Rio Grande
HOSPITAL & CLINICS
a non-profit organization

Community Health Needs Assessment

2022 - 2024

SERVICES
Improve & Increase

WELLNESS
Inspire & Educate

PARTNERSHIPS
Engage & Build

Acknowledgements

THANK YOU!

The staff of Rio Grande Hospital (RGH) would like to thank each individual, organization, and business that gave both time and insight to make this Community Health Needs Assessment (CHNA) possible. We appreciate the active involvement of many organizations that represent our medically underserved, low-income, and minority populations. In addition, we appreciate the great turnout of citizens who offered ideas and suggestions. You are truly the heartbeat of our community!

Thank you to the RGH Board of Trustees, who provide ongoing leadership and vision.

A special thank you to all the employees and providers at Rio Grande Hospital and Clinics who make our mission possible.

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DISCLAIMER

Valley Citizens Foundation for Health Care, Inc. is the legal name for the non-profit that does business as Rio Grande Hospital. For this report, the name Rio Grande Hospital (RGH) will be used.

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I. Executive Summary

EXECUTIVE SUMMARY

In the three years since our last report, Rio Grande Hospital (RGH) has seen growth and great achievements. Due to the global COVID-19 pandemic, we have also faced hardships at a scale that previously seemed unimaginable. Through all of this, we continue to be committed to our mission of providing quality care and service to our communities, all with a smile and a helping hand.

RGH conducts a Community Health Needs Assessment (CHNA) every three years in accordance with regulations required by Section 501(r)(3) of Section 501(c)(3) of the Internal Revenue Code. While this is a requirement for our organization, the overall objective of this process - to identify health issues in the community and strategically address concerns through planning, implementation, and collaboration with community partners - has been extremely beneficial for guiding RGH's work and growth.

RGH is a level IV trauma center and a four-location clinic system. We provide healthcare for the western side of the San Luis Valley (SLV), and are a major economic and employment driver for the region.

The SLV is an arid, high-alpine valley consisting of six counties. The three western counties (Mineral, Saguache, and Rio Grande) are the main service area for RGH. This three-county rural and frontier region has an aging population that is primarily white, an average of 30% of the population identify as Hispanic, and over a quarter of residents primarily speak a language other than English. Agriculture is the major economy of the region and poverty rates are significantly higher than the state average.

The process for this CHNA begins with planning in September 2021 through completion at the end of December 2021. A five-person planning team coordinated the process, but key input was received from Health and Wellness Board partners. An online survey was distributed throughout the service area and three community meetings were held to collect primary qualitative and quantitative data. Many agencies representing vulnerable and underrepresented populations were present to provide input. Secondary data sources, including County Health Rankings & Roadmaps 2021 data and multiple regional partner health assessments, were examined for trends and key focus areas.

(Continued on page 2.)

I. Executive Summary

EXECUTIVE SUMMARY, PAGE 2

Three overarching goals were identified for implementation over the next three years: Services, Wellness, and Partnerships. Overlaying all of these is the commitment to focus on improving equity, diversity, and inclusion in all the work RGH does.

- "Services" speaks to improving the current practices at RGH and increasing services, programs, and tools to best meet the health care needs of our community.
- "Wellness" describes our desire to inspire more wellness and resiliency. We will support the resources already available in our community from our partners, and we will commit to social marketing principles to encourage behavior change through education.
- "Partnerships" highlights the importance of continuing to engage the collective expertise of our relationships. RGH will look at ways to grow and improve the work of our current partnerships, with a focus on improving outreach and support to vulnerable and underrepresented populations.

We look forward to meeting and surpassing these goals over the next three years. While the needs in health care sometimes seem insurmountable, working within the community we serve makes this work possible.

Thank you to all who helped make this report, and to those who will help with the work that come next.

Regards,

Arlene Harms

Arlene Harms, CEO
Rio Grande Hospital

II. Community Defined

A. RIO GRANDE HOSPITAL

RGH's dedication to serving the community began 25 years ago in an effort to provide the west end of the SLV with critical care and easy access to care. RGH is committed to our core mission:

Mission: With a smile and a helping hand, we provide quality care and service to our communities.

Vision: We will distinguish ourselves as the trusted healthcare destination. We will provide compassionate healthcare and advocate wellness through innovative access, preventive medicine, and collaborative partnerships within our diverse community.

Purpose: We will treat our community and employees like family without compromising the mission over money. We will create life-long relationships through compassionate patient care and employee satisfaction. We will strive to provide unique and specialized services.

"With a smile and a helping hand, we provide quality care and service to our communities."

A. RIO GRANDE HOSPITAL

The presence of RGH has a significant impact on the communities it serves.

In addition to providing high-quality healthcare to residents, its presence is central in contributing to the economies of the west end of the SLV. High-quality healthcare attracts new businesses to the area and brings in $40 million in gross revenue while employing over 170 people.

RGH is a level IV trauma center with the following services:

Emergency Care (1 Triage Room, 9 Emergency Rooms)
Acute Care (14 Beds)
Outpatient Care
Clinic Care (4 locations)
Preventative Care

Cardiac Rehabilitation
Colonoscopies
Dermatology
CAT Scan
Heart Scan
Hyperbaric Oxygen Chamber
Laboratory Services
MRI
Nursing
Orthopedics
Pain Management
Pharmacy
Physical Therapy (3 locations)
Pulmonary Rehabilitation
Radiology
Recovery Clinic
Respiratory Therapy
Sleep Studies
Surgery
Swing Bed Program
Telehealth
Ultrasound
Wound Care

A. RIO GRANDE HOSPITAL

RIO GRANDE HOSPITAL'S OPERATIONAL DATA - 2021

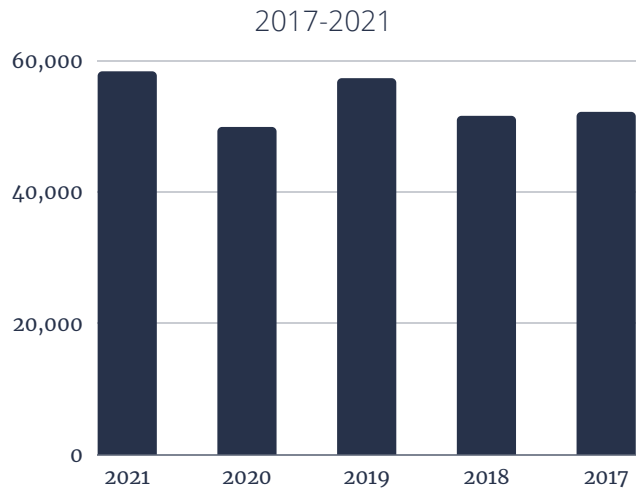
Past CHNAs have examined data from the year prior to the assessment year, but 2020 and 2021 were unusual due to the COVID-19 pandemic.

In 2021, there were over 58,300 total visits at RGH for a variety of services, with over 13,300 individuals served.

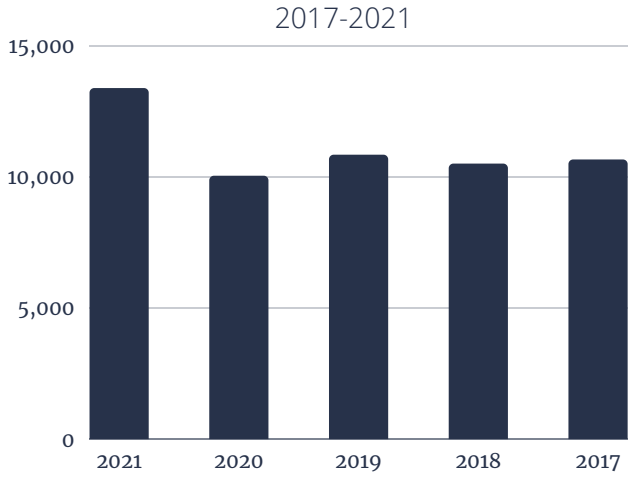
Over 19,800 visits occurred at the RGH clinics (35% of total visits), just over 5,600 patients used the emergency room services (9.5% of total visits), and lab and X-ray represented 32% of total visits. Of those ER visits, 506 were admissions to the hospital, and 74 were swing bed admissions.

The COVID pandemic greatly affected RGH's operations, as well as the ability to predict what "normal" patient traffic would look like. Total visits were fairly stable in 2021 (rising by 1,000 from 2019), but they had dropped by around 7,000 average visits in 2020. There was a fairly consistent trend in total visits and patient count between 2017 and 2019. Patient count dropped by by 400-800 in 2020, but then increased dramatically by 3,000 in 2021.

TOTAL VISITS



TOTAL PATIENTS



A. RIO GRANDE HOSPITAL

Of the total clinic visits in 2021, approximately 58% occurred at the Rio Grande Hospital Clinic in Del Norte. The Monte Vista Rural Health Clinic accounted for 21% of visits, South Fork Clinic was 16%, and the Creede Family Practice was 6% of visits.

For the timeframe of January through November, 2021, charges generated by each service area show that the largest revenue centers are the emergency room (37%) and outpatient services (40%). Clinics account for 8% of total revenue, while acute and swing beds make up 14% of revenue. Of the total ER care charges, 67% are covered by either Medicare (39%) or Medicaid (28%). Private insurance covers 23% of ER care charges.

With 37% of RGH's total revenue in 2021 coming from the emergency room utilization, it is important to note that a majority of ER visits are from residents who live in the Del Norte (24%) and Monte Vista (25%) areas. It is also noteworthy that 26% of ER visits come from individuals whose primary residence is outside the primary communities served by RGH, showing the importance of RGH's emergency care in the community and beyond. This data is similar for clinic visits.

B. OUR COMMUNITY

COMMUNITY CHARACTERISTICS

The SLV is a high alpine valley surrounded by mountain passes, and extending into New Mexico at the southern edge. Western SLV communities, which are in the RGH service area, are between three to four hours from a major airport, and travel, especially during winter months, is dependent on weather conditions. With the large land mass and small population numbers, transportation, and both availability of and access to services, can be difficult.

This arid region receives less than eight inches of precipitation a year, so it relies strongly on irrigation and utilization of its rivers. Agriculture is the major economic driver of the region, with potatoes, alfalfa, and beef cattle accounting for the highest agricultural employment and income. Most other key economies, such as wholesale trade (e.g. equipment and machine sales), are strongly connected to the agricultural sector. Electric power, hospitals, and local government/education round out the top economic sectors. (Hill & Pritchett, 2016.)

Poverty rates in the SLV are high, and the immediate and generational impacts of this can be felt through all sectors and populations. In 2019, per capital income for Colorado was $38,226. Saguache and Rio Grande Counties were lower than the state average at $22,511 and $24,582 respectively. Mineral County was closer to the state average at $33,955. This trend of higher than state averages for can be seen in poverty rates as well: Colorado (6.6), Mineral (7.6), Rio Grande (9.7) and Saguache (12.1). Child poverty rates are especially high: Colorado (12.6), Mineral (22.9), Rio Grande (22.5), and Saguache (25.3). (SLV DRG, 2021.)

