

COMMUNITY HEALTH NEEDS ASSESSMENT

Spanish Peaks Regional Health Center

Huerfano County, Colorado

2026

Prepared by Vertical Strategies

www.verticalstrategies.net | mlittle@verticalstrategies.net | 989.522.2814

Cover photo provided by Spanish Peaks Regional Health Center.

Purpose

Spanish Peaks Regional Health Center (SPRHC) will build on what works and invest where gaps remain, based on the 2026 Community Health Needs Assessment conducted with Huerfano County residents, patients, and local partners.

Acknowledgments

We're grateful to Huerfano County residents, community leaders, and partner organizations who shared their time and perspectives through the community survey and the community listening sessions.

Suggested Citation

Vertical Strategies (2026). Spanish Peaks Regional Health Center Community Health Needs Assessment. Prepared for Spanish Peaks Regional Health Center.

Table of Contents

Executive Summary....4
Background....5
Medically Underserved Population Description....6
Target Area Economics and Population....7
1. Economic Stability & Income....7
2. Healthcare Access & Insurance....8
3. Health Outcomes & Behaviors....8
4. Rural & Geographic Health Risks....9
5. Community Feedback & Survey Findings....9
Nutrition Access....14
Methods to Prevent Illness....14
Process, Strategy and Community Impact....15
Evaluation of the 2023–2025 CHNA Implementation Strategy....18
Community Needs....19
Access to Care....19
Behavioral and Mental Health....20
Physical Health....20
Social Determinants of Health (SDOH)....20
Resources Potentially Available to Address Significant Health Needs....20
Public Feedback Summary and Hospital Response....22
Prioritization of Needs....23
Recommendations....24
Approval....25
Public Availability....25
IRS Schedule H (Form 990) Cross-Reference....26
References....27

Executive Summary

Spanish Peaks Regional Health Center (SPRHC) is the sole hospital-based provider for Huerfano County, Colorado, a rural county of roughly 7,000 residents. This 2026 Community Health Needs Assessment (CHNA) draws on current county-level data, a 98-respondent community survey, and two facilitated stakeholder listening sessions ("Beyond the Data," held June 3 and August 26, 2026) to identify and prioritize the county's significant health needs, consistent with the requirements of Section 501(r)(3).

93% rate community health only "somewhat healthy" or worse	**56%** delayed or went without needed care in the past 3 years	**47%** say mental health counseling is the service most needed	**53%** name aging-related conditions a top community health concern

What We Found

- Affordability and appointment access are the community's clearest, most consistently supported priorities: ranked #1 and #2 by stakeholders, and reflected directly in the survey's own top reasons for delayed care (long waits and inability to get an appointment, ahead of cost and insurance).
- Behavioral health and substance use also stand out independently: mental health counseling was the single most-requested additional service, and stakeholders rated opioid/substance misuse a 4.0 of 5 on a "major community issue" scale.
- Huerfano County is aging quickly (36.0% of residents are 65 or older), driving rising demand for senior and aging services, which remains a significant, though secondary, need.
- Transportation, food security, and social isolation are real, deeply embedded barriers that touch nearly every need identified in this assessment, even though none rose to the level of a standalone top-three recommendation.

What We're Recommending

- Affordability: increase awareness of SPRHC's patient financial counselor and existing coverage and financial-assistance resources, including Hospital Discounted Care, Title X-supported services, and Health Coverage Guide/enrollment assistance, while identifying remaining affordability gaps.
- Appointment Access & Wait Times: build on the existing Walsenburg evening walk-in clinic, La Veta Clinic, and Mobile Unit by expanding provider capacity and evaluating same-day/acute Mobile Unit appointments, scheduling enhancements, and targeted service expansion based on utilization and outmigration data.
- Behavioral Health & Substance Use: build on Health Solutions' integrated behavioral health and telepsychiatry services while continuing to strengthen partnerships with Crossroads Turning Points and Front Range Clinic/Porch Light Health for detox, inpatient substance use treatment, and sober living services that remain limited locally.

This report also evaluates the impact of SPRHC's 2023–2025 CHNA implementation strategy, documents the community input process and required-source solicitation, and inventories resources potentially available to address each need. A separate, Board-adopted implementation strategy (covering specific actions, resources committed, and any needs SPRHC does not intend to address) will follow as its own report.

Background

Mission Statement

To improve the lives we touch.

Services

Spanish Peaks Regional Health Center (SPRHC) is a non-profit, publicly owned critical access hospital located three miles west of Walsenburg in Huerfano County, Colorado. Operated under the Huerfano County Hospital District, SPRHC is the sole hospital-based healthcare provider in the county and has served Huerfano County and the surrounding Spanish Peaks region since 1963.

Highlights of SPRHC services include:

- Patient-Centered Medical Home: A Family Clinic, Outreach & Women's Clinic, and Specialty Clinic providing primary care, preventive services, and referrals.
- Emergency and Hospital Care: A Level IV trauma center with a 24-hour emergency department, 20 licensed beds, and swing-bed capacity for transitional care.
- Cardiopulmonary Services: Comprehensive diagnostic and treatment services for acute and chronic cardiopulmonary conditions.
- Surgical Services: An active surgical team, including robotic-assisted surgery, that keeps complex procedures local rather than requiring travel to Pueblo or Colorado Springs.
- Rehabilitation Services: Physical therapy, occupational therapy, speech-language pathology, and wound care services for inpatients and outpatients.
- Diagnostics and Testing: Laboratory and imaging (including a new mammography suite), plus the Fresenius-owned and operated Dialysis Center located on the SPRHC campus.
- Retail Pharmacy: A full-service pharmacy located in the main hospital lobby. The pharmacy supports medication affordability by working with patients experiencing financial barriers to identify options on a case-by-case basis.
- Long-Term Care: Spanish Peaks Veterans Community Living Center (SPVCLC) is a vital component of the continuum of care provided through Spanish Peaks Regional Health Center/VCLC. Serving veterans, spouses, widows, and Gold Star parents from across the country, SPVCLC offers 90 beds and comprehensive nursing services designed to meet the evolving healthcare needs of veterans and those requiring supportive care. The facility is unique in Colorado as the only veterans nursing home with a hospital as part of its main campus health system, allowing residents access to an integrated care environment and a broad range of healthcare services.
- Behavioral Health Partnerships: Coordination with Health Solutions and the Las Animas Huerfano Counties District Health Department to connect residents to counseling and substance use resources, along with established partnerships with Crossroads Turning Points and Front Range Clinic/Porch Light Health for substance use disorder treatment services that remain limited locally.

SPRHC serves as the cornerstone of health and well-being for a large, sparsely populated rural county, reducing the burden of travel for residents who would otherwise need to drive to Pueblo, Trinidad, or farther for care.

Hospital Governance

SPRHC is operated under contract with the State of Colorado by the Huerfano County Hospital District, a Colorado special district directed by a five-member, county-elected Board of Directors.

Community Profile

Huerfano County sits along the I-25 corridor in southeastern Colorado, at the foot of the Spanish Peaks. Walsenburg, the county seat, anchors local government, healthcare, and commerce, while La Veta, Cuchara, and Gardner reflect the county's small-town and mountain-recreation character. The county was originally settled by

Native American communities and, in the mid-1800s, by Mexican settlers of Spanish descent from New Mexico and the San Luis Valley; coal mining later drove growth before the mines closed in the 1950s.

Like many rural Colorado counties, Huerfano faces geographic isolation, a limited working-age population, and a growing share of older adults. Its strengths lie in a close-knit, resourceful community, a strong sense of place, and a hospital that is deeply woven into civic life.

How SPRHC Defines Its Community

SPRHC defines the community served by this assessment as the geographic area of Huerfano County, Colorado, in keeping with its role as the county's sole hospital-based provider and with the community definition used in its 2017, 2021, and 2023 Community Health Needs Assessments. This geographic definition was not narrowed to exclude any medically underserved, low-income, or minority population living within the county, as Section 501(r)(3) requires.[8]

The rationale for this catchment area is straightforward: Huerfano County is a single, bounded county with one hospital-based provider (SPRHC), no overlapping hospital service area, and no natural sub-county boundary that would meaningfully separate one part of the county's healthcare needs from another. SPRHC's clinic network (Walsenburg and La Veta), Emergency Department, and Mobile Unit outreach are organized around serving the entire county, including its more remote communities (Gardner, Cuchara, and surrounding rural areas), rather than a subset of it. Using the full county as the catchment area is also consistent with how public data sources (U.S. Census Bureau, County Health Rankings, HCPF) report data for Huerfano County, allowing the demographic and health data in this report to align directly with the population SPRHC serves.

