

Valley View Hospital Glenwood Springs, Colorado

Community Health Needs Assessment and Focus Group Findings

December 2018



NATIONAL
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RESOURCE CENTER

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INTRODUCTION

Valley View Hospital (Valley View), located in Glenwood Springs, Colorado, is a 78-bed nonprofit community-based acute hospital. Valley View participated in Community Health Needs Assessment (CHNA) services administered by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the summer of 2018, The Center conferred with leaders from Valley View to discuss the objectives of a regional CHNA. A mailed survey instrument was developed to assess the health care needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from residents regarding:

- Demographics of respondents
- Utilization and perception of local health services
- Perception of community health

The survey was based on a design that has been used extensively in the states of Minnesota, Montana, Wyoming, Washington, Utah, Alaska and Idaho.

Sampling

Valley View provided The Center with a list of inpatient hospital admissions. Zip codes with the greatest number of admissions were stratified in the initial sample selection. Each zip code would be represented in the sampling proportionately to both the overall served population and the number of past admissions. Eight hundred residents were selected randomly in six zip codes by PrimeNet Data Source, a marketing organization. Although the survey samples were proportionately selected, actual surveys returned from each population area varied. This may result in slightly less proportional results.

Survey Implementation

In August 2018, the CHNA, a cover letter on Valley View's letterhead, and a postage paid reply envelope were mailed first-class to 800 randomly selected residents in the targeted region. A press release was sent to local newspapers prior to the survey distribution announcing that Valley View would conduct a CHNA throughout the region, in cooperation with The Center. In addition to a press release, Valley View also made significant attempts to encourage participation. Those efforts included multiple paid

advertising spots, social media posts, extensive outreach to employers, community groups and business leaders.

One-hundred-sixty-three of the mailed surveys were returned, providing a 20.5% response rate. Based on the sample size, surveyors are 95% confident that the responses are representative of the service area population, with a margin of error of 6.85. Note that 65 of the original 800 surveys sent were returned by the U.S. Postal Service as undeliverable. Due to a low response rate, the survey due date was extended two and a half weeks. The 65 undeliverable surveys were re-distributed out to the community. The Center sent an additional 60 surveys, of those 15 were distributed. A copy of the survey instrument is included at the end of the report ([Appendix A](#)).

A series of focus groups were also conducted to add more information to the CHNA findings. Methodology and findings of the focus groups discussed later in the report and in [Appendix C](#). Recommendations are included for developing and implementing program plans to address key health issues identified by the community.

Report Findings May be Used For:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

SURVEY FINDINGS

The Center administered Valley View's CHNA survey in 2015 and 2018. This allows us to show comparative data for questions that were asked both years, when answer options were similar. In 2015, 149 surveys were returned, providing a 20% response rate.

In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as "Q4".

Survey Demographics

The majority of survey respondents are women, ages 56-75 who reside in Glenwood Springs. This is similar to the results from the 2015 survey.

(N=163)

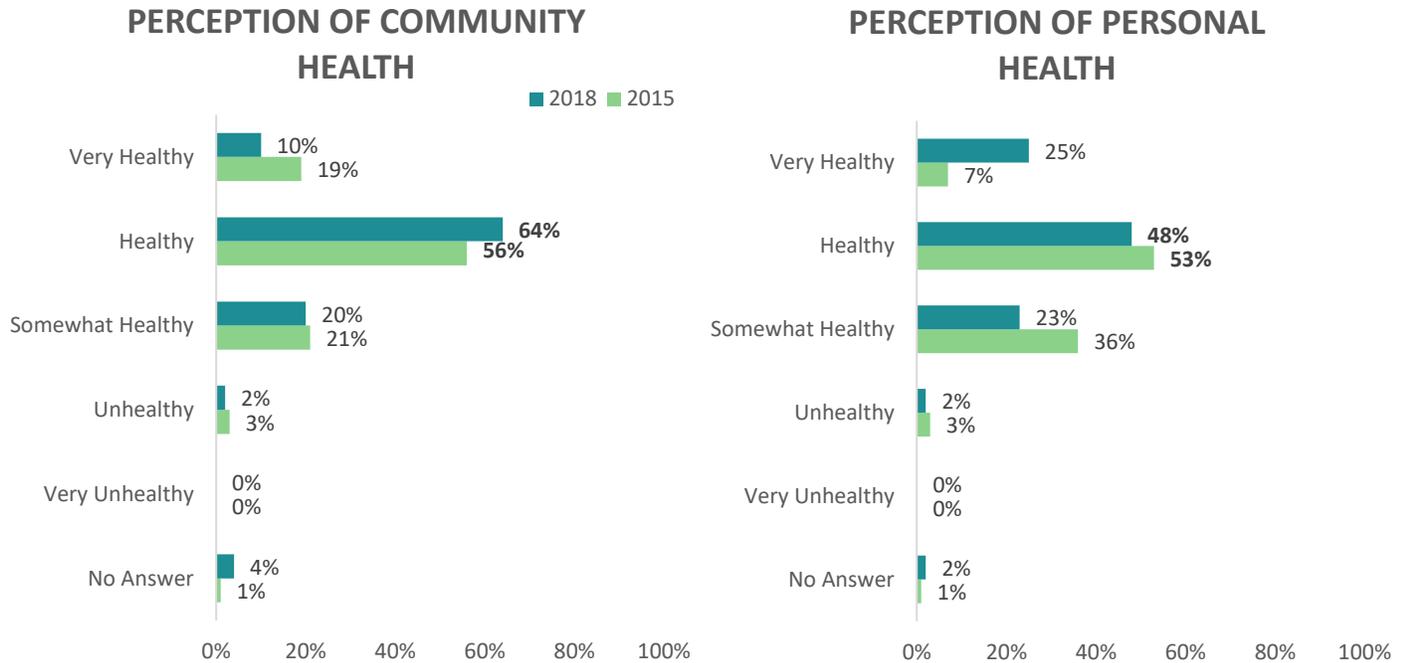
Place of Residence	n=	2018	2015
Glenwood Springs	70	43%	45%
Carbondale	20	20%	25%
New Castle	26	16%	16%
Silt	18	11%	7%
Gypsum	12	7%	6%
Other	4	2%	N/A
No answer	0	0%	1%