Yet even with some of these perceived hardships, or maybe because of them, the SLV has a strong culture of collaboration. Many efforts and organizations are regional across the six county area. Even competing businesses partner with each other to improve offerings to the public they serve.

B. OUR COMMUNITY

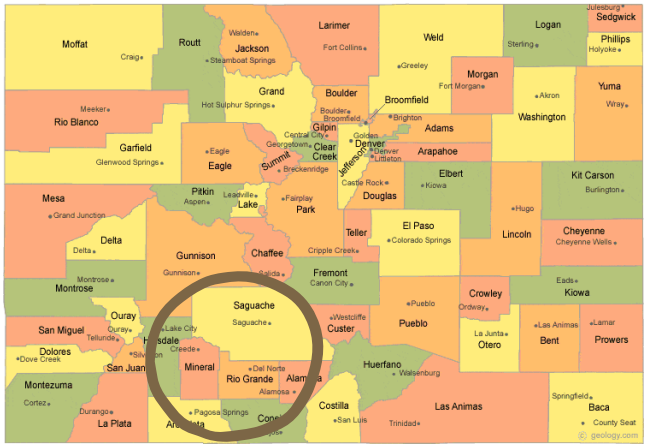


Image from: https://geology.com/county-map/colorado.shtml

POPULATION

According to the United States Census Bureau's 2020 Census results, Rio Grande County accounts for approximately 25% of all SLV residents, at a population of 11,539. Mineral County has a population of 865 and Saguache County has 6,368 residents.

Between the Census in 2010 and 2020, Rio Grande County's population declined by 443 people while Mineral (up 153) and Saguache (up by 260) increased.

GEOGRAPHY

RGH serves the Western SLV in south-central Colorado. This region includes Rio Grande, Mineral, and Saguache Counties, including the towns of Del Norte, Monte Vista, South Fork (Rio Grande County), Creede (Mineral County), and Center (Saguache County).

Residents from Alamosa County, other towns in Saguache County, as well as other areas in the San Luis Valley do utilize RGH services, but in smaller numbers.

The six counties of the SLV cover over 8,000 square miles, which is larger than Connecticut or Massachusetts. Yet three of the six counties in the SLV, and the SLV as a whole, meet the definition of "frontier" because there is fewer than 6 people per square mile. (Mineral County has 0.81 persons per square mile, Saguache 1.9, and the SLV as a whole is 5.6.) (SLVDRG. 2021.)

21.5%

Mineral County's population growth between 2010 and 2020

25%

Percentage of the SLV population that resides in **Rio Grande County**

1.9

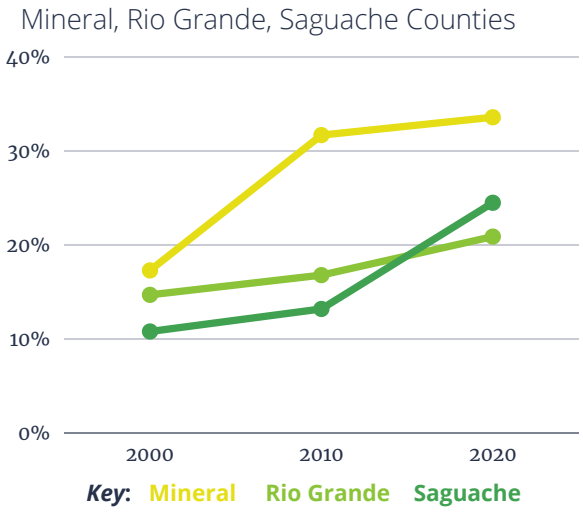
People per square mile in the frontier county of **Saguache**

B. OUR COMMUNITY

AGING POPULATION

Over the last 20 years, the population in the western SLV has continued to age. All three counties saw an increase in the percentage of residents 65 years and older between the 2010 and 2020 census, with Saguache seeing the largest increase.

POPULATION 65+ YEARS



RACE & ETHNICITY

Western San Luis Valley counties continue to have very high populations of white residents (race). These percentages are somewhat higher than the state average of 86.9%.

Residents identifying as Hispanic or Latino (ethnicity) are much higher than the state average of 21.8%.

	Mineral	Rio Grande	Saguache
White	97.0%	91.9%	91.2%
Black/African American	0.3%	1.1%	1.2%
American Indian/AK	1.0%	3.6%	3.6%
Asian	0.5%	0.7%	0.9%
Hawaiian/Pacific Isl.	0.0%	0.1%	0.1%
Two+ Races	1.2%	2.6%	3.0%
Hispanic	6.2%	44.4%	36.4%

Source: US Census Bureau, 2021

ENGLISH AS A SECONDARY LANGUAGE

2020 Census

2.3% Mineral County

24.7% Rio Grande County

27.5% Saguache County

B. OUR COMMUNITY

EMPLOYMENT & ECONOMIES

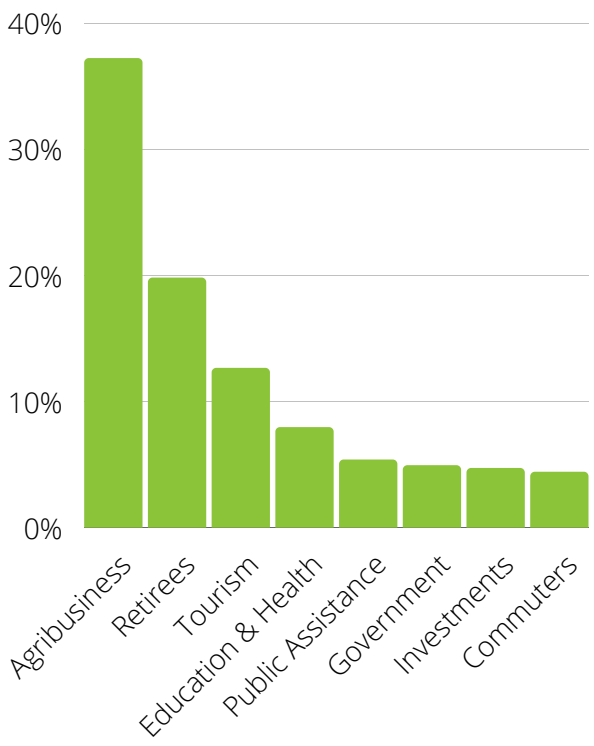
The main drivers of the economies of the three western SLV counties are Agriculture (37.31%), Retirees (19.8%), and Tourism (12.64%).

Similar to the whole SLV, poverty rates are higher than the state average. On the 2020 Census, Colorado's percentage of persons in poverty was 9.0%. Mineral was lower than this at 8.7%, but both Rio Grande (13.3%) and Saguache (18.6%) had significantly higher percentages.

For all three counties, there were fewer persons in the workforce. The state average for Colorado in 2020 was 67.6%. All western SLV counties had slightly lower percentages: Mineral (58.8%), Rio Grande (55.4%) and Saguache (55.1%).

2019 BASE INDUSTRIES

Mineral, Rio Grande, Saguache Counties



Source: SLV DRG, 2021

EDUCATION

Educational attainment varies in the western SLV. Mineral County has high rates, surpassing state averages for both individuals with a High School degree (or equivalent) or higher, as well as those who have completed a Bachelors degree or higher. Rio Grande and Saguache Counties mirror each other, but are both lower than state averages.

	Mineral	Rio Grande	Saguache	Colorado
High School Degree +	97.4%	87.0%	83.1%	91.7%
Bachelors Degree +	46.5%	24.5%	22.1%	40.9%

Source: US Census Bureau, 2021

OTHER HEALTH SERVICES

RGH partners closely with other health care systems in the region. Although these services can be in competition, RGH has a very strong collaborative relationship across systems, such as the Del Norte SHARRP harm reduction program or working through the SLV Healthcare Coalition to make the best use of limited resources during the COVID-19 pandemic.

Valley-Wide Health Systems (Federally Qualified Health Center)

- Medical, behavioral health, and dental services, including WIC (Women, Infants, and Children)
- Medical and dental office in Center (Cesar E. Chavez Family Medical Center); medical, dental and physical therapy in Monte Vista (Edward M. Kennedy Health Clinic)

SLV Health

- Operates Conejos County Hospital (La Jara) and SLV Regional Medical Center (Alamosa)
- The Regional Medical Center is a Level 3 Trauma Center and the one location in the SLV that provides Labor and Delivery services.
- Monte Vista Community Clinic (primary and specialty care clinic) and PRO Therapy (physical and orthopedic care in Monte Vista)

San Luis Valley Behavioral Health Group

- Regional, private non-profit; provides a majority of the behavioral health services in SLV
- Clinic locations in Del Norte, Monte Vista, South Fork, and Center; also operates a mobile clinic, which primarily provides addition services

Other Health Services

- *Public Health*: County-operated services at Rio Grande County Public Health, Saguache County Public Health, and Silver Thread Public Health District (Mineral and Hinsdale Counties)
- *San Luis Valley Area Health Education Center (SLV AHEC)*: Operates the harm reduction/needle exchange program, SHARRP (SLV Health Access Risk Reduction Project), weekly in Del Norte
- *Friday Health Plans*: One of few health insurance providers in the SLV, office in Alamosa
- *Home Health*: SLV Home Health (operated by Alamosa County Public Health) and At Home Health
- *Hospice*: Hospice del Valle
- Variety of independent dentists, counselors, acupuncturists, chiropractors, massage therapists, and personal care providers in the region.

Despite this variety of health care services, the SLV, and the three western counties in RGH's service area, are all federally designated shortage areas for professionals in primary care, mental health, and oral health. They also meet the state of Colorado's highest designation for shortages of substance use disorder professionals. (CDPHE, 2021.)

III. Process

A. OVERVIEW OF PROCESS

PLANNING TEAM

The 2021 CHNA process was led by a public health consultant and a RGH team. A majority of organization and coordination for this process was done by this team over a four month time period (September-December 2021).

A major source of input on goals, priorities, and gaps came from consultation received from the RGH Health and Wellness Board. This input was gathered during community meetings, at a separate Health and Wellness Board meeting in November, and individually.