Medically Underserved Population Description

Under Section 501(r)(3), a medically underserved population includes populations experiencing health disparities, or at risk of not receiving adequate medical care because of being uninsured or underinsured, or because of geographic, language, financial, or other barriers, including populations living within SPRHC's service area but not receiving adequate care because of cost, transportation, stigma, or other barriers.

Within Huerfano County, this assessment identifies the following groups as medically underserved, based on the 2026 survey, listening session findings, and county-level data:

- Low-income residents and families: an estimated 19.2% of county residents live below the federal poverty line (2020–2024 ACS/SAIPE), about twice Colorado's 9.6% rate, and appointment wait times and availability, followed by cost and insurance coverage, were the leading reasons survey respondents delayed or went without care.
- Uninsured and underinsured residents: while most 2026 survey respondents were insured, roughly 19% of insured respondents still described medications as a financial hardship, and stakeholders ranked uninsured/underinsured residents among the populations facing the greatest health challenges countywide.
- Hispanic/Latino residents: 29.8% of Huerfano County residents identify as Hispanic or Latino, compared with 14.6% of 2026 survey respondents, a meaningful underrepresentation that limits how well this cycle's data captures their specific barriers to care.
- Residents of remote, unincorporated parts of the county (Gardner, Cuchara, and outlying areas): geographic distance from Walsenburg and La Veta was repeatedly cited as a barrier to routine and follow-up care, and to reaching wellness and preventive services.

- Older adults, particularly those living alone: more than a third of county residents (36.0%) are 65 or older, and stakeholders and survey respondents alike identified aging-related conditions, isolation, and mobility as significant, growing needs.
- Individuals with behavioral health and substance use needs: ranked by stakeholders as the population facing the single greatest health challenge in the county, compounded by cost/insurance barriers to treatment.

Target Area Economics and Population

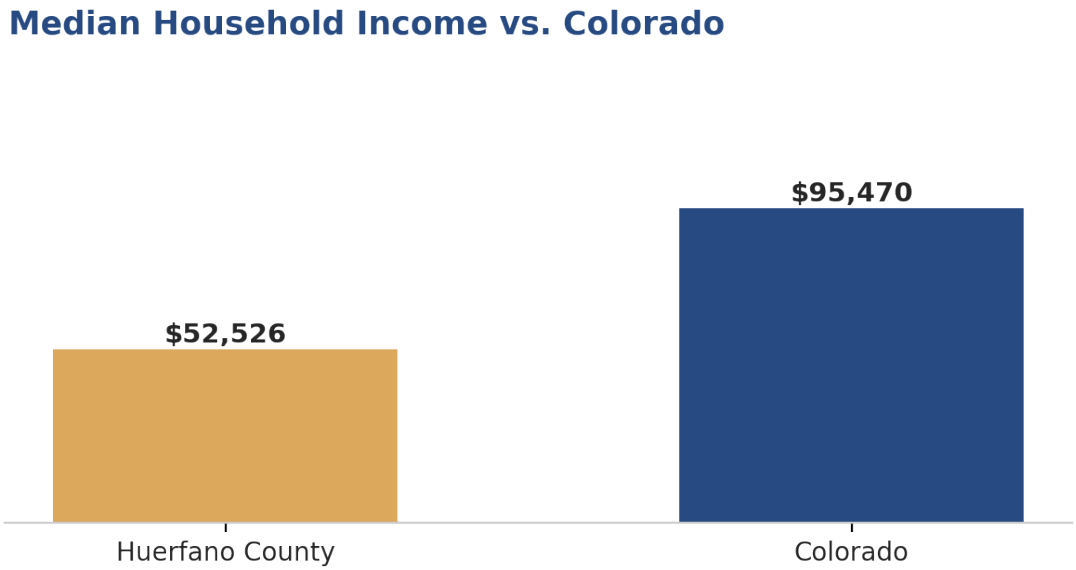
Note on data collection. SPRHC primarily serves the residents of Huerfano County. Data were compiled from the U.S. Census Bureau, County Health Rankings & Roadmaps, and the Colorado Department of Health Care Policy and Financing, supplemented with SPRHC's own 2025–2026 Community Health Needs Assessment survey (98 respondents) provided in English and Spanish and two community stakeholder listening sessions. Some indicators are suppressed or unavailable at the county level because of Huerfano's small population.

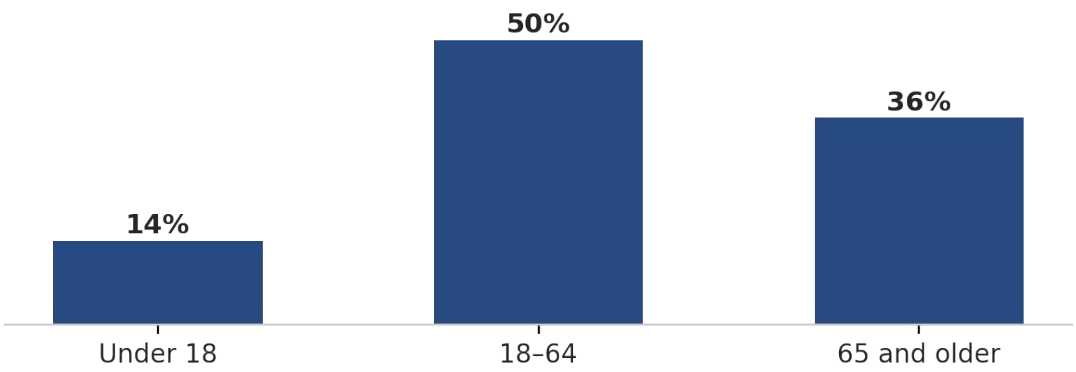
1. Economic Stability & Income

Huerfano County's economy reflects the realities of a small rural county. The median household income is $52,526, compared with $95,470 statewide. Per capita income is $36,579, also well below the Colorado figure of $52,636 (2020–2024 American Community Survey).

Poverty affects an estimated 19.2% of county residents, about twice Colorado's 9.6% rate; the latest Small Area Income and Poverty Estimates place child poverty in the county at 30.8%. For families on tight budgets, this translates into difficult choices between healthcare, transportation, and daily essentials, a pattern echoed in the 2026 survey, where appointment wait times and availability were the most frequently selected reasons for delayed care, with cost and insurance coverage as substantial secondary barriers.

Huerfano County remains small and slow-growing overall, with a 2.9% population increase from the 2020 estimate to the July 2025 estimate of 7,011 residents. Its age structure is markedly older than Colorado's: 36.0% of residents are age 65 or older, compared with 14.5% under age 18. Limited job diversification and a relatively small working-age population continue to constrain economic stability, linking economic conditions directly to the health needs identified later in this assessment.





2. Healthcare Access & Insurance

Healthcare access is shaped by both coverage and geography. The community survey found that 96% of respondents carry medical insurance and only about 4% are uninsured, better than county-level estimates for the broader population, likely reflecting the older, more established households who responded. Even so, nearly one in five insured respondents (about 19%) still described medications as a financial hardship or unaffordable, showing that coverage alone does not close the affordability gap. County-wide, 35.33% of the county population was enrolled in Health First Colorado (Medicaid) in FY2025, an average of 2,476 members per month, which shows how central public coverage remains to the local safety net even though it does not reach a majority of residents.

Geographic isolation compounds these issues. As the county's only hospital-based provider, SPRHC serves a 1,590-square-mile, entirely rural county; residents outside Walsenburg and La Veta often travel significant distances for specialty, dental, and behavioral health care. Fifty-six percent of survey respondents said they or a household member delayed or went without needed healthcare in the past three years. In the survey itself, the leading reasons were being unable to get an appointment in time (43% cited too long a wait, 42% could not get an appointment at all), with cost (30%) and inadequate insurance coverage (23%) as substantial secondary barriers; long travel distances were named alongside these in stakeholder discussion.