Gender	n=	2018	2015
Female	110	67%	64%
Male	50	31%	34%
No answer	2	1%	3%
Other	1	1%	N/A

Age of Respondents	n=	2018	2015
18-25	4	2%	2%
26-35	15	9%	9%
36-45	22	14%	13%
46-55	25	15%	20%
56-65	39	24%	31%
66-75	44	27%	15%
76-85	10	6%	7%
86+	3	2%	3%
No answer	1	1%	N/A

Perception of Community and Personal Health

Q1 and Q8: How would you rate the health of your community / your personal health? In 2018, 74% of respondents felt like their community was very healthy or healthy, similar to the 2015 results. Likewise, 73% of 2018 survey respondents felt like they were personally very healthy or healthy. This is slightly higher than the 2015 results. (N=163)



Focus group participants also rated the health of the community as very good/excellent, though noted there are populations experiencing poorer health outcomes, i.e., Hispanic populations, low income and some longtime residents.

Community Health Concerns

Q2: Select the three most serious health concerns in the community.

In 2018 and 2015, alcohol/substance abuse is the top community health concern. Mental health issues and cancer continue to be the other top serious health concerns in the community. Lack of access to health care rose by 8%. Among comments that respondents could write in, six comments were regarding affordability of care. Respondents were asked to select three that apply, so totals do not equal 100%. (n=160)

Top Health Concerns	n=	2018	2015
Alcohol/substance abuse	107	67%	65%
Mental health issues	78	49%	40%
Cancer	74	46%	53%
Lack of access to healthcare	38	24%	16%
Obesity	31	19%	14%
Diabetes	21	13%	12%
Other	20	13%	7%
Heart disease	19	12%	19%
Tobacco use	17	11%	14%
Domestic violence	15	9%	9%
Lack of dental care	12	8%	11%
Motor vehicle accidents	16	10%	10%
Underage alcohol use	12	8%	7%
Lack of exercise	11	7%	9%
Child abuse/neglect	8	5%	4%
Stroke	0	0%	5%

Focus group participants noted the greatest health concern of the community as mental health, specifically access to mental health providers and lack of children and geriatric mental health services. Participants felt the high cost of health care in the community was also a top health concern. Also noted were children's health, geriatric/elder care, prescription drugs and addressing methamphetamine use.

Criteria for a Healthy Community

Q3: Select the three items below that are most important for a healthy community. The most frequently selected criteria for a healthy community was “Access to health care and other services” followed closely by “Healthy behaviors and lifestyles.” The third-ranked top choice was good jobs and healthy economy. These top choices are similar to results from 2015. Among comments that respondents could write in, three comments were about affordable health care and insurance. Respondents were asked to select three that apply, so totals do not equal 100%. (n=162)

Criteria for a Healthy Community	n=	2018	2015
Access to healthcare and other services	98	60%	66%
Healthy behaviors and lifestyles	74	46%	41%
Good jobs and healthy economy	54	33%	46%
Affordable housing	51	31%	34%
Strong family life	37	23%	20%
Clean environment	34	21%	21%
Good schools	33	20%	18%
Low crime/safe neighborhoods	28	17%	20%
Religious or spiritual values	25	15%	13%
Tolerance for diversity	14	9%	11%
Community involvement	14	9%	5%
Parks and recreation	13	8%	7%
Other	8	5%	3%
Low level of domestic violence	4	2%	1%
Low death and disease rates	3	2%	5%
Arts and cultural events	2	1%	3%

Delayed Health Care Services

Q4: In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get or delayed getting medical services?

