



**Community Health Needs Assessment  
2018**

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## Executive Summary

Lutheran Medical Center (LMC) is a community-based, acute care hospital in Wheat Ridge, Colorado. Lutheran Medical Center is a member of the Sisters of Charity of Leavenworth (SCL) Health System, Inc., a faith-based, nonprofit health care organization that operates eight hospitals in three states – Colorado, Kansas and Montana.

### **Collaborative Process**

LMC has undertaken a Community Health Needs Assessment in partnership with Jefferson County Public Health and St. Anthony Hospital – Centura Health. A community-based Steering Committee was formed to guide the CHNA process.

The Jefferson County community assessment can be accessed at: [CHNA](#).

### **Description of Service Area**

Lutheran Medical Center is located at 8300 West 38<sup>th</sup> Avenue, Wheat Ridge, Colorado 80033. LMC serves the entire Denver Metro area and for purposes of this CHNA, LMC's primary service area is defined as Jefferson County. Jefferson County includes both urban and rural areas, including seven cities, five towns, 14 census-designated places and six unincorporated areas.

### **Data Collection Methodology**

Existing data sources available in Jefferson County and from other sources across Colorado, including state agencies and nonprofits were used in the development of this assessment.

Lutheran Medical Center also collected data directly from the community. Students from the Colorado School of Public Health, in partnership with Jefferson County Public Health, facilitated focus group discussions that were conducted at key geographic points in the county to ensure equal representation of the county's diverse communities, and to include both mountain and urban/suburban populations. 52 participants engaged in seven focus groups. The focus group discussions included two Spanish language groups. Additionally, The Jefferson County Communities That Care team worked with youth researchers from four Jefferson County high schools to conduct research on their peers' perceptions of youth substance misuse, violence and hopelessness/anxiety. Communities That Care staff led two focus groups with the youth researchers, and the youth researchers planned and led six focus groups that each included at least six other students from their schools.

In addition, key informant interviews were facilitated with community leaders and stakeholders in organizations with special knowledge of community health concerns, especially those affecting our most vulnerable residents including, elders, people of color, LGBTQ groups, individuals living with disabilities and low-socioeconomic and geographically distinct populations. Informants were selected from groups that included health service providers, nonprofits and other organizations in Jefferson County that serve these diverse populations. In total, 30 key informant interviews were completed.

## **Community Feedback**

Preliminary Community Health Needs Assessment data were posted on the Jefferson County Public Health website to encourage the public to review the data, make comments and vote on top community priorities. The comments received were used to strengthen the Community Health Needs Assessment.

## **Priority Health Needs**

Significant community health needs were identified through the data collection process. Using a two-part process that engaged the community, the significant needs were prioritized based on the impact of the need, existing health disparities, available leadership to address the need and availability of resources. Based on the prioritization process, the priority needs were identified:

1. Access to care – mental health and substance use treatment
2. Food insecurity
3. Alcohol and drug use
4. Access to care – cost
5. Housing
6. Community connections
7. Family and social support
8. Transportation
9. Healthy eating and breastfeeding
10. Active living

## **Needs Lutheran Medical Center Will Address**

Through a commitment of resources, Lutheran Medical Center will address:

- Access to care – mental health and substance use treatment
- Food insecurity
- Alcohol and substance misuse
- Housing

The plans to address these priority needs will be detailed in the Lutheran Medical Center Community Health Improvement Plan.

December 1, 2018

Dear Community Member,

Thank you for your interest in the health status of our community! Since 1905, Lutheran Medical Center has been committed to improving the health of the people and communities we serve.

This Community Health Needs Assessment represents something new for Jefferson County. Lutheran Medical Center, Saint Anthony Hospital, and the Jefferson County Public Health Department combined efforts, partnering to assess the health needs of the community. The result of this tandem effort will be better coordination of energy to address the priority health needs identified in the process.

Beginning in January 2019, we will use all that we learned throughout the assessment process to develop our Community Health Implementation Plan, which will guide our process for the next three years.

We are inspired by this collaboration and look forward to working alongside our partners to elevate health in Jefferson County.

Sincerely,



Grant Wicklund  
President & CEO  
Lutheran Medical Center

## ***Project Oversight***

The Community Health Needs Assessment process was overseen by:

Chuck Ault  
Regional Director, Community Health Improvement  
Lutheran Medical Center and Saint Joseph Hospital

### *Collaborators*

Jefferson County Public Health Department  
Saint Anthony Hospital – Centura Health

### *Consultant*

Biel Consulting, Inc., led by Dr. Melissa Biel, completed the Community Health Needs Assessment report. She was assisted by Sevanne Sarkis, JD, MHA, MEd. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. [www.bielconsulting.org](http://www.bielconsulting.org)

### **This report is publically available at the following locations:**

<https://www.sclhealth.org/locations/lutheran-medical-center/about/community-benefit/>

Lutheran Medical Center  
Information Desk  
8300 W. 38<sup>th</sup> Avenue  
Wheat Ridge, CO 800033

\*\*Board approval for the 2018 LMC CHNA was on December XX, 2018



## Introduction

### Background and Purpose

Lutheran Medical Center (LMC) is a community-based, acute care hospital in Wheat Ridge, Colorado. The Medical Center began in 1905 as the Evangelical Lutheran Sanitarium, a tent colony for tuberculosis patients. By 1961, the sanitarium evolved into a community hospital. Today, Lutheran Medical Center is a member of the Sisters of Charity of Leavenworth (SCL) Health System, Inc., a faith-based, nonprofit health care organization that operates eight hospitals in three states – Colorado, Kansas and Montana. The Medical Center offers a five-star birthing center, Heart and Neurovascular Center, robotic surgery, Primary Stroke Center, Comprehensive Cancer Center, Orthopedics, a Level III Trauma Center, and emergency services, including the first Senior Emergency Department in Colorado.

The passage of the Patient Protection and Affordable Care Act (ACA) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years, and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A Community Health Needs Assessment identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. The community assessment can be accessed at: [CHNA](#).

### Collaborative Process

LMC has undertaken a Community Health Needs Assessment in partnership with Jefferson County Public Health and St. Anthony Hospital – Centura Health. A community-based Steering Committee was formed to guide the CHNA process. The group included representatives of two or more populations that are at higher health risk or have poorer health outcomes, as well as representatives of a variety of community based groups and stakeholders. Additionally, the Steering Committee chose to create a Data sub-committee to provide review and analysis of data resources. The sub-group regularly reported findings to the larger Steering Committee. This group was comprised of representatives from the major health and medical providers in Jefferson County: Jefferson County Public Health, St. Anthony Hospital, Lutheran Medical Center, Metro Community Provider Network (Jefferson's Federally Qualified Health Centers), and Jefferson Center for Mental Health. See Attachment 1 for a list of the Steering Committee members and Data sub-committee members.

### Community Health Needs Assessment Model

The Robert Wood Johnson Foundation, County Health Rankings Model was used as a basis for our data collection process. The model separates health factors from

outcomes, and groups factors by social determinants of health. The data model is focused largely on health factors and determinants, rather than health outcomes. This model helps highlight the need to understand and identify the contributing causes of health outcomes as areas for improvement, rather than targeting the outcomes for improvement. Using this model allows organizations to leverage the resources, including rankings and evidence-based strategies, available through the County Health Rankings website ([www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)). This model was adapted based on feedback from Steering and Data Committee members and public comment. The final data model used in this process can be found in Attachment 2.

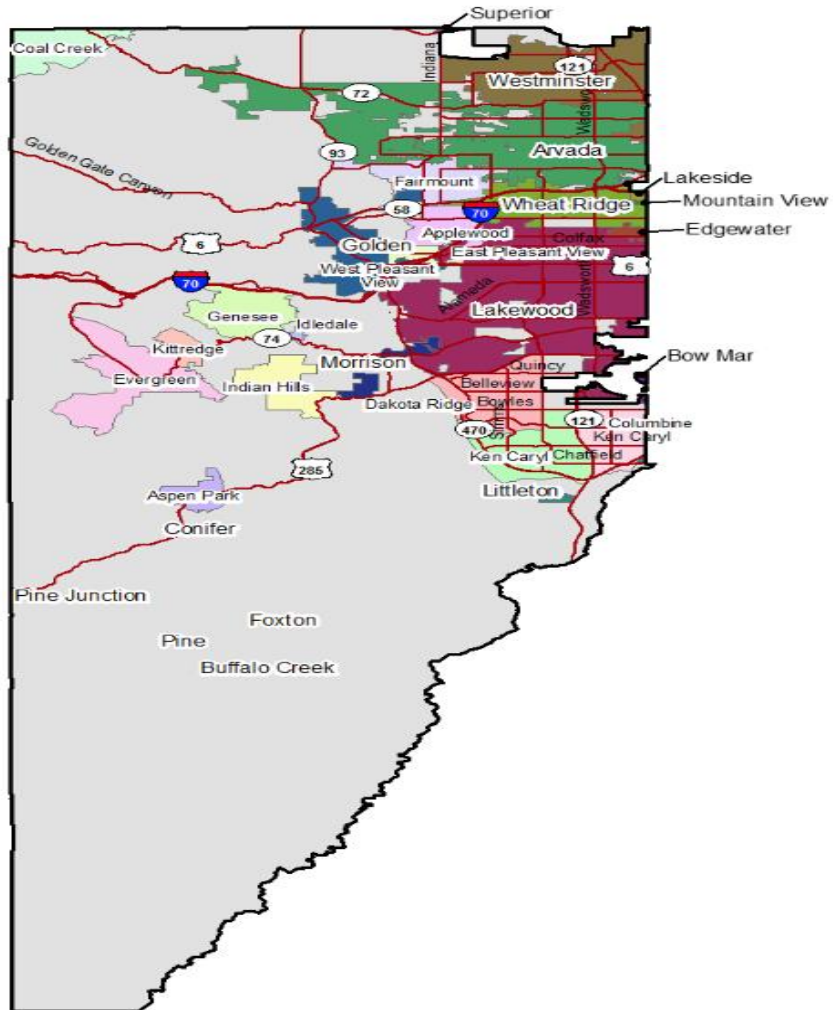
**Description of Service Area**

Lutheran Medical Center is located at 8300 West 38<sup>th</sup> Avenue, Wheat Ridge, Colorado 80033. While LMC serves the entire Denver Metro area, for purposes of this CHNA, LMC’s primary service area is defined as Jefferson County. Jefferson County is located just west of Denver, spans 773 square miles and houses approximately 572,000 residents. The county includes both urban and rural areas, including seven cities, five towns, 14 census-designated places and six unincorporated areas.

**Lutheran Medical Center Service Area: Jefferson County**

City	ZIP Code
Arvada	80002, 80003, 80004, 80005, 80007
Broomfield	80021
Buffalo Creek	80425
Conifer	80433
Denver	80215, 80226, 80227, 80228, 80232, 80235
Evergreen	80439
Golden	80401, 80403
Idledale	80453
Indian Hills	80454
Kittredge	80457
Littleton	80123, 80127, 80128
Morrison	80465
Pine	80470
Wheat Ridge	80033, 80034

## Lutheran Medical Center Service Area Map



Source: Jefferson County Community Health Needs Assessment, 2018

## Data Collection Methodology

### Existing Data

There are a multitude of secondary (existing) data sources available within Jefferson County and from other sources across Colorado, including state agencies and nonprofits. Many secondary data sources were used in the development of this assessment, and a comprehensive list of sources is provided here:

<https://insight.livestories.com/s/v2/methodology/76b4960e-debd-410e-a411-9f891d47148f//>

Using the most recent data available, findings from the assessment were compared and analyzed to develop a profile of community health, with a focus on health equity and identification of health disparities and inequities within populations.

The Data sub-committee reviewed secondary data from local, county, regional and internal sources. The data review covered population statistics, health statistics and community health trends based on health outcomes, as well as each of the 28 health factors within the data model. After review, the Data sub-committee offered recommendations on which key indicators should be included in this assessment.

