

2025-2027

COMMUNITY HEALTH NEEDS ASSESSMENT



CULTURE
Highlight & Streamline

COMMUNICATION
Educate & Promote

COMMUNITY
Integrate & Connect

Acknowledgements

The staff at Rio Grande Hospital & Clinics (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. So many of you showed up for this process through meeting attendance, survey completion, and conversations.

We have been so honored by your commitment to RGH and this community

Thank you!

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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

Every three years when Rio Grande Hospital (RGH) needs to conduct another Community Health Needs Assessment (CHNA), I am honored and amazed by the dedication and commitment of this community and our staff. This year the CHNA process was no different; we had great participation, high numbers of survey completion, and rich discussions on what health needs really matter to you!

While a CHNA is required by Section 501(r)(3) of Section 501(c)(3) of the Internal Revenue Code for all non-profit hospitals, RGH strives to make this process relevant to the community as well as to the work being done at our facilities. 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 – continues to be 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 areas for RGH. This three-county rural and frontier region has an aging population that is primarily White/Caucasian, an average of 39% of the population identify as Hispanic, and up to 20% 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 began with planning in September 2024 through completion at the end of December 2024. An eight-person planning team coordinated the process, but input was received from RGH staff, community members, and 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.

(Continued on next page.)

Executive Summary

Additional data sources, including a broad range of primary and secondary data collected by the San Luis Valley Public Health Partnership (SLV PHP) for their most current (2023) five-year regional Community Health Assessment were examined for trends and key focus areas.

Three overarching goals were identified for implementation over the next three years: Culture, Communication, and Community.

Overlaying all of these is the foundation of improving equity, diversity, and inclusion in all the work RGH does, as well as the commitment to constantly improving, while utilizing financial resources appropriately.

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 again to all who contributed to this report, and to those who will help with the work that come next.

Regards,



Arlene Harms, CEO
Rio Grande Hospital

- **"Culture"** focuses on highlighting and continuing the great work already being done at RGH, while continuing to promote a "culture of service excellence". It also focuses on continuously improving hospital and clinic processes to ensure our system always becomes better to meet our community's needs.
- **"Communication"** targets the goal of providing more information and education throughout our system, especially as related to wellness. We also heard loud and clear that we need to work on improving our own communication and promotion of RGH activities and the work we do.
- **"Community"** looks deeper into our desire to be a strong community partner, with a focus on integrating and outreaching better into current systems and partnerships. Alongside this work of partnering rather than duplicating, we highlight several key populations we plan to put extra effort towards supporting.

II. Community Defined

A. Rio Grande Hospital

The tradition of hospital care in Del Norte started when St. Joseph's Hospital opened in 1907. St. Joseph's closed its doors in 1933. In 1996, Rio Grande Hospital at Del Norte re-opened at the old St. Joseph Hospital Building. The hospital moved to its present location on August 11, 2004. For almost 30 years RGH has been dedicated to providing the west end of the San Luis Valley (SLV) with critical care and easy access to health care services.

Our Purpose

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

Our Mission

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

Our Vision

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



A. Rio Grande Hospital

RGH has a significant impact on the region and communities it serves. In addition to providing high-quality healthcare to residents, its presence is central in contributing to the economy.

LEVEL IV TRAUMA CENTER

Emergency Care (1 Triage Room, 9 Emergency Rooms)

Acute Care (14 Beds)

Swing Bed Program

Outpatient Care

Clinic Care (4 locations)

Preventive Care

Cardiac and Pulmonary

Rehabilitation

Colonoscopy and Endoscopy

Dermatology

Infectious Disease Specialty Clinics

Laboratory Services

Nursing

Orthopedics

Pain Management/Pain Procedures

Pharmacy

Hospital Pharmacists

Retail Pharmacy (Monte Vista)

Physical Therapy (2 locations)

Radiology

CT Scan

Ultrasound

MRI

Coronary Artery Calcium Scan

Recovery Clinic

Respiratory Therapy

Sleep Studies

Surgery

Telehealth

Wound Care



Wellness Center

Along with the previously listed services, as of June 28, 2024, RGH opened a community Wellness Center and temporary housing.

This idea has been in the works since 2017, and the goal of this communal space is to model health and wellness and offer another resource that serves the community as a means of preventive health care. This was also a priority-goal set in the 2021 CHNA.



The facility includes a community hall and conference room, teaching kitchen, fitness center and meditation rooms, community lounge, geodesic dome greenhouse, connection to trail system, and temporary guest houses. The space was created to facilitate a transformative shift in our community from treating illness to practicing wellness.



Vision

To cultivate a vibrant Wellness Village that serves as a beacon of whole-person health, inspiring individuals to thrive physically, mentally, and spiritually, while setting a standard for rural communities nationwide.



Operational Data – 2024

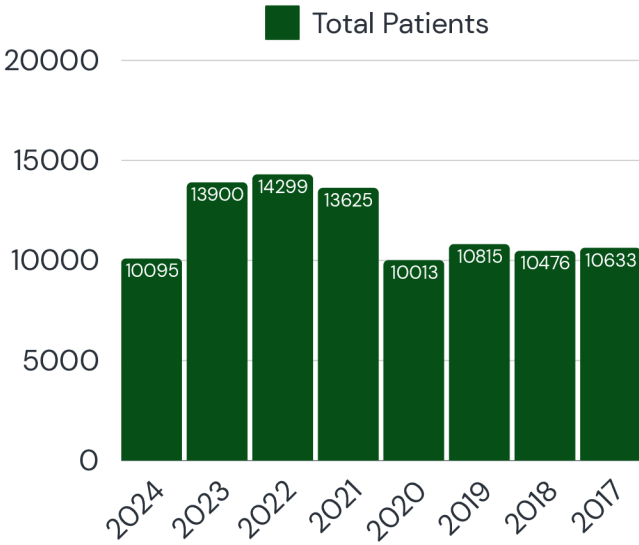
In 2024, there were over 62,000 total visits at RGH for a variety of services, with over 10,000 individuals served.

Over 21,175 visits occurred at the RGH clinics (34% of total visits), over 6,200 patients used the emergency room services (10% of total visits), and lab and x-ray represented 33% of total visits. Of those ER visits, 501 were admissions to the hospital, and 65 were swing bed admissions.

Of the total clinic visits in 2024, approximately 42% occurred at the Rio Grande Hospital Clinic in Del Norte. The Monte Vista Rural Health Clinic accounted for 30% of visits, the South Fork Clinic was 15%, and the Creede Family Practice was 13% of visits.

(Continued on next page.)

**RGH TOTAL VISIT & TOTAL PATIENTS
2024-2017**



Operational Data – 2024

For the timeframe of January through November 2024, charges generated by each service area show that the largest revenue centers are the emergency room (35%) and outpatient services (44%). Clinics account for 9% of total revenue, while acute and swing beds make up 12% of revenue. Of the total ER care charges, 57% are covered by either Medicare/Medicare Advantage, (35%) or Medicaid (22%). Private insurance covers 29% of ER care charges.

With 36% of RGH’s total revenue in 2024 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 (23%) and Monte Vista (25%) areas. It is also noteworthy that 29% of ER visits come from individuals whose primary residence is outside of the primary communities served by RGH, showing the importance of RGH’s emergency care, as well as its clinics, for serving tourists and seasonal visitors.



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 nine 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. Many retail businesses are connected to the ag sector and tourism, education, health, and government jobs round out leading industries.

Poverty rates in the SLV are high, and the immediate and generational impacts of this can be felt through all sectors and populations. In 2022, per capital income for Colorado was \$47,346. The San Luis Valley income was significantly lower (\$30,798). Although the counties primarily served by RGH were somewhat higher than the SLV average (Mineral \$37,647, Rio Grande \$34,328, Saguache \$34,311), all were \$10,000 or more lower than the state average. This gap has only widened since 2019 data, causing the SLV to even more strongly feel the impacts of rising costs of living. (SLV DRG, 2024.)

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. In the health sector, there are many regional collaborations (e.g. SLV Public Health Partnerships, SLV Healthcare Coalition) and regional partners (e.g. SLV Area Health Education Center, Hospice del Valle, Center for Restorative Programs).

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 a larger land mass than Connecticut or Massachusetts. Yet four of the six counties in the SLV, and the SLV as a whole, meet the definition of “frontier” because there are fewer than 6 people per square mile. (The SLV as a whole is 5.6 persons per square mile.) (SLVDRG. 2024.)