CHNA COMMITTEE

Arlene Harms - *Chief Executive Officer, RGH*
Greg Porter - *Chief Financial Officer, RGH*
Eva Timberlake - *Development & Communications Officer, RGH*
Adrienne Marcilla - *Executive Assistant, RGH*
Emily Brown - *Public Health Consultant & Facilitator*

HEALTH AND WELLNESS BOARD

Arlene Harms - *Chief Executive Officer, RGH*
Greg Porter - *Chief Financial Officer, RGH*
Candice Allen - *Chief of Clinical Operations, RGH*
Yale Dafaye - *Chief Information Office, RGH*
Eva Timberlake - *Develop. & Comm. Officer, RGH*
Janet Whitmer - *Director of Medical Records, RGH*
Phyllis Christensen - *Patient Advocate, RGH*
Ely Walker - *Emergency & Addictive Medicine Physician, RGH*

Kolawole Bankole - *Director, Rio Grande County Public Health Department (RGCPHD)*
Ida Salazar - *COVID Response Coordinator, RGCPHD*
Jennifer Valadez-Molina - *Health Equity Specialist, RGCPHD*

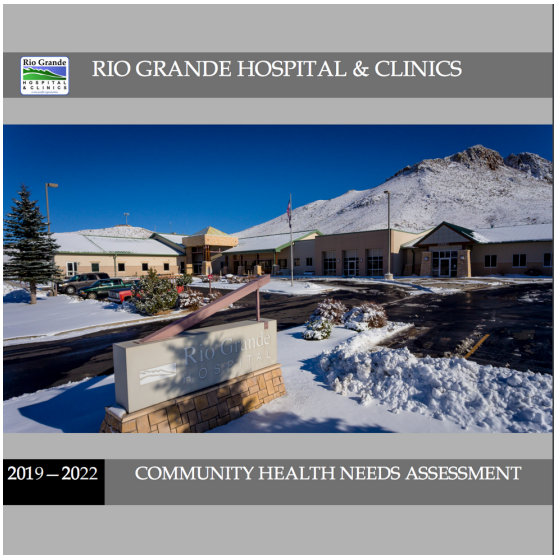
Victoria Romero - *Chief Operating Officer, San Luis Valley Behavioral Health Group (SLVBHG)*
Leova Villalobos - *Chief Clinical Officer, SLVBHG*
Bonnie Ortega - *Clinical Supervisor, SLVBHG*
Hillary Nipple - *Care Coordinator Supervisor, SLVBHG*
Cory Velasquez - *RN Care Coordinator, SLVBHG*
Traci Martinez - *Care Coordinator, SLVBHG*

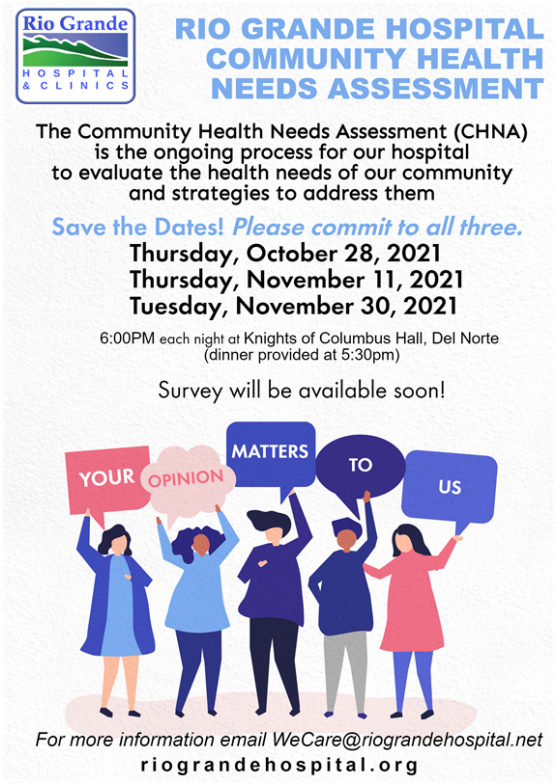
Jody Kern - *Director, Rio Grande and Mineral Counties Department of Social Services*
Sarah Herrera - *Jail Nurse, Rio Grande County Sheriff*

Charlotte Ledonne - *Nurse Coordinator, San Luis Valley Area Health Education Center (AHEC)*
Denise Lobato - *RN Health Program Manager, SLV AHEC*
Jeff Bilderbeck - *Case Advocate, SLV AHEC*

Dee Kessler - *Regional Health Connector for Region 8*
Julia Duffer - *Director of Community Engagement, Health Colorado*
Gus Basterrechea - *Labor & Employment Specialist, Monte Vista Workforce Center*
Marlayna Martinez - *SLV Community Research Liaison and Professional Research Assistant, Colorado Clinical and Translational Sciences Institute (CCTSI) and Rocky Mountain Prevention Research Center*
Stacey Plane - *Early Childhood Director/Principal, Monte Vista School District Marsh School*
Julie Sauvigne - *School Nurse, Upper Rio Grande School District & RGH Board Member*
Emily Brown - *Community Member & RGH Board Member*

A. OVERVIEW OF PROCESS





PLANNING PROCESS

Planning & Review
The 2021 process began with the formation of a planning committee and a review of the 2018 CHNA. This review assisted the committee with understanding which types of strategies were effective, ineffective, and difficult to implement. RGH held three public community meetings and distributed a survey to complete the CHNA process.

Meeting 1: "Then and Now"
The initial meeting was a presentation of current RGH services, programs, and data, presented by RGH staff. Community health data was also shared, with highlights of several health goals from other regional organizations.

Survey
At the end of the first meeting, attendees were asked to help promote and complete the 2021 CHNA Survey. This survey was based off past RGH CHNA survey questions, but was also updated based on input from staff and community partners. This survey was distributed broadly throughout the community, through social media, news media, sharing by partner organizations, and through hand distributed survey cards. Over 140 people completed this survey. The data was analyzed by hospital personnel, and organized for presentation at the second community meeting.

A. OVERVIEW OF PROCESS

Meeting 2: "Setting Priorities"
The goals of the second meeting were to present survey results, to hear health goals from partner agencies, and to gather feedback on where the hospital should focus their work over the next three years.

Other community partner goals were shared to highlight the great work being done in the community individually and through partnerships. This also kicked off the sharing and brainstorming by the full group of possible collaborations and goals.

Health and Wellness Board Input
A major accomplishment over the last three year period was the successful establishment of the Health and Wellness Board. This group of community partners, including Rio Grande County Public Health, the Department of Social Services for Rio Grande and Mineral Counties, and the SLV Behavioral Health Group, met close to monthly over the last three years.

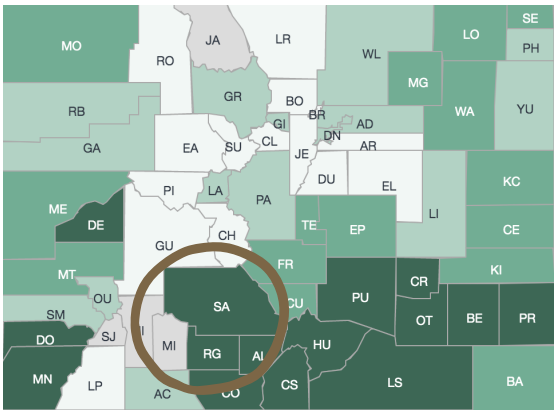
Health and Wellness Board partners shared accomplishments of their individual agencies, as well as priority goals for the future, at Meeting Two. They also spent their November meeting reviewing the survey results and community feedback. A deep discussion was held to highlight areas and populations that had been overlooked, as well as to narrow down high impact goals and easily achievable objectives.

Meeting 3: "Strategies & Next Steps"
CHNA committee members took all this data and created a CNHA summary and implementation plan. These strategies were presented at a third community meeting. Community partners had a final opportunity to present feedback on the offered strategies, then were informed that the final report would be distributed by email and available on the RGH website once completed.

B. SECONDARY HEALTH DATA

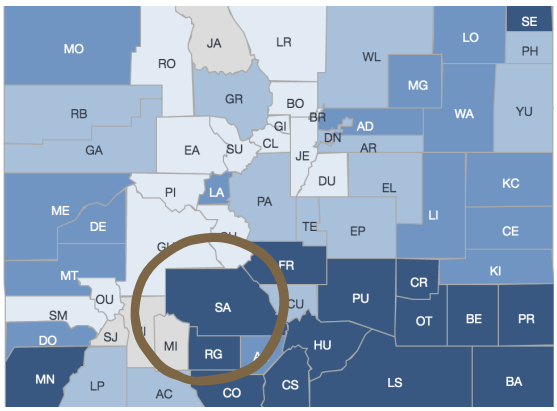
HEALTH OUTCOMES

2021 Overall Colorado Rankings



HEALTH FACTORS

2021 Overall Colorado Rankings



COUNTY HEALTH RANKINGS & ROADMAPS

Secondary data was utilized from several sources, primarily the 2021 County Health Rankings & Roadmaps (CHR&R).

More detail can be found in Appendix A.

Overall Results
2021 results showed all counties in the SLV (except for Mineral, which did not have enough data to be ranked) as ranking in the lowest category for Health Outcomes.

Other than Alamosa County, which ranked in the next higher category, Health Behaviors for all SLV counties were also in the lowest for Colorado.

Health Outcomes
Overall Saguache and Rio Grande Counties had lower Health Outcomes than the state average. Mineral County was near average.

Source: CHR&R, 2021

PREMATURE DEATH RATE

Example of Racial & Ethnic Disparities

9,700 Rio Grande County

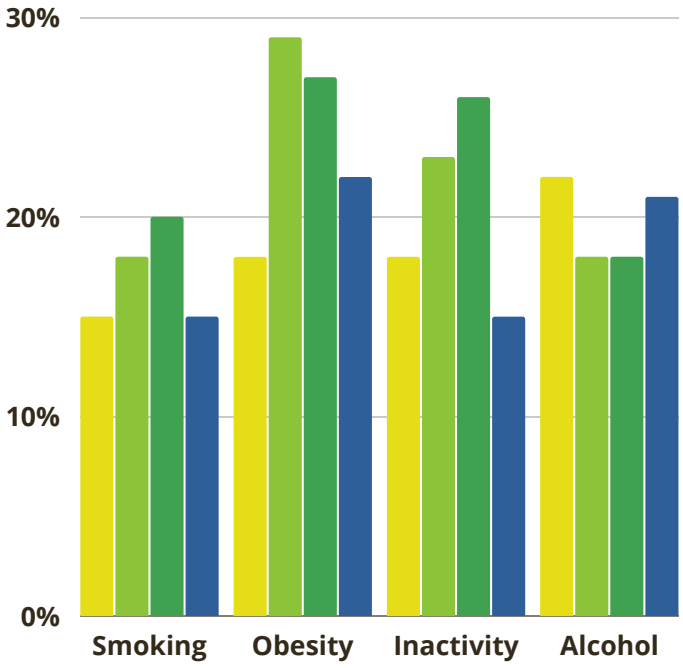
5,400 White Residents

13,500 Hispanic Residents

B. SECONDARY HEALTH DATA

Health Behaviors

Many health behaviors were worse for western SLV counties, but not equally so. Mineral County had better rates related to physical activity (i.e. adult obesity, physical inactivity, access to exercise opportunities), but worse rates for alcohol use. Saguache County had both low access to exercise as well as high alcohol-impaired driving, but lower rates of sexually transmitted infections and teen births then the state. Rio Grande County's alcohol related behaviors were much lower than the state average, which was a change from previous years.



Source: CHR&R, 2021

Clinical Care

Uninsured residents in all three counties were higher than the state, with Saguache being the highest at 17%.

