



Community Health Needs Assessment Report

June 2022

Summary

This report is the culmination of San Luis Valley Health's (SLVH) 2022 Community Health Needs Assessment (CHNA). SLVH collaborated with the Colorado Health Institute (CHI), a health policy research organization with a 20-year track record of supporting community partners in advancing health for all Coloradans. CHI worked with SLVH to plan and facilitate the overall CHNA strategy, coordinate data collection, and summary report. This report and the work that follows, demonstrates SLVH's commitment to serve residents of south-central Colorado including the counties of Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache. This is SLVH's fourth shared needs assessment process since 2013.

Community Defined

The scope of the 2022 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 2022 CHNA report provides information and feedback for key community stakeholders to improve and promote the health of the SLV 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 2019 CHNA Report

In 2019, five priority issues were identified: Access to Care, Chronic Disease Management, Mental Health Prevention and Improvement, Substance Abuse Prevention, Treatment and Recovery, and Poverty Mitigation. Through the CHNA Implementation Plan, Hospital Transformation Program (HTP) measures were considered to align efforts when and where possible with identified community needs. Implemented in 2017, HTP was established under the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Act in concert with the Colorado Department of Health Care Policy and Financing. With its focus to improve patient outcomes through care redesign and integration with community-based providers, work plans align naturally and compliment SLVH's aim to maximize use of resources and effort. The table below shows the priorities that were established in 2019 along with SLVH activities to address them:

2019 CHNA Priorities and Implementation Plan

| | |
|---|---|
| <p>Access to Care</p> <ul style="list-style-type: none"> Patient Experience Surveys Extended Weekday hours of operation COVID Response \$25K to Valley-Wide for a wheel-chair accessible transport van Provider schedules include same-day, and hosp/ED follow up slots Evaluate need for service lines (increased Nephrology, Cardiology, Skin Clinic in Monte Vista) Monitor access to 3rd next available appointment Eagle Air Med 2020 | <p>Chronic Disease Management</p> <ul style="list-style-type: none"> Care Coordination Staff (work with RAE on key measures) Team-based Model of Care – PCP, chart/schedule scrubbing, work at top of scope, empanelment, care compacts Food drives to support local food banks Diabetes Education: CGM Monitoring (just starting up); Pump training (just starting up) |
| <p>Mental Health Prevention and Improvement</p> <ul style="list-style-type: none"> Integrated BH at ambulatory clinics: Expanded to 3 RHCs, OBGYN Standardized MH screenings in EDs, L&D to identify patients needing mental health crisis evaluation Re-implementation of Zero Suicide – Front line staff training on foundational knowledge; ~20 staff trained in QPR to spread training within organization Increased discharge planning support at Conejos County Hospital Integrated Care for Women and Babies in Women’s Health Clinic LEAD Advisory Board | <p>Substance Abuse Prevention, Treatment and Recovery</p> <ul style="list-style-type: none"> MAT-focused Care Coordination Continued work with community partners to reduce opioid use and increase use of alternatives to opioids (ED’s, hospitals, surgeries) |
| <p>Poverty Mitigation</p> <ul style="list-style-type: none"> Competitive compensation for workforce Education assistance and support “Grow your Own” technical staff Nurse Residency Program Host students, interns Monitor turnover and retention rates | <p>Hospital Transformation Program</p> <p>Goals: Improve Patient Outcomes</p> <ul style="list-style-type: none"> Lower Medicaid Costs Accelerate SLVH systems for VBP <p>SLVH Focus Areas: Readmissions, Hospital and ED Follow Up, Transitions of Care, Social Needs Screening, Well Visits, Alternatives to Opioids, Cost of Care, RAE Partnership</p> <p>Next Steps: Review interventions and work plan (copies available here)</p> <p>Provide SLVH feedback on our progress.</p> |

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 7th and April 27, 2022. The SLV community was highly engaged in the process with approximately 75 community stakeholders participating

through the convenings. Participants specifically included local city and county government officials, county public health directors, and organizations that work with vulnerable populations. The goal of these meetings was to gather input from community participants to:

- Identify and prioritize the health needs of the Valley
- Gain insight on current assets and gaps regarding health improvement
- Discuss opportunities for SLVH to address both immediate and long-term health needs in the community

As a result of the quantitative and qualitative data collection methods, three overarching opportunities emerged to include:

1. Strengthen and rebuild partnerships — which may have changed during the pandemic — with community organizations to improve community outreach and education.
2. Improve care coordination among partners through warm-handoffs and consistent follow-up after and between appointments.
3. Identify the health needs of special populations.

Identifying Health Needs

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

- ***Colorado Health Access Survey (CHAS)*** data provided the following measures: access to care (uninsured rate, telemedicine use, and barriers to care), quality of care (culturally responsive care and experiences of discrimination in health care), impact of the COVID-19 pandemic, mental health status, and food insecurity.
- The ***Colorado Health Information Dataset*** provided information regarding top causes of mortality and overdose death rates.
- ***County Health Rankings*** provided statewide comparisons in health outcomes (length of life and quality of life measures) and health factors (health behaviors, clinical care, social and economic factors, and physical environment factors).
- ***San Luis Valley Housing Assessment*** provided information regarding housing conditions in the Valley.

On April 7th, community stakeholders discussed these data and the extent to which they resonate with community experience. Stakeholders also discussed the most pressing health needs their community faces. These include, in no particular order:

- Behavioral health (substance use and mental health)
- Limited child care resources
- Impact of the COVID-19 pandemic on youth populations
- Access to care and chronic disease management
- Human services (food, transportation, and criminal justice)
- Health of special populations (veterans, seniors, and those experiencing homelessness)

Results from Community Survey

After the first meeting, SLVH distributed a survey to residents asking about the overall health of their community, access to and use of health care services, health needs in the community, and the social determinants of health.

The survey was available in both English and Spanish and could be filled out online or on paper. A total of 129 people responded to the survey.

Survey Respondent Demographics

Respondents were mostly between the ages of 25 and 54, white non-Hispanic, and female. Responding to demographic questions was optional; 118 individuals reported their race/ethnicity, and 121 reported their age and gender.

