

2015 Community Health Needs Assessment
Saint Joseph Hospital
Denver, Colorado

December 11, 2015



Contributors

Denver County Public Health

Dr. Bill Burman, Director, and the team from Denver Public Health
Denver, Colorado

Quantitative data component including the infographics

Community Health Partners, Inc., WOSB

Myrna Candreia, President
Colorado Springs, Colorado

Report writer

Professional Research Consultants, Inc.

Omaha, Nebraska

Qualitative data survey and summary of qualitative results



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Introduction

Acronyms Used in this Report

DPH – Denver County Public Health

CHNA – Community Health Needs Assessment

HIP – Hospital Implementation Plan

OKIS – Online Key Informant Survey

PRC – Professional Research Consultants

SJD – Saint Joseph Hospital



The 2012 Community Health Needs Assessment and Hospital Implementation Plan

In 2012, SJH engaged the Center for Health Administration at the University of Colorado to assess the health status of the hospital's community. The resulting CHNA highlighted the health status of the counties that make up the hospital's community. The health indicators were organized according to the Health Equity Model which takes into account a wide range of factors that influence health. This model groups the social determinants of health into four categories:

- Life course perspective: how populations are impacted differently during the various stages of life.
- Social determinants of health: societal influence, such as economic opportunity, physical environment and social factors that play critical roles in the length and quality of life.
- Health factors: components of health behaviors and conditions, mental health and access, utilization and quality of health care.
- Population health outcomes: measures of quality of life, morbidity, mortality and life expectancy.

Each health indicator is rated in comparison to the state average.

Saint Joseph Hospital formed a multi-disciplinary task force to review the health indicators. In addition, community partners with broad experience of the Denver community and knowledge of underserved populations were interviewed or surveyed for feedback regarding critical health needs. This information was used in a prioritization process to identify the key areas of need to be addressed by the hospital. They included:

- Access
- Obesity, Nutrition and Physical Activity
- Tobacco

Other health indicators assessed included General Health Status; Cancer; Diabetes; Heart Disease and Cerebrovascular Disease; Communicable Disease; Injury; and Mental Health. The hospital Executive Team and Board of Directors approved the CHNA and top needs:

For the past 36 months, SJH continued to partner with its community to address the top needs. Achievements to date include:

- Participated in the completion of a Northeast Denver Food Assessment with partners LiveWell Colorado, Civic Canopy, and the Colorado Health Foundation.



Findings were integrated in several community food programs resulting in a community garden and increased access to farmer markets.

- Provided support to a local farmer market through marketing, space and operating in-kind.
- Hosts annual Wellness Fairs at the hospital for associates and the community.
- Remain a Baby-Friendly hospital, promoting breastfeeding upon birth.
- Donated funds to several community organizations that address food insecurity.
- Expanded the use of QuitLine referrals for tobacco cessation at the hospital's safety net clinic, Bruner Family Medicine, which resulted in immediate access to cessation services.
- As part of Medicaid Expansion in Colorado, expanded community access to screening for Medicaid and other community-based programs. This occurred at the hospital and an inner-city care clinic in partnership with Connect for Health Colorado (the state's insurance benefit exchange).
- Actively participate in the Mile High Health Alliance, a not for profit formed in 2014 that is dedicated to improving the health of Denver citizens. Members include ClinicNET, Colorado Coalition for the Medically Underserved, Denver County Public Health, among others.

The work of SJH goes beyond the top needs and includes a partnership with Inner City Health Center to promote education and screening for heart disease, as well as improving access to cancer services via its mobile mammography van.



2015 Executive Summary

The 2015 Community Health Needs Assessment for Saint Joseph Hospital represents a systematic approach to identify top healthcare priorities for 2016-2018 that will guide efforts to improve community health and wellness in the City and County of Denver, Colorado. For non-profit hospitals, the CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010.

Identification and Prioritization of Health Needs

Two sets of data were reviewed to identify top priorities for the communities served by Saint Joseph. Quantitative data was obtained from the 2014 Health of Denver Report: Community Health Needs Assessment (<http://www.denverhealth.org/for-professionals/clinical-specialties/public-health/health-data-and-information-for-denver/denver-community-health-assessment>). Qualitative data was collected from an Online Key Informant Survey (OKIS) performed by Professional Research Consultants, Inc.

Saint Joseph Hospital community benefit and mission integration staff met on several occasions with Denver Public Health to begin the process of identifying existing health needs facing the hospital in its service area. As a result seven priority health needs were identified: access to care; childhood obesity; diabetes; dental health; diabetes; mental health; substance abuse; and tobacco use. Denver Public Health created unique infographics for each need which were provided to survey participants prior to and at the time of the survey.

The Online Key Informant Survey (OKIS) was designed to capture the voices, thoughts, and healthcare experiences of community stakeholders serving vulnerable populations in the hospital's service area. The survey also helped Saint Joseph Hospital establish a partnership list which will be used to assist the hospital in addressing its top community health needs. Participants for the OKIS were identified by Saint Joseph Hospital and Denver Public Health, resulting in 300 individuals representing 35 community organizations that work to improve the health and social needs of Denver residents, including low-income, minority, and medically underserved populations. The survey was sent to all 300 individuals starting on October 19, 2015 and completed on November 6, 2015 with seventy individuals completing the survey (23.3% response rate). Participants were asked to review the health infographics prior to participating in the survey.



Survey participants rated the scope and severity of each of the 12 health issues on a scale of 1 to 10. 1 is 'not very prevalent with only minimal health consequences' and 10 is 'extremely prevalent with very serious health consequences. Additional open-ended questions were asked of respondents giving ratings of 9 or 10. Participants ranked each need and a score was calculated resulting in the following:

1. Mental Health – 8.69
2. Tobacco Use – 8.14
3. Access to Care – 8.07
4. Diabetes – 7.88
5. Childhood Obesity – 7.41
6. Oral Health – 7.36
7. Substance Abuse – 7.32

Selection of Top Needs

On December 2, 2015, Saint Joseph hosted a one-time Community Health Advisory Task Force session. Community representatives included public health, practicing providers representing vulnerable populations, and a community leader of an inner-city care clinic. The hospital was represented by individuals from mission integration, community benefit, respiratory therapy, nursing, and social work departments as well as the hospital's safety net clinics.

The meeting consisted of a presentation covering a history of the requirements for the community health needs assessment, a review of each of the new 7 needs including survey participant ranking and comments, and a list of resources identified by survey participants. The role of the Task Force was clarified: review and discuss the quantitative and qualitative data and, based on scope/severity, impact and available resources, score each of the 7 needs.

At the end of the Task Force meeting, participants used a scoring sheet which resulted in the following rank of top needs the hospital should address:

1. Mental Health – 8.61
2. Access to Care – 7.94
3. Substance Abuse – 7.03
4. Tobacco Use – 6.69
5. Childhood Obesity – 6.51
6. Diabetes – 6.50
7. Oral Health – 6.14

Leadership at Saint Joseph and based on the hospital's ability to affect the top needs, they selected **Mental Health** and **Tobacco Use**. These top needs will be the focus of the 2015-2018 Hospital Implementation Plan.





Project Overview and Goals

This Community Health Needs Assessment (CHNA) of Saint Joseph Hospital (SJH) represents the examination of data sources that are used to determine health status, behaviors and needs within its healthcare service area. This CHNA will be used to guide SJH in providing superior health and wellness services to its catchment communities through the establishment of a Hospital Implementation Plan (HIP). The catchment or service area is defined as the City and County of Denver based on the geographic ability of the hospital to impact any health need.

A CHNA provides communities with a roadmap to determine the needs, strategies, resources to systematically impact and improve a community's health status goals

Conducting the Community Health Needs Assessment

Quantitative and qualitative data sources were used to inform this report. Quantitative data was obtained from the 2014 Health of Denver Report Community Health Needs Assessment, and qualitative data was collected from an Online Key Informant Survey (OKIS) performed by Professional Research Consultants, Inc. (PRC).

Quantitative Data

SJH Community Benefit staff met on several occasions with Denver County Public Health (DPH) to begin the process of identifying existing health needs facing the hospital in its service area. As a result, 7 priority health needs were identified: Access to Care; Childhood Diabetes; Dental Health: Diabetes; Mental Health; Substance Abuse; and Tobacco Use.

Data were represented by a series of infographics developed by DPH as a unique way to look at the data versus providing rates, percentages, or academic statements. This was intentional and meant to enhance participant understanding of need. It was also believed that infographics would allow survey participants to quickly review the information on the graphics and obtain a sense of need before beginning the survey. Based on response rate (23.4%) it appears to have been an effective way to present qualitative data for survey participants.

Qualitative Data

Qualitative data input includes primary research gathered through the OKIS. The survey was designed to capture the voices, thoughts, and healthcare experiences of community stakeholders serving vulnerable populations in the hospital's service area.



The survey also helped SJD establish a partnership list which will be used to assist the hospital in addressing its top community health needs. Participants for the survey were identified by SJH and DPH resulting in 300 individuals representing 20 community organizations that work to improve the health and social needs of Denver residents, including low-income, minority, and the medically underserved populations. The survey, including the infographics as an attachment, was sent to all 300 individuals starting on October 19, 2015 and completed on November 6, 2015 with 70 individuals completing the survey (23.3% response rate).

Qualitative data input includes primary research gathered through an Online Key Informant Survey conducted by Professional Research Consultants (PRC) on behalf of Saint Joseph Hospital during October and November 2015. This Online Key Informant Prioritization Survey was implemented as a follow-up to the 2014 Health of Denver Report Community Health Assessment in order to share key findings from the assessment and solicit input from community stakeholders (or key informants, those individuals who have a broad interest in the health of the community) in prioritizing the significant health issues identified from the assessment. Subsequently, this information may be used to inform decisions and guide efforts to improve health and healthcare services in the City and County of Denver, Colorado.

Community Served by the Hospital

Saint Joseph Hospital (SJH) is located in the City and County of Denver which is Colorado's capital city. Founded more than 140 years ago by the Sisters of Charity of Leavenworth Kansas, SJH is Denver's first and oldest hospital. Today, Saint Joseph Hospital is a newly built, 365-bed state-of-the-art facility with specialty services in heart and vascular care, cancer treatment, labor and delivery, respiratory health, orthopedics, and emergency care.