All three counties indicated fewer residents taking advantage of preventative screening (as indicated by lower than state averages for mammography screenings).

Mineral County did have over half (55%) of their population receiving flu vaccinations and fewer preventable hospital stays.

Ratios of providers varied across the region, from much fewer to above average.

	Mineral	Rio Grande	Saguache	Colorado
Primary Care Physicians	780:1	940:1	6,840:1	1,210:1
Dentists	770:0	1,610:1	6,820:1	1,220:1
Mental Health Providers	770:0	3,760:1	1,140:1	270:1

Source: CHR&R, 2021

B. SECONDARY HEALTH DATA

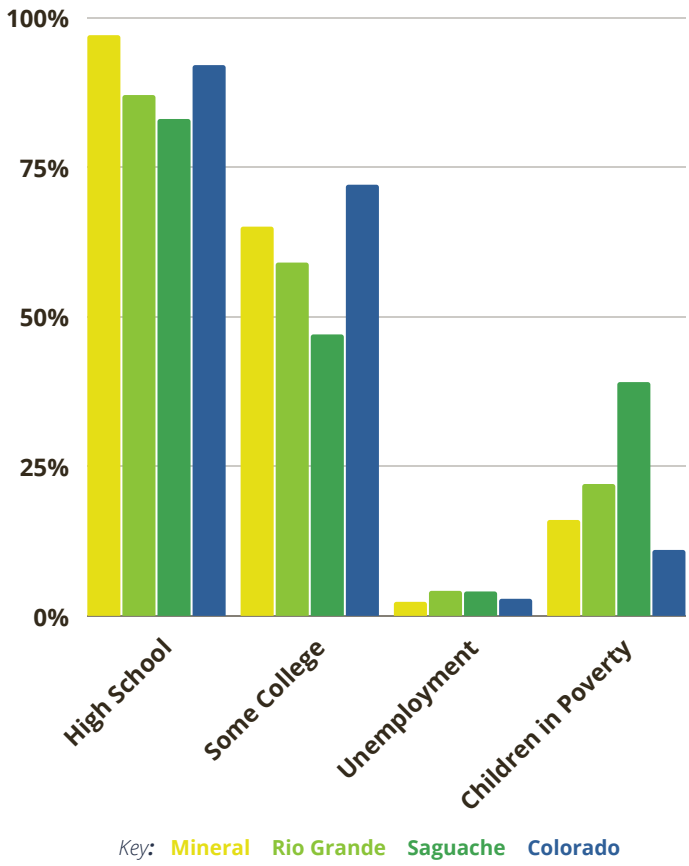
Social, Economic and Environmental Factors
Western SLV counties had more social associations (e.g. clubs, membership groups), which are linked to better health. They also had lower violent crime rates.

Rio Grande (132) and Saguache (124) both had much higher injury rates than the state (80 per 100,000).

Air quality in general was better, there was less traffic, and commutes were shorter. Broadband access continues to be a concern.

In the whole SLV, education rates tend to be lower than the state average, and poverty rates are higher. Saguache (4.0%) had the highest unemployment rates in the SLV.

Mineral County was the outlier, with higher than state average high school completion, lower unemployment, and the lowest percentage in the SLV of children in poverty.



Source: CHR&R, 2021

MEDIAN HOUSEHOLD INCOME

Example of Racial & Ethnic Disparities

$48,500 Rio Grande County

$47,800 White Residents

$35,600 Hispanic Residents

$13,900 American Indian/AK Residents

B. SECONDARY HEALTH DATA

ADDITIONAL ASSESSMENT REVIEW

Multiple organizations and agencies compile health data that covers the service areas of Rio Grande Hospital. Priorities for several key regional health assessments were reviewed during this process.

More detail can be found in Appendix B.

San Luis Valley Public Health Partnership

2018 Community Needs Assessment

- Chronic Disease
- Communicable Disease
- Injury
- Behavioral and Mental Health
- Health Access

2019 Community Health Improvement Plan

1. Health Equity
2. Build Public Health Capacity

San Luis Valley Community Action Agency

2020 Community Needs Assessment

- Access to Transportation
- Affordable Housing
- Emergency Services
- Health Care
- Nutrition

San Luis Valley Health

2019 Community Health Needs Assessment

- Access to Care
- Chronic Disease Management
- Mental Health Prevention & Improvement
- Substance Abuse Prevention, Treatment and Recovery
- Poverty Mitigation

IV. Community Input & Data

A. SURVEY RESULTS

Three methods were used to collect primary data: community meetings, a smaller committee focus group meeting, and an online survey.

Face-to-face community engagement has been the best method in our community for getting qualitative input, especially for complicated topics like the CHNA, so a series of three community meetings were held. The importance of the RGH Health and Wellness Board has been noted several times in this report. As key community partners, their more intimate knowledge of community issues, as well as their understanding of partnership opportunities for RGH was important to gather through a more focus-group style meeting. Finally, survey data was collected both for quantitative data collection, as well as to have an opportunity to hear from community members who weren't able to commit to in-person meetings.

SURVEY DEVELOPMENT & DISTRIBUTION

The 2021 CHNA Survey was created through the online SurveyMonkey platform. The survey consisted of 28 questions, which included some open response options. The survey was announced at the first CHNA community meeting. Printed cards with the survey link were handed out and were available for partners to distribute to their organization. The link was emailed out to all meeting attendees and invitees, as well as to members of various hospital boards (e.g. Board of Trustees, Hospital Foundation Board, Health and Wellness Board). The link was also posted and promoted on a variety of media, including the Hospital's Facebook page, website, and local newspapers.

See Appendix C for list of survey questions.

"Thank you for helping us improve our community's health!"

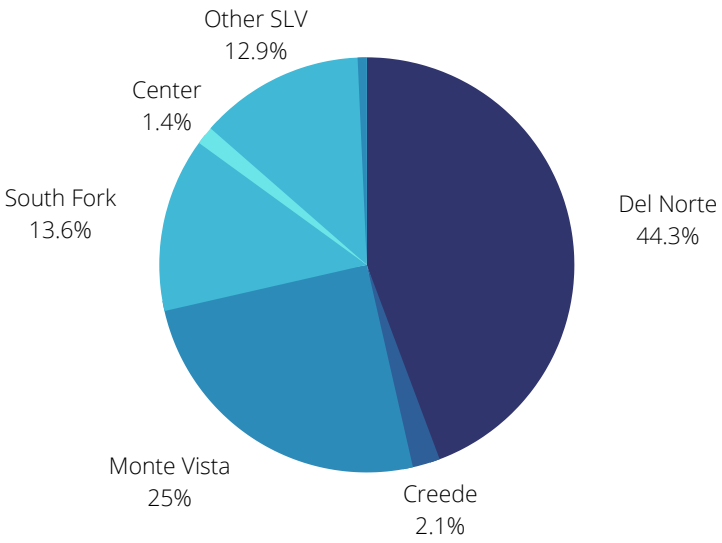
A. SURVEY RESULTS

DEMOGRAPHICS OF SURVEY RESPONDENTS

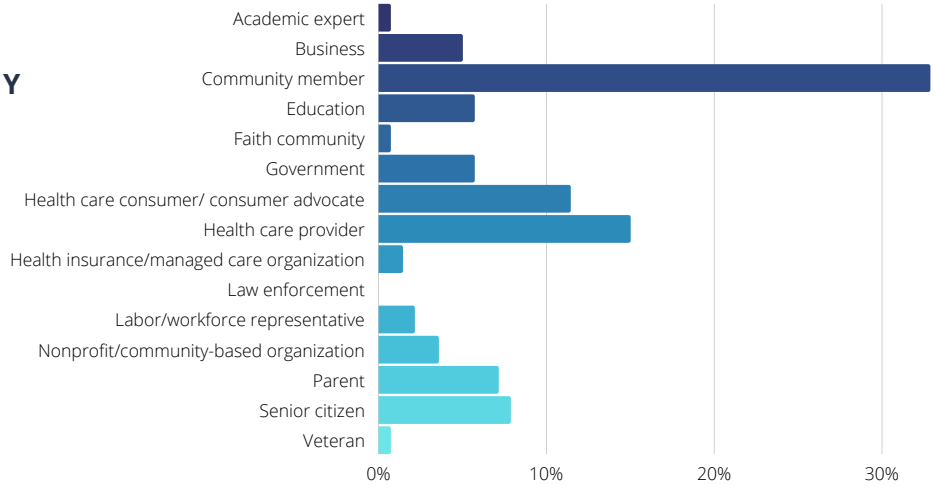
The survey was available for completion from October 28 through November 15, 2021. A total of 140 individuals completed the survey. Respondents were a majority female (68%), over a quarter Hispanic (26%), and from a variety of age ranges (15% age 18-35, 33% age 36-50, 31% age 51-65 and 21% older than 65). A majority of respondents had a college degree or higher (66%) and were employed full time (67%). Respondents covered a range of income levels with 25% of respondents reporting between $25,000-$49,999 and similar numbers in the each of the three categories of $50,000-$74,999 (18%), $100,000-$124,999 (15%), and $75,000-$99,999 ($13%). Finally, a majority of respondents (67%) had health insurance.

Most of the participants (83%) responded from a Rio Grande County ZIP code. (The Center ZIP code crosses two counties, but only 1.43% of respondents checked this option.) Of respondents, 49% utilized RGH for their routine healthcare needs. And although a majority of respondents said they did not have children (52%), most of those that did have children utilized RGH for their children's wellness visits as well (24%).