3. Health Outcomes & Behaviors

Each year, the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation publish the County Health Rankings & Roadmaps (CHR&R) report, which has historically ranked nearly every county in the country on two broad measures: Health Outcomes (how healthy a county is today) and Health Factors (the behaviors, clinical care, and social/economic conditions that shape those outcomes). The 2025 annual release is CHR&R's most recent full annual dataset, although they have updated a few measures in 2026 so Huerfano County's ranking in this report should be read as historical context, not a current 2026 rank; current conditions below draw on the most recent available measure-level data instead.

County Health Rankings Context	Huerfano County	Release Context
2026 release status	Selected measures updated in March 2026	No new 2026 annual ranking or Health Groups were

County Health Rankings Context	Huerfano County	Release Context
		published
Historical health-outcomes standing	Lower quartile in prior annual releases	Historical comparison only, not a 2026 rank
Life expectancy	~72.5 years	Colorado ~78.2 years (most recent available)
Adults reporting poor or fair health	~18.9%	Colorado ~14–17% (most recent available)
Premature mortality (years of potential life lost per 100,000, age-adjusted)	Historically substantially worse than the Colorado benchmark	Ranges from <4,000 in the healthiest CO counties to >10,000 in the least healthy

Source: County Health Rankings & Roadmaps, 2025 annual release and March 2026 supplemental measure updates; small-county estimates like Huerfano's may be suppressed or unstable year to year because of the low underlying population base.

The county's aging population drives much of this gap: aging-related conditions such as arthritis and vision or hearing loss topped the list of community health concerns in the 2026 survey (53% of respondents), and community stakeholders separately ranked seniors/older adults as the second most health-challenged population in the county, behind individuals with substance use disorders. Chronic conditions, mental health burden, and substance misuse round out the leading concerns.

4. Rural & Geographic Health Risks

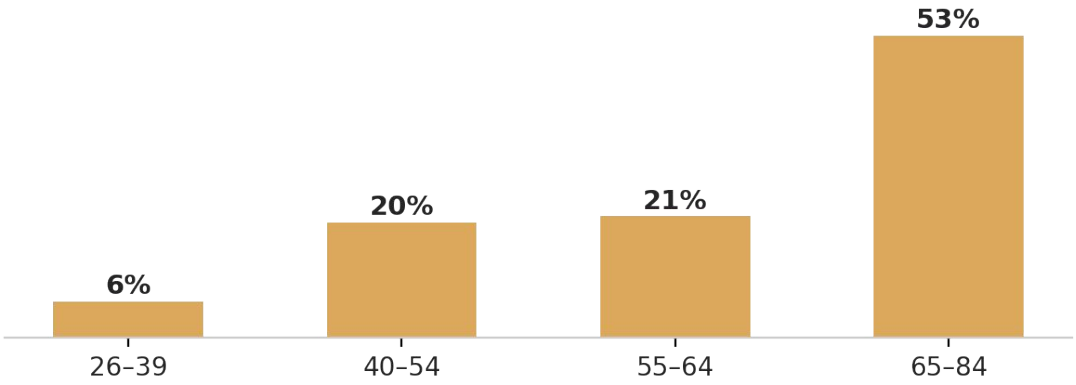
Huerfano County is 100% rural and spans elevations from the high plains to over 8,000 feet in mountain communities like Cuchara. This geography compounds health risk for an aging population. Seniors and residents with chronic respiratory or cardiovascular conditions are especially vulnerable to winter weather, wildfire smoke, and high-altitude exposure, and residents living alone or at a distance from Walsenburg face real risk if transportation or road access is disrupted during a storm or emergency.

Community members raised transportation more consistently than any other barrier to care, across every listening session and survey question that asked about it: for routine appointments, for follow-up care after an Emergency Department visit, and for reaching wellness services at all. Planning for climate and weather resilience, and for transportation as a standing infrastructure issue rather than an occasional inconvenience, will be essential to protecting community health going forward.

5. Community Feedback & Survey Findings

SPRHC's 2025–2026 Community Health Needs Assessment survey (available in English and Spanish) was open from September 2025 through June 2026 and drew up to 98 respondents across 33 questions covering health status, access, and social determinants of health. Respondents skewed older and female: 53% were ages 65–84, 84% identified as female, 74% identified as White/Caucasian and 15% as Hispanic or Latino, 48% were retired, and 89% lived in the area 10–12 months of the year. This should be read as a lens on the survey findings: the county's Hispanic/Latino population (29.8%) is meaningfully larger than the survey sample reflects, and several stakeholders specifically flagged the need for more responses from men and from parents with young children.

2026 Survey Respondents by Age Group



How residents see their community

93% rate community health only “somewhat healthy” or worse	**56%** delayed or went without needed care in the past 3 years	**47%** say mental health counseling is the service most needed	**53%** name aging-related conditions a top community health concern

Only 7% of respondents describe the community's overall health as “healthy” or “very healthy.” Perceptions of safety were similarly modest: only 31% of survey respondents felt “safe” or “very safe” in the community, and stakeholders in the listening sessions rated community safety a 3.0 out of 5 on average.

Top health concerns and priorities

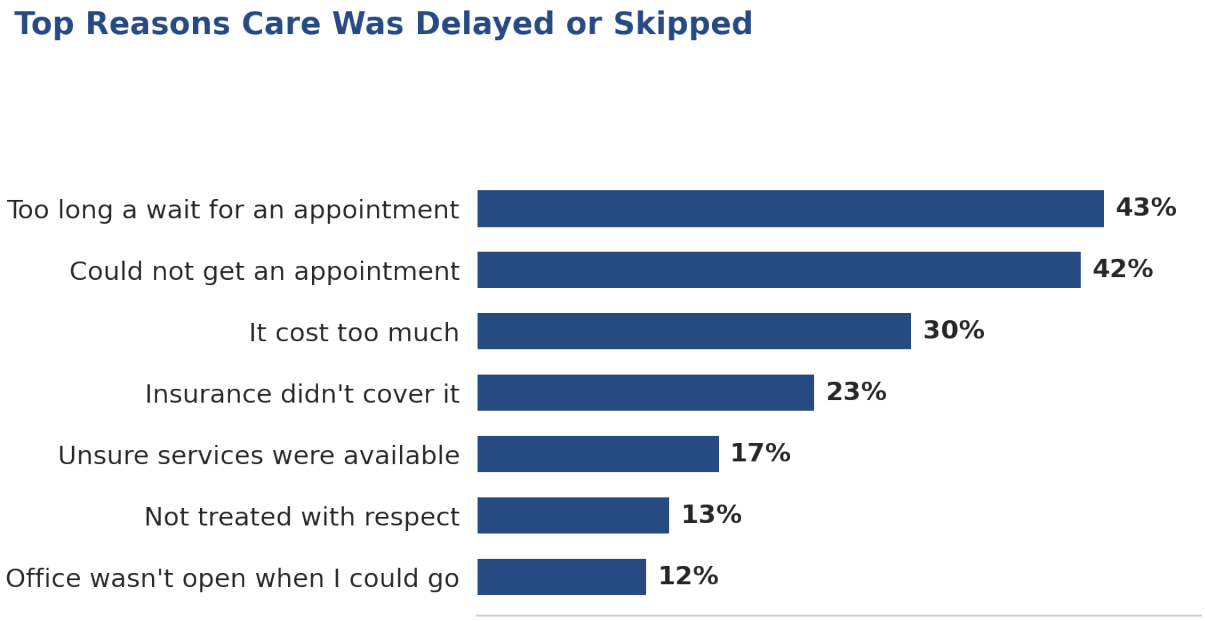
Respondents were asked to select their top health concerns from a list. Aging-related conditions (arthritis, vision/hearing loss) topped the list at 53.1%, followed by mental health problems (47.9%), substance abuse (43.8%), diabetes (35.4%), access to healthcare (28.1%), obesity (19.8%), physical inactivity (13.5%), cancer (10.4%), and dental problems (10.4%). This full ranking is consistent with the county's older population and with the priority mental-health and substance-use signal that recurs throughout this cycle's data. In the separate stakeholder listening sessions, an open word-association exercise (“what's the first word that comes to mind about community health?”) produced “aging” as the most common response, alongside words like “struggling,” “poor access,” and “opportunity to improve.” A second stakeholder exercise on current health concerns produced “mental health” as the dominant response, followed by obesity/diabetes, substance use, and transportation.

