

San Luis Valley Health 2025 Community Health Needs Assessment

JUNE 2025



Informing Strategy. Advancing Health.

Introduction

San Luis Valley Health (SLVH) has served the San Luis Valley for over 90 years. Its Regional Medical Center is a 49-bed hospital providing medical, surgical, intensive, and obstetrics care to residents of Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache counties.

SLVH recently conducted its 2025 Community Health Needs Assessment in partnership with the Colorado Health Institute (CHI) to better understand the community's evolving health and social needs and clarify the role SLVH can play in addressing them. This report includes findings and recommendations that emerged from this process. It builds on the [2022 Community Health Needs Assessment Report](#), reflecting both ongoing priorities and new areas of opportunity.

This assessment comes at a pivotal time. SLVH, like many of Colorado's rural hospitals, faces shifting funding landscapes and regulatory changes at both the state and federal levels. These challenges underscore the importance of planning to ensure that SLVH can continue to deliver high-quality, accessible care to the San Luis Valley (SLV).

Methods

Data Collection

SLVH and CHI engaged in a robust data collection process to understand community needs, challenges, and opportunities. Together, the team leveraged three complementary data collection methods.

Quantitative Data

CHI analyzed over 70 secondary data indicators to assess local and regional barriers to care, health outcomes, health behaviors, social and health-related needs, demographics, income, insurance coverage, individualized care needs, and overall health status. Data sources included the Colorado Health Access Survey, the Behavioral Risk Factor Surveillance System, the American Community Survey, and the Community Assessment Survey for Older Adults. This information is cited throughout this report.

Community Survey

In April 2025, SLVH developed and disseminated a community survey to gather residents' perspectives on local health needs and priorities. The survey was available in English and Spanish and administered in both online and paper formats. A total of 145 community members responded, providing valuable insight into lived experiences and concerns.

Community Convenings

CHI facilitated two hybrid community convenings in Alamosa, attended by approximately 50 local leaders and partners across both meetings. The first convening, held on April 2, gathered insights into pressing health issues and reactions to the initial data findings. The second, held on May 13, focused on refining SLVH's priority areas and collecting community-driven recommendations for action.

These convenings served to validate the data findings and ensure community voices were at the heart of the Community Health Needs Assessment process. Participants expressed their appreciation for SLVH's ongoing commitment to community engagement with one remarking:

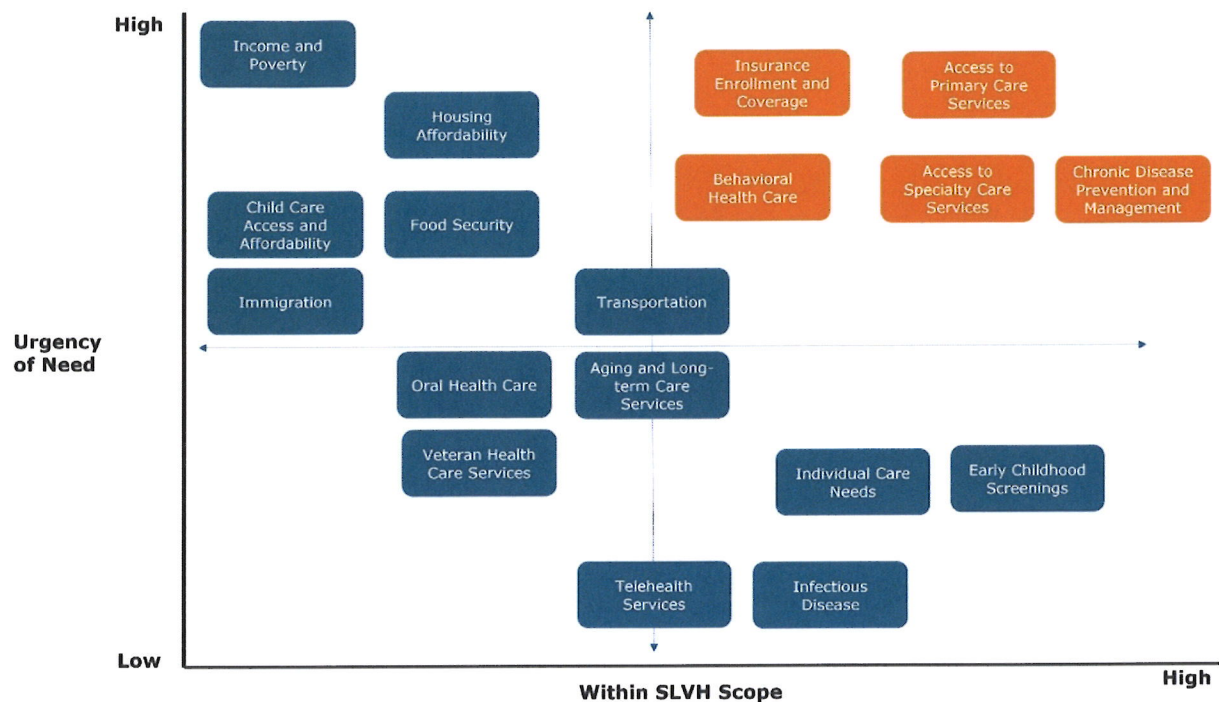
"Every year you come back, and every year I see you do things we talk about here."

