AT A GLANCE:
Penrose-St. Francis Health Services

AREA SERVED: EL PASO COUNTY

PRIORITY:
Mental Health
Healthy Lifestyle
Access to Care

PARTNERS:
## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT
**PENROSE-ST. FRANCIS HEALTH SERVICES**

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

Vision
Every community, every neighborhood, every life – whole and healthy.

Values
Compassion
Respect
Integrity
Spirituality
Stewardship
Imagination
Excellence
Executive Summary

The 2019 Penrose-St. Francis CHNA is the third iteration of our process to strategically ignite whole person health in each community we touch. At Centura Health, we are a diverse community of caregivers connected and fueled by our individual passions and purposes to change the world around us. While individually inspired, we are collectively unified by our Centura Health mission. This process presents an opportunity for Penrose-St. Francis to fulfill our commitment to our organizational mission to “extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.” Our goals for this assessment are to move health forward to build wholeness and flourishing communities. We continue to amplify meaningful collaboration between Penrose-St. Francis, our local public health department, community leaders, and partner organizations.

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Penrose-St. Francis (PSF) and El Paso County Public Health (EPCPH) share the same service area and are both charged with developing community health needs assessments for El Paso County. To avoid duplication of effort and align with existing community initiatives, PSF collaborated with EPCPH to develop the 2018-2022 El Paso Community Health Improvement Plan (CHIP) and the 2019 Penrose-St. Francis Community Health Needs Assessment (CHNA).

EPCPH and PSF leveraged the Healthy Community Collaborative (HCC), a stakeholder group of over 60 community partner organizations, to obtain input from the community and collaboratively create an action plan to improve the health of the residents in El Paso County. The HCC has been meeting regularly since 2011 and offers an opportunity for our El Paso County communities to collaborate intentionally, across sectors and with non-traditional partners to tackle the social and environmental determinants of health to achieve health equity.

In addition to our collaboration with El Paso County Public Health and the Healthy Community Collaborative, Penrose-St. Francis received input from community-based organizations focused on health and social determinants of health regarding medically underserved, low-income and minority populations in the service area. Penrose-St. Francis convened the CHNA subcommittee, which consisted of many of the same community partners that served on HCC, to develop the El Paso County Public Health CHIP. Appendix B contains a list of public agencies and community organizations that collaborated with us in this process.

We also provided multiple points of contact to receive public comment regarding the 2016 CHNA and implementation strategy. No public comments were received.

SERVICE AREA DEFINITION

To define Penrose-St. Francis service area for the CHNA we followed a process focused on ensuring that the defined service area was inclusive of medically underserved, low-income and minority populations in the
geographical areas from which the hospital draws its patients. We considered five factors:

- Opportunities to viably expand outreach of programs to medically underserved populations
- Inpatient admissions
- Coverage of the County by another Centura facility
- Opportunities for collaboration among facilities and with community-based organizations
- After considering the factors above, we compared the defined geographical service area of the 2016 CHNA to this one to ensure no disadvantaged populations included in the 2016 CHNA were excluded in the 2019 CHNA

**PROCESS AND METHODS USED TO CONDUCT CHNA**

**QUANTITATIVE AND QUALITATIVE DATA COLLECTION:**

We began the data collection process by selecting quantitative indicators for analysis. Community Commons, a population health indicator data platform, was utilized throughout the quantitative data collection process. This platform compiles data from the US Census, the Behavioral Risk Factor Surveillance System, the CDC, the National Vital Statistics System, and the American Community Survey, among others. Specific health indicator data were selected, including community demographic information, behavior and environmental health drivers and outcomes indicators, as well as coverage, quality, and access data. These indicators were selected because they most accurately describe the community in terms of its demographics, disparities, population, and distinct health needs. We engaged our community by presenting these quantitative data to inform the process of identifying and prioritizing significant health needs.

**PRIORITIZATION PROCESS:**

Penrose-St. Francis created a CHNA subcommittee to review the qualitative and quantitative health data and prioritize health needs in our communities. This subcommittee was made up of both hospital staff and community stakeholders including representatives from the local public health department. The subcommittee engaged in the following efforts to develop recommendations for El Paso County’s top health needs:

- Reviewed qualitative and quantitative data and provided insight;
- Heard from El Paso County Public Health officials and discussed community health needs; and
- Prioritized health needs using the Centura Health Prioritization Method.
Key considerations in prioritizing CHNA health needs included:

- **The Size of the Health Problem**—as compared to the Colorado benchmark
- **The Seriousness of the Health Problem**—on a scale from “very serious” to “not serious.”
- **Alignment of the Problem and Potential Solutions** across the CHNA, the CHIP, community groups, and hospital and system strengths

We then used the ‘PEARL’ test to determine the feasibility of addressing those needs. The questions we considered in the PEARL test included:

- **Propriety** - Is a program for the health problem suitable?
- **Economics** - Does it make economic sense to address the problem? Are there economic consequences if the problem is not carried out?
- **Acceptability** - Will a community accept the program? Is it wanted?
- **Resources** - Is funding available or potentially available for a program?
- **Legality** - Do current laws allow program activities to be implemented?

In addition to the PEARL test questions, we also considered Centura Health’s Mission and Values when considering health needs to prioritize and address. The final question we considered was whether our activities and strategies to address the health need align with our organizational mission to extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

**PRIORITIZED DESCRIPTION OF HEALTH NEEDS AND POTENTIAL RESOURCES**

**Prioritized Need: Mental Health**

The state of Colorado is experiencing a growing suicide epidemic. In 2017, there were 1,175 deaths by suicide, the highest rate of suicide ever recorded in Colorado. In El Paso County, 163 residents died by suicide in 2017. Working aged men accounted for 75 percent of those deaths. Suicide is also a growing problem among our younger populations in El Paso County. Over half of all child fatalities among youth under 18 in our community were due to suicide. Twelve percent of El Paso County residents, aged 5 years or older, reported poor mental health (eight days or more of poor mental health in the previous month) in 2017. Individuals with depressive symptoms are ten times more likely to commit suicide.

*Potential resources include:*

- Integrated physical and behavioral health services at Centura Health Physician Group neighborhood clinics
• Penrose-St. Francis community training and education efforts, including quarterly adult and youth MHFA (Mental Health First Aid), and ACE (Adverse Childhood Experiences) trainings

• El Paso County Youth Suicide Prevention Workgroup

• Colorado Crisis System

• Aspen Pointe and Peak View Behavioral Health

• Penrose-St. Francis Teen Suicide Prevention education programs

• El Paso County Community Health Improvement Plan 2018-2022

• El Paso County Healthy Community Collaborative

**Prioritized Need: Healthy Lifestyle**

In 2016, 35.6% of the adult population in El Paso County was overweight, and 23.6%, or one in five adults, was obese. El Paso County ranks 35 of 58 counties in Colorado for health outcomes and 32 in health factors, which include adult obesity, smoking, inactivity, excessive drinking, and the food environment. The County has higher rates of high blood pressure, high cholesterol and heart disease than the statewide average. Having a healthy diet pattern and regular physical activity can prevent obesity and is important for long term health benefits and prevention of chronic diseases. In El Paso County today, 14.7% of the County’s population suffers from food insecurity, compared to 12.9% statewide.