AREA OF RESIDENCE



COMMUNITY MEMBER ROLES



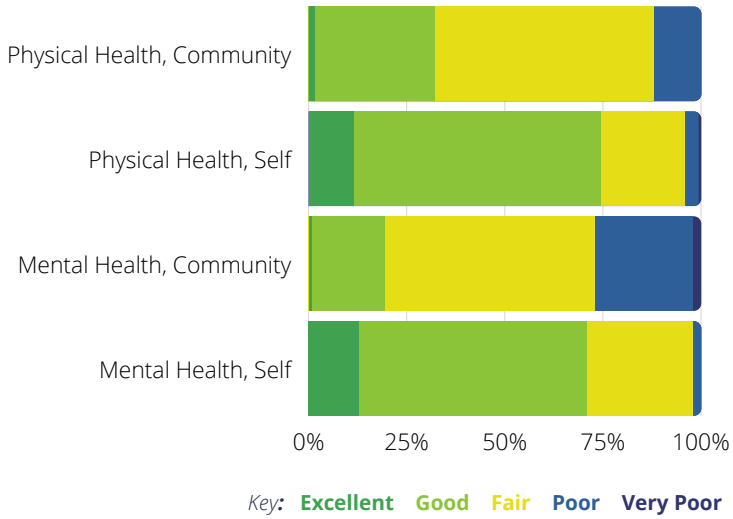
A. SURVEY RESULTS

SURVEY FINDINGS

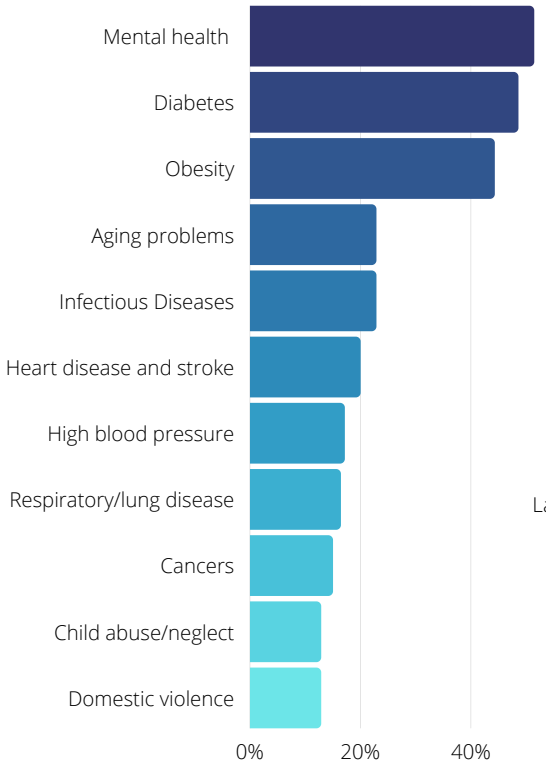
Similar to the previous CHNA survey results, most respondents thought their own physical and mental health was better than the community's as a whole. Mental health was rated lower than physical health on both questions.

The next questions ranked a series of "health problems" and "risky behaviors", and answers provided a ranking of what the community saw as the most concerning.

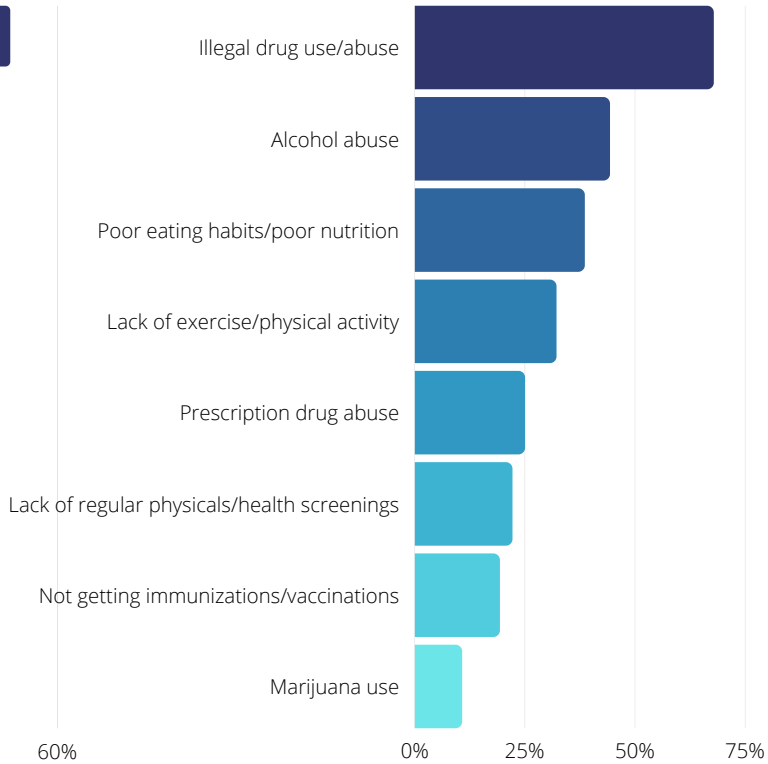
PHYSICAL & MENTAL HEALTH



TOP HEALTH PROBLEMS



TOP RISKY BEHAVIORS

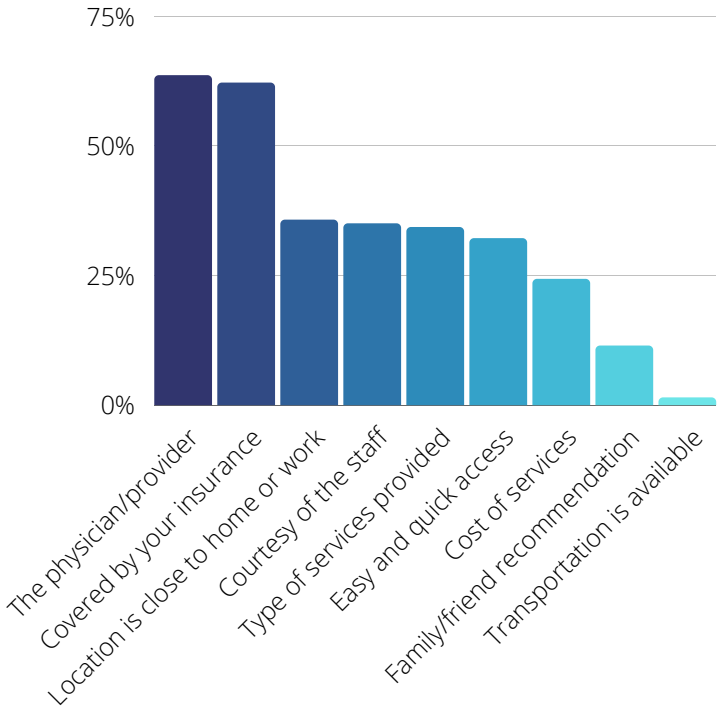


A. SURVEY RESULTS

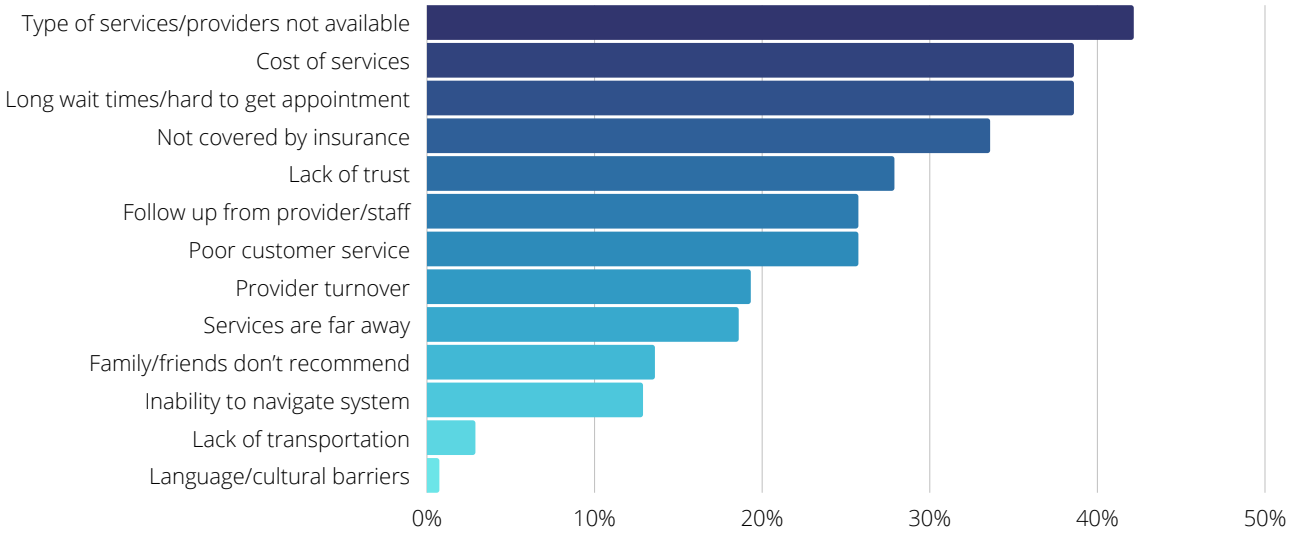
Several questions were asked about general health care utilization. These questions provided a look into important factors that determine how individuals decide to access health care and what barriers are to that access. Top factors for how individuals choose healthcare were more consistent, while barriers were distributed more broadly, indicating a wider variability across issues.

For future education and marketing, this survey illustrated that doctors/providers were the top source for where individuals turn for health information (81%). Websites and friends/family were also top answers.

TOP FACTORS FOR CHOOSING HEALTHCARE



TOP BARRIER FOR ACCESSING HEALTHCARE



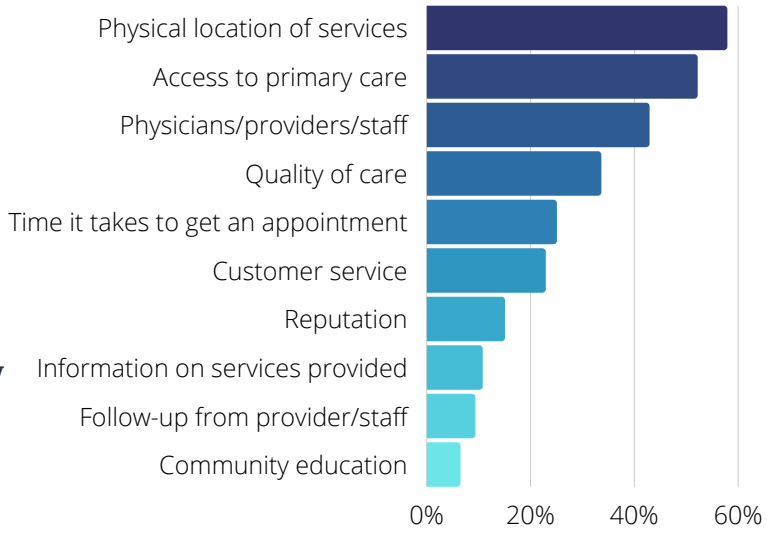
A. SURVEY RESULTS

Wellness and prevention programs came up as a top weakness of RGH. (It should also be noted that in a previous question, 15% of respondents said they did not regularly get routine healthcare/health screening exams.)

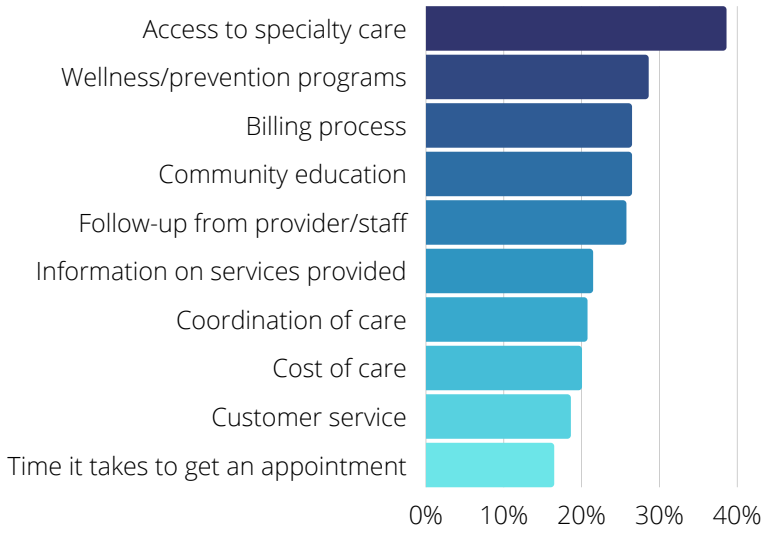
Top strengths and weaknesses of the RGH system were asked. 65% of respondents felt the care provided at RGH was Excellent or Good. While most respondents (45%) felt all populations were being served well by RGH, uninsured/underinsured, mentally disabled, low-income/poor, non-English speaking, and homeless individuals were populations for which respondents suggested services could be improved.