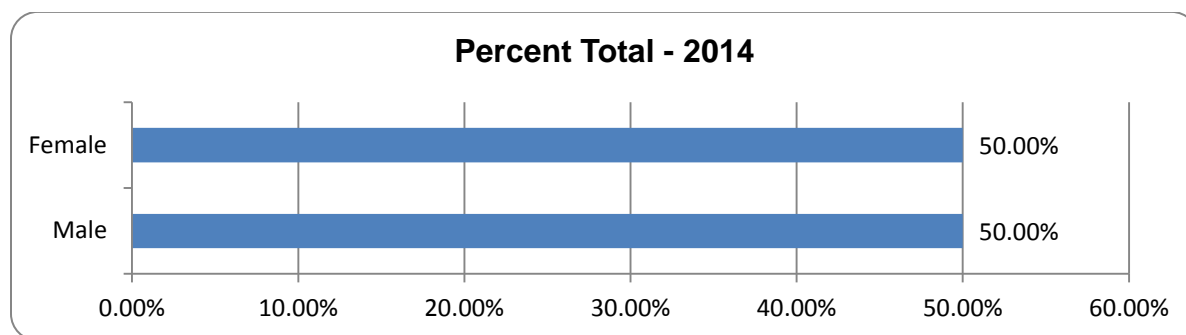
In preparing for the 2015 Community Health Needs Assessment, SJH leaders selected the City and County of Denver as the defined community for its CHNA in order to focus resources and planning on the most local geographic area. The City and County of Denver is the second smallest county in Colorado when calculated by total square miles, but is the second most populated.

Demographic Constituents

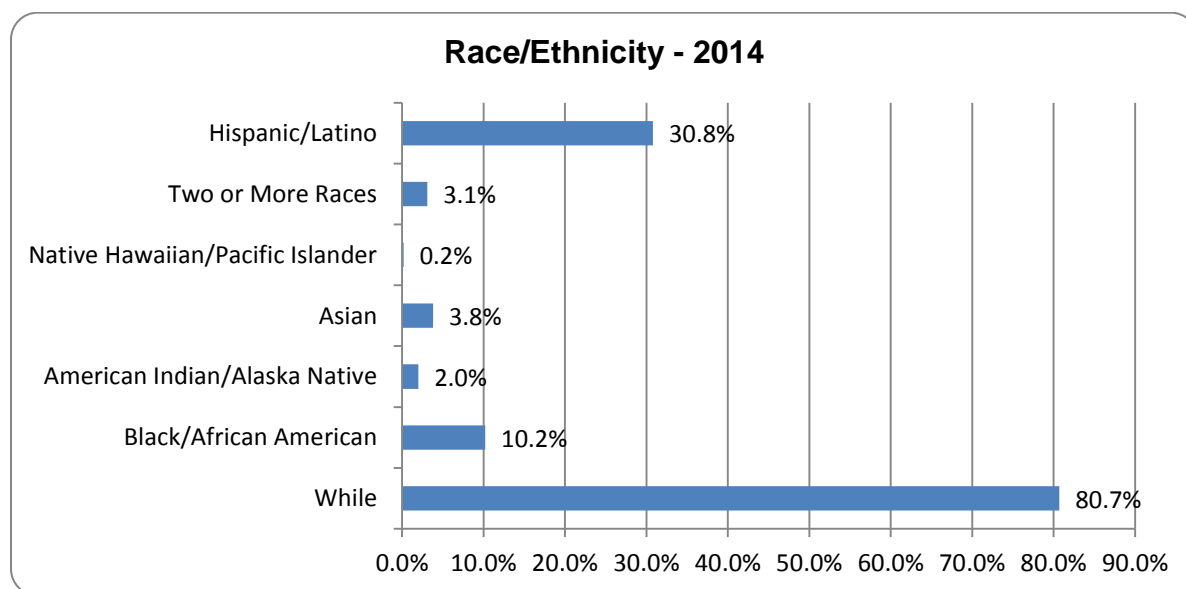
According to the 2014 US Census Data, the estimated population of the City and County of Denver is 663,862, representing a 10.6% change from 2010. The City and County of Denver is home to 15.8% foreign-born persons and nearly 30% of households report a primary language other than English spoken at home.



Gender: The population of males and females is equal.



Racial and Ethnic Diversity: The population is primarily comprised of whites, Hispanic/Latinos, and Blacks/African Americans. Asians make up the fourth largest race/ethnicity group

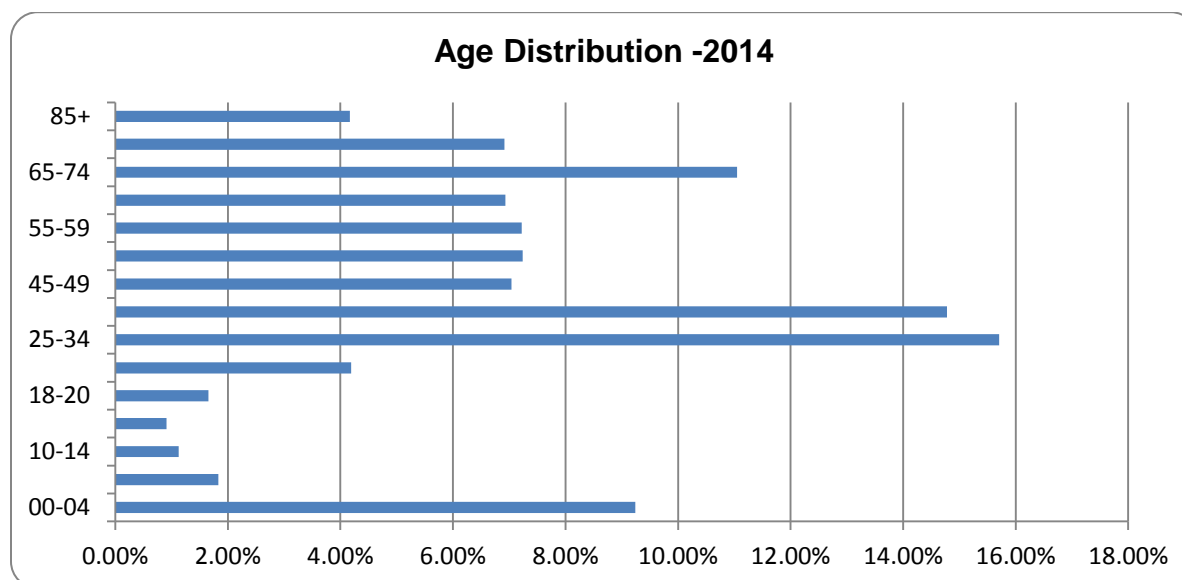


Education: Nearly 86% of persons in the City and County of Denver, hold a high school diploma/GED and 44% of persons aged 25 and over have earned a Bachelor's degree. While the high school graduate rate is slightly lower than the state average, the rate of college graduates is nearly 10% higher than the state average.

Economics: The median household income in 2014 was \$51,800 as compared to the state average of \$59,448. The percentage of persons living in poverty in the City and County of Denver is 18.7% compared to a 12% state average. The percentage of children living in poverty in the City and County is nearly 60% higher in the City and County of Denver than the state average.



Age: Persons between the ages of 25 and 34 comprise the largest age group followed closely by ages 35 to 44.



Health Status: According to county health rankings compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the percent of persons with poor or fair health is 16% as compared to the state average of 13%. Adult smoking and excessive drinking rates are higher than state averages, while the level of physical inactivity is slightly lower. Teen birth rates are 55% higher in the county as compared to the state rate; sexually transmitted disease rates are 48% higher at the county level.

Access to Care: In the City and County of Denver, the uninsured rate is 19% compared to the state rate of 17%. The per capita ratio of primary care physicians is 853:1 as compared to 1262:1 at the state level. The ratio of dentists is 1532:1 at the county level and 1370:1 at the state level. Access to diabetes monitoring and breast cancer screenings is slightly higher than the state average.

Section I: Quantitative Review and Assessment

Source Materials

The quantitative source material for the Saint Joseph Hospital CHNA can be found in the 2014 Denver Health Community Needs Assessment, accessed at <https://www.denvergov.org/Portals/746/documents/2014%20CHA/Full%20Report-%20FINAL.pdf>.



Identified Health Needs

There were seven health needs identified collaboratively by Saint Joseph and Denver Health as areas of opportunity needing further exploration. These health needs, to be addressed in the survey, are:

- Eliminating Barriers to Health Care
- Childhood Obesity
- Dental Health
- Diabetes
- Mental Health
- Substance Abuse
- Tobacco Use

All text that precedes the infographic was pulled from the 2014 Denver Health Community Needs Assessment.



Identified Health Need: Eliminating Barriers to Health Care

Approximately 10 percent of overall health may be attributed to the ability to access high quality, affordable and timely health care. Better access to care prevents disease, allows for early treatment when illness occurs, and reduces the severity of future disease.

Eliminating Barriers to Health Care in Denver



1 THE FACTS



In 2015, 9.5% of Denver residents remain uninsured compared to 6.7% statewide

1 in 10 Coloradoans wanted to seek care in 2015 but didn't because of costs



2 WHY IT MATTERS



Health insurance coverage improves, but does not guarantee, access to care

Cost is the main barrier to health insurance coverage and quality health care



3 WHAT WORKS

Expand Medicaid and launch a health insurance exchange



Improve health insurance literacy so the newly insured can access primary care

Increase access to specialty care services for Medicaid and uninsured patients through referrals



4 BE PART OF THE SOLUTION



Support active outreach and enrollment efforts to reach the remaining uninsured in Denver

Encourage all health care providers, especially specialty care providers, to accept Medicaid patients



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Identified Health Need: Reducing Childhood Obesity


For the first time in two centuries, the current generation of children in the U.S. may have shorter life expectancies than their parents. Focusing on early childhood practices is important to prevent obesity, and to ensure a healthy future for this generation.


Obese children are at increased risk of developing high blood pressure, type 2 diabetes, asthma, as well as cancer and cardiovascular disease, as they enter adulthood.

Reducing Childhood Obesity in Denver


1 THE FACTS


1 in 6 children in Denver is obese 

1 in 4 children drink more than 1 sugary drink daily 


Sugar sweetened beverages are the **LARGEST** source of empty calories for children 


2 WHY IT MATTERS

 Obese children often become obese adults, contributing to rising health care costs


Obesity is preventable: healthy habits start early 


3 WHAT WORKS


 Reinforce healthy nutrition and physical activity habits in childhood

Implement a warning label on sugary drinks 

4 BE PART OF THE SOLUTION

Become a Colorado Healthy Hospital Compact Member 

 Help set a community standard to not give sugary drinks to children

Join an existing campaign to quickly and affordably promote drinking healthier beverages 

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Identified Health Need: Improving Dental Health

Good oral health contributes to overall good health. Cavities are the most common childhood illness and can continue into adulthood.

Improving Dental Health in Denver



1 THE FACTS



14% of children screened had untreated cavities

4 out of 10 Denver adults didn't see a dentist last year



2 WHY IT MATTERS



Dental decay or cavities are the most common childhood illness and can continue into adulthood

All dental decay is preventable and routine preventive dental visits are now covered by Colorado Medicaid and CHIP+



3 WHAT WORKS



Educate parents and kids about the importance of dental health and cavity prevention

Ensure children have access to dental preventive services



4 BE PART OF THE SOLUTION



Expand community-based dental sealant programs for children

Support policy to improve access to dental preventive services



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Identified Health Need: Preventing and Managing Diabetes

In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. In economic terms, the direct medical expenditures attributable to diabetes in 2007 was estimated to be \$116 billion.

