

**San Luis Valley**

**Community  
Health  
Assessment**

**2023**



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## THANK YOU!

To everyone who participated in this process, both in identifying assets, issues, and needs as well as in brainstorming solutions and next steps. Your input will guide public health's work over the next five years.

To the Colorado Health Institute for their personalized and thorough data collection efforts, and for excellent client service and community communication.



For the engagement and support from directors, staff, and Boards of Health from each of the six local health departments that form the San Luis Valley Public Health Partnership (SLV PHP).

### *Note about Data Sources:*

*Data used in this assessment came from a variety of sources, including primary data collected specifically for this assessment. Publicly available data sources included, but were not limited to, the American Community Survey, Colorado State Demography Office, County Health Rankings, Healthy Kids Colorado Survey, Colorado Health Information Datasets, and various others.*

**Contact the SLV PHP for more details and information:**

**[www.slvphp.com](http://www.slvphp.com) or**

**[slvphpfacilitator@alamosacounty.org](mailto:slvphpfacilitator@alamosacounty.org)**

# What is a CHA?

A Community Health Assessment, or CHA, is a series of assessments conducted to help describe the needs, issues, and health status of a community.

In Colorado, this process is required every five years by all governmental public health agencies, per the Public Health Act of 2008. One of the main requirements of this act is to utilize health assessments to develop a Public Health Improvement Plan (PHIP), which will be created and implemented after each CHA.

The overarching goal of these efforts is to increase the availability and quality of public health services and ultimately to improve health outcomes.

The San Luis Valley Public Health Partnership pools resources and works together on a regional level to complete these assessments.

**In 2023, broad data was collected in the SLV by the Colorado Health Institute:**

**150+**  
data points analyzed  
STATE & NATIONAL DATA

**14**  
small group  
interviews  
COUNTY & REGIONAL

**6**  
community  
meetings  
1 IN EACH SLV COUNTY

**265**  
survey respondents  
ENGLISH & SPANISH

# SUBSTANCE USE/MISUSE

## ALCOHOL

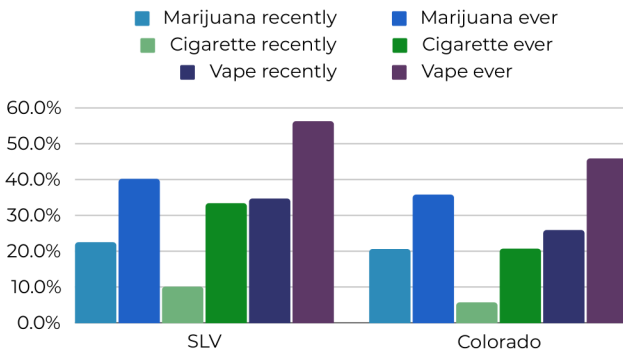


1 in 3 high school students have consumed alcohol in the last month.

Adult heavy alcohol use (3% SLV/ 7% CO) and binge drinking (11% SLV/ 19% CO) is lower than the state average.

SLV residents report normalization of alcohol use at community events and as a “rite of passage”.

## TOBACCO, MARIJUANA, and VAPING



Percent of High School Students Who Had Used at Least One Time in the Last 30 Days & Who Have Ever Used

Students use these products more than their peers statewide.

Over 55% of high school students have tried vaping.

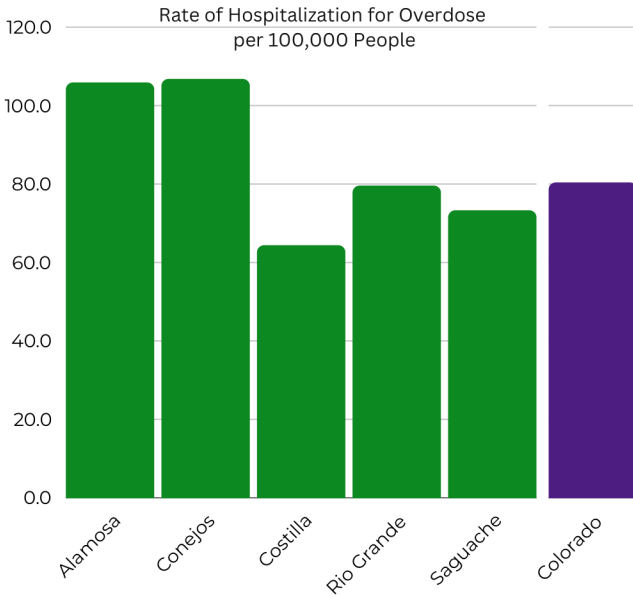
More adults in the SLV smoke cigarettes than statewide (19% vs. 14%).



