



Community Health Needs Assessment Report

May 2019

Summary

This report is the culmination of San Luis Valley Health's (SLVH) commitment to serve residents of south-central Colorado including the counties of Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache. This is SLVH's third shared needs assessment process since 2013. For the 2019 Community Health Needs Assessment (CHNA), SLVH collaborated with the Colorado Health Institute (CHI), an independent strategic advisor and skilled evaluator group, to plan and facilitate the overall CHNA strategy, coordination of data collection, and summary report.

This report provides an overview the 2019 CHNA findings for the six-county region and contains information and explanations of the data for these six counties.

Community Defined

The scope of the 2019 CHNA assessment includes Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache counties, which together comprise the San Luis Valley (SLV or Valley) in south-central Colorado. The region is an extensive high-altitude valley of approximately 8,000 square miles (approximately 122 x 74 miles) with an average elevation of 7,664 feet above sea level. The principal towns are: Alamosa, Monte Vista, Del Norte, South Fork, Creede, Saguache, Center, Fort Garland, San Luis, Antonito, La Jara, Capulin, Manassa, Sanford, Crestone, Villa Grove, Hooper, Mosca, San Acacio and a number of smaller locations.

The SLV is home to over 47,000 residents and much of the land is pastureland, used for grazing. Farming is generally concentrated in Conejos County and around the towns of Alamosa, Monte Vista and Center. Primary crops include potatoes, lettuce, wheat, and barley. Predominantly agricultural in nature, the area is also one of the poorest rural areas of Colorado.

Other economic contributors in the region include tourism and higher education. Adams State University, a four-year state college, with approximately 2,500 resident students, is the major educational institution, while Trinidad State Junior College also has a campus in Alamosa. SLVH is the largest employer in the Valley with over 800 employees.

Purpose of Community Health Needs Assessments

The 2019 CHNA report provides a roadmap for improving and promoting the health of the community. The CHNA process identifies factors that influence the health of a population and determine the availability of resources that adequately address health concerns. With the information provided through this process, SLVH has developed a plan to address community health priorities and build capacity of existing programs, resources and partnerships.



Overview of Efforts to Address Health Needs Identified in the 2016 CHNA Report

In the CHNA report published in 2016, priorities included substance use and abuse, wellness, mental health, child development and maternal care coordination and child obesity, and veteran health care access.

Response to Substance Abuse:

All SLVH primary care clinics use screening and assessment tools for substance use disorders, review of prescription drug monitoring, and referrals for substance use disorder treatment. Other ancillary supports include behavioral health (BH), physical therapy, and chiropractic treatment. SLVH's two Emergency Departments (EDs) implemented clinical guidelines for alternatives to opioids to help address the opioid epidemic and provide alternative care and services as first line treatment. Through grant funding, SLVH has advanced the integration of BH services by expanding care coordination in primary care clinics with a focus on effectively and efficiently helping navigate ED and hospitalized patients with substance use disorders back to primary care services

Wellness:

SLVH continues to participate in several initiatives aimed at improving clinic access and provider/health team availability to promote continuity of care, prevention services, and ongoing health care management for chronic care management. An organizational area of focus has been to correctly identify and document patients' primary care providers in order to facilitate patient care services and follow up appropriately and in a timely manner. SLVH has collaborated with other Valley health care organizations in this effort. In addition, SLVH has continued other collaborative efforts such as the Rural Residency Training Program, sponsoring health promotion and safety events to support healthy lifestyle choices. SLVH also participated with a Federally Qualified Health Center in a School-Based Health Clinic planning process; the project ultimately ended.

Mental Health:

SLVH has standardized BH screening processes in its primary care clinics to support patients' access and referral pathways to BH. Through grant funding, SLVH has advanced the integration of BH services by expanding care coordination in primary care clinics. These staff participate in the development of integrated BH treatment plans and follow up on ED and hospital patients with BH and substance use disorders to impact clinical outcomes, patient/provider satisfaction, and cost of care.

