



San Luis Valley Health
Community Health Needs Assessment

Final Report

June 2016

Introduction

San Luis Valley Health (SLVH) is a regional health provider serving the San Luis Valley and surrounding areas, with a hospital located in Alamosa. The health system operates six clinics along with an additional hospital, Conejos County Hospital, a critical access facility in a neighboring county. The headquarters for SLVH is located in Alamosa, Colorado at the San Luis Valley Regional Medical Center. This facility is approximately 230 miles southwest of Denver or 240 miles southeast of Grand Junction, in the south central part of the state near the New Mexico border. SLVH serves the entire Valley, consisting of a primary catchment area of six counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache.

SLVH is governed by a Board of Trustees who, as local residents, represent the needs and concerns of the community. The 15 person board provides governance and direction for the health system to ensure compliance with strategic planning goals and operations.

The San Luis Valley, with a total population of 45,756¹, has a landmass of 8,000 square miles², with three counties considered rural and the remaining three frontier. Alamosa, where the assessment was physically conducted, is the county seat, with a town population of 8,780³ with a land total of 5.5 square miles⁴. San Luis Valley's major industries, by descending order are: education, health, agriculture, government, tourism, retail, and manufacturing⁵.

San Luis Valley Regional Medical Center was founded in 1927 as Alamosa Community Hospital. After being adopted by the Lutheran Hospital Association, in 1937, the hospital was expanded to include 50 beds. A little more than 50 years later, the hospital expanded again to add ten additional beds and a diversified service scope. In 2003, the hospital became a system with the partnering of Conejos County Hospital, and in ten years later it formally became San Luis Valley Health with two hospitals and six clinics. That is where it remains today, bringing the communities access to a variety of services ranging from acupuncture to general surgery⁶.

¹ US Census Bureau 2010 – adjusted for population through 2016

² Upson, James. *Physiographic Subdivisions of the San Luis Valley, Southern Colorado*

³ US Census Bureau 2010 – adjusted for population through 2016

⁴ US Census Bureau 2010

⁵ Colorado Department of Labor

⁶ www.sanluisvalleyhealth.org



This document provides a summary of SLVH’s plan to develop new, and to enhance established, community benefit programs and services. This plan is focused on addressing the top community health priorities identified in the 2016 community health needs assessment (CHNA) conducted by SLVH and facilitated by the Colorado Rural Health Center (CRHC).

Target Areas, Economics and Populations

Because of the limited population, data collection was primarily conducted at a county level. Comparative analytics were completed on regional, rural, state and national levels. Quantitative data were evaluated on over 100 population health indicators.

As documented from a national perspective, SLVH recognizes the disparities that exist in health status and health risk between those in the highest income levels and the lowest, age differences, as well as between the insured and uninsured. Aging adults are challenged with access to healthcare within their own community and increased utilization of services. Those in the lowest income level, without insurance, have the greatest health needs and are most challenged in gaining access to high quality, affordable healthcare. These issues are especially challenging in a rural area such as the San Luis Valley, Colorado.

The CHNA included data on all demographics in the county without regard to income, age, coverage or any other discriminating factors. Selected characteristics of the San Luis Valley population and county include:

- A. The San Luis Valley’s population is estimated to increase by approximately six percent, or 2,642 people between 2015 and 2018⁷:
 - a. The largest demographic is currently the 19-54 population making up 55 percent of the population⁸.
 - b. Children between the ages of zero and 18 constitute the second largest demographic, making up approximately 24 percent of the population⁹.
 - c. The geriatric population, or those over 65, consistently hold 17 percent of the demographic throughout the Valley¹⁰.
 - d. In each county of the Valley, those over 85 is expected to increase by 2018, averaging 15 percent, or 114 residents¹¹.