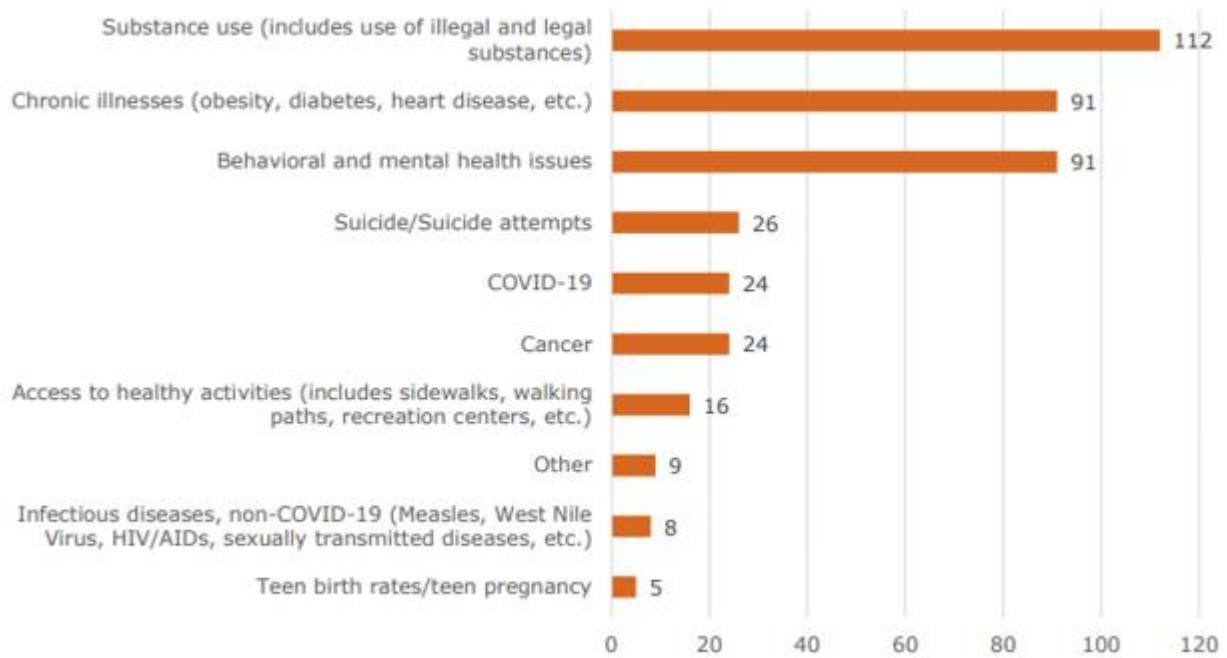
Pressing Health Needs

Respondents were asked to identify the most pressing health issues their community faces (see the table below). The top five, in descending order of frequency, include:

1. Substance use (including illegal and legal substances)
2. Behavioral and mental health issues
3. Chronic illness (including obesity, diabetes, heart disease, etc.)
4. Suicide and suicide attempts
5. COVID-19

Pressing Health Issues the San Luis Valley Faces

Note: Survey respondents could select more than one response.