Pregnant women who report smoking during the last trimester of pregnancy (16%) was more than double the state (6%).

## YOUTH SUBSTANCE USE

More SLV high school students report ever using cocaine (7%), meth (4%), ecstasy (4%), and heroin (3%) than their peers across Colorado.



## OVERDOSE

Hospitalizations for overdose were higher in the SLV (with some counties being much higher).

\*Data suppressed in Mineral County due to sample size

## HARM REDUCTION & STIGMA

The SLV has multiple services and locations for Harm Reduction, Syringe Exchange, and Addiction Treatment.

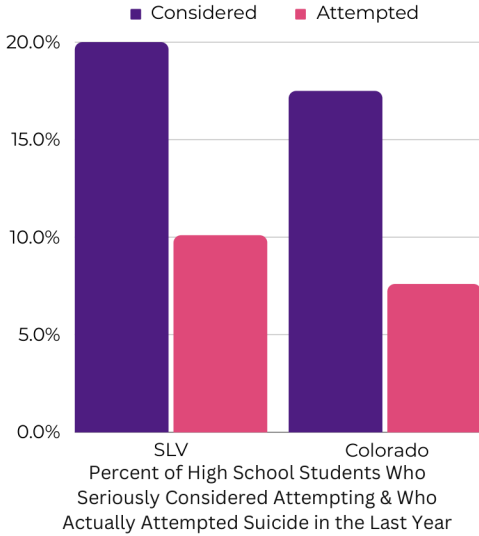
Stigma around utilization of these services - or even offering these services - continues to be high.

*“Harm reduction” refers to a range of intentional practices designed to lessen negative consequences associated with various legal & illegal behaviors.*

Need more access to: treatment, residential programs, court-ordered rehabilitation, recovery services, transportation to services, and education on current services.

# MENTAL HEALTH

## SUICIDE & DEPRESSION



High school students considered and attempted suicide more than their Colorado peers.

39% of students in the SLV said they felt sad or hopeless almost every day for two weeks.



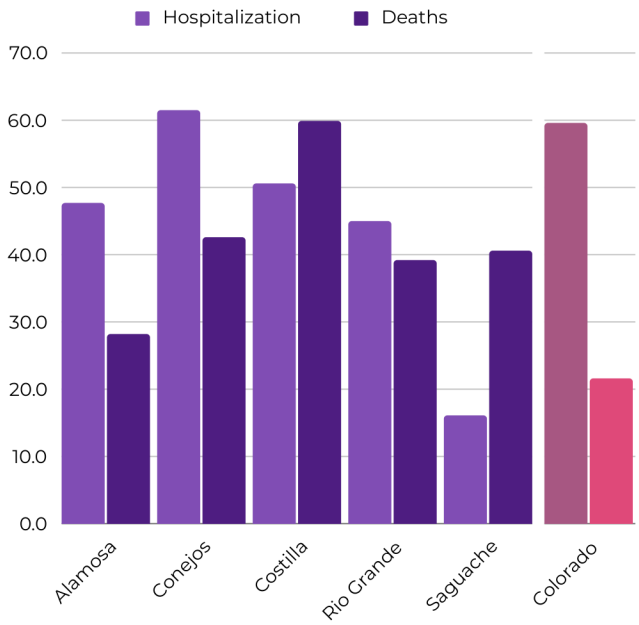
2.4% of SLV adults reported both thinking about and attempting suicide.