⁷ US Census Bureau 2010 – adjusted for population growth through 2018

⁸ US Census Bureau 2010 – adjusted for population growth through 2018

⁹ US Census Bureau 2010 – adjusted for population growth through 2018

¹⁰ US Census Bureau 2010 – adjusted for population growth through 2018

¹¹ US Census Bureau 2010 – adjusted for population growth through 2018

- B. In 2015, San Luis Valley’s minority population accounted for 47 percent of the population, ranging from four percent in Mineral to 69 percent in Costilla¹². The state minority average is 31 percent and the national average is 38 percent¹³. SLVH recognizes that race and ethnicity are not mutually exclusive.
- C. In 2015, the median household income in the Valley was \$35,357 ranging from \$26,715 in Costilla to \$47,126 in Mineral County¹⁴. In comparison, the Colorado average was \$54,074¹⁵.
- D. Currently, 13 percent of families in the San Luis Valley are living in poverty, compared with 14.5 percent in Colorado and 15.1 percent nationally. Within the Valley, poverty levels range from two percent in Mineral to 18 percent in Costilla. SLVH notes that families living in poverty is defined by a household of four living below \$24,250 annually¹⁶.
- E. In 2015, 32 percent of children in the Valley were living in poverty, while the Colorado average was 17.7 percent. Contrasting to the other income demographics, Mineral held the lowest rate at 18 percent and Saguache the highest at 43 percent¹⁷.
- F. The high school graduation rate in San Luis Valley is 84 percent, five percent higher than the state average¹⁸. Bachelor’s degree graduates make up an average of 15 percent of the San Luis Valley population, ranging from seven percent in Costilla to 14 percent in Conejos¹⁹.
- G. The uninsured rate in the San Luis Valley averages 24 percent²⁰, and unemployment is 10 percent²¹. Twenty-one percent of the Valley’s population report delaying healthcare over the last year due to cost, compared to 16 percent statewide²².

Healthcare employment is one of the most significant service industries in the local area, which is common in rural communities. Typically, a rural hospital is one of the top three employers in the economy, as seen in the San Luis Valley²³. As employees spend more money locally, additional jobs are created in other businesses in the community. These additional jobs are called secondary jobs and create additional economic impact in the community. The impact is

¹² US Census Bureau 2010 – adjusted for population growth through 2018

¹³ US Census Bureau 2010 – adjusted for population growth through 2018

¹⁴ Small Area Health Insurance Estimates (SAHIE)

¹⁵ Small Area Health Insurance Estimates (SAHIE)

¹⁶ Small Area Health Insurance Estimates (SAHIE)

¹⁷ Small Area Health Insurance Estimates (SAHIE)

¹⁸ American Community Survey (ACS)

¹⁹ American Community Survey (ACS)

²⁰ County Health Rankings

²¹ Health Indicators Warehouse

²² County Health Rankings

²³ National Center for Rural Health Works, Economic Impact of Rural Healthcare, September 2012



estimated using multipliers for both jobs and secondary impact factors²⁴. The average rural physician has an economic impact of \$889,000 annually and brings 23 additional jobs to the community²⁵.

Process, Strategy and Community Input

SLVH identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the system’s leadership representatives. SLVH also engaged CRHC to assist with the project. CRHC assisted by gathering and assimilating data, facilitating and compiling results of group meetings and surveys, drafting reports and public notices, and conducting other facilitation activities. CHRC is well suited to this type of project because of their expertise in rural healthcare in Colorado and the work their staff has undergone regarding many community-oriented projects. CRHC pulled data from various public databases to present the components of demographic and health data for the service area. The hospital leadership involved with the planning are experts in the areas of strategy, communications, community benefit, finance and direct patient services.

Data were retrieved from public sources such as the Colorado Department of Public Health and Environment (CDPHE), United State Census Bureau, Small Area Health Insurance Estimates (SAHIE), Centers for Disease Control and Protection (CDC), United States Department of Health and Human Services (DHHS), the Health Resources and Services Administration (HRSA), County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, and many others. Data were compiled and formatted from these sources through Tableau, relating to the health status of the San Luis Valley population, health needs, incidence of disease, etc. and shared with community members. This data, which helped for, the assessment, provided the basis from which the hospital’s leadership and others determined the health needs of the community. It is important to note that gaps exist in reported health data and the health needs of the community. The gaps exist because of the lack of reporting certain disease data and the characteristics of unique populations that may experience certain diseases and chronic conditions. In addition, low numbers of reported instances, due to a low population base, make certain data unavailable or not readily comparable to state and national data.

While SLVH leadership members had access to the entire data package developed by CRHC, a condensed version was presented by CRHC at a community meeting held in Alamosa on May 26, 2016 to inform those in attendance about the health status of the Alamosa and San Luis Valley residents. The presentation, facilitated through Tableau, identified positive factors and

²⁴ Minnesota IMPLAN Group, Inc.

