

Littleton Adventist Hospital

2022 COMMUNITY HEALTH NEEDS ASSESSMENT



centura

AT A GLANCE:

Littleton Adventist Hospital

AREA SERVED: ARAPAHOE AND DOUGLAS COUNTIES

PRIORITIES:



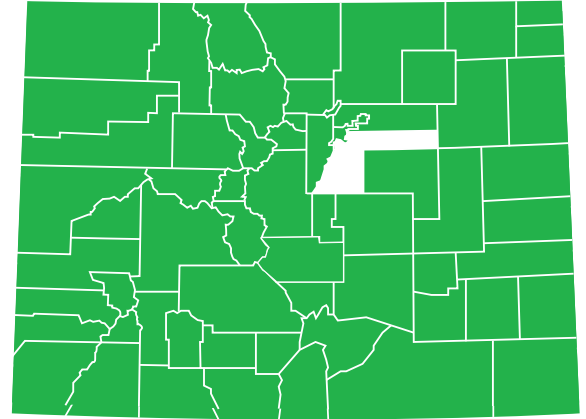
Access to Safe and Stable Housing



Mental Health



Food Security



Zip Codes: 80010, 80011, 80012, 80013, 80014, 80015, 80016, 80017, 80018, 80041, 80044, 80046, 80047, 80103, 80104, 80105, 80108, 80109, 80110, 80111, 80112, 80113, 80116, 80118, 80120, 80121, 80122, 80124, 80125, 80126, 80129, 80130, 80131, 80134, 80135, 80137, 80138, 80150, 80151, 80155, 80160, 80161, 80163, 80165, 80166, 80246

WHY ARE THESE PRIORITIES?

Access to Safe and Stable Housing: Housing is closely tied to a person's health. Housing prices have sharply risen. In Arapahoe county, income increase has lagged behind rental and mortgage costs increases. Unemployment rates have risen since the pandemic and have not yet recovered. Lower income correlates reliably with worsened overall health and mental well-being.

Mental Health: Suicide and depression rates remain high and accessing care is challenging.

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.

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.



Littleton 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 Littleton 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 Littleton 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

Littleton Adventist Hospital collaborated with Tri County Public Health to inform our Community Health Needs Assessment Steering Committee as this public health department covers the majority of the hospital service area. Tri County Public shared the qualitative data they collected from residents to complement quantitative data to inform the decision of our Steering Committee. Littleton Adventist Hospital associates also participated in this process through meeting participation. We will align strategies with our public health department 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 Arapahoe and Douglas are a part.

Littleton 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. This feedback along with the Tri County Health Department qualitative data and our quantitative data informed the feedback to 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.

SERVICE AREA DEFINITION

To define Littleton 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 Douglas were considered as the service area. This includes zip codes: 80010, 80011, 80012, 80013, 80014, 80015, 80016, 80017, 80018, 80041, 80044, 80046, 80047, 80103, 80104, 80105, 80108, 80109, 80110, 80111, 80112, 80113, 80116, 80118, 80120, 80121, 80122, 80124, 80125, 80126, 80129, 80130, 80131, 80134, 80135, 80137, 80138, 80150, 80151, 80155, 80160, 80161, 80163, 80165, 80166, and 80246.

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 in partnership with Tri County Public Health 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. Additionally, Tri County Health Department mapped the community needs to identify specific areas of focus using the Center for Disease Control Social Vulnerability Index to inform our qualitative data collection process. Tri County Health Department then partnered with community organizations reaching the key neighborhoods with higher social vulnerability to gather qualitative information about what communities are experiencing. We engaged our community by presenting these quantitative data and qualitative data to inform the process of identifying and prioritizing significant health needs.

PRIORITIZATION PROCESS:

Littleton Adventist collaborated with Tri County Public Health 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 Arapahoe and Douglas 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

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

Prioritized Need: Housing Stability

In Arapahoe County, Housing prices have sharply risen. Average monthly income rose 25% while average rent rose 25% between 2014 and 2019. Safe and stable, affordable, healthy housing is directly related to health. The housing crisis was exacerbated by COVID-19 pandemic. Additionally, people who rent their homes pay a higher percentage of income toward housing. Fifty percent of renters paid 30% or more of household income on housing in 2019, vs. 24% of homeowners.

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:

- Metro Denver Homeless Initiative has a coordinated entry system being used by social service providers and family resource centers
- A Housing Strategic Plan has been established within the City of Littleton
- The Tri Cities area within Arapahoe County has established a coalition to address housing
- A central agency to manage the needs of people experiencing homelessness is being established in the Tri Cities communities
- Centura Health system is screening patients for social determinants of health, which includes housing stability
- Resource referrals made for those in need with the United Way 211 directory now integrated into our electronic medical record



Prioritized Need: Mental Health

Mental health helps to determine how we handle stress, relate to others and make choices. Additionally, poor mental health can increase risk for other chronic health problems. In Arapahoe County, mental health distress is higher among those with incomes \$50K or less than those above, 40% and 22% respectively. Additionally, persons of color experience more mental distress than white, non-Hispanic community members, 33% and 30% respectively. Before the pandemic, mental health distress was high among high school students. Thirty-four percent experience mental distress, 13% made a suicide plan, 17% seriously considered suicide and 8% attempted suicide.

Potential resources in the community identified included the following:

- Tri County Public Health identified mental health as a priority within their communities
- Doctors Care provides integrated care for patients
- Mental Health First Aid training available through several organizations
- Littleton School District provides many programs to reach students and staff within their district

- 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

Our community initially identified economic security as a priority because qualitative data indicated that community members are having difficulty affording basic needs, including food and self reported health has a direct relationship to household income. Between March and December 2020 unemployment insurance claims increased 938%. Based upon the resources identified in the community, this priority was transitioned to Food Security, as having access to affordable healthy foods provides more resources for other basic needs. Additionally, the cessation of food security 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.