Open-ended survey questions included what health care services/specialities could be offered, what RGH could do to improve the health of the community, and a section for additional comments. These comments were reviewed by the CHNA committee, and some by the Health and Wellness Board, then were incorporated into final goals.

TOP STRENGTHS
RIO GRANDE HOSPITAL & CLINICS



TOP WEAKNESSES
RIO GRANDE HOSPITAL & CLINICS



A. SURVEY RESULTS

LIMITATIONS OF SURVEY DATA

There were several limitations to the survey data which could keep the responses from being generalized across the RGH service area. It will be important to be aware of these areas and make sure other data and feedback is collected to fill these gaps.

There were several indicators that the data did not fully represent the population being served. More females answered the survey (68%) than are in the population (50%). While there was a quarter of respondents who identified as Hispanic, this number should be closer to 45%, which is the distribution in Rio Grande County. Income level may not be fully accurate as 18% of respondents did not want to share this information. Even though there was good distribution across categories, income was still higher then the county averages.

Additional effort needs to be made to outreach to Spanish speaking and un-employed/under-employed individuals. This outreach was done in community meetings with organizations serving these populations, but more work needs to be done to be inclusive on future surveys.

Rio Grande County is 61% of the population of the three western San Luis Valley counties, but made up 83% of survey respondents. There was little to no participation in the survey from Saguache Country residents, so an assumption could be made that the survey data was more representative of just Rio Grande and Mineral Counties. If that assumption were true, Rio Grande would instead represent 93% of the two county population, so the distribution of respondents would be closer.

No respondents selected “Out of State”. In the summer time, a large portion of RGH’s clientele are out of state summer residents and tourists. It would be valuable in the future to try to get more participation from those individuals, since they are a major driver of the summer economics of RGH.

Finally, the question around roles in community will continue to need to be rethought. In 2018, the survey allowed respondents to choose multiple categories of how they identify their role in the community. Community members is rural areas wear many hats, so the question was valuable to illustrate this, but it made data analysis difficult. This year only a ‘best represents’ answer was allowed. Two of the top three categories were “community member” and “health care consumer/consumer advocate”, and these represented 44% of respondents. For this survey, we can assume that almost everyone is a member of the community and utilizes health care, so this data didn't provide new insight.

B. COMMUNITY MEETINGS

Meeting Organization & Promotion
The 2021 community engagement meetings were modeled on the process used in previous RGH CHNA processes. (More detail on each meeting was discussed in section III. A. Planning Process.) This year the Health and Wellness Board also spent a full session at one of their meetings in a deeper focus group session.

Three community meetings were scheduled: Thursday, October 28, Thursday, November 11, and Tuesday, November 30, 2021. Each meeting was located at the Knights of Columbus Hall in Del Norte, which was a central location for the RGH service area and near the main hospital location. Dinner was served each night, starting at 5:30 p.m., and meetings began at 6:00 p.m. The Health and Wellness Board meeting was held November 17, 2021 at its regular monthly meeting time and place: 1:00 p.m. at the Rio Grande Hospital conference room. Both remote video and in-person options were available, and seven people utilized the remote option.

Over 170 key community partners and agencies were emailed and/or mailed invitations. These individuals were invited based on their involvement with other hospital work (e.g. Board of Trustees, Health and Wellness Board, Hospital Foundation Board), past participation, or representation of key sectors of RGH's service population, both by geography and topic/population served. More detail on invitees can be found in Appendix D. Attendance was opened to the general public after initial RSVP's were received to ensure space. Invitees were asked to attend all three meetings, if possible, or to send an alternate from their agency.

A total of 85 individuals participated in the community meetings: 46 (meeting 1), 46 (meeting 2), 36 (meeting 3), and 18 (Health and Wellness Board). Along with general community members, 36 county and regional organizations were in attendance. Among these were public health, social services, behavioral health, school districts, long term care facilities, churches, non-profits, workforce centers, banks, ambulance services, fire departments, sheriff's offices, head start, agricultural cooperatives, emergency management, health educators, economic development, outdoor groups, higher education, county commissioners, veterans, and Rio Grande Hospital and Clinic staff.

85
Individuals participating in meetings

36
Number of organization in attendance

4
Number of meetings held

B. COMMUNITY MEETINGS

COMMUNITY MEETING FINDINGS

Focused discussion was held around services and improvements RGH could make internally and/or individually. Many services, programs, and providers were listed as possible additions to RGH offerings, including diabetes education and a variety of speciality providers. Internal processes for improvement were highlighted, including billing, referrals, and follow-up. There was an understanding that some of these were not feasible for small hospital systems, but there could be opportunities, like use of telehealth, to support these needs.

The topic of medical tourism came up several times. Outside dollars could be brought into the region if there was a provider or service that attracted individuals to travel to RGH and the western SLV. More discussion needs to be had on this topic to understand how best to identify and build up appropriate services, but it was a valuable idea for growing RGH and creating partnerships across economic and tourism sectors.

Attendees discussed the difference in perception of personal versus community mental and physical health, as seen in the survey. There may be a trend to assess your own health more positively, but when you aggregate the health of all of individuals in a community, it is seen as more negative. Another major theory for this was also that the survey didn't represent the full range of community members.

The issues of equity, diversity, and inclusion came up numerous times. If RGH is not talking to underserved populations, then RGH can't truly know the health issues concerning these populations. As an example, if an individual can't afford fresh and healthy foods, it doesn't help to provide them education on how to eat those foods. Multiple population groups were highlighted for more outreach and connection: Spanish-speaking, veterans, farmers and farm workers, youth, and low income community members.

Several ideas were discussed for how to improve on equity and representation. The biggest was finding more ways to connect directly. Language Justice and Just Communications models promote having individuals be able to share ideas and ask questions in their own languages, and to have organizations provide resources and opportunities that promote that native communication. Small focus groups, having incentives for participation in data gathering, and utilizing current advisory boards and data to help identify gaps were other ideas.

B. COMMUNITY MEETINGS

Wellness was a common topic. Many organizations were promoting resources for wellness (i.e. education, trail creation, programming), and RGH could promote what is already available or partner with these organizations. Walkability and access, healthy and affordable foods, and education were key areas where wellness outreach could be focused. Great work has been made in the SLV to promote better utilization of abundant outdoor resources, so RGH could work more closely with these groups (e.g. SLV Great Outdoors, Bureau of Land Management, Colorado State Forest Services, National Forest Services, Colorado Parks and Wildlife, D Mountain Park and Recreation). Other partners are providing valuable services (e.g. school career programs, COVID care boxes, harm reduction, safety education), and it would be beneficial for RGH to utilize, promote, and/or partner to increase the use of these available resources. Finally, wellness may not be defined the same way in all populations, so understanding different perceptions and definitions will be important.

Improving communications was another major topic. Ideas were listed on ways RGH could better educate and promote health (i.e. video education series, regular column in local newspaper, ChatBot service on website). The CDCynergy Lite model was brought up as a social marketing model for improving health through targeted marketing frameworks in order to raise awareness and change behaviors. Finally, it was discussed how easy it can be to paint a negative picture of the community through data like high poverty rates and poor health outcomes. Communications to local and regional communities and to visitors can be improved to highlight how we are focusing our goals on creating a healthy community for all.

B. COMMUNITY MEETINGS

The idea of inspiration and positive modeling was discussed in more depth. The last two years with COVID have been very difficult on the community as a whole, as well as on the healthcare industry. Discussions were had about how RGH could support its staff to build and model resiliency. RGH has started to promote the idea of a Blue Zone-inspired "Wellness Village", which would be both a community center as well as healthy housing. This idea could be a model practice that is implemented elsewhere in the community. During the pandemic, many events had to be postponed or canceled, and these positive outlets and opportunities for social connection continue to be needed. Resuming RGH Health Fairs was one recommendation for improving connection, and other ideas included researching activities that could promote health in a fun way. Along with improving wellness, ideas were discussed for how RGH and partners could continue to model best practices as leaders in the community.

COMMUNITY MEETING LIMITATIONS

Due to the COVID-19 pandemic, gathering inside and in-person was difficult. Precautions were put in place for the community meetings, including spacing and masking, but there was still risk. The meeting facility was not large enough or technologically set-up to hold a productive hybrid in-person/online meeting, so there wasn't a remote option for participants who were unable, or unwilling, to attend in person.

All meetings were held in English. With an estimated quarter of the population in the RGH service area speaking mostly or only Spanish, this was a limiting factor of full community participation. The format of the meeting may also have limited those who didn't feel comfortable speaking up in front of large groups, or did not understand how valuable their opinion could be even if they weren't from an organized community organization. Having interpretation on site, doing direct outreach to targeted populations, and holding smaller group discussions could help with this gap.

Finally, the time commitment of having to attend all three evening meetings was also a challenge. Parents may not have felt comfortable bringing their children, could not find or afford childcare, or had other family commitments. The planning committee tried to find good nights of the week that didn't interfere with church, school functions, or work hours; even with a complimentary meal, this type of community engagement was still a major commitment.

V. Implementation Plan

GOALS AND IMPLEMENTATION

2022-2024 Goals

Services
Improve & Increase

Wellness
Inspire & Educate

Partnerships
Engage & Build

"No one has ever achieved greatness without dreams"
Roy T. Bennett

"If you can dream it you can do it"
Walt Disney

FINDINGS

The CHNA is required for non-profit hospitals, but it has become an extremely valuable process for guiding RGH's direction of growth and involvement in the community, as well as for building partnerships. Several accomplished goals set in the 2018 CHNA, such as developing a community wellness board, have made a huge impact on how RGH operates.

RGH implemented community health goals for 2022-2024 based on the reviewed secondary and primary data. Primary data collection used for crafting goals included results from the CHNA survey, qualitative discussions from the community meetings, and input from key partners.

All of the CHNA goals have an overlying focus on equity, diversity, and inclusion. Whether related to the goals of services, wellness, or partnerships, RGH is committed to working more intentionally on addressing identified gaps.

Goals were organized by category and estimated implementation timeframe. Timeframes were estimated for all goal start dates and organized into short, mid, and long term goals. Short term goals should be started within one to two years, mid term goals in two or three years, and long term should be started before the next CHNA process, even if their completion date will be further out.