²⁵ University of Oklahoma, Healthcare Economic Impact Research, 2010



opportunities for improvement based on the data. Highlights of the data package and meeting were made available to the public through a local press release following the community meeting.

Following the presentation of the data, the meeting attendees were divided into small groups to discuss the data presented. In addition, each discussion group was asked to identify other opportunities that were omitted from the initial presentation and to judge whether the data priorities were represented appropriately and with relevance. Discussion groups were asked to identify the top three opportunities that were of most concern to them and how they perceive access of healthcare providers in Alamosa and the San Luis Valley. Attendees were asked how, given the limited financial and human resources, could SLVH and its healthcare providers improve the health status of the residents. Group findings were discussed with leadership and findings were tabulated and reconsidered at the second community meeting.

SLVH leadership representatives, in collaboration with CRHC, conducted a survey of interested San Luis Valley residents. The survey included 44 questions on a variety of health and provider issues. The health questionnaire for SLVH was distributed by the hospital and the community group members using paper and web-based surveys. They were given to the community group following the first meeting and participants were encouraged to have their colleagues, friends, and family complete the survey as well. In addition, the survey link to the web-based version was made available to SLVH and through the organization's website at: www.sanluisvalleyhealth.org. The community was informed about the survey and provided the link to the online version in an article that appeared in the local newspaper.

The same questions were asked of all participants. There were 64 respondents (57 paper and 7 electronic) received and tabulated. The survey was provided in English and Spanish; there were zero Spanish surveys completed. The survey questions included a series of "yes" or "no" questions and prioritization ranking opportunities as well as ample opportunity for the respondent to offer a free-flowing response. CRHC compiled the results of the survey to maintain the anonymity of the respondents. Hospital leadership representatives were provided detailed response compilations and the survey results. Survey findings were presented to the community group during a meeting held June 7, 2016.

Following the presentation of the survey results, meeting attendees discussed the information presented and were asked to reconsider the data from the first meeting. The group was asked to consider the most striking survey responses and to add any new opportunities they believed should be considered. The group was then asked to select the top opportunities that represented the most concern. Findings and observations were tabulated and considered by the hospital leadership representatives in preparation for the third and final community meeting.

The third community was held by teleconference on June 21, 2016. At that meeting, CRHC presented a summary of the priorities recommended at the second meeting. SLVH's Director of Risk and Grant Management presented the system's priorities and individual implementation strategies.

To aid leadership representatives in the assessment of the community's health needs, the community group was comprised of interested agencies and organizations serving health, education, commercial and government interests in the San Luis Valley.

- Adams State University
- Adams State University Veterans Program
- Blue Peaks Developmental Services
- City of Alamosa and City Council
- City of Monte Vista and City Council
- Rio Grande County Public Health
- San Luis Valley Behavioral Health Group
- San Luis Valley Development Resource Group
- San Luis Valley Public Health Partnerships
- San Luis Valley Small Business Development Center
- Valley Wide Health Systems
- Valley Wide Health Systems, Nurse-Family Partnerships

Community Needs

Data derived from state and national resources indicated a number of health observations and needs in Alamosa and the San Luis Valley. According to the County Health Rankings report²⁶, the area ranked an average of 54 out of 60 in overall health factors with one being the best and 60 being the worst. Selected population health statistics under factors include:

- Adult smoking – 16% (equal to the state average)
- Adult obesity – 22% (10% higher than the state average)
- Physical inactivity – 21% (29% higher than the state average)
- Binge drinking – 15% (21% lower than the state average)
- Motor vehicle deaths related to alcohol – 34% (equal to the state average)
- Sexually transmitted infections per 100,000 – (23% lower than the state average)
- Teen birth rate per 100,000 – 51 (46% higher than the state average)
- Severe housing problems – 20% (10% lower than the state average)

²⁶ County Health Rankings



According to the County Health Rankings report²⁷, the San Luis Valley ranked on average 56 out of 60 in overall health outcomes. Selected measures included:

- Premature deaths per 100,000 – 8,780 (35% higher than the state average)
- Reports of poor or fair health – 20% (35% higher than the state average)
- Reports of poor physical health days per month – 4.1 (20% higher than the state average)
- Reports of poor mental health days per month – 3.6 (13% higher than the state average)
- Low birth weight – 12% (25% higher than the state average)

Leadership representatives used the qualitative results from the survey process to frame the story portrayed by the data gathered and discussion group observations. The survey results included the following sample observations:

- 97% of respondents who visited a hospital in the last two years did so at San Luis Valley Regional Medical Center (SLVRMC)
- Of those respondents that visited another hospital, 50% did so because of location and convenience
- Of those respondents who were an SLVRMC inpatient within the last two years, 90% were satisfied with their services
- SLVH radiologic services were the highest utilized with 67% of respondents using these services within the past two years
- SLVH obstetrics and gynecology was the highest utilized specialty with 47% of respondents stating they had accessed these services in the last two years
- 43% of respondents visited specialists in Alamosa
- 90% of respondents were satisfied with outpatient services
- 89% of respondents stated they utilize a primary care clinic for routine care
- Of those who do not choose SLVH for their healthcare, 16% noted the long wait times as the reason
- Although 58% of respondents stated that additional hours would improve their access, 57% noted that they are able to get an appointment within 48 hours
- 56% of respondents noted that they utilize a sliding fee scale to access health services
- 58% of respondents believe there are not enough healthcare providers in their community
- When asked for suggestions to improve services at SLVH, the top three answers included improved emergency room wait times and timely staff interactions, billing improvement, and appointment availability
- 71% of respondents were not concerned about transportation to access care
- 53% of respondents were not concerned with the availability of prescription drugs

²⁷ County Health Rankings



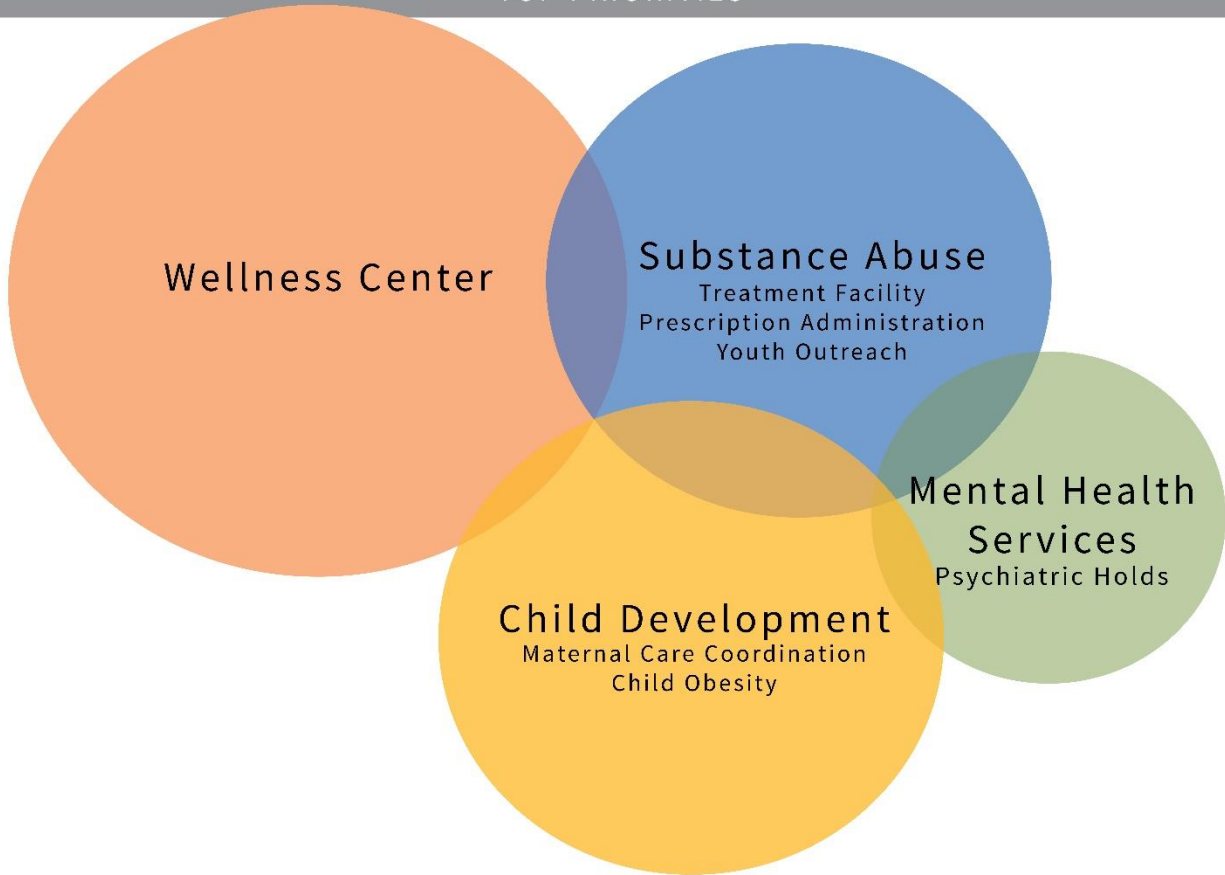
- Obesity was the largest community medical concern at 53% of respondents
- Youth drug use and prescription drug abuse was the largest substance abuse concerns for the community each at 67% of respondents
- 63% of respondents did not leave the community for healthcare within the past two years
- 32% of respondents were in the 40-54 age range, the largest demographic represented
- 47% of respondents were insured through their employer
- Income distribution of respondents was fairly equal, with 28% of respondents represented in the over \$75,000 annual income bracket and the \$25,000 to \$49,000 annual income range.

