



Valley View Hospital 2021 Community Health Needs Assessment

Background

Mission statement. Caring for you and your family, one patient at a time.

Vision Statement. To be the region's independent healthcare leader.

Services. Valley View is an independent, not-for-profit health system based in Glenwood Springs, Colorado. Founded in 1955 with funds raised by the community, Valley View Hospital has evolved to serve the healthcare needs of the region. In addition to its 78-bed hospital in Glenwood Springs, Valley View now includes an integrated system of specialty centers and physicians' practices providing care in multiple locations across Garfield, Pitkin, Eagle and Mesa counties. Cardiovascular care, including open heart surgery, comprehensive cancer care, neurosurgical and orthopedic care, provide a level of specialty care that enable patients to stay close to home for key healthcare needs. A network of primary care practices supports optimal health and the management of patients' total health.¹

Hospital governance. Valley View Hospital is governed by an elected seven-person board of trustees, all residents.²

Summary. This document provides a summary of Valley View Hospital's plan to develop new, and to enhance established, community benefit programs and services. This plan is focused on addressing the top community health priorities identified in the 2021 community health needs assessment (CHNA), administered by Valley View Hospital, and facilitated by Vertical Strategies.

¹ Valley View Hospital, <https://www.vvh.org>

² Valley View Hospital Board of Directors, <https://www.vvh.org/about/board-of-trustees/>

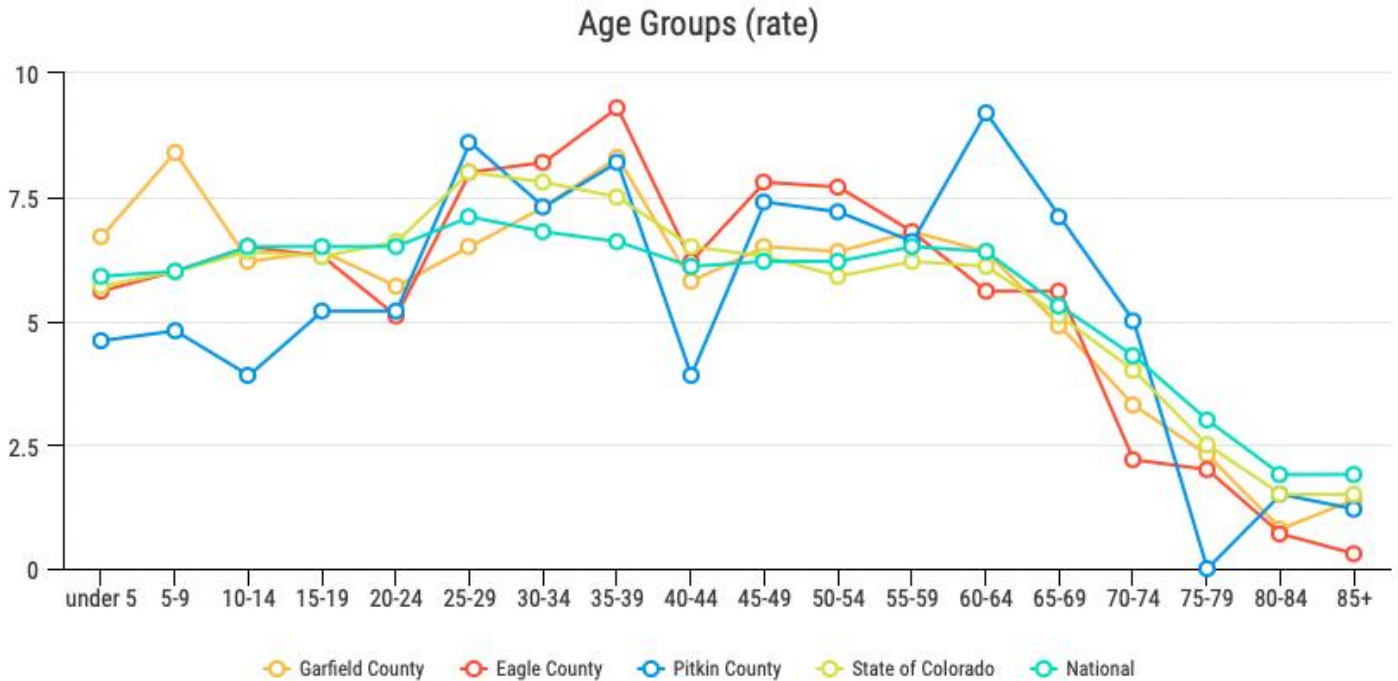
Target Areas, Economics and Populations

Note on data collection. Valley View Hospital primarily serves the residents of Eagle, Garfield and Pitkin Counties. Data, however, were collected for Eagle, Garfield and Pitkin Counties, when available, the State of Colorado, as well as at a national level. The rationale was to provide measurable comparisons for benchmarks.