When asked which populations are experiencing the greatest health challenges, stakeholders ranked them, in the following order: individuals with substance use disorders, seniors/older adults, individuals with behavioral health needs, low-income families, individuals with chronic conditions (diabetes, heart disease, cancer), youth and teens, and uninsured or underinsured residents.

A related survey question asked what matters most for a healthy community. Access to healthcare was the dominant answer at 67.0%, well ahead of the next most selected options: affordable housing (39.2%), low crime/safe neighborhoods (37.1%), good jobs and a healthy economy (36.1%), and healthy behaviors and lifestyles (29.9%), which shows residents themselves connect healthcare access to community health more strongly than any other single factor this cycle measured.

Barriers to care

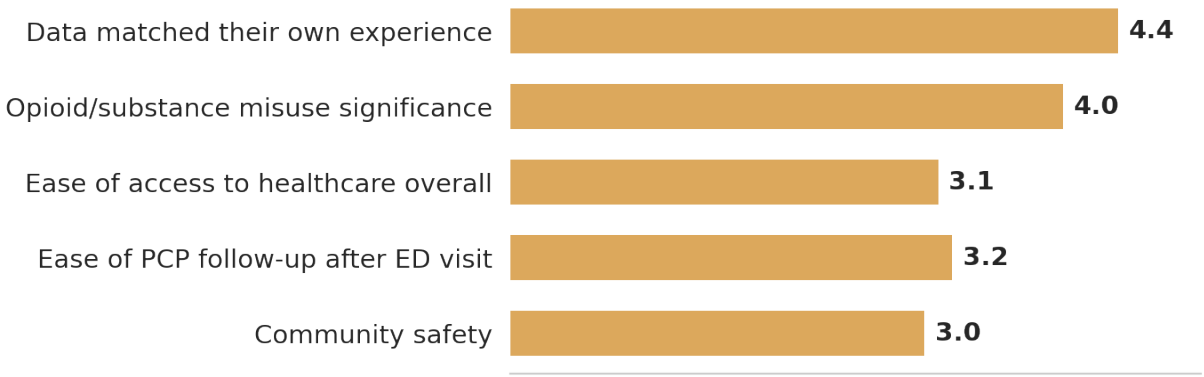
Fifty-six percent of survey respondents said they or a household member delayed or went without needed healthcare in the past three years. Among survey respondents specifically, the top reasons were too long a wait for an appointment (43%) and being unable to get an appointment at all (42%), followed by cost (30%) and inadequate insurance coverage (23%). Community stakeholders emphasized a related but distinct barrier: transportation was the issue named most often in the listening sessions, across residents who qualify for Medicaid rides and those who do not, compounded by a lack of child care to get to appointments and the cost of gas or co-pays.



Access to timely follow-up care after an Emergency Department visit was rated only 3.2 out of 5 by stakeholders (1 = extremely difficult, 5 = very easy), and overall ease of accessing healthcare services was rated 3.1 out of 5. Stakeholders identified competing scheduling priorities at the clinic level, transportation, inconsistent Medicaid benefits, and child care as the specific barriers keeping patients from following up with a primary care provider after an ED visit.

Ninety-six percent of survey respondents carry medical insurance, and only about 4% are uninsured. Even so, roughly 19% of insured respondents still find medications a financial hardship or unaffordable, though coverage clearly doesn't guarantee affordability.

Stakeholder Ratings (1–5 Scale)



Health status, utilization, and satisfaction

Satisfaction with the local healthcare system was mixed but net positive: 59% of survey respondents were at least somewhat satisfied, while 31% were at least somewhat dissatisfied. Stakeholders separately confirmed the underlying data closely matched what they see in their own work and families, rating the match 4.4 out of 5.

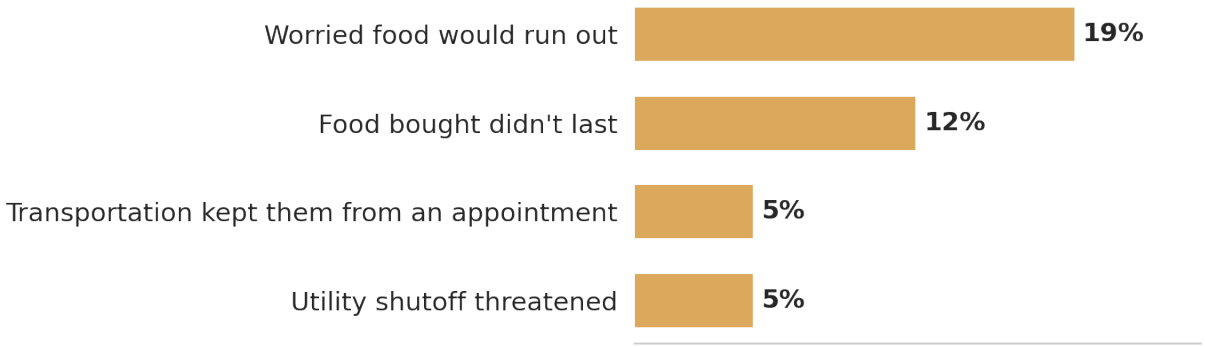
On mental health specifically, stakeholders rated the significance of opioid or substance misuse a 4.0 out of 5 (“major community issue” end of the scale), and identified cost and insurance coverage as the single biggest obstacle to expanding local mental health and substance use services, followed by workforce shortages and stigma.

Social determinants of health

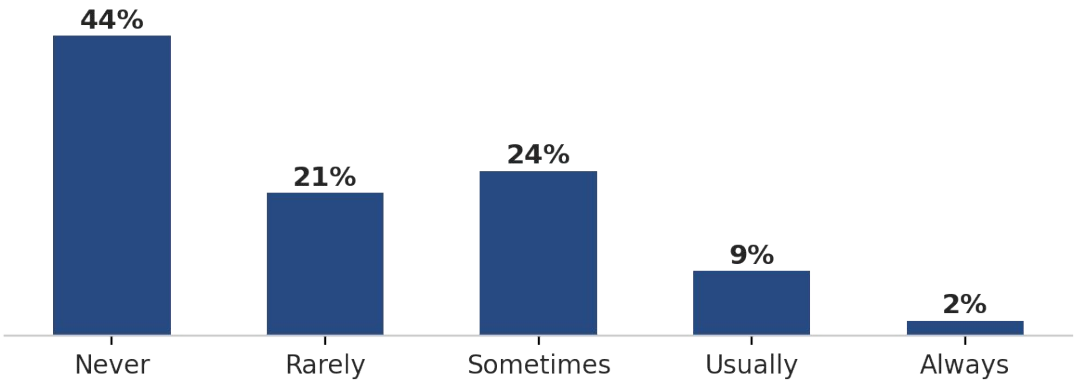
Housing Indicator	Share of Respondents
Have a steady place to live today	98%
Spend 10–12 months per year in current residence	89%
Worried about losing stable housing in the future	2%
No housing-quality problems (pests, mold, leaks, etc.)	81%

Housing is broadly stable in Huerfano County, but food security and social isolation are meaningful undercurrents: about 1 in 5 respondents worry about food running out, and over a third feel lonely or isolated at least sometimes. In a county this rural and this aged, connection and daily logistics matter to health too, not just medical care.

