

**Las Animas County, Colorado
Health Care Needs Assessment
Results
June 2008**

Prepared by



JSI Research and Training Institute
1860 Blake Street, Suite 320
Denver, Colorado 80202
303-262-4300 Voice
303-262-4395 Fax
denver@jsi.com Email

ACKNOWLEDGEMENTS

This project has been accomplished with the help of a number of individuals and organizations. The successful completion of the project is due to the efforts of the organizations and individuals who contributed significant time and resources in order to ensure that Las Animas County residents will have a health care system reflective of their needs. The hard work and commitment of the following organizations and individuals is much appreciated.

Needs Assessment Committee of the Health Services Project of Las Animas County:

Larry Carnes, Chair

Liz Aragon

Rich Armentrout

Lee Burkholder

Brandon Chambers

Pat Hattori

Jim Robertson

Community Resources Center:

Gabriel Guillaume

Community Resource Center Local Representative:

Jim Davis

John Snow Research and Training Institute:

Reesa Webb

Elena Thomas-Faulkner

David Salinas

Ellen Teig

Table of Contents

Introduction	Page 4
Methodology	Page 5
Summary of Results	Page 6
Conclusions and Recommendations	Page 29
Appendix A	

Las Animas County, Colorado
Health Care Needs Assessment Results
May 2008

Introduction

The Community Resource Center (CRC) has been assisting the Health Services Project of Las Animas County to foster collaboration among Las Animas County residents in order to identify needs and resources for health and wellness in Las Animas County. In the winter of 2008, CRC and participants in the Health Services Project decided to initiate a formal community-wide process to understand and respond to the health care needs of Las Animas County residents. The CRC contracted with JSI Research & Training Institute (JSI) to conduct the health needs assessment.

JSI proposed a scope of work that included a three-pronged approach to determining the health care needs in Las Animas County. The approach involved the following components: 1) an analysis of qualitative data gathered during community meetings, focus groups and key informant interviews, 2) an analyses of secondary data collected from a variety of local, state, and federal sources, and 3) a statistically valid community-wide telephone survey.

The following 8 objectives guided the overall research:

1. To determine the socio-demographic profile of the County
 2. To determine health disparities in the County that should be addressed
 3. To determine where Las Animas County residents are accessing care, and why
 4. To determine the types of services residents are leaving the County for and why
 5. To determine if additional providers are needed, and if so in what specialties
 6. To determine the health service needs in the County
 7. To determine the insurance (and to the extent possible, underinsurance) status of residents in the County
 8. To determine the target populations that are at increased risk of poor health outcomes due to access problems
-

This report presents a synthesis of the results of the three needs assessment components described above. The report consists of three sections and an Appendix. The first section explains the methodology utilized for each research components. The second section includes an analysis of the combined results in response to each of the research objectives identified above and the third section outlines summary conclusions and recommendations based on the results. The Appendix includes a list of all the data sources that were used as a basis for the data analyses.

Las Animas County, Colorado Health Care Needs Assessment Results, June 2008

Section 1: Methodology

Qualitative Research: Community Meetings, Focus Groups, and Key Informant Interviews

A total of three community meetings, two focus groups, and seven key informant interviews were conducted in Las Animas County on April 2 and 3, 2008. In addition, five key informant interviews were conducted via telephone in April 2008. The average duration of the community meetings was two hours and each focus group meeting and key informant interview was about one hour in duration.

The Needs Assessment Committee of the Health Services Project identified strategic locations for the community meetings and selected participants for the focus groups and interviews. The community meetings were conducted at the Kennedy Senior Center in Segundo, the Community Center in Aguilar, and Trinidad State Junior College in Trinidad. The meetings were widely promoted using local and County newspapers and the local cable TV. Informational radio commercials were also frequently played throughout the day regarding the meetings. Despite an intensive advertisement effort, participation from the community was low. A total of 10 individuals attended the community meetings.

The two focus groups were held in the Mount San Rafael Hospital Board Room. One focus group consisted of allied health professionals, including representation from physical therapy services, the local health department, hospice care, school nursing, hospital compliance personnel, and hospital nursing staff. The second focus group consisted of business representatives, including representatives of large and small employers, the energy industry, housing developments, ranching, real estate, marketing, banking, commercial insurance services, veteran services, and university board members. There were 13 and 11 participants in the allied health professional and business focus groups, respectively.

Face-to-face key informant interviews were conducted at the Mount San Rafael Hospital Board Room in Trinidad, at the office of the key informant, or via telephone. Key informants included local human service leaders, elected officials, doctors and other health professionals including a pharmacist and mental health representative, and non-profit leaders in the community.

All of the community meetings, focus groups, and face-to-face interviews were documented by a note taker with verbal consent from the participants. A total of 31 individuals participated in either a focus group or a key informant interview.

Secondary Data Analysis

The information collected for the quantitative analysis was secondary data obtained from existing documents/data. Every effort was made to obtain the most current, reliable, and verifiable data. Where available, data for Trinidad and other towns in Las Animas County were analyzed. Wherever possible, County data and State data were analyzed for comparison

purposes. Information regarding health care providers and practices in Las Animas County, including data from the Mount San Rafael Hospital and individual health care clinics in the County, were collected through personal requests via email or telephone.

Appendix A outlines the data sources for all the data used in the report.

Telephone Survey

Anderson, Niebuhr, and Associates (ANA), a reputable health care survey firm conducted a statistically valid telephone survey in the County, on behalf of the Needs Assessment Committee. The Las Animas Needs Assessment Committee worked with JSI and ANA to construct the survey to elicit information from the community that would respond to the research objectives identified for the project.

The initial survey instrument was pretested in the community with a random sample of individuals and the survey was then revised based on the pretest. The final survey was conducted with a random sample of the Las Animas County population over a 30 day period during March and April.

ANA made at least 5 attempts to reach individuals. A total of 828 call attempts were made resulting in a total of 325 completed phone surveys. The survey was 12 to 15 minutes in length. The confidence level for the results of the telephone survey is 94%.

Section 2: Summary of Results

A synthesis of the results from all the needs assessment components is summarized below and presented in response to each research objective.

Research Objective 1: To determine the socio-demographic profile of the County

Las Animas County is located in southern Colorado along the Front Range and is the largest county in Colorado. The County spans 4,798 miles and is traversed by Interstate 25. Moreover, the County is frontier with a population density of 3.2 persons per square mile, compared to 41.5 persons per square mile in Colorado as a whole.

The 2006 population for Las Animas County was 15,564; the population of Trinidad was 9,055; Aguilar 657; and Kim 77. The population growth in Las Animas between 2000 and 2006 was 2.3%, compared to 10.8% for the State as a whole. The number of residents in Las Animas County is expected to grow throughout the coming years. According to the Colorado State Department of Demography, the total population of Las Animas County in 2010 will be 17,827, and in 2020 it will be 21,383, an approximate 54% increase from the 2000 population.

Las Animas County, Colorado Health Care Needs Assessment Results, June 2008

In 2006 Las Animas had a slightly higher female population (51.4%) than the State as a whole (49.7%).

Las Animas County has a smaller percent of the population ages 18-44 than Colorado as a whole (31.4% versus 42.6% in 2000). In addition, Las Animas County has a larger percent of the population older than 65 (17.6% in 2006) compared to the State (10%).

The elderly population is more concentrated in certain portions of the County. In 2000, approximately 20% of the population in Trinidad and Aguilar was over 65, while in Branson and Kim, 14.6% and 13.2% were, respectively.

	Las Animas County	Colorado
Total Population	15,564	4,766,248
% Under 18 years	22.0%	24.6%
% 65 years and older	17.6%	10.2%

The aging of the population in Las Animas County is reflected in declining school enrollment. School enrollment declined 13% between 2003 and 2007, in contrast to a 7% increase in enrollment across Colorado.

Since the elderly use more health care resources than the younger population, the large number of elderly in the County results in an increased need for health care services.

Forty percent of the County population is Hispanic or Latino, compared to 19.7% of the State population (2006). However, the percent of the population that is Hispanic or Latino varies throughout the County. In 2000, approximately 47% of the population in Trinidad and Aguilar was Hispanic/Latino, compared to 21% in Branson and 25% in Kim. Due to the large Hispanic/Latino population, it is imperative that health care services be culturally appropriate.

In 2004, Las Animas County experienced poverty levels higher than the State; 15.6% of residents in Las Animas County were living below the federal poverty level (FPL), compared to 10.2% for Colorado as a whole. The same was true for the percent of individuals living below 200% of the FPL. Nearly 46% of Las Animas County residents were living below 200% of the FPL, compared to 24.2% in the State as a whole.

In 2000, poverty levels varied across the County, ranging from a high of 34.3% in Aguilar, to a low of 14.5% in Kim, but are consistently higher than the State rate of 9.3%. Similar variations exist for low-income individuals (persons living below 200% of FPL). In 2000, 55.5% of the population in Aguilar was low-income, compared to 31.6% in Kim, and the State rate of 24.2%.

Low-income individuals are more likely to be uninsured or underinsured, as they may be unable to afford coverage and most likely have a job that does not offer health insurance.

The cost of living in Las Animas County is lower than the Colorado State average. According to the 2005 School District Cost of Living study completed by the Colorado Legislative Staff, the 2005 cost of living in Las Animas County ranged from \$37,341 in Kim to \$39,401 in Trinidad, while the average for Colorado was \$43,000. Although the cost of living in Las Animas County is lower than the State average, cost of living in Las Animas County has increased considerably more than the State average since 2003. The cost of living increased 11.8% in Las Animas County in just two years, while the State average increased only 7.5%.

The median household income in Las Animas County (\$31,798) in 2004 was considerably lower than the State median household income (\$50,105). The combination of a lower median household income and an increasing cost of living in Las Animas County forces residents to cut down on living expenses, including accommodations, utilities, food, and transportation, as well as health insurance premiums and medical services.

In 2006, 8,269 persons in Las Animas County were employed. The unemployment rate was 4.0%, with a total of 347 unemployed individuals. This rate is comparable to the 2006 State unemployment rate of 4.3% (U.S. Department of Labor).

In 2005, there were 417 employment establishments in Las Animas County. The vast majority of these (233) had less than 5 employees. In fact, only 15 establishments (3.6%) employed more than 50 people and only four establishments employed 100 or more persons. Companies with few employees are less likely to offer health insurance for employees and dependents, or, if they do offer it, are unable to cover much of the cost on behalf of their employees. Two of the employers with over 100 or more employees were health care/social service establishments, and the others were in the construction, retail trade, and “other” categories.

A total of 424 workers commute into Las Animas County for their employment from 14 counties and out of state. Of those, 42% come from out of state, 18% (77) come from Pueblo County and 14% (61) from Huerfano County. However, more workers (584) commute from Las Animas County to other counties for work. Of those 36% (209) commute to Huerfano County, 28% (61) to Pueblo County and 28% (163) out of state.

