



Community Health Improvement Plan

Good Samaritan
Medical Center

2019





Table of Contents

Introduction

Executive Summary and Letter from the CEO	3
About Us	5

Community Health Needs Assessment

Process	6
Highlighted Statistics	7
Prioritization	9

Community Health Implementation Plan

Selection of Priorities	10
Goals & Actions	11
Needs Not Prioritized	16
Continuing the Work	17

Executive Summary and Letter to the Community from the CEO



2018 Community Health Needs Assessment
October 2018

The Community Health Needs Assessment (CHNA) is a systematic approach to determining the health status, behaviors and needs of people living in our area. The full report is available on our website at <https://www.sclhealth.org/-/media/files/care-sites/good-samaritan/about/gsmc-final-draft-2018-chna.pdf?la=en>.

Following the needs assessment, we selected health priorities to impact community health through direct and/or collaborative efforts. The Community Health Improvement Plan (CHIP) is the strategic document that outlines the hospital's plans, actions, and anticipated impact on the identified health needs.

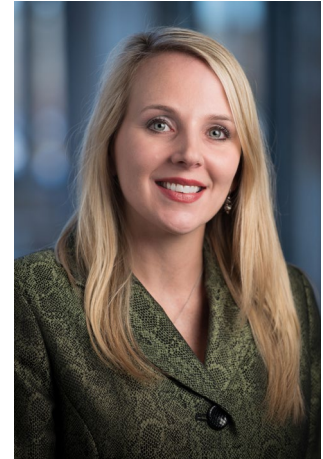
Summary:

- The CHNA was conducted in collaboration with Biel Consulting, Inc. from March to September 2018.
- The geographic focus area for the CHNA included 18 cities in 6 counties: Adams, Boulder, Broomfield, Gilpin, Jefferson, and Weld.
- The Senior Leadership Team at Good Samaritan Medical Center (GSMC) approved the CHNA on October 31, 2018, and submitted the CHNA for Board approval. GSMC's CHNA was formally adopted by the SCL Health Front Range Board of Directors on December 17, 2018.
- The CHNA was published and available on the GSMC website on December 18, 2018.
- Thirteen Areas of Opportunity were identified in the 2018 CHNA based on secondary data collection.
- Community and hospital leaders met on August 7, 2018, to narrow the list to seven issues: access to health care, cancer, cardiovascular disease, lung disease, mental health/substance use, overweight/obesity, and unintentional injuries.
- For our Community Health Improvement Plan (CHIP), the GSMC Senior Leadership Team selected the top two health priorities of 1) cardiovascular disease and 2) unintentional injuries based on these factors: community priorities, strategic direction/assets and expertise, and current efforts.
- Good Samaritan Medical Center's CHIP was formally submitted to the SCL Health Front Range Board of Directors on March 25, 2019.

Letter from our CEO

Good Samaritan Medical Center is dedicated to partnering with our patients and our community to exceed their expectations for health. This year, our 15th year in existence, we're celebrating the impact that we have had and are looking ahead to what more we can do in the coming 15 years and beyond.

SCL Health's Good Samaritan Medical Center is dedicated to conducting a Community Health Needs Assessment (CHNA) and a subsequent Community Health Improvement Plan (CHIP) every three years to ensure that our efforts are addressing the most pressing health care needs of our community. Last year, we completed our most recent needs assessment and we are pleased to share the findings and an overview of the plan with you.



At a high level, our needs assessment identified the top seven health care needs in our community and a multidisciplinary team of leaders and departmental representatives helped narrow down the list and determine the top categories our organization can have the greatest impact on in our community. Unintentional injuries and cardiovascular disease were chosen for focus areas in 2019 and beyond. We are confident that Good Samaritan Medical Center's strengths, such as our Level II Trauma Center Designation and our Designation as a Chest Pain Center, position us to better meet these needs in our community in partnership with community leaders, public health officials, health vendor partners, and other non-profit organizations.

This Community Health Improvement Plan is our promise to our community that we will continue to evolve and adjust our efforts to best meet local health care and wellness needs. We are committed to making tomorrow healthier and brighter for all who call our community home.

With gratitude and blessings,

A handwritten signature in black ink that reads "Jennifer D. Alderfer". The signature is written in a cursive, flowing style.

Jennifer Alderfer
President

About Us

Good Samaritan Medical Center is a community-based, acute-care hospital. The Medical Center opened December 1, 2004, and is part of SCL Health, a faith-based, non-profit health system. Good Samaritan Medical Center focuses on fostering the health and healing for the people and communities it serves and is always seeking new ways to take personalized care to the next level.

