

# RIO GRANDE HOSPITAL & CLINICS

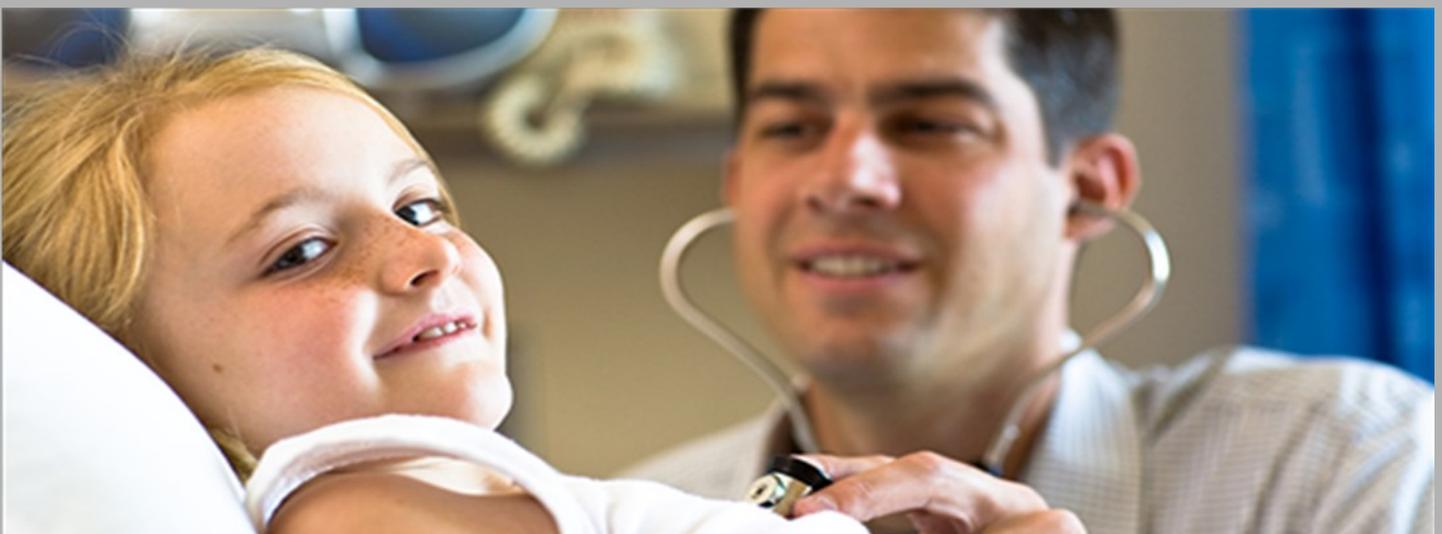


2015 – 2018

COMMUNITY HEALTH NEEDS ASSESSMENT

# TABLE OF CONTENTS

Acknowledgment of Partners	4
Introduction	7
RGH Operational Data 2014	8
2012 Community Health Needs Assessment	11
Collaborative Approach	13
Executive Summary	15
Our Community	19
Population	20
Race & Ethnicity	20
Households	21
Education	21
Income & Labor	21
Methodology	23
Overview of Study Process	24
Data Collection & Analysis	25
2015 Community Health Needs Survey Results	26
Survey & Community Collaboration Identified Areas	32
Health Promotion & Disease Prevention	32
Care Coordination	33
Behavioral Health Outreach & Services	34
Data Sources	35
Implementation Strategy	37
Health Promotion & Disease Prevention	38
Care Coordination	40
Behavioral Health Outreach & Services	41



# ACKNOWLEDGMENTS



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

## COMMUNITY PARTNERS

City of Monte Vista

Del Norte Ambulance

Del Norte Fire Department

Del Norte Bank

Del Norte Head Start

Del Norte Prospector

Del Norte School District

Del Norte Trails

Dunn Law

Gateway Church

Hospice de Valle

Mineral County Ambulance

Mineral County Sheriff

Monte Vista Kids Connection

New Life Fellowship

Pioneer Church

Rio Grande County Commissioners

Rio Grande Department of Public Health

Rio Grande Department of Social Services

Rio Grande Pharmacy

Rio Grande Savings & Loan

San Luis Valley Behavioral Health Group

South Fork Fire & Ambulance

South Fork Community Health Board

South Fork Fire & Rescue

Town of Del Norte

Three Barrel Brewery

Upper Rio Grande Economic Development Council

The Valley Courier

Weaver Construction

# ACKNOWLEDGMENTS

Thank you to the Rio Grande Hospital & Clinics (RGH) Board of Directors, who provide ongoing leadership and vision. A special thank you to all the employees and providers at RGH, who make our mission possible.

## **RGH BOARD OF DIRECTORS**

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RGH Marketing Team



*Rio Grande Hospital*



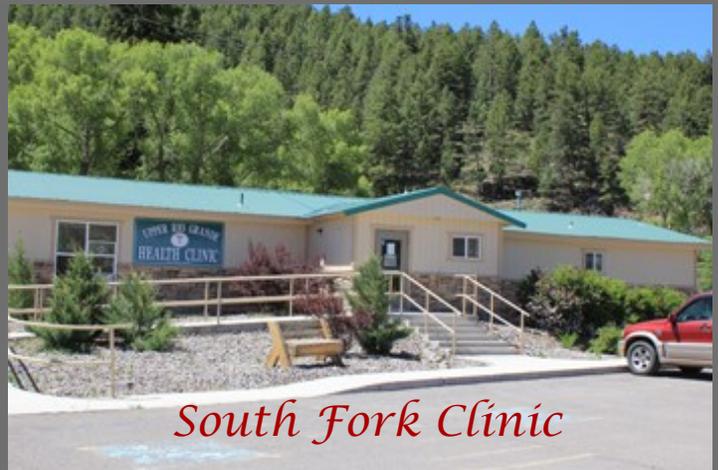
*Del Norte Clinic*



*Monte Vista Clinic*



*Creede Clinic*



*South Fork Clinic*

# INTRODUCTION

# INTRODUCTION

Rio Grande Hospital & Clinic's (RGH) dedication to serving the community began 20 years ago in an effort to provide the west end of the San Luis Valley with critical access care within the golden hour. Rio Grande Hospital & Clinics are committed to one core mission:

*Dedicated to provide a compassionate and caring environment for patients, visitors, and staff while delivering the highest quality care to the San Luis Valley communities.*

The presence of RGH has a significant impact on the communities it serves. In addition to providing high-quality healthcare to residents, its presence is central in reviving the economies of the west end of the San Luis Valley. High-quality healthcare attracts new businesses to the area and brings in \$24 million in gross revenue while employing over 140 people. RGH is a level IV trauma center with the following services:

- Emergency Care
- Preventive
- CAT Scan
- 2 Trauma Rooms
- Physical Therapy
- MRI
- 3 Emergency Rooms
- 15 Acute Beds
- Ultrasound
- Acute Care
- 2 Observation Beds
- Respiratory
- Outpatient Care
- Laboratory
- Surgery
- Clinic Care (4 locations)
- Radiology

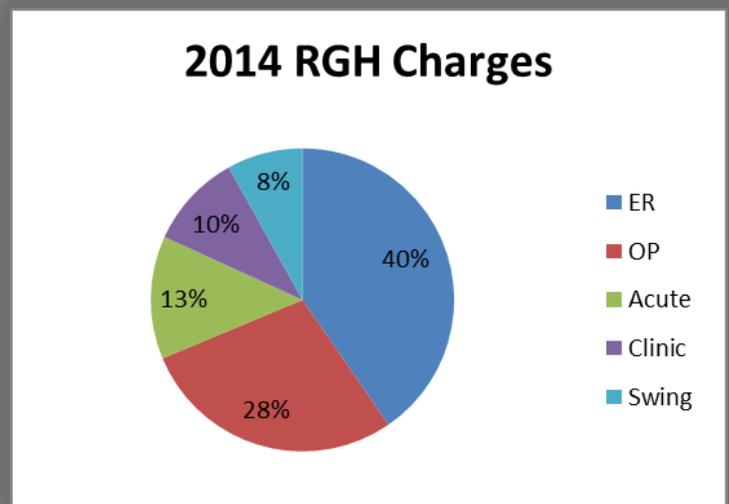
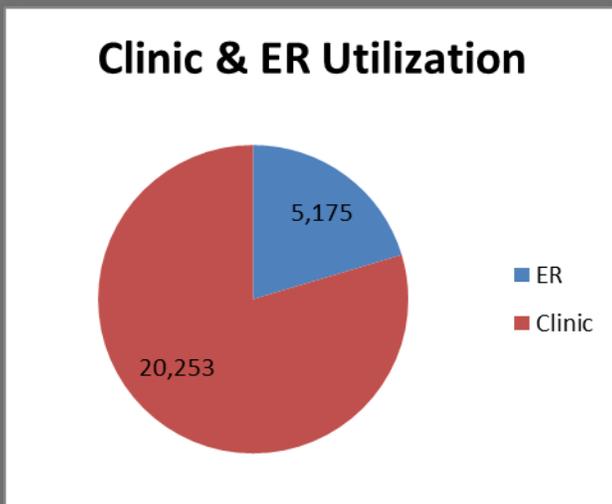
## **RIO GRANDE HOSPITAL & CLINICS OPERATIONAL DATA 2014**

Operational data for RGH includes revenue and utilization factors. A significant portion of revenue comes from emergency care, with a much smaller fraction coming from clinic care. However, as the data indicates, clinics are heavily utilized by the communities served.

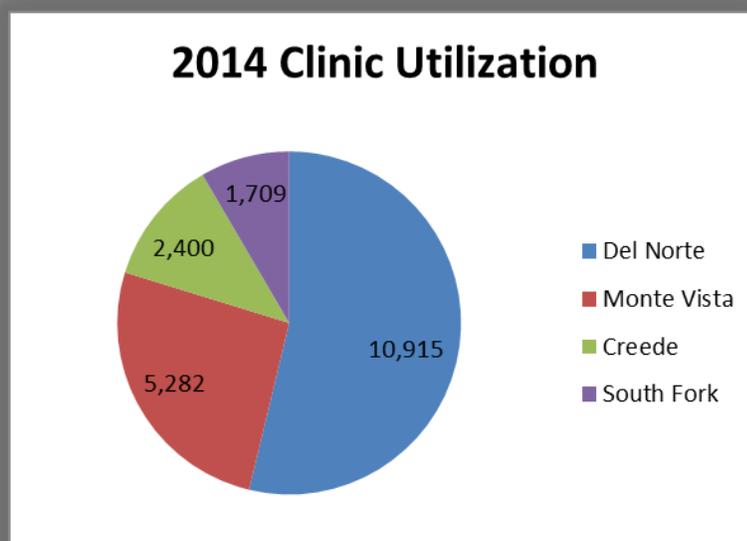
# INTRODUCTION (Continued)

## RIO GRANDE HOSPITAL & CLINICS OPERATIONAL DATA 2014

The graphs below illustrate that while the emergency room brings in 40% of overall RGH revenue, it only accounts for 25% of total utilization. In contrast, clinics only bring in 10% of the revenue, while accounting for 75% of utilization. Over 20,000 community members visited a RGH clinic in the past year, as opposed to just over 5,000 making ER visits.



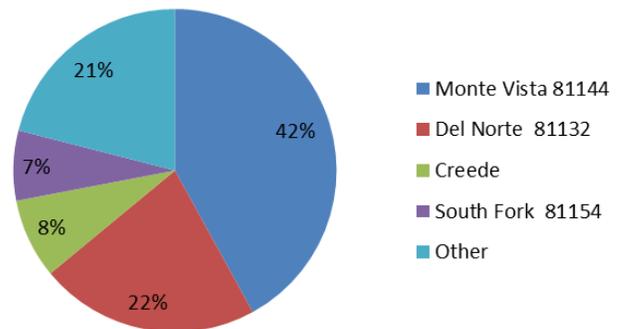
Approximately 54% of clinic utilization occurs at the Del Norte Clinic. The data demonstrate that, although the populations of South Fork and Creede are relatively small, there are high usage levels in these areas. The high utilization levels can be attributed to population swelling during summer months due to tourism.



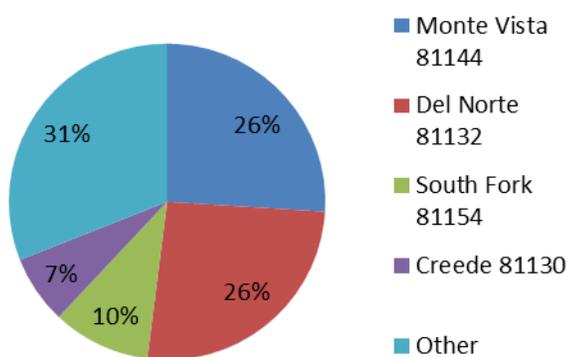
# INTRODUCTION (Continued)

With 40% of RGH's revenue coming from emergency room utilization, it is important to note that a majority of ER visits are from residents who live in the Monte Vista area. It is noteworthy that 21% of ER visits come from individuals whose primary residence is outside the communities served.

### ER Care by Zip Code Utilization



### Outpatient Admission by Zip Codes



Although a majority of ER visits are from Monte Vista residents (40%), they only make up 26% of outpatient admissions. Del Norte residents also make up 26% of outpatient admissions. Clinic admissions share similar percentages to outpatient admissions.