38% said “**Yes**, in the past three years, I (household) did NOT get or delayed getting medical services”. In 2015, 40% delayed or did not receive medical services. (N=163)

Reasons to Not Receive Health Care Services

Q5: If yes, select the three most important reasons why you did not receive health care services. Cost and insurance coverage were the top reasons respondents delayed health care services in 2018 and 2015. (n=63)

Reason to Delay	n=	2018	2015
It costs too much	48	76%	67%
No insurance	20	32%	22%
My insurance didn't cover it	20	32%	21%
Too long to wait for an appointment	16	25%	19%
Other	11	19%	19%
Too nervous or afraid	8	13%	11%
Don't like doctors	8	13%	4%
Could not get an appointment	6	10%	11%
Didn't know where to go	6	10%	15%
Office wasn't open when I could go	5	8%	10%
It was too far to go	5	8%	3%
Not treated with respect	3	5%	4%
Could not get off work	3	5%	19%
Language barrier	2	3%	15%
Transportation problems	2	3%	4%
Unsure if services were available	1	2%	4%
Had no one to care for the children	1	2%	0%

Health Prescriptions & Insurance

Q6: Are you able to afford prescription medications? The majority of respondent can afford their prescriptions, however a collective 18% cannot afford or find it a financial hardship. In 2015, similar percentages were reported. (N=163)

- **58% say "Yes, with my insurance" (n=94)**
- 25% say "I do not require prescription medications at this time" (n=40)
- 12% say "Yes, with insurance, but it's a financial hardship" (n=19)
- 5% say "No, because I do not have insurance" (n=8)
- 1% say "No, I can't, despite having insurance" (n=1)

Q7: Reason respondents do not have medical insurance. In 2018, over half of survey respondents do have health insurance. Among those who did not have medical insurance, the most common reason was affordability. In 2015, 54% said they have medical insurance and 7% could not afford it. (N=163)

- **56% say "Not applicable, I have medical insurance" (n=91)**
- 33% did not answer (n=54)
- 7% say they "Cannot afford to pay for it" (n=11)
- 3% say "Other" (n=5)

Focus group participants shared concerns over the high cost of care in the community and access to affordable health insurance. Other barriers to receiving care included billing issues with Valley View and confusion on insurance bills.

Additional Health Services Needed

Q9: What additional health services are needed in our community?

The top services needed pertain to aging services and behavioral health and are consistent from 2015 to 2018. The majority of survey respondents in 2018 are ages 56-75. Although still top responses, there was a 16% decrease in requests for senior retirement housing and a 12% decrease in assisted living facility. There was a 9% decrease in the request for marriage and family therapists in 2018. Respondents were asked to check all that apply, so totals do not equal 100%. (n=154)

Needed Services	n=	2018	2015
Senior retirement housing	70	45%	61%
Additional child/adult day care	66	43%	41%
Mental health counselor	59	38%	36%
Assisted living facility	55	36%	48%
Substance abuse counselor	47	31%	29%
Exercise/nutrition programs	46	30%	32%
Health education programs	44	29%	27%
After school programs	42	27%	24%
Marriage & family therapist	19	12%	21%
Other	19	12%	10%
Head Start programs	18	12%	12%
Psychiatrist	16	10%	9%
Psychiatric nurse	12	8%	4%
Clubs/leagues	11	7%	10%
Social worker	10	6%	6%
Psychologist	10	6%	6%
Pastoral counselor	9	6%	6%
Pediatrician	7	5%	7%

Focus group participants were very supportive of the high-quality care, high quality facility and high-quality staff at Valley View. They were also very supportive of the excellent Cancer Center. Several participants were complimentary on the wide range of specialty services available, particularly in a rural area. Focus group participants felt that the advantage to having care available locally is not having to drive out of the area for care.

New services focus group participants would like to see offered were similar to survey respondents. The most common suggestion was a range of mental health services, followed by children’s services offered in the schools and community and geriatric/elder care. Focus group participants also suggested the addition of urgent care and respiratory therapy services.

Other opportunities to improve care locally that were suggested by focus group participants included the following items, which may involve either services through Valley View or in collaboration with community partners:

- Creating a broad-based community coalition focused on promoting health
- Improving nutrition
- Focusing on improving health of the Hispanic and vulnerable populations
- Creating affordable housing

Preferred Method to Receive Health Materials

Q10: What is your preferred method to receive health materials from? The majority of respondents prefer to receive their health materials from the internet or printed materials, such as pamphlets. Compared to 2015, more respondents noted preference to receive information via community classes and the radio. Respondents were asked to select all that apply, so totals do not equal 100%. (n=155)

Preferred Method	n=	2018	2015
Internet	94	61%	56%
Pamphlets or other printed materials	82	53%	49%
Classes in the community	59	38%	17%
Newspaper	36	36%	40%
Radio	21	14%	9%
TV	19	12%	16%

FOCUS GROUPS

Introduction

The National Rural Health Resource Center (The Center) was contracted by Valley View Hospital to conduct focus group interviews to provide qualitative data on the strengths and needs of local health care services. Focus group comments reflect the perceptions of the individual and may differ or support survey findings.