Child Development and Maternal Care Coordination and Child Obesity:

SLVH continues to participate in local efforts to improve maternal and newborn health through the SLV Neonatal Task force, Community Connections Advisory Board (recently disbanded), and Colorado Hospital Substance Exposed Newborn Education Collaborative. Two full-time care coordinators were added in the Women's Health Clinic and Pediatric Clinic to support ongoing health care services, continuity of care, and community supports for maternal and newborn health.

Veteran Health Access:

SLVH participates in providing Veteran's services under the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) and continues participation in the VA Coalition to help coordinate services to Veterans in the region.

CHNA Methodology

Engaging the Community

The CHNA process requires engaging key community stakeholders to solicit their perceptions of the most pressing health needs in their community. Based on their leadership in, and knowledge of, the community, SLVH convened key stakeholders to provide counsel at community meetings facilitated by CHI on April 12 and May 10, 2019. The goal of these meetings was to gather input from community participants to:

- Identify and prioritize the health needs of the Valley
- Gain insights on current assets and gaps regarding health improvement, and
- Specify opportunities for SLVH to address the health needs in the community through their upcoming CHNA, response and implementation plan.

The First Step: Identifying Health Needs

To set the foundation, CHI created an overview of the community's health status using data from a variety of public sources:

- ***Colorado Health Access Survey (CHAS)*** to detail insurance coverage, overall health, and wait times to access care.
- ***County Health Rankings*** a statewide comparison of how counties in the SLV compare to other counties in the state across health outcomes (including length and quality of life) and health factors (including health behaviors, clinical care, social and economic factors, and the physical environment).
- **The University of Wisconsin's Area Deprivation Index** illustrating the resiliency of communities at the sub-county level using 17 different markers of socioeconomic/ demographic status.

During its first community meeting on April 12, CHI asked SLV stakeholders their reaction to the data, and share what health-related services and supports are missing in the Valley. The most commonly identified community health needs were:

1. Access to care (primary and specialty care),
2. Chronic disease (obesity and diabetes),
3. Transportation resources,
4. Mental and BH services, and
5. Substance abuse.

Following the first meeting, SLVH distributed a survey to a broader target group of community residents asking about the overall health of their community, access and use of health care services, health needs of the community, and the social determinants of health. The survey asked participants to give their perspective of the county where they live. Over 250 responses were completed. The most common "major issues" were:

- Substance abuse,
- Poverty,
- Chronic disease,
- Education, and
- Family support services.

Prioritization of specific physical and mental health needs, substance abuse, and community health needs by survey respondents are visualized in Figures 1, 2, and 3 below.

Figure 1. Survey Respondent Prioritization of Physical & Mental Health Needs of the Community
Survey Results – Physical & Mental Health