Preventing and Managing Diabetes in Denver



1 THE FACTS



1 in 10 Denver adults
have been told they have diabetes

1 in 3 adults nationwide
have pre-diabetes



2 WHY IT MATTERS



Diabetes is one of the top 10
leading causes of death in Denver

Without making lifestyle changes,
up to 30% of pre-diabetic adults will
have diabetes within 5 years

5
YEARS

3 WHAT WORKS



Ensure high-risk adults are being screened for
pre-diabetes and diabetes - 9 out of 10
pre-diabetic adults don't know they have it!

Diabetes care management programs
improve blood sugar control



4 BE PART OF THE SOLUTION



Expand diabetes screening into
all health care settings

Educate communities about diabetes
risk factors and disease management



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Identified Health Need: Working Together to Address Mental Health

Those who suffer from substance use disorders are twice as likely to suffer from mental illness like mood and anxiety disorders.

Working Together to Address Mental Health

1 THE FACTS



More than 1/3 of Denver adults report at least 1 poor mental health day in the past month

Substance abuse and mental health conditions are related: 1 in 3 alcohol abusers also report mental illness



2 WHY IT MATTERS

25
YEARS

People who have serious mental health issues die 25 years earlier than those who do not

Team (integrated) care can detect mental health and substance abuse disorders when they are established during teen years



3 WHAT WORKS



Routine depression and substance abuse screening at all adult and teen health care visits increases early diagnosis

Integrated mental health and routine primary care screenings improve care coordination



4 BE PART OF THE SOLUTION



Expand access to treatment for mental health and substance abuse disorders

Fight mental health stigma and offer Mental Health First Aid training to communities



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Identified Health Need: Tackling Substance Abuse

Hospital admissions and emergency department visits indicate which substances people in Denver are using and who may have a substance disorder that needs to be treated. Alcohol continues to be the most used and destructive substance in Denver, while the abuse of marijuana, opioids, cocaine and amphetamines are also of concern.

Tackling Substance Abuse in Denver



1 THE FACTS



17% of Denver high schoolers report binge drinking in the past month

1 in 3 drug poisoning deaths in Colorado involve prescription opioids (pain killers)



2 WHY IT MATTERS



Nationwide, 12 to 20 year-olds consume 11% of all alcohol (the most often abused substance)

Opioid deaths can be averted: naloxone can prevent fatal opioid overdoses



3 WHAT WORKS



Ensure access to substance abuse treatment for Medicaid and uninsured individuals

Expand naloxone access beyond paramedics and emergency rooms



4 BE PART OF THE SOLUTION



Screen for substance abuse and use brief intervention tools

Increase awareness of and access to naloxone



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Identified Health Need: Tobacco Use

Young adults have the highest smoking rate of any age group, and recent data indicate that adults often initiate smoking as young adults. Compared to young adults who attended college, those who went straight from high school to work were more than two and a half times more likely to smoke cigarettes. There has been little to no reduction in smoking rates for young adults who go straight to work from high school as compared to those who go to college.

Reducing Tobacco Use in Denver



1 THE FACTS

 About 1 in 5 Denver adults use tobacco

The rate of smoking in Denver did not decrease between 2001 and 2012 

2 WHY IT MATTERS

 Tobacco remains the leading preventable cause of premature death and disability in Denver

If people don't start using tobacco by age 21, they probably won't start 

3 WHAT WORKS

 Implement no-smoking policies: clean air acts, increases in tobacco purchase age, smoke-free campuses, and smoke-free multi-unit housing

Improve access to low- or no-cost comprehensive cessation treatment 

4 BE PART OF THE SOLUTION

 Establish retailer licensing to hold tobacco retailers accountable to underage sales

Implement Ask, Advise, Refer cessation practices across clinical settings 

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Section II: Qualitative Survey and Assessment

Professional Research Consultants, Inc. (PRC) performed the qualitative work for SJH, representing input from persons who represent the broad interests of the community. Their full report has been embedded in this report. Citations to the PRC report will be cited as the page number of the SJH report.



Online Key Informant Survey 2015 Prioritization of Health Issues

City and County of Denver

Prepared for:
Saint Joseph Hospital

By:
Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-0754-02
© November 2015



Professional Research Consultants, Inc.



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Introduction



Professional Research Consultants, Inc.



Project Overview

Purpose

This Online Key Informant Prioritization Survey was implemented as a follow-up to the 2014 Denver Community Health Assessment in order to share key findings from the assessment and solicit input from community stakeholders (or key informants, those individuals who have a broad interest in the health of the community) in prioritizing the significant health needs identified from the assessment. Subsequently, this information may be used to inform decisions and guide efforts to improve health and healthcare services in the City and County of Denver, Colorado.

This Online Key Informant Prioritization Survey was conducted on behalf of Saint Joseph Hospital by Professional Research Consultants, Inc. (PRC) during October and November, 2015.

Process

A list of recommended participants was developed by Saint Joseph Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Announcement

Initially, Saint Joseph Hospital announced the upcoming survey to these individuals via email, asking them to review a series of infographics developed around each of seven identified health needs for the City and County of Denver (links to the infographics were provided in the email announcement). These identified health needs, in alphabetical order, include:

- Access to Care
- Childhood Obesity
- Dental Health
- Mental Health
- Substance Abuse
- Tobacco Use

Images of the referenced infographics follow:



Eliminating Barriers to Health Care in Denver




1 THE FACTS

 In 2015, 9.6% of Denver residents were uninsured compared to 6.7% statewide

 1 in 10 Coloradans wanted to seek care in 2015 but didn't because of costs

2 WHY IT MATTERS

 Health insurance coverage improves, but does not guarantee access to care

 Cost is the main barrier to health insurance coverage and quality health care

3 WHAT WORKS

 Expand Medicaid and launch a health insurance exchange

 Improve health insurance literacy so the newly insured can access primary care

 Increase access to specialty care services for Medicaid and uninsured patients through referrals

4 BE PART OF THE SOLUTION

 Support active outreach and enrollment efforts to reach the remaining uninsured in Denver

 Encourage all health care providers, especially specialty care providers, to accept Medicaid patients

www.denverhealth.com

Reducing Childhood Obesity in Denver




1 THE FACTS


 1 in 6 children in Denver is obese

 1 in 4 children drink more than 2 sugary drinks daily


 Sugar-sweetened beverages are the LARGEST source of empty calories for children


2 WHY IT MATTERS

 Obese children often become obese adults, contributing to rising health care costs

 Obesity is preventable; healthy habits start early

3 WHAT WORKS

 Reinforce healthy nutrition and physical activity habits in childhood

 Implement a warning label on sugary drinks

4 BE PART OF THE SOLUTION

 Become a Colorado Healthy Hospital Campaign Member

 Help set a community decision to not give sugary drinks to children

 Join an existing campaign to quickly and affordably promote drinking healthier beverages

www.denverhealth.com



Improving Dental Health in Denver

1 THE FACTS

- 14% of children screened had untreated cavities
- 4 out of 10 Denver adults didn't see a dentist last year

2 WHY IT MATTERS

- Dental decay in children are the most common childhood illness and can continue into adulthood
- All dental decay in preschoolers and routine preventive dental visits are now covered by Colorado Medicaid and CHIP

3 WHAT WORKS

- Educate parents and kids about the importance of dental health and cavity prevention
- Ensure children have access to dental preventive services

4 BE PART OF THE SOLUTION

- Expand community-based dental outreach programs for children
- Support policy to improve access to dental preventive services

Preventing and Managing Diabetes in Denver

1 THE FACTS

- 1 in 10 Denver adults have been told they have diabetes
- 1 in 3 adults nationwide have pre-diabetes

2 WHY IT MATTERS

- Diabetes is one of the top 10 leading causes of death in Denver
- Without making lifestyle changes, up to 30% of pre-diabetic adults will have diabetes within 5 years

3 WHAT WORKS

- Ensure high-risk adults are being screened for pre-diabetes and diabetes - 9 out of 10 pre-diabetic adults don't know they have it!
- Diabetes care management programs improve blood sugar control

4 BE PART OF THE SOLUTION

- Expand diabetes screening into all health care settings
- Educate communities about diabetes risk factors and disease management



Working Together to Address Mental Health



1 THE FACTS



More than 1/3 of Denver adults report at least 1 poor mental health day in the past month

Substance abuse and mental health conditions are related: 1 in 3 alcohol abusers also report mental illness



2 WHY IT MATTERS

25 YEARS

People who have serious mental health issues die 25 years earlier than those who do not

Team (integrated) care can detect mental health and substance abuse disorders when they are established during teen years



3 WHAT WORKS



Routine depressive and substance abuse screening at all adult and teen health care visits increases early diagnosis

Integrated mental health and routine primary care screenings improve care coordination



4 BE PART OF THE SOLUTION



Expand access to treatment for mental health and substance abuse disorders

Fight mental health stigma and other Mental Health First Aid training to communities



Tackling Substance Abuse in Denver



1 THE FACTS



17% of Denver high schoolers report binge drinking in the past month

1 in 3 drug poisoning deaths in Colorado involve prescription opioids (pain killers)



2 WHY IT MATTERS



Nationwide, 12 to 20 year-olds consume 33% of all alcohol (the most often abused substance)

Opium deaths can be avoided; substance use prevention efforts essential



3 WHAT WORKS



Ensures access to substance abuse treatment for Medicaid and uninsured individuals

Expand substance access beyond paramedics and emergency rooms



4 BE PART OF THE SOLUTION



Screen for substance abuse and use brief intervention tools

Increase awareness of and access to substance





Upon viewing the infographics, recipients were directed to the *2014 Health of Denver Report: Community Health Assessment* (available at the time of this writing at: http://www.denvergov.org/content/dam/denvergov/Portals/746/documents/2014_CHA/Full%20Report-%20FINAL.pdf) for additional background, data or other information.)

The announcement also told these potential participants that they would soon be receiving an email invitation from PRC to take part in the Online Key Informant Prioritization Survey.

Invitation

Following the announcement, PRC emailed invitations to potential participants including a link to take part in the Online Key Informant Prioritization Survey. Before beginning the survey, participants were asked to confirm that they had reviewed the data referenced in the announcement; those who had not, were given the opportunity to review the materials at that time before proceeding with the survey.

The survey was available online over the course of four weeks, and reminder emails were sent as needed to increase participation.

Administration

In the Online Key Informant Prioritization Survey, respondents were asked (after reviewing the assessment data) to rate the **scope and severity** of each of the seven health issues on a scale of 1 to 10, where 1 is "not very prevalent with only minimal health consequences" and



10 is “extremely prevalent, with very serious health consequences.” Results of this prioritization exercise are presented in the Prioritization Results section of this report.