## PURPOSE

RGH conducts a Community Health Needs Assessment (CHNA) every three years in accordance with regulations required by section 501(r) of the Internal Revenue Code of 1986, as amended, which was enacted as part of the Affordable Care Act of 2010. The overall objective of this process is to identify health issues in the community and strategically address concerns through planning, implementation, and collaboration with community partners.

# INTRODUCTION (Continued)

## 2012 COMMUNITY HEALTH NEEDS ASSESSMENT

The 2015 Community Health Needs Assessment process began with a review of the 2012 Community Health Needs Assessment. This review assisted the committee with understanding which types of strategies are effective, ineffective, and difficult to employ.

## IDENTIFIED AREAS OF CONCERN & IMPLEMENTED STRATEGIES

### Alcohol & Drug Treatment & Prevention

- RGH worked with the Colorado State Patrol, Adams State University, and area schools to develop a program to demonstrate the effects of driving while under the influence of alcohol. A SIM mannequin was used in demonstrations. The program has been credited with saving lives and overall behavior change.
- RGH was unable to work with Alcoholics Anonymous as there is currently not an organization in the community.
- RGH was unable to develop wellness partnerships with youth programs due to the lack of available RGH personnel.
- RGH had difficulty connecting with the San Luis Valley Behavioral Health Group to develop a plan. RGH has readdressed this relationship in the 2015 assessment and implementation plan.
- RGH was unable to develop and sustain a community marketing campaign due to limited existing staff. However, RGH has increased its presence in all major publications in the San Luis Valley.

### Obesity

- RGH worked with a local grocery store and the High Valley Community Center on healthy cooking classes. Attendance at these events was low.
- RGH was unable to develop and sustain a community marketing campaign due to limited existing staff.

# INTRODUCTION (Continued)

## 2012 COMMUNITY HEALTH NEEDS ASSESSMENT

### IDENTIFIED AREAS OF CONCERN & IMPLEMENTED STRATEGIES

#### Obesity (Continued)

- RGH initiated an employee wellness pilot program. This program included a Fit Bit challenge and two community races. RGH providers have worked with the San Luis Valley Rural Electric Cooperative on health fairs and individualized programs for their employees. Educational presentations on health and chronic illnesses were also provided.
- RGH proceeded with providing health educators for chronic disease management but had limited public interest.
- RGH has worked with local schools on an annual CHAMP program. In addition, the hospital has been involved in the development of a Del Norte Schools program that included injury prevention and baseline testing for students in athletics and clubs. This baseline testing includes a physical therapy evaluation, athletic training, and random drug testing.
- RGH has offered tai chi classes this year to assist with fall prevention.

#### Diabetes

- RGH trained staff in diabetes education but had limited community interest.

#### High Rate of Poverty

- RGH joined area economic development councils and contributes to their annual operating budgets.
- RGH added a full-time financial counselor position that assists patients with Medicaid navigation and financial assistance.
- RGH was unable to develop and sustain a community marketing campaign with the limited existing staff.

# INTRODUCTION (Continued)

## COLLABORATIVE APPROACH

RGH took a collaborative and data-driven approach to the 2015 Community Health Needs Assessment process. An initial community meeting occurred in which current services, programs, and data was presented by RGH staff. In addition, the Rio Grande County Public Health Director and the Chief Operating Officer of the San Luis Valley Behavioral Health Group (SLVBHG) shared community health data. Next, a community health needs survey was developed and administered to over 100 community partners then analyzed by an outside contractor. Next, a second community meeting was held where identified areas were discussed at length by community partners



and recommendations made. In addition, RGH staff took these recommendations and developed an overall plan to address key areas of concern. Finally, RGH staff created an implementation plan with a timeline that will be forthcoming. These strategies were then presented at a third and final community meeting. Community partners were informed that a final report would be made available on the RGH website once completed.



# EXECUTIVE SUMMARY

# EXECUTIVE SUMMARY

## COMMUNITY SERVED

Rio Grande Hospital & Clinics (RGH) primarily serve the rural communities of Del Norte, South Fork, Creede, and Monte Vista, with clinics in each location. These communities are located in Rio Grande and Mineral counties in south central Colorado. This region is considered to be a high mountain desert with mountain passes surrounding the area.

## OTHER EXISTING COMMUNITY RESOURCES

Other opportunities for healthcare are limited in the communities served by RGH. There are two additional clinics in Monte Vista, which are Valley Wide Health Services and SLV Health. There is also a Valley Wide Health Services clinic in Center. The nearest other hospital and clinics are in Alamosa County (31 miles away) and Conejos County (45 miles away).

## IDENTIFIED AREAS OF CONCERN

Through data from the community health needs survey and collaboration with community partners, three overarching categories were defined as the most significant issues impacting the health of the communities served.

## HEALTH PROMOTION & DISEASE PREVENTION

- Community partners felt that many diseases such as obesity, diabetes, heart disease, and high blood pressure, were the result of the underlying issue of poor nutrition and lack of physical activity.
- Recommendations included RGH becoming more involved in promoting health and educating the community on disease prevention.

## CARE COORDINATION

- Community partners were concerned by all of the changes in the healthcare industry that has resulted in difficulty navigating insurance systems. In addition, community partners are frustrated by the lack of specialty care options.
- Recommendations were made for RGH to support community members in navigating the healthcare system and to analyze the possibility of providing additional specialty services.

# EXECUTIVE SUMMARY (Continued)

## BEHAVIORAL HEALTH OUTREACH & SERVICES

- Community partners expressed frustration with addiction prevention and management, as well as other prevalent disorders. Residents must often travel to Alamosa or Pueblo counties for services. In addition, there is often stigma associated with behavioral healthcare, which prevents those in need from obtaining needed treatment
- Recommendations were made for RGH to develop a stronger partnership with the San Luis Valley Behavioral Health Group (SLVBHG) to minimize barriers to access and increase service availability. In addition, partners recommended increased education for RGH staff on assessment screenings for behavioral health needs.

## PLAN

From these concerns and recommendations, RGH created a three-year detailed plan. The plan includes specific tasks and a timeline to ensure positive outcomes.