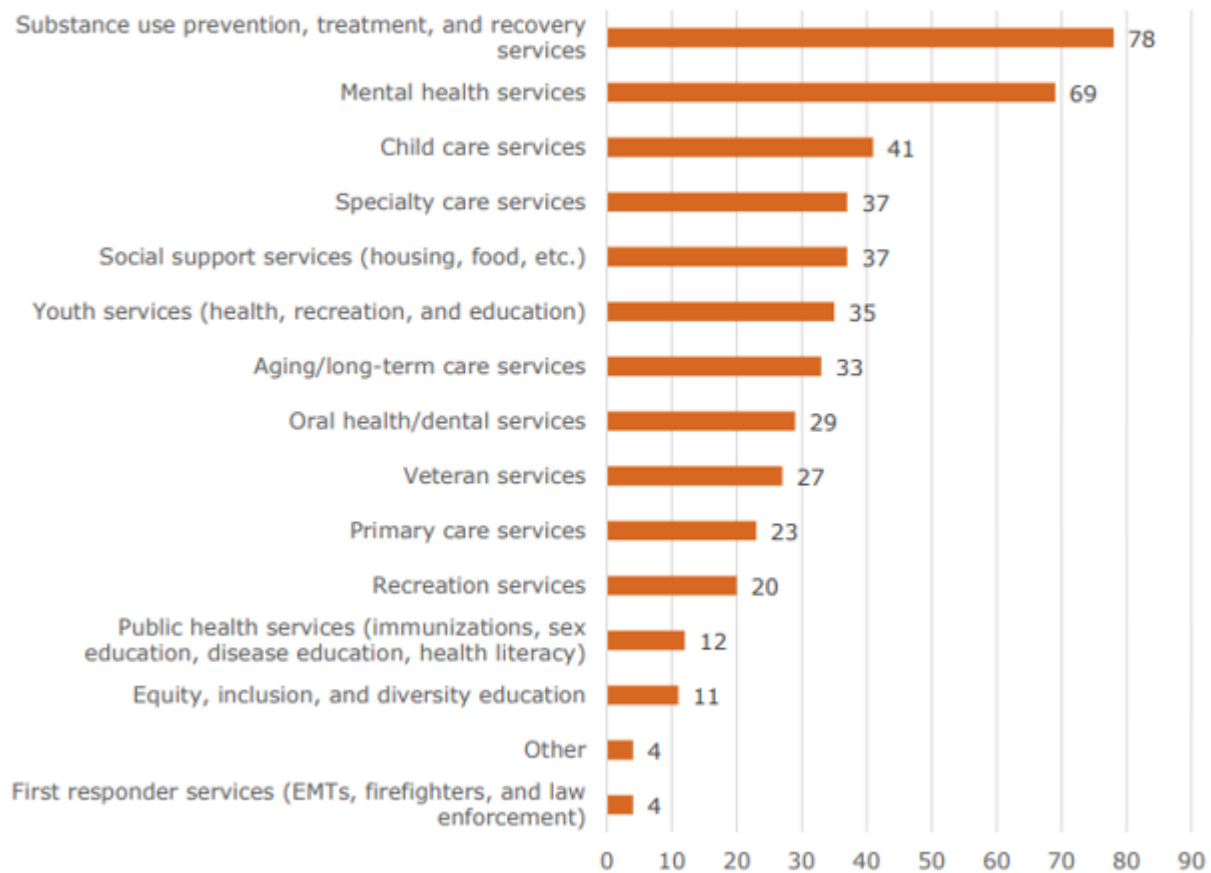
Service Needs

Respondents were asked to identify additional services needed to address health challenges (see below). The top five, in order of most to least reported, include:

1. Substance use prevention, treatment, and recovery services
 2. Mental health services
 3. Child care services
 4. Social support services (housing, food, etc.)
 5. Specialty care services
