Valley View Hospital

Implementation Plan

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

Adopted April 22, 2025 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. The Affordable Care Act (ACA), enacted on March 23, 2010, requires nonprofit hospitals to conduct a CHNA once every three taxable years.

This Implementation Plan accompanies the 2024 Valley View Hospital Community Health Needs Assessment (CHNA). Valley View completed its most recent CHNA on December 31, 2024. Following the assimilation of the detailed health data along with results from the surveys and community stakeholder meetings, Valley View 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 community health needs were prioritized by the Valley View Board of Trustees to pursue:

- Total cost of care
- Access & availability
- Social determinants of health

To respond to these needs, Valley View has created this three-year plan. This Implementation Strategy also aligns with the requirements of the ACA.

Health Need: Total cost of care			
Anticipated **Impact**	Specific **Actions** to Achieve Impact	**VVH Resources**	**Collaborations** with Other Facilities/Organizations
Primary care access is sustained in our rural community to support management of total cost of care	- Invest in Valley View primary care practices that do not cover their costs.	Financial	
	- Make direct financial contributions to support other organizations in providing essential primary care to the community, including specific vulnerable populations.	Financial	Mountain Family Health Centers, River Bridge Regional Center, La Clinica del Pueblo
	- Continue direct financial support for private regional primary care providers to recruit and retain their providers	Financial	Glenwood Medical Associates, MidValley Family Practice
Effective use of healthcare services help to better manage total cost of care	- Optimize 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	
	- Expand community awareness of after hours urgent care	Staff time Financial	
	- Identify and connect patients of the after hours urgent care and emergency department with a primary care provider to provide them a 'medical home.'	Staff time	
	- Continue to grow specialty services at Valley View for effective diagnoses and treatment of complex medical needs.	Financial Staff time	
	- Leverage telehealth to maximize access to care while also reducing the costs of care further from home	Financial	
	- Decrease incidence of avoidable hospital costs for specified services that are benchmarked at the state level		

	- Ensure hospital transition of care communication to essential resources		
Vulnerable patients have financial barriers to care removed	- Continue generous financial aid program at Valley View for families up to 500%, or $160,750 in 2025, of Federal Poverty Level.	Financial	
	- Employ staff to support patients with screening and assessment of total patient needs including insurance enrollment, pharmaceutical financial assistance and the Regional Accountability Entity (RAE).	Financial Staff time	
	- Facilitate enrollment in Medicaid at outpatient point-of-care locations.	Staff time	
Ensure Valley View's strong financial position to enable community investments	- Maximize operational efficiencies across the Valley View network of care to best manage costs to optimize coverage for all patients, regardless of payor		
	- Invest in technology such as AI to facilitate administrative work to support clinical efficiencies while also enabling clinicians to deepen their relationship with patients.		Microsoft
	- Engage payors to support sustainable contracts and promote insurance market competition	Staff time	All payors
	- Work with Valley Health Alliance (VHA) and other similar initiatives to advance individual and employer-based insurance options in our community	Staff time	VHA

Health Need: Access and availability			
Anticipated **Impact**	Specific **Actions** to Achieve Impact	**VVH Resources**	**Collaborations** with Other Facilities/Organizations
Community members have access to physical health services, close to where community members need it	- Invest in services such as obstetrics and primary as other communities are losing those providers and associated services.	Staff time Financial	
	- Continue to offer and grow services to the community that operate at a loss such as palliative care, primary care and OB-GYN.		
	- Continue to offer and grow specialty services that are unique to the region including 24/7 emergency heart care, open heart surgery, comprehensive cancer care and pulmonology	Staff time Financial	
	- Enhance partnerships with other regional hospitals to bring advanced specialties offered by Valley View to their rural communities	Financial	Aspen Valley Hospital, Grand River Health, Craig Memorial Hospital, Pioneers Medical Center, Rangely District Hospital, Vail Health
	- Pay for systems and tools that promote regional access to specialists at Valley View including a secure digital messaging system (PerfectServe) and Health Information Exchange (Contexture)	Financial	
	- Lead the Roaring Fork School District's certified athletic trainer program at three high schools, ensuring student athletes have timely access to care	Staff time Financial	Roaring Fork School District's
	- Support the community with Colorado public health programs including Medicaid, CHP+	Staff time Financial	
Community members have access to	- Continue to support BH care at Valley View through the investment in a psychiatry department and Licensed Clinical Social Workers, Behavioral Health	Financial	

behavioral health services, close to where community members need it	Advocates embedded in Valley View primary care practices		
	- Enhance sustainability of BH through improved payor contracts, philanthropic partnerships and optimized clinical efficiencies	Staff time	
	- Engage with community to respond to changes in inpatient and outpatient behavioral health services and access. Engage and grow community partnerships that augment BH services in our community	Staff time Financial	Aspen Hope Center, Mind Springs Health, Vail Health
	- 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
	- Promote Alternatives to Opioids (ALTO) to reduce the administration of opioids in the emergency department while effectively addressing patients' acute pain needs		
	- Participate in the Zero Suicide initiative, engaging Valley View clinical and nonclinical staff in the framework		
Primary care and behavioral health care integration improves	- Lead strategic investment in a comprehensive medical record for all of Valley View with the University of Colorado's *Community Connect* program to support care integration while advancing patient safety.	Staff time Financial	
	- Provide financial underwriting for other private practices to also join the University of Colorado's *Community Connect* program.	Financial	Glenwood Medical Associates

