

Spanish Peaks Regional Health Center: Board Member Copy

Community Health Needs Assessment and Implementation Strategy

Adopted by Board Resolution October 26, 2023



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Letter from the CEO

Kay Whitley, Chief Executive Officer, Spanish Peaks Regional Health Center

Dear Community Member,

Spanish Peaks Regional Health Center has a history of caring for our community that dates to 1963. In 1993, the new facility was built in its current location. This March, we celebrated 30 years of service to Huerfano County and we are proud to be a dedicated partner to everyone who lives and works here. Our efforts to provide exceptional healthcare to the people of the greater Walsenburg region have long been in alignment with the needs of our community and continue to thrive today.

Our mission at Spanish Peaks is to “Improve the Lives We Touch.” As the Walsenburg area has grown and changed over the years, we have identified and offered services to be in concert with those who live, work, and play in our community. Our desire to fulfill our mission motivated us to evolve. In 2010, a federal mandate was issued via the Affordable Care Act (ACA) which requires that not-for-profit hospitals seeking federal tax-exempt status develop a report, every three years, assessing the medical and health needs of the communities they serve. The requirement also asks hospitals to define an implementation plan for the assessment. This report is called the Community Health Needs Assessment Report (CHNA).

Spanish Peaks has intertwined our desire to honor our mission with the desire to comply with the ACA’s mandate. As a result, we published CHNA reports as required. We invite you to review these documents on our website (<https://sprhc.org/community-health-needs-assessment.html>). As you review these plans, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

Spanish Peaks has identified and prioritized the needs of our community. Presently, it does not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Finally, a special thanks to the individuals and local organizations whose invaluable and critical feedback contributed to this report. Their input allows Spanish Peaks Regional Health Center to move towards more equitable health outcomes in our community. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Respectfully,

Kay Whitley, BSN, MBA, NHA

This report fulfills the requirements of the Internal Revenue Code 501(r)(3) required by the Affordable Care Act requiring that not-for-profit hospitals conduct a CHNA (Community Health Needs Assessment) every three years.

Executive Summary

About Spanish Peaks Regional Health Center



Spanish Peaks Regional Health Center/Veterans Community Living Center is a non-profit critical access hospital located three miles from Walsenburg, Colorado. The Health Center has proudly served Huerfano County since 1963 and celebrated its 30th anniversary in our current location in March 2023. The Hospital provides primary and specialty care services which include:

A 20-bed licensed hospital including:

- A level IV Trauma Center and helicopter transportation.
- An Emergency Department open 24 hours a day, 365 days a year with staff who are specially trained in Advanced Trauma Life Support and rooms that are equipped for cardiac, trauma, orthopedic, pediatric trauma, and medical cases.
- A Diagnostic Imaging Department includes MRI/Ultrasound/X-Ray/Mammography/Bone Density/CT scan.
- A Clinical Laboratory.
- A Rehabilitation Department including Physical Therapy, Occupational Therapy, Speech Therapy, and Wound Care.
- A Surgery Department that includes General Surgery, Robotic Assisted Surgery, GYN Surgery, Podiatric Surgery, and Gastro-Intestinal Procedures.
- A 120-bed veterans nursing home, Spanish Peaks Veterans Community Living Center, located adjacent to the hospital.
- Spanish Peaks Family Clinic (SPFC), a certified Rural Health Clinic, located next to the hospital.
- The Specialty Clinic offers a variety of specialty service providers who collaborate closely with the patient's primary care provider and other health professionals. This clinic is located next to the hospital.
- The Spanish Peaks Outreach & Women's Clinic provides health and wellness programs to our underserved population. A Title X Grant is available for women of childbearing age who may need financial assistance if they qualify.
- The Pharmacy at Spanish Peaks, a retail pharmacy located within the hospital.
- La Veta Clinic, located in La Veta, Colorado – is an extension of the Spanish Peaks Family Clinic.

The community that Spanish Peaks Regional Health Center is nestled in is the small town of Walsenburg located in the high planes of Southeastern Colorado, about sixty-one miles north of the New Mexico border. The Health Center sits at an elevation of 6,200 feet overlooking Lathrop State Park. Spanish Peaks Regional Health Center is in Huerfano County with a census of 6,820 (2020 census) and serves patients across multiple counties. Behind the Health Center are the Spanish Peaks mountains, towering at an average elevation of 13,160 feet. Approximately 150,000 tourists are drawn to the area year-round due to the region's mild climate, boating, hiking, fishing, and other activities (https://ccionline.org/download/2023_priorities/State-Park-attendance-2019-to-2021.pdf).

Overview of the Community Health Needs Assessment (CHNA)

An Overview of a Community Health Needs Assessment Report

To assure a thorough understanding of the community's needs and per the Patient Protection and Affordable Care Act (PPACA) requirements of tax-exempt hospitals, Spanish Peaks Regional Health Center is required to conduct a Community Health Needs Assessment every three years. This assessment was completed in collaboration with our partnership with Vizient (a member-owned healthcare organization).

This CHNA report is designed to comply with the ACA regulations and with the standards required of a not-for-profit hospital. With that said, Spanish Peaks Regional Health Center ("SPRHC" or the "Health Center") has long been dedicated to serving the people living, working, and visiting Huerfano Country, Colorado. Since 1963, the Health Center has been assessing the community's needs, and, over the years, the Health Center has expanded services which reflects our response to those needs. Our mission at the Health Center is to "Improve the Lives We Touch" and it links with the CHNA's purpose to create plans that address a community's health needs and issues:

<https://www.cdc.gov/publichealthgateway/cha/plan.html#:~:text=The%20ultimate%20goal%20of%20a,community%20engagement%20and%20collaborative%20participation>

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Previous Community Health Needs Assessment Reports – 2017 and 2021^{1,2}

The Health Center submitted Community Health Needs Assessment reporting as required. A select group of Local Expert Advisors identified a list of Significant Health Needs in 2017 and 2021 which can be seen in the two tables below. The entire final reports can be accessed on the website³: <https://sprhc.org/community-health-needs-assessment.html>⁴

2017 CHNA Significant Health Needs Identified
1. Substance Abuse
2. Accessibility / Affordability
3. Social Factors
4. Diabetes
5. Mental Health / Suicide
6. Obesity

2021 CHNA Significant Health Needs Identified
1. Mental Health / Suicide
2. Drug / Substance Abuse
3. Education / Prevention
4. Alcohol Abuse
5. Obesity
6. Diabetes

2023 Needs Assessment⁵

For the 2023 CHNA, the Health Center partnered with Vizient, Inc. (“Vizient”)⁶ to:

- Complete the 2023 CHNA report.
- Provide the Health Center with information to complete the IRS Schedule H (Form 990).
- Produce information necessary for the Health Center to issue an assessment of community health needs and document its intended response.

2023 CHNA Significant Health Needs Identified
1. The Health Center will maintain and improve access to care for the community.
2. The Health Center will increase access and participation in preventative services and education to target residents in the areas of chronic disease, cancer screening, nutrition, diabetes, and lifestyle.
3. The Health Center will work with community partners to increase referrals, education, and mental health support resources in Huerfano County.
4. The Health Center will work with community partners to address drug and alcohol abuse in Huerfano County.

¹ Response to IRS Schedule H (Form 990), Part V, Section B 3.

² Response to IRS Schedule H (Form 990), Part V, Section B 4.

³ Response to IRS Schedule H (Form 990), Part V, Section B 7.

⁴ Response to IRS Schedule H (Form 990), Part V, Section B 7a.

⁵ Response to IRS Schedule H (Form 990), Part V, Section B 3e.

⁶ Response to IRS Schedule H (Form 990), Part V, Section B 6b.

Assessment Process

The Committee

The Hospital Steering Committee provided direction in the development and implementation of the CHNA process. The Committee considered the Spanish Peaks Regional Center's Mission, Vision and Values, Strategic Plan for further growth, and the readiness and capacity of the community to respond to the Community Health Needs Assessment Implementation Strategy Plan.

Member Name	Title
Kay Whitley	President and Chief Executive Officer
Colette Martin	Chief Financial Officer
Stacy Cristelli	Director of Marketing

Data Collection⁷

Primary and secondary data collected were used to develop a 2023 Community Health Needs Assessment report, just as it was with the previous CHNA reports. Community Health Needs Assessment reports rely upon both primary and secondary types of data to build an accurate picture of the current community and its health needs. Primary data is defined as new data that is gathered or observed directly from first-hand experience, such as interviews, observations, and surveys with Local Expert Advisors; it is qualitative data, which is descriptive in nature consisting of opinions and feelings. Secondary data, on the other hand, is considered numerical data (i.e. quantitative) and is collected by another party. Federal agencies such as The Centers for Disease Control and Prevention publish secondary data, along with city, county, and state agencies. Most secondary sources use the county as the smallest unit of analysis.

Secondary data sources include:

- Spanish Peaks Regional Health Center utilization data
- County Health Rankings & Roadmaps (www.countyhealthrankings.org)
- U.S. Census Bureau (data.census.gov/profile)
- Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR) (atsdr.cdc.gov or <http://svi.cdc.gov>)
- Definitive Healthcare (definitivehc.com)
- Agency for Healthcare Research and Quality (AHRQ)
- Colorado Rural Health Center (coruralhealth.org)
- National Rural Health Association (ruralhealthinfo.org)

⁷ Response to IRS Schedule H (Form 990), Part V, Section B 3d.

The process for identifying and prioritizing community health needs and services to meet the community health needs takes a comprehensive approach to assess community health needs, performing several independent data analyses based on secondary source data, augmenting this with Local Expert Advisor opinions, and resolving any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. Local Expert Advisors were asked to note if they perceived the problems or needs identified by secondary sources that existed in their portion of the county.

Community Input⁸

Key stakeholders within the Spanish Peaks Community provided valuable input into the CHNA. Community Health Surveys were collected through one-on-one interviews from May 31, 2023, to July 14, 2023. The Health Center contacted 12 Local Expert Advisors who live and work in the community and represent organizations such as school districts, treatment centers, state and local government agencies, and local health care providers. The Health Center received input from 9 Local Expert Advisors.

Local Expert Advisors Contacted
State and local government agencies
Local healthcare providers
Local school districts
Local treatment centers

Local Expert Advisors who participated in the 2023 CHNA
Huerfano County Administrator
Director, Huerfano County DHS
Huerfano County Director of Economic Development and Tourism
Executive Director, Las Animas-Huerfano Counties District Health Department
HULA Early Childhood Council Coordinator
Supervisor, Health Solutions
VP of Specialty Services, Health Solutions
VP of Outpatient Services, Health Solutions
Administrator for Home Health, Sangre de Cristo Community Care

⁸ Response to IRS Schedule H (Form 990), Part V, Section B 5.

These community leaders participated in the development of the CHNA by providing their special knowledge of the Spanish Peaks Community to identify and prioritize community health needs and services to prioritize community health needs. They took part in the process by reviewing and assessing the compiled data from the community, assessing the needs of the community, and reviewing the availability of community resources⁹. Their collective input was used to determine the prioritization of the health needs of the community and to inform the 2023-2025 CHNA Implementation Plan.

- Local Expert Advisors are local individuals selected according to criteria required by Federal guidelines and regulations and the Health Center's desire to represent the region's geographically and ethnically diverse population¹⁰.
- Information analysis augmented by local opinions showed how Huerfano County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain populations ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the condition of these groups¹¹.

⁹ Response to IRS Schedule H (Form 990), Part V, Section B 3g.

¹⁰ Response to IRS Schedule H (Form 990), Part V, Section B 3h.

¹¹ Response to IRS Schedule H (Form 990), Part V, Section B 3f.

The tables below provide a summary of Local Expert Advisor opinions regarding the needs of Priority Populations in Huerfano County:

2023 - Top Four Priority Populations
Low-Income
Older Adults
Residents of rural areas
Children

2023 - Summary of Unique or Pressing Needs
Access to affordable healthcare
Access to urgent care services
Education and health programs addressing chronic conditions: obesity, heart disease, diabetes
Education and health programs for mental health (including drug/alcohol and suicide)
Transportation to obtain healthcare services

2023 - What Resources Would Improve the Health of Your Family and Neighbors
Education about chronic diseases
Free or affordable health screenings
Wellness services for mental health
Local urgent care
Transportation options

2023 - Issues that Prevent Access to Care
Poverty – reluctance to access health care, unable to pay co-payments/ deductibles
Transportation limitations
Cannot find a doctor
Distance to urgent care
Transportation to obtain healthcare services

2023 - Health Screening Services Needed
Blood pressure
Diabetes
Weight loss
Cancer
Mental health
Dental
Nutrition
Routine well checkups

Prioritization of Needs

Information gathered from data analysis, key community stakeholders, hospital leadership discussions, and the aggregation of demographic, health, and hospital data was used to determine the priority health needs of the population served by Spanish Peaks Regional Health Center. This information focused on the needs and priorities of the community and considered the available community resources. Spanish Peaks leadership discussed the priorities and considered the resources available to meet the community's needs.

Board Adoption

The Board of Trustees adopted the 2023-2025 Community Health Needs Assessment Report and Implementation Strategy Plan on October 26, 2023¹². The members of the Board of Trustees include:

Board Member Name	Title	Elected Term	Organization
Jill Davis Homerding	Chairman	May 2023 – May 2027	Retired
John C. Davis	Vice Chairman	May 2023 – May 2027	Retired
Paul Coe	Secretary	May 2022 – May 2025	Retired
Lola Spradley	Treasurer	May 2022 – May 2025	Retired
Nancy Nielsen	Director-at-Large	May 2022 – May 2025	Retired

SOURCE: Spanish Peaks Regional Health Center website

Assessment Availability

Spanish Peaks Regional Health Center's 2023-2025 Community Health Needs Assessment is posted on the hospital's website: <https://sprhc.org>¹³ Printed copies are available through the Administration¹⁴.

¹² Response to IRS Schedule H (Form 990), Part V, Section B 8.

¹³ Response to IRS Schedule H (Form 990), Part V, Section B 10.

¹⁴ Response to IRS Schedule H (Form 990), Part V, Section B 7c.

Community Characteristics and Demographics

Service Area and Map of Area Served

For this report, Spanish Peaks Regional Health Center defines its service area as Huerfano County, Colorado which includes the following zip codes¹⁵.

- 81040 – Gardner
- 81055 – La Veta
- 81089 – Walsenburg



SOURCE: Google Maps

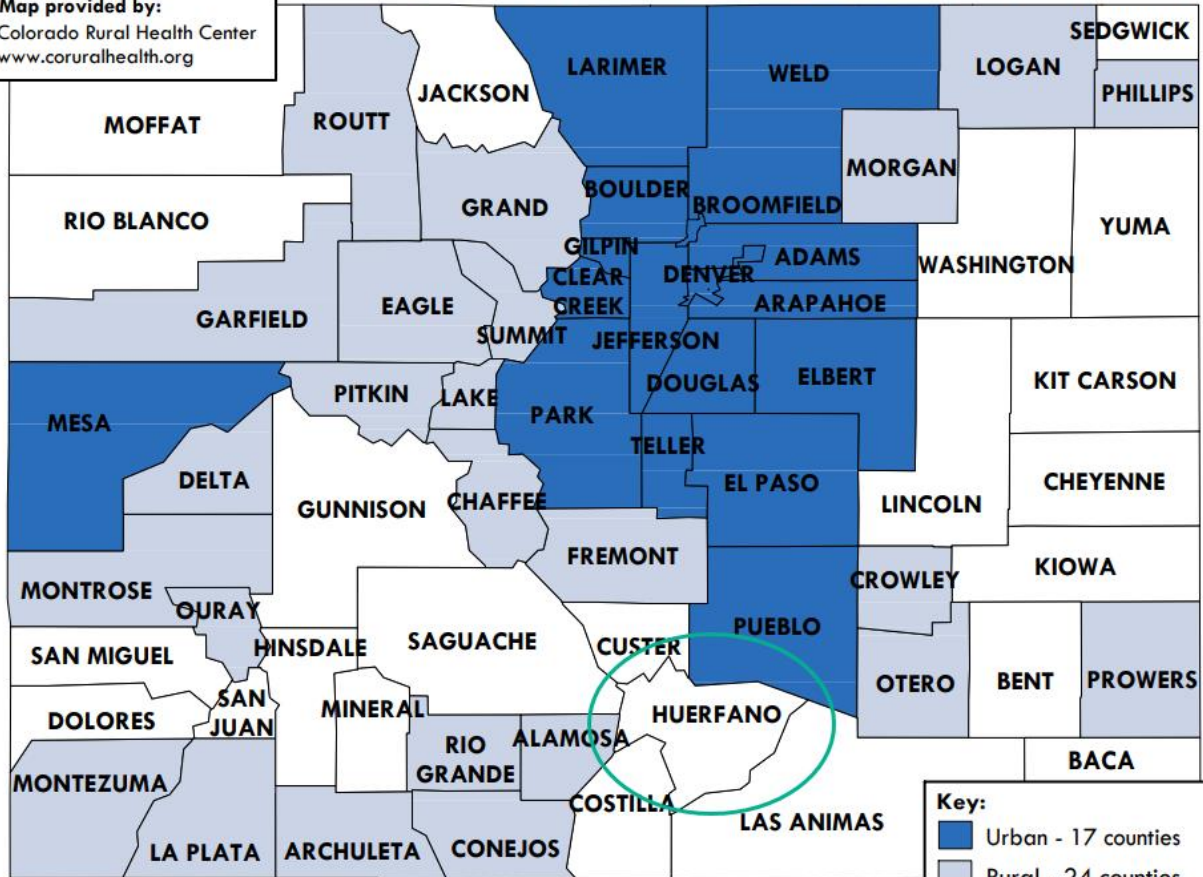
The State Office of Rural Health shows that Huerfano County is one of twenty-three frontier counties in Colorado. The National Rural Health Association utilizes the following criteria to define frontier areas: population density, distance from a population center or service, travel time to reach a population center or service, functional association with other places, availability of paved roads, and seasonal changes in access to services.

Huerfano County has a population density of six or fewer individuals per square mile. Residents living in frontier areas, like Huerfano County, are the most remote, far from healthcare facilities, schools, grocery stores, and other daily necessities. Due to a low population density, frontier counties struggle to compete with rural and urban areas that can offer more robust wages, amenities, and necessities.

¹⁵ Response to IRS Schedule H (Form 990), Part V, Section B 3a.

Colorado's Rural, Urban, and Frontier Counties

Map provided by:
Colorado Rural Health Center
www.coruralhealth.org



Please note that counties are technically designated as metropolitan or non-metropolitan; here, "urban" and "rural" serve as proxies for these designations. Frontier counties are a subset of rural counties.

