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2026 Community Health Needs Assessment Report

St. Vincent Health

JULY 2026

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Introduction

St. Vincent Health (SVH) partnered with the Colorado Health Institute (CHI) to conduct its 2026 community health needs assessment (CHNA) at a pivotal moment for rural healthcare.

Rural hospitals are experiencing unusual and challenging times, as state and federal policy changes have reduced Medicaid funding, tightened eligibility rules, and reduced provider reimbursement rates. At the same time, communities such as those served by SVH have opportunities for new funding through the Rural Health Transformation Program. These funds could support the expansion of services, development of shared services models, partnerships with nursing facilities and area agencies on aging, and other opportunities.

This CHNA is intended to help SVH navigate this changing landscape by identifying community health priorities and the areas where it is best positioned to make a meaningful difference over the next three years.

Findings

This assessment identified four broad areas that will shape the health of Lake County residents and the future of SVH.

Hospital Services. People value the care they receive at SVH but consistently identified opportunities to expand local access to women's health services, specialty care, and surgery.

Behavioral Health and Access. Behavioral health remains one of the community's greatest challenges. Lake County and the surrounding area report poor mental health outcomes and suicide rates well above the state average, while residents continue to face barriers to accessing timely and affordable behavioral healthcare.

Healthcare Access and Coverage. Insurance coverage, affordability, and patient experience influence whether residents seek care locally. Community members identified billing transparency, financial barriers, culturally responsive care, and access to long-term care services and supports as opportunities to improve access and strengthen trust in the local healthcare system.

Housing and Other Social Needs. Housing affordability, limited childcare, and food insecurity affect both individual health and the hospital's ability to recruit and retain staff.

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Executive Summary

Recommendations

SVH has an opportunity to build on its strengths while focusing its resources where they can have the greatest impact. In this assessment, CHI recommends that SVH prioritize three strategic areas:

Improve billing education, programs, and responsiveness. Improve the SVH patient experience by increasing billing transparency, expanding billing education, and helping residents better understand and navigate available services and financial assistance.

Enhance specialty-care services and processes to meet community needs. Increase access to the clinical services most needed by the community while strengthening partnerships that improve care coordination and connect residents to specialized services across the region.

Expand the workforce to meet community needs. Hire a patient navigator who reflects the community's culture to address cultural and linguistic barriers for patients. Hire a licensed clinical social worker to address behavioral health needs in the community.

Looking Ahead

Community members consistently expressed appreciation for SVH's commitment to serving Lake County despite the challenges of delivering healthcare in a rural community. As one resident said, "You guys do a lot with a little, and your staff is wonderful. Celebrate your staff any way possible." Another noted that "SVH seems to be doing a great job at trying to meet community needs…[but] a lot of the challenges are larger healthcare landscape issues outside of SVH's control."

Those comments reflect the central finding of this assessment: SVH enters the next three years from a position of community trust but at a time of significant change. By focusing on the primary recommendations identified in this report, SVH can strengthen access to care, improve its patients' experiences, deepen regional partnerships, and continue serving as the healthcare anchor for Lake County.

Background

St. Vincent Health (SVH) is the only hospital serving Lake County, a mountain community centered in Leadville. What began in the late 1800s as a modest facility for the area's mining families has grown into a critical access hospital that remains the region's primary source of healthcare.

SVH partnered with the Colorado Health Institute (CHI) to conduct this community health needs assessment (CHNA) to better understand its community's evolving health priorities and areas where the hospital is best positioned to make a meaningful difference over the next three years. The assessment combines quantitative data with community input and offers actionable recommendations for SVH leadership.

The hospital's 2023 CHNA found that the community wanted SVH to focus on increasing access to medical services. SVH expanded clinic hours by opening earlier on weekdays starting in 2026, a change that has been well received by the community. The hospital has partnered with regional providers to add podiatry, pain management, sports medicine, ophthalmology, cardiology, and endoscopy services to its existing general surgery and urology specialties.

In September 2025, the hospital also opened a dual track emergency department (distinct from urgent care) that allows patients presenting with one of 12 less-emergent conditions, such as minor trauma or an upper respiratory infection, to be assessed on a separate, more efficient care track.

To address ongoing challenges related to healthcare affordability, the hospital standardized training for registration staff and hired a dedicated financial counselor in 2026 to help patients navigate their financial options. Hospital patients can apply for Colorado Hospital Discounted Care and are presented the sliding fee scale application for every visit.

