

Porter Adventist Hospital

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

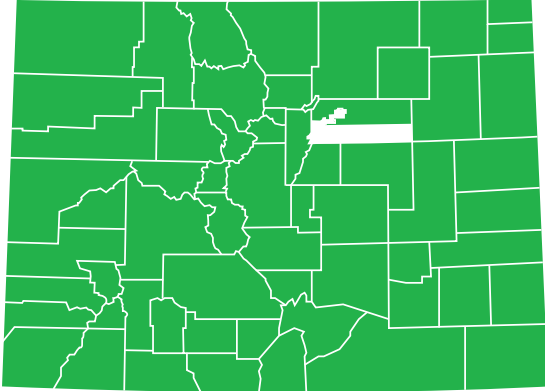


centura

AT A GLANCE:

Porter Adventist Hospital

AREA SERVED: ARAPAHOE AND DENVER COUNTIES



Zip Codes: 80011, 80013, 80015, 80016, 80017, 80018, 80103, 80105, 80110, 80111, 80112, 80113, 80120, 80121, 80122, 80150, 80155, 80202, 80203, 80205, 80206, 80207, 80209, 80210, 80211, 80212, 80216, 80219, 80220, 80223, 80224, 80230, 80231, 80236, 80238, 80239, 80247, 80249, 80250, 80257, 80262, 80264, 80265, 80266, 80271, 80290, 80293, 80294, 80299, 80010, 80014, 80218, 80222, 80237, 80246, 80217, 80012, 80137, 80165, 80204, 80208, 80243, 80274, 80044, 80160, 80166, 80201, 80244, 80256, 80259, 80261, 80263, 80273, 80281, 80291, 80046, 80151, 80248, 80041, 80047, 80161, 80251

PRIORITIES:



Mental Health



Food Security



Substance Use



Health Equity Integrated into Other Community Priorities

WHY ARE THESE PRIORITIES IMPORTANT?

Mental Health: In Denver, suicide and depression remain high.

Substance Use: In Denver, substance use was high and the community and is rising.

Food Security: Although food security has improved, the cessation of benefits and extra services during the COVID pandemic, means that this is likely to worsen again in 2022.

Health Equity: There are differences in health status based upon race/ethnicity in our communities. This needs to be addressed within every health priority identified.



Porter Adventist Hospital

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

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OUR MISSION, OUR VISION, AND OUR VALUES

Mission

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

Vision

Every community, every neighborhood, every life – whole and healthy.

Values

Compassion

Respect

Integrity

Spirituality

Stewardship

Imagination

Excellence



Executive Summary

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Porter Adventist Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as collaborative efforts with other organizations that share a mission to improve health. This report meets the requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every 3 years.

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. This process presents an opportunity for Porter Adventist Hospital to fulfill our commitment to our organizational mission to "extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Porter Adventist Hospital collaborated with Denver Department of Public Health and Environment to inform our Community Health Needs Assessment Steering Committee as this public health department covers the hospital service area. Public Health shared their current community health priorities to inform the decision of our Steering Committee. Porter Adventist Hospital associates also participated in this process through meeting participation. We have aligned strategies with our public health department and community to ensure greater movement toward the same goals and complementary efforts. In addition to local partnerships, Centura Health sits on the Metro Denver Partnership for Health, a partnership between nonprofit hospitals, Metro Denver public health departments, Regional Accountable Entities and Human Services departments to align community health efforts across the seven-county region, of which Denver County is a part.

Porter Adventist Hospital received input from community-based organizations focused on health and social determinants of health regarding medically underserved, low-income and minority populations in the service area. Organizations were identified based upon their connection with the community, including those serving people who are medically underserved and at



greater risk of poor health and those organizations with influence on overall health in the community. Stakeholders provided input based upon quantitative and qualitative data to rank and prioritize health issues and to identify community assets and gaps. Appendix B contains a list of public agencies and community organizations that collaborated with us in this process.

We provided contact information to receive public comment regarding our 2019 CHNA and Implementation Plan. Additionally, we met annually with the community to share our community health priorities and our progress on our implementation plan to receive feedback. The two shifts made during the last cycle were the addition of COVID-19 and integrating Health Equity into our strategies.

SERVICE AREA DEFINITION

To define Porter Adventist Hospital's service area for the CHNA, we followed a process focused on ensuring that the defined service area was inclusive of medically underserved, low-income and minority populations in the geographical areas from which the hospital draws its patients. We considered four factors:

- Opportunities to viably expand outreach of programs to medically underserved populations
- Inpatient admissions
- Coverage of the County by another Centura facility
- Opportunities for collaboration among facilities and with community-based organizations

The counties of Arapahoe and Denver were considered as the service area. This includes zip codes: 80011, 80013, 80015, 80016, 80017, 80018, 80103, 80105, 80110, 80111, 80112, 80113, 80120, 80121, 80122, 80150, 80155, 80202, 80203, 80205, 80206, 80207, 80209, 80210, 80211, 80212, 80216, 80219, 80220, 80223, 80224, 80230, 80231, 80236, 80238, 80239, 80247, 80249, 80250, 80257, 80262, 80264, 80265, 80266, 80271, 80290, 80293, 80294, 80299, 80010, 80014, 80218, 80222, 80237, 80246, 80217, 80012, 80137, 80165, 80204, 80208, 80243, 80274, 80044, 80160, 80166, 80201, 80244, 80256, 80259, 80261, 80263, 80273, 80281, 80291, 80046, 80151, 80248, 80041, 80047, 80161, and 80251.

PROCESS AND METHODS USED TO CONDUCT CHNA

QUANTITATIVE AND QUALITATIVE DATA COLLECTION:

We began the data collection process by selecting quantitative indicators for analysis. Our Data and Informatics department was utilized throughout the quantitative data collection process. This department compiled data from the US Census, the Behavioral Risk Factor Surveillance System, the CDC, the National Vital Statistics System, and the American Community Survey, among others. Specific health indicator data were selected, including community demographic information, behavior and

environmental health drivers and outcomes indicators, as well as coverage, quality, and access data. These indicators were selected because they most accurately describe the community in terms of its demographics, disparities, population, and distinct health needs. We engaged our community by presenting these quantitative data to inform the process of identifying and prioritizing significant health needs.

PRIORITIZATION PROCESS:

Porter Adventist collaborated with both Denver Department of Public Health and Environment to review the qualitative and quantitative health data to prioritize health needs in our communities. This committee was made up of both hospital staff and community stakeholders. The committee engaged in the following efforts to develop recommendations for the top health needs of the region:

- Conducted an environmental scan of Denver County to determine health needs
- Reviewed qualitative and quantitative data and provided insight
- Learned about top health concerns from residents and community leaders

The committee reviewed data, discussed and identified the top community health needs based on the qualitative and quantitative data received. Key considerations in prioritizing CHNA health needs included:

- The **Size of the Health Problem** as compared to the Colorado benchmark
- The **Seriousness of the Health Problem** on a scale from “very serious” to “not serious”
- **Alignment of the Problem** with efforts in the community and hospital and health system strengths

The committee ultimately reached consensus regarding the health needs that should be prioritized for the CHNA provided their recommendations to Porter Adventist Hospital.

