Parker Adventist Hospital

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

centura

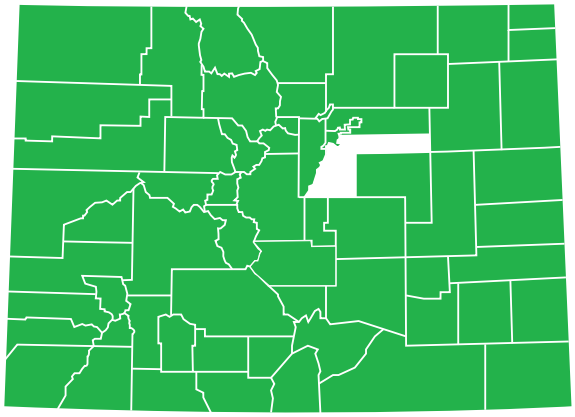
AT A GLANCE:

Parker Adventist Hospital

AREA SERVED: ARAPAHOE AND DOUGLAS COUNTIES

PRIORITIES:

- Mental Health
- Food Security
- Access to Primary Care
- Substance Use
- Health Equity Integrated into Other Community Priorities



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

WHY ARE THESE PRIORITIES?

Mental Health: In Douglas and Arapahoe Counties, suicide and depression rates remain high.

Access to Primary Care: The community feels as though it is difficult to access primary care. There are 0.75 primary care physicians per 1,000 residents.

Substance Use: Rates have slightly worsened in the last three years in this area.

Food Security: The cessation of food security benefits and extra services during the COVID pandemic means food security may likely worsen again.

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.

Parker Adventist Hospital

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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

centura

Executive Summary

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

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

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

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:

Parker Adventist collaborated with both Douglas and Arapahoe 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 Douglas and Arapahoe 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 Parker 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 Parker Adventist Hospital, the community prioritized needs of: Mental Health, Access to Primary Care, Substance Use, Food Security and Health Equity integrated into these other priorities.

Prioritized Need: Mental Health

In Douglas and Arapahoe Counties, suicide and depression rates remain high. 81.7 per 100,000

patients were hospitalized in the ED for suicidal ideation and attempts. 1662.7 per 100,000 patients were hospitalized fro 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. Douglas and Arapahoe Counties have varying resources.

Potential resources in the community identified included the following:

- Douglas County has many strong collaboratives through which mental health is addressed, including Douglas County Mental Health Initiative, Douglas County Suicide Prevention Alliance, and efforts to coordinate mental health care throughout the county
- Aurora Health Alliance is collaborating on behavioral health
- Douglas County Public Health has prioritized mental health within the newly established Community Health Assessment and mental health was identified as a priority in the Tri County Public Health Assessment upon which Arapahoe County Public Health will build
- Doctors Care provides integrated care for patients
- Mental Health First Aid training available through several organizations
- Parker Adventist Hospital staff training to address mental health needs through Zero Suicide
- Improving behavioral health service with Behavioral Health technician pilot program and expanding
- Integrated Behavioral Health in primary care clinics
- School districts in both counties have many programs to address mental health among students
- Stigma reduction efforts are occurring through Metro Denver Partnership for Health to reduce stigma so people access care early and connect to build social cohesion

Prioritized Need: Access to Primary Care

In Douglas and Arapahoe Counties, the community feels as though it is difficult to access primary care due to the location in relation to the majority of care and transportation presenting challenges. There are 0.75 primary care physicians per 1,000 residents.

Potential resources in the community identified included the following:

- Federally Qualified Health Centers and non-Federally Qualified Health Centers provide care in these communities
- Primary care networks are expanding within this service area
- Enrollment assistance into health coverage programs through Centura Health and through community partners
- The community feels this is an important area of focus

Prioritized Need: Substance Use

Douglas and Arapahoe Counties report that substance use has increased over the past three years and is important to address along with mental health. Adult smoking is 13.5% and excessive drinking is 19.6%. The community is experiencing an increase since the pandemic, as well.

Potential resources in the community identified include the following:

- Centura Health has implemented the Alternatives to Opioids program within the hospital
- The Hospital Transformation Program will screen people for substance use disorder and refer them to available resources
- Mental health centers and substance use treatment centers provide services to community members
- Resources in the community are available to provide substance abuse services
- Douglas County is coordinating care for people so that they can access the appropriate resources at the appropriate time
- Aurora Health Alliance is collaborating to address substance use

Prioritized Need: Food Security

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

Potential resources in the community identified included the following:

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

- Blueprint to End Hunger Colorado coalition is working to increase local food stores' acceptance of SNAP and WIC benefits especially in food deserts, improve enrollment practices into SNAP and WIC and ensure food systems support people experiencing hunger
- Nourish Colorado is working to increase farm and grocery retail acceptance of Double Up Food Bucks
- Screening for food insecurity at Parker Adventist Hospital and clinics with referral to resources through United Way 211
- Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency
- Food pantries within the community provide access to emergency food for community members
- Aurora Health Alliance has a collaborative focus on Social Determinants of Health, which includes food security

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 Parker Adventist Hospital 2019 CHNA and some of the actions and progress to dates include the following:

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 COVID-19
- Good Food Purchasing Program assessment of Centura system purchasing to move toward more locally produced foods
- Bilingual SNAP Outreach with Hunger Free Colorado assisted 21,336 households and resulted in 4,816 SNAP applications
- Nourish Colorado Partnership : Double Up Food Bucks Outreach to increase number and frequency of use (701 new sign ups and 10 new stores interested)
- Blueprint to end Hunger: Increase # Stores Accepting SNAP/WIC
- SECOR Cares: Technology, Food Security, and Mobile Food Van

Behavioral Health

- Zero Suicide Framework, including training for staff
- ALTO Program
- Let's Talk Stigma Reduction Campaign reached over 2.5M people
- School Mental Health Community of Practice-Virtual forum for school administrators and teachers to learn about mental health- training & support
- Initiated Mental Health Tech Recruitment & Training
- School Behavioral Health Inventory and Funding to Douglas County School District for GoZen Resiliency and Social Emotional Learning tool (4000 elementary/middle school students), maintenance of Sources of Strength, and SMARTS Executive Function Strategies (2400 elementary and 6000 middle school students)
- Partnered with Aurora Public School District and Cherry Creek School District to advance behavioral health work among students and staff

Our Services, History and Community

WORLD CLASS DOCTORS. COMPASSIONATE CARE. CLOSE TO HOME.

Centura Parker Adventist Hospital, located at E-470 and Parker Road, offers leading medical experts, cutting edge technology and a broad array of clinical services. Parker Adventist Hospital performs complex spine surgery as well as weight-loss, orthopedic and joint replacement surgery. We are a Level II Trauma Center, offer oncology services and are an accredited chest pain center, and primary stroke center. We also provide high-risk pregnancy care and deliver babies as young as 28 weeks. As a regional medical center, we offer the medical care you need, close to home, and are committed to excellence in health care.

Distinctive Services *Noteworthy areas of care include:*

Center of Bariatric Surgery

- Nationally Certified Bariatric Program by the Joint Commission
- Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
- Aetna Institute of Quality for Bariatrics
- Cigna Center of Excellence for Bariatric Surgery

Breast Care Center

- Nationally Accredited Breast Care Centers (Parker, Meridian, Southlands)
- Accredited Breast Center of Excellence
- ACR Accredited Breast Ultrasound, Breast MRI and Breast Center of Excellence
- Mammography Quality Standards Act (MQSA/FDA) Certified

The Cancer Center at Parker Adventist Hospital

- Accredited Cancer Center by ACR Commission on Cancer
- ACR Accredited for Radiation Oncology

Heart Care

- Accredited Chest Pain Center by Society for Cardiovascular Patient Care (SCPC)
- Gold Performance Achievement Award / Get with the Guidelines / Heart Failure
- Gold Quality Achievement Award / STEMI Receiving Center / American Heart Association
- Primary Stroke Center

Neurology Care

- Primary Stroke Center Certification by the Joint Commission
- Gold Plus & Target Stroke Elite Plus Achievement /Get with the Guidelines / American Heart Association & American Stroke Association

Complex Spine Surgery

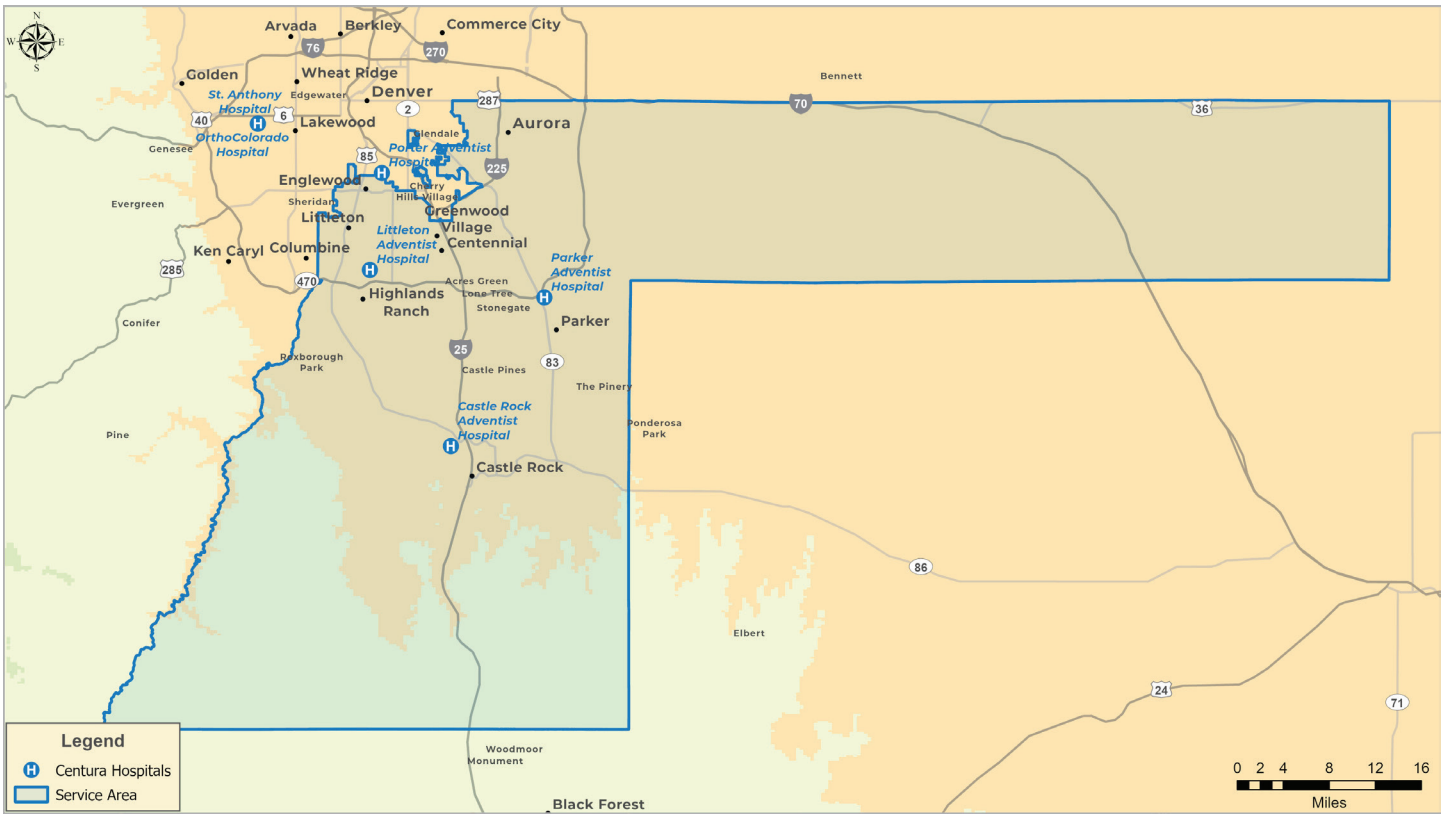
- Joint Commission Certified Spine Program
- United Health Premium Surgical Spine Specialty Ctr
- Anthem BlueCross BlueShield, Blue Distinction for Spine Surgery
- Highly trained spine surgeons providing complex and complicated surgery including spinal fusion