SDOH Hardships in the Past 12 Months



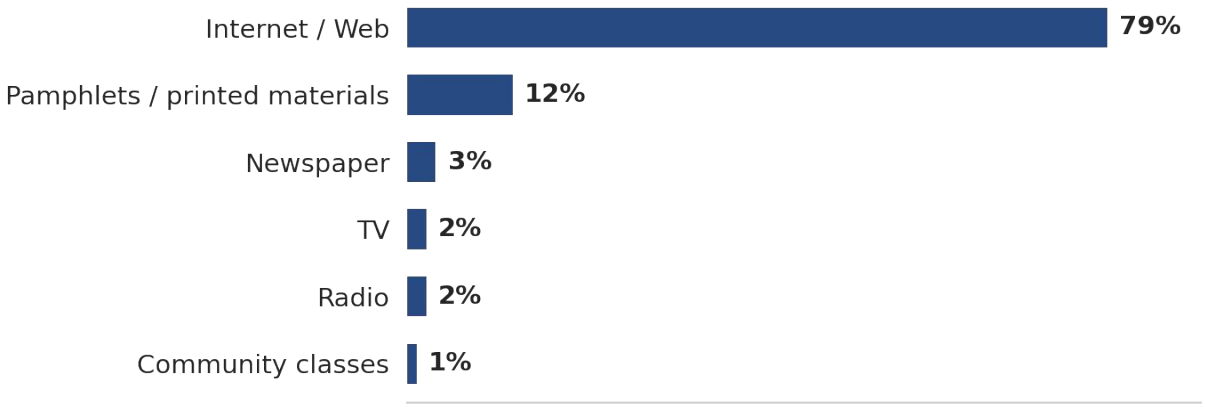
How Often Residents Feel Lonely or Isolated



How residents get health information

The internet is by far the dominant channel for health information: 79% of survey respondents turn to the internet or web, far ahead of printed materials (12%), newspaper (3%), TV (2%), radio (2%), or in-person classes (1%). This suggests SPRHC's website and digital/social channels are the highest-leverage place to invest in patient education and outreach, even in a county this rural, though stakeholders also flagged that reliable, affordable high-speed internet is itself a barrier for telehealth access in outlying areas.

How Residents Get Health Information



Nutrition Access

Grocery access in Huerfano County is concentrated in its two largest towns. Walsenburg has a full-service supermarket and a family-owned full-line grocery store along with smaller-format retailers (Dollar General, convenience stores) that carry a more limited, often less nutritious selection. La Veta is served by a single full-line grocery store. Outlying and unincorporated parts of the county, including Gardner, Cuchara, and surrounding rural areas, have no full-service grocery store and may require residents to travel substantial distances for groceries. The USDA Food Access Research Atlas uses distance to large grocery retailers, including a 10-mile threshold in rural areas, as one measure of food access.

This infrastructure picture lines up with what the 2026 survey found: 19.4% of respondents worried food would run out in the past 12 months, and 12.4% said food they bought didn't last, both concentrated among lower-income households.

Methods to Prevent Illness

SPRHC and its partners currently pursue illness prevention through several channels, spanning primary prevention and early detection and management:

- Chronic disease prevention: free biometric and heart-risk screenings and lifestyle coaching, alongside diabetes prevention and self-management support.
- Behavioral health prevention: PHQ-9 depression screening at annual visits and in the Emergency Department, and SBIRT (Screening, Brief Intervention, and Referral to Treatment) training for early identification of substance use concerns.
- Substance use prevention: participation in the Colorado Opioid Solution and Communities That Care (CTC), which focus on multi-generational prevention rather than treatment alone.
- Tobacco cessation: a tobacco-free campus policy and partnership with the American Lung Association.
- Community-facing prevention and education: county-wide health fairs, vaccine outreach, mammography awareness, Mobile Clinic screenings, and other community screening and education efforts promoted through in-person events, patient materials, the SPRHC website, public calendar, and social media.

Residents identified real gaps in this area as well: in the 2026 listening sessions, stakeholders specifically named “proactive health screenings and education on diet and exercise” as an issue the community doesn't discuss enough, and exercise/nutrition programs were among the additional services survey respondents most wanted.

SPRHC's prevention infrastructure already exists; the opportunity is to build on it, increase awareness, and improve utilization of available programs.

What residents told us they need most

Across both the survey and the stakeholder sessions, the same themes recurred. When asked what additional services would most strengthen community health, survey respondents ranked: mental health counseling (47.3%), additional child/adult day care (46.2%), senior retirement housing (40.7%), assisted living facility (38.5%), substance abuse counselor (38.5%), after-school programs (37.4%), health education programs (36.3%), exercise/nutrition programs (35.2%), clubs/leagues (26.4%), and a pediatrician (22.0%). Community stakeholders, asked to name one meaningful improvement to community health over the next three years, converged on a consistent set of ideas: creating multiple access points for care (in town and in rural areas), integrating primary and behavioral health at multiple locations, investing in transportation, and building a community dental clinic paired with reliable high-speed internet for telehealth.

Process, Strategy and Community Impact

SPRHC's 2026 CHNA process incorporated a comprehensive review by hospital leadership and community stakeholders. SPRHC engaged Vertical Strategies, a consulting firm dedicated to elevating nonprofits, to assist with the project. Vertical Strategies assisted by: (1) gathering and assimilating public health, economic, and demographic data; (2) designing, fielding, and analyzing the community survey; (3) facilitating two “Beyond the Data” community stakeholder listening sessions; and (4) drafting this report and supporting public notices.

The SPRHC community stakeholder group included hospital leadership (the Chief Medical Officer, Chief Operating Officer, and Director of Development and Community Engagement), the Public Health Director for the Las Animas Huerfano Counties District Health Department, leadership from Health Solutions (SPRHC's behavioral health partner), the Interim Superintendent and Board President of Huerfano School District RE-1, a Huerfano County Commissioner, and community representatives from La Veta Trails (an outdoor recreation and land stewardship organization) and Museum of Friends.

SPRHC/VCLC facility leaders also maintain ongoing community connections through service on local and regional boards, advisory groups, and partner organizations. The following list is not exhaustive:

- Huerfano County Economic Development
- Huerfano County Communication Coalition
- Huerfano County Tourism Board (Business Collaboration)
- Trinidad State Nursing Advisory (Las Animas County)
- Colorado State University Pueblo (Nursing - Walsenburg Satellite Facility)
- Huerfano RE-1 School District
- Walsenburg Golf Course Association
- American Red Cross for Huerfano & Southern Colorado - Health Services
- St. Mary's Catholic Church
- SPVCLC Veterans Advisory Committee
- Patient Family Advocacy Council
- Huerfano Memorial Hospital Auxiliary
- Spanish Peaks Healthcare Foundation

Data were compiled and formatted from public sources including the U.S. Census Bureau, County Health Rankings & Roadmaps (Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute), and the Colorado Department of Health Care Policy and Financing. It is important to note that some

gaps exist in reported health data at the county level, largely because Huerfano's small population base suppresses or destabilizes certain disease and utilization estimates.[1]

Beyond the formal CHNA survey and listening sessions, SPRHC uses its website, Facebook page, printed outreach materials, community partners, and a public events calendar launched in 2025 to distribute health information and connect residents with services. These channels promote screenings, health fairs, Mobile Clinic schedules, vaccine clinics, wellness events, public meetings, and educational campaigns. This communication infrastructure is particularly relevant because 79% of survey respondents reported using the internet or web as a source of health information.

Community Survey

An online Community Health Needs Assessment survey was distributed via SurveyMonkey and open from September 2025 through June 2026. Responses were voluntary and anonymous. The survey included 33 questions covering health status, access to care, and social determinants of health, and drew up to 98 respondents per question. It was offered in English and Spanish, and paper copies were also made available for those who needed them.

Community Listening Sessions

Invitations to the 2026 CHNA listening sessions were distributed by email and flyer to the stakeholder categories described below. SPRHC and its partners then convened community stakeholders in two “Beyond the Data: A Community Health Conversation” sessions using zoom and live, interactive Mentimeter polling.

The first session was held June 3, 2026, from 11:00 a.m. to 1:30 p.m., and centered on publicly available county and public health data (demographics, health rankings, and mortality/utilization indicators). The second session was held August 26, 2026, from 11:30 a.m. to 1:00 p.m., and reviewed the 2025–2026 community survey results specifically, following a similar open-discussion format.

Each session opened with a review of the relevant data, followed by an open discussion of whether that data reflected attendees' own experience in the community and what data might be missing or should be examined further. SPRHC's Chief Medical Officer, Dr. Sandeep Vijan, provided context and progress updates on the measures and priorities identified in the 2023 CHNA and the Hospital Transformation Program (HTP). Both sessions used live polling to capture reactions, root causes, priority rankings, and commitments to action in real time; results from that polling are reflected throughout this report.

