Avista Adventist Hospital
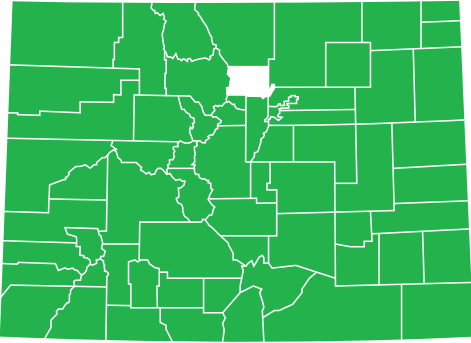
2022 COMMUNITY HEALTH NEEDS ASSESSMENT

centura

AT A GLANCE:

Avista Adventist Hospital

AREA SERVED: BOULDER AND BROOMFIELD COUNTIES

Zip Codes: 80101, 80104, 80107, 80108, 80109, 80116, 80117, 80118, 80124, 80125, 80126, 80129, 80130, 80131, 80134, 80135, 80138, 80163, 80830, 80832, 80835

PRIORITIES:

Housing Stability

Mental Health

Food Security

Health Equity Integrated into Other Community Priorities

WHY ARE THESE PRIORITIES?

Mental Health: In Boulder and Broomfield counties, suicide and depression rates remain high. We need to remain focused on both prevention and treatment.

Housing Stability: In Boulder and Broomfield counties, Housing prices have sharply risen. Ranked 17 and 11 amongst counties with more than 50% of household income spent on housing. Quality of housing is also a problem due to overcrowding, poor plumbing/kitchen utilities.

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.

These identified priority areas of need will be addressed through developing a community health implementation plan in collaboration with our community partners to be published in November 2022.

Avista Adventist Hospital

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

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

centura

Executive Summary

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Avista 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 Avista 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

Avista Adventist Hospital collaborated closely with Boulder County Public Health and Broomfield County Public Health to inform our Community Health Needs Assessment Steering Committee as these public health departments cover the majority of the hospital service area. Each public health department shared their current community health priorities to inform the decision of our Steering Committee. Avista Adventist Hospital associates also participated in this process through meeting participation. We have aligned strategies with our public health departments 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 Boulder and Broomfield Counties are a part.

Avista 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 Health Equity as needs to be addressed.

SERVICE AREA DEFINITION

To define Avista 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 Boulder and Broomfield were considered as the service area. This includes zip codes: 80020, 80023, 80025, 80026, 80027, 80038, 80301, 80302, 80304, 80305, 80306, 80307, 80308, 80309, 80310, 80314, 80455, 80466, 80471, 80481, 80501, 80502, 80503, 80504, 80510, 80533, and 80544.

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:

Avista Adventist Hospital collaborated with both Broomfield and Boulder County public health departments 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 Broomfield and Boulder Counties 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

Avista Adventist Hospital also collaborated with public health to glean additional information from those who know the community best. We partnered with Broomfield County Public Health and other local hospitals to discuss community needs with the already established Broomfield Community Services Network. This network connects Broomfield organizations, enhances opportunities to work together, and builds capacity for greater collaborative impact. Through this organization, all hospitals received additional feedback on community health priorities.

The committee ultimately reached consensus regarding the health needs that should be prioritized for the CHNA provided their recommendations to Avista 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 Avista Adventist Hospital, the community prioritized needs of: Housing Stability, Mental Health, Food Security, and Health Equity integrated into these other priorities.

Prioritized Need: Housing Stability

In Boulder and Broomfield counties, Housing prices have sharply risen. They are ranked 17 and 11 respectively amongst counties with more than 50% of household income spent on housing. Quality of housing is also a problem due to overcrowding, poor plumbing/kitchen utilities. Inflation during the pandemic has meant that families have less to spend on basic needs such as rental/mortgage payments and utilities.

Potential resources in the community identified included the following:

● Coordinated entry system being used by social service providers and family resource centers

● Coordinated shelter system within the City of Boulder

● A Regional Affordable Housing Plan for the community

● Screening patients for social determinants of health is ongoing in Avista Adventist Hospital and clinics

● Resource referrals made for those in need with the United Way 211 directory now integrated into our electronic medical record

● Boulder and Broomfield County both have Public Health and Human Service resources available

Prioritized Need: Mental Health

In Boulder and Broomfield counties, suicide and depression rates remain high. 50.2 per 100,000 patients were hospitalized in the ED for suicidal ideation and attempts. 1428.6 per 100,000 patients had other mental health problems. 17.3 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:

● Clinica Family Health Center provides integrated care in partnership with the Mental Health Partners (mental health and substance use care)

● Boulder County Public Health has prioritized Mental Health and works with Boulder County Human Services and providers to connect residents to needed resources

● Mental Health First Aid training available through several organizations

● Avista Hospital staff training (Zero Suicide, Alternatives to Opioids)

● Improving behavioral health service with Behavioral Health technician pilot program and expanding Integrated Behavioral Health in primary care clinics (3 in Avista service area)

