Littleton Adventist Hospital
2013 Community Health Needs Assessment
# TABLE OF CONTENTS

1  INTRODUCTION.............................................................................................................................................. 3
   1a  Brief description of hospital, history and services provided ................................................................. 3
   1b  Mission statement, vision and values....................................................................................................... 5
   1c  Organizational commitment to community benefit................................................................................. 6
   1d  Commitment statement to the uninsured and underinsured................................................................. 7

2  COMMUNITY HEALTH NEEDS ASSESSMENT .................................................................................................. 9
   2a  Community ............................................................................................................................................... 9
       2a i  Definition of community served by the hospital ............................................................................. 9
       2a ii  Demographics of the community .................................................................................................... 9
       2a iii  Uninsured persons, low-income persons, and minority groups .................................................... 10
       2b  Data collection ........................................................................................................................................ 12
           2b i  Process used to gather data .......................................................................................................... 16
           2b ii  Information gaps............................................................................................................................ 17
       2c  Health needs of the community ............................................................................................................. 17
           2c i  Process to identify and prioritize needs ...................................................................................... 17
           2c ii  Prioritized list and description of community health needs....................................................... 18
           2c iii  Healthcare resources available in the community to meet the needs ........................................ 19

3  CONTACT INFORMATION............................................................................................................................. 20
Littleton Adventist Hospital, in Littleton, CO, has served south metro Denver for over 20 years. Littleton Adventist Hospital is sponsored by Adventist Health System and is part of Centura Health, Colorado’s largest hospital and health care network delivering advanced care to more than half a million people each year, across 13 hospitals, seven senior living communities, medical clinics, Flight for Life® and home care and hospice services. Littleton’s and Centura’s strength lies in the ability to offer a team of connected networks and shared resources to deliver accessible, reliable and cost-effective health care across the state. Littleton Adventist Hospital is a full service 231-bed acute care facility that has been providing expert, compassionate healthcare to the south metro Denver area for more than 20 years.

Distinctive Services

The Hospital provides leading medical experts, cutting edge technology and a broad array of clinical services. Its distinctive services are listed below.

- **Breast Center**: The Breast Center offers the full spectrum of screening and diagnostic services including digital mammography, ultrasound, breast MRI, PET and stereotactic biopsy.
- **Cancer Care**: The cancer service includes a dedicated oncology inpatient unit, with more than 50% of the specially trained oncology nurses having their oncology certification, and a palliative care team as a resource for patients and their families.
- **Cardiac Services**: Littleton Adventist Hospital is designated as a nationally accredited Chest Pain Center by the Society of Chest Pain Centers.
- **Emergency and Trauma Services**: A team of trauma-trained surgeons, neurosurgeons, orthopedists, anesthesiologists, emergency physicians and specially certified emergency nurses are there to handle any emergency - simple or complex. Board certified physicians help to provide care for pediatric patients up to 18 years of age. Littleton Adventist Hospital is part of Centura Health’s Trauma System.
- **Intensive Care Unit**: The highly-skilled Registered Nurses and interdisciplinary teams take care of patients who are critically ill and require continuous, comprehensive care. The medical team is led by intensivists with special training in critical care medicine. Joining the patient care team as need arises are trauma-trained surgeons, neurosurgeons, neurologists, interventional radiologists, cardiologists, orthopedists, clinical pharmacists, respiratory therapists, palliative care nurses, physical, occupational and speech therapists, nutritionists, chaplains, and others.
• **Medical Imaging:** The comprehensive technology includes: CT, DEXA (bone densitometry), Diagnostic X-ray, Digital Mammography w/CAD, Interventional Radiology, MRI, Breast MRI, Neurodiagnostics, Nuclear Medicine, SPECT/CT, PET/CT ultrasound and stereotactic biopsy.

• **Neonatal Intensive Care Unit:** For more than 10 years, the Level IIIB NICU has been the highest designated NICU in the south metro area. Littleton Adventist Hospital's compassionate team of experienced specialists includes neonatal nurses, perinatologists, neonatologists, pediatricians, 24-hour in-house neonatal nurse practitioners, developmental specialists and respiratory therapists.