Background

Four focus groups were held over the course of two days, October 16 and 17, 2018, to obtain information from community residents for the Valley View Community Health Needs Assessment. Each focus group had a specific demographic focus:

- Business representatives from large, mid-size, and small businesses and a non-profit organization (n=6 participants)
- Women who utilized Women's Services at Valley View (n=2)
- Community service clubs (n=3)
- Residents in the Eagle area (n=3)

Participant Demographics

- Gender: seven male, seven female
- Age: 10 were age 30-60 and four were over age 60
- Of those over 60, three were retirees who moved to the area and one was a retiree and life-long resident
- Economic status: All were middle/upper class
 - (This characterization was based on comments made during the discussion about current and past employment, housing, and lifestyle. All of those under age 60 were employed in professional careers; some were business owners.)

Limitations

There are two major limitations that should be considered when reviewing these results:

1. The information is based on comments from a small segment of the community, 14 people; and
2. Participants represented professional and middle/upper income residents. Many segments of the community are not represented in the

findings, specifically those with lower socio-economic status, (i.e., employed in non-professional jobs and not employed), Hispanic population and young adults age 18-30.

Summary of Major Focus Group Findings

The comments below are from facilitator notes related to each question from the question set developed by representatives from Valley View and the National Rural Health Resource Center. The number in parenthesis (x) indicates the number of groups in which the comment was recorded. Items with quotation marks (") are direct quotes.

- Overall health of people in the area was rated as very good/excellent, however there are populations experiencing poorer health, i.e. Hispanic, low-income, longtime residents
- The greatest health needs/issues in the area are:
 1. Mental health, specifically access with more providers needed, and lack of children's and geriatric services
 2. High cost of health care, participants reported that Valley View has the highest costs in the region and the countryOther needs/issues noted were children's health, geriatric/elder care, prescription drugs, and addressing high methamphetamine usage.
- A wide range of suggestions were made for Valley View to for improving health and collaborate with others. Most notable were those related to:
 - Reducing the cost of care (Several recommendations proposed by employers are included in the report along with creative measures employers have implemented to reduce costs.)
 - Creating a broad-based community coalition focused on promoting health
 - Valley View being more visible/active in the community
 - Improving nutrition
 - Improving children's health/access to care for children
 - Focus on improving health of the Hispanic and vulnerable populations
 - Expanded services for senior population
 - Creating affordable housing
- Valley View's major strengths are:
 - High quality care
 - High quality facility

- High quality staff
- The Cancer Center

Several commented on specific services and the wide range of specialties available, especially for a rural area.

- The most often cited barriers to accessing care in the region, as well as areas for improvement at Valley View were:
 - High cost of care at Valley View
 - Billing issues at Valley View
 - People who are uninsured/have high deductibles and co-pays
 - Lack of awareness of available health services

- Regarding new services that participants would like to see offered, mental health was most often cited with range of suggested mental health services, followed by children’s services offered in the school and community and geriatric/elder care. Also mentioned were urgent care and respiratory therapy.

- The primary reasons people leave the area for care are:
 1. Lower cost services available from other area providers
 2. Preference to receive care from renowned/fellowship trained specialists
 3. Impression that care is better at facilities in specialized facilities in more urban areas

- The major advantage of having care available locally is not having to drive out of the area for care.

- While participants identified many positive attributes at Valley View and expressed gratitude that the area had high quality health care in this rural area, several voiced negative comments about Valley View, specifically:
 - Valley View’s expensive health care, i.e. high cost of services, focus on facility aesthetics versus cost savings, pay differences among employees
 - Perception that Valley View’s leadership should be an advocate to lower costs; take a leadership role to address this issue, partner with employers and others
 - Perception that Valley View needs to be more connected with the community

CONCLUSIONS, RECOMMENDATIONS AND ACKNOWLEDGEMENTS

Conclusions

The community survey respondents and focus group participants were very supportive of the services, quality of care and quality of staff provided by Valley View Hospital. Most respondents reported their health as “healthy” or “very healthy”, which is similar to comments from Focus Groups who generally felt the community was healthy. Comments from focus group participants and in survey comments noted demographic and social factors that may contribute to health status, such as age, poverty and race/ethnicity.

Top community health concerns included alcohol and substance abuse, mental health and cancer. Focus group participants top health needs were largely based on need for mental health services and providers, as well as the high cost of care in the community. The high cost of care in the community arose multiple times throughout the survey findings and focus group discussions.

We asked focus group participants what Valley View Hospital could do to increase the health of the community and to identify opportunities to collaborate. Most notable of these suggested was related to reducing the local cost of care and partnering with local employers to reduce cost of care. Other suggestions included developing a community coalition to promote health, improving children’s health and access to health care, expanding services for the senior population and improving health of the Hispanic and vulnerable populations. It was also suggested that Valley View become more visible and active in the community.

Areas of need to improve the health of the community or barriers to health services offered at Valley View focused on aging services and behavioral health services. Focus group participants suggested the same. Both survey respondents and focus group participants discussed the cost of local care.

We asked focus group participants what some of the strengths of the health services offered at Valley View Hospital. Strengths noted included the quality of care, quality of the facility and quality of the staff. Focus group

participants were complimentary of the wide range of services offered locally and recognize the community benefit of locally available care.