### Adult Focus Groups

Students from the Colorado School of Public Health, in partnership with Jefferson County Public Health, facilitated focus group discussions that were conducted at key geographic points in the county to ensure equal representation of the county's diverse communities, and to include both mountain and urban/suburban populations. 52 participants engaged in seven focus groups. The focus group discussions were facilitated at locations in Arvada, Conifer, Edgewater, Indian Hills and Lakewood, and included two Spanish language groups. These communities were chosen to highlight geographic, ethnic, linguistic, and economic diversity.

Place	Number	Language
Arvada	5	English
Conifer	4	English
Edgewater	9	English
Indian Hills	11	English
Lakewood	6	English
Lakewood	9	Spanish
Lakewood	8	Spanish

Focus group recruitment was coordinated by Jefferson County Public Health. Flyers were posted throughout the communities in public places including grocery stores and libraries. In addition, the health department worked with local partners and coalitions to recruit participants from their organizations. Some of these partners included the Healthy JeffCo Network, the Communities that Care Coalition, Members of Tobacco

coalitions, and the Child Youth Leadership Commission. For the Conifer and Indian Hills focus groups, announcements were made on Facebook community pages (e.g., Indian Hills Improvement Association). The focus groups were planned and lead between October 25 and November 10, 2017. The discussions were used to gain unique insights into Jefferson County's health challenges from the perspective of residents.

### **Youth Focus Groups**

The Jefferson County Communities That Care team hired 21 youth researchers from four Jefferson County high schools to conduct research on their peers' perceptions of youth substance misuse, violence and hopelessness/anxiety. Communities That Care staff led two focus groups with the youth researchers, and the youth researchers planned and led six focus groups that each included at least six other students from their schools.

### **Key Informant Interviews**

Key informant interviews were facilitated with community leaders and stakeholders in organizations with special knowledge of community health concerns, especially those affecting our most vulnerable residents. These discussions were aimed at providing deep insights into the health issues impacting our community, particularly with an emphasis on identifying health disparities or inequities affecting the most vulnerable such as elders, people of color, LGBTQ groups, individuals living with disabilities and low-socioeconomic and geographically distinct populations. In total, 30 key informant interviews were completed. The interviewees are listed in Attachment 3.

Interview questions focused on the following topics:

- Health and quality of life in Jefferson County.
- Challenges and barriers relative to the identified health needs (i.e. what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?).
- Socioeconomic, behavioral, or environmental factors contributing to poor health and/or quality of life in the community.
- What are the venues that inform residents of health resources/programs?
- What makes a community healthy, safe and strong?
- Community assets and strengths.
- Additional comments and concerns.

### **Community Feedback**

In January 2018, all preliminary Community Health Needs Assessment data were posted on the Jefferson County Public Health website. The public had the opportunity to review the data on Google Slides and make comments directly on the data pages or leave comments and vote on top community priorities through a REDCap survey. This

opportunity to provide feedback was promoted on Jefferson County Public Health's website and social media pages and our partners shared with their networks as well. The comments received were used to strengthen the Community Health Needs Assessment data.

### **Asset Mapping**

Asset mapping is a participatory exercise where the community documents the tangible and intangible resources within a community to mobilize previously unrecognized, but existing, strengths and capabilities that can be harnessed to collectively improve our community's health. Asset mapping was conducted through an online survey directed to Jefferson County residents, with external partners, and with Jefferson County Public Health staff to determine the capacity of our community to affect positive changes on population health issues in terms of resources, staff and partnerships. The results of the asset mapping can be found in Attachment 4.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website. Public comment was solicited on the reports; however, to date no comments have been received.

### **Review of Progress**

In 2015, Lutheran Medical Center conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Medical Center's Implementation Strategy associated with the 2015 CHNA addressed access to health care, obesity, preventive care and behavioral health through a commitment of community benefit programs and resources. The impact of the actions that Lutheran Medical Center used to address these significant health needs can be found in Attachment 5.

## Prioritization of Significant Health Needs

Prioritization is a key first step in health improvement planning and offers a structured process for objectively ranking community health issues identified in the Community Health Needs Assessment. Significant health needs were identified as the 28 factors from the data model (Attachment 2). These factors are listed in the table below.

Health Behaviors	Social and Economic	Physical Environment	Health Care
Healthy eating and breastfeeding	Education	Housing	Access to care-cost
Active living	Income	Recreation access	Access to care-barriers to care
Safety behaviors	Employment	Food safety	Access to care-Insurance
Healthy sexual behaviors	Food Insecurity	Air quality	Access to mental health and substance use treatment
Vaping and tobacco	Community connections	Water quality	Access to care-provider availability
Sleep	Family and social support	Climate Change	Quality of Care
Alcohol and Substance Use	Crime and violence	Transportation	Screening

Planning for health factor prioritization began in December 2017 to select the health factors for the health improvement efforts in the 2019-2021 planning cycle. The Data Advisory Committee reviewed prioritization tools recommended by the Colorado Health Assessment and Planning System and National Association of City and County Health Officials. The Data Advisory Committee considered the best method to employ based on factors such as time investment needed by the community, complexity/feasibility, objective vs. subjective processes, and criteria for evaluating data for each individual health factor in the data model. Four options were considered and a hybrid approach combining two rounds of prioritization was selected. Prioritization used a multi-voting technique in the first round and a prioritization matrix in the second.

### First Round of Prioritization

In January 2018, the joint Steering Committee meeting, comprised of approximately 140 community members representing 40 organizations, met to conduct the first round of prioritization. At this meeting, the committee reviewed quantitative and qualitative data collected for each of the 28 health factors in the data model. A data presentation described each of the health factors and the committee members were asked to engage in a dot voting and asset mapping exercise. This process narrowed the list of 28 health factors to 10 and identified community resources that are potentially available to address them (see Attachment 4). Concurrently, a community survey was posted on the Jefferson County Public Health website providing the public an opportunity to review the



same data presented to the committee and vote on the top community health priorities. The joint planning team reviewed this feedback and a list of 10 health factors was prioritized for further consideration in a second round.

1. Healthy eating and breastfeeding
2. Active living
3. Alcohol and substance use
4. Food insecurity
5. Family and social support
6. Community connections
7. Housing
8. Transportation
9. Access to care – cost
10. Access to care – mental health and substance use treatment

### **Second Round of Prioritization**

The Steering Committee met at a follow-up meeting in May 2018 where they engaged in a second round of prioritization to select the final community health priorities for the 2019-2022 Community Health Improvement Plan. This phase was completed using a modified CHAPS prioritization matrix. This prioritization rating matrix used a scale of 1 to 3, where 1=no, 2=somewhat and 3=yes for each of these questions:

- Does the factor impact a large number/high percentage of people in our community?
- Do health disparities exist?
- Is a local organization prepared to take the lead on the issue?
- Are sufficient resources available or obtainable?

The ranking scale was applied to these questions for each of the ten health needs identified in the first round of prioritization. Final scores were aggregated by the joint planning team epidemiologist, and weighted based on the significance of each column of health factors as determined by the criteria set at a joint planning committee meeting held on February 14, 2018. Weighting criteria is critical for assigning degrees of importance to specific criterion when evaluating indicators/health factors. Based on these results, the priority health needs were identified:

11. Access to care – mental health and substance use treatment
12. Food insecurity
13. Alcohol and drug use
14. Access to care – cost
15. Housing
16. Community connections
17. Family and social support
18. Transportation
19. Healthy eating and breastfeeding
20. Active living



## Selected Areas of Focus

After analysis of available data, stakeholder prioritization, community input and considering the hospital's ability to impact, the following four significant health needs are the focus of the Lutheran Medical Center Community Health Improvement Plan:

- Access to care – mental health and substance use treatment
- Food insecurity
- Alcohol and substance misuse
- Housing

## Community Description

### Population

In 2016, the population in Jefferson County was 571,837. The population in Jefferson County was 50.3% female, and 49.7% male.

In Jefferson County, the median age was 40.5 compared to 36.5 in Colorado. 20.6% of the population was under the age of 18, 64.2% of the population was 18-64 years old and 15.2% were ages 65 and over. Jefferson County has a higher percentage of older adults than found in the state.

### Population by Age

	Jefferson County	Colorado
Age under 18	20.6%	23.0%
Age 18-24	8.2%	9.7%
Age 25-44	26.9%	28.6%
Age 45-64	29.1%	25.7%
Age 65+	15.2%	13.0%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Race and Ethnicity

The county population was predominately Non-Hispanic White (78.5%) compared to 70.1% for the state. In Jefferson County, 15.3% of the population was Hispanic, 2.8% were Asian, 2.3% were non-Hispanic other and 1.1% were black or African American.

## Race/Ethnicity

	Jefferson County	Colorado
Non-Hispanic White	78.5%	70.1%
Hispanic, all races	15.3%	20.7%
Asian	2.8%	2.7%
Non-Hispanic other	2.3%	2.7%
Black/African American	1.1%	3.8%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Language

In Jefferson County, 89.6% of the population speaks only English, compared to 83.1% for the state and 6.1% speak Spanish, compared to 11.8% for the state. Of the 10.4% in Jefferson County who speak another language, 30.1% of those speak English “less than very well.”

## Language Spoken at Home, Population 5 Years and Older

	Jefferson County	Colorado
Speaks only English	89.6%	83.1%
Speaks Spanish	6.1%	11.8%
Speaks German	0.6%	0.5%
Speaks Vietnamese	0.5%	0.4%
Speaks Russian	0.4%	0.3%
Speaks Chinese	0.4%	0.5%
Speaks another language	2.4%	3.4%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## English Learners

The percentage of students who were English learners in area schools was 7.8% in Jefferson County which was lower than the state rate of English learners in schools (14%).

## English Learners

	Percent
Jefferson County	7.8%
<b>Colorado</b>	<b>14.0%</b>

Source: Colorado Department of Education, 2017-2018 school view <http://www.cde.state.co.us/cdereval/pupilcurrent>

## Social Determinants of Health

Healthy People 2020 defines social determinants of health as “conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>1</sup> Social Determinants of Health typically include five broad focus areas: economic stability, education, social and community context, health and health care, and neighborhood and built environment.

### Poverty

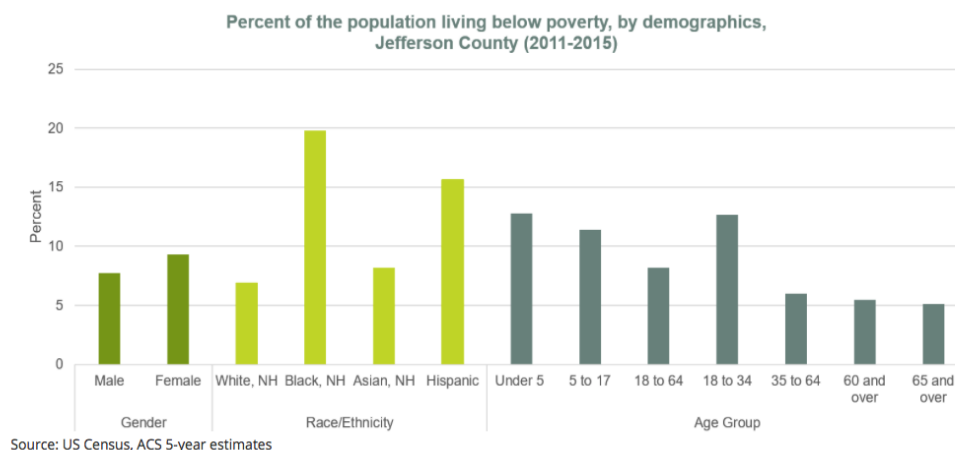
Poverty thresholds are used for calculating official poverty population statistics and are updated each year by the Census Bureau. In Jefferson County, 6.7% of the population was living below the federal poverty level (FPL).

#### Ratio of Income to Poverty, Total Population

	Percent
Jefferson County	6.7%
<b>Colorado</b>	<b>11.0%</b>

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

The percent of the population living below poverty in Jefferson County has remained fairly stable over time. However, females, Blacks, Hispanics, and those 18 to 34 years of age have higher rates of poverty.



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Unemployment

Within Jefferson County, the 2017 unemployment rate was 2.6%, which was lower than Colorado, at 2.8%.