Premier services at Good Samaritan include: a Level II Trauma Center, verified by the American College of Surgeons; Cancer Centers of Colorado, an advanced cancer diagnostic and treatment facility; and the Heart Center, which is a Cardiovascular Center of Excellence and an established leader in heart care for the Denver north metropolitan area. The hospital also features a Baby-Friendly Birthing Center, the first in the state and 55th in the country to be awarded the Baby-Friendly designation by UNICEF and World Health Organization; and Neuroscience Board-certified doctors providing the highest quality neurological care in a multi-disciplinary and collaborative approach.

Good Samaritan Medical Center continues to focus on enhancing safety and quality, improving cost-effectiveness and developing key service lines including cardiac care, neurosciences, orthopedics, and oncology. Good Samaritan Medical Center has recently been recognized for clinical quality, safety and patient care experience by several organizations that rank hospitals nationwide. Good Samaritan Medical Center received Healthgrades America's "Top 50 Best Hospitals Award" in 2019. Hospitals that receive this award have shown overall clinical excellence and superior performance in clinical outcomes.



Our Mission

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values

Caring Spirit – We honor the sacred dignity of each person.

Excellence – We set and surpass high standards.

Good Humor – We create joyful and welcoming environments.

Integrity – We do the right thing with openness and pride.

Safety – We deliver care that seeks to eliminate all harm for patients and associates.

Stewardship – We are accountable for the resources entrusted to us.

Community Health Needs Assessment

Community Health Needs Assessment (CHNA) Methodology and Process

Good Samaritan Medical Center is located at 200 Exempla Circle, Lafayette, CO 80026. The primary service area includes 18 cities in 6 counties. A majority of patient admissions at Good Samaritan Medical Center originate from these cities.

Biel Consulting, Inc. completed the Community Health Needs Assessment. Biel Consulting, Inc. has over 20 years of experience conducting hospital Community Health Needs Assessments.

The 2018 CHNA incorporated: 1) secondary quantitative data (existing public health, census, and behavioral risk factor survey data) and 2) primary qualitative data (16 key informant phone surveys).



1) Secondary Quantitative Data: Secondary data was collected from a variety of local, county, and state sources to present a community profile, social determinants of health, health access, birth indicators, leading causes of death, health behaviors, preventive practices, chronic and communicable diseases, mental health, and substance abuse. For the purposes of the Community Health Needs Assessment, when examining data by Health Statistics Region (HSR), ZIP Code level data were totaled. When available, data sets were presented in the context of the service area counties and Colorado to help frame the scope of an issue as it related to the broader community.



2) Primary Qualitative Data: GSMC conducted targeted interviews to gather information and opinions from persons who represented the broad interests of the community served by the medical center. Sixteen interviews were completed in August and September 2018. For the interviews, community stakeholders identified by GSMC were contacted and asked to participate in the needs assessment. Interviewees included community leaders and/or representatives of medically underserved, low-income, and minority populations, local health, and other departments or agencies that have “current data or other information relevant to the health needs of the community served by the medical center.” Input was obtained from area public health departments.

Key Survey Results

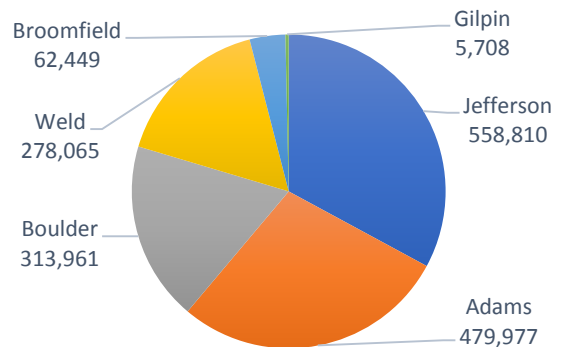
Areas of Opportunity were identified based on the compiled data including input from the key informants, results of the phone interviews, and the secondary data. The Areas of Opportunity were determined after consideration of various criteria including: their standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic area; the magnitude of the issue in terms of number of persons affected; and the potential health impact of a given issue.