Those respondents rating any of the health issues as a “9” or “10” were further asked open-ended questions about those health issues. For each, a series of questions asked them to describe any specific population(s) impacted, what they believe must be done (or improved) to address this health issue, and if there is any other information that needs to be considered to address this health issue. These qualitative descriptions for each health issue are provided in the Description of Health Issues section of this report. *Note that this qualitative input reflects the perceptions of those participating and is not intended to be representative, all-inclusive or definitive.*

Participation

In all, 70 community stakeholders took part in the Online Key Informant Prioritization Survey, as outlined below:

Online Key Informant Prioritization Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physician	72	21
Public Health Representative	10	4
Other Health Provider	33	10
Social Services Provider	23	5
Community/Business Leader	145	30

These participants included representatives of the following organizations:

- Asian Pacific Development Center
- Bruner Family Medicine
- Caritas Clinic
- Centura Health
- Clinica Tepeyac
- Colorado Access
- Colorado Regina Associates, PC
- Denver County Healthy Communities
- Denver Health
- Denver Human Services
- Denver Public Health



- Focus Points Family Resource Center
- Food Bank of the Rockies
- Inner City Health Center
- Kaiser Permanente
- Lutheran Family Services Rocky Mountains
- Mental Health Center of Denver
- Mile High United Way 211
- Open Door Youth Gang Alternatives
- Rocky Mountain Youth Clinics
- Saint Joseph Hospital GME Community Clinics
- Saint Joseph Hospital/SCL Health
- SAS Health Services
- SCL Health System
- SCL Clear Creek Family Practice
- SCL Physicians
- Servicios de la Raza
- St. Joseph Bruner Family Medicine Clinic
- St. Joseph Hospital Graduate Medical Education
- The Colorado Coalition for the Homeless
- The Empowerment Program
- The Gathering Place
- True Light Baptist Church
- Volunteers in Action
- Wartburg College West

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

African-American, Asian, Diabetics, Disabled, Elderly, Hispanic, HIV Positive, Homeless, Immigrants, LGBT, Low Education Level, Low Income, Medicaid/Medicare, Native American, Nepalese, Non-English Speaking, Russian, Substance Abusers, Undocumented, Uninsured/Underinsured, Victims of Crime, Vietnamese

Medically underserved populations represented:

African-American, Diabetics, Disabled, Elderly, Hispanic, HIV Positive, Homeless, Immigrants, Individuals Unable to Care for Themselves Properly, LGBT, Low Income, Medicaid/Medicare, Mentally ill, Native American, Non-English Speaking, Undocumented, Uninsured/Underinsured, Veterans, Young Adults, Youth





Prioritization Results



Professional Research Consultants, Inc.



Prioritization of Health Issues

After reviewing findings from the community health assessment, respondents were initially asked to evaluate and assign a numerical score (1-10) to each of the health issues, based on their perception of the scope and severity, with "1" being "Not very prevalent, with only minimal health consequences," to "10" being "Extremely prevalent, with very serious health consequences."

The following table illustrates the mean scores calculated from the responses, resulting in a rank ordering of the seven health issues.

Priority of Health Issues		
Rank	Health Issue	Mean Score
1	Mental Health	8.69
2	Tobacco Use	8.14
3	Access to Care	8.07
4	Diabetes	7.88
5	Childhood Obesity	7.41
6	Oral Health	7.36
7	Substance Abuse	7.32

Scale: 1 = Not very prevalent, with only minimal health consequences
10 = Extremely prevalent, with very serious health consequences





Description of Health Issues



Professional Research Consultants, Inc.



Mental Health

Prioritization Results

After reviewing community health data and considering the scope and severity of seven local health issues, key informants ranked Mental Health as the #1 health issue.

Rank	Health Issue	Mean Score
1	Mental Health	8.69

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- 340B Clients
- Children
- Elderly
- Homeless
- Low Income
- Medicaid Recipients
- Uninsured/Underinsured
- Substance Abusers
- Women

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Improve Access to Care

Poor people have limited resources for counselling and mental health support due to funds, time and access. Veterans and young people with well documented conditions who have lost insurance coverage due to their age. Children who aged out of foster care and then have Medicaid. People who have TBI, who are unsupported, homeless or not engaged in a program of sponsorship. People with substance abuse histories; though refugees must pass certain markers of health, I think that there is a great unmet need in that population. - Community/Business Leader



Getting mental health services is difficult for even well-insured patients, but it is especially difficult for Medicaid patients and the uninsured. – Physician

Everyone is impacted. The resources to address mental health concerns are very limited, especially for those underserved, minority and Medicaid populations. – Physician

Better access and accountability for mental health providers to report back to PCP's, more mental health providers. - Physician

Better access to a wide range mental health services for all patients, but especially Medicaid and uninsured. – Physician

Accessible and affordable primary care where needs can be identified early. Support payment reform that supports long term sustainability of integrated behavioral health services in primary care settings. Allow patients even without a formal diagnosis to get mental health services if referred by a provider. - Other Health Provider

In the 60s, the US got into the business of curing those with mental illness, and subsequently eliminated many support programs. I don't think that institutionalization needs to come back, but I do think that some community building is in order for those who have big unmet care needs and for those who may just need a more supportive community around them and their mental health issues without the stigma that often comes with diagnoses. If I could figure out what must be done I would do it! Something like a short term assisted living program to help people live with their struggles and move ahead? Building a community of support? - Community/Business Leader

Obamacare. - Community/Business Leader

What are efforts to increase access to mental health services, across the range of psychiatry, psychology and Allied Health professionals to expand the work force? Any pilot projects to test tele-psychiatry services. - Community/Business Leader

People need transportation to appointments, people need support groups and help to manage their illness. Some folks need group homes to live in a supported community. - Community/Business Leader

Single payer coverage would be one way of providing services for those in need. - Physician

Reduce Stigma

We must de-stigmatize this issue and implement educational and outreach campaigns to ensure effective screening. We need to do an assessment of resources in the community to determine where and what type of care is available. Then we need to create linkages between clinical care, community resources and Public Health Representative. Finally when we determine there are gaps in care, we need to strive to fill those gaps quickly. - Public Health Representative

Remove the cultural stigma that mental health conditions are not diseases. Change the perception that you get what you see, because what you get with a mental health condition is not at all what you see. - Other Health Provider

Community outreach to deal with the stigma of mental health issues in the Latino community. - Community/Business Leader

More outreach, education and more information is needed to reduce the stigma associated with mental illness. We must also not neglect payment reform to fund treatment for mental health illness. There's not enough adequate insurance coverage available for people to access mental illness treatment, so affordability is a huge issue. Insurance companies make it very difficult for providers to be reimbursed for services. There is no consistency in this area and insurance companies are not monitored or held accountable to ensure access to health care services. The state seems to rely on private insurance companies to share the costs and ensure access but often neglect the work that safety net providers continue to provide for the uninsured, underinsured and the undocumented, which are greatly under-funded. - Other Health Provider

Less stigma, more access to mental health services like counselors and psychiatrists. Pay and reimburse for integrated care in primary care clinics. - Physician

Reduce stigma, increase access to specialty mental health care, increase identification and treatment in primary care and other settings. - Other Health Provider

Clear the stigmas. - Community/Business Leader

Mental health is a silent disease, therefore we can stipulate the answer to this question and may very well have data on those who seek services, but we will never have the answer until



the stigma of mental health is removed. - Other Health Provider

Increase Resources Available

Increase community mental health services. These have been regularly cut for the past decades. We also have inadequate inpatient services for those who need hospitalization. We also need more support for family members of the seriously mentally ill. - Physician

Better resources. More exposure to the severity of mental illness. - Community/Business Leader

Increase MHCD style clinics, expanding the scope of treatment. - Physician

Keep going with the crisis team, have respite care for up to seven days as the Emergency Rooms are being used for the wrong reasons. Figure out how we are going to care for this population in the general community, assisted living and get them to be more productive. Many prisoners that were discharged from the system become homeless and lost. They do not get the case management they need, life skill training such as cooking and paying bills. We need to make the profession attractive again. Having more folks trained and experts as psych-neuro has helped some, but hard to access. - Community/Business Leader

More treatment options. - Other Health Provider

Mental health services in neighborhood clinics. Thank goodness insurance companies now must recognize mental health conditions. - Community/Business Leader

More transitional and supportive housing. Homeless patients, in particular, need both medical and mental respite when released from the hospital. There is currently only one service provider that provides medical respite. The closing of the Crossing and the available beds at that location have only put more pressure on respite providers. - Social Services Provider

More mental health services for homeless. More low income housing available. More inpatient facilities. More psychiatrists and psychologists. Need for inpatient substance abuse treatment for Medicaid and uninsured. - Physician

Mental health is everything from stress to psychosis. I think that the dart that lands anywhere on the continuum will help those who are affected by these problems. - Community/Business Leader

More access to mental health therapy. We need funding into telehealth to help support the shortage of providers, and this should not be exclusive to documented individuals. Those who are newly arrived and highly undocumented have a higher need for these services. - Social Services Provider

Promote Prevention Efforts

Screening for mental health, create a system of electronic referral from medical home to community mental health, reduce the stigma. - Public Health Representative

Provide a mental health screening at every encounter and visit. Use the results to guide and offer interventions simultaneously and contemporaneously with the physical health appointment. Staff handing over a business card and saying "here is a number to call for a referral" is not effective. - Community/Business Leader

Funding reform to include prevention and early intervention and integrated care. Stop looking at mental health services delivery from a medical model but rather one that promotes wellbeing for all persons. - Other Health Provider

Cultural relevance of screening tools. Men's needs for mental health. - Public Health Representative

Educate

Educate communities on the importance of mental health and that there are resources. - Community/Business Leader

Education, conversations and examples of what can be discussed and improved, such as mental health and depression. - Social Services Provider

Increase education, awareness, training of first responders and providers to identify mental health issues from other escalations. - Social Services Provider

Public awareness of the silent effects of chronic diseases that can be prevented. - Physician

The community needs to know where and how to use the resources available to them. The



community also needs to take ownership for their own health and well-being. How do they accomplish this can be easy yet so very challenging. If everyone works together, health care costs will decrease and the overall community health will increase. - Other Health Provider

Keep talking. Senior Reach has grown and we need to make PSA several times a day in all media to let seniors know. - Community/Business Leader

Public talks, orientations on mental health and other issues, learning events. - Community/Business Leader

Address Co-Occurrences

Chronic mentally ill. Since we legalized marijuana, the confusion for this population is significant. The medical professionals tell them it is fine to use, the housing folks evict them for doing so and once evicted, they cannot obtain new housing. We have so many addicted young people that they are unable to mature and move forward in life. I see on the report that alcohol is still high numbers but we see on the streets is young people who do not know how to cope in life and use this method for day to day life. This shows in the significant increase of pan handling in all the major intersections in the metro area. - Community/Business Leader

Compassion and understanding, not the use of drugs. - Community/Business Leader

Untreated mental health issues have a tremendous impact on substance abuse as well as the well-being of families. - Physician

Substance abuse treatment. People with mental health issues often self-medicate with substances, particularly due to the lack of proper mental health care. Substance abuse programs are very difficult to access as they have long waiting lists and there might not be space available when the patient is ready to make the change. Often patients who present for an intake for substance abuse issues are given a UA and if it comes up positive then they are denied services. This seems like an unreasonable barrier to those who need substance abuse services. Is it really likely that people asking for help with substance use will present as clean. - Community/Business Leader

Increase Number of Providers

Not enough psychiatrists that specialize in geriatric psychiatry. Need more in general but also need some who accept Medicare and Medicaid. - Community/Business Leader

Increase in case managers and access to psychiatrists who can prescribe medications. Access to free or reduced cost medications. - Community/Business Leader

Increase the number and access to providers. Too many psychiatrists are feeling for service and not willing to accept Medicaid or other payer sources. I would suggest that all licensed providers have a mandate that they see a certain number of Medicaid patients. - Physician

It is very labor intensive. Case workers should have a much smaller load than is the norm. - Community/Business Leader

Improve Insurance Coverage

Improve insurance, cover all Americans with health insurance to include mental health services. - Physician

Increase Medicare and Medicaid reimbursement rate for geriatric psychiatry. Encourage more psychiatric students to study older adult care. - Community/Business Leader

Target Children and Adolescents

Children needing diagnostic evaluations urgently. Families with situational stresses. Suicide prevention efforts. Any condition not already diagnosed as chronic and severe or persistent. - Community/Business Leader

Increase Community Collaboration

No one agency can solve the respite issue on its own. One suggestion would be to form a collaboration between community hospitals that are currently trying to use available beds. - Social Services Provider

Increase Funding

Underfunding of mental health. Parity really isn't real. Frequently things aren't funded that would greatly support a person's travel toward well-being. - Other Health Provider



Integrate with Overall Health

Integrate with physical and oral health programs. - Public Health Representative

Other Information to Consider

“Is there any other information that the community needs to consider in order to address this health issue?”