Key:

- Urban - 17 counties
- Rural - 24 counties
- Frontier - 23 counties

SOURCE: Colorado Rural Health

Population Comparison

Information from the 2020 U.S. Census provides a demographic depiction of Huerfano County compared to the State of Colorado. The table below shows that there are twice as many veterans in the County compared to the State as a whole. It also shows that those working in Huerfano County earn almost half the income compared to the rest of the State, and poverty and disability levels are double compared to the rest of the State.

2020 Huerfano County Statistics	Statistic	2020 Colorado State Statistics	Statistic
Total County Population	6,820	Total State Population	5,773,714
Median household income	\$45,724	Median household income	\$82,254
Poverty	17.6%	Poverty	9.7%
Employment	40.9%	Employment	63.6%
Older population (65 years +)	33.5%	Older population (65 years +)	15.1%
Veterans	13.8%	Veterans	7.7%
Disability	22.3%	Disability	11.2%

SOURCE: U.S. Census Bureau (data.census.gov/table)

Health Care Access

The table below shows registration information, by zip code, from March 2021 to May 2023. During this period, there were 430 total inpatient registrations (from various zip codes), with over 75% coming from the Walsenburg zip code alone. The table also shows population and growth statistics, by zip code, as a reference point for future growth opportunities and readiness.

Zip Code	Town	Inpatient Registrations	% of Total Inpatient Registrations	2020 Population Estimates	2021 Population Estimates	2016 Population Estimates
81040	Gardner	22	5%	258	201	330
81055	La Veta	77	18%	1,657	1,663	1,250
81089	Walsenburg	331	77%	4,628	4,759	4,465
Total		430	100%	6,543	6,623	6,045

SOURCE: Spanish Peaks Regional Health Center, March 2021 to May 2023, and U.S. Census Bureau. SPRHC data is a combination of two software systems: 6.0 and Hospital Expanse.

In addition to inpatient registration data, other types of visits were collected, by zip code. From March 2021 to May 2023, there were 7,424 lab visits recorded at the Health Center. Imaging includes MRI, US, CT, X-Ray, and DEXA (measures bone density) services. The data reflects that residents of Walsenburg are the highest users of these services.

Zip Code	Town	Laboratory	Emergency Department	Imaging	OP Surgery
81040	Gardner	314	342	153	38
81055	La Veta	1719	1,244	849	149
81089	Walsenburg	5391	5,711	2,804	394
Total		7,424	7,297	3,806	581

SOURCE: Spanish Peaks Regional Health Center, March 2021 to May 2023. SPRHC data is a combination of two software systems: 6.0 and Expanse.

The Health Center has four outpatient clinics serving residents of Huerfano County. The Spanish Peaks Family Clinic had the largest number of visits, totaling 16,843, from March 2021 to May 2023. In the same period, the Health Center reported a total of 24,666 ambulatory visits, from all four clinics.

	Spanish Peaks Family Clinic	Spanish Peaks Family Clinic – La Veta	Spanish Peaks Outreach and Women’s Clinic	Spanish Peaks Specialty Clinic	Total Number of Outpatient Visits
Number of Visits	16,843	1,519	1,906	4,398	24,666

SOURCE: Spanish Peaks Regional Health Center, March 2021 to May 2023. SPRHC data is a combination of two software systems: eCW and Expanse.

Concerning healthcare access in 2021, the U.S. Census Bureau (specifically, the U.S. Department of Commerce in fiscal year 2022), shows that the Health Center serves a higher percentage of Medicaid patients compared to the State. The Colorado Rural Health statistics for 2023 state that the ten counties with the highest Medicaid/Medicare rates in the state are rural and frontier and the twenty counties with the highest uninsured rate for adults are all rural or frontier.

Healthcare Coverage	Spanish Peaks Regional Health Center	2021 Colorado Percentage
Medicaid (includes Medicaid & Medicaid HMO)	25.35	18.7
Medicare (includes Medicare & Medicare Advantage)	48.91	16.1
Military	5.19	2.3
Self-Pay	2.54	10.0
Direct Purchase	0.93	13.5
All Other	17.08	

Since 2019, the Health Center has experienced a shift of payments from Medicare to Medicaid. Definitive Healthcare shows the Health Center has had an increase in Medicaid payments, of almost 42% and a decrease of Medicare payments, of almost 78%.

% by Payor	2016	2017	2018	2019	2020	2021	3 YR Growth	1YR Growth
% Medicare	70.6%	84.3%	90.2%	15.1%	13.2%	12.3%	-77.8%	-0.9%
% Medicaid	6.3%	10.6%	7.2%	68.7%	57.3%	49.1%	41.9%	-8.2%
Private / Self Pay / Other	22.9%	5.1%	2.6%	16.2%	29.4%	38.6%	36.0%	9.1%

SOURCE: Definitive Healthcare

Health Rankings – Health Outcomes and Health Factors

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation collaborate on an annual basis to produce and publish the County Health Rankings and Roadmap report. The report shows country-specific information about overall health and how counties compare to one another. By ranking counties, the report shows what keeps people healthy or what makes them sick. It also helps communities understand what influences health, how long we may live, and how well we may live.

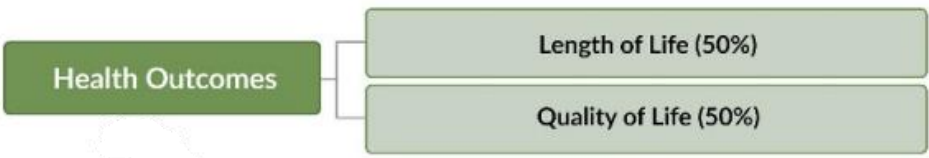
The County Health Rankings and Roadmap report looks at several measures such as rates of smoking, children in poverty, teen births, high school graduation rates, and access to healthy foods. This data assists the community (such as local business owners, government leaders, health care providers, government agencies, and the public) in understanding and addressing health factors that may affect health outcomes in their community.

Specifically, the report addresses two broad categories: Health Outcomes and Health Factors.

Health Outcomes - By County	Health Factors - By County
Length of Life	Health Behaviors
Quality of Life, by county	Clinical Care
	Social / Economic Factors
	Physical Environment

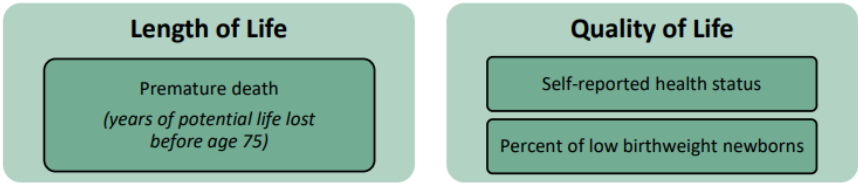
SOURCE: County Health Rankings and Roadmap, 2020

The Health Outcomes category has two metrics: Length of Life (looks at premature deaths) and Quality of Life (looks at health status, which is self-reported, and percent of low birthweight newborns). They are weighed equally at 50%.



SOURCE: County Health Rankings and Roadmap, 2020

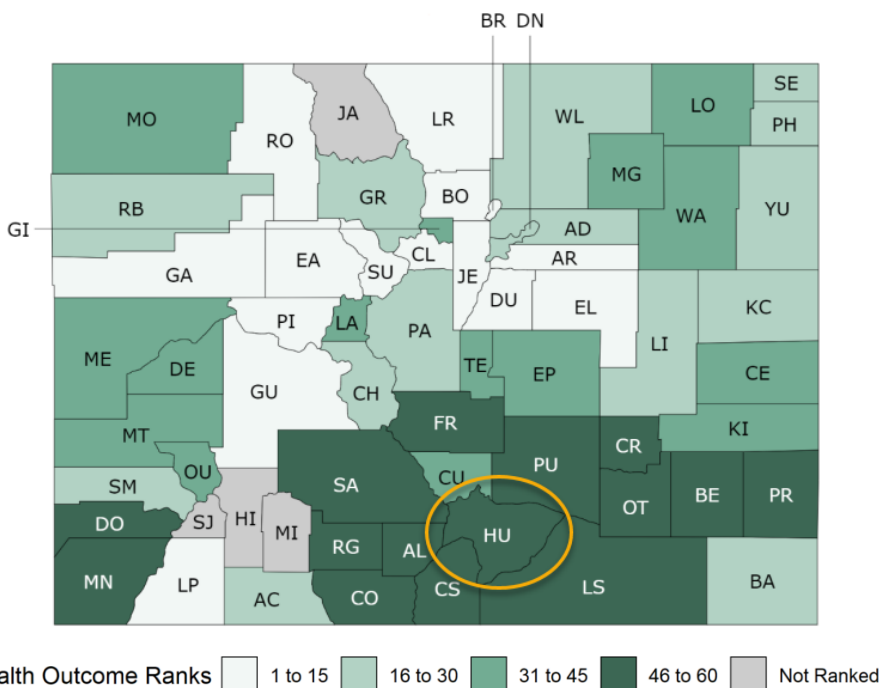
Health Outcomes



SOURCE: County Health Rankings and Roadmap, 2020

In 2020, Huerfano County was ranked #56 of 60 counties, the fourth quartile, for Health Outcomes (rank #1 = best health outcomes score). The map shows how Huerfano County compares to other counties in the State. The map has four quartiles with the darker color indicating worse health outcomes. This data shows that residents living in Huerfano County experience higher premature deaths and poorer quality of life compared to other counties.

2020 Health Outcomes - Huerfano County



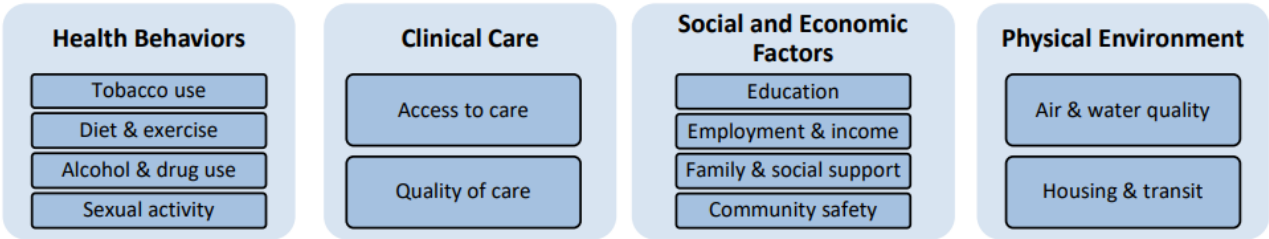
SOURCE: County Health Rankings and Roadmap, 2020

2020 Huerfano County - Health Outcomes (years of data varies per metric, about 2011 - 2019)			
Health Outcomes			
Length of Life	Huerfano (HU)	Colorado	United States
Premature death (per 100,000 people, age-adjusted; years of potential life lost before age 75)	12,100	5,900	6,900
Quality of Life	Huerfano (HU)	Colorado	United States
Poor or fair health	17%	14%	17%
Poor physical health days	3.8	3.4	3.8
Poor mental health days	3.8	3.8	4
Low birthweight (under five pounds, eight ounces)	10%	9%	8%

SOURCE: County Health Rankings and Roadmap, 2020

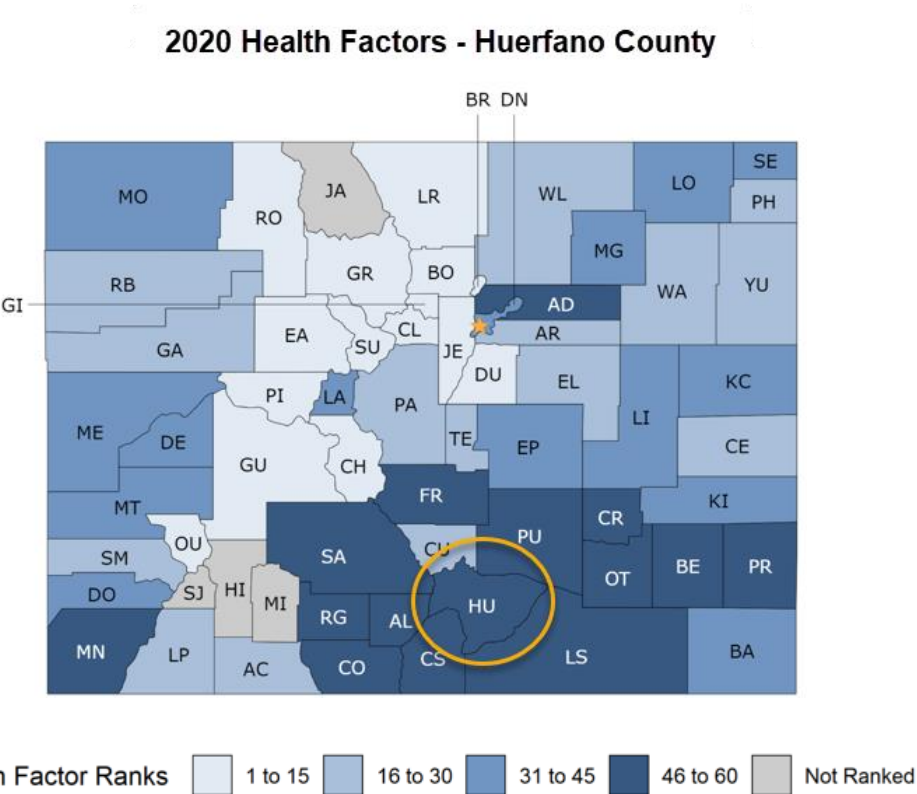
The Health Factors category addresses four areas: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment. These four areas are things individuals can influence to improve their health.

Health Factors



SOURCE: County Health Rankings and Roadmap, 2020

In 2020, Huerfano County was ranked #52 of 60 counties, the fourth quartile, for Health Factors (rank #1 = best health factor score). The map shows how Huerfano County compares to other counties in the State. The map has four quartiles with the darker color indicating worse health factors. The data shows that residents living in Huerfano County may have little influence on improving their health compared to other counties.



SOURCE: County Health Rankings and Roadmap, 2020

2020 Huerfano County - Health Factors (years of data varies per metric, about 2011 - 2019)			
Health Factors			
<i>Health Behaviors</i>	<i>Huerfano (HU)</i>	<i>Colorado</i>	<i>United States</i>
Adult smoking	13%	15%	17%
Adult obesity	27%	22%	29%
Food environment index	7.6	8.4	7.6
Physical inactivity	21%	16%	23%
Access to exercise opportunities	75%	90%	84%
Excessive drinking	14%	20%	19%
Alcohol-impaired driving deaths	19%	34%	28%
Sexually transmitted infections	510.4	481.4	524.6
Teen births (per 1,000 females ages 15-19)	30	19	23
<i>Clinical Care</i>	<i>Huerfano (HU)</i>	<i>Colorado</i>	<i>United States</i>
Uninsured (% under age 65)	8%	9%	10%
Primary care physicians	950:1	1,220:1	1,330:1
Dentists	3,440:1	1,260:1	1,450:1
Mental health providers	690:1	280:1	400:1
Preventable hospital stays (per 100,000 Medicare enrollees)	2,630	2,833	4,535
Mammography screening (female Medicare enrollees ages 65-74)	37%	41%	42%
Flu vaccinations ((% of Medicare enrollees)	27%	48%	46%
<i>Social & Economic Factors</i>	<i>Huerfano (HU)</i>	<i>Colorado</i>	<i>United States</i>
High school graduation	87%	81%	85%
Some college	61%	72%	66%
Unemployment	6.50%	3.30%	3.90%
Children in poverty	37%	12%	18%
Income inequality	4.8	4.4	4.9
Children in single-parent households	37%	27%	33%
Social associations	9	8.8	9.3
Violent crime	409	326	386
Injury deaths (per 100,000 people due to homicides, suicides, motor vehicle crashes and poisonings)	175	78	70
<i>Physical Environment</i>	<i>Huerfano (HU)</i>	<i>Colorado</i>	<i>United States</i>
Air pollution - particulate matter	4.4	5.1	8.6
Drinking water violations	Yes		
Severe housing problems	16%	17%	18%
Driving alone to work	70%	75%	76%
Long commute - driving alone	N/A	N/A	N/A

SOURCE: County Health Rankings and Roadmap, 2020

Mortality Rates and Leading Causes of Death

The County Health Rankings and Roadmap report identifies that premature mortality is the largest cause of death in Huerfano County between 2018 and 2022. The report defines premature age-adjusted mortality as the “number of deaths among residents under age 75 per 100,000 population”.

2018 - 2020 Mortality Rates (age-adjusted)		
Count	Rate	Mortality
152	470	Premature age-adjusted mortality
12	39	Suicide
15	32	Motor vehicle mortality rate

SOURCE: County Health Rankings and Roadmap, 2020

The top ten leading causes of death in Huerfano County from 2018 to 2020 are listed in the table below.

2018 – 2020 Leading Cause of Death (age-adjusted) Huerfano County (per 100,00 population)		
Rank	Diagnosis	Rate
1	Cancer	200.5
2	Heart Disease	172.4
3	Chronic lower respiratory diseases	81.9
4	Unintentional injuries	76.0
5	Diabetes mellitus	45.1
6	Alzheimer's disease	28.4
7	COVID-19	20.5
8	Cerebrovascular diseases	18.6
9	Chronic liver disease and cirrhosis	20.6
10	Suicide	22.2
Total	All causes	903.6

SOURCE: Colorado Department of Public Health & Environment

Demographics of the Community¹⁶

Age, Sex, and Fertility Characteristics

A summary of Huerfano County's population data by age and sex over a period of 9 years is outlined in the following table. The County has had an increase of people 65 years and older from the 2012 to 2016 period (29.8%) to the 2017 to 2021 period (33.5%).

Sex and Age	2017-2021 Estimates	2012-2016 Estimates
Total Population	6,787	6,521
Male	51.1%	50.3%
Female	48.9%	49.7%
65 years and over	33.5%	29.8%

SOURCE: U.S. Census Bureau (data.census.gov/table)

When looking at fertility characteristics of the County from 2011 to 2020, the number of women having children has decreased from 39 to 24.