Image uploaded by G. Darnoff on www.Researchgate.net

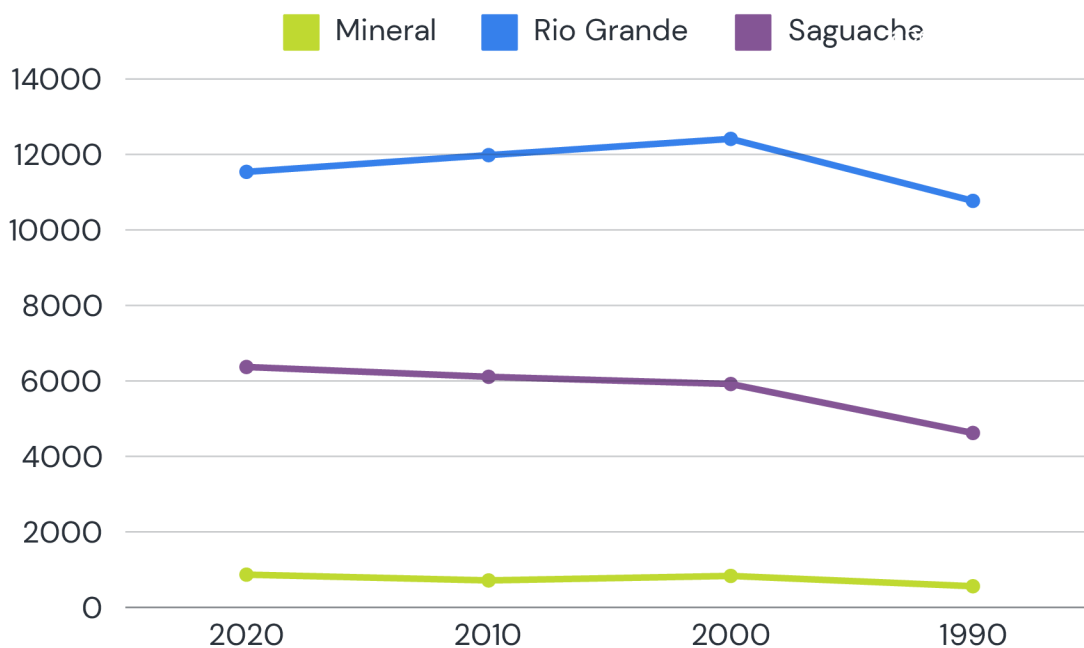
Population

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.

Based on population forecasts, by 2025 the SLV’s population will increase slightly (up 723 people across the six-county region to 46,831). This includes a 4.4% (278 person) increase in Saguache, an 8.5% (80 person) increase in Mineral, and a 1.35% (156 person) decrease in Rio Grande County. Through 2040 forecasts, Saguache County’s population is estimated to continue a small, but consistent growth, while both Mineral and Rio Grande Counties’ populations are estimated to decline.

With such small numbers, these forecasts can be hard to get accurate, but the potential of declining population numbers should be considered for future hospital planning efforts.

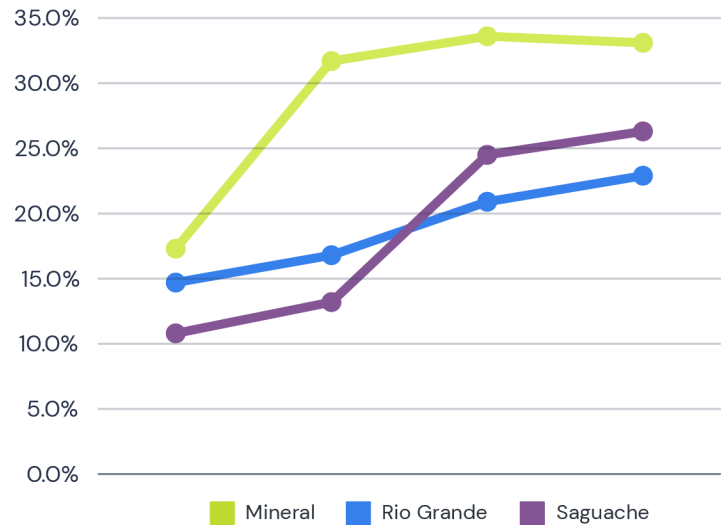
**POPULATION CHNGE OVER TIME
2020-1990**



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 OVER TIME, 65+ YEARS



Race & Ethnicity

Western SLV counties continue to have very high populations of white residents (race). These percentages are higher than the state average of 89%.

Residents identifying as Hispanic or Latino (ethnicity) are higher in Rio Grande and Saguache Counties than the state average of 22.5%. (SLVDRG. 2024.)

POPULATION BY RACE, 2020

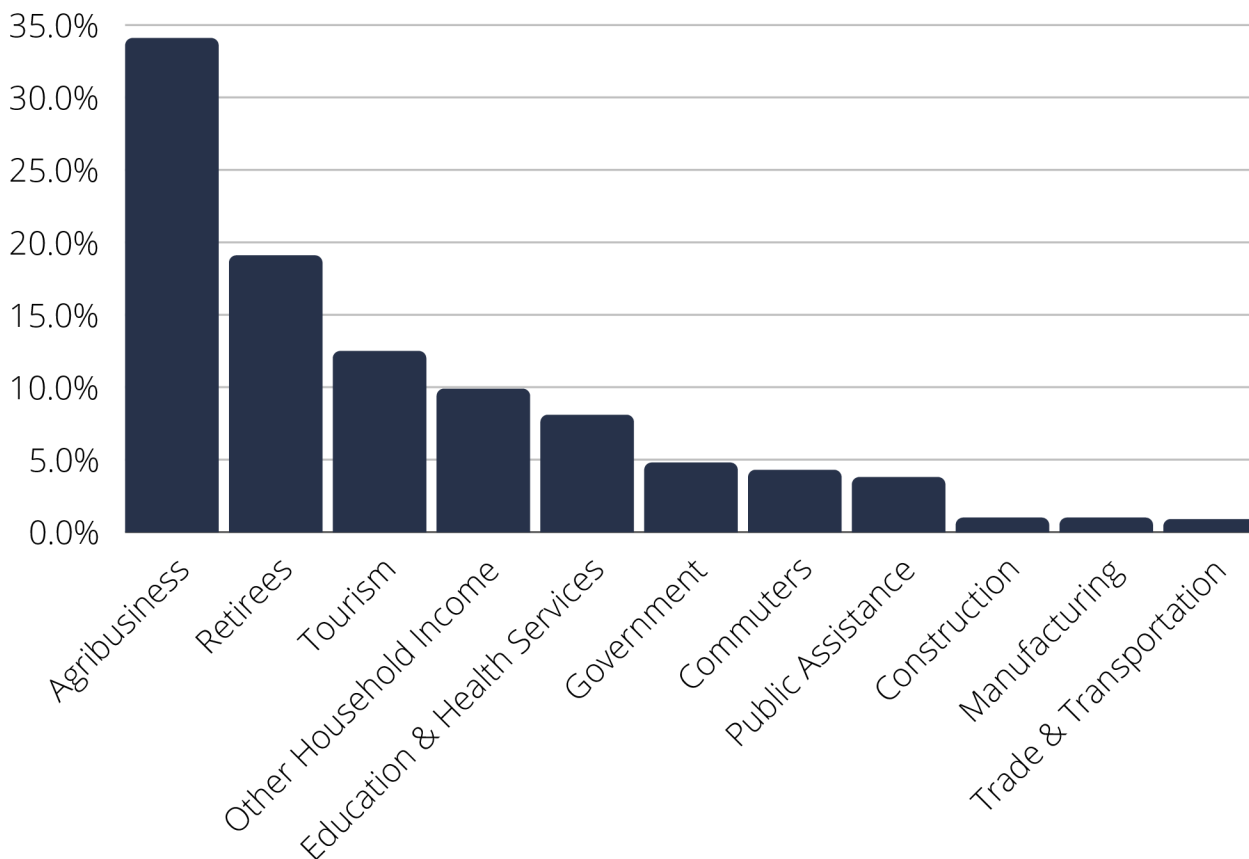
	Mineral	Rio Grande	Saguache
White	97.2%	96.3%	94.1%
Black/African American	0.4%	0.7%	1.1%
Asian	0.8%	0.4%	0.9%
Hawaiian/Pacific Isl.	0%	0%	0%
American Indian	0.5%	1.1%	1.7%
Two+ Races	1.3%	1.4%	2.2%
Hispanic	5.6%	44.2%	34.9%

Employment & Economics

The main drivers of the economies of the three western SLV counties are Agriculture (34.1%), Retirees (19.15%), and Tourism (12.5%). For the most part, Rio Grande and Saguache County's top economies are similar, with Rio Grande County having more industry in Education & Health and Government. Mineral County relies most heavily on Tourism (over 60%).

Similar to the whole SLV, poverty rates are higher than the state average. Colorado's percentage of all ages in poverty was 9.6. The SLV had a rate of 15.5, and all western SLV counties were at higher rates than the state (Mineral 11.2, Rio Grande 10.3, Saguache 17.5). (SLVDRG. 2024.)

BASE INDUSTRIES, 2022
Mineral, Rio Grande & Saguache Counties



Other Health Services

RGH partners closely with other health care systems in the region. Although these services can be in competition for clients, RGH has a very strong collaborative relationship across systems. These services are listed in RGH's CHNA to show how important collaboration is when resources and populations are limited.