- 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
- Screening for food insecurity at Littleton Adventist Hospital and clinics with referral to resources through United Way 211
- The Tri Cities communities have a food security coalition working to address access to healthy affordable foods within the community
- Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency

EVALUATION OF ACTIONS TO ADDRESS 2019 SIGNIFICANT HEALTH NEEDS

Prior areas of focus for the Littleton Adventist Hospital 2019 Community Health Needs Assessment and the actions and progress FY19–FY22 include the following, all of which are evidence-based programs, demonstrated to be effective:

Food Security

- SNAP outreach through Hunger Free CO: 21,336 households assisted, 4,816 SNAP applications completed
- Partnership with local food pantries to reach staff and community members with food and resources for emergency food
- 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
- Participation in the Food Security Coalition to help to coordinate efforts and get information out to the community

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





Our Services, History and Community

PROUD TO SERVE THE FLOURISHING SOUTH DENVER-METRO COMMUNITY

Since 1989, Littleton Adventist Hospital has been proud to serve the flourishing south Denver-metro community as their partner in health. Providing whole person care and treatment that is powered by their faith, Littleton Adventist Hospital offers high quality essential healthcare as well as specialty and destination services — including neurosurgery, breast surgery, and vascular procedures. The hospital is also recognized for their focus on sustainability as a proven method of stewardship for the environment.

Distinctive Services

- **Emergency and Trauma:** Littleton Adventist Hospital is a verified Level II Trauma Center and the first hospital in Colorado to receive accreditation as a Geriatric ED by The American College of Emergency Physicians. It also provides a dedicated Forensic Nurse Examiner program.
- **Neurological Care:** The hospital is a Certified Comprehensive Stroke Center through DNV, and in 2021, it earned the American Heart Association Get With the Guidelines (GWTG) Stroke Gold Plus and Target Stroke Honor Roll Elite Plus honors for excellent performance on care metrics. The hospital's Epilepsy program features an Epilepsy Monitoring Unit (EMU) and is accredited as

a National Association of Epilepsy Centers Level 3 Epilepsy Program. The hospital also features a dedicated neuro ICU.

- A comprehensive **Orthopedics program** offers expert joint replacement revision, orthopedic-oncology, complex limb preservation and reconstructive surgery. The hospital was the first in south Denver to offer robotic-arm assisted total knee and partial knee replacements with the Mako[®] Robotic-Arm Assisted Surgery System.
- **Heart and Vascular Care:** The hospital has an accredited Chest Pain Center with Primary PCI.
- The **Cancer Center** offers comprehensive radiation and medical oncology and is part of the only accredited Cancer Care Network in Colorado. The Breast Care program is nationally accredited by NAPBC and offers advanced screening technologies and multidisciplinary care continuum.
- The **BirthPlace** caters to the one-of-a-kind needs of mothers and their babies and includes a designated Level III Neonatal Intensive Care Unit (NICU).