Thirteen Areas of Opportunity were identified in the 2018 CHNA:

- *Access to Healthcare Services*
- *Arthritis*
- *Cancer*
- *Dental Care*
- *Diabetes*
- *Heart Disease*
- *Housing*
- *Lung Disease*
- *Mental Health*
- *Overweight and Obesity*
- *Stroke*
- *Substance Use*
- *Unintentional Injuries*

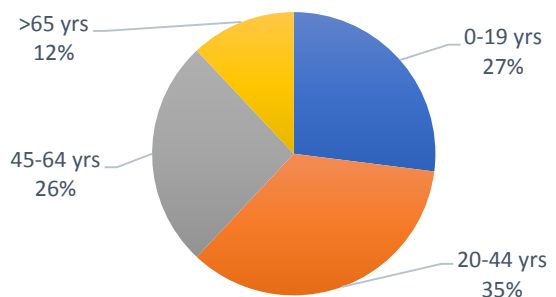
- The population of the GSMC service area was 1,072,775 across six counties.

Population by County

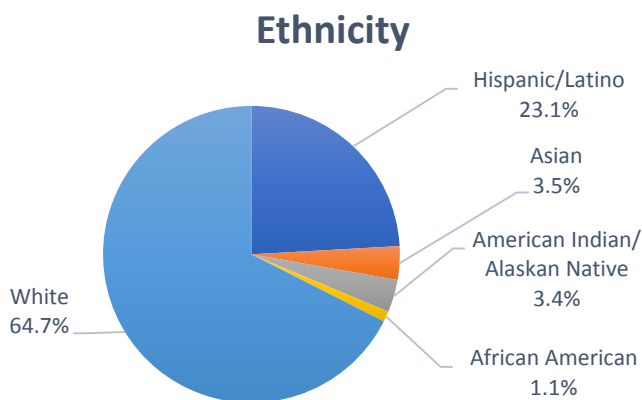


- Children and youth, ages 0-19 comprised over one-quarter of the population (27%); 35% were 20-44 years of age; 26% were 45-64; and 12% of the population were seniors, ages 65 or older.

Percentage by Age



- 64.7% of the population in the service area were White and 23.1% were Hispanic/Latino. Asians made up 3.5% of the population in the service area, 3.4% were American Indian or Alaskan Native, and 1.1% of the population in the service area were Black or African American.



- Over 13.4% of the population in Boulder County, 12.9% of Adams County, and 12.6% of Weld County were living at or below 100% of the Federal Poverty Level (FPL*). 33.4% of Adams County and 30.9% of Weld County residents in the service area were considered low-income, living at or below 200% FPL.

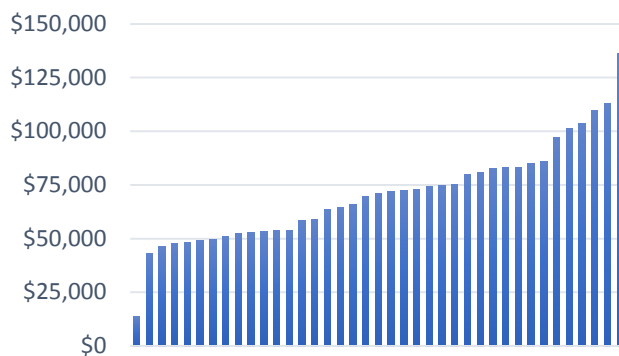
Ratio of Poverty/Income by County



*In 2016 100% of the FPL was \$24,300 for a family of 4. 200% of the FPL was \$48,500 for a family of four.

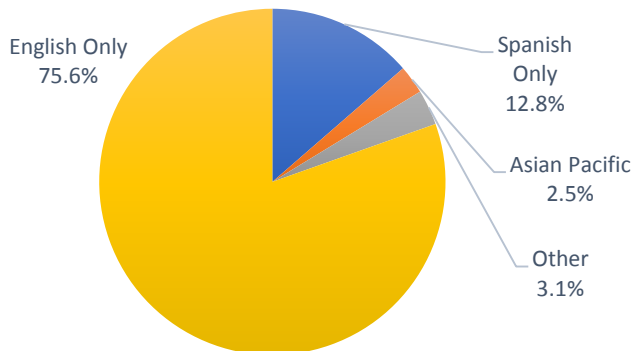
- The median household income for the hospital service area ranged from \$13,750 (80310- the University of Colorado Residence Halls' zip code) in Boulder to \$136,295 in Arvada (80007).

Median Income by Zip Code



- Three-quarters (75.6%) of the service area population speaks English only; 12.8% of the population speaks Spanish, 2.5% speaks an Asian/Pacific Islander language, and 2.3% speaks an Indo-European language.