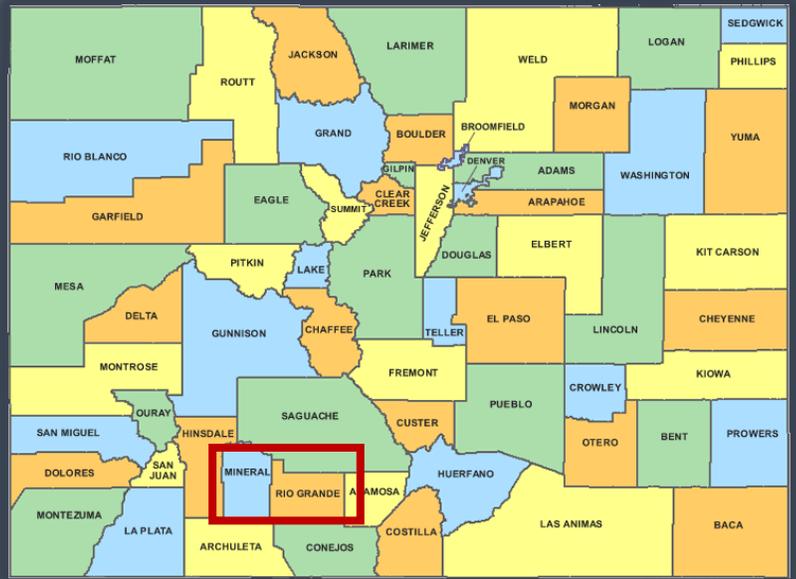


# OUR COMMUNITY

# OUR COMMUNITY

## POPULATION

RGH serves four communities located in Rio Grande and Mineral counties: Del Norte, South Fork, Creede, and Monte Vista. These communities are the identified communities served by RGH, as they are locations of RGH clinics. According to the Colorado State Demography Office, Mineral County has a population of 721, and Rio Grande’s population is 11,736. Although the population of Colorado has seen an increase, both Mineral and Rio Grande counties have seen declines in population between 2000 and 2013 (Mineral - 13.8%; Rio Grande -5.6%). Approximately 25% of all San Luis Valley residents reside in Rio Grande County. Since 2000, Rio Grande County has seen an increase in the age groups of 45 years or older, and Mineral County has seen increases in ages 55 years and older.



## RACE & ETHNICITY

	Rio Grande	Mineral
White	78.2	97.3
Afro-American	.36	.3
Native	1.8	.6
Asian	.4	.1
Pacific	.02	0
Islander		
Other	15.9	.3
2 or More	3.2	1.4
Hispanic	42.4*	2.9*

Both counties saw significant decreases in residents under the age of 45. Under half of those in Rio Grande County identify as Hispanic (42.4%) which compares to 20.8% in Colorado. In addition, 21.7% of residents in Rio Grande County identify as a race other than white, which demonstrates greater diversity than the state as a whole, where 20.9% identify as a race other than white.

\*Hispanic origin is considered an ethnicity not a race by the U.S. Census Bureau. Hispanics may be any race.

Source: U.S. Census Bureau

# OUR COMMUNITY (Continued)

## HOUSEHOLDS

	Rio Grande	Mineral
Total Housing Units	6630	1201
Occupied Units	4779	355
Owner Occupied	3218	294
Renter Occupied	1561	61
Vacant Units	1851	846
Seasonal	1309	793
Other Vacant	542	53

Source: U.S. Census Bureau

As of 2010, approximately 30% of units in Rio Grande County are vacant. Over 32% of occupied units are rentals. In Mineral County the vacancy rate is over 70%, although there were 82 new units since 2000.

## EDUCATION

	Rio Grande	Mineral	Colorado
Grad. or Prof	6.5%	12.7%	13.4%
Bachelor's	13.7%	26.7%	23.6%
Associate's	7.8%	5.3%	8.2%
Some College	24.8%	27.1%	22.8%
High School	31.2%	24.7%	22.1%
9-12 (no diploma)	7.5%	2.9%	5.7%
Less than H.S.	8.4%	.6%	4.1%

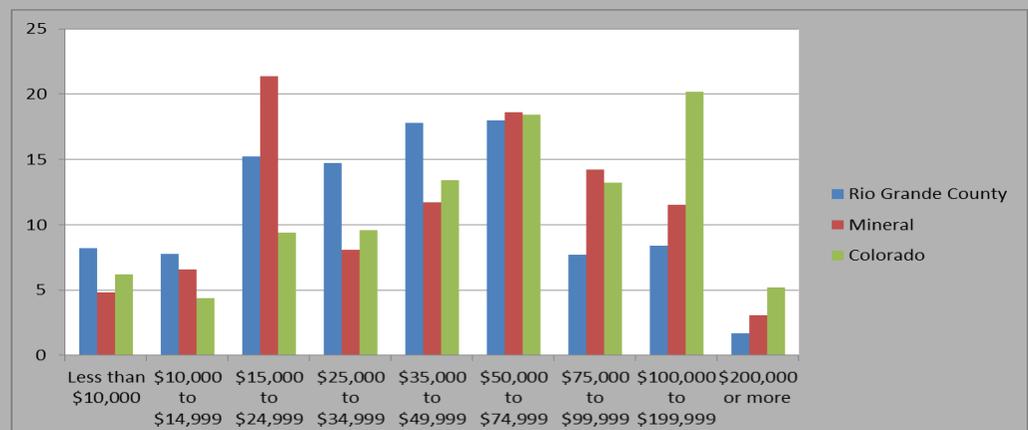
Source: U.S. Census Bureau



## INCOME & LABOR

A full one third of Rio Grande & Mineral county residents earn less than \$25,000 annually, as compared to 20% statewide. Only 10% of residents earn greater than \$100,000, as compared to 25.4% statewide. In the category of \$75,000 to \$99,000, Mineral County is higher than the state average, at 14.6%. Agriculture accounts for

37% of the economy in this area, retirees 16.8%, other households 11.7%, regional services 11.1%, tourism 7.5%, and government 6.5%.



Source: U.S. Census Bureau



# METHODOLOGY

# METHODOLOGY

## OVERVIEW OF STUDY PROCESS

The 2015 Community Health Needs Assessment process began through initial meetings with the Rio Grande Public Health Director and staff from RGH. Public Health is required to complete a community needs assessment as well, so initial conversations assessed the feasibility of combining efforts. It was determined that timeframes required were in conflict, so combining processes was abandoned this cycle. However, this endeavor will be evaluated again in the future as a method to decrease duplication of time and resources.

Next, a committee was formed comprised of executive staff from RGH, the Rio Grande Public Health Director, the Chief Operating Officer of San Luis Valley Behavioral Health Group, and an outside contractor. The committee met periodically throughout the process to assess progress. The process occurred over a period of three months. A three-step process outlines objectives reached in each step:

STEP 1	STEP 2	STEP 3
<ul style="list-style-type: none"> <li>• Review previous CHNA for improvements</li> <li>• Create process and select community meeting dates</li> <li>• Create CHNA survey</li> <li>• Hold first community meeting</li> <li>• Send out CHNA Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze CHNA data</li> <li>• Create categories for review by community</li> <li>• Review CHNA data at 2nd community meeting</li> <li>• Engage partners in discussion of recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze recommendations</li> <li>• Create action plan and timeline</li> <li>• Present action plan at 3rd community meeting</li> <li>• Create detailed report</li> <li>• Make report available for community</li> </ul>

As outlined in the three-step process, three community meetings were held. At the first community meeting an overview of the 2012 Community Health Needs Assessment was presented by RGH Chief Executive Officer, Arlene Harms; RGH statistics were presented by Chief Financial Officer, Greg Porter; community health statistics by Emily Brown from the Rio Grande Department of Public Health; and behavioral health data was presented by Kristina Daniel of the San Luis Valley Behavioral Health Group.