● Boulder Valley School District has many programs to address mental health among students

- Broomfield County Public Health has prioritized Mental Health and convenes stakeholders to address stigma, prevention through social cohesion and access to care

- 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

- The faith community is very interested in addressing mental health within congregations and the community

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 organization, is available to connect people experiencing food insecurity with available resources in the community, including enrollment assistance into SNAP/WIC

- Colorado Blueprint to End Hunger Colorado 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

- Screening for food insecurity at Avista Adventist Hospital and clinics with referral to resources through United Way 211

- Family Connects project starting at Avista Adventist Hospital to screen delivering moms for needed resources

- Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency

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. It was also recognized, however, that the best way to address health equity for this process would be to consciously integrate it into all strategies addressing the other identified community health priorities.

EVALUATION OF ACTIONS TO ADDRESS 2019 SIGNIFICANT HEALTH NEEDS

Prior areas of focus for the Avista 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 (15,468 students reached)

● School Community of Practice established to provide a virtual forum for school staff to learn youth mental health best practices

● Behavioral health tech pilot program begun at Avista to improve behavioral health patients' quality of care and connection to outpatient resources

Access to Safe and Affordable Housing

● Began screening for social determinants of health in hospitals; clinics soon to follow

● Integration of United Way 211 resources into EMR for referral

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

CENTURY LONG LEGACY OF AWARD WINNING SERVICES TO HEAL, INSPIRE AND CONNECT OUR COMMUNITY.

Avista Adventist Hospital is a comprehensive medical center known for its higher level of personalized, whole person care, that's been the hallmark of the organization for more than a century. The 114-bed full service community hospital provides a full range of medical specialties and exceptional health care to the Louisville, Superior, Broomfield and surrounding Boulder County communities. Known for its award winning joint and spine program, as well as its widely recognized New Life Center and the area's largest neonatal intensive care nursery.

Distinctive Services *Noteworthy areas of care include:*

- **Emergency and Critical Care:** Avista's Emergency Department and Level III Trauma Center include two trauma suites and are fully equipped to provide comprehensive emergency medical services, such as resuscitation, surgery and intensive care, to seriously injured patients. The hospital is also the recipient of a Critical Care honor from Healthgrades with a 5-star rating for Treatment of Sepsis for 2022.

- Avista's **Joint and Spine** program has pioneered new technology, including the Mazor robotic guidance system for minimally-invasive spine surgery. The program has a Blue Distinction Center

designation for spine surgery from Blue Cross Blue Shield. In addition, the hospital holds the Joint Commission's Gold Seal of Approval for spine, total knee and total hip replacement, as well as fragile hip fracture, for which the hospital also has certification.

- The widely recognized **New Life Cente**r includes the area's only Level 3 Neonatal Intensive Care Unit (NICU) and the largest such unit serving Louisville and surrounding communities.

- The hospital's **Heart & Vascular** program includes a Joint Commission-Certified Advanced Primary Stroke Center.

- The hospital's **Women's Care** program is designated as a Center of Excellence in Minimally Invasive Gynecology by the American Association of Gynecologic Laparoscopists (AAGL).

- The **GI program** is a certified Center of Excellence by the American Society for Gastrointestinal Endoscopy (ASGE).

Leapfrog Honors

Avista is proud to have been nationally recognized with a Leapfrog Top Hospital Award for Quality and Safety in 2021 from The Leapfrog Group. The hospital was among 2,200 nationwide to be considered for the award but only one of 149 to be selected.

Avista is also the recipient of four consecutive "A" grades for patient safety in 2020 and 2021, also bestowed by The Leapfrog Group, a national watchdog organization recognized as a standard-setter for health care safety and quality.

CMS 5-star Rating

The hospital holds a 5-star rating for quality of care from the Centers for Medicare & Medicaid Services (CMS), the highest rating from the organization.

Patient & Community Resources

Avista serves people inside and outside its 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.