Community Profile

Approximately 7,300 residents call Lake County home, drawn by its mountain landscapes and outdoor economy.[1] The community predominantly identifies as white (87%). A third of residents (33%) identify as Hispanic or Latino. About one in five (19%) speaks a language other than English at home. More than 900 residents are foreign-born; most of whom (76%) are not U.S. citizens.[2]

Although the county's median household income is approximately $95,000, many residents struggle with the area's high cost of living. Nearly one in five residents (19%) live in households earning incomes at or below 200% of the federal poverty level, which is $66,000 for a family of four. That family needs an estimated $124,355 to cover basic costs.[3,4]

Housing is one of the community's greatest challenges, and these costs fall disproportionately on renters. Nearly two in three renters (62%) spend more than a third of their income on housing costs, compared with 10% of homeowners.[5] Older adults face additional barriers, with 91% rating the availability of affordable, quality housing as fair or poor, and 89% saying that accessible housing, which includes features such as single-level living, a no-step entry, and wide doorways, is also limited.[6]

Lake County's uninsured rate is 14%, nearly twice the statewide average. Not having insurance is a barrier to healthcare and raises the likelihood of providers needing to deliver uncompensated care. Employer-sponsored insurance is the most common source of coverage (53%) for residents, followed by Medicaid and Medicare at 14% each.[7]

CHNA Approach

CHI used both quantitative data and community input in this assessment.

CHI analyzed more than 130 indicators describing the health, demographics, healthcare access, and social needs of people living in Lake County and the surrounding Upper Arkansas Valley, which includes Chaffee, Custer, and Fremont counties. Data were drawn from multiple state and national sources, including the American Community Survey, Behavioral Risk Factor Surveillance System, Colorado Health Access Survey, and Community Assessment Survey for Older Adults. Whenever possible, findings are presented at the county level. When county-level data were unavailable or unreliable because of small sample sizes, regional data for the Upper Arkansas Valley were used.

In addition to existing data sources, SVH fielded an 11-question community survey between May and June of 2026. The survey was available in English and Spanish. It received 119 responses; 117 in English and two in Spanish. Although not required for a CHNA, the survey was an important way for SVH to capture the community's perceptions of health and social needs, as well as barriers to care that SVH can help address. The questionnaire was informed by input from the local public health department and hospital providers outside of Lake County.

Together, these data sources provided an evidence-based picture of the community's health needs and informed the findings and recommendations in this report.

Findings

Findings from CHI's analysis are organized into four domains:

Hospital Services examines access to primary care, women's health, specialty care, and services that support the prevention and management of chronic disease.

Behavioral Health and Access explores mental health, suicide, and barriers to getting behavioral healthcare.

Healthcare Access and Coverage examines insurance coverage, access to care, affordability, culturally responsive care, and patient experience.

Housing and Other Social Needs explores housing, childcare, food security, and other factors that influence health and healthcare access.

Hospital Services

While residents expressed appreciation for the care they receive at SVH, many also needed to travel outside of Lake County to access care that was not available. Women's health services,

specialty care, and chronic disease management surfaced repeatedly in both the survey and secondary data as opportunities to improve health and expand access.

Women's Health Services

Access to women's health services remains a significant need in Lake County. More than one in four survey respondents (28%) identified women's health as a service that should be expanded or improved (see Figure 1), and several noted they must travel outside the community for OB-GYN and maternity care (see Figure 4). Preventive care data reinforced this need; approximately one in four women ages 21 to 65 in the Upper Arkansas Valley had not received a Pap smear within the past two years.[8]

SVH has made meaningful progress in expanding women's health services. In 2025, SVH acquired a 3D mammography machine through rural stimulus funding, increasing local access to breast cancer screening. Even so, gaps remain. Limited availability of some women's health services and the shortage of childcare for infants and toddlers may make it difficult for women, especially those caring for young children, to seek preventive care.[9]