Valley-Wide Health Systems (Federally Qualified Health Center)

- Medical, behavioral health, and dental services, including WIC (Women, Infants, and Children), the Nurse-Family Partnership program, and the Valley-Wide Agricultural Worker/Outreach Program.
- In the communities served by RGH: 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 Jira) 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.
- In the communities served by RGH: Monte Vista Community Clinic (primary and specialty care clinic) and Pro Therapy (physical, occupational and speech-language therapy, as well as 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
- In the communities served by RGH: 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 and in other SLV towns
- Home Health: SLV Home Health (operated by Alamosa County Public Health) and At Home Healthcare
- 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. (CDPHE, 2024.)

III. Process

A. Overview of Process

Planning Team

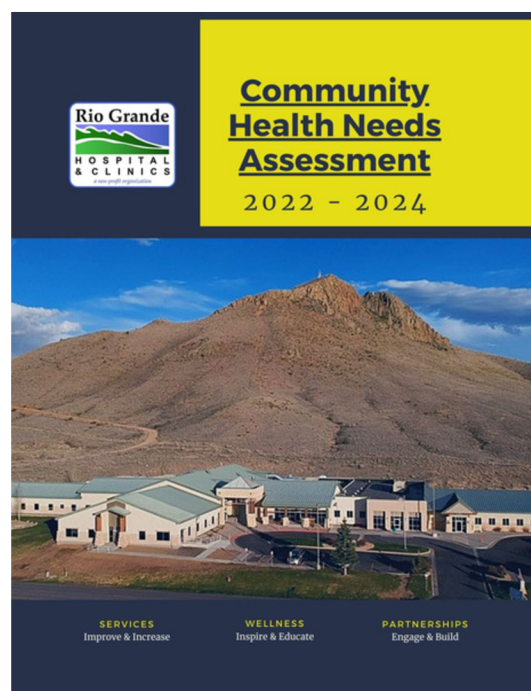
The 2024 CHNA process was led by a public health consultant/facilitator and a RGH team. (See listing in “Acknowledgements” section.) A majority of the organization and coordination for this process was done by this team over a four-month time period (September–December 2024).

A major source of input on goals, priorities, and gaps over the last three years came from input received from the RGH Health and Wellness Board and the RGH Patient & Family Advisory Council (PFAC) (See Appendix A for a list of all members.).

For all this support and input we are extremely grateful, and we will continue to look towards these partners for guidance on implementation of this plan.

Planning Process

The 2024 process began with the formation of a planning committee and a review of the 2021 CHNA and process. This review assisted the committee with understanding which types of strategies were effective, ineffective, and difficult to implement, as well as to analyze progress on previous goals.



Planning Process

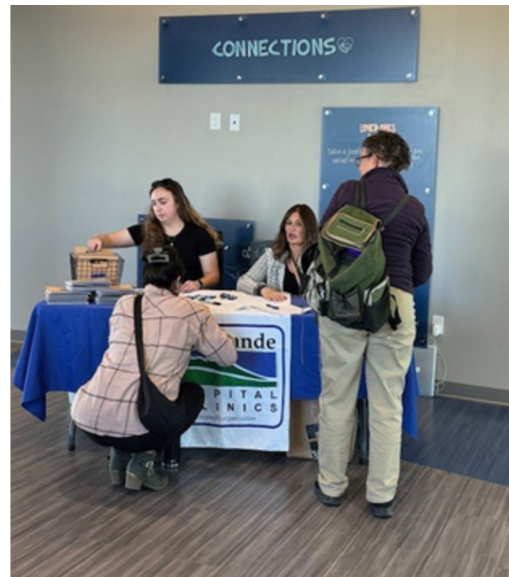
This year RGH again held three public community meetings and distributed a survey to complete the CHNA process. All meetings were held on a Thursday evening, about a month apart from each other. The new Wellness Center space was able to be utilized to host each community meal and meeting, as well as to highlight the goals of the new facility. A free meal was offered before each meeting for all participants.

Meetings were public, but direct email and/or phone invitations were sent out to approximately 190 individuals representing a broad range of the community. (See Appendix B for overview of invitee list.)

Meeting 1

The initial meeting on October 10, 2024 was a presentation of current RGH services, programs, and data. The hospital reviewed previous CHNA goals and progress towards those goals as well as new accomplishments and services at the hospital over the last three years. RGH also reviewed, and asked for feedback, on their measures from Colorado Medicaid’s Hospital Transformation Program (HTP). This provided an opportunity to align multiple goals setting processes in one setting.

Throughout the meeting, participants were encouraged to share or write-out reactions and recommendations to information being presented. Comments were collected at the end of the meeting and incorporated into planning for the upcoming meetings.



Survey

At the end of the first meeting, attendees were asked to help promote and complete the 2024 CHNA Survey. This survey was based off required and past RGH CHNA survey questions that had been updated based on input from staff and partners. (See Appendix C for questions.)

This survey was distributed broadly throughout the community. Postcards were given to all attendees at the first meeting. These postcards included the survey link, as well as a scannable QR code link. The survey was promoted through social media, local news media, sharing by partner organizations, and through hand distributed survey cards. The survey was available in both English and Spanish.

Over 200 people completed this survey, which was almost a 45% increase in participation from 2021. This jump in participation was contributed in large part to enthusiastic commitment from multiple community partners to challenge each other to promote the survey, especially to community members that were not associated with or employed by attending agencies. Local promotion of the survey was also strong, and one method consisted of information that went out in one of the local water bills to all town residents.

The survey was open from the end of the first meeting on October 10th to November 30th. The data was analyzed by planning team personnel and organized for presentation at the second community meeting.

Rio Grande
HOSPITAL & CLINICS
RioGrandeHospital.org

We'd Love to Get
YOUR FEEDBACK

The Community Health Needs Assessment (CHNA) is the ongoing process for our hospital to evaluate the health needs of the communities we serve. Nonprofit hospitals must conduct a CHNA at least every three years and implement strategies to address priority needs.

Your input is valuable for our requirement of identifying and prioritizing community health needs, inventorying resources, developing an implementation strategies report to address health needs, and involving stakeholders with public health knowledge and expertise and leaders, representatives, or members of medically underserved, low-income, and minority populations in the community.

Thursday 10/10/24
Thursday 11/14 /24
Thursday 12/12/24

5:30 complimentary dinner
6:00pm CHNA session
Rio Grande Hospital Wellness Center
310D County Road 14, Del Norte, CO 81132

surveymonkey.com/r/RGH2024CHNA
For more information, email WeCare@RioGrandeHospital.net

Meeting 2

The second meeting was held on November 14, 2024. The goals of the second meeting were to present health data and to gather feedback on where the hospital should focus their work over the next three years.

Initial survey results were presented so attendees could get a preview of what the community was sharing. Data was also presented on the regional SLV Public Health Partnership Community Health Needs Assessment goals. (Local public health agencies in Colorado also have to complete a health assessment and goal setting process every five years, and the six local health agencies in the SLV completed their Health Assessment in 2023.) (See Appendix D.)

One goal from the 2021 CHNA was to “grow, sustain, and promote the Addiction Recovery Clinic”, so time was given at this meeting to highlight progress on this goal to show how the CHNA process drives change. This program has been running weekly at RGH through the efforts of a multi-agency team. This team shared the work they have been doing, which individuals and agencies have come together to make this program work, and some of the successes they have accomplished.

Once a baseline of data had been set, all participants were broken into three groups for the remainder of the session. Staff and community partner facilitators led each of three groups: Prevention and Public Health, Mental Health, and Hospital/Clinic. Participants had a set amount of time to respond to questions in each topic area, then they had the opportunity to rotate to each of the other two groups to hear what had been discussed and add their input.

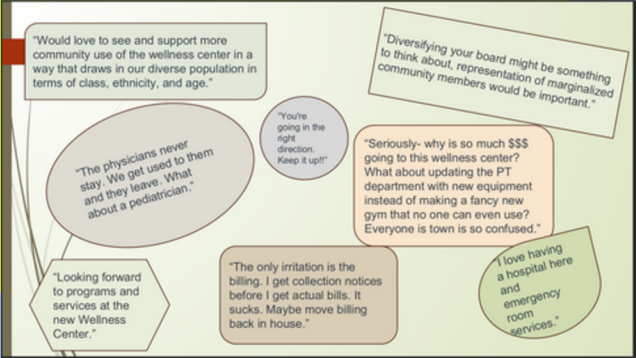
Along with this meeting the planning facilitator also led discussions with Rio Grande Hospital Board members, as well as at a monthly Health and Wellness Board, to get additional high-level feedback.



Meeting 3

CHNA committee members took all data gathered from the survey as well as from community meetings and individual feedback. They created draft CNHA goals from all this information.

The final meeting was held on December 14, 2024. Final survey data was presented, as well as a review of the process for creating goals. The three categories of goals were presented. Community partners had a final opportunity to present feedback on the offered strategies and ask questions. In closing, the plan for completion and distribution of the report was shared.