The CHNA included data on all populations in Garfield, Pitkin, and Eagle Counties without regard to income, insurance, or any other discriminating factors. Selected characteristics of the population included:

1. The current total population across the three counties is 131,662
2. The median age of residents is 38.4
3. Corresponding to the median age, females make up 47.8 percent of the defined service population
4. People over the age of 65 constitute over 13.7 percent of all people living in the defined service area
5. The community is predominantly Caucasian, contributing 88.7 percent of the population. Following are the race and ethnicity demographics, ranking by density:
 - a. Asian
 - b. African American
 - c. American Indian or Alaskan Native
 - d. Native Hawaiian or Pacific Native
6. Males in this service area make an average of \$7,158 more a year than their female professional counterparts.
7. The unemployment rate is at 2.7 percent.
8. The median household income is \$79,887 which is on par with the state of Colorado at \$77,127.
9. Nearly 8 percent of people living in the service area are living in poverty (7.77), while 7.17 percent of people over 65 lives below the poverty line. ³

³ US Census Bureau, American Fact Finder, <https://www.census.gov/quickfacts/>



POPULATION DEMOGRAPHICS

Economic Stability

Healthcare employment is one of the most significant service industries in a local area, usually more so in rural areas. A rural hospital is one of the largest employers in a rural economy, typically one of the top two employers in the area.⁴ In the VVH service area Education and Healthcare make up roughly 15 percent of the industry employment across the service area and is the primary economic industry in Garfield County. The service area is unique in that Eagle and Pitkin Counties are largely driven economically by recreation and tourism as they are the home of Aspen, Snowmass, Vail and Beaver Creek ski areas and are settled among the highly visited Rocky Mountains.

⁴ National Center for Rural Health Works, Economic Impact of Rural Health Care



As employees spend money locally, additional jobs are created in other businesses in the community. These additional jobs are referred to as secondary and create additional economic impact in the community. The impact is estimated using multipliers⁵ for both jobs and economic impact.

Because healthcare facilities contribute significantly as an economic driver in the community, the use of health facilities by area residents supports employment and economic drivers.

Process, Strategy and Community Impact

Valley View Hospital identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by Valley View Hospital community stakeholders. Valley View Hospital engaged Vertical Strategies, a consulting firm dedicated to elevating nonprofits, to assist with the project. Vertical Strategies assisted by facilitating and analyzing survey data as well as drafting reports and public notices. Vertical Strategies is well suited to this type of project because of their expertise in rural health in Colorado and nationally, and the work their staff has done regarding many community-oriented projects in rural health services.

The community stakeholders group engaged in the 2021 CHNA for Valley View Hospital was comprised of several leaders in our local community. These leaders include those with social, political and/or organizational influence in the community. The stakeholders group included representation from the Public Health offices of Garfield, Eagle and Pitkin Counties, Glenwood Springs Chamber of Commerce, Carbondale Chamber of Commerce, Roaring Fork School District, Mountain Family Health Centers, Mind Springs Health, West Mountain Regional Health, Valley Health Alliance, City of Glenwood Springs, Mountain Valley Developmental Services, Valley Settlement Project as well as leadership staff of Valley View Hospital.

The community stakeholders' group, assisted by Vertical Strategies, retrieved data from public sources such as the Colorado Department of Public Health and Environment, United States Census Bureau, Centers for Disease Control, US Department of Health and Human Services Health Resources and Services Administration, County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin, among other resources. Data were compiled, formatted, and manipulated from these sources relating to the health status of the County population, health needs, incidence of disease, etc. and shared with community

⁵ Minnesota IMPLAN Group, Inc.



members. The data, which helped form the assessment, provided the basis from which the community stakeholders group, and others, determined the health needs of the community. It is important to note that gaps exist in reported health data at the local level. The gaps exist because of the lack of reporting certain disease data and the characteristics of unique populations that may experience certain diseases and chronic conditions. In addition, low numbers of reported instances, due in large part to a low population base, make certain data unavailable or not readily comparable to state and national data.