*Potential resources include:*

• Community food banks

• Free school breakfast/lunch programs

• Free cooking classes

• SNAP/WIC programs

• LiveWell Colorado Healthy Eating Active Living (HEAL) Cities & Towns Campaign

• Penrose-St. Francis breastfeeding support and classes

• El Paso County CHIP 2018-2022

• EPCPH Healthy Community Collaborative

• El Paso County Public Health Food System Assessment
Prioritized Need: Access to Care

Access to care was a prioritized need in our 2016 CHNA and since that time the rate of uninsured adults in the County has dropped to 12.4% among adults and 5.1% among children in 2018. Both rates are below the statewide average. However, Robert Wood Johnson’s County Health Rankings for 2019 indicate that there are still 41,408 uninsured individuals living in El Paso County. Our Penrose-St. Francis team and community partners believe this number may have increased in recent years. Additionally, the recent expansion of Medicaid has greatly increased the number of patients in our communities seeking specialty care. Inadequate access to mental health services is the top access to care concern in the communities we serve today.

Potential resources include:

- Penrose-St. Francis Community Health Advocates
- Penrose-St. Francis Neighborhood Nurse Centers
- Centura Colorado Springs SET Clinic
- Integrated behavioral health and dental services at Centura Health Physicians Group neighborhood primary care practices
- Penrose-St. Francis Psychiatric Emergency Triage Team
- Aspen Pointe Crisis Stabilization Unit and Crisis Response Team
- El Paso County co-responder program

EVALUATION OF ACTIONS TO ADDRESS 2016 SIGNIFICANT HEALTH NEEDS

Prior areas of focus for the Penrose-St. Francis 2016 CHNA and the actions and progress to date include the following:

Obesity

Penrose-St. Francis has connected patients with local resources to address obesity; partnered with community organizations to expand healthy food and physical activity opportunities; and established our own programs to address obesity. In 2017 St. Francis Medical Center provided free breastfeeding support and classes for 1,037 new mothers in the community.

Intentional Injury; Youth Suicide

Penrose-St. Francis has implemented screening tools for youth at high risk for suicide across our PSF affiliated physician and in-patient programs. We sponsor the Teen Suicide Prevention education programs held twice a year, with pre-post testing to measure awareness for those at risk of committing suicide.
**Intentional Injury; Access to Care**

Penrose-St. Francis engages Community Health Advocates to work with uninsured individuals or those without a primary care doctor to enroll them into coverage and link them with providers. The Colorado Springs SET Clinic acts as a safety net for children, families, and seniors in need of basic medical care and holistic wellness services. We have doubled patient capacity with expanded clinic hours to 40 hours per week and now offer dental services.
Introduction

CENTURA HEALTH, PENROSE-ST. FRANCIS HEALTH SERVICES AND OUR COMMUNITY

Background

The 2019 Penrose-St. Francis CHNA is the third iteration of our process to strategically ignite whole person health in each community we touch. At Centura Health, we are a diverse community of caregivers connected and fueled by our individual passions and purposes to change the world around us. While individually inspired, we are collectively unified by our Centura Health mission. Our goals for this assessment are to move health forward to build wholeness and flourishing communities. We continue to amplify meaningful collaboration between Penrose-St. Francis, our local public health departments, community leaders, and partner organizations.
Our Goals

The CHNA process gave Penrose-St. Francis the opportunity to work closely with our community to identify existing and emerging health needs, understand community assets and gaps, and to implement strategies to improve health. This approach continues to strengthen partnerships among Penrose-St. Francis, El Paso County Public Health, community leaders, and stakeholders. Our goal is to build our organizational capacity in population health best practices and to better position Penrose-St. Francis to provide sustainable, whole-person care to our patients and communities. The CHNA process provided valuable information to guide us in integrating our community health work with our strategic plans.

With this focus, we bring new dynamism to our historical legacy of addressing community needs. We are moving from the older model of simply caring for the sick to delivering and supporting the full spectrum of health, wellness and prevention resources the community depends upon in a world in which both acute and chronic health needs are prevalent and overwhelming. We specifically looked at factors that we know impact the social determinants of health. We recognize the important role that social factors such as housing, education, and employment play in affecting a wide range of health risks and outcomes and contributing to the disparities we see across race/ethnicity and geography. Health can be impacted by where we live, and we know that communities with unstable housing, high rates of poverty and crime, and substandard education have higher rates of morbidity and mortality. We looked at specific indicators representative of the social determinants of health in our prioritization process. Through the CHNA we sought to bring awareness to the importance of the social determinants and work to promote and create social and physical environments that promote health equity and improve population health.

We leveraged existing data resources, internal expertise, and the strength of our relationships with public agencies and community organizations to design a system-wide CHNA process. This CHNA process facilitated collaboration within our family of hospitals, helping us build a stronger system in which our hospitals benefit from powerful learning networks and relationships, rather than function as separate entities.
Our Services, History and Community

COMBINING EXPERT MEDICAL SKILLS WITH A COMPASSIONATE TOUCH, TO CARE FOR THE WHOLE PERSON.

Penrose Hospital is the anchor hospital of Penrose-St. Francis Health Services. Penrose Hospital provides secondary and tertiary (high tech) medical-surgical services with emphasis on elective and outpatient care. Penrose Hospital is a major health treatment and referral center, specializing in cancer care, cardiac care, emergency trauma care and physical rehabilitation. St. Francis Medical Center, also part of Penrose-St. Francis, is the only full-service hospital in Northern Colorado Springs and features a modern Birth Center, Level III Neonatal Intensive Care Unit, Pediatric Care Unit, Emergency Department, Level III Trauma Center, Imaging Services, Surgical Services and Critical Care Unit. SFMC is the home base for Flight For Life Colorado air ambulance helicopter service.

Distinctive Services

Noteworthy areas of care include:
– The Penrose Cancer Center brings leading-edge, compassionate cancer care to the people of southern Colorado.

– Penrose-St. Francis’ acclaimed heart program consistently achieves outcomes that exceed national benchmarks.

– St. Francis Medical Center is the home to the new Total Joint and Spine Center, a 33-bed state-of-the-art unit that caters to patients who have undergone joint or spine surgery. Our expert surgeons, fully coordinated team of clinical staff, physical therapists and nurse navigators provide a full continuum of care from diagnosis to rehabilitation.

– St. Francis Medical Center specializes in maternal-child health with a state-of-the-art birthing center, a Level IIIA Neonatal Intensive Care Unit and northern Colorado Springs’ only dedicated pediatric unit.

– The PSF Laboratories provide a comprehensive range of tertiary care anatomic and clinical diagnostic services ranging from bedside point of care chemistries to electron microscopy and molecular testing.

– Penrose’s Center for Behavioral Health helps businesses retain healthy and productive employees.

**Penrose-St. Francis Health Services**

– Catholic Health Initiatives TAVR Center of Excellence 2018-2019

– Blue Cross Blue Shield – Blue Distinction Centers for Cardiac Care 2019

– Own the Bone Star Performer, Outstanding Quality in Fragility Fracture Care 2019, American Orthopedic Association

**Penrose Hospital**

– ACS Level I Trauma Verification

– Level II State Trauma Designation

**St. Francis Medical Center**

– Commission on Accreditation of Rehabilitation Facilities (CARF), Inpatient Rehab Facility

– CARF Stroke Specialty Program 3-Year Certification

**Healthgrades Honor**

Penrose-St. Francis Health Services is proud to be named One of America’s 50 Best Hospitals™ for 10 years in a row (2008 - 2017) by Healthgrades®, one of only six hospitals in the country to receive this award. When it comes to your health care, you should never compromise. Both Penrose Hospital and St. Francis Medical Center worked to collectively be recognized with this distinction.