## METHODOLOGY (Continued)

The next step included reviewing of the Community Health Needs Assessment Survey data by the committee. Community health concerns were placed into three general categories: behavioral health and addictions, diseases associated with the lack of exercise and poor nutrition, and RGH logistical issues. Logistical issues referred to desires for increased specialty services, billing, and transportation.

The second community meeting was held in the world café format to increase community input. Community members divided themselves into one of the three core areas identified by the Community Health Needs Assessment. Emily Brown (Rio Grande Department of Public Health), facilitated the group on diseases associated with the lack of exercise and poor nutrition, Kristina Daniel (San Luis Valley Behavioral Health Group), facilitated the group on behavioral health and addiction issues, and Wendi Seger (an outside contractor), facilitated the group on logistical and organizational issues. Community members rotated through each group. At the end of the night, they gave final edited recommendations to RGH staff. After this meeting, RGH staff convened and determined which community recommendations they would consider implementing. Health needs were prioritized based on urgency, feasibility, potential effectiveness of the intervention, health disparities associated with the need, and the importance the community placed on the need. This plan was then presented at the final community meeting.

### **DATA COLLECTION & ANALYSIS**

Data collected for the Community Health Needs Assessment was both quantitative and qualitative. Quantitative data was collected through a Community Health Needs Survey. Demographic information was collected from the U.S. Census Bureau and from the Rio Grande Public Health Department. Qualitative data was collected through community meetings.

#### **2015 Community Health Needs Survey**

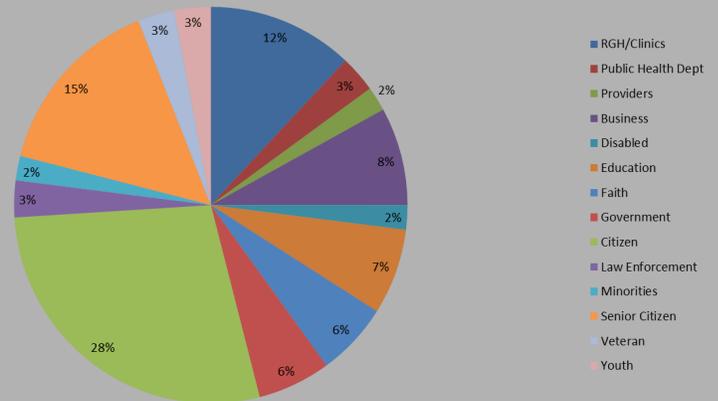
Links to the 2015 RGH Community Health Needs Survey were sent to a list of RGH partners. In addition, hard copies were sent to clinics as well as made available to those without internet access. Sixty partners were contacted to complete a survey and encouraged to collect ten more. Finally, cards were distributed that included a link to the survey. A total of 101 surveys were completed.

# METHODOLOGY (Continued)

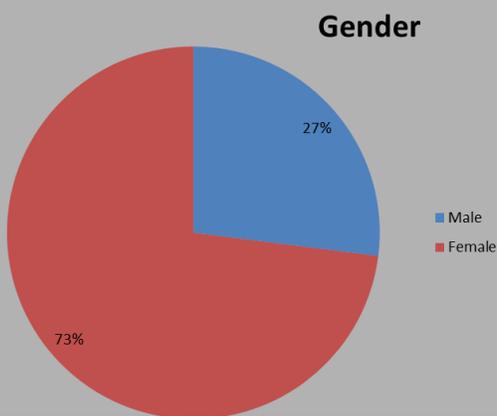
## DATA COLLECTION & ANALYSIS

### 2015 COMMUNITY HEALTH NEEDS SURVEY

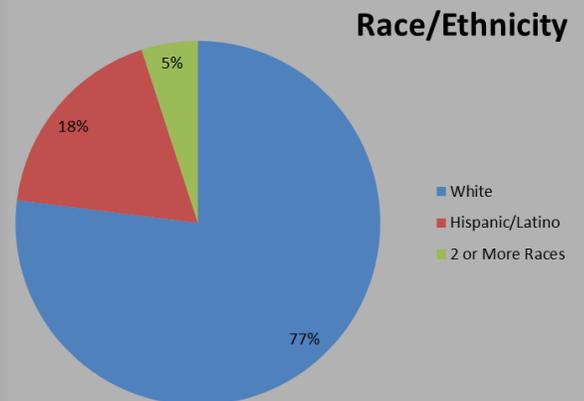
The Community Health Needs Survey was completed by 101 individuals and represented a cross section of collaborative partners. Providers represented the highest level of participation.



Although efforts were made to have equal representation in the survey between males and females, only 27% of the surveys were completed by males.



Results on race and ethnicity of survey participants coincide with the U.S. Census Bureau's identification of percentages of residents in Rio Grande and Mineral counties.



# METHODOLOGY (Continued)

## DATA COLLECTION & ANALYSIS

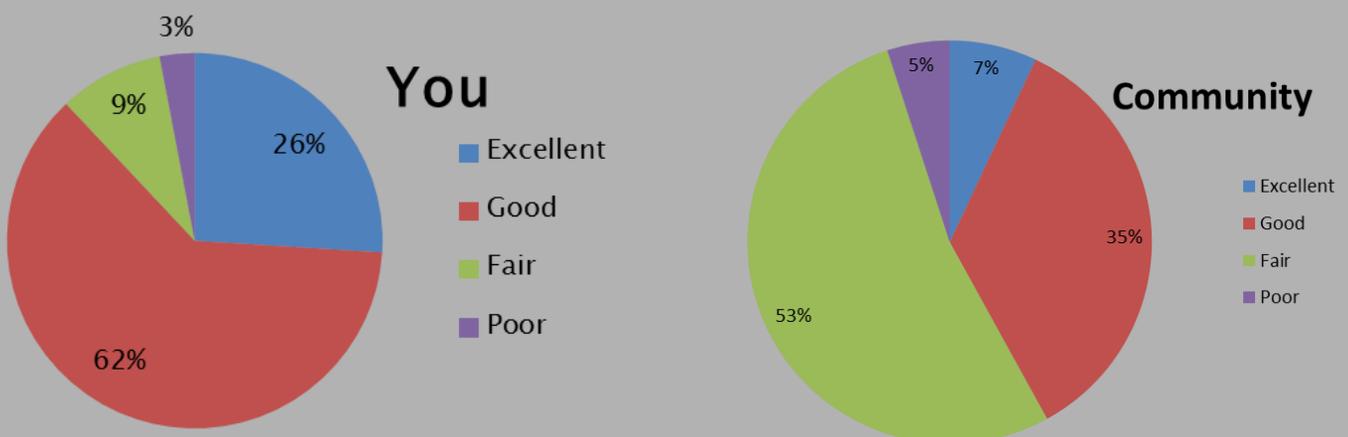
### 2015 COMMUNITY HEALTH NEEDS SURVEY

There was somewhat equal representation from each income bracket in the survey with a high number of individuals from the \$50,000 to \$75,000 range. Representation from each zip code roughly followed population percentages in each area.