Magnet Hospital Recognition

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

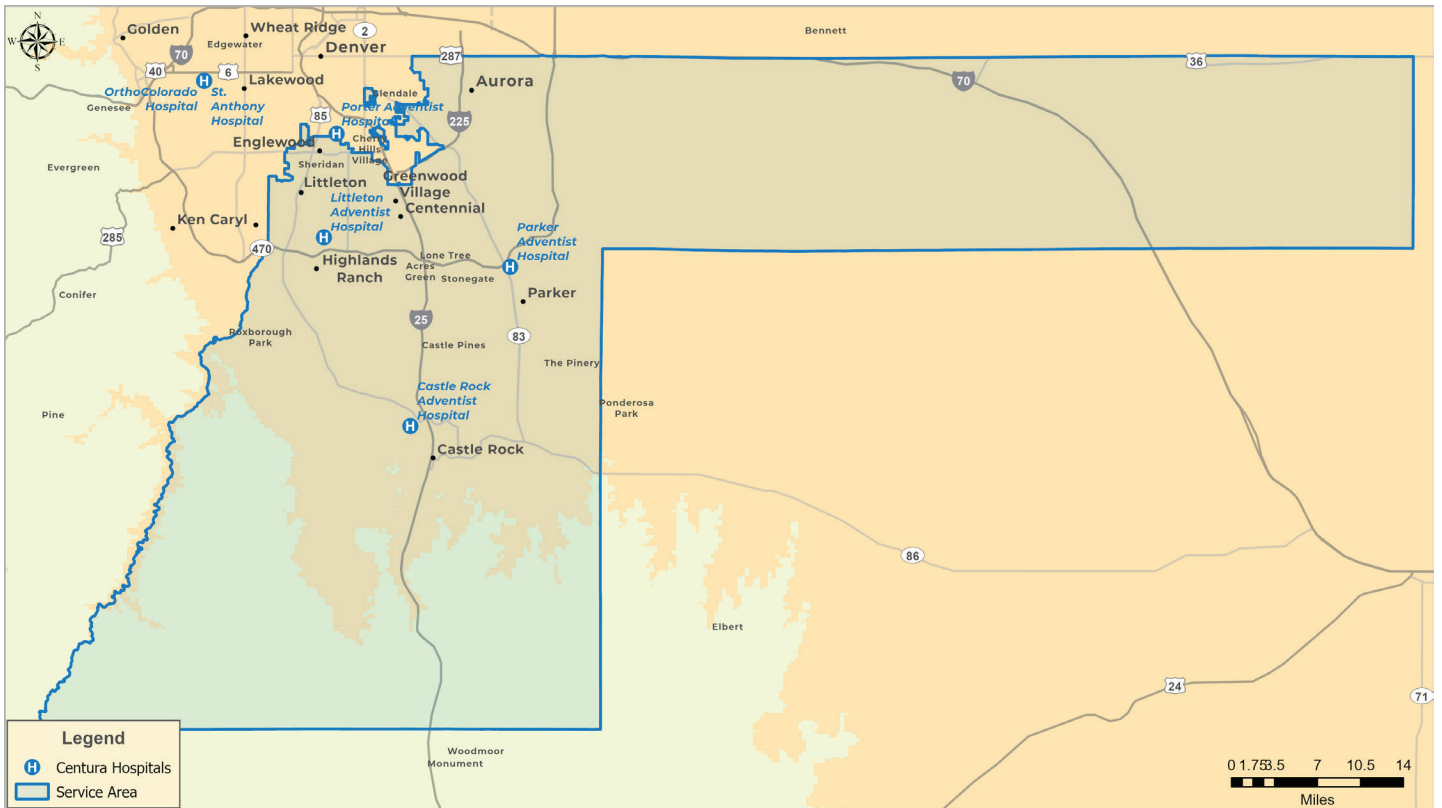
Healthgrades Honors

- Five-Star Recipient for Treatment of Heart Failure in 2022
- Five-Star Recipient for Treatment of Stroke for 3 Years in a Row (2020–2022)
- Five-Star Recipient for Treatment of Pneumonia for 16 Years in a Row (2007–2022)
- Five-Star Recipient for Treatment of Sepsis for 10 Years in a Row (2013–2022)
- Five-Star Recipient for Treatment of Respiratory Failure for 6 Years in a Row (2017–2022)
- Five-Star Recipient for C-Section Delivery for 3 Years in a Row (2019–2021)



Patient & Community Resources

Littleton Adventist Hospital is committed to providing education and support to encourage health and wellness in our community. Resources include emotional and spiritual care, support groups, and educational programs. The hospital also integrates Healing Arts into health care, creating spaces not just to treat illness, but to also provide inspiration for living.



POPULATION DEMOGRAPHICS IN LITTLETON ADVENTIST HOSPITAL'S SERVICE AREA

Race

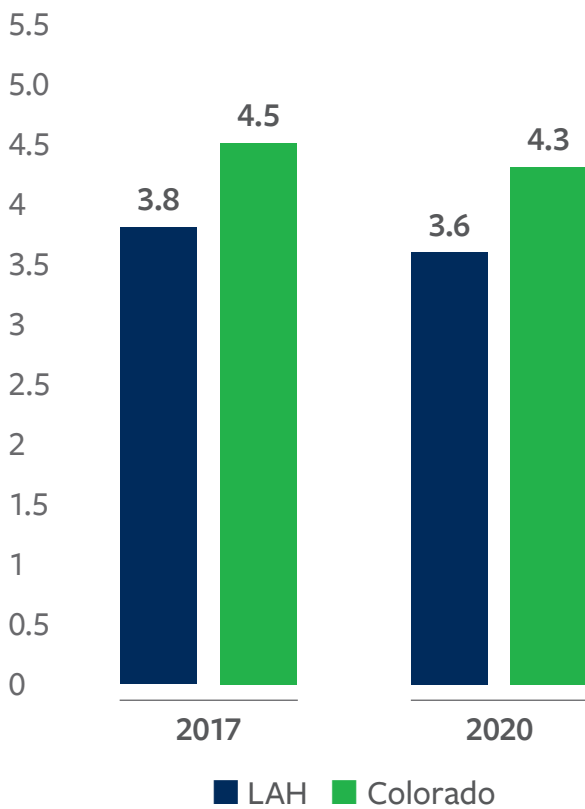


■ White 66.0%
 ■ Black 7.1%
 ■ Asian 5.9%
 ■ Native American 0.4%
 ■ Pacific Islander 0.2%
 ■ Other 17.4%
 ■ Multiple 3.0%

Ethnicity



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





Our Approach

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Littleton Adventist Hospital collaborated with Tri County Public Health on their Arapahoe County Community Health Assessment process, aligning the two processes together in order to not duplicate efforts in the community. We will intentionally align 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 Littleton Adventist Hospital's Steering Committee members. Our Steering Committee:

- Reviewed the quantitative data and provided insight
- Reviewed the qualitative data collected through focus groups 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

Littleton Adventist Hospital aligned our data review process with that of Tri County Public Health for Arapahoe County. Quantitative Data analysis was initially done using data from national and state surveillance system data, including American Community Survey, Behavioral Risk Factor Surveillance System, Vital Records, Healthy Kids Colorado Survey, Smart Source, Pregnancy Risk Assessment and Monitoring System, and other secondary data. Data limitations included lack of real-time data and limited data sets available for county-level data. Appendix A summarizes the data used.

In addition to the quantitative data utilized, Tri County Health Department mapped data to inform the qualitative data collection process. They used the Centers for Disease Control Social Vulnerability Index to map out the communities at greatest vulnerability for poor health status. This data included 17 indicators and categorized them into four main areas of focus: 1) Socioeconomic Status, 2) Household Composition and Disability, 3) Minority Status and Language, and 4) Housing and Transportation.

High Priority Neighborhoods for Community Engagement for CHA 2021

Overall Vulnerability		
Socioeconomic Status	Below Poverty	% of persons living below FPL ¹ is greater than 90% of census tracts
	Unemployed	% of civilians unemployed is greater than 90% of census tracts
	Income	per capita income ² is lower than 90% of census tracts
	No HS Diploma	% of persons with no HS diploma is greater than 90% of census tracts
Household Composition & Disability	Aged 65+	% of persons aged 65+ is greater than 90% of census tracts
	Aged <17	% of persons aged ≤17 in greater than 90% of census tracts
	Civilian with a Disability	% persons with a disability is greater than 90% of census tracts
	Single-Parent Household	% single-parent households ³ is greater than 90% of census tracts
Minority Status & Language	Minority	% of minority ⁴ persons is greater than 90% of census tracts
	Speaks English "Less Than Well"	% of those with limited English is greater than 90% of census tracts
Housing & Transportation	Multi-Unit Structure	% living in multi-unit housing ⁵ is greater than 90% of census tracts
	Mobile Home	% living in mobile homes is greater than 90% of census tracts
	Crowding	% crowded households ⁶ is greater than 90% of census tracts
	No Vehicle	% households with no vehicles is greater than 90% of census tracts
	Group Quarters	% institutionalized ⁷ is greater than 90% of census tracts

We used [CDC's Social Vulnerability Index](#) to ensure our community engagement efforts have the intended reach.