	- Utilize team-based care approaches, including care coordinators and the Primary Care Behavioral Health (PCBH) model, at all Valley View primary care practices		
	- 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
Diverse populations are supported to access to care	- Build and support a Health Equity Patient Family Advisory Committee to inform Valley View's work and plans to respond to health disparities.		
	- Offer telehealth services to address geographic barriers to care for both primary and specialty care at Valley View.	Staff time Financial	
	- Enhance patient care in multiple languages thru investment in advanced translator technologies and growth of certified medical translator staff	Financial	
	- Support providers in their care of diverse populations through education and resources for those populations	Staff time Financial	
	- Collaborate within the Valley View network of care and other providers to support patients' comprehensive care (e.g. hospital transitions, SDOH and specialty referrals)	Staff time	
A robust healthcare workforce exists to	- Lead an apprenticeship program to support local high school students in exploring professions in health care	Staff time Financial	

support care in our rural community	- Support individuals in degree-based programs requiring internships and/or residency to enable their degree and/or credentialing completion	Financial Staff time	
	- Offer a nurse residency program for recent nurse graduates at Valley View, a structured program that helps new nurses transition to professional practice that Valley View has led since 2008	Financial Staff time	
	- Collaborate with educational partners to support interest and pursuit of healthcare careers and degrees	Staff time	Colorado Mountain College, Colorado Mesa University, Roaring Fork School District
	- Provide continuing education and other educational opportunities for Valley View and other community clinicians.	Financial Staff time	
	- Develop housing options and partnerships to help Valley View employees, students and residents have housing in our community	Financial Staff time	

Health Need: Social determinants of Health (SDoH)			
Anticipated **Impact**	Specific **Actions** to Achieve Impact	**VVH Resources**	**Collaborations** with Other Facilities/Organizations
Support understanding of patient well-being to drive more effective strategies to address SDoH needs	- Leverage new medical record to enhance capture of SDoH and coordinate support and resources	Financial	
	- Complete health-related social needs screenings on all discharged and Valley View primary care Medicaid patients	Staff time	
	- Refer patients with positive social needs screenings to the Regional Accountability Entity (RAE) for appropriate support	Staff time	
Patient access to community SDoH resources expands	- Enhance partnerships to enhance SDoH resources at Valley View such as meal totes, transportation vouchers	Staff time	
	- Enhance partnerships with community organizations/agencies to expand SDoH resources in our community	Staff time	
	- Leverage the Community Resource Network (CRN) to support coordinated patient referrals	Staff time	
	- Participate in collaborations seeing to address housing such as housing and transportation	Staff time Financial	Regional governments, employers, regional nonprofits

A HEALTH EQUITY INITATIVE

Valley View Hospital

Community Health Needs Assessment

2024

START

Vertical Strategies

ELEVATING NONPROFITS

Executive Summary

VVH CHNA 2024 REPORT

Community health needs assessments are the systematic approach to ensure that the health services uses its resources to improve the health of a population the most efficient way.

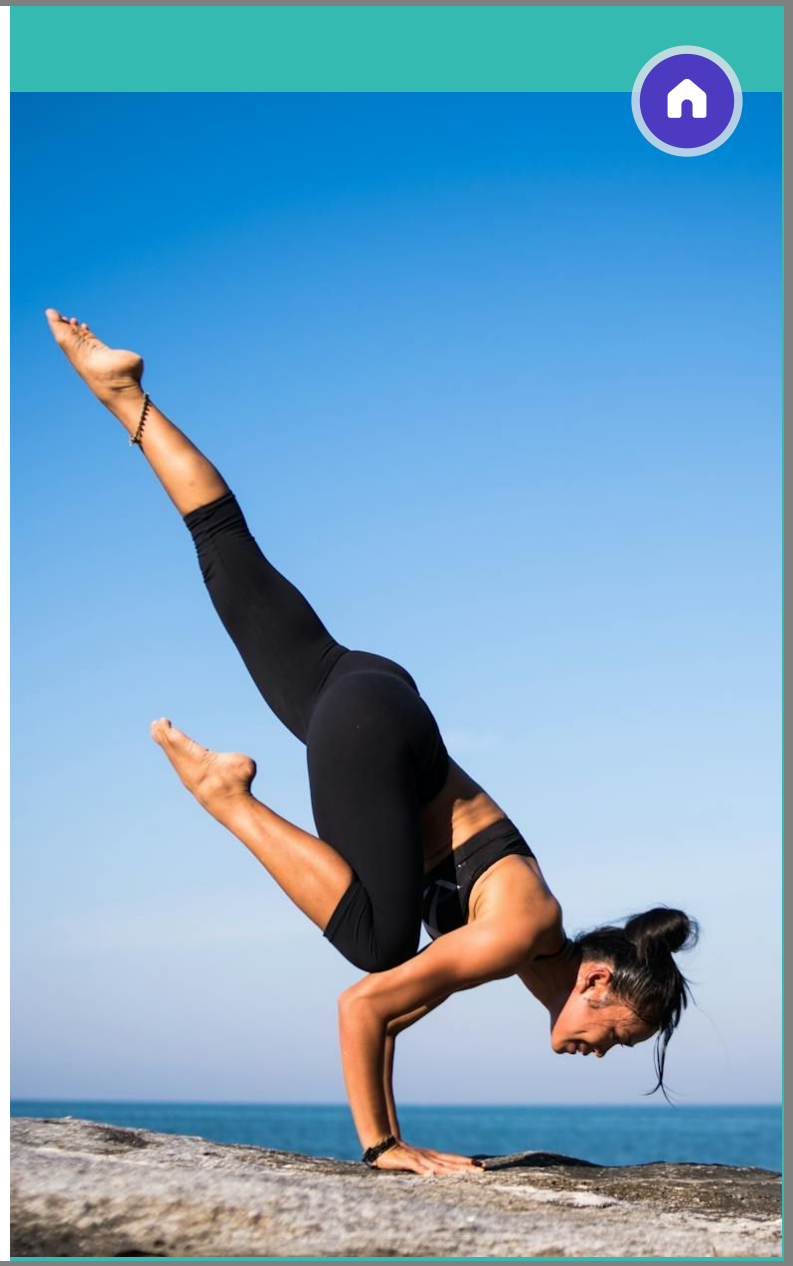
—Wright, Wilkinson and Williams, The BMJ Publishing Group

This report 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 2024 community health needs assessment (CHNA), administered by Valley View Hospital, and facilitated by Vertical Strategies.

The contents are highly interactive with buttons and links to references, guides, sample documents, data and so much more. There are also several buttons to navigate between pages of this report with linked content.

We hope this report is able to serve as a reference AND as a guide for **future planning**, **program development** and **decision-making.**

+ INFO



THANKS!

DEAR VALLEY VIEW COMMUNITY

It has been our utmost pleasure to collaborate with and learn more about your community. We are so grateful for the opportunty and hope that you find the contents of this report valuable and helpful as Valley View Hospital continues to strive towards improving the overall health of the community and closing the gap on health equity issues.