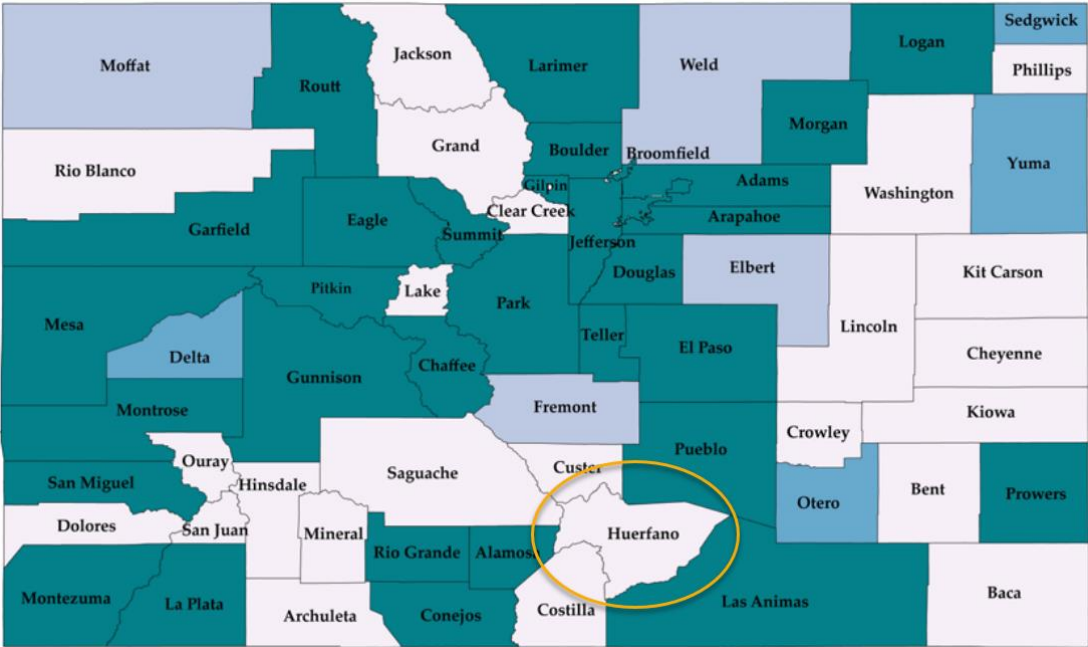
2020 Fertility Characteristics Huerfano County		
FERTILITY	2016-2020 Estimates	2011- 2015 Estimates
Number of women 15 to 50 years old who had a birth in the past 12 months	24	39
Unmarried women (widowed, divorced, and never married)	100.0%	84.6%
Per 1,000 unmarried women	45	58
Per 1,000 women 15 to 50 years old	21	39
Per 1,000 women 15 to 19 years old	0	103
Per 1,000 women 20 to 34 years old	55	66
Per 1,000 women 35 to 50 years old	0	0

SOURCE: U.S. Census Bureau (data.census.gov/table)

¹⁶ Response to IRS Schedule H (Form 990), Part V, Section B 3b.

Colorado for Rural Health identified Huerfano County as a maternal care desert, meaning that it is an area where there are no obstetrics providers and no hospitals or birth centers offering obstetrics care.

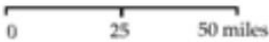
Access to Maternity Care – Huerfano County 2018



Source: Colorado Rural Health

Level of Access
to Maternity Care

- Full Access
- Low Access
- Moderate Access
- Care Desert



Source: Recreation of March of Dimes- Maternity Care
Deserts Map, Colorado 2018

The 2020 U.S. Census shows that Huerfano County has a high number of aging population - approximately 9.9% of the population is 70 years of age or older – see the table below:

2020 Age and Sex – Huerfano County						
	Total Estimate	Percent Estimate	Male Estimate	Percent Male Estimate	Female Estimate	Percent Female Estimate
	6,769	(X)	3,448	(X)	3,321	(X)
AGE						
Under 5 years	292	4.3%	93	2.7%	199	6.0%
5 to 9 years	257	3.8%	188	5.5%	69	2.1%
10 to 14 years	223	3.3%	128	3.7%	95	2.9%
15 to 19 years	447	6.6%	290	8.4%	157	4.7%
20 to 24 years	276	4.1%	173	5.0%	103	3.1%
25 to 29 years	313	4.6%	106	3.1%	207	6.2%
30 to 34 years	202	3.0%	76	2.2%	126	3.8%
35 to 39 years	381	5.6%	184	5.3%	197	5.9%
40 to 44 years	247	3.6%	125	3.6%	122	3.7%
45 to 49 years	372	5.5%	181	5.2%	191	5.8%
50 to 54 years	303	4.5%	169	4.9%	134	4.0%
55 to 59 years	628	9.3%	277	8.0%	351	10.6%
60 to 64 years	555	8.2%	265	7.7%	290	8.7%
65 to 69 years	520	7.7%	246	7.1%	274	8.3%
70 to 74 years	670	9.9%	336	9.7%	334	10.1%
75 to 79 years	564	8.3%	352	10.2%	212	6.4%
80 to 84 years	248	3.7%	136	3.9%	112	3.4%
85 years and over	271	4.0%	123	3.6%	148	4.5%

SOURCE: U.S. Census Bureau (data.census.gov/table)

According to the 2023 Colorado Rural Health Snapshot report, the top five counties with the highest rate of 65 years old and older residents are all rural/frontier: Custer, Mineral, Huerfano, Ouray, and Hinsdale.

Veteran Status

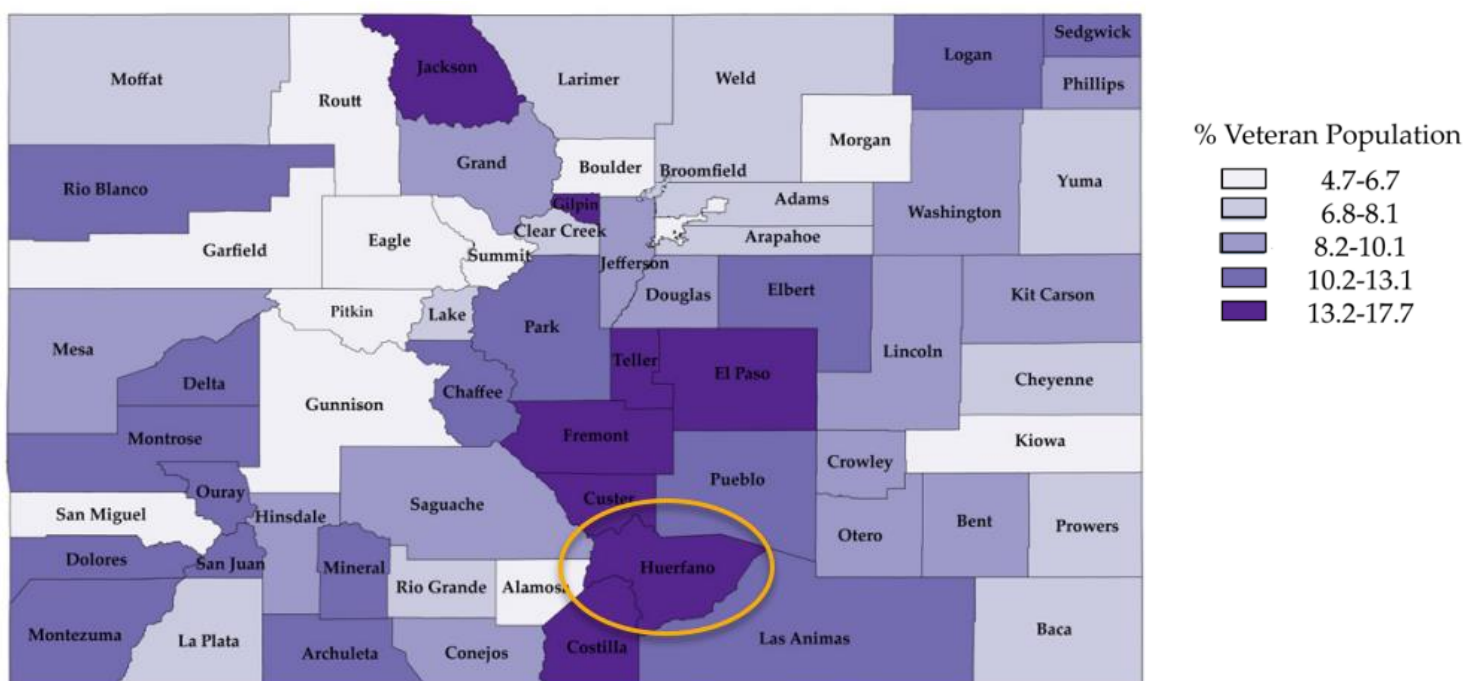
According to the U.S. Census, a “civilian veteran” is a person who is 18 years or older and once served on active duty in the Air Force, Army, Marine Corps, Navy, Coast Guard, or the U.S. Merchant Marine during World War II. The table below shows the veteran status in Huerfano County from 2011 to 2020.

2020 Veteran Status Huerfano County		
VETERAN STATUS	2016-2020 Estimates	2011- 2015 Estimates
Civilian population 18 years and over	5,714	5,468
Civilian veterans	15.1%	15.3%

SOURCE: U.S. Census Bureau (data.census.gov/table)

Compared to the general civilian population, those who have served experience twice the rates of increase in mental health challenges which include depression, mental illness, frequent mental distress, and more thoughts of suicide compared to their civilian counterparts.

Colorado Veterans as a Percentage of the Population



SOURCE: Colorado Rural Health

School Enrollment and Education Characteristics

The table below shows that elementary enrollment (grades 1-8) decreased by almost half to 31.9% from 61.0%; however, high school enrollment (grades 9-12), during that same period has almost doubled from 19.3% to 35.5%.

2020 School Enrollment & Education Characteristics Huerfano County		
SCHOOL ENROLLMENT	2016-2020 Estimates	2011- 2015 Estimates
Population 3 years and over enrolled in school	1,240	1,069
Nursery school, preschool	10.2%	3.3%
Kindergarten	5.8%	1.5%
Elementary school (grades 1-8)	31.9%	61.0%
High school (grades 9-12)	35.5%	19.3%
College or graduate school	16.6%	15.0%
EDUCATIONAL ATTAINMENT	2016-2020 Estimates	2011- 2015 Estimates
Population 25 years and over	5,274	5,136
Less than ninth grade	3.3%	4.9%
9th to 12th grade, no diploma	4.0%	6.7%
High school graduate (includes equivalency)	27.0%	27.0%
Some college, no degree	30.6%	27.2%
Associate degree	11.5%	7.1%
Bachelor's degree	15.3%	14.9%
Graduate or professional degree	8.2%	12.2%
High school graduate or higher	92.7%	88.4%
Bachelor's degree or higher	23.6%	27.1%

SOURCE: U.S. Census Bureau (data.census.gov/table)

Computers and Internet Use Status

The table below shows that almost 83% of the population has access to a computer however only 70% of the population has broadband internet.

2020 Computers and Internet Use Status Huerfano County		
COMPUTERS AND INTERNET USE	2016-2020 Estimates	2011- 2015 Estimates
Total households	3,057	(X)
With a computer	82.8%	(X)
With a broadband Internet subscription	69.7%	(X)

SOURCE: U.S. Census Bureau (data.census.gov/table)

Racial and Ethnicity Characteristics

Looking at racial and ethnic characteristics over 10 years, the diversity in population in Huerfano County has changed. The most notable change is the number of people who identify as two or more races have moved into the county. Further, about one-third of the population identifies as Hispanic or Latino.

Racial & Ethnicity Characteristics	2020 Count	2010 Count
Total	6,820	6,711
Population of One Race	5,800	6,451
Black or African American Alone	65	35
White Alone	4,997	5,560
American Indian or Alaska Native Alone	175	214
Asian Alone	21	25
Two or More Races	1,020	260

Hispanic or Latino and Race	2017-2021 Estimates	2012-2016 Estimates
Total Population	6,787	6,521
Hispanic or Latino (of any race)	33.5%	34.4%
Not Hispanic or Latino	66.5%	65.6%

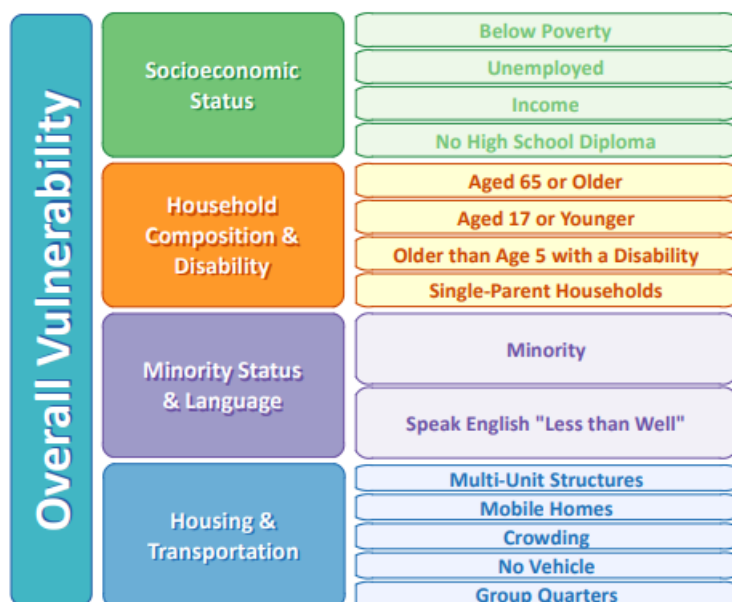
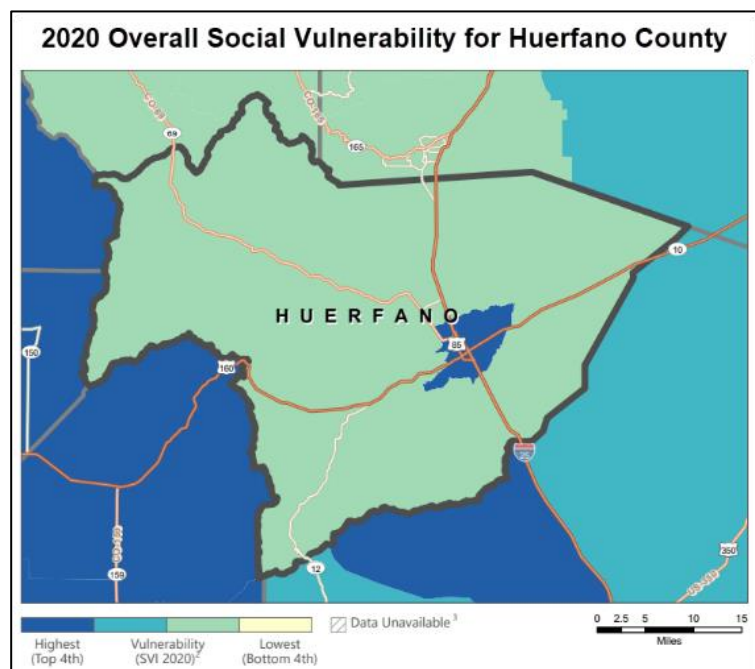
SOURCE: U.S. Census Bureau (data.census.gov/table)

SOURCE: U.S. Census Bureau (data.census.gov/table)

Social Vulnerability

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Centers for Disease Control and Prevention (CDC) Social Vulnerability Index uses U.S. Census variables at the tract level to help local officials identify communities that may need support in preparing for hazards or recovering from disaster.

Social vulnerability ranks an area's ability to prepare for and respond to disasters. Measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation are layered to determine an area's overall vulnerability. Based on the CDC's Overall Social Vulnerability Index County Map (2020), Huerfano County falls into two quartiles of social vulnerability - the highest (dark blue) and second lowest (light green). The central region, which is where Walsenburg is located (zip code 81089), is in dark blue and is considered to have the highest social vulnerability.



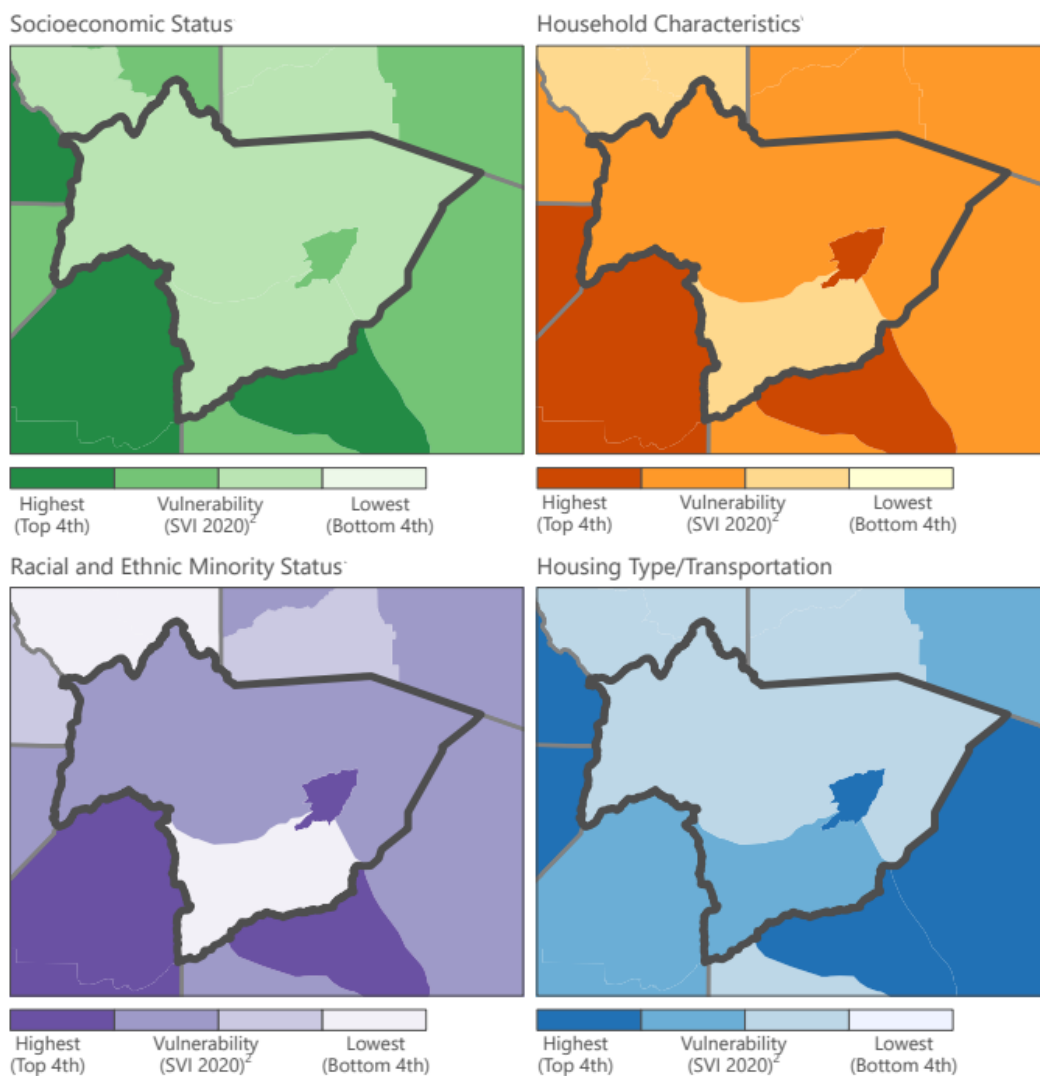
<https://svi.cdc.gov/documents/publications>

https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

The CDC's Social Vulnerability Index County Map (2020) also graphically depicts categories of social vulnerability in Huerfano County. Huerfano County is in the top fourth percentile for all significant social vulnerabilities.