PRIORITIZED DESCRIPTION OF HEALTH NEEDS AND POTENTIAL RESOURCES

When we look at community health needs, we use a model that looks to address both immediate health problems and concerns and then considers how we can affect the root causes of these health problems. Additionally, we looked at differences in health by different socio-demographics to identify any health inequities. Utilizing this data helps us to focus efforts on those who experience inequities in care. Appendix A includes the sources of data used for our CHNA process.

For Porter Adventist Hospital, the community prioritized needs of: Mental Health, Substance Use, Food Security and Health Equity integrated into these other three priorities.

Prioritized Need: Mental Health

In Denver County, suicide and depression rates remain high. 77.6 per 100,000 patients were hospitalized in the ED for suicidal ideation and attempts. 2493.8 per 100,000 patients were hospitalized for other mental health problems. 18.1 per 100,000 population completed suicide in 2020. Rates of postpartum depression are rising as well. Stigma surrounding mental illness in our communities also prevents patients from seeking out care due to fear. There is a tension between immediate care and prevention that needs to be considered.

Potential resources in the community identified included the following:

- Denver has the Caring for Denver Fund which is leading many innovative practices to address mental health
- Denver Department of Public Health and Environment has prioritized mental health within the newly established Community Health Assessment
- Mental Health Center of Denver provides integrated care for patients
- Mental Health First Aid training available through several organizations
- Porter Adventist Hospital is the hub within Centura Health to provide behavioral health services within the community
- Porter Adventist Hospital staff have been trained in Zero Suicide practices
- Improving behavioral health service with Behavioral Health technician pilot program and expanding Integrated Behavioral Health in primary care clinics
- Denver Public Schools offer many programs to address mental health among students
- Stigma reduction efforts are occurring through Metro Denver Partnership for Health to reduce stigma so people access care early and connect to build social cohesion



Prioritized Need: Substance Use

Denver County reports that substance use has increased over the past three years and is important to address along with mental health. Adult smoking is 15.2% and excessive drinking is 22.3%. The community is experiencing an increase since the pandemic, as well. The community has seen an increase in youth nicotine use and drugs such as fentanyl are on the rise.

Potential resources in the community identified include the following:

- Centura Health has implemented the Alternatives to Opioids program within the hospital
- The Hospital Transformation Program will screen people for substance use disorder and refer them to available resources
- Mental health centers and substance use treatment centers provide services to community members
- Resources in the community are available to provide substance abuse services
- City and County of Denver is increasing its focus on substance use and collaborating with the community to do so

Prioritized Need: Food Security

Although food security has improved, the cessation of benefits and extra services during the COVID pandemic, means that this is likely to worsen again in 2022. The community would like to continue existing efforts to ensure families have access to healthy foods and enough to eat.

Potential resources in the community identified included the following:

- Hunger Free Colorado, Colorado’s anti-hunger leading organization, is available to connect people experiencing food insecurity with available resources in the community, including enrollment assistance into SNAP/WIC
- Blueprint to End Hunger Colorado coalition is working to increase local food stores’ acceptance of SNAP and WIC benefits especially in food deserts, improve enrollment practices into SNAP and WIC and ensure food systems support people experiencing hunger
- Nourish Colorado is working to increase farm and grocery retail to accept Double Up Food Bucks benefits
- Farm Box has been placed at The National Western Center to shift how food is produced and distributed
- Partnership with Focus Points Family Resource Center and Farm Box will train future food produces and increase access to healthy foods
- Screening for food insecurity at our hospital and clinics with referral to resources through United Way 211
- Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency



- Food pantries within the community provide access to emergency food for community members

Prioritized Need: Health Equity

As we looked at the health status of our community, it was clear that communities of color fared more poorly related to health outcomes. Health equity was, therefore, identified as a priority to be consciously integrated into the other hospital priorities.

EVALUATION OF ACTIONS TO ADDRESS 2019 SIGNIFICANT HEALTH NEEDS

Prior areas of focus for the Porter Adventist Hospital 2019 CHNA and some of the actions and progress to dates include the following:

Behavioral Health:

- Hospital wide training has begun to educate staff on suicide prevention through the Zero Suicide program.
- In our ED, Alternatives to Opioids (ALTO) is being promoted to reduce the risk of substance abuse.
- Stigma reduction has continued with the Let's Talk Campaign, reaching 2.5 million impressions, and Ambassador programs with the Black and Latino communities provided 42 instances of culturally specific messaging
- Mental Health First Aid staff training
- School behavioral health gap analysis and training (over 11,000 students reached)
- School Community of Practice established to provide a virtual forum for school staff to learn youth mental health best practices

Access to Healthy Affordable Food

- SNAP outreach through Hunger Free CO: 21,336 households assisted, 4,816 SNAP applications completed
- Partnership with local food pantry to reach more community members
- Blueprint to End Hunger: 7 businesses anticipated to accept SNAP/WIC
- Nourish CO: 10 new businesses accepting Double Up Food Bucks; 710 new sign-ups
- FarmBox vertical hydroponic growing unit established at the National Western Center for public education and training of urban farmers



Our Services, History and Community

FOUNDED IN 1930, PORTER ADVENTIST HOSPITAL PROVIDES PEOPLE THROUGHOUT DENVER AND SURROUNDING COMMUNITIES WITH COMPASSIONATE, PERSONALIZED WHOLE PERSON HEALTH CARE.

The hospital is a leader in orthopedics, spine, transplant, behavioral health, digestive health, cancer care and cardiovascular care. Porter was again recognized by Newsweek as being among the best hospitals in the United States in 2022, as well as in U.S. News and World Report as being among the best hospitals in Colorado for quality care in 2021. The hospital was recognized in spring 2022 with a Leapfrog A Grade for its achievements in protecting patients from preventable harm, and received top honors from Healthgrades in orthopedics, cardiac and critical care.

Distinctive Services *Noteworthy areas of care include:*

- **Orthopedics and Spine:** The hospital partners with six orthopedics and spine groups encompassing more than 18 physicians to provide a comprehensive, end-to-end musculoskeletal service line with an international reputation for surgical excellence.
- Among the premier kidney and liver transplant centers in the country, **Centura Transplant** offers a world class team of providers delivering a personalized experience for each patient. The CMS-certified kidney and liver programs feature a growth rate larger than other transplant centers in the region. The program also includes hepatobiliary surgery and complex kidney care.
- **Gastrointestinal/Digestive Health:** Featuring internationally recognized gastroenterologists, the Center for Advanced Therapeutic Endoscopy (CATE), Center for Heartburn and Reflux (CHR) and General GI teams offer innovative care for a wide range of patient needs.
- Porter's **Behavioral Health** program features comprehensive care services, including outpatient therapy, medication management, level of care assessments, intensive outpatient programs for mental health and substance use disorders, transcranial magnetic stimulation (TMS), electro-convulsive therapy (ECT) and inpatient care for adults and seniors.
- Porter's **Cancer Center** delivers comprehensive cancer treatment programs with the most advanced treatments and technology all under one roof. The center includes programs for breast, colorectal, lung, liver, pancreatic and eye cancers, and is nationally accredited by the American College of Surgeons and the American College of Radiology.
- The **Porter Heart and Vascular Institute** is recognized by the American College of Cardiology with accreditation for Heart Failure and as a Chest Pain Center with Primary PCI for demonstrated expertise and commitment in treating patients with these conditions. The program is also accredited through the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) and is designated as a CommonSpirit Health LAAO (Watchman) Center of Excellence.
- **Emergency and Trauma care:** Porter is a Level III Trauma Center and is the recipient of the Lantern Award for exceptional and innovative performance by the Emergency Nurses Association.