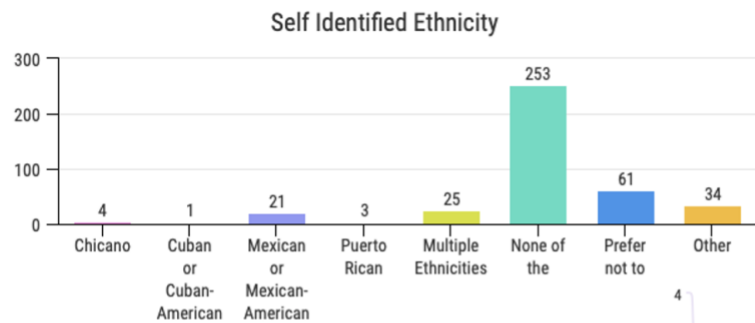
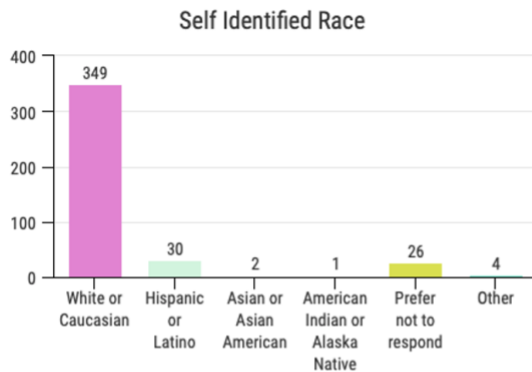
While Valley View Hospital leadership has access to the entire data package developed by Vertical Strategies, a condensed version was presented by Vertical Strategies at community stakeholders' meetings to inform those in attendance about the health status of the service area. Vertical Strategies identified several top positive indicators and opportunities for improvement, based on the data.

Following the presentation of data, the meeting attendees discussed the data results. They were asked to identify other opportunities that were omitted from the initial presentation and to judge if the positive indicators were represented appropriately. The group was requested to identify the top three opportunities that were of most concern to them and how they perceive access to healthcare providers in the area. In addition, attendees were asked how, given limited financial and human resources, could Valley View Hospital and its health care providers improve the health status of residents. Findings were tabulated and reconsidered at the community stakeholders meeting.

The community stakeholders group, in collaboration with Vertical Strategies, conducted a survey of interested community residents. The survey included 33 multiple choice and open-ended questions on a variety of health and provider issues. The health questionnaire for Valley View Hospital was distributed as a web-based survey. Links and access codes were given to participants at the end of the first community health needs assessment meeting and participants were encouraged to have their friends and family complete the survey, as well. In addition, the links to the web-based surveys were made available at Valley View Hospital through the organization's website at www.vvh.org. The community was informed about the survey and provided the link in paid newspaper advertisements, the website, and social media. The survey was also shared through the organizations and individual networks of those within the community stakeholders group. The same questions were asked of all participants. There were 417 total responses, and the survey was provided in both English and Spanish.

The survey questions included a series of "yes or no" questions, prioritization ranking, as well as ample opportunities for the respondent to offer a free-flowing response. Vertical Strategies

compiled the results of the survey to maintain the anonymity of respondents. Valley View Hospital leadership was provided a detailed response compilation of the survey results. Summary results of the survey findings were presented to the community stakeholder groups. At that meeting, participants reviewed the survey summary data and determined community priorities.



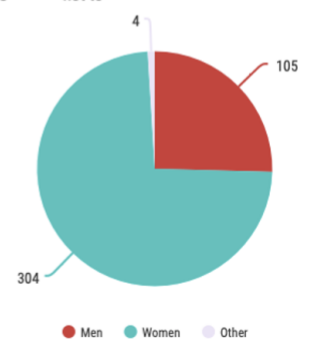
417
TOTAL RESPONSES

6 of which were completed in Spanish-with 100% of Spanish responses being submitted by women

81621 81631 81650 81602 81623 81611 81601 81615 81647 81652

Number of mentions
fewer 3 more 218

96.59%
of participants
are permanent residents of the community spending 10-12 months out of the year in this community



Community Needs

Data derived from state and national resources indicated several health observations in the service area. Among them were:

1. Roughly 24 percent of residents in the service area speak a language other than English which is much higher than the state at 16.7 percent.⁶
2. The service area's ratio of patients to dentists is 1,473:1 which is much higher than the state at 1,220:1⁷