• **Obstetrics:** An experienced nursing staff and expert doctors provide pampering, an all-natural experience, or high-level expertise for a complicated pregnancy. The Perinatal Care Center specializes in the care of high-risk pregnancies.

• **Rehabilitation (Physical, Occupational, and Speech):** Littleton Adventist Hospital offers a full range of therapy services which includes Physical Therapy, Occupational Therapy, Speech Therapy, and Massage Therapy in the inpatient and outpatient settings. Areas of expertise include manual therapy; lymphedema management; dry needling; and sports medicine. In addition there is a focus on management of patients with neurological diseases, traumatic brain injury, concussions, cognitive deficits, and swallowing disorders.

• **Robotic Surgery:** The daVinci® system enables surgeons to perform even the most complex and delicate procedures like prostatectomies and hysterectomies with unmatched robotic precision. Benefits of this minimally-invasive surgery can include smaller incisions, less pain and trauma for patients, and a faster recovery.

• **Sleep Disorder Center:** The sleep lab staff diagnoses and treats conditions such as obstructive sleep apnea, insomnia, narcolepsy, restless leg syndrome, night tremors, sleep walking and more.

• **Stroke Center:** The stroke center has been accredited as a Primary Stroke Center by the Joint Commission since 2005 and continues to receive recognition from the American Stroke Association for excellence in care delivery, including recognition for how quickly it treats stroke patients. Littleton Adventist Hospital also serves as a telestroke hub for several rural hospitals throughout Colorado and is a part of the Centura Health Stroke Network of Care.”

Awards and Honors

• “Breast:
  - The Breast Center at Littleton Adventist Hospital received the "gold standard" in accreditation for breast centers nationally from the National Accreditation Program for Breast Centers (NAPBC).
  - Littleton Adventist Hospital is the proud recipient of the 2011 American College of Radiology (ACR) Gold Seal of Accreditation in Breast Ultrasound.

• Stroke:
  - Littleton Adventist Hospital was Five-Star Rated for Stroke Treatment in 2012.
  - Littleton Adventist Hospital’s stroke program has recently been named to the Target Stroke Honor Roll by the American Heart Association/American Stroke Association.

1 http://www.mylittletonhospital.org/fact-sheet
Littleton Adventist Hospital has received the Gold Plus Recognition from AHA/ASA for the highest possible "Get With The Guidelines" achievement recognition for Stroke and Heart Failure.

• **Urology:**
  o U.S. News & World Report Ranks Littleton Adventist Hospital - Littleton Adventist Hospital has been recognized as one of the nation’s 1,500 best hospitals for excellence and expertise in urology care.

• **Cardiac:**
  o HealthGrades, a leading independent healthcare ratings company has ranked Littleton Adventist Hospital #1 in Colorado for Coronary Interventional Procedures for 2012. The hospital has also received a five-star rating for treatment of stroke and is rated one of HealthGrades America’s 100 Best for Pulmonary Care.
  o Littleton Adventist Hospital has received the Gold Plus Recognition from AHA/ASA for the highest possible "Get With The Guidelines" achievement recognition for Stroke and Heart Failure.
  o Littleton Adventist Hospital is nationally certified by the Joint Commission in Acute Coronary Syndrome.
  o **Chest Pain Center** - Littleton Adventist Hospital was the first hospital in Colorado to be designated a nationally accredited Chest Pain Center by the Society of Chest Pain Centers.²

See [http://www.mylittletonhospital.org/body.cfm?id=26](http://www.mylittletonhospital.org/body.cfm?id=26) for additional awards and honors.

### 1B MISSION STATEMENT, VISION AND VALUES

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

**Our Vision:** *To fulfill a covenant of caring for our communities to become their partner for life.*

**Our Core Values:**

**Compassion** - In serving our customers, their families and each other, we will:
  o Honor the individuality of each person;
  o Treat each person with dignity, taking the time to be present, to listen, to explain and to understand;
  o Create a caring environment that exudes humanity, humility, grace and love.

**Respect** - In working with each other, we will:
  o Encourage and value the contributions of each person, and make each feel supported, reassured and empowered;
  o Listen well, communicate openly and honestly, and encourage others to do the same;
  o Treat others as we would like to be treated ourselves, relating so well with them that they actively seek to associate with us.