Suicide deaths were higher in the SLV than Colorado (37 vs. 22 per 100,000).

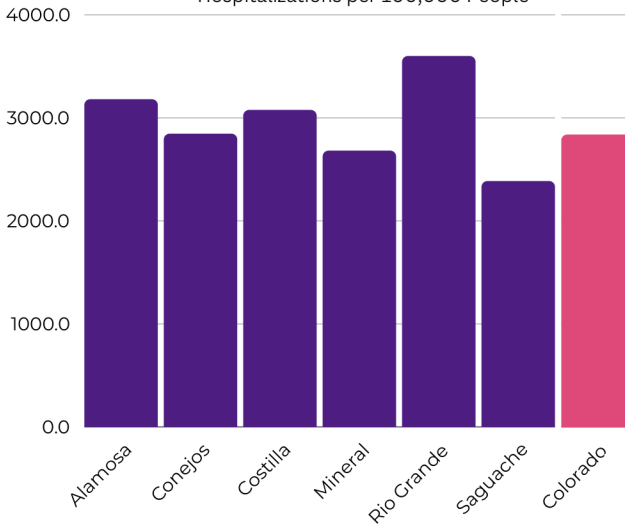
\*Data suppressed in Mineral County due to sample size

Conejos and Costilla Counties had higher rates for both suicide hospitalizations and deaths than peer SLV counties.

Rate of Suicide Hospitalizations and Suicide Deaths per 100,000 People



Rate of Mental Health Diagnosed Hospitalizations per 100,000 People



Most SLV counties had higher rates than Colorado of hospitalizations due to mental health diagnoses.



20% of high schoolers in the SLV report being bullied at school, and 14% report online harassment in the last year.

The SLV has higher rates of child maltreatment than Colorado (up to 24 per 1,000 in some SLV counties vs. 10 per 1,000 in CO).



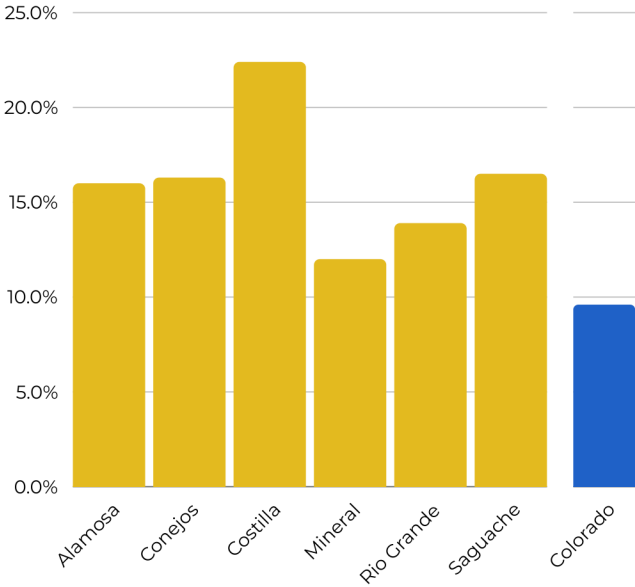
Social isolation and stigma continue to be barriers for seeking treatment.

## IDENTIFIED NEEDS

- Local inpatient services
- Increased services to support mental health needs in jails
- Decreased turnover in mental health providers
- Improved communication by mental health providers with other providers/services
- More providers and services across the age spectrum, especially for youth and older adults

# POVERTY

Percent of Residents Living Below the Federal Poverty Level



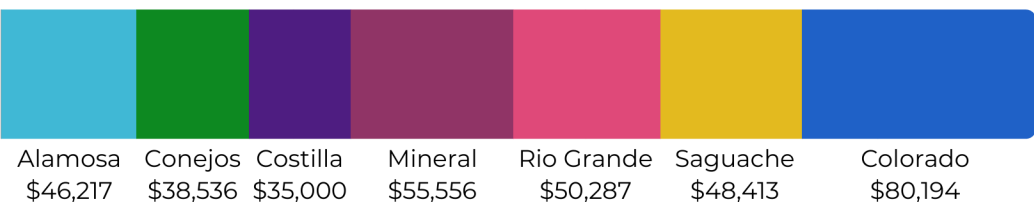
“Poverty is a major cause of ill health and a barrier to accessing health care when needed.”