*It has been very clear to our team how **passionate** and **caring** the community and providers are. We are excited to see how your recommendations lead to improved programming and impact the lives of your friends and neighbors.*

Thank you,
Megan Galaviz and Melissa Bosworth
Vertical Strategies

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Situation Summary

COMMUNITY HEALTH NEEDS ASSESSMENT

Vertical Strategies was engaged with Valley View Hospital to conduct a Community Health Needs Assessment (CHNA) to review public health data and engage with the community to set priorities for the next three years.

This process occurs every three years and is used to help guide the spending and efforts of the local health care providers with the goal of achieving better health outcomes throughout the community.

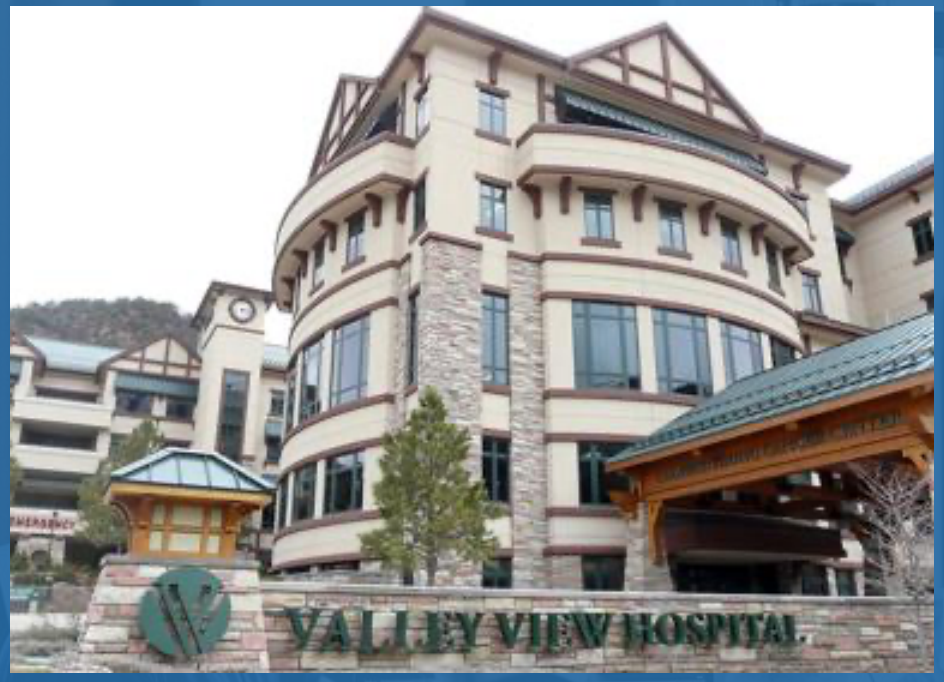
2021 CHNA Report

Link

Hospital Transformation Project

Link

“Where you live should not determine whether you live, or whether you die.”— Bono



Background

VALLEY VIEW HOSPITAL

Valley View Hospital

PEOPLE CARE

Valley View is your trusted healthcare partner in Glenwood Springs, Colorado, with a rich history dating back to 1955.

From humble beginnings, we've grown into a leading regional medical center, offering a comprehensive range of services on a 21-acre medical campus. Our patient-centric approach, guided by values such as safety, quality, and community, has earned us recognition from industry leaders. We're committed to providing top-notch care, one patient at a time, and aspire to be the region's healthcare leader.

Mission, Vision, Values

WHAT MAKES US WHO WE ARE

Our Mission: Caring for you and your family, one patient at a time

Our Vision: To be the region's independent healthcare leader.

Our Values: Patients first, Safety, Quality, Service, Accountability, Community and **Teamwork** — guide our mission every day to care for people and their families, one patient at a time. Beginning with **patients first**, each of our values are part of a **patient-centered** approach to care. At Valley View, each staff member, physician and volunteer takes the mission of **patient-centered** care to heart. Decisions are made with the primary consideration of doing what's right for the **patient** and their families, creating a **collaborative** partnership between caregivers and patients.

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

Services

WHAT WE DO

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.