The relationship between commuting patterns and the utilization of health care services varies by geographic location, but individuals often seek care in the community where they work. Therefore, in Las Animas County while some residents may be accessing care across the State border or in Pueblo or Huerfano counties, some workers that commute into the area may seek care within Las Animas County.

The vast majority of workers in Las Animas County (78.7%), however, travel less than 30 minutes to work, compared to only 67.2% in Colorado as a whole. Only 14% of Las Animas County residents travel 30-59 minutes to work compared to a State average of 26.7%.

In 2000 there were 6,173 households in Las Animas County, with an average of 2.4 persons per

household. Las Animas County had 8,033 housing units in 2006, an increase of 5.3% from 2000. By contrast, housing units in the State increased by 15.9% over the same time period.

In summary, the following demographic and socioeconomic characteristics of Las Animas County influence the need for health care services in the County.

Compared to the State of Colorado,

- Las Animas County has a higher percentage of poor and low-income persons,
- Las Animas County has a greater portion of its population over age 65,
- Las Animas County has a lower median household income,
- Las Animas County has a higher percentage of Hispanic/Latino population,

These factors typically lead to fewer individuals that can afford out of pocket health care costs; higher utilization of health care services, and the need for culturally appropriate care.

Research Objective 2: To determine health disparities in the County that should be addressed

Data from the Colorado Department of Public Health and Environment (CDPHE) Maternal and Child Health County Data Set suggests that there are several areas in which Las Animas County has poorer child and maternal health than the State as a whole. These include:

- Women receiving prenatal care after the first trimester of pregnancy
- Teen birth rate
- Unintended births
- Child and teen deaths
- Oral health

More women in Las Animas County wait to receive prenatal care after their first trimester (26.6%) than in Colorado overall (20.3%). While the perinatal death rate is lower for Las Animas County (3.4) than the State average (6.5), the percentage of low birth weight births in the County (9.9%) is slightly higher than the State (9.1%).

Overall, the teen fertility rate and teen injury hospitalization rates in Las Animas were both higher than the State average. From 2002-2006, the teen fertility rate was 29.2 per 1,000 teens in Las Animas County and 24.4 per 1,000 teens for the entire State.

Unfortunately, Las Animas County had higher child and teen death rates than the State as a whole, including a markedly higher teen motor vehicle death rate.

Health Indicator	State Rate	Las Animas County Rate
Child deaths (1-14 yrs.) (2001-2005)	20	41.0
Injury hospitalization (0-14 yrs.) (2000-2005)	198.3	216.1
Injury hospitalization (0-19 yrs.) (2000-2005)	295.2	306.9
Teen deaths (15-19 yrs.)	64.4	145.0
Teen motor vehicle deaths (15-19 yrs.) (2003-2005)	26.2	123.9

Children in Las Animas County have worse oral health outcomes than their peers statewide. Third graders in Las Animas County are more likely to have a history of caries (cavities) (59.2% vs. 57% statewide), are more likely to have untreated dental decay (29.6% vs. 26%) and are less likely to have dental sealants (29.6% vs. 35%).

According to data from the Health Statistics Section of CDPHE, Las Animas County exceeded the State's age-adjusted death rate for the following causes:

	Colorado Rate	Las Animas County Rate
Total age adjusted death rate (2002-2006)	767.2	784.6
Adjusted death rate due to Cardiovascular Disease (2002-2006)	244.9	262.3
Adjusted death rate for Heart Disease (2002-2006)	170.7	198.0
Adjusted death rate for Unintentional Injury (2002-2006)	42.3	55.4
Adjusted death rate for Motor Vehicle accidents (2002-2006)	14.5	26.1
Adjusted death rate for Suicide (2002-2006)	16.1	20.7

The rates of death due to malignant neoplasms, lung cancer and chronic lower respiratory disease were all lower in Las Animas County than the rest of the State.

In summary, the Las Animas County population has greater needs and less favorable health outcomes than the State as whole, in the following areas:

- Less women receiving prenatal care in the first trimester
- Poorer oral health outcomes for children
- Higher rates of teen birth and unintended pregnancy
- Higher rates of injury hospitalization for children and teens
- Higher rates of child and teen deaths
- Higher rates of teen (15-19) and adult motor vehicle deaths
- Higher rates of unintentional injury deaths
- Higher rates of death due to cardiovascular disease

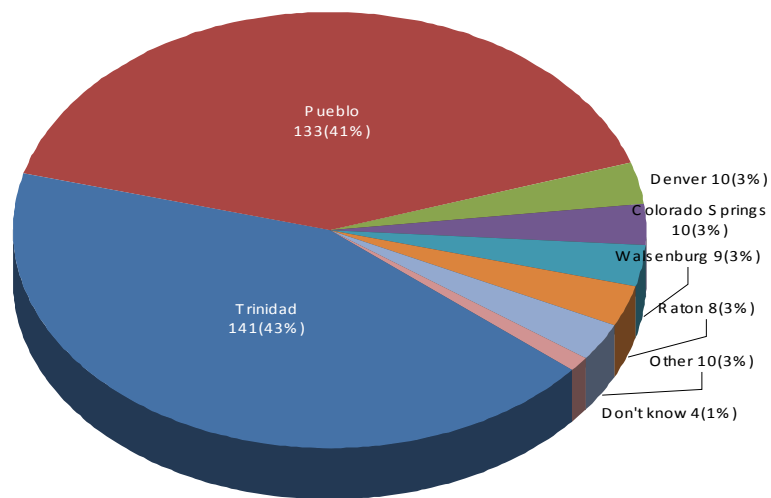
- Higher rates of death due to heart disease
- Higher rates of death due to suicide

Research Objective 3: To determine where Las Animas County residents are accessing care, and why

As can be seen on the chart below, the majority (57%) of Las Animas residents seek care outside of the County for non-emergent services (based on the telephone survey results). Of those that go outside the County, most (41%) go to Pueblo. Other locations that telephone survey respondents noted that they go to for non-emergent care included Denver, Colorado Springs, Walsenburg and Raton.

If you or a family member needed non-emergency health care services today, which city would you go to for care?
(N=325)

The majority (57%) of respondents would go outside of Las Animas County for non-emergent health care services.



The perceptions of the participants in the community meetings, focus groups, and key informant interviews confirmed the telephone survey results - that a considerable portion of County residents utilize health care systems outside of Las Animas County, even for those services that are available in the County. The exception to this was for dental care and nursing home care. Participants in the community meetings, focus groups, and key informant interviews felt that County residents accessed these services in the County.

The table and charts below show that the residents that do utilize health care services in Trinidad do so because of proximity and closeness of the services, but, many residents would rather travel outside the County for perceived higher quality of care (based on the telephone survey results). Quality of care is Las Animas residents' most important factor in choosing where to access health care and health care services in Trinidad were rated fair/poor by 51% of telephone survey respondents. Other reasons residents gave for choosing where to access care included appearance and cleanliness of the facility and reputation for overall quality of medical care.

Participants in the community meetings, focus groups, and key informant interviews said that they, and/or residents they know, are dissatisfied with the quality of health care of some of the providers in the County because they have had bad medical experiences and/or poor customer service. The participants also shared that there is some mistrust of the health care system in Trinidad, particularly with the Trinidad Area Health Association, owners of Mount San Rafael Hospital. While these opinions were not universally held, they were expressed with considerable frequency and participants felt that these perceptions were the cause of many of the residents seeking care outside the County. Many participants expressed a desire to see a health care community that works collaboratively across institutions, and cited examples of collaborative efforts they were aware of in other communities they seek care in, such as Walsenburg.

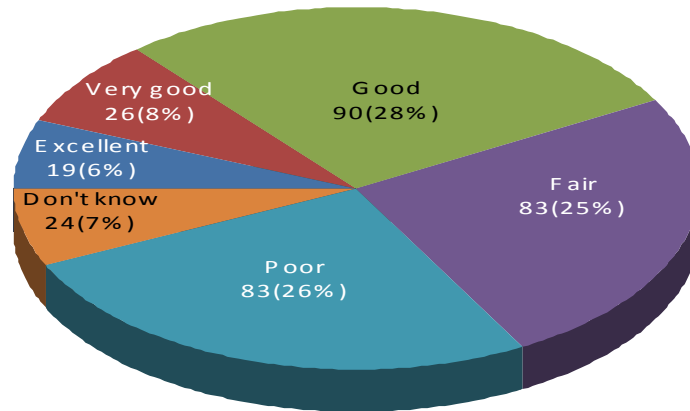
Why would you choose to go this city?*

Reason	Percent of Respondents						
	Overall (N=321)	Trinidad (N=141)	Pueblo (N=133)	Denver (N=10)	Colorado Springs (N=10)	Walsenburg (N=9)	Raton (N=8)
Location/Close to where I am	41%	70%	17%	10%	--	--	25%
Quality of medical care	22%	6%	33%	60%	40%	22%	38%
Doctor used hospital or clinic/ Doctor recommended hospital or clinic	15%	14%	17%	10%	20%	22%	25%
Past experience with hospital or clinic/Always have gone there	13%	13%	13%	10%	20%	22%	25%
Reputation	9%	1%	14%	10%	30%	11%	--
Availability of specialists or specific procedure	8%	5%	11%	--	10%	11%	13%
Caring staff	8%	3%	14%	10%	10%	11%	--
Family or friends recommended hospital or clinic	3%	4%	3%	10%	--	--	13%
Insurance is accepted there	2%	--	3%	--	--	--	--
Local advertisements, publications, articles	1%	1%	1%	--	10%	--	--
Specializes in children's care	--	--	1%	--	--	--	--
Other	4%	2%	5%	10%	--	11%	--

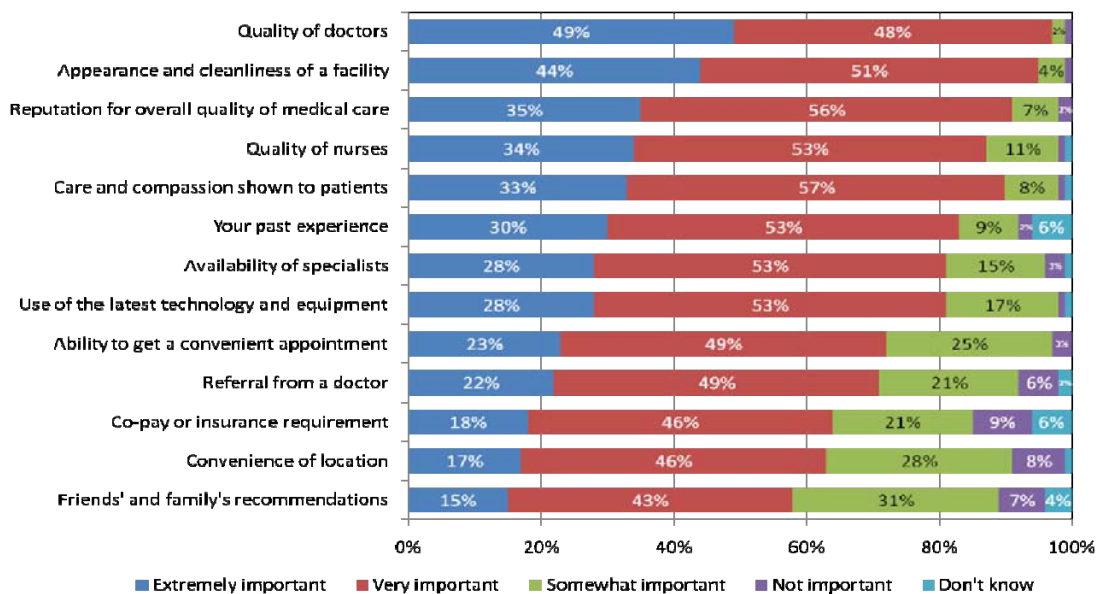
*Respondents could offer more than one response.