Postpartum Depression

Women of childbearing age. Pregnancy related mood disorders are the most common complication of pregnancy. Also, infants and young children who do not have a mental health diagnosis but need support and intervention. Middle-aged men. - Public Health Representative
Post pregnancies. More questions and more follow up. - Community/Business Leader

Marijuana Regulation

The legal access to marijuana is a huge game changer in health care delivery yet few are even thinking of what to do to address its ramifications. Self-medicating is a huge danger and barrier to accessing mental health care or accurate diagnostics. - Community/Business Leader

Concerns for LGBT Community

There are mental health disparities, for example transgender people in Colorado report that 36% of the population contemplated suicide at some point in 2014. - Other Health Provider

Use Electronic Medical Records

Again, use electronic health data to determine where specific mental health issue predominate in a community and overlay resources to determine gaps in care and resources. - Public Health Representative

Train/Support the Future Workforce

Incorporate trauma informed care training into the basics of employee orientation when working with exposure to these populations. - Social Services Provider

Undocumented Residents

People who are underinsured, uninsured, low income, limited English speakers, undocumented, newly arrived refugees with trauma, stress and anxiety disorders. - Other Health Provider

Criminal Activity

Broad issue around gun violence, criminal activity. - Other Health Provider



Tobacco Use

Prioritization Results

After reviewing community health data and considering the scope and severity of seven local health issues, key informants ranked Tobacco Use as the #2 health issue.

Rank	Health Issue	Mean Score
2	Tobacco Use	8.14

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- African-Americans
- Homeless
- Low Income Residents
- Mentally Ill
- Substance Abusers
- Youth

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Prevention Efforts

Awareness, especially among young people, of the health problems that this practice has. Maybe school campaigns. - Community/Business Leader

Education. - Physician

More education about tobacco, make it uncool for kids, more access to education in general, make it harder for kids to get it. - Physician

Continued outreach to populations who are at risk of tobacco abuse, youth and particularly those from disadvantaged socioeconomic backgrounds, to prevent them from smoking in the first place. Continued messaging via Public Health Representative on the benefits of tobacco cessation. Continued messaging to providers on the importance of ask, advise, and refer. I am mixed on the benefits of a higher tobacco tax. While I think this is long overdue in Colorado, the tax is regressive and adversely affects those who can least afford it, again related to the fact



that those who are addicted to nicotine are often living in poverty. There must be an aggressive campaign to get tobacco products out of our pharmacies and grocery stores. There is no way that these products should be there, in locations that are selling pharmaceuticals and expressly are sending the message that they are promoting healthy behaviors. This has to end. - Physician

Increase Cessation Programs

Expansion of programs like quit line. - Physician

Our ability to affect the homeless population was negatively impacted when CDPHE's budget was cut and prescription Chantix was eliminated. - Social Services Provider

Provide affordable and accessible treatment for people that want to quit. Increase tax. - Other Health Provider

Readily available and minimal cost NRT, greater educational opportunities for persons who are pre-contemplators. - Other Health Provider

Access to smoking cessation counseling services, medications, when appropriate. Consider raising the tax on tobacco products. - Physician

Continue counseling patients in the health care setting. Offer free nicotine replacement. Efforts to prevent teens from starting to smoke. Continued restrictions on where people can smoke. - Physician

Prevalence/Incidence

Tobacco abuse appears to be a continuing problem in Denver. We have not been able to make any significant inroads into the problem over the past decade. The individuals most likely to use tobacco are the mostly socioeconomically disadvantaged patients and are also those who can least afford it, both financially and with regard to health. Tobacco abuse is also a problem which has ties to mental health and cessation provides fairly quick return on investment with return to health fairly quickly. - Physician

Increase the Tobacco Tax

Increase the tobacco tax. Improve clinician screening and counseling. - Public Health Representative

Youth

People usually start smoking in their teens. Low socioeconomic status patients are more often smokers. - Physician



Access to Care

Prioritization Results

After reviewing community health data and considering the scope and severity of seven local health issues, key informants ranked Access to Care as the #3 health issue.

Rank	Health Issue	Mean Score
3	Access to Care	8.07

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- African-Americans
- Asians
- Children
- Children with Special Health Care Needs
- Disabled
- Elderly
- Hispanics/Latinos
- Homeless
- Illegal Immigrants
- Individuals with Cancer
- Individuals with Chronic Disease
- Low-Income Residents
- Low-Income People of Color
- Medicaid Beneficiaries
- Mentally Ill/Those with Mental Health Issues
- Non-English Speakers
- Obese Individuals
- Pre-Diabetic Individuals
- Refugees



- Single Adults
- Undocumented Immigrants
- Uninsured
- Working Poor

Actions Needed to Address

“What do you believe must be done (or improved) in order to address this health issue?”

Improve Insurance Coverage/Reduce Cost

Try to improve access to care by increasing the numbers of people who have insurance, screening appropriately, and encouraging children not to drink sugary drinks. Getting regular dental care covered. - Physician

Provide clinics that see uninsured, undocumented, and Medicaid patients. – Physician

*Increase access to insurance programs and increase the number of providers who will take patients with those insurance plans, such as Medicaid. Decrease deductibles. – Physician
Obamacare. - Community/Business Leader*

Assistance with medications needs to improve. Insulin can cost over \$350 per month. – Physician

Community programs, low income guidelines, sliding fees. - Community/Business Leader

We need to look closely at the legal statuses that still remain uninsured and who still cannot afford it. They, like all others, still pay taxes, have jobs and contribute to our society in many positive ways. We need to look at the affordability of coverage and potential impact on expanding Medicaid even further. Michigan also had an awesome option for these demographics as well as undocumented. Let's learn from them. - Social Services Provider

Offer more subsidized health programs such as Colorado Bridge from Kaiser Permanente. - Community/Business Leader

Universal Health Insurance for all residents. Care coordinators in medical homes who know the community, not just medical resources, paid for by the RCCO. - Public Health Representative

An industry leader like St. Joe should champion using the hospital provider fee or tax to subsidize specialist care. Raise reimbursement for Medicaid members. This would divert inappropriate Emergency Room utilization, indirectly saving resources for the hospitals. - Community/Business Leader

Not enough doctors taking Medicaid. Just enrolling people into the program does not mean they can be seen by a doctor. This creates false hope. - Community/Business Leader

Increase Outreach

Outreach and education to the underserved and over-represented populations need to happen in culturally-congruent and appropriate methods. Please do not lump populations, groups together and assume one method or technique is sufficient in order to educate and inform. We are such a rich and diverse society and so we must recognize and embrace this to find appropriate ways to outreach, educate, and more importantly, deliver services. - Other Health Provider

Neighborhood outreach. - Community/Business Leader

Ongoing outreach, education, streamlining access and enrollment to Medicaid. - Social Services Provider

Increase outreach and education. Increase the number of providers who accept new patients and provide specialty care to persons who may be seen by the medical community as “difficult to treat”. Coordinate care better, practitioners and practices working together. - Other Health Provider

More outreach to uninsured and to those recently insured so they understand their coverage. -



Physician

Increase Community Collaboration

More community involvement. - Other Health Provider

Improvements in partnership with others who are successful in providing this care may help. Could St. Joe's for instance have an all-night cafe that offers not only nutritious food at a reasonable price, or free to those who cannot pay. Chanty care clinics in other areas of Denver may be needed to address those who cannot make it to our existing clinics? Partnership with the public library to address health and health literacy questions? Partnership with schools to provide or co-sponsor health clinics for the surrounding community near the schools. I feel that the hospital is only one building within Denver, but there are many places and businesses that are built for community purpose that could be approached as part of an integration plan. Such a plan would not only improve access to the outstanding care we can provide, but also could enhance community presence and strengthen reputations and acceptance. -

Community/Business Leader

A community wide approach, Mile High Health Alliance. - Public Health Representative

Educate

Increase education and awareness about public assistance benefits and access points. Proactive outreach for enrollment is also helpful in underserved communities with high-eligible, but not enrolled populations. - Social Services Provider

More education on how to select an insurance product, to not focus on the immediate cost but to figure the total cost for care. Also, to have more medical specialists who will take Medicare or Medicaid. Easier process of getting appointments. - Community/Business Leader

Increased access and education about coverage. - Physician

Early education. - Community/Business Leader

How to teach people to use the health system spans income and insurance classifications. It is a massive problem and counter to the adverts urging "just use the Emergency Room". A concentrated public health campaign is needed to be created and applied consistently throughout all the Denver and metro provider systems. But, just like wearing helmets and not smoking in public, it will take a generation to catch on. St. Joseph's should be the champion to get this massive education effort underway to teach main points. Have a medical home, get consistent care, get well exams, see your provider annually, complete each course of prescribed medications, and wash your hands. Having a "where to turn" resource like health navigators or "moms" for daunting questions or being overwhelmed is essential to make this meaningful. When people are sick or in pain, it is not the time to find out you don't know how to use the system. - Community/Business Leader

Improve Reimbursement Rates

Continue Medicaid-enhanced primary care reimbursement rates to providers; continue RCCO payments to providers to coordinate care, especially for vulnerable populations. - Other Health Provider

Continue to refine and build out networks and reasonable reimbursements. - Community/Business Leader

Increase Number of Providers

Develop reliable, reputable community health centers with access to tertiary care. - Physician

Open options for them. - Other Health Provider

Reduce wait lists. Reduce waiting time in general. Stop making people use the Emergency Room as their home doctor. - Community/Business Leader

Space available in clinics for new patients to offer preventive care. - Community/Business Leader

Target Undocumented Residents

All Denver facilities must take their fair share of undocumented cancer patients. The University has a policy that they will not take undocumented patients, and that must change. Medicaid needs to pay specialists more. - Physician