Complex Orthopedic Surgery and Joint Replacement Program

- Joint Commission Certified Joint Replacement Program
- Anthem BlueCross BlueShield, Blue Distinction Center for Knee & Hip Replacement
- Highly trained surgeons providing the most complex orthopedic surgeries

Honors

Parker Adventist Hospital typically receives eleven health care honors annually. In addition to receiving Healthgrades Distinguished Hospital Award for Clinical Excellence™, the hospital is also recognized as one of Healthgrades America's 100 Best Hospitals for Critical Care™ for four consecutive years. Parker Adventist is a Five-Star Recipient for the treatment of heart failure, pneumonia, and esophageal/stomach surgeries.



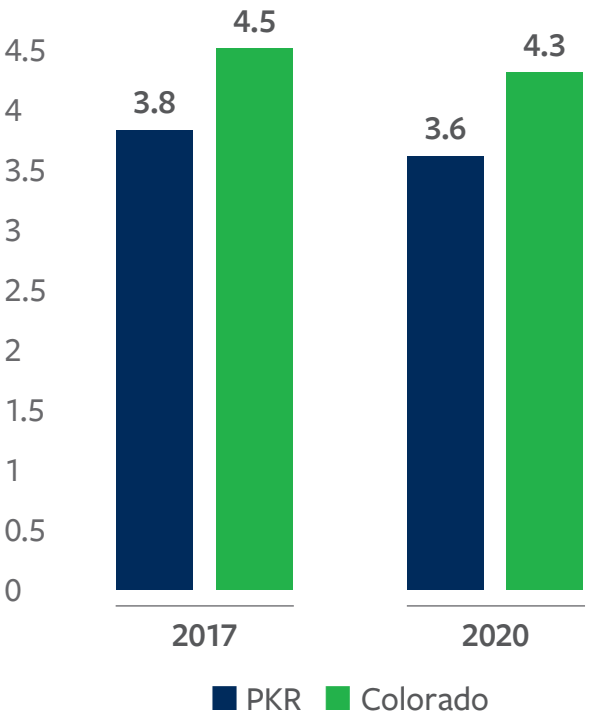
POPULATION DEMOGRAPHICS IN PARKER ADVENTIST HOSPITAL'S SERVICE AREA

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

Parker Adventist Hospital partnered with Douglas County 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 Parker Adventist Hospital's Steering Committee members. Our Steering Committee:

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

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

STAGE 1: SCANNING THE DATA LANDSCAPE

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

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

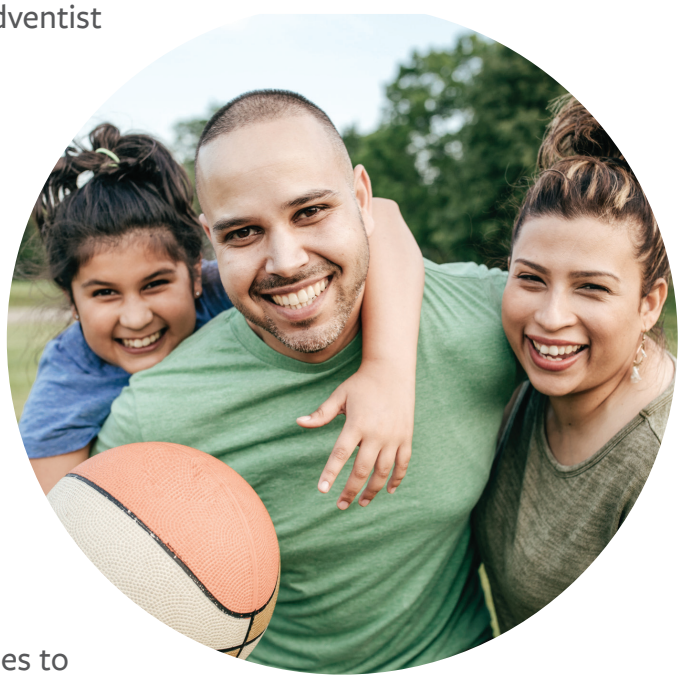
Once the data indicators were compiled for our community, the CHNA Committee reviewed the data to identify and prioritize community health needs. They identified the most pressing needs in the community based on health indicators, health drivers, and health outcomes.

Our committee defined a health need as a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome has not yet arisen as a need.

To fit the definition of a health need, the need must be confirmed by more than one indicator and/or data source and must be analyzed according to its performance against the state benchmark of Healthy People 2030.

STAGE 3: PROCESS TO PRIORITIZE HEALTH NEEDS

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



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

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

ENGAGING OUR COMMUNITY TO UNDERSTAND AND ACT

We actively engaged our valued community members throughout the CHNA process. Douglas County Public Health and 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

PARKER 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 2020 benchmark. We utilized the Centura Health Prioritization Method to determine our prioritized needs.

The health needs identified in this CHNA included:

- Mental Health
- Access to Primary Care
- Substance Use
- Food Security
- Health Equity integrated into all of the priorities

PRIORITIZED HEALTH NEEDS

After careful consideration of the available quantitative and qualitative indicators and our Centura Health Mission, Vision, and Values, Parker Adventist Hospital identified Mental Health, Access to Primary Care, Substance Use, Food Security and Health Equity integrated into all of the priorities.

At Parker Adventist Hospital, we are collectively unified by our Centura Health Mission: We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. This Mission guides and inspires our shared desire to make a difference – one whole person and one healthy neighborhood at a time. We believe that our focus on Mental Health, Access to Care, Substance Use, Food Security and Health Equity integrated into these other priorities will have the greatest impact on our organizational commitment to whole person health.

PRIORITIZED NEED: MENTAL HEALTH

Both quantitative and qualitative data drove the prioritization of Mental Health for Parker Adventist Hospital. The community health data that led to identification of Mental Health as a priority included that there are 1,662.7 Emergency Department hospitalizations per 100,000 population due to mental health and 81.7 due to suicide ideation. The percent of women with postpartum depressive symptoms has risen to 10.2 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 and 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 identified included the following:

- Douglas County has many strong collaboratives through which mental health is addressed, including
- Douglas County Mental Health Initiative, Douglas County Suicide Prevention Alliance, and efforts to coordinate mental health care throughout the county
- Aurora Health Alliance is collaborating on behavioral health
- Douglas County Public Health has prioritized mental health within the newly established Community Health Assessment and mental health was identified as a priority in the Tri County Public Health Assessment upon which Arapahoe County Public Health will build
- Doctors Care provides integrated care for patients
- Mental Health First Aid training available through several organizations
- Parker Adventist Hospital staff training to address mental health needs through Zero Suicide
- Improving behavioral health service with Behavioral Health technician pilot program and expanding
- Integrated Behavioral Health in primary care clinics
- School districts in both counties have many programs to address mental health among students
- Stigma reduction efforts are occurring through Metro Denver Partnership for Health to reduce stigma so people access care early and connect to build social cohesion.

PRIORITIZED NEED: ACCESS TO PRIMARY CARE

In Douglas and Arapahoe Counties, the community feels as though it is difficult to access primary care due to the location in relation to the majority of care and transportation presenting challenges. There are 0.75 primary care physicians per 1,000 residents.

Potential resources in the community identified included the following:

- Federally Qualified Health Centers and non-Federally Qualified Health Centers provide care in these communities
- Primary care networks are expanding within this service area
- Enrollment assistance into health coverage programs through Centura Health and through community partners
- The community feels this is an important area of focus

PRIORITIZED NEED: SUBSTANCE USE

Douglas and Arapahoe Counties report that substance use has increased over the past three years and is important to address along with mental health. Adult smoking is 13.5% and excessive drinking is 19.6%. The community is experiencing an increase since the pandemic, as well.