**Commitment to Our Community**

At Centura Health and Penrose-St. Francis, we remain committed to advancing vibrant and flourishing communities. The CHNA helps fuel our caregivers to continuously engage with, understand, and contribute to whole person health in our shared neighborhoods. By focusing on mental health, healthy lifestyle and access to care for the next three years, we are excited to continue to live out our Mission, Vision, and Values every day.
In fiscal year 2018, Penrose-St. Francis provided $67,330,945 in total community benefit. Community services ranged from medical education for medical students, nurses, physical therapy and pharmacy to our Prescription Assistance Program which assisted more than 920 uninsured and underinsured patients in our community. In 2018, our community health initiatives committed staff and grants to two low income zip-codes in Colorado Springs to fund programs like the Soccer Violence Prevention program. Our Cancer Center provided over 900 staff hours for community screenings, classes and services for the community for a total of over $42,000 in uncompensated care. Our St. Francis Medical Center “Baby Friendly” designated hospital provided free breastfeeding support and classes for 1,037 new mothers in the community. In 2018 alone, Penrose-St. Francis supported 44,836 patient encounters with medical financial assistance.
OUR COMMUNITY

To understand the profile of Penrose-St. Francis community we analyzed the demographic and health indicator data of the population within the defined service area. The service area has a total population of 692,540. The demographic makeup of these communities is as follows:

**Race:** The population is 78.5% white, 6.3% black, 2.8% Asian, 1.0% Native American/Alaskan Native, 0.4% native Hawaiian/Pacific Islander, 5.5% some other race, and 5.6% multiple races.

**Ethnicity:** 16.9% are Hispanic of Latino.

**Education Level:** In our communities, 74.7% of the population has some college, Colorado percentage is 71%.

**Unemployment Rate:** 4.6%, Colorado percentage is 3.9%

**Population with Limited English Proficiency:** 1.4%, Colorado percentage is 2.8%

**High School Graduation Rate:** 75.1%, Colorado percentage is 77.3%.

**Income Inequality: Ratio of households at 80th percentile of income to those at the 20th percentile of income:** 4.3; Colorado ratio is 4.5
### POPULATION DEMOGRAPHICS IN PENROSE-ST. FRANCIS HEALTH SERVICES SERVICE AREA

#### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Penrose-St. Francis Service Area</th>
<th>State Average</th>
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<tbody>
<tr>
<td>White</td>
<td>78.5%</td>
<td>71%</td>
</tr>
<tr>
<td>Black</td>
<td>6.3%</td>
<td>75.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.8%</td>
<td>77.3%</td>
</tr>
<tr>
<td>Native American/Alaska Native</td>
<td>1.0%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.4%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other</td>
<td>5.5%</td>
<td></td>
</tr>
<tr>
<td>Multiple races</td>
<td>5.6%</td>
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#### Ethnicity

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<th>Ethnicity</th>
<th>Penrose-St. Francis Service Area</th>
<th>State Average</th>
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<tr>
<td>Non-Hispanic</td>
<td>83.1%</td>
<td>71%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16.9%</td>
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#### Some College

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<tr>
<th>Some College</th>
<th>Penrose-St. Francis Service Area</th>
<th>State Average</th>
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<tbody>
<tr>
<td>74.7%</td>
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#### High School Graduation Rate

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<th>High School Graduation Rate</th>
<th>Penrose-St. Francis Service Area</th>
<th>State Average</th>
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<tbody>
<tr>
<td>75.1%</td>
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</table>

#### Limited English Proficiency

<table>
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<th>Limited English Proficiency</th>
<th>Penrose-St. Francis Service Area</th>
<th>State Average</th>
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<tbody>
<tr>
<td>1.4%</td>
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#### Ratio of households in the 80th percentile to income at the 20th percentile

<table>
<thead>
<tr>
<th>Ratio of households in the 80th percentile to income at the 20th percentile</th>
<th>Penrose-St. Francis Service Area</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3</td>
<td></td>
<td></td>
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</tbody>
</table>

#### Unemployment Rate

<table>
<thead>
<tr>
<th>Unemployment Rate</th>
<th>Penrose-St. Francis Service Area</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6%</td>
<td></td>
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</tbody>
</table>


Our Approach

INPUT OF PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS

Penrose-St. Francis and El Paso County Public Health share the same service area and are both charged with developing community health needs assessments for El Paso County. To avoid duplication of effort and align with existing community initiatives, PSF and EPCPH collaborated to develop the 2018-2022 El Paso Community Health Improvement Plan (CHIP) and the 2019 Penrose-St. Francis Community Health Needs Assessment (CHNA).

In 2011, El Paso County Public Health established Healthy Community Collaborative, a stakeholder group
of community partners convened to create an action plan to improve the health of the residents in El Paso County. The HCC has been meeting regularly since 2011 and offers an opportunity for our El Paso County communities to collaborate intentionally, across sectors and with non-traditional partners to tackle the social and environmental determinants of health to achieve health equity.

To develop the PSF 2019 CHNA, PSF leveraged the work of the HCC and the El Paso County Health Improvement Plan 2018-2022 and also convened our CHNA subcommittee, which consists of many of the same community partners participating in the HCC. The CHNA subcommittee solicited and considered input from individuals and organizations representing the broad interest of our community to assess the needs of our County. Please see Appendix B for a list of subcommittee members. As part of the CHNA development process, the PSF CHNA subcommittee:

- Reviewed qualitative and quantitative data and provided insight;
- Heard from El Paso County Public Health officials and discussed community health needs; and
- Prioritized health needs using the Centura Health Prioritization Method.

The Penrose-St. Francis CHNA subcommittee was convened to develop the Penrose-St. Francis CHNA and will meet regularly through the development and implementation of the CHNA implementation strategy. After the CHNA work is complete, the CHNA subcommittee will continue to meet quarterly during performance periods to monitor progress and make modifications to CHNA community health improvement work as needed. PSF will also continue to participate in the HCC to ensure community health improvement efforts are aligned.

STAGE 1: SCANNING THE DATA LANDSCAPE

The CHNA was conducted through a collaborative partnership among Penrose-St. Francis, the health departments of El Paso County Public Health and community stakeholders. We analyzed health driver and health outcome data within the defined service area. Penrose-St. Francis’ main service area encompasses El Paso County which was the data used for this process.

The CHNA subcommittee used both quantitative and qualitative data to gain a full understanding of our community and specific health needs. We began the data collection process by selecting quantitative indicators for analysis. Community Commons, a website and data platform that houses population health indicator data, was utilized throughout the process.

In this process, certain health indicator data were selected, including community and population demographic information, behavior and environmental health drivers and health outcomes indicators, as well as coverage, quality, and access data. These indicators were selected because they most accurately describe the community in terms of its demographics, disparities, population, and distinct health needs. These areas address the social determinants of health, quality of life, and healthy behaviors, all things that we know
impact community health. To be sure we were measuring all determinants of health, we conducted a full legal and environmental scan of issues and policies impacting health in our community.

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

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

Our subcommittee defined a health need as a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome has not yet arisen as a need. To fit the definition of a health need, the need must be confirmed by more than one indicator and/or data source and must be analyzed according to its performance against the state benchmark of Healthy People 2020.