Community needs to decide how to support undocumented persons who need medical care



prior to their situation becoming an emergency, treated in the most expensive and least comprehensive environment. - Other Health Provider

Take a Holistic Approach to Health

Access to care is also incorporating a holistic approach so we are serving basic needs across a range of shelter, food and employment. - Social Services Provider

Support the Future Healthcare Workforce

Continue to think about ways to train and support the future work force in primary care, especially with a focus on integrated primary care. - Other Health Provider

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Cultural/Language Barriers

Language barrier. - Other Health Provider

Languages spoken by both patients and providers. The definition of health. Health literacy and levels of education among the people we serve, perception of inclusion within health care systems, ease of obtaining appointments, transportation challenges and even home and housing safety, warmth, state of repair and cleanliness can impact whether or not a person feels as though he or she can use the health related resources that are available. Hours of operation for clinics, hours of available transportation, pharmacies' hours. Health clubs, recreation and healthy food choices can be impacted by their availability at certain hours as well. Denver has a large homeless population. If they feel judged or excluded or too limited by their options, they will not participate. Women's health is not just about reproduction. Education is not just about health access. Nutrition is not just calories. - Community/Business Leader

Legislation

Can we put a tax on sugary drinks? - Physician

Reversing TABOR [Taxpayer Bill of Rights] to allow funding mechanisms. - Public Health Representative

Type of Care Most Difficult to Access

Key informants (who rated scope and severity of Access to Care as a "9" or "10") most often identified **mental health treatment**, **specialty care** and **dental care** as the most difficult to access in the community. Their responses are shown in the following table:



	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	48.3%	14.8%	14.8%	22
Specialty Care	20.7%	22.2%	22.2%	18
Dental Care	10.3%	25.9%	18.5%	15
Substance Abuse Treatment	10.3%	18.5%	7.4%	10
Chronic Disease Management	6.9%	11.1%	14.8%	9
Primary Care	0.0%	7.4%	11.1%	5
Hospice Care	0.0%	0.0%	7.4%	2
Custodial Care	3.4%	0.0%	0.0%	1
Preventative Care	0.0%	0.0%	3.7%	1



Diabetes

Prioritization Results

After reviewing community health data and considering the scope and severity of seven local health issues, key informants ranked Diabetes as the #4 health issue.

Rank	Health Issue	Mean Score
4	Diabetes	7.88

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- African Americans
- Asians
- Children
- Hispanics
- Low-Income Residents
- Uninsured Residents
- Medicaid Recipients
- Minorities, People of Color
- Native Americans
- Undocumented Residents

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Educate

More literacy and awareness of the health effects. - Community/Business Leader

More education that is culturally relevant, as well as the nutrition piece. There is also a lot of confusion between pre-diabetes and diabetes. - Social Services Provider

Educate adults to break the cycle. - Community/Business Leader

Monitoring and education. - Other Health Provider



We need more diabetic educators in the community that are approved by Medicare to refer patients. We need free diabetes education in Spanish. - Physician

More free education with real solutions. We should have easy access to syringes and strips. We give out clean needles free to addicts but put huge barriers for diabetic supplies. - Community/Business Leader

Those with poor health literacy. - Physician

Make insulin more affordable for uninsured patients. Education in the Hispanic community about healthy habits and healthy weight. - Physician

Improve Access to Affordable Food

Hard to control populations. They do not get enough money to eat correctly or have to use food money for rent. We see this population slipping in control management and heading for more expensive care needs faster. - Community/Business Leader

Stomp out so many barriers. We have over corrected our community and it is not in favor of low income especially those on fixed income brackets. - Community/Business Leader

As in childhood obesity, we must address healthy food access and improved active living. For adults, addressing sugar loaded beverages may be one of the most important things we could do. - Public Health Representative

Promote Prevention

None of these issues are isolated when you think about the prevention index. Diabetes is a disease of institutionalized poor behaviors encouraged by our economy. It's not just about personal choice, although it can be combated one person at a time. - Other Health Provider

Public Health Representative interventions to reduce risk, reduce the cost of medications. - Physician

More funding and outreach work. - Community/Business Leader

Linking with obesity prevention initiatives. - Public Health Representative

Prevent people from getting obese. More education, nutrition help and walkable areas. - Physician

Care coordination, Public Health Representative Endeavors in places where people are, public housing, included. Support primary care and family practices in treating, using consultation and teaching. - Other Health Provider

Decrease Childhood Obesity

Again, there are many of the same trends experienced by people with Type 2 Diabetes that also impact childhood obesity. Capitalism encourages unhealthy behaviors and we as a community need to circle around the issue and address it in infrastructure, city planning and development, support organic, local farming, and reduce zip code disparities. - Other Health Provider

It's the same as childhood obesity, it's their parents, grandparents and caregivers. It's the overworked and highly ambitious business person with poor eating habits, who is inactive, experiencing high stress and traveling too much to build a stable routine. - Other Health Provider

Better Access to Care/Services

Primary care and education, access to fresh vegetables. - Physician

Better access to primary care and a wide range of diabetic medication, glucose monitoring. Access for uninsured patients. - Physician

People need to have easy access to primary care to get screened and treated for the condition and have their care be coordinated effectively. Proactive outreach must be conducted in high need communities to help people get screened. - Other Health Provider

Promote Healthy Lifestyles

Healthy lifestyle. - Community/Business Leader

Promotion of healthy diets and exercise. - Physician



Improve Access to Medication

Diabetes is an extremely prevalent health issue within the Latino community. In many cases Latino diabetics don't reach out for help until their condition or symptoms become severe. In some instances they cannot always afford the medication they need to manage their diabetes. - Other Health Provider

Demonstrate Political Will

Raising the minimum wage and stopping the school to prison pipeline would be great starts to reducing stress, keeping families together and reducing the childhood obesity that drives this epidemic. - Public Health Representative

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Prevalence/Incidence

Diabetes is increasing at a significant rate in our community. It is tied to many health problems, which lead to significant morbidity and early mortality. The group most affected seems to be Hispanic individuals. But I am also seeing this as a problem tied to obesity which is common in all racial and ethnic groups. Again as seen in childhood obesity, it is tied a lot to communities with poor access to good foods and safe and active living. - Public Health Representative

We need to collectively work to define the prevalence in our community using electronic health record data to really see how common the issue is and where the problem is most prevalent. We should tie this to our measures of childhood obesity since those who are overweight as childhood are likely future diabetics. As such we need to look at community level data, determine prevalence of the problem and then using Health Impact Assessments, drill down to determine how we can affect the community level issues that increase DM risk and obesity in the community. - Public Health Representative

Childhood and Stress

We know now that antibiotics in childhood, stress and maternal preconception health, driven by social factors, set up the body to store fat. So people of color, for example, who experience racism, are heavily impacted and also people with low income. - Public Health Representative

Local Resources

Get to know your neighborhood, your surroundings, and resource centers. - Community/Business Leader



Provider

Food deserts, school meals, safe environments to access exercise options. - Public Health Representative

Less access to fast food, more low cost healthy food, veggies and fruits. More education for adults about how to cook healthy foods so they taste good. - Physician

There are so many factors that have an impact on obesity, ensuring kids have safe and fun places to exercise where they live, access to affordable food that is healthy, time during the school day to exercise, decreased consumption of sugar. All of these factors must be addressed to make a real impact. - Other Health Provider

Promote Nutrition

We need to change the norms on consumption of sugar-sweetened beverages and encourage all persons to engage in moderate exercise. Colorado and Denver have elite athletes, but we also have a lot of people who do very little exercise in their daily lives. We also need a lot more public information about the dangers of childhood obesity and what can be done about it, particularly in the Hispanic community. - Public Health Representative

Do not shame parents, culture or traditional foods. Look at how we can modify it to make it healthier, not to eliminate it from our tables. - Social Services Provider

Try to improve food quality, limit access to sugary drinks, increase taxes on soda and juice. - Physician

Increase Community Collaboration

It would be important to establish collaborative relationships between primary care providers and community based organizations, such as Family Resource Centers and Head Start organizations. Parents to ensure that this topic is consistently addressed through effective, culturally responsive messaging. This issue should also be addressed at the policy level to insure policy makers are aware of the role that they can play around topics like sugar sweetened beverages and food deserts. - Other Health Provider

Integrated prevention and treatment programs that link community programs, public health and clinical care. - Public Health Representative

It is important for the hospital system to work with the local public health and community based organizations to focus on a few key initiatives which are quantitatively measured, leading and lagging indicators. It is necessary for your organization to address community needs which impact health focusing on the overall community and not just those that come to the hospital. - Public Health Representative

Address housing issues, partnerships with schools and community centers for health food distribution, sponsor sports clubs, community gardens, and opportunities for families to participate in healthy living activities. - Other Health Provider

Educate

Education and counseling for them and their parents. - Other Health Provider

Improve the quality and access to education, preschool to college. The more education a person has the more likely they are to be a healthy weight. Also could improve quality of food in schools, limit access to sugary beverages and provide nutrition education in schools. - Physician

More education linking what is considered obesity, BMI or weight only, then link childhood obesity to real stories of health complications. We need that personal story to place ourselves in those shoes. - Social Services Provider

Address Lifestyles

We must address the build environment and other social determinants that lead to poor health habits. We must promote breastfeeding as the best first food. We must address sugar-sweetened beverages and lower the cost of milk and raise the price of sugar-sweetened beverages. - Public Health Representative

Tout the benefits and access to healthy activities year round. Sponsor or partner with schools, communities, recreation districts to provide broad range of activity coupled with nutrition and overall health classes for the whole family. A child will not be a successful healthy person if his family is not included in the actions required to change his life. - Community/Business Leader



Demonstrate Political Will

Raise the minimum wage, require affordable housing as part of all development and pass paid family leave. - Public Health Representative

Watch the HBO show called the Weight of the Nation on Children in Crisis. This issue is not simple and will only get worse without great reforms. - Other Health Provider

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Breastfeeding

Breastfeeding continuation is largely a matter of support, by the woman's partner, family and employer. What are you doing as an employer for all workers? - Public Health Representative

Healthcare Costs

Ethnic foods, autonomy versus paternalism. Ultimately who pays for obese children? What is the impact of an obese childhood on the entire future of that person? What is the cost of not addressing health while people are young and have the greatest opportunity to learn healthy lifetime habits? - Community/Business Leader



Oral Health

Prioritization Results

After reviewing community health data and considering the scope and severity of seven local health issues, key informants ranked Oral Health as the #6 health issue.