## COMMUNITY HEALTH STATUS

An interesting finding occurred when partners were surveyed about how they viewed their own health and the overall health status of the community. Results indicated that 88% of those surveyed saw their own health as either excellent or good, while they only saw that 42% of community members health was excellent or good.

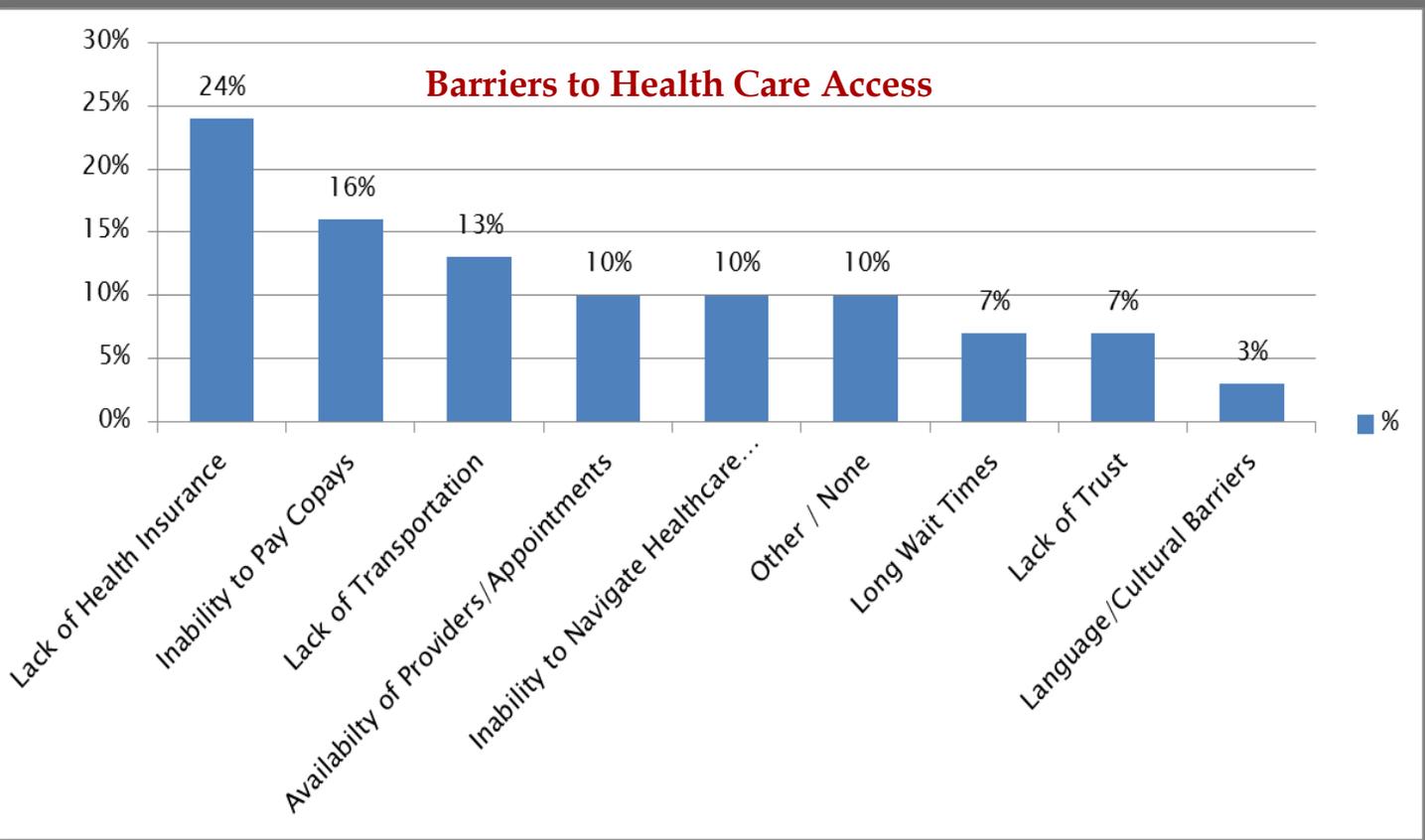


# METHODOLOGY (Continued)

## DATA COLLECTION & ANALYSIS

### 2015 Community Health Needs Survey

The 2015 Community Health Needs Survey studied **what barriers our community residents have to accessing healthcare**. As predicted, lack of health insurance, inability to pay copays, and transportation were at the top of the list of concerns. These issues are related to high poverty levels in the area. Of additional interest were the lack of availability of appointments with providers and navigating the often complex healthcare industry. Further understanding of how partners view RGH's efficacy in these areas can be seen on the graph labeled *Areas for Growth*.