- Socioeconomic status
- Household characteristics
- Racial and ethnic minority status
- Housing type/transportation

2020 Social Vulnerability Index Themes for Huerfano County



https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

Conclusions from Demographic Analysis

- A higher rate of premature death (per 100,000 people, age-adjusted; years of potential life lost before age 75) exists in Huerfano County compared to the State. The tourist community could partly influence this – page 18.
- Huerfano County is considered a frontier county. Residents living in frontier counties are the most remote from healthcare facilities, schools, grocery stores, and other daily necessities – pages 12, 13, 23, and 62-68.
- Huerfano County experiences lower access to health care services, including Primary Care, Mental Health, and Dental Services – pages 20, 23, and 62-68.
- A lower percentage of Medicare enrollees obtain flu vaccinations – page 20.
- Significantly higher injury death (per 100,000 people due to homicides, suicides, motor vehicle crashes, and poisonings) – page 20
- Increased incidence of teen births (per 1,000 females ages 15-19) – page 20
- Compared to the State, Huerfano County has a significantly higher percentage of children in poverty – page 20
- Poverty levels are almost double that of the State and household income levels are almost two times less than State levels – pages 14, 20, 28, 29, and 72.
- Violent crime is higher than in the State – pages 20 and 74.
- Poor internet coverage prevents schools and healthcare providers from interacting with community members – page 27.
- Lack of housing and transportation options are a strain on the community – pages 12, 29, and 70.
- The County's veteran population is double that of the State's (13.8% to 7.7%) – pages 14 and 25.
- The Medicare population is about three times the volume of that of the State (48.91 to 16.1) – pages 16 and 73.
- Huerfano County has a high number of people who are over 65+ years of age (33.5% to 15.1%) - pages 14 and 73.
- Huerfano County's disability population is double that of the State's (22.3% to 11.2%) – page 14.

2021 CHNA Implementation Plan

2021 Significant Health Needs

In developing the 2021 CHNA Implementation Plan, the Health Center used the priority ranking of the area health needs by the Local Expert Advisors as the primary input to develop the response and implementation plans for the community health needs. For reference, the 2017 Significant Health Needs and 2021 Significant Health Needs are listed in the tables below.

2021 CHNA Significant Health Needs Identified
1. Mental Health / Suicide
2. Drug / Substance Abuse
3. Education / Prevention
4. Alcohol Abuse
5. Obesity
6. Diabetes

2017 CHNA Significant Health Needs Identified
1. Substance Abuse
2. Accessibility / Affordability
3. Social Factors
4. Diabetes
5. Mental Health / Suicide
6. Obesity

2021 Implementation Strategy

This section describes the 2021 implementation strategy adopted by the Health Center to meet the significant community health needs identified^{17 18}. Additionally, this section also lists any such needs that are not being addressed in the 2021 CHNA Implementation Plan, together with the reasons why such needs are not being addressed¹⁹.

1. Mental Health/Suicide – 2017 Significant Need

- Huerfano County's population to mental health care provider ratio is worse than the state average
- Suicide is the #6 leading cause of death in Huerfano County and the death rate is worse than the national average
- Huerfano County's mental and substance use-related deaths significantly increased from 1980-2014 and the statistics were worse than the U.S. average in 2014
 - Mental Health/Suicide is also identified on the 2017 Significant Health Needs list.

SPRHC services, programs, and resources available to respond to this need include:²⁰

- Employee Assistance Program (HUD) available to hospital staff and families that includes counseling for a variety of health and social issues
- Integrated Behavioral Health services including tele psych services are available in the rural health clinic through Health Solutions
- Referrals to Health Solutions for inpatient treatment programs
- PQ9 depression screenings are administered during annual visits and for every patient in the emergency department and if a patient has had life-changing experiences

Additionally, SPRHC plans to take the following steps to address this need:

- Training in identifying mental health issues through SBIRT (Screening, Brief Intervention and Referral to Treatment)
- Open discussions with law enforcement on how to address mental health issues/patients in the community
- Explore opportunities for implementing tele psych treatment in the emergency department
- SPRHC participates in the Communities That Care (CTC) program that addresses the root causes of substance abuse in hopes of reducing levels of youth problems before they start

SPRHC evaluation of the impact of actions taken since the immediately preceding CHNA²¹:

- Implementation of Integrated Behavioral Health for Medicaid Patients

¹⁷ Response to IRS Schedule H (Form 990), Part V, Section B 8.

¹⁸ Response to IRS Schedule H (Form 990), Part V, Section B 9.

¹⁹ Response to IRS Schedule H (Form 990), Part V, Section B 11.

²⁰ Response to IRS Schedule H (Form 990), Part V, Section B 3c.

²¹ Response to IRS Schedule H (Form 990), Part V, Section B 3i.

SPRHC anticipates collaborating with the following facilities and organizations to address this significant need:

Organization	Contact Name	Contact Information
Health Solutions	Teresa Keller	(719) 545-2746 41 Montebello Rd, Pueblo, CO 81001
Huerfano County Sheriff's Department	Sheriff Bruce Newman	(719) 738-1600 500 S. Albert, Walsenburg, CO 81089
Spanish Peaks Ambulance	Nicholas Brown	(719) 738-4517 326 Main St., Walsenburg, CO 81089
Parkview Medical Center		(719) 584-4000 400 West 16 th St., Pueblo, CO 81003

Other local resources identified during the CHNA process that are believed available to respond to this need:

- Family Resource Center
- Health Solutions-Youth and Family Services

Anticipated results from SPRHC Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to the public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X

6. Otherwise would become the responsibility of the government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

2. Drug/Substance Abuse – Local expert concern

3. Alcohol Abuse – Local expert concern

- Huerfano County's mental and substance use-related deaths significantly increased from 1980-2014 and the statistics were worse than the U.S. average in 2014
- Huerfano County's drug overdose death rate is worse than the state average and U.S. median
- Huerfano County's excessive drinking rate and alcohol-impaired driving deaths rate are like the state averages and U.S. median
- Residents of Huerfano County are more likely to consume 3+ drinks per session when compared to the U.S. average

Due to the similar services, programs, and resources available to respond to this need, only one implementation strategy has been developed.

SPRHC services, programs, and resources available to respond to this need include:

- Medication Assisted Treatment (MAT) program
- SPRHC participates in the Colorado Opioid Solution: Clinicians United to Resolve the Epidemic (CO's CURE) to reduce the administration of opioids while still treating pain appropriately using ALTO (Alternative to Opioids Project)
- SPRHC participates in the Communities That Care (CTC) program that addresses the root causes of substance abuse in hopes of reducing levels of youth problems before they start
- Hospital is a tobacco-free campus
- Providers and staff trained in Tobacco Cessation through the American Lung Association
- Employee Assistance Program available to hospital staff and families that includes counseling for a variety of health and social issues
- Tobacco surveys conducted at annual visits
- Respiratory therapy provided to inpatients as part of discharge planning

Additionally, SPRHC plans to take the following steps to address this need:

- Researching having emergency providers speak in school on the dangers of substance abuse and how they can lead to motor vehicle accidents
- Through the Hospital Transformation Program SPRHC is actively working towards reducing substance use in Huerfano County by exploring best practices around breaking the multi-generational cycle of drug use, developing a communication plan to ensure resources on substance use are updated and shared among community members, and improving access to comprehensive treatment for substance use disorders
- In the process of offering all the providers the opportunity to get certified to administer Suboxone through the One Health grant
- Explore options for participating in drug takeback events

SPRHC anticipates collaborating with the following facilities and organizations to address this significant need:

Organization	Contact Name	Contact Information
Alcoholics/Narcotics Anonymous	N/A	(718) 546-1173 www.puebloaa.org
Huerfano Las Animas Health Department	Kim Gonzales, ED Glenn Miers, MAT Marsy Key, CTC	(719) 738-2650 119 East 5 th St., Walsenburg, CO 81089 www.la-h-health.org
Colorado Hospital Association	N/A	https://cha.com/
American Lung Association	N/A	https://www.lung.org/
One Health	Kelly Means	(208) 206-7632 www.onehealthinsights.com

Other local resources identified during the CHNA process that are believed available to respond to this need:

- Spanish Peaks Mental Health Center
- Narcotics Anonymous
- La Veta School District
- Sangre de Cristo Center for Youth

Anticipated results from SPRHC Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to the public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become the responsibility of the government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

3. Education/Prevention – Local expert concern

- Huerfano County's preventable hospital stays rate is worse than the state average and U.S. median
- Huerfano County's mammography screening rate is slightly lower than the state average and U.S. median
- Huerfano County's flu vaccination rate is worse than the state average and U.S. median

SPRHC services, programs, and resources available to respond to this need include:

- SPRHC participates in the Communities That Care (CTC) program that addresses the root causes of substance abuse in hopes of reducing levels of youth problems before they start
- PQ9 depression screenings are administered during annual visits and for every patient in the emergency department and patients with life-changing events
- Actively addressing education and prevention through Practice Transformation, Quality Improvement Plans, and the Hospital Transformation Program
- Tobacco surveys conducted at annual visits
- Providers and staff trained in Tobacco Cessation through the American Lung Association

- SPRHC's Wellness Committee promotes wellness throughout the organization; The committee launched the Wellness Wednesday campaign which highlights a healthy meal every Wednesday in the cafeteria and those who participate are entered into a drawing to win prizes every quarter
- Marketing teams promote health and wellness education through social media platforms and distribute flyers to all Huerfano residents
- Participate in the annual county-wide health fair
 - Lab work is performed for \$25 (discounted rate) beforehand and patients receive results via primary care provider at the health fair
- Host 65+ drive-thru flu clinics and provide flu vaccine in the clinics

Additionally, SPRHC plans to take the following steps to address this need:

- Will take steps through marketing and one-on-one patient education to emphasize the importance of early screening and vaccinations
- Utilize EMR to pull reports that will measure and identify SPRHC impact on key indicators of improvement
- Continue to request funds to support the case manager and patient navigator tasked with educating the community and patients

SPRHC anticipates collaborating with the following facilities and organizations to address this significant need:

Organization	Contact Name	Contact Information
SOCO Advertising	Trapper Collova	(719) 735-5005
Outreach Clinic	Patient Navigator (TBD)	ewhite@sprhc.com ; ataylor@sprhc.org (719) 738-5200

Other local resources identified during the CHNA process that are believed available to respond to this need:

- Las Animas Huerfano Counties Health Department

Anticipated results from SPRHC Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to the public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)		X
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become the responsibility of the government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

5. Obesity – 2017 Significant Need

6. Diabetes – 2017 Significant Need

- Huerfano County's obesity rate and physical inactivity rates are slightly worse than the state average,
but better than the U.S. median
- Diabetes is the #8 leading cause of death in Huerfano County
- Huerfano County's diabetes, urogenital, blood, and endocrine disease deaths increased from 1980-2014
- Obesity and Diabetes were both identified as Significant Health Needs in 2017 and made their way to the 2021 list

Due to the similar services, programs, and resources available to respond to this need, only one implementation strategy has been developed.

SPRHC services, programs, and resources available to respond to this need include:

- CCPD-free heart risk assessment with biometric screening, triglycerides, glucose
- Participate in the annual county-wide health fair
 - Lab work is performed for \$25 (discounted rate) beforehand and patients receive results via primary care provider at the health fair
- Free lifestyle coaching – provides nutrition education, healthy lifestyle choices, blood-pressure monitoring
- 'Shopping Matters' classes teaching how to shop for healthy foods and read nutrition labels
- Hospital teams participate in local runs/races
- SPRHC's Wellness Committee promotes wellness throughout the organization; The committee launched the Wellness Wednesday campaign which highlights a healthy meal every Wednesday in the cafeteria and those who participate are entered into a drawing to win prizes every quarter

Additionally, SPRHC plans to take the following steps to address this need:

- Continue offering current programs and resources

SPRHC evaluation of the impact of actions taken since the immediately preceding CHNA:

- Contracted an RN who is leading the diabetes prevention program and diabetes self-management program free to the public; Participants have the option of virtual or in-person classes where they will learn healthy eating, active lifestyle tips, blood sugar monitoring techniques, medications, and more

SPRHC anticipates collaborating with the following facilities and organizations to address this significant need:

Organization	Contact Name	Contact Information
Spanish Peaks Healthcare Foundation		https://www.sprhc.org/ (719) 738-5100 23500 U.S. Highway 160, Walsenburg, CO 81089
La Veta School District, Huerfano School District RE-1		http://www.laveta.k12.co.us/ (719) 742-3562 126 East Garland, La Veta, CO 81055 http://huerfano.k12.co.us/ (719) 738-1520 201 E 5th St, Walsenburg, CO 81089
Las Animas/Huerfano Counties District Health Department		www.la-h-health.org Las Animas County (719)846-2213 412 Benedicta Avenue Trinidad, CO 81082 Huerfano County (719) 738-2650

Other local resources identified during the CHNA process that are believed available to respond to this need:

- Local fitness centers

Anticipated results from SPRHC Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to the public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)		X
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become the responsibility of the government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

Changes since the 2021 Implementation Strategy²²

Since the adoption of the 2021 Implementation Strategy, the Health Center has reflected upon actions taken and, in some cases, updated its strategy to better address the needs of the community. These changes are documented below.

Mental Health/Suicide (Updates)

- The Health Center is currently utilizing Health Solutions and is also looking for other telepsych RX solutions in the ER – page 32
- Spanish Peaks Ambulance – the contact has changed to Matthew Whitley (mwhitley@sprhc.org / 719.738.5100 x547) – page 32
- Parkview Medical Center is now Parkview Health Systems – page 33

Drug Substance Abuse – Local Expert Concern (Updates)

- The Health Center added Hospital Transformation Program (HTP) and Medication-Assisted Treatment (MAT) Therapy protocols to our website: <https://sprhc.org/hospital-transformation-program.html> - pages 34 and 35
- The Health Center's Community Relations Department promotes health and wellness education through social media platforms and distributes fliers in Walsenburg and La Veta – page 37
- SPRHC has sponsored the annual county-wide health fairs, the Health Center organized the Community Health Fair in 2022 and on September 30, 2023 – pages 37 and 38
- Lab work cost varies each year, but remains affordable by comparison – page 37
- The Health Center no longer uses outside marketing services (SOCO Advertising) as of August 2022; marketing services are now in-house – page 37

²² Response to IRS Schedule H (Form 990), Part V, Section B 11.

2023 Implementation Plan

2023 Significant Health Needs Identified

The table below lists the four Significant Health Needs Identified:

2023 CHNA Significant Health Needs Identified
1. The Health Center will maintain and improve access to care for the community.
2. The Health Center will increase access and participation in preventative services and education to target residents in the areas of chronic disease, cancer screening, nutrition, diabetes, and lifestyle.
3. The Health Center will work with community partners to increase referrals, education, and mental health support resources in Huerfano County.
4. The Health Center will work with community partners to address drug and alcohol abuse in Huerfano County.

The 2023 Implementation Plan is described below for each of the four Significant Health Needs Identified²³:

Priority #1: The Health Center will maintain and improve access to care for the community.

Strategies:

- A. SPRHC will continue to provide information on all services offered to Huerfano County residents.
- B. SPRHC received a grant for a Mobile Unit to care for the community. The Mobile Unit will allow SPRHC to have a larger outreach to smaller rural areas in Huerfano County and provide care to those who cannot access our facility.
- C. SPRHC will provide care in their Family, Specialty, Outreach & Women's Clinic in Walsenburg along with the La Veta Clinic.

Actions:

- A. SPRHC will educate patients regarding their services via newspaper, social media, flyers, website, Huerfano Community collaborations and events as well as at wellness and sick visits.
- B. SPRHC will prepare a plan for access-to-care through their Mobile Unit. The Mobile Unit is pending delivery so times and days will be developed once we have a scheduled arrival date.
- C. SPRHC will provide care and education in their clinics in both Walsenburg and La Veta.
 - 1. Walk-in clinics in Walsenburg have been added to Monday and Wednesday evenings from 5 p.m. to 7 p.m. and the 2nd and 4th Saturday of every month. The extended times will provide access to those who cannot be seen during normal working hours.
 - 2. The La Veta Clinic re-opened in Spring of 2023 and offers care on Tuesdays and Thursdays.

²³ Response to IRS Schedule H (Form 990), Part V, Section B 11.

Evaluation:

- A. SPRHC will monitor the number of new patients via these marketing outlets by reviewing the campaign analytics as well as conduct surveys in the community on their knowledge of services provided at SPRHC.
- B. SPRHC will report the number of patients serviced in these locations via the Mobile Unit once it is deployed and will monitor access-to-care to determine an increase in care by providing this alternative clinic.
- C. SPRHC will provide care and education in their clinics in both Walsenburg and La Veta.
 - 1. SPRHC will conduct patient satisfaction surveys regarding the walk-in clinic hours. Additionally, SPRHC will monitor the number of walk-in clinic visits to determine if it is a benefit to the community.
 - 2. SPRHC will monitor the census, demographic of patients, and volume to determine if these two days are sufficient to care for La Veta residents and surrounding communities. SPRHC will determine if appointment needs are being met.

Priority #2: The Health Center will increase access and participation in preventative services and education to target residents in the areas of chronic disease, cancer screening, nutrition, diabetes, and lifestyle.

Strategies:

- A. SPRHC will continue to provide information on all services offered to Huerfano County residents.
- B. SPRHC will provide education about chronic disease, cancer screening, nutrition, diabetes, and lifestyle at the Community Health Fair, sponsored by SPRHC, as well as other events hosted/attended throughout the year in Huerfano County. These items are also addressed during wellness, sick and disease specific visits in the clinics.
- C. SPRHC will create social media campaigns for services offered regarding preventative services along with educational campaigns to target the areas of concern.

Actions:

- A. SPRHC will educate patients regarding their services via newspaper, social media, flyers, website, Huerfano Community collaborations and events as well as at wellness & sick visits.
- B. SPRHC Community Health Fairs will provide education on the services they offer. They will also invite community partners who specialize in these areas to help educate at this event.
- C. SPRHC will share education regarding services using META-Facebook.

Evaluation:

- A. SPRHC will monitor the number of new patients via these marketing outlets by reviewing the campaign analytics as well as conduct surveys in the community on the knowledge of services provided at SPRHC.
- B. SPRHC will calculate survey responses from attendees, conduct community polls from those who attended, ask new patients how they heard about the services they are utilizing, and calculate data from clinic visits for wellness exams.
- C. SPRHC will evaluate META campaign analytics and share comments gathered about services provided.

Priority #3: The Health Center will work with community partners to increase referrals, education and mental health support resources in Huerfano County.

Strategies:

- A. SPRHC will continue to follow protocols when a patient presents with mental health service's needs.
- B. They will then seek resources and refer to community partners who specialize in mental health as SPRHC does not have a Behavioral Health Services Department.