**STAGE 3: PROCESS TO PRIORITIZE HEALTH NEEDS**

The Centura Health prioritization method was adapted from the *Hanlon Method for Prioritizing Health Problems*. First, members of the hospital subcommittee individually rated each identified need against the size of the problem, the seriousness of the problem, and how much the need aligned with Centura Health and the community’s existing efforts. The criteria rating rubric for this step is shown below, along with the scores assigned to each need:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Size of Health Problem</th>
<th>Seriousness of Health Problem</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 or 10</td>
<td>&gt;25%/rate much higher than Colorado benchmark</td>
<td>Very Serious</td>
<td>Alignment with CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>7 or 8</td>
<td>10%-24.9%/rate somewhat higher than Colorado benchmark</td>
<td>Relatively Serious</td>
<td>Alignment with 3 of the following: CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>5 or 6</td>
<td>1%-9.9%/rate slightly higher than Colorado benchmark</td>
<td>Serious</td>
<td>Alignment with 2 of the following: CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>3 or 4</td>
<td>.1%-9.9%/rate slightly lower than Colorado benchmark</td>
<td>Moderately Serious</td>
<td>Alignment with 1 of the following: CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>1 or 2</td>
<td>.01%-0.9%/rate slightly lower than Colorado benchmark</td>
<td>Relatively Not Serious</td>
<td>Some alignment with 1 or 2 of the following: CHNA, CHIP, community groups, hospital and system strengths</td>
</tr>
<tr>
<td>0</td>
<td>&lt;.01%/rate lower than Colorado benchmark</td>
<td>Not Serious</td>
<td>No alignment and/or no community gap in need of being addressed</td>
</tr>
</tbody>
</table>

Based on the criteria rankings assigned to each health need above, we calculated priority scores using the formula: \( D = C \times [A + (2B)] \), where:
D = Priority Score
A = Size of health need ranking
B = Seriousness of health need ranking
C = Alignment ranking

After calculating priority scores for each identified health need, we gave the need with the highest score a rank of 1, with the next highest score receiving a rank of 2, and so forth. This helped us identify the health needs in our community.

Once our community’s health needs were rated by the criteria above, we used the ‘PEARL’ test to determine the feasibility of addressing those needs. The questions we considered in the PEARL test included:

• **Propriety** - Is a program for the health problem suitable?
• **Economics** - Does it make economic sense to address the problem? Are there economic consequences if the problem is not carried out?
• **Acceptability** - Will a community accept the program? Is it wanted?
• **Resources** - Is funding available or potentially available for a program?
• **Legality** - Do current laws allow program activities to be implemented?

In addition to the PEARL test questions, we also considered Centura Health’s Mission and Values when considering health needs to prioritize and address. The final question we considered was whether our activities and strategies to address the health need align with our organizational mission to extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

Penrose-St. Francis identified three needs as priority areas that we have the ability to effectively impact. These include:

• Mental Health
• Healthy Lifestyle
• Access to Care

**Engaging our Community to Understand and Act**

El Paso County Public Health engaged in an 18-month community health assessment and engagement
process to develop the 2018-2022 El Paso County Health Improvement Plan. The Healthy Community Collaborative, which includes representatives from over 60 organizations serving the communities of El Paso County, was the mechanism used to engage the community throughout the CHIP development and implementation process. Penrose-St. Francis is a member of the HCC and played an active role in developing the CHIP while also fostering alignment with our 2019 CHNA efforts. To avoid duplication of efforts and bolster alignment of community efforts, EPCPH and PSF agreed that the work of the HCC and CHIP should serve as the foundation of the PSF 2019 CHNA.

Once the EPCPH CHIP was developed, PSF convened the CHNA subcommittee and asked the members, many of which also served on the EPCPH HCC, to prioritize health needs using the Centura prioritization method (described above). Ultimately, the CHNA subcommittee agreed with the health needs that had been prioritized during the EPCPH CHIP process and elected to keep the PSF CHNA efforts aligned with the work of the EPCPH and the HCC. The final Penrose-St. Francis CHNA 2019 prioritized health needs are closely aligned with the health needs prioritized in the EPCPH CHIP.

PSF understands that direct engagement with residents of our community is critical to identifying, defining and addressing the health needs in our community. We regularly engage our patients and community members to discuss the County’s health needs. A recent example was our partnership with EPCPH in 2018 to develop an addendum to their current CHIP. The County sought to gain a better understanding of food insecurity and access to healthy food in our community. PSF provided advisory support for an El Paso County Food System Assessment, which included efforts to understand public knowledge, attitude and behaviors as they relate to our food system. This effort included community surveys, listening sessions and key informant interviews and is just one example of how PSF and our community partners seek community feedback to help us understand and act on priority health needs within our County.
Health in Our Community

PENROSE-ST. FRANCIS HEALTH SERVICES

IDENTIFIED HEALTH NEEDS

A community health need is defined as either:

• A poor health outcome and its associated health drivers

• A health driver associated with a poor health outcome, where the outcome itself has not yet arisen as a need

We used a specific set of criteria to identify the health needs in our communities. Specifically, we sought to ensure that the identified needs fit the above definition, and that the need was confirmed by more than one indicator and/or data source. Finally, we determined that the indicators related to the health need performed poorly against either the Colorado state average or the Healthy People 2020 benchmark. We utilized the Centura Health Prioritization Method to determine our prioritized needs.
The health needs identified in this CHNA included:

- Mental Health
- Healthy Lifestyle
- Access to Care

PRIORITIZED HEALTH NEEDS

After careful consideration of the available quantitative and qualitative indicators and our Centura Health Mission, Vision, and Values, Penrose-St. Francis identified mental health, healthy living and access to care as priority focus areas.

At Penrose-St. Francis, we are collectively unified by our Centura Health Mission: We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. This Mission guides and inspires our shared desire to make a difference – one whole person and one healthy neighborhood at a time. We believe that our focus on mental health, healthy lifestyle and access to care will have the greatest impact on our organizational commitment to whole person health.

PRIORITIZED NEED: MENTAL HEALTH

Colorado ranks 43rd in the country for mental health, according to a 2018 index created by Mental Health America. In 2017, the Colorado Health Access Survey revealed that 12% of El Paso County residents, aged 5 years or older, reported poor mental health (eight days or more of poor mental health in the previous month). In Colorado, there were 1,175 deaths by suicide during 2017, the highest rate of suicide ever recorded in Colorado. In El Paso County, 163 residents died by suicide in 2017, and working aged men accounted for 75 percent of those deaths. Suicide is also a growing epidemic among our younger populations and is now the leading cause of death for youth ages 10 to 17 in Colorado. Based on review by the Child Fatality Review Team in 2016, over half of all child fatalities among youth under 18 in El Paso County were due to suicide.

Community partners indicate that social isolation, especially among seniors, low-income, homeless and other vulnerable individuals may be a driving factor for mental health problems in El Paso County. Partners suggested that social media, electronics and technology is resulting in a lack of connectedness among the youth population as well as suicidal ideation. Trauma was also cited during community meetings as a cause for mental health issues. Adverse childhood experiences (stressful or traumatic events including abuse and neglect) can result in a range of health, social, and behavioral health problems.