Overall, how would you rate the health care services available in Las Animas County?
(N=325)

Over half (51%) of respondents rated the health care services in Las Animas County as poor or fair. Few (6%) respondents rated services as excellent; 36% felt services were very good or good.



How important is each of the following reasons when you choose a particular health care provider for non-emergency care:
(N=325)



In addition to referencing quality as one of the reasons Las Animas residents access care outside the County, the participants in the community meetings, focus groups and interviews also noted that residents seek non emergent primary care outside the County due to a lack of adequate primary care capacity in the County. (This issue is explored in greater depth in Research Objective 5) Participants in the qualitative research also mentioned that the low-income population that are uninsured or have Medicare or Medicaid find it very difficult accessing health services in the County due to the lack of primary care capacity. Most of the low-income population cannot afford to travel outside the County to seek services, thus their condition goes untreated until it worsens and then this population seeks high cost emergent medical attention at Mount San Rafael Hospital.

In summary, although some Las Animas residents seek health care locally, particularly for oral health and nursing home care, over half the residents would choose to obtain health care services outside of the County for non-emergent care. The residents perceive the quality of care to be superior in other locations and quality of care is the most important attribute that residents look for in seeking services.

Research Objective 4: To determine the types of services residents are leaving the County for and why

Mount San Rafael Hospital is the sole hospital provider in Las Animas County. The Hospital is designated as a Critical Access Hospital (CAH) and has 25 beds. The Hospital is owned by the Trinidad Area Health Association, and serves both medical and surgical needs through a wide array of comprehensive health services. The CAH has a Level IV trauma designation.

During 2007, the Hospital had 1,156 admissions of which 1,054 (91%) were for acute care. The Hospital also had 33,454 outpatient visits, of which 8,102 (24%) were emergency department visits. Of the 8,102 visits to the emergency department, only 589 patients (7%) were admitted to Mount San Rafael Hospital. The number of emergency room visits that did not result in admissions (93% of visits) is important to consider as that total likely includes patients that were seen for non-urgent procedures that could have been performed in primary care settings. As mentioned previously, burdening the emergency room with primary health care services is an inefficient and costly practice that is one consequence of inadequate access to health services.

The nearest hospital in Colorado to Mount San Rafael Hospital is Spanish Peaks Regional Medical Center in Walsenburg. It is also licensed as a CAH, has 25 acute care beds and operates a 24-hour level IV trauma emergency care center. Spanish Peaks offers a variety of medical and surgical services. Based on data from the Colorado Hospital Association, some Las Animas County residents utilize Spanish Peaks Regional Medical Center for hospital services. Residents of Las Animas County also access hospital services in Pueblo (Parkview and St. Mary-Corwin Medical Center), and Colorado Springs (St. Francis or Memorial Health System), and hospitals in the Denver metro area for specialty services.

In the last quarter of 2006, Mount San Rafael Hospital was responsible for only 23.4% of the discharges (inpatient stays) for residents of the service area. Hospitals in Pueblo were responsible for 55.4% of the discharges, Spanish Peaks in Walsenburg for 12.8% of the discharges, Memorial Hospital in Colorado Springs for 5.4% of the discharges, and Denver area hospitals for 3% of the discharges. As a CAH, Mount San Rafael Hospital would not expect to see a market share above 75%; however, it could certainly expect at least a 50% market share of the area's residents. The average length of stay for patients at Mount San Rafael (4.4 days) is comparable to that for other hospitals in the Region.

The product lines for which Mount San Rafael Hospital had the highest market share of discharges (above 40%) were for male systems, skin, endocrine systems, injury, and respiratory systems. (Product lines are groupings of Diagnosis-related Groups (DRGs) used to classify hospital cases based on ICD diagnoses.)

Mount San Rafael's low market share was confirmed by participants in the qualitative research. They noted that they go out of the County for some primary care services and most specialty services including:

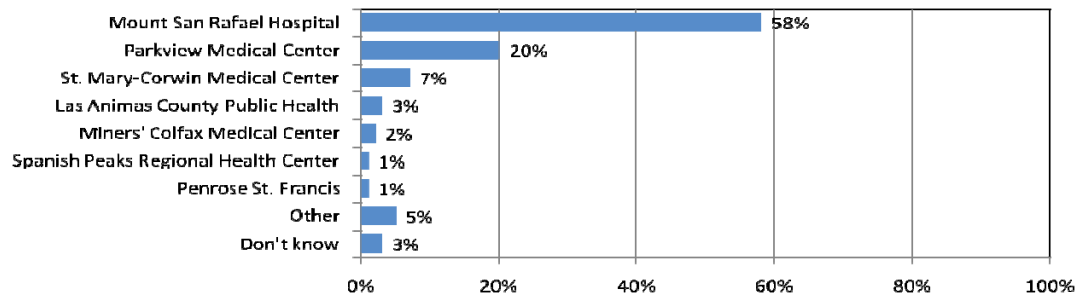
- Ob/Gyn
- Heart care
- Orthopaedics
- Oral Surgery
- Renal Disorder services
- Ophthalmology
- Physical and occupational therapy
- Mental health and substance abuse services

The telephone survey also probed where Las Animas residents would go for particular types of care including emergency care, heart care, orthopaedic care, women's services, children's health care, mental health and substance abuse services, dental care, routine surgery, an overnight hospital stay, and a family doctor. The results were consistent with the secondary data and the qualitative research and identified the following services that residents leave the County for:

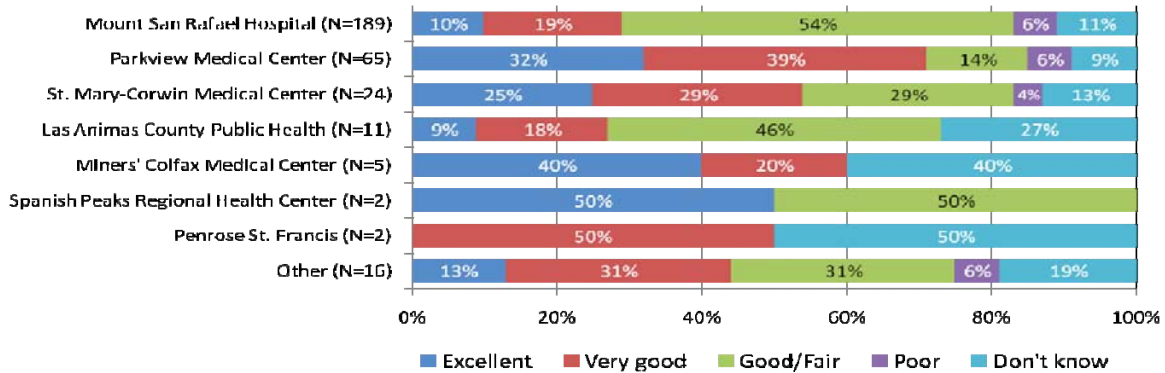
- heart care
- orthopaedics
- women's services
- surgery
- mental health care

Based on the telephone survey, the only services that are primarily accessed in Trinidad are emergency care, dental care and family doctors. For overnight hospital stays and children's care, County residents chose almost equally between seeking services in Pueblo and Trinidad. The charts below display the telephone survey results for Research Objective 3.

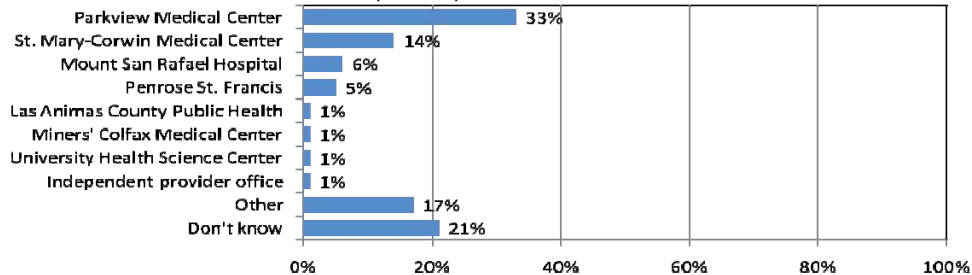
Which medical facility would you choose to go to for urgent or emergency care?
(N=325)



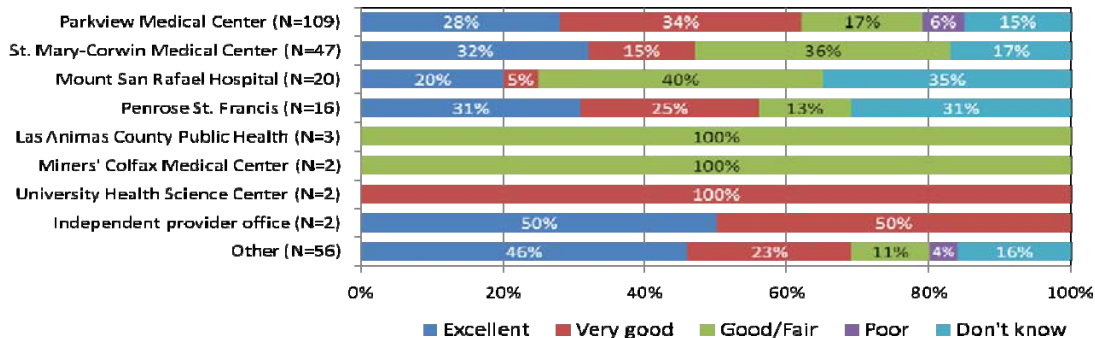
How would you rate this facility for urgent or emergency care?