2022-2024 GOALS

SERVICES

Improve & Increase

- **Short Term**
  - *Referrals*: Improve referral system for patients needing to see specialists or requiring advanced testing not performed at RGH
  - *Reminders*: Create a reminder system for immunizations & well-child/annual visits, as well as for preventive visits/screenings for adults
  - *Recovery Clinic*: Grow, sustain, and promote the Addiction Recovery Clinic
  - *ALTO*: Educate on ALTO (Alternative to Opioids), a program being used in the RGH Emergency Department
  - *Interpretation*: Increase number of trained interpreters within hospital and clinics

- **Mid Term**
  - *Sign*: Erect signage at entrance to hospital
  - *Billing*: Improve the customer experience with RGH's billing process
  - *Follow-up*: Improve clinic provider/nurse follow-up
  - *Youth Services*: Encourage clinic providers who treat children
  - *MAT*: Offer MAT (Medication Assisted Treatment) services for opioid dependency, as well as other drug additions
  - *ChatBot*: Incorporate ChatBot tool onto website for quick customer service questions

- **Long Term**
  - *Telehealth*: Investigate increasing use of telehealth visits and services
  - *Increase Services*: Review availability and affordability of other possible services RGH could offer
    - Possible services: More outpatient surgery, hospice beds, investigate providing services for podiatry, nutrition, speciality scans, endocrinology/diabetes specialty, rheumatology, and urology
  - *Medical Tourism*: Work with providers and regional economic development groups to promote health services that non-residents could access at RGH

2022-2024 GOALS

WELLNESS

Inspire & Educate

- **Short Term**
  - *Resilience*: Increase resilience training and resources to support RGH staff
  - *Promote*: Promote current infrastructures and programs that encourage wellness (e.g. recreation districts, farmers markets, trail systems, local and healthy food systems, wellness coordinators)
  - *Communication*: Increase communication and education resources outreach (e.g. YouTube education channel, "walks with a doc", newspaper columns)

- **Mid Term**
  - *Health Fair*: Resume annual RGH Health Fairs
  - *Wellness Boxes*: Create a wellness box program to promote available resources and provide education
  - *Exercise Rx*: Partner with outdoor recreation and resources organizations to create a program for prescribing outdoor activities for disease prevention, control, and wellness
  - *Social Marketing*: Learn about methods to improve education and marketing through innovative messaging models (e.g. CDCenergy), and than incorporate model into all RGH outreach

- **Long Term**
  - *Wellness Village*: Model Blue Zone-inspired living through construction of community wellness center and housing
  - *Education*: Develop comprehensive chronic disease and nutrition education programs, especially for diabetics education & prevention

2022-2024 GOALS

PARTNERSHIPS

Engage & Build

- **Short Term**
  - *Health and Wellness Board:* Continue and grow Health and Wellness Board
    - Identify other partners to invite, including faith representation
  - *PFAC*: Coordinate with and grow RGH's Patient and Family Advisory Council
    - Establish a structure for the PFAC to advice the Health and Wellness Board
  - *Targeted Outreach*: Utilize expertise of Health and Wellness Board and PFAC to identify at least three key populations to which RGH can improve engagement and outreach
  - *Safety Day*: Become an annual presenter at Monte Vista Coop's Safety Day
  - *COVID Support*: Have individual conversations with social support community organizations to understand how RGH can better support individuals and families with COVID-related needs

- **Mid Term**
  - *Spanish Outreach:* Partner with established experts (e.g. Los Promatores del Valle de San Luis) to increase relationships, services ,and outreach with Spanish speaking community members
  - *Language Justice*: Train and model Language Justice principals throughout community, starting internally at RGH and expanding to partner utilization
  - *School Partnerships*: Increase partnerships with school districts and youth, including possibilities of increased health education in classrooms, participating on school wellness committees, hosting health events, supporting school heath services, and/or partnering with school career services

- **Long Term**
  - *Fun Event*: Working with Health & Wellness Board partners, develop a new, fun community event to inspire health and wellness
  - *CHNA Planning*: Create a plan and gather resources to better engage special populations, including Spanish-language outreach, for next CHNA

VI. Dissemination Plan

Location
The 2021 RGH CHNA will be posted publicly on the Hospital's website, at https://riograndehospital.org/chna/, by January 1, 2022.

Format
This document will be provided in a PDF format for viewing and download.

A request for a printed copy can be made by emailing WeCare@riograndehospital.org or by calling the RGH Development & Communications Officer at (719) 657-3266.

Process for Distribution
A contact list is maintained by the RGH CHNA team of all individuals who participated or showed interest in the 2021 CHNA process. Once the report is finalized and posted online, these partners and community members will be notified by email that the report is available to access.

Community partners, especially those involved with the Health and Wellness Board, will be asked to distribute the CHNA report out to their agencies, staff, and community members, as well as to friends and family.

Announcement of the CHNA completion will be promoted on RGH's website, on social media platforms, and through local news media. These promotions will include a link to the report.

Finally, the CHNA committee and Health and Wellness Board will be brainstorming any other processes to share this information to the broader community, especially to special populations. A specific priority will be finding a translation service to translate the CHNA report into Spanish.

Access the CHNA at:
https://riograndehospital.org/chna/

VII. References

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VII. Appendices

APPENDIX A

APPENDIX A: 2021 COUNTY HEALTH RANKINGS & ROADMAPS DATA

Every year the County Health Rankings & Roadmaps (CHR&R) data is released by the University of Wisconsin's Population Health Institute. This is data compiled to "provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health". Not only is CHR&R data comparable across counties and across years, this data source was also utilized by RGH during the past two assessment cycles.

2021 results show all counties in the SLV (except for Mineral, which did not have enough data to be ranked) as ranking the lowest for Health Outcomes. Other than Alamosa County, which ranked in the next higher category, Health Behaviors for all SLV Counties were also in the lowest for Colorado.

Health Outcomes

Health Outcomes included data on Length of Life (premature deaths) and Quality of Life (poor or fair health, poor physical health days, poor mental health days, and low birthweight). Colorado's premature death rate (or Years of Potential Life Lost rate) is 5,900, and both Rio Grande (9,700) and Saguache Counties (11,200) have a much higher rate.

For Rio Grande County, there was a large disparity in this data when separating out ethnicity. White residents have a rate closer to the state average (5,400) but Hispanic residents are much higher at a rate of 13,500. This ethnic difference shows up regularly in other data points, and was noted as an important factor for RGH's continued awareness.

Rio Grande (19%) and Saguache (22%) Counties had a higher reported percentage of poor or fair health in their counties than the state (14%). Mineral County had a slightly better percentage (12%), and the western SLV counties faired better in this data point than the other SLV counties (Alamosa 22%, Costilla 27%, and Conejos 24%). Poor physical and mental health days both followed this similar trend.

Health Factors

Many measured health behaviors showed worse data for western SLV counties. Adult smoking and obesity was somewhat higher, along with physical inactivity. Saguache County especially showed low access to exercise opportunities (48%, versus 78% in Rio Grande and 90% for Colorado).

APPENDIX A

APPENDIX A: (CONTINUED PAGE 2)

Mineral County showed some protective data in these areas. Adult smoking rates were the same as Colorado's (15%). Adult obesity was better than the state average (18% versus 22%), and physical inactivity was the best in the SLV (18%), with a reported 100% access to exercise opportunities. When looking at excessive drinking and alcohol-impaired driving deaths, Mineral County had some of the highest rates in the SLV. Saguache County had substantially lower rates of sexually transmitted infections.

Clinical care numbers continued as in past years to show higher uninsured numbers and fewer providers than the state averages. The Colorado uninsured rate was 9%. Mineral was similar at 10%, with Rio Grande (14%) and Saguache (17%) both being higher. All three western SLV counties had fewer dentists than the state, with Saguache County having a much lower ratio. Saguache County also had a much lower ratio of primary care physicians, while Rio Grande and Mineral were better than the state ratio. Mental health providers were needed across the board. There were better than state averages in Mineral County for flu vaccinations and preventable hospital stays.

Due in large part to its higher poverty rates, the SLV regularly has lower social and economic factors. Saguache County's rate of some college is the lowest in the SLV (47%), and unemployment rates in both Rio Grande (4.1%) and Saguache (4.0%) Counties were the highest rates in the SLV.

Mineral County was the outlier, with higher than state average high school completion, lower unemployment and the lowest percentage for the SLV of children in poverty. A couple areas where there were better than state average data for Rio Grande and Saguache were fewer violent crimes and more social associations.

This category of data also showed a wide racial range. For Rio Grande County, Median Household Income was $48,500. This varied widely when looking at a more detailed breakdown. White residents actually had a median household income of $47,800, but this was lower for Hispanic residents ($35,600) and much lower for American Indian & Alaska Natives ($13,900).

Finally, there were a few interesting numbers related to physical environment data. Air quality in general was better for all the San Luis Valley, as compared to the state, and there was less traffic and shorter commutes. Broadband access continues to be a concern.

APPENDIX B

APPENDIX B: ADDITIONAL ASSESSMENT REVIEW

San Luis Valley Public Health Partnership - 2018

Originally accessed from https://www.slvphp.com/; due to website migration, received PDF copy in October 2021 from lsmith@alamosacounty.org

The San Luis Valley Public Health Partnership is a partnership of the six local public health agencies in the San Luis Valley. Per Colorado state statute, governmental public health entities are required to gather data and produce a community health assessment every five years. Data for the 2018 regional assessment was gathered from reliable state and national data. This data was referenced and briefly reviewed during the second RGH CNHA meeting to highlight areas where local public health departments align.

Highlighted areas of priority include: Chronic Diseases, Communicable Diseases, Injury, Behavioral and Mental Health, and Health Access. The two priorities for the SLV PHP's Community Health Improvement Plan were 1) to ensure everyone has an opportunity to be healthier in a fair and inclusive way (Health Equity) and 2) to build public health capacity.

San Luis Valley Community Action Agency - 2020

Accessed October 2021 from https://www.slvdrg.org/wp-content/uploads/2020/11/SLVCAA-Needs-Assessment-2020-08.12.20-PDF.pdf

The San Luis Valley Community Action Agency focusses on bolstering and assisting the low income and poverty populations of the SLV to become self-sufficient through support for areas like education, employment, and housing. Their 2020 Community Needs Assessment top five priorities categories were:

- Access to Transportation
  - cost of fuel, cost of car repairs/maintenance, lack of public transportation
- Affordable Housing
  - cost of utilities, cost of deposits, need for weatherization, need of repairs
- Emergency Services
  - risk of eviction, foreclosure, utility shut-off, homelessness, and hard to individuals/domestic violence
- Health Care
  - cost of health care, insurance costs and/or lack of benefits, prescription costs, lack of resources to treat mental health, alcohol, or drug abuse
- Nutrition
  - lack of income to buy food, lack of transportation to store, education on SNAP budgets, lack of nutrition education, education on other resources for seniors

APPENDIX B

APPENDIX B: (CONTINUED PAGE 2)

San Luis Valley Health - 2019
Accessed October 2021 from https://www.sanluisvalleyhealth.org/documents/about%20us/2019-CHNA-report-final.pdf

SLV Health operates the only two other hospitals in the San Luis Valley: SLV Regional Medical Center (Alamosa) and Conejos County Hospital (La Jara). Their most recent CHNA was reviewed to find areas for regional hospital system alignment.