Language Spoken at Home



Community Stakeholder Involvement

Community stakeholders were convened on August 7, 2018. 21 hospital and community stakeholders attended this meeting with the purpose of narrowing down the 13 Areas of Opportunity. The CHNA data for the 13 Areas of Opportunity was presented to the group. The data included trend lines as well as point-in-time data for each of the areas. Stakeholders were asked to rank the thirteen issues during a formalized individual ranking exercise.



Each of the 13 Areas of Opportunity was scored based on two criteria: scope and severity, and our ability to impact the problem. Participants were asked to rank each item from 1-10, with 1 being a low score and 10 being the highest score. A statistical mean of the scores was calculated following the ranking activity. The prioritization yielded seven top priorities.

Following the original prioritization, 16 Key Stakeholder phone interviews were conducted. Interviewees were asked to rank the seven top priorities and to provide verbal comments about the issues that had been identified. Below you will find the rankings for the in-person meeting and the phone interviews.

A list of the community partners that participated in the prioritization process can be found on page 17.

Rankings for in-person meeting vs phone survey

Rank	Hospital and Community In-person Prioritization	Key Informant Phone Interview Prioritization
1	Mental Health/ Substance Abuse	Mental Health/ Substance Use
2	Cardiovascular Disease	Overweight and Obesity
3	Access to Health Care	Access to Health Care
4	Unintentional Injuries	Cardiovascular Disease
5	Cancer	Cancer
6	Overweight and Obesity	Unintentional Injuries
7	Lung Disease	Lung Disease

Adoption and Publication of the CHNA

The CHNA was adopted by the Board of Directors on December 17, 2018, and published on the hospital website on December 18, 2018. In the CHNA report, the entire process and methodology are outlined. As well, detailed information on the community and the prioritized list of health needs is outlined in the CHNA: <https://www.sclhealth.org/-/media/files/care-sites/good-samaritan/about/gsmc-final-draft-2018-chna.pdf?la=en>.

Public comments on the CHNA are welcome. Comments may be submitted online at <https://www.sclhealth.org/locations/good-samaritan-medical-center/about/community-benefit/>

Community Health Improvement Plan Priorities

Good Samaritan’s Senior Leadership Team met in October 2018 to review the results of the CHNA prior to submission to the Front Range SCL Health Board of Directors. The decision of the Senior Leadership Team was to recommend two priority focus areas: **1) Unintentional Injuries** and **2) Cardiovascular Disease (Heart Disease and Stroke)**. The CHNA was approved by the SCL Health Front Range Board of Directors on December 17th, 2018.

The CHIP work began in December of 2018 and the resulting document was presented to the GSMC Senior Leadership Team. Feedback from the Team was incorporated into the final Community Health Improvement Plan and was presented to the SCL Health Front Range Board of Directors on March 25th, 2019.

Good Samaritan’s Community Health Improvement Plan was formally submitted to the SCL Health Front Range Board of Directors on March 25, 2019.

Community Health Improvement Plan

There are five Community Health Improvement core strategies that support program development:

- Leverage community benefit investments toward the greatest area of impact to achieve our mission (*alignment with CHNA and vulnerable populations*).
- Utilize intervention strategies that are evidence-based and work to answer the sustainability question during program build.
- Encourage innovation pilots that can address “dual” or disparate health needs.
- Expand collective impact opportunities by engaging multi-sector partnerships.
- Improve community engagement by highlighting community impact stories, increasing digital-based communication, and attention to diversity and inclusion initiatives.



In addition, whenever possible we want to align measurement objectives with other community improvement efforts locally, regionally, and nationally.







Priority: Unintentional Injuries

Vision: To decrease hospitalizations from unintentional injuries within the GSMC primary service area by 3% by 2030.

Goal 1: Increase knowledge of injury prevention.

Goal 2: Provide screenings to prevent injuries and distribute safety equipment.