Link

Locations

WHERE TO FIND US

Link

2021 CHNA

A LOOK BACK AT PROGRESS

2021 CHNA Priorities

IMPACT OF COMMUNITY LEAD INITIATIVES

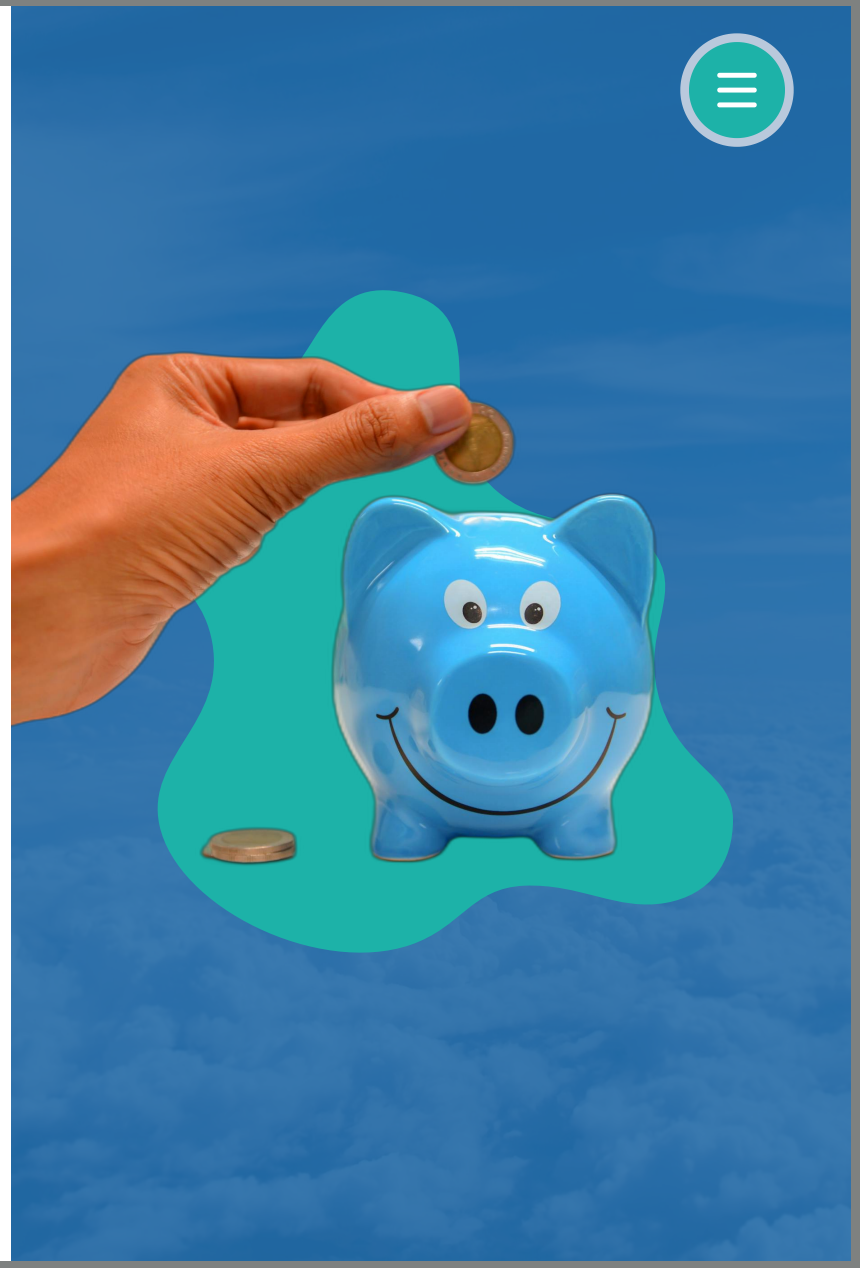
1. Improve Coverage and Total Cost of Care

2. Address Community Behavioral and Mental Health Needs

Improve Coverage and Total Cost of Care

INITIATIVES IMPLEMENTED SINCE 2021

1. Improved coverage for vulnerable populations — + INFO
2. Enhanced primary care helps management of total cost of care — + INFO
3. Enhanced understanding of patient well- being drives more effective strategies for wellness, cost management — + INFO
4. Accessible, quality specialty care supports coverage. and cost management — + INFO
5. Costs better managed through appropriate use of care — + INFO



Improve Coverage and Total Cost of Care

Enhanced primary care helps management of total cost of care

- Support primary care services that benefit the community that do not cover their costs.

- Continue direct financial support of Mountain Family Health Centers as our community Federally Qualified Health Center (FQHC)

- Continue direct financial support for regional primary care providers to recruit and retain their providers

- Collaborate with regional primary care providers on patients' comprehensive care (hospital transitions, standardized lifestyle programming, psychiatric crisis, and specialty referrals)

- Facilitate the successful transmission of electronic summary of care for hospital discharges

- Support patient care in multiple languages thru investment in advanced translator technologies and services

-Address geographic and mobility barriers to care in a rural service area through investment in telehealth technologies and services

- Support primary care providers in their care of diverse populations through expanded outreach, education and resources in those populations

Improve Coverage and Total Cost of Care

Enhanced understanding of patient wellbeing drives more effective strategies for wellness, cost management

- Complete health-related social needs screenings on all discharged Medicaid patients

- Refer patients with positive social needs screenings to the Regional Accountability Entity (RAE) for appropriate support

Improve Coverage and Total Cost of Care

Improved coverage for vulnerable populations

- Maximize operational efficiencies to best manage costs to optimize coverage for all patients, regardless of payor

- Promote our generous financial aid program at Valley View for families up to 500% of Federal Poverty Level

- Explore additional payer contracts to promote insurance market competition

- Work with Valley Health Alliance (VHA) and other similar initiatives to advance individual and employer-based insurance options in our community

Improve Coverage and Total Cost of Care

Costs better managed through 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

- 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

Improve Coverage and Total Cost of Care

Accessible, quality specialty care supports coverage & cost management

- Continue to grow specialty services at Valley View that are unique to the region including cardiovascular, spine and cancer care to mitigate geographic barriers and help community members receive world-class care close to home

- Promote regional partnerships to enhance access to advanced specialties offered by Valley View in geography beyond the primary service area

- Support patient care in multiple languages through investment in advanced translator technologies and services

- Address geographic and mobility barriers to care in a rural service area through investment in telehealth technologies and services

Address Community Behavioral and Mental Health Needs

INITIATIVES IMPLEMENTED SINCE 2021

1. Access to quality psychiatric care — + INFO
2. Enhanced integration of behavioral and physical health care — + INFO
3. Decreased opioid use — + INFO
4. Reduced community suicides — + INFO
5. Enhanced care for community members needing substance withdrawal — + INFO

Address Community Behavioral and Mental Health Needs

Enhanced care for community members needing substance withdrawal

- Participate in collaboration to enhance and integrate the community substance recovery continuum

- Invest in new Social Setting Withdrawal Management (SSWM) facility

Address Community Behavioral and Mental Health Needs

Access to quality psychiatric care

- Investments in Valley View psychiatry department
- Hire and mentor two psychiatric nurse practitioners
- Support patient care in multiple languages through investment in advanced translator technologies and services

Address Community Behavioral and Mental Health Needs

Reduced community suicides

- Participate in the Zero Suicide initiative, engaging Valley View clinical and nonclinical staff in the framework

Address Community Behavioral and Mental Health Needs

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

Address Community Behavioral and Mental Health Needs

Enhanced integration of behavioral and physical health care

- Employ integrated behavioral health specialists, licensed clinical social workers (LCSWs), in Valley View primary care offices

- Enhance closed-loop referrals for community-based behavioral health care

- Screen patients for postpartum depression and anxiety and refer positive screens for appropriate follow-up

- Develop processes for patient-driven hospital discharge planning and referrals for mental health/substance abuse treatment needs

Feedback

ONGOING COMMUNITY COLLABORATION

Valley View Hospital recognizes that while formal CHNA's are required every three years, we can maximize value by creating opportunities to for continuous feedback and engagement with our community and other organizations aiming to improve the quality of health and life for our residents.