This index uses 17 data indicators from the U.S. Census Bureau's American Community Survey and categories them into four main areas:

1. Socioeconomic status
2. Household composition and disability
3. Minority status and language
4. Housing and transportation

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

Once the indicators were reviewed by Tri County Public Health, qualitative data was also collected through a variety of sources. These included community-based focus groups, a bi-lingual community survey, key informant interviews with elected officials and government leaders and a staff survey. Additionally, a Request for Proposals was issued to solicit community organizations to assist with focus group and/or survey completion for specific populations which included: Black, Indigenous, and People of Color, Low-income, Unemployed, Seniors, LGBTQI, Youth, Non-English and Non-Spanish speakers, Refugees and Immigrants, Single Parent Households and People Experiencing Homelessness. Interviews were also focused on high-priority neighborhoods demonstrating greater needs. All work was designed around the Centers for Disease Control Social Vulnerability Index to ensure representation from populations at greater risk of poor health.

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

Littleton 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. Tri County 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

LITTLETON 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. 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 health needs

PRIORITIZED HEALTH NEEDS

After careful consideration of the available quantitative and qualitative indicators and our Centura Health Mission, Vision, and Values, Littleton Adventist Hospital identified Housing Stability, Mental Health, Food Security and Health Equity consciously integrated into the strategies to address the other health needs.

At Littleton 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.

PRIORITIZED NEED: HOUSING STABILITY

In Arapahoe County, Housing prices have sharply risen. Average monthly income rose 25% while average rent rose 25% between 2014 and 2019. Safe and stable, affordable, healthy housing is directly related to health. The housing crisis was exacerbated by COVID-19 pandemic. Additionally, people who rent their homes pay a higher percentage of income toward housing. Fifty percent of renters paid 30% or more of household income on housing in 2019, vs. 24% of homeowners.

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

PRIORITIZED NEED: MENTAL HEALTH

Mental health helps to determine how we handle stress, relate to others and make choices. Additionally, poor mental health can increase risk for other chronic health problems. In Arapahoe County, mental health distress is higher among those with incomes \$50K or less than those above, 40% and 22% respectively. Additionally, persons of color experience more mental distress than white, non-Hispanic community members, 33% and 30% respectively. Before the pandemic, mental health distress was high among high school students. Thirty-four percent experience mental distress, 13% made a suicide plan, 17% seriously considered suicide and 8% attempted suicide.

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- Tri County Public Health identified mental health as a priority within their communities
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- Littleton School District provides many programs to reach students and staff within their district
- 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

Our community initially identified economic security as a priority because qualitative data indicated that community members are having difficulty affording basic needs, including food and self reported health has a direct relationship to household income. Between March and December 2020 unemployment insurance claims increased 938%. Based upon the resources identified in the community, this priority was transitioned to Food Security, as having access to affordable healthy foods provides more resources for other basic needs. Additionally, the cessation of food security 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.

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- Nourish Colorado is working to increase farm and grocery retail to accept Double Up Food Bucks benefits
- Screening for food insecurity at Littleton Adventist Hospital and clinics with referral to resources through United Way 211
- The Tri Cities communities have a food security coalition working to address access to healthy affordable foods within the community
- Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency



IDENTIFIED HEALTH NEEDS 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) Housing Stability, 2) Mental Health, 3) Economic Security/Food Security, 4) Access to Services, and 5) Substance Use. We narrowed down our priorities as outlined below, recognizing we wanted to narrow our focus to increase intensity of efforts and associated outcomes.

IDENTIFIED HEALTH NEED NOT PRIORITIZED: ACCESS TO SERVICES

Access to primary care was ranked fifth out of the five top priorities identified during the ranking process. 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 mental health care to maintain a strong focus on this issue and to have a greater impact with a greater focus on fewer priorities.

IDENTIFIED HEALTH NEED NOT PRIORITIZED: SUBSTANCE USE

While substance use is an issue being seen in the community, there was a good discussion about the links between substance use and mental health and the need to focus on mental health at this point in time.

IDENTIFIED HEALTH NEED NOT PRIORITIZED: INJURY

While Littleton Adventist Hospital treats many patients due to injuries, this did not arise as a health priority in the conversation. It was, however, recognized that our work to focus on Mental Health will address injury through the links between mental health status and injury, intentional or unintentional.





Conclusion

EVALUATION

Prior areas of focus for the Littleton Adventist Hospital 2019 CHNA and the actions and progress to date through FY22 include the following:

2019 PRIORITIZED NEED: FOOD SECURITY

- SNAP outreach through Hunger Free CO: 21,336 households assisted, 4,816 SNAP applications completed
- Partnership with local food pantries to reach staff and community members with food and resources for emergency food

- 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
- Participation in the Food Security Coalition to help to coordinate efforts and get information out to the community

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, and Ambassador programs with the Black and Latino communities provided 42 instances of culturally specific messaging
- Mental Health First Aid staff training
- School Community of Practice established to provide a virtual forum for school staff to learn youth mental health best practices

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

IMPLEMENTATION STRATEGY

The CHNA allows Littleton 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

Littleton 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:

Jason O'Rourke, Director of Mission Integration, at LAHCommunityBenefit@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.