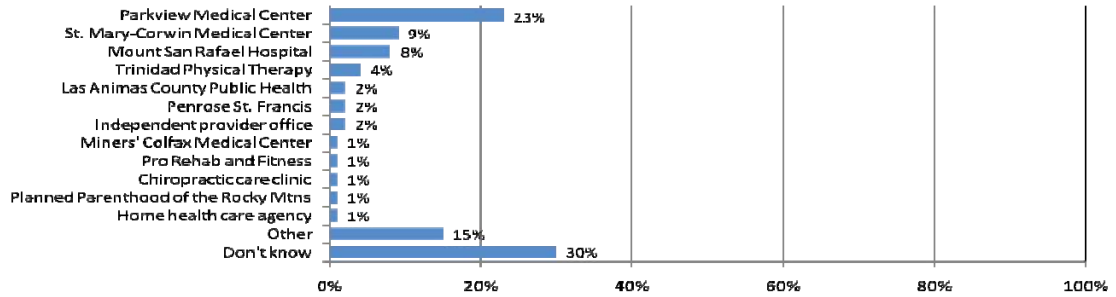
Which medical facility would you choose to go to for heart care?
(N=325)



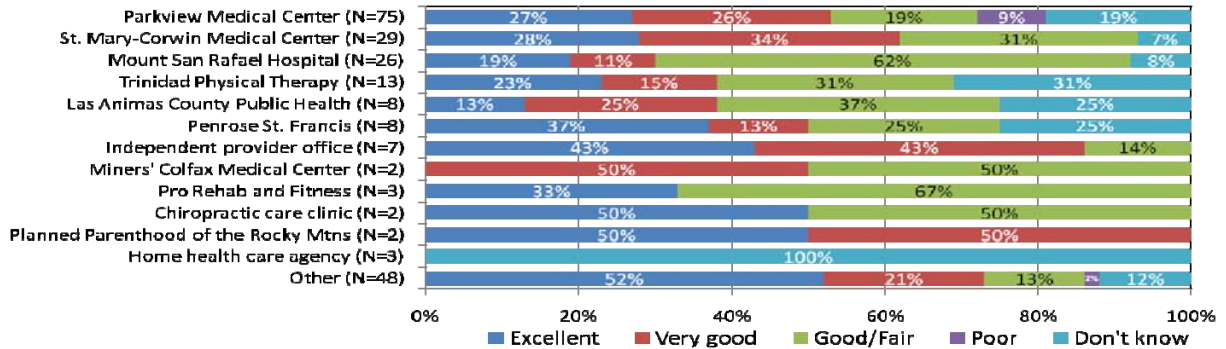
How would you rate this facility for heart care?



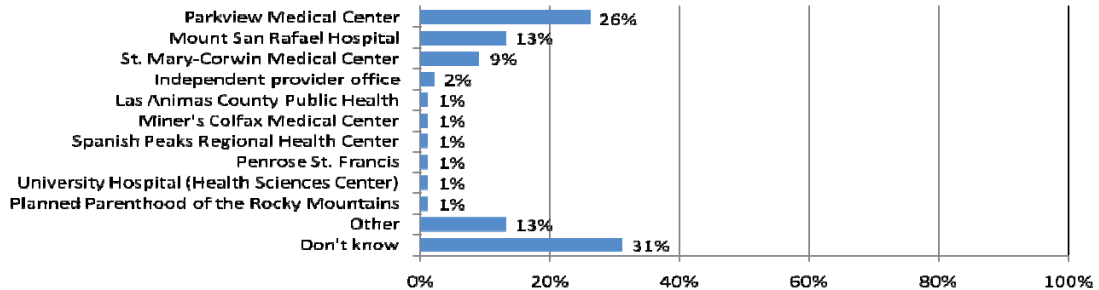
Which medical facility would you choose to go to for orthopaedic and sports medicine services?
(N=325)



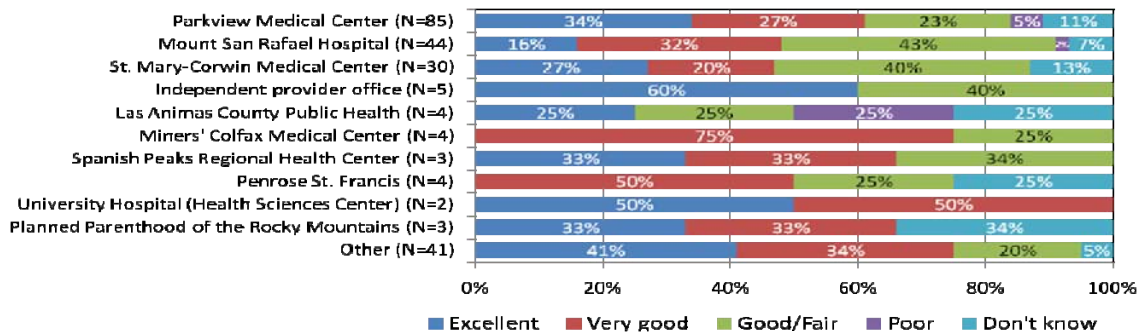
How would you rate this facility for orthopaedic and sports medicine services?



Which medical facility would you choose to go to for women's services?
(N=325)

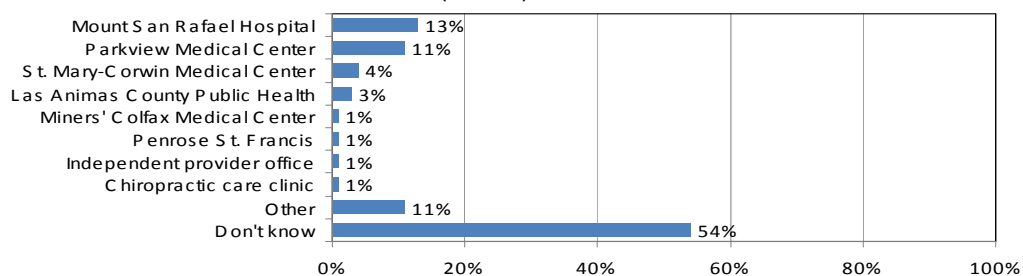


How would you rate this facility for women's services?

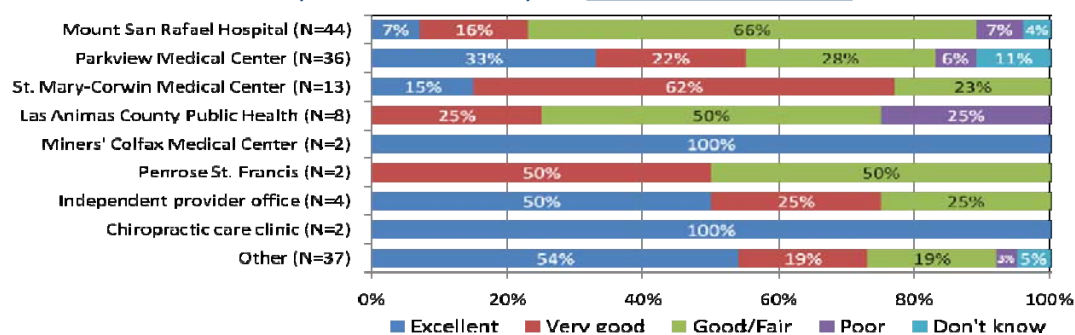


Which medical facility would you choose to go to for children's health care?

(N=325)

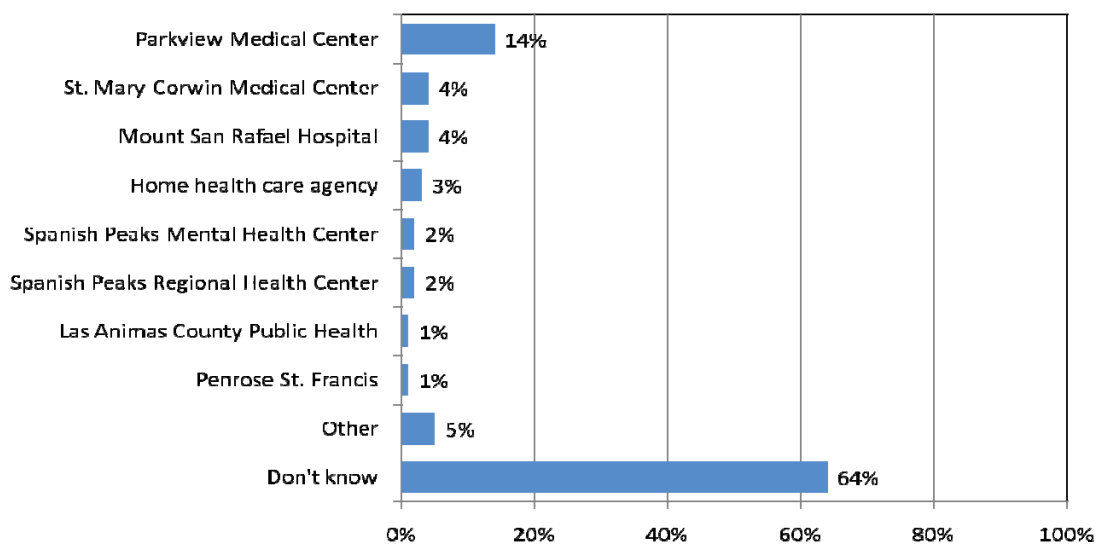


How would you rate this facility for children's health care?

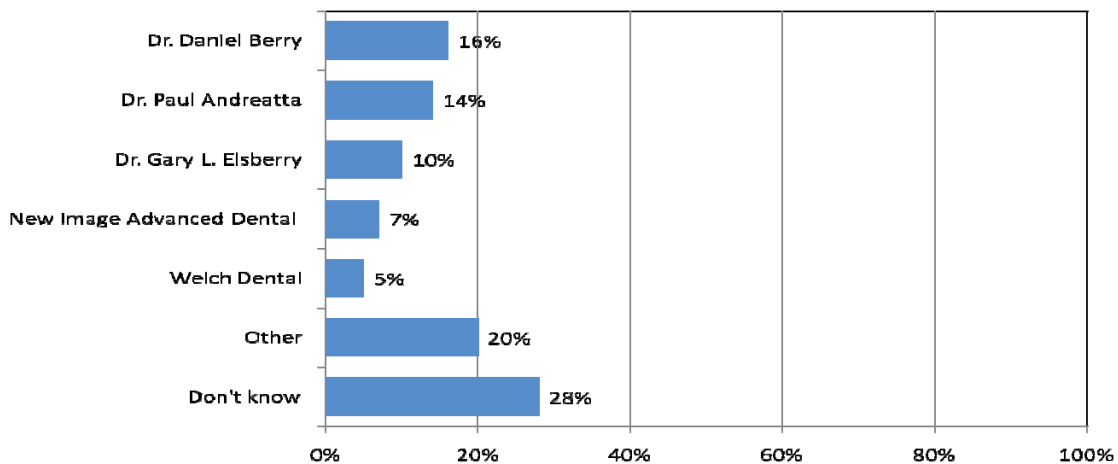


Which medical facility would you choose to go to for mental health care or substance abuse?