<sup>1</sup> <https://www.cdc.gov/socialdeterminants/faqs/index.htm>

## Unemployment Rate for Population, 16 years and Older

	Unemployment Rate
Jefferson County	2.6%
<b>Colorado</b>	<b>2.8%</b>

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Free and Reduced Price Meals

The number of students eligible for the free and reduced price meals program is one indicator of the socioeconomic status of a school district's student population. The percent of pre-kindergarten to high school students in Jefferson County eligible for the Free and Reduced Price Meal (FRPM) program was 31.3%, which was a lower percentage of FRPM-eligible children than in the state (41.7%).

## Eligibility for Free and Reduced Price Meals (FRPM) Program by County

	Percent of Eligible Students
Jefferson County	31.3%
<b>Colorado</b>	<b>41.7%</b>

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Food Insecurity

When someone suffers from food insecurity, it means they experience inconsistent access to adequate food, due to a lack of money and/or other resources at times during the year. This includes the limited or uncertain availability of nutritionally-adequate and safe foods, including involuntarily cutting back on meals or food portions, or not knowing the source of the next meal. In 2017, 10.7% of the population in Jefferson County was food insecure.

## Food Insecure, Total Population

	Percent
Jefferson County	10.7%
<b>Colorado</b>	<b>12.2%</b>

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Educational Attainment

Jefferson County adults (25 years and older) tend to be more educated compared to Colorado. In the service area, 94.4% of those 25 and older have a high school degree or equivalent, and 43.2% hold a bachelor's degree or higher degree.

## Educational Attainment of Adults 25 Years and Older

	Percent
Less than 9 <sup>th</sup> grade	1.8%
Some high school, no diploma	3.8%

	Percent
High school graduate	21.8%
Some college, no degree	21.4%
Associate degree	7.8%
Bachelor degree	27.5%
Graduate or professional degree	15.9%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

High school graduation rates are the percentage of high school graduates that graduated four years after starting ninth grade. In Jefferson County, the high school graduation rate was 82.8%, which is lower than the Healthy People 2020 objective for high school graduation (87%).

### High School Graduation Rates, 2015-2016

	Percent
Jefferson County	82.8%
<b>Colorado</b>	<b>79.0%</b>

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

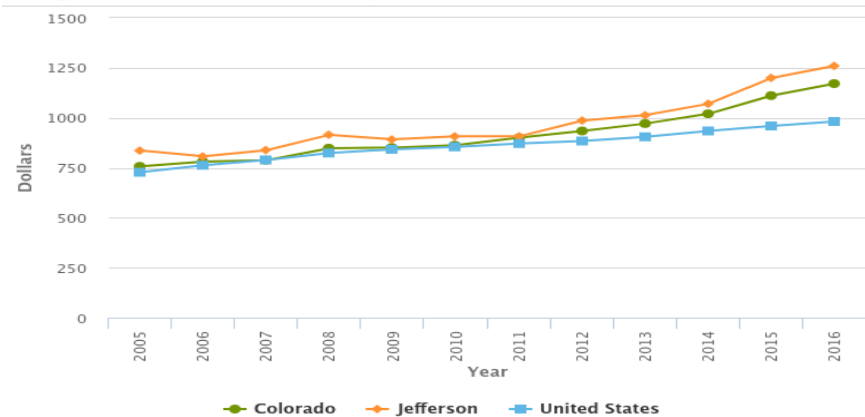
### Housing

In Colorado, affordable housing is a substantial issue. A Colorado Mesa University poll found that housing affordability was the biggest issue facing Coloradans, with housing taking on average 35 percent of a typical Colorado family’s spending — for households making \$50,000 or less a year. The costs of rent in Jefferson County and Colorado show a yearly increase over the past ten years.

Gross rent, of occupied housing units, Jefferson County, Colorado, and United States (2005-2016)

Source: US Census, ACS 1-year estimates

Change Filter: Dollar, Gross rent - occupied units



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

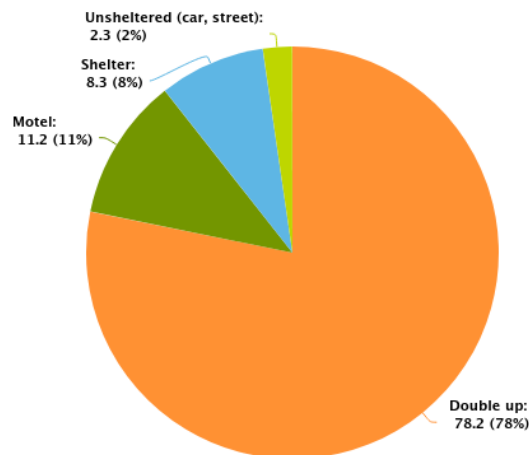
## Homelessness

The point-in-time (PIT) count is an annual survey of the number and characteristics of homeless persons at a single point in time. The 2017 survey identified 394 homeless individuals in Jefferson County. Of these, 61% were parents and their children. The majority of homeless persons were sheltered. However, through discussions with community partners, it was evident that this survey does not reach many of Jefferson's homeless population. The Title one division of Jefferson County Public Schools identified 2,733 children as homeless during the 2015-2016 school year. Of the estimated 2,733 children identified, 2.3% were unsheltered, 8.3% were living in shelters, 11.2% were living in motels and 78.2% were living "double up" meaning more than one family was living in a home.

Among homeless students, the percent of students by where they are living, Jefferson County (2015-2016)

Source: Title One, Jefferson County Public Schools

Change Filter: [Homelessness](#)



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Community Input – Social Determinates of Health

Stakeholder interviews and focus group participants identified most important socioeconomic, behavioral and environmental factors contributing to poor health in the community. Following are their comments summarized and edited for clarity:

- Food insecurity is a substantial, income-related concern. The high cost of healthy foods is a concern as well as the barriers to accessing healthy foods for children who are in the Free and Reduced Lunch Program when school isn't in session. Many areas lack grocery stores or other retailers offering nutritious foods.
- For the older adult population, the costs associated with healthy aging, aging in place, and the costs of care and support can be barriers for those on limited incomes.
- Health concerns related to the presence of asbestos and mold in low-income housing was expressed by many participants. Many noted that their children struggle

with asthma and that poor indoor air quality worsens their symptoms. Participants also mentioned that connecting low-income residents to financial assistance can help meet basic needs like housing.

- Housing affordability, attainability and stability was a recurring theme. Housing costs for both renters and owners have risen dramatically in recent years with an influx of new residents. These cost pressures create substantial stressors on the ability of low-income families and individuals to meet basic needs such as acquiring food, medicine, education, and health insurance.
- Programs such as Section 8 exist for affordable housing, but housing is often not attainable due to underfunding. In addition, waiting lists for such programs can be years long, which impacts vulnerable populations, such as older adults on fixed incomes.
- Families who were already struggling to make ends meet are now faced with even greater pressures with the rising costs of housing. As a result, families are being displaced outside of the county or have to reside in transient housing options like motels. Many of these families are near homelessness.
- Working class families need greater employment opportunities that provide jobs with sufficient and sustainable wages given the substantial cost of living in the community.
- The rising cost of living and obtaining affordable housing are particularly impacting families who earn less than \$50,000 a year. Many families are being displaced to more affordable parts of the region.
- Childcare is expensive and public transportation can be inefficient and unreliable.
- Transportation is a significant barrier for low-income families who lack access to private transportation or do not have driver licenses, and public transit can be too inefficient for getting to doctor's appointments on time.
- Elderly adults, particularly those in more isolated mountain communities, on fixed incomes, struggle to make ends meet.
- Schools have a major influence on the social determinates of health. Engaging both parents and students on the health issues affecting youth and their families is an effective strategy.
- The community needs more expansive vocational training programs. We need alternative pathways into jobs with sufficient and sustainable wages for youth other than attending college.
- The stress created by housing instability has had significant health impacts on the community such as worsening food insecurity, poor mental health and inability to make ends meet.

## Access to Health Care

### Health Insurance

Health insurance coverage is considered a key component to access health care. In the service area, 95.1% of the population was insured, which was higher than the state (93.3%).

### Health Insurance Coverage, Civilian Non-Institutionalized Population

	Percent
Jefferson County	95.1%
<b>Colorado</b>	<b>93.3%</b>

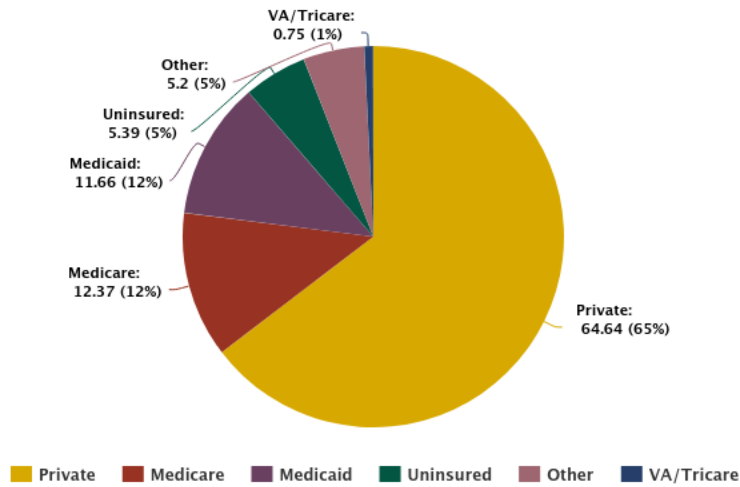
Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

In Jefferson County, 65% of residents were privately insured, 12% received Medicare, 12% received Medicaid, and less than 1% received VA/Tricare services.

Percent of the population, by type of insurance, Jefferson County (2016)

Source: U.S. Census, ACS 1-year estimate

Change Filter: [Type of Insurance, Jefferson](#)



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

The percentage of uninsured children under the age of 18 in Jefferson County was 2.6%, which is lower than the state at 4.0%.

### Uninsured Children, Under Age 18

	Percent
Jefferson County	2.6%
<b>Colorado</b>	<b>4.0%</b>

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)



14% of the population in Jefferson County had an unmet medical need because they were unable to schedule a medical appointment as soon as they thought one was needed.

### Unable to Get a Doctor's Appointment as Soon as Needed

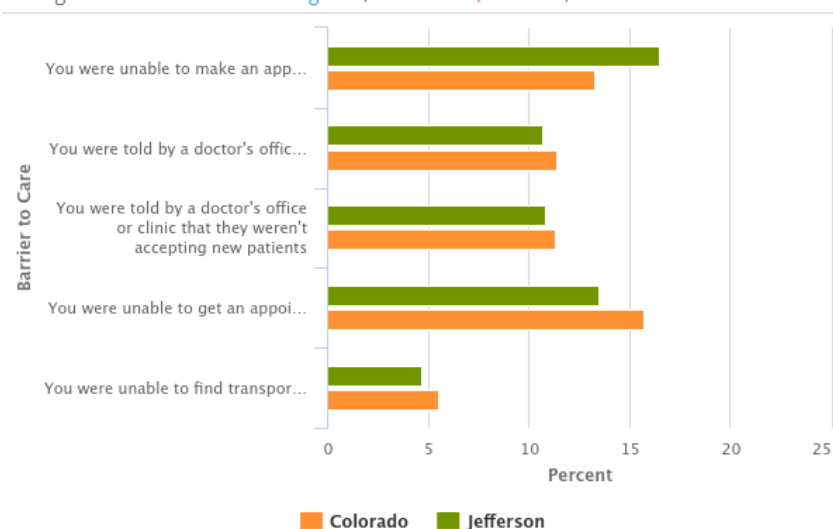
	Percent
Jefferson County	13.5%
<b>Colorado</b>	<b>15.7%</b>

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

Percent of the population with selected barriers to care in the past 12 months, Jefferson County and Colorado (2017)

Source: CHI CHAS

Change Filter: Barriers to receiving care, From: 2017, To: 2017, CHI CHAS



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

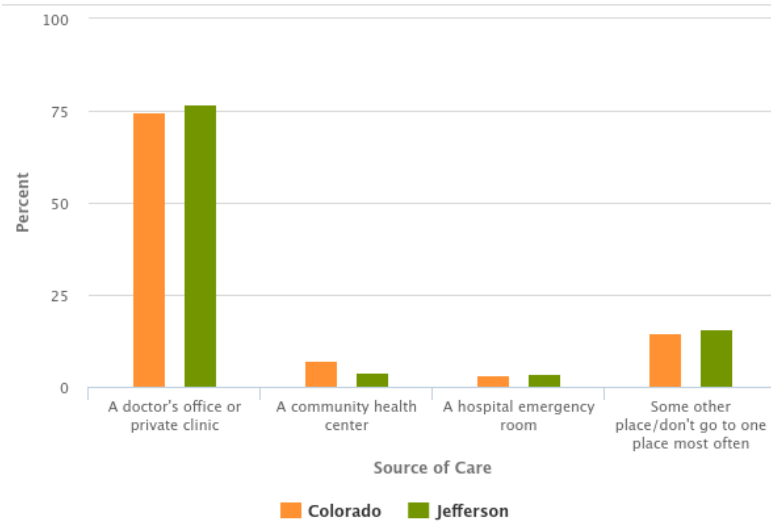
### Sources of Care

The Healthy People 2020 objective is that 83.9% of the population has a usual primary care provider. Jefferson County meets this objective as 84.2% do have residents do have a medical home or a place where they regularly seek medical care (15.8% of residents do not have a medical home). 76.8% of Jefferson County residents go to their doctor's office or a private clinic when they need medical care.