Based on these and other more detailed data, the attendees at the community meetings recommended the following opportunities to leadership:

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TOP PRIORITIES



OTHER PRIORITIES

- Timely access to care
- High utilizers of primary and urgent care
- Medical Home
- Specialty care access
- Telemedicine utilization

STRATEGIES

- Virtual portal, linking resources together
- Physical access to the rec center ie sidewalks

Prioritization of Needs

Following the assimilation of the detailed health data along with results from the surveys and community meetings, SLVH developed a prioritization of health needs. Based on a review of health, health access, and health outcomes data, demographic data, economic data, and community survey data, issues were identified to address by SLVH. The needs chosen by the hospital were aligned with the capacity and mission of the corporation. SLVH has a willingness to work with organizations within and outside the community to look at providing appropriate programs, but will not take the lead on all. The following, however, discusses the priorities that will be addressed by SLVH.

San Luis Valley Health Priorities and Objectives

Priority I: Substance Abuse

Key objectives:

- SLVH will dedicate a specific improvement team to identify what the organization is currently doing, how services could be improved, and what else can be done within the parameters of its community hospital status and resources
- SLVH has hired one additional Behavioral Health Therapist and will continue to screen patients in its Family Practice and Internal Medicine clinics using SBIRT (Screening Brief Intervention and Referral to Treatment) model. SLVH will also continue to provide tobacco cessation interventions during clinic and hospital visits
- Messaging will be developed around marijuana use
- Other activities related to substance abuse:
 - Participation in SLV Neonatal Task Force
 - Examine population health measures for opioid management patients
 - Maintain group pain management clinics at La Jara

Priority II: Wellness

Key objectives:

- Implement population health measures, processes, and workflows in the areas of Flu and Pneumo Vaccine compliance to improve population health
- Monitor visit capacity and utilization to make real-time improvements in patient access
- Other activities:
 - Continue participation in the Team-Based Health Care Initiative, i.e. Health Care Teams, identification/documentation of PCPs, empanelment, process improvement initiatives
 - Continue participation in the Comprehensive Primary Care Initiative



- Continue participation in the SLV Care Consortium
- Continue participation in the Rural Residency Training Program
- Continue participation in the High School Wellness Committee
- Continue participation and sponsorship of community health education and health promotion events such as the Lids for Kids, i.e. bicycle safety and helmet use
- Increase provider FTE when appropriate candidates are identified

Priority III: Mental Health Services

Key objectives:

- Increase behavioral health staff by one FTE
- Other activities:
 - Implement/maintain pain management classes
 - Implement/maintain stress management classes
 - Implement/maintain cancer support groups

Priority IV: Veterans & CHOICE Program

Key objectives:

- Continue commitment and participation in providing veterans' services under the CHOICE Program
- Integrate VA Care Coordinators in the participation of local efforts to improve transitions in health care and care coordination
- Other activities:
 - Continue participation in the VA Coalition

In addition to the four priorities listed above, the assessment identified issues that will continue to be worked upon through the corporation's strategic plan. These include:

- Improve emergency room wait times and timely staff interaction
- Improve billing systems and operations
- Improve the perception and actual access through appointment availability.



Approval

The SLVH Board of Trustees approves the priorities and objectives identified in the 2016 community health needs assessment.

Karla Hardesty

Karla Hardesty, President

8/31/2016

Date