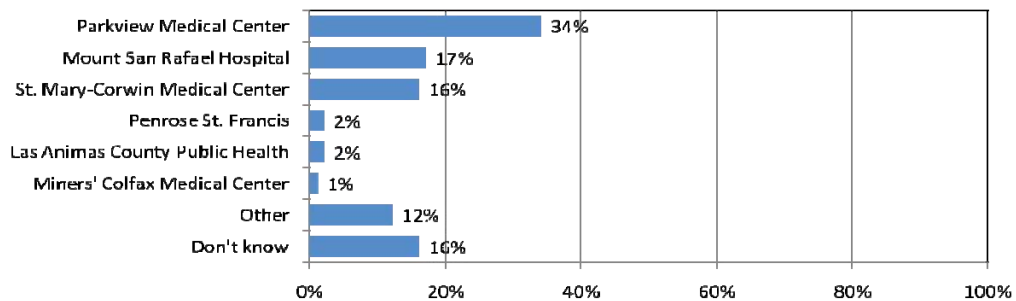
(N=325)



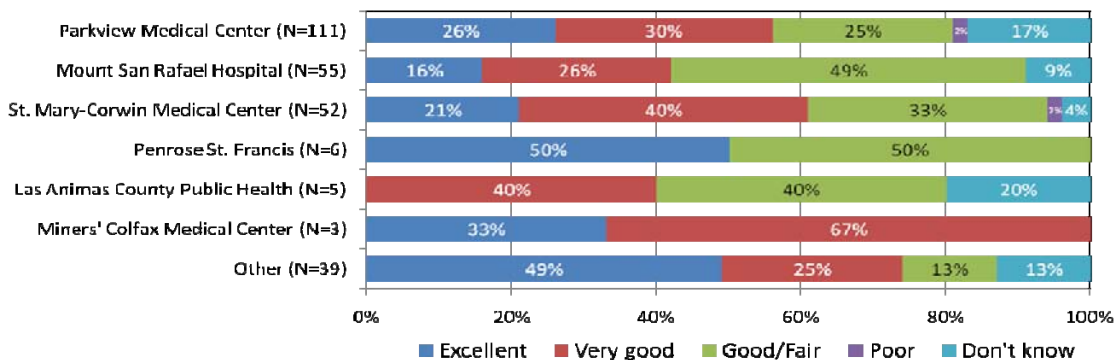
Which facility would you choose to go to for dental care?
(N=325)



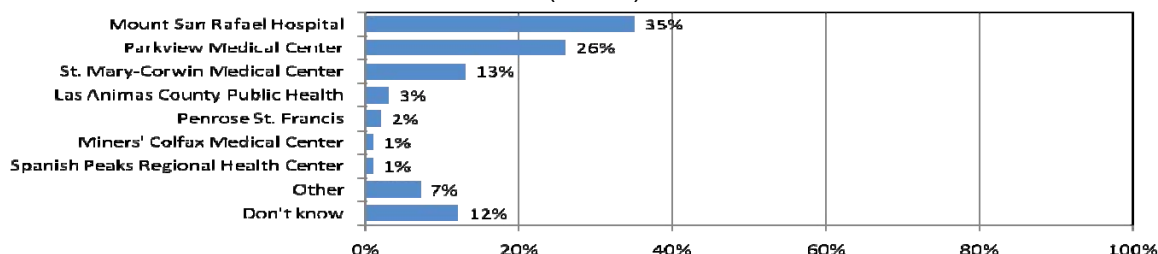
Which medical facility would you choose to go to for routine surgery?
(N=325)



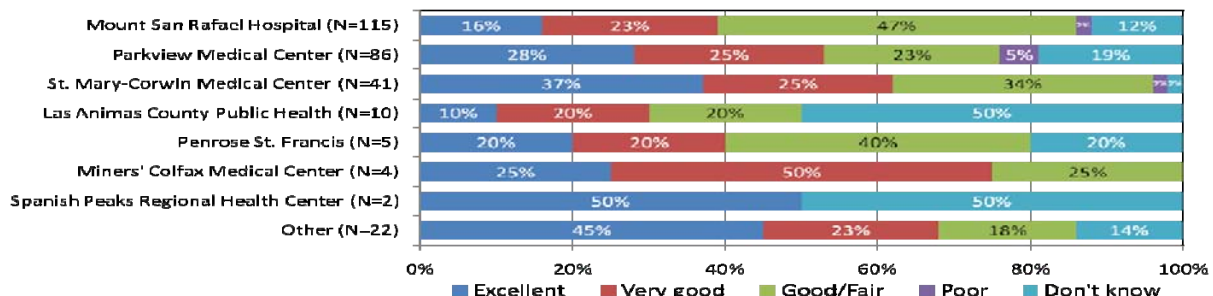
How would you rate this facility for routine surgery?



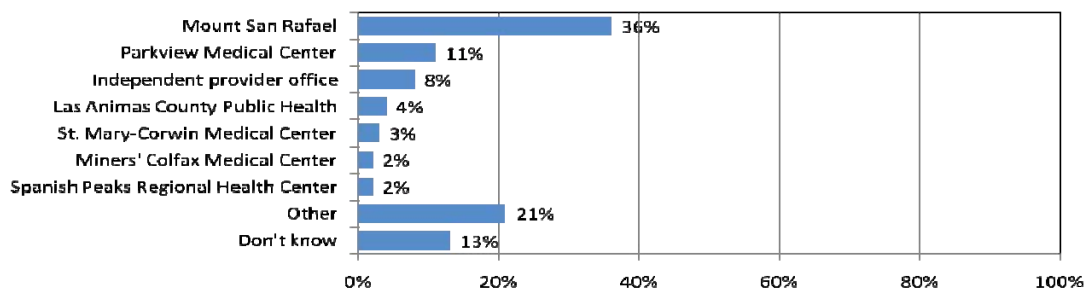
Which medical facility would you choose to go to for an overnight hospital stay?
(N=325)



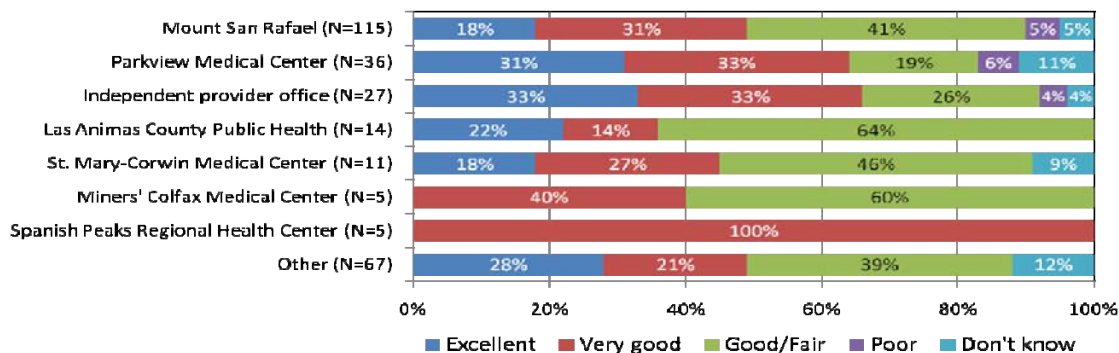
How would you rate this facility for an overnight hospital stay?



Which medical facility would you choose to go to for a family doctor?
(N=325)



How would you rate this facility's family doctors?



In summary, Las Animas County residents leave the County for most specialty services since they are not available. However, many residents leave the County for services that are available (overnight hospital care and surgery), because they perceive the services elsewhere to be higher quality.

Research Objective 5: To determine if additional providers are needed, and if so in what specialties.

There are currently 2.3 full time equivalents (FTE) nurse practitioners and 5.8 FTE primary care physicians in Las Animas County of which only .6 FTE nurse practitioners and 1.2 FTE physicians are serving the low-income population (based on a survey of local providers completed by JSI in March 2008). On average, 21% of the care provided by the primary care practices in Las Animas County is for Medicaid patients, 30% for Medicare patients and 1% for the State Children's Health Insurance Plan (CHIP+) patients. Only 4 providers in the County deliver care on a sliding fee scale basis for uninsured patients: 3 of the physicians in Mount San Rafael Hospital's Rural Health Clinic, and the provider at Las Animas County Planned Parenthood. The Samaritan Clinic is also a source of care for the uninsured; however, the clinic is only open two times a week and has limited medical and financial resources to serve all of the people who need service.

Most providers in Las Animas County (with the exception of one provider at Mount San Rafael's Rural Health Clinic) are currently taking new patients for Medicaid, Medicare and CHIP+. However, new patients have to wait two weeks to three months for a non-urgent appointment, and existing patients have to wait three weeks to three months for a non-urgent appointment, depending on the practice.

Participants in the qualitative research confirmed the data above and reported that long wait times for appointments are a barrier to obtaining care in Trinidad. Participants also mentioned that some primary care clinics are only open very limited hours.

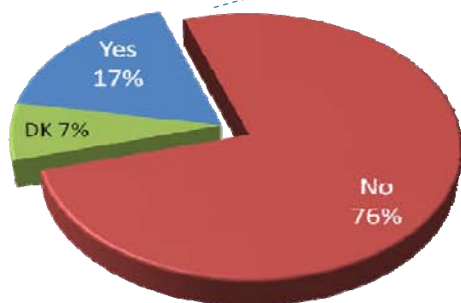
Physician demand calculations for Las Animas County are consistent with the qualitative research and predict a shortage of approximately 3 FTE physicians in 2010 and a shortage of 5.5 FTE physicians to serve the low-income population in 2010. In fact, using the same criteria, there is a current shortage of 2 FTE primary care physicians and 4.6 FTE primary care physicians for the low-income population in Las Animas County.