² [http://www.mylittletonhospital.org/body.cfm?id=26](http://www.mylittletonhospital.org/body.cfm?id=26)
**Integrity**- In all of our interactions, we will:
- Foster trust by being truthful, empathetic and consistent;
- Be authentic and courageous, aligning what we are thinking, saying, feeling, and doing;
- Be responsible for and follow through on the commitments we make.

**Spirituality**- In honoring the missions, ministries, and heritages of our Catholic and our Adventist sponsors, we will:
- Add meaning and purpose to the lives of our associates, physicians, and partners;
- Celebrate the role of spirituality in healing for each individual;
- Serve each other and our communities in harmony with the inclusiveness, wholeness and touch that characterized Christ’s healing ministry.

**Stewardship**- In managing the natural, human, and financial resources to which we have been entrusted, we will:
- Seek ways to appropriately utilize resources, allowing us to become more effective and productive;
- Act responsibly, taking only those actions that align with our mission;
- Be accountable to the organization and to each other for our actions and the outcomes they produce.

**Imagination**- In seeking to grow our ministry, we will:
- Look beyond the challenges of the present and envision what is possible;
- Cultivate and reward innovation and risk taking;
- Embrace continuous learning and positive technological advancement.

**Excellence**- In all we do, we will:
- Put forth our personal and professional best, providing the highest quality of care of which we are capable;
- Commit ourselves to continuous improvement, seeking to set the recognized performance standards within our industry;
- Deliver a superior experience for all of our customers, sensing their needs and exceeding their expectations.

### 1C ORGANIZATIONAL COMMITMENT TO COMMUNITY BENEFIT

Colorado’s needs are growing. To live our mission in an economy that challenges more people than ever before, Centura Health continues to lead the way in helping Coloradans access quality health care. The connected network of facilities, entities and foundations that form the Centura Health family are serving community needs through education, preventive care, safety initiatives, health advocacy, counseling and support groups.

Our work in our communities is born out of the second part of our mission, which compels us to serve others “...by nurturing the health of our communities.” From access for the uninsured, to serving as a voice for health care in the state legislature, to community classes and education to build strong, healthy communities, Centura Health is a partner for life. We are more committed than ever before to making our world a better place, and we seek to make the most impact in every community we touch.

Littleton Adventist Hospital provided $38,899,346 million in total community benefit in fiscal year 2012.
According to Centura.org, more than 700,000 Coloradans are without health insurance and, as a result, growing numbers are facing difficulties paying for medical care. Centura Health believes that hospitals should have the ability to offer discounts to those who are unable to obtain insurance and do not meet charity care criteria. It is the policy of Centura Health to provide uninsured patients with discounted rates for all hospital bills. The discount is applied to all hospital inpatient, outpatient and Emergency Room bills that have been screened and do not have third-party insurance, Medicare, Medicaid, Champus, or other governmental payer programs and do not meet the Centura charity guidelines. Centura Health strives to compassionately serve uninsured patients with an understanding of the financial burdens they may face. Centura supports and advocates for meaningful and appropriate changes in legislation that improve access to affordable, quality medical care for the uninsured.

Centura Health will treat uninsured patients in the following manner:

- Uninsured patients will be treated fairly and with respect during and after treatment, regardless of their ability to pay.

- Uninsured patients will be provided with financial counseling, including assistance applying for local, state and federal health care programs such as Medicare, Medicaid and the Colorado Indigent Care Program.

- Uninsured patients will be informed of and assisted in applying for charity care available through Centura Health as appropriate.

- Centura Health utilizes a charity discount schedule that takes into account state or federal poverty guidelines to aid in the qualification of patients seeking assistance in meeting their financial obligations.

- Financial counselors will attempt to meet with all uninsured patients prior to discharge from the hospital.

- Financial counselors will use best efforts to personally contact uninsured patients before any collection activities are initiated.

- Uninsured patients that do not qualify for assistance will receive a 30 percent discount off billed charges. This will automatically be adjusted during the billing process, so that all statements and collection efforts will be based on the discounted amount.