We commit to participanting in, and hosting opportunities to continue checking in with our community and community resource partners throughout the year, not only to address our third identified priority area, but also to encourage open feedback and real time process improvement.

+ INFO

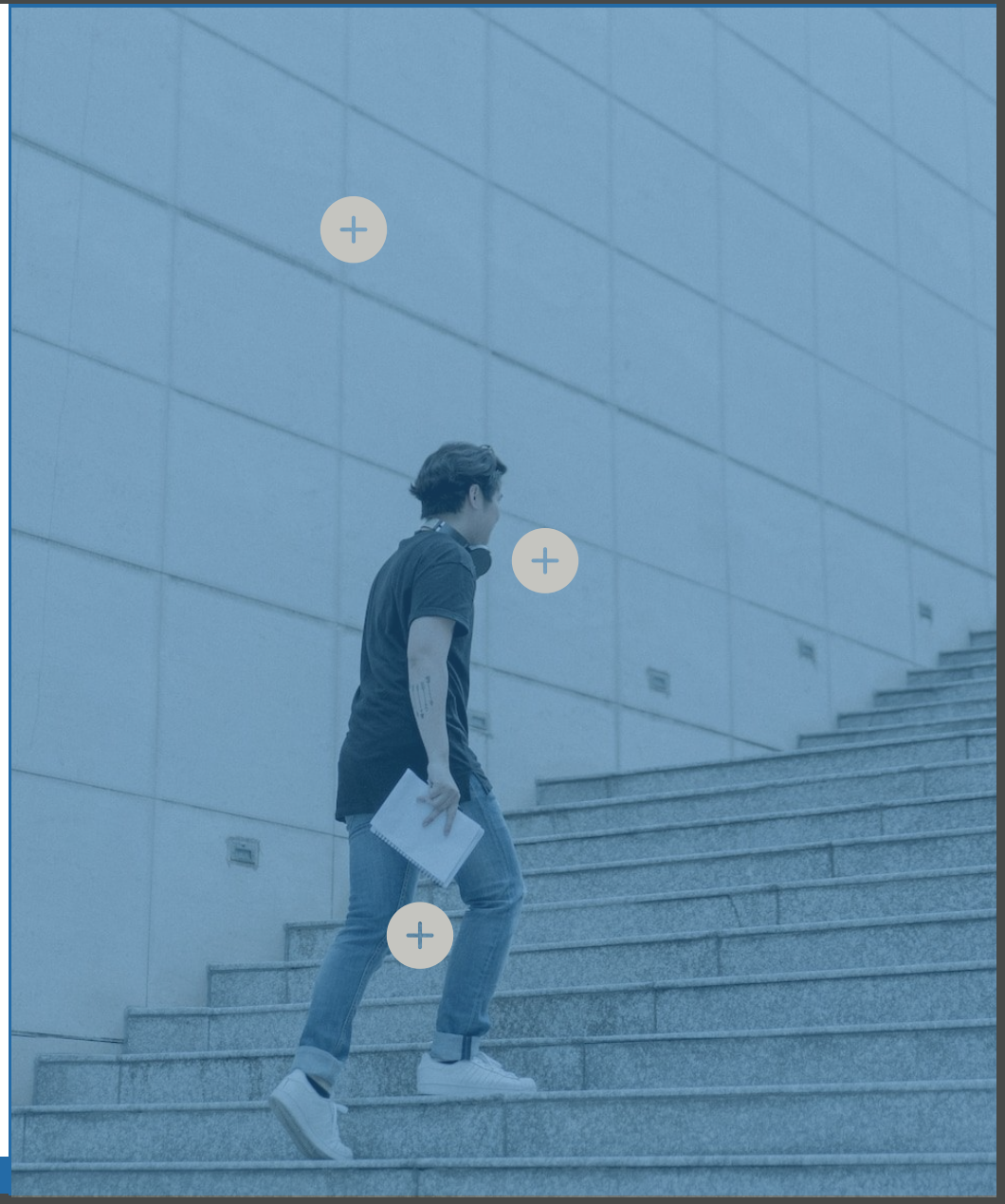
Feedback

COMMUNITY REFLECTION ON THE ENGAGEMENT

With overwhelming agreement, the participants in our focus sessions and town hall were grateful for the opportunity to come together and eager to do it again in the near future.

Feedback/comments from participants:

- *These conversations are so valuable to our organziations and our constituents.*
- *These conversations are a great way to learn about what others are doing to serve our community and how we can collaborate on similar efforts.*
- *Requests for scheduling follow up conversations*
- *Recommendations for participation in existing standing meetings with similar orginzations.*
- *Expressed appreciation for our local healthcare resources*



"I was especially glad to read that VVH had hired two psychiatric nurses. As a Carbondale resident whose family member and several friends are patients of Dr. Wiley, I would like to suggest that VVH hire another psychiatrist with the depth of knowledge he has in treating people with mental illness. Qualified nurses are very appropriate for certain mental illnesses, however the training and experience of psychiatrists enables them to deal with more complicated cases.

Thank you for listening."

COMMUNITY MEMBER

2024 CHNA

A PLAN TO GO FORWARD

Target Areas, Economics and Populations

A SUMMARY OF THE DEMOGRAPHICS AND LANDSCAPE

Target Area, Economics, & Populaitons

A 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. The next series of slides will outline characteristics of the population as described.

