of people who don't know how to use telemedicine. Whether you are talking about seniors, low income, or areas that don't have broadband access."

In regards to specialty care, Montrose County residents had conflicting statements about the accessibility of specialty care services. One interviewee stated: "Access to specialty care is really tight. There are long wait items. Orthopedics is 3-4 months out to have a surgery. Cardiology has been out really far." Another interviewee stated: "[Specialty care] for adults is pretty easy. For pediatrics, like pediatric cardiology, it's accessible if the family can drive to Denver." For both Montrose and Delta Counties, interviewees discussed the limited access to local specialty care which is leading to long wait times, potential transportation barriers due to the rural nature of the community and outmigration to Grand Junction, Denver, and for rural Delta County residents specifically to Montrose. One Delta County interviewee stated: "A lot of patients that need specialists leave the community. They come to Montrose for dialysis. For rural parts of Delta County, that's very difficult." For Montrose County, a couple of interviewees mentioned the need to look at available resources in the community instead of referring out. Interviewees in Delta County had conflicting statements regarding the accessibility of OB/GYN services. One interviewee stated: "OB/GYN is a big need. Women's care could use some beefing up." Another interviewee stated: We have dissolved our OBGYN clinic but we have an OBGYN surgeon who comes in from Montrose."

Insurance barriers were discussed by both counties and how that is leading to certain groups lacking access to specialty care services, particularly those on Medicaid and the un/underinsured. One Montrose County interviewee stated: "There are some [providers] who take limited insurances or there are gaps on how many Medicaid patients they can take or how many people that are without insurance. Rheumatology, endocrinology and gastroenterology services are the three biggies that we don't see here or are not allowing Medicaid patients in." Specific specialties mentioned that are needed in both counties include Gastroenterology, Orthopedics, Rheumatology, Endocrinology, Cardiology, Urology, General Surgery, Neurology/Spine, Dermatology and Internal Medicine. Specific specialties mentioned that are needed in Montrose County include Infectious Disease and for Delta County, specific specialties mentioned that are needed include OB/GYN, Dialysis, Pulmonology and Geri-psych.

Objective:

Provide access to primary and specialty care services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
3.A. Delta Health will continue to evaluate the need for additional primary and specialty care services and physician recruitments to increase accessibility in the area.	Administration	Pediatric Primary Care Clinic, Pain Clinic						
3.B. Delta Health offers an involved Wound Care program available to patients who have skin integrity issues to help them stay on top of their care. The goal of this program provides specialty care close to home.	Rehab Director							
3.C. Delta Health utilizes 3D breast imaging and high quality breast biopsy machines to provide high quality imaging to members of the community.	Radiology Director							
3.D. Delta Health will continue to use the DEXA machine (higher quality bones density scanner) to detect osteoporosis and osteopenia in patients.	Radiology Director							
3.E. In collaboration with Montrose Regional Health, Delta Health will continue to provide OB/GYN services to Delta and the surrounding communities. The Montrose Regional Health Alpine Women's Centre will serve gynecology patients.	Administration							
3.F. Delta Health is committed to educating patients on proper medication management. Delta Health's pharmacist meets with the patient prior to discharge to review their current medications.	Pharmacy Director							
3.G. Delta Health offers a safe medication disposal site in their clinics. Delta Health provides bags that neutralize a patient's medication. The patient can dispose of their medications at the clinics or they can take the bag home with them.	Executive Director of Clinics							
3.H. Delta Health has a patient advocacy council where the hospital works with their patients on how to improve services.	Quality/Administration /Marketing/Clinics							
3.I. Delta Health's case management collaborates with adult and child protective services to improve services for at risk populations.	Quality Director							

Priority #4: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Montrose and Delta Counties do not have adequate access to mental and behavioral health care services and providers. Montrose County has higher rates of days of poor mental health per month than the state. Montrose and Delta Counties have a lower rate of mental health care providers per 100,000 than the state. Additionally, Montrose and Delta Counties have a Health Professional Shortage Area designation for mental health as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). Delta County has higher prevalence rates of adults with depression than the state.