- Doctors Care
- North Littleton Promise
- City of Littleton
- Littleton Public Schools
- Mission Hills Church
- Break Bread
- Tri County Public Health
- Mile High Health Alliance
- Littleton 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

- Doctors Care
- North Littleton Promise
- City of Littleton
- Littleton Public Schools
- Mission Hills Church
- Break Bread
- Tri County Public Health
- Mile High Health Alliance
- Littleton Adventist Hospital Team Members

APPENDIX C: DATA PRESENTED

Littleton 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

Rick Dodds, Chief Executive Officer
Jason O'Rourke, 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

- **Rick Dodds**, Chief Executive Officer
- **Chase Aalborg**, Chief Operating Officer
- **Michelle Beckner**, Chief Financial Officer
- **Kelly Kovar**, Chief Nursing Officer
- **Matthew Mendenhall**, Chief Medical Officer



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

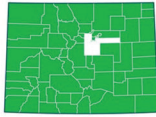
Centura Health connects individuals, families and neighborhoods across Colorado and western Kansas with more than 6,000 physicians and 21,000 of the best hearts and minds in health care.

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.




Littleton Adventist Hospital: A Cornerstone of Care in This Community

Since 1989, Littleton Adventist Hospital has been proud to serve the flourishing south Denver-metro community as their partner in health. Providing whole person care and treatment that is powered by faith, Littleton Adventist Hospital serves their local and regional communities in providing for essential health care needs including primary care, orthopedic services, and the BirthPlace. They are also a destination hospital for highly specialized care in emergency & trauma services, neurosciences, the cancer center, and more. Littleton Adventist Hospital's focus on safety, sustainability and their excellent clinical performance earns awards and recognition for programs in cardiac services, stroke, geriatric care, and more!



Douglas, Arapahoe and Jefferson Counties

Littleton Adventist Hospital

DISTINCTIVE SERVICES

- **Emergency Care and Level II Trauma Center**
 - The first hospital in Colorado to receive accreditation as a Geriatric ED by The American College of Emergency Physicians
 - Dedicated Forensic Nurse Examiner program
- **Critical Care**
 - Healthgrades Five-Star Recipient for Treatment of Sepsis, Respiratory Failure and Diabetic Emergencies in 2021
- **Neurological Care**
 - State-of-the-art neuro and spine care, advanced neuro-guidance and neuro-interventional, and dedicated neuro ICU
 - Certified Comprehensive Stroke Center
 - Healthgrades Five-Star Recipient for Treatment of Stroke in 2021
 - American Heart Association GWTG: Stroke Gold Plus and Target: Stroke Honor Roll Elite
 - National Association of Epilepsy Centers: Level 3 Epilepsy Program with Epilepsy Monitoring Unit
- **Heart and Vascular Care**
 - Accredited Chest Pain Center with Primary PCI
 - American College of Cardiology's Chest Pain - MI Registry 2021 Silver Performance Achievement Award
- **Orthopedics Care**
 - Comprehensive orthopedics program with expert joint replacement revision, orthopedic-oncology, complex limb preservation and reconstructive surgery
 - The first hospital in south Denver to offer robotic-arm assisted total knee and partial knee replacements with the Mako® Robotic-Arm Assisted Surgery System
- **Cancer Center**
 - Offering comprehensive radiation and medical oncology
 - Part of the only accredited Cancer Care Network in Colorado
 - Breast Care program is nationally accredited by NABIC and offers advanced screening technologies and multidisciplinary care continuum
- **The BirthPlace**
 - Designated Level III Neonatal Intensive Care Unit (NICU)
 - Healthgrades Five-Star Recipient for Vaginal and C-Section Delivery for 2020



BY THE NUMBERS

- Active Medical Staff – 1331
- 2020 Admissions – 8,360
- 2020 ED Visits – 25,447
- Caregivers – 1,230
- Emergency Department – 35 Private Rooms, 3 Open Bays
- Surgical Suites – 13
- Beds – 231 Licensed Beds

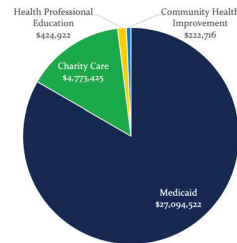
Board Members, Littleton Adventist Hospital

Dan Anderson, Board Chair

Charlene Borja, DO
Roger Chamberlain
Mark Elliott, MD
Crea Fusco, MD
Stephen King, Vice Chair

Sean Metherell
Darrell Schulte
Beryl Vallejo
Dr. Erin Riggle
Dr. Hubert Morel
Michelle Brokaw

Community Benefit Fiscal Year 2021 Littleton Adventist Hospital: \$32.5 Million



Community Health Priorities:

Living our Mission

Progress 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



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%

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

FY20-22: System Accomplishments

Behavioral Health

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

Food Security

- Blueprint to End Hunger Partnership: Program Design and Policy
- Patient food security screening and referrals (327 people through 213 SNAP applications)
- Social needs screening projects with integration of United Way 2-1-1 resources into EMR
- Emergency food response to COVID19
- Local food production: Community Supported Agriculture, Community Gardens and Farm Box
- 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
 - GoZen Resiliency and SEL tool (4000 elementary/middle school students)
 - SMARTS Executive Function Strategies (2400 elementary and 6000 middle school students)
 - Maintenance of Sources of Strength

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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 Wester 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)
- Food Boxes to Patients and Staff
- Local Garden to be Developed



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 Andom 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
- **Pregnant and postpartum depression screening**- Identified Edinburgh Depression Scale and administration method
- **30-Day Readmissions** - Specific Readmission Prevention Goals for HTN, Asthma, COPD, Heart Failure, and Diabetes - Risk tools evaluated and being adapted
- **Medication prescriptions for Opioid Use disorder in the ED**- Formal meetings with community partners

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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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Preliminary Community Health Assessment Data: Arapahoe County 2021



Tri-County Health Department

January 25, 2022

Colorado Health Assessment and Planning Process (CHAPS)