Potential resources in the community identified include the following:

- Centura Health has implemented the Alternatives to Opioids program within the hospital
- The Hospital Transformation Program will screen people for substance use disorder and refer them to available resources
- Mental health centers and substance use treatment centers provide services to community members
- Resources in the community are available to provide substance abuse services
- Douglas County is coordinating care for people so that they can access the appropriate resources at the appropriate time
- Aurora Health Alliance is collaborating to address substance use

PRIORITIZED NEED: FOOD SECURITY

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

Potential resources in the community identified included the following:

- Hunger Free Colorado, Colorado's anti-hunger leading organization, is available to connect people experiencing food insecurity with available resources in the community, including enrollment assistance into SNAP/WIC.
- Blueprint to End Hunger Colorado coalition is working to increase local food stores' acceptance of SNAP and WIC benefits especially in food deserts, improve enrollment practices into SNAP and WIC and ensure food systems support people experiencing hunger.
- Nourish Colorado is working to increase farm and grocery retail acceptance of Double Up Food Bucks
- Screening for food insecurity at Parker Adventist Hospital and clinics with referral to resources through United Way 211
- Nonprofit organizations in the community connect people experiencing hunger to available immediate resources and support them on a path to self-sufficiency
- Food pantries within the community provide access to emergency food for community members
- Aurora Health Alliance has a collaborative focus on Social Determinants of Health, which includes food security

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.

IDENTIFIED HEALTH NEEDS NOT PRIORITIZED

We reviewed data across the spectrum of health outcomes and health behaviors. Seven health issues rose to the top in the following order: 1) Mental Health, 2) Access to Primary Care, 3) Intentional Injury, 4) Substance Use, 5) Access to Oral Health, 6) Health Equity, and 7) Food Security. We narrowed down our priorities as outlined below, recognizing we wanted to narrow our focus to increase intensity of efforts and associated outcomes.

IDENTIFIED HEALTH NEED NOT PRIORITIZED: INTENTIONAL INJURY

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

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

IDENTIFIED HEALTH NEED NOT PRIORITIZED: ACCESS TO ORAL HEALTH

Access to Oral Health Care was identified as a priority, in alignment with access to primary care in that there are fewer services and transportation can be a barrier. While oral health is an important part of human health, there was not alignment with community efforts nor hospital efforts or capacity. We will monitor this over time and share with the community that this arose as an important health need.

Conclusion

EVALUATION

Progress since our last CHNA

At Centura Health and Parker 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, Parker Adventist Hospital provided over $30.9 million in total community benefit. Prior areas of focus for the Parker Adventist Hospital 2019 Community Health Needs Assessment and the actions and progress to date include the following:

PRIORITIZED NEED: 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 COVID-19
- Good Food Purchasing Program assessment of Centura system purchasing to move toward more locally produced foods
- Bilingual SNAP Outreach with Hunger Free Colorado assisted 21,336 households and resulted in 4,816 SNAP applications

- Nourish Colorado Partnership : Double Up Food Bucks Outreach to increase number and frequency of use (701 new sign ups and 10 new stores interested)
- Blueprint to end Hunger: Increase # Stores Accepting SNAP/WIC
- SECOR Cares: Technology, Food Security, and Mobile Food Van

PRIORITIZED NEED: BEHAVIORAL HEALTH

- Zero Suicide Framework, including training for staff
- ALTO Program
- Let's Talk Stigma Reduction Campaign reached over 2.5M people
- School Mental Health Community of Practice-Virtual forum for school administrators and teachers to learn about mental health- training & support
- Initiated Mental Health Tech Recruitment & Training
- School Behavioral Health Inventory and Funding to Douglas County School District for GoZen Resiliency and Social Emotional Learning tool (4000 elementary/middle school students), maintenance of Sources of Strength, and SMARTS Executive Function Strategies (2400 elementary and 6000 middle school students)
- Partnered with Aurora Public School District and Cherry Creek School District to advance behavioral health work among students and staff

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

IMPLEMENTATION STRATEGY

The CHNA allows Parker 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

Parker Adventist Hospital has not received any feedback on our previous Community Health Needs Assessment or Community Health Implementation Plan for FY17–19 to FY20–22.

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: Leeroy Coleman, Director of Mission Integration, at PKRCommunitybenefit@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.

- Douglas County School District
- Town of Castle Rock
- Castle Pines Chamber of Commerce
- Denver Regional Council of Governments
- Doctors Care
- SECOR Cares
- Elbert County Public Health
- Douglas County Government
- Douglas County Housing Partners
- Parker 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

- Douglas County School District
- Town of Castle Rock
- Castle Pines Chamber of Commerce
- Denver Regional Council of Governments
- Doctors Care
- SECOR Cares
- Elbert County Public Health
- Douglas County Government
- Douglas County Housing Partners
- Parker Adventist Hospital Team Members

APPENDIX C: DATA PRESENTED

Castle Rock Adventist Hospital and Parker 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

Agenda

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

2

Welcome and Introductions

Jeremy Pittman, CEO of Castle Rock Adventist Hospital
Mike Goebel, CEO of Parker Adventist Hospital
David Martinez, Director of Mission Integration, Castle Rock Adventist Hospital
Leeroy Coleman, Director of Mission Integration, Parker Adventist Hospital
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.

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Executive Leaders

Castle Rock Adventist Hospital

- Jeremy Pittman, Chief Executive Officer
- Devin Bateman, MD, Chief Medical Officer
- Audrey Pasvogel, Director of Human Resources
- Lisa Hinton, Director of Business Development

Parker Adventist Hospital

- Mike Goebel, Chief Executive Officer
- Devin Bateman, MD, Chief Medical Officer
- Leanne Naso, Chief Operating Officer
- Erin Ward, Chief Financial Officer
- Andrea Narvaez, Chief Nursing Officer

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POLLINATION: Passion to Pass It On!