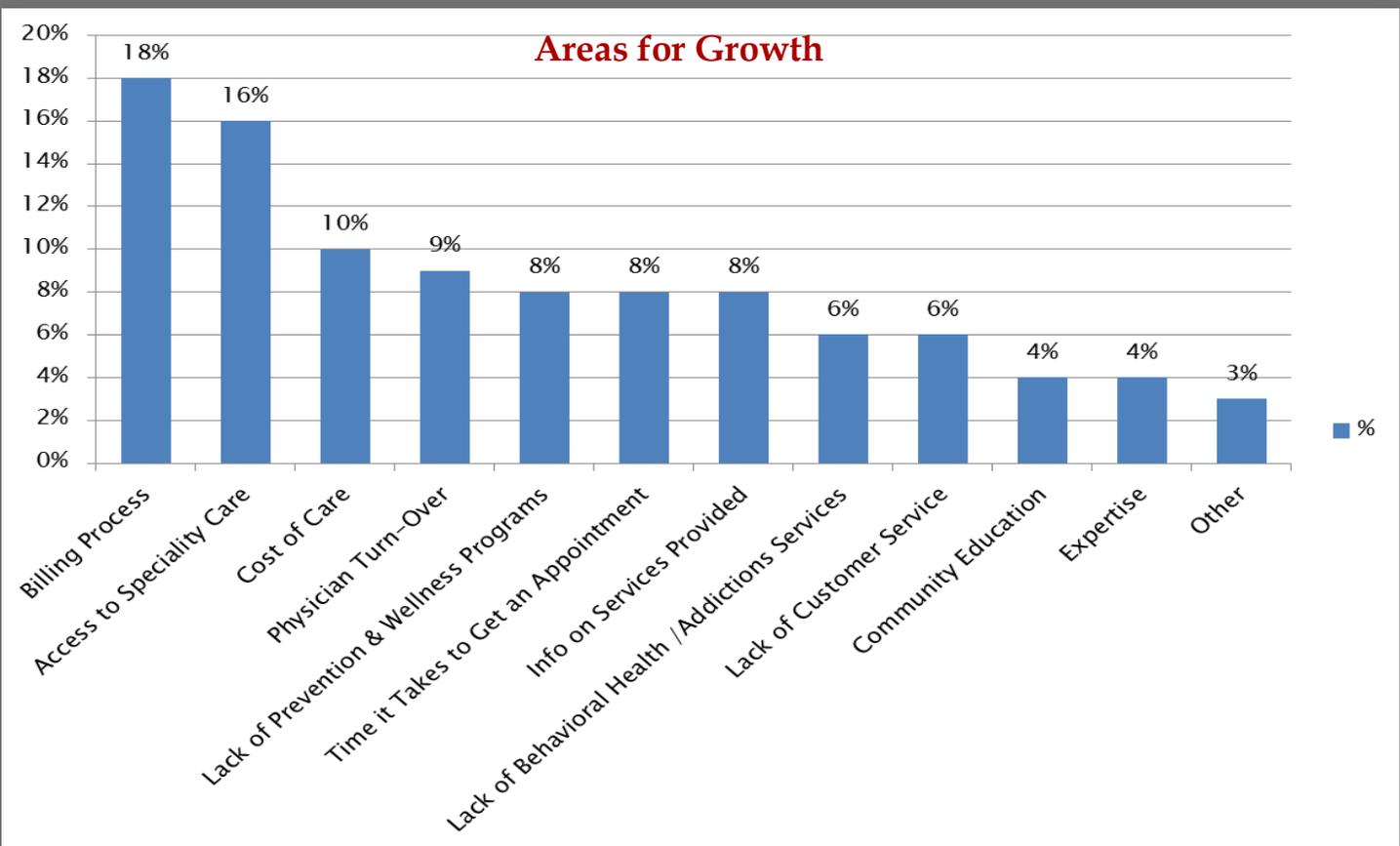


# METHODOLOGY (Continued)

## DATA COLLECTION & ANALYSIS

### 2015 Community Health Needs Survey

Survey participants were asked to assess RGH's **areas for growth**. These categories assist in understanding what is important to community members accessing healthcare. It was very clear from the survey that the outsourced billing system is making healthcare access cumbersome. The high poverty levels and isolation of the area has made physician retention, providing specialty care, and wellness programming difficult. The survey provides a clear desire by the community for RGH to problem solve in these key areas.



# METHODOLOGY (Continued)

## DATA COLLECTION & ANALYSIS

### 2015 Community Health Needs Survey – Community Comments

- Reach out, be proactive in promoting healthy living to prevent needing healthcare.
- Offer community education classes on obesity, exercise, and healthy eating.
- Competent doctors in South Fork. Competent nurse in Creede. Competent blood draw in Del Norte.
- Reasonable billing times. Over a year to receive a bill is unacceptable.
- I would love to see your hospital deliver babies. It's nice that I can have most of my prenatal care there but eventually I have to transfer to Alamosa. I would like to do all of my care with you guys.
- Access to affordable healthcare insurance.
- Continue to grow and expand the services offered.
- Billing improvement -although I am aware that insurance companies has a lot to do with it. Keep primary doctors in the clinic they are in and do not switch them around.
- Work on customer service for staff that first comes into contact with patients.
- Teach employees, doctors, nurses, etc....how to say please and thank you. I like RGH, but would like a more caring attitude from a personal point of view....just be kinder...from doctor to janitor. Seems like the larger hospitals have a better training program on this.
- I think they're doing good with the limited resources that they have. I only use them occasionally but have been very satisfied with the service that I received.
- Continued education and offering of information and services provided by your hospital. Retain qualified doctors and staff for continuity of care.
- Valley wide drug and alcohol abuse treatment.
- Keep doctors that you have begun to build a relationship with!

# METHODOLOGY (Continued)

## DATA COLLECTION & ANALYSIS

### 2015 Community Health Needs Survey – Community Comments

- Make the leap to a full functioning hospital with complete services. Raise the standard of employees in clinics.
- I think you are doing a great job!
- Your facility and staff are simply outstanding!
- Communication. More info to public on web portal.
- Wellness clinics...with an extremely low emphasis on drugs...as well as an analysis of what combination of prescription drugs could be causing a problem...i.e., teach wellness principles and wean folks off drugs as much as possible.
- Take good care of quality physicians so they will stay to give quality care
- I commend your efforts to serve all the residents in our county. It's a huge challenge.
- Providers need to listen to what and how the patient is feeling. The patient knows something is not right and the providers need to help figure out what it is, instead of brushing them off.. Something is wrong with them or they wouldn't need a provider in the first place
- Maybe a 9news type health fair.
- Continue supporting community efforts and find more opportunities for outreach (i.e. health fair, DN kids health fair, sponsoring farmers markets, hosting 5k/other races, sponsor healthy infrastructure such as trails, bike racks, community gardens)
- By providing information on healthcare and hospital facility access and resources. By partnering with the faith community.
- I personally would like to see Rio Grande Hospital/Clinics and SLVRMC work together better than they do.

# METHODOLOGY (Continued)

## SURVEY & COMMUNITY COLLABORATION IDENTIFIED AREAS

### HEALTH PROMOTION & DISEASE PREVENTION

- Rio Grande County ranks 56th of 60 Colorado counties for health outcomes (RWJF & University of Wisconsin Population Health Institute).
- Rio Grande and Mineral counties have higher levels of physical inactivity (20%) than the top U.S. performers (15%). Rio Grande County has less access to exercise (80%) than Colorado and top U.S. performers (92%) (Colorado Health Rankings).
- Rio Grande County has a higher level of obesity (24%) than Colorado as a whole (20%) (Colorado Health Rankings).
- According to the U.S. Department of Health & Human Services (NIH, 2015), obesity greatly raises the risk for other health issues, such as coronary heart disease, high blood pressure, stroke, type 2 diabetes, cancer, sleep apnea, osteoarthritis, metabolic syndrome, reproductive problems, and gallstones.