SLV Health focused on five goals: 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. SLV Health goals were reviewed for comparison to RGH's process and aligned closely with RGH's previous and current priorities.

Rio Grande Hospital & Clinics - 2018
Accessed September 2021 from https://riograndehospital.org/wp-content/uploads/2018/12/RGH2018CommunityHealthNeedsAssessment-1.pdf

In 2018, RGH's 2018 CHNA, identified areas of concern were 1) Health & Wellness and Quality Care, 2) Partnerships with Other Entities, and 3) Addressing Social & Health Disparities.

Short term tasks:
- Develop a Community Health Board
- Hold 'town hall meetings' in at least three outlying communities for input and questions
- Connect with two schools to determine ideas for partnerships
- Coordinate with Patient and Family Advisory Committee
- Present at least twice on ER programs for reducing opioid abuse
- Develop a marketing plan to educate on health and wellness
- Hire a navigator/care coordinator for clinics

Long term tasks:
- Consider and recruit more speciality services; communicate on current services
- Collaborate with other SLV healthcare providers on specific projects
- Work with area schools to promote wellness programs
- Partner with one business per year for a wellness program
- Investigate access to health care for vulnerable populations
- Plan to address prioritized social determinants

APPENDIX C

APPENDIX C: 2021 RIO GRANDE HOSPITAL CHNA SURVEY QUESTIONS

Q1. How would you rate our community's overall PHYSICAL health?
Excellent - Good - Fair - Poor - Very Poor

Q2. How would you rate your own PHYSICAL health?
Excellent - Good - Fair - Poor - Very Poor

Q3. How would you rate our community's overall MENTAL health?
Excellent - Good - Fair - Poor - Very poor

Q4. How would you rate your own MENTAL health?
Excellent - Good - Fair - Poor - Very Poor

Q5. In the following list, what do you think are the three most important "health problems" in our community? (Those problems which have the greatest impact on overall community health.)
Aging problems (e.g., arthritis, hearing/vision loss, etc.) - Cancers - Child abuse/neglect
Dental problems - Diabetes - Domestic violence - Firearm-related injuries/deaths
Heart disease and stroke - High blood pressure - HIV/AIDS - Homicide - Infant death
Infectious Diseases (e.g., COVID-19, hepatitis, TB, etc.) - Mental health problems
Motor vehicle crash injuries - Obesity - Respiratory/lung disease (e.g., asthma, COPD)
Sexually Transmitted Diseases (STDs) - Suicide

Q6. In the following list, what do you think are the three most important "risky behaviors" in our community? (Those behaviors which have the greatest impact on overall community health.)
Alcohol abuse - Dropping out of school -Illegal drug use/abuse
Lack of exercise/physical activity - Lack of maternity care
Lack of regular physicals/health screenings - Marijuana use
Poor eating habits/poor nutrition - Prescription drug abuse - Racism - Teenage pregnancy
Tobacco use - Not getting immunizations/vaccinations - Not using birth control
Not using seat belts/child safety seats - Rape/sexual assault - Unsafe sex
Unsecured firearms - Vaping

Q7. In the following list, what are the three most important factors that determine where you go for your health care needs?
Cost of services - Courtesy of the staff - Covered by your insurance - Easy and quick access
Family/friend recommendation - Location is close to home or work - The physician/provider
Transportation is available - Type of services provided

APPENDIX C

APPENDIX C: (CONTINUED PAGE 2)

Q8. In the following list, what are the three most significant barriers that keep you from accessing health care when you need it?
Cost of services - Family/friends don't recommend - Follow up from provider/staff
Inability to navigate system - Language/cultural barriers - Lack of trust
Lack of transportation -Long wait times/hard to get appointment - Not covered by insurance
Provider turnover - Poor customer service- -Services are far away
Type of services/providers not available

Q9. Where do you get most of your health information? (Select all that apply).
Doctors/Providers - Family/Friends - Newspaper - Public health department
Radio - Social media - Websites

Q10. Where do you go for your routine health care and/or health screening exams?
Rio Grande Hospital & Clinics -Valley-Wide Health Systems - San Luis Valley Health
Salida providers - Front range providers (e.g. Pueblo, Colorado Springs, Denver)
Other - I do not regularly get routine health care and/or health screen exams.

Q11. If you have children, where do you take them for their routine health care and/or health screening exams?
Rio Grande Hospital & Clinics - Valley-Wide Health Systems - San Luis Valley Health
Salida providers - Front range providers (e.g. Pueblo, Colorado Springs, Denver)
Other
I do not regularly take my children to get routine health care and/or health screen exams.
I do not have children/does not apply to me

Q12. What are the top three strengths of Rio Grande Hospital & Clinics?
Access to primary care - Access to specialty care - Billing process - Cost of care
Coordination of care - Customer service - Expertise - Follow-up from provider/staff
Community education - Information on services provided -Physical location of services
Physicians/providers/staff - Reputation - Time it takes to get an appointment
Quality of care -Wellness/prevention programs

APPENDIX C

APPENDIX C: (CONTINUED PAGE 3)

Q13. What are the top three weaknesses of the Rio Grande Hospital & Clinics?
Access to primary care - Access to specialty care - Billing process - Cost of care
Coordination of care - Customer service - Expertise - Follow-up from provider/staff
Community education - Information on services provided -Physical location of services
Physicians/providers/staff - Reputation - Time it takes to get an appointment
Quality of care -Wellness/prevention programs

Q14. How would you rate the quality of care provided by Rio Grande Hospital & Clinics?
Excellent - Good - Fair - Poor - N/A–I don't use

Q15. Do you believe any of the following populations are not being adequately served by Rio Grande Hospital & Clinics? (Select all that apply.)
Uninsured/underinsured -Low-income/poor - Non-English speaking - Physically disabled
Mentally disabled - Children - Young adults - Elderly - Homeless - Veterans
None/all populations are being served

Q16. Did you use any of the following services provided by Rio Grande Hospital & Clinics during the COVID-19 Pandemic? (Select all that apply.)
Information hotline - General education - Testing - Vaccination clinics - ER services
Inpatient services - No services used

Q17. What are the most needed health care services/specialty clinics that are currently NOT available?

Q18. How can Rio Grande Hospital & Clinics better improve the health of our community?

Q19. To which gender identity do you most identify?
Female - Male - Other - Prefer not to answer

Q20. What is your age?
Under 18 - 18-35 - 36-50 - 51-65 - Older than 65

Q21. Are you of Hispanic, Latino, or Spanish origin?
Yes - No

APPENDIX C

APPENDIX C: (CONTINUED PAGE 4)

Q22. What is your highest level of education?
Less than a high school diploma - High school degree or GED - Some college, no degree
College degree or higher - Other (please specify)

Q23. What is your current employment status?
Employed, full-time - Employed, part-time - Unemployed, not currently looking for work
Unemployed, looking for work - Student - Retired - Homemaker - Self-employed
Unable to work - Other (please specify)

Q24. What is your current household income?
Less than $25,000 - $25,000-$49,999 - $50,000-$74,999 - $75,000-$99,999
$100,000-$124,999 - $125,000-$149,999 - Over $150,000 - Prefer not to answer

Q25. What is the primary way you pay for your health care?
Pay cash (no insurance) - Health insurance - Medicaid - Medicare
Veterans' Administration - Other (please specify)

Q26. Please select the ZIP code where you reside the majority of your time:
81130 (Creede) - 81132 (Del Norte) - 81144 (Monte Vista) - 81135 (Home Lake, Monte Vista)
81154 (South Fork) - 81125 (Center) - Other San Luis Valley - Other Colorado - Out of State

Q27. We know you fill many roles in our community. For this survey, please choose just one of the following roles that best represents how you answered this survey.
Academic expert - Business - Community member - Education - Faith community
Government - Health care consumer/ consumer advocate - Health care provider
Health insurance/managed care organization - Law enforcement
Labor/workforce representative - Nonprofit/community-based organization
Parent - Senior citizen - Veteran

Q28. Any additional comments?

APPENDIX D

APPENDIX D: 2021 CHNA INVITEE LIST

170 Individuals were invited from the following sectors/agencies:

- *Agriculture* (farmers/ranchers): Monte Vista, Del Norte, Center
- *Agriculture* (advocates): SLV Ag Coalition, San Luis Valley Local Food Coalition
- *Ambulance Services*: Monte Vista, Del Norte, South Fork, Center
- *Banks*: Monte Vista, Del Norte, Center
- *Behavioral Health*: SLV Behavioral Health Services
- *Boards*: Board of Trustees, Hospital Foundation Board
- *Businesses*: Monte Vista Coop, retail, construction, real estate, restaurant
- *County (commissioners, administrator)*: Mineral, Rio Grande, Saguache Counties
- *Economic Development*: Upper Rio Grande Economic Development, SLV Development Resources Group
- *Electrical*: SLV Rural Electric Cooperative, Xcel Energy
- *Emergency Managemen*t: Mineral, Rio Grande, and Saguache; Colorado Division of Homeland Security and Emergency Management
- *Faith*: Monte Vista, Del Norte
- *Funders*: state foundation, regional trust
- *Health*: regional health connector, Rocky Mountain Prevention Research Center
- *Health care*: FQHC, SLV Area Health Education Center
- *Homeless services*: La Puente
- *Hospice*: Hospice del Valle
- *Hospital leadership & staff*
- *Immigrant services*: SLV Immigrant Resource Center
- *Labor*: Monte Vista Workforce Center, Colorado Department of Labor
- *Law enforcement*: Mineral County Sheriff, Rio Grande County Jail Nurse
- *Legal services*: Colorado Legal Services
- *Long term care facilities*: Monte Vista, Del Norte
- *Municipal*: Del Norte, Monte Vista, Center, South Fork
- *Public Health*: Mineral (Silver Thread), Rio Grande, and Saguache Counties; regional
- *Politicians*: State, Federal
- *School (higher education)*: Adams State University, Trinidad State Junior College
- *School (primary; superintendent & school nurse)*: Center School District, Monte Vista School District, Sargent School District, Upper Rio Grande School District, Colorado Department of Education
- *Service agencies*: a Rotary
- *Social Services*: Rio Grande/Mineral Counties, Saguache County
- *Transportation*: Rio Grande County Road and Bridge, regional transportation coalition
- *Veterans*: veteran service officer, Veterans Coalition of the San Luis Valley
- *Head Start*: Center, Monte Vista, Del Norte, Migrant
- *Youth Centers*: High Valley Community Center, Monte Vista Kids Connection, SLV Boys & Girls Club, SLV BOCES, Rocky Mountain SER

Community Health Needs Assessment

2022-2024