Magnet Hospital Recognition

Porter Adventist Hospital has been designated as a Magnet hospital. This designation is awarded by the American Nurses Credentialing Center (ANCC). Before achieving Magnet status, a hospital must demonstrate excellence in nursing and patient care as well as innovation in professional nursing practice.

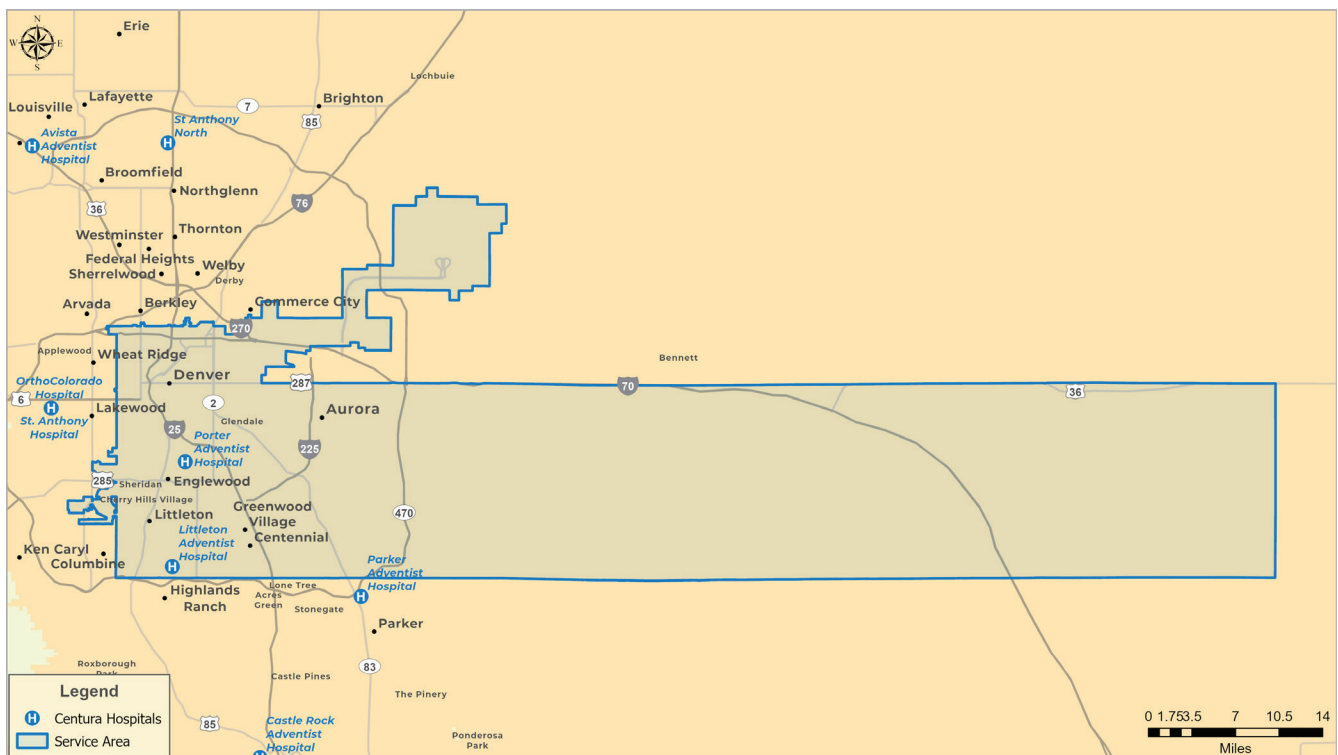
Healthgrades Honors

Porter Adventist Hospital is proud to be the recipient of the following honors from Healthgrades:

- Recipient of the Healthgrades Joint Replacement Excellence Award™ for 8 Years in a Row (2015-2022)
- Named Among the Top 10% in the Nation for Joint Replacement for 8 Years in a Row (2015-2022)
- Five-Star Recipient for Total Knee Replacement for 8 Years in a Row (2015-2022)
- Five-Star Recipient for Total Hip Replacement for 8 Years in a Row (2015-2022)
- Five-Star Recipient for Treatment of Heart Attack in 2022
- Five-Star Recipient for Treatment of Heart Failure in 2022
- Five-Star Recipient for Treatment of Sepsis for 9 Years in a Row (2014-2022)
- Five-Star Recipient for Treatment of Respiratory Failure for 7 Years in a Row (2016-2022)

Patient & Community Resources

Porter Adventist Hospital and its caregivers are passionate about our mission of extending the healing ministry of Christ and nurturing the health of the people in our communities. We serve people inside and outside our doors with resources that include emotional and spiritual care, support groups, and educational programs that respect every person for who they are, regardless of background or faith tradition.



POPULATION DEMOGRAPHICS IN PORTER ADVENTIST HOSPITAL'S SERVICE AREA

Race

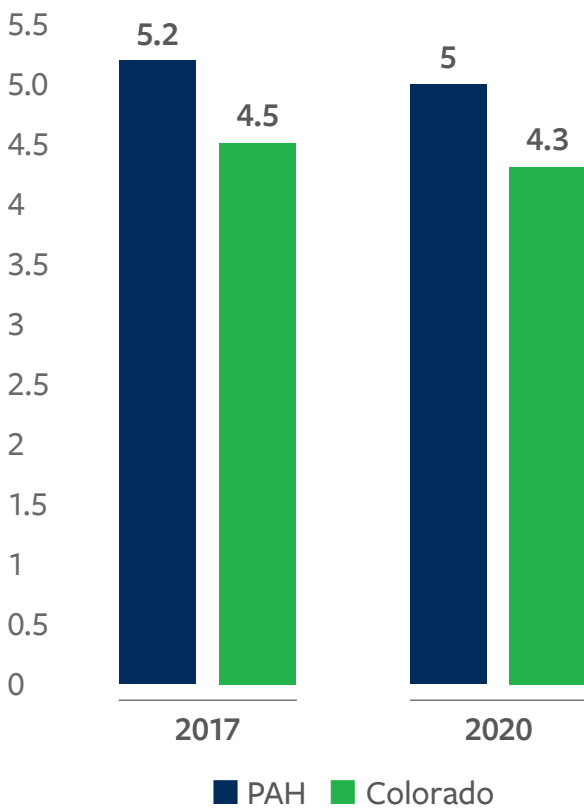


■ White 53.1% ■ Black 10.4% ■ Asian 5.3% ■ Native American 0.5% ■ Pacific Islander 0.2%
■ Other 27.3% ■ Multiple 3.1%

Ethnicity



Ratio of Household Income at 80th Percentile to 20th Percentile





Our Approach

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Porter Adventist Hospital collaborated with Denver Department of Public Health and Environment with their representation on our Steering Committee. In addition to serving on our Steering Committee, we agreed with the public health department to align community-based efforts in order to avoid duplication and address community health holistically. We have intentionally aligned strategies, as applicable, to ensure greater movement toward same goals and complementary efforts. In addition to the partnership with local public health, Centura Health sits on the Metro Denver Partnership for

Health, a partnership between nonprofit hospitals and public health departments to align efforts across the seven-county region.