Penrose-St. Francis identified youth suicide as a top health need in our 2016 CHNA. Since then we have implemented screening tools for youth at high risk for suicide across our PSF affiliated physician and in-patient programs. We have worked with community partners to conduct a gap analysis of referral resources for high risk youth and disseminated a resource referral tool to assist clients with timely and appropriate referrals to social services and partnering networks in order to support and treat high-risk youth with suicidal
ideations. Penrose-St. Francis also sponsors Teen Suicide Prevention education programs held twice a year, with pre-post testing to measure level of awareness for those at risk of committing suicide.

The El Paso County Youth Suicide Prevention Workgroup, which includes more than 60 multidisciplinary partner agencies, is working to identify community needs and assets, improve community networking and partnerships, and create an action plan for Countywide activities. PSF will remain an active participant in this important work. The El Paso County Public Health, El Paso County Coroner’s Office, Sheriff’s Office and National Alliance on Mental Illness are partnering on a new Man Therapy campaign to promote resources that provide men and their loved ones with the education, tools and community connections needed to empower them to take control of their overall wellness and mental health. The County has also received grant funding for a new co-responder program in El Paso County, which pairs Sheriff’s Office personnel with mental health professionals when responding to mental-health related calls for service.

Penrose-St. Francis will also continue our efforts to reduce the stigma around mental illness and educate the community. PSF community training and education efforts include quarterly adult and youth MHFA (Mental Health First Aid), and ACE (Adverse Childhood Experiences) trainings at Penrose-St. Francis, schools, community and faith-based partnering sites. These trainings teach community members how to learn the signs of a person in mental distress and how to get the affected person the help they need.

El Paso County is a designated medical shortage area for behavioral health professionals which creates significant challenges in addressing mental health problems in our community. Penrose-St. Francis offers integrated physical and behavioral health care in our in-patient settings and at our Centura Health Physician Group neighborhood clinics. Our behavioral health services include drug and alcohol treatment programs, neuropsychological testing, dementia assessment, and outpatient counseling for children and adults of all ages. Additionally, we are working with our community partners to expand access to behavioral health care in El Paso County. These efforts will be discussed in the Access to Care section of this CHNA.
PRIORITIZED NEED: HEALTHY LIFESTYLE

In 2016, 35.6% of the adult population in El Paso County was overweight, and 23.6%, or one in five adults, was obese. Disparities exist for people who are obese based on gender, age, and race and ethnicity. In El Paso County, there is a higher prevalence of obesity among Black/African American (35.9%) and Hispanic (33%) populations. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer. El Paso County ranks 35 of 58 counties in Colorado for health outcomes and 32 in health factors, which include adult obesity, smoking, inactivity, excessive drinking, and the food environment. The County has higher rates of high blood pressure, high cholesterol and heart disease than the statewide average.

El Paso County community members suggest that food insecurity and access to healthy foods is one of the top social determinants of health in the County and is especially prevalent in a few contiguous zip codes within the County where many low-income and minority residents live. Quantitative data confirms that in El Paso County today, 14.7% of the County’s population suffers from food insecurity, compared to 12.9% statewide.

Access to and availability of fresh, affordable fruits and vegetables are different based on where you live. Many low-income families may not have access to a full-service grocery store or market that sells fresh fruits and vegetables. El Paso County community partners indicate that both food deserts (urban areas in which it is difficult to buy affordable or good-quality fresh food) and food swamps (areas flooded with unhealthy, highly processed, low-nutrient food) are found in El Paso County. In 2014, El Paso County scored 7.0 on the Food Environment Index of factors that contribute to a healthy food environment—defined as the availability of economical, close and nutritious food options in a community—ranking it the lowest among peer counties across Colorado and below Colorado and the National benchmark. Nearly nine percent of the population in El Paso County lacks access to healthy food, compared to 5.9% statewide. Furthermore, El Paso County also reports higher rates of adult inactivity (15%) compared to the statewide average (14%). Recreation and fitness facility access of 9 per 100,000 population is also lower than the Colorado average of 10.8.

Penrose-St. Francis prioritized obesity as a top community health need in our 2016 CHNA. We have worked to connect patients with local resources to address obesity; partnered with community organizations to develop new initiatives to connect patients with healthy food and physical activity opportunities; and established our own programs to address obesity. There are many resources available to address or promote the identified health needs in our community. The Pikes Peak region has a national reputation in collaborative work for improving the health of our community. Resources available to address obesity in Colorado Springs and surrounding areas are local farms, comprehensive food banks, free school breakfast/lunch programs, free cooking classes and SNAP/WIC programs. LiveWell Colorado, a statewide organization focused on creating opportunities for health and wellness, launched the Healthy Eating Active Living (HEAL) Cities & Towns Campaign in 2013. The HEAL Cities & Towns Campaign provides training and technical assistance to help municipal leaders adopt and implement policies to improve access to HEAL, such as increasing access to healthy food, active transportation, or supporting healthy workplaces. PSF joined many other community
organizations in El Paso County in adopting HEAL to help increase access to healthy food. In 2017, PSF nurses began offering weekly health screenings and referrals to families eligible for the Women’s, Infant and Children (WIC) program at a new clinic established by community partners. The WIC program helps to provide families with supplemental nutritional assistance. Also in 2017, our St. Francis Medical Center provided free breastfeeding support and classes for 1,037 new mothers in the community.

Healthy eating and active living has been a key priority for EPCPH since 2012. Between 2012 and 2017, the Healthy Community Collaborative, implemented strategies to increase healthy food options for both adults and children in settings such as schools, worksites, and neighborhoods; increase opportunities for physical activity; and to promote other behaviors and policies that reduce risk for obesity. PSF provided input for the 2018 El Paso County Public Health Food System Assessment, which was designed to identify prospects for policies and priorities for capacity building, innovation and investment in order to address challenges and capitalize on opportunities in our food system (considering roles for both public and private sectors and non-profit partners). Though our collaborative CHIP and CHNA work, Penrose-St. Francis, EPCPH and the HCC will continue to partner to provide new opportunities for El Paso County residents to live healthy lifestyles, including consistent access to healthy food and safe opportunities for physical activity.

PRIORITIZED NEED: ACCESS TO CARE

In addition to the above prioritized health needs, Penrose –St. Francis Health Services recognizes that access to care is a critical factor to assess, screen, and provide treatment that improves and maintains health. We have a primary duty to ensure we address barriers to access and link our communities to the care they need. Access to care was a prioritized need in our 2016 CHNA and since that time the rate of uninsured adults in the County has dropped to 12.4% among adults and 5.1% among children in 2018. Both rates are below the statewide average. However, Robert Wood Johnson’s County Health Rankings for 2019 indicate that there are still 41,408 uninsured individuals living in El Paso County. Additionally, the recent expansion of Medicaid has greatly increased the number of patients in our communities seeking specialty care. This increased demand has led to access barriers for our Medicaid populations who are typically the most vulnerable and underserved members of our community.

Penrose-St. Francis engages Community Health Advocates (CHA) to work with uninsured individuals or those without a primary care doctor to enroll them into coverage and link them with providers. Our goals are to increase the number of patients in our communities who have a designated primary care medical home and to decrease the numbers who are uninsured. We identify uninsured patients in our Emergency Departments, our
community-based partner organizations, our Neighborhood Nurse Centers and at local events to engage them with CHAs to guide them through the insurance enrollment process and navigation to the appropriate source of care. Once they have received the coverage they need, our advocates refer the patients to providers so they may begin to receive high-quality and consistent medical care.