Community Input and Required Sources

Section 501(r)(3) requires SPRHC to solicit and take into account input from persons representing the broad interests of the Huerfano County community, which is what drove the 2026 outreach described below.[2] SPRHC used a broader stakeholder checklist for the 2026 CHNA that includes the source types specifically emphasized by Section 501(r)(3) and its Schedule H reporting instructions (public health expertise; medically underserved, low-income, and minority populations or their representatives; and written comments on the prior CHNA/implementation strategy) alongside additional community sectors useful for local planning purposes. This checklist is broader than what Section 501(r)(3) itself requires, and also broader than the specific input sources required under Colorado's Hospital Transformation Program (HTP) community evaluation and HCPF's Hospital Community Benefit Accountability (HCBA) program. The table below shows which stakeholder groups were invited to the 2026 sessions[3]; as is expected and permitted under Section 501(r)(3), not every invited group was represented among attendees at either session.

Stakeholder Group Solicited	Represented at 2026 Sessions
Local public health agencies	Yes, Las Animas Huerfano Counties District Health Department
Health care providers / primary care providers	Yes, SPRHC leadership and Health Solutions clinical leadership
Local school districts	Yes, Huerfano School District RE-1 (Interim Superintendent and Board President)
Nonprofit community-based organizations	Yes, La Veta Trails and Museum of Friends
Members/organizations serving medically underserved, low-income, or SDOH populations	Invited; not represented among attendees this cycle
Community health centers / FQHCs	Invited; not represented among attendees this cycle
Consumer advocates	Invited; not represented among attendees this cycle
Local government (city and county)	Yes, Jim Chamberlain, Huerfano County Commissioner (District 2)
Academic experts	Invited; not represented among attendees this cycle
Health insurance representation	Invited; not represented among attendees this cycle
Labor and workforce representation	Invited; not represented among attendees this cycle
Private businesses	Invited; not represented among attendees this cycle

For the categories not represented at either session, SPRHC's efforts to solicit input consisted of direct email and flyer invitations to the 2026 listening sessions, along with outreach through several organizations' website contact forms where a direct email address could not be identified, consistent with its standard CHNA outreach process. The Menti polls and presentations were made available to all invitees with encouragement to participate on their own as well. In addition to these targeted invitations, the broader 2025–2026 community survey (98 respondents) was distributed publicly, including in accessible digital formats, to widen the pool of community input beyond the invited stakeholder list, which is how input from consumers, low-income households, and other underrepresented residents was captured for this cycle even where formal organizational representation did not attend. Written comments on the 2023 CHNA and 2023–2025 Implementation Plan (adopted October 26, 2023) were also considered as part of this input, as Section 501(r)(3) directs.[4]

Evaluation of the 2023–2025 CHNA Implementation Strategy

SPRHC's most recently adopted CHNA (2023), prepared with Vizient, Inc. and adopted by Board resolution on October 26, 2023, identified four significant health needs. This section evaluates the impact of actions taken on each, as required under Section 501(r)(3), and connects those actions to what the 2026 assessment found.[5]

1. Maintain and improve access to care

Actions taken: SPRHC added evening walk-in clinic hours in Walsenburg (Monday and Wednesday, 5–7 p.m., plus the 2nd and 4th Saturday of each month), reopened the La Veta Clinic (spring 2023, open Tuesdays and Thursdays), and deployed the Mobile Unit in 2025 to extend outreach, screenings, and access into Gardner, Aguilar, and other community locations. SPRHC has also continued work on transportation resources, specialty recruitment, telehealth planning, and use of utilization/outmigration information to guide access improvements.

Impact reflected in the 2026 findings: The Mobile Unit is now operating: 2026 stakeholders referenced it directly and asked SPRHC to expand it further with a same-day/acute appointment option. This shows the 2023 investment reached the community and is viewed as worth building on, not replacing. At the same time, access remains the top-ranked urgency for stakeholders in 2026 (affordability and appointment/wait times ranked #1 and #2), and 56% of survey respondents still reported delaying or forgoing care, indicating this need remains significant and should carry forward into the next implementation strategy, with continued attention to transportation and provider capacity specifically.

2. Increase access to preventive services and chronic disease education

Actions taken: SPRHC continued free biometric/heart-risk screenings, lifestyle coaching, and diabetes prevention and self-management support, held county-wide health fairs, and promoted evening walk-in hours through social media and community outreach. Prevention and education efforts also include vaccine outreach, mammography awareness, Mobile Clinic screenings, community events, and digital health education distributed through the website, public calendar, social media, and patient materials.

Impact reflected in the 2026 findings: Chronic disease remains an identified concern in 2026, although aging-related conditions (53%) and mental health now rank higher. SPRHC's continued investment in chronic disease prevention and education provides an existing foundation for addressing this ongoing need.

3. Increase mental health referrals, education, and support

Actions taken: SPRHC expanded Integrated Behavioral Health through Health Solutions (including telepsychiatry), implemented PHQ-9 depression screening at annual visits and in the Emergency Department, pursued SBIRT training and law-enforcement coordination on behavioral health response, and continued telehealth and specialty-care planning. VCLC psychology services also contribute to the behavioral health resources available within the broader SPRHC system.

Impact reflected in the 2026 findings: Despite this investment, mental health counseling topped the list of additional services requested in the 2026 survey (47%), and stakeholders named “mental health” as the dominant word association for current community health concerns. Cost and insurance coverage, not workforce or stigma alone, was identified as the leading obstacle to expanding services further. This need has not been resolved and should remain a top priority in the next implementation strategy, with specific attention to affordability rather than availability alone.

4. Address drug and alcohol abuse with community partners

Actions taken: SPRHC operates a Medication-Assisted Treatment (MAT) program, participates in the Colorado Opioid Solution (CO's CURE) and Communities That Care, is a tobacco-free campus, and has worked through the Hospital Transformation Program on multi-generational substance use prevention.

Impact reflected in the 2026 findings: Substance use disorders were ranked by 2026 stakeholders as the population facing the single greatest health challenge in the county, and opioid/substance misuse was rated 4.0 of 5 (“major community issue”). Detox, inpatient SUD treatment, and sober living were specifically named as still-lacking services. This indicates the 2023–2025 strategy built necessary infrastructure (MAT, prevention partnerships) but has not yet closed the gap in treatment capacity, a priority for the next implementation strategy.

Community Needs

Access to Care

- Transportation comes up more consistently than any other barrier to care: for routine appointments, wellness visits, and follow-up care after an Emergency Department visit.
- Long appointment wait times and limited provider capacity delay care; more providers and a same-day/acute appointment option (potentially via SPRHC's mobile outreach) were the most requested fixes.
- Cost and insurance gaps remain real even though 96% of survey respondents carry insurance: nearly 1 in 5 insured respondents still find medications unaffordable.
- Follow-up care after an Emergency Department visit is rated only moderately easy to access (3.2 of 5), pointing to a gap in the transition from acute to primary care.

Behavioral and Mental Health

- Mental health counseling is the top-requested additional service (47% of survey respondents), and “mental health” was the top word association when stakeholders were asked about current community health concerns.
- Opioid and substance misuse is viewed as a major community issue (rated 4.0 of 5), and individuals with substance use disorders were ranked by stakeholders as the population facing the greatest health challenges countywide.
- Cost and insurance coverage, not workforce shortages or stigma alone, was named the single biggest obstacle to expanding local mental health and substance use services, though workforce shortages and stigma remain real secondary barriers.
- Detox, inpatient substance use disorder treatment, and sober living were specifically named as services currently lacking locally.

Physical Health

- Aging-related conditions (arthritis, vision/hearing loss) are the top-named community health concern (53% of survey respondents), consistent with a county where more than one-third of residents are 65 or older.
- Chronic disease, including diabetes, heart disease, and cancer, remains a significant concern, and stakeholders specifically flagged diabetes as more prevalent than they expected from the underlying data.
- Dental care is a recurring gap: multiple stakeholders independently named the shortage of dentists and the downstream health effects of poor oral health as an under-discussed issue.

- Demand for senior and aging services, including retirement housing, assisted living, and adult/child day care, is high and directly tied to the county's demographic profile.