Usual source of health care, Jefferson County and Colorado (2017)

Source: CHI CHAS

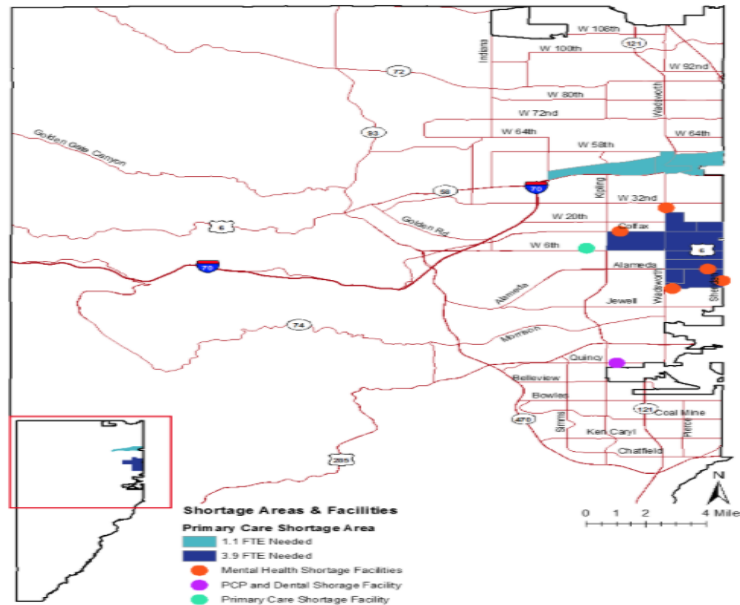
Change Filter: [Place where you would go if you were sick or needed a medical prof...](#)



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Health Professional Shortage Areas

Jefferson County has two regions that are designated as primary care provider shortage areas: Lakewood East Central and Arvada South. In Lakewood East Central, 25% of the underserved population is currently served by providers, leaving 11,607 individuals not receiving care. In Arvada South, 21% of the underserved population is currently served by providers, leaving 3,196 individuals not receiving care.



Source: HRSA Data Warehouse

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Dental Care

The ratio of the Jefferson County population to dentists was 72.5 per 100,000 persons, which was higher than the state at 68.1 per 100,000.

### Ratio of Oral Health Professionals, per 100,000 persons in 2017

	Jefferson County	Colorado
Dental hygienists	83.0	66.4
Dentists	72.5	68.1

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

An important contributor to good health is oral hygiene. The Healthy People 2020 objective is for 55.3% of the population to have dental insurance. At 74%, Jefferson County exceeded this rate of dental insurance. In 2017, 69.8% of Jefferson County adults visited a dentist in the past year.

### Access to Dental Care

	Jefferson County	Colorado
Has dental insurance	73.9%	70.3%
Visited a dentist or dental hygienist in the past 12 months	69.8%	66.4%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Health Screenings

Health screenings focus on preventive care and use tests, physical examinations or other procedures to detect disease early in people who may not show symptoms.

Among Jefferson County women, 40 and older, 64.6% obtained mammogram breast cancer screening, which exceeded the state rate for mammogram (62.8%). Pap smears are used for cervical cancer screening. 79% of Jefferson County women obtained a Pap smear in the past three years, which exceeded the state rate for Pap smears (76.8%). 81% of Jefferson County adults had cholesterol screening in the past five years, which exceeded the state rate for cholesterol screening (76.2%).

### Health Screenings, Adults

	Jefferson County	Colorado
Diabetes A1c Test (18-75 years)	79.8%	75.4%
Breast Cancer (50-74 years)	62.5%	57.1%
Had clinical breast exam and mammogram in past 2 years	64.6%	62.8%
Had a Pap smear in past 3 years	79.0%	76.8%
Ever had a colonoscopy (50+ years)	33.3%	28.4%
Had a fecal occult blood test in past 2 years	18.1%	14.2%
Had blood cholesterol check in past 5 years	81.1%	76.2%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### **Community Input – Access to Care**

Stakeholder interviews provided insights on issues related to access to care. Following are their comments summarized and edited for clarity:

- There is a lack of care for after-hours and on weekends.
- Access is limited in the community for affordable medical and dental care.
- We need better culturally and linguistically competent care in Jefferson County. Health care resources, such as Spanish-language interpretation and translation services, need to be more readily and frequently available in both private and community settings.
- Many people struggle coping with the high costs of health and dental insurance and that, despite these high costs, only minimal services are covered.
- Many community members who need to travel long distances to seek treatment from specialists may substitute emergency care for specialists, or opt to forego needed care due to the heavy burden of cost and travel time.
- In mountain communities, there is a lack of providers and a lack of access to emergency care and services due to the isolated nature of the communities.
- There is a shortage of primary care providers accepting Medicaid and Medicare. In Evergreen, the urgent care clinics are serving as a proxy for primary care.

## Maternal Child Health

### Births

In 2016, Jefferson County had 6,033 births.

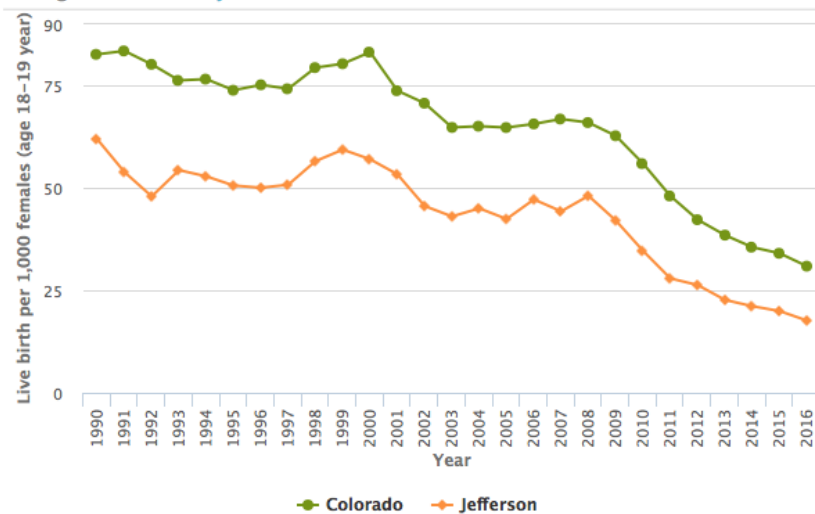
### Teen Births

The rate of teen births among 15-17 year olds in Jefferson County was 4.2 (per 1,000 females). This rate was lower than the state rate of 7.7 per 1,000 females. The rate of teen births among 18-19 year olds in Jefferson County was 17.6 (per 1,000 females). This rate was lower than the state rate of 30.9 per 1,000 females.

Birth rates among 18-19 year olds, Jefferson County and Colorado (1990-2016)

Source: CO Vital Statistics

Change Filter: 18 to 19 year olds, Teen birth rates



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. In Jefferson County, 7.9% of births were low-birth rate births (under 2,500 grams). The Healthy People 2020 objective is to reduce low birth weight births to 7.8% of live births.

### Low Birth Weight (Under 2,500 g)

	Percent
Jefferson County	7.9%
<b>Colorado</b>	<b>8.9%</b>

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2016

### Pre-Term Births

The pre-term birth rate (births occurring at less than 37 weeks), was 7.4% of live births. The Healthy People 2020 objective is 9.4% pre-term births per live births.

### Pre-Term Births, Less than 37 Weeks

	Percent
Jefferson County	7.4%
<b>Colorado</b>	<b>8.8%</b>

Source: Vital Statistics Program, Colorado Department of Public Health and Environment, 2016

### Breastfeeding

In Jefferson County, 81% of mothers were breastfeeding their children at 9 weeks. However, mothers with a lower education levels, with incomes below 25% of the federal poverty level (FPL), individuals who belong to a community of color, or who are younger than 25 years old are less likely to breastfeed their child at 9 weeks.

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Leading Causes of Death

### Leading Causes of Death

The top two causes of death in Jefferson County were heart disease and cancer. Accidents and Chronic Lower Respiratory Diseases ranked as the third and fourth highest causes of death. Alzheimer's disease was the fifth highest cause of death.

The table below ranks the top causes of death in Jefferson County compared to the ranks of those causes in Colorado and the United States, by age-adjusted mortality rate per 100,000 persons for each cause of death. Jefferson County has higher rates of death for Chronic Lower Respiratory Diseases, Alzheimer's disease, and Parkinson's disease than both Colorado and United States. Jefferson County has better rates of death attributed to cancer than Colorado or United States.

Jefferson County exceeded the Healthy People 2020 goals for heart disease, accidents stroke (cerebrovascular disease) and suicide death rates

### Top 10 Causes of Death, per 100,000 Persons in Jefferson County, 2016

Jefferson County Rank	Cause of death	Jefferson County	Colorado (RANK)*	US (RANK)**	Healthy People 2020 Goals
1	Heart Disease	133.1	127.4 (2)	165.5 (1)	161.4
2	Cancer	129.9	136.0 (1)	155.8 (2)	
3	Accidents	49.9	50.1 (3)	47.4 (3)	36.4
4	Chronic lower respiratory diseases	48.3	45.8 (4)	40.6 (4)	
5	Alzheimer's disease	38.0	34.0 (6)	30.3 (6)	
6	Cerebrovascular diseases	36.7	34.6 (5)	37.3 (5)	34.8
7	Suicide	17.7	20.3 (7)	13.5 (10)	10.2
8	Diabetes mellitus	11.0	16.1 (8)	21.0 (7)	
9	Parkinson's disease	9.9	8.9 (11)	8.0 (14)	
10	Influenza and pneumonia	9.8	9.5 (10)	13.5 (8)	
		<b>Better than both CO &amp; US</b>	<b>Better than CO or US, not both</b>	<b>Worse than both CO &amp; US</b>	

Source: Colorado Vital Records

\*CO Rank: 9=Chronic Liver Disease & Cirrhosis (12.3), 12=Kidney Disease (Nephritis) (8.8)

\*\*US Rank: 9=Kidney Disease (Nephritis) (13.1), 11=Septicemia (10.7), 12= Chronic Liver Disease (10.7), 13 = Hypertension (8.6)

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Health Behaviors

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county’s residents. Colorado evaluated 58 counties and ranked each county by health outcomes factors with 1 being the county with the best factors to 58 for the county with the poorest factors. Jefferson County ranked eighth among the ranked counties in Colorado.