Many interviewees mentioned the high turnover rates for mental health providers in both Montrose and Delta Counties. The youth were brought up by the interviewees as facing challenges in regard to mental health care, such as the impact of COVID-19, the lack of facilities to handle higher acuity cases, which is leading to outmigration and a lack of providers, particularly psychiatrists. One Montrose County interviewee stated: "Youth mental health has always been an issue. The behaviors and trends that we're seeing have been exacerbated since the pandemic. The youth that we are serving are really in need of a higher level of care." Another Montrose County interviewee stated: "There are not enough providers. We have kids who have really serious needs and there are no day treatment facilities that are equipped to handle kids with severe mental and behavioral challenges. We have to send them to Grand Junction or Denver. I am not aware of any inpatient facilities."

It was mentioned several times that the limited accessibility of mental and behavioral health services is leading to outmigration such as a lack of available rooms in the crisis stabilization unit, in Montrose County, due to staffing; local facilities/organizations at capacity in both counties; lack of any crisis system to deal with higher acuity cases in Delta County; limited availability of a local detox center for both counties; limited local inpatient facilities leading to outmigration to Colorado Springs and Denver; and limited hours of operation for local facilities. One Montrose County interviewee stated: "We have a crisis stabilization unit but honestly it's not accessible and it's not available. They don't have staffing so they transfer to Grand Junction." One Delta County interviewee stated: "Mental health is a huge issue when we get people into the emergency room and we have no place to send them. We simply don't have a crisis system."

Several interviewees expressed concern about the high suicide rates in both counties. One Montrose County interviewee stated: "[We have] extraordinarily high suicide rates per capita compared to other parts of the county. The lack of availability for psychiatry services and other mental [services] is always a tough referral for us." A Delta County interviewee stated: "Our suicide rate in Delta County is close to Mesa County, which is triple the national rate." Interviewees also discussed limitations in accessing care due to insurance coverage and comfort with telemedicine services.

A few interviewees discussed the challenges with the accessibility of services due to requirements to be admitted/seen, particularly patients with mental and behavioral health issues in both counties. One Montrose County interviewee stated: "The mental health resource center doesn't take anybody that has dementia or any kind of psychiatric need. If they need an inpatient facility or help with Dementia, Parkinson's, or a secondary diagnosis, they can't be seen here." One Delta County interviewee stated: "If you have someone who is dually diagnosed and has bipolar disorder or gets dementia, our local mental health service will not see them. A lot of the facilities won't take them or take them for only 5-6 days which is not really resolving any medication management issues."

A couple of interviewees discussed the need for geriatric psychiatric services. Lastly, interviewees discussed the greater difficulty in accessing care for minority populations due to the need for bilingual counselors and the insurance/cost of mental and behavioral health services. One Montrose County interviewee stated: "There are practically no counselors who speak Spanish." One Delta County interviewee stated: "They can get in but Mind Spring doesn't accept self-pay. The patient has to have Medicaid or insurance. Of course, the minority population does not have access to this [due to lack of insurance]."