Social Determinants of Health (SDOH)

- Median household income ($52,526) and per capita income ($36,579) are well below Colorado averages, and poverty affects an estimated 19.2% of residents, about twice the statewide rate.
- Housing is relatively stable (98% report a steady place to live), but roughly 1 in 5 households worry about food running out, and over a third of residents feel lonely or isolated at least sometimes.
- Reliable transportation and affordable, stable high-speed internet (needed for telehealth) were both named as infrastructure gaps that compound every other access barrier.
- Child care availability was repeatedly named as a barrier, both to attending appointments and to attending wellness and preventive visits.

Resources Potentially Available to Address Significant Health Needs

The following resources, drawn from SPRHC's own service lines, digital access points, and partner organizations identified across the 2023 and 2026 CHNA cycles, are potentially available to help address the significant health needs identified in this assessment.6

In addition to the organizations listed below, SPRHC maintains digital access points including its website, My Peak Health patient portal, public events calendar, community/SDOH resource information, Facebook outreach, and Mobile Clinic schedule information. SPRHC also maintains a continually updated directory of Huerfano County and area community resources for patients at sprhc.org/huerfano-county-and-area-community-resources.

Access to Care

Resource	Contact
SPRHC Family, Specialty, Outreach & Women's Clinics (Walsenburg) and La Veta Clinic, including evening walk-in hours	(719) 738-5100
SPRHC Mobile Unit outreach to rural areas of the county	(719) 738-5100
Spanish Peaks Ambulance	Matthew Whitley, (719) 738-5100 x547
SPRHC Emergency Department (Level IV trauma center)	(719) 738-5100
UCHealth Parkview Medical Center (Pueblo), regional specialty referral	(719) 584-4000, 400 W. 16th St., Pueblo, CO 81003
Certified Health Coverage Guide / insurance enrollment assistance	Free in-person assistance at SPRHC on scheduled outreach dates; supports applications, renewals, plan questions, and financial-assistance eligibility. See SPRHC public calendar for current dates.
SPRHC Hospital Discounted Care and Outreach & Women's Clinic Title X-supported services	SPRHC, (719) 738-5100; eligibility and program information available through sprhc.org

Behavioral and Mental Health / Substance Use

Resource	Contact
Health Solutions (integrated behavioral health, telepsychiatry, inpatient referral, MAT), Walsenburg location	(719) 545-2746, 926 Russell St., Walsenburg, CO 81089
Crossroads Turning Points and Front Range Clinic/Porch Light Health (detox, inpatient substance use disorder treatment, and sober living services); services remain limited locally	Referral coordinated through SPRHC, (719) 738-5100
Las Animas Huerfano Counties District Health Department	Kim Gonzales, (719) 738-2650, 119 E. 5th St., Walsenburg, CO 81089
Spanish Peaks Mental Health Center	See SPRHC main line, (719) 738-5100
Alcoholics Anonymous / Narcotics Anonymous	AA: (719) 546-1173 (24/7), www.puebloaa.org; NA (Pikes Peak area): (719) 637-1580, nacolorado.org
Colorado Opioid Solution (CO's CURE) and Communities That Care (CTC)	Via Las Animas Huerfano Counties DHD, (719) 738-2650
Huerfano County Sheriff's Department (crisis co-response coordination)	Sheriff's Office, (719) 738-1600, 500 S. Albert, Walsenburg, CO 81089

Physical Health / Chronic Disease & Aging

Resource	Contact
SPRHC diabetes prevention and self-management support; free biometric and heart-risk screenings	(719) 738-5100
Spanish Peaks Veterans Community Living Center (long-term/skilled nursing care)	(719) 738-5100
Annual county-wide health fair; local fitness centers	Coordinated via SPRHC Community Relations
American Lung Association (tobacco cessation training)	www.lung.org

Social Determinants of Health

Resource	Contact
HULA (Huerfano-Las Animas) Early Childhood Council	Via Las Animas Huerfano Counties DHD, (719) 738-2650
Sangre de Cristo Community Care and Center for Youth	See organization directly
Huerfano School District RE-1	(719) 738-1520, 201 E. 5th St., Walsenburg, CO 81089
La Veta School District	(719) 742-3562, 126 E. Garland, La Veta, CO 81055
Huerfano County Department of Human Services and Economic Development & Tourism office	Huerfano County Administration

Spanish Peaks Healthcare Foundation (philanthropic/grant support for access and equipment needs)	(719) 738-5100, 23500 U.S. Hwy 160, Walsenburg, CO 81089
SPRHC online community/SDOH resource information, public calendar, My Peak Health patient portal, and digital patient education	Available through sprhc.org and SPRHC public outreach channels

Public Feedback Summary and Hospital Response

The table below pairs the most significant themes residents and stakeholders raised across the 2026 survey and both listening sessions with SPRHC's response to each, as a single point of reference before the detailed prioritization that follows.

What Residents and Stakeholders Told Us	How SPRHC Is Responding
Affordability and appointment access are the two most urgent issues countywide (56% delayed/skipped care in the past 3 years; ranked #1 and #2 in stakeholder urgency ranking).	SPRHC is building on services already in place: Hospital Discounted Care and other financial-assistance resources, Health Coverage Guide/enrollment support, evening walk-in hours in Walsenburg, the La Veta Clinic, and the Mobile Unit. Future work can focus on increasing awareness and utilization, expanding provider capacity, and evaluating same-day/acute Mobile Unit appointments and other scheduling enhancements.
Mental health counseling tops the list of requested services (47%); cost and insurance coverage, not workforce or stigma alone, is the biggest obstacle to expanding it.	SPRHC will continue and look to expand Integrated Behavioral Health through Health Solutions, with specific attention to affordability, not just availability, of services.
The county's aging population is driving rising demand for senior services and adult/child day care (this priority received the most stakeholder votes for “first priority”).	Adult/child day care and senior-service partnerships emerged as potential areas for consideration in the next implementation strategy.
Transportation is cited more than any other barrier to care, across every listening session and every survey question that asked about barriers.	SPRHC will continue to evaluate transportation resources and expand the reach and appointment flexibility of its existing Mobile Unit, including outreach to rural communities such as Gardner and Aguilar.
Residents want more visible, available dental care; multiple stakeholders independently raised this without prompting.	Expanded local dental access emerged as an identified community need that may require partnership with other organizations given resource and workforce constraints.
Food security and social isolation are real, if secondary, concerns (19% worried about running out of food; over a third feel lonely or isolated at least sometimes).	SPRHC will continue partnering with the Las Animas Huerfano Counties District Health Department, the HULA Early Childhood Council, and similar organizations on these broader social determinants, which fall outside a hospital's direct service lines.
Residents and stakeholders said they are often unaware of services SPRHC already offers.	SPRHC is already using multiple communication channels, including its website, public calendar, Facebook, printed materials, community events, patient resources, and Mobile Clinic outreach. Continued work should focus on making existing services easier to find and understand and increasing utilization of available

What Residents and Stakeholders Told Us	How SPRHC Is Responding
	programs, particularly because 79% of survey respondents turn to digital channels for health information.

Prioritization of Needs

Following the assimilation of survey data, county-level indicators, and two rounds of stakeholder discussion, SPRHC developed a prioritization of health needs. When asked what should guide how priorities are set, stakeholders most often chose “greatest number of people affected,” followed by “most vulnerable populations first” and “most cost-effective for the hospital.”[9]

Stakeholders then ranked the community's needs in order of urgency:

Rank	Priority Area
1	Affordability
2	Appointment access & wait times
3	Mental health counseling
4	Aging / senior services
5	Social isolation
6	Food security

Asked to name the single priority SPRHC should move forward with first, stakeholders were closely split, with additional child/adult day care receiving the most support, followed evenly by mental health counseling, senior/assisted living services, and health education programs. Taken together with the survey findings, Huerfano County's top health needs align around four themes:

- Improving access to care, chiefly by addressing transportation, wait times, and provider capacity.
- Expanding behavioral and mental health services, including substance use treatment, and addressing the cost and insurance barriers that limit their reach.
- Planning for an aging population, through senior services, adult/child day care, and chronic disease management.
- Strengthening the social determinants of health that make care possible at all: transportation, child care, food security, and digital/telehealth infrastructure.

Equity concerns remain important for Hispanic/Latino families, low-income households, and residents without reliable transportation, who stakeholders and survey respondents alike identified as facing more barriers to care.