Data Resources

Links to Data Resources

MIT Living Wage Calculator

CO State Demography Office

County Health Rankings

US Census Bureau

Data USA

CoHID

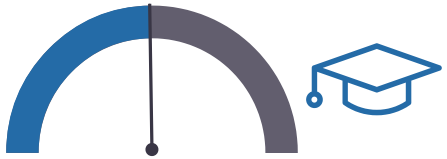
Demographics

VIEW OF CURRENT DEMOGRAPHIC LANDSCAPE

134,432

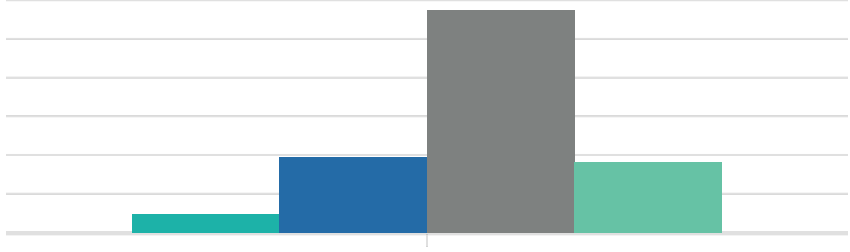
The total population of the target community

Population with a Bachelors or higher



Female population

Average rates of population by age across the community



5,438

Veterans, 2018-2022

5.37%

UNDER THE AGE OF 65 WITH A DISABILITY

40.7

The median age of residents

5,603

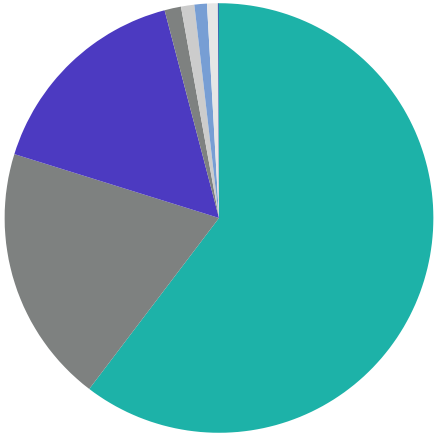
Land area in square miles

$92,594

Median household income

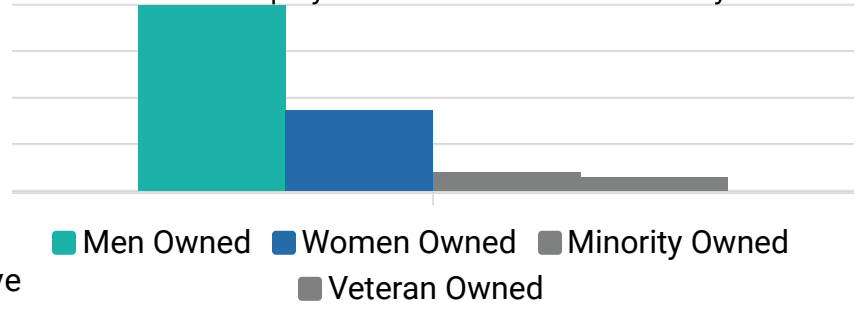
AVERAGE POVERTY RATE

7.2%



- White
- White not Hispanic or Latino
- Hispanic or Latino
- Two or More Races
- Asian
- Black or African American
- American Indian and Alaska Native
- Native Hawaiian and Other Pacific Islander

Total employer firms across the community



Economic Stability

IMPACT OF HEALTHCARE

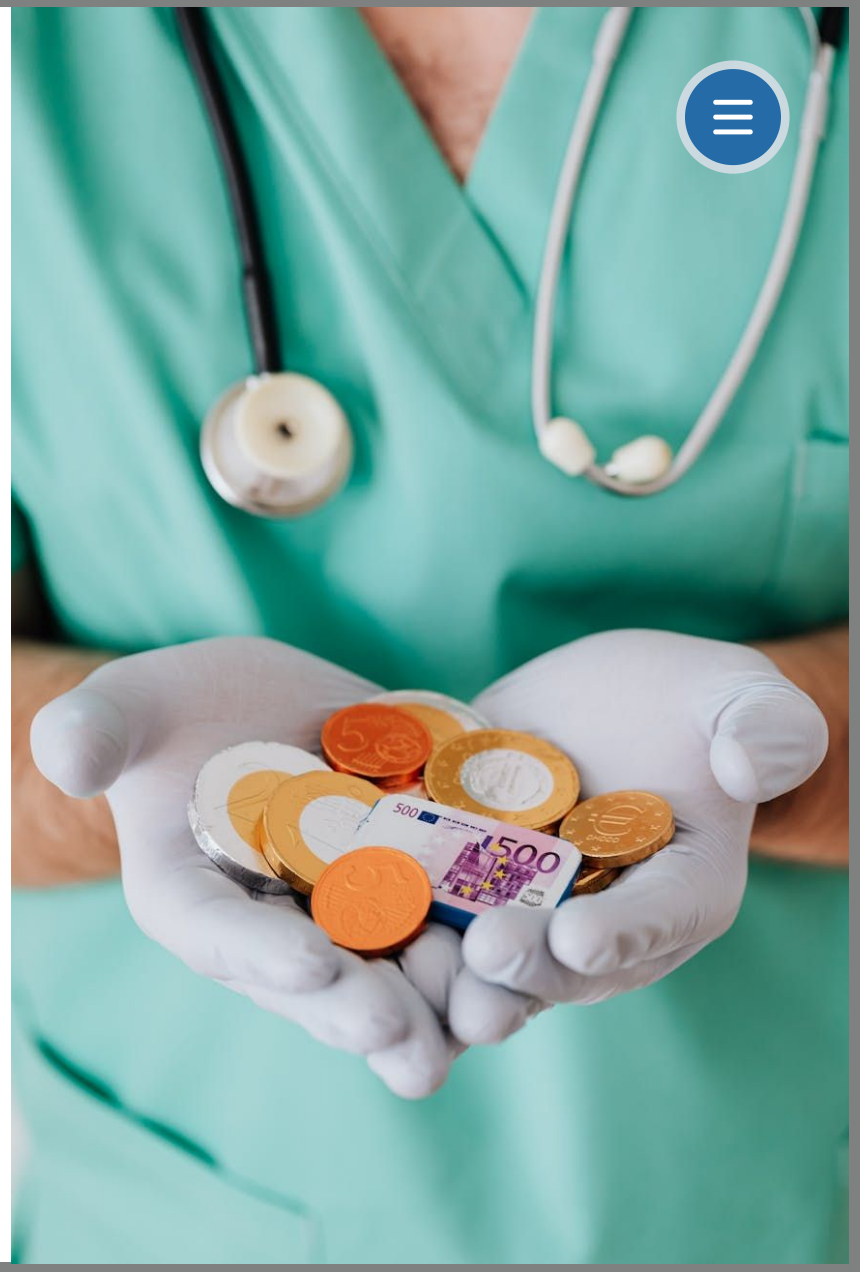
Economic Stability

IMPACT OF HEALTHCARE

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. 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.