Current State	Action / Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p> <p>In 2017, falls were the second most common Emergency Department primary diagnosis at GSMC.</p> <p>Unintentional Injury death rates (age-adjusted per 100,000) and ranking among the top ten causes of death (2017) by county</p> <ul style="list-style-type: none"> Adams (4th): 53.8 Boulder (3rd): 46.5 Broomfield (4th): 37.5 Gilpin (3rd): 61.3 Jefferson (4th): 49.2 Weld (4th): 44.1 Colorado (3rd): 47.0 <p> Goal: 36.4</p> <p>Percent of adults ages 65+ reporting a fall in the past 12 months</p> <ul style="list-style-type: none"> Adams: 24.3% Boulder: 36.8% Jefferson: 25.0% Weld: 19.9% Colorado: 27.4% <p>Death rates (2017) from unintentional falls (age-adjusted per 100,000)</p> <ul style="list-style-type: none"> Adams: 22.4 Boulder: 20.1 Broomfield: 10.2 Jefferson: 21.1 Weld: 16.2 Colorado: 16.5 <p> Goal: 7.2</p> <p>Death rates (2017) from motor vehicle injuries (age-adjusted per 100,000)</p> <ul style="list-style-type: none"> Adams: 10.7 Boulder: 7.3 Broomfield: 7.5 Gilpin: 7.9 Jefferson: 8.2 Weld: 18.1 Colorado: 11.6 <p> Goal: 12.4</p>	<p>Goal 1: Increase knowledge of injury prevention.</p> <ol style="list-style-type: none"> Provide quarterly classes to the public called “Stop the Bleed”, a one-hour course on how to stop life-threatening bleeding. Provide a biannual evidence-based program for fall prevention for individuals who are 60 years of age starting in Qtr. 2 2019 (Program to be determined). Assist with “Walk with Ease”, a 6-week walking program (3 days a week for one hour) through the Arthritis Foundation. This program is proven to reduce the pain of arthritis and increase overall health. Provide annual “Fall Prevention” week activities to focus on fall prevention tips and risk assessments. Coordinate with a local team of professionals to provide free seminars on prevention, signs, symptoms, and treatment of concussions called “Concussion 101.” Offer the evidence-based “Think First” program. This program is an injury prevention program for youth and teens to prevent traumatic injury from vehicle crashes, violence, falls and sports by 3rd Qtr. 2020. Work with Boulder County Public Health and the Healthy Futures Coalition to determine ways to collaborate around 	<p><i>Community stakeholders who are essential to all improvement efforts</i></p> <p>AAA</p> <p>AARP</p> <p>American Occupational Therapy Association</p> <p>Arthritis Foundation</p> <p>Boulder Area Agency on Aging</p> <p>Boulder Community Hospital</p> <p>Boulder Public Health and the Healthy Futures Coalition</p> <p>Boulder Valley School’s Brain Injury Resource Team</p> <p>Community Centers (Louisville, Lafayette, Erie)</p> <p>CU Sports Medicine</p> <p>Drive Smart (CDOT)</p> <p>GSMC Foundation</p> <p>Flatirons Church</p> <p>Lafayette Police Department</p> <p>SCL Medical Group</p> <p>School Districts (Boulder Valley, St. Vrain)</p> <p>“Stop the Bleed” Committee on Trauma</p> <p>Senior Centers (Lafayette, Erie)</p> <p>Tri-County Health Department</p> <p>Local communities Boulder Broomfield Erie</p>	<p><i>Key measures of success and milestones</i></p> <p>Goal 1 outcomes:</p> <p>Decrease life-threatening hemorrhage as evidenced by a 5% increase in the number of participants successfully completing the “Stop the Bleed” class by Qtr. 4 2021.</p> <p>Increase annual participation in “Concussion 101” by youth athletes, parents and coaches by 100% by the end of 2019.</p> <p>Decrease the number of falls as evidenced by a 50% increase in the number of people participating in programs to reduce falls by Qtr. 4, 2021.</p> <p>Decrease childhood traumatic injuries as evidenced by an average score of 85% or greater on the post-test for participants following completion of the “Think First” program at the end of each class.</p>