The table below outlines the physician demand calculations for 2010:

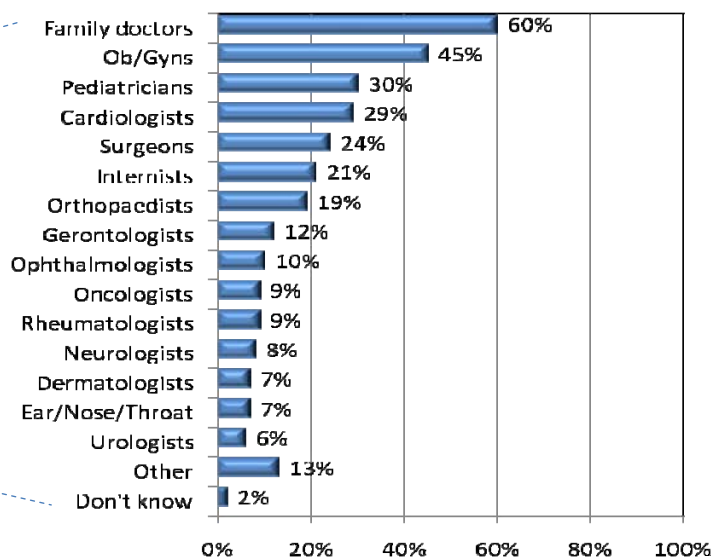
<p>Total Las Animas County Population in 2010: 17,827</p> <p>Annual visits made to physician offices: 331 visits per 100 persons or 3.31 per individual (National Ambulatory Care Survey 2005)</p> <p>$17,827 * 3.31 = 59,007$ visits generated by Las Animas County population</p> <p>59.5% of total visits are for primary care (National Ambulatory Care Survey 2005)</p> <p>Visits generated to primary care physician offices: $59,007 * 59.5\% = 35,109$</p> <p>Average number of primary care physician ambulatory encounters per year: 3,539 (MGMA statistics)*</p>
<p>Total primary care physician demand in 2010: $35,109/3,539 = 10$ physicians</p>
<p>Total Las Animas County Population at or below 200% FPL (46%) or 8,200 in 2010</p> <p>Annual visits made to primary care physician offices for the low-income population: 3 visits per individual (based on average Federally Qualified Health Center data) $8,200 * 3 = 24,600$</p> <p>Average number of primary care physician ambulatory encounters per year: 3,539 (MGMA statistics)*</p>
<p>Total primary care physician demand for population at or below 200% FPL in 2010: $24,600/3,539 = 7$ physicians</p>
<p>* For demand calculation purposes, a nurse practitioners productivity is assumed to be half that of a physician.</p>

The telephone survey results confirm that there is a need for additional physicians in Las Animas County. The chart below notes that 74% of the telephone survey respondents feel there is a need for additional physicians, particularly family doctors and Ob/Gyns.

Do you feel there are enough doctors in Las Animas County to meet your needs?
(N=325)



What types of doctors are needed? *
(N=248)



*Asked only of respondents who said they do not feel there are enough doctors in the county. Respondents could offer more than one response.

The qualitative research also pointed to a need for additional family doctors and Ob/Gyns in Las Animas County, as well as:

- More specialty providers in:
 - Geriatrics
 - Orthopaedics
 - Specialty dental health services
- Mental health and substance abuse providers
- More dentists that accept Medicaid or have a sliding-fee-scale to provide services for those living in poverty.

While there was some recognition among participants in the qualitative research that the population of the service area may be too small to successfully support some specialty physicians full time, participants suggested other options such as providing more specialty clinics in Trinidad on a more frequent basis by clinicians from Pueblo or other communities.

The participants in the qualitative research also stated that the ongoing difficulty in recruitment of health providers to Trinidad and the increased turnover and low retention rate of physicians is of critical concern. A specific concern raised by the participants is that provider retention has been an issue because recruitment has been driven by the Trinidad Area Health Association as

opposed to the community, and there has not been a retention program that supports the providers' integration into the community and properly trains them in the medical treatment of a rural community. Some participants offered suggestions to address the recruitment/retention issue such as recruiting providers who appreciate what the County has to offer, using a community-wide approach, identifying ways to support providers when they are here, including lessening the administrative burden of running a practice and fostering a sense membership into the community. Other participants suggested that recruitment of physicians should be aimed at physicians who are members of an equestrian clubs, or members of cowboy organizations, etc., since the geographical terrain of Las Animas County allows for such a lifestyle to be enjoyed.

Although, participants stated that there are enough dental providers in Las Animas, they emphasized the need for dental providers who accept Medicaid or have a sliding-fee-scale to provide services for those living in poverty. There are currently five dentists practicing in four dental practices in Las Animas County, all located in Trinidad. One of the dentists provides care 24 hours a week and the remaining dentists provide care 32 hours a week. Therefore, there 4.1 FTE dentists available to the population. Based on national standards for Health Professional Shortage Areas, a population should have a dentist to population ratio of at least 1 FTE per 5,000 population. Thus the current oral health capacity is sufficient for the general population of Las Animas. However, none of the dentists provides services on a sliding fee scale, and only one dentist accepts Medicaid patients. In effect, there is only .1 FTE available to the low-income population, resulting in a low-income population to dentist ratio of 71,100 to .1 FTE, demonstrating the need for dentists to serve the low-income population

In summary, all three research components confirmed a need for additional physicians in Las Animas County. The primary care physician demand calculations for 2010 resulted in a need for an additional 3 FTE physicians for a total of 10 FTE to serve the needs of the County, 5.5 FTE of which should be dedicated to serving the low-income population. The types of physicians that are needed to meet the needs of the County's population are family practitioners, geriatricians, Ob/Gyns, and visiting specialists for the specialties that cannot be supported locally. The research also noted that specific emphasis needs to be put on retention of current and future providers so that they are readily integrated into the community.

Other provider needs that were noted included mental health and substance abuse providers as well as dentists that accept Medicaid patients.

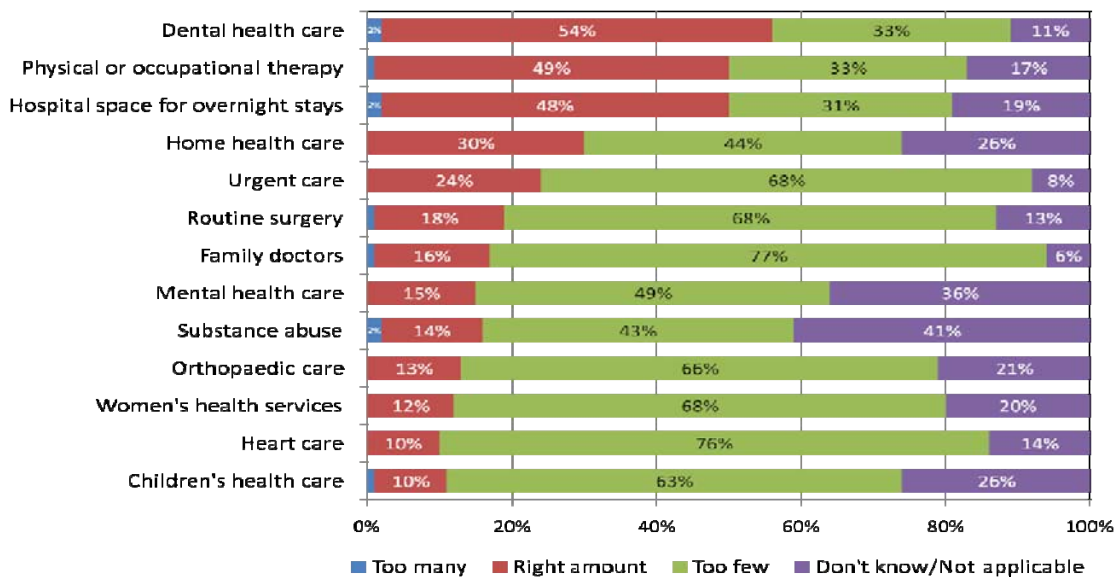
Research Objective 6: To determine the health service needs in the County

In addition to the additional primary care providers needed in Las Animas County, as noted in the chart below, other gaps in health services that were identified by the telephone survey respondents were:
:

Las Animas County, Colorado Health Care Needs Assessment Results, June 2008

- Heart care
- Urgent care
- Routine surgery
- Women's health services
- Orthopaedic care
- Children's health care

Based on what you've experienced or heard, how much of each type of health care service is available within Las Animas County?
(N=325)



The qualitative research also noted the following health service needs:

- More ancillary staff available for all services
- Mental health and substance abuse services
- Home health care services for the elderly and disabled
- Health education
- New health care facilities

Participants in the qualitative research stated that there is a need for additional nursing staff in the clinics and in the Hospital. There is a need for nurse practitioners, registered nurses, certified nursing assistants, and licensed practical nurses. They also stated that community wages were, in many instances, not competitive with neighboring counties, and that attracting nurses was therefore challenging. Some of the participants noted that the oil and gas businesses in the County have exacerbated the recruitment difficulties for all health care personnel because these

industries often pay higher competitive wages, making it harder for health care organizations to recruit allied medical personnel.

Another pressing issue raised by the participants in the qualitative research was that the mental health services in Las Animas County were unable to meet the extensive need. Spanish Peaks Mental Health Center is limited by its funding in who it can serve. One of the biggest unmet needs mentioned repeatedly was the need for mental health assessment of persons under the influence of drugs or alcohol, which is not currently available. There are no substance abuse treatment services available in the community, despite the fact that substance abuse was mentioned frequently by participants as a need.

Participants in the qualitative research also expressed a need for more health education at the individual and community level. They stated that many of the medical issues that affect the Las Animas community can be prevented or at least eased in degree of severity through the dissemination of good health education, and encouragement of healthier lifestyle choices. The resources available for such programs were felt to be inadequate to meet the community need.

Many qualitative research participants raised the issue of the aging medical facilities in the community. They noted that the Hospital, Health Department and Nursing Home facilities are all old and in need of major updating for operational efficiency. Some participants noted that renovation or building of new facilities would add jobs for the community.

Although participants in the qualitative research felt there were critical health care needs in Las Animas County, some participants expressed a sentiment that was shared by most – that residents would not support additional funding for health services until there was an understanding that some long-standing conflicts within the medical community would be resolved. Other participants expressed a need to educate the broader community about the value and cost of any improvements that would be recommended.