Marshall Fire

On December 30, 2021, the hospital safely evacuated 51 patients and all caregivers with no loss of life when the Marshall Fire threatened the hospital. There was no structural damage to the building, and the hospital was extensively cleaned of smoke damage before safely reopening all services to the community 19 days later thanks to the incredible work of Avista's caregivers and cleaning crews.
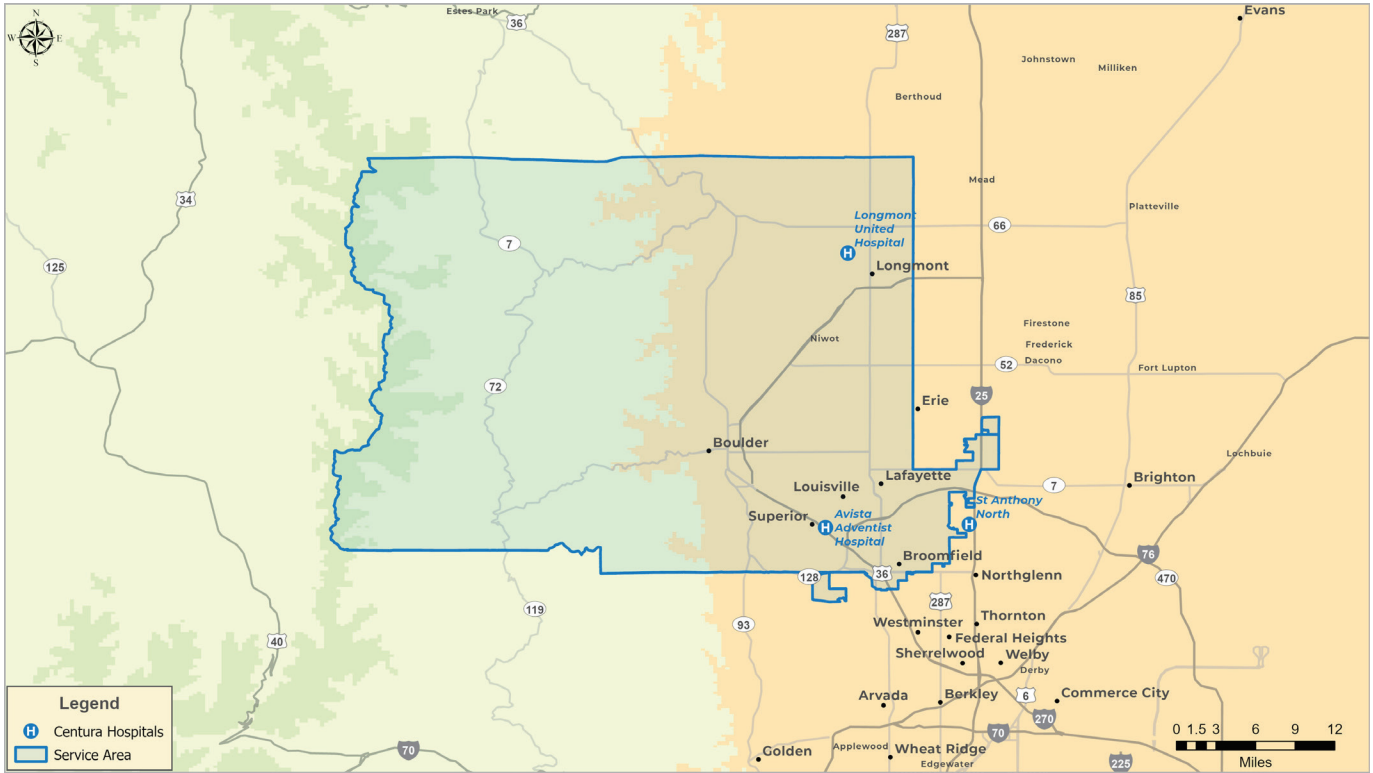
POPULATION DEMOGRAPHICS IN AVISTA ADVENTIST HOSPITAL'S SERVICE AREA

Race

- White 76.9%
- Black 1.00%
- Asian 5.1%
- Native American 0.4%
- Pacific Islander 0.1%
- Other 14.3%
- Multiple 2.4%

Ethnicity

Non-Hispanic **85.9%**　　Hispanic **14.1%**

Median Household Income as Percent of 80th Percentile

AAH: Asian 59.2, Black 33.4, Hispanic 35.4, White 52.9

Colorado: Asian 58.1, Black 37.4, Hispanic 39, White 56.9
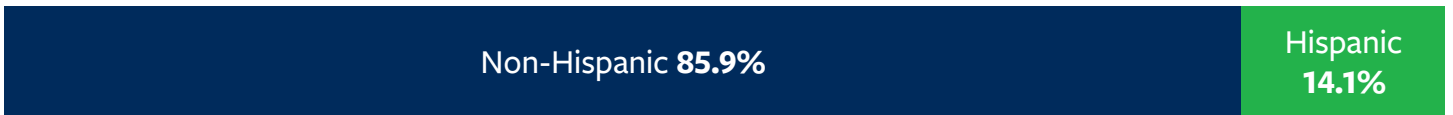
Legend: Asian, Black, Hispanic, White