In recent years, we have proactively redesigned our core services and facilities to create low-cost healthcare options, including urgent care and neighborhood health centers closer to our patient’s homes.

Inadequate access to mental health services is the top access to care concern in the communities we serve today. Centura Health has recognized this gap and is working with mental health partners and providers to better integrate mental health services into our hospitals, clinics, and neighborhood health centers. At PSF we have introduced behavioral health services into our Centura Health Physicians Group (CHPG) neighborhood primary care practices along with inpatient and outpatient services provided for our patients. The Psychiatric Emergency Triage Team (PETT) is available 24/7 at both hospitals to triage patients to the appropriate level of care to receive mental health services. Our Employee Assistance Program (EAP) program is available for all associates and also reaches into businesses and schools. All are working to provide increased mental health services to our patients and our communities especially targeting those with the least ability to access traditional models of service.

IDENTIFIED HEALTH NEEDS NOT PRIORITIZED

The reason for not prioritizing certain identified health needs is listed below.

COLORADO’S LACK OF AFFORDABLE HOUSING

The population of El Paso County has grown by approximately 30% each decade between 1970 and 2000. Today, it alternates with Denver County as the fastest growing County in the State year after year. Community partners indicate that, like Denver and other communities across Colorado, the lack of affordable housing has become a top social determinant of health in El Paso County.

According to the Colorado Health Institute (CHI), affordable housing is a challenge for many Coloradans, regardless of age. But for people who are older, in poor health, or live on fixed incomes, affordable housing can be even less attainable. Beyond affordability concerns, homes must be physically accessible and safe, and residents should have access to critical community services like health clinics.

According to community organizations, El Paso County lacks affordable housing complexes for families. Furthermore, the County’s low-income housing for seniors and individuals with disabilities is scarce with long waiting lists. Minorities and non-English speakers are geographically concentrated in southern Colorado Springs, in areas with higher poverty and renter occupancy rates. Even when units in low-income housing communities become available, CHI reports that only 1 in 3 people in Colorado who need a housing subsidy get one. In 2014, about half of renters and a third of homeowners with mortgages in El Paso County were cost burdened, meaning they spend over 30% of their income on housing. Seniors and low-income households disproportionately face cost burden.
PSF lacks the expertise to tackle this health need independently; however, we stand ready to partner with key organizations within the community. The Colorado Springs Housing Authority, which works to provide residents with housing vouchers and affordable housing options, and local and state lawmakers are key stakeholders positioned to implement policy changes to address the issue of housing instability in El Paso County.

**HOMELESSNESS**

According to a January 2019 Point-in-Time homeless count, the total number of people experiencing homelessness in Colorado Springs appears to have stabilized after three years of consecutive large increases. The federally-mandated estimate, considered an undercount, recorded a total of 1,562 people staying outside, in emergency shelters and living in transitional housing. Since 2015, when volunteers counted 1,073 people the city’s homeless population has increased by 45.6 percent. Homelessness is an issue that affects a wide spectrum of people in El Paso County—families, youth, veterans, single adults, children, people living with disabilities, among others.

Springs Rescue Mission began adding beds in November 2018, for a total of 150 new beds by the end of the season. Meanwhile, the Salvation Army Shelter & Services at RJ Montgomery began removing sobriety requirements for its 220 beds, and plans to add 40 beds for homeless families by the time renovations are complete. Data collected separately by El Paso County school districts for the 2017-2018 school year showed 449 families and 1,117 students without permanent housing. Those data also include those staying with friends or family, staying in trailer parks and living in motels.

Although PSF cannot single handily address the issue of homelessness in El Paso County, we are actively engaged in the solution through our partnerships in the community. There are numerous organizations working to increase the number of affordable housing options for County residents and to increase the number of beds for those currently experiencing homelessness. Centura Health also has an active group working across our health system to find solutions for homeless patients that face housing challenges when being discharged from the hospital.

**SUBSTANCE USE**

Poor mental health can be correlated with other risky behaviors such as substance use. Community partners in Colorado Springs ranked alcohol, marijuana, tobacco and opioids as top substances being abused in El Paso County. County data indicates that 42% of driving deaths in the County involve alcohol, compared to 34% statewide. Maternal/perinatal alcohol use and abuse were also frequently identified by community partners as compromising maternal health and birth outcomes. In a study of maternal mortality in Colorado from 2004-2012, researchers found that 30% of deaths (63 women)
were due to “self harm” – drug overdose or suicide. PSF has determined our work will be more effective by focusing our efforts on mental health. However, our efforts to address mental health will certainly overlap, and positively impact, community efforts around substance abuse. Substance use was included as a top health need in the El Paso Community Health Improvement Plan and PSF will continue to work with EPCPH, the HCC and other community partners to reduce instances of substance misuse and disorder in El Paso County.

Community partners also suggest there is a growing problem with teen vaping in El Paso County. According to El Paso County Public Health, youth tobacco use data shows that in 2015, 22.4% of high school students in Colorado had used tobacco products in the past 30 days. This is a 5.1% increase from 2013. The number of students who reported smoking cigarettes in 2015 decreased by 2.1% from the amount in 2013, but the proportion of students who tried an e-cigarette increased substantially. Stakeholders in El Paso County indicate that more data is needed on teen vaping for the community to begin to address the problem. El Paso County Public Health indicates that new data will available now that the community has a large enough sample size to participate in the Healthy Kids Colorado Survey. As the teen vaping issue becomes more clearly defined, PSF will stand with our partners in the community to apply the most effective solutions to the problem.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS IDENTIFIED NEEDS

Affordable Housing & Homelessness

The Pikes Peak Continuum of Care (CoC), managed by Community Health Partnership in Colorado Springs, provides a coordinated entry system to prioritize people experiencing homelessness for housing placement. The CoC provides outreach, intake and assessment, emergency shelter, transitional and permanent housing with supportive services. CoC partners closely with the Colorado Springs Housing Authority which connects individuals and families with financial assistance and affordable housing options, such as Section 8 housing. The community is also served by shelters and other housing support organizations such as the Springs Rescue Mission, the Salvation Army, Colorado Springs House & Resource Center, Catholic Charities and others.

Substance Use

PSF screens patients for substance use disorder and our Centura Health Physician Group (CHPG) offers integrated physical and behavioral health care to residents of El Paso County. Centura Health sponsors the Colorado Springs SET Clinic, which helps connect families with behavioral health providers outside of the hospital and CHPG clinics. PSF is partnered with Aspen Pointe to connect patients to Colorado’s Crisis System. County residents can also access programming within school-based settings such as Sources of Strength, RULER, Pyramid Plus or parenting classes. PSF is also partnered with organizations working to address substance use issues in the community such as the El Paso County Public Health and Community Health Partnership.
Conclusion

EVALUATION

Progress since our last CHNA

Prior areas of focus for the Penrose-St. Francis 2016 CHNA and the actions and progress to date include the following:

**Obesity** – Penrose-St. Francis has connected patients with local resources to address obesity; partnered with community organizations to expand healthy food and physical activity opportunities; and established our own programs to address obesity. PSF nurses offer weekly health screenings and referrals to families eligible for the Women’s, Infant and Children program. In 2017 St. Francis Medical Center provided free breastfeeding support and classes for 1,037 new mothers in the community.