-The World Bank, 2014



Almost 2 in 10 children in the SLV live in poverty.  
(18% below 100% of Federal Poverty Level; Colorado average is 11%)

Household income 1/2 the Colorado average, in parts of the SLV.





# TRANSPORTATION

Additional transportation services are needed, as well as more support & awareness of current services.

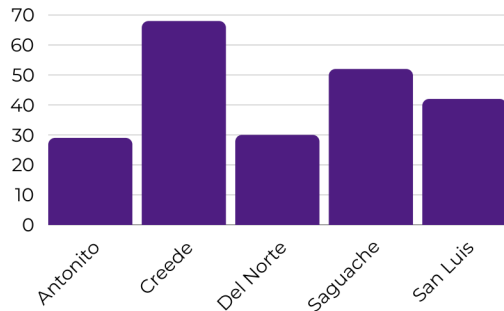


SLV travel distances to health care services can be up to 7 times as far as the national rural average.

The average distance to the nearest hospital for rural Americans is 10.5 miles.

(Pew Research Center)

Miles to closest Level 3 Trauma Center (in Alamosa) from various SLV towns



# HOUSING



More than 1 in 4 SLV adults worry about affording their rent/mortgage. (38% in the SLV vs. 28% Colorado)



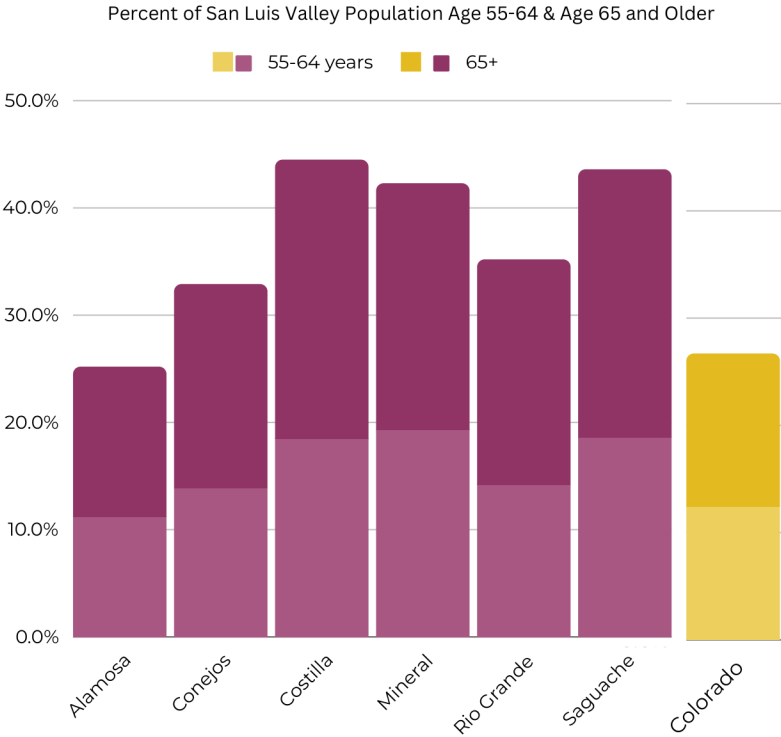
Unhoused individuals face more barriers to healthcare and other services.

More affordable & available housing is needed.



# SERVICES & SUPPORTS FOR OLDER ADULTS

The SLV has a larger proportion of adults aged 55 and older, compared to Colorado as a whole.