Recommendations

Noting the changes in health care reimbursement structures, hospitals will begin to be reimbursed based on the population's health outcomes. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education. Providers and the hospital Board should also be educated on this transition as it is imperative for future sustainability and viability of Valley View Hospital.

It is recommended the hospital increase efforts on role modeling prevention and wellness and access to care by all local residents. It is important to be perceived as a locally inviting place of care that not only provides high quality care with caring staff, but also affordable care that is accessible to all. Clarify any artificial beliefs about access to care and affordability of care to improve community perception. A culturally competent health care system can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic health disparities.

Consider expansion or development of services related to the top community health concerns of mental health, geriatric care, alcohol and substance use, cancer and children's health. Continue to promote availability of current services in these areas in different methods to increase public awareness.

Continuing to support the positive staff culture is an excellent marketing strategy for the facility. Happy, engaged employees produce happy patients. Consider communicating the availability of services in various methods to promote the breadth and quality of care provided at Valley View Hospital.

Moreover, share results and communicate proposed implementation strategies that address community needs as this will promote customer trust and loyalty. It is advised to create a communications strategy for

releasing the report findings. It is important to be clear on the intent of these communications (e.g., to share information or to stimulate action).

Acknowledgements

The Center would like to thank Ms. Stacey Gavrell and Ms. Leslie Strawbridge for their contributions and work with developing and distributing the assessment and coordinating the Focus Groups.

APPENDIX A: SURVEY INSTRUMENT



VALLEY VIEW

Sept.17, 2018

Dear Resident:

Participate in our Community Health survey and have a chance to WIN a \$100 VISA Gift Card!

Valley View is partnering with the National Rural Health Resource Center to administer a community health survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future healthcare needs.

You are probably aware of many challenges facing rural healthcare, such as access to services and affordability. Unfortunately, many of the factors that threaten healthcare services in other rural areas challenge our local healthcare system as well. However, by completing the enclosed survey, you can help guide Valley View in developing comprehensive and affordable healthcare services to our area residents.

Your name has been randomly selected as a resident who lives in the Valley View service area. **Your help is critical in determining health priorities and future needs.** The survey covers topics such as: use of healthcare services, awareness of services, community health, health insurance and demographics.

Once you complete your survey, simply **return it AND one of the drawing tickets in the enclosed self-addressed, postage paid envelope postmarked by Oct. 29, 2018. Keep the other drawing ticket in a safe place.** The winning ticket number will be announced in the Post Independent newspaper and on Valley View's Facebook page the week of **Nov. 5, 2018.**

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Valley View is offering you this chance to win a \$100 VISA Gift Card as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota. If you have any questions about the survey, please call Tracy Morton at 1.800.997.6685, ext. 227. We believe, with your help, we can continue to improve healthcare services in our region.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Gary Brewer, CEO
Valley View

PeopleCare.

That's Valley View.

VVH.ORG

1906 Blake Avenue | Glenwood Springs CO 81601 | TEL 970.945.6535



6. Are you able to afford prescription medications? (Please select only ONE)

- Yes, with my insurance
- Yes, with insurance, but it's a financial hardship
- No, because I do not have insurance
- No, I can't, despite having insurance
- I do not require prescription medications at this time

7. If you do NOT have medical insurance, why? (Please select only ONE)

- Not applicable, I have medical insurance
- Choose not to get medical insurance
- Cannot afford to pay for medical insurance
- Other _____
- Cannot get medical insurance due to medical issues

8. How would you rate your personal health?

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Very unhealthy

9. What additional health services are needed in our community? (Select all that apply)

- Additional child/adult day care
- HeadStart programs
- Psychiatric nurse
- Assisted living facility
- Mental health counselor
- Psychologist
- After school programs
- Marriage & family therapist
- Senior retirement housing
- Clubs/leagues
- Pastoral counselor
- Social worker
- Exercise/nutrition programs
- Pediatrician
- Substance abuse counselor
- Health education programs
- Psychiatrist
- Other _____

10. What is your preferred method to receive health materials from? (Select all that apply)

- Pamphlets or other printed materials
- Classes in the community
- TV
- Radio
- Newspaper
- Internet

11. What is your age?

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85
- 86+

12. What is your residential zip code?

- 81623 Carbondale
- 81601 or 81602 Glenwood Springs
- 81637 Gypsum
- 81652 Silt
- 81647 New Castle
- Other _____

13. What is your gender identity?

- Male
- Female
- Other _____

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Ave., Suite 320, Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential



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APPENDIX B: CHNA “OTHER” SURVEY COMMENTS

The following outlines comments written in the field selection of “other” in the survey. A number in parenthesis e.g. (3) indicates the frequency of that response.

1) How would you rate the health of your community?

- Wealthy people are healthy, non-wealthy struggle for healthcare, many are very unhealthy

2) Select the THREE most serious health concerns in your community.

- Affordable (6)
- Due to high cost / lack of incentive
- Underage marijuana use
- Lung disease requiring oxygen therapy
- Drugs
- Sports accidents
- Use of “prescription” drugs
- Lack of eye care- I go to Grand Junction for my eye care
- Chemicals in food
- Youth marijuana abuse
- Asthma/allergies

3) Select the THREE items below that are most important for a healthy community.