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

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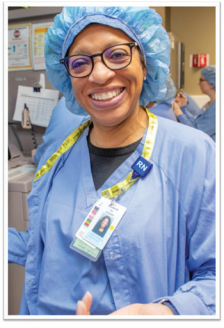

Centura Health Overview

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.

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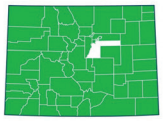
Health is better where we are

Parker Adventist Hospital: A Cornerstone of Care in This Community

Parker Adventist Hospital, located at E-470 and Parker Road, offers leading medical experts, cutting edge technology and a broad array of clinical services. We are committed to excellence in health care. Ranked among the top hospitals in the nation for patient satisfaction, Parker Adventist Hospital performs complex spine surgery along with weight-loss, orthopedic and joint replacement surgery. We have a Level II Trauma Center and are a designated primary stroke center. We also provide high-risk pregnancy care and deliver babies as young as 28 weeks. As a regional medical center, we offer the medical care you need, close to home.



Arapahoe and Douglas Counties

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Board Members, Parker Adventist Hospital

Dan Enderson, Board Chair

Chris Hillier
Joni Johnson-Powe
Beth Martin
Chris Miller
Darren Boe, MD
Simone Ross
Brian Taylor
Bonnie Thomas
Chanelle Watson
Dr. Chris West
Tim White

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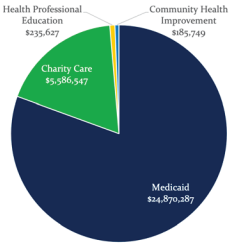
Community Benefit Fiscal Year 2021 Parker Adventist Hospital: $30.9 Million



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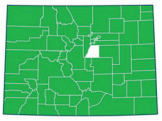
Castle Rock Adventist Hospital: A Cornerstone of Care in This Community

Castle Rock Adventist Hospital opened in 2011 and continues to be the only hospital in Castle Rock. We offer advanced services in many specialties, allowing countless families to receive expert medical care close to home. Our comprehensive medical teams deliver high-quality outcomes and unparalleled patient satisfaction among a wide variety of medical specialties, services and programs.

At Castle Rock Adventist Hospital, our community has access to emergency care, heart and stroke care, outpatient services, breast care and our Birth Center.



Douglas County

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Board Members, Castle Rock Adventist Hospital

Dan Enderson, Board Chair

Carole Murray
Stefen Ammon, MD
David Archibald, MD
Marcy Blair
Rex Corr, EdD
Rick Egitto
Jim Folkestad
Devang Patel, MD
Anthony Sanchez, MD
John Sieber
Carletta Steward, EdD
Susan Thayer
Melissa Zart, MD

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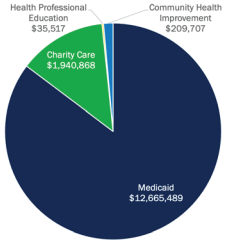
Community Benefit Fiscal Year 2021 Castle Rock Adventist Hospital: $14.7 Million



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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

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FY20-22 Community Health Implementation Plan: Behavioral Health

GOALS

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

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

GOALS

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

FOOD AVAILABILITY **FOOD ACCESS** **FOOD USE**

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FY20-22: System Accomplishments

Behavioral Health

- 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
  - Maintenance of Sources of Strength
  - GoZen Resiliency and SEL tool (4000 elementary/middle school students)
  - SMARTS Executive Function Strategies (2400 elementary and 6000 middle school students)
- Christmas Store for FRL-Eligible Youth and Families
- Douglas County Mental Health Coalitions

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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 offering Double Up Food bucks (10 stores with interest)
- Blueprint to end Hunger: Increase # Stores Accepting SNAP/WIC (7 anticipated)
- Castle Rock Adventist Hospital Community Garden
- SECOR Cares: Technology, Food Security, and Mobile Food Van

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

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

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A Response to Community: Health Equity

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

FY22 Grantees

- Brother Jeff's Cultural Center
- Catholic Charities of Colorado
- Center for African American Health
- Chanda Plan Foundation
- Cleo Parker Robinson Dance
- Coal Creek Meals on Wheels
- Community Food Share
- Finney County Community Health Coalition
- Heart Mind Connect
- Homeward Pikes Peak
- International Rescue Committee
- Posada
- Project Worthmore
- Rose 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

Parker

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

Castle Rock

- **Statins for Stroke Pts.**- Identified technology updates required for increased compliance
- **Pregnant and postpartum depression screening**- Identified Edinburgh Depression Scale and administration method.