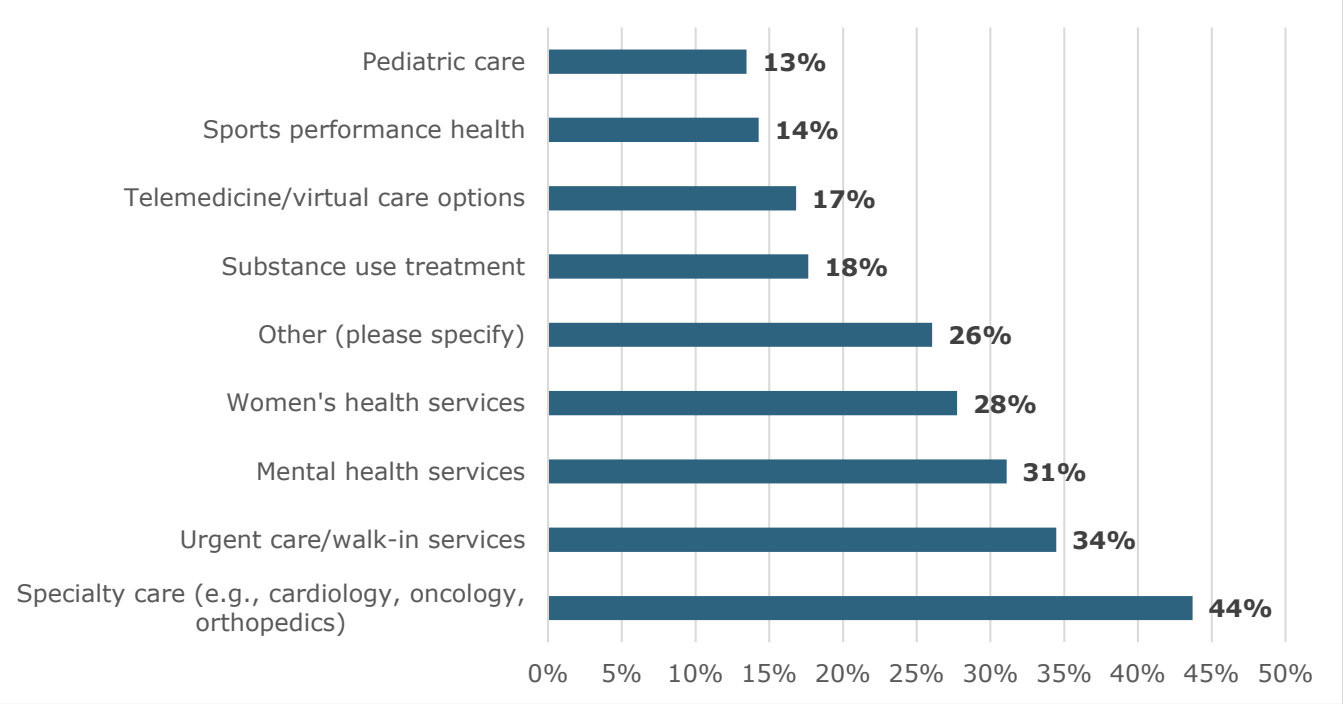
Chronic Disease Care

Chronic disease is a major health challenge in the Upper Arkansas Valley. More than one-third of adults 20 and older have high cholesterol (37%), 34% of adults 18 and older have high blood pressure, and 13% of adults 18 and older have diabetes.[10, 11]

Specialty Care

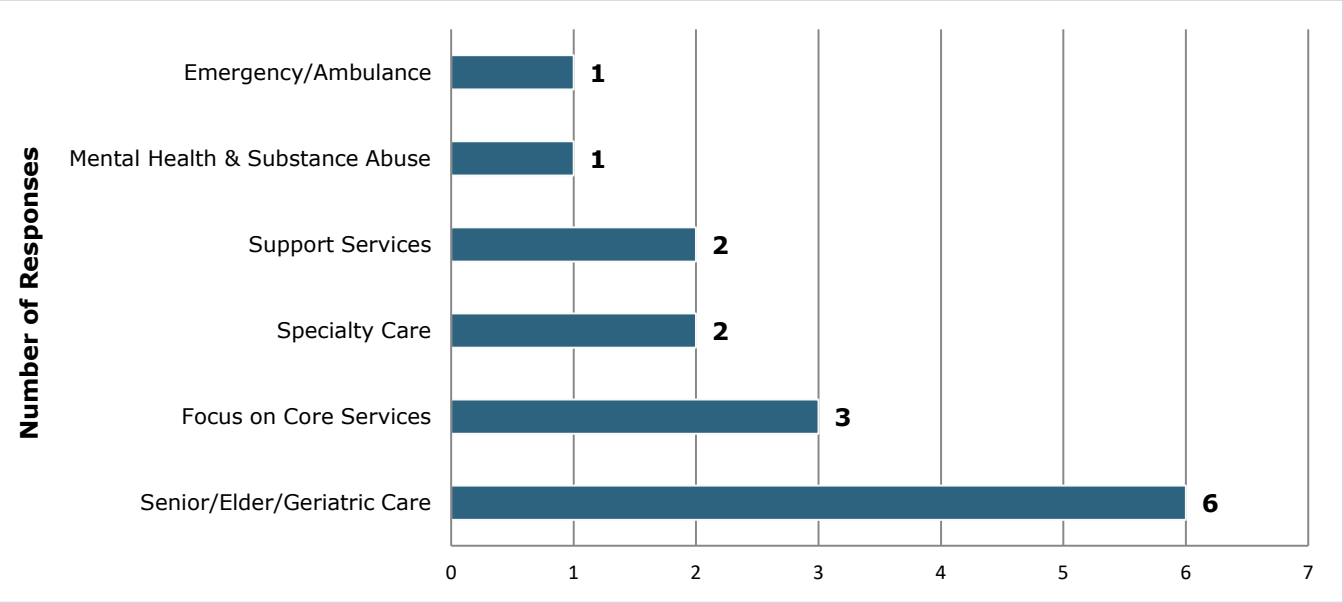
Respondents to SVH's 2026 community survey frequently cited limited access to specialty services as a reason for not getting healthcare locally (see Figure 3). When asked which services SVH should expand, specialty care was the most common response (44%), exceeding requests for urgent care or walk-in services (34%) and behavioral health services (31%) (see Figures 1 and 2).