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 multipliers 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.



Funding for Priorities

VVH's commitment to CHNA priorities

Funds spent on HTP and CHNA efforts in 2022 as reported in the 2022 IRS 990

Free or Discounted Services

$24,304,866

Social Determinants of Health

$248,379

Community Based Healthcare

$1,074,120

Provider Recruitment, Education, Research & Training

$625,494

Process, Strategy and Community Impact

A SUMMARY OF THE PATH TO PRIORITIES

Process, Strategy and Community Impact

SUMMARY OF COMPONENTS

WHO Participated

What data?

Community Survey

Following each presentation, both the curated data and the survey results, the meeting attendees had an open discussion and evaluated the current needs. They were asked to identify other opportunities that were omitted from the initial presentations 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 Town Hall in August.

What data was used?

PUBLICALY AVAILABLE HEALTH DATA

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 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.

About the Survey

COMMUNITY HEALTH SURVEY

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. At the time of this report there were 974 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.

Who participated?

COMMUNITY HEALTH LEADERS

The community stakeholders group engaged in the 2024 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.

Community Needs

A REVIEW OF THE DISCOVERED NEEDS

Community Needs

DATA HIGHLIGHTS

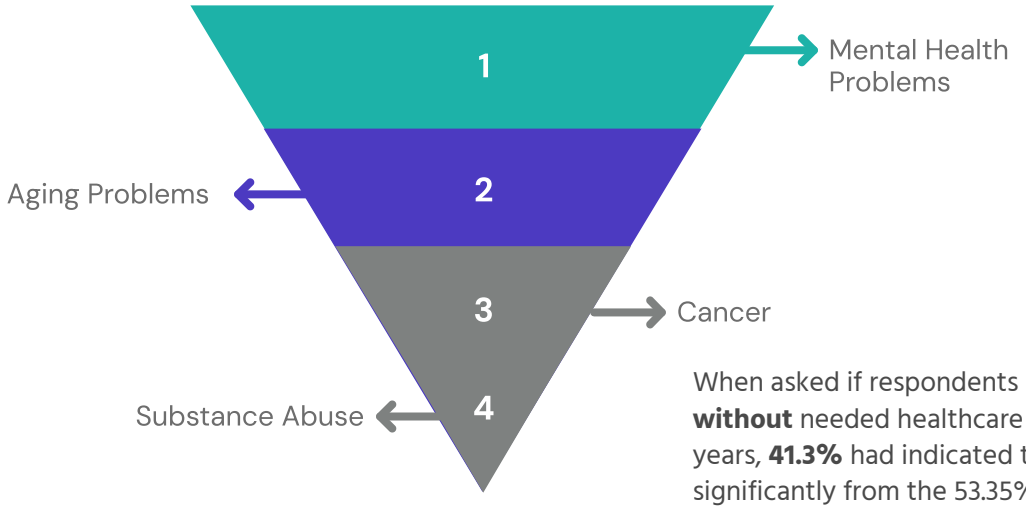
- Average life expectancy in the community is 88 years which is significantly higher than the state (79 years) and national (78 years) averages.
- Income to home value ratio in the community is some of the highest rates in the state, with a ratio of over 7 in Pitkin County. A comfortable rate sits closer to 2.5.
- An average 49% of renters in the community spends more than 30% of their income on housing.
- Garfield County had the highest rate of uninsured in the State of Colorado at 17.47% which is almost double the state average (9%).
- The population over 65 in both Eagle and Garfield Counties aligns with the state average of 16%, however Pitkin County is home to a much higher rate of aging citizens (24%) and has the highest life expectancy at 92.7 years of age.
- The community reports high incidents of depression and anxiety (as high as 22% and 17%) but poor rates of adults receiving treatment (as low as 7% in Garfield County)
- The community reports high incidents of binge drinking, as high as 26% in Pitkin County

Data Presentation

Community Needs

SURVEY HIGHLIGHTS

Top 4 health concerns



Respondents have health insurance

89.7%

Of those who are not currently covered, the primary reason for not having health insurance was due to an inability to pay for it (77%), which has dropped from the 85% reported in 2021

11 or more Poor Mental Health days

1.76 %

11 or more Poor Physical Health d...

6.19 %

When asked if respondents have **delayed** or went **without** needed healthcare services in the last three years, **41.3%** had indicated they had which has dropped significantly from the 53.35% reported in 2021.

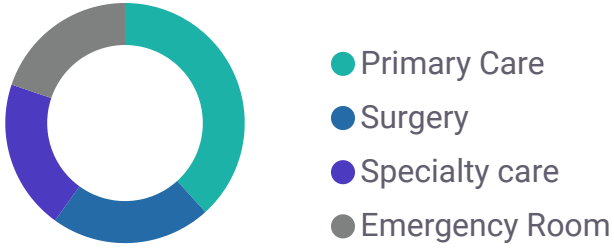
The top three reasons provided included:

1. Cost

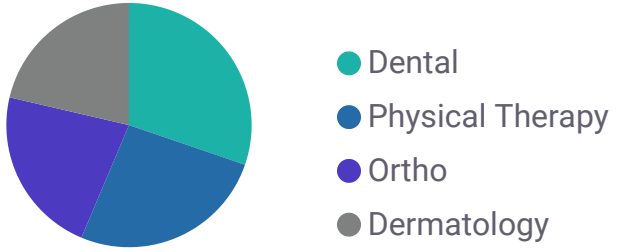
2. Too long to wait

3. Couldn't get an appointment

Top 4 health services



Top 4 specialty services



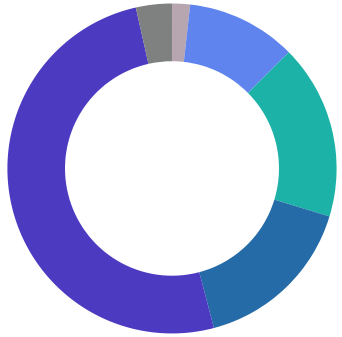
Community Needs

SURVEY DEMOGRAPHICS

90%

of participants are permanent residents of the community spending 10-12 months out of the year here