Continue a "Culture of Service Excellence"

- Recognition as provider & employer of choice
- Health Fair
- Consistent care across all clinics
- Promote options for receiving care
- Coordination with other SLV healthcare entities



STAR RATING AWARDS

CONGRATULATIONS ON 5 STAR!



HCSEC
WWW.HEALTHCARESERVICEEXCELLENCE.COM



B. Secondary Health Data

2023 Public Health Assessment

In Colorado, local and state governmental public health agencies are required to complete a community health assessment and improvement plan every five years. This year's timing worked well for RGH's CHNA process as the San Luis Valley Public Health Partnership (SLV PHP) completed their regional Community Health Assessment (CHA) in 2023. RGH utilized these SLV PHP data and goals to support their primary data.

**SAN LUIS VALLEY
COMMUNITY HEALTH
ASSESSMENT
2023**

**ALAMOSA
CONEJOS
COSTILLA
MINERAL
RIO GRANDE
SAGUACHE**

SUBSTANCE USE/MISUSE

POVERTY

TRANSPORTATION

MENTAL HEALTH

HOUSING

HEALTH CARE ACCESS & TRUST

PHYSICAL ACTIVITY

SERVICES & SUPPORTS FOR OLDER ADULTS

PREVENTATIVE HEALTH CARE

COMPLETED BY **DATA COLLECTED BY**

ADDITIONAL PRIORITIZED SOCIAL DETERMINANTS OF HEALTH

- SOCIAL ISOLATION
- DENTAL CARE
- CHILD CARE
- HEALTH EDUCATION & COMMUNICATION
- NUTRITION & FOOD ACCESS/SECURITY
- SERVICES FOR THE UNHOUSED COMMUNITY

For more info: www.slvphp.com
or slvphpfacilitator@alamosacounty.org

2023 Public Health Assessment

More

IV. Community Input & Data

A. Survey Results

Survey Development & Distribution

The 2024 CHNA Survey was created through the online SurveyMonkey platform. The survey consisted of 30 questions, which included some open response options. All questions were translated into Spanish and available via a separate link.

The survey was announced at the first CHNA community meeting. Printed cards with the survey link and a scannable QR code 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.



208

Surveys completed



52

Days the survey was open for



30

Number of questions on survey

Demographics of Survey Respondents

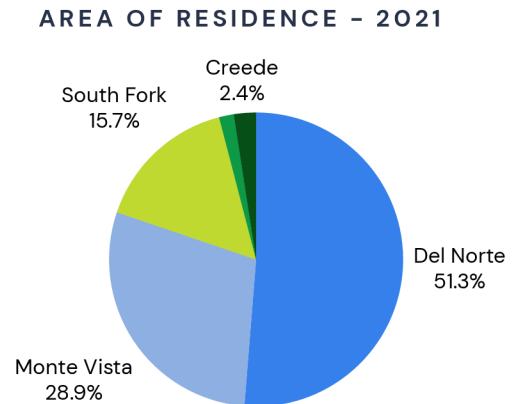
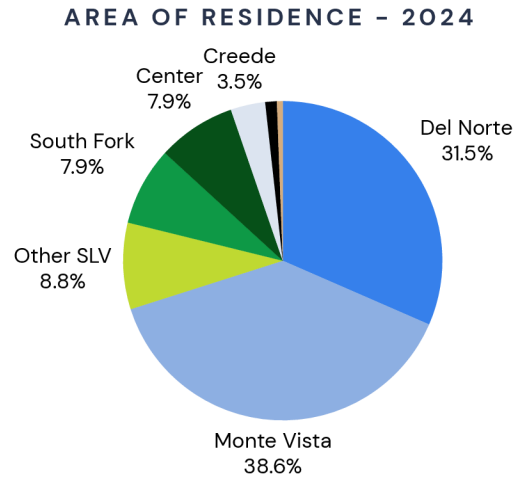
Respondents were a majority female (69%), over a third Hispanic (38%), and from a variety of age ranges (18% age 18–35, 30% age 36–50, 29% age 51–65 and 24% older than 65).

A majority of respondents had a college degree or higher (64%) and were employed full time (61%) or retired (22%). Respondents reported a fairly equal distribution of household income ranges.

Finally, a majority of respondents (64%) had health insurance. Of respondents, 54% utilized RGH for their routine healthcare needs. And although a majority of respondents said they did not have children (50%), most of those that did have children utilized RGH for their children’s wellness visits as well (22%).

Most of the participants (78%) responded from a Rio Grande County ZIP code. (The Center ZIP code crosses two counties. 7.65% of respondents checked this option, so these could be from either Rio Grande or Saguache Counties.) As compared to 2021 though, we had a better distribution of respondents across our region, which seems to be reflected in the changes of the data we gathered.

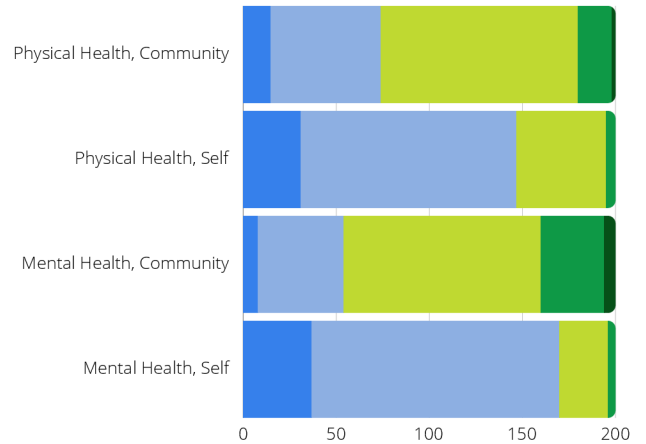
As compared to three years ago, our survey this year had a more representative range of ages and incomes. Representation by those reporting as Hispanic was much improved (38% in 2024 compared to 26% in 2021), and this number is in alignment with U.S Census numbers for the three western SLV counties. Those with health insurance decreased slightly as well.



Survey Results

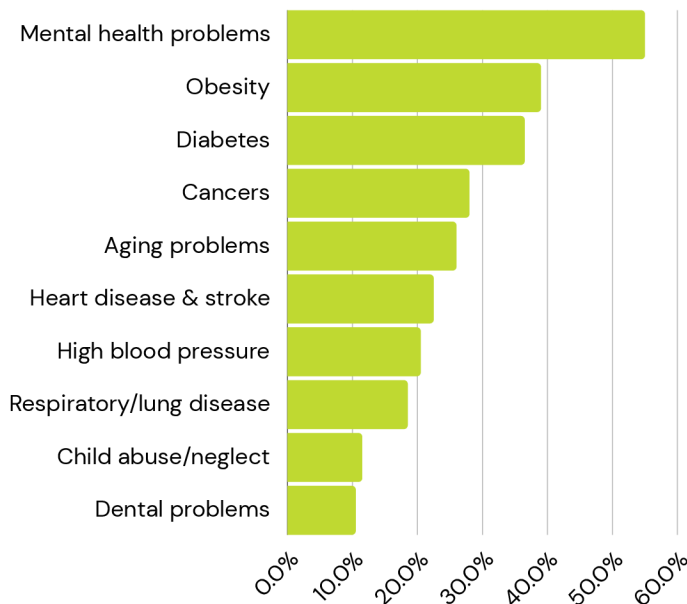
Similar to the previous CHNA survey results, most respondents thought their own physical and mental health was better than the community's as a whole. A majority of respondents responded that their own physical and mental health was good but thought that their community's overall physical and mental health was fair. Mental health was rated lower than physical health on both questions. Since the 2021 survey though, there were slightly more respondents who ranked both physical and mental health as "excellent" or "good".

PHYSICAL & MENTAL HEALTH

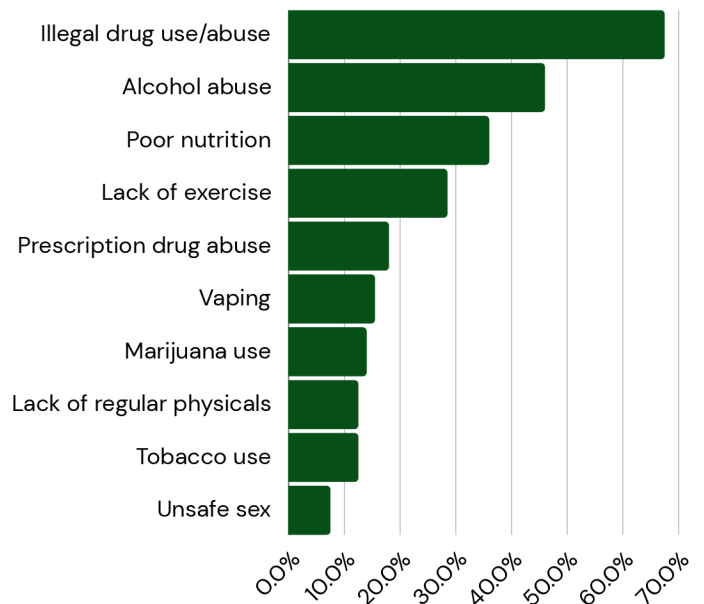


The next questions ranked a series of "health problems" and "risky behaviors", and answers provided a ranking of what the community saw as the most concerning. These were generally similar to past years. In 2024 "cancers" rose in importance and "infectious disease" dropped. For behaviors, more people were concerned with "vaping" and "lack of regular physicals/health screenings".