- Affordable health care and insurance (3)
- Less time spent driving
- Senior services
- All are very important
- Doctors who listen
- Rejection of prescription drugs
- Organic food and water
- Especially supportive cultures, suicide is rampant- it is cultural

5) If yes, select THREE most important reasons why you did NOT receive healthcare services.

- At Valley View Hospital
- I thought I don’t need it

- No money
- Still travel to city for healthcare due to costs for private insurance patients vs. perceived quality of providers
- Rent is too high, so I can't afford medical insurance
- Sometimes they don't have time for especialista (specialist), don't have appointment
- Too tired to call
- Other family members
- Services not offered on the western slope
- Got better
- A belief that medicine, especially traditional medicine, can't fix everything

6) Are you able to afford prescription medications?

- Yes, with insurance or on my own
- The pharmacy only give generic

7) If you do NOT have medical insurance, why?

- Too expensive for what it's worth
- Medicare still has big deductible
- I'm self-employed and my income changed, and it took a long time to get it changed and correctly, so I missed my 60-day window to get a new plan
- Career change

8) How would you rate your personal health?

- I think I'm healthy but not sure, have not been to doctor in 15 years

9) What additional health services are needed in our community? (Select all that apply)

- Affordable (4)
- Most of these already present
- Not sure
- Myalgic encephalomyelitis/Chronic fatigue syndrome (ME/CFS) specialist
- Nursing Home
- Harm reduction education for recreational drug use
- Transportation

- Competent doctors
- Good dermatologist
- Hospice care
- Family
- Too much badgering and disinformation. Not enough self-responsibility for own health
-
- Natural wellness
- Less expensive MRIs
- Good neutral health care
- Alternative diagnostics, such as private contractor (i.e., MRIs-cheaper)
- Alternate (lower cost) outpatient surgical facilities

10) What is your preferred method to received health materials from?

- E-mail

12) What is your residential zip code?

- 81650 (3)
- 81635

13) What is your gender identity?

- Won't play gender politics!

Miscellaneous comments:

- You can have all the people, places and programs to help but in this community, it's the affordability that is the biggest obstacle.

APPENDIX C: EXAMPLE FOCUS GROUP INVITATION AND QUESTIONS



NATIONAL
RURAL HEALTH
RESOURCE CENTER

[insert name],

As a patient of Women's Health at Valley View,

We invite you to **participate in a focus group** conducted by the National Rural Health Resource Center on behalf of Valley View. Focus groups are an excellent way for community members to share their opinions in an honest yet confidential environment. The goal of this focus group is to assist Valley View in identifying strengths and needs of health services for the region.

Whether you or a family member are involved with local health care services or not, **this is your chance to help guide high quality local health services in the future.**

We invite you to participate in the focus group scheduled for **Tuesday, October 16, 2018** from **5:30 – 6:30am** at **Valley View Hospital, 1906 Blake Avenue, in Glenwood Springs**. Your identity is not part of the focus group report and your individual responses will be kept confidential. Refreshments will be provided by Valley View.

Please confirm your attendance by contacting Keely at the National Rural Health Resource Center by phone (1-800-997-6685) or e-mail (klonetto@ruralcenter.org).

We look forward to your participation. Thank you.

Sincerely,

Tracy Morton, Director of Population Health

National Rural Health Resource Center

Focus Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the Garfield County area. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

1. Describe the overall health of this community.
2. What is the greatest health need in the community?
3. What do you think Valley View could do to increase the health of the community? Where are the opportunities to collaborate?
4. In your opinion, what are some of the strengths (availability, quality) of the health services offered at Valley View?
5. In your opinion, what are some of the barriers of the health services available at Valley View?
6. What new health care services would you like to see available locally?
7. Why might people leave the community for health care?
8. What are some of the benefits of having health services available locally?



VALLEY VIEW

Valley View Hospital

Implementation Plan

*An accompanying report to the Valley View Hospital Community Health
Needs Assessment (CHNA)*

Adopted April 23, 2019 by the Valley View Hospital Board of Trustees

Introduction

The Valley View Hospital (VVH) Implementation Plan is an accompanying report to the Valley View Hospital Community Health Needs Assessment (CHNA). The Affordable Care Act (ACA), enacted on March 23, 2010, requires nonprofit hospitals to conduct a CHNA once every three taxable years. Valley View completed its most recent CHNA on December 31, 2018. The ACA also requires each hospital to adopt an Implementation Strategy addressing each significant health need identified in the CHNA.

This Plan includes specific actions and goals that Valley View Hospital plans to meet to respond to the CHNA-identified needs.

Community Served

Valley View focused its CHNA on communities traditionally served by the organization. This geographic definition includes the six zip codes around Valley View Hospital, located in Glenwood Springs, Colorado: 81601, 81602, 81623, 81647, 81652 and 81637. This area accounts for approximately 70% of the inpatient discharge population of the hospital and is the primary community in which the hospital conducts its outreach and community programming.