— Clarissa Woodworth Espinoza, community participant

Prioritization

The three data collection activities identified priority areas for SLVH. In collaboration with SLVH, CHI developed a matrix to guide this prioritization process. The matrix illustrates the relationship between the most urgent or high-priority health needs, and SLVH's ability to address each need within its scope of services (Figure 1).

Figure 1. SLVH Health Need Prioritization Matrix



Findings and Recommendations

SLVH and CHI prioritized five areas identified in Figure 1: chronic disease prevention and management (1), access to primary care services (2), access to specialty care services (3), insurance coverage and enrollment (4), and behavioral health care (5). This Community Health Needs Assessment presents the key findings and recommendations across these priority areas.

Chronic Disease Prevention and Management

Findings

Residents of the SLV experience disproportionately high rates of chronic illness when compared with other counties in Colorado, and many would benefit from additional prevention and disease management services. Counties in this region have higher rates of diabetes (11% regionally compared with 8% statewide), high blood pressure (32% regionally compared with 26% statewide), and high cholesterol (35% regionally compared with 31% statewide).¹ In the community survey, 65% of respondents listed chronic illness as one of the most pressing health concerns. Conditions such as diabetes, hypertension, and obesity were frequently cited as reasons why respondents rated their community as “unhealthy.” Mortality rates for chronic diseases — like heart disease, cancer, and lower respiratory illness — are higher in the SLV than elsewhere in Colorado.²

Recommendations

To address these issues, SLVH should build on its strong foundation and continue with current chronic disease management efforts, such as:

- Participation in value-based care programs and care coordination to improve organizational systems and patient outcomes.
- The Remote Patient Monitoring Program.
- Diabetes education and community nutrition and outreach classes.
- Prioritizing access to annual well visits and chronic disease management care.
- Follow-up scheduling for patients after an ED/hospital discharge.

SLVH can also consider new or expanded strategies, including:

- Develop community-clinical linkage programs that connect people with or at risk of chronic illnesses to relevant local prevention and disease management services.
- Expand marketing and education efforts focused on the importance of annual wellness visits and offering guidance on how to access these services. This can include engagement with community wellness programs or annual health fairs.
- Provide free or low-cost chronic disease screenings and lab services.
- Expand early childhood screenings to support Universal Pre-K screening requirements.

Access to Primary Care Services

Findings

Accessing primary care is challenging for many residents. According to the Colorado Health Access Survey, about one in five people in the SLV (19%) did not visit a doctor in 2023, and community members believe this number may be rising due to the Medicaid continuous eligibility unwind, which was triggered by the end of COVID-19 public health emergency, and ongoing access to care barriers.³

Cost is a major challenge in accessing primary care. More than half of community survey respondents (61%) said out-of-pocket costs were a substantial barrier to getting needed health care, and nearly one in 10 residents said that they skipped seeing a doctor due to cost in the past year.⁴ Many community respondents who rated their community as “unhealthy” cited these barriers, explaining that people often delay care because it is too expensive and wait until they are very sick before seeking treatment.

Service availability is another major barrier to care. Nearly one in 10 residents in the valley (9%) were not able to find a doctor who was accepting new patients.⁵ Additionally, most older adults (73%) said that the availability of affordable physical health care is fair

or poor in the region and about a third said getting the health care they need is a problem (32%).⁶

Many survey respondents reported that there are not enough primary care providers in the community and that many health care settings have limited hours. More than one in three (36%) said they would like to see additional primary care services made available. Local leaders and partners said that some people who use the emergency department do not see or do not have a usual primary care provider.

Recommendations

SLVH has already worked to address issues related to primary care access and should continue these efforts, including:

- Offering men's health and breast health screenings and awareness events.
- Implementing advanced team-based care models.
- Conducting targeted education and outreach for well-visit scheduling.