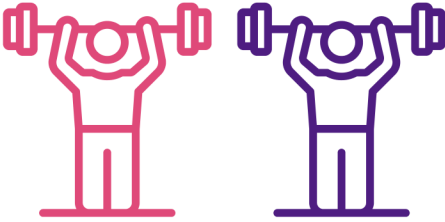


## IDENTIFIED NEEDS

- Additional housing
- Transportation support
- More in-home care services
- More staffing at care facilities
- More targeted services for older adults (e.g. dementia, substance use, intensive psychiatric care)
- Access to medical devices not covered by Medicare (e.g. hearing aids)
- Expanded activities & programs for older adults, including physical activities and social connections



# PHYSICAL ACTIVITY



SLV high school students report being more active than their peers in Colorado, but still only **1/2** are meeting physical activity guidelines.

Adults in the SLV are not getting the recommended amount of exercise.

(Only 54% are meeting CDC guidelines of 150 minutes weekly of moderate-intensity physical activity and 2 days of muscle strengthening activity.)



Swimming pools and recreational facility access & affordability was regularly identified as a desire in all communities.

The San Luis Valley has a multitude of great free/affordable outdoor activities, but these are not widely utilized by locals.



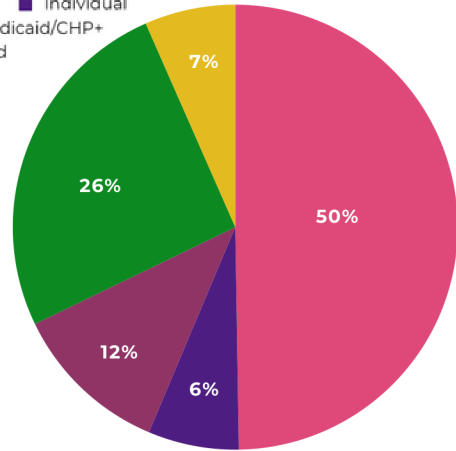
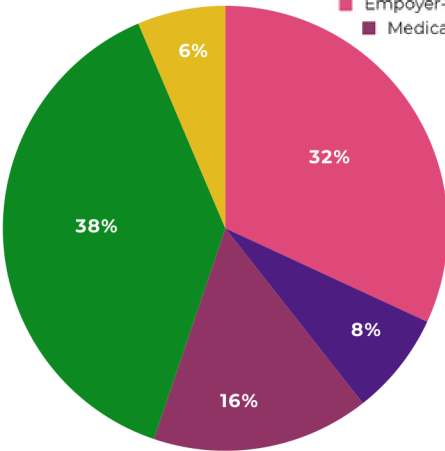
# HEALTH CARE ACCESS & TRUST

## INSURANCE COVERAGE

San Luis Valley

Colorado

■ Employer-Sponsored    ■ Individual  
■ Medicare    ■ Medicaid/CHP+  
■ Uninsured



Fewer people visited a health care professional in the past year.  
SLV (78%) vs. CO (82%)

Only 36% of people sought specialist care in 2020 (vs. 42% CO).

## BARRIERS TO CARE

**11%**  
did not get care due to cost

**3%**  
went without care because they didn't have transportation

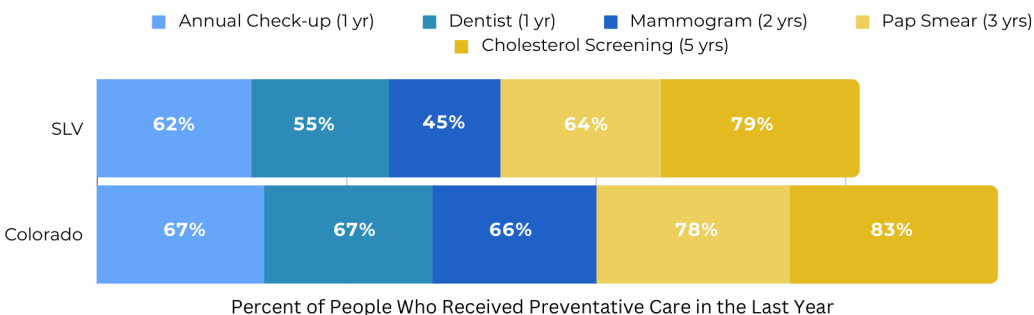
- Affordability
- Availability of Providers
- Transportation
- Trust and Stigma

**18%**  
were unable to get an appointment as soon as one was needed

**8%**  
did not get prescriptions due to cost

# PREVENTATIVE HEALTH CARE

Fewer people in the SLV utilize preventative health services.