- One respondent specified the need to have a permanent oral surgeon in the Valley.

Additional Services Needed to Address Health Challenges and Improve Well-Being

Note: Survey respondents could select more than one response.



Barriers to Care

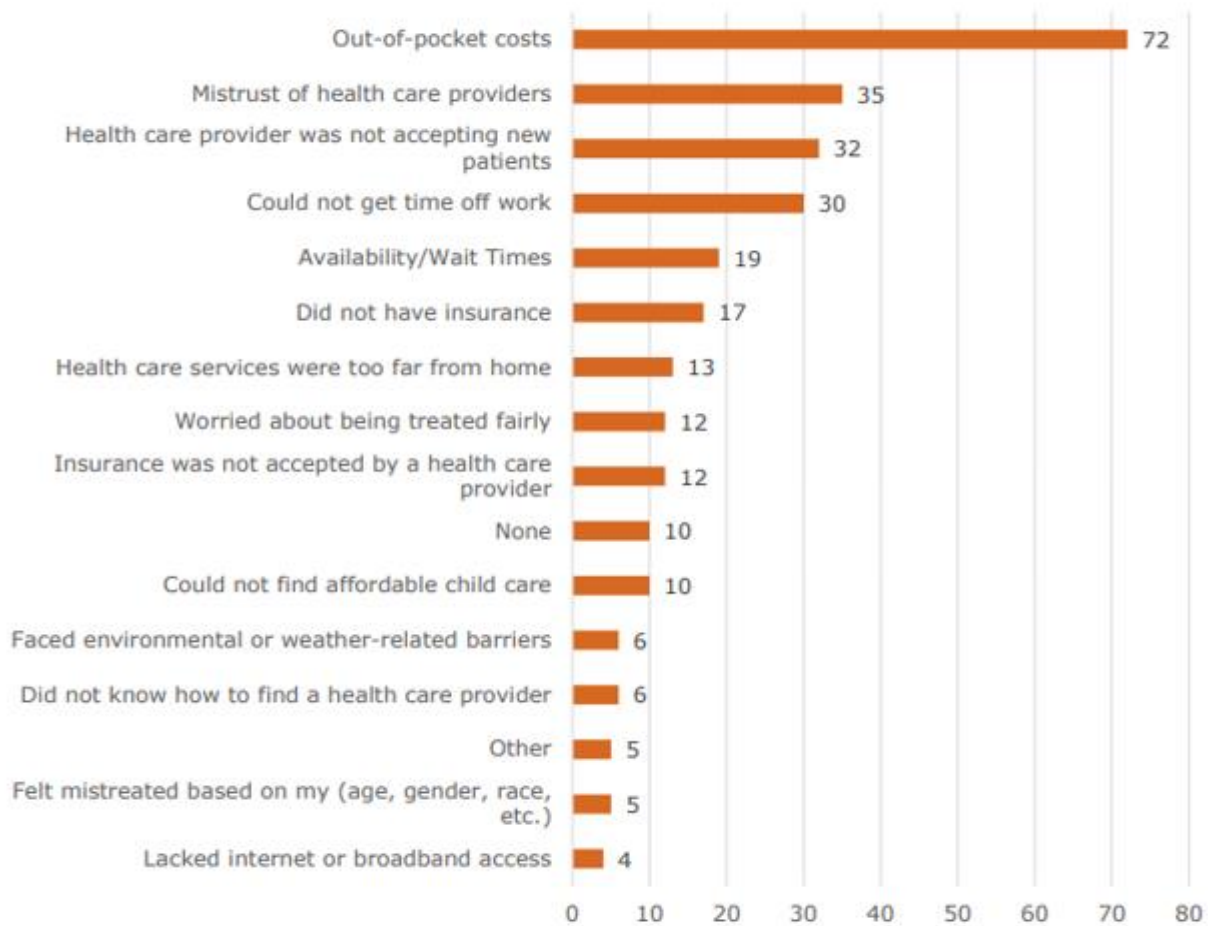
Respondents were asked to identify the most substantial barriers to accessing health care services (see next page). The top five, in descending order of frequency, include:

1. Out-of-pocket costs
2. Mistrust of health care providers
3. Health care provider was not accepting new patients
4. Could not get time off work
5. Lack of availability or long wait times

(“Lack of availability or long wait times” was not listed as a multiple-choice option on the survey but emerged as a common response for those who selected “other, please specify.”)

Barriers to Accessing Health Care Services

Note: Survey respondents could select more than one response.



Prioritizing Health Needs

CHI aggregated three data streams (publicly available data, stakeholder convening, and community survey) to identify which health priorities were consistent across them, see the table below.

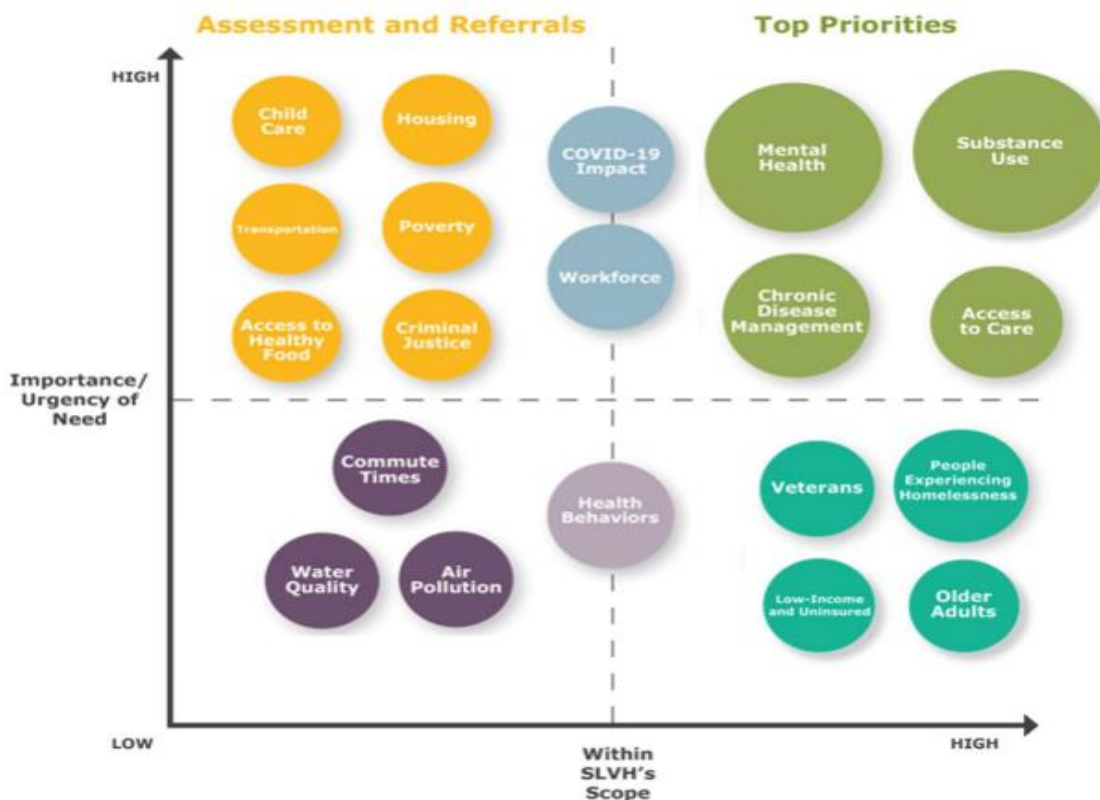
Aggregated, Prioritized Health Needs

| | Data | Convening | Survey Results |
|----|-----------------------------|--------------------------------|------------------------------------|
| 1 | Poverty | Mental Health | Substance Use |
| 2 | Substance Use | Substance Use | Mental Health |
| 3 | Mental Health | Access to Care | Chronic Illness |
| 4 | Quality of Life | Chronic Disease Management | Suicide |
| 5 | Social and Economic Factors | Access to Healthy Food | COVID-19 |
| 6 | Critical Care | Transportation | Cancer |
| 7 | Length of Life | Criminal Justice | Access to Healthy Activities |
| 8 | Health Behaviors | Workforce | Infectious Diseases (non-COVID-19) |
| 9 | Housing | Child Care and COVID-19 Impact | Teen Birth Rates/Teen Pregnancy |
| 10 | Physical Environment | Health of Special Populations | Other |

Through a mapping exercise (see map below), CHI assessed both the importance of identified health issues, as well as alignment with SLVH’s scope. Four pressing community health needs emerged. These include:

1. Substance use
2. Mental health
3. Chronic disease management
4. Access to care

Prioritized Health Needs by SLVH Scope



At the second convening on April 27, attendees formed small groups to discuss each of the four pressing health needs. Specifically, the groups were asked to consider:

- Immediate or short-term actions within SLVH’s scope to address each health priority.
- Changes or differences they would like to see three years from now.

CHI identified several cross-cutting opportunities from the small-group discussions. These opportunities and example activities are included in the table below.

| Opportunity | Example Activities |
|--|---|
| Strengthen and rebuild partnerships —which may have changed during the pandemic—with community organizations to improve community outreach and education. | <ul style="list-style-type: none"> • Participate and/or support health service fairs in partnership with community-based organizations |
| Improve care coordination among partners through warm-handoffs and consistent follow-up after and between appointments. | <ul style="list-style-type: none"> • Improve referral processes to community-based organizations |
| Identify special populations and some of their unique health needs. | <ul style="list-style-type: none"> • Support peer-to-peer resources for veterans • Increase availability of interpretation services |

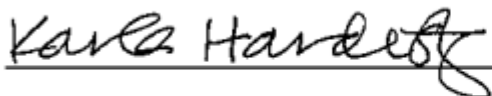
In addition to these goals, community stakeholders identified the importance of **recruiting and retaining a diverse health care workforce** as a community need. Strategies to address this need include **strengthening hospital/university partnerships to recruit health care professionals** and continuing to **support efforts to increase the availability of affordable housing**.

Conclusion

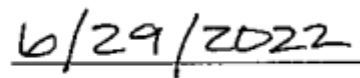
SLVH can address the health needs identified in the CHNA by working toward these overarching opportunities and leveraging community assets through established relationships such as community-based organizations and university partnerships. Next steps will include development of an Implementation Plan and strategies to build upon SLVH’s ongoing commitment to improving the health of residents in the SLV.

Approval

The SLVH Board of Trustees approves the priorities and responses identified in the 2022 community health needs assessment.



Karla Hardesty, President



Date