SLVH can also consider options to:

- Make appointment scheduling within the patient portal more user friendly.
- Expand primary care hours. Community survey respondents identified specific times that would be helpful, including early mornings from 7 to 9 a.m. (46%), evenings after 5 p.m. (33%), typical business hours from 8 a.m. to 5 p.m. (62%), and availability on Saturdays (24%).
- Expand efforts to recruit and retain primary care providers.

Access to Specialty Care Services

Findings

SLV residents reported that they have limited access to needed specialty care services. Nearly four in 10 community survey respondents said they do not have access to specialty care and that the community needs additional specialty care services. This challenge is common in rural communities, where service lines must be supported by levels of demand that rural hospitals often cannot meet.

While 41% of residents visited a specialist in 2023, many likely had to travel outside of their community to do so.⁷ Locals said they often travel long distances to Salida, Colorado Springs, or Pueblo to access services such as pulmonology, endocrinology, nephrology, and neurology. And when services are available, cost barriers remain. More than one in 10 residents in the valley (12%) said they did not get specialty care due to cost in 2023.⁸

Recommendations

To help address specialty care shortages, SLVH may consider:

- Participating in the Colorado Department of Health Care Policy and Financing's [e-Consult platform](#), which allows providers to communicate electronically with specialty providers.
- Expand marketing efforts to highlight available specialty care services in the community, including information about when traveling providers are offering care.
- Support patients with telehealth utilization for specialty care services.

Insurance Coverage and Enrollment

Findings

SLV residents are often uninsured or have public insurance. Depending on the county, between 6% and 16% have no coverage (compared with 8% statewide), and 12% to 33% are insured through Medicaid (compared with 13% statewide).⁹

People with Medicaid or no health insurance coverage often face added barriers accessing health care due to high costs and limited service availability. In 2023, about 12% of residents didn't get care they needed in the past year because their insurance wasn't accepted.¹⁰ This was echoed by the community survey, where 19% of respondents said their insurance was not accepted by a provider. Additionally, people without insurance were over twice as likely to not get care (50%) compared with those with insurance (22%).¹¹

Local leaders and partners said the effects of the Medicaid unwind are still unfolding. Some residents were disenrolled after exceeding income eligibility requirements, while others lost coverage because they did not complete the recertification process. Many community advocates are also concerned about ongoing federal disruptions and anticipated funding cuts to Medicaid.

Without insurance, people may delay needed care or visit emergency departments, which are more expensive, and costs are absorbed through the hospital's charity care program.

Recommendations

To improve insurance coverage, SLVH can continue many of its insurance enrollment and education efforts, such as:

- Consumer lunch and learn opportunities to educate the public on health care literacy, health coverage benefits, and enrollment opportunities.
- Insurance literacy efforts to help people navigate public insurance programs.

SLVH may also consider new approaches, including:

- Additional insurance enrollment and education efforts with local employers, libraries, the SLVH Area Health Education Center, and other county partners.
- Hiring additional bilingual insurance navigators and enrollment specialists.
- Expanding on-site enrollment efforts.

Behavioral Health Care

Findings

Residents in the SLV have unmet behavioral health needs. Most community survey respondents said substance use (71%) and behavioral and mental health issues (59%) were the most pressing issues in the community.

About one in four adults (27%) reported poor mental health in 2023, and 23% of youth reported feeling depressed in the past year.^{12, 13} Additionally, the region has a very high drug overdose death rate, ranging between 61-225 deaths per 100,000 people depending on the county, compared with the state rate of 31 per 100,000.¹⁴ Yet getting needed substance use and mental health care is a challenge for many in the region.

Many community survey respondents said the community would benefit from more substance use services (54%) and mental health care services (50%), especially to address issues related to appointment availability. Just under half of all residents (43%) who needed but didn't get behavioral health care reported that they couldn't get an appointment.¹⁵

Recommendations

To meet ongoing behavioral health needs, SLVH can continue efforts such as:

- Screening for mental health and substance use in all clinics, emergency departments, labor and delivery, and hospital floors.
- Sustaining programs like Zero Suicide, Alternatives to Long Term Opioids (ALTO), and Mental Health First Aid training.
- Offering telepsychiatry and tele-behavioral health crisis services through HealthOne.
- Hiring hospital-based care coordinators to address immediate needs of patients transitioning from inpatient and emergency care to home or other lower levels of care.

SLVH may also consider additional approaches like:

- Expanding marketing and education about available mental health telehealth options.
- Hiring additional bilingual and culturally diverse mental health providers and staff to meet the needs of the valley's diverse population.
- Collaborating with community leaders and experts on opportunities to fill in behavioral health care gaps and apply for and implement state resources.