Our Approach

STAGE 1: SCANNING THE DATA LANDSCAPE

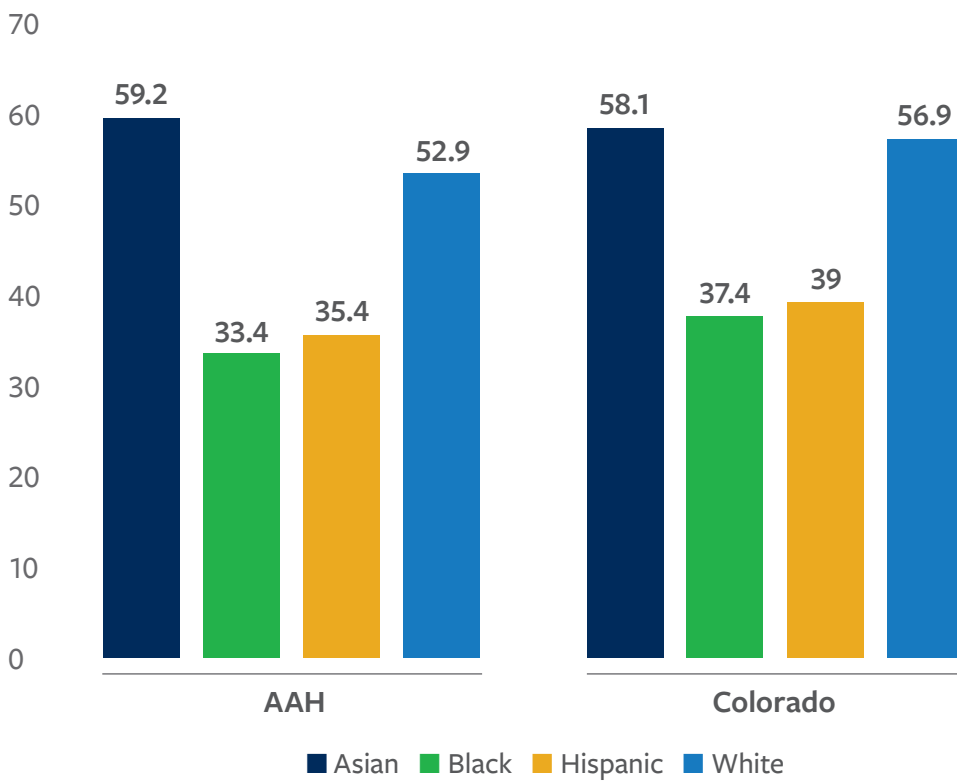Avista Adventist Hospital collaborated with Boulder County Public Health and Broomfield Public Health with their representation on our Steering Committee. In addition to serving on our Steering Committee, we agreed with the public health departments to align community-based efforts in order to avoid 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 partnerships with local public health departments, 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 Avista 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. See Appendix A for a list of data sources utilized

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 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 Avista Adventist Hospital's efforts and strengths. These scores were averaged and summed to identify the health needs in order of priority.

Avista Adventist Hospital also collaborated with pubic health to glean additional information from those who know the community best. We partnered with Broomfield County Public Health and other local hospitals to discuss community needs with the already established Broomfield Community Services Network. This network connects Broomfield organizations, enhances opportunities to work together, and builds capacity for greater collaborative impact. Through this organization, all hospitals received additional feedback on community health priorities.

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

● Housing Stability

● Mental Health

● 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. Boulder County Public Health and Broomfield Public Health 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

AVISTA 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:

● Housing Stability

● Mental Health

● Food Security

● Health Equity consciously integrated into the strategies to address the other needs

PRIORITIZED HEALTH NEEDS

After careful consideration of the available quantitative and qualitative indicators and our Centura Health Mission, Vision, and Values, Avista Adventist Hospital identified Housing Stability, Mental Health, Food Security and Health Equity consciously integrated into the strategies to address these needs, as priority focus areas.

At Avista 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 Housing Stability, Mental Health, Food Security and Health Equity consciously integrated into our strategies to address these needs will have the greatest impact on our organizational commitment to whole person health.

PRIORITIZED NEED: HOUSING STABILITY

Access to safe, affordable housing and shelter arose in our CHNA process based upon the review of indicators measuring the Social Determinants of Health of poverty, housing and food insecurity. Upon review of the data and recognition of shifts in housing stability due to the pandemic, it was clear that stable housing is an area about which the community is very concerned.

Income inequality, a ratio of household income at 80th percentile to income at the 20th percentile, weighted by population was 4.8 (CO is at 4.3). The populations experiencing greater income inequality include Blacks and Hispanics whose median household income as a percent of the 80th percentile was 37.4 and 39, respectively. The percent of households in Boulder and Broomfield spending 50% or more of their income on housing were 17% and 11%, respectively. Additionally, the percent of households

experiencing one or more severe housing problems in Boulder and Broomfield were 19% and 13% respectively.

In the Steering Committee discussions, health would begin conversations, but the inability to access resources or feel stable in an economic environment that is challenging for people of lower incomes would arise during each conversation. The current impact upon overall health status and the exacerbation of this issue during the pandemic were factors that led to the prioritization of access to safe, stable housing and shelter.

This is the second CHNA process during which Housing Stability was identified as a priority. It was recognized in the CHNA process that this is not a hospital-only issue to be addressed; it is a collaborative effort in which the hospital will work with other organizations to develop a more concerted and coordinated effort in the community.