Youth vaccine rates are similar to state rates.  
(95% SLV vs. 94% CO)



In 2021, Alamosa, Rio Grande, and Saguache all had compliance better than the state - up to 99%.

Fewer SLV adults over age 65 received a flu vaccine last year (55% SLV vs. 65% CO) or had ever received a pneumonia vaccine (62% SLV vs. 77% CO).

## INJURY AND VIOLENCE

There is a need for more prevention efforts related to injury & violence in the SLV.



The SLV overall has higher rates per 100,000 for:

- Unintentional injury* - 10,425 vs. 6,611 CO
- Assaults* - 544 vs. 330 CO
- Intentional self harm* - 202 vs. 138 CO
- Occupational injury* - 53 vs. 33 CO
- Motor vehicle accident injuries* - 150 vs. 90
- Firearm-related injury* - 30 vs. 11 CO



# ADDITIONAL PRIORITIZED SOCIAL DETERMINANTS OF HEALTH



Social Isolation

Dental Care

Child Care



Health Education & Communication

Nutrition & Food Access/Security

Services for the Unhoused Community



## DEMOGRAPHICS

SLV Population (2020) - 46,112  
Expected growth rate - 0.1% growth through 2025

Over double the Hispanic population (46%) vs. Colorado (22%)  
Up to 61% in some SLV communities

25% speak a language other than English at home.  
Colorado average is 16%.

Spanish is the primary other language spoken.

Educational attainment is lower in most SLV counties.

Motor vehicle safety by high school students  
was worse than the state average.

Chronic diseases (cardiovascular disease, heart disease & cancer)  
are the leading causes of death.

Death rates due to COVID-19 and accidents are significantly  
higher than Colorado rates.

# PUBLIC HEALTH CONTACTS



## Alamosa County Public Health

Director - Beverly Strnad

719-589-6639

[alamosacounty.colorado.gov/departments/public-health](http://alamosacounty.colorado.gov/departments/public-health)



## Conejos County Public Health

Director - Denise Jiron

719-274-4307

[conejoscounty.colorado.gov/departments/public-health](http://conejoscounty.colorado.gov/departments/public-health)



## Costilla County Public Health

Director - Paul Wertz

719-672-3332

[costillacounty.colorado.gov/departments/public-health-agency](http://costillacounty.colorado.gov/departments/public-health-agency)



## Rio Grande County Public Health

Director - Kolawole Bankole

719-657-3352

[rgcph.org](http://rgcph.org)



## Saguache County Public Health

Director - Mona Lovato

719-655-2533

[saguachecounty.colorado.gov/departments/public-health](http://saguachecounty.colorado.gov/departments/public-health)



## Silver Thread Public Health District (Mineral County)

Director - Tara Hardy

719-658-2416

[silverthreadpublichealth.org](http://silverthreadpublichealth.org)

## Questions or Comments?

San Luis Valley Public Health Partnership

Facilitator - Emily Brown

[www.SLVPHP.com](http://www.SLVPHP.com)

[slvphpfacilitator@alamosacounty.org](mailto:slvphpfacilitator@alamosacounty.org)



The San Luis Valley Public Health Partnership (SLV PHP) is a formal partnership (through an intergovernmental agreement) among the six local public health agencies serving the San Luis Valley.

*Mission:* Collaborate to develop and sustain public health systems to improve health outcomes throughout the San Luis Valley.

*Vision:* A sustainable partnership with all counties of the San Luis Valley working together to achieve health equity.

*Objectives:*

- Increase local public health agency capacity,
- Enhance public health expertise and efficiency,
- Expand access and improve quality of service, and
- Respect the unique needs of individuals and communities.

Funding was provided by the CDC Preventative Block Grant, through the Office of Public Health Practice, Planning, and Local Partnerships at the Colorado Department of Public Health and Environment.