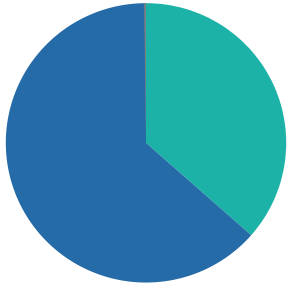
81504 81503 81505 81641
81652 81635
81507 81637 81601 81623
81625 81631 81647 81615
81520 81611 81621 81650
81620 81521 81602 81632 81654



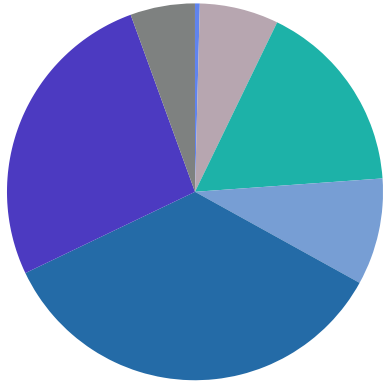
- Under 25
- 26-39
- 40-54
- 55-64
- 65-84
- 85+

13

SPANISH SURVEYS



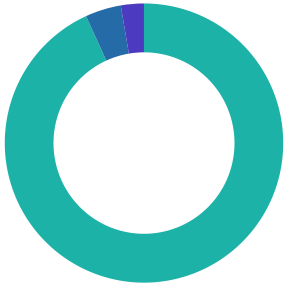
- Men
- Women
- Other



- Less than High School
- High School
- Some College
- Associates
- Bachelors
- Graduate Degree
- Doctoral Degree

974

Total Responses



- White
- Hispanic/Latino
- Prefer not to respond

- Working Full time
- Working less than full time
- Retired
- Not employed but looking for work

Community Needs

STAKEHOLDER OBSERVED NEEDS/ISSUES

- Access to Physical and Mental Health Services <- Affordable access
  - Limitations due to schedule
  - Limitations due to insurance
  - Limitations due to number of providers
- Substance abuse
- High Cost of Living (including healthcare for un and under-insured folks)
  - Housing, childcare, transportation, access to credit & savings, amount of monthly pay that goes to these basic needs
  - Instability caused by the housing market
  - Predatory housing practices - there are no recourse in the form of Tenants rights here, compared to other areas
  - Costs of child care- particularly for families with more than one child
- Why is care being delayed
  - Issues with network and coverage even for those with health insurance
    - Is there a way to help patients navigate this? In-house experts at VV?
  - Patients need to weigh these costs against other living costs (paying rent, food)
- Health insurance coverage
  - Those who make too much to qualify but not enough to afford services/insurance
- Continuous assessment- updated/current data

Survey Results Presentation

Community Needs

STAKEHOLDER OBSERVED NEEDS/ISSUES

- Efforts have been made to address total cost of care but the need continues to be a major concern. The community would like to see the hospital continue to make strides towards furthing improvement in this area.
  - A lot of work has been done since the last CHNA to impact the affordability of care for those experiencing financial hardship or lack insurance coverage
    - The community would like to see more effort be focused on helping those who sit in the insurnace gap. Ie, those who do not qualify for financial hardship or government assistance but do not make enough to cover their deductibles
- Efforts have been made to improve overall access to care but the need continues to be a major concern. The community would like to see the hopsital continue to make strides towards improvement in this area.
  - Particularly interested in learning more about WHY patients are delaying care and finding opportunities to improve utilization of current resources
  - Further exploration on engaging with non-english speaking patients and utilizing the bilingual resources implemented in the previous CHNA
- Many of our community's biggest issues are connected to economic constraints and other social determinants of health. The community recognizes the impact this has on health and the limited direct solutions that can be provided by the hospital but would like to see the hospital participate in evaluating and informing efforts towards improvement in these areas
  - Tourism is a very large part of our economic profile
    - This brings a lot of funding to our communities but also creates issues
    - Drives up the cost of living
    - Drives up the home values
      - Creates major issues with the affordability to live and work in within the community and prioritizes vacation and investment home ownership which threatens the sustainability of local workforce
  - It is proposed that the hospital develop systems to collaborate with local government and organizations that are working on social determinants of health, particularly in those working to address affordable housing solutions.

Prioritization of Needs

PROPOSED PRIORITIES

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.

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.

Town Hall Presentation

Implementation Plan

Total Cost of Care

Affordable Access

- Decrease Hospitalizations/ED Visits
- Provide patient education on prevention and primary care
- Enhance Primary Care
  - Expand on the current efforts identified in the 2021 plan to improve access and utilization of Primary Care and preventative care
  - Expand on current efforts to integrate screening and other health services through the Primary Care Clinic
- SDoH screening and assessment of total patient needs
  - Expand on the current efforts identified in the 2021 plan
- Evaluate and expand current financial assistance programming to address patients with high deductible plans

Social Determinants of Health

Overall Health and Wellbeing

- Develop relationships with partners in the SDoH space
  - Leverage reputation and size to help provide information etc
- Partner with regional governments and non-profits that are working on affordable housing,
  - Investing in housing options closer to the workplace leads to investing in employee retention and health.
- Partner with the City, CDOT and RFTA on supplying more convenient and less impactful modes of transportation for employees and customers.

Proposed potential partners

- Habitat for Humanity
- CDOT, RFTA, City and County
- West Mountain Regional Housing Coalition
- Community Paramedics (home health possibilities)
- Mountain Family Health Center
- The River Center
- Mtn Valley Developmental Services
- Mindsprings and Eagle Valley Behavioral Health
- Aspen Strong/HEADQUARTERS (nonprofits tied to mental health)
- Mid Valley Family Practice

Access & Availability

Physical and Mental Health

- Address low utilization of existing services
  - Particularly for our non-english speaking communities
- Identify additional opportunities to further integrate behavioral and primary care
- Sophisticate procedures around managing positive mental health screenings
- Identify additional opportunities to decrease opioid use
- Provide patient education on available services and how to access them
- Evaluate outmigration for commonly accessed specialty services for possible expansion

Vertical Strategies

ELEVATING NONPROFITS

A PERFECT CLOSURE

Gratitude!

It has been an honor and joy to work on this project with you.