Potential resources in the community to address housing stability include:

● Coordinated entry system being used by social service providers and family resource centers

● Coordinated shelter system within the City of Boulder

● A Regional Affordable Housing Plan for the community

● Screening patients for social determinants of health is ongoing in Avista Adventist Hospital and clinics

● Resource referrals made for those in need with the United Way 211 directory now integrated into our electronic medical record

● Boulder and Broomfield County both have Public Health and Human Service resources available

PRIORITIZED NEED: MENTAL HEALTH

Both quantitative and qualitative data drove the prioritization of Mental Health for Avista Adventist Hospital. The community health data that led to identification of Mental Health as a priority included that there are 1,428.6 Emergency Department hospitalizations per 100,000 population due to mental health and 50.2 due to suicide ideation. The percent of women with postpartum depressive symptoms has risen to 10.3 percent. The suicide rate is at 17.3 per 100,000 population.

Quantitative population health data was validated and strengthened by qualitative data. Mental health was identified as a priority within community conversations among our CHNA Advisory Committee and conversations in the community. Mental health is a large concern due to the awareness of suicides.

The recognition of the hidden mental health needs. The community emphasized this is a tough issue to address and believe in the importance of coordinating work to have an impact, with solutions spanning from prevention, stigma reduction, screening, and treatment.

Potential resources in the community to address mental health include the following:

- Clinica Family Health Center provides integrated care in partnership with the Mental Health Partners (mental health and substance use care)

- Boulder County Public Health has prioritized Mental Health and works with Boulder County Human Services and providers to connect residents to needed resources.

- Mental Health First Aid training available through several organizations

- Avista Hospital staff training (Zero Suicide, Alternatives to Opioids)

- Improving behavioral health service with Behavioral Health technician pilot program and expanding Integrated Behavioral Health in primary care clinics (3 in Avista service area)

- Boulder Valley School District has many programs to address mental health among students

- Broomfield County Public Health has prioritized Mental Health and convenes stakeholders to address stigma, prevention through social cohesion and access to care

- 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

- The faith community is very interested in addressing mental health within congregations and the community

PRIORITIZED NEED: FOOD SECURITY

According to Hunger Free Colorado, 1 in 3 people are struggling with hunger during the pandemic. A high cost of living exacerbates the gap between federal poverty guidelines and a living wage. In our service area, one in 10 people are food insecure. Blacks and Hispanics have greater rates of food insecurity at 14 and 13.4 percent, respectively.

Food insecurity means that someone is experiencing inconsistent access to adequate food. This could mean uncertain availability of nutritionally-adequate and safe foods or having to choose cheaper, nutrient-deficient, high-calorie, or processed foods due to the easy and cheap availability of those foods. Food-insecure populations may be at a higher risk of obesity and are more likely to experience stress. Data reviewed included the prevalence of food insecurity and the eligibility and enrollment rates into the Supplemental Nutrition Assistance Program (SNAP), an existing supplemental income program for purchasing food.

Congress made many temporary improvements to SNAP during the COVID-19 pandemic to take advantage of the program's ability to deliver benefits quickly in response to job and income losses, including by authorizing emergency allotments and certain eligibility and administrative changes. These changes have either already ended or will expire when the public health emergency ends. As of April 2022, about 40 states still issue emergency allotments, including Colorado. According to the Center on Budget and Policy Priorities, 10.1% of households were food insecure. 79% of eligible households participated in SNAP in 2018, and 65% of eligible workers participated.

Potential resources in the community to address food security include:

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

● Colorado Blueprint to End Hunger Colorado 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

● Screening for food insecurity at Avista Adventist Hospital and clinics with referral to resources through United Way 211

● Family Connects project starting at Avista Adventist Hospital to screen delivering moms for needed resources

● Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency

PRIORITIZED NEED: HEALTH EQUITY

For the past two years, Centura Health engaged the community to provide input on our Community Health efforts. For the past two years, community members told us that Health Equity was also a priority in our communities. According to the Centers for Disease Control, Health Equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. For all

health issues prioritized in our CHNA process, inequities were demonstrated. Additionally, community members shared that the pandemic shed light onto the inequities in our community and the need to design interventions to address health equity.

Centura Health has prioritized Diversity, Equity and Inclusion within our system of care and recognize that health equity also needs to be addressed in our communities. We will integrate equity into every strategy used to address our community health priorities.

IDENTIFIED HEALTH NEEDS NOT PRIORITIZED

The reason for not prioritizing certain identified health needs is listed below for those health issues which were ranked among the highest five health issues in the prioritization process:

ACCESS TO PRIMARY CARE

Access to primary care was ranked fifth out of the five top priorities identified during the ranking process. Data focusing on access to primary care included 8.2% of adults are uninsured and 3.9% of children are uninsured. There are 1.1 Primary Care Physicians per 1000 residents. Primary care is a method to identify health needs early and connect people with necessary treatment and resources.

The Steering Committee discussed that access to care is a changing environment which we need to monitor due to continually changing guidelines and policies. After the pandemic, there will be a need to monitor how health coverage shifts when emergency coverage through Medicaid ends. However, they determined it would be best to focus on access to behavioral health care to maintain a strong focus on this issue and to have a greater impact with a greater focus on fewer priorities.