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Request for Feedback

1. Are these still your 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

31

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

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

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

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

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CHNA Process

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

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Background: Douglas County Priorities

- Community Survey (4,632 responses with greater than 75% completion)
- Stakeholder Meetings
- Health Priorities:
  - Behavioral Health
  - Management and Prevention of Disease
  - Injury Prevention

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Background: Elbert County CHA

Dwayne Smith, Med, MCHES, CPST
Director, Elbert County Public Health

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CHNA Process

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

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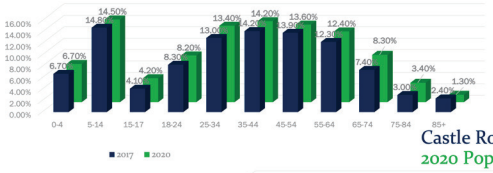
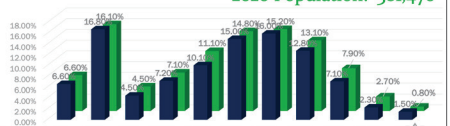
Parker Service Area: 2020 Population: 1,022,072

Our Communities by Age



Castle Rock Service Area 2020 Population: 381,470

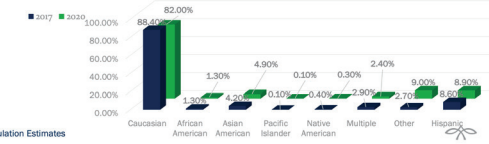


37 Source: Census Population Estimates

Parker Service Area: 2020 Population 1,022,072

Our Communities by Race and Ethnicity

Castle Rock Service Area: 2020 Population: 381,070



38 Source: Census Population Estimates

Health Outcomes & Behaviors

Health indicator	CRAH 2017	CRAH 2020	PKR 2017	PKR 2020	CO 2017	CO 2020
Adult Obesity (1)	17.1%	20.3%	19.9%	21.8%	20.2%	22.4%
Adult Smoking (2)	10.5%	10.9%	13.3%	13.5%	15.6%	14.7%
Excessive Drinking (2)	20.6%	20.8%	18.4%	19.6%	19.1%	21.3%
Physical Inactivity (1)	10.2%	9.4%	13.9%	13.6%	14.4%	14.8%
Diabetes Prevalence (1)	5.3%	5.7%	6.0%	6.6%	6.2%	6.6%
Asthma (3)	9.9%	8.5%	8.7%	8.3%	8.8%	9.1%
Heart Disease Mortality (4) (Age-Adjusted per 100,000)	126.4	89.4	144.9	105.9	176	—
Cancer Mortality (Age-Adjusted per 100,000) (5)	107.4	_	124.9	_	146	131.6

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

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Environment

Health indicator	2017 CRAH	2020 CRAH	2017 PKR	2020 PKR	State of CO 2017	State of CO 2020
Air pollution (Avg Daily Particulate Matter) (6)	7.0	4.9	7.7	7.0	5.4	4.9
Injury Deaths (per 1000) (7)	2.2	2.6	2.6	3.1	3.3	3.8
Violent Crime (per 100,000) (8)	79.0	108.0	224.6	253.4	308.7	326.1
Homicides (per 100,000) (7)	0.9	0.9	3.0	3.3	3.6	4.0
Motor Vehicle Crash and Alcohol Impaired Deaths (per 1000) (7)	0.4	0.4	0.4	0.5	0.8	0.8

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

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Access to Clinical Care

Health indicator	2017 CRAH	2020 CRAH	2017 PKR	2020 PKR	State of CO 2017	State of CO 2020
Uninsured Adults (9)	6.4%	4.9%	13.2%	9.3%	14.0%	10.3%
Uninsured Children (9)	4.0%	2.9%	5.4%	4.7%	5.9%	4.8%
Primary Care Physicians (per 1000) (10)	0.6	0.65	0.74	0.75	0.76	0.80
Federally Qualified Health Centers (per 100,000) (11)	51.4	78.4	81	108.9	86.3	115.3
Mental Health Providers (per 1000) (10)	0.82	1.27	1.95	2.86	2.7	3.7
Dentists (per 1000) (10)	0.58	0.63	0.81	0.93	0.72	0.81

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

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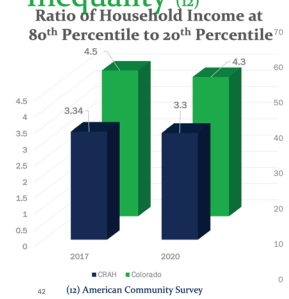
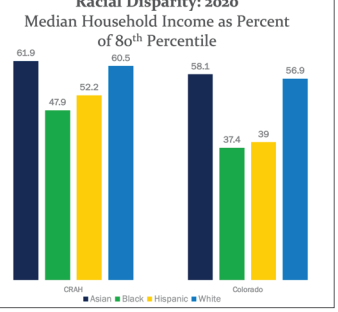
Castle Rock Service Area: Income Inequality (12)

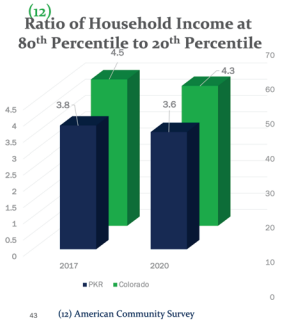


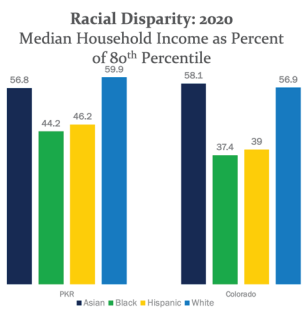


(12) American Community Survey

42

Parker Service Area: Income Inequality (12)