Actions:

- A. SPRHC will continue to follow protocols when a patient presents with mental health service's needs. They will then seek resources and refer to community partners who specialize in mental health as SPRHC does not have a Behavioral Health Services Department.
 - 1. The Health Center is currently utilizing Health Solutions and is also looking for other contracted services that may provide additional support.
 - 2. The Health Center offers Employee Assistance Program (HUD) to hospital staff and families, which includes counseling for a variety of health and social issues.
 - 3. Tele psych services are available in the rural health clinic through Health Solutions.
 - 4. The Health Center makes referrals to Health Solutions for inpatient treatment programs.
 - 5. PHQ2/9 Patient Health Questionnaire Depression Screenings are administered during annual visits in the clinic.
 - 6. The Health Center's Emergency Department performs Suicide Risk Assessment on patient >12 years old.
 - 7. The Health Center's Emergency Department works with Health Solutions to assess emergent mental health needs, which includes referrals for inpatient treatment programs or outpatient services, as determined by the mental health assessment.
 - 8. The Emergency Department is actively pursuing the authorization for NARCAN distribution for home use for those who are at high risk for opiate overdose.
- C. SPRHC will follow protocols and refer to community partners and agencies as SPRHC does not have a Behavioral Services Service Line.
 - 1. Conduct open discussions with law enforcement about how to address mental health issues/patients in the community.
 - 2. Explore additional resources for implementing tele psych services in the Emergency Room.

Evaluation:

- A. Follow-up with agencies on patients who presented to SPRHC Clinics to find out if referred partners helped in the patient's care.
- B. Evaluate outside agency availability and continue to build referral sources and partnerships to care for patients in Huerfano County.

Priority #4: The Health Center will work with community partners to address drug and alcohol abuse in Huerfano County.

Strategies:

- A. SPRHC will continue to follow hospital protocols when a patient presents with drug and alcohol abuse and refer to community providers who specialize in the care needed.
- B. SPRHC will continue its implementation plan regarding the Hospital Transformation Program (HTP).

Actions:

- A. SPRHC will continue to follow hospital protocols when a patient presents with drug and alcohol abuse and refer to community providers who specialize in the care needed.
 - 1. Initiate treatment and referral process to treatment centers that specialize in drug and alcohol addiction.
 - 2. Refer patients to the Medication Assisted Treatment (MAT) program through Spanish Peaks Clinic.
 - 3. Support our clinicians through The Colorado Opioid Solution: Clinicians United to Resolve the Epidemic (CO's CURE) program. This program seeks to reduce the administration of opioids while still treating pain appropriately using ALTO (Alternative to Opioids Project).
 - 4. Offer a tobacco-free work environment on SPRHC campuses.
 - 5. SPRHC Clinics conduct tobacco surveys at annual visits and refer patients to the Colorado Quitline (tobaccofreeco.org/quit) for smoking cessation.
 - 6. The Employee Assistance Program is available to hospital staff and families. It includes counseling for a variety of health and social issues.
 - 7. Explore options to participate in drug take-back events.
- B. SPRHC will continue its implementation plan regarding the Hospital Transformation Program (HTP).
 - 1. The Hospital Transformation Program Team is actively working towards reducing substance abuse in Huerfano County by exploring best practices around breaking the multi-generational cycle of drug use, developing a communication plan to ensure resources on substance use are updated and shared among community members, and improving access to comprehensive treatment for substance use disorders.
 - 2. HTP initiatives and care instructions can be found on sprhc.org under Patient Resources (<https://sprhc.org/hospital-transformation-program.html>).
 - 3. Educational handouts are given to patients seen for alcohol and drug abuse through the HTP/MAT initiatives.

Evaluation:

- A. SPRHC will follow up with referred resources to find out if they helped in the patient's care.
- B. SPRHC will evaluate outside agency availability and continue to build referral sources and partnerships to care for patients.

Appendix

Appendix A – 2023 Survey Results

Local Expert Advisor Comments about the Previous CHNA, 2021

The Health Center conducted one-on-one interviews with 9 Local Expert Advisors who were asked two categories of questions. In this first section, they were asked questions regarding the previous Community Health Needs Assessment submitted in 2021.

The chart below shows what sector of the community the Local Expert Advisors work in^{24 25}:

Number of Respondents who Agree:

Area of Expertise	Applies to Me
Public Health Expertise	5
Departments and Agencies with relevant data/information regarding the health needs of the community served by the hospital	9
Priority Populations* (see note below)	9
Representative / Member of a Chronic Disease Group or Organization	3
Represents the Broad Interest of the Community	9
Other	0

*Note: Congress defines “Priority Populations” to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic, are, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual
- People with major comorbidity and complications

²⁴ Response to IRS Schedule H (Form 990), Part V, Section B 5a.

²⁵ Response to IRS Schedule H (Form 990), Part V, Section B 5b.

Local Expert Advisors were asked five questions about the previous CHNA completed in 2021 including any actions that Spanish Peaks Regional Health Center has taken around the health needs identified in 2021.

1. Local Expert Advisors were asked if any of these Priority Populations exist in their community, and if so, do they have any unique needs that should be addressed? The table below displays their responses²⁶:

Responses - Priority Populations Unique Needs		
All these populations exist in our community. Their needs are shaped by age and poverty	We lead the State in comorbidities and complications	All the priority populations exist in our community, and they all have unique needs – less familiar with the needs of the LGBT population
Have older residents who need more hands-on care, and we have a mix of folks who have access to the internet and phone. Doing things remotely versus doing them on paper is important and needs diverse types of access	Spanish Peak has a Veteran's home. I am sure they have racial and minority issues but do not know how they are being addressed. They need to ask that population	Lack of resources. Stigma related to mental health. Substance abuse is a big piece
Have a large Hispanic population, low-income	I know they have services to help low-income groups.	LBGQT+ are not really accepted in the community and have barriers and a lack of resources. We are seeing young people identifying themselves as a member of the LBGQT+ community, but they do not disclose
<ul style="list-style-type: none"> ○ Quite a few folks with disabilities and older folks ○ Poverty is a risk factor and is generational. ○ There is food insecurity and toxic stress ○ We have an active gay community in La Veta, in particular 	Spanish Peaks is a little bit out of town, and I hear from patients that they would prefer not to drive out there. Transportation is an issue. As for women, I do not believe they offer OBGYN services	<p>Transportation is not always available. We have a vendor, but it is limited. Services need to be walkable for the continuity of care and accessibility. We have people who walk, especially in Walsenburg. Many folks do not have reliable transportation.</p> <ul style="list-style-type: none"> ○ It is about twenty-six miles into Walsenburg from Gardner ○ From La Veta, it is about 11-15 miles from Walsenburg ○ From Cuchara, it is about eighteen miles from Walsenburg
Not having enough accessibility and not enough workforce in the mental health space	People are only served if they have Medicare / Medicaid. If they have private insurance, they must seek care outside of	Telehealth is an option, but our older population is not familiar with using the technology

²⁶ Response to IRS Schedule H (Form 990), Part V, Section B 3f.

	the county, specifically for mental health	
There is adversity associated with all these populations. There is a much higher suicide rate associated with the LBGQT+ community	Folks who present multiple times to the ED may be considered drug seeking or someone with psychosis (who is presenting with behavioral problems) have their complaints dismissed or labs may not be drawn to determine if they are related to physical issues instead of psychiatric problems. A full medical workup may not be done on some of these folks presenting in the ED	Comorbidity populations – the relationship between the number of trauma and physical health and disease is a direct correlation (ACES scale). Most PCPs are familiar with this scale and ED clinicians are less familiar with the scale. The trauma of being an older adult is often not considered. We recognize that the primary focus of ED clinicians may be on more emergent needs. ACES was directed towards primary care rather than ED clinicians and there are implications for trauma-informed services
Problems that affect all the populations: <ul style="list-style-type: none"> ○ Housing for low-income and minority ○ Large population with comorbidities ○ We are one of the lower-income counties in the State and concerning our children, our school system has had struggles ○ The pandemic affected multiple groups ○ Access to things such as specialty care – we live in an area with limited resources ○ Transportation is a problem 		

2. Local Expert Advisors were asked if the hospital should continue to consider and allocate resources to help improve the needs identified in the 2021 CHNA. The 2021 CHNA identified the following five health needs as “significant” or most important:

- Accessibility / Affordability
- Social factors
- Diabetes
- Mental Health / Suicide
- Obesity

The table below displays their responses:

Responses – Allocate Resources to Help Improve the 5 Health Needs from the 2021 CHNA		
All local expert advisors stated yes	Diabetics and obesity – it is tough here	When the coal mine shut down in the 1980s, they were beaten down and have not recovered (there are abandoned mine shafts all over the county and it was the economic driver for generations. This was shipped to Pueblo which has the iron/steel works)
Mental health and Suicide are our biggest issues along with drug and alcohol addiction	We have intergenerational poverty; we have folks on SNAP	Accessibility is an issue when there is little income
These are all still high priority needs	Agree and all of these have a link to trauma	

3. Local Expert Advisors were asked to share comments or observations about the actions Spanish Peaks Regional Health Center has taken to address Accessibility / Affordability and Social Factors. The table below displays the responses:

Responses – Accessibility / Affordability and Social Factors		
Care around affordability through their Foundation which assists in covering costs	Good partner but there is only so much they can do	I am not aware and can only assume
Accessibility and Social Factors – have a high bar to meet. This should be maintenance and they adjust very well. They reflect the community. Difficulty in reaching the hospital. Folks who are living remotely and who are older, so it is hard to get hospital services due to the distance and lack of transportation. In Gardner, it is difficult for folks to access the hospital.	There is a youth camp next to the hospital that was shut down in the 1980s. It was owned by the city. We attempted to turn that property into a regional drug/alcohol treatment center, but the hospital was not comfortable with that due to the Veteran's home proximity. It was not a good fit for them. We envisioned it would be a lock-down facility so they would not interact with the VA patients. We do not have a good second choice. It is tough.	Innovative – offered lodging at the workforce when the weather has been unpredictable
Glaring need – have so many people lost to alcohol and meth	Need to do something about our problems with drugs and alcohol. It is our #1 problem	They have a satellite site in La Veta which will re-open and offer PCP services to residents. They collaborate with school districts relating to well-child checks and physicals
I assume they do an excellent job with our low-income population	Affordability is an issue. Folks complain that fees are higher. Prefer not to get lab work done locally since it is less expensive going out of town	They partner with the health department on programs that reach different community members, like hypertension and diabetes. Our current program partnership will be related to an anti-stigma campaign around mental health and substance use
Health Solutions moved a drug/alcohol treatment center into our community center – meant to be a temporary solution that is now a long-term solution. This is causing a	Social factors – I have no comment	They are very visible in the communities, and they are good at building relationships. They come to the meetings and participate in community events

problem. They have been there for 1.5 years		
Accessibility – do not have an urgent care so they have expanded the clinic hours, their scheduling is far out, and they have brought in specialists	Brought specialists to the area who have also worked with populations in surrounding cities	Do not know what they have done. We rely on email communications. Social media is not the best way to communicate
Do not have any comments	They are looking at affordability and social factors. Looking for more support for improved resources for their patients	

4. Local Expert Advisors were asked to share comments or observations about the actions Spanish Peaks Regional Health Center has taken to address Diabetes and Obesity.

The table below displays the responses:

Responses – Diabetes and Obesity		
They hired a diabetes coordinator	I have talked with their nutritionist at health fairs, but as far as being out in the community, I have not seen that	We could really do better and have the hospital sponsor walking clubs and more interaction with the community
Had a big program around Wellness – the partners could not sustain the work – not sure if this is still going on	The two go together so much –so much talk about improving these, but do not have a gym or fitness facility	I am not aware and can only assume
This county is in the process of building a gym in Walsenburg	We have a tiny for-profit gym that does not touch the needs of the community	Doing more diabetic and nutritional counseling – not sure if that is current or not
Easy access to nutrition information, a gym, and accessible outside space can be difficult	They did have a diabetic specialist or nurse – not sure if that person is still there	Partnered with the health department as well as Mt San Rafael Hospital and Salud Family Clinic to get a diabetes educator. We lost the funding through COVID, and we lost the diabetes education in the community. This is needed since we expect to see more diabetes. It is hard to find a diabetic educator since they must be certified
This is not all on the hospital, the community needs to help	Had the outreach clinic in Walsenburg which was walkable and that did help with obesity. They have a	We partnered with them and Las Animas through a grant, focused on diabetes. This program ended in 2020 since the grant expired but programs remain in place

	cooking program and a healthy eating program. Closed due to COVID and the structure of the building. These programs were beneficial to the community	
Elderly and impoverished groups need fitness and nutrition to live healthy lives	Good with working with our families around well-child checks and promoting MY PLATE, a USDA program	I have nothing to share
I do not know about this	There may be information on Facebook coming from the hospital, but I am not on Facebook	

5. Local Expert Advisors were asked to share comments or observations about the actions Spanish Peaks Regional Health Center has taken to address Mental health and Suicide.

The table below displays the responses:

Responses – Mental Health and Suicide		
Have been discussed in meetings	Gap regarding professionals, not only healthcare. We only have two lawyers (one who is 85 years old)	They have utilized our services (Health Solutions) – we provided them with a tablet (i.e., iPad) that they use. Our crisis counselors are available 24/7 to their patients who visit a PCP or go to the ED
The focus should be on drug abuse	Their hands are tied, but do not see much of these and we do have a problem with both	Only aware of a depression screening with their clinic visits
a ton of work there, but I do not know everything – I know they work with Health Solutions, but I do not know to what extent	We need a team of psychiatrists working 7 days a week	They do a huge promotion around mental health and crisis, including veterans
Wonderful partner and we like the hospital, but in working to get the regional drug/alcohol treatment center is that we do not have a Ph. PhD. -level housing (up in the mountains is expensive). We need a \$400K house that a psychiatrist can move into	We do not have a variety of resources	Dr. Vijan is a good representative and communicator about mental health programs
Health Solutions receives referrals from SPRHC, and the patient can be seen there (we go out there 1 day per week) or the patient can go to the office in Walsenburg, or the patient can be seen via telehealth	Not aware of any actions they are taking but they are both large problems in our community	They are seeking collaboration with Health Solutions. Health Solutions is meeting with SPRHC to develop more interventions. They are actively collaborating with community partners
They offer referral services for mental health and suicide. They try to get a peer support specialist to connect.	I know that Health Solutions does this. They share	In the past, there was a behavioral health provider. Not sure if the position is still filled

Local Expert Advisors Comments – Identification & Prioritization of Current CHNA, 2023

Local Expert Advisors were presented with a second set of questions and asked to share their special knowledge in developing the current CHNA. The section below addresses those results.

1. Do you agree with the comparison of Huerfano County compared to Colorado and the United States? Please see the table below for the responses:

Responses – Comparison of County to Colorado and the U.S.		
Concerning births. Showed a per capita number which could be exaggerated in rural counties. I would show the actual count number, too. It is a small number but the per capita blows it out of proportion	Surprised that drinking was lower in Huerfano County as compared to the rest of Colorado. The same is true for alcohol-impaired driving deaths – there is more marijuana than alcohol intake	Injury deaths per 100,000 due to motor vehicle: our county was much higher and that surprised me
Yes, Yes	We have a pretty severe housing issue, and it surprised me that the data shows that we are on a level with the State	Yes but our poverty rating was recently rated as the most impoverished county in Colorado, and I was surprised that it did not reflect that on the data
Yes, shocking, and sad to see	Agree. Huerfano County has had poor outcomes	Surprised about premature birth data

2. Do you agree with the demographics and common health behaviors of Spanish Peaks Regional Health Center's Service Area

Responses – Demographics and Common Health Behaviors of SPRHC's Service Area		
Yes, people struggle to put food on the table but will pay \$10 for a pack of cigarettes	The drinking and impaired driving data seems a little off to me	Yes, but it does lack data on mental health and well-being
Four people responded with a simple "Yes"		

3. Do you agree with the overall social vulnerability index for Huerfano County?

Responses – Social Vulnerability Index		
La Veta presents differently than Walsenburg and Gardner should be represented in teal (more intense shade), not light green. Critique is on any database. Lost in the greater shuffle if doing analysis using census tracks.	Housing is a significant barrier. The maps call out Walsenburg in particular	I am not surprised by this data
Five people responded with a simple "Yes"		

4. Do you agree with the national rankings and leading causes of death?

Responses – National Rankings and Leading Causes of Death		
Looks accurate but may want to refer to the coroner	Yes, heart disease is the highest – not a healthy community. Health Fair. Unaware of outreach, aware of a specialty clinic. Could use work in scheduling and response. Months to get test results	I do not see where overdose deaths are directly called out – this is under suicide or unintentional injuries, or it may not be a part of the top ten list
I do not agree with the Medicare / Medicaid numbers from Definitive Health, but I do agree with the leading causes of death	Not surprised by anything on this list	Three people responded with a simple "Yes"

5. Do you agree with the health trends in Huerfano County? Please see the table below for the responses:

Responses – Health Trends		
We do have visitors and seasonal residents – La Veta doubles and Gardener increased by about 15% in the population	The quality of life makes sense	What is the birthweight definition? Most folks go to Pueblo to have babies
The per 100,000 metric – it is difficult to judge what this means for premature death (outliers are included in the numbers and have been attributed to Huerfano County). The denominator is small so a car accident can negatively impact the numbers (i.e., 2 years ago, there was a car accident in which ten people died and none of them lived in Huerfano County. Because the accident happened in Huerfano County, it was put into that bucket. This does not happen in larger cities)	Yes, we lose young people due to the drug problem and diabetes, obesity, and unhealthy lifestyles	Yes, Yes, Yes
Yes, and we are also seeing more young adult pregnancies. This was decreasing but is now increasing	Syphilis is increasing in the county	Teen vaping is increasing
Low vaccine rate	I agree with the trends. I am surprised that the excessive drinking metric is lower than the state average	In reference to the “poor mental health days’ metric: I am surprised that the data is not higher for mental health days in the county
The childhood poverty level is significantly higher in Huerfano County, and we need to address this score		