Conclusion

EVALUATION

Progress since our last CHNA

At Centura Health and Avista 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, Avista Adventist Hospital provided over $5.3 million in total community benefit.

Prior areas of focus for the Avista 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, 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 (15,468 students reached)

- School Community of Practice established to provide a virtual forum for school staff to learn youth mental health best practices

- Behavioral health tech pilot program begun at Avista Adventist Hospital to improve behavioral health patients' quality of care and connection to outpatient resources

2019 PRIORITIZED NEED: ACCESS TO SAFE AND AFFORDABLE HOUSING

- Began screening for social determinants of health in hospitals; clinics soon to follow

- Integration of United Way 211 resources into EMR for referral

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. Avista Adventist Hospital will also track progress through implementation plans and community benefit reports.

IMPLEMENTATION STRATEGY

The CHNA allows Avista 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

Avista Adventist Hospital did not receive feedback regarding our Community Health Needs Assessment published on our web site.

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:

Johnnathan Ward, Director of Mission, at AAHCommunityBenefit@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 who committed their time, talent and testimony to this process.

- Adventist Rocky Mountain Conference
- Boulder County Public Health
- Broomfield County Public Health
- Coal Creek Meals on Wheels
- Colorado Community Health Alliance

- Community Food Share
- SCL Health
- Sister Carmen Community Center
- Avista Adventist Hospital Team Members

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

The following organizations joined our Community Health Needs Assessment meeting. Additionally, a survey was sent out to 40 organizations unable to join in order to receive their feedback.

- Adventist Rocky Mountain Conference

- Boulder County Public Health

- Broomfield County Public Health

- Coal Creek Meals on Wheels

- Colorado Community Health Alliance

- Community Food Share

- SCL Health

- Sister Carmen Community Center

- Avista Adventist Hospital Team Members

Slide 1

Avista 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.

centura

Slide 2

Welcome and Introductions

Isaac Sendros, DNP, MHA, RN, FACHE, Chief Executive Officer
Johnnathan Ward, 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.

2

Slide 3

Agenda

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

3

Slide 4

Executive Leaders

- Isaac Sendros, MBA – Chief Executive Officer
- Carol Travis – Chief Financial Officer
- Lief Sorensen, MD – Chief Medical Officer
- Paul Heskin, MBA – Chief Nursing Officer

4

Slide 5

Reflection

We extend the compassionate ministry of Christ to all, and especially to those in need.
Then the King will say to those on his right, 'Enter, you who are blessed by my Father!
Take what's coming to you in this kingdom. It's been ready for you since the world's foundation.
And here's why:

I was hungry and you fed me,
I was thirsty and you gave me a drink,
I was homeless and you gave me a room,
I was shivering and you gave me clothes,
I was sick and you stopped to visit,
I was in prison and you came to me.'

Then those 'sheep' are going to say, 'Master, what are you talking about?
When did we ever see you hungry and feed you, thirsty and give you a drink?
And when did we ever see you sick or in prison and come to you?'
Then the King will say, 'I'm telling the solemn truth:
Whenever you did one of these things to someone overlooked or ignored,
that was me—you did it to me.'

~Matthew 25:34-40

5

Slide 6

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

6

Slide 7

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.

7

Slide 8

Health is better where we are

17 HOSPITALS

1000+ EMPLOYED PROVIDERS

FLIGHT FOR LIFE® COLORADO

16 AFFILIATES

3 MOUNTAIN CLINICS

130+ PHYSICIAN PRACTICES/ CLINICS

4 CENTERS FOR OCCUPATIONAL MEDICINE

660+ PRACTICES

5300+ PRIMARY CARE PROVIDERS & SPECIALISTS

15 NEIGHBORHOOD HEALTH CENTERS

5 MANAGED RURAL HOSPITALS

6 EMERGENCY & URGENT CARE CENTERS

VIRTUAL & MOBILE CARE

39 DIAGNOSTIC IMAGING CENTERS

8

Avista Adventist Hospital: A Cornerstone of Care in This Community

Avista Adventist Hospital is a comprehensive medical center known for its high level of personalized care, whole person care, that's been the hallmark of the organization for more than a century. The 114-bed full service community hospital provides a full range of medical specialties and exceptional health care to the Louisville, Superior, Broomfield and surrounding Boulder County communities. Avista is known for its award winning joint and spine program, as well as its widely recognized New Life Center. The hospital is also home to the area's largest neonatal intensive care nursery.
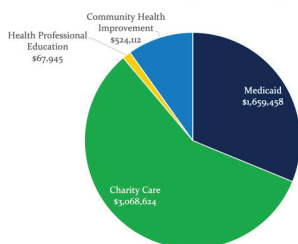
Broomfield and Boulder Counties
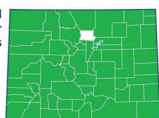
9