Identified Health Needs

As a result of the CHNA, the following six health needs have been established as priorities for the Valley View Hospital Implementation Plan:

CHNA-Identified Health Need	VVH Implementation Priority
Alcohol /substance abuse Mental health issues	1. Behavioral health
Heart Disease Stroke	2. Cardiovascular disease
Cancer	3. Cancer
Diabetes	4. Diabetes
Lack of access to healthcare	5. Healthcare access
Motor vehicle accidents	6. Motor vehicle accidents

These six implementation priorities reflect the most serious health concerns in the community from the CHNA. The following CHNA-identified health needs will be addressed in conjunction with the health priorities with which they are aligned: obesity, tobacco use, lack of exercise, etc. For example, tobacco use will be considered as part of addressing cancer.

The remaining health needs identified by the CHNA that are not being addressed are still relevant concerns for the community. These identified needs are: domestic violence, lack of dental care, underage alcohol use and child abuse/neglect. However, these needs are being addressed by other organizations with expertise and capacity to do so. An overview is as follows:

CHNA-Identified Health Need	Organizations Addressing the Need
Domestic violence	Advocate Safehouse Project River Bridge Regional Center
Lack of dental care	Mountain Family Health Center
Underage alcohol use	Local schools YouthZone

CHNA-Identified Health Need	Organizations Addressing the Need
Child abuse/neglect	Advocate Safehouse Project River Bridge Regional Center

In understanding these needs, Valley View provides financial support to these organizations. For example, Valley View leases space to Mountain Family Health Center in Glenwood Springs at no cost. This is an approximate \$300,000 annual contribution. Additionally, as these organizations have strategic needs, Valley View supports them. In 2018, Valley View made a significant financial contribution of \$50,000 to support the renovation of the River Bridge Regional Center.

Valley View Hospital Implementation Plan

Health Need #1: Behavioral health			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
Improved access to behavioral health services	<ul style="list-style-type: none"> - Implement integrated behavioral health program at all Valley View primary care practices: Roaring Fork Family Practice, Eagle Valley Family Practice, Women’s Health and Internal Medicine - Implement peer-to-peer care support for patients in behavioral health crisis in the emergency department - Implement transitions of care project among VV inpatient and outpatient care settings - Implement Accountable Health Communities Model (AHCM) social determinant survey in both inpatient and outpatient care settings to provide a more robust picture of the many factors that influence an individual’s overall wellness - Use telepsychiatry and telecounseling to better serve patients 	Staff time Telehealth equipment & infrastructure	Aspen Valley Hospital Community Care Alliance Grand River Health Rocky Mountain Health Plan (RAE) Mind Springs Health Mountain Family Health Centers Pioneer Medical Center Quality Health Network West Mountain Regional Health Alliance
Expanded community behavioral health	<ul style="list-style-type: none"> - Participate in community efforts to build an integrated health care system including completion of a formal care compact with Mind Springs Health 	Staff time	Mind Springs Health Total Health Alliance West Mountain Regional Health Alliance
Decreased use of narcotics in the ED	<ul style="list-style-type: none"> - Continue implementation of Colorado ALTO (alternatives to opioids) project, including monthly data submission - Participate in the Colorado western slope PATH program, providing patients teleconsultation 	Staff time	Colorado Hospital Association Colorado Department of Public Health and the Environment

Health Need #2: Cardiovascular disease			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
Improved access to diagnosis and treatment services	<ul style="list-style-type: none"> - Grow comprehensive atrial fibrillation program, the only such program in the mountain west region offering every known modality to treat and manage atrial fibrillation - Offer minimally invasive cardiovascular surgery which includes a focus on the hybrid approach to address lung nodules - Launch the first program of its kind in western Colorado - patent foramen ovale (PFO) closure for patients identified at risk for lethal stroke - Ensure patients have access to high-quality cardiovascular care close to their homes, including maintaining current outreach locations in , Eagle, Meeker, Rangely, Rifle and Battlement Mesa and expanding to new locations such as Fruita - Explore telehealth modality to better serve patients, such as pediatric patients, and new communities, such as Meeker, Colorado - Maintain Joint Commission Acute Stroke Ready Hospital Certification Joint Commission (renewal in 2021) - Enhance access and turn-around time for sleep medicine diagnostic services and access to specialty care for sleep disorders, as evidenced by Valley View's Grand Junction sleep study lab - Continue year-over-year growth of 	Staff time Telehealth equipment & infrastructure	Grand River Health MedMax Pioneer Medical Center Quality Health Network Rangely District Hospital. Swedish Medical Center UC Health

Health Need #2: Cardiovascular disease			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
	enrollment and outcome measurement for both cardiac and pulmonary rehabilitation patients - Access to primary prevention lifestyle modification programming for patients who do not qualify for payer-sponsored programs		