**Intentional Injury; Youth Suicide** – Penrose-St. Francis has implemented screening tools for youth at high
risk for suicide across our PSF affiliated physician and in-patient programs. We have disseminated a resource referral tool to assist clients with timely and appropriate referrals to social services and partnering networks in order to support and treat high-risk youth with suicidal ideations. We sponsor the Teen Suicide Prevention education programs held twice a year, with pre-post testing to measure level of awareness for those at risk of committing suicide.

**Access to Care**—Penrose-St. Francis engages Community Health Advocates to work with uninsured individuals or those without a primary care doctor to enroll them into coverage and link them with providers. The Colorado Springs SET clinic act as a safety net for children, families, and seniors in need of basic medical care and holistic wellness services. We have doubled patient capacity with expanded clinic hours to 40 hours per week and now offer dental services. Since 2016, the rate of uninsured adults in El Paso County has dropped to 12.4% among adults and 5.1% among children in 2018, both rates are below the statewide average.

**EVALUATING OUR IMPACT FOR THIS CHNA**

To assess the impact of our efforts in our communities, we remain dedicated to consistently evaluating and measuring the effectiveness of our implementation plans and strategies. Penrose-St. Francis will also track progress through implementation plans and community benefit reports.

**IMPLEMENTATION STRATEGY**

The CHNA allows Penrose-St. Francis to measurably identify, target, and improve health needs in our communities. From this assessment, we will generate an Implementation Strategy to carry out strategies for the advancement of all individuals in our communities. The Implementation Strategy will be completed by November 15, 2019.

**COMMUNITY BENEFIT REPORTS**

Every fiscal year, we publish our annual community benefit report that details our communities by County, their demographics, the total community benefit that we provided, and the community benefit services and activities in which we engaged. These reports are an important way to visualize the work we do in our communities and to show the programs and services we offer along with the number of people reached through them. We will continue to use these reports to track our progress with the CHNA implementation strategy because they clearly demonstrate the number of people reached through our programs and services and the resources spent to achieve our goals.

**FEEDBACK FROM PRIOR CHNAS**

No feedback has been received.
COMMUNITY FEEDBACK

We welcome feedback to our assessment and implementation plan. Any feedback provided on our plan is documented and shared in future reports. For comments or questions, please contact:

Patrick Ballard, Chief Financial Officer, Penrose-St. Francis: PSFCommunitybenefit@centura.org.

THANK YOU AND RECOGNITION

Our Community Health Needs Assessment is as strong as the partnerships that created it. It is through these partnerships that we were able to ensure we were leveraging the assets in our communities, getting the voices of those who are experiencing challenges with their health and social determinants of health and making a plan to which both the community and hospital are committed. Thank you to the following people who committed their time, talent and testimony to this process.

• Mina Liebert, El Paso County Public Health
• Mary Coleman, PSF Foundation
• Susan Anthony, El Paso County Public Health
• Robin Johnson, El Paso County Public Health
• Amy Yutzy, Colorado Community Health Alliance
• Tyler Carpenter, Aspen Pointe
• Louis Larimer, Peak Vista Community Health Centers
• Aimee Cox, Community Health Partnerships
APPENDIX A: DATA SOURCES


El Paso County Public Health. Community Health Improvement Plan 2018. Available at: https://www.elpasoCountyhealth.org/sites/default/files/CHIP_For%20print_0.pdf


Centers for Disease Control and Prevention. Adult Obesity: Causes and Consequences. Available at: https://www.cdc.gov/obesity/adult/causes.html


Colorado Health institute. Housing Toolkit. Available at: https://www.coloradohealthinstitute.org/housing-toolkit


American Community Survey

Area Health Resource File/National Provider Identification file

Behavioral Risk Factor Surveillance System

Bureau of Labor Statistics

CDC & NCI

CDC Diabetes Interactive Atlas

CDC WONDER mortality data

CDPHE
APPENDIX A: DATA SOURCES, CONT.

CDPHE - VISION

CDPHE 2012-2014

CDPHE 2013-2015

CMS, National Provider Identification file

Community Commons

Dartmouth Atlas of Health Care

EDFacts

Environmental Public Health Tracking Network

Esri Demographics 2017

National Center for Health Statistics - Natality files

National HIV Surveillance System
# APPENDIX B: LIST OF SUBCOMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name of Representative</th>
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<tbody>
<tr>
<td>Penrose-St. Francis</td>
<td>Dr. Brian Erling, CEO</td>
</tr>
<tr>
<td>PSF</td>
<td>Patrick Ballard</td>
</tr>
<tr>
<td>PSF</td>
<td>Heather Weaver</td>
</tr>
<tr>
<td>PSF</td>
<td>Erin Decker</td>
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<tr>
<td>PSF</td>
<td>Gail Decker</td>
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<td>Centura Health</td>
<td>Carl Patten</td>
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<tr>
<td>El Paso County Public Health</td>
<td>Robin Johnson, Susan Anthony, Mina Liebert</td>
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<tr>
<td>Colorado Community Health Alliance</td>
<td>Amy Yutzy</td>
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<tr>
<td>Aspen Pointe</td>
<td>Tyler Carpenter</td>
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<tr>
<td>Peak Vista Community Health Centers</td>
<td>Louis Larimer, Barb VerCandel, Pam McManus</td>
</tr>
<tr>
<td>YMCA of the Pikes Peak Region</td>
<td>Gloria Winters</td>
</tr>
<tr>
<td>Community Health Partnership</td>
<td>Aimee Cox</td>
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<tr>
<td>Catholic Charities</td>
<td>Andy Barton</td>
</tr>
<tr>
<td>The Resource Exchange</td>
<td>Camille Blakely</td>
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<tr>
<td>RISE Coalition</td>
<td>Joyce Salazar</td>
</tr>
<tr>
<td>Colorado Springs Rescue Mission</td>
<td>Steve Self, Jackie Jaramillo</td>
</tr>
<tr>
<td>Penrose-St. Francis Foundation</td>
<td>Mary Coleman</td>
</tr>
<tr>
<td>Woodmen Valley Chapel</td>
<td>Niki Scott</td>
</tr>
<tr>
<td>University of Colorado, Denver</td>
<td>Erick Wallace</td>
</tr>
<tr>
<td>Colorado Springs Conservatory</td>
<td>Heather Steinman, Amy Husted</td>
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<tr>
<td>Colorado Springs Osteopathic Association</td>
<td>Doris Ralston</td>
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<tr>
<td>LiveWell Colorado</td>
<td>Gabriel Guillaume</td>
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<tr>
<td>Pikes Peak Hospice</td>
<td>Gloria Brooks</td>
</tr>
<tr>
<td>TESSA Colorado Springs</td>
<td>Sherrylynn Boyles</td>
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<tr>
<td>Wounded Warrior Project</td>
<td>David Griego</td>
</tr>
<tr>
<td>Community Partnership for Child Development</td>
<td>Noreen Landis-Tyson</td>
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APPENDIX C: DATA PRESENTED

Penrose-St. Francis Health Services
Community Health Needs Assessment
Community Stakeholders Advisory Meeting
December 3, 2018
Colorado Springs, CO
El Paso County
Penrose-St. Francis Health Services

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.

Penrose-St. Francis Health Services
Community Health Needs Assessment
Community Stakeholders Advisory Meeting
December 3, 2018
Colorado Springs, CO
El Paso County

Centura Health
Penrose-St. Francis Health Services
Mission, Vision, Values

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

Vision
Every community, every neighborhood, every life – whole and healthy.