TOP HEALTH PROBLEMS - 2024



TOP RISKY BEHAVIORS - 2024

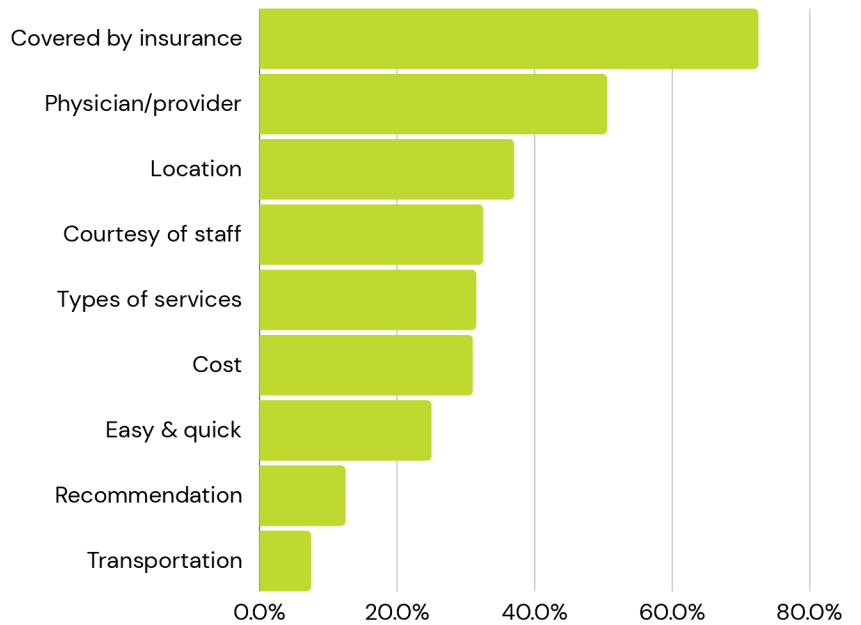


Survey Results

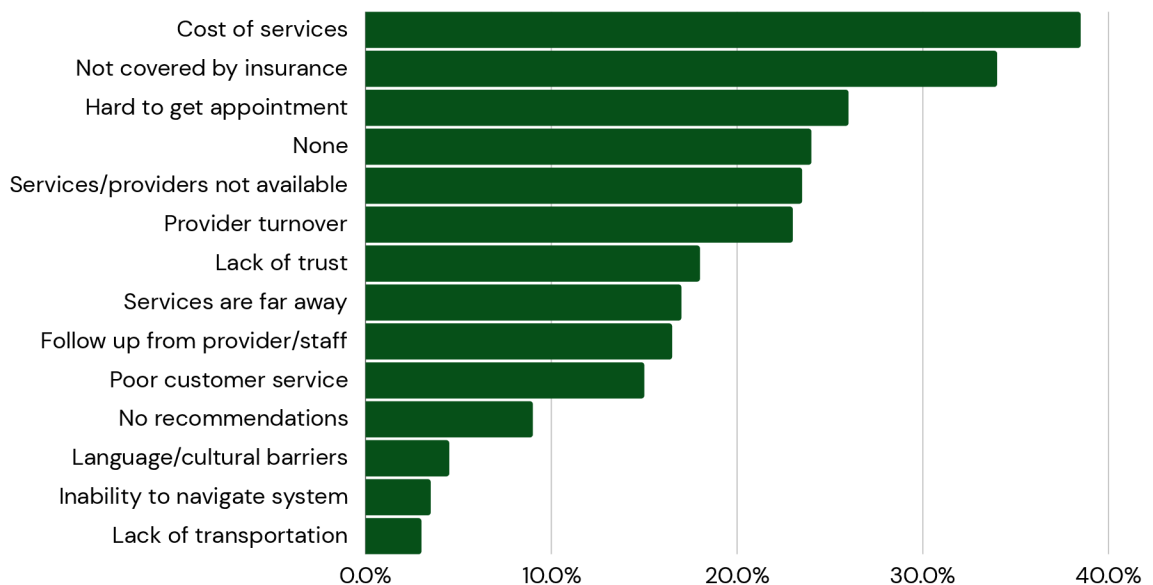
When looking at why individuals use healthcare at RGH, cost, provider, and location continue to be the top three influencing factors. These factors have been consistent over time.

Barriers have shifted slightly. Cost continues to be one of the top barriers. This year though, “type of services/providers not available” took the top spot with 42% selecting this option. “Long wait times/hard to get an appointment” are also a barrier.

TOP FACTORS FOR CHOOSING HEALTHCARE



TOP BARRIERS FOR ACCESSING HEALTHCARE



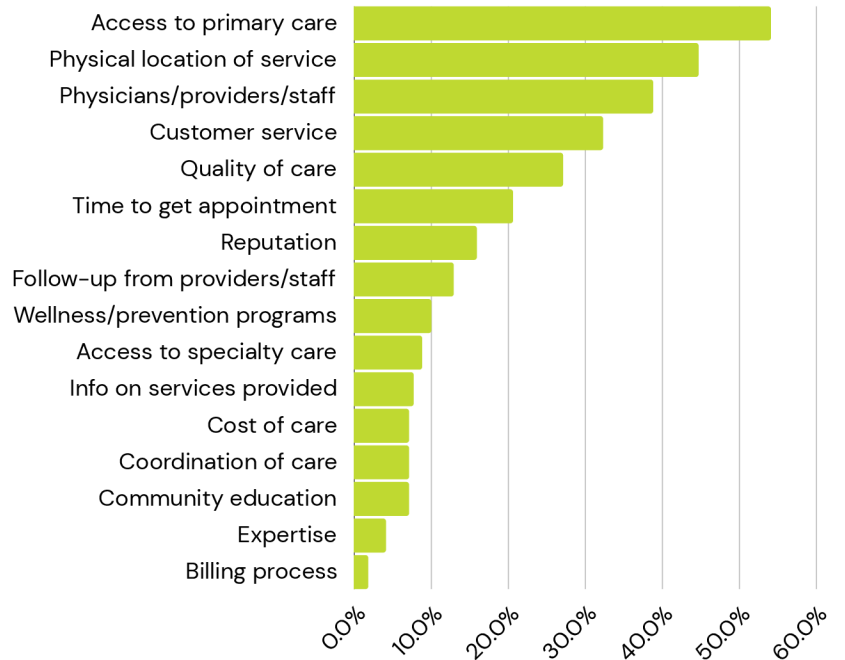
Survey Results

Survey respondents think highly of the location, providers, and quality of customer service and care at RGH. Access to primary care came up as the top strength. Customer service increased from past years as a strength.

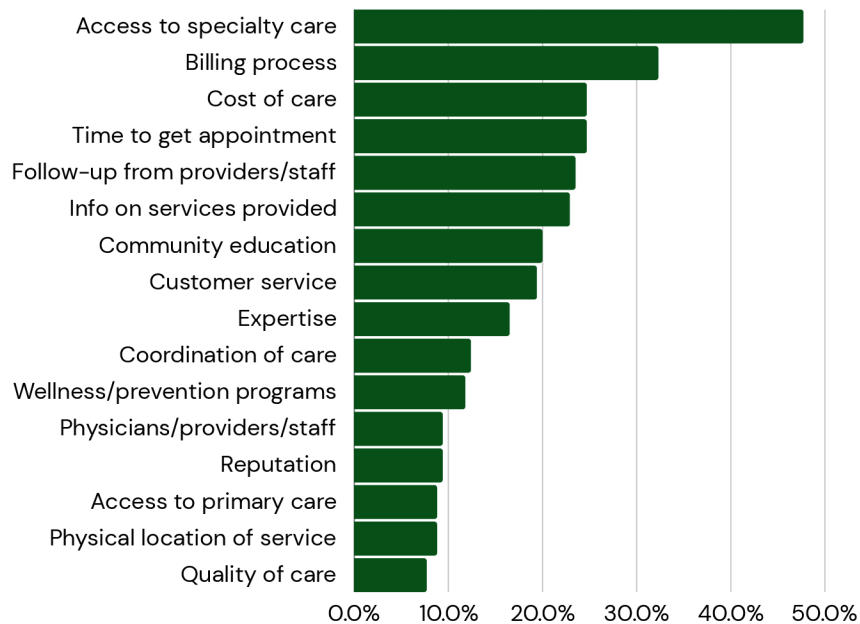
In the weaknesses category, cost and time to get an appointment both moved up into the top five concerns. On a positive note, 2021 top weaknesses included wellness/prevention programs and community education, and both of these concerns went down in 2024.