- Centura will also offer an additional 15 percent Prompt Pay Discount for accounts paid in full within 60 days of receiving the first statement of patient liability.

- If at any point an alternative payment source is identified, all discounts stated in this policy will be reversed.

- A call center is available so that patients may speak to an individual who can help them with questions on their bills; the call center phone number is prominently displayed on all billing correspondence.

- Hospital-based physicians and related entities will be encouraged to follow the Centura Health Principles Regarding Uninsured Patients but this is done at their discretion.
Centura Health will not engage in the following activities:

Centura Health will not pursue legal action for nonpayment of hospital bills against any patient who has worked with Centura to demonstrate his or her inability to pay and who is unemployed or otherwise financially unable to pay.

Centura Health will not pursue legal action for nonpayment if the only way to collect payment would be to place a lien on the patient's home.

Centura Health always has distinguished itself from other hospitals and systems in its treatment of the uninsured:

Centura Health hospitals will continue to treat patients in their emergency rooms without regard to the patient's ability to pay. All patients will continue to be triaged and treated as appropriate.

Centura Health has provided numerous outreach programs to the community in its pursuit of healthy communities and constantly seeks opportunities to advance its health care ministry.

It is not the practice of Centura Health to place a lien on a patient's home when it is the patient's only asset.

Centura Health will continue to work for increased access and coverage for the uninsured through legislative and community activity.

It is the practice of Centura Health not to pursue legal action for nonpayment unless it has first examined the patient's eligibility for other assistance or charity care.
2 COMMUNITY HEALTH NEEDS ASSESSMENT

2A COMMUNITY

2A I DEFINITION OF COMMUNITY SERVED BY THE HOSPITAL

To ensure alignment with publicly available Colorado Department of Public Health and Environment (CDPHE) data, Centura Health leaders decided that Colorado counties would comprise the geographic area for the 2012 Community Health Needs Assessment (CHNA). Individual Centura hospital facilities then examined their primary market areas and identified Colorado counties where at least 10% of their patient population resided. The counties identified by each facility comprise the “Primary Service Area” used in the data reports. The Primary Service Area for Littleton Adventist Hospital includes Arapahoe, Douglas and Jefferson Counties.

2A II DEMOGRAPHICS OF THE COMMUNITY

The Littleton Adventist Hospital service area covers three counties with diverse demographic situations:

- Population—Within the Centura Health South Denver Operating Group, Denver is the most populous county followed closely by Arapahoe and Jefferson Counties. Douglas County is the smallest county in the group.

- Growth- Douglas County experienced the most growth of ALL Centura Health hospitals. Jefferson County has the smallest amount of growth

- Age- While all counties in Colorado are aging, as a population, our counties show disparate numbers. Jefferson County is in the top 5 of the oldest population counties in the state, while Arapahoe is in the
top 5 with the youngest population and Douglas County with the youngest population. The population under 5 years of age will keep Douglas County growing for a long time. These counties have the highest need for pediatric, family practice, obstetrical now and in the future.

Race- Jefferson and Douglas County is predominantly white, with 88% and 90% of the population in this group respectively. Arapahoe is more diverse with 73 % white and 10 % African American.

Education- Douglas County has the highest level of education among the South Denver Operating Group. Most highly education populations are located near economic centers that require highly skilled workforce.

Income- Coloradans with the highest median household incomes reside in Douglas County followed by Jefferson. Arapahoe County’s rate is close to the state average.

Employment- Douglas County’s unemployment is among the lowest in the state. Jefferson and Arapahoe have rates close to the state’s average rate.