6. Please add any additional information you would like us to understand:

Responses – Additional Information		
Urgent care is a significant need in this county for quick access	Spanish Peaks does a respectable job with the resources they have to improve the quality of life for the people in our county	Tourism is a big driving force here
<p>The economic drivers are:</p> <ul style="list-style-type: none"> We are working to bring a biofuel company into the County. Lennar Homes from Chicago wants to build thirty homes, then up to one hundred more homes Huerfano is the poorest county in Colorado We brought Colorado State University at Pueblo into the county to focus on nursing and other programs, like general education courses (moved equipment in on May 29th, will have general education online classes starting this fall, the nursing program will start in Spring 2024, traditional classes will be in Walsenburg high school, two nurses from Spanish Peaks will be put through the program to assist in teaching the courses, we've secured \$30K in scholarship money to help high school graduates and under/non-employed folks get into this program We anticipate a trucking school will be established which will mean people will be moving here. We will need housing and schools. The growth programs will attract families who will need healthcare. We will build about fifteen housing units in the \$200K range – they will be manufactured homes (with the possibility of building 60 more). 		
Housing is a real problem. If you want a \$1 million home in Cuchara we have them, but we also have dilapidated housing. Forty percent of houses in Walsenburg are empty (mom/dad passed away and the kids do not want it, the house is falling apart – they are trying to sell a \$300K uninhabitable house)	We are collaborating with Senator John Hickenlooper to help with aged housing and water systems	There is a continual problem with water – it has been going on for 3 years. The community cannot drink its water
There is a lack of services to address urgent care needs	At times, it can take 5-6 weeks to see a PCP. There is only one choice of a clinic in the county (they do not have competition)	Lack of specialists who go to the area
We do not deliver any babies in our county. The closest is about forty miles from here (Pueblo) or in Raton, NM – lack of varied resources to support a healthy birth	It would be beneficial if the hospital could offer these prenatal and birthing services to the community, but we understand that it has a high overhead	Consider having an OBGYN come into the clinic 1-2 days a week to support the OBGYN services – this was at the outreach clinic but not sure if it is still going on since COVID

7. Overall, how much has the COVID-19 pandemic affected you and your household?

Responses – COVID-19 impact upon you and your household		
A complete change in direction – the entire world is on a different course	Not very much	It made me not want to see the doctor or hospital due to COVID protocols – the nasal rapid antigen test was not established to diagnose. At one point, the CDC reported there was a 600% false positive rate
There is a lack of trust in medication choices to treat COVID (i.e., Remdesivir). It was an experimental medication which was expensive	Moderately. For the first few months, we went without any cases at all. Connection (between people) was impacted.	400-500%. We were the responding agency to COVID – we were the lead agency
Still affects those who were the responding agencies even though we are in the next phase	Still affecting the quality and recruitment of the workforce for businesses and agencies in the community	Did not want to see people. We are lacking access
My youngest child had significant issues. My child was very worried and had lots of anxiety. There was a general fear of COVID that translated into a general worry. We had an increase in worry and anxiety in the household	The impact was moderate to severe in my household	

8. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community (please select all that apply)

Number of Responses by Local Expert Advisors – Social Determinants of Health Negatively Impacted by COVID-19		
A	Employment	8
B	Social support system	8
C	Education	6
D	Childcare	9
E	Access to healthcare services	8
F	Poverty	5
G	Housing	8
H	Food security	4
I	Public safety	5
J	Nutrition	6
K	Transportation	6
L	Racial and cultural disparities	3
M	Other -please specify – see table below	6

M. Other - COMMENTS – Social Determinants of Health Negatively Impacted by COVID-19 – COMMENTS		
Poor people at our grocery stores – we had people who were going into grocery stores with guns	Limited on fresh produce	Do not have an urgent care clinic and the ED functions as such
Divided about masks – some did not want them, and it caused unsafe situations	Technology: did not have WIFI and internet and that led to inequities for our students and citizens – they could not do telehealth medicine or could not do virtual meetings because internet services are not widely available in the County	Childcare was closed
Housing is always an issue	Public safety is an issue as a whole – not COVID-driven	Small businesses suffered. Economic downturn
Saw general anxiety or mental health		

9. As the COVID-19 crisis continues, community members may delay accessing healthcare services. What healthcare services community members are most likely to use in the current environment (please select all that apply).

Number of Responses by Local Expert Advisors – What healthcare services are community members most likely to use?		
A	Emergency care (medical services required for immediate diagnosis and treatment of medical conditions)	6
B	Urgent care / Walk-in Clinics	8
C	Primary care (routine visits, preventative visits, screenings)	7
D	Inpatient hospital care (care of patients whose condition requires admission to a hospital)	3
E	Specialty care (care and treatment of a specific health condition that requires a specialist)	4
F	All types of healthcare services	4
G	Elective care (planned as opposed to emergency treatment)	5
H	Other - please specify – see table below	2
I	None of the above	

H. Other - COMMENTS – What healthcare services are community members most likely to use		
People have been put on waitlists, still wear masks, still affected by COVID, and families are being reminded they need vaccines and well-child checks	Urgent care / walk-in clinics: no service. Must go to Pueblo if you want immediate service	Primary care – routine visits, preventative visits, screenings: hard to get in. Potentially related to lack of physicians. They have some P.A.s
Specialty care: has gotten better. Physicians were brought in from Parkview. Specialty clinic: heart, scopes, etc.	All types of healthcare services are impacted by where you live	

10. How can healthcare providers, including Spanish Peaks Regional Health Center, continue to support the community through the challenges of COVID-19 (please select all that apply)?

Number of Local Expert Advisor Responses – How can healthcare providers continue to support through COVID-19		
A	Offering alternatives to in-person healthcare visits	9
B	Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	8
C	Serving as a trusted source of information and education	9
D	Posting enhanced safety measures and process changes to prepare for your upcoming appointment	7
E	Sharing local patient and healthcare provider stories and successes with the community	6
F	Other – please specify – see table below	

F. Other - COMMENTS – How can healthcare providers continue to support through COVID-19

Strategize to reach those who have difficulties accessing technologies. May need to educate folks about using technology

11. What healthcare services/programs will be most important to supporting community health as the pandemic continues to unfold (please select all that apply)?

Number of Local Expert Advisor Responses – What healthcare services/programs will be most important		
A	Mental health	8
B	Primary care	6
C	Emergency care	6
D	Urgent care/walk-in clinics	8
E	Elder/senior care	6
F	Chronic disease management programming	6
G	Substance abuse services	8
H	Specialty care	5
I	Women's Health	7
J	Pediatric/children's health	7
K1 & K2	Other – please specify – see two tables below	

K1. Comments – What healthcare services/programs will be most important		
A	Mental health	#1 – equal priority to substance abuse services
B	Primary care	#2
C	Emergency care	#3
D	Urgent care/walk-in clinics	#8
E	Elder/senior care	#4
F	Chronic disease management programming	#7
G	Substance abuse services	#1 – equal priority to mental health services
H	Specialty care	#9
I	Women's Health	#5
J	Pediatric/children's health	#6

K2. Comments – What healthcare services/programs will be most important		
Need more mental health services	Particularly important: we need urgent care/walk-in clinics and substance abuse services	Elder/ senior care – regular nursing home only has a few beds
Chronic disease management – the health department does a respectable job	Women's health services – unsure of where that is now	Pediatric / children's health – we have none – this is needed
Lab services are needed	Important: mental health, primary care, substance abuse services, specialty care services, pediatrics/children's health	

12. COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most (please select all that apply)?

Number of Local Expert Advisor Responses – What alternative care options would benefit the community		
A	Video visits with a healthcare provider	9
B	Virtual triage/screening option before coming to clinic/hospital	8
C	Telephone visits with a healthcare provider	9
D	Remote monitoring technologies to manage chronic disease (e.g., wearable heart monitor, Bluetooth-enable scale, Fitbit, etc.)	9
E	Patient portal feature of your electronic medical record to communicate with a healthcare provider	8
F	Smartphone app to communicate with a healthcare provider	8
G	Other – please specify – see table below	

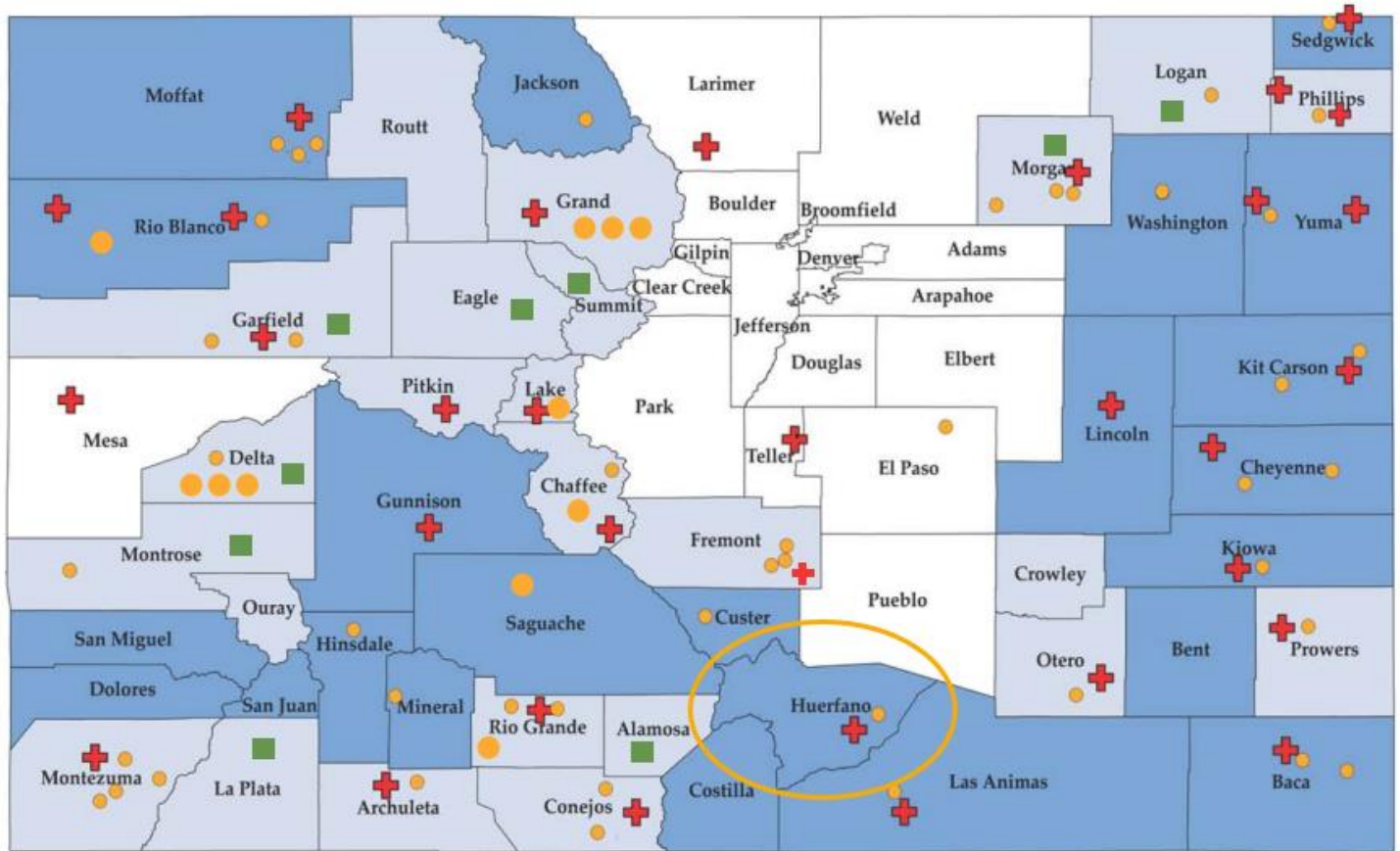
G. Other - COMMENTS – What alternative care options would benefit the community		
Transportation for underinsured and Medicare patients	Many of our community members are elderly and may not have the resources or understanding of how to use technology	Video visits with a healthcare provider are beneficial for the elderly
Important: patient portal feature of your EMR to communicate with a healthcare provider	Important – virtual triage/screening option before coming to the clinic	

13. As a result of COVID-19, have you or someone you know delayed accessing healthcare?

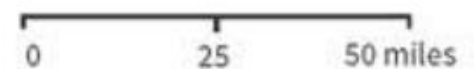
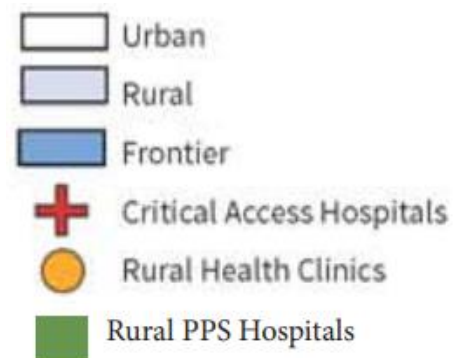
Number of Local Expert Advisor Responses	
Yes	8
No	1

Appendix B - Maps

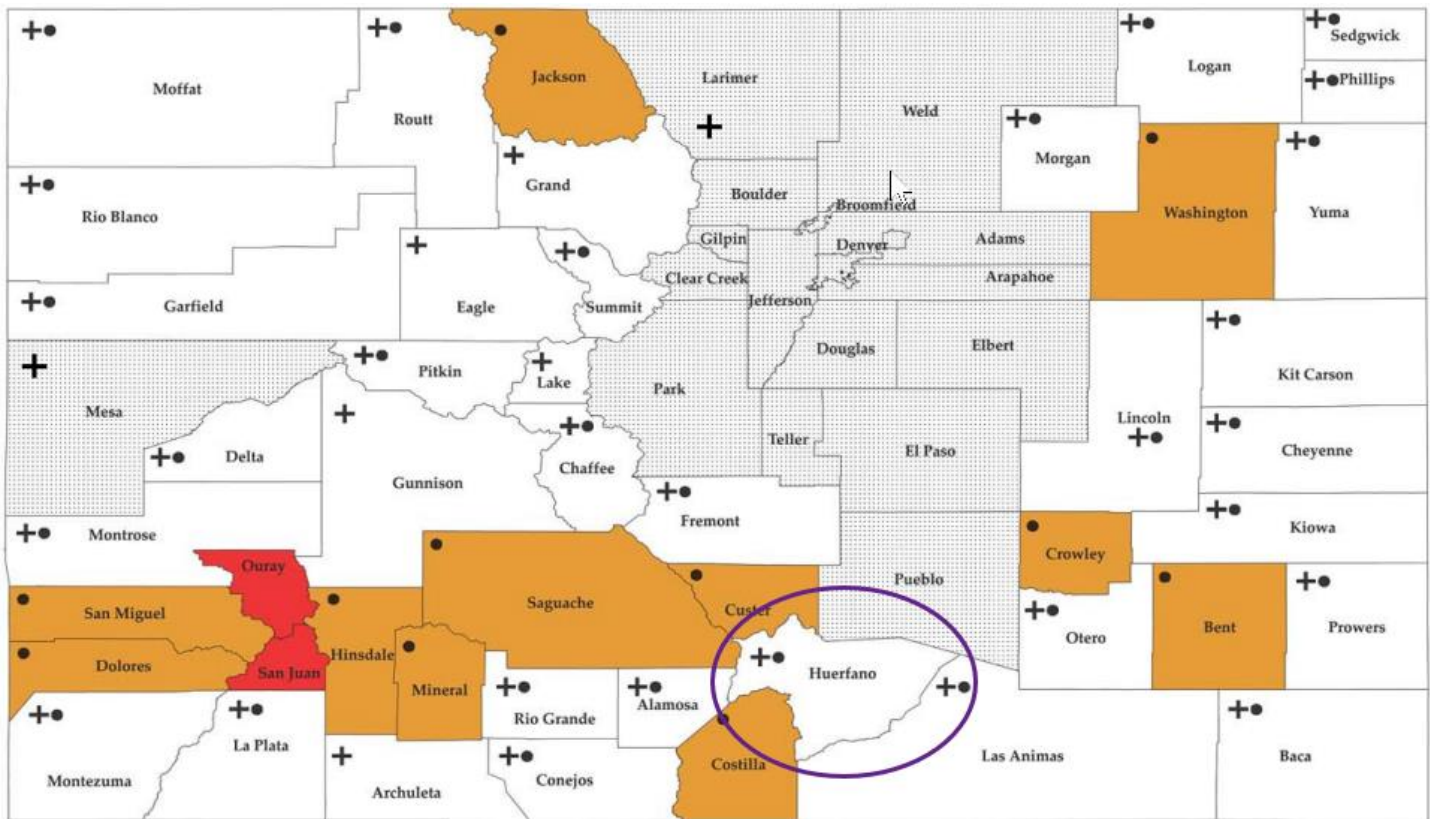
Colorado: Rural Health Facilities within County Designations – 2023



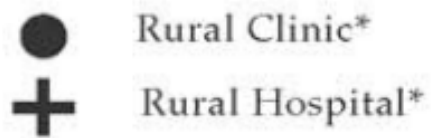
Source: Colorado Rural Health



Rural Colorado: Access to Healthcare – 2023



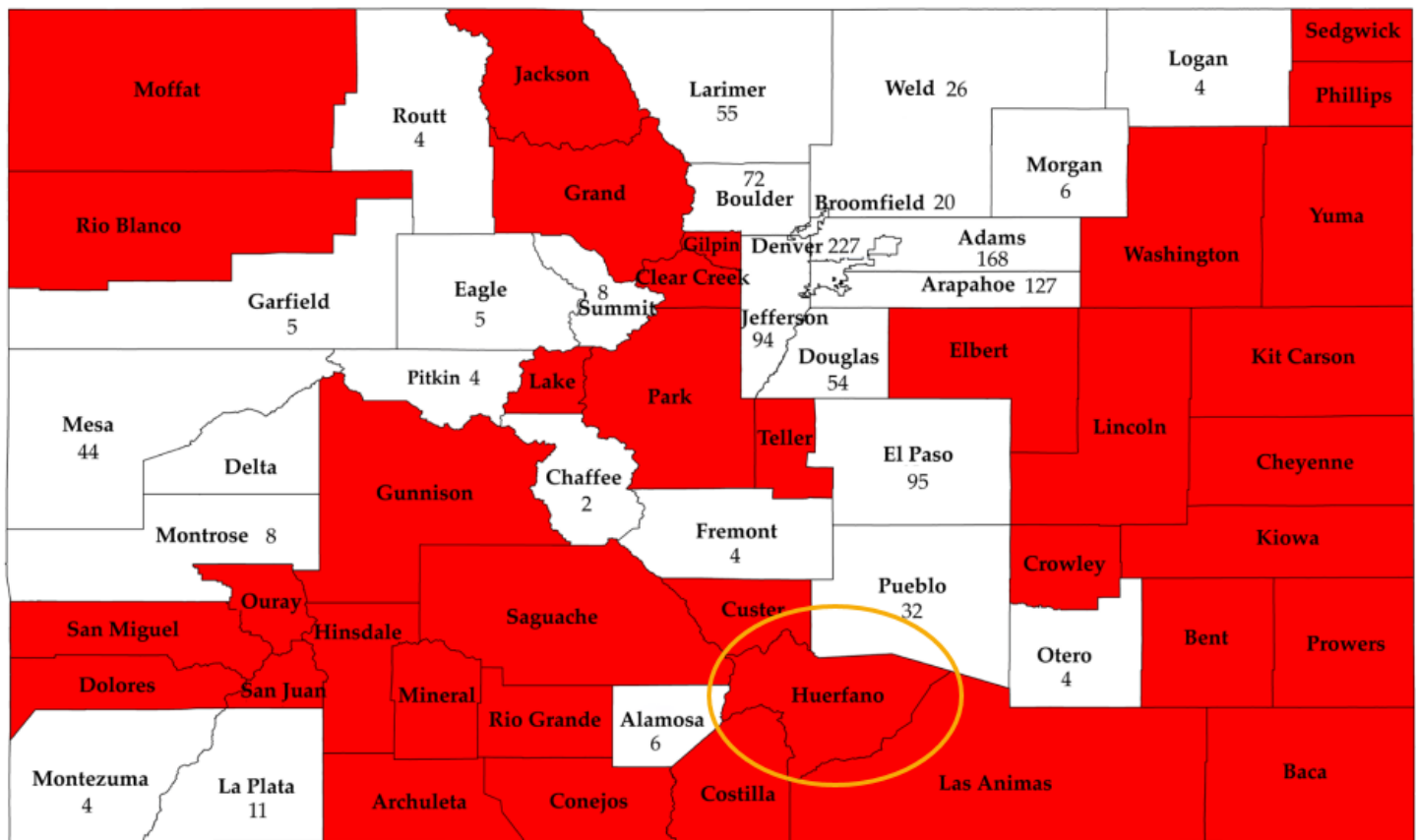
Source: Colorado Rural Health



Symbols do not indicate location or quantity of facilities available.