Figure 1. Services Survey Respondents Want to See SVH Expand



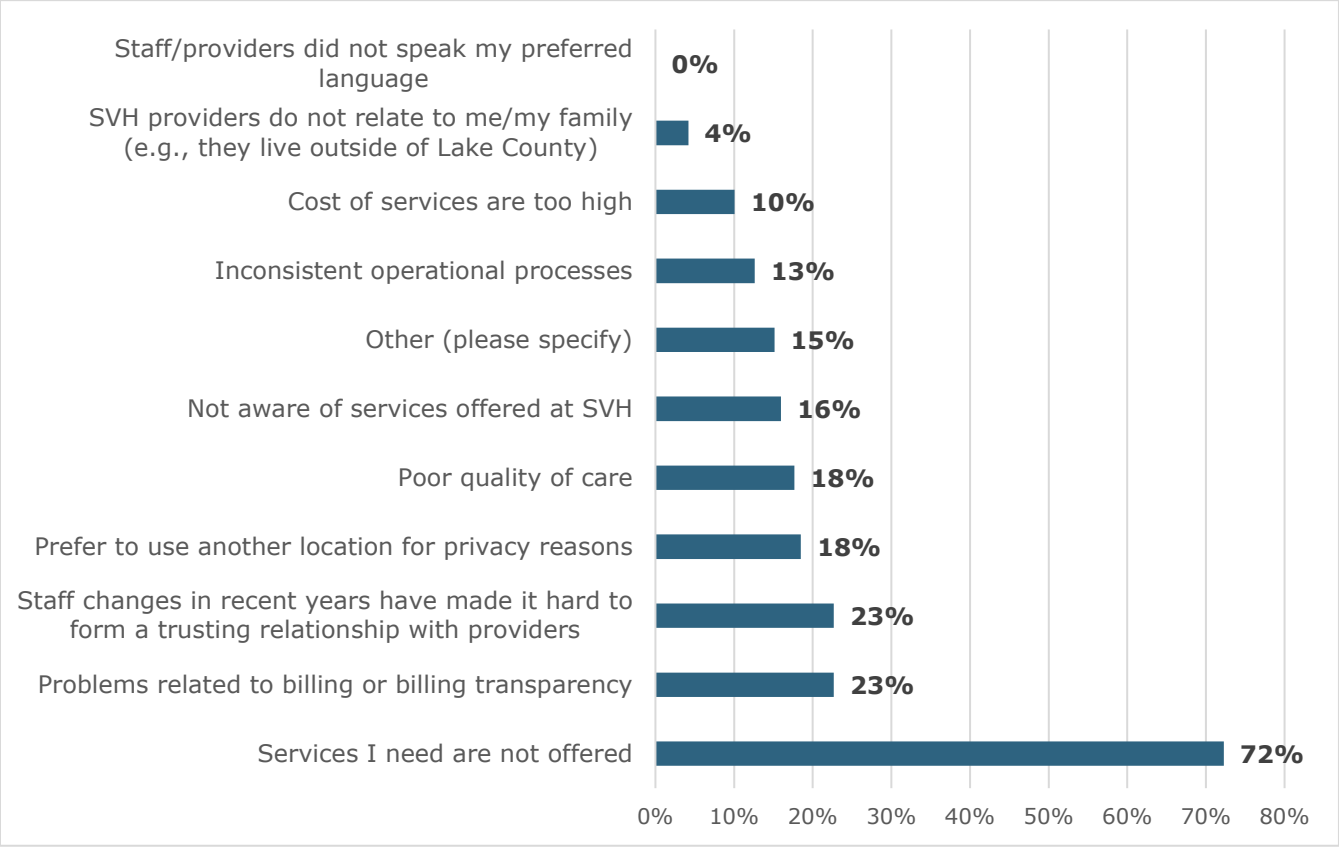
Note: Survey respondents could select up to three options.