### 2A III UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS

#### OVERALL HEALTH ISSUES

The primary and chronic disease needs of uninsured persons, low-income persons, and minority groups are best represented by the list of health categories that are covered at Doctors Care, a nonprofit organization that helps underserved children, adults and families in South Metro Denver. The table is sorted by the total number of patients treated in the past year. Most of these issues are related to primary and urgent care.\(^3\)

<table>
<thead>
<tr>
<th>Health Issue / Category at Doctors Care (DC)</th>
<th>Total Number of Patients Seen in Past Year at DC</th>
<th>Percentage of Total DC Business in Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable Disease: flu shots, immunizations, etc.</td>
<td>2193</td>
<td>44%</td>
</tr>
<tr>
<td>Injuries</td>
<td>708</td>
<td>14%</td>
</tr>
<tr>
<td>Mental Health: counseling and/or Rx</td>
<td>363</td>
<td>7%</td>
</tr>
<tr>
<td>Tobacco: referrals to smoking cessation programs or Rx for Nicorette, etc.</td>
<td>309</td>
<td>6%</td>
</tr>
<tr>
<td>Oral Health</td>
<td>158</td>
<td>3%</td>
</tr>
<tr>
<td>Substance Abuse: counseling</td>
<td>18</td>
<td>1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Cancer</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children and Adults not enrolled in Medicaid</td>
<td>1346</td>
<td>27%</td>
</tr>
<tr>
<td>Assistance Qualifying for Medicaid</td>
<td>While untracked, Tri-County Public Health had someone here 1 day a week to assist</td>
<td></td>
</tr>
<tr>
<td>Sexual Health : treating STIs</td>
<td>Currently untrackable</td>
<td></td>
</tr>
</tbody>
</table>

\(^3\) Whitney Abraham, Doctors Care.
Chronic diseases among the uninsured, underinsured, Medicaid, low-income and minority groups are treated through Doctors Care. Much of this care is referred to participating specialists in the community. Specialty referrals through Doctors Care are sorted by frequency of monthly referrals in the accompanying table.

<table>
<thead>
<tr>
<th>No. of Referrals</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>60</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>47</td>
<td>Psychotherapy</td>
</tr>
<tr>
<td>41</td>
<td>Orthopedic Surgery</td>
</tr>
<tr>
<td>41</td>
<td>Radiology</td>
</tr>
<tr>
<td>32</td>
<td>General Surgery</td>
</tr>
<tr>
<td>27</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>25</td>
<td>Urology</td>
</tr>
<tr>
<td>24</td>
<td>Chiropractic</td>
</tr>
<tr>
<td>24</td>
<td>Neurology</td>
</tr>
<tr>
<td>23</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>21</td>
<td>Dermatology</td>
</tr>
<tr>
<td>20</td>
<td>Podiatrist</td>
</tr>
<tr>
<td>19</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>19</td>
<td>Spine Orthopedics</td>
</tr>
<tr>
<td>18</td>
<td>Acupuncture</td>
</tr>
<tr>
<td>16</td>
<td>Gynecology</td>
</tr>
<tr>
<td>15</td>
<td>Neurological Surgery</td>
</tr>
<tr>
<td>13</td>
<td>Oncology</td>
</tr>
<tr>
<td>13</td>
<td>Otolaryngology</td>
</tr>
</tbody>
</table>

^ Whitney Abraham, Doctors Care.
ACCESS: INSURANCE COVERAGE FOR LOW-INCOME AND MINORITY GROUPS

Access is the most significant issue identified in the Community Benefit Plan. Access to health services and the resulting improvement in health status is greatly enhanced by the presence of health insurance. Counties reporting higher incomes, such as Douglas County, typically have higher percentages of insured residents. Arapahoe County has a lower percentage of people carrying health insurance but is still better than the state average. The Healthy People 2020 goal is for all people to have some type of health insurance.\(^5\)

Insurance coverage is the lowest for those of Hispanic ethnicity. Those of White race are most likely to have health insurance.\(^6\) Insurance coverage significantly increases for people with higher education and incomes, partly reflecting the coverage that comes with employment.\(^7\)

---


\(^7\) Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.
MENTAL HEALTH ISSUES FOR LOW-INCOME AND MINORITY GROUPS

Mental health is the second most significant issue in Littleton Adventist Hospital’s Benefit Plan. The accompanying charts provide information on mental health among low income populations.

First, depression rates in Colorado for those below 150% Federal Poverty Level are higher at 12.8% compared to the general population at 7%.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Lower Limit</th>
<th>Upper Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;150% FPL</td>
<td>12.8</td>
<td>9.1</td>
</tr>
<tr>
<td>&gt;150% FPL</td>
<td>5.4</td>
<td>4.5</td>
</tr>
<tr>
<td>All</td>
<td>7.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Second, income levels under $25,000 were significant for poor mental health in the short term, while no income differences were significant for long term mental health. Differences among those of different races and ethnicity were not statistically significant.