### Health Outcomes Rankings

	County Rankings (out of 58)
Jefferson County	8

Source: County Health Rankings, 2017 <http://www.countyhealthrankings.org/app/Colorado>

### Overweight and Obesity

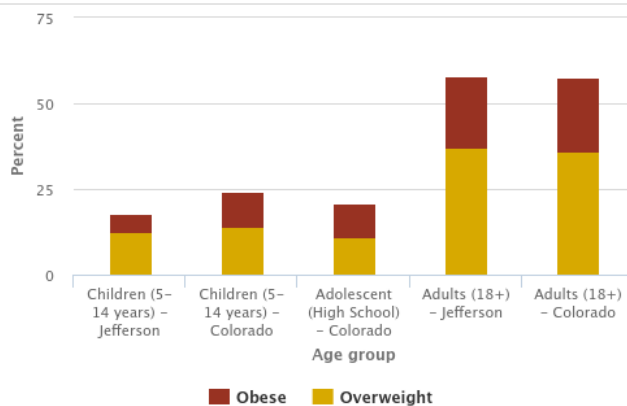
In Jefferson County, 37.2% of adults are overweight and 20.7% are obese. In Colorado, 36.1% of adults are overweight and 21.3% are obese. Among Jefferson County children, ages 5 to 14, 12.6% are overweight and 5.3% are obese.

Percent of the population that is overweight or obese, by age group, Jefferson County and Colorado (2014-2016)

Source:

Children - CO Child Health Survey (2014-2016), Adolescents - HKCS (2015), Adults - CO BRFSS (2014-2016)

Change Filter: [Weight Status](#)



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Consumption of Sugary Beverages

Among Jefferson County children, ages 1 to 14, 12.4% consumed a sugar sweetened beverage per day.

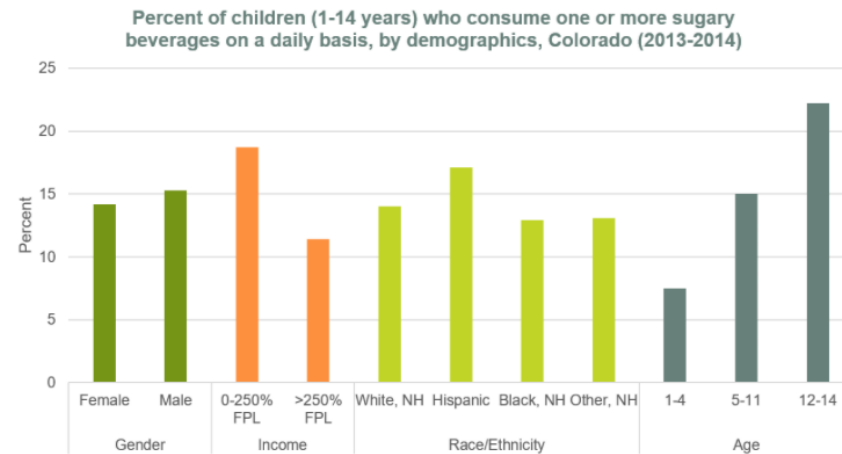
### Sugar Sweetened Beverages

	Jefferson County	Colorado
Child (1- 14 years) sugar sweetened beverage consumption per day	12.4%	14.8%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)



Children who were living below 250% of the federal poverty level (FPL) and Hispanic/Latino children were more likely to consume sugary drinks. As children age, their consumption of sugary drinks increased.

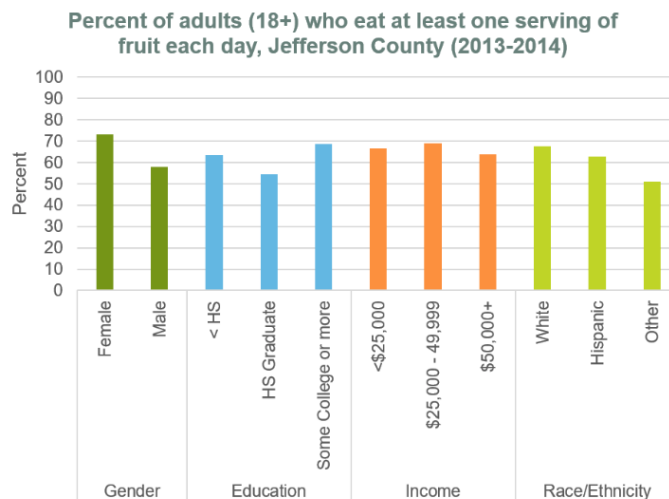


Source: CO Child Health Survey

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Consumption of Fruits

In Jefferson County, 34% of adults eat less than one serving of fruit each day. Males, those with less education, greater income, and individuals who belong to a community of color are less likely to eat at least one serving of fruit each day.

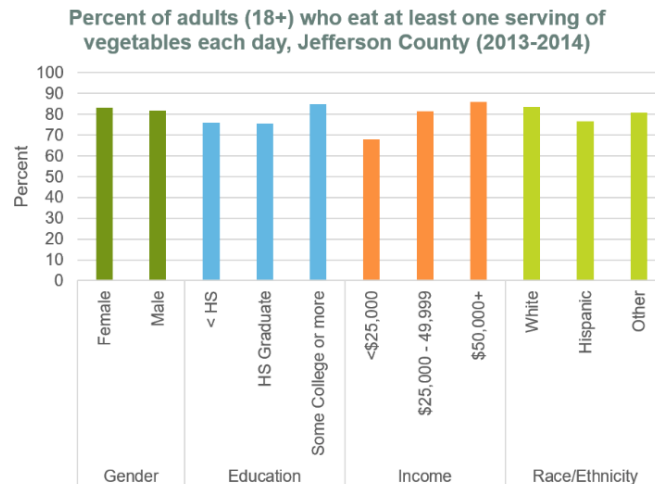


Source: Colorado BRFSS

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Consumption of Vegetables

In Jefferson County, 17% of adults eat less than one serving of vegetables each day. Males, those with less education, lower income and individuals who belong to a community of color are all less likely to eat at least one serving of vegetables each day.



Source: Colorado BRFSS

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Physical Activity

62.6% of adults in Jefferson County engaged in physical activity over 150 minutes in a given week. 57.1% of Jefferson County children spend two hours or less in front of TV, video or computer screens on weekdays. On a weekend day, 42.9% of children in the county spend more than two hours on screen time, which is lower than the state (47.9%).

### Physical Activity

	Jefferson County	Colorado
Adult physical activity 150+ minutes of moderate or +75 minutes of vigorous aerobic physical activity a week	62.6%	60.7%
Child screen time 2 hours or more on weekdays	15.7%	15.3%
Child screen time more than 2 hours per day on a weekend day	42.9%	47.9%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Community Input – Health Behaviors

Stakeholder interviews provided insights on issues related to health behaviors.

Following are their comments summarized and edited for clarity:

- The built environment is a barrier to recreation. The lack of bicycle and pedestrian paths in certain parts of the community impedes upon walkability and bike-ability. Poor street lighting is also a barrier to recreation. Also, there are few places where pedestrians can safely cross roads.
- Some roads are unsafe for bicyclists and pedestrians due to lack of adequate infrastructure such as connected sidewalks, bike lanes, and safe street crossings. In the mountain communities, it was noted that trucks crowd the road, making it especially perilous for bicyclists.

- There is a need for healthier school lunches. Children are introduced to unhealthy foods at school that they did not eat at home.
- For those who use the Supplemental Nutrition Assistance Program (SNAP) and food pantries, frozen, canned and processed foods available through these resources are often not very nutritious.
- The high cost of healthy foods is a barrier for those of lower incomes to eat nutritious foods.
- For some members of the community, it is difficult to find time to prepare healthy meals.
- Efforts targeting obesity and healthy eating are taking shape in the schools, but social and emotional support is an important component that needs additional attention as well.

## Chronic Diseases and Conditions

### Cancer Incidence

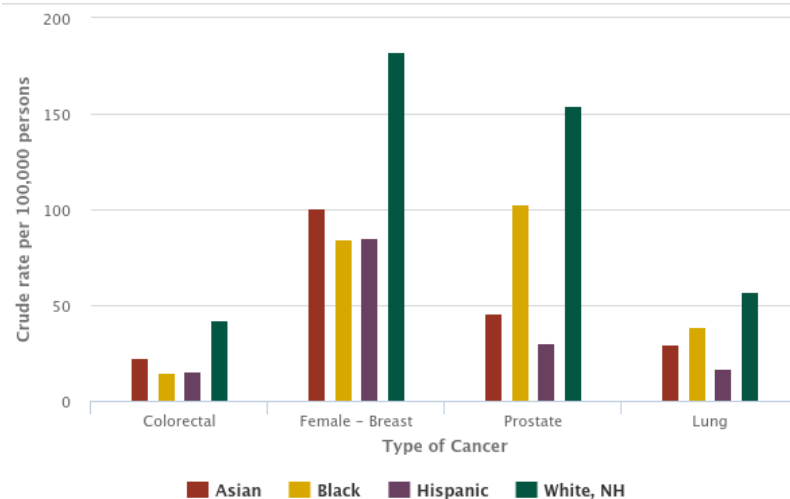
In Jefferson County, Non-Hispanic Whites have higher rates of colorectal, breast, prostate and lung cancers.

Source: Jefferson County Community Health Needs Assessment, 2018

Cancer incidence, leading types, by race/ethnicity, Jefferson County (2011-2015)

Source: CDPHE, Colorado Cancer Registry

Change Filter: [Jefferson, Cancer Incidence - by race](#)



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Diabetes

In Jefferson County, 5.6% of adults have been diagnosed with diabetes, which is a lower rate than found in the state (6.9%).

### High Blood Pressure/High Cholesterol

High blood pressure and high cholesterol are precursors to a number of chronic diseases including heart disease and strokes. 25.3% of adults in Jefferson County have been diagnosed with high blood pressure, compared to 25.9% in Colorado. 34.5% of adults in Jefferson County have high cholesterol, compared to 34.9% in Colorado.

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Sexually Transmitted Infections

The rate of many sexually transmitted infections is lower in Jefferson County compared to the state. The HIV incidence rate in Jefferson County was 4.4 per 100,000 persons compared to the state rate (6.9 per 100,000 persons). Chlamydia in Jefferson County occurred at a rate of 203.1 per 100,000 persons compared to the state rate of 461.7 per 100,000 persons. Gonorrhea in Jefferson County was 47.1 per 100,000 persons

compared to the state rate of 107.9 per 100,000 persons. Syphilis in Jefferson County was 1.4 per 100,000 persons compared to the state rate of 4.5 per 100,000 persons.

### Sexually Transmitted Infection, Rate per 100,000 Persons

	Jefferson County	Colorado
HIV incidence	4.4	6.9
Chlamydia	203.1	461.7
Gonorrhea	47.1	107.9
Primary and secondary syphilis	1.4	4.5

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

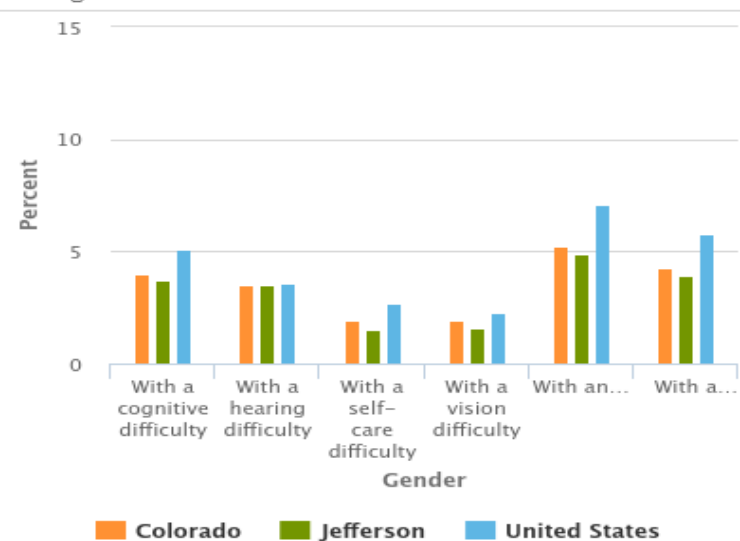
### Disabilities

In Jefferson County, 3.7% of the population has a cognitive difficulty, 3.5% have a hearing difficulty, 1.5% has a self-care difficulty, 1.6% has a vision difficulty, 4.9% has and ambulatory difficulty and 3.9% has an independent living difficulty. With the exception of a hearing disability, rates of disabilities in Jefferson County exceed those in the state.