Figure 2. Other Services Survey Respondents Want to See SVH Expand



Note: Survey respondents had an option of writing in additional services they would like to see expanded. This figure summarizes those responses.

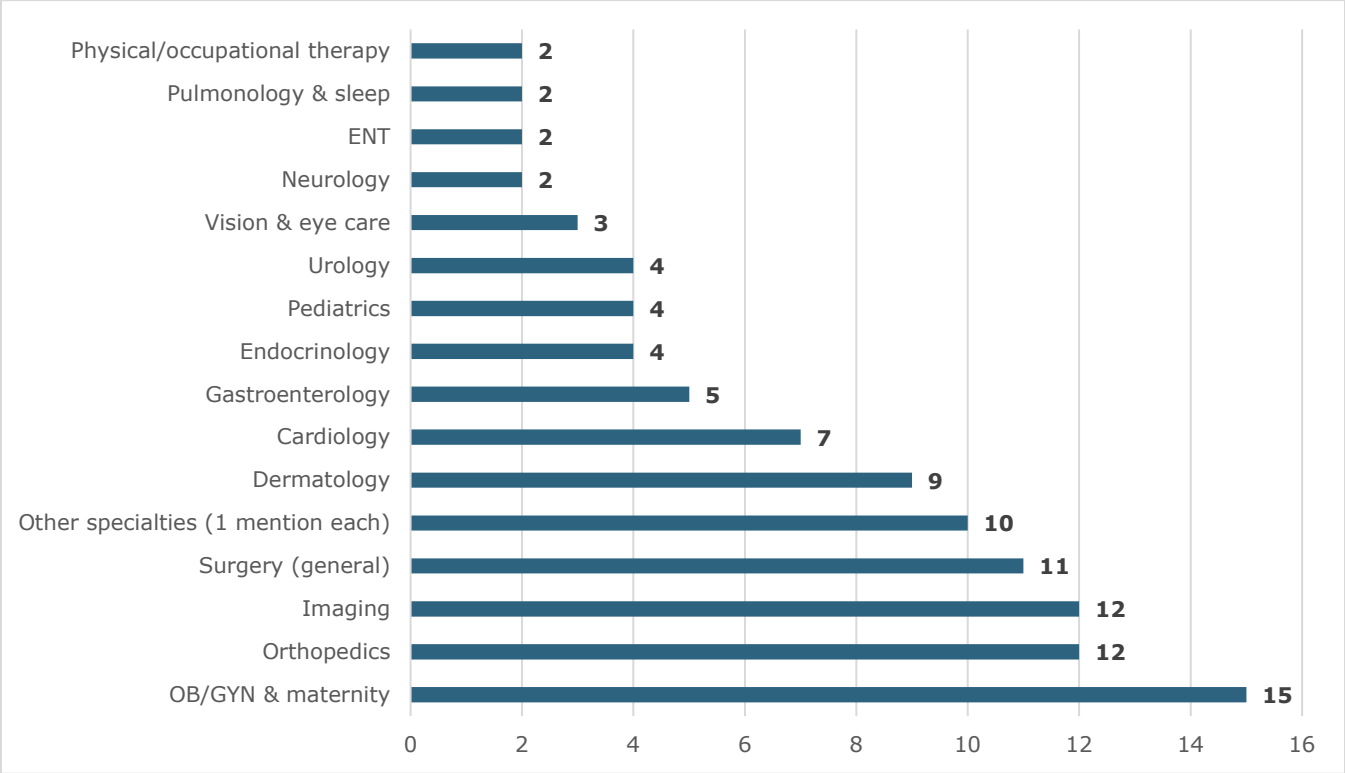
Figure 3. Reasons Survey Respondents Travel Outside of the Community for Care



Note: Survey respondents could select up to three options. Other responses included lack of specialty services or provider, billing and insurance issues, lack of confidence in care quality, loyalty to established outside providers, safety concerns about high-altitude surgery, and referral issues.