### *Community Partners Recommendations:*

- Provide greater outreach to schools and other entities that promote health and prevention.
- Provide a community building/classroom to hold educational classes.
- Utilize current website for nutrition information and wellness activities.
- Collaborate with other groups to promote health.



# METHODOLOGY (Continued)

## SURVEY & COMMUNITY COLLABORATION IDENTIFIED AREAS

### CARE COORDINATION

- According to County Health Rankings (2015), Rio Grande and Mineral counties have higher levels of uninsured individuals (21%) than the state of Colorado (17%) and well above the top U.S. performers (11%).
- Residents in Rio Grande County have significantly less access to primary care (1,493:1) than in Colorado as a whole (1,262:1) and the top U.S. performers (1,045:1) (County Health Rankings, 2015).
- Rio Grande and Mineral counties have significantly higher levels of preventable hospital stays (60) than Colorado (38) and the top U.S. performers (41) (County Health Rankings, 2015).

### *Community Partners Recommendations*

- Support navigation of healthcare system.
- Address billing issues.
- Consider hospice services, tele-health, and other specialty care that can be provided locally.
- Review increasing access to tele-health.



# METHODOLOGY (Continued)

## SURVEY & COMMUNITY COLLABORATION IDENTIFIED AREAS

### BEHAVIORAL HEALTH OUTREACH & SERVICES

- Access to behavioral health services is significantly lower in Rio Grande County than that of Colorado counties and U.S. top performers. In Rio Grande County, there are 2,361 residents to every one behavioral health clinician, whereas there are 392 residents to every one 1 clinician in Colorado overall and 386 to 1 in U.S. top performers (County Health Rankings, 2015).
- Rio Grande and Mineral County residents report greater numbers of poor mental health days a month (4.8) than Colorado residents overall (3.1) and top U.S. performers (2.3) (County Health Rankings, 2015).
- Rio Grande County residents are more likely to smoke (20%) than the rest of Colorado (17%) and U.S. top performers (14%) (County Health Rankings, 2015).
- San Luis Valley residents must be transferred to other regions for psychiatric hospitalization. The distance to these other areas is at least a two and a half hour drive or further, with limited availability.

### *Community Partners Recommendations*

- Explore addition of ATU beds.
- Provide additional education to hospital and clinic staff on behavioral health assessment, management, and medication treatments.
- Consider greater integration of behavioral health services into hospital and clinics to reduce stigma.
- Assist families of those with behavioral health or addiction issues.



# DATA SOURCES

Colorado State Demography Office. 2015. County health rankings. Retrieved from <https://www.colorado.gov/pacific/dola/state-demography-office>

Colorado State Rankings. 2015. County rankings. Retrieved from [http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2015\\_CO\\_0.pdf](http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2015_CO_0.pdf) and <http://www.countyhealthrankings.org/app/colorado/2015/rankings/rio-grande/county/outcomes/overall/snapshot>

National Institute of Health. 2015. U.S. Department of Health & Human Services. Retrieved from <http://www.nih.gov/>

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# IMPLEMENTATION STRATEGY

# IMPLEMENTATION STRATEGY

Once community partners made recommendations based on findings from data sources and the Community Health Needs Assessment Survey, the CHNA committee reviewed recommendations and came back with an implementation plan. A timeline will be created by May of 2016. A key result to this Community Health Needs Assessment is the ongoing collaboration commitment made by RGH, the Rio Grande Department of Public Health, and the San Luis Valley Behavioral Health Group. As one participant at a community night stated, “you don’t have to do everything yourself. You can partner with others who have the resources or expertise to make it happen.”



## HEALTH PROMOTION & DISEASE PREVENTION

*“The best medicine of all is to teach people how not to need it”*

### GOAL

Rio Grande Hospital & Clinics will lead the community in creating a culture where wellness is valued, encouraged and contagious.

### SHORT-TERM TASKS

- By December 31, 2016, create an updated educational plan for health fairs.
- By December 31, 2016, increase number of workplace wellness programs.
- By December 31, 2016, increase number of school athlete programs.
- By December 31, 2016, utilize the RGH website to advertise community events that encourage wellness.

# IMPLEMENTATION STRATEGY (Continued)

- By December 31, 2016, develop a list of educational programs available through RGH and promote, especially to youth.
- By December 31, 2016, create a resource booklet for consumers to access services.
- By December 31, 2016, create social media, newsletter, radio, and marketing campaigns for health and wellness issues.

## LONG-TERM TASKS

- Review potential for a community room and new services such as:

Additional specialty clinics

Telehealth

Out-patient services – women’s health, wound management, surgery

Hospice beds

ICU

Sleep studies

Surgery



# IMPLEMENTATION STRATEGY (Continued)

## CARE COORDINATION

*“Customers are smarter than ever. They know what good service is and expect it”*

*Shep Hyken*

### GOAL

Rio Grande Hospital & Clinics will encourage overall health and wellness by removing barriers to accessing care.

### SHORT-TERM TASKS

- By December 31, 2016, RGH will have evaluated the feasibility of increasing specialty services.
- By December 31, 2016, develop a plan to assist community members in the navigation of the healthcare system.
- By December 31, 2016, discuss the feasibility of creating a local help desk and navigator for billing issues.
- By December 31, 2016, create a brochure *What to expect from the RGH Billing Process*.
- By December 31, 2016, identify those in need of specialty care and hospice services.

### LONG-TERM TASKS

- Increase the amount of information and access to the patient portal.
- Investigate assistance with transportation issues.

# IMPLEMENTATION PLAN (Continued)

## BEHAVIORAL HEALTH OUTREACH & SERVICES

*“Mental health needs a great deal of attention.*

*It’s the final taboo and it needs to be faced and dealt with”*

*-Adam Ant*

### GOAL

Rio Grande Hospital & Clinics will serve as a model for behavioral health integrative services and access.

### SHORT-TERM TASKS

- By January 2016, RGH will increase behavioral health partnerships by joining the IOG and holding regular strategic partnership meetings with SLVBHG.
- By December 31, 2016, RGH will increase the number of community residents accessing behavioral healthcare through integrated services or tele-psychiatry .
- By December 31, 2016, RGH will hold one onsite staff behavioral health assessment and training.
- By December 31, 2016, RGH will investigate the potential for drug and alcohol testing.

### LONG-TERM TASKS

- Full integration of physical and behavioral health for outpatients at RGH clinics.
- Assess the feasibility of ATU beds and additional crisis living rooms.
- Assess holding on-site support groups.
- Partner with San Luis Valley Behavioral Health Group on a SIM grant.



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