Our hospital Steering Committee is comprised of public health, organizations in the community representing the broad interest of our community and hospital team members. Please see Appendix B for a list of Porter Adventist Hospital's Steering Committee members. Our Steering Committee:

- Reviewed the quantitative data and provided insight
- Prioritized health needs using the Centura Health prioritization method

Our Steering Committee met to rank and prioritize health needs, assets and gaps. All stakeholders were invited to the meetings, which were held via Zoom at times accessible for community members and offering translation upon request. Additionally, we provided the data and a survey to over 40 community organizations and members to get additional feedback for those unable to join the Zoom meeting.

STAGE 1: SCANNING THE DATA LANDSCAPE

Using the 2019 Community Health Assessment as a template, data collection of existing measures commenced in November 2021 and spanned until January 2022. The Community Health team pulled existing data on 10 overarching areas including: population, the economy and employment, education, the built environment, physical environment, social factors, health behaviors and conditions, mental health, access, utilization and quality of health care, population health outcomes, as well as leading causes of death. Additional measures in each of these areas that were linked to the social determinants of health were also collected and categorized by the five Healthy People 2030 SDOH domains. Existing data came from a variety of sources including the U.S. Census Bureau, the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), and the Colorado Department of Public Health and Environment (CDPHE). Limitations involved lack of real-time data and limited data sets available for county-level data. Appendix A summarizes the data used.

STAGE 2: DELVING INTO THE DATA TO IDENTIFY SIGNIFICANT HEALTH NEEDS

Once the data indicators were compiled for our community, the CHNA Committee reviewed the data to identify and prioritize community health needs. They identified the most pressing needs in the community based on health indicators, health drivers, and health outcomes.

Our committee defined a health need as a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome has not yet arisen as a need. To fit the definition of a health need, the need must be confirmed by more than one indicator and/or data source and must be analyzed according to its performance against the state benchmark of Healthy People 2030.

STAGE 3: PROCESS TO PRIORITIZE HEALTH NEEDS

The Centura Health prioritization method was adapted from the *Hanlon Method for Prioritizing Health Problems*. First, members individually ranked each identified need against the size of the problem, the seriousness of the problem and how much the need aligned with the community's efforts and Centura Health and Porter Adventist Hospital's efforts and strengths. These scores were averaged and summed to identify the health needs in order of priority.

Porter Adventist Hospital identified four needs as priority areas that we have the ability to impact. These include:

- Mental Health
- Substance Use
- Food Insecurity
- Health Equity consciously integrated into the strategies to address the other health needs

ENGAGING OUR COMMUNITY TO UNDERSTAND AND ACT

We actively engaged our valued community members throughout the CHNA process. Denver Department of Public Health and Environment shared their insights from their community assessments and work. Additionally, community partners shared that which they are hearing within the communities. We determined it was best to use existing qualitative data rather than asking communities similar questions more than one time due to the thorough nature of the work by our public health partners. Lastly, during our CHNA process, the State of Colorado launched the Hospital Transformation Program's Community and Health Neighborhood Engagement process, which focused on data collection to understand the priorities of those insured through Medicaid. This process includes ongoing focus groups and the evaluation of Medicaid data. These data were also considered in the finalization of our health priorities.





Health in Our Community

PORTER ADVENTIST HOSPITAL

IDENTIFIED HEALTH NEEDS

A community health need is defined as either:

- A poor health outcome and its associated health drivers
- A health driver associated with a poor health outcome, where the outcome itself has not yet arisen as a need



We used a specific set of criteria to identify the health needs in our communities. Specifically, we sought to ensure that the identified needs fit the above definition, and that the need was confirmed by more than one indicator and/or data source. Finally, we determined that the indicators related to the health need performed poorly against either the Colorado state average or the Healthy People 2030 benchmark. We utilized the Centura Health Prioritization Method to determine our prioritized needs.

The health needs identified in this CHNA included:

- Mental Health
- Substance Use
- Food Security
- Health Equity consciously integrated into the other priorities

PRIORITIZED HEALTH NEEDS

After careful consideration of the available quantitative and qualitative indicators and our Centura Health Mission, Vision, and Values, Porter Adventist Hospital identified Mental Health, Substance Use, Food Security and Health Equity integrated into the priorities as priority focus areas.

At Porter Adventist Hospital, we are collectively unified by our Centura Health Mission: We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our



communities. This Mission guides and inspires our shared desire to make a difference — one whole person and one healthy neighborhood at a time. We believe that our focus on Mental Health, Substance Use, Food Security and Health Equity consciously integrated into these other priorities will have the greatest impact on our organizational commitment to whole person health.

PRIORITIZED NEED: MENTAL HEALTH

In Denver County, suicide and depression rates remain high. 77.6 per 100,000 patients were hospitalized in the ED for suicidal ideation and attempts. 2493.8 per 100,000 patients were hospitalized for other mental health problems. 18.1 per 100,000 population completed suicide in 2020. Rates of postpartum depression are rising as well. Stigma surrounding mental illness in our communities also prevents patients from seeking out care due to fear. There is a tension between immediate care and prevention that needs to be considered.

Potential resources in the community identified included the following:

- Denver has the Caring for Denver Fund which is leading many innovative practices to address mental health
- Denver Department of Public Health and Environment has prioritized mental health within the newly established Community Health Assessment
- Mental Health Center of Denver provides integrated care for patients
- Mental Health First Aid training available through several organizations
- Porter Adventist Hospital is the hub within Centura Health to provide behavioral health services within the community
- Porter Adventist Hospital staff have been trained in Zero Suicide practices
- Improving behavioral health service with Behavioral Health technician pilot program and expanding Integrated Behavioral Health in primary care clinics
- Denver Public Schools offer many programs to address mental health among students
- Stigma reduction efforts are occurring through Metro Denver Partnership for Health to reduce stigma so people access care early and connect to build social cohesion

PRIORITIZED NEED: SUBSTANCE ABUSE

Denver County reports that substance use has increased over the past three years and is important to address along with mental health. Adult smoking is 15.2% and excessive drinking is 22.3%. The community is experiencing an increase since the pandemic, as well. The community has seen an increase in youth nicotine use and drugs such as fentanyl are on the rise.

Potential resources in the community identified include the following:

- Centura Health has implemented the Alternatives to Opioids program within the hospital
- The Hospital Transformation Program will screen people for substance use disorder and refer them to available resources
- Mental health centers and substance use treatment centers provide services to community members
- Resources in the community are available to provide substance abuse services
- City and County of Denver is increasing its focus on substance use and collaborating with the community to do so

PRIORITIZED NEED: FOOD SECURITY

Although food security has improved, the cessation of benefits and extra services during the COVID pandemic, means that this is likely to worsen again in 2022. The community would like to continue existing efforts to ensure families have access to healthy foods and enough to eat.

Potential resources in the community identified included the following:

- Hunger Free Colorado, Colorado's anti-hunger leading organization, is available to connect people experiencing food insecurity with available resources in the community, including enrollment assistance into SNAP/WIC



- Blueprint to End Hunger Colorado coalition is working to increase local food stores' acceptance of SNAP and WIC benefits especially in food deserts, improve enrollment practices into SNAP and WIC and ensure food systems support people experiencing hunger
- Nourish Colorado working to increase farm and groceries to accept Double Up Food Bucks benefits
- Farm Box has been placed at The National Western Center to shift how food is produced and distributed
- Partnership with Focus Points Family Resource Center and Farm Box will train future food produces and increase access to healthy foods
- Screening for food insecurity at our hospital and clinics with referral to resources through United Way 211
- Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency
- Food pantries within the community provide access to emergency food for community members

PRIORITIZED NEED: HEALTH EQUITY

As we looked at the health status of our community, it was clear that communities of color fared more poorly related to health outcomes. Health equity was, therefore, identified as a priority to be consciously integrated into the other hospital priorities.