---

8 Table Source: Colorado Winnable Battles. Colorado Department of Health and Environment.

Jefferson County had the greatest percentage of people reporting poor mental health for the short term, followed by Douglas County.\(^{10}\) Arapahoe County had more people reporting poor mental health for the long term.\(^{11}\)

People reporting negative mental health status on a longer term basis, or 8 or more days in the past month, typically came from counties that had high unemployment, higher poverty levels and lower median household incomes. Many of these counties also had a larger percentage of people claiming Hispanic or Latino heritage.\(^{12}\)

---


OBESITY ISSUES FOR LOW-INCOME AND MINORITY GROUPS

Obesity is the third most significant issue in Littleton Adventist Hospital’s Benefit Plan. Surprisingly, the prevalence of overweight and obese persons did not vary significantly between income groups in 2009/2010. Even though a recent analysis completed by the Colorado Department of Public Health shows a higher percentage of overweight and obese adults below 150% of the federal poverty level, the differences are not statistically significant.\(^1\,\text{14}\) There were also no significant differences in overweight adults by racial/ethnic groups. Nevertheless, obesity is a growing problem throughout Colorado, including Arapahoe, Jefferson, and Douglas Counties, as well as the nation.

\(^1\) http://www.chd.dphe.state.co.us/Winnables/winnables : Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.

2B DATA COLLECTION

2B I PROCESS USED TO GATHER DATA

The Center for Health Administration at the University of Colorado Denver was retained to conduct the data collection for the Centura Health system and its respective hospital facilities.

PUBLIC HEALTH DATA

Data for the Community Health Needs Assessment (CHNA) was predominantly collected from the Colorado Department of Public Health and Environment (CDPHE). The CDPHE’s Colorado Behavioral Risk Factor Surveillance System Survey (2003-2010) was used to determine information about adult behaviors that impact health, such as substance abuse, eating and exercise habits, and smoking. The national Youth Risk Behavior Survey (2003-2010) was queried to determine behaviors that impact the health of students from 9th through 12th grades. The CDPHE’s database was also probed for information on mortality rates for a variety of health indicators. Many other sources were used to provide information relevant to each topic area.

COMMUNITY LEADER INTERVIEWS

Community members were interviewed for their perspectives on the predominant health issues in their communities. They were interviewed in either a one-on-one interview format, focus group, or as part of a Steering Committee. Data was collected over the period from June 2011 to June 2012. The interviewees comprised of representatives of the following groups:

- Littleton Fire Department- Wayne Zygowicz, EMS Division Chief
- Tri-County Department of Health- Patty Boyd, RD MPH, Program Manager*
- Arapahoe Douglas Mental Health, Lisa Traudt**
- Doctors Care– BeBe Kleinman, Executive Director**
- Highlands Ranch Community Association – Jamie Noebel, Community Manager
- Healthy Communities Group of Centura Health’s South Denver Operating Group
  - Colorado Wellness – Bonnie Thomas, Owner and Nurse
  - Porter Adventist Hospital – Dianne McCallister, Chief Medical Officer
  - Adventist Community Services – Michael Bright, Executive Director**
  - Littleton Adventist Hospital – Kim Muramoto, Trauma Director
  - City of Littleton – Susan Thornton, Ex-Mayor
  - Littleton Adventist Hospital – Rhonda Ward, Chief Nursing Officer
  - Emergency Medical Service – Wayne Zygowicz, Chief
  - Greater Youth Initiative – Kay Wilmesher
  - Littleton Adventist Hospital – Lawrence Wood, Chief Medical Officer

* Person and/or organization with special knowledge of or expertise in public health
**Representative of medically underserved, low-income, and minority populations
RANKING QUESTIONNAIRE

Littleton Adventist Hospital associates, employed physicians, medical staff members, and community members were asked to rank several health issues using a scale of 1 to 5, with 1 meaning “not a critical issue” and 5 meaning a “very critical issue.”