Health Need #3: Cancer			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
Expanded breast cancer prevention and screening	<ul style="list-style-type: none"> - Host free provider-led educational events across the community - Identify high-risk patients to conduct screening mammogram via three annual community health fairs - Offer state-of-the-art 3D mammography with fellowship-trained radiologists, including walk-in appointments and a free mammogram for your 40 birthday - Lead outreach and education to primary care practices 	Staff time Funds for event costs	Mountain Radiology Quality Health Network Community neighborhoods such as Lakota Canyon Ranch and River Valley Ranch
Expanded breast cancer treatment	<ul style="list-style-type: none"> - Develop multi-disciplinary care team approach for breast cancer including dedicated space within cancer center and presentation of all breast cases (cancer and non-cancer) at bi-monthly tumor board - Hire dedicated breast nurse navigator - Identify and launch clinical trials related to breast cancer - Lead regular Continued Medical Education (CME) with Medical Staff and 	Staff time	Mountain Radiology Pathology Associates Roaring Fork Surgical

Health Need #3: Cancer			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
	Allied Health		
Expanded lung cancer prevention	<ul style="list-style-type: none"> - Utilize Quit Smart program from Duke University to host monthly classes at VVH - Support SOLVE Vaping community effort, focused on prevention-intervention-treatment-policy and solutions - Educate parents of Pediatric Partner patients on the risks of high radon - Offer no-cost radon kits for community members to test for radon - Offer evidence-based lung cancer screening low-dose CT imaging and support program for patients with over 30 pack-years of tobacco use - Lead regular Continued Medical Education (CME) with Medical Staff and Allied Health 	Staff time	Colorado Quit Line Garfield County Public Health
Expanded lung cancer treatment	<ul style="list-style-type: none"> - Implement new lung cancer treatment modalities such as immunologic testing/typing of lung cancers - Lead outreach and education to primary care practices - Identify and launch clinical trials related to lung cancer - Continue outreach clinic with Paul Bunn, MD, world-renowned lung cancer specialist 		
Expanded treatment for multiple cancer sites	<ul style="list-style-type: none"> - Implement new surgical and adjuvant therapy standards of care, such as reduced radiation exposure requirements for radiation therapy 	Staff time	HomeCare & Hospice of the Valley UC Health

Health Need #3: Cancer			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
	treatment - Increase care capacity via recruitment of national-caliber specialty oncologists offering treatments not offered at peer hospitals in our region such as brachytherapy treatment of prostate cancer - Offer palliative care for quality of life and end-of-life planning		

Health Need #4: Diabetes			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
Expanded diabetes prevention	- Ensure consistent preventative screenings in Valley View primary care practices - Create system to identify at-risk inpatients and make referrals for inpatient education and inclusion in outpatient standardized programming - Offer low-cost diabetes (Hemoglobin A1c) screenings at three annual community health fair and one community blood draw	Staff time	Community Care Alliance
Increased interventions with community members at-risk for diabetes	- Provide Centers for Disease Control and Prevention-certified Diabetes Prevention Program (DPP), focused on education, exercise, nutrition and support	Staff time	
Improved Hemoglobin A1c levels in diabetes patients	- Create system to identify diabetic inpatients to enhance care coordination and referrals - Offering American Associate of Diabetes Educators-recognized	Staff time	

Health Need #4: Diabetes			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
	Diabetes Self-Management Program for patients to benefit from education, exercise, nutrition and support - Promote cutting-edge programming that includes exercise during curriculum delivery		

Health Need #5: Healthcare access			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
Improved access for vulnerable populations	<ul style="list-style-type: none"> - Implement AHCM social determinant survey in both inpatient and outpatient care settings to provide a more robust picture of the many factors that influence an individual's overall wellness - Implement inpatient care coordination program to identify vulnerable patients, conduct assessment, make effective referrals and connect them to community resources - Implement Emergency Department post-discharge follow-up appointment scheduling - Offer care coordination for identified Emergency Department high utilization patients including with all Valley View primary care practices - Implement comprehensive medication management with integrated clinical pharmacist for ambulatory setting - Explore nurse (RN) home visit program for high risk inpatients 	Staff time	Care Transition Collaborative Community Care Alliance EMS providers Mountain Family Health Center Quality Health Network Rocky Mountain Prime West Mountain Regional Health Alliance Valley Health Alliance

Health Need #5: Healthcare access			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
Increase access for local care	<ul style="list-style-type: none"> - Implement new competitive pricing strategies for key services such as radiology and outpatient surgeries - Participate with the Valley Health Alliance, which includes area employers and providers, to address population health and total cost of care for the VHA employer's employees - Offer generous financial aid program for families qualifying up to 500% of Financial Assistance Program 		

Health Need #6: Motor vehicle accidents			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Partnering Organization(s)
Increased community knowledge to prevent motor vehicle accidents	<ul style="list-style-type: none"> - Host 6-week teen seatbelt challenge to raise seat belt awareness and education regarding distracted driving. 	Staff time	Glenwood Springs High School Glenwood Springs Police Department Glenwood Springs Fire Department Colorado State Patrol Northwest Regional EMS & Trauma Advisory Council
Improved care coordination for accident patients	<ul style="list-style-type: none"> - Provide Level III trauma service with air ambulance transport for high acuity patients - Implement Emergency Department post-discharge follow-up appointment scheduling 	Staff time	Classic Air Medical