Percent of the population with a disability, by type of disability, Jefferson County, Colorado, and United States (2015)

Source: US Census: ACS 1-year estimates

Change Filter: [Disabilities](#)



Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

## Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment).

### Depression and Anxiety

In Jefferson County, 18.5% of adults have been diagnosed with depression and 16.5% have been diagnosed with and anxiety disorder.

#### Adults Diagnosed with Depression or Anxiety, 2014-2016

	Jefferson County	Colorado
Adults diagnosed with depression	18.5%	18.3%
Adults diagnosed with anxiety disorder	16.5%	16.4%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Mental Health Providers

In Jefferson County, the ratio of social workers is 23.4 per 100,000 persons. The ratio of psychologists in Jefferson County is 38.9 per 100,000 persons.

#### Ratio of Mental Health Providers, per 100,000 Persons, 2017

	Jefferson County	Colorado
Licensed social workers	23.4	20.1
Marriage and family therapists	14.0	14.1
Psychiatric technician for the developmentally disabled	20.1	13.8
Psychiatric technician for the mentally ill	0.7	4.4
Psychologists	38.9	46.7
Registered Psychotherapists	71.1	77.7

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Mental Health Indicators

In Jefferson County, 36% of adults had one or more poor mental health days in the past month. 12.2% of the population experienced eight or more days of poor mental health.

#### Mental Health Indicators, Adults (18+)

	Jefferson County	Colorado
Zero days of poor mental health	64%	3.3%
1 to 7 days of poor mental health	23.8%	22.4%
8+ days of poor mental health	12.2%	13%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

75.8% of women in Jefferson County had a discussion with their doctors, during their prenatal care visits, about what to do if they became depressed during or after pregnancy, which is lower than the state rate (78.1%).

**Prenatal Care Discussions about Depression During or After Pregnancy**

	Jefferson County	Colorado
Women who had a discussion with their doctors, during prenatal care, about depression during or after pregnancy.	75.8%	78.1%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

**Community Input – Mental Health**

Stakeholder interviews provided insights on issues related to mental health. Following are their comments summarized and edited for clarity:

- Some individuals are coping not only with mental illness, but substance misuse, chronic diseases, food insecurity, poverty and homelessness.
- Medicaid reimbursement rates are too low for mental health and substance use treatment providers. This impacts their ability to provide extended services and capacity to the community.
- For youth, it is important to have adults, such as parents, teachers and guidance counselors, to turn to when they need to talk. This would help to relieve feelings of hopelessness and anxiety.
- Currently, the most severe cases are addressed most often. More attention needs to be paid to proactive treatment and prevention efforts that address the systems of mental illness before they worsen.
- There are concerns around the prevalence of mental health in the community and its interconnection to substance abuse. There is a need for information on where to access mental health and substance use treatment in urban and rural areas in Jefferson County. It is important to have services closer to home or through the schools for children.
- The community needs greater integration of behavioral health in primary care settings, coupled with efforts to reduce stigma of mental illness and increase awareness.

## Substance Abuse

### Cigarette Smoking

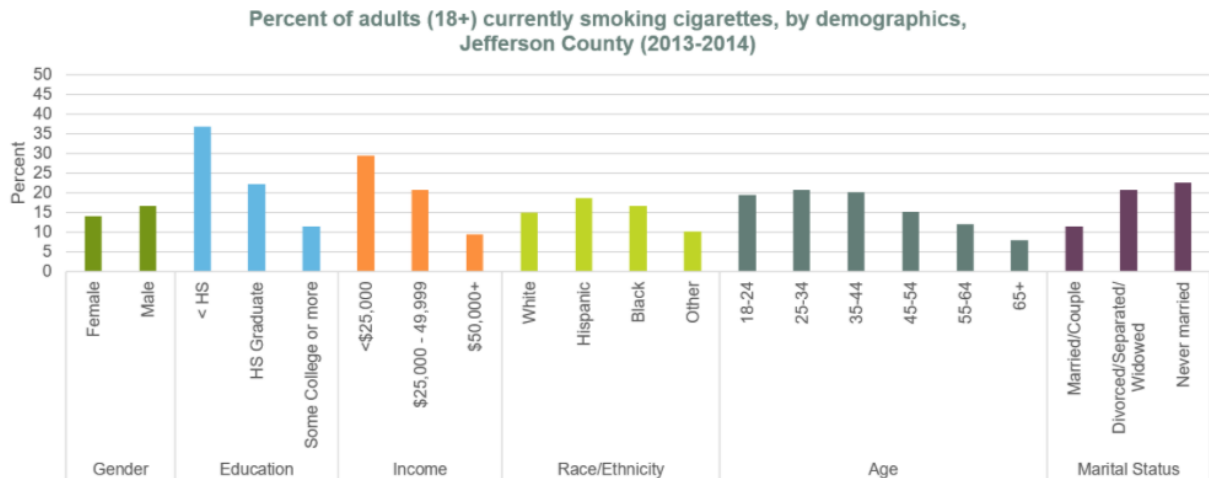
The Healthy People 2020 objective is 12% of the population who smoke cigarettes. In Jefferson County, 15.3% of adults smoke cigarettes.

### Cigarette Use

	Jefferson County	Colorado
Adult cigarette use	15.3%	15.7%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

Among Jefferson County residents, those who have less than a high school degree are more likely to smoke than those who have had some college or have graduated college. Similarly, those whose incomes are less than \$25,000/year are more likely to smoke than those with incomes over \$50,000/year.



Source: Colorado BRFSS

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Alcohol Use

Binge drinking is defined as five or more drinks on one occasion for men and four or more drinks for women. In Jefferson County, 18.9% of adults engaged in binge drinking. Heavy drinking is defined as greater than 15 drinks per week for men and greater than 8 drinks a week for women. In Jefferson County, 8.2% of adults engaged in heavy drinking over the past year.

### Adult Alcohol Use

	Jefferson County	Colorado
Binge drinking	18.9%	18.1%
Heavy drinking	8.2%	6.6%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)



## Substance Abuse

Emergency Department (ED) visits due to alcohol were 1,152.7 per 100,000 persons. Rates of ED visits due to marijuana use (9 per 100,000 persons) and heroin use (14.2 per 100,000 persons) exceed state rates.

### Emergency Department Visits, per 100,000 Persons, 2015

	Jefferson County	Colorado
ED visits due to alcohol use	1,152.7	1,156.2
ED visits due to marijuana use	9.0	7.9
ED visits due to heroin use	14.2	10.9
ED visits due to opioid use	12.0	14.1

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

In Jefferson County, there are 117.8 licensed professional counselors per 100,000 persons.

### Ratio of Substance Use Professionals, per 100,000 Persons, 2017

	Jefferson County	Colorado
Certified addiction counselors	38.4	33.44
Licensed addiction counselors	13.84	12.29
Licensed professional counselors	117.8	106.55

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

In Colorado, about 90,000 adults (1.6%) needed substance use treatment, but did not receive that care in the past year. Among those who did not receive needed care, the majority avoided care because of cost (54%) and/or insurance concerns (53%).

### Adults Who Needed Treatment, Why They Didn't Receive Assistance, 2017

	Colorado
Had a hard time getting an appointment	20.5%
Did not feel comfortable talking with a health professional about personal problems	41.3%
Concerned about what would happen if someone found out you had a problem	43.9%
Did not think your health insurance would cover it	52.8%
Concerned about the cost of treatment	54.1%

Source: Jefferson County Community Health Needs Assessment, 2018 [CHNA](#)

### Community Input – Substance Abuse

Stakeholder interviews provided insights on issues related to substance abuse.

Following are their comments summarized and edited for clarity:

- Driving under the influence is on the rise, especially driving under the influence of multiple substances.
- The closure of a large substance misuse and dependency treatment program has

been a substantial loss to the community's inpatient treatment capacity. Prior to its closure, the community was already struggling with the ability to provide treatment referrals due to low Medicaid reimbursement rates for substance misuse and other behavioral health treatment.

- A recurring theme with law enforcement stakeholders was that crime, substance misuse and mental illness were often interconnected. Individuals often come through the jail exhibiting signs of addiction and mental illness, and then receive treatment for both.
- With youth, substance use is a way to fit in with peers and avoid social isolation. Making the choice to abstain from substance use was identified as a way to be excluded from social groups and even lose friends.
- There is often an interconnection to mental illness and substance abuse and the frequency of interacting with people who have addiction and mental health issues is rising across the county. Substance misuse treatment needs to occur together with mental health treatment. These clients also struggle to meet basic needs around housing, clothing, employment assistance and other services.
- There is a concern for human and environmental health issues related to illegal marijuana growth operations and pesticides.

## Attachment 1. Steering Committee and Data Committee

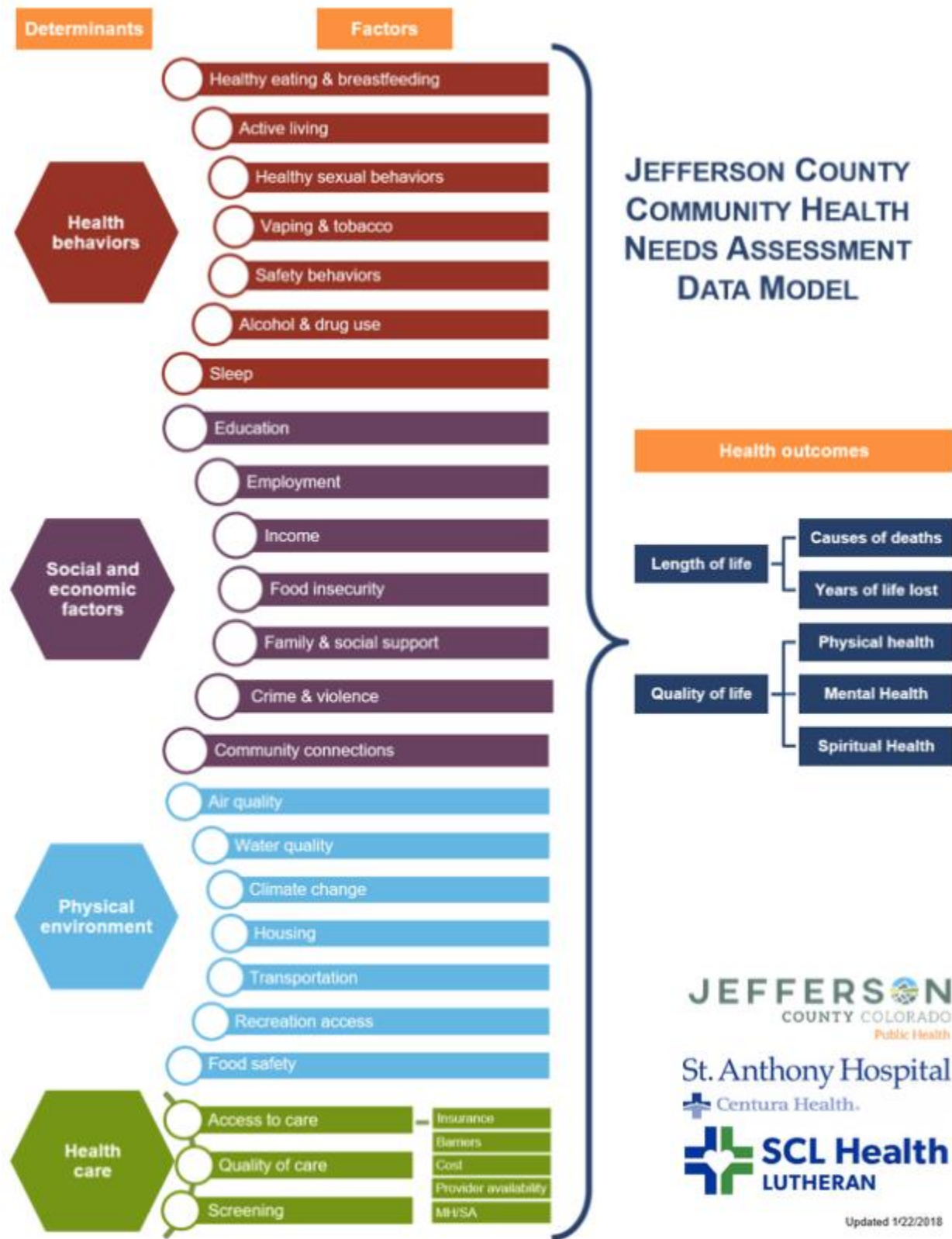
Data Committee members are noted in green below.