A majority (74%) of respondents the quality of care at RGH as “excellent” or “good”. Most respondents (47%) thought RGH was serving the community well, but underinsured/uninsured, low-income/poor, mentally disabled, and non-English speaking populations were highlighted for those needing more service.

TOP STRENGTHS OF RGH



TOP WEAKNESSES OF RGH



Limitations of Survey Data

RGH's process for conducting this survey continues to improve each time it is completed, but there are still several limitations to the survey data which could keep the responses from being generalized across the RGH service area. There were several indicators that the data did not fully represent the population being served. More females answered the survey (69%) than are in the population (closer to 50%). Income level may not be fully accurate as 12% of respondents did not want to share this information. Even though there was good distribution across categories, income was still higher than the county averages.

For the first time, this survey was available in Spanish. Very few (8) Spanish surveys were completed. So, although this was a major step forward, additional effort needs to be made to outreach to Spanish speaking individuals. This outreach was done in community meetings with organizations serving these populations, but more work continues to need to be done to be inclusive on future surveys.

Rio Grande County is 60% of the population of the three western San Luis Valley counties but made up at least 78% of survey respondents. This gap is not as wide as previous surveys though, and there was more participation from Center (Saguache County) and Creede (Mineral County) residents. There was less participation though from South Fork residents, which are a major utilizer of RGH services. It's promising to see changes in survey respondents because it means our outreach and community partnerships are working, but we need to keep finding ways to represent all our clients.

Only one respondent selected "Out of State". In the summertime, a large portion of RGH's clientele is made up of 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.

B. Community Meetings

V. Implementation Plan

A. Goal Development

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. Goals from past CHNAs, including developing a community wellness board, supporting an in-house Addiction Clinic, and supporting a Wellness Village, have guided the focus of RGH work in the past.

RGH implemented community health goals for 2025–2027 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.

Goals presented in this report are the overarching view of plans for the next three years. As part of RGH's commitment to communication and transparency, more detailed timelines, measurable objectives, and specific deliverables will be identified and shared throughout the next three years, along with updates on progress.

Culture

Highlight &
Streamline

Communication

Educate &
Promote

Community

Integrate &
Connect

Goal Foundations

All of the CHNA goals have two underlying foundations:

- a foundation of diversity, equity, and inclusion.
- a commitment to constantly improving, while utilizing financial resources appropriately.

It continues to be a priority of RGH to examine our systems, processes, and practices and to look for ways to improve the work being done. Each person, regardless of background, identity, or status should be respected and have equitable access to quality healthcare, as well as the ability to lead a healthy and productive life.

Many factors including post-COVID funding and trends, a changing federal leadership landscape, and constantly increase costs and regulations for healthcare systems create uncertainty around future funding and resources. While RGH wants to continue to stretch and grow to meet community needs, prioritization of goals will also be led by an understanding that strategic and conservative planning of resources will ensure long term success and sustainability.



**Diversity
Equity
Inclusion**



**Improvement
with Fiscal
Sustainability**

B. 2025–2027 Goals

Culture

Highlight & Streamline



Continue a “Culture of Service Excellence”

- Strive for exceeding standards that make RGH a provider and employer of choice.
- Re-establish annual Health Fair.
- Provide consistent care across all clinics, regardless of provider or location.
- Promote options for receiving care, including telehealth and specialty services.
- Continue and improve regular coordination with other SLV healthcare entities in order to support keeping quality healthcare in the SLV.

Improve Hospital & Clinic Processes.

- Improve warm hand-offs for transitions of care, including outside referrals.
- Reduce duplication of and simplify client paperwork.
- Refine system to provide automated reminders for annual visits.
- Promote utilization of same-day clinic visits.
- Improve patient portal, including aligning hospital & clinic systems, and provide a client portal app.
- Improve the customer experience with billing process.
- Investigate providing additional services.

Communication

Educate & Promote

Launch educational and wellness activities throughout RGH system.

- Increase variety, amount, and consistency of offerings to teach and promote wellness.
- Identify community wellness activities RGH can support and promote.
- Promote and connect RGH clients to wellness programs and services offered by community partners.



Improve communication and promotion of RGH activities and work.

- Erect signage at entrance to hospital.
- Investigate ability to have a “community outreach ambassador” position to improve communication and connections.
- Explore option of creating an official marketing and/or advertising plan.
- Improve content and ease of navigation on RGH digital platforms.
- Provide more consistent and broadly distributed information promoting current services and activity.
- Pilot regular, in-person community gatherings to better communicate progress and updates from the hospital and clinic.

Community

Integrate & Connect

Outreach into the community.

- Identify currently established partnerships in the community where RGH could become a regular partner.
- Work with outside individuals and organizations to increase offerings of their programs and services at RGH facilities and with RGH clients.
- Continue to utilize the expertise of the Health and Wellness Board and Patient and Family Advisory Council to guide RGH's interaction with the community.

Provide targeted focus for key populations.

- Seniors
- Youth
- Non-English speakers
- Agriculture workers
- Veterans



VI. Dissemination Plan

The 2025–2027 RGH CHNA will be posted publicly on the agency website, at <https://riograndehospital.org/chna/>, no later than December 31, 2024. This document will be provided in a PDF format for viewing and download.

A contact list was maintained by the RGH CHNA team of all individuals who participated or showed interest in the 2024 CHNA process. Once the report is finalized and posted online, these partners and community members will be noticed by email that the report is available to access.

Community partners, especially those who participated in the CHNA process, will be asked to distribute this report out to their agencies and staff, as well as friends and family. We will especially rely on our community partners to help us communicate this information to the clients and community members they interact and work with.

Announcement of the CHNA completion will be promotion on RGH’s website, on social media platforms, and through local news media. These promotions will include a link to the report and will highlight the three key goal areas.

Finally, the CHNA committee and Health and Wellness Board will be brainstorming any other methods for sharing this information to the broader community, especially to the identified special populations. This distribution planning will include how to have ongoing communication as more detailed timelines, measurable objectives, and specific deliverables are identified and shared throughout the next three years, along with updates on progress.

For questions or a printed copy of report:
email – WeCare@riograndehospital.org
call – (719) 657-3883

VII. References

United States Census Bureau. 2024.

San Luis Valley Development Resources Group & Council of Governments. San Luis Valley Statistical Profile. March 1, 2024.

San Luis Valley Public Health Partnership. 2023 Community Health Assessment. January 1, 2024.

<https://static1.squarespace.com/static/601218d7fc6bee77cb1b8136/t/660f243aed41b10c86987e6e/1712268349974/SLV+CHA+2023+--+Booklet.pdf>

Colorado Department of Public Health & Environment. Health professional shortage area maps and data. Accessed December 27, 2024 from <https://cdphe.colorado.gov/prevention-and-wellness/health-access/health-workforce-planning-and-assessment/health-professional>.



VIII. Appendices

Appendix A: Advisory Boards

Health and Wellness Board

Arlene Harms: Chief Executive Officer, RGH
Ellen Lane: Chief Operating Officer & Chief Nursing Officer, RGH
Greg Porter: Chief Financial Officer, RGH
DeeAnn Sierra: Chief Quality Officer, RGH
Yael Defaye: Chief Information Officer, RGH
Grace Sandoval: Care Coordinator, RGH
Ted Anderson: Clinic Practice Manager, RGH
Janet Whitmer: Director of Medical Records, RGH
Anita Trujillo: Care Coordinator, RGH
Eva Timberlake: Marketing Director, RGH
Trent Mills: Intensive Case Management Supervisor, Center for Restorative Programs
Marlayna Martinez: Strategic Program Coordinator, Center for Restorative Programs
Deb Haverfield & Rocky: Community Representatives
Edgar Martinez: Migrant Education Programs (MEP)/Labor & Employment Specialist, Monte Vista Workforce Center
Dee Kessler: Regional Health Connector
Anita Martinez: Nurse, SLV Area Health Education Center
Augusto Basterrechea: Lead Community Health Worker, SLV Area Health Education Center
Kolawole Bankole: Director, Rio Grande County Public Health
Ida White: Response Coordinator, Rio Grande Public Health
Erin Cowett: Public Health Nurse, Alamosa County Public Health
Lisa Lucero: Director of Community Engagement, SLV Area Health Education Center
Hillary Nipple: Clinical Supervisor, SLV Behavioral Health Group
Leova Villalobos: Chief Program Officer, SLV Behavioral Health Group
Bonnie Ortega: Director of Children & Family Services, SLV Behavioral Health Group
Group
Tina Gonzales: Vice President of Behavioral Health, Rocky Mountain Health Plans
Stacey Plane: Principal, Marsh Elementary–Monte Vista School District
Katrina Ruggles: Senior Seminar Teacher, Center Consolidated School District
Julie Sauvigne: District School Nurse, Upper Rio Grande School District
Sarah Herrera: Jail Nurse, Rio Grande County Sheriff and Sexual Assault Nurse Examiner (SANE), Tu Casa
Esteban Salazar: Health & Wellness Coordinator, San Luis Valley Great Outdoors (SLVGO)
Jennifer Debrito: Hospital Transformation Program
Aly Austin: Regional Accountable Entity (RAE) Liaison