Residents frequently identified orthopedics, cardiology, dermatology, gastroenterology, and surgery as specialty services they would like to access closer to home (Figure 4). While it is not feasible for a rural critical access hospital to provide every specialty locally, these findings highlight opportunities for SVH to strategically expand selected services while strengthening partnerships with regional providers to improve access across the continuum of care. For example, since the 2023 CHNA implementation plan, SVH has worked to expand care access by partnering with regional and Front Range specialty clinics to bring more medical specialties to SVH.

Figure 4. Services Survey Respondents Traveled Outside the Community For



Note: This figure summarizes 61 written responses describing specific services respondents said they traveled to receive.

Behavioral Health and Access

Behavioral health remains one of the community's most pressing health challenges. Lake County and the surrounding Upper Arkansas Valley report high rates of poor mental health and suicide, while many residents continue to face barriers to accessing timely and affordable behavioral healthcare.

One in four residents reported experiencing poor mental health in the past month, and the region's suicide rate is approximately three times the state rate.[12,13] Community members echoed these findings in the survey, with one in four respondents reporting that mental health has worsened in the community over the past five years. Youth are also affected, with one in 10 high school students reporting that they have seriously considered suicide in the past year.[14]

Even when people seek care, access can be difficult. Nearly half of Upper Arkansas Valley residents (47%) who did not get the behavioral healthcare they needed said that it was because they could not get an appointment, while 58% reported challenges paying for services.[15] These barriers suggest that improving behavioral health requires more than expanding services alone. Affordability, timely access, and care coordination are also critical to ensuring residents receive the care they need.

Healthcare Access and Coverage

Residents often face barriers that affect their ability to access healthcare. These include the challenges identified in this assessment such as cost of care, insurance coverage, billing practices, cultural responsiveness, transportation, and the availability of long-term care services for older adults. Together, these factors influence whether people seek care when they need it and whether they choose to receive that care locally.

Insurance Coverage and Affordability

The uninsured rate in Lake County is nearly twice the statewide average, creating challenges for both residents and healthcare providers.[16] Community members without insurance or without adequate insurance may delay or forgo needed care, while hospitals are more likely to provide uncompensated care. Survey findings reinforce these challenges; nearly half of survey respondents identified cost as a barrier to accessing healthcare in their community.

Similarly, more than one in 10 Upper Arkansas Valley residents reported delaying or skipping primary care, specialty care, or prescription medications because of cost.[17] These findings suggest that improving healthcare affordability remains an important opportunity to strengthen access to care.

Billing Transparency

Nearly one in four survey respondents identified billing issues as a reason they would travel outside the community for healthcare services (see Figure 3). Respondents named hidden costs, coding discrepancies, out-of-network labs, and referral issues as areas SVH could improve. Fewer billing and referral errors could give patients more confidence in using SVH's services, especially as care is expanded and improved through new technology.

In 2026, SVH took steps to help patients feel more supported with navigating billing by hiring a financial counselor and training registration staff to offer sliding fee scale options. These efforts aim to improve patient confidence in SVH's billing process.

Culturally Responsive Care

One in three Lake County residents identifies as Hispanic or Latino, and 19% speak a language other than English at home[18], highlighting the need for culturally and linguistically responsive care options. Despite this need, 31% of Upper Arkansas Valley residents report that their needs for culturally responsive care are not met. [19] In addition, 28% of SVH survey respondents reported mistrust of their providers — an additional barrier to responsive care.

Older Adult Services

Older adults in the region are underserved by both the healthcare system and housing market. About 40% of survey respondents named limited aging and long-term care services as a pressing issue in the community, and 31% said the issue has worsened over the past five years. Other sources show that most older adults in the region rated the availability of long-term care services

as fair or poor (82%), and 89% rated the availability of accessible housing (for example, homes with a no-step entry, single-floor living, and wide hallways and doorways) the same way.[20]

Quality care and accessible housing help older adults live at home. For caregivers taking care of an aging loved one, adult day services provide safe, medically stable settings, but external data sources showed that 88% of the residents 60 and older rated the availability of these options as fair or poor. Seven in 10 older residents (70%) rated the availability of affordable, quality healthcare as fair or poor, and the region's fall rate (37% over the past 12 months) exceeds that of the state overall (26%).[21]

Oral Health

Oral health outcomes and access to needed care are poor in the Upper Arkansas Valley. While 73% of residents have dental insurance, only 62% visited an oral health provider in the past year.[22] Almost a fifth of the region's residents have lost six or more teeth (19%), compared with 10% statewide.[23] Leadville has five dental offices within a five-mile radius, so access is structurally available, but not all providers accept every insurance type, and insurance may not cover the full cost of care. Among older adults, 26% reported difficulty getting the oral health care they needed, compared with 15% statewide.[24]

Housing and Other Social Needs

Housing affordability, childcare, and food security all have an impact on health and access to care. Barriers to addressing these needs can also affect SVH's ability to recruit and maintain a stable workforce. Since social determinants of health needs in Lake County are broad, many local agencies are already established in areas like housing and food insecurity. The recommendations in the following section focus on where SVH can add the most value, which is collaborating with these agencies to strengthen care coordination for patients.