⁶ US Census Bureau, American Fact Finder, <https://www.census.gov/quickfacts/>

⁷ County Health Rankings, <https://www.countyhealthrankings.org>

3. There is a significantly higher percentage of driving deaths attributed to alcohol impairment in Garfield and Eagle counties than in Pitkin county- 40 percent, 29 percent, and 11 percent respectively. ⁸
4. The life expectancy in the service area is much higher at 88.2 than both the state (80.6) and national (78.9) averages.
5. The average living wage (wage needed to pay for ordinary living expenses only) in the service area is \$16.19/hour for a single individual but the minimum wage is set at \$12/hour. ⁹
6. Roughly 46 percent of renters living in the service area are spending 30 percent or more of their income on rent. ¹⁰

The community stakeholders group used the qualitative results of the survey process to frame the story portrayed by the data gathered and discussion group observations. The survey results included the following sample observations:

- The most important health concerns were, by ranking:
 - Mental Health
 - Substance abuse
 - Access to Healthcare
 - Cancer
 - Aging Problems
- In addition to the pre-written options, several residents selected “other” as a top health concern with most written responses indicating that COVID-19 and COVID-19 Vaccination were of top concern. Given the current state of the pandemic this result is as expected.
- When asked if respondents have delayed or went without needed healthcare services in the last three years, 53.35% had indicated they had.
 - The top three reasons provided included:
 - That care costs too much
 - That insurance doesn’t cover the care they needed
 - “Other” reasons which primarily included:
 - Not applicable as I got the care I needed
 - COVID concerns/fears or precautions
- Most respondents, 87%, indicated that they currently have medical insurance

⁸ County Health Rankings, <https://www.countyhealthrankings.org>

⁹ Living wage calculator, <https://livingwage.mit.edu>

¹⁰ Colorado State Demography office <https://demography.dola.colorado.gov/gis/map-gallery/>

- Of those who are not currently covered, the primary reason for not having health insurance was due to an inability to pay for it (85%) with 15% indicating that they choose not to have health insurance.
- 3.62 percent of respondents noted that their physical health kept them from their activities of daily living more than 11 days per month.
- 1.68 percent of respondents indicated that their mental health kept them from their activities of daily living more than 11 days per month.
- Respondents were asked what services they have utilized in the past 24 months, the most utilized services included: (ranked in order by number of responses)
 - Primary Care
 - Specialty Care
 - Emergency Services
 - Surgery
 - Hospitalization
 - Urgent Care
- When asked what specialty services have been used in the past 24 months, respondents answered: (ranked in order by number of responses)
 - Dental
 - Dermatology
 - Physical Therapy
 - Gynecology
 - Orthopedics
 - Massage
 - Chiropractic
 - Mental/Behavioral Health
 - Cardiology
 - Ophthalmology

Prioritization of Needs

Following the assimilation of the detailed health data along with results from the surveys and community stakeholder meetings, Valley View Hospital developed a prioritization of health needs. Based on review of health, health access, and health outcomes data; demographic data; economic data; economic impact data; community survey data and the experience of meeting participants, the following issues were chosen by Valley View Hospital to pursue.

These needs were identified as most pressing:



1. Coverage and total cost of care
2. Behavioral and Mental Health

Other issues were identified by the community as important, but Valley View Hospital has not addressed them in this plan as other groups have taken the lead on solutions. Valley View Hospital maintains a willingness to work with other entities within the community to look at providing appropriate programs.

Approval

The Valley View Hospital Board of Directors approves the prioritization of needs identified in the community health needs assessment.

Nettie Avery, Chair of Board, 12/15/2021



VALLEY VIEW

Valley View Hospital

Implementation Plan

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

Adopted May 3, 2022 by the Valley View Hospital Board of Trustees

Introduction

Valley View Hospital (VVH) primarily serves the residents of Eagle, Garfield and Pitkin counties. An independent, not-for-profit health system, the organization includes a 78-bed hospital based in Glenwood Springs, an integrated system of specialty centers and physicians' practices providing care in multiple locations across the region.

This Implementation Plan accompanies the 2021 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, 2021. The ACA also requires each hospital to adopt an Implementation Strategy addressing each significant health need identified in the CHNA.

As a result of the Valley View CHNA, the organization will address the following community health needs:

- Coverage and total cost of care
- Behavioral and mental health

This is a three-year plan to respond to these needs. Within the response to these needs, Valley View is pursuing tactics to serve the diverse populations of our community and to support health equity.