CHAPS PROCESS

guidance from CDPHE Office of Public Health Practice, Planning and Local Partnerships (OPHP)

- Phase 1: Plan the process
- Phase 2: Equity and community engagement
- Phase 3: Conduct a community health assessment
- Phase 4: Assess capacity
- Phase 5: Prioritize issues
- Phase 6: Develop a plan (Public or Community Health Improvement Plan, PHIP/CHIP)
- Phase 7: Implement, promote, and monitor
- Phase 8: Participate in statewide public health improvement opportunities

Tri-County Health Department

Data Gathering Plan for 2021/2022 CHA

- Quantitative data analyses**
 - National and state surveillance system data, including ACS/Census, BRFSS, Vital Records, Healthy Kids Colorado, Smart Source, PRAMS, Health eMoms, communicable disease data, CEDRS, hospitalization data (CHA), state demography office, CDE, CDOT, CDHS, CBI, and more
 - Data sources have different cycles: some are annually, some are every-other-year
 - Data are released at different times throughout the year
- Qualitative data gathering and analyses**
 - Community Engagement
 - Community-based focus groups
 - Community member survey (English and Spanish)
 - Elected Official and Government Leaders Engagement (includes BOH)
 - Government leader survey
 - Key informant interviews
 - Government leader focus groups
 - Partner Engagement Survey
 - Staff Survey

Tri-County Health Department | Slide 33

2021/2022 TCHD CHA Process for Arapahoe County

TCHD analyzes a variety of secondary data sources

30+ external data sources to provide comprehensive look at health indicators

- From state and national sources (e.g., Census Bureau, DOLA, CDOT, CDHS, CDPHE, CHA, CHI, EPA, etc.)
- Data sources have different cycles: some are annually, some are every-other-year
- Data are released at different times throughout the year
- TCHD has agreements with CDPHE to receive and analyze individual-level, raw data
 - This requires special protections, processes, and infrastructure
 - This allows us to look at data more quickly and examine stratifications more easily

Example
 Question: Does income impact self-reported general health status? Yes! In 2020, 65% of Arapahoe Co. residents with household income \$50K+ report very good/excellent health compared to only 38% of residents with incomes below \$25K.
 Source: Behavioral Risk Factor Surveillance System (BRFSS) coordinated in CO by CDPHE and, nationally, by the CDC
 Frequency: Annually

Tri-County Health Department | Slide 34

Community-Based Organization (CBO) Outreach and Partnership

- Partner with CBOs in Arapahoe Counties to solicit community/constituent voices**
 - Issued RFP in May 2021 to solicit CBOs to assist with focus group and/or survey completion, focused on organizations working with the following harder-to-reach populations:
 - Black, Indigenous, and People of Color (BIPOC)
 - Low-income, essential service workers
 - Unemployed
 - LGBTQ+
 - Seniors
 - Youth
 - Non-English, Non-Spanish speakers
 - Refugees and immigrants
 - Single-parent households
 - People experiencing homelessness

Tri-County Health Department | Slide 35

Community Based Organization (CBO) Outreach and Partnership

Why?

- Better understand how COVID-19 pandemic is impacting our communities
- Opportunity for more positive outreach with community
- Engage with community and partners in a meaningful way, learning invaluable info
 - Inform CHA (PHAB requirement and best practice) as well as PHIP
 - Inform priorities for future public health services in Arapahoe County
 - Inform programmatic work
- Required by state law and PHAB

Criteria for CBOs

- Serve TCHD communities at the county or municipal level
- Work with high-priority populations
- Experience doing outreach and completed similar work in the past
- Have strong, positive reputation in the community
- Completed our RFP application process thoroughly and accurately, including a budget

Tri-County Health Department | Slide 36

High Priority Neighborhoods for Community Engagement for CHA 2021

Overall Vulnerability		
Socioeconomic Status	Below Poverty	% of persons living below FPL is greater than 90% of census tracts
	Unemployed	% of civilians unemployed is greater than 90% of census tracts
	Income	per capita income is lower than 90% of census tracts
Household Composition & Disability	No HS Diploma	% of persons with no HS diploma is greater than 90% of census tracts
	Aged 65+	% of persons aged 65+ is greater than 90% of census tracts
	Aged <17	% of persons aged <17 is greater than 90% of census tracts
Minority Status & Language	Civilian with a Disability	% of persons with a disability is greater than 90% of census tracts
	Single-Parent Household	% single-parent households is greater than 90% of census tracts
Housing & Transportation	Minority	% of minority persons is greater than 90% of census tracts
	Speaks English "Less Than Well"	% of those with limited English is greater than 90% of census tracts
	Multi-Unit Structure	% living in multi-unit housing is greater than 90% of census tracts
	Mobile Home	% living in mobile homes is greater than 90% of census tracts
	Crowding	% crowded households is greater than 90% of census tracts
	No Vehicle	% households with no vehicles is greater than 90% of census tracts
	Group Quarters	% institutionalized is greater than 90% of census tracts

We used CDC's **Social Vulnerability Index** to ensure our community engagement efforts have the intended reach.

This index uses 17 data indicators from the U.S. Census Bureau's American Community Survey and categories them into four main areas:

- Socioeconomic status
- Household composition and disability
- Minority status and language
- Housing and transportation

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High Priority Neighborhoods for Community Engagement for CHA 2021

High-Priority Neighborhoods and Partnering Community-Based Organizations in Arapahoe County. These CBOs all conducted focus groups as well as 1:1 survey entry (and outreach).