<p>Non-fatal motor vehicle traffic hospitalizations (2015 age-adjusted per 100,000)</p> <ul style="list-style-type: none"> • Adams: 61.1 • Boulder: 39.2 • Broomfield: 26.9 • Jefferson: 43.9 • Weld: 63.2 • Colorado: 51.4 <p>Chief Unintentional Injury Concerns:</p> <ul style="list-style-type: none"> • Lack of Knowledge • Attentiveness • Age • Safety measures • Gender 	<p>injury prevention by Qtr. 2 2020.</p> <p>Goal 2: Provide screenings to prevent injuries and distribute safety equipment.</p> <ol style="list-style-type: none"> 1. Provide a helmet fit and distribute bicycle helmets to reduce injuries from bicycle accidents. 2. Provide the Fatal Vision, Alcohol Impairment Simulation Goggles at one festival per year to demonstrate impairment from the use of alcohol. 3. Kids' First car seat check program. Infant car seats are checked for proper installation and new car seats are distributed if a family does not have one. 4. Operate the "Car-fit" Program biannually to offer older adults the opportunity to check how well their personal vehicles fit them. A trained person runs through a checklist with the driver. Education is provided by an Occupational Therapist on any adaptive equipment that is needed to make the driver safe. 	<p>Lafayette Louisville Westminster</p>	<p>Goal 2 outcomes:</p> <p>Decrease the number of childhood injuries as evidenced by the number of kids (≥ 200) who receive helmets and the percentage (100%) who demonstrate correct usage following each helmet giveaway event.</p> <p>Decrease the number of motor vehicle accidents due to alcohol use, as evidenced by the percentage of festival attendees who can acknowledge impairment and verbalize understanding of the dangers of drinking and driving after participating in the "Fatal Vision Alcohol Impairment Simulation" ($\geq 75\%$) at each festival.</p> <p>Decrease the number of childhood automobile injuries as evidenced by the increase ($\geq 5\%$ each year) in the number of car seats that are checked annually.</p> <p>Decrease the number of automobile injuries among seniors as evidenced by an increase in the number of participants in the "Car-fit" Program ($\geq 5\%$ each year).</p>
<p>Priority aligns with Healthy People 2020 – improvement guidelines </p> <p>Priority aligns with Social Determinants of Health (Health and Health Care) – <i>Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.</i> ~Centers for Disease Control (CDC)</p>			





Priority: Cardiovascular Disease (Heart Disease and Stroke)

Vision: By 2030, decrease mortality related to heart disease by 4% and mortality related to stroke to 34.8 deaths per 100,000 (Healthy People 2020 goal) within the GSMC primary service area.

Goal 1: Increase knowledge around cardiovascular disease in the community.

Goal 2: Provide support for caregivers and stroke survivors.


Goal 3: Improve workforce capacity and competence to provide the best care possible for cardiac event and stroke patients

Current State	Action / Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to all improvement efforts</i></p>	<p><i>Key measures of success and milestones</i></p>
<p>Heart Disease ranks as the second highest age-adjusted cause of death per 100,000 in the following counties (2017)</p> <ul style="list-style-type: none"> • Adams: 136.5 • Boulder: 115.2 • Broomfield: 118.1 • Gilpin: 132.0 • Jefferson: 132.5 • Weld: 131.1 • Colorado: 126.3 <p> Goal: 103.4</p> <p>Stroke death rates (age-adjusted per 100,000) and the ranking among the top ten causes of death (2017)</p> <ul style="list-style-type: none"> • Adams (5th): 40.2 • Boulder (4th): 35.2 • Broomfield (5th): 22.0 • Jefferson (6th): 35.0 • Weld (6th): 33.5 • Colorado (5th): 35.1 <p> Goal: 34.8</p> <p>Chief Cardiovascular concerns:</p> <ul style="list-style-type: none"> • Obesity • Aging populations • High Blood Pressure • High Cholesterol • Diabetes • Sedentary Lifestyles • Smoking 	<p>Goal 1: Increase knowledge around cardiovascular disease with the community.</p> <ol style="list-style-type: none"> 1. Provide annual “Wear Red” event <ol style="list-style-type: none"> i. Blood Pressure checks ii. CPR training iii. Provide education on signs and symptoms of a stroke iv. Heart-healthy meal demonstration v. “Ask an Expert” with a Cardiologist and Registered Dietitian 2. Provide a Nationally Accredited Cardiac Rehab Program, through the Cardiology Diagnostic and Treatment Services Department, for community members who have had a recent cardiac event and have a referral from a physician: <ol style="list-style-type: none"> i. Blood pressure checks ii. Diet counseling iii. Monitored group exercise iv. Medication v. Stress management vi. Exercise prescription vii. Risk factor evaluation and counseling 3. Provide stroke/chest pain education for at least two local festivals/fairs each year and at the American Heart Walk. 4. Provide cardiovascular screenings and education at the 9Health Fair in Erie: <ol style="list-style-type: none"> i. Blood pressure checks ii. Cardiac risk assessment 	<p>9Health Fair</p> <p>Arvada Fire Department</p> <p>Aspen Ridge Elementary School</p> <p>American Heart & Stroke Association</p> <p>Blue Sky Neurology</p> <p>Boulder Community Health</p> <p>Boulder Neurosurgical and Spine Associates</p> <p>Centura Health</p> <p>Frederick-Firestone Fire Department</p> <p>GSMC Case Management staff</p> <p>GSMC Inpatient staff</p> <p>HCA Healthcare</p> <p>Lafayette Fire Department</p> <p>Local community festivals:</p> <p>Erie</p> <p>Lafayette</p> <p>Louisville</p> <p>Broomfield</p> <p>Westminster</p> <p>Metro North Fire Department</p> <p>Mountain View Fire Department</p> <p>Regional Stroke and Cardiac Rehabilitation Facilities</p>	<p>Goal 1 outcomes:</p> <p>Increase the percentage of cardiac rehab patients meeting the 15% target improvement in max (METS).</p> <p>Decrease the risk of heart disease as evidenced by 100% of the participants answering the questions:</p> <ol style="list-style-type: none"> 1) What change will you make as a result of the class? 2) How does the information that was provided in this class help prevent heart disease and stroke?