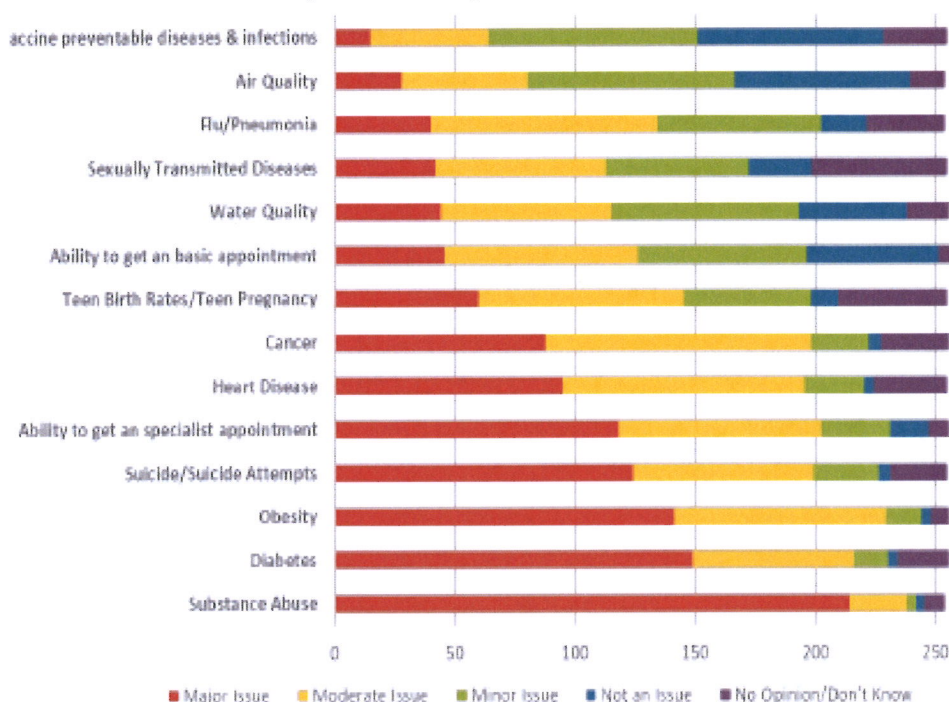


Figure 2. Survey Respondent Prioritization of Substance Abuse Needs of the Community
Survey Results – Substance Abuse

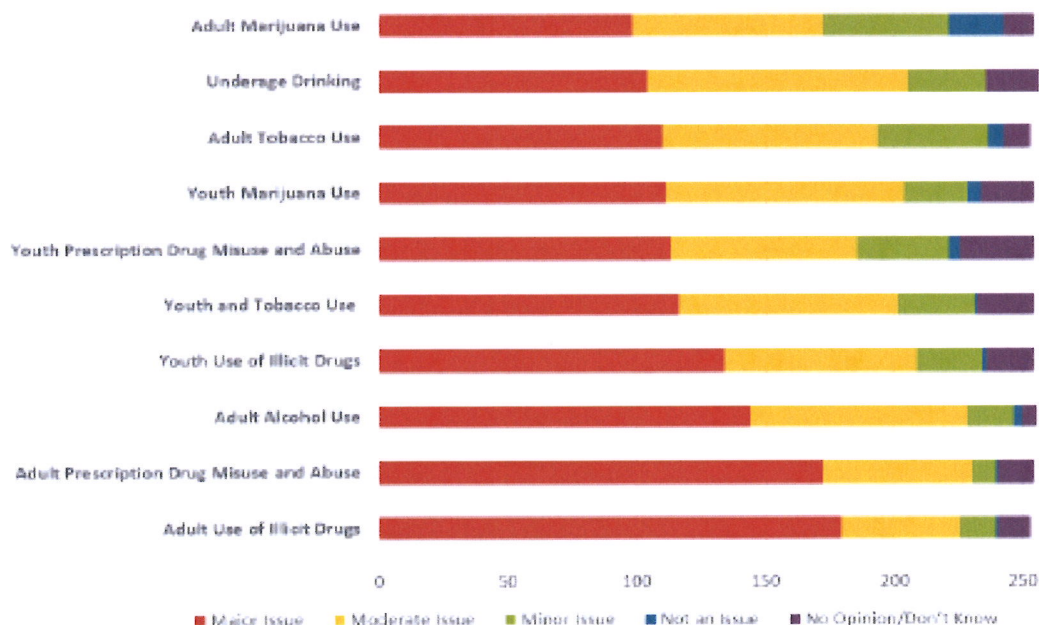
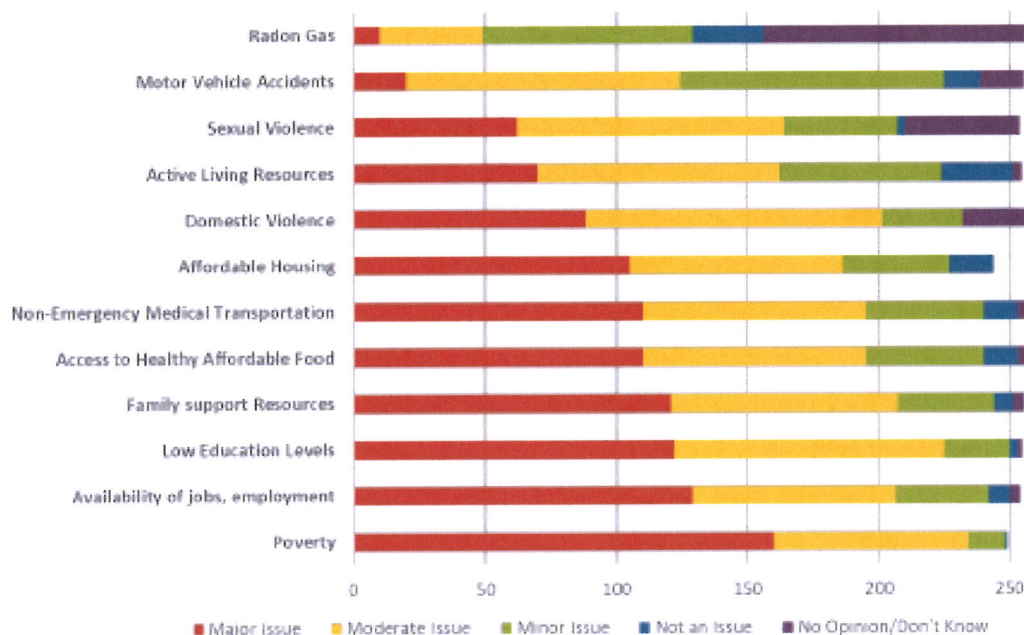