Organization	Name	Position
American Heart Association	Maddie Philley	
American Heart Association	Sara Martin	Community Impact
Arvada Chamber	Kami Welch	President
Arvada City Council	Mark McGoff	District 2
Arvada Fire	Amber Jones	PIO
Arvada Fire	Deanna Harrington	
Arvada Fire	Robert Putfark	EMS Captain
Arvada Police Department	Chief Ed Brady	Interim Chief of Police
Bright by Three	Karen Verdier	
CCCPEH	Laura Robertson	Health Educator
Centura, St. Anthony Hospital	Arleen Fujimoto	Data Project Analyst
Centura, St. Anthony Hospital	Darcy Copeland	RN Scientist
Centura, St. Anthony Hospital	Douglas Muir	BH Service Line
Centura, St. Anthony Hospital	Gisele Dias de Oliveira	
Centura, St. Anthony Hospital	Jason Richter	Director Behavioral Health
Centura, St. Anthony Hospital	Kim Bentrott	Physician Lead, Golden Pilot Project
Centura, St. Anthony Hospital	Lisa Hofstra Johnson	RN Community Health
Centura, St. Anthony Hospital	Michelle Lackore	Project Coordinator
Centura, St. Anthony Hospital	Monica Buhlig	Group Director Community Health
Centura, St. Anthony Hospital	Robert Hayes	Injury Director
Centura, St. Anthony Hospital	Scott Phillips	Pre Hospital Services Director
City of Arvada	John Marriott	Mayor Pro Tem/City Council District 3
City of Edgewater	Kris Teegardin	Mayor
City of Lakewood	Jayna Lang	Program Supervisor
City of Lakewood	Robert Buck	Fitness Administrator
City of Lakewood	Peggy Bocard	Recreation Manager
City of Lakewood Recreation	Kit Newland	Director of Community Resources
City of Westminster	Amy Johnson	
City of Westminster	Barbara Giedraitis	
City of Westminster	Justin Cutler	
City of Wheat Ridge	Bud Starker	Mayor of Wheat Ridge
City of Wheat Ridge	Wade Hammond	
Colorado Community Health Alliance	Cara Herbert	
Colorado Community Health Alliance	Hanna Schum	
Colorado Community Health Alliance Care Coordination	Aubree Kirgan	Manager
Community First Foundation	Noah Atencio	Vice President of Community Impact
Conservation Colorado	Aly Ferruffino-Coqueugniot	Community Organizer

Organization	Name	Position
Consortium for Older Adult Wellness	Lynzy McIntosh	CEO
CREA Results	Fernando Pineda-Reyes	CEO
Denver Environmental Health	Tristan Sanders	
Denver Public Health	Emily McCormick	Senior Epidemiologist
Developmental Disabilities Resource Center	Beverly Winters	Executive Director
Edgewater Collective	Joel Newton	Executive Director
Employee Total Wellbeing	Colleen Reilly	
Evergreen Fire	Annie Dorchak	Paramedic
Family Tree	Morgan Wieziolowski	
Family Tree	Scott Shields	CEO
JeffCo Veteran's Services	Peter Mortaro	
Jefferson Center for Mental Health	Ann Jones	Director of Performance and Quality
Jefferson Center for Mental Health	Kiara Kuenzler	CEO
Jefferson Center for Mental Health	Kiora Kuenzler	
Jefferson Center for Mental Health	Roberto Gurza	Cultural Director
Jefferson Center for Mental Health	Shannon Gwash	Director of Wellness Programs and Services
Jefferson County Extension	Jacki Paone	Director
Jefferson County Housing Authority	Lori Rosendahl	Executive Director
Jefferson County Human Services	Jessica Hansen	Special Projects Coordinator
Jefferson County Human Services	Mary Berg	
Jefferson County Public Health	Elise Lubell	Director Health Promotion and Lifestyle Management
Jefferson County Public Health	Jim Rada	Director of Environmental Health Services
Jefferson County Public Health	Jody Erwin	Deputy Director
Jefferson County Public Health	Kate Watkins	Epidemiologist
Jefferson County Public Health	Kelly Keenan	
Jefferson County Public Health	Kristian Blessington	Public Health Planner
Jefferson County Public Health	Margaret Huffman	Director Clinical Health Services
Jefferson County Public Health	Mark Johnson	Director
Jefferson County Public Libraries	Debra Walsh	
Jefferson County Public Libraries	Paola Vilaxa	
Jefferson County Public Libraries	Peg Hooper	Manager
Jefferson County Public Libraries	Simone Groene-Nieto	Special Populations Coordinator (Belmar Branch)
Jefferson County Public Schools	Amy Dillon	Healthy Schools Specialist
Jefferson County Public Schools	Emily O'Winter	

Organization	Name	Position
Jefferson County Public Schools	Julie Wilken	
Jefferson County Public Schools	Kevin Carroll	
Jefferson County Public Schools	Linda Buzard	
Jefferson County Public Schools	Rebecca Dunn	
Jefferson County Public Schools	Jason Fireston	
Jefferson County Public Schools	Julie Wilken	Director of School Health Services
Jefferson County Public Schools	Micah Munro	
Jefferson County Public Schools	Susan Kimes-Demboski	
Jefferson County Sheriff's Office	Al Simmons	Chief, Patrol Division
Lakewood Faith Coalition	Reg Cox	
Lakewood Police Department	Chief Dan McCasky	Chief of Police
Metro Community Provider Network	Dennis Paige	
Metro Community Provider Network	Erin Baurke	Director of Behavioral Health
Metro Community Provider Network	Heather Logan	Director of Accountable Care
Metro Community Provider Network	Laura Larson	Director of Communications
Metro Community Provider Network	Linda Skelley	Grant Specialist
Regis University	Eric Pennell	Student
SCL Lutheran Medical Center	Carol Salzmman	
SCL Lutheran Medical Center	Chuck Ault	Regional Director, Community Health Improvement
SCL Lutheran Medical Center	Katie Bovee	Mission Services Coordinator
SCL Lutheran Medical Center	Lindsay Reinert	Community Liaison
Seniors Resource Center	Heather Brozek	
Seniors Resource Center	Monica Roers	
St. Anthony Hospital Foundation	Carrie Bach	Group Director of Foundation
State Senator District 20	Sen. Cheri Jahn	
The Action Center	John C	
The Action Center	Laurie Walowitz	
The Action Center	Sally Reed	
Tri County Public Health	Patty Boyd	
West Chamber	Pam Bales	
West Metro Fire	Jeremy Metz	EMS Chief
West Metro Fire	Rick Ihnken	Captain, EMS Division
West Metro Fire	Rob Laffler	
West Pines	Glenn Most	Executive Director
Wheat Ridge Police Department	Sgt. Brian Wilkinson	

## Attachment 2. Assessment Data Model



## Attachment 3. Community Interviewees

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

Name	Organization
Matthew Anderson	City of Wheat Ridge
Noah Atencio	Community First Foundation
Eric Barnett	Jefferson County Veterans Services + Colorado Department of Labor and Employment
Chief Brady	Arvada Police Department
Heather Brozek	Seniors Resource Center
Kendra Casson	Lutheran General Hospital
Justin Cutler	City of Westminster
Amy Dillon	JeffCo Healthy Schools
Annie Dorchak	Evergreen Fire Rescue
Alexey Duplikhin	Jefferson County Veterans Services + Colorado Department of Labor and Employment
Aly Ferrufino-Coqueugniot	Conservation Colorado
Simone Groene-Nieto	Jefferson County Libraries
Roberto Gurza	Jefferson Center for Mental Health
Jody Irwin	Jefferson County Public Health
Senator Cheri Jahn	State Senator District 20
Lynn Johnson	Jefferson County Human Services
Heather Logan	Metro Community Provider Network
Kim Massey	Jefferson County Extension – Family Leadership Training Institute
Chief Dan McCasky	Lakewood Police Department
Stacy Menardi	Lutheran General Hospital
Peter Mortaro	Jefferson County Veterans Services + Colorado Department of Labor and Employment
Glenn Most	West Pines Behavioral Health
Joel Newton	Edgewater Collective
Jacki Paone	Colorado State University Extension - Jefferson County
Scott Shields	Family Tree
Sherriff Jeff Shrader	Jefferson County Sheriffs
Karen Verdier	Mountain Resource Center
Paola Vilaxa	Jefferson County Libraries
Amber Wesner	City of Golden
Ben Wierderholt	Metro Community Provider Network
Beverly Winters	Developmental Disabilities Resource Center
German Zarate Bohorquez	Colorado Statewide Parent Coalition



## Attachment 4. Community Resources/Assets

Lutheran Medical Center solicited community input to identify resources potentially available to address the significant health needs. These resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Colorado 211 at: <https://211colorado.communityos.org/cms/home>

Each resource is a hyperlink. Please click for more information.

<b>Access to Care</b>	<ul style="list-style-type: none"> <li>Denver Regional Mobility and Access Council</li> <li>Health Care Program for Children with Special Care Needs (HCP)</li> <li>Jefferson County Human Services</li> <li>Jefferson County Public Health - Clinic Services and Resource Navigator</li> <li>Jefferson County Public Health – Healthy Communities Program</li> </ul>
<b>Active Living</b>	<ul style="list-style-type: none"> <li>Activate 38</li> <li>Bicycle Colorado</li> <li>Denver Regional Council of Governments Active Transportation Plan</li> <li>Walk2Connect</li> <li>Way to Go</li> </ul>
<b>Alcohol and Substance Use</b>	<ul style="list-style-type: none"> <li>Jefferson Center</li> <li>Jefferson County Communities that Care</li> <li>Points West Syringe Service Program</li> <li>Signal Behavioral Health</li> <li>West Pines Behavioral Health Center</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>9Health Fairs</li> <li>Cancer Prevention and Early Detection Programs (CDPHE)</li> <li>Metro Community Provider Network (MCPN)</li> <li>Susan G. Komen Foundation</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>Jefferson Center School-Based Services</li> <li>Metro Community Provider Network</li> <li>Jeffco Prosperity Project</li> <li>Jefferson County Extension Family Leadership Training Institute</li> <li>Jefferson County Public Schools: Healthy Schools</li> <li>Jefferson Success Pathway: All Kids Succeed Cradle to Career</li> <li>Colorado Statewide Parent Coalition: PASO Program</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>Colorado Department of Labor and Employment</li> <li>Jefferson County Business &amp; Workforce Center</li> </ul>
<b>Fall Prevention</b>	<ul style="list-style-type: none"> <li>Denver Regional Area Council on Government’s Area Agency on Aging</li> <li>Falls Prevention Colorado - Class Locations</li> <li>Seniors’ Resource Center</li> </ul>
<b>Food Insecurity</b>	<ul style="list-style-type: none"> <li>Catholic Charities</li> <li>Community Table</li> <li>GoFarm</li> <li>Golden Backpack Program</li> <li>Hunger Free Hotline</li> <li>JeffCo Eats</li> <li>Jefferson County Food Policy Council</li> <li>Jefferson County Meals on Wheels</li> </ul>