Rank	Health Issue	Mean Score
6	Oral Health	7.36

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Adults
- Children
- Chronically Ill
- Elderly
- Homeless
- Low-Income Residents
- Mentally Ill Residents
- Minority Residents
- Substance Abusers
- Uninsured/Underinsured Residents

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Improve Insurance Coverage/Reduce Cost

Dental care is expensive and hard to schedule and access in the lower cost clinics. Dental insurance helps with access to providers, but there are often still issues of hours of operation and the money needed for co-pays. For those adults who have no teeth, dental implants are prohibitive and dentures can be problematic. Oral care is tough when one is homeless or undemourished. - Community/Business Leader



Sliding scale, programs, free dental services for the qualified individuals. Undocumented children. - Community/Business Leader

Offer affordable dental care programs and fairs. There was a program offered in 2011, Delta Dental of Colorado Fund, that was really beneficial to the Swansea, Elyria and Globeville neighborhoods in Northeast Denver. It was sponsored by the governor's office, but it went out of funding really quickly due to the high demand. Please bring it back. - Community/Business Leader

High need for discount programs that address more than just a screening. We are finding more and more severe conditions in tooth decay and root canals due to the lack of preventive services in oral health. - Social Services Provider

Everyone. Covered in insurance and not covered. Coverage is expensive and no coverage is not oral care in a lifetime. - Community/Business Leader

Increase Number of Providers

More providers to deliver affordable care. More education on the importance of oral care. - Other Health Provider

More providers. - Other Health Provider

Increase in low cost dental services by increasing the number of providers and expanding Medicaid to cover dental services. - Physician

More providers willing to see our low income patients. - Physician

Mobile dental van similar to HOP van. Medicaid covering more than \$1000 per year. Greater coverage for things like fillings versus having people get their teeth pulled. - Community/Business Leader

Funding and practitioners to provide service delivery. - Other Health Provider

People can line up at the Stout Street Clinic for dental care. The clinic there can only accommodate a handful of those in need on any given day. People who are low income or homeless that are present with a cavity are given the option to have their tooth extracted versus having their cavity filled. This is a terrible idea for increasing oral health. It also disrupts the integrity of the jaw and causes people embarrassment that they are missing teeth. If this was the way we did dental health for all of America there would be an uproar. - Community/Business Leader

Shortage of places to get care. - Other Health Provider

Reduce Access Barriers

We have messed up the rules and system. We are wasting funds in administrative and multiple layers of rules. Simplify, give the care and knock down the barriers for getting the dental offices paid on time for the right care for the low income adult population. We do much better for kids. - Community/Business Leader

Stop and redo the rules and process from HCPF. - Community/Business Leader

Catch up the programs. - Community/Business Leader

Improve Medicare/Medicaid Reimbursement

Increase Medicaid coverage for poor adults. - Public Health Representative

Dentists must be given incentives through higher reimbursement to treat Medicaid patients. The role of dental hygienists or adding dental therapists to practice in the state could expand access by increasing the work force. - Other Health Provider

Educate

Education to the masses. - Community/Business Leader

Teeth have to last a lifetime. Start early and continue to educate, support, fix and prevent dental problems. - Community/Business Leader

Integrate with Overall Health

Dental health and well-being has been directly correlated with other physical and medical health concerns and issues. - Physician



Substance Abuse

Prioritization Results

After reviewing community health data and considering the scope and severity of seven local health issues, key informants ranked Substance Abuse as the #7 health issue.

Rank	Health Issue	Mean Score
7	Substance Abuse	7.32

Perceptions of Needs

Participants rating the scope and severity of this issue as a "9" or "10" were further asked a series of questions to identify reasons for their perceptions and what they feel is most needed. Their responses are outlined in the following sections.

Populations Impacted

"Please describe any specific population(s) disproportionately impacted by this health issue."

- Adults
- Children
- Elderly
- Hispanics
- Homeless
- Low-Income Residents
- Mentally Ill
- Native Americans
- Teens

Actions Needed to Address

"What do you believe must be done (or improved) in order to address this health issue?"

Focus on Youth

This is similar to mental health issues. The only distinction is we need to address prevention in youth people of marijuana, tobacco and alcohol before they have problems as adults. - Public Health Representative

All but seemingly younger groups are having increased risks especially with marijuana and prescription opiates. - Physician

Young men especially, tens to early thirties who are growing us with legal weed as a part of their daily routine. - Community/Business Leader

Support school programming to develop an early warning system that a child may have a



substance abuse problem in middle school that identifies youth missing school and then develop programming to mitigate the effects of that behavior, through trauma informed therapy. - Public Health Representative

Increase Resources Available

More resources, preventative advice, propaganda. - Community/Business Leader

Additional services, harm reduction services, detox availability, wet houses, and housing. - Other Health Provider

Clearly diverting it or criminalizing its use are not going to take hold. Treatment programs don't work without individuals interested in benefitting so it can't be ordered as a condition of the court. I don't know what can be done but a place to start is talking about it and researching its impact. - Community/Business Leader

Keep working. Decrease the amount of money BHO spends on administrative and repurpose that money to services. We need many neighborhood safe offices that are not big waiting rooms and costly structures. - Community/Business Leader

Improve access to diagnosis and treatment. Prevent overuse of narcotics. - Public Health Representative

Expanded resources for inpatient treatment that are acceptable to Medicaid and uninsured patients. - Social Services Provider

Expand treatment infrastructure in the state, train primary care work force to screen early and know where they can refer patients for treatment. - Other Health Provider

Better access to treatment centers. - Physician

Recognize Co-occurrences

Substance abuse often is a result of an underlying mental health issue. Treatment for both needs to go together. Therefore there is a need to reform and fund the payment models. - Other Health Provider

Improve mental health services, improve pain management services, improve access to substance abuse cessation services, and make it easy for patients to access all of the above. - Physician

Mental health access, treatment centers that uninsured and Medicaid patients can access. - Physician

Address the System

We need more providers that operate from an anti-oppression frame work and not just concerned about detox holds. If we don't address the systemic issues that drive our families to abuse, we cannot have any hope. - Social Services Provider

We are not treating the most vulnerable, giving mixed signals and creating many more new social issues such as evictions. There is indications that financial exploitation is worse for elders from the addicted adults that happen to be their family. The elders have no idea how to turn off the spigot. - Community/Business Leader

Continuum of care questions. Relapse is quick, so transition and levels of service would be important. More emphasis on harm reduction. - Social Services Provider

Prescribers need to absolutely limit the number of prescribed opiates. Emergency Rooms also need to be involved, as many are simply given a prescription for ease of dismissing patients from the Emergency Room. Unfortunately, the legalization of marijuana has perhaps increased this issue. - Physician

Marjuana is not innocuous. Patients need to refrain from expecting that narcotics will be provided for any minor issue. - Physician

Educate

Educating the student on the effects cannabis. - Community/Business Leader

Training and education. - Social Services Provider

Change Cultural Norms

Less access and greater acknowledgement. Liquor stores and bars need to close at



reasonable hours, like midnight. People who purchase whatever amount of liquor need to be tracked and referred for intake exams. Families need to talk about history of substance abuse openly. - Other Health Provider

Make it not cool. - Community/Business Leader

If you are proud of yourself you won't abuse a substance. - Community/Business Leader

We did much better in the 80's when we spoke honestly about this topic. - Community/Business Leader

Reduce Stigma

Again, de-stigmatizing this issue is key. Community needs more resources to address this issue. It is a sign of the stress our community has and how for many there are no options for treatment. - Public Health Representative

Reduce stigma, increase access to care. - Other Health Provider

Intervene Early

Teens, early intervention in elementary school aged kids. - Other Health Provider

Increase Bilingual Providers

Not enough providers who speak other languages. - Social Services Provider

Other Information to Consider

"Is there any other information that the community needs to consider in order to address this health issue?"

Prevalence of Liquor Stores

The number of liquor stores per capita of residents is higher in the tourist regions and low-income neighborhoods in Colorado. There are clear disparities because of the implied or real demand. - Other Health Provider

Criminal Justice

Need to include criminal justice and homeless supports in broader discussion as well as substance abuse supports. - Other Health Provider

Marijuana Regulation

What is the impact of marijuana legalization upon the health of the population, especially teens longitudinally? - Community/Business Leader



Most Problematic Substances

Key informants (who rated scope and severity of Substance Abuse as a "9" or "10") most often identified **alcohol** and **heroin/other opioids** as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	50.0%	18.2%	14.3%	18
Heroin or Other Opioids	9.1%	36.4%	19.0%	14
Prescription Medications	22.7%	13.6%	4.8%	9
Methamphetamines or Other Amphetamines	4.5%	4.5%	33.3%	9
Cocaine or Crack	9.1%	13.6%	9.5%	7
Marijuana	4.5%	13.6%	9.5%	6
Inhalants	0.0%	0.0%	4.8%	1
Over-The-Counter Medications	0.0%	0.0%	4.8%	1



Other Comments

Apart from the seven health issues specifically addressed in the Online Key Informant Prioritization Survey, respondents were given the opportunity to identify and describe other health/community issues that they believe are important. The following represent their comments:

Affordable Housing

Affordable housing. The cost of real estate is outrageous in the Denver area, so many people are sharing single family housing with multiple families which affects health through crowding, sanitation, mental health factors such as stress and peace. Apartments are difficult to live in for many people due to the closed in nature of them and the proximity to neighbors. Affordable housing for some is provided by the city, but the un-housable, such as the homeless people with existing care, health and mental health issues have no such options, or cannot qualify and then play the administrative game. Could we find a spot of land, make a co-housing community that allows people their own tiny house or mobile type home that centers around a community or shared main house for meals and resources. A program such as Habitat for Humanity could serve as the model to bring people housing stability, safety and community, which impacts health and enhances empowerment. - Community/Business Leader
Homelessness. - Physician

Importance of Preventative Care

Not a health issue but a problem, kids are not receiving their well-child checks. - Community/Business Leader
Lack of focus on preventive care. - Other Health Provider

Prevalence of Firearms

Gun violence. The prevalence of guns in our communities is a significant threat to the health of our urban communities across the country and in Denver. This is an area that deserves a lot of study and funding to do the necessary research. It has been neglected and underfunded for far too long and for no other reason than a powerful gun lobby in America. This has to change. Far too many children and young adults have lost their lives due to a lack of courage on the part of our representatives in our political system and probably a lack of courage in many individuals who are outside the system but could have a voice together if we spoke up. - Physician

Child Abuse and Neglect

Safety of children for abuse and neglect. We see time and time again that our children are left in living situations that are untenable at best and getting hurt both physically and emotionally. - Other Health Provider

Maternal Health

Health of women before and between pregnancies, preconception and interconception health. Think of all the subsequent issues that are eliminated or reduced if this is improved. - Public Health Representative

Vision Care

Vision care, adults, especially those uninsured and/or undocumented struggle to get eye exams and follow up care, such as cataracts. - Social Services Provider

Concentrate on the Worst Problems, Then Connectors

There are many but we need to concentrate on the worst problems and then the connectors. - Community/Business Leader



Demoralization of Our Population Needs to be Addressed

I feel there is a general demoralization of our population that needs to be addressed. The pride in ourselves has diminished as a society. We need someone or something to look up to with pride. - Community/Business Leader





Resources



Professional Research Consultants, Inc.



Resources Available to Address the Significant Health Needs

Finally, survey respondents scoring the scope and severity of any of the tested health issues as a "9" or "10" were further asked to list up to five potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health need. These resources are listed below; this list is not exhaustive, but rather outlines those resources identified in the course of conducting this prioritization survey.