Figure 3. Survey Respondent Prioritization of Community Health Needs
Survey Results – Community Health



The Second Step: Prioritizing Health Needs

By aggregating and analyzing three “data streams” (public data assembled by CHI, survey results and community input from the first meeting) CHI identified five pressing community health needs for the SLV:

1. Access to Care,
2. Chronic Disease Management,
3. Mental Health Prevention and Improvement,
4. Substance Abuse prevention, treatment and recovery, and
5. Poverty mitigation.

CHI validated these top five issues in the second meeting by asking participants to assess the pressing needs identified in each data stream and determine overall priorities.

Figure 4—a handout to lead the discussion during the second stakeholder meeting—illustrates the three data streams used to identify community priorities.

(Please see page 6.)

Figure 4. Colorado Health Institute Ranking of Data, Convening Responses, and Survey Results

	Data	Convening	Survey Results
1.	Poverty	Access to Care	Substance Abuse
2.	Substance Abuse	Chronic Disease	Poverty
3.	Access to Care	Transportation	Chronic Disease
4.	Length of Life	Mental Health	Education
5.	Quality of Life	Access to Specialty Care	Family Support Services
6.	Social and Economic Factors	Substance Abuse	Mental Health
7.	Health Behaviors	Social Services	Access to Specialty Care
8.	Physical Environment	Health Literacy	Domestic Violence
9.	Clinical Care	Care Coordination	Family Support Services
10.	Education	Insurance Coverage	Employment Availability

CHI asked stakeholders to brainstorm current supply, needed services, and success outcomes.

- Where are major partners related to the specific health need,
- What programs exist that are addressing the issue,
- What is currently missing in the San Luis Valley, and
- What would be a reasonable five-year outcome to address the health need?

Figures 5 through 9 - Snapshots of feedback received.

Figure 5. Snapshot of Access to Care

Access to Care	
<u>Who are the major partners in this space?</u> <ul style="list-style-type: none"> • Public and Private Insurance providers • Public Health and Human Services • Health care providers offering specialty care and behavioral health services • Nursing Homes • K-12 Schools and Adams State • Community programs around workforce, seniors, veterans, immigrants, and faith-based organizations 	<u>What are the major programs addressing this issue?</u> <ul style="list-style-type: none"> • The Low Energy Assistance Program (LEAP) and the Law Enforcement Assisted Diversion (LEAD) • School nurses • Self-management programs • Same-day scheduling • Crossroads Turning Points Inc. • Programs through the Behavioral Health Group • Integrated primary care offices • Health fairs
<u>What's currently missing?</u> <ul style="list-style-type: none"> • Recovery, prevention, and treatment for substance abuse • Affordable insurance options • Telehealth resources • Public transportation infrastructure 	<u>What is a reasonable five-year outcome?</u> <ul style="list-style-type: none"> • Reduction in stigma • Transportation infrastructure • Telehealth resources • More affordable insurance options • Substance abuse aversion • more affordable insurance options