Board Members

Jill Kenney | *Board Chair*

Heather Balser	David Raphael, MD	Mike Schneeberger
Scott Bustos	Karla Nugent	Jill Mendoza
Karen Funk, MD	John Spiers	Rob Anderson
Jill Kenney	Ale Spray	Geoff Patterson
	Tom Eickmann, MD	

10

Community Benefit Fiscal Year 2021
Avista Adventist Hospital: $5.3 Million

Community Health Improvement $524,112

Health Professional Education $67,945

Medicaid $1,659,458

Charity Care $3,068,624

11

Community Health Priorities:
Living our Mission
Progress Update

These are Our Community Health Priorities
FY20 – FY22

- Behavioral Health
- Access to Safe and Affordable Housing/Shelter
- 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

13

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%

14

FY20-22 Community Health Implementation Plan:
Access to Safe and Affordable Housing/Shelter

GOALS
1. Increase access to safe and stable housing and shelter within the community
2. Increase by 60% the number of community members who are identified for housing insecurity and referred to resources in the community.

15

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**

15   16

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

17

FY21: Behavioral Health Progress

o Let's Talk Stigma Reduction Campaign
  • COVID modified: 2.5M Impressions
  • LatinX and Black Community Ambassador Programs (42 messaging events)
o School Behavioral Health Inventory and Gap Funding - BVSD
  • Signs of Suicide to reach 15,468 students
o Trained staff as Mental Health First Aid trainers to provide in our communities

18

FY21: Access to Safe and Stable Housing/Shelter Progress

o Screening for Social Determinants of Health
  • Integrated United Way 2-1-1 platform into Electronic Health Record
  • Working on process for screening and referral to appropriate resources
  • Full implementation within one year

19

FY21: Access to Healthy, Affordable Food Progress

o 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
o National Western Center FarmBox (vertical hydroponic farm unit)placement as education tool for local Focus Points Family Resource Center
o Nourish Colorado Partnership
  • Double Up Food Bucks Outreach to increase use (701 new sign ups)
  • Increase stores offering Double Up Food bucks (10 stores with interest)
o Blueprint to End Hunger: Increase # Stores Accepting SNAP/WIC (7 anticipated)

20

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

19

A Response to Community: Health Equity

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

FY22 Grantees

o Brother Jeff's Cultural Center
o Catholic Charities of Colorado
o Center for African American Health
o Chanda Plan Foundation
o Cleo Parker Robinson Dance
o Coal Creek Meals on Wheels
o Community Food Share
o Finney County Community Health Coalition
o Heart Mind Connect

o Homeward Pikes Peak
o International Rescue Committee
o Posada
o Project Worthmore
o Rose Andom Center
o Second Chance through Faith
o Side by Side
o Solid Rock Community Development
o The Place
o Veterans Community Project

22

Questions and Comments?

23

Hospital Transformation Program (HTP): Advancing Clinical Care

Progress Update

Slide 23

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

23

Slide 24

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

24

Slide 25

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

25

Slide 28

HTP Update: Hospital-Specific Measures

- **Statins for Stroke Pts.**- Identified technology updates required for increased compliance
- **30-Day Readmissions** – – Risk tools evaluated and being adapted
- **Scheduling follow-up doctor appointments for patients who are hospitalized** – Working on resource analysis
- **Pregnant and postpartum depression screening**- Identified Edinburgh Depression Scale and administration method

28

Slide 29

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?

29

Slide 28

Community Health Needs Assessment
Where we are Headed

28

Slide 29

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

29

Slide 32

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
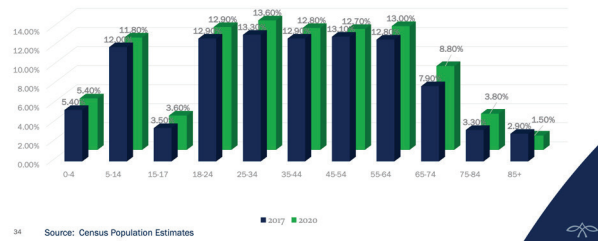 - o Listen to community to design implementation plan
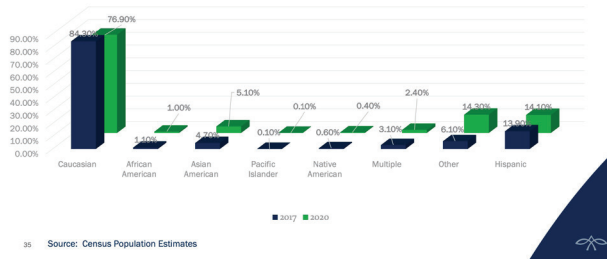
32