IDENTIFIED HEALTH NEED NOT PRIORITIZED

We reviewed data across the spectrum of health outcomes and health behaviors. Five health issues rose to the top in the following order: 1) Mental Health, 2) Substance Use, 3) Health Equity, 4) Intentional Injury, and 5) Food Security. We narrowed down our priorities as outlined below, recognizing we wanted to narrow our focus to increase intensity of efforts and associated outcomes.

INTENTIONAL INJURY

Intentional Injury was prioritized recognizing the impact of injuries such as suicide, homicide and violence. Through discussions with the Steering Committee, it was recognized that a focus on Mental Health and Substance Abuse would be a prevention strategy for Intentional Injury.

The Committee felt strongly that we address those issues that align closely with Intentional Injury, recognizing we could impact both with this common focus. We are, therefore, addressing Intentional Injury through prevention related to Mental Health and Substance Use.



Conclusion

EVALUATION

Progress since our last CHNA

At Centura Health and Porter Adventist Hospital, we remain committed to advancing vibrant and flourishing communities. The CHNA helps fuel our caregivers to continuously engage with, understand, and contribute to whole person health in our shared neighborhoods. In FY21, Porter Adventist Hospital provided over \$50.5 million in total community benefit.

Prior areas of focus for the Porter Adventist Hospital 2019 Community Health Needs Assessment and the actions and progress to date include the following:

2019 PRIORITIZED NEED: Behavioral Health

- Hospital wide training has begun to educate staff on suicide prevention through the Zero Suicide program
- In our ED, Alternatives to Opioids (ALTO) is being promoted to reduce the risk of substance abuse

- Stigma reduction has continued with the Let's Talk Campaign, registering 2.5 million impressions. Ambassador programs with the Black and Latino communities provided 42 instances of culturally specific messaging
- Mental Health First Aid staff training
- School behavioral health gap analysis and training (over 11,000 students reached)
- School Community of Practice established to provide a virtual forum for school staff to learn youth mental health best practices

2019 PRIORITIZED NEED: Access to Healthy Affordable Food

- SNAP outreach through Hunger Free CO: 21,336 households assisted, 4,816 SNAP applications completed
- Partnership with local food pantry to reach more community members
- Blueprint to End Hunger: 7 businesses anticipated to accept SNAP/WIC
- Nourish CO: 10 new businesses accepting Double Up Food Bucks; 710 new sign-ups
- FarmBox vertical hydroponic growing unit established at the National Western Center for public education and training of urban farmers

EVALUATING OUR IMPACT FOR THIS CHNA

To assess the impact of our efforts in our communities, we remain dedicated to consistently evaluating and measuring the effectiveness of our implementation plans and strategies. Porter Adventist Hospital will also track progress through implementation plans and community benefit reports.

IMPLEMENTATION STRATEGY

The CHNA allows Porter Adventist Hospital to measurably identify, target, and improve health needs in our communities. From this assessment, we will generate an Implementation Strategy to carry out strategies for the advancement of all individuals in our communities. The Implementation Strategy will be completed by November 15, 2022.

COMMUNITY BENEFIT REPORTS

Every fiscal year, we publish our annual community benefit report that details our communities by county, their demographics, the total community benefit that we provided, and the community benefit services and activities in which we engaged. These reports are an important way to visualize the work we do in our communities and to show the programs and services we offer along with the number

of people reached through them. We will continue to use these reports to track our progress with the CHNA implementation strategy because they clearly demonstrate the number of people reached through our programs and services and the resources spent to achieve our goals.

FEEDBACK FROM PRIOR CHNAS

Porter Adventist Hospital has not received any feedback on our previous Community Health Needs Assessment or Community Health Implementation Plan for FY19–FY22.

COMMUNITY FEEDBACK

We welcome feedback to our assessment and implementation plan. Any feedback provided on our plan is documented and shared in future reports. For comments or questions, please contact: Dany Hernandez, Director of Mission Integration, at PAHCommunitybenefit@centura.org

THANK YOU AND RECOGNITION

Our Community Health Needs Assessment is as strong as the partnerships that created it. It is through these partnerships that we were able to ensure we were leveraging the assets in our communities, getting the voices of those who are experiencing challenges with their health and social determinants of health and making a plan to which both the community and hospital are committed. Thank you to the following organizations which committed their time, talent and testimony to this process.

- Denver Department of Public Health and Environment
- Mile High Health Alliance
- Brother Jeff’s Cultural Center
- The Mental Health Center of Denver
- Denver Health
- Life Line
- LifeSource Adventist Fellowship
- Mile High Academy
- Adventist Rocky Mountain Conference
- Denver South Seventh Day Adventist Church
- Rocky Mountain Conference of Seventh Day Adventist Church



APPENDIX A: DATA SOURCES

Additional Measures: Health Outcomes		
Measure	Source	Year(s)
Premature age-adjusted mortality	CDC WONDER mortality data	2013-2015
Infant mortality	Health Indicators Warehouse	2007-2013
Child mortality	CDC WONDER mortality data	2012-2015
Frequent physical distress	Behavioral Risk Factor Surveillance System	2015
Frequent mental distress	Behavioral Risk Factor Surveillance System	2015
Diabetes prevalence	CDC Diabetes Interactive Atlas	2013
HIV prevalence	National HIV Surveillance System	2013

Additional Measures: Health Behaviors		
Measure	Source	Year(s)
Food insecurity	Map the Meal Gap	2014
Limited access to healthy foods	USDA Food Environment Atlas	2010
Motor vehicle crash deaths	CDC WONDER mortality data	2009-2015
Drug overdose deaths	CDC WONDER mortality data	2013-2015
Insufficient sleep	Behavioral Risk Factor Surveillance System	2014

Additional Measures: Health Care		
Measure	Source	Year(s)
Uninsured adults	Small Area Health Insurance Estimates	2014
Uninsured children	Small Area Health Insurance Estimates	2014
Health care costs	Dartmouth Atlas of Health Care	2014
Other primary care providers	CMS, National Provider Identification file	2016

Additional Measures: Social & Economic Factors

Measure	Source	Year(s)
Disconnected youth	Measure of America	2010-2014
Median household income	Small Area Income and Poverty Estimates	2015
Children eligible for free or reduced price lunch	National Center for Education Statistics	2014-2015
Homicides	CDC WONDER mortality data	2009-2015
Firearm fatalities	CDC WONDER mortality data	2011-2015
Residential segregation—black/white	American Community Survey	2011-2015
Residential segregation—non-white/white	American Community Survey	2011-2015

Additional Measures: Demographics

Measure	Source	Year(s)
Population	Census Population Estimates	2015
% below 18 years of age	Census Population Estimates	2015
% 65 and older	Census Population Estimates	2015
% Non-Hispanic African American	Census Population Estimates	2015
% American Indian and Alaskan Native	Census Population Estimates	2015
% Asian	Census Population Estimates	2015
% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2015
% Hispanic	Census Population Estimates	2015
% Non-Hispanic white	Census Population Estimates	2015
% not proficient in English	American Community Survey	2011-2015
% Females	Census Population Estimates	2015
% Rural	Census Population Estimates	2010