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. Delta Health offers security service on site at the hospital 24/7/365.	Administration							
4.B. Delta Health provides internal hospital staff to act as sitters for behavioral health patients if needed.	Security & Emergency Department Director							
4.C. Delta Health will evaluate offering behavioral health education.	Administration							
4.D. Per the Hospital Transformation Program (HTP), Delta Health's obstetric unit screens for postpartum depression after delivery. If the patient screens positive, the nursing staff and provider work together to refer the patient to appropriate follow-up care, often times with the behavioral health specialists at the Delta Health clinics.	Quality Director							
4.E. Delta Health will continue to provide and sustain integrated behavioral health in our primary care clinics and pain clinic.	Executive Director of Clinic							
4.F. Delta Health implements depression, anxiety, alcohol and substance use screenings at some primary care clinics.	Executive Director of Clinic	West Elk & Family Medicine clinics						
4.G. Delta Health provides Medications for Opioid Use Disorder (MOUD) for people with opioid use disorder at various locations.	Executive Director of Clinic	West Elk, Delta Family Clinic						
4.H. Delta Health continues to participate in a county-wide Opioid Task Force.	Executive Director of Clinic							
4.I. Delta Health is in discussions about providing security training to providers and staff on how to address patients presenting in crisis and perform de-escalation. Delta Health has employees complete a Question, Persuade, Refer (QPR) class that trains them on mental health and suicide prevention.	Education Director & Security							
4.J. Delta Health provides CME for providers, ED staff, and some other designated hospital staff to educate on opioid epidemic (ALTO provider training) as opportunities arise.	Education							
4.K. Delta Health utilized ALTO (alternative to prescribing opioids) in the Emergency Department.	Emergency Department Director							
4.L. Delta Health continues to participate in the alternative to opioids (ALTO), Medication-Assisted Treatment (MAT), and State Prescription Drug Monitoring (PDPM) programs to decrease addiction and cost of opioid prescriptions.	Executive Director of Clinic							
4.M. Delta Health will continue to sustain integration of behavioral health professionals to include the pain clinic.	XXX							
4.N. Delta Health will continue to refer patients to outside psychiatric services as needed.	Director of Behavioral Health							

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.O. Delta Health partners with local law enforcement and continue to meet regularly to discuss community issues. Additionally, Delta Health meets monthly with mental health services, ED, and local law enforcement to collaborate on the needs of the community.	Administration							
4.P. Delta Health members meet monthly regarding the Rural Communities Opioid Response Program (RCORP). This program is a collaboration with St. Mary's residency program to address gaps in care.	Director of Behavioral Health							
4.O. Delta Health continues to build the MOUD program with referrals to River Valley Health for more complex behavioral health patients.	Director of Behavioral Health							
4.R. Delta Health employees are able to raise money for the Delta Health Foundation which provides financial assistance to employees experiencing a crisis.	Foundation Director							
4.S. Delta Health continues to work with the crisis stabilization unit in Montrose and walk-in clinic for patients in the community.	Emergency Department Director							
4.T. Delta Health's Care Management, along with CPS and APS, conduct care management meetings to discuss specific patient risks and needs on a regular basis.	Quality Director							
4.U. Delta Health is looking into adding a social worker for inpatient and emergency services.	Administration							
4.V. Delta Health continues to promote mental and behavioral health education and resources during the national suicide and national mental health month. Additionally, Delta Health has a suicide prevention committee who focus on educating hospital staff. If a patient comes in with mental or behavioral health issues, Delta Health educates the patient on the national suicide prevention line - dial 988.	Marketing Director & Quality Director							
4.W. Delta Health continues to staff qualified Sexual Assault Nurse Examiner (SANE) nurses at the hospital. These SANE nurses make referrals to the Dolphin House.	Emergency Department Director							

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Montrose and Delta Counties have higher percentages of children eligible for free or reduced price school lunches, recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits, child food insecurity, and overall food insecurity than the state. Montrose and Delta Counties have lower educational attainment rates than the state and higher percentages of families and children living below poverty. Montrose County, specifically, has a higher average meal cost than the state.

Montrose and Delta Counties have higher rates of adults (age 18-64) who are uninsured as compared to the state, and Delta County has a higher percentage of residents that experienced a medical cost barrier to care within the past 12 months than the state. When analyzing economic status, Delta County is in more economic distress than Montrose County and other counties in the state. Delta County has a higher percentage of people who reported that they had no motor vehicle as compared to the state.

In both Montrose and Delta Counties, interviewees noted the potential overuse of the emergency room due to no upfront payment required, no personal doctor, generational knowledge of the emergency room and the lack of insurance/payment options. One Montrose County interviewee stated: "A lot of people rely on the emergency department for routine care whether or not they understand when to use it. It's all free to them since they are on Medicaid." One Delta County interviewee stated: "You have people who don't know the difference between the emergency room and their doctor because they were raised that way. Or that is the only way because they don't have insurance or payment options." Interviewees expressed concern surrounding the low income, underserved population regarding access to care in both counties.