2B II INFORMATION GAPS

Because some of the counties are small and/or have low populations, the data from these areas is often very minimal. As a result, they often post very low numbers each year for some of the less common indicators. In some cases, data is just missing from various years, as it was either not collected at all or the sample size was so small that the county was not included less it have a misleading result.

To compensate for small sample size, we have combined multiple years of data and have averaged the results over this time period to provide a more accurate comparison with the other larger counties. Even with this approach (which is also used by the CDPHE), the data can be weak, so we have indicated those times in the footnotes. In these cases, the weak data is typically due to (a) a sample size of three to four people per reporting year, or (b) only one to two years of reported data out of a potential sample size of four to five years. Strong data typically encompasses (a) five or more people per reporting year, and in most cases “n” is in the double digits, or (b) three or more years of data reported in the average. Counties that are not included in some charts are because their sample sizes were typically less than three occurrences or the data was simply not collected.

2C HEALTH NEEDS OF THE COMMUNITY

2C I PROCESS TO IDENTIFY AND PRIORITIZE NEEDS

The Community Benefit team of the hospital collated the needs identified in the public health data, the summary of interviews with community leaders, and the results of the ranking questionnaire. The following methodologies were used to determine areas of focus:

- What needs were highest in our area?
- What needs were others in our community already addressing well?
- What are the core competencies of our organization and employees, and what efforts would help us extend those competencies to our community in more ways?

Finally, Littleton Adventist Hospital checked its assumptions and planned areas of focus with the community partners that had been interviewed, including our South Denver Healthy Communities Committee, medical staff members, Littleton Adventist Community Board, and Quality Committee of the Littleton Adventist Community Board. All concurred that the prioritization matched both their perceptions of need, hospital skill sets, and was supported by the data. On April 18, 2013, the LAH Board approved the top three health issues of access, mental health/substance abuse, and obesity for the Community Benefit Plan.
Primary Health Needs: These issues are not only important as stand-alone health needs, but most of them also impact, and can lead to, many other health conditions. They are viewed as important issues in their own right, but also as roots to a variety of other illnesses and diseases. The primary health indicators are as follows and are listed in order of priority:

1. **Access.** Access is a critical component of achieving and maintaining good health. The ability to access health care services is influenced significantly by the presence of health insurance. Lack of health insurance is correlated with a decline in health screening rates, delayed medical consultation for adverse health conditions, advanced disease progression, and higher mortality rates. Because of these issues, the ability to provide health care services to the uninsured, underinsured and low income population is especially important.

   In addition, the inappropriate use of the Emergency Department by the uninsured is an expensive and inefficient use of health care resources. Alternate, less costly, and more appropriate health service settings can greatly improve access for the uninsured as well as improve health outcomes by providing timely and suitable interventions.

2. **Mental Health.** Mental health issues due to stress, a poor economy, unemployment and underemployment, financial pressures, marital breakdown, etc. can create a significant burden on people. Many times they are at a loss as to where to go for help, especially if they lack health insurance that enables access to traditional providers. Successfully navigating short and long-term crises, as well as living a successful life while mentally impaired, can be significantly improved with the aid of trained professionals and medications, thus access to these services is so important.

   Furthermore, mental health issues are typically not stand-alone problems. In the Doctors Care program, one-third of patient visits for physical problems include a mental health diagnosis. Many times physical and mental health issues occur together, and to successfully treat one requires the successful treatment of the other.

3. **Obesity.** Even though Colorado currently has some of the lowest obesity rates in the nation, the rates are increasing at similar degrees as the rest of the nation. Among children, this increase is especially alarming since obesity is linked to so many chronic health conditions. Obesity is strongly associated with the surge in diabetes, as well as to heart disease, hypertension, stroke, and cancer. Obesity is believed to be a complex problem with a variety of causes, such as a sedentary lifestyle, poor nutritional choices, targeted marketing by the food industry, super-sized portions, normalization of overweight appearances, etc.

Secondary Health Needs: The primary health needs listed in the prior section can affect or lead to other health conditions. If improvements are made in these primary health indicators, they will in turn create improvements in secondary health issues, as noted below.