(12) American Community Survey

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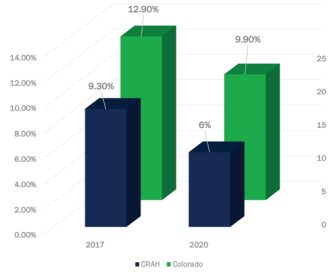
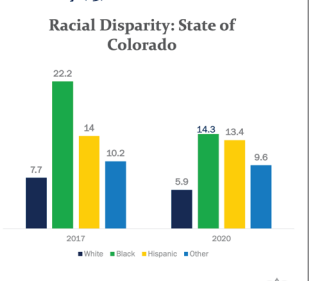
Castle Rock: Food Insecurity

Percent Population Experiencing Food Insecurity (13)





(13) Map the Meal Gap

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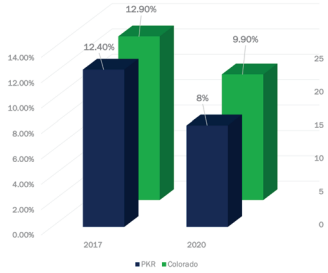
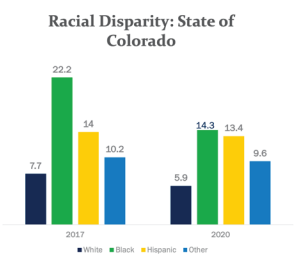
Parker: Food Insecurity

Percent Population Experiencing Food Insecurity (13)





(13) Map the Meal Gap

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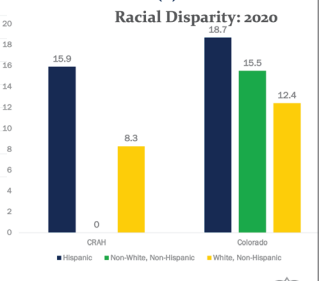
Castle Rock: Fair/Poor Health

Percent Population Reporting Fair or Poor Health (2)



(2) Behavioral Risk Factor Surveillance System

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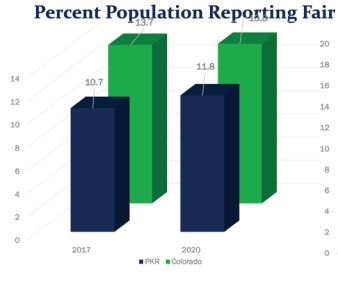
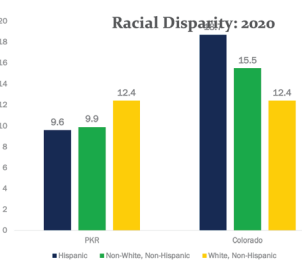
Parker: Fair/Poor Health

Percent Population Reporting Fair or Poor Health (2)





(2) Behavioral Risk Factor Surveillance System

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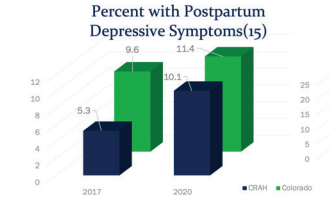
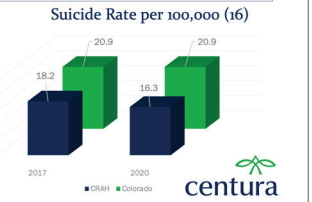
Castle Rock: Mental Health

Cause of ED Hospitalization (Rate/100,000) (14)	2017	2020	State of CO 2017	State of CO 2020
Suicide Ideation	75.7	74.5	52	86
Other Mental Health	1249.7	989	1914	1857





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(14) Colorado Hospital Association
(15) Pregnancy Risk Assessment and Monitoring System, CDPHE
(16) CDPHE NCHS Mortality Files

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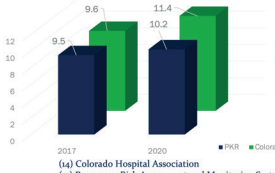
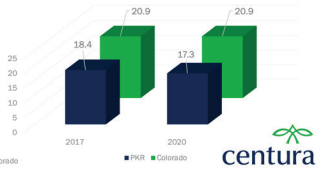
Parker: Mental Health

Cause of ED Hospitalization (Rate/100,000) (14)	2017	2020	State of CO 2017	State of CO 2020
Suicide Ideation	84.2	81.7	52	86
Other Mental Health	2030.7	1662.7	1914	1857

Percent with Postpartum Depressive Symptoms(15)



Suicide Rate per 100,000 (16)



(14) Colorado Hospital Association
(15) Pregnancy Risk Assessment and Monitoring System, CDPHE
(16) CDPHE NCHS Mortality Files

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Questions and Discussion

What stood out for you among the health indicators?

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

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Prioritization Method: Hanlon Method

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

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Ranking Time (Size, Seriousness, Alignment)

- Mental Health and Access to Care
- Substance Use (Tobacco/Alcohol/Other)
- Food Insecurity/Access to Healthy Affordable Food
- 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

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Next Steps

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

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Questions?

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

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

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

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