For Delta County, a few interviewees discussed barriers in attracting providers to the area due to the community payer mix. One interviewee stated: "When we look across the county we are [majority] Medicare/Medicaid. The difference between Medicare/Medicaid vs. private insurance impacts our reimbursement rates not only for the hospital but for our physicians as well. When you have that disparity in the community, it's not easy to attract providers to the community to serve that many people." In both counties, interviewees noted the community payer mix of the community is resulting in the need for more private providers in the community, the acknowledgment that the payor mix is a barrier to keeping healthcare facilities running due to overhead costs and concern for rising health insurance costs and medications costs. One Delta County interviewee stated: "Our payor mix is so heavily Medicaid/Medicare that we have trouble keeping all of the kinds of facilities and clinics available for people to utilize." One Montrose County interviewee stated: "The cost of drugs and the cost of the pharmacy [is an issue]. Not only for the patient first and foremost but also for the hospital."

In Montrose County, interviewees discussed potential barriers to accessing care due to changes in the public health department. One interviewee stated: "We use to have a health department that covered vaccines, women's health, and undocumented people. All that is basically gone." Transportation barriers were discussed in both counties and the resulting barriers were due to the patient's geographical location, long wait times and lack of a mass transportation system in the county. One Delta County interviewee stated: "There's a large percentage of the population who live 40-50 miles from the hospital. There are no mass public transportation options." In Delta County, interviewees noted the limited affordable housing for certain populations, particularly the elderly and low income populations. Additionally, a few interviewees discuss the limited internet access in some areas of the county. One interviewee stated: "There are some areas where there's no internet access or cellular access. That's challenging for some people. The cost of internet access is another [issue]."

Several interviewees in both counties mentioned the need for greater community collaboration towards addressing the unmet needs of vulnerable populations. One Delta County interviewee stated: "A \$600 medical bill is not affordable for people around here. We have undocumented children who don't have health care insurance. How are families going to afford healthcare if they are making \$12.50 an hour? We need to open the conversation about how we are taking care of the population." Lastly, interviewees in both counties acknowledged the growth of drug related use/abuse in the community and in child welfare cases. One Montrose County interviewee stated: "Drug addiction is a growing problem. Alcoholism is always a big issue but particularly here we have a meth problem and that launches into a growing fentanyl problem. Meth has always sort of been a big issue and we see it in our child welfare cases – children with drug addiction." One Delta County interviewee stated: "Alcohol is a big thing where we live but recreational drugs as well. There's really poor alcohol treatment and limited resources. There was a detox facility in the county but it closed due to staffing shortages and lack of trained staff."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, pediatrics, teenagers/adolescents, homeless, low income/working poor, racial/ethnic, and veterans. With regards to the elderly population, interviewees discussed an increasing need for staffing of senior care facilities like nursing homes and assisted living facilities, food insecurity, the need for more transportation options and operational hours, education on telehealth services and benefits, access to internet services, access to affordable dental care, need for comprehensive home health, affordable housing options, medical/insurance education, mental and behavioral health services, affordability of care and for Delta County specifically, a need for equipment/resource needs, particularly oxygen tank refills. With regards to the pediatric population, interviewees discussed the limited availability of child day care and potential language barriers between parents and providers for Delta County. Teenagers/adolescent residents were discussed as being disproportionately challenged by limited transportation options, hesitancy to go to the doctor, need for mental health services, particularly psychologists, need for local providers with the ability to prescribe appropriate mental and behavioral health medications, substance and drug misuse/abuse, vaping, e-cigarette use, suicide rates, need for younger parent family planning/education/Planned Parenthood and limited local OB/GYN services.