Values
Compassion, Integrity, Stewardship, Excellence, Respect, Spirituality, Imagination

Data Approach
Demographics: Community and Population
Health Drivers: Behaviors and Environment
Health Outcomes: Morbidity and Mortality
Access: Coverage and Quality Care
Mental Health: Outcomes

Goals & Objectives
Today:
Background Information
Review Data
Identify & Rank Priorities
Future:
Review Needs
Identify Strategies
Develop Action Plan
Develop Implementation Plan

What is CHNA and why is it important?
Identify health needs within the community in a collaborative and comprehensive way
Must be done every 3 years
HHS Requirement of all non-profit hospitals

Intent of the CHNA
Identify health needs important to the community
Work together to address those needs
Leverage community strengths and resources collectively
Fulfill the health of our community
Build meaningful collaboration in flourishing communities

What is CHNA and why is it important?
Identify health needs within the community in a collaborative and comprehensive way
Must be done every 3 years
HHS Requirement of all non-profit hospitals

Community Health Needs Assessment Timeline
Activities
Date
Identify and Assemble Community Health Needs Assessment Subcommittee
November 2018
Community Health Committee Meeting 1 - Present and review data; prioritize needs.
December 2018
Community Health Committee Meeting 2 - Review needs, present best practices, identify groups for qualitative data collection.
January 2019
Community Health Committee Meeting 3 - Present qualitative data, refine priorities, discuss strategies.
March 2019
Community Health Committee Meeting 4 - Create 3-year implementation plans.
May 2019
Complete Implementation Plan
May 2019
Hospital Board Approves Implementation Plan
May 2019

Race and Ethnicity

<table>
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<td>Black</td>
<td>6.5%</td>
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<tr>
<td>Asian</td>
<td>2.8%</td>
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<tr>
<td>Native American/Alaska Native</td>
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Source: Esri Demographics 2017

Income

Children Eligible for Free/Reduced Price Lunch
Population Living in Households With Income Below 200% of the Federal Poverty Level

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<thead>
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<th>Region</th>
<th>Service Area</th>
<th>Colorado</th>
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<tr>
<td>Service Area</td>
<td>37.5%</td>
<td>41.6%</td>
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<tr>
<td>Colorado</td>
<td>4.3%</td>
<td>4.5%</td>
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Data Approach
Demographics: Community and Population
Health Drivers: Behaviors and Environment
Health Outcomes: Morbidity and Mortality
Access: Coverage and Quality Care
Mental Health: Outcomes
APPENDIX C: DATA PRESENTED, CONT.

Data Presentation
Identify Health Priorities & Rank Health Needs
- Data Presentation & Review
- Hanlon Method Handout
- Additional Discussion
- Collection of Hanlon Handout Forms

Health Behaviors
- Adults reporting heavy alcohol consumption
- Current smokers
- Adults with no leisure time physical activity

Environment

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Food Insecurity</th>
<th>Liquor Store Access Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>31.2%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Colorado</td>
<td>36.4%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Source: Esri Demographics 2017, Feeding America 2016

Morbidity

- Obesity Adults
- Overweight Adults

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service Area</th>
<th>Service Area</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Adults</td>
<td>22.3%</td>
<td>22.3%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Overweight Adults</td>
<td>35.9%</td>
<td>35.9%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>


Mortality

- 18.1% Adults reporting heavy alcohol consumption
- 15.7% Current smokers
- 15.4% Adults with no leisure time physical activity

Health Outcomes

- Morbidity
- N/A

Cancer Incidence by Type

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service Area</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>121.0</td>
<td>123.7</td>
</tr>
<tr>
<td>Cervical</td>
<td>7.7</td>
<td>5.9</td>
</tr>
<tr>
<td>Colorectal</td>
<td>34.0</td>
<td>30.8</td>
</tr>
<tr>
<td>Lung</td>
<td>43.40</td>
<td>41.6</td>
</tr>
<tr>
<td>Prostate</td>
<td>129.4</td>
<td>110.9</td>
</tr>
</tbody>
</table>

Rate per 100,000

Source: CDC & NCI 2018-2019

General Health

- 13.4% Poor General Health
- 13.7% Poor General Health

Service Area: 13.4%, Colorado: 13.7%


Beginnings

- Teen Birth Rate (Per 1,000)
- Low Birth Weight Percentage of Births

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service Area</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Birth Rate</td>
<td>3.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>9.5%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

Service Area: 3.0%, Colorado: 3.0%

Source: National Center for Health Statistics - Maternity Files 2008-2014

Heart Health

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service Area</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Adults With Heart Disease</td>
<td>3.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Percentage of Adults With High Blood Pressure</td>
<td>25.8%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Percentage of Adults With High Cholesterol</td>
<td>35.9%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>

Service Area: 3.3%, Colorado: 2.7%

Source: CDC – VISION 2014-2016

Environment

- Air Quality/Ozone
- Violent Crime

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service Area</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Quality/Ozone</td>
<td>6.7%</td>
<td>380</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>5.4%</td>
<td>309</td>
</tr>
</tbody>
</table>

Service Area: 6.7%, Colorado: 5.4%

Source: Environmental Public Health Tracking Network, Uniform Crime Reporting – FBI

Health Outcomes

- Morbidity and Mortality

- N/A

Heart Health

- N/A

Mortality

- N/A

Cancer Incidence by Type

- N/A

Source: CDC & NCI 2018-2019

<table>
<thead>
<tr>
<th>Service Area</th>
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<tbody>
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<td>Prostate</td>
<td>129.4</td>
<td>110.9</td>
</tr>
</tbody>
</table>

Rate per 100,000

Source: CDC & NCI 2018-2019
APPENDIX C: DATA PRESENTED, CONT.

Mortality

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>143.4</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>183.3</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>48.0</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>7.5</td>
</tr>
<tr>
<td>Motor Vehicle Mortality</td>
<td>.81 per 1,000</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>3.5 per 1,000</td>
</tr>
<tr>
<td>Homicide</td>
<td>4.8</td>
</tr>
<tr>
<td>Suicide</td>
<td>22.8</td>
</tr>
</tbody>
</table>

Source: Community Commons, CDC WONDER Data, CMS, CDC NCHS, Colorado Health Rankings - 2017, Colorado Health Institute 2017

Health Professional Shortage Areas and Federally-Qualified Health Centers

<table>
<thead>
<tr>
<th>Rates of FQHCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
</tr>
<tr>
<td>Colorado</td>
</tr>
</tbody>
</table>

Source: CDS National Provider Identification, 2016

Access to Dental Care

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental per 1,000</td>
<td>.94</td>
</tr>
</tbody>
</table>

Source: Area Health Resource File/National Provider Identification file 2015, Area Health Resource File/American Medical Association 2014

Preventable Hospital Stays

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Rate (Per 100,000)</td>
<td>22.8</td>
</tr>
<tr>
<td>Suicide Rate (Per 100,000)</td>
<td>52</td>
</tr>
</tbody>
</table>

Source: Colorado Health Institute 2017, CMS 2013-2015

Thank you

Heather Graves, Director of Community Engagement, Volunteer Services, Wellness
Eric Heberlein, Manager of Wellness
Lindsey Cherry, Business Support for Community Engagement & Volunteer Services