1. Improved access to health services improves outcomes for most health indicators. Mortality rates for people with some form of health insurance decrease by as much as 15%. Access to health screenings also improves health outcomes when diseases are diagnosed and treated at earlier stages.
2. Mental health improvement can lead to reductions in substance abuse and suicide rates. Reducing substance abuse rates can then lead to lower rates of unplanned pregnancies, sexually transmitted infections, and motor vehicle deaths. Reducing depression rates can have a direct impact on lowering suicide rates in a community.

3. Reducing obesity rates through improvements in diet and exercise can lead to significant reductions in the risk for heart disease and stroke, diabetes, cancer, and poor oral health.

**2C III HEALTHCARE RESOURCES AVAILABLE IN THE COMMUNITY TO MEET THE NEEDS**

- **Littleton Adventist Hospital** has 231 licensed beds, and offers a variety of services, including orthopedics, cardiac, cancer, emergency and neurology services for the treatment of head injuries. The hospital also offers charity care to those in financial need.

- **Parker Adventist Hospital** has 134 licensed beds, including six pediatric beds licensed by The Children’s Hospital. The Hospital offers bariatric weight loss surgery using minimally invasive techniques for the treatment of obesity. The Emergency Department’s Level III trauma capabilities, as well as the neurology and neurosurgery departments, are available for the treatment of head injuries due to equestrian accidents. Parker Adventist Hospital also offers charity care to those in financial need, including $20,352,456 in total community benefit in fiscal year 2012.15

- **Porter Adventist Hospital** has 368 licensed beds and an award winning, full-service Heart Institute. Other services include a Cancer Care Center, Center for Joint Replacement, Liver Care Center, as well as emergency and neurology resources for the treatment of head injuries. The hospital also offers charity care to those in financial need, including $14.1 million in uncompensated and charity care annually for fiscal year ended June 30, 2012.16

- **Doctor’s Care** provides “access to affordable health care, through a coalition of healthcare providers, to the medically underserved in South Metro Denver... The coalition includes five major inpatient medical centers in South Metro Denver (Swedish Medical Center, Porter Adventist Hospital, Littleton Adventist Hospital, Sky Ridge Medical Center, and Parker Adventist Hospital) and their respective laboratories and pharmacies. Nearly 900 primary and specialty care physicians in 91 different specialties including surgery, neurology, cardiology and many more comprise the volunteer network.”17

- **The Arapahoe/Douglas Mental Health Network** provides professional, culturally inclusive mental health and substance abuse services, including outpatient services to individuals, families, and psychiatry. The ADMHN provides an acute treatment unit, day treatment school, and a program for those with chronic mental health illness. The ADMHN collaborates with a variety of community organizations, such as human service agencies, hospitals, health departments, mental health centers,

15 Source: Jaime Contreras, Rocky Mountain Group Accounting, April, 2013

16 Source: Jaime Contreras, Rocky Mountain Group Accounting, April, 2013??

17 [http://www.doctorscare.org/about](http://www.doctorscare.org/about)
and the cities of Parker, Centennial, Englewood, Lone Tree, Sheridan, etc. The Mental Health Network is funded by two federal grants and is the result of legislation passed in 1967.\(^{18}\)

- The **Tri-County Health Department** provides mental health services, programs on preventing obesity, and health services for low-income and Medicaid populations.

- The **Women’s Crisis and Family Outreach Center** provides programs and services to any domestic violence victim requesting those services and to the region at-large.

- **Adventist Community Services (ACS)** Medical Services expands access to free healthcare for uninsured/underinsured children and adults. The ACS CareVan parks in Littleton and provides free well care for children and adults as well as the health management of diabetes, hypertension, allergy, asthma and other ailments. The CareVan also provides food, clothing, hygiene items and medical care for the disenfranchised of Denver.\(^{19}\)

## 3 CONTACT INFORMATION

Littleton Adventist Hospital  
7700 S. Broadway  
Littleton, CO 80122  
303-730-8900

---

\(^{18}\) [http://www.admhn.org/About.aspx](http://www.admhn.org/About.aspx)

\(^{19}\) [http://www.acslift.org/medicalservices.html](http://www.acslift.org/medicalservices.html)