- Sheridan Health Services
- Innovative Housing Concepts (DBA Englewood Housing Authority)
- Aurora Economic Opportunity Coalition

Tri-County Health Department | Slide 38

Community Engagement: Preliminary Findings

Tri-County Health Department | Slide 39

Preliminary Findings: Community Engagement

COMMUNITY SURVEY

960+ people living in or serving Arapahoe County

- 673 residents
 - 15% responded in Spanish
- 14 elected officials and county leaders
- 253 TCHD staff
- 20 partners

FOCUS GROUPS

100+ Arapahoe County and Aurora residents

- Facilitated by CBOs funded by TCHD
- 8 focus groups
- English and Spanish-speaking

Tri-County Health Department | Slide 40

Preliminary Findings: Community Engagement - Surveys

- **Several key needs have emerged from the community outreach:**
 1. Financial security and economic opportunities
 2. Community connection and social support
 3. Healthy, accessible, and affordable food
 4. Safe, affordable housing
 5. Safety and security
- **Top health-related problems:**
 1. COVID-19 pandemic
 2. Mental health
 3. Obesity and diabetes
 4. Environmental health, air quality, and climate change
 5. Drug and substance abuse

Tri-County Health Department | Slide 41

Preliminary Findings: Community Engagement - Focus Groups

Identified Community Strengths

- o Neighbors watch out and care about each other
- o People are willing to work hard
- o COVID vaccine and testing access
- o Kindness and respect

Identified Health Problems

- o COVID-19
- o Diabetes and obesity
- o Cardiovascular Disease and related conditions
- o High cost of prescription medication
- o High cost of durable medical goods (e.g., walkers, blood pressure cuffs, etc.)
- o Inequitable access to health care services
- o Poverty and low-paying jobs

Tri-County Health Department | Slide 42

External Data Analysis: Preliminary Findings

Tri-County Health Department | Slide 43

HEALTH TOPICS WITH PRELIMINARY FINDINGS

- Social Connection and Health
- Economic Security and Health
- Health and Housing
- Mental Health
- Substance Use
- Access to Services
- COVID-19

Tri-County Health Department

SOCIAL CONNECTION AND HEALTH

Tri-County Health Department

SOCIAL CONNECTION AND HEALTH

Fewer youth can ask parents, guardians or other adults for help with a personal problem

Connections between high school youth and their parents, Arapahoe County, 2013 - 2019

Year	Could ask parents or guardians for help with a personal problem	Have an adult to go to for help with a serious problem
2013	~78%	~72%
2015	~75%	~70%
2017	~80%	~72%
2019	~78%	~70%

- Social connection impacts our mental and physical health
- Methods of social connection have changed and connecting has become more difficult
- Not all youth have a trusted adult in their lives
- Not all youth feel like they can ask parents or guardians for help with a personal problem

Tri-County Health Department

SOCIAL CONNECTION AND HEALTH

Mental health strain from COVID-19 pandemic affects some people more than others

People experiencing mental health strain (anxiety, loneliness, or stress) from COVID-19 pandemic, Colorado, 2020²

Category	Percentage
Women	58%
Men	47%
Income < \$30k	63%
Income \$30k - \$50k	53%
Unemployed	71%
Some employment	51%

- People who were already struggling (economically, emotionally, etc.) are more likely to report anxiety or mental health strain
- Women, lower-income, and unemployed people are more likely to report mental health strain from the COVID-19 pandemic

²The Colorado Health Foundation, Pulse Poll (2021), <https://www.cohfreport.org/> results

Tri-County Health Department

ECONOMIC SECURITY AND HEALTH

Tri-County Health Department

ECONOMIC SECURITY AND HEALTH

- Income is a fundamental social determinant of health
- Community members mention difficulty affording basic needs, housing, utilities, and health care services
- Self-reported health has a direct relationship to household income

↓ People with lower incomes report more mental distress and less overall good health

Self-reported health status & outcomes by income, Arapahoe County, 2020¹

Income Level	Very Good/Excellent General Health	Fair/Poor General Health
Income \leq \$25,000	38%	65%
Income $>$ \$50,000	28%	7%

Mental Distress: 16% for $\leq \\$25,000$ and 12% for >math>> \\$50,000</math>

¹Behavioral Risk Factor Surveillance System, Colorado Dept. of Public Health and Environment, 2017, 2019. Analyzed by TriCounty Health Department

ECONOMIC SECURITY AND HEALTH

↑ Between March 21 and December 29, 2020, unemployment insurance claims increased 938%

Weekly unemployment insurance claims, Arapahoe County, 2019 compared to 2020²

²Colorado Department of Labor and Employment

HEALTH AND HOUSING

HEALTH AND HOUSING

⊕ Average income is not keeping pace with average rent costs

Percent change in avg monthly income & avg monthly rent costs between 2014 & 2019, Arapahoe County¹

Category	Percent Change
Arapahoe income	25%
Arapahoe rent	35%

- Safe, stable, affordable, healthy housing is directly related to health
- Housing costs are outpacing increases in income
- The existing housing crisis is exacerbated by the COVID-19 pandemic

¹American Community Survey, U.S. Census Bureau, 2014 and 2019 5-year estimates

HEALTH AND HOUSING

- Unstable, unhealthy housing impacts health behaviors, outcomes, and access to care
- Half of renters & one in four homeowners are paying 30% or more on housing, exceeding national recommendations
- Land use, housing development, and urban planning policies and programs can increase access to affordable, accessible, and safe housing

↑ People who rent their home pay a higher percentage of their income toward housing

Percentages of households paying 30% or more of household income on housing, 2019²

Year	Homeowners**	Renters
2017	29%	54%
2019	24%	50%

²American Community Survey, U.S. Census Bureau, 2017 and 2019 5-year estimates

MENTAL HEALTH

MENTAL HEALTH

↑ People with lower income and people of color are reporting more mental health distress

Mental health distress by income, race/ethnicity, Arapahoe County, 2019¹

Category	Percentage
$\leq \\$50k$	40%
>math>\\$50k+</math>	22%
White, Non-Hispanic	30%
Persons of Color and Hispanic Persons	33%