Figure 6. Snapshot of Chronic Disease

Chronic Disease	
<u>Who are the major partners in this space?</u> <ul style="list-style-type: none"> • Area Health Education Center (AHEC) • Health care providers • South-Central Colorado Seniors, Inc. • Social Services • Alamosa County Public Health • Alamosa Parks and Recreation 	<u>What are the major programs addressing this issue?</u> <ul style="list-style-type: none"> • Self-management programs • Revitalize the Rio • Oncology and wellness programs • Diabetes management programs • Options for Long-Term Care • Local farmer's markets
<u>What's currently missing?</u> <ul style="list-style-type: none"> • Resources for specialized chronic conditions • System navigation for patients • Comorbidity services • Efforts around prevention • Collaboration between employers and partner organizations • Affordable health foods • Food insecurity resources • Educational resources 	<u>What is a reasonable five-year outcome?</u> <ul style="list-style-type: none"> • Public information/wellness campaign • Culturally appropriate interventions • Maximized navigation and coordination through Regional Accountable Entities (RAEs) • Telehealth utilization for dialysis and cardiology • Expanded use of Double Up Food Bucks • Comprehensive wellness care expansion • Improved lifestyle changes for San Luis Valley Residents

Figure 7. Snapshot of Mental Health

Mental Health	
<u>Who are the major partners in this space?</u> <ul style="list-style-type: none"> • San Luis Valley Behavioral Health Group • San Luis Valley Health • Ascension Counseling • Private practitioners • Valley Wide Health Systems • Adams State counseling services • The Center for Restorative Programs • Community, School, and Church partnerships 	<u>What are the major programs addressing this issue?</u> <ul style="list-style-type: none"> • Integrated primary care offices • LEAD • School-based specialists • Care giving support groups • Psychiatric services • Jail-based services • Emergency medical services • Care coordinators • Intensive case management
<u>What's currently missing?</u> <ul style="list-style-type: none"> • Behavioral health literacy • Inpatient psychiatric services • Language interpreters • Culturally diverse provider staff • Communication of available resources • Social connections within the community • Funding for mental health resources • Access to life skills classes through schools • School counselor staff 	<u>What is a reasonable five-year outcome?</u> <ul style="list-style-type: none"> • Telehealth utilization • Further integrated health services • Improved wait times for behavioral health services • Improved access to behavioral health services and social connections • Decreases in stigma and childhood trauma

Figure 8. Snapshot of Substance Abuse

Substance Abuse	
<u>Who are the major partners in this space?</u> <ul style="list-style-type: none"> • Area Health Education Center (AHEC) • Alamosa County Drug Alcohol Abuse Prevention Coalition • Crossroads Turning Points Inc. • The Behavioral Health Group • San Luis Valley Health and Valley Wide 	<u>What are the major programs addressing this issue?</u> <ul style="list-style-type: none"> • LEAD • San Luis Valley Health Access Risk Reduction Project (SGARRP) • Crossroads Turning Points Inc. • Behavioral Health Group • Medication Assisted Treatment (MAT)

<ul style="list-style-type: none"> Health Systems • LEAD • Law Enforcement, Probation Officers, District Attorney • Public Health • The City of Alamosa • State Partners • The Center for Restorative Programs • Public Schools • Jail and Prison Systems 	<ul style="list-style-type: none"> • Recovery support groups • Faith-based programs • Ascension Counseling Services
<p><u>What's currently missing?</u></p> <ul style="list-style-type: none"> • Recovery support • Inpatient toxicology • Literacy around Adverse Childhood Experiences (ACES) and addiction as a chronic illness • Medication Assisted Treatment (MAT) • Youth recovery support 	<p><u>What is a reasonable five-year outcome?</u></p> <ul style="list-style-type: none"> • Improved access to care • Stigma reduction • Zero children born into substance abuse • Increased youth activities and family health • Linking access to contraception and substance abuse outreach • Increased awareness of available resources, • More funding for prevention services