Section 501(r)(3) requires this document to identify significant health needs and describe how they were prioritized, which is what the sections below do. A separate, Board-adopted implementation strategy (covering specific actions, resources committed, and any needs SPRHC does not intend to address) will be developed as its own report.

Recommendations

Two questions in this cycle's data point toward different conclusions about where SPRHC should focus first. When stakeholders were asked to name a single service as “first priority,” the vote split closely across four options, with no clear winner. But when the same stakeholders were separately asked to rank the community's needs in order of urgency, the result was clearer: affordability ranked #1 and appointment access & wait times ranked #2, ahead of every other need. A third area, behavioral health and substance use, also stands out clearly enough to warrant its own recommendation, independent of affordability: it ranked #3 in the same urgency exercise, was the top-requested additional service among survey respondents (47%), was the dominant word association when stakeholders described current health concerns, and individuals with substance use disorders were separately ranked as the population facing the single greatest health challenge countywide. Aging/senior services, social isolation, and food security remain real, identified needs (ranked #4–#6), but didn't surface with the same weight of independent, multi-source evidence this cycle, and are better carried into the implementation strategy alongside the specific ideas already raised under each need area above, rather than treated as their own dedicated recommendation here.

Affordability

Cost and insurance coverage were named as substantial (though secondary to appointment access) barriers by survey respondents: 30% cited cost and 23% cited inadequate insurance coverage as reasons they delayed or went without care, and nearly 1 in 5 insured respondents still describe medications as a financial hardship. SPRHC already maintains several affordability resources, so the next opportunity is to improve awareness, navigation, and utilization while identifying gaps that remain, specifically:

- Increase awareness of SPRHC's patient financial counselor, who can help patients identify the coverage and financial-assistance programs they may qualify for, including Hospital Discounted Care and other resources.
- Promote and coordinate existing enrollment and eligibility assistance, including the Certified Health Coverage Guide and Title X-supported services through the Outreach & Women's Clinic, so residents can more easily access coverage and available financial assistance.
- Use patient feedback and utilization data to identify affordability gaps not addressed by existing programs, particularly for medications and behavioral health/substance use treatment, and evaluate targeted assistance or referral strategies for those remaining gaps.

Appointment Access & Wait Times

More providers and shorter wait times were the most consistent, specific asks across both listening sessions, and this is also what the survey data shows most directly: too long a wait for an appointment (43%) and being unable to get an appointment at all (42%) were the two most-selected reasons respondents delayed or skipped care. SPRHC already operates multiple access points, including evening walk-in hours in Walsenburg, the La Veta Clinic, and the Mobile Unit. The next step is to optimize and expand those investments in a few specific ways:

- Expand provider capacity and evaluate a same-day/acute appointment option on SPRHC's existing Mobile Unit, a specific idea stakeholders raised, while continuing outreach in rural communities.
- Use utilization, outmigration, and scheduling data to determine where expanded clinic hours, Mobile Unit locations, specialty access, or other service enhancements would have the greatest effect on appointment availability and travel burden.
- Strengthen the transition from Emergency Department to primary care follow-up, rated only 3.2 of 5 by stakeholders, by coordinating existing access points and addressing the specific barriers stakeholders named: competing scheduling priorities, transportation, and child care.

Behavioral Health & Substance Use

Mental health counseling topped the list of additional services survey respondents requested, and stakeholders separately rated opioid/substance misuse a 4.0 of 5 (“major community issue”) and ranked substance use disorders as the population facing the greatest health challenge countywide. SPRHC and Health Solutions already provide integrated behavioral health and telepsychiatry services; recommendations therefore focus on expanding reach and addressing the treatment gaps that remain, through steps such as:

- Expand utilization and, where feasible, capacity of Health Solutions' integrated behavioral health and telepsychiatry services, with attention to the cost and insurance barriers identified by stakeholders.
- Continue and strengthen SPRHC’s established partnerships with Crossroads Turning Points and Front Range Clinic/Porch Light Health for detox, inpatient substance use disorder treatment, and sober living services, which remain limited locally, complementing the MAT and prevention infrastructure already in place.
- Continue behavioral health workforce and telehealth development, including recruitment strategies and expanded remote specialty capacity where appropriate, to reduce dependence on limited on-site staffing.

By prioritizing affordability, appointment access, and behavioral health/substance use first, SPRHC follows the community's own clearest signals from this CHNA cycle. Aging services and the broader social determinants of health remain candidates for the implementation strategy, and in practice the three recommendations above already touch them: transportation, cost, and access barriers cut across every need in this report, and older residents face the affordability and appointment-access barriers described above more than most.

Other issues were identified by the community as important, but SPRHC has not addressed them directly in this plan because other organizations are already taking the lead on solutions (for example, broader economic development and wage growth). SPRHC maintains a willingness to work with other entities within the community on these issues where appropriate.[7]

Approval

The SPRHC Board of Directors approves the prioritization of needs identified in the Community Health Needs Assessment.

Name, Title, Date

Public Availability

Per Section 501(r)(3)'s public-availability requirement, this CHNA report will be made widely available to the public by posting it on SPRHC's website (www.sprhc.org) alongside the 2017, 2021, and 2023 CHNA reports, and by making a paper copy available for public inspection, free of charge, at the SPRHC facility upon request. This report and the immediately preceding report (2023) will remain available in both formats until SPRHC has made two subsequent CHNA reports widely available to the public. The Data Supplement referenced in this report's development is retained internally by SPRHC and is not part of the public posting given Huerfano County's small population, some of the underlying survey detail and verbatim listening-session comments in that supplement could be identifying within the community, so it is used for SPRHC's own planning rather than published alongside this report.

IRS Schedule H (Form 990) Cross-Reference

The superscript numbers throughout this report correspond to the following sections of IRS Schedule H (Form 990), Part V, Section B, to assist SPRHC and its preparers in mapping this CHNA to the corresponding tax filing. Line numbers below are drawn directly from the 2025 Instructions for Schedule H (Form 990).

#	Report Content	Schedule H, Part V, Section B
1	Process and methods, including data sources, used to conduct the CHNA	Line 3d
2	How SPRHC solicited and took into account input from persons representing the community's broad interests	Line 3h
3	Required input sources: public health department; medically underserved, low-income, and minority populations or their representatives; written comments on the prior CHNA/implementation strategy	Question 5
4	Efforts to solicit input from required sources where input could not be obtained	Question 5
5	Evaluation of impact of actions taken since the immediately preceding CHNA	Line 3i
6	Resources potentially available to address significant health needs	Line 3c
7	Significant needs not being addressed, and why	Question 11
8	Definition of the community served and how it was determined	Line 3a
9	Prioritized description of significant health needs, and the process/criteria used to prioritize them	Lines 3e and 3g

References

U.S. Census Bureau. QuickFacts: Huerfano County, Colorado; Data and statistics. Retrieved 2026, from https://www.census.gov/quickfacts/huerfanocountycolorado

County Health Rankings & Roadmaps. Huerfano County, Colorado Profile. Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute. Retrieved 2026, from https://www.countyhealthrankings.org

Colorado Department of Health Care Policy and Financing. Huerfano County Fact Sheet, Fiscal Year 2025. Retrieved 2026, from https://hcpf.colorado.gov

Colorado State Demography Office. Population and Demographics Data: Huerfano County, Colorado. Colorado Department of Local Affairs. Retrieved 2026, from https://demography.dola.colorado.gov

Las Animas Huerfano Counties District Health Department. Programs and services. Retrieved 2026, from https://la-h-health.colorado.gov

Spanish Peaks Regional Health Center. About SPRHC and service offerings. Retrieved 2026, from https://www.sprhc.org

Vizient, Inc. (2023). Spanish Peaks Regional Health Center: Community Health Needs Assessment and Implementation Strategy. Adopted by Board Resolution October 26, 2023.

Vertical Strategies (2026). Spanish Peaks Regional Health Center 2025–2026 Community Health Needs Assessment Survey (98 respondents, SurveyMonkey, September 2025–June 2026).

Vertical Strategies (2026). “Beyond the Data: A Community Health Conversation” stakeholder listening sessions, Mentimeter response data