- Mental health helps determine how we handle stress, relate to others, and make choices.
- Poor mental health can increase the risk for other chronic health problems such as stroke, diabetes, and heart disease.
- Lower-income and non-white persons in Arapahoe County are more likely to report mental health distress

¹Behavioral Risk Factor Surveillance System, Colorado Dept. of Public Health and Environment, 2019. Analyzed by TriCounty Health Department

MENTAL HEALTH

↑ Mental health distress was already high among high school students before the pandemic

Increasing swift access to affordable mental health services can help people struggling with mental health issues like anxiety, depression, and suicidal ideation

With support and assistance, people and communities can build and strengthen resilience

Mental health indicators among HS students, Arapahoe County, 2019²

Indicator	Percentage
Mental Distress	34%
Seriously considered suicide	13%
Made a suicide plan	17%
Attempted suicide	8%

²Healthy Kids Colorado Survey, Colorado Dept. of Public Health and Environment, 2019

SUBSTANCE USE

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↑ Overdose death rates have been increasing over time

SUBSTANCE USE

- Like other diseases, a combination of behavioral and biological factors, as well as one's environment, increase the risk for developing addiction or engaging in substance abuse or misuse

Drug Overdose Death Rates per 100,000, Arapahoe County & Colorado, 2013-2021¹

2021 data are preliminary and will likely change
1) Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment

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SUBSTANCE USE

- Mental health issues and substance use often go hand-in-hand
- Perception of harm from substance (e.g., alcohol, marijuana, tobacco, prescription drugs, etc.) use varies by substance type, age, peer use
- Access to substances is directly related to their use

⚡ Heavy drinking differs by sex, income and race/ethnicity

Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment

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ACCESS TO SERVICES

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↑ From the start of the pandemic, Medicaid enrollment increased every month in 2020

Percent monthly change in Medicaid enrollment, Arapahoe County, 8/19 to 12/20¹

ACCESS TO SERVICES

- Use of services directly relates to accessibility and cost
- The pandemic greatly impacted access to care by changing insurance type, ability to physically access various types of care, and navigate new systems
- Beginning in April 2020, and continuing every month through December 2020, more people enrolled in Medicaid than enrolled the month before

1) Colorado Department of Public Health & Financing

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ACCESS TO SERVICES

⚡ More people forego medical care because of cost than all other reasons combined

- People have gone without health care services in the past year. Of the 20% who went without general doctor's care, nearly 13% said it was due to cost
- The better systems and services are connected, the more able people are to use them well and appropriately
- Care coordination and case management can help people navigate the complex care systems

Percent of people who went without care in past year, by type, Arapahoe County, 2021²

2) Colorado Health Access Survey, Colorado Health Institute

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HEALTH AND FOOD

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↑ Even before the pandemic began, nearly 1 in 5 high school students reported going hungry because of a lack of food at home

HEALTH AND FOOD

- Not all community members have access to nutritious, affordable food
- As fixed costs increase, families can be left with less money to spend on healthy food
- Food insecurity exists across the lifespan.

Food insecurity in vulnerable populations, Arapahoe County, 2019¹

1) Colorado Department of Public Health & the Environment, Healthy Kids Colorado Survey (2019), Behavioral Risk Factor Surveillance System (2018, 2019) and Pregnancy Risk Assessment Monitoring System (2016-2019)

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HEALTH AND FOOD

- Not all people eligible for WIC or SNAP participate in the programs
- Farmers' markets, food pantries, and other local partnerships and programs can address inequities and gaps in the food system

↑ Food insecurity is increasing in Arapahoe County

Food insecurity, Arapahoe County, 2017, 2018, & 2020 (projected)* 2

Year	Percentage
2017	11%
2018	9%
2020 (projected)	13%

*Feeding America
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COVID-19

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COVID-19

COVID-19 Case Reporting

Positive COVID-19 Cases: 319,186

COVID-19 Deaths: 2,658

COVID-19 Cases by County:

- Adams: 118,214
- Arapahoe: 133,508
- Douglas: 67,464

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COVID-19

- We continue to have record-number of daily cases.
- 1 in 3 people in Arapahoe county who are tested currently test positive.
- Variants of concern will continue to arise as long as the virus has a means to mutate and infect (e.g., unvaccinated and immunocompromised populations facilitate this)
- Public trust in public health and public health measures has waned over the past year
- Hospital staffing shortages and high-turnover at the hospital, clinic, and public health systems are impacting COVID response (including hospital capacity)
- TCHD maintains dozens of dashboards, updated regularly: https://data.tchd.org/covid19_resources/

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COVID-19: TCHD Data Dashboards - example

Census Tract 55.51, Arapahoe County, Colorado

County Priority Rank: **11.00**

TCHD Priority Rank: **33.00**

County: Arapahoe

Zip Code: 80110,80223,80219,80236

COVID-19

- % of Population Vaccinated: 62.54% (1,845)
- 2-Week Incidence Rate: 779.49 per 100,000
- Cumulative Hospitalization Rate: 1,457.13 per 100,000
- Cumulative Death Rate: 263.32 per 100,000

Here's an example of an online dashboard that lets us look at various indicators together to help decision-makers

<http://data.tchd.org/covid19equity/>

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NEXT STEPS

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Discussion

- What did you find most surprising or interesting?
- Do these data reflect what you're seeing in your organizations and communities?
- What momentum already exists in the community or in your organizations around these issues?
- How might we address both the immediate needs as well as work on prevention strategies?

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Prioritization Survey

Please complete this survey to help Centura prioritize issues for its 3-year Community Health Implementation Plan


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

Please complete by Close of Business on Friday, February 4, 2022.

Tri-County Health Department

Questions?

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Next Steps

- Survey sent out electronically with presentation for additional input
- Review Rankings
 - Asset and Gap Analysis
 - Finalize Priorities
- By June 30: Hospital Board of Directors Approval
- Develop Community Health Implementation Plan

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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



centura

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.