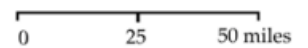


Number of ICU Beds Available

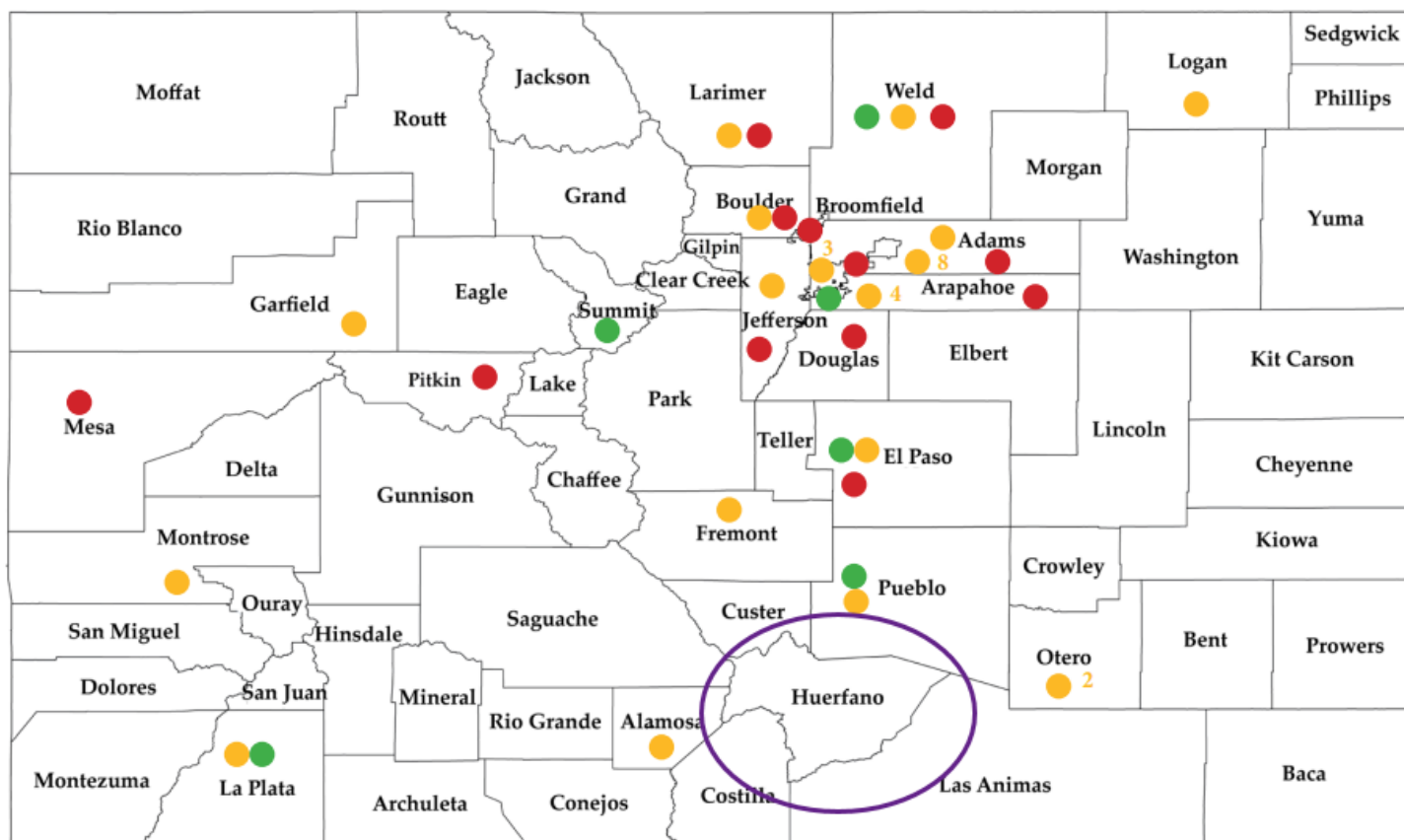


Source: Colorado Rural Health

ICU Beds Available



Mental Health Facilities by Type

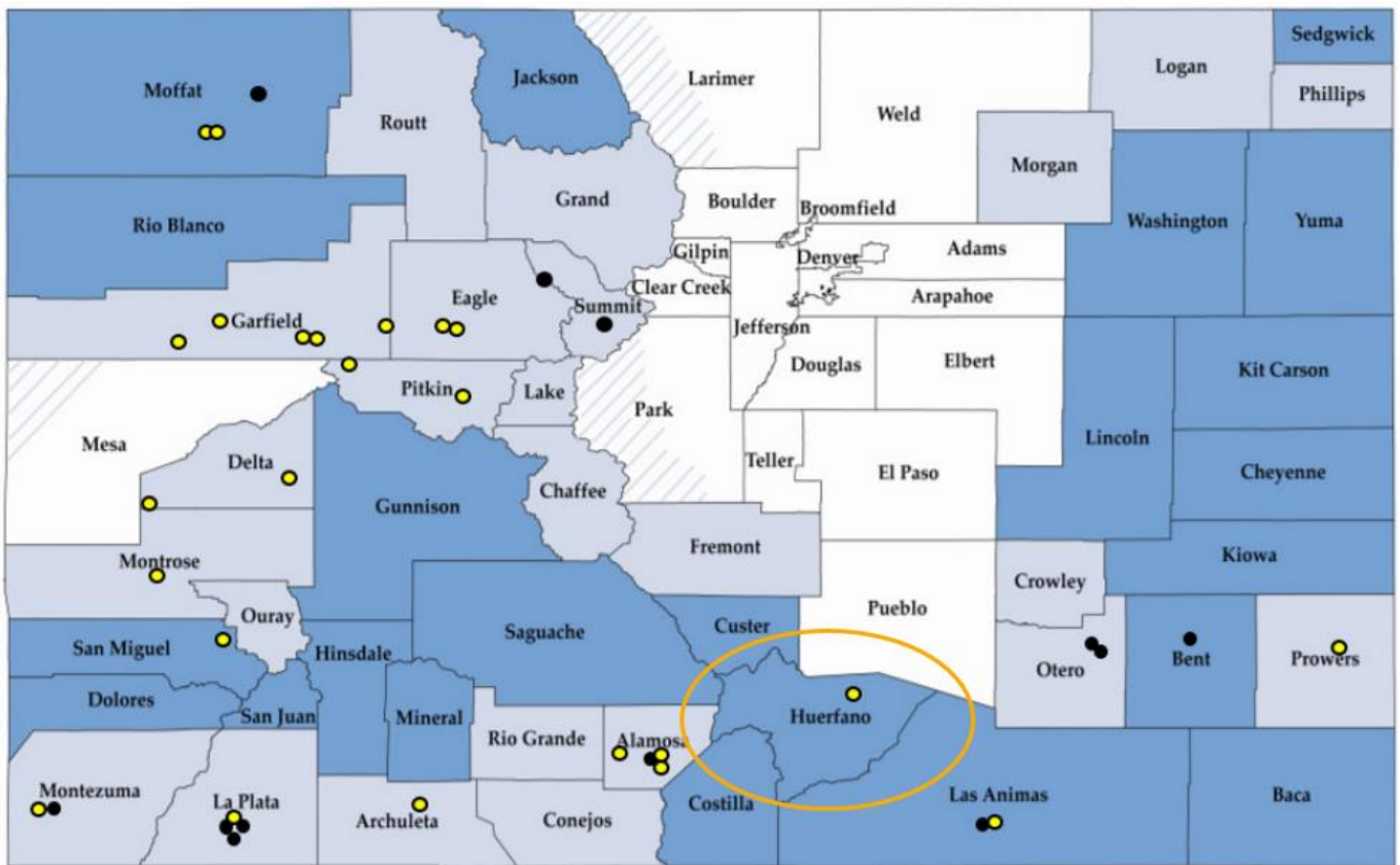


Source: Colorado Rural Health




- *Acute Treatment Units*
- *Community Mental Health Centers*
- *Residential Inpatient Treatment Centers*

Note: Numbers next to a dot on the map indicate multiple facilities of that type in the county

Rural Substance Use Disorder Facilities - 2020



Source: Colorado Rural Health

-  Detoxification
-  Hospital Inpatient Treatment
-  Intensive Outpatient Treatment

Healthcare Workforce Shortages

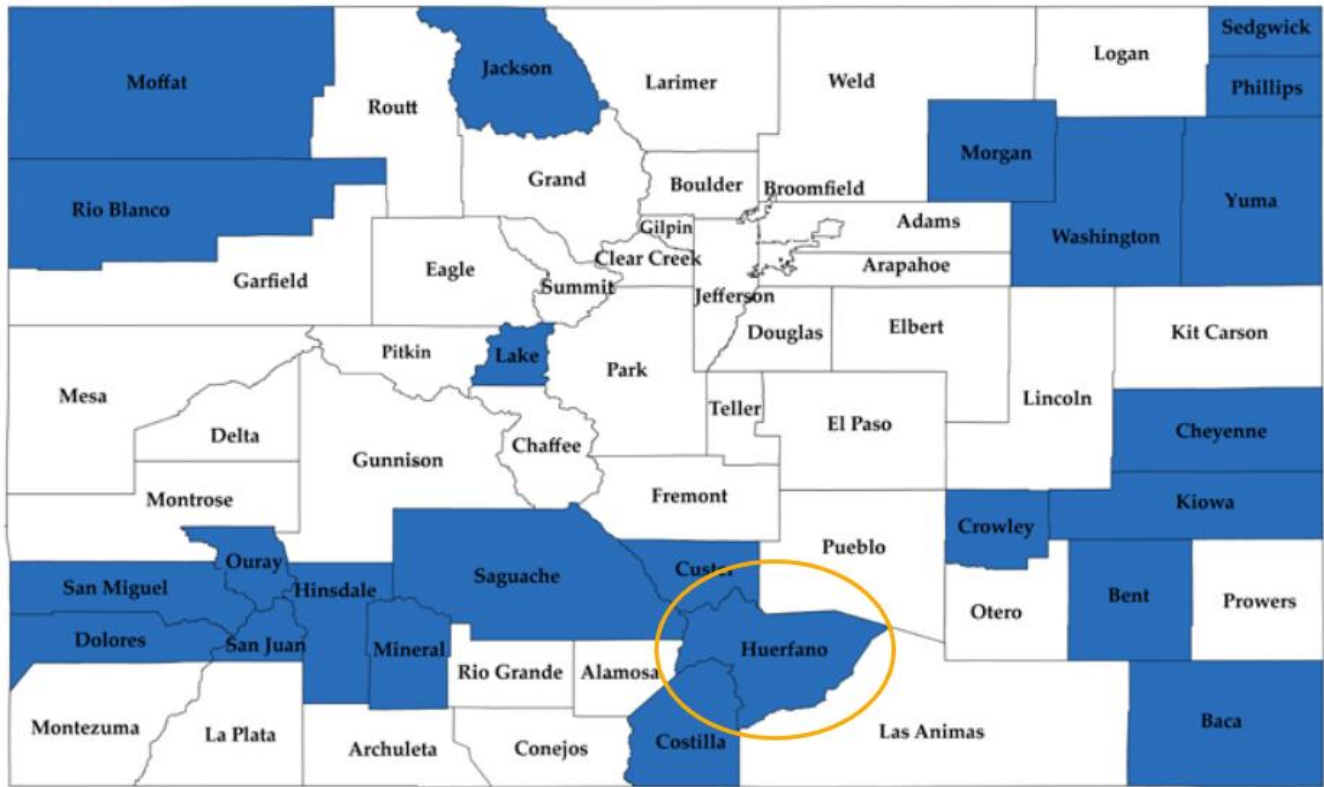
All rural and frontier counties in Colorado are experiencing a healthcare professional care shortage. This is complicated by difficulties in recruiting and retaining providers and other healthcare staff to practice in rural communities. Finally, many rural providers and healthcare staff are approaching retirement.

There are twenty-two rural counties that do not have a psychologist, one of which is Huerfano County.



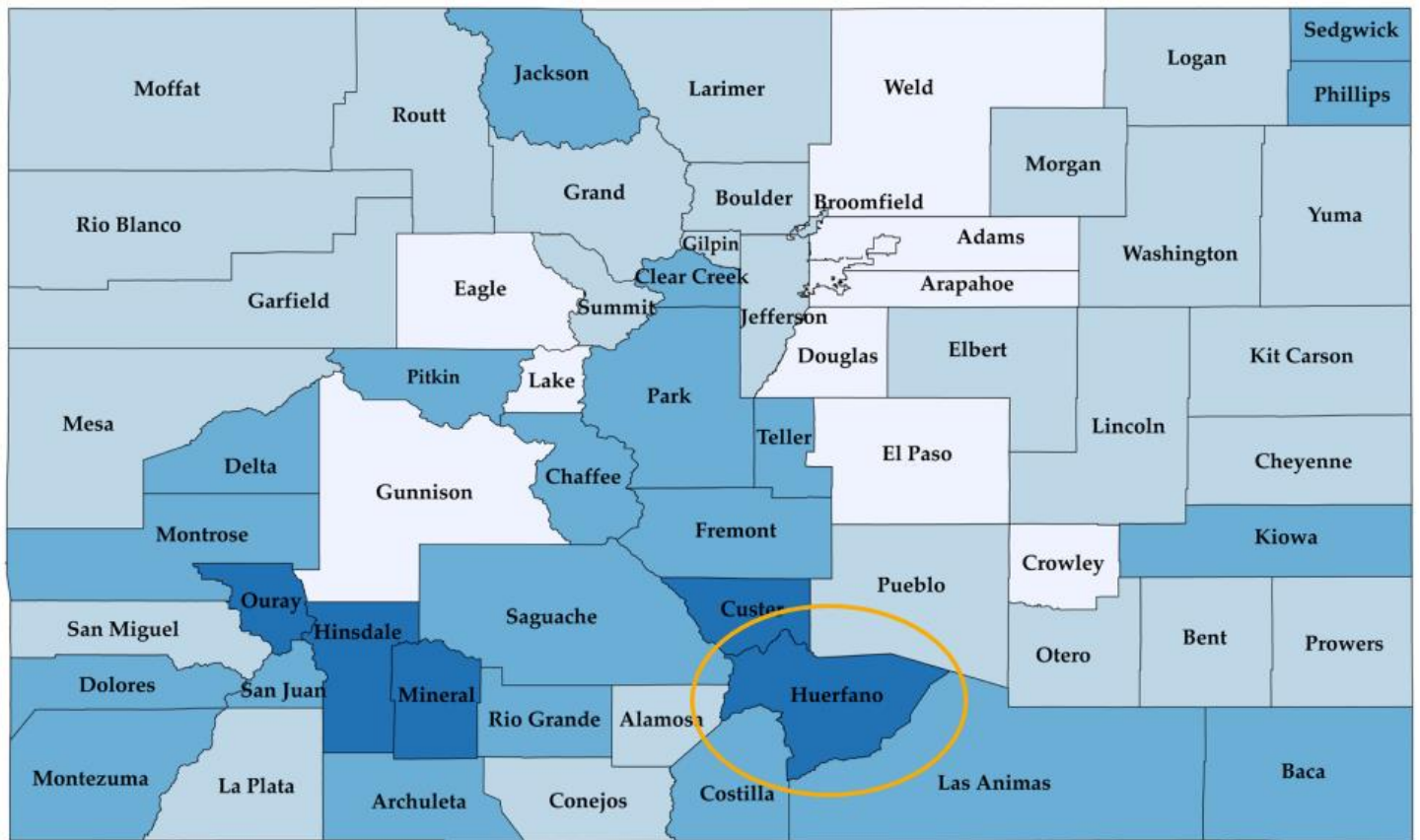
Source: Colorado Rural Health

There are twenty-four rural counties that do not have a licensed addiction counselor, one of which is Huerfano County.