HEALTH OUTCOMES

Focus area	Measure	Source
Length of life	Life expectancy*	National Center for Health Statistics - Mortality Files
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files
	Child mortality*	National Center for Health Statistics - Mortality Files
	Infant mortality	National Center for Health Statistics - Mortality Files
Quality of life	Frequent physical distress	Behavioral Risk Factor Surveillance System
	Frequent mental distress	Behavioral Risk Factor Surveillance System
	Diabetes prevalence	United States Diabetes Surveillance System
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

HEALTH BEHAVIORS

Focus area	Measure	Source
Diet and Exercise	Food insecurity	Map the Meal Gap
	Limited access to healthy foods	USDA Food Environment Atlas
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files
	Motor vehicle crash deaths	National Center for Health Statistics - Mortality Files
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System

CLINICAL CARE

Focus area	Measure	Source
Access to Care	Uninsured adults	Small Area Health Insurance Estimates
	Uninsured children	Small Area Health Insurance Estimates
	Other primary care providers	CMS, National Provider Identification

SOCIAL & ECONOMIC FACTORS

Focus area	Measure	Source
Education	High school graduation	EDFacts
	Disconnected youth	American Community Survey, 5-year estimates
	Reading scores*+	Stanford Education Data Archive
	Math scores*+	Stanford Education Data Archive
Income	Median household income*	Small Area Income and Poverty Estimates
	Children eligible for free or reduced price lunch	National Center for Education Statistics
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates
	Residential segregation - non-White/White	American Community Survey, 5-year estimates
Community Safety	Homicides	National Center for Health Statistics - Mortality Files
	Suicides*	National Center for Health Statistics - Mortality Files
	Firearm fatalities*	National Center for Health Statistics - Mortality Files
	Juvenile arrests+	Easy Access to State and County Juvenile Court Case Counts

PHYSICAL ENVIRONMENT

Focus area	Measure	Source
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool
	Homeownership	American Community Survey, 5-year estimates
	Severe housing cost burden	American Community Survey, 5-year estimates
	Broadband access	American Community Survey, 5-year estimates

Demographics

Focus area	Measure	Source
All	Population	Census Population Estimates
	% below 18 years of age	Census Population Estimates
	% 65 and older	Census Population Estimates
	% Non-Hispanic Black	Census Population Estimates
	% American Indian & Alaska Native	Census Population Estimates
	% Asian	Census Population Estimates
	% Native Hawaiian/Other Pacific Islander	Census Population Estimates
	% Hispanic	Census Population Estimates
	% Non-Hispanic White	Census Population Estimates
	% not proficient in English	American Community Survey, 5-year estimates
	% Females	Census Population Estimates
	% Rural	Census Population Estimates


APPENDIX B: COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

- Denver Department of Public Health and Environment
- Mile High Health Alliance
- Brother Jeff's Cultural Center
- The Mental Health Center of Denver
- Denver Health
- Life Line
- LifeSource Adventist Fellowship
- Mile High Academy
- Adventist Rocky Mountain Conference
- Denver South Seventh Day Adventist Church
- Rocky Mountain Conference of Seventh Day Adventist Church
- Over 30 organizations surveyed

APPENDIX C: DATA PRESENTED

Porter Adventist Hospital
 Our Commitment to Healthy Communities
 FY2021

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.



Agenda

- Our Healthcare System
- Community Health Priorities: Living Our Mission
- Hospital Transformation Program Updates
- Community Health Needs Assessment: Where we are headed

Welcome and Introductions

Todd Folkenberg, Chief Executive Officer
Edrey Santos, Chaplain within Mission Integration
Dany Hernandez, Director of Mission Integration
Monica Buhlig Group Director, Community Health

? After each section, we will pause for Q&A.

To ask a question, please use the Reactions Tab to raise your hand, and we will call on you to unmute.

Executive Leaders

Todd Folkenberg, Chief Executive Officer
Deborah Spielman, Chief Operating Officer
Lesley Rehak, Chief Nursing Officer
April Ulrich, Human Resources Director
Matt Leary, Interim CFO
Steve Cobb, Interim Chief Medical Officer

Reflection




Who we are and why we matter

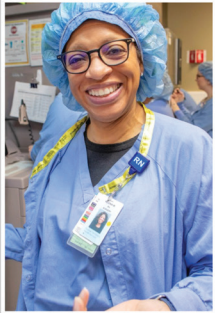
OUR MISSION:
 We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities

OUR VISION:
 Every community, every neighborhood, every life – whole and healthy



"I want to make a difference."
 David Archuleta, RN

Centura Health Overview



Centura Health connects individuals, families and neighborhoods across Colorado and western Kansas with more than 6,000 physicians and 21,000 of the best hearts and minds in health care.

Through our 17 hospitals, two senior living communities, neighborhood health centers, physician practices and clinics, home care and hospice services, and Flight for Life Colorado, our caregivers make the region's best health care accessible.

Health is better where we are

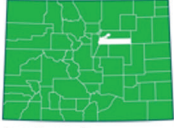


17 HOSPITALS	1000+ EMPLOYED PROVIDERS	FLIGHT FOR LIFE® COLORADO
16 AFFILIATES	3 MOUNTAIN CLINICS	130+ PHYSICIAN PRACTICES/CLINICS
5300+ PRIMARY CARE PROVIDERS & SPECIALISTS	15 NEIGHBORHOOD HEALTH CENTERS	4 CENTERS FOR OCCUPATIONAL MEDICINE
6 EMERGENCY & URGENT CARE CENTERS	VIRTUAL & MOBILE CARE	39 DIAGNOSTIC IMAGING CENTERS
		5 MANAGED RURAL HOSPITALS
		660+ PRACTICES

Porter Adventist Hospital: A Cornerstone of Care in This Community

For more than 90 years and counting, Porter Adventist Hospital has provided people throughout Denver and the regional area with excellent, compassionate, whole person care.

The hospital is a leader in orthopedist, spine, behavioral health, digestive health, transplant, cancer care and cardiovascular care. Porter was again recognized by Healthgrades as a Top 100 Hospital in the nation for 2020 and one of the top two hospitals in Colorado by U.S. News and World Report.



Arapahoe and Denver Counties

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Board Members, Porter Adventist Hospital

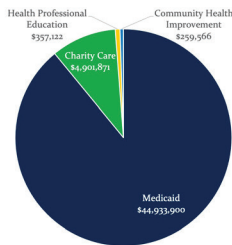
Dan Enderson, Board Chair

Todd Folkenberg, Ex-Oficio
Simeon Abramson, MD
Ingrid Johnson, RD
Wendy Kalish, MD
Gregg Kvistad
Cory Garten

Jennifer Parker
Nicholas Rosen, MD
Alex Smart, MD
Gary Elder Thurber
Giri Vedula, MD

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Community Benefit Fiscal Year 2021 Porter Adventist Hospital: \$50.5 Million



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Community Health Priorities:

Living our Mission

Pregress Update

These are Our Community Health Priorities FY20 – FY22

- Behavioral Health
- Food Security

WHAT WE HEARD:

1. Move upstream into people's life experiences
2. We need to focus on the big, tough issues that are more complex
3. Leverage your strengths statewide to have a greater impact



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FY20-22 Community Health Implementation Plan: Behavioral Health