Priority: Cardiovascular Disease (cont.)

	<p>iii. Low-cost blood tests for cholesterol and glucose</p> <p>5. Provide funding to the American Heart Association to support their efforts to improve heart health and reduce deaths related to cardiovascular disease and stroke.</p> <p>6. Provide free community seminar related to cardiovascular disease once annually.</p> <p>7. Offer a Diabetes Prevention class twice annually for community members who are at high risk for developing diabetes.</p> <p>Goal 2: Provide support for caregivers and stroke survivors.</p> <p>1. Organize and host an annual Stroke Camp to provide survivors and caregivers a chance to meet other stroke survivors/caregivers, attend educational seminars, participate in therapeutic activities, receive support, and relax.</p> <p>2. Host two stroke support groups and a Spontaneous Coronary Artery Dissection (SCAD) support group monthly to provide support for survivors and caregivers.</p> <p>3. Launch a new support group for all cardiac event patients in Q1 2020 to meet monthly.</p> <p>Goal 3: Improve workforce capacity and competence to provide the best care possible.</p> <p>1. Provide training and recertification classes for local EMS professionals.</p> <ul style="list-style-type: none"> i. CPR ii. PALS iii. ACLS <p>2. Organize and host EMS Summit for all area EMS providers with an emphasis on cardiovascular disease.</p> <p>3. Provide funding and quality improvement services to local EMS providers to support their efforts with emergency</p>	<p>Retreat and Refresh Stroke Camp</p> <p>Rocky Mountain Stroke Association</p> <p>SCL Health Heart & Vascular Institute</p> <p>Regional Stroke support groups: GSMC Stroke Support Group PVMC Stroke Support Group Rocky Mountain Stroke Assoc. Support Groups</p> <p>Thornton Fire Department</p> <p>Thornton Police Department</p> <p>United Stroke Alliance</p> <p>UC Health System</p> <p>Westminster Fire Department</p> <p>WOW! Children's Museum, Lafayette</p>	<p>Goal 2 outcomes:</p> <p>Decrease recurring cardiac events and strokes as evidenced by a 5% increase in the number of participants in the stroke and cardiac support groups.</p> <p>Reach ≥ 1,000 persons at two fairs and the American Heart Walk each year.</p> <p>Goal 3 outcomes:</p> <p>Increase attendance at the EMS Summit each year by 5%.</p> <p>Chest Pain Recertification in December 2020 Stroke Center Recertification in September 2020</p>
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Priority: Cardiovascular Disease (cont.)

	<p>response.</p> <ol style="list-style-type: none"> 4. Research and identify local organizations which would benefit from placement of an Automated External Defibrillator (AED). Provide one organization per year with one or more AEDs, along with CPR and AED training starting Q2 2020. 5. Educate internal staff and meet best practice standards for cardiovascular disease at GSMC. <ol style="list-style-type: none"> i. Participate in the Metro Denver Stroke Coordinator meeting, to include all health systems. ii. Participate in SCL Health specific Stroke and Chest Pain meetings. iii. Maintain Primary Stroke Center certification. iv. Maintain Chest Pain Certification. 		
<p>Priority aligns with Healthy People 2020 – improvement guidelines </p> <p>Priority aligns with Social Determinants of Health (Health and Health Care) – <i>Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. ~CDC</i></p>			

Other Significant Needs Not Prioritized

Each of the health needs identified in the CHNA is important and numerous partners throughout the community are addressing these needs through various innovative programs and initiatives. Some examples of these are found in Appendix A. GSMC will not directly address access to health care, mental health, substance abuse, overweight and obesity, cancer or lung disease. The GSMC CHIP will only address cardiovascular disease and unintentional injuries in order to maximize resources, expertise, and time to achieve a successful impact. We will continue to look for community partners with which to collaborate in order work on issues not addressed in this CHIP.