In summary, a synthesis of all three research components outlined the following health service needs in the County:

- Family doctors
- Heart care
- Urgent care
- Routine surgery
- Women's health services
- Orthopaedic care
- Children's health care
- More ancillary staff availability
- Mental health and substance abuse services
- Home health care services for the elderly and disabled
- Health education
- New health care facilities for the Hospital, Health Department and Nursing Home

Research Objective 7: To determine the insurance status of residents in the County

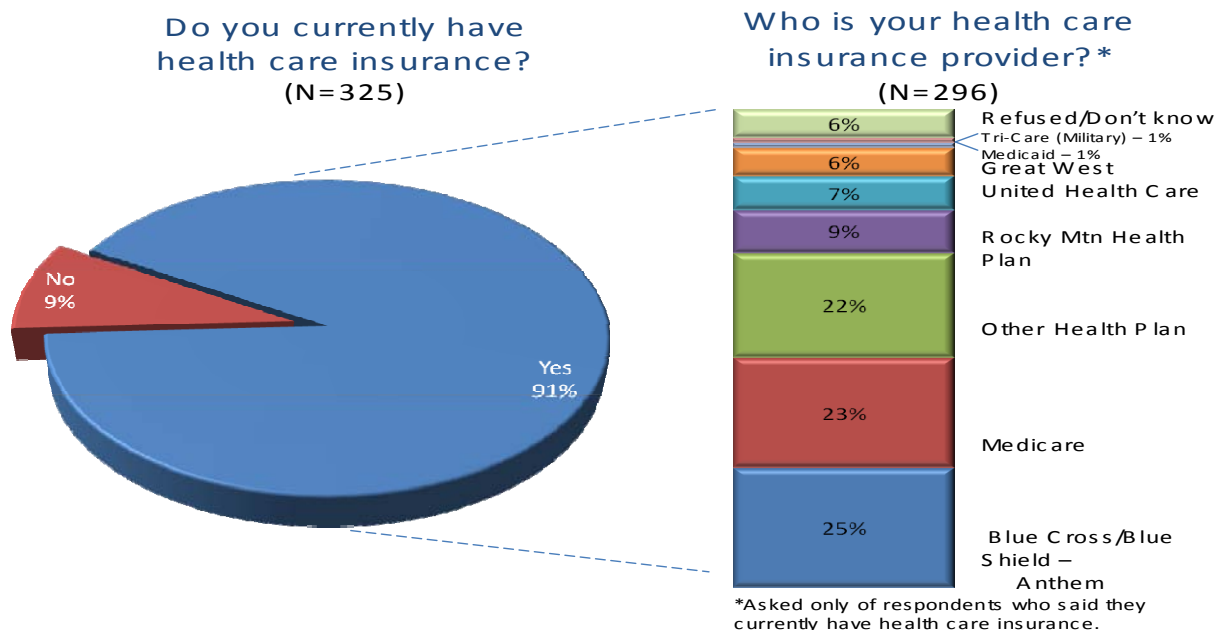
The US Census estimates that 22% of Las Animas County residents, (3,346 individuals) were uninsured in 2000 compared to 15.1% of all Coloradans. Because public health insurance is more readily available for children than adults, through the Medicaid and State Child Health Insurance Program (CHP+), 17.5% of the child population in Las Animas, or 645 children were estimated to be uninsured in 2000. That percent is higher than the State uninsured rate for children (12.9%).

There are 3,219 Medicare eligibles in Las Animas County, of which 274 (8.5%) are enrolled in Medicare Advantage, compared to 25.4% statewide. Over half of the Medicare enrollees, 1,935 have prescription drug coverage of some type, including 629 individuals who were automatically enrolled due to eligibility for both Medicaid and Medicare.

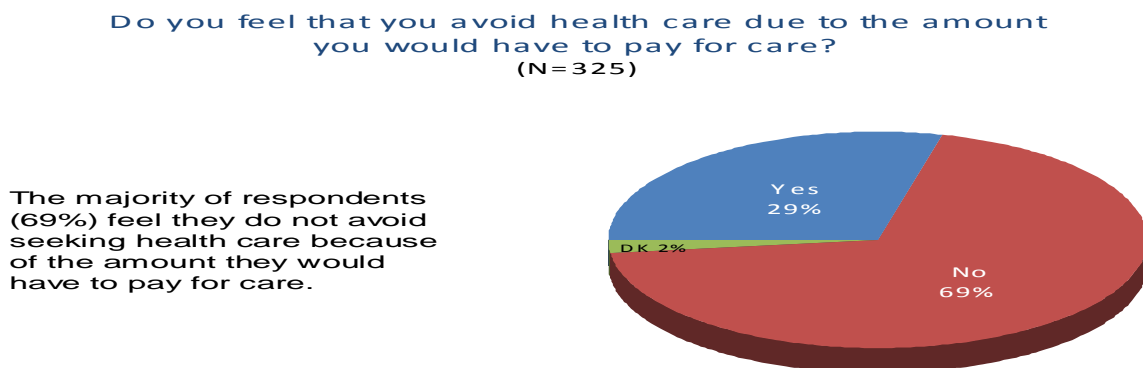
During 2007 an estimated 1,432 children in Las Animas County were enrolled in Medicaid, and 234 in CHP+. An estimated 644 children were eligible for CHP+, meaning that only 36% of eligible children were enrolled, compared to 51% statewide.

In Colorado, individuals that are not eligible for Medicaid or CHP+, but have income and resources combined at or below 250% of FPL, may enroll in the Colorado Indigent Care Program (CICP). CICP is not an insurance program, but a program that promotes access to health care services for low-income individuals by helping to defray the provider costs of furnishing uncompensated care and by limiting the amount that low-income patients pay (Colorado Department of Health Care Policy and Financing, CICP Fact Sheet, 2005). Only the Mount San Rafael Hospital and its affiliated Rural Health Clinic are CICP providers in Las Animas County. During fiscal year 2005-2006, the Mount San Rafael Rural Health Clinic and Hospital reported a total of 25 CICP visits and 396 CICP admissions, respectively. In addition, 40 residents of Las Animas County were seen by CICP providers in Denver, presumably for specialty care.

In contrast with the 2000 uninsured figure of 22%, only 9% of the telephone survey respondents said they were uninsured, as outlined in the chart below.



The actual number of uninsured in the County is most likely somewhere between 9% and 22%. However, based on the qualitative research, even if the percent of uninsured in the County has decreased, the percent of underinsured has increased which results in a significant number of individuals paying for care out-of-pocket. Based on the chart below, these individuals do not avoid seeking health care due to cost.



In summary, the percent of uninsured in Las Animas County is most likely approximately 15%. However, there are a significant number of individuals that are underinsured.

Research Objective 8: To determine the target populations that are at increased risk of poor health outcomes due to access problems.

Based on all the information presented above, the population groups in Las Animas County that are most at risk are:

- Elderly
 - Women and children
 - Low-income
 - Uninsured and underinsured
 - People with specialty care needs
-

Section 3: Conclusions and Recommendations

The following conclusions and recommendations are based on a synthesis of the combined research methodologies. They provide an overview of the health care issues facing Las Animas County residents.

- The impact of the socio-demographic factors of Las Animas County on health care include:
 - lack of volume to support many specialty services due to a small population of approximately 17,000;
 - higher utilization of health care resources due to a higher than average elderly population;
 - the need for culturally competent providers due to a higher than average Latino population; and
 - the need to subsidize care for the large low-income population that is most likely uninsured or underinsured.
- There are a significant number of children in the County that are uninsured that could be taking advantage of the State's Children's Health Insurance Program.

- There are a number of health status concerns in the County that should be researched (to understand determinants) and addressed including:
 - Ensuring that women seek prenatal care in the first trimester of pregnancy
 - Reducing the teen pregnancy rate
 - Reducing the number of unintended pregnancies
 - Improving oral health
 - Reducing deaths from cardiovascular disease, heart disease, motor vehicle accidents, unintentional injuries and suicide
 - Reducing the number of child/teen deaths
- There is a need for recruitment and retention of health care providers. There is a need for additional primary care physicians (3 in the next 2 years) in the County. There is also a need to focus on retention to ensure the stability of the current physician base. Although recruitment and retention of providers is not currently community supported, it should be, to enhance the success of these efforts.

Approximately 50% of residents leave the County for primary care, due to a lack of resources and the high turnover in the physician base. The shortage of physicians exacerbates the access problems faced by residents that do not have insurance or are underinsured. Because of this, there is a need for about 5 additional physicians to serve the low-income population.

With regard to primary care physicians, residents stated a need to recruit family practitioners, geriatricians, and Ob/Gyns. In addition, residents noted a need for more visiting specialists or visiting specialists coming to Las Animas County more often.

- There is a need for more nurses in the County. Wage/benefit packages for nurses should be competitive for recruitment and retention purposes.
- Mount San Rafael's market share of hospital business from residents in the area is very low (23%). The shortage of providers, the perception of poor quality and a sense of mistrust in the local health care system is impacting Mount San Rafael Hospital's market share. Pueblo facilities are the main competitors. Quality of care and the appearance and cleanliness of a facility are the two most important factors that contribute to residents' choices regarding where they seek health care.
- The only type of care that at least half the residents would seek locally if they needed it is urgent care, dental care, and care from a family doctor. Services that over half of the residents say they would seek outside the County include heart care, orthopedics,

women's services, and routine surgery. Many residents are not sure where they would seek care for children's care and mental health care.

- Residents see a need for enhancing and/or adding the following health care services in the County:
 - Women's health care, particularly obstetrics
 - Orthopaedics
 - Heart care
 - Mental health and substance abuse services
 - Children's health care
 - Health education
 - Urgent care
 - Routine surgery
 - Home health care
 - Dental care for low-income individuals

Residents also noted a need for new health care facilities for the Hospital, Health Department and the Nursing Home.

APPENDIX A: DATA SOURCES

Demographics

Total Population

Data Source:	U.S. Census 2000, U.S. Census Annual Population Estimates (For Colorado, 2006), Colorado State Demographer's office Colorado County Profile System for Las Animas County, 2006. http://www.census.gov/popest/counties/
Years:	2000, July 2006
Analytic Method:	Only State and county level data is available for 2006. 2006 population for Kim and Aguilar was calculated by applying the population change from the Census Annual Population Estimates to the 2000 population.

Population Projections

Data Source:	Colorado State Demographer's Office, Population Forecasts by County, 2000
Years:	2010, 2015, 2020, 2025, 2030, 2035
Analytic Method:	Only state and county level data is available.

Sex

Data Source:	US Census 2000
Years:	2000
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim.

Age Groups

Data Source:	US Census 2000
Years:	2000
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim.

Ethnicity

Data Source:	US Census 2000
Years:	2000
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim.

Income, Poverty, Cost of Living

Median Household Income

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2004.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2004 data is available for the State and County only.

Poverty Status

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2004.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2004 data is available for the State and County only.

Cost of Living

Data Source:	Colorado Legislative Council 2005 School District Cost-of-Living Study
Years:	2003, 2005
Analytic Method:	Data is for the school districts of the respective cities and towns.

Housing

Households

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2006.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2006 data is available for the State and County only.

Housing

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2006.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2006 data is available for the State and County only.

Education

School Enrollment

Data Source:	Colorado Department of Education, Colorado Education Statistics, http://www.cde.state.co.us/index_stats.htm , 2007
Years:	2003-2007
Notes:	School district data available.

Educational Attainment

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2006.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2006 data is available for the state and county only.

Employment

Employment

Data Source:	U.S. Department of Labor, Bureau of Labor Statistics, Labor Market Information 2006
Years:	2006.
Analytic Method:	Data is available for the state and county only.

Travel Time to Work

Data Source:	U.S. Census
Years:	2000
Analytic Method:	Travel time to work for workers 16 years and over who do not work at home

Employers

Las Animas County Employers by Industry

Data Source:	US Census, County Business Patterns.
Years:	2005
Analytic Method:	Data is available at the county level only. Numbers reflect the number of employer by industry for the entire year.