Additional Findings

In addition to the findings noted in priority areas, many community health and social topics emerged. These are important for SLVH to recognize and monitor, though this assessment does not include recommendations specific to these areas. SLVH can develop or strengthen community partnerships to help address these health challenges.

Food Security

Many SLV residents experience food insecurity challenges, which may be associated with the region's high rates of chronic diseases. At least one in eight residents are food insecure, with the highest rates being in Alamosa (18%) and Costilla (19%) counties.¹⁶ Rates are higher for Hispanic or Latino residents, more than one in four of whom report food insecurity.¹⁷ Most food insecure people in each of the six counties are eligible for the Supplemental Nutrition Assistance Program, and the region has an enrollment rate more than double the state average.

Housing

Housing affordability is a challenge for many SLV renters and homeowners. Nearly half of renters and about a third of homeowners spend at least a third of their income on housing.¹⁸ The limited availability of affordable housing is likely to impact the hospital's ability to attract and retain staff.

Child Care

Access to affordable child care is an ongoing problem for SLV families. Many residents spend 22% to 37% of their incomes on child care needs.¹⁹

Significant swaths of the SLV are designated as child care deserts, meaning there are not enough care providers to meet community needs.²⁰ Local leaders and partners emphasized that this growing child care crisis deserves greater attention and coordinated action.

Oral Health Care

SLV residents have limited access to oral health services. They are less likely than Coloradans overall to report they have dental insurance (71% versus 81%) and less likely

to have visited a dentist in the last year (63% versus 74%).²¹ Over 40% of community survey respondents said they do not have access to dental health care when they need it. At the community convening, one resident noted that many dentists in the area require an out-of-pocket payment up front, which creates an additional barrier for those without the means to pay and seek reimbursement later.

One in three residents (33%) said their oral health is fair or poor.²² Poor oral health is often a precursor for other chronic health conditions.²³

Income and Poverty

Many people in the SLV do not earn a living wage — the income required to meet an individual or family's basic needs — which can make it hard to pay for medical care, food, and housing.

At least half the region is not making enough annually to meet their basic needs. Depending on the county, between 48% and 66% of the population earns an income below 300% of the federal poverty level (\$96,400 for a family of four), yet a family of four in this area would need anywhere from \$96,796 to \$139,761 to meet their basic needs such as child care, food, health care, housing, internet and phone, transportation, and other necessities.^{24, 25, 26}

Individualized Care

People in the SLV have specific needs that are not always being met by health providers. Nearly one in ten residents (9%) said they needed health care that is responsive to a particular need or part of their identity.²⁷ About a third of these residents (30%) said health care providers were not meeting those individual needs.²⁸

These findings are underscored by the community survey, where 23% of respondents said they do not have access to a provider that understands their community's needs.

Aging and Long-Term Care

The San Luis Valley's growing population of older adults faces unmet aging and long-term care needs. Every county in the region is expected to see an increase in residents 65 and older between 2013 and 2033, raising concerns that current services and infrastructure may fall short.²⁹ A large majority of older adults (82%) rated the availability of long-term care options in their community as fair or poor.³⁰

Community members expressed concern about how to meet these needs, especially amid potential federal cuts to Medicaid, which covers long-term care services that Medicare does not. Local leaders noted that about 70% of nursing home residents rely on Medicaid, many of whom previously worked low-wage jobs and cannot afford care on their own.

Transportation

Transportation remains a persistent challenge in the SLV and is often a barrier to accessing health care. Community members emphasized the need for greater awareness of available transportation services. Community members noted that, while Medicaid-covered transportation is available to help residents get to medical appointments both within the region and along the Front Range, these services are underused by those who need them. Additionally, Medicare beneficiaries have very limited transportation options. Although the local Area Agency on Aging offers some services, many residents are unaware that these supports exist.

Conclusion

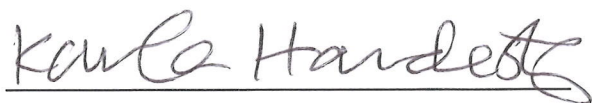
The 2025 Community Health Needs Assessment offers a view of the valley's regional health and health care landscape. It highlights strengths and opportunities across the region. SLVH has demonstrated its deep commitment to listening to this community, acting on shared priorities, and working collaboratively to address complex health and social needs. This report provides clear guidance to build on that foundation.

"I think you all are doing an amazing job! Especially with the challenges in health care nationwide."

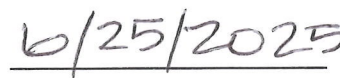
— Lori Laske, Alamosa County Commissioner

Approval

The SLVH Board of Trustees approves the priorities and findings identified in the 2025 Community Health Needs Assessment.



Board President



Date

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