Access to Care

Adventist Facilities
 Asian Pacific Development Center
 Assistance Sites Through Connect for Health
 Bruner Family Medicine Clinic
 CAAS and PE (Certified Application Assistance Sites and Presumptive Eligibility Sites)
 Cantas Clinic Medical and Surgery
 Case Managers
 CENTURA Links
 Churches
 Clinica Colorado
 Clinica Tepeyac
 Colorado Access Medicaid
 Colorado Bridge
 Community Based Programs
 Denver Health
 Denver Health Alliance
 Denver Health Ambulatory Clinics
 Denver Human Services
 Denver Inner City Health
 Denver Rec Centers
 Denver Health Mobile Mammogram Clinic
 Emergency Medicaid
 Emergency Rooms
 Food Banks
 HCP (Health Care Program for Children with Special Needs)
 Health One Facilities
 Healthcare Exchange
 HOP Van
 Hospitals
 Inner City Health Center
 Inner City Sliding Scale Discount

Program
 Library
 MCPN (Metro Community Provider Network)
 Medicaid
 Medicare
 Mental Health Center of Denver
 Metro Care-Ring
 Metro Community Physician Network
 National Jewish Health
 Neighborhood Organizations
 Porter Adventist Mental Health Program
 Private Providers/PCMP (Primary Care Medical Provider)
 Rocky Mountain Youth Clinic
 Rose Medical Center
 RTD (Regional Transportation District) Regional Bus Service
 Salud
 Schools
 Servicios de la Raza
 Social Worker
 Soup Kitchens
 St. Joseph Hospital
 St. Joseph Hospital Clinics
 Stout Street Clinic
 Walgreens
 West Pines

Childhood Obesity

5210 Approach to Address Childhood Obesity
 After-School Programming
 Be Healthy Denver CHIP
 Clinica Tepeyac
 Colorado Department of Public



Health Representative and Environment
 Cooking Matters
 CREA Results
 Denver Botanical Gardens
 Denver Public Health Representative
 Denver Public Schools
 Denver Urban Gardens
 Grow Haus
 Healthier Colorado
 Heart Smart
 Inner City Health Center
 Live Well Colorado
 Mental Health Center of Denver
 Metro Care-Ring
 Padres Unidos
 Parks and Recreation
 Rocky Mountain Youth Clinic
 Schools
 YMCA MEND Program

Diabetes

American Diabetes Association
 Clinica Colorado
 Clinica Tepeyac
 Community Based Programs
 CREA Results
 Denver Environmental Health
 Denver Health
 Denver Public Health Representative
 Denver Rec Centers
 Diabetes Prevention Program
 Farm to Table Movement
 Friends/Family
 Health Fairs
 Healthy Breastfeeding Hospitals
 Inner City Health Center
 Mental Health Center of Denver
 Metro Care-Ring
 Primary Care Providers
 Salud
 Schools
 Silver Sneakers
 St. Joseph Hospital
 Television
 Ventanilla de Salud With CAHEP

(Colorado Alliance for Health Equity and Practice)
 Workplace Wellness Programs

Mental Health

AANA (Alcoholics Anonymous/Narcotics Anonymous)
 Asian Pacific Development Center
 Aurora Mental Health
 Behavioral Health Organizations
 Bethesda
 Boulder County Mental Health
 Case Managers
 CHARG
 Children's Hospital
 CHORDs System
 Churches
 Clinica Colorado
 College Health Centers
 Colleges/Universities
 Colorado AIDS Project
 Colorado Coalition for the Homeless
 Colorado Mental Wellness Network
 Community Crisis Center and Hotline
 Community Mental Health Centers
 Community Wellness Programs
 County Mental Health Departments
 Crisis Intervention
 Denver Center for Mental Health
 Denver Health
 Denver Human Services
 Denver Mental Health
 Early Intervention and Treatment
 Emergency Rooms
 Fort Logan
 Hospitals
 Inner City Health Center
 Jefferson County Mental Health
 Jesus Saves Mission
 Local Support Groups
 Men Talk
 Maniposa Counseling
 MCHD



Section III: Saint Joseph Hospital Selection of Top Needs

On December 2, 2015, Saint Joseph hosted a one-time Community Health Needs Task Force session. Community representatives included public health, practicing providers representing vulnerable populations, and a community leader of an inner-city care clinic, organizations. The hospital was represented by Mission, Community Benefit, Respiratory Therapy, Nursing, Social Work, and representatives from the hospital’s safety net clinics.

Process and Selection of Top Needs

The meeting consisted of a presentation covering a history of the requirements for the community health needs assessment, a review of each of the new 7 needs including survey participant ranking and comments, and a list of resources identified by survey participants. The role of the Task Force was clarified: review and discuss both the quantitative and qualitative data and, based on scope, severity, and ability of the hospital to impact, score each of the twelve needs. The Scoring Tool is shown on Appendix A.

Results

According to the Task Force, the scores and rank for each priority were:

Task Force Score of Health Issues		
Rank	Health Issue	Mean Score
1	Mental Health	8.61
2	Tobacco Use	8.14
3	Access to Care	8.07
4	Diabetes	7.88
5	Childhood Obesity	7.41
6	Oral Health	7.36
7	Substance Abuse	7.32

Scale: 1 = Not very prevalent, with only minimal health consequences

10 = Extremely prevalent, with very serious health consequences



Top needs scored by the Task Force were vetted by Executive Leadership at SJH and based on the hospital's ability to affect the top needs, the decision was made to address **Mental Health** and **Tobacco Use**. These top needs will be the focus of the 2015-2018 HIP.

Other Needs Not Being Addressed by the Hospital

All needs on the list of top needs are important to SJH, yet the hospital is realistic that in order to make a difference in the lives of those affected by mental health issues and tobacco use, the hospital must focus its leadership and time on the selected needs. Limitations of funding and staff expertise at the hospital level, absence of state grants to support lower ranking work, as well as input from the Task Force were seen as barriers to effectively addressing and impacting the other needs.

Next Steps

This report and identified top needs were sent to the Foothills Board for review, comment and approval. Once approval has been obtained, SJH will develop the 2015-2018 HIP. Task Force members were offered the opportunity to participate in the development and implementation of the Plan.



Appendix A: Prioritization of Top Needs Scoring Sheet



2015 Community Health Needs Assessment Saint Joseph Hospital Prioritization Exercise

Please complete both sides of this worksheet and turn it in when finished. Your time and expertise is both appreciated and critical to our success. Thank you!

Please rate the following health issues on based on scope and severity:

- How big is the issue?
- How many people are affected by this health issue?
- Is it recognized as a health issue in the community, among key informants?
- To what degree does this health issue lead to death or disability, impair quality of life, or impact other health issues?

	NOT very prevalent at all, with only minimal health consequences										EXTREMELY prevalent, with very serious health consequences
	1	2	3	4	5	6	7	8	9	10	
1. Older Adults & Aging	1	2	3	4	5	6	7	8	9	10	
2. Mental Health	1	2	3	4	5	6	7	8	9	10	
3. Cancer	1	2	3	4	5	6	7	8	9	10	
4. Substance Abuse, including Tobacco	1	2	3	4	5	6	7	8	9	10	
5. Exercise, Nutrition & Weight	1	2	3	4	5	6	7	8	9	10	
6. Heart Disease & Stroke	1	2	3	4	5	6	7	8	9	10	
7. Diabetes	1	2	3	4	5	6	7	8	9	10	
8. Immunizations & Infectious Diseases	1	2	3	4	5	6	7	8	9	10	
9. Oral Health	1	2	3	4	5	6	7	8	9	10	
10. Access to Health Services	1	2	3	4	5	6	7	8	9	10	
11. Respiratory Diseases	1	2	3	4	5	6	7	8	9	10	
12. Maternal, Fetal & Infant Health	1	2	3	4	5	6	7	8	9	10	



Please rate the following health issues on our ability to impact as an organization:

- What is the likelihood of our hospital/organization having a positive impact on this health issue, given available resources?
- This should reflect our ability to address this issue independently or in conjunction with potential community partners.

	NO ability to impact										GREAT ability to impact									
1. Older Adults & Aging	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
2. Mental Health	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
3. Cancer	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
4. Substance Abuse, including Tobacco	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
5. Exercise, Nutrition & Weight	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
6. Heart Disease & Stroke	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
7. Diabetes	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
8. Immunizations & Infectious Diseases	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
9. Oral Health	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
10. Access to Health Services	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
11. Respiratory Diseases	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
12. Maternal, Fetal & Infant Health	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

Please rate the following health issues on the effort required to implement:

- What is the high-level measurement of how much time, effort or resources needed to implement the issue?
 - Consider the following:
 - Ease and cost of implementation
 - Resources
 - Money and budget
 - Available technology and requirements
 - Skills and competence availability and requirements
 - Process and supply chain needs

	NO effort										GREAT effort									
1. Mental Health	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
2. Tobacco Use	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
3. Access to Care	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10



4. Diabetes	1	2	3	4	5	6	7	8	9	10
5. Childhood Obesity	1	2	3	4	5	6	7	8	9	10
6. Oral Health	1	2	3	4	5	6	7	8	9	10
7. Substance Abuse	1	2	3	4	5	6	7	8	9	10



Appendix B: Requirements for Nonprofit Hospitals

For non-profit hospitals, the Community Health Needs Assessment (CHNA) serves to satisfy certain general requirements of the Affordable Care Act of 2010 (ACA). Final requirements for non-profit hospitals that apply to this CHNA are outlined in General Requirements of the ACA, Requirements for Charitable 501(c)(3) Hospitals 26 C.F.R. § 1.501(r)-3 (2015). The following table has been established to assist auditors and compliance officers with assurance that Good Samaritan Medical Center meets regulatory compliance associated with Final Rule 501(r)-3 Requirements.

Requirement		Report Page #
B.(6) Documentation of a CHNA.		
(i) The CHNA report adopted for the hospital facility by an authorized body of the hospital facility must include:		
(A)	A definition of the community served by the hospital facility and a description of how the community was determined.	10
(B)	A description of the process and methods used to conduct the CHNA.	9
(C)	A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.	9
(D)	A prioritized description of the significant health needs of the community identified through the CHNA, along with:	12
	A description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.	62
(E)	A description of the resources potentially available to address the significant health needs identified through the CHNA.	60-62
(F)	An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	5
(ii) A hospital facility's CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report:		
	Describes the data and other information used in the assessment,	9
	Describes the methods of collecting and analyzing this data and	9
	Identifies any parties with whom the hospital collaborated, or	9
	In the case of data obtained from external source material, the CHNA report may cite the source material rather than describe the method of collecting the data.	20



(iii)	A hospital facility's CHNA report will be considered to describe how the hospital facility took into account input received from persons who represent the broad interest of the community it serves if it:	
	Summarizes any input provided by such persons and how and over what time period such input was provided;	21-30
	Provides the names of any organizations providing input and summarizes the nature and extent of the organization's input; and	29
	Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input.	30