PFAC

Deb Haverfield – Jim Leist – Robin Leist – Karen Clark – Pat Cordero – Richard Negly
DeeAnn Sierra (RGH) – Chair
Khrystynn Cano (RGH)

Appendix B: 2024 CHNA Invitee List

Over 190 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, Mineral County
- *Banks*: Monte Vista, Del Norte
- *Behavioral Health*: SLV Behavioral Health Services
- *Boards*: Board of Trustees, Hospital Foundation Board, Health & Wellness Board, PFAC, Rio Grande Mineral Health District Board
- *Businesses*: Monte Vista Coop, retail, construction, real estate, restaurants
- *County* (commissioners, administrator): Mineral, Rio Grande, Saguache Counties
- *Economic Development*: Upper Rio Grande Economic Development, SLV Development Resources Group
- *Emergency Management*: Mineral, Rio Grande, and Saguache
- *Faith*: Monte Vista, Del Norte, Saguache
- *Funders & Donors*
- *Health*: regional health connector, SLV Great Outdoors (SLV GO!), Rocky Mountain Prevention Research Center, Center for Restorative Programs, Health Colorado, Beacon Health Options
- *Healthcare*: Valley-Wide Health Services (FQHC), SLV Area Health Education Center
- *Hospice*: Hospice del Valle
- *Hospital leadership & staff*
- *Housing*: Community Resources & Housing Development; HOAs
- *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 & Sheriff, Saguache County Sheriff
- *Legal services*: Colorado Legal Services
- *Long term care facilities & Veterans center*: Monte Vista, Del Norte
- *Municipal*: Del Norte, Monte Vista, Center, South Fork
- *Public Health*: Mineral (Silver Thread), Rio Grande, and Saguache Counties; regional
- *School* (principals, superintendent & school nurse): Center School District, Monte Vista School District, Sargent School District, Upper Rio Grande School District, Creede School District
- *Social Services*: Rio Grande/Mineral Counties, Saguache County
- *Veterans*: Veterans Coalition of the San Luis Valley, National Veterans Advocacy
- *Head Start*: Center, Monte Vista, Del Norte; Early Childhood Council of the SLV
- *Youth Centers*: High Valley Community Center, Monte Vista Kids Connection

Appendix C: 2024 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. Do you have a primary care provider? If not, why?

Yes – No-I don't get regular/routine health screenings – No-I can't find a provider I want to see or who understands my health needs. – No-I can't get an appointment with the provider I want to see – No-I can't afford care, or the provider won't accept my insurance – Other

Q5. How would you rate your own MENTAL health?

Excellent – Good – Fair – Poor – Very Poor

Q6. How would you rate your own overall QUALITY OF LIFE?

Excellent – Good – Fair – Poor – Very Poor

Q7. In the following list, what do you think are the three most important "health issues" 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

Appendix C

Q8. 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

Q9. 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

Q10. 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 - None-I am able to obtain health care when I need it

Q11. Have you experienced any of the following that may cause barriers to receiving healthcare

Food you purchased doesn't last and you do not have money to purchase more - I struggle to pay for the very basics like food, housing, medical care, and heating. - Inability to buy food - My electricity, gas, or water have been threatened to be disconnected - My friends and/or family insulted or talked down to me. - My friends and/or family physically hurt me - My friends and/or family scream and/or curse at me. - My friends and/or family have threatened me with harm. - No reliable transportation - No steady place to live. - Unsafe living conditions (pests such as bugs, mold, oven not working, not heat) - None

Appendix C

Q12. Where do you get most of your health information? (Select all that apply).

Doctors/Providers – Family/Friends – Newspaper – Public health department – Radio – Scientific/journal articles – Social media – Websites

Q13. Where do you go for your routine health care and/or health screening exams?

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

Q14. If you have children, where do you take them for their routine health care and/or health screening exams?

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

Q15. 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

Q16. 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

Q17. How would you rate the quality of care provided by Rio Grande Hospital & Clinics?

Excellent – Good – Fair – Poor – N/A-I don't use

Appendix C

Q18. 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 - Women - None/all populations are being served

Q19. What are the most needed health care services/specialty clinics in our region that are currently NOT available?

Q20. How can Rio Grande Hospital & Clinics better improve the health of our community?

Q21. To which gender identity do you most identify?

Female - Male - Other - Prefer not to answer

Q22. What is your age?

Under 18 - 18-35 - 36-50 - 51-65 - Older than 65

Q23. Are you of Hispanic, Latino, or Spanish origin?

Yes - No

Q24. 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

Q25. 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

Q26. 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

Appendix C

27. What is the primary way you pay for your health care?

Pay cash (no insurance) - Health insurance - Medicaid - Medicare - Veterans' Administration - Other (please specify)

Q28. 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

Q29. We know you fill many roles in our community. For this survey, please check all that you represent of the following roles from which 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 - None of the above


Q30. Any additional comments?

Appendix D: SLV Public Health Partnership's 2023 Community Health Needs Assessment

2023 Community Health Assessment available online at <https://www.slvphp.com/assessment-planning>

SUBSTANCE USE/MISUSE

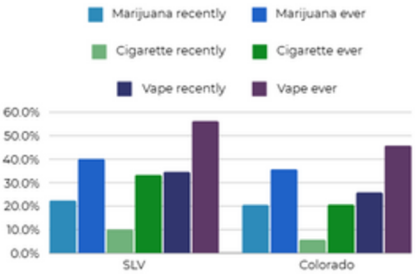
ALCOHOL



1 in 3 high school students have consumed alcohol in the last month.

Adult heavy alcohol use (3% SLV/7% CO) and binge drinking (11% SLV/19% CO) is lower than the state average.


TOBACCO, MARIJUANA, and VAPING



Students use these products more than their peers statewide.

Over 55% of high school students have tried vaping.


More adults in the SLV smoke cigarettes than statewide (19% vs. 14%).



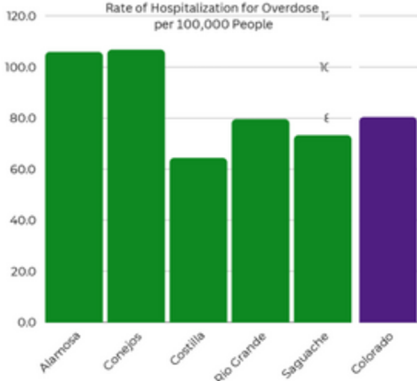
Pregnant women who report smoking during the last trimester of pregnancy (16%) was more than double the state (6%).

YOUTH SUBSTANCE USE

More SLV high school students report ever using cocaine (7%), meth (4%), ecstasy (4%), and heroin (3%) than their peers across Colorado.



OVERDOSE



Hospitalizations for overdose were higher in the SLV (with some counties being much higher).

*Data suppressed in Mineral County due to sample size

HARM REDUCTION & STIGMA

The SLV has multiple services and locations for Harm Reduction, Syringe Exchange, and Addiction Treatment. Stigma around utilization of these services - or even offering these services - continues to be high.


"Harm reduction" refers to a range of intentional practices designed to lessen negative consequences associated with various legal & illegal behaviors.

Need more access to: treatment, residential programs, court-ordered rehabilitation, recovery services, transportation to services, and education on current services.

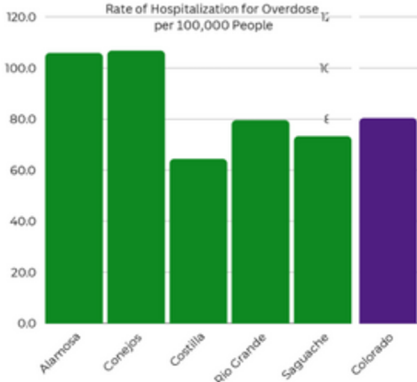
3

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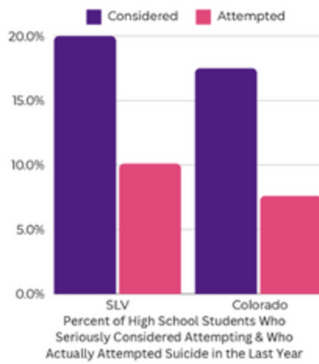
Need more access to: treatment, residential programs, court-ordered rehabilitation, recovery services, transportation to services, and education on current services.