GOALS

1. Reach 80% of school-aged youth with social cohesion/resiliency strategy
2. Increase capacity of our community to support behavioral health needs through increased awareness and reduced stigma of behavioral health
3. Increase people reporting access to behavioral health services by 40%

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FY20-22 Community Health Implementation Plan: Access to Healthy Affordable Food

GOALS

1. Increase number of produce sites that accept SNAP and WIC by 20%
2. Decrease number of food deserts by 20%
3. Decrease number of community members eligible but not enrolled in SNAP by 60%
4. Increase use of locally sourced, healthy affordable foods within Centura Health by 50%

FOOD AVAILABILITY FOOD ACCESS FOOD USE

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FY20-22: System Accomplishments

Behavioral Health

- o Zero Suicide Framework within all hospitals, including training for staff
- o ALTO Program within all hospitals
- o Let's Talk Stigma Reduction Campaign
- o School Mental Health Community of Practice-Virtual forum for state's school administrators and teachers to learn about mental health- training & support
- o Mental Health Tech Recruitment & Training

Food Security

- o Blueprint to End Hunger Partnership: Program Design and Policy
- o Patient food security screening and referrals (327 people through 213 SNAP applications)
- o Social needs screening projects with integration of United Way 2-1-1 resources into EMR
- o Emergency food response to COVID19
- o Local food production: Community Supported Agriculture, Community Gardens and Farm Box
- o Good Food Purchasing Program assessment of Centura system purchasing

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FY21: Behavioral Health Progress

- Let's Talk Stigma Reduction Campaign
 - COVID modified: 2.5M Impressions
 - LatinX and Black Community Ambassador Programs (42 messaging events)
- School Behavioral Health Inventory and Gap Funding for Denver Public Schools to reach 11,805 juniors and seniors
- Partnership with City of Denver for Youth Mental Health Summit (200+ youth)

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FY21: Access to Healthy, Affordable Food Progress

- SNAP Outreach with Hunger Free Colorado
 - 730 PEAK eligibility; 1300 Users of Food Resource Map; 7100 new users to COFood Finder.org
 - 21,336 households assisted
 - 4,816 SNAP applications completed
- National Western Center FarmBox (vertical hydroponic farm unit) placement as education tool for local Focus Points Family Resource Center
- Nourish Colorado Partnership
 - Double Up Food Bucks Outreach to increase number and frequency of use (701 new sign ups)
 - Increase stores offering Double Up Food bucks (10 stores with interest)
- Blueprint to End Hunger: Increase # Stores Accepting SNAP/WIC (7 anticipated)
- Denver Inner City Parish
- GoFarm Mobile Market: DICP and Juanita Nolasco Residences reached 163 families with 269 shares of produce in 2021

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A Response to COVID-19 that Serves Our Communities' Needs

- Pop-Up Equity Clinics**
Events ranging from 200 vaccines to 500 vaccines
- 17 Hospital Vaccine Locations**
Supporting 3,000 vaccines weekly
- 19 Ambulatory Clinics**
Supporting 13,000 vaccines weekly
- 2 Mass Vaccine State Clinics**
 - Dick's Sporting Goods Park in **Commerce City**
Sunday-Thursday | 9 a.m. to 5 p.m. | Supports 15,000 vaccines weekly
 - Broadmoor World Arena in **Colorado Springs**
Friday-Monday | 10 a.m. to 6 p.m. | Supports 24,000 vaccines weekly
- 1 Mass Vaccine Federal Clinic**
 - Colorado State Fairgrounds in **Pueblo**
7 days a week | 8 a.m. to 6 p.m. | Supports 21,000 vaccines weekly



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A Response to Community: Health Equity

Community Benefit Engagement in 2020: Prioritize Health Equity Released \$1M Request for Proposals in FY21

FY22 Grantees

- Brother Jeff's Cultural Center
- Catholic Charities of Colorado
- Center for African American Health
- Chanda Plan Foundation
- Cleo Parker Robinson Dance
- Coal Creek Meals on Wheels
- Community Food Share
- Finney County Community Health Coalition
- Heart Mind Connect
- Homeward Pikes Peak
- International Rescue Committee
- Posada
- Project Worthmore
- Rose Anom Center
- Second Chance through Faith
- Side by Side
- Solid Rock Community Development
- The Place
- Veterans Community Project

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Questions and Comments?

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Hospital Transformation Program (HTP): Advancing Clinical Care

Progress Update

Hospital Transformation Program

- Quality improvement program specifically for Medicaid patients
- The State of Colorado has asked hospitals to focus on improving the health of people who have Medicaid insurance and to work on reducing Medicaid costs
- Community engagement is a key component of our work



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Program Updates

What's been done:

- Community and Health Neighborhood Engagement (CHNE) initial reports
- Applications submitted and approved
- Implementation plans submitted and approved
- Technical gap analysis and needs assessment
- Begun work on operational and technical implementation

What's next:

- Data submission for COVID year data (October 2020 – September 2021) due March 2022
 - Considered a "dress rehearsal"
- Ongoing work on quarterly action plans – operational and technical
- Ongoing community engagement

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HTP Update: System Measures

Measures:

- **Screening for Social Needs**- Completed platform for United Way 211
- **Behavioral Health**- RAE agreements on populations of focus
- **Alternatives to Opioids**- Updated patient education/informational flyer
- **Hospital Index (Improving Care Quality and Reducing Cost)**- First LEAN Project delayed due to COVID survey. Other work continues
- **Length of Stay**- On hold for first six months of program
- **Readmissions**- Risk tools evaluated and being adapted

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HTP Update: Hospital-Specific Measures

- **Statis for Stroke Pts.**- Identified technology updates required for increased compliance
- **Medication prescriptions for Opioid Use disorder in the ED**- Formal meetings with community partners
- **Scheduling follow-up doctor appointments for patients who are hospitalized** - Working on resource analysis
- **Increasing number of telehealth appointment** - Identified expansion projects

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Request for Feedback

1. Are these still our community's concerns?
2. Is there anything the hospital should be doing differently to address these concerns?
3. Would you like to be involved?
4. Questions for us?

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Community Health Needs Assessment Where we are Headed

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Identifying Local Needs: Performing Community Health Needs Assessment (CHNA)

- IRS requirement of all non-profit hospitals
 - Every three years
 - Identify health needs within the community
- Centura Health Values in Action Through CHNA
 - Identify health needs important to community
 - Identify areas that cannot be addressed by one organization alone and collaborate to address
 - Leverage community strengths, fill gaps, catalyze transformative efforts



Activating and living our Mission in a meaningful way in our communities!