Figure 9. Snapshot of Poverty

Poverty	
<p><u>Who are the major partners in this space?</u></p> <ul style="list-style-type: none"> • La Puente • School Districts • City and County of Alamosa • Workforce Center • Behavioral Health Group of San Luis Valley • San Luis Valley Health and Valley Wide Health Systems • Colorado Rural Housing Development Corporation • Alamosa Housing Authority 	<p><u>What are the major programs addressing this issue?</u></p> <ul style="list-style-type: none"> • Food shelters and food banks • Outreach for financial assistance • Adelante Housing • PALS, Rethreads • Rainbow's End Thrift Store • McKinney-Vento Homeless Education Program • Temporary Assistance for Needy Family (TANF) • Free or reduced meal program • Supplemental Nutrition Assistance Program (SNAP) • After-school programs • Affordable housing option
<p><u>What's currently missing?</u></p> <ul style="list-style-type: none"> • Education resources • Jobs with living wages and benefits • Affordable housing • Childcare • Language interpreters • Funding sources • Cultural shift towards workforce • Resources to transition from underemployment 	<p><u>What is a reasonable five-year outcome?</u></p> <ul style="list-style-type: none"> • Resources to address populations living off-grid • Increased funding sources • Improved rates of financial stability • Improved access to fresh foods • Transportation resources • Drug counseling resources • Establishment of a coop of employers to create a job bank • Local programs for employment development • Childcare resources, • Job share opportunities.

The purpose of this activity was to help SLVH identify existing partners and programs to align their efforts with, and potentially share, resources; understand what major changes residents would like to see in five years; and gather ideas for strategies that SLVH can further investigate.

The Third Step: SLVH Response and Implementation Plan

On May 30, 2019, SLVH evaluated the findings from the meetings described above along with the survey results during the review and revision of its Strategic Roadmap planning process May 30, 2019, and developed objectives and activities to address the community needs and priorities as defined by the CHNA.


1. Access to Care
 - a. As an integrated health care organization, SLVH aspires to achieve the quadruple aim in meeting the health care needs of patients. This includes: 1) enhancing access and patient satisfaction; 2) improving outcomes; 3) reducing cost, and 4) improving provider and staff satisfaction.
 - b. SLVH will develop processes to increase access to patient care by optimizing clinic schedules and staffing patterns, consider extending hours, and improve other processes to support health care services, e.g. prior authorization of medications, procedures, and referrals.
 - c.
 - d. Continue to evaluate and assess potential service lines to benefit the health needs of our patient population.
2. Chronic Disease Management
 - a. Improve communication through appropriate exchange of information through the continuum of care to support overall health care management. Ensure identification of primary care providers during SLVH registration processes to support the coordination of health care services.
3. Mental Health Prevention and Improvement
 - a. In order to improve patient safety, advance integrated BH services and screenings in EDs to identify high-risk patients.
 - b. Standardize screenings in EDs to be more effective in addressing and providing protective factors during ED visits.
 - c. Improve transitions of care through safe discharge planning, coordinated access of BH services into primary care settings, connect patients to community-based services and resources, and ensure follow up at appropriate intervals.
4. Substance Abuse Prevention, Treatment and Recovery
 - a. Implement evidence-based standards and best practices to limit opioid use, increase alternatives to opioids as a first line treatment, implement harm reduction strategies, and referrals for substance use treatment.
 - b. Use a multispecialty medical approach to address opioid management, improve transitions of care through a safe discharge plan, improve access to integrated primary health care services, care coordination, and follow up in the local health care system.
5. Poverty Mitigation
 - a. SLVH is also committed to working with community partners on focus groups, workforce committees and activities developed and intended to strengthen both the local workforce pipeline and strengthen the local economy.
 - b. SLVH realizes its staff is its most valuable asset in achieving its mission and vision. SLVH will continue to invest in a cost-effective, sustainable education plan to address the needs of the workforce and support the organization's mission. Special attention will be devoted to developing emerging staff and provider leaders through internal and external sources.



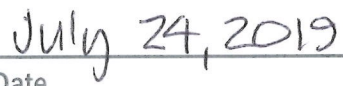
- c. SLVH's employee education program and scholarship advocacy supports the advancement of knowledge, training, skill-base and competency of its employees in order to provide up-to-date safe and effective health care services.
- d. Continued commitment to engage our community and volunteer service experiences.

Approval

The SLVH Board of Trustees approves the priorities and responses identified in the 2019 community health needs assessment.



Karla Hardesty, President



Date