4

Appendix D: SLV PHP 2023 CHA

MENTAL HEALTH

SUICIDE & DEPRESSION

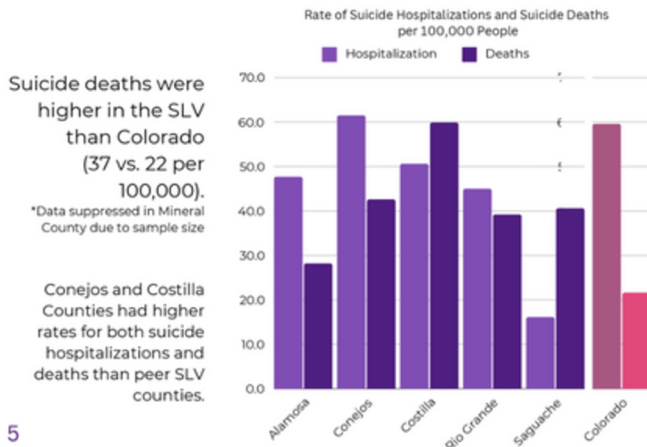


High school students considered and attempted suicide more than their Colorado peers.

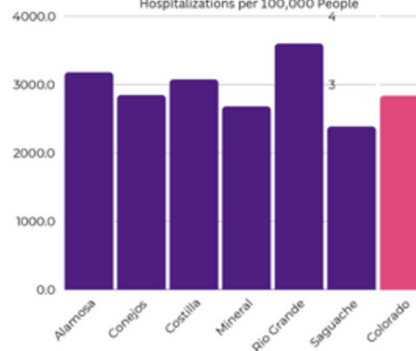
39% of students in the SLV said they felt sad or hopeless almost every day for two weeks.



2.4% of SLV adults reported both thinking about and attempting suicide.



Rate of Mental Health Diagnosed Hospitalizations per 100,000 People



Most SLV counties had higher rates than Colorado of hospitalizations due to mental health diagnoses.



20% of high schoolers in the SLV report being bullied at school, and 14% report online harassment in the last year.

The SLV has higher rates of child maltreatment than Colorado (up to 24 per 1,000 in some SLV counties vs. 10 per 1,000 in CO).



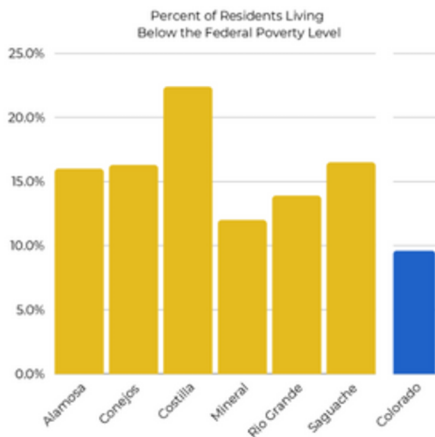
Social isolation and stigma continue to be barriers for seeking treatment.

IDENTIFIED NEEDS

- Local inpatient services
- Increased services to support mental health needs in jails
- Decreased turnover in mental health providers
- Improved communication by mental health providers with other providers/services
- More providers and services across the age spectrum, especially for youth and older adults

Appendix D: SLV PHP 2023 CHA

POVERTY

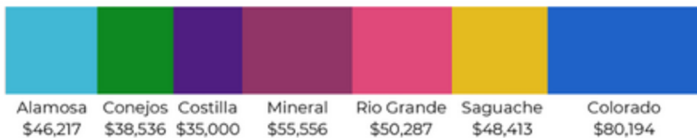


"Poverty is a major cause of ill health and a barrier to accessing health care when needed."
-The World Bank, 2014



Almost 2 in 10 children in the SLV live in poverty.
(18% below 100% of Federal Poverty Level; Colorado average is 11%)

Household income 1/2 the Colorado average, in parts of the SLV.



7

TRANSPORTATION

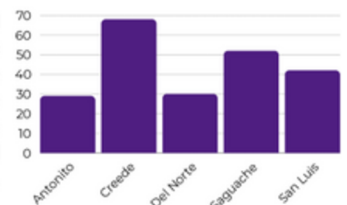
Additional transportation services are needed, as well as more support & awareness of current services.



SLV travel distances to health care services can be up to 7 times as far as the national rural average.

The average distance to the nearest hospital for rural Americans is 10.5 miles.
(Pew Research Center)

Miles to closest Level 3 Trauma Center (in Alamosa) from various SLV towns



HOUSING



More than 1 in 4 SLV adults worry about affording their rent/mortgage.
(38% in the SLV vs. 28% Colorado)



Unhoused individuals face more barriers to healthcare and other services.

More affordable & available housing is needed.

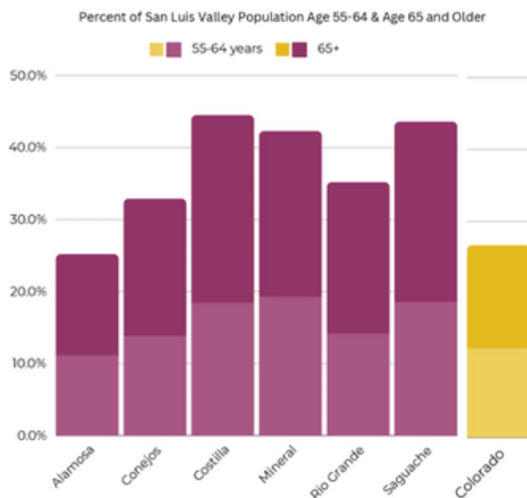


8

Appendix D: SLV PHP 2023 CHA

SERVICES & SUPPORTS FOR OLDER ADULTS

The SLV has a larger proportion of adults aged 55 and older, compared to Colorado as a whole.



IDENTIFIED NEEDS

- Additional housing
- Transportation support
- More in-home care services
- More staffing at care facilities
- More targeted services for older adults (e.g. dementia, substance use, intensive psychiatric care)
- Access to medical devices not covered by Medicare (e.g. hearing aids)
- Expanded activities & programs for older adults, including physical activities and social connections



PHYSICAL ACTIVITY



SLV high school students report being more active than their peers in Colorado, but still only **1/2** are meeting physical activity guidelines.

Adults in the SLV are not getting the recommended amount of exercise.

(Only 54% are meeting CDC guidelines of 150 minutes weekly of moderate-intensity physical activity and 2 days of muscle strengthening activity.)



Swimming pools and recreational facility access & affordability was regularly identified as a desire in all communities.

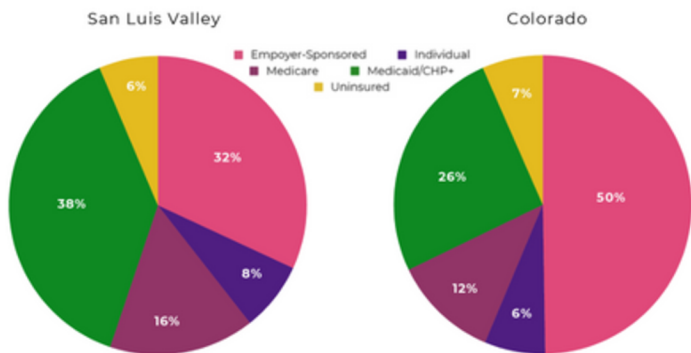
The San Luis Valley has a multitude of great free/affordable outdoor activities, but these are not widely utilized by locals.



Appendix D: SLV PHP 2023 CHA

HEALTH CARE ACCESS & TRUST

INSURANCE COVERAGE



Fewer people visited a health care professional in the past year. SLV (78%) vs. CO (82%)

Only 36% of people sought specialist care in 2020 (vs. 42% CO).

BARRIERS TO CARE

- Affordability
- Availability of Providers
- Transportation
- Trust and Stigma

11% did not get care due to cost

3% went without care because they didn't have transportation

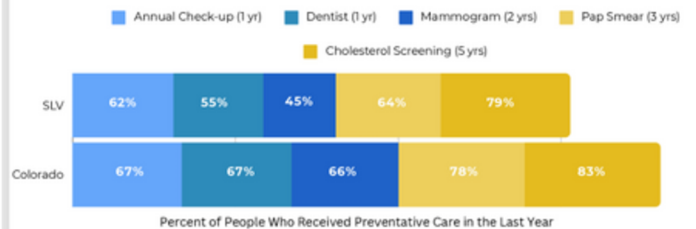
11

18% were unable to get an appointment as soon as one was needed

8% did not get prescriptions due to cost

PREVENTATIVE HEALTH CARE

Fewer people in the SLV utilize preventative health services.



Youth vaccine rates are similar to state rates. (95% SLV vs. 94% CO)



In 2021, Alamosa, Rio Grande, and Saguache all had compliance better than the state - up to 99%.

Fewer SLV adults over age 65 received a flu vaccine last year (55% SLV vs. 65% CO) or had ever received a pneumonia vaccine (62% SLV vs. 77% CO).

INJURY AND VIOLENCE

There is a need for more prevention efforts related to injury & violence in the SLV.



The SLV overall has higher rates per 100,000 for:

- Unintentional injury - 10,425 vs. 6,611 CO
- Assaults - 544 vs. 330 CO
- Intentional self harm - 202 vs. 138 CO
- Occupational injury - 53 vs. 33 CO
- Motor vehicle accident injuries - 150 vs. 90
- Firearm-related injury - 30 vs. 11 CO



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Community Health Needs Assessment

2025-2027