Our Community by Age

2020 Population: 428,337

34 Source: Census Population Estimates

Our Community by Race/Ethnicity

2020 Population : 428,337

35 Source: Census Population Estimates

Health Outcomes & Behaviors

Health indicator	2017	2020	CO 2017	CO 2020
Adult Obesity (1)	14.2%	15.3%	20.2%	22.4%
Adult Smoking (2)	12.5%	12.8%	15.6%	14.7%
Excessive Drinking (2)	19.4%	21.2%	19.1%	21.3%
Physical Inactivity (1)	9.3%	9.5%	14.4%	14.8%
Diabetes Prevalence (1)	4.4%	5.8%	6.2%	6.6%
Asthma (3)	7.7%	7.0%	8.8%	9.1%
Heart Disease Mortality (4)	156.6	110.2	176	—
Cancer Mortality (Age-Adjusted per 100,000) (5)	123.9	—	146	131.6

36
(1) CDC Diabetes Interactive Atlas
(2) Behavioral Risk Factor Surveillance System
(3) CDPHE VISION
(4) CDPHE
(5) CDC National Cancer Index

Environment

Health indicator	2017	2020	State of CO 2017	State of CO 2020
Air pollution (Avg Daily Particulate Matter) (6)	8.1	7.0	5.4	4.9
Injury Deaths (per 1000) (7)	2.9	3.1	3.3	3.8
Violent Crime (per 100,000) (8)	180.9	205.4	308.7	326.1
Homicides (per 100,000) (7)	1.7	1.7	3.6	4.0
Motor Vehicle Crash and Alcohol Impaired Deaths (per 1000) (7)	0.5	0.5	0.8	0.8

37
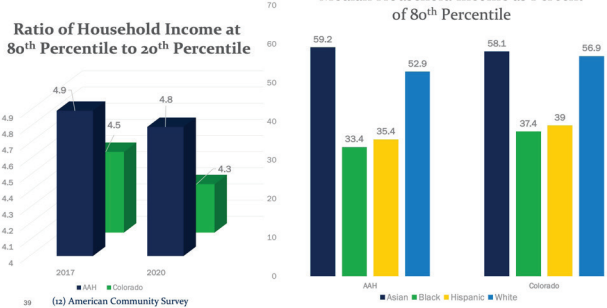(6) Environmental Public Health Tracking Network
(7) CDC Wonder Mortality Data
(8) Uniform Crime Reporting

Access to Clinical Care

Health indicator	2017	2020	State of CO 2017	State of CO 2020
Uninsured Adults (9)	11.1%	8.2%	14.0%	10.3%
Uninsured Children (9)	4.8%	3.9%	5.9%	4.8%
Primary Care Physicians (per 1000) (10)	1.1	1.1	0.76	0.80
Federally Qualified Health Centers (per 100,000) (11)	81.5	110.6	86.3	115.3
Mental Health Providers (per 1000) (10)	4.6	5.9	2.7	3.7
Dentists (per 1000) (10)	0.9	1.0	0.72	0.81

38
(9) Colorado Health Access Survey
(10) American Medical Association Area Health Resource File
(11) CMS, National Provider Identification File

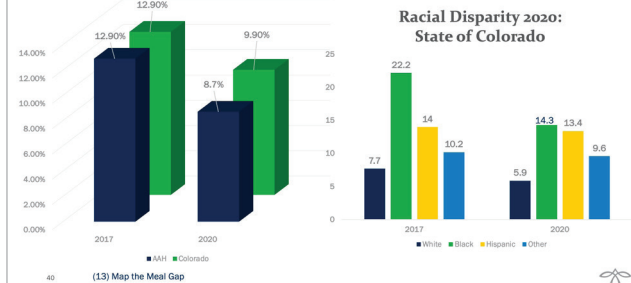## Income Inequality (12)

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

Racial Disparity: 2020
Median Household Income as Percent of 80th Percentile

39 (12) American Community Survey

Food Insecurity

Percent Population Experiencing Food Insecurity (13)

Racial Disparity 2020: State of Colorado

40 (13) Map the Meal Gap

Fair/Poor Health
Percent Population Reporting Fair or Poor Health (2)

Racial Disparity: 2020

41

Mental Health

Cause of ED Hospitalization (Rate/100,000) (14)	2017	2020	State of CO 2017	State of CO 2020
Suicide Ideation	71.5	50.2	52	86
Other Mental Health	1590.4	1428.6	1914	1857

Percent with Postpartum Depressive Symptoms(15)

Suicide Rate per 100,000 (16)

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42

Housing Stability: 2021 (16)
Severe Housing Costs (50% or more of HH Income on Housing)
Severe Housing Problems (% of HH with at least 1 of 4 problems: overcrowding, high housing costs, lack of kitchen, lack of plumbing)

43

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?

44

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

45

Ranking Time (Size, Seriousness, Alignment)

- Mental Health and Access to Care
- Substance Use (Tobacco/Alcohol/Other)
- Food Insecurity/Access to Healthy Affordable Food
- Housing Stability
- Physical Activity
- Air Pollution

- Injury Prevention – Unintentional
- Injury Prevention – Intentional
- Access to Care – Primary Care
- Access to Care – Oral Health
- Health Equity

https://www.surveymonkey.com/r/CenturaCHNA

46

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

47

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.

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