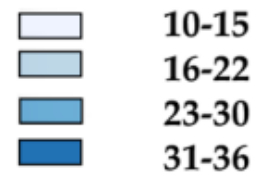
Source: Colorado Rural Health

Percent of Population who are 65 years old and older



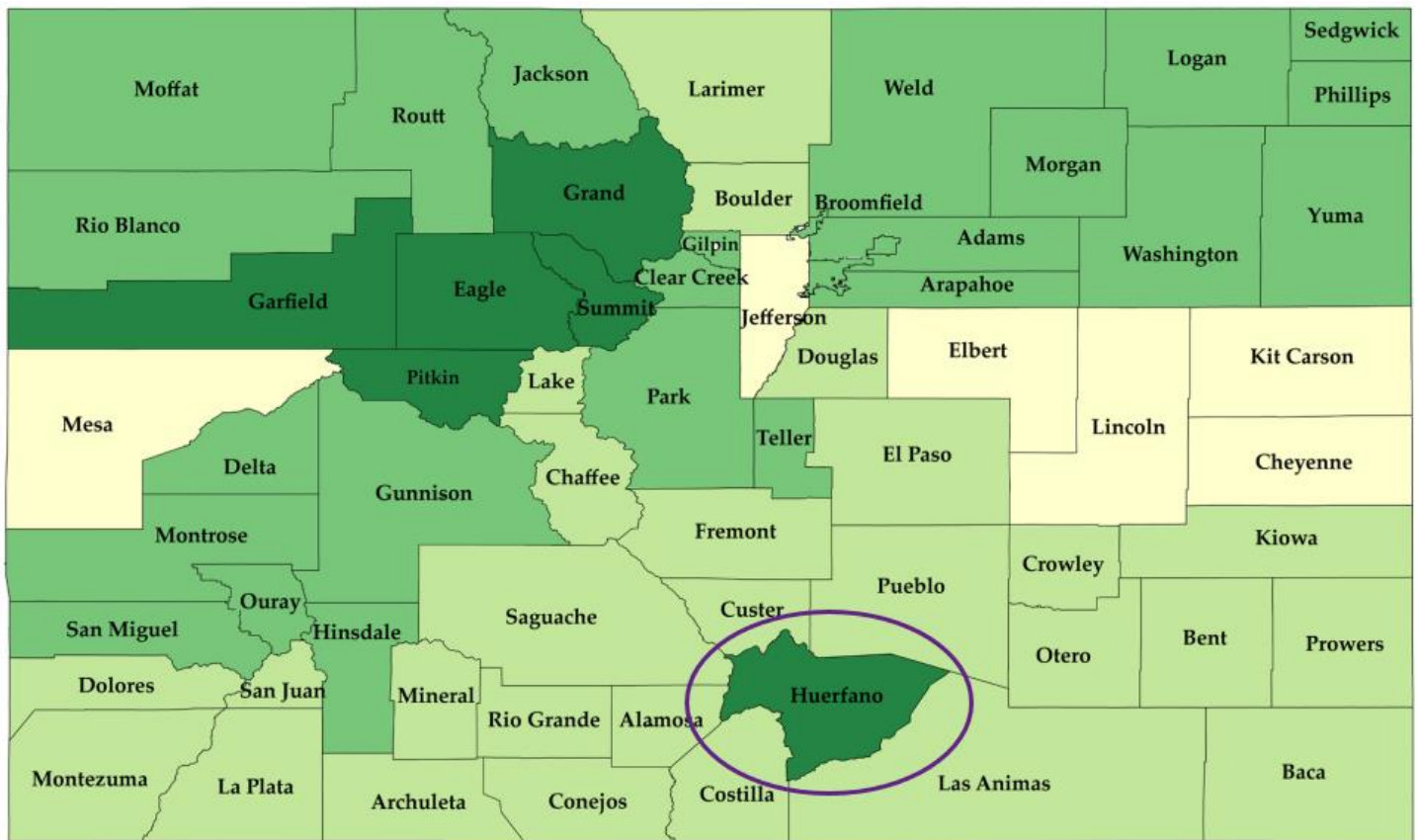
Source: Colorado Rural Health

% of Population 65+



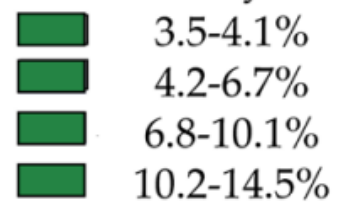
0 25 50 miles

Rate of Housing Instability



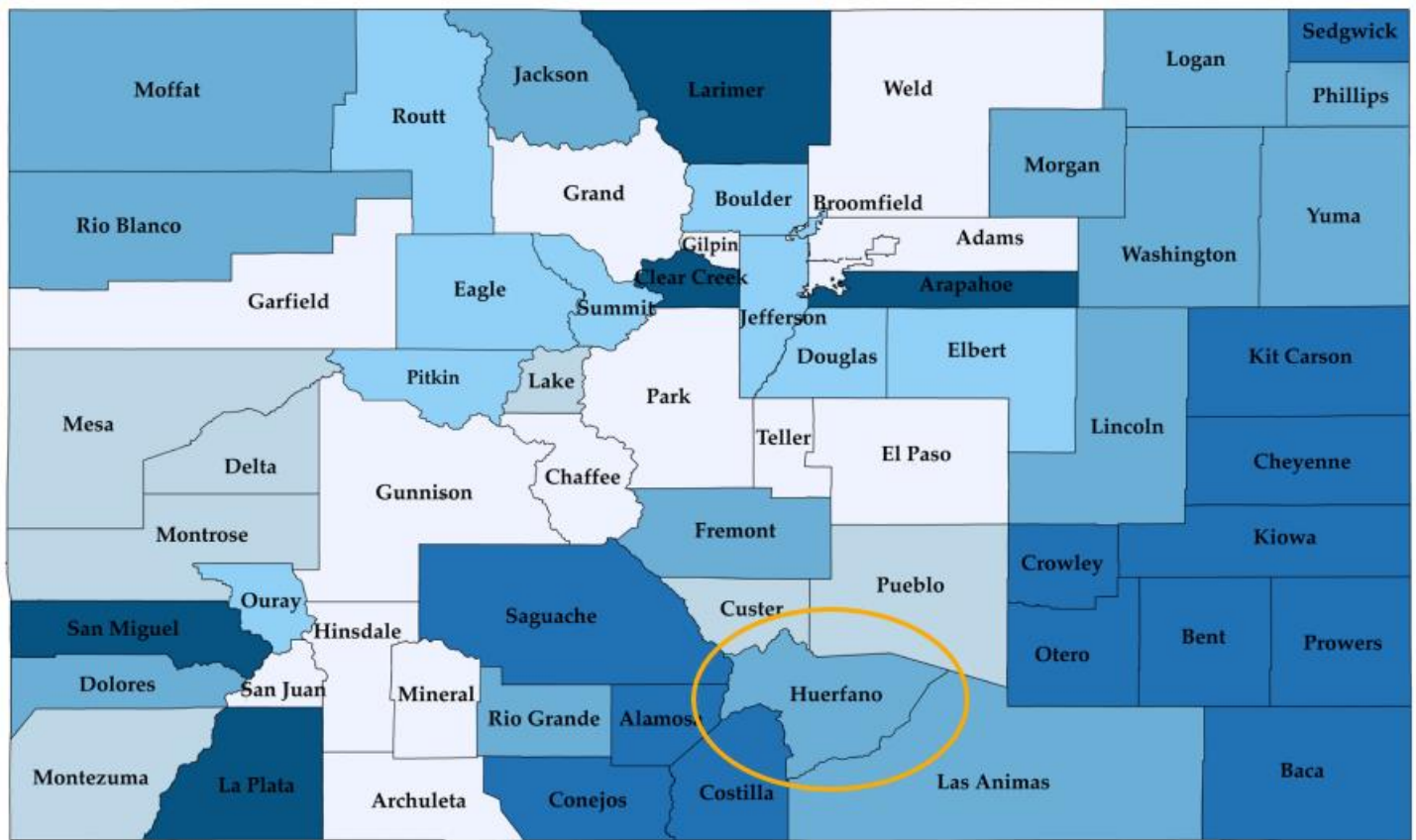
Source: Colorado Rural Health

Rate of Housing Instability



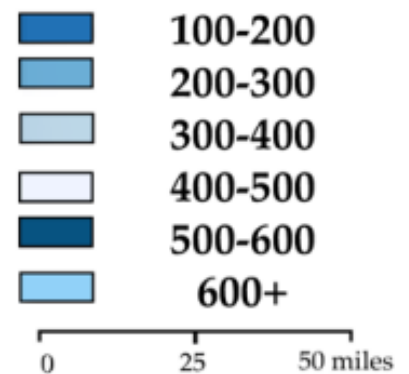
0 25 50 miles

Median Home Price - 2022

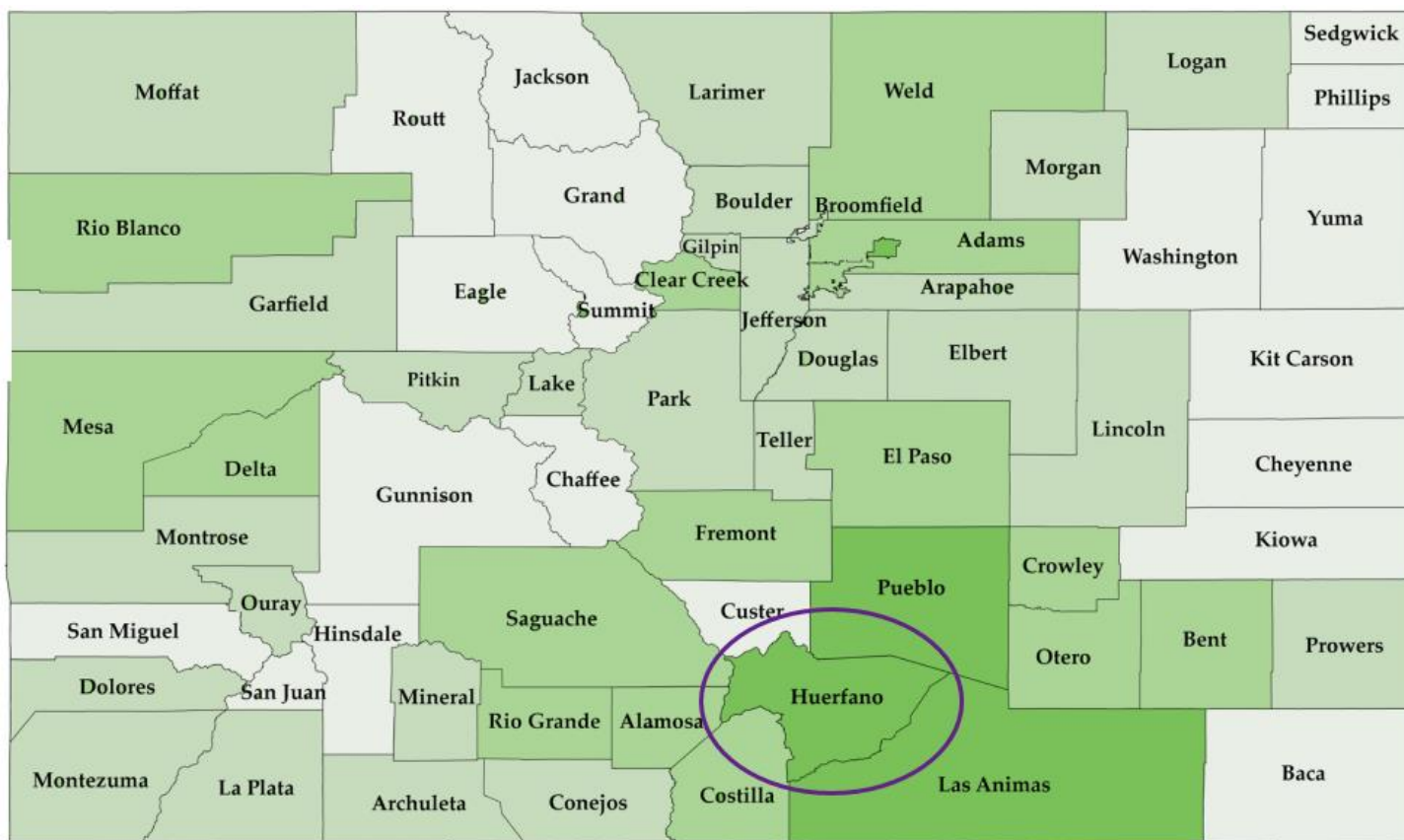


Source: Colorado Rural Health

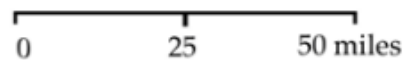
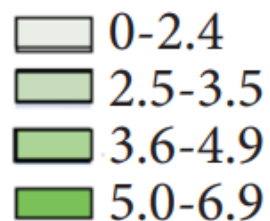
\$ Home Price



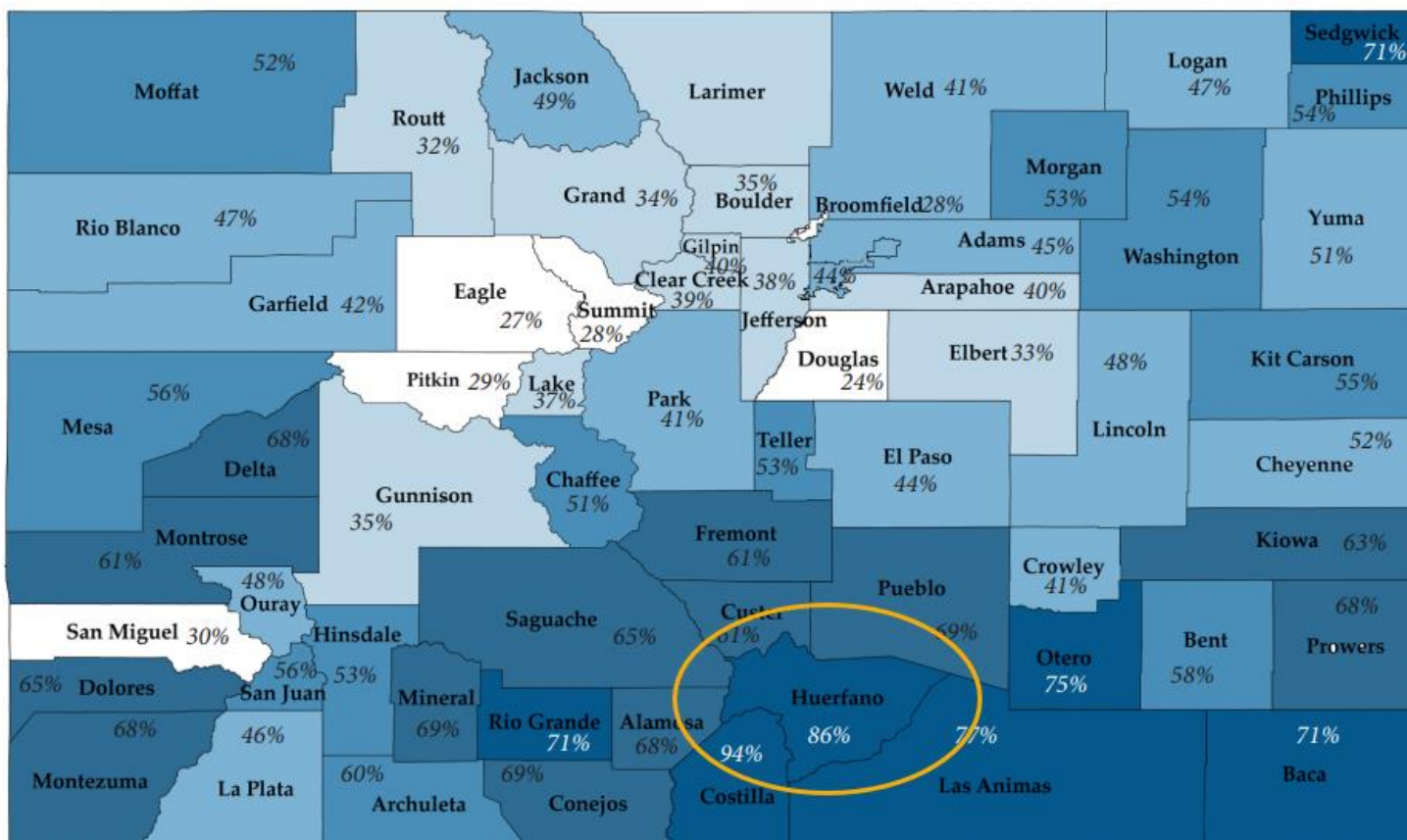
Unemployment – August 2022



Source: Colorado Rural Health

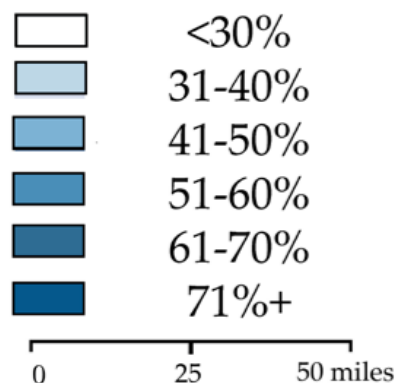


Percent of Population on Medicaid or Medicare Caseload – 86% in Huerfano County



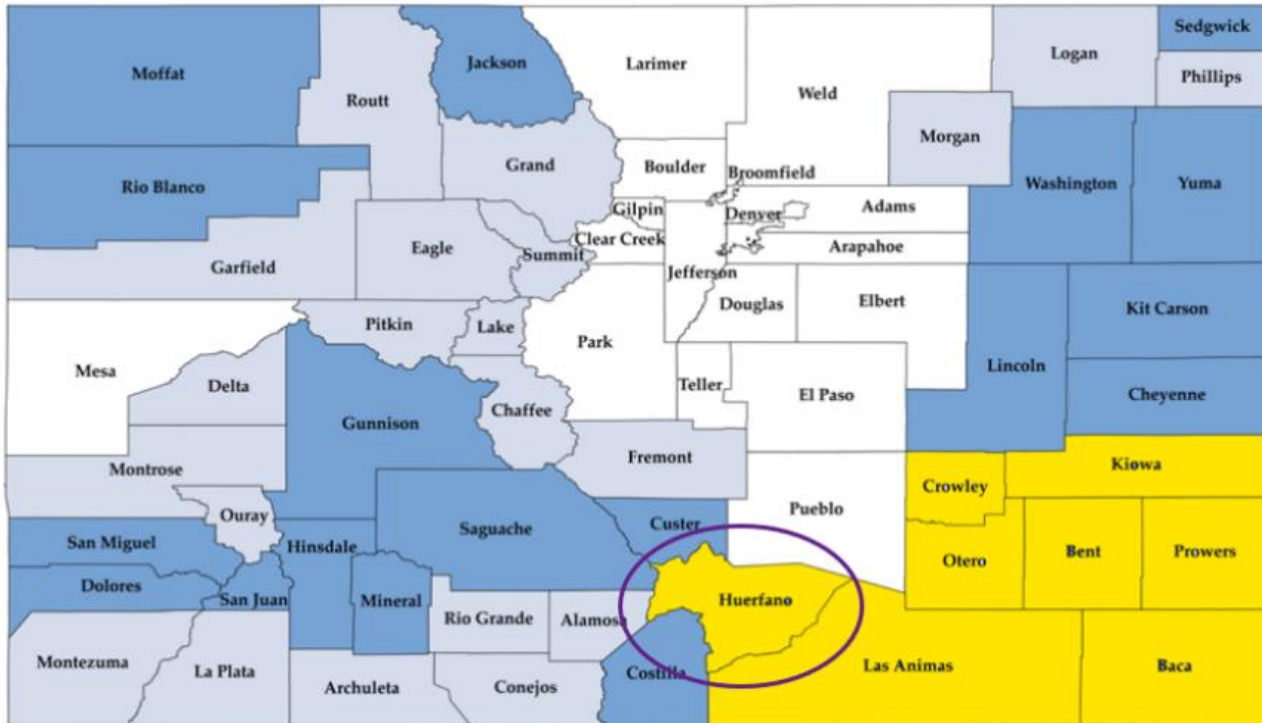
Source: Colorado Rural Health

% of Population on
Medicaid or Medicare



Gun Violence

According to the 2023 Snapshot of Rural Health, Huerfano County is one of eight counties with the highest access to firearms without adult supervision within one hour.



Source: Colorado Rural Health



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