Health Need: Coverage and total cost of care			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Collaborations with Other Facilities/Organizations
Improved coverage for vulnerable populations	- Maximize operational efficiencies to best manage costs to optimize coverage for all patients, regardless of payor	Staff time	Medical Staff
	- Promote our generous financial aid program at Valley View for families up to 500% of Federal Poverty Level	Financial	
	- Explore additional payer contracts to promote insurance market competition	Staff time	
	- Work with Valley Health Alliance (VHA) and other similar initiatives to advance individual and employer-based insurance options in our community	Staff time	VHA
Enhanced primary care helps management of total cost of care	- Support primary care services that benefit the community that do not cover their costs.	Financial	
	- Continue direct financial support of Mountain Family Health Centers as our community Federally Qualified Health Center (FQHC)	Financial	Mountain Family Health Centers
	- Continue direct financial support for regional primary care providers to recruit and retain their providers	Financial	
	- Collaborate with regional primary care providers on patients' comprehensive care (hospital transitions, standardized lifestyle programming, psychiatric crisis, and specialty referrals)	Staff time	Mountain Family Health Centers, Glenwood Medical Associates, MidValley Family Practice
	- Facilitate the successful transmission of electronic summary of care for hospital discharges	Staff time	
	- Support patient care in multiple languages thru investment in advanced translator technologies and services	Staff time Financial	

	- Address geographic and mobility barriers to care in a rural service area through investment in telehealth technologies and services	Staff time Financial	
	- Support primary care providers in their care of diverse populations through expanded outreach, education and resources in those populations	Staff time Financial	
Enhanced understanding of patient well-being drives more effective strategies for wellness, cost management	- Complete health-related social needs screenings on all discharged Medicaid patients	Staff time	Accountable Health Communities Model
	- Refer patients with positive social needs screenings to the Regional Accountability Entity (RAE) for appropriate support	Staff time Financial	CO RAE-Region 1 (Rocky Mountain Health Plans) via Community Health Network
Accessible, quality specialty care supports coverage and cost management	- Continue to grow specialty services at Valley View that are unique to the region including, but not limited to, cardiovascular, spine and cancer care to mitigate geographic barriers and help community members receive world-class care close to home	Financial Staff time	
	- Promote regional partnerships to enhance access to advanced specialties offered by Valley View in geography beyond Valley View's primary service area	Financial	Aspen Valley Hospital, Grand River Health, Craig Memorial Hospital, Pioneers Medical Center, Rangely District Hospital
	- Support patient care in multiple languages thru investment in advanced translator technologies and services	Staff time Financial	

	- Address geographic and mobility barriers to care in a rural service area through investment in telehealth technologies and services	Staff time Financial	
Costs better managed thru appropriate use of care	- Promote after hours urgent care as option for community members seeking quality, walk-in medical attention for non-emergent illnesses and injuries at a lower cost than the emergency department	Staff time Financial	
	- Decrease incidence of avoidable hospital costs for specified services that are benchmarked at the state level		
	- Ensure hospital length of stay (LOS) does not exceed benchmark by health condition		Local skilled nursing facility

Health Need: Behavioral and mental health			
Anticipated Impact	Specific Actions to Achieve Impact	VVH Resources	Collaborations with Other Facilities/Organizations
Access to quality psychiatric care	- Invest in Valley View psychiatry department	Financial	
	- Hire and mentor two psychiatric nurse practitioners	Financial	
	- Support patient care in multiple languages thru investment in advanced translator technologies and services	Staff time Financial	
Enhanced integration of behavioral and physical health care	- Employ integrated behavioral health specialists, licensed clinical social workers (LCSWs), in Valley View primary care offices	Financial	
	- Enhance closed-loop referrals for community-based behavioral health care	Staff time	MindSprings Health, West Springs Hospital, behavioral health providers
	- Screen patients for postpartum depression and anxiety and refer positive screens for appropriate follow-up	Staff time Financial	CO RAE-Region 1 (Rocky Mountain Health Plans), Community Resource Network
	- Develop processes for patient-driven hospital discharge planning and referrals for mental health/substance abuse treatment needs	Staff time Financial	CO RAE-Region 1 (Rocky Mountain Health Plans), Community Resource Network
Decreased opioid use	- Promote Alternatives to Opioids (ALTO) to reduce the administration of opioids in the emergency department while effectively addressing patients' acute pain needs	Staff time	

Reduced community suicides	- Participate in the Zero Suicide initiative, engaging Valley View clinical and nonclinical staff in the framework	Staff time	Behavioral health providers, county public health, Colorado Department of Public Health and the Environment
Enhanced care for community members needing substance withdrawal	- Participate in collaboration to enhance and integrate the community substance recovery continuum	Staff time	MindSprings Health
	- Invest in new Social Setting Withdrawal Management (SSWM) facility	Financial	Garfield County, City of Glenwood Springs, City of Rifle, Town of New Castle, Town of Silt, Town of Carbondale, Grand River Health