Housing

Housing affordability is one of the community's greatest challenges, and it especially impacts renters in the region. Nearly two-thirds (62%) of renters are housing cost burdened, meaning they have to spend more than 30% of their household's gross income on housing expenses. This is in contrast with just 10% of homeowners who are housing cost burdened.[25] Survey responses echoed these findings; community members cited housing as a growing concern. Nearly half of respondents cited the ability to afford basic needs, such as housing, as one of the community's most pressing issues; 44% reported that the situation had worsened over the past five years (Figure 5). For SVH, the high cost of housing also creates workforce challenges by making it more difficult to recruit and retain healthcare professionals.

Figure 5. Pressing, Improving, and Worsening Issues Identified by Survey Respondents

	Pressing Community Issue	Gotten Worse Past five years	Gotten Better Past five years
Ability to afford basic needs (such as housing)	47%	44%	10%
Access to dental care services	12%	6%	18%
Access to disability-related services and programs	13%	10%	4%
Access to primary care services	8%	8%	32%
Access to public health services, such as immunizations	6%	3%	26%
Access to specialty care services	33%	12%	29%
Access to urgent or emergency care	10%	3%	30%
Chronic illnesses (obesity, diabetes, heart disease, etc.)	10%	9%	8%
Food insecurity/limited options to access healthy food	24%	24%	22%
Illegal substance use/abuse	16%	27%	1%
Legal substance use/abuse (alcohol, marijuana, etc.)	7%	17%	3%
Limited aging and long-term care services	40%	31%	9%
Limited childcare options	24%	27%	6%
Limited job opportunities	23%	21%	8%
Mental health issues, including suicide	28%	25%	3%
Neighborhood safety (crime levels)	3%	17%	7%
Other (please specify)	5%	20%	24%

Note: These data are from three separate survey questions. Survey respondents could select up to three pressing issues but could select multiple issues they determined to have gotten better or worse in the past five years.

Childcare

Lake County is experiencing a childcare crisis. The county's licensed providers can serve only 2% of the infant population and 9% of the toddler population, well below the state average of 13% and 29%, respectively.[26] Almost 27% of survey respondents said limited access to childcare has gotten worse over the past five years, which can affect how people engage with the healthcare system. About 9% of Upper Arkansas Valley residents said they were unable to schedule a doctor's appointment in the past 12 months because they lacked childcare.[27]

Food Security

Although Lake County is an affluent community by some economic measures, food insecurity remains an important concern. About 11% of residents experience food insecurity. Of those, more than half earn too much to qualify for the Supplemental Nutrition Assistance Program (SNAP), leaving many families without available assistance.[28]

Nearly one in four survey respondents identified food insecurity and limited access to healthy food as a pressing community issue, and a similar share reported that conditions have worsened over the past five years (see Figure 5). These findings suggest opportunities to strengthen partnerships with organizations addressing nutrition and food access as part of broader community health efforts.

Recommendations

CHI evaluated findings from the survey and secondary data sources based on two factors: its importance to the community and SVH's ability to meaningfully influence it. This approach recognizes that many health challenges extend beyond the hospital's direct control while focusing recommendations on areas SVH leadership can impact.

These recommendations also reflect the rapidly changing rural healthcare landscape. As Medicaid funding and eligibility change, rural hospitals will face increasing financial pressure and higher levels of uncompensated care.[29] At the same time, the Rural Health Transformation Program (RHTP) presents new opportunities to strengthen rural healthcare through investments in workforce development, technology, regional partnerships, and innovative care models.[30] The program awards up to $10 billion per year to states from federal fiscal years 2026 through 2030 to strengthen access, improve outcomes, expand the workforce, advance innovative care models, and modernize technology-enabled services for rural and frontier residents. Colorado was awarded $200.1 million in the first year. At the time of this report's completion, SVH intends to apply for money to support a licensed clinical social worker (LCSW), community health navigator, and transportation van through the RHTP.