Areas of Opportunity

Mental health and substance abuse	Aurora Strong Resilience Center, Boulder Community Health, Boulder County Task Force on Mental Health, Colorado Syringe Exchange, Communities that Care Coalition, Community Reach Center, Healthy Futures Coalitions, Interfaith Network on Mental Illness (INMI), Latino Task Force Boulder County, Let's Talk Colorado, Mental Health Partners, Responsibility Grows Here, Rise Above Colorado, Senior Reach, Signal Behavioral Health, Speak Now Colorado, Substance Abuse and Mental Health Services Administration, Suicide Prevention Coalition of Colorado, Take Meds Seriously, Thrive Center
Overweight and obesity	5-2-1-0 Numbers to Live By!, Fit Family Challenge, Great Outdoors Colorado, Healthy Eating Active Living (HEAL), Heart Smart Kids, Lafayette Recreation Center, Lafayette Youth Advisory Healthy Eating, Live Well Colorado, My Outdoor Colorado, SNAP, Tri-County Health, Women Infant and Children Food and Nutrition Service (WIC)
Access to care	211, Access-a-ride RTD, Adams County Health Alliance, Adams County Health Department, Adams County Housing Authority, Adams County Police Crisis Intervention Program, Association for Community Living (ACL Boulder), Avista Boulder Medical Center, Boulder Community Health, Boulder Respite Services, Boulder Senior Services, Boulder Valley Women's Health Center, Broomfield County Public Health, Clinica Family Health, Colorado Community Health Alliance, Community Development Block Grant (CDBG), Early and Periodic Screenings, Diagnostic and Treatment (EPSDT), Early Childhood Partnership of Adams County (ECPAC), Emergency family assistance, Family Resource Center (FRC), Foothills United Way, Healthy Kids Colorado, Kids First Health Care, Lafayette Recreation Center, Let's Talk Colorado, Mental Health Partners, Mental Health Pod at Adams County Detention Facility, Partners for a Clean Environment (PACE), Public Health Improvement Process (PHIP), Regional Accountable Entity Governing Counsel (RAE), Saint Anthony North, Centura Health, Salud Family Health Services, Sister Carmen Community Center, SNAP Food Assistance, Tri-County Health Department, TRU Community Care, Via Mobility, Volunteer Respite & Companion Volunteer Program, Women Infant and Children Food and Nutrition Service (WIC)
Cancer	American Cancer Society, Anschutz Health and Wellness Center at University of Colorado, Area Agency on Aging, Denver Regional

	Council of Governments, Avista Adventist Hospital, Centura Health, Boulder Community Health Cancer Center, Clinica Family Health, Colorado Cancer Foundation, Foothills United Way, Salud Family Services, Susan G. Komen, Women’s Wellness Connection Department of Public Health
Lung disease	National Jewish Health, Tri-County Health Department Radon Education
Heart disease	American Heart Association Metro Denver Chapter, American Stroke Association, B Healthy Broomfield, Boulder Community Health, CDC Tobacco Control Program, Clinica Family Health, Healthy Eating and Active Living (HEAL), Healthy Learning Paths, Lafayette Recreation Center, Million Hearts Campaign, Salud Family Services, Strike out Stroke, Tri-County Healthy Beverages, Worksite Wellness
Unintentional injuries	Boulder Community Health Urgent Care, Denver Regional Council of Governments, Lafayette Recreation Center, Matter of Balance, Silver Sneakers

Continuing the Work

The CHIP provides community health improvement direction for Good Samaritan Medical Center (GSMC), its partners, community organizations and residents of Boulder, Broomfield, Adams, Gilpin, Weld, and Jefferson counties. The progress of our work will be evaluated on an on-going basis. Strategies and actions that do not yield the intended outcomes will be revised.

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Community Partners

Sincere thanks and appreciation for our community partners in this process:

Avista Hospital
 Boulder County Housing and Human Services
 Boulder County Public Health
 Broomfield FISH
 Broomfield Public Health and Environment
 Cancer Centers of Colorado
 Clinica Family Health Centers

Community Reach Center
 Foothills United Way
 Lafayette Recreation Center
 Mental Health Partners
 Sister Carmen Community Center
 Tru Community
 Via Mobility Services