	<p>Jefferson County SNAP  Light of the World Catholic Church  Star Acre Farms  The Action Center  WIC at Jefferson County Public Health</p>
<b>Healthy Eating</b>	<p>5210 Jeffco  9 Ways to Grow Healthy Colorado Kids  Expanded Food and Nutrition Education Program (EFNEP)  Healthy Beverage Partnership  Hidden Sugar  Jeffco Sips Smart and Healthy Children's Meals  Jefferson County Nutrition Services/WIC Program  Jefferson County Public Schools Summer Feeding Sites</p>
<b>Homelessness</b>	<p>Heading Home  Jefferson County Housing Authority  Jefferson County Public Schools Summer Feeding Program  MetroWest Housing Solutions  The Action Center</p>
<b>Income</b>	<p>American Job Center  Heading Home  Jefferson County Business and Workforce Center  Jefferson County Food Policy Council  Jefferson County Housing Authority  Jefferson County Public Schools Summer Feeding Program  MetroWest Housing Solutions  Red Rocks Community College  The Action Center  Warren Tech</p>
<b>Insurance</b>	<p>Benefits in Action  Health First Colorado  Jefferson County Human Services  Jefferson County Public Health – Healthy Communities Program  PEAK</p>
<b>Mental Health Services</b>	<p>Family Tree Inc.  Jefferson Center School-Based Services  Jefferson County Juvenile Assessment Center  Jefferson County Schools Health and Wellness Resource Guide  Jefferson County Sheriff Crisis Intervention Team  Jewish Family Service  Mental Health Colorado  Second Wind  Senior Reach  The Action Center</p>
<b>Motor Vehicle Safety</b>	<p>CDPHE Motor Vehicle Safety</p>
<b>Provider Availability</b>	<p>Colorado Community Health Alliance  Evergreen Community Paramedic Program  Jefferson County Public Health – Healthy Communities Program  Mountain Resource Center  Mountain Services at Jefferson Center</p>

	<p>Senior Reach Signal Behavioral Health</p>
<b>Recreation Access</b>	<p>Activate 38 Bicycle Colorado Healthy Places Arvada Jefferson County Parks and Trails PLAN Jeffco</p>
<b>Tobacco and Vaping</b>	<p>Baby and Me Tobacco Free Colorado Quit line Jefferson Center Jefferson County Public Health Tobacco Prevention Initiative Jefferson County Public Schools – Youth BE Team Tobacco-Free JeffCo Alliance</p>
<b>Transportation</b>	<p>Bicycle and Pedestrian Plan Jefferson Center Senior Transportation Resources Jefferson Center Transportation Resource List Jefferson County Transportation Action and Advocacy Group Senior's Resource Center</p>

## Attachment 5. Review of Progress

Lutheran Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2015 Community Health Needs Assessment. The medical center addressed: access to health care, obesity, preventive care and behavioral health through a commitment of community benefit programs and resources.

To accomplish the Implementation Strategy, objectives were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and tracked. The following section outlines the significant health needs addressed since the completion of the 2015 CHNA.

### Access to Health Care

- LMC partnered with the Senior Resource Center to offer access to ongoing health screenings for blood pressure, hearing, pulse oximetry, and foot assessment. More than 300 individuals were screened and 80 were referred to additional needed care.
- More than 25 community-based health presentations were offered free of charge.
- LMC partnered with the following organizations to improve access to care:
  - American Heart Association
  - City of Wheatridge
  - Jefferson County Public Health
  - Kids First
  - Metro Community Provider Network
  - Senior Resource Center

### Obesity

- LMC joined 75 other partners to participate in Weigh and Win, an initiative that promotes maintaining healthy weight. Since its inception, 2,300 community members have documented weight loss of nearly 11,000 pounds. According to an independent analysis done by a researcher at Colorado State University, for every \$1 invested into the community program, \$3.42 is saved in reduced health care costs.
- One component of the LMC strategy to address obesity was to join the Healthy Hospital Compact. Compact Partner Hospitals lead by example as they implement measures designed to improve the quality of their nutritional environments. In 2016, LMC reached gold member status and in 2017 and 2018 maintained its status by removing sugar-sweetened beverages, offering over

60% healthy menu items, removing deep fried options for patient meals, and offering healthy vending.

### **Preventive Care and Behavioral Health**

- A Perfect Homecoming is a program developed with the Senior Resource Center to support seniors discharged from LMC to avoid readmission to the hospital. A variety of interventions are offered to seniors including: care management, meals, in-home care, transportation and minor home repairs. In its first full year of operation, 81% of those participating in the program avoided readmission.
- LMC began offering Mental Health First Aid training for the community in 2017. The training has occurred in school, churches, and community centers.
- The care management team at LMC began research into best practices for addressing individuals experiencing homelessness who present at the LMC Emergency Department. Because many of these individuals have co-occurring mental and physical health issues a multidisciplinary team has formed to make recommendations and investigate community solutions.

### **Acknowledgements**

We would like to thank the community members, partners, and staff who lent their time and passion to make this a successful community assessment.

#### Community Members and Partners

Chief Al Simmons - Jefferson County Sheriff's Office

Alex Trujillo - CTC Youth Researcher

Alexey Duplikhin - Jefferson County Veteran's Services

Aly Ferrufino-Coqueugniot - Conservation Colorado

Amber Wesner - City of Golden

Amy Dillon - Jefferson County Public Schools

Andres Ruiz - CTC Youth Researcher

Angelica Moreno - Colorado School of Public Health

Annie Dorchak - Evergreen Fire

Ariana Miller - CTC Youth Researcher

Ariel Briggs - Colorado School of Public Health

Aubree Kirgan - Colorado Community Health Alliance  
Ayshia Clark - CTC Youth Researcher  
Barbara Giedraitis - City of Westminster  
Ben Wiederholt - Metro Community Provider Network  
Beverly Winters - Developmental Disabilities Resource Center  
Brett Friedman - Colorado School of Public Health  
Cerise Hunt - Colorado School of Public Health  
Senator Cheri Jahn - State Senator District 20  
Chloe Murphy - CTC Youth Researcher  
Cory Sezey-Seitz - Colorado School of Public Health  
D. Rocky Li - CTC Youth Researcher  
Chief Dan McCasky - Lakewood Police Department  
Chief Ed Brady - Arvada Police Department  
Elijah Medina - CTC Youth Researcher  
Elizabeth Baskett - Colorado Community Health Alliance  
Emily McCormick - Denver Public Health  
Emily O'Winter - Jefferson County Public Schools  
Eric Barnett - Jefferson County Veteran's Services  
Eric Pennell - Regis University  
Frankie Briganti - CTC Youth Researcher  
Gabe Dinette - CTC Youth Researcher  
German Zarate-Bohorquez - Colorado Statewide Parent Coalition  
Heather Brozek - Seniors Resource Center  
Heather Logan - Metro Community Provider Network  
Isabella Briganti - CTC Youth Researcher  
Jacki Paone - Jefferson County Extension  
Jayna Lang - City of Lakewood  
Sheriff Jeff Shrader - Jefferson County Sheriff's Office  
Jenna Lavallee - Colorado School of Public Health  
Jillian Stongle - CTC Youth Researcher  
Joel Newton - Edgewater Collective  
John Reid - Metro Community Provider Network  
Julie Wilken - Jefferson County Public Schools  
Julie Zadel - Colorado School of Public Health  
Justin Cutler - City of Westminster  
K. China Brian - CTC Youth Researcher  
Karen Verdier - Bright by Three  
Kathy Smith - Jefferson Unitarian Church & Community Action Network  
Kathy Whitlow - Colorado School of Public Health  
Kevin Carroll - Jefferson County Public Schools  
Kiara Kuenzler - Jefferson Center  
Kim Massey - Jefferson County Extension Office - Family Leadership Training Institute  
Former Mayor Kris Teegardin - City of Edgewater  
Kyler Tolka - CTC Youth Researcher  
Laura Larson - Metro Community Provider Network  
Laura Robertson - Clear Creek County Public and Environmental Health  
Laurie Walowitz - The Action Center

Lilian Fraser - CTC Youth Researcher  
Linda Skelley - Metro Community Provider Network  
Lorena Álvarez - Colorado School of Public Health  
Lynn Johnson - Jefferson County Human Services  
Lynnzy McIntosh - Consortium for Older Adult Wellness  
Maddie Philley - American Heart Association  
Marrisa Mora - Colorado School of Public Health  
Mary Berg - Jefferson County Human Services  
Mary Casey - Colorado School of Public Health  
Matthew Anderson - City of Wheat Ridge  
Monica Roers - Seniors Resource Center  
Nevaeh Valtierra - CTC Youth Researcher  
Nina Hernandez - CTC Youth Researcher  
Noah Atencio - Community First Foundation  
Pam Bales - West Chamber  
Paola Vilaxa - Jefferson County Libraries  
Patricia Valverde - Colorado School of Public Health  
Patty Boyd - Tri-County Public Health  
Peg Hooper - Jefferson County Libraries  
Peggy Bocard - City of Lakewood  
Peter Mortaro - Jefferson County Veteran's Services  
Phillip Baca - CTC Youth Researcher  
Raina Charles - CTC Youth Researcher  
Captain Rick Ihnken - West Metro Fire  
Rob Laffler - West Metro Fire  
Robert Buck - City of Lakewood  
Roberto Gurza - Jefferson Center  
Sandra García-Hernández - Colorado School of Public Health  
Sara Martin - American Heart Association  
Sarah Dunham - Colorado School of Public Health  
Sarah Tamura - Colorado School of Public Health  
Scott Shields - Family Tree  
Shannon Gwash - Jefferson Center  
Simone Groene-Nieto - Jefferson County Libraries  
Steven Nguyen - CTC Youth Researcher  
Valeria Montes - CTC Youth Researcher  
Viviana Gonzalez - CTC Youth Researcher

Lutheran Medical Center - SCL Health

Carol Salzmann - Vice President of Community and Government Affairs  
Chuck Ault - Regional Director, Community Health Improvement  
Deb Roybal - Vice President Mission Integration and Ministry Formation  
Glenn Most - Executive Director West Pines Behavioral Health  
Katie Bovee - Mission Services Coordinator

Kendra Casson - Director of Care Management  
Lindsay Reinert - Community Liaison  
Stacy Menardi - Care Manager

#### St. Anthony Hospital - Centura Health

Arleen Fujimoto - Data Project Analyst  
Darcy Copeland - Nurse Scientist  
Douglas Muir - Behavioral Health Service Line Director  
Gisele Dias de Oliveira - Clinical Researcher  
Jason Richter - Psychiatric Services  
Kim Bentrott - Family Medicine  
Lisa Hofstra-Johnson - Faith Community Nurse  
Michelle Lackore - Project Coordinator  
Monica Buhlig - Group Director of Community Health  
Robert Hayes - RN Trauma Injury Prevention Specialist  
Scott Phillips - Director, Pre-Hospital Services

#### Jefferson County Public Health

Allison Wilson, Healthy Food & Beverage Coordinator  
Ariel Briggs, Student Intern  
Ashley Moore, Public Information Manager  
Bonnie McNulty, Board of Health President  
Cynthia Farrar, Regional Health Connector  
Dr. Dawn Comstock, Board of Health  
Donna Viverette, Health Education Program Supervisor  
Drew Kartos, Public Engagement Coordinator  
Elise Lubell, Health Promotions and Lifestyle Management Division Director  
Elise Waln, Special Projects Coordinator  
Greg Deranleau, Board of Health  
James Rada, Environmental Health Services Division Director  
Jennifer Anton, Early Childhood Data Liaison  
Jody Erwin, Deputy Director/Administrative Services Director  
Kate Watkins, Epidemiologist  
Kelly A. Conroy, Associate Director Clinic Services  
Kelly Keenan, Epidemiology and Planning Program Manager  
Kelly R. Kast, Epidemiologist/SIM Grant Manager  
Kelsey Rivera, Registered Dietitian / Breast Feeding Peer Supervisor  
Kimberley Krapek, Board of Health  
Kristian Blessington, Health Planner  
Kylie Harrison, Community Nutrition Program Supervisor  
Lane Drager, Board of Health  
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Noella Rios, Public Engagement Specialist  
Pamela Gould, Communities That Care Facilitator  
Paulina Erices, Special Projects Administrator  
Rachel Cohen, Early Childhood Data Liaison  
Sophie West, Injury & Violence Prevention Program Epidemiologist  
Stacey Quesada, Health Planning Assistant  
Tommi Vernon, Mental Health Specialist