"We are neighbors serving neighbors."
Amy Arthur, RN

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CHNA Process

- **Quantitative Data: Population Health Analysis**
 - o Indicators from previous health priorities
 - o Standard community health categories (Healthy People Indicators)
 - o Demographic data to explore health inequities
- **Qualitative Data: Discussion with Community**
 - o Rank health issues (Today)
 - o Identify resources related to priorities
 - o Listen to community to design implementation plan

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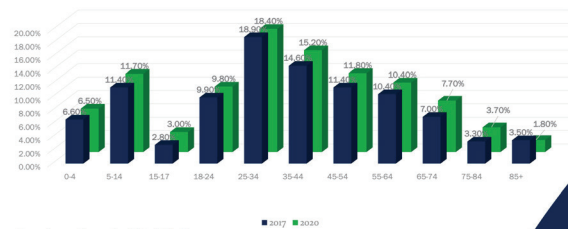
Background: Denver County Priorities and Process

Tristan Sanders
Denver Department of Public Health and Environment

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Denver County: Community by Age

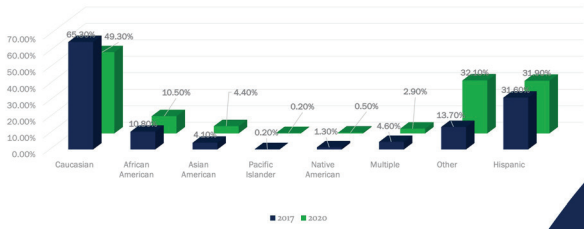


Source: Census Population Estimates

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Denver County: Community by Race/Ethnicity



33 Source: Census Population Estimates

Denver County: Health Outcomes & Behaviors

Health indicator	2017	2020	CO 2017	CO 2020
Adult Obesity (1)	16.4%	17.3%	20.2%	22.4%
Adult Smoking (2)	17.1%	15.3%	15.6%	14.7%
Excessive Drinking (2)	22.5%	25.3%	19.1%	21.3%
Physical Inactivity (1)	11.8%	12.6%	14.4%	14.8%
Diabetes Prevalence (1)	6.0%	5.1%	6.2%	6.6%
Asthma (3)	8.0%	8.7%	8.8%	9.1%
Heart Disease Mortality (4)	195.2	136.3	176	---
Cancer Mortality (Age-Adjusted per 100,000) (5)	142.7	---	146	131.6

(1) CDC Diabetes Interactive Atlas
(2) Behavioral Risk Factor Surveillance System

(3) CDPHE VISION
(4) CDPHE
(5) CDC National Cancer Index

Denver County: Environment

Health indicator	2017	2020	State of CO 2017	State of CO 2020
Air pollution (Avg Daily Particulate Matter) (6)	8.6	9.5	5.4	4.9
Injury Deaths (per 1000) (7)	3.5	3.8	3.3	3.8
Violent Crime (per 100,000) (8)	617.3	631.5	308.7	326.1
Homicides (per 100,000) (7)	6.1	6.3	3.6	4.0
Motor Vehicle Crash and Alcohol Impaired Deaths (per 1000) (7)	0.6	0.6	0.8	0.8

(6) Environmental Public Health Tracking Network
(7) CDC Wonder Mortality Data

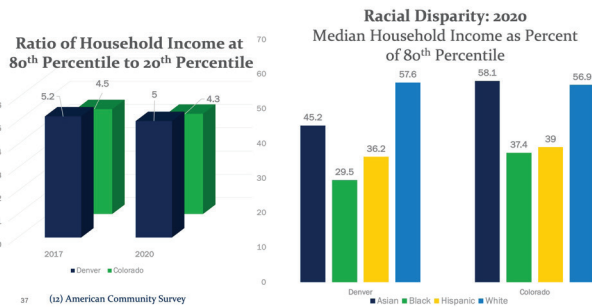
(8) Uniform Crime Reporting

Denver County: Access to Clinical Care

Health indicator	2017	2020	State of CO 2017	State of CO 2020
Uninsured Adults (9)	16.4%	12.0%	14.0%	10.3%
Uninsured Children (9)	6.1%	4.6%	5.9%	4.8%
Primary Care Physicians (per 1000) (10)	1.2	1.4	0.76	0.80
Federally Qualified Health Centers (per 100,000) (11)	95	124	86.3	115.3
Mental Health Providers (per 1000) (10)	4.5	5.9	2.7	3.7
Dentists (per 1000) (10)	0.7	0.8	0.72	0.81

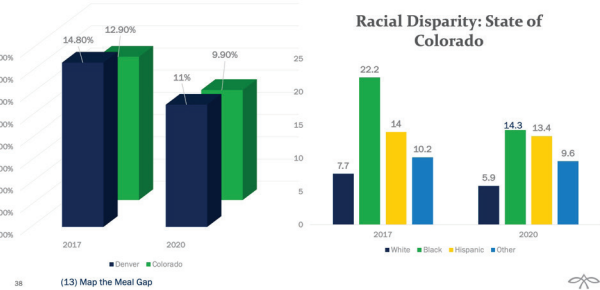
(9) Colorado Health Access Survey
(10) American Medical Association Area Health Resource File
(11) CMS, National Provider Identification File

Denver County: Income Inequality (12)



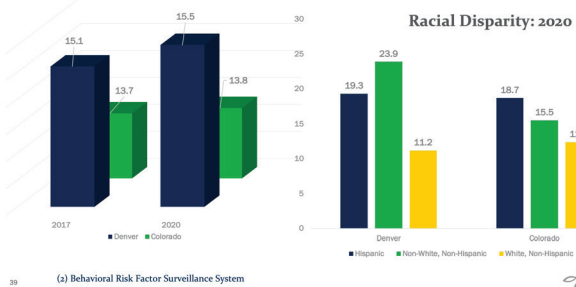
37 (12) American Community Survey

Denver County: Food Insecurity



38 (13) Map the Meal Gap

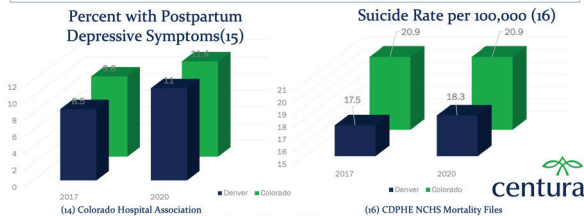
Denver County: Fair/Poor Health



39 (2) Behavioral Risk Factor Surveillance System

Denver County: Mental Health

Cause of ED Hospitalization (Rate/100,000) (14)	2017	2020	State of CO 2017	State of CO 2020
Suicide Ideation	84.9	70.1	52	86
Other Mental Health	3246	2910	1914	1857



(14) Colorado Hospital Association
(15) Pregnancy Risk Assessment and Monitoring System, CDPHE

(16) CDPHE NCHS Mortality Files

Questions and Discussion

What stood out for you among the health indicators?

Are the health priorities we previously identified still a priority in our community?

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Prioritization Method: Hanlon Method

- Please rank these health issues based upon the following, Scale of 1(low) to 4(high):
 - Size
 - Seriousness
 - Alignment with Community Efforts
- We will use formula to calculate rankings of health issues in order of priority

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Ranking Time (Size, Seriousness, Alignment)

- Mental Health and Access to Care
- Substance Use (Tobacco/Alcohol/Other) and Access to Care
- Food Insecurity/Access to Healthy Food
- Physical Activity
- Air Pollution
- Injury Prevention – Unintentional
- Injury Prevention - Intentional
- Access to Care - Primary Care
- Access to Care – Oral Health
- Health Equity
- Other (Please Specify)

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Next Steps

- Survey sent out electronically with presentation for additional input
- Asset and Gap Analysis of Top Priorities
- By June 30: CHNA Priorities Approval by Hospital Board of Directors
- Develop Community Health Implementation Plan (CHIP) with Community
- By November 15: CHIP Approval by Hospital Board of Directors

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Questions?

We are on a mission
for whole person care
and flourishing
communities.

We welcome you to contact us:
Monica Buhlig @ monicabuhlig@centura.org

*We extend the healing ministry of
Christ by caring for those who are ill
and by nurturing the health of the
people in our communities.*


centura