These recommendations are intended to help SVH respond to today's challenges while positioning the organization for long-term success. Efforts to diversify revenue, strengthen partnerships, and engage the community will help offset the growing burden of uncompensated care and support patients as they face new barriers to access.

Priority Recommendations for 2026-2028

The following three recommendations, along with supporting opportunities, represent SVH's focus areas for the next three years. The hospital's senior leadership team will develop an implementation plan outlining specific actions for each.

Recommendation 1. Improve Billing Education, Programs, and Responsiveness

Increase billing transparency. Community members reported that billing errors and surprise bills led them to seek services outside of SVH. This suggests residents want a transparent billing process for procedures, lab work, and other services to ensure that they are confident in their care.

Continue to improve billing education. Many residents are uninsured, or their insurance is not contracted with SVH. In recent years, SVH has made a concerted effort to support billing education by speaking with the largest local employer about insurance coverage options. Efforts to continue billing education will increase the community's awareness of health insurance barriers and decrease frustration with billing.

Recommendation 2. Enhance Specialty Care Services and Processes to Meet Community Needs

Increase specialty care services for the most at-risk populations. Specialty services for pregnant and postpartum people, older adults, and behavioral health are limited in the region. SVH should pursue funding opportunities, such as grants through the Rural Health Transformation Program, to expand these services. Behavioral healthcare is especially critical. Opportunities in this area include encouraging telehealth and exploring the Zero Suicide framework, which helps health systems implement evidence-based strategies to prevent suicide.[31]

As the community ages, specialty and long-term care services will be vital to residents' health and well-being. Older adults in Lake County could benefit from care coordination with the Upper Arkansas Area Agency on Aging for assistance with meals, housing, and in-home support. SVH can also continue using its swing bed services, which give older adults more time to recover from surgery or acute illness without being transferred to facilities outside the community.

Strengthen communication and partnerships. Most survey respondents were aware of SVH's emergency and ambulance services, primary care, and lab and imaging, but fewer knew about the hospital's other offerings. Less than 20% were aware that SVH provides surgical services, telehealth, outpatient nursing, and speech therapy, highlighting a need to communicate more clearly about what is available. SVH can improve communication with referring providers by increasing education on the services it offers. For example, its surgery service, which reopened just three months ago, may not yet be top-of-mind for providers making referral decisions.

Partnerships with nearby hospitals will be important as SVH expands its services or determines which services are best provided elsewhere. Some regional hospitals use memorandums of understanding that let patients receive care outside the hospital while still being billed in-network. SVH could pursue similar partnerships to improve access and build a healthier community.

Recommendation 3. Expand the Workforce to Meet Community Needs

Respond to linguistic and cultural gaps. Given that 33% of residents identify as Hispanic or Latino, Lake County has a need for culturally and linguistically responsive services. SVH could continue to address this workforce gap by hiring a patient navigator who reflects the community's culture to ensure patients are supported in their care coordination at SVH.

Grow the behavioral health workforce. To navigate the high behavioral health needs of Lake County residents, SVH could hire an LCSW to support patients with mental and behavioral health needs.

Additional Considerations

In addition to the recommendations previously outlined, the considerations in this section represent further opportunities for SVH to pursue as capacity allows.

Consideration 1. Continue Focusing on Chronic Disease Screening and Management

Most residents (80%) visited a healthcare provider in the past year, [32] and 32% of survey respondents reported that access to primary care has improved over the past five years. But rates of chronic disease in the region are high, particularly for diabetes, heart disease, high cholesterol, and high blood pressure, signaling a need to strengthen screening and disease management. And while about 26% of respondents said that access to public health services has improved, Lake County residents were less likely than other Coloradans to get flu and COVID vaccines, mammograms, and colorectal cancer screenings. [33]

Consideration 2. Monitor Housing Opportunities

Monitor and support housing options. Housing is a systemic issue across all parts of Colorado and the Upper Arkansas region. The hospital can support patients through care coordination and connecting them to local housing partners and can support staff by monitoring and communicating about current and future affordable housing options.

Conclusion

This assessment reflects SVH's commitment to understanding and addressing the persistent health needs of Lake County residents. In a changing rural health landscape, these findings point to the importance of focusing on limited resources where SVH can make the greatest difference: expanding access to needed services, improving the patient experience, and partnering regionally where community needs extend beyond the hospital's direct capacity. Guided by these findings and recommendations, SVH is well-positioned to remain a trusted source of care while evolving to meet ongoing and emerging needs.

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