Commuting Patterns

Data Source:	U.S. Department of Labor, Bureau of Labor Statistics and Colorado Department of Labor and Employment, Labor Market Information (http://www.coworkforce.com/) 2006, http://www.coworkforce.com/lmi/ali/lfpage.asp
Years:	2006
Analytic Method:	Only county and state-level data are currently available.

Maternal, Infant and Child Health

Data Source:	Health Statistics Section, Colorado Department of Public Health & Environment
Years:	2000, 2001-2005
Analytic Method:	Only county and state-level rates are available. Rates are from 2000

Data Source:	Colorado Department of Public Health and Environment Maternal & Child Health Profile, 2007
Years:	2000-2005
Analytic Method:	All rates are per 100,000 unless otherwise indicated.

Mortality

Data Source:	Health Statistics Section, Colorado Department of Public Health & Environment, 2007
Years:	2002-2007
Analytic Method:	Only state and county level data are available. Rates are per 100,000 unless otherwise indicated.

Hospital Market Share and Payer Data

Discharges by Service for Service Area Residents

Data Source:	Colorado Hospital Association Discharge Data Program, Product Line and Market Share Report for Mount San Rafael Hospital.
Years:	4 th Quarter of 2006
Analytic Method:	Product line groupings are based on CMS DRGs/MDCs. The service area is defined as Las Animas County zip codes 81082, 81020, 81091, 81059, 81024, 81081, 81070, 81074, 81027, 81042, 81046, 81049, 81032, Bent County zip code 81054, Huerfano county zip codes 81089 and 81055 and New Mexico zip code 87740.

Las Animas County, Colorado Health Care Needs Assessment Results, June 2008

Payer and Level of Service Information

Data Source:	Colorado Hospital Association DATABANK Monthly Report, Inpatient Utilization Discharges for January-December 2007.
Years:	2007
Analytic Method:	Payer categories are by percent of total discharges, and for inpatient utilization.

Health Services Access

CICP Utilization

Data Source:	Medically Indignant and Colorado Indignant Care Program Fiscal Year 2005-06 Annual Report
Years:	2005-2006

Health Insurance Estimates

Data Source:	Source: Census Small Area Health Insurance Estimates, (http://www.census.gov/hhes/www/sahie/data.html)
Years:	2000
Analytic Method:	Only state and county level data is available.

Child Utilization of CHP+ and Medicaid

Data Source:	2007 KidsCount in Colorado
Years:	Fiscal Year 2005-2006
Analytic Method:	Numbers reported are based on the number of children who were enrolled in CHP+/Medicaid at any time during the year.

Access to Services

Data Source:	Colorado Department of Public Health and Environment Maternal & Child Health Profile, 2007
Years:	2000-2005
Analytic Method:	All rates are per 100,000 unless otherwise indicated.

Medicare and Medicare Advantage Enrollment

Data Source:	Centers for Medicaid and Medicare Services, http://www.cms.hhs.gov/HealthPlanRepFileData/02_SC.asp#TopOfPage
Years:	2005
Analytic Method:	Eligibles: The number of original Medicare eligibles---individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare. : Enrollees: The number of Medicare Advantage enrollees---individuals who are currently enrolled in a Medicare advantage plan of some type.

Medicare Enrollees with Drug Coverage

Data Source:	Centers for Medicaid and Medicare Services, http://www.cms.hhs.gov/HealthPlanRepFileData/02_SC.asp#TopOfPage
Years:	As of March 18, 2006
Analytic Method:	Includes all types of drug coverage. Dual eligibles (Medicare and Medicaid) are automatically enrolled in drug coverage.

Medical Capacity Assessment

Data Source:	Direct interviews with provider practices
Years:	February 2008
Analytic Method:	Direct interview with office managers and/or physicians as appropriate.

Dental Capacity Assessment

Data Source:	Colorado Department of Public Health and Environment, Primary Care Office
Years:	January 2008
Analytic Method:	Direct interview with office managers and/or physicians as appropriate. Calculations made as required by the federal Health Resources and Services Administration HPSA designation process.

Other Capacity Assessment

Data Source:	“Community Health Resource Guide,” The Colorado Health Foundation and Community Resource Center; internet search
Years:	2007; February 2008
Analytic Method:	



Demographics

Total Population

Data Source:	U.S. Census 2000, U.S. Census Annual Population Estimates (For Colorado, 2006), Colorado State Demographer's office Colorado County Profile System for Las Animas County, 2006. http://www.census.gov/popest/counties/
Years:	2000, July 2006
Analytic Method:	Only State and county level data is available for 2006. 2006 population for Kim and Aguilar was calculated by applying the population change from the Census Annual Population Estimates to the 2000 population.

Population Projections

Data Source:	Colorado State Demographer's Office, Population Forecasts by County, 2000
Years:	2010, 2015, 2020, 2025, 2030, 2035
Analytic Method:	Only state and county level data is available.

Sex

Data Source:	US Census 2000
Years:	2000
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim.

Age Groups

Data Source:	US Census 2000
Years:	2000
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim.

Ethnicity

Data Source:	US Census 2000
Years:	2000
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim.

Income, Poverty, Cost of Living

Median Household Income

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2004.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2004 data is available for the State and County only.

Poverty Status

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2004.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2004 data is available for the State and County only.



Cost of Living

Data Source:	Colorado Legislative Council 2005 School District Cost-of-Living Study
Years:	2003, 2005
Analytic Method:	Data is for the school districts of the respective cities and towns.

Housing

Households

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2006.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2006 data is available for the State and County only.

Housing

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2006.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2006 data is available for the State and County only.

Education

School Enrollment

Data Source:	Colorado Department of Education, Colorado Education Statistics, http://www.cde.state.co.us/index_stats.htm , 2007
Years:	2003-2007
Notes:	School district data available.

Educational Attainment

Data Source:	US Census 2000, and US Census County Quick Facts.
Years:	2000, 2006.
Analytic Method:	Census 2000 data is available for the state, county, the city of Trinidad, and the towns of Aguilar, Branson and Kim. 2006 data is available for the state and county only.

Employment

Employment

Data Source:	U.S. Department of Labor, Bureau of Labor Statistics, Labor Market Information 2006
Years:	2006.
Analytic Method:	Data is available for the state and county only.

Travel Time to Work

Data Source:	U.S. Census
Years:	2000
Analytic Method:	Travel time to work for workers 16 years and over who do not work at home



Employers

Las Animas County Employers by Industry

Data Source:	US Census, County Business Patterns.
Years:	2005
Analytic Method:	Data is available at the county level only. Numbers reflect the number of employer by industry for the entire year.

Commuting Patterns

Data Source:	U.S. Department of Labor, Bureau of Labor Statistics and Colorado Department of Labor and Employment, Labor Market Information (http://www.coworkforce.com/) 2006, http://www.coworkforce.com/lmi/ali/lfpage.asp
Years:	2006
Analytic Method:	Only county and state-level data are currently available.

Maternal, Infant and Child Health

Data Source:	Health Statistics Section, Colorado Department of Public Health & Environment
Years:	2000, 2001-2005
Analytic Method:	Only county and state-level rates are available. Rates are from 2000

Data Source:	Colorado Department of Public Health and Environment Maternal & Child Health Profile, 2007
Years:	2000-2005
Analytic Method:	All rates are per 100,000 unless otherwise indicated.

Mortality

Data Source:	Health Statistics Section, Colorado Department of Public Health & Environment, 2007
Years:	2002-2007
Analytic Method:	Only state and county level data are available. Rates are per 100,000 unless otherwise indicated.

Hospital Market Share and Payer Data

Discharges by Service for Service Area Residents

Data Source:	Colorado Hospital Association Discharge Data Program, Product Line and Market Share Report for Mount San Rafael Hospital.
Years:	4 th Quarter of 2006
Analytic Method:	Product line groupings are based on CMS DRGs/MDCs. The service area is defined as Las Animas County zip codes 81082, 81020, 81091, 81059, 81024, 81081, 81070, 81074, 81027, 81042, 81046, 81049, 81032, Bent County zip code 81054, Huerfano county zip codes 81089 and 81055 and New Mexico zip code 87740.

Payor and Level of Service Information

Data Source:	Colorado Hospital Association DATABANK Monthly Report, Inpatient Utilization Discharges for January-December 2007.
Years:	2007
Analytic Method:	Payor categories are by percent of total discharges, and for inpatient utilization.



Health Services Access

CICP Utilization

Data Source:	Medically Indignant and Colorado Indignant Care Program Fiscal Year 2005-06 Annual Report
Years:	2005-2006

Health Insurance Estimates

Data Source:	Source: Census Small Area Health Insurance Estimates, (http://www.census.gov/hhes/www/sahie/data.html)
Years:	2000
Analytic Method:	Only state and county level data is available.

Child Utilization of CHP+ and Medicaid

Data Source:	2007 KidsCount in Colorado
Years:	Fiscal Year 2005-2006
Analytic Method:	Numbers reported are based on the number of children who were enrolled in CHP+/Medicaid at any time during the year.

Access to Services

Data Source:	Colorado Department of Public Health and Environment Maternal & Child Health Profile, 2007
Years:	2000-2005
Analytic Method:	All rates are per 100,000 unless otherwise indicated.

Medicare and Medicare Advantage Enrollment

Data Source:	Centers for Medicaid and Medicare Services, http://www.cms.hhs.gov/HealthPlanRepFileData/02_SC.asp#TopOfPage
Years:	2005
Analytic Method:	Eligibles: The number of original Medicare eligibles---individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare. : Enrollees: The number of Medicare Advantage enrollees---individuals who are currently enrolled in a Medicare advantage plan of some type.

Medicare Enrollees with Drug Coverage

Data Source:	Centers for Medicaid and Medicare Services, http://www.cms.hhs.gov/HealthPlanRepFileData/02_SC.asp#TopOfPage
Years:	As of March 18, 2006
Analytic Method:	Includes all types of drug coverage. Dual eligibles (Medicare and Medicaid) are automatically enrolled in drug coverage.

Medical Capacity Assessment

Data Source:	Direct interviews with provider practices
Years:	February 2008
Analytic Method:	Direct interview with office managers and/or physicians as appropriate.



Dental Capacity Assessment

Data Source:	Colorado Department of Public Health and Environment, Primary Care Office
Years:	January 2008
Analytic Method:	Direct interview with office managers and/or physicians as appropriate. Calculations made as required by the federal Health Resources and Services Administration HPSA designation process.

Other Capacity Assessment

Data Source:	“Community Health Resource Guide,”The Colorado Health Foundation and Community Resource Center; internet search
Years:	2007; February 2008
Analytic Method:	