The homeless residents were brought up as a subgroup of the population that may be disproportionately affected by limited operational hours for local shelters, the growing population of homeless individuals in both counties, mental and behavioral health concerns, substance misuse/abuse and a need for safe/affordable housing for Delta County. Low income and working poor residents were discussed as facing cost barriers to care, transportation barriers, limited internet access, a need for healthy lifestyle education and a need for affordable housing. Racial/ethnic groups were discussed as facing language barriers, insurance/affordability issues and hesitancy to seek care regarding potential documentation concerns for Montrose County and potential cultural mistrust for Delta County. Lastly, for the veterans, interviewees discussed the limited local VA services, limited access to mental and behavioral health services, affordable housing and access to dental care specifically in Montrose County.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
5.A. Delta Health provides a financial assistance policy with charity care program and prompt pay discount for people paying cash. Delta Health also accepts CACP. Additionally, Delta Health has a financial counselor on staff to help patients sign up for Medicaid and financial aid for qualifying families.	Business Office Director							
5.B. Delta Health continues to sponsor local public transportation ("All Points Transit") specifically for medical appointments. This transportation is voluntary, optional for those 65+ and is discounted for patients otherwise.	Administration							
5.C. Delta Health provides outreach blood draw centers in Hotchkiss and Cedaredge to better reach communities farther from the hospital to decrease patient drive time.	Lab Director							
5.D. Delta Health OB providers continue to see health department undocumented patients for antenatal care.	Executive Director of Clinic							
5.E. Delta Health provides the opportunity for physicians to become a medical directors for local Community Paramedic Program and the local Mine to increase accessibility for other populations within Delta County.	Administration							
5.F. Delta Health will continue to offer rehabilitation clinics in Paonia, Cedaredge and Delta.	Rehab Director							
5.G. Delta Health is evaluating a new swing bed program (TPAC) which will enable patients requiring additional care to stay closer to home.	Administration							
5.H. Delta Health partners with Monument Health to increase the number of insured in Delta County by offering another option on and off the exchange.	Administration							
5.I. Delta Health dieticians/diabetes educators offer a fixed \$25 clinic fee to increase access to care for Medicaid patients.	Dietician Director (Diabetes Education)							
5.J. Delta Health continues to offer telemedicine options to increase provider virtual visits access in local clinics.	Executive Director of Clinic							

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2023		FY 2024		FY 2025	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
5.K. The infusion center at Delta Health provides chemotherapy/immunotherapy infusions, injections, blood products, supportive care, private infusion rooms and onsite pharmacy as opportunities arise.	Director of Infusion							
5.L. Delta Health continues to provide transparency of charges for patients seeking health care related services.	Business Office Director							
5.M. Delta Health continues to employ oncology patient navigators to help coordinate care across all areas including scheduling appointments and treatments, planning out care, researching alternative medicines and treatments, and arranging transportation.	Director of Oncology							
5.N. Per the Hospital Transformation Program (HTP), Delta Health will continue to focus on patients who are admitted as an inpatient to ensure there is a follow up appointment made within 30 days of discharge in addition to other interventions within the program.	Quality Director							
5.O. Delta Health is working with Community Resource Network (CRN). This network will help connect all providers and resources that the patient sees to improve access and continuity of care. Additionally, Delta Health will continue to screen for social determinants of health (SDOH) to help provider resources specifically needed by the individual.	Administration & Quality Director							

Section 3: Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- DH invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA please see details at the end of this report or respond via direct mail or email to the hospital. The physical address and email address can be found directly on the hospital's website at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Delta Health

ATTN: Administration

1501 E. 3rd Street

Delta, Colorado 81416

Phone: 970-874-7681

Email: info@deltahospital.org

Please find the most up to date contact information on the Delta Health website under “Community - Community Health Needs Assessment”:

<https://www.deltahealthco.org/community-health-needs-assessment/>



Thank you!

Community Hospital Corporation

7950 Legacy Drive, Suite 1000

Plano, TX 75024

972-943-6400

www.communityhospitalcorp.com

Lisette Hudson – lhudson@communityhospitalcorp.com

Valerie Hayes – vhayes@communityhospitalcorp.com

Alex Campbell – acampbell@communityhospitalcorp.com

